

State of the County Health Report

Orange County, North Carolina 2013



Purpose

This 2013 State of the County Health Report (SOTCH) provides an update on health concerns and actions being taken to address them. It uses the most recent data to highlight the leading Orange County (OC) causes of death and disease, and progress towards addressing the leading health concerns identified in the 2011 Community Health Assessment (CHA).

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

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

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



Leading Causes of Death in Orange County (2008-2012)

The top 3 leading causes of death in OC 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, over the past 3 years, except for breast and prostate cancer, and suicide.

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

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

| Rank | Cause of Death | OC Rate 2011 | NC Rate 2011 | OC Rate 2012 | NC Rate 2012 | OC Rate 2013 | NC Rate 2013 |
|------|-------------------------|--------------|--------------|--------------|--------------|--------------|--------------|
| 1 | Cancer (All Types) | 158.4 | 185.6 | 156.0 | 183.1 | 156.0 | 175.9 |
| 2 | Heart Disease | 141.8 | 191.7 | 141.5 | 184.9 | 132.3 | 174.4 |
| 3 | Cerebrovascular Disease | 37.2 | 50.5 | 36.4 | 47.8 | 37.6 | 45.1 |

Emerging Topics

Community Health



The Orange County Health Department (OCHD) was the recipient of \$61,113 from the Susan G. Komen Foundation's North Carolina Triangle to the Coast

affiliate. The funds provided free clinical breast exams and mammograms to 250 eligible women and men. The Health Department partnered with Piedmont Health Services and UNC Health Care to offer breast cancer screenings and mammograms. Additionally, OCHD received approximately \$6,400 from the North Carolina Breast and Cervical Cancer Control Program (BCCCP) in May to offer breast and cervical cancer screenings for 18 eligible women.

Also in March, OCHD was awarded \$10,000 on behalf of the National Vaccine Program Office and JBS International, Inc. for the support for evidence based Adult Immunization and Human Papilloma Virus (HPV) Health Projects initiative. The HPV Health Project involved creating a pilot Peer Health Education program at Cedar Ridge High School entitled "Teen Health Advocates". The primary objectives of this project were to improve knowledge of safe sexual behavior and increase HPV vaccination rates among teens. Teens were trained in safe sexual behaviors and will serve as a resource and advocate for other teens in need of reliable information and connection to services.



Access to Health Care, Insurance, and Information

Orange County Board of Health

The Orange County BOH passed a health literacy policy for OCHD in 2013, using national guidelines for health literate organizations. The policy includes a cross-discipline team of Health Department staff members that will implement the "Health Literacy Universal Precautions Toolkit." The toolkit and lessons learned will be disseminated as a model for OC organizations and other health departments across the state.

With transportation being expressed as a community concern/need from the 2011 CHA, the BOH is

advocating for a Board of Health slot on County transportation board. The Board will continue to use local data to show the link between transportation and health, with the goal of a BOH appointment in 2014.

Immigrant and Refugee Health

In 2013, OCHD grew its bilingual staff to 20, expanded its on-site interpreter pool to 19, (serving 8 languages), and enhanced language services orientation and resources for staff and interpreters. New services emerged in support of the local refugee population, including a Refugee Support Center in

Carrboro, a Refugee Community Partnership made up of UNC students and volunteers, and a Refugee Mental Health pilot study launched by UNC's School of Social Work. The OC Latino and Refugee Health Coalitions continue to collaborate around key issues affecting immigrant health, and produced multilingual resource guides, brochures and flyers.

Affordable Care Act

In August, a coalition of OC departments, school systems, and organizations met and developed a plan for enrolling residents in the Affordable Care Act Marketplace. OCHD worked with various organizations in the county to create a simple, understandable process for OC residents to learn about the marketplace, get frequently asked questions answered, and enroll in coverage. A group of OCHD staff and Public Health Reserve Corps volunteers were trained, became Certified Application Counselors and started taking

appointments to assist clients on November 4th. Other organizations providing application assistance include: OC Department of Social Services, Planned Parenthood, OC Department on Aging, and Piedmont Health Services. Currently, 12.0% of OC residents are uninsured, and the table below outlines the estimated rates for uninsured OC and NC individuals over a 3 year period.

Uninsured 3 Year Estimated Rates (2010-2012)²

| | <i>Under 18 yrs.</i> | <i>18-64 yrs.</i> | <i>19-25 yrs.</i> | <i>65 & older</i> |
|---------------|----------------------|-------------------|-------------------|-----------------------|
| Orange | 6.6% | 15.1% | 14.2% | 1.1% |
| NC | 7.6% | 23.4% | 31.7% | 0.6% |

Chronic Disease Prevention and Health Promotion

OCHD Nutrition Services

Nutrition Services Programs, Medical Nutrition Therapy (MNT) and Diabetes Self-Management Education (DSME) continue to expand to help residents prevent and manage chronic diseases. This year, health department staff conducted 68 medical provider presentations and outreach events to increase awareness of Nutrition Services programs and to promote healthy eating and physical activity behaviors. For more information on Nutrition Services, visit <http://www.orangecountync.gov/health/Nutrition.asp>.

Community Transformation Grant Project

OC and NC are in year 3 of the 5 year Community Transformation Grant (CTG) project focusing on tobacco-free living; active living and healthy eating; and evidence-based quality clinical and preventive services. This year, OC assisted in data collection and submission of the 2013 NC Fruit and Vegetable Outlet Inventory where 18 surveys were collected among farmers markets and roadside stands. CTG funding allowed OCHD to prepare and provide 6 farmer's markets with enhancement kits to provide on-site cooking demonstrations. The recently created Farmstand app helps share and discover the best of local farmer's markets with the goal to connect every community with locally grown food via smart phone or computer. For information and to locate local farmer's markets, visit www.farmstandapp.com

Family and Childhood Obesity

The OC BOH conducted an in-depth review of evidence-based interventions to reduce child and family obesity. Using the 2011 CHA findings, primary

data, and national and state recommendations, the BOH focused on interventions to: improve nutrition and physical activity in childcare centers, increase breastfeeding, and improve nutrition options in public venues.

A partnership between the Triangle Sportsplex and the BOH was developed to serve as a model for improving food options at public venues. A registered dietician evaluated all foods available at the Sportsplex snack bar and provided recommendations for improving nutritional options. Sportsplex management improved camp lunches for children, replaced a number of low nutritional value items, and increased fresh fruit and low-fat dairy options.

Eat Smart Move More Orange County Consistent Messaging Campaign

Between the 6 months of October 2012 – March 2013, 20 partner organizations in OC participated in the Eat Smart Move More (ESMM) consistent messaging campaign using various strategies to promote a different key ESMM health message. Messages were delivered through monthly newspaper articles, local radio spots, announcements at meetings, email signatures, websites and bulletin board displays. The success of this campaign will pave the way for future consistent messaging campaigns.

Healthy Classroom Challenge/Healthy Kids Day

In Spring 2013, 8 schools and pre-schools participated in the Healthy Classroom Challenge (HCC). The six-week challenge engaged children and

teachers in lessons and activities promoting healthy eating and increased physical activity. OCHD's Child Care Health Consultant visited 6 of the pre-k and pre-school classrooms to deliver fun lessons engaging children in physical activities and encouraging children to eat plenty of colorful fruits and vegetables. The lessons were based upon the ESMM consistent messaging campaign and reached 127 children. The HCC concluded in the annual Healthy Kids Day community event held at the end of April. Approximately 30 of the HCC preschool children performed a healthy message song or skit that they prepared for the occasion. The tremendously successful Healthy Kids Day event provided over a dozen interactive exhibits suitable for every age group to approximately 400 attendees.

Preparing Lifelong Active Youth (PLAY)

In September, PLAY kicked off its 4th year, with over 3,000 student participants from Orange County Schools (OCS) Middle School After School program.

UNC Sports Club athletes visit each middle school twice a month to provide opportunities for students to experience a variety of physical activities that will contribute to an active lifestyle. UNC Sports Club has offered over 25 different sports and activities, with the participation of nearly 600 college students, over the past 3 years.

Fairview Community Garden

For the 2012-2013 year, OCHD, in collaboration with Cooperative Extension received ESMM Community funds (\$42,000) to further develop and market the Fairview Community Garden, located in Northern OC. The grant funded a part-time garden manager, materials and supplies to enhance the infrastructure, community-building events and education, and a social marketing/communications campaign based on previously collected data. Two Master Gardener's served as project managers and established a garden team to train, mentor and sustain project successes.

Mental Health and Substance Abuse

Prescription Drug Misuse/Abuse



Prescription drug misuse/abuse/overdose has been a contributing factor to the increased unintentional death rate in OC. The Mental Health & Substance Abuse (MH&SA) subcommittee of HCOC was instrumental in the implementation

of 3 drug drop boxes located in the lobbies of the 3 police departments. These boxes allow for consumers to easily and safely dispose of expired or unwanted prescription drugs. Since the installation of the drug drop boxes in early spring and summer, there has been a total of 511.5 pounds of unused/unwanted prescription and over-the-counter medications collected among the 3 locations. The MH&SA committee developed and printed drug drop box cards that will continue to be distributed throughout the county to various agencies and outlets.



HCOC was awarded \$7,500, through Project Lazarus, to continue current efforts targeted towards prescription drug misuse/abuse/overdose; with morbidity reduction being the ultimate goal. This funding opportunity will allow HCOC to further implement and explore more "Spokes" of the Project Lazarus Wheel Model to prevent drug overdoses. HCOC agrees with and supports

Project Lazarus's message that prescription drugs must be "taken correctly, stored securely, disposed of properly and never shared."

Naloxone/Narcan

According to the NC Department of Public Health, 1,140 NC residents died as a result of overdose and approximately 80% of those deaths were related to prescription drugs, in 2011. Since 1999, the number of NC overdose deaths has increased by more than 300%³. Starting in December 2013, OCHD will be the first NC health department to issue a standing order for an opioid screening and naloxone distribution program. Naloxone, also known as Narcan, quickly and effectively reverses overdose caused by opioid medications such as the prescription painkillers Oxycontin and Hydrocodone. If given in time, Naloxone can prevent death from opioid overdose.

Controlled Substances Reporting System

As of March 2012, OC recognized approximately 1,900 licensed practitioners, however, only 422 (22.2%) are registered with the Controlled Substances Reporting System (CSRS), which is a percentage slightly lower than NC (27.4%). In November 2013, collaboration between HCOC, The Governor's Institute, Pfizer, Project Lazarus and Community Care of North Carolina, brought Chronic Pain Initiative training to OC to educate medical providers on safe and proper chronic pain treatment and the CSRS. Topics included; the nature of pain/role of opioids, risk stratification and initiating treatment, monitoring, intervening and when to

stop, and monitoring and adapting the treatment plan. There were 29 participants present, 9 of which were prescribers, and 2 unregistered prescribers took advantage and registered for the CSRS during the training.

Smoke-Free Public Places Rule



The BOH Smoke-Free Public Places Rule (SFPP) continues to be the focus for OC when it comes to tobacco-free living. As of January 1, 2013, public places such as government grounds and vehicles, parks, recreational facilities, entertainment venues, and sidewalks became 100% smoke free.

Smoking Response Teams were developed and made up of individuals representing OC departments and community volunteers. These teams were responsible for creating awareness, compliance and education around the Rule. CTG funds supported enhancement and signage for the SFPP Rule which allowed for 3 billboard advertisements, 98 smoking cessation interior

posters and 8 king panels in the Chapel Hill Transit buses; a seasonal DPAC playbill; and 256 time Warner cable commercials.



Communication around SFPP created approximately 9,711,652 advertising impressions, with close to 400 “No Smoking” signs strategically placed throughout the county.

Smoking cessation in OC is available in 3 ways: Quitline NC, Freshstart classes offered at OCHD, and the UNC Nicotine Dependence Program. These 3 resource avenues combined have provided 99 participants with various Nicotine Replacement Therapy (NRT) options in forms of patches (112 boxes), lozenges (74 boxes), and gum (97 boxes). The OC Board of County Commissioners provided funding to support free NRT, and counseling services for County employees. For more information on the SFPP Rule visit <http://orangecountync.gov/health/smoke-freepublicplaces.asp>.

Data Dashboards

OCHD is working with data partners and the BOH to create easy to read county health dashboards for each of the priority areas. These community health dashboards display multiple indicators and targets for an “at a glance” view of the issues.

- KEY**
- Met Target (2020 NC/OC)
 - ▲ Better than / similar to peers
 - ▼ Worse than peers
 - ↕ Positive trend
 - ↔ Negative trend
 - ↕ Neutral trend

| Substance Abuse | OC Scores | | | Trend | | Compare to | | |
|---------------------------------------|-------------|---------------|----------|----------|----------|------------|-----|-----|
| | Current | Target | Progress | Previous | Progress | Peer Avg | NC | US |
| HS Alcohol users | 32% | 26% | ▲ | 35% | ↕ | 35% | 34% | 38% |
| Alcohol related crashes | 6% | 5% | ▲ | 5% | ↕ | 5% | 5% | 9% |
| Illicit drug use self-report | 9% | 7% | ▲ | 7% | ↕ | 8% | 9% | 9% |
| % Providers registered in CSRS | 22% | (NEW MEASURE) | | NA | NA | 53% | 27% | NA |
| Controlled substance Rx rate #/person | 1.4 | NA | | 1.4 | NA | 1.3 | NA | NA |
| ER OD Visit rate (re: good sam law) | IN PROGRESS | | | | | | | |
| Non-fatal overdose rate | IN PROGRESS | | | | | | | |
| Overdose mortality rate | IN PROGRESS | | | | | | | |

| Tobacco Use | OC Scores | | | Trend | | Compare to | | |
|------------------------|-----------|--------|----------|----------|----------|------------|-----|-----|
| | Current | Target | Progress | Previous | Progress | Peer Avg | NC | US |
| Adult smokers | 16% | 13% | ▲ | 13% | ↕ | 17% | 22% | 21% |
| HS Tobacco users | 9% | 15% | ● | 11% | ↕ | 17% | 23% | 23% |
| 2nd smoke in workplace | 6% | 0% | ▼ | 8% | ↕ | 3% | 8% | NA |
| Pregnant smokers | 6% | 7% | ● | NA | NA | 7% | 11% | 13% |

NOTE: Orange County Smoke Free Public Places data detail on reverse

| Mental Health | OC Scores | | | Trend | | Compare to | | |
|--------------------------------------|-------------|--------|----------|-------------|-------------|------------|-------|------|
| | Current | Target | Progress | Previous | Progress | Peer Avg | NC | US |
| Suicides (/100,000) | 15.1 | 8.3 | ▼ | IN PROGRESS | | 11.55 | 12.1 | 12.4 |
| Poor mental health days (/30) | 2.5 | 2.8 | ▲ | IN PROGRESS | | 3.3 | 3.7 | |
| Mental health visits to ER (/10,000) | IN PROGRESS | | | 82.8 | IN PROGRESS | | 106.5 | |

| Treatment System | OC Scores | | | Trend | | Compare to | | |
|--|---|--------|----------|----------|----------|------------|----|----|
| | Current | Target | Progress | Previous | Progress | Peer Avg | NC | US |
| Naloxone kits distribution | These Treatment System indicators are current works in progress. We aim to operationalize both capacity (# sites, etc.) and utilization / need. | | | | | | | |
| Naloxone kit usage / refills | | | | | | | | |
| Waitlist / demand of SA treatment centers... | | | | | | | | |

Data Sources

¹ NC State Center for Health Statistics. 2008 – 2012 NC Resident Race/Ethnicity and Sex Specific Age-Adjusted Death Rates. Retrieved from <http://www.schs.state.nc.us/SCHS/data/databook/>.

² US Census Bureau. (2013). 2010 – 2012 American Community Survey 3-Year Estimates. Retrieved from <https://www.census.gov/acs/www/>.

³ NC Department of Public Health (2013). Preventing Deaths from Unintentional Poisonings (Drug Overdose). Retrieved from <http://injuryfreenc.ncdhhs.gov/About/Poisoning.htm>.



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