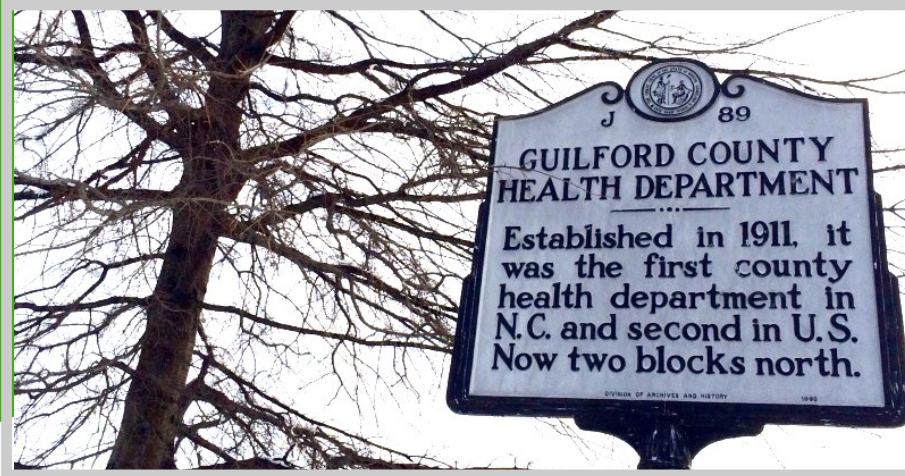


2014 SOTCH Report

The State of Guilford County's Health



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The Guilford County Department of Health & Human Services, Division of Public Health is pleased to present the 2014 State of the County Health Report (SOTCH) for Guilford County. The 2014 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.

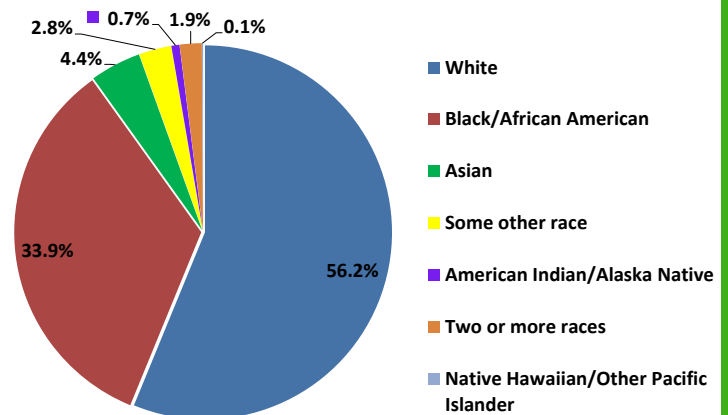
Public Health is working collaboratively with community partners to address the 2013 CHA priorities:

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

ABOUT GUILFORD COUNTY ¹

- Estimated Population: 506,610
- Urban Residents: 87.3%
- Rural Residents: 12.7%
- Median Household Income: \$45,431
- Unemployment Rate:
6.9% (12/ 2013) 5.3% (12/2014)
- Percentage of Residents Living Below Poverty: 18.1%
(The federal poverty level is less than \$23,850 for a family of 4).

GUILFORD COUNTY DEMOGRAPHICS, 2013 ESTIMATES ¹



Race	Estimate
White	284,657
Black/African American	171,505
Asian	22,430
Some other race	14,345
American Indian/Alaska Native	3,307
Two or more races	9,823
Native American/Pacific Islander	543
Hispanic (Any race)	37,841

Mortality and Morbidity Data

Leading causes of death and Years of Potential Life Lost (YPLL) are both measures that help us understand how specific health concerns impact a the community's health. The tables below rank the 2013 Guilford County leading causes of death by the number of deaths and rate per 100,000 population as well as YPLL for a five year period. YPLL is a public health measure that estimates the number of years lost because of premature deaths prior to a specific age, such as 75.

2013 Leading Causes of Death ²

Cause of Death	# of Deaths	Rate per 100,000*
1. Cancer (all types)	862	170.2
2. Diseases of the Heart	722	142.5
3. Stroke	223	44.0
4. Chronic Lower Respiratory Disease	221	43.6
5. Unintentional Injury Deaths	211	41.6
Motor Vehicle-related	47	9.3
All Other Injury-related	164	32.4
6. Alzheimer's Disease	179	35.3
7. Diabetes	104	20.5
8. Nephritis, Kidney disease	97	19.1
9. Pneumonia and Influenza	77	15.2
10. Septicemia	64	12.6
11. Suicide	52	10.3
12. Chronic Liver Disease and Cirrhosis	46	9.1
13. Homicide	33	6.5
14. HIV Infection	24	4.7
All Other Remaining Causes	1,061	
Total Deaths—All Causes	3,976	

*These are not age adjusted rates

Years of Potential Life Lost, 2009-2013 ²

Cause of Death	YPLL
1. Cancer (All Types)	4,261
2. Diseases of the Heart	3,863
3. Stroke	1,078
4. Unintentional Injury Deaths	1,007
Motor Vehicle-related	238
All Other Injury-related	769
5. Chronic Lower Respiratory Disease	974
6. Alzheimer's Disease	863
7. Nephritis, Kidney Disease	454
8. Diabetes	418
9. Pneumonia and Influenza	405
10. Septicemia	325
11. Suicide	255
12. Chronic Liver Disease	216
13. Hypertension	166
14. Homicide	150
15. HIV Infection	94
All Other Remaining Causes	4,773
Total Deaths—All Causes	19,323

In Guilford County:

- Of the 3,976 deaths in 2013, about two-thirds 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.
- Heart disease mortality rates declined 43% from 244.8 deaths per 100,000 in 1995 to 142.5 in 2013.
- After decades in which heart disease was the leading killer, cancer became the leading cause of death in 2008.
- African-Americans had higher age-adjusted mortality rates than Whites for heart disease, cancer, stroke, diabetes, septicemia, kidney disease, homicide and HIV infection.
- Whites had higher age-adjusted mortality rates than African-Americans for chronic lower respiratory disease, unintentional injuries and suicide.
- Men had higher mortality rates than women for many conditions, including heart disease, cancer, diabetes, motor vehicle and other unintentional injuries and HIV infection, while women have higher mortality rates for Alzheimer's disease than men.
- The leading causes of death among children and young adults were motor vehicle crashes and other unintentional injuries.

2013 Leading Causes of Death ²

	Whites	African Americans	Males	Females
1	Cancer	Cancer	Cancer	Cancer
2	Diseases of the Heart	Diseases of the Heart	Diseases of the Heart	Diseases of the Heart
3	Chronic Lower Respiratory Disease	Stroke	Unintentional Injuries	Stroke
4	Stroke	Unintentional Injuries	Chronic Lower Respiratory Disease	Alzheimer's Disease
5	Unintentional Injuries	Diabetes	Stroke	Unintentional Injuries

2013 Leading Causes of Death ²

	Children Ages 0-19	Adults Ages 20-44
1	Unintentional Injuries	Unintentional Injuries
2	Suicide	Diseases of the Heart
3	Diseases of the Heart	Cancer
4	Homicide	Suicide
5	Cancer	Homicide

Mortality and Morbidity Data

In Guilford County:

- In 2013, cardiovascular and circulatory diseases was the diagnostic category with the highest number of inpatient hospitalizations, closely followed by pregnancy and childbirth.
- Diagnostic categories with the longest average days stay were infectious and parasitic diseases, malignant neoplasms and other diagnoses (including mental disorders).
- Hospital stays for cardiovascular and circulatory diseases resulted in by far the largest total costs at over \$257 million.
- In addition to cardiovascular and circulatory diseases, the following diagnostic categories exceeded over \$100 million in total charges in 2013:
 - Injuries and poisoning,
 - Musculoskeletal system diseases,
 - Digestive system diseases, and
 - Respiratory diseases and other diagnoses.
- Diagnostic categories with the highest average charge per case include:
 - Malignant neoplasms,
 - Injuries and poisoning,
 - Musculoskeletal system diseases,
 - Cardiovascular and circulatory diseases, and
 - Infectious and parasitic diseases.

Leading Inpatient Hospitalizations and Charges by Principal Diagnosis, Guilford County, 2013 ²

Diagnostic Category	Total Case	Average Days Stay	Total Charges	Average Charge per Case
Cardiovascular and Circulatory Diseases (Includes Heart Disease and Stroke)	7,603	4.9	\$257,162,919	\$33,824
Injuries and Poisoning	3,573	5.4	\$125,361,132	\$35,086
Musculoskeletal System Diseases	3,301	3.4	\$122,619,588	\$37,146
Other Diagnoses (Includes Mental Disorders)	4,960	6.6	\$120,147,594	\$24,223
Digestive System Diseases (Includes Chronic Liver Disease and Cirrhosis)	4,571	5.2	\$108,147,616	\$23,660
Respiratory Diseases (Includes Pneumonia/Influenza and COPD)	4,423	5.4	\$103,309,158	\$23,357
Infectious and Parasitic Diseases (Includes Septicemia and AIDS)	2,467	7.1	\$83,284,209	\$33,759
Pregnancy and Childbirth	6,921	2.7	\$79,267,807	\$11,453
Malignant Neoplasms	1,451	6.9	\$63,580,117	\$43,818
Genitourinary Diseases (Includes Nephritis)	2,248	4.4	\$39,729,108	\$17,673
Endocrine, Metabolic and Nutrition Diseases (Includes Diabetes)	2,025	4	\$38,192,462	\$18,860

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 Geography Location, Race & Sex, 2009-2013 ²

Chronic Disease Death Rate per 100,000 Population (5-year age adjusted rates, 2009-2013)	Healthy People 2020 ³ Objective	North Carolina	Guilford County	White, non-Hispanic	African American, non-Hispanic	Males	Females
Coronary Heart Disease Death Rate	100.8	170.0	148.3	141.5	175.8	191.9	118.5
Total Cancer Death Rate	160.6	173.3	163.9	159.9	189.3	200.4	139.3
Lung Cancer Death Rate (Includes Trachea, Bronchus and Lung)	45.5	51.6	48.1	48.9	48.4	62.3	37.6
Prostate Cancer Death Rate (Males Only)	21.2	22.1	21.1	16.8	43.3	21.1	NA
Breast Cancer Death Rate (Females Only)	20.6	21.7	22.9	21.6	28.3	NA	22.9
Colorectal Cancer Death Rate	14.5	14.5	12.4	10.9	18.0	14.5	10.9
Stroke Death Rate	33.8	43.7	41.8	38.3	51.9	40.6	41.8
Chronic Lower Respiratory Disease Death Rate	98.5	46.1	38.3	42.9	24.9	42.2	36.3
Diabetes Death Rate	N/A	21.7	16.1	12.4	30.3	18.2	14.4

Updated Data on Health Priority Areas

Chronic Diseases

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 2013 rate of 132.2 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 and prostate cancer.
- While mortality rates for lung, colorectal and prostate cancers have decreased in the past 15 years, pancreatic cancer mortality increased.
- Guilford County's percentage of current smokers is better than the state and neighboring Forsyth County but is higher than other peer counties.
- Guilford County's percentage of overweight or obese adults exceeds NC and other urban counties.



HEALTHY NORTH CAROLINA 2020⁴ CHRONIC DISEASE

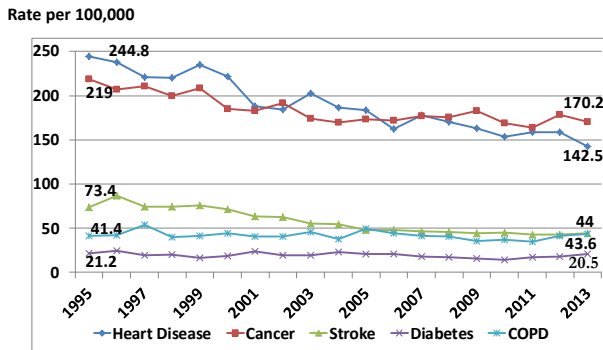
Healthy NC 2020 Objective: Reduce the cardiovascular disease mortality rate (per 100,000 population).

NC BASELINE (2009):	256.6
2020 TARGET:	161.5
GUILFORD (SCHS 2013):	132.2

Local Objective: 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.

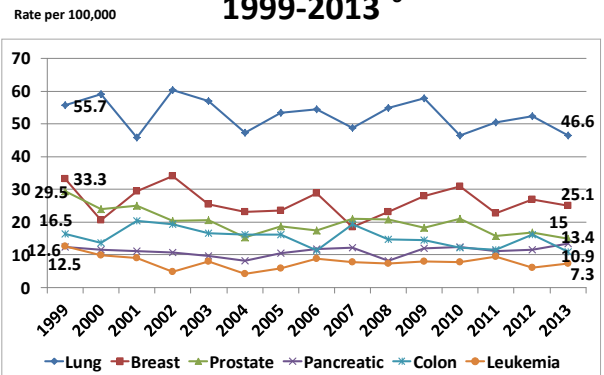
GUILFORD (2014): The Pilot Mobile Oasis Farmers Market improved access to affordable, healthy foods in two Guilford County "food desert" census tracts.

Chronic Disease Mortality Rates in Guilford County, 1995-2013⁵



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.

Leading Types of Cancer Mortality, 1999-2013⁶



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

Risk Factors for Chronic Disease, 2013⁷

Chronic Disease Risk Factor	North Carolina	Guilford County	Durham County	Forsyth County	Mecklenburg County	Wake County
Current Smoker	20.2%	18.3%	14.6%	23.6%	16.6%	14.0%
Overweight or Obese	66.1%	67.9%	59.6%	63.2%	60.6%	59.7%
Consumed Fruits, Vegetables or Beans Five or More Times per Day	12.3%	13.7%	12.4%	13.4%	10.9%	14.9%
Engaged in Leisure-time Physical Activity in Previous Month	73.4%	71.3%	75.3%	75.3%	78.9%	81.0%

Hospital Discharges with a Primary Diagnosis of Asthma, 2013²

	North Carolina	Guilford County	Durham County	Forsyth County	Mecklenburg County	Wake County
Overall Rate	91.6	87.2	98.9	102.2	102.2	77.9
Rate for Ages 0-14	148.9	153.7	228.5	155.3	214.3	167.1

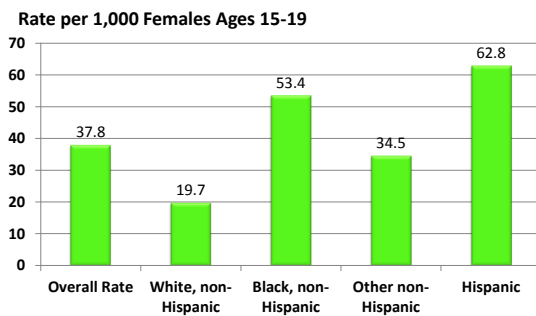
Updated Data on Health Priority Areas

Sexually Transmitted Infections

In Guilford County:

- Both chlamydia and gonorrhea have shown consistently higher rates in Guilford County compared to overall rates for North Carolina and the United States.
- The highest chlamydia incidence rates are among African-American residents, with very large disparities compared to Whites and other race/ethnic groups.
- The 2014 chlamydia rate of 602.7 is down from the 2013 rate of 776.5, exceeding the local objective of reducing the rate of chlamydia to 689.3 new cases per 100,000.
- Rates of gonorrhea are disproportionately higher for African Americans over any other race or ethnicity.
- Guilford County's HIV infection rate remains higher than that of North Carolina as a whole. Rates are highest for African-American, Hispanics, males and young adults.
- The primary and secondary syphilis rate increased from 5.7 in 2013 to 7.2 in 2014.
- The 2014 overall teen pregnancy rate met the local objective with a rate of 30.3 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.

Guilford County Teen Pregnancy Rates for Females Ages 15-19 by Race, 2009-2013



New Cases and Rates of HIV Infection and Syphilis, 2013 and 2014

Sexually Transmitted Infections	2013										2014*			
	North Carolina		Guilford County		White		African American		Hispanic		North Carolina		Guilford County	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Syphilis, Primary & Secondary	423	4.3	29	5.7	2	0.7	27	15.9	0	0	662	6.2	37	7.2
HIV	1,525	15.6	124	24.4	19	6.4	92	54.1	9	23.7	1,631	16.4	114	22.2

*Note: 2014 data by race and ethnicity not yet available.

Gonorrhea and Chlamydia Cases and Rates by Geography, Race and Ethnicity, 2013 and 2014

Sexually Transmitted Infections	2013										2014									
	North Carolina		Guilford County		White		African American		Hispanic		North Carolina		Guilford County		White		African American		Hispanic	
	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate	#	Rate
Gonorrhea	13,665	140.1	1,386	273.6	115	38.0	974	553.2	24	63.4	14,000	140.6	1,154	225.1	89	29.9	842	491.7	22	57.9
Chlamydia	48,417	496.5	3,934	776.5	452	149.4	2,447	1389.7	144	380.5	46,594	468.0	3,094	602.7	389	130.6	1,989	1,161.6	107	281.6

NC HIV Infection (HIV or AIDS) Cases by Top Five Urban County Rank Order, 2011-2013 Average Rate

County	Incidence Rate per 100,000	State Rank of all Counties
Mecklenburg	31.0	1
Cumberland	26.0	3
Durham	25.7	4
Guilford	23.5	5
Forsyth	19.0	12

NC AIDS Cases by Top Five Urban County Rank Order, 2011-2013 Average Rate

County	Incidence Rate per 100,000	State Rank of all Counties
Mecklenburg	20.9	2
Cumberland	11.9	15
Buncombe	9.4	22
Forsyth	9.3	24
Guilford	9.0	26

HEALTHY NORTH CAROLINA 2020⁴ SEXUALLY TRANSMITTED DISEASES/ 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 (2010- 2012):	23.0
GUILFORD (NC DHHS 2013):	24.5

Local Objective: 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 (2013):	10

Local Objective: 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

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

GUILFORD 2010- 2012:	291.8
GUILFORD 2014:	225.1

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

GUILFORD 2010- 2012:	765.9
GUILFORD 2014:	602.7

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

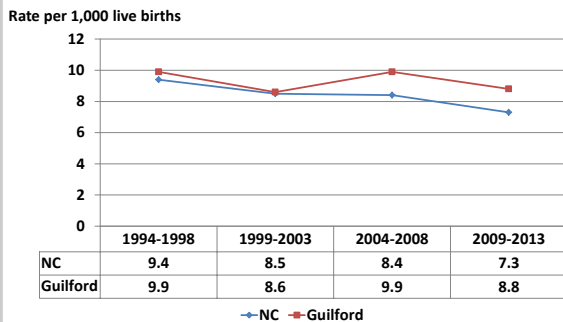
GUILFORD 2010- 2012:	36.6
GUILFORD 2014:	30.3

Poor Birth Outcomes

In Guilford County:

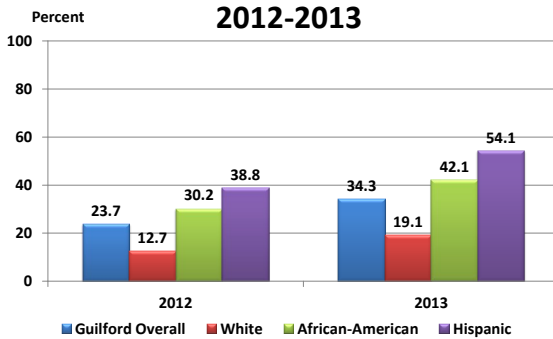
- The Guilford County infant mortality rate is higher than that of the state of North Carolina overall as well as the US rate.
- After declining between 2009 and 2011, the infant mortality rate in Guilford County increased in 2012 and 2013, with much of the increase occurring among the White population.
- The percentage of women entering late into prenatal care or not receiving care increased across all race and ethnic groups in 2013.
- Percentages of low and very low birth weight for 2009 to 2013 were about twice as high for Black births as for White births, but Hispanic rates were slightly lower than Whites.
- After a plateau period between 2002 to 2007, teen pregnancy rates have continued to decline in Guilford County among all races, though a racial disparity persists.
- The rate of preterm births increased to 10.6% in 2013 from 10.0% in 2012, with a significant and persistent racial disparity.

Infant Mortality Rates, Guilford County and NC, Five-Year Rates ¹¹



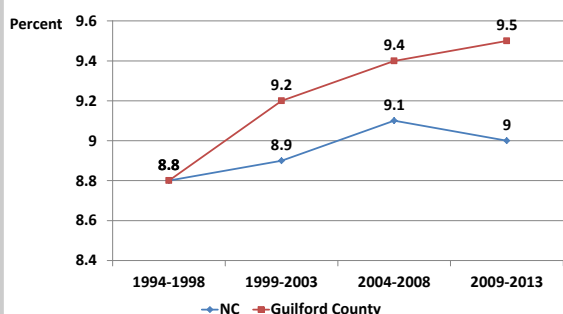
Source: County Health Databook, NC State Center for Health Statistics

Women Receiving No Prenatal Care or after First Trimester, by Race & Ethnicity, 2012-2013 ¹²



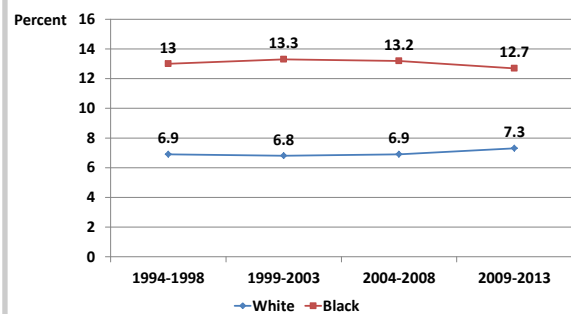
Source: Data provided by the NC Center for Health Statistics.

Low Birthweight Births, Guilford County and NC, Five-Year Rates ¹¹



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

Low Birthweight Births, by Race, Guilford County, Five-Year Rates ¹¹



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

HEALTHY NORTH CAROLINA 2020 ⁴ 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 2013:	8.6

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 2009-2013:	1.81

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

Guilford 2012:	10.0%	Guilford 2013:	10.6%
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Local Objective: 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 2013:	1.3
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Local Objective: 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 2009-2013:	2.4
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Infant Mortality Numbers & Rates per 1,000 Live Births ¹²

	2012		2013	
	#	Rate	#	Rate
Guilford County All Races	49	7.9	53	8.6
White	16	6.5	20	8.0
African Americans	26	10.7	32	12.7
Hispanic	5	6.3	3	3.7

2013 Births at a Glance

- Live births in Guilford County increased from 6,003 in 2010 to 6,169 in 2013, reversing a previous two-year downward trend from 2008 to 2010.
- In 2013, there were 2,503 live births to White mothers, 40.6% of all live births and 3,666 to mothers of other races, or 59.4% of all live births. 2,519 live births to African American mothers accounted for 40.8% of all births. That same year, there were 804 live births to Hispanic mothers, or 13.0% of all live births.

Progress on Action Plans



Chronic Disease Prevention & Management

- **Pilot Mobile Oasis Farmers Market:** In 2014, the Division of Public Health within the Guilford County Department of Health and Human Services (GCDHHS) and community partners led a pilot of the Mobile Oasis Farmers Market that sold 1,482 pounds of fresh produce to 474 customers within two food desert areas in Greensboro. This effort included the purchase and conversion of a mobile market trailer, directing the community outreach/marketing campaign and educating consumers about healthy foods. Project support came from the United Way of Greater Greensboro Kathleen and Joseph Community Enrichment and Venture Grant. Partners included: the City of Greensboro's Parks and Recreation Department, Vision Tree Community Development Corporation (CDC), The University of North Carolina at Greensboro and the East Market Street Development Corporation. The mobile market is slated to continue in 2015.
- GCDHHS's Division of Public Health program also submitted and is awaiting a response to a **USDA's Food Insecurity Nutrition Incentive (FINI) Grant Application**. If funded, this would enhance the Mobile Oasis Farmers Market's ability to increase consumption of fruits and vegetables by SNAP participants by offering two forms of incentives, a Double Bucks program that doubles the value of SNAP purchases and a customer rewards program.
- **Warnersville Urban Farm:** Vision Tree Community Development Corporation received grants from Whole Foods and the Evonic Corporation to support cultivation expansion, fencing and hoop houses at the Warnersville Urban Farm, located on land provided by Prince of Peace Lutheran Church, which is located in a food desert area.
- **REACH Grant Application:** In 2014, GCDHHS's Division of Public Health submitted a Racial and Ethnic Approaches to Community Health (REACH) grant to the CDC to further improve access to healthy food outlets and support positive attitudes, knowledge and behavioral intentions towards healthier eating to food desert areas in Guilford County. The Division of Public Health's proposal was recommended for approval. However, the application did not rank high enough in a pool of intensely competitive applications to receive funding.
- **Promotion of SNAP/EBT/WIC at Farmers Markets:** GCDHHS WIC division promotes the use of SNAP/EBT/WIC and incentive coupons at farmers markets and other healthy food outlets, especially in Guilford County food deserts. In 2013, 670 WIC participants received Farmers Market Nutrition Program (FMNP) coupons and the redemption rate was 53.23%. In 2014, 618 WIC participants received coupons (2014 redemption rate not yet available). In addition, the Mobile Oasis Farmers Market (see above) received approval to accept EBT/SNAP benefits in 2014 through Vision Tree CDC.

Poor Birth Outcomes

- **CenteringPregnancy™ Program:** In July 2013, GCDHHS's Division of Public Health began offering a CenteringPregnancy™ model of prenatal care, which integrates health assessment, education and support into a unified care program within a group setting. Since its inception, Public Health has served 138 expectant women through 24 CenteringPregnancy™ groups, 14 in Greensboro and 10 in High Point. Ten of these 24 groups were conducted in Spanish. Participants' birth outcomes have exceeded program goals for premature birth and low birth weight.

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.

Progress on Action Plans

- **Adopt-A-Mom Program:** Guilford County Coalition on Infant Mortality's Adopt-A-Mom Program ensured that 352 (2013) and 335 (2014) expectant women received prenatal care services through one of seven provider sites, many of whom would not have otherwise received prenatal care. As a result, 95% of babies born to these women served were born at a healthy birth weight (well above state and national averages).

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 period of July 2013 to December 2014, public health staff and partners provided HIV & syphilis screenings to 5,347 residents as well as 3,347 gonorrhea & chlamydia screenings. During that same time period, 2,090 HIV & syphilis screenings were implemented through expanded testing in the jails.
- This 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. From July 2013 through December 2014, 97% of those identified through ITTS were linked to care and 55% 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 1,223 middle and high school girls in Guilford County during the 2013-2014 school year and 507 in the first semester of the 2014-2015 school year.

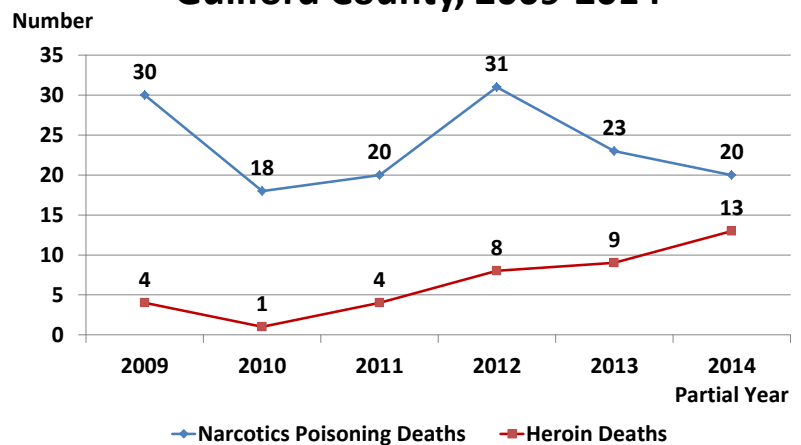
Emerging Issue

The Impact of Heroin in Guilford County

On December 19, 2014, the Greensboro News and Record reported that High Point police seized over 15 pounds of heroin in the arrest of 15 people charged with selling up to 100 grams per day of the drug.¹³ Data reported by the High Point Police Department indicate that 116 overdoses involving heroin occurred in High Point in 2014, largely among White males ages 20 to 29, with ages ranging from 18 to 65. Fourteen deaths included mention of heroin involvement. Of 119 reports of drug overdose by the Greensboro Police Department, 59 mention heroin, though these were not confirmed by toxicology reports. Eleven Greensboro police death reports included mention of heroin involvement.¹⁴

According to the CDC, North Carolina was one of 28 states in which heroin overdose deaths doubled between 2010 and 2012.¹⁵ A review of Guilford County mortality due to "accidental poisoning by and exposure to narcotics and psychodysleptics (hallucinogens)," found that the number of fatal overdoses where heroin was listed as a contributing factor rose from one in 2010 to nine in 2013. With only about 60% of 2014 mortality records processed, 13 heroin-related deaths were reported in 2014.

Mortality due to Narcotics Poisoning, Guilford County, 2009-2014



Note: Partial year data for 2014 represents approximately 60% of mortality data for year.
Source: NC State Center for Health Statistics.

The North Carolina Department of Health and Human Services reported that on January 12, 2015, the Carrboro Police Department became the first police department in the state to successfully administer the drug Naloxone to stop a heroin overdose in progress.¹⁶ Naloxone works by reversing the overdose and preventing subsequent negative effects. In response to the growing problem of heroin and other opioid drug overdoses, Governor Pat McCrory signed into law Senate Bill 20, the Good Samaritan/Naloxone Access law. The law protects individuals and community based organizations from civil liability for administering Naloxone and protects individuals from criminal repercussions for calling 911 to report an overdose in progress.

New Initiatives



The Patient Protection and Affordable Care Act

In Guilford County, an estimated 15.2% (76,551) residents under the age of 65 were uninsured in 2013, 3% lower than North Carolina estimates, but far higher than the Healthy NC 2020 objective of 8%. Large disparities exist in insurance coverage within the county, with uninsured rates ranging from less than 5% in some census tracts to over 40% in others.^{1,4} Research suggests that the uninsured are less likely to receive preventive and diagnostic health care services, are more likely to be diagnosed at a later disease stage, tend to receive less treatment for their condition compared to insured individuals and have higher mortality rates than the insured population.^{17,18}

In 2010, Congress passed The Patient Protection and Affordable Care Act (PPACA). This legislation was intended to address many health care system challenges, including the rising costs of care for patients and businesses, the quality of care for patients and the lack of insurance coverage for millions of Americans. This act led to the opening of health exchanges that offered health insurance coverage to those who were uninsured and underinsured across the country. States had the option of creating their own exchange, partnering with the federal government on an exchange, or opting to have the federal government establish their exchange. North Carolina chose the latter.¹⁹ During the first open enrollment period for NC's Health Exchange (October 1, 2013 - April 19, 2014), 357,584 individuals selected marketplace plans statewide and 20,026 enrolled from Guilford County.²⁰

The PPACA also gave states the option to expand their Medicaid programs to cover individuals under age 65 with a family income at or below 133% of the federal poverty guidelines. As of November 2014, 27 states and the District of Columbia have chosen to do so.⁵ The NC Legislature has chosen not to expand Medicaid. The NC Institute of Medicine estimates that about 500,000 North Carolinians would qualify for Medicaid under such an expansion.²¹ In late 2014, the Center for Health Policy Research at George Washington University released *The Economic and Employment Costs of Not Expanding Medicaid in North Carolina: A County-Level Analysis*, which highlights the potential state and local impact. According to their analysis, in Guilford County a lack of Medicaid expansion would result in 1,653 fewer jobs created in 2016 and 3,160 fewer jobs created in 2020. Because of the lack of expansion, 17,693 people will not receive Medicaid coverage in 2016. From 2016 to 2020, there would be \$1.3 billion less growth to the county's economy, \$11.6 million less collected in county tax revenue and \$2.0 billion less in county business activity.²²

Consolidation of Social Services & Public Health

In May 2014, the Guilford County Board of Commissioners held a public hearing on the merging of the Departments of Public Health and Social Services into a merged human services agency. Following the public hearing the Board adopted a resolution to create a consolidated Human Services Agency, now known as the Guilford County Department of Health and Human Services. This action eliminated the Guilford County Board of Health and the Social Services Board, which were the governing bodies of these departments, respectively.

The Board of Commissioners is now the governing board for the consolidated agency. Joe Raymond was appointed as Human Services Director of the consolidated agency in August 2014. Under the consolidation, the Board of Commissioners has appointed a health and human services advisory committee. In December 2014, Mr. Raymond hired Ms. Heather Skeens as the new Director of Social Services. Merle Green continues to provide leadership as the Director of Public Health, a position she has held since 2005.

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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.