

2018 State of the County's Health Report



The Guilford County Department of Health & Human Services (GCDHHS), Division of Public Health is pleased to present the 2018 State of the County Health Report (SOTCH) for Guilford County. The 2018 SOTCH Report:

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

Local North Carolina health departments are required to conduct a Community Health Assessment (CHA) ever three or four years. Community health assessments examine health-related data and engage community organizations and residents to identify pressing health issues, needs and resources. CHAs guide the development of community health improvement plans. During the years between assessments, local health departments release a condensed SOTCH.

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

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

This SOTCH provides an update on the first three priorities for which the Division of Public Health submitted a community action plan.

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ABOUT GUILFORD COUNTY ^{1, 2}

- Estimated Population: 526, 953 (2018 Estimate)
- Median Household Income: \$48,253 (in 2017 dollars, 2013-2017)
- Unemployment Rate: 3.6% (November 2018) ²
- Percentage of Residents Living Below Poverty: 14.5% (2017)
- Percentage of adults with at least a high school diploma or GED: 88.9 % (2013-2017)
- Percentage of adults with a bachelor's degree or higher: 34.9% (2013-2017)
- Percentage of adults under age 65 without health insurance: 11.4% (2013-2017)

*Note: The federal poverty level is less than \$25,100 for a family of four (2018).

GUILFORD COUNTY DEMOGRAPHICS, 2017 ONE YEAR ESTIMATES ¹

	2017	
Race	Estimate	Percent
White	299,836	56.9%
Black/African American	183,380	34.8%
Asian	27,401	5.2%
American Indian/Alaska Native	3,689	0.7%
Native Hawaiian/Pacific Islander	517	0.1%
Two or more races	12,646	2.4%
Ethnicity*		
Hispanic (Any race)	42,683	8.1%

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

¹ Source: QuickFacts, Guilford County, North Carolina, US Census. Website: www.census.gov/quickfacts.

² Source: North Carolina Department of Commerce. North Carolina County Labor Market Conditions, November 2018. Website: files.nc.gov/nccommerce/documents/LEAD/Labor-Market-Conditions-County/2018_11_LMCcounty.pdf.

MORTALITY AND MORBIDITY DATA

Mortality and Morbidity in Guilford County

- Leading causes of death and Years of Potential Life Lost (YPLL) are measures that help us understand how specific causes of death impact the community's health. The table to the right shows the number of deaths for selected leading causes of death for Guilford County in 2017, as well as a five-year average of the YPLL for these causes. YPLL is a measure that estimates the number of years of a person's life lost to society because of premature deaths prior to the age of life expectancy. For a baby born in Guilford County between 2015 and 2017, the life expectancy was about 78.4 years.
- Of the 4,598 deaths in 2017, over half of all deaths were due to chronic diseases such as cancer, heart disease, dementia, stroke, Alzheimer's disease and chronic lower respiratory disease. Most deaths from chronic degenerative conditions are age-related, occurring later in life as people get older.
- Deaths that occur earlier in life, such as injury deaths, homicide, suicide and conditions originating in the perinatal period (near the time of birth) have a disproportionate impact on Years of Potential Life Lost.
- African-American residents have higher age-adjusted mortality rates than Whites for many chronic disease conditions, as well as homicides.
- Whites have higher rates of mortality due to suicide, chronic lower respiratory disease and non-motor vehicle injuries.
- Men have higher mortality rates from chronic conditions, suicide, homicide and injuries.
- Women have higher mortality rates due to Alzheimer's Disease and dementia.

Select Leading Causes of Death 2017 and Five Year Average Years of Potential Life Lost 2013-2017

Cause of Death	Deaths in 2017	Five Year Average YPLL
1. Cancer (All Types)	914	14,695
2. Diseases of the Heart	831	11,131
3. Dementia	262	Not Available (NA)
4. Alzheimer's Disease	262	3,085
5. Stroke	258	1,822
6. Non-Motor Vehicle Injuries	220	4,842
7. Chronic Lower Respiratory Disease	198	2,736
8. Diabetes	152	1,554
9. Nephritis, Kidney Disease	132	2,093
10. Pneumonia and Influenza	129	1,331
11. Chronic Liver Disease and Cirrhosis	78	1,442
12. Motor Vehicle Injuries	71	2,108
13. Suicide	63	2,125
14. Homicide	51	1,749
15. Conditions of the Perinatal Period	33	NA
Other Causes of Death	944	9,838
Total Deaths—All Causes	4,598	47,234

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

Age-Adjusted Mortality Rates by Race & Sex, 2013-2017

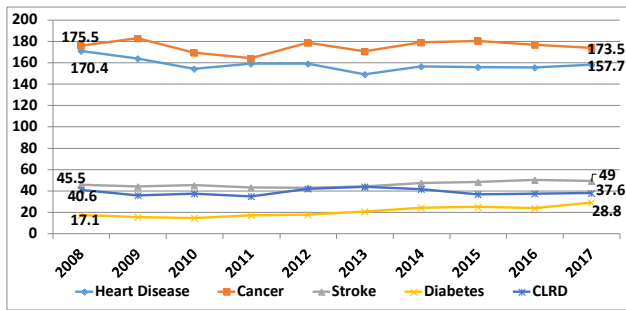
Mortality Rate per 100,000 Population (Five-year age adjusted rates, 2013-2017)	Healthy People 2020 ⁴ Objective	North Carolina	Guilford County	White, non-Hispanic	African American, non-Hispanic	Males	Females
Coronary Heart Disease	100.8	159.8	138.2	130.6	167.9	179.5	107.9
Total Cancer	160.6	164.0	156.7	150.8	179.2	194.3	130.6
Lung Cancer (Includes Trachea, Bronchus & Lung)	45.5	45.9	42.2	42.8	42.1	55.7	32.2
Prostate Cancer (Males Only)	21.2	19.7	22.1	17.8	40.6	22.1	NA
Breast Cancer (Females Only)	20.6	20.9	20.2	16.8	28.2	NA	20.2
Colorectal Cancer	14.5	13.7	12.3	12.1	167.9	14.4	10.6
Stroke	33.8	43.2	43.0	38.6	55.5	44.3	41.0
Chronic Lower Respiratory Disease	98.5	45.5	35.4	40.8	23.0	38.8	33.6
Diabetes	N/A	23.3	22.0	17.5	36.4	28.0	17.2
Suicide	10.2	13.3	11.0	16.3	4.5	17.4	5.4
Homicide	5.5	6.4	7.6	2.4	15.4	12.8	2.9
Unintentional Motor Vehicle Injuries	12.4	14.2	10.6	10.2	11.8	17.4	4.7
All Other Unintentional Injuries	36.4	34.6	35.1	45.4	22.9	46.0	25.8

Source: North Carolina State Center for Health Statistics, North Carolina Department Health and Human Services. 2019 County Health Data Book. Website: www.schs.state.nc.us/data/databook.

MORTALITY AND MORBIDITY DATA

Trends in Chronic Disease Mortality Guilford County, 2008-2017

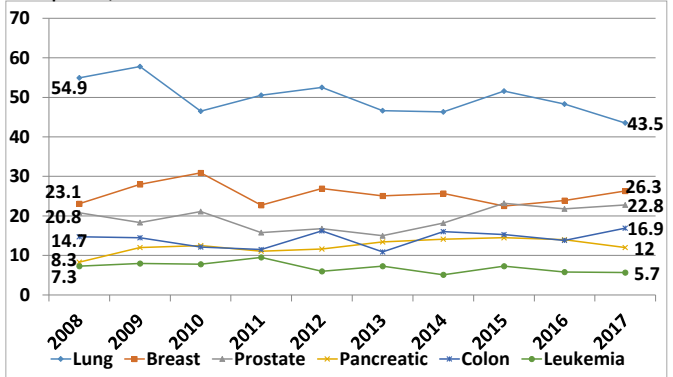
Rate per 100,000



Note: CLRD (Chronic Lower Respiratory Disease) is also known as Chronic Obstructive Pulmonary Disease (COPD).
Note: Rates not age-adjusted.
Source: Data provided by the NC Center for Health Statistics.
Chart prepared by the GCDHHS, Division of Public Health.

Trends in Leading Causes of Cancer Mortality Guilford County, 2008-2017

Rate per 100,000



Note: Rates are not age-adjusted.
Source: NC State Center for Health Statistics.
Chart prepared by the GCDHHS, Division of Public Health.

Mortality and Morbidity in Guilford County

- Cancer and heart disease are, by far, the two leading causes of death in Guilford County; causing 914 and 831 deaths in 2017 respectively.
- Lung cancer mortality rates declined 21% from 2008 to 2017, but remains the leading cause of cancer deaths (229), followed by colorectal (89), breast (73), pancreatic (63) and prostate (57).
- Some disease conditions, such as influenza, are not required to be reported in North Carolina and hence data are not available.
- Of the 70+ reportable diseases in the state, sexually transmitted infections (STIs) are among those having the largest impact on public health.
- The leading STI in Guilford County is chlamydia, with 4,622 cases in 2018. Gonorrhea cases numbered 1,734.
- Of greater health impact, syphilis cases numbered 207 cases in 2018, while HIV infection cases numbered 127 in 2017.
- Significant racial disparities exist with respect to STIs. Black/African-American residents account for a disproportionate percentage of the cases as compared to Whites.
- HIV infection rates have declined 38% over the last 20 years, while HIV infection mortality rates decline by 68%, from 6.4 to 2.1 deaths per 100,000.

Select Sexually Transmitted Infections Cases and Rates per 100,000, Guilford County, 2016-2018

	2016		2017		2018	
	Cases	Rate	Cases	Rate	Cases	Rate
Chlamydia	4,102	786.8	4,731	896.1	4,622	866.8
Gonorrhea	1,776	340.7	1,713	324.4	1,734	325.2
Syphilis (Primary & Secondary-P & S)	91	17.5	127	24.1	73	13.7
Syphilis (P & S & Early Latent)	175	34.7	203	38.5	207	38.8
HIV Infection (HIV & AIDS)	139	26.6	127	24.1	NA	NA

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

Gonorrhea and Chlamydia Cases and Rates per 100,000 By Race or Ethnicity, Guilford County, 2018

Race or Ethnicity	2018 Gonorrhea		2018 Chlamydia	
	Number of Cases	Percent of Cases	Number of Cases	Percent of Cases
American Indian	5	0.3%	11	0.2%
Asian	7	0.4%	58	1.3%
African-American	1,293	74.6%	2,902	62.8%
Hawaiian/Pacific Islander	4	0.2%	7	0.2%
White	157	9.1%	637	13.8%
Other	17	1.0%	135	2.9%
Unknown	242	14.0%	845	18.3%
Multi-Racial	6	0.4%	21	0.5%
Missing	3	0.2%	6	0.1%
Race Total	1,734	100.0%	4,622	100.0%
Hispanic*	29	1.7%	209	4.5%

*Note: Persons who identify as Hispanic or Latino can be of any race.
Source: NC Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT).

HEALTHY EATING and ACTIVE LIVING

Did you know that....

- ▶ Guilford County has 26 "food deserts," census tracts with a low density of grocery stores and high rates of poverty, where both income and geography are barriers to accessing healthy food?
- ▶ 92% of Guilford County residents live near opportunities for physical activity, placing Guilford County in the top 10% nationwide?

Source: U.S. Department of Agriculture, 2016; 2018 County Health Rankings.

Healthy Eating and Active Living in Guilford County

- Over the last two decades, Guilford County has seen substantial improvements in heart disease death rates, exceeding Healthy North Carolina 2020 objectives. However, heart disease and other chronic diseases such as cancer, stroke and diabetes still make up two-thirds of the county's deaths.
- Maintaining a healthy lifestyle, which includes diets rich in fruits and vegetables, lean proteins and whole grains and combined with at least 150 minutes of moderate physical activity each week can help to prevent heart disease, diabetes and high blood pressure. Conversely, a lack of physical activity and an unhealthy diet contribute to chronic disease incidence and mortality.
- Both Healthy Eating and Active Living have an individual and community component, involving on the one hand, personal motivation and support for developing healthy habits, and on the other hand, improving environmental conditions so that more residents have convenient access to full-service groceries and produce outlets, parks, sidewalks and other opportunities for exercise and recreation that are safe and affordable.
- Guilford County has 26 food desert census tracts, which combine high rates of poverty with poor access to full service supermarkets. One measure, the Food Environment Index, incorporates food access with a measure of food insecurity. Guilford County compares poorly with most peer counties across the state, the state as a whole, and national benchmarks representing the 90th percentile of US counties, but has improved incrementally over the last few years.
- Though many Guilford residents encounter problems with poor access to healthy food outlets and with food insecurity, 92% of county residents live near opportunities for physical activity, which include parks as well as recreation facilities. This places Guilford County just above the 91st percentile among US counties for opportunities for physical activity.

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

COMMUNITY OBJECTIVES

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

GUILFORD BASELINE (2016): 12.4%

GUILFORD UPDATE: UPDATE NOT AVAILABLE

Source: 2016 Guilford County Community Health Survey.

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

GUILFORD BASELINE (2016): 81.9%

GUILFORD UPDATE: UPDATE NOT AVAILABLE

Source: 2016 Guilford County Community Health Survey.

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

GUILFORD BASELINE (2010): 6.2

GUILFORD UPDATE (2014): 6.3

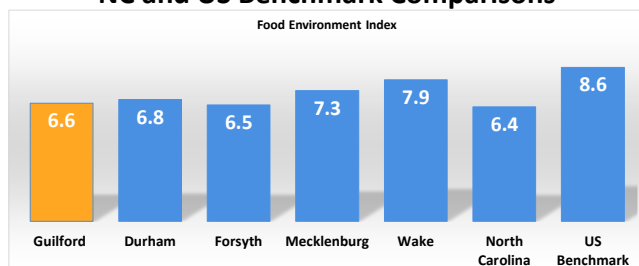
GUILFORD UPDATE (2015): 6.6

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

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

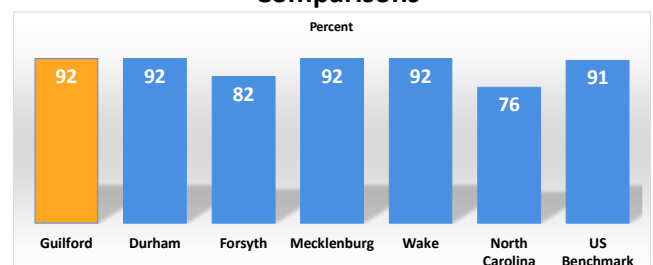
Source: USDA Food Environment Atlas, Map the Meal from Feeding America.

Food Environment Index: Guilford, Peer Counties NC and US Benchmark Comparisons



Source: 2018 County Health Rankings; Food Environment Atlas, Map the Meal Gap from Feeding America, 2015.
Note: Index ranges from 0 (worst) to 10 (best), combines measures of food access and food insecurity.
Chart prepared by GCDHHS, Division of Public Health.

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

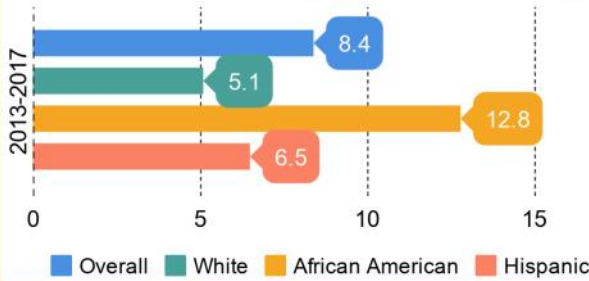


Source: 2018 County Health Rankings; Business Analyst, Delorme map data, ESRI, & U.S. Census Files 2010.
Chart prepared by GCDHHS, Division of Public Health.

MATERNAL and CHILD HEALTH



Guilford County Infant Mortality



While the five-year infant mortality rate was 8.4 per 1,000 live births, the African American rate was more than double that for Whites during the same time period (12.8 as compared to 5.1 per 1,000 live births). The Hispanic rate was 6.5 per 1,000 live births.

Source: NC State Center for Health Statistics, 2013-2017.

Maternal and Child Health in Guilford County

- In 2017, teen pregnancy rates decreased to a new low of 22.5 pregnancies per 1,000 females ages 15-19.
- The rate of pregnant women receiving late or no prenatal care increased for all women in 2017, regardless of race or ethnicity. Significant racial and ethnic disparities persist.
- The infant mortality rate increased for the second year to 9.8 per 1,000 live births in 2017 from 7.5 in 2015. The five-year infant mortality rate (2013-2017) was 8.4 per 1,000 live births. The infant mortality rate for African American infants was more than double that of White infants.

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

COMMUNITY OBJECTIVES

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

GUILFORD BASELINE (2011-2015): 7.9

GUILFORD UPDATE (2012-2016): 8.1

GUILFORD UPDATE (2013-2017): 8.4

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

GUILFORD BASELINE (2015): 38.5%

GUILFORD UPDATE (2016): 37.6%

GUILFORD UPDATE (2017): 37.9%

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

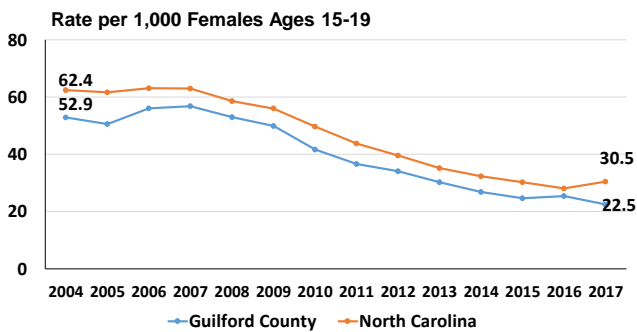
GUILFORD BASELINE (2015): 24.7

GUILFORD UPDATE (2016): 25.4

GUILFORD UPDATE (2017): 22.5

Source: NC State Center for Health Statistics.

Pregnancy Rates among Females Ages 15-19, Guilford County and NC, 2004-2017



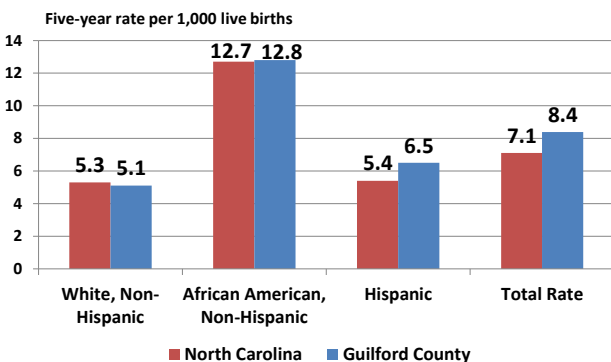
Source: NC State Center for Health Statistics.
Chart prepared by GCDHHS, Division of Public Health.

2017 Births at a Glance

- Live births in Guilford County decreased from 6,258 in 2016 to 6,218 in 2017.
- In 2017, there were 2,443 live births to White mothers, 39.2% of all live births, 2,590 to African American mothers (41.7%), 1,155 to Asian mothers (18.6%) and 30 to Native American mothers (0.5%). That same year, there were 817 live births to Hispanic mothers, or 13% of all live births.

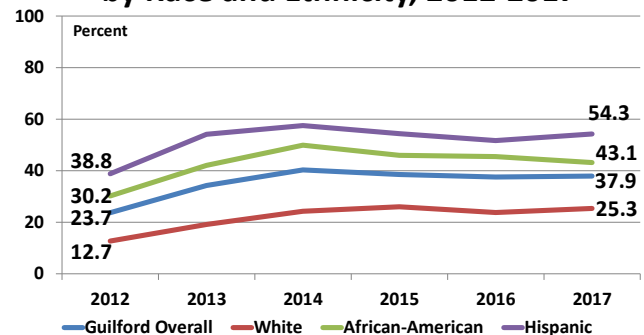
Source: NC State Center for Health Statistics.

Five-Year Infant Mortality Rates (2013-2017) Guilford County and North Carolina



Source: County Health Databook, NC State Center for Health Statistics.
Chart prepared by GCDHHS, Division of Public Health.

Women Receiving Prenatal Care after First Trimester or No Prenatal Care by Race and Ethnicity, 2012-2017



Source: County Health Databook, NC State Center for Health Statistics.
Chart prepared by GCDHHS, Division of Public Health.

BEHAVIORAL HEALTH



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

Unintentional poisoning deaths have increased from 37 deaths in 2013 to 118 deaths in 2017; the majority were due to adverse reactions from prescription and non-prescription opioid drugs.

Sources: 2016 Guilford Community Health Survey, NC State Center for Health Statistics, 2013 and 2017.

Behavioral Health in Guilford County

- The term “Behavioral Health” is often used to describe the connection between our behaviors and the fundamental sense of well-being. Practitioners working in Behavioral Health offer therapies designed to help individuals cope with issues such as depression, anxiety and dependence upon alcohol or other drugs.
- One area that shows a strong trend in a troubling direction is the rate of overdoses due to opioid prescription and non-prescription drug use.
- As the table below illustrates, in the last eight years Guilford County has seen a marked increase in the numbers of Emergency Department (ED) visits due to opioid-related overdoses, including heroin as well as non-prescription synthetic opioids such as fentanyl.
- However, in the last year hospital ED visits due to opioid-related issues declined from 2017 levels.
- Deaths due to synthetic opioids such as fentanyl increased from 2015 to 2017.
- While suicide affects a wide range of age groups, from teenagers to the elderly, middle-aged adults are at greatest risk. Suicide deaths increased sharply from 43 to 71 deaths between 2014 and 2015. More recently suicide deaths declined to 60 in 2016 and went up slightly to 63 in 2017.

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

COMMUNITY OBJECTIVES

- ⇒ By December 2019, reduce the percentage of residents who report that they have been diagnosed with depression or anxiety to 21.6% (10% improvement).
GUILFORD BASELINE (2016): 24%
GUILFORD UPDATE: UPDATE NOT AVAILABLE
Source: 2016 Guilford County Community Health Survey.
- ⇒ By December 2019, reduce the five-year overdose rate due to unintentional drug poisoning to 7.7 per 100,000 population (10% reduction).
GUILFORD BASELINE(2010): 8.6 (2010-2014)
GUILFORD UPDATE: 11.4 (2012-2016)
GUILFORD UPDATE: 14 (2013-2017)
Source: County Health Databook, NC SCHS.
- ⇒ By December 2019, reduce the age-adjusted death rate due to suicide to 8.6 per 100,000 population (10% reduction).
GUILFORD BASELINE (2016): 9.5 (2010-2014)
GUILFORD UPDATE: 10.8 (2012-2016)
GUILFORD UPDATE: 11.0 (2013-2017)
Source: County Health Databook, NC SCHS.

Annual Guilford County Opioid Data Trends

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Heroin Overdose Emergency Department (ED) Visits¹	9	14	36	70	191	107	156	291	173
Opioid Overdose ED Visits¹	47	73	119	184	305	243	263	390	261
Heroin-Related ED Visits¹	118	156	178	104	234	180	611	1,009	750
EMS Overdose Calls¹	681	837	805	329	292	608	781	1,015	NA
Opiate Poisoning Deaths^{2,3}	22	25	31	17	42	47	73	99	NA
Heroin Poisoning Deaths^{2,4}	1	7	9	9	24	23	41	29	NA
Synthetic Opioid Poisoning Deaths^{2,5}	2	1	1	1	18	11	35	84	NA

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

²Source: Injury and Violence Prevention Branch, NCDHHS.

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

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

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

PROGRESS ON ACTION PLANS

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

Healthy Eating and Active Living Action Plan Strategies

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

Healthy Eating and Active Living Action Plan Update

Healthy Food Initiatives in Food Pantries: Healthy food pantry initiatives build capacity to distribute fresh foods, educational materials and other resources. This could include the installation of commercial coolers and freezers for the storage of fresh foods.

Progress toward Action Plan Strategy: The Greater High Point Food Alliance is working with the Second Harvest Food Bank to develop a model food pantry program for seniors which will include a healthy foods component. As a result, the Second Harvest Food Bank has received a grant from the High Point Community Foundation to support the "Feeding Senior Health" initiative, a collaboration with Greater High Point Food Alliance and Senior Resources of Guilford. Along with researching ways to address the challenges food insecure seniors experience, this effort increases food access for seniors by addressing the quantity and frequency of services available through food pantries. It also supports access and nutrition education programs for seniors through community partners such as Renaissance Road Church and others.

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

Progress toward Action Plan Strategy: Since beginning the MDPP program in 2016, six class series have been completed, four at Mount Zion Baptist Church (Mount Zion), one at Collaborative Cottage Grove and one at Guilford Child Development. For the 2018-2019 fiscal year, two classes are currently underway, one at Mount Zion and one at Guilford County Department of Health and Human Services. To date, MDPP has reached around 100 participants, well over the goal of 24 individuals annually. While in the program, participants receive both training and encouragement from the Lifestyle Coach and their peers to make attainable lifestyle changes. Average body weight reduction varied from group to group; the group with the highest average percentage of body weight reduction lost 6.07% of overall body weight.

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

Progress toward Action Plan Strategies:

Mobile Oasis Farmers Market: In 2017, the Division of Public Health transferred the management of the Mobile Oasis Farmers Market (MOFM) to Guilford College, which grows produce for the market on its own campus farm. The Mobile Market offers healthy, affordable fruits and vegetables to those who have SNAP/EBT benefits and others living in areas with limited access to healthy food options. In 2017, the MOFM offered produce at five regular weekly locations serving immigrant and refugee communities and communities living with limited access to fresh and local food from May to November as well as markets for special events. In 2018, the MOFM expanded markets to include other communities with which the Guilford College Bonner Center has close relationships. Special weekend markets from March to November have been added. They are now gathering a team of people and starting to do the foundational work to continue markets throughout 2019.

Medical Center Farmers Market: Wake Forest Baptist Health High Point Medical Center holds 22 farmers markets per year with produce provided by local farmers to offer patients, staff and the community fresh fruits and vegetables.

Guilford Community Care Network's (GCCN) Orange Card Program: GCCN provides comprehensive, quality healthcare and related services through a network of volunteer physicians, pharmacies and other healthcare and related agencies to low-income, uninsured adults in Guilford County. To encourage program participants to eat local healthy foods, patients who are enrolled in the Orange Card program are eligible for a \$10 produce credit at the Greensboro Farmers Curb Market. A total number of 785 clients received vouchers, receiving a total of \$7,850 in fresh fruits and vegetables. Program funding is secure for 2019.

PROGRESS ON ACTION PLANS

Maternal and Child Health Action Plan Strategies

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

Maternal and Child Health Action Plan Update

Long Acting Reversible Contraceptives (LARCs): American College of Obstetricians and Gynecologists (ACOG) endorses LARCs as a top tier contraceptive in terms of effectiveness, continuation and satisfaction. ACOG also encourages providers to increase adolescent access to LARCs. With support from the Cone Health Foundation, the JustTEENS Clinic Program was initiated at Guilford County Department of Health and Human Services (GCDHHS), Public Health Division Greensboro location in October 2015. A High Point Just TEENS Clinic was established in 2017 with the help of the Foundation for a Healthy High Point.

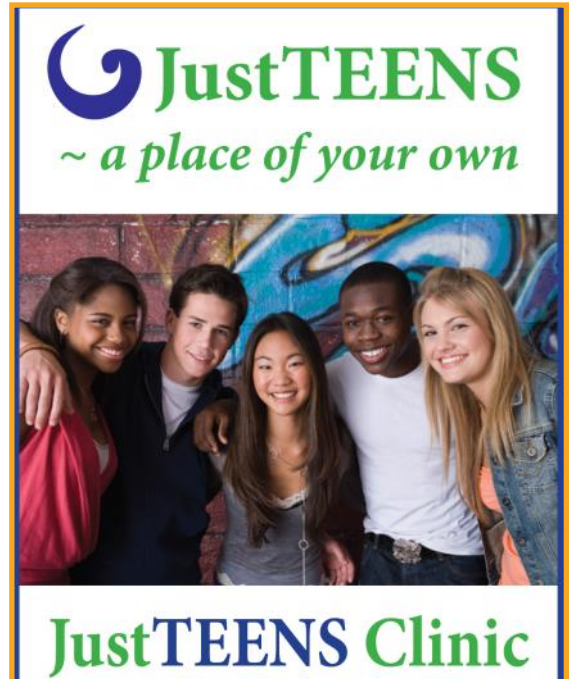
Progress toward Action Plan Strategy: At the Greensboro JustTEENS clinic, despite a decrease in the total number of female clients being served annually, the number of teens receiving LARCs increased from 76 in year one to 293 in year three, a 286% increase. In 2018, the High Point JustTeens clinic surpassed its goal of 65 clients who continue or newly adopt hormonal contraception and LARC.

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

Progress toward Action Plan Strategy: Guilford County Coalition on Infant Mortality's Adopt-A-Mom (AAM) Program has ensured that over 6,500 expectant women have received prenatal care services since 1991. In 2018, the AAM Program served 154 women through one of seven participating provider sites, many of whom may not have otherwise received prenatal care. These women can fall in a gap as they are Medicaid ineligible, lack private insurance and/or funds to pay for prenatal care. Women receive education, materials, prenatal vitamins and case management/referrals as appropriate. As a result of their participation, 98.5% of the babies in the program were born at a healthy birth weight (well above state and national averages). Rates of preterm delivery and cesarean section rates were also lower than state and national averages. The AAM Program continues to be financially supported by the Foundation for a Healthy High Point and the Guilford County Partnership for Children.

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

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



PROGRESS ON ACTION PLANS

Behavioral Health Action Plan Strategies

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

Behavioral Health Action Plan Update

Mental Health First Aid: Mental Health First Aid is a public education program that builds understanding of risk factors and warning signs, the impact of mental health problems, common treatments and connections to resources.

Progress toward Action Plan Strategy: No update.

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

Progress toward Action Plan Strategy: Access2Care website marketing is ongoing. Two kiosks have been placed in Guilford County (GDHHS, Public Health Division, 1100 East Wendover Avenue, Greensboro and the High Point Library, 901 North Main Street), and two in Harnett County. The online site continues to be the most frequently accessed tool, with kiosk and web visits increasing in both counties.

Integration of Behavioral Health Services into Primary and Emergency Care:

Transitional Care Clinic and Community Clinic: Wake Forest Baptist Health Network: Transitional Care Clinic (WFBHN, formerly the Transitional Care Clinic of High Point Regional Health) is an integrated team of medical, behavioral and social work professionals who work together to support recently discharged patients in their efforts to regain health and wellness. The Community Clinic of High Point works with the Transitional Clinic to provide primary care and chronic disease management for Greater High Point residents who are uninsured/underinsured, who cannot afford health insurance and do not qualify for Medicare and Medicaid. A Licensed Clinical Social Worker (LCSW) works two and a half days each week between the WFBHN: Transitional Care Clinic and The Community Clinic. The LCSW provides onsite counseling, coordination services and telephone outreach to patients with an array of behavioral/mental health concerns (i.e. depression/anxiety/substance misuse/smoking cessation/stress management) in conjunction with management of chronic diseases (i.e. diabetes, heart disease, hypertension).

Progress toward Action Plan Strategy: In the last 18 months (June 2017-November 2018) 3,761 behavioral health screenings have been performed. From June 2017 through June 2018, 1,475 patients received unique LCSW services.

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

Progress toward Action Plan Strategy: Sandhills Center's Integrated Care pilot program, in its third year, has grown from seven to eleven active providers. As anticipated, two Psychiatric Residential Treatment Facilities and one additional community mental health/substance abuse Medication Assisted Treatment provider has been added. Clinical practices are shifting toward Population Health Management in order to ensure more comprehensive and focused health care is provided. Fundamental principles include evidence based clinical practice guidelines, data management, more consistent data-driven clinical decision-making procedures based on outcomes, positive working relationship with the LME-MCO, on-going technical assistance and more enhanced orientation and educational support.

Increasing Community Capacity to Reduce Opioid Drug Overdoses: CURETriad is a community-based coalition that brings together community members and organizations to leverage resources and create mechanisms to provide a unified approach to increase community capacity to address addiction. **Guilford County Solution to the Opioid Problem (GCSTOP)** is a program housed at UNC Greensboro with the goal of reducing overdoses in Guilford County by 20% by increasing access to harm reduction strategies, increasing access and linkages to care services for our most vulnerable populations and building local capacity to respond to the opioid epidemic. GCSTOP engages residents who overdose and who are at high risk of overdose in harm reduction practices, distributes and trains on the use of naloxone (a life-saving narcotic antagonist), conducts community health education programs, coordinates community resources with other community partners and builds relationships focused on ending opioid overdose (continued next page).



Behavioral Health (Continued)

Progress toward Action Plan Strategy: From February to October 2018, GCSTOP has distributed 836 Narcan® doses and 131,970 syringes for harm reduction, provided 89 referrals into treatment and had 149 successful reversals based on Narcan® administration.

In October 2018, the GCDHHS Division of Public Health received a \$100,000 grant from North Carolina Department of Health and Human Services (NCDHHS) to support Guilford County's local efforts to positively impact opioid misuse by increasing access to harm reduction services from November 1, 2018 through August 31, 2019. Funding will support GCSTOP's efforts to increase the sites for the current post-reversal program, add staffing to the existing syringe exchange program (SEP) and provide services to justice-involved county residents with substance use disorders. Increases in GCSTOP staff time and interns will support new SEP sites in Greensboro and High Point and expanded mobile SEP activities across the county. The program will enable screening and connecting justice-involved persons to treatment and educate them and their families on Narcan® and overdose prevention and planning. For more information about GCSTOP, go to: <https://gcstop.uncg.edu/>.

The Importance of Data Sharing: The Division of Public Health's Surveillance and Analysis Unit compiles opioid-related hospital Emergency Department and Emergency Medical Services (EMS) data quarterly and mortality data annually and shares these data with CURETriad and other partners. Consolidation of opioid-related data from multiple health and law-enforcement agencies in a county-wide data hub has been discussed among CURETriad partners but at this time resources have not been secured for this purpose.

NEW INITIATIVES

Partnership to address Behavioral Health Needs in Guilford County

A partnership between Guilford County Government, Cone Health and Sandhills Center (the Local Management Entity and a Medicaid-funded Managed Care Organization) is currently underway in Guilford County to bring together integrated services for people in crisis to address their physical, mental and substance abuse issues in an innovative way. This plan includes two facilities in a single location; a 16-bed Adult Facility-Based Crisis center, and a 16-bed Child/Adolescent Facility-Based Crisis center, along with a 23-hour observation unit and outpatient services for adults, adolescents and children. These new mental health centers are designed to provide comprehensive behavioral health services 24 hours a day, seven days a week. These partners are also working with the North Carolina Department of Health and Human Services to make the project possible.

Get Ready Guilford Initiative

In August 2018, Ready for School, Ready for Life, announced that through their partnership with The Duke Endowment, Guilford County has been chosen for a multi-year investment of \$32.5 million from Blue Meridian Partners. Blue Meridian is a partnership of impact-driven philanthropists seeking to transform life trajectories of America's children and youth by making large investments in promising solutions. Building upon Ready, Ready's work to ensure that every child in Guilford County enters Kindergarten ready for school and ready for life, this effort will support a system that over time will connect a wide range of services for the 6,000 children born in Guilford County annually. Priorities include: 1) Expanding three existing and proven programs that serve families prenatally through age 3 (Guilford Family Connects, HealthySteps and Nurse-Family Partnership); 2) Developing a navigation system to connect families with effective services prenatally through age 3; 3) Supporting Continuous Quality Improvement (CQI) within programs to build capacity for using data in service delivery and decision-making, 4) Building supporting technologies to facilitate coordination among child- and family-serving agencies and organizations; 5) Conducting rigorous evaluation; and 6) Strengthening the organization to manage this effort. For more information go to: <http://getreadyguilford.org/>.

EMERGING ISSUE

Medicaid Transformation in North Carolina

In 2019, the North Carolina Department of Health and Human Services (NCDHHS) will transition both Medicaid and NC Health Choice programs from a fee-for-service structure to a managed care program. In 2017, after seeking feedback from providers, patients and other stakeholders on a detailed proposal to transform these programs, NCDHHS submitted an amended Section 1115 demonstration waiver application to Centers for Medicare and Medicaid Services (CMS). In October 2018, CMS approved NC's 1115 Demonstration Waiver for a five-year demonstration project.

This waiver provides North Carolina with the federal authority to implement Medicaid managed care and include innovative aspects into the delivery system, including Healthy Opportunity Pilots to address both medical and non-medical drivers of health. In two to four geographic areas of the state, Healthy Opportunity Pilots will test evidence-based interventions designed to address non-medical factors that drive health outcomes and costs. Such factors include housing instability, transportation insecurity, food insecurity, interpersonal violence and toxic stress for eligible Medicaid beneficiaries. Go to www.ncdhhs.gov/assistance/medicaid-transformation for more information about this transition and www.ncdhhs.gov/about/department-initiatives/healthy-opportunities for more information about the Healthy Opportunities Pilot.

This report was prepared by Health Surveillance & Analysis Unit of Guilford County Department of Health and Human Services:

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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.guilfordcountync.gov/our-county/human-services/health-department.