ORANGE COUNTY
HEALTH DEPARTMENT

2023
COMMUNITY HEALTH ASSESSMENT

Healthy
Carolinians
of Orange
County

(919) 245-2400
www.orangecountync.gov/Health

ACKNOWLEDGEMENTS

The Orange County Health Department (OCHD), Healthy Carolinians of Orange County, and Orange County Board of Health would like to acknowledge and thank the community members of Orange County for providing their feedback and insights on community health needs and priorities through survey participation, community meetings, and other assessment activities. Community member input is a vital and necessary part of a community health assessment, so that the process and document is truly reflective of the community. We would like to acknowledge and thank the many individuals, organizations, and others who participated in or assisted in the Community Health Assessment (CHA) process. We are also very appreciative of our community partners who provided meeting space, volunteers, and helped share information about the CHA.

A full list of CHA team members and contributions can be found in *Appendix A* and *Appendix B*. The 2023 CHA report was authored by Marcy Williams, MPH, CHES®, Public Health Education Manager, and McKayla Creed, MPH, MBA, Healthy Carolinians of Orange County Coordinator, with assistance from Mark H. Smith, PhD, contracted epidemiologist. The CHA process was also heavily influenced by Ashley Rawlinson, MPH, who served as the Healthy Carolinians Coordinator for much of the CHA process time but is now the Compliance Manager for the health department. Orange County Health Department, Healthy Carolinians of Orange County, and Orange County Board of Health look forward continuing to work with community members, partner agencies, and others in collaboration to improve the health of our community.

Note: This document was finalized in March of 2024, for future years, please check secondary sources for updated information.

EXECUTIVE SUMMARY

Vision Statement
The Orange County Community Health Assessment (CHA) is the primary resource of health related data and information to better understand the experiences and needs of Orange County residents by providing an equitable opportunity to interact directly with members of the public and ultimately work to improve population health.

Leadership
The 2023 Community Health Assessment process utilized cross-sectoral leadership team, where members of the health department, hospital system, and community agencies are represented.

Partnerships and Collaborations
Partners are a vital piece of the Community Health Assessment process to assure it is equitable, inclusive, and representative of the community. The below table highlights some of the partners included in the Community Health Assessment process.

Partnerships	Number of Partners
Public Health Agency	1
Hospital/Health Care Systems	1
Healthcare Providers	5
Behavioral Healthcare Providers	3
Community Organizations	20
Businesses	10
Educational Institutions	1
Public School System	2
Public Members	25
Government Agencies	10

Regional or Contracted Services
The Community Health Assessment was funded by Orange County Health Department. The health department contracted with Mark H. Smith, PhD, for his epidemiological expertise of data analysis and assessment of this report.

Theoretical Framework or Model
This Community Health Assessment process was informed by the Community Tool Box framework and two social determinants of health models: the County Health Rankings model and Healthy People 2030 model. The framework and models recognize the importance of the community and also that many factors impact health, particularly non-clinical factors. Some of these non-clinical factors that influence health include economics, education, social and community context, and the built environment. A graphic of the framework can be viewed below, and graphics of the models can be viewed at the top of the next page.

Community Tool Box Framework

ASSESS > PLAN > ACT > EVALUATE > SUSTAIN

Social Determinants of Health Models

County Health Rankings Model
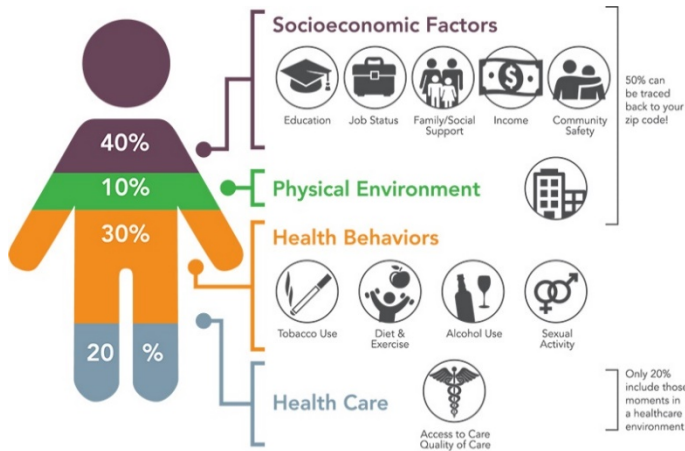
Healthy People 2030 Model

Collaborative Process Summary

The Community Health Assessment team made careful efforts to hear from the community through multiple methods throughout the process. A few examples include the Community Health Assessment survey, focus groups, listening sessions, and priority voting survey. This community feedback was used to guide the priorities selection and will be used to develop improvement plans to address each of the priorities. The initial CHA planning meeting was in January of 2023, with the final document submitted to the state for review in March of 2024. The CHA survey was conducted from May-September of 2023. Community listening sessions and priority voting were held in the fall of 2023.

Major Findings

The top issues lowering the quality of life identified by the community during CHA process related primarily to access to care, social determinants of health and community resources (including housing and food costs), mental health, and substance use concerns. The community consistently voiced concerns related to affordable housing and mental health resources throughout the assessment process. In addition to primary data collected through surveys and focus groups, secondary data was collected and includes a variety of socioeconomic, demographic, and health indicator data points. While Orange County generally compares favorably to comparison counties and the state, Orange County has higher rates of breast cancer incidence and infant mortality than geographies of comparison.

Health Priorities for 2024-2028

The 2023 Community Health Assessment priorities to be addressed over the next four years (2024-28) are access to care, behavioral health, and connections to community support. The CHA Leadership Team considered the priority voting results and feasibility of addressing a particular topic when selecting the final three priorities.

- **Access to Care**

Access to care includes the ability to obtain healthcare services such as prevention, diagnosis, treatment, and management of health conditions and concerns. For care to be accessible, we must

also consider affordability, convenience (location and hours of operation), transportation, and sense of welcomeness for diverse populations.

- Behavioral Health

Mental health and substance use concerns were identified by the community. These issues may occur together as individuals sometimes use substances as a coping mechanism for mental health concerns.

- Connections to Community Support

While Orange County is fortunate to have many community resources, community members often have trouble accessing the resources or are unaware of the resources that exist.

Health equity is important to all three priorities and will be considered in the Community Health Improvement Plans.

Next Steps:

The next steps are as follows:
- Share CHA document broadly with public
- Develop Community Health Improvement Plans to address priorities

If you would like to be involved in the Community Health Assessment process or with Healthy Carolinians of Orange County, please call the Healthy Carolinians of Orange County coordinator at (919)245-2402.

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CHAPTER 1: BACKGROUND

Orange County's Community Health Assessment (CHA) report seeks to understand the health status of the county. As an accredited health department, Orange County Health Department is required to complete a CHA every four years by the North Carolina Division of Public Health. This report takes into consideration socioeconomic, geographic, and demographic factors and available resources and their impact on health. The Community Tool Box provides a framework to inform the CHA process. A renewed focus on social determinants of health was utilized for this document. These models provided the opportunity for discussion and exploration of the many factors that impact health outside of traditional health care and health behavior ideas.

In addition, the CHA process provides opportunity for *community* input in health-related goal setting and assists local officials, staff, and organizations in developing strategies to address community needs. The CHA team recognizes the importance of hearing from the community and brings to mind the phrase, "***nothing about us without us***."

Community Tool Box Framework

The Community Tool Box framework helps to guide the CHA process in an organized and collaborative fashion, with the ultimate goal of community health improvement and community inclusion. The mission of the Community Tool Box is "to promote community health and development by connecting people, ideas, and resources." The Community Tool Box is a service of the Center for Community Health and Development of the University of Kansas. The tool box may be found online at: https://ctb.ku.edu/en. This model includes several steps in building healthier communities. The steps are outlined and explained below.

Community Tool Box Model

Figure 1: Community Tool Box Model

Assess: Learn what issues matter to the community

Plan: Provide direction to move from where things are to the desired endpoint.

Act: Take action

Evaluate: Is the initiative working?

Sustain: Keep the efforts going

Social Determinants of Health Models

Social Determinants of Health (SDOH) models consider other factors that influence health, such as environment, education, and socioeconomic status, in addition to health behaviors and clinical services. The Orange County Community Health Assessment process and team recognizes the powerful role non-clinical services play in the health of a community.

Healthy People 2030 Model

The US Department of Health and Human Services' Office of Disease Prevention and Health Promotion Developed the Healthy People 2030 Model with the goal to "create social, physical, and economic environments that promote attaining the full potential for health and well-being for all." This model includes five key areas or determinants of health [1-1].

Figure 2: Healthy People 2030 Model

Health Care Access and Quality

Health Care Access and Quality is made up of access to health care, access to primary care, and health literacy.

Neighborhood and Built Environment

Neighborhood and Built Environment comprises healthy foods access, crime and violence, environmental conditions, and housing quality.

Social and Community Context

Social and Community Context contains civic participation, discrimination, incarceration, and social cohesion.

Economic Stability

Economic Stability includes employment, food insecurity, housing instability, and poverty.

Education

Education includes early childhood education and development, enrollment in higher education, high school graduation, and language and literacy.

County Health Rankings Model

The County Health Rankings model also includes a broad range of factors that contribute to health beyond health care and health behaviors. Using this model, 20% of health is related to traditional health care and 30% is related to health behaviors. Health behaviors include alcohol and tobacco use along with diet and exercise. The remaining 40% is associated with socioeconomic factors, which comprise education, job status, social supports, and safety. The remaining 10% is attributed to physical environment. The graphic below, provided by the institute of Clinical Systems Improvement, is one way of illustrating the various components to health [1-2].
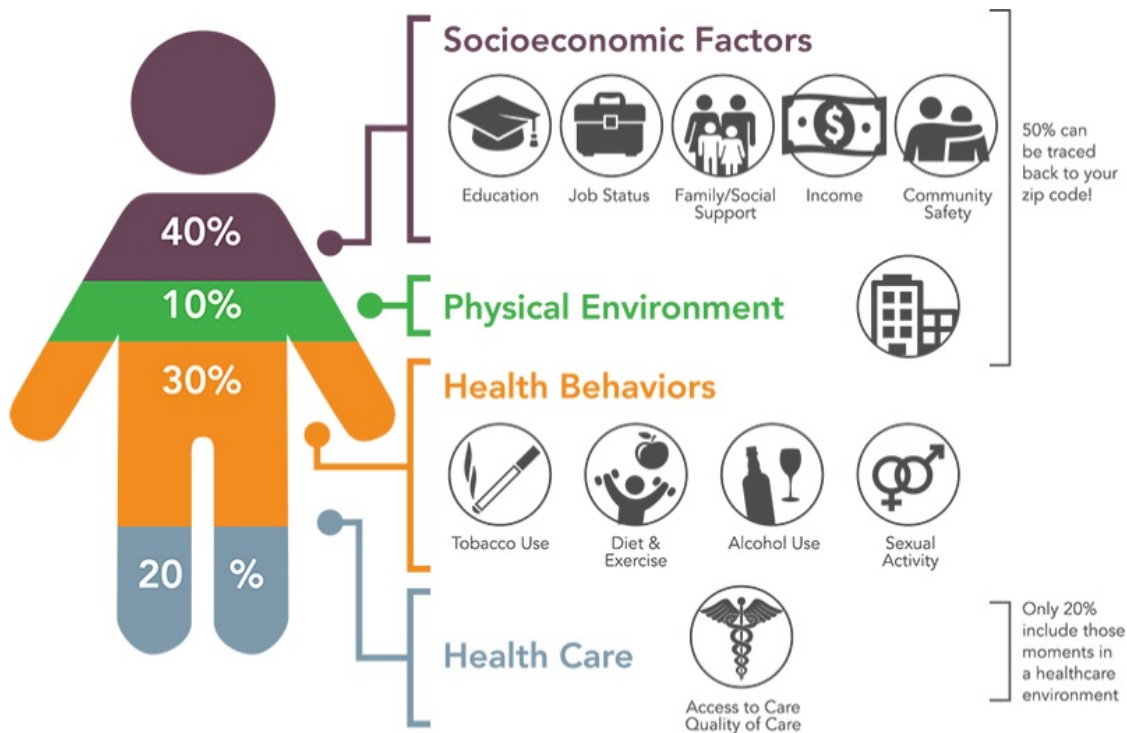
Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Figure 3: County Health Rankings Model

CHAPTER 2: COMMUNITY HEALTH ASSESSMENT PROCESS AND PRIORITIES

The Orange County Health Department, in collaboration with Healthy Carolinians and community partners, leads the CHA process, collects the data, develops the presentations and all printed materials, and guides the process. This Community Health Assessment (CHA) cycle began in January of 2023, with an initial CHA Leadership Team meeting to discuss the purpose and process of the CHA and included a broad and diverse group of partners and organizations. This meeting included an overview of the CHA process including data gathering, survey development, and CHA teams. This initial meeting resulted in the creation of the following teams: survey development, community engagement, volunteer recruitment, and data. A list of survey teams and members can be found in *Appendix A* and *Appendix B*. The CHA survey was created by the survey development team and approved by the CHA leadership team in May of 2023. Response collection began in May of 2023 and ended in September of 2023. The CHA Opinion survey can be found in *Appendix F*.

Primary Data Collection

Primary data is data collected by Orange County Health Department. This data was collected in the summer and early fall of 2023. The 2023 Orange County Community Health Survey consisted of 61 questions designed to obtain information on residents' perceptions of community health issues, quality of life, health status, mental health, substance use, access to health care and environmental health. Survey data were collected through a mixed methods approach that included a randomized household sample and a convenience sample. The survey was available in English, Spanish, Mandarin, Karen, and Burmese languages. The mixed methods approach led to a combined survey sample of 582 participants with the respondents being generally representative of the county's demographics. All survey respondents were 18 years of age or older.

Household Survey: The Household Survey methodology used a two-stage randomized cluster sampling design based on the CDC CASPER sampling methodology (Community Assessment for Public Health Emergency Response; https://www.cdc.gov/nceh/casper/overview.htm). In the first stage of the two-stage cluster sampling design, 30 census blocks were randomly selected from all Orange County census blocks to serve as clusters. In the second stage, seven housing units were randomly selected for interviews in each cluster. A map of identified blocks may be viewed in *Appendix C*. Selected households received mailings prior to the door-to-door surveying with information about the survey and survey teams that would be visiting their neighborhood. The mailings also included a link to fill out the survey if households wanted to complete the survey on their own. If residents at a selected housing unit were not available for interview or refused interview on the day of the visit, interview teams left a flyer with survey completion information. Teams also selected a nearby housing unit for interview. Language services were available for all survey participants. This sample included 111 respondents.

Convenience/Online Survey: The same survey was also administered through an online site, with an English version and a Spanish language version. At community meetings of assessment partners, participants were encouraged to distribute links to the survey to members of their organizations and populations served. Links to the survey were disseminated to various newsletters, social media, community groups and organizations, and health fairs, with an emphasis on reaching out to

underrepresented and historically marginalized groups. This sample included 471 respondents, with 34 of these completing the Spanish version of the online survey.

Orange County Focus Groups: Three focus groups were conducted of historically underrepresented groups to obtain a better understanding of unique concerns and experiences. Focus group questions explored how individuals define health, strengths and barriers to overall well-being, and opportunity for questions and discussion specific to each focus group. The three focus group populations were: formerly incarcerated individuals (5 participants), persons with personal history of substance use (8 participants), and a session of community members that was conducted in Spanish (6 participants). Focus group participants were recruited through existing networks and relationships with community partners.

Limitations of Primary Data Collection: Some limitations to the Orange County Community Health survey are health department staffing changes (particularly in positions relevant to the CHA), and post-COVID health and safety concerns leading to reduced volunteer and survey participation in comparison to prior years.

Secondary Data Collection
The majority of data collection from secondary sources took place in the Fall of 2023. Secondary data includes data shared and collected by agencies other than Orange County Health department, for example, data collected by the North Carolina State Center for Health Statistics and US Census Bureau. In general, five-year ranges of data are used as often as available to improve statistical reliability due to the population size of Orange County. For purposes of comparison with Orange County, secondary data was also collected for peer counties, neighboring counties, and the state. The main sources of secondary data collection for this report are the County Health Data Book, American Community Survey (ACS) and CDC Places.

County Health Data Book
The County Health Databook is published by the NC State Center for Health Statistics (SCHS) and includes birth, mortality and morbidity data compiled from birth and death certificates reported to the SCHS by county health departments. Communicable disease data are collected by the local health department, hospitals, and testing labs and are reported through the NC Electronic Disease Surveillance System (NCEDSS) and the Epidemiology Section of the NC Department of Health and Human Services. The vital records data collected by the State Center for Health Statistics and communicable disease data collected through NC EDSS are generally accurate, reliable, and complete due to statutory reporting requirements and uniform collection and reporting methods.

American Community Survey
The demographic, social and economic data in this assessment report were obtained from the American Community Survey (ACS), which is a nationwide, continuous telephone survey administered by the US Census Bureau. Population estimates and data on educational attainment, income, poverty, housing, race, and ethnicity are available through ACS at the state, county, ZIP Code, municipal and census tract geographic levels.

CDC Places
The data for some health behaviors and other risk factor measures were obtained from the CDC Places project. Places data are based on the Behavioral Risk Factor Surveillance System (BRFSS), a CDC-supported continuous randomized telephone survey administered in all US states. It is an important

source of data on chronic disease risk factor behaviors such as smoking, binge drinking and exercise. CDC Places utilizes a multilevel modeling methodology to generate prevalence estimates of health behavior indicators at county, city, ZIP Code and census tract geographies.

Limitations of Secondary Data Sources:
American Community Survey data are considered an estimate because ACS is a survey that utilizes population probability sampling methods and is subject to sampling error. To increase reliability of estimates, this assessment uses ACS 5-year estimates. Because the BRFSS is a survey using probability sampling methods, the CDC Places data are considered estimates. The use of American Community Survey data in the modeling process introduces potential sampling error. The limitations of the ACS are explained above. (For more information on CDC Places methodology, please see: https://www.cdc.gov/places/help/data-notes/index.html)

Geographies of Comparison

For the purposes of this report, Orange County is compared to peer and neighboring counties. Chatham County is both a peer and a neighbor. Other peer counties are Iredell and Moore counties and other neighboring counties are Alamance and Durham counties. Peer counties were selected based on similar population size, age distribution, racial composition, income, and education levels. Data for the state of North Carolina is also provided. Orange County and the comparison counties are starred in the map below [2-1]. Orange County is starred in orange, peer counties are starred in green, and neighbor counties are starred in blue. Chatham County is both a peer and a neighbor and is starred in yellow.

Figure 4: Map of North Carolina, with points of comparison

Data Sharing and Community Engagement

The data collected throughout this Community Health Assessment process were formatted to be easily understood by a wide range of audiences. Orange County Health Department shared data findings with the public through ten different listening sessions with a total attendance of 80 people. The listening sessions were advertised through press releases, social media and website posts, flyers, community calendar submissions, newsletters, electronic screens in county buildings, and word of mouth. Nine listening sessions had Spanish interpreters present and the remaining one session was interpreted in Mandarin. One session was conducted fully in Spanish. Several listening sessions were conducted

during routine meetings of various community groups or at other times where community residents would be gathered. A full list of community listening sessions may be viewed in the box below.

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Community Listening Sessions

- October 31, 2023: Passmore Senior Center (Hillsborough)
- November 2, 2023: Seymour Senior Center (Chapel Hill)
- November 6, 2023: Virtual session
- November 8, 2023: Hillsborough Public Library
- November 9, 2023: Chapel Hill Public Library
- November 13, 2023: Efland Cheeks Community Center
- November 14, 2023: Cedar Grove Community Center
- November 16, 2023: Virtual session
- November 28, 2023: Hillsborough Public Library (Spanish language session)
- November 30, 2023: Seymour Senior Center (Mandarin language session)

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During the listening sessions, a presentation was shared with the audience. This presentation included highlights of survey data, focus group findings, along with data collected by another agency, such as the Census Bureau and N.C State Center for Health Statistics. Attendees were also given printed versions of the presentation slides. The slides were available in English and Spanish. The presentation slides can be found in *Appendix J.*

After the presentation, the remainder of the listening session time was spent listening to the attendees. Attendees were asked questions like, "Did any data points stand out to you?"; "What issues in equity do you see?"; "Did we miss anything?"; and "What are your experiences (or your family's experiences) in Orange County?". The questions led to additional questions and discussion. Attendees were encouraged to provide insight. Participants also voted on the priorities during the listening sessions. The comments and discussion of the audiences were insightful and extremely valuable to the Community Health Assessment process and provides the opportunity to hear lived experiences.

Priority Selection

The listening sessions yielded honest and interactive feedback from all attendees. The health department and partner agencies are grateful for the feedback and participation. Most of the resident comments focused on issues included in the Social Determinants of Health models. Further explanation on the Social Determinants of Health models can be found in *Chapter 1* of this report. Based on the survey responses, the list of priorities was narrowed to the top 15. All 15 priorities were listed in the Priorities Voting Survey, which can be viewed in *Appendix K.* A total of 223 people responded to the Priorities Voting Survey. This priorities survey was available in English, Spanish, Mandarin, and Burmese languages. The results of the priorities survey can be found in *Appendix K.* The list of priorities for voting can be viewed on the next page.

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Community Health Assessment Priorities Voting List
(Listed in no particular order)

1. Affordable housing
2. Affordable health care
3. Cost of healthy food
4. Chronic conditions
5. Mental health
6. Alcohol, drug, or medication misuse
7. Lack of employment and/or low paying jobs
8. Lack of health insurance
9. Homelessness
10. Aging concerns
11. Racism
12. Firearm-related injuries
13. Lack of availability of health care providers
14. Neighborhood change/gentrification
15. Lack of access to childcare

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2024-2028 Health Priorities

The CHA leadership team carefully considered community member feedback, problem importance and feasibility to select the final three priorities. ***The final three priorities are access to care, behavioral health, and connections to community support***. These priorities are considered leading health concerns in Orange County. The health department and Healthy Carolinians will work with community agencies and members of the public to develop plans known as Community Health Improvement Plans (CHIPs) to address these issues and hopefully improve the health and well-being of Orange County.

Access to Care

Access to care includes the ability to obtain healthcare services such as prevention, diagnosis, treatment, and management of health conditions and concerns. For healthcare to be accessible, we must also consider affordability (including acceptance of public insurance like Medicaid and Medicare), convenience (location and hours of operation), transportation, and sense of welcomeness for diverse populations.

While Orange County has numerous and high-quality health care facilities, respondents to the CHA survey shared difficulties with obtaining health care appointments and cited barriers related insurance concerns and feeling ignored or disrespected. It is also important to remember that the COVID-19 pandemic impacted health care operations and delivery during the recall period of primary data collection. All three focus groups reported access to care concerns. For example, some members of the focus group with personal incarceration experience shared they did not know they had particular health concerns until incarceration and receiving healthcare in that setting. The focus group participants also shared positive experiences with the local health care environment and community agencies. In focus

groups and listening sessions, participants also shared that sometimes it is cheaper to receive care and treatment overseas due to the cost of healthcare in the US.

Behavioral Health
Mental health and substance use concerns were identified by the community. These issues may occur together as individuals sometimes use substances as a coping mechanism for mental health concerns. Substance use includes alcohol, tobacco, and drugs, such as prescription opioids, heroin, fentanyl, cocaine, methamphetamine, and marijuana. In Orange County, suicide and chronic liver disease rank in the top ten causes of death, while these conditions do not rank in the top ten causes of death for the state. The leading causes of chronic liver disease are long-term alcohol use and viral hepatitis.

Respondents to the CHA survey and focus groups shared concerns related to mental health and substance use. While the majority of survey respondents (82%) reported their mental health was good or better, 17% of respondents felt their mental health was fair or poor. Of survey respondents, almost 40% shared a personal or household need for some type of mental health assistance, with the most common mental health concerns being anxiety and depression. Focus group participants also shared mental health concerns specific to their lived experience. Some focus group participants felt personal substance use related directly to mental health concerns and trauma experiences.

Connections to Community Support
Orange County is fortunate to have many community resources, nevertheless, community members often have trouble accessing the resources or are unaware of the resources that exist. As mentioned previously, the County Health Rankings Model identifies socioeconomic factors influence 40% of overall health. The socioeconomic factors of this model include education, employment, income, family and social support, and community safety.

The majority of CHA survey respondents (64.4%) shared they did not have trouble with resources, however, that leaves a large remainder of people who did have trouble with resources. The most common resource needs identified by survey participants were healthcare, food, housing, medicine, and utilities assistance. All three focus groups shared a need for assistance with obtaining employment. Focus group participants also shared a need for assistance related to housing and transportation. The groups felt transportation in Chapel Hill was great, but not as good in other areas of the county. Participants also mentioned an interest in and need for active transportation resources, like sidewalks for walking. The community voiced concerns related to affordable housing throughout the community health assessment process, while the CHA Leadership team and health department recognize the importance of affordable housing, this issue is outside the primary scope of the health department. Housing is included in the connections to community support priority.

Health equity is important to all three priorities and will be considered in the Community Health Improvement Plans.

Next Steps
This document will be submitted to the North Carolina Division of Public Health in March of 2024. The information contained in this report will also be shared with the Orange County Board of Health and the public. The next stage in this process is to develop Community Health Improvement Plans (CHIPs) to address each of the priority areas identified by this CHA report document. The health department,

Healthy Carolinians partners, community agencies, and community members will play a vital role in the development of the CHIPs. These CHIPs are due in September of 2024. The timeline for the CHA process may be viewed below.

COMMUNITY HEALTH ASSESSMENT (CHA) TIMELINE

CHA Kick-Off Meeting
January 2023

CHA Survey Finalized
May 2023

CHA Survey Distribution
May-September 2023

Data Collection
August-October 2023

Priorities List (for voting) Finalized
October 2023

Community Listening Sessions and Data Sharing
October-December 2023

Priorities Voting
October – December 2023

Priorities Selection
January 2024

CHA Document Finalized
March 2024

Next Steps:

- Share CHA document
- Develop Community Health Improvement Plans to address priorities

Community Health Assessment Document Location

Copies of this Community Health Assessment report will be distributed to key stakeholders and an electronic version will be posted to the Orange County Health Department website: https://www.orangecountync.gov/218/Media-Publications-Resources. Copies may be requested from the health department. The Health Department also welcomes any further input and volunteers from the community. The Community Health Assessment and Healthy Carolinians of Orange County coordinator at the Health Department may be reached at (919)245-2402.

CHAPTER 3: COUNTY DESCRIPTION

Orange County covers approximately 400 square miles and is centrally located between Research Triangle Park (RTP) and the Triad (Greensboro, Winston-Salem, and High Point) with Interstates 85 and 40 providing primary transit avenues. Orange County is an attractive place with mild winters and blue skies and is known for the University of North Carolina (UNC) at Chapel Hill, which is the oldest public university in the United States. The diverse population of Orange County includes farmers, professors, small business owners, corporate executives, newly settled immigrants and refugees, and students from all over the world. The diversity of the population and workforce makes Orange County a lively and vibrant place to work, live, and play.

History

On September 9, 1752, Orange County was founded and named after William V of Orange. Hillsborough, the county seat, was founded in 1754 and had several names over the years. Its first name was Corbin Town, then Childsburgh, and in 1766 the town's final name became Hillsborough. Hillsborough is an old and interesting town located on land where the Great Indian Trading Path crossed the Eno River and was the center of much colonial activity. Initially, Orange County covered 3,500 square miles. This large area also included all of present-day Alamance, Caswell, Person, Durham and Chatham counties as well as parts of Wake, Lee, Randolph, Guilford and Rockingham counties. Orange County was originally home to a succession of Native American tribes that included the Haw, Eno, Occaneechi, and other tribes.

Demographic Profile

Demographic information provides insight into the population composition of an area. This information can guide the planning of projects and programs. For reference, throughout this report, Orange County is compared to peer counties, neighboring counties, and the state of North Carolina. Both peer and neighboring counties are included to give a broader frame of reference of comparison. *Chapter 2* of this report explains the selection of these counties as comparison points.

Population Size and Change

Orange County population is estimated to be 147,376 and includes three municipalities, Carrboro, Chapel Hill, and Hillsborough [3-1]. The town of Mebane is split between Alamance and Orange counties. The population size estimate for Carrboro is 21,295, the estimate for Chapel Hill is 61,960, and the estimate for Hillsborough is 9,660 according to the 2020 Decennial Census [3-2]. The total population of Orange County compared to peers, neighbors, and the state can be viewed in the table to the right. The table also includes population size change information from the 2007-11 period to the 2017-21 period [3-3].

Total Population			
Geographic Area	2007-11	2017-21	Percent Change
Orange	131,856	147,376	+9%
Alamance	149,439	169,185	+13%
Chatham	62,506	75,070	+20%
Durham	263,862	320,146	+21%
Iredell	157,501	183,965	+17%
Moore	87,216	98,618	+13%
NC	9,418,736	10,367,022	+10%
Source: ACS, 2007-11, ACS 2017-21			

Table 1: Total Population

Race and Ethnicity

The largest racial group in Orange County with 72.1% of the population identifies as white. Orange County has a larger percentage of population identifying as Asian as compared to peers, neighbors, and the state. The full racial profile of Orange County may be viewed in the graph. The Census considers Hispanic or Latino/a/x to be an ethnic category and not a racial category.

Orange County Racial Profile 2017-21

- White 72.1
- African American 10.9
- American Indian or Alaska Native 0.7
- Asian 7.8
- Native Hawaiian or Pacific Islander 0
- Other 2.8
- Two or more 5.6
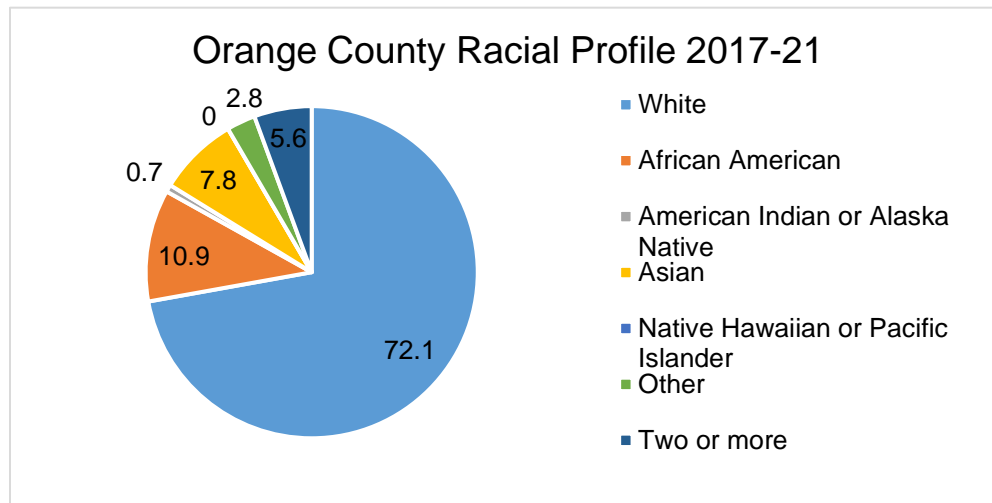
Figure 5: Orange County Racial Profile

The racial and ethnic distribution of Orange County in comparison to peers, neighbors, and the state may be viewed in the table below. Orange County has a higher percentage of white residents and Asian residents when compared to the state.

Racial and Ethnic Distribution 2017-21							
	Orange	Alamance	Chatham	Durham	Iredell	Moore	NC
White	72.1	65.6	74.9	47.6	77.3	79.1	65
African American	10.9	19.6	10.8	34.3	11.7	10.3	20.9
American Indian or Alaska Native	0.7	0.3	0.2	0.4	0.3	0.5	1
Asian	7.8	1.6	1.7	5.2	2.6	1.3	3.1
Native Hawaiian/Pacific Islander	0	0	0	0	0.1	0.1	0.1
Other	2.8	6.9	6.5	5.2	3.2	3.1	4
Two or more	5.6	6	5.9	7.2	5	5.7	5.9
Hispanic or Latino/a/x	8.7	13.5	12.2	13.8	8.3	7.3	10
Source: ACS 2017-21 [3-1]							

Table 2: Racial and Ethnic Distribution

The maps on the next page show the geographic distribution of Orange County's population by population racial or ethnic groups for white, African American or Black, Asian, and Hispanic or Latino/a/x ethnicity. Health outcomes may vary according to the geographic demographic composition of the county.

Percent of Orange County Population White by Census Tract, 2021

Percent White
- 41.2% - 54.7%
- 54.8% - 65.4%
- 65.5% - 71.2%
- 71.3% - 76.1%
- 76.2% - 85.4%
- NC Roads

Source: American Community Survey (ACS) 2017-2021.
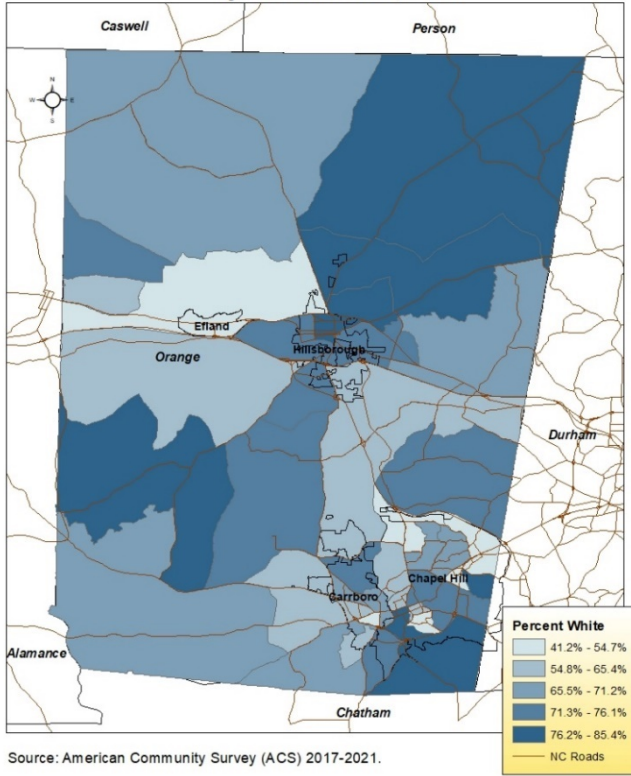
Figure 6: Map of Orange County, white residents

Percent of Orange County Population Black by Census Tract, 2021

Percent Black
- 1.3% - 4%
- 4.1% - 7.6%
- 7.7% - 13.7%
- 13.8% - 20.6%
- 20.7% - 30.3%
- NC Roads

Source: American Community Survey (ACS) 2017-2021.
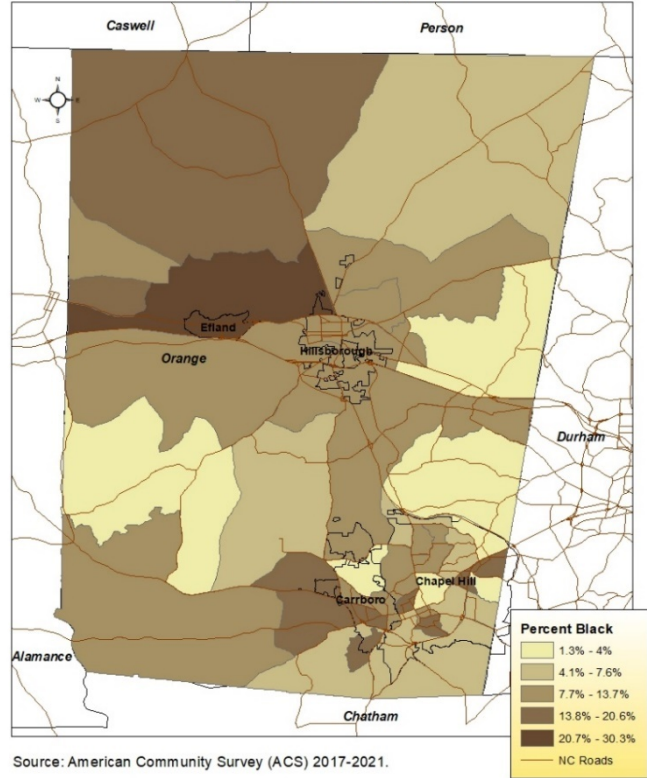
Figure 7: Map of Orange County, African American residents

Percent of Orange County Population Asian by Census Tract, 2021

Percent Asian
- 0.5% - 1.3%
- 1.4% - 3.8%
- 3.9% - 7.6%
- 7.7% - 15.3%
- 15.4% - 28.8%
- NC Roads

Source: American Community Survey (ACS) 2017-2021.
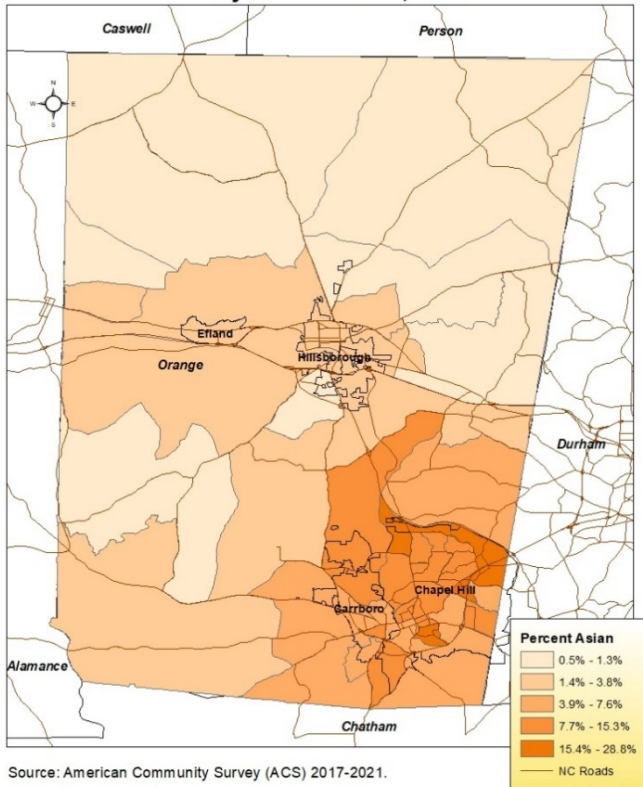
Figure 8: Map of Orange County, Asian residents

Percent of Orange County Population Hispanic by Census Tract, 2021

Percent Hispanic
- 1.4% - 3.4%
- 3.5% - 5.8%
- 5.9% - 9.3%
- 9.4% - 13.9%
- 14% - 25.8%
- NC Roads

Source: American Community Survey (ACS) 2017-2021.
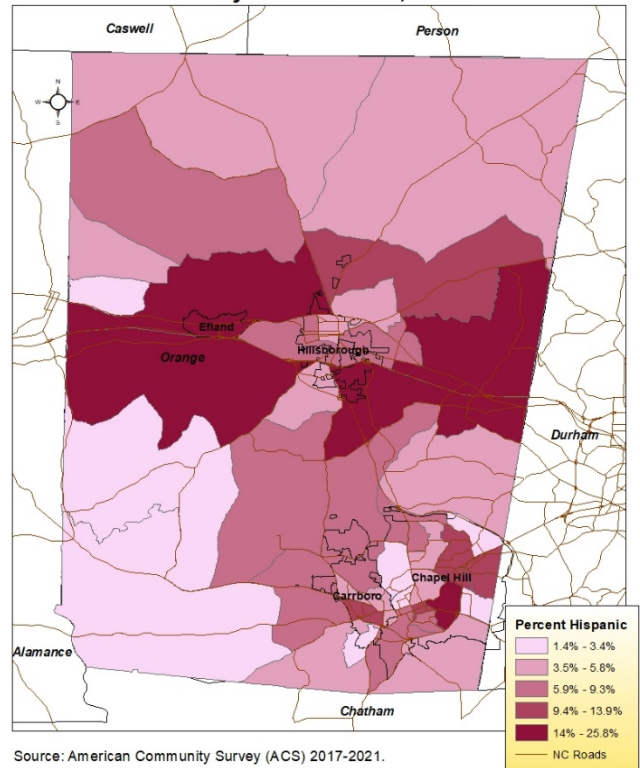
Figure 9: Map of Orange County, Hispanic or Latino/a residents

Immigrant Populations

Orange County is home to a diversity of immigrants and refugees. Approximately 12.6% of Orange County residents are foreign-born. Durham County is the only point of comparison with a higher proportion of foreign-born residents with 14.3% of the population. This information was not available for Moore County, which is why it is starred in the graph below. The largest percentage (45.4%) of Orange County foreign-born residents come from countries in Asia while the largest percentage (50.1%) of North Carolina foreign-born residents come from countries in Latin America [3-1].
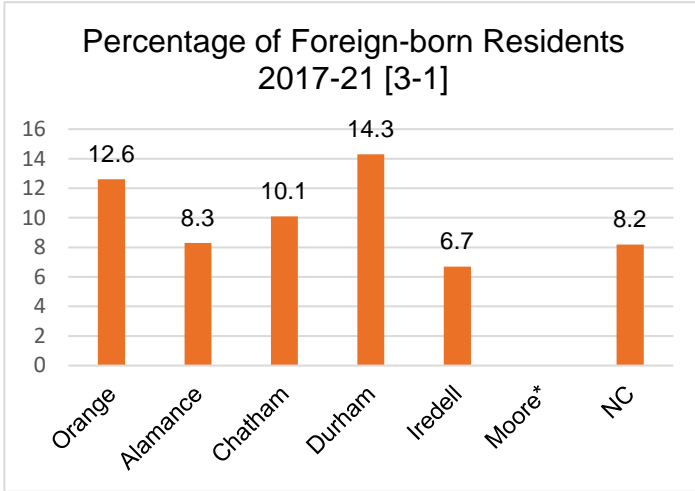
Figure 10: Percentage of Foreign-born Residents

Region of Origin for Foreign-born Residents 2017-21		
Region	**Orange County**	**NC**
Europe	16.4%	10.7%
Asia	45.4%	28.4%
Africa	8.9%	8.2%
Oceana	1.0%	0.4%
Latin America	25.5%	50.1%
North America	2.8%	2.2%
Source: ACS 2017-21 [3-1]		

Table 3: Region of Origin

When considering immigrant populations, it is also important to consider English language proficiency. In Orange County, 4.7% of residents speak English less than well, which is very similar to the state, with 4.5% of residents, but is a lower percentage than neighboring counties. The most commonly spoken languages for Orange County Health Department patients and clients are Spanish, Karen, Burmese, Chinese, and Arabic. Additionally, of limited English proficiency households in Orange County, the two largest groups are Spanish (6.0%) and Asian and Pacific Island languages (5.5%). This information can be viewed in the graph to the right and the table below [3-1].
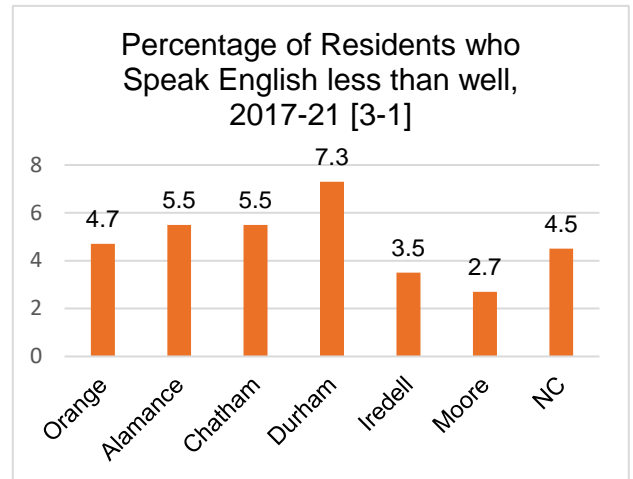
Figure 11: Limited English Proficiency

Languages Spoken by Limited English-Speaking Households, 2017-21							
	Orange	**Alamance**	**Chatham**	**Durham**	**Iredell**	**Moore**	**NC**
Spanish	6.0%	9.1%	9.7%	9.2%	6.2%	4.8%	7.0%
Other Indo-European Language	3.9%	1.9%	2.0%	3.1%	2.1%	1.8%	2.4%
Asian and Pacific Language	5.5%	1.0%	1.3%	3.5%	2.3%	1.1%	1.9%
Other	1.0%	0.4%	0.3%	1.8%	0.4%	0.2%	0.8%
Source: ACS 2017-21 [3-1]							

Table 4: Languages spoken by Limited English-Speaking Households

Age

Age distribution of a population can help provide insight into a community's needs and resources, since different age groups often have different needs and experiences. The median age of Orange County is 36.2, with 19.2% of residents under age 18 and 15.4% age 65 and over [3-1].

Age Information 2017-21							
	Orange	**Alamance**	**Chatham**	**Durham**	**Iredell**	**Moore**	**NC**
Under 18 years	19.2%	22%	19.5%	20%	22.5%	21.5%	21.8%
18-64 years	65.4%	61.1%	55.7%	76.2%	61.2%	54.4%	61.5%
65 years and up	15.4%	16.9%	24.8%	13.8%	16.3%	24.1%	16.7%
Median Age (years**)**	36.2	39.1	47.6	35.8	40.8	43	39.1
Source: ACS 2017-21 [3-1]							

Table 5: Age Information

Employment Information

Employment information is another descriptive factor of a community and is associated with the economic status of a population. For the 2017-21 period, Orange County had an unemployment rate of 4.4%, which is a little lower than the state rate of 5.3%. For commuting characteristics, 36.9% of Orange County residents work outside the county compared to 24.3% of NC residents working inside county of residence [3-1].

The top ten employers in Orange County are listed below. This information is the annual report of 2022, which is the most current data available at the time of this report [3-4].

Top 10 Employers in Orange County				
Rank	**Company Name**	**Industry**	**Class**	**Employment Range**
1	UNC Chapel Hill	Educational Services	Public	1000+
2	UNC Health Care System	Health Care and Social Assistance	Public	1000+
3	NC Health	Health Care and Social Assistance	Private	1000+
4	Chapel Hill-Carrboro City Schools	Educational Services	Public	1000+
5	Orange County Schools	Educational Services	Public	1000+
6	Orange County Local Government	Public Administration	Public	1000+
7	Eurosport	Retail Trade	Private	500-999
8	Town of Chapel Hill	Public Administration	Public	500-999
9	Wal-Mart	Retail Trade	Private	500-999
10	AKG of America, Inc	Manufacturing	Private	250-499
Source: NC Department of Commerce [3-4]				

Table 6: Top Employers in Orange County

Additional data points including education and socioeconomic status are included in the *Social and Economic Factors of Health* section in *Chapter 4* of this report.

Tax Information

The county property tax rate for Orange County is 0.8353 per $100 valuation for the 2023-24 fiscal year (FY). While this is the highest rate of comparison counties, it is not the highest in the state and Orange County ranks #12 in the state. In general, counties ranking higher than Orange County in tax rates are less population dense. In North Carolina, properties must be revalued every 8 years, but counties may opt to revalue more frequently [3-5].

Property Tax Rates per $100 Property Valuation FY 2023-24 [3-5]

County	Rate
Orange	0.8353
Alamance	0.4320
Chatham	0.6850
Durham	0.7522
Iredell	0.5000
Moore	0.3300
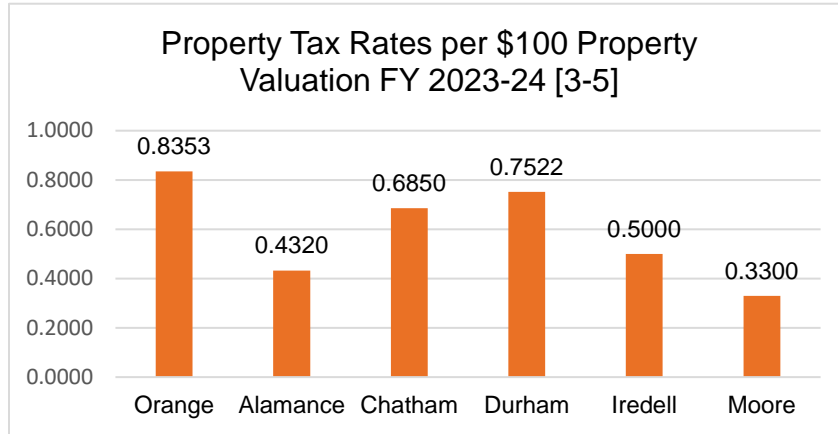
Figure 12: Property Tax Valuation

Orange County collected $132,731,445 in gross taxes in FY 2022-23, which is lower than all comparison counties with the exception of Chatham and Moore counties. In FY 2022-23, Orange County had $2,788,217,449 in taxable sales and purchases. Again, this number is lower than all comparison counties except for Chatham and Moore counties [3-6]. For ease in visualization, only comparison counties are included in the graphs below, where inclusion of state numbers would make the graph harder to read.

Gross Tax Collections FY 2022-23 [3-6]

County	Amount
Orange	$132,731,445
Alamance	$169,831,793
Chatham	$61,511,407
Durham	$507,283,064
Iredell	$192,077,804
Moore	$108,712,668
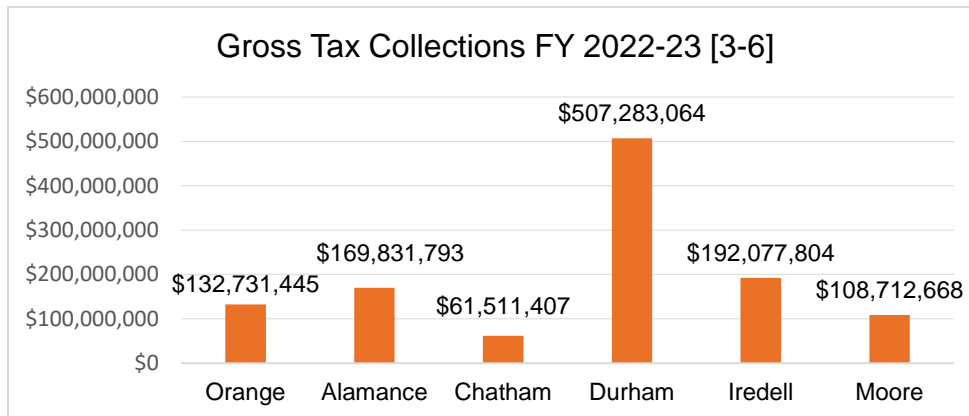
Figure 13: Gross Tax Collections

Taxable Sales and Purchases, FY 2022-23

County	Amount
Orange	$2,788,217,449
Alamance	$3,568,867,246
Chatham	$1,290,817,742
Durham	$10,661,429,553
Iredell	$4,042,889,754
Moore	$2,280,940,600
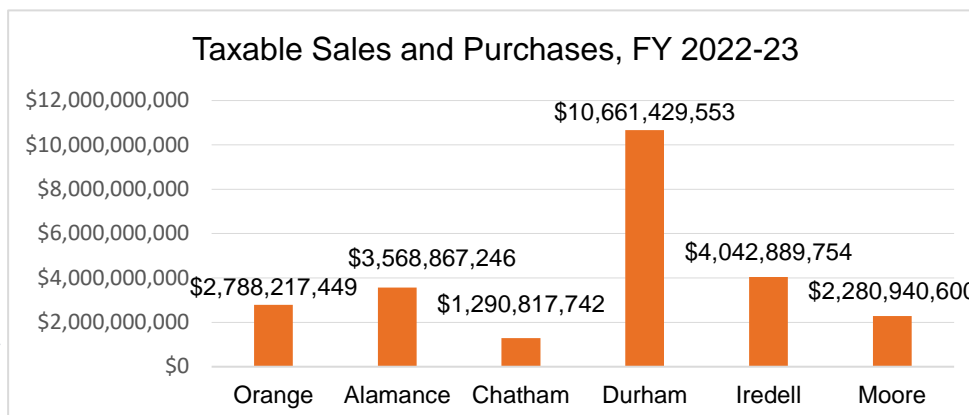
Figure 14: Taxable Sales and Purchases

Political Profile

Orange County voters primarily vote for democratic candidates. In the 2020 presidential election, 74.8% of voters voted for Joe Biden (Democratic candidate) and 23.7% voted for Donald Trump (Republican candidate). According to the NC State Board of Elections as of January 1, 2024, there are 108,328 registered voters in Orange County [3-7].

Orange County Registered Voters by Affiliation as of January 1, 2024	
Affiliation	**Count**
Democrat	50,412
Republican	13,241
Green	25
Constitution	0
Libertarian	563
No Labels	37
Unaffiliated	44,050
Source: NC State Board of Elections [3-7]	

Table 7: Registered Voters by Affiliation

Orange County Registered Voter Demographics as of January 1, 2024	
Demographic Group	**Count**
White	75,117
African American	11,484
American Indian	234
Asian	5,078
Native Hawaiian or Pacific Islander	1
Multiracial	1,033
Other	4,014
Undesignated	11,367
Hispanic	4,257
Male	44,435
Female	52,821
Source: NC State Board of Elections [3-7]	

Table 8: Registered Voter Demographics

Faith and Spirituality

Hundreds of places of worship exist in Orange County and include churches, mosques, synagogues, temples, and other faith organizations. Faith organizations can provide a source of spiritual grounding and social support. Additionally, some places of worship also provide an outlet for information on community resources and health services, with some churches having a health ministry component. Some members of faith communities also rely upon religious leaders for personal guidance and as a form of counseling.

Community Resources

Community resources play a role in the health and health-related behaviors of a community. Orange County is fortunate to have many resources, however, many residents still face challenges accessing resources. Both the Social Determinants of Health framework and the County Health Rankings Model highlight the importance of environmental, neighborhood, and community factors along with the traditional factors of health behavior and health care in impacting overall health of individuals and communities. The health department and other community partners make a concerted effort to share information about resources often and widely.

An electronic version of the resource directory can be found at: https://cef.my.salesforce-sites.com/, which is maintained by the Community Empowerment Fund with support from Orange Partnership to End Homelessness. This site is locally referred to as OC Connect. The OC Connect site also allows for translation into multiple other languages. OC Connect is updated twice a year and is the best general resource guide for the county. A screenshot of the OC Connect site may be viewed on the next page. Additionally, another resource guide version that is printable may be found online at

https://www.orangecountync.gov/3258/Housing-Resource-Guide-Gua-de-recursos. This resource guide is available in English and Spanish and can be found in *Appendix L*.
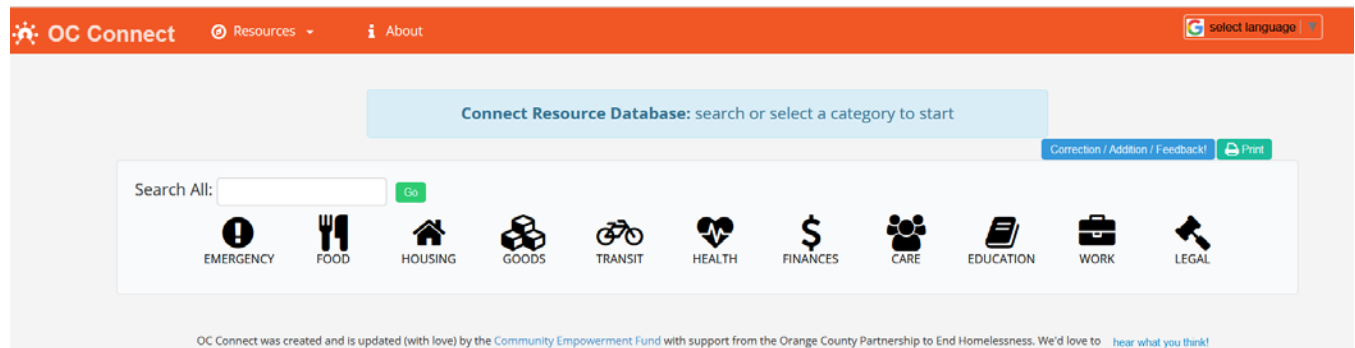
Figure 15: OC Connects Screenshot

Priority Populations

Demographic, socioeconomic, and other descriptive factors combined with community feedback highlight priority populations. Members of the priority populations often experience a higher rate of negative health outcomes. Therefore, the priority populations will be the focus of the work of the Community Health Improvement Plans and other projects moving forward. The priority populations include rural residents, racial and ethnic minorities, and people experiencing low income. An intentional effort was made to hear the voices of the priority populations throughout the Community Health Assessment process.

CHAPTER 4: HEALTH AND WELL-BEING

This section comprises health specific data and includes information on death rates and trends, cancer incidence, life expectancy, pregnancy and births, and communicable diseases. This section also incorporates information related to the well-being of the community, for example health behaviors, access to care, social determinants of health and physical environment factors. Additional environmental health information is also included. In this chapter, as in the previous chapter, five-year rates are used whenever available to increase statistical reliability.

Life Expectancy

Life expectancy is the number of years the average person is expected to live. The graphs below show life expectancy for different population groups in Orange County and Orange County compared to the state and peer and neighbor counties. This data is for the 2018-20 period [4-1].

In Orange County, the average life expectancy is 82.1 years, which is greater than the life expectancy of 76.4 years for North Carolina and the peer county comparisons. There is a disparity in Orange County's life expectancy when comparing males to females, where females live about 5 years longer than males, and when comparing white people to African American people, where whites live about 8 years longer than African Americans [4-1]. This information can be viewed in the graphs below and on the next page.
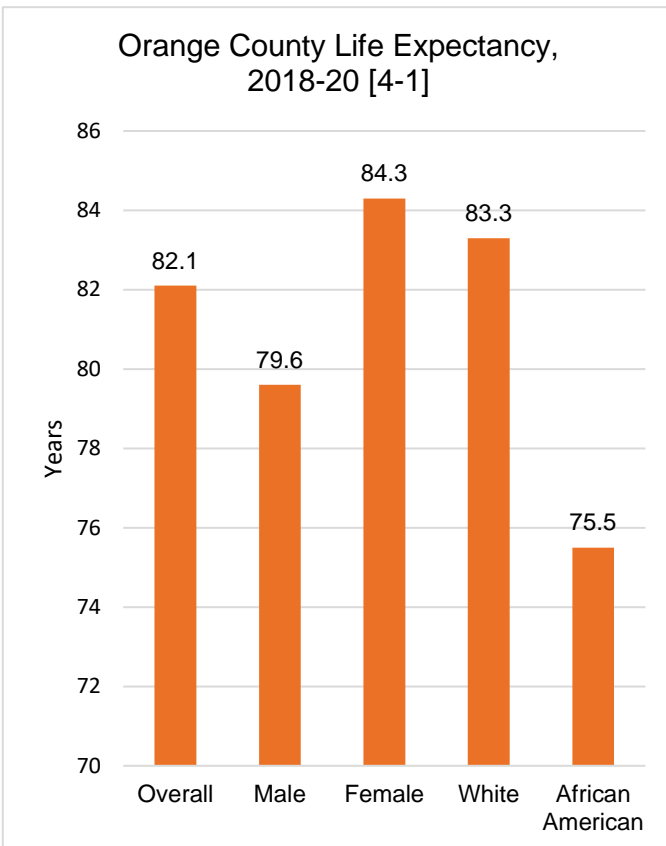
Figure 16: Orange County Life Expectancy
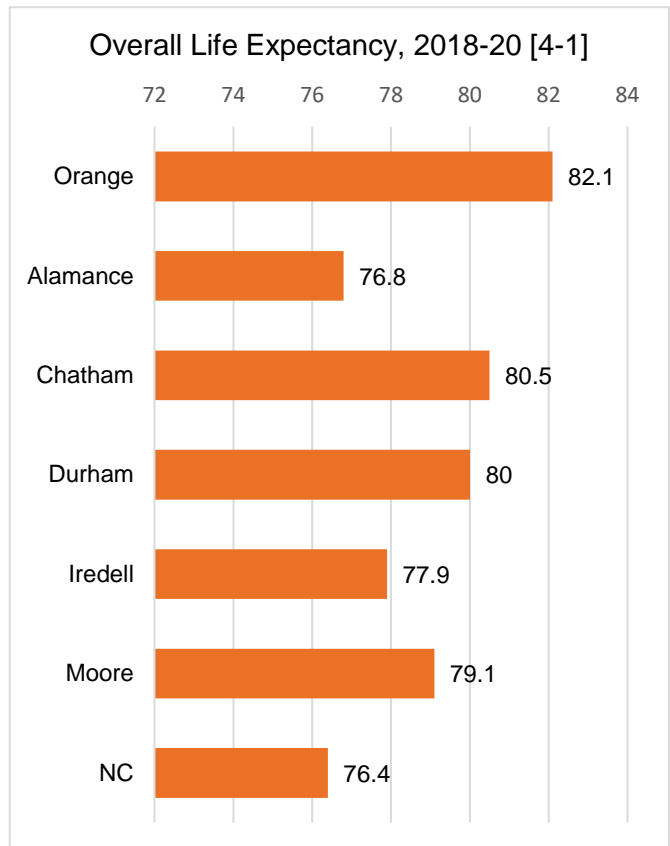
Figure 17: Overall Life Expectancy
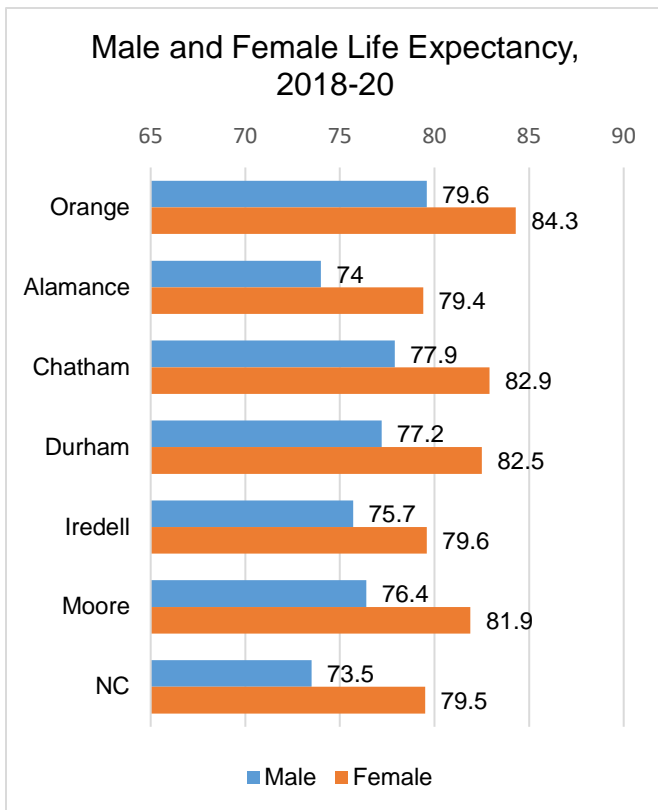
Figure 18: Life Expectancy, male and female
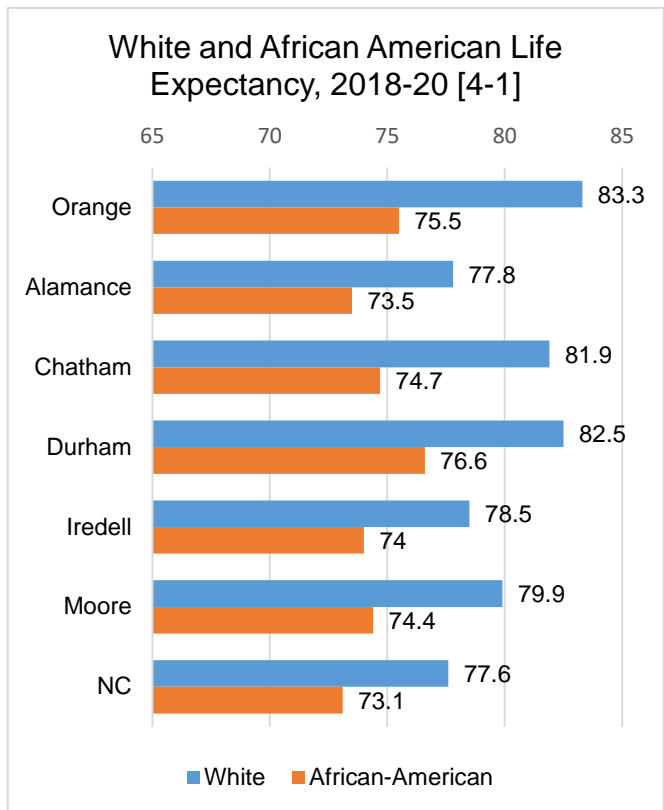
Figure 19: Life Expectancy, white and African American

Leading Causes of Death and Unadjusted Death Rates

The leading causes of death for Orange County residents for the 2017-21 period are listed in the below table. The top two leading causes of death for the county, cancer and heart disease, have significantly higher rates than the remaining eight causes. Suicide and chronic liver disease are listed as two of the leading causes of death for Orange County but are not in the top ten leading causes of death for points of comparison. Unintentional injury related deaths comprise deaths due to accidents or other causes, for example, falls, accidental firearm discharge, and drug overdose. Additionally, COVID-19 emerged as a top cause of death in this time period [4-1].

Orange County Leading Causes of Death, 2017-21, Unadjusted Rate per 100,000			
Rank	**Cause**	**Orange County Rate**	**North Carolina Rate**
1	Cancers	135.4	190.6
2	Heart disease	106.0	190.8
3	Unintentional injuries	29.1	50.2
4	Cerebrovascular disease	27.8	51.4
5	Chronic lower respiratory disease	23.2	50.3
6	Alzheimer's disease	20.7	42.7
7	Diabetes	14.6	31.7
8	COVID-19	14.1	41.2
9	Suicide	11.0	Not a leading cause of death
10	Chronic liver disease	10.2	Not a leading cause of death
	Deaths Due to All Causes	590.6	979.7
Source: North Carolina State Center for Health Statistics, 2023 County Health Data Book			

Table 9: Unadjusted Leading Causes of Death

Age-Adjusted Death Rates

Age-Adjusted death rates are another way to look at death rates. Age-adjusted rates are important to use when comparing geographic areas that have different age-distributions. Age-adjusted rates control for death rate differences due to age distribution, where older people have higher death rates than younger people. This section provides age-adjusted rates for cancer, heart disease, unintentional injuries, cerebrovascular disease, lower respiratory disease, which are the top five causes of death in Orange County. Age-adjusted deaths due to all causes are also included. This section also provides age-adjusted rates for the following groups: males, females, white, and African American residents.

Age-Adjusted Cancer Death Rates

Orange County has an age-adjusted death rate for all cancers of 128.4 per 100,000 for 2017-2021. This rate is very similar to Chatham County, which has a rate of 128.2 per 100,000. The other comparison counties and the state have higher rates than Orange and Chatham Counties [4-1].

Age-Adjusted Cancer Death Rates per 100,000, 2017-21 [4-1]

County	Rate
Orange	128.4
Alamance	170.3
Chatham	128.2
Durham	139.9
Iredell	150.7
Moore	149.3
NC	154.5
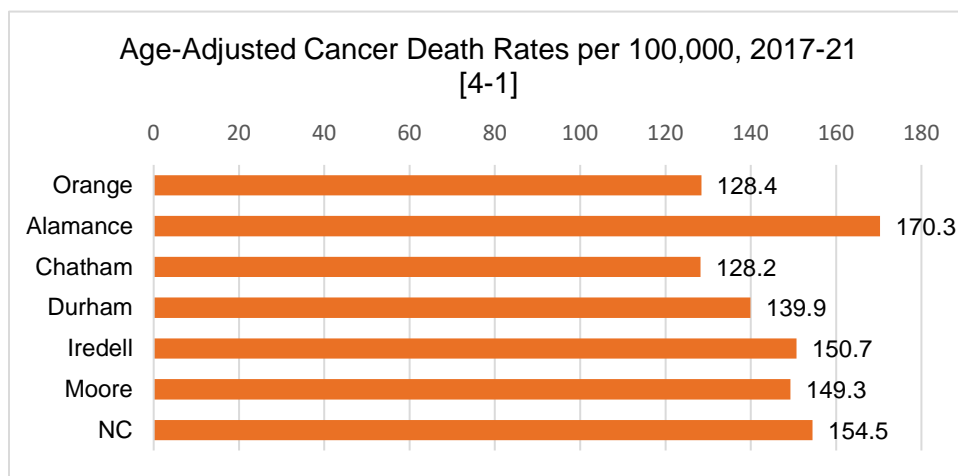
Figure 20: Age-Adjusted Cancer Death Rates

Age-Adjusted Heart Disease Death Rates

Orange County has an age-adjusted heart disease death rate of 106.6 per 100,000, which is again similar to Chatham County, which has a rate of 110 per 100,000. Orange County has a lower age-adjusted heart disease death rate than remaining points of comparison [4-1].

Age-Adjusted Heart Disease Death Rates per 100,000, 2017-21 [4-1]

County	Rate
Orange	106.6
Alamance	171.5
Chatham	110
Durham	126
Iredell	158.9
Moore	134.2
NC	161.1
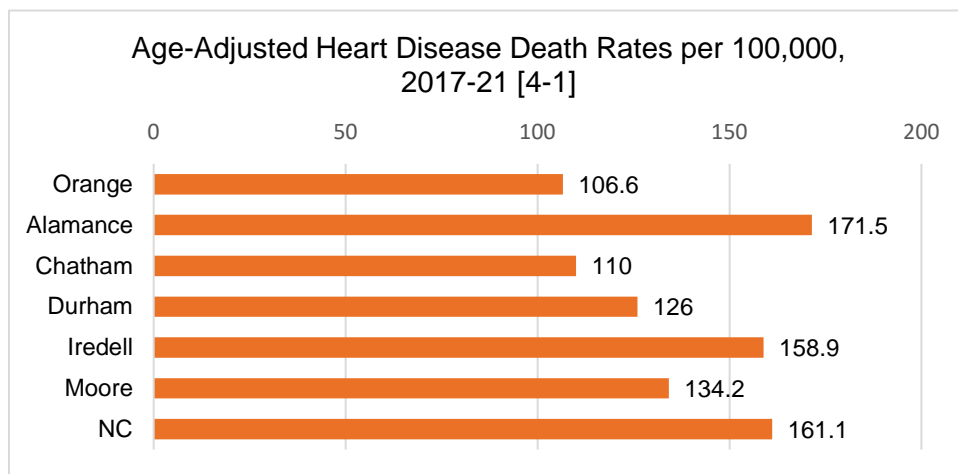
Figure 21: Age-Adjusted Heart Disease Death Rates

Age-Adjusted Unintentional Injury Death Rates

Orange County has a higher age-adjusted unintentional injury death rate than the state, Chatham, Durham, and Moore counties. The rate for Orange County is 30.5 deaths per 100,000. As a reminder, unintentional injuries include deaths due to falls, poisonings, drownings, etc. Unintentional injury data does not include motor vehicle accidents and those deaths are reported separately and are not a leading cause of death in Orange County [4-1].
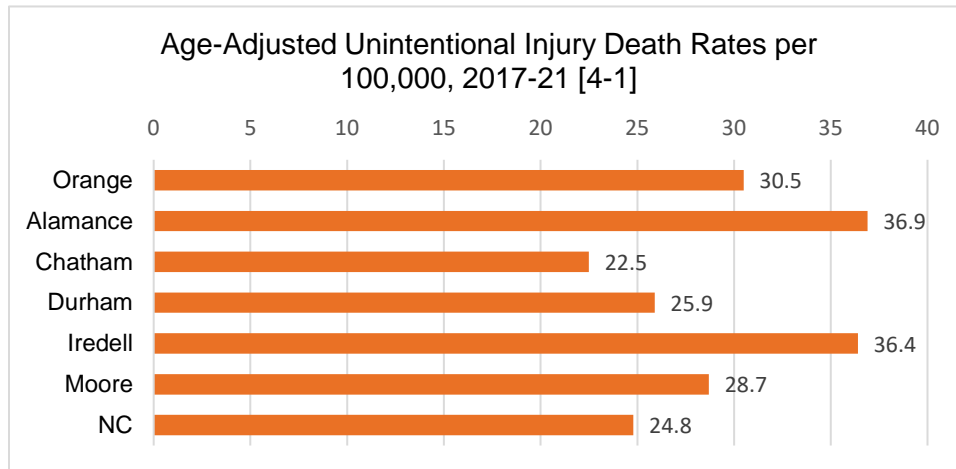
Figure 22: Age-Adjusted Unintentional Injury Death Rates

Age-Adjusted Cerebrovascular Disease Death Rates

For the 2017-21 period, Orange County has a lower age-adjusted death rate due to cerebrovascular disease as compared to the other geographies of comparison as demonstrated in the graph below. The rate for Orange County is 28.9 per 100,000 [4-1].
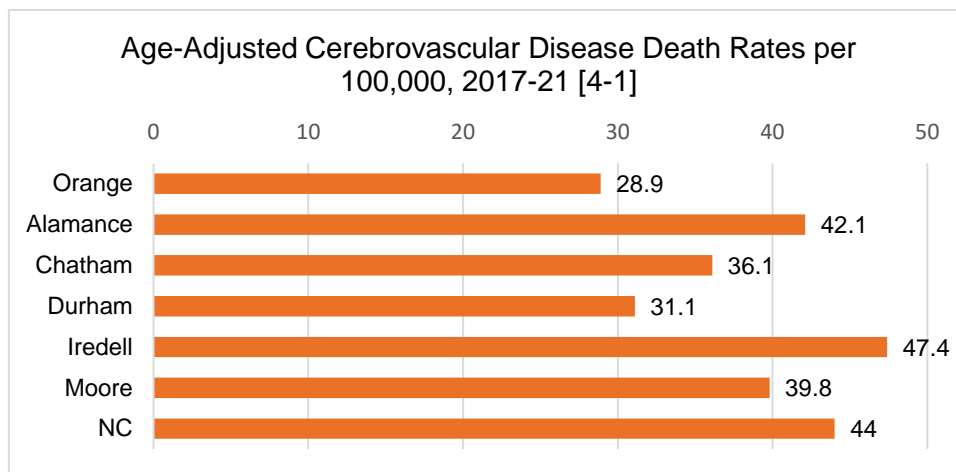
Figure 23: Age-Adjusted Cerebrovascular Disease Death Rates

Age-Adjusted Lower Respiratory Disease Death Rates

The age-adjusted death rate for chronic lower respiratory disease is 22.5 per 100,000 people for Orange County for the 2017-21 period [4-1]. The graph on the next page shows the rates for Orange County, peer and neighbor counties, and the state.
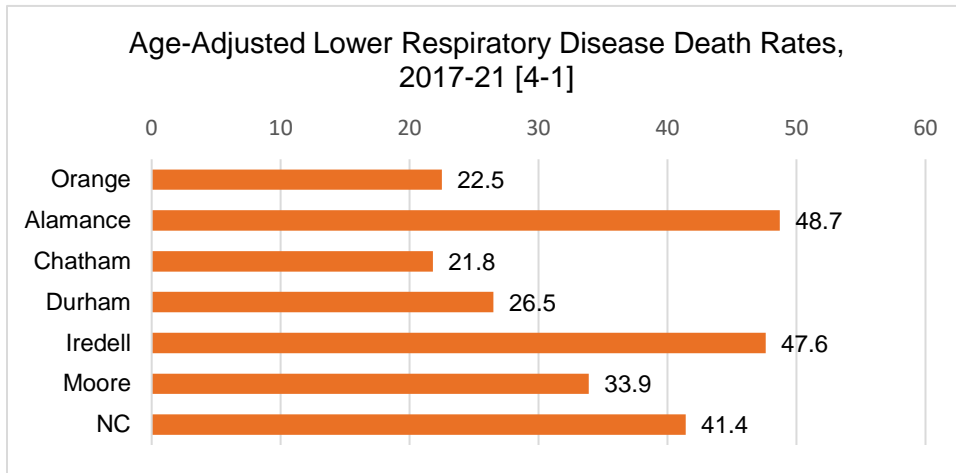
Figure 24: Age-Adjusted Lower Respiratory Disease Death Rates

Age-Adjusted Death Rates due to All Causes

Orange County has an age-adjusted death rate due to all causes of 596.2 per 100,000 for 2017-21. This rate is lower than the state and all peer and neighbor counties [4-1]. The below graph shows the rates for all of these geographic areas.
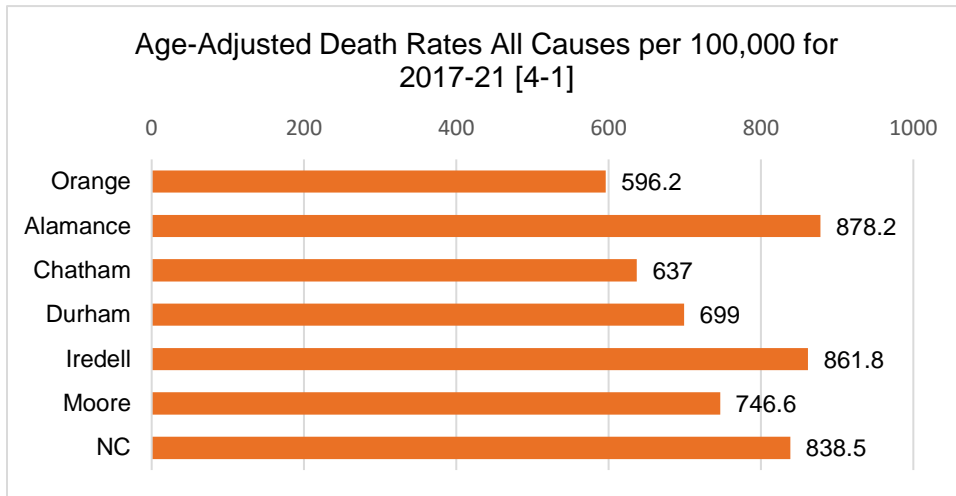
Figure 25: Age-Adjusted All Cause Death Rates

Age-Adjusted Death Rates by Demographic Group

Another way to look at the age-adjusted death rates is to compare genders and racial groups. Orange County has an age-adjusted death rate of 574 per 100,000 for white residents as compared to 899 per 100,000 for African American residents for the 2017-21 period [4-1]. The graphs on the next page provide the age adjusted death rates for Orange County for the following demographic categories: whites, African Americans, males, females, and all residents. These are the only demographic categories currently available.
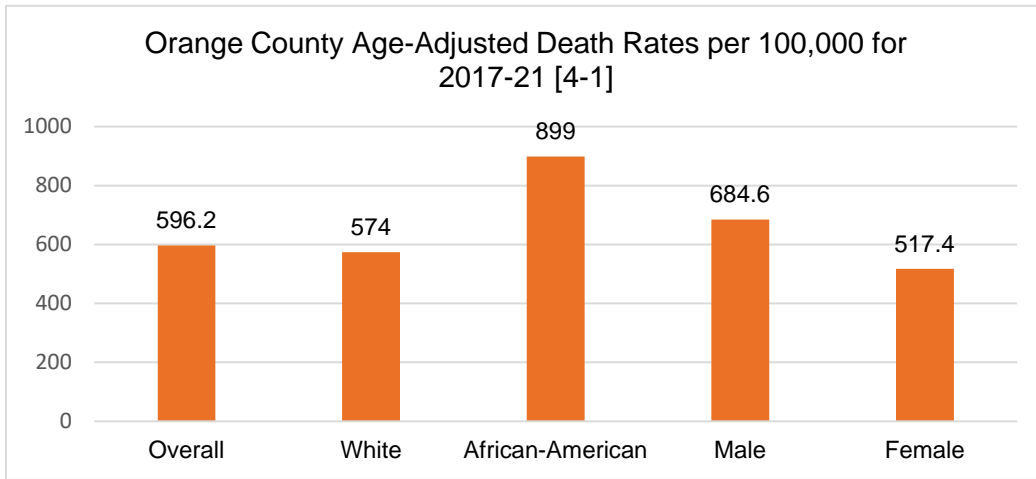
Figure 26: Orange County Age-Adjusted Death Rates, by Demographics

Age-Adjusted Death Rates by Gender

The below graph shows the age-adjusted death rates due to all causes per 100,000 for the period of 2017-21. The age-adjusted death rate is 684.6 per 100,000 for men and 517.4 per 100,000 for women in Orange County [4-1].
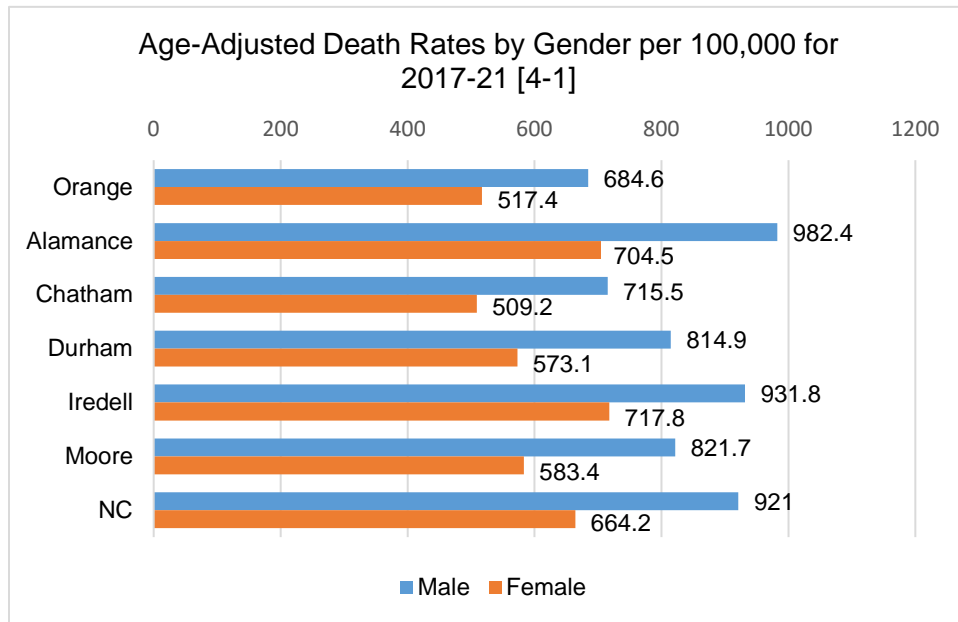
Figure 27: Age-Adjusted Death Rates by Gender

Age-Adjusted Death Rates by Race

Orange County has a higher death rate for African American residents as compared to white residents [4-1]. These rates are for the 2017-21 period and are compared to the state and peer and neighbor counties in the graphs on the next page. Data on other racial groups was not available at the time of this report.
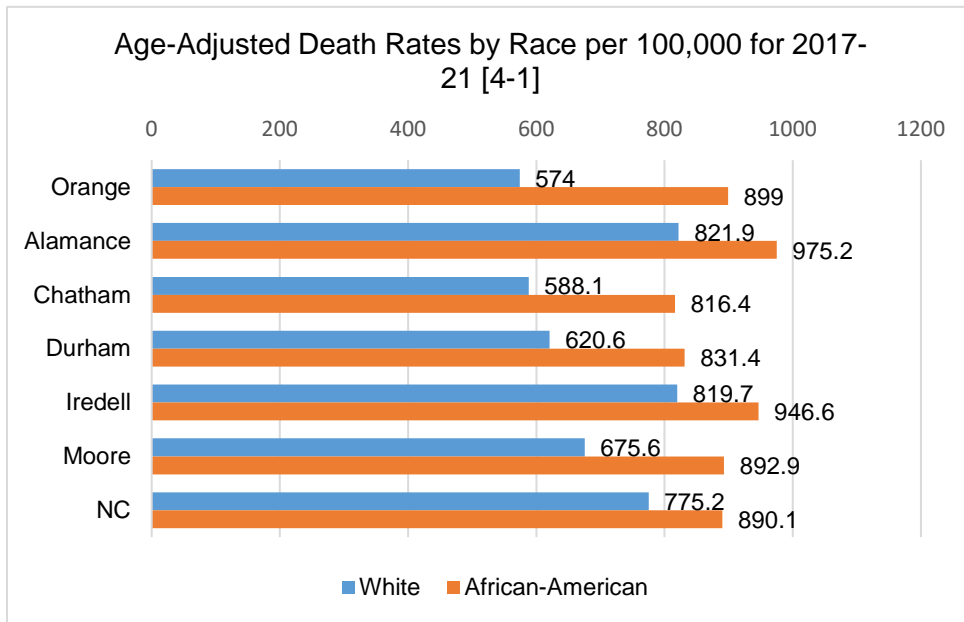
Figure 28: Age-Adjusted Death Rates by Race

Trends in Death Rates

Death rates can also be viewed in comparison to prior years to help identify any trends over time. The graphs below and on the next page show trends in age-adjusted death rates for Orange County as compared to the state [4-1, 4-2, 4-3].
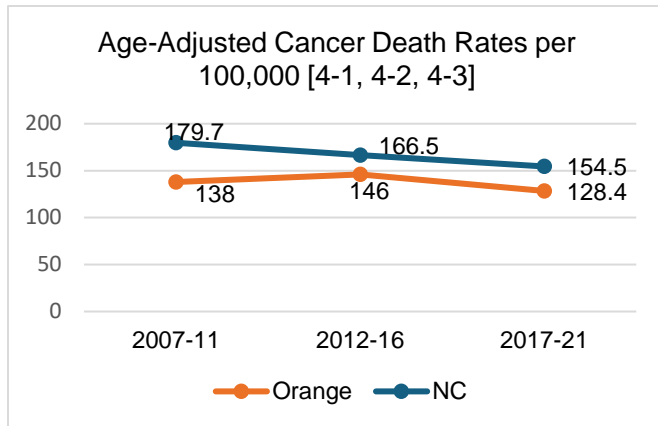
Figure 29: Trends in Cancer Death Rates
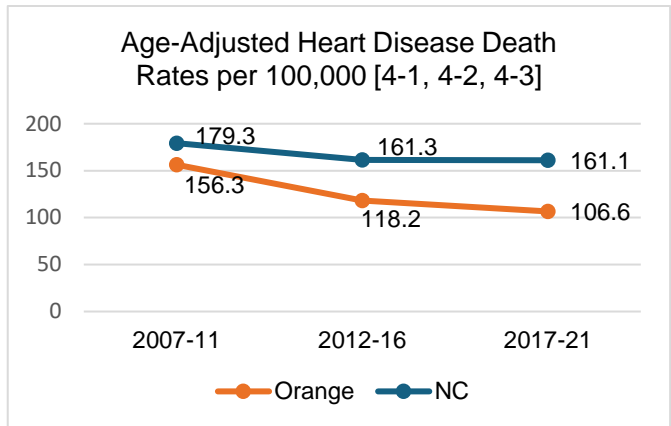
Figure 30: Trends in Heart Disease Death Rates
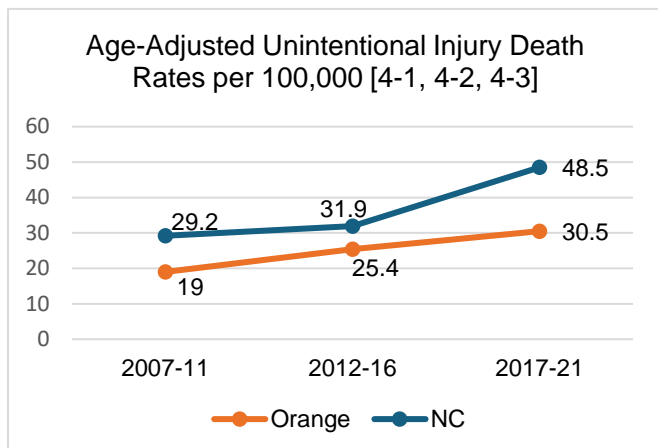
Figure 31: Trends in Unintentional Injury Death Rates
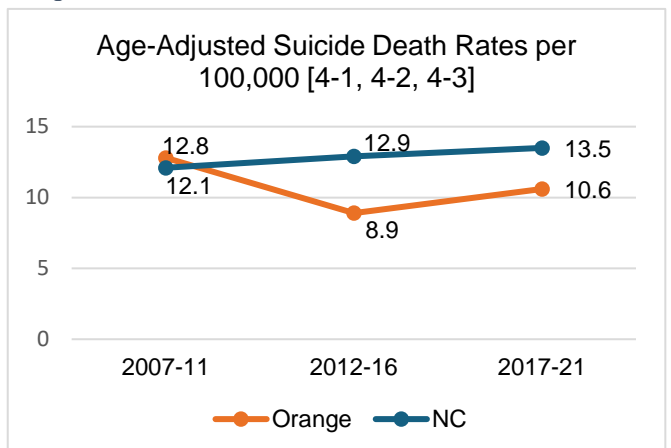
Figure 32: Trends in Suicide Death Rates
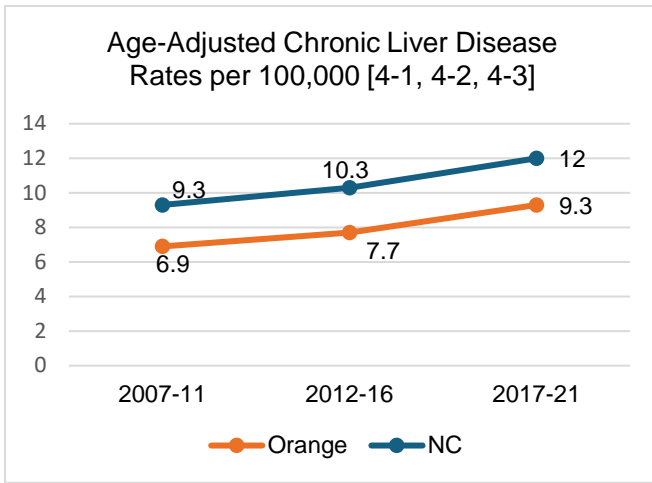
Figure 33: Trends in Chronic Liver Disease Death Rates
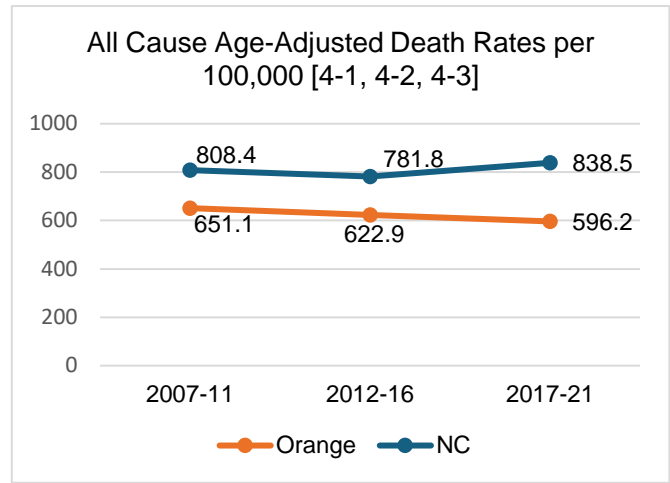
Figure 34: Trends in All Cause Death Rates

Health Status and Morbidity

While mortality data focuses on death information, morbidity focuses on disease. Health status and morbidity figures are other important measures of health.

Orange County CHA Survey Responses

The majority (83%) of respondents reported their health as good or better, while the remaining approximately 16% reported their health as fair or poor. The most common conditions respondents reported were arthritis (36.5%), high blood pressure (35.2%), overweight or obesity (33.2%), and high cholesterol (29.8%).

Cancer Incidence

Cancer *incidence* rates include persons who are living with cancer or are in remission from cancer. Previous sections of this report discussed *death* rates due to cancer. The cancer incidence graphs below and on the next page are for the 2016-20 period and are age-adjusted. Orange County had 474 new cancer cases for every 100,000 persons throughout the years of 2016-2020. In general, the Orange County cancer incidence rates for all causes other than breast cancer are lower than comparison geographies [4-1].
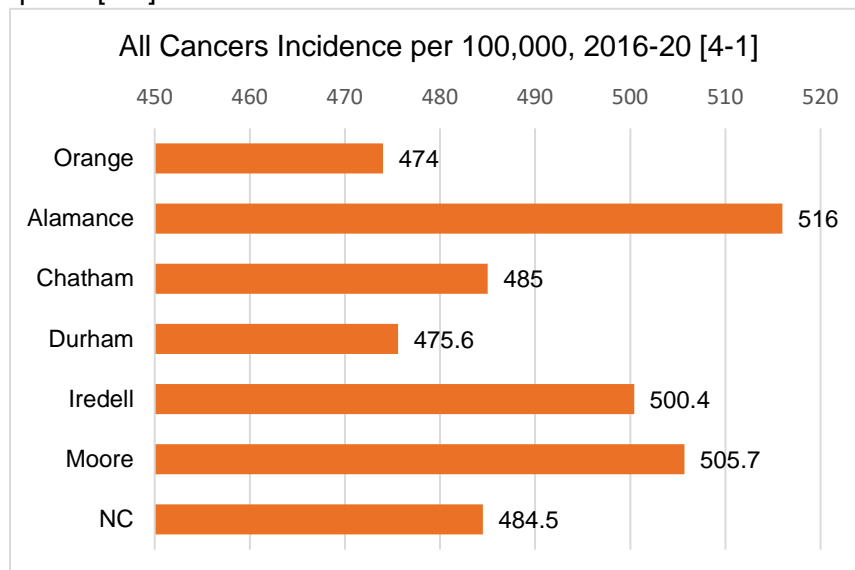
Figure 35: Cancer Incidence

Lung Cancer Incidence per 100,000, 2016-20 [4-1]

County	Incidence
Orange	49
Alamance	73.6
Chatham	45.6
Durham	51.5
Iredell	65.8
Moore	58.1
NC	63.3
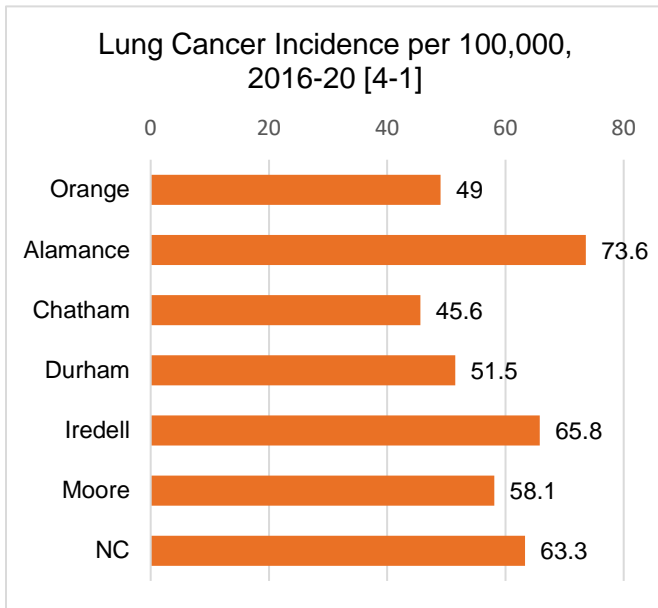
Figure 36: Lung Cancer Incidence

Colorectal Cancer Incidence per 100,000, 2016-20 [4-1]

County	Incidence
Orange	30.5
Alamance	33.5
Chatham	34.6
Durham	32.3
Iredell	34.8
Moore	31.3
NC	35.2
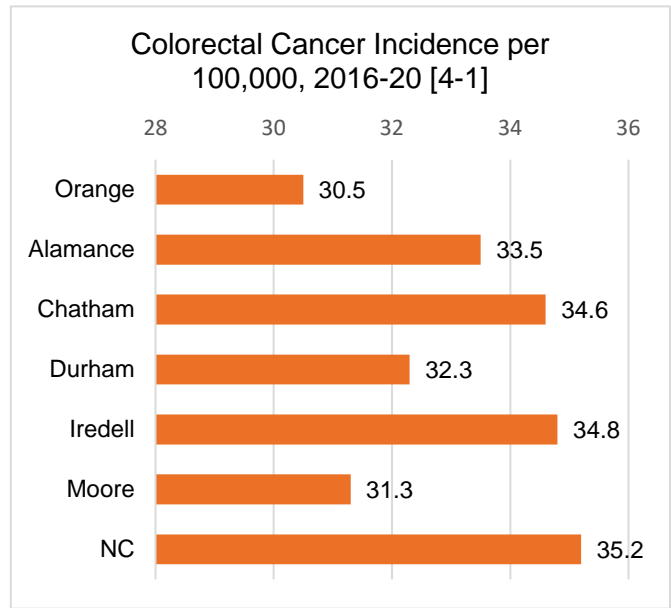
Figure 37: Colorectal Cancer Incidence

Prostate Cancer incidence per 100,000, 2016-20 [4-1]

County	Incidence
Orange	117.5
Alamance	116.3
Chatham	116.7
Durham	131.3
Iredell	140.5
Moore	143.9
NC	124.6
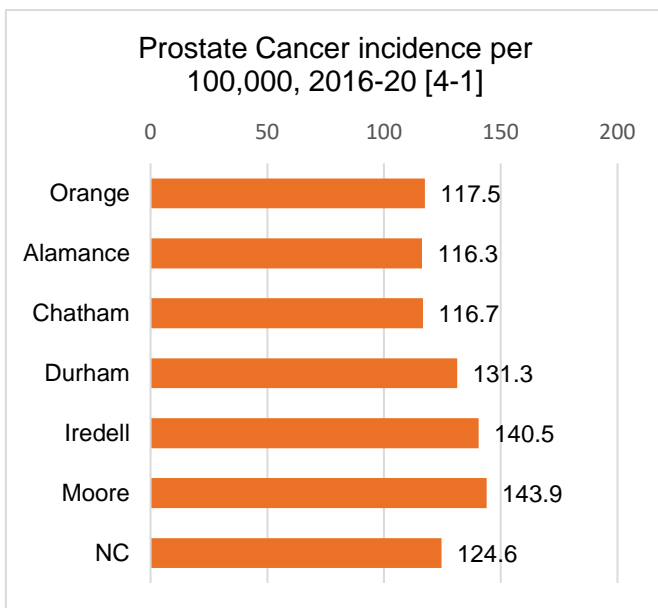
Figure 38: Prostate Cancer Incidence

Breast Cancer Incidence per 100,000, 2016-20 [4-1]

County	Incidence
Orange	186.2
Alamance	182
Chatham	181.3
Durham	176.7
Iredell	163.7
Moore	158.5
NC	169
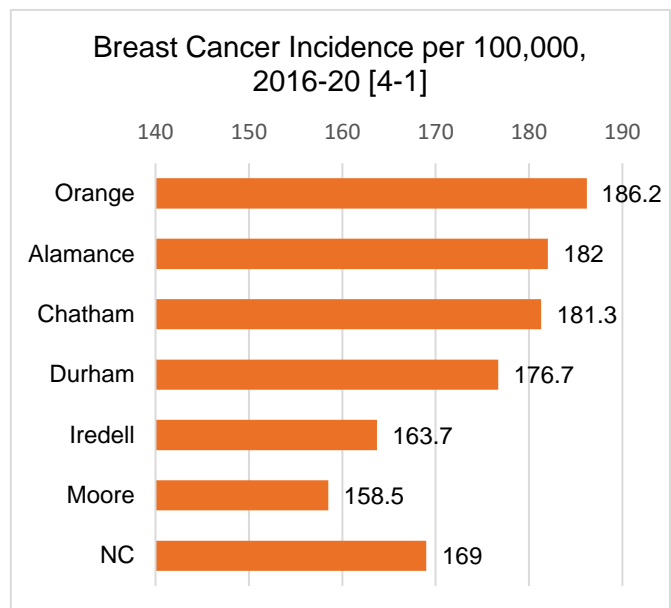
Figure 39: Breast Cancer Incidence

Chronic Disease

According to the Centers for Disease Control and Prevention (CDC), chronic diseases are conditions that last 1 year or more and require ongoing medical attention and/or limit activities of daily living. In the US, chronic diseases, including heart disease, cancer, and diabetes, are leading causes of death, disability, and health care costs. Tobacco use, secondary smoke exposure, poor nutrition, physical inactivity, and excessive alcohol use lead to many of these chronic diseases [4-4].

Included in this section is the estimated percentage or prevalence in adults 18 and older for the following chronic conditions: diabetes, heart disease, high blood pressure, asthma, arthritis, and obesity. Orange County has lower rates of all conditions with the exception of arthritis prevalence when

compared to comparison counties and the state. In terms of arthritis, Orange County's rate is very similar to Chatham and Durham counties [4-5].

Diabetes Prevalence, 2021 [4-5]

County	Value
Orange	8.7
Alamance	10.8
Chatham	9.2
Durham	10.5
Iredell	9.2
Moore	8.8
NC	8.8
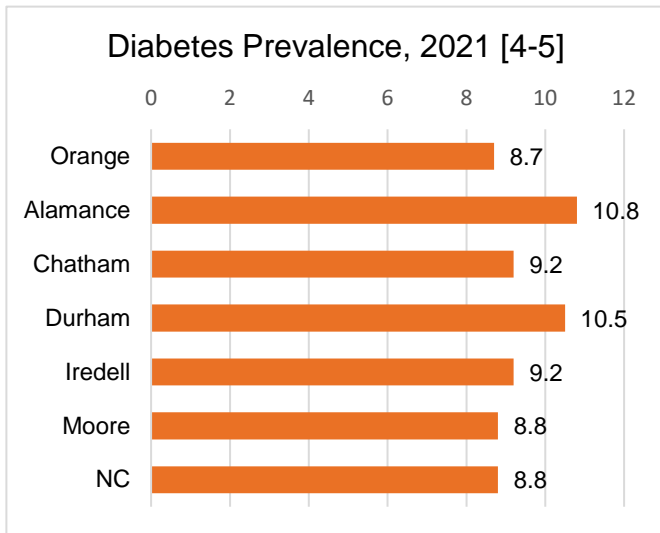
Figure 40: Diabetes Prevalence

Heart Disease Prevalence, 2021 [4-5]

County	Value
Orange	4.8
Alamance	5.7
Chatham	5.1
Durham	5
Iredell	5.2
Moore	5.1
NC	5.1
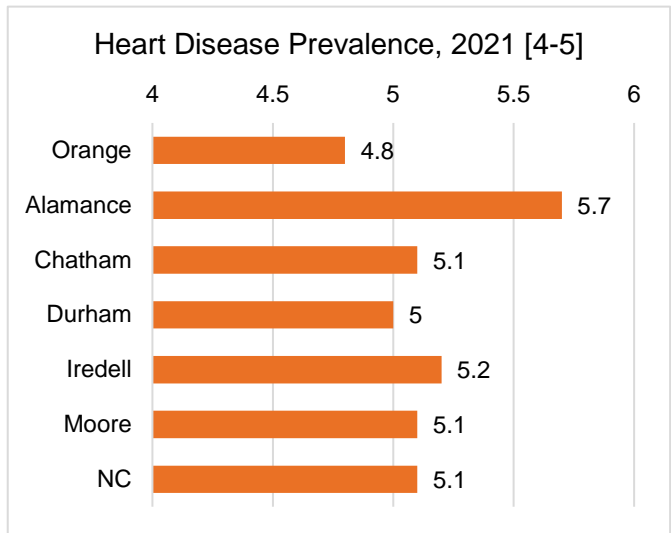
Figure 41: Heart Disease Prevalence

High Blood Pressure Prevalence, 2021 [4-5]

County	Value
Orange	27.8
Alamance	32.2
Chatham	29.5
Durham	33.2
Iredell	29.9
Moore	28.6
NC	28.6
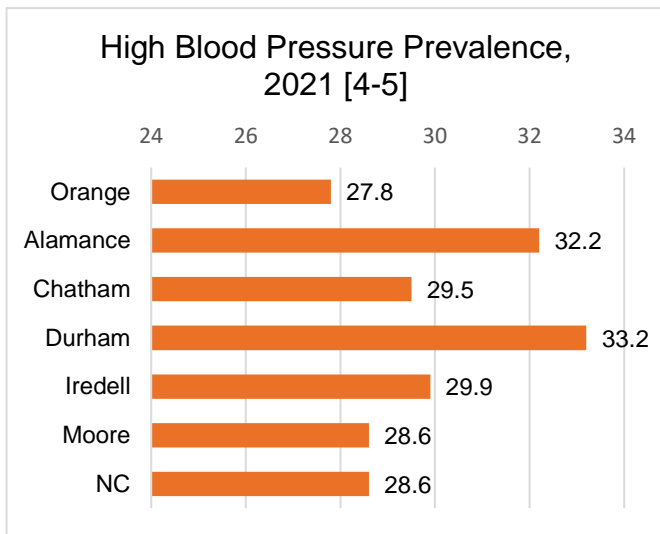
Figure 42: High Blood Pressure Prevalence

Asthma Prevalence, 2021 [4-5]

County	Value
Orange	9.1
Alamance	10.1
Chatham	9.3
Durham	9.7
Iredell	9.3
Moore	9.4
NC	9.4
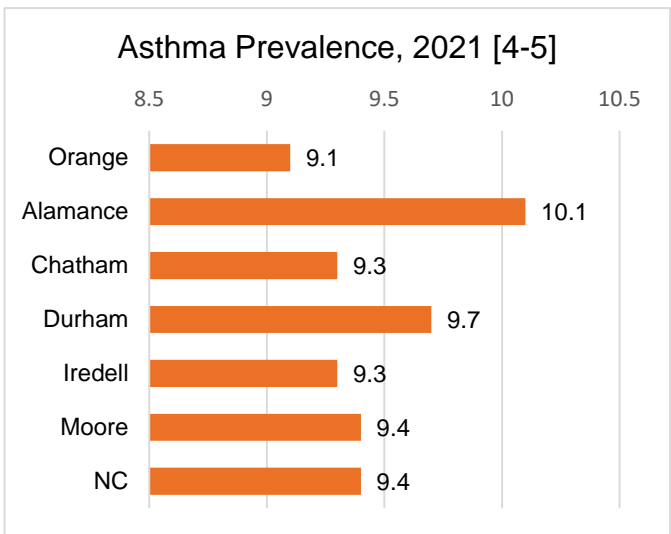
Figure 43: Asthma Prevalence

Arthritis Prevalence, 2021 [4-5]

County	Value
Orange	21.5
Alamance	25.3
Chatham	21.4
Durham	21.3
Iredell	23.5
Moore	22.7
NC	22.7
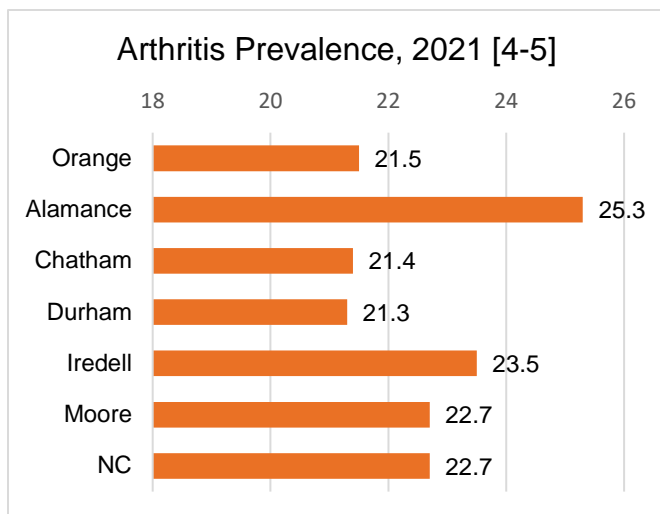
Figure 44: Arthritis Prevalence

Obesity Prevalence, 2021 [4-5]

County	Value
Orange	27.9
Alamance	36.5
Chatham	32.7
Durham	30.3
Iredell	34.9
Moore	32.2
NC	32.2
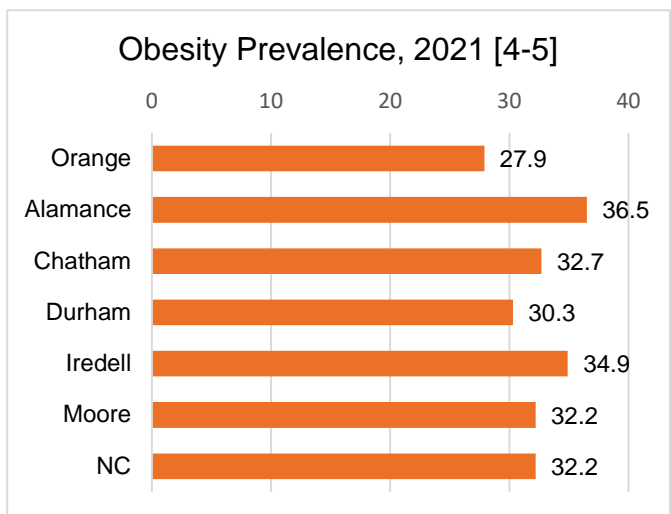
Figure 45: Obesity Prevalence

Mental Health

Mental health includes emotional, psychological, and social well-being. Mental health affects how we think, feel, and act and can affect how we handle stress and personal interactions and make healthy choices. Mental and physical health are equally important components of overall health. For example, depression and other mental health concerns contribute to disability and increase the risk for many types of physical health problems like diabetes, heart disease, and stroke. Chronic conditions can also increase the risk for mental health concerns.

The graph to the right shows Orange County in comparison to neighbor and peer counties and the state. Orange County residents report a lower rate of depression as compared to other points of comparison with the exception of Durham County [4-5]. This is for adults aged 18 or older and includes self-reported information on those who have been diagnosed with depression by a health care provider.

The table below shows the emergency department visits due to various mental conditions from 2018 to 2023. Emergency department visits for mental health concerns gradually decreased from 2018 to 2020 but fell significantly from 2021 to 2022 with a gradual increase in 2023. There is no reason specifically provided for this drop off but could be attributed to the pandemic and the impact on health care operations and reluctance of many people to seek care due to health and safety concerns [4-6].

Figure 46: Depression in Adults

Orange County Emergency Department Visits due to Mental Health Conditions						
Mental Health Condition	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
Anxiety Disorders	3,611	3,329	2,656	697	696	840
Depression	3,645	3,237	2,394	540	660	762
Involuntary Commitment	262	312	334	295	286	280
Suicidal Ideation	799	827	685	742	759	722
Trauma, Stressor-related	701	700	482	160	171	170
Source: North Carolina Disease Event Tracking and Epidemiologic Collection Tool, (NC DETECT)						

Table 10: Emergency Department Visits due to Mental Health Concerns

Orange County CHA Survey and Focus Group Responses

The Community Health Assessment survey asked mental health related questions. When respondents were asked to describe their mental health status, the majority of respondents stated their mental health was good or better. This information can be viewed in the graph. The most commonly reported mental health concerns were anxiety and depression and 39.5% of respondents reported a personal or household need for some type of mental health assistance.
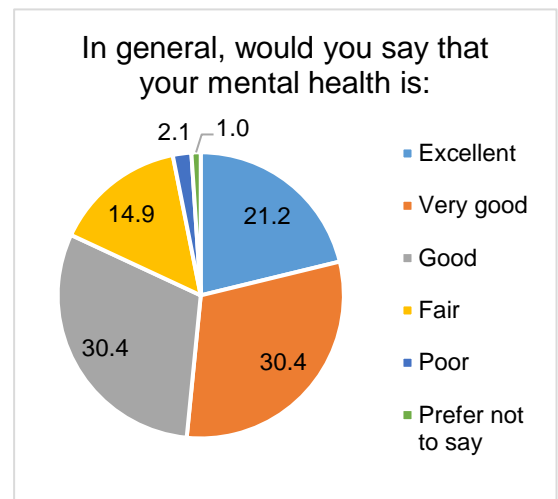
Figure 47: Self-Reported Mental Health Status

When asked "how often do feelings of anxiety or depression keep you from doing your daily activities?", the majority of respondents chose rarely or never, but 29% of respondents chose sometimes or often. The survey also asked about daily stress level and respondents chose the following 11.5% high stress levels, 44.3% moderate stress levels, and 41.1% low stress levels.

Focus group participants also shared mental health concerns. In the formerly incarcerated focus group, some individuals reported feeling paranoid due to personal experience during time spent in jail and some individuals reported seeing traumatic things while incarcerated due to the actions of peers. One person stated they were not as paranoid as they used to be except for public places due to mass shooting events.

Maternal and Child Health

Maternal and child health are important to the overall health of a community. There are a number of factors, including preconception health status, age, access to appropriate preconception and prenatal health care, and poverty that can affect pregnancy and childbirth. Infant and child health outcomes are similarly influenced by factors such as education, family income, breastfeeding, and physical and mental health of parents and caregivers.

Pregnancy Information

The North Carolina State Center for Health Statistics calculates pregnancy rates for women of child-bearing age and defines this age group as those aged 15-44. For the 2017-21 period, Orange County reported 7,070 pregnancies with 5,775 births for the 15-44 age group. The graph below shows pregnancy rates for all women and women by racial or ethnic groups for Orange County aged 15-44 for the 2017-21 period [4-1].
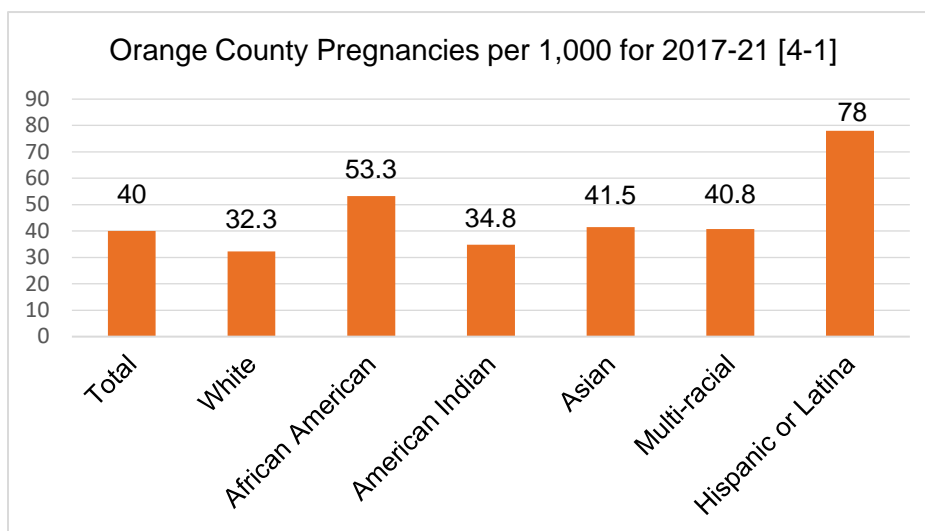
Figure 48: Orange County Pregnancy Information

Below are graphs comparing pregnancy rates for women aged 15-44 comparing Orange County to peer and neighbor counties and the state for the 2017-21 period. These graphs show that Orange County has lower pregnancy rates across all racial or ethnic categories as compared to neighbors, peers, and the state. Chatham County has too low of a number for American Indian pregnancies to calculate a rate [4-1].
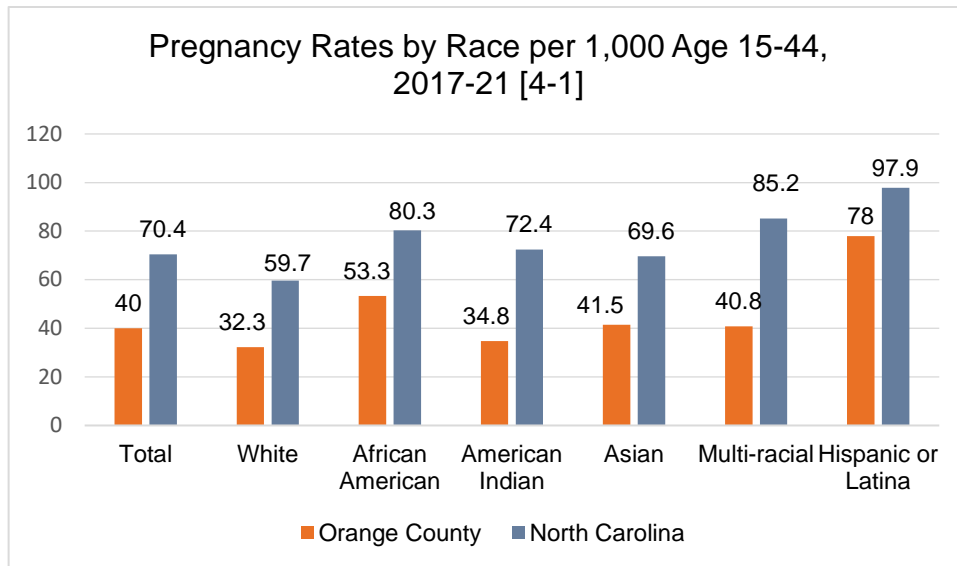
Figure 49: Pregnancy Rates by Race

Teen Pregnancy

The NC State Center for Health Statistics defines teen pregnancy as pregnancies to those aged 15-19. Orange County had 237 pregnancies with 139 births in women aged 15-19 for the 2017-21 period. This section includes rates for all teen pregnancies and by white, African American, and Hispanic or Latina groups. For Orange County, the number of births to other racial or ethnic groups is too low to calculate a rate. In Orange County, Hispanic or Latina teens have the highest rate of teen pregnancy as compared to white and African American teens. The graph below illustrates the teen pregnancy rates by racial or ethnic group of Orange County as compared to the state. Orange County has lower rates of teen pregnancy across reported racial and ethnic groups as compared to the state [4-1].
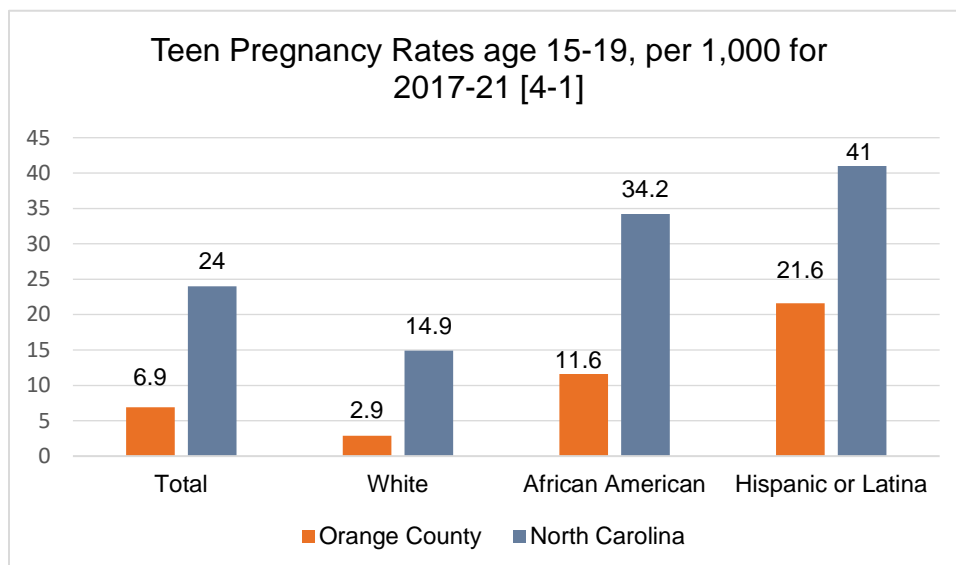
Figure 50: Teen Pregnancy Rates

Birth Information

This section provides live birth rate, low and very low birth weight, and premature birth. Orange County had 5,775 live births for the 2017-21 period. Below is information on live birth rates by racial or ethnic group for Orange County compared to the state. Orange County has a lower live birth rate for white residents as compared to other groups [4-1].
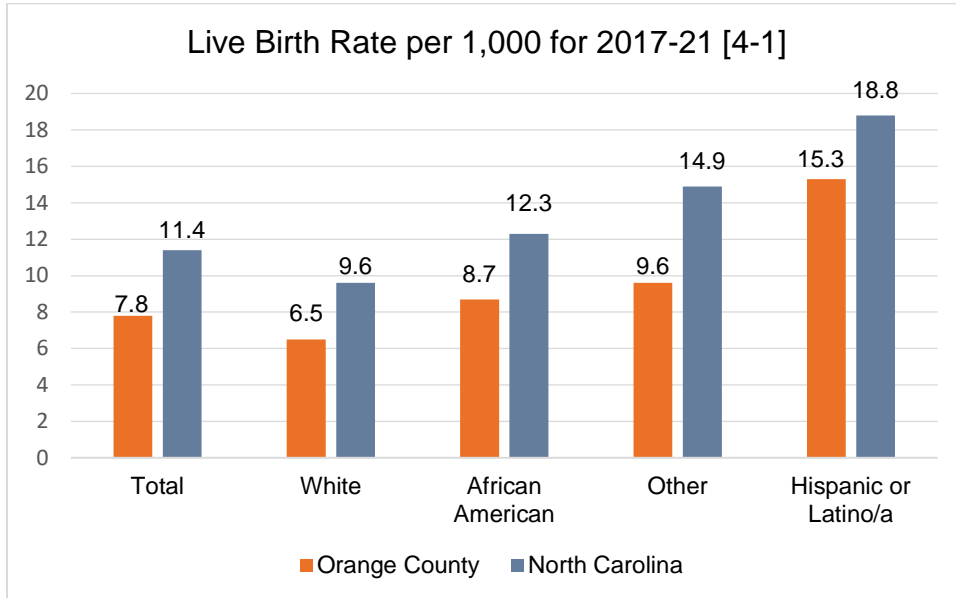
Figure 51: Live Birth Rates

The below graph comparing birth rates for Orange County, peer and neighbor counties, and the state for the 2017-21 period. The graph shows that Orange County has lower birth rates across most racial or ethnic categories as compared to neighbors, peers, and the state. The Other race category includes American Indian, Asian, Native Hawaiian, Multiple Race, Other and Unknown [4-1].
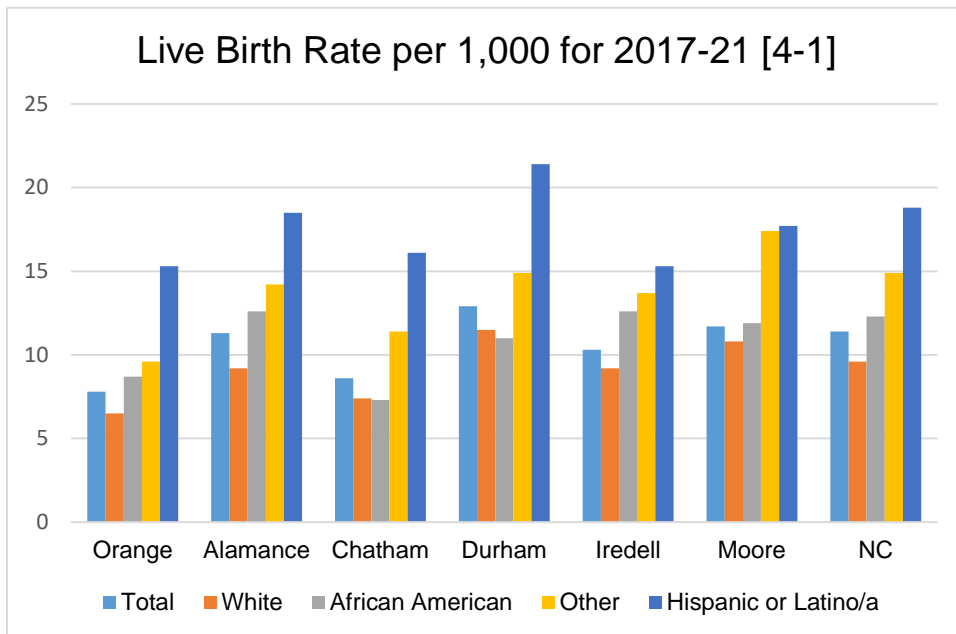
Figure 52: Live Birth Rates, all geographies

Total Live Birth Rates per 1,000 for 2017-21 [4-1]

County	Rate
Orange	7.8
Alamance	11.3
Chatham	8.6
Durham	12.9
Iredell	10.3
Moore	11.7
NC	11.4
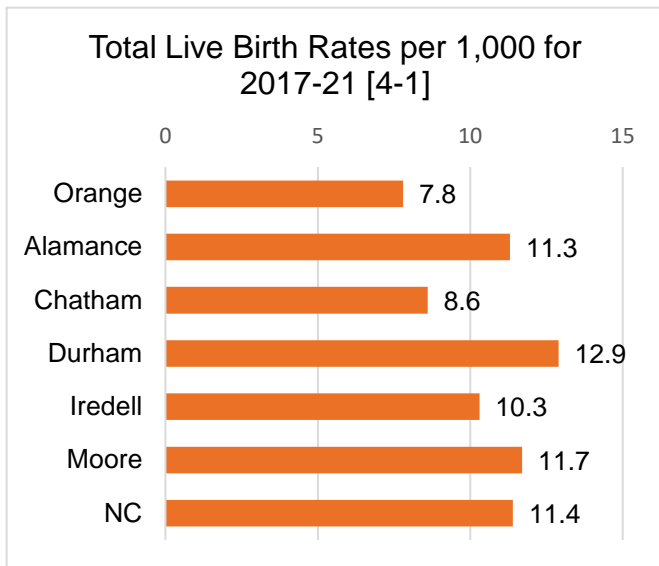
Figure 53: Total Live Birth Rates

White Live Birth Rates per 1,000 for 2017-21 [4-1]

County	Rate
Orange	6.5
Alamance	9.2
Chatham	7.4
Durham	11.5
Iredell	9.2
Moore	10.8
NC	9.6
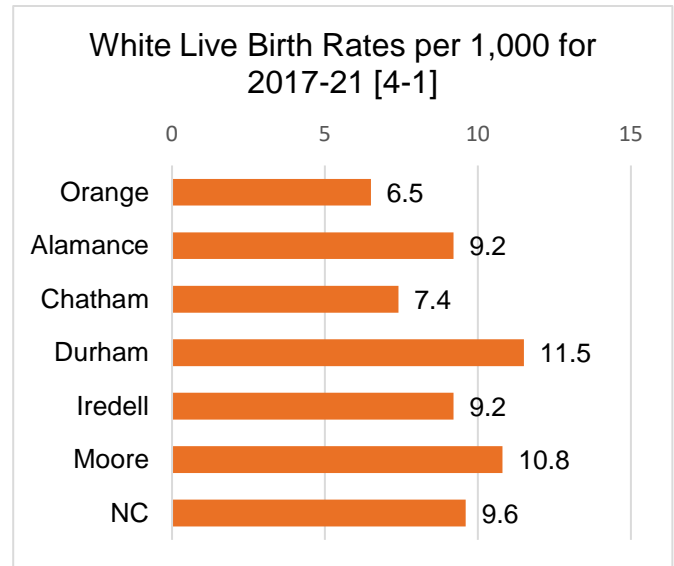
Figure 54: Live Birth Rates, white

African American Live Birth Rates per 1,000 for 2017-21 [4-1]

County	Rate
Orange	8.7
Alamance	12.6
Chatham	7.3
Durham	11
Iredell	12.6
Moore	11.9
NC	12.3
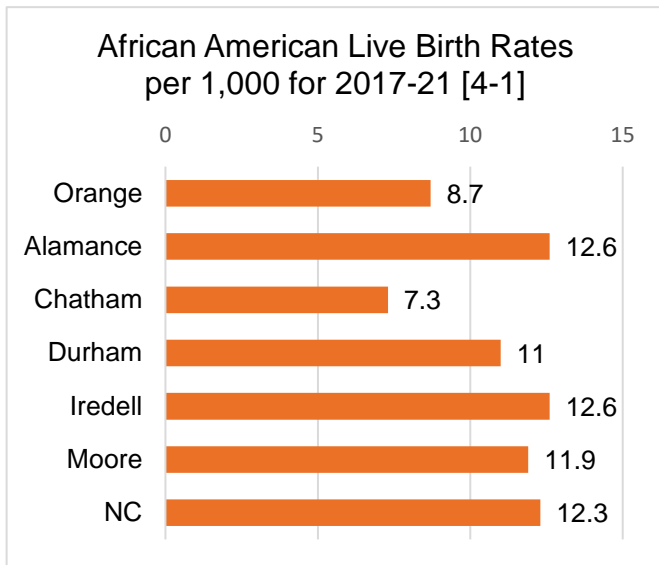
Figure 56: Birth Rates, African American

Other Racial Groups Live Birth Rates per 1,000 for 2017-21 [4-1]

County	Rate
Orange	9.6
Alamance	14.2
Chatham	11.4
Durham	14.9
Iredell	13.7
Moore	17.4
NC	14.9
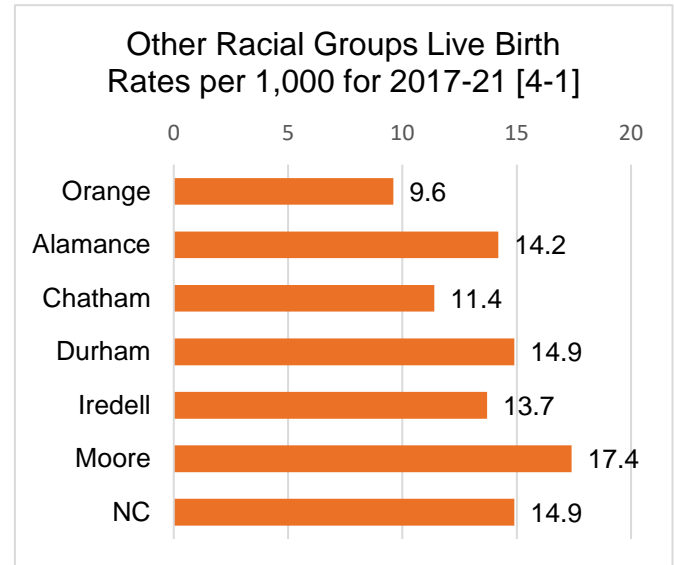
Figure 55: Birth Rates, other races

Hispanic or Latino/a Live Birth Rates per 1,000 for 2017-21 [4-1]

County	Rate
Orange	15.3
Alamance	18.5
Chatham	16.1
Durham	21.4
Iredell	15.3
Moore	17.7
NC	18.8
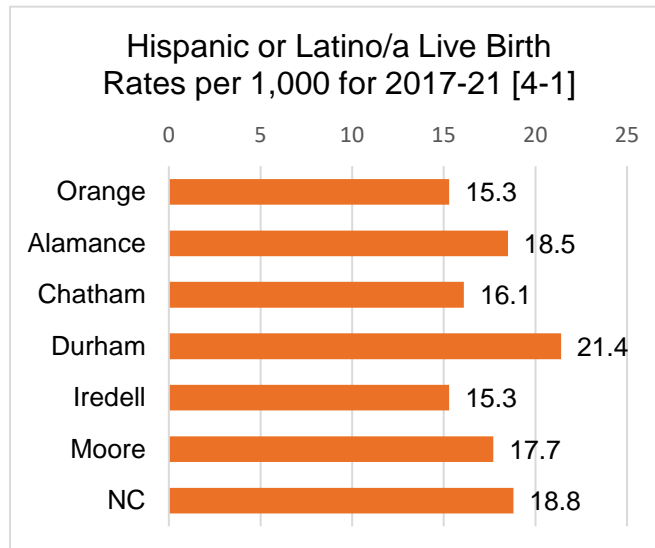
Figure 57: Live Birth Rates, Hispanic or Latino/a

Low Birth Weight

Low birth weight is defined as a birth weight of less than 2500 grams, which is about 5.5 pounds. For the 2017-21 period, 491 babies or 8.5% of all Orange County babies were born with low birth weight. graph below shows the percentage of low birth weight babies of Orange County as compared to the state [4-1].
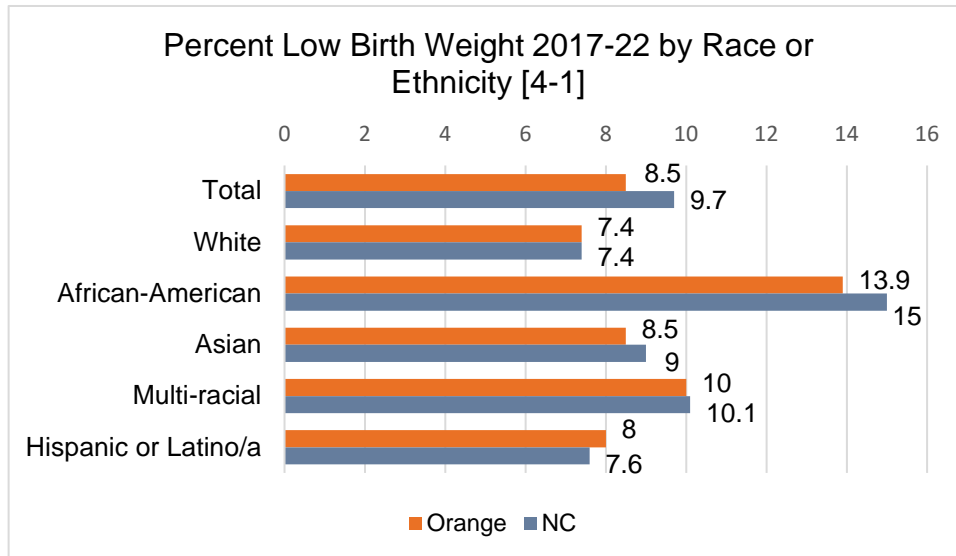
Figure 58: Low Birth Weight

Very Low Birth Weight

Very low birth weight is a birth weight of less than 1500 grams, or approximately 3.3 pounds. For 2017-21, the rate for Orange County had 90 very low birth weight babies, or 1.6% of all babies. The graph below compares the percentage of very low birth weight babies of Orange County to the state [4-1].
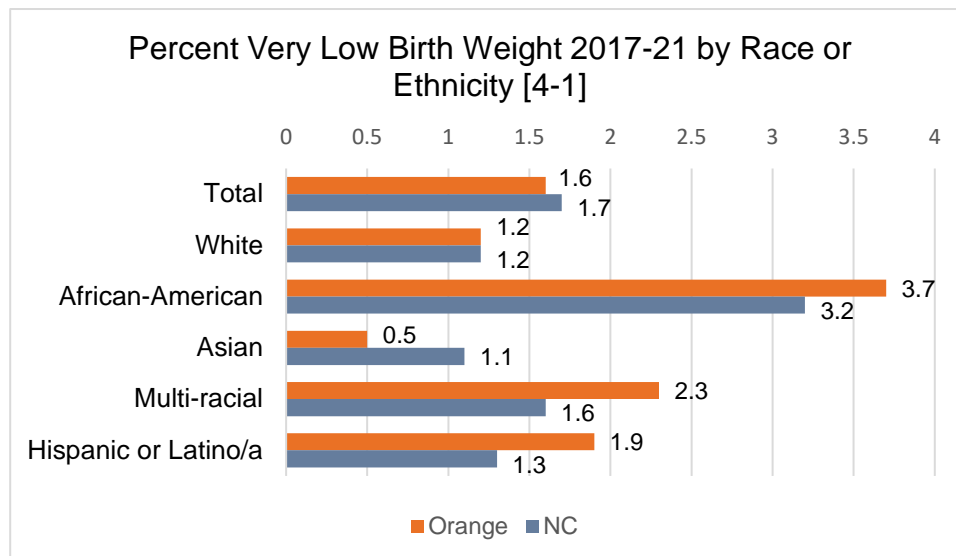
Figure 59: Very Low Birth Weight

Premature Birth

Premature births are births that occur at less than 37 weeks of gestation. For the 2017-21 period, 526 babies or 9.1% of Orange County babies were born premature. Orange County has a lower percentage of premature births in comparison to neighbor counties and the state [4-1]. This information can be viewed in the graph on the next page.
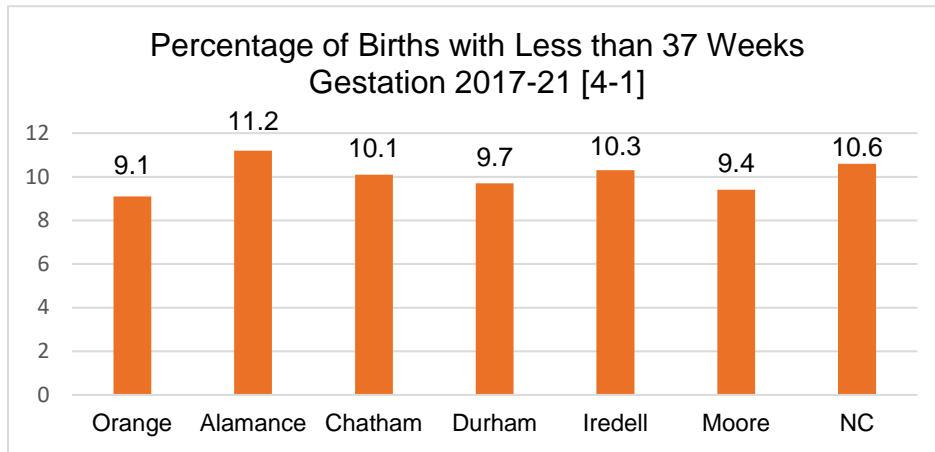
Figure 60: Births with less than 37 weeks Gestation

Infant Mortality

Infant death is the death of a child before their first birthday. For the 2017-21 period, 47 infants or a rate of 8.1 per 1,000 live births died before their first birthday in Orange County, which is higher than the state rate of 6.9. Orange County has a much higher infant mortality rate for African American babies at 23.2 as compared to white babies at 4.2. The African American infant mortality rate for Orange County is also higher than the African American infant mortality rate for North Carolina [4-7]. This information may be viewed in the graph to the right.
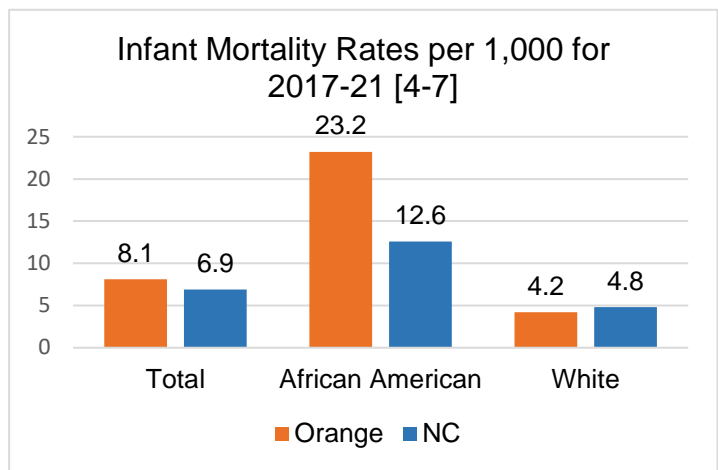
Figure 61: Infant Mortality Rates

Child Deaths

For the 2017-21 period, Orange County had a total of 70 child deaths for children aged 0-17 and a total of 23 deaths for children aged 1-17. Orange County has lower unadjusted child death rates as compared to peers, neighbors, and the state, with the exception of the rate for the 0-17 age group, where Alamance County has a lower rate [4-1]. This information is shown in the graph below.
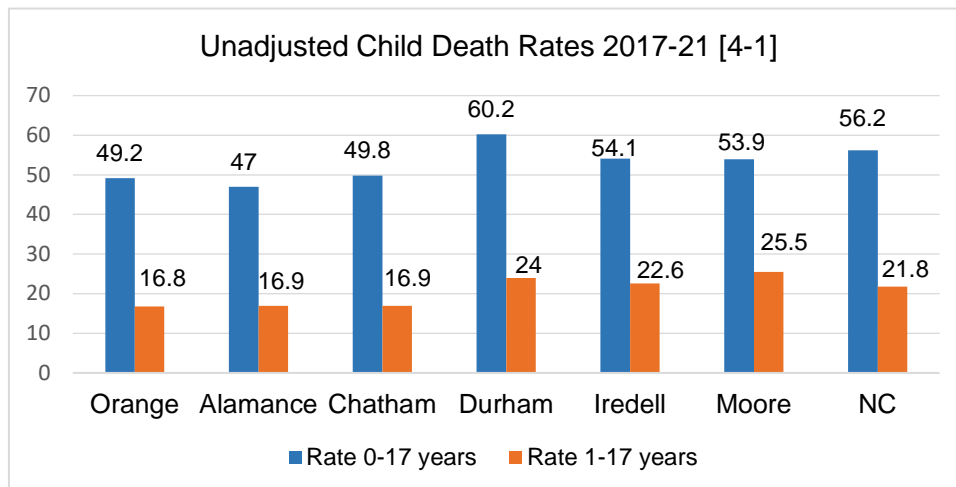
Figure 62: Child Death Rates

Communicable Disease

Communicable diseases include those diseases that can spread directly from person to person, like colds, strep throat, and sexually transmitted infections, and diseases that can spread from animals or insects to people, like Lyme disease and Rocky Mountain Spotted Fever. Orange County Health Department records communicable disease data for county residents. There are a number of diseases that all health care facilities are required to report to the health department. This number includes residents seen in health care facilities outside of Orange County.

Disease/Condition	2019	2020	2021	2022
Anaplasmosis	0	0	1	0
AIDS (new diagnosis)	4	5	0	5
Campylobacter Infection	26	21	22	27
Carbapenem-resistant Enterobacterales	1	0	2	3
Chlamydia	751	543	736	664
CJD	0	1	0	0
Cryptosporidiosis	5	6	1	6
Cyclosporiasis	0	0	0	2
Dengue	0	0	1	1
E.coli Shiga-toxin producing)	9	3	3	12
Ehrlichiosis (chaffeensis)	21	21	26	10
Encephalitis (arboviral)	0	0	1	0
Foodborne Other/unknown	0	0	0	1
Gonorrhea	179	157	219	216
Haemophilus influenza invasive	1	0	0	2
Hepatitis A	1	4	4	1
Hepatitis B (Acute)	5	0	1	1
Hepatitis B (Chronic)	17	16	16	17
Hepatitis C (Acute)	2	1	1	0
Hepatitis C (Chronic)	133	123	161	113
HIV (new diagnosis)	10	10	4	5
Legionellosis	0	0	5	3
Lyme	0	4	9	2
Malaria	3	0	1	0
Monkeypox	0	0	0	3
Mumps	1	1	0	0
Non-gonococcal Urethritis	5	0	1	6
Pertussis	17	6	0	0
Pelvic Inflammatory Disease	4	1	0	1
Rocky Mountain Spotted Fever	44	17	28	16
Salmonellosis	33	22	34	31
Shigellosis	3	4	1	8
Strep, Group A	6	1	2	3
Syphilis	20	24	23	36
Tuberculosis	3	0	1	2
Typhoid Fever (acute)	1	0	0	0
Varicella	0	0	0	1
Source: Orange County Health Department, Communicable Disease Unit				

Table 11: Communicable Disease Case Counts

Sexually Transmitted Infections

In addition to the data collected by the health department, the state collects data on various sexually transmitted infections, including HIV, AIDS, syphilis, gonorrhea, and chlamydia. Four common but not reportable sexually transmitted infections are human papillomavirus (HPV), genital herpes, mycoplasma genitalium, and trichomoniasis. Orange County generally has lower rates of chlamydia,

gonorrhea, and syphilis as compared to the state and Alamance and Durham counties. The early syphilis rate for Chatham County cannot be calculated due to low case counts [4-8].
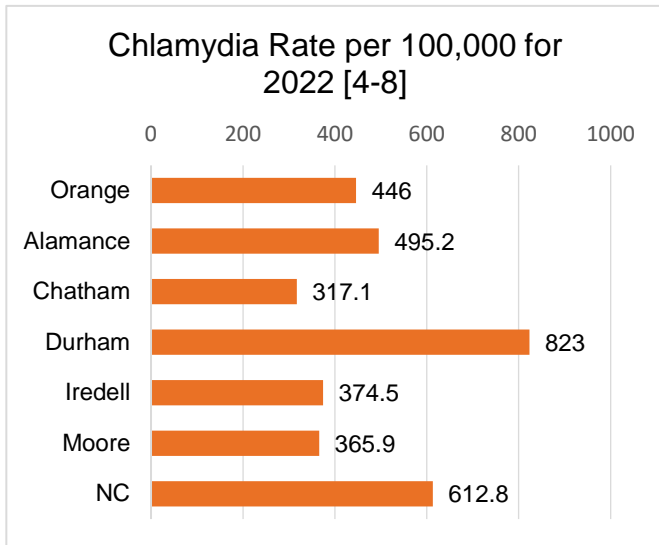
Figure 63: Chlamydia Rates
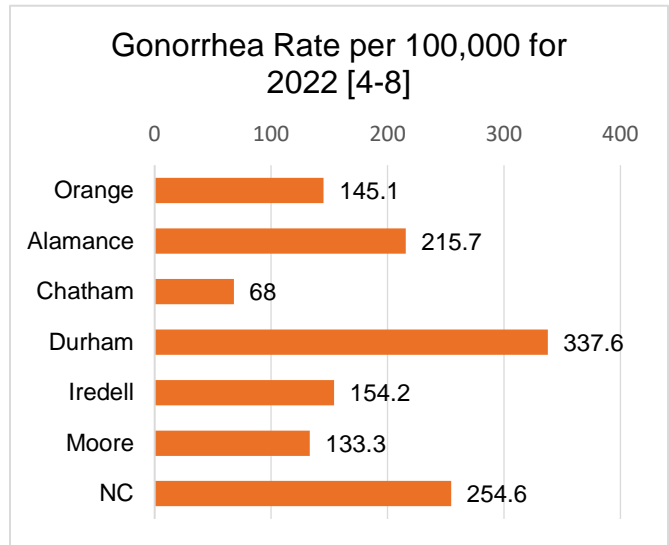
Figure 64: Gonorrhea Rates
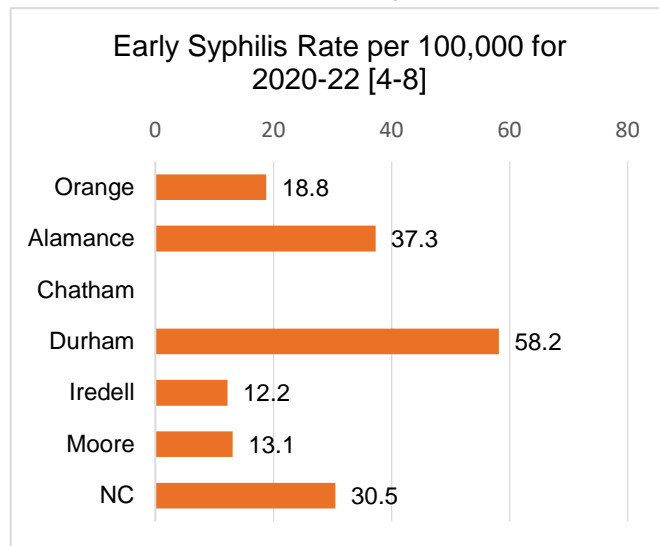
Figure 65: Syphilis Rates

The table below provides information on the number of individuals ever diagnosed with HIV or AIDS living in Orange County and comparison geographies [4-9].

Number of Individuals ever diagnosed with HIV or AIDS (as of 12/31/2022)		
Geographic Area	HIV	AIDS
Orange	339	146
Alamance	534	206
Chatham	135	53
Durham	1,906	812
Iredell	253	109
Moore	151	78
North Carolina	36,581	16,094
Source: North Carolina HIV/STD/Hepatitis Surveillance Unit		

Table 12: HIV and AIDS Case Counts

COVID-19

When Orange County conducted its last Community Health Assessment, COVID-19 did not exist. But after the first cases of the infectious novel corona virus COVID-19 appeared in China in 2019 and the first case in the United States in January 2020, COVID-19 emerged rapidly as an enormous worldwide epidemic. In March 2020, the World Health Organization declared COVID-19 as a pandemic, and by May 2020 over 1,700,000 cases had been reported in the US, along with over 103,000 deaths [4-10]. By the end of 2023 there had been over 770 million cases and nearly 7 million deaths worldwide, with over 1.2 million of those deaths in the United States [4-11]. The pandemic caused massive social and economic disruptions. National unemployment reached almost 15% by May 2020, a level not seen since the Great Depression. Travel was disrupted, and businesses were heavily impacted with lockdowns and curfews in many places. Schools in many areas were closed and instruction moved online. The public health response included measures like personal masking and social distancing, but the biggest factor in bringing about the control of the pandemic was the development of vaccines, which were first introduced in December 2020 [4-10]. After reductions in new COVID cases was followed by emergence of sub-variants of the COVID-19 virus additional surges of cases and deaths took place in 2021 and 2022, but by early 2023 the numbers of new cases had declined sufficiently that in April 2023 the COVID-19 National Emergency came to an end.

As can be seen in the following chart, COVID-19 reached its peak in Orange County 2022, with a huge surge of cases early that year. From 2020 through 2023 Orange County had over 41,000 cases of COVID-19 reported, along with 161 deaths. Though Orange County experienced considerable COVID-19 morbidity and mortality, due to implementation of public health measures in the county, case and mortality rates in the county generally compared favorably with the state overall and comparison counties, as can be seen in the charts and tables below [4-12].
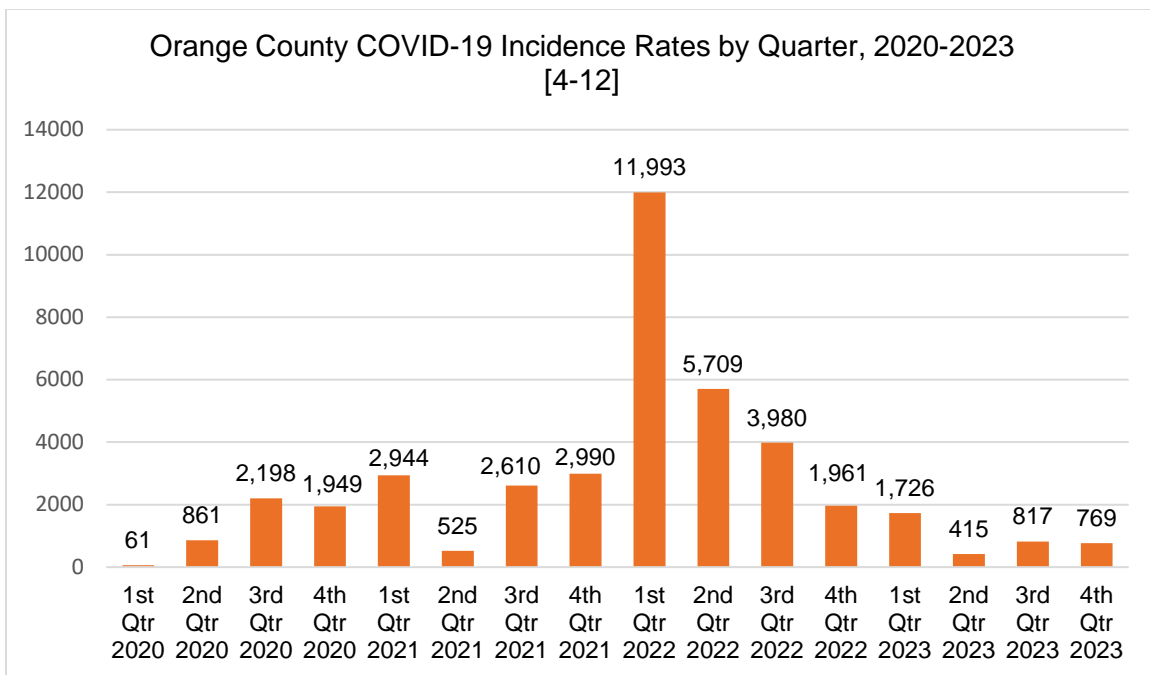
Figure 66: Orange County COVID-19 Incidence

COVID-19 Cases and Deaths in Orange County and North Carolina, 2020-2023							
Year	OC COVID Cases	OC Case Rate per 100,000	OC COVID Deaths	OC Death Rate per 100,000	NC COVID Cases	NC Case Rate per 100,000	NC COVID Deaths	NC Death Rate per 100,000
2020	5,069	3,400	81	54.3	544,570	5,216	9,349	89.6
2021	9,069	6,046	32	21.3	1,151,542	10,915	11,691	110.8
2022	23,643	15,762	47	31.2	1,648,793	15,628	7,478	69.9
2023	3,727	2,446	6	3.3	283,597	2,625	1,054	9.8
2020-2023	41,508	7,062	166	27.6	3,628,502	8,539	29,572	69.6
Source: NC Electronic Disease Surveillance System; (NCEDSS)							

Table 13: COVID-19 Cases and Deaths

Orange County and North Carolina COVID-19 Case Rates per 100,000 by Race, Ethnicity, 2020-2023				
Race/Ethnicity	OC Cases	OC Case Rate per 100,000	NC COVID Cases	NC COVID Cases per 100,000
White	21,196	5,055	1,815,207	6,110
African American	5,685	8,466	709,100	7,276
Asian	2,463	5,181	70,576	4,015
Hispanic	4,263	8,041	70,576	7,426
Overall	41,508	7,062	3,628,502	8,539
Source: NC Electronic Disease Surveillance System; (NCEDSS)				

Table 14:COVID-19 Casess by Race and Ethnicity

Figure 67: COVID-19 Cases
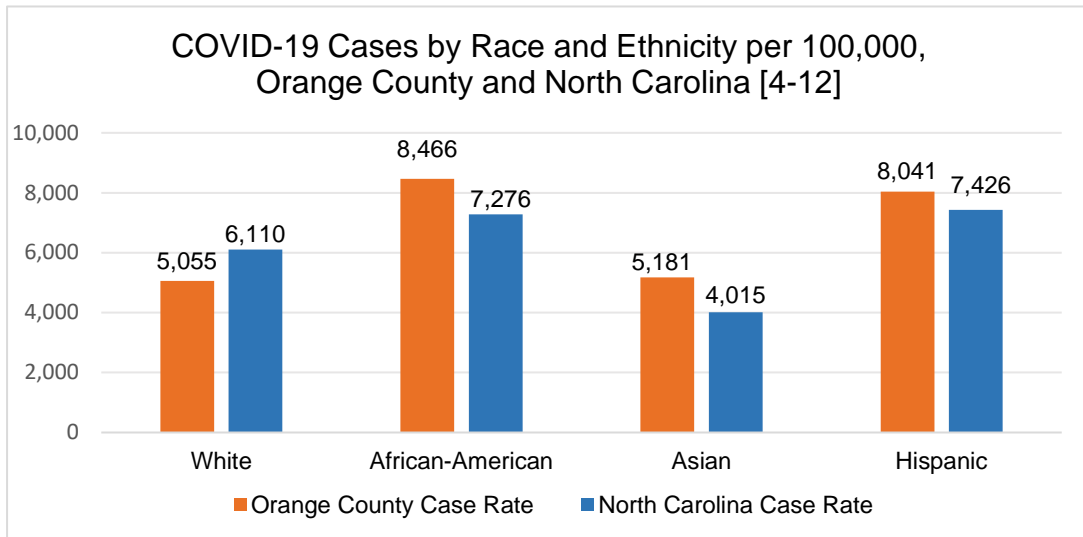
Figure 68: COVID-19 Cases by Race and Ethnicity
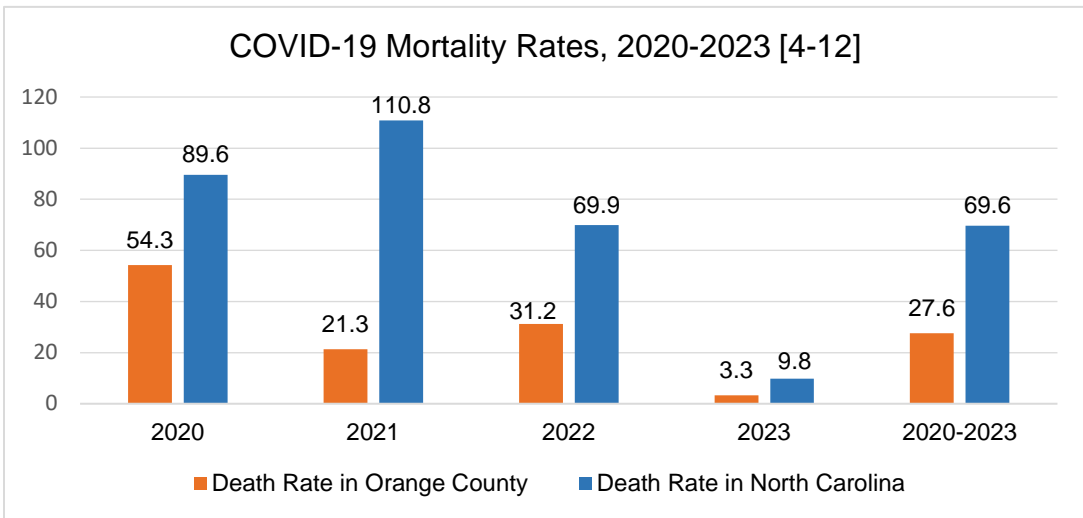
Figure 69: COVID-19 Death Rates
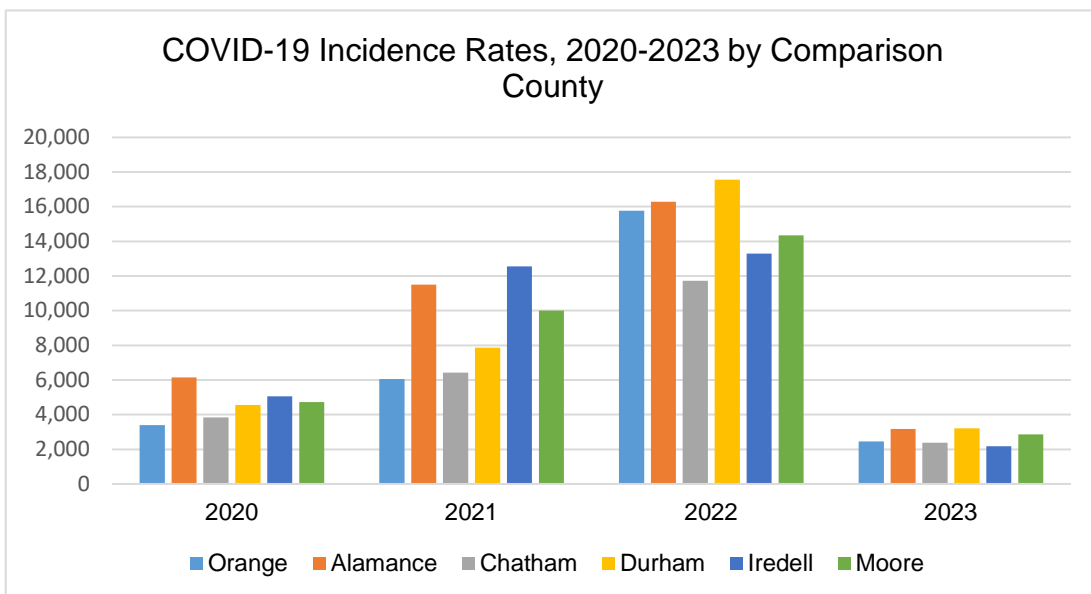
Figure 70: COVID-19 Incidence Rates

Sixty percent of respondents stated one or more person in their household had tested positive for COVID since the beginning of the pandemic and 94% of respondents indicated they received at least one COVID vaccination. The most common concerns related to the pandemic that respondents shared were: increased stress or anxiety; worry about the health of self or a relative; exercising less; drinking alcohol or using drugs more; and a loss of income.

Health Behaviors

According to the County Health Rankings Model, 30% of health can be attributed to health behaviors. Access, money, and privilege influence the choices available to and actions of individuals and communities. This section includes information on alcohol use, tobacco use, physical activity, and nutrition.

Alcohol Use

Binge drinking is a major contributor to deaths and economic costs associated with alcohol use. Risk factors resulting from binge drinking contribute to health and social problems, for example, motor vehicle crashes, violence, suicide, high blood pressure, and unintended pregnancy. More than half of the alcohol consumed by American adults is in the form of binge drinking, although most binge drinkers are not alcohol dependent [4-5].

Binge drinking is defined as consumption four or more drinks by women or five or more drinks for men in a single occasion. The graph to the right shows the percentage of adults 18 or over who self-reported binge drinking in the previous 30 days. In Orange County, 17.1% of adults reported binge drinking [4-5].

Alcohol impaired driving deaths are reported for the county of occurrence because it is more likely the drinking behavior occurred in the county where the accident happened rather than county of residence. The graph on the right presents the percentages of driving deaths with alcohol involvement. Of all points of comparison, 28 % of driving deaths in Orange County were associated with alcohol, which is the second highest of comparison points, where Alamance is the highest with 32% [4-13].

Percent of Adults Reporting Binge Drinking, 2021 [4-5]

Figure 71: Adult Binge Drinking Prevalence

Percent Driving Deaths with Alcohol Involvement, 2016-20 [4-13]
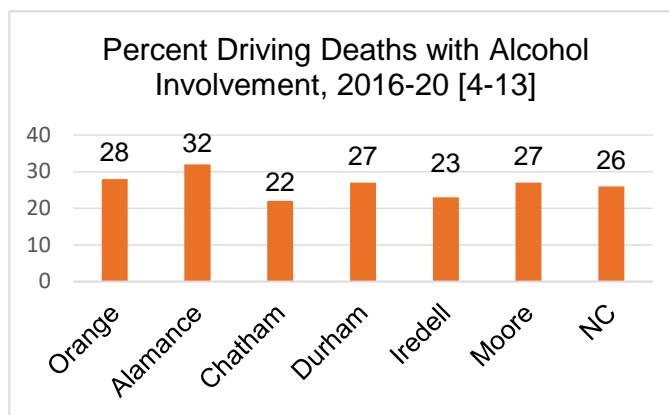
Figure 72: Driving Deaths with Alcohol Involvement

The survey did not ask respondents specifically about personal alcohol use. However, when asked if respondents or anyone in their household sought help for any substance use issue, 6% of respondents chose the alcohol use response. It is important to remember that these numbers are self-reported and may be subject to social desirability bias.

Tobacco Use

Cigarette smoking and exposure to tobacco smoke is a leading preventable cause of death in the US. CDC PLACES: The graph below shows the percentage of adults who report current smoking use, which is defined as people 18 or older who have smoked at least 100 cigarettes in their lifetime and currently smoke at least some days. Orange County has the lowest prevalence of comparison counties with 11.7% of Orange County adults reporting current smoking [4-5]. It is important to note these numbers do not include electronic cigarettes, vape products, nicotine patches or other emerging products. These numbers also do not include chewing tobacco, snuff, hookah or other products aside from cigarettes.

Percent of Adults Reporting Current Smoking, 2021 [4-5]
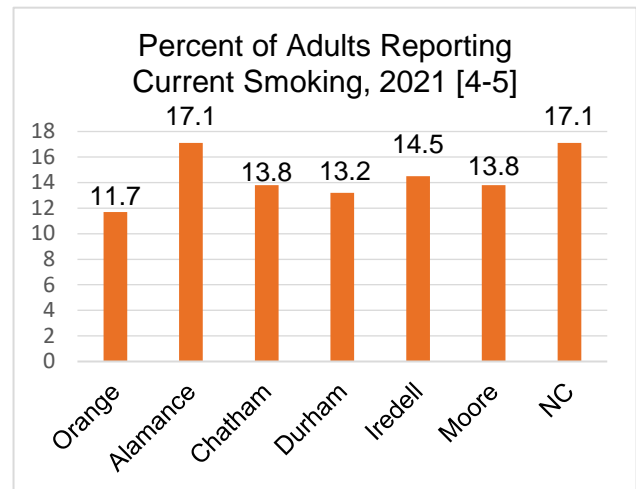
Figure 73: Adults who Currently Smoke

Orange County CHA Survey Responses

The majority of survey respondents (85%) stated that they have rare or no regular exposure to tobacco smoke or vapor, while approximately 10% reported daily exposure.

Other Substances

Substance abuse is generally defined as a harmful pattern of use of any mood-altering substance. Aside from the previously mentioned substances of alcohol and tobacco, other drugs are also a concern. Opioids are a commonly misused substance and are a class of drugs traditionally used to treat pain. According to the CDC, more than 75% of the nearly 107,000 drug overdose deaths in 2021 involved an opioid. The CDC also reports 220 people died each day in 2021 due to an opioid overdose [4-14].

Orange County overdose data may be viewed in the map to the right and in the graph on the next page. The map highlights census tracts in Orange County with emergency department visits due to opioids. The darker color indicates a higher number of emergency department visits.
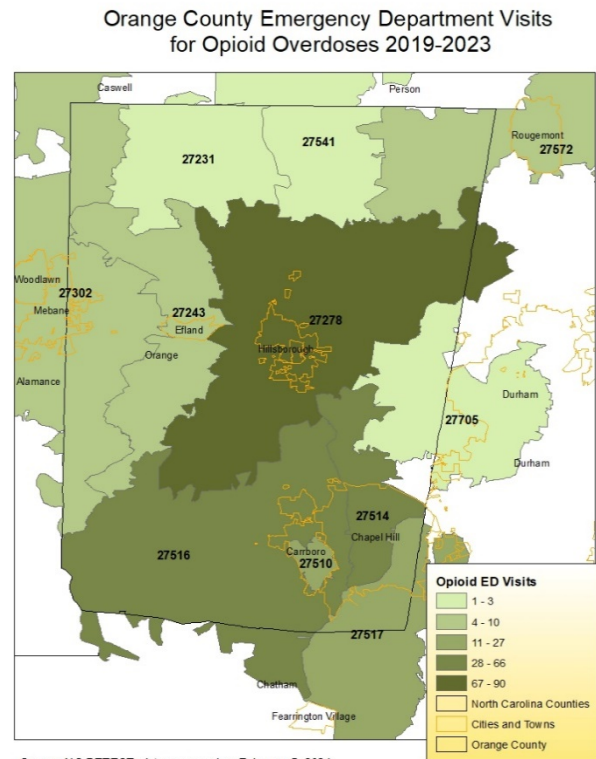
Figure 74: Map of Emergency Department Visits for Opioid Overdose

The graph on the next page shows the emergency department visits due to heroin and opioids in general from 2014 to 2023. Heroin is a type of opioid and is illegal. The CDC states 25 people died each day in 2021 due to a heroin overdose in the US [4-14]. As shown in the graph below, in Orange County in 2023, there were 48 emergency department visits due to opioid overdoses and 5 emergency department visits due to heroin overdose. Emergency Department visits for opioid-related overdoses

increased between 2014 and 2021 but dropped off in 2022 and 2023. Over the last five years the heroin-specific portion of the opioid overdoses seen in the Emergency Department declined [4-6].
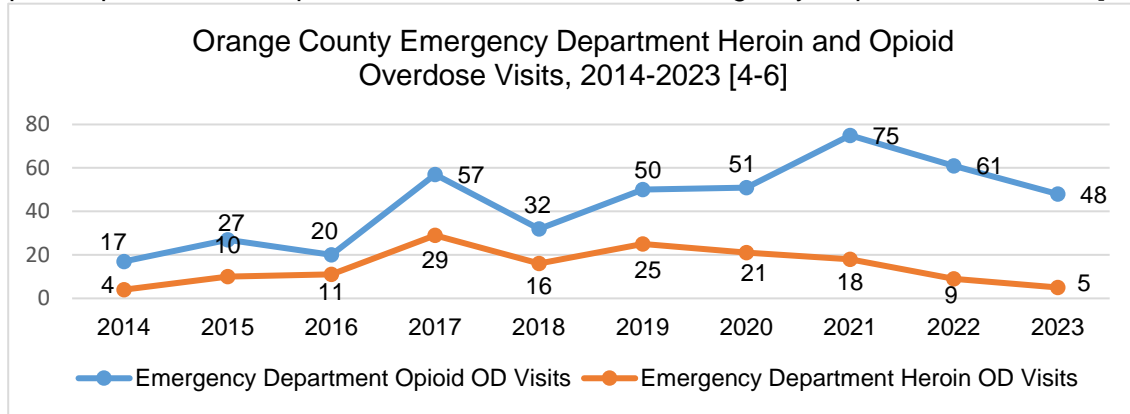
Figure 75: Emergency Department visits due to Heroin and Opioids

Orange County CHA Survey and Focus Group Responses

The overwhelming majority at 91% of survey respondents stated they are rarely or never negatively impacted by personal or household substance use. When asked if respondents or anyone in their household sought help for any substance use issue, 4% of respondents chose the drug use response and 1% chose the prescription use response. Again, it is important to remember that these numbers are self-reported and may be subject to social desirability bias.

In addition to survey respondents, some focus group respondents also shared opinions about substance use. The focus group of formerly incarcerated individuals shared that they felt there was a need for connections to detox, a need to get drugs off the streets, and that fentanyl is a problem. The focus group of people with a history of personal substance use felt that substance use was related to trauma, self-medication, and mental health concerns. This group felt fentanyl and meth are drugs of concern.

Physical Activity

The CDC recommends at least 150 minutes of moderate-intensity activity (like brisk walking) or 75 minutes of vigorous-intensity activity (like running) and two sessions of muscle-strengthening activities (like weightlifting) per week. Any amount of physical activity is better than none and has health benefits. The graph below shows the percentage of adults who reported no physical activity or exercise in the previous month, excluding their regular job. Orange County the lowest prevalence of physical inactivity at 17.5% of adults reporting no physical activity [4-5].
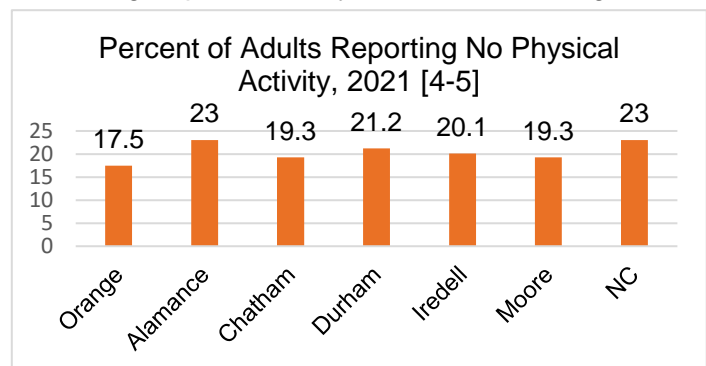
Figure 76: Adults Reporting No Physical Activity

Access to Exercise Opportunities

Access to exercise opportunities measures the percentage of residents who live within half a mile of a park, within one mile of a recreational facility in an urban area, or within three miles of
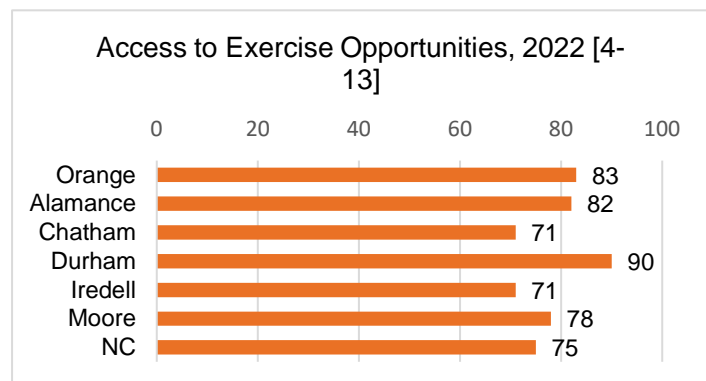
Figure 77: Access to Exercise Opportunities

a recreational facility in a rural area. In Orange County, 83% of people lived close to a park or recreational facility, this figure is higher than all points of comparison with the exception of Durham County where 90% of people live close to a park or recreational facility [4-13]. This information is shown on the graph on the previous page.

Orange County CHA Survey Responses

Sixty-six percent of survey respondents reported physical activity with an average of 74 minutes of activity per day. The most common reasons for not exercising were a lack of time, being tired, having an injury, not liking to exercise, and feeling that exercise is too expensive.

Food and Nutrition

Healthy eating features a variety of healthy foods like fruits, vegetables, whole grains, and lean protein foods. Availability and access to healthy foods impacts dietary choices of people. The food environment index takes into consideration the availability of grocery stores in a community, with scores from 0 (worst) to 10 (best). Orange County has a score of 8.5, which is the highest of all points of comparison [4-13]. This information can be viewed in the graph to the right.
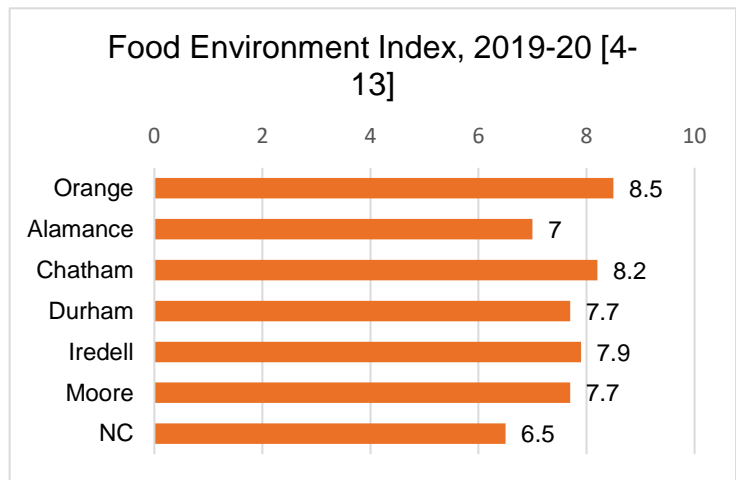
Figure 78: Food Environment Index

Orange County CHA Survey Responses

In the CHA survey, 63.1% of respondents reported eating at least 3 servings of fruits and vegetables per day, 31.5% of respondents reported eating 1-2 servings per day, 3.1% reported eating no servings per day and the final 2.3% were unsure. The most common responses for not eating healthy were not enough time to shop or prepare healthy foods (27.9%), not liking the taste (26.4%), and the cost (21.2%). These numbers do not add up to 100 because respondents could select multiple options.

Obesity

Overweight and obesity increase the risk for multiple chronic illnesses like heart disease, stroke, high blood pressure, type 2 diabetes, osteoarthritis, and some cancers. The obesity prevalence shared here includes people 18 and older who reported a body mass index (BMI) of 30 or higher. The healthy weight BMI range is 18.5-24.9 and the overweight BMI range is 25-29.9. For Orange County, 27.9% of adults reported obesity, which is lower than other points of comparison [4-5]. This information can be viewed in the graph to the right.
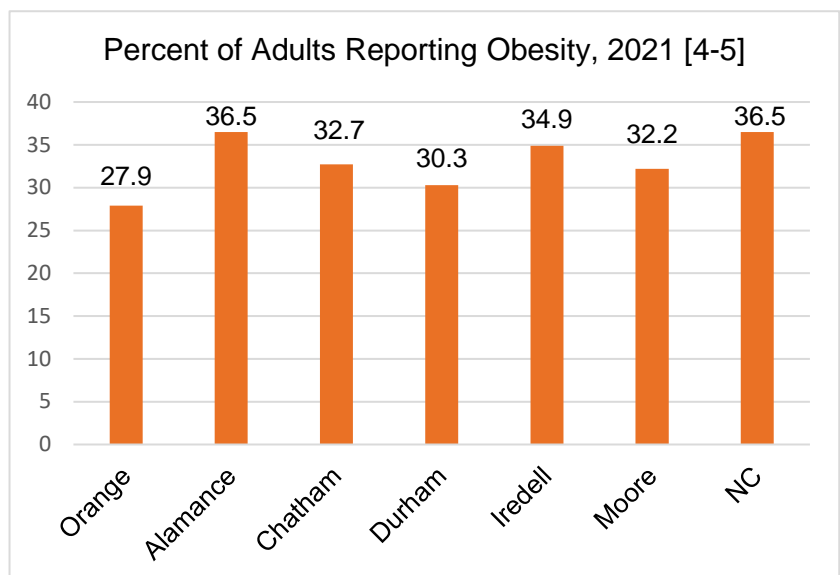
Figure 79: Obesity

Access to Care

Clinical care, including access to care, makes up 20% of health as defined by the County Health Rankings model. Aside from the physical presence of health care facilities in a community, other important considerations are cost, transportation, appointment availability, and feeling of welcomeness. This section includes information on routine medical and dental care, insurance status, healthcare provider ratios, and preventable hospital stays.

Routine Medical Care

Routine access to medical care such as routine checkups provides opportunity for health maintenance and early identification and treatment of health concerns. In Orange County, 76.7% of adults reported receiving routine medical care in the last year, which is lower than the peers and the state. Of neighbors, Durham County had a higher percentage and Alamance and Chatham Counties had lower percentages compared to Orange County. This figure includes people 18 or older who reported a routine checkup in the last year [4-5]

Percent of Adults who have Received Routine Medical Care, 2021 [4-5]
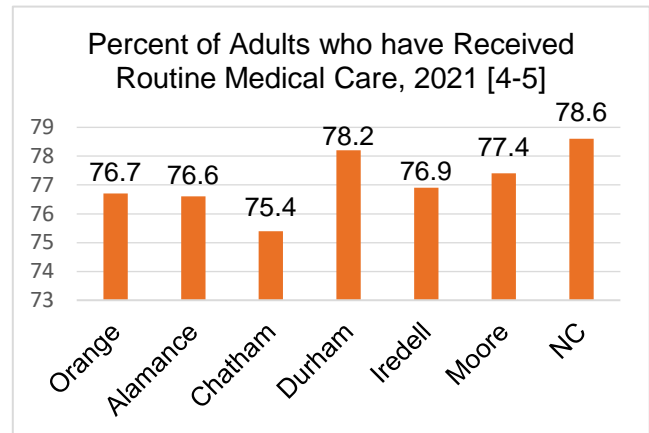
Figure 80: Adult Routine Medical Care

Orange County CHA Survey and Focus Group Respondents

Seventy-five percent of CHA survey respondents reported it has been less than a year since their last routine medical checkup. For the remaining respondents, 12.5% reported 1-2 years since their last checkup, and 5.3% reported 3-5 years since their last checkup. The most common reasons for not getting care were difficulty getting appointment, insurance difficulties (uninsured or underinsured), and feeling ignored or disrespected. Respondents shared difficulties getting appointments with adult primary care and specialists. It is important to remember that COVID impacted health care operations during the time of the survey and recall period.

All three focus groups indicated access to care concerns. Some participants in the focus group of formerly incarcerated individuals shared that they found out about health problems while incarcerated, which suggests a lack of access to healthcare. In the focus group conducted in Spanish, some participants identified a need for more health insurance. Participants shared positive experiences working with community partners to address health needs. The participants in the focus group related to substance use experience shared positive local health care experiences.

Routine Dental Care

Like routine medical care, routine dental care provides opportunity for early identification and treatment of oral health concerns. In Orange County, 71.4% of adults 18 years or older reported receiving routine dental care in the past year, which is a higher percentage than peers, neighbors, and the state [4-5]. This information is shown in the graph to the right.

Percent of Adults who have Received Routine Dental Care, 2021 [4-5]
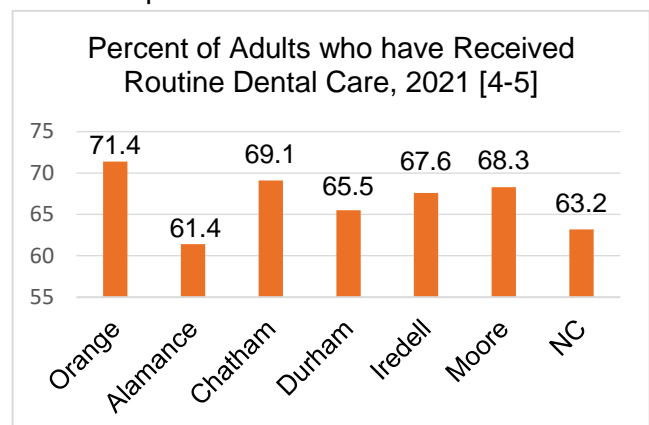
Figure 81: Adult Routine Dental Care

Survey Respondents

Seventy-one percent of CHA survey respondents reported it has been less than a year since their last routine dental checkup. For the remaining respondents, 9.9% reported 1-2 years, 6.1% reported 3-5 years, and 6.4% reported more than 5 years since their last dental checkup. Some respondents shared difficulties getting appointments with dentists, but it is important to remember that COVID impacted operations and care delivery during the time of the survey and recall period.

Adults who Lack Health Insurance

Health insurance status impacts an individual's ability to access and utilize healthcare services, including preventive or routine care. The numbers shared in the graph (at the right) are percentages of adults aged 18-64 who reported no current health insurance coverage. In Orange County, 9.3% of adults lacked health insurance in 2021. This figure is lower than neighbors, peers, and the state [4-5].
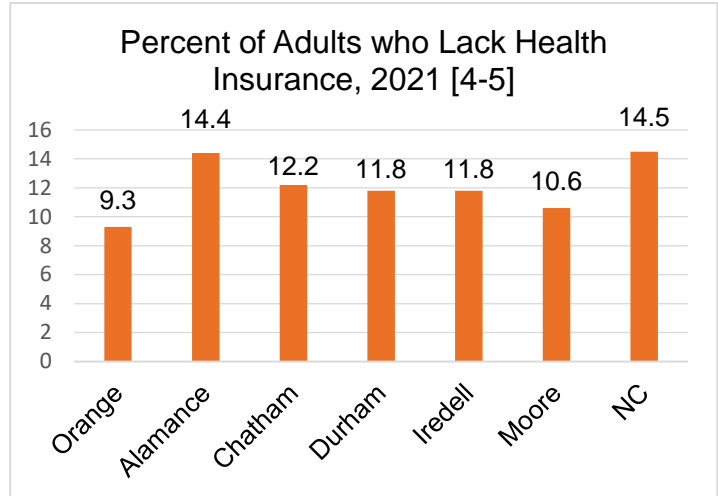
Figure 82: Adults who Lack Health Insurance

Healthcare Provider Ratios

The North Carolina Health Professions Data System is a storage center of data on selected licensed health professionals in the state. This data is maintained by the Program on Health Workforce Research and Policy through UNC-Chapel Hill's Sheps Center for Health Services Research and some other project partners. This data may be accessed online at https://nchealthworkforce.unc.edu/supply/. While Orange County has a lot of health care providers, these providers are also utilized by residents throughout the state. The below graphs include information on primary care physicians and dentists. Primary Care physicians include the following: Adolescent Medicine, Family Medicine, General Practice, Internal Medicine, Obstetrics/Gynecology, and Pediatrics. This data includes active, licensed professionals in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. The graphs on the next page include information on physicians, dentists, registered nurses, and pharmacists [4-15].
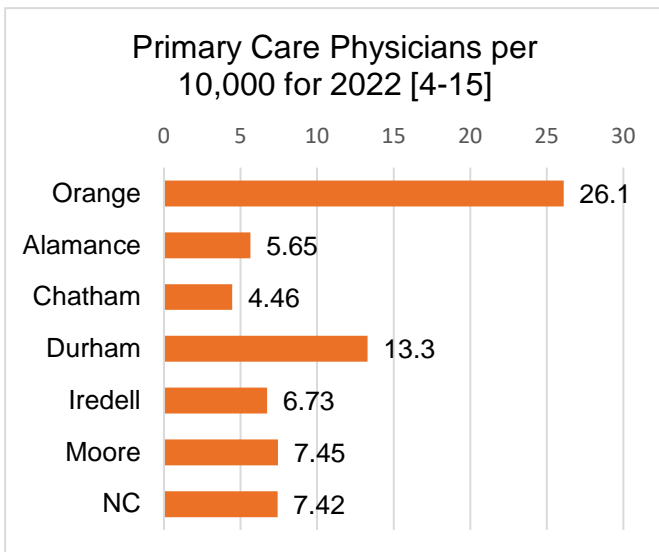
Figure 83: Primary Care Physician Ratios
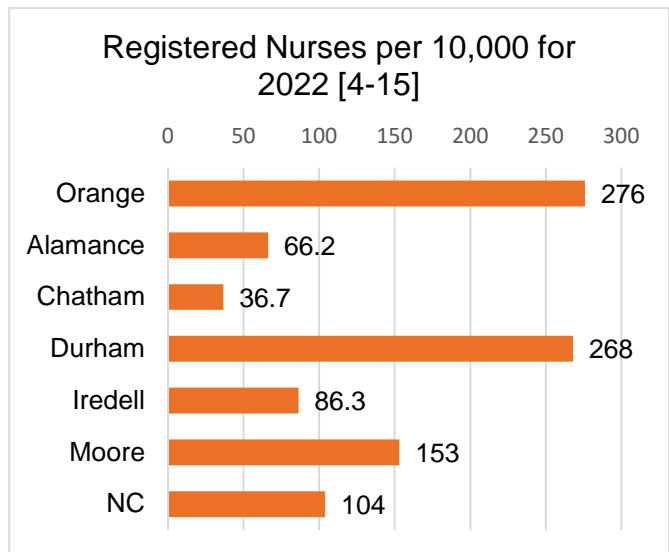
Figure 84: Registered Nurse Ratios
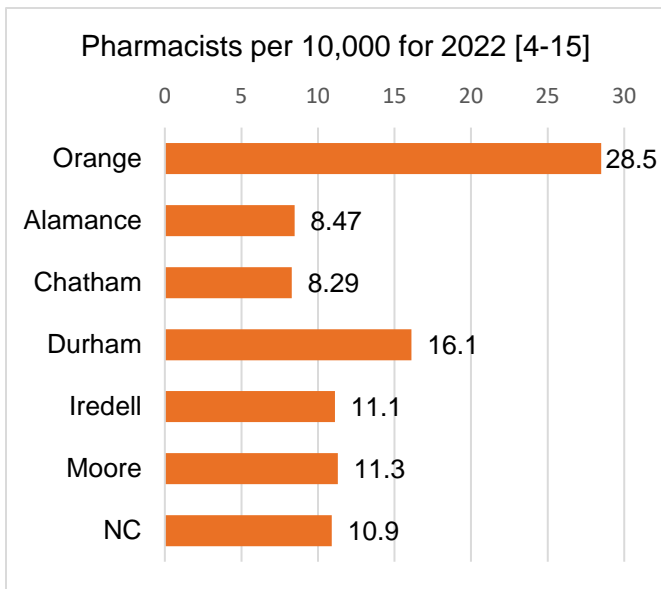
Figure 85: Pharmacist Ratios
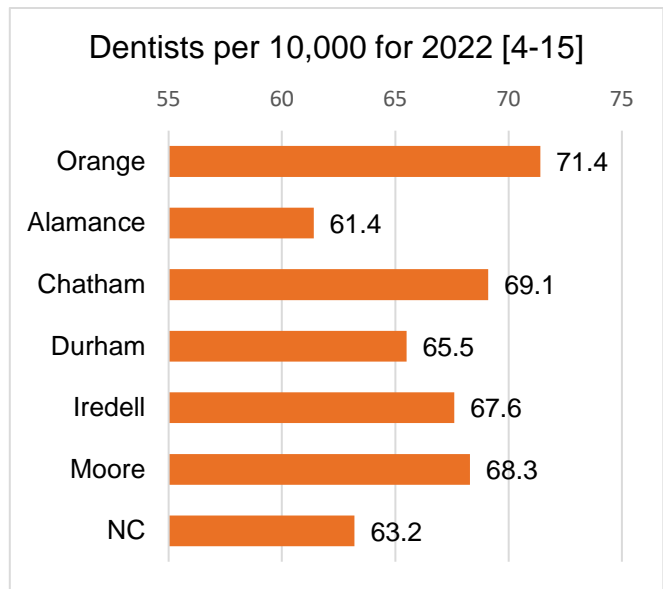
Figure 86: Dentist Ratios

Preventable Hospital Stays

Preventable hospital stays include hospitalizations due to conditions that could usually be treated in an outpatient setting like a doctor's office. In Orange County, there were 1,951 preventable hospital stays per 100,000 Medicare enrollees for 2020. This is a lower rate as compared to neighbors, peers, and the state, with the exception of Chatham County, which had the lowest rate [4-13].
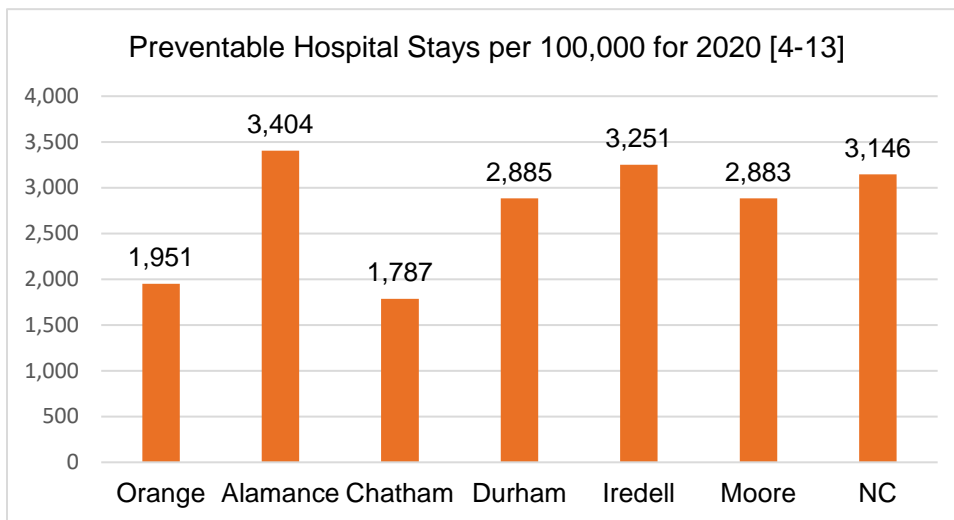
Figure 87: Preventable Hospital Stays

Social and Economic Factors of Health

Socioeconomic factors contribute 40% of the health of a community according to the County Health Rankings model. Demographic and socioeconomic factors are closely related and difficult to separate. Income can influence financial stress and health risk factors. According to Healthy People 2030, "social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks" [1-1]. This section includes information on education, poverty, income, and crime.

While 64% of respondents stated they did not have trouble accessing resources, others reported needing assistance with various resources, where the following needs were shared: 18% healthcare assistance, 8% food assistance, 7% housing assistance, 7% medicine assistance, 5% utilities assistance, 4% childcare assistance, and 3% clothing assistance.

All three focus groups indicated a need for employment and affordable housing assistance. In terms of affordable housing, focus group participants shared a special need for housing for single mothers, people in recovery, and safe housing regardless of documentation status. Both the formerly incarcerated focus group and the persons with personal substance use experience shared a need for connecting people to resources before release from incarceration. One individual felt like there needed to be more programs for women getting out of incarceration. The focus groups also shared transportation in Chapel Hill was great, but they had trouble with transportation in other areas of the county. The focus groups identified a need for programs to help people get cars and/or a driver's license and more parks and sidewalks near neighborhoods for active transportation and physical activity in general. Additionally, the formerly incarcerated focus group stated the felt they lack a voice with community leaders and participants in the Spanish language session shared a fear of checkpoints and law enforcement in general and a fear of asking for help due to immigration status challenges.

Education

Educational attainment of residents has a large effect on health, since education has a direct relationship with income potential. Additionally, education is related to health literacy. Health literacy can impact the ability to navigate the health care system and manage chronic conditions. Orange County has two public school systems, Chapel Hill-Carrboro Schools and Orange County Schools. The graduation rate of Chapel Hill-Carrboro Schools was 94.8%, with a total of 894 graduates, and the graduation rate for Orange County Schools was 87.8% with a total of 545 graduates, as reported to the NC Department of Public Instruction for 2023. The graduation rate for the state of North Carolina was 86.5% for the same time period [4-16].

In terms of adult residents aged 25 and older, 93.7% of Orange County residents have a high school diploma or equivalent or higher and 61.3% have a bachelor's degree or higher for the 2017-21 period. These figures are higher than the state and peer and neighbor counties [3-1]. This information can be viewed in the graph below.
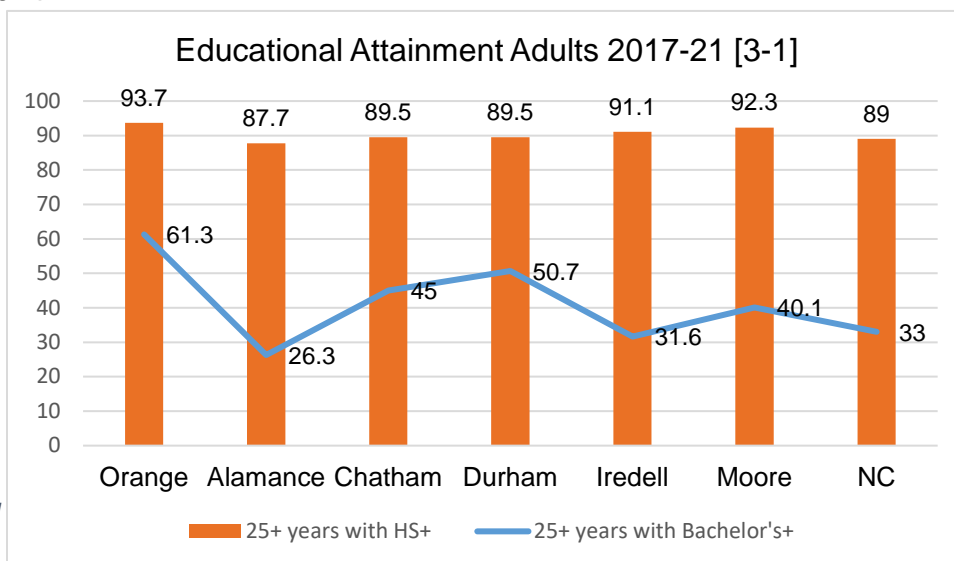
Figure 88: Adult Educational Attainment

Educational Attainment Adults 2017-21 [3-1]

Orange: 93.7, 61.3 | Alamance: 87.7, 26.3 | Chatham: 89.5, 45 | Durham: 89.5, 50.7 | Iredell: 91.1, 31.6 | Moore: 92.3, 40.1 | NC: 89, 33

Legend: 25+ years with HS+ (orange bars), 25+ years with Bachelor's+ (blue line)

The educational attainment of residents also varies by geographic area within Orange County. Below are maps outlining census tracts with residents 25 years or older with a high school diploma or equivalent and higher and residents 25 years or older with a bachelor's degree or higher [3-1]. For both maps, the darker colors indicate a higher percentage of residents with that educational background.
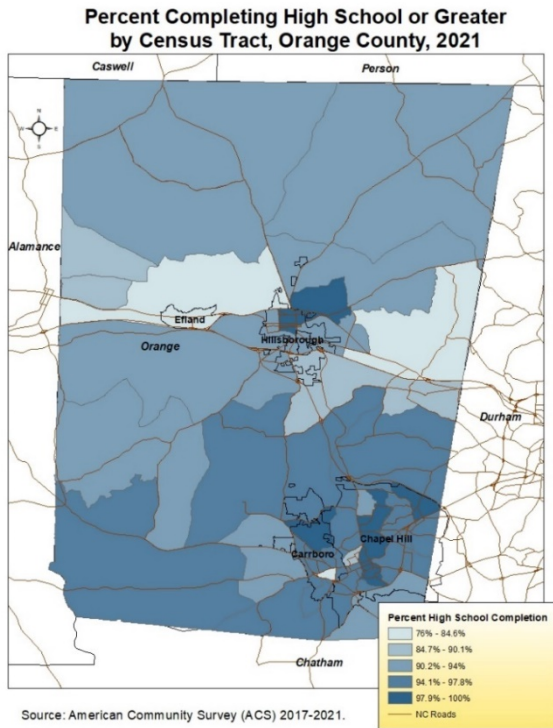
Figure 89: Map, High School or Greater Completion
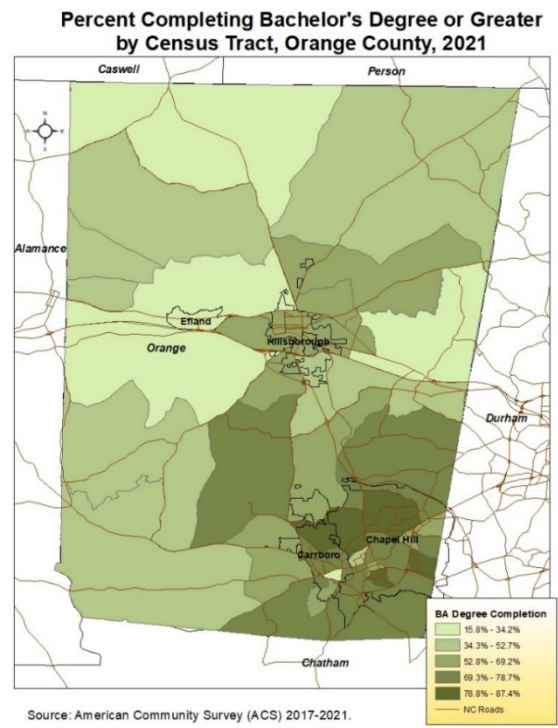
Figure 90: Map, Bachelor's Degree or Greater Completion

Poverty

The percentage of residents below the federal poverty level (FPL) is another economic data point. For 2021, the federal poverty level was $12,880 for a household of one person and $17,420 for a household of two persons. For households over two persons, add $4,540 for each additional member [4-17].

In Orange County for the 2017-21 period, 12.5% of residents were below the FPL. By age group in Orange County, 10.2% of residents under 18, 15.0% of residents aged 18-64, and 5.6% of residents 65 years and older were below the FPL. Orange County had the lowest rates of poverty for children and older adults as compared to neighbors, peers, and the state. However, Orange County had the highest rate of poverty for the 18-64 age group as compared to neighbors, peers, and the state [3-1]. This information on resident poverty can be viewed in the graphs below and on the next page.
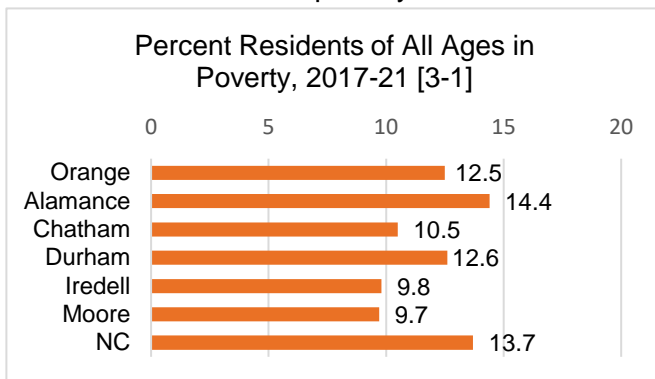
Figure 91: Poverty, all ages
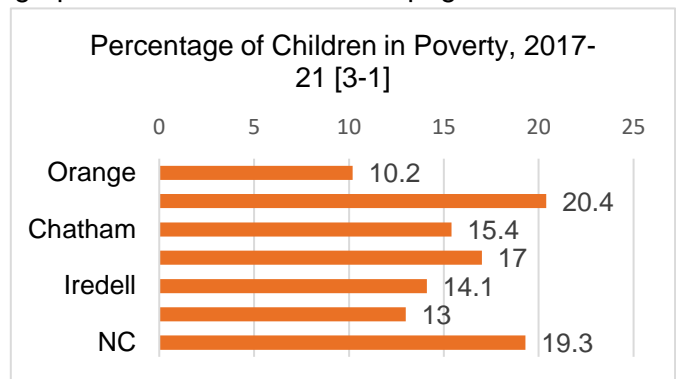
Figure 92: Poverty, children
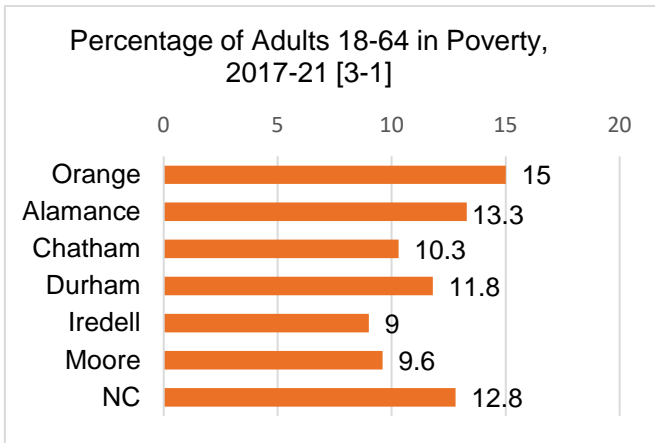
Figure 93: Poverty, adults 18-64
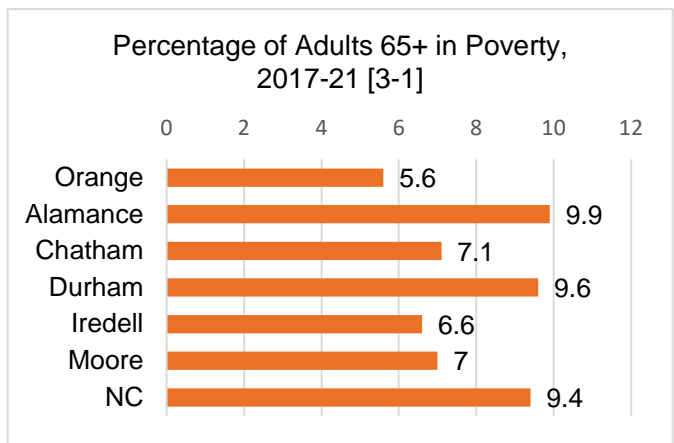
Figure 94: Poverty, adults 65+

Poverty rates also differ based on geographic location within Orange County as shown in the map below. The darker colors indicate the census tracts with a higher level of poverty [3-1].

Percent of Orange County Population Living below Poverty Level, by Census Tract, 2021

Source: Table S1701: Poverty Status in the U.S.; American Community Survey (ACS) 2017-2021.
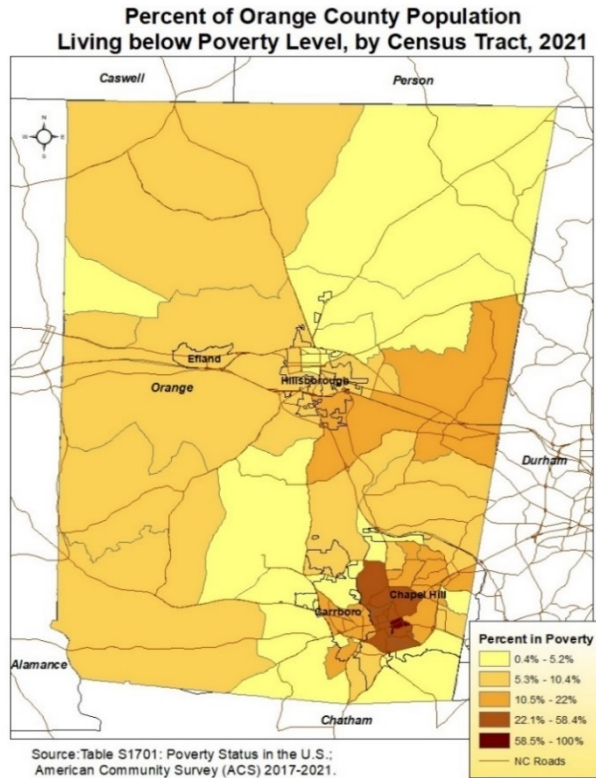
Figure 95: Map of Orange County Poverty

Related to poverty, 5.9% of Orange County residents received benefits through the Supplemental Nutritional Assistance Program (SNAP) as compared to 13.7% of NC residents for the 2017-21 period. This benefit program is sometimes referred to as Food Stamps or EBT [3-1]. This information can be viewed in the graph on the right.

Percent of Residents receiving SNAP Benefits 2017-21 [3-1]
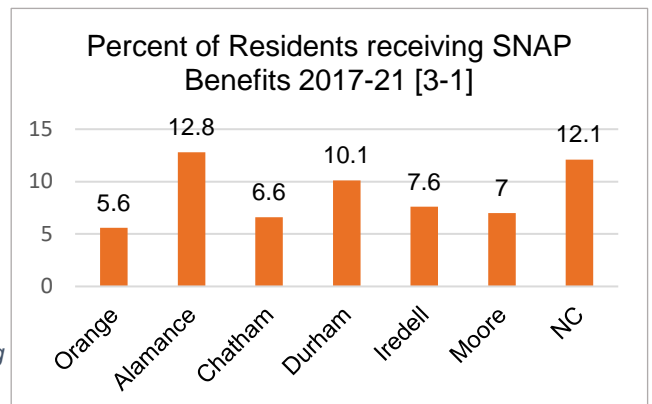
Figure 96: Residents Receiving SNAP Benefits

Income

Per capita income is the average income earned per person in a particular area. For 2017-21, Orange County has a per capita income of $45,681, which is higher than neighbors, peers, and the state, with the exception of Chatham County [3-1].

Median household income is another measure of income. Median household income is the point where half of households earn more, and half earn less. In Orange County, the median household income is $79,205 for the 2017-21 period, which is higher than other points of comparison. This information along with per capita income can be viewed in the "Household Income" table on the right [3-1].

Household Income 2017-21		
Geographic Area	Per Capita	Median
Orange County	$45,681	$79,205
Alamance County	$29,592	$55,078
Chatham County	$48,143	$76,791
Durham County	$39,602	$67,000
Iredell County	$37,667	$66,824
Moore County	$43,098	$67,440
North Carolina	$34,209	$60,516
Source: US Census Bureau[x]		

Table 15: Household Income

Per capita income varies based on geographic location within Orange County. The darker colors indicate the census tracts with a higher per capita income [3-1].
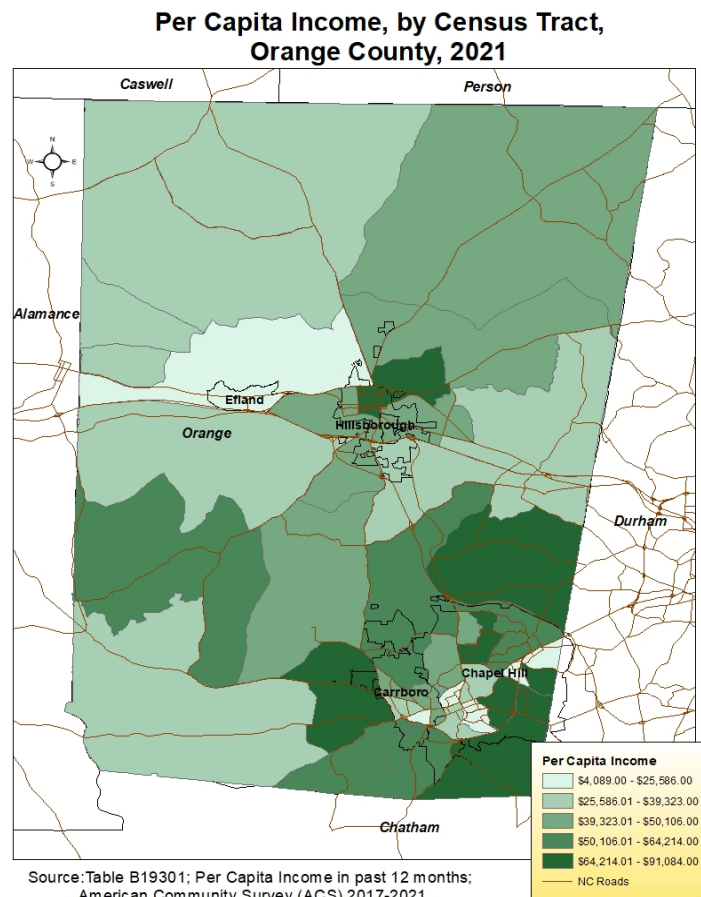
Figure 97: Map, per Capita Income

The Gini index is a measurement of income distribution, where 0 is perfect equality (meaning everyone receives an equal share) and 1 is perfect inequality (meaning one person or one group of people

receive all the income) [4-18]. As presented in the below graph, Orange County has the highest score or least equal distribution of income as compared to neighbors, peers, and the state [3-1].
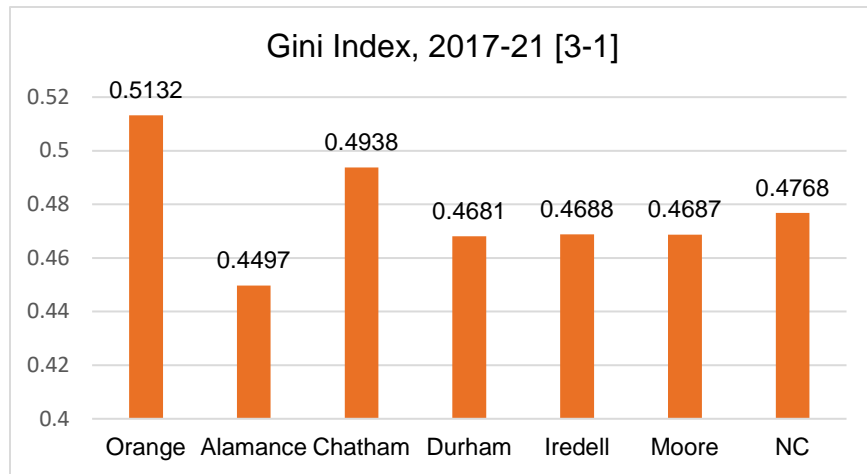
Figure 98: Gini Index

Crime

Crime is also a factor relevant to health, since actual and perceived rates of high crime levels can lead to feelings of stress and anxiety. In addition to the negative health impact of fear and anxiety itself, the fear and anxiety can cause residents to avoid recreational activity, which is sometimes correlated with weight management troubles and other chronic conditions. Orange County is fortunate to experience lower reported crime rates than the state. Crime rates are reported per 100,000 residents. The data is collected by the North Carolina State Bureau of Investigation and based upon Uniform Crime Reporting Data. Orange County is compared to neighbors, peers, and the state in the below table [4-19].

Crime Rates per 100,000 for 2022			
Geographic Area	**Index**	**Violent**	**Property**
Orange County	2,173.6	242.1	1,931.5
Alamance County	2,724.1	456.3	2,267.8
Chatham County	1,386.8	216.2	1,170.7
Durham County	3,844.2	642.6	3,201.7
Iredell County	1,843.6	279.6	1,564.1
Moore County	1,374.8	146.1	1,228.7
North Carolina	2,526.0	412.2	2,113.9
Source: North Carolina State Bureau of Investigation			

Table 16: Crime Rates

Trends in Crime Rates

Index crime refers to the total of both violent and property crimes. Violent crime includes murder, forcible rape, robbery, and aggravated assault. Property crime includes burglary, larceny, and motor vehicle theft. Arson is considered an index crime but is not included in the crime index tables. While many people may think crime is worse now than in the past, in general, crime has trended downwards when comparing 2022 to 2012. The trends in index crime rates comparing the years 2012 and 2022 can be viewed in the graph on the next page [4-19, 4-20].
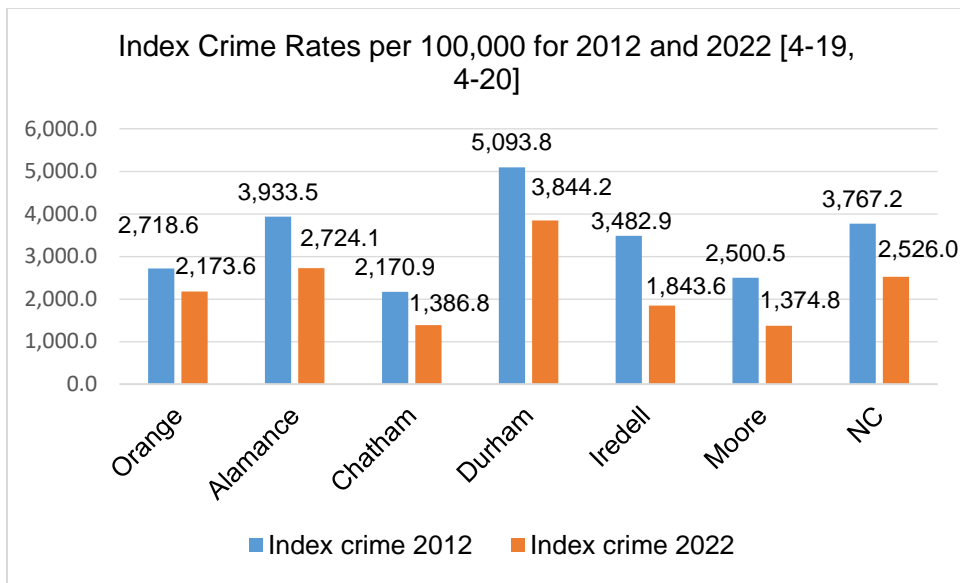
Figure 99: Trends in Crime Rates

Physical Environment

The physical environment is where individuals live, learn, work and play and makes up about 10% of the health according to the County Health Rankings model. People interact with their physical environment through the air they breathe, the water they drink, the homes in which they live and the transportation they use.

Housing

Lack of affordable housing can lead to overcrowding, relocating frequently, and reduce available funds to meet other basic needs like medical care, food, utilities, and transportation. This figure includes the percentage of households that spend 50% or more of their household income on housing for the 2017-21 period. Orange County reports the highest number at 16% of households reporting spending 50% or more of their household income on housing [4-13]. This information is shown in the graph on the right.
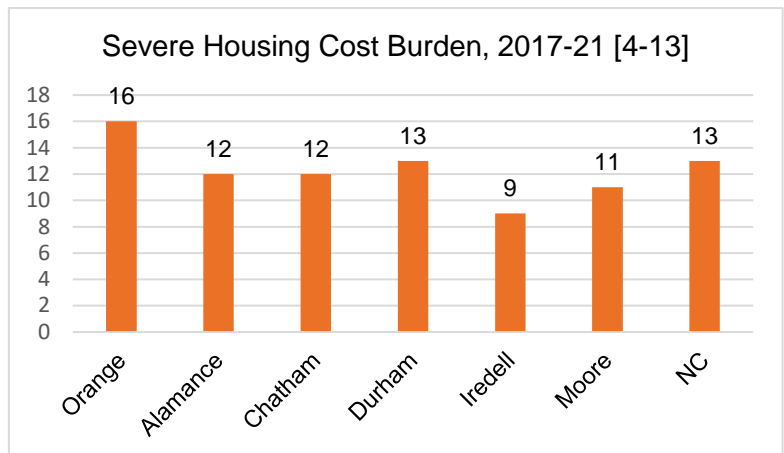
Figure 100: Severe Housing Cost Burden

Another factor of relevance to housing and affordability is the median home value, which also impacts both tax cost to residents and tax base of communities. The median home value for homes with a mortgage in Orange County is $351,200 compared to $220,000 for the state for the 2017-21 period. As can be viewed in the graph on the next page, Orange County has the highest values as compared to all other points of comparison [3-1].
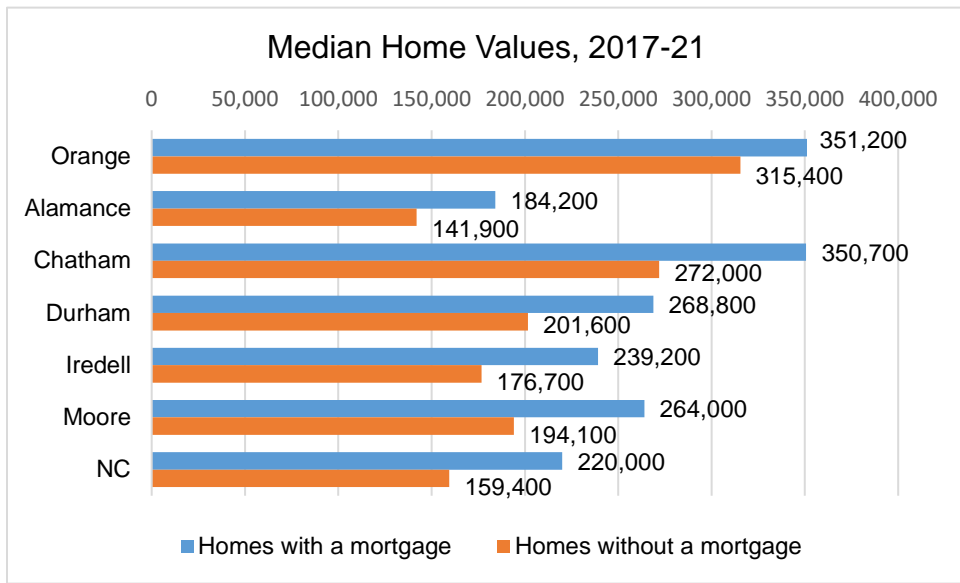
Figure 101: Median Home Values

Owner-occupied housing units compared to renter-occupied housing units can be viewed in the maps below [3-1]. The darker color in each map indicates a higher percentage of occupants in the respective category. This information can provide some insight into housing and neighborhood stability and financial considerations.
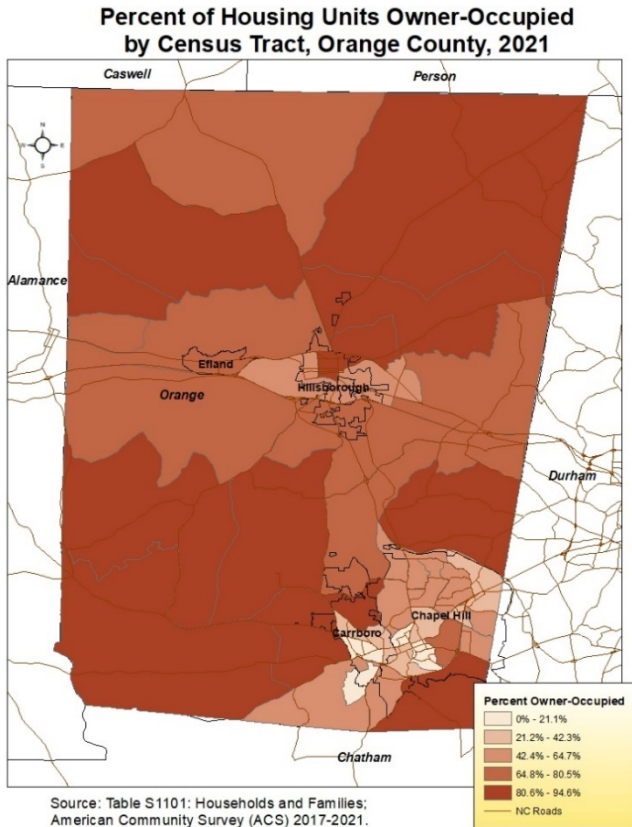
Figure 102: Map, Owner-Occupied Homes
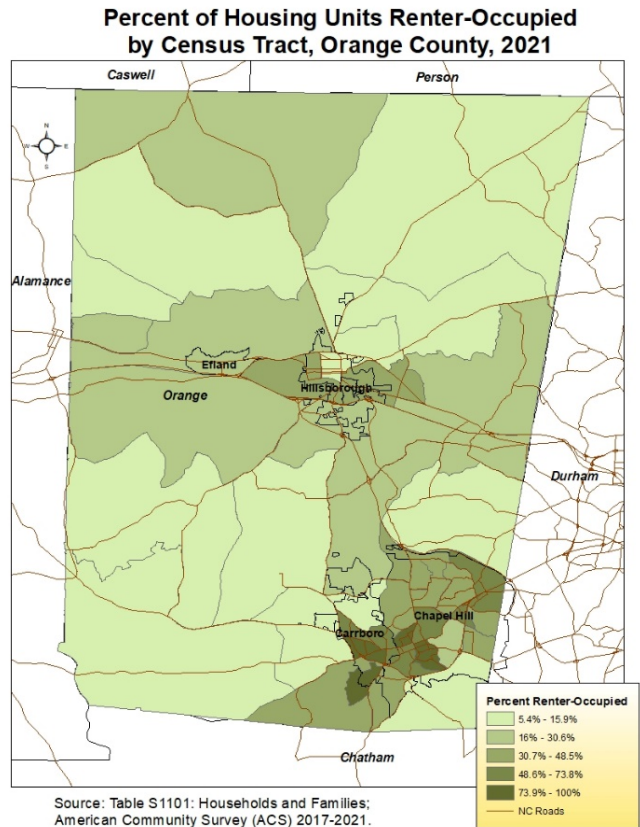
Figure 103: Map, Renter-Occupied Homes

Broadband access

Reliable, high-speed broadband access is important in accessing education, employment, economic, and healthcare opportunities. The graph below shows resident access to broadband of any type compared to resents with a cellular data plan only. In Orange County, 91.2% of residents report having access to broadband of any type and 9.2% of residents report having a cellular data plan only [3-1].
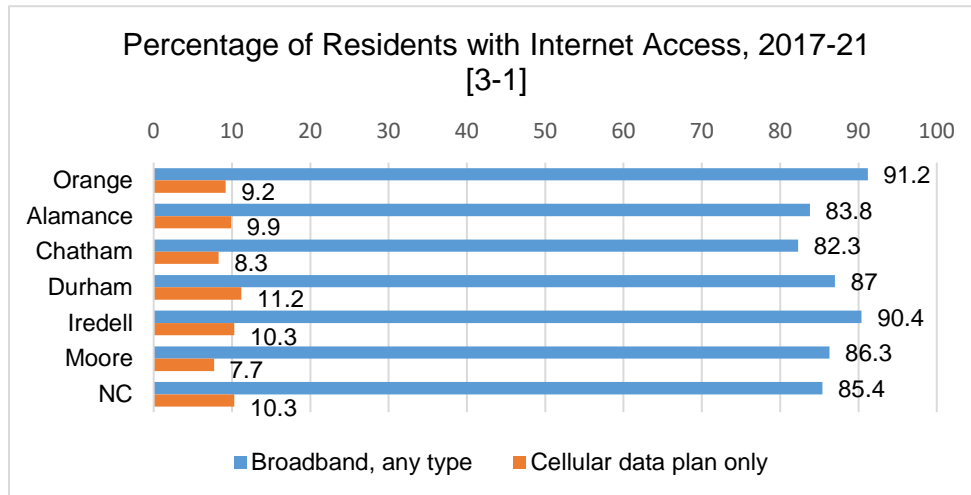
Figure 104: Internet Access

Environmental Health Information

Orange County Health Department also collects environmental health data. The Environmental Health Division is responsible for the local onsite water protection program; retail food protection, lodging, and institutions inspection program; children's environmental health; and healthy homes assessments.

Water Protection

From January 1, 2020 to December 31, 2023, Environmental Health staff collected 2,082 water samples for bacterial, mineral, or chemical compound contaminants. These include 759 compliance samples for new well constructions; 120 inspected establishments, such as residential care homes and food service establishments who use private water supplies; 200 mobile home parks who use groundwater as water supply; 36 private wells which serve H2A housing under the jurisdiction of the Department of Labor; and 967 requests from the community. H2A workers are temporary, nonimmigrant workers who provide agricultural or seasonal labor in the US.

Enteric bacterial contamination in drinking water samples is a primary surveillance tool. During this time interval, the *Orange County Rules for Groundwater Protection* were revised to provide stricter regulations for new well disinfection in response to a 48% positivity for total coliform in new well constructions in 2019. In 2021, water sampling for potability was added as a service with well repairs. The percentage of bacterial present water samples in this class of samples has been reduced to 23%.

Orange County New Wells Sampled, 2020-23				
	2020	**2021**	**2022**	**2023**
Number of new wells sampled	136	154	161	308
Samples with coliform present	50	50	45	71
Percentage of contamination	37%	33%	28%	23%
Source: Orange County Health Department, Environmental Health Division				

Table 17: Orange County New Wells

Environmental Health staff ensure proper wastewater treatment and dispersal for the homes, businesses, and places of public assembly served by onsite wastewater systems. Key surveillance indicators are derived from inspections of existing septic systems and enforcement actions through notification of violations involving corrections.

Orange County Inspections of Existing Wastewater Systems, 2020-2023				
	2020	**2021**	**2022**	**2023**
Total number of existing systems visited	401	424	354	431
Number of repair permits issued	122	145	133	185
Notices of violation	11	16	35	47
Source: Orange County Health Department, Environmental Health Division				

Table 18: Orange County Wastewater Inspections

Retail Food Protection, Lodging, and Institution Inspections

Retail food establishments are inspected at a frequency between one and four times per year in compliance with the Law. Each year during this assessment period, 100% of all establishments were inspected as required. Other facilities receive inspections as a component of license issuance by another agency, such as Child Development or Mental Health. Seasonal and year-round public swimming pools and tattoo artists inspections are completed annually or semi-annually according to policy. In addition to inspection/ re-inspection grades and classifications, complaints or "requests for service" act as surveillance mechanisms for this program. A verification visit is a follow-up as a result of a priority violation. The increase in complaints during 2020-2021 are attributed to COVID gathering, masking, or sanitation requests.

Orange County Establishment Inspections, 2020-23				
	2020	**2021**	**2022**	**2023**
Total inspections	1317	1635	1787	1817
Reinspections	12	2	12	36
Verifications	186	176	262	389
Complaints	138	100	34	37
Suspensions	10	24	15	28
Source: Orange County Health Department, Environmental Health Division				

Table 19: Orange County Establishment Inspections

Childhood Lead Prevention

Since 2020, children's lead poisoning prevention staff conducted sixteen (16) investigations in the primary or secondary child-occupied dwellings with NCDHHS regional specialists. These investigations are required when a child under age six (6) has a confirmed blood lead level in a concentration of ten (10) micrograms per deciliter or greater determined by the lower of two consecutive blood tests within a 12-month period. Fourteen (14) investigations concluded with observations of lead contaminants that were behavior-related as opposed to property/ building material sources. Examples of behavior-related exposures include cultural medicines, candies, ceremonial powders, crafts where lead is bared, or repurposed vintage furnishings.

Other Environmental Health Concerns

Air Quality

The National Environmental Public Health Tracking Network tracks air quality throughout the US. The amount of particulate matter in the air is one way of tracking air quality. This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations exist. Orange County's average daily ambient particulate matter did not exceed recommended standards [4-21].

Radon

Radon is a gas that is naturally present in rocks and soil in North Carolina. Radon itself cannot be seen, smelled, or tasted. The rock and soil underground is different throughout North Carolina. While some counties in North Carolina have a geology that is more likely to contain radionuclides, Orange County is not one of these counties [4-22].

Appendices

Appendix A: Community Health Assessment Team Members

Community Health Assessment Leadership Team (CHALT)
The governing body and final decision makers.
- Ashley Rawlinson, *Orange County Health Department*
- Dana Crews, *Orange County Health Department*
- Erik Valera, *El Centro Hispano*
- Erin Sapienza, *Orange County Public Library*
- Jamezetta Bedford, *Orange County Board of County Commissioners*
- Janice Tyler, *Orange County Department on Aging*
- Kaniqua Outlaw, *Orange County Health Department*
- Libbe Hough, *Orange County Housing and Community Development*
- Lindsey Shewmaker, *Orange County Department of Social Services*
- Lisa Jordan, *UNC System of Health Equity*
- Marcy Williams, *Orange County Health Department*
- Marni Holder, *UNC Family Medicine*
- Maryln Henruiqeuz Valeiko, *Orange County Office of Equity and Inclusion*
- Mark H. Smith, Ph.D., *Epidemiologist Consultant*
- McKayla Creed, *Orange County Health Department*
- Miranda Schartz, *Piedmont Health Services*
- Paul Runyambo, *Refugee Community Partnership*
- Rachel Royce, *Orange County Board of Health*
- Tim Smith, *UNC Family Medicine*

Community Engagement Team
Those responsible for ensuring that the voices of the community are heard as well as engaging the community in every step of the process, including focus group assistance.
- Ashley Rawlinson, *Orange County Health Department*
- Crystal Kelley, *Orange County Health Department*
- Dana Crews, *Orange County Health Department*
- Daniela Archibold, *Church World Services*
- Diana Martinez Vargas, *Orange County Health Department*
- Elizabeth Young, *Orange County Resident*
- Erika Cervantes Munoz, *Orange County Health Department*
- Gayane Chambless, *Orange Partnership for Alcohol and Drug Free Youth*
- Jenn Sykes, *Orange County Resident*
- Jeremy McKoy, *Orange County Health Department*
- Marcy Williams, *Orange County Health Department*
- Mahogany Long, *UNC Horizons*
- Rita Krosner, *Orange County Health Department*
- Samantha Luu, *Campus and Community Coalition*
- Selden Holt, *UNC Horizons*
- Sophie Suberman, Grow Your World
- Tommy Green, *Orange County Health Department*
- Veena Reddy, *UNC Hospital*

Volunteer Recruitment Team

Those responsible for recruiting volunteers to assist with data collection and community events.

- Angela Kimball
- Angela Sowers
- Anna-Lisa Johanson
- Antonia Cortes Sanchez
- Ayah Isleem
- Caroline Hall
- Cathy Cole
- Cheryl Bono-Zehia
- Chinita Howard
- Crystal Kelley
- Corey Root
- Dana Crews
- Desma George
- Erika Cervantes Munoz
- Gayane Chambless
- Jacqueline Stewart
- Jada Rogers
- James Stewart
- Jamezetta Bedford
- Jennifer Vega
- Joe McLean
- Julie Johnson
- Karen Kyes
- Kat Tan
- Kathryn Hobby
- Katie Comanici
- Kaylin Cooley
- Kennedy Adusei
- Kenneth Taylor
- Kristin Preilipp
- Latoya Garrett
- Lauren Frey
- Linda Soto
- Ling Oy
- Lisa Berley
- Marcy Williams
- Megan Barnes
- Megan Peters
- Melissa Childress
- Melissa Nicholson-Clark
- Meredith McMonigle
- Moira Beck
- Nina Moiseiwitsch
- Pam McCall
- Rani Richardson
- Rachel Royce
- Rebecca Bloch
- Renee Kemske
- Rhea Colmar
- Ryan Lavalley
- Sarah Nahum
- Savanna McCall
- Shade Little
- Shannon Barnes
- Sonia Desai
- Steven Campbell
- Suzy Lawrence
- Tameiah Ross
- Taniya Fulp
- Taylor Leathers
- Thais Ramirez
- Tim Smith
- Tina Craven
- Tracey Langley
- Valerie Green
- Victoria Alonso
- Wendy Thigpen

Data Team

Those responsible for the format and analysis of the collected data.

- Marcy Williams, *Orange County Health Department*
- Mark H. Smith, Ph.D., *Epidemiologist Consultant*
- McKayla Creed, *Orange County Health Department*
- Victoria Hudson, *Orange County Health Department*

Appendix B: Survey Volunteers

These individuals helped distribute the survey, whether at community events, through newsletters, or other methods.

- Alexa Hartenstein
- Alexus McPherson
- Alison Singer
- Anna Kenion
- Antonia Cortes Sanchez
- Chi Ekenna
- Chinyere Ekenna
- Claudia Yerena
- Crystal Kelly
- Dana Crews
- Denise Blanco Duran
- Diana Martinez Vargas
- Elizabeth Ortel
- Elizabeth Young
- Erika Cervantes Munoz
- Erin Riney
- Fola Olawolu
- Huda Kamal
- Janet Sowers
- Jamezetta Bedford
- Jen Sykes
- Jennifer Bremer
- Kanjana Pankhum
- Kathryn Hobby
- Keith Bagby
- Kimberlin Neblett
- Jean Phillips Weiner

- Kristin Prelipp
- Kristy Bassili
- Latisha Watson
- LaTosha Scott
- Laurie Williamson
- Lena Wegner
- Lisa Jordan
- Logan Gately
- Marcy Williams
- Marissa Moss
- Melissa Childress
- Nancy Stephens
- Quinton Harper
- Rachel Royce
- Rhea Colmer
- Rita Krosner
- Ritza Saenz
- Samantha Luu
- Sarah Thompson
- Shannon Barnes
- Stephanie Fields
- Taryn Belcher
- Tommy Green
- Teresa Clay
- Victoria Hudson
- Zequel Hall

ORANGE COUNTY HEALTH DEPARTMENT
improving health, inspiring change

VOLUNTEER WITH ORANGE COUNTY'S COMMUNITY HEALTH ASSESSMENT (CHA)

WE NEED VOLUNTEERS

The CHA is a great opportunity to volunteer with Orange County!

Help us collect community input and data through various community events and engagements!

Scan the QR code to view event information and to sign up

Appendix C: Map of Surveyed Household Sample Blocks

There were 35 sampled sites throughout Orange County, represented by the blue and red outlines on the below map.
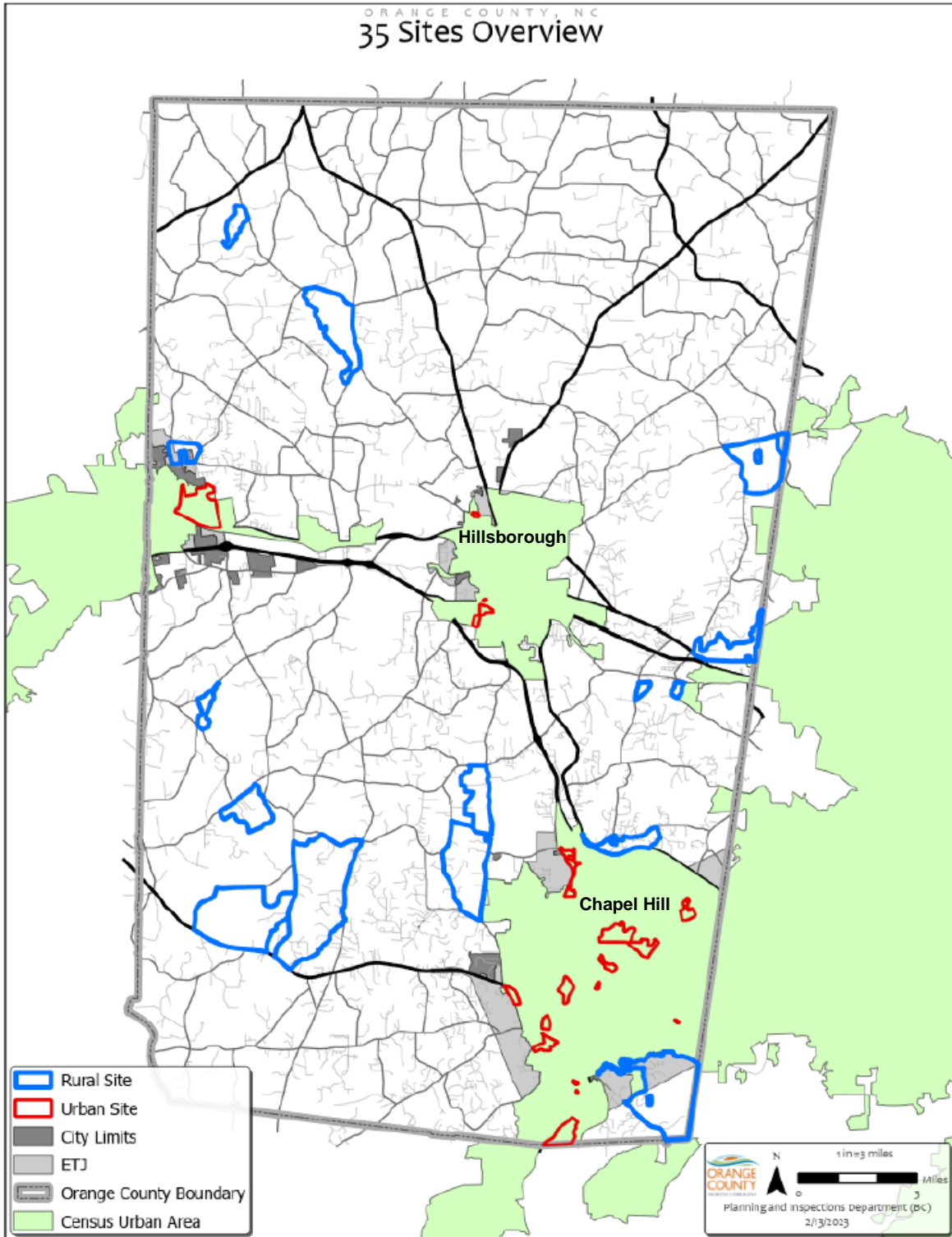
Appendix D: Household Sample Flyers

Flyer mailed to households prior to visit by survey team

SAVE-THE-DATE

The Orange County Health Department and volunteers is gathering community input to get your opinions about the **HEALTH** of Orange County for the 2023 Community Health Assessment.

The collection of feedback will be done through an anonymous survey and the information collected will determine future health priorities.

Volunteers are scheduled to visit Orange County neighborhoods, beginning in June and wrapping up in August. Please help us by taking 30 minutes to share your feedback.

SCAN THE QR CODE TO ACCESS AND TAKE THE SURVEY
https://redcap.link/ochd2023cha_random

Flyer distributed by survey team on day of visit

SORRY WE MISSED YOU

The Orange County Health Department and volunteers is gathering community input to get your opinions about the **HEALTH** of Orange County for the 2023 Community Health Assessment.

The collection of feedback will be done through an anonymous survey and the information collected will determine future health priorities.

A volunteer visited your home but we missed you. Please consider taking 30 minutes to share your feedback with us.

SCAN THE QR CODE TO ACCESS AND TAKE THE SURVEY
https://redcap.link/ochd2023cha_random

Appendix E: Community Sample Collection

Community Events

The 2023 Community Health Assessment Survey was promoted to the public via door-to-door collection, social media posts (see following graphics), newsletters, food distributions, and community events. Some of these events are listed below:

- Be Well Community Resource Fair
- Building a Healthy Community Resource Fair
- LatinX Pride
- Pre-Juneteenth Freedom Fair

- Environmental Health Education Outreach
- National Night Out Events
- Fairview Back to School event

Flyer for Community Events and Distribution

ORANGE COUNTY HEALTH DEPARTMENT
Improving health. Inspiring change.

WE NEED YOUR FEEDBACK

Join us for Orange County's 2023 Community Health Assessment (CHA) process. The CHA is an organized collection, assembly, analysis and sharing of information about the health of Orange County.

This comprehensive process will help identify health issues and barriers that prevent Orange County residents from living their best and most fulfilling lives.

One major way to identify barriers in Orange County is directly ask our community and we need your input!

SCAN THE QR CODE TO ACCESS AND TAKE THE ENGLISH SURVEY

https://redcap.link/ochd2023cha_public

SPANISH, MANDARIN, KAREN AND BURMESE VERSIONS ARE AVAILABLE BY CONTACTING ASHLEY AT 919.245.2440

Appendix F: Community Health Opinion Survey

Printed versions of the survey available in Spanish, Burmese, Karen, and Mandarin languages.

2023 Orange County Community Health Opinion Survey

Date	COMMENTS

☐	No One Home
☐	Language Barrier ☐ Language Needed: _____ ☐ Call back to complete? Provide participant phone number) - _____ ☐ Participant Email _____
☐	Ended Before Survey Completed ☐ Call back to complete? Provide phone number) _____ ☐ Email _____
☐	No one in home eligible ☐ Under 18 years of age ☐ Non-resident of Orange County
☐	Household Refused
☐	Unoccupied/Vacant/Demolished House/ Condemned House
☐	Survey Completed ☐ Yes ☐ No

ELIGIBILITY

Do you live in Orange County? ☐ YES ☐ NO
(If NO, stop the survey here and thank him/her for his/her time.)

Are you 18 years of age or older? ☐ YES ☐ NO
(If NO, stop the survey here and thank him/her for his/her time.)

Are you willing to participate? ☐ YES ☐ NO
(If NO, stop the survey here and thank him/her for his/her time.)

BEGIN SURVEY

1. **In the following list, what do you think are the <u>THREE</u> most important factors to make Orange County a "Healthy Community"? Think of which factors most improve the quality of life in the community. (*Please select up to <u>three</u>*).**

   ☐ Affordable healthcare
   ☐ Access to healthy food
   ☐ Affordable housing
   ☐ Arts and cultural events
   ☐ Availability of health care, including dental and mental services
   ☐ Clean environment (including water, air, sewage, waste disposal)
   ☐ Good jobs and healthy economy
   ☐ Good place to raise children
   ☐ Good schools
   ☐ Healthy behaviors and lifestyles
   ☐ Low adult death and disease rates
   ☐ Low infant deaths

   ☐ Racial equity
   ☐ Recreation opportunities (parks, sidewalks, trails, community centers, pools, etc.)
   ☐ Religious or spiritual values
   ☐ Safe neighborhoods, including low crime
   ☐ Safe practices/spaces to prevent the spread of disease (i.e. COVID, flu, etc.)
   ☐ Transportation
   ☐ Other (Specify): _____
   ☐ Don't know/Not sure
   ☐ Prefer not to answer

2. **In the following list, what do you think are the <u>THREE</u> most important concerns impacting health in our community? (*Please select up to <u>three</u>*).**

   • Affordable healthcare
   • Affordable housing
   • Aging concerns (e.g., arthritis, hearing/vision loss, etc.)
   • Alcohol, drug, or medication misuse
   • Black Maternal Mortality
   • Chronic conditions (cancer, diabetes, high blood pressure, heart disease)
   • Cost of healthy food choices
   • COVID
   • Crime rates
   • Dental Concerns
   • Discrimination
   • Domestic and sexual violence
   • Dropping out of school
   • Emergency Preparedness
   • Firearm-related injuries (including school shootings)
   • Homelessness
   • Infant death

   • Infectious disease (e.g. hepatitis, TB, etc.)
   • Lack of access to child care
   • Lack of employment opportunities and/or low paying jobs
   • Lack of health insurance
   • Lack of availability of health care providers
   • Lack of law enforcement presence
   • Mental health concerns
   • Motor vehicle injuries including bicyclists and pedestrians
   • Neighborhood change (gentrification)
   • Pollution (air, water, land)
   • Racism
   • Social isolation
   • Teenage pregnancy
   • Other (Specify): _____
   • Don't know/Not sure
   • Prefer not to answer

3. **In your opinion, what is one thing that would make Orange County a healthier place to live?**

- _____

Quality of Life

4. **In the past 12 months, have you experienced discrimination, bias, prejudice, or racial tension in any of the following settings in Orange County, where you felt like you were treated differently because of your identity or who you are? (*Select all that apply*)**
   - Education
   - Employment
   - Health Care
   - Housing
   - Law Enforcement/Judicial System
   - Stores/Restaurants
   - Other:_____
   - N/A: None experienced
   - Don't Know/Not Sure
   - Prefer not to Say

5. **In the past 12 months, did you, or anyone in your household, have trouble getting any of the following when it was really needed? *(Select all that apply)***
   - Childcare
   - Clothing
   - Food
   - Health Care (Medical, Dental, Mental Health, Vision)
   - Housing
   - Medicine
   - Phone
   - Utilities
   - Other: _____
   - N/A: Did not have trouble
   - Prefer not to Say

6. **Over the past 12 months, were you worried that your food would run out before your household got money to buy more?**
   - Yes
   - No
   - Don't Know/Not Sure
   - Prefer not to Say

7. **In the past 12 months, were there times when you:**

	Yes	No	Don't Know/ Not Sure	Prefer not to Say
Were worried about having enough money to pay your rent or mortgage?				
Did not have electricity, water, or heating in your home?				

8. **In the past THREE years, were there times when you:**

	Yes	No	Don't Know/ Not Sure	Prefer not to Say
Had to live with a friend or relative because of a housing emergency, even if this was only temporary?				

Were evicted or displaced from your home?				
Were living on the street, in a car, or in a temporary shelter?				

9. **Are you currently caring for….. (*Select all that apply*)**
   - Disabled child(ren)
   - Aging or disabled parent
   - Aging or disabled grandparent
   - Aging or disabled spouse/partner
   - Family member with chronic illness
   - N/A: I am not a caregiver

10. **If you answered yes to the previous question, do you feel your health has been negatively affected by caregiving?**
    - Yes
    - No
    - N/A: Does not apply
    - Don't Know/Not Sure
    - Prefer not to Say

11. **In the past 12 months, have you experienced any of the following issues with transportation? *(Select all that apply)***
    - Couldn't afford to buy a vehicle
    - Couldn't afford gas
    - Couldn't afford car repairs
    - No sidewalks where I needed to walk
    - Public transportation routes are not convenient for me
    - Public transportation times are not convenient for me
    - Public transportation takes too long
    - Public transportation is too expensive
    - I don't know how to use public transportation (i.e. bus routes, buying tickets, etc.)
    - Other: _____
    - N/A: did not experience issues
    - Prefer not to Say

12. **Has anyone in your household tested positive for COVID-19 since the beginning of the pandemic?**
    - Yes, one person
    - Yes, more than one person
    - No
    - Prefer Not to say

13. **Did you or anyone in your household, experience any of the following as a result of the COVID-19 pandemic? *(Select all that apply)***
    - Drank or used drugs more than usual
    - Exercised less than usual
    - Experienced grief from losing a loved one
    - Felt increased stress or anxiety
    - Filed for unemployment or financial benefits
    - Lost business or income
    - Lost job, furloughed, or reduced work hours
    - Lost health insurance
    - Not enough money to make ends meet
    - Sought help; or support but was unable to get it
    - Unable to access health care services

- Unable to pay rent, mortgage or utility bills
- Worried about personal health
- Worried about the health of family members

- Other: _____
- None of these
- Prefer not to Say

Health Information

14. Where do you get most of your health-related information? (*Choose <u>all</u> that apply*)
- Church
- Doctor/Nurse/Clinic/Health Department
- Friends/Family
- Internet
- Pharmacist
- Print Media (Newspaper, magazine, etc.)
- Radio
- School
- Senior Center
- Social Media
- TV
- Other: _____

15. How often do you need to have someone help you when you read instructions, pamphlets or other written material from your doctor or pharmacy?
- Never
- Rarely
- Sometimes
- Often
- Always
- Prefer not to Say

16. What's your comfort level with talking to your doctor, nurse, dentist, or pharmacist and asking questions about your health?
- Very Comfortable
- Comfortable
- Uncomfortable
- Very Uncomfortable
- Don't Know/Not Sure
- Prefer not to Say

17. How well did you understand the instructions for the last prescription given by your doctor, nurse, dentist or pharmacist?
- Very Understandable
- Understandable
- Hard to Understand
- Very Hard to Understand
- Don't Know/Not Sure
- I wasn't provided any instructions
- Prefer not to Say

18. Where do you normally dispose of, or throw away expired or old medicines? (*Select <u>all</u> that apply*)
- Community Disposal Events
- Home Chemical Disposal Kit
- Local Drop Boxes (e.g. Police Station, Sheriff's Office, UNC Hospital, Pharmacy)
- The Trash
- The Toilet
- Other: _____
- I don't dispose of medicines
- Prefer not to Say

19. How often are you able to receive health information in your preferred language?
- Always
- Sometimes
- Rarely
- Never

- Don't Know/Not Sure
- Prefer not to Say

Personal Health

20. Would you say that in general, your health is…… (Choose one)
- Excellent
- Very Good
- Good
- Fair
- Poor
- Prefer not to Say

21. Have you ever been told by a doctor, nurse, or health professional that you have any of the following health conditions, even if you take medication?

	Yes	No	Don't Know	Prefer Not to Say
Arthritis				
Asthma				
Auto-Immune Disorders (i.e. lupus, multiple sclerosis, graves' disease, celiac disease, inflammatory bowel disease, etc.)				
Cardiovascular or heart disease				
Cancer				
Diabetes (not during pregnancy)				
Hepatitis C				
High blood pressure (not during pregnancy)				
High cholesterol				
HIV (Human Immunodeficiency Virus)				
Long COVID				
Lung disease				
Osteoporosis				
Overweight/obesity				

22. How much time do you spend doing physical activity or exercise (such as running or walking, exercise classes, sports, golf, gardening, etc.) in a typical day?
- _____ hours _____ minutes
- Prefer not to Say

23. In the past month, were there any times when you did not engage in physical activity for any of the following reasons? *(Select all that apply)*
- I didn't have time
- It is too expensive (i.e. cost of gym fees, equipment, exercise clothes, etc.)
- I didn't have a place to exercise
- I didn't have childcare
- There is no safe place to exercise
- I have no one to exercise with
- My job is physical or hard labor
- I don't like to exercise
- I had an injury
- I'm too tired to exercise
- I'm physically disabled
- Exercise is not important to me
- N/A: I engaged in physical activity
- Other: _____
- Prefer not to Say

24. On average, how many servings of fruit and vegetables do you eat each day, not including juice? For example, one small apple or half a cup of broccoli is a serving.
- Seven (7) or more
- Five to six (5-6) servings
- Three to four (3-4) servings
- One to two (1-2) servings
- None
- Don't Know/Not Sure
- Prefer not to Say

25. When you do not eat healthy snacks and meals, what is the main reason? *(Select all that apply)*
- Cost
- Don't know what is healthy or not
- Lack of transportation
- Not enough time to shop or prepare foods
- Store doesn't have good options
- Store too far
- Taste
- Other: _____
- N/A: I eat healthy snacks and meals
- Prefer not to Say

26. Did you receive a COVID-19 vaccine?
- Yes
- No
- Don't Know/Not Sure
- Prefer not to Say

27. During the past 12 months, did you receive a flu vaccine?
- Yes
- No
- Don't Know/Not Sure
- Prefer not to Say

Mental Health

28. In general, would you say that your mental health is:
- Excellent
- Very Good
- Good
- Fair
- Poor
- Prefer not to Say

29. Have you or someone in your household experienced any of the below Mental Health issues/crisis?
- Anxiety
- Bipolar
- Depression
- Post-Traumatic Stress Disorder (PTSD)
- Schizophrenia
- Self-infliction harm
- Suicide Ideation or attempt
- Other: _____

30. How often do feelings of anxiety or depression keep you from doing your daily activities, such as work or spending time with family and friends?
- Often
- Sometimes
- Rarely
- Never
- Prefer not to Say

31. How often do you feel isolated or lonely?
- Often
- Sometimes
- Rarely
- Never
- Prefer not to Say

32. How would you describe your day-to-day level of stress?
- Low
- Moderate
- High
- Prefer not to Say

**33. What are the primary causes of stress that you experience? (*Select all that apply).*
- Caretaking
- Children/Childcare
- Discrimination
- Food insecurity
- Health concerns affecting my family
- Housing
- Job Stability
- Money
- Personal Health Concerns
- Personal Safety
- Racism
- Relationships (e.g. partner, spouse, family)
- Social Issues
- Transportation
- Work or School
- None of the Above
- N/A: I do not experience any stress
- Other: _____
- Don't Know/Not Sure
- Prefer not to Say

34. Have you or a member of your household sought help for any of the following? (*Select all that apply*).
- Abuse (including physical, verbal, emotional/psychological, or sexual)
- None of the Above
- Mental Health
- Prefer not to Say

35. Are you aware of Mental Health Services that are available in Orange County?
- Yes
- No
- Don't Know
- Prefer not to Say

Substance Use

36. Do you use any of the following tobacco/nicotine products? (*Select all that apply*)
- Cigarettes
- Cigars
- Hookah
- Pipes
- Smokeless Tobacco/Dip
- Vaping/Electronic Cigarettes
- Other: _____
- N/A: I don't use any tobacco products
- Prefer not to Say

37. How frequently are you regularly exposed to secondhand smoke or vapor from vape products?
- Daily
- Weekly
- Monthly
- Rarely
- Never
- Prefer not to Say

38. How often does substance use, by you or someone in your household negatively affect your usual activities, such as work or spending time with family and friends?
- Daily
- Weekly
- Monthly
- Rarely
- Never
- Prefer not to Say

39. Do you have a locked cabinet or box that you use to safely secure prescription medications, alcohol, or other potentially dangerous items?
- Yes
- No
- N/A: I do not own these type of items
- Prefer not to Say

40. Have you or anyone in your household, sought help for any substance use issue? (*Select all that apply*).
- Alcohol Use
- Drug Use
- Tobacco Use
- Prescription Use
- None of the Above
- Other: _____
- Prefer not to Say

Access to Care

41. How long has it been since you last visited a health care provider for a regular checkup, not including times you visited because you were sick, injured, pregnant or an emergency room visit?
- Less than one (1) year
- One to two (1-2) years
- Three to five (3-5) years
- More than five (5) years
- Don't know/Not Sure
- N/A: I don't get routine checkups
- Prefer Not to Say

42. How long has it been since you last visited a dentist for a regular checkup or cleaning, not including times you visited a dentist because of pain or an emergency?
- Less than one (1) year
- One to two (1-2) years
- Three to five (3-5) years
- More than five (5) years
- Don't know/Not Sure
- N/A: I don't go to a dentist for routine checkups.
- Prefer Not to Say

43. In the past 12 months, have any of the following prevented you, or someone in your household, from getting the health care that you needed? *(Select all that apply)*
- Could not get an appointment
- Did not have health insurance
- Did not have transportation
- Did not know where to go
- Felt ignored, not taken seriously, or disrespected
- Needed service or medication is not covered by insurance
- Office hours are not convenient
- The wait to receive care was too long
- No one spoke my preferred language
- Other (specify): _____
- N/A: I have not experienced any of these issues
- Prefer not to say

44. In the past 12 months, what type of provider or facility did you have trouble getting health care from? *(Select all that apply)*

- Adult Primary Care (i.e. family/internal medicine, nurse practitioner, etc.)
- Dentist
- Eye
- Health Department
- Hospital

- Pediatrician
- Pharmacy/Prescription
- Specialist
- Urgent Care
- Other: _____
- N/A; I didn't have trouble
- Prefer not to Say

Environmental Health

45. Do you use water from your sink's tap for any of the following?
- Drinking
- Cooking
- Both drinking and cooking

- Neither drinking or cooking
- Prefer not say

46. Are you concerned about any contaminants in your water?
- Yes
- No

- Don't know
- Prefer not say

47. In the event of a threatening emergency or disaster, how would you be alerted or get information about the emergency or disaster? (*Select all that apply*)
- Battery-operated radio
- Internet
- Neighbors
- Printed Materials (Flyers, Newspaper, etc.)
- Scanner

- Sirens
- Social Media
- TV
- Word of mouth
- Other:_____ ___

48. What emergency events or disasters are most concerning to you? (*Select all that apply*)
- A disease outbreak, such as flu or a pandemic
- Chemical spills
- Household emergencies, such as fire, gas leaks, etc.
- Natural disasters such as violent storms, tornadoes, winter ice storms, floods

- Terrorism
- N/A: Not concerned
- Don't know/Not Sure
- Other: _____
- Prefer not say

49.

	Yes	No	Don't Know/Not Sure	Prefer not to Say
I know what emergencies or disasters are most likely to occur in my community.				

My family has a personal disaster plan and we have practiced it.				
I have an emergency preparedness kit with supplies for 72 hours.				
I have emergency response related apps downloaded on my phone (i.e. OC Alerts, Red Cross, Weather, etc.)				
I am signed up to receive emergency alerts (social media, text, email)				
I have working smoke detectors in my home.				
I have working carbon monoxide detectors in my home.				

Demographics

50. What is your age? _____ Years
- Prefer not to Say

51. Which of the following best describes your race, ethnicity, or origin? *(Select all that apply)*
- American Indian/Alaska Native
- Asian
- Black/African American
- Hispanic or Latino/a/x
- Native Hawaiian or other Pacific Islander
- White
- Other: _____
- Prefer not to Say

52. How do you currently describe yourself?
- Female
- Male
- Non-binary/neither male or female
- Not Sure/Don't Know
- Other Gender identity: _____
- Prefer not to Say

53. Which of the following best represents how you think of yourself?
- Bisexual
- Heterosexual (or straight)
- Lesbian/Gay
- Other: _____
- Don't Know/Not Sure
- Prefer not to Say

54. Do you regularly speak a language other than English? *(Select all that apply)*
- American Sign Language
- Burmese
- Chinese
- Dari
- English
- Farsi
- Filipino
- Indonesian
- Japanese
- Karen
- Kinyarwanda
- Korean
- Mandarin
- Pastho
- Thai
- Spanish

- Vietnamese
- Other: _____

55. Which language(s) can you read and write in? *(Select __all__ that apply)*
- Burmese
- Chinese
- Dari
- English
- Farsi
- Filipino
- Indonesian
- Japanese
- Karen
- Kinyarwanda
- Korean
- Mandarin
- Pastho
- Thai
- Spanish
- Vietnamese
- Other: _____

56. What is your marital status?
- Married
- Widowed
- Divorced
- Separated
- Unmarried Partner
- Never Married
- Prefer not to Say

57. What is the highest level of school, college or vocational training that you've received? (If you are currently enrolled, mark the highest grade/degree received)
- No schooling completed
- Less than High School
- High School diploma or equivalent
- Some College, no degree
- Trade Certification
- Associates Degree
- Bachelor's Degree
- Master's Degree
- Doctorate or Professional Degree
- Prefer not to Say

58. What is your employment status? *(Select __all__ that apply)*
- Employed full-time
- Employed part-time
- Retired
- Student
- Armed Forces/Military
- Self-Employed
- Homemaker
- Unable to work due to illness or injury
- Unemployed for more than a year
- Prefer not to Say

59. What range best describes your total household annual income for all the members in your household combined? *(Total income includes wages, salary, commissions, bonuses, or tips from all jobs; interest, dividends, rental income, royalty income, or income from estates and trusts; Social Security or Railroad Retirement; Supplemental Security Income (SSI); any public assistance or welfare payments from the state or local welfare office; retirement, survivor, or disability pensions; and any other sources of income received regularly such as Veterans' (VA) payments, unemployment compensation, child support, or alimony).*
- Under $20,000
- $20,000 to $34,999
- $35,000 to $49,999
- $50,000 to $74,999
- $75,000 to $99,999
- $100,000 to $149,999
- $150,000 to $199,999
- $200,000 or more
- Don't know
- Prefer not to say

60. How many people in each age group are currently in your household (including yourself)?

0-5 YEARS	
6-10 YEARS	
11-14 YEARS	
15-18 YEARS	
19-24 YEARS	
25-29 YEARS	
30-34 YEARS	
35-39 YEARS	
40-44 YEARS	
45-49 YEARS	
50-54 YEARS	
55-59 YEARS	
60-64 YEARS	
65-69 YEARS	
70–79 YEARS	
80–84 YEARS	
85+ YEARS	

61. Do you have regular access to reliable internet?
- Yes
- No
- Prefer not to Say

Appendix G: CHA Survey Results

Introduction

Every four years Orange County collaborates with community partners to conduct a comprehensive Community Health Assessment (CHA). The CHA is a process that involves identification, collection, and analysis of data and information on perceptions of community health issues, quality of life, personal health status, mental health, substance use, access to care, and environmental health, to identify priority health concerns and to develop community action plans to address these concerns. As part of this overall CHA process, Orange County public health staff collaborated with community partners to conduct a survey of Orange County residents using mixed methods, including a randomized survey, an online survey, and an online Spanish language survey.

Survey Design and Sampling Methods

The 2023 Orange County Community Health Survey consists of 61 questions designed to obtain information on community perceptions of community health issues, quality of life, health status, mental health, substance use, access to health care and environmental health.

The randomized survey methodology used a two-stage cluster sampling design based on the CDC CASPER sampling methodology (Community Assessment for Public Health Emergency Response: https://www.cdc.gov/nceh/casper/overview.htm). The CASPER survey methodology was developed by the CDC for rapid needs assessments after natural disasters and was further developed by the NC Division of Public Health both for rapid post-disaster assessment but also for community health assessment (Simon and Decosimo, 2014). In the first stage of the two-stage cluster sampling design, 30 census blocks were randomly selected from all Orange County census blocks in U.S. Census Bureau data to serve as clusters. The probability of a census block being chosen to serve as a cluster was proportional to the number of housing units in the census block. In the second stage of CASPER sampling, seven housing units were randomly selected for interviews in each cluster.

Selected households received mailings prior to the door-to-door surveying with information about the survey and a link to fill out the survey if they wanted to do it on their own. If residents at a selected housing unit were not available for interview or refused interview, interview teams left a flyer with the online survey link selected a nearby housing unit three doors to the right for interview. Selected clusters and housing units were entered into REDCap for data collection. Interview teams administered surveys using mobile data collection tablets. If residents of a selected housing unit were willing to participate but were not able to complete the survey in English, a telephone translation service was offered. All interview subjects were 18 years of age or older. Contacted residents were also provided with an opportunity to complete the survey online.

The same survey was also administered through an online site, with an English version and a Spanish language version. At a community meeting of assessment partners, participants were encouraged to distribute links to the survey to members of their organizations. Links to the survey were disseminated to various newsletters, social media, community groups and organizations and health fairs, with an emphasis on reaching out to underrepresented and historically marginalized groups. This report includes tabular survey responses for the household survey, the online survey, the online Spanish language survey, and a table that combines the results of all three data collection methods into a single overall aggregated total.

Limitations of the Community Survey.

While the survey respondents demographically represent the county's population, some limitations to the Orange County Community Health survey are health department staffing changes (particularly in positions relevant to the CHA), and post-COVID health and safety concerns leading to reduced volunteer and survey participation in comparison to prior years. The following tables show how the survey samples compare with the demographics of the Orange County population.

Survey Demographics

The following tables show how the survey samples compare with the demographics of the Orange County population.

Demographics of Survey Respondents Compared to Census Data

Race/Ethnicity of Respondents

Race/Ethnicity	Household		Convenience		Spanish		Total	Census Data
	Number	Percent	Number	Percent	Number	Percent	Percent	Percent
Asian	12	13.3	11	4.5	0	0	6.6	7.5
African-American	9	10	41	16.8	0	0	14.3	9.6
White	59	65.6	160	65.6	1	6.7	63.0	68
Latinx	6	6.7	14	5.7	15	100	10.0	8.8

Sex/Gender

Gender	Household		Convenience		Spanish		Total	Census
	Number	Percent	Number	Percent	Number	Percent	Percent	Percent
Male	30	34.1	53	21.6	3	20	24.7	47.7
Female	52	59.1	174	71	12	80	68.4	52.3

Educational Attainment

Highest Education	Household		Convenience		Spanish		Total	Census Data
	Number	Percent	Number	Percent	Number	Percent	Percent	Percent
High school	10	11.8	21	8.9	4	26.7	10.2	12.2
Some college	5	5.9	21	8.7	0	0	7.6	11.8
Associate's degree	3	3.5	19	7.9	1	6.7	6.7	7.4
Bachelor's degree	19	22.4	54	22.3	2	13.8	21.9	28.9
Master's degree	18	21.2	79	32.6	2	13.5	28.9	**
Doctorate/Professional	16	18.8	32	13.2	0	0	14.0	**

Household Income

Household Income	Household		Convenience		Spanish		Total	Census
	Number	Percent	Number	Percent	Number	Percent	Percent	Percent
Under 20k	9	11.1	15	6.3	7	46.7	9.2	**
20,000-34,999	6	7.4	16	6.7	2	13.3	7.1	**
35,000-49,999	4	4.9	21	8.8	6	40	9.2	9.9
50,000-74,999	7	8.6	39	16.3	0	0	13.7	10.2
75,000-99,999	8	9.9	35	14.6	0	0	12.8	13.0
100,000-149,999	7	8.6	44	18.3	0	0	15.2	15.1
150,000-199,999	11	13.6	14	5.8	0	0	7.4	10.7
200k+	6	7.4	20	8.3	0	0	7.7	15.7

Survey Results: Community Improvement

1. In the following list, what do you think are the <u>THREE</u> most important factors to make Orange County a "Healthy Community"? Think of which factors most improve the quality of life in the community. (*Please select up to <u>three</u>*).

Q.1: Three healthy community factors	Household Survey		Online Survey		Online Survey Spanish		Combined Surveys	
	Number	Pct	Number	Pct	Number	Pct	Number	Pct
Affordable healthcare	45	44.6	120	37.5	17	65.40%	182	40.7
Access to healthy food	30	29.7	98	30.6	5	19.20%	133	29.8
Affordable housing	39	38.6	147	45.9	11	42.30%	197	44.1
Arts and cultural events	5	5	13	4.1	1	3.80%	19	4.3
Availability of health care	30	29.7	93	29.1	7	26.90%	130	29.1
Clean environment	37	36.6	103	32.2	3	11.50%	143	32.0
Good jobs and economy	10	9.9	52	16.3	7	26.90%	69	15.4
Good place to raise children	7	6.9	19	5.9	2	7.70%	28	6.3
Good schools	11	10.9	47	14.7	2	7.70%	60	13.4
Healthy behavior and lifestyles	7	6.9	33	10.3	1	3.80%	41	9.2
Low adult death and disease rates	1	1	4	1.3	0	0.00%	5	1.1
Low infant deaths	0	0	2	0.6	0	0.00%	2	0.4
Racial equity	12	11.9	59	18.4	1	3.80%	72	16.1
Recreation opportunities	21	20.8	60	18.8	2	7.70%	83	18.6
Religious or spiritual values	1	1	4	1.3	0	0.00%	5	1.1
Safe neighborhoods	18	17.8	51	15.9	6	23.10%	75	16.8
Safe practices and spaces per disease	3	3	12	3.8	0	0.00%	15	3.4
Transportation	8	7.9	19	5.9	4	15.40%	31	6.9
Other	2	2	6	1.9	0	0.00%	8	1.8
DK not sure	1	1	2	0.6	0	0.00%	3	0.7
No answer	2	2	1	0.3	0	0.00%	3	0.7
Missing	10	9	117	26.4	8	23.50%	135	30.2
Total	101		320		26		447	

Other, specify, TEXT

Sidewalks so people can walk more without risk of getting hit; reduce taxes; Protecting safety of LGBT+; Over taxation; Handicap access; Affordable housing, healthcare and access to food are all racial equity issues. make the senior center free through federal grants.

2. In the following list, what do you think are the <u>THREE</u> most important concerns impacting health in our community? (*Please select up to <u>three</u>*).

Q2: Top 3 Concerns impacting health	Household Survey		Online Survey		Online Survey Spanish		Combined Surveys	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Affordable Healthcare	42	43.8	126	39.9	12	48.0	180	39.8
Affordable Housing	36	38.5	138	43.7	6	24.0	180	39.8
Aging Concern	12	12.5	26	8.2	2	8.0	40	8.8
Alcohol, drug or med misuse	15	15.6	48	15.2	6	24.0	69	15.3
Black maternal mortality	2	2.1	16	5.1	0	0.0	18	4.0
Chronic health conditions	23	24	65	20.6	6	24.0	94	20.8
Cost of healthy food	21	21.9	74	23.4	3	12.0	98	21.7
COVID	5	5.2	12	3.8	1	4.0	18	4.0
Crime Rates	5	5.2	16	5.1	4	16.0	25	5.5
Dental Concerns	4	4.2	8	2.5	5	20.0	17	3.8
Discrimination	3	3.1	18	5.7	3	12.0	24	5.3
Domestic violence	2	2.1	9	2.8	2	8.0	13	2.9
School dropouts	3	3.1	6	1.9	0	0.0	9	2.0
Emergency preparedness	2	2.1	2	0.6	0	0.0	4	0.9
Firearm-related injuries	8	8.3	2	0.6	1	4.0	11	2.4
Homelessness	7	7.3	37	11.7	0	0.0	44	9.7
Infant death	1	1	0	0.0	0	0.0	1	0.2
Infectious disease	0	0	1	0.3	3	12.0	4	0.9
Childcare access	2	2.1	26	8.2	0	0.0	28	6.2
Employment opportunities	8	8.3	43	13.6	2	8.0	53	11.7
Health Insurance access	6	6.3	38	12.0	5	20.0	49	10.8
Health Care providers	7	7.3	21	6.6	2	8.0	30	6.6
Lack of law enforcement presence	1	1	11	3.5	0	0.0	12	2.7
Mental health	13	13.5	57	18.0	2	8.0	72	15.9
Motor vehicle injuries	3	3.1	9	2.8	1	4.0	13	2.9
Neighborhood change	6	6.3	24	7.6	0	0.0	30	6.6
Pollution	5	5.2	22	7.0	0	0.0	27	6.0
Racism	1	1	31	9.8	2	8.0	34	7.5
Social isolation	4	4.2	9	2.8	1	4.0	14	3.1
Teen pregnancy	0	0	0	0.0	0	0.0	0	0.0
Other	2	2.1	8	2.5	1	4.0	11	2.4
DK/Not sure	4	4.2	2	0.6	1	4.0	7	1.5
No Answer	5	5.2	0	0.0	1	4.0	6	1.3
Missing	15	13.5	121	38.3	9	36.0	145	32.1
Total	111		316		25		452	

Other, specify, TEXT

Vaccine injuries, Unhealthy eating habits, sedentary lifestyles; Protecting sidewalks and trails for communing and connecting to public transit; poor lifestyle choices; loss of green space; lack of emergency response for growing county; Lack of access to quality affordable elder care; human trafficking;disagree with not having police in County budget; not enough police training. Inability to move round the community without using a car, Strong public health department

3. In your opinion, what is one thing that would make Orange County a healthier place to live? (Text Responses)

We need places of business that young children can be entertained. This would also provide jobs for the teenagers in our community. Right now there are very few jobs available for our teens; Walkable multi-use communities; Walkable communities; Universal Health Care; transportation to grocery stores; timely access to mental health services; The one thing that would make OC a healthier place to live is the amount of discipline of each individual to stop making excuses and to start/continue to make better decisions about exercise & diet; That certain people stop abusing, misusing the privilege they have; STOP CUTTING DOWN TREES!!!!!; Stop Crime; Stop clearcutting; Stop building, stop attracting more residents; The traffic is insane and the town does not have the infrastructure to support the amount of growth; stop building large communities to prevent traffic jams; stop building; State or nation-wide free healthcare; smaller wealth gap; Slow down growth; Sidewalks connecting south Hillsborough to downtown; Sidewalks; Should have a rehab place; school bathroom improvements; Safer streets for pedestrians and bicyclists; Safer and more widespread bike lanes; safe, affordable housing; Safe walking/biking paths; safe neighborhoods; Robust live-at-home programs for seniors; Restaurants with healthier food options; Requiring masks in stores to protect vulnerable folks from COVID; Repairing harms from structural and systemic racism; Recreational opportunities at relatively low cost; rebuild Orange High; public transportation between rural areas and health care facilities; Protecting the environment including over building to prevent crowdedness and environmental impacts; Protected sidewalks and trails for commuting and connecting to public transit; Promote healthy choices and preventative healthcare; Preservation and utilization of rural areas; police presence; People who are kind and calm; People taking care of themselves; people being able to afford essential living costs (e.g. rent, mortgage, healthy food) so that they can engage in our great rec programs and have time to take advantage of our great parks; pedestrian/bike/transit connectivity; outdoor gyms; opportunity of jobs; Offer free or low cost septic water testing to Orange County residents; Not number one but can we talk about light pollution; More wooded and park areas for walking; More walkable; safe neighborhoods, including low crime; addressing racism; More walkable neighborhoods; More walkability/better urban planning; More street cleaning; More small businesses; More recreational opportunities; More pedestrian friendly and mixed-use areas; More parks; more organized recreational space and programs; More organic farming and grocery store items; More mental health providers; More living wage jobs; More law enforcement focus on gang violence; More healthcare for uninsured; more drug and alcohol treatment facilities and services; More cooperation between town and county; More concentration on health with education; More community events/activities more childcare options so people can work; more bike and hiking trails, parks and safe walkable connections to downtown etc without needing a car; More bicycle lanes, sidewalks, walkability; More availability of mental health providers; more affordable living; more affordable housing options (10); More affordable housing- if people can spend less on housing, they can spend more on healthy behaviors (eg buying healthy foods); More affordable healthcare options; More affordable healthcare; More affordable access to healthy food; Mental health services; Mental health concerns; Mas oportunidad de tener transporte publico; Availability of health care, including dental and mental services; Good jobs and healthy economy; Good schools; Racial equity, Safe neighborhoods, including low crime; Safe practices/spaces to prevent the spread of disease (i.e. COVID, flu, etc.); Transportation; Preventing firearm-related injuries (including school shootings), Increase availability of health care providers; Mandatory/Regular psychological exams for adolescents; making it possible for

kids to walk to school -- exercise and independence for them, less traffic and pollution for everyone; Lower crime rate; Lifelong education, starting in kindergarden, on human anatomy, biology, food and nutrition and especially how highly processed non-natural foods impact human physiology; Less traffic; Safe neighborhoods, including low crime; Less neighborhood change (gentrification); Addressing racism; LESS taxes; less people and cars.

Quality of Life

Q.4: In the past 12 months, have you experienced discrimination, bias, or racial tension in any of the following settings in Orange County, where you felt like you were treated differently because of your identity or who you are? Select all that apply.

	Household Survey		Online Survey		Online Survey Spanish		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Education	3	3.20%	15	5.00%	1	5.00%	19	4.6
Employment	1	1.20%	19	6.30%	0	0.00%	20	4.8
Health Care	4	4.20%	19	6.30%	2	10.00%	25	6.0
Housing	4	4.20%	13	4.30%	4	20.00%	21	5.0
Law Enforcement/Judicial System	3	3.20%	10	3.30%	2	10.00%	15	3.6
Stores/Restaurants	2	2.10%	45	14.90%	4	20.00%	51	12.2
Other	0	0.00%	6	2.00%	0	0.00%	6	1.4
NA/None experienced	69	72.00%	203	67.20%	9	45.00%	281	67.4
Don't Know/Not Sure	6	6.30%	16	5.30%	2	10.00%	24	5.8
Prefer not to say	9	9.50%	8	2.60%	1	5.00%	18	4.3
Missing	16	14.40%	135	30.90%	14	41.20%	165	
Total Count	95		302		20		417	
Other, (Specify) Text	0		6					

Walgreens; Visiting Carrboro Plaza is always stressful due to shadiness of area; public interpersonal interaction; NextDoor: bias against conservatives; In-person voting

	Combined Black Survey Responses		Combined White Survey Responses	
	Num	Pct	Num	Pct
Education	4	9.1	6	2.6
Employment	5	11.4	9	3.9
Health Care	5	11.4	9	3.9
Housing	7	15.9	4	1.7
Law Enforcement/Judicial System	5	11.4	3	1.3
Stores/Restaurants	12	27.3	14	6.1
Other	2	4.5	3	1.3
NA/None experienced	24	54.5	187	81.7
Don't Know/Not Sure	1	2.3	11	4.8
Prefer not to say	3	6.8	3	1.3
Missing	2	4.5	4	1.7
Total Count	52		229	

Q.5: In the past 12 months, did you, or anyone in your household, have trouble getting any of the following when it was really needed? (Select all that apply)

	Household Survey		Online Survey		Online Survey Spanish		Combined Survey	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Childcare	2	2.10%	13	4.30%	2	9.50%	17	4.1
Clothing	2	2.10%	10	3.30%	1	4.80%	13	3.1
Food	2	2.10%	31	10.30%	2	9.50%	35	8.4
Health Care (Medical, Dental Mental Health, Vision)	18	18.80%	52	17.20%	7	33.30%	77	18.4
Housing	6	6.30%	18	6.00%	6	28.60%	30	7.2
Medicine	9	9.40%	16	5.30%	5	23.80%	30	7.2
Phone	0	0.00%	2	0.70%	1	4.80%	3	0.7
Utilities	4	4.20%	14	4.60%	1	4.80%	19	4.5
Other	0	0.00%	13	4.30%	1	4.80%	14	3.3
NA, Did not have trouble	64	66.70%	196	64.90%	9	42.90%	269	64.4
Prefer not to say	8	8.30%	5	1.70%	2	9.50%	15	3.6
Missing	16	14.40%	135	30.90%	13	38.20%	164	
Total Count	95		302		21		418	
Specify Other TEXT	0	0.00%	13					

Transportation to medical appointments; transportation; School; Part-time job; mental health services; home repair; employment; Duke Power outages and unreliability; close relative unable to receive appropriate mental health care; care for an elderly parent; better wi-fi in my area; cellphone reception very bad in my area; Access to ADA Transportation, difficulty getting approved

Q.6: In the past 12 months, were you worried that your food would run out before your household got money to buy more?

	Household Survey		Online Survey		Online Survey Spanish		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Yes	14	14.70%	42	13.90%	6	27.30%	62	14.8
No	72	75.80%	250	82.80%	14	63.60%	336	80.2
Don't Know/Not Sure	1	1.10%	7	2.30%	1	4.50%	9	2.1
Prefer not to say	8	8.40%	3	1.00%	1	4.50%	12	2.9
	95		302		22		419	

Q.7: In the past 12 months were there times when you:

	Household Survey		Online Survey		Online Survey Spanish		Combined Survey	
Were worried about having enough money to pay your rent or mortgage?	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Yes	14	14.40%	65	21.50%	10	45.50%	89	21.2
No	73	76.80%	227	74.90%	9	40.90%	309	73.6
Don't Know/Not Sure	3	3.20%	6	2.00%	1	4.50%	10	2.4
Prefer not to say	5	5.30%	5	1.70%	2	9.10%	12	2.9
Missing	16	14.40%	134	30.70%	12	35.30%	162	
Total Count	95		303		22		420	
Did not have electricity, water, or heating in your home?								
Yes	14	14.70%	52	17.50%	5	23.80%	71	17.2
No	71	74.70%	240	80.80%	16	76.20%	327	79.2
Don't Know/Not Sure	4	4.20%	4	1.30%	0	0.00%	8	1.9
Prefer not to say	6	6.30%	1	0.30%	0	0.00%	7	1.7
Missing	16	14.40%	140	32.00%	13	38.10%	169	
Total Count	95		297		21		413	

Q.8: In the past 3 years, were there times when you:

	Household Survey		Online Survey		Spanish Online Survey		Combined Survey	
Had to live with a friend or relative because of a housing emergency, even if this was only temporary?	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Yes	8	8.90%	9	3.20%	5	26.30%	22	5.4
No	74	82.20%	268	89.60%	14	73.70%	356	87.3
Don't Know/Not Sure	4	4.40%	268	89.60%	0	0.00%	272	66.7
Prefer not to say	4	4.40%	1	0.30%	0	0.00%	5	1.2
Missing	21	18.90%	138	31.60%	15	44.10%	174	
Total Count	90		299		19		408	
Were evicted or displaced from your home?								
Yes	4	4.40%	9	3.20%	0	0.00%	13	3.3
No	76	83.50%	270	94.70%	19	100.00%	365	92.4
Don't Know/Not Sure	4	4.40%	2	0.70%	0	0.00%	6	1.5
Prefer not to say	7	7.70%	4	1.40%	0	0.00%	11	2.8
Missing	20	18.00%	152	34.80%	15	44.10%	187	
Total Count	91		285		19		395	
Were living on the street, in a care or in a temporary shelter?								
Yes	4	4.50%	9	3.10%	0	0.00%	13	3.3
No	73	82.00%	272	95.10%	19	100.00%	364	92.4
Don't Know/Not Sure	5	5.60%	1	0.30%	0	0.00%	6	1.5
Prefer not to say	7	7.90%	4	1.40%	0	0.00%	11	2.8
Missing	22	19.80%	151	34.60%	15	44.10%	188	
Total Count	89		286		19		394	

Q. 9: Are you currently caring for, (Select all that apply)

	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Disabled child(ren)	3	3.50%	8	2.70%	2	10.50%	13	3.3%
Aging or disabled parent	6	7.10%	38	13.00%	0	0.00%	44	11.1%
Aging or disabled grandparent	1	1.20%	3	1.00%	0	0.00%	4	1.0%
Aging or disabled spouse/partner	3	3.50%	23	7.90%	0	0.00%	26	6.6%
Family member with chronic illness	9	10.70%	18	6.20%	1	5.30%	28	7.1%
NA: Not a caregiver	69	81.20%	217	74.30%	16	84.20%	302	76.3%
Missing	26	23.40%	145	33.20%	15	44.10%	186	47.0%
Total Count	85		292		19		396	

Q. 10: If you are a caregiver, do you feel you your health has been negatively affected by caregiving?

	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Yes	8	21.60%	44	33.10%	1	12.50%	53	29.8
No	20	54.10%	62	46.60%	6	75.00%	88	49.4
Don't Know/Not sure	5	13.50%	20	15.00%	1	12.50%	26	14.6
Prefer not to say	4	10.80%	7	5.30%	0	0.00%	11	6.2
Missing	74	66.70%	304	69.60%	26	76.50%	404	
Total Count	37		133		8		178	

Q. 11: In the past 12 months, have you experienced any of the following issues with transportation?

	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Couldn't afford to buy a vehicle	10	10.80%	28	9.40%	7	36.80%	45	10.9
Couldn't afford gas	5	5.40%	30	10.00%	4	21.10%	39	9.5
Couldn't afford car repairs	9	9.70%	35	11.70%	4	21.10%	48	11.7
No sidewalks where I need to walk	24	25.80%	104	34.80%	7	36.80%	135	32.8
Public transportation routes are not convenient for me	18	19.40%	76	25.40%	6	31.60%	100	24.3
Public transportation times are not convenient for me	10	10.80%	47	15.70%	7	36.80%	64	15.6
Public transportation takes too long	11	11.80%	56	18.70%	3	15.80%	70	17.0
Public transportation is too expensive	1	1.10%	1	0.30%	0	0.00%	2	0.5
I don't know how to use public transportation	2	2.20%	25	8.40%	2	10.50%	29	7.1
Other	3	3.20%	9	3.00%	2	10.50%	14	3.4
NA; did not experience issues	43	46.20%	122	40.80%	3	15.80%	168	40.9
Prefer not to say	4	4.30%	2	0.70%	1	5.30%	7	1.7
Missing	18	16.20%	138	31.60%	15	44.10%	171	
Total Count	93		299		19		411	
Specify other TEXT			9					

Unsafe, insufficient bike lanes and infrastructure; unsafe space for walking and biking; traffic congestion; simply not available to get to medical care and other needs; public transportation too risky without mask mandate; public transportation is not accessible because masks aren't required; bus was not on time; bike routes not safe; ADA application and delayed response time; I need to use my care to mover throughout my community (Hillsborough); lack of walking and biking paths, problems standing and bladder issues, Need more volunteer drivers for people with health issues who have trouble riding the easy rider.

Q. 12: Has anyone in your household tested positive for COVID-19 since the beginning of the pandemic?

	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Yes, one person	10	10.80%	58	19.30%	7	36.8	75	18.2
More than one person	40	43.00%	127	42.30%	5	26.30%	172	41.7
No	37	39.80%	112	37.30%	7	36.80%	156	37.9
Prefer not to say	6	6.50%	3	1.00%	0	0.00%	9	2.2
Missing	18	16.20%	137	31.40%	15	44.10%	170	41.3
Total Count	93		300		19		412	

Q. 13: Did you or anyone in your household experience any of the following as a result of the COVID-19 pandemic? (Select all that apply)

	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Drank or used drugs more than usual	12	13.00%	41	13.60%	0	0.00%	53	12.9
Exercised less than usual	28	30.40%	112	37.2	6	31.60%	146	35.4
Experience grief from losing a loved one	10	10.90%	28	9.30%	3	15.80%	41	10.0
Felt increased stress or anxiety	43	46.70%	182	60.50%	8	42.10%	233	56.6
Filed for unemployment or financial benefits	10	10.90%	27	9.00%	1	5.30%	38	9.2
Lost business or income	14	15.20%	36	12.00%	0	0.00%	50	12.1
Lost job, furloughed, or reduced work hours	11	12.00%	35	11.60%	3	15.80%	49	11.9
Lost health insurance	2	2.20%	14	4.70%	0	0.00%	16	3.9
Not enough money to make ends meet	7	7.60%	30	10.00%	5	26.30%	42	10.2
Sought help or support but was unable to get it	1	1.10%	18	6.00%	0	0.00%	19	4.6
Unable to access health care services	4	4.30%	27	9.00%	1	5.30%	32	7.8
Unable to pay rent, mortgage or utility bills	2	2.20%	15	5.00%	5	26.30%	22	5.3
Worried about personal health	31	33.70%	133	44.20%	4	21.10%	168	40.8
Worried about the health of family members	43	46.70%	151	50.20%	4	21.10%	198	48.1
Other	1	1.10%	7	2.30%	0	0.00%	8	1.9
None of these	26	28.30%	69	22.90%	5	26.30%	100	24.3
Prefer not to say	4	4.30%	2	0.70%	1	5.30%	7	1.7
Missing	19	17.10%	136	31.10%	15	44.10%	170	
Total	92		301		19		412	
Other (Text)								
Isolation								

Health Information

Q.14: Where do you get most of your health-related information? (Choose all that apply)

	Household Survey		Online Survey		Online Survey Spanish		Combined Surveys	
	Num	Pct	Num	Pct	Num	Pct	Number	Pct
Q.14: Where do you get most of your health-related information? (Choose all that apply)								
Church	3	3.40%	9	3.00%	4	21.10%	16	4.0
Doctor/Nurse/Clinic/Health Department	67	75.30%	237	79.80%	12	63.20%	316	78.0
Friends/Family	21	23.60%	78	26.30%	4	21.10%	103	25.4
Internet	51	57.30%	169	56.90%	7	36.80%	227	56.0
Pharmacist	13	14.60%	43	14.50%	0	0.00%	56	13.8
Print Media (Newspaper, magazine, etc.)	12	13.50%	43	14.50%	0	0.00%	55	13.6
Radio	8	9.00%	24	8.10%	1	5.30%	33	8.1
School	1	1.10%	9	3.00%	1	5,3%	11	2.7
Senior Center	7	7.90%	8	2.70%	2	10.50%	17	4.2
Social Media	6	6.70%	29	9.80%	7	36.80%	42	10.4
TV	7	7.90%	29	9.80%	3	15.80%	39	9.6
Other	3	3.40%	22	7.40%	2	10.50%	27	6.7
Missing	22	19.80%	140	32.00%	15	44.10%	177	
Total Count	89	19.80%	297		19		405	
Other, please specify	2		22	7.40%	2	10.50%	26	
Other, TEXT								
FIT, Online news								

Q. 15. How often do you need to have someone help you when you read instructions, pamphlets or other written material from your doctor or pharmacy?

Q.15: How often do you need to have someone help you when you read instructions, pamphlets or other written material from your doctor or pharmacy?	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Never	63	71.60%	240	81.40%	6	31.50%	309	91.7
Rarely	10	11.40%	26	8.80%	6	31.60%	42	12.5
Sometimes	8	9.10%	17	5.80%	3	15.80%	28	8.3
Often	2	2.30%	4	1.40%	3	15.80%	9	2.7
Always	0	0%	8	2.70%	1	5.30%	9	2.7
Prefer not to say	5	5.70%	0	0.00%	0	0.00%	5	1.5
Missing	23	20.70%	142	32.50%	15	44.10%	180	
Total Count	23	20.70%	295		19		337	

Q. 16: What is your comfort level with talking to our doctor, nurse, dentist, or pharmacist and asking questions about your health?

Q.16: What's your comfort level with talking to your doctor, nurse, dentist, or pharmacist and asking questions about your health?	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Very comfortable	62	68.10%	186	63.30%	5	29.40%	253	62.9
Comfortable	22	24.20%	89	30.30%	8	47.10%	119	29.6
Uncomfortable	3	3.30%	12	4.10%	3	17.60%	18	4.5
Very Uncomforatable	0	0%	2	0.70%	0	0.00%	2	0.5
Don't Know/Not Sure	1	1.10%	3	1.00%	1	5.90%	5	1.2
Prefer not to Say	3	3.30%	2	0.70%	0	0%	5	1.2
Missing	20	18.00%	143	32.70%	17	50.00%	180	
Total Count	91		294		17		402	

Q. 17: How well did you understand the instructions for the last prescription given by your doctor, nurse, dentist or pharmacist?

Q. 17: How well did you understand the instructions for the last prescription given by your doctor, nurse, dentist or pharmacist?	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Very understandable	60	65.90%	218	73.90%	4	21.10%	282	69.8
Understandable	21	23.10%	66	22.40%	11	57.90%	98	24.3
Hard to Understand	1	1.10%	3	1.00%	1	5.30%	5	1.2
Don't Know/ Not sure	0	0%	2	0.70%	1	5.30%	3	0.7
I wasn't provided any instructions	2	2.20%	2	0.70%	2	10.50%	6	1.5
Prefer not to say	6	6.60%	2	0.70%	0	0.00%	8	2.0
Missing	21	18.90%	142	32.50%	15	44.10%	178	
Total Count	90		295		19		404	

Q.18: Where do you normally dispose of, or through away expired or old medicines? (Select all that apply)

Q.18: Where do you normally dispose of, or through away expired or old medicines? (Select all that apply)	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Community Disposal Events	9	10.00%	24	8.10%	2	10.50%	35	8.7
Home Chemical Disposal kit	0	0%	9	3.10%	2	10.50%	11	2.7
Local drop boxes (e.g. police station, etc.)	32	35.60%	127	43.10%	2	10.50%	161	39.9
The trash	31	34.40%	95	32.20%	9	47.40%	135	33.4
The toilet	7	7.80%	19	6.40%	0	0.00%	26	6.4
Other	3	3.30%	7	2.40%	0	0.00%	10	2.5
I don't dispose of medicines	18	20.00%	70	23.70%	4	21.10%	92	22.8
Prefer not to say	5	5.60%	2	0.70%	0	0.00%	7	1.7
Missing	21	18.90%	142	32.50%	15	44.10%	178	
Total Count	90		295		19		404	
Other, specify								
Cat litter; Neutralization kit; Pharmacist								

Q. 19: How often are you able to receive health information in your preferred language?

Q.19: How often are you able to receive health information in your preferred language?	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Always	74	82.20%	275	93.50%	3	16.70%	352	87.6
Sometimes	7	7.80%	9	3.10%	15	83.30%	31	7.7
Rarely	0	0.00%	5	1.70%	0	0.00%	5	1.2
Never	2	2.20%	3	1.00%	0	0.00%	5	1.2
Don't know, not sure	2	2.20%	2	0.70%	0	0.00%	4	1.0
Prefer not to say	5	5.60%	0	0.00%	0	0.00%	5	1.2
Missing	21	18.90%	143	32.70%	16	47.10%	180	
Total Count	90		294		18		402	

Personal Health

Q. 20: Would you say that, in general, your health is:

Q.20: Would you say that in general, your health is...(Choose 1)	Household Survey		Online Survey		Online Survey Spanish		Combined Surveys	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Excellent	18	20.00%	42	14.10%	0	0.00%	60	14.8
Very good	27	30.00%	115	38.70%	3	16.70%	145	35.8
Good	24	26.70%	102	34.30%	7	38.90%	133	32.8
Fair	15	16.70%	31	10.40%	8	44.40%	54	13.3
Poor	2	2.20%	6	2.00%	0	0.00%	8	2.0
Prefer not to say	4	4.40%	1	0.30%	0	0.00%	5	1.2
Missing	21	18.90%	140	32.00%	16	47.10%	177	
Total Count	90		297		18		405	

Q.21: Have you ever been told by a doctor, nurse or health professional that you have any of the following health conditions, even if you take medication?

Q.21: Have you ever been told by a doctor, nurse or health professional that you have any of the following health conditions, even if you take medication?	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Arthritis								
Yes	23	28.80%	98	38.90%	6	37.50%	127	36.5
No	55	68.80%	147	58.3	10	62.50%	212	60.9
Don't Know	1	1.3	3	1.20%	0	0.00%	4	1.1
Prefer not to say	1	1.3	4	1.60%	0	0.00%	5	1.4
Missing	31	27.90%	185	42.30%	18	52.90%	234	
Total Count	80		252		16		348	
Asthma								
Yes	12	15.20%	45	19.40%	2	12.50%	59	18.0
No	66	83.50%	181	78.00%	14	87.50%	261	79.8
Don't Know	0	0.00%	2	0.90%	0	0.00%	2	0.6
Prefer not to say	1	1.30%	4	1.70%	0	0.00%	5	1.5
Missing	32	28.80%	205	46.90%	18	52.90%	255	
Total Count	79		232		16		327	
Auto-Immune Disorders								
Yes	10	12.50%	35	14.80%	2	12.50%	47	14.2
No	66	83.50%	194	82.20%	14	87.50%	274	82.5
Don't Know	0	0.00%	3	1.30%	0	0.00%	3	0.9
Prefer not to say	1	1.30%	201	46.00%	0	0.00%	202	60.8
Missing	31	27.90%	201	46.00%	18	52.90%	250	
Total Count	80		236		16		332	

	Count	%	Count	%	Count	%	Count	%
Heart Disease								
Yes	11	14.10%	21	9.10%	2	12.50%	34	10.5
No	66	84.60%	204	88.30%	14	87.50%	284	87.4
Don't Know	0	0.00%	2	0.90%	0	0.00%	2	0.6
Prefer not to say	1	1.30%	4	1.70%	0	0.00%	5	1.5
Missing	33	29.70%	206	47.10%	18	52.90%	257	
Total Count	78		231		16		325	
Cancer								
Yes	12	15.40%	36	15.60%	1	6.70%	49	15.1
No	65	83.30%	191	82.70%	13	86.70%	269	83.0
Don't Know	0	0.00%	0	0.00%	0	0.00%	0	0.0
Prefer not to say	1	1.30%	4	1.70%	1	6.70%	6	1.9
Missing	33	29.70%	206	47.10%	19	55.90%	258	
Total Count	78		231		15		324	
Diabetes (not pregnancy-related)								
Yes	10	12.80%	29	12.20%	2	13.30%	41	12.4
No	67	85.90%	202	85.20%	12	80.00%	281	85.2
Don't Know	0	0.00%	1	0.40%	1	6.70%	2	0.6
Prefer not to say	1	1.30%	5	2.10%	0	0.00%	6	1.8
Missing	33	29.70%	200	45.80%	19	55.90%	252	
Total Count	78		237		15		330	
Hepatitis C								
Yes	0	0.00%	2	0.90%	0	0.00%	2	0.6
No	75	97.40%	217	97.30%	13	100.00%	305	97.4
Don't Know	0	0.00%	0	0.00%	0	0.00%	0	0.0
Prefer not to say	2	2.60%	4	1.80%	0	0.00%	6	1.9
Missing	34	30.60%	214	49.00%	21	61.80%	269	
Total Count	77		223		13		313	
High blood pressure (non-pregnancy)								
Yes	21	26.60%	97	37.90%	6	35.30%	124	35.2
No	56	70.90%	154	60.20%	11	64.70%	221	62.8
Don't Know	0	0.00%	0	0.00%	0	0.00%	0	0.0
Prefer not to say	2	2.50%	5	2.00%	0	0.00%	7	2.0
Missing	32	28.80%	181	41.40%	17	50.00%	230	
Total Count	79		256		17		352	
High Cholesterol								
Yes	17	21.80%	80	33.10%	3	18.80%	100	29.8
No	59	75.60%	155	64.00%	13	81.30%	227	67.6
Don't Know	0	0.00%	2	0.80%	0	0.00%	2	0.6
Prefer not to say	2	2.60%	5	2.10%	0	0.00%	7	2.1
Missing	33	29.70%	195	44.60%	18	52.90%	246	
Total Count	78		242		16		336	
HIV Disease								
Yes	1	1.30%	3	1.30%	0	0.00%	4	1.3
No	75	97.40%	220	96.90%	15	100.00%	310	97.2
Don't Know	0	0.00%	0	0.00%	0	0.00%	0	0.0
Prefer not to say	1	1.30%	4	1.80%	0	0.00%	5	1.6
Missing	34	30.60%	210	48.10%	19	55.90%	263	
Total Count	77		227		15		319	
Long COVID								
Yes	0	0.00%	6	2.70%	1	6.70%	7	2.2
No	76	98.70%	214	94.70%	13	86.70%	303	95.3
Don't Know	0	0.00%	1	0.40%	1	6.70%	2	0.6
Prefer not to say	1	1.30%	5	2.20%	0	0.00%	6	1.9
Missing	34	30.60%	211	48.30%	19	55.90%	264	
Total Count	77		226		15		318	
Lung Disease								
Yes	1	1.30%	7	3.10%	0	0.00%	8	2.5
No	76	97.40%	215	95.10%	14	93.30%	305	95.6
Don't Know	0	0.00%	0	0.00%	1	6.70%	1	0.3
Prefer not to say	1	1.30%	4	1.80%	0	0.00%	5	1.6
Missing	33	29.70%	211	48.30%	19	55.90%	263	
Total Count	78		226		15		319	
Osteoporosis								
Yes	7	9.10%	26	11.40%	2	13.30%	35	10.9
No	69	89.60%	198	86.50%	13	86.70%	280	87.2
Don't Know	0	0.00%	1	0.40%	0	0.00%	1	0.3
Prefer not to say	1	1.30%	4	1.70%	0	0.00%	5	1.6
Missing	34	30.60%	208	11.40%	19	55.90%	261	
Total Count	77		229		15		321	
Overweight or Obesity								
Yes	16	21.10%	86	37.40%	5	31.30%	107	33.2
No	58	76.30%	139	60.40%	9	56.30%	206	64.0
Don't Know	0	0.00%	1	0.40%	2	12.50%	3	0.9
Prefer not to say	2	2.60%	4	1.70%	0	0.00%	6	1.9
Missing	35	31.50%	207	47.40%	18	52.90%	260	
Total Count	76		230		16		322	

Q. 22: How much time do you spend doing physical activity or exercise in a typical day?

Q.22: How much time do you spend doing physical activity or exercise in a typical day?

Hours						
Mean	1.4		1.57		1.33	
Missing	48	43.20%	255		22	64.70%
Total Count	63		182		12	
Minutes						
Mean	25.7		27.8		31.9	
Missing	76	68.5	296		26	76.5
Total Count	35		141		8	

Q. 23: In the past month, were there any times when you did not engage in physical activity for any of the following reasons?

Q. 23: In the past month, were there any times when you did not engage in physical activity for any of the following reasons? (all that apply)	Household Survey Num	Pct	Online Survey Num	Pct	Online Spanish Survey Num	Pct	Combined Survey Num	Pct
I didn't have time	31	36.90%	147	51.90%	8	44.40%	186	48.3
It is too expensive	5	6.00%	33	11.70%	4	22.20%	42	10.9
I didn't have a place to exercise	3	3.60%	31	11.00%	2	11.10%	36	9.4
I didn't have childcare	4	4.80%	27	9.50%	1	5.60%	32	8.3
No safe place to exercise	0	0.00%	18	6.40%	0	0.00%	18	4.7
I have no one to exercise with	7	8.30%	32	11.30%	1	5.60%	40	10.4
My job is physical or hard labor	2	2.40%	17	6.00%	2	11.10%	21	5.5
I don't like to exercise	10	11.90%	36	12.70%	0	0.00%	46	11.9
I had an injury	10	11.90%	55	19.40%	1	5.60%	66	17.1
I'm too tired to exercise	18	21.40%	104	36.70%	4	22.20%	126	32.7
I'm physically disabled	1	1.20%	7	2.50%	0	0.00%	8	2.1
Exercise is not important to me	1	1.20%	3	1.10%	0	0.00%	4	1.0
N/A; I engaged in physical activity	23	27.45%	50	17.70%	3	16.70%	76	19.7
Other	7	8.30%	27	9.50%	2	11.10%	36	9.4
Prefer not to say	6	7.10%	3	1.10%	1	5.60%	10	2.6
Missing	27	24.30%	154	35.20%	16	47.10%	197	
Total Count	84		283		18		385	

Other, specify TEXT

Headaches (3); hard to get to the senior center; rain and weather (3)

Q.24: On average, how many servings of fruit and vegetables do you eat each day, not including juice?

Q.24: On average, how many servings of fruit and vegetables do you eat each day, not including juice?	Household Survey Num	Pct	Online Survey Num	Pct	Online Spanish Survey Num	Pct	Combined Survey Num	Pct
Seven or more	7	8.00%	20	7.00%	0	0.00%	27	6.9
Five to six servings	17	19.30%	42	14.70%	1	5.90%	60	15.4
Three to four servings	36	40.90%	120	42.10%	3	17.60%	159	40.8
One to two servings	23	26.10%	90	31.50%	10	58.80%	123	31.5
None	3	3.40%	6	2.10%	3	17.60%	12	3.1
Don't Know/Not Sure	2	2.30%	7	2.50%	0	0.00%	9	2.3
Missing	23	20.70%	152	34.80%	17	50.00%	192	
Total Count	88		285		17		390	

Q.25: When you do not eat healthy snacks and meals, what is the main reason? All that apply:

Q.25: When you do not eat healthy snacks and meals, what is the main reason? All that apply	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Cost	12	13.6	64	22.60%	6	37.50%	82	21.2
	1	1.10%	8	2.80%	3	18.80%	12	3.1
Lack of transportation	3	3.40%	4	1.40%	3	18.80%	10	2.6
Not enough time to shop or prepare foods	19	21.60%	84	29.70%	5	31.30%	108	27.9
Store doesn't have good options	1	1.10%	16	5.70%	1	6.30%	18	4.7
Store too far	0	0.00%	8	2.80%	3	18.80%	11	2.8
Taste	25	28.40%	77	27.20%	0	0.00%	102	26.4
Other	6	6.80%	31	11.00%	1	6.30%	38	9.8
NA:I eat healthy snacks and meals	33	37.50%	75	26.50%	1	6.30%	109	28.2
Prefer not to say	5	5.70%	5	1.80%	1	6.30%	11	2.8
Missing	23	20.70%	154	35.20%	18	52.90%	195	
Total count	88		283		16		387	

Other, specify TEXT

Convenience; craving; for fun; I CHOOSE to have a few (4-5) crackers for an afternoon snack; it is my only unhealthy snack; no appetite; preference

26: Did you receive a COVID-19 vaccine?

Q.26: Did you receive a COVID-19 vaccine?	Household Survey Num	Household Survey Pct	Online Survey Num	Online Survey Pct	Online Spanish Survey Num	Online Spanish Survey Pct	Combined Survey Num	Combined Survey Pct
Yes	82	92.10%	271	94.80%	15	88.20%	368	93.9
No	3	3.40%	12	4.20%	1	5.90%	16	4.1
Don't know	0	0.00%	1	0.30%	0	0.00%	1	0.3
Prefer not to say	4	4.50%	2	0.70%	1	5.90%	7	1.8
Missing	22	19.80%	151	34.60%	17	50.00%	190	
Total Count	89		286		17		392	

27: During the past 12 months, did you receive a flu vaccine?

Q.27: During the past 12 months, did you receive a flu vaccine?	Household Survey Num	Household Survey Pct	Online Survey Num	Online Survey Pct	Online Spanish Survey Num	Online Spanish Survey Pct	Combined Survey Num	Combined Survey Pct
Yes	71	78.80%	223	78.20%	12	70.60%	306	78.3
No	15	16.90%	59	20.70%	5	29.40%	79	20.2
Don't know/not sure	0	0.00%	1	0.40%	0	0.00%	1	0.3
Prefer not to say	4	4.50%	2	0.70%	0.00%		6	1.5
Missing	22	19.80%	152	34.80%	17	50.00%	191	

Mental Health

Q. 28: In general, would you say that your mental health is:

Q.28: In general, would you say that your mental health is:	Household Survey Num	Household Survey Pct	Online Survey Num	Online Survey Pct	Online Survey Spanish Num	Online Survey Spanish Pct	Combined Surveys Num	Combined Surveys Pct
Excellent	23	26.10%	56	20.30%	2	11.10%	81	21.2
Very good	22	25.00%	89	32.20%	5	27.80%	116	30.4
Good	25	28.40%	83	30.10%	8	44.40%	116	30.4
Fair	13	14.80%	41	14.90%	3	16.70%	57	14.9
Poor	1	1.10%	7	2.50%	0	0.00%	8	2.1
Prefer not to say	4	4.50%	0	0.00%	0	0.00%	4	1.0
Missing	23	20.70%	161	36.80%	16	47.10%	200	
Total Count	88		276		18		382	

Q. 29: Have you or someone in your household experienced any of the mental health issues/crises below?

Q.29:Have you or someone in your household experienced any of the below mental health issues/crisis?	Household Survey Num	Household Survey Pct	Online Survey Num	Online Survey Pct	Online Spanish Survey Num	Online Spanish Survey Pct	Combined Surveys Num	Combined Surveys Pct
Anxiety	46	54.80%	144	53.30%	8	44.40%	198	53.2
Bipolar	7	8.30%	15	5.60%	1	5.60%	23	6.2
Depression	43	51.20%	125	46.30%	5	27.80%	173	46.5
PTSD	8	9.50%	34	12.60%	5	27.80%	47	12.6
Schizophrenia	0	0.00%	3	1.10%	0	0.00%	3	0.8
Self-inflicted harm	1	1.20%	11	4.10%	0	0.00%	12	3.2
Suicide ideation or attempt	4	4.80%	24	8.90%	0	0.00%	28	7.5
No	23	27.40%	81	30.00%	8	44.40%	112	30.1
Prefer not to say	5	6.00%	7	2.60%	0	0.00%	12	3.2
Other	2	2.40%	4	1.50%	0	0.00%	6	1.6
Missing	27	24.30%	167	38.20%	16	47.10%	210	
Total Count	84		270		18		372	

Q. 30: How often do feelings of anxiety or depression keep you from doing your daily activities, such as working or spending time with family and friends?

Q. 30: How often do feelings of anxiety or depression keep you from doing your daily activities, such as working or spending time with family and friends?	Household Survey		Online Survey		Online Spanish Survey		Combined Surveys	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Often	6	6.90%	16	5.80%	0	0.00%	22	5.8
Sometimes	11	12.60%	75	27.30%	2	11.10%	88	23.2
Rarely	25	28.70%	92	33.50%	6	33.30%	123	32.4
Never	39	44.80%	88	32.00%	10	55.60%	137	36.1
Prefer not to say	6	6.90%	4	1.50%	0	0.00%	10	2.6
Missing	24	21.60%	162	37.10%	16	47.10%	202	
Total Count	87		275		18		380	

Q. 31: How often do you feel isolated or lonely?

Q. 31: How often do you feel isolated or lonely?	Household Survey		Online Survey		Online Spanish Survey		Combined Surveys	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Often	8	8.90%	19	7.00%	0	0.00%	27	7.1
Sometimes	23	25.60%	87	32.00%	4	23.50%	114	30.1
Rarely	26	28.90%	93	34.20%	7	41.20%	126	33.2
Never	26	28.90%	70	25.70%	6	35.30%	102	26.9
Prefer not to say	7	7.80%	3	1.10%	0	0.00%	10	2.6
Missing	21	18.90%	165	37.80%	17	50.00%	203	
Total	90		272		17		379	

Q. 32: How would you describe your day-to-day level of stress?

Q. 32: How would you describe your day-to-day level of stress?	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Low	42	49.40%	108	39.70%	4	22.20%	154	41.1
Moderate	30	35.30%	126	46.30%	10	55.60%	166	44.3
High	6	7.10%	34	12.50%	3	16.70%	43	11.5
Prefer not to Say	7	8.20%	4	1.50%	1	5.60%	12	3.2
Missing	26	23.40%	165	37.80%	16	47.10%	207	
Total Count	85		272		18		375	

Q. 33: What are the primary causes of the stress that you experience?

Q. 33: What are the primary causes of stress that you experience?	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Caretaking	10	11.40%	49	17.50%	1	5.60%	60	15.5
Children/Childcare	18	20.50%	58	20.70%	4	22.20%	80	20.7
Discrimination	2	2.30%	15	5.40%	1	5.60%	18	4.7
Food insecurity	5	5.70%	13	4.60%	2	11.10%	20	5.2
Health concerns affecting my family	16	18.20%	80	28.60%	2	11.10%	98	25.4
Housing	7	8.00%	22	7.90%	3	16.70%	32	8.3
Job stability	5	5.70%	35	12.50%	3	16.70%	43	11.1
Money	22	25.00%	91	32.50%	8	44.40%	121	31.3
Personal Health Concerns	30	24.10%	83	29.60%	4	22.20%	117	30.3
Personal safety	3	3.40%	15	5.40%	1	5.60%	19	4.9
Racism	1	1.10%	16	5.70%	1	5.60%	18	4.7
Relationships	18	20.50%	73	26.10%	3	16.70%	94	24.4
Social issues	13	14.80%	75	26.80%	1	5.60%	89	23.1
Transportation	5	5.70%	12	4.30%	2	11.10%	19	4.9
Work or school	19	21.60%	114	40.70%	3	16.70%	136	35.2
None of the Above	7	8.00%	7	2.50%	2	11.10%	16	4.1
N/A:/ I do not experience any stress	5	5.70%	11	3.90%	0	0.00%	16	4.1
Other	2	2.30%	17	6.10%	0	0.00%	19	4.9
Don't know/Not sure	4	4.50%	2	0.70%	2	11.10%	8	2.1
Prefer not to say	8	9.20%	7	2.50%	0	0.00%	15	3.9
Missing	23	20.70%	157	35.90%	16	47.10%	196	
Total Count	88		280		18		386	

Other, specify TEXT

Climate change; Medicine Availability; We live in the midst of shameful inequity; taking on too many responsibilities; state of the world, war, fascism, capitalism; social isolation; politics; political concerns, social issues and impending environmental /climate issues; my spouse experiences anxiety a couple of time each week; lack of sleep, tired and cranky; increasing crime rates, low rates of resolution by the police; generational trauma; environmental dying, economy governed by a few self-interested people; ensuring I am making good decisions for the public good; climate crisis concerns; climate change, social/political regression, the demands of capitalism; aging in general, planning for retirement, figuring out Medicare; ADHD, neurodivergence

Q. 34: Have you or a member of your household sought help for any of the following? All that Apply:

Q. 34: Have your or a member of your household sought help for any of the following? All that apply	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Abuse	4	4.50%	14	5.10%	0	0.00%	18	4.7
Mental Health	32	36.00%	114	41.50%	5	27.80%	151	39.5
None of the above	43	48.30%	147	53.50%	12	66.70%	202	52.9
Prefer not to say	12	13.50%	12	4.40%	1	5.60%	25	6.5
Missing	22	19.80%	162	37.10%	16	47.10%	200	
Total Count	89		275		18		382	

Q. 35: Are you aware of mental health services that are available in Orange County?

Q. 35: Are you aware of Mental Health Services that are available in Orange County?	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Yes	31	37.30%	117	43.00%	7	43.80%	155	41.8
No	35	42.20%	101	37.10%	6	37.50%	142	38.3
Don't Know	13	15.70%	52	19.10%	3	18.80%	68	18.3
Prefer not to say	4	4.80%	2	0.70%	0	0.00%	6	1.6
Missing	28	25.20%	165	37.80%	18	52.90%	211	
Total Count	83		272		16		371	

Substance Use

Q. 36: Do you use any of the following tobacco or nicotine products? All that apply:

Q. 36. Do you use any of the following tobacco/nicotine products? All that apply	Household Survey		Online Survey		Online Survey Spanish		Combined Surveys	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Cigarettes	9	10.20%	12	4.40%	0	0.00%	21	5.58511
Cigars	2	2.30%	4	1.50%	0	0.00%	6	1.59574
Hookah	1	1.10%	4	1.50%	0	0.00%	5	1.32979
Pipes	0	0.00%	1	0.40%	0	0.00%	1	0.26596
Smokeless Tobacco/Dip	1	1.10%	4	1.50%	0	0.00%	5	1.32979
Vaping/Electronic cigarettes	2	2.30%	8	3.00%	0	0.00%	10	2.65957
Other	0	0.00%	2	0.70%	0	0.00%	2	0.53191
N/A: Don't use any tobacco products	68	77.30%	241	88.90%	16	94.10%	325	86.4362
Prefer not to say	8	9.10%	2	0.70%	1	5.90%	11	2.92553
Missing	23	20.70%	166	38.00%	17	50.00%	206	
Total count	88		271		17		376	

Q. 37: How frequently are you regularly exposed to secondhand smoke or vapor from vape products?

Q. 37: How frequently are you regularly exposed to secondhand smoke or vapor from vape products?	Household Survey		Online Survey		Online Spanish Survey		Combined Surveys	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Daily	8	9.20%	20	7.30%	0	0.00%	28	7.4
Weekly	0	0.00%	11	4.00%	0	0.00%	11	2.9
Monthly	2	2.30%	8	2.90%	0	0.00%	10	2.6
Rarely	15	17.20%	102	2.90%	5	29.40%	122	32.3
Never	58	66.70%	132	48.00%	11	64.70%	201	53.2
Prefer not to say	4	4.60%	2	0.70%	1	5.90%	7	1.9
Missing	24	21.60%	162	37.10%	17	50.00%	203	
Total Count	87		274		17		378	

Q. 38: How often does substance use, by you or someone in your household negatively affect your usual activities, such as work or spending time with family and friends?

Q. 38: How often does substance use, by you or someone in your household negatively affect your usual activities, such as work or spending time with family and friends?	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Daily	2	2.30%	6	2.20%	0	0.00%	8	2.1
Weekly	3	3.40%	4	1.50%	0	0.00%	7	1.9
Monthly	1	1.10%	4	1.50%	1	5.90%	6	1.6
Rarely	4	4.60%	37	13.60%	2	11.80%	43	11.4
Never	72	82.80%	216	78.10%	13	76.50%	301	79.8
Prefer not to say	5	5.70%	6	2.20%	1	5.90%	12	3.2
Missing	24	21.60%	164	37.50%	17	50.00%	205	
Total Count	87		273		17		377	

Q. 39: Do you have a locked cabinet or box that you use to safely secure prescription medications, alcohol, or other potentially dangerous items?

Q. 39: Do you have a locked cabinet or box that you use to safely secure prescription medications, alcohol, or other potentially dangerous items?	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Yes	9	10.30%	40	14.60%	4	23.50%	53	14.0
No	61	70.10%	202	73.70%	8	47.10%	271	71.7
NA/I don't own these types of items	13	14.90%	28	10.20%	5	29.40%	46	12.2
Prefer not to say	4	4.60%	4	1.50%	0	0.00%	8	2.1
Missing	24	21.60%	163	37.30%	17	50.00%	204	
Total Count	87		274		17		378	

Q. 40: Have you or anyone in your household sought help for any substance abuse issue? All that apply:

Q. 40: Have you or anyone in your household, sought help for any substance use issue? All that apply	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Alcohol use	5	6.00%	17	6.20%	0	0.00%	22	5.9
Drug use	2	2.40%	12	4.40%	0	0.00%	14	3.7
Tobacco use	2	2.40%	7	2.60%	1	5.90%	10	2.7
Prescription use	1	1.20%	3	1.10%	0	0.00%	4	1.1
None of the above	70	84.30%	247	90.10%	16	94.10%	333	89.0
Other	0	0.00%	0	0.00%	0	0.00%	0	0.0
Prefer not to say	6	7.20%	4	1.50%	0	0.00%	10	2.7
Missing	28	25.20%	163	37.30%	17	50.00%	208	
Total Count	83		274		17		374	100.0

Q. 41: How long has it been since you last visited a health care prover for a regular checkup, not including times you visited because you were sick, injured, pregnant or an emergency room visit?

Q. 41: How long has it been since you last visited a health care provide for a regular checkup, not including times you visited because you were sick, injured, pregnant or an emergency room visit?	Household Survey		Online Survey		Online Survey Spanish		Combined Surveys	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Less than one year	66	75.90%	203	74.10%	12	75.00%	281	74.5
One to two years	7	8.00%	38	13.90%	2	12.50%	47	12.5
Three to five years	5	5.70%	15	5.50%	0	0.00%	20	5.3
More than five years	0	0.00%	5	1.80%	0	0.00%	5	1.3
Don't know/Not sure	2	2.30%	6	2.20%	1	6.30%	9	2.4
N/A: Don't get routine checkups	2	2.30%	3	1.10%	0	0.00%	5	1.3
Prefer not to say	5	5.70%	4	1.50%	1	6.30%	10	2.7
Missing	24	21.60%	163	37.30%	18	52.90%	205	
Total Count	87		274		16		377	

Q. 42: How long has it been since you last visited a dentist for a regular checkup or cleaning, not including times you visited a dentist because of pain or an emergency?

Q. 42: How long has it been since you last visited a dentist for a regular checkup or cleaning, not including times you visited a dentist because of pain or an emergency?	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Less than one year	55	63.2	198	73.10%	11	68.60%	264	70.6
One to two years	11	12.6	24	8.90%	2	12.50%	37	9.9
Three to five years	4	4.60%	19	7.00%	0	0.00%	23	6.1
More than five years	4	4.60%	17	6.30%	3	17.80%	24	6.4
Don't know/Not sure	1	1.10%	4	1.50%	0	0.00%	5	1.3
N/A: Don't get routine checkups	6	6.90%	7	2.60%	0	0.00%	13	3.5
Prefer not to say	6	6.90%	2	0.70%	0	0.00%	8	2.1
Missing	24	21.60%	166	38.00%	18	52.90%	208	
Total Count	87		271		16		374	

Q. 43: In the past 12 months, have any of the following prevented you, or someone in your household, from getting the health care you needed? All that apply:

Q. 43: In the past 12 months, have any of the following prevented you, or someone in your household, from getting the health care that you needed? All that apply	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	PCT
Could not get an appointment	11	12.80%	63	23.70%	2	12.50%	76	20.7
Did not have health insurance	2	2.30%	25	9.40%	3	18.80%	30	8.2
Did not have transportation	1	1.20%	7	2.60%	1	6.30%	9	2.4
Did not know where to go	1	1.20%	13	4.90%	0	0.00%	14	3.8
Felt ignored, not taken seriously, or disrespected	4	4.70%	27	10.20%	0	0.00%	31	8.4
Needed service or medication is not covered by insurance	7	8.10%	38	14.30%	1	6.30%	46	12.5
Office hours are not convenient	2	2.30%	12	4.50%	0	0.00%	14	3.8
The wait to receive care was too long	3	3.50%	45	16.90%	1	6.30%	49	13.3
No one spoke my preferred language	0	0.00%	1	0.40%	0	0.00%	1	0.3
Other	1	1.20%	15	5.60%	1	6.30%	17	4.6
N/A: Have not experienced these issues	55	64.00%	144	54.10%	10	62.50%	209	56.8
Prefer not to say	9	10.50%	3	1.10%	0	0.00%	12	3.3
Missing	25	22.50%	171	39.10%	18	52.90%	214	
Total Count	86		266		16		368	

Q. 44: In the past 12 months, what type of provider of facility did you have trouble getting health care from? All that apply:

Q. 44: In the past 12 months, what type of provider or facility did you have trouble getting health care from? All that apply	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	PCT
Adult primary care	10	11.40%	57	22.00%	0	0.00%	67	30.6
Dentist	11	12.50%	35	13.50%	4	25.00%	50	22.8
Eye	2	2.30%	19	7.30%	2	12.50%	23	10.5
Health Department	0	0.00%	5	1.90%	0	0.00%	5	2.3
Hospital	1	1.10%	11	4.20%	0	0.00%	12	5.5
Pediatrician	1	1.10%	3	1.20%	0	0.00%	4	1.8
Pharmacy/prescription	3	3.40%	15	5.80%	0	0.00%	18	8.2
Specialist	6	6.80%	57	22.00%	1	6.30%	64	29.2
Urgent care	2	2.30%	10	3.90%	0	0.00%	12	5.5
Other	3	3.40%	11	4.20%	0	0.00%	14	6.4
N/A; Did not have trouble	52	59.10%	135	52.10%	9	56.30%	196	89.5
Prefer not to say	9	10.20%	4	1.50%	1	6.30%	14	6.4
Missing	23	20.70%	178	40.70%	18	52.90%	219	
Total Count	88		259		16			
Other, specify								

Reported barriers to care?

Weight stigma and poverty stigma make healthcare stressful and healthcare providers unpleasant and unhelpful
regular visits lapsed during Covid; med cost was too great bc not yet reached deductible
prescription drug shortages for adhd; not sure of the barrier to obtaining care; No time; no dental insurance ; No covid safe providers; no (paid or unpaid) sick leave provided by employer ; Money ; Even with insurance, the copays and deductibles and other fees are high; covid restrictions limited office contact; Cost; Blood pressure too high, would not do cleaning; appointments canceled by provider

Type of provider having trouble getting health care from:
UNC gynecology; Psychiatrist; Occupational/Physical therapist; Nutritionist; Physical therapist; mental health; Medication shortage. We did a work-around; healthcare specialist; ENT; Dermatologist; dermatologist; behavioral health; All of the above (no insurance); Dermatologist; Wound clinic

Environmental Health

Q. 45: Do you use water from your sink's tap for any of the following?

Q. 45: Do you use water from your sink's tap for any of the following?	Household Survey		Online Survey		Online Survey Spanish		Combined Surveys	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Drinking	4	4.70%	9	3.30%	1	6.30%	14	3.8
Cooking	15	17.40%	55	20.40%	11	68.80%	81	21.8
Both drinking and cooking	59	68.60%	189	70.40%	0	0.00%	248	66.8
Neither drinking or cooking	2	2.30%	15	5.60%	4	25.00%	21	5.7
Prefer not to say	6	6.70%	1	0.40%	0	0.00%	7	1.9
Missing	25	22.50%	168	38.40%	18	52.90%	211	
Total Count	86		269		16		371	

Q. 46: Are you concerned about any contaminants in your water?

Q. 46: Are you concerned about any contaminants in your water?	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Yes	22	25.3	100	37.60%	15	93.80%	137	37.1
No	52	59.80%	136	51.10%	0	0.00%	188	50.9
Don't know	8	9.20%	30	11.30%	1	6.30%	39	10.6
Prefer not to say	5	5.70%	0	0.00%	0	0.00%	5	1.4
Missing	24	21.60%	171	39.10%	18	52.90%	213	
Total Count	87		266		16		369	

Q. 47: In the event of a threatening emergency or disaster, how would you be alerted or get information about the emergency or disaster? All that apply.

Q. 47: In the event of a threatening emergency or disaster, how would you be alerted or get information about the emergency or disaster? All that apply	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Battery-operated radio	14	17.10%	74	27.90%	4	25.00%	92	25.3
Internet	55	67.10%	201	75.80%	11	68.80%	267	73.6
Neighbors	27	32.90%	114	43.00%	4	25.00%	145	39.9
Printed materials	5	6.10%	22	8.30%	0	0.00%	27	7.4
Scanner	0	0.00%	8	3.00%	0	0.00%	8	2.2
Sirens	15	18.30%	56	21.10%	4	25.00%	75	20.7
Social Media	32	39.00%	116	43.80%	5	31.30%	153	42.1
TV	31	37.80%	124	46.80%	6	37.50%	161	44.4
Word of mouth	24	29.30%	84	31.70%	2	12.50%	110	30.3
Other	17	20.70%	50	18.90%	2	12.50%	69	19.0
Missing	29	26.10%	172	39.40%	18	52.90%	219	
Total Count	82		265		16		363	
Other, specify								

Q.47, Other: Text for how respondent will be notified in case of emergency?

Text via cell phone, text messaging, Text Alerts, text alerts, Telephone alert, telephone, Smartphone, smartphone, Schools, Radio, Phone notification by Orange County (OC Alerts), phone alerts, phone alerts, phone alerts, Orange County Alerts, Orange County Alerts, OC Alerts, Duke and UNC alerts, OC Alerts (6), Mobile phone alerts from Orange and Durham County, Mobile phone alerts from OC, IPhone, Iphone, Internet .gov sites, town/county alerts, emergency alerts by mobile phone, emergency alert on cell phone, County email or text, County alerts, "regular" radio, County Alerts & Radio, county alert system, cellphone alerts (14)

Q. 48: What emergency events or disasters are most concerning to you? All that apply.

Q. 48: What emergency events or disasters are most concerning to you? All that apply	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Disease Outbreak	37	43.50%	141	53.00%	7	43.80%	185	50.4
Chemical spills	10	11.80%	45	16.90%	4	25.00%	59	16.1
Household emergencies such as fire or gas leaks	31	36.50%	114	42.90%	4	25.00%	149	40.6
Natural disasters such as tornadoes or floods	57	67.10%	192	72.20%	12	75.00%	261	71.1
Terrorism	14	16.50%	38	14.30%	6	37.50%	58	15.8
N/A: Not concerned	8	9.40%	16	6.00%	1	6.30%	25	6.8
Don't know/Not sure	2	2.40%	12	4.50%	0	0.00%	14	3.8
Other	3	3.50%	17	6.40%	1	6.30%	21	5.7
Prefer not to say	6	7.10%	0	0.00%	0	0.00%	6	1.6
Missing	26	23.40%	171	39.10%	18	52.90%	215	
Total Count	85		266		16		367	
Other, specify								

Q.48: OTHER. Emergency events that are concerning:

Wildfires, Mass shootings (8), unsafe drinking water, the RESPONSE, by government, to the next disease outbreak, school shooting, Public violence (shootings), Health emergencies involving either my spouse or me, gun violence (especially in schools),government planned bioweapon attack, Extended power outages, Active shooters, Government

Q. 49a. I know what emergencies or disasters are most likely to occur in my community.

Q. 49a: I know what emergencies or disasters are most likely to occur in my community.	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Yes	53	63.90%	179	67.50%	4	25.00%	236	64.8
No	8	9.60%	29	10.90%	5	31.30%	42	11.5
DK/NS	16	19.30%	56	21.10%	7	43.80%	79	21.7
Prefer not to say	6	7.20%	1	40.00%	0	0.00%	7	1.9
Missing	28	25.20%	171	39.40%	18	52.90%	217	
Total count	83		265		16		364	

Q. 49b: My family has a personal disaster plan and we have practiced it.

Q.49b: My family has a personal disaster plan and we have practiced it.	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Yes	16	19.30%	57	21.40%	1	6.30%	74	20.3
No	56	67.50%	194	72.90%	15	93.80%	265	72.6
DK/NS	16	19.30%	12	4.50%	0	0.00%	28	7.7
Prefer not to say	6	7.20%	3	1.10%	0	0.00%	9	2.5
Missing	28	25.20%	171	39.10%	18	52.90%	217	
Total count	83		266		16		365	

Q. 49c: I have an emergency preparedness kit with supplies for 72 hours.

Q.49c: I have an emergency preparedness kit with supplies for 72 hours.	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Yes	17	20.70%	71	26.70%	2	12.50%	90	24.7
No	57	69.50%	185	69.50%	14	87.50%	256	70.3
DK/NS	2	2.40%	8	3.00%	0	0.00%	10	2.7
Prefer not to say	6	7.30%	2	0.80%	0	0.00%	8	2.2
Missing	29	26.10%	171	39.10%	18	52.90%	218	
Total count	82		266		16		364	

Q. 49d: I have emergency response apps downloaded on my phone (i.e., OC alerts, weather, etc.)

Q. 49d: I have emergency response related apps downloaded on my phone (i.e. OC alerts, weather, etc.)	Household Survey		Online Survey		Spanish Online Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Yes	39	47.60%	155	59.80%	5	31.30%	199	55.7
No	36	43.90%	91	35.10%	11	68.80%	138	38.7
DK/NS	1	1.20%	12	4.60%	0	0.00%	13	3.6
Prefer not to say	6	7.30%	1	0.40%	0	0.00%	7	2.0
Missing	29	26.10%	178	40.70%	18	52.90%	225	
Total count	82		259		16		357	

Q. 49e: I am signed up to receive emergency alerts on social media text email.

Q.49e. I am signed up to receive emergency alerts on social media text email.	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Yes	44	53.70%	191	72.90%	10	62.50%	245	68.1
No	25	30.50%	58	22.10%	6	37.50%	89	24.7
DK/NS	7	8.50%	12	4.60%	0	0.00%	19	5.3
Prefer not to say	6	7.30%	1	0.40%	0	0.00%	7	1.9
Missing	29	26.10%	175	40.00%	18	52.90%	222	
Total count	82		262		16		360	

Q. 49f: I have working smoke detectors in my home.

Q.49f: I have working smoke detectors in my home.	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Yes	73	88.00%	244	93.10%	15	93.70%	332	92.0
No	2	2.40%	10	3.80%	1	6.30%	13	3.6
DK/NS	2	2.40%	7	2.70%	0	0.00%	9	2.5
Prefer not to say	6	7.20%	1	0.40%	0	0.00%	7	1.9
Missing	28	25.20%	175	40.00%	18	52.90%	221	
Total count	83		262		16		361	

Q. 49g: I have working carbon monoxide detectors in my home.

Q.49g: I have working carbon monoxide detectors in my home.	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Yes	54	65.90%	183	70.10%	8	50.00%	245	68.2
No	20	24.40%	64	24.50%	8	50.00%	92	25.6
DK/NS	2	2.40%	13	5.00%	0	0.00%	15	4.2
Prefer not to say	6	7.30%	1	0.40%	0	0.00%	7	1.9
Missing	29	26.10%	176	40.30%	18	52.90%	223	
Total count	82		261		16		359	

Demographics

Q. 50: What is your age?

	Household Survey		Online Survey		Online Survey Spanish		Combined Survey	
Q.50: What is your age	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Ages 19-30	7	9.5	20	8.2	1	6.25	28	8.4
Ages 31-40	8	10.8	41	16.9	2	12.5	51	15.3
Ages 41-50	11	14.9	44	18.1	10	62.5	65	19.5
Ages 51-60	13	17.6	43	17.7	1	6.25	57	17.1
Ages 61-70	18	24.3	60	24.7	2	12.5	80	24.0
Ages 71-80	11	14.9	29	11.9	0	0	40	12.0
Ages 85 and older	6	8.1	6	2.5	0	0	12	3.6
	74		243		16		333	

Q. 51: Which of the following best describes your rate, ethnicity, or origin? All that apply.

	Household Survey		Online Survey		Spanish Online Survey		Combined Surveys	
Q. 51: Which of the following best describes you race, ethnicity, or origin? All that apply	Num	Pct	Num	Pct	Num	Pct	Num	Pct
American Indian	1	1.10%	0	0.00%	0	0.00%	1	0.3
Asian	12	13.30%	11	4.10%	0	0.00%	23	6.2
Black	9	10.00%	45	16.90%	0	0.00%	54	14.5
Hispanic	6	6.70%	15	5.60%	16	100.00%	37	9.9
Hawaiian	0	0.00%	1	0.40%	0	0.00%	1	0.3
White	59	65.60%	174	65.20%	2	12.50%	235	63.0
Other	2	2.20%	2	0.70%	0	0.00%	4	1.1
Prefer not to say	5	5.60%	22	8.20%	0	0.00%	27	7.2
Missing	21	18.90%	170	38.90%	18	52.90%	209	
Total Count	90		267		16		373	
Other, specify								

human, mixed and Caucasian responses

Q. 52: How do you currently describe yourself?

Q. 52: How do you currently describe yourself?	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Female	52	59.10%	193	72.00%	12	75.00%	257	69.1
Male	30	34.10%	55	20.50%	4	25.00%	89	23.9
Non-binary	0	0	2	0.70%	0	0.00%	2	0.5
Not sure/DK	0	0	1	0.40%	0	0.00%	1	0.3
Other gender identity	0	0.00%	3	1.10%	0	0.00%	3	0.8
Prefer not to say	6	6.80%	14	5.20%	0	0.00%	20	5.4
Missing	23	20.70%	169	38.70%	18	52.90%	210	
Total Count	88		268		16		372	
Other, specify TEXT								

transgender male, Transgender woman, Genderqueer

Q. 53: Which of the following best describes how you think of yourself?

	Household Survey		Online Survey		Spanish Online Survey		Combined Surveys	
Q. 53: Which of the following best describes how you think of yourself?	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Gay or lesbian	1	1.20%	14	5.40%	0	0.00%	15	4.2
Heterosexual	71	85.50%	196	75.70%	12	75.00%	279	77.9
Bisexual	0	0	16	6.20%	1	6.30%	17	4.7
Other	1	1.20%	11	4.20%	0	0.00%	12	3.4
DK/NS	1	1.20%	5	1.90%	0	0.00%	6	1.7
Prefer not to say	9	10.80%	17	6.60%	3	18.80%	29	8.1
Missing	28	25.20%	178	40.70%	18	52.90%	224	
Total Count	83		259		16		358	
Other, specify, TEXT								

pansexual-2, sexual-3, transgender and queer also, bisexual, and queer

Q. 54: Do you regularly speak a language other than English? All that apply.

Q. 54. Do you regularly speak a language other than English? All that apply	Num	Pct	Num	Pct	Num	Pct	Num	Pct
American sign language	1	1.40%	0	0.00%	0	0.00%	1	0.3
Burmese	1	1.40%	0	0.00%	0	0.00%	1	0.3
Chinese	9	12.50%	6	2.50%	6	2.50%	21	6.4
Dari	0	0.00%	0	0.00%	0	0.00%	0	0.0
English	0	0.00%	0	0.00%	0	0.00%	0	0.0
Farsi	0	0.00%	0	0.00%	0	0.00%	0	0.0
Filipino	0	0.00%	0	0.00%	0	0.00%	0	0.0
Indonesian	0	0.00%	0	0.00%	0	0.00%	0	0.0
Japanese	0	0.00%	0	0.00%	0	0.00%	0	0.0
Karen	0	0.00%	0	0.00%	0	0.00%	0	0.0
Kinyarwanda	0	0.00%	0	0.00%	0	0.00%	0	0.0
Korean	0	0.00%	0	0.00%	0	0.00%	0	0.0
Mandarin	0	0.00%	0	0.00%	0	0.00%	0	0.0
Pastho	0	0.00%	0	0.00%	0	0.00%	0	0.0
Thai	0	0.00%	0	0.00%	0	0.00%	0	0.0
Spanish	5	6.90%	24	9.90%	16	100.00%	45	13.6
Vietnamese	0	0.00%	1	0.40%	0	0.00%	1	0.3
Other	4	5.60%	11	4.50%	0	0.00%	15	4.5
No	54	75.00%	204	84.30%	0	0.00%	258	78.2
Missing	39	35.10%	195	44.60%	18	52.90%	252	
Total Count	72		242		16		330	
Other, specify, Text								

2 French, 1 each Russian, Polish, Igbo, Haitian Creole, German (2); Italian; Russian and Dutch

Q. 55: Which language(s) can you read and write in? All that apply.

Q.55: Which language(s) can you read and write in? All that apply	Household Survey		Online Survey		Onlne Spanish Survey		Combined Survey	
	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Burmese	1	1.20%	0	0.00%	0	0.00%	1	0.3
Chinese	9	11.20%	4	1.80%	0	0.00%	13	4.0
Dari	0	0.00%	0	0.00%	0	0.00%	0	0.0
English	68	84.00%	198	87.80%	6	37.50%	272	83.7
Farsi	0	0.00%	1	0.40%	0	0.00%	1	0.3
Filipino	0	0.00%	0	0.00%	0	0.00%	0	0.0
Indonesian	0	0.00%	0	0.00%	0	0.00%	0	0.0
Japanese	0	0.00%	0	0.00%	0	0.00%	0	0.0
Karen	0	0.00%	1	0.40%	0	0.00%	1	0.3
Kinyarwanda	0	0.00%	0	0.00%	0	0.00%	0	0.0
Korean	0	0.00%	0	0.00%	0	0.00%	0	0.0
Mandarin	0	0.00%	0	0.00%	0	0.00%	0	0.0
Pastho	0	0.00%	0	0.00%	0	0.00%	0	0.0
Thai	0	0.00%	0	0.00%	0	0.00%	0	0.0
Spanish	13	16.00%	38	17.70%	0	0.00%	51	15.7
Vietnamese	0	0.00%	1	0.40%	16	100.00%	17	5.2
Other	8	9.90%	21	9.20%	0	0.00%	29	8.9
Missing	30	27.00%	209	47.80%	0	0.00%	239	
Total Count	81		228		16	0.00%	325	
Other, specify, Text					18	52.90%	18	

French(12), German(6), Russian(4), Dutch(2), Greek(1); Italian; Hindi

Q. 56: What is your marital status?

	Household Survey		Online Survey		Online Spanish Survey		Combined Survey	
Q.56: What is your marital status?	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Married	47	55.30%	139	52.90%	7	43.80%	193	53.0
Widowed	7	8.20%	11	4.20%	0	0.00%	18	4.9
Divorced	6	7.10%	26	9.90%	4	25.00%	36	9.9
Separated	1	1.20%	8	3.00%	2	12.50%	11	3.0
Unmarried Partner	5	5.90%	22	8.40%	3	18.80%	30	8.2
Never married	12	14.10%	46	17.50%	0	0.00%	58	15.9
Prefer not to say	7	8.20%	11	4.20%	0	0.00%	18	4.9
Missing	26	23.40%	174	39.80%	18	52.90%	218	
Total count	85		263		16		364	

Q. 57: What is the highest levels of school, college or vocational training that you have received?

Q.57: What is the highest levels of school, college or vocational training that you've received?	Num	Pct	Num	Pct	Num	Pct	Num	Pct
No schooling completed	2	2.40%	1	0.4	0	0.00%	3	0.8
Less than high school	3	3.50%	3	1.10%	4	25.00%	10	2.7
High school diploma or equivalent	10	11.80%	21	8.00%	4	25.00%	35	9.6
Some college, no degree	5	5.90%	22	8.30%	0	0.00%	27	7.4
Trade certification	0	0.00%	5	1.90%	3	12.50%	8	2.2
Associates degree	3	3.50%	19	7.20%	1	6.30%	23	6.3
Bachelor's Degree	19	22.40%	58	22.00%	3	18.80%	80	21.9
Master's Degree	18	21.20%	88	33.30%	2	12.50%	108	29.6
Doctorate or Professional Degree	16	18.80%	38	14.40%	0	0.00%	54	14.8
Prefer not to say	9	10.60%	9	3.40%	0	0.00%	18	4.9
Missing	26	23.40%	173	39.60%	18	52.90%	217	
Total Count	85		264		16		365	

Q. 58: What is your employment status? All that apply.

Q.58: What is your employment status? All that apply	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Employed full-time	23	27.10%	128	48.30%	7	43.80%	158	43.2
Employed part-time	8	9.40%	30	11.30%	2	12.50%	40	10.9
Retired	33	38.80%	73	27.50%	2	12.50%	108	29.5
Student	1	1.20%	6	2.30%	0	0.00%	7	1.9
Armed Forces/Military	0	0.00%	0	0.00%	0	0.00%	0	0.0
Self-Employed	10	11.80%	17	6.40%	2	12.50%	29	7.9
Homemaker	4	4.70%	11	4.20%	3	18.80%	18	4.9
Unable to work due to illness or injury	2	2.40%	7	2.60%	0	0.00%	9	2.5
Unemployed for more than a year	4	4.70%	5	1.90%	1	6.30%	10	2.7
Prefer not to say	5	5.90%	7	2.60%	0	0.00%	12	3.3
Missing	26	23.40%	172	39.40%	18	52.90%	216	
Total Count	85		265		16		366	

Q. 59: What range best describes your total household income for all the members in your household combined?

Q.59: What range best describes your total household annual income for all the members in your household combined?	Num	Pct	Num	Pct	Num	Pct	Num	Pct
Under $20,000	9	11.10%	16	6.10%	7	43.80%	32	8.9
$20,000 to $34,999	6	7.40%	18	6.80%	2	12.50%	26	7.2
$35,000 to $49,999	4	4.90%	23	8.70%	6	37.50%	33	9.2
$50,000 to $74,999	7	8.60%	43	16.30%	1	6.30%	51	14.2
$75,000 to $99,999	8	9.90%	37	14.10%	0	0.00%	45	12.5
$100,000 to $149,999	7	8.60%	51	19.40%	0	0.00%	58	16.1
$150,000 to $199,999	11	13.60%	16	6.10%	0	0.00%	27	7.5
$200,000 or more	6	7.40%	20	7.60%	0	0.00%	26	7.2
Don't know	3	3.70%	3	1.10%	0	0.00%	6	1.7
Prefer not to say	20	24.70%	36	13.70%	0	0.00%	56	15.6
Missing	30	27.00%	174	29.80%	18	52.90%	222	
Total Count	81		263		16		360	

Q. 60: What are the ages of members of your household?

Q.60: Household members in age groups	Household Survey Num	Online Survey Num	Spanish Survey Num	Combined Survey Num
Ages 0-5	14	40	7	61
Ages 6-10	10	30	1	41
Ages 11-14	13	43	16	72
Ages 15-10	14	33	20	67
Ages 19-24	13	32	9	54
Ages 25-29	9	22	2	33
Ages 30-34	6	27	1	34
Ages 35-39	8	35	2	45
Ages 40-44	14	53	1	68
Ages 45-49	13	41	6	60
Ages 50-54	12	33	5	50
Ages 55-59	12	37	2	51
Ages 60-64	15	70	0	85
Ages 65-69	16	37	3	56
Ages 70-79	23	65	0	88
Ages 80-84	6	6	0	12
Ages 85 and older	2	5	0	7

Q. 61: Do you have regular access to reliable internet?

Q.61: Do you have regular access to reliable internet?	Household Survey Num	Pct	Online Survey Num	Pct	Spanish Online Survey Num	Pct	Combined Surveys Num	Pct
Yes	76	92.70%	245	94.20%	15	93.80%	336	93.9
No	4	4.90%	14	5.40%	1	6.30%	19	5.3
Prefer not to say	2	2.40%	1	0.40%	0	0.00%	3	0.8
Missing	29	26.10%	177	40.50%	18	52.90%	224	
Total Count	82		260		16		358	

Appendix H: Focus Group Questions

Orange County Community Health Assessment

Focus Group Discussion Guide

INTRODUCTION

- Thank you for taking the time to join us today.
- INTRODUCE YOURSELF, NOTETAKER(S)

THE FOLLOWING SCRIPT IS FOR YOU TO SUMMARIZE. YOU DO NOT NEED TO READ IT WORD FOR WORD. YOU DO NEED TO COVER CONFIDENTIALITY AND THE RIGHT TO WITHDRAW AT ANYTIME.

I am with the Orange County Health Department, and we are here to learn more about the health of Orange County residents and your experiences as it relates to being formally incarcerated. The information that you share with us today, in addition to information gathered from community surveys, other discussions and existing statistics, will help us plan future programs that better meet the needs of residents of Orange County.

No names will be attached to any of the information we collect here today. We are capturing demographic information and we ask that you complete a short form with as much information as you are comfortable sharing.

While we talk today, I want you to feel free to share your opinions even if they are different from others. There is no right or wrong answer. I am here to help facilitate the discussion and listen to what you have to say. (NOTETAKER'S NAME) _____ will be taking notes. If there are no objections, we will be recording this discussion to make sure we do not miss any comments. Since this is a group discussion, you do not have to wait for me to call on you to speak. Anything we say here is confidential. I ask that when you all leave today that you remember to respect others' privacy and not share any information outside of this discussion.

You are here voluntarily; however, if for any reason you feel uncomfortable and do not want to continue in the discussion, you are free to withdraw at any time. This will not affect, in any way, the services you receive in the future from Orange County. Again, no names will be attached to the information that we collect. Is this OK with everyone?

(DO NOT CONTINUE UNTIL EVERYONE AGREES OR DISMISSES THEMSELVES. ONCE YOU ARE READY TO BEGIN, TURN ON THE RECORDER).

OPENING

Let us start with introductions. One at a time, please introduce yourself and tell us how long you have lived in Orange County.

CORE QUESTIONS

IF PROBING IS NEEDED, FOLLOW ANSWERS WITH PHRASES LIKE, "TELL ME MORE ABOUT…" OR "COULD YOU GIVE ME AN EXAMPLE…" OR "IN WHAT WAYS…" PROBING IS TO HELP EXPLAIN THE QUESTION AND HELP PARTICIPANTS THINK OUTSIDE THEIR INITIAL THOUGHTS.

1. **How do you define health?**

   - *PROBE: Think about physical health. Mental health. Environmental health.*

2. **Describe what healthy looks like to you.**

   - *PROBE: What would be involved in a person being healthy? Think about physical, mental and environmental.*

3. **Describe what a healthy community looks like to you.**

   - *PROBE: By community, that could be your neighborhood, your surroundings, or Orange County as a whole, not just you individually. What would make where you live a healthy (or healthier) community?*
     - *Safety*
     - *Access*
     - *Transportation/travel time*
     - *Housing*
     - *Employment*
     - *Recreation activities*
     - *Healthcare*
     - *Religion*
     - *Schools*

4. **What would you consider strengths of Orange County?**

   - *PROBE: This could be your neighborhood, your surroundings or Orange County as a whole.*
     - *Parks/trails*
     - *Recreation activities*
     - *Numerous medical facilities*
     - *Farmer's markets*
     - *Schools*
     - *Support for your culture/religion/ethnicity*
     - *Job opportunities*
     - *Cost of living*
     - *High graduation rates*
     - *Low/no crime*

5. **Is there anything Orange County can do more of to support you better?**

- PROBE: What can help your community be better?
  - More funding
  - More concern for your religion/culture/ethnicity
  - Police presence
  - Cleaner water
  - More medical facilities
  - More transportation options

FORMERLY INCARCERATED POPULATION

THE NEXT FEW QUESTIONS IS TO GET A BETTER IDEA OF THE CONCERNS/ISSUES AS IT SPECIFICALLY RELATES TO THOSE INDIVIDUALS WHO WERE FORMALLY INCARCERATED.

6. **How prepared was your community in dealing with your release from incarceration?**

   - *PROBE: By prepared, I mean, was there a plan set in place by Prison Case Managers, Probation Staff and/or Community Agencies to ensure you had adequate access to essentials like food and shelter?*

7. **After being released from prison/jail, were you given an adequate supply of medication? How soon were you able to be seen by a doctor?**

8. **How did your time in prison/jail affect your overall mental health?**

   - *PROBE: Thinking both positive and negative*

9. **How has your re-entry affected your overall mental health?**

   - *PROBE: What changes have you noticed, positive or negative, since being released from prison/jail? Are you able to access the help that you need?*

10. **Do you feel you are well informed on the county's resources and services that would be helpful to you? If not, do you feel comfortable enough to ask questions and get more information about resources/services?**

11. **Do you feel that you have a way, or connection, to share your opinions, feedback and perspectives with community leaders or decision makers?**

POPULATION IMPACTED BY SUBSTANCE USE

THE NEXT FEW QUESTIONS IS TO GET A BETTER IDEA OF THE CONCERNS/ISSUES AS IT

12. **Which substances do you think are most commonly used in Orange County?**

13. **Why do you think individuals use substances?**

14. **How has substance use affected the community?**

   ▪ *PROBE: Think about individuals, families, children, has substance use impacted crime or other concerns?*

15. **Why do you think individuals seek treatment? What do you think are the most common barriers to seeking treatment?**

What programs do you think would treat or prevent substance use? Which programs do you think are most needed in Orange County?

HISPANIC/LATINX

THE NEXT FEW QUESTIONS IS TO GET A BETTER IDEA OF THE CONCERNS/ISSUES AS IT SPECIFICALLY RELATES TO INDIVIDUALS WHO IDENTIFY AS HISPANIC/LATINX.

NOTE: Keep in mind that what you share confidential and will not be linked to you or shared as individual responses.

1. **Thinking about the people in your community, both where you live and those who are Latinx, what are your main health or safety concerns?**

   ▪ *PROBE: What concerns you most?*
       i. *Crime*
      ii. *Law Enforcement*
     iii. *Access to services*
      iv. *Medical Care*
       v. *Language Barriers*

2. **Tell us about your experience(s) getting healthcare in Orange County.**

   ▪ *PROBE: What is going well and what makes it difficult?*
       i. *Interpretation/translation/communication issues*
      ii. *Proper help at appointments*
     iii. *Transportation issues*
      iv. *Route times and frequency*
       v. *Insurance/payment*
      vi. *Referrals to other agencies/facilities*

3. **Do you feel you are well informed on the county's resources and services that would be helpful to you? If not, do you feel comfortable enough to ask questions and get more information about resources/services?**

4. **Do you feel that you have a way to share your opinions, feedback and experiences with community leaders?**

5. **The last couple of years have been challenging for some immigrants and refugees across the US, due to changes in policies, unwelcoming language, ICE arrests, and increases in immigrant detention. Has this been a personal challenge for you or for others you know here in Orange County?**

   - *PROBE: Have those stressors affected the health and well-being for you or those you know?*

6. **Are there any specific things that Orange County can do to better support the well-being of the Hispanic/Latinx community?**

   - *PROBE: Increase transportation options*
     - i. *More outreach to neighborhoods*
     - ii. *Clear messages about program eligibility*
     - iii. *More funding*
     - iv. *More concern for your religion/culture/ethnicity*
     - v. *Police presence*
     - vi. *Cleaner water*
     - vii. *More medical facilities*
     - viii. *More transportation options*
     - ix. *Affordable housing*
     - x. *Affordable healthcare*
     - xi. *Sharing of information*

ENDING QUESTIONS

7. **We want to make sure that the health programs in this community will help *you and your community*. With that in mind, is there anything that we have not asked or that you would like to add?**

CLOSING

Are there any questions from the notetaker(s)?

Thank all guests and provide any incentive that is intended for participation

Appendix I: Listening Sessions Information

There were 10 listening sessions conducted throughout the county to share the results of the data collection and to provide residents the chance to vote on priorities to focus on within the next CHIP term. These sessions were promoted via email, social media posts, newsletters, and flyers around the county. Language services were available for all sessions

- Passmore Senior Center, *Hillsborough, NC 10/20/2023*
- Seymour Senior Center, *Chapel Hill, NC 11/02/2023*
- Virtual *11/06/2023*
- Hillsborough Library, *Hillsborough, NC 11/08/2023*
- Chapel Hill Library, *Chapel Hill, NC 11/09/2023*
- Efland Community Center, *Efland, NC 11/13/2023*
- Cedar Grove Community Center, *Hillsborough, NC 11/14/2023*
- Virtual *11/16/2023*
- Hillsborough Library (Conducted in Spanish), *Hillsborough, NC 11/28/2023*
- Seymour Senior Center (Conducted in Mandarin) *Chapel Hill, NC 11/30/2023*

Listening Session Flyer

The Orange County Health Department wants to hear from you!

During the listening sessions, health department staff will share highlights from the recent **Community Health Assessment Opinion** survey and other information. Listening session attendees will have the opportunity to share comments and vote on health priority areas for the county.

The listening sessions are free and open to the public.
Dates start October 30 and continue through November 16.

Sign up for the session of your choice at www.orangecountync.gov/Listening

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If you have questions or need language or other assistance, please contact **Marcy Williams** at **919-245-2449** or **marcwilliams@orangecountync.gov.**

Appendix J: Listening Session Presentation

CHA Listening Session Presentation Slides

HEALTHY CAROLINIANS OF ORANGE COUNTY

- What is Healthy Carolinians of Orange County (HCOC)?
  - Network of community members and organizations partnering to promote health in Orange County
  - Includes local schools, human services, churches, county coalitions, businesses, local government, UNC, law enforcement, residents, and more!

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HEALTHY CAROLINIANS OF ORANGE COUNTY

- What does Healthy Carolinians of Orange County (HCOC) do?
  - Build and promote partnerships
  - Advocate for health-promoting policies
  - Guide local community health improvement planning
  - Work with residents and community partners on the Community Health Assessment

Please let us know if you are interested in being part of HCOC!

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WHAT IS THE COMMUNITY HEALTH ASSESSMENT OR CHA?

The Community Health Assessment (or CHA) is

- A collaborative process of data collection and analysis
- Community Health Opinion survey
- Sets priorities for the health department
  - Partners often assist in addressing the priorities since this is truly a *collaborative* process
- Occurs every 4 years in Orange County

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CHA 2020-23 PRIORITIES & HIGHLIGHTS

- Health Behaviors
  - Alcohol use
    - Working with partners to reduce high risk and underage drinking
  - Suicide prevention
    - Mental health trainings
- Health Equity
  - Racial equity related trainings
- Access to Care
  - Medicaid transformation and expansion

COVID-19 impacted all of these priorities

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WHY ARE WE HERE TODAY?

- Share data highlights:
  - Community Health Opinion Survey
  - Focus groups
  - County population facts
  - County health data
- Group discussion about findings
- Vote on priorities

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Community Health
Opinion Survey Highlights

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THE DATA WE COLLECTED

Total of 582 survey responses
- 111 door to door surveys, based on randomized household selection
- 471 surveys collected at community events, online, etc.

Community Focus Groups
- Formerly incarcerated individuals
- Persons with personal substance use experience
- Spanish-speaking residents

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RESPONDENTS' DEMOGRAPHICS

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POPULATION SIZE ESTIMATES

- Orange County
  - 2022: 150,477 (up approximately 9% from 2012)
  - 2017: 144,946
  - 2012: 137,941

Source: American Community Survey, US Census Bureau

RACE/ETHNICITY OF RESPONDENTS (N=373)

Race/Ethnicity	Survey Response %	Orange County Resident %
American Indian	0.3	0.4
Asian	6.2	7.5
African-American	14.5	9.6
White	63.0	68
Native Hawaiian	0.3	0
Latinx or Hispanic	9.9	8.8

Source: American Community Survey, US Census Bureau

GENDER OF RESPONDENTS (N=372)

Gender	Survey Response %	Orange County Resident %
Male	23.9	47.7
Female	69.1	52.3
Non-binary	0.5	**
Unsure	0	**

** Data unavailable from the US Census Bureau

Source: American Community Survey, US Census Bureau

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EDUCATION LEVEL (N=365)

Highest Education	Survey Response %	OC Resident %
No schooling	0.8	**
Less than high school	2.7	**
High school	9.6	12.2
Some college	7.4	11.8
Trade certificate	1.9	***
Associate's degree	6.3	7.4
Bachelor's degree	21.9	28.9
Master's degree	29.6	**
Doctorate/Professional	14.8	**

Household Education (Census)	Orange County
Less than 9th grade	3.2%
9th-12th grade	2.3%
Graduate or professional degree	34.2%

*** Trade certificate information not available

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EMPLOYMENT STATUS (N=366)

Employment Status	Response %
Full time	43.2
Part time	10.9
Retired	29.5
Student	1.9
Armed forces	0
Self-employed	7.9
Homemaker	4.9
Unable to work	2.5
Unemployed more than 1 year	2.7

Employment status(Census)	Orange County
Employed	59%
Not in labor force	37.9%

HOUSEHOLD INCOME (N=360)

Income	Survey Response %	OC Resident %
Under 20k	8.9	**
20,000-34,999	7.2	**
35,000-49,999	9.2	9.9
50,000-74,999	14.2	10.2
75,000-99,999	12.5	13.0
100,000-149,999	16.1	15.1
150,000-199,999	7.5	10.7
200k+	7.2	15.7

** Household Income(Census)	Orange County
Less than $10,000	8.5
$10k-14,999	1.8
$15k-24,999	8.5
$25k-34,999	6.8

SURVEY RESPONSE LANGUAGES OTHER THAN ENGLISH

- Most commonly *spoken* languages:
  - Spanish 13.6%
  - Chinese 6.4%

- Most common languages for reading & writing:
  - Spanish 15.7%
  - Vietnamese 5.2%
  - Chinese 4%
  - French 3.7%

PHYSICAL HEALTH
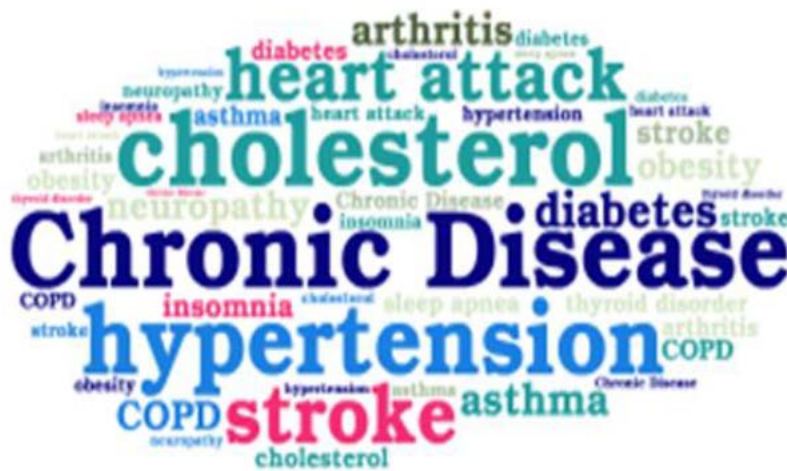
PHYSICAL HEALTH – SURVEY RESPONSE

- Respondents described their health as:
  - Excellent (14.8%)
  - Very Good (35.8%)
  - Good (32.8%)
  - Fair (13.8%)
  - Poor (2%)
- Most commonly reported health conditions:
  - Arthritis (36.5%)
  - High blood pressure (35.2%)
  - Overweight or obesity (33.2%)
  - High cholesterol (29.8%)

COVID-19

- 60% stated one or more person in household tested positive for COVID-19
- 93.9% received a vaccine

- Most common pandemic-related responses:
  - Increased stress or anxiety
  - Worry about health of self or relative
  - Exercised less
  - Drank alcohol or used drugs more
  - Loss of income

TOP 10 CAUSES OF DEATH 2017-2021

Cause of death	Orange County	North Carolina
Cancer	135.4	190.6
Heart Disease	106.0	190.8
Unintentional Injuries	29.1	50.2
Cerebrovascular Disease	27.8	51.4
Chronic Low Respiratory Disease	23.2	50.3
Alzheimer's Disease	20.7	42.7
Diabetes	14.6	31.7
COVID-19	14.1	41.2
Suicide	11.0	**
Chronic Liver Disease	10.2	**
All Causes	590.3	979.7

Unadjusted rate per 100,000

**not a leading cause of death for NC

Source: NC State Center for Health Statistics

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CANCER INCIDENCE PER 100,000 2016-20

	Colon	Lung	Breast	Prostate	All cancers
OC	30.5	49	186.2	117.5	474
NC	35.2	63.3	169	124.6	484.2

Source: NC State Center for Health Statistics

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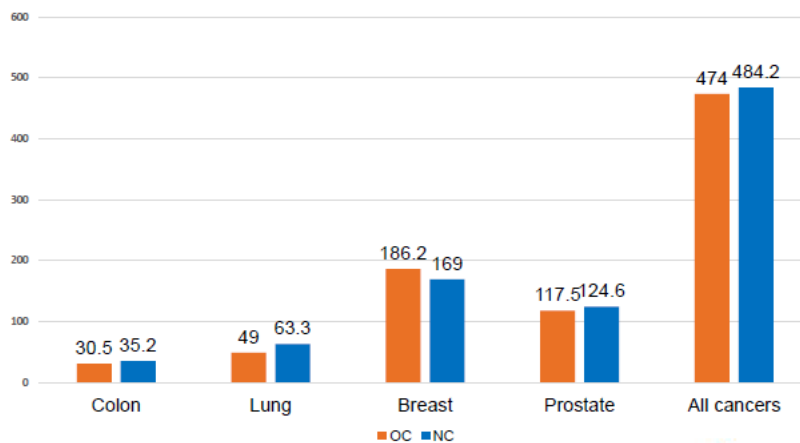
PHYSICAL ACTIVITY

PHYSICAL ACTIVITY—SURVEY RESPONSE

- Average of 74 minutes of activity per day (66% of survey respondents answered this question)

- Most common reasons for not engaging in activity: (respondents could pick multiple options)
    - Lack of time (48.3%)
    - Too tired (32.7%)
    - Had an injury (17.1%)
    - Don't like to exercise (11.9%)
    - Exercise is too expensive (10.9%)

NUTRITION—SURVEY RESPONSE

- Majority (63.1%) reported eating at least 3 servings of fruits and vegetables per day

- Most common reasons for not eating healthy: (respondents could pick multiple options)
  - Not enough time to cook or shop (27.9%)
  - Don't like the taste (26.4%)
  - Cost (21.2%)

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NUTRITION—SECONDARY DATA SOURCES

- Food insecurity:
  - 9.5% food insecurity rate for OC
  - 11.8% food insecurity rate for NC
- SNAP benefits:
  - 5.9% of OC households
  - 13.4% of NC households

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MENTAL HEALTH – SURVEY RESPONSE

- Respondents described their mental health as:
  - Excellent (21.2%)
  - Very good (30.4%)
  - Good (30.4%)
  - Fair (14.9%)
  - Poor (2.1%)
- Anxiety & depression most commonly reported
- 39.5% of respondents reported a personal or household need for mental health assistance

MENTAL HEALTH—SURVEY RESPONSE

- How often do feelings of anxiety or depression keep you from daily activities?
  - Often (5.8%)
  - Sometimes (23.2%)
  - Rarely (34.2%)
  - Never (36.1%)
- How often do you feel isolated or lonely?
  - Often (7.1%)
  - Sometimes (30.1%)
  - Rarely (33.2%)
  - Never (26.9%)

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MENTAL HEALTH—FOCUS GROUPS

- Formerly Incarcerated:
  - Some formerly incarcerated individuals reported feeling paranoid due to time spent in jail
  - One person stated not as paranoid as used to be except for public places due to mass shootings
  - Some reported seeing traumatic things while incarcerated due to actions of peers

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ACCESS TO CARE

ACCESS TO CARE—SECONDARY DATA

- 5.3% uninsured in OC
- 9.3% uninsured in NC

- 137 physicians per 10,000 population in OC
  - The largest ratio in the state
- 25 physicians per 10,000 population for NC

ACCESS TO CARE – SURVEY RESPONSE

- 75% less than a year since last medical checkup
- 71% less than a year since last dental checkup
- Top reasons for not getting care:
  - Difficulty getting appointment
  - Insurance difficulties (uninsured or underinsured)
  - Felt ignored or disrespected
- Type of provider had difficulty with:
  - Adult primary care
  - Specialist
  - Dentist

ACCESS TO CARE—FOCUS GROUPS

- Formerly incarcerated group:
  - Some participants found out about their health problems during incarceration
- Spanish-speaking group:
  - Group shared positive experiences working with community partners to get health insurance and find financial assistance for medical needs
  - Some participants felt more health insurance is needed
- Substance Use
  - Participants felt UNC Health Care was great

ACCESS TO RESOURCES-SURVEY RESPONSE

- Did you or anyone in your household have trouble getting resources? (could select multiple)
  - No trouble with resources (64.4%)
  - Health care (18.4%)
  - Food (8.4%)
  - Housing (7.2%)
  - Medicine (7.2%)
  - Utilities (4.5%)

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ACCESS TO RESOURCES--FOCUS GROUPS

- Employment assistance (all focus groups)
- Affordable housing with special need for:
  - Single moms
  - People in recovery
  - Safe housing regardless of documentation status
- Programs for women getting out of incarceration
- Connect people to services before release
- Transportation trouble in Hillsborough, but felt Chapel Hill transportation is great
  - Programs to help people get cars and/or license
  - More parks and sidewalks near neighborhoods

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SUBSTANCE USE

SUBSTANCE USE – SURVEY RESPONSE

- 85% stated rare or no regular exposure to tobacco smoke or vapor
- 91.2% stated rarely or never negatively impacted by personal or household substance use

SUBSTANCE USE—FOCUS GROUPS

- Formerly Incarcerated identified:
  - A need for connections to detox
  - Fentanyl is a major problem and a need to get drugs off the streets
- Persons with history of substance use identified:
  - Self-medication
  - Trauma
  - Related to mental health concerns
  - Felt fentanyl and meth most commonly used substances

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ENVIRONMENTAL HEALTH

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ENVIRONMENTAL HEALTH—SURVEY RESPONSE

- 66.8% of respondents use tap water for both drinking and cooking
- 21.8% use tap water for cooking only

- Concern for water contaminants
  - 51% no
  - 37% yes
  - 11% I don't know

QUALITY OF LIFE

QUALITY OF LIFE—SURVEY RESPONSES

Have you experienced discrimination, bias, prejudice or racial tension in Orange County?

- 67.4% reported none experienced
- Reported settings of discrimination experience
  - Stores or restaurants (12.2%)
  - Health care (6%)
  - Housing (5%)
  - Employment (4.8%)
  - Education (4.6%)

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QUALITY OF LIFE—FOCUS GROUPS

- Spanish-speaking participants shared:
  - Fear of checkpoints and law enforcement in general
  - Fear of asking for help due to immigration status
- Formerly incarcerated shared:
  - Feeling like they lack a voice with community leaders
  - "we're not white"

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TOP THREE ISSUES IMPACTING HEALTH IN ORANGE COUNTY – SURVEY RESPONSE

1. Affordable housing (41.4%)
2. Affordable health care (41.2%)
3. Cost of healthy food (22.4%)
4. Chronic conditions (21.5%)
5. Mental health (16.5%)
6. Alcohol, drug or medication misuse (15.8%)
7. Lack of employment and/or low pay (12.1%)
8. Lack of health insurance (11.2%)
9. Homelessness (10.1%)
10. Aging concerns (9.2%)
11. Racism (7.9%)
12. Firearm-related injuries (6.9%)
12. Lack of availability of health care providers (6.9%)
12. Neighborhood change or gentrification (6.9%)
15. Lack of access to childcare (6.4%)

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Group Discussion

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GROUP DISCUSSION

- What does the data tell us? What new insights do you have?
- What does the data tell you about equity?
  - Who is at a disadvantage?
  - Who benefits the most?

Prioritization and Priority voting

GROUP DISCUSSION—*PRIORITIZATION*

- What do you think is the top priority?

- **Importance**: Which is the most serious?
- **Consequence**: Which have the biggest impact if not addressed?
- **Feasibility**: Which topic(s) can we reasonably influence in the next four years?

NEXT STEPS

- Conduct remaining listening sessions
- Select top 3 priorities
- Write and share CHA document (Spring 2024)
- Develop Community Health Improvement Plans for all 3 priorities (by September 2024)
  - If you would like to be part of the improvement plan process, please let us know

THANK YOU!!

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dcrews@orangecountync.gov
919-245-2458

Appendix K: Priority Voting Information

Priority Voting Results

Priority Voting Results: 223 Surveys Completed, (respondents could choose up to three (3) priorities			
Priority	**Total Votes**	**Percentage of Votes**	**Rank**
Affordable housing	118	52.91%	1
Cost of healthy food	84	37.67%	2
Affordable health care	74	33.18%	3
Mental health	67	30.04%	4
Homelessness	42	18.83%	5
Alcohol, drug, or medication misuse	40	17.94%	6
Lack of health insurance	39	17.49%	7
Lack of employment and/or low paying jobs	38	17.04%	8
Racism	33	14.80%	9
Aging concerns	27	12.11%	10
Firearm-related injuries	24	10.76%	11
Chronic conditions	22	9.87%	12
Lack of availability of health care providers	20	8.97%	13
Neighborhood change/gentrification	15	6.73%	14
Lack of access to childcare	14	6.28%	15

Priorities Voting Card (English)

ORANGE COUNTY
HEALTH DEPARTMENT

Orange County Community Health Assessment 2023

What do you think are the three most important concerns impacting health in our community?

Affordable housing	Alcohol, drug, or medication misuse	Racism
Affordable health care	Lack of employment and/or low paying jobs	Firearm-related injuries
Cost of healthy food	Lack of health insurance	Lack of availability of health care providers
Chronic conditions	Homelessness	Neighborhood change/gentrification
Mental health	Aging concerns	Lack of access to childcare

Evaluación de la Salud de la Comunidad del Condado de Orange del 2023

¿Cuáles cree que son los tres problemas más importantes que afectan la salud en nuestra comunidad?

Vivienda asequible	Abuso de alcohol, drogas o medicamentos	Racismo
Atención de salud asequible	Falta de oportunidades de empleo y/o empleos mal remunerados	Lesiones por armas de fuego
Costo de alimentos saludables	Falta de seguro médico	Falta de disponibilidad de proveedores de atención de salud
Enfermedades crónicas	Falta de vivienda	Cambios en el vecindario/aburguesamiento
Preocupaciones de salud mental	Problemas de envejecimiento	Falta de acceso a servicios de guardería

Appendix L: Orange County Community Resources

ORANGE COUNTY HOUSING DEPARTMENT

RESOURCE GUIDE

All resources listed in the guide can also be found online at **www.occonnect.info.**

START HERE!

If you would like to speak with someone about your housing needs, start by contacting the **Housing Helpline** at **919-245-2655** or **housinghelp@orangecountync.gov.** We provide information and referral to housing and other resources in Orange County.

HOUSING: EMERGENCY & TRANSITIONAL

ORGANIZATION	CONTACT
ORANGE COUNTY	
IFC Community House. Transitional housing for men; cold weather cots.	1315 MLK, Jr. Blvd, Chapel Hill; 919-967-1086 ext 0
IFC Homestart. Transitional housing for women and children; cold weather cots.	2502 Homestead Rd, Hillsborough; 919-932-6025 ext 0
DURHAM COUNTY	
Urban Ministries/Housing for New Hope	984-287-8313
WAKE COUNTY	
Wake County Partnership to End Homelessness	919-443-0096

PUBLIC | GOVERNMENT FUNDED HOUSING

ORGANIZATION	CONTACT
ORANGE COUNTY	
Chapel Hill Public Housing. Affordable rental housing, resident service programs, transitional housing.	317 Caldwell St Extension, Chapel Hill; 919-968-2850
Orange County Housing Authority. Housing Choice Voucher (Section 8).	919-245-2490

NON-PROFIT | PRIVATELY OWNED AFFORDABLE HOUSING

ORGANIZATION	CONTACT
**CHAPEL HILL	CARRBORO**	
EmPOWERment, Inc. Low-income homeownership, rental housing.	109 N Graham St, Chapel Hill; 919-967-8779
Adelaide Walters Apartments. Age 62+ or physically disabled.	603 MLK Jr. Blvd, Chapel Hill; 919-968-8018
Carolina Spring Apartments. Age 55+.	600 W Poplar Ave, Carrboro; 919-942-9559
CASA. Supportive housing for persons with disabilities, veterans.	(Offices located in Raleigh); 919-754-9960
Covenant Place Retirement Homes. Age 62+.	103 Culbreth Rd, Carrboro; 919-929-0061
First Baptist and Manley Estates Apartments. Age 62+.	805 S Merritt Mill Rd, Chapel Hill; 919-968-9778
Greenfield Place	200 Formosa Ln, Chapel Hill; 919-240-7337
Dobbins Hill	1749 Dobbins Dr, Chapel Hill; 919-932-3100
Elliott Woods/Chase Park (Interchurch Council Housing)	106 Elliot Dr, Chapel Hill; 919-942-2197
HILLSBOROUGH	
Gateway Village	400 Lakeside Dr; 919-732-6701
Coachwood Apartments	200 Cheshire Dr; 919-732-9844
Eno Haven. Age 55+.	811 Highway 70 E; 919-245-0700
Hampton Pointe	350 Hampton Pointe Blvd; 919-296-9003

NON-PROFIT | PRIVATELY OWNED AFFORDABLE HOUSING, continued

ORGANIZATION	CONTACT
MEBANE	
Elmwood	616 E Oakwood St; **919-563-2977**
Cedar Hill	275 S 11th St; **919-563-3539**
ONLINE	
NC Housing Search	www.nchousingsearch.com

VETERANS

ORGANIZATION	CONTACT
Durham VA Health Care System. Transitional and supportive housing services to homeless veterans.	508 Fulton St, Durham; **919-286-6974**
National Call Center for Homeless Veterans	**877-424-3838**
Stop Soldier Suicide. Mental health, emergency financial aid, housing assistance.	**844-235-2764**
Volunteers of America. Housing, supportive services.	**919-530-1100**

CELL PHONES

ORGANIZATION	CONTACT
Assurance Wireless. Income-based program that provides free or discounted phones and data plans.	**888-321-5880**
Safelink Wireless. Income-based program that provides free or discounted phones and data plans.	**800-723-3546**

DISABILITY SERVICES

ORGANIZATION	CONTACT
ORANGE COUNTY	
Disability Awareness Council. Advocacy/education to eliminate barriers to employment and services.	**919-245-4337**
OE Enterprises. Vocational evaluations, job training, skills development for people with disabilities.	348 Elizabeth Brady Rd, Hillsborough; **919-732-8124**
Vocational Rehabilitation. Employment services for people with disabilities.	548 Smith Level Rd, Carrboro; **919-969-7350**
Residential Services, Inc. Group homes adults & children with intellectual/ developmental disabilities.	111 Providence Rd, Chapel Hill; **919-942-7391**
ARC the Triangle Durham/Chapel Hill. Services for those with developmental disabilities.	1709 Legion Rd, Ste 100, Chapel Hill; **919-942-5119**

DISABILITY BENEFITS

ORGANIZATION	CONTACT
Social Security Administration. SSI/SSDI benefits.	(Area office located in Durham) **888-759-3908**

DOMESTIC VIOLENCE

ORGANIZATION	CONTACT
ORANGE COUNTY	
Compass Center. Services for victims of domestic abuse.	210 Henderson St, Chapel Hill; 24-hour hotline **919-929-7122**
DURHAM COUNTY	
Durham Crisis Response Center	206 N Dillard St; 24-hour hotline; English **919-403-6562**; Spanish **919-519-3735**
WAKE COUNTY	
InterAct. Domestic violence shelter, legal services.	1012 Oberlin Rd; 24-hour hotline **919-828-7740**; Toll Free: **866-291-0855**

ORANGE COUNTY HOUSING DEPARTMENT

EMERGENCY FINANCIAL ASSISTANCE

ORGANIZATION	CONTACT
ORANGE COUNTY	
Emergency Housing Assistance. For assistance with evictions, utility disconnections, and exiting homelessness.	Housing Helpline **919-245-2655** or housinghelp@orangecountync.gov
CHAPEL HILL | CARRBORO	
IFC. Call for appointment.	110 W Main St, Carrboro; **919-929-6380**
HILLSBOROUGH	
Orange Congregations in Mission. Call for appointment.	300 Millstone Dr; **919-732-6194**

EMPLOYMENT \| EDUCATION

ORGANIZATION	CONTACT
ORANGE COUNTY	
Community Empowerment Fund. Savings opportunities, bank accounts, one-on-one employment assistance, financial education.	208 N Columbia St, Ste.100, Chapel Hill; **919-200-0233**
Department of Social Services. Job coaching, vocational training, job referrals.	113 Mayo St, Hillsborough; **919-245-2800**
Durham Technical Community College, Orange Campus in Hillsborough. Adult education, job skills, GED, associate and 4-year degree programs.	525 College Park Rd, HIllsborough; **919-391-4005**
El Centro Hispano. Community information and resources for Spanish speakers.	201 W Weaver St, Carrboro; **919-945-0132**
NC Works/Skills Development Center. Resources, job training, career assistance, resumes, employment, computer access.	100 Europa Drive, Suite 101, Chapel Hill; **919-245-4335**
Central Piedmont Community Action. Job placement, training.	880 MLK, Jr Blvd, Chapel Hill; **919-391-4005**

FAMILY SERVICES

ORGANIZATION	CONTACT
ORANGE COUNTY	
Women, Infants and Children (WIC). Nutrition and breastfeeding education/support, free shopping card, healthy food, community referrals for pregnant women and women with children under 5.	Hillsborough **919-245-2422**; Carrboro **919-942-8741**
Child Care Services Association. Childcare resources/referrals for families with children ages 0-12.	1829 E Franklin St, Chapel Hill; **919-967-3272**
KidSCope. Mental health services, parent education for families with young children 0-5.	Chapel Hill; **919-644-6590**

FOOD

ORGANIZATION	CONTACT
CHAPEL HILL | CARRBORO	
IFC. Community Kitchen (Lunch/dinner) and **Food Pantry.**	**919-929-6380 ext 2000**
Meals on Wheels. Lunches for seniors, people with disabilities.	**919-942-2948**
HILLSBOROUGH	
Food for All Fairview Baptist Church	**919-732-3571**
Orange Congregations in Mission. Food pantry and Meals on Wheels.	300 Millstone Dr; **919-732-6194**

HEALTH \| DENTAL

ORGANIZATION	CONTACT
FIT (Formerly Incarcerated Transition) Program. Connects formerly incarcerated individuals to healthcare centers.	**919-245-2397**
Orange County Health Department	300 W Tryon St, Hillsborough; 2501 Homestead Rd, Chapel Hill. **919-245-2400**; Dental appts: **919-945-2435**
Piedmont Health Services. Medical, dental and pharmacy services, low-cost prescriptions.	301 Lloyd St, Carrboro; **919-732-6194**; 107 Conner Drive, Chapel Hill; **919-951-7600**

ORANGE COUNTY HOUSING DEPARTMENT

HEALTH | DENTAL , continued

ORGANIZATION	CONTACT
Planned Parenthood. STD testing, treatment and vaccines, men's healthcare, LGBTQ Services, pregnancy services.	Chapel Hill; 919-942-7762; Nationwide 1-800-230-7526
SHAC: Dental Clinic. Free dental care, chosen by lottery.	Chapel Hill; 984-999-1654
UNC Health Financial Assistance. Income-based financial assistance with medical bills.	866-704-5286
UNC Hospitals Emergency Room. 24-hour emergency medical assistance.	101 Manning Dr, Chapel Hill; 984-974-4721; 430 Waterstone Dr, Hillsborough; 984-215-2000
UNC Outpatient Pharmacy. Assistance program for UNC patients without income or insurance.	101 Manning Dr, Chapel Hill; 984-974-2374; 430 Waterstone Dr, Hillsborough; 984-215-2060
UNC Pharmacy Assistance Program. Reduced cost of medications with low co-pay.	Chapel Hill; 919-966-7690
UNC Student Health Action Coalition (SHAC). Free health clinic.	301 Lloyd St, Carrboro; 984-538-1031

LEGAL

ORGANIZATION	CONTACT
Legal Aid of NC	Housing Helpline: 877-201-6426; General: 866-219-5262
Orange County Eviction Diversion Program. Free legal information and free representation in court for eviction proceedings.	Housing Helpline 919-245-2655 or housinghelp@orangecountync.gov

MENTAL HEALTH

ORGANIZATION	CONTACT
Crisis 988 Lifeline	Text or call; 988 or chat www.988lifeline.org
Freedom House Recovery Center. Mobile Crisis Teams are available 24 hours/day; average response time is 2 hours.	Walk-ins welcome; 104 New Stateside Dr, Building 110, Chapel Hill NC, 27516; 866-275-9552 or 919-967-8844.
Alliance Health. Find a service provider.	800-510-9132

SENIORS

ORGANIZATION	CONTACT
Orange County Department on Aging. Aging Helpline for information about services; Orange County's senior centers.	919-968-2087

SEXUAL ASSAULT

ORGANIZATION	CONTACT
Orange County Rape Crisis Center. Services for survivors of sexual violence.	24-hour 919-967-7273

TRANSPORTATION

ORGANIZATION	CONTACT
ORANGE COUNTY	
Chapel Hill Transit. Bus service between Carrboro, Chapel Hill, and Hillsborough.	919-969-4900
EZ Rider. Door to door transportation for individuals with disabilities.	919-969-5544
Orange County Public Transportation. On-demand services for Medicaid and non-Medicaid recipients; routes between Hillsborough and Alamance County.	919-245-2004

ORANGE COUNTY HOUSING DEPARTMENT

Contact the **Orange County Housing Helpline** at **919-245-2655** or **housinghelp@orangecountync.gov**
for more information or to provide an update.

Last updated 11/2023

ORANGE COUNTY HOUSING DEPARTMENT

GUÍA DE RECURSOS

Todos los recursos enumerados en la guía también se pueden encontrar en línea en **www.occonnect.info**.

¡EMPIECE AQUI!

Si desea hablar con alguien sobre sus necesidades de vivienda, comience por comunicarse con el
La línea de ayuda de Alojamiento en 919-245-2655 o housinghelp@orangecountync.gov.
Brindamos información y referencias a viviendas y otros recursos en el Condado de Orange.

VIVIENDA: EMERGENCIA Y TRANSICIÓN

ORGANIZACIÓN	CONTACTO
CONDADO DE ORANGE	
IFC Community House. Vivienda de transición para hombres; camas para clima frío.	1315 MLK, Jr. Blvd, Chapel Hill; 919-967-1086 ext 0
Inicio de IFC. Vivienda de transición para mujeres y niños; cunas para clima frio.	2502 Homestead Rd, Hillsborough; 919-932-6025 ext 0
CONDADO DE DURHAM	
Urban Ministries/Housing for New Hope	984-287-8313
CONDADO DE WAKE	
Wake County Partnership to End Homelessness	919-443-0096

VIVIENDA PÚBLICA/FINANCIADA POR EL GOBIERNO

ORGANIZACIÓN	CONTACTO
CONDADO DE ORANGE	
Chapel Hill Public Housing. Viviendas de alquiler asequibles, programas de servicios para residentes, viviendas de transición.	317 Caldwell St Extension, Chapel Hill; 919-968-2850
Orange County Housing Authority. Cupón de Elección de Vivienda (Sección 8).	919-245-2490

VIVIENDA ASEQUIBLE SIN FINES DE LUCRO | DE PROPIEDAD PRIVADA

ORGANIZACIÓN	CONTACTO
**CHAPEL HILL	CARRBORO**	
EmPOWERment, Inc. Propiedad de vivienda de bajos ingresos, vivienda de alquiler.	109 N Graham St, Chapel Hill; 919-967-8779
Adelaide Walters Apartments. Mayores de 62 años o discapacitados físicos.	603 MLK Jr. Blvd, Chapel Hill; 919-968-8018
Carolina Spring Apartments. Edad 55+.	600 W Poplar Ave, Carrboro; 919-942-9559
CASA. Vivienda de apoyo para personas con discapacidades, veteranos.	(Oficinas ubicadas en Raleigh); 919-754-9960
Covenant Place Retirement Homes. Edad 62+.	103 Culbreth Rd, Carrboro; 919-929-0061
First Baptist and Manley Estates Apartments. Edad 62+.	805 S Merritt Mill Rd, Chapel Hill; 919-968-9778
Greenfield Place	200 Formosa Ln, Chapel Hill; 919-240-7337
Dobbins Hill	1749 Dobbins Dr, Chapel Hill; 919-932-3100
Elliott Woods/Chase Park (Interchurch Council Housing)	106 Elliot Dr, Chapel Hill; 919-942-2197
HILLSBOROUGH	
Gateway Village	400 Lakeside Dr; 919-732-6701
Coachwood Apartments	200 Cheshire Dr; 919-732-9844
Eno Haven. Edad 55+.	811 Highway 70 E; 919-245-0700
Hampton Pointe	350 Hampton Pointe Blvd; 919-296-9003

VIVIENDA ASEQUIBLE SIN FINES DE LUCRO | DE PROPIEDAD PRIVADA, CONTINUACIÓN

ORGANIZACIÓN	CONTACTO
MEBANE	
Elmwood	616 E Oakwood St; **919-563-2977**
Cedar Hill	275 S 11th St; **919-563-3539**
EN LÍNEA	
NC Housing Search	www.nchousingsearch.com

VETERANOS

ORGANIZACIÓN	CONTACTO
Durham VA Health Care System. Servicios de vivienda transitoria y de apoyo para veteranos sin hogar.	508 Fulton St, Durham; **919-286-6974**
National Call Center for Homeless Veterans	**877-424-3838**
Stop Soldier Suicide. Salud mental, ayuda financiera de emergencia, asistencia de vivienda.	**844-235-2764**
Volunteers of America. Vivienda, servicios de apoyo.	**919-530-1100**

TELÉFONOS CELULARES

ORGANIZACIÓN	CONTACTO
Assurance Wireless. Programa basado en ingresos que ofrece teléfonos y planes de datos gratis o con descuento.	**888-321-5880**
Safelink Wireless. Programa basado en ingresos que ofrece teléfonos y planes de datos gratis o con descuento.	**800-723-3546**

SERVICIOS PARA DISCAPACIDAD

ORGANIZACIÓN	CONTACTO
CONDADO DE ORANGE	
Disability Awareness Council. Abogacía/educación para eliminar las barreras al empleo y los servicios.	**919-245-4337**
OE Enterprises. Evaluaciones vocacionales, capacitación laboral, desarrollo de habilidades para personas con discapacidad.	348 Elizabeth Brady Rd, Hillsborough; **919-732-8124**
Vocational Rehabilitation. Servicios de empleo para personas con discapacidad.	548 Smith Level Rd, Carrboro; **919-969-7350**
Residential Services, Inc. Hogares grupales para adultos y niños con discapacidades intelectuales/del desarrollo.	111 Providence Rd, Chapel Hill; **919-942-7391**
ARC the Triangle Durham/Chapel Hill. Servicios para personas con discapacidades del desarrollo.	1709 Legion Rd, Ste 100, Chapel Hill; **919-942-5119**

BENEFICIOS POR DISCAPACIDAD

ORGANIZACIÓN	CONTACTO
Social Security Administration. Beneficios de SSI/SSDI.	(Oficina de área ubicada en Durham) **888-759-3908**

VIOLENCIA DOMÉSTICA

ORGANIZACIÓN	CONTACTO
CONDADO DE ORANGE	
Compass Center. Servicios para víctimas de abuso doméstico.	210 Henderson St, Chapel Hill; Línea directa las 24 horas **919-929-7122**
CONDADO DE DURHAM	
Durham Crisis Response Center	206 N Dillard St; línea directa las 24 horas; Inglés **919-403-6562**; Español **919-519-3735**
CONDADO DE WAKE	
InterAct. Refugio de violencia doméstica, servicios legales.	1012 Oberlin Rd; línea directa las 24 horas **919-828-7740**; Número gratuito: **866-291-0855**

ASISTENCIA FINANCIERA DE EMERGENCIA

ORGANIZACIÓN	CONTACTO
CONDADO DE ORANGE	
Emergency Housing Assistance. Para asistencia con desalojos, desconexiones de servicios públicos y salir de la falta de vivienda.	Línea de Ayuda de Vivienda 919-245-2655 o housinghelp@orangecountync.gov
CHAPEL HILL | CARRBORO	
IFC. Llame para una cita.	110 W Main St, Carrboro; 919-929-6380
HILLSBOROUGH	
Orange Congregations in Mission. Llame para una cita.	300 Millstone Dr; 919-732-6194

EMPLEO \| EDUCACIÓN

ORGANIZACIÓN	CONTACTO
CONDADO DE ORANGE	
Fondo de Empoderamiento Comunitario. Oportunidades de ahorro, cuentas bancarias, asistencia laboral personalizada, educación financiera.	208 N Columbia St, Ste.100, Chapel Hill; 919-200-0233
Department of Social Services. Orientación laboral, formación profesional, referencias laborales.	113 Mayo St, Hillsborough; 919-245-2800
Durham Technical Community College, Campus Orange en Hillsborough. Educación para adultos, habilidades laborales, GED, programas de grado asociado y de 4 años.	525 College Park Rd, HIllsborough; 919-391-4005
El Centro Hispano. Información comunitaria y recursos para hispanohablantes.	201 W Weaver St, Carrboro; 919-945-0132
NC Works/Skills Development Center. Recursos, capacitación laboral, asistencia profesional, currículos, empleo, acceso a computadoras.	100 Europa Drive, Suite 101, Chapel Hill; 919-245-4335
Central Piedmont Community Action. Inserción laboral, formación.	880 MLK, Jr Blvd, Chapel Hill; 919-391-4005

SERVICIOS FAMILIARES

ORGANIZACIÓN	CONTACTO
CONDADO DE ORANGE	
Women, Infants and Children (WIC). Educación/apoyo sobre nutrición y lactancia, tarjeta de compras gratis, alimentos saludables, referencias comunitarias para mujeres embarazadas y mujeres con niños menores de 5 años.	Hillsborough 919-245-2422; Carrboro 919-942-8741
Child Care Services Association. Recursos/referencias para el cuidado de niños para familias con niños de 0 a 12 años.	1829 E Franklin St, Chapel Hill; 919-967-3272
KidSCope. Servicios de salud mental, educación para padres para familias con niños pequeños de 0 a 5 años.	Chapel Hill; 919-644-6590

FOOD

ORGANIZACIÓN	CONTACTO
CHAPEL HILL | CARRBORO	
IFC. Cocina Comunitaria (Almuerzo/cena) y Despensa de alimentos.	**919-929-6380 ext 2000**
Meals on Wheels. Almuerzos para personas de la tercera edad, personas con discapacidad.	**919-942-2948**
HILLSBOROUGH	
Food for All Fairview Baptist Church	**919-732-3571**
Orange Congregations in Mission. F Despensa de alimentos y Meals on Wheels.	300 Millstone Dr; 919-732-6194

SALUD \| DENTAL

ORGANIZACIÓN	CONTACTO
FIT (Anteriormente Programa de Transición para Encarcelados). Conecta a personas anteriormente encarceladas con centros de atención médica.	**919-245-2397**
Orange County Health Department	300 W Tryon St, Hillsborough; 2501 Homestead Rd, Chapel Hill. 919-245-2400; Dental appts: 919-945-2435
Piedmont Health Services. Servicios médicos, dentales y de farmacia, recetas médicas a bajo costo.	301 Lloyd St, Carrboro; 919-732-6194; 107 Conner Drive, Chapel Hill; 919-951-7600

SALUD | DENTAL, CONTINUACIÓN

ORGANIZACIÓN	CONTACTO
Planned Parenthood. Pruebas de ETS, tratamiento y vacunas, atención médica para hombres, servicios LGBTQ, servicios de embarazo.	Chapel Hill; 919-942-7762; A nivel nacional 1-800-230-7526
SHAC: Dental Clinic. Atención dental gratuita, elegida por sorteo.	Chapel Hill; 984-999-1654
UNC Health Financial Assistance. Asistencia financiera basada en ingresos con facturas médicas.	866-704-5286
UNC Hospitals Emergency Room. Asistencia médica de emergencia las 24 horas.	101 Manning Dr, Chapel Hill; 984-974-4721; 430 Waterstone Dr, Hillsborough; 984-215-2000
UNC Outpatient Pharmacy. Programa de asistencia para pacientes UNC sin ingresos ni seguro.	101 Manning Dr, Chapel Hill; 984-974-2374; 430 Waterstone Dr, Hillsborough; 984-215-2060
UNC Pharmacy Assistance Program. Costo reducido de medicamentos con copago bajo.	Chapel Hill; 919-966-7690
UNC Student Health Action Coalition (SHAC). UNC Student Health Action Coalition (SHAC). Clínica de salud gratuita.	301 Lloyd St, Carrboro; 984-538-1031

LEGAL

ORGANIZACIÓN	CONTACTO
Legal Aid of NC	Línea de Ayuda de Vivienda: 877-201-6426; Generales: 866-219-5262
Orange County Eviction Diversion Program. Información legal gratuita y representación gratuita en los tribunales para los procedimientos de desalojo.	Línea de Ayuda de Vivienda 919-245-2655 o housinghelp@orangecountync.gov

SALUD MENTAL

ORGANIZACIÓN	CONTACTO
Crisis 988 Línea de Vida	Texto o llamada; 988 o chat www.988lifeline.org
Freedom House Recovery Center. Los Equipos Móviles de Crisis están disponibles las 24 horas del día; el tiempo promedio de respuesta es de 2 horas.	Bienvenido sin cita previa; 104 New Stateside Dr, Building 110, Chapel Hill NC, 27516; 866-275-9552 o 919-967-8844.
Alliance Health. Encuentre un proveedor de servicios.	800-510-9132

ADULTOS MAYORES

ORGANIZACIÓN	CONTACTO
Orange County Department on Aging. Línea de ayuda para personas mayores para obtener información sobre servicios; Centros para personas mayores del Condado de Orange	919-968-2087

ASALTO SEXUAL

ORGANIZACIÓN	CONTACTO
Orange County Rape Crisis Center. Servicios para sobrevivientes de violencia sexual.	24 horas 919-967-7273

TRANSPORTE

ORGANIZACIÓN	CONTACTO
CONDADO DE ORANGE	
Chapel Hill Transit. Servicio de autobús entre Carrboro, Chapel Hill y Hillsborough.	919-969-4900
EZ Rider. Transporte puerta a puerta para personas con discapacidad.	919-969-5544
Orange County Public Transportation. Servicios a pedido para beneficiarios de Medicaid y que no son de Medicaid; rutas entre Hillsborough y el Condado de Alamance.	919-245-2004

ORANGE COUNTY HOUSING DEPARTMENT

Póngase en contacto con la **Línea de Ayuda de Alojamiento al 919-245-2655 o housinghelp@orangecountync.gov** para obtener más información o para proporcionar una actualización.

Last updated 11/2023

Appendix M: References

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[1-3] ClearImpact. (2016). *What is Results-Based Accountability?* Clear Impact Reach Your Peak. Retrieved February 8, 2024 https://clearimpact.com/results-based-accountability/

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