

**ORANGE COUNTY BOARD OF COMMISSIONERS
AND ORANGE COUNTY BOARD OF HEALTH**

JOINT MEETING AGENDA

April 14, 2015
Dinner – 5:00 pm
Meeting – 5:30 pm
Southern Human Services Center
2501 Homestead Road
Chapel Hill, NC 27516

<u>TIME</u>	<u>ITEM</u>	
5:30-5:35 pm	1. Welcome from the Chairs	Earl McKee Susan Elmore
5:35-5:50 pm	2. Update on the Board of Health Strategic Plan <ul style="list-style-type: none">• Substance Abuse/Mental Health• Child and Family Obesity• Access to Care	Liska Lackey Nick Galvez Dan Dewitya
5:50-5:55 pm	3. Health in All Policies	Tony Whitaker
5:55-6:15 pm	4. Family Success Alliance Update	Meredith Stewart
6:15-6:25 pm	5. Dental Clinic Update	Colleen Bridger
	6. Questions and Answers	



Orange County Board of Health Strategic Plan 2014-2016



Well-child exams

Disease Screening

Immunizations

Family Planning

Primary Care Services

Maternal Health

Nutrition Counseling

Smoking Cessation

Dental Exams & Cleaning

Fillings & Extractions

Sealants

Infant Oral Care



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Orange County

Board of Health Strategic Plan 2014-2016

Charge

The Board of Health is the primary policy-making and adjudicatory body for the Health Department. It is charged to protect and promote the public health of Orange County. Every two years, the Board of Health establishes a new strategic plan based on community health priorities and research on policies proven to improve community and individual health.

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Focus Area #4: Actively communicate about effective interventions and advocate for their funding

Childhood & Family Obesity

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Focus Area #1: Serve as a catalyst and facilitator for obesity prevention partnerships in the county

Focus Area #2: Identify and implement evidence-based nutrition and/or physical activity interventions

Focus Area #3: Advocate for and pursue policies/legislation aimed at reducing obesity

Substance Abuse & Mental Health

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Focus Area #1: Advocate for policies/practices/legislation aimed at improving substance abuse and mental health services

 Focus Area #2: Advocate for the importance of and need for childhood mental health services.

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Engagement

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 Focus Area #1: Actively engage with local government, advisory boards, and the community on Board of Health strategic plan priority areas.

Timeline

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Introduction

Every four years the Orange County Board of Health commissions a Community Health Assessment to identify pressing and emerging community health issues. The latest Community Health Assessment was completed in December of 2011, and in February 2012 the Board undertook a participatory group process to identify their top three health priorities for the next four years (2012-2016).

The three priorities: 1) *Access to Care*; 2) *Child and Family Obesity* and 3) *Substance Abuse/Mental Health* drove the work of the Board of Health, which was detailed in their [2012-2014 Strategic Plan](#). In 2014, the Board developed their second Strategic Plan for the next two years (2014-2016) building on the results of their work to date, while maintaining these three priorities.

To oversee the work of this extremely ambitious Strategic Plan, the Board of Health has formed three oversight committees—one for each priority—that will meet regularly to ensure action steps and deliverables meet the deadlines established in the plan.

2012—2014 Strategic Plan Highlights

Full report accessible on [Board of Health website](#)

Access to Care

- * Passed Orange County Health Department Health Literacy Policy
- * Oversaw [local implementation of the Affordable Care Act](#), including 20 trained navigators who provided enrollment assistance to 141 Orange County residents
- * Passed [Health Department Transit Resolution](#) to provide input on local planning for affordable and accessible public transit
- * Implemented an [Innovation Grant program](#) for internal pilot projects to improve services and patient outcomes

Substance Abuse & Mental Health

- * Passed one of the most comprehensive [smoke-free public places rules](#) in the United States
- * Established the [first naloxone distribution program](#) in a North Carolina Health Department
- * Oversaw development of county [population health dashboards](#) to track health and compare Orange County to peer counties, state and national health indicators

Child & Family Obesity

- * [Partnered with Orange County Sportsplex](#) to increase healthy food options by removing the fryer and stocking improved snack options
- * Established a lactation room for clients and staff at the Health Department
- * Advocated for policies aimed at reducing obesity in childcare and schools

Strategic Planning in Context

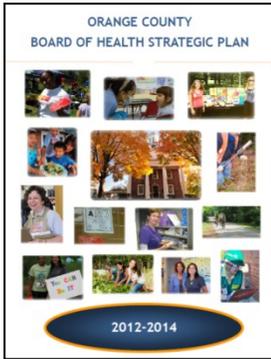
The Board of Health Strategic plan is situated in a broader context of purposeful planning and actions that provide the Board, Health Department staff, and the Orange County community with a clear picture of local health goals, plans and strategies to achieve these goals, and the measures used to monitor progress. These plans not only communicate how we will address the community’s health priorities, but also how our values as an organization drive our work.

Current strategic plans focus on three different levels of impact: population, service, and workplace priorities. Population priorities focus on policies and programs that improve the health of the Orange County population. The Board of Health Strategic Plan focuses on population level impact through policy. Service priorities focus on improving the services provided by the OCHD. Workplace priorities focus on improving the OCHD workforce and the working environment.

Population Priorities

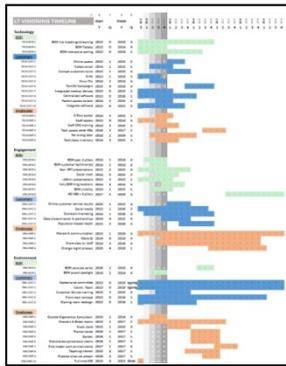
[Board of Health Strategic Plan & Community Health Assessment](#)

- Child & Family Obesity
- Substance Abuse & Mental Health
- Access to Care



Service Priorities

- OCHD Vision Plan
- Environment
- Technology
- Engagement



Workplace Priorities

- OCHD Internal Strategic Plan
- Communication
- Professional Development
- Morale



Access to Care

According to the 2011 Community Health Assessment, residents of Orange County have less than ideal access to health care services. Issues such as lack of awareness of resources, low health literacy and sporadic availability of transportation provide barriers to accessing appropriate medical service at the proper time. The Board of Health will work to address these issues through four focus areas:

- 1) Serve as a catalyst and advocate for health outcomes in the Orange County Child Poverty Project
- 2) Advocate for and pursue policies/legislation to improve access to care
- 3) Foster a culture of innovation at the Health Department
- 4) Actively communicate about effective interventions and advocate for their funding



Action Steps

Focus Area #1 - Serve as a catalyst and advocate for health outcomes in the Orange County Child Poverty Project

- 1) By July 2014, the Access to Care Subcommittee will designate a Board of Health member to serve on the Orange County Child Poverty Council.
- 2) By October 2014, the Access to Care Subcommittee or their appointee will present the project overview to identified county stakeholders.
- 3) At least twice per year, the Board of Health will receive regular reports on the activities and progress of the Orange County Child Poverty Council, and provide input as appropriate.
- 4) By July 2016, the Access to Care Subcommittee will review the gap analysis report on programs and services to achieve a pipeline to success in Orange County from the Orange County Child Poverty Council, and provide recommendations on priority public focus areas, programs and policies.

Focus Area #2 - Advocate for and pursue policies/legislation aimed at improving access to care

- 1) By February 2015, Health Department staff will work with Healthy Carolinians to identify programs and organizations serving high-risk populations (i.e. adult literacy programs) for targeted technical assistance and training on health literacy.
- 2) By August 2015, Health Department Staff and Healthy Carolinians will offer technical assistance to identified programs/organizations to implement health literacy training and policies for their staff and clients.

Focus Area #3 - Foster a culture of innovation at the Health Department

- 1) The Board of Health will continue to hear reports on the progress of Innovation Grants 2 times per year at Board of Health meetings.
- 2) By February 2016, the Access to Care Subcommittee will review the results of the first three years of projects and provide recommendations for submission to external grant-makers.

Focus Area #4: Actively communicate about effective interventions and advocate for their funding.

- 1) By April 2015, Health Department staff and the Access to Care subcommittee will develop a process to highlight the county-wide successes of Access to Care.

Childhood and Family Obesity

Obesity remains a top health concern for Orange County. Primary prevention of obesity by working with children and their families remains the most effective intervention. The Board of Health will work to address this issue through three focus areas:

- 1) Serving as a catalyst and facilitator for obesity prevention partnerships in the county;
- 2) Identifying and implementing evidence-based nutrition and/or physical activity interventions
- 3) Advocating for and pursuing policies/legislation aimed at reducing obesity through environmental and regulatory changes.



Action Steps

Focus Area #1 - Serve as a catalyst and facilitator for obesity prevention partnerships in the county

- 1) By September 2014, the Child & Family Obesity and Access to Care Subcommittees will host a Board of Health meeting to highlight built environment strategies to decrease child obesity. As possible, the meeting will be scheduled to include the newest section of the Riverwalk greenway in Hillsborough.
- 2) By October 2014, the Board of Health Chair will request that the Board of County Commissioners create a Board of Health seat on the Orange Unified Transportation Board (OUTBoard) to advocate for safe, adequate facilities for all transportation modes.
- 3) By July 2016, Health Department staff will develop a Health Impact Assessment scoring tool for proposed built environment projects (i.e schools, roads). The Board of Health will use this tool as appropriate to provide information on the potential health impact of proposed built environment projects and to encourage health in all policies.

Focus Area #2 - Identify and implement evidence-based nutrition and/or physical activity interventions

Early Childhood

- 1) By September 2014, the Health Department's MPH intern will research the feasibility and potential structure of a childcare recognition program for Orange County Childcare centers to promote evidence-based physical activity and nutrition policy changes in childcare centers.

School-Aged Children

- 1) By January 2016, Health Department staff will offer technical assistance to at least one school system in Orange County to 1) assess existing nutrition policies and programs and 2) identify evidence-based school nutrition policies to improve food quality.
- 2) By May 2016, the Board of Health will present a synthesis of existing nutrition policies/programs, evidence-based school nutrition policies/programs, and recommendations for priority action steps to improve nutrition in schools to at least one Orange County Board of Education.
- 3) Based on feedback from the meeting, Health Department staff will work with both boards and their respective staff to identify 1 priority intervention to recommend for implementation in the 2016-2017 school year.

Families

- 1) By August 2014, Health Department staff will recommend a list of local food partners for the Board of Health to provide health-focused input to the formation of a local food policy council in Orange County.
- 2) By April 2016, the Child and Family Obesity subcommittee will receive and consider priority policy recommendations from the council to increase the availability of healthy foods in local food deserts.

Focus Area #3: Advocate for and pursue policies/legislation aimed at reducing obesity

- 1) By July 2014, Health Department staff will develop a proposal for an Orange County lactation policy/program for all county departments.
- 2) By June 2014, the Child & Family Obesity Subcommittee will sponsor a resolution for approval by the full Board proclaiming the Board's support of breastfeeding through policy and environmental accommodations, recognizing National Breastfeeding Month, and encouraging the county to consider a lactation policy to provide support and information for all Orange County employees.
- 3) By August 2014, the Health Director will present the proposed policy to the Director of Human Resources and request that Orange County implement the proposed lactation policy.

Substance Abuse/Mental Health

Substance abuse and mental health issues permeate local public health. From exposure to environmental tobacco smoke causing an increase in cardiovascular disease to the challenges associated with ensuring medication compliance in a depressed patient with a communicable disease, mental health and substance abuse have far-reaching health and economic impacts. Addressing these problems will take a fully engaged and active presence by all organizations serving these clients. The Board of Health will address this issue through four focus areas:

- 1) Advocating for policies/practices/legislation aimed at improving substance abuse and mental health services
- 2) Advocating for the importance of and need for childhood mental health services.
- 3) Exploring the connection between health and the criminal justice system
- 4) Providing continuing support for county partners to implement and evaluate the Orange County Smoke-Free Public Places Rule



Action Steps

Focus Area #1: Advocate for policies/practices/legislation aimed at improving substance abuse and mental health services.

- 1) By February 2015, Health Department staff will explore the feasibility and legality of using the public health nuisance abatement order to control repeated underage alcohol sales/service violations by vendors.
- 2) By May 2015, Health Department staff will research evidence-based practices to reduce the frequency of infections, such as HIV and hepatitis C, passed through drug misuse and abuse and present their findings to the Substance Abuse/Mental Health Subcommittee.
- 3) By May 2015, Health Department staff will research the legal basis of putting findings from 2) into practice by the Board of Health.
- 4) By October 2015, the Substance Abuse/Mental Health subcommittee will discuss the findings from 3) and present their recommendations to the full Board. (*If the Board decides to move forward, begin implementation planning.)

Focus Area #2: Advocate for the importance of and need for childhood mental health services.

- 1) By August 2014, Health Department staff and the Early Childhood Mental Health MPH Intern will present a proposed consistent messaging campaign on the importance of early childhood mental health to the Board of Health for implementation. The campaign will be implemented starting fall 2014.
- 2) By September 2015, the Substance Abuse/Mental Health subcommittee will receive and discuss priority policy recommendations from local leaders/advisory boards in early childhood mental health to improve policy and programs. The Subcommittee will then present recommendations for action to the Board of Health

Focus Area #3: Explore the connection between health and the criminal justice system

- 1) By August 2015, the Substance Abuse/Mental Health subcommittee will review a gap analysis of partners, activities, and data in the areas of mental health, substance abuse, and primary care services in the criminal justice system.
- 2) By July 2016, the Substance Abuse/Mental Health subcommittee will receive and discuss priority actions from identified local stakeholders in the criminal justice system to improve health outcomes of those involved in the criminal justice system.

Focus Area #4: Provide continuing support for county partners to implement and evaluate the Orange County Smoke-Free Public Places Rule.

- 1) At two meetings per year, the Board of Health will receive updates on meetings with key municipal and county stakeholders, as well as progress on key implementation and evaluation measures of the Smoke-Free Public Places Rule.

Engagement

The Board of Health plays a key role in advocating for policies and activities that positively impact the health of Orange County residents. As a part of building an active culture of health within our county, the Board aims to have engagement with and from the community at large. The Board of Health will work to address this issue through one primary focus areas:

- 1) Engaging with local government, advisory boards, and the community on Board of Health strategic plan priority areas



Action Steps

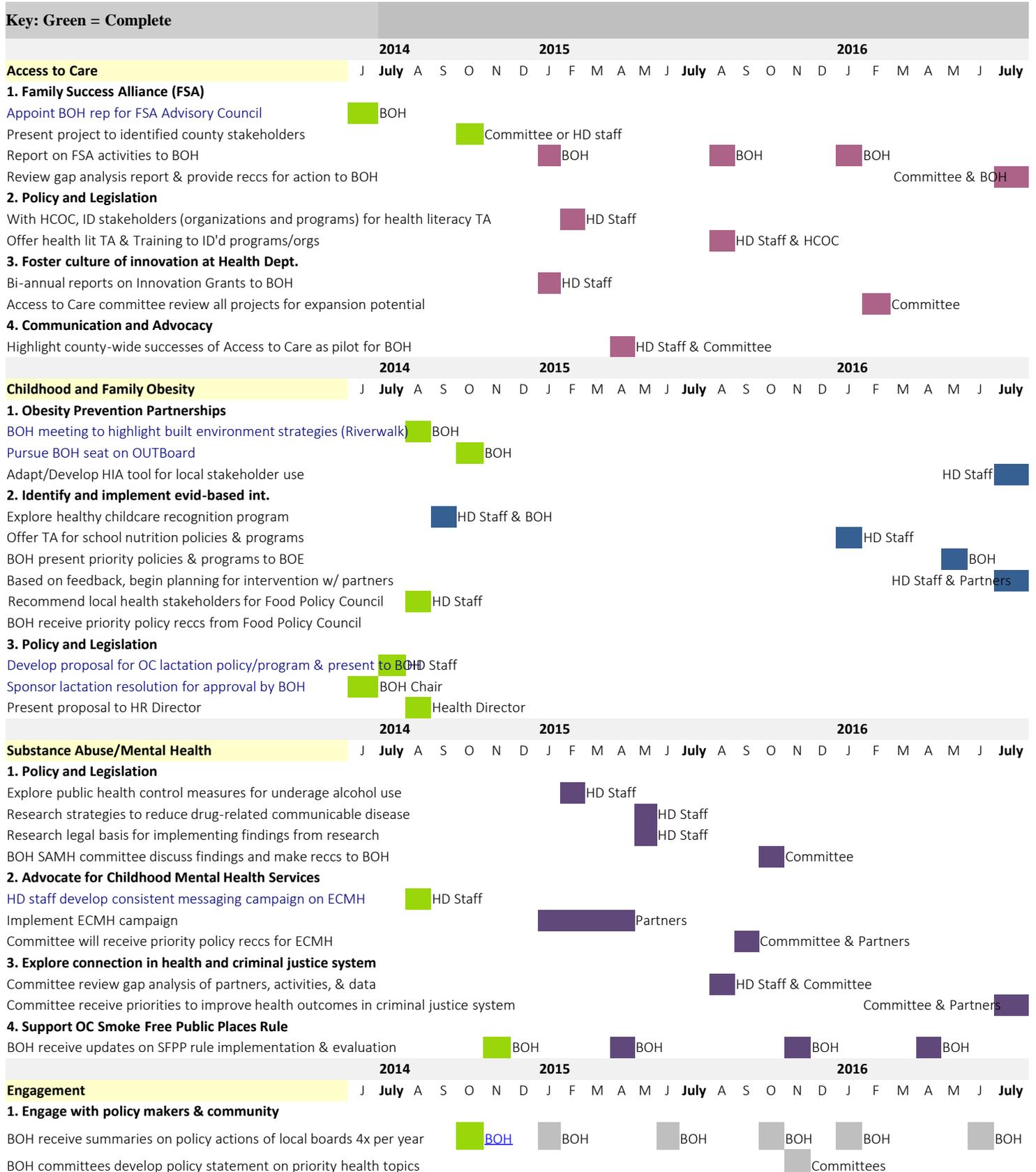
Focus Area #1: Actively engage with local government, advisory boards, and the community on Board of Health strategic plan priority areas.

- 1) Starting October 2014, the Board will receive summaries on the activities of applicable local boards or governing bodies at meetings four times per year, or as necessary for timely board action.
- 2) By November 2015, subcommittees will develop policy statements related to their priority health area for inclusion on the Board of Health website.



Board of Health Priorities 2014-2016 - Activity Timeline

(follow links of completed milestones for details and resources)



(return to [BOH page](#))

WHAT IS HEALTH IN ALL POLICIES?

Health in All Policies is a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas.

The goal of Health in All Policies is to ensure that decision-makers are informed about the health, equity, and sustainability consequences of various policy options during the policy development process. A Health in All Policies approach identifies the ways in which decisions in multiple sectors affect health, and how better health can support the goals of these multiple sectors. It engages diverse governmental partners and stakeholders to work together to promote health, equity, and sustainability, and simultaneously advance other goals such as promoting job creation and economic stability, transportation access and mobility, a strong agricultural system, and educational attainment. There is no one “right” way to implement a Health in All Policies approach, and there is substantial flexibility in process, structure, scope, and membership.

FIVE KEY ELEMENTS OF HEALTH IN ALL POLICIES

Promote health, equity, and sustainability. Health in All Policies promotes health, equity, and sustainability through two avenues: (1) incorporating health, equity, and sustainability into specific policies, programs, and processes, and (2) embedding health, equity, and sustainability considerations into government decision-making processes so that healthy public policy becomes the normal way of doing business.

Support intersectoral collaboration. Health in All Policies brings together partners from the many sectors that play a major role in shaping the economic, physical, and social environments in which people live, and therefore have an important role to play in promoting health, equity, and sustainability. A Health in All Policies approach focuses on deep and ongoing collaboration.

Benefit multiple partners. Health in All Policies values co-benefits and win-wins. Health in All Policies initiatives endeavor to simultaneously address the policy and programmatic goals of both public health and other agencies by finding and implementing strategies that benefit multiple partners.

Engage stakeholders. Health in All Policies engages many stakeholders, including community members, policy experts, advocates, the private sector, and funders, to ensure that work is responsive to community needs and to identify policy and systems changes necessary to create meaningful and impactful health improvements.

Create structural or process change. Over time, Health in All Policies work leads to institutionalizing a Health in All Policies approach throughout the whole of government. This involves permanent changes in how agencies relate to each other and how government decisions are made, structures for intersectoral collaboration, and mechanisms to ensure a health lens in decision-making processes.



The Healthy Community Framework was developed by the California Health in All Policies Task Force, based upon discussion with community, government, and public health leaders in response to the question, “What is a healthy community?”

A Healthy Community provides for the following through all stages of life:

HEALTHY COMMUNITY FRAMEWORK

Meets basic needs of all

- Safe, sustainable, accessible, and affordable transportation options
- Affordable, accessible and nutritious foods, and safe drinkable water
- Affordable, high quality, socially integrated, and location-efficient housing
- Affordable, accessible and high quality health care
- Complete and livable communities including quality schools, parks and recreational facilities, child care, libraries, financial services and other daily needs
- Access to affordable and safe opportunities for physical activity
- Able to adapt to changing environments, resilient, and prepared for emergencies
- Opportunities for engagement with arts, music and culture

Quality and sustainability of environment

- Clean air, soil and water, and environments free of excessive noise
- Tobacco- and smoke-free
- Green and open spaces, including healthy tree canopy and agricultural lands
- Minimized toxics, greenhouse gas emissions, and waste
- Affordable and sustainable energy use
- Aesthetically pleasing

Adequate levels of economic and social development

- Living wage, safe and healthy job opportunities for all, and a thriving economy
- Support for healthy development of children and adolescents
- Opportunities for high quality and accessible education

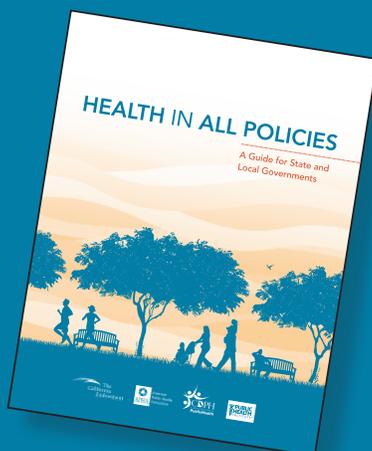
Health and social equity

Social relationships that are supportive and respectful

- Robust social and civic engagement
- Socially cohesive and supportive relationships, families, homes and neighborhoods
- Safe communities, free of crime and violence

WHAT'S IN HEALTH IN ALL POLICIES: A GUIDE FOR STATE AND LOCAL GOVERNMENTS?

- A discussion of why Health in All Policies approaches are necessary to meet today's health and equity challenges
- Five key elements of Health in All Policies, and how to apply them to your work
- Stories of cities, counties, and states that are implementing Health in All Policies
- "Food for Thought"—Lists of questions that leaders of a Health in All Policies initiative might want to consider
- Tips for identifying new partners, building meaningful collaborative relationships across sectors, and maintaining those partnerships over time
- A discussion of different approaches to healthy public policy, including applying a health lens to "non-health" policies
- Reflections on funding, evaluation, and the use of data to support Health in All Policies
- Information about messaging and tips on how to talk about Health in All Policies
- A case study of the California Health in All Policies Task Force
- Over 50 annotated resources for additional information
- A glossary of commonly used terms



To download *Health in All Policies: A Guide for State and Local Governments*, visit one of these websites:

<http://www.apha.org/hiap>

<http://www.phi.org/resources/?resource=hiapguide>

For more information, write to hiap@phi.org.



- [A](#)
- [A](#)
- [A](#)

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Health Department

- Clinic - Medical
- Clinic - Dental
- Communicable Disease Services
- Emergency Preparedness
- Environmental Health
- Health Education
- Healthy Carolinians
- Immigrant/Refugee Health
- Immunizations
- Nutrition Services
- STD and HIV Testing
- Volunteer With Us
- WIC
- Contact Us
- Español



Family Success Alliance



Live in Zone 4 or 6?



BE PART OF THE SOLUTION—TAKE THE SURVEY

**Community Survey
Encuesta de la Comunidad**

[Click HERE to take the Zone Survey in English](#)

[Haga clic AQUI para completar la encuesta en Español](#)

Completed surveys are entered into a drawing for prizes including:

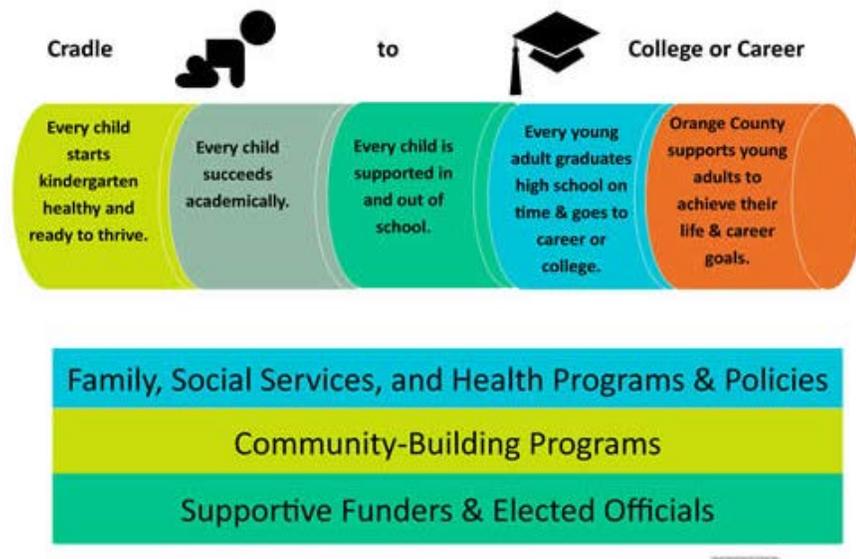
- 3-month Family Membership to the Chapel Hill YMCA (2 locations)
- Massage from the Triangle Sportsplex
- 1-week membership to the Triangle Sportsplex
- \$25 Visa giftcards

What's this all about?

We all want a decent life - to be able to pay the bills, put healthy food on the table and see our children succeed in school and in life. Yet in Orange County, we're seeing discouraging trends in our families and our communities doing these basic things. And when families struggle to make ends meet, it impacts their children now and for years in the future. The effects of income on children start early with the way children's brains are built, and continue through school, careers and health.

No one organization or individual has the "silver bullet" to change the way poverty decreases the chances our children and our community have to succeed. That's why a diverse group of elected officials, community organizations, and government partners are coming together to adapt lessons from successful models, like the Harlem Children's Zone, to Orange County.

These models improve children's chances for educational and economic opportunities by serving a defined geographic area (a zone) and its children with a seamless "pipeline" of evidence-based programs, services, and supports from cradle to career.



Upcoming Community Events

Zone Priority Setting Meetings

Come learn about the results of our door-to-door and online needs assessment surveys. We will use the information gathered to talk about the strengths and needs of our community. We will work together to set a series of project priorities that will be shared with the Family Success Alliance Advisory Council at their next meeting.

Zone 4: Wednesday, April 8th from 5:00 - 7:00 PM at [Stanback Middle School](#)

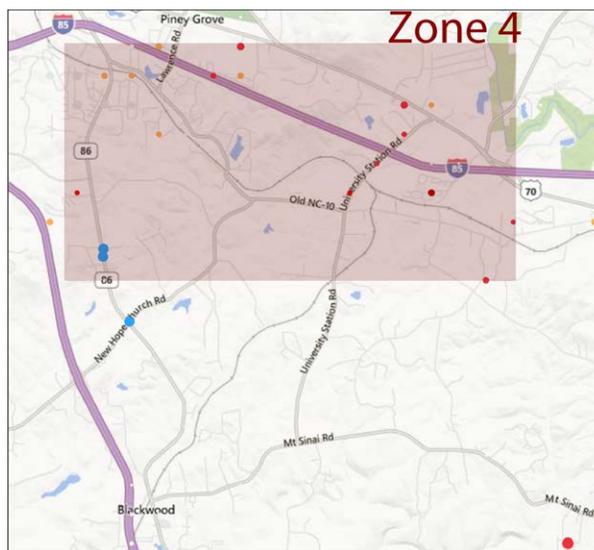
Zone 6: Thursday, April 9th from 5:00 - 7:00 PM at [Carrboro Elementary School](#)

A light meal, childcare, and interpreters will be provided.

Zones

Adapting other successful models to our communities will be a learning process. To help this learning process, two zones were selected from an initially identified six in December 2014 through a process that combined community listening sessions, a written application by stakeholders in each zone, and an in-person conversation with the advisory council.

The two pilot zones are Zone 4 and Zone 6.



Zone 4

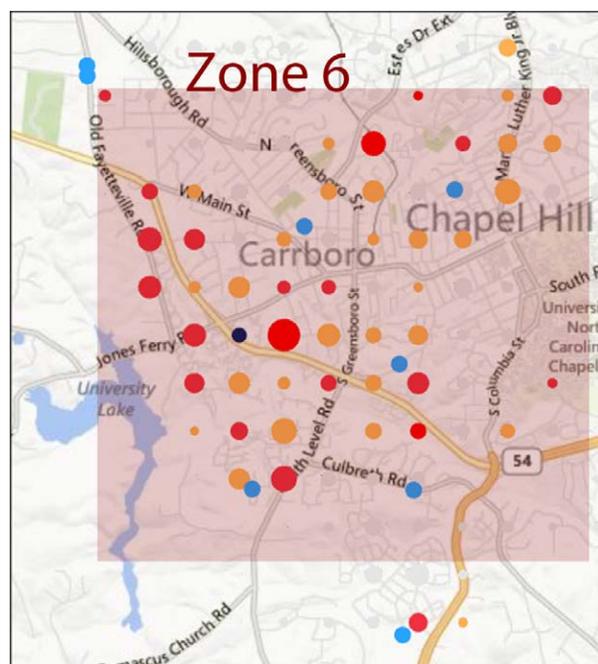
- Located between I-40 and I-85 in central Orange County,
- Includes A.L. Stanback Middle and New Hope Elementary
- Zone 4 data shows
 - Approximately 1 in 4 kids under 18 are living in poverty
 - 55% of kids at Zone 4 schools receive free or reduced lunch
 - Test scores for Zone 4 schools show that 53% of 3rd graders are not proficient in reading and 63% of 8th graders are not proficient in math.

In their application, Zone partners described hearing concerns from parents about their children's emotional,

physical and social well-being, their safety, and their academic achievement. Parents, both Spanish-speaking and English-speaking, identified the schools as safe, nurturing and positive places for their children and a source of support and connection for the entire family. Zone 4 is fortunate to have many community partners as well as school staff and parents who are working to build and strengthen the five parts of the pipeline. Families and local organizations, many of whom have felt unheard and unimportant in the past, have expressed excitement and anticipation in the work that has already begun and in future possibilities as part of the Family Success Alliance.

Zone 6 is a

- Densely populated zone that encompasses from downtown Chapel Hill southwest to Highway 54
- Strong history of the neighborhoods in this area gives the community a sense of identity
- Highest estimate of kids under 18 living in poverty – an estimated 878 kids
- Further, local data shows that approximately 30% of children at Zone 6 schools receive free or reduced lunch



The Zone 6 application highlighted early childhood development as the weakest part of their pipeline from cradle to career/college, as they feel the Zone has lost early education resources due to funding changes. Zone partners look forward to promoting the rich cultural history and diversity of their community to create a sense of unity to collaborate on projects that better the community.

What's Next?

Before moving to action, it is important that we understand the unique challenges and resources of Zones 4 and 6. To do this, Zone partners and FSA staff will work together from January - April 2015 to paint a picture of the "pipeline" from cradle to college or career in each zone and where the gaps in the pipeline exist. This picture will combine the voices of youth, families, service providers, and leaders in the zone with learned from decades of research on improving the odds for children and families.

Following this process, the Zones will present their priority actions to fill the gaps in the pipeline to the Advisory Council in April 2015.

Click the link to listen to our WCHL interview about the [Family Success Alliance](#)

Council

A council had been formed to advise this work, made up of a cross-section of the community, local government agencies, and non-profits. A representative from each of the 2 zones will be included once selected.

The Council will advise and make decisions on zone selection, resource allocations, program planning, and policy changes to ensure a pipeline of high-quality services exists in Orange County for children and families struggling to make ends meet, including:

- Identify geographically defined priority areas of high-need to pilot a focused collective impact approach to provide a pipeline of success from birth to college/career for children and families in the County;
- Serve as a convening body, to catalyze and coordinate partnerships among government agencies, non-profits, and individuals around the pipeline to success in the County;
- Assist in the development of a shared set of goals and standard set of quantitative and qualitative indicators to target activities and measure progress;
- Recommend specific, evidence-based programs and policies to fill gaps in the pipeline through coordination of existing services or development of new initiatives; and
- Pursue funding and development opportunities to meet identified needs that cannot be addressed by coordination of existing policies, programs, or services.
- Include a representative from each of the two selected zones to participate as full council members.
- Create work groups for specific issue areas that include participation among community groups working in the two identified zones.

Civic & Government	Education & Early Childhood	Non-Profit & Community	Health Care
Board of County Commissioners (2)	Orange County Schools	Triangle United Way	UNC Health Care
Board of Health	Chapel Hill/Carrboro City Schools	Interfaith Council	Cardinal Innovations Healthcare Solutions - OPC
Orange County Departments: o Health o DSS o Housing and Human Rights	Head Start/Early Head Start	Orange Congregations in Mission	
Sheriff's Department	Orange County Partnership for Young Children	Literacy Council	
Town Managers (3)		Compass Center	
		2 Zone Representatives (TBD after selection)	

Orange County State of the County Health Report 2014



Purpose

This 2014 State of the County Health Report (SOTCH) provides an update on health concerns and actions being taken to address them. It uses the most recent data to highlight the leading Orange County (OC) causes of death and disease, and progress towards addressing the leading health concerns identified in the 2011 Community Health Assessment (CHA).

The prioritized health issues are: 1) Access to Health Care, Insurance, and Information; 2) Chronic Disease Prevention and Health Promotion related to physical activity and healthy eating; and 3) Mental Health and Substance Abuse. Community coalitions and partners, such as Healthy Carolinians of Orange County (HCOC) and the Orange County Board of Health (BOH) are addressing these issues at both the community and policy level.

The complete 2011 Community Health Assessment can be viewed at www.orangecountync.gov/healthycarolinians

For information regarding the Orange County Health Department, visit their website at <http://www.orangecountync.gov/health/index.asp>



Leading Causes of Death in Orange County (2009-2013)

The top 3 leading causes of death in OC (shown below) continue to be cancer, heart disease, and cerebrovascular disease. OC has a lower age-adjusted death rate (per 100,000 population) than North Carolina (NC) averages in all categories except for breast cancer (23.3 vs. 21.7), and suicide (12.4 vs. 12.2)¹.

Cancer remains the top cause of death in the County. Trachea, bronchus, and lung cancers are the most common in both men and women. Health disparities and lifestyle behaviors such as smoking, physical inactivity, and poor diet are linked to many of these leading causes of death.

Age-adjusted Death Rates (per 100,000 population)¹

Rank	Cause of Death	# of Deaths	OC Rate	# of Deaths	NC Rate
1	Cancer (All Types)	911	156.1	90,717	173.3
2	Heart Disease	680	123.3	86,285	170.0
3	Cerebrovascular Disease	177	32.9	21,816	43.7

Emerging Topics & New Initiatives

Ebola

In the presence of Ebola, or other communicable diseases, the role of the Orange County Health Department (OCHD) is to screen suspect cases and perform contact tracing, issue isolation and quarantine orders, keep providers informed, and serve as a liaison to the state's Communicable Disease Branch and the local school systems. OCHD's Communicable Disease nurses have monitored over a dozen individuals to date. In monitoring these individuals, the Health Dept. performed daily home and/or phone contact to check for symptoms.

Our staff participates in regular calls with the state to help ensure that we, as a County, tackle Ebola from all angles to ensure proper procedures are in place and all lines of communication are open to make sure residents are taken care of and risk minimized. Visit

<http://www.orangecountync.gov/health/ebola.asp> to stay informed on Ebola information.

Breast & Cervical Cancer Control Program



Originally, OCHD was awarded 25 slots for women to receive breast exams, cervical screenings, and/or mammograms for the 2014-2015 fiscal year. Due to the high demand,

all of those spots have been filled resulting in the approval of an additional 65 slots (approximately \$23,000) for a total of 90 women this fiscal year. Women 40-64 years, or any age if symptomatic, are eligible to participate in this *FREE* program.

Family Success Alliance

Family Success Alliance (FSA) is a collective impact approach addressing the effects of poverty on children in Orange County. We all want a decent life - to be able to pay the bills, put healthy food on the table and see our children succeed in school and in life. Yet in OC, we're seeing discouraging trends in our families and communities to be able to do these basic things.

No one organization or individual has the "silver bullet" to change the way poverty decreases the chances our children and our community have to succeed. That's why the Health Dept. pulled together a diverse group of elected officials, community organizations, and government partners to adapt lessons from successful models, like the Harlem Children's Zone (HCZ), to Orange County. These models improve children's chances for educational and economic opportunities by serving a defined geographic area (a zone) and its children with a seamless "pipeline" of evidence-based programs, services, and supports from cradle to career.

FSA has implemented 33 meetings with schools, faith communities, community organizers, service providers, and the media; had 5 Advisory Council meetings; and selected 2 pilot zones. To learn more about FSA, see the chosen zones, or follow the process, visit them on the web at

<http://orangecountync.gov/health/fsa.asp>

Priority #1: Access to Health Care, Insurance, and Information

Data Dashboard

The Access to Care dashboard provides county rates and trends among OC residents around resources & prevention, affordability & insurance, and health literacy. Comparisons are made between peer counties, NC and the US. View the dashboard at http://orangecountync.gov/health/documents/BOHDashboard-AccessToCare_Feb2014.pdf

Access to Care Dashboard						
Data points are the most current measures from multiple sources (available on request). All data points are statistically significant with normal margins of error and are best used for tracking trends and comparing against other populations.						
Resources & Prevention	OC Scores		Trend	Compare to		
	Current	Target		Peer Avg	NC	US
Physicians (per 10,000)	93.6	94.4	↓	41.6	22.3	24.5
Primary Care Physicians (per 10,000)	20.8	23.7	↓	11.5	7.6	7.5
Dentists (per 10,000)	10.4	9.6	↑	6.9	10.1	6.0
Colonoscopy (adults 50+)	61%	64%	↓	71%	68%	65%
Mammogram (adults 50+)	81%	82%	↓	80%	82%	85%
Preventive care (%Pap, PC, etc.)	3,000					
Charity care population						

Affordability & Insurance						
Resources & Prevention	OC Scores		Trend	Compare to		
	Current	Target		Peer Avg	NC	US
Uninsured (est)	15%	8%	↓	18%	19%	17%
Uninsured (est, <138% FPL)	33%	N/A	↓	34%	32%	30%
Subsidy eligible	7,300					
Medical eligible, not enrolled	1,500*					
Medical ineligible (non-expansion)	7,500					

Health Literacy						
Resources & Prevention	OC Scores		Trend	Compare to		
	Current	Target		Peer Avg	NC	US
Basic prose literacy	9%			11%	14%	14%
Always understands doctor*	84%			83%	81%	
Always understands discharge*	88%			86%	85%	
Always understands medicine info*	69%			65%	64%	

Orange County Board of Health

The OCHD and BOH recognize transportation as a key component to access to health services. In 2014, the BOH set out to increase their role in local transportation planning by including a BOH appointee on the Orange Unified Transportation Board (OUTBoard). The BOH voted during the October 2014 meeting to officially request a seat on the OUTBoard, and staff are making necessary policy and rule changes to make this change, and strengthen the presence of health in roadway and transportation planning and decisions.

In addition to a new seat on the OUTBoard, the BOH has plans to serve as a catalyst and advocate for health outcomes with Family Success Alliance, expand health literacy efforts outside of OCHD, and continue to foster a culture of innovation at the Health Department. Follow the work of the BOH specific to these priorities at <http://orangecountync.gov/health/BoardofHealthlinks.asp>.

Immigrant and Refugee Health



Orange County is an increasingly diverse county, reflected by the largest minority populations in each major municipality (Chapel Hill: Asian,

Hillsborough: African-American, Carrboro: Hispanic)². With bilingual staff and interpreters, OCHD served clients in almost 20 different languages in 2014, and purchased translation memory software to improve efficiency and consistency of translated terms. The Orange County Latino Health and Refugee Health Coalitions continue to focus on access to care and gaps in services, sharing information and collaborating around issues such as ACA enrollment, mental health, and emergency preparedness. Local agencies like Piedmont Health Services (PHS), El Futuro, Refugee Support Center, OC Department on Aging's Chinese Program, UNC's Center for Latino Health, and the School of Social Work's Refugee Wellness Initiative continue to provide essential services to the local immigrant population.

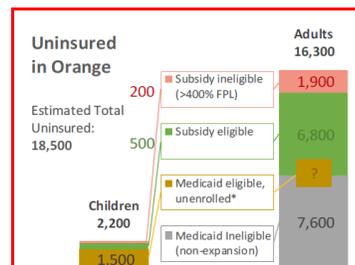
Healthy Carolinians of Orange County

In August, Healthy Carolinians of Orange County's (HCOOC) Access to Care subcommittee hosted Health Literacy training. The committee invited and educated providers on the importance of being health literate when it comes to serving patients. Two UNC Healthcare employees' trained forty-six participants in the areas of plain language, readability level when it comes to creating and using educational materials, and the Teach Back Method.

Affordable Care Act

OCHD, and a number of community organizations and coalitions such as, but not limited to, UNC Family Medicine, Student Health Action Coalition (SHAC), PHS, UNC General Internal Medicine, Legal Aid, Enroll America, League of Women Voters, and Lincoln Community Health Center continue to partner to assist OC residents with enrollment into the ACA Marketplace. 2012 data suggests that OC has a lower percent of uninsured by total population (16%), but has the same or more low income uninsured (9,145 or 37%) than peer (35%), state (32%) or national (30%) averages³.

Uninsured Estimated Rates



Over 6,000 OC Residents enrolled into the Marketplace for 2015 coverage. Among the 37 states that used the healthcare.gov platform, NC ranks third in total people who selected a plan with 559,473 people (including new and re-enrollments). OC enrolled nearly 1,500 more people in year two as compared to year one. See the accompanying chart for details on where the OC residents enrolled for 2015 coverage reside. The 2 areas with N/A represent areas where enrollment consisted of 50 people or less.

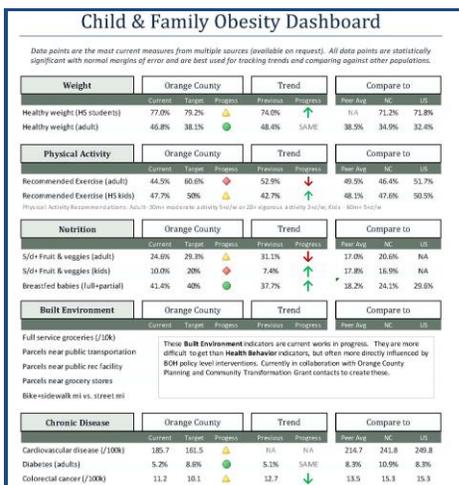
2015 Enrollment by Zip Code⁴

Zip Code	Town	# Enrolled
27231	Cedar Grove	99
27243	Efland	217
27278	Hillsborough	1125
27510	Carrboro	931
27514	Chapel Hill	993
27515	Chapel Hill	N/A
27516	Chapel Hill	1,804
27517	Chapel Hill	1,036
27599	Chapel Hill	N/A
Total		6,205

Priority #2: Chronic Disease Prevention and Health Promotion

Data Dashboard

The Child & Family Obesity dashboard provides county rates and trends among OC residents around weight, physical activity, nutrition, and built environment. Comparisons are made between peer counties, NC, and the US. View the dashboard at http://orangecountync.gov/health/documents/Dashboard-ChildFamilyObesity_Dec2013.pdf



Orange County Food Council

Various staff members representing OCHD, Carolina Farm Stewardship Association, Center for Environmental Farming Systems, UNC Center for Health Promotion & Disease Prevention, and OC Cooperative Extension convened as the Orange County Food Policy Planning Group with interest to implement an OC Food Council. OC government is providing start-up facilitation costs, through Community Food Strategies, to get the Council up and running. The very first interest meeting brought over 80 residents, professionals, stakeholders, and government officials together to seek out ways to

improve the local food system. Since then, a Task Force of over 40 individuals, is working on community outreach & engagement, the structure of the Council to include the charter and by-laws, and action planning & assessment to include Collective Impact. More information forthcoming in 2015.

OCHD Nutrition Services

Nutrition Services Programs, Medical Nutrition Therapy (MNT) and Diabetes Self-Management Education (DSME) continue to expand to help residents prevent and manage chronic conditions. The Nutrition Services section provided 440 MNT appointments this year and served 239 residents in the DSME program. Health department staff also conducted 146 medical provider presentations and outreach events to increase awareness of Nutrition Services programs and to promote healthy eating and physical activity behaviors. For more information on Nutrition Services, visit <http://www.orangecountync.gov/health/Nutrition.asp>

Orange County Health Department



The BOH passed an Innovation Resolution in August 2012, which established a \$20,000 Innovation Grant Fund at OCHD. In 2014,

the second year of projects included the purchase of 25 sit-stand desks for OCHD employees to pilot. A CDC-published study shows that when workers are equipped with sit-stand workstations, prolonged sitting is reduced, upper back and neck pain is reduced, and mood improves⁵. A pilot staff group tested the desks and provided feedback on their sit/stand patterns, ergonomics, and satisfaction. Data (shown above) showed that staff stood 50% of the day using the sit/stand desks. We estimate that the 25 sit-stand desks at OCHD are preventing

approximately 17,000 hours of employee sitting a year, creating micro-movements of around 3-5 up/down periods a day, and promoting movement, ergonomics, and a health conscious work culture.

Family and Childhood Obesity

An OC child care center made positive changes after participating in the Nutrition and Physical Activity Self-Assessment for Child Care (NAP SACC) Program. Staff members dedicated themselves to healthier eating and drinking while at work. Before NAP SACC staff members drank various beverages throughout the day, and now only drink water in clear cups or bottles so the students can see what their teachers are drinking. For students, almonds, baby carrots, and dried and fresh fruits replaced pastries and chips as snack foods; cold and refreshing water is now offered as an alternative to lemonade; and as of April 2014, whole wheat bread replaced previous menu items made with white bread. Families have been assisting the center replace portable play equipment for outside activities, as well as providing “wish list” items (i.e. hula hoops, jump ropes, balls, etc.) to help assist in increased physical activity. This center will continue to explore ways to improve levels of nutrition and physical activity options for healthier living.

Healthy Classroom Challenge/Healthy Kids Day

The collaboration between the Orange County Partnership for Young Children and the OCHD resulted in implementation of the Healthy Classroom Challenge, which took place March 2014. The challenge is intended to help young children and their families learn about healthy living. Classroom presentations were provided, by OCHD’s Child Care Health Consultant, to the Pre-K Head Start classrooms and child care facilities that signed up to participate in the challenge. Presentations were given to 211 children, ages 2-5 years of age, of 10 classrooms at 8 different child care facilities and schools with Pre-K Head Starts.



Healthy Kids Day, which occurred April 2014, was attended by many of the Healthy Classroom Challenge children and their families and was held at the Chapel Hill – Carrboro YMCA on the last Saturday in April. Most of the preschool children performed songs and dances in front of hundreds of attendees illustrating the health lesson learned.

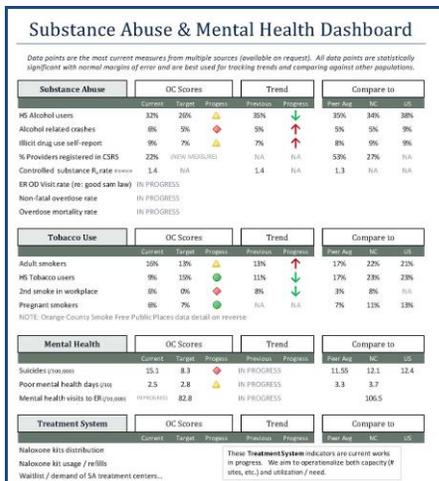
Priority #3: Mental Health and Substance Abuse

Data Dashboard

The Substance Abuse & Mental Health dashboard provides county rates and trends among OC residents around substance abuse, tobacco use, mental health, and treatment. Comparisons are made between peer counties, NC and the US. View the dashboard at http://orangecountync.gov/health/documents/Dashboard-SAMH_Dec2013.pdf

Prescription Drug Misuse/Abuse

In January 2015, HCOC hosted 2 community film screenings to show the documentary “Out of Reach”. The screening held in Chapel Hill brought out 56 participants and the screening in Hillsborough brought out 34 participants. The events included expert panelists, a facilitator, parents, students, residents, and interested professionals.



As a promotional effort for prescription drug prevention, HCOC used awarded funding and utilized the Chapel Hill Transit System. 200 (11 x 20 sized) “Take em to the box” posters were purchased and displayed inside all 98 of the transit buses and ran for 6 months, and four King sized (144 x 20) posters were wrapped on the outside of four transit buses and ran for three months. In addition, the same tagline was used to print 500 window clings/stickers, and a half-page ad in Everything Orange.

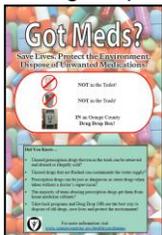
Drug Drop Boxes

2014 marked one year since three drug drop boxes were installed within the lobbies of our police stations. Over the past year, the drop boxes have collected close to 1,500 pounds (combined). The

Chapel Hill Police Department drop box, which is the most frequently used, reports emptying the box every other week. HCOC and other community coalitions continue to educate that the drug drop boxes **DO NOT** accept:

needles/syringes, thermometers, IV bags, bloody or infectious waste, hydrogen peroxide, empty containers, or personal care products. They **DO** accept:

expired and unused medications, over-the-counter meds, medication samples, pet meds, medicated ointments and lotions, and liquid meds. To obtain drug drop box informational cards, contact the HCOC Coordinator at hcoc@orangecountync.gov.



Naloxone/Narcan

Like counties across the state, OC has community concern with opioid use, misuse, abuse and overdose. Between 2009-2013, OC recorded 46 opioid overdose deaths for a rate of 7.1% per 100,000 population compared to 11.1% statewide⁶. In partnership with HCOC, OCHD has taken a community approach to overdose prevention by increasing community access to Naloxone, a medication that can reverse an overdose caused by opioid medications and heroin if given in time.

Following a change in state law in 2013, Orange County implemented the first health department naloxone distribution program in the state to get naloxone to people at risk of opioid overdose, as well as the friends and family members of those at risk. In addition, OCHD worked with Orange County Emergency Services to train and equip law enforcement officers with naloxone. This allows law enforcement, who are often first on the scene, to administer naloxone during a suspected overdose before emergency services arrives. In January 2015, the Carrboro Police Department became the first law enforcement agency in NC to use naloxone to successfully reverse an overdose, with the second reversal occurring in February.

Tobacco Prevention & Control

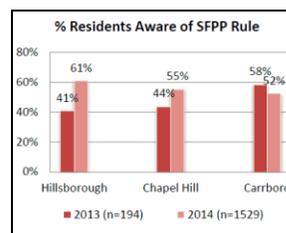


In response to hard work, dedication, partnerships and efforts around the Smoke Free Public Places (SFPP) Rule, OC received the National Association of Counties' 2014 Achievement Award. OCHD's Tobacco Prevention & Control

program continues to make significant strides in increasing signage, raising awareness through regular Smoking Response Teams (SRT) and other

communications, providing expanding cessation services, and encouraging community enforcement around the rule.

As of November 2014, 74 smoking complaints were received, 55 of which were valid. 80% of complaints were for Chapel Hill and around half of all complaints pertained to bus stops along Franklin St. OCHD partnered regularly with Chapel Hill Police Department to help address the submitted violations which resulted in 20 SRT deployments surveying over 2,000 people. The below chart shows the percent of residents now aware of the rule compared to awareness in 2013.



Other achievements included contracting with UNC student-run business, *Buzz Rides*, an electric vehicle used to transport student's home from the downtown area in the late evenings. Not to mention the production of [Employee](#) and [Resident](#) compliance videos. These videos were produced to educate and empower residents and town/county employees to approach others about smoking in areas where smoking is prohibited.

As a way to provide cessation and support to disparately affected populations through partnerships with local service providers, the OCHD piloted *OC Partners for Tobacco Cessation*. Cessation and trainings were offered to Freedom House Recovery Center, Inter-Faith Council Men's and Women's Shelter, Department of Social Services' Workfirst, El Futuro, and OCHD. To assist with cessation efforts approximately \$50,000 has been spent on 2,100 boxes of Nicotine Replacement Therapy (NRT) with one-third already used. It is anticipated that *OC Partners for Tobacco Cessation* will increase the NRT demand in 2015 which caused OCHD to submit an agreement to NC Quitline to increase NRT availability. Learn more about our SFPP Rule at <http://orangecountync.gov/health/smoke-freepublicplaces.asp>.

Data Sources

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- ² US Census Bureau (2010). General Demographic Characteristics. Retrieved from http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml.
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