

2015 State of County's Health Report (SOTCH)



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The Guilford County Department of Health & Human Services, Division of Public Health is pleased to present the 2015 State of the County Health Report (SOTCH) for Guilford County. The 2015 SOTCH Report:

- Reviews recent major morbidity and mortality data for the county;
- Provides information on health priorities identified in the 2012-2013 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 2013 CHA priorities:

- Chronic Disease Prevention and Management,
- Poor Birth Outcomes and
- Sexually Transmitted Infections.

ABOUT GUILFORD COUNTY ^{1, 2}

- Estimated Population: 512,119 (2014)
- Estimated Median Family Income: \$45,431 (2014)
- Unemployment Rate: 6.4% (2014 Annual)²
5.5% (10/2015 Preliminary)
- Percentage of Residents Living Below Poverty: 17.1%
- Percentage of Families with Children Under 18 Years of Age Living Below Poverty: 20.1% *

*Note: The federal poverty level is less than \$23,850 for a family of 4.

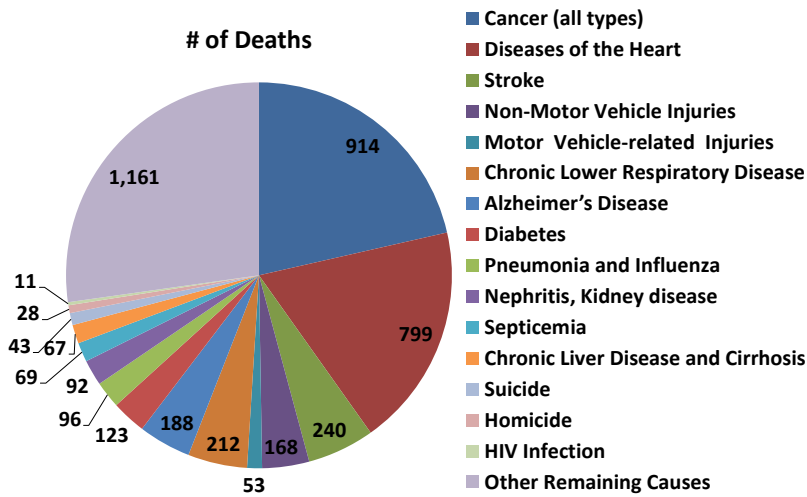
GUILFORD COUNTY DEMOGRAPHICS, 2014 ESTIMATES ¹

Race	2014	Percent
White	299,077	58.4%
Black/African American	174,120	34.0%
Asian	23,557	4.6%
American Indian/Alaska Native	3,585	0.7%
Two or more races	11,267	2.2%
Native American/Pacific Islander	512	0.1%
Ethnicity*		
Hispanic (Any race)	38,921	

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

Mortality and Morbidity Data

Leading Causes of Death, Guilford County, 2014³



Leading causes of death and Years of Potential Life Lost (YPLL) are both measures that help us understand how specific causes of death impact the community's health. The pie chart above shows the 2014 Guilford County leading causes of death by the number of deaths, while the table to the right shows the Years of Potential Life Lost (YPLL) for 2010-2014. YPLL is a public health measure that estimates the number of years lost because of premature deaths prior to the age of life expectancy.

Of the 4,193 deaths in 2014, over half of all deaths in Guilford County were due to chronic diseases such as cancer, heart disease, stroke, Alzheimer's disease and chronic lower respiratory disease.

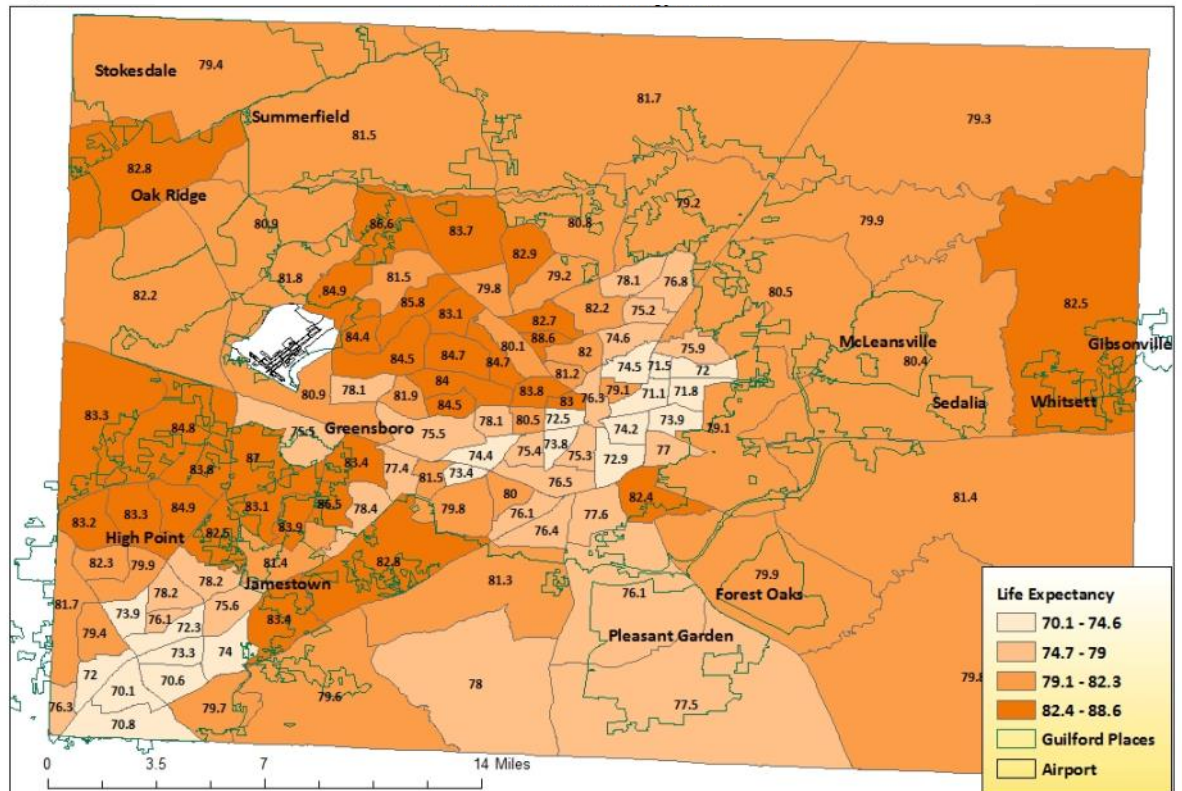
Years of Potential Life Lost for Leading Causes of Death, 2010-2014³

Cause of Death	YPLL
1. Cancer (All Types)	14,067
Colon, Rectum and Anus	1,091
Trachea, Bronchus and Lung	3,823
Breast (female only)	1,381
Prostate	488
2. Diseases of the Heart	11,007
3. Non-Motor Vehicle Unintentional Injuries	3,621
4. Stroke	2,772
5. Chronic Lower Respiratory Disease	2,608
6. Motor Vehicle-related Injuries	1,894
7. Suicide	1,779
8. Diabetes	1,566
9. Alzheimer's Disease	1,504
10. Homicide	1,408
11. Nephritis, Kidney Disease	1,154
12. Chronic Liver Disease	1,130
13. Pneumonia and Influenza	1,085
14. Septicemia	971
15. Hypertension	564
16. HIV Infection	526
All Other Remaining Causes	16,566
Total YPLL—All Causes	64,247

Life Expectancy at Birth, by Census Tract⁴ Guilford County, NC

Life expectancy is a measure of the overall health of a population, summarizing mortality patterns across all age groups—children, adolescents, adults and the elderly.

Life expectancy at birth in Guilford County is 79.0 years, higher than North Carolina as a whole, at 78.3 years. Life expectancy varies geographically by census tract, ranging from a low of 70.1 years to a high of 88.6 years. Census tracts with lower life expectancy tend to have higher rates of poverty and lower educational attainment.



Mortality and Morbidity Data

In Guilford County:

- In 2014, the diagnostic category with the highest number of inpatient hospitalizations was cardiovascular and circulatory diseases, closely followed by pregnancy and childbirth.
 - Diagnostic categories with the longest average days stay were infectious and parasitic diseases (6.6), malignant neoplasms (6.4) and other diagnoses (including mental disorders)(6.9).
 - Hospital stays for cardiovascular and circulatory diseases resulted in by far the largest total costs at over \$267 million.
 - In addition to cardiovascular and circulatory diseases, the following diagnostic categories exceeded over \$100 million in total charges in 2014:
 - Injuries and poisoning (\$140K),
 - Musculoskeletal system diseases (\$127K),
 - Digestive system diseases (\$112K), and
 - Respiratory diseases and other diagnoses (\$104K).
- Diagnostic categories with the highest average charge per case include:
- Malignant neoplasms (\$43K),
 - Injuries and poisoning (\$38K),
 - Musculoskeletal system diseases (\$38),
 - Cardiovascular and circulatory diseases (\$34K), and
 - Infectious and parasitic diseases (\$31K).

Leading Inpatient Hospitalizations and Charges by Principal Diagnosis, Guilford County, 2014 ³

Diagnostic Category	Total Cases	Average Days Stay	Total Charges	Average Charge per Case
Cardiovascular and Circulatory Diseases	7,751	4.8	\$267,018,544	\$34,450
Injuries and Poisoning	3,701	5.5	\$140,687,778	\$38,013
Musculoskeletal System Diseases	3,292	3.2	\$127,198,033	\$38,639
Other Diagnoses (Includes Mental)	5,265	6.9	\$80,372,514	\$15,265
Digestive System Diseases (Includes	4,663	4.9	112,344,955	\$24,093
Respiratory Diseases (Includes COPD	4,433	5.2	\$104,188,865	\$23,503
Infectious and Parasitic Diseases	2,877	6.6	\$91,549,380	\$31,821
Pregnancy and Childbirth	6,869	2.7	\$84,412,800	\$12,241
Malignant Neoplasms	1,453	6.4	\$63,812,391	\$43,987
Genitourinary Diseases (Includes	2,238	4.3	\$42,928,984	\$19,182
Endocrine, Metabolic and Nutrition	2,072	4.0	\$42,180,746	\$20,358

Updated Data on Health Priority Areas

Chronic Diseases

The table below compares age-adjusted Guilford County chronic disease mortality rates to the Healthy People 2020 objectives and North Carolina overall. Rates for Whites, African Americans, males and females are also highlighted.

Guilford County Chronic Disease Mortality Rates by Location, Race & Sex, 2010-2014 ³

Chronic Disease Death Rate per 100,000 Population (5-year age adjusted rates, 2010-2014)	Healthy People 2020 ⁴	North Carolina	Guilford County	White, non-Hispanic	African American, non-Hispanic	Males	Females
	Objective						
Coronary Heart Disease Death Rate	100.8	170.0	145.2	137.8	174.2	189.4	113.9
Total Cancer Death Rate	160.6	173.3	161.3	158.5	180.7	200.0	135.0
Lung Cancer Death Rate (Includes Trachea, Bronchus and Lung)	45.5	51.6	45.5	46.7	45.4	58.5	35.6
Prostate Cancer Death Rate (Males Only)	21.2	22.1	21.0	17.3	39.1	21.0	NA
Breast Cancer Death Rate (Females Only)	20.6	21.7	22.1	20.3	28.3	NA	22.1
Colorectal Cancer Death Rate	14.5	14.5	12.5	11.3	17.2	15.4	10.3
Stroke Death Rate	33.8	43.7	41.8	38.5	51.2	40.0	42.0
Chronic Lower Respiratory Disease Death Rate	98.5	46.1	38.9	44.2	23.7	43.4	36.6
Diabetes Death Rate	N/A	21.7	17.8	14.1	31.5	18.9	13.1

Updated Data on Health Priority Areas

Chronic Diseases

HEALTHY NORTH CAROLINA 2020⁶ CHRONIC DISEASE

Healthy NC 2020 Objective: Reduce the cardiovascular disease mortality rate (per 100,000 population).

NC BASELINE (2009):	256.6
2020 TARGET:	161.5
GUILFORD (SCHS 2013):	148.5
GUILFORD (SCHS 2014):	156.0

Guilford Objective: Support efforts to improve access to affordable sources of healthy foods in at least ten Guilford County "food desert" census tracts by December 31, 2016.

GUILFORD (2014): The pilot Mobile Oasis Farmers Market improved access to affordable, healthy foods in two Guilford County "food desert" census tracts.

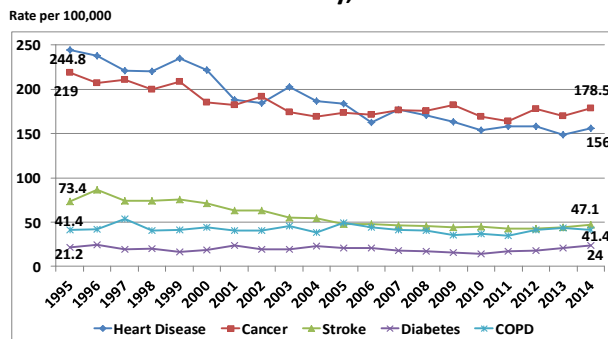
GUILFORD (2015): The pilot Mobile Oasis Farmers Market improved access to affordable, healthy foods in six locations, including four Guilford County "food desert" census tracts.



In Guilford County:

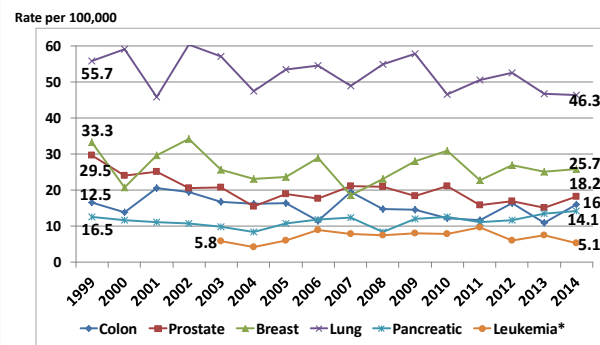
- Guilford County has met and exceeded the Healthy North Carolina 2020 objective of reducing the cardiovascular disease mortality rate to the target of 161.5 with a 2014 rate of 156.0 per 100,000 population.
- In the past 18 years, there have been long term improvements in chronic disease mortality rates for heart disease, cancer and stroke. The same improvements have not been seen for diabetes and chronic lower respiratory disease.
- Racial disparities still persist, as the mortality data highlight. African-American residents tend to have higher age-adjusted chronic disease death rates than Whites, with especially large disparities in mortality due to diabetes and prostate cancer.
- Diabetes mortality rates have been climbing since 2011 after a period of decline.
- Lung cancer continues to be the leading cause of cancer mortality, followed by breast cancer, prostate cancer and colorectal cancer.

Chronic Disease Mortality Rates in Guilford County, 1995-2014⁷



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.

Cancer Mortality Rates in Guilford County, 1999-2014⁸



Source: Data provided by the NC State Center for Health Statistics.
*Note: Leukemia rates not available prior to 2003.

Hospital Discharges with a Primary Diagnosis of Asthma, 2013 & 2014^{3, 9}

	North Carolina	Guilford County	Durham County	Forsyth County	Mecklenburg County	Wake County
2013 Overall Rate	91.6	87.2	98.9	102.2	102.2	77.9
2013 Rate for Ages 0-14	148.9	153.7	228.5	155.3	214.3	167.1
2014 Overall Rate	90.0	90.6	93.1	97.7	100.3	76.3
2014 Rate for Ages 0-14	144.6	129.8	218.3	142.2	200.8	138.0

Updated Data on Health Priority Areas

Sexually Transmitted Infections

In Guilford County:

- In 2015, the most commonly-occurring communicable diseases in Guilford County are sexually transmitted infections (STIs), with chlamydia contributing the largest number of cases, followed by gonorrhea (4,398 and 1,533 cases respectively). Incidence rates for both conditions are higher in Guilford County compared to rates for North Carolina and the United States.
- Guilford County's HIV infection rate remains higher than that of North Carolina as a whole. Rates are highest for African-Americans, Hispanics, males and young adults.
- After declining from a high of 115 cases in 2011 to 51 cases in 2013, cases of primary, secondary and early latent syphilis increased to 87 in 2014. A total of 183 cases were reported in 2015. Syphilis rate increases in Guilford are part of large rate increases across North Carolina.
- Incidence rates for chlamydia and gonorrhea declined substantially from 2011 to 2014 but increased significantly in 2015.
- The 2015 chlamydia rate of 851.8 per 100,000 population increased from the 2014 rate of 602.7.
- The 2014 overall teen pregnancy rate met the local objective with a rate of 26.8 per 1,000 females ages 15-19, however the five year rate was 37.8 and significant disparities persist for African Americans, other races and Hispanics.

Gonorrhea and Chlamydia Cases and Rates per 100,000 by Geography, Race and Ethnicity, 2013 - 2015 ¹⁰

Sexually Transmitted Infection	2013									
	North Carolina		Guilford County		White		African American		Hispanic	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Gonorrhea	13,665	140.1	1,386	273.6	115	38.0	974	553.2	24	63.4
Chlamydia	48,417	496.5	3,934	776.5	452	149.4	2,447	1389.7	144	380.5
	2014									
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
	Gonorrhea	14,000	140.6	1,154	225.1	89	29.9	842	491.7	22
Chlamydia	46,594	468.0	3,094	602.7	389	130.6	1,989	1,161.6	107	281.6
	2015*									
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
	Gonorrhea	16,960	168.7	1,533	296.9	Race and Ethnicity data not yet available.				
Chlamydia	57,995	576.8	4,398	851.8						

*Note: 2015 Rates are based upon population estimates from the North Carolina Demographer's Office.

New Cases and Rates per 100,000 of HIV Infection and Syphilis, 2013 and 2014 ¹¹

Sexually Transmitted Infection	2013									
	North Carolina		Guilford County		White		African American		Hispanic	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Syphilis, Primary & Secondary	423	4.3	29	5.7	2	0.7	27	15.9	0	0
HIV Infection	1,525	15.6	124	24.4	19	6.4	92	54.1	9	23.7
	2014									
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
	Syphilis, Primary & Secondary	662	6.2	39	7.6	7	2.3	31	17.3	0
HIV Infection	1,631	16.4	103	20.1	8	2.6	89	49.6	3	7.7
	2015*									
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
	Syphilis, Primary & Secondary	1,038	10.3	110	21.3	Race and Ethnicity data not yet available.				
HIV Infection	1,462	14.5	129	25.0						

*Note: 2015 Rates are based upon population estimates from the North Carolina Demographer's Office.

HEALTHY NORTH CAROLINA 2020 ⁶ SEXUALLY TRANSMITTED INFECTIONS/ UNINTENDED PREGNANCY

HC2020 Objective: Reduce the rate of new HIV infection diagnoses (per 100,000 population).

NC BASELINE (2008): 24.7
2020 TARGET: 22.3
GUILFORD (NC DHHS 2014): 20.1

Guilford Objectives:

- Reduce the rate of new primary and secondary syphilis cases to 8.0 per 100,000, a 10% decrease by 2016.

GUILFORD (2010- 2012): 8.9
GUILFORD 2014: 7.6
GUILFORD 2015: 21.3

- Reduce the three-year average HIV infection rate to 20.7 per 100,000, a 10% decrease by 2016.

GUILFORD 2010-2012: 23.0
GUILFORD 2012-2014: 22.3

- Reduce the rate of gonorrhea to 262.6 new cases per 100,000, a 10% decrease by 2016.

GUILFORD 2010- 2012: 291.8
GUILFORD 2015: 296.9

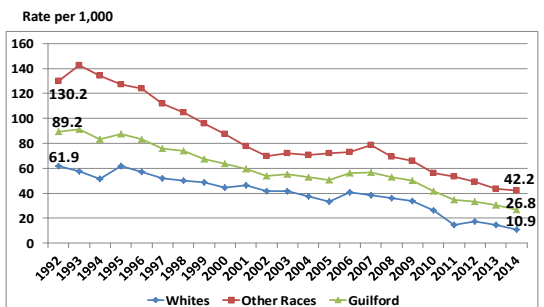
- Reduce the rate of chlamydia to 689.3 new cases per 100,000, a 10% decrease by 2016.

GUILFORD 2010- 2012: 765.9
GUILFORD 2015: 851.8

- Reduce the teen pregnancy rate for ages 15-19 to 32.9 per 1,000 girls by 2016.

GUILFORD 2010- 2012: 36.6
GUILFORD 2014: 26.8

Pregnancy Rate per 1,000 Females Ages 15-19 By Race, Guilford County, 1992-2014 ¹²



Source: Data provided by the NC Center for Health Statistics.
Chart prepared by the GCDHHS, Division of Public Health.

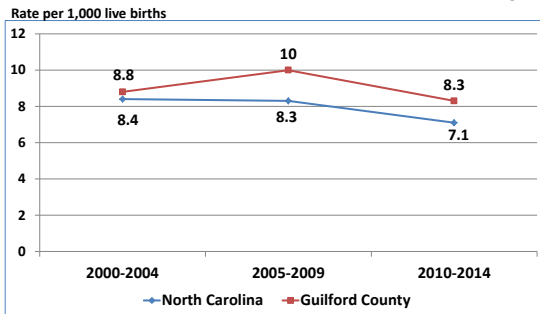
*Note: Use caution when interpreting rates as the number of induced termination of pregnancy forms submitted to the State Center for Health Statistics (SCHS) was underreported from 2011-2014. Please use caution when interpreting pregnancy numbers and rates from 2011-2014.

Poor Birth Outcomes

In Guilford County:

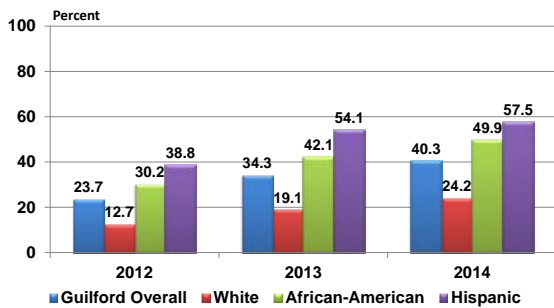
- The Guilford County infant mortality rate is higher than the North Carolina rate.
- After increasing to 8.6 infant deaths per 1,000 live births in 2013, the infant mortality rate declined in 2014 to 7.9. The White rate declined to an historically low rate of 3.8, while the African-American rate increased to 13.6 and the rate for other races increased to from 2 to 4.2. The Hispanic rate was 5.2 infant deaths per 1,000 live births.
- The leading causes of infant death in 2014 were maternal complications of pregnancy, disorders related to short gestation and low birth weight, congenital malformations, deformations and chromosomal abnormalities, and respiratory and cardiovascular disorders originating in the perinatal period.
- The percentage of women entering late into prenatal care or not receiving care increased across all race and ethnic groups in both 2013 and 2014.
- Percentages of low and very low birth weight were about twice as high for African American births as for White births.
- The rate of preterm births stayed about the same from 2013 to 2014.

Five-Year Infant Mortality Rates¹³ North Carolina and Guilford County



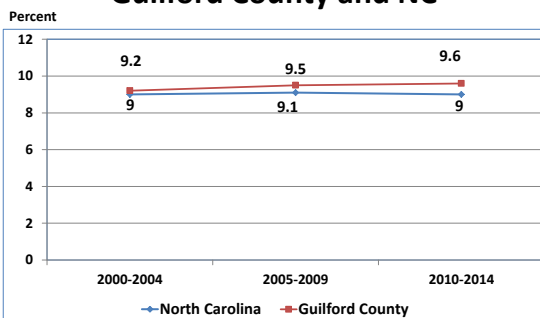
Source: County Health Databook, NC State Center for Health Statistics.

Women Receiving Prenatal Care after First Trimester or No Prenatal Care, by Race and Ethnicity, 2012-2014¹⁴



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

Five-Year Low Birthweight Rates,¹³ Guilford County and NC



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

HEALTHY NORTH CAROLINA 2020⁶

MATERNAL AND INFANT HEALTH

HC2020 & Local Objective: Reduce the infant mortality rate (per 1,000 live births).

HNC2020 TARGET: 6.3 GUILFORD 2016 Target: 7.1
 Guilford 2012: 7.9 Guilford 2014: 7.9

HC2020 & Objective: Reduce the infant mortality racial disparity between Whites and African-Americans.

HNC2020 TARGET: 1.92 GUILFORD 2016 Target: 2.2
 Guilford 2008-2012: 2.47 Guilford 2010-2014: 3.6

Guilford Objectives:

- Reduce rates of preterm births by 5% to below 10% by Dec 31, 2016.

Guilford 2012: 10.0% Guilford 2014: 10.5%

- Reduce preterm birth racial disparity between whites and African Americans to a ratio of 1.2 by Dec. 31, 2016.

Guilford 2012: 1.4 Guilford 2014: 1.5

- Reduce the 5-year infant mortality rate racial disparity between Whites and African Americans to a ratio of 2.2 by Dec. 31, 2016.

Guilford ratio 2008-2012: 2.47 Guilford ratio 2010-2014: 3.6

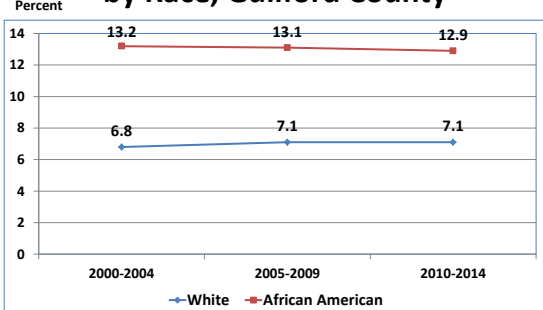
Infant Mortality Deaths & Rates per 1,000 Live Births¹²

	2012		2013		2014	
	#	Rate	#	Rate	#	Rate
Guilford County All Races	49	7.9	53	8.6	48	7.9
White	16	6.5	20	7.1	9	3.8
African Americans	26	10.7	32	12.9	33	13.6
Other Race	2	4.1	1	2.2	2	4.2
Ethnicity	#	Rate	#	Rate	#	Rate
Hispanic	5	6.3	3	3.8	4	5.2

2014 Births at a Glance¹²

- Live births in Guilford County decreased from 6,169 in 2013 to 6,085 in 2014, reversing a previous three-year increase from 2010 to 2013.
- In 2014, there were 2,370 live births to White mothers, 38.9% of all live births and 2,941 to mothers of other races, or 48.3% of all live births. 2,434 live births to African American mothers accounted for 40% of all births. That same year, there were 774 live births to Hispanic mothers, or 12.7% of all live births.

Five-Year Low Birthweight Rates¹³ by Race, Guilford County



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

Progress on Action Plans

2013 Community Action Plans

The 2013 Community Action Plans address the following objectives for each priority area and Healthy NC 2020 Focus Area:

Chronic Disease Prevention & Management (Healthy NC 2020 Focus Area: Physical Activity & Nutrition)

- Support efforts to improve access to affordable sources of healthy foods in at least ten Guilford County “food desert” census tracts by June 30, 2016.

Poor Birth Outcomes (Healthy NC 2020 Focus Area: Maternal and Child Health)

- Reduce rates of preterm births by 5% to below 10% by Dec. 31, 2016.
- Reduce preterm birth racial disparity between Whites and African Americans to a ratio of 1.2 by Dec. 31, 2016.
- Reduce the infant mortality rate (per 1,000 live births) to 7.1 per 1,000 live births by Dec. 31, 2016.
- Reduce the 5-year infant mortality rate racial disparity between Whites and African Americans to a ratio of 2.2 by Dec. 31, 2016.

Sexually Transmitted Infections (Healthy NC 2020 Focus Area: STIs/Unintended Pregnancy)

- Reduce the three-year average HIV infection rate to 20.7 per 100,000, a 10% decrease by 2016.
- Reduce the rate of new primary and secondary syphilis cases to 8.0 per 100,000, a 10% decrease by 2016.
- Reduce the rate of gonorrhea to 262.6 new cases per 100,000, a 10% decrease by 2016.
- Reduce the rate of chlamydia to 689.3 new cases per 100,000, a 10% decrease by 2016.
- Reduce the teen pregnancy rate for ages 15-19 to 32.9 per 1,000 girls by 2016.



Chronic Disease Prevention & Management

Food Insecurity/Expansion of the Mobile Oasis Farmers Market

In 2014, the Guilford County Department of Health and Human Services (GCDHHS) Division of Public Health and community partners began the Mobile Oasis Farmers Market (MOFM) to offer healthy, affordable fruits and vegetables to those who have SNAP/EBT benefits and others living in county food desert areas. In 2015, the MOFM expanded from two locations in 2014 to six locations weekly from May to November. The Market, which began at GCDHHS on Maple Street and in the historic Warnersville neighborhood, has expanded to Greensboro’s Hayes Taylor YMCA and Cone Health as well as Morehead Recreation Center and GCDHHS in High Point.

Community partners are instrumental to this project and in 2015 include: VisionTree Community Development Corporation (CDC), East Market Street Development Corporation, UNC-Greensboro’s Department of Communications, the City of Greensboro Parks and Recreation Department and numerous volunteers and interns. In 2015, the Market sold \$14,866 worth of fresh produce to 2,751 customers at six sites in Greensboro and High Point. The mobile market is scheduled to continue in 2016.

Below are a few recent successes:

- **GCDHHS’s Division of Public Health Receives \$99,987 National Food Insecurity Nutrition Incentive (FINI) Grant:** With support from USDA’s Food Insecurity Nutrition Incentive (FINI) Grant, MOFM offers two types of incentives to increase consumption of fruits and vegetables by SNAP/EBT participants. These include a Double Bucks program that doubles the value of SNAP purchases up to \$20, and a customer rewards program that rewards repeat visits to the market through vouchers for produce or other incentives. **Warnersville Urban Farm:** The FINI Grant also supported staffing and cultivation expansion at Warnersville Urban Farm, doubling the number of raised beds and enabling the farm to provide produce to the MOFM. The Warnersville Urban Farm is located on land provided by Prince of Peace Lutheran Church within a food desert area.
- **GCDHHS’s Division of Public Health Receives Farmer’s Market Promotion Program (FMPP) Grant:** With additional support of \$100,000 through USDA’s FMPP grant program, partners will continue to implement and enhance the MOFM through 2016 and 2017.
- **Mobile Oasis Farmers Market receives a National Association of Counties’ Achievement Award in Health:** This year, the National Association of Counties (NACo) selected GCDHHS, Division of Public Health’s MOFM for an Achievement Award in Health. The project was recognized for being an innovative and effective county health program that enhanced the well-being of residents in Guilford County.
- **Prescriptions for Produce:** With the addition of Cone Health as a MOFM location, local safety net health providers began issuing Prescriptions for Produce for their patients. This Prescriptions for Produce program offers patients a coupon for \$5 worth of produce at any of the MOFM locations to encourage hospital patients to eat more fresh fruits and vegetables. In the first two months of implementation in late 2015, \$580 worth of coupons were redeemed.

Progress on Action Plans

Poor Birth Outcomes

- **CenteringPregnancy™ Program:** In July 2013, GCDHHS's Public Health Division began offering a CenteringPregnancy™ model of prenatal care that has produced substantially improved birth outcomes. This model of care integrates health assessment, education and support into a unified care program within a group setting. Each group of eight to twelve women meets with the same two co-facilitators about 10 times during their pregnancies. The pregnant women have similar gestational ages. Each session lasts for approximately two hours. During that time, women take their own weight and blood pressure with medical supervision and each woman has a brief check-up in a private corner with a healthcare provider (one of the co-facilitators). Questions voiced during the brief check-up can be brought to the group for discussion and if the patient has any serious issues, a separate visit may be scheduled. The women provide each other strength and often form friendships. In 2015, Public Health served 112 expectant women through 13 CenteringPregnancy™ groups, nine in Greensboro and four in High Point. Five of these 13 groups were conducted in Spanish. Participants' birth outcomes have exceeded program goals for premature birth, low birth weight and breastfeeding at the time of discharge from the hospital.



In April 2015, the Centering Healthcare Institute of Boston, Massachusetts granted **National Site Approval** for GCDHHS' Division of Public Health's CenteringPregnancy® prenatal care program. The Centering Healthcare Institute™ visited each Public Health site (the Greensboro and the High Point maternity clinics) and evaluated each site separately for fidelity to the Centering model and the outlook for continued sustainability. This is the initial approval and continued approval will now be granted annually. To learn more about CenteringPregnancy®, go to www.centeringhealthcare.org. For more information about CenteringPregnancy at the GCDHHS/PH, contact Judy Southern at 336-641-3712 or Catherine Richardson at 336-641-4718.

- **Adopt-A-Mom Program:** Guilford County Coalition on Infant Mortality's Adopt-A-Mom Program ensured that 249 (2015) 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 are given education, materials, prenatal vitamins and case management/referrals as appropriate. As a result of their participation, 94.9% of these babies 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 Adopt-A-Mom Program secured a new funding partner in the Foundation for a Healthy High Point and was recognized at the North Carolina Public Health Association's annual meeting through the Ann Wolfe Mini Grant award.
- **Community Action for Healthy Babies Consortium:** The Coalition on Infant Mortality continued bringing many community partners to the table around maternal and child health issues through the Community Action for Healthy Babies Consortium. The Consortium was created to consolidate groups working on improving birth outcomes and thus improve our ability to coordinate and collaborate to achieve the best outcomes. The Consortium's three action teams have focused on analyzing pathways to care for pregnant women, promoting breastfeeding with women and providers, and conducting a chart review of no prenatal care deliveries at the local hospitals.

Sexually Transmitted Infections (STIs)

- **Testing and Counseling:** Health education staff with GCDHHS' Public Health Division partners with Nia Community Action Center, Piedmont Health Services and Sickie Cell Agency and Triad Health Project to provide a network of Integrated Targeted Testing Services (ITTS). During the 2015 calendar year, public health staff and partners provided HIV & syphilis screenings to 3,395 residents as well as 2,254 gonorrhea and chlamydia screenings. During that same time period, 1,874 HIV & syphilis screenings were implemented through expanded testing in the jails. In addition, GCDHHS' Public Health clinics in Greensboro and High Point provided 12,057 STI screenings.
- The ITTS network also implements **Evidence-Based Interventions (EBIs)** which are approved and evaluated by the Centers for Disease Control. These EBIs include individual and group risk reduction education in Guilford County such as VOICES, SISTA, Choosing Life: Empowerment! Action! Results! (CLEAR), and Comprehensive Risk Counseling and Services (CRCS). When possible, testing and counseling are also offered with risk reduction education.
- **Linkage to Care:** Through this network, partners maintain a system to ensure that HIV-infected persons are linked to care, with the goal of linking 60% of HIV positive clients to care within 60 days. Linkage to Care is defined as a client attending an appointment with an infectious disease provider. During the 2015 calendar year, 97% of those identified through ITTS were linked to care and 100% of those identified through expanded testing through the jails were linked to care.
- Through **Smart Girls Life Skills Training**®, an evidence-based teen pregnancy prevention program developed by GCDHHS' Public Health Division that also addresses STIs, health educators reached 1,014 middle and high school girls in Guilford County during the 2014-2015 school year and 504 in the first semester of the 2015-2016 school year.

New Initiatives

Geographic Information Systems (GIS) Training for Surveillance of Heart Disease, Stroke and Other Chronic Diseases

GCDHHS's Public Health Division was among a small number of counties nationwide selected to participate in GIS Training for Surveillance of Heart Disease, Stroke and Other Chronic Diseases. The GIS Surveillance project enhances the ability of participating health departments to integrate the use of GIS into daily operations that support existing priorities for surveillance and prevention of heart disease, stroke and other chronic diseases as well as focusing interventions. GCDHHS is included in one of two local health department clusters nationwide selected to participate in the project funded by the Centers for Disease Control and Prevention (CDC).

New Public Health Clinic Effort Dedicated to Serving Teens and Young Adults

In fall 2015, Clinical Services of GCDHHS' Public Health Division was awarded a \$192,366.00 grant from the Cone Health Foundation to start a new afternoon clinic to meet the needs of teens and young adults ages 12 to 19. This clinic will have dedicated staff that will work from 1 pm-7 pm Monday through Friday to improve access to care for this population group. Services offered will be school physicals, immunizations, pregnancy tests, STI screening and contraceptive health. An area of the existing clinic is being carved out to become more teen friendly and will be dedicated during those hours for these young adults. For more information contact Judy Southern at 336-641-3712 or jsouthe1@myguilford.com.

Smoke-free Rental Housing Through Policy Change

As public awareness about the dangers of secondhand smoke increases, more tenants in multi-unit housing are asking for protection from secondhand smoke, which drifts easily from other units and common areas. Regional Tobacco Prevention Manager, Mary Gillett reports a dramatic increase in housing that prohibits smoking in all indoor areas. Through policy change, management can provide protection to tenants and also reduce fire risk and turnover costs. Secondhand smoke in the home is a special risk to those with asthma, heart disease and other respiratory issues.

Unfortunately disparities still exist. The stock of smoke-free rental housing is greater in conventional market-rate apartments, but a steadily increasing number of subsidized housing properties are willing to adopt these policies to protect health and safety. One such company is Greensboro-based Affordable Housing Management, Inc. (AHMI) that recently transitioned two properties to a 100% smoke-free policy, Berryman Square and Hope Court, the first during a restoration and the second as a new construction. These policies have been encouraged by Housing and Urban Development (HUD) for the last five years, and HUD is currently proposing rules that would mandate smoke-free policy in all Public Housing Authority properties. The Division of Public Health provides technical assistance and education to managers that want to adopt smoke-free policy. For more information, contact Mary Gillett at 641-6000 or mgillett@myguilford.com.

Emerging Issues

Concerns about Electronic Cigarettes

Less is known about electronic cigarettes (or "ENDS," electronic nicotine delivery systems) than about conventional cigarettes, but what is known is concerning. Unregulated by any government authority, ENDS deliver aerosolized flavorings, glycerin, often a high dose of nicotine and potentially other toxins. They are not proven as safe or effective for tobacco use cessation, and while the advertisement of cigarettes has been curtailed in most media, ENDS are being aggressively marketed in magazines, TV, radio, billboards and on the internet.

Teens are especially at risk, targeted with more than 7000 flavor choices such as "birthday cake," "bacon," and "gummy bear." The 2013 North Carolina Youth Tobacco Survey (YTS) found that 7.1% of teens have used ENDS, up from 1.7% just two years earlier. Even more alarming, nearly 10% of teens stated that they were considering using the product in the following year.¹⁴ Public health advocates will be carefully examining these trends when the 2015 YTS rates are released this summer.

Among the concerns, ENDS deliver a much higher dose of nicotine than traditional cigarettes. It is also possible to add other chemicals, such as cannabis (marijuana) oil. Health advocates note that teens may graduate easily from ENDS to smoking traditional cigarettes, and adults who use them to quit are more likely to relapse than they would be with a traditional FDA approved nicotine replacement medication.

North Carolina is among the first states to mandate child-resistant packaging, to disclose that the product contains nicotine through labeling and to outlaw purchase by a minor. Unfortunately, ENDS can be purchased easily over the internet and many retailers are unaware of the age-of-sale laws.



Photo courtesy of Wake Forest Baptist Medical Center

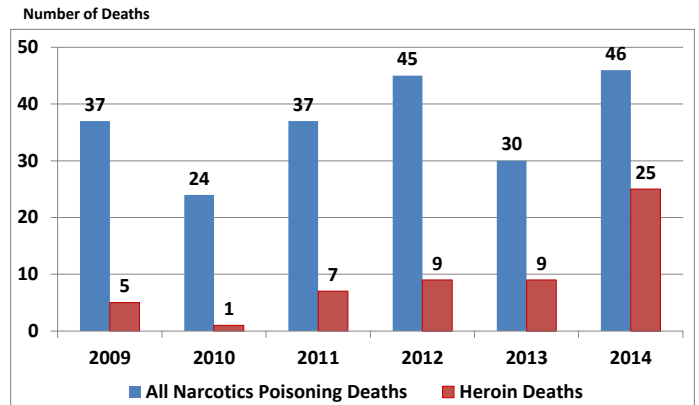
Emerging Issues

Narcotics Poisoning Mortality Continues to Increase

As noted in the 2014 State of Guilford County's Health report, heroin-related overdose deaths is an emerging issue in the county. A review of mortality due to accidental poisoning by and exposure to natural and synthetic opioid drugs found that the number of fatal overdoses where heroin was listed as a contributing factor increased from 5 in 2009 to 25 in 2014. Increases in heroin-related mortality in Guilford County are part of a nationwide rise in heroin-related mortality. North Carolina was one of 28 states in which heroin overdose deaths doubled between 2010 and 2012.¹⁵ According to the Centers for Disease Control, between 2002 and 2013, the rate of heroin-related overdose deaths nearly quadrupled, with more than 8,200 people dying nationwide in 2013. The chart to right illustrates this increase in Guilford County from 2009 to 2014. Heroin deaths are a subset of all deaths due to narcotics poisoning.

The CDC indicates that the principal risk factor for heroin use and addiction is addiction to prescription opioid painkillers. Nationwide, admissions to substance-abuse treatment programs for dependence on prescription opioids quadrupled between 2002 and 2012, as did mortality rates from prescription opioid overdose.¹⁶ Another key factor in increases in heroin use is the increased availability of inexpensive heroin of high purity. Prevention efforts can be directed to reduce the availability of prescription opioids for non-medical uses, increased access to substance abuse treatment services for opioid addiction, and expanded access to and training for administering naloxone to reduce opioid overdose deaths.¹⁷

Deaths due to Unintentional Narcotics Poisoning* Guilford County, 2009-2014



*Deaths classified as ICD-10 codes X42 and X44, includes natural and synthetic opioid pain relievers.
Source: Data provided by the NC State Center for Health Statistics.

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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.

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