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Wake County health officials say social networking apps are partly to blame for a sharp increase in syphilis cases.

By Chris Cioffi

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RALEIGH - The number of reported syphilis cases is on the rise in North Carolina, and Wake County health officials say social networking websites are partly to blame.

Across the state, 1,113 early syphilis infections were diagnosed in 2014 – a 62 percent increase from the prior year, when 688 cases were reported, according to the state Department of Health and Human Services.

Wake saw 233 reported cases of syphilis last year, marking a 15-year high. In 2014, the county saw 171 cases, according to county data.

When patients who contracted syphilis were interviewed in Wake County, many said they met their partner online, said Sue Lynn Ledford, Wake's public health division director.

"People are hooking up with strangers they have most often met through social media, and that is really increasing the rate of transmission," she said.

Other Triangle counties have also seen increases in syphilis cases. In Durham County, there were 121 reported cases in 2015, up from 46 in 2013. Orange County had 13 reported cases in 2015, compared to five in 2013. Johnston County had 19 reported cases in 2015 and one case in 2013.

Syphilis is a sexually transmitted disease that causes skin rashes and sores most commonly in the genital area. The disease can also be passed from mother to child during pregnancy.

The most common treatment is penicillin, but if the bacteria goes untreated, patients can eventually go blind, become paralyzed, develop dementia or die.

Most of the recent syphilis cases occurred in men who said they had been engaging in sexual activity with other men, said Arlene Sena, medical director for the Durham County Department of Public Health and an associate professor at the UNC School of Medicine.

Patients who have an STD, including syphilis, are at a higher risk of testing positive for HIV in the future, health officials say.

More than 40 percent of males with early syphilis statewide also have HIV, Sena said. In Wake County, the number is higher – 52 percent, according to Ledford.

“What we’re concerned about in public health is an increase of early stage syphilis and the co-infection of HIV,” Sena said.

In Wake and Durham counties, health officials are trying to combat the rise in syphilis cases through awareness, outreach and education, both on social media and at facilities.

Ledford said anyone who meets people online should practice safe sex and avoid anonymous hookups.

“And if you have had unprotected sex, you need to be tested,” she said.

Read more here: <http://www.newsobserver.com/news/local/counties/wake-county/article66940787.html#storylink=cpy>

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Opinion: Consumers and businesses should set vaping rules |

March 21, 2016

Read more: <http://www.dailytarheel.com/article/2016/03/opinion-consumers-and-businesses-should-set-vaping-rules>

Soon, Orange County bar and restaurant patrons might no longer be using electronic vaporizers indoors — not because of personal choice or the house rules of bar owners, but because a board of unelected bureaucrats has decided it knows best about which products should be allowed in businesses.

The Orange County Health Department might be well-intentioned in its efforts to discourage the use of nicotine products, but a ban on electronic cigarettes in private establishments curtails both freedom of choice and property rights, and might actually induce nicotine users to use more unhealthy traditional cigarettes instead of less-harmful e-cigs.

While the case for a public health department to ban traditional cigarettes is stronger, it is well-established that nicotine vaporizers are dramatically less harmful than smoked tobacco products. Any evidence of harm to bystanders from secondhand mist from smokeless, tar-free vaporizers is poorly established or nonexistent. In its zeal to stamp out anything resembling tobacco usage in the name of public health, the health department ignores a basic lesson of economics: the importance of incentives.

Currently, because regular cigarettes are banned from being smoked indoors, it is more convenient for people who use both vaporizers and traditional tobacco products to substitute vaporizers for regular cigarettes when in bars and restaurants, as users can stay seated to vape and avoid the trouble of getting up to go outside to smoke.

A main motivating factor for tobacco smokers to switch to less harmful vaporizer products is that vapes can be used in far more places. With the proposed ban on indoor e-cig use at bars and restaurants, the department could unintentionally nudge users away from less harmful e-cigs and toward smoked cigarettes if using both were to become equally inconvenient.

The proposed rule also tramples the property rights of business owners, who invested significant amounts of their time and money to develop their business, and who should thus be able to set their own house rules. Restaurant owners are already free to ban e-cigs if their customers complain or if it is the owner's desire, but setting arbitrary rules like a vaporizer ban places the burden of enforcement on entrepreneurs while reducing their ability to craft a unique atmosphere for their establishment. Further, the proposed ban will likely hit certain establishments particularly hard: more bohemian and hipster-oriented bars, where patrons are more likely to vape, could see a drop in business.

If the Orange County government absolutely must impose its will regarding nicotine products on business owners, it should at least do so through the legislative process, not through an unelected bureaucracy. If legislators vote on such an e-cigarette ordinance, Orange County residents who

oppose the ban could vote out legislators who voted for it. When unelected bureaucrats make such choices, voters have no recourse.

Education and social pressure have been much more effective in lowering tobacco usage in recent decades than heavy-handed bans. In a free society, adults can choose to make decisions that might be harmful to themselves. The ever-creeping nanny state should keep its hands off e-cigarettes.

Read more: <http://www.dailytarheel.com/article/2016/03/opinion-consumers-and-businesses-should-set-vaping-rules>

Quoted from The Daily Tar Heel

Orange County commissioners discuss goals for county

Lauren Miller

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The Orange County Board Commissioners reviewed and discussed the county's aims in capital development and its human resources goals for county employees at a Tuesday meeting.

Bonnie Hammersley, county manager, opened the meeting by detailing the county's prospective capital investment plan that establishes budget projections related to capital needs of the county.

Approval of the plan commits the county to first year funding while all other yearly plans are used as tools to guide the county's future financial decisions, Hammersley said.

Brenda Bartholomew, Orange County human resource director, presented information about 2016-2017 county employee benefits and salaries.

Bartholomew said the county pays 100 percent of individual premiums and roughly 65 percent of family premiums — on average in North Carolina, employers cover 82 percent of individual premiums and 53 percent of family premiums.

The board was less enthusiastic about the progress of resolving the issue of pay compression among Orange County employees.

Compression in the workplace is caused when newly hired employees are brought in at equal or better salaries than employees with more years at the same position. "This did not happen overnight, but it is," Bartholomew said.

Commissioner Barry Jacobs said the county should be recruiting well-seasoned local government employees and paying them accordingly to remain competitive.

"Orange County does not need to become a training ground," Jacobs said.

Commissioner Earl McKee said he has faith that the human resource department will be able to resolve the issue in due time so Orange County does not lose out on job recruiting prospects, as well as veteran employees.

Bartholomew's presentation also prompted a discussion about diversifying the Orange County government staff, particularly seeking out Hispanic or Latino influence, as well as Asian.

The board discussed wanting to incentivize being bilingual in terms of salary and also provide better resources so that employees can learn the Spanish language.

Notable: Commissioner Bernadette Pelissier thanked the Department of Human Resources, Department of Health and UNC Health Care for collaborating on providing Orange County government employees with free mammograms earlier this year, emphasizing the importance of women's health care coverage as a employee benefit.

Quotable: "It may say that this person has a Ph.D. in solid waste collection or whatever you call it," said Jacobs in reference to recruiting experienced employees to fill positions.

Health rankings not perfect, but have value

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You have to give the the University of Wisconsin and the Robert J. Wood Foundation a healthy round of applause for the ambitiousness of their undertaking, even if some critics doubt the relevance of their findings.

We refer to the annual County Health Rankings pieced together each year by the university and the foundation that attempt to rank by health more than 3,000 counties across the United States within their own state. A variety of metrics are used for the report, which was released recently and — disappointingly but unsurprisingly — determined that Robeson County was the unhealthiest of all of North Carolina's 100 counties.

Our own test, which is done with the eye, gives us confidence that the report, if not a bulls'eye, is pretty darn accurate with regard to this county.

North Carolina's health directors, including our own, Bill Smith, aren't convinced of the report's worthiness.

Colleen Bridger, president of the association and Orange County's health director, sent a letter to the co-director of the annual County Health Rankings that read in part: "... While we appreciate your intention to bring attention to the social determinants of health and the role they play in the community's health, we believe the ranking of counties must stop. The methodology is seriously flawed."

Smith also protested, but his letter was to this newspaper. He pointed out that it would be unlikely for five counties to pass Robeson, which was 95th last year in the state, in a single year, tooted his department's own horn and added perspective.

He wrote: "The Healthy Robeson Task Force has been addressing issues such as infant mortality, substance use, obesity, exercise, smoking, nutrition, etc. for years and the Community Health Assessment has identified these areas as well. Let's face it, whether we are 100 or 95 or 90, it is still a largely unhealthy population in Robeson County. But even those ranked at the top in this state must temper their enthusiasm with the knowledge that North Carolina is the 34th healthiest state, so there is a lot of room to grow."

Bridger, Smith and other health directors question the validity of the report largely because of how information is collected, and work-arounds when there is no information.

Dr. Bridget Catlin, co-director of the County Health Rankings, suggested that the lens be pulled back, and that the report provides a bigger picture that can be useful.

“In a state like North Carolina where there are 100 counties, if you moved by five ranks that’s a 5 percent change. Don’t worry about that too much, look at what’s happening over time Smaller changes are just the nature of fluctuations in data that are really hard to control for,” she said.

We understand Smith’s objections as he surely feels as if a finger has been pointed toward him and his staff. But we believe a local Health Department’s ability to move the needle of a county’s collective health in the short term is right next to nil.

In the end health is an individual’s responsibility, and if the report inspires one person to put down the potato chips, get off the couch, grab an apple and take a walk, then we submit it has value.

Laurinburg Exchange

Report: Scotland County health ranking at 99th

By Scott Witten 3/29/16

LAURINBURG — Scotland County has ranked near the bottom in the state in terms of overall health outcomes, according to the County Health Rankings and Roadmaps.

The report, which was released earlier this month, listed Scotland 99th out of North Carolina's 100 counties. In 2015, Scotland ranked 98th in overall health outcomes.

The report is compiled by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute and looked at 30 measures, including premature death, respondents' own views of their health, sick days taken and birth weight. The group releases the study each year.

The rankings suggested that rural counties have higher rates of smoking, obesity, child poverty, teen births and higher numbers of uninsured adults than their urban counterparts. Wake County topped the list as the healthiest county followed by Orange County. Union, Camden and Mecklenburg counties rounded out the top five healthiest counties.

"We have known for some time that our county faces challenges," said Wayne Raynor, interim Scotland County health director. "In the 2016 County Health Rankings, Scotland County ranked low on overall health ranking, compared with other counties in the state."

Raynor said the rankings indicated Scotland County is at-risk for poor health when it comes to health behaviors such as adult smoking, obesity, sexually transmitted infections and teen pregnancy and social and economic factors such as unemployment and violent crime.

About 25 percent of county adults are smokers and 37 percent are obese — figures that have changed little since the previous report.

For 2016, 66 percent of county resident said they had "adequate access to locations for physical activity," the same as the previous year's report. Twenty-seven percent of Scotland adults over 20 report no leisure-time physical activities.

According to the report, rates of teen births did see a slight decrease. There were 68 teen births per 1,000 women aged 15 to 19, down from 72 in the previous year.

But sexually transmitted infections rose from 718 to 825. The rate of diabetes, 82 percent, dropped a percentage point from last year.

The study said that 18 percent are without health insurance in Scotland County — about the same as last year — and 42 percent of children are living in poverty. Although that's a slight decrease from 44 percent in the previous report, it's still about double the statewide rate.

There was a slight improvement in premature deaths for the county. The measure is defined as the number of years of potential life lost before age 75 per 100,000 people. For example, if someone dies at the age of 65, that adds 10 years to the total. Premature death decreased from 11,011 years in 2015 to 11,000 years in 2016.

Scotland County adults engage in excessive drinking less — at 12 percent — compared to their counterparts statewide, at 15 percent.

Doctor-to-patient ratios have improved, especially in mental health. For 2016, the ratio was 620 patients per mental health provider, down from 680 patients per provider last year.

In addition, many Scotland County residents can't afford to visit those medical professionals, instead waiting until their condition is unbearable and they have no choice but to visit the costly Emergency Department. Those living below the poverty line also may not have the money for nutritious foods and often don't have time for exercise because of work. It's no coincidence that the counties that continually fall near the bottom of the rankings have high poverty rates, health officials said.

Raynor said the report helps local health officials identify factors that are making it difficult for residents to maintain a healthy lifestyle.

"The good news is that the County Health Rankings are an important springboard for conversations on how to expand opportunities for all of our citizens to be healthy and have become an important tool for local communities working to build a better culture of health," Raynor said. "We know from the Rankings, Scotland County needs to do more to reduce the infant mortality rate, reduce teen pregnancy and reduce obesity and diabetes among children and adults."

Scotland County Health Department is currently working on a plan to reduce infant mortality and improve birth outcomes. The county recently received \$60,000 in state funding for that purpose.

"We anticipate this funding will be ongoing in coming years. The Health Department's Child Health and Maternity Clinics which began nearly a year ago should have a positive impact on the reduction of infant mortality and improved birth outcomes over the next few years."

Scotland County Health Department is also taking part in an effort called Active, Healthy Living Partnership that will focus on obesity and heart disease.

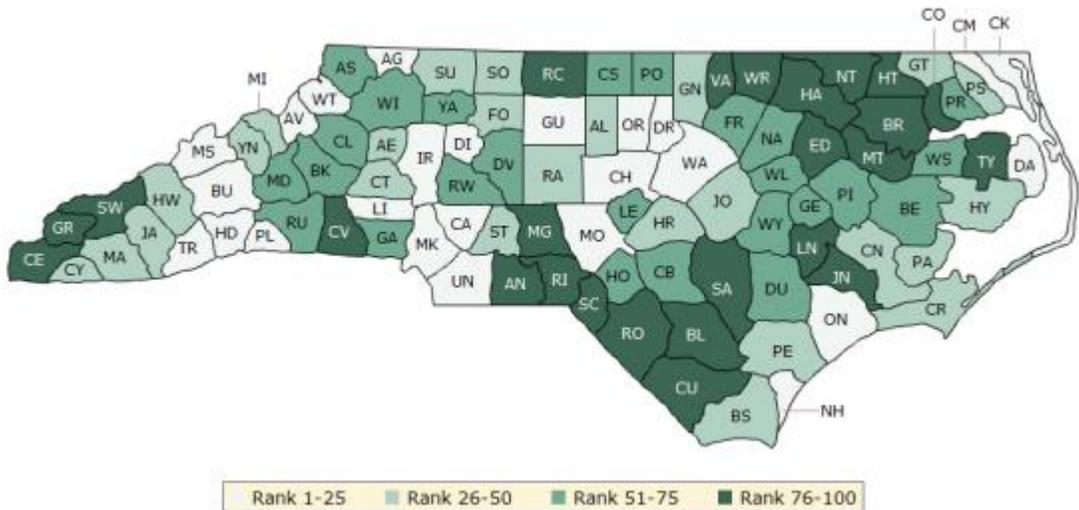
"With these new initiatives, I am convinced that we can, in conjunction with our community partners, have a very positive impact on our health rankings here in Scotland County," Raynor said.

Full results can be found at countyhealthrankings.org.

Orange is Second Healthiest County in State According to Study

By [Chris Grunert](#)
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Posted March 17, 2016 at 3:40 pm



Ranking

of Health Outcomes. Photo via [countyhealthrankings.org](#)

Orange County is the second healthiest county in North Carolina, according to a new study.

[The study](#), done by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute looked at factors such as life expectancy, poverty rates, health behaviors and environmental factors among others to determine the rankings.

The study looked at almost every county in all 50 states.

Maisha Simmons is a senior program officer with the Robert Wood Johnson Foundation.

“The rankings show us that where we live matters to our health and that good health is about more than medical care, it’s also about factors like access to healthy food and reliable transportation, as well as safe and healthy schools and neighborhoods,” said Simmons.

Orange County was ranked as having the best clinical care and longest length of life in North Carolina.

But there are some areas where Orange County could improve such as quality of life where Orange County was ranked 7th and physical environment, which considered factors like air quality, housing and commute to work, Orange County was ranked 4th.

But in last year’s study, Orange County was ranked as the healthiest county in North Carolina. This year, Wake County came out on top.

“Look at the data and compare from last year’s ranking to this year but this is only part of the story,” said Simmons, “recognize that there were improvements made as well, even if there was a slip in the rankings.”

The rate of uninsured people and violent crime has gone down in Orange County over the past year.

The study illuminates some inequalities that exist in Orange County too. Income inequality in Orange County is higher than most other counties in the state and the rate of children living in poverty has risen to 13%.

“These are all things that communities can do something about but it also shows us that not everyone has the same opportunity to be healthy,” said Simmons.

Simmons said probably the most disturbing new trend nationwide is a rise in drug overdose deaths due to heroin and opiate use.

“We’ve been hearing about this in the community but the rankings also show us that this is an epidemic for us,” said Simmons, “but we know that there are things that communities can do around this factor and in particular it’s really paying attention to the rates that we are prescribing prescription drugs and thinking about training for our first responders, in terms of responding to these incidents.”

Orange County emergency services have begun using the drug Naloxone, which can reverse an opiate overdose. So far, Orange County Emergency Services have [successfully reversed four overdoses](#) with the drug.