December 2010

State of the COUNTY HEALTH Report

Orange County, NC

HEALTHY CAROLINIANS OF ORANGE COUNTY

Orange County Health Department NCPH North Carolina Public Health

Orange County North Carolina

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- Healthy Carolinians of Orange County Officers
- Orange County Health Department Staff

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@co.orange.nc.us

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

Purpose

This 2010 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 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 is a great place to live, work, play, and receive outstanding health care! We can be proud that according to the 2010 national County Health Ranking Project, funded by the Robert Wood Johnson Foundation, Orange County ranked second[1] for overall health in North Carolina. The ranking criteria do show room for improvement, especially in access to healthy foods, improving the built environment, and reducing access to alcoholic beverages.

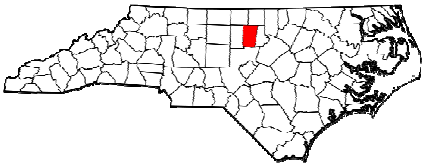
This *2010 State of the County Health Report* provides not only a snapshot of Orange County-specific statistics, but also a sampling of activities directed toward achieving selected community priorities. This is the final year for our current community priorities; and 2011 will bring a new health assessment and a new community improvement plan. Despite the challenges of the economic downturn of the last two years, community partners continue to work on maintaining and developing critical programs that will help all residents achieve healthy lifestyles.

The Orange County Healthy Carolinians Partnership continued to make good progress despite the loss of its full-time Coordinator. Nidhi Sachdeva, the Health Promotion and now Healthy Carolinians Coordinator for the Health Department, stepped up in late 2009 to provide continuity for the Council and the Committees. She has done a fabulous job "making it all happen."

The Health Department is proud to sponsor Healthy Carolinians of Orange County. The commitment of more than 50 community agencies and businesses and the dedication of hundreds of volunteer hours make this partnership the local engine that drives progress! I join you in celebrating the exciting accomplishments and our collective progress toward achieving the goals described in this report.

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

Demographics: Orange County and the State of North Carolina[2]		
	Orange County	**North Carolina**
Population (2009 estimate)	129,083	9,380,884
Gender		
Male	47.5%	48.9%
Female	52.5%	51.1%
Race		
White	78.3%	73.7%
African American	13.5%	21.6%
American Indian	0.5%	1.3%
Asian	6.0%	2.0%
Hawaiian/Pacific Islander	n/a	0.1%
Other/Two or more races	1.7%	1.3%
Ethnicity		
Hispanic or Latino Origin	6.3%	7.7%
Other Indicators		
Per Capita Income	$32,650 (2009)[3]	$25,015 (2008)[4]
Median Household Income (2008)	$55,522	$46,574
Persons below Poverty (2008)	13.9%	14.6%
Unemployment[5]	5.7% (9/2010)[6]	9.6% (10/2010)[7]
Adults (< Age 65) Who Currently Do Not Have Health Insurance (2008)[8]	13.0%	21.6%



Leading Causes of Death in Orange County (2005-2009)

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.

Orange County has a lower age-adjusted death rate than the State averages in all categories, except for prostrate cancer and suicide (a change from 2004-2008 data). Unlike last year, breast cancer rates are now lower in OC than in NC.[9] Death rates attributed to colon, pancreatic, and lung cancer continue to decrease, and are lower than the State rates. Another notable change is that suicide is now ranked as the ninth leading cause of death in Orange County (previously it was not in the top 10). Statewide, suicide is ranked 12.

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.

In 2008, North Carolina ranked 17th in the nation in terms of adult diabetes,[10] which is an ever growing problem in Orange County. Compared to recent years past, 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 (37.0 per 100,000) is significantly higher than the overall rate (14.5) and the Caucasian rate of 11.0 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[11]

	Orange County		North Carolina	
Cause of Death	Rank	Rate	Rank	Rate
All Causes	--	657.8	--	832.7
Cancer	1	158.4	2	185.6
Diseases of Heart	2	141.8	1	191.7
Cerebrovascular Disease	3	37.2	3	50.5
Chronic Lower Respiratory Diseases	4	30.7	4	47.0
Pneumonia and Influenza	5	18.6	8	19.4
Alzheimer's disease	6	17.5	6	28.3
All Other Unintentional Injuries	7	17.2	5	28.6
Diabetes Mellitus	8	14.5	7	23.6
Suicide	9	12.8	12	12.0
Kidney Disease	10	12.1	9	18.7

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). Minority residents are 3.4 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[12]				
	2005-2009			2004-2008
Cause of Death	Caucasian Rate	African American Rate	Disparity Ratio	Disparity Ratio
All Causes	631.3	845.3	1.2	1.2
Cancer	156.0	190.8	1.2	1.1
Lung Cancer	45.0	52.3	1.2	1.1
Diseases of Heart	134.4	199.4	1.5	1.2
Cerebrovascular Disease	34.5	55.7	1.6	1.2
Chronic Lower Respiratory	32.0	27.8	0.9	0.9
Diabetes Mellitus	11.0	37.0	3.4	3.6

Access to Health Care

Immigrant and Refugee Health

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.

Although the number of refugees arriving directly to Orange County from overseas has decreased in the last two years (likely due to the economic downtown and a lack of job opportunities), members of the Orange County Refugee Health Coalition have anecdotally reported that individuals and families from Burma (Myanmar) continue to move to Orange County from surrounding counties and states. Some refugees have also out-migrated to other counties and states due to economic reasons. Coalition members estimate between 800-1000 individuals from Burma (of varying ethnicities) live in the Chapel Hill and Carrboro area.

Refugees arrive with diverse strengths and needs, and agencies have responded in a variety of ways. Piedmont Health Services, OPC Area Program, Chapel Hill-Carrboro City Schools, the Orange County Partnership for Young Children, the Art Therapy Institute and Early Head Start have all recently expanded and/or tailored their services to specifically meet the needs of the refugee community from Burma. The active Orange County Refugee Health Coalition, facilitated by the Orange County Health Department (OCHD), has:

- Hosted a successful Refugee Resettlement 101 presentation by all four Triangle-based refugee resettlement agencies to help clarify the resettlement process and programs;
- Discussed domestic violence within the community and how to address the issue in a culturally appropriate way; and,
- Begun planning for a presentation in 2011 for health care providers and local agencies working with the community from Burma.

Services for the Latino(a) immigrant community, which comprises over 6% of the population in Orange County, continue to improve as well. Nationally recognized *El Futuro* provides bilingual and culturally informed care to Latinos facing mental health challenges and addiction illnesses, and also provides professional development opportunities for local mental health professionals working with Latinos. The *UNC Latino Clinic* has expanded its services and programs into areas such as cancer support; and, recently received the *2010 Diamante Award in Health and Science*–a statewide award that honors organizations that are making significant contributions to the Hispanic Community of North Carolina. Also in 2010, *El Centro Hispano* opened a new satellite office in Carrboro, helping to fill the gap in resources, referrals and programming left when *El Centro Latino* closed in December 2009. The Orange County Latino Health Coalition, facilitated by the OCHD, addressed some timely issues by hosting panel presentations on:

- Latino(a) immigrant health care access issues amid the current immigration climate; and,
- Medical Interpretation best practices, and state and national certification efforts.

The OCHD has been working on professionalizing the role of medical interpreters and translators, providing training opportunities to contractors and celebrating the work of the profession on International Translation Day (September 30). The OCHD also produced several of its *Health-E Radio* public service announcements in Spanish; and now

has a portion of its website translated into Spanish to help increase access to information to the Latino community via new media sources.

Linguistically and culturally targeted efforts like those listed above help to address the health disparities within these relatively new populations. Nevertheless more cultural and linguistic access work is needed, as well as efforts to address the socioeconomic challenges that many of the immigrant and refugee community members also face.

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 4th Annual Project Homeless Connect event was held on November 4, 2010. Due to adverse weather, fewer people attended the event. Dental and health services were well utilized.

Project Homeless 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, veteran and social service benefits, legal services, haircuts, food, clothing, and more.

Partners for the event included the Town of Chapel Hill, local government/county services (including fifty Public Health Reserve Corps volunteers and Department), 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 the 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, which has had difficulty recruiting and retaining men, will end in December 2010.

Service Delivery Changes: Child Immunizations

Historically, all required and many recommended immunizations have been available free of charge to persons 18 years of age and younger and to a limited number of adults. This was due to vaccine made available through the Vaccines for Children (VFC) Program and additional State funding. Many community medical providers, including the Orange County Health Department, participated in these programs. Recent budget cuts at the State level resulted in the discontinuation of the State funding, leaving only VFC funding to provide free vaccines. As a result, children who do not have health insurance that fully covers vaccines and who are not VFC eligible now have to pay for vaccines. VFC-eligible children (ages 0-18 years) are those who are:

- Medicaid eligible
- Uninsured
- American Indian
- Alaskan Native

Current "Hot Topics"

Seasonal Influenza and H1N1

The 2009-2010 flu season was highly unusual. In addition to seasonal flu, a new flu strain, H1N1, was also of intense concern. This new strain emerged in the US in Spring of 2009 and was expected to be extremely contagious and dangerous, especially to certain population groups. Once a vaccine was developed, health departments were responsible not only for administering the vaccine but also for ordering and distributing vaccine to other providers in the community. H1N1 vaccination efforts were implemented and maintained in addition to normal vaccination efforts against seasonal flu. Vaccination efforts continued into Spring and Summer of 2010, particularly for high risk groups. Although H1N1 did reach pandemic status, its impact was not as severe as expected. The Health Department administered or distributed to other community medical providers

enough H1N1 vaccine to immunize at least 25% of Orange County residents.

So far, the 2010-2011 flu season has been mild, but significant illness sometimes does not begin until later in the season. The 2010-11 flu vaccine includes both seasonal flu vaccine and the H1N1 strain. Since August 2010, flu vaccine was also available in many local grocery stores and retail pharmacies affording more immunization options to the general public.

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 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 (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. Currently, the PHRC has 376 registered volunteers, consisting of Nurses, Social Workers, Pharmacists, and various other professional backgrounds.

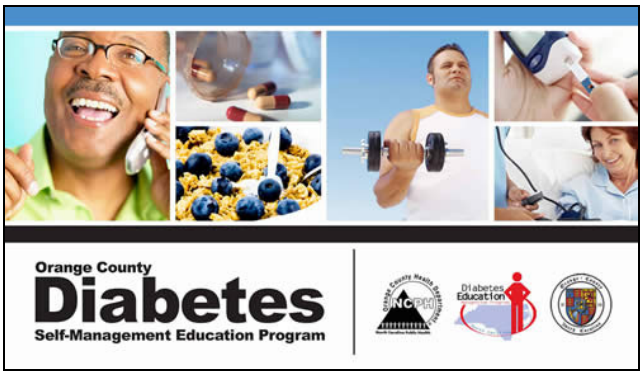
The Community Emergency Response Team (CERT) is a joint program with the OCHD and Emergency Services. It has 209 registered volunteers and has trained 17 teams. Both volunteer programs participated in various preparedness trainings throughout the year, such as First Aid, Basic Life Support, Mass Care and Shelter, Foundations of Disaster Mental Health, Psychological First Aid, Serving People with Disabilities, etc. Volunteers were invited to attend several presentations; participated in numerous community outreach events and activities distributing Emergency Preparedness materials; and created Public Service Announcements to promote the volunteer programs and Emergency Preparedness. Volunteers also participated in several exercises, including a large-scale disaster response exercise at RDU International airport, and a Text 1st Talk 2nd drill.

The CERT program trained five new teams this year, including church communities and surrounding neighborhoods. The first Campus CERT has been recruited from UNC's Extended Disaster Relief club and plans to complete CERT trainings in January 2011.

The PHRC and CERT programs were awarded approximately $31,000 in grants from Citizen Corps, the National Association of City and County Health Officials, and the State Medical Assistance Team to purchase Emergency Preparedness Go Bags, training supplies, and an ID badge system.

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 2009 Orange County Behavioral Risk Factor Surveillance Survey (BRFSS) estimated that 57% of those diagnosed with type 2 diabetes have not participated in a program in diabetes management.[13]



Research shows that Diabetes Self-Management Education (DSME) improves diabetes knowledge and self-care behavior, as well as blood glucose numbers, weight loss, and overall quality of life. In September 2009, the Health Department began offering the Orange County DSME Program for adult residents with type 2 diabetes and targeted outreach to those who has historically lacked access to services. This program is being run under the guidelines of the NC Diabetes Education Recognition Program and funded by a grant submitted to the Kate B. Reynolds Charitable Trust. The program's goals are to help people living 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.

Since the program started, 43 participants have enrolled. Of those, half of the participants are minorities (53%); one-third have no insurance; 67% have a high school education or less; and 28% noted English as a second language.

Of those who have completed all program components, 90% have shown improved A1C levels, and 88% of program participants reported conducting self-foot exams. In addition to these outcome measures, the program tracks behavior change as well. Participants set goals and track progress on self-management behaviors including: healthful eating, being active, self-monitoring, taking medication, problem solving, reducing risks, and healthful coping. Program evaluations show improved knowledge around planning meals, exercise, managing stress, setting goals, medications, monitoring blood glucose, preventing and detecting long term complications.

The program also aims to provide education, training and outreach to community medical providers. In 2006 the OC Department on Aging and Health Department convened a Diabetes Task Force of local medical professionals and community agencies to address the burden of diabetes in OC. Through this Task Force, program staff have conducted two trainings this year on the American Diabetes Association's (ADA) standards of medical care for diabetes including updates for recommendations, referral systems, and multidisciplinary disease management. To date, 54 medical provider offices and community organizations have joined the Task Force; and approximately 20 of these provider offices have referred clients into the OC DSME Program.

Other program highlights this year include:
1) developing a full-scale social marketing campaign (which received a 2010 Excellence in Communication award from the NC Association of Government Information Officers); 2) piloting the program in Spanish; 3) and receiving ADA recognition as a DSME program that meets national standards (July 2010).

Health Promotion

According to 2009 NC Nutrition and Physical Activity Surveillance System (NC-NPASS) data, maintained by the Nutrition Services Branch of the North Carolina Division of Public Health, percentages of children in Public Health-sponsored Women, Infants and Children (WIC) and child health clinics, that are overweight or obese are as follows:

Percent Overweight or Obese		
Age Group	OC	NC[14]
2-18 years	26.0%[15]	34.2%
2-4 years	25.0%[16]	31.2%
5-11 years	28.2%[17]	42.9%
12-18 years	40.5%[18]	46.1%

NC-NPASS data is limited to this group of children and youth, and therefore may not be representative of the county or state population as a whole. Though school district data (which is limited, given a recent switch in fitness assessment and reporting systems) shows fewer overweight students, it does indicate that students are not physically fit. Increased BMI and decreased fitness is more evident for older students.

Health Promotion Committee

Pediatric Obesity Initiative for School Nurses
In collaboration with the UNC School of Nursing students, the Health Promotion (HP) Committee created Pediatric Obesity Toolkits for four Orange County medical clinics in 2009. The HP Committee has since expanded the initiative and partnered with school nurses from both OC school districts in 2010. All eighteen elementary school nurses were trained on Universal Assessment guidelines, Staged Treatment strategies, and Motivational Interviewing skills for reinforcing positive behaviors and counseling against negative behaviors or risk factors. Pediatric Obesity Initiative Toolkits containing educational handouts, assessment tools, resources, posters, etc. were provided to each school nurse.

Healthy Classroom Challenge at Healthy Kids Day
The HP Committee, in collaboration with the Orange County Partnership for Young Children (OCPYC), Orange County Schools (OCS), Chapel Hill/Carrboro YMCA, Be Active NC, Head Start and More at Four created the Healthy Classroom Challenge (HCC), a new initiative to reinforce the importance of physical activity and better nutrition.

Eight school groups of over 100 children participated in the first ever HCC. Physical Education and classroom teachers introduced the same 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 10th Annual Healthy Kids Day event in April to reinforce these healthy messages with children, their families, and the Orange County community. Participating teachers received $500 to

go towards physical education equipment for their classrooms.

Orange County *Preparing Lifelong Active Youth* (PLAY) to Move More
Healthy Carolinians of Orange County received an Eat Smart, Move More NC Community Grant for $15,420 (2010-2012) to fund the *Orange County Preparing Lifelong Active Youth to Move More* (PLAY) program. PLAY is a multi-level program designed to increase physical activity (PA) among children in three Orange County middle schools.

Currently, during the academic year, OCS students in grades 6-8 receive only one semester of physical education. There is no mandatory physical activity (PA) time during after-school hours; and only seventh and eighth grade students are eligible to participate in sports after school. The majority of after-school attendees are sixth graders who do not have the opportunity for additional, organized PA after normal school hours. PLAY helps schools fill this gap and better meet the recommendation for 60 minutes of PA daily for all students throughout the academic school year.

Through PLAY, middle-school after-school programs will adopt policies to meet recommended standards for PA; teachers encourage active learning in classrooms; and UNC collegiate athletes promote new ways for school children to be active and healthier.

As part of the program, UNC athletes visit each school twice a month, teach after-school program participants sports-related skills, and provide opportunities for PLAYtime. All activities are structured to ensure that safety requirements are met; and they take into consideration students' readiness for the activity, based upon age, skill, and physical condition. Program goals are to: 1) Provide equal opportunity to participate in sport and physical activities irrespective of the students' performance skill or ability; 2) Nurture healthy competition, enjoyment, fair play and teamwork; 3) Provide opportunity for co-ed physical activity participation; and 4) Provide opportunities for students to experience a variety of physical activities that will contribute to an active lifestyle and enhance their leisure time.

To help improve program sustainability, PLAY has been adopted as part of the Community Service Incentive Program in which participating sports clubs become eligible for additional UNC funding for their teams. PLAY also provides UNC students an enriching opportunity to develop leadership skills and engage with their local community. PLAY links middle school students with appropriate role models for healthy living, lifelong PA, and academic success.

The program has thus far been extremely successful in engaging OC youth in more PA, inspiring after-school staff to be more active, and further strengthening HCOC partnerships. UNC and OCS students and staff alike have given overwhelmingly positive feedback. PLAY partners include Healthy Carolinians of Orange County, UNC Sports Clubs and Campus Recreation, OCS, and Orange County Parks and Recreation.

Child Nutrition Education
Chapel Hill-Carrboro City Schools (CHCCS) is working with Healthy Carolinians of Orange County and the UNC Gillings School of Global Public Health to create technology-based SmartBoard nutrition lessons that correspond with NC's standard course of study.

Eating Smart
1) Health Department (HD) Registered Dietitians became credentialed with Medicare, Blue Cross and Blue Shield of NC and Cigna to allow for reimbursement for **Medical Nutrition Therapy** (MNT) provided for certain medical conditions. More information about MNT services can be found at www.orangecountync.gov/health/nutrition.asp.

2) After 15 years with the same program, CHCCS selected a new company to contract for **Child Nutrition services**. Chartwells has negated the pervasive belief that corporations are not able to provide healthy school meals to the same extent as locally managed cafeteria programs. Chartwells hopes to use CHCCS as a demonstration project for other school districts in North Carolina by showing that it can provide delicious, nutritious meals without sacrificing cost or environmental concerns. Chartwells is committed to buying locally, working with community restaurants, farmers, and other local groups to create a program that is environmentally sensitive and a good community partner. It has eliminated the use of fryers and juice beverages with less than 100% juice; and has adhered to the federal milk substitution rules and district nutrition policies. Chartwells has increased by 100% the number of

lunches sold at one high school alone. The Chartwells chef is currently recruiting local restaurants to participate in a recipe contest that will increase cooperation between schools, Chartwells and the local community.

CHCCS is making a concerted effort to increase K-8 **nutrition education**. Schools plan to implement K-5 nutrition education lessons now available to every grade-level classroom teacher in all elementary schools during National Nutrition month – March 2011. Middle school students receive nutrition education as part of their Health Education curriculum.

3) Orange County Schools' New Hope Elementary was selected to participate in the U.S. Department of Agriculture **Fresh Fruits and Vegetables Program**, which began September 2010. New Hope Elementary is the first school within the county to receive this grant.

To qualify for the program, Elementary schools must have more than 50 percent of students participating in the free or reduced lunch program. The school received $31,194 for the year in federal funds for the program, which aims to introduce elementary school students to healthy foods by providing them with fresh produce daily.

School staff hopes to foster healthy eating habits in the children and their families as well as address childhood obesity. (North Carolina ranks 11th in the nation for childhood obesity).

Students are learning to enjoy unique foods such as pluots, broccolini and strawbabies expanding their palates and having fun experimenting with new tastes.

4) All CHCCS elementary schools are applying for the **HealthierUS** child nutrition award. On the nutrition front, all schools should be able to win the gold award. The only limitation is the amount of PE currently being implemented in the elementary schools.

Both Chapel Hill-Carrboro City and Orange County Schools have joined the **Alliance for a Healthier Generation**, an American Heart Association and William J. Clinton Foundation collaborative.

5) The OC Health Department continues its **NAP SACC** program that targets improving nutrition and physical activity practices in child care centers in an attempt to combat the growing overweight/obesity problem in young children. NAP SACC provides child care directors and staff with the knowledge and support they need to help children develop healthy nutrition and physical activity behaviors.

6) During the 2009-10 fiscal year, OCPYC completed the second full implementation cycle of the **Growing Healthy Kids Project**. Across the three garden locations in Carrboro, the Project worked with children and their families to learn healthy eating through growing their own vegetables. The Orange County Cooperative Extension program provided leadership for developing the garden sites, and provided a part-time community garden coordinator. After completing the program, parents reported a significant increase in the number of fruits and vegetables available in their home.

7) OCPYC is a 2010 **Refugee Agricultural Partnership Project** (RAPP) recipient. The federal grant was open nationally to agencies both public and private, with funding going to 10 other projects throughout the United States. The Partnership was the only agency from North Carolina to receive money in this round of funding.

Through a grant from the U.S. Office of Refugee Resettlement, the Partnership will be expanding its current Growing Healthy Kids community garden program to accommodate the growing refugee population in Orange County. The award is for three years, with $77,000 for the initial year of the project. The purpose of the RAPP project is to educate and enable refugee families, especially the Burmese and Karen, to create a sustainable, healthy food source as well as to develop English language skills and eventually supplemental income. Along with plots of land, families will receive training on a variety of topics, including farming in NC, marketing and business development.

8) The Hillsborough, Eno River, and Efland, and Carrboro **Farmer's Markets** (CFM) and NC Farm Fresh have increased in popularity, and are working to make local foods and fresh fruits and vegetables more available to the community.

The CFM strives to provide greater support for local farmers; and to increase awareness of the importance of sustainable agriculture and access to locally grown fresh fruits and vegetables in our local community. The Market has been a participating member of the Farmers' Market Nutrition Program's WIC since 2005 and the Senior program since 2009. These programs provide food vouchers to low-income Orange county residents, redeemable at local farmers' markets.

9) The CFM is also home to the **Farmer FoodShare Program**. Started in 2009 by farmers and volunteers,

program provides fresh locally grown food to people at risk for hunger, while also supporting farmers and enhancing community economic development. The Farmer Foodshare programs act as a source of community innovation to incubate self-sustaining projects that address poverty, hunger and farm loss. FarmShare works with community partners to build an inclusive, economically viable and socially just local food system in North Carolina.

In its first year, the program raised over 10 tons of locally grown food for the food insecure in four counties. The Farmer FoodShare Program has now spread to over five area Markets in NC: Carrboro, Farrington, Foothills, South Estes and Western Wake Farmers Markets. As of September 2010, Farmer FoodShare has delivered 17 tons of top-quality farm food to over 16 nonprofit agencies in five NC counties (Chatham, Cleveland, Durham, Orange and Wake). This includes several thousand pounds of food purchased, worth over $5,000. Currently, the CFM is supporting the Interfaith-Council for Social Service and Farmer FoodShare's "Farm Fresh for the Holidays" Campaign. The campaign is collecting and distributing fresh, locally grown food for holiday meals.

10) Starting in May 2010, the CFM began accepting Electronic Benefit Transfer (EBT)/**Supplemental Nutrition Assistance Program** (SNAP; food stamps), and Credit, and Debit cards. Through the Leaflight 21st Century Farmers' Market Program, RAFI-USA's Tobacco Reinvestment Grant, and support from many other community partners–such as UNC's Center for Health Promotion and Disease Prevention team, Orange County Department of Social Services, and The Splinter Group–the Market was able to provide extensive marketing and outreach to the OC community. Marketing efforts sought to increase awareness of EBT use at the CFM, since research shows that not being able to use EBT is a primary deterrent to shopping at farmers' markets.[19]

"**Market Match**" program incentives also helped draw in new customers by giving an additional $20 of free Market money for any EBT shopper that spent $20 of the benefits at the Market. The Market has now expanded Match to include additional funds for first time EBT shoppers that bring a friend to the Market. Bus advertisements, radio interviews, Spanish/English translated materials, flyers, events, and other activities targeted new community members to shop at the Market.

Use of EBT/SNAP benefits at the CFM grows steadily with available Match incentives. The number of unique SNAP customers increased by over 22% in the 2nd month and SNAP recipients came to the CFM more often than credit customers (1.6 versus 1.3 times per month). One out of five customers that use their card at the Market is a SNAP participant. The goal is to continue increasing new EBT/SNAP customer attendance and familiarity with the Market in 2011, through more outreach, on-site programming, and a greater number of bilingual program materials. The program faces the challenge of funding staff positions; so much of the program's future growth will be dependent on volunteers.

Moving More

1) Chapel Hill-Carrboro City Schools received a Carol M. White **Physical Education Program (PEP) Grant** and is currently in the last phase 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 K-12 students to make progress toward meeting State standards for PE. Funds cover the costs for equipment, support, and the training and education of teachers and staff; and are used to increase the amount and level of intensity of physical activity across all grades.

The third year of the PEP grant has focused on technology in PE classes. Itouches have been purchased for PE teachers to be used with fitness programs and music and for keeping track of fitness test scores. Fitness rooms have been built in several schools; and Wii's and HOPSports Systems are being used in schools to get students moving. PE classes have made strong progress toward a fitness-based program, and are using technology and tools like Heart Rate Monitors to demonstrate the benefits of exercising.

2) In fall 2010, Chapel Hill-Carrboro City Schools have switched from the previous district fitness assessment program (President's Challenge) to **FITNESSGRAM**. The latter is a research-based assessment using criterion-referenced standards called "Healthy Fitness Zones" to determine students' fitness levels based on what is optimal for good health. The use of health-related criteria helps to minimize comparisons between children, and to emphasize personal fitness for health rather than goals based solely on performance. Fitness scores are unique for each child based on age and sex. The assessment measures three components of health-related physical fitness that have been identified as important to overall health and function: aerobic capacity; body composition; and muscular strength, endurance, and flexibility.

FITNESSGRAM reports for each student–and a special version for parents–recommends physical activity options to help students make it into the Healthy Fitness Zones for those areas where they need improvement. Plus, it explains in nontechnical terms why physical activity is important, and how regular physical activity leads to improved health and fitness. The FITNESSGRAM report is a tangible reminder of what students learn in class, and a great way to enlist parents' support in their children's physical activity programs.

3) The **Preventing Obesity by Design** (POD) project aims to reduce childhood obesity by emphasizing the importance of the outdoors as a preventive health strategy in childcare centers. During the 2009-10 fiscal year, OCPYC completed POD's first of three years in Orange County. Through collaboration with Child Care Services Association, the Natural Learning Initiative at NC State, and an equipment grant from Blue Cross Blue Shield of NC, POD was successfully implemented at the Children's Learning Center of Hillsborough. The project will continue to positively impact all enrolled children for many years to come through the participating site's enhanced outdoor learning environment.

4) OC Parks and Recreation Department received a Blue Cross Blue Shield equipment grant of $2,500 for acquiring fitness equipment in 2010. This equipment will be used for established fitness programs at Central Recreation Center, and to hopefully add a lunchtime employee wellness program for County employees in 2011.

Adolescent Health

Similar to the nation as a whole, alcohol is the most frequently used substance among Orange County youth.

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).

According to the Orange County Schools (OCS) Communities That Care SmartTrack Survey (2008), 16% of middle school students and and 32% of high school students reported alcohol use within the previous 30 days. Two other substances used by in high school students "within the past-30-days" are marijuana (17%) and tobacco (14.5%). OC High school students report being, on average, 13 years old when they first used alcohol and cigarettes.

As a complement to the well established Coalition for Alcohol and Drug-Free Teens (CADFT) in Chapel Hill and Carrboro, the Advocates for Adolescents (AFA) Committee, working closely with the Community Backyard–a program of Mental Health America of the Triangle–has responded to the identified gap in outreach and community engagement by working to establish a responsive coalition in the northern part of the County. This new group (currently serving as a Healthy Carolinians subcommittee) is called the *Northern Orange Partnership for Alcohol and Drug Free Youth*. The hope is that if or when health priorities identified in future Community Health Assessments change, this new coalition will be able to sustain efforts to prevent underage drinking and drug use in the northern part of the county, while AFA shifts their focus to address newly-identified community concerns.

Advocates for Adolescents/Northern Orange Partnership for Alcohol and Drug Free Youth

The AFA Committee conducted Spring focus groups among high and middle school students in OCS, with the hope of better understanding the problem of underage drinking and drug use in Northern Orange County and Hillsborough.

Safe Stores Campaign

This year, AFA also collected data on how well local retailers are checking identification when selling alcohol. Alcohol Purchase Surveys were conducted by sending youthful-appearing buyers into gas stations, convenience stores and grocery stores to attempt to buy alcohol without their ID. Thirty-five percent of off-premise malt beverage retail stores sold alcohol to buyers without requiring proof of age.

In the next year, AFA will conduct additional surveys as part of the Safe Stores Campaign. Stores with consistent, responsible selling practices will be publicly thanked and promoted as Safe Stores, as

well as given window decals to display this distinction. For stores that did not exhibit safe selling practices, AFA will provide helpful information, as well as encourage owners to send employees to approved responsible seller trainings.

Safe Homes Network
AFA sponsored two community events this year to raise awareness and increase knowledge of underage alcohol use. The Spring forum, "Who's Drinking Under our Watch?" presented information on the state of the problem and how the community can come together to make necessary changes.

In its efforts to expand and strengthen the Safe Homes Network—a group of parents and other adults who pledge not to provide alcohol to underage youth—AFA hosted a Safe Homes Breakfast in October. As part of the program, the Orange County Sheriff's Office talked to parents about the role they can play in preventing underage drinking and drug use. AFA continues to try and increase community involvement in its work by sharing information at numerous community events.

Social Norms Marketing Campaign
AFA and the Community Backyard received funding from the Orange County ABC Board to conduct a pilot Social Norms Campaign in Orange High School. Four graduate students from UNC's Gillings School of Global Public Health have been collecting data, conducting interviews, and doing extensive planning to implement this alcohol prevention campaign in the spring of 2011.

Youth Council
AFA has also recruited and formed a Youth Council, made up of five high school students from both Orange and Cedar Ridge High Schools. The Council has begun to assist in assessment though environmental scans of local retailers, collecting data on alcohol products, placement, and advertising. Students are also working with TRU (Tobacco. Reality. Unfiltered.) students on a PhotoVoice project. Using photographs they have taken in the community, they will create a picture display of alcohol and tobacco use and abuse in the area, which will be used to promote awareness of these health issues.

NC Coalition Initiative/CADCA
Lastly, AFA was awarded funding from the North Carolina Coalition Initiative to receive extensive training and technical assistance in anti-drug coalition building. Coalition members are attending CADCA Academy, a year-long innovative training program that combines classroom training, distance learning, and Web support. These funds also sustain AFA's coalition coordinator, a half time position that provides support and direction for the committee.

Coalition for Alcohol and Drug-Free Teens in Chapel Hill and Carrboro

Chapel Hill Carrboro Schools works closely with the Coalition for Alcohol and Drug-Free Teenagers (CADFT) in Chapel Hill and Carrboro. For example, the school district and coalition share the cost of one staff position to coordinate activities such as parent education programs, assessment (social norms survey), development of Students Against Destructive Decisions (SADD) clubs, and supporting the Safe Homes Network with parent recruitment.

The CADFT continues to expand their Safe Homes Network, and will soon launch a *Talk It Up, Lock It Up* campaign to educate parents about the importance of removing the temptation of alcohol and prescription drugs. Also, beginning in February 2011, Chapel Hill High 9th grade students will participate in a new on-line alcohol education program.

Tobacco. Reality. Unfiltered.

According to local school data, teen smoking rates have steadily decreased over time in the CHCCS district from 20% in 2001 to 10.6% in 2009.[20] Teen smoking rates OCS have decreased from 25% in 2001 to 8.3% in 2008.[21] The percentage of CHCCS youth who have never smoked increased from 63.2% in 2001 to 77.7% in 2009.[22] Similarly, the percentage 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.[23]

TRU
TOBACCO REALITY UNFILTERED
REALITYUNFILTERED.COM

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 seven years, the student-led program has trained 156 TRU Peer Educators and made a significant impact on health outcomes in

Orange County. In June 2009, the Orange County Health Department was awarded $274,848 in funding from the NC Health and Wellness Trust Fund to continue the program from 2009-2012.

During the 2009-10 school year, peer educators from all five high schools gave Tobacco 101 Presentations to over 600 middle school students throughout the County. Students and teachers alike have given resounding positive feedback to the peer educator presentations.

TRU members throughout Orange County promoted compliance with the 100% Tobacco Free Schools Policy at high school football games. Students took part in "Tackle Smoking" by handing out pom poms at their school's big football games with TRU information and reminder cards about the Tobacco Free Schools Policy. Students felt that this was a positive way to interact with their classmates to simultaneously promote both the policy and school spirit.

TRU members throughout Orange County celebrated as House Bill 2 took effect in North Carolina on January 2, 2010 making all restaurants and bars smoke free. Youth throughout the County and State actively advocated for smoke-free restaurants for years. Much of the credit for the law's success can be attributed to their grassroots efforts. Implementation of the law has been a success with 89% improvement in air quality in NC bars and restaurants post-law. The number of smoking complaints also continues to dwindle significantly.

In an effort to prevent underage access to tobacco products, Orange County TRU members conduct merchant education with area businesses. Businesses that have sold tobacco products to minors are identified by the Alcohol Law Enforcement Division and then visited by TRU students with a comprehensive Merchant Education Packet. The packet contains information regarding the need to check identification and the color-coded age identification feature of North Carolina drivers licenses. The packet also provides posters and stickers regarding the state law restricting the purchase of tobacco products to persons under the age of 18. Members of Orange County TRU view merchant education as a vital component of youth tobacco prevention within the community and look forward to continuing the practice in the coming years. So far, the youth have made over 50 store visits.

33

As part of the 2010 Great American Smoke Out celebration, TRU clubs at the high schools in both CHCCS and OCS raised awareness about dangers of tobacco by using the number 33. According to the Center for Disease Control, 33 people die everyday from smoking in North Carolina. Students wore t-shirts and stickers with the number 33 to illustrate this startling statistic. The Health Department also provided each school with QuitlineNC cards, magnets, and brochures to encourage tobacco users to use this free tool to help them quit.

Child Health

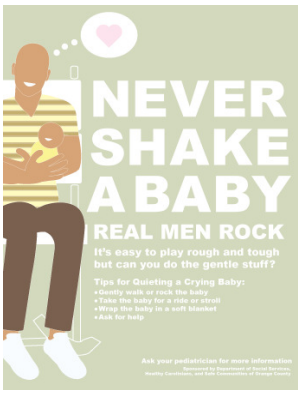
Child health was a top health priority identified in the 2007 Health Assessment; and has continued to be the focus for the Healthy Carolinians Advocates for Children (AFC) Committee.

For fiscal year 2010 (July 1, 2009 – June 30, 2010), 1029 children were reported for suspected abuse/neglect/dependency in Orange County. Of those, 25% were substantiated and found to be in need of services.

Advocates for Children Committee

Real Men Rock

In partnership with the Chapel Hill Police Department and the Hillsborough Exchange Club, the Advocates for Children (AFC) Committee held its 4th Annual Real Men Rock (RMR) event for the prevention of Shaken Baby Syndrome (SBS) during National Child Abuse Prevention Month (April). At the RMR event, parents, caregivers and the general public are provided with information about safer alternatives for consoling crying infants, and about child development, age appropriate expectations, and safety. As part of the RMR campaign, the Orange County Sheriff's Department distributed child IDs to parents. AFC distributed educational materials to Orange County pediatricians and family practice physicians to pass on to new and/or expectant parents. RMR posters were posted on public buses; and distributed to the physicians to post in their waiting and clinic rooms.



Period of PURPLE Crying®

In addition to the RMR event this year, the committee sponsored two training opportunities for the Period of PURPLE Crying® Program—one for Health Department nursing and home visiting staff, and another for local home/child care providers. The Period of PURPLE Crying® Program educates caregivers about the normalcy of early infant crying. In addition to the trainings, Period of PURPLE Crying® education materials continue to be distributed to new parents and/or caregivers.

Bullying Prevention

Aside from promoting ways to prevent SBS, child abuse and neglect, AFC hopes to raise awareness and educate families on the risks associated with bullying, cyber-bullying and social networking. A community presentation by law enforcement is scheduled for January 2011. School districts have also taken steps to address bullying, including implementing a school-wide program for prevention, intervention and referrals; and creating common discipline referral forms.

Sudden Infant Death Syndrome

Additionally, AFC is planning an event in the spring of 2011 that will address the issue of SIDS (Sudden Infant Death Syndrome). About 100 North Carolina infants die each year from SIDS; and while there is no known cause, there are ways to reduce the risk factors for SIDS, e.g. safe sleep practices. AFC's goal is to have parents and caregivers receive consistent and current information about how to keep babies safe.

Childhood Mental Health

The Department of Social Services (DSS) continues to work with the Community Child Protection Team and the Child Fatality Prevention Team to promote child abuse/neglect prevention and safety for children. DSS has a grant from Smart Start for a Child Protective Services Early Childhood Mental Health Initiative. The project seeks to increase identification and treatment of the special mental health needs facing very young children and their families who are involved with Child Protective Services. This has been a very successful project, and was recently recognized by the NC Association of County Directors of Social Services with a "Best Practice Award for Innovations in Services."

Mental Health and Substance Abuse

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). Adults and children in OC continue to receive services through a variety of funding streams including Medicaid, Medicare, Health Choice and private insurance, as well as IPRS/state-funded and other publicly funded assistance provided by Orange County (both administered by OPC Area Program, the local management entity).

Some resources, such as state hospital beds and community-based services are not as plentiful now as they have been in the past; but new services, like Mobile Crisis provided through Freedom House, or the expanded services for people with psychotic disorders through the Schizophrenia Treatment and Evaluation Program (STEP) Community Mental Health Clinic, have been created to address specific community needs. Community agencies continue to collaborate to strengthen the overall service system and fill in gaps.

Mental Health and Substance Abuse Committee

Raising Awareness and Reducing Stigma

This year the Mental Health and Substance Abuse (MH&SA) committee co-sponsored a two part workshop titled, *Building Bridges Between Faith and Mental Health Care*. This seminar explored how mental health care and theology can be better integrated by educating clergy about mental illness, and teaching therapists about addressing spirituality in their work with clients.

In November 2010, the MH&SA Committee hosted two free community events to raise awareness of the challenges and contributions of people with severe and persistent mental illness, and to engage members of the community in supporting and expanding the Compeer Program–a project that fosters supportive friendships between people with mental illness and volunteers in the community.

The Committee worked with UNC's *Brushes with Life* Gallery committee, the Chapel Hill Downtown Partnership, and FRANK Gallery to host a showing of work by artists affiliated with *Brushes with Life: Art, Artists and Mental Illness*. The FRANK Gallery's TGI Thursday Salon gave

Art by Kayla Zaragoza, Untitled.

contributing artists a venue to talk about how art and mental illness interplay as part of the creative process, and as part of the recovery journey. An estimated 85 people attended the art showing. The art was also available for general viewing during the Second Friday Art Walk, and during the screening of the award-winning documentary, *Unlisted: A Story of Schizophrenia*. Following the film, a panel of service providers and consumers answered questions from the audience about mental illness, services, and needs in the community. About 140 people participated.

Pro-Bono Counseling Network
In January 2009, the MH&SA Committee developed and launched the Pro Bono Counseling Network (PBCN). Since then, the Network, under the auspices of Mental Health America of the Triangle, has successfully expanded beyond the boundaries of Orange County. As a result of this growth, an independent advisory board to the PBCN was established. The Network recruits mental health professionals to provide counseling services on a *pro bono* basis to individuals who are not covered by public assistance programs and are not 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. Fifty-seven area therapists (31 in OC) currently volunteer with the Network. Since July 2010, there have been 25 matches made with PBCN therapists and 20 referrals have been made to outside agencies.

Crisis Intervention Team (CIT) Training
In 2010, OPC Area Program organized highly successful Crisis Intervention Team (CIT) trainings for area law enforcement agencies. CIT is a pre-booking jail-diversion program designed to improve outcomes of police interactions with people in need of MH/DD/SAS, and connects individuals and families in crisis to appropriate services rather than the criminal justice system. In January, August and November, three 40-hour courses gave officers information and resources for working with citizens with mental illness, substance abuse and developmental disabilities. A total of 65 law enforcement officers have been CIT-certified; three dispatchers have also 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.

School-based Mental Health
Available funds have allowed Chapel Hill-Carrboro City Schools to expand its 15-year program in middle schools to all grade levels—two Licensed Clinical Social Workers (LCSW) are now in seven elementary schools, one LCSW is in four middle schools, and one LCSW is in three high schools.

Also, the Art Therapy Institute works with non-English speaking students with emotional needs in six schools.

With personnel from Triumph LLC and the two County school systems, OPC organized the Triumph Academy day treatment/school program for middle schoolers—a highly innovative project located in Hillsborough.

Community Outreach
Many committee member-agencies have contributed to community education about substance abuse and mental health issues in the county this year. UNC STEP held its annual Symposium in March, proposing the need for evidence-based multidisciplinary treatment of schizophrenia and other severe and persistent mental illnesses. Mental Health America of the Triangle sponsored its annual Legislative Breakfast in April. In September, Freedom House and OPC hosted their annual Celebrate Recovery event, acknowledging the hard work of recovery as members of the community move forward in that process. Also in September, UNC's Center for Excellence in Community Mental Health rolled out the Group Home Employee Skills Training (GHEST) program—a new 18-hour skill building opportunity for managers and supervisors of adult mental health group homes. In addition, NAMI held its annual Family to Family Celebration in October.

Transportation

For many residents in 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.

Although there is no formal HCOC committee working on transportation needs in Orange County, various community groups are working to improve transportation for residents in conjunction with other health promotion initiatives.

Active Transportation

In April, Orange County and the NC Department of Transportation released a new county cycling map with recommended recreational routes and landmarks.

The Orange County Transportation Planning Department recently conducted a survey (N = 491) to obtain public opinions and identify transportation issues that are important to the citizens, businesses, and officials of Orange County. The results will be used in the development of the Comprehensive Transportation Plan.

Active transportation is a common travel choice in Carrboro. The Town of Carrboro's transportation network includes 26 miles of bike lanes, 36 miles of sidewalks, and 3 miles of shared-use paths for cyclists and pedestrians. Several Town projects and programs seek to build on the non-motorized transportation options available to area residents.

In September 2010, Carrboro received a Silver-level Bicycle Friendly Community designation from the League of American Bicyclists, upgrading from the Bronze level the town has held since 2004. Only 28 communities in the U.S. – and only one other community in the Southeast – are recognized at the Silver level.

The March 2010 adoption of the Morgan Creek Greenway Conceptual Master Plan is a template for development of this major east-west shared-use path. Paths are also being planned in Wilson Park and near Homestead Road to increase off-road connections between neighborhoods and schools.

Safe Routes to School

The Town of Carrboro continued its evaluation of school travel in 2010. About 6-12% of K-5 students walk to and from school, and about 0.5 to 3% bike to school.[24] This is at or below the national average of 13 to 16% walking and 2% cycling[25]. Carrboro and McDougle Elementary Schools and the Town of Carrboro are partnering to create a Safe Routes to School Action Plan and other programmatic activities to encourage safe walking and cycling to and from school. The Town is also using a Safe Routes to School grant to construct a sidewalk near Carrboro Elementary.

Orange County is also working on a Safe Routes to School Plan. The draft Plan will be presented to the public for input; and will include recommendations for removing obstacles to walking and bicycling to three schools: Grady Brown Elementary School; Cameron Park Elementary School; and Stanford Middle School.

Built Environment

Quite a bit of work has been performed on the **Town of Hillsborough Nash Street Sidewalk Project**, a $1.2 million investment in the community. The project is estimated to be complete by summer 2011. However, some parts are already complete and accessible to all.

In October 2010, the Town of Carrboro launched the **Incentivizing More Physical Activity through Carrboro's Transportation System (IMPACTS) Project**, a unique planning process made possible with a grant from the Physical Activity and Nutrition Branch of the NC Department of Health and Human Services, Division of Public Health. The purpose of the project is to identify policy barriers to physical activity, specifically through the lens of the transportation network, land use planning, and the built environment. The IMPACTS Project seeks to answer the question, "How can Carrboro further encourage active living?" The project will focus on running, walking, and cycling for recreation or for utilitarian trips to work, the grocery store and farmers markets or other destinations.

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