

State of the County Health Report



Orange County, North Carolina



Purpose of the State of the County Health Report

The Orange County Health Department and Healthy Carolinians of Orange County are pleased to issue this report on the State of Orange County's Health for 2008. This report provides the most current data highlighting county demographics, the leading causes of death and disability in Orange County, and our progress toward addressing the leading health concerns identified in the 2007 Community Health Assessment: 1) access to health care, 2) health promotion, 3) adolescent health, 4) mental health & substance abuse and 5) transportation.

Orange County is a Healthy Place to Live

A review of current health data on Orange County indicates that our area remains one of the healthiest overall in the State.

A report released by the State Center for Health Statistics reviewed trends in 22 key health indicators over the past 15 years. In 13 areas the rates of death or other factors have improved in Orange County and are better than at the state level.

For example, our teen pregnancy rate remains the lowest in the state at 20.9 per 1,000. Our heart disease rate is also very low at a rate of 159.1 per 100,000 population, compared to 217.9 at the state level during the 2002-2006 period.

Suicide rates and infant mortality rates have decreased, as well as deaths due to cancer, diabetes, stroke, motor vehicle injuries, and unintentional injuries.

We continue to have fewer mothers who smoke during pregnancy. However, there has been a slight decrease in the number of mothers who receive prenatal care in the first trimester at 88.3% during the period of 2002-2006, and a slight increase in the incidence of low birth weight at 8.3% for the same time period.

To view the full report, visit the State Center for Health Statistics website at the following link:
<http://www.schs.state.nc.us/SCHS/data/trends/pdf/Orange.pdf>.

Orange County Demographics ^{1,2}		
The 2007 population estimate for Orange County is 124,313		
Gender	OC	NC
Male	47.8%	49%
Female	52.2%	51%
Race	OC	NC
White	75.2%	70.3%
African American	12.5%	21.4%
American Indian	0.3%	1.1%
Asian	6.1%	1.8%
Hawaiian/Pacific Islander	0.0%	0.1%
Other race/2 or more races	5.9%	5.3%
Ethnicity	OC	NC
Hispanic (of any race)	5.6%	6.7%
Other Indicators	OC	NC
Unemployment (2007)	3.0%	4.7%
Per Capita Income (2005)	\$39,388	\$31,041
Median Family Income (2006)	\$71,434	\$59,600
Persons Below Poverty	13.9%	14.7%
Percent of Children in Poverty (under 18 yrs)	9.0%	20.2%

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Leading Causes of Death in Orange County, 2002-2006

Cancer, heart disease and cerebrovascular disease continue to be the leading causes of death in our county, despite an overall drop in death rates for each of these diseases.

In looking at specific cancers, the death rates for colon and lung cancer are decreasing and are lower than the state rates. However, the incidence rates of breast and prostate cancer have increased over the past decade

and are above the state rates.

Overall, Orange County has a lower age-adjusted death rate than the state averages in all categories,

including pneumonia/ influenza; where, in the period from 2001-2005, Orange County was above the state average. Health disparities and lifestyle behaviors such as smoking, physical inactivity and poor diet can be linked to many of the leading causes of death.

Cause of Death	Orange County		NC ³	
	Rank	Rate	Rank	Rate
All Cancers	1 st	184.3	2 nd	196.4
Heart Disease	2 nd	159.1	1 st	217.9
Cerebrovascular Disease	3 rd	54.5	3 rd	61.1
Chronic Lung Disease	4 th	33.6	4 th	47.1
Pneumonia/Influenza	5 th	22.1	8 th	22.5
Alzheimer's Disease	6 th	20.8	5 th	27.7
Unintentional Injuries	7 th	20.2	7 th	27
Diabetes	8 th	17.1	6 th	27.1

Age-adjusted, per 100,000 population

Health Disparities Still Exist in Orange County

Minorities in our county continue to suffer from higher rates of death for the leading causes of illnesses. The table below shows that disparity rates have remained steady from the 2000-2004 period, except for a slight decrease in death rates for cerebrovascular disease, colon and pancreatic cancers and nephritis.³

Many factors can contribute to health disparities including discrimination, socio-economic status, access to health care services, inadequate funds to pay for services, lack of insurance, fear or distrust of the system, lack of transportation and in the case of many of our immigrant residents, there is a language barrier which often effects their ability to access care.

Several organizations have initiated new programs to reduce the health disparities seen in our county:

The Orange County Health Department established the Orange County Latino Health Coalition in April 2007. The Coalition connects health professionals working with Latinos in order to better identify health needs and to provide more coordinated medical, dental and other health services for the growing Latino population. The Coalition has met twice in 2008. Other initiatives at the Health Department include a new Immigrant and Refugee Health Program, new contracts with local language interpreters and enhanced telephonic interpretation services.⁴ UNC Health Care also opened a new Center for Latino Health to improve health care access and education for the Latino population. More information on these programs can be found in the Health Care Access section on page 3.⁵

In addition to the organizational changes being made, several community-based programs have also been established.

Through the *Latino Health Promoters* program, 22 Latino volunteers were trained to become Health Leaders. Their chosen focus was to reduce obesity in the local Latino population. In 2007, the Latino Health Leaders worked on two projects: "Salud es Fiesta," a health fair party with culturally appropriate healthy dishes and physical activity workshop, and a "Zumba" - salsa aerobics train-the-trainer class. They continue to participate in the Latino Health fair, "La Feria de la Salud."⁴

Through the *Eat Smart Move More Churches* program, 9 African-American churches in Northern Orange received \$500 mini-grants to support the development of health ministry teams and to promote policy and environmental change to improve nutrition and increase physical activity. The program ran from 2007-08. All churches adopted new health promoting practices, with 6 instituting nutrition or physical activity policies. Activities included: a healthy men's supper, gardening, weekly low impact exercise, walking groups, more fruits, vegetables and water served at functions, health fairs with screenings, monthly blood pressure checks and more.

Are We Our Brother's Keeper? is a community-based participatory research study working with African-American men in black church congregations in N. Orange. The study encourages men congregants to serve as "Navigators" for other men ("Keepers") who have or are at-risk of cardiovascular disease. The Navigators work with the Keepers to monitor their blood pressure, weight and physical activity. Some Keepers also receive nutrition counseling and education. 144 men within four churches are anticipated to participate in the study.⁴

Disparities are caused by a complex set of factors including a lack of social and economic parity in our society.

Disparity Ratios for the Leading Causes of Death in Orange County³

The disparity ratio is the rate for minorities divided by the rate for Caucasians. The resulting ratio represents the difference between the two groups and shows that the minority death rate for example was 1.2 times higher for heart disease and 3.5 times higher for diabetes than the Caucasian Rate.

Cause of Death	Caucasian Rate 2002-2006	Minority Rate 2002-2006	Disparity Ratio 2002-2006	Disparity Ratio 2000-2004
All Causes	1480.9	1882.7	1.3	n/a
Heart Disease	322.8	392.6	1.2	1.2
Cerebrovascular Disease	104.2	116.8	1.1	1.2
All Cancers	372.2	472.1	1.3	1.3
Colon	27.1	40	1.5	1.9
Lung	110	116.3	1.1	1.1
Female Breast	25.1	38.2	1.5	1.5
Prostate	36.8	70.6	1.9	2.4
Diabetes	24.3	85.7	3.5	3.5
Nephritis	21.8	78.2	3.6	3.7

* Bold, italic indicate a decrease in disparity ration from the 2002-2004 period.

Orange County Health Priority Update

New Programs Improve Health Care Access



While Orange County has a large number of healthcare providers and health care facilities, access to health care is still a concern for many.

Countywide, there are several initiatives to improve health care access. The Health Department initiated a Refugee Health Program in December of 2007. Through this program, refugees receive full health assessments including physical exams and communicable disease screenings. Refugees can also access additional health, nutrition, dental and social support services through the Department's many existing programs. In addition, the Health Department has enhanced its language services to better serve non-English speaking residents, including contracting with 4 qualified Karen and 1 Burmese-speaking interpreter.⁴

In the summer of 2008, UNC Health Care established a new Center for Latino Health to improve services, patient education and safety for the increasing Spanish-speaking population. The Center

acts as a liaison between Spanish-speaking patients and medical staff, helps set-up appointments, translates medical information, follow-ups with patients to ensure understanding, and assists patients with financial arrangements. The Center has served approximately 250 patients to date.⁵

In July 2008, UNC Health Care, Piedmont Health Services and UNC School of Medicine partnered to create Carolina Health Net (CHN). This pilot program aims to create a high-quality cost effective system of care for the uninsured by providing high cost/high risk patients access to a medical home, care coordination, medications, diagnostic, and specialty services. Carolina Health Net serves four counties: Orange, Alamance, Chatham and Caswell. As of October 2008, 898 patients (223 from Orange County) have enrolled in the program.⁶

The Chapel Hill-Carrboro Chamber of Commerce and Piedmont Health Services are partnering to create a pilot program that would provide health insurance to Chamber member employees. Through the program, uninsured employees could purchase affordable health insurance. More information will be available once the program is established.⁷

The latest figures for Orange County estimate 5% of residents ages birth to 64 are uninsured. This includes 9.6% or 2,472 children from birth to age 17, that were estimated to be uninsured in 2005.

Orange County is ranked 2nd in the state for the lowest number of uninsured.⁸

Orange County has the largest number of physicians and dentists in the state with 89.1 physicians and 11.5 dentists per 10,000 population.⁹

Health Promotion: An Eye on Childhood Obesity

In 2007, Orange County had one of the highest percent of children 2 to 4 yrs who were overweight or obese, ranking 88th in the state. Since 2004, overweight and obesity in children 2 to 4 yrs has declined, yet 34% are still classified as overweight or obese. Among children 5 to 18 yrs, the percent classified as overweight or obese is even higher (over 40%).¹⁰

Reducing childhood obesity has become the primary focus for the Health Promotion Committee of Healthy Carolinians of Orange County (HCOC). The committee's goal is to coordinate a comprehensive approach to the problem. The Committee is currently working on three projects: a resource guide of physical activity and



nutrition resources, which will be distributed to our partners, physicians and the public; developing consistent messages around physical activity and healthy eating and then training our partners to adopt or integrate the messages into their existing programs; and training physicians on evidence-based tools to assess and treat childhood obesity. All programs are currently underway.⁴

In addition to HCOC activities, the Chapel Hill-Carrboro City Schools received a PEP Grant for \$350,000/year over three years. Grant funds will be used to increase physical activity across all grades.¹¹

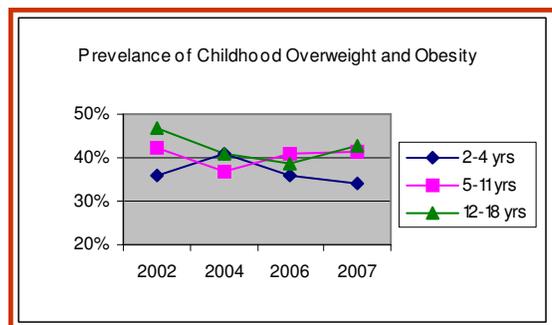
Many local agencies also continue to offer services to improve health promotion among young children and their families including the Chapel Hill-Carrboro YMCA, the Health Department, Cooperative Extension, the Orange Partnership for Young Children, our three Recreation and Parks Departments, the Triangle SportsPlex and many more.

Data from the 2006 Behavioral Risk Factor Surveillance System show that the number of Orange County adults who are overweight is 26.3%, a 5.9% decrease from 2005.

The number of obese adults is 20.2%, up .8% since 2005. The rate of obesity has been steadily increasing about 1% per year since 2002.

The combined total of overweight and obese persons is 46.5%, down from 51% in 2005.¹²

This is the lowest rate in the state. However, it is still alarming.



Adolescent Health: Reducing Risky Behaviors

The latest figures for alcohol, tobacco and drugs use within the past 30 days among 10th grade students in N. Orange is:

*Orange High:
31.6% used alcohol,
19.4% used cigarettes,
and 13.1% used
marijuana.*

*Cedar Ridge:
33% used alcohol,
23% used cigarettes,
and 22.8% used
marijuana.¹³*

Orange County continues to focus on adolescent health issues, with a current focus on reducing risky behaviors among youth. Data shows that many youth across the county use alcohol, tobacco and other drugs. However, the Advocates for Adolescents (AFA) Committee of HCOC has focused its efforts on youth in Northern Orange due to the limited number of agencies working with youth in N. Orange and the limited opportunity for social and recreational activities for youth in that part of the county.

The AFA Committee is currently working on several projects. In collaboration with Community Backyard (CBY), a program of the Mental Health Association of Orange County, the AFA Committee held a training by Youth Empowered Solutions (YES!). The training taught AFA members and other community stakeholders how to more effectively work with youth and empower youth to be actively involved in identifying and creating solution for issues that affect them. Thirty individuals attended the training, many of whom have agreed to support HCOC and CBY's efforts to reduce underage drinking and drug use in N. Orange.

The AFA Committee is also exploring the possibility of establishing a Youth Leadership Council with the purpose of teaching youth to be leaders at school, at home and within their community; and to provide opportunities for youth to get involved in projects. The Committee also plans to hold a youth event in the

spring 2009 to provide youth opportunities for fun, positive activities within their local community. The event will incorporate messages about alcohol, tobacco and drug use prevention through skits, poetry and other activities determined by the youth.⁴

In addition to HCOC activities, CBY received a \$45,000 Reclaiming Futures grant, which will utilize new approaches to help teens involved with drugs, alcohol, and crime. CBY has worked in Chapel Hill and Carrboro for many years and is expanding its efforts into N. Orange.

As part of CBY's efforts to expand into N. Orange, they recently sponsored a community forum of leaders from youth organizations in N. Orange, with the purpose of identifying the major contributing factors to underage drinking, as well as to work together to develop action steps. CBY plans to replicate this forum in the coming months with other community members, such as parents, youth, churches, neighborhood watch leaders, and others.¹⁴

CBY plans to establish a drug and alcohol prevention coalition to carry out action steps identified through the community forums.

CBY and HCOC will work closely to support each other in our efforts and to achieve our desired goals.



Child Health Issues

Child health was a runner up as a health priority for our County, and has continued to be the focus for the Advocates for Children Committee of HCOC, thus it is included in this update.

Child abuse and neglect is one area of concern for this population. During FY 2007-2008, 1153 children were reported for abuse/neglect/dependency. Of those, 22% (250 children) were found substantiated or in need of services. This is an 8% decrease from the previous year.¹⁵

Many local organizations including DSS, the Health Dept., UNC Hospitals' Beacon Program, OC Rape Crisis Center, and others offer programs and services to support children and families at risk for abuse.

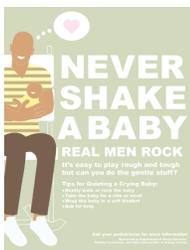
The AFC Committee works in collaboration with these organizations to raise awareness of the problem of child abuse and neglect. In April 2008, the Committee held its second annual *Real Men Rock* event for the Prevention of Shaken Baby Syndrome (SBS). Over 70 families attended the event and received information on SBS and child abuse prevention. As part of the *Real Men Rock* campaign, education materials were distributed to ~50 local physicians to give to new and/or expecting parents. *Real Men Rock* posters,

shown to the left, were also distributed to the physicians to post in their waiting and clinic rooms, as well as to schools to post in their health education classrooms. The Committee also continues to offer trainings to professionals through a Brown-Bag-Lunch series. DSS offered a Safe Surrender training in October 2008, with over 35 participants. Future topics include early childhood mental health and internet safety.⁴

Other concerns for this population include early childhood mental health, low levels of blood lead screenings, and childhood obesity.

Some activities are in place to improve the above issues. In July 2008, DSS initiated a CPS Early Childhood Mental Health Initiative to conduct assessments for young children seen through CPS. Additionally, the Mental Health Committee of HCOC will work with DSS to complete a listing of mental health providers that serve children birth-5 years of age.¹⁵

The Health Department Family Home Visitors provide parents with information on lead at 12 and 24 months of age (including referrals for screening). And lastly, the Health Promotion Committee of HCOC is working to reduce childhood obesity.⁴



Real Men Rock Poster

In 2007, only 24.6% of 1 & 2 year olds were tested for blood lead.

Orange County ranks 98th in NC for children 1 to 2 yrs receiving blood lead screenings.¹⁶

Mental Health and Substance Abuse: The Transition Continues

Based on fourth quarter Medicaid and State Service Claims data from 2007-2008, 9,464 adults were in need of mental health service, 28% (2,631) of whom received publicly funded services. During that same period 4,716 children were in need of services, 39% (1,822) received services. (Note: Service rates do not reflect all payers: e.g., private pay and/or insurance). This is a slight increase in the number served from FY 2006-2007 (27% of adults and 35% of children).¹⁷

Like most counties, we continue to address the challenges brought about by the state-mandated mental health reform. In early 2007, Caring Family Network (CFN), a comprehensive service agency operating in Orange County, discontinued its mental health services with very little notice. The announced departure of CFN caused immediate concern that there would be a gap in the availability of publicly funded services in Orange and the surrounding counties.

OPC Area Program, Orange County's Local Management Entity (LME), worked diligently to identify providers willing to expand to provide the critical services formerly provided by CFN, including Outpatient, Community Support, and various auxiliary services and mental health programming. This was accomplished by April 2008, with consumers off waiting lists and transitioned to the new providers of these needed services.

OPC continues to collaborate with existing providers and community stakeholders to strengthen the overall MH/DD/SA service system in our County.

In March 2008, OPC awarded Mental Health Trust Funds to several organizations for programs that will

improve and expand core services in the community. The projects include the expansion of UNC's Schizophrenia Treatment and Evaluation Program (STEP) outpatient clinic and Housing for New Hope's Project for Assistance in Transition from Homelessness (PATH) program for the expansion of their Community Support Team. Money was also allocated to assist with the expansion of Freedom House's crisis services and to create a Pro Bono Therapy Network under the umbrella of Mental Health Association in Orange County. The latter will provide services to individuals who cannot afford services, but do not qualify for publicly-funded services.¹⁸ To date, 45 therapist have been recruited to provide pro bono services.

The Mental Health and Substance Abuse Committee of HCOC has also initiated several projects to improve access to mental health services. The Committee will serve as the Advisory Board for the Pro Bono Therapy Project mentioned above. Additionally, HCOC is compiling a directory of private mental health providers in Orange, Person, Chatham and Durham Counties. The directory will serve as a much needed resource for all residents who seek mental health services. The Directory will be distributed to referral agencies such as the schools, the health department, DSS and others, as well as the general public. The Directory will be completed January 2009. The Committee is also planning a public education campaign to reduce the stigma associated with seeking mental health services. The goal is to launch the campaign during Mental Health Awareness month in May 2009.⁴

"THANKS for doing this. [The Mental Health Provider Directory] is soooo needed."
- Private Therapist

Transportation: A Barrier in Northern Orange

Transportation continues to be a barrier to accessing medical, recreational and social activities for many residents in N. Orange, including children/students, older adults, individuals with a disability and those who do not have access to a personal vehicle.

Over the past year, there have been some changes to improve transportation service in N. Orange. In October 2007, Triangle Transit, UNC Transit and Orange Public Transportation partnered to establish a route from Hillsborough to Chapel Hill. The route begins at Maxway Shopping Center and runs to UNC Hospitals with stops at Churton St., the SportsPlex, Senior Center and Franklin St. The route runs from 6:00am-6:30pm and is serviced by Chapel Hill Transit in order to accommodate more riders. Standard fee is \$2.00/one-way ride. Those 60+ years or disabled pay \$1.00. Day-passes are also available, which allow individuals to ride all day long and transfer into any other service (TT, DATA, OPC, etc).

A new Park-and-Ride/Satellite services was established in N. Orange with services to Durham Tech and other locations.

A new Rail Committee has been formed to look into a possible Lite Rail/Amtrak train stop in Hillsborough, which would allow easier access to Raleigh and locations beyond N. Carolina.

Two boards currently oversee transportation activities in the County. The Transportation Services Board coordinates OPT services within rural areas of Orange County, and the Orange Unified transportation Board looks at all types of mobility issues across the county (bus service, bike lanes, sidewalks, right-aways, etc.).

There is no formal HCOC committee working on Transportation in Orange County. However, the Advocates for Adolescents Committee's long term goal is to improve transportation for residents, particularly for students in N. Orange.¹⁹



Photo by David Hunt

SOTCH Data Sources:

1. U.S. Census Bureau, Population Estimates and the 2006 American Community Survey
2. State of the Local Economy Report, Orange County Economic Development Commission, April 2009
3. State Center for Health Statistics, 2002-2006 NC Resident Race-Specific and Sex-Specific Age- Adjusted Death Rates, per 100,000 population.
4. Orange County Health Department, Health Promotion Services and Person Health Services Divisions
5. UNC Health Care, Center for Latino Health
6. UNC School of Medicine, Carolina Health Net Coordinator
7. Chapel Hill-Carrboro Chamber of Commerce
8. UNC Sheps Center for Health Services Research, County-level Estimates of the North Carolina uninsured: 2005 Update
9. 2008 UNC Sheps Center for Health Services Research, 2007 North Carolina Health Professions Data Book
10. 2007 NC NPASS Data on Childhood Obesity
11. Chapel Hill-Carrboro City Schools, Health Coordinator
12. 2006 Behavior Risk Factor Surveillance System, State Center for Health Statistics
13. DHHS, Division of MH/DD/SA, Appendices for MH/DD/SAS Community Systems Progress Report, Fourth Quart FY 2007-2008
14. Community Backyard Program of the Mental Health Association in Orange County, Director of Youth and Family Services
15. Orange County Department of Social Services, Services Director
16. North Carolina Department of Environment and Natural Resources, Child Lead Poising Prevention, 2007 Lead Surveillance Table
17. NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services, Medicaid and State Service Claims Data, Community System Progress Report Fourth Quarter FY 2007-2008
18. OPC Area Program, Community Planner
19. Orange Public Transportation Authority

Healthy Carolinians of Orange County

Partnering to improve the health of all Orange County residents.



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Join us!

We invite you to become a member of Healthy Carolinians of Orange County. 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 our county
- 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 the Healthy Carolinians Coordinator at (919) 968-2022, ext 291. Membership information and applications are also available on the Orange County Health Department/HCOC's website at www.co.orange.nc.us/healthycarolinians.
