

2021

STATE OF THE
COUNTY
HEALTH
REPORT



ORANGE COUNTY
HEALTH DEPARTMENT

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www.orangecountync.gov/Health

PURPOSE

This 2021 State of the County Health Report (SOTCH) provides an update on local 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 [2019 Community Health Assessment \(CHA\)](#). Results from the 2019 CHA, to include secondary data, opinion surveys, and community input sessions resulted in the identification of the three priority areas that will be addressed through 2024. **Those priority areas are:**

- Access to Care
- Health Behaviors
- Health Equity

Leading Causes of Death in Orange County (2015-2019)

Chronic diseases and injuries are responsible for close to 50,000 deaths each year in North Carolina (NC). Cancer, heart disease, stroke, chronic lung disease and unintentional injuries make up the leading causes of death in NC. In Orange County, the top three leading causes of death are cancer, heart disease, and cerebrovascular disease, with trachea, bronchus, and lung cancers being the most commonly experienced cancers.

OC has a lower age-adjusted death rate (per 100,000 people) than NC averages in all ten categories. While OC does not exceed NC in any of the ten categories, OC has experienced a decline in rates among all ten causes of death, since the 2019 CHA, with the exception of slight increases among suicide, Nephritis, Nephrotic Syndrome and Nephrosis, and unintentional injuries.

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

Age Group	Rank	Cause of Death	Death Rate (2014 – 2018)	# of Deaths (2015-2019)	Death Rate (2015-2019)
Total: All Ages	1	Cancer (All Causes)	137.7	955	131.0
	2	Heart Disease	111.9	774	111.3
	3	Cerebrovascular Disease	28.8	190	28.3
	4	Unintentional Injuries	25.5	184	26.8
	5	Chronic Lower Respiratory Disease	27.1	172	24.6
	6	Alzheimer's Disease	23.5	140	22.0
	7	Diabetes	15.5	103	14.7
	8	Suicide	9.4	81	10.9
	9	Nephritis, Nephrotic Syndrome, and Nephrosis	10.3	73	10.6
	10	Septicemia	10.6	71	10.0

NEW AND EMERGING

Medicaid Transformation

As of July 1, 2021, most Medicaid beneficiaries began receiving health care services in a new way. With Medicaid Transformation, many recipients transitioned to health plans managed by insurance companies, called Standard Plans, as part of NC Medicaid Managed Care. These plans are managed by a network of providers (doctors, therapists, specialists, hospitals and health care facilities) to address all of a person's physical health, behavioral health and pharmacy needs. In addition to integrating physical and behavioral health, other program features of the state's program include establishing a payment structure that rewards better health outcomes, and investing in non-medical interventions that intend to reduce costs and improve the health of beneficiaries.

Some beneficiaries remain in traditional Medicaid, now referred to as [NC Medicaid Direct](#). NC Medicaid Direct includes care coordination from Community Care of North Carolina (CCNC), the primary care case management entity, and via Local Management Entity/Managed Care Organizations (LME/MCOs). North Carolinians with behavioral health, substance use, intellectual and developmental disability (I/DD) or traumatic brain injury (TBI) support needs receive added services through NC Medicaid Direct that are not available through NC Medicaid Managed Care. More information about behavioral health, I/DD or TBI support needs can be found at medicaid.ncdhhs.gov/providers/programs-services/mental-health/behavioral-health-services.

Federally recognized tribal members, or those who qualify for services through Indian Health Service (IHS) and live in Cherokee, Haywood, Graham, Jackson or Swain County, or in a neighboring county of the 5-county region, are able to choose to enroll in the Eastern Band of Cherokee Indians (EBCI) Tribal Option. As a member of the EBCI Tribal Option, beneficiaries are able to receive services from any Medicaid or NC Health Choice provider.²

Alliance Health

At the end of 2020, Orange County's Board of County Commissioners (BOCC) approved moving forward with disengaging from our current LME/MCO, Cardinal Innovations Healthcare, making the decision to begin work with [Alliance Health](#), a managed care organization that manages mental health, traumatic brain injury, substance use and intellectual/developmental disability services. Members of Alliance Health plans are insured by Medicaid or are uninsured.



The BOCC believed that the most effective system for Orange County citizens is to connect with other counties in the Research Triangle, particularly Durham and Wake counties, with the plan to begin services on January 1, 2022. Alliance Health shares Orange County's goals and priority of "ensuring a community network of basic human services and infrastructure that maintains, protects, and promotes the well-being of all county residents."³

Community Health Workers

The [American Public Health Association](#) defines Community Health Workers (CHW) as “a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy.”⁴

CHW's provide a number of services to our community, to include neighborhood-level outreach, community engagement, education, connection to area resources, and serve as cultural brokers, systems navigators and advocates. CHW's work to raise lived narratives and help build trust within the community while informing service delivery and policy improvements. In Orange County, CHW's have expanded our reach within the community, amplified the voices of the community, and kept us in check and on pulse with the needs of the community.

During and post COVID-19, CHW's have been serving as an essential support for COVID education, testing and vaccination, and are helping to educate the community on healthy lifestyle behaviors, mental health, parent education, and support to engage with schools, workforce trainings and worksite safety.

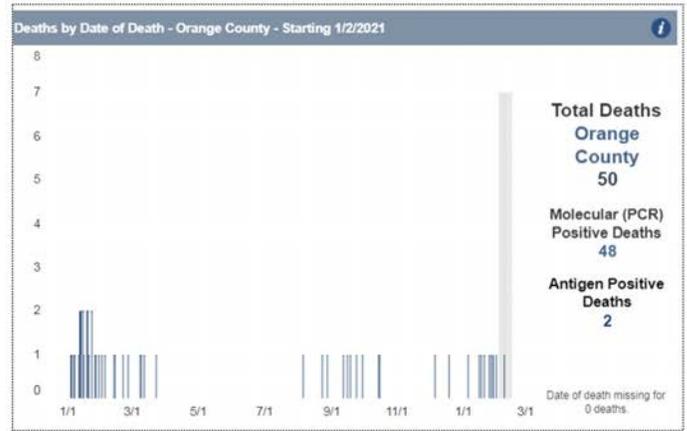
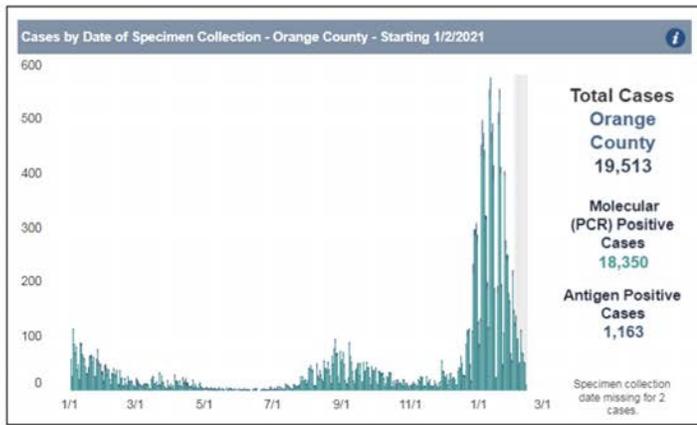
PRIORITY 1: ACCESS TO CARE

Education, employment, income, family and social support, access to affordable and quality healthcare, and safety, all provide the foundation for overall health and wellbeing. Social and economic factors have a huge impact on where and how one lives, the jobs that are obtained, the care that is provided, and one's overall day-to-day experiences.

COVID-19

It has been two years since the onset of COVID-19 and we are still feeling the effects of the pandemic. As of January 2021, OC experienced 20,659 positive cases, and 55 deaths to COVID. COVID-19 deaths include people who have had a positive molecular or antigen test for COVID-19, who died without fully recovering from COVID-19, and who had no alternative cause of death identified.⁵

As of February 2021, NC partnered with the federal government and implemented a state-wide vaccination center. This center was created to help NC get more shots in arms and assist in reaching more underserved communities. In OC, a group of interested and invested partners and community members aligned and created the Human Services Consulting Group (HSCG) to help reach more underserved and historically marginalized communities. The HSCG compiles and prioritizes lists of OC community sites and shares the information with the mobile vaccination team. The mobile team would then work with relevant community leaders, meet onsite to perform site visits, identify the number of doses available,



schedule appointments, share with the relevant community, and implement a vaccination event.

COVID-19 Vaccine

As of February, 2022, close to 80% of Orange County’s population has been fully vaccinated with the COVID-19 vaccine. 167,399 people have been vaccinated with at least one dose (117.11%) and 114,207 have been fully vaccinated (79.9%).⁶ To obtain a COVID-19 vaccine, see the table below for available locations.

Where to Find a COVID-19 Vaccine

Vaccination Site	Vaccination Location
Southern Human Services Center	2501 Homestead Rd. Chapel Hill
UNC Hospital Hillsborough Campus	430 Waterstone Dr. Hillsborough
Hillsborough Pharmacy & Nutrition	110 Boone Square St #29, Hillsborough
Carrboro Community Health Center	301 Lloyd St. Carrboro
Chapel Hill Community Health Center	107 Conner Dr. #100, Chapel Hill
Walmart	Wade Hampton Rd. Hillsborough
Walgreens #10432	1670 MLK Jr Blvd. Chapel Hill
Walgreens #16128	US-70, Hillsborough
Walgreens #11547	1500 E Franklin St. Chapel Hill
Harris Teeter Pharmacy	2110 S Estes Dr. Chapel Hill
Harris Teeter Pharmacy	1800 MLK Jr. Blvd. Chapel Hill
CVS Pharmacy #03898	1718 Fordham Blvd. Chapel Hill
CVS Pharmacy #10277	137 E Franklin St. Chapel Hill
CVS Pharmacy #03833	D-6, 200 N Greensboro St. Carrboro
CVS Pharmacy #17702	143 W Franklin St. #120, Chapel Hill
Bonnie B. Davis Center	1020 US Hwy 70 W., Hillsborough

Where to Obtain a COVID-19 Test

COVID-19 testing, which is hosted by the [Orange County Health Department](#), is done with no out-of-pocket costs. For those with no insurance, tests are available, free of charge. Current testing is conducted by two (2) different vendors; Mako Medical (tests all ages), located in the parking lot of the Department of Social Services in Hillsborough, and Optum (does not test individuals under the age of 1), located inside of the offices of Southern Human Services Building in Chapel Hill. Testing sites do not require a doctors note or referral and testing is performed for patients with or without symptoms.

COVID-19 Support

During COVID-19, thousands of low-and-moderate income families experienced unemployment, a lack of childcare options, and reoccurring economic difficulties. [The American Rescue Plan Act of 2021 \(ARPA\)](#) assisted families by expanding and increasing the child tax credits, and payments were dispursed in monthly increments, over six months, as opposed to once per year. As of July, 2021, approximately 39 million households with children, received advanced child tax credits. State and local governments will be allowed to use ARPA funds to assist families in applying for federal, state, and local public benefits.⁷

NCCARE360

[NCCARE360](#) is the first statewide coordinated care network that connects healthcare and human services partners together to provide a coordinated, community-oriented, person-centered approach for delivering care in North Carolina. NCCARE360 helps providers electronically connect those with identified needs to community resources and allow for feedback and follow up. This solution ensures accountability for services delivered, provides a “no wrong door” approach, closes the loop on every referral made, and reports outcomes of that connection. NCCARE360 is available in all 100 counties across NC, including Orange County. The Orange County Health Department is actively enrolled in NCCARE360, with access to our Healthy Homes, CC4C and Pregnancy Care Management programs.

Family Success Alliance



FAMILY SUCCESS ALLIANCE

As a public health program, the [Family Success Alliance](#) (FSA) strives to address health disparities among at-risk, vulnerable children and adults in Orange County. Initially beginning our work in two zones, FSA is in the process of connecting with other vulnerable communities of Orange County to support healthy outcomes and overall well-being. Family navigators serve as community health workers, helping individuals, families and communities enhance their health, access services, and improve their conditions for health. While FSA navigators work to make sure that all families have their most basic needs met, the core of the work is ensuring that all families have access to services that address medical (physical and mental) needs, dental needs and healthy development. The FSA family navigators connect families with resources within the health department and partnering agencies to make sure that families served have access to the following as needed:

- Medical and dental home
- Current Immunizations (when applicable)
- Specialist appointments scheduled as recommended by doctors (vision, hearing, speech)
- Mental health appointments (therapy/medication)
- Services that support the healthy development for children (CC4C, WIC, CDSA)
- Tobacco cessation
- Healthy homes assessment and support
- Nutrition programs
- Chronic Disease management
- Health education

In addition to our community-based partner, FSA works very closely with the following entities who serve at-risk families the most often:

- DSS (FNS/Medicaid/CPS)
- Medical Clinics/Hospitals
- Mental Agencies
- School Social Workers/Administrators

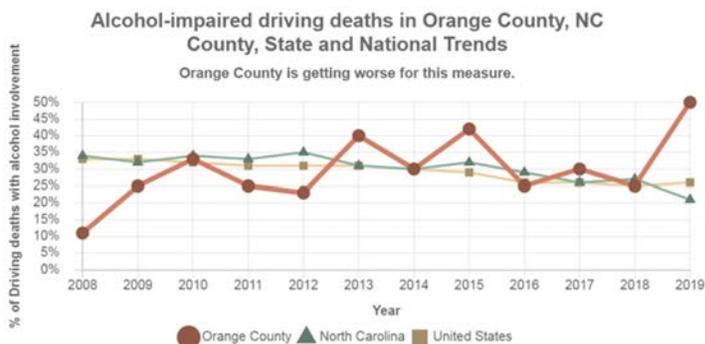
The FSA Navigator program currently services 64 families. Families are graduated to the FSA Connections program for continued support as needed, and there are currently 136 families enrolled in this program. FSA Connections is managed by a navigator who is available to connect individuals to resources to support overall health and well-being. This service is accessible to any Orange County resident in need of short-term support. In addition to one-on-one support, individuals enrolled in FSA Connections receive a monthly newsletter with information related to program updates specific to needs in the community.

PRIORITY 2: HEALTH BEHAVIORS

Foods consumed, lack of exercise, use of seatbelts, substance use (i.e. tobacco and alcohol) and sexual activity all affect one's overall health. Health behaviors are not always determined by a choice to be healthy or unhealthy, however, it is important to note that where one lives, learns, works and plays, as well as social and economic circumstances and trauma exposure often dictate the ability to make healthy choices.

Alcohol

Excessive drinking is defined, by the CDC, as binge drinking, heavy drinking, any drinking by pregnant women, or by people younger than age 21. Excessive alcohol consumption is associated with increased risky behavior, violence, suicide, homicide, and vehicular accidents, and continues to trend upward, which makes it a public health concern. In NC, excessive drinking is the 3rd leading cause of preventable death and in 2017 nearly 4,000 deaths were related to excessive alcohol use. North Carolinians ages 20 - 34 experience the greatest years of life lost due to excessive alcohol use.



According to County Health Rankings, when it comes to excessive drinking, 19% of Orange County's adult population reported excessive drinking, compared to 18% in NC. When it comes to Alcohol-impaired driving deaths, Orange County's alcohol related motor vehicle crash deaths is 36%, compared to 28% in NC.⁸

In December, 2021, [Healthy Carolinians of Orange County](#), along with the Orange County Health Department, [Chapel Hill Campus and Community Coalition](#), [Insight Human Services](#), Orange Partnership for Alcohol & Drug Free Youth and [UNC Bowles Center for Alcohol Studies](#) hosted a community conversation; "Preventing Underage & High-Risk Drinking."

The virtual event addressed what we know about alcohol, what we know locally about alcohol, what we know about alcohol and COVID-19, and what works to address the problem.

The community conversation revealed, and sparked conversations, around:

- Alcohol being the 3rd cause of death in the US (3.5%).
- Harms from alcohol use are not confined to drinkers but is the drug that has the most harms borne to others by being physiologically and socially disinhibiting.
- Whites have the highest rate of heavy drinking.
- Whites and Native Americans are at highest risk of alcohol use disorder.
- Approximately 5,500 UNC Chapel Hill undergrad students are binge drinking at least biweekly.
- Excessive drinking costs Orange County \$111.8 million, with 43% of those costs costing the drinker, 45.6% costing the government, and 11.3% costing others (i.e. victims, insurance, etc.).

Orange Partnership for Alcohol and Drug Free Youth

[Orange Partnership for Alcohol and Drug Free Youth's](#) expansion of the youth empowerment program, Alcohol and Drug Abuse Prevention Team (ADAPT), occurred within 2 middle schools, as well as at the high school level.



Youth were trained in substance use prevention, to include environmental strategies, data collection, environmental scans, alcohol, and vaping 101. Peer interviews were conducted to include merchant education and follow up, and a Project Alcohol Sticker Shock (PASS) campaign. PASS was conducted at Food Lion, during the holiday season, and included placing warning messages on approximately 2,000 alcohol products targeting adults. Qualitative data informed the coalition that the use of vapes and alcohol are the most frequently used substances among minors. The most valuable information ADAPT members shared, based on one-on-one peer interviews included; the need for supports for those who want to quit and the realization that most parents do not talk with their children about the harms related to substance use, with the least frequently discussed substance by parents being prescription misuse, and cannabis being the second. This information is informing the coalition as it discerns action plans for the future.

Orange Partnership increased active engagement of parents, specifically among the Spanish speaking communities, by holding “Train the Trainer” parent education workshops. Orange Partnership was able to partner with other programs who frequently service the Latinx population to ensure culturally and linguistically sensitive and appropriate programming was occurring. They worked closely with Family Success Alliance (FSA), a program of the Orange County Health Department, created to address poverty within vulnerable communities in Orange County and [El Futuro](#), a non-profit outpatient clinic that provides comprehensive mental health and substance use services for Latino families. These partnerships enabled Orange Partnership to expand parent education and outreach to an often difficult population to reach due to language barriers. The [Orange County Pre-Arrest Diversion \(OCPAD\)](#) program added a parent pilot program, Power of Parents, to provide education to individuals who have been cited with aiding and abetting underage drinking or other underage drug use. These two opportunities work to increase awareness and provide skill building for parents regarding youth substance use prevention.

Tobacco Prevention and Control

According to the 2021 County Health Rankings, the smoking rate for NC adults is 18%, and the percent of OC adults who smoke is 15%.⁹



FreshStart tobacco cessation classes continue to meet one (1) hour per week for four (4) weeks, and offers participants educational cessation information, group support, and 12 weeks of free Nicotine Replacement Therapy (NRT). All FreshStart classes continue to be offered virtually, which has been well received in the community, and provides community members with the ability to access the course from their home environment, which resulted in increased registration, participation, and group support. In 2021, 379 boxes of NRT products were given to individuals who participated in either a FreshStart Class or Tobacco Treatment Individual Services, which reflects a 46% increase in the number of NRT products given to the public.

Individualized Tobacco Treatment Services offers 12 weeks of counseling and NRT products to individuals interested in quitting smoking, vaping, or any other tobacco products. Individualized tobacco treatment services are offered through weekly telephonic meetings, which resulted in an increase in referrals from the Orange County Medical and Dental clinics and area healthcare providers, and more satisfied participants. Currently, this programmatic service is seeing over 27 patients at varying stages of cessation in their tobacco-free journey, ranging from 30 days to seven (7) months. Individual Tobacco Treatment counseling services increased from a caseload of 10 clients in 2020 to 27 clients in 2021.

[QuitlineNC](#) provides free cessation services to any NC resident who needs help quitting commercial tobacco use, which includes all tobacco products offered for sale, not tobacco used for sacred and traditional ceremonies by many American Indian tribes and communities. Quit Coaching is available in different forms, which can be used separately or together, to help any tobacco user give up tobacco.

Free tobacco cessation help is available 24/7, in several ways:

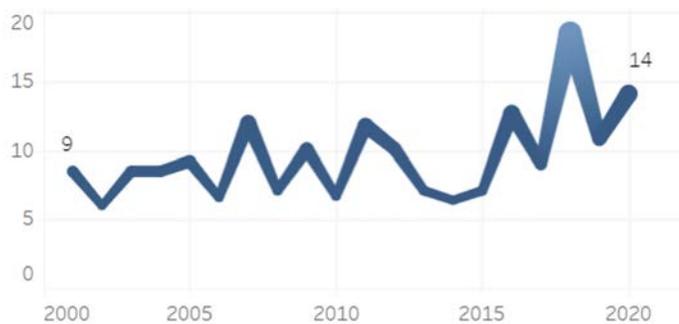
- 1-800-QUIT-NOW (1-800-784-8669)
- Español: 1-855-Déjelo-Ya (1-855-335-3569) o para más información haga clic aquí
- Interpretation services are available for many languages
- Text READY to 200-400 to register via text
- Register online (en español)
- TTY: 1-877-777-6543
- American Indian Quitline: Call 888-7AI-QUIT (888-724-7848)

Prescription and Opioid Drug

Decades of prescribing more opioids at higher doses have led to a rising number of opioid overdose deaths creating a public health crisis in NC to include Orange County. In 2020, NC's overdose death rate was 28 out of 100,000 people, which represents 2,975 deaths, while OC's rate was 14 out of 100,000 people and represents 21 deaths. When it comes to the overdose Emergency Department (ED) visit rate, in 2020, NC was 143 out of 100,000

people and represents 14,947 residents, while OC was 81 out of 100,000 people, which represents 120 residents. Limiting the number of opioids prescribed will help control the flow of opioids in our communities and is one of the strategies listed in NC's [Opioid and Substance Use Action Plan](#).¹⁰

Overdose Deaths Trend in Orange



In an effort to address opioid use and misuse in OC, a partnership that started at the end of 2019, has restarted and will be referred to as the Orange County Opioid Taskforce (OCOT). OCOT is made up of local professionals and policy makers who will assess community needs and implement solutions to combat the opioid epidemic. To assist in the opioid efforts NC's [Memorandum of Agreement](#) (MOU) will help direct how opioid settlement funds are distributed to NC

communities working the front lines, by allocating 15% to NC and 85% to all 100 of NC's counties and 17 municipalities. OC will receive \$6,801,896, over the next 18 years (from 2022 - 2038), and will engage in a collaborative strategic planning process to fund a variety of strategies to expand and grow existing local efforts.

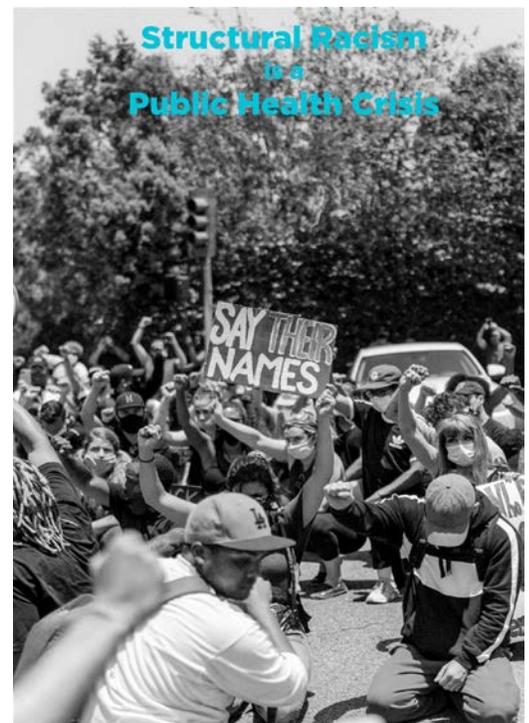
PRIORITY 3: HEALTH EQUITY

Structural Racism and Public Health

OCHD acknowledges that public health is a system that was and continues to be structurally and foundationally built on racist policies, practices, and procedures. Due to this history, OCHD must actively work to gain the public's trust and grow the department to become a more equitable system. OCHD also acknowledges that our county's marginalized populations face barriers across systems due to racial inequities in housing, banking, education, employment, etc. all of which contribute to poor health outcomes. This is why Health Director Quintana Stewart [declared structural racism a public health crisis](#).

Orange County Diversity, Equity, and Inclusion

The mission of OC's DEI is to support and collaborate with county departments, employees and the community to design and implement efforts to address equity and cultural competency. The vision of the DEI Advisory Council is to create a diverse, inclusive, accessible, and equitable environment within Orange County Government where everyone is treated with respect, fairness and dignity.



- **Diversity** refers to differences, the who we are; it is a descriptive term used to refer to a broad range of differences; it is often used to describe the different cultural groups represented in the community and/or workplace (e.g. women, men, non-binary people, white people, people of color, young, old, middle aged).
- **Equity**: The elimination of privilege, oppression, disparities and disadvantage by historically-included and excluded group membership. A state of being in which one's societal or cultural group memberships do not act as the most powerful predictor of how one fares in terms of successful outcomes and life chances.
- **Inclusion**: Represents the end result of recognizing, understanding, appreciating, and leveraging differences at the personal, interpersonal, institutional and cultural levels. It invites an on-going and organization-wide willingness to learn how to create and sustain an inclusive environment.

Health Equity Council

The Health Equity Council (HEC) recently convened post the COVID-19 pandemic, to resume equity work at the county level. HEC created a results statement and is working to create an environment where “all members of the Orange County community have meaningful access to resources and supports to define, maintain, and improve their physical, mental, and social health and wellbeing.” Members of HEC feel that if the above result is achieved, Orange County would be a community where:

- Student teacher ratio in classrooms and racial makeup of teachers are representative of student populations
- Health and education achievement gaps are equitable
- Severe declines would occur in jail and prison populations, especially for non-violent offenses
- Home ownership, income and wealth disparities are equitable
- Community voice is centered, valued and leading the work
- Past harms and current inequities are acknowledged and pathways to dismantle structural racism exist in the community
- Vaccination rates for marginalized groups match their share of the population

Health inequities in Orange County affect everyone and communities of color disproportionately. Achieving health equity will take the work of all sectors and industries – understanding the root causes of health inequities, how all aspects of a community affects health, and strategizing together to create systems with policies and practices that are equitable.

DATA SOURCES

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¹⁰North Carolina Opioid Settlements (2022). Information and resources on the use of opioid settlement funds in North Carolina. Retrieved from: <https://ncopioidsettlement.org/>