

December 2009

# State of the COUNTY HEALTH Report

Orange County, NC

How to Get Involved **2** | Orange  
County, NC: Promoting and  
Protecting Health **3** | Leading  
Causes of Death **4** | Health  
Disparities **4** | Access to Care **5** |  
Current Hot Topics **6** | Health  
Promotion **8** | Adolescent Health **9** |  
Child Health **11** | Mental Health and  
Substance Abuse **12** |  
Transportation **13** |



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- Orange County Health Department Staff

## Join us! How to Get Involved

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We invite you to become a member of *Healthy Carolinians of Orange County* (HCOC). Membership is free and open to anyone who lives or works in Orange County. You can volunteer in whatever capacity works best for you:

- Members may commit to serve on a standing committee working to address the leading health concerns in our county.
- Members may commit to serve as a resource person and contribute their expertise when needed.
- Members may volunteer to help out with one-time projects or events.
- Members may commit to receiving information about HCOC activities and disseminate this information to neighbors, friends and others in the community.

To join, contact Nidhi Sachdeva, Acting Healthy Carolinians Coordinator at (919) 245-2440 or [nsachdeva@co.orange.nc.us](mailto:nsachdeva@co.orange.nc.us).

Membership information and applications are also available on the Orange County Health Department/HCOC's website at [www.co.orange.nc.us/healthycarolinians](http://www.co.orange.nc.us/healthycarolinians).

## Purpose

This 2009 State of the County Health Report provides an update of health concerns, and actions being taken to address them. It uses the most recent data to highlight county demographics, the leading causes of morbidity and mortality, and progress toward

addressing the leading health concerns identified in the 2007 Community Health Assessment. The prioritized health issues are: 1) Access to health care; 2) Health promotion; 3) Adolescent health; 4) Mental health and substance abuse; and 5) Transportation.

## Orange County, NC: Promoting and Protecting Health

### A letter from the Health Director

Orange County residents have much to celebrate! While we have many challenges that will make our communities stronger and healthier, overall we continue to have healthy residents. This *2009 State of the County Health Report*, compiled annually, provides a snapshot of updated health statistics and activities towards meeting community priorities. We hope that the community finds this report easy to use with valuable information.

The Orange County Healthy Carolinians Partnership has much to be proud of this year. Under the able leadership of Bobbie Jo Munson, Healthy Carolinians Coordinator, Orange County Healthy Carolinians achieved re-certified status for 2009-2013 and for the third time. Ms. Munson stepped into the role as Coordinator during a crucial time in the 2007 community assessment process and carried through all activities flawlessly. Sadly, we also bade her farewell this summer as she pursued a different career path. We are recruiting for a new coordinator and expect to fill that position soon after the New Year.

It is a tribute to our partners, that even with a staff vacancy, Healthy Carolinians Committees continue to see significant progress toward accomplishing their action plans for community improvement focused on the prioritized health issues. I would like to extend a special thank you to Nidhi Sachdeva, Health Promotion Coordinator for the Orange County Health Department who stepped in on top of her other duties to compile this report and keep the fire burning. Thanks also to our strong community leadership; to Mark Sullivan, last year's Healthy Carolinians Chair; and to Myra Austin, our current Chair.

The Orange County Health Department is proud to sponsor Healthy Carolinians of Orange County. The commitment of more than 45 community agencies, individuals, and businesses; and the dedication of hundreds of volunteer hours make this partnership one with strong bonds. Our residents are truly the beneficiaries!

**Dr. Rosemary L. Summers, DrPH**  
Orange County Health Director

Demographics: Orange County and the State of North Carolina <sup>1</sup>		
	Orange County	North Carolina
Population (2008 estimate)	126,532	9,222,414
Gender		
Male	47.7%	49.0%
Female	52.3%	51.0%
Race		
White	78.9%	73.9%
African American	13.3%	21.6%
American Indian	0.5%	1.3%
Asian	5.8%	1.9%
Hawaiian/Pacific Islander	n/a	0.1%
Other/Two or more races	1.5%	1.2%
Ethnicity		
Hispanic or Latino Origin	6.3%	7.4%
Other Indicators		
Per Capita Income	\$35,084 (2009) <sup>2</sup>	\$25,015 (2008) <sup>3</sup>
Median Family Income (2008)	\$73,292 <sup>4</sup>	\$56,558 <sup>5</sup>
Persons below Poverty (2007)	14.2%	14.3%
Unemployment <sup>6</sup>	6.3% (9/2009)	11.0% (10/2009)
Adults (< Age 65) Who Currently Do Not Have Health Insurance	22.1%	22.1%

## Leading Causes of Death in Orange County (2004-2008)

The leading causes of death in Orange County, NC continue to be cancer, heart disease, and cerebrovascular disease. Health disparities and lifestyle behaviors such as smoking, physical inactivity, and poor diet are linked to many of these leading causes of death.

Overall, Orange County has a lower age-adjusted death rate than the State averages in all categories. Death rates attributed to colon, pancreatic, and lung cancer continue to decrease, and are lower than the State rates. However, the death rates due to breast and prostate cancer have increased over the past decade, and are still above the State rates.<sup>7</sup>

Cancer remains the top cause of death in the County; and the number of cases is expected to increase as the population ages. In 2006, 586 cancer cases<sup>8</sup> were reported in Orange County. After the gender-specific cancers (i.e. prostate and breast), lung

cancer is the second most common cancer in both men and women. In Central North Carolina, lung cancer incidence rates in males have been steady, while death rates have been decreasing. For females, the incidence rates have been increasing, and death rates due to lung cancer have been steady in the past few years.<sup>9</sup>

In 2008, North Carolina ranked 17<sup>th</sup> in the nation with the highest prevalence of adult diabetes,<sup>10</sup> which is an ever growing problem in Orange County. Compared to last year, the diabetes death rate in Orange County has increased, while the State's rate has slightly decreased. Furthermore, the minority death rate in Orange County (44.6 per 100,000) is significantly higher than the overall rate (17.7) and the Caucasian rate of 12.3 per 100,000. This shows that many minority residents are not receiving or accessing adequate preventative care or treatment for their illness.

Leading Causes of Death in Orange County and North Carolina <sup>11</sup> (2004-2008)				
Cause of Death	Orange County		North Carolina	
	Rank	Rate	Rank	Rate
All Causes	--	715.9	--	861.4
Cancer	1	174.0	2	192.5
Diseases of Heart	2	155.1	1	202.2
Cerebrovascular Disease	3	43.5	3	54.4
Chronic Lung Diseases	4	33.3	4	47.8
All Other Unintentional Injuries	5	18.7	5	28.4
Pneumonia and Influenza	6	19.6	8	20.3
Diabetes Mellitus	7	17.7	7	25.2
Alzheimer's disease	8	18.0	6	28.7
Unintentional Motor Vehicle Injuries	9	11.9	9	18.6
Kidney Disease	10	13.5	10	18.8

## Health Disparities

Minorities living in Orange County continue to suffer from higher rates of death due to many of the leading causes of illness than Caucasians. Minority residents are 3.6 times more likely to die from diabetes complications, and 5 times more likely to die from kidney disease (see Table below).

Factors contributing to health disparities include socio-economic status, level of education, access to health care services, real or perceived discrimination, poverty/inadequate funds to pay for services, lack of insurance, fear and distrust of the system, lack of transportation, and a possible language barrier.

Racial Disparity Ratios for the Leading Causes of Death in Orange County <sup>12</sup>				
Cause of Death	2004-2008			2002-2006
	Caucasian Rate	Minority Rate	Disparity Ratio	Disparity Ratio
All Causes	688.1	845.3	1.2	1.3
Heart Disease	149.0	184.8	1.2	1.2
Cerebrovascular Disease	42.3	48.8	1.2	1.1
All Cancers	170.5	191.2	1.1	1.3
Lung	49.3	42.0	0.9	1.1
Colon	13.3	19.3	1.5	1.5
Female Breast	22.8	38.4	1.7	1.5
Prostate	31.8	56.8	1.8	1.9
Diabetes Mellitus	12.3	44.6	3.6	3.5
Kidney Disease	8.1	40.1	5.0	3.6

## Access to Health Care

### Immigrant and Refugee Health

Several local agencies have initiated or expanded programs to reduce the health disparities experienced by immigrant and refugee populations in Orange County.

Between 2006 and 2009, three new refugee resettlement agencies opened, totaling four triangle-based agencies. As a result, Orange County experienced a notable increase in the number of refugees, mostly from Burma, resettling in Carrboro and Chapel Hill.



In response, the Orange County Health Department formed an interagency group to raise awareness about the new population from Burma and to collaborate in providing accessible and appropriate services for the County's newest residents. These

collaborations have resulted in several successful efforts.

UNC Hospital's Interpreter Services Department provided a low-cost, intensive Medical Interpreter training to 10 local Karen and Burmese community interpreters.

Orange-Person-Chatham (OPC) Area Program responded to the need for refugee mental health services by providing cultural competency training for clinicians. This training included mental health, substance abuse, crisis services, access and school-based services providers. OPC has also co-located a therapist at Piedmont Health Services to provide assessment and therapy one evening each week in order to serve the large number of Karen and

Burmese-speaking County residents in need of services.

The Orange County Health Department continues to provide communicable disease screening to all refugees resettling in the county. To help improve disease surveillance, the Personal Health Services division began using the new web-based North Carolina Electronic Disease Surveillance System (NCEDSS) for tracking disease outbreaks and for tracing contacts. The system also has a central repository of public health communicable disease data. Following screening, newly arrived refugees are referred to community medical providers for ongoing care including Carrboro Community Health Center and UNC Family Medicine.

The Chapel Hill-Carrboro City Schools (CHCCS) and the Health Department worked together to provide a one-time vaccination clinic to efficiently immunize newly arrived refugee students.

The Health Department also partnered with a student intern, a former refugee herself, to create resources to assist agencies with appropriate referrals, and to provide refugee clients with community navigation tools. The resource list, bus route brochures, and community clinics maps are posted on the Health Department's Immigrant and Refugee Health Resources webpage.

In addition, the Orange County Health Department facilitates a Latino Health Coalition (established in April 2007). The Coalition connects health professionals working with Latinos in order to provide more accessible and coordinated medical, dental and other health services for the growing Latino population.

### Project Homeless Connect

The Orange County Ten-Year Plan to End Chronic Homelessness includes Orange County and the Towns of Chapel Hill, Carrboro, and Hillsborough. The intergovernmental Partnership to End Homelessness is a collaborative effort, to realize the goals of the plan through implementation of identified strategies.

Orange County's Department of Housing and Community Development organizes Project Homeless Connect each year to offer a range of services to people experiencing or at risk of experiencing homelessness in Orange County. The event brings together human service professionals and agencies from across the county. The third Annual Project Homeless Connect event was held on October 8, 2009.



Project Homeless Connect events have proven<sup>13</sup> to be successful one-stop resource links for the homeless population. The services offered include housing, employment, health care and dental screenings, mental health care, veteran and social service benefits, legal services,<sup>14</sup> haircuts, food, clothing, and more.

## Current “Hot Topics”

### Seasonal and H1N1 (Swine Flu)

In April 2009, a new strain of influenza A virus subtype H1N1 was first identified and began to spread globally. The outbreak reached pandemic proportions by June 2009.<sup>15</sup>

In September, the state expanded reporting for flu deaths and hospitalizations for flu-like symptoms. As the virus continued to circulate in the community, the Health Department geared up for an extra busy 2009-2010 flu season. In Fall 2009, the health department began a combination of traditional seasonal and novel H1N1 flu vaccine initiatives, including walk-in and even mass vaccination clinics at various locations.

Planning for the distribution of H1N1 vaccine to priority groups identified by the Centers for Disease Control was particularly difficult as the amount of vaccine received varied from week to week.

Partners for the event included the Town of Chapel Hill, local government/county services (including fifty Public Health Reserve Corps volunteers), UNC-Chapel Hill, Piedmont Health Service; medical and dental providers, faith based organizations, civic organizations, local businesses, Triangle United Way, among others.

### “Are we our Brother’s Keeper?”

United Voices of Efland-Cheeks, in collaboration with the University of North Carolina at Chapel Hill, Shaw University, and Orange County Health Department, continued a cardiovascular disease research study in African-American churches, entitled “Are we our Brother’s Keeper?”. An evaluation was conducted on the impact of scripture, sermon, prayer and song and African-American men’s adherence to their cardiovascular care plan. The study is anticipated to continue through Fall 2010.

### Service Delivery Changes

Due to the economic downturn this year, Medicaid reimbursement to medical providers was cut to help balance the State Budget. Particularly hard hit were case management services to high-risk pregnant women and children with developmental delays. A 19.4% reduction resulted in the Health Department needing to refocus services to maintain hands-and-eyes on populations at risk. Concentration will be on post-partum/newborn home visiting, skilled maternal home visits, and psycho-social counseling services. Case management services will continue at a reduced service level

Nonetheless, procedures were developed and carried out to vaccinate prioritized groups.

Vaccine availability is also coordinated with local medical providers to assure that practices are able to vaccinate their patients.



To fully implement extensive public health initiatives such as mass vaccination clinics, a community-wide effort is required. For this, the Orange County Health Department works in collaboration with many partners -- such as the Orange County and Chapel Hill-Carrboro City Schools, Emergency Services, the

Sheriff's Office, the Red Cross, Orange County Public Health Reserve Corps and CERT volunteers, and various County Government offices.

See the website for the latest vaccination information: <http://www.co.orange.nc.us/health/>

### Pertussis

Pertussis, also known as 'whooping cough' is a bacterial disease characterized by uncontrollable coughing. Local pertussis cases, particularly in school settings, required intense investigation and follow-up this past year. From November 2008 through June 2009, 26 confirmed pertussis cases were reported, and 900 contacts were notified to receive recommended or required antibiotic treatment.

### Emergency Preparedness

#### Public Health Reserve Corp (PHRC) and Community Emergency Response Team (CERT)

Large-scale public health emergencies, like the 2009 flu pandemic, may quickly overwhelm the Health Department's primary health and medical responders. Hence, it is important to have a reserve of volunteers who can help meet local health needs after a disaster, either natural or man-made.

The Public Health Reserve Corps (PHRC) is one of the Orange County Health Department's community-based volunteer programs. The PHRC consists of health professionals and other community members with specialized skills that strengthen the Health Department's ability to respond to local public health emergencies. Currently, there are 323 PHRC volunteers and 176 CERT volunteers. The volunteer program is constantly being expanded by offering more training opportunities for volunteers and outreach to community members.



Various preparedness efforts are underway. The CERT program is another volunteer based program sponsored by the Health Dept and Orange County Emergency Services which provides training to community members to prepare them for an emergency if first responders are delayed or

unavailable. CERT volunteers learn basic preparedness skills to help out their family and neighbors. CERT training was provided to various teams in Orange County including Sports Endeavors, which was the first Business CERT in Orange County. The CERT program also became involved with several Cub Scout and Boy Scout troops to teach emergency preparedness and first aid. PHRC nurses and other volunteers assisted with various vaccination clinics; and the PHRC and CERT programs participated in multiple community outreach projects, such as the Safety Saturday event in September sponsored by Lowe's Home Improvement to distribute emergency preparedness information to families and community members.

### Diabetes Self Management Education

Local data show that many Orange County residents with type 2 diabetes are not receiving the necessary care and education to effectively manage their disease. The 2006 Orange County Behavioral Risk Factor Surveillance Survey (BRFSS) estimated that only 55% of those diagnosed with type 2 diabetes had taken a program in diabetes management. This equates to 2,305 county residents who have been diagnosed but not received education on how to manage their disease.

To address this issue, the Health Department received a two-year grant from the Kate B. Reynolds Charitable Trust to start a Diabetes Self Management Education (DSME) program. This award came after the Health Department's acceptance to provide DSME as a multisite under the 'umbrella' of the N.C. Division of Public Health's American Diabetes Association Recognition Program. In September the Health Department began offering the DSME program to Orange County adults who have type 2 diabetes.

Research shows that DSME improves diabetes knowledge and self-care behavior, as well blood glucose numbers, weight loss, and overall quality of life. The DSME program's goal is to achieve better self management of diabetes, increase access to care through an active treatment and referral network, improve health outcomes, and reduce healthcare costs. The program consists of four elements:

- Diabetes self management education
- Medical provider education
- Improved marketing and referral plan
- Medical Nutrition Therapy and follow-up.



## Health Promotion

In Orange County, 29% of children aged 2-18 years are overweight or obese. Among the 2-4 year olds, 15.8% are overweight<sup>16</sup>; among the 5-11 year olds, 35.7% are overweight or obese.<sup>17</sup>; and among the youth (aged 12-18 years), 31% are obese.<sup>18</sup>

Chapel Hill-Carrboro City Schools (CHCCS) conducts student fitness assessment of students in grades K-10 at the beginning and end of each school year, including Body Mass Index (BMI). Approximately 10.1% of students enrolled in Physical Education are identified as having a BMI > 25. More significantly, only 24.7% of students are able to achieve the 50<sup>th</sup> percentile on fitness assessment skills. While CHCCS BMI data suggests fewer overweight students, it does connote that students are not physically fit. Increased BMI and decreased fitness becomes more evident as students age.

### Health Promotion Committee

Given these alarming statistics, reducing childhood obesity has become the primary focus for the Health Promotion Committee of Healthy Carolinians of Orange County. The committee has adopted a comprehensive approach to addressing the obesity problem, and is coordinating its activities with a number of sectors and agencies.

This year, the Health Promotion (HP) Committee created a Physical Activity and Nutrition Resource Guide. This is a compilation of information from all the organizations within Orange County, public and private, that offer services addressing physical activity and nutrition of children of all ages. This Resource Guide was distributed to Healthy Carolinians partners, health provider offices, and to the public.

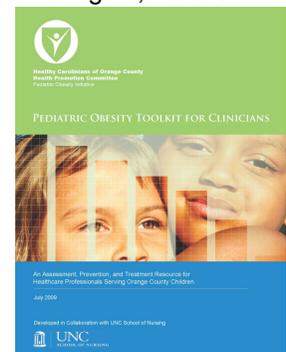
After completing the Guide, the HP Committee partnered with twelve Orange County organizations (e.g. local government, businesses, churches, both school districts, and the UNC Health Care System) to launch the “*Eat Smart Move More*” *Consistent Messaging Campaign*. The campaign ran during the summer months (May-August) and consisted of four key messages around physical activity and healthy eating. Partners were trained and encouraged to adopt or integrate the messages into their existing programs and communication channels.



Besides promotional efforts by each community organization, ten advertisements and articles written by members of the HP Committee were published in four local newspapers. The estimated number of people reached through partners alone (i.e. not including newspaper readership) was about 19,500 people. The Committee plans to conduct a smaller Phase II campaign in 2010 to promote two additional Eat Smart Move More messages.

In November 2009, Candice Watkins-Robinson, Health Communication Specialist for the Orange County Health Department, received a first-place *Excellence in Communications Award* for the ESMM Campaign Tool kit from the NC Association of Government Information Officers.

The HP Committee also started a Pediatric Obesity Initiative (POI) in July 2009. In collaboration with the UNC School of Nursing students, Pediatric Obesity Toolkits were created for four Orange County clinics. Also, physicians, nurse practitioners and physician assistants, clinical staff, and office manager/front desk staff attended training on Universal Assessment guidelines, Staged Treatment strategies, and the development of Motivational Interviewing skills for reinforcing positive behaviors and counseling against negative behaviors or risk factors. The Health Promotion group will now expand the POI by partnering with school nurses from both districts.



Many local agencies also continued to offer services to improve health promotion among young children and their families. These agencies include the Chapel Hill-Carrboro YMCA, the Health Department, Cooperative Extension, Orange Partnership for Young Children, Triangle SportsPlex, the three Parks and Recreation Departments in the County, and many more.

In addition to Healthy Carolinians projects, some other Orange County programs that are addressing Childhood Obesity include the following:

### Eating Smart

1) Local farmers markets. Hillsborough Farmer's Market and NC Farm Fresh and the Carrboro Farmers Markets have increased in popularity and are working to make local foods and fresh fruits and vegetables more available to the community.

The Carrboro Farmers' Market has made great strides in increasing access to local food with the creation of the Farmer FoodShare, which is a program that collects fresh market fruits and vegetables from farmers and shoppers and distributes them to a network of social service and hunger relief agencies in underserved communities. In just 5 months, Farmer FoodShare collected over 12,000 pounds of produce and distributed it to hunger relief centers throughout Orange, Wake, and Durham counties.

2) Established in 2007 by the Orange County Partnership for Young Children, the Growing Healthy Kids (Community Gardens) Program has helped over 75 children and families learn the advantages of growing their own fruits and vegetables. In Spring 2009, a third garden was created in Carrboro with support from Duke Energy. All gardens have been made possible by the Town of Carrboro, the Orange County Cooperative Extension, and the Health and Wellness Trust Fund of North Carolina. Recent evaluation data shows that after completing the program, parents reported an 88% increase in the number of fruits available in their home, and a 126% increase in the number of vegetables.

3) Hope Garden is a collaborative effort between University of North Carolina students and the Chapel Hill Parks and Recreation Department. UNC students have developed a garden on Town property and partnered with local restaurants and after-school groups to provide locally-grown produce.

### Moving More

1) Chapel Hill-Carrboro City Schools received a Carol M. White Physical Education Program (PEP) Grant and is currently in year two of a three year program. The purpose of the PEP Grant is to provide funds to local educational agencies and community-based organizations to initiate, expand, and improve physical education programs (including after school programs) for students in one or more grades from kindergarten through 12 in order to make progress toward meeting State standards for physical education by providing funds for equipment, support, and the training and education of teachers and staff. Funds are being used to increase amount and level of intensity of physical activity across all grades.

2) The Move It! program, also part of the Healthy Kids Campaign, provides scholarships for families to take part in local physical activity programs. The program granted access to 50 families who might otherwise not have had the opportunity to participate. Of the children who received a Move It! Scholarship, 76% had not previously participated in a local physical activity program. This program is organized by the Parks and Recreation Departments in Carrboro, Chapel Hill, and Orange County; the Chapel Hill-Carrboro YMCA; and the Triangle SportsPlex.

## Adolescent Health

Orange County continues to focus on adolescent health issues, with a current emphasis on reducing drug and alcohol use and associated risky behaviors among youth. Data shows that many youth across the County use alcohol, tobacco and other drugs.

For alcohol use, the 2009 Youth Risk Behavior Survey (YRBS) conducted by Chapel Hill-Carrboro City Schools (CHCCS) shows that 31.3% of their high school students drank alcohol in the past 30 days; 27.7% had at least 5 or more drinks in a row at least once in the past 30 days; and 18.6% rode in a car with a person who had been drinking alcohol at least once in the past 30 days. For marijuana use, 17.4% reported use in the past 30 days. For both alcohol

and marijuana, there appears to be a direct correlation between drug use and grade level (6-12).

### Advocates for Adolescents Coalition

Due to the limited number of agencies working with youth in the northern part of Orange County, and the limited opportunities for social and recreational activities for youth in this area (as noted in the 2007 Health Assessment), the Healthy Carolinians Advocates for Adolescents (AFA) Committee has focused its efforts on youth in Hillsborough and Northern Orange County.

AFA's goal is to address the problem of underage alcohol and drug use in Northern Orange County and Hillsborough. AFA has strengthened its partnership

with the Community Backyard (CBY) program to create a Coalition to address these issues. The Coalition has since expanded to include additional community segments—all of which were represented in November 2009 at the second Annual Community Forum on Alcohol and Drug Use among Teens

These segments of the community include health care professionals, schools, law enforcement, government agencies, businesses, youth, parents, media, youth-serving agencies, faith or fraternal organizations, civil or volunteer groups, and others.

Although there is a strong representation from most sectors, the AFA Coalition aims to better engage the faith community and parents. One way that parents have been getting involved is through the Safe Homes Network (SHN), for which parents sign a good faith pledge to not knowingly allow youth (under 21) to consume or use alcohol or illegal drugs at their home, on their property, or at gatherings they are hosting. The AFA Coalition also plans to recruit parents participating in the SHN to create an active Parent Council for northern Orange County.



In the southern part of the county, Healthy Carolinians has been an active partner with the Coalition for Alcohol and Drug Free Teenagers (CADFT), an organization that has increased community awareness about the problems associated with underage alcohol and drug use. CADFT, in partnership with CHCCS and Healthy Carolinians, instituted a SHN and developed parent and community education programs on adolescent substance abuse. For example, *Talk it up! Lock it up!* and *Operation: Medicine Cabinet* are CADFT campaigns encouraging parents to be pro-active in denying teen access to alcohol and prescriptive drugs in the home and is supported by CHCCS and the Chapel Hill Police Department.

AFA Coalition members also participated in Project Graduation—a drug and alcohol free venue to celebrate graduation; and in National Night Out, where they worked with neighborhood watch agencies and law enforcement. Since there is an unmet need for transportation in the upper half of the county, AFA contracted with the Orange County Department of Transportation to provide transportation to 25 families in the Fairview, Whitted Forest and Gateway communities.

In September, Teens for Healthy Living, the newly formed Youth Leadership Council, hosted an alcohol and drug free event called *Free Fair All* for their peers and families.

Activities included a DJ, raffle prizes, games and food; as well as educational components like booths, alcohol/drug related trivia games, hourly readings of relevant statistics, and a mock-car crash organized by the Hillsborough Police Department in cooperation with Orange County EMS.



In addition, the AFA Coalition is working closely with the Pacific Institute for Research and Evaluation (PIRE) to analyze existing data on the prevalence of alcohol and substance use among adolescents in Hillsborough and Northern Orange counties; and to develop the tools for parent surveys, youth and parent focus group questionnaires, and a community readiness assessment.

The information thus collected will be used to refine the 2010 Action Plan, inform upcoming environmental and policy change efforts, and build on the momentum created by the ongoing activities of the Coalition.

#### **Orange County Tobacco. Reality. Unfiltered. (TRU)**

The Orange County Youth Tobacco-Use Prevention Program trains TRU Peer Educators to teach others through interactive activities, media literacy, and advocacy programs about the dangers of tobacco use. The TRU Program has a strong collaboration with both school districts in the County, and has an established presence in each of the five local high schools. During the past six years, the program has trained 130 TRU Peer Educators and made a significant impact on health outcomes in Orange County.



TRU is a student-led program funded through a grant first received in 2003 from the NC Health and Wellness Trust Fund (HWTF). In June 2009, the Orange County Health Department was awarded \$274,848 in funding from HWTF to continue the program from 2009-2012. According to the 2009

Youth Risk Behavior Survey (YRBS), there has been a significant reduction in the number of young people using tobacco products.

According to local school YRBS data, teen smoking rates have steadily decreased over time in Chapel Hill-Carrboro City Schools from 2005 (15.32%) to 2007 (12.31%) to 2009 (10.6%). The percentage of youth who have never smoked increased from 63.2% in 2001 to 72% in 2007. Similarly, the number of high school students who have never smoked increased steadily from 54% in 2001 to 80.7% in 2008 in the Orange County Schools District.

During the 2008-2009 school year, 42 Orange County TRU Peer Educators reached over 2,000 youth and adults through school and community events, training, and presentations on tobacco prevention and cessation. One highly publicized event was the 2009 Kick Butts Day (KBD) Carnival

organized by the Cedar Ridge High School TRU group at a local shopping center.

The KBD event reached over 100 community members with tobacco prevention activities and cessation materials. Keynote speaker Reena Roberts, a cancer survivor featured in the statewide TRU commercials, cited the event as her first community-based speaking engagement. TRU Peer Educators also conducted Merchant Education presentations with six local non-compliant vendors, encouraging them not to sell tobacco products to minors.

In September 2009, the Orange County TRU Program, led by Pam Diggs of the health department, received the *2009 Kathy Kerr Outstanding Health Education Project Award* from the North Carolina Chapter of the Society for Public Health Education.

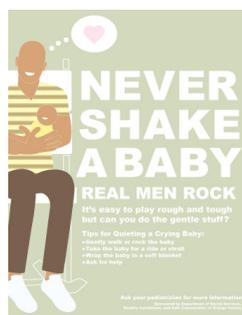
## Child Health

Child abuse and neglect remain areas of serious concern. During the period January to November 2009, 1251 children were reported for abuse/neglect/dependency. Of these reports, 19.5% were found substantiated or in need of services—a slight decrease from the previous year.<sup>19</sup>

### Advocates for Children Committee

Child health was a top health priority identified in the 2007 Health Assessment; and has continued to be the focus for the Healthy Carolinians Advocates for Children (AFC) Committee.

Many local organizations, including the Orange County Department of Social Services, UNC Hospitals' Beacon Program, Orange County Rape Crisis Center, the Health Department and others, offer programs and services to support children and families at risk of abuse. The AFC Committee collaborates with these organizations to raise awareness of child abuse and neglect.



In April 2009, the AFC Committee, in partnership with the Chapel Hill Police Department and the Hillsborough Exchange Club, held its third annual Real Men Rock event for the prevention of Shaken Baby Syndrome (SBS). Over 50 families attended the event

and received information on SBS and child abuse prevention. As part of the Real Men Rock campaign, the Orange County Sheriff's Department distributed child IDs to parents. The AFC distributed educational materials to Orange County pediatricians and family practice physicians to pass on to new and/or expectant parents. Real Men Rock posters were also distributed to the physicians to post in their waiting and clinic rooms.

The fourth annual Real Men Rock event will be held April 24, 2010. There has been discussion around expanding the event by including a lunch seminar beforehand; inviting additional partners to join (e.g. representatives from the Period of Purple Crying Program at the National Center on Shaken Baby Syndrome); and reaching out to child care providers.

In addition to Real Men Rock, the AFC Committee continued to raise awareness about child health issues through its Brown Bag Lunch series. Over 50 people attended the most recent session on Youth and Drugs, which indicated a high level of community interest in the topic. Future Brown Bag Lunch topics will include Kids and Smoking and Self Injury and Teens.

In addition, an "Early Childhood Resource Notebook: Meeting the Needs of Children Birth through Five" was created. This resource manual, which has been very well received, includes a comprehensive listing of mental health providers that serve children from birth through five years of age.

The Healthy Kids Campaign Program has implemented the ABCs of Good Health program at nine childcare centers, and has reached 132 children since its inception. The program, led by a health department employee, uses a curriculum based (NAPSACC) approach to working with child care teachers. It provides information and training

on how to implement better nutrition and physical activity in the child's daily routine; and is supported by a grant from Blue Cross and Blue Shield of North Carolina Foundation.

In addition, the Health Promotion Committee is working to reduce childhood obesity.

## Mental Health and Substance Abuse

Per the NC Division of Mental Health, Developmental Disabilities and Substance Abuse (DMH/DD/SA) Services Community Systems Progress Report for 4<sup>th</sup> Quarter State Fiscal Year 2008-2009, adults in need of mental health services in Orange County number 5,572. Of these, 29% were documented to receive help via Medicaid and IPRS services. During the same period, 2,634 children and adolescents were estimated to be in need of mental health services, and 36% (941 youth) of these received needed support from Medicaid and IPRS services.

Adults and children in need of mental health services also received help via Medicare, Health Choice, private insurance, and publicly funded assistance (such as Orange County and non-Unit Cost Reimbursement).

Estimates from the same source indicate that there are 10,381 adults in need of substance abuse services in Orange County. Of these, 6% (606 adults) received Medicaid and IPRS services. Seven hundred children were estimated to need help with substance abuse, and 11% (74 youth) were served using these same services. Numbers served do not include individuals receiving services paid for by non-Unit Cost Reimbursement (non-UCR) funds, including grant-funded substance abuse services, which is a significant group of consumers.

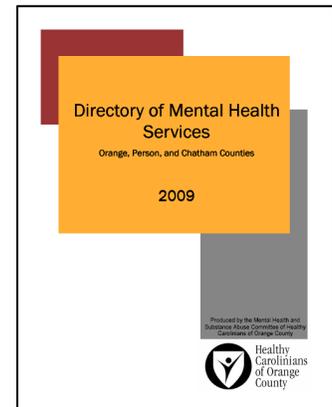
Like most counties, Orange County is working to address the challenges brought about by significant reductions in funding for MH/DD/SA service delivery and system management, as well as the rate reductions that impact many Medicaid funded services. In September 2009, State level legislation mandated the discontinuation in 2010 of Community Support services; this will leave a hole in the continuum of services available to people in need of assistance. Funding for Crisis Services has, fortunately, been protected.

Orange-Person-Chatham (OPC) Area Program—Orange County's Local Management Entity for MH/DD/SA Services—continues to work diligently to preserve services whenever possible to reduce impact

on County residents, protect the stability of the provider community, and identify providers and services to fill gaps in the provision of critical services. OPC continues to collaborate with existing providers and community stakeholders to strengthen the overall service system.

### Mental Health and Substance Abuse Committee

New mental health and substance abuse initiatives at work in Orange County include the following. In January 2009, the Mental Health and Substance Abuse (MH&SA) Committee of Healthy Carolinians of Orange County released a Directory of Mental Health Services. This directory seeks to increase knowledge of and access to available mental health services in Orange, Person and Chatham counties. It includes general information about state and county mental health services, including emergency and crisis services, governmental and non-governmental agencies, and a listing of private mental health providers.



Made possible by the OPC Area Program, the Mental Health Association Orange County (MHA-OC) transformed the Directory into a web-based, searchable database (by specialty services, provider name, insurances accepted, and more). Both resources may be accessed at [www.mhaorangeco.org](http://www.mhaorangeco.org).

The MH&SA Committee also dedicated itself to the launch of the Pro Bono Counseling Network. With funding from OPC Area Program and Strowd Roses, Inc. (a charitable foundation), the Network began providing services in January 2009 under the organizational umbrella of MHA-OC. The Network recruits mental health professionals to provide counseling services on a *pro bono* basis to individuals who fall into the gap between those

covered by public assistance programs and the privately insured. The program serves individuals with low-to-moderate incomes who are ordinarily mentally healthy but have experienced a stressful event or circumstance, and who lack the funds for obtaining the needed therapy. To date, 45 matches have been made between individuals in need of help and volunteer therapists, 25 of whom were in Orange County.

Finally, implementation of Crisis Intervention Team (CIT) training is underway. A coalition of agencies (OPC Area Program, National Alliance on Mental Illness, MHA-OC, Chapel Hill Police Department, UNC Chapel Hill Public Safety and Freedom House Recovery Center) will bring the first area CIT class to Orange County in Hillsborough during January 2010.

This training represents a formalized partnership between MH/DD/SA service agencies, advocates and law enforcement.

CIT is a pre-booking jail diversion program designed to improve the outcomes of police interactions with people with mental illness. The program provides 40-hours of specialized training to sworn law enforcement officers in order to decrease incidents of incarceration of persons with mental illness for misdemeanor charges. It also connects persons in mental health crisis to appropriate services rather than the criminal justice system; decreases officer injury rates; decreases use of force occurrences; decreases consumer injury rates; and creates an earlier opportunity to engage consumers in mental health services.

## Transportation

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For many residents in northern Orange County, including children/students, older adults, persons living with disabilities, and those who do not have access to a personal vehicle, the lack of transportation continues to be a barrier to accessing medical, recreational, and social services.

However, there has been some notable progress over the past year. Orange Public Transportation coordinated with Triangle Transit and Chapel Hill Transit to provide a new service to the 420 route (Hillsborough to Chapel Hill public route). The changes allowed Chapel Hill Transit to provide peak hour service on this route with larger capacity buses that can serve more riders.

Orange Public Transportation and Chapel Hill Transit have held public forums to gather information on a possible Chapel Hill/Carrboro in-town shuttle. Using

New Freedom grant funds, a route may be developed that would allow seniors to be picked up at specific locations and taken to desired drop points.

In addition, using Congestion Mitigation and Air Quality (CMAQ) Improvement Program grant funds, the Orange Public Transportation and the town of Hillsborough are developing a public route for Hillsborough. This would be a fixed route that would allow connection to the 420 route and desired locations within Hillsborough, and would connect to an existing park/ride lot.

Although there is no formal HCOC committee working on transportation needs in Orange County, the Advocates for Adolescents Committee's long term goal is to improve transportation for residents, particularly for students in the northern part of the county.

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Healthy  
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