

December 2012



State of the **COUNTY** **HEALTH** Report

Orange County, NC

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Join us! How to Get Involved

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 OC.
- 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, Healthy Carolinians Coordinator, at (919) 245-2440 or nsachdeva@orangecountync.gov

For membership information, see the Orange County Health Department/HCOC website at <http://www.orangecountync.gov/healthycarolinians/Join.asp>.

Purpose

This 2012 State of the County Health Report provides an update on 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 2011 Community Health Assessment. 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; 3) Mental health; 4) Substance abuse; and 5) Injury.

Orange County, NC: Promoting and Protecting Health

Demographics: Orange County and the State of North Carolina ¹		
	Orange County	North Carolina
Population (2011 estimate)	135,755	9,656,401
Gender		
Female	52.3%	51.3%
Age		
Persons under 5 years (2011)	4.9%	6.5%
Persons under 18 years (2011)	20.5%	23.7%
Persons 65 years and over (2011)	10.1%	13.2%
Race		
White	77.5%	72.1%
African American	12.4%	22.0%
American Indian	0.7%	1.5%
Asian	7.1%	2.3%
Hawaiian/Pacific Islander	0.1%	0.1%
Other/Two or more races	2.3%	1.9%
Ethnicity		
Hispanic or Latino Origin	8.1%	8.6%
Other Indicators		
High school graduates, age 25+ (2006-2010)	89.9%	83.6%
Language other than English spoken at home, age 5+ (2006-2010)	15.3%	10.4%
Median household income 2006-2010	\$52,981	\$45,570
Persons below poverty level (2006-2010)	16.3%	15.5%
Unemployment	5.7% (10/2012) ²	9.3% ³
Adults (< Age 65) Who Currently Do Not Have Health Insurance (2010) ⁴	18.90%	20.40%

Leading Causes of Death in Orange County (2006-2010)

The leading causes of death in Orange County, NC continue to be cancer, heart disease, and cerebrovascular disease.

Orange County has a lower age-adjusted death rate (per 100,000 population) than the NC State averages in all categories, except for breast and prostate cancer, and suicide. Cancer remains the top cause of

death in the County; and the number of cases is expected to increase as the population ages. 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.

Leading Causes of Death in Orange County and North Carolina ⁵				
Cause of Death (2006-2010)	Orange County		North Carolina	
	Rank	Rate	Rank	Rate
All Causes	---	650.4	---	819.0
Cancer	1	156.0	2	183.1
Diseases of Heart	2	141.5	1	184.9
Cerebrovascular Disease	3	36.4	3	47.8
Chronic Lower Respiratory Diseases	4	29.5	4	46.4
Alzheimer's disease	5	18.3	6	28.5
Pneumonia and Influenza	6	18.1	9	18.6
All Other Unintentional Injuries	7	17.4	5	28.6
Suicide	8	13.4	11	12.1
Kidney Disease	9	12.3	8	18.9
Diabetes Mellitus	10	12.0	7	22.5

Health Disparities

African Americans living in Orange County continue to suffer from higher rates of death due to the leading causes of illness than Caucasians (see Table below). Non-Hispanic, African American residents are 3.5 times more likely to die from diabetes complications.

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 possible language barriers.

Racial Disparity Ratios for the Leading Causes of Death in Orange County ⁶				
Cause of Death	2006-2010			2005-2009
	Caucasian Rate	African American, non-Hispanic Rate	Disparity Ratio	Disparity Ratio
All Causes	631.3	845.3	1.4	1.2
Cancer	156	190.8	1.3	1.2
Diseases of Heart	134.4	199.4	1.4	1.5
Cerebrovascular Disease	34.5	55.7	1.4	1.6
Chronic Lower Respiratory Diseases	32	27.8	0.9	0.9
Diabetes Mellitus	11	37	3.5	3.4

Current, Emerging Topics

Emergency Preparedness

Public Health Reserve Corps (PHRC)

The PHRC is one of the Orange County Health Department's (OCHD) 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. In April 2011, for example, PHRC volunteers were deployed to American Red Cross shelters throughout NC to help respond to tornados. The PHRC has 428 registered volunteers, consisting of Nurses, Social Workers, Pharmacists, and various other professionals.

Electronic Medical Records

Orange County Health Department has finished its selection process for a new clinic software vendor, and will be making the switch to a much improved practice management and electronic health record software in spring 2013. The OCHD anticipates improved experiences for patients, minimized wait times, improved health tracking and outcomes, and eventually appointment reminders by text, phone, and email. A stronger data system will also improve the county's ability to correctly bill insurance for services, likely increasing revenue, and therefore, enable the clinic to provide more services to more individuals, with less cumbersome administrative procedures. Management will be able to better identify health trends (while still protecting client privacy), and make strategic decisions for the county's health.

Community Health

Orange County middle school students are offered **HPV and Meningococcal vaccine** at school. With parental permission, students are vaccinated at school against these infections. There is also education and promotion of the program, informing parents, students, and staff regarding the need for these vaccinations. The vaccine is free for those who qualify, and insurance companies are billed for those who have coverage.

Meningococcal is a one-time vaccine to be administered in December. The first round of the three dose HPV series was given in early November, the second will be early December 2012, and last will be in May 2013.

Access to Health Care, Insurance, and Information

Access to Care Committee

Access to Care includes availability of health care services; affordability of services and health insurance; ability to navigate and understand the health system; physical access to services (including transportation and disability access); and information about health care. Access to Health Care, Insurance, and Information was voted the top concern during the 2011 Community Health Assessment (CHA). Healthy Carolinians of Orange County formed a new task group around this issue, asked the community more clarifying questions, and developed an action plan with interested partners.

Four community action planning workshops were held, in the same neighborhoods as the CHA forums, to allow for further discussion on the broader issue of Access. The concerns that were consistently mentioned in all community workshops included the need for comprehensive health information regarding free and reduced services, transportation barriers to health care, poor customer service, and the need for more free and reduced cost services.

As a follow up to the community input collected during the CHA, 19 service providers (58% response rate) completed an online survey that explored issues around health literacy, cultural competency, resource awareness, and transportation. This provider survey was used to identify gaps in existing and potential partners/activities to address community concerns in each of the four issue areas listed above. Self-identified areas of improvement were health literacy—making sure provider materials are easily understood by clients; and cultural competency and customer service training of staff.

Immigrant and Refugee Health

2010 Census figures show that Orange County's Hispanic/Latino ethnic population has almost doubled from 4.5% in 2000 to 8.2% in 2010. Hispanics comprise the largest minority group (13.8% of the population) in Carrboro, where almost 1 in 4 residents are foreign-born.

As Orange County has become more ethnically and linguistically diverse, community agencies have responded positively by increasing their capacity to serve our newest immigrant and refugee neighbors, and existing immigrants as they grow older.

The Orange County Health Department (OCHD) received a **Stowd Roses Foundation Grant** (\$5,000) to sponsor local interpreters from Burma to attend a 40-hour rigorous Bridging the Gap Medical Interpreter training at Duke. The OCHD contracted with UNC Hospitals Interpreter Services Department and facilitated five additional professional workshops tailored to the local interpreters' needs. Also, the OCHD was awarded a three-year **Interpreter Grant** from the **NC Office of Minority Health and Health Disparities** (\$20,900/year) to hire a second full-time Spanish Medical Interpreter/Translator, who is utilized to full capacity.

Many agencies in Orange County provide bilingual/bicultural services, including El Centro Hispano, El Futuro, UNC CELAH (Center for Latino Health). Many other agencies also have events, classes, and services available in Spanish and are expanding their services for Spanish speakers. For example, El Futuro has a new "Mente Sana" class using Dialectical Behavioral Therapy that they are

offering in Carrboro; and Mental Health America of the Triangle is expanding Family Advocacy Network services to the Latino Community to help Spanish-speaking families who need help finding appropriate mental health services for their children.

Many agencies have continued interest in serving the refugee population from Burma and are creating new programs and expanding existing ones. The Orange County Partnership for Young Children's Transplanting Traditions Community Farm project provides a space for 26 Karen families from Burma to grow vegetables common to Burma. The project works with the whole family providing business, marketing, and agricultural workshops for the adults and physical activity, outdoor education and nutrition activities for the refugee children. The newly formed Karen Community of North Carolina (KCNC) is a 501(c)(3) that provides Karen language and cultural education to local children from Burma. KCNC has also started providing resource and referral information to the community from Burma and shared space with the Human Rights Center in Carrboro.

Linguistically and culturally targeted efforts like those listed above help to address the health disparities within these relatively new populations. However, as the 2011 CHA focus groups demonstrated, refugees and immigrants continue to face issues of access to health care services, information, and insurance.

More cultural and linguistic access work is needed, as well as efforts to address the socioeconomic challenges and immigration policy effects that many of the immigrant and refugee community members also face. As the County's population grows and changes, further exploration is also necessary to identify the needs of:

- *Second-generation immigrants as young adults:* Children of immigrants who arrived in the mid and late 1990s are now growing into young adults – many bilingual and bicultural.
- *Immigrant older adults:* Orange County's Master Aging Plan includes an assessment of Immigrant and refugee seniors' needs to appropriately plan programming at Senior Centers.
- *Other Asian immigrant groups:* The Asian population is increasing and there is a need to explore their unique challenges and strengths.
- *Refugees:* As their numbers increase, there is more demand for access issues to be addressed

Facilitated by the OCHD, the active **Orange County Refugee Health Coalition** and **Latino Health Coalition** continue their advocacy and educational work, and have recently:

- Explored access issues by looking at immigrant eligibility requirements and existing programs in the Triangle area;
- Presented on domestic violence (DV) and child abuse/neglect reporting laws and services for refugees; and made plans to work with the UNC Beacon Program to create a DV brochure in Burmese and Karen to be distributed in 2013
- Begun working on the creation of Orange County Latino Health Resource Guide (focused, simple and in 2 languages) to be ready early 2013
- Updated a Resource List for Refugee Clients which is posted on the OCHD website and available in English, Karen, and Burmese.

Project Connect

Orange County's Department of Housing and Community Development organizes Project 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. Partners for the event included the Town of Chapel Hill, local government/county services (including fifty Public Health Reserve Corps and Health Department volunteers), UNC-Chapel Hill, Piedmont Health Services; medical and dental providers, faith-based organizations, civic organizations, local businesses, Triangle United Way, among others.



Project Connect events have proven to be successful one-stop resource links for the homeless population. Services offered include housing, employment, health care and dental screenings, mental health care, flu vaccines, veteran and social service benefits, legal services, haircuts, food, clothing, and more. Since 2011, the variety of services offered and the number of clients served have increased. In 2011, 239 guests attended the event; and in 2012, 268 guests attended.

Cancer Clinical Trials

Vast cancer disparities exist between Caucasians and African Americans in the United States. Racial differences can largely be attributed to barriers for African Americans in accessing high-quality medical care and treatment. Cancer clinical trials are one option for addressing racial treatment disparities. Unfortunately, among adults participating in cancer clinical trials, less than 10% are African Americans

and even smaller percentage are African American women.

Last winter in Efland, the Carolina Community Network Center at University of North Carolina at Chapel Hill conducted two focus groups with African American women cancer caregivers and survivors to gain a better understanding about their perceived barriers and facilitators to cancer clinical trial participation. A total of 18 women, ages 29 to 79, 7 of

them being caregivers and 11 being cancer survivors, participated in the focus groups.

The Carolina Community Network Center hopes to use results from these focus groups to develop programs to increase cancer clinical trial enrollment among African American women with the overall goal of decreasing cancer disparities and improving cancer care.

Chronic Disease and Health Promotion

Health Promotion Committee

Orange County *Preparing Lifelong Active Youth (PLAY) to Move More*

This successful program is currently in its 3rd year. PLAY is a partnership between HCOC, Orange County Schools (OCS), and UNC Campus Recreation to increase youth physical activity during afterschool. UNC Sport Club athletes visit each OCS middle school twice a month to teach youth sports-related skills, and provide opportunities for structured PLAY.



The program saw an increase in participation from year one to year two from 858 to 1134 students reached due to the addition of more UNC Sport Club sessions. In year two, OCS adopted a physical activity procedure to meet recommended standards for physical activity for students during after school. Teachers are encouraged to dedicate at least one 30 minutes of after-school time to doing activities that get students moving. Be Active NC trained over 30 teachers in December 2011 to teach them ways they can engage students in physical activity that promotes learning and well-being of both students and teachers.

In addition to sustaining the program beyond the grant period, the next step is to build on the success of PLAY to encourage its adoption district-wide. The final component of the PLAY program is a three-year longitudinal research study conducted by East Carolina University and the NC Division of Public Health's Physical Activity and Nutrition Branch.

Chapel Hill-Carrboro Y Healthy Food and Beverage Policy

The Chapel Hill-Carrboro Y Nutrition Initiative Committee's goal is to provide healthier food and beverage options for youth participating in Y and Boomerang programs while reducing costs with improved food storage, handling, and purchasing processes. The Y worked in collaboration with the UNC Gillings School of Global Public Health and Orange County Health Department to develop a healthy food and beverage policy; and a Gillings student developed a nutrition education resource book that serves as a teaching tool for Boomerang and After-School staff.

The Health Department purchased the SPARK Nutrition curriculum for Grades 3-5 for use in after-school at the Y. The Y now has a draft of a new healthy food and beverage policy that will be reviewed by their leadership and Board once they have a chance to convene again and discuss this issue.

Eat Smart Move More Orange County Consistent Messaging Campaign

The Healthy Carolinians of Orange County Health Promotion Committee re-launched the Eat Smart Move More (ESMM) Orange County Consistent Messaging Campaign in October 2012. This year, twenty partner organizations in Orange County are participating using various strategies to promote a different key ESMM health message each month (October 2012-March 2013) within their organizations, to various audiences. Campaign participants encourage individuals and families to think differently about what they eat and how much they move.



Community Transformation Grant Project / Healthy Communities

The N.C. Division of Public Health was awarded \$7.4 million as part of the U.S. Department of Health and Human Services' Community Transformation Grants (CTG). The 5-year grant supports public health efforts in local communities to reduce chronic diseases, promote healthier lifestyles, and reduce health disparities. CTG Projects involve planning and implementation of state and community projects proven to reduce chronic diseases—such as diabetes, heart disease, stroke, and cancer. The CTG Projects focus on four priority areas: tobacco-free living; active living; healthy eating; and evidence-based quality clinical and other preventive services. Orange County's current focus is on tobacco-free living through the Board of Health's Smoke-Free Public Places Rule.

One CTG Project Healthy Eating strategy is to increase the number of new or enhanced farmers' markets, mobile markets, farm stands and community supported agriculture (CSA) programs in low income communities. The goal is to increase availability and access of healthy foods. The Healthy Carolinians Health Promotion Committee helped collect 21 NC Fruit and Vegetable Outlet Inventory surveys from farmers markets, farms, CSA's, and roadside stands located in Orange County that sell produce. The information is being used to create a statewide directory of outlets and help each county target areas of most need.

Healthy Classroom Challenge at Healthy Kids Day

The HP Committee, in collaboration with the Orange County Partnership for Young Children, Orange County Schools (OCS), Chapel Hill-

Carrboro Y, Be Active NC, Head Start and More at Four created the Healthy Classroom Challenge (HCC), an initiative to reinforce the importance of physical activity and better nutrition.



Physical Education and classroom teachers introduced Eat Smart Move More message each week during the month of March; and then, with their students, created original performances that incorporated the messages and physical movement. These routines were then performed at the Annual Healthy Kids Day event in April to reinforce these healthy messages with children, their families, and the Orange County community.

In 2011, seven school groups of over 50 children participated in the HCC and participating teachers received \$500 to go towards physical education and nutrition education equipment for their students. In 2012, nine classrooms and more than 100 children participated in the messaging campaign; while six classrooms and 30 children took part in the Healthy Kids Day. Participating teachers received \$250 to go towards physical education and nutrition education equipment for their classrooms.

Revitalizing the Fairview Community Garden

Beginning in summer 2011, the OCHD began partnering with Master Gardeners from the Orange County Cooperative Extension, who were working with the Fairview Community Watch Group, to revitalize a community garden in the neighborhood. Master Gardeners facilitated the work of a group of garden team members (a subset of the Community Watch Group) to begin reclaiming and repairing the garden beds and infrastructure that had not been used since summer 2009. The OCHD initiated and led a series of interviews and focus group meetings with community members to gather information on how best to market the garden and promote broader membership and commitment within the Fairview Community.

In May 2012, the OCHD, in collaboration with the Cooperative Extension, received an Eat Smart, Move More Community Grant, providing funds (\$42,000) to further develop and market the Fairview Community Garden. Through May 2013, the grant funds a part-time garden manager, materials and supplies to enhance the infrastructure, community-building events and education, and a social marketing/communications campaign based on previously collected data.

Additional partners contributing time, resources, and expertise in this project to revitalize the Fairview Community Garden include Habitat for Humanity of Orange County, local churches, an instructor and class from the Orange County Campus of Durham Technical College, and the Orange High School construction classes.

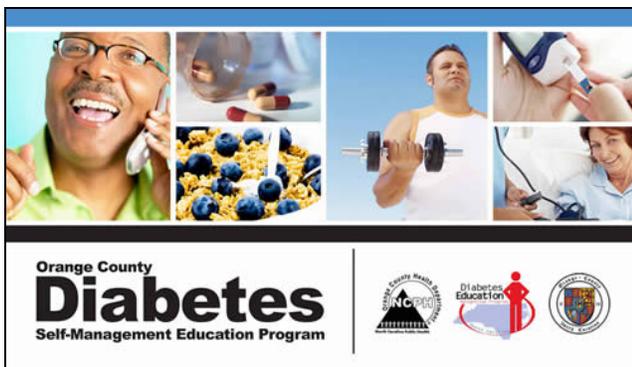


Garden Expos Two Garden Expos were held by collaborating organizations including, HCOE, OCHD, Orange County Cooperative Extension Master

Gardeners, EFNEP (Expanded Food and Nutrition Education Program), and many others. The Growing Healthy Families Garden Expo was held March 2012 in Hillsborough, NC outside of the Wal-Mart. A portion of the Garden Expo was held at the April 2012 Healthy Kids Day event at the Chapel Hill-Carrboro Y. A large number of presenters from community organizations led activity-oriented and information sessions.

Diabetes Self-Management Education (DSME)

The DSME program continues to grow and expand to serve residents with Type 2 Diabetes. The DSME program is currently funded by Kate B. Reynolds Charitable Trust and has been awarded additional funding through the NC Office of Minority Health and Health Disparities for three additional years.



The program's goals are to help people with diabetes achieve better self-management of their disease; to

increase access to care through an active treatment and referral network; to improve health outcomes; and to reduce healthcare costs.

Clients enrolled in the ten-hour program receive an initial health assessment followed by eight-hours of group education led by registered dietitians, registered nurses and other health professionals skilled in providing diabetes education. Since the program started in 2009, 80% of those who have completed all program components have shown improved A1C levels, and 100% of program clients reported conducting self-foot exams.

In addition to these outcome measures, program evaluations show improved knowledge around planning meals, exercise, managing stress, setting goals, medications, monitoring blood glucose, preventing and detecting long-term complications.

In May of 2012, the Health Department was one of the partners on a three-year grant award from the North Carolina Department of Health and Human Services Office of Minority Health and Health Disparities Grant. The award is being used to partner with community-based organizations to identify at-risk patients, i.e. African Americans and Latinos living with diabetes and heart disease, connect them to needed healthcare, provide supports they need to manage their health, and offer cultural competency training to local partners.

Mental Health, Substance Abuse, (and Injury)

Like most counties, Orange County is working to address the challenges brought about by significant reductions in funding for mental health, developmental disabilities and substance abuse services (MH/DD/SAS). Community agencies continue to collaborate to strengthen the overall service system and fill in gaps.

Mental Health and Substance Abuse Committee

After the completion of the 2011 Community Health Assessment, the Mental Health and Substance Abuse (MH&SA) Committee changed their focus to: 1) prescription drug misuse and abuse (overdose and poisonings); 2) suicide prevention; and 3) reducing stress and promoting overall mental health.

Prescription drug abuse and misuse has been a contributing factor to the increased suicide rate, therefore the reduction in drug abuse and misuse is a primary focus for the MH&SA Committee. The committee has determined several ideas to

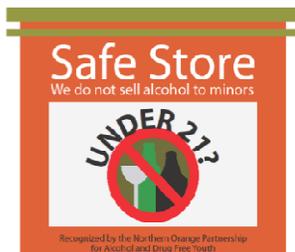
investigate, including finding options for consumers to easily and safely dispose of left over or expired prescription drugs, community activation and coalition building, increasing the registration rate and usage of the NC Controlled Substances Reporting System (CSRS), and raising public awareness and education about misuse and abuse of prescription drugs.

To date, the committee has held several stakeholder meetings which have built the beginnings of a solid coalition group. In addition to partnering on DEA and Safe Kids sponsored drug take back events, the MH&SA Committee is working closely with law enforcement agencies to install permanent drop off boxes in four county locations so that consumers can dispose of their Rx drugs whenever it is convenient, throughout the year. The Chapel Hill Police Department already has purchased a collection box, identified a location and staff assignments, and is working through the disposal issue (a challenge

state-wide). Carrboro and Hillsborough Police are soon to follow Chapel Hill Police Department's lead.

Orange Partnership for Alcohol and Drug Free Youth, an initiative of HCOC, has been working to reduce underage drinking and youth prescription drug abuse in Hillsborough and other rural parts of the county. It has recently completed the first year of a five year, \$625,000 Drug Free Communities grant.

Law Enforcement and Safe Stores The Orange Partnership (OP) has been working extensively with Hillsborough Police Department (HPD) to enforce underage drinking laws and hold local retailers accountable for responsible alcohol sales. The HPD has also formed its own Alcohol Law Enforcement Response Team (ALERT) and conducted five compliance checks in the Hillsborough area and issued 11 citations. Rates of compliance, based on the OP's own Alcohol Purchase Surveys, have increased from 58% in December 2011 to 81% in October 2012.



Besides other activities, the Orange Partnership is working with 3 local retailers to improve store policy related to alcohol sales and modify signage and alcohol product placement to decrease underage sales. It has partnered with the Coalition for Alcohol and Drug Free Teens (CADFT) of Chapel Hill and Carrboro to expand their anonymous tipline to be a county wide resource for reporting underage drinking and for adults who are providing or selling alcohol to youth.

Safe Homes Network The OP and CADFT are continually working to promote and increase membership in the Safe Homes Network (adults who



pledge not to provide alcohol to youth). OP's Safe Homes Network, together with Reclaiming Futures, also co-sponsored the "Faith and Community

Working Together" breakfast. Thirty-five attendees learned and discussed how faith communities can play a role in mental health and substance abuse prevention.

Youth Advocacy The OP Youth Council presented to the Orange County School Board on their activities

and community observations related to substance abuse and advocated for increased school support for their work. They also presented to two classes at Stanford Middle School students on underage drinking and social norms and conducted a Prom Promise campaign at Orange High School.

As a result of their efforts, both Cedar Ridge and Orange high schools have provided official faculty advisors for the first time. The local Orange County ABC Board has also provided funding for the continuation and expansion of the *Status Update* campaign in both high schools, an underage drinking media campaign that focuses on positive norms.

Pro-Bono Counseling Network

In January 2009, the MH&SA Committee developed and launched the Pro Bono Counseling Network (PBCN). Since then, PBCN, under the auspices of Mental Health America of the Triangle, has successfully expanded beyond the boundaries of Orange County. The PBCN recruits mental health professionals to provide free, short-term counseling to underinsured or uninsured people (those who are not covered by public assistance programs and are not privately insured) who are in need of services. Potential clients are screened and then connected to a "best match" therapist. If an individual is not eligible for the program, referrals are provided so they can find the help needed.

Eighty-nine area therapists (52 in OC) currently volunteer with the Network. During the 2011-2012 fiscal year, 74 qualifying clients received counseling. Therapists provided 1300 clinical hours of free counseling; and the PBCN helped 90 individuals who did not qualify for pro bono services (almost twice as many as last year) find appropriate help. Also, the PBCN received the 2011 Program of Excellence Award from the North Carolina Council of Community Programs.

Crisis Intervention Team (CIT) Training

In 2012, Cardinal Innovations Healthcare Solutions-OPC Community Operations Center organized highly successful Crisis Intervention Team (CIT) trainings for area law enforcement agencies. CIT is a jail-diversion program designed to improve outcomes of police interactions with people in need of mental health, developmental disabilities, and substance abuse services and connects individuals and families in crisis to appropriate resources rather than the criminal justice system. In August and December, two 40-hour courses gave officers information and resources for working with citizens with mental illness, substance abuse, and developmental disabilities. Since 2010, a total of 132 officers and six dispatchers have been trained.

The CIT initiative represents a formal collaboration between the MH/DD/SAS system, area law enforcement agencies and local advocacy organizations. Individual testimonies and formal records speak to how effective this initiative is in helping both law enforcement and community members to stay safe and intervene in crises with a different approach. Orange County participating law enforcement agencies include Chapel Hill, Carrboro, and Hillsborough Police Departments; the Orange County Sheriff's Office; and UNC-CH and Durham Tech Public Safety Departments.

Community Outreach

In June 2011, the North Carolina General Assembly passed a Bill requiring the consolidation of existing area authorities based on population. PBH, now called Cardinal Innovations Healthcare Solutions, expanded in April 2012 to include OPC LME. Cardinal Innovations operates an OPC Community Operations Center to maintain a local presence to ensure that the needs of the citizens in Orange County are adequately addressed.

Many committee member-agencies have contributed to community education about substance abuse and mental health issues in the county this year. Mental Health America of the Triangle sponsored its 34th annual Legislative Breakfast in April 2012. In September, Freedom House, Cardinal Innovations-OPC, and Oxford House hosted their annual Celebrate Recovery event, acknowledging the hard work of recovery as members of the community move forward in that process. In addition, NAMI held its annual Family to Family Celebration in November.

Tobacco Control Work

Tobacco. Reality. Unfiltered.

Although TRU students and adult leaders advocated long and hard for the importance of the Tobacco. Reality. Unfiltered. (TRU) program and dedicated funding for youth tobacco prevention funding, the NC General Assembly dismantled the budget by cutting funds over 80%. The remaining funds are mainly used to support the free 1-800-QUIT-NOW helpline.



Now funded mainly through a much smaller county budget, Orange County TRU continues to maintain clubs in all five of the local high schools. The Orange County Health Department provides a limited amount

of supplies, sample activities, and a small stipend for each TRU Club Advisor to recruit and plan activities in the schools. The clubs led prevention activities during the school year such as Tobacco 101 presentations for middle school students (over 800 reached), activities for Great American Smokeout Day and Kick Butts Day national observances, etc.). They are often called upon to help advocate for local tobacco-free policies and educate key stakeholders. The Chapel Hill Town Council adopted Tobacco-Free Parks in March 2012 after TRU youth presented to the Park Board.

Orange County Tobacco Control Workgroup In

2011 Orange County Health Department (OCHD) received a grant from the National Association of County and City Health Officials to develop an action plan for local tobacco control efforts. OCHD used the funds to convene an action planning meeting of Orange County community members, leaders, local government staff, university researchers, youth, and school officials to review and examine local tobacco control efforts. This is the first tobacco coalition of its kind in Orange County.

The Workgroup met again in February 2012 to review the final action plan and create a timeline for planning, implementation, and evaluation of a grassroots campaign to educate public and local leaders on the need for tobacco-free policies in outdoor areas. At this meeting the Workgroup clarified its stance on what type of tobacco policy to recommend. The Workgroup voted unanimously to advocate for tobacco-free (vs. smoke-free) public places or the strictest tobacco ordinance possible under state law.

Smoke-Free Public Places Rule

NC House Bill 2 went into effect on January 2, 2010 becoming the Smoke-Free Restaurants and Bars Law. This Law allows local governments to adopt and enforce ordinances that are more comprehensive than State law in local settings. With this legal authority, the Board of Health began researching tobacco use, secondhand smoke exposure, and existing State and County smoke-free policies.

Based on evidence, the Board of Health decided to move forward with a Rule that would expand smoke-free laws to include public places such as government grounds and vehicles, parks, and sidewalks as part of their 2012-2014 strategic plan.

The Board of Health began a public input period on September 27, 2012, which ended on October 24, 2012, with a public hearing. They solicited community input and received feedback from more than 800 people. Public input was largely supportive. When

combining responses of 'Yes' and 'No Opinion,' all but Government Grounds (79.1%) and Sidewalks (71.2%) received support of 80% or greater. The Board of Health voted 10-1 in favor of the Smoke-Free Public Places Rule on October 24, 2012.

On November 20, 2012, The Orange County Board of County Commissioners took up the Rule at their meeting with a public hearing and vote. Twelve

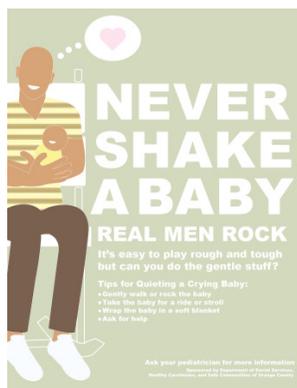
individuals gave public comment, all in favor of the Rule. The Board of County Commissioners voted 6-1 to approve the Smoke-Free Public Places Rule by ordinance.

The new Rule goes into effect on January 1, 2013 with a six month educational period. Rule enforcement begins on July 1, 2013.

Injury

Advocates for Children Committee

The Advocates for Children (AFC) Committee of HCOC was dissolved after the 2011 CHA, since the injury topic of child abuse and neglect was not selected as a "top 5 priority" for the new cycle. However, a few highlights and accomplishments are:



Real Men Rock Event

The 5th Annual event for the prevention of Shaken Baby Syndrome (SBS) was held during National Child Abuse Prevention Month in April 2011. The event outreach was offered at Healthy Kids Day hosted by the Orange County Partnership for Young Children and the Chapel Hill Carrboro Y.

TUNED IN to Social Media: Addressing Cyberbullying In April 2011, AFC co-hosted an evening event with Chapel Hill-Carrboro City School's Parent Teacher Student Association, Chapel Hill Police Department and the Orange County Rape Crisis Center. The panel presentation was designed to raise awareness and help families and educators navigate the hurdles associated with bullying, cyberbullying and social networking. Panelists

included members for the NC Department of Justice; IBM Collaborative Solutions; Verizons, AT and T and the Orange County Rape Crisis Center. Presenters acknowledged that it can be challenging to keep up with today's rapidly changing technology, but it is important to stay "tuned in" to our young people's communication tools and behaviors.

Sudden Infant Death Syndrome (SIDS) Risk Reduction Campaign Between January and May 2011, AFC collaborated with the Nurse Leadership group at the UNC Women and Children's Hospital to outline campaign strategies and undertake follow-up activities, which included: 1) Nurse Curriculum and Training, On-line Continuing Education Opportunity; and 2) Educational efforts for new parents.

Funding for high interest/low literacy posters in English and Spanish on safe sleep practice was provided by the Child Fatality Task Force/Prevention Team. Posters were distributed to 14 hospital clinics and inpatient units and 6 local community clinics.

In 2011, "the number of infant deaths attributed to Sudden Infant Death Syndrome (SIDS) was 50 – a 5.6% reduction from the number of deaths in 2010 and the lowest in NC's history. In 2010, SIDS deaths dramatically decreased from an average of 100 a year to 53; this decrease continued in 2011."⁷

Data Sources

- ¹ US Census (2010). State and County Quick Facts: Orange County, NC. <http://quickfacts.census.gov/qfd/states/37/37135.html>
- ² US Department of Labor. Bureau of Labor Statistics. Local Area Unemployment Statistics Map. <http://data.bls.gov/map/MapToolServlet>
- ³ US Department of Labor. Bureau of Labor Statistics. Unemployment Rates for States. <http://www.bls.gov/web/laus/laumstrk.htm>
- ⁴ North Carolina Institute of Medicine. (2010). North Carolina County-Level Estimates of Non-Elderly Uninsured. Accessed from <http://www.nciom.org/nc-health-data/uninsured-snapshots>
- ⁵ NC State Center for Health Statistics. 2006 – 2010 NC Resident Race-Specific And Sex-Specific Age-Adjusted Death Rates. <http://www.schs.state.nc.us/SCHS/data/databook/>
- ⁶ NC State Center for Health Statistics. 2006 – 2010 NC Resident Race-Specific And Sex-Specific Age-Adjusted Death Rates. <http://www.schs.state.nc.us/SCHS/data/databook/>
- ⁷ NC Healthy Start Foundation. <http://www.nchealthystart.org/backtosleep/sidsnc.htm>



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