

## Purpose

This 2018 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 (HCOOC), the Orange County Health Department (OCHD) and the Orange County Board of Health (BOH) are addressing these issues at both the community and policy levels and you will learn about each priority, and the work being done to address them, throughout the document.

**The complete 2015 Orange County Community Health Assessment can be viewed at <http://www.orangecountync.gov/DocumentCenter/View/962/2015-Community-Health-Assessment---Full-Report-PDF>**

## Leading Causes of Death in Orange County (2013-2017)

The top 10 leading causes of death in OC are represented below, with the top 3 remaining at 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. While OC does not exceed NC in any category, OC has experienced a decline in rates among all ten causes of death.

Cancer remains the top cause of death in the County. Trachea, bronchus, and lung cancers are the most common cancers experienced in OC, followed by prostate cancer with a rate of 19.5 per 100,000 persons, and breast cancer, with a rate of 16.2 per 100,000 persons.

### Age-adjusted Death Rates (per 100,000 population)<sup>1</sup>

Age Group	Rank	Cause of Death	# of Deaths (2013-2017)	Death Rate (2013-2017)
Total: All Ages	1	Cancer	990	144.9
	2	Heart Disease	726	112.7
	3	Cerebrovascular Disease	172	27.4
	4	Chronic Lower Respiratory Diseases	174	26.8
	5	Unintentional Injuries	160	24.8
	6	Alzheimer's Disease	145	24.5
	7	Diabetes	89	14.0
	8	Nephritis, Nephrotic Syndrome, and Nephrosis	68	10.7
	9	Septicemia	71	10.5
	10	Pneumonia and Influenza	61	10.0

## New and Emerging Initiatives

### Health and Racial Equity

Based on the most recent data (2016), the leading causes of death for people of color in NC are: cardiovascular disease, cancer and diabetes. Communities of color, in NC, were 9.4 times more likely to die from HIV, 2.4 times more likely to die from diabetes, and 1.2 times more likely to die from cancer (Agreement Addendum, 2018-2019)<sup>2</sup>. Below are the top five leading causes of death, based on race/ethnicity, in OC.

Here in OC, African Americans have 1.5 times higher death rates owing to cancer; 1.5 times higher death rates owing to heart disease; and 3.3 times higher death rates owing to diabetes, compared to white residents.

## Race/Ethnicity Age-adjusted Death Rates (per 100,000 population)<sup>3</sup>

Cause of Death	White, non-Hispanic Rate	African American, non-Hispanic Rate
Cancer	139.6	<b>216.7</b>
Heart Disease	110.6	<b>168.0</b>
Cerebrovascular Disease	25.0	<b>48.5</b>
Chronic Lower Respiratory Diseases	<b>28.2</b>	27.6
Unintentional Injuries	26.7	<b>31.5</b>

Health Departments across the country are working to incorporate health equity into their everyday practices by building and expanding on internal infrastructures, working across government agencies, building community partnerships, and working to champion transformative change.

In November 2017, a group of OCHD staff gathered together and created a Racial Equity Commission (REC) to work and apply a diverse, inclusive, and racially equitable lens to internal organizational processes in order to dismantle structural racism. REC has since developed a charter that guides the work and outlines the vision, mission, and goals of REC.

Since inception:

- REC published 12 newsletter articles informing staff of equity, diversity and inclusion information and events.
- REC, along with Orange County Government's Human Resources, Family Success Alliance and community partners, attended the PolicyLink's Equity Summit 2018 in Chicago.
- REC contracted with local consultants to assess the inequity within the OCHD. The process concluded in an assessment that will inform REC's strategic planning process that will begin in 2019.
- REC updated the department's Inclusionary Practice's Policy.
- REC supports various learning communities within the department including affinity caucusing and the race equity book club.

### Funding Opportunity

The North Carolina Office of Minority Health and Health Disparities (NC OMHHD) Culturally and Linguistically Appropriate Services Training Program provided the OCHD with \$38,000, over the next two years, to increase cultural and linguistic competence through the adoption of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in health and health care. The National CLAS Standards are intended to advance health equity, improve quality, and help eliminate health care disparities by establishing a blueprint for health and health care organizations.

One deliverable of receiving the funding is to convene and maintain a Health Equity Council (HEC), that will not only represent health department staff, but include representatives from local community agencies, such as Cooperative Extension, Piedmont Health Services, UNC Chapel Hill, Refugee Community Partnership, Compass Center, Cardinal Innovations Healthcare, El Centro Hispano, Kidscope, Empowerment, Orange County Human Rights & Relations, Church World Service, Town of Carrboro and UNC CELAH for Latino Health. This group will be responsible for advising and assisting OCHD staff to provide high quality services to participants, review materials and signage, actively promote CLAS and add health equity in the community.

# Priority #1: Social Determinants of Health

## Transportation



To continue with efforts around transportation and promotion of public transportation, Orange County Public Transportation (OCPT), hosted three public meetings, the week of September 17, 2018, to discuss proposed transit changes and gather community input on what

OCPT should set as priorities. The public meetings were held at Cedar Grove Community Center, Efland-Cheeks Community Center and the Orange County Public Library. From that, OCPT reached 30 community residents and heard the concerns that there is a need for longer service hours and a reverse circulator route. For 2019, OCPT has plans to host a Try Transit Month with activities occurring each week throughout that month.

OCPT held OC's second Transit Academy on October 5, 2018, and reached fifteen service providers. The Academy included education on transit services offered by OCPT, Chapel Hill Transit and Go Triangle, with the focus on educating service providers on ways to assist and connect clients to low cost/no cost local transportation to help them get to-and-from appointments. There was time allotted for participants to ask questions of the transportation experts and ended with a free ride on the Hillsborough Circulator, to provide hands on experience on how to use transportation passes, how to navigate transit and what to do when unforeseen things occur (i.e. buses running late, etc.).

## Access



HCOG, in partnership with Cardinal Innovations Healthcare and United Way hosted a 211-A-THON to bring awareness to available online local health care resources. This two-session event hosted fifteen OC provider agencies who had the opportunity to learn about NC 2-1-1, how to enroll in NC 2-1-1,

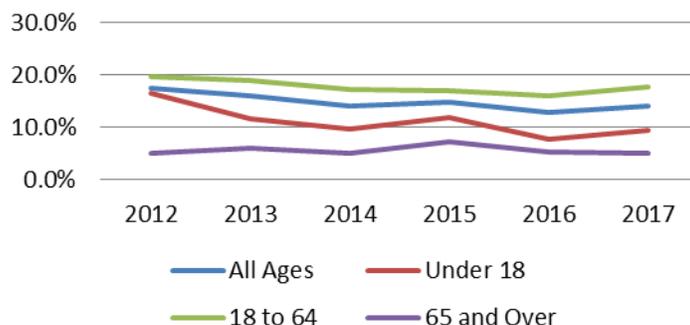
navigate and update their agency information in the portal, and tips on marketing to the community and their audiences.

[NC 2-1-1](#) is an information and referral service provided by United Way of North Carolina. This portal is accessible via an easy-to-remember, three-digit number (211) that is accessible to individuals and families to obtain free and confidential information on health and human services and resources in their community. NC 2-1-1 is available to all 100 counties in NC, 24 hours a day, seven days a week, 365 days a year and is available both online and by phone.

## Poverty

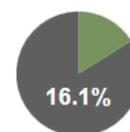
OC is rich in resources with a county-wide median income of \$69,940. Despite the median income, OC has one of the highest measures of income inequality in NC. Of our overall population, 14% live in poverty, 6.5% of all families with children and 9.5% of children (under 18) live below the poverty level<sup>4</sup>.

### % of OC People Living in Poverty



With poverty comes food insecurity. Approximately 13.2% of our overall population (18,460) live in food insecure households. Additionally, 16% of children in OC are food insecure (4,600)<sup>5</sup>.

FOOD INSECURITY RATE IN ORANGE COUNTY (OVERALL)      FOOD INSECURITY RATE IN ORANGE COUNTY (CHILD)



[The Family Success Alliance \(FSA\)](#) is an initiative to break the cycle of poverty so that all children and families in OC thrive in school, jobs, and life. Through collaboration on shared goals, FSA connects families in poverty to resources and works

to uncover their power in driving equity and systems change. We are a diverse group of families, community leaders, partners, and government organizations who come together to improve children's chances for both educational and economic opportunities.

### **2018 Highlights**

- **84** students participated in Ready for K summer camp.
- **366** students participated in zone school-based and community summer enrichment camps, an increase from the 235 student participation in 2016-2017.
- 9 FSA navigators currently partner with **132** families with over **557** family members.
- 83% of families enrolled with a navigator feel that the work they do together builds on their strengths.
- 75% of families say that their navigator helps them understand their child's development

better and that they know how to find resources to support their child's education.

### **2018 Accomplishments**

- FSA convened its first Parent Council in 2018. This is a group of parents who will help guide the work of FSA. Pictured below are the council members with their navigators.
- In October 2018, FSA launched its new [Strategic Plan](#).



## **Priority #2: Physical Activity & Nutrition**

### **Physical Activity**

Orange County Schools' School Health Advisory Committee (SHAC) is working to reduce obesity among youth and increase the percentage of youth who are neither overweight nor obese. While this will take a collective effort, SHAC plans to: 1) incorporate exercise and healthy eating into daily/weekly activities; 2) recommend health/nutrition education programs to serve parents, staff and the larger community; 3) educate and empower families, students and staff about playground safety and age appropriate equipment; and 4) increase the percentage of school age youth getting the recommended amount of physical activity.

In 2018, the BOH awarded Orange County Schools (OCS) \$1,000 to implement CATCH within the Afterschool Program. CATCH (Coordinated Approach to Child Health) encourages physical activity and nutrition among adolescents in grades K-5. CATCH is the most cost-effective means to preventing childhood obesity in an environment that's fun and easy to sustain.

OCS staff, local volunteers and members of HCOC volunteer an hour, once a month, to Central Elementary, New Hope Elementary and Efland Cheeks Elementary to implement the CATCH curriculum among K-5th graders throughout the 2018-2019 school year.

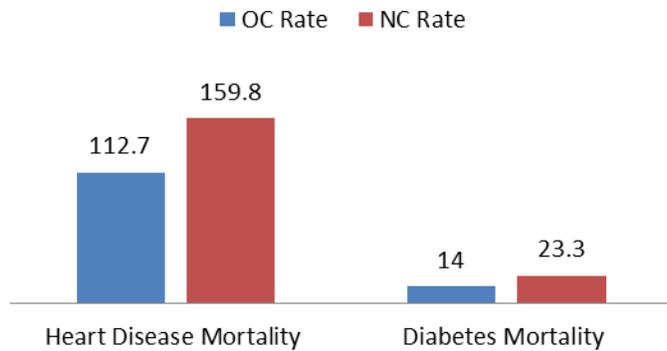
### **Nutrition**

To help ensure that every student, within OCS, receives meals during each school day, the Child Nutrition Program (CNS) provides approximately 1,700 breakfasts and 3,115 lunches daily. OCS employs a trained chef who has implemented "Tryday Fridays" where new foods are introduced to students on a weekly basis. Students are provided with grab-and-go kiosks where they have access to on-the-go breakfast options that can be easily obtained prior to going to class, versus having to sit in the cafeteria.

The CNS program also includes the Universal Free Breakfast Program, for pre-kindergarten through 5th grade, and Summer Food Service Program, which operates June through August. CNS will continue to offer additional healthy lunch options for middle and high schools and continue to work with local government and agencies to procure local growers' produce.

### **Chronic Disease**

A number of residents in OC struggle with long term chronic diseases like heart disease, diabetes and cerebrovascular disease. Below represents the age-adjusted death rates, for both OC and NC, for heart disease and diabetes from 2013-2017<sup>6</sup>.



OCHD’s Medical Nutrition Therapy provided 782 encounters in 2018 and Diabetes Self Management Services (DSME) enrolled 364 (44 new) clients. Of those enrolled, 82% completed 9 out of 10-hours and 59% completed all 10-hours of education. Of those who have completed all education components, 73% have shown improved A1C levels and 98% of clients reported doing self-foot exams.

### Orange County Food Council (OCFC)

While the OCFC has been functioning and working together since 2016, in 2018 the council decided to pursue a more permanent Coordinator. The council requested a full-time position, housed by Orange County Government, and funded jointly by Orange County (40%), Town of Chapel Hill (40%), Town of Carrboro (14%) and Town of Hillsborough (6%). The proposal was presented and approved by all three of the Towns and passed by the Board of County Commissioners in February 2019.

The OCFC consists of representatives from local government, educational institutions, food related agencies, individual citizen-consumers, food producers, providers and entrepreneurs. The OCFC’s mission is to grow a community-driven food system that ensures access to nutritious foods for all, promotes sustainable agriculture, increases economic development, and advances social justice. In order to achieve its mission, the OCFC is currently operating four workgroups that consist of food access, local food economy, waste rescue and racial equity.

## Priority #3: Mental Health and Substance Abuse

### Suicide

Suicide is a serious public health problem that affects many people. From 2013-2017, OC has experienced 66 suicide related deaths, and of those, 62 were white residents<sup>7</sup>.



September is suicide prevention month and HCOC’s Mental Health & Substance Abuse committee hosted its second annual “Be the Light” suicide prevention walk. Community members gathered and attended the walk where they learned about mental health, suicide

prevention and safety from nine agencies and the keynote speaker, Phillip Roundtree. Aside from attendance of a little over 100 community partners, local support and representation was provided by Hillsborough Police Department, Hillsborough Mayor, Board of Health, Board of County Commissioners, Orange County Health Director and Cardinal Innovations.

### Tobacco Prevention & Control

Tobacco use and secondhand smoke exposure contribute to cancer, heart disease and cardiovascular disease, the leading causes of

preventable illness and death in both OC and NC. In 2018, OC launched the individualized Tobacco Treatment Program, which expanded services for smoking cessation. The program provides community members with group support meetings and individual behavioral counseling to help reduce relapses with Nicotine Replacement Therapy (nicotine patches, gum, and lozenges) for a minimum of 12 weeks.

Since inception,

- Two county employees worked with our individual behavioral counseling program and have been able to **stay quit for more than a year**.
- In October, Tobacco Cessation and Counseling was provided to **thirty clients**, who attended Project Connect; with 12 participants receiving four weeks of free nicotine replacement gum, patches, and lozenges. All were referred to become participants of the group and individual support to quit.
- New bilingual Tobacco Free Signs replaced the outdated and weathered signs, to support local public school’s 100% Tobacco Free Policy. The new signs give a visual cue that e-cigarettes cannot be used on school grounds which has been a major issue for schools, not only in OC, but nationwide.



## Alcohol

High risk drinking is defined as alcohol consumption that results in ill effects on a person's health and safety, and often results in a wide variety of community-related harms, according to the Campus and Community Coalition (CCC). The CCC is a collaborative effort with representation and funding from the Town of Chapel Hill, UNC-Chapel Hill, OCHD and the OC ABC Board, whose goal is to reduce the negative impacts of high risk drinking in downtown Chapel Hill, UNC-Chapel Hill, Chapel Hill Carrboro City Schools and the near-campus neighborhoods.

When we look at both high risk and underage drinking,

- **49%** of high school students, who drink, reported that they consumed alcohol in their home, or a friend's home, while parents were supervising. This percent was a statistically significant increase from 46% in 2015-2016 and 28.8% in 2013-2014.
- **56.8%** of high school students who drink, reported that they consumed alcohol in their home, or friend's home while parents are present but not supervising; and **67.5%** reported consuming alcohol in their home, or friend's home, when parents are away.
- **69%** of UNC students believe the campus social environment promotes alcohol use.
- **35.8%** of UNC students reported binge drinking in the last two weeks.
- **31.2%** of UNC students who drink, reported blacking out in the past year.

CCC, Town of Chapel Hill, OCHD and Chapel Hill Carrboro City Schools partnered and pulled together research on alcohol's impacts on the underage brain to bring resources to families in our community so they can start a conversation about adolescent substance use. They cover why families should be talking with their children about alcohol, how they can start the conversation, and

how mental health and social media influence underage alcohol use<sup>8</sup>.

Orange Partnership for Alcohol and Drug Free Youth (OPADFY) continues to grow and develop; however, underage drinking remains a top priority.

### 2018 Highlights:

- The Alcohol and Drug Abuse Prevention Team (ADAPT), the youth component, presented to approximately 400 rising 9th grader students in the Orange County School system on the effects of alcohol on the developing brain and body, dispelled common alcohol myths, and advised on what alcohol use and social norms are actually like in high school.
- ADAPT members continue to participate in Merchant Education events, including sticker shocks, environmental scans, and Alcohol Purchase Survey (APS) Pass Letter distribution.
- Based on information from four rounds of APS, the local ALERT (Alcohol Law Enforcement Response Team) team conducted six compliance operations, resulting in **95.7%** store compliance checks (compared to 75% in 2015; 85.4% in 2016 and 89.7% in 2017).
- Orange Partnership coordinated with the local ALE agent and Orange County ABC Board to provide quarterly training on ABC rules/regulations, inspections and compliance operations.
- Partnered with Department of Social Services and OCS to host and provide space for the *Hidden in Plain Sight* exhibit. This interactive teen bedroom set up includes alcohol/drug references, paraphernalia, and hiding spaces. Over 700 parents participated in the exhibit and were educated on how they can help reduce the risks of underage alcohol and drug use among youth.
- OPADFY has contributed to approximately five policy/procedure changes in local stores, restaurants and community events, to include: best practices in checking identification, requirements to scan all IDs regardless of age, management to approve alcohol sales if clerk is under 21, changes to employee training procedures, and one establishment now conducts its own "mystery shopper" program.
- OPADFY designed and provided alcohol warning signs to approximately 22 stores (3 new locations) referencing "We ID", "no ID/no sale" and "consequences to purchasing alcohol for minors".



## Get Involved

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Looking forward to next year? If so, join us in the 2019 Community Health Assessment (CHA) process. This year long county-wide process uses a household survey and focus groups to create a report about the health of Orange County and Orange County's capacity to improve the lives of its residents. The CHA is a collection, assembly, analysis, and dissemination of information about the health of our county, and we need help from our community to make it work! If you're interested in assisting in this important process, visit Healthy Carolinians of Orange County's website below to sign up as a volunteer! The results from the 2019 will produce the next set of priorities for Orange County.

<https://www.orangecountync.gov/346/Healthy-Carolinians>

## Data Sources

- <sup>1</sup> NC State Center for Health Statistics (2018). 2019 County Health Book. 2013 – 2017 Race-Sex-Specific Age-Adjusted Death Rates by County. Retrieved from <http://www.schs.state.nc.us/data/databook/>.
- <sup>2</sup> Agreement Addendum (2018-2019). 474 CLAS Standards Advancing Health Equity.
- <sup>3</sup> NC State Center for Health Statistics (2018). 2019 County Health Book. 2013-2017 NC Resident Race/Ethnicity- Specific and Sex-Specific Age-Adjusted Death Rates. Retrieved from <https://schs.dph.ncdhhs.gov/data/databook/>
- <sup>4</sup> U.S. Census Bureau (2017). 2017 American Community Survey 1-Year Estimates. Retrieved from [https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS\\_17\\_1YR\\_DP03&prodType=table](https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_17_1YR_DP03&prodType=table)
- <sup>5</sup> Map the Meal Gap 2017 (2015). Child Food Insecurity in North Carolina by County. Retrieved from <http://map.feedingamerica.org/county/2016/child/north-carolina/county/orange>
- <sup>6</sup> NC State Center for Health Statistics (2017). Mortality Statistics Summary for 2017. Retrieved from <https://schs.dph.ncdhhs.gov/data/vital/lcd/2017/heartdisease.html> and <https://schs.dph.ncdhhs.gov/data/vital/lcd/2017/diabetes.html>
- <sup>7</sup> NC State Center for Health Statistics (2018). 2019 County Health Book. 2013 – 2017 Race-Sex-Specific Age-Adjusted Death Rates by County. Retrieved from <http://www.schs.state.nc.us/data/databook/>.
- <sup>8</sup> Chapel Hill Campus & Community Coalition. Retrieved from <http://www.downtownchapelhill.com/coalition>.



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