

2013 STATE OF THE COUNTY HEALTH REPORT

Forsyth County, North Carolina

About this Report

Forsyth County Healthy Community Coalition (FCHCC) and the Forsyth County Department of Public Health (FCDPH) are pleased to present the 2013 State-of-the-County Health (SOTCH) Report. The report describes the latest data for key measures of community health and well being in Forsyth County, North Carolina.

The SOTCH Report is designed to inform residents about Forsyth County's progress over the last year on key health issues. It is also designed to influence the development of policies that improve community health and is a tool to recruit community members interested in participating in health-related coalitions and activities.

If you would like to get involved with the Forsyth County Healthy Community Coalition, call (336) 703-3260 and visit our website at www.healthycommunity.ws/. This report is available in electronic form at www.forsyth.cc/publichealth/publications.aspx.

In 2012 in Forsyth County:

- There were an estimated 358,137 residents.
- The median household income was \$46,417.
- The unemployment rate decreased 1.7 percentage points between August 2012 (9.5%) and August 2013 (7.8%) in Forsyth County.
- About 21.5% of residents lived below the poverty line (less than \$23,050 for a family of 4).

Data Sources: American FactFinder, US Census Bureau. US Bureau of Labor Statistics

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Findings and Recommendations from the 2011 Community Health Assessment

The 2011 Community Health Assessment (CHA) identified seven health focus areas selected by the CHA working group that needed action to improve community health outcomes. On March 26, 2012 a group of community members met and selected four focus areas to address. These four priority areas are listed below.

Chronic Disease Prevention

- Review evidence-based interventions such as the Pregnancy Care Model for chronic disease management
- Identify which chronic disease to address: diabetes, asthma, cardiovascular, substance abuse, or mental health
- Review claims data and research best practices for intervention
- Mobilize and support different partners
- Focus intervention on mental health conditions or complications with those with chronic disease management complications

Physical Activity & Nutrition

- Focus on chronic disease prevention by targeting children/healthy families and efforts to reduce hospital readmissions and tailor intervention to seniors
- Research evidence-based interventions such as the healthy family model
- Create and encourage partnerships among community agencies/organizations to strengthen their commitment and initiatives related to nutrition and physical activity mobilize and support specific partners
Expand resources, financial support, and promotion efforts

Maternal & Infant Health

- Promote breastfeeding policy through media campaign and presentations to businesses, hospital clinicians and private practice physicians
- Focus on pre-conception health for women of childbearing age through FC Infant Mortality Reduction Coalition (FC IMRC)

Social Determinants of Health

- Convene different community and business leaders to increase awareness of this issue
- Mobilize and support specific partners such as businesses and non-profits
- Research evidence-based interventions and models
- Strengthen the social structure in the community to reduce the effects of the barrier of social isolation
- Assure resources are equitable, and advocate for discussion around limited resources
- Support public health leadership during this process

Additional information on the 2011 Forsyth Community Health Assessment and Action Plans can be found at <http://www.forsyth.cc/PublicHealth/publications.aspx>.

County Priority Health Focus Areas

The 2011 Community Health Assessment reinforced that the priority health problems that were identified during the 2007 Community Health Assessment were still central health issues in Forsyth County. The priority focus areas have been reformulated, with continuing and new community coalitions working to address the identified health issues. On September 24, 2012, FCDPH staff and FCHCC members reported our 2011 CHA findings and action plans to the community at the Forsyth Medical Center. Below are the new priority focus areas with each action team or coalition addressing each area:

- Physical Activity & Nutrition with emphasis on Healthy Families (*Healthy Families Community Collaborations*)
- Physical Activity and Nutrition with emphasis on Tobacco Prevention & Cessation (*Tobacco Reality Unfiltered-TRU*)
- Physical Activity and Nutrition with emphasis on Nutrition (*Behealthy Coalition*)
- Physical Activity and Nutrition with emphasis on Physical Activity (*Behealthy Coalition*)
- Chronic Disease with emphasis on Chronic Disease Management (*FC Chronic Disease Coalition*)
- Maternal and Infant Health with emphasis on Breastfeeding Initiative (*Infant Mortality Reduction Coalition*)
- Social Determinants of Health with emphasis on Translating Social Determinants Messages for Lay Audiences (*Health Equity Action Team-HEAT*)

Physical Activity and Nutrition Action Plan Update: Healthy Families

Healthy Families Community Collaborations

Forsyth County Department of Public Health, the Winston-Salem/Forsyth County School District, and other community partners are continuing to collaborate to create obesity prevention efforts and initiatives for the entire family. Health department staff is diligently working with the Healthful Living Project Team of the Winston-Salem/Forsyth County School District to secure funding to implement a pilot peer education program. Community collaborative efforts are encouraging family engagement in physical activity, and the Behealthy School Kids Program is providing nutrition education to all elementary schools.

Staff from the health department continues to work on the Healthful Living Project Team to implement a program that would train high school students to provide peer education for middle school students that address health, nutrition, and physical activity issues that may impact their readiness to learn. Healthy living objectives are being created among all the community partners. Although the YMCA will have an adult-only focus with Transformation Nation, the health department will continue to be the champion for promoting a family-focused Transformation Nation. Community events and initiatives would not be a success without the willingness of partners to work together.

This year, Family Fun Day on the Greenway partnered with Cycling Sunday to provide two events (spring/ fall) that promoted physical activity in the community. In an effort to increase family awareness and participation, the health department provided a PE equipment prize to the WSFC Elementary School that had the highest attendance. The winner of this year's PE prize pack was Brunson Elementary School.

The Behealthy School Kids Program is still providing technical assistance for School Wellness Committees encouraging them to create action plans that focus on the health of the entire school including teachers, staff, students, and families. Several Wellness Committees have participated in the Eat Smart Move More Weigh Less Program led by the Health Department and Cooperative Extension staff. For more information about Healthy Family Collaborations contact the health department at 336-703-3217 or 336-703-3219.



Promoting health for the entire family: 2013 Family Fitness Night, Speas Elementary students doing Zumba

Priority Issue: Physical Activity and Nutrition with an emphasis on Healthy Families

Goal: Decrease the percent of middle school students who describe themselves as slightly or very overweight by targeting K-5 student population and their families

Community Coalition: Healthy Families Community Collaborations

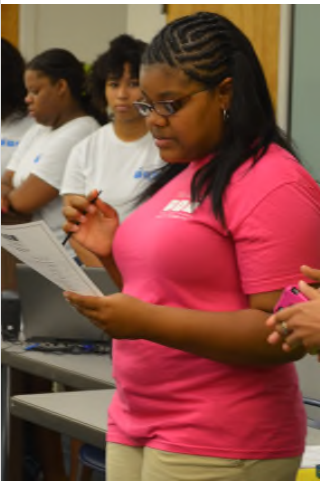
Healthy NC 2020 Focus Areas: Increase the percentage of high school students who are neither overweight or obese.

Interventions:

- Transformation Nation is a 16-week weight loss program free to those with 10, 20, 30 or more pounds to lose. The program includes group training, personal trainers, and wellness coaches that helps participants work toward personal wellness goals as well as providing expert information nutritional and motivational speakers.
 - **Partners:** YMCA, Novant Health, WXII, Winston-Salem/Forsyth County Schools, Parks & Recreation, Forsyth County Department of Public Health, and Family Services.
- School Wellness Policy Evaluation
 - **Partners:** Winston-Salem/Forsyth County Schools and Forsyth County Department of Public Health.
- Create and promote unified health messaging that relates to physical activity, nutrition and health
 - **Partners:** Winston-Salem/Forsyth County Schools, Forsyth County Department of Public Health, YMCA, Novant Health, and Wake Forest Baptist Health.
- Community collaboration for increased health of individuals and families.
 - **Partners:** Winston-Salem/Forsyth County Schools, Forsyth County Department of Public Health, YMCA, City of Winston-Salem, Forsyth County, Novant Health, and Wake Forest Baptist Health.

Physical Activity and Nutrition Action Plan Update: Tobacco Prevention and Cessation

Since 2005, the Youth Tobacco Prevention program has been active in teen tobacco prevention and cessation by empowering local teens to lead the efforts towards a tobacco free future for our community. The Tobacco Reality Unfiltered (TRU) Youth Advisory Council is made up of middle and high school students who are dedicated to tobacco prevention and cessation, and serve as youth advocates and peer educators. TRU implements more than 20 events annually that are specifically targeted toward youth in our community. Approximately 2,200 community members were impacted by TRU in 2013 and almost one million people were reached by tobacco prevention and cessation media.



Peer Educators: To be effective peer educators, TRU members are trained in public speaking, youth advocacy, media literacy, tobacco health facts, and peer leadership skills. During Summer 2013, their peer education skills were put to the test when groups from the Crosby Scholars attended an interactive tobacco education training at the health department as a part of their summer camp. The TRU youth lead the presentation and taught their peers about the dangers of tobacco use.

Youth Advocacy: As part of the youth advocacy training, TRU members were encouraged to contact their elected officials and share information about the local efforts of TRU. In June 2013, three of the TRU youth were offered the chance to speak with City Council member, Dan Besse, about their work in the community on tobacco prevention.



Collaboration: Community collaboration is important to the youth. One example of this is the youth worked with Wake Forest Baptist Action Health to promote Great American Smokeout on November 21, 2013. The youth distributed “quit kits” to employees and patient families, while celebrating those who have quit using tobacco products. The theme of the event was to “Treasure Your Chest” set around a pirate’s theme. The youth were able to utilize their training in public speaking as well as advocacy.



Priority Issue: Physical Activity and Nutrition with emphasis on Tobacco Prevention and Cessation

Goal: Decrease the percentage of high school students who report current use of any tobacco product.

Community Coalition: Healthy Community Coalition

Healthy NC 2020 Focus Areas: Decrease the percentage of high school students reporting current use of any tobacco product

Ongoing Interventions:

- TRU Youth Advisory Council-TRU is a state-wide program to reduce teen tobacco use. TRU youth from various Winston-Salem/Forsyth County Schools, middle and high schools meet to discuss tobacco prevention and provide school and community peer education.
- ASPIRE is a teen tobacco prevention and cessation online tool. Students caught using tobacco products on school grounds are referred to complete the ASPIRE program during ISS. It is also used in health classes and for prevention purposes.
- Secondhand Smoke Prevention intervention seeks to promote the “keep childhood smoke-free” message to encourage smoke-free homes and prevent youth exposure to secondhand smoke.

"There's nothing cool about making your own body a hazard, nothing cool about harming people who don't smoke, and there is nothing cool about shorting your life. I just don't see what is cool about smoking"-

Martin Hernandez, 12th grade

Physical Activity and Nutrition Action Plan Update: Nutrition

Behealthy serves as the coalition that coordinates nutrition and physical activity efforts across community-based organizations that work together to improve the health and wellness of Forsyth County residents. The mission of the Behealthy Coalition is to provide a place through regular meetings for people with an interest in health and wellness to come together for on-going education on local health and wellness issues, network, share ideas, and foster collaborative relationships.

Priority Issue: Physical Activity and Nutrition with emphasis on Nutrition

Goal: Increase the percentage of adults who consume five or more servings of fruits and vegetable per day.

Community Coalition: Healthy Community Coalition/BeHealthy Coalition

Healthy NC 2020 Focus Areas: Increase the percentage of adults who report they consume fruits and vegetables five or more times per day.

Interventions:

- Expansion of the community garden program and the distribution of produce grown.
 - **Current Activities:** The community garden program continues to expand.
 - **Partners:** Forsyth County Cooperative Extension.
 - **By:** December 2015.



Community Garden Program Expansion in Forsyth County, 2011-2013			
Year	Total Community Gardens	Pounds of Produce Harvested	New Gardens in Low-Wealth Communities
2011	61	58,500 lbs	24
2012	93	104,000 lbs	18
2013	100	Not Yet Available	11

Data Source: Forsyth County Cooperative Extension

- Increase community collaboration and cross-promotion of programs related to nutrition, food access, local foods and food security.

- **Current Activities:** Formation of Local Foods Advisory Council (a result of the Forsyth County Local Foods Study) in September 2013. The BeHealthy Coalition is partnering with the Community Transformation Grant project to develop a Healthy Corner Store Network to increase the number of corner stores in low-wealth communities offering healthy food items—especially fresh produce. In 2012, Rebecca’s Store became the first healthy corner store to join this effort, In 2013, P & P Convenience Store joined the network with two additional stores that have expressed an interest in joining the network in early 2014.
- **Partners:** Forsyth County Department of Public Health, Forsyth Medical Center, Wake Forest Baptist Hospital, Cooperative Extension Service, Winston-Salem/Forsyth County Schools, YMCA/YWCA, and TSI/PCEI.



Physical Activity and Nutrition Action Plan Update: Physical Activity

Priority Issue: Physical Activity and Nutrition with emphasis on Physical Activity

Goal: Increase the percentage of adults who report getting the recommended amount of physical activity.

Community Coalition: Healthy Community Coalition/BeHealthy Coalition

Healthy NC 2020 Focus Areas: Increase the percentage of adults getting the recommended amount of physical activity.

Interventions:

- Promote new and ongoing initiatives that support physical activity and alternative modes of transportation.
 - **Current Activities:** Supporting Sunday Funday, Cycling Sunday, Safe Routes to Schools, Bike to Work Week, Transformation Nation, and etc.
 - **Partners:** Forsyth County Department of Public Health, YMCA, DOT, Winston Salem Parks & Recreation, Forsyth County Parks & Recreation, Winston-Salem/Forsyth County Schools, Faith Community, Wake Forest Baptist Health, and Novant Health.
- Step Up Forsyth: Step Up Forsyth is a free eight-week (on your own) physical activity program, held each year from September – November. The goal of the program is to encourage participants to be physically active for 30 minutes per day, five or more days each week.
 - **Current Activities:** This year Step Up Forsyth is celebrating 10 years, with the theme of “Go Out and Play” by promoting local parks, greenways and regional attractions. In addition, new for 2013 Step Up Forsyth will offer free group exercise classes and cooking classes for participants.
 - **Partners:** Forsyth County Department of Public Health
- Support the Legacy Plan 2030 is a comprehensive plan for Winston-Salem, Forsyth County and all its municipalities.
 - **Current Activities:** The Legacy Plan has been adopted by Forsyth County municipalities. Text amendments are being considered in support of local foods. Complete Streets policy adopted by MPO.
 - **Partners:** BeHealthy Coalition.



Chronic Disease Action Plan Update: Chronic Disease Management

Priority Issue: Chronic Disease

Goal: Increase community awareness resources and services available for improved chronic disease management

Community Coalition: Forsyth County Chronic Disease Coalition (The Chronic Disease Coalition was formed in Fall 2012.)

Healthy NC 2020 Focus Areas: Reduce the cardiovascular disease mortality rate; decrease the percentage of adults with diabetes; and increase the percentage of adults reporting good, very good, or excellent health.

Interventions:

- Support current initiatives that address chronic disease hospital to home program(s) among senior population.
 - **Current Activities:** The Hospital to Home program, now ANCHOR, has expanded and continues to serve the senior population upon hospital discharge. Representatives work to connect patients with appropriate community based resources, including Senior Services, to make staying at home a safe possibility.
 - **Partners:** Forsyth County Department of Public Health, Novant Health, Forsyth County Cooperative Extension, Wake Health, Senior Services, and Northwest Community Care Network.
- Ongoing education of chronic disease management services/programs offered at hospital and clinical level.
 - **Current Activities:** Novant Health continues to provide chronic disease prevention/management programs to the community, specifically focusing outreach on vulnerable populations. Services are provided at area churches, homeless shelters, schools, community recreation centers, businesses and more. Programs include information on diabetes, weight management, heart disease, menopause, stress, cancer, and more. Wake Forest University also offers education/chronic disease management through the Share the Care Health Fair, the Joslin Diabetes Center, various Best Health initiatives, BrennerFIT, and etc.
 - **Partners:** Novant Health and Wake Forest Baptist Health.
- Area agencies commit to pursuing one new community project to increase awareness and access to available resources.
 - **Current Activities:** Since inception, the coalition has worked to develop a comprehensive model designed to link patients with community based resources to support social needs. The model is currently being finalized for pilot programming to being in 2014. The model is based off of Health Leads (Boston, MA). With support for social determinants, the coalition believes patients will be better equipped to manage health issues.
 - **Partners:** Novant Health, Wake Forest Baptist Health, Forsyth County Department of Public Health, Senior Services, University of North Carolina at Greensboro, Winston-Salem State University, TSI/PCEI, and faith-based organizations.

Maternal and Infant Health Action Plan Update: Breastfeeding Initiative

Priority Issue: Maternal and Infant Health with an emphasis on Breastfeeding Initiative.

Goal: Reduce Forsyth County infant mortality rate.

Community Coalition: Forsyth County Infant Mortality Reduction Coalition (FCIMRC)

Healthy NC 2020 Focus Areas: Reduce the Infant Mortality rate (per 1,000 live births) from 8.2 (2008) to 6.3 by 2020.

Interventions:

- Outreach Education on breastfeeding to community agencies and daycares working with pregnant or parenting families. This includes community and business workshops on public health benefit of breastfeeding to reduce infant mortality.
- Outreach education to maternity care clinicians in which training and technical support will be provided to enable clinicians to offer breastfeeding support and counseling as routine standard of care in health care practices. The FCIMRC will collect existing or develop new tools to provide in-services and outreach education to clinicians working with mothers and infants to emphasize the importance of supporting breastfeeding as a standard of care.

Addressing Infant Death In Forsyth County

Forsyth County Infant Mortality Reduction Coalition (FCIMRC housed within the Department of Public Health) conducted several activities to promote awareness of Infant Mortality and implement system changes to address improved health of women and infants.

Breastfeeding Campaign: The Coalition partnered with Novant Health and Forsyth County Women, Infants, and Children's (WIC) program to create a community that is supportive of breastfeeding as the norm, and supports women in their efforts to breastfeed for at least six months or longer. This is a simple and economic practice known to improve short-term and long-term health of both mother and baby. International Board Certified Lactation Consultants from WIC and Novant Health prepared and delivered targeted presentations for medical school residents, private practice pediatricians, and clinical staff. Presentation and toolkits were also provided for child care providers and business leaders. Scholarships were awarded for the NC Lactation Educator Program and breastfeeding window/door decals were widely disseminated. Campaign outcomes achieved thus far include:



Breastfeeding Welcome Here

- Two workshops for Child Care Centers with 40 participants.
- Presentation to 50 members of Winston Salem Society for Human Resource Professionals
- Workshop for local businesses leaders with 10 participants
- Outreach education has been conducted with 9 clinics and 150 clinicians Scholarships for Lactation Educator Program for 7 pediatric staff.
- 200+ window/door decals for agencies, clinics, and businesses

2013 Spring Luncheon - May 15 - Over 50 community partners from health care, government, faith communities, non-profit organizations, business, and the community attended. Adam Zolotor, M.D., from the North Carolina Institute of Medicine provided the keynote address *How Will The Affordable Care Act Impact Women and Infants ?* Volunteers distributed 30 DVD's entitled *The Postpartum Visit - It's All About Me*. The video is a mom-to-mom discussion about the importance of the postpartum checkup. This office visit is underutilized and plays a vital role in helping women stay healthy between pregnancies. Women who are healthy before pregnancy are more likely to have healthy infants. This video was designed for health care providers to share with women during prenatal visits.



Maternal and Infant Health Action Plan Update: Breastfeeding Initiative Continued

2013 Walk A Mile To Save Our Babies – September 18. During Infant Mortality Awareness Month, the Coalition hosted the 4th annual Walk A Mile to Save Our Babies. Over 65 community partners walked a mile loop through Downtown Winston-Salem with 46 empty baby strollers, each commemorating one baby who had died in Forsyth County during 2011. Mayor Joines spoke to volunteers about the importance of the Coalition's work, Chair of the Board of Health read a resolution, and three bereaved mothers shared their personal stories.



Coalition members pushing empty baby strollers on the walk route.



Ashley Ortiz, Diana Rider, and Jen Shubin all experienced the loss of a baby in 2011. They shared their personal stories with coalition members and community partners.



FCIMRC convened a Health Department Breastfeeding Committee in partnership with WIC and Personal Health Services. The committee organized a week-long celebration of "Close to Mothers" educational displays.

World Breastfeeding Week - FCIMRC convened a Health Department Breastfeeding Committee in partnership between WIC and Personal Health Services during 2013. The committee organized the World Breastfeeding Week celebration "Close to Mothers". World Breastfeeding Week buttons were worn by all staff who promoted breastfeeding to more than 400 health department guests who signed "Close to Mothers" posters.

Social Determinants of Health Action Plan Update: Translating Social Determinants Messages

Priority Issue: Social Determinants of Health with an emphasis on Translating Social Determinants for Lay Audiences

Goal: Raise consciousness and awareness of social determinants of health

Community Coalition: Health Equity Action Team (HEAT)

Healthy People 2020 Focus Areas: Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.

The HEAT Team is developing a comprehensive action plan to reach its goal to raise consciousness and awareness surrounding social determinants of health throughout Forsyth County by December 2014:

1. Identify resources and organizations within Forsyth County that have information that can support HEAT's campaign to raise consciousness and awareness related to health disparities and health determinants.
1. Develop health disparities actions steps that are linguistically and culturally responsive to all aspects of the county in order to build trust and communication.
2. Create a public education campaign for Forsyth County communities regarding health disparities and contributing factors.

New Initiatives: Additional Funding; Hunger Issues; Community Growth

This section highlights changes in Forsyth County that affect health concerns. This initiatives can be economic, political, new funding/grants, and programs that address needs within the county.



Nurse Family Partnership Program Expands

Nurse-Family Partnership began accepting client referrals on 12/12/12. We have received over 300 referrals in our first year. We originally planned to have 4 nurse home visitors with a total case load of 100 clients. Due to the high number of referrals and community need, another nurse position was added in September 2013. As of November 2013, we have had a full staff. Two new nurses (one replacement nurse and the expansion nurse) are currently going through orientation and training. A total of 75 families have been served by NFP of Forsyth with a current

caseload of 65 moms and 60 babies. There has been strong community support and enthusiasm for the program. The original 5 year funding from Kate B. Reynolds has been supplemented by some state funding that will be received in the new year for about \$221,000 which will assist in sustainability of the program.

Food, Faith and Religious Leadership Initiative

Nearly a billion people on the planet don't have enough to eat and more than half a billion are obese. In response to growing food-related challenges, such as food insecurity, food deserts and health disparities, the Wake Forest University School of Divinity has established the Food, Faith and Religious Leadership Initiative. The initiative was started, partly because of hunger issues in the Winston-Salem area and a recent Food Research and Action Center study in which the greater Winston-Salem area was listed as the worst in the country for families' ability to put food on the table. The initiative works with current students at the School of Divinity, but has also created a continuing education program for religious leaders and congregations. The program will focus on Winston-Salem and Asheville.



WAKE FOREST
UNIVERSITY

The mission of this new initiative is:

Renewing theological education for the 21st century, we equip religious leaders with the knowledge, skills, and pastoral habits necessary to guide congregations and other faith-based organizations into creating more redemptive food systems, where God's shalom becomes visible for a hungry world.



Legacy 2030

Legacy 2030, an update to the 2001 Legacy Plan, a comprehensive plan for Winston-Salem and Forsyth County that guides community growth for the next 20 years.

Legacy 2030 updates action plans and policy, reflects new local and national issues, and considers the changing demographics. New to Legacy 2030 is a component on Healthy, Complete, and Equitable Communities, with the following goal to address the connection quality of life improvement for communities residents and public health and social well-being:

Goal: Improved health and well-being; access to improved and enhanced community services, facilities, and infrastructure for all; and expanded opportunities for social equity among diverse community groups.

- **Objective 1: Promote and Protect Health and Equity-** Develop and establish guidelines, standards, and mechanisms that ensure that land use planning and design positively affect community health and well-being.
- **Objective 2: Design for Active and Healthy Living-** Design new developments and revitalize existing neighborhoods as compact, mixed-use neighborhoods that provide opportunities for active and healthy living, including transit, walking, biking, recreation, and access to healthy food.
- **Objective 3: Health Equity-** Provide opportunities for the improved health and welfare of residents of varying incomes, ethnic groups, races, and abilities.
- **Objective 4: Age-Friendly Communities-** Design and develop age-friendly neighborhoods that cater to the needs of different age groups.
- **Objective 5: Food Access-** Provide safe, convenient opportunities for access to healthy, affordable food for all residents.
- **Objective 6: Parks, Recreational Facilities, and Open Space-** Provide parks and recreational facilities that meet the needs of residents at accessible locations throughout the county.
- **Objective 7: Greenways -** Create a network of greenways that provide recreation, open space, and alternative transportation links to shopping, employment, neighborhoods and community facilities.
- **Objective 8: Educational Facilities -** Locate and design educational facilities that provide high quality learning opportunities for all, contribute to healthy living, and are assets to the neighborhoods where they are located.
- **Objective 9: Safety and Security—**Create safer, more livable neighborhoods that facilitate active and healthy living.

Comparison CHA Summary Data Tables

	Selected Health Indicators	Forsyth County Community Health Assessment Year			National Healthy People 2020 Benchmark
		2007	2011	From 2007-2011 CHA	
Maternal and Child Health	<i>Selected Health Indicators</i>	2005	2009	<i>CHA Comparison</i>	<i>Benchmark</i>
	Infant Mortality (Rate per 1,000 Live Births)	8.9	9.9	Increase	6
	Teen Pregnancy (Rate per 1,000 Females ages 15-17)	38.1	38.6	↔ No Change	36.2
Leading Causes of Death (Age-Adjusted Rate per 100,000 Population)	<i>Selected Health Indicators</i>	2001-5	2005-9	<i>CHA Comparison</i>	<i>Benchmark</i>
	All Cancers	199.3	183.5	↔ No Change	160.6
	Heart Disease	193.0	150.5	Decrease	100.8
	Chronic Lower Respiratory Disease	65.0	49.6	Decrease	98.5
	Stroke	47.3	49.5	↔ No Change	33.8
	Alzheimer's	36.7	27.9	Decrease	**
Injury (Age-Adjusted Rate per 100,000 Population)	<i>Selected Health Indicators</i>	2001-5	2005-9	<i>CHA Comparison</i>	<i>Benchmark</i>
	Unintentional	23.3	25.6	↔ No Change	36
	Motor Vehicle	12.4	12.0	↔ No Change	12.4
	Suicide	10.4	10.8	↔ No Change	10.2
	Homicide	7.1	6.6	↔ No Change	5.5
Communicable Disease (Rate per 100,000 Population)	<i>Selected Health Indicators</i>	2001-5	2005-9	<i>CHA Comparison</i>	<i>Benchmark</i>
	Primary/Secondary Syphilis	1.8	10.5	Increase	Females-1.4; Males-6.8
	Gonorrhea	237.7	230.4	↔ No Change	Females-257; Males-198
	Tuberculosis	4.0	2.3	Decrease	1.0
Behavioral/ Environmental Health Risks (% of Adults Over 18 Years of Age)	<i>Selected Health Indicators</i>	2005	2009	<i>CHA Comparison</i>	<i>Benchmark</i>
	Smoking	18.5	21.2	↔ No Change	12
	Obesity	21.5	27.6	Increase	30.6
	No Physical Activity	17.3	12.8	Decrease	32.6

2013 County Health Rankings & Roadmaps

The County Health Rankings & Roadmaps compiles information on measures or factors that influences our health, not limited to clinical practices, but also other environments that influence our health such as schools, workplaces, and neighborhoods.¹ The County Health Rankings and Roadmaps is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The **2013** County Health Rankings and Roadmaps placed Forsyth County **28th in Health Outcomes** and **24th in Health Factors** out of North Carolina's 100 Counties. This was a **decline** from the 2012 ranking of **25th in Health Outcomes** and **21st in Health Factors**.

Forsyth's County Health Rankings and Roadmaps Comparison 2012 and 2013			
	Definition	2012	2013
HEALTH OUTCOMES	Ranking out of 100 NC Counties	25	28
Mortality	Ranking out of 100 NC Counties	30	28
Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted)	7,938	7,332
Morbidity	Ranking out of 100 NC Counties	28	27
Poor or Fair Health	Percent of adults reporting fair or poor health (age-adjusted)	14%	15%
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted)	3.1	3.0
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted)	3.2	3.1
Low Birthweight	Percent of live births with low birthweight (< 2500 grams)	10.2%	10.3%
HEALTH FACTORS	Ranking out of 100 NC Counties	21	24
Health Behaviors	Ranking out of 100 NC Counties	22	15
Adult Smoking	Percent of adults that report smoking >= 100 cigarettes and currently smoking	21%	20%
Adult Obesity	Percent of adults that report a BMI >= 30	26%	26%
Physical Inactivity	Percent of adults aged 20 and over reporting no leisure time physical activity	21%	21%
Excessive Drinking	Percent of adults who binge plus heavy drinking	13%	13%
Motor Vehicle Crash Death Rate	Motor vehicle crash deaths per 100,000 population	13	11
Sexually Transmitted Infections	Chlamydia rate per 100,000 population	884	771
Teen Birth Rate	Teen birth rate per 1,000 female population, ages 15-19	50	45
Clinical Care	Ranking out of 100 NC Counties	7	11
Uninsured	Percent of population under age 65 without health insurance	17%	19%
Primary Care Physicians	Primary care physicians. The measure represents the population per one provider.	624:1	1,021:1
Preventable hospital stays	Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	61	60
Diabetic Screening	Percent of diabetic Medicare enrollees that receive HbA1c screening	88%	88%
Mammography Screening	Percent of female Medicare enrollees that receive mammography screening	67%	68%
Social and Economic Factors	Ranking out of 100 NC Counties	33	44
High School Graduation	Percent of ninth grade cohort that graduates in 4 years	82%	81%
Some College	Percent of adults aged 25-44 years with some post-secondary education	62%	63%
Unemployment	Percent of population age 16+ unemployed but seeking work	9.9%	10%
Children in Poverty	Percent of children under age 18 in poverty	24%	28%
Inadequate Social Support	Percent of adults without social/emotional support	18%	18%
Children in Single Parent Households	Percent of children that live in household headed by single parent	37%	37%
Violent Crime Rate	Violent crime rate per 100,000 population	661	625
Physical Environment	Ranking out of 100 NC Counties	75	44
Daily Fine Particulate Matter	The average daily measure of fine particulate matter in micrograms per cubic meter	NA	12.8
Drinking water safety	Percent of population exposed to water exceeding a violation limit during the past year	NA	0%
Access to Recreational Facilities	Rate of recreational facilities per 100,000 population	15	14
Limited Access to Healthy Foods	Percent of population who are low-income and do not live close to a grocery store	11%	12%
Fast Food Restuarants	Percent of all restaurants that are fast-food establishments	47%	47%

Please note that there were changes in the measures that were used to rank counties between 2012 and 2013 for Physical Environment which may account for some difference in ranking. Also, the rates and percentages used in County Health Rankings and Roadmaps Annual Ranking are an average from a range of years, or a particular point in time year so they may differ from rates presented in this report, which are based on the most recent year available data.

2013 SOTCH Summary Health Indicator Data Table

Forsyth County Summary Health Indicators				
Selected Health Indicators	Forsyth	Year of Data	Source	Healthy People 2020 Objective
Maternal, Infant and Child Health				
Infant Mortality (<1 year) (Rate per 1,000 Live Births)	10.2	2012	NC State Center for Health Statistics	6
Low Birth Weight (<=2500g) (% of All Live Births)	10.4%	2012	NC State Center for Health Statistics	7.8
No First Trimester Prenatal Care (% of All Live Births)	18.9%	2012	NC State Center for Health Statistics	22.1
Teen Pregnancy Rate	40.2	2012	NC State Center for Health Statistics	36.2
Chronic Conditions Mortality (Rate per 100,000 population)				
All Cancers	191.0	2012	NC State Center for Health Statistics	160.6
Lung Cancer	57.8	2012	NC State Center for Health Statistics	45.5
Breast Cancer (Rate per 100,000 females)	33.0	2012	NC State Center for Health Statistics	20.6
Prostate Cancer (Rate per 100,000 males)	17.1	2012	NC State Center for Health Statistics	21.2
Colorectal Cancer	13.1	2012	NC State Center for Health Statistics	38.6
Heart Disease	167.0	2012	NC State Center for Health Statistics	100.8
Stroke	47.2	2012	NC State Center for Health Statistics	33.8
Diabetes	20.1	2012	NC State Center for Health Statistics	65.8
Chronic Lower Respiratory Disease	51.9	2012	NC State Center for Health Statistics	98.5
Injury Mortality (Rate per 100,000 population)				
Motor Vehicle Deaths	14.0	2012	NC State Center for Health Statistics	12.4
All Other Unintentional Injuries	35.7	2012	NC State Center for Health Statistics	36
Intentional Injury-Homicide	3.6	2012	NC State Center for Health Statistics	5.5
Intentional Injury-Suicide	10.3	2012	NC State Center for Health Statistics	10.2
Communicable Disease (Rate per 100,000 population)				
Chlamydia	761.5	2012	FCDPH STI/HIV Surveillance Report	NA
Gonorrhea	200.6	2012	FCDPH STI/HIV Surveillance Report	Female-257 Male-198
Early Syphilis	12.1	2012	FCDPH STI/HIV Surveillance Report	Female-1.4 Male-6.8
HIV Disease	14.6	2012	FCDPH STI/HIV Surveillance Report	22.2*
AIDS	7.0	2012	FCDPH STI/HIV Surveillance Report	13
Environmental Health				
Total Children 6 years and under screened	6,572	2011	DHHS Lead Surveillance	NA
Number of confirmed cases >=10ug/dL	6	2011	DHHS Lead Surveillance	NA
Number of confirmed cases >=20ug/dL	1	2011	DHHS Lead Surveillance	NA
Behavioral Risk Factors (Percent of Adults 18 years and older)				
Smoking	25.6%	2012	2012 BRFSS	12
Overweight/Obesity (BMI>25.0)	62.1%	2012	2012 BRFSS	30.5
No Physical Activity /Physical Inactivity	22.0%	2012	2012 BRFSS	32.6
Drank a Soda Daily in the Past 30 Days	31.0%	2012	2012 BRFSS	70.7*
Mammogram within Past 2 Years (40 years and older)	78.7%	2012	2012 BRFSS	81.1%
Prostate-Specific Antigen (PSA) Test (40 years and older)	53.7%	2012	2012 BRFSS	NA

* Indicates a Healthy North Carolinians 2020 Goal

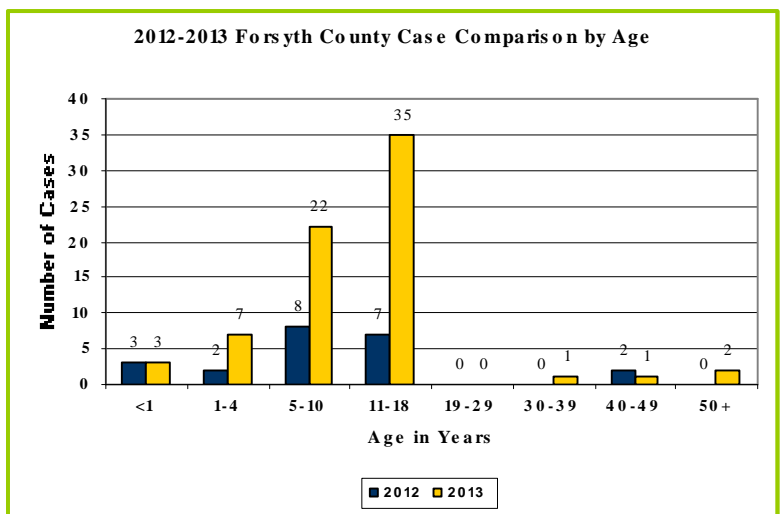
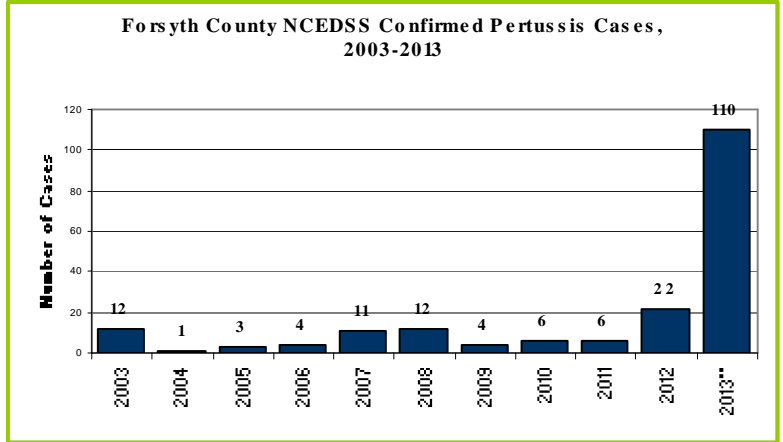
Emerging Issue: Pertussis

Pertussis, also known as whooping cough, continues to be an emerging issue in Forsyth County. In 2012, the first infant death caused by pertussis in North Carolina occurred in Forsyth County.² Whooping cough is a highly contagious illness that is spread from person to person usually by coughing or sneezing while in close contact with others. It is life threatening to newborns and infants, although it can be serious at any age. State law requires pertussis vaccinations for pre-school and school-age children, but immunity wanes over the years, and it is recommended that Tdap booster shots are taken.

Pertussis is an endemic disease in the US with peaks in the disease every 3 to 5 years and frequent outbreaks.³ The clinical symptoms of pertussis are similar to other respiratory disease, allowing pertussis to go undiagnosed. Laboratory testing can confirm a case. Pertussis outbreak control efforts primary goal is decrease morbidity and mortality among infants, while the secondary goal is to decrease morbidity among persons of all ages. According to the Centers for Disease Control and Prevention, North Carolina has seen greater than a triple-fold increase in pertussis cases.

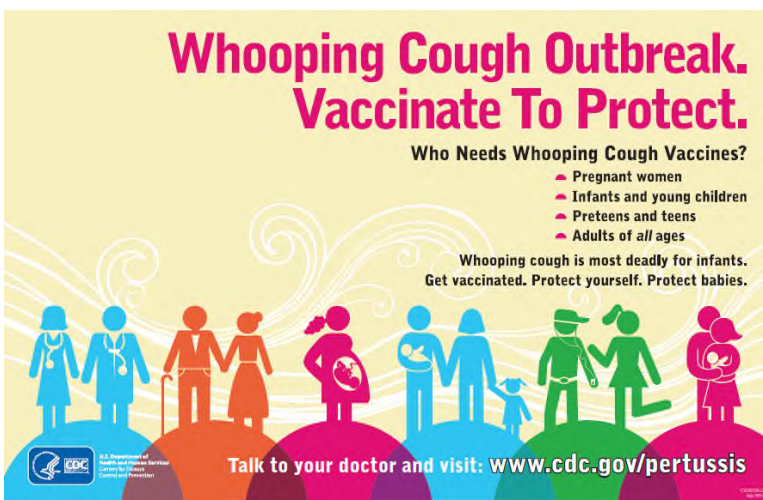
In Forsyth County, the number of confirmed pertussis cases tripled from 6 in 2011 to 22 cases in 2012; and more than quadrupled from 22 cases in 2012 to 110 cases in 2013 (as of November 26, 2013).⁴

When comparing age groups of pertussis cases, youth ages 11-18 years old saw the greatest increase, equivalent to 5-fold, from 2012 to 2013. Overall those 1-18 years old saw more than a 3-fold increase in incidence (Figure 5). Infants under one year of age saw no change in the number of cases between 2012 and 2013 (up to July 31, 2013).



Forsyth County Response:⁵

In response to the rising pertussis numbers and in alignment with the North Carolina Department of Health and Human Services, the North Carolina Immunization Program is providing Tdap vaccine universally to all persons from age 7 years and up for whom pertussis protection is indicated, specifically, 7 through 9 year olds who have not completed their primary Tdap series and all persons age 10 years and up who have not yet had a Tdap vaccine (which was licensed in 2005). This free Tdap vaccine will be available until supplies are depleted at the Forsyth County Department of Public Health (Clinic 3) during regular clinic hours and is also available through all private providers in North Carolina who utilize state-supplied vaccines (most pediatricians and many family practice offices).



From the July 1, 2013 (the beginning of the fiscal year) through October 15, 2013 FCDPH had given **2,313** Tdap vaccinations, in comparison to last fiscal year's total of **2,252** vaccinations.

Demographics

Population Trends⁶

The 2010 Census revealed Forsyth County population to be 350,670 persons. The July 2012 population estimate was 358,137, a 2.13% increase in population.

2012 American Community Survey (ACS)⁷

The ACS, conducted by the US Census Bureau, is an ongoing survey that provides data every year – giving communities the current information they need to plan investments and services. Population and demographic trends from the 2012 ACS follows:

Age:

- Median Age of Population 37.6
- 24% were under 18 years of age
- 13.7% were 65 Years of age and older

Ethnicity and Language

- 12.4% Latino
- 14% spoke a language other than English at home
 - 76.4% spoke Spanish
 - 12.3% spoke Indo-European
 - 8.3% spoke Asian/Pacific Islander
 - 3.1% spoke another language

Sex

- Males were 47.7% of population
- Females were 52.3% of population

Other:

- 11% reported they had a disability
- 85% were living in same residence as prior year
- Average household size was 2.5 persons

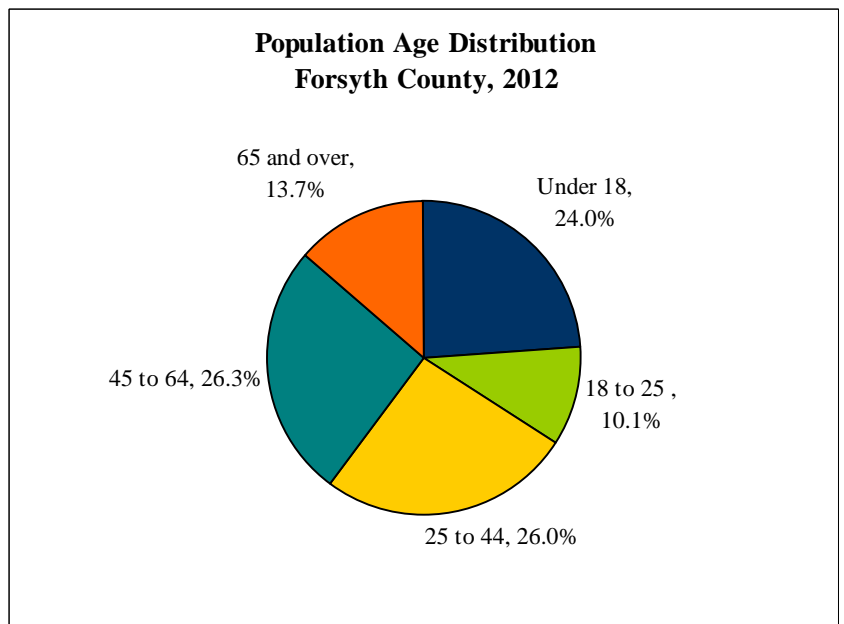
July 1, 2012 Bridged-Race Population Estimates, Forsyth County			
Race	Ethnicity	Population	Percent of Population
White	Hispanic/Latino	35,449	9.9%
	Not Hispanic/Latino	211,320	59.0%
Black or African American	Hispanic/Latino	6,123	1.7%
	Not Hispanic/Latino	93,800	26.2%
Asian or Pacific Islander	Hispanic/Latino	549	0.2%
	Not Hispanic/Latino	7,675	2.1%
American Indian or Alaska Native	Hispanic/Latino	2,146	0.6%
	Not Hispanic/Latino	1,075	0.3%
Total Population		358,137	100.0%

Data Source: CDC Wonder Online Data Base

County Stats

In 2012 in Forsyth County:

Those aged 25 to 64 made up over half of the county's total population at 52.3%. Those aged 18 to 25 made up the smallest at 10.1%.

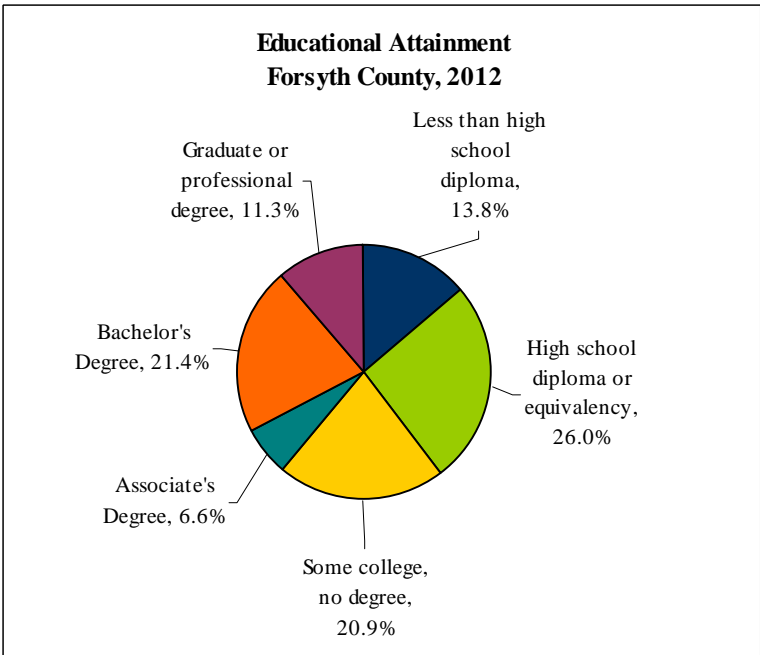


Data Source: US Census Bureau. 2012 American Community Survey, 1 Year Estimates.

Social Determinants of Health

Education

- Winston-Salem/Forsyth County Schools 2011-2012 graduation rate was 80.9%, the highest since 2006 when the state began calculating the graduation rate.⁸
 - Day 10 enrollment for WSFCS for 2012-2013
 - Elementary School: 25,086
 - Middle School: 12,456
 - High School: 15,597
 - Total: 53,139
- In 2012, college and graduate school enrollment was 25,940 students.⁷
- 86.2% of the adult population 25 years or older had a high school diploma or higher while 32.7% had a bachelor's degree or higher.⁷



Health Professionals and Hospital Data⁹

In 2011, Forsyth County had:

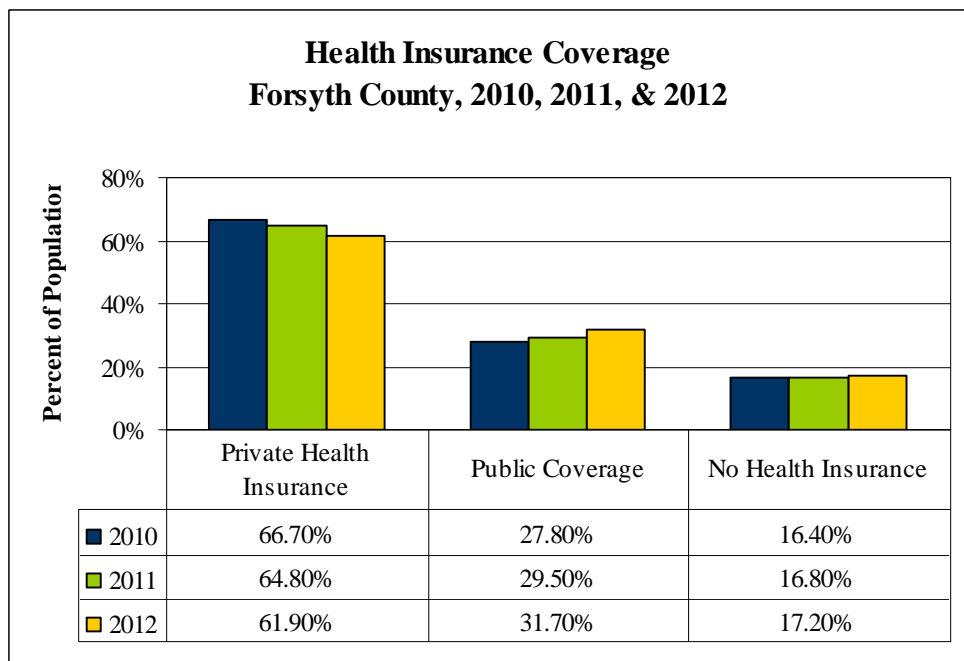
- 3,824 Physicians
- 397 Dentists and Dental Hygienists
- 7,819 Nurses
- 1,913 Other health professionals
- 47.0 physicians per 10,000 population
- 12.7 primary care physicians per 10,000 population.

Access to Care⁷

The US Census' 2012 American Community Survey revealed that approximately:

- 61.9% of residents had private insurance
- 31.7% had public insurance
- 17.2% had no insurance coverage and
- 6.5% of children under 18 had no health insurance

County Stats



Between 2010 and 2012 in Forsyth County:

Overall, the number of residents with private health insurance decreased while the percent of residents with public coverage increased. Those without insurance remained steady.

Data Source: US Census, 2012 American Community Survey, 1 Year Estimates.

Social Determinants of Health

Social Determinants of Health²

Poverty

The 2012 American Community Survey estimated that 21.5% of Forsyth County residents lived below the poverty level. Blacks, Others, and Hispanics had higher percentages of their populations living below the poverty level in comparison to Whites and Asians. For the population under 18 years of age, 34.1% were living below the poverty level.

Median Household Income

In 2012, the median household income was \$42,489 in Forsyth County. Blacks, Others, and Hispanics had lower median household incomes. Whites and Asians had higher median household incomes.

Unemployment Rate

In 2012, 11.8% of the county's population was unemployed. Unemployment rates among blacks and Hispanics were higher than the county, at 19.2% and 19.5% respectively. Unemployment among whites (non-Hispanic) was lower than the county, while the percentage Asian and Others were too small for accurate estimates.

Social Determinants of Health, 2012 /Selected Socio-economic Factors, Forsyth County 2012

	Total	White	Black	Asian	Other	Hispanic
Poverty	21.5%	10.7%	33.5%	24.1%	31.7%	46.6%
Median Household Income	\$42,489	\$52,952	\$27,376	\$51,820	\$27,099	\$25,504
Unemployment	11.8%	7.4%	19.2%	NA	NA	19.5%
Uninsured	17.2%	9.9%	20.6%	10.7%	49.8%	45.7%

Data Source: US Census, 2012 American Community Survey, 1 Year Estimates.

Vulnerable Populations

- 14.3% of the population older than five years spoke a language other than English at home
- 47.7% of those who spoke another language than English at home reported they did not speak English very well
- 10.8% of the population reported a disability
- 33.8% of related children under 18 were below the poverty level
- 16% of all families and 41.4% of families with a single female head of household had incomes below the poverty level
- 14.3% received SNAP benefits (also called food stamps)

County Stats

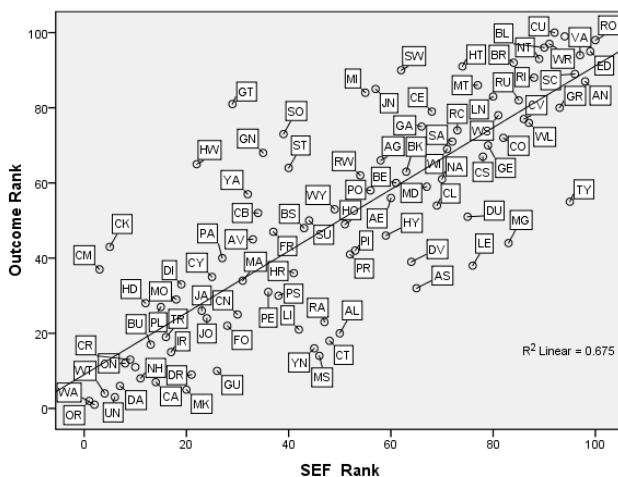
In 2012 in Forsyth County:

- In January 2012, 394 total people were homeless.
- 271 were in emergency/seasonal shelters
- 110 were in transitional shelters
- 13 were completely unsheltered
- 64 children were homeless

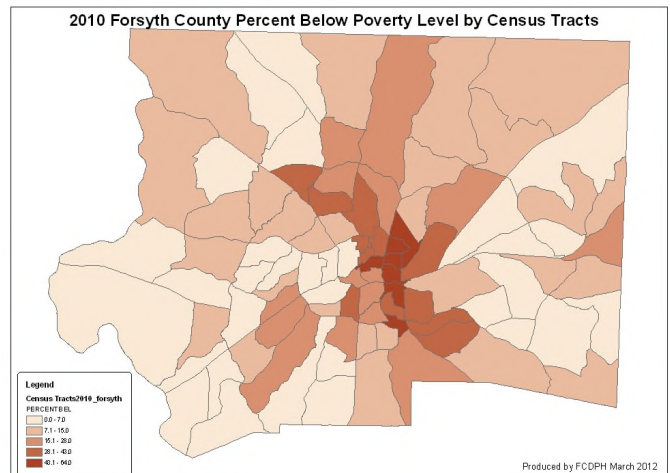
Data source: North Carolina Coalition to End Homelessness. <http://www.nccch.org>. U.S. Census Fact Finder.

According to the 2010-12 Forsyth County Health Rankings, the strongest predictors of better or poorer health status are better or poorer socioeconomic conditions respectively.

NC County Health Outcomes vs Social & Economic Factors Rankings



2010 Forsyth County Percent Below Poverty Level by Census Tracts



Maternal and Child Health Highlights

Live Births¹⁰

There were 4,624 live births in 2012, a slight increase from 4,581 live births in 2011.

Forsyth County Live Births, 2008-2012					
	2008	2009	2010	2011	2012
Live Births	5,096	4,834	4,693	4,581	4,624

- Teens under the age of 20 years old were 9.4% live births in 2012.
 - Less than 1% of births were to teen mothers age 10-14 years of age.
- 10.1% of live births resulted in very low or low birth weights
- 84.3% of infants were being breast-fed at time of discharge.

Live Birth Snapshot, Forsyth County 2012		
	Number	Percent
Total Live Births	4,624	100.0%
By Race		
White	2,134	46.1%
Black	1,351	29.2%
Other	128	2.8%
Hispanic/Latino	1,011	21.9%
Age of Mother		
40 plus	122	2.6%
30-39 years	1,607	34.8%
20-29 years	2,460	53.2%
Teens under 20	432	9.4%
10-14 years	3	0.06%
15-17 years	131	2.8%
18-19 years	301	6.5%
Outcomes and Prenatal Care		
Low Birth Weight (<=2500g)	362	7.8%
Very Low Birth Weight (<=1500g)	108	2.3%
Prenatal Care in First Trimester	3,749	81.1%
No Prenatal Care	205	4.4%
Preterm (< 37 Weeks Gestation)	597	12.9%
Mother Smoked During Pregnancy	391	8.5%

Source: NC State Center for Health Statistics.

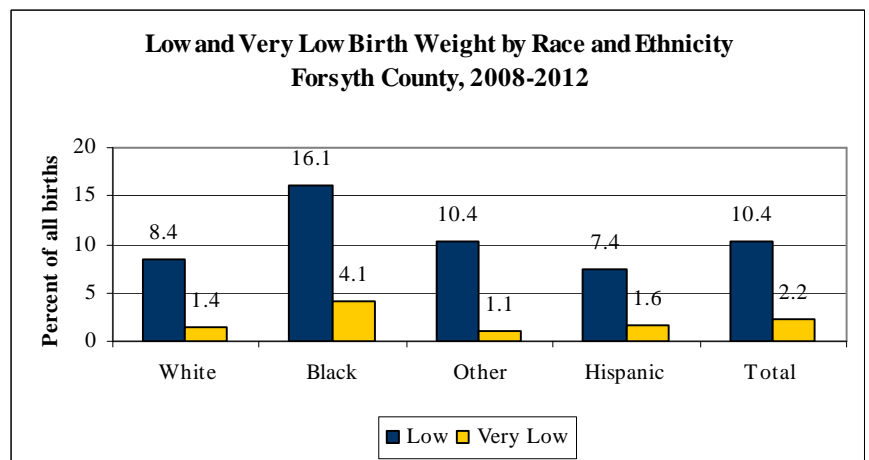
County Stats

In Forsyth County from 2008-2012:

- The average percent of births that were low weight were 10.4% while 2.2% of births were very low birth weight.
- Blacks had a higher percentage of low and very low birth weight births.

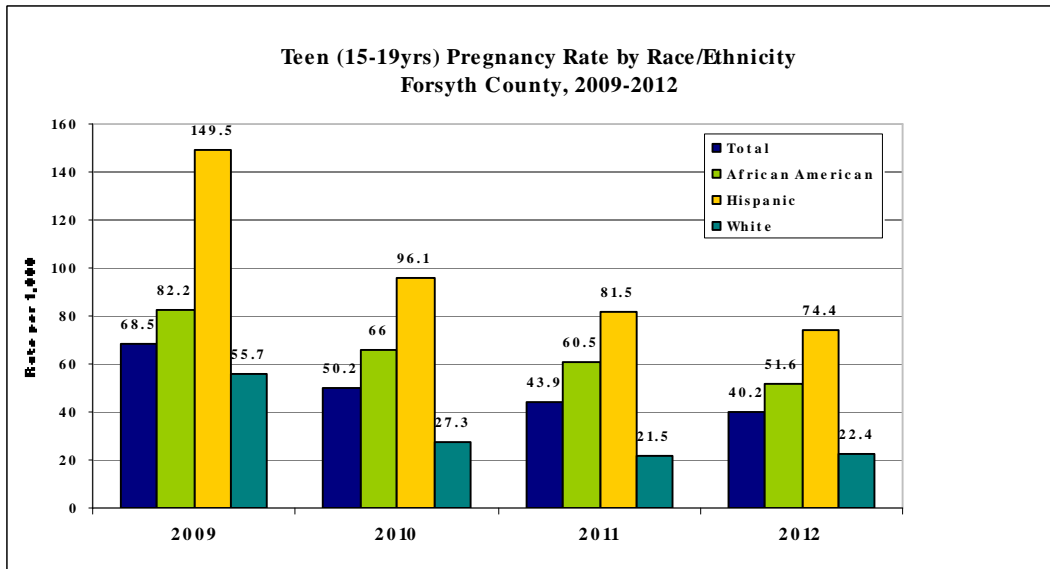
Number of Low (<= 2500 grams) and Very Low (<= 1500 grams) Weight Births by Race/Ethnicity					
Forsyth County, 2008-2012					
	White	Black	Other	Hispanic	Total
Low	909	1,083	64	419	2,475
Very Low	157	273	7	93	530

Data Source: NC State Center for Health Statistics County Health Data Book



Data Source: NC State Center for Health Statistics.

Maternal and Child Health Highlights



Data Source:
NC State Center for Health Statistics & the Adolescent Pregnancy Prevention Campaign of NC.

Teen Pregnancy^{10, 11}

In 2012, teen pregnancy among 15 to 19 year olds in Forsyth County:

- Ranked 59 out of 100 counties in North Carolina in the teen pregnancy rate, in 2009 Forsyth was ranked 6th.
- Decreased 8.9% from the teen pregnancy rate in 2011
- 23.2% were repeat pregnancies
- The White rate decreased from 55.7 per 1,000 population in 2009 to 22.4 per 1,000 population in 2012
- The African American rate decreased from 82.2 per 1,000 population in 2009 to 51.6 per 1,000 population in 2012
- The Hispanic rate decreased from 149.5 per 1,000 population in 2009 to 74.4 per 1,000 population in 2012

New Initiatives in Teen Pregnancy Prevention

W.I.S.E. Guys

Winston-Salem/Forsyth County Schools piloted a new program for 7th grade boys at two schools as part of health course in January 2013. The ten week long course is designed to help male students with decision making, understanding their masculinity and overall male empowerment. W.I.S.E. Guys is a male-oriented teen pregnancy prevention program.



Preventing Adolescent Pregnancy and Sporting Chance

The YWCA of Winston-Salem was awarded a grant to begin its Preventing Adolescent Pregnancy and its Sporting Chance programs. The programs are part of the nationally recognized Girls, Inc. which focuses on teaching girls the skills to handle tough situations and learn healthy habits to help them succeed.

eliminating racism
empowering women
ywca
winston-salem

County Stats

In 2012 Forsyth County:^{10, 11}

- Teen Pregnancy Rate for Hispanics was higher than State's Hispanic and Forsyth County's total rate
- Teen Abortion Rate was slightly lower than State's rate

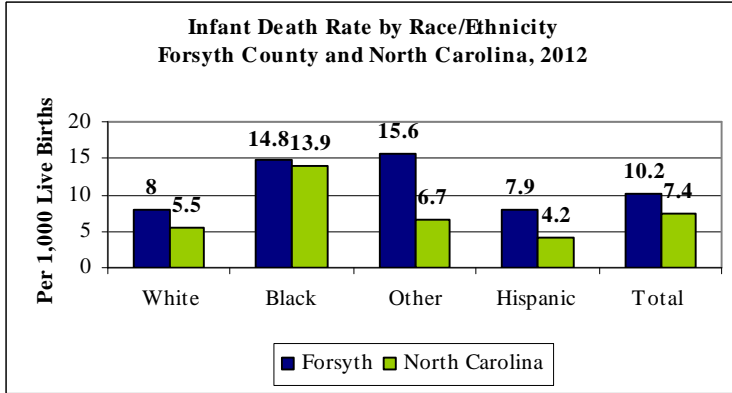
Teens Aged 15 to 19 Years of Age Pregnancy & Abortion Rates (Per 1,000 Live Births) by Race, Forsyth County 2012

	Total	White	African American	Other	Hispanic
Pregnancy Rates					
Forsyth County	40.2	22.4	51.6	*	74.4
North Carolina	39.6	28.3	55.0	36.2	62.0
Teen Abortion Rates					
Forsyth County	5.8	4.2	7.5	*	*
North Carolina	7.6	5.1	13.1	6.3	6.2
*Not Calculated due to <20 Cases					
Data Source: NC State Center for Health Statistics; Adolescent Pregnancy Prevention Campaign of NC.					

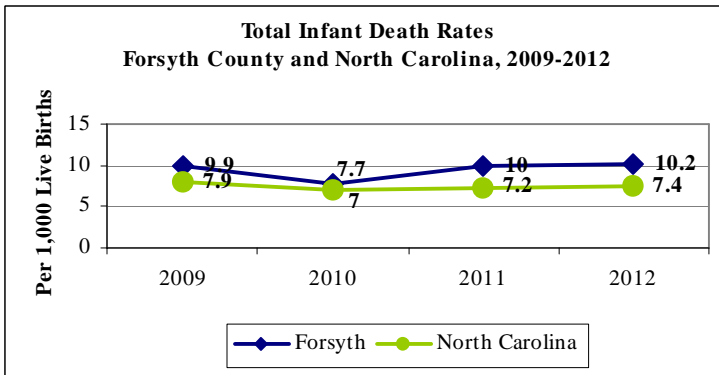
Maternal and Child Health Highlights

Infant & Child Deaths¹⁰

In 2012, there were a total of 65 infant (under the age of 1 year) and child deaths in Forsyth County. There were 47 infant deaths, which accounted for 72% of total deaths under the of 18 years. Forsyth County has the highest overall infant mortality rate of the five (5) most populated North Carolina counties for the second year in a row in 2012. African American babies die at rate almost twice that of white



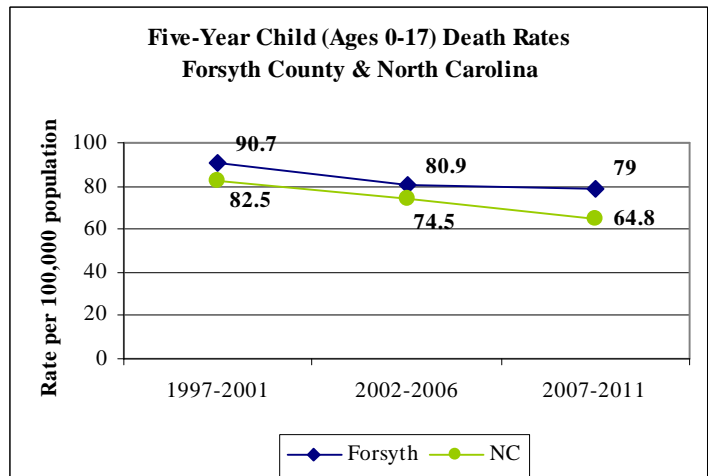
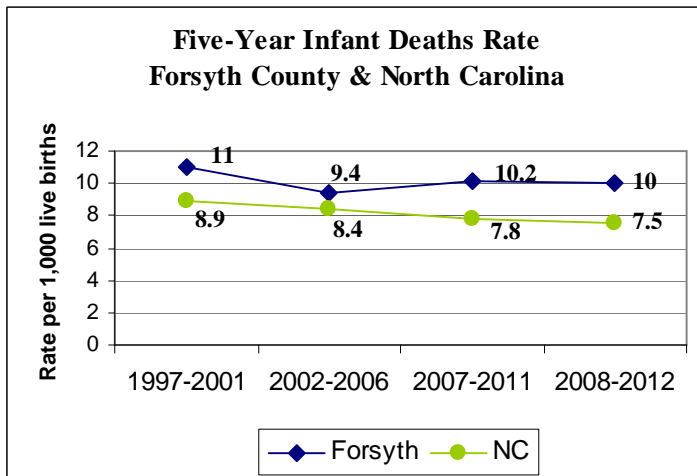
Infant and Child Death, Forsyth County 2012	
Total	65
By Cause of Death	
Birth Defects	15
Perinatal Conditions	20
Illness	15
Motor Vehicle	5
SIDS	1
Unintentional Injuries	4
Suicide	1
All Others	4
By Age Group	
Infant Under 1 Year	47
1 to 4 Years	7
5 to 9 Years	5
10 to 14 Years	2
15 to 17 Years	4
Data Source: NC State Center for Health Statistics	



County Stats

Forsyth County's:

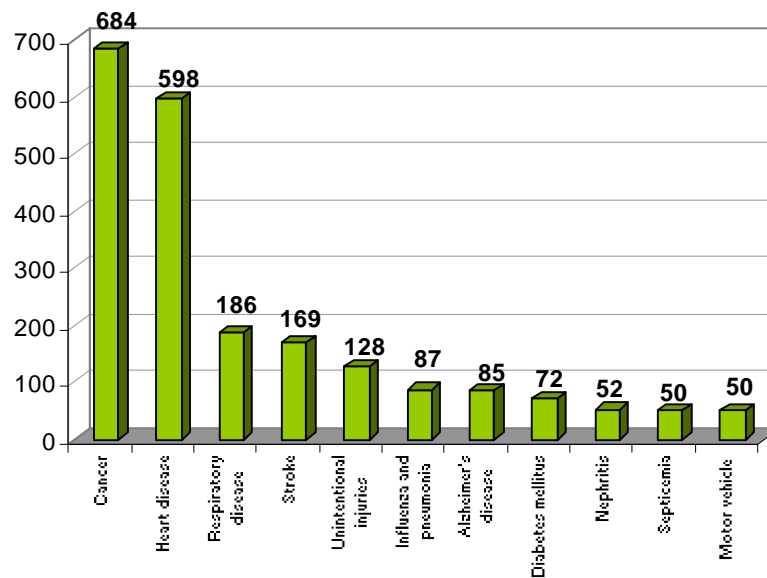
- Infant death rate remained higher than North Carolina's rate.
- Infant death rate saw a decline from 1997-2001 to 2002-2006, it then increased from 2007-2011
- Child death rate saw a decline from 1997-2011



Data source: NC State Center for Health Statistics.

Leading Causes of Death

Top Ten Leading Causes of Death, Forsyth County, 2012



Data Source:
NC State Center for Health
Statistics.

Leading Causes of Death^{10, 12}

The top causes of death continued to be chronic diseases

Nationally the top five leading causes of death were (preliminary data):¹²

1. Heart disease
2. Cancer
3. Chronic lower respiratory diseases
4. Cerebrovascular disease
5. Accidents (unintentional injuries)

North Carolina's top five leading causes of death were:¹⁰

1. Cancer (22.5%)
2. Heart disease (21.1%)
3. Chronic lower respiratory disease (5.9%)
4. Cerebrovascular disease (5.4%)
5. All other unintentional injuries (3.6%)

Forsyth County's top five leading causes of death were:¹⁰

1. Cancer (22.2%)
2. Heart disease (19.4%)
3. Chronic lower respiratory disease (6.0%)
4. Cerebrovascular disease (5.5%)
5. All Other unintentional injuries (4.2%)

Leading Causes of Death by Gender Forsyth County, 2012

Male			Female		
Rank	Cause	%	Rank	Cause	%
1	Cancer	23.0	1	Cancer	21.5
2	Heart disease	20.4	2	Heart disease	18.4
3	Chronic lower respiratory diseases	6.5	3	Cerebrovascular Disease	6.2
4	All other unintentional injuries	4.9	4	Chronic lower respiratory diseases	5.6
5	Cerebrovascular disease	4.7	5	Alzheimer's disease	4.1
6	Influenza and pneumonia	3.0	6	All other unintentional injuries	3.5
7	Diabetes	2.3	7	Influenza and pneumonia	2.7
7	Motor vehicle injuries	2.3	8	Diabetes mellitus	2.3
9	Suicide	1.9	9	Septicemia	1.8
10	Nephritis	1.7	10	Nephritis	1.7
	All other causes (Residual)	29.3		All other causes (Residual)	32.2

Source: NC State Center for Health Statistics

Leading Causes of Death

Leading Causes of Death by Race Forsyth County, 2012					
Whites			Minorities		
Rank	Cause	%	Rank	Cause	%
1	Cancer	21.6	1	Cancer	24.0
2	Heart disease	18.9	2	Heart disease	21.0
3	Chronic lower respiratory diseases	7.1	3	Cerebrovascular diseases	5.2
4	Cerebrovascular diseases	5.6	4	Diabetes mellitus	4.5
5	All other unintentional injuries	4.9	5	Chronic lower respiratory disease	2.9
6	Alzheimer's Disease	3.2	6	Influenza & pneumonia	2.1
7	Influenza and pneumonia	3.1	6	Septicemia	2.1
8	Motor vehicle deaths	1.7	6	Other unintentional injuries	2.1
9	Nephritis	1.6	9	Nephritis	1.6
9	Diabetes mellitus	1.6	10	HIV	1.5
	All other causes (Residual)	30.7		All other causes (Residual)	33.0
Total Deaths – All Causes		100	Total Deaths – All Causes		100

Source: NC State Center for Health Statistics

County Stats: Cancer Deaths

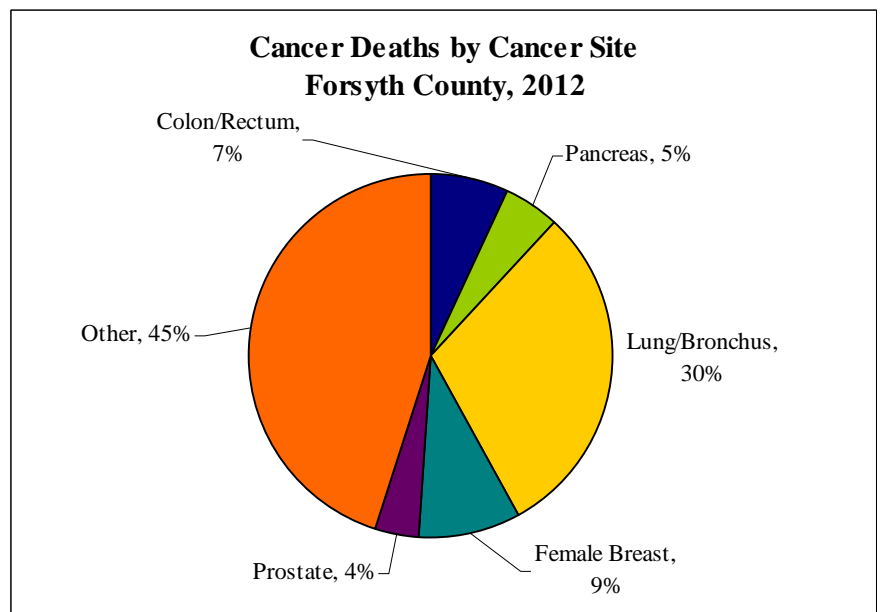
In Forsyth County:

1. In 2012, 684 residents died from cancer down from 710 deaths in 2011
2. Lung/Bronchus Cancer accounted for 30% of cancer deaths
3. Breast Cancer accounted for 9% of cancer deaths
4. Prostate Cancer accounted for 4% of cancer deaths

Causes

It is generally recognized that a majority of cancers are related to personal lifestyle or environmental factors, such as smoking and diet, and are therefore preventable. Other factors such as age, gender and family history of a specific cancer are also associated with the development of cancer and aid in the identification of people at high risk.

Data Source: NC State Center for Health Statistics, Forsyth County Cancer Profile Fact Sheet.



Sexually Transmitted Diseases and Infection

Sexually Transmitted Diseases (STD) & Infections (STI)¹³

The Surveillance Unit of the Communicable Disease Branch of the NC Division of Public Health collects, qualifies and analyzes reportable disease surveillance data to determine the health status and trends of the people of North Carolina. All individually identifying information reported to the Division of Public Health is confidential and protected by law.

- Chlamydia is the most commonly reported bacterial STD. Approximately 50% of men and 75% of women who have Chlamydia experience no symptoms. Untreated infections can lead to serious consequences for reproductive and overall health.
- Gonorrhea is a STD caused by *Neisseria gonorrhoeae*. It is the second most common bacterial STD in the US, after Chlamydia. About 30% to 60% of people who have gonorrhea do not experience symptoms. If left untreated, gonorrhea can cause of pelvic inflammatory disease, tubal infertility, ectopic pregnancy, and chronic pelvic pain.
- Syphilis is a bacterial STD caused by *Treponema pallidum*. It has often been called the great imitator because many symptoms are indistinguishable from those of other diseases. Depending on the stage of the infection, many people experience no symptoms at all. Untreated syphilis that progresses to later stages can lead to organ damage and death.

Chlamydia, Gonorrhea, & Early Syphilis Forsyth County, 2012								
	Chlamydia		Gonorrhea		Primary, Secondary, & Early Latent Syphilis		Total	
Sex	Cases	%	Cases	%	Cases	%	Cases	%
Male	796	29.4	320	44.9	36	83.7	1,152	33.3
Female	1,902	70.3	391	54.9	7	16.3	2,300	66.5
Unknown	6	0.2	1	0.2	0	0.0	7	0.2
Total	2,704	100.0	712	100.0	43	100.0	3,459	100.0
Age Group	Cases	%	Cases	%	Cases	%	Cases	%
0-12 yr	1	0.0	0	0.0	0	0.0	1	0.0
13-19 yr	911	33.7	189	26.5	2	4.7	1,102	31.9
20-29 yr	1,459	54.0	376	52.8	21	48.8	1,856	53.6
30-39 yr	252	9.3	90	12.6	6	14.0	348	10.1
40-49 yr	56	2.1	42	5.9	9	20.9	107	3.1
50+ yr	22	0.8	15	2.1	5	11.6	42	1.2
Unknown	3	0.1	0	0.0	0	0.0	3	0.1
Total	2,704	100.0	712	100.0	43	100.0	3,459	100.0
Race/ Ethnicity	Cases	%	Cases	%	Cases	%	Cases	%
White*	160	5.9	35	4.9	7	16.3	202	5.8
Black*	841	31.1	318	44.7	33	76.7	1,192	34.5
Hispanic	268	9.9	28	3.9	1	20.3	297	8.6
Other/ Unknown	1,435	53.1	331	46.5	2	4.7	1,768	51.1
Total	2,704	100.0	712	100.0	43	100.0	3,459	100.0

Data Source: NC DHHS, Division of Public Health, Communicable Disease Branch, Surveillance Unit

Sexually Transmitted Diseases and Infection

STD Urban County Ranking by Rate*, 2012

Chlamydia		
Rank	Rate*	County
1	851.5	Durham
2	797.1	Guilford
3	761.5	Forsyth
4	665.7	Mecklenburg
5	501.9	Wake
Gonorrhea		
Rank	Rate*	County
1	299.9	Durham
2	297.4	Guilford
3	200.6	Forsyth
4	195.7	Mecklenburg
5	144.1	Wake
Early Syphilis		
Rank	Rate*	County
1	14.2	Mecklenburg
2	13.3	Guilford
3	12.1	Forsyth
4	9.5	Durham
5	9.0	Wake
*Rate is per 100,000 population		

Data Source: Forsyth County 2012 HIV/STD Surveillance Report; NC 2012 HIV STD Surveillance Report.

Forsyth ranked third among the North Carolina urban counties (Durham, Forsyth, Guilford, Mecklenburg, and Wake) for Chlamydia, Gonorrhea, and Early Syphilis.¹³

In comparison to the Healthy People 2020 Objectives, Forsyth County overall rate of 200.6 is close to the Gonorrhea objective target rates of 257.0 (female) and 198.0 (male). Forsyth County's overall Early Syphilis rate of 12.1 is higher than the Healthy People 2020 Objective target rates of 1.4 (female) and 6.8 (male).

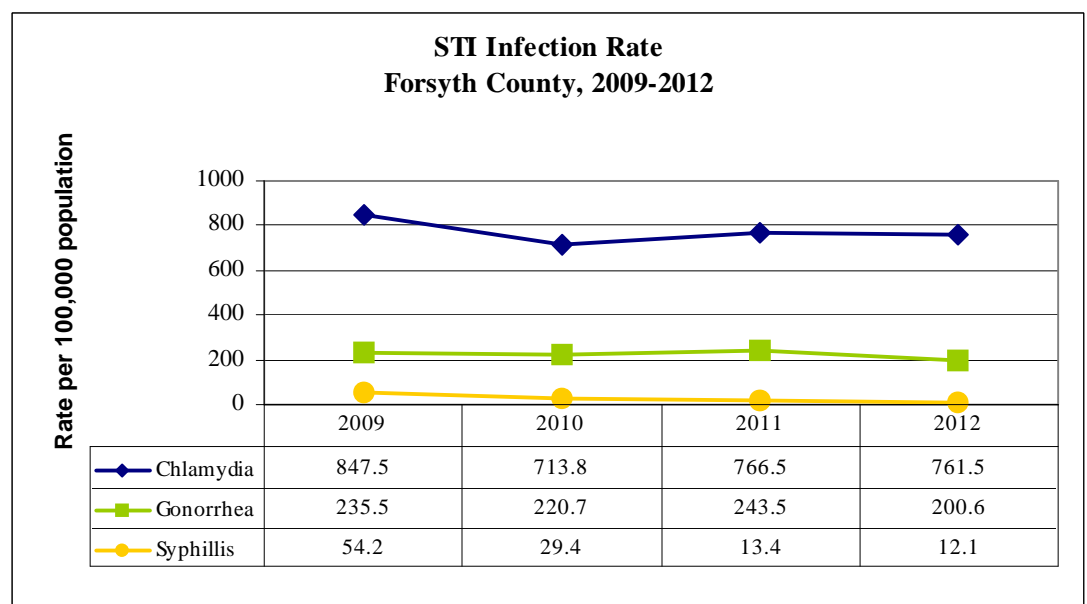
In comparison to 2011, Forsyth County's saw the following changed in STI cases:

- Chlamydia decreased 0.65%
- Gonorrhea decreased 17.6%
- Syphilis decreased 9.7%

County Stats

In Forsyth County:

- The infection rate for Chlamydia remained steady from 2011 to 2012.
- The infection rate for Gonorrhea decreased from 2011 to 2012.
- The infection rate for Syphilis continued its trend of decreasing.



Data Source:
NC DHHS, Division of Public Health,
Communicable Disease Branch, Sur-
veillance Unit

Sexually Transmitted Diseases and Infection

HIV & AIDS Diagnosis Forsyth County, 2012

Sex	HIV Diagnosis		AIDS Diagnosis	
	Cases	%	Cases	%
Male	34	65.4	16	64.0
Female	18	34.6	9	36.0
Total	52	100.0	25	100.0
Age Group	Cases	%	Cases	%
0-12yr	1	1.9	0	0.0
13-19 yr	4	7.8	0	0.0
20-29 yr	13	25.0	4	16.0
30-39 yr	6	11.5	5	20.0
40-49 yr	13	25.0	8	32.0
50+yr	15	28.8	8	32.0
Total	52	100.0	25	100.0
Race/Ethnicity	Cases	%	Cases	%
White*	9	17.3	6	24.0
Black*	42	80.8	19	76.0
Hispanic	0	0.0	0	0.0
Other/Unknown	1	1.9	0	0.0
Total	52	100.0	25	100.0
Mode of Exposure	Cases	%	Cases	%
Men who had sex with men (MSM)	16	30.8	6	24.0
Intravenous Drug Use (IDU)	3	5.7	2	8.0
Heterosexual (all)	16	30.8	8	32.0
NIR	16	30.8	9	36.0
Pediatric	1	1.9	0	0.0
Total	52	100.0	25	100.0

Data Source: NC DHHS, Division of Public Health, Communicable Disease Branch, Surveillance Unit

HIV and AIDS¹³

Infection with human immunodeficiency virus (HIV) generally causes progressive damage to the immune and organ systems, including the central nervous system, and leads to a more severe life-threatening clinical condition called acquired immunodeficiency syndrome (AIDS). AIDS is a life-threatening clinical condition caused by the progression of HIV disease. In recent years, the number of AIDS cases has decreased.

Forsyth ranked last among the North Carolina urban counties (Durham, Forsyth, Guilford, Mecklenburg, and Wake) for HIV and AIDS.

Forsyth County's HIV rate of 14.6 is below the Healthy North Carolinians 2020 target rate of 22.2, while the AIDS rate of 7.0 is below the Healthy People 2020 Objective target rate 13.0 for AIDS.

County Stats

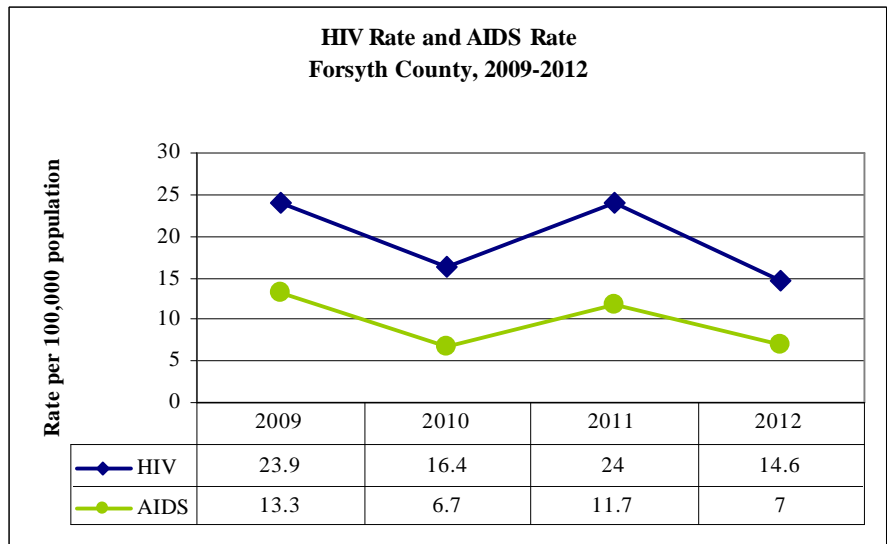
HIV/AIDS Urban County Ranking by Rate*, 2012

HIV		
Rank	Rate*	County
1	33.7	Mecklenburg
2	28.2	Durham
3	20.6	Guilford
4	16.3	Wake
5	14.6	Forsyth
AIDS		
Rank	Rate*	County
1	23.9	Mecklenburg
2	9.1	Durham
3	8.1	Guilford
4	7.5	Wake
5	7.0	Forsyth

**Rate is per 100,000 population*

Data Source: Forsyth County 2012 HIV/STD Surveillance Report; NC 2012 HIV STD Surveillance Report.

HIV Rate and AIDS Rate Forsyth County, 2009-2012



Data Source: NC DHHS, Division of Public Health, Communicable Disease Branch, Surveillance Unit

Behavior Risk Factor Surveillance System (BRFSS)

About BRFSS¹⁴

The Behavioral Risk Factor Surveillance System (BRFSS) is a random telephone survey of state residents aged 18 and older in households with telephones. BRFSS was initially developed in the early 1980s by the Centers for Disease Control and Prevention (CDC) in collaboration with state health departments and is currently conducted in all 50 states, the District of Columbia, and three United States territories. The North Carolina Division of Public Health has participated in the BRFSS since 1987. Through BRFSS, information is collected in a routine, standardized manner at the state level on a variety of health behaviors and preventive health practices related to the leading causes of death and disability such as cardiovascular disease, cancer, diabetes, and injuries. BRFSS interviews are conducted monthly and data are analyzed annually (on a calendar-year basis). PLEASE NOTE: Due to changes in the weighting methodology and other factors, results from 2012 are NOT comparable to 2010 and earlier years. Additionally some questions have changed (omission and additions) between the 2011 and 2012 BRFSS. PLEASE NOTE: Due to changes in the weighting methodology and other factors, results from 2012 are NOT comparable to 2010 and earlier years.

Behavioral Risk Factor Surveillance System (BRFSS) Selected Indicators Forsyth County, North Carolina and United States, 2012		
	2012	
	Forsyth	NC
Health Care Access and Status		
Health Insurance of Any Kind	78.4%	79.0%
Personal Doctor	74.6%	75.3%
Fair or Poor Health Status	20.6%	19.3%
Not Good Mental Health Status	27.6%	32.9%
Visited doctor within past year for routine exam	80.2%	73.5%
Did not see a doctor because of cost	19.6%	18.9%
More than 1 year since last dentist/dental clinic visit	34.9%	35.1%
Health Behaviors		
Smoking *(Current Smoker)	25.6%	20.9%
Overweight/Obese	65.1%	65.8%
No Physical Activity	22.0%	24.9%
Drank soda daily	31.0%	28.2%
Binge Drinking	13.5%	13.1%
Seasonal flu shot/flu vaccine spray within last 12 months	39.6%	41.9%
Chronic Disease Burden		
Arthritis	21.2%	26.1%
Diabetes	9.8%	10.4%
Asthma (Every Had)	7.7%	11.7%
Cardiovascular Disease	9.3%	8.9%
Depressive Disorder	13.2%	17.5%
More than 1 chronic disease	45.0%	50.3%
More than 1 tooth removed due to tooth decay or gum disease	50.5%	48.3%
Preventive Health		
Women over 18 had Pap Smear	82.3%	81.6%
Women 40 had mammogram within past 2 years	78.7%	75.1%
Men 40 had PSA test	53.7%	48.7%
Sigmoidoscopy and colonoscopy	69.8%	70.6%
Pre-diabetes	9.3%	8.8%
HIV Testing	38.0%	42.3%
Social and Environmental Determinants		
Always, usually or sometimes worried about buying food	26.9%	24.7%
Always, usually or sometimes worried about paying rent	34.8%	35.2%
Weekly use of community trails, greenways, sidewalks, etc.	47.9%	42.3%
Data Source: NC State Center for Health Statistics; Centers for Disease Control and Prevention		

Youth Risk Behavior Survey: Middle School

The Youth Risk and Behavior Survey (YRBS) was developed by the Centers for Disease Control and Prevention (CDC) to monitor behaviors which contribute to death and other health and social problems among youth and young adults. ¹⁵The data is used to help schools, government agencies, and community organizations develop programs that address the most pertinent issues in their communities. The survey has been adapted to meet the needs of North Carolina as both middle school and high school students are sampled across the state by NC Healthy Schools. The survey is conducted every 2 years to assess health risk behaviors that contribute to some of the leading cause of morbidity and mortality in youth. Results from 2013 are not available.

YRBS Middle School Summary 2009 and 2011 Comparison, Forsyth County & NC				
	2009		2011	
	WSFC	NC	WSFC	NC
Alcohol, Tobacco, & Other Drugs	%	%	%	%
Smoked a cigarette on one or more days in the past 30 days	7	8	7	8
Ever had a drink of alcohol, other than a few sips	29	30	28	29
Ever used marijuana	13	10	13	11
Offered, sold, or given an illegal drug on school property in past 12 months	12	9	12	10
Automobile & Bicycle Safety				
Among students who rode a bicycle, never or rarely wore a bicycle helmet	55	76	58	77
Never or rarely wore a seat belt as a passenger	7	7	7	7
Rode in a car driven by someone who had been recklessly speeding	33	38	29	34
Rode in a car driven by someone who had been drinking alcohol	24	27	19	23
Violence-Related Behavior				
Ever carried a weapon such as a gun, knife, or club	32	39	26	35
Ever in a physical fight	53	53	50	55
Someone stole or damaged student's property while at school	28	28	24	27
Bullied on school property in past 12 months	34	42	31	42
Electronically bullied in past 12 months	19	21	16	21
Sex Education				
Taught about abstaining from sexual activity	72	66	75	62
Taught about AIDS or HIV infection	83	69	82	62
Taught about Chlamydia, Gonorrhea, Syphilis, etc	55	49	59	41
Suicide-Related Attitudes & Behavior				
Felt so sad or hopeless almost day for two weeks or more in a row	26	23	21	24
Seriously considered attempting suicide	20	19	19	21
Made a suicide plan	15	13	13	13
Body Weight & Dieting				
Described themselves as slightly or very overweight	26	26	26	25
Are trying to lose weight	47	46	46	43
Ever exercised to lose weight or to keep from gaining weight	70	71	71	68
Eaten less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight	43	46	49	46
Fasted for 24 hours or more to lose weight or to keep from gaining weight	15	15	14	15
Physical Activity & Health				
Physically active for a total of 60 minutes or more per day on five or more of the past 7 days	55	60	57	59
Played on one or more sports teams during the past 12 months	57	62	59	59
Watched three or more hours per day of TV on an average school day	41	38	40	39
Played video or computer games or use computer for something that is not school work for three or more hours per day on an average school day	28	26	33	30
Usually walked or rode their bike to school on one or more days per week	20	19	20	19
Selected Health Issues				
Ever been told by a doctor or nurse that they had asthma	20	19	21	22
Get eight or more hours of sleep on an average school night	51	58	49	59
Seen a doctor or nurse for a check-up or physical exam in the past 12 months	58	58	58	55
Seen a dentist in the past 12 months	61	63	64	63
Consider themselves to have a disability	11	12	11	10

Data Sources: Youth Risk and Behavior Survey; N.C. Healthy Schools.

Youth Risk Behavior Survey: High School

The Youth Risk and Behavior Survey (YRBS) was developed by the Centers for Disease Control and Prevention (CDC) to monitor behaviors which contribute to death and other health and social problems among youth and young adults. ¹⁵The data is used to help schools, government agencies, and community organizations develop programs that address the most pertinent issues in their communities. The survey has been adapted to meet the needs of North Carolina as both middle school and high school students are sampled across the state by NC Healthy Schools. The survey is conducted every 2 years to assess health risk behaviors that contribute to some of the leading cause of morbidity and mortality in youth. Results from 2013 are not available.

YRBS High School Summary 2009 and 2011 Comparison, Forsyth County, NC and US

	2009			2011		
	WSFC	NC	US	WSFC	NC	US
Alcohol, Tobacco & Other Drugs	%	%	%	%	%	%
Smoked a cigarette on one or more days in the past 30 days	19	18	20	19	18	18
Had at least one drink of alcohol on one or more days in the past 30 days	37	35	42	36	34	39
Had 5 or more drinks of alcohol in a row, on at least 1 day during the past 30 days (binge)	20	19	24	19	34	40
Used marijuana one or more times in the past 30 days	22	20	21	26	24	23
Offered, sold, or given an illegal drug on school property in past 12 months	30	30	23	28	30	26
Automobile & Bicycle Safety						
Among students who rode a bicycle, never or rarely wore a bicycle helmet	44	84	85	48	87	88
Rarely or never wore a seat belt when when riding as a passenger	8	7	10	8	8	8
Rode with a driver in a car or other vehicle who had been drinking alcohol in the past 30 days	21	21	28	21	21	24
Drove a car or other vehicle when they had been drinking alcohol in the past 30 days	8	8	10	9	6	8
Violence-Related Behavior						
Carried a weapon such as a gun, knife, or club in past 30 days	17	20	18	17	6	5
Ever in a physical fight	29	29	32	27	28	33
Bullied on school property in past 12 months	14	17	20	17	21	20
Gang activity is a problem in their school	32	36	na	36	40	na
Boyfriend or girlfriend hit, slapped, or physically hurt student	12	13	10	11	14	9
Forced to have sexual intercourse	8	9	7	9	10	8
Sex Behavior						
Ever had sexual intercourse	50	51	46	48	49	47
Had sexual intercourse for the first time before age 13 years	10	8	6	11	9	6
Had sexual intercourse with four or more people during their lifetime	16	16	14	18	17	15
Among sexually active students, used a condom during last sexual intercourse	63	62	61	59	54	60
Suicide-Related Attitudes & Behavior						
Felt so sad or hopeless almost day for two weeks or more in a row	25	27	26	26	28	29
Seriously considered attempting suicide in the past year	14	13	14	14	14	16
Made a suicide plan	11	10	11	12	14	13
Attempted suicide one or more times in the past year	12	10	6	18	na	8
Body Weight & Dieting						
Described themselves as slightly or very overweight	25	28	28	27	27	29
Are trying to lose weight	43	46	45	45	44	46
Vomited or took laxatives to lose weight or to keep from gaining weight in the past 30 days	5	5	4	5	6	4
Had drunk a can, bottle, or glass of soda or pop at least once per day during past 7 days	36	33	29	23	30	28
Ate breakfast on seven of the past seven days	38	34	na	41	37	38
Physical Activity & Health						
Physically active for a total of 60 minutes or more per day on five or more of the past 7 days	46	46	37	50	58	50
Watched three or more hours per day of TV on an average school day	35	36	33	35	35	32
Played video or computer games or use computer for something that is not school work for three or more hours per day on an average school day	23	24	25	28	35	32
Selected Health Issues						
Ever been told by a doctor or nurse that they had asthma	22	22	22	23	23	23
Get eight or more hours of sleep on an average school night	34	29	31	35	27	31
Consider themselves to have a disability	12	11	na	10	13	na

Data Sources: Centers for Disease Control and Prevention, Youth Risk and Behavior Survey; N.C. Healthy Schools.

Environmental Health

Air¹⁶

Air quality standards are set by the Environmental Protection Agency (EPA). The air quality is monitored for certain pollutants that are harmful to both humans and the environment. The goal is to protect both public health and public welfare. The EPA's Air Quality Index (AQI) is used for public dissemination on local air quality information on if air pollution reaches levels that are a public health concern. In 2012, there were 6 days in which the AQI reached a Code Orange, a level that is unhealthy for sensitive groups. Forsyth County had no days in which the AQI reached Code Red or higher, a level unhealthy for all groups.

Air Quality Index Description of Values and Color Code		
Air Quality Index (AQI) Values	Levels of Health Concern	Colors
When the AQI is in this range:	...air quality conditions are:	...as symbolized by this color:
0 to 50:	Good	Green
51 to 100:	Moderate	Yellow
101 to 150	Unhealthy for Sensitive Groups	Orange
151 to 200:	Unhealthy	Red
201 to 300:	Very Unhealthy	Purple
301 to 500:	Hazardous	Maroon

Data Source: CDC ATSDR. Air.

The Forsyth County Office of Environmental Assistance and Protection, has noted that between 2001-2011 individual particle pollution (nitrate, sulfate, ammonium, organic carbon, and elemental carbon) annual concentration has decreased significantly. The majority of particulate pollution comes from the burning of fossil fuels. Stricter power plan emission controls and cleaner burning technology in both industry and transportation have contributed to this decrease. The decrease translates into fewer respiratory and cardiovascular health problems for the population.¹⁷

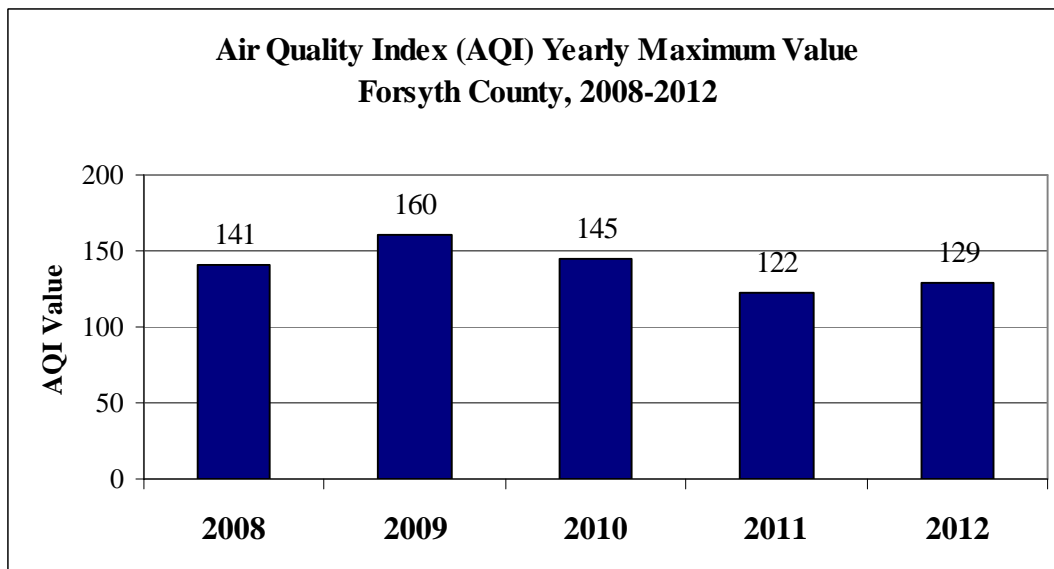
Air Quality Index Yearly Summary Forsyth County, 2008-2012						
Year	Green	Yellow	Orange	Red	Purple/ Maroon	Total Days
2012	257	103	6	0	0	366
2011	274	84	7	0	0	365
2010	229	125	11	0	0	365
2009	274	88	2	1	0	365
2008	222	134	10	0	0	366

Data Source: US EPA, Air Data.

County Stats

Between 2008 and 2012 in Forsyth County:

- The maximum AQI occurred in 2009 at 160, which would be considered unhealthy.
- The minimum AQI occurred in 2011 at 122, a health risk for sensitive groups.



Data Source: U.S. Environmental Protection Agency.

Environmental Health & Domestic Violence

Air Quality Initiatives¹⁸

The Triad Commute Challenge, hosted by the Piedmont Authority for Regional Transportation and Triad Air Awareness, is a three-month targeted effort to improve air quality by challenging people to try an alternative commute option at least one time instead of driving alone. In 2012, 5,676 people pledged to try alternative transportation which reduced emissions by 2,194 tons (carbon dioxide, nitrogen oxides, sulfur oxides, carbon, volatile organic compounds, and coarse particulate matter). The Triad Commute Challenge had the following impact in the Triad area:

- 4.4 Million Vehicle Miles Traveled Reduction
- \$759,279 in Fuel Savings
- 91% of Challengers will continue to use alternative forms of transportation

Water¹⁹

The three water treatment plants operated by the Winston-Salem/Forsyth County Utility Commission met or surpassed all state and federal standards for drinking water quality in 2012.

Lead²⁰

Lead is used in the manufacturing of products which can contaminate the environment. When small particles of lead are swallowed or inhaled health problems can occur. Children under 6 years old are susceptible to lead poisoning which can impair development. In January of 2009, the Forsyth County Board of Health recommended that children in Forsyth County under physicians providing well child care have their blood lead screening at 1 year of age and again at 2 years of age. If a child is not tested at 1 or 2 years of age, it is recommended they are tested at least once before the age of 6. This local rule provides that a blood lead level of 5µg/dL requires public health that includes education and environmental investigation.

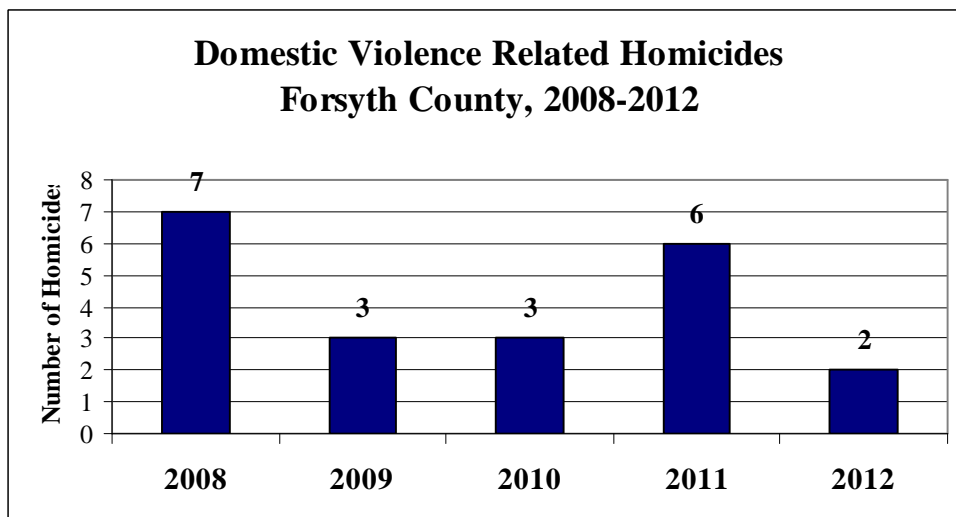
Child Lead Investigations, Forsyth County 2009-2011				
Level of Concern 5-7µg/dL (Investigations Not Required)				
	2009	2010	2011	
Investigation	6	9	21	
Confirmed lead levels	17	37	38	
Elevated Blood Lead Level 8-19µg/dL (Investigation Required)				
	2009	2010	2011	
Investigation	6	17	16	
Confirmed lead levels	13	16	18	
Poison ≥20µg/dL (Investigation Required)				
	2009	2010	2011	
Investigation	2	1	1	
Confirmed lead levels	2	1	1	

Data Source: Forsyth County Department of Public Health, Environmental Health Division.

County Stats

Between September 2011 and August 2012 in Forsyth County:²¹

- There 1,639 calls to domestic violence prevention agencies with a total of 1,512 clients.
- Domestic Violence Shelters provided service to 182 children and 198 adults.



Data Source: NC Department of Administration, Council for Women.

Violence and Crime

Violence and Public Health²²

Violence became a public health concern with success in the prevention and treatment of infectious disease. This led to homicide and suicide in the top 15 causes of death. This disparity of homicide and suicide among specific populations such as youth and minority groups that lead to a public health focus on violence. Behavioral factors are accepted as influential in the etiology and prevention of disease, such as chronic diseases of heart disease, cancer, and stroke, which can be prevented with behavioral modifications.

Substance Use & Abuse^{14, 15}

The BRFSS revealed that 13.5% of Forsyth County adults engage in binge drinking. Binge drinking for males is defined as having five or more drinks on one occasion and for females is defined as having four or more drinks on one occasion.

The YRBS revealed that among high school students:

- 19.3% reported binge drinking on one or more days in the past 30 days
- 42.6% have used marijuana
- 7.5% have used any form of cocaine
- 11.5% have used inhalants

Ten Year Crime Trends Forsyth County, 2003-2012

Offense Category	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Murder	22	24	17	22	27	20	17	13	17	8
Rape	151	124	155	150	157	135	136	123	117	98
Robbery	606	590	656	747	771	801	635	489	484	468
Aggravated Assault	1,204	1,277	1,233	1,204	1,280	1,579	1,318	1,266	1,325	1,357
Burglary	5,310	4,617	5,087	5,325	5,395	5,652	5,510	5,459	5,869	5,408
Larceny	12,649	10,999	10,123	11,064	10,880	12,540	11,427	11,256	11,335	11,223
MV Theft	1,409	1,308	1,181	1,269	1,283	1,296	1,011	780	813	830
Total	21,351	18,939	18,452	19,781	19,793	22,023	20,054	19,386	19,960	19,392

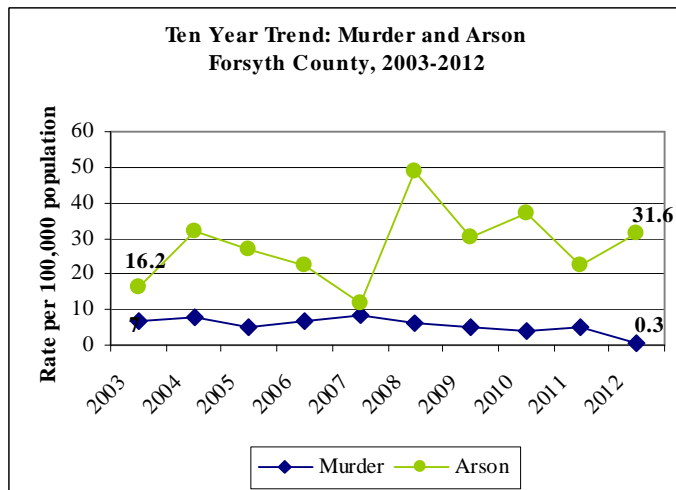
Data Source: NC Department of Justice.

County Stats

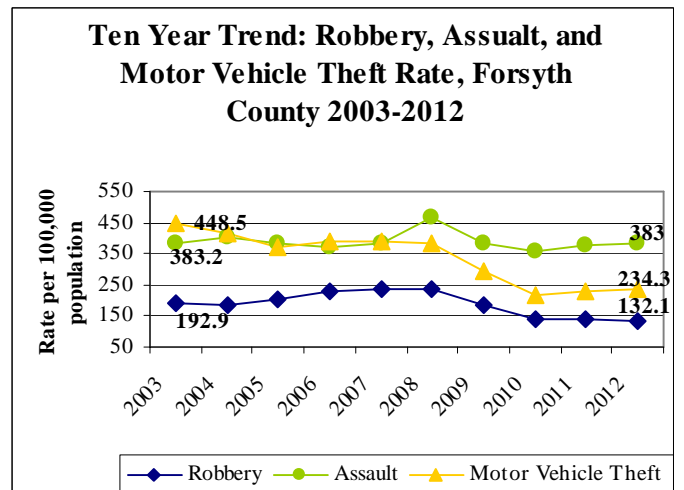
Between 2003 and August 2010²³ in Forsyth County:

- The murder rate, robbery rate and motor vehicle theft rate has decreased
- The arson rate increased and,
- The assault rate has remained the same.

Ten Year Trend: Murder and Arson
Forsyth County, 2003-2012



Ten Year Trend: Robbery, Assault, and Motor Vehicle Theft Rate, Forsyth County 2003-2012



Data Source: NC Department of Justice.

Forsyth County Department of Public Health

“Promoting Health, Improving Lives”

Address and Phone Number

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Mission

The mission of the Forsyth County Department of Public Health is to prevent disease and promote a healthy community through regulation, education and partnerships.

Vision

To engage community and partner organizations so all residents of our community can achieve optimal health.

Thank You

The Forsyth County Department of Public Health would like to express our thanks to the Forsyth County Healthy Community Coalition, its action teams, and its collaborating community members, leaders, agencies, and volunteers. It is because of their excellent work that we are able to complete this report. We also thank the Board of Health, the Board of Commissioners, and county taxpayers for their ongoing support as we all work towards a healthier Forsyth County.



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