

Orange County State of the County Health Report 2014



Purpose

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

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

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

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



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

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

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

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

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

Emerging Topics & New Initiatives

Ebola

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

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

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

Breast & Cervical Cancer Control Program



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

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

Family Success Alliance

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

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

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

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

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

Data Dashboard

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

Access to Care Dashboard						
Data points are the most current measures from multiple sources (available on request). All data points are statistically significant with normal margins of error and are best used for tracking trends and comparing against other populations.						
Resources & Prevention	OC Scores		Trend	Compare to		
	Current	Target		Peer Avg	NC	US
Physicians (per 10,000)	93.6	-	94.4	41.6	22.3	24.5
Primary Care Physicians (per 10,000)	20.8	-	23.7	11.5	7.6	7.5
Dentists (per 10,000)	10.4	-	9.6	6.9	10.1	6.0
Colonoscopy (adults 50+)	61%	-	64%	71%	68%	65%
Mammogram (adults 50+)	81%	-	82%	80%	82%	80%
Transportation (per 10,000)	3,000	-	-	-	-	-
>1mi from clinic/bus stop, no car	May include future measures of transportation. See reverse for map.					
Preventive care (PAP, PC, etc.)	# PROXIES: 501 (selecting measures of preventive care)					
Charity care population	# PROXIES: UNC + Duke Orange County Charity Care program recipients					
Affordability & Insurance						
Data points are the most current measures from multiple sources (available on request). All data points are statistically significant with normal margins of error and are best used for tracking trends and comparing against other populations.						
Affordability & Insurance	OC Scores		Trend	Compare to		
	Current	Target		Peer Avg	NC	US
Uninsured (est)	15%	8%	18%	18%	19%	17%
Uninsured (est, <138% FPL)	33%	N/A	37%	34%	32%	30%
Subsidy eligible	7,300	-	-	-	-	-
Medical eligible, not enrolled	1,500*	-	-	-	-	-
Medical ineligible (non-expansion)	7,500	-	-	-	-	-
* Children 0-18, <138% FPL, non-expansion # of "waiting" adults, and/or non-ref. under 18m.						
# Adults 18-64 under 138% FPL, NC, <100,000. See reverse for additional data below.						
Health Literacy						
Data points are the most current measures from multiple sources (available on request). All data points are statistically significant with normal margins of error and are best used for tracking trends and comparing against other populations.						
Health Literacy	OC Scores		Trend	Compare to		
	Current	Target		Peer Avg	NC	US
Basic prose literacy	9%	-	-	11%	14%	14%
Always understands doctor*	84%	-	-	83%	81%	-
Always understands discharge*	88%	-	-	86%	85%	-
Always understands medicine info*	69%	-	-	65%	64%	-
Health Literacy measures are nearly all new indicators and do not yet have targets or trend data.						

Orange County Board of Health

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

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

Immigrant and Refugee Health



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

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

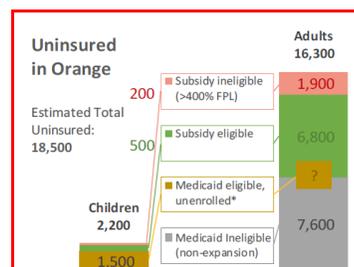
Healthy Carolinians of Orange County

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

Affordable Care Act

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

Uninsured Estimated Rates



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

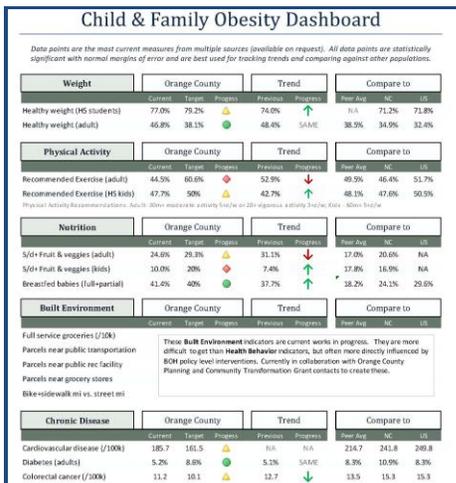
2015 Enrollment by Zip Code⁴

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

Priority #2: Chronic Disease Prevention and Health Promotion

Data Dashboard

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



Orange County Food Council

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

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

OCHD Nutrition Services

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

Orange County Health Department



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

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

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

Family and Childhood Obesity

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

Healthy Classroom Challenge/Healthy Kids Day

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



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

Priority #3: Mental Health and Substance Abuse

Data Dashboard

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

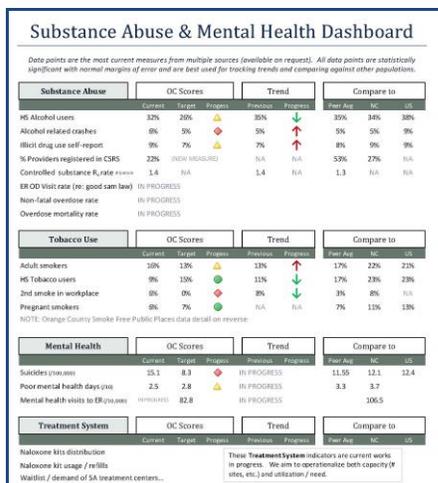
Prescription Drug Misuse/Abuse

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

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

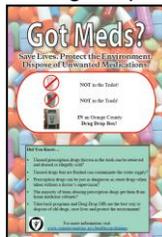
Drug Drop Boxes

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



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

needles/syringes, thermometers, IV bags, bloody or infectious waste, hydrogen peroxide, empty containers, or personal care products. They **DO** accept: expired and unused medications, over-the-counter meds, medication samples, pet meds, medicated ointments and lotions, and liquid meds. To obtain drug drop box informational cards, contact the HCOC Coordinator at hcoc@orangecountync.gov.



Naloxone/Narcan

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

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

Tobacco Prevention & Control

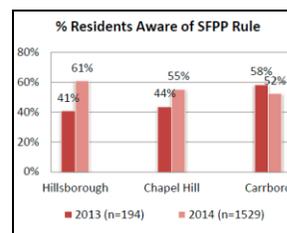


In response to hard work, dedication, partnerships and efforts around the Smoke Free Public Places (SFPP) Rule, OC received the National Association of Counties' 2014 Achievement Award. OCHD's Tobacco Prevention & Control

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

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

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



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

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

Data Sources

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



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