

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



Forsyth County
Department of Public Health

Promoting Health, Improving Lives

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Introduction

The 2015 Forsyth County (FC) SOTCH Report presents an overview of the Action Plans filed on December 31st, 2015.¹ The identified priority health issues are chronic diseases, infant mortality, and mental health. Due to the December 31st, 2015 filing date, this report does not include a progress report on the action plans.

The report begins with a review of major morbidity and mortality data. It then reviews the action plans. The report concludes with an overview of the Forsyth County Department of Public Health's vector control program as it relates to the Zika virus.

Review of Major Morbidity and Mortality Issues

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 were: Chlamydia: 2,466, Gonorrhea: 1,038, Non-Gonococcal Urethritis (NGU): 305, and Pelvic Inflammatory Disease (PID): 13.² In 2014, the reported number of cases were: 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

In 2014, cancer (all sites), heart diseases, chronic lower respiratory diseases, cerebrovascular diseases and other unintentional injuries were the five leading causes of death in Forsyth County (Table 2). Four of the five were due to chronic health conditions. 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).

¹ The 2014 CHA report is available at https://www.forsyth.cc/PublicHealth/Documents/2014_CHA_REPORT.pdf

² The 2015 sexually transmitted diseases data is as of 02/22/2016.

Table 2

Leading Cause of Death, 2014						
Ranking	Cause of Death	Number of Deaths 2014	Death Rate 2014	Number of Deaths 2010-2014	Death Rate 2010-2014	Age-Adjusted Death Rate 2010-2014
	Total Deaths: All Causes	3,135	858.2	15,309	855.3	781.3
1	Cancer, All sites	723	197.9	3,532	197.3	177.9
2	Heart Diseases	575	157.4	2,832	158.2	142.9
3	Chronic Lower Respiratory Disease	177	48.5	927	51.8	47.6
4	Cerebrovascular Disease	165	45.2	837	46.8	42.4
5	Other Unintentional Injuries	120	32.8	550	30.7	28.8

Source: North Carolina State Center for Health Statistics, Volume 2 - Leading Causes of Death, Vital Statistics, <http://www.schs.state.nc.us/data/vital/lcd/2014/>
 Accessed on February 19th, 2016

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. An action plan for each was filed on December 31, 2015. This section of the SOTCH report summarizes the action plans developed. **None of the action plans have been implemented for one year.**

Priority Health Issue #1: Chronic Diseases

Overall objective: By September, 2018, 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.

I. Intervention that Targets Individual Behavior and Health Disparities

Aim 1.1 By August, 2018, develop and implement a community-based case management style diabetes prevention program in three (3) county locations that is aimed at reducing new cases of diabetes by 10%.

Strategy 1.1A By January, 2016, convene a Novant Health internal patient education team to research and design a case management style Diabetes Prevention Program curriculum (along with evaluation tools and protocol).
 1.1B By March, 2016, conduct focus groups to ascertain community support of curriculum, adjust and modify as appropriate.
 1.1C By August, 2016, identify three (3) community-based locations to replicate a case management style diabetes prevention program.
 1.1D Between August, 2016 and August, 2018, implement the case management style diabetes prevention program.

Community Partners **Lead Agency:** Novant Health Forsyth Medical Center
Other Agencies: Kernersville Senior Enrichment Center (KSEC), YMCA of Northwest North Carolina, Winston Salem/Forsyth County Schools, the Shepherd's Center, and Winston Salem State University

Goals 1. By September, 2018, 30% of participants will report that they are more informed of their risk of developing diabetes and have an increased awareness of their actions.

2. By September, 2018, 30% of participants will report that they have learned new skills in managing their health, and have changed their attitudes and beliefs to achieve healthier outcomes.
3. By September, 2018, there will be 10% fewer new cases of diabetes due to participants achieving weight loss, and maintaining that loss over time.

II. Intervention that Targets Individual Behavior

Aim	1.2 By September, 2018, develop and implement a chronic disease self-management program at Novant Health Forsyth Medical Center
Strategy	<p>1.2A By January, 2016, convene an interdisciplinary group of Novant Health educators and professionals to design and implement a chronic disease self-management program.</p> <p>1.2B By February, 2016, identify participants through existing healthy lifestyle-based programs who have been diagnosed with chronic disease to enroll in the self-management program components.</p> <p>1.2C By March, 2016, begin tracking and evaluating progress of participants in chronic disease self-management program.</p> <p>1.2D From March, 2016 to September 2018, monitor ongoing cohorts of chronic disease self-management program participants.</p>
Community Partners	<p>Lead Agency: Novant Health Forsyth Medical Center</p> <p>Other Agencies: YMCA of Northwest North Carolina, Winston Salem/Forsyth County Schools, and the Shepherd's Center and Winston Salem State University</p>
Goals	<ol style="list-style-type: none"> 1. By September, 2018, 30% of participants will report improvements in exercise, cognitive symptom management, communication with physicians and self-reported general health. 2. By September, 2018, 30% of participants will report that they have gained knowledge, decreased unhealthy behaviors, and increase healthy behaviors. 3. By September, 2018, 30% of participants will spend fewer days in the hospital as a result of better self-management of chronic conditions and greater compliance to healthier behaviors.

Priority Health Issue #2: Infant Mortality

Overall objective: By November, 2018, reduce infant mortality due to SIDS and unsafe sleep among Black babies by 20%.

I. Intervention that Targets Individual Behavior and Health Disparities

Aim	2.1 By November, 2016, implement training on SIDS risk reduction and elements of a safe sleep environment and community safe sleep resources to 5 church nurseries.
Strategy	<p>2.1A By March, 2016 convene an interdisciplinary group of health and human service professionals and community representatives to research and design a "train-the-trainer" Safe Sleep curriculum.</p> <p>2.1B By May, 2016, conduct focus groups to ascertain community support of curriculum, adjust and modify as appropriate.</p> <p>2.1C By November, 2016, identify five (5) predominantly Black churches with church nurseries (not licensed childcare centers) located in defined distressed communities.</p>

2.1D By November, 2016, train volunteer staff in replication and implementation of a peer lead safe sleep program.

Community Partners **Lead Agency:** Forsyth County Infant Mortality Reduction Coalition
Other Agencies: Minister's Conference of Winston-Salem and Vicinity (MC), Work Family Resource Center, Smart Start of Forsyth County, Welcome Baby / Exchange/SCAN, and Healthy Beginnings/Parent Education Unit at Forsyth County Department of Public Health.

Goals

1. By March, 2017, 75% of church nursery volunteers will report that they are more informed of SIDS risks and are better equipped to create and provide safe sleep places and environments for children in their care.
2. By March, 2017, 75% of church nursery volunteers will report that they are better equipped to provide education and support to parents to foster safe sleep places in their own homes.
3. By March, 2017, 75% of parents of children in care will report that they feel better equipped to create and provide safe sleep places and environments for their children at home.
4. By March, 2017, 80% of African American churches that participated in the training will create and support policy and protocol within the church nursery and among church nursery staff to support SIDS risk reduction and the promotion of safe sleep places and environments.

II. Intervention that Targets Individual Behavior and Health Disparities

Aim **2.2** By December, 2016, expand SIDS risk reduction and safe sleep training to 70% of childcare centers and 75% of Forsyth Technical Community College's Early Childhood Education students.

Strategy

2.2A By April, 2016, create expanded SIDS/Safe Sleep training for new hires.
2.2B By May, 2016, seek to have SIDS/Safe Sleep training added as a requirement for DSS licensure of child care centers.
2.2C By June, 2016, celebrate SIDS/Safe Sleep week at area child care centers, offer pins to staff ("Ask Me About Safe Sleep").
2.2D By June, 2016, create and distribute "Safe Sleep is Practiced Here" window decals for area child care centers.
2.2E By October, 2016, offer SIDS/Safe Sleep workshop to students enrolled in Early Childhood Education programs at the Forsyth Technical Community College.

Community Partners **Lead Agency/Coalition:** Forsyth County Infant Mortality Reduction Coalition
Other Agencies: Work Family Resource Center, Smart Start of Forsyth County, Welcome Baby / Exchange/SCAN, and Healthy Beginnings/Parent Education Unit at Forsyth County Department of Public Health; Forsyth County Department of Social Services, Childcare Centers, and Forsyth Technical Community College's Early Childhood Education Program.

Goals

1. By December, 2016, 80% of childcare centers and Early Childhood Education students will report that they are more informed of SIDS risks and safe sleep practices.

2. By December, 2016, 80% of childcare centers and Early Childhood Education students will report that they are better equipped to advise families on the creation of safe sleep places and environments for children.
3. By December, 2016, 80% of childcare centers and Early Childhood Education students will report increased knowledge of community resources related to SIDS risk reduction and the promotion of safe sleep places and environments.
4. By December, 2016, 100% of childcare centers will display decals promoting safe sleep and will organize center activities during SIDS and Safe Sleep observances week and months.

III. Intervention that Targets Individual Behavior and Health Disparities

Aim	2.3 By November, 2017, expand the Cribs for Kids program at the Forsyth County Department of Public Health to include training of health and human service professionals.
Strategy	<p>2.3A By March, 2017, convene an interdisciplinary group of health and human service professionals and community representatives to research, design, and implement a "train-the-trainer" Safe Sleep curriculum (along with evaluation tool and protocol) for other health and human service professionals.</p> <p>2.3B By May, 2017, conduct at least two (2) focus groups of health and human service professionals to ascertain community support of curriculum, adjust and modify as appropriate.</p> <p>2.3C By July, 2017, assist at least two (2) health and human service agencies that conduct home visits in the expansion or development of policy and protocol to support safe sleep at home visits.</p> <p>2.4D By November, 2017, identify five (5) cohorts of health and human service professionals to implement Safe Sleep curriculum training.</p> <p>2.3E By November, 2017, develop consistent SIDS / safe sleep messaging tools / algorithms for health and human service professionals.</p> <p>2.3F By November, 2017, offer SIDS risk reduction and safe sleep training to two (2) DSS Foster Parent classes.</p>
Community Partners	<p>Lead Agency/Coalition: Forsyth County Infant Mortality Reduction Coalition</p> <p>Other Agencies: Area Health and Human Service Agency / Representative, To Be Determined, Work Family Resource Center, Smart Start of Forsyth County, Welcome Baby / Exchange/SCAN, and Healthy Beginnings/Parent Education Unit at Forsyth County Department of Public Health, and Forsyth County Department of Social Services.</p>
Goals	<ol style="list-style-type: none"> 1. By March, 2018, 80% of health and human service community partners will report that they are more informed of SIDS risks and safe sleep practices. 2. By March, 2018, 80% of health and human service community partners will report that they are better equipped to advise families on the creation of safe sleep places and environments for children. 3. By March, 2018, 80% of health and human service professionals will report that they have increased knowledge of community resources related to SIDS risk reduction and the promotion of safe sleep places and environments, particularly regarding referrals into the Cribs for Kids program at the Forsyth County Department of Public Health.

4. By March, 2018, 80% of foster parent applicants will report that they are confident in their ability to recognize and create a safe sleep environment.

IV. Intervention that Targets Organization Policy and Health Disparities

Aim **2.4 By November, 2018, initiate/expand the safe sleep protocol/policy during home visitation by First Responders by 50%.**

Strategy **2.4A** By March, 2018, convene leadership and training representatives of the city's and county's first responder agencies to assess current safe sleep protocol during home visitation for Direct On-Scene Education program compliance.
2.4B By May, 2018, convene interdisciplinary team of health and human service professionals and community representatives, and composed of at least 50% first responder agency staff to expand upon or develop safe sleep protocol for first responder agencies.
2.4C By May, 2018, develop relationship with at least one first responder credentialing/continuing education provider to offer continuing education to participating first responders.
2.4D By November, 2018, implement safe sleep protocol training (along with evaluation tool) for first responders and citizens. Training will be offered singularly or as part of larger first responder continuing education efforts.

Community Partners **Lead Agency:** Forsyth County Infant Mortality Reduction Coalition
Other Agencies: Leadership of First Responder agencies, and First Responder representatives from the Forsyth County Child Fatality Prevention Team, Work Family Resource Center, Smart Start of Forsyth County, Welcome Baby / Exchange/SCAN, and Healthy Beginnings/Parent Education Unit at Forsyth County Department of Public Health, and Forsyth Technical Community College

Goals **1.** By November, 2018, 50% of First Responders will report that they are more informed of SIDS risks and safe sleep practices.
2. By November, 2018, 50% of First Responders will report that they are better equipped to advise on the creation of safe sleep places and environments for children met through home visitation.
3. By November, 2018, 50% of First Responders will report that they have increased knowledge of community resources related to SIDS risk reduction and the promotion of safe sleep places and environments.
4. By November, 2018, 50% of First Responder agencies will create or expand upon existing home visiting policy to include inspections for safe sleep places and environments.
5. By November, 2018, 50% of First Responder agencies will create or expand upon existing training policy and protocol within the agency to support/include continuing education related to safe sleep.

V. Intervention that Targets Organization Policy and Health Disparities

Aim **2.5 By December, 2017, create and distribute SIDS/Safe Sleep media message.**

Strategy **2.5A** By May, 2017, convene an interdisciplinary team to develop media outreach plan for safe sleep leading questions messaging.
2.5B By August, 2017, create at least two (2) ads per television, radio, and social media with message for that focus on SIDS and safe sleep.

- 2.5C By September, 2017, distribute in at least three (3) different media venues safe sleep leading questions messaging.
- 2.5D By September, 2017, post SIDS and safe sleep messages on social media, and invite community partners to do likewise.
- 2.5E By September, 2017, cultivate a relationship with local media to carry stories related to SIDS and Safe Sleep.

Community Partners **Lead Agency/Coalition:** Forsyth County Infant Mortality Reduction Coalition
Other Agencies: Work Family Resource Center, Smart Start of Forsyth County, Welcome Baby / Exchange/SCAN, and Healthy Beginnings/Parent Education Unit at Forsyth County Department of Public Health; Forsyth County Department of Social Services, Childcare Centers, Forsyth Technical Community College's Early Childhood Education Program.

Goals 1. By October, 2017, messages related to SIDS risk reduction and the creation of safe sleep places will be shared with the community through a variety of media outlets.

Priority Health Issue #3: Mental Health

Overall objective: By December, 2018, reduce the number of mental health cases that present to the Emergency Department for mental health care by 20% and increase counseling services for Medicaid patients and the uninsured by 25%.

I. Intervention that Targets Individual Behavior and Health Disparities

Aim **3.1 By December, 2018, reduce the number of mental health cases that present to the Emergency Department for mental health care by 20%.**

Strategy **3.1A** Assess the behavioral health needs of each patient that presents to the ED with mental health issues.
3.1B Develop protocols for intervention based on the outcome of each patients' assessment
3.1C Develop and implement individual intervention programs

Community Partners **Lead Agency:** Wake Forest Baptist Medical Center
Other Agencies: Kate B. Reynolds Charitable Trust, The NC Center of Excellence for Integrated Care, and Centerpoint

Goal 1. By December, 2018, PHQ9 score will improve for 20% of patients.
2. By December, 2018, there will be a 20% decrease in the use of psychotropic drugs.
3. By December, 2018, there will be a 20% reduction in Emergency Department visits for behavioral health issues.

II. Intervention that Targets Individual Behavior and Health Disparities

Aim **3.2 By December, 2017, increase uninsured and Medicaid patients receiving counseling by 25%**

Strategies **3.2A** Identify and engage ED patients with behavioral issues who present with Medicaid or no insurance.

Community Partner **Lead Agency:** CareNet

Goals 1. By December, 2017, there will be a 25% increase in uninsured and Medicaid patients who receive counseling

Progress Made in Last Year

The Action Plans were filed on December 31st, 2015. None has been implemented for one year.

Changes in Data

The 2014 Community Health Assessment (CHA) was filed on July 31st, 2015. This CHA included the most recent data available from the State Center for Health Statistics (SCHS).

New and Emerging Issues

Messages about the vector-borne Zika virus's identification and threats have been announced through various news media. The Zika virus is transmitted through the bite of an infectious mosquito, although cases of transmission through sexual contact and blood transfusion have also been reported. Symptoms include rash, red eyes, fever and joint pain.

The Forsyth County Department of Public Health's Environmental Health's Vector Control Program has the capacity to pro-actively implement preventive measures to reduce the number of larval mosquitoes in the community. Such measures reduces the potential for mosquito-borne diseases such as Zika.

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