

The 2016 State of the County Health (SOTCH) Report Forsyth County, NC



799 N. Highland Ave.,
Winston Salem, NC 27101

Mr. Marlon Hunter, Health Director



Table of Contents

Introduction.....	3
Priority Health Issues.....	3
Progress Made in 2016	
Changes in Data.....	4
Major Morbidity and Mortality Issues.....	7
Emerging Issues	8
New Initiatives.....	10
Sources	10



Introduction

The 2016 Forsyth County (FC) SOTCH Report provides an overview of Forsyth County's population health since the 2015 Forsyth County SOTCH Report. It reports on the progress that has been made on the 2014 Community Health Assessment (CHA) Action Plans, reviews changes in major morbidity and mortality data, and highlights emerging issues, as well as new initiatives that occurred in 2016.

Priority Health Issues

The Forsyth County community identified chronic diseases, infant mortality and mental health as the priority health issues that required intervention during the 2014 CHA cycle.

Priority Health Issue #1: Infant Mortality

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

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 2016

Priority Health Issue #1: Infant Mortality

In 2016, the Department of Public Health continued its implementation of the programs that were developed to reduce SIDS risk, and increase safe sleep education and awareness. Specifically, it:

- * Engaged in a media campaign that stressed the importance of babies sleeping by the ABCs. ABCs refer to the teaching that babies should always be placed to sleep **A**lone on their **B**acks in a **C**rib. This media campaign includes advertisement through the Winston-Salem Transit Authority as well as community newspapers.
- * Developed a relationship with Forsyth Technical Community College to include safe sleep and SIDS risk reduction education as part of the curriculum of Early Childhood Education students.
- * Developed a relationship with local African American congregations to train providers in voluntary church nurseries on issues related to the creation and promotion of safe sleep environments.
- * Expanded safe sleep and SIDS risk reduction training efforts to include non-traditional partners such as social workers, case managers, and other health and human service professionals.

Priority Health Issue #2: Chronic Diseases

- ◆ Novant Health Forsyth Medical Center’s diabetes self-management program implementation is ongoing. Currently, it has been implemented in more than 4 of its locations. Novant expects that full implementation will be achieved by December, 2018.

Priority Health Issue #3: Mental Health

- ◆ Wake Forest Baptist Medical Center continued to implement initiatives that are aimed at reducing the number of clients who present to its ED for mental health services by December, 2018.

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

Infant Mortality

Although there has been a decline in the infant mortality disparity ratio, infant mortality disparity continues to be a significant health issue in Forsyth County. For example, Figure 1 shows that the five-year infant mortality ratio declined from a high of 3.1 for 2006-2010 to 1.88 for 2011-2015. However, Figure 2 shows that while the five-year trend for infant deaths among Black babies has declined relative to White babies, it has increased for Hispanic babies.

Figure 1

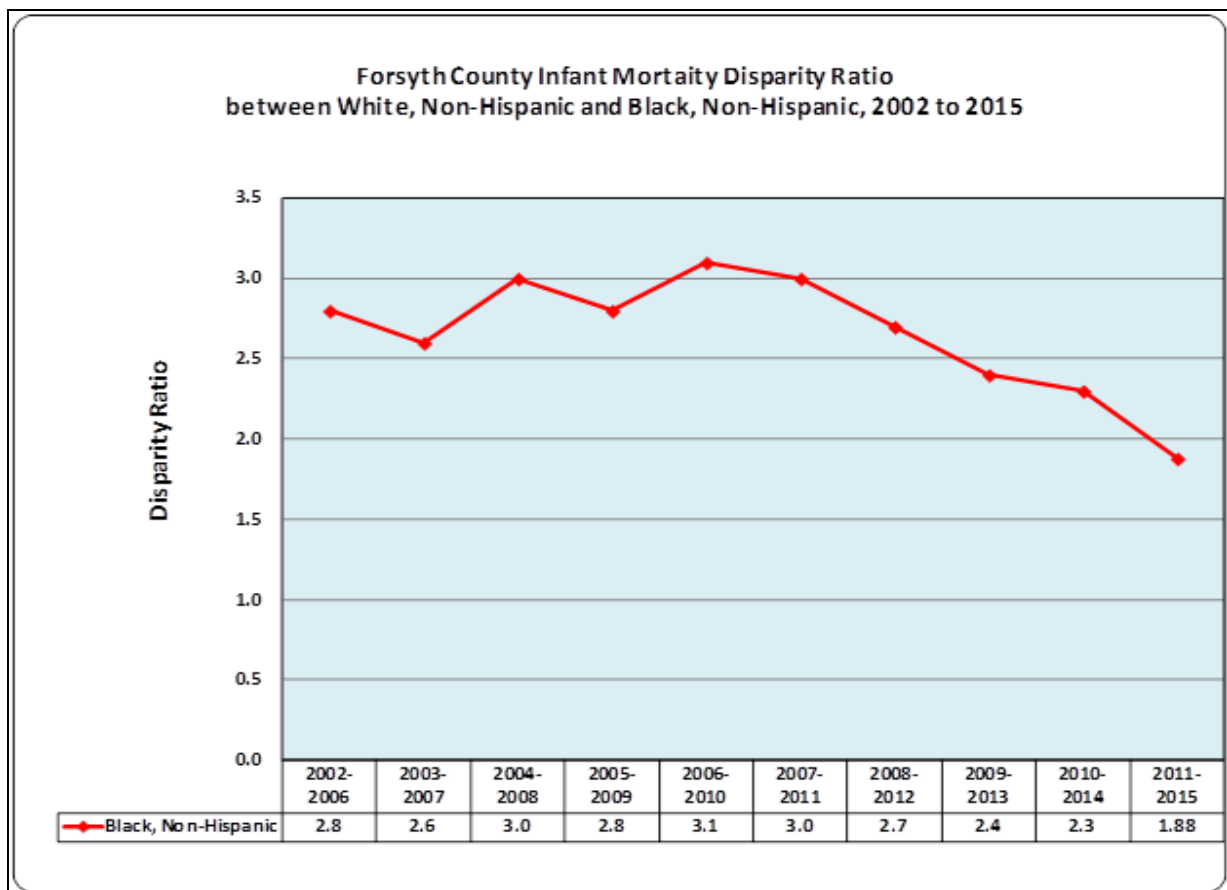
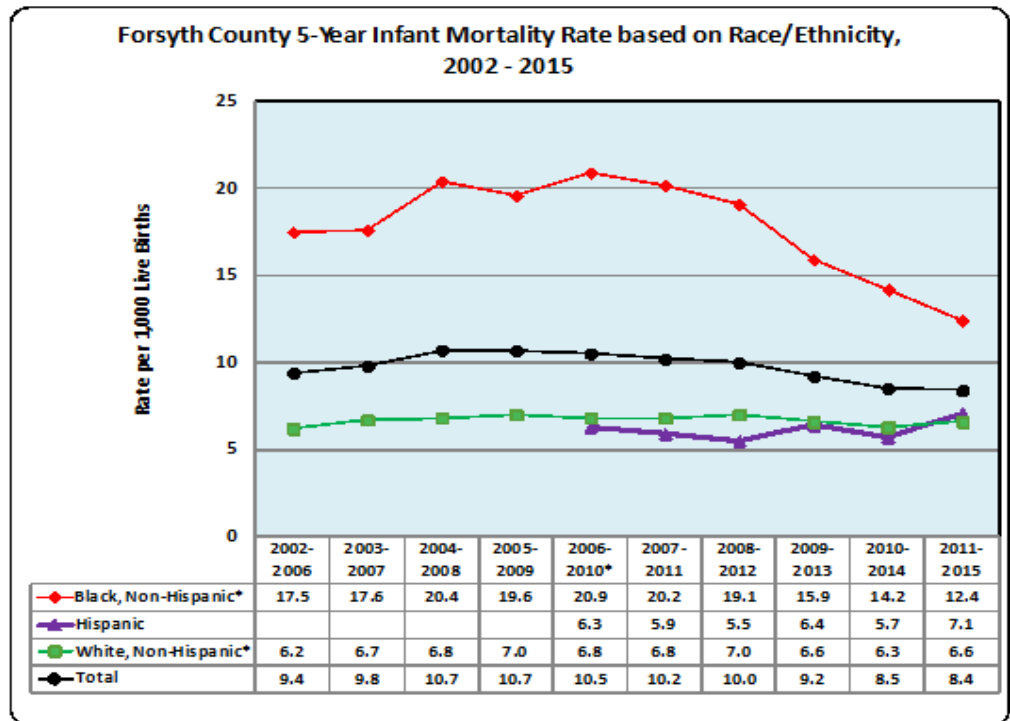


Figure 2



* 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>

Chronic Diseases

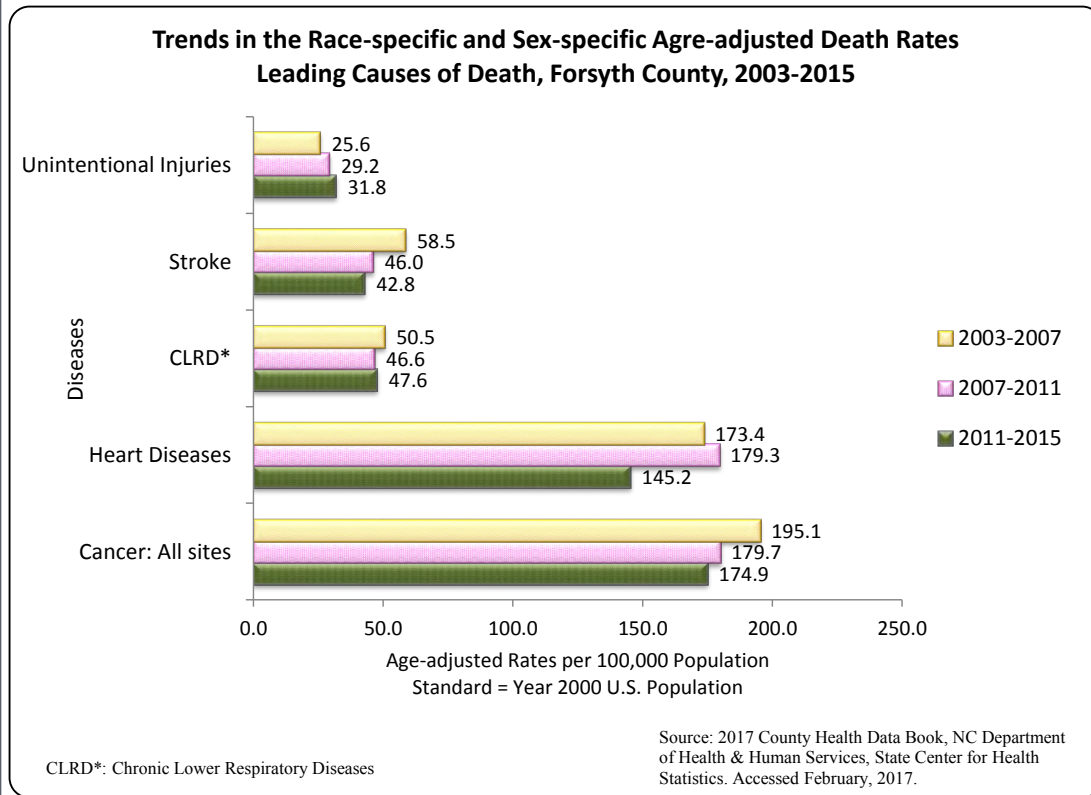


Figure 3

For 2016, chronic diseases remain the leading causes of death in Forsyth County. Figure 3 shows the top five of the ten leading causes of death in Forsyth County. In rank order from 6th to 10th, the others are Alzheimer's, diabetes, kidney diseases, pneumonia/influenza, and septicemia. Figure 3 also shows that while there was a decrease in the age-adjusted death rates for cancers (all sites) (10%), heart diseases (16%), chronic lower respiratory diseases (CLRD) (6%), and stroke (27%), there was an increase in the age-adjusted death rates due to unintentional injuries (24%).

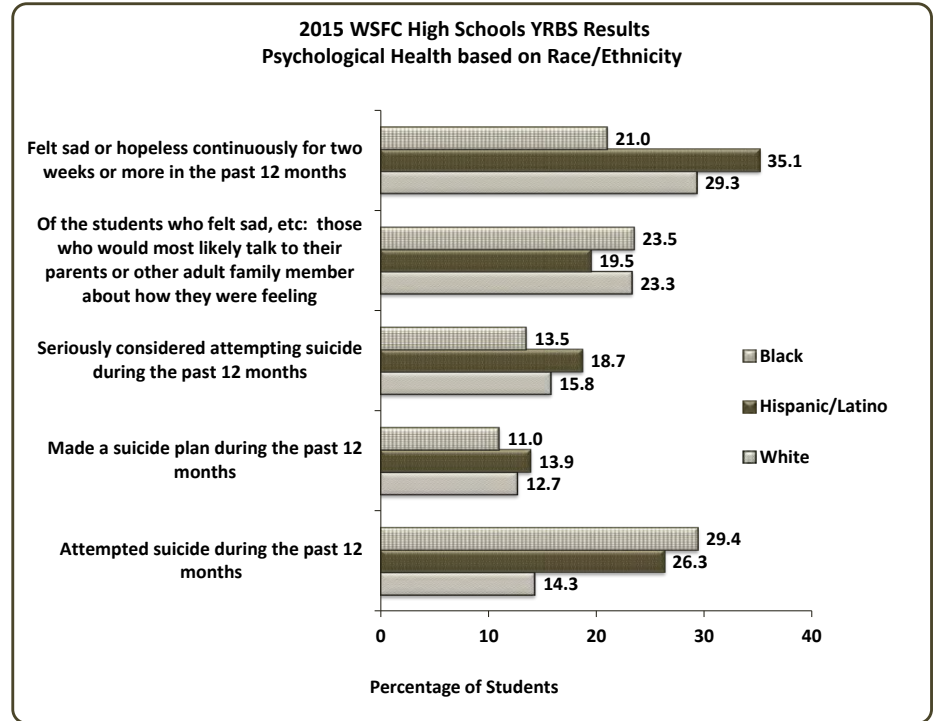
Mental Health

Mental Health remains a significant health issue for Forsyth County. However, the results of the 2015 Winston Salem Forsyth County High School (WSFC) Youth Risk Behavior Survey (YRBS) showed that there are similarities and differences based on race/ethnicity, age and gender (Figure 4). For example, based on the 2015 YRBS results, Hispanic/Latino high school students were more likely than Black or White high school students to report that they:

- ◆ Had felt sad or hopeless continuously for two weeks or more in the past 12 months
- ◆ Seriously considered attempting suicide in the past 12 months
- ◆ Made a suicide plan in the past 12 months

Figure 4 also shows that Black and White high school students were more likely than Hispanic/Latino high school students to report that if they felt sad or hopeless continuously for two weeks or more, they would speak to their parents or other adult family member about how they were feeling.

Figure 4



2013 YRBS Psychological Health Results
based on Race/Ethnicity

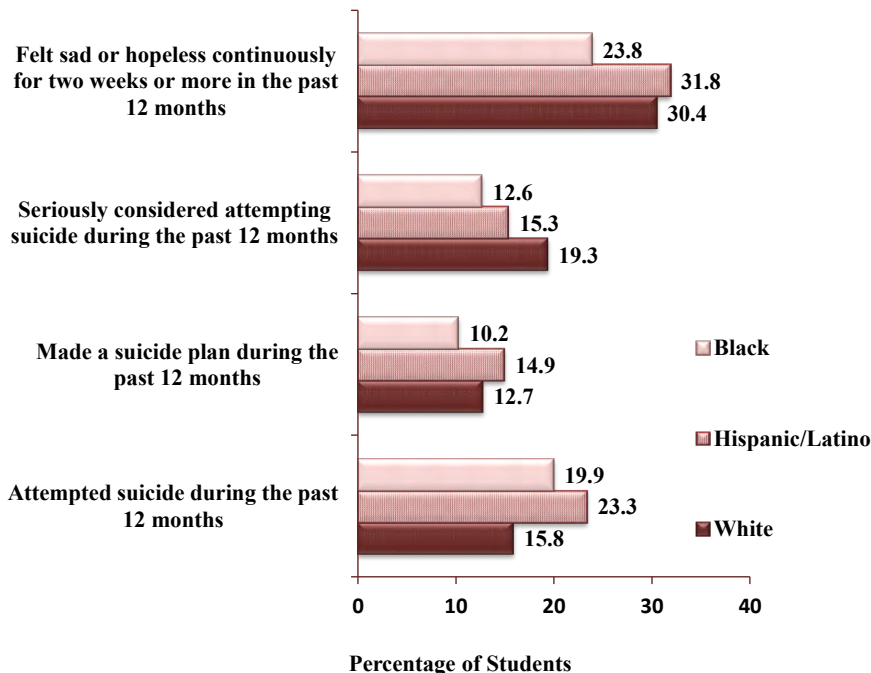


Figure 5

Major differences between 2013 and 2015 include:

- ◆ 10% more Hispanic/Latino High School students reported feeling sad or hopeless for ≥ 2 weeks in 2015 than 2013
- ◆ 22% more Hispanic/Latino high school students and 18% less White, non-Hispanic high school students reported that they had seriously considered suicide in 2015 than in 2013
- ◆ 48% more Black, non-Hispanic high school students reported that they had attempted suicide in 2015 than in 2013

Major Morbidity and Mortality

Morbidity

In 2016, cancer and sexually transmitted infections remained two of the major morbidity issues in Forsyth County.

Cancer

The North Carolina Cancer Registry projected that in 2017, there will be 2,117 new cancer cases in Forsyth County. Included in the total were specific projections for cancers of the lung/bronchus (315), female breast (376), prostate (262), and colon/rectum (164). The 2017 projected number of cases is slightly higher than that of 2016 when the total number of new cases was projected then to be 2,096. Included in the 2016 projected total were cancers of the lung/bronchus (313), female breast (370), prostate (268), and colon/rectum (165) (North Carolina Central Cancer Registry, 2016, 2017).

Sexually Transmitted Infections

Chlamydia, and gonorrhea to a slightly lesser extent, continued to be significant morbidity factors in 2016 for Forsyth County. In 2016, the reported number of new cases were: Chlamydia: 2,564 and gonorrhea: 1,049. In 2015, the reported number of cases were: Chlamydia: 2,466 and gonorrhea: 1,038. There was a 4% increase in the number of cases from 2015 to 2016 for Chlamydia, and 1% increase in the number of new cases for gonorrhea during the same period.

During 2016, the Forsyth County Department of Public Health's (FCDPH) outreach program POSSE (Prevent Ongoing Spread of STIs Everywhere) advertised safe sex practices, and conducted targeted testing in high risk locations. POSSE provided HIV and other sexually transmitted diseases' education and screening in churches, jails, universities, homeless shelters, nightclubs, and community health fairs in the county.

Mortality

Based on the 2017 County Health Data Book, cancer (all sites), heart diseases, chronic lower respiratory diseases (CLRD), cerebrovascular diseases (stroke) and other unintentional injuries were the five leading causes of death in Forsyth County for 2011-2015. (Table1). More than 50% of deaths in Forsyth County are due to these five leading causes of death. Between 2011-2015, the death rate due to cancer (all sites) was about 3% greater in Forsyth County than the state's. It was also greater than Durham, Guilford, Mecklenburg and Wake Counties. In contrast, Forsyth County's death rate due to heart diseases was 13% lower than the state's. However, it was higher than Durham, Guilford, Mecklenburg, and Wake Counties.

Table 1

Forsyth County Comparison to State of North Carolina and Peer Counties Race-specific and Sex-specific Age-adjusted Leading Causes of Death Rates, 2011-2015							
Causes of Death	Forsyth Cty	North Carolina	Cumberland Cty	Durham Cty	Guilford Cty	Mecklenburg Cty	Wake Cty
Cancer: All sites	174.9	169.1	181.3	167.0	160.7	150.1	151.0
Heart Diseases	145.2	163.7	193.5	130.8	143.1	132.0	125.0
CLRD*	47.6	45.9	52.2	29.1	38.1	30.3	30.0
Stroke	42.8	43.1	41.5	37.0	41.6	38.7	39.1
Unintentional Injuries	31.8	30.5	32.4	22.7	31.0	21.1	21.0

Source:

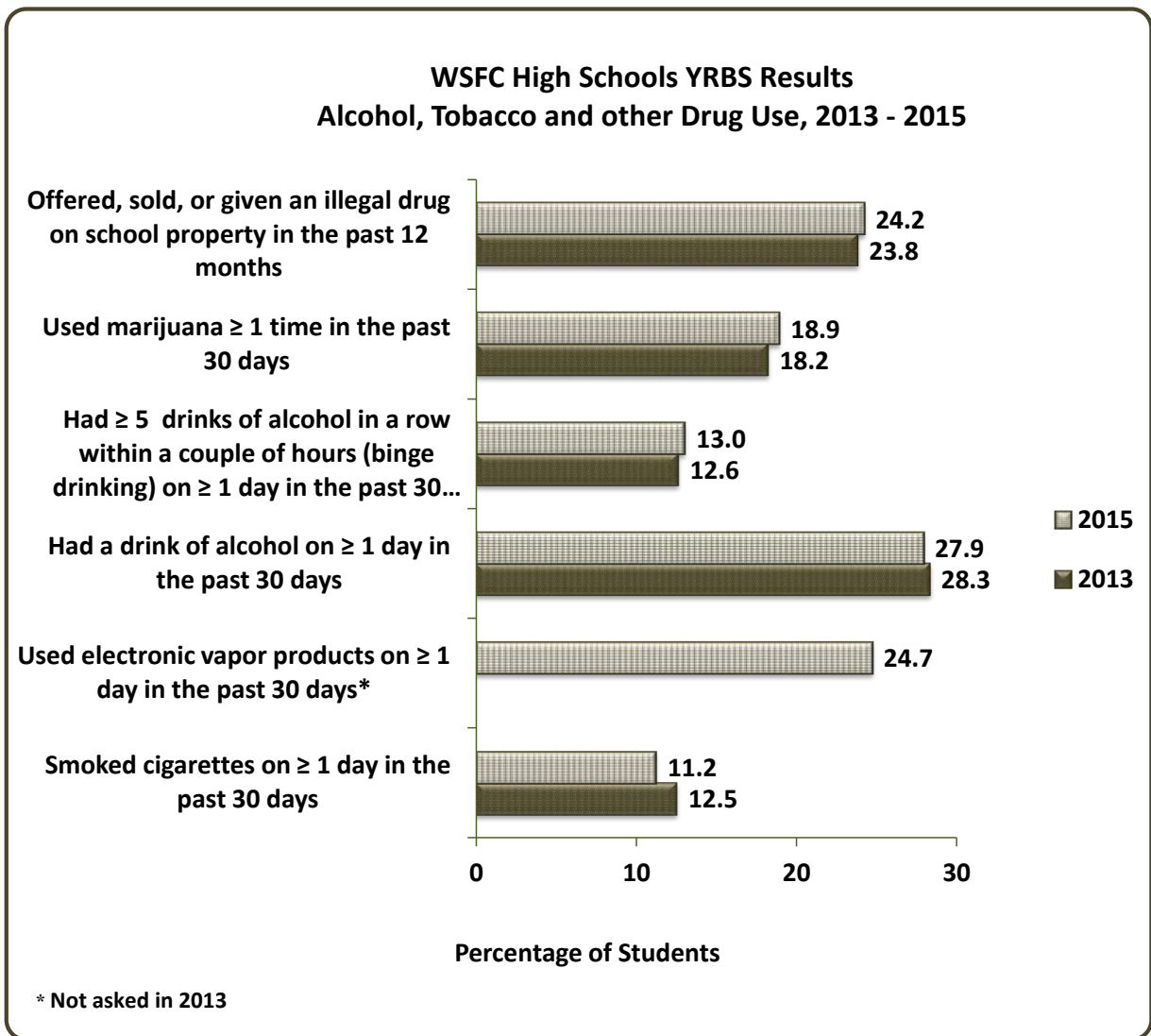
2017 County Health Data Book, NC Department of Health & Human Services, State Center for Health Statistics

E-Cigarette Use Among Winston Salem/Forsyth County High School Students

Based on the 2015 Winston Salem/Forsyth County Schools (WSFCS) Youth Risk Behavior Survey (YRBS) results that were reported in 2016, about 25% of WFSFC high school students who took the survey reported that they used e-cigarettes in the 30 days preceding the survey (Figure 6). In general, e-cigarettes include vape pens, e-hookahs, and others. The Centers for Disease Control and Prevention (CDC) (2016) reports that e-cigarettes deliver nicotine flavoring through an aerosol. Use of e-cigarettes among Forsyth County's youths is of concern because nicotine use in any form is unsafe (U.S. Department of Health and Human Services, 2016).

Figure 6 shows that the results of the most recent YRBS results suggest that among the range of alcohol, tobacco and other drug use monitored, e-cigarette use has surpassed cigarette use among Forsyth County's youths. A major concern of this development is the probable assumption among users that e-cigarettes are safe.

Figure 6.



Cont'd.

The 2015 WSFC High School YRBS results that were reported in 2016 also showed that :

- ◆ Almost 1 in 4 (25%) high school students reported current use of e-vapor products
- ◆ Almost 1 in 4 (23.3%) high school students under age 15 reported current use of e-vapor products
- ◆ Hispanic/Latino (25.5%) and White (24.6%) students were slightly more likely than Black (22.0%) students to report current use of e-vapor products
- ◆ Females were almost equally likely as males to report current use of e-vapor products. For example: about 1 in 5 (21.5%) females and 1 in 4 (27.5%) males reported current use of e-vapor products

Of note, more than 50% of high school student reported that they had used e-vapor products at some point in their lives.

The 2015 WSFC Middle School YRBS results that were reported in 2016 also showed that :

- ◆ Almost 1 in 8 (12%) 6th grader reported current use of e-vapor products
- ◆ Almost 1 in 7 (15%) middle school students reported current use of e-vapor products
- ◆ About 1 in 8 (13%) middle school females and 1 in 6 (16%) middle school males reported current use of e-vapor products

Chlamydia among Populations who are ≤ Age 24 Years

As previously reported, Chlamydia continued to be a significant morbidity factor in 2016 for Forsyth County. While POSSE (Prevent Ongoing Spread of STIs Everywhere) has implemented various programs to mitigate Sexually Transmitted Infections (STIs), Chlamydia’s persistence among populations age 24 and younger is of concern. Between 2012 and 2016, 2 in every 3 or more cases (≥67%) are positives for populations age 24 and younger. Of equal concern, during this period, between 10 to 16% of total cases were among populations age 17 and younger.

Table 2

Number of Chlamydia Cases Forsyth County, NC, 2012 - 2016					
	Total	Age ≤17 years		Age ≤24 years	
Year	# of cases	# of cases	% of total cases	# of cases	% of total cases
2016	2564	266	10%	1711	67%
2015	2465	341	14%	1686	68%
2014	2463	259	11%	1693	69%
2013	2416	270	11%	1735	72%
2012	2300	364	16%	2026	88%

Source: The North Carolina Electronic Disease Surveillance System

Data is current as of February 7th, 2017.

New Initiatives

Prescription Drug Overdose Prevention

The Department of Public Health has received additional funding to implement Project Lazarus, a community-based overdose prevention model to continue efforts to reduce the incidence of drug overdose in the community. The Department is currently in conversation to develop a standing order to provide naloxone to families that experience an overdose through first responders, namely Emergency Medical Services. This new endeavor would get naloxone into the homes of those at greatest risk - those who have already experienced a prior overdose.

TANF Out-of-Wedlock Birth Prevention

The Department of Public Health has received funding from NC State's Women's Health Branch to continue providing Long Acting Reversible Contraception and related education to community residents. During the 1st half of 2016, the Department of Public Health's Family Planning clinic providers distributed 214 LARC methods to women living in the community.

Chronic Disease Prevention

In 2016 the Department of Public Health received funds from the NC Office of Minority Health and Health Disparities to act as fiduciary lead for a regional diabetes prevention program. The program is available to community residents in all 10 counties of the NC Local Health Director, Region 3 area. The program is guided by the Centers for Disease Control and Prevention's Prevent Type 2 curriculum. The curriculum is 16 weeks long. Recruitment for participants began in the fall of 2016 and classes will begin in 2017.

Sources

Centers for Disease Control and Prevention. 2016. E-Cigarettes and Young People: A Public Health Concern. <https://www.cdc.gov/features/ecigarettes-young-people/index.html>. Last updated January 31, 2017. Accessed 02/07/2017.

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/proj16co.pdf>. Accessed 02/07/2017.

North Carolina Central Cancer Registry. 2017. Projected New Cancer Cases and Deaths for Selected Sites by County. <http://www.schs.state.nc.us/schs/CCR/proj17co.pdf> Accessed 03/02/2017.

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. Department of Health and Human Services. 2016. E-cigarette Use Among Youth and Young Adults. <https://e-cigarettes.surgeongeneral.gov/> Retrieved 02/07/2017.