

2011 Community Health Assessment Brochure



Forsyth County, North Carolina

Population Demographics & Growth

Overview

Located in central North Carolina, Forsyth County is 409 square miles bounded by Stokes, Guilford, Davidson, Davie, and Yadkin counties. The largest metropolitan area in the county is Winston-Salem.

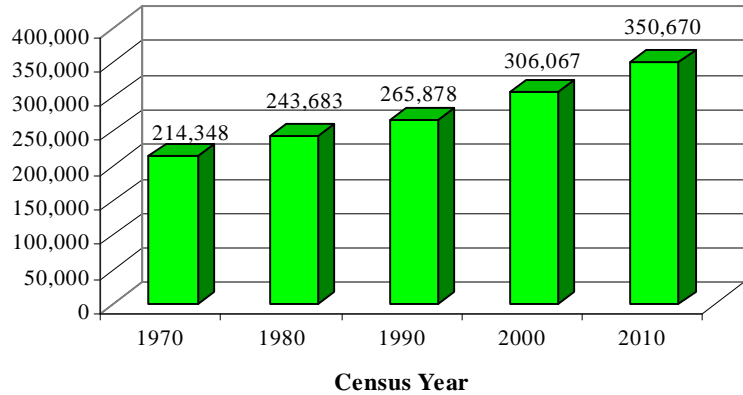
According to the 2010 Census, 350,670 people reside in Forsyth County which is a 14.6% increase since the 2000 Census population of 306,067.

The median age of the population is 37.2 years and about 24% of the residents are under 18 and 13% over the age of 65.

In 2009 there were 4,834 births for an annual birth rate of 13.6 per 1,000 population. Hispanic births represented one in every five births.

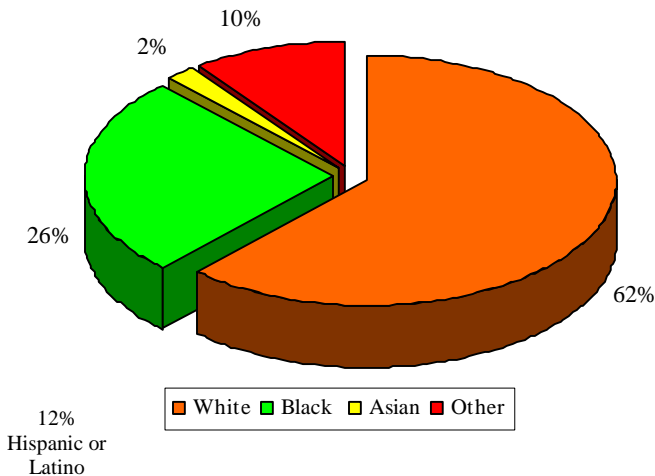
Hispanics account for the fastest growing population in Forsyth County, increasing by 114% in the past 10 years.

Forsyth County Population Growth, 1970-2010



Population Change 2000-2010	
Non-Hispanic	
White ,alone	6% ↑
Black, alone	19% ↑
Asian, alone	76% ↑
American Indian , alone	106% ↑
Native Hawaiian, alone	86% ↑
Some other race, alone	137% ↑
Hispanic	
Hispanic	114% ↑
Non-Hispanic	8% ↑

Forsyth County Population, 2010 Census



Among persons reporting one race, American Indian, Native Hawaiian and Asian reported the second, third and fourth highest rate of growth respectively from 2000 to 2010.

Changes in Health Status Since CHA 2007

The Community Health Assessment (CHA) is completed every four years. Community health data is analyzed to identify community health changes and establish priority issues. Since 2007 CHA, some areas have shown improvement, some worsened and some have remained the same.

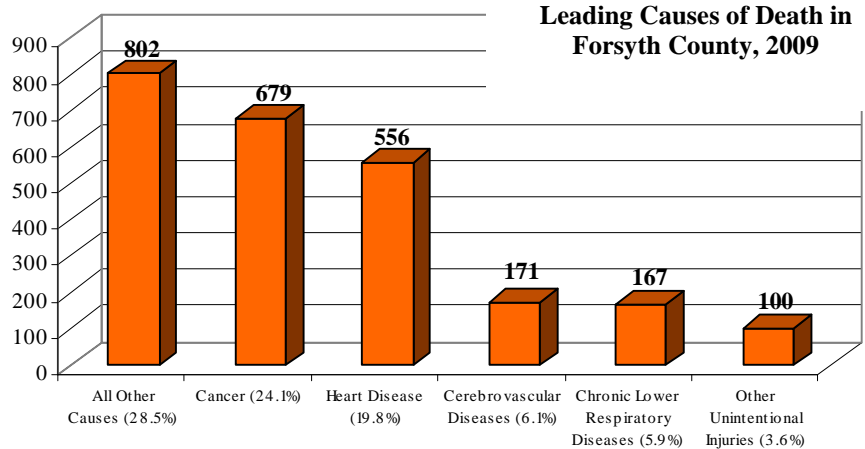
CHA Comparison Legend	Symbol	Meaning
	←	Worsening
	↔	Similar
	→	Improvement

	Selected Health Indicators	Forsyth County Community Health Assessment Year			National Healthy People 2020 Benchmark
		2005	2009	CHA Comparison	Benchmark
Maternal and Child Health	<i>Selected Health Indicators</i>	<i>2005</i>	<i>2009</i>	<i>CHA Comparison</i>	<i>Benchmark</i>
	Infant Mortality (Rate per 1,000 Live Births)	8.9	9.9	←	6
	Teen Pregnancy (Rate per 1,000 Females ages 15-17)	38.1	38.6	↔	36.2
Leading Causes of Death (Age-Adjusted Rate per 100,000 Population)	<i>Selected Health Indicators</i>	<i>2001-5</i>	<i>2005-9</i>	<i>CHA Comparison</i>	<i>Benchmark</i>
	All Cancers	199.3	183.5	↔	160.6
	Heart Disease	193.0	150.5	→	100.8
	Chronic Lower Respiratory Disease	65.0	49.6	→	98.5
	Stroke	47.3	49.5	↔	33.8
	Alzheimer's	36.7	27.9	→	**
Injury (Age-Adjusted Rate per 100,000 Population)	<i>Selected Health Indicators</i>	<i>2001-5</i>	<i>2005-9</i>	<i>CHA Comparison</i>	<i>Benchmark</i>
	Unintentional	23.3	25.6	↔	36
	Motor Vehicle	12.4	12.0	↔	12.4
	Suicide	10.4	10.8	↔	10.2
	Homicide	7.1	6.6	↔	5.5
Communicable Disease (Rate per 100,000 Population)	<i>Selected Health Indicators</i>	<i>2001-5</i>	<i>2005-9</i>	<i>CHA Comparison</i>	<i>Benchmark</i>
	Primary/Secondary Syphilis	1.8	10.5	←	Females-1.4; Males-6.8
	Gonorrhea	237.7	230.4	↔	Females-257; Males-198
	Tuberculosis	4.0	2.3	→	1.0
Behavioral/ Environmental Health Risks (% of Adults Over 18 Years of Age)	<i>Selected Health Indicators</i>	<i>2005</i>	<i>2009</i>	<i>CHA Comparison</i>	<i>Benchmark</i>
	Smoking	18.5	21.2	↔	12
	Obesity	21.5	27.6	←	30.6
	No Physical Activity	17.3	12.8	→	32.6

Sources: NC State Center for Health Statistics; National Benchmarks are Healthy People 2020 Targets

Leading Causes of Death

There was a total of 2,814 deaths in Forsyth County in 2009. Exactly 50% of deaths were caused by Cancer, Heart Disease, and Cerebrovascular Disease (Stroke), the top 3 leading causes of death.



Top Ten Leading Causes of Death for Forsyth County, North Carolina, and the United States, 2009

	Forsyth	NC	US
Cancer	1	1	2
Heart Disease	2	2	1
Cerebrovascular Disease	3	3	4
Chronic Lower Respiratory Disease	4	4	3
Alzheimer's Disease	5	6	6
Other Unintentional Injuries	6	5	5
Diabetes Mellitus	7	7	7
Kidney Disease	8	8	9
Pneumonia & Influenza	9	9	8
Septicemia	10		
Motor Vehicle Injuries		10	
Suicide			10

Leading Causes of Death by Race in Forsyth County, 2009

Rank	Whites	Non-Whites	Hispanics
1	Cancer	Cancer	Homicide
2	Heart Disease	Heart Disease	Heart Disease
3	Chronic Lower Respiratory Disease	Cerebrovascular Disease	Cancer
4	Cerebrovascular Disease	Diabetes Mellitus	Congenital Anomalies
5	Other Unintentional Injuries	Chronic Lower Respiratory Disease	Motor Vehicle Injuries
6	Alzheimer's Disease	Kidney Disease	Perinatal Conditions
7	Pneumonia & Influenza	Other Unintentional Injuries	Other Unintentional Injuries
8	Septicemia	Alzheimer's Disease	Suicide
9	Suicide	Perinatal Conditions	Septicemia
10	Kidney Disease	HIV Disease	Cerebrovascular Disease

Leading Causes of Death in Forsyth County by Gender, 2009

Rank	Males	Females
1	Cancer	Cancer
2	Heart Disease	Heart Disease
3	Chronic Lower Respiratory Disease	Cerebrovascular Disease
4	Other Unintentional Injuries	Chronic Lower Respiratory Disease
5	Cerebrovascular Disease	Alzheimer's Disease
6	Suicide	Other Unintentional Injuries
7	Kidney Disease	Pneumonia & Influenza
8	Diabetes Mellitus	Diabetes Mellitus
9	Pneumonia & Influenza	Septicemia
10	Septicemia	Kidney Disease

Leading Causes of Death in Forsyth County by Age Group, 2009

Infants (<1year)	Ages 1-14 Years	Ages 15-24 Years
1. Congenital Defects	1. Cancer	1. Motor Vehicle Injuries
2. Prematurity & Low Birth Weight	2. Other Unintentional Injuries	2. Suicide
3. Maternal Complication or SIDS	3. Influenza & Pneumonia	3. Other Unintentional Injuries
Ages 25-44 Years	Ages 45-64 Years	Ages 65+ Years
1. Heart Disease	1. Cancer	1. Cancer
2. Cancer	2. Heart Disease	2. Heart Disease
3. Other Unintentional Injuries	3. Other Unintentional Injuries	3. Chronic Lower Respiratory Disease

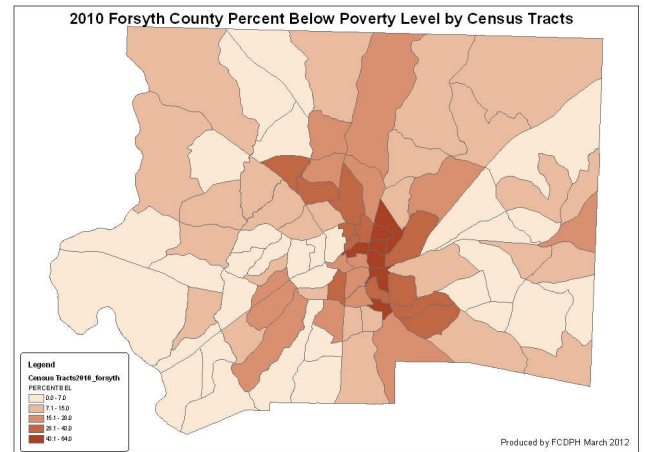
Social Determinants of Health

Social determinants of health (SDH) are conditions in the environments in which people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. The conditions could be social, economic, or physical; the environments could be a school, church, workplace, or neighborhood.

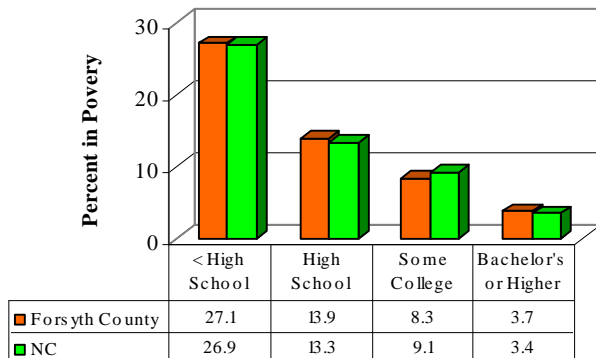
According to the 2010-12 Forsyth County Health Rankings, the strongest predictors of better or poorer health status are better or poorer socioeconomic conditions respectively.

Resources that enhance quality of life can have a significant influence on population health outcomes such as:

- Availability of resources to meet daily needs (e.g., safe housing and local food markets)
- Access to educational, economic, and job opportunities
- Access to health care services
- Social norms and attitudes (e.g., discrimination, racism, and distrust of government)
- Exposure to crime, violence, and social disorder (e.g., presence of trash and lack of cooperation in a community)
- Socioeconomic conditions (e.g., concentrated poverty and the stressful conditions that accompany it)
- Residential segregation
- Language/Literacy



Poverty Status by Education in Forsyth County, 2007-2009



Education

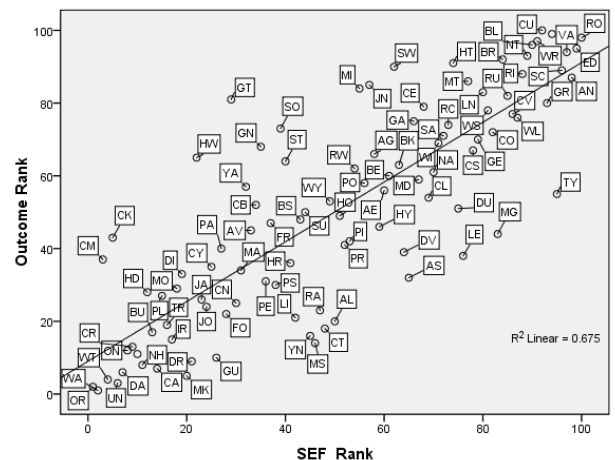
Education is the Leading Health Indicator to address social determinants as a means to improve population health. Higher levels of education is associated with:

- Longer life expectancy
- Financial security
- Improved health and quality of life
- Health-promoting behaviors like getting regular physical activity, not smoking, and going for routine checkups and recommended screenings.

Social & Economic Factors in Forsyth County:

- 76%-High School Graduation
(% of 9th grade cohort that graduates in 4yrs)
- 19%-Inadequate Social Support
(% of adults without social/economic support)
- 22.8%-Children in Poverty
(% of children under age 18 in poverty)
- 11%-Single-Parent Households
(% of all households that are single-parent households)
- 14.7%- Population In Poverty
(% of all persons below poverty level)
- 9.9%-Unemployment rate

NC County Health Outcomes vs Social & Economic Factors Rankings



Health Disparities

Healthy People 2020 defines health disparities as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”

Persistent health disparities in the United States, North Carolina and Forsyth County are unacceptable and correctable. The problem must be addressed with dual strategies– both universal interventions available to everyone and targeted interventions for populations with special needs.

“I don’t call 911 because they do not have interpreters and it takes a long time...”

Participant in 2011 Focus Group Report

Access to Care

Indicators of health disparities in access to care include:

- Number of insured has risen
- Disparities for racial & ethnic minorities; gender, educational, income
- Access to care for undocumented residents
- Access to dental care

“We want access to dental care, eye care & health care.”

Hispanic Respondents in 2011 Focus Group Report

Health Disparities can lead to concerns about:

- Cultural beliefs and attitudes/ trust
- Culturally competent providers
- Effective messages
- Navigating the health care system

Health Outcomes– Mortality & Morbidity

- *Infant deaths*– Since 2005 to 2009, the non-Hispanic black babies die at a rate of almost 3 times that of white babies.
- *Prostate Cancer deaths* among African Americans are about 2.3 times that of White men.
- African American experience higher death rates for *Diabetes, Heart Disease, Stroke and Kidney Disease* compared to Whites.
- *Homicide deaths* are 3.1 times higher among African American than White and 5.0 times higher among males compared to females.
- Whites experience higher death rates for *Chronic Lower Respiratory Disease* and *Suicide* compared to African Americans.
- Prevalence of *Obesity* is twice higher among non-Whites compared to Whites.

Health Disparities in Forsyth County, 2005-2009 Adjusted Death Rates

	White	Black	Black Ratio to White	White Ratio
Prostate Cancer	7.6	17.4	2.3	1
Diabetes	14.1	45.9	3.3	1
Heart Disease	136.2	203.0	1.5	1
Stroke	43.7	72.2	1.7	1
Chronic Lower Respiratory Disease	53	35	1	1.5
Kidney Disease	13.5	32.3	2.4	1
Suicide	12.9	5.4	1	2.4
Homicide	4.3	13.1	3.1	1

Ratio: A ratio is calculated by dividing the group with the higher death rate by the group with the lower death rate.
 Example the prostate cancer ration would read: 2.3 black people die from prostate cancer for every 1 white person that dies from the same disease.
Rate per 100,000 Population

Actions to Reduce Health Disparities

- Increase community awareness of disparities as problems with solutions
- Set priorities among disparities to be addressed at the various levels
- Articulate valid reasons to expend resources to reduce and ultimately eliminate priority disparities
- Implement the dual strategy of universal and targeted interventions strategies based on lessons learned from prior success in reducing certain disparities
- Aim to achieve a faster rate of improvement among vulnerable groups by allocating resources in proportion to need and a commitment to closing gaps in health, longevity and quality of life.

2011 Community Health Priorities

Priority Health Focus Areas

1. Access to Care
2. Chronic Disease Prevention
3. Maternal & Infant Health
4. Mental Health
5. Physical Activity & Nutrition
6. Social Determinants of Health
7. Substance Abuse Prevention



From the seven priority health focus areas, the Community Health Assessment working group selected the following four health issues were chosen and action planning teams were formed from the 45 residents that attended the priority setting exercise in March 2012. The four health issues and their recommendations were:

1. *Physical Activity & Nutrition*

- Focus on chronic disease prevention by targeting children/healthy families and efforts to reduce hospital readmissions and tailor intervention to seniors
- Research evidence-based interventions such as healthy family model
- Create and encourage partnership among community agencies/organizations to strengthen their commitment and initiatives related to nutrition and physical activity.
- Mobilize and support specific partners such as YMCA and include Transformation Nation; FC Health Department with Step up Forsyth
- Expand resources, financial support and promoting efforts.

2. *Chronic Disease Prevention*

- Review evidence-based intervention such as the Pregnancy care model for Chronic disease management
- Identify which chronic disease to address: diabetes, asthma, cardiovascular, substance abuse or mental health
- Review claims data and research best practices for intervention
- Mobilize and support different partners
- Expand resources
- Focus intervention with high mental health conditions or complications with those with chronic disease management complications

3. *Maternal and Infant Health*

- Promote a breast feeding policy through media campaign and presentation to businesses, hospital clinicians, and private practice physicians. According to emerging research, breastfeeding reduces infant mortality by 29%. Breastfeeding needs to be promoted as the norm for infant feeding in Forsyth County.
- Focus on pre-conception health for women of child bearing age through FCIMRC an interconception project to improve the quality of preconception counseling provided at the postpartum visit.

4. *Social Determinants of Health*

- Convene different community and business leaders to increase awareness of this issue
- Mobilize and support specific partners such as businesses, Forsyth Future, CHANGE
- Research evidence-based interventions and models
- Strengthen the social structure in the community, social isolation identified as a barrier
- Due to lack of access to resources, assure resources are equitable; advocate for discourse around limited resources
- Review Purpose Built Community in Guilford County for ideas
- Support the Public Health leadership during this process



2011 Forsyth County Community Health Action Plans

Objectives

- Increase the percentage of Forsyth County adults who report getting the recommended amount of physical activity.
- Increase the percentage of Forsyth County adults who consume five or more servings of fruits and vegetables per day to 29%
- Decrease the percentage of middle school students who describe themselves as slightly or very overweight
- Increase community awareness, resources and services available for improved chronic disease management
- Reduce Forsyth County infant mortality rate from 7.7 to 7.0 infant deaths by 2015
- Reduce the percentage of high school students who report using tobacco products on a daily basis
- Raise public awareness of social determinants of health

Interventions

- Reduce tobacco use initiation, minor's access to tobacco products and exposure to second-hand smoke.
- Promoting breastfeeding initiatives to new mothers through outreach education and support
- Promote unified health message that relates to physical activity, nutrition and health
- Increase community collaboration and cross-promotion of programs related to nutrition, food access and food security
- Support initiatives that address chronic disease Hospital to Home programs among our senior population

Who We Are and About This Report

This report provides an overview of public health indicators and priorities for Forsyth County. Identifying our 2011 Community Health Assessment top priority focus areas: physical activity & nutrition, chronic disease prevention, maternal & infant health and social determinants of health is the initial step. We all need to be advocates for health by working with policymakers and other leaders in our community to pass smoke-free laws, create more options for physical activity, and support other initiatives to create healthier places where we can live, learn, work and play.

The Forsyth County Department of Public Health would like to express our thanks to the Forsyth County Healthy Community Coalition, its action teams, and its collaborating community members, leaders, agencies, and volunteers. It is because of their excellent work that we are able to complete this report. We also thank the Board of Health, the Board of Commissioners, and county taxpayers for their ongoing support as we all work towards a healthier Forsyth County.

The Forsyth County Healthy Community Coalition is a certified [Healthy Carolinians Task Force](http://www.healthycommunity.ws/default.aspx) and is a non-partisan, non-religious, community health advocacy group. It focuses on long-term, system-level solutions to health problems. Coalition members work to create and enact policies that will make this community a healthier place to live. For more information check out this website: <http://www.healthycommunity.ws/default.aspx>



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