

2015 Forsyth County State of the County Health (SOTCH) Report



Forsyth County
Department of Public Health

Promoting Health, Improving Lives

799 N. Highland Avenue,
Winston-Salem, NC 27101

Tel: 336 703 3100

Fax: 336 748 3292

Mr. Marlon Hunter
Health Director

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Introduction

The 2015 Forsyth County (FC) SOTCH Report provides an overview of Forsyth County's population health since the 2014 Forsyth County Community Health Assessment. It reports on the progress that has been made on the 2014 CHA Action Plans, and reviews emerging issues, changes in major morbidity and mortality data, as well as new initiatives.

Priority Health Issues

Based on the 2014 Community Health Assessment, the Forsyth County community identified chronic diseases, infant mortality and mental health as the priority health issues that required intervention.

Priority Health Issue #1: Infant Mortality

Relatively high infant mortality rates have persisted in Forsyth County for the past 7 years or more. These rates are noteworthy for the inequity observed in birth outcomes. For example, in 2013, African American infants died at more than twice the rate of White infants. Thus, by November, 2018, this action plan aims to reduce infant mortality due to SIDS and unsafe sleep among Black babies by 20%. This plan was implemented by the Forsyth County Department of Public Health.

Priority Health Issue #2: Chronic Diseases

The 2014 CHA shows that chronic disease related illnesses were the major leading causes of death in Forsyth County for the three (3) most recent CHA cycles. This action plan aims to develop and implement a community-based case management style diabetes prevention program in three (3) county locations and a chronic disease self-management program at Novant Health Forsyth Medical Center by December 2018. This plan was implemented by Novant Health Forsyth Medical Center.

Priority Health Issue #3: Mental Health

By December, 2018, Wake Forest Baptist Medical Center aims to reduce the number of mental health cases that present to its Emergency Department for mental health care by 20%, and increase counseling services for Medicaid patients and the uninsured by 25%.

Progress made in 2015

Priority Health Issue #1: Infant Mortality

In 2015, the Department of Public Health focused on training and referral services in the Cribs for Kids Program. Specifically, it:

- Developed a referral relationship with area childcare providers for the Cribs for Kids program
- Developed a Cribs for Kids referral tool for childcare providers to facilitate referral of parents into the Cribs for Kids program
- Trained 147 childcare providers
- Developed a FAQ (frequently asked questions) list regarding Cribs for Kids program

Priority Health Issue #2: Chronic Diseases

Novant Health Forsyth Medical Center has implemented a diabetes self-management program at more than 3 of its locations, and a chronic disease self-management program at Novant Health Forsyth Medical Center, Winston Salem.

Priority Health Issue #3: Mental Health

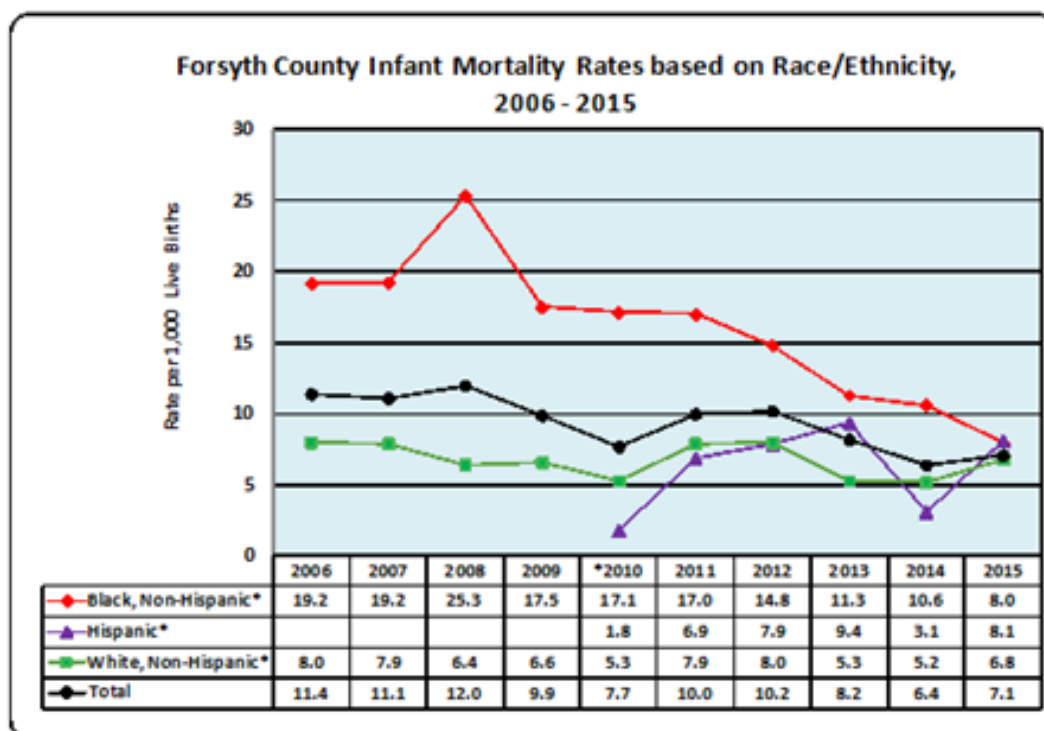
Wake Forest Baptist Medical Center has implemented initiatives aimed at that are aimed at reducing the number of clients who present to its ED for mental health services.

Changes in the Data that Underpin Each Priority Area's Selection

Infant Mortality

Forsyth County has the second highest overall infant mortality rate of the five (5) urban North Carolina counties (NC State Center for Health Statistics, 2015 County Health Data Book). Figure 1 shows that in 2015, the infant mortality rate of 7.1 infant deaths per 1,000 live births was higher than that of 2014 when the rate was 6.4 infant deaths per 1,000 live births. There were 31 infant deaths and 4,340 live births in Forsyth County in 2015. In comparison, in 2014, there were 29 infant deaths and 4,548 live births.

Figure 1



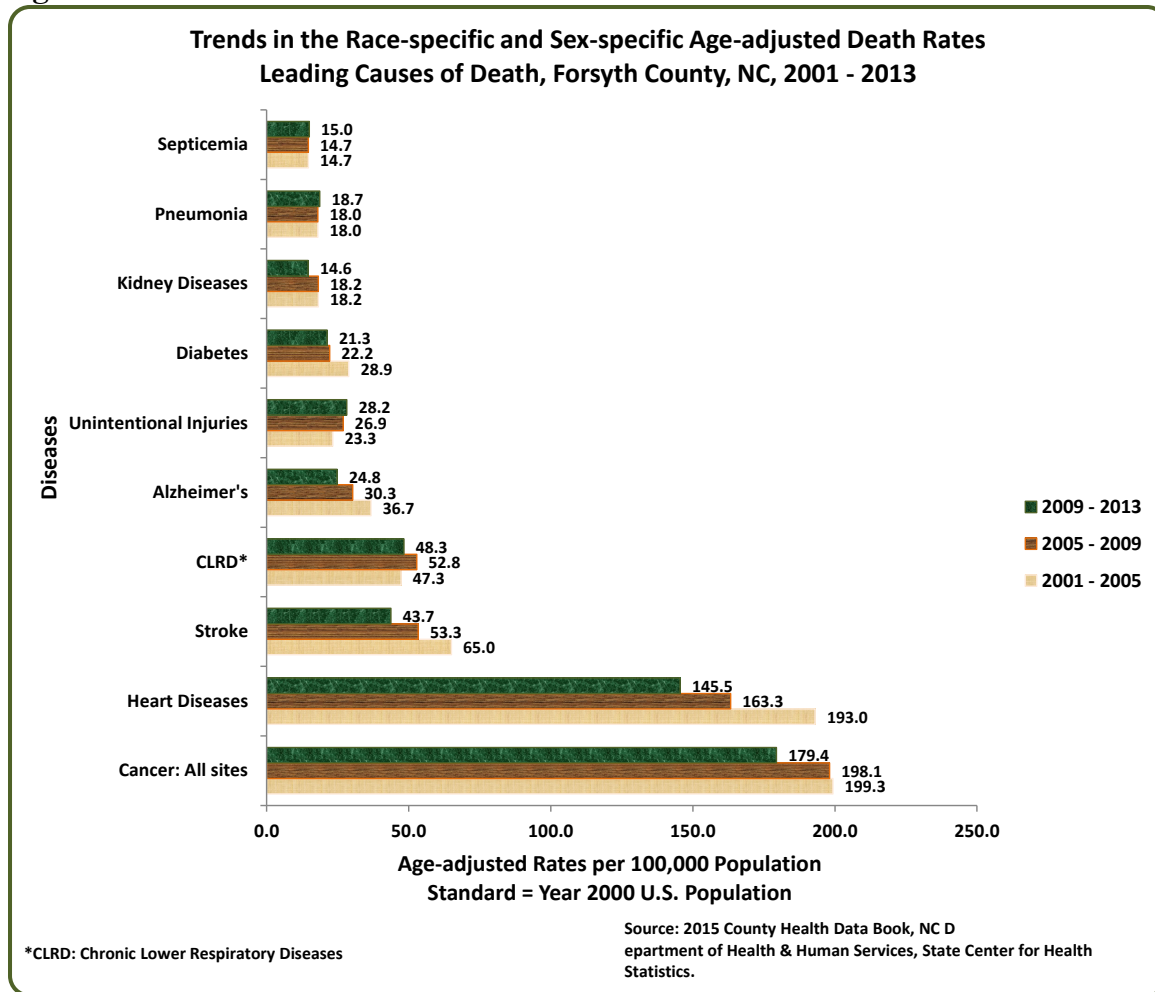
* Until 2010, the break down based on Race was categorized as White and Minority. In this graph/table, minority data for the period 2002 to 2009 is assigned to Black, Non-Hispanic because according to the Bureau of Census, in 2010, 'White, alone', accounted for 62.3% of Forsyth County's population and 'Black, alone', accounted for 26.0%. The maximum percentage of the population for each of the other Races was 2.4%. The Bureau of Census data was retrieved on 10/2/2016 from <http://www.census.gov/quickfacts/table/PST045215/37067>

Figure 1 shows that in 2015, Forsyth County infant death rate for non-Hispanic African Americans was 8.0 deaths per 1,000 live births, compared to the non-Hispanic White rate of 6.8 deaths per 1,000 live births. Although a disparity continues to exist, the non-Hispanic African American rate of 8.0 deaths per 1,000 live births is the lowest rate in Forsyth County history and is an improvement over the 2014 rate of 10.6 for non-Hispanic African Americans. The 2015 Forsyth County infant death rate for Hispanics increased to 8.1 deaths per 1,000 live births. It should be noted that the Hispanic death rate is based on small numbers (less than 10) and should be interpreted with caution.

Chronic Diseases

Data from the 2015 County Health Data Book shows that chronic diseases continue to be the leading cause of death among Forsyth County's population (Figure 2). While there was a decrease in the age-adjusted death rates for cancers (all sites)(10%), heart diseases (25%), stroke (33%), Alzheimer's (32%), diabetes (26%), and kidney diseases (20%), there was an increase in the age-adjusted death rates due to chronic lower respiratory diseases (CLRD) (2%), unintentional injuries (21%), pneumonia and influenza (4%), and septicemia (2%).

Figure 2



Mental Health

Mental health continues to be a significant health issue among Forsyth County's population. Though not listed as one of the leading causes of death in the general population, mental health related deaths ranks 6th among populations ages 00 to 19 years, 4th among populations age 20 to 39 years, and 8th among populations age 40 to 64 years (State Center for Health Statistics, 2015 County Health Data Book).

Figure 3 shows that based on the results from the 2015 Winston Salem/Forsyth County (WSFC) High School Youth Risk Behavior Survey (YRBS) there was an increase in the percentage of high school students who report that they experienced mental health issues.

Figure 3

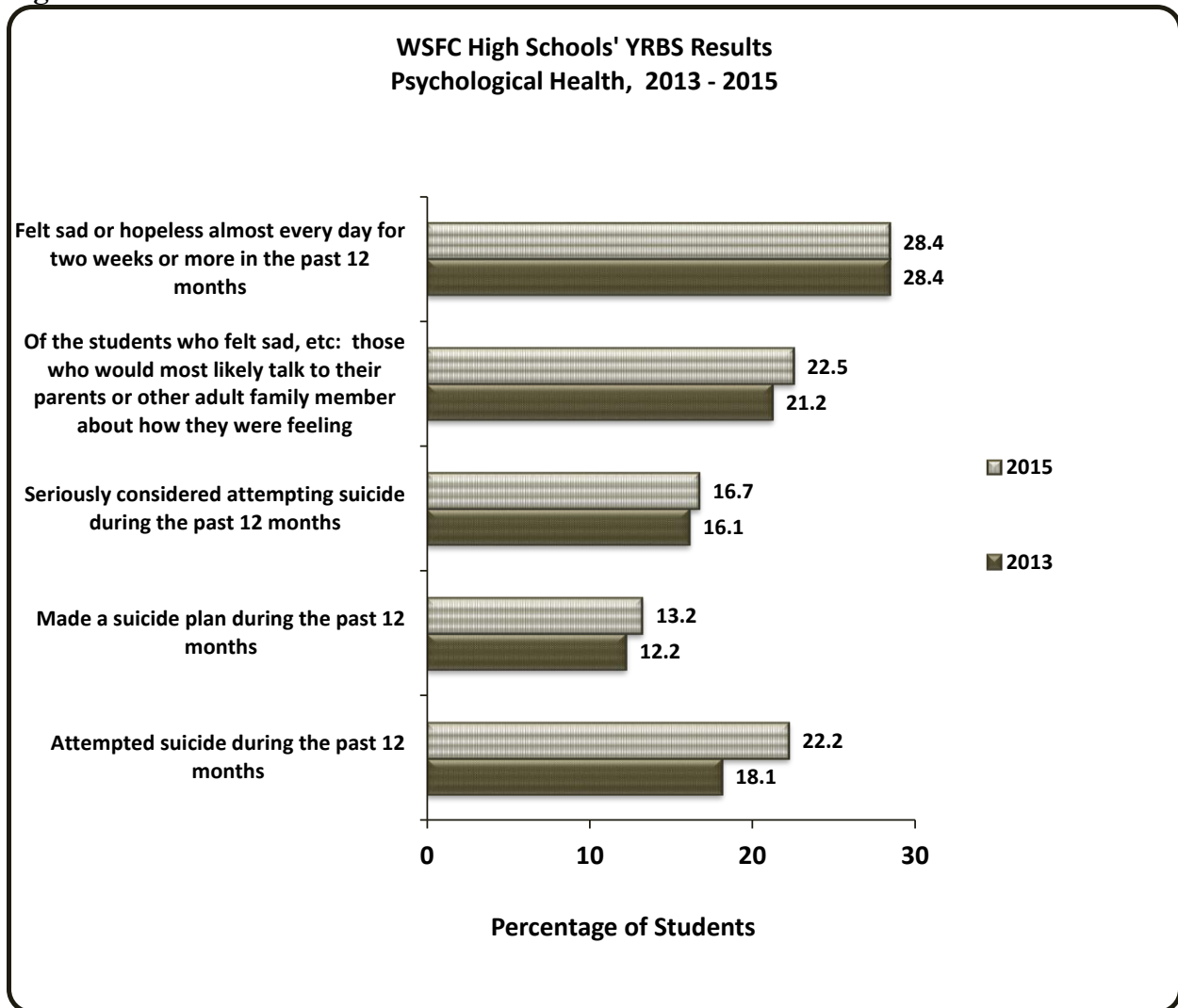


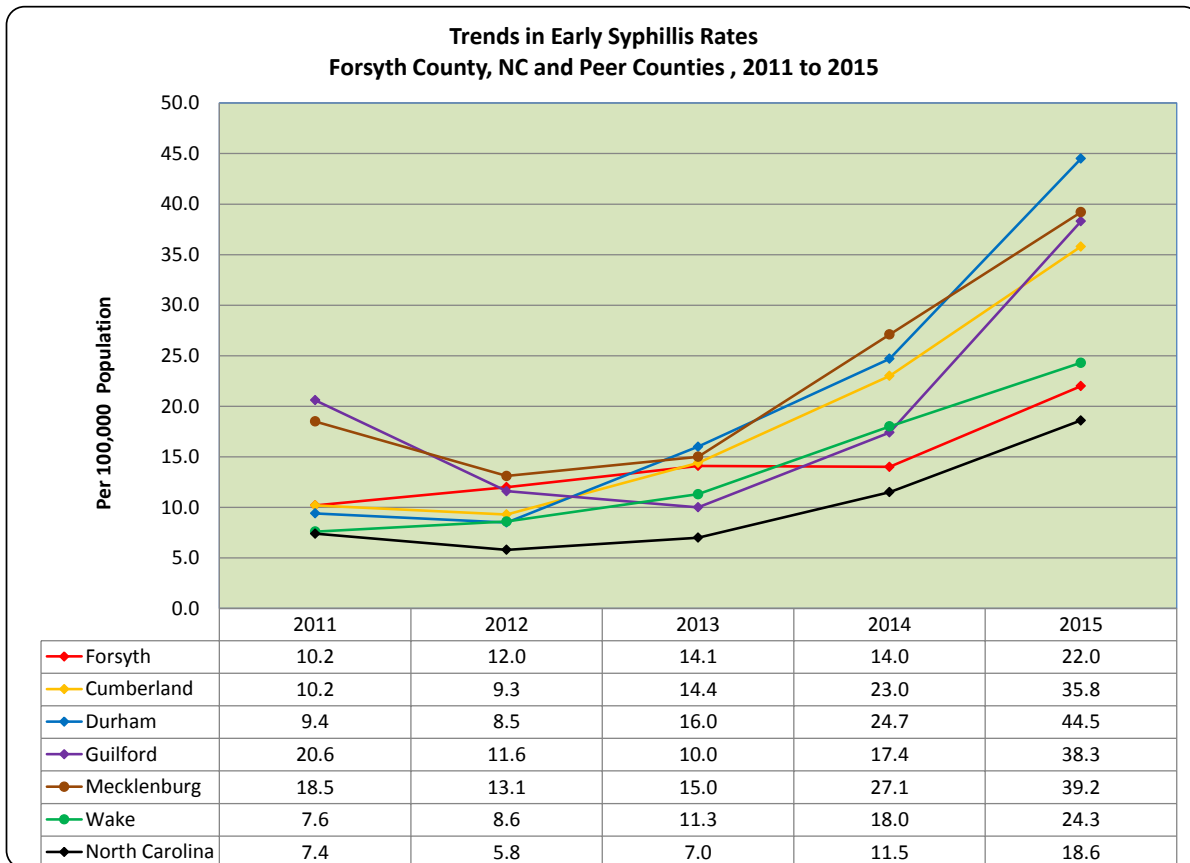
Figure 3 shows that although there was no change in the percentage of high school students who reported that they felt sad or hopeless continuously for two weeks or more in the past 12 months, the percentage among high school students who reported that they seriously considered attempting suicide during the past 12 months increased by 3.7% between 2013 and 2015. There was an 8.2% increase in the percentage of high school students who reported that they had made a suicide plan during the 12 months prior to the 2015 survey. Between 2013 and 2015, there was an increase in the percentage of high school students who reported that they had attempted suicide during the 12 months prior to the survey by 22.7%. On a positive note, there was a 6.1 % increase in the percentage of high school students who reported that they would talk to their parents or other adult in they felt sad or hopeless for two weeks or more.

Emerging Issues

Early Syphilis (Primary, Secondary & Early Latent)

In 2015, the State of North Carolina ranked Forsyth County 10th of the 100 counties based on its average early syphilis rate for the years 2013 - 2015. Forsyth County's early syphilis rate increased 57% from 14.0 per 100,000 populations in 2014 to 22.0 per 100,000 population in 2015. Figure 4 shows the increase in syphilis rates among Forsyth and its peer counties between 2011 and 2015.

Figure 4



Overall, between 2011 and 2015, the early syphilis rate among Forsyth and its peer counties increased as noted below:

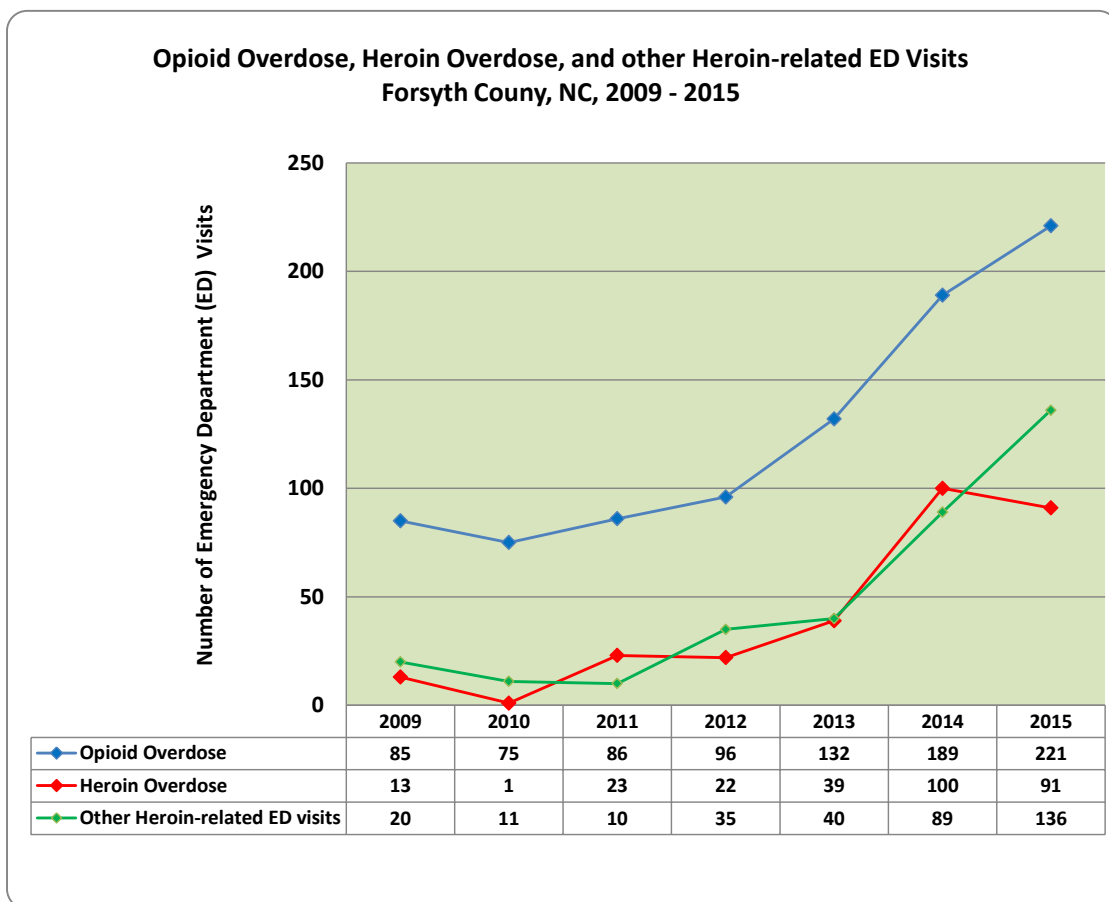
- Forsyth: 115.7%
- Cumberland: 251.0%
- Durham: 373.4%
- Guilford: 85.9%
- Mecklenburg: 111.9%
- Wake: 219.7%

For some counties, the 5-year early syphilis rate increase can be described as the culmination of steady annual increases; for example Wake County, and to a lesser extent, Forsyth County. However, for the others, the dramatic increase in their syphilis rate began in 2013.

Opioid Overdose, Heroin Overdose, and Heroin-related Emergency Department Visits

Opioid and heroin overdose as well as other heroin-related illnesses are now major chronic health issues in Forsyth County. While much of the recent emphasis has been on opioid overdose, **Figure 5** shows that greater emphasis is required also on the prevention of heroin use. In 2015, the case count for opioid overdose (221) treated in Forsyth County Hospitals was 2.6 times that of 2009 (85). In 2015, the case count for heroin overdose (91) and other heroin-related illnesses (136) treated in Forsyth County emergency departments were 7 times that of the 2009 cases for heroin overdose (13) and other heroin-related illnesses (20). Overall, the White, Non-Hispanic population accounted for more than 90% of opioid and heroin overdose as well as other heroin-related cases.

Figure 5



Tables 1 and 2 show that most opioid overdose/heroin overdose/other heroin-related cases are among populations age 18-35 years. Males account for the majority of these cases as well.

Though not included in the tables, it should be noted that from 2009 to 2014, about 10% of the heroin overdose/heroin-related cases were noted as suicide attempts. Beginning in 2015, cases were no longer noted for suicide attempts.

Table 1

Forsyth County Emergency Department Case Counts for Opioid Overdose based on Age and Gender, 2009 to 2015							
Year	2009	2010	2011	2012	2013	2014	2015
Total	85	75	86	96	132	189	221
Age Groups							
≤ 9	4	0	2	0	1	1	0
≤ 17 yrs	5	6	1	4	3	3	3
18 - 35 years	31	29	46	40	56	99	109
36 - 50 years	24	18	13	25	36	36	46
51 - 65 years	16	16	14	17	27	33	42
≥66 years	5	6	10	10	9	17	21
Gender							
Female	52	38	47	53	65	88	103
Male	33	37	39	43	67	101	118
Outcome							
Number of Deaths	1	0	2	0	0	2	2

Table 2

Forsyth County Emergency Department Case Counts for Heroin Overdose other Heroin-related Health Issues based on Age and Gender, 2009 to 2015							
Year	2009	2010	2011	2012	2013	2014	2015
Total	33	12	33	57	79	189	227
Age Groups							
≤ 9	0	0	0	0	0	0	0
≤ 17 yrs	0	0	0	1	0	1	0
18 - 35 years	26	6	27	40	62	141	162
36 - 50 years	5	4	1	9	13	32	42
51 - 65 years	2	2	5	7	4	14	21
≥66 years	0	0	0	0	0	1	2
Gender							
Female	8	3	21	17	31	71	92
Male	25	9	12	40	48	118	135
Outcome							
Number of Deaths	0	0	1	0	0	0	2

Major Morbidity and Mortality

Morbidity

In 2015, cancer and sexually transmitted diseases were two of the major morbidity issues in Forsyth County.

Cancer

The North Carolina Cancer Registry projected that in 2016, there will be 2,096 new cancer cases in Forsyth County. Included in the total were specific projections for cancers of the lung/bronchus (313), female breast (370), prostate (268), and colon/rectum (165). The 2016 projected number of cases is slightly higher than that of 2015 when the total number of new cases was projected then to be 2,067. Included in the 2015 projected total were cancers of the lung/bronchus (309), female breast (359), prostate (278), and colon/rectum (167) (North Carolina Central Cancer Registry, 2015, 2016).

Sexually Transmitted Diseases

The reported number of cases for Chlamydia and Gonorrhea has remained relatively high for Forsyth County. In 2015, the reported number of cases was: Chlamydia: 2,466, Gonorrhea: 1,038, Non-Gonococcal Urethritis (NGU): 305, and Pelvic Inflammatory Disease (PID): 13.¹ In 2014, the reported number of cases was: Chlamydia: 2,478, Gonorrhea: 954, NGU: 250, and PID: 11.

In response to these numbers, for 2016, the Forsyth County Department of Public Health's (FCDPH) outreach program POSSE (Prevent Ongoing Spread of STIs Everywhere) plans include focusing on targeted advertising of safe sex practices, and enhanced targeted testing. POSSE provides HIV and other sexually transmitted diseases' education and screening in churches, jails, universities, homeless shelters, nightclubs, and community health fairs in the county.

Mortality

Cancer (all sites), heart diseases, chronic lower respiratory diseases, cerebrovascular diseases and other unintentional injuries remained the five leading causes of death in Forsyth County between 2014 and 2015 (Table 3). Combined, they account for over 50% of all deaths in Forsyth County. While some chronic diseases are due to genetics, most are preventable because they are strongly associated with lifestyle choices and environmental conditions (The Centers for Disease Control and Prevention (CDC), 2016).

Table 3

Forsyth County					
Leading Cause of Death, 2014 & 2015					
Ranking	Cause of Death	Number of Deaths		Death Rate	
		2015	2014	2015	2014
	Total Deaths: All Causes	3,356	3,135	909.4	858.2
1	Cancer, All sites	714	723	193.5	197.9
2	Heart Diseases	627	575	169.9	157.4
3	Chronic Lower Respiratory Disease	205	177	55.6	48.5
4	Cerebrovascular Disease	189	165	51.2	45.2
5	Other Unintentional Injuries	139	120	37.7	32.8

Source: North Carolina State Center for Health Statistics, 2015 North Carolina Vital Statistics, Volume 2
 North Carolina State Center for Health Statistics, 2014 North Carolina Vital Statistics, Volume 2

¹ The 2015 sexually transmitted diseases data is as of 02/22/2016.

New Initiatives

Prescription Drug Overdose Prevention

The Department of Public Health has received funding to implement Project Lazarus, a community-based overdose prevention model. Project Lazarus employs multiple strategies simultaneously to reduce the overdose rate in communities. Its components include programs to educate and support providers and patients, reduce excess drug supply and diversion, reduce harm from available drugs, promote safer clinical practices and prescribing policy, and evaluate activities. Initial success from the implementation of Project Lazarus has been observed in Wilkes County, NC.

The Department of Public Health has partnered with area health care and human services providers, medical providers, pharmacists, substance abuse treatment centers, the Board of Health and policy makers, law enforcement, hospital systems, faith community members and other concerned community members to implement the project. This current phase of project ends at the end of May, 2017.

TANF Out-of-Wedlock Birth Prevention

The Department of Public Health has received funding to extend the TANF Out-of-Wedlock Birth Prevention Program. The funds will be use to engage the community in education and use of Long Acting Reversible Contraceptives (LARC). This engagement will occur through the recruitment of existing consumers of the Family Planning Clinic to become ambassadors. Existing consumers of the Family Planning Clinic will educate community peers, and assist the Health Department in sharing media, and participating in forums and workshops to educate men and women on the importance of planning all pregnancies.

Chronic Disease Prevention

The Department of Public Health has received funding to develop and implement initiatives to reduce the risk factors of chronic diseases. The agency will use the funding to implement the following initiatives:

- Increase the number of community or small retail venues providing access to healthy foods
- Increase the number of smoke-free/tobacco-free policies covering:
 - Government buildings, government grounds, and/or indoor public places through ordinances or Board of Health rules
 - Multi-unit housing
 - Colleges and universities
- Adopt a standing order and implement a distribution program to increase access to nalaxone within and outside of the Department of Public Health
- Implement an evidence-based falls prevention strategy (e.g., Tai Chi for Health, Matter of Balance, Stopping elderly Accidents, Deaths, and Injuries [STEADI]) in partnership with the Area Agency on Aging.

Sources

- Centers for Disease Control and Prevention. 2016. Chronic disease overview. Retrieved from <http://www.cdc.gov/chronicdisease/overview/index.htm>. Accessed 02/19/2016.
- North Carolina Central Cancer Registry. 2015. Projected New Cancer Cases and Deaths for Selected Sites by County. <http://www.schs.state.nc.us/schs/CCR/proj15co.pdf>. Accessed 02/19/2016.
- North Carolina Central Cancer Registry. 2016. Projected New Cancer Cases and Deaths for Selected Sites by County. <http://www.schs.state.nc.us/schs/CCR/proj16site.pdf>. Accessed 02/19/2016.
- North Carolina State Center for Health Statistics, 2014 North Carolina Vital Statistics, Volume 2
North Carolina State Center for Health Statistics, 2015 North Carolina Vital Statistics, Volume 2
- U.S. Bureau of Census. 2016. Quick Facts, North Carolina & Forsyth County, North Carolina. Retrieved from <http://www.census.gov/quickfacts/table/PST045215/37,37067>. Accessed 02/19/2016.