

The Guilford County Department of Public Health and the Guilford County Healthy Carolinians Partnership are pleased to issue this report on the state of Guilford County's health for 2012. In this report, we highlight Guilford County's health ranking as published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation (see yellow tables).¹ Each year, they collaborate to publish the County Health Rankings for all counties in the United States. In 2012, Guilford County ranked 9th out of NC's 100 counties, up in overall health from 10th the previous year.

In this report, we also share additional data on specific health and related concerns, progress on priority health issues identified in the 2009 Community Health Assessment and emerging health issues that are facing Guilford County. We hope this State of Guilford County's Health Report for 2012 informs you of how our community's health measures up and how evidence-informed policies and programs are being implemented to improve our community's health.

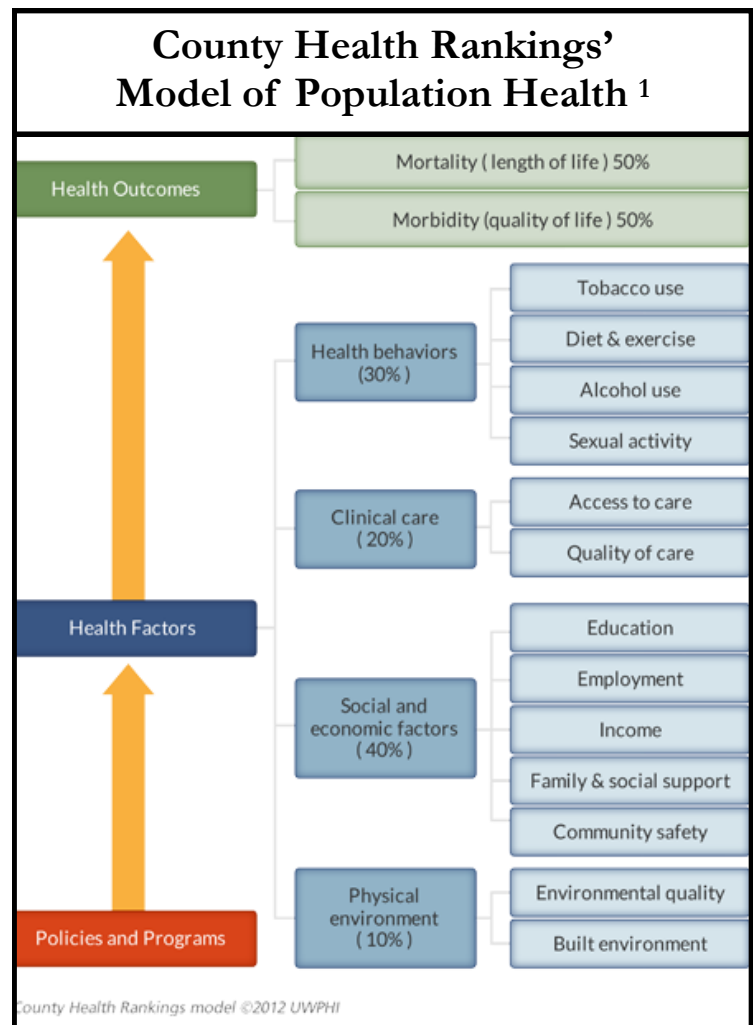
Highlights from Guilford County's 2012 Health Ranking in NC ¹

- Ranked 9th Overall
- Ranked 16th in Mortality
- Ranked 11th in Morbidity
- Ranked 24th in Health Factors
- Ranked 16th in Health Behaviors
- Ranked 12th in Clinical Care
- Ranked 39th in Social and Economic Factors
- Ranked 90th in Physical Environment

The County Health Rankings help us to understand what influences our community's health and the health of its residents. The Rankings, as the model illustrates, recognizes that our *health outcomes*, such as how long we live and how healthy we feel, are influenced by several *health factors*; specifically:

- our own *health behaviors*,
- our access to and experience with *clinical care*, and
- the *social and economic factors* and the *physical environment* in which we live, work and play.

Local, state and federal *policies and programs* can also influence *health outcomes* through impact on *health factors*. This model emphasizes the importance of multiple factors on the health of our community.



Population Trends ^{2, 3}

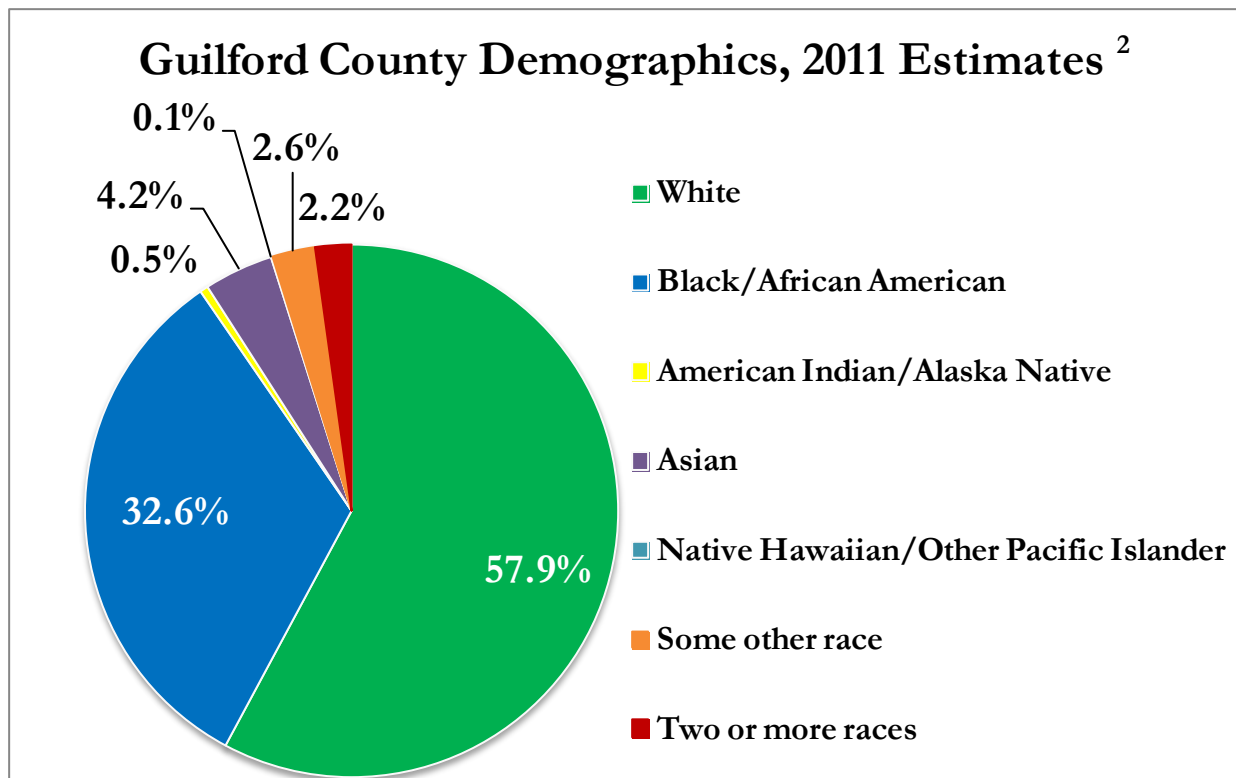
According to population estimates, the 2011 population for Guilford County was 495,279.

Age and Gender

The estimated median age for the 2011 Guilford County population was 36.6 years, similar to North Carolina. Approximately 52.5% county residents were female and 47.5% were male.

Race and Ethnicity

According to the 2011 estimates, 57.9% of the Guilford County population was White, 32.6% was African American, 4.2% was Asian, 0.5% was American Indian, 0.1% was Native Hawaiian/Other Pacific Islander, 2.6% identified as other and 2.2% were two or more races. The Latino or Hispanic population (of any race) was estimated at 7.3%.



Births at a Glance ³

- Live births in Guilford County increased slightly from 6,003 in 2010 to 6,049 in 2011, reversing a two-year downward trend from 2008 to 2010.
- There were 2,549 live births to White mothers in 2011, 42% of all live births and 2,759 to mothers of Other Races, or 46% of all live births, including 2,367 (39%) to African American mothers. That same year, there were 747 live births to Hispanic mothers, or 12% of all live births.

Health Outcomes - Mortality ^{1, 4}

Guilford County's 2012 Ranking ¹
16th in Mortality

Robert Wood Johnson Foundation's County Health Rankings ¹

	Guilford County	National Benchmark	Forsyth County	Wake County
Mortality	#16		#30	#1
Premature death Years of Potential Life Lost (YPLL) is a measure of premature death at rate per 100,000 people based on all deaths occurring before the age of 75. YPLL is age-adjusted to the 2000 U.S. population to allow comparison between counties (2006-2008).	7,345	5,466	7,938	5,212

According to the County Health Rankings, Guilford County ranked 16th in *mortality*. Leading causes of death and Years of Potential Life Lost (YPLL) are mortality measures that help us understand how specific health concerns impact a community. Leading causes of death are the most common reasons people die. YPLL is a public health measure that estimates the number of years lost because a person did not live to a specified age, such as 75 or 80. The tables below compare these measures for Guilford County.

The first table below ranks the 2011 leading causes of death, ranking the number of deaths for each cause. Of the 3,897 deaths in 2011, the majority were due to chronic diseases such as cancer, heart disease, stroke, Alzheimer's disease and chronic lower respiratory disease. The second table projects the YPLL before age 80, or the number of years that would have potentially been lived if those who died had lived to 80 years of age. Age 80 was chosen because the average life expectancy in Guilford County is 81 for women and 77 for men. As you can see, the YPLL measure highlights those causes of death which more greatly impact those who are a younger age, such as infant mortality, injuries, suicide and homicide.

Leading Causes by Number of Deaths ⁴

Cause/Category of Death	# of deaths
Cancer (all types)	811
Heart disease	785
Stroke	213
Alzheimer's disease	206
Chronic lower respiratory disease	172
Injury deaths (non-motor vehicle)	150
Pneumonia and influenza	85
Diabetes	83
Nephritis, kidney disease	79
Suicide	49
Chronic liver disease	48
Infant mortality	45
Motor vehicle injury deaths	41
Homicide	34

Leading Causes by YPLL ⁴

Cause/Category of Death	YPLL
Cancer (all types)	8,795
Heart disease	6,687
Infant mortality	3,555
Injury deaths (non-motor vehicle)	2,962
Motor vehicle injury	1,701
Suicide	1,748
Homicide	1,744
Stroke	1,445
Chronic lower respiratory disease	1,048
Chronic liver disease	917.5
Diabetes	897
Pneumonia and influenza	587.5
Nephritis, kidney disease	437
Alzheimer's disease	217

Health Outcomes - Mortality ^{4, 5, 6}

Chronic diseases are conditions that slowly progress and last for a longer period of time, such as heart disease, cancer, stroke, chronic lower respiratory disease and diabetes. The table below compares Guilford County chronic disease indicators to the Healthy People 2020 objective, North Carolina and two other similar counties.

While chronic conditions continue to have a significant impact on mortality here in Guilford County, we are doing better than North Carolina for each of the indicators highlighted below. When comparing Guilford County to similar counties, Forsyth and Wake counties, the results are more varied. Guilford County chronic disease death rates are lower than Forsyth County's for all except heart disease. The opposite is true when comparing Guilford County to Wake County. Guilford County chronic disease death rates are higher than Wake County's for all except the diabetes death rate, which is slightly lower and the stroke and breast cancer death rates, which are about the same.

Guilford County Chronic Disease Indicators ^{5, 6}

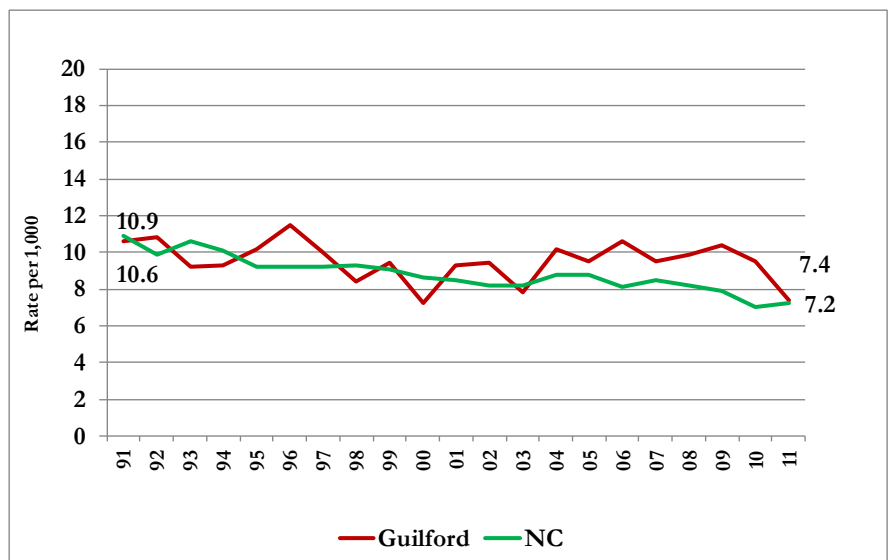
Chronic disease death rate per 100,000 population (age adjusted rates)	HP2020 ⁵ Objective	North Carolina Rate 2006 - 2010	Guilford County Rate 2006 - 2010	Forsyth County Rate 2006 - 2010	Wake County Rate 2006 - 2010
Coronary heart disease death rate	100.8	184.9	159.5	144.1	142.1
Total cancer death rate	160.6	183.1	169.5	181.2	159.1
Lung cancer death rate (includes trachea, bronchus and lung)	45.5	55.9	50.9	54.1	43.0
Prostate cancer death rate (males only)	21.2	25.5	24.9	26.0	24.0
Breast cancer death rate (females only)	20.6	23.4	22.8	23.8	22.9
Colorectal cancer death rate	14.5	16.0	13.9	15.1	12.9
Stroke death rate	33.8	47.8	44.3	47.2	44.3
Chronic lower respiratory disease death rate	98.5	46.4	39	48.7	31.0
Diabetes death rate	N/A	22.5	16.4	19.6	18.7

⁵ HP2020 - Healthy People 2020 Objective

Infant Mortality ⁴

- In 2011, the Guilford County infant death rate was 7.4 deaths per 1,000 live births, slightly higher than North Carolina at 7.2 deaths per 1,000 live births. From 2010 to 2011, there was a drop in infant death rates for Whites, African Americans and Hispanics. This follows an overall downward trend over the past 20 years.
- In 2011, 45 babies died during their first year of life in Guilford County, down from 57 in 2010. Of those, 67% were African American.
- African Americans in Guilford County had significantly higher rates of infant mortality than Whites. In 2011, Whites in Guilford County had an infant mortality rate of 3.9 per 1,000 live births, while that same year, the infant mortality rates for African Americans and Hispanics was 12.7 and 6.7 per 1,000 live births respectively.

Infant Mortality Rates, 1991-2011 ⁴



Health Outcomes - Morbidity ^{1,3}

Guilford County's 2012 Ranking ¹ 11th in Morbidity

Robert Wood Johnson Foundation's County Health Rankings ¹

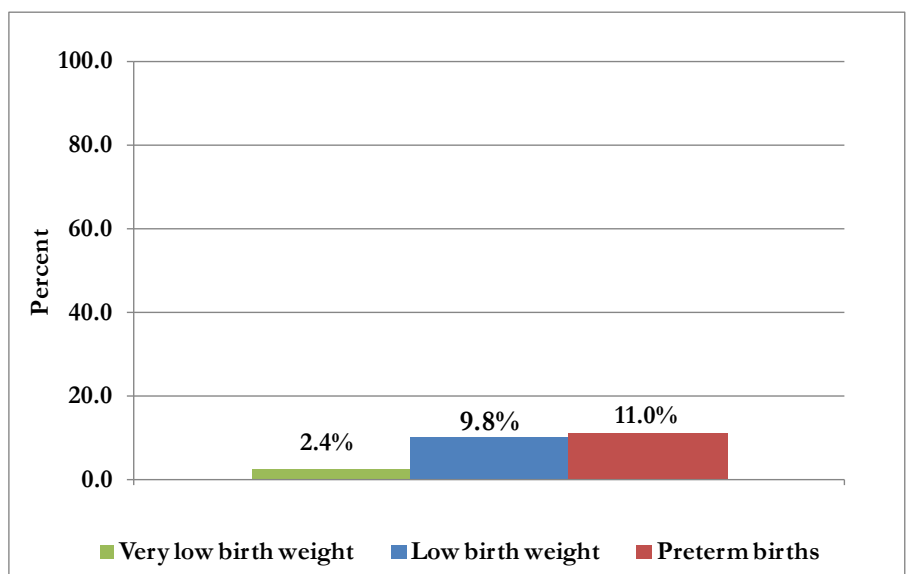
	Guilford County	National Benchmark	Forsyth County	Wake County
Morbidity	#11		#28	#1
Poor or fair health Percentage of survey respondents who reported health as poor or fair when asked: "Would you say that your health is Excellent, Very Good, Good, Fair or Poor?" (2004-2010).	13%	10%	14%	12%
Poor physical health days The number of self-reported poor physical health days experienced the past month (2004-2010).	2.9	2.6	3.1	2.6
Poor mental health days The number of self-reported poor mental health days experienced in the past month (2004-2010).	3.2	2.3	3.2	2.5
Low birth weight Percentage of live births with weight of 2500 grams or less (2002-2008).	9.3%	6.0%	10.2%	7.7%

Based on the County Health Rankings, Guilford County ranks 11th out of 100 counties on *morbidity* or people's experience of sickness. In general, Guilford County's quality of life is ranked higher than that of Forsyth County, but not as high as Wake County. Thirteen percent of Guilford County residents surveyed reported their health as poor or fair while 87% said their health was excellent, very good or good. These respondents also reported around three poor physical or mental health days in the past month. Low birth weight and preterm birth (see box and graph below) are important predictors of infant mortality and can lead to high medical costs and subsequent health problems.

Preterm Birth and Low and Very Low Birth Weight Births ³

- A full term birth is 37-40 weeks gestation. Babies born **preterm** or less than 37 weeks gestation are at increased risk of low birth weight and infant death. In 2011, 11% of births were pre-term.
- **Low birth weight** is defined as babies weighing less than 2,500 grams at birth and **very low birth weight** is defined under 1,500 grams at birth. In 2011, the percentage of low birth weight births was 9.8% and the percentage of very low birth weight births was 2.4%
- African American mothers are more likely to have a low or very low birth weight birth. In 2011, 12.9% of births to African American mothers were low birth weight and 3.7% were very low birth weight.

Percentage of Very Low Birth Weight Births, Low Birth Weight Births and Preterm Births, 2011 ³



Health Factors ¹

Guilford County's 2012 Ranking ¹
24th in Health Factors

Robert Wood Johnson Foundation's County Health Rankings ¹

	Guilford County	National Benchmark	Forsyth County	Wake County
Health Factors	#24		#21	#2

The County Health Rankings model identifies four types of *health factors* that influence the health of a county and how much they influence a county's health (in parentheses): *health behaviors* (30%), *clinical care* (20%), *social and economic factors* (40%) and the *physical environment* (10%) (also see page 1). Guilford County ranks 24th out of 100 counties in health factors, as compared to 21st for Forsyth County and 2nd for Wake County.

Health Behaviors ¹

Guilford County's 2012 Ranking ¹
16th in Health Behaviors

Robert Wood Johnson Foundation's County Health Rankings ¹

	Guilford County	National Benchmark	Forsyth County	Wake County
Health Behaviors	#16		#22	#2
Adult smoking Percentage of current adult smokers who have smoked at least 100 cigarettes in their lifetime (2004-2010).	18%	14%	21%	15%
Adult obesity Percentage of the adult population that has a body mass index greater or equal to 30 (2009).	28%	25%	26%	26%
Physical inactivity Percentage of the adult population reporting no physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise, other than what they do in their regular job (2009).	23%	21%	21%	18%
Excessive drinking Percentage of the adult population that drinks more than four or five alcoholic beverages in one day at least once a month (binge drinking) and the percentage of the population that drinks more than one or two drinks per day on average (heavy drinking) (2004-	13%	8%	13%	15%
Motor vehicle crash death rate The crude mortality rate per 100,000 people due to on- or off-road accidents involving a motor vehicle (2002-2008).	14	12	13	11
Sexually transmitted infections Chlamydia incidence rate per 100,000 (2009).	577	84	884	394
Teen birth rate The birth rate per 1,000 female population ages 15-19 (2002-2008).	36	22	50	30

Health behaviors include tobacco use, physical activity, nutrition, alcohol consumption and sexual behaviors. Guilford County ranked 16th out of 100 counties in *health behaviors* in 2012, better than Forsyth County's rank of 22nd, but far from Wake County's rank of 2nd. Guilford County is doing better than Forsyth County on the following indicators: adult smoking, sexually transmitted infections and the teen birth rate. Guilford County is faring worse than Wake County on each of the above health behavior indicators and has not met the national benchmark for any of the indicators.

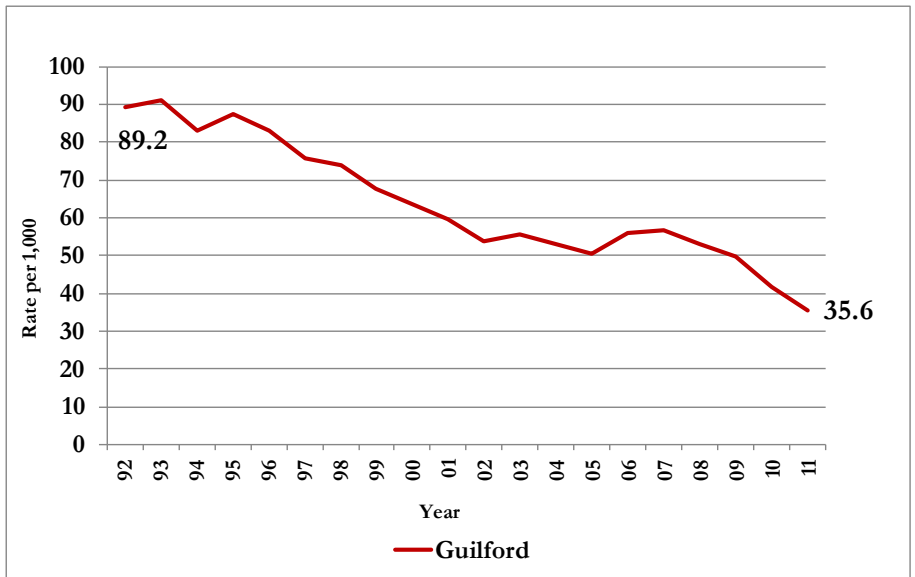
Health Behaviors ^{7,8}

The charts and boxes below highlight some of the local trends in data connected to sexual behaviors. Guilford County Behavioral Risk Factor Surveillance System (BRFSS) 2011 data on other *health behaviors*, specifically tobacco use, alcohol consumption, physical inactivity and obesity, were not available at the time this report was prepared.

Teen Pregnancy ⁷

- Teen pregnancy in Guilford County continues to follow a downward trend for females ages 15-19.
- In 2011, the teen pregnancy rate was 35.6 per 1,000 females between the ages of 15-19, down from 41.7 in 2010 and 89.2 in 1992.
- Despite this improvement, 14 girls ages 10-14 had a pregnancy in 2011. That same year, 664 girls ages 15-19 had a pregnancy.
- A disparity continues between Whites and African Americans.

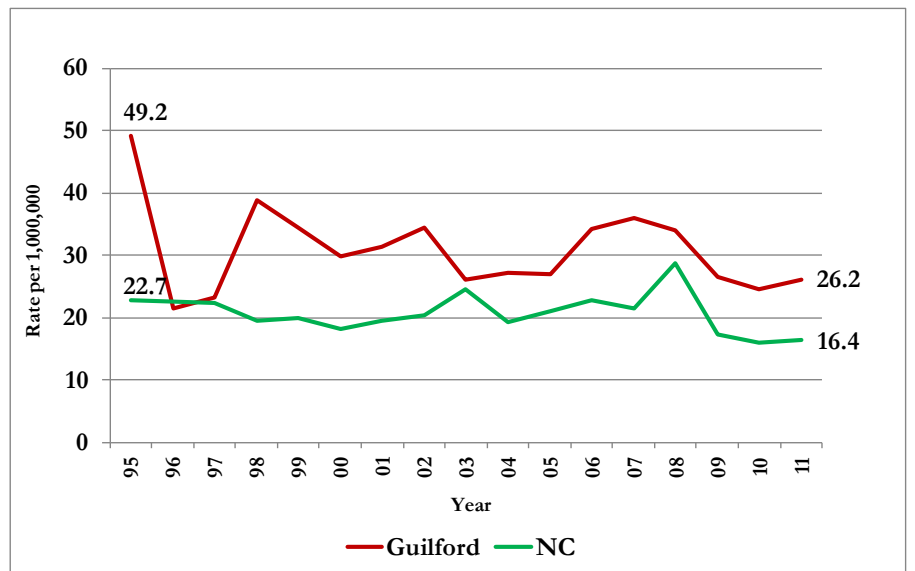
Guilford County Teen Pregnancy Rate, 1992-2011, Ages 15-19 ⁷



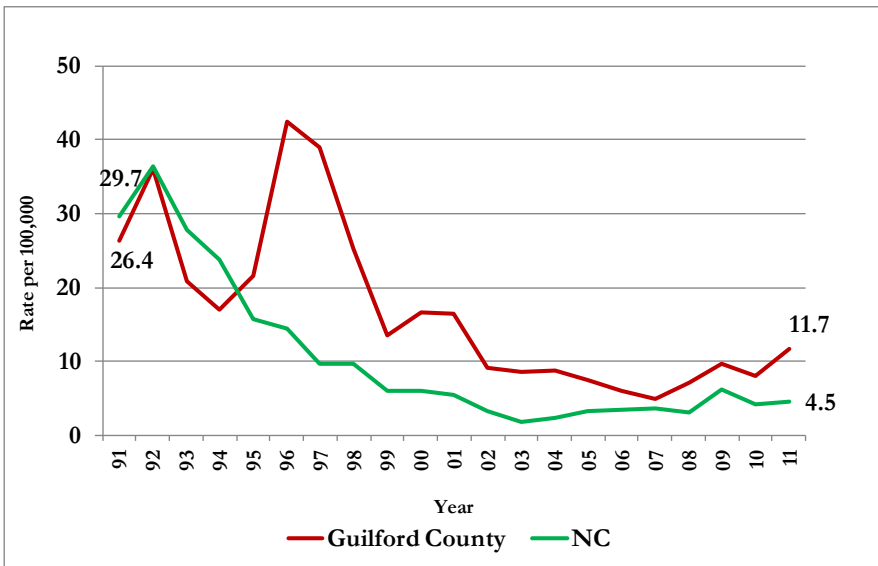
HIV Disease ⁸

- In 1995, the Guilford County HIV infection rate was 49.2 per 100,000. Sixteen years later, it is almost half that at 26.2 per 100,000. Despite this reduction, Guilford County is still higher than North Carolina's rate of 16.4 per 100,000 for 2011 and up slightly from 24.2 per 100,000 in 2010.
- In 2011, African-Americans in Guilford County had an HIV Disease rate of 61.8 per 100,000, while Whites had an infection rate of 5.4 per 100,000. African Americans were 11 times more likely to be infected with HIV than Whites.

HIV Disease Rates per 100,000, 1995-2011 ⁸



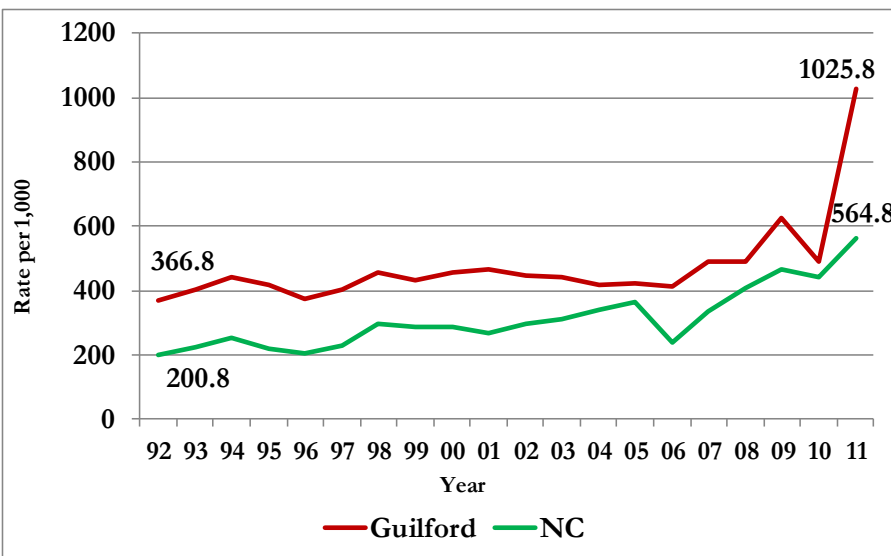
**Primary and Secondary Syphilis Rate ⁸
per 100,000, 1991–2011**



Syphilis ⁸

- In 1992, the Guilford County primary and secondary syphilis rate was 26.4 per 100,000. Twenty years later, it was 11.7 per 100,000. Guilford County has been higher than North Carolina’s rate during most of that time.
- There are very significant racial disparities for primary and secondary syphilis in Guilford County. In 2011, Guilford County African Americans had a case rate almost 7 times greater than Whites, with 26.7 cases per 100,000 compared to 4.1 cases per 100,000 respectively.

Chlamydia Rates per 100,000, 1992–2011 ⁸



Chlamydia ⁸

- In 1992, the Guilford County Chlamydia rate was 366.8 per 100,000. Nineteen years later, it was 1025.8 per 100,000. Guilford County has been consistently higher than North Carolina’s rate during that time.
- Between 2010 and 2011, there was a significant increase in the Guilford rate, from 491 to 1025.8 per 100,000 along with an increase in the state rate.
- The cause of the increase is not clear but may be due in part to increased outreach and testing. Early 2012 data show a decline compared to the 2011 numbers.

Clinical Care ^{1,9}

Guilford County's 2012 Ranking ¹ 12th in Clinical Care

Clinical care includes both access to care and the quality of care. According to the County Health Rankings, Guilford County ranked 12th out of 100 counties in *clinical care* in 2012, below Forsyth County's rank of 7th and Wake County's rank of 4th. Guilford is equal to the national benchmark for preventable hospital stays and is very close to the national benchmark for diabetic screening and mammography screening.

Robert Wood Johnson Foundation's County Health Rankings ¹

	Guilford County	National Benchmark	Forsyth County	Wake County
Clinical care	#12		#7	#4
Uninsured Percentage of persons under the age of 65 without any form of health insurance coverage (2009).	19%	11%	17%	14%
Primary care physician Ratio of number of population to number of primary care physicians (2009).	780:1	631:1	500:1	1,056:1
Preventable hospital stays Hospitalization rate for ambulatory-care sensitive conditions (ACSC) per 1,000 Medicare enrollees. Ambulatory-care sensitive conditions (ACSC) are those usually addressed in an outpatient setting and do not normally require hospitalization if the condition is	49	49	61	51
Diabetic screening Percentage of diabetic Medicare enrollees that receive Hemoglobin A1c (HbA1c) screening (2009).	88%	89%	88%	89%
Mammography screening Percentage of female Medicare enrollees age 67-69 having at least one mammogram over a two-year period (2009).	73%	74%	67%	73%

The table below highlights Guilford County's data on select access and preventive cancer screening indicators as compared to North Carolina, Forsyth and Wake. A Pap test screens for cervical cancer, a mammogram for breast cancer and a PSA test for prostate cancer. In 2010, about 80% of survey respondents reported having one or more regular health care providers, one indicator of access to health care. About three quarters of women 18 years of age and older have received a Pap test in the past three years and about the same proportion of women 40 years and older reported having a mammogram within the past two years. Almost 60% of men ages 40 and older have received a PSA test. These screenings are important for early cancer detection to reduce morbidity and mortality.

Select Access and Preventive Screening Indicators (BRFSS 2010) ⁹	Guilford County	NC	Forsyth County	Wake County
Regular doctor or other health care provider Percentage of adults with one or more regular doctors or health care providers	80.5%	78.2%	86.3%	77.7%
Pap test Percentage of females aged 18+ who have had a Pap test in the past three years.	75.7%	84.0%	87.6%	89.4%
Mammogram Percentage of females aged 40+ who have had a mammogram within the past two years.	78.2%	77.1%	79.9%	80.0%
Prostate Specific Antigen (PSA) test Percentage of males aged 40+ who have had a PSA test within the past two years.	58.1%	56.5%	63.0%	48.3%

Social and Economic Factors ^{1,2}

Guilford County's 2012 Ranking ¹ 39th in Social and Economic Factors

Social and economic factors, include educational attainment, employment, income, social support, family status and violent criminal activity. According to the County Health Rankings, Guilford County ranked 39th out of 100 counties in *social and economic factors* in 2012, below Forsyth County's rank of 33rd and Wake County's rank of 3rd.

Robert Wood Johnson Foundation's County Health Rankings ¹				
	Guilford County	National Benchmark	Forsyth County	Wake County
Social and Economic Factors	#39		#33	#3
High school graduation Percentage of the 9th grade cohort that graduates high school in 4 years (2008-2010).	87%	NA	82%	84%
Some college Percentage of the population ages 25-44 with some post-secondary education.(2006-2010).	65%	68%	62%	77%
Unemployment	10.9%	5.4%	9.9%	8.4%
Children in poverty Percentage of children under age 18 living below the federal poverty guidelines (2010).	27%	13%	24%	15%
Inadequate social support Percentage of survey respondents who report they do not get the social and emotional support they need (2006-2010).	19%	14%	28%	18%
Children in single-parent households Percentage of children living in family households that are raised by a single parent. (2006-2010).	39%	20%	37%	26%
Violent crime rate Composite rate per 100,000 population of four violent offenses: murder and non-negligent manslaughter, forcible rape, robbery and aggravated assault. Violent crimes are defined as those offenses which involve force or threat of force (2007-2009).	655	73	661	333

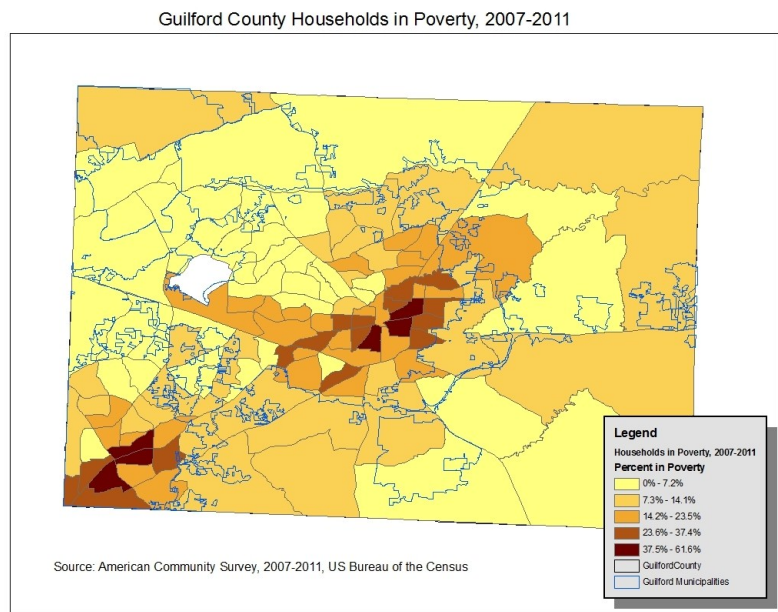
Socioeconomic Indicators ²	Guilford	Forsyth	Wake	NC
Per Capita Income, 2011	\$24,908	\$25,987	\$31,178	\$24,107
Median Household Income, 2011	\$43,419	\$55,048	\$62,141	\$54,082
Persons below poverty level, 2011 estimate	18.1%	18.9%	11.6%	17.0%
High School graduates age 25+, 2011 estimate	86.7%	86.9%	90.8%	84.7%
Bachelor's degree or higher, age 25+, 2011 estimate	33.8%	30.9%	47.0%	26.9%

According to 2011 estimates from the American Community Survey, Guilford County's 2011 per-capita income was estimated at \$24,908, slightly lower than Forsyth County and substantially lower than that of Wake County, but slightly higher than the state. The median household income was the highest in Wake County (\$62,141) while Guilford was an estimated \$10,000 less than Forsyth and the state. Over 86% of Guilford County residents over the age of 25 were estimated to be at least high school graduates, similar to Forsyth, slightly higher than North Carolina but lower than Wake County. Likewise, Wake County has a significantly higher rate of residents with Bachelor's degrees, though Guilford County has a higher rate than that of Forsyth County and the state as a whole.²

Social and Economic Factors ²

According to 2011 estimates, over 18% of Guilford County residents were estimated to live below the federal poverty level, similar to Forsyth County and the state as a whole.

The map to the right illustrates percentages of the population living below the federal poverty level by census tract. Those areas darker in color have the highest rates of poverty, showing areas of the county disproportionately impacted. This is of great concern given that poverty is strongly associated with a wide range of health problems, from poor birth outcomes to higher rates of communicable diseases and chronic disease mortality, as well as restricted access to health care services.



Physical Environment ¹

Guilford County's 2012 Ranking 90th in Physical Environment

Physical environment comprises both environmental air quality and the built environment, including access to healthy food and recreational facilities. Guilford County ranked 90th out of 100 counties in *physical environment*, below Forsyth County's rank of 75th and slightly higher than Wake County's rank of 93rd.

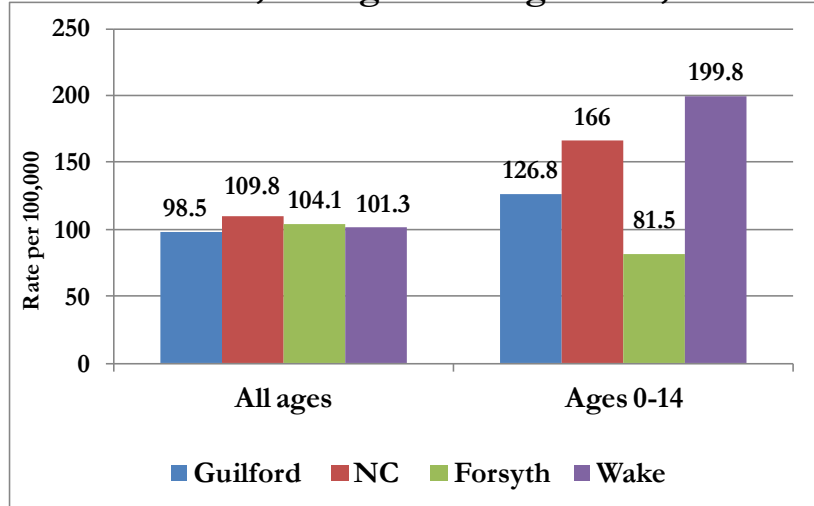
Robert Wood Johnson Foundation's County Health Rankings ¹				
	Guilford County	National Benchmark	Forsyth County	Wake County
Physical Environment	#90		#75	#93
Air pollution-particulate matter days Annual number of days that air quality was unhealthy for sensitive populations due to fine particulate matter (particulates less than 2.5 micrometers in diameter) (2007).	2	0	1	3
Air pollution-ozone days Annual number of days that air quality was unhealthy for sensitive populations due to ozone concentrations (2007).	10	0	10	7
Access to recreation facilities Recreational facilities per 100,000 population, as identified by the NAICS code 713940. This includes establishments primarily engaged in operating fitness and recreational sports facilities, featuring exercise and physical fitness conditioning or recreational sports facilities, such as swimming, skating or racquet sports (2009).	13	16	15	15
Limited access to healthy foods Percentage of individuals who have low access to a supermarket or large grocery store and are low income. "Low access" is defined as greater than one mile away from a large grocery store or supermarket in an urban county and greater than 10 miles away in a rural county. "Low income" includes those who meet the governmental definition of poverty or have a median family income at or below 80% that of the county of residence (2006).	9%	0%	11%	6%
Fast food restaurants Percentage of fast food restaurants is defined as the number of fast food outlets over the total number of restaurants in a county with the six digit NAICS industry code, 722211, excluding snack and nonalcoholic beverage bars (2009).	48%	25%	47%	52%

Physical Environment ⁶

Asthma ⁶

- In 2010, Guilford County had a rate of 98.5 hospital discharges with a primary diagnosis of asthma per 100,000 for all ages, lower than the state rate of 109.8 per 100,000 and the rates for Forsyth and Wake counties.
- Guilford County's rate of hospital discharges for those ages 0-14 was 126.8 per 100,000, lower than the state and Wake county rate, but higher than Forsyth county's rate.

Hospital Discharges with a Primary Diagnosis of Asthma, All Ages and Ages 0-14, 2010 ⁶



Emerging Issue: Food Deserts ¹⁰



In the 2011 State of the County's Health Report, we shared data on the emerging issue of food deserts, which are geographic areas where at least 33% of residents live more than one mile from a full-service supermarket and have more than 20% of residents who live below the poverty level.¹² In Guilford County, there are nine food deserts in Greensboro and six in High Point. Because many who live in these areas shop at local corner convenience stores, Guilford County Department of Public Health and students from UNC-Greensboro and NC A&T State University are currently assessing the quality and pricing of foods sold through approximately 50 of these venues. After the completion of this assessment, the intent is to offer training and provide support for store owners to encourage the availability of fresh produce and other healthy food options in these geographic areas.

Progress on Priority Health Objectives ¹¹

Healthy Lifestyles

The 2009-2010 Community Health Assessment Action Plan called for increasing support for farmers markets in food desert areas to help reduce obesity and chronic disease mortality. Guilford

County is participating in a USDA Farmer's Market Promotion Program grant administered by the Physical Activity and Nutrition Branch of the NC Division of Public Health to market and promote a neighborhood farmer's market in the Warnersville community in southeast Greensboro. The **Guilford County Department of Public Health** is also participating in a nine-county CDC-funded Community Transformation Grant Project that will support new farmer's markets in food desert areas and help improve existing markets.

The **Tobacco Prevention Coalition of Guilford County** educates and equips the community to further tobacco free lifestyles for youth and adults and also supports policy to promote smokefree environments. Funded by the Centers for Disease Control and Prevention, through the NC Tobacco Prevention and Control Branch, the project also educates health care providers in evidence based cessation practice and continues to support youth empowerment for peer education, despite recent significant funding cuts in youth prevention. This year, Guilford County is involved in a new regional youth tobacco prevention effort in partnership with Durham County over an eight county area, funded by the NC Tobacco Prevention and Control Branch, using funds appropriated by the General Assembly for community based health and wellness initiatives.

Guilford County Healthy Carolinians Priority Health Objectives

- Reduce mortality due to chronic degenerative disease.
- Reduce obesity among children and adults.
- Reduce the percentage of children and adults who engage in no physical activity.
- Reduce tobacco use by adolescents and adults.

Healthy Birth Outcomes

Guilford County Healthy Carolinians Priority Health Objectives

- Reduce infant deaths within the first year of life.
- Increase the percentage of pregnant women who receive timely prenatal care.
- Reduce the incidence of low birth weight.

Through public and private clinical care, the Department of Social Services' Medicaid program for pregnant women, case management services and the examples below, our community continues to promote healthy birth outcomes among the approximately 6,000 babies Guilford County women who deliver each year.

Guilford County Department of Public Health's Pregnancy Care Management program, in partnership with our local network Community Care of North Carolina (CCNC), provides case management services to assist pregnant women with Medicaid in finding services to meet their needs throughout pregnancy and two months after delivery. Parenting and prepared childbirth classes are also offered.

Nursing staff with the **Guilford County Department of Public Health's Newborn Home Visiting program funded by Smart Start, along with the Pregnancy Care Management program**, made 5,502 home visits to provide complete physical assessments and lactation services for newborns for the fiscal year 2011-2012 and numerous urgent referrals were made to pediatricians and community agencies to address concerning issues.

The **Guilford County Coalition on Infant Mortality** sponsors the Adopt-A-Mom Program, which ensures that women have access to prenatal care. For the past 21 years, more than 5,000 women from over 120 countries and six continents have received access to prenatal care through this program. Recent successes include:

- approximately 375 women who may not have otherwise received prenatal care receive services through one of eight provider sites.
- at the NC Public Health Association in 2012, the Adopt-A-Mom Program received GlaxoSmith Kline Foundation's Child Health Award, including a \$5,000 award. The recognition cited the program as an inspiration to the entire state for improving the lives of children and their families, stating that Guilford County babies have a much better chance of being born healthy because their moms have access to prenatal care.
- Cone Health Foundation awarded Adopt-A-Mom a grant for \$152,500 per year for the next three years to support the program, including a new intervention, Moms Matter, which provides educational and social support for first time mothers and fathers.



Healthy Homes

The **Greensboro Housing Coalition** is a referral, informational and educational organization that assists clients with a variety of housing problems.

In 2012 the Greensboro Housing Coalition received a grant of \$750,000 over three years from the Kresge Foundation. The Advancing Safe and Healthy Homes Initiative is designed to set in place the policies and capacity to integrate ways to address multiple hazards in homes.

Guilford County Healthy Carolinians Priority Health Objectives

- Reduce the rate of asthma related hospitalizations among children ages 0 to 14.
- Provide affordable housing for low-income populations that meet minimum building code standards.

HIV/STI ACTION (Acting Collaboratively To Impact Our Neighborhoods)

Guilford County Healthy Carolinians Priority Health Objectives

- Reduce the rate of new cases of HIV disease and other STIs.
- Increase the percentage of adolescents who use condoms, if sexually active.
- Decrease the rate of pregnancies among adolescent females ages 10 to 19.

Because Guilford County's rates for HIV infection, syphilis and Chlamydia all exceed NC rates, the **Department of Public Health's HIV/STD health education staff** partners with Nia Community Action Center, Piedmont Health Services and Sickle Cell Agency, Triad Health Project and others to provide a comprehensive network of sexual health education and HIV and sexually transmitted infection (STI) testing in Guilford County. During the period of July 2010 to July 2012, **health education staff** and our partners provided HIV prevention counseling, testing and syphilis screening services to 9,696 community residents.

Over the last two years the above organizations have piloted Chlamydia and gonorrhea testing at our fixed testing sites and during two outreach events. A total of 1,648 clients were tested for Chlamydia and gonorrhea at fixed testing sites and at two community screening events. As a result of those efforts 120 individuals were identified as positive for Chlamydia and 24 were identified as being positive for gonorrhea. All of the clients identified with Chlamydia and/or gonorrhea during the last two years were successfully linked to treatment.

Guilford County Department of Public Health Clinical Services began one of the first Express STI Clinics in the state in January 2011. In the regular STI Clinic over 20,000 residents were screened from July 2010 to July 2012. From January 2011 to July 2012, the Express STI clinics tested 2,617 clients for four prevalent STIs, with education provided and follow up treatment given if needed. Of those tested, positive results included four HIV positive, 32 syphilis positive, 64 Gonorrhea positive and 267 Chlamydia positive.

Piedmont Health Services and Sickle Cell Agency (PHSSCA) is a 40 year-old community based minority health organization that is comprised of three divisions: Sickle Cell Services, HIV/AIDS Prevention and Wellness Division. In 2011 PHSSCA received a grant from the NC AIDS Fund to implement the Sisters Informing Healing Living and Empowering (SIHLE) intervention for 120 sexually active female (predominantly African American) teens between the ages of 13 and 18 years, living in low income, minority neighborhoods in Southeast Greensboro and Southside High Point.

Data Sources

¹ University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation County Health Rankings and Roadmaps, A Healthier Nation, County by County. <http://www.countyhealthrankings.org/>

² American Community Survey, 2011 Estimates, US Census Bureau, <http://www.census.gov>

³ NC State Center for Health Statistics, NC Department of Health and Human Services. 2010 and 2011 Birth Files.

⁴ NC Mortality File, NC State Center for Health Statistics; Guilford County Department of Public Health, Health Surveillance and Analysis Unit.

⁵ US Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at <http://healthypeople.gov/2020/topicsobjectives2020/default.aspx>

⁶ NC State Center for Health Statistics, NC Department of Health and Human Services. 2012 County Health Databook. Website: <http://www.epi.state.nc.us/SCHS/data/databook/>

⁷ NC State Center for Health Statistics. Reported Pregnancies; <http://www.schs.state.nc.us/schs/data/pregnancies/2011/>

Guilford County Department of Public Health, Health Surveillance and Analysis Unit.

⁸ NC State Center for Health Statistics; NC Department of Health and Human Services HIV/STD Prevention and Care Branch.

⁹ State Center for Health Statistics, NC Department of Health and Human Services. North Carolina Behavioral Risk Factor Surveillance Survey System (BRFSS), 2010. Website: <http://www.schs.state.nc.us/SCHS/brfss/>

¹⁰ US Department of Agriculture, Economic Research Service, 2011. Food Desert Locator. Website: <http://www.ers.usda.gov/data/fooddesert/fooddesert.html>.

¹¹ Guilford County Healthy Carolinians and Guilford County Department of Public Health (December 2009). 2009 Community Health Assessment. www.guilfordhealth.org

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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 Public Health at (336) 641-7777 or visit www.guilfordhealth.org