

# ORANGE COUNTY BOARD OF HEALTH MEETING AGENDA

**DATE:** March 25, 2015  
**TIME:** 7:00 P.M.  
**PLACE:** Whitted Building, 3<sup>rd</sup> Floor Meeting Rooms  
 300 West Tryon Street  
 Hillsborough, NC 27278

<u>TIME</u>	<u>ITEM</u>	
7:00 p.m.	I.	<b>Welcome New Employees</b>
7:00 – 7:05	II.	<b>Public Comment for Items NOT on Printed Agenda</b> <i>Public Comment for Items ON Printed Agenda will be handled during that agenda item</i> (Please sign up for both on sheet near the entrance to room.) Please limit your comments to 3 minutes.
7:05 – 7:10	III.	<b>Approval of March 25, 2015 Agenda</b>
7:10 – 7:15	IV.	<b>Actions Items (Consent)</b> A. Minutes of February 25, 2015
7:15 – 7:30	V.	<b>Educational Sessions</b> A. 2014 State of the County Health Report                      Ashley Mercer C. Orange County Advisory Board Summary                      Meredith Stewart
7:30 – 7:45	VI.	<b>Action Items (Non Consent)</b> A. Letter to State regarding WTMP Inspection                      Alan Clapp
7:45 – 8:50	VII.	<b>Reports and Discussion with Possible Action</b> A. Tobacco Sales Preemption Resolution                      Tiffany Mackey & TRU Students B. Maintenance of Effort Measurement                      Rebecca Crawford C. General Public Seat Recruitment                      Susan Elmore D. BOH Committee Assignments                      Susan Elmore E. Discussion of April BOH & BOCC Meetings                      Susan Elmore F. Health Director Report G. Media Items
8:50 – 8:55	VIII.	<b>Board Comments</b>
9:00	VIII.	<b>Adjournment</b>

**BOARD MEMBERS: To ensure a quorum, SEND E-MAIL to [cbridger@orangecountync.gov](mailto:cbridger@orangecountync.gov) advising her of your attendance at this meeting OR CALL 919-245-2412.**

**Compliance with the “Americans with Disabilities Act” and Title VI** - Interpreter services and/or special sound equipment are available on request. Call the Immigrant and Refugee Health Program Manager at 919.245.2387 to request an interpreter or other accommodation.

**Conforme a la “Ley sobre Estadounidenses con Discapacidades” (ADA) y el Título VI** – los servicios de intérprete y/o equipo de sonido especial están disponibles a solicitud. Llame a la Administradora del Programa de Salud para Inmigrantes y Refugiados al 919-245-2387 para solicitar un intérprete u otros arreglos o adaptaciones.

**ORANGE COUNTY HEALTH DEPARTMENT MISSION STATEMENT:** *To enhance the quality of life, promote the health, and preserve the environment for all people in the Orange County community.*

**THE ORANGE COUNTY BOARD OF HEALTH MET ON** February 25, 2015, at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC.

**BOARD OF HEALTH MEMBERS PRESENT:** Susan Elmore, Chair; Liska Lackey, Vice Chair; Tony Whitaker, Mike Carstens, Corey Davis, Commissioner Mia Burroughs, Dan Dewitya, and Nick Galvez

**BOARD OF HEALTH MEMBERS ABSENT:** Esther Earbin, Paul Chelminski, and Sam Lasris

**STAFF PRESENT:** Dr. Colleen Bridger, Health Director; Donna King, Public Health Education Director; Meredith Stewart, Public Health Program Manager; Alan Clapp, Environmental Health Director; Rebecca Crawford, Finance and Administrative Service Division Director; Cathy Ferniany, Office Assistant II.

**GUESTS PRESENT:** None

**I. Welcome**

**II. Public Comment for Items NOT on Printed Agenda:** None

**III. Approval of the modified February 25, 2015 Agenda**

***Motion was made by Liska Lackey to approve the modified agenda, seconded by Corey Davis and carried without dissent.***

**IV. Action Items (Consent)**

A. Minutes Approval of January 21, 2015 Meeting

***Motion to approve Consent Agenda without corrections to the January, 2015 minutes as follows was made by Liska Lackey, seconded by Tony Whitaker and carried without dissent.***

**V. Educational Sessions**

A. Outside Agency Funding Request Review

Meredith Stewart summarized the history of the Outside Agency process and the assignments required of Board of Health members for evaluating applications. Board

members should review the 3-4 applications assigned to them by email, record scores on the scoring card by email, and then send the scoring cards back to Dr. Bridger by March 20<sup>th</sup>. 56 agencies submitted funding requests with an increase in funding requests of approximately half a million dollars.

***The BOH members had no questions.***

## **VI. Reports and Discussion with Possible Action**

### **A. Well and On-site Wastewater Rule Changes - Vote**

Alan Clapp reported on changes to Onsite Wastewater and Groundwater rules resulting from legislative changes and the Phillips-Osborne lawsuit. The changes included in the packet are the final rules but did not change since the first reading at the January 21<sup>st</sup> meeting. The Chair, Susan Elmore, read a letter from the Board of Health to the Orange County Board of Commissioners from 2011 reflecting a long history of working to help educate the public on the importance of the Board of Health Rules specific to wastewater treatment.

***The BOH members had several questions that were addressed by Alan Clapp, Environmental Health Director and Dr. Bridger.***

***Motion was made by Corey Davis to accept the proposed Board of Health WTMP Rule changes as outlined in the abstract, seconded by Liska Lackey and carried without dissent.***

### **B. FY 2015-2016 Annual Operating Budget**

### **C. FY 2015-2016 Fee Schedule**

*Note: the Board discussed items B and C together with the discussion of fee changes coming before the actual budget discussion.*

Dr. Bridger facilitated a discussion about the proposed fee changes, touching briefly on new fees and proposed increases for Personal Health and Dental Health but concentrated on the proposed Environmental Health on-site wastewater and well fees. Dr. Bridger noted that the BOH originally requested that staff determine the true cost to provide these services during the FY 2014/2015 budget discussion. The last time a comprehensive cost study was done in Environmental Health was in 2006. The most recent cost study found that the Health Department is charging on average 66% of the actual costs to provide these services.

Three options for fee increases were discussed: 1) no fee increase; 2) an increase of 33% to reach full cost recovery, and 3) a phased-in full cost recovery over three years at starting with an 11% increase this year. The third option was recommended by staff

based on benchmarking data from other jurisdictions showing that an increase of 33% would put Orange County with the highest fees in the area and a reluctance to institute such a large increase at one time. Dr. Bridger offered to research the possibility of a Fee Waiver program for low-income residents and bring the results of that research back to a future BOH meeting and make sure to review the Environmental Health fees on a regular basis.

***BOH members had several clarifying questions that were addressed by Dr. Bridger and Alan Clapp, Environmental Health Director.***

***Motion was made by Liska Lackey to approve the recommended fee changes with a phased in fee increase for Environmental Health, seconded by Dan Dewitya and carried with dissent from Corey Davis.***

After the Board decided to increase Environmental Health fees by 11%, Dr. Bridger presented her recommended FY 2015-16 budget (see attachment). This budget has a total increase of approximately \$520,000 (6.5%), with a \$233,000 (4%) increase from County General Funds. Dr. Bridger detailed all costs that contributed to the increase that were outside of the control of the Health Department, which equaled approximately \$230,000, and reviewed requested increases from the Health Department for an additional Dentist, Dental Assistant, 0.5 Office Assistant to full time, Public Health Nurse, and additional 0.5 FTE to bring an existing part time Family Nurse Practitioner to full time.

Dr. Bridger stated that additional revenue related to the new dentist was calculated at 75% of Dr. Day's earned revenue based on when the dentist will be hired and that productivity with a new team may be lower than with an existing team. The new dental team will have a focus on pediatric and prenatal patients.

Dr. Bridger reviewed the medical related position changes, which will allow the department to see more patients as long as another PHN I is added with it. Personal Health revenue will increase by approximately \$60,000, the majority of which will be billed by the full time Family Nurse Practitioner.

Dr. Bridger reviewed requests over \$5,000, which are mostly related to a projected increase in patients seen. The additional \$30,000 in contract services is related to an agreement with UNC Chapel Hill and the Town of Chapel Hill. Each entity will contribute \$30,000 to hire a staff person to oversee the recommendations of an Alcohol Prevention Task force. The task force will ask the ABC Board for an additional \$40-45,000 to support the position. Dr. Bridger stated that the ABC Board is very excited about the collaboration between the three entities and encouraged the task force to submit a grant request.

Dr. Bridger reminded the BOH of the upcoming budget calendar and process timeline.

***The BOH members had several questions that were addressed by Dr. Bridger.***

***Motion was made by Nick Galvez to approve the proposed FY 2015-2016 Operating Budget with a phased in fee increase for Environmental Health, seconded by Mike Carstens and carried without dissent.***

**VIII. Adjournment**

***A motion was made by Tony Whitaker to adjourn the meeting at 7:00 p.m., was seconded by Mike Carstens and carried without dissent.***

**The next Board of Health Meeting will be held March 25, 2015 at the Orange County Health Department, 300 West Tryon Street, Hillsborough, NC at 7:00 p.m.**

Respectfully submitted,

Colleen Bridger, MPH, PhD  
Orange County Health Director  
Secretary to the Board

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Colleen Bridger, MPH, PhD  
Orange County Health Director  
Secretary to the Board

Agenda Item Number: \_\_\_\_\_

**ORANGE COUNTY BOARD OF HEALTH  
AGENDA ITEM SUMMARY**

**Meeting Date:** March 25, 2015

**Agenda Item Subject:** 2014 State of the County Health Report

**Attachment(s):** 2014 State of the County Health Report

**Staff or Board Member Reporting:** Ashley Mercer, Healthy Carolinians Coordinator

**Purpose/Recommended Action:**  Approve  
 Approve & forward to Board of Commissioners  
 Information with possible action  
 Accept as information  
 Revise & schedule for future action

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**Summary Information:**

The Orange County Health Department and Healthy Carolinians of Orange County are pleased to release the [2014 State of the County Health Report](#) (SOTCH).

The 2014 State of the County Health Report provides an update on the Healthy Carolinian's health priorities and actions being taken to address them within Orange County. It uses the most recent data to highlight the leading causes of death and disease, and progress toward addressing the priorities of 1- Access to Health Care, Insurance, and Information; 2 - Chronic Disease Prevention and Health Promotion, and 3 - Mental health and Substance abuse, all of which were identified in the [2011 Orange County Community Health Assessment](#).

This report will educate and inform community members, community leaders, and organizations about Orange County's progress on these priority health issues. This report is available electronically on the Healthy Carolinians of Orange County and Health Department's website, and paper copies are available at the Health Department. The Orange County Health Department will distribute this report to the Orange County Board of Health, Orange County Board of County Commissioners, the Healthy Carolinians of Orange County membership, Orange County Government employees, and others upon request.

**Financial Considerations:** None

# 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](http://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)<sup>1</sup>.

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)<sup>1</sup>

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](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%	80%
Transportation (per 10,000)	3,000	-	-	-	-	-
>1mi from clinic/bus stop, no car	May include future measures of transportation. See reverse for map.					
Preventive care (PAP, PC, etc.)	# PROXIES: (S)1 collecting measures of preventive care.					
Charity care population	# PROXIES: UNC + Duke Orange County Charity Care program recipients.					
Affordability & Insurance						
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.						
Affordability & Insurance	OC Scores		Trend	Compare to		
	Current	Target		Peer Avg	NC	US
Uninsured (est)	15%	8%	18%	18%	19%	17%
Uninsured (est, <138% FPL)	33%	N/A	37%	34%	32%	30%
Subsidy eligible	7,300	-	-	-	-	-
Medical eligible, not enrolled	1,500*	-	-	-	-	-
Medical ineligible (non-expansion)	7,500	-	-	-	-	-
* Children <18, <100% FPL, non-expansion # of "waiting" adults, and/or non-ref. under 18m.						
# Adults 18-64 under 138% FPL, NC, <100% FPL. See reverse for additional data below.						
Health Literacy						
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.						
Health Literacy	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%	-
Health Literacy measures are nearly all new indicators and do not yet have targets or trend data.						

## 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)<sup>2</sup>. 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.

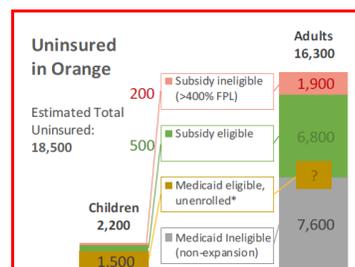
## Healthy Carolinians of Orange County

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%) averages<sup>3</sup>.

## 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.

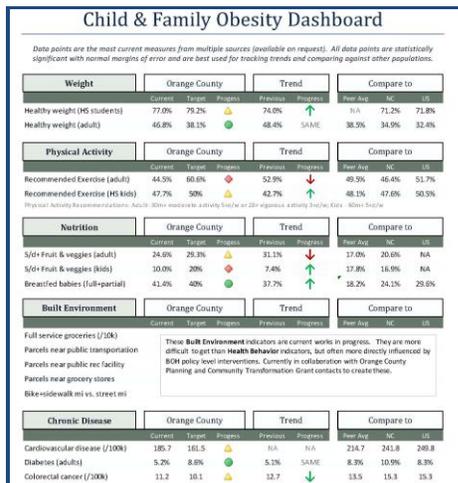
### 2015 Enrollment by Zip Code<sup>4</sup>

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
	<b>Total</b>	<b>6,205</b>

## 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](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 improves<sup>5</sup>. 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](http://orangecountync.gov/health/documents/Dashboard-SAMH_Dec2013.pdf)

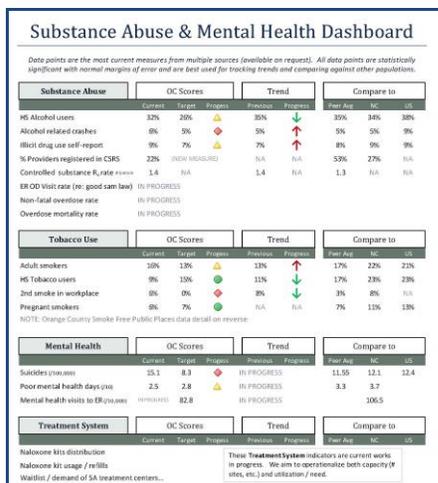
### Prescription Drug Misuse/Abuse

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.

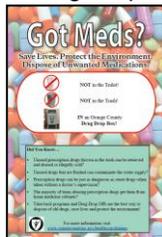
### Drug Drop Boxes

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](mailto: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% statewide<sup>6</sup>. 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

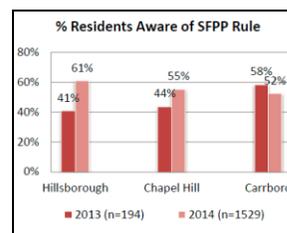


In response to hard work, dedication, partnerships and efforts around the Smoke Free Public Places (SFPP) Rule, OC received the National Association of Counties' 2014 Achievement Award. OCHD's Tobacco Prevention & Control

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

- <sup>1</sup> NC State Center for Health Statistics (2015). 2015 County Health Book. 2009 – 2013 Race-Sex-Specific Age-Adjusted Death Rates by County. Retrieved from <http://www.schs.state.nc.us/data/databook/>
- <sup>2</sup> US Census Bureau (2010). General Demographic Characteristics. Retrieved from [http://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml).
- <sup>3</sup> US Census Bureau. (2012). Small Area Health Insurance Estimate (SAHIE). Model-based Small Health Insurance Estimates for Counties and States. Retrieved from <http://www.census.gov/did/www/sahie/index.html>.
- <sup>4</sup> US Department of Health & Human Services (2015). 2015 Plan Selections by ZIP Code in the Health Insurance Marketplace. Retrieved from [http://aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/EnrollmentByZip/rpt\\_EnrollmentByZip.cfm](http://aspe.hhs.gov/health/reports/2015/MarketPlaceEnrollment/EnrollmentByZip/rpt_EnrollmentByZip.cfm).
- <sup>5</sup> Centers for Disease Control and Prevention (2012). Reducing Occupational Sitting Time and Improving Worker Health: The Take-a-Stand Project, 2011. Retrieved from [http://www.cdc.gov/pcd/issues/2012/11\\_0323.htm](http://www.cdc.gov/pcd/issues/2012/11_0323.htm).
- <sup>6</sup> NC State Center for Health Statistics (2015). Unintentional Poisoning Mortality Rates (per 100,000) 2009-2013 North Carolina Resident Deaths. Retrieved from <http://www.schs.state.nc.us/data/databook/CD11C%20Unintentional%20Poisoning%20deaths%20&%20rates.html>.



Orange County Health Department  
300 W. Tryon Street  
Hillsborough, NC 27278  
(919) 245-2440

**Agenda Item Number:**

**ORANGE COUNTY BOARD OF HEALTH  
AGENDA ITEM SUMMARY**

**Meeting Date:** March 25, 2015

**Agenda Item Subject:** Orange County Advisory Board Summary

**Attachment(s):** 2015\_ Quarter 2 Update\_Orange County Advisory Board Summary

**Staff or Board Member Reporting:** Meredith Stewart

**Purpose:**  Action  
 Information only  
 Information with possible action

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**Summary Information:**

The Board of Health identified action steps related to engagement in the 2014-2016 Strategic Plan. One of these action steps is to receive quarterly updates on actions of other Orange County advisory boards that relate to the BOH strategic plan priorities.

The provided summary is of pertinent actions or information from Orange County advisory boards from November 2014 to January 2015, as available from the boards. Some boards being tracked do not have updates included because they do not pertain to the BOH's priorities or they were not available at the time of the report.

**Financial Considerations:** None

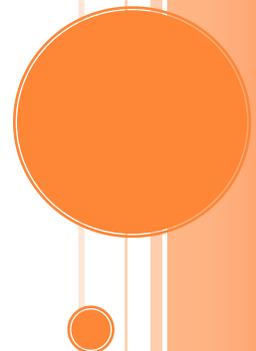
**Recommended Action:**  Approve  
 Approve & forward to Board of Commissioners for action  
 Approve & forward to \_\_\_\_\_  
 Accept as information  
 Revise & schedule for future action  
 Other (detail): Accept as information or direct staff to follow-up as desired by the board

# ORANGE COUNTY ADVISORY BOARD SUMMARY

OCTOBER 2014 – FEBRUARY 2015

*Board of Health Engagement*

Submitted February 16th, 2015



# Quarterly Report

## Board of Health Engagement

BOARD	BOH BOARD	SUMMARY
<p>Orange County Schools Board of Education</p>	<p>Access</p>	<p>At the December 8, 2014 meeting, the Board received the report from their ongoing Community Engagement and Strategic Planning Initiative titled <a href="#">Our Community’s Vision For Public Education In Orange County Schools, NC</a>. It is the result of a year-long community conversation about the future needs, goals, and challenges of the Orange County Public School system.</p> <p>The resulting vision statement is:  <i>We envision a public school system that prepares and empowers all students to be creative and constructive thinkers and <b>healthy</b> and productive members of our community to the benefit of themselves and our collective future.</i></p>
		<p>At the January 12, 2015 meeting, the Board passed a resolution to support <a href="#">Equal Access for Immigrant Children</a>. Such actions appear to be a trend for several advisory councils in Orange County, including the Chapel Hill-Carrboro City Schools, Chapel Hill Town Council, and Carrboro Board of Aldermen.</p>
		<p>At the January 12, 2015 meeting, the Board reviewed and approved School Improvement Plans (SIP) for all OCS elementary schools. Of note for the Family Success Alliance gap analysis is the SIP for <a href="#">New Hope Elementary</a> in Zone 4. Their goals include:</p> <ul style="list-style-type: none"> <li>- Continuing to develop literacy programs for all students, and additional supports for target students.</li> <li>- Creating staff development plans that align vertically with district goals.</li> </ul>

		<ul style="list-style-type: none"> <li>- Developing strategies to engage at-risk demographic groups based on gaps in EOG target scores (economically disadvantages and Hispanic).               <ul style="list-style-type: none"> <li>o Kindergarten parent prep</li> <li>o Supports for Hispanic families</li> <li>o Community resource availability</li> </ul> </li> </ul>
<p>Chapel Hill/Carrboro City Schools Board of Education</p>	<p>Access</p>	<p>At their January 26, 2015 meeting, the Board implemented the living wage increase of \$12.76 per hour. This increases the hourly amount paid to 242 employees.</p> <p>At their February 5, 2015 meeting, the Board approved edits to <a href="#">Policy 3540 – Comprehensive Health Education</a>, which were to address the State Board added “preventable risk for preterm birth” to the reproductive health and safety education curriculum.</p>
<p>Board of County Commissioners</p>	<p>Obesity</p>	<p>The Board continues to receive updates on changes and planned improvements to transportation in Orange County. Recent reports/updates include:</p> <ul style="list-style-type: none"> <li>- <a href="#">Central and Rural Orange County Five Year Bus Service Expansion Program – Orange Public Transportation</a></li> <li>- <a href="#">Update on Orange County Bus and Rail Improvement Plan</a></li> </ul> <p>The bus service via the Orange-Durham Express (ODX), which began from Durham to Orange in Fall 2014 is slated for expansion to Mebane in early 2015.</p> <p>At their October 14, 2014 joint meeting with the Commission for the Environment, the BOCC received the <a href="#">Orange County State of the Environment 2014 Report</a>. Critical issues included in the report are:</p> <ul style="list-style-type: none"> <li>- “Important data on the quality and quantity of Orange County’s surface water and groundwater will remain unknown as reductions are made in State-led data collection efforts.”</li> <li>- “If drilling for natural gas begins in the Deep River basin, nearby Orange County residents could</li> </ul>

		<p>experience negative impacts to air quality, water quality, and supply, and infrastructure.”</p> <ul style="list-style-type: none"> <li>- “We need to do more to improve our air quality, chiefly, by making changes that result in less reliance on cars...”</li> </ul>
		<p>At their December 9, 2014 meeting, the Board received a proposal from the Department of Social Services to use \$350,000 from the Social Justice Fund to clear the waiting list for childcare subsidies. The Board approved this request. This leaves \$100,000 remaining in the Social Justice Fund.</p>
<p>Chapel Hill Town Council</p>	<p>All</p>	<p>At their October 1, 2014 work session, the Chapel Hill Town Council continued <u>discussion</u> on the proposed development of Obey Creek. Of note at this session was the presentation of the Fiscal Impact report, which includes a calculation of extending Town services to the new development. While the calculation includes Public Works, Library, Parks &amp; Recreation, Police, Fire, Transit, and General Government, it notably makes no mention of the health effects or costs of the potential development.</p> <p>At their October 27, 2014 meeting, the Town Council received a report from Chief Blue of the Chapel Hill Police Department and Dr. Bridger in response to a petition received by the Town Council for increased enforcement of the Orange County Smoking Ban. Chief Blue and Dr. Bridger reported on the increasing awareness of the rule over time, as well as the emphasis of both departments on an educational, grass-roots approach to enforcement.</p> <p>At their December 3, 2014 meeting, the Council approved plans to apply for NCDOT funding to assist in preparation of a Pedestrian Plan for expanding pedestrian activity within the community, including facilities, programs, services, and regulations. This plan would complement Chapel Hill’s existing bicycle plan.</p>

		<p>At their January 12, 2015 meeting, the Town Council received a petition by a UNC public health student to prohibit the offering of indoor tanning beds by apartments and other businesses as incentives. In preparation of the presentation, Dr. Bridger submitted a <a href="#">memo</a> on the topic outlining the health risks of tanning beds and supporting the Town Council in taking action to reduce their use.</p> <p>Also at this meeting, the Town of Chapel Hill Human Services Advisory Board presented their 2015-2016 Human Services Needs Report. The report outlined:</p> <ul style="list-style-type: none"> <li>- The HSAB continues to recommend allocations to agencies that effectively address food assistance, programs servicing youth and families considered at risk, and mental/physical health services for low-income children and adult.</li> <li>- For FY 14-15, the Town allocated \$337,100 for 48 non-profit agencies to address human service needs.</li> </ul>
<p>Hillsborough Board of Commissioners</p>	<p>Access</p>	<p>At their November 10, 2014 meeting, the Town of Hillsborough held their employee innovation and customer service awards. Their system is designed to reward individual town employees for innovations that impact cost savings, efficiency, and effectiveness, and that serve as an example for future employee innovations.</p> <p>The awards are listed on pages 6-9 of the agenda <a href="#">here</a>.</p>
<p>Orange Unified Transportation Board (OUTBoard)</p>	<p>Obesity, Access</p>	<p>At their November 29, 2014 meeting, the OUTBoard received recommended changes from staff to the Hillsborough Circulator route for board comment. OUTBoard members discussed the need for bus shelters along the route, and motioned to investigate the feasibility of doing this with funding and zoning concerns.</p> <p>Also at this meeting, the Safe Routes to School Action Plan Advisory Committee was convened and drafted</p>

		<p>goals and objectives for 2015. The committee will focus on engaging the Orange County School Board, begin strengthening the local database of bicycle and pedestrian incidents, explore alternative funding than State and Federal sources, and incorporate recommended policies and regulations into land use ordinances. An OCHD staff representative will serve on the SRTS committee.</p>
		<p>At their November 6, 2014 meeting, the BOCC petitioned for Planning staff to work with the OUTBoard to discuss bicycle safety in the county. At their February 18, 2015 OUTBoard meeting, staff plan to bring together cyclist groups, law enforcement, and transportation advocates to review policies related to pedestrian/bicycle access will be presented at the February 18<sup>th</sup> OUTBoard meeting.</p>
<p>Healthy Carolinians of Orange County</p>	<p>All</p>	<p>Healthy Carolinians Coordinator Ashley Mercer is currently preparing the 2014 State of the County Health (SOTCH) Report. Healthy Carolinians has also begun work planning for community data collection during the 2015 Community Health Assessment process.</p>
<p>Family Success Alliance</p>	<p>Access</p>	<p>On December 16<sup>th</sup>, the Family Success Alliance selected two pilot zones – Zone 4 and Zone 6 – to begin work in Orange County. The Gap Analysis process is currently underway in these two zones and includes door-to-door <a href="#">surveys</a>, focus groups, and in-depth interviews.</p>

**Agenda Item Number:**

**ORANGE COUNTY BOARD OF HEALTH  
AGENDA ITEM SUMMARY**

**Meeting Date:** March 25, 2015

**Agenda Item Subject:** Letter to State Regarding WTMP Inspection

**Attachment(s):** Draft Letter for BOH approval

**Staff or Board Member Reporting:**

**Purpose:**     Action  
                  Information only  
                  Information with possible action

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**Summary Information:**

Review and approve letter to NC Division of Water Resources Raleigh Regional Office to maintain the operation and maintenance schedule of state (NC DENR – DWR) permitted septic systems. These systems will no longer be inspected by Orange County Environmental Health staff as a result of the Osborne-Phillips v. Orange County case. This letter reflects the importance the Orange County Board of Health places on septic system maintenance and monitoring to DWR staff and reinforces their commitment to protecting public health and clean water.

**Recommended Action:**     Approve  
                                  Approve & forward to Board of Commissioners for action  
                                  Approve & forward to NC DENR - DWR  
                                  Accept as information  
                                  Revise & schedule for future action  
                                  Other (detail):



March 25, 2015

NCDENR Division of Water Resources Raleigh Regional Office  
1628 Mail Service Center  
Raleigh, NC 27699-1628  
Attn.: Danny Smith and Rick Bolich

RE: Inspection of state permitted septic systems

Dear Mr. Smith and Mr. Bolich,

At the September 21, 2011 Orange County Board of Health meeting, the Board discussed the Wastewater Treatment Management Program (WTMP) and inspection fees charged to the owners of residential NPDES and surface discharge septic systems that are permitted by the NC Division of Water Quality (now Resources).

The Board concluded that there was no compelling reason to reduce the number of inspections that the county provides considering:

- these are higher risk systems with regard to protection of public health,
- certified operators are not required by the state,
- they require ongoing maintenance for proper operation and disinfection,
- inspection results show that wastewater disinfection is often neglected, and
- inspections conducted by the state are not mandated.

Since that meeting, the courts (*Osborne-Phillips v. Orange County*) have determined that Orange County does not have the authority to inspect systems permitted under Chapter 143 Section 15A Subchapter 2T. The Board still shares the concerns raised at the September 2011 meeting, but given the recent ruling, the Board of Health had no choice but to remove these systems from their local WTMP Rules. Consequently, the Board would like to request that your staff conduct regular and routine inspections of the residential NPDES and surface discharge systems permitted in Orange County and pursue enforcement of items found to be non-compliant. Particular items found during staff inspections give us concern including:

- Wetted areas not fenced,
- Wetted areas bisected with driveways,
- Pretreatment devices not functional,
- Chlorine contact chambers without chlorine tablets,
- Non-functional spray heads,
- Pumps and alarms disabled, and
- Septic tanks and pump tanks in need of pumping.

The Orange County Board of Health feels strongly that these systems should be inspected at the frequency stipulated in the notarized Operation and Maintenance Agreement and as outlined in the Operation and Maintenance Plan for each system. Please feel free to contact Alan Clapp, Orange County Health Department Environmental Health Division Director if you have any questions.

Sincerely,

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Susan Elmore, DVM  
Chair, Orange County Board of Health

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Colleen M Bridger, MPH, PhD  
Orange County Health Director

**ORANGE COUNTY BOARD OF HEALTH  
AGENDA ITEM SUMMARY**

**Meeting Date:** March 25, 2015

**Agenda Item Subject:** Resolution to Raise Age of Sale of Tobacco Products To 21

**Attachment(s):** Resolution

**Staff or Board Member Reporting:** Tiffany Mackey, MPH & Orange High School TRU

**Purpose:**     Action  
               Information only  
               Information with possible action

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**Summary Information:**

To protect adolescents from the hazards associated with tobacco addiction and the long-term health problems of tobacco usage, TRU youth are in support of the Board of Health passing a resolution that would support raising the legal age to purchase tobacco to 21. TRU students collected 318 signatures calling on the Orange County Board of Health to pass a resolution supporting a change in the legal limit to purchase tobacco from 18 to 21 years of age in order to protect adolescents from the dangers of smoking at a young age.

**Background:** In the United States, tobacco use remains the leading cause of preventable death, killing 480,000 people annually. <sup>i</sup>Tobacco use is directly associated with cancer, respiratory illnesses, heart disease and many other life-threatening diseases. 700 kids under the age of 18 become regular, daily smokers, every day. Nearly 33% will eventually die from it. If current trends persist, 5.6 million of today's youth will die prematurely from a smoking-related illness.<sup>ii</sup>

*"Raising the legal minimum age for cigarette purchaser to 21 could gut our key young adult market (17-20) where we sell about 25 billion cigarettes and enjoy a 70 percent market share."*

— Philip Morris report, January 21, 1986<sup>iii</sup>

**Recommended Action:**     Approve  
                                   Approve & forward to Board of Commissioners for action  
                                   Approve & forward to \_\_\_\_\_  
                                   Accept as information  
                                   Revise & schedule for future action  
                                   Other (detail): Pass a resolution to increase the age of sale on tobacco products from 18 to 21.

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<sup>ii</sup> U.S. Department Of Health And Human Services. (2014). *The Health Consequences of Smoking-- 50 years of Progress: A Report by the Surgeon General* . Rockville: U.S. Department Of Health And Human Services.

<sup>iii</sup>Morris, P. (1986, January 1). *Discussion Draft* . Retrieved January 8, 2015, from Legacy Tobacco Documents Library: <http://legacy.library.ucsf.edu/tid/aba84e00/pdf>

<sup>2</sup>Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.). *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings* . Rockville: U.S. Department Of Health And Human Services .

## **RESOLUTION TO RAISE AGE OF SALE OF TOBACCO PRODUCTS TO 21**

**WHEREAS**, the Orange County Health Department's mission is to enhance the quality of life, promote the health, and preserve the environment for all people in the Orange County Community and

**WHEREAS**, the health consequences of smoking are staggering, and there is irrefutable evidence that tobacco use causes cancer, respiratory and cardiac diseases, infertility, negative birth outcomes, irritations to the eyes, nose and throat. (Tobacco Twenty-One)

**WHEREAS** the economic losses in health care expenditures are equally important. Tobacco products cost the U.S. as much as \$170 billion in health care expenditures each year. (Tobacco Twenty-One)

**WHEREAS**, nearly 90% of all smokers begin smoking before the age of eighteen (Centers for Disease Control and Prevention , 2014)

**WHEREAS**, in North Carolina, 1 in every 10 middle school student is a tobacco user and 3 in every 10 high school students is a current tobacco user, and

**WHEREAS**, in North Carolina, 8,676 middle school students are currently smoking cigarettes; and 55,688 high school students are currently smoking cigarettes; (North Carolina Tobacco Prevention and Control Branch )

**WHEREAS**, there is supportive evidence that increasing the age of 21 will save more lives and the age of 21 reduces initiation in younger children and lessens the likelihood of addiction in older teenagers;

**WHEREAS**, we believe in the need to educate and empower youth about the harmful effects of tobacco use and prohibit these incidences of purchase until the conscious age of 21 years;

**WHEREAS**, penalties included in G.S 14-313 Youth access to tobacco products, tobacco-derived products, vapor products, and cigarette wrapping papers would remain the same;

**WHEREAS**, in recognition of the damaging effects of preemption and the importance of community tobacco control policies, both the Healthy People 2010 and the Healthy People 2020 objectives, which are developed by the Department of Health and Human Services to set the national public health agenda for each decade, include an objective calling for the elimination of all state laws that preempt local tobacco control policies; (Department of Health and Human Services, 2013)

**THEREFORE BE IT RESOLVED**, the Orange County Board of Health requests that the North Carolina General Assembly restore local control over tobacco policies by rescinding preemption; therefore, granting Orange County the legal authority to protect residents from known public health threats by enacting innovative, evidence-based policies such as an increase in the minimum sale age of tobacco products from 18 to 21. The lifting of preemption reinstates local capacity to develop public policy and revitalizes community debate, education and empowerment. We also call on other Boards of Health to request the restoration of local control over tobacco policies so as to better help prevent youth initiation.

## References

- Centers for Disease Control and Prevention . (2014, February 14). *Smoking and Tobacco Use* . Retrieved January 8, 2015, from Youth and Tobacco Use : [http://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/youth\\_data/tobacco\\_use/](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/)
- Department of Health and Human Services. (2013, April 5). *State Preemption of Local Authority to Engage in Evidence-Based Tobacco Control Policies*. Retrieved March 17, 2015, from NC Alliance for Health : <http://www.ncallianceforhealth.org/Media/Tobacco/North%20Carolina%20preemption%20LOE%204%2015%202013.pdf>
- Morris, P. (1986, January 1). *Discussion Drafr* . Retrieved January 8, 2015, from Legacy Tobacco Documents Library: <http://legacy.library.ucsf.edu/tid/aba84e00/pdf>
- North Carolina Tobacco Prevention and Control Branch . (n.d.). *North Carolina Youth Tobacco Survey: Middle and High School Fact Sheet* .
- Substance Abuse and Mental Health Services Administration (SAMHSA). (n.d.). *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings* . Rockville: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES .
- Tobacco Twenty-One. (n.d.). *Critical Issues* . Retrieved March 16, 2015, from Tobacco Twenty-One: <http://tobacco21.org/critical-issues/>
- U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. (2014). *The Health Consequences of Smoking-- 50 years of Progress: A Report by the Surgeon General* . Rockville: U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.
- Xu, X., Bishop, E. E., Kennedy, S. M., Simpson, S. A., & Pechacek, T. F. (2014). Annual Healthcare Spending Attributable to Cigarette Smoking. *American Journal of Preventative Medicine*.

**Agenda Item Number:**

**ORANGE COUNTY BOARD OF HEALTH  
AGENDA ITEM SUMMARY**

**Meeting Date:** March 25, 2015

**Agenda Item Subject:** Strengthening Local Public Health  
Infrastructure- Maintenance-of-Effort  
Requirement and Financial Impact

**Attachment(s):** N/A

**Staff or Board Member Reporting:** Rebecca Crawford

**Purpose:**  Action  
 Information only  
 Information with possible action

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**Summary Information:**

**PURPOSE:** To update the Board of Health with the FY 2015-2016 County General Fund request in accordance with the Health Department's formal process for ensuring compliance with the state Maintenance of Effort Requirements.

**BACKGROUND:**

Maintenance of Effort Requirement:

In 2012 the NC General Assembly modified General Statute 130A-34.4 making it a requirement for local health departments to be accredited, and for counties to maintain operating appropriations to local health departments from local ad valorem tax receipts (local county appropriations) at levels equal to amounts appropriated in fiscal year 2010-2011.

This new statute became effective on July 1, 2014 and was enacted by section 3 of S.L. 2012-126 (HB 438), which is available at:

<http://www.ncleg.net/EnactedLegislation/SessionLaws/PDF/2011-2012/SL2012-126.pdf>.

Maintenance of Effort Measurement:

The baseline fiscal year for comparison is 2010-2011, and for that period the Health Department's original approved local county appropriation was **\$5,017,639**. This amount represents the department's total local county appropriation and is comprised of

operational funds only as capital funds will not be included in how the state measures compliance.

**Process Established:**

Each year when the Health Department prepares its annual budget, the total local county appropriation requested will be compared against the baseline year amount of **\$5,017,639**.

As outlined in the table below, the Health Department’s original approved county appropriation has consistently been above \$5,017,669 since fiscal year 2010-2011, and exceeds that amount by \$653,680 in the current fiscal year (2014-2015). The Health Department is again expected to exceed the baseline amount by \$886,911 in the FY 2015-2016 budget request.

Orange County Health Department 5 Year Original Approved Local Appropriation Budget Comparison	
Fiscal Year	Original Approved Local Appropriation
<b>2010-2011 (Baseline Year)</b>	<b>\$ 5,017,639</b>
2011-2012	\$ 5,118,432
2012-2013	\$ 5,187,610
2013-2014	\$ 5,493,540
2014-2015	\$ 5,671,319
2015-2016 (Request)	\$ 5,904,550

**FINANCIAL IMPACT:**

None

- Recommended Action:**  Approve  
 Approve & forward to Board of Commissioners  
 Approve & forward to \_\_\_\_\_  
 Accept as information  
 Revise & schedule for future action  
 Other (detail):

**Agenda Item Number:**

**ORANGE COUNTY BOARD OF HEALTH  
AGENDA ITEM SUMMARY**

**Meeting Date:** March 25, 2015

**Agenda Item Subject:** General Public Seat Recruitment

**Attachment(s):** BOH Applicant Interview Guide

**Staff or Board Member Reporting:** Susan Elmore

**Purpose:**  Action  
 Information only  
 Information with possible action

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**Summary Information:** Board member Esther Earbin has notified the board of her resignation from the BOH effective following the March 2015 BOH meeting. This will leave a vacant general public seat starting with the April 2015 meeting.

The notice of vacancy has been posted to the county website to solicit applications. Two to three BOH members are needed to review applications, interview selected candidates, and recommend a new member at the March 2015 BOH meeting.

Attached are a list of suggested interview questions that focus on the BOH's strategic plan and OCHD's priorities.

**Financial Considerations:** None

**Recommended Action:**  Approve  
 Approve & forward to Board of Commissioners for action  
 Approve & forward to \_\_\_\_\_  
 Accept as information  
 Revise & schedule for future action  
 Other (detail): Assign BOH members to review applications and recommend appointee for general public seat to be vacated in March 2015.



## Orange County Board of Health Applicant Interview Guide

<b>General Background</b>	
Why did you decide to apply for the Orange County Board of Health?	
What other community organizations or activities have you been, or are currently involved with?	
What unique skills, knowledge, or perspective would you bring to the Board of Health?	
What any health-related topics or issues do you feel passionate about?	
<b>Pillars</b>	
The Orange County Health Department and Board of Health are guided in our work by four characteristics, or pillars. That is, we have a vision of an organization that is customer-centered, efficient, high quality, and innovative.	
Which of these four pillars do you identify with most? Why?	
As a Board of Health member, how might you use these pillars to guide the Board's work?	
<b>Governance</b>	
The Board of Health is the primary policy-making, rule-making and adjudicatory board for the health department. It is charged to protect and promote the public health of Orange County and has administrative, advocacy, and policy development functions.	
What is the role of public policy in protecting and promoting the health of the public?	
The Board of Health can be faced with making controversial decisions. What are three key considerations you would take into account when making a controversial decision?	
How can advisory boards like the Board of Health effectively engage with their communities?	
How would you define success in your role as a Board of Health member?	

**Agenda Item Number:**

**ORANGE COUNTY BOARD OF HEALTH  
AGENDA ITEM SUMMARY**

**Meeting Date:** March 25, 2015

**Agenda Item Subject:** Committee Assignments

**Attachment(s):** 2015 Committee Assignments

**Staff or Board Member Reporting:** Susan Elmore

**Purpose:**  Action  
 Information only  
 Information with possible action

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**Summary Information:** The Board regularly reviews their various committee assignments and makes any necessary changes based on member turnover and interest.

Attached are the current BOH Committee Assignments. New members have not been assigned a committee. Each Board member should serve on at least one of the Strategic Plan priority committees. Currently, the Child & Family Obesity Committee is in need of at least one new member.

Additionally, it is recommended that the BOH Strategic Plan priority committees establish a regular meeting schedule. The proposed schedule below establishes at least two scheduled meetings per committee in 2015. The Board is asked to review and provide any comments on the meeting schedule.

<b>Access to Care</b>
Friday, April 30 <sup>th</sup> – 8:00 AM Friday, August 13 <sup>th</sup> – 8:00 AM
<b>Child &amp; Family Obesity</b>
Tuesday, June 16 <sup>th</sup> – 4:00 PM Tuesday, September 29 <sup>th</sup> – 4:00 PM
<b>Substance Abuse &amp; Mental Health</b>
Thursday, July 23 <sup>rd</sup> – 8:00 AM Thursday, October 22 <sup>nd</sup> – 8:00 AM

**Financial Considerations:** None

**Recommended Action:**  Approve  
 Approve & forward to Board of Commissioners for action  
 Approve & forward to \_\_\_\_\_  
 Accept as information  
 Revise & schedule for future action  
 Other (detail): 1) Review BOH Committee list and make any desired changes and 2) Provide comments on the proposed calendar of BOH Strategic Plan committee meetings

Committees 2015

Member Assignments

Committee	Member
Executive Committee	Susan Elmore Liska Lackey
Awards, Nominating & Bylaws	Ad Hoc, appointed by Chair
Access to Care	Susan Elmore Sam Lasris Liska Lackey Tony Whitaker
Childhood & Family Obesity	Nick Galvez Michael Carstens
Substance Abuse/Mental Health	Corey Davis Paul Chelminski Esther Earbin
<b><u>Liaison Roles</u></b>	
Susan Elmore	Animal Services Advisory Board & Dangerous Dog Appeals Committee
Liska Lackey	Healthy Carolinians
Susan Elmore	North Carolina Association of Boards of Health

**Agenda Item Number:**

**ORANGE COUNTY BOARD OF HEALTH  
AGENDA ITEM SUMMARY**

**Meeting Date:** March 25, 2015

**Agenda Item Subject:** April BOCC Meeting

**Attachment(s):** 2014 Joint BOCC-BOH Meeting Agenda  
2014 Joint BOCC-BOH Meeting Presentation

**Staff or Board Member Reporting:** Colleen Bridger

**Purpose:**  Action  
 Information only  
 Information with possible action

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**Summary Information:** Each year, the Board of Health holds a joint meeting with the Board of County Commissioners. For the past two years, the agenda has focused on a review of the Board of Health Strategic Plan and any emerging issues of note for the BOCC to consider.

Tonight, the Board should discuss and decide on the agenda for this year's joint meeting, to be held on April 14<sup>th</sup> from 5:30 – 7:00 PM. Attached are the meeting materials from last year's meeting for review.

Some potential topics for discussion include:

- Strategic Plan Update
- Family Success Alliance
- Dental

**Financial Considerations:** None

**Recommended Action:**  Approve  
 Approve & forward to Board of Commissioners for action  
 Approve & forward to \_\_\_\_\_  
 Accept as information  
 Revise & schedule for future action  
 Other (detail): Discuss and recommend topics and materials for inclusion in the April joint meeting with BOH and BOCC

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

**JOINT MEETING AGENDA**

May 13, 2014  
Dinner – 5:00 pm  
Meeting – 5:30 pm  
Southern Human Services Center  
2501 Homestead Road  
Chapel Hill, NC 27516

<b><u>TIME</u></b>	<b><u>ITEM</u></b>	
5:30-5:35 pm	1. Welcome from the Chairs	Barry Jacobs Corey Davis
5:35-5:55 pm	2. Board of Health's Strategic Plan Progress	Corey Davis Susan Elmore Tony Whitaker
5:55-6:25 pm	3. Addressing Child Poverty in Orange County	Colleen Bridger
6:25 pm	4. Questions and Answers	

## Health Director's Report

March, 2015

### Staff

- We are actively working to fill the following positions:
  - Administrative Assistant – final interviews of the top two candidates this week. Hope to announce new person at the Board meeting.
  - Informatics Manager – First pool didn't have the experience I was looking for, so we've posted the position for two more weeks. Will begin interviews next week.
  - Southern Clinical Supervisor – Is filled. Madeline begins April 1.
  - We are also recruiting for two PHN I positions and have final interviews with our CD PHNII candidates this week.

### BOH Priorities

- The Sherriff's Department is adding two drug drop off boxes next week which will complete our quest to have all law enforcement offices as drug drop off box locations.
- We are finalizing the naloxone order from the Sherriff's department. When complete, all Sherriff's Deputies will carry naloxone.
- We are working with the Chapel Hill Police Department to supply their naloxone needs as well. Once complete we will have all but Hillsborough law enforcement who carry naloxone.

### Various

- Communicable Disease – We received our 15<sup>th</sup> traveler to be monitored for Ebola. This traveler is considered "some risk" because he/she cared for Ebola patients while in Africa. This means daily home visits and is quite labor intensive.
- The Family Success Alliance had two successful community survey events (one in each zone). I participated in the one Saturday in Zone 6 and was able to dust off my Spanish and complete 3 surveys in Spanish and one in English. It was rainy, but not cold, so volunteers were in good spirits!
- We are scheduled to select the central permitting vendor on Friday. I can't believe we have been working on this project for over 3 years. Of course once we pick the vendor we'll have a year's worth of training and implementation activities. So, it isn't really that close to being complete.
- I have my budget meeting with the County Manager next Thursday, so I'll send out an email update on how that goes. I don't anticipate any problems.
- The General Assembly is back at work. The Governor has released his budget and we are busy reacting to the Bills/budgets coming out of Raleigh.



# tarheel

## Anti-overdose drug saves second Carrboro victim

By [Maggie Monsrud](#) | Published 02/24/15 12:54am

Naloxone, an anti-overdose drug, proved its worth yet again when its application assisted the Carrboro Police Department in saving the life of one Carrboro resident last week.

Carrboro police officers received a report about three potential drug overdoses at 5:27 p.m. Thursday.

Capt. Chris Atack, spokesman for Carrboro Police Department, said Carrboro officers were the first to arrive on the scene, discovering all three of the victims were unconscious. Two of the victims were 19 years old and the third was 17.

Two of the three victims were in critical condition. Officer Erasmo Velazquez Jr. administered naloxone to one of the victims, who regained consciousness as medics carried him down the stairs to the ambulance.

All three were taken to the hospital and were in good condition Monday.

Atack said it is likely that they overdosed on the drug fentanyl, a powerful opioid.

This is [the second time](#) Carrboro police used naloxone on an overdose victim.

Atack said police officers's use of naloxone is a step toward addressing drug overdoses.

"If we have officers that can render a scene safe and then render the naloxone, then it's a win-win situation," he said.

Stacy Shelp, spokeswoman for Orange County Health Department, said the department does not see a lot of drug overdoses in Orange County.

"We have a 300 percent increase in overdose deaths since 1999, and that sounds like a lot, but that's only because the number was small to begin with," she said.

The Orange County Health Department is the first health department in the state to administer naloxone prescriptions and has administered two kits since it began prescribing naloxone in 2014. Naloxone kits are free for patients.

The drug is administered to patients who are prescribed opioid drugs or abuse opioid drugs. Naloxone is also distributed to family members of these patients.

Lt. Josh Mecimore, Chapel Hill Police Department spokesman, said the department is finalizing the paperwork necessary to begin implementing naloxone. All patrol officers and supervisors are trained in the use of naloxone, which includes about 70 employees.

Mecimore said the police department is typically the first unit on scene for overdose incidents.

“The ability to save lives in those situations is measured in seconds,” he said. “Naloxone requires minimal training and expertise but could very easily save lives.”

Shelp said a benefit of naloxone is that it can’t be abused, but at the same time, the drug does not replace the need for medical care.

“Naloxone definitely saves lives,” she said. “A part of the solution is keeping patients alive and getting them the help they need, but it’s not a permanent fix.”

## [Measles Outbreak Sparks Vaccination Debate](#)

By [Blake Hodge](#)

Posted February 23, 2015 at 1:28 pm



via Alamy

A Measles outbreak across portions of the United States has sparked concern from parents here in Orange County and enflamed the debate over vaccinations.

Stacy Shelp, Public Information Officer with Orange County Health Department, says there is no presence of measles in our community. But you don't have to think back very far to remember an outbreak.

"Measles is extremely contagious; to the point of about a 90 percent contagion rate," she says. "We did have an outbreak here in Orange County back in 2013. We had eight confirmed cases in Orange County and 23 in the state.

"As of that time, what we would continue to do is really encourage people to get their vaccination."

Shelp says she does not have current numbers, but Orange County has traditionally had a high vaccination rate.

"In 2013 here at the Orange County Health Department, we actually had a very high vaccination rate at about 97 percent of our patients were vaccinated."

Most public school students in North Carolina receive a shot to help fight off the measles, but there are waivers that can be filed by parents who do not want their children vaccinated.

"There are medical and religious exemptions that parents can use for school reasons," she says. "It's not going to be for us to track down and say 'prove it, prove it, prove it.' It really is for that parent to say."

Shelp adds the vaccination is the best preventative measure parents can take to avoid the viral infection.

“They can get their first dose of the MMR between twelve and fifteen months old, and a second dose at four to six years of age,” she says. “That’s obviously, and with a lot of evidence behind it, the best way to protect yourself from measles.”

There have been no confirmed cases of measles in North Carolina in 2015. There was a scare with two potential cases in Cleveland County, but test results for measles were negative.

# Chapel Hill Police To Carry Naloxone Kits

By [Elizabeth Friend](#)

Posted March 3, 2015 at 1:35 pm



Chapel Hill Police will soon begin carrying the anti-overdose drug Naloxone.

“Most of our officers have completed training and we’re just in the process of getting the kits and putting them out for our patrol officers,” says Lieutenant Josh Mecimore.

Naloxone is an opioid-blocking nasal spray that can save the life of an overdose victim by temporarily reversing the effects of opiates, giving emergency responders a window of opportunity to get patients to the hospital for treatment.

Carrboro Police have carried the kits since October, and in that time, officers have used it twice to revive overdose victims.

[You can read more on those incidents here.](#)

Across North Carolina, there has been a more than 300 percent increase in opioid overdose deaths since 1999, according to the state Center for Health Statistics.

Last year, 86 people in Orange County were hospitalized due to overdose.

Carrboro Police Captain Chris Atack says his department has seen that prescription pain killers are a growing local problem.

“We have known for years that there has been a prescription drug abuse problem” says Atack. “We have been involved with other agencies, Chapel Hill specifically, for drug take-back activities, so there’s been an awareness on the law enforcement side that this is a real issue.”

While the total number of opiate overdose deaths in Orange County is small, Health Department Program Manager Meredith Stewart says it is on the rise.

An average of 3.5 out of six poisoning deaths was attributable to prescription opiates a decade ago. Now, that average has risen to seven out of ten poisoning deaths for the past three years.

Fundamentally, Stewart says any number of preventable deaths is too much.

“There are still people in Orange County dying and, really, one person is too many because we do have effective methods like naloxone to use when an overdose is actually happening,” says Stewart.

The Health Department also offers [naloxone kits](#) to Orange County residents so friends and family members of those with a history of opiate abuse can have the rescue drug on hand.

# Chapel Hill News

## County's Family Success Alliance wants to learn about needs, challenges for children in poverty

By Tammy Grubb  
tgrubb@newsobserver.com  
03/10/2015 3:30 PM

### CHAPEL HILL

Orange County needs volunteers to survey Carrboro families this weekend about the challenges they face and what they think are the community's strengths.

The survey, organized by the Family Success Alliance, starts at 9 a.m. Saturday with training and breakfast. Volunteers will meet at Carrboro Town Hall, 301 W. Main St. in Carrboro, said Stacy Shelp, with the Orange County Health Department.

Volunteers will work in two-person teams, going door-to-door to conduct the surveys between 11 a.m. and 1 p.m. They hope to have at least one person on each team who speaks Spanish, Shelp said. Volunteers will be given nametags and red vests, she said.

The Family Success Alliance has identified two Orange County zones for its pilot project aimed at creating a pipeline of success from the cradle to college or a career for children living in poverty.

A survey already was completed in Zone 4, located between I-85 and I-40 in the area surrounding New Hope Elementary School. Saturday's survey will cover Zone 6, which surrounds downtown Carrboro.

The survey also is available online in English and Spanish at [nando.com/p5](http://nando.com/p5).

County officials will report the results of both surveys at community meetings in April and work with those communities to decide what action to take.

If you'd like to help, call Meredith McMonigle at 919-245-2071  919-245-2071. Last-minute volunteers also can show up Saturday at Carrboro Town Hall.

More information about the Family Success Alliance is available online or follow the changes on Twitter at [@FSA\\_OC](https://twitter.com/FSA_OC).

Read more here: <http://www.newsobserver.com/news/local/community/chapel-hill-news/article13212569.html#storylink=cpy>

## OC Family Success Alliance Seeks Outreach Volunteers

By [Elizabeth Friend](#)

Posted March 10, 2015 at 2:02 pm



This Saturday, volunteers with the [Family Success Alliance](#) will visit homes in Chapel Hill and Carrboro to help assess community needs.

“We’ll be asking folks questions about how well connected they are with their neighbors and also do they have trouble getting childcare or medical services?” says Orange County Health Department Program Manager Meredith Stewart. “Generally, what do they think are the strengths or challenges in their community to children and families being successful?”

The Family Success Alliance is a new initiative designed address issues of child poverty, health and education through community-specific programs.

“We are doing this as part of a gap analysis for the Family Success Alliance and that gap analysis is looking at the cradle-to-college or career pipeline for children and families in Orange County,” says Stewart.

Last week, volunteers visited Zone 4 in Hillsborough. This weekend, the focus will shift to Zone 6, which spans the boarder between Chapel Hill and Carrboro.

“We will be in Western Chapel Hill into Carrboro,” says Stewart. “We’re talking about the Highway 54-Jones Ferry intersection and around the Northside and Pine Knolls area, that downtown Chapel Hill and Carrboro residential area.”

But in order to make contact with all the homes in those neighborhoods, Stewart says more help is needed. If you’d like to help, call Meredith McMonigal at 919-245-2071  919-245-2071.

Volunteers will meet at Carrboro Town Hall at 9 o'clock Saturday morning to go over the survey and receive red vests and name tags. "We will pair people up into teams of two and give them a designated area to go out to," says Stewart.

The survey is also available online in English and in Spanish:

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

The data collected from the outreach effort will be presented back to the community for discussion at a meeting on April 9 at Carrboro Elementary.

# The Herald-Sun

## Volunteers sought for childhood poverty initiative survey

Mar. 10, 2015 @ 04:42 PM

[Katie Jansen](#)

CHAPEL HILL —

The Orange County Health Department is seeking volunteers who can help gather data Saturday for the newly launched Family Success Alliance.

The Family Success Alliance is an effort to bridge gaps in education and alleviate childhood poverty across the county. But before the gaps can be bridged, the Health Department needs to know what they are.

Six zones were originally designated as geographical areas that needed help, and two of those were selected as pilot zones in December.

Surveying has now begun to determine the most pressing needs for the two zones chosen, the area east of I-40 (Zone 4) and Chapel Hill/Carrboro (Zone 6).

Last weekend, about 28 volunteers canvassed the zone east of 40, going door-to-door to speak with residents and administer surveys.

Stacy Shelp of the Orange County Health Department said they were able to collect about completed surveys and tag doors of people who weren't home.

They surveying of Chapel Hill and Carrboro was delayed because of inclement weather, but it has been rescheduled for this Saturday.

Shelp said only 10 volunteers are signed up so far.

"We would love for some volunteers to come out and help and be part of the community and part of the effort this weekend," she said.

After the surveys are completed, needs will be assessed and compiled so that stakeholders and groups involved in the Family Success Alliance can determine which goals to prioritize.

Community meetings will be held next month to discuss the future for both zones.

The meeting for Zone 4 will take place on April 8 from 5 to 7 p.m. at A.L. Stanback Middle School.

The meeting for Zone 6 will take on April 9 from 5 to 7 p.m. at Carrboro Elementary School.

Child care and a light meal will be provided at both meetings.

In the meantime, people are encouraged to take the survey, either in paper form or online at <http://orangecountync.gov/health/fsa.asp>. Surveys are available in English and Spanish.

To volunteer to help on Saturday, call 919-245-2071  919-245-2071.