

Orange County State of the County Health Report 2016



Purpose

This 2016 State of the County Health Report (SOTCH) provides an update on health concerns and the 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 2015 Community Health Assessment (CHA).

The prioritized health issues are: 1) Social Determinants of Health with priority around access, transportation and poverty; 2) Physical Activity and Nutrition with priority around chronic disease prevention, 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 2015 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>



Leading Causes of Death in Orange County (2011-2015)

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, which is a decrease from the previous (2014) SOTCH, where OC led NC in both breast cancer and suicide.

Cancer remains the top cause of death in the County. Trachea, bronchus, and lung cancers are the most common in both men and women, with a rate of 41.5 per 100,000 persons. 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	2009-2013 OC # of Deaths	2009-2013 OC Rate	2009-2013 NC Rate	2011-2015 OC # of Deaths	2011-2015 OC Rate	2011-2015 NC Rate
1	Cancer (All Types)	911	156.1	173.3	932	152.0	169.1
2	Heart Disease	680	123.3	170.0	690	117.1	163.7
3	Cerebrovascular Disease	177	32.9	43.7	186	32.5	43.1

Results from the most recent (2015) Community Health Assessment listening sessions were prioritized on the basis of importance and changeability. The health priorities determined to be of greatest concern to the Orange County community, are 1) Social Determinants of Health with priority around access, poverty, and transportation. 2) Mental Health & Substance Abuse, and 3) Physical Activity and Nutrition with priority around chronic disease prevention. Below you will have a chance to learn about the 3 priority areas and the work that is currently being done, or planned, around each.

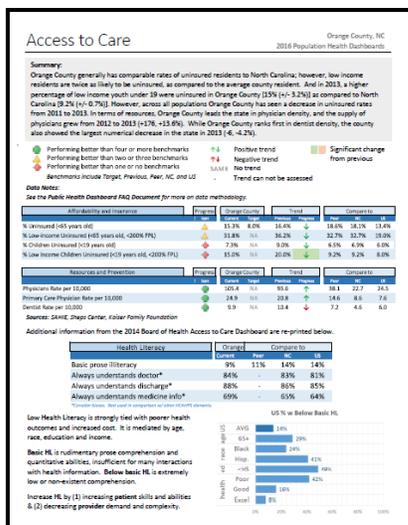
Priority #1: Social Determinants of Health

Data Dashboard

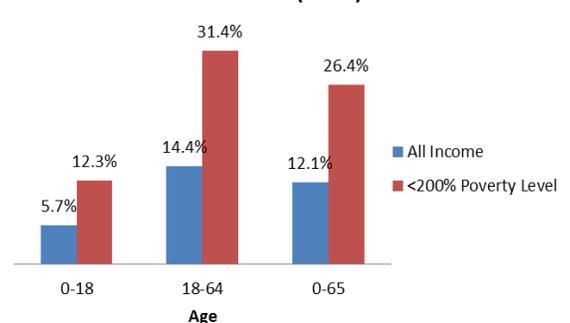
The Access to Care dashboard provides the most recent county rates and trends among OC residents around affordability and insurance, resources and prevention, and health literacy. You will find OC data as compared to peer counties, NC and the US. View the full dashboard at http://www.orangecountync.gov/Access%20To%20Care_March2017.pdf.

Access

The ability to access quality and affordable health care services is a key component in a person's overall health. Orange County has a strong health care community that includes a nationally-ranked hospital system, an accredited School of Public Health, a federally qualified health center, a local public health department, a medical and dental school, and various private medical practices. In spite of these resources, residents continue to report problems accessing health care services, and 12.1% of the population (under 65 years) is uninsured, compared to 15.3% in 2013².



% Uninsured in Orange County by Age and Income Status (2014)



To help with this issue, HCOC developed an action item to identify local medical providers that can provide care to the uninsured, and establish a campaign to encourage and educate uninsured residents on the importance of establishing a medical home. HCOC also has an action item that includes partnering with United Way/NC211 to encourage local agencies/organizations and residents to use this comprehensive resource for all medical, dental and mental health needs.

The BOH also has plans aimed towards access. Staff at the OCHD will explore the use of text messaging to provide reminders, education, or self-management for OCHD programs and clinic services. They also have plans to research appropriate pathways and necessary partners to pursue policy change to make birth control pills available over-the-counter.

Together, the OCHD and HCOC will work together to host at least two “translation boot camps” on specific health topics to translate clinical language and recommendations about that health topic into culturally and linguistically relevant and motivational messages.

Poverty

Although OC is rich in resources, 14.7% of our population lives in poverty, according to federal poverty guidelines³. Furthermore, approximately 29% of OC families with children cannot meet their basic needs, according to the most recent report released by United Way⁴.

When it comes to income inequality, OC ranks 2nd among all counties in NC with a rate of 0.53, compared to our peers (0.45), NC (0.47) and the US (0.48), as expressed by the Gini Index⁵. The Gini Index varies between zero (0) and one (1). A value of one indicates perfect inequality where only one household has any income, and a value of zero indicates perfect equality where all households have equal income. These inequalities persist due to differences in educational and economic opportunities.

The Family Success Alliance (FSA) is a collective impact approach to childhood poverty in Orange County. The goal is not just to address the effects of poverty, but to help lift families out of poverty. The goals of the FSA are currently being addressed in two pilot “zones” of the county, known as Zone 4 and Zone 6. Below are the priority areas per “zone”.

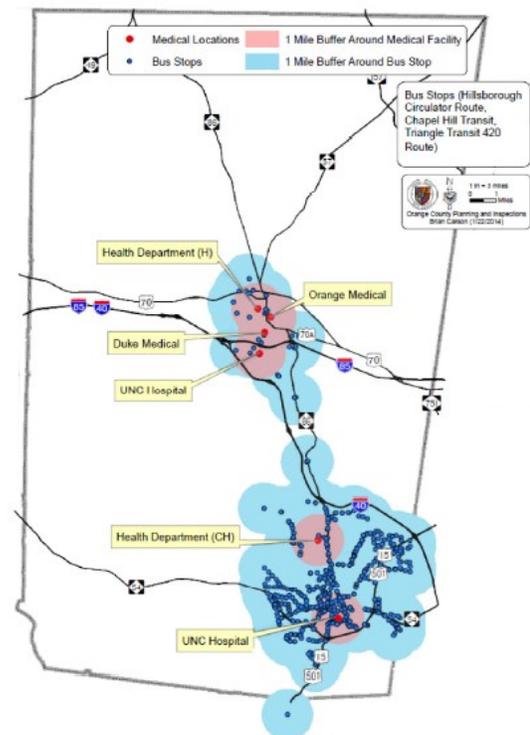
Zone Priorities in Response to Gap Analysis Data

Zone 4 Priorities	Zone 6 Priorities
1. Transportation	1. Affordable housing
2. Activities to prepare children for kindergarten	2. Activities that prepare children for kindergarten
3. Access to quality, affordable childcare	3. Access to quality, affordable childcare
4. Increased support for Latino Families	4. Support for families, like school-based mental health and more community enrichment activities

To address these priority areas, FSA engaged the community in developing a [Strategic Plan](#) that maps out key areas for action along the cradle-to-college/career pipeline. More than 30 partners are engaged in implementing this plan.”

Transportation

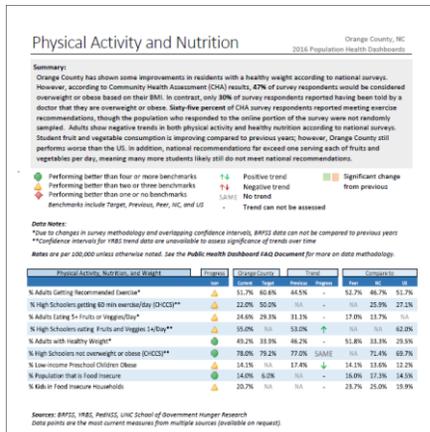
The OCHD, BOH and HCOC all recognize transportation as a key component to access to health services. HCOC developed an action item that will encourage partner agencies to pilot a transportation access improvement activity within their individual agencies. With this action item, the goal for HCOC is to produce and provide a transportation access improvement activity guide, encourage five partner agencies to adopt one or more activities within their personal agencies that will assist OC residents with access, and increase their knowledge about public transportation.



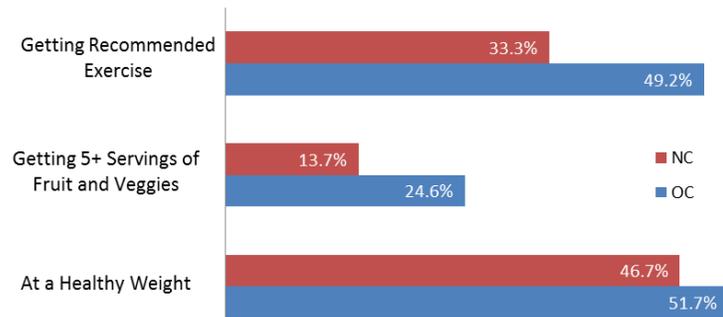
Priority #2: Physical Activity & Nutrition

Data Dashboard

The Physical Activity & Nutrition dashboard provides the most recent county rates and trends among OC residents around weight, physical activity and nutrition. Comparisons are made between peer counties, NC, and the US. View the dashboard at http://www.orangecountync.gov/Physical%20Activity%20&%20Nutrition%20_Feb2017.pdf



Adult Physical Activity & Nutrition Rates



The BOH also has plans to work to increase physical activity and improve nutrition in schools by seeking local funding partnerships to provide small grants, for school staff, to implement in-class or other short activity breaks during the school day.

Along the lines of healthy eating and access in the schools, and due to the limited resources that are provided in the northern part of the county, HCOC developed an action item to include partnering with Orange County Schools to provide fresh fruit and vegetable take-home produce bags for 200 students.

Physical Activity & Nutrition

OC has shown improvements in the healthy weight of residents, but obesity remains a top health concern for OC adults and children.

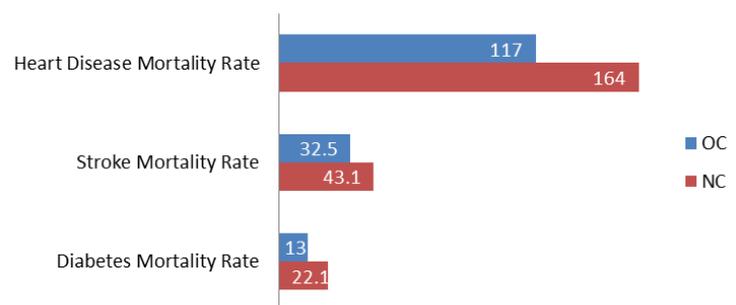
Prevention is the most effective way to address obesity and the related chronic diseases. Effective prevention means ensuring safe places for physical activity and access to healthy foods. With this in mind, the BOH has developed actions to advocate for and pursue policies, practices and partnerships aimed at increasing access to healthy foods and safe places for physical activity. One way of doing this is to explore the option to provide incentives to food retailers to be present in and/or offer healthier food and beverage choices in underserved areas (food deserts) with the help from the Orange County Food Council.

The following chart shows the percent of adults experiencing physical activity and healthy nutrition in OC, compared to NC.

Chronic Disease

Chronic diseases are the leading causes of death in OC and are heavily influenced by physical activity and nutrition. The chart below shows the leading causes of death that are highly impacted by individual behaviors such as physical activity and nutrition.

Chronic Disease Mortality Rates per 100,000



Naloxone/Narcan

To combat drug overdose, the OCHD became the first health department in NC to implement a Naloxone program with Public Health Nurses providing kits, free of charge, to those in need. Naloxone can be effective in reversing an opioid overdose, like prescription painkillers (oxycodone, methadone) and heroin. Our law enforcement and Emergency Responders are also equipped to carry Naloxone and Carrboro Police Department has already had 4 reversals.

In 2015, the BOCC congratulated the BOH, OC Emergency Services, Chapel Hill Police, Carrboro Police, OC Sheriff's Office and the OCHD for being the recipient of the 2015 Local Government Federal Credit Union Excellence in Innovation Award for the creation of the Naloxone Access program, which increases access to naloxone through the health department and first responders. This initiative demonstrates that there are no limits when agencies effectively work together.

To assist in the efforts to get naloxone out in the community, the OCHD, the MRC, and the Opioid Prevention Task Force are equipped and trained to distribute 300 naloxone kits within the community over the next 4 years and have distributed 34 so far this year.

Safe Syringe

OCHD is now recognized and operating as a safe syringe program. The Health Department has been exchanging needles for drug users and patients of diabetes since April 2016. The syringe packages include an immunity card accepted by local law enforcement, 20 syringes, condoms, and information on drug abuse and overdose prevention, HIV, AIDS, and HCV (Hepatitis C Virus) transmission prevention, and referral information for services offered at the OCHD. In 2016, the Health Department distributed a total of 22 kits.

Suicide

Suicide is a serious public health problem that affects many people. While the rate of suicide has decreased from 10.4 to 8.8 in Orange County, the concern among residents remains.

HCOC has prioritized suicide as an action item that will be addressed over the next four years. By September 2017, the coalition will implement a county-wide suicide prevention campaign to encourage residents to access 911, the Suicide Prevention Lifeline, and Cardinal Access line more as sources of intervention, treatment and referral.

Tobacco Prevention & Control

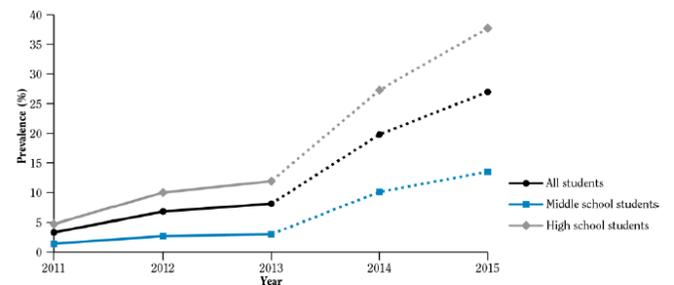
Tobacco use and secondhand smoke remain the leading causes of preventable illness and death in both OC and NC. Tobacco refers to a range of products, such as cigarettes, cigars, spit tobacco, hookah, and electronic cigarettes.

While cigarette use is decreasing among NC youth, overall tobacco use is increasing, driven in large part by use of e-cigarettes and hookah. Almost 4 out of 10 high school students in OC have tried an e-cigarette, and about 2 out of 10 high school students currently use them⁷.

To combat this rising issue, HCOC developed an action item which will determine youth consumption of e-cigarettes, advocate to encourage enforcement for the already implemented 100% tobacco free school policies and work to stabilize and/or limit the rise of tobacco use among youth as it relates to e-cigarettes.

The BOH is considering enacting a Rule to prohibit e-cigarette use within the bars and restaurants to protect the public from secondhand aerosol exposure released from e-cigarettes. The most recent Surgeon General's Report, released December 2016, confirms that the usage of e-cigarettes are a public health concern. E-cigarettes are now the most commonly used tobacco product among youth, surpassing cigarettes in 2014. Many e-cigarettes contain nicotine, which is highly addictive; therefore, the use of products containing nicotine (such as e-cigarettes) poses dangers to youth, pregnant women and fetuses⁸.

Below shows the trends in e-cigarette usage among youth, with the highest being among high school students.



Source: Centers for Disease Control and Prevention 2013, 2014; unpublished data (data: NYTS 2015).

Note: In 2014, modifications were made to the e-cigarette measure to enhance its accuracy, which may limit the comparability of this estimate to those collected in previous years. The dotted lines from 2013 to 2015 represent these differences.

*Includes those who responded "yes" to the following question: "Have you ever used an electronic cigarette or e-cigarette, even once or twice?"

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 (2016). Small Area Health Insurance Estimates (SAHIE). Percent Uninsured – 2014. Retrieved from https://www.census.gov/did/www/sahie/data/interactive/sahie.html?s_appName=sahie&s_statefips=37&s_stcou=37135&s_agecat=0
- ³ U.S. Census Bureau (2011-2015). American Community Survey 5-Year Estimates. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_B19083&prodType=table
- ⁴ United Way (2017). Self-Sufficiency Standard; Self Sufficiency Standard for North Carolina 2017. Retrieved from <http://www.unitedwaync.org/selfsufficiencystandard>
- ⁵ US Census Bureau (2011-2015). American Community Survey 5-Year Estimates. Gini Index of Income Inequality. Retrieved from https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_B19083&prodType=table
- ⁶ NC Health and Human Services (2016). Injury and Violence Prevention Branch. Poisoning Data. Retrieved from <http://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Poisoning.htm>.
- ⁷ Preliminary data from Chapel Hill Carrboro School District YRBS (2015).
- ⁸ Department of Health and Human Services (2016). E-Cigarette Use Among Youth and Young Adults A Report of the Surgeon General. Retrieved from https://e-cigarettes.surgeongeneral.gov/documents/2016_SGR_Full_Report_non-508.pdf



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