

2017 State of the County's Health Report



The Guilford County Department of Health & Human Services (GCDHHS), Division of Public Health is pleased to present the 2017 State of the County Health Report (SOTCH) for Guilford County. The 2017 SOTCH Report:

- Reviews recent major morbidity and mortality data for the county;
- Provides information on health priorities identified in the 2015-2016 Community Health Assessment;
- Highlights recent data and progress made on these pressing health priorities and
- Identifies emerging issues that impact the county's health status.

In North Carolina, the state requires each local health department to conduct a Community Health Assessment (CHA) every three years for accreditation. The CHA also provides valuable information on the health needs and assets within Guilford County, identifies pressing health issues and provides information for the development of action plans that address community health concerns. During the years between assessments, local health departments release a condensed SOTCH.

Public Health is working collaboratively with community partners to address the 2016 CHA priorities:

- Healthy Eating and Active Living,
- Maternal and Child Health,
- Behavioral Health and
- Social Determinants of Health.

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ABOUT GUILFORD COUNTY ^{1, 2}

- Estimated Population: 521,330 (2016)
- Median Household Income: \$47,262 (in 2016 inflation adjusted dollars)
- Unemployment Rate: 5.2% (2016 Annual)²
4.7% (November 2017 Preliminary)
- Percentage of Residents Living Below Poverty: 18.6% (2016)
- Percentage of Families with Children Under 18 Years of Age Living Below Poverty: 41.8% (2016)*
- Percentage of high school graduate or higher: 87.8% (2016)
- Percentage of bachelor's degree or higher: 34.5% (2016)

*Note: The federal poverty level is less than \$23,850 for a family of four.

GUILFORD COUNTY DEMOGRAPHICS, 2016 1 YEAR ESTIMATES ¹

Race	2016 Estimate	Percent
White	290,962	55.8%
Black/African American	175,229	33.6%
Asian	26,138	5.0%
American Indian/Alaska Native	1,975	0.4%
Native Hawaiian/Pacific Islander	383	0.1%
Two or more races	14,980	2.2%
Some other race	14,980	2.9%
Ethnicity*		
Hispanic (Any race)	40,991	7.9%

*Note: Persons who identify as Hispanic or Latino can be of any race.

¹ Source: American Community Survey, 2016 Estimates, Guilford County and North Carolina. Website: www.census.gov/acs.

² Source: North Carolina Department of Commerce. Access NC Guilford County North Carolina County Profile, August 2017. Website: www.nccommerce.com.

MORTALITY AND MORBIDITY DATA

Mortality and Morbidity in Guilford County

- Leading causes of death and Years of Potential Life Lost (YPLL) are measures that help us understand how specific causes of death impact the community's health. The table to the right shows the number of deaths for selected 2016 Guilford County Leading Causes of Death, as well as YPLL for each cause of death. YPLL is a public health measure that estimates the number of years of a person's life lost to society because of premature deaths prior to the age of life expectancy. For a baby born in Guilford County in 2016, life expectancy was about 79 years.
- Of the 4,375 deaths in 2016, over half of all deaths were due to chronic diseases such as cancer, heart disease, dementia, stroke, Alzheimer's disease and chronic lower respiratory disease. Most deaths from chronic degenerative conditions are age-related, occurring later in life as people get older.
- Deaths that occur earlier in the life, such as injury deaths, homicide, suicide and conditions originating in the perinatal period (near the time of birth) have a disproportionate impact on Years of Potential Life Lost.
- African-American residents have higher mortality rates than Whites for many chronic disease conditions, as well as homicide.
- Whites have higher rates of mortality due to suicide, chronic lower respiratory disease and non-motor vehicle injuries.
- Men have higher mortality rates from chronic conditions, suicide, homicide and injuries.

Deaths and Years of Potential Life Lost for Selected Leading Causes of Death, 2016

Cause of Death	Deaths	YPLL
1. Cancer (All Types)	918	9,743
2. Diseases of the Heart	809	6,384
3. Dementia	273	326
4. Stroke	261	1,473
5. Alzheimer's Disease	239	332
6. Non-Motor Vehicle Injuries	216	4,882
7. Chronic Lower Respiratory Disease	193	1,374
8. Nephritis, Kidney Disease	126	790
9. Diabetes	123	1,402
10. Pneumonia and Influenza	103	762
11. Chronic Liver Disease and Cirrhosis	71	1,374
12. Suicide	60	1,900
13. Motor Vehicle Injuries	57	1,940
14. Homicide	44	1,966
15. Conditions of the Perinatal Period	35	2,748
Other Causes of Death	847	9,838
Total Deaths—All Causes	4,375	47,234

Source: North Carolina State Center for Health Statistics, Data analysis by GCDHSS, Division of Public Health.

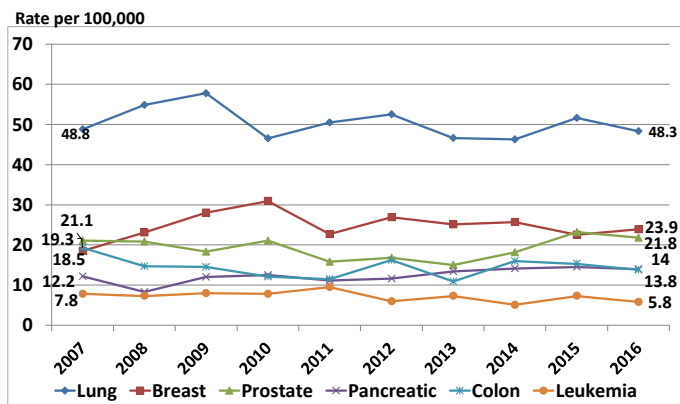
Age-Adjusted Mortality Rates by Race & Sex, 2012-2016

Mortality Rate per 100,000 Population (Five-year age adjusted rates, 2012-2016)	Healthy People 2020 ⁴ Objective	North Carolina	Guilford County	White, non-Hispanic	African American, non-Hispanic	Males	Females
Coronary Heart Disease	100.8	161.3	140.4	132.2	173.0	180.1	111.3
Total Cancer	160.6	166.5	160.0	154.7	181.8	198.4	133.7
Lung Cancer (Includes Trachea, Bronchus & Lung)	45.5	47.5	44.6	45.4	43.4	58.4	34.3
Prostate Cancer (Males Only)	21.2	20.1	21.5	17.7	40.1	21.5	NA
Breast Cancer (Females Only)	20.6	20.9	20.3	16.9	28.7	NA	20.3
Colorectal Cancer	14.5	14.0	12.5	12.4	14.3	14.4	11.0
Stroke	33.8	43.1	42.4	37.9	55.1	44.2	40.1
Chronic Lower Respiratory Disease	98.5	45.6	36.9	42.5	23.0	40.3	35.2
Diabetes	N/A	23.0	20.3	15.9	35.1	25.0	16.4
Suicide	10.2	12.9	10.8	16.1	4.0	16.7	5.7
Homicide	5.5	6.2	6.9	2.4	13.3	11.2	2.9
Unintentional Motor Vehicle Injuries	12.4	14.1	9.6	9.9	9.9	16.0	4.0
All Other Unintentional Injuries	36.4	31.9	33.0	41.1	23.2	42.2	25.5

Source: North Carolina State Center for Health Statistics, North Carolina Department Health and Human Services. 2018 County Health Data Book. Website: www.schs.state.nc.us/data/databook.

MORTALITY AND MORBIDITY DATA

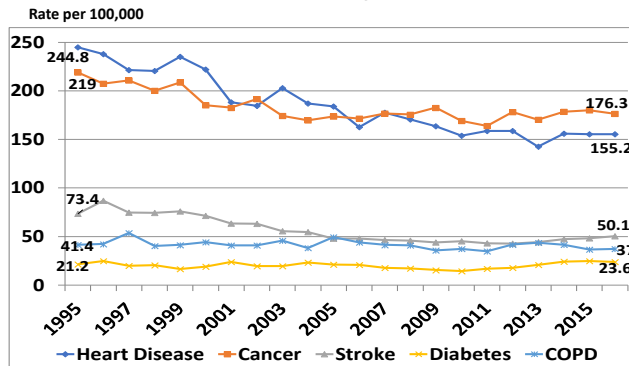
Cancer Mortality Rates in Guilford County, 2007-2016



Note: Rates are not age-adjusted.

Source: NC State Center for Health Statistics.

Chronic Disease Mortality Rates in Guilford County, 1995-2016



Note: Chronic Obstructive Pulmonary Disease (COPD) is also known as Chronic Lower Respiratory Disease (CLRD).

Source: Data provided by the NC State Center for Health Statistics.

Mortality and Morbidity in Guilford County

- Though fewer people are smoking than in years past, lung cancer remains the leading cause of deaths due to cancer.
- Cancer and heart disease are, by far, the two leading causes of death in Guilford County.
- Some disease conditions, such as influenza, are not legally reportable in North Carolina and hence data are not available for reporting.
- Of the 70+ reportable diseases in the state, among those having the largest impact on public health are the sexually transmitted infections (STIs).
- The leading STI in Guilford County is chlamydia, with 4,731 cases in 2017; gonorrhea cases numbered 1,713.
- Of greater health impact, syphilis cases numbered over 200 cases in 2017, while HIV Infection cases numbered almost 140 in 2016.
- Significant racial disparities exist with respect to STIs. Black/African-American residents account for a disproportionate percentage of the cases as compared to Whites.

Select Sexually Transmitted Infections Cases and Rates per 100,000, Guilford County, 2015-2017

	2015		2016		2017	
	Cases	Rate	Cases	Rate	Cases	Rate
Chlamydia	4,138	799.5	4,102	786.8	4,731	896.1
Gonorrhea	1,656	320.0	1,776	340.7.0	1,713	324.4
Syphilis (Primary & Secondary - P & S)	120	23.2	91	17.5	127	24.1
Syphilis (P & S & Early Latent)	199	38.5	175	34.7	203	38.5
HIV Infection (HIV & AIDS)	122	23.6	139	26.6	--	--

Sources: Communicable Disease Branch, NCDHHS, and NC Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT).

Gonorrhea and Chlamydia Cases and Rates per 100,000 By Race or Ethnicity, Guilford County, 2017

Race or Ethnicity	2017 Gonorrhea		2017 Chlamydia	
	Number of Cases	Percent of Cases	Number of Cases	Percent of Cases
American Indian	1	0.1%	3	0.01%
Asian	12	0.7%	48	1.0%
African-American	1,258	73.4%	2,952	62.4%
Hawaiian/Pacific Islander	0	0%	3	0.1%
White	2	0.1	579	12.2%
Other	164	9.6%	129	2.7%
Unknown	222	13.0%	929	19.6%
Multi-Racial	4	0.2	11	0.2%
Missing	0	0%	77	1.6%
Race Total	1,713	100.0%	4,731	100%
Hispanic*	44	2.6%	181	3.8%

Source: NC Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT).

HEALTHY EATING and ACTIVE LIVING

Did you know that....

- ▶ Guilford County has 26 “food deserts,” census tracts with a low density of grocery stores and high rates of poverty, where both income and geography are barriers to accessing healthy food?
- ▶ 25% of Guilford County survey respondents identified cost as a factor that prevented them from eating as healthy as they should?

Source: U.S. Department of Agriculture, 2016; 2016 Guilford County Community Health Survey.

Healthy Eating and Active Living in Guilford County

- Over the last two decades, Guilford County has seen substantial improvements in rates of mortality due to heart disease, exceeding Healthy North Carolina 2020 objectives. However, heart disease and other chronic diseases such as cancer, stroke and diabetes still make up two-thirds of the county’s deaths.
- Chronic diseases, such as heart disease, diabetes and high blood pressure can often be prevented by a healthy lifestyle, which includes diets rich in fruits and vegetables, lean proteins and whole grains and at least 150 minutes of moderate physical activity each week. Lack of physical activity and an unhealthy diet contribute to the three leading chronic disease causes of death in Guilford County.
- Both Healthy Eating and Active Living have an individual and societal component, involving on the one hand, personal motivation and support for developing healthy habits, and on the other hand, improving environmental conditions so that more residents have convenient access to full-service groceries and produce outlets, parks, sidewalks and other opportunities for exercise and recreation.
- Guilford County has 26 food desert census tracts, which combine high poverty with poor access to full service supermarkets. By one measure—the Food Environment Index—which incorporates food access with a measure of food insecurity, Guilford County compares poorly with most peer counties across the state, the state as a whole and national benchmarks representing the 90th percentile of US counties.
- Though many Guilford residents encounter problems with poor access to healthy food outlets and with food insecurity, 94% of county residents live near opportunities for physical activity, which include parks as well as recreation facilities. This places Guilford County above the 90th percentile among US counties for opportunities for physical

GOAL: All residents of Guilford County have easy and informed access to healthy, affordable food and opportunities to be physically active.

COMMUNITY OBJECTIVES

⇒ By December 2019, increase the percentage of people eating the recommended number of servings of fruits and vegetables to 13.6% (10% increase).

GUILFORD BASELINE (2016): 12.4%

GUILFORD UPDATE : UPDATE NOT AVAILABLE

Source: 2016 Guilford County Community Health Survey.

⇒ By December 2019, increase the percentage of persons engaging in leisure-time physical activity in the previous month to 86% (5% increase).

GUILFORD BASELINE (2016): 81.9%

GUILFORD UPDATE : UPDATE NOT AVAILABLE

Source: 2016 Guilford County Community Health Survey.

⇒ By December 2019, increase the Food Environmental Index to 6.8. (10% improvement).

GUILFORD BASELINE (2010): 6.2

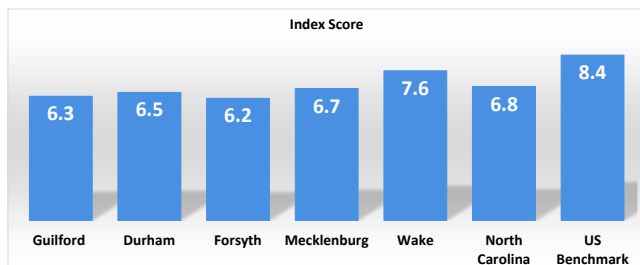
GUILFORD UPDATE: (2014): 6.3

Note: The Food Environment Index ranges from 0 (worst) to 10 (best) and equally weighs two indicators of the food environment:

Limited access to healthy foods estimates the percentage of the population who are low income and do not live close to a grocery store. Food insecurity estimates the percentage of the population who did not have access to a reliable source of food during the past year.

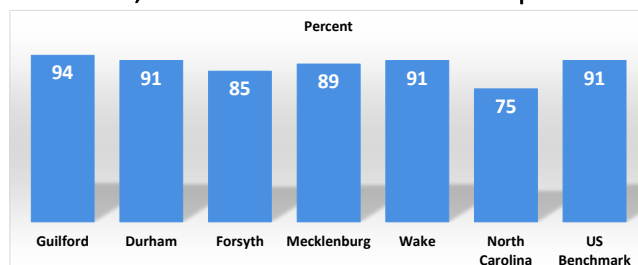
Source: USDA Food Environment Atlas, Map the Meal from Feeding America.

Food Environment Index: Guilford, NC and US Benchmark Comparisons



Source: Food Environment Atlas, Map the Meal Gap from Feeding America, 2014.
Note: Index ranges from 0 (worst) to 10 (best), combines measures of food access and food insecurity.

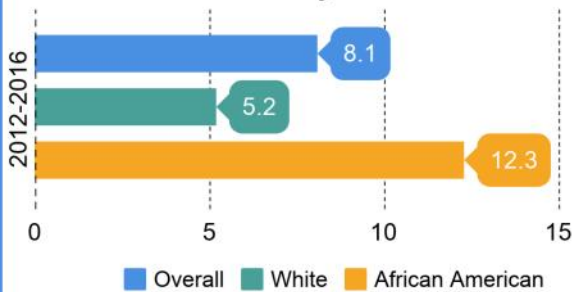
Access to Opportunities for Physical Activity Guilford, NC and US Benchmark Comparisons



Source: ESRI Business Analyst, 2014; US Census Tigerline Files.

MATERNAL and CHILD HEALTH

Guilford County Infant Mortality



While the five-year infant mortality rate was 8.1 per 1,000 live births, the African American rate was double that for Whites during the same time period (12.3 as compared to 5.2 per 1,000 live births).

Source: NC State Center for Health Statistics, 2012-2016.



Maternal and Child Health in Guilford County

- After almost 10 years of declining rates, the teen pregnancy rate increased slightly in 2016.
- The rate of pregnant women receiving late or no prenatal care improved slightly in 2016.
- After two years of declining rates, the infant mortality rate increased to 8.3 per 1,000 live births in 2016 from 7.5 in 2015.
- The White infant mortality rate declined to a historically low rate of 3.5, while the African-American rate increased from 9.3 to 14.5. The Hispanic rate was 6.0 infant deaths per 1,000 live births.

GOAL: All women in Guilford County have access and utilize health care before, during and after pregnancy; and their babies are born at a healthy birth weight.

COMMUNITY OBJECTIVES

⇒ By December 2019, reduce the 5-year infant mortality rate to 7.5 (per 1,000 live births) (5% reduction).

GUILFORD BASELINE (2011-2015): 7.9

GUILFORD UPDATE (2012-2016): 8.1

⇒ By December 2019, reduce the percentage of late or no prenatal care to 34.6% by December 31, 2019 (10% reduction).

GUILFORD BASELINE (2015): 38.5%

GUILFORD UPDATE: (2016): 37.6%

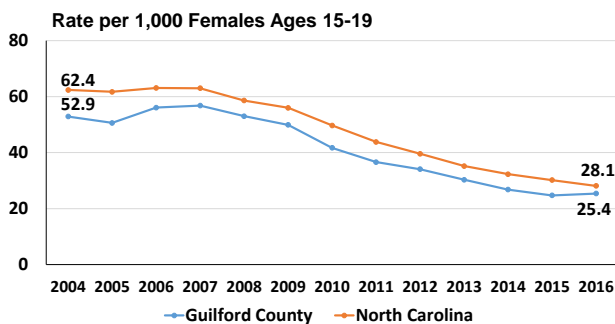
⇒ By December 2019, reduce the teen pregnancy rate per 1,000 girls ages 15-19 to 22.2 by December 31, 2019 (10% reduction).

GUILFORD BASELINE (2015): 24.7

GUILFORD UPDATE: (2016): 25.4

Source: NC State Center for Health Statistics.

Pregnancy Rates among Females Ages 15-19, Guilford County and NC, 2004-2016

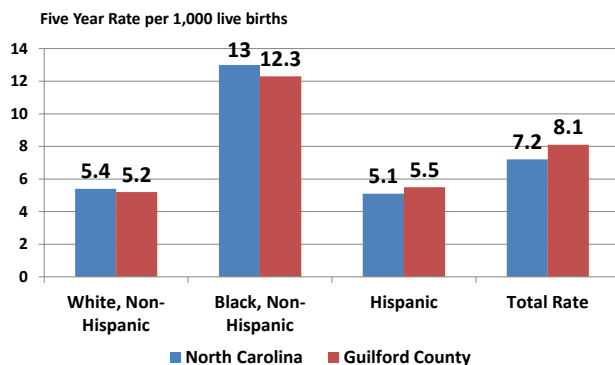


Source: NC State Center for Health Statistics.

2016 Births at a Glance

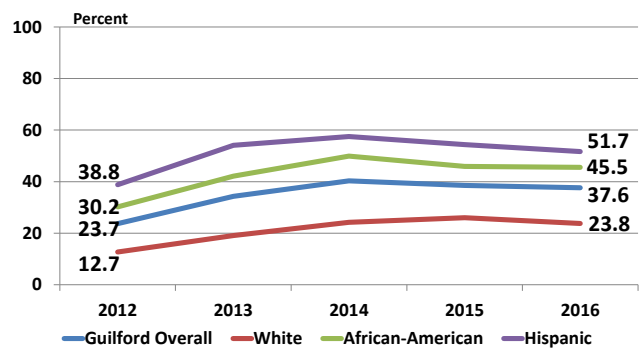
- Live births in Guilford County increased from 6,095 in 2015 to 6,258 in 2016.
 - In 2016, there were 2,542 live births to White mothers, 40.6% of all live births, 2,554 to African American mothers (40.8%), 1,138 to Asian mothers (18.2) and 24 to Indian mothers (0.4%). That same year, there were 834 live births to Hispanic mothers, or 13.3% of all live births.
- Source: NC State Center for Health Statistics.

Five-Year Infant Mortality Rates (2012-2016) Guilford County and North Carolina



Source: County Health Databook, NC State Center for Health Statistics.

Women Receiving Prenatal Care after First Trimester or No Prenatal Care by Race and Ethnicity, 2012-2016



Source: County Health Databook, NC State Center for Health Statistics.

BEHAVIORAL HEALTH



▶ Almost 25% of health survey respondents reported being told by a health care provider that they have anxiety or depression.

▶ Unintentional poisoning deaths have almost doubled in the last five years, from 50 deaths in 2012 to 98 deaths in 2016; the majority were due to adverse reactions to prescription and non-prescription opioid drugs.

Sources: 2016 Guilford Community Health Survey, NC State Center for Health Statistics (2012-2016).

Behavioral Health in Guilford County

- The term “Behavioral Health” is often used to describe the connection between our behaviors and this fundamental sense of well-being. Practitioners working in Behavioral Health offer therapies designed to help individuals cope with issues such as depression, anxiety and addiction to alcohol or illegal drugs.
- One area that shows a strong trend in a troubling direction is the rate of overdoses due to opioid prescription and non-prescription drug use.
- Guilford County has seen a marked increase in the numbers of Emergency Department visits due to opioid-related overdoses, including heroin as well as non-prescription synthetic opioids such as fentanyl.
- Since 2014, Emergency Medical Services (EMS) calls for opioid overdoses have increased sharply.
- Deaths due to opioid overdoses have increased steadily since 2013.

GOAL: All residents of Guilford County have strong social support; high quality behavioral health interventions; and effective prevention, treatment and recovery programs for mental health and substance abuse disorders.

COMMUNITY OBJECTIVES

⇒ By December 2019, reduce the percentage of residents who report that they have been diagnosed with depression or anxiety to 21.6% (10% improvement).

GUILFORD BASELINE (2016): 24%

GUILFORD UPDATE: UPDATE NOT AVAILABLE

Source: 2016 Guilford County Community Health Survey.

⇒ By December 2019, reduce the five-year overdose rate due to unintentional drug poisoning to 7.7 per 100,000 population (10% reduction).

GUILFORD BASELINE (2010): 8.6 (2010-2014)

GUILFORD UPDATE: 11.4 (2012-2016)

Source County Health Databook, NC SCHS.

⇒ By December 2019, reduce the age-adjusted death rate due to suicide to 8.6 per 100,000 population (10% reduction).

GUILFORD BASELINE (2016): 9.5 (2010-2014)

GUILFORD UPDATE: 10.8 (2012-2016)

Source County Health Databook, NC SCHS.

Annual Guilford County Opioid Data Trends

	2010	2011	2012	2013	2014	2015	2016	2017
Heroin Overdose Emergency Department (ED) Visits¹	9	14	36	70	191	107	156	291
Opioid Overdose ED Visits¹	47	73	119	184	305	243	263	390
Heroin-Related ED Visits¹	118	156	178	104	234	180	611	1,009
EMS Overdose Calls¹	681	837	805	329	292	608	781	1,015
Opiate Poisoning Deaths^{2,3}	22	25	31	17	42	47	73	--
Heroin Poisoning Deaths^{2,4}	1	7	9	9	24	23	41	--
Synthetic Opioid Poisoning Deaths^{2,5}	2	1	1	1	18	11	35	--

¹Source: NC Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT), Emergency Department data.

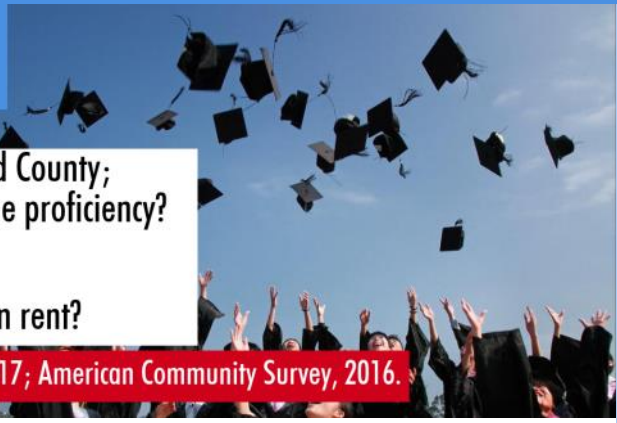
²Source: Injury and Violence Prevention Branch, NCDHHS.

³Cause of Death Codes used: Any mention (cod1-cod21) of T40.0 (Opium), T40.1 (Heroin), T40.2 (Other Opioids), T40.3 (Methadone) and/or T40.4 (Other synthetic opioid).

⁴Cause of Death Codes used: Any mention (cod1-cod21) of T40.1 (Heroin).

⁵Cause of Death Codes used: Any mention (cod1-cod21) of T40.4 (Other Synthetic Opioids).

SOCIAL DETERMINANTS of HEALTH



Did you know that....

- ▶ For the class of 2017, the graduation rate was 89.8% in Guilford County; however, disparities exist by race, ethnicity, income and language proficiency?
- ▶ One in four children in Guilford County live in poverty?
- ▶ Half of renters spend 30% or more of their household income on rent?

Source: NC Dept. of Public Instruction (Four-year cohort graduation rate), 2016-2017; American Community Survey, 2016.

Social Determinants of Health in Guilford County

- A large body of research finds that social and economic factors contribute at least as much or even more to quality of life and life expectancy at the population level than do factors such as health behaviors and health care availability and quality.
- Analyses conducted during the 2015-2016 Community Health Assessment found that income and educational attainment are especially important in influencing health outcomes.
- Though Guilford County has a higher percentage of the adult population with Bachelor's degrees or greater than NC as a whole (34.5% compared to 29%), the county lags behind other urban counties such as Durham (46.9%), Mecklenburg (43.1%) and Wake (50.1%). These counties also rank higher than Guilford in national comparisons of health outcomes.
- Guilford County has a higher rate of child poverty than the state and much higher than Mecklenburg or Wake counties.
- Poverty in Guilford County is concentrated in areas of Central and South High Point and Southeast and East Greensboro. Depending on geographic location, poverty rates vary from virtually zero in some parts of the county to census tracts where over 60% of residents live below the federal poverty level.

GOAL: All residents of Guilford County have access to high quality education, are able to secure jobs that pay a livable wage and live in safe homes and neighborhoods.

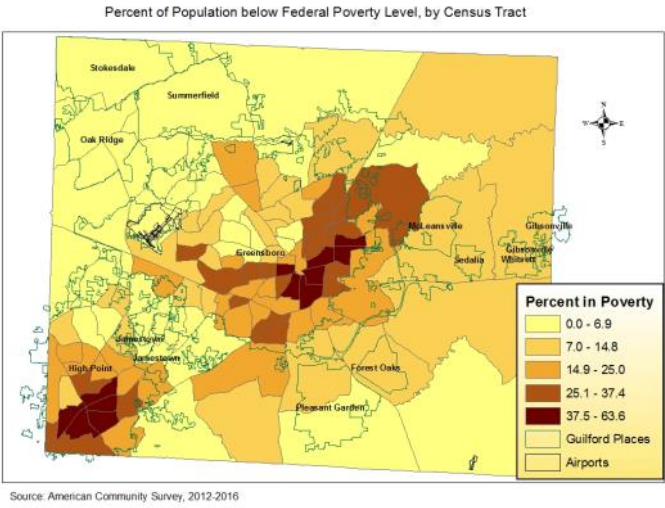
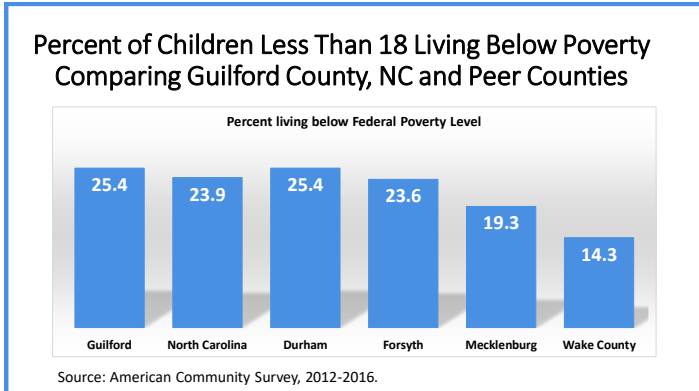
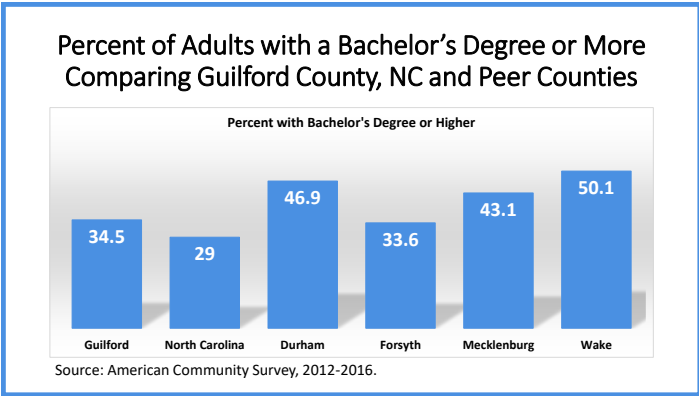
COMMUNITY OBJECTIVES

⇒ By December 2019, decrease the percentage of individuals living in poverty to 15.8% (10% reduction).
GUILFORD BASELINE (2011-2015): 17.6%
GUILFORD UPDATE (2012-2016): 17.6%
 Source: American Community Survey.

⇒ By December 2019, increase the four-year high school graduation rate to 93.8% (5% increase).
GUILFORD BASELINE (2014-2015): 89.3%
GUILFORD UPDATE (2016-2017): 89.8%
 Source NC Department of Public Instruction.

⇒ By December 2019, decrease the percentage of homes with severe housing problems* to 15.74% (10% reduction).
GUILFORD BASELINE (2009-2013): 17.5%
GUILFORD UPDATE: UPDATE NOT AVAILABLE
 Source: US Census, Dept. of Housing and Urban Development.

*Severe housing problems include households with at least one of the following four housing problems: Overcrowding, high housing costs, lack of kitchen or lack of plumbing facilities.



PROGRESS ON ACTION PLANS

After the identification of priority health issues based upon the 2015-2016 Community Health Assessment data, county organizations and agencies reconvened to develop action plans to address these issues. The following pages highlight the action plan strategies and progress being made to improve community health for which updated information is available.

Healthy Eating and Active Living Action Plan Strategies

- ⇒ Support healthy food initiatives in food pantries by building their capacity to distribute fresh foods, educational materials and other resources.
- ⇒ Implement the Centers for Disease Control and Prevention (CDC) recognized National Diabetes Prevention Program (DPP), an evidence-based lifestyle change program.
- ⇒ Support community and hospital-based Farmers Markets and their utilization.
- ⇒ Support the collaborative development of common goals and measures of physical activity and healthy eating through Lifetime Eating and Physical Activity Practices (LEAP).
- ⇒ Address food security and food hardship through backpack programs for children, food pantries and meal programs, the Little

Healthy Eating and Active Living Action Plan Update

Healthy Food Initiatives in Food Pantries: Can occur by building their capacity to distribute fresh foods, educational materials and other resources. This could include having commercial coolers and freezers for the storage of fresh foods.

Progress toward Action Plan Strategy: The Greater High Point Food Alliance is working with the Second Harvest Food Bank to develop a model food pantry program for seniors which will include a healthy foods component.

Diabetes Prevention Program (DPP): DPP is a uniquely designed program by the CDC to prevent or delay Type 2 Diabetes for those at risk helping them make modest lifestyle changes through a structured group program, led by a trained, lay health facilitator (“Lifestyle Coach”). Group classes are offered at convenient locations such as churches, wellness centers and worksites. Groups meet weekly for 16 weeks, then monthly for the remainder of the year.

Progress toward Action Plan Strategy: Two class series have been completed at Mount Zion Baptist Church (Mount Zion) and two classes are currently underway, one at Collaborative Cottage Grove and one at Guilford Child Development. Two new classes will be starting in the 2018-2019 fiscal year.

Support Community and hospital-based Farmers Markets and their utilization: Farmers markets are an evidence-based approach to increasing access to healthy fresh fruits and vegetables.

Progress toward Action Plan Strategies:

Mobile Oasis Farmers Market: In 2017, the Division of Public Health transitioned the management of the Mobile Oasis Farmers Market (MOFM) to Guilford College, which grows produce for the market on its own campus farm. The Mobile Market offers healthy, affordable fruits and vegetables to those who have SNAP/EBT benefits and others living in areas with limited access to healthy food options. In 2017, the MOFM offered produce at five regular weekly locations from May to November as well as markets for special events and markets serving immigrant and refugee communities.

Medical Center Farmers Market: High Point Regional UNC Health Care hosts regular Thursday farmers markets with two local farmers to offer patients, staff and the community fresh fruits and vegetables, reaching 8,000-9,000 during the market season.

Guilford Community Care Network’s (GCCN) Orange Card Program: GCCN provides comprehensive, quality healthcare and related services through a network of volunteer physicians, pharmacies and other healthcare and related agencies for the adult, low-income, uninsured residents of Guilford County. To encourage program participants to eat local healthy foods, patients who are enrolled in the Orange Card program are eligible for a \$10 produce credit at the Greensboro Farmers Curb Market. In 2017, a total of 1,758 vouchers were issued to those enrolled, who received \$17,580 in fresh fruits and vegetables.



PROGRESS ON ACTION PLANS

Maternal and Child Health Action Plan Strategies

- ⇒ Increase access to Long Acting Reversible Contraceptives (LARCs) to young women ages 15-21.
- ⇒ Promote access to prenatal care.
- ⇒ Create a maternal health resource map for both consumers and providers to enable easier navigation and referral.
- ⇒ Promote policies and efforts to support breast feeding in Guilford County.

Maternal and Child Health Action Plan Update

Long Acting Reversible Contraceptives (LARCs): American College of Obstetricians and Gynecologists (ACOG) endorses LARCs as a top tier contraceptive in terms of effectiveness, continuation, and satisfaction and encourages providers to increase adolescent access to LARCs. The JustTEENS Clinic Program was initiated at Guilford County Department of Health and Human Services (GCDHHS), Public Health Division in October 2015.

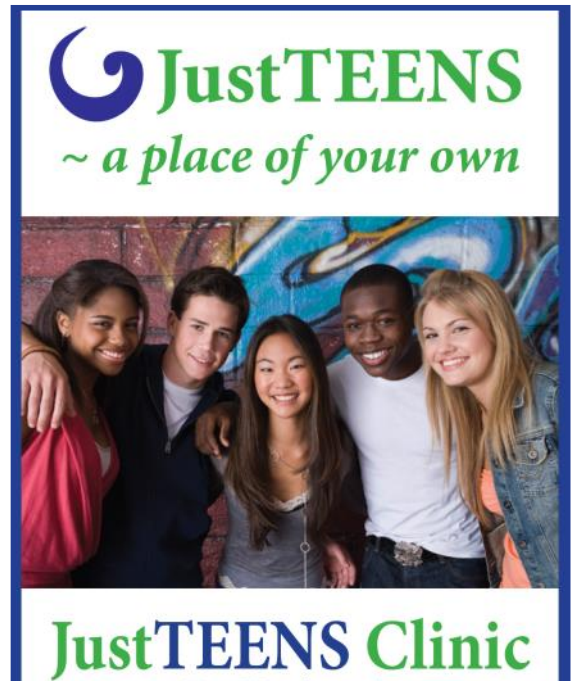
Progress toward Action Plan Strategy: With the help of Cone Health Foundation grant funding, during the first year of the JustTEENS Initiative, 645 young adults between ages 15 to 19 were seen. In the second year, the number grew to 1,044 young adults being seen for health services. The number of LARCs implanted in 2017 increased from 49 in 2016 to 196 in 2017. With the help of the Foundation for a Healthy High Point, a High Point JustTeens clinic was established in 2017. The JustTEENS clinics are successfully working toward helping our county's young adults by helping them stay healthy and reducing adolescent pregnancy rates.

Access to Prenatal Care: Pregnancy and birth outcomes can be enhanced by a coordinated program of prenatal medical care and psychosocial support. A systematic approach should integrate the best evidence into a model of informed, shared decision making. Care ideally begins before conception and includes preventive care, counseling, and screening for risks to maternal and fetal health.

Progress toward Action Plan Strategy: Guilford County Coalition on Infant Mortality's Adopt-A-Mom (AAM) Program ensured that 188 (2017) expectant women received prenatal care services through one of seven participating provider sites. Many of these women may not have otherwise received prenatal care. These women can fall in a gap as they are Medicaid ineligible, lack private insurance and/or funds to pay for prenatal care. Women receive education, materials, prenatal vitamins and case management/referrals as appropriate. As a result of their participation, 94.9% of these babies in the AAM program were born at a healthy birth weight (well above state and national averages). Rates of preterm delivery and cesarean section rates were also lower than state and national averages. The AAM Program continues to be financially supported by the Foundation for a Healthy High Point and the Guilford County Partnership for Children.

"Roadmap to a Healthy Pregnancy" Maternal Health Resource Map: A subcommittee of Community Action for Healthy Babies coalition is developing a maternal health resource map for both consumers and providers to enable easier navigation and referral.

Progress toward Action Plan Strategy: The subcommittee has developed a draft of this navigation tool.



PROGRESS ON ACTION PLANS

Behavioral Health Action Plan Strategies

- ⇒ Support Mental Health First Aid, a public education program that builds understanding of risk factors and warning signs, the impact of mental health problems, common treatments and connections to resources.
- ⇒ Promote the use of Access2Care, a self-service mental screening tool, education and resource directory available through kiosks in the community and online at www.sandhillscenteraccess2care.org.
- ⇒ Integrate behavioral health services into primary and emergency care.
- ⇒ Reduce opioid drug overdoses by increasing community capacity to address opioid medication, drug poisoning and overdose and providing safer prescribing and dispensing of controlled substances by medical providers.

Behavioral Health Action Plan Update

Access2Care: Access2Care is a self-service, confidential, behavioral health screening tool and resource guide available through kiosks in the community and online at www.SandhillsCenterAccess2Care.org.

Progress toward Action Plan Strategy: Marketing of the Access2Care web site is ongoing. In addition, two kiosks have been placed in Guilford County. One is located at GCDHHS, Public Health Division at 1100 East Wendover Avenue. in Greensboro and one at the High Point Library located at 901 North Main Street. There have been two other kiosks placed in Harnett County. Data collection indicates that the online site is the most frequently accessed tool, with kiosk and web visits increasing in both counties.

Integration of Behavioral Health Services into Primary and Emergency Care:

Transitional Care Clinic and Community Clinic: The Transitional Care Clinic of High Point Regional Health is an integrated team of medical, behavioral and social work professionals who work together to support recently discharged patients in their efforts to regain their health and wellness.

The Community Clinic of High Point provides acute care and chronic disease management for the uninsured in Greater High Point who cannot afford health insurance and do not qualify for Medicare and Medicaid. A Licensed Clinical Social Worker (LCSW) who works a half day in both the Transitional Care Clinic and The Community Clinic of High Point and provides onsite counseling, coordination services and telephone outreach to patients with moderate to severe depression.

Progress toward Action Plan Strategy In the last 18 months 17,940 depression screenings have been performed and in the past 12 months 1,210 patients have received LCSW services. Many other patients have received direct referrals for mental health services with other providers.

Family Service of the Piedmont (FSP): FSP offers co-located primary medical care and behavioral health services for indigent clients who are coping with mental illness or substance abuse through their Integrated Care Program at two Greensboro area clinics with behavioral health referrals at a third site within the Interactive Resource Center.

Progress toward Action Plan Strategy: Family Services of the Piedmont served over 1,800 clients between June 2017 and January 2018, and are operating at capacity for primary care and near capacity for behavioral healthcare.

Sandhills Center: Sandhills Center is a Local Management Entity and a Medicaid-funded Managed Care Organization (LME-MCO) that acts as an agent of the NC Department of Health and Human Services. Sandhills Center provides access to publicly-funded mental health, intellectual/developmental disabilities and substance abuse services for the citizens of Anson, Guilford, Harnett, Hoke, Lee, Montgomery, Moore, Randolph and Richmond Counties. Sandhills Center connects people in need of services with providers and other community partners. Sandhills Center manages a network of providers to ensure quality services are available.

Progress toward Action Plan Strategy: Sandhills Center's integrated Care pilot program is now in the middle of its second year with eight active providers participating. Included in the group are two pediatric practices, one hospital and five outside providers for Mental Health/Substance Abuse and Intellectual and Developmental Disability services. The program is under expansion and expecting to increase the number of providers by five. The service areas being added to the pilot initiative include two Psychiatric Residential Treatment Facilities and three Medication Assisted Treatment (suboxone) providers. Technical assistance is ongoing with all providers, and includes clinical guidance based on evidence-based practice guidelines, data collection and interpretation as well as assistance with modification to improve current practices.

Increasing Community Capacity to Reduce Opioid Drug Overdoses: By increasing community capacity to address opioid medication, drug poisoning and overdose and providing safer prescribing and dispensing of controlled substances by medical providers.

Progress toward Action Plan Strategy (See page 11)



PROGRESS ON ACTION PLANS

Progress toward Action Plan Strategy: Two initiatives are underway to increase community capacity to address the opioid problem: 1) **CURETriad** is a community-based coalition that brings together community members and organizations to leverage resources and create mechanisms to provide a unified approach, and 2) the **Guilford County Solution to the Opioid Problem (GCSTOP)**. GCSTOP will engage residents who overdose on and who are at high risk of overdose in harm reduction practices, distribute and train on the use of naloxone (a life-saving narcotic antagonist), conduct community health education, coordinate community resources with other community partners (CURETriad) and build relationships focused on ending opioid overdose. Recent NC State General Assembly funding to the County Emergency Services will support the development and initial implementation of a Rapid Response Team Intervention designed to reduce the negative consequences of use and eventually convince users to enter treatment.

Social Determinants of Health Action Plan Strategies

- ⇒ Support Integrated Service Delivery Models that leverage identified programs and systems that address social determinants of health, such as socioeconomic, education, housing, self-sufficiency, job security and safety.
- ⇒ Increase the quality and affordability of housing.
- ⇒ Increase access to higher education through collaborative partnerships.

Social Determinants of Health Action Plan Update

Integrated Service Delivery Models that Address Social Determinants of Health:

Several integrated service delivery models in Guilford County aim to meet client needs by co-locating services. The Family Justice Center brings together 15 different disciplines for coordination of legal, health, social and safety services for victims of abuse and sexual violence. The United Way of Greater Greensboro's Family Success Center is focused on eliminating poverty in the 27406 zip code through a two-generational approach, with high quality child care for children and education, work with success coaches and support groups for adults. In the area of housing, seven housing non-profit agencies are now housed together in one building for a one-stop-shop for affordable housing services. Integrated service delivery reduces barriers for clients, but also improves performance for service providers, magnifying impact.

Progress toward Action Plan Strategy:

United Way of Greensboro Family Success Center (FSC): Through December 20, 2017 of the pilot phase of the FSC, there have been a number of notable accomplishments:

- 169 households are being served, with 221 adults and 139 children.
- The FSC offers Guilford County's only GED completion program that incorporates free high-quality onsite childcare. 120 adults have working on their GEDs, with 22 receiving a GED and 10 enrolled in community college.
- 218 adults have taken job readiness classes and 20 have taken entrepreneurship classes; resulting in 86 achieving employment.
- 93 adults have participated in the financial capability classes, 43 adults have received one-on-one financial coaching, and 117 children now have savings accounts opened for them with seed money to inspire their parents to save for them.
- 50 adults have participated in dance, yoga and massage classes, 43 have completed nutrition classes and 36 have accessed the physical and mental healthcare provided onsite. A Cone Health congregational nurse and a social worker from the NC A&T and UNCG joint social work program are onsite 15 hours per week.

The United Way of Greater Greensboro is developing plans to scale, expand and sustain integrated service delivery systems like the FSC, with plans to open three FSCs by 2022.

Source: Family Success Center 18 Month Pilot Outcome Report.

Increase the Quality and Affordability of Housing:

Progress toward Action Plan Strategy:

Collaborative Cottage Grove is a Community-Centered Health initiative lead by the Cottage Grove Neighborhood Association with support from local government, non-profit organizations and grant funding from the NC Blue Cross Blue Shield Foundation (NC BCBS) and the BUILD—Bold, Upstream, Integrated, Local and Data driven—Health Challenge grant, funded by the NC BCBS, the Robert Wood Johnson Foundation, W.K. Kellogg Foundation and other national foundations. This initiative addresses housing and transportation issues, access to health care through the Mustard Seed Clinic and education. Some of the successes of the Cottage Grove Initiative include:

- After Cottage Grove neighborhood residents joined advocates from health and human services to petition the City of Greensboro's Minimum Housing Standards Commission for repairs to a blighted 179-unit apartment complex, The City of Greensboro issued 90-day repair orders.
- NC Department of Environmental Quality plans to spend hundreds of thousands of dollars on remediation of Bingham Park, the site of a former landfill. Families will soon have the peace of mind that their children can play on safe soil.
- Cottage Grove residents mobilized for the Participatory Budgeting polls, and in December, the City announced an investment of \$35,000 to replace 20-year-old playground equipment in Apache Park.

City of Greensboro Housing Bond: In 2016, Greensboro residents approved a \$25 million housing bond that will be used to buy, build, repair, improve or otherwise equip multi-family and single-family homes for people with low or moderate incomes, and expand homeownership programs for low income residents.

NEW INITIATIVES

Hampton Family Community Health Initiative

In 2018, the American Heart Association and the Public Health Division of GCDHHS started the Hampton Family Community Health Initiative. Generously funded by The Blairton Hampton Family and with the support of Mount Zion Baptist Church of Greensboro, this initiative provides healthy cooking and eating classes for multicultural residents living in underserved communities within Greater Guilford County. N'gai Dickerson, the Mobile Kitchen chef manager, leads the cooking classes, providing hands-on instruction and education. The goal of this three-year initiative is to teach up to 3,000 people a year how to create healthier meals. The Hampton Family Community Health Initiative and Mobile Kitchen will also increase cardiovascular health education and wellness education. For more information, please contact the Division of Public Health at 336-641-7777.



JustTEENS Clinic Effort Expands to High Point

The Foundation for a Healthy High Point awarded a grant to Clinical Services of GCDHHS' Public Health Division to support those under age twenty to be seen in a new clinic named JustTEENS in High Point. This initiative was awarded to improve access to care and provide a teen centered clinic where all teens can be seen by dedicated providers in a private, teen friendly atmosphere. Clinical services became available July 2017. The JustTEENS Program provides needed healthcare services such as non-sport physicals, immunizations, pregnancy tests and private health counseling in a separate teen friendly clinical area. Young adults under age twenty may call 336-641-3245 for a prompt appointment in our JustTEENS clinic located at 501 E. Green Drive in High Point. For more information about the JustTEENS Program or clinic, call Judy Southern at 336-641-3712 or LaTanya Pender at 336-641-7657.

Kitchen Connects GSO

To grow entrepreneurship locally, Greensboro Farmers Curb Market, Out of the Garden Project and Guilford County Cooperative Extension are partnering to support Kitchen Connects GSO, an incubator program for local food business entrepreneurs who would like to take their recipes or local food product ideas to the next level. Program participants receive food safety training, small business classes in merchandising, marketing and basic small business finance. They also have access to shared use commercial kitchens and mentoring. This partnership is supported by USDA Local Food Promotion Grant contracted through the City of Greensboro. For more information, go to www.kitchenconnectsgso.com.

Source: Kitchen Connects GSO. Website: www.kitchenconnectsgso.com.

EMERGING ISSUE

Wake Forest Baptist Medical Center to Acquire High Point Regional Health System and Affiliates

In Fall 2017, Wake Forest Baptist Medical Center signed a letter-of-intent agreement with UNC Health Care of Chapel Hill to acquire High Point Regional Health System and its affiliates. The integration was scheduled to begin in January 2018 with ownership expected to be complete by summertime. The agreement is intended to enhance coordination of care for patients served by both entities and provide care closer to home for those who live in the Triad.

This comes about five years after High Point Regional joined UNC Health Care to address the realities the increasing cost of providing health care. At that time, UNC Health Care provided \$150 million for capital improvements to High Point Regional and \$50 million for the establishment of a community health fund. In May 2016, Wake Forest Baptist Medical Center also purchased Cornerstone Health Care of High Point. Cornerstone Health Care is a multi-disciplinary practice group of providers representing a wide range of specialties.

Source: Richard Craver. Wake Forest Baptist plans to take over High Point Regional in summer 2018. Winston-Salem Journal, Oct 25, 2017. Website: www.journalnow.com/news/local/wake-forest-baptist-plans-to-take-over-high-point-regional/article_a9bf278d-b4ab-5e3-b9dc-41b480b0ae57.html.

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For health statistics or to learn more about the community efforts underway to address these health issues, contact the Guilford County Department of Health and Human Services, Public Health Division at (336) 641-7777 or visit www.myguilford.com.

Special thanks to Emily McVey for her data analysis assistance with Years of Potential Life Lost data.