

2014

Forsyth County
Community Health Assessment Report



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Preface

This report describes the participants, process, and outcomes of the 2014 Forsyth County Community Health Assessment (CHA). Although this process takes place every three years, the fundamental findings are based on population-based measures and they often change little in such a relatively short period. Some of the critical findings of this process that remain important are: (a) Forsyth County residents experience a high level of preventable disease and death from tobacco use, unhealthy dietary habits, and inadequate physical exercise; (b) Forsyth County residents experience a disproportionately high rate of pregnancy loss and infant death; and (c) Health disparities are even greater in Forsyth County than in the State.

These findings were confirmed in the recent Forsyth County Health Rankings Report which indicated that the strongest predictors of better or poorer health status are better or poorer socioeconomic conditions respectively. The racial differences in socioeconomic status, neighborhood residential conditions, and access to medical care are important contributors to health disparities.

The priority health problems identified three years ago are still central issues. They are: Chronic Disease and its modifiable risk factors (poor dietary practices, inadequate physical activity, and alcohol & tobacco use); Infant Mortality (low birth weight, perinatal conditions and racial disparities.); and Mental Health (homelessness, access to care, depression and suicide).

- Maternal and Infant Health with emphasis on reducing infant mortality and family planning
- Chronic Disease with emphasis on reducing cardiovascular disease, cancer and heart disease
- Mental Health with emphasis on reducing the suicide rate and depression

These priority concerns, and the bases for their identification, are discussed at length in the body of this document. The Forsyth County Department of Public Health, which led the process of the CHA along with Novant Health and Wake Forest Baptist Health, will continue its efforts to improve the health of our community – through better collaboration with our community partners, policymakers and other leaders in our community. The strategies will be outlined in the Community Health Action Plans due December 2015.

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Acknowledgements

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Executive Summary

Introduction

Every three years, Forsyth County Health Department and community partners conduct a comprehensive community wide assessment to identify priority health issues and plan interventions to improve the health of the community. It is also required for local health department accreditation through the NC Local Health Department Accreditation Board. During this cycle, we have collaborated with both hospitals: Forsyth Medical Center and Wake Forest Baptist Health to meet the Affordable Care Act/IRS 990 Schedule H Requirements for Not for Profit Hospitals. This document will serve as the basis for prioritizing the community's health needs, and culminate in planning to meet those needs.

Forsyth County Highlights from the Community Data Overview

- Cancer, heart disease, chronic lower respiratory diseases and stroke are the leading causes of death.
- African Americans continue to experience higher death rates for Cancer, Diabetes, Heart disease, and Kidney Disease compared to Whites
- Whites experience higher death rates for Chronic Lower Respiratory Disease, Unintentional injuries and Suicide compared to African Americans.
- Perinatal condition is the leading cause of death among age group 0-19 years followed by congenital anomalies.
- Other unintentional injuries and motor vehicle injuries are the top 2 leading causes of death among age group 20-39 years.
- The pregnancy rate among Hispanic teens ages 15-17 is four times higher than White, non-Hispanics; and the rate is three times higher among African-American non-Hispanic teens compared to White, non-Hispanics
- Respondents from the 2014 CHO survey indicated that the top three issues that most affect the quality of life are low income/poverty, homelessness and violent crime/dropping out of school
- Respondents from the 2014 CHO survey indicated that the top health issues were overweight/obesity, mental health and chronic disease.
- Respondents from the 2014 CHO survey indicated that the top social issues were poverty, homelessness, unemployment and access to care
- Respondents from the 2014 Mental health focus groups indicated that the top three issues were mental health, transition to civilian life and access to healthcare services
- The emerging themes from the reproductive health focus groups were reproductive life planning, e-health literacy and lack of education in Providers' Offices
- The distressed areas located within the community were in the low income person of color neighborhoods.
- Black/African-American and Hispanic/Latino populations were more likely than the White population to present at the emergency department for preventable health conditions.
- In 2013, the majority of the homeless population was male; more than two-thirds were African-American, and the age range was from under age 5 years to greater than 62 years

- In 2013, the major physical and mental health conditions at program entry were mental health, alcohol abuse, drug abuse, and chronic diseases, HIV/AIDS, and development disabilities.
- From the Middle School Youth Risk Behavior Survey, there was a 22% increase among percent of students who tried to kill themselves from 2011 to 2013 from the middle school youth risk behavior surveys
- From the High School Youth Risk Behavior Survey, there was a 40% increase among percent of students who reported that they had attempted suicide during past 12 months that resulted in an injury, poisoning, or overdose from 2011 to 2013.

Ranking Priority Focus Areas

The CHA Data Team identified 17 social, clinical, behavioral and health outcomes after analyzing and interpreting Forsyth County's primary and secondary data as listed below. The top three priority areas (Chronic disease, Infant mortality and Mental health) were selected based on years of potential life lost and magnitude of the issues.

A combination of an online survey and paper surveys were conducted to rank the top three health issues. They ranked chronic disease first followed by maternal & infant health as second and mental health was ranked third.

Community Action Plans will be developed for the three broad health outcomes of chronic disease, maternal and infant health and mental health. The Forsyth County Department of Health will be developing a community action plan focusing on infant mortality using the collective impact model. The action plans will be due to December 2015.

2014 Forsyth County Community Health Report

The full report can be accessed online at <http://www.forsyth.cc/PublicHealth/publications.aspx>; <http://forsythfutures.org/> and <http://www.healthycommunity.ws/>. This report serves as a reference for many agencies and organizations developing grant proposals and programming. A brochure summarizing findings and recommendations will be developed and mailed to community funders, elected officials; and will be easy to download and print at the websites listed above.

Chapter One: Introduction

Background

Community assessment is the foundation for improving and promoting the health of community members. The role of community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors. Through collaborative efforts forged among community leaders, public health agencies, businesses, schools, recreation centers, and hospitals, the community can begin to answer key questions such as: “What are the strengths in our community?”, “What health concerns do community members have?”, and “What resources are available and what do we need in the community to address these concerns?”.

Local health departments in North Carolina are required to conduct a comprehensive Community Health Assessment once every four years for local health department accreditation through the NC Local Health Department Accreditation Board. The 2014 Forsyth County CHA is a collaborative effort of the Forsyth County Department of Public Health (FCDPH) and community members. FCDPH began during the 2011 cycle to maximize partner collaboration with both hospitals: Forsyth Medical Center(Novant Health) and Wake Forest Baptist Health who are required to conduct a Community Health Needs Assessment at least every 3 years (Affordable Care Act, Public Law 111-148).

The Purpose of the 2014 Forsyth County Community Health Assessment

The 2014 Forsyth County CHA aims to:

- Examine the current health status of the community.
- Identify changes since the previous assessment.
- Work with the community to determine the priority issues that should be addressed.
- Develop a community-determined action plan to address identified priorities.
- Report findings to residents, hospitals, other community agencies, and the NC Department of Health and Human Services.

The 2014 Forsyth County Community Health Assessment Process

Forsyth County CHA was conducted between November 2013 and July 2015. In November 2013, community members were invited to the FCDPH to discuss and plan the 2014 CHA process.

The CHA process consisted of eight (8) phases:

1. Establish a community health assessment team
2. Collect primary data from county residents
3. Collect secondary data from local agencies and state of NC
4. Analyze and interpret county data
5. Determine the health priorities
6. Create the CHA document
7. Disseminate the CHA document
8. Develop the community health action plans

The FCDPH staff worked with community partners to recruit members of the Community Health Assessment Team. There were over 80 members which represented a broad diversity of individual with different backgrounds from all areas of the county. Different working groups were formed from this team.

- Advisory Group met regularly to advise each phase of the CHA process and made recommendations for data collection.
- The CHA Primary Data Group consisted of the CHO survey administrators, YRBS facilitators and focus groups facilitators and note takers.
- The CHO survey administrators were trained and administered the surveys in the community over a period of four days
- The YRBS facilitators were trained and administered the surveys in the middle and high schools for three days during two consecutive weeks.
- The CHA Secondary Data Group met monthly to review the secondary data.
- The Data Team met monthly to review both primary and secondary data and identified social, clinical, behavioral and health outcomes, and then prioritized the top health issues.

Data review, collection and analysis are a critical part of the CHA process and are important for the prioritization of health needs and subsequent action plan development.

The process involves the collection and analysis of large data sets, including demographic, socioeconomic, and environmental data, as well as public and professional opinions. The findings from the 2014 Forsyth County CHA were used to develop at least one community action plan addressing the identified priority issue(s). This report is a summary of the available evidence and serves as a resource until the next assessment.

Throughout this report, Forsyth County's data was compared to its peer counties in North Carolina as well as the state of North Carolina.

The Structure of the Report

This assessment examines the major health issues in Forsyth County. It focuses primarily on behavioral, access to health care, social and economic influences, and the physical environment. Chapter 2 provides a brief history and description of Forsyth County. Chapter 3 describes the primary data that were used in the analysis, their collection process and sources. Chapter 4 discusses the health data results and examines how it compares with the health outcomes or issues observed from the secondary data analysis. Chapter 5 discusses Forsyth County's health prevention and promotion needs and resources. Chapter 6 discusses the priority setting outcome and community concerns. This report concludes with a summary of the key findings and the steps that Forsyth County and its partners plan to take to achieve better health outcomes.

Changes in Health Status Since 2011 CHA

The Community Health Assessment (CHA) is completed every three years. Community health data is analyzed to identify community health changes and establish priority issues. Since 2011 CHA, some areas have shown improvement, some worsened and some have remained the same.

CHA Comparison Legend	Symbol	Meaning
	→	Improvement
	↔	Similar
	←	Worsening

	Selected Health Indicators	Forsyth County Community Assessment Year			National Healthy People 2020
	<i>Selected Health Indicators</i>	<i>2005-9</i>	<i>2009-13</i>	<i>CHA Comparison</i>	<i>Benchmark</i>
Maternal & Child Health	Infant Mortality (per 1,000 births)	10.7	9.2	→	6.3*
	Teen Pregnancy (Per 1,000 Females ages 15-17)	37.9	26.3	→	36.2
Leading Causes of Death Rate Per 100,000	<i>Selected Health Indicators</i>	<i>2005-9</i>	<i>2009-13</i>	<i>CHA Comparison</i>	<i>Benchmark</i>
	All Cancers	183.5	179.4	→	161.4
	Heart Disease	150.5	145.5	→	103.4
	Chronic Lower Resp. Dx	49.6	48.3	↔	18.7
	Stroke	49.5	43.7	→	34.8
Injury Rate Per 100,000	<i>Selected Health Indicators</i>	<i>2005-9</i>	<i>2009-13</i>	<i>CHA Comparison</i>	<i>Benchmark</i>
	Unintentional	25.6	28.2	←	36.4
	Motor Vehicle	12.0	10.5	→	12.4
	Suicide	10.8	11.4	↔	8.3*
	Homicide	6.6	4.6	→	5.3*
Communicable Disease Rate Per 100,000	<i>Selected Health Indicators</i>	<i>2009</i>	<i>2013</i>	<i>CHA Comparison</i>	<i>Benchmark</i>
	Primary/Secondary Syphilis	31.7	8.1	→	Female-1.3; Male-6.7
	Gonorrhea	235.5	207.2	→	Female-251.9; Male-194.8
	Tuberculosis	2.2	1.7	↔	1.0
Behavioral Health Risks % of Adults	<i>Selected Health Indicators</i>	<i>2009</i>	<i>2013</i>	<i>CHA Comparison</i>	<i>Benchmark</i>
	Smoking	21.2	23.6	←	13.0%*
	Obesity	27.6	33.6	←	30.5%
	No Physical Activity	27.6	24.7	→	32.6%

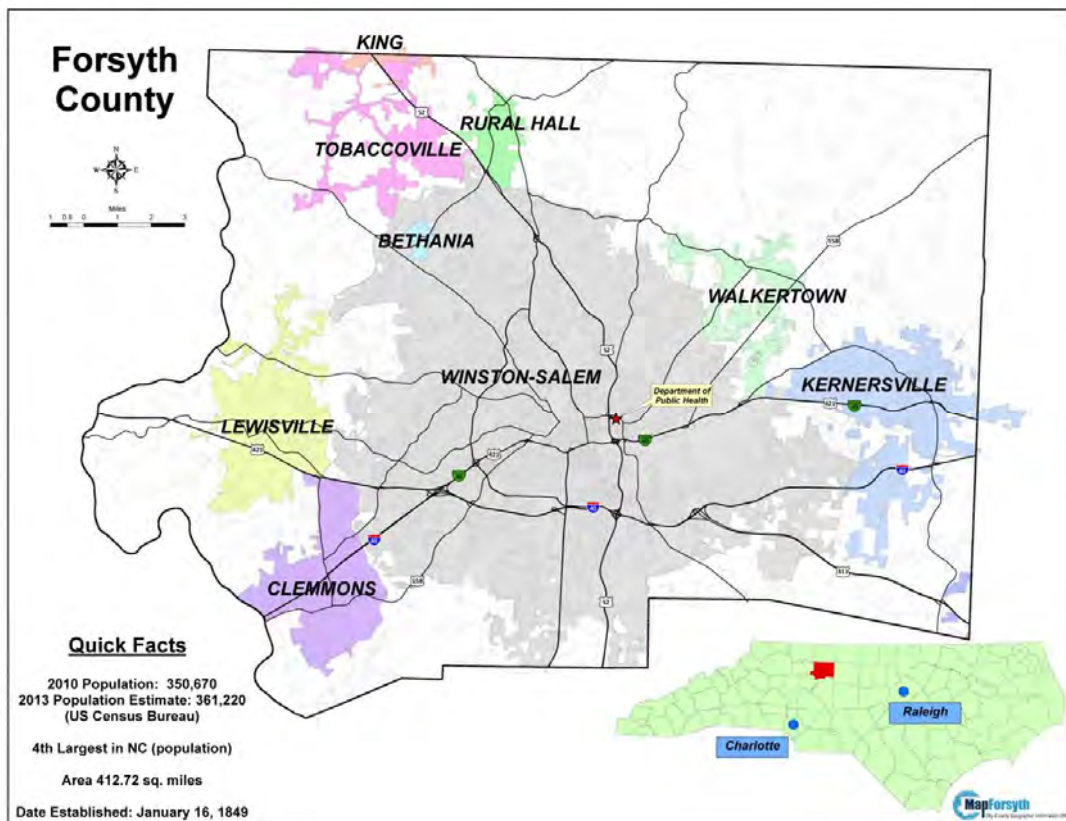
Note: *Healthy North Carolina 2020 Target

Chapter Two-Brief Description of Forsyth County

History and Geography

Forsyth County was established in 1849. It is located in north central North Carolina within the Piedmont Region. Forsyth County is bordered by Stokes, Guilford, Davidson, Davie, Yadkin, and Surrey Counties. Its major cities and towns include Bethania, Clemmons, Kernersville, Lewisville, Rural Hall, Tobaccoville, Walkertown and Winston-Salem (county seat) (Figure 1).

Figure 1.



Forsyth County's land area measures approximately 408 square miles. ¹The County experiences winter temperatures that average a low of 28°F and a high of 51°F and summer temperatures that average a low of 67°F and a high of 89°F. Average precipitation during the rainy season averages about 4".

Demography

The U.S. Bureau of Census estimated that in 2013, Forsyth County's population was 361,521. This number represents a 3% increase in Forsyth County's population between April 1st, 2010 and July 2nd, 2013. In 2013, about 24% of Forsyth County residents was under 18 years of age, and 14% was age 65 years and older (Figure 2).

Figure 2

A Brief Demographic Overview of Forsyth County's Population, 2013	
Demographic Characteristics	Percentage
Persons under 18 years	23.80%
Persons 65 years and over	14.10%
Female persons	52.40%
White alone	67.80%
White alone, not Hispanic or Latino	58.00%
Black or African American alone	27.10%
American Indian and Alaska Native alone	0.80%
Asian alone	2.10%
Native Hawaiian and Other Pacific Islander alone	0.10%
Two or More Races	2.10%
Hispanic or Latino	12.40%

Source: U.S. Bureau of Census, Forsyth County
Retrieved from <http://quickfacts.census.gov/qfd/states/37/37067.html>
Accessed on 06/05/2015

Socioeconomic Status

According to the U.S. Bureau of Census, almost 18% of Forsyth County's residents lived below the federal poverty level between 2009 and 2013. Among Forsyth County residents age 25 and over, 32% had a Bachelor's Degree or higher. Between 2009 and 2013, Forsyth County's per capita income (2013 dollars) was \$26, 461, and median household income was \$45, 431. Homeownership rate between 2009 and 2013 averaged 61%.¹ Based on the State Center for Health Statistics (2014), in 2013, about 21% of Forsyth County's mothers had less than a high school education, and 23% were high school/GED graduates.²

Education

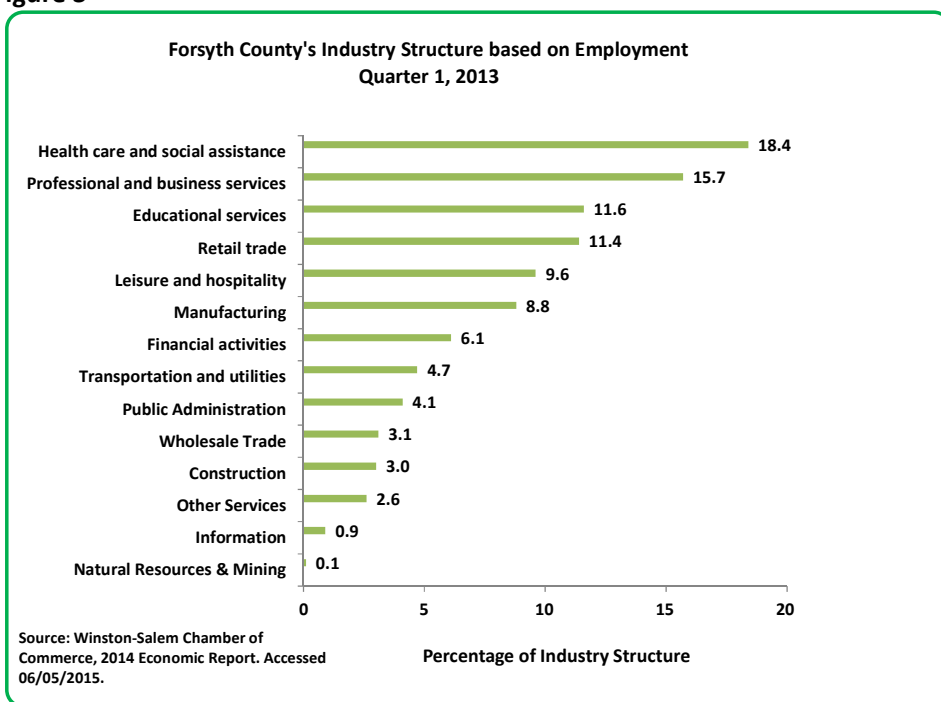
Winston-Salem/Forsyth County Schools (WSFCS) was formed in 1963 with the merger of the Winston-Salem and Forsyth County school systems. The WSFCS is the fourth largest school system in North Carolina. It is made up of 43 elementary schools, 14 middle schools, 15 high schools and nine special schools. WSFCS serves about 54,000 students each year. For the 2011/2012 school year, the WSFCS senior graduation rate increased for the fifth straight year to almost 81%.³

Forsyth County's post-secondary schools include Forsyth Technical Community College, Piedmont Baptist College and Graduate School, Salem College, The University of North Carolina School of the Arts, Wake Forest University, and Winston-Salem State University.

Economic Development

In the first quarter of 2013, Forsyth County’s largest employment sector was health care and associated services (18.4%) (Figure 3). Professional and business services (15.7%), educational services (11.6%), retail trade (11.4%), and leisure and hospitality (9.6%) complete the top five.

Figure 3



Highway and Ground Transportation

Major highways that currently traverse Forsyth County include:

- I-40/Business 40
- US 158
- NC 65
- NC 67
- I-74
- US 311
- NC 65
- NC 109
- US 52
- US 421
- NC 66
- NC 150

The North Carolina Department of Transportation (NCDOT) is in the process of constructing the Winston-Salem Northern Beltway. This multi-lane freeway begins at US 158 and ends at US 311. This freeway is expected to alleviate congestion and enhance safety along heavily traveled routes such as US 52 and US 311.

Ground Transportation

The Piedmont Authority for Regional Transportation (PART) and the Winston-Salem Transit Authority (WSTA) are the two major modes of transportation that serve Forsyth County's residents. The WSTA serves specific communities in Winston-Salem. It has 27 weekly routes, and operates between 5:30am to 12:00 midnight Monday thru Saturday. The PART serves Forsyth and other regional counties. It operates between 6:00am and 7:00pm Monday thru Friday. The PART offers express services, as well as vanpool and carpool services.

Medical Care

Wake Forest Baptist Health and Novant Health Forsyth Medical Center are the two major medical care facilities in Forsyth County. Both are ranked in the top eight of North Carolina's more than 50 hospitals. In addition, Wake Forest Baptist Health is nationally ranked for cancer treatment, ear, nose & throat, nephrology, and pulmonology.

Major Points of Interest

Old Salem is a historic district in Winston-Salem. It features a living museum that interprets the cultural landscape of its Moravian founders. The district showcases the communal buildings, churches, houses, and shops of the Moravian settlement in North Carolina. Old Salem was declared a National Historic Landmark (NHL) in 1966. Salem was originally settled by members of the Moravian Church in 1766. When Forsyth County was established in 1849, Salem chose not to be the county seat and instead granted land for a county seat that was then called Winston (after Joseph Winston, a local Revolutionary War hero). Salem and Winston became Winston-Salem.

Tanglewood Park is a public recreational facility that is owned by Forsyth County. It is located at 4201 Manor House Circle, Clemmons, NC. Tanglewood's more than 1,100 acres display phenomenal architecture and streams, woodlands, and grassy pastures that allow Forsyth County's residents and visitors the opportunity to enjoy the golf courses, swimming, gardens, horseback riding, tennis, BMX racing, and camping.



Chapter Three- Health Data Collection

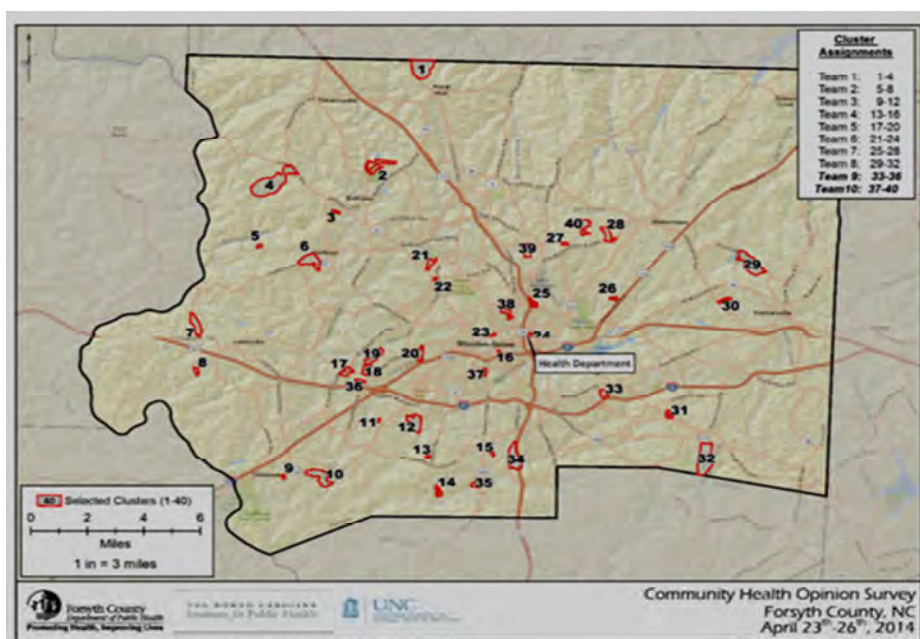
The Community Health Assessment is based on the analysis of primary and secondary data. Primary data was collected through the Community Health Opinion Survey and focus group discussions. Secondary data was accessed at the State Center for Health Statistics as well as from community partners.

Primary Data

The Community Health Opinion Survey

The Community Health Opinion (CHO) Survey was conducted between April 23rd and May 23rd, 2014. The survey questionnaire consisted of 66 questions and was divided into the following nine sections: *Quality of Life Statements, Community Improvement, Health Information, Personal Health, Access to Care/Family Health, Emergency Preparedness, Food Security, Health Department Services, and Demographic Characteristics.* (See Appendix for a copy of the implemented questionnaire). To select the sample population, a two-stage cluster sampling methodology was employed, using population-based sampling weights from each census block. The first sample selection was performed in ESRI's© ArcMap GIS software using the Community Assessment for Public Health Emergency Response (CASPER) toolkit developed by the Centers for Disease Prevention and Prevention. In order to match sampling efforts in 2011, in the first stage of sampling 40 census blocks were randomly selected with a probability proportionate to the population size. The selected census blocks are shown in Figure 1. In the second stage of sampling, 7 random interview locations were selected in each census block. The two-stage cluster sample design employed in this survey should result in a representative sample of Forsyth County.

Figure 1. Map of Selected Census Blocks for the 2014 Community Health Opinion Survey



The North Carolina Institute for Public Health (NCIPH) staff trained FCDPH staff, public health students and other volunteers in survey methodology using a handheld computer with mobile GIS technology as well as a handheld geographic positioning systems (GPS) unit. Interviewers obtained oral consent in English or Spanish before interviewing potential survey participants. Eligible participants were at least 18 years of age and a resident of the selected household. Responses were recorded at the time of interview either on paper surveys, or electronically on Google Nexus Tablets using a mobile application designed and created by NCIPH based on the CDC's mobile version of EpiInfo. Each participant was told that he or she could refuse to participate without any repercussion. Each participant was also told that at any time during the survey they had the right to refuse to respond to any question if he or she so chose. Participants were informed that the information collected from the survey would be kept confidential, and that no identifying information would be linked to their individual responses. The data was analyzed in SAS 9.3 (Cary, NC).

Focus Groups- Reproductive Health & Mental Health

Focus groups are groups who are convened to solicit their opinions on a range of issues. Focus group discussions may be structured or semi-structured. In structured discussions, the moderator introduces an issue, and once consensus is reached, he or she introduces the next question or issue. In semi-structured focus group discussions, the moderator introduces an issue or asks a question from which other questions may follow based on feedback from the focus group. For the 2014 CHA, the FCDPH employed the semi-structured approach because it had the potential to highlight community issues or concerns that were not previously considered. The focus group discussions centered on reproductive health because it is recognized that improvements in reproductive health have significant health benefits for the whole family.

The Forsyth County Infant Mortality Reduction Coalition convened five focus groups to examine the issues that were influencing reproductive health. These focus group discussions were conducted during Summer 2014. Focus group discussions were convened at Cleveland Homes, Salem Gardens, Winston-Salem State University (WSSU), Forsyth Technical, and Boys and Girls Club of Winston-Salem. A total of forty-one females and four males with mean age of 25 years participated in the focus group discussions. The group consisted of primarily African-Americans (only 4 Hispanic/Latino and 2 White participated in the discussion). Mean income of the focus group was between \$20K and \$29K.

The Forsyth County Infant Mortality Reduction Coalition is a group of concerned citizens, organizations, and institutions working together to prevent infant deaths. It promotes women's health prior to pregnancy because it believes that this approach is the best long-term solution for improving maternal and infant health

North Carolina Council for Women conducted several focus group discussions in different counties in North Carolina regarding challenges faced by discharged military veterans and their families. Two focus groups were convened in Forsyth County in Clemmons in September 2013. A total of 14 military veterans; 9 females and 5 males participated in the focus group discussions. The participants were predominately African Americans.

North Carolina Council for Women is the state's leading voice on key issues impacting women. The N. C. Council for Women monitors and ensures accountability for over \$10 million in grants to 293 agencies for shelter and support services to domestic and sexual violence survivors. The N. C. Council for Women approves the state's batterer intervention programs.

Secondary Data

Secondary data is data that has already been collected. The secondary data selected for analysis were from agencies and non-profit organizations that collect the referenced data regularly, and whose data identification, collection and archival process are recognized as consistently of the highest quality. Secondary data used in the analysis were taken primarily from:

The NC Department of Health and Human Services, State Center for Health Statistics

The North Carolina Department of Health and Human Services (DHHS) is responsible for ensuring the health, safety and well-being of all North Carolinians. The State Center for Health Statistics is responsible for data collection, health-related research, production of reports, and maintenance of a comprehensive collection of health statistics. Its goal is to provide data that aids in health issue identification and health policy development. *Birth risk factors and characteristics, mortality, and morbidity* data for Forsyth, peer counties and state of North Carolina were retrieved from the State Center for Health Statistics between February 2nd and March 19th, 2015. <http://www.schs.state.nc.us/data/>

The 2013 Winston-Salem/Forsyth County High School & Middle School Youth Risk Behavior Survey

The Youth Risk Behavior Survey System (YRBSS) was developed by the Centers for Disease Control and Prevention (CDC)/Division of Adolescent and School Health (DASH) to monitor six health risk behaviors. These health risk behaviors are unintentional injuries and violence; sexual behaviors; alcohol and other drug use; tobacco use; unhealthy dietary behaviors; and inadequate physical activity. North Carolina Healthy Schools has conducted the survey state wide every two years. The results of the survey can assist government agencies, schools, community organizations and other stakeholders to identify the critical health needs of children and adolescents and develop programs to mitigate them.

Parents had the option to decline their child's participation in the survey by returning the Passive Parental consent Form that was sent home before the scheduled survey date. Students could choose not to participate or skip any question that they choose not to answer.

In 2013, the Winston-Salem/Forsyth County Schools (WSFCS) YRBS was administered in 19 public high schools to 1,711 students of which 1,379 responded. After editing, 1,370 questionnaires were usable for analysis. Each questionnaire consisted of 94 questions. The response rate for high schools was 100% and the response rate for high school students was 80%. In 2013, the Winston-Salem/Forsyth County Schools (WSFCS) YRBS was also administered in 19 public middle schools to 1,930 students of which 1,710 responded. After editing, 1,683 questionnaires were usable for analysis. Each questionnaire consisted of 74

questions. The response rate for middle schools was 100% and the response rate for middle school students was 87%. This 2014 CHA includes data from the WSFC 2013 High and Middle Schools' YRBS.

CenterPoint Human Services

CenterPoint Human Services is a managed care organization responsible for assuring that accessible, quality and accountable care is available for those with mental health, intellectual and developmental disabilities and substance abuse challenges. It aims to become the best practice public model of managed care for exceptional and compassionate oversight of the provision of care for those with mental health, intellectual and developmental disabilities and substance abuse challenges.

The 2014 CHA uses data from the *CenterPoint Human Services Community Needs Assessment*. This report is based on focus group discussions that were conducted February 24 to March 5, 2014. These group discussions took place in each of the four catchment area counties to gather information on identified service needs, barriers, and potential solutions. A total of seven focus groups with 49 participants were held with 2 focus groups held in Winston Salem and 1 each in Danbury, King, Mocksville, Eden and Reidsville.

The identified top needs and barriers for all disability groups were as follows:

- Expansion of services (respite, inpatient, I/DD day programs, supported employment)
- Psychiatric services/affordable medications
- Expansion of child services - particularly for autism spectrum disorders
- Greater access to crisis services/more responsive crisis services
- Increased community education regarding available services and resources
 - Increased public awareness of county issues and needs/ encourage community partnership and collaboration to solve community problems
- Lack of/limited services in parts of rural counties/needs client choice/reduced wait times
- Expansion of Peer Support services
- Increased rate for Assertive Community Treatment Teams (ACTT)
- Increased availability of Integrated Dual Diagnosis Treatment (IDDT) – not just for ACTT
- Expansion of transportation options for access to services, work and recreation
- Increased supported housing capacity
- Housing and services for the homeless

<http://www.cphs.org/publications/network-development-needs-assessment/>

The United Way

United Way is a nationally-recognized leader in delivering positive, measurable impact in communities. Its focus is on improving education, income and health. United Way of Forsyth County advances these objectives in the Forsyth community through various community-level projects. The 2014 CHA includes data from the United Way 2014 Annual Report for Forsyth County.

<http://www.forsythunitedway.org/pilotFiles/photoGallery/files/Agenda%20for%20Change2.pdf>

The US Bureau of Census

The US Bureau of Census conducts the U.S. *decennial census*. As required by the U.S. Constitution, this *decennial census* has been conducted in years ending in "0" since 1790.¹ This 2014 CHA utilizes the 2013 Bureau of Census's population data sets for Forsyth County.

Forsyth Futures

Forsyth Futures is a non-profit collaborative of residents, organizations and institutions working together to address critical community issues. It collects data on economic self-sufficiency, educational success, civic engagement, physical and mental health, safety, and sustainable environment. This CHA includes data from the *2014 Access to Health Care Report*, *2014 Education Report*, and *2014 Local Foods Study*.

http://www.forsythfutures.org/images/PDFs/forsythcounty_communityfoodsystem_2013.pdf

The North Carolina Uniform Crime Reporting (UCR) Program

The North Carolina Uniform Crime Reporting (UCR) Program is part of a nationwide, cooperative statistical effort administered by the Federal Bureau of Investigation. Its data is meant to inform law enforcement administration, operation, and management. This report provides Forsyth County with critical data on many social indicators.

The County Health Rankings & Roadmaps

The *County Health Rankings & Roadmaps* is a Robert Wood Johnson Foundation program that was implemented in collaboration with the University of Wisconsin-Madison's Population Health Institute. The program is designed to assess each county's health status and assign rankings (in comparison to other counties in the state) to two separate measures: health outcomes and health factors. It uses data from the National Center for Health Statistics (NCHS), the Behavioral Risk Factor Surveillance System (BRFSS), the American Community Survey (ACS) and others. This 2014 health assessment uses the county health rankings as a benchmark for its findings.

http://www.forsyth.cc/PublicHealth/Documents/CHR2014_FC.pdf

The Piedmont Triad Regional Council (PTRC)

The Piedmont Triad Regional Council (PTRC) is a voluntary association of municipal and county governments, enabled by state law to promote regional issues and cooperation among members. The PTRC serves 72 member governments in and around the Greensboro/Winston-Salem/High Point metro including the following twelve counties: Alamance, Caswell, Davidson, Davie, Forsyth, Guilford, Montgomery, Randolph, Rockingham, Stokes, Surry, and Yadkin counties. The 2014 CHA includes data from the PTRC's regional planning report. <http://piedmonttogether.org/report/equity-piedmont-triad>

The North Carolina Coalition to End Homelessness (NCCEH)

The North Carolina Coalition to End Homelessness (NCCEH) is a statewide membership nonprofit created to secure resources, encourage public dialogue, and advocate for public policy change to end homelessness. The 2014 CHA includes data from its *2014 Homelessness Report* on Forsyth County.

http://www.forsythfutures.org/images/mprhomelessness2013_final_webversion.pdf

Novant Health Forsyth Medical Center

Novant Health Forsyth Medical Center is a tertiary care hospital. It offers emergency medical, surgical, rehabilitative and behavioral health services. Under a confidentiality and non-disclosure agreement, the hospital provided information on emergency department and other community health issues.

Wake Forest Baptist Health

Wake Forest Baptist Health is a teaching hospital that serves as the region's principal tertiary referral center. It provided data on the emergency department's use as well as other community health issues.

The Environmental Protection Agency (EPA)

The Environmental Protection Agency (EPA) is the federal agency that is charged with the mission of protecting human health and the environment. The 2014 CHA includes data from the EPA to assess Forsyth County's Environmental Health.

NC Department of the Environment and Natural Resources (DENR)

NC Department of the Environment and Natural Resources (DENR) Administers regulatory programs designed to protect air quality, water quality, and the public's health. The agency's activities range from helping to make sure drinking water is safe to managing state parks and forests for safe and enjoyable outdoor recreation experiences. The 2014 CHA includes data from the DENR to assess Forsyth County's Environmental Health.

Limitations of the Data Collection Process

The limitation of this method is that stratifications to a finer scale, or within subpopulations, results in imprecise estimates with limited interpretive value.

Chapter Four: Health Data Results

Overview of Data and Findings

This chapter highlights the social, economic and health data used by the CHA Data team to prioritize health issues. About seventeen (17) social, behavioral, clinical and health outcomes were identified after analyzing and interpreting Forsyth County's primary and secondary data.

Community Health Opinion Survey

The Community Health Opinion (CHO) survey was administered to community residents at randomly selected households throughout the county. The survey included questions related to community health problems, issues and concerns, access to healthcare and health behaviors, food security, emergency preparedness, health department services and demographic characteristics. A total of 224 interviews were conducted with a sampling success rate of 80%.

Overall findings are below:

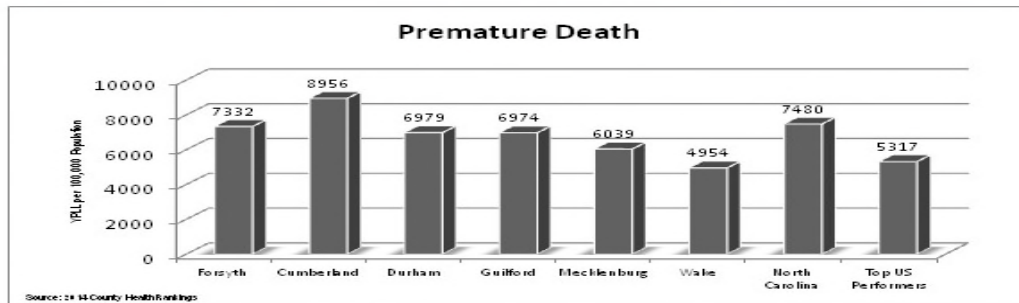
- The top three issues that most affect the quality of life are low income/poverty, homelessness and violent crime/dropping out of school
- The top three services that needed improvement were availability of employment, positive teen activities and high paying employment.
- Regarding personal health responses, 75% reported their health was good to excellent; 70% reported engaging in physical activity for 30minutes in the past 30days; 47% did not receive the flu shots and the top three chronic health conditions previously diagnosed were high blood pressure, high cholesterol and depression or anxiety.
- Regarding access to care/family health responses, when sick, 70% visit the Doctors office; 10% hospitals and 10% urgent care. Barriers cited to receiving healthcare were lack of insurance, insurance did not cover what i needed and cost too high.
- The top health issues were overweight/obesity, mental health and chronic disease.
- The top social issues were poverty, homelessness, unemployment and access to care.

Mortality Data

Forsyth County was compared to healthstats peer counties which is determined by population size, individuals living below poverty level, population under 18 years and 65 years and older, and population density: **Forsyth, Cumberland, Durham, Guilford, Mecklenburg and Wake.**

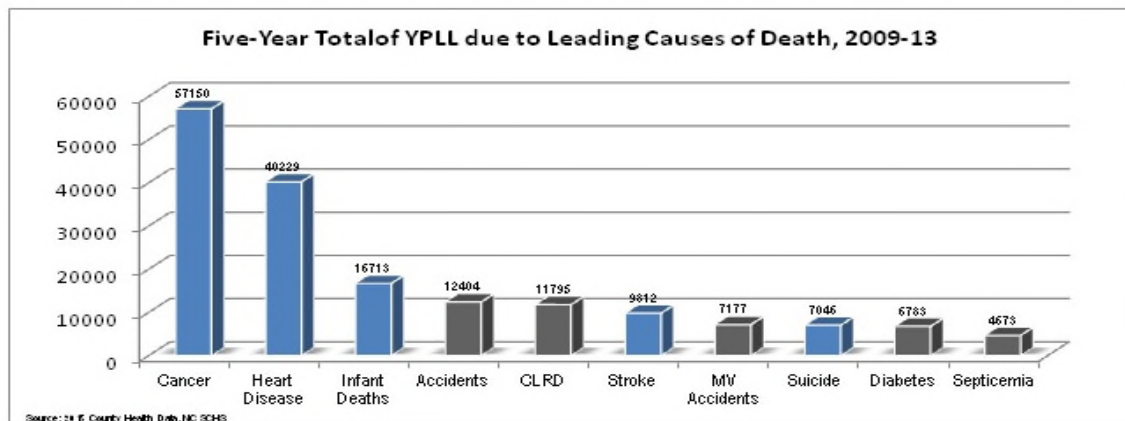
Premature Death is the years of potential life lost before age 75 (YPLL-75). Every death occurring before the age of 75 contributes to the total number of years of potential life lost. YPLL measures the impact of disease and death, and their cost to society. Reducing YPLL is an important public health goal.

Forsyth County's rate of premature death is lower than the State but higher than its peer counties except Cumberland County



Cancer and Heart Disease are the two leading causes of death in Forsyth County, North Carolina and the nation that contribute most to Years of Potential Life Lost.

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NC Council for Women Mental Health Focus Group

Focus groups were conducted among 14 military veterans in September, 2013. They were 9 females and 5 males. The questions posed were related to challenges after discharge, transition to civilian life, resources available and health challenges after being discharged, services available for family and services not available to support family. Below are some of the responses :

- Challenges after Discharge were mental distress; loss of camaraderie between military members; difficulty being comfortable with non-military persons; transitioning to civilian life; finding work and code of ethics/standards lacking in civilian life (work).
- Transition to Civilian Life were still very aggressive; ability to use tact, open & direct conversation; and overprotective of children.
- Health challenges after being discharged were military sexual trauma(MST); not enough healthcare providers for veterans; chronic posttraumatic stress disorder (PTSD); depression; sleep disorder; given high powered drugs to keep them doped up; and afraid to tell others about mental challenges
- Services available for family were Vet Center for counseling; Financial & Housing issues; Some centers for combat vets only not family

- Services NOT available to support family were unemployment; healthcare providers for children; restart program transitioning to civilian life; better legislation; deprogramming in Hawaii-helpful; can not interact with spouses and financial assistance.
- The top three issues were mental health, transition to civilian life and access to healthcare services.

Reproductive Health

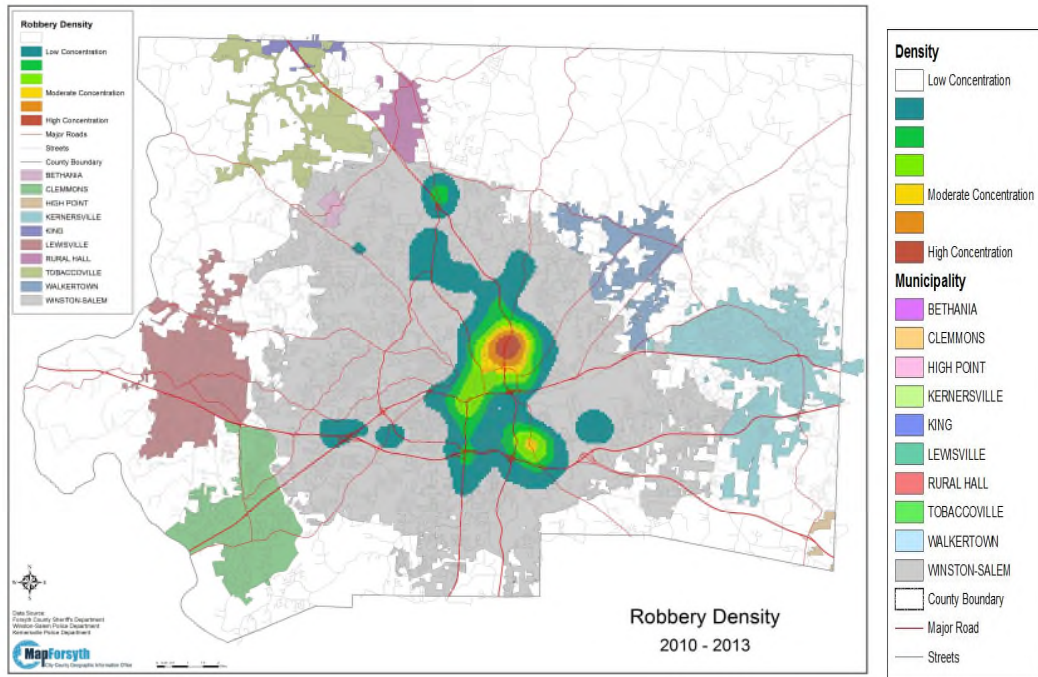
The Forsyth County Infant Mortality Reduction Coalition convened five focus groups to examine the issues that were influencing reproductive health such as access, attitudes, and support of family planning.

- Responses regarding Access were majority accessed services through private providers, others came to FCDPH, DHP, TWC, Planned Parenthood, Student Health Center; and slightly more than half were generally happy, when not complaints were
 - More time with provider / felt rushed / long waiting times
 - More patient education
- Responses regarding Attitude were all groups recognized that FP was important to time pregnancy; people should start early and views differed about the onset of seeking services
 - Onset of Menses / Significantly before
 - After unplanned pregnancy or STD
- Responses regarding Support were majority talked with family, friends, and providers; comfort level varied across the women; providers' offices and internet sources provided information and no discussion in clinical settings on Reproductive Life Planning, only in support groups or CBOs (e.g. Big Sisters, Young Lives for Teen Moms).
- The emerging themes were reproductive life planning, e-health literacy and lack of education in Providers' Offices.

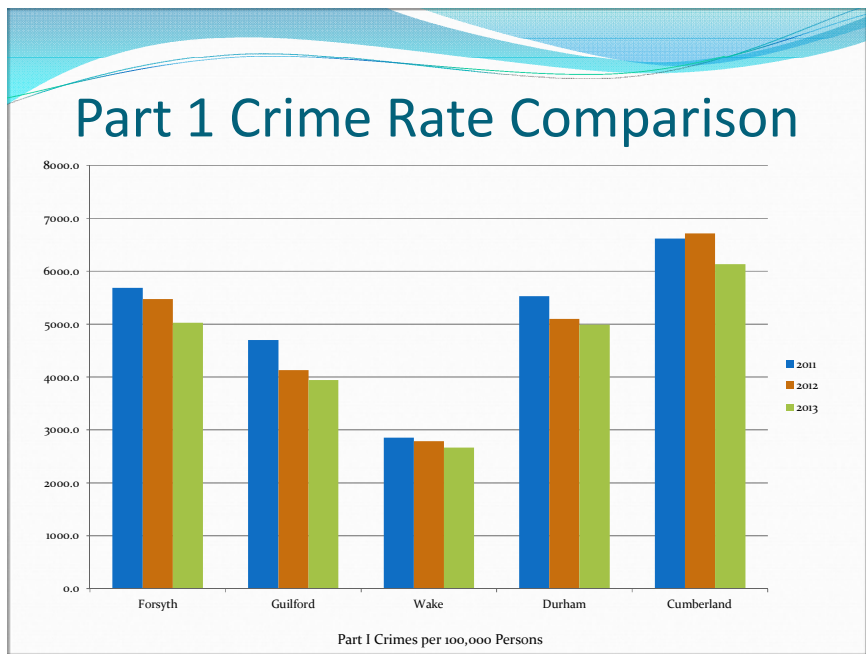
Crime in Forsyth County

There are three major law enforcement agencies in Forsyth County: Forsyth County Sheriff's Office, Winston-Salem Police Department and Kernersville Police Department and three additional agencies: Wake Forest University Police, Winston-Salem State University Police and UNC School of the Arts Police.

- Part 1 Crimes consist of Violent Crimes (murder, rape, robbery and aggravated assault) and Property Crimes (burglary, larceny and motor vehicle theft).
- Part 2 Crimes consists of other assaults, arson, forgery, fraud, embezzlement, stolen property, vandalism, weapon, prostitution, sex offense, drug offense, gambling, family offense, DWI, liquor law, disorderly conduct, runaway and all other miscellaneous offenses.



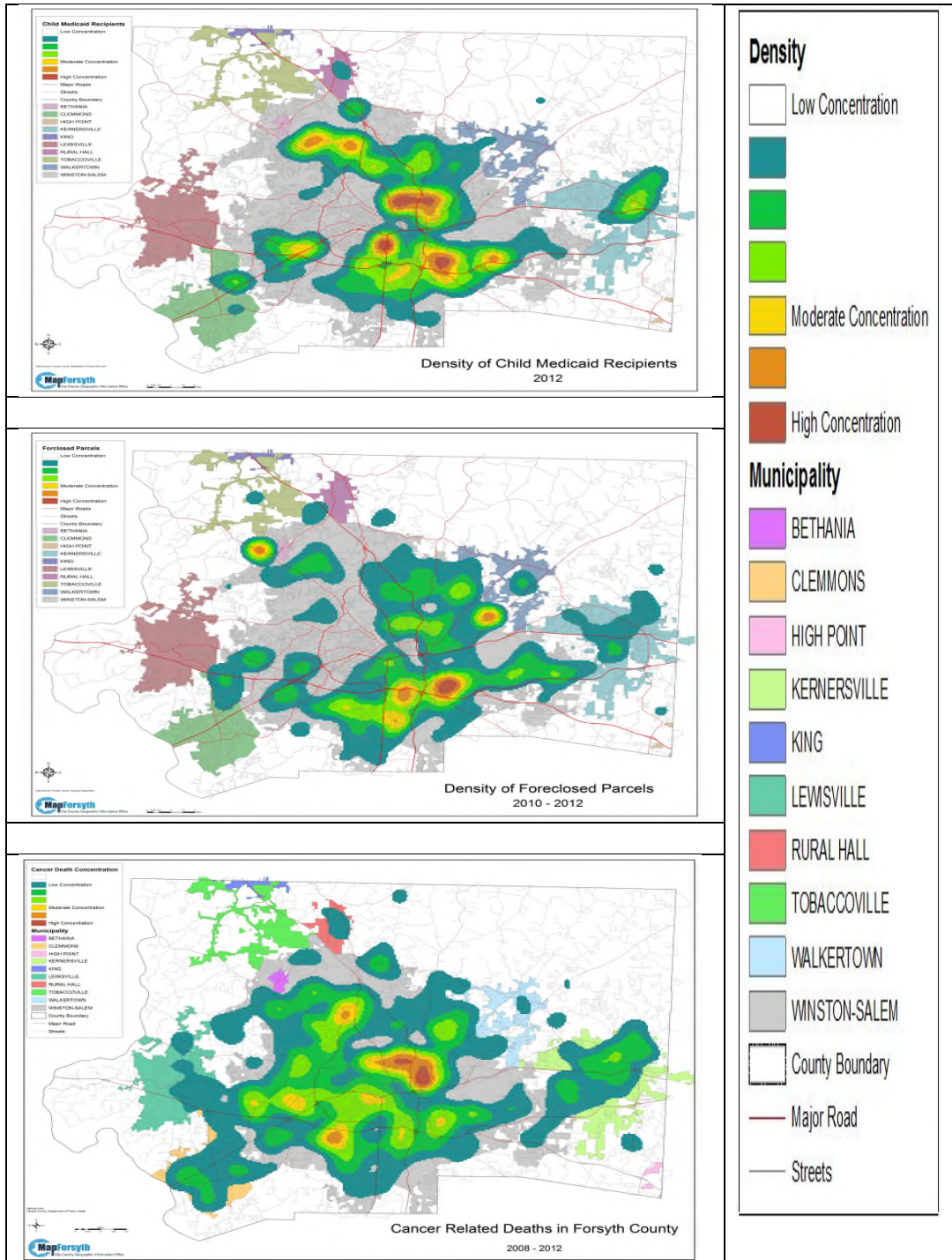
The Robbery Density heat map highlights the geographic density of robbery on a map. It is a two-dimensional representation of data in which values are represented by colors. The red color represents high concentration of robbery and green lower concentration of robbery. This is part of Map Forsyth identified distressed areas which is in low income person of color neighborhood.



Part 1 Crime (murder and non-negligent manslaughter, forcible rape, robbery, aggravated assault, burglary, larceny, motor vehicle theft and arson) has gradually decreased since 2011. The crime rate in Forsyth County is similar to Durham but higher than Guilford and Wake counties.

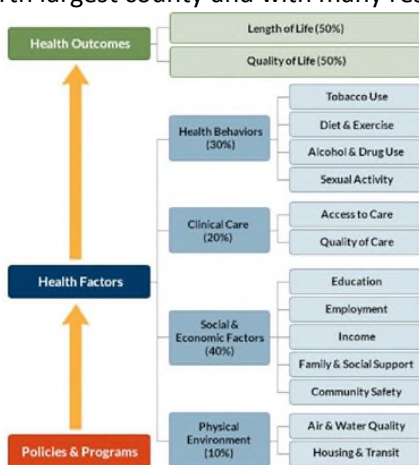
Distressed Areas

MapForsyth identified distressed areas in Forsyth County using social and economic indicators such as median household income, assessed residential values, census data, social services and health data, foreclosures and crime data. The red color represents the high concentration of the feature on the map and green the lower concentration. Below are a few examples.



County Health Rankings

Where we live matters to our health. In this County Health Rankings model, health outcomes such as mortality (deaths) and morbidity (sickness) are influenced by health factors that include health behaviors, clinical care, social and economic factors and environmental factors. In 2014, about **11 measures** in Forsyth County were significantly worse than the State and some peer counties. In 2014, Forsyth County ranked the 26th healthiest county out of the 100 North Carolina counties. Forsyth is the state's fourth largest county and with many resources.



2014 County Health Ranking	Cumberland	Durham	Forsyth	Guilford	Mecklenburg	Wake	North Carolina	Top US Performers
Health Outcomes	73	17	26	14	6	1		
Morbidity and Mortality								
Premature Death	8,956	6,979	7,332	6,974	6,039	4,954	7,480	5,317
Poor or Fair health	18%	17%	14%	12%	14%	11%	18%	10%
Poor physical days	4.4	2.8	3.0	2.7	2.8	2.8	3.6	2.5
Poor mental days	4	2.9	3.0	3.1	3.2	2.6	3.4	2.4
Low birth weight babies	10%	9.4%	10.4%	9.5%	9.2%	7.9%	9.1%	6.0%
Health Behaviors								
Adult Smoking	22%	14%	20%	17%	14%	13%	20%	14%
Adult Obesity	34%	29%	26%	27%	26%	25%	29%	25%
Food environment index	5.8	6.6	6.3	6.5	6.7	7.7	6.9	8.7
Physical inactivity	30%	20%	22%	24%	21%	19%	25%	21%
Access to exercise opportunities	68%	86%	81%	88%	87%	86%	65%	85%
Excessive drinking	11%	15%	12%	13%	16%	15%	13%	10%
Alcohol-impaired driving deaths	35%	38%	42%	37%	35%	36%	33%	14%
Sexually transmitted infections	1,124	710	766	1,028	796	534	568	123
Teen births	54	41	44	32	40	26	44	20
Clinical Care								
Uninsured	16%	19%	19%	19%	18%	15%	19%	11%
Primary care physicians	1,321:1	809:1	997:1	1,342:1	1,156:1	1,243:1	1,462:1	1,051:1
Dentists	1,178:1	1,412:1	1,681:1	1,897:1	1,541:1	1,574:1	2,022:1	1,392:1
Mental health providers	577:1	255:1	593:1	621:1	661:1	553:1	696:1	521:1
Preventable hospital stays	62	46	62	52	45	46	60	46
Diabetic monitoring	82%	87%	87%	88%	88%	90%	88%	90%
Mammography screening	57.8%	67.60%	65.6%	68.5%	64.9%	70.2%	67.6%	71%
Social & Economic Factors								
High school graduation	78%	74%	79%	83%	74%	81%	79%	N/A
Some college	69.3%	71.2%	63.2%	66.9%	72.0%	77.6%	63.1%	70%
Unemployment	10.3%	7.6%	9.0%	9.8%	9.4%	7.5%	9.5%	4.4%
Children in poverty	25%	28%	32%	25%	22%	15%	26%	13%
Inadequate social support	22%	22%	18%	19%	18%	18%	21%	14%
Children in single-parent	44%	42%	39%	40%	36%	28%	36%	20%
Violent crime	554	641	564	505	581	274	372	64
Injury deaths	62	54	59	60	44	38	65	49
Physical Environment								
Air pollution-particulate matter	12.1	12.3	12.8	12.6	12.6	12.2	12.3	9.5
Drinking violations	3%	0%	0%	2%	0%	0%	2%	0%
Severe housing problems	17%	18%	16%	17%	16%	14%	16%	9%
Driving alone to work	82%	75%	84%	82%	77%	80%	81%	71%
Long commute-driving alone	25%	23%	20%	21%	33%	31%	30%	15%

Access to Health Care

Understanding Access to Health Care, Forsyth County, NC, 2014

Forsyth Futures conducted research to examine health care resources, how they are utilized, barriers to health care, and gaps in services. To conduct this research, it analyzed data from the Small Area Health Insurance Estimate (U.S. Census Bureau), local hospitals, focus groups discussions, expert/practitioner interviews, and an opinion survey.

The research found that almost one-half of emergency department visits were for primary care preventable or treatable conditions. Diseases of the heart were the most common condition treated in the emergency department. While females were more likely than males to use the emergency department services, infants under the age of one were more likely than any other age group to be seen in the emergency department for treatment. Black/African-American and Hispanic/Latino populations were more likely than the White population to present at the emergency department for preventable health conditions.

The findings from this research showed that in Forsyth County, factors that influence access to health care are

- Lack of adequate insurance coverage
- Cost of health insurance premiums, co-pays, and prescription
- Scarcity of health care resources in high need areas
- Lack of access to dental & behavioral health providers
- Barriers to providing care in community clinics
- Difficulty in navigating the health care system

Food Availability

Forsyth County's Community Food System, 2013

Forsyth Futures conducted research that aimed to characterize the local food system in Forsyth County to increase the positive impact of local food production and consumption in the community. For this research, local foods were defined as '*fruits, vegetables and livestock that were produced, raised or processed in Forsyth or its surrounding counties*', and community gardens were defined as '*an active produce garden organized and maintained by a group of gardeners for the benefit of the community.*'

The community food system included all local grocers as well as producers, processors and distributors of food to Forsyth County's residents. Forsyth Future analyzed primary data collected through stakeholder interviews, focus group discussions and an opinion survey as well as secondary data from the U.S. Census of Agriculture. Two major aspects of this study was its focus on the commercial production of foods and the role of community gardens.

The research found that there is an increasing decline in cropland, the number of farms and the number of new farmers while there has been an increase in the median age of farmers as longtime farmers' age. Only 1% of farmers are Black/African-American, only 0.8% is Hispanic/Latino, and 13% are females. The research also found that while there is interest in the consumption of local foods, issues such as the coordination and dependability of delivery of products/produce are limitations that farmers and restaurateurs have not yet resolved.

Responses to interviews showed that community gardens play a positive role in expanding healthy food availability to those who may not have otherwise had access, and is a source of bonding for community members.

Overall, the major findings that directly influence Forsyth County's public health are:

- The need for stakeholder coordination
- Increased interest in local food systems
- The need to increase/improve consumer knowledge and value of local foods
- The need to increase the accessibility of local foods

Homelessness

Status of Homelessness in Forsyth County, November, 2014

United Way of Forsyth County's presentation on the status of homelessness in Forsyth County showed that the 5 year average for Forsyth County's Point-in-Time (PIT) was 531 individuals, and that in 2013, an unduplicated total of 1,837 people were homeless in Forsyth County.

- In 2013, the majority of the homeless population was male; more than two-thirds were African-American, and the age range was from under age 5 years to greater than 62 years
- In 2013, the major physical and mental health conditions at program entry were mental health, alcohol abuse, drug abuse, and chronic diseases, HIV/AIDS, and development disabilities.
 - About 31% of entrants had three or more health issues.
 - 11% were veterans
 - More than ½ had no income

The 10 year comprehensive plan to eliminate chronic homelessness and decrease temporary homelessness uses a "housing first" model that has been demonstrated to keep individuals in housing more effectively than traditional models.

- The 2013 Point-in-Time Count (January 30) showed that the chronically homeless population in Forsyth County has decreased 58 percent since 2005, the year before Winston-Salem/Forsyth County adopted the Ten Year Plan to End Chronic Homelessness
- Sixty-seven percent of Forsyth County's chronic homeless are remaining in permanent housing for one year or more
- Since 2006, 580 new units of housing (385 permanent supportive, 145 transitional) have been added to house individuals who were previously homeless

City of Winston-Salem, Bicycle and Pedestrian Crashes, 2014

The *Bicycle and Pedestrian Crashes* study covered the period 2002 to 2011. During this 10 year period, the trend in crashes remained consistent. There were a total of 318 bicycle crashes and 684 pedestrian crashes.

Cyclists were typically

- Males (89% of crashes)
- African Americans (54% of crashes)
- Ages 1 –15 years (25% of crashes)
- Rarely used helmets (only 16% used helmets)

Crashes were primarily due to inattention and failure to yield right-of-way.

Walkers were typically

- Males (64% of crashes)
- African Americans (55% of crashes)
- Ages 41 –50 years (18% of crashes)

Cause of crashes was primarily inattention and failure to yield right-of-way.

In comparison to peer counties, Forsyth County had the lowest rate of crashes among the urbanized counties (0.6 crashes/10,000 residents). In comparison, there were 12 State of North Carolina counties that had a crash rate of 1.3 crashes/10,000 residents.

Health Benefits versus Risks of Crashes

Cyclists risk due to car crashes

- 5 –9 days of decreased life expectancy

Cyclists risk due to air pollution

- 8 –40 days of decreased life expectancy

Cyclist benefit due to increased physical activity

- 3 –14 months of increased life expectancy

Equity in the Piedmont Triad, November 6, 2014

The Piedmont Triad Regional Council's (PTRC) examination of *Equity in the Piedmont Triad* focused on the relative location of age-specific and race/ethnicity-specific populations to social and environmental hazards and assets. This PTRC focuses on Surrey, Stokes, Rockingham, Caswell, Yadkin, Forsyth, Guilford, Alamance, Davie, Davidson, Randolph, and Montgomery Counties.

To examine equity in the Triad, PTRC used social and environmental factors such as flood plain, food desert, housing, impaired streams, parks & greenway access, public waste facilities, and toxics release inventory. The relative location of these factors were examined in relation to sub-populations based on age, race/ethnicity, employment, high school education status, poverty, female-headed single households, two-parent households, people for whom English is (as) a second language (ESL), and vehicle access.

The PTRC's research showed that in general minority populations and population age 65 and over were at a disadvantage in relation to access to parks and greenways. However, they were more likely than others to live in or close to hazardous environments and food deserts.

- The majority of the population living in or adjacent to food deserts were African Americans and Hispanic/Latino
- The African American population was more likely than others to have less access to parks & greenway
- African Americans and Hispanics were more likely than others to live in close proximity to public waste facilities

In Forsyth County

- Food deserts were concentrated in neighborhoods that were between 61% and 100% minority
- The majority of public waste facilities were located in neighborhoods that were between 61% and 100% minority

Youth Risk Behavior Survey

The Youth Risk Behavior Survey System (YRBSS) was developed by the Centers for Disease Control and Prevention (CDC)/Division of Adolescent and School Health (DASH) to monitor health risk behaviors.

The Youth Risk Behavior Survey (YRBS) is one component of the YRBSS. It has been modified to reflect the health questions deemed pertinent to North Carolina middle school and high students. North Carolina Healthy Schools has conducted the survey state wide every two years. The results of the survey are meant to assist stakeholders in identifying the critical health needs of children and adolescents and develop programs to mitigate them.

In 2013, the YRBS was administered in 19 public middle schools in the Winston-Salem/Forsyth County (WSFC) School System and a total of 1, 683 students completed the survey. The questionnaire consisted of 74 questions. The response rate for schools was 100% and the response rate for students was 87%. The results are representative of all students in grades 6-8. In 2013, the YRBS was also administered to 19 public high schools in Winston-Salem/Forsyth County School System and a total of 1, 370 high school students completed the survey. The questionnaire consisted of 94 questions. The response rate for schools was 100% and the response rate for students was 80%. The results are representative of all students in grades 9-12.

Middle Schools

Positive Results

- The percentage of students who had a drink of alcohol other than a few sips has gradually decreased since 2009 with a 21% decrease from 2011 to 2013
- There was a 17% decrease among percent of students who were offered, sold or given an illegal drug on school property from 2011 to 2013
- There was an 8% decrease among percent of students who had seen other students being bullied in their school from 2011 to 2013
- There was a 33% decrease among percent of students who observed gang activity in school from 2011 to 2013

Areas for Improvement

- There was an 11% increase among percent of students who carried a weapon, such as a gun, knife or club from 2011 to 2013
- There was a 7% increase among percent of students who were bullied on school property from 2011 to 2013
- There was a 17% decrease among percent of students who reported being taught about abstaining from sex activity from 2011 to 2013
- There was a 22% decrease among percent of students who reported being taught about chlamydia, gonorrhea, syphilis, from 2011 to 2013
- There was a 22% increase among percent of students who tried to kill themselves from 2011 to 2013
- There was a 24% increase among percent of students who played video/computer games, use computer for other than school ≥ 3 hours on school day from 2011 to 2013

Summary of results for Middle Schools based on race/ethnicity:

- White, non-Hispanic were more likely than others to

- Carry a weapon
- Be bullied (at school and electronically)
- Get the most sexual education at school
- Be physically active
- Receive regular checkups, dental visits
- African American, non-Hispanic were more likely than others to
 - Ride a bike without a bicycle helmet
 - Be in a physical fight
 - Watch television/play video game
 - Walk to school
 - Have asthma
- Others were more likely than others to
 - Use alcohol, tobacco, drugs
 - Not wear a seat belt
 - Have suicidal thoughts and make suicide plans

High Schools

Positive Results

- The percent of students who smoked cigarettes on one or more days in the past 30 days has gradually decreased since 2009 with a 28% decrease from 2011 to 2013
- The percent of students who had 5 or more drinks of alcohol in a row on at least 1 day during the past 30 days: binge drinking has gradually decreased since 2009 with a 22% decrease from 2011 to 2013
- There was a 31% decrease among percent of students who used marijuana one or more times in the past 30 days from 2011 to 2013
- There was a 44% decrease among percent of students drove a car or other vehicle when they had been drinking alcohol in the past 30 days from 2011 to 2013
- There was a 46% decrease among percent of students were in a physical fight on school property in past 12 months from 2011 to 2013
- There was a 28% decrease among percent of students who reported gang activity at their schools from 2011 to 2013

Areas for Improvement

- There was a slight increase, 7% among percent of students who texted or emailed while driving a car or other vehicle in the past 30 days from 2011 to 2013.
- The percent of students who reported that they had played video games or used computer for something that was not school work for 3 or more hours on a school day has gradually increased since 2009 with a 36% increase from 2011 to 2013
- The percent of students who reported drinking alcohol or using drugs before their last sexual intercourse in the last 3 months has gradually increased since 2009 with a 63% increase from 2011 to 2013
- There was a 40% increase among percent of students who reported that they had attempted suicide during past 12 months that resulted in an injury, poisoning, or overdose from 2011 to 2013.

Summary of results for High Schools based on race/ethnicity:

- White, non-Hispanic were more likely than others to
 - Smoke cigarettes, drink alcohol, and binge drinking
 - Rarely wear bike helmet
 - Be bullied at school
 - Report eating breakfast
 - Be physically active 60+ minutes
 - Get 8+ hours of sleep
- African American, non-Hispanic were more likely than others to
 - Use marijuana
 - Rarely wear seatbelt
 - Report gang activity as problem
 - Have ever had sexual intercourse, early age, multiple partners
 - Report soda consumption
 - Watch television/play video games
 - Have asthma
- Other were more likely than others to
 - Drive a car after consuming alcohol and driving in a car with someone who had drink alcohol
 - Carry weapons, be in a physical fight, experienced forced sex
 - Not use a condom
 - Have suicidal thoughts, make suicidal plans, and attempt suicide
 - Practice unhealthy weight loss strategies, describe themselves as overweight, and are trying to lose weight

The Forsyth Promise, 2014 Report

The Forsyth promise is that *Every Child in Forsyth County receives the best education possible and is fully equipped to thrive throughout life*. Its goals, outcomes and promises are that each child:

- Succeeds in school
- Develops social and emotional skills
- Prepares for the changing world of work
- Participates in the community

Recent observances:

Prepared for Kindergarten in Literacy

- At the beginning of the 2012-13 school year, 57% of kindergartners met literacy benchmarks, meaning that more than a third (43%, or 1,842 students) did not meet literacy benchmarks

Proficiency in Reading, 3rd Grade

- In the 2012-13 school year, 44% of all 3rd grade students were proficient in reading, meaning that more than half (56% or 2,145 students) did not demonstrate proficiency
- Black, Hispanic and Limited English Proficient (LEP) students demonstrated the lowest proficiency levels. Only 27% and 10%, respectively, were proficient.
- Only 25% of 3rd grade economically disadvantaged students (EDS) were proficient in reading

Proficiency in Mathematics, 3rd Grade

- In the 2012-13 school year, 47% of all 3rd grade students were proficient in mathematics, meaning that more than half (53% or 2,059 students) did not demonstrate proficiency
- Black and Hispanic and Limited English Proficient (LEP) students demonstrated the lowest proficiency levels — only 26% and 24%, respectively, were proficient
- Only 31% of 3rd grade economically disadvantaged students (EDS) were proficient in mathematics

Proficiency in Reading, 8th Grade

- In the 2012-13 school year, 41% of all 8th grade students were proficient in reading, meaning that more than half (59% or 2,314 students) did not demonstrate proficiency
- Black, and Hispanic and Limited English Proficient (LEP) students demonstrated the lowest proficiency levels. Only 23% and 5%, respectively were proficient
- Only 23% of 8th grade economically disadvantaged students (EDS) were proficient in reading

Proficiency in Mathematics, 8th Grade

- In the 2012-13 school year, 32% of all 8th grade students were proficient in mathematics, meaning that more than two thirds (68% or 2,684 students) did not demonstrate proficiency
- Black and Hispanic and Limited English Proficient (LEP) students demonstrated the lowest proficiency levels — only 14% and 6%, respectively, were proficient
- Only 16% of 8th grade economically disadvantaged students (EDS) were proficient in mathematics

Graduates from High School in 4 Years

- In the 2012-13 school year, the four-year graduation rate for all students was 82%, meaning that 18% or 713 students, dropped out or took more than four years to graduate
- In the 2012-13 school year, 11% fewer males graduated from high school in four years compared to females
- Hispanic students had the lowest four-year rate: 70%
- There was only a 7% difference in four-year graduation rate between economically disadvantaged students (EDS) compared to not economically disadvantaged students (Not-EDS)

Ready for College

- In the 2012-13 school year, 30% of all 11th grade students scored benchmark or higher on the Reading ACT test, meaning that more than two thirds (70% or 2,405 students) did not score benchmark or higher
- Students in 11th grade who were Black were the least likely to score benchmark or higher on the Reading ACT test — only 10% scored benchmark or higher. Only 12% of 11th grade economically disadvantaged students (EDS) scored benchmark or higher on the Reading ACT test, compared to 42% of not economically disadvantaged students (Not EDS)

Chapter 5: Prevention & Promotion Programs

The Forsyth County Department of Public Health has several programs that address child, teen, family and community health. The following programs are offered at the Health Department.

Child Health Programs

Be Healthy School Kids Program is a nutrition education program targeting Pre K through 5th grade students at 44 Winston-Salem/Forsyth County Elementary Schools. Eighteen of the schools served have at least 80% or more of the student population eligible for free or reduced meals. The schools served have at least 70% or more of the student population eligible for free or reduced meals. At each school, we strive to reach students, staff, faculty, and parents through bulletin boards, morning announcements, bi-monthly newsletters, class presentations, PTA workshops, and/or special events. A Public Health Educator collaborates with principals, teachers, students, and parents to support healthier lifestyle choices through individual change and environmental policies.

The School Health Program is provided by Public Health nurses to address the health concerns, medical problems, and health care needs of the school age population. The program places emphasis on prevention, early intervention and remediation of health issues. Public Health nurses make weekly visits to each school and home visits as indicated to help meet the health needs of students, parents, schools and the community, thus facilitating effective education and positive student outcomes. Five schools designated as ECP (Exceptional Children's Programs) have a full-time public health nurse on staff.

Preventive Dental Health Program

Preventive Dental Health provides community based non-clinical preventive dental health services including dental screening and referral for children within Forsyth County. Program services are by appointment and free to the public. As part of the program, education is provided for community organizations, parents, teachers and children in an effort to reduce dental disease. Preventive Dental Health Program frequently collaborates with other organizations within the community to provide special services for under-served children including the Give Kids a Smile Program and dental sealant projects.

The **Forsyth County Childhood Lead Poisoning Prevention Program (CLPPP)** strives to carry out the Forsyth County Board of Health Childhood Lead Poisoning Prevention Rules which recommend that all children be tested for lead at the age of 1 and again at the age of 2 during a well child visit (routine check-up) or at least once before the age of 6, regardless of the age of the home. CLPPP monitors children's blood lead levels, provides early intervention, conducts environmental lead investigations and enforces abatement, when necessary. All children under the age of 6, pregnant women and unborn children are at risk from lead poisoning. Adults may also be at risk because of their jobs or hobbies. Forsyth County CLPPP was formed in 1997 to increase the number of children tested for lead poisoning and decrease the number of children affected by lead poisoning. Although there has been an increase in the number of children tested for lead poisoning, children are still being lead poisoned and the affects of lead will be with them their entire lives.

Teen Health Programs

The Teen Initiative Project (TIP) is a community education program for teens between the ages of 9-21 funded by Forsyth County. The educational sessions focus on developing positive self-esteem, improving decision making skills, effective communication, puberty, hygiene, abstinence and birth control. Other topics discussed are sexually transmitted diseases, building positive relationships and refusal skills. Teens involved in TIP become peer counselors, and work to educate their friends and community members on how to make responsible decisions. These programs are available to schools, churches, organizations, community groups and individuals in Forsyth County. TIP conducts both one-time sessions and series of classes.

Teen Talk is an Adolescent Pregnancy Prevention program funded by Forsyth County. Teen Talk provides ongoing educational sessions throughout the year for young women between the ages of 9-18. The program focuses on the wellbeing of each participant by helping participants develop positive self-esteem, make informed decisions, excel academically, and encourage career development. Teen Talk introduces young women to community service projects and various cultural activities. The program is currently offered in middle schools and community sites.

Maternal & Child Health Programs

WIC is a federally-funded health and nutrition program for women, infants and children. WIC helps families by providing checks for buying healthy supplemental foods from WIC-authorized vendors, nutrition education, and help finding healthcare and other community services. Participants must meet income guidelines and be pregnant women, new mothers, infants or children under age five. In Forsyth county we provide WIC services to over 11,000 women, infants and children. WIC is available to pregnant, breast feeding and postpartum women, infants and children up to age five. To participate, persons must:

- Be a resident of Forsyth County.
- Have a family income less than 185% of the U.S. Poverty Income Guidelines. A person receiving Medicaid, Work First Families Assistance , or Food Stamps automatically meets the income eligibility requirement.
- Be at nutritional risk. A nutritionist or other health professional makes the nutritional risk assessment at no cost to the participant, usually at the local WIC office.

Care Coordination for Children (CC4C)

Care Coordination for Children (CC4C) is an at-risk population management program that serves children from birth to 5 years of age who meet certain risk criteria. The main goals of the program are to improve health outcomes and reduce costs for enrolled children.

Each child served by CC4C is linked to a specific Medical Home and CC4C Care Manager. The Care Manager works closely with the local medical practice serving as the child's Medical Home to coordinate roles and responsibilities and ensure the child obtains necessary care. CC4C staff also work in close collaboration with their local called Community Care of North Carolina (CCNC) networks to access care management histories, Medicaid claims and other vital records, and to coordinate care management services. CCNC networks also assist in quality improvement and in evaluating program effectiveness.

Referral Criteria

Children with Special Health Care Needs (chronic physical, developmental, behavioral or emotional conditions) who require health and related services of a type and amount beyond that required by children generally.

- Children exposed to severe stress in early childhood, including:-- Extreme poverty in conjunction with continuous family chaos
 - Recurrent physical or emotional abuse
 - Chronic neglect
 - Severe and enduring maternal depression
 - Persistent parental substance abuse
 - Repeated exposure to violence in the community or within the family
- Children in foster care who need to be linked to a Medical Home
- Children in neonatal intensive care needing help transitioning to community/Medical Home care
- Identified Children with potentially preventable” hospital costs

Childbirth (Lamaze) Classes

A fun, interactive class that teaches techniques to reduce child birthing fears and stress. The classes are taught by ASPO Lamaze Certified Instructors and are open to all pregnant women. There are four classes in a series, held on Tuesdays at Forsyth County Department of Public Health from 7-9 pm.

Nurse-Family Partnership is an evidenced-based nurse home visiting program for first time, low income pregnant women and their families starting early in pregnancy until the baby’s second birthday.

You may qualify for Nurse-Family Partnership if you:

- Are pregnant with your first baby.
- Live in Forsyth County.
- Are early in your pregnancy.
- Have an income that qualifies you for Medicaid or WIC.

How does the program work?

Through weekly or twice a month home visits starting early in pregnancy until the baby is two years old, nurses support first-time moms toward three goals:

1. Improved pregnancy outcomes
2. Improved child health and development
3. Improved economic self-sufficiency of the family

How can I find out more about Nurse-Family Partnership?

- Please visit our national website at <http://www.nursefamilypartnership.org>
- If you would like more information about Nurse-Family Partnership in Forsyth County or to find out if you can participate, please call our office at 703-3185.

The Pregnancy Care Management (PCM) program provides care management for patients identified as being at risk for poor birth outcomes in Forsyth County. The level of service provided is based on the individual’s identified needs. Care managers closely monitor the pregnancy through regular contact with the physician and patient to promote a healthy birth outcome. Patients are

followed for two months after delivery to encourage follow up with the physician during the postpartum period and assisting patients with finding a primary care provider for routine care. The PCM model designates certain pregnancy risk factors as “priority” risk factors for the purposes of ensuring the recipients with these risk factors are assessed by a care manager to provide needed support services

You may be high risk if you:

- Have ever had a premature baby (baby born before 37 weeks).
- Are pregnant with twins, triplets, etc.
- Have diabetes, high blood pressure, HIV, sickle cell, asthma, seizure disorder, mental illness, or other conditions which can affect your pregnancy.
- Are in an unsafe living environment (homeless, unstable housing, family violence, sexual abuse, community violence).
- Smoke or use tobacco products, drugs or alcohol while you are pregnant.

Family & Community Health Programs

The Healthy Beginnings program is a free case management service that focuses on, but is not limited to, minority women of the community that need a friend and support system through their pregnancy and during the first two years of the child’s life. The mother will have one-on-one support with a health educator to help make the pregnancy and toddler years an enjoyable and healthy experience. Healthy Beginnings was originally created to encourage men to be involved in the pregnancy and the child’s life. Although the program now focuses on case management for women, we still offer support and guidance to the men of our enrolled mothers.

The Parent Education Program is designed to reach parents and early education and child care professionals in the community to provide educational activities and interventions that seek to promote positive parenting, improve child health and reduce disease or injury. A few of the activities include a prenatal parenting class series, Infant/ Child CPR classes, SIDS training for parents and early education and child care professionals, and other classes on health related topics as requested.

Family Planning Health Education

The Health Education Program in the Family Planning Clinic at the Department of Public Health provides patients with information necessary to make informed decisions about birth control and child spacing. In addition to helping patients choose a birth control method, health educators focus on assisting patients in using their chosen method accurately and consistently to achieve the highest possible level of efficacy.

Health Check

Northwest Community Care Network (NCCN) oversees the Health Check Program of Forsyth County. The primary goal of this program is to ensure that all eligible children have access to health care. The Health Check Coordinator (HCC) provides outreach education to Medicaid eligible families, community providers and establishes relationships with primary care providers in the county.

Chronic Disease Management and Fall Prevention (Diabetes Support Group/ Continuing Education)

Participants will make weekly action plans, share experiences, and help each other solve problems they encounter in creating and carrying out their self-management program. Physicians, diabetes educators, dietitians, and other health professionals both at Stanford and in the community have reviewed all materials in the workshop. Classes are highly participative, where mutual support and success build the participants' confidence in their ability to manage their health and maintain active and fulfilling lives. Classes are held in the community.

Adult Health Programs

Wellness and Weight Loss

- Educational materials and other resources to assist you in improving or maintaining good health
- Free education and exercise classes, workshops and lunch & learns
- Area walking trail maps and information

Parenting Education

- Provides free parent classes and workshops to the community on various topics such as *Safe Sleep, SIDS* and child development: birth through adolescence.
- Free community resource guides

P.O.S.S.E. (Prevent Ongoing Spread of STI's Everywhere)

- The POSSE Team provides non-clinical, off-site HIV/STI screenings and education in non-traditional locations in Forsyth County such as churches, jails, universities, homeless shelters, night clubs, community health fairs, etc.

Breast & Cervical Cancer Control Program (BCCCP)

The WomanWise Program provides screening (breast exams, mammograms and Pap smears) for early detection of cancer in uninsured women who meet income eligibility. The WISE WOMAN Clinic provides heart disease screening for women who are already enrolled in the WomanWise Program. The services include blood pressure screening, height and weight measurements, health coaching sessions and cholesterol tests.

Selected Clinics

Cleveland Avenue Dental Clinic

Our office welcomes families and individuals to our practice. We enjoy improving oral health as well as our patients' overall health. Our services include:

- Regular Checkups
- Cleanings
- Restoring Decayed Teeth
- Replacing Missing Teeth

Neighborhood Clinics

These clinics are held each month at in our community in order to serve persons who have difficulty in getting to the Health Department. They are intended for adults and children who do not have private doctors. The first two clinics below offer services which include health screenings, immunizations, and laboratory testing. All services are free of charge, walk-in only (no appointments), and are provided by registered nurses from the Health Department, along with volunteer physicians. The Rescue Mission Medical Clinic only provides health screenings (every Thursday) and dental extractions (on the second and fourth Thursdays).

- Bethany Baptist Church
- Rescue Mission Medical Clinic
- Rescue Mission Dental Clinic

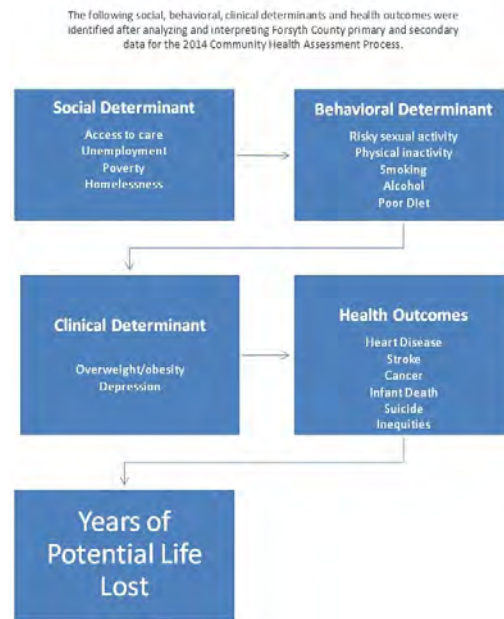
Immunization Clinic

The Immunization Clinic provides child and adult vaccines which are administered by Registered Nurses. Vaccines that are required by NC Immunization Law, as well as those that are recommended by the Centers for Disease Control, for children and adults are available. Vaccines are provided without charge in some situations, while some vaccines require a fee.

http://www.forsyth.cc/PublicHealth/immunization_clinic.aspx

Chapter 6: Community Concerns and Priorities Results

The CHA Data Team identified 17 social, clinical, behavioral and health outcomes after analyzing and interpreting Forsyth County's primary and secondary data as listed below. The top three priority areas (Chronic diseases, Infant mortality and Mental health) were selected based on years of potential life lost and magnitude of the issues.



A combination of an online survey and paper surveys were conducted to rank the top three health issues in July 2015. There were a total of 442 completed the surveys. Participants were predominantly females (78%) and whites-(62%). There were 16% Hispanics; 91% were employed full time; 55% had lived in Forsyth County for more than 15 years and 68% lived in Winston-Salem. They ranked chronic diseases first followed by maternal & infant health as second and mental health was ranked third.

Years of Potential Years Lost (YPLL) is an estimate of the average years a person would have lived if he/she had Not died prematurely. Based on the YPLL, the total years of potential life lost associated with infant death accounted for 16,713 years during 2009-2013, averaging 78.1 years for each of the 214 dying from infant death during that period.

Identified Health Issues	Cancer	Heart Disease	Stroke	**Infant Mortality	Suicide
# of Persons who died in 2009-13	3,488	2,813	843	214	209
YPLL per person	16.4	14.3	11.6	78.1	33.7
*Inpatient Hos. Charge	\$51,810	\$35,651	\$31,409	\$35,344	N/A

*Direct Cost Only
 **Perinatal Cond./Borns Only
 13 County Health Data, NC SCHO

Community Action Plans will be developed for the three broad health outcomes of chronic disease, maternal and infant health and mental health. In these action plans, strategies are developed that can create change at multiple levels and in alignment with the Healthy North Carolina 2020 focus areas and also that address social determinants (poverty, homelessness, access to care and unemployment); behavioral determinants (risky sexual activity, alcohol, smoking, poor diet and physical inactivity); clinical determinants (obesity/overweight; depression) and health outcomes (heart disease, stroke, infant mortality, cancer, suicide and inequalities).

Maternal and Infant Health

The Forsyth County Department of Health will be developing a community action plan focusing on infant mortality using the collective impact model. This approach will

- Bring people together in a structured way, to achieve change
- Start with a common agenda to collectively define the problem.
- Creates a shared vision to solve the problem
- Establish shared measurements, and an agreement to track the progress in the same way, which allows for continuous improvement.
- Foster mutually reinforcing activities in a coordinated effort
- Encourage continuous communication that builds trust and relationships among all participants.
- Require a strong backbone organization dedicated to orchestrating the work of the group

There is some evidence that preconception education interventions increase healthy behaviors among participating women (Temel 2014, Cochrane-Whitworth 2009). Potential beneficial outcomes will include increased preconception planning, improved health-related knowledge and improved birth outcomes.

Chronic Disease

There are several evidence-based and scientifically supported chronic disease self-management (CDSM) programs which are education and behavioral interventions that support patients' active management of their condition in their daily life. These programs may focus on self-monitoring and medical management, decision making, or adoption and maintenance of health-promoting behaviors to minimize disability and delay the progress of chronic disease. These programs are usually delivered in health care settings by health professionals, but may also be delivered by lay individuals in community settings or via computer or phone applications or messaging. The components of self-management interventions vary by specific chronic disease. Potential beneficial outcomes will include:

- Increased healthy behaviors
- Improved quality of life
- Improved mental health
- Reduced hospital utilization
- Improved chronic disease management

Mental Health

There is strong evidence that integrating behavioral health into primary care practice improves mental health (Cochrane-Bower 2011), especially depression symptoms (CG-Mental health, Butler 2011, Gilbody 2006a). Integrating care also increases patients' adherence to treatment, improves their quality of life (Thota 2012), and increases engagement with health care providers (Wissow 2013).

Integrating behavioral health into primary care practice brings mental health and/or substance abuse screenings and treatments into a primary care setting. These efforts can include collaboration between primary care providers, case managers, behavioral health consultants, and mental health specialists, and often, require training and redefinition or realignment of staff roles (SAMHSA-HRSA-Integrate, CG-Mental health). Mental health conditions and substance abuse issues often occur with other chronic medical conditions; patients with severe conditions are referred to specialty care (SAMHSA-HRSA-Integrate).

Expected Beneficial Outcomes

- Improved mental health
- Increased adherence to treatment
- Improved quality of life
- Increased patient engagement
- Reduced drug and alcohol use

Chapter 7: Communication Plan

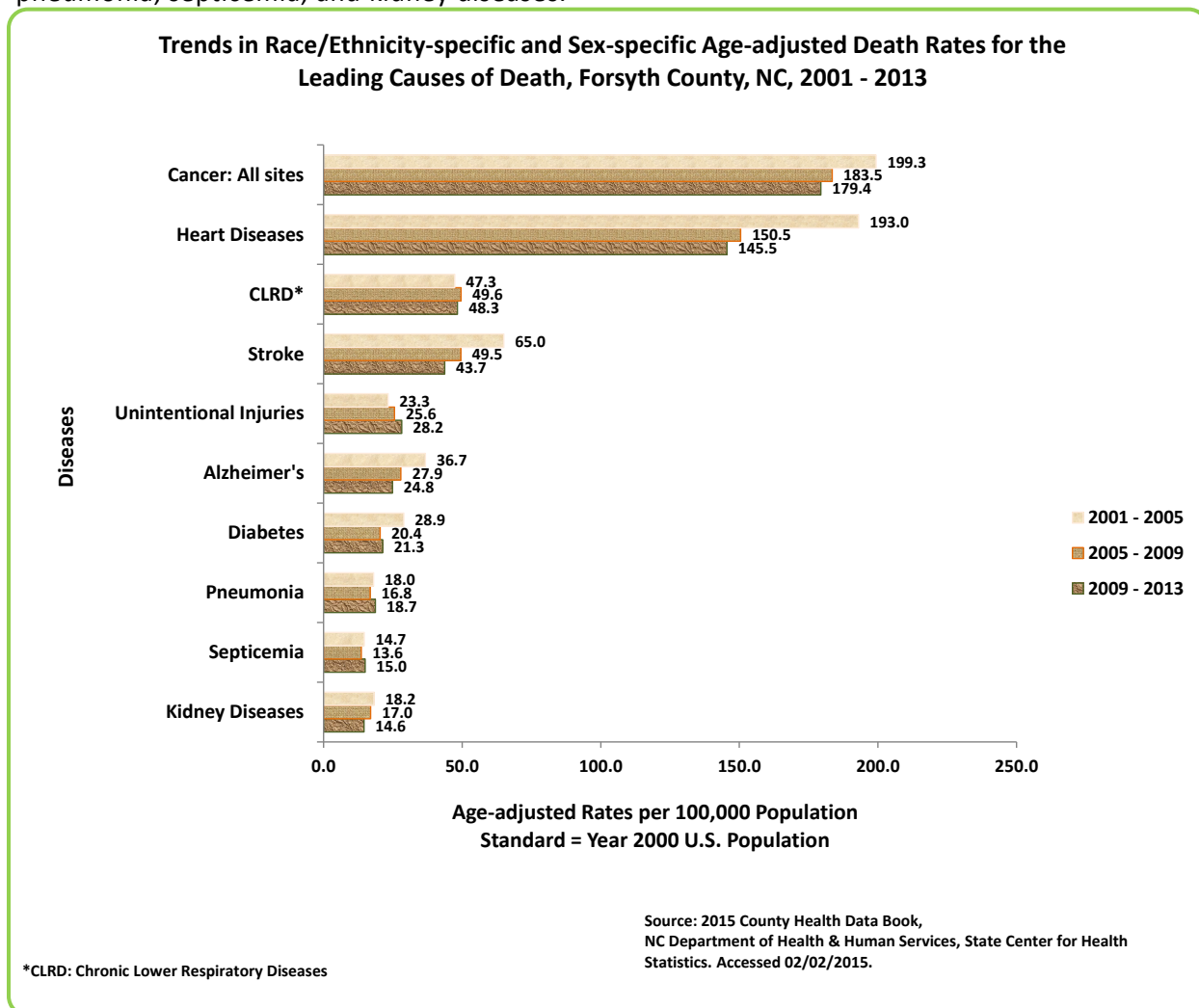
FORMAT	MEANS OF DISTRIBUTION	TIME LINE
Final Report		Completed July 2015
	Forsyth County Website: http://www.forsyth.cc/PublicHealth/publications.aspx	Summer 2015
	Forsyth County Health Community Coalition Website: http://www.healthycommunity.ws/	Summer 2015
	Forsyth Futures Website: http://forsythfutures.org	Summer 2015
	Hard Copies available in all Forsyth County libraries	Summer 2015
Brochure	8-Page Bi-fold design to summarize findings	Summer 2015
	Distributed to Board of Health Members	To be Scheduled
	Distributed to Board of Commissioners; elected officials and those who participated in the Priority Setting Session	To be Scheduled
	Mailing to Forsyth County Funders	To be Scheduled
	Available on the following websites as pdf for easy download and printing: http://www.forsyth.cc/PublicHealth/publications.aspx http://www.healthycommunity.ws/ http://forsythfutures.org/	Summer 2015
PowerPoint Presentation	Presentation summarizing the CHA process, Primary & Secondary Data, Priority Setting, Recommendation & Action Plans	Summer 2015
	Presentation to Board of Health Members	To be Scheduled
	Presentation to Forsyth County Health Department Expanded Staff	To be Scheduled
	Presentation to Board of Commissioners	To be Scheduled
	Presentation to Forsyth County Healthy Community Coalition Members and CHA Working Groups	To be Scheduled
Written Articles	Identify opportunities to write articles summarizing findings and recommendations	On-going as identified
	Press Release to Media	Summer 2015
	Packet materials for Community Health Forums	On-going as identified

2014
Forsyth County
Data Book

Mortality

Leading Causes of Deaths

The ten leading causes of death in Forsyth County remained unchanged from the 2007 and 2011 Community Health Assessments. They are cancer, heart disease, chronic lower respiratory diseases, cerebrovascular disease (stroke), unintentional injuries, Alzheimer's, diabetes, pneumonia, septicemia, and kidney diseases.



The chart above compares the race/ethnicity-specific and sex-specific age-adjusted leading causes of death data from the 2007 assessment (2001-2005 data) to the 2014 assessment (2009-2013) data. In general, while cancer (all sites) and heart diseases remained the top two causes, their rates have decreased since the 2007 assessment. Between the 2007 and 2014 assessments, there was a decrease in the age-adjusted death rates for cancers (all sites) (10%), heart diseases (25%), cerebrovascular disease (33%), Alzheimer's (32%), diabetes (26%), and kidney diseases (20%). During this period, there was an increase in the age-adjusted death rates due to chronic lower respiratory diseases (CLRD) (2%), unintentional injuries (21%), pneumonia and influenza (4%), and septicemia (2%).

How do Forsyth County's 2009-2013 race/ethnicity-specific and sex-specific age-adjusted death rates compare to peer counties and North Carolina?

Leading Causes of Death for Forsyth County, Peer Counties & State of NC							
2009 - 2013 Race/Ethnicity-specific and Sex-specific Age-adjusted Rates per 100,000 Population ¹							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Cancer: All sites	179.4	186.0	176.5	163.9	157.6	154.3	173.3
Heart Diseases	145.5	201.2	134.3	148.3	136.2	129.7	170.0
CLRD*	48.3	51.5	29.5	38.3	33.5	31.5	46.1
Stroke	43.7	42.7	39.4	41.8	38.1	40.7	43.7
Unintentional Injuries	28.2	30.2	24.5	30.1	19.5	18.6	29.3
Alzheimer's	24.8	21.6	23.0	33.3	43.3	18.8	28.9
Diabetes	21.3	29.9	19.7	16.1	16.4	16.9	21.7
Pneumonia and Influenza	18.7	18.6	15.7	15.6	14.1	10.7	17.9
Septicemia	15.0	17.0	13.8	12.6	13.3	8.2	13.3
Kidney Diseases	14.6	24.2	19.5	17.7	18.2	13.4	17.6

¹ Standard = 2000 US Population

* CLRD: Chronic Lower Respiratory Diseases

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics

Accessed 02/02/2015.

Cancer

- 4% higher than state of NC
- 4% lower than Cumberland
- 2% higher than Durham
- 10% higher than Guilford
- 14% higher than Mecklenburg
- 16% higher than Wake

Heart Diseases

- 14% lower than state of NC
- 28% lower than Cumberland
- 8% higher than Durham
- 2% lower than Guilford
- 7% higher than Mecklenburg
- 12% higher than Wake

Cerebrovascular Diseases (Stroke)

- Similar to state of NC
- 2% higher than Cumberland
- 11% higher than Durham
- 5% higher than Guilford
- 15% higher than Mecklenburg
- 7% higher than Wake

Chronic Lower Resp. Diseases (CLRD)

- 5% higher than state of NC
- 6% lower than Cumberland
- 64% higher than Durham
- 26% higher than Guilford
- 44% higher than Mecklenburg
- 53% higher than Wake

Kidney Diseases

- 17% lower than state of NC
- 41% lower than Cumberland
- 25% lower than Durham
- 18% lower than Guilford
- 20% lower than Mecklenburg
- 9% higher than Wake

Pneumonia and Influenza

- 5% higher than state of NC
- 1% higher than Cumberland
- 19% higher than Durham
- 20% higher than Guilford
- 33% higher than Mecklenburg
- 75% higher than Wake

Septicemia

- 13% higher than state of NC
- 12% higher than Cumberland
- 9% higher than Durham
- 19% higher than Guilford
- 13% higher than Mecklenburg
- 83% higher than Wake

Alzheimer's

- 14% lower than state of NC
- 14% higher than Cumberland
- 8% higher than Durham
- 26% lower than Guilford
- 43% lower than Mecklenburg
- 32% higher than Wake

Unintentional Injuries

- 4% lower than state of NC
- 7% lower than Cumberland
- 15% higher than Durham
- 6% lower than Guilford
- 45% higher than Mecklenburg
- 52% higher than Wake

Diabetes

- 2% lower than state of NC
- 29% lower than Cumberland
- 8% higher than Durham
- 32% higher than Guilford
- 30% higher than Mecklenburg
- 26% higher than Wake

Forsyth County's five highest leading causes of death is similar to that of Cumberland, Durham, and the state of North Carolina. They are cancer (all sites), heart diseases, CLRD, stroke, and unintentional injuries. In comparison to Forsyth County, Guilford, Mecklenburg and Wake County include Alzheimer's disease as one of their five leading causes of death.

Ranking of the Five Highest Leading Causes of Death for Forsyth, Peer Counties & State of NC, 2009-2013							
Race/Ethnicity-specific and Sex-specific Age-adjusted Rates per 100,000 Population¹							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Cancer: All sites	1	2	1	1	1	1	1
Heart Diseases	2	1	2	2	2	2	2
CLRD*	3	3	4	4	5	4	3
Stroke	4	4	3	3	4	3	4
Unintentional Injuries	5	5	5				5
Alzheimer's				5	3	5	

¹ Standard = 2000 US Population

* CLRD: Chronic Lower Respiratory Diseases

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics

Accessed 02/02/2015.

Leading Causes of Death Rates Based on Gender, Forsyth County, 2009-2013

Race-specific and sex-specific age-adjusted death rates per 100,000 population

Males

Race-specific and sex-specific age-adjusted death rates per 100,000 population

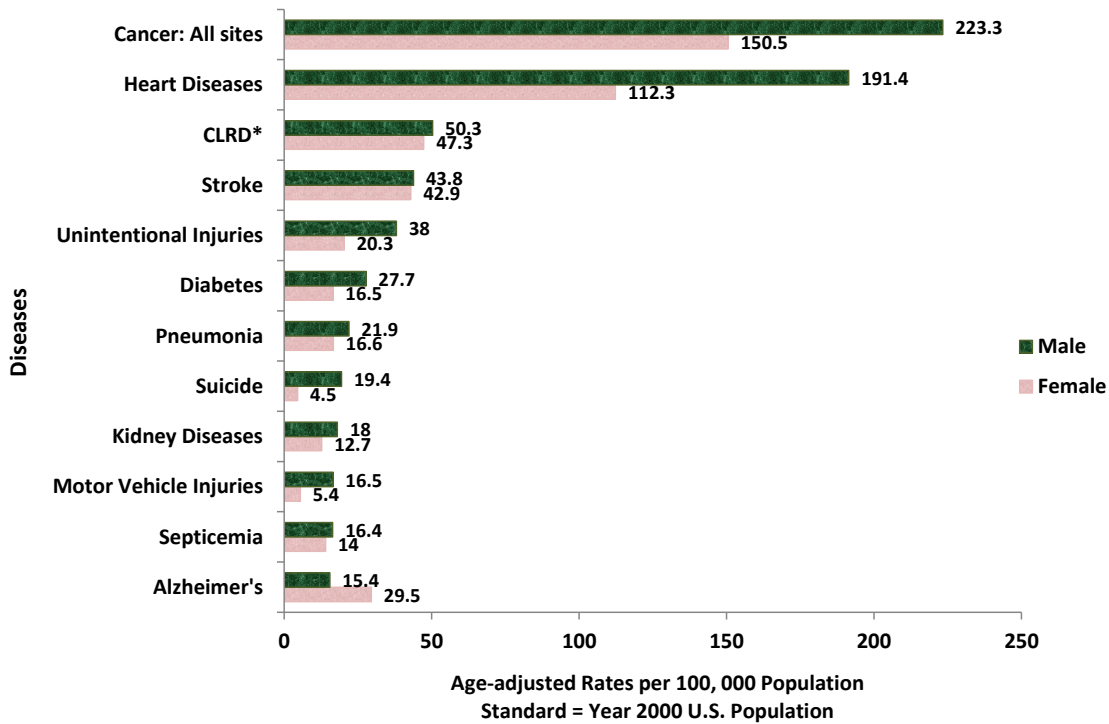
1. Cancer (all sites): 223
2. Heart diseases: 191
3. Chronic lower respiratory diseases (CLRD): 50
4. Cerebrovascular diseases (Stroke): 44
5. Unintentional injuries: 38
6. Diabetes Mellitus: 28
7. Pneumonia: 22
8. Suicide: 19
9. Kidney diseases: 18
10. Motor vehicles: 17

Females

Race-specific and sex-specific age-adjusted death rates per 100,000 population

1. Cancer (all sites): 151
2. Heart diseases: 112
3. Chronic lower respiratory diseases (CLRD): 47
4. Cerebrovascular diseases (Stroke): 43
5. Alzheimer's: 30
6. Unintentional injuries: 20
7. Diabetes Mellitus: 17
8. Pneumonia: 17
9. Septicemia: 14
10. Kidney Diseases: 13

**Race/Ethnicity-specific and Sex-specific Age-adjusted Causes of Death for Males and Females
Forsyth County, NC , 2009-2013**



*CLRD: Chronic Lower Respiratory Diseases

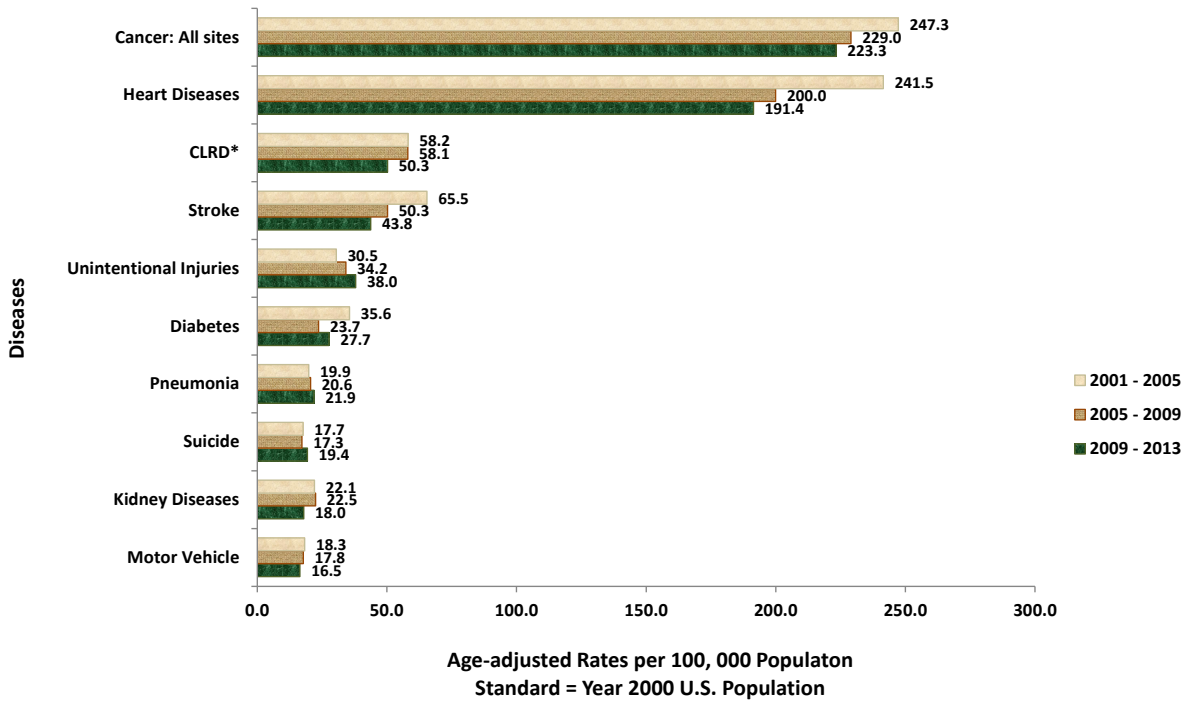
Source: 2015 County Health Data Book,
NC Department of Health and Human Services,
State Center for Health Statistics (SCHS).
Accessed 02/02/2015

The chart above compares the race/ethnicity-specific and sex-specific age-adjusted leading causes of death between 2009 - 2013 for males and females in Forsyth County, NC. Major differences were observed in the age-adjusted death rates due to cancer (all sites), heart diseases, unintentional injuries, diabetes, pneumonia, suicide, kidney diseases, motor vehicle injuries, and Alzheimer's.

For example, male death rates per 100,000 population were

- 48.4% greater than females for cancer (all sites)
- 70.4% greater than females for heart diseases
- 6.3% greater than females for chronic lower respiratory diseases (CLRD)
- 2.1% greater than females for cerebrovascular diseases (stroke)
- 87.2% greater than females for unintentional injuries
- 67.9% greater than females for diabetes
- 31.9% greater than females for pneumonia
- 331.1% greater than females for suicide
- 41.7% greater than females for kidney diseases
- 205.6% greater than females for motor vehicle injuries
- 17.1% greater than females for septicemia
- 47.8% **lower** than females for Alzheimer's

Trends in Race/Ethnicity-specific and Sex-specific Age-adjusted Leading Causes of Death Rates for Males, Forsyth County, NC, 2001 - 2013



*CLRD: Chronic Lower Respiratory Diseases

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics. Accessed 02/02/2015.

The chart above compares the race/ethnicity-specific and sex-specific age-adjusted data for males from the 2007 assessments (2001-2005 data) to the 2014 assessment (2009-2013) data. While cancer (all sites) and heart diseases remained the top two causes of death, their rates have decreased since the 2007 assessment. Between the 2007 and 2014 assessments, there was a decrease in the age-adjusted death rates for cancers (all sites) (10%), heart diseases (21%), chronic lower respiratory diseases (CLRD) (14%), cerebrovascular disease (stroke) (33%), diabetes (22%), kidney diseases (19%), and motor vehicle injuries (10%). During this period, there was an increase in the age-adjusted death rates due to unintentional injuries (25%), pneumonia (10%) and suicide (10%).

How do Forsyth County's 2009-2013 race/ethnicity-specific and sex-specific age-adjusted death rates for males compare to its peer counties and North Carolina?

2009 - 2013 Race/Ethnicity-specific and Sex-specific Age-adjusted Death Rates per 100,000 Population ¹ for Males							
Forsyth County, Peer Counties & State of NC							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Cancer: All sites	223.3	231.6	218.2	200.4	195.7	187.6	217.6
Heart diseases	191.4	263.6	175.6	191.9	177.9	159.6	217.3
Stroke	43.8	42.9	34.5	40.6	38.5	43.2	44.1
CLRD*	50.3	57.1	29.7	42.2	38.9	31.6	52.9
Unintentional Injuries	38.0	39.1	32.3	39.4	26.7	24.4	38.7
Diabetes	27.7	40.3	22.7	18.2	21.8	21.2	25.7
Pneumonia and Influenza	21.9	18.1	16.0	18.8	17.2	11.4	20.5
Suicides	19.4	17.3	13.8	14.4	14.6	13.8	19.8
Kidney diseases	18.0	28.3	22.1	21.6	23.6	17.1	21.4
Motor Vehicle	16.5	27.7	13.1	15.6	11.4	12.6	20.2

¹ Standard = 2000 US Population

* CLRD: Chronic Lower Respiratory Diseases

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics
 Accessed 02/02/2015.

Cancer

- 3% higher than state of NC
- 4% lower than Cumberland
- 2% higher than Durham
- 11% higher than Guilford
- 14% higher than Mecklenburg
- 19% higher than Wake

Heart Diseases

- 12% lower than state of NC
- 27% lower than Cumberland
- 9% higher than Durham
- Similar to Guilford
- 8% higher than Mecklenburg
- 20% higher than Wake

Cerebrovascular Diseases (Stroke)

- 1% lower than state of NC
- 2% higher than Cumberland
- 27% higher than Durham
- 8% higher than Guilford
- 14% higher than Mecklenburg
- 1% higher than Wake

Chronic Lower Resp. Diseases (CLRD)

- 5% lower than state of NC
- 12% lower than Cumberland
- 70% higher than Durham
- 19% higher than Guilford
- 29% higher than Mecklenburg
- 59% higher than Wake

Kidney Diseases

- 16% lower than state of NC
- 36% lower than Cumberland
- 19% lower than Durham
- 17% lower than Guilford
- 24% lower than Mecklenburg
- 2% higher than Wake

Pneumonia and Influenza

- 7% higher than state of NC
- 21% higher than Cumberland
- 37% higher than Durham
- 17% higher than Guilford
- 27% higher than Mecklenburg
- 92% higher than Wake

Motor Vehicle

- 18% lower than state of NC
- 40% lower than Cumberland
- 26% higher than Durham
- 6% higher than Guilford
- 45% higher than Mecklenburg
- 31% higher than Wake

Suicides

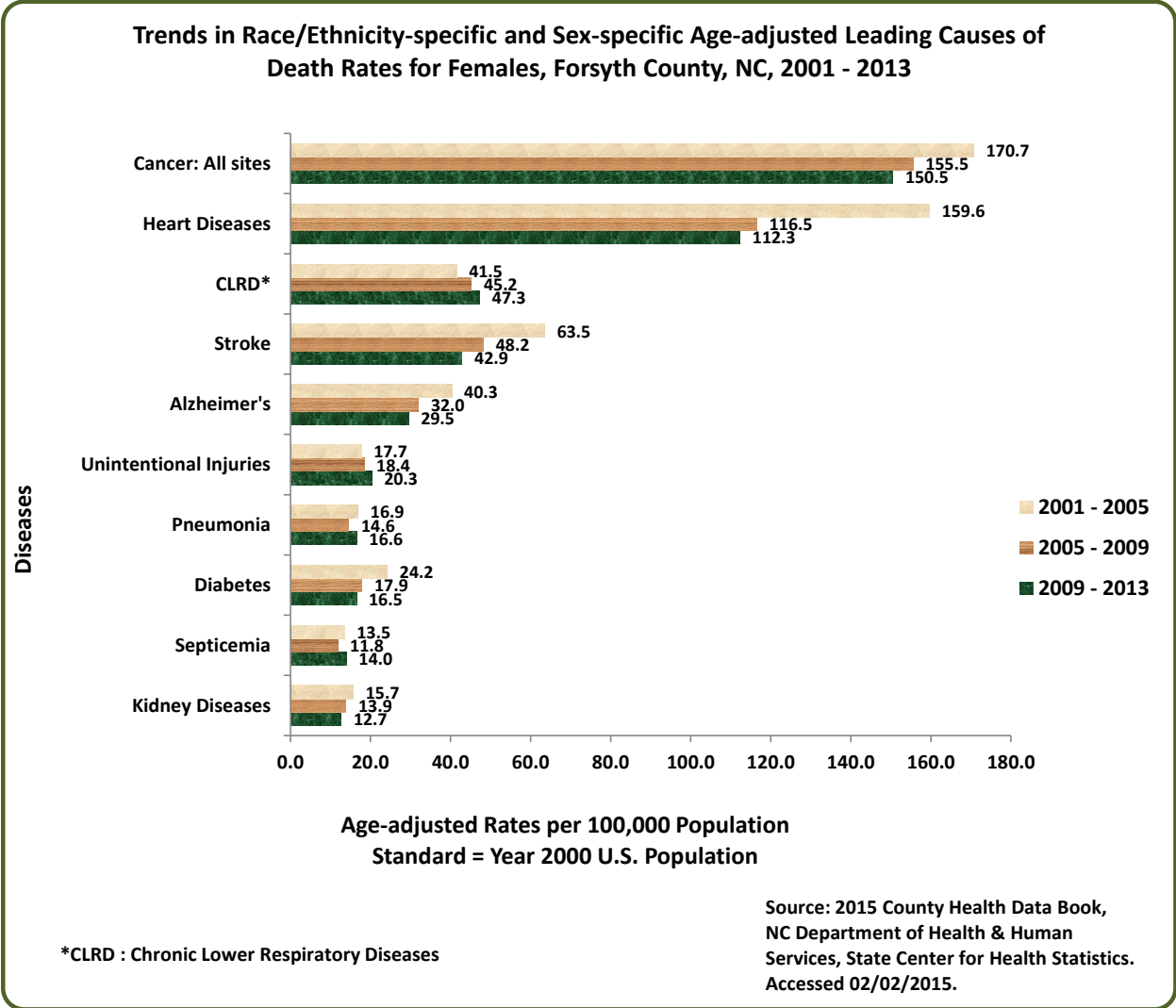
- 2% lower than state of NC
- 12% higher than Cumberland
- 41% higher than Durham
- 35% higher than Guilford
- 33% higher than Mecklenburg
- 41% higher than Wake

Unintentional Injuries

- 2% lower than state of NC
- 3% lower than Cumberland
- 18% higher than Durham
- 4% lower than Guilford
- 42% higher than Mecklenburg
- 56% higher than Wake

Diabetes

- 8% higher than state of NC
- 31% lower than Cumberland
- 22% higher than Durham
- 52% higher than Guilford
- 27% higher than Mecklenburg
- 31% higher than Wake



The chart above compares the race/ethnicity-specific and sex-specific age-adjusted data for females from the 2007 assessment (2001-2005 data) to the 2014 assessment (2009-2013) data. While cancer (all sites) and heart diseases remained the top two causes of death, their rates have decreased since the 2007 assessment. Between the 2007 and 2014 assessments, there was a decrease in the age-adjusted death rates for cancers (all sites) (12%), heart diseases(30%), cerebrovascular disease (32%), Alzheimer's (27%), pneumonia (2%), diabetes (32%), and kidney diseases (19%). During this period, there was an increase in the age-adjusted death rates due to chronic lower respiratory diseases (CLRD) (14%), unintentional injuries (15%), and septicemia (4%).

How do Forsyth County's 2009-2013 race/ethnicity-specific and sex-specific age-adjusted death rates for females compare to its peer counties and North Carolina?

2009 - 2013 Race/Ethnicity-specific and Sex-specific Age-adjusted Death Rates per 100,000 Population ¹ for Females, Forsyth County, Peer Counties & State of NC							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Cancer: All sites	150.5	157.7	149.3	139.3	134.1	133.3	143.0
Heart diseases	112.3	156.7	104.1	118.5	107.0	107.5	134.0
CLRD*	47.3	47.3	29.8	36.3	30.4	31.5	42.0
Stroke	42.9	41.5	41.6	41.8	36.9	38.6	42.5
Alzheimer's	29.5	24.2	25.2	36.2	46.8	20.8	32.0
Unintentional Injuries	20.3	22.4	17.9	23.2	13.4	13.6	21.3
Pneumonia and Influenza	16.6	18.7	15.3	13.4	12.4	10.1	16.2
Diabetes	16.5	23.1	17.7	14.4	12.8	13.6	18.4
Septicemia	14.0	16.2	12.5	11.8	11.3	7.4	12.3
Kidney diseases	12.7	21.4	18.1	15.3	15.0	11.3	15.1

¹ Standard = 2000 US Population

* CLRD: Chronic Lower Respiratory Diseases

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics
Accessed 02/02/2015.

Cancer

- 5% higher than state of NC
- 5% lower than Cumberland
- 1% higher than Durham
- 8% higher than Guilford
- 12% higher than Mecklenburg
- 13% higher than Wake

Heart Diseases

- 16% lower than state of NC
- 28% lower than Cumberland
- 8% higher than Durham
- 5% lower than Guilford
- 5% higher than Mecklenburg
- 5% higher than Wake

Cerebrovascular Diseases (Stroke)

- 1% higher than state of NC
- 3% higher than Cumberland
- 3% higher than Durham
- 3% higher than Guilford
- 16% higher than Mecklenburg
- 11% higher than Wake

Chronic Lower Resp. Diseases (CLRD)

- 13% higher than state of NC
- Similar to Cumberland
- 59% higher than Durham
- 30% higher than Guilford
- 56% higher than Mecklenburg
- 50% higher than Wake

Kidney Diseases

- 16% lower than state of NC
- 41% lower than Cumberland
- 30% lower than Durham
- 17% lower than Guilford
- 15% lower than Mecklenburg
- 12% higher than Wake

Pneumonia and Influenza

- 3% higher than state of NC
- 11% lower than Cumberland
- 9% higher than Durham
- 24% higher than Guilford
- 34% higher than Mecklenburg
- 64% higher than Wake

Septicemia

- 14% higher than state of NC
- 14% lower than Cumberland
- 12% higher than Durham
- 19% higher than Guilford
- 24% higher than Mecklenburg
- 89% higher than Wake

Alzheimer's

- 8% lower than state of NC
- 22% higher than Cumberland
- 17% higher than Durham
- 19% lower than Guilford
- 37% lower than Mecklenburg
- 42% higher than Wake

Unintentional Injuries

- 5% lower than state of NC
- 9% lower than Cumberland
- 13% higher than Durham
- 13% lower than Guilford
- 52% higher than Mecklenburg
- 49% higher than Wake

Diabetes

- 10% lower than state of NC
- 29% lower than Cumberland
- 7% lower than Durham
- 15% higher than Guilford
- 29% higher than Mecklenburg
- 21% higher than Wake

Leading Causes of Death Based on Race/Ethnicity

2009 - 2013 Race/Ethnicity-specific and Sex-specific Age-adjusted Death Rates per 100,000 Population ¹ based on Race/Ethnicity, Forsyth County, NC					
	Afr. Americans	Amer-Indians	Hispanic	Other Races	White
Cancer: All sites	215.5	*	79.4	*	175.0
Heart Diseases	198.8	*	58.0	*	134.2
Stroke	53.1	*	*	*	41.4
Diabetes	50.7	*	*	*	14.7
CLRD ²	34.7	*	*	*	52.9
Alzheimer's	27.3	*	*	*	24.8
Kidney Diseases	25.4	*	*	*	11.7
Septicemia	24.8	*	*	*	12.9
Unintentional Injuries	19.1	*	*	*	33.5
Pneumonia	17.0	*	*	*	19.4
Suicide	6.6	*	*	*	15.3

¹ Standard = 2000 US Population

² CLRD: Chronic Lower Respiratory Diseases

* Rates based on fewer than 20 cases.

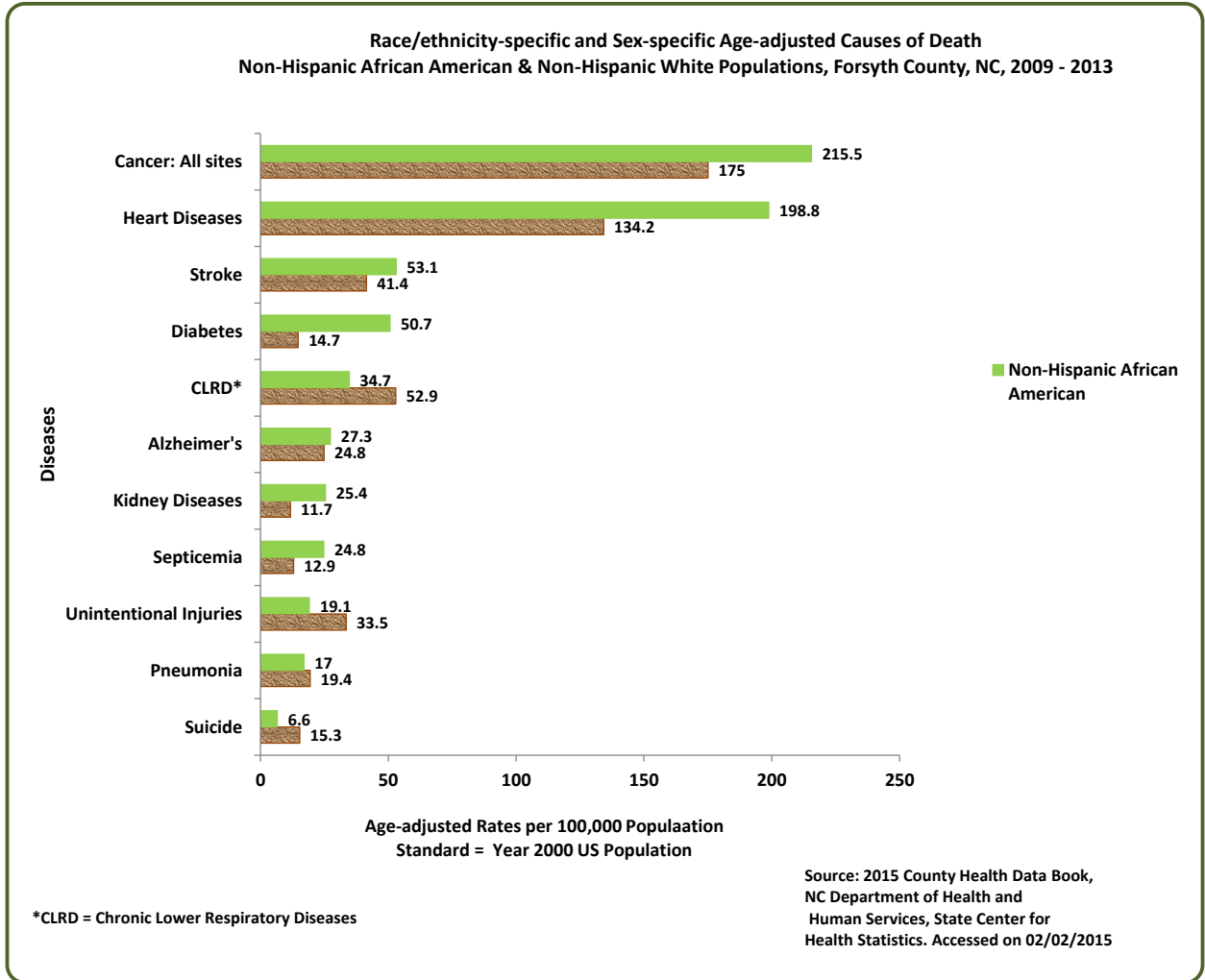
Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics
Accessed 02/02/2015

Ten Leading Causes of Death Rates for non-Hispanic African-Americans per 100,000 Population, Forsyth County, 2009-2013

1. Cancer (all sites): 216
2. Heart diseases: 199
3. Cerebrovascular Diseases (Stroke): 53
4. Diabetes: 51
5. Chronic Lower Respiratory Diseases (CLRD): 35
6. Alzheimer's: 27
7. Kidney Diseases: 25
8. Septicemia: 25
9. Unintentional Injuries: 19
10. Pneumonia: 17

Ten Leading Causes of Death Rates for non-Hispanic White Americans per 100,000 Population, Forsyth County, 2009-2013

1. Cancer (all sites): 175
2. Heart diseases: 134
3. Chronic Lower Respiratory Diseases (CLRD): 53
4. Cerebrovascular Diseases (Stroke): 41
5. Unintentional Injuries: 34
6. Alzheimer's: 25
7. Pneumonia: 19
8. Suicide: 15
9. Diabetes: 15
10. Septicemia: 13

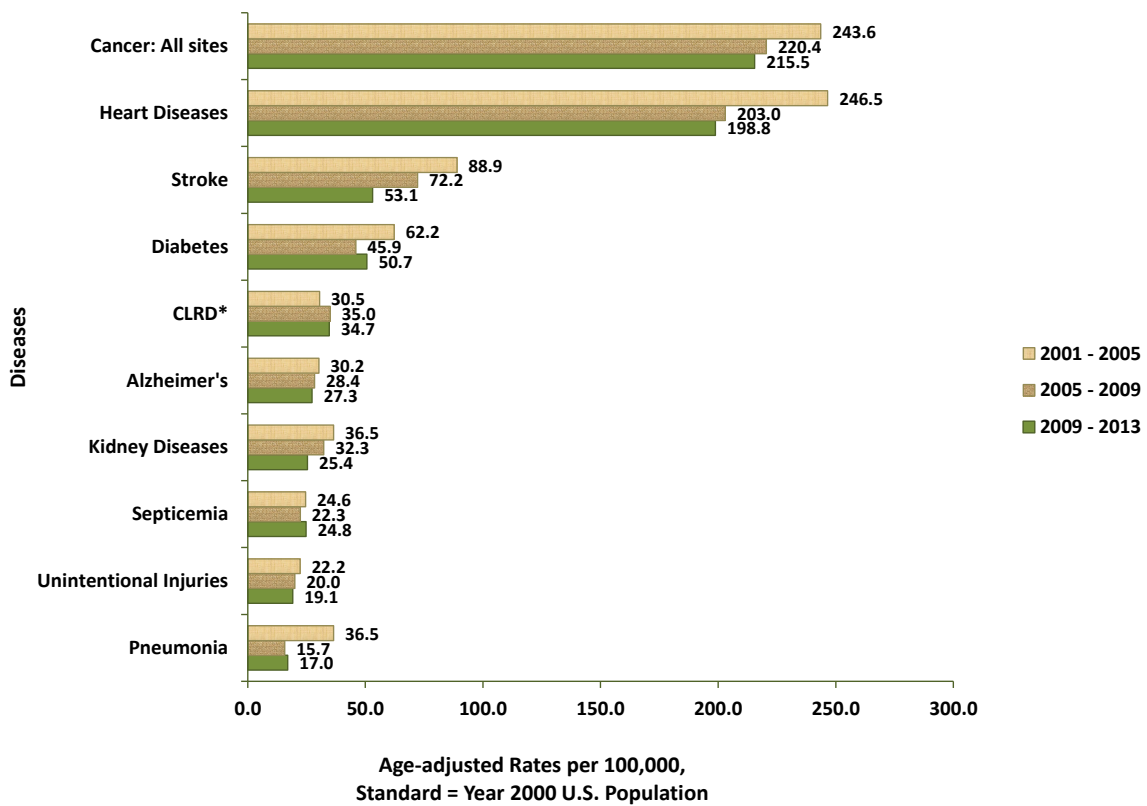


The chart above compares the race/ethnicity-specific and sex-specific age-adjusted leading causes of death from 2009 to 2013 for non-Hispanic African American and non-Hispanic White populations in Forsyth County, NC. Major differences were observed between the sub-populations in all of the leading causes of death.

For example, in comparison to the non-Hispanic White population, the non-Hispanic African American population death rates per 100,000 population were:

- 23.1% greater for cancer (all sites)
- 48.1% greater for heart diseases
- 28.3% greater for cerebrovascular diseases (stroke)
- 244.9% greater for diabetes
- 11.3% greater for Alzheimer's
- 117.1% greater for kidney diseases
- 92.2% greater for septicemia
- 43.0% greater for unintentional injuries
- 12.4% **lower** for pneumonia
- 34.4% **lower** for chronic lower respiratory diseases (CLRD)
- 56.9% **lower** for suicide

Trends in Race/ethnicity-specific and Sex-specific Age-adjusted Death Rate
 Non-Hispanic African-American Population, Forsyth County, NC, 2001 - 2013



*CLRD: Chronic Lower Respiratory Diseases

Source: 2015 County Health Data Book,
 NC Department of Health and Human Services,
 State Center for Health Statistics.
 Accessed 02/02/2015

The chart above compares the race/ethnicity-specific and sex-specific age-adjusted data for the non-Hispanic African American population from the 2007 assessment (2001-2005 data) to the 2014 assessment (2009-2013) data.¹ While cancer (all sites) and heart diseases remained the top two causes of death, their rates have decreased since the 2007 assessment. Between the 2007 and 2014 assessments, there was a decrease in the age-adjusted death rates for cancers (all sites) (12%) heart diseases (19%), cerebrovascular disease (40%), Alzheimer's (10%), unintentional injuries (14%), diabetes (19%), kidney diseases (30%), and pneumonia (53%). During this period, there was an increase in the age-adjusted death rates due to chronic lower respiratory diseases (CLRD) (13%), and septicemia (1%).

¹ For the 2007 assessment, the data covered 2001-2005, and describes persons all who are non-White as "minorities." This report uses the 2001-2005 'minority' data (2007 assessment) as an approximation of the non-Hispanic African-American population because the presence of non-African American minority population would have been miniscule. The use of this data will not unduly affect the analysis.

How do Forsyth County's 2009-2013 race/ethnicity-specific and sex-specific age-adjusted death rates for non-Hispanic African American population compare to its peer counties and state of North Carolina?

2009 - 2013 Race/Ethnicity-specific and Sex-specific Age-adjusted Death Rates per 100,000 Population ¹ for non-Hispanic African American, Forsyth County, Peer Counties & State of NC							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Cancer: All sites	215.5	189.0	215.2	189.3	201.5	197.1	201.5
Heart Diseases	198.8	211.9	158.4	175.8	169.8	164.4	193.2
Stroke	53.1	47.4	48.7	51.9	53.3	51.7	57.1
Diabetes	50.7	45.5	29.4	30.3	36.2	42.9	43.4
CLRD*	34.7	31.0	22.0	24.9	28.5	20.4	28.0
Alzheimer's	27.3	18.3	25.3	33.0	46.6	16.6	26.3
Kidney Diseases	25.4	38.3	34.0	31.3	38.0	31.2	34.1
Septicemia	24.8	18.2	22.8	17.3	18.8	13.4	19.2
Unintentional Injuries	19.1	23.1	23.4	23.1	15.8	16.9	19.7
Pneumonia	17.0	15.3	13.6	14.2	15.3	12.8	16.9

¹ Standard = 2000 US Population

* CLRD: Chronic Lower Respiratory Diseases

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics
 Accessed 02/02/2015.

Cancer

- 7% higher than state of NC
- 14% higher than Cumberland
- Similar to Durham
- 14% higher than Guilford
- 7% higher than Mecklenburg
- 9% higher than Wake

Heart Diseases

- 3% higher than state of NC
- 6% lower than Cumberland
- 26% higher than Durham
- 13% higher than Guilford
- 17% higher than Mecklenburg
- 21% higher than Wake

Cerebrovascular Diseases (Stroke)

- 7% lower than state of NC
- 12% higher than Cumberland
- 9% higher than Durham
- 2% higher than Guilford
- Similar to Mecklenburg
- 3% higher than Wake

Chronic Lower Resp. Diseases (CLRD)

- 24% higher than state of NC
- 12% higher than Cumberland
- 58% higher than Durham
- 39% higher than Guilford
- 22% higher than Mecklenburg
- 70% higher than Wake

Kidney Diseases

- 26% lower than state of NC
- 34% lower than Cumberland
- 25% lower than Durham
- 19% lower than Guilford
- 33% lower than Mecklenburg
- 19% lower than Wake

Pneumonia and Influenza

- 1% higher than state of NC
- 11% higher than Cumberland
- 25% higher than Durham
- 20% higher than Guilford
- 11% higher than Mecklenburg
- 33% higher than Wake

Septicemia

- 29% higher than state of NC
- 36% higher than Cumberland
- 9% higher than Durham
- 43% higher than Guilford
- 32% higher than Mecklenburg
- 85% higher than Wake

Alzheimer's

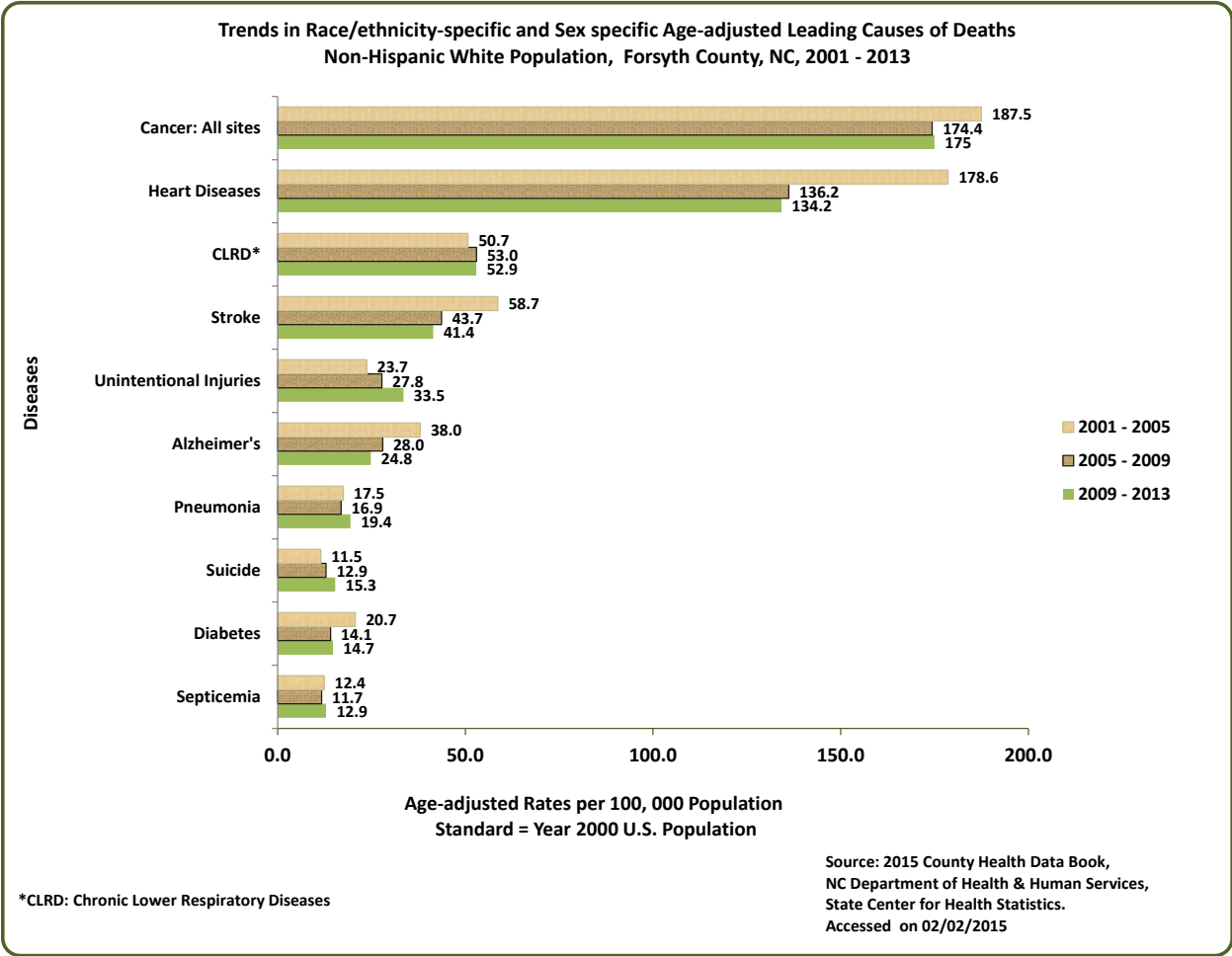
- 4% higher than state of NC
- 49% higher than Cumberland
- 8% higher than Durham
- 17% lower than Guilford
- 41% lower than Mecklenburg
- 65% higher than Wake

Unintentional Injuries

- 3% lower than state of NC
- 17% lower than Cumberland
- 18% lower than Durham
- 17% lower than Guilford
- 21% higher than Mecklenburg
- 13% higher than Wake

Diabetes

- 17% higher than state of NC
- 11% higher than Cumberland
- 72% higher than Durham
- 67% higher than Guilford
- 40% higher than Mecklenburg
- 18% higher than Wake



The chart above compares the race/ethnicity-specific and sex-specific age-adjusted death rates for the non-Hispanic White population from the 2007 assessment (2001-2005 data) to the 2014 assessment (2009-2013) data. While cancer (all sites) and heart diseases remained the top two causes of death, their rates have decreased since the 2007 assessment. Between the 2007 and 2014 assessments, there was a decrease in the age-adjusted death rates for cancers (all sites (7%), heart diseases (25%), cerebrovascular disease (29%), Alzheimer's (35%), diabetes (29%), and kidney diseases (15%). During this period, there was an increase in the age-adjusted death rates due to chronic lower respiratory diseases (CLRD) (4%), unintentional injuries (41%), pneumonia (11%), and septicemia (4%).

How do Forsyth County's 2009-2013 race/ethnicity-specific and sex-specific age-adjusted death rates for the non-Hispanic White population compare to its peer counties and state of North Carolina?

2009 - 2013 Race/Ethnicity-specific and Sex-specific Age-adjusted Death Rates per 100,000 Population¹ for the non-Hispanic White Population, Forsyth County, Peer Counties & State of NC							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Cancer: All sites	175.0	193.8	161.2	159.9	148.7	151.5	171.3
Heart Diseases	134.2	203.3	126.0	141.5	128.8	127.0	168
CLRD*	52.9	65.4	33.8	42.9	36.5	35.0	50.9
Stroke	41.4	40.6	35.8	38.3	33.3	39.0	41.3
Unintentional Injuries	33.5	39.2	26.3	35.4	23.0	19.9	33.9
Alzheimer's	24.8	24.2	22.5	33.9	44.1	19.8	29.8
Pneumonia	19.4	19.9	16.5	16.1	14.0	10.5	18.3
Suicides	15.3	20.9	13.0	14.3	13.6	10.7	15.7
Diabetes	14.7	23.4	15.5	12.4	10.7	12.6	17.4
Septicemia	12.9	17.5	9.9	11.5	12.1	7.3	12.3

¹ Standard = 2000 US Population

* CLRD: Chronic Lower Respiratory Diseases

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics
Accessed 02/02/2015.

Cancer

- 2% higher than state of NC
- 10% lower than Cumberland
- 9% higher than Durham
- 9% higher than Guilford
- 18% higher than Mecklenburg
- 16% higher than Wake

Heart Diseases

- 20% lower than state of NC
- 34% lower than Cumberland
- 7% higher than Durham
- 5% lower than Guilford
- 4% higher than Mecklenburg
- 6% higher than Wake

Cerebrovascular Diseases (Stroke)

- Similar to state of NC
- 2% higher than Cumberland
- 16% higher than Durham
- 8% higher than Guilford
- 24% higher than Mecklenburg
- 6% higher than Wake

Chronic Lower Resp. Diseases (CLRD)

- 4% higher than state of NC
- 19% lower than Cumberland
- 57% higher than Durham
- 23% higher than Guilford
- 45% higher than Mecklenburg
- 51% higher than Wake

Suicide

- 3% lower than state of NC
- 27% lower than Cumberland
- 18% greater than Durham
- 7% greater than Guilford
- 13% greater than Mecklenburg
- 43% higher than Wake

Pneumonia and Influenza

- 6% higher than state of NC
- 3% lower than Cumberland
- 18% higher than Durham
- 21% higher than Guilford
- 39% higher than Mecklenburg
- 85% higher than Wake

Septicemia

- 5% higher than state of NC
- 26% lower than Cumberland
- 30% higher than Durham
- 12% higher than Guilford
- 7% higher than Mecklenburg
- 77% higher than Wake

Alzheimer's

- 17% lower than state of NC
- 3% higher than Cumberland
- 10% higher than Durham
- 27% lower than Guilford
- 44% lower than Mecklenburg
- 25% higher than Wake

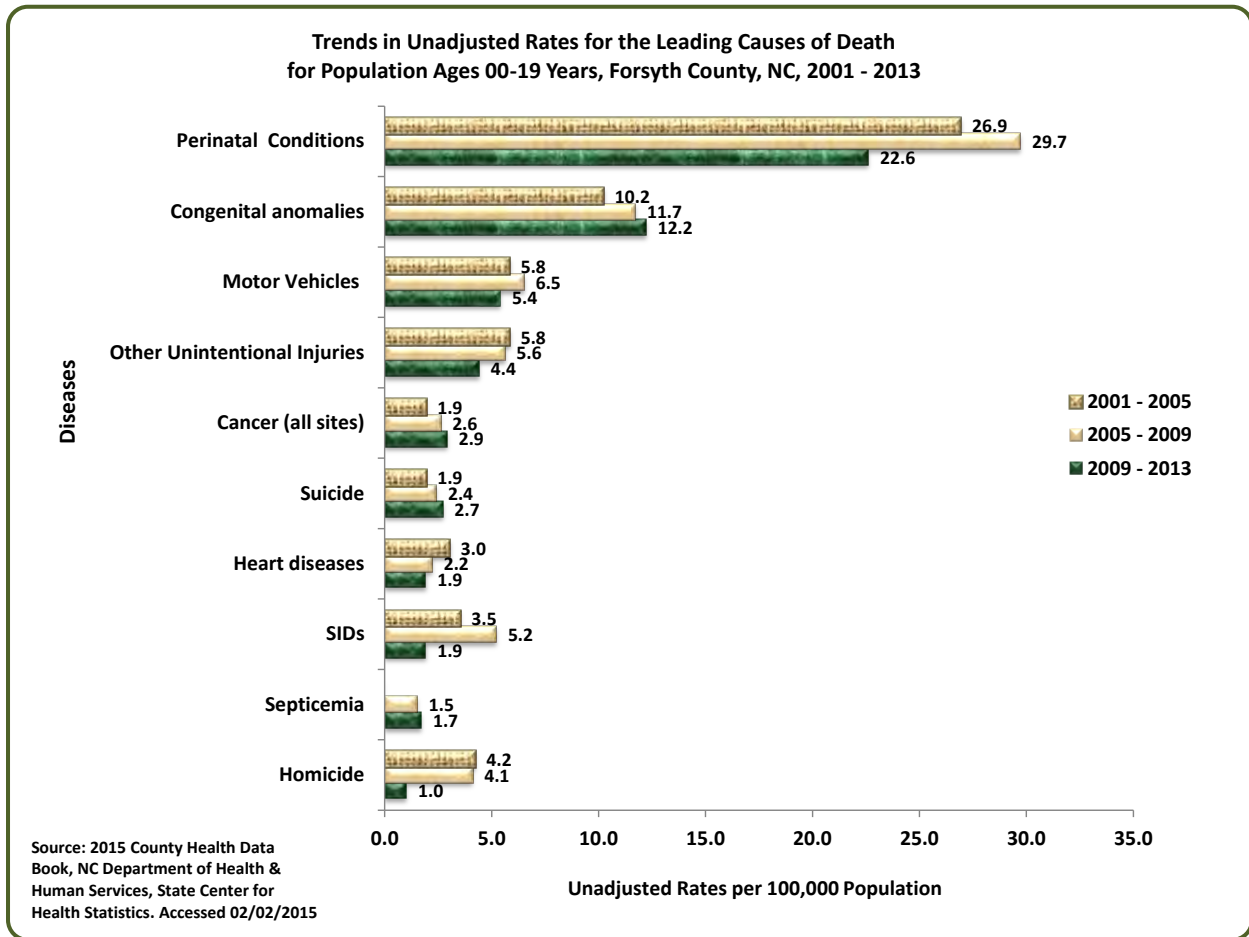
Unintentional Injuries

- 1% lower than state of NC
- 15% lower than Cumberland
- 27% higher than Durham
- 5% lower than Guilford
- 46% higher than Mecklenburg
- 68% higher than Wake

Diabetes

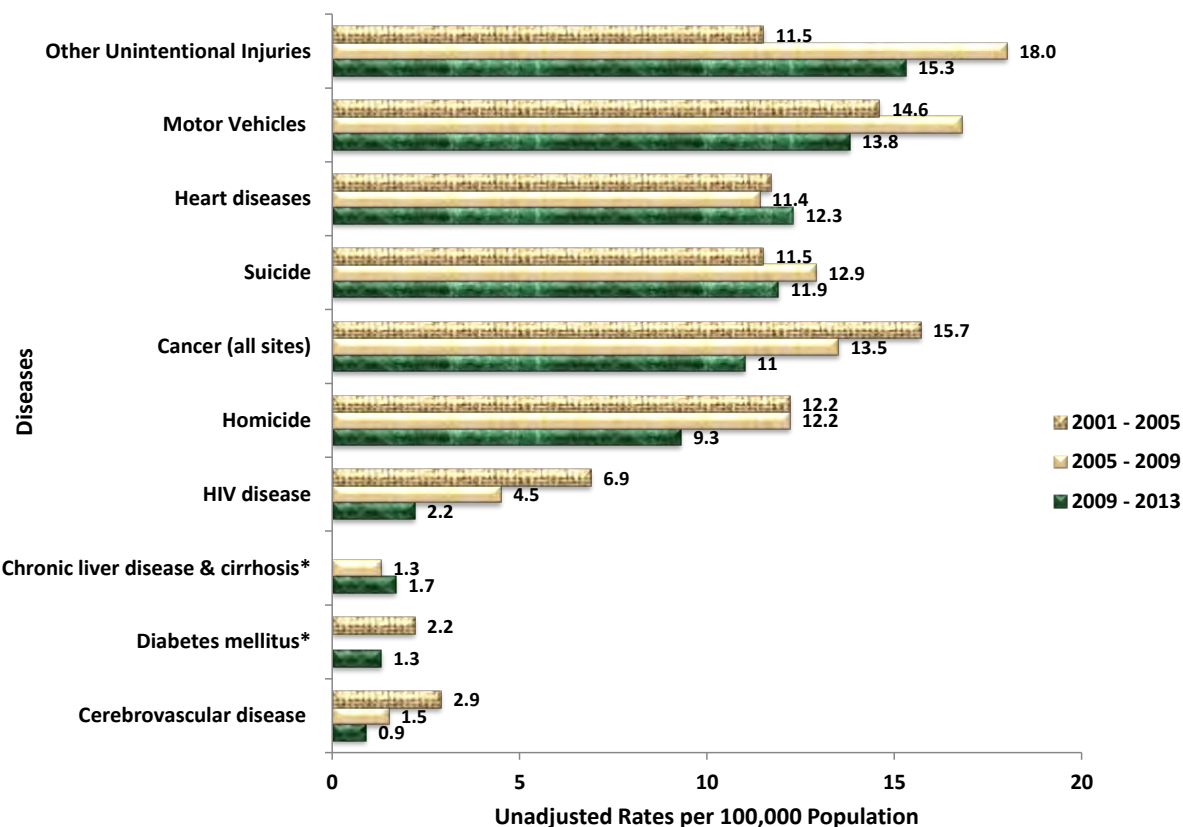
- 16% lower than state of NC
- 37% lower than Cumberland
- 5% lower than Durham
- 19% higher than Guilford
- 37% higher than Mecklenburg
- 17% higher than Wake

Leading Causes of Death based on Age Groups



The chart above compares the leading causes of death for Forsyth County population Ages 00-19 years from the 2007 assessment (2001-2005 data) to the 2014 assessment (2009-2013 data). Perinatal conditions and congenital anomalies have remained the top two causes of death. Between the 2007 and 2014 assessments, there was a decrease in the unadjusted death rates for congenital anomalies (16%), suicide (30%), and cancers (all sites) (34%). During this period, there was an increase in the unadjusted death rates due to perinatal conditions (19%), motor vehicles (7%), unintentional injuries (32%), heart diseases (58%), SIDs (84%), and homicide (320%).

Trends in Unadjusted Rates for the Leading Causes of Death
for Population Ages 20 - 39 Years, Forsyth County, NC 2001 - 2013

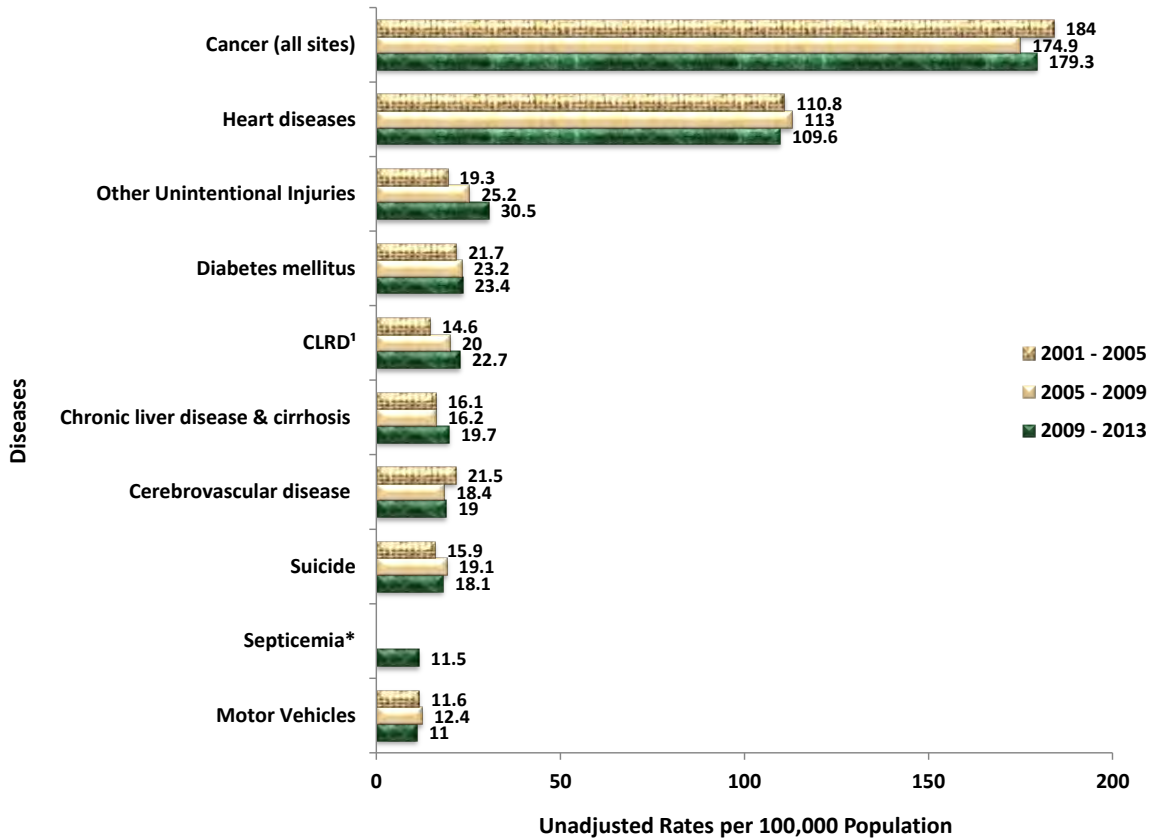


*Less than 20 cases for missing years

Source: 2015 County Health Data Book, NC
Department of Health & Human Services,
State Center for Health Statistics.
Accessed 02/02/2015

The chart above compares the leading causes of death for Forsyth County population Ages 20-39 years from the 2007 assessment (2001-2005 data) to the 2014 assessment (2009-2013 data). Unintentional injuries, motor vehicles, heart diseases, suicide, cancer (all sites), and homicide have remained the top causes of death. Between the 2007 and 2014 assessments, there was a decrease in the unadjusted death rates due to motor vehicle accidents (5%), cancer (all sites)(3%) , homicide (24%), HIV (68%), and cerebrovascular diseases (69%). During this period, there was an increase in the unadjusted death rates due to unintentional injuries (19%), heart diseases (5%), and suicide (3%).

Trends in Unadjusted Rates for the Leading Causes of Death
for Population Ages 40 - 64 Years, Forsyth County, NC, 2001 - 2013

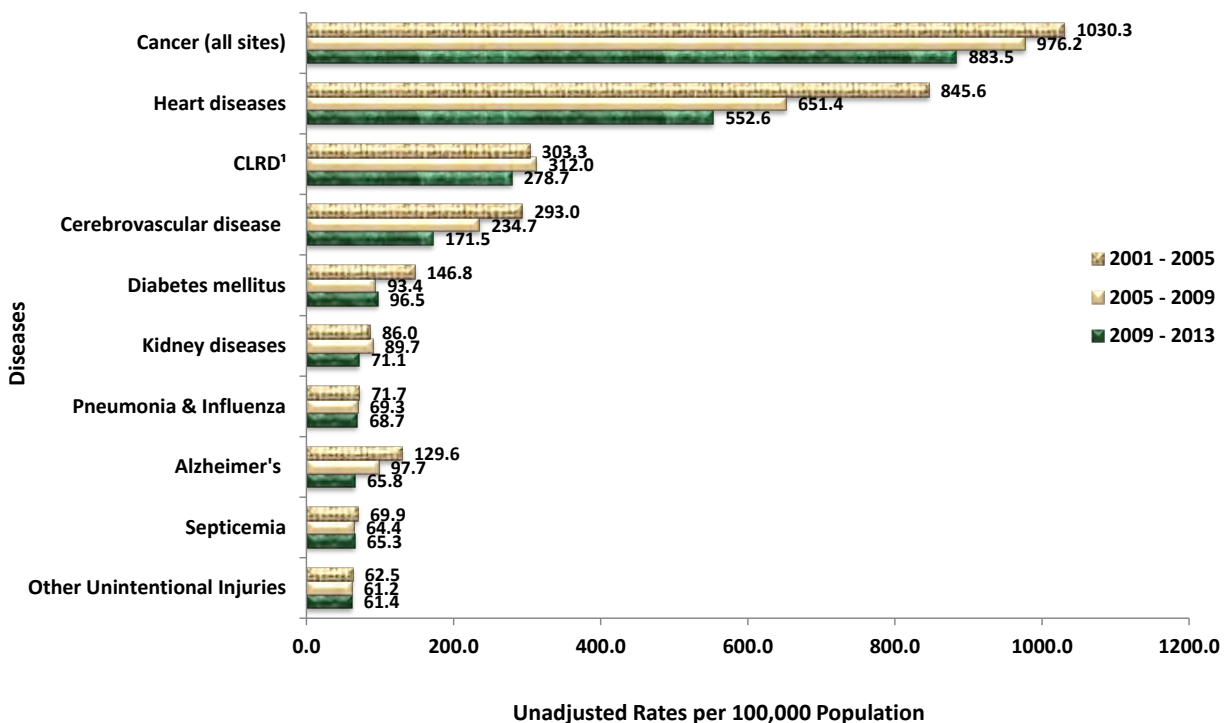


¹CLRD: Chronic Lower Respiratory Diseases
* Less than 20 cases for missing years

Source: 2015 County Health Data Book, NC Department of Health & Human Services, State Center for Health Statistics. Accessed on 02/02/2015

The chart above compares the leading causes of death data for Forsyth County population Ages 40-64 years from the 2007 assessment (2001-2005 data) to the 2014 assessment (2009-2013 data). Cancer and heart diseases have remained the top causes of death. Between the 2007 and 2014 assessments, there was a decrease in the unadjusted death rates for cancer (all sites) (3%), heart diseases (1%), cerebrovascular diseases (12%), and motor vehicle accidents (5%). During this period, there was an increase in the unadjusted death rates due to unintentional injuries (58%), diabetes (8%), chronic liver diseases & cirrhosis (22%), and suicide (14%).

Trends in Unadjusted Rates for the Leading Causes of Death for Population Ages 65 - 84 Years, Forsyth County, NC, 2001 - 2013

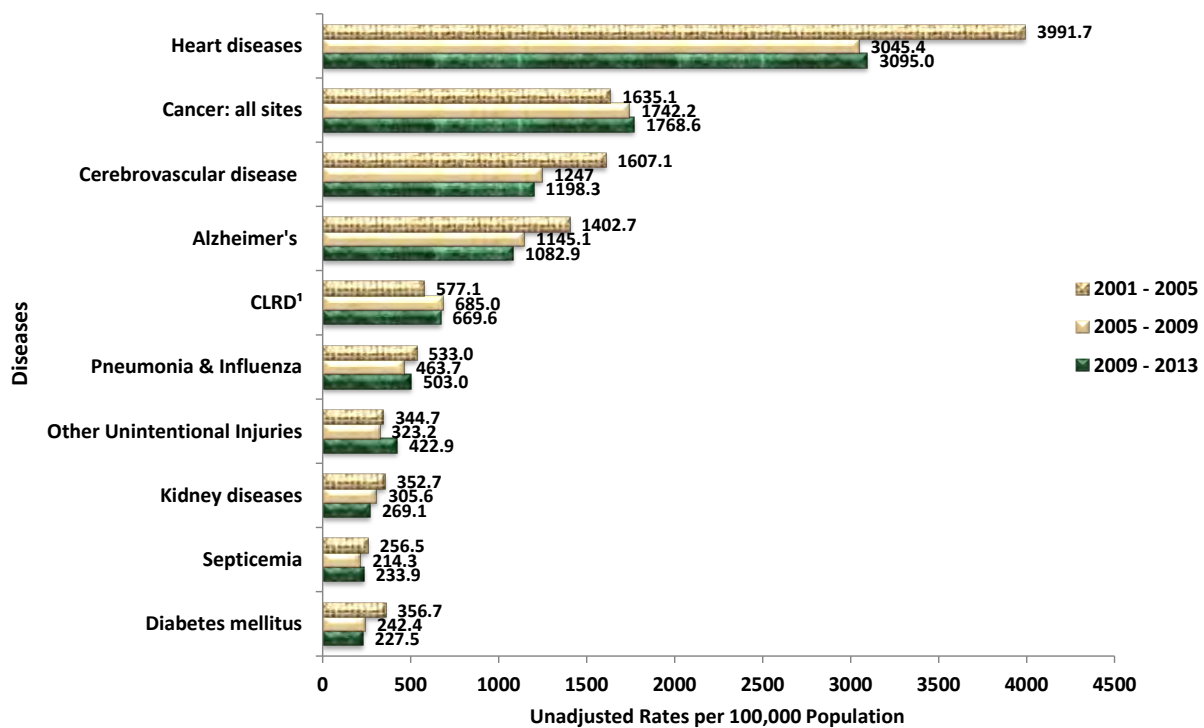


¹CLRD: Chronic Lower Respiratory Diseases

Source: 2015 County Health Data Book, NC
Department of Health & Human Services, State
Center for Health Statistics.
Accessed 02/02/2015

The chart above compares the leading causes of death data for Forsyth County population Ages 65-84 years from the 2007 assessment (2001-2005 data) to the 2014 assessment (2009-2013 data). Cancer and heart diseases have remained the top causes of death. Between the 2007 and 2014 assessments, there was a decrease in the unadjusted death rates for cancer (all sites) (14%), heart diseases (35%), chronic lower respiratory diseases (CLRD)(8%), cerebrovascular diseases (stroke) (63%), diabetes mellitus (34%), kidney diseases (17%), pneumonia/influenza (4%), Alzheimer's (49%), septicemia (7%), and unintentional injuries (2%).

Trends in Unadjusted Rates for the Leading Causes of Death for Population Ages 85+, Forsyth County, NC, 2001 - 2013



¹CLRD: Chronic Lower Respiratory Diseases

Source: 2015 County Health Data Book, NC Department of Health & Human Services, State Center for Health Statistics. Accessed 02/02/2015

The chart above compares the leading causes of death data for Forsyth County population Ages 85+ years from the 2007 assessment (2001-2005 data) to the 2014 assessment (2009-2013 data). Heart diseases, cancer (all sites), cerebrovascular diseases, Alzheimer's, and chronic lower respiratory diseases (CLRD) diseases have remained the top causes of death. Between the 2007 and 2014 assessments, there was a decrease in the unadjusted death rates for heart diseases (22%), cerebrovascular diseases (stroke)(25%), Alzheimer's (23%), chronic lower respiratory diseases (CLRD)(6%), kidney diseases (24%), septicemia (9%), and diabetes mellitus (36%). During this period, there was an increase in the unadjusted death rates for cancer (all sites) (8%), chronic lower respiratory diseases (CLRD) (16%), and unintentional injuries (23%).

Changes in the Ranking of the Top Five Leading Causes of Death based on Age Groups, Forsyth County, NC, 2001 - 2013

Ranking of the Five Highest Leading Cause of Death for Age 00 - 19 Years Forsyth County, NC, 2001 - 2013 Unadjusted Death Rates				
AGE	CAUSE OF DEATH:	2009 - 2013	2005 - 2009	2001 - 2005
00 - 19 YEARS	Conditions originating in the perinatal period	1	1	1
	Congenital anomalies (birth defects)	2	2	2
	Motor vehicle injuries	3	3	3
	Other Unintentional injuries	4	4	
	Cancer-all sites	5	7	8

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics

Ranking of the Five Highest Leading Cause of Death for Age 20 - 39 Years Forsyth County, NC, 2001 - 2013 Unadjusted Death Rates				
AGE	CAUSE OF DEATH:	2009 - 2013	2005 - 2009	2001 - 2005
20 - 39 YEARS	Other Unintentional injuries	1	1	5
	Motor vehicle injuries	2	2	2
	Heart Diseases	3	6	4
	Suicide	4	4	5
	Cancer-all sites	5	3	1

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics

Ranking of the Five Highest Leading Cause of Death for Age 40 - 64 Years Forsyth County, NC, 2001 - 2013 Unadjusted Death Rates				
AGE	CAUSE OF DEATH:	2009 - 2013	2005 - 2009	2001 - 2005
40 - 64 YEARS	Cancer - All Sites	1	1	1
	Heart diseases	2	2	2
	Other Unintentional injuries	3	3	5
	Diabetes mellitus	4	4	3
	Chronic lower respiratory diseases	5	5	9

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics

Ranking of the Five Highest Leading Cause of Death for Age 65 - 84 Years Forsyth County, NC, 2001 - 2013 Unadjusted Death Rates				
AGE	CAUSE OF DEATH:	2009 - 2013	2005 - 2009	2001 - 2005
65-84 YEARS	Cancer - All Sites	1	1	1
	Heart diseases	2	2	2
	Chronic lower respiratory diseases	3	3	3
	Cerebrovascular disease	4	4	4
	Diabetes mellitus	5	6	5

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics

Ranking of the Five Highest Leading Cause of Death for Age 85+ Years Forsyth County, NC, 2001 - 2013 Unadjusted Death Rates				
AGE	CAUSE OF DEATH:	2009 - 2013	2005 - 2009	2001 - 2005
85+ YEARS	Heart diseases	1	1	1
	Cancer - All Sites	2	2	2
	Cerebrovascular disease	3	3	3
	Alzheimer's disease	4	4	4
	Chronic lower respiratory diseases	5	5	5

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics

How do Forsyth County's unadjusted death rates for defined age groups compare to its peer counties and the state of North Carolina during 2009 - 2013?

Leading Causes of Deaths for Ages 00 - 19 Years							
Forsyth County, Peer Counties, and State of NC, 2009 - 2013 Unadjusted Rates							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Perinatal Conditions	22.6	27.5	25.1	25.4	15.6	17.5	18.2
Congenital anomalies	12.2	8.8	7.9	6.8	7.8	7.7	7.9
Motor Vehicles	5.4	7.1	4.2	4.2	2.9	3.3	6.5
Other Unintentional Injuries	4.4	8.4	5.9	5.3	4.2	3.8	5.1
Cancer (all sites)	2.9	2.3	2.3	2.1	1.7	1.8	2.0
Suicide	2.7	3.4	1.1	2.6	2.3	1.9	2.2
Heart diseases	1.9	*	2.5	1.7	2.1	1.3	1.5
SIDs	1.9	3.2	1.4	0.9	0.9	1.1	2
Septicemia	1.7	*	*	0.9	0.6	*	*
Homicide	1.0	3.4	5.6	3.2	3.5	1.5	2.7

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics

Accessed 02/02/2015.

Perinatal Conditions

- 24% higher than state of NC
- 18% lower than Cumberland
- 10% lower than Durham
- 11% lower than Guilford
- 45% higher than Mecklenburg
- 29% higher than Wake

Congenital anomalies

- 54% higher than state of NC
- 39% higher than Cumberland
- 54% higher than Durham
- 79% higher than Guilford
- 56% higher than Mecklenburg
- 58% higher than Wake

Motor Vehicles

- 17% lower than state of NC
- 24% lower than Cumberland
- 29% higher than Durham
- 29% higher than Guilford
- 86% higher than Mecklenburg
- 64% higher than Wake

Unintentional Injuries

- 14% lower than state of NC
- 48% lower than Cumberland
- 25% lower than Durham
- 17% lower than Guilford
- 5% higher than Mecklenburg
- 16% higher than Wake

Cancer (all sites)

- 45% higher than state of NC
- 26% higher than Cumberland
- 26% higher than Durham
- 38% higher than Guilford
- 71% higher than Mecklenburg
- 61% higher than Wake

Suicide

- 23% higher than state of NC
- 21% lower than Cumberland
- 146% higher than Durham
- 4% higher than Guilford
- 17% higher than Mecklenburg
- 42% higher than Wake

Heart Diseases

- 27% higher than state of NC
- Data unavailable for Cumberland*
- 24% lower than Durham
- 12% higher than Guilford
- 10% lower than Mecklenburg
- 46% higher than Wake

Sudden Infant Death Syndrome (SIDS)

- 5% lower than state of NC
- 41% lower than Cumberland
- 36% higher than Durham
- 111% higher than Guilford
- 111% higher than Mecklenburg
- 73% higher than Wake

Septicemia

- Data unavailable for state of NC*
- Data unavailable for Cumberland*
- Data unavailable for Durham*
- 89% higher than Guilford
- 183% higher than Mecklenburg
- Data unavailable for Wake*

Homicide

- 63% lower than state of NC
- 79% lower than Cumberland
- 82% lower than Durham
- 69% lower than Guilford
- 71% lower than Mecklenburg
- 33% lower than Wake

*Rates are not calculated for 20 cases or less

Leading Causes of Deaths for Ages 20 - 39 Years Forsyth County, Peer Counties, and State of NC, 2009 - 2013 Unadjusted Rates							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Other Unintentional Injuries	15.3	20.7	9.4	15.1	11.7	10.2	21.1
Motor Vehicles	13.8	26.4	10.2	13.4	10.0	11.5	18.5
Heart diseases	12.3	10.3	8.1	7.7	5.9	5.8	9.3
Suicide	11.9	20.7	8.1	11.5	9.7	9.1	14.1
Cancer: all sites	11.0	12.2	10.2	8.4	9.2	8.7	10.3
Homicide	9.3	21.3	17.1	12.5	11.9	4.7	11.1
HIV disease	2.2	3.1	3.2	2.3	3.7	1.4	2.3
Chronic liver disease & cirrhosis	1.7	*	*	*	1.5	*	1.5
Diabetes mellitus	1.3	2.7	1.5	2	1.7	1.2	2.0
Cerebrovascular disease	0.9	1.9	1.5	*	1.7	1.2	1.8

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics

Accessed 02/02/2015.

Unintentional injuries

- 28% lower than state of NC
- 26% lower than Cumberland
- 63% higher than Durham
- 1% higher than Guilford
- 31% higher than Mecklenburg
- 50% higher than Wake

Motor Vehicles

- 25% lower than state of NC
- 48% lower than Cumberland
- 35% higher than Durham
- 3% higher than Guilford
- 38% higher than Mecklenburg
- 20% higher than Wake

Heart Diseases

- 32% higher than state of NC
- 19% higher than Cumberland
- 52% higher than Durham
- 60% higher than Guilford
- 109% higher than Mecklenburg
- 112% higher than Wake

Suicide

- 16% lower than state of NC
- 43% lower than Cumberland
- 47% higher than Durham
- 4% higher than Guilford
- 23% higher than Mecklenburg
- 31% higher than Wake

Cancer (all sites)

- 7% higher than state of NC
- 10% lower than Cumberland
- 8% higher than Durham
- 31% higher than Guilford
- 20% higher than Mecklenburg
- 26% higher than Wake

Homicide

- 16% lower than state of NC
- 56% lower than Cumberland
- 46% lower than Durham
- 26% lower than Guilford
- 22% lower than Mecklenburg
- 98% higher than Wake

HIV Disease

- 4% lower than state of NC
- 29% lower than Cumberland
- 31% lower than Durham
- 4% lower than Guilford
- 41% lower than Mecklenburg
- 57% higher than Wake

Chronic liver disease & cirrhosis

- 13% higher than state of NC
- Data unavailable for Cumberland*
- Data unavailable for Durham*
- Data unavailable for Guilford*
- 13% higher than Mecklenburg
- Data unavailable for Wake*

Diabetes mellitus

- 35% lower than state of NC
- 52% lower than Cumberland
- 13% lower than Durham
- 35% lower than Guilford
- 24% lower than Mecklenburg
- 8% higher than Wake

Cerebrovascular disease

- 50% lower than state of NC
- 53% lower than Cumberland
- 40% lower than Durham
- Data unavailable for Guilford*
- 47% lower than Mecklenburg
- 25% lower than Wake

*Rates are not calculated for 20 cases or less

Leading Causes of Deaths for Ages 40 - 64 Years Forsyth County, Peer Counties, and State of NC, 2009 - 2013 Unadjusted Rates							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Cancer: all sites	179.3	202.2	159.0	152.1	140.0	119.8	174.8
Heart diseases	109.6	152.9	94.5	104.9	79.3	62.3	118.3
Other Unintentional Injuries	30.5	32.4	22.4	23.6	18.6	14.7	30.5
Diabetes mellitus	23.4	26.7	17.9	15.1	14.5	11.8	21.1
CLRD ¹	22.7	24.8	11.2	16.7	10.3	7.8	22.9
Chronic liver disease & cirrhosis	19.7	19.3	13.8	16.5	12.7	8.6	19.2
Cerebrovascular disease	19.0	24.5	15.8	18.6	17.5	11.3	20
Suicide	18.1	15.6	14.6	15.3	13.9	12.2	18.5
Septicemia	11.5	*	13.1	*	*	*	*
Motor Vehicles	11.0	17.6	*	9.7	*	8.8	14.5

¹CLRD: Chronic lower respiratory diseases

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics

Accessed 02/02/2015.

Cancer (all sites)

- 3% higher than state of NC
- 11% lower than Cumberland
- 13% higher than Durham
- 18% higher Guilford
- 28% higher than Mecklenburg
- 50% higher than Wake

Heart Diseases

- 7% lower than state of NC
- 28% lower than Cumberland
- 16% higher than Durham
- 5% higher than Guilford
- 38% higher than Mecklenburg
- 76% higher than Wake

Unintentional Injuries

- Similar to state of NC
- 6% lower than Cumberland
- 36% higher than Durham
- 29% higher than Guilford
- 64% higher than Mecklenburg
- 108% higher than Wake

Diabetes Mellitus

- 11% higher than state of NC
- 12% lower than Cumberland
- 31% higher than Durham
- 55% higher than Guilford
- 61% higher than Mecklenburg
- 98% higher than Wake

Chronic lower respiratory diseases (CLRD)

- 1% lower than state NC
- 9% lower than Cumberland
- 103% higher than Durham
- 36% higher than Guilford
- 120% higher than Mecklenburg
- 191% higher than Wake

Chronic liver diseases & cirrhosis

- 3% higher than state of NC
- 2% higher than Cumberland
- 43% higher than Durham
- 19% higher than Guilford
- 55% higher than Mecklenburg
- 129% higher than Wake

Cerebrovascular diseases

- 5% lower than state of NC
- 22% lower than Cumberland
- 20% higher than Durham
- 2% higher than Guilford
- 9% higher than Mecklenburg
- 68% higher than Wake

Suicide

- 2% lower than state of NC
- 16% higher than Cumberland
- 24% higher than Durham
- 18% higher than Guilford
- 30% higher than Mecklenburg
- 48% higher than Wake

Septicemia

- Data unavailable for state of NC*
- Data unavailable for Cumberland*
- 12% lower than Durham
- Data unavailable for Guilford*
- Data unavailable for Mecklenburg*
- Data unavailable for Wake*

Motor Vehicles

- 24% lower than state of NC
- 38% lower than Cumberland
- Data unavailable for Durham*
- 13% higher than Guilford
- Data unavailable for Mecklenburg*
- 25% higher than Wake

*Rates are not calculated for 20 cases or less

Leading Causes of Deaths for Ages 65 - 84 Years Forsyth County, Peer Counties, and State of NC, 2009 - 2013 Unadjusted Rates							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Cancer: all sites	883.5	877.0	900.3	828.1	783.8	770.5	849.3
Heart diseases	552.6	774.5	510.1	576.6	522.6	458.0	652.7
CLRD ¹	278.7	276.7	152.9	211.7	183.2	154.7	250.2
Cerebrovascular disease	171.5	164.3	155.4	177.1	145.5	148.4	172.9
Diabetes mellitus	96.5	141.8	92.9	75.5	77.7	76.0	95.9
Kidney diseases	71.1	106.0	100.9	77.3	86.2	55.9	77.6
Pneumonia & Influenza	68.7	70.2	57.4	51.2	48.4	*	63.3
Alzheimer's disease	65.8	79.3	76.0	103.1	134.3	56.4	89.8
Septicemia	65.3	77.2	58.3	52.7	58.5	39.1	57.3
Other Unintentional Injuries	61.4	60.4	56.6	77	39.6	44.3	59.0

¹CLRD: Chronic lower respiratory diseases

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics

Accessed 02/02/2015.

Cancer (all sites)

- 4% higher than state of NC
- 1% higher than Cumberland
- 2% lower than Durham
- 7% higher than Guilford
- 13% higher than Mecklenburg
- 15% higher than Wake

Heart Diseases

- 15% lower than state of NC
- 29% lower than Cumberland
- 8% higher than Durham
- 4% lower than Guilford
- 6% higher than Mecklenburg
- 21% higher than Wake

Chronic lower respiratory diseases (CLRD)

- 11% higher than state of NC
- 1% higher than Cumberland
- 82% higher than Durham
- 32% higher than Guilford
- 52% higher than Mecklenburg
- 80% higher than Wake

Cerebrovascular diseases

- 1% lower than state of NC
- 4% higher than Cumberland
- 10% higher than Durham
- 3% less than Guilford
- 18% higher than Mecklenburg
- 16% higher than Wake

Diabetes mellitus

- 1% higher than state of NC
- 32% lower than Cumberland
- 4% higher than Durham
- 28% higher than Guilford
- 24% higher than Mecklenburg
- 27% higher than Wake

Kidney diseases

- 8% lower than state of NC
- 33% lower than Cumberland
- 29% lower than Durham
- 8% lower than Guilford
- 18% lower than Mecklenburg
- 27% higher than Wake

Pneumonia & influenza

- 9% higher than state of NC
- 2% lower than Cumberland
- 20% higher than Durham
- 34% higher than Guilford
- 42% higher than Mecklenburg
- Data unavailable for Wake*

*Rates are not calculated for 20 cases or less

Alzheimer's disease

- 27% lower than state of NC
- 17% lower than Cumberland
- 13% lower than Durham
- 36% lower than Guilford
- 51% lower than Mecklenburg
- 17% higher than Wake

Septicemia

- 14% higher than state of NC
- 15% lower than Cumberland
- 12% higher than Durham
- 24% higher than Guilford
- 12% higher than Mecklenburg
- 67% higher than Wake

Unintentional injuries

- 4% higher than state of NC
- 2% higher than Cumberland
- 9% higher than Durham
- 20% lower than Guilford
- 55% higher than Mecklenburg
- 39% higher than Wake

Leading Causes of Deaths for Ages 85+ Years Forsyth County, Peer Counties, and State of NC, 2009 - 2013 Unadjusted Rates							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Heart diseases	3095.0	4168.3	2917.4	3209.3	3164.0	3439.9	3718.6
Cancer: all sites	1768.6	1631.7	1707.9	1638.4	1519.9	1706.1	1633.36
Cerebrovascular disease	1198.3	1004.1	1040.2	1013.2	959.5	1191.7	1100.4
Alzheimer's disease	1082.9	739.9	861.2	1336.2	1668.9	730.9	1132.0
CLRD ¹	669.6	766.3	527.4	594.9	551.6	641.5	680.8
Pneumonia & Influenza	503.0	369.9	479.0	455.5	407.9	319.8	490
Other Unintentional Injuries	422.9	330.3	440.3	532.2	290.9	311.8	360.3
Kidney diseases	269.1	409.6	*	392.7	303.3	311.8	346.4
Septicemia	233.9	*	*	225.4	260.7	262.2	220.9
Diabetes mellitus	227.5	330.3	241.9	*	*	*	272.2

¹CLRD: Chronic lower respiratory diseases

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics

Accessed 02/02/2015.

Heart Diseases

- 17% lower than state of NC
- 26% lower than Cumberland
- 6% higher than Durham
- 4% lower than Guilford
- 2% lower than Mecklenburg
- 10% lower than Wake

Cancer (all sites)

- 8% higher than state of NC
- 8% higher than Cumberland
- 4% higher than Durham
- 8% higher than Guilford
- 16% higher than Mecklenburg
- 4% higher than Wake

Cerebrovascular diseases

- 9% higher than state of NC
- 19% higher than Cumberland
- 15% higher than Durham
- 18% higher than Guilford
- 25% higher than Mecklenburg
- 1% higher than Wake

Alzheimer's

- 4% lower than state of NC
- 46% higher than Cumberland
- 26% higher than Durham
- 19% lower than Guilford
- 35% lower than Mecklenburg
- 48% higher than Wake

Chronic Lower Respiratory Diseases (CLRD)

- 2% lower than state of NC
- 13% lower than Cumberland
- 27% higher than Durham
- 13% higher than Guilford
- 21% higher than Mecklenburg
- 4% higher than Wake

Pneumonia & Influenza

- 3% higher than state of NC
- 36% higher than Cumberland
- 5% higher than Durham
- 10% higher than Guilford
- 23% higher than Mecklenburg
- 57% higher than Wake

Other Unintentional Injuries

- 17% higher than state of NC
- 28% higher than Cumberland
- 4% lower than Durham
- 21% lower than Guilford
- 45% higher than Mecklenburg
- 36% higher than Wake

Kidney Diseases

- 22% lower than state of NC
- 34% lower than Cumberland
- Data unavailable for Durham*
- 32% lower than Guilford
- 11% lower than Mecklenburg
- 14% lower than Wake

Septicemia

- 6% higher than state of NC
- Data unavailable for Cumberland*
- Data unavailable for Durham*
- 4% higher than Guilford
- 10% lower than Mecklenburg
- Data unavailable for Wake*

Diabetes mellitus

- 15% lower than state of NC
- 31% lower than Cumberland
- 6% lower than Durham
- Data unavailable for Guilford*
- Data unavailable for Mecklenburg*
- 13% lower than Wake
-

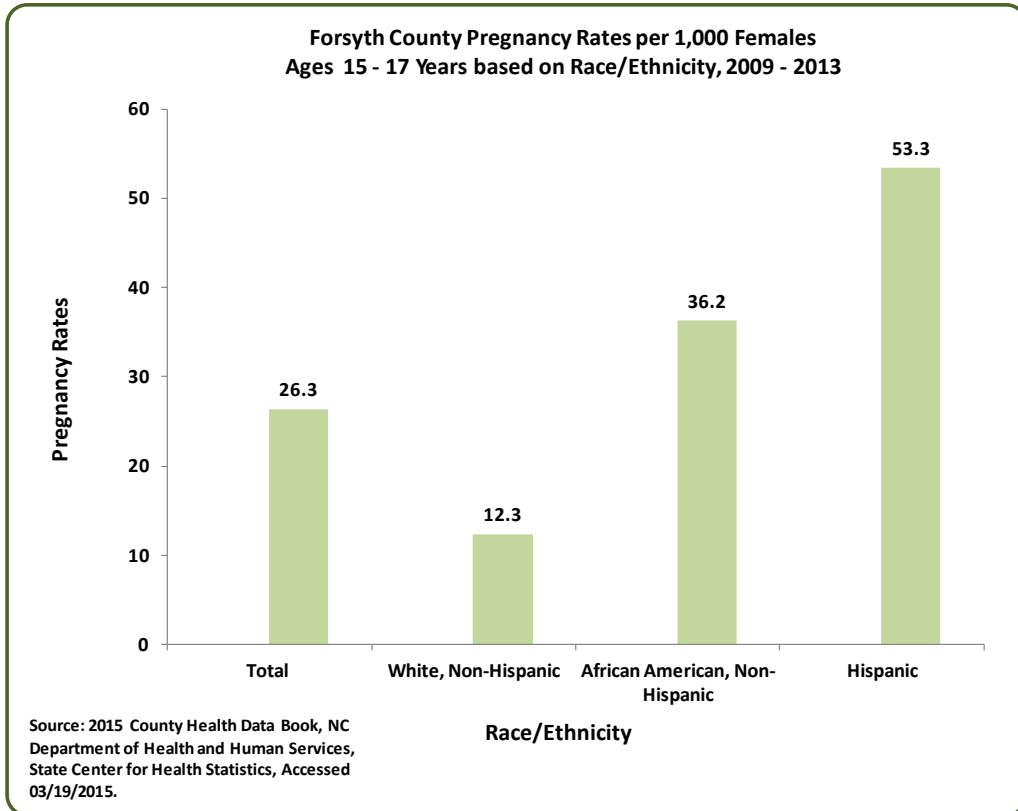
*Rates are not calculated for 20 cases or less

MORBIDITY

Pregnancy, Fertility, & Abortion Rates per 1,000 Population²

Pregnancy Rates

Female Population Ages 15-17 Years



The above chart shows that for 2009 to 2013, the total pregnancy rate for Forsyth County females ages 15-17 years was about 26 per 1,000 population (females ages 15-17 years). Based on race/ethnicity, the pregnancy rates for Forsyth County females ages 15-17 years were about 12 per 1,000 among White, non-Hispanic females, about 36 per 1,000 among African-American, non-Hispanic females, and about 53 per 1,000 among Hispanic females.

- The pregnancy rate per 1,000 African-American, non-Hispanic females ages 15-17 years was 194% greater than that of White, non-Hispanic females ages 15-17 years.
- The pregnancy rate per 1,000 African-American, non-Hispanic females ages 15-17 years was 32% lower than that of Hispanic females ages 15-17 years.
- The pregnancy rate per 1,000 Hispanic females ages 15-17 years was 333% greater than that of White, non-Hispanic females ages 15-17 years.

² A comparative analysis could not be conducted for 2001 to 2013 because the race/ethnicity categories for 2001 to 2009 were limited to "white" and "minority".

How do Forsyth County’s pregnancy rates for females ages 15-17 years compare to peer counties and the state of North Carolina for 2009 - 2013?

Pregnancy Rates for Females Ages 15 - 17 Years per 1,000 Population							
Forsyth County, Peer Counties, and State of NC, 2009 - 2013							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Total	26.3	27.6	33.4	21.2	22.2	15.1	22.7
White, Non-Hispanic	12.3	21.8	9.7	9.4	6.1	5.2	14.0
African American, Non-Hispanic	36.2	33.1	36.1	32.6	31.9	27.5	34.0
Other, Non-Hispanic	*	24.4	*	13.6	12.4	4.9	20.4
Hispanic	53.3	23.4	71.9	38.2	44.4	39.2	43.0

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics

*Rates based on fewer than 20 cases are not reported

Accessed 03/19/2015.

For 2009 - 2013, the Forsyth County total pregnancy rate for females ages 15-17 years was about:

- 16% higher than state of NC
- 5% lower than Cumberland
- 21% lower than Durham
- 24% higher than Guilford
- 19% higher than Mecklenburg
- 74% higher than Wake

For 2009 - 2013, the Forsyth County pregnancy rate for White, non-Hispanic females ages 15-17 years was about:

- 12% lower than state of NC
- 44% lower than Cumberland
- 27% higher than Durham
- 31% higher than Guilford
- 102% higher than Mecklenburg
- 137% higher than Wake

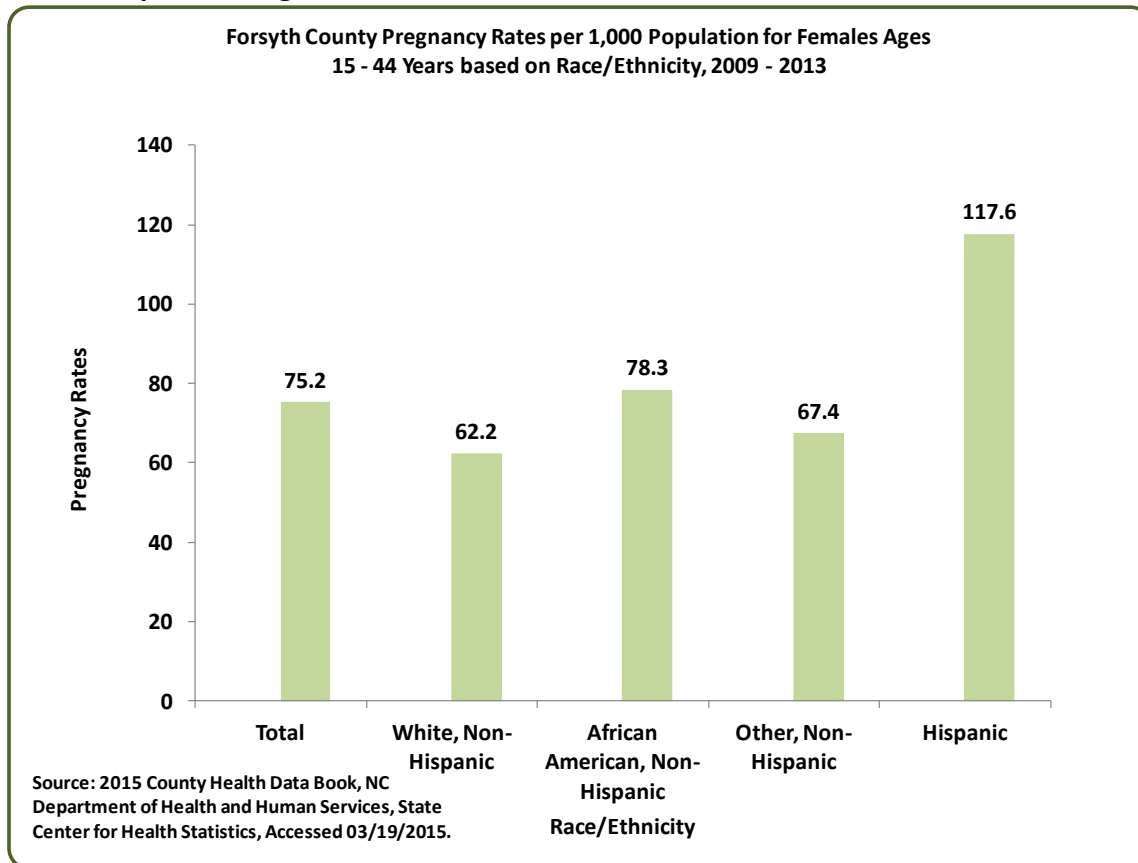
For 2009 - 2013, the Forsyth County pregnancy rate for African-American, non-Hispanic females ages 15-17 years was about:

- 7% higher than state of NC
- 9% higher than Cumberland
- Similar to Durham
- 11% higher than Guilford
- 14% higher than Mecklenburg
- 32% higher than Wake

For 2009 - 2013, the Forsyth County pregnancy rate for Hispanic females ages 15-17 years was about:

- 24% higher than state of NC
- 128% higher than Cumberland
- 26% lower than Durham
- 40% higher than Guilford
- 20% higher than Mecklenburg
- 36% higher than Wake

Female Population Ages 15 - 44 Years



The above chart shows that for 2009 to 2013, the total pregnancy rate for Forsyth County females ages 15 - 44 years was 75 per 1,000 population (females ages 15-44 years). Based on race/ethnicity, the pregnancy rate for Forsyth County females ages 15-44 years was about 62 per 1,000 among White, non-Hispanic females, 78 per 1,000 among African-American, non-Hispanic females, 67 per 1,000 among Other, non-Hispanic females, and 118 per 1,000 among Hispanic females .

- The pregnancy rate per 1,000 African-American, non-Hispanic females ages 15-44 years was 26% greater than that of White, non-Hispanic females ages 15-44 years.
- The pregnancy rate per 1,000 African-American, non-Hispanic females ages 15-44 years was 33% lower than that of Hispanic females ages 15-44 years.
- The pregnancy rate per 1,000 Hispanic females ages 15-44 years was 89% greater than that of White, non-Hispanic females ages 15-44 years.
- The pregnancy rate per 1,000 Other, non-Hispanic females ages 15-44 years was 8% greater than that of White, non-Hispanic females ages 15-44 years.
- The pregnancy rate per 1,000 Other, non-Hispanic females ages 15-44 years was 14% lower than that of African-American, non-Hispanic females ages 15-44 years.
- The pregnancy rate per 1,000 Other, non-Hispanic females ages 15-44 years was 43% lower than that of Hispanic females ages 15-44 years.

How do Forsyth County's pregnancy rates for females ages 15-44 years compare to peer counties and the state of North Carolina for 2009 - 2013?

Pregnancy Rates for Females Ages 15 - 44 Years per 1,000 Population Forsyth County, Peer Counties, and State of NC, 2009 - 2013							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Total	75.2	102.4	82.2	70.4	80.0	74.0	74.3
White, Non-Hispanic	62.2	98.7	67.0	56.7	65.7	62.6	64.2
African American, Non-Hispanic	78.3	102.5	82.8	77.6	83.6	83.8	83.1
Other, Non-Hispanic	67.4	102.0	71.9	83.5	91.0	78.6	81.0
Hispanic	117.6	113.7	126.5	102.5	112.9	107.0	109.3

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics Accessed 03/19/2015.

For 2009 - 2013, the Forsyth County total pregnancy rate for females ages 15-44 years was about:

- 1% higher than state of NC
- 27% lower than Cumberland
- 9% lower than Durham
- 7% higher than Guilford
- 6% lower than Mecklenburg
- 2% higher than Wake

For 2009 - 2013, the Forsyth County pregnancy rate for White, non-Hispanic females ages 15-44 years was about:

- 3% lower than state of NC
- 37% lower than Cumberland
- 7% lower than Durham
- 10% higher than Guilford
- 5% lower than Mecklenburg
- 1% lower than Wake

For 2009 - 2013, the Forsyth County pregnancy rate for African-American, non-Hispanic females ages 15-44 years was about:

- 6% lower than state of NC
- 24% lower than Cumberland
- 5% lower than Durham
- 1% higher than Guilford
- 6% lower than Mecklenburg
- 7% lower than Wake

For 2009 - 2013, the Forsyth County pregnancy rate for Other, non-Hispanic females ages 15-44 was about:

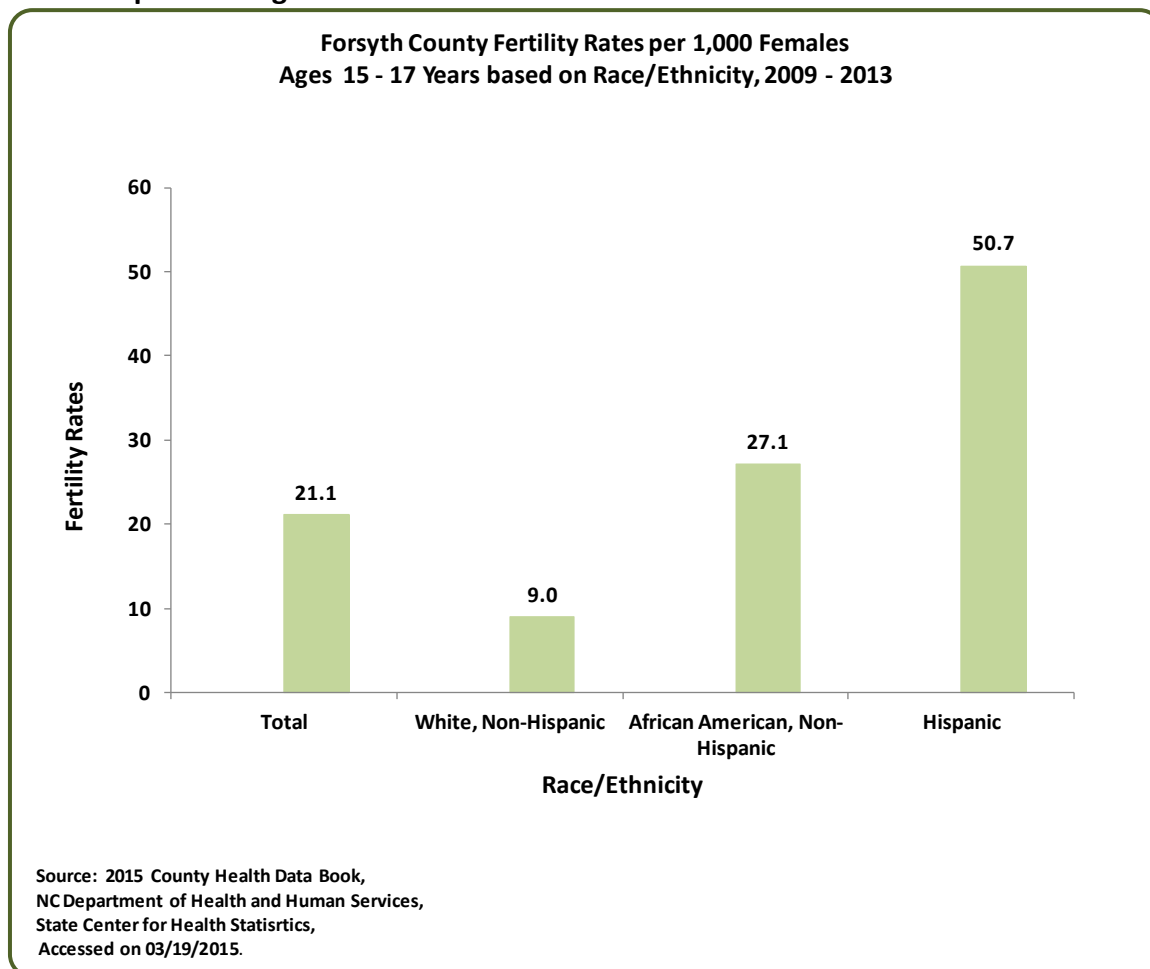
- 17% lower than state of NC
- 34% lower than Cumberland
- 6% lower than Durham
- 19% lower than Guilford
- 26% lower than Mecklenburg
- 14% lower than Wake

For 2009 - 2013, the Forsyth County pregnancy rate for Hispanic females ages 15-44 years was about:

- 8% higher than state of NC
- 3% higher than Cumberland
- 7% lower than Durham
- 15% higher than Guilford
- 4% higher than Mecklenburg
- 10% higher than Wake

Fertility Rates

Female Population Ages 15-17 Years



The above chart shows that for 2009 to 2013, the total fertility rate for Forsyth County females ages 15-17 years was about 21 per 1,000 population (females ages 15-17 years). Based on race/ethnicity, the fertility rates for Forsyth County females ages 15-17 years were about 9 per 1,000 among White, non-Hispanic females, about 27 per 1,000 among African-American, non-Hispanic females, and about 51 per 1,000 among Hispanic females.

- The fertility rate per 1,000 African-American, non-Hispanic females ages 15-17 years was 201% greater than that of White, non-Hispanic females ages 15-17 years.
- The fertility rate per 1,000 African-American, non-Hispanic females ages 15-17 years was 46% lower than that of Hispanic females ages 15-17 years.
- The fertility rate per 1,000 Hispanic females ages 15-17 years was 463% greater than that of White, non-Hispanic females ages 15-17 years.

How do Forsyth County's fertility rates for females ages 15-17 years compare to peer counties and the state of North Carolina for 2009 - 2013?

Fertility Rates for Females Ages 15 - 17 Years per 1,000 Population							
Forsyth County, Peer Counties, and State of NC, 2009 - 2013							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Total	21.1	18	22.9	15.3	15.7	10.2	17.5
White, Non-Hispanic	9.0	15.2	4.4	6.2	3.8	3.0	10.8
African American, Non-Hispanic	27.1	20.3	21.8	23.1	21.2	17.2	24.1
Other, Non-Hispanic	*	16.7	*	9.7	8.5	*	16.7
Hispanic	50.7	17.9	64.4	33.9	37.9	33.3	38.7

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics

*Rates based on fewer than 20 cases are not reported

Accessed 03/19/2015.

For 2009 - 2013, the Forsyth County total fertility rate for females ages 15-17 years was about:

- 21% greater than state of NC
- 17% greater than Cumberland
- 8% lower than Durham
- 38% greater than Guilford
- 34% greater than Mecklenburg
- 107% greater than Wake

For 2009 - 2013, the Forsyth County fertility rate for White, non-Hispanic females ages 15-17 years was about:

- 17% lower than state of NC
- 41% lower than Cumberland
- 105% greater than Durham
- 45% greater than Guilford
- 137% greater than Mecklenburg
- 200% greater than Wake

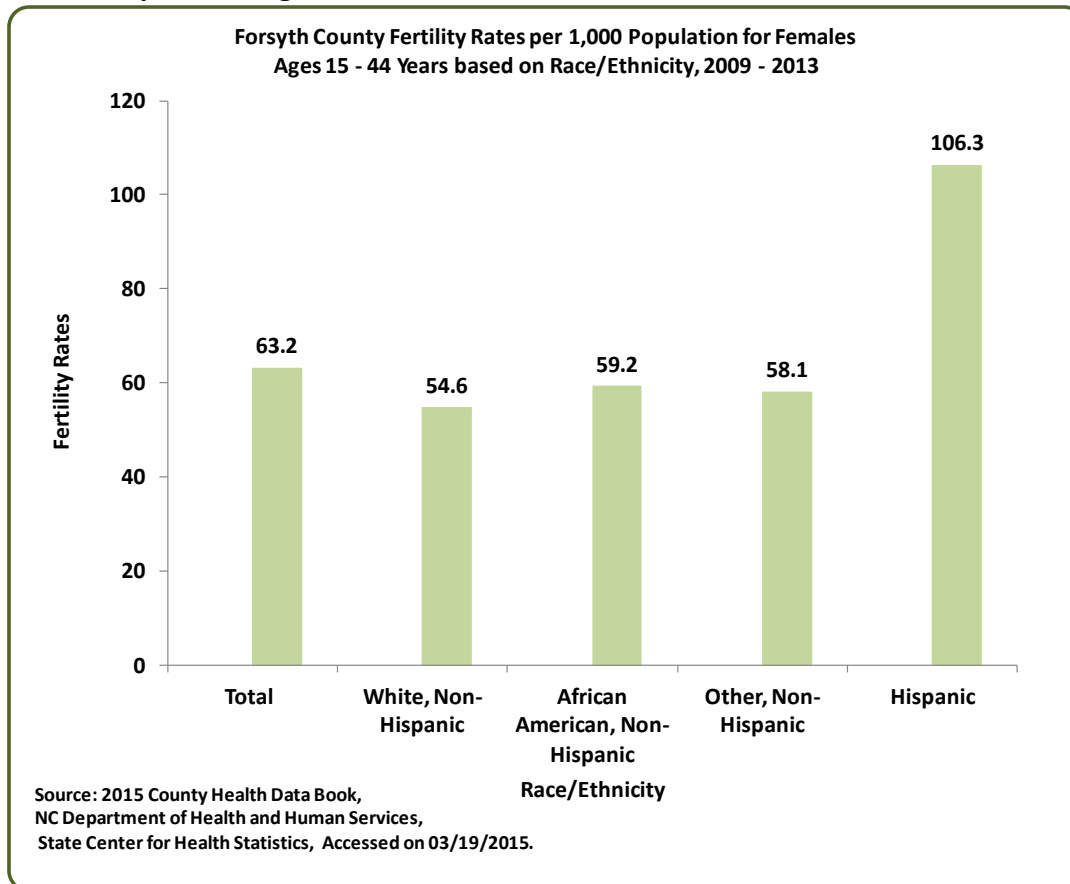
For 2009 - 2013, the Forsyth County fertility rate for African-American, non-Hispanic females ages 15-17 years was about:

- 12% greater than state of NC
- 34% greater than Cumberland
- 24% greater than Durham
- 17% greater than Guilford
- 28% greater than Mecklenburg
- 58% greater than Wake

For 2009 - 2013, the Forsyth County fertility rate for Hispanic females ages 15-17 years was about:

- 31% greater than state of NC
- 183% greater than Cumberland
- 21% lower than Durham
- 50% greater than Guilford
- 34% greater than Mecklenburg
- 52% greater than Wake

Female Population Ages 15 - 44 Years



The above chart shows that for 2009 to 2013, the total fertility rate for Forsyth County females ages 15 - 44 years was about 63 per 1,000 population (females ages 15-44 years). Based on race/ethnicity, the fertility rate for Forsyth County females ages 15-44 years was about 55 per 1,000 among White, non-Hispanic females, 59 per 1,000 among African-American, non-Hispanic females, 58 per 1,000 among Other, non-Hispanic females, and 106 per 1,000 among Hispanic females .

- The fertility rate per 1,000 African-American, non-Hispanic females ages 15-44 years was 8% greater than that of White, non-Hispanic females ages 15-44 years.
- The fertility rate per 1,000 African-American, non-Hispanic females ages 15-44 years was 44% lower than that of Hispanic females ages 15-44 years.
- The fertility rate per 1,000 Hispanic females ages 15-44 years was 95% greater than that of White, non-Hispanic females ages 15-44 years.
- The fertility rate per 1,000 Other, non-Hispanic females ages 15-44 years was 6% greater than that of White, non-Hispanic females ages 15-44 years.
- The fertility rate per 1,000 Other, non-Hispanic females ages 15-44 years was 2% lower than that of African-American, non-Hispanic females ages 15-44 years.
- The fertility rate per 1,000 Other, non-Hispanic females ages 15-44 years was 45% lower than that of Hispanic females ages 15-44 years.

How do Forsyth County's fertility rates for females ages 15-44 years compare to peer counties and the state of North Carolina for 2009 - 2013?

Fertility Rates for Females Ages 15 - 44 Years per 1,000 Population							
Forsyth County, Peer Counties, and State of NC, 2009 - 2013							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Total	63.2	80.6	64.1	56.0	63.1	59.8	62.1
White, Non-Hispanic	54.6	85.2	59.9	48.4	56.7	54.6	56.7
African American, Non-Hispanic	59.2	71.4	54.7	56.0	57.6	56.6	60.7
Other, Non-Hispanic	58.1	81.8	61.9	71.6	78.5	67.6	69.9
Hispanic	106.3	93.0	105.4	91.3	93.5	90.9	96.6

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics
 Accessed 03/19/2015.

For 2009 - 2013, the Forsyth County total fertility rate for females ages 15-44 years was about:

- 2% higher than state of NC
- 22% lower than Cumberland
- 1% lower than Durham
- 13% higher than Guilford
- Similar to Mecklenburg
- 6% higher than Wake

For 2009 - 2013, the Forsyth County fertility rate for White, non-Hispanic females ages 15-44 years was about:

- 4% lower than state of NC
- 36% lower than Cumberland
- 9% lower than Durham
- 13% higher than Guilford
- 4% lower than Mecklenburg
- Similar to Wake

For 2009 - 2013, the Forsyth County fertility rate for African-American, non-Hispanic females ages 15-44 years was about:

- 3% lower than state of NC
- 17% lower than Cumberland
- 8% higher than Durham
- 6% higher than Guilford
- 3% greater than Mecklenburg
- 5% higher than Wake

For 2009 - 2013, the Forsyth County fertility rate for Other, non-Hispanic females ages 15-44 was about:

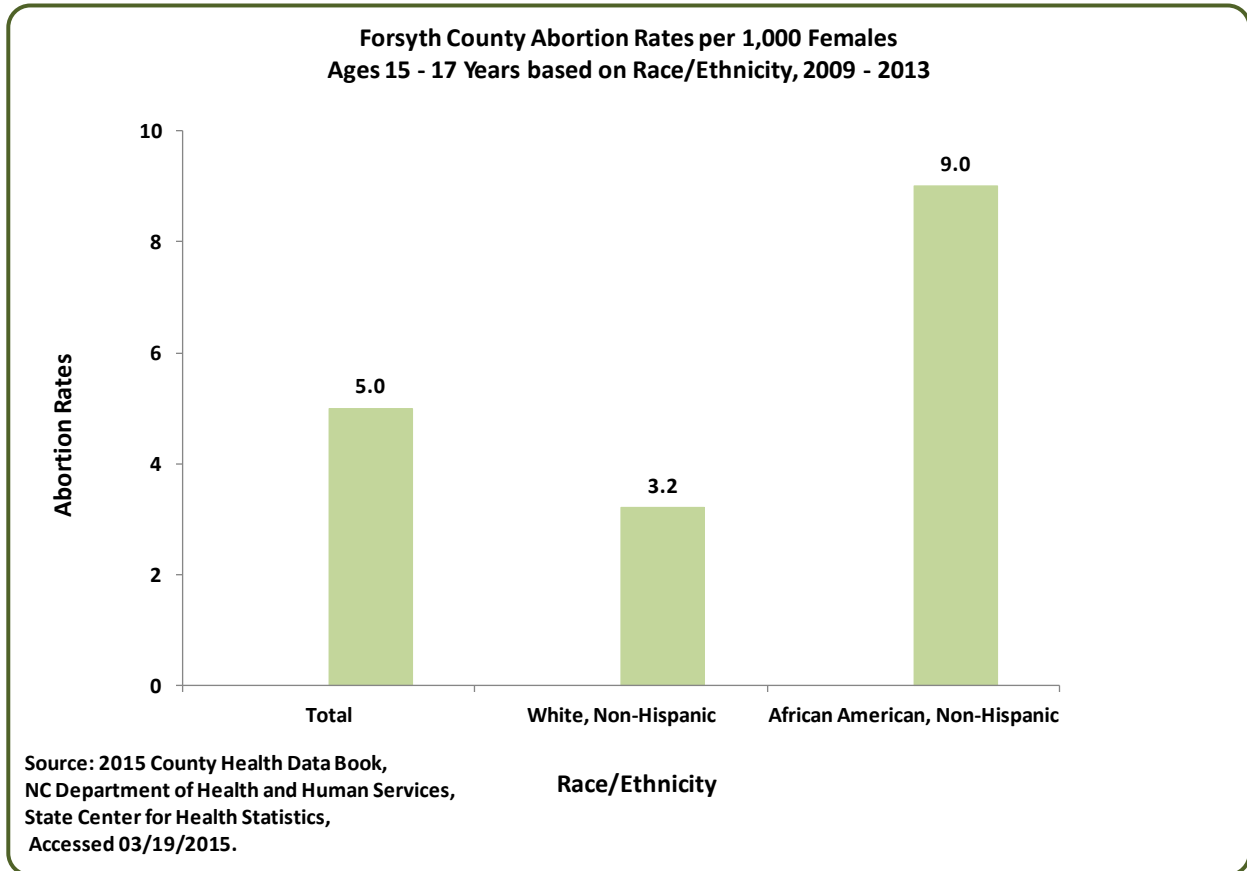
- 17% lower than state of NC
- 29% lower than Cumberland
- 6% lower than Durham
- 19% lower than Guilford
- 26% lower than Mecklenburg
- 14% lower than Wake

For 2009 - 2013, the Forsyth County fertility rate for Hispanic females ages 15-44 years was about:

- 10% higher than state of NC
- 14% higher than Cumberland
- 1% higher than Durham
- 16% higher than Guilford
- 14% higher than Mecklenburg
- 17% higher than Wake

Abortion Rates

Female Population Ages 15-17 Years



The above chart shows that for 2009 to 2013, the total abortion rate for Forsyth County females ages 15-17 years was 5 per 1,000 population (females ages 15-17 year). Based on race/ethnicity, the abortion rates for Forsyth County females ages 15-17 years were about 3 per 1,000 among White, non-Hispanic females, and about 9 per 1,000 among African-American, non-Hispanic females. **There were less than 20 cases of abortion among Other, non-Hispanic females ages 15-17, and Hispanic females ages 15-17. Rates based on numbers smaller than 20 are deemed unstable.**

- The abortion rate per 1,000 African-American, non-Hispanic females ages 15-17 years was 181% greater than that of White, non-Hispanic females ages 15-17 years.

How do Forsyth County's abortion rates for females ages 15-17 years compare to peer counties and the state of North Carolina for 2009 - 2013?

Abortion Rates for Females Ages 15 - 17 Years per 1,000 Population Forsyth County, Peer Counties, and State of NC, 2009 - 2013							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Total	5.0	9.4	10.2	5.6	6.4	4.8	5.1
White, Non-Hispanic	3.2	6.4	5.2	3.1	2.3	2.2	3.1
African American, Non-Hispanic	9.0	12.7	14.0	9.0	10.6	10.1	9.6
Other, Non-Hispanic	*	*	*	*	*	*	3.5
Hispanic	*	*	6.9	*	6.2	5.8	4.2

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics

*Rates based on fewer than 20 cases are not reported

Accessed 03/19/2015.

For 2009 - 2013, the Forsyth County total abortion rate for females ages 15-17 years was about:

- 2% lower than state of NC
- 47% lower than Cumberland
- 51% lower than Durham
- 11% lower than Guilford
- 22% lower than Mecklenburg
- 4% greater than Wake

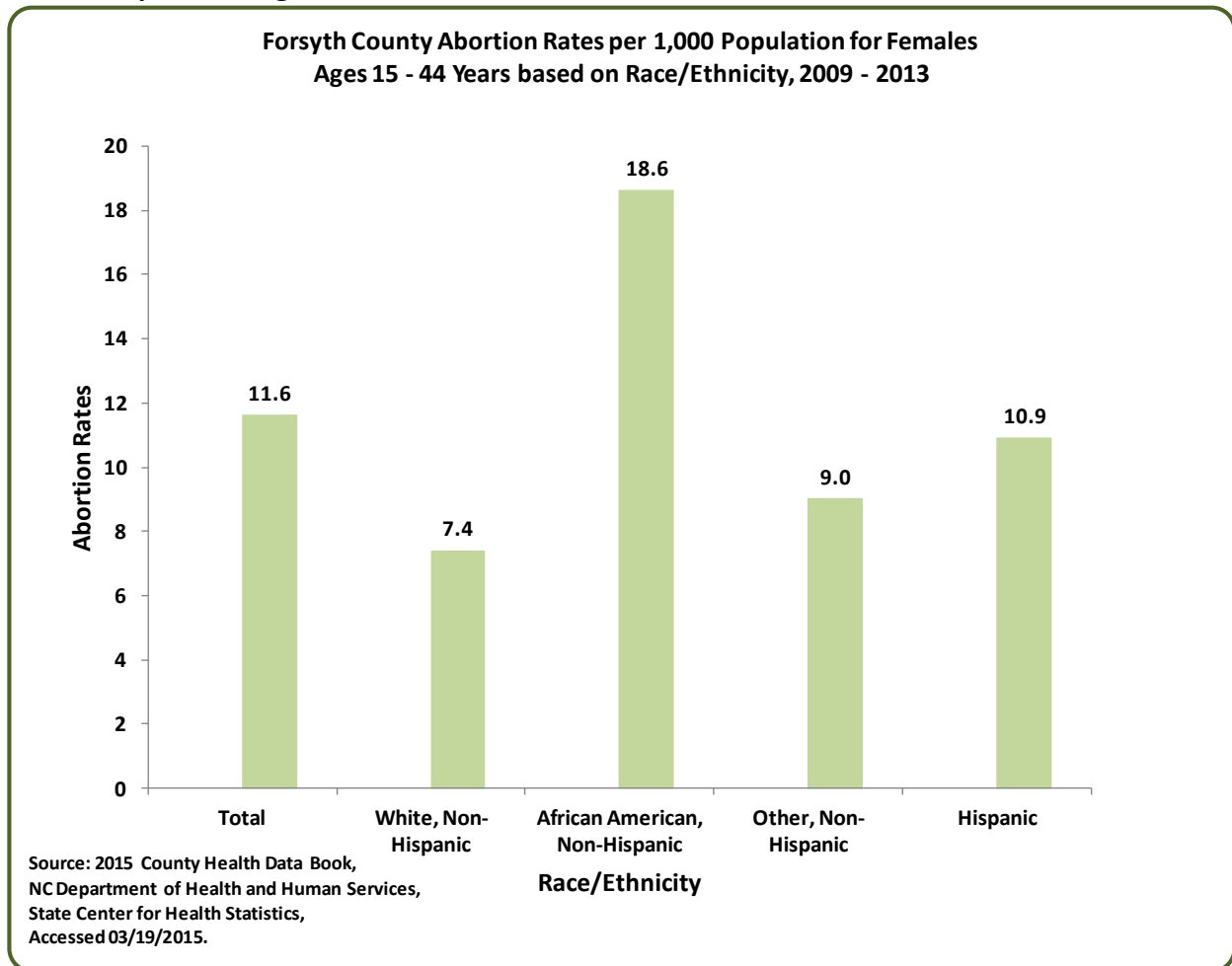
For 2009 - 2013, the Forsyth County abortion rate for White, non-Hispanic females ages 15-17 years was about:

- 3% greater than state of NC
- 50% lower than Cumberland
- 39% lower than Durham
- 3% greater than Guilford
- 39% greater than Mecklenburg
- 46% greater than Wake

For 2009 - 2013, the Forsyth County abortion rate for African-American, non-Hispanic females ages 15-17 years was about:

- 6% lower than state of NC
- 29% lower than Cumberland
- 36% lower than Durham
- Similar to Guilford
- 15% lower than Mecklenburg
- 11% lower than Wake

Female Population Ages 15-44 Years



The above chart shows that for 2009 to 2013, the total abortion rate for Forsyth County females ages 15-44 years was almost 12 per 1,000 population (ages 15-44 years). Based on race/ethnicity, the abortion rate for Forsyth County females ages 15-44 years was about 7 per 1,000 among White, non-Hispanic females, 19 per 1,000 among African-American, non-Hispanic females, 9 per 1,000 among Other, non-Hispanic females, and 11 per 1,000 among Hispanic females .

- The abortion rate per 1,000 African-American, non-Hispanic females ages 15-44 years was 151% greater than that of White, non-Hispanic females ages 15-44 years.
- The abortion rate per 1,000 African-American, non-Hispanic females ages 15-44 years was 71% greater than that of Hispanic females ages 15-44 years.
- The abortion rate per 1,000 Hispanic females ages 15-44 years was 47% greater than that of White, non-Hispanic females ages 15-44 years.
- The abortion rate per 1,000 Other, non-Hispanic females ages 15-44 years was 22% greater than that of White, non-Hispanic females ages 15-44 years.
- The abortion rate per 1,000 Other, non-Hispanic females ages 15-44 years was 51% lower than that of African-American, non-Hispanic females ages 15-44 years.
- The fertility rate per 1,000 Other, non-Hispanic females ages 15-44 years was 17% lower than that of Hispanic females ages 15-44 years.

How do Forsyth County's abortion rates for females ages 15-44 years compare to peer counties and the state of North Carolina for 2009 - 2013?

Abortion Rates for Females Ages 15 - 44 Years per 1,000 Population Forsyth County, Peer Counties, and State of NC, 2009 - 2013							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Total	11.6	21.2	17.6	14.0	16.4	13.9	11.8
White, Non-Hispanic	7.4	13.0	6.7	8.1	8.7	7.8	7.3
African American, Non-Hispanic	18.6	30.2	27.4	21.0	25.3	26.6	21.7
Other, Non-Hispanic	9.0	19.6	9.8	11.7	12.1	10.7	10.8
Hispanic	10.9	20.2	20.6	10.9	18.9	15.7	12.3

Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics
Accessed 03/19/2015.

For 2009 - 2013, the Forsyth County total abortion rate for females ages 15-44 years was about:

- 2% lower than state of NC
- 45% lower than Cumberland
- 34% lower than Durham
- 17% lower than Guilford
- 29% lower than Mecklenburg
- 17% lower than Wake

For 2009 - 2013, the Forsyth County abortion rate for White, non-Hispanic females ages 15-44 years was about:

- 1% greater than state of NC
- 43% lower than Cumberland
- 10% higher than Durham
- 9% lower than Guilford
- 15% lower than Mecklenburg
- 5% lower than Wake

For 2009 - 2013, the Forsyth County abortion rate for African-American, non-Hispanic females ages 15-44 years was about:

- 14% lower than state of NC
- 38% lower than Cumberland
- 32% lower than Durham
- 11% lower than Guilford
- 27% lower than Mecklenburg
- 30% lower than Wake

For 2009 - 2013, the Forsyth County abortion rate for Other, non-Hispanic females ages 15-44 was about:

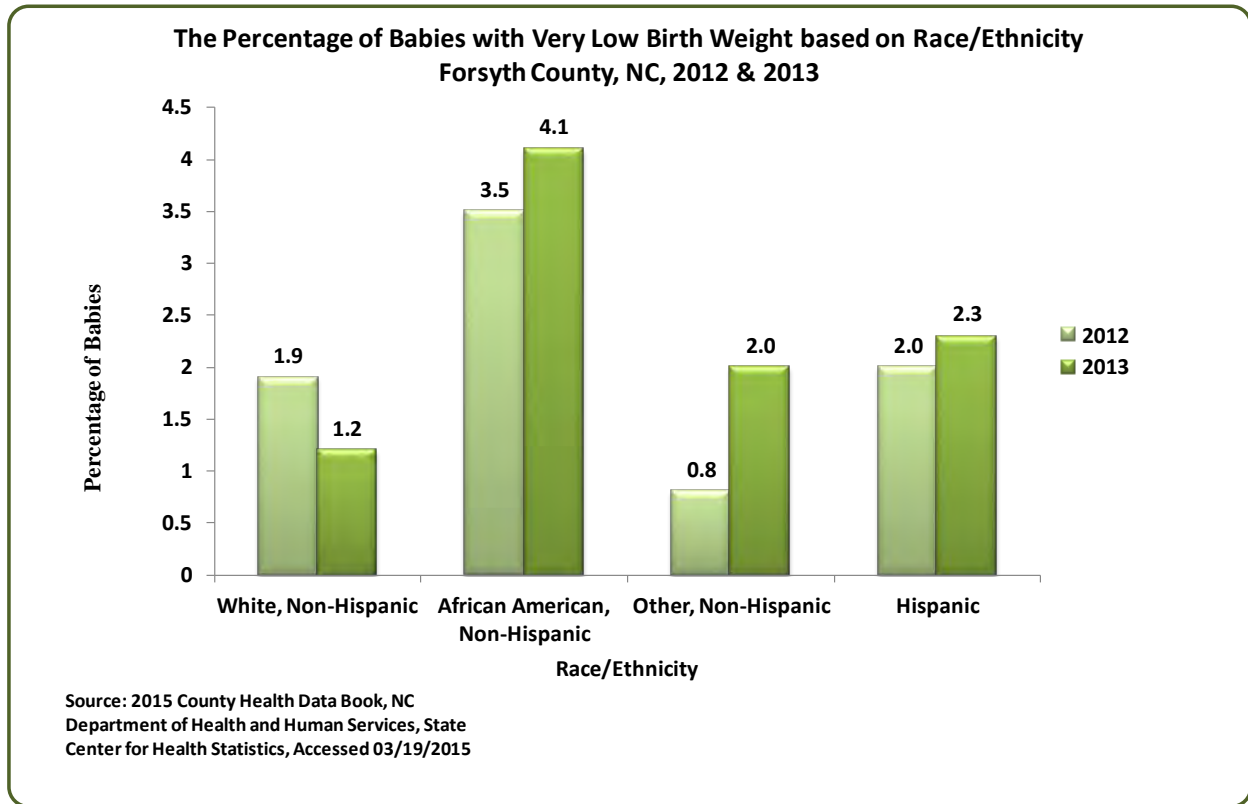
- 17% lower than state of NC
- 54% lower than Cumberland
- 8% lower than Durham
- 23% lower than Guilford
- 26% lower than Mecklenburg
- 16% lower than Wake

For 2009 - 2013, the Forsyth County abortion rate for Hispanic females ages 15-44 years was about:

- 11% lower than state of NC
- 46% lower than Cumberland
- 47% lower than Durham
- Similar to Guilford
- 42% lower than Mecklenburg
- 31% lower than Wake

Birth Risk Factors & Characteristics

Low & Very Low Birth Weights



The above chart shows that from 2012 to 2013, the race/ethnicity-specific percentage of babies with very low birth weights (weighing less than 1500g) in Forsyth County, decreased by 37% among White, non-Hispanic babies, increased by 17% among African-American, non-Hispanic babies, increased by 150% among Other, non-Hispanic babies, and increased by 15% among Hispanic babies.

Very Low Birth Weight, 2012

In 2012, the race/ethnicity-specific percentage of babies with very low birth weights among:

African-American, non-Hispanic births were:

- 84% greater than that of White, non-Hispanic births
- 338% greater than that of Other, non-Hispanic births
- 75% greater than that of Hispanic births

Other, non-Hispanic births were:

- 58% lower than that of White, non-Hispanic births
- 60% lower than that of Hispanic births

Hispanic births were:

- 5% greater than that of White, non-Hispanic births

Very Low Birth Weight, 2013

In 2013, the race/ethnicity-specific percentage of babies with very low birth weights among:

African-American, non-Hispanic births were:

- 242% greater than that of White, non-Hispanic births
- 105% greater than that of Other, non-Hispanic births
- 78% greater than that of Hispanic births

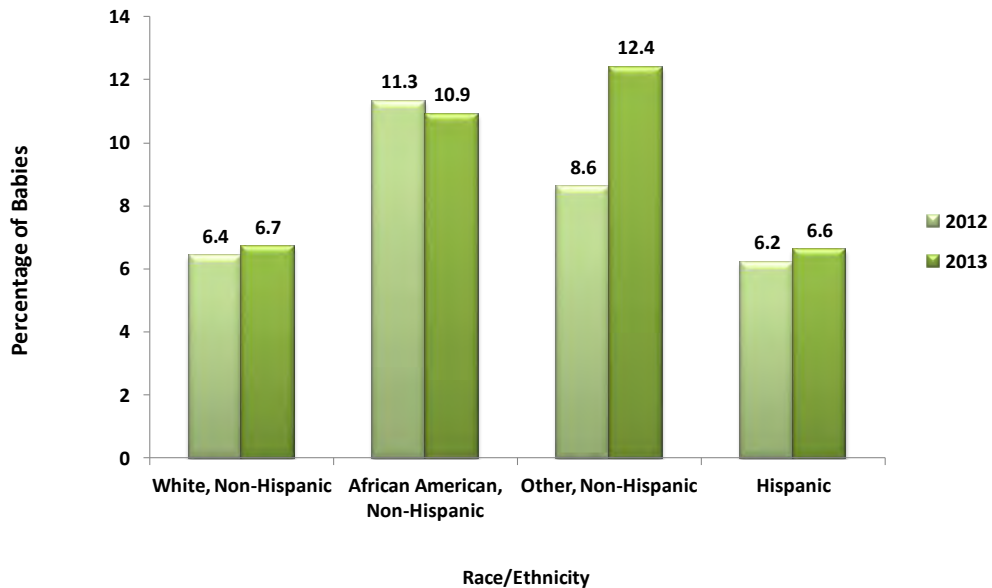
Other, non-Hispanic births were:

- 67% greater than that of White, non-Hispanic births
- 13% lower than that of Hispanic births

Hispanic births were:

- 92% greater than that of White, non-Hispanic births

**The Percentage of Babies with Low Birth Weight based on Race/Ethnicity
Forsyth County, NC 2012 & 2013**



Source: 2015 Health DataBook, NC Department of Health and Human Services, State Center for Health Statistics, Accessed 03/19/2015

The above chart shows that from 2012 to 2013, the race/ethnicity-specific percentage of babies with low birth weight (weighing between 1500g and 2500g) in Forsyth County, increased by 5% among White, non-Hispanic babies, decreased by about 4% among African-American, non-Hispanic babies, increased by 44% among Other, non-Hispanic babies, and increased by 6% among Hispanic babies.

Low Birth Weight, 2012

In 2012, the race/ethnicity-specific percentage of babies with low birth weights among:

African-American, non-Hispanic births were:

- 77% greater than that of White, non-Hispanic births
- 31% greater than that of Other, non-Hispanic births
- 82% greater than that of Hispanic births

Other, non-Hispanic births were:

- 34% greater than that of White, non-Hispanic births
- 39% higher than that of Hispanic births

Hispanic births were:

- 3% lower than that of White, non-Hispanic births

Low Birth Weight, 2013

In 2013, the race/ethnicity-specific percentage of babies with low birth weights among:

African-American, non-Hispanic births were:

- 63% greater than that of White, non-Hispanic births
- 12% lower than that of Other, non-Hispanic births
- 65% greater than that of Hispanic births

Other, non-Hispanic births were:

- 85% greater than that of White, non-Hispanic births
- 88% lower than that of Hispanic births

Hispanic births were:

- 1% lower than that of White, non-Hispanic births

How do Forsyth County's race/ethnicity-specific percentages for very low birth weight compare to peer counties and the state of North Carolina in 2013?

The Percentage of Babies whose Birth Weight was less than 1500g Forsyth County, Peer Counties, and State of NC, 2013							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Total	2.3	2.1	1.9	1.9	1.7	1.5	1.7
White, Non-Hispanic	1.2	1.4	1.1	1.7	1.0	0.9	1.2
African American, Non-Hispanic	4.1	3.4	3.4	2.6	2.8	3.1	3.2
Other, Non-Hispanic	2.0	0.6	1.4	0.6	1.6	1.3	1.2
Hispanic	2.3	1.5	0.8	1.3	1.2	0.9	1.3

Source: 2015 County Health Data Book, NC Department of Health and Human Services,
State Center for Health Statistics
Accessed 03/19/2015.

For 2013, the Forsyth County total percentage for very low birth weight was about:

- 35% higher than state of NC
- 10% higher than Cumberland
- 21% higher than Durham
- 21% higher than Guilford
- 35% higher than Mecklenburg
- 53% higher than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of White, Non-Hispanic very low birth weight was about:

- Similar to state of NC
- 14% lower than Cumberland
- 9% higher than Durham
- 29% lower than Guilford
- 20% higher than Mecklenburg
- 33% greater than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of African-American, non-Hispanic very low birth weight was about:

- 28% greater than state of NC
- 21% greater than Cumberland
- 21% lower than Durham
- 58% greater than Guilford
- 46% higher than Mecklenburg
- 32% greater than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of Other, non-Hispanic very low birth weight was about:

- 67% greater than state of NC
- 233% greater than Cumberland
- 43% greater than Durham
- 233% greater than Guilford
- 25% lower than Mecklenburg
- 54% greater than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of Hispanic very low birth weight was about:

- 77% greater than state of NC
- 53% greater than Cumberland
- 188% greater than Durham
- 77% greater than Guilford
- 92% greater than Mecklenburg
- 156% greater than Wake

How do Forsyth County's race/ethnicity-specific percentages for low birth weight compare to peer counties and the state of North Carolina in 2013?

The Percentage of Babies whose Birth Weight was between 1501g and 2500g (1500g ?2500g) Forsyth County, Peer Counties, and State of NC, 2013							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Total	8.1	8.2	6.6	7.5	7.3	6.5	7.1
White, Non-Hispanic	6.7	7.1	4.8	6.4	5.0	5.6	6.1
African American, Non-Hispanic	10.9	11.0	9.2	9.2	10.4	9.4	10.2
Other, Non-Hispanic	12.4	5.2	9.5	8.0	7.7	7.8	9.4
Hispanic	6.6	5.3	4.9	5.1	6.6	4.6	5.5

Source: 2015 County Health Data Book, NC Department of Health and Human Services,
State Center for Health Statistics
Accessed 03/19/2015.

For 2013, the Forsyth County total percentage for low birth weight was about:

- 14% higher than state of NC
- 1% lower than Cumberland
- 23% higher than Durham
- 8% higher than Guilford
- 11% higher than Mecklenburg
- 25% higher than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of White, Non-Hispanic low birth weight was about:

- 10% greater than state of NC
- 6% lower than Cumberland
- 40% higher than Durham
- 5% lower than Guilford
- 34% higher than Mecklenburg
- 20% greater than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of African-American, non-Hispanic low birth weight was about:

- 7% greater than state of NC
- 1% lower than Cumberland
- 19% greater than Durham
- 19% greater than Guilford
- 5% higher than Mecklenburg
- 16% greater than Wake

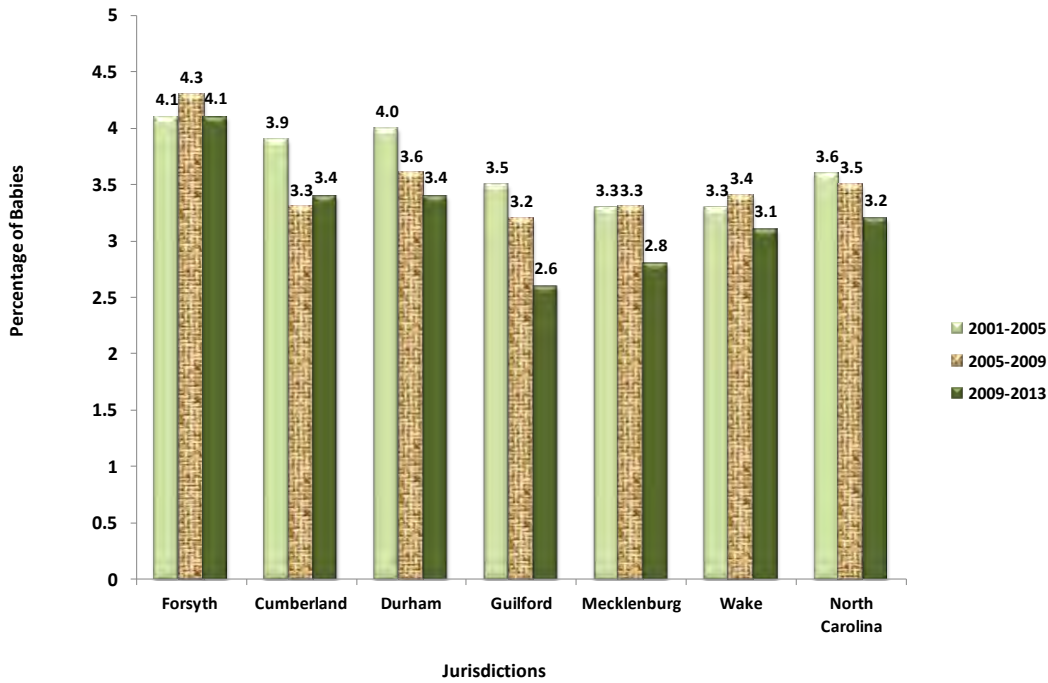
For 2013, the Forsyth County race/ethnicity-specific percentage of Other, non-Hispanic low birth weight was about:

- 32% greater than state of NC
- 139% greater than Cumberland
- 31% greater than Durham
- 55% greater than Guilford
- 61% higher than Mecklenburg
- 59% greater than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of Hispanic low birth weight was about:

- 20% greater than state of NC
- 25% greater than Cumberland
- 35% greater than Durham
- 29% greater than Guilford
- Similar to Mecklenburg
- 44% greater than Wake

Trends in the Percentage of **Very Low Birth Weight (<1500g)** Among Babies Born to African American Mothers, Forsyth, Peer Counties, and State of North Carolina, 2001 - 2013



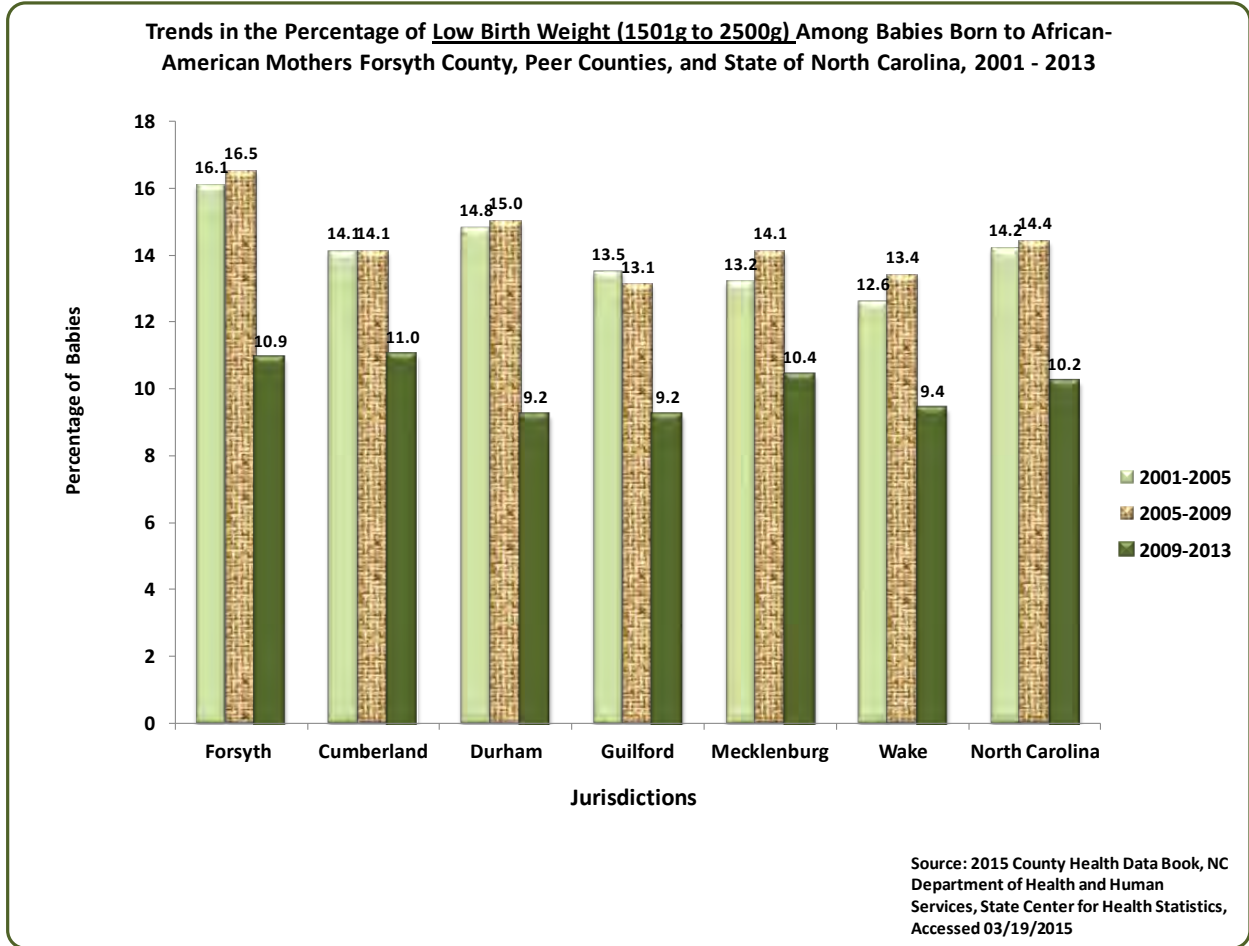
Source: 2015 County Health Data Book, NC Department of Health and Human Services, State Center for Health Statistics, Accessed 03/19/2015

How do the percentages of Forsyth County’s babies with who were born with **Very Low Birth Weight** to African-American mothers compare to peer counties and the state of North Carolina for 2001 - 2013?

Very Low Birth Weight among babies born to African-American mothers in Forsyth County was:

- 14% higher than state of NC during 2001 - 2005
- 23% higher than state of NC during 2005 - 2009
- 28% higher than state of NC during 2009 - 2013
- 5% higher than Cumberland during 2001 - 2005
- 30% higher than Cumberland during 2005 - 2009
- 21% higher than Cumberland during 2009 - 2013
- 3% higher than Durham during 2001 - 2005
- 19% higher than Durham during 2005 - 2009
- 21% higher than Durham during 2009 - 2013

- 17% higher than Guilford during 2001 - 2005
- 34% higher than Guilford during 2005 - 2009
- 58% higher than Guilford during 2009 - 2013
- 24% higher than Mecklenburg during 2001 - 2005
- 30% higher than Mecklenburg during 2005 - 2009
- 46% higher than Mecklenburg during 2009 - 2013
- 24% higher than Wake during 2001 - 2005
- 27% higher than Wake during 2005 - 2009
- 32% higher than Wake during 2009 - 2013



How do the percentages of Forsyth County’s babies with who are born with Low Birth Weight to African-American mothers compare to peer counties and the state of North Carolina for 2001 - 2013?

Low Birth Weight among babies born to African-American mothers in Forsyth County was:

- 13% higher than state of NC during 2001 - 2005
- 15% higher than state of NC during 2005 - 2009
- 7% higher than state of NC during 2009 - 2013

- 14% higher than Cumberland during 2001 - 2005
- 17% higher than Cumberland during 2005 - 2009
- 1% lower than Cumberland during 2009 - 2013

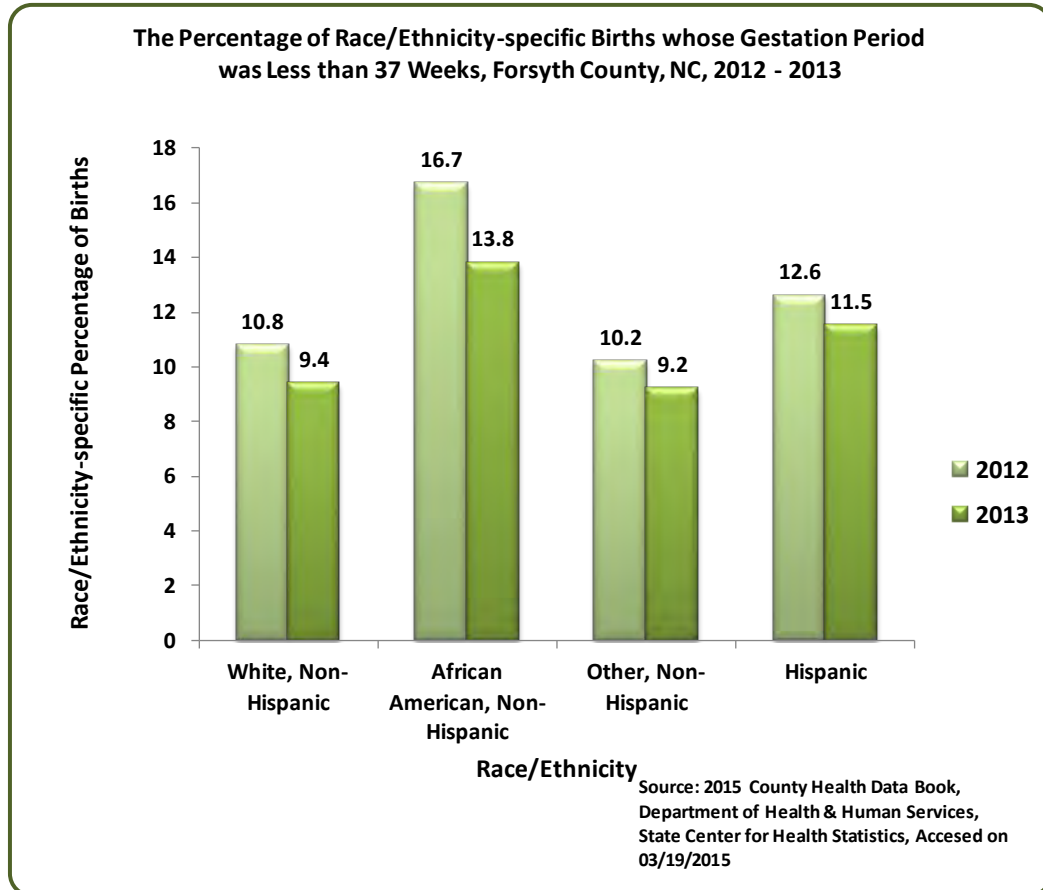
- 9% higher than Durham during 2001 - 2005
- 10% higher than Durham during 2005 - 2009
- 19% higher than Durham during 2009 - 2013

- 19% higher than Guilford during 2001 - 2005
- 26% higher than Guilford during 2005 - 2009
- 19% higher than Guilford during 2009 - 2013

- 22% higher than Mecklenburg during 2001 - 2005
- 17% higher than Mecklenburg during 2005 - 2009
- 5% higher than Mecklenburg during 2009 - 2013

- 28% higher than Wake during 2001 - 2005
- 23% higher than Wake during 2005 - 2009
- 16% higher than Wake during 2009 - 2013

Gestation Periods of Less than 37 weeks based on Race/Ethnicity-specific Babies



The above chart shows that from 2012 to 2013, the race/ethnicity-specific percentage of births with gestation period of less than 37 weeks in Forsyth County, decreased by 13% among White, non-Hispanic babies, decreased by about 17% among African-American, non-Hispanic babies, decreased by 10% among Other, non-Hispanic babies, and decreased by 9% among Hispanic babies.

Preterm Births, 2012

In 2012, the race/ethnicity-specific percentage of babies with gestation period of less than 37 weeks among:

African-American, non-Hispanic babies were:

- 55% greater than that of White, non-Hispanic births
- 64% greater than that of Other, non-Hispanic births
- 33% greater than that of Hispanic births

Other, non-Hispanic babies were:

- 6% lower than that of White, non-Hispanic births
- 19% lower than that of Hispanic births

Hispanic babies were

- 17% greater than that of White, non-Hispanic births

Preterm Births, 2013

In 2013, the race/ethnicity-specific percentage of babies with gestation period of less than 37 weeks among:

African-American, non-Hispanic babies were:

- 47% greater than that of White, non-Hispanic births
- 50% greater than that of Other, non-Hispanic births
- 20% greater than that of Hispanic births

Other, non-Hispanic babies were

- 2% lower than that of White, non-Hispanic births
- 20% lower than that of Hispanic births

Hispanic babies were:

- 22% greater than that of White, non-Hispanic births

How do the race/ethnicity-specific percentages of births with a gestation period of less than 37 weeks in Forsyth County compare to peer counties and the state of North Carolina in 2012?

The Percentage of Race/Ethnicity-specific Births with a Gestation Period of Less than 37 Weeks Forsyth County, Peer Counties and State of North Carolina, 2012							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Total	12.9	12.4	12.0	10.5	11.5	10.7	11.5
White, Non-Hispanic	10.8	10.1	9.2	9.3	9.1	9.8	10.0
African American, Non-Hispanic	16.7	16.1	17.1	12.8	14.7	13.4	15.6
Other, Non-Hispanic	10.2	11.4	8.1	10.1	10.9	9.0	9.9
Hispanic	12.6	11.4	10.2	7.5	11.6	10.7	11.0

Source: 2015 County Health Data Book, Department of Health and Human Services, State Center for Health Statistics, Accessed 03/19/2015.

For 2012, the Forsyth County percentage of total births with a gestation period of less than 37 weeks was about:

- 12% higher than state of NC
- 4% higher than Cumberland
- 8% higher than Durham
- 23% higher than Guilford
- 12% higher than Mecklenburg
- 21% higher than Wake

For 2012, the Forsyth County race/ethnicity-specific percentage of White, Non-Hispanic births with a gestation period of less than 37 weeks was about:

- 8% greater than state of NC
- 7% greater than Cumberland
- 17% higher than Durham
- 16% greater than Guilford
- 19% higher than Mecklenburg
- 10% greater than Wake

For 2012, the Forsyth County race/ethnicity-specific percentage of African-American, non-Hispanic births with a gestation period of less than 37 weeks was about:

- 7% greater than state of NC
- 4% greater than Cumberland
- 2% lower than Durham
- 31% greater than Guilford
- 14% higher than Mecklenburg
- 25% greater than Wake

For 2012, the Forsyth County race/ethnicity-specific percentage of Other, non-Hispanic births with a gestation period of less than 37 weeks was about:

- 3% greater than state of NC
- 11% lower than Cumberland
- 26% greater than Durham
- 1% greater than Guilford
- 6% lower than Mecklenburg
- 13% greater than Wake

For 2012, the Forsyth County race/ethnicity-specific percentage of Hispanic births with a gestation period of less than 37 weeks was about:

- 15% greater than state of NC
- 11% greater than Cumberland
- 24% greater than Durham
- 68% greater than Guilford
- 9% greater than Mecklenburg
- 18% greater than Wake

How do the race/ethnicity-specific percentages of births with a gestation period of less than 37 weeks in Forsyth County compare to peer counties and the state of North Carolina in 2013?

The Percentage of Race/Ethnicity-specific Births with a Gestation Period of Less than 37 Weeks Forsyth County, Peer Counties and State of North Carolina, 2013							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Total	11.1	12.6	11.2	11.4	10.7	10.0	11.4
White, Non-Hispanic	9.4	10.5	7.9	9.6	8.6	8.5	9.8
African American, Non-Hispanic	13.8	16.9	14.7	13.7	14.5	14.3	15.6
Other, Non-Hispanic	9.2	10.0	12.7	11.8	9.2	8.8	10.1
Hispanic	11.5	9.4	10.7	10.0	9.6	9.3	10.6

Source: 2015 County Health Data Book, Department of Health and Human Services, State Center for Health Statistics, Accessed 03/19/2015.

For 2013, the Forsyth County percentage of total births with a gestation period of less than 37 weeks was about:

- 3% lower than state of NC
- 12% lower than Cumberland
- 1% lower than Durham
- 3% lower than Guilford
- 4% higher than Mecklenburg
- 11% higher than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of White, non-Hispanic births with a gestation period of less than 37 weeks was about:

- 4% lower than state of NC
- 11% lower than Cumberland
- 19% higher than Durham
- 2% lower than Guilford
- 9% higher than Mecklenburg
- 11% greater than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of African-American, non-Hispanic births with a gestation period of less than 37 weeks was about:

- 12% lower than state of NC
- 18% lower than Cumberland
- 6% lower than Durham
- 1% greater than Guilford
- 5% lower than Mecklenburg
- 4% lower than Wake

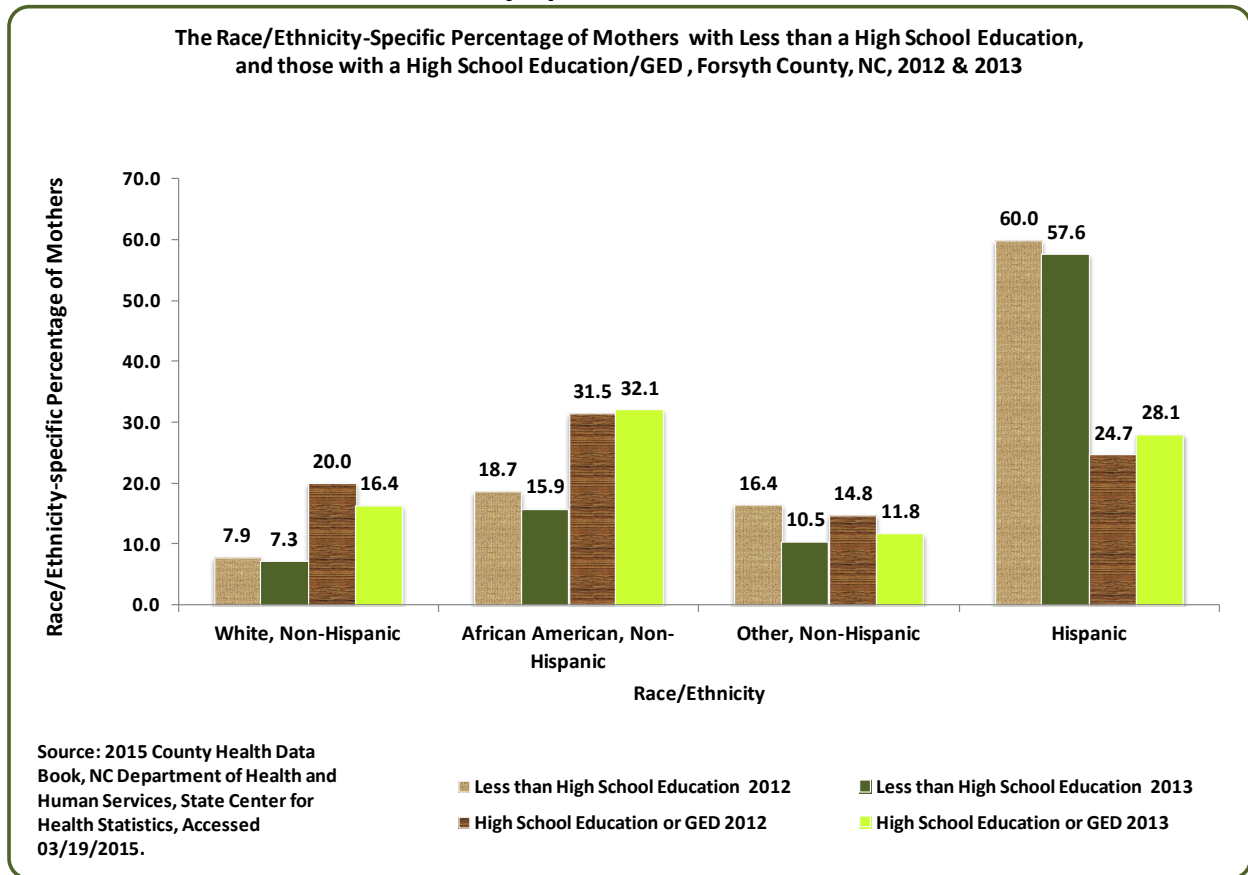
For 2013, the Forsyth County race/ethnicity-specific percentage of Other, non-Hispanic births with a gestation period of less than 37 weeks was about:

- 9% lower than state of NC
- 8% lower than Cumberland
- 28% lower than Durham
- 22% lower than Guilford
- Similar to Mecklenburg
- 5% greater than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of Hispanic births with a gestation period of less than 37 weeks was about:

- 9% greater than state of NC
- 22% greater than Cumberland
- 8% greater than Durham
- 15% greater than Guilford
- 20% greater than Mecklenburg
- 24% greater than Wake

Education Level of Race/Ethnicity-specific Mothers



The above chart shows that from 2012 to 2013, the race/ethnicity-specific percentage of mothers whose education level was **less than high school** decreased by about 8% among White, non-Hispanic mothers, about 15% among African-American, non-Hispanic mothers, about 36% among Other, non-Hispanic mothers, and about 4% among Hispanic mothers.

From 2012 to 2013, the race/ethnicity-specific percentage of mothers whose education level was **high school education or GED** decreased by about 18% among White, non-Hispanic mothers, and about 20% among Other, non-Hispanic mothers. It increased by about 2% among African-American, non-Hispanic mothers, and by about 14% among Hispanic mothers.

Of note, in 2012 and 2013, more than half of Hispanic mothers had less than a high school education.

How do Forsyth County's race/ethnicity-specific mothers compare regarding the highest education level achieved in 2012 and 2013?

Less than High School Education, 2012

In 2012, the race/ethnicity-specific percentage of mothers whose highest education level **was less than high school** among:

African-American, non-Hispanic mothers was:

- 136% greater than that of White, non-Hispanic mothers
- 14% greater than that of Other, non-Hispanic mothers
- 69% lower than that of Hispanic mothers

Other, non-Hispanic mothers was:

- 108% greater than that of White, non-Hispanic mothers
- 73% lower than that of Hispanic mothers

Hispanic mothers was:

- 659% greater than that of White, non-Hispanic mothers

Less than High School Education, 2013

In 2013, the race/ethnicity-specific percentage of mothers whose highest education level **was less than high school** among:

African-American, non-Hispanic mothers was:

- 117% greater than that of White, non-Hispanic mothers
- 51% greater than that of Other, non-Hispanic mothers
- 75% lower than that of Hispanic mothers

Other, non-Hispanic mothers was:

- 44% greater than that of White, non-Hispanic mothers
- 82% lower than that of Hispanic mothers

Hispanic mothers was:

- 689% greater than that of White, non-Hispanic mothers

High School Education or GED, 2012

In 2012, the race/ethnicity-specific percentage of mothers whose highest education level was **high school graduate or GED** among:

African-American, non-Hispanic mothers was:

- 58% greater than that of White, non-Hispanic mothers
- 113% greater than that of Other, non-Hispanic mothers
- 28% greater than that of Hispanic mothers

Other, non-Hispanic mothers was:

- 26% lower than that of White, non-Hispanic mothers
- 40% lower than that of Hispanic mothers

Hispanic mothers was:

- 24% greater than that of White, non-Hispanic mothers

High School Education or GED, 2013

In 2013, the race/ethnicity-specific percentage of mothers whose highest education level was **high school graduate or GED** among:

African-American, non-Hispanic mothers was:

- 96% greater than that of White, non-Hispanic mothers
- 172% greater than that of Other, non-Hispanic mothers
- 14% greater than that of Hispanic mothers

Other, non-Hispanic mothers was:

- 28% lower than that of White, non-Hispanic mothers
- 58% lower than that of Hispanic mothers

Hispanic mothers was:

- 71% greater than that of White, non-Hispanic mothers

How do the race/ethnicity-specific percentages of mothers in Forsyth County whose highest education level is less than high school compare to peer counties and the state of North Carolina in 2012?

The Percentage of Race/Ethnicity-specific Mothers whose Highest Education Level is Less than a High School Education Forsyth County, Peer Counties and State of North Carolina, 2012							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Total	22.7	10.2	21.6	17.5	18.4	13.6	18.4
White, Non-Hispanic	7.9	7.0	2.9	7.2	3.4	2.5	9.2
African American, Non-Hispanic	18.7	12.6	19.0	16.0	17.1	14.7	18.4
Other, Non-Hispanic	16.4	9.3	8.1	24.7	16.7	7.9	13.8
Hispanic	60.0	16.2	64.0	49.7	54.1	52.0	53.3

Source: 2015 County Health Data Book, Department of Health and Human Services, State Center for Health Statistics, Accessed 03/19/2015.

For 2012, the Forsyth County total percentage of mothers whose highest education level was Less than High School was about:

- 23% greater than state of NC
- 123% greater than Cumberland
- 5% greater than Durham
- 30% greater than Guilford
- 23% higher than Mecklenburg
- 67% higher than Wake

For 2012, the Forsyth County race/ethnicity-specific percentage of White, non-Hispanic mothers whose highest education level was Less than High School was about:

- 14% lower than state of NC
- 13% greater than Cumberland
- 172% higher than Durham
- 10% greater than Guilford
- 132% higher than Mecklenburg
- 216% greater than Wake

For 2012, the Forsyth County race/ethnicity-specific percentage of African-American, non-Hispanic mothers whose highest education level was Less than High School was about:

- 2% greater than state of NC
- 48% greater than Cumberland
- 2% lower than Durham
- 17% greater than Guilford
- 9% greater Mecklenburg
- 27% greater than Wake

For 2012, the Forsyth County race/ethnicity-specific percentage of Other, non-Hispanic mothers whose highest education level was Less than High School was about:

- 19% greater than state of NC
- 76% greater than Cumberland
- 103% greater than Durham
- 34% lower than Guilford
- 2% lower than Mecklenburg
- 108% greater than Wake

For 2012, the Forsyth County race/ethnicity-specific percentage of Hispanic mothers whose highest education level was Less than High School was about:

- 13% greater than state of NC
- 270% greater than Cumberland
- 6% lower than Durham
- 21% greater than Guilford
- 11% greater than Mecklenburg
- 15% greater than Wake

How do the race/ethnicity-specific percentages of mothers in Forsyth County whose highest education level is less than high school compare to peer counties and the state of North Carolina in 2013?

The Percentage of Race/Ethnicity-specific Mothers whose Highest Education Level is Less than a High School Education Forsyth County, Peer Counties and State of North Carolina, 2013							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Total	20.5	8.8	21.1	16.3	17.1	12.0	17.0
White, Non-Hispanic	7.3	6.4	3.3	6.2	3.4	2.2	8.6
African American, Non-Hispanic	15.9	10.0	17.5	14.4	15.7	13.3	16.6
Other, Non-Hispanic	10.5	10.4	9.2	27.1	14.3	5.4	12.9
Hispanic	57.6	12.9	58.9	46.8	52.0	47.9	50.1

Source: 2015 County Health Data Book, Department of Health and Human Services, State Center for Health Statistics, Accessed 03/19/2015.

For 2013, the Forsyth County total percentage of mothers whose highest education level was Less than High School was about:

- 21% greater than state of NC
- 133% greater than Cumberland
- 3% lower than Durham
- 26% greater than Guilford
- 20% higher than Mecklenburg
- 71% higher than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of White, non-Hispanic mothers whose highest education level was Less than High School was about:

- 15% lower than state of NC
- 14% greater than Cumberland
- 121% higher than Durham
- 18% greater than Guilford
- 115% higher than Mecklenburg
- 232% greater than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of African-American, non-Hispanic mothers whose highest education level was Less than High School was about:

- 4% lower than state of NC
- 59% greater than Cumberland
- 9% lower than Durham
- 10% greater than Guilford
- 1% greater Mecklenburg
- 20% greater than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of Other, non-Hispanic mothers whose highest education level was Less than High School was about:

- 19% lower than state of NC
- 1% greater than Cumberland
- 14% greater than Durham
- 61% lower than Guilford
- 27% lower than Mecklenburg
- 94% greater than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of Hispanic mothers whose highest education level was Less than High School was about:

- 15% greater than state of NC
- 347% greater than Cumberland
- 2% lower than Durham
- 23% greater than Guilford
- 11% greater than Mecklenburg
- 20% greater than Wake

How do the race/ethnicity-specific percentages of mothers in Forsyth County whose highest education level was high school graduate or GED compare to peer counties and the state of North Carolina in 2012?

The Percentage of Race/Ethnicity-specific Mothers whose Highest Education Level is High School Graduate or GED Forsyth County, Peer Counties and State of North Carolina, 2012							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Total	24.2	24.3	13.6	21.8	16.0	12.7	22.5
White, Non-Hispanic	20.0	23.8	6.2	16.1	8.4	7.1	19.6
African American, Non-Hispanic	31.5	24.8	22.7	26.1	23.9	23.7	29.4
Other, Non-Hispanic	14.8	22.8	6.0	19.6	10.4	6.7	13.9
Hispanic	24.7	26.0	15.2	28.1	21.6	19.0	23.7

Source: 2015 County Health Data Book, Department of Health and Human Services, State Center for Health Statistics, Accessed 03/19/2015.

For 2012, the Forsyth County total percentage of mothers whose education level was High School Graduate or GED was about:

- 8% greater than state of NC
- Similar to Cumberland
- 78% greater than Durham
- 11% greater than Guilford
- 51% higher than Mecklenburg
- 91% higher than Wake

For 2012, the Forsyth County race/ethnicity-specific percentage of White, non-Hispanic mothers whose highest education level was High School Graduate or GED was about:

- 2% higher than state of NC
- 16% lower than Cumberland
- 223% higher than Durham
- 24% greater than Guilford
- 138% higher than Mecklenburg
- 182% greater than Wake

For 2012, the Forsyth County race/ethnicity-specific percentage of African-American, non-Hispanic mothers whose highest education level was High School Graduate or GED was about:

- 7% greater than state of NC
- 27% greater than Cumberland
- 39% greater than Durham
- 21% greater than Guilford
- 32% greater Mecklenburg
- 33% greater than Wake

For 2012, the Forsyth County race/ethnicity-specific percentage of Other, non-Hispanic mothers whose highest education level was High School Graduate or GED was about:

- 7% greater than state of NC
- 35% lower than Cumberland
- 147% greater than Durham
- 25% lower than Guilford
- 42% greater than Mecklenburg
- 121% greater than Wake

For 2012, the Forsyth County race/ethnicity-specific percentage of Hispanic mothers whose highest education level was High School Graduate or GED was about:

- 4% greater than state of NC
- 5% lower than Cumberland
- 63% greater than Durham
- 12% lower than Guilford
- 14% greater than Mecklenburg
- 30% greater than Wake

How do the race/ethnicity-specific percentages of mothers in Forsyth County whose highest education level was high school graduate/GED compare to peer counties and the state of North Carolina in 2013?

The Percentage of Race/Ethnicity-specific Mothers whose Highest Education Level is High School Graduate or GED Forsyth County, Peer Counties and State of North Carolina, 2013							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Total	23.3	25.1	15.3	20.9	16.1	12.9	22.4
White, Non-Hispanic	16.4	23.7	6.4	15.2	7.8	7.0	19.1
African American, Non-Hispanic	32.1	27.6	23.8	23.9	24.9	23.9	29.3
Other, Non-Hispanic	11.8	20.4	3.9	21.6	11.5	6.3	14.8
Hispanic	28.1	25.6	19.7	28.4	22.1	20.2	24.3

Source: 2015 County Health Data Book, Department of Health and Human Services, State Center for Health Statistics, Accessed 03/19/2015.

For 2013, the Forsyth County total percentage of mothers whose highest education level was High School Graduate or GED was about:

- 4% greater than state of NC
- 7% lower than Cumberland
- 52% greater than Durham
- 12% greater than Guilford
- 45% higher than Mecklenburg
- 81% higher than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of White, non-Hispanic mothers whose highest education level was High School Graduate or GED was about:

- 14% lower than state of NC
- 31% lower than Cumberland
- 156% higher than Durham
- 8% greater than Guilford
- 110% higher than Mecklenburg
- 134% greater than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of African-American, non-Hispanic mothers whose highest education level was High School Graduate or GED was about:

- 10% greater than state of NC
- 16% greater than Cumberland
- 35% higher than Durham
- 34% greater than Guilford
- 29% greater Mecklenburg
- 34% greater than Wake

For 2013, , the Forsyth County race/ethnicity-specific percentage of Other, non-Hispanic mothers whose highest education level was High School Graduate or GED was about:

- 20% lower than state of NC
- 42% lower than Cumberland
- 203% greater than Durham
- 45% lower than Guilford
- 3% lower than Mecklenburg
- 87% greater than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of Hispanic mothers whose highest education level was High School Graduate or GED was about:

- 16% greater than state of NC
- 10% greater than Cumberland
- 43% greater than Durham
- 1% lower than Guilford
- 27% greater than Mecklenburg
- 39% greater than Wake

Mothers who Smoked during Pregnancy

The Percentage of Race/Ethnicity-specific Mothers who Smoked during Pregnancy Forsyth County, Peer Counties and State of North Carolina, 2013							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Total	6.8	11.1	5.2	6.8	3.8	3.2	10.3
White, Non-Hispanic	9.0	14.7	4.6	8.8	3.9	3.1	13.0
African American, Non-Hispanic	8.7	9.2	9.3	7.7	6.1	5.7	9.8
Other, Non-Hispanic	0.0	7.8	0.4	1.3	0.9	1.1	1.8
Hispanic	0.3	4.7	1.4	1.3	0.9	0.9	1.7

Source: 2015 County Health Data Book, Department of Health and Human Services, State Center for Health Statistics, Accessed 03/19/2015.

How do the race/ethnicity-specific percentages of mothers in Forsyth County who smoked during pregnancy compare to peer counties and the state of North Carolina in 2013?

For 2013, the Forsyth County total percentage of mothers who smoked during pregnancy was about:

- 34% lower than state of NC
- 39% lower than Cumberland
- 31% greater than Durham
- Similar to Guilford
- 79% greater than Mecklenburg
- 113% greater than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of White, Non-Hispanic mothers who smoked during pregnancy was about:

- 31% lower than state of NC
- 39% lower than Cumberland
- 96% greater than Durham
- 2% greater than Guilford
- 131% greater than Mecklenburg
- 190% greater than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of African-American, Non-Hispanic mothers who smoked during pregnancy was about:

- 11% lower than state of NC
- 5% lower than Cumberland
- 7% lower than Durham
- 13% greater than Guilford
- 43% greater than Mecklenburg
- 53% greater than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of Other, non-Hispanic mothers who smoked during pregnancy was about:

- 100% lower than state of NC
- 100% lower than Cumberland
- 100% lower than Durham
- 100% lower than Guilford
- 100% lower than Mecklenburg
- 100% lower than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of Hispanic mothers who smoked during pregnancy was about:

- 82% lower than state of NC
- 94% lower than Cumberland
- 79% lower than Durham
- 77% lower than Guilford
- 67% lower than Mecklenburg
- 67% lower than Wake

Mothers who were Overweight/Obese Pre-pregnancy

The Percentage of Race/Ethnicity-specific Mothers who were Overweight/Obese ¹ Pre-Pregnancy Forsyth County, Peer Counties and State of North Carolina, 2013							
	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake	North Carolina
Total	49.6	50.6	47.4	50.3	44.7	44.5	49.6
White, Non-Hispanic	43.4	46.0	33.8	42.5	34.1	37.3	44.6
African American, Non-Hispanic	60.3	59.9	61.0	59.9	60.4	60.4	61.2
Other, Non-Hispanic	26.8	34.0	25.8	29.2	28.0	25.8	28.4
Hispanic	52.0	47.8	54.6	56.2	48.9	55.3	54.2

¹Overweight: BMI 25.0-29.9; Obese: BMI 30 and greater

Source: 2015 County Health Data Book, Department of Health and Human Services, State Center for Health Statistics, Accessed 03/19/2015.

How do the race/ethnicity-specific percentages of mothers in Forsyth County who were overweight/obese pre-pregnancy compare to peer counties and the state of North Carolina in 2013?

For 2013, the Forsyth County total percentage of mothers who were overweight/obese pre-pregnancy was about :

- Similar to state of NC
- 2% lower than Cumberland
- 5% greater than Durham
- 1% lower than Guilford
- 11% greater than Mecklenburg
- 12% greater than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of White, non-Hispanic mothers who were overweight/obese pre-pregnancy was about:

- 3% lower than state of NC
- 6% lower than Cumberland
- 28% greater than Durham
- 2% greater than Guilford
- 27% greater than Mecklenburg
- 16% greater than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of African-American, non-Hispanic mothers who were overweight/obese pre-pregnancy was about:

- 2% lower than state of NC
- 1% greater than Cumberland
- 1% lower than Durham
- 1% greater than Guilford
- Similar to Mecklenburg
- Similar to Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of Other, non-Hispanic mothers who were overweight/obese pre-pregnancy was about:

- 6% lower than state of NC
- 21% lower than Cumberland
- 4% greater than Durham
- 8% lower than Guilford
- 4% lower than Mecklenburg
- 4% greater than Wake

For 2013, the Forsyth County race/ethnicity-specific percentage of Hispanic mothers who were overweight/obese pre-pregnancy was about:

- 4% lower than state of NC
- 9% greater than Cumberland
- 5% lower than Durham
- 8% lower than Guilford
- 6% greater than Mecklenburg

**2014
Forsyth County
Community Health Resources**

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
AIDS/HIV		
AMIGOS Peer Educators Services Agency: AIDS Care	995 Northwest Blvd Winston-Salem, NC 27101 Phone: (336) 725-8682	The AMIGOS program offered by AIDS Care Service recruits and coordinates training of volunteers to educate the Spanish-speaking community about AIDS prevention, testing and care. Hours: Monday - Friday 9:00 am - 5:00 pm.
Back to Basics	995 Northwest Blvd Winston-Salem, NC 27101 Phone: (336) 777 - 0116 <u>Email:</u> acswsnc@bellsouth.net	The Back to Basics program provides home visits and phone interviews to follow up with housing clients. Staff conducts life skills training classes, and supports HIV+ and AIDS-affected people and families with information and referrals. Hours: Monday - Friday 9:00 am - 5:00 pm.
Comprehensive Risk Counseling Service Agency: AIDS Care Service, Inc.	995 Northwest Blvd Winston-Salem, NC 27101 Phone: (336) 777 - 0116 <u>Email:</u> acswsnc@bellsouth.net	The Comprehensive Risk Counseling Services of Aids Care Service provides a combination of individually focused prevention activities focused on multiple objectives such as: risk reduction, increased participation in medical care, and adherence interventions for HIV+ persons. Hours: Monday - Friday 9:00 am - 5:00 pm.
Housing Program Agency: AIDS Care Service, Inc	995 Northwest Boulevard Winston-Salem, NC 27101 Phone: (336) 722-6551 Email: acswsnc@bellsouth.net	The AIDS Care Service Housing Program offers temporary housing for up to five families at a time in their Horseshoe Apartments. The assist clients with finding affordable permanent housing via coordination and administration of Shelter Plus Care, HOPWA and Section 8 vouchers. They also provide HOPWA Emergency Housing Funding for rent and utility assistance. Hours: Monday - Friday 9:00 am - 5:00 pm.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
<p>Holly Haven Family Care Home</p> <p>Agency: AIDS Care Service, Inc.</p>	<p>995 Northwest Blvd Winston-Salem, NC 27101 Phone: (336) 725-3555 <u>Email:</u> acswsnc@bellsouth.net</p>	<p>Holly Haven provides residential treatment and other services for persons with HIV/AIDS and their families. AIDS Care Service provides 24-hour holistic care at Holly Haven, a six-bed family care home built to meet the unique needs of persons seriously ill with AIDS-related symptoms.</p> <p>Hours: Monday - Friday 9:00 am - 5:00 pm</p>
<p>Latino Client Health Educators</p> <p>Agency: AIDS Care Service, Inc.</p>	<p>995 Northwest Blvd Winston-Salem, NC 27101 Phone: (336) 725 - 8438 <u>Email:</u> acswsnc@bellsouth.net</p>	<p>Provides home and hospital visits, support services, caregiver support referral, translation, and access to transportation.</p> <p>Hours: Monday - Friday 9:00 am - 5:00 pm.</p>
<p>Positive Action Club Support Groups</p> <p>Agency: AIDS Care Service, Inc.</p>	<p>995 Northwest Blvd. Winston-Salem, NC 27101 Phone: (336) 777-0208</p>	<p>This program offers group networking and counseling with others about living with HIV/AIDS.</p> <p>Hours: Monday - Friday 9:00 am-5:00 pm.</p>
<p>Client Supportive Program: Referrals for HIV/AIDS Social Service Agencies</p>	<p>P.O. Box 21373 Winston-Salem, NC, 27120 Phone: (336) 777 – 0142</p>	<p>The program provides referrals for individuals with HIV/AIDS to local social services agencies and treatment organizations.</p>
<p>Communicable Disease Control</p> <p>Agency: Forsyth County Department of Public Health</p>	<p>799 N Highland Ave Winston-Salem, NC, 27101 Phone: (336) 703-3100</p>	<p>Communicable Disease Control includes the investigation of disease outbreaks and unusual situations and to implement control measures to minimize further transmission of disease.</p> <p>Hours: Monday, Tuesday, Thursday, 8:30 am-3:45 pm; Wednesday, 9:30 am- 6:45 pm, Friday, 8:30 am-11:45 am.</p>

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
HIV/AIDS Case Management Agency: Abundant Quality Care (AQC)	651 Akron Dr Winston-Salem, NC, 27105 Phone: (336) 744-9293	AQC (Abundant Quality Care) - provides case management to bring about a positive change in the lives of individual infected with HIV/AIDS as well as bring beneficial relief, assistance and change to the family unit. Hours: Monday - Friday 8:30 am - 4:30 pm.
Northwest Care Consortium	301 N Main St, Ste 1700 Winston-Salem, NC, 27101 Phone: (336) 721-9332	The Consortium serves the HIV/AIDS population in fourteen counties in Northwest North Carolina (Alexander, Burke, Alleghany, Ashe, Caldwell, Catawba, Davidson, Davie, Forsyth, Stokes, Surry, Watauga, Wilkes, and Yadkin).
Positive Wellness Alliance	1001 S Marshall St, #257-8 Winston-Salem, NC Phone: (336)-722-0976	Positive Wellness Alliance provides services and support to people infected with and affected by HIV/AIDS through case management, outreach, and prevention education in Davidson, Forsyth, Davie, and Yadkin counties. Hours: Mondays and Wednesdays-Fridays, 8:00 am to 5:00 pm.
The Pantry Agency: Aids Care Service, Inc.	995 Northwest Blvd Winston-Salem, NC 27101 Phone: (336) 777 - 0116 <u>Email:</u> acswsnc@bellsouth.net	The Pantry offered by AIDS Care Service provides monthly su Hours: Monday - Friday 9:00 am - 5:00 pm.
Serenity's Haven, Inc: HIV/AIDS Case Management	163 Stratford Ct, Ste 214 Winston-Salem, NC, 27103 Phone: (336) 723 - 7717	Coordinate care for HIV+ persons with NC Medicaid and link them to other community resources. Hours: Monday - Friday 9:00 am - 5:00 pm.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Ancillary Services		
Ancillary Services - Forsyth County Agency: Forsyth County Department of Public Health	799 N Highland Ave Winston-Salem, NC 27101 Phone: (336) 727-8231	Provides support for all health department clinics with services that include: testing for sexually transmitted diseases, hematology, blood chemistry and urinalysis. In addition to clinical testing, the lab also works closely with Environmental Health to monitor the quality of drinking water from wells in the area and to ensure that local package treatment plants are performing properly. Hours: Monday-Friday, 8:00 am - 5:00 pm.
Chiropractic Services		
Advance Chiropractic and Health Center	2505 Neudorf Rd, Clemmons, NC 27012 (336) 766-0888	Care may include massage, acupuncture, nutrition, exercise and stress counseling in addition to the chiropractic adjustments.
Body Care Chiropractic	5919 James St, Ste C Clemmons, NC 27012 Phone: (336) 766-3993	Help people who suffer from a variety of health issues. Naturally, chiropractors help traditional neck and back problems, but chiropractic has also produced wonderful results with a variety of problems you wouldn't normally associate with the spine. Hours: Monday, Wednesday & Friday 9:00 am - 12:00pm; Monday-Wednesday 2:00 pm- 5:30 pm and Thursday 2:00 pm – 5:15 pm.
Brittan Chiropractic Center, PLLC	205 S Stratford Rd Winston-Salem, NC 27103 Phone: (336) 293-8931	Chiropractic Clinic offering a full range of services including adjusting techniques, physiotherapy, rehab exercise, and nutritional counseling to help patients toward optimal health and wellness.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Bronson Chiropractic and Acupuncture Clinic of the Triad	4526 Country Club Rd Winston-Salem, NC 27104 Phone: (336) 765-0404	BC&A is a clinic offering many complementary and alternative options for the care and treatment of patients. Functional Medicine and Nutrition are used to address chronic pain, digestive problems, hormonal imbalances, and allergies as well as diabetes, heart disease
Gray Chiropractic & Sports Associates, P.A.	223 Harper St Winston-Salem, NC 27104 Phone: (336) 774-1624	Offers a diverse array of cutting edge techniques that address health and wellness, including chiropractic care, laser therapy, soft tissue treatment, acupuncture and body performance.
Robinson Center for Chiropractic	3300 Reynolda Rd, #102 Winston-Salem, NC 27106 Phone: (336) 782-3243	Winston Salem Chiropractic Clinic and Wellness Center offering a full range of services. Hours: Monday – Thursday, 8:00 am to 6:00 pm, Friday, 8:00 am to 1:00 pm, and Saturday, 8:00 am to 12:00 pm.
Salama Chiropractic Center	Oak Ridge Office: 1692 NC Hwy 68 N, Ste E Oak Ridge, NC 27310 Phone: (336) 644-6446 Winston-Salem Office: 1515 Hanes Mall Blvd Winston-Salem, NC 27103 Phone: (336) 773-7373	Treats headaches, migraines, neck pain, arthritis, whiplash, lumbar pain, disc pain, carpal tunnel pain, back pain, knee pain, wrist pain, arm & shoulder pain, numbness and tingling, extremity pain, auto/work/sports injuries, muscle aches, sprains and strains, fibromyalgia, and scoliosis. Appointments are available Monday through Saturday.
Sharp Chiropractic	4622 Country Club Rd, Suite # 140 Winston-Salem, NC 27104 Phone: (336) 768-7227	Hours: Monday to Thursday 9:00 am to 1:00 pm and 3:00 pm to 6:00 pm.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Dental Health Providers		
Cleveland Avenue Dental Health Center	501 Cleveland Ave Winston Salem, NC 27101 Phone: (336) 703-3090	A full range of basic dental care services are offered to children of all ages and adults. Medicaid and Health Choice are accepted. Hours: Monday- Thursday 8:00 am - 5:00 pm and Friday 8:00 am - 12:00 pm.
Community Care Center	2135 New Walkertown Rd Winston-Salem, NC 27101 Phone: (336) 723 – 7904	Safety Net Dental Clinics are non-profit dental facilities where low income families can go for dental care.
Preschool Dental Health Program/ School Age Dental Health Program Agency: Forsyth County Department of Public Health/Smart Start of Forsyth County	799 North Highland Ave Winston-Salem, NC 27102 <i>Preschool</i> Phone: (336) 703-3376 <i>School Age</i> Phone: (336) 703-3090	Promotes and protects good oral health for the citizens of Forsyth County, specifically children ages 0 - 5, their parents, child care providers and women of childbearing age. Provides calibrated dental assessment, preventive education, and liaison services for school age children.
Forsyth Tech Dental Education Clinic	2100 Silas Creek Pkwy Winston-Salem, NC 27103 Phone: (336) 734-7550	Offers dental hygiene and dental assisting services including: cleanings, x-rays, sealants, complete examinations, fillings, extractions, root canals and additional services if selected as a patient. No insurance accepted. Services range from \$5.00 to \$450.00.
Health Check	799 North Highland Ave Winston-Salem, NC 27101 Phone: (336) 703-3100	Health Check is Medicaid for children. Health Check covers complete medical and dental check-ups, and provides vision and hearing screenings and referrals for treatment. Hours: Monday, Tuesday, Thursday, 8:30 am-3:45 pm; Wednesday, 9:30 am- 6:45 pm, Friday, 8:30 am-11:45 am.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Rescue Mission Dental Clinic	710 North Trade St Winston-Salem, NC 27101 Phone: (336) 723-7904	<p>Safety Net Dental Clinics are non-profit dental facilities where low income families can go for dental care. Most accept insurance and Medicaid, and some have payment on a sliding scale.</p> <p>Only 10 clients by appointment, occasionally a walk in can be seen for clients that do not show.</p> <p>Hours: 6:30am on the 2nd & 4th Thursday of each month</p>
Smile Starters	2041 Silas Creek Pkwy, Winston-Salem, NC 27103 Phone: (336) 777-1272	<p>Provides dental treatment to under-served children and young adults up to age 20. Accepts Medicaid and Health Choice.</p>
Domestic Violence & Sexual Assault		
Battered Women's Shelter - Safe Relationships Agency: Family Services, Inc.	24 Hour Crisis Line: (336) 723-8125	<p>Provides safe temporary shelter for women and children who are victims of domestic violence or sexual assault. Partners with other agencies to assist victims of human trafficking</p>
Advocacy for Domestic Violence Victims Agency: Next Step Ministries	P.O. Box 793 Kernersville, NC 27285 Phone: (336) 413-3156 <u>Email:</u> marthashouse@embarqmail.com Domestic Violence Line: 336-413-3156	<p>Next Step Ministries assist domestic violence victims by helping them process 50B restraining orders, providing transportation related to domestic violence court procedures and appointment, coordinated programming with community agencies, assistance with obtaining employment and assistance with securing permanent housing.</p>

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
<p>Safe on Seven: Forsyth Domestic Violence Center</p> <p>Agency: Family Services, Inc.</p>	<p>1200 S Broad St Winston-Salem, NC, 27101 Phone: (336) 722-8173</p>	<p>Safe on Seven: (SOS) Forsyth Domestic Violence Center is a multi-agency approach to provide services for victims of domestic violence. The Center is located on the seventh floor of the Forsyth County Hall of Justice, Winston-Salem, NC. The Safe on Seven Center provides a "one-stop shop" for domestic violence victims by bringing together key service providers from the criminal and civil justice systems, law enforcement, victim advocates, legal advocates and social services, providing access to a variety of services to victims in one centralized location.</p> <p>Hours: Monday-Friday, 8:00 AM-12:30 PM and 2:00 PM-5:00 PM. For screening for 50B, hours are 8:30-12:30 and 2:00-3:30.</p>
<p>Time Out - Safe Relationships</p> <p>Agency: Family Services, Inc.</p>	<p>1200 S Broad St Winston-Salem, NC, 27101 Phone: (336) 722-8173</p>	<p>State-approved, psycho-educational program for batterers that addresses issues regarding abuse and control in relationships.</p>
<p>Sexual Assault Crisis</p> <p>Agency: Family Services, Inc.</p>	<p>Sexual Assault Line: (336) 722-4457</p>	<p>Advocates are available to assist through the legal and court processes in applying for Victim's Compensation, crisis intervention, support, information, survivor groups, and trained nurses and representatives in sexual assault.</p>

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Foundations & Nonprofit Agencies		
Arts Council	305 W 4th St., Ste 1-C Winston-Salem, NC 27101 Phone: (336) 722-2585	The Arts Council offers five competitive grant and award programs. Hours: Monday - Friday 8:30 am - 5:00 pm.
Jaycees, Winston-Salem	1001 S Marshall St, Ste 89 Winston-Salem, NC 27101 Phone: (336) 776 - 0690	The Jaycees is an organization of young professionals, age 21 to 40 years-old, involved in a variety of community, individual development, networking and financial projects.
Kate B. Reynolds Charitable Trust	128 Reynolda Village Winston-Salem, NC 27106 Phone: (336) 397-5514	The Trust is a private foundation with two grant making divisions: the Poor and Need Division which responds to the basic needs and invests in solutions that improve the quality of life for financially needs residents of Forsyth County through two programs: 1) increasing self reliance; 2) providing basic needs. Hours: Monday-Friday, 8:00 am-5:00 pm.
Lupus Foundation of America	2841 Foxwood Lane Winston-Salem, NC 27103 Phone: (336) 768-1493 (336) 922-6494 Email: lfawinston-t.nclf@juno.com	Non-profit, all volunteer organization operated primarily by Lupus patients which lends support to people (and their families) with Lupus and related diseases.
March of Dime, Greater Triad Division	410 Brookstown Ave Winston-Salem, NC 27101 Phone: (336) 723 - 4386	The March of Dimes works toward prevention of birth defects through research and public professional health education. They Contribute to seminars, continuing education relating to birth defects, and to research being done at Bowman Gray School of Medicine. Hours: Monday - Friday 8:30 am - 4:30 pm.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Mary Reynolds Babcock Foundation	2920 Reynolda Rd Winston-Salem, NC 27106 Phone: (336) 748 – 9222 Email: info@mrbf.org	Assists people in the Southeast to build just and caring communities that nurture people, spur enterprise, bridge differences and foster fairness.
Reynolds American Foundation	P.O. Box 2990 Winston-Salem, NC 27102 Phone: (336)741-7693	The Reynolds American Foundation's main focus is funding educational, arts and human services programs through direct grants and employee giving programs.
Ronald-McDonald House of Winston-Salem	419 S Hawthorne Rd Winston-Salem, NC 27103 Phone: (336) 723-0228	<p>The Ronald McDonald House of Winston-Salem provides a “home away from home” for families of children who are receiving medical care in our community’s hospitals. The House and Family Room programs offer physical comforts, emotional support, education, and referral services designed to promote the well-being of the whole family. Must be referred from provider.</p> <p>Hours: Monday-Friday, 9:00 am – 9:00 pm; Saturday, 9:00 am-2:00 pm; and Sunday 2:00 pm – 9:00 pm.</p>
SECU Family House on the Richard J. Reynolds III & Marie M. Reynolds Campus	1970 Baldwin Lane Winston-Salem, NC 27103 Phone: (336) 793-2822	The SECU Family House provides affordable lodging in a caring environment for referred adult patients and/or their caregivers who travel to Winston-Salem, N.C., for medical treatment. Referrals to SECU Family House will be made by Forsyth Medical Center, Wake Forest Baptist Medical Center and by Hospice & Palliative Care Center.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
The Winston-Salem Foundation	860 W 5th St Winston-Salem, NC 27101 Phone: (336) 725-2382	Make grants to charitable organizations serving the greater Forsyth County area for a wide range of charitable purposes including new staff positions, capacity building projects, planning work, and new programs in areas of arts and culture, education, health, human services, community development and building social capital.
Z. Smith Reynolds Foundation	147 S Cherry St, Ste 200 Winston-Salem, NC 27101 Phone: 1 (800) 443-8319	The Foundation makes grants only to nonprofit, tax-exempt, charitable organizations and institutions that are exempt under Section 501(c)(3) of the Internal Revenue Code or to governmental units. This Foundation is restricted to making grants supporting projects in North Carolina with the purpose of benefiting residents of North Carolina.
Free Clinic & Community Health Centers		
Bethany Baptist Church Medical Clinic	600 Old Hollow Rd Winston- Salem, NC 27105 Phone: (336) 767-0760	Provides services to those who can not afford health care. General medicine (no dental), school sports physicals, pediatrics, men's clinic, women's clinic (OB/GYN). Medical Clinic held once a month on the second Saturday from 9:00 am - noon.
Community Care Center	2135 New Walkertown Rd Winston-Salem, NC 27101 Phone: (336) 723 - 7904 Email:operationsccc@bellsch.net	New patients must come for an initial financial eligibility screening on Tuesdays and Wednesdays from 3:00pm to 5:00 pm

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Community Mosque Clinic	1419 Waughtown St., Winston-Salem, NC 27107 Phone: (336) 756-7766	Services provided for chronic conditions, acute care, physicals, primary care, pharmacy samples and lab testing (selective tests only). Held the 3 rd Saturday of each month.
Downtown Health Plaza	1200 M. Luther King Jr. Dr Winston-Salem, NC 27101 Phone: (336) 713-9800	Provides for chronic and acute condition, immunizations, primary care, adult care, pharmacy and lab testing. Hours: Monday – Friday 7:45 am to 5:00 pm (by appointment only).
Forsyth County Department of Public Health	799 N Highland Ave Winston-Salem, NC 27101 Phone: (336) 703-3100	Offers HIV/STD Clinic, Family Planning Clinic, WIC Program, and Child and Adult Immunizations. Hours: Monday, Tuesdays and Thursdays:8:30 am to 3:45 Pm, Wednesdays 9:30 am to 6:45 pm, Fridays 8:30 to 11:45 pm.
Green Street United Methodist Church Clinic	639 S Green St, Winston-Salem, NC 27101 Phone: (336) 722-8379	Physicals, Primary Care, Chronic Condition Care, Pharmacy samples. Meal is also served at 5:58pm. \$1 donation is recommended for meal. Open to all, Wednesdays 6:30-7:15pm.
Healthcare Access	501 Cleveland Ave, Ste 4 Winston-Salem, NC 27101 Phone: (336) 723-6565	Links patients with a doctor for primary care and specialist services. Program works with local hospital for special procedures and hospitalization. Hours: Monday – Friday 8:30 am to 5:00 pm.
Northwest Community Care Network	2000 W 1st St, Ste 704 Winston-Salem, NC 27104 Phone: (336) 716-2698	A network of primary care providers who provide medical care to the Medicaid population in northwest North Carolina with local care managers, system-wide education, and disease management protocols.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Planned Parenthood	3000 Maplewood Ave, Ste 112 Winston-Salem, NC 27103 Phone: (336) 768 2980 Winston-Salem, NC 27103 Phone: (336) 768-2980	Provides sexual and reproductive health care. Must schedule appointment. Hours: Monday, Thursday, and Friday 9:00 am-5:00 pm; Tuesday and Wednesday, 10:00 am – 7:00 pm; and Saturday 7:00 am- 1:00 pm.
Southside United Health and Wellness Center	3009-A Waughtown St., Winston-Salem, NC 27107 Phone: (336) 293-8730	Services include adult general medicine, prenatal and well child. Cost is \$25 per appointment, lab costs are additional. Call for appointments. Hours: Monday-Thursday, 8:00am- 5:00pm and Friday 8:00am -12:00pm.
Sunnyside Clinic – Trinity Moravian Church	319 Haled St., Winston-Salem, NC 27127 Phone: (336) 724-7558	Provides physicals, immunizations, primary care and health education on the first and third Thursdays 5:00pm – 9:00 pm.
Today's Women Health and Wellness Center Agency: Novant Health	2001 Today's Woman Ave Winston-Salem, NC 27105 Phone: (336) 722-1818	Offers free pregnancy tests Monday 3:00 pm -4:30 pm.
Winston-Salem Rescue Mission, Inc: Medical & Dental Clinic	718 N Trade St Winston-Salem, NC 27101 Phone: (336) 723-1848	The clinic provides free medical and dental services to patients. All walk-ins are seen on a first come/first served basis. Hours: Medical Clinic: Every Thursday, 7:00 am - 9:00 am; Dental Clinic: 2nd and 4th Thursdays of each month from 7:00 am - 9:00 am.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Home Health Care		
Advanced Homecare	1100 S Stratford Rd Building B, Ste 410 Winston-Salem, NC 27103 Phone: (336) 896-3100	Provides clinical services, products and supplies needed regardless of medical condition, injury or illness. Services and programs aim to improve personal health and maximize independence to keep clients out of hospitals and in home.
Amedisys Home Health	1100 S Stratford Rd, Ste 531 Winston-Salem, NC 27103 Phone: (336) 768-7200	Helps clients to manage chronic disease; provide palliative care for terminal illness, or hospice care at the end of life. Our experienced, friendly clinicians deliver personalized health care services to patients and families in their homes
Bayada Home Health Care	1605 Westbrook Plaza Dr, Ste 102 Winston-Salem, NC 27103 <i>Winston-Salem Adults</i> Phone: (336) 768-4000 <i>Pediatrics of Winston-Salem</i> Phone: (336) 331-1000	Services include home health care, pediatrics, hospice and habilitation. Staff includes nurses, therapists, home health aides, and medical social workers to provide care to multiple ages and stages of life.
Gentiva Health Services	3187 Peters Creek Pkwy, Ste B Winston-Salem, NC 27127 Phone: (336) 397-3331 145 Kimel Park Dr, Ste 200 Winston-Salem, NC 27103 Phone: (336) 760-8336 720 Parke Centre, Ste A Kernersville, NC 27284 Phone: (336) 564-0185	Provider of home health and hospice services which include a full range of clinical services: skilled nursing, physical, occupational, and speech language therapy, cardiac and pulmonary care, neurorehabilitation, wound care, disease and pain management, medication management and education, patient education, treatment for balance problems, and hospice services.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Hospice and Palliative CareCenter	101 Hospice Ln Winston-Salem, NC 27103 Phone: (336) 768-3972	Hospice and Palliative CareCenter provides skilled nursing for patients with serious illness. Skilled nursing need such as wound care, catheter care, or education related to diagnosis or seeking curative therapy in order to be eligible for home health care. Home health services provided: spiritual care as requested, nursing assistance, medical social workers, volunteers, physical/occupational/ speech therapy as needed and assistance in obtaining medical equipment and supplies.
Interim HealthCare of the Triad, Inc.	3325 Healy Dr, Ste A Winston-Salem, NC 27103 Phone: (336) 768-6997	Services include personal care and support, home care, and healthcare staffing.
Homeless Services		
Advocacy for the Poor, Inc.	608 Summit St, Ste 4 Winston-Salem, NC 27101 Phone: (336) 519-8355	A non-profit organization committed to speaking out for the financially poor of the community. Hours: Monday - Friday 8:30 am - 5:00 pm.
Community Action Agency	1550 University Ct Winston-Salem, NC 27101 Phone: (336) 722-9400 <u>Email:</u> twellman@webitxpress.com	Community Action provides aid for the homeless which includes transitional housing, basis education and GED Program, First Time Homeowners Program, and NC Save.
Transitional Services to Homeless Families	1550 University Ct Winston-Salem, NC 27101 Phone: (336) 722 - 9400 <u>Email:</u> patricia.mumford@eistr.org	Provides case management primarily to clients classified as "chronic homeless" by HUD Guidelines, and experiencing debilitating crisis. Goal is to help these people find and keep permanent shelter. Hours: Monday - Friday 8:00 am - 6:00 pm.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
<p>Battered Women Shelter- Safe Relationships</p> <p>Agency: Family Services, Inc.</p>	<p>1200 S Broad St Winston-Salem, NC 27101 Phone: (336) 723-8125</p>	<p>Provides safe temporary shelter for women and children who are victims of domestic violence or sexual assault. Partners with other agencies to assist victims of human trafficking.</p>
<p>Bethesda Center for the Homeless</p>	<p>930 N Patterson Ave Winston Salem, NC 27101 Phone: (336) 722-9951</p>	<p>The largest provider of emergency night shelter as well as continuing to be the area's only day shelter. Has a 100-bed night shelter. Day shelter opens at 8:00 am each morning.</p>
<p>Samaritan Inn Shelter</p> <p>Agency: Samaritan Ministries</p>	<p>1243 Patterson Ave Winston-Salem, NC 27101 Phone: (336) 748-1962</p>	<p>The Samaritan Inn provides a 69 bed homeless shelters for homeless men with safe, temporary shelter for a maximum of 90 days.</p>
<p>Winston-Salem Rescue Mission Shelter</p>	<p>718 N Trade St Winston-Salem, NC 27101 Phone: (336) 723-1848</p>	<p>Serves adult men only. Ministers to physical and spiritual needs of those requesting help. Provides food, clothing and shelter.</p>
Hospice		
<p>Hospice and Palliative Care</p>	<p>101 Hospice Lane Winston-Salem, NC 27103 Phone: (336) 768-3972</p>	<p>Hospice Care to patients of all ages who are dealing with potentially life limiting illnesses including Alzheimer's, congestive heart failure, COPD, dementia, emphysema, etc.</p>
<p>Hospice of the Piedmont</p>	<p>1801 Westchester Dr High Point, NC 27262 Phone: (336) 889-8446</p>	<p>Offers five programs (Hospice and Palliative Care, Kids Path, Hospice Home at High Point, and the Grief Counseling Center) to Forsyth, Guilford, Randolph, and Davidson counties.</p>
<p>Kate B. Reynolds Hospice Home</p>	<p>101 Hospice Lane Winston-Salem, NC 27103 Phone: (336) 760-1114</p>	<p>Kate B. Reynolds Hospice Home provides in-patient care for both acute and residential. A place where hospice patients, who for whatever reason cannot remain at home, will receive hospice's professional care and support, in personal, homelike surroundings.</p>

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Hospitals & Urgent Care		
<p>Brenner Children's Hospital and Health Services</p> <p>Agency: Wake Forest University Baptist Medical Center</p>	<p>301 Medical Center Blvd Winston-Salem, NC 27157 Phone: (336) 716-2255</p>	<p>Brenner Children's Hospital, is the expert in children's medicine. Brenner Children's Hospital is western North Carolina's only full-service pediatric hospital provides care for neonates through teens.</p>
<p>FastMED Urgent Care Winston-Salem</p>	<p>4937 Old Country Club Rd Winston-Salem, NC 27104 Phone: (336) 546-1666</p>	<p>Provides both urgent care with walk-in attention for non-life-threatening injuries or illness as well as family medicine needs with scheduled appointments.</p> <p>Hours: Monday-Friday, 8:00 am- 7:45 pm; Saturday 9:00 am- 4:45 pm; and Sunday 10:00 am- 5:45 pm.</p>
<p>Forsyth County Emergency Medical Services</p> <p>Agency: Forsyth County Emergency Medical Services</p>	<p>911 E 5th St Winston-Salem, NC 27101 Phone: (336) 703-2750</p>	<p>911 Emergency response and ambulance transportation. Serves as coordination point for 20 volunteer rescue squads and fire departments when appropriate. Ambulance bills are collected and handled by the Forsyth County EMS.</p>
<p>Forsyth Medical Center</p> <p>Agency: Novant Health</p>	<p>3333 Silas Creek Pkwy Winston-Salem, NC 27103, Phone: (336) 718-5000</p>	<p>A 921-bed, not-for-profit tertiary care hospital, offering a emergency, medical, surgical, rehabilitative and behavioral health services.</p> <p>Open 24 hours, 7 days a week.</p>
<p>Kernersville Medical Center</p> <p>Agency: Novant Health</p>	<p>1750 Kernersville Medical Pkwy Kernersville, NC 27284 Phone: (336) 564-5000</p>	<p>Open to serve 24 / 7 / 365 with emergency department. Other services includes inpatient hospital rooms, surgery services, diagnostic and support services, and inpatient and outpatient medical care.</p>

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Medical Park Hospital Agency: Novant Health	1950 South Hawthorne Rd Winston-Salem, NC 27103 Phone: (336) 718-0785	A 22-bed, not-for-profit hospital that specializes in elective inpatient and outpatient surgeries. Open 24 hours, 7 days a week.
North Carolina Baptist Hospital Agency: Wake Forest Baptist Medical Center	Medical Center Blvd Winston-Salem, NC 27157 Phone: (336) 716-2011	A 855-bed teaching hospital integrated with Baptist Medical Center. The Medical Center also includes the Comprehensive Cancer Center, Heart Center, and Institute of Regenerative Medicine which are a few of the resources available to patients.
Oldtowne Immediate & Family Care	3734 Reynolda Rd Winston-Salem, NC 27106 Phone: (336) 922-1102	Provides urgent care services 7 days a week as well as routine medical care. Offers the following services: sports medicine, occupational services, internal medicine, primary care. Industrial medicine, podiatry care, diabetic treatment and care, and worker's compensation
Select Specialty Hospital-Winston-Salem Forsyth Medical Center	3333 Silas Creek Pkwy 6th Floor Winston-Salem, NC 27103 Phone: (336) 718-6300	Provides care for patients in the hospital with a need for a longer acute care stay due to their illness, multiple injuries, trauma, or medical complications. Specialized services include wound care and pulmonary services.
Immunizations		
Immunization Clinic Agency: Forsyth County Department of Public Health	799 N Highland Ave Winston-Salem, NC 27101 Phone: (336) 703 - 3100 Email: huntermb@forsyth.cc	Children and Adults may obtain immunizations in order to prevent and control communicable diseases. All childhood immunizations are provided free of charge. Hours: Monday, Tuesday, Thursday, 8:30 am-3:45 pm; Wednesday, 9:30 am- 6:45 pm, Friday, 8:30 am-11:45 am.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Passport Health	2803 Lyndhurst Ave Winston-Salem, NC 27103 Phone: (336) 768-0717	Travel health medical services, information, and immunizations needed before travel.
Insurance Providers and Employee Health Benefits/Services		
Action for Children Children's Health Insurance Coverage	1300 Saint Mary's St, Ste 500 Raleigh, NC 27605 Phone: (919) 843-6623	Works to ensure that all children have access to high-quality, affordable health insurance coverage by advocating for Medicaid, Health Choice and N.C. Kids Care -- public programs that expand children's access to care.
Adult/Family & Children Medicaid Agency: Forsyth County Department of Social Services	741 N Highland Ave Winston-Salem, NC 27101 <i>Adult Medicaid</i> Phone: (336) 703-3502 <i>Family & Children Medicaid</i> Phone: (336) 703-3803	Adult Medicaid: Assist persons in registering for Medicaid. Income limits for individuals are \$903 a month and \$1215 for couples for the disabled (under age 64) and the aged (over age 65). Family and Children Medicaid pays medical bills for low-income families and children.
Alliance Insurance Services, LLC	348 Summit Square Blvd Winston Salem , NC 27105 Phone: (336) 377-9003	Offers health insurance, as well as homes, auto, life, and business insurance. Hours: Monday-Friday, 9:00 am to 6:00 pm and Saturday 9:00 am to 1:00 pm.
Infinite Wellness Solutions	3300 Reynolda Rd Winston-Salem, NC 27106 Phone: (336) 725-8624	A partial list of wellness programs Infinite Wellness Solutions can help with includes: health risk assessment, health coaching, online wellness programs, gym discounts, wellness incentives and tracking, onsite health promotion staffing and fitness center staffing, executive wellness, corporate fitness programs, wellness newsletters, health fairs, health screening, flu shots and much more. Offers help to all types of organizations including employers, insurance brokers and companies, EAP's and even wellness companies.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
MedCost Benefit Services	165 Kimel Park Dr Winston-Salem, NC 27103 Phone: (336) 774-4400	Largest, leading independent PPO network and health management innovator in the Carolinas providing benefit administration, comprehensive care management programs, health and wellness, preferred provider network services, and help in managing health care trends.
Nationwide Insurance	3445 Robinhood Rd Winston-Salem, NC 27106 Phone: (800) 254-5183	Offers life insurance, auto insurance, and other insurance products. Hours: Monday – Friday, 9:00 am -5:00 pm, and Saturday, by appointment.
NC Health Check and NC Health Choice	741 N Highland Ave Winston-Salem, NC 27101 Phone: (336) 703-3223	Health Check(Medicaid) or NC Health choice is free or low-cost Health insurance for children and teens under 19 years old.
State Farm Insurance Agency *Additional Local Agents are Available	Steff Hamilton: 1624 S Hawthorne Rd Winston Salem, NC 27104 Phone: (336) 765-0301 Matt Murphy: 5019 Country Club Rd Winston-Salem, NC 27104 Phone: (336) 722-1718 Joe Daniels: 2200 Silas Creek Pkwy #7 Winston-Salem, NC 27103 Phone(336) 724-9257	State Farm Insurance offers health, automobile, homeowner, condo owner, renter, long-term care, and life insurance. Local agents have various hours.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Wilson Insurance Services	3288 Robinhood Rd, # 102 Winston-Salem, NC 27016 Phone: (336) 794-2810	Provides information regarding health, automobile, home, life, liability, and property insurance.
Health Services for Inmates (Jail)		
Forsyth Correctional Center	307 Craft Dr Winston-Salem, NC 27105 Phone: (336) 896-7041	Inmates can initiate visits for medical care, and no inmate is denied health care access.
Maternal and Child Care		
Baby Love/ Maternity Care Coordination Agency: Forsyth County Department of Public Health	799 N Highland Ave Winston-Salem, NC, 27101 Phone: (336) 703-3100 Email: huntermb@forsyth.cc	Baby Love is program designed by the Forsyth County Department of Public Health to help pregnant women have healthy babies. This program provides care management services for high risk women during pregnancy and for two months after delivery by a social worker or nurse.
Birthright, Inc.	1400 Millgate Dr, Ste B Winston-Salem, NC 27103 Phone: (336) 774-0456	Birthright, Inc. offers free pregnancy testing, abortion alternatives, and Medical referrals (including Medicaid Pregnancy Referral) through confidential non-judgmental and caring advice. Offers a gift of friendship and emotional support to each women may it be prenatal information, medical, educational, and/or housing referrals, or information on other community services, as well as adoption contacts if needed. Hours: Monday, Wednesday, and Friday, 11:00am- 2:00pm.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Care Coordination for Children (CC4C)	799 N. Highland Ave., Winston-Salem, NC 27101 Phone : (336) 703-3242	A free and voluntary program for children from birth to age three who are at risk for or birth to age 5 who have been diagnosed with developmental delay, disability, long-term illness, and or social/emotional disorders. with care managers who assist with finding medical care, transportation, childcare and/or financial aid. The program goals are: to connect your family with services for children and families; to support your children in reaching their developmental potential; to help ensure that children are raised in healthy, safe, and nurturing environments.
Her Choice of Forsyth County, Inc.	1927 Angelo St Winston-Salem, NC 27104 Phone: (336) 748-8777	A Christian pro-life organization dedicated to educating Forsyth County and surrounding areas to the trauma that abortion causes to women and men throughout their lives.
Center for Women's Healthcare Agency: MedCenter Kernersville, Cone Health	1635 NC 66 South, Ste 245 Kernersville, NC 27284 Phone: (336) 992-5120	With an all-female staff, the Center for Women's Healthcare features an exceptional balance of expertise and compassion for patients in different life stages. Supporting our physicians are highly-qualified Certified Nurse Midwives, whose services to patients extend beyond delivering babies. We can also help you coordinate yearly screenings for your convenience and as part of our dedicated focus on wellness. Services: obstetrics, gynecology, pap smears, and ultrasound. Hours: Monday-Thursday, 8:00am- 5:00pm and Friday, 8:00am-12:00pm (closed for lunch 12:00pm-1:00pm).

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
<p>Nursing Mother Center</p> <p>Agency: Forsyth Medical Center- Maya Angelou Center for Women's Health & Wellness</p>	<p>3333 Silas Creek Pkwy Winston-Salem, NC 27103 (First Floor of the North Tower at Forsyth Medical Center)</p> <p>Nursing Mother Helpline: (336) 718-5636 (336) 718-8233</p>	<p>Comprehensive lactation center in Winston-Salem, featuring exceptional services, supplies, equipment and support for nursing mothers. Goal of helping mother and baby enjoy the best possible nursing experience. Provides: In-room hospital consultations after baby's birth; Free infant weight check to ensure proper weight gain after discharge from the hospital; Infant nutritional advice; Private breastfeeding consultations (fee); Retail shop with top-quality supplies, nursing clothing, accessories and equipment, including brand-name breast pumps at value prices. Any mother (self-referred or referred by healthcare provider) can use our services, regardless of her delivery hospital.</p> <p>Hours: Monday – Friday, 8:30 a.m. - 5:00 p.m., Saturday and Sunday, 9:00 a.m. - 1:00 p.m.</p>
<p>Maya Angelou Center for Women's Health and Wellness</p> <p>Agency: Novant Health</p>	<p>333 Silas Creek Parkway Winston-Salem, NC, 27103 Phone: (336) 718 - 0060</p>	<p>The facility, located on the Forsyth Medical Center campus, delivers nearly 7,000 babies a year - more than any other hospital in the region. The Center offers comprehensive care for women.</p> <p>Hours: Monday - Friday 8:00 am - 5:00 pm for most services, but emergency services are 24/7/365.</p>
<p>Women's and Children's Health</p> <p>Agency: Forsyth County Department of Public Health</p>	<p>799 N Highland Ave Winston-Salem, NC, 27101 Phone: (336) 703-3100</p>	<p>The mission of the Women's and Children's Health Section (WCH) is to assure, promote and protect the health and development of families with emphasis on women, infants, children and youth. WCH programs place a major emphasis on the provision of preventive health services beginning in the pre-pregnancy period and extending throughout childhood.</p>

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Medical Schools		
Wake Forest University	1834 Wake Forest Rd Winston-Salem, NC 27106 Phone: (336) 758-5000	A collegiate university in Winston-Salem, North Carolina, distinguished by small classes and faculty-student engagement.
Salem College	601 S. Church St., Winston-Salem, NC 27101 Phone: (336) 721-2600	Offers degrees in biological and biomedical sciences, clinical laboratory science and medical technology/technologist.
Forsyth Technical Community College	2100 Silas Creek Pkwy Winston-Salem, NC 27103 Phone: (336) 723-0371	Forsyth Tech is the community college services included: Biological and Biomedical sciences, clinical/medical laboratory technician, diagnostic medical sonography/sonographer, ultrasound technician and emergency medical technology.
Medical and Health Transportation		
Ardmore United Methodist Church	630 S Hawthorne Rd Winston-Salem, NC 27103 Phone: (336) 722-5686	Ministry of Ardmore area churches. Serves Ardmore residents 60+ years old (not flexible) and ambulatory. Primarily set up to transport to life-support. Hours: Monday- Friday, 8:30 am - 12:00 pm.
Cavalry Medical Transport Service Company	1095 Fairchild Rd Winston-Salem, NC 105 Phone: (336) 725-9119	Cavalry Medical Transport is a a medical transport service company providing local medical transportation in Winston-Salem
Clemmons First Baptist Church Transportation Ministry	3530 Clemmons Rd, Clemmons, NC 27012 Phone: (336) 766-6486	Must live in Clemmons, and request transportation 2 weeks in advance. Transportation provided to medical appointments, pick up medications, and other.
Lewisville Transportation Ministry	Phone: (336) 723-6377	Older adults and adults with disabilities living in Lewisville area only. Need 2-3 days notice for transportation to medical and dental appointments.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
LifeStar Emergency Transport	3475 Myer Lee Dr Winston-Salem, NC 27101 Phone: (336) 722-5433	Provides medical transportation at basic life support level for Forsyth County. Also completed inter-facility transports of bed ridden patients and other medically necessary transports, but must originate or end in Forsyth County. Long distance transports available.
The Shepherd's Center of Greater Winston-Salem	1700 Ebert St Winston-Salem, NC 27103 Phone: (336) 748-0217	Provides one medical transportation trip per week in addition to home visitation, respite care for family caregivers, minor home repairs, and grocery shopping for older adults.
The Shepherd's Center of Kernersville	431-B W Bodenhamer St Kernersville, NC 27284 Phone: (336) 996-6696	Transportation provided for medical appointments in Winston-Salem, Greensboro, High Point and for any destination in Kernersville. Recipients must be disabled or 60 years or older. Other services available for older or disabled adults in eastern Forsyth County.
Medication Assistance		
Forsyth County Department of Public Health Pharmacy	725 N Highland Ave Winston-Salem, NC 27101 Phone: (336) 703-3250	Pharmacy can help in applying for MedAssist, if qualify may be able to obtain medications for free.
Med-Aid Agency: Community Care Center for Forsyth County, Inc.	1900 S Hawthorne Rd, Ste 664 Winston-Salem, NC 27103 Phone: (336) 714-2359	Medication Assistance Program providing access to free prescription medications for uninsured, low-income families.
Medication & Financial Assistance Agency: Cancer Services, Inc.	3175 Maplewood Ave Winston-Salem, NC 27103 Phone: (336) 760-9983	Clients residing in Davie, Forsyth, Stokes and Yadkin Counties and meeting our eligibility requirements may be able to obtain assistance from Cancer Services and/or other prescription assistance resources with obtaining their cancer related prescription medications. Financial eligibility is based upon 200% of the Federal Poverty Guideline, as well as household expenses and current need.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Pharmacy Agency: Crisis Control Ministry	200 E 10th St Winston-Salem, NC 27101 Phone: (336) 724-7875	Provide free life sustaining medications to persons who can't afford them. Must be a resident of Forsyth County who demonstrates true financial need.
Mental Health Services <i>(Day Treatment, Psychosocial Rehabilitation, Residential Levels II & III)</i>		
Advanced Placement BHHS, Inc	2295 E 14 th St, Ste 400 Winston-Salem, NC Phone: (336) 722-1862	Offers behavioral health and human services: case management, therapy and counseling, diagnostic assessment, intensive in home service, substance abuse counseling, and level III residential care/group homes.
Associates in Christian Counseling	8025 North Point Blvd, Ste 231, Winston-Salem, NC 27106 Phone: (336) 896-0065 Ext: 205	Provides complete counseling and psychological services for a wide range of emotional difficulties.
A Sure House, Inc.	1265 Arbor Rd Winston-Salem, NC 27104 Phone: (336) 773-7627	A Sure House is a level III residential treatment facility for children and adolescents.
CenterPoint Human Services	4045 University Parkway Winston-Salem, NC 27106 Phone: (336) 714-9100 Consumer Affairs: (866) 804-4323	Local Management Entity for publically funded Mental Health, Developmental Disabilities, and Substance Abuse Services in Forsyth, Stokes, Davie and Rockingham Counties.
The Children's Home, Inc.	1001 Reynolda Rd Winston-Salem, NC 27104 Phone: (336) 721-7600	Programs include child/adolescent day treatment, 24 hour respite care services, assessment, counseling, hourly respite services, intensive In-home services, level II and III residential group services, and targeted case management.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Counseling, Catholic Social Services	627 West Second Street, Winston-Salem, NC 27101 Phone: (336) 727-0705	Offers marriage, family and individual counseling. Clients do not have to be Catholic to be eligible for services. Post-abortion counseling also available. Sliding scale fee. Hours: Monday - Friday 9:00 am - 12:30 pm and 1:30 pm - 5:00 pm.
Direct Care Community Base Services, LLC	4401 Providence Ln, Ste 121 Winston-Salem, NC 27106 Phone: (336) 397-9983	Provides Medicaid CAP services to adults and children including home and community support, individual/caregiver training and education, personal care services, respite care (non-institutional), specialized consultative services, and supported employment.
Essence of Care, Inc.	1137 Pine Knolls Rd Kernersville, NC 27284 Phone: (336) 272-3095	A licensed Level III residential treatment facility for children and adolescents.
Forsyth Medical Center Behavioral Health Agency: Novant Health	3333 Silas Creek Parkway Winston-Salem, NC 27103 Phone: (336) 718-5000 <i>Forsyth Medical Center Behavioral Health Services</i> Suite 100 175 Kimel Park Drive Winston-Salem, NC 27103 Phone: (336) 718-3550 <i>Winston-Salem Health Care Psychiatry</i> 250 Charlois Boulevard Winston-Salem, NC 27103 Phone: (336) 718-1000	Forsyth Medical Center Behavioral Health provides excellent patient care with mental health and substances abuse problems. The Crisis Response Team is a 24 hour, seven day a week service provided by Forsyth Medical Center Behavioral Health to help people with mental health or substance abuse crises in the community. Provides both inpatient and outpatient services.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Foundation Strong, LLC	1677 Banbridge Rd Kernersville, NC 27285b Phone: (336) 307-3198	Foundation Strong, LLC is a residential level III service for teenagers. Services include: social and recreational skills, building self-esteem, group therapy, anger management classes, life skills training, and educational assistance. Hours: Monday-Friday, 9:00 am-5:00 pm.
Hands to Hands Rehabilitation Center, LLC	500 West 4th Street, Winston-Salem, NC 27101 Phone: (336) 723-7589	Provides assessment, individual and group therapy, psychosocial rehabilitation, substance abuse outpatient services, referral to medication management, and support services to adults with mental illness throughout North Carolina.
Inspirationz, LLC	607 Hillhaven Dr Winston-Salem, NC 27107 Phone: (336) 788-8579	Therapeutic residential level III facility for children and adolescents. That offers services to develop social and independent living skills including daily group sessions, individual and group therapy, adolescent family therapy, and counseling for grief and loss.
Lutheran Family Services in the Carolinas-TAP Program Agency: Lutheran Family Services in the Carolinas	5712 Shattalon Drive Winston-Salem, NC 27105 Phone: (336) 744-7350 General Information Phone: (704) 940 - 3333 info@lfscarolinas.org	Human service agency providing Foster Care, Adoption, ACTT, Youth & Adult Residential Care (for Mentally Ill & Developmentally Disabled Individuals). Provides residential services for adults with traumatic brain injuries or mentally disabilities, transitional apartments for homeless adults with severe and persistent mental illness. Hours: Monday-Friday 9:00am-5:00 pm.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Mental Health Association	1509 South Hawthorne Rd. Winston-Salem, NC 27103 Phone: (336) 768-3880	Offers consumer support through hospital outreach program and representative payee services and support groups. Family support is offered through the Court Assistance Program, and advocacy and outreach. Community education is conducted through information and referral, resource center, speakers bureau and systems advocacy.
My Sister's Place Community Services, Inc.	595 Waughtown St., Winston-Salem, NC 27107 Phone: (336) 784-5922	Offers psychosocial rehabilitation and adult developmental vocational programs for adult and children. Provides the following Medicaid services: (CAP) day supports, home and community support, personal care services, residential support (level 1) and supported employment.
New-Lite Living Choices, Inc.	3634 Vest Mill Rd. Winston Salem, NC 27103 Phone: (336) 602-2016	A human services provider that offers Sexually Aggressive Youth (S.A.Y.) Program, outpatient services, family and therapeutic level II foster care, and female adolescent dual-diagnosed program.
Old Vineyard Behavioral Health Services	3637 Old Vineyard Rd. Winston-Salem, NC 27104 Phone: (336) 794-3550	Old Vineyard Behavioral Health Services specializes in acute treatment for adolescents, acute treatment for adults, and partial hospitalization and intensive out-patient programs for adults.
People Helping People of North Carolina, LLC	1510 Martin St. Winston-Salem, NC 27103 Phone: (336) 760-133 1100 W 1st St. Winston-Salem, NC 27101 Phone: (336) 724-9768	Provides the following Medicaid services: assertive community treatment team (ACTT), CAP home and community supports, CAP residential supports Level 1-3, CAP respite non-institution, CAP supported employment, community support team, diagnostic assessment, intensive in-home services, and targeted case management. Non-Medicaid services provided are developmental therapy, personal assistance, and targeted case management for both mental health and substance abuse.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
PQA Healthcare, Inc.	300 Northgate Park Dr Winston-Salem, NC 27106 Phone: (336) 306-9690	Offers psychosocial rehabilitation (Alpha Club 6) in addition to non-Medicaid services of : Assertive Community Treatment Team, and community support teams for adults; services to children and adult include counseling, personal assistance, while children are also eligible for intensive in-home services
Triumph LLC	ACTT Program 1010 Northwest Blvd Winston-Salem, NC 27101 Phone: (336) 722-4000 Forsyth Program 725 N Highland Ave, 2nd Floor Winston-Salem, NC 27101 Phone: (336) 607-8501	Triumph LLC offers: psychiatric evaluations and medication monitoring, psychological evaluations and testing, clinical assessment, outpatient therapy, community support, intensive in-home services, psychosocial rehabilitation, and assertive community treatment teams. Hours: Monday –Friday 8:30am to 5:00 pm.
V.I.P. Care Services, Inc: <i>Intensive In Home for Children and Youth Up to Age 20</i>	7830 North Point Blvd, Ste 203 Winston-Salem, NC 27106 Phone: (336) 896-0680	Time-limited, intensive child and family intervention based on the clinical needs of the youth.
Vision Behavioral Health Services, LLC	100 S Marshall St, Ste 2 Winston-Salem, NC 27101 Phone: (336) 723-4130	This is a time-limited intensive family preservation intervention intended to stabilize the living arrangement, promote reunification or prevent the utilization of out-of-home therapeutic resources (i.e., psychiatric hospital, therapeutic foster care, residential treatment facility) for the identified youth through the age of 20. Services include: community support team, diagnostic assessment, intensive in-home services, substance abuse comprehensive outpatient treatment, and substance abuse intensive outpatient program.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
<p>Wake Forest Baptist Health-Psychiatry and Behavioral Medicine</p>	<p>Medical Center Blvd Winston-Salem, NC 27157</p> <p>General Psychiatry Appointments and Information Phone: (336) 716-4551</p> <p>Child Guidance Phone: (336) 715-5511</p> <p>Sticht Center on Aging Phone: (336) 713-8100</p>	<p>Offers inpatient services for adults at the Sticht Center and children and adolescents in Brenner Children's Hospital. Services include: evaluation, treatment of depressions, bipolar disorder, anxiety disorders and schizophrenia and electroconvulsive therapy (ECT). Children inpatient services include evaluations and treatment for depressive disorders, anxiety disorders, oppositional defiant disorder, and conduct disorder. Outpatient services for adults: evaluation and treatment for the full range of psychiatric disorders, alcoholism, and substance abuse, group therapy, and ECT. Child/adolescent outpatient services: evaluation and treatment of all childhood psychiatric disorders. Geriatric house calls are available.</p>
<p>Wilson's Constant Care, LLC</p>	<p>1228 N Highland Ave Winston-Salem, NC 27101 Phone: (336) 703-9650</p>	<p>A licensed residential treatment level III facility for children/adolescents.</p>
<p>Youth Opportunities</p>	<p>2020 E 12th St Winston-Salem, NC 27101 Phone: (336) 748-4133</p>	<p>Offers family-centered mental health services to children and youth with services offered in office, family home or other community locations. Programs and services include: structured day programs (treatment) delivered in group settings in partnership with schools; clinical assessments; and psychiatric services which include both intensive in-home and outpatient therapy. Targeted case management for mental health substance abuse is also available.</p>

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Nursing Homes and Intermediate & Skilled Care Facilities		
Arbor Acres United Methodist Retirement Community	1240 Arbor Rd Winston-Salem, NC 27104 Phone: (336) 724-7921	A full service accredited continuing care retirement community. Offers independent living, elite care, assisted care, skilled care and memory care. The Fitzgerald Health Center is the skilled care portion of the Arbor Acres community.
Brian Center Health and Retirement, Winston- Salem	4911 Brian Center Ln Winston-Salem, NC 27106 Phone: (336) 744 - 5674	The Brian Center provides skilled nursing, rehabilitation services, and rest home services for short and long term residents. The Center has 40 skilled nursing beds. Open 7 days a week 24 hours a day.
Brookridge Retirement Community	1199 Hayes Forest Dr Winston-Salem, NC 27106 Phone: (336) 759-1044	A continuing care retirement community. Offers 4 living options: active retirement, assisted living, memory enhanced residence, and nursing care (Prince Nursing Care Center).
Clemmons Nursing Home and Rehab Center	3905 Clemmons Rd Clemmons, NC 27012 Phone: (336) 766-9158	Skilled nursing facility located in Clemmons with 120 beds.
Kindred Transitional Care and Rehab-Silas Creek	3350 Silas Creek Pkwy Winston-Salem, NC 27103 Phone: (336) 765-0550	Part of a network of post-acute care for short-term rehabilitation therapy to longer-term restorative care. The center offers a full range of nursing care and social services.
Oak Forest Health & Rehabilitation	5680 Windy Hill Dr Winston-Salem, NC 27105 Phone: (336) 776-5000	A skilled nursing facility that provides nursing home and short term care rehabilitation.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
The Oaks at Forsyth	901 Bethesda Ct Winston-Salem, NC 27103 Phone: (336) 768-2211	Provides short term in-patient rehabilitation services; physical, occupational and speech therapy; and long term care with 24 hour nursing.
Piney Grove Nursing and Rehabilitation Center	728 Piney Grove Rd Kernersville, NC 27284 Phone: (336) 996-4038	Provides residents with 24-hour skilled nursing care in a 92-bed facility.
Salemtowne Moravian Retirement Community	190 Moravian Way Dr Winston-Salem, NC 27106 Mailing Address: 1000 Salemtowne Dr Winston-Salem, NC 27106 Phone: (336) 767-8130	Provides short term rehabilitation, long term care, Alzheimer's care, assisted and independent living.
Springwood Care Center Agency: Novant Health	5755 Shattalon Dr Winston Salem, NC 27105 Phone: (336) 767-2750	This 200-bed facility offers residential skilled nursing care, Alzheimer's care program, infusion, physical and occupational therapies, speech pathology, and recreation for long-term residents or patients transitioning from hospital care. Open 24 hours/ 7 days a week.
Trinity Glen	849 Waterworks Rd Winston-Salem, NC 27105 Phone: (336) 595-2166	Trinity Glen offers short-stay guests and long-term residents a 24-hour skilled nursing care and state-of-the-art rehabilitation services for those recovering from an injury, surgery, or a recent hospitalization.
Winston-Salem Nursing and Rehabilitation	1900 West First St Winston Salem, NC 27104 Phone: (336) 724-2821	The facility is a five story nursing facility with 230 skilled nursing beds. Provides a full range of services to elderly or medically challenged individuals.
Nursing School		
Forsyth Tech	2100 Silas Creek Pkwy Winston-Salem, NC 27103 Phone: (336) 723-0371	Forsyth Tech is a community college. It's the source for affordable college education, offering two-year AAS degrees and college transfer opportunities.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Winston-Salem State University	601 S. ML King Jr. Dr Winston-Salem, NC 27110 Phone: (336) 750-2000	Winston-Salem State University, a constituent institution of the University of North Carolina, is a historically black university that today is a recognized regional institution offering baccalaureate and graduate programs to a diverse student population.
Nutrition Services		
Barb Andresen, R.D., L.D.N. Medical Nutrition Services	3447 Robinhood Rd, Ste 201 Winston-Salem, NC 27106 Phone: (336) 659-8622	Specializes in medical nutrition treatment for patients with eating disorders or unhealthy eating practices. Services include individualized nutrition counseling for weight loss, heart disease, sports nutrition and women's health issues. Also provides healthy eating coaching from grocery store tours to cooking basics and recipe ideas. Presentations and nutrition courses are available for groups, schools and classrooms from preschool to college courses.
Forsyth Medical Center Diabetes and Nutrition Counseling Agency: Novant Health	<i>Nutrition Counseling & Planning</i> 3333 Silas Creek Pkwy Winston-Salem, NC 27103 Phone: (336) 718-5000 <i>Nutrition Planning</i> 1900 S Hawthorne Rd, Ste 504 Winston-Salem, NC 27103 Phone: (336) 277-1660	Provides nutrition counseling to develop heart healthy eating plan to reduce cholesterol and maintain a healthy body weight. Nutrition Planning offers a diet analysis and consultation for weight control (loss or gain), implementing a healthy eating pattern, or plan to assist in the prevention of disease.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
<p>Wake Forest Baptist Medical Center- Outpatient Clinical Nutrition</p>	<p>Medical Center Boulevard, Winston-Salem, NC 27157 (2nd Floor, Sticht Center) Phone: (336) 713-3043</p>	<p>Medical Nutrition Therapy involves the assessment of nutritional needs of neonatal, pediatric, adolescent, adult, and geriatric age groups and culturally diverse populations based on disease specific needs so that medical care is optimized.</p> <p>Based on this assessment, the clinical nutritionist will develop an Individualized Plan of Care which will include treatment goals.</p> <p>Services include provision of Medical Nutrition Therapy to pediatric and adult patients from the Outpatient Nutrition Office located on the 2nd floor of the Sticht Center. Consultation with the referring and primary care physicians is integral to developing a comprehensive nutritional plan of care.</p>
<p>WomanCare Nutrition Services</p>	<p>Stratford Executive Park 114 Charlois Blvd Winston-Salem, NC 27103 Phone: (336) 765-5470</p>	<p>WomanCare's nutrition experts help clients develop a personal health improvement plan that addresses their special nutritional needs.</p> <p>Nutrition experts work closely with a referring physician to ensure client is on the path to a healthier lifestyle.</p> <p>Our dietitians specialize in: Adolescent Nutrition, including weight loss; Breastfeeding Assistance; Cholesterol Reduction; Diabetes Care; Eating Disorders, such as Anorexia Nervosa, Bulimia Nervosa, and Binge Eating; Gastrointestinal Diseases, such as Crohn's Disease; Irritable Bowel Syndrome; Reflux; Hypertension; Pre-Menstrual Syndrome (PMS); Menopause Management; Polycystic Ovarian Syndrome; Prenatal Nutrition and Weight Control; Vegetarian Diets; and Weight Management.</p>

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Renal Dialysis Center		
WFU Baptists Medical Center Dialysis Unit	8 N Hemodialysis Medical Center Blvd. Winston-Salem, NC 27157 Phone: (336) 716-3170	WFU Baptist Medical Center Dialysis Unit is a Non-Profit dialysis facility in Winston Salem, North Carolina with 4 stations.
Miller St Dialysis Center Agency: Wake Forest Baptist Health	120 Miller St Winston-Salem, NC 27103 Phone: (336) 724-0468	A non-profit dialysis facility in Winston Salem, North Carolina with 36 stations.
Northside Dialysis Center Agency: Wake Forest	500 W Hanes Mill Rd Winston-Salem, NC 27105 Phone: (336) 744-0577	Northside Dialysis Center is a non-profit dialysis facility in Winston Salem, North Carolina with 45 stations.
Piedmont Dialysis Center Agency: Wake Forest Baptist Health	655 Cotton St Winston-Salem, NC 27101 Phone: (336) 721-1360	Piedmont Dialysis Center is a non-profit dialysis facility in Winston Salem, North Carolina with 62 stations.
Salem Kidney Center Agency: Wake Forest Baptist Health	2705 Boulder Park Ct Winston-Salem, NC 27101 Phone: (336) 761-8808	Salem Kidney Center is a non-profit dialysis facility in Winston Salem, North Carolina with 36 stations
School Health Services		
Ashley Elementary School Wellness Center	1647 NE Ashley School Cir Winston-Salem, NC 27105 Phone: (336) 748-4143	Provides treatment for minor illness and injury, immunizations, nutrition services, laboratory services, comprehensive physicals, health education, chronic illness management, and dental screenings.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Bulldog Health Center at Mineral Springs Elementary & Middle Schools	4555 Ogburn Ave Winston-Salem, NC 27105 Phone: (336) 661-4952	Provides treatment for minor illness and injury, immunizations, nutrition services, laboratory services, comprehensive physicals, health education, chronic illness management, and dental screenings.
North Forsyth High School Health Promotion Program	5705 Shattalon Dr Winston-Salem, NC 27105 Phone: (336) 661-4880, Ext: 50	Provides treatment for minor illness and injury, immunizations, nutrition services, laboratory services, comprehensive physicals, health education, chronic illness management, and dental screenings.
Winston-Salem Preparatory Academy Wellness Center at Atkins	1215 N Cameron Ave Winston-Salem, NC 27101 Phone: (336) 703-6737	Provides treatment for minor illness and injury, immunizations, nutrition services, laboratory services, comprehensive physicals, health education, chronic illness management, and dental screenings.
Screening, Testing and Diagnosis		
Cardiac and Vascular Services Agency: Novant Health	3333 Silas Creek Pkwy Winston-Salem, NC 27103 Phone: (336) 718-5000 <i>Winston-Salem Cardiology</i> 186 Kimel Park Dr Winston-Salem, NC 27103 Phone: (336) 277-2000 <i>Winston-Salem Cardiology</i> 3rd Floor 1750 Kernersville Medical Center Pkwy Kernersville, NC 27284 Phone: (336) 996-7076	Ranked among the top heart centers in the country, Forsyth Cardiac and Vascular Center provides comprehensive diagnosis, treatment, rehabilitation, and support, as well as educational, prevention, and screening programs.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
<p>Downtown Health Plaza X ray Services</p> <p>Agency: Wake Forest Baptist Hospital</p>	<p>1200 ML King, Jr. Dr., Winston-Salem, NC 27101 Phone: (336) 713-9800</p>	<p>Downtown Health Plaza laboratory. Hours: Monday - Friday, 8:00 am - 5:00 pm.</p>
<p>Epidemiology Clinic</p> <p>Agency: Forsyth County Department of Public Health</p>	<p>799 N Highland Ave Winston-Salem, NC 27101 Phone: (336) 703-3100</p>	<p>The Epidemiology Clinic provides screenings for reportable communicable diseases.</p>
<p>Blind Services</p> <p>Agency: Forsyth County Department of Social Services</p>	<p>741 Highland Ave Winston-Salem, NC 27101 Phone: (336) 703-3400</p>	<p>There is a case worker for the blind that assists visually impaired persons in developing their maximum individual capabilities and in becoming self-sufficient.</p>
<p>Health Check</p> <p>Agency: Forsyth County Department of Public Health</p>	<p>799 N Highland Ave Winston-Salem, NC 27101 Phone: (336) 703-3100</p>	<p>Health Check is Medicaid for children. Health Check covers complete medical and dental check-ups, and provides vision and hearing screenings and referrals for treatment.</p>
<p>WomanCare</p> <p>Agency: Novant Health</p>	<p>Stratford Executive Park 114 Charlois Blvd Winston-Salem, NC 27103 Phone: (336) 765-5470</p>	<p>WomanCare's healthcare team offers a comprehensive range of preventive, diagnostic and chronic and acute care treatments to meet the wide range of women's healthcare needs.</p>

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
<p>Forsyth Medical Center</p> <p>Imaging Agency: Novant Health</p>	<p>Winston-Salem Health Care: 250 Charlois Blvd Winston-Salem, NC 27103 Phone: (336) 718-1007</p> <p>The Breast Clinic: 2025 Frontis Plaza Blvd Winston-Salem, NC 27103 Phone: (336) 397-6035</p> <p>Kernersville Imaging Center: 445 Pineview, Ste 100 Kernersville, NC 27284 Phone: (336) 397-6102</p> <p>3155 Maplewood Dr Winston-Salem, NC 27103 Phone: (336) 397-6000</p> <p>North Carolina Diagnostic Imaging <i>Piedmont Imaging</i> 185 Kimel Park Drive Winston-Salem, NC 27103 Phone: (336) 760-1880</p>	<p>Forsyth Medical Center Imaging is a network of diagnostic imaging centers committed to providing excellent quality and customer service to the patients in Winston-Salem, Kernersville and surrounding communities. With 4 locations in the area Forsyth Medical Center Imaging offer services such as magnetic resonance imaging (MRI), computed tomography (CT), nuclear medicine, ultrasound, mammography, bone densitometry, fluoroscopy and x-ray.</p> <p>Hours: Monday - Friday 8:00 am - 5:00 pm for most services, but emergency services are 24/7/365.</p>
<p>Forsyth Regional Orthopedic Center</p> <p>Agency: Forsyth Medical Center/Novant Health</p>	<p>3333 Silas Creek Pkwy Winston-Salem , NC 27103 Phone: (336) 718-7000</p>	<p>Recognized as one of the top 100 orthopedic centers in the country, the center focuses on prevention, diagnosis, treatment, and rehabilitation of injuries and diseases of the musculoskeletal system, including broken bones, back problems, work injuries, knee and hip joints, and damage to tendons, muscles, and nerves.</p>

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Breast Health Services Agency: Forsyth Medical Center/Novant Health	The Breast Clinic 2025 Frontis Plaza Blvd Winston-Salem, NC 27103 Phone: (336) 397-6035	Forsyth Medical Center has comprehensive breast health services for women from breast cancer screening using the latest in digital mammography to diagnostic services, leading-edge breast cancer treatment and support services to help every step of the way. Offers same and next day appointments. Hours: Monday-Friday, 7:00am-5:30pm.
Substance and Alcohol Abuse Services		
Addiction Recovery Care Association	1931 Union Cross Rd Winston- Salem, NC 27107 Phone: (336) 784-9470	ARCA offers detoxification from withdrawal for: alcohol; Benzodiazepines and other sedatives; and Heroin, Oxycodone (Oxy) and other opioids. A residential treatment program offers: a twelve step introduction and philosophy, recovery support groups, individual therapy, group therapy, community guest lectures, weekly multi-family therapy, weekly family education, and bilingual counselors for Spanish-speaking clients. Hours: Monday–Friday 8:00 am to 5:00 pm.
A Greater Divine Place, Inc.	1409 W Plaza Rd, Ste J Winston-Salem, NC 27103 Phone: (336) 293-8788	Is a substance abuse intensive outpatient program licensed by the state of North Carolina. Counseling for addiction (substance use disorder), mental health, and marriage and family therapy.
Day Treatment Agency: Advanced Placement	2295 E 14 th St, Ste 4 Winston-Salem, NC 27105 Phone: (336) 722 - 1862	Day Treatment provides mental health and/or substance abuse interventions, which focus on achieving functional gains and on reintegrating the child back into school or transitioning into employment. Hours: Monday-Friday 8:00 am to 5:00 pm.
Substance Abuse Counseling Agency: Advanced Placement	2295 E 14 th St, Ste 4 Winston-Salem, NC 27105 Phone: (336) 722-1862	Substance Abuse Counseling involves a Licensed Addictions specialist who is trained in the area of Substance Abuse and a Certified Clinical Supervisor. Hours: Monday – Friday 8:00 am to 5:00 pm.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
DUI and Other Court Ordered Services Agency: Advanced Placement	2295 E 14th St, Ste 4 Winston-Salem, NC 27105 Phone: (336) 722-1862	Advanced Placement is authorized by the NC Division of Mental Health DUI Services Section to provide DUI services. Hours: Monday-Friday 8:00 am to 5:00 pm.
Alcoholics Anonymous	1020 Brookstown Ave, #10 Winston-Salem, NC 27108 Phone: (336) 725-6031	Alcoholics Anonymous is a fellowship of men and women who share their common experience, strength and hope with each other. 24 hour answering service
WISH (Women and Infant Services for Health) Agency: Community Choices Inc.	725 N Highland Ave Winston-Salem, NC 27101 Phone: (336) 607-8513 Referrals: (336) 397-7500	Community Choices, Inc provides a holistic, gender-specific substance abuse treatment program for pregnant, postpartum and parenting adult women and their children. The WISH Program provides outpatient treatment.
Substance Abuse Outpatient Treatment Agency: Mark Recovery Services, Inc.	725 N Highland Ave First Floor Winston-Salem, NC 27101 Phone: (336) 607-8523	Group and individual therapy for youth and adults with chemical dependency and abuse. Hours: Monday-Friday 8:00am to 5:00pm.
Epiphany Family Services	1001 S Marshall St, Ste I-29 Winston-Salem, NC 27101 Phone: (336) 782-8485	Provides a substance abuse intensive outpatient program.
Essential Life Connections Agency: Winford Brown-Ramseur & Associates, LLC.	4680-D Brownsboro Rd, Ste 201 Winston-Salem, NC 27106 Phone: (336) 896-9771	Offers diagnostic assessments for both children and adults, and adult substance abuse intensive outpatient programs.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Glenn's Assessment and Counseling Service	8005 N Point Blvd, Ste A, Winston-Salem, NC 27106 Phone: (336) 896-9990	Treats patients suffering from alcoholism, drug addiction, substance abuse, DWI charges, and recurring relapses. Hours: Monday and Wednesday, 9:00 am- 8:00pm Tuesday and Thursday 9:00 am -5:00 pm Friday is by appointment only Saturday 9:00 am- 1:00 pm
Insight Human Services Agency: Partnership for a Drug-Free NC, Inc.	665 W 4th St Winston-Salem, NC 27101 Phone: (336) 725-8389 24 Hour Crisis Assistance Phone: 1-800-758-6077	Insight Human Services has both outpatient and residential clinical facilities that serve individuals by providing counseling, psychiatric services and substance abuse treatment. Begin Again Treatment Services (BATS) is a community based service for adults. Adolescent Substance Abuse Intensive Outpatient Program (SAIOP) for those age 13-18 who have not had success with outpatient services or are being discharged from a residential treatment program.
Ivy House Center for Self-Sufficiency	502 E 15th St Winston-Salem, NC 27105 Phone: (336) 331-3440 Phone: (336) 602-1730	Services include: assessment, substance abuse comprehensive outpatient treatment, and substance abuse intensive outpatient program.
LifeSkills Counseling Center	1001 S Marshall St, Ste 260 Winston-Salem, NC 27101 Phone: (336) 631-8904	Provide counseling, intervention, and substance abuse services. Other services offered: DWI assessments, group counseling sessions, domestic violence classes, and ADETS classes.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
OSA Assessment & Counseling Services	220 Century Blvd, Kernersville, NC 27284 Phone: (336) 996-0900 6345 Cook Ave, Ste A Clemmons, NC 27012 Phone: (336) 766-2229	Provides counseling and treatment for persons addicted to alcohol or other drugs or substances. Services include Alcohol Drug Education Traffic School (ADETS); short term, longer term, and intensive outpatient treatment for substance abuse; and substance abuse, court-ordered substance abuse assessments and DOT/SAP evaluations.
The Recovery Center of the Triad, LLC.	8064 N Point Blvd, #102 Winston-Salem, NC 27106 Phone: (336) 293-7101	A group of psychotherapists that offer group therapy for those suffering from substance abuse, substance abuse and mental illness, as well as individual therapy.
Top Priority Care Services	7990 N Point Blvd, Ste 204, Winston-Salem, NC 27106 Phone: (336) 896-1323	Community Support (CS) consists of mental health and substance abuse rehabilitation services and supports necessary to assist the client in achieving and maintaining rehabilitative, sobriety, and recovery goals.
Triad Homes-NC / ED-CORE, Inc.	5016 Sunny Lane Walkertown, NC 27051 Phone: (336) 995-1442	Residential Treatment for boys and girls ages 0-17 with emotional issues, Mental health issues, developmental disabilities, and substance abuse, homelessness, foster care, and therapeutic foster care services.
Twin City Area Narcotics Anonymous	PO Box 24682 Winston-Salem, NC 27114 Helpline: (800) 365-1035	The Twin City Area holds NA meetings in the following communities in North Carolina: Winston-Salem, Clemmons, King, Lewisville, Lexington, Mocksville, Mount Airy, Pilot Mountain and Yadkinville.
Alpha Acres Agency: Winston-Salem Rescue Mission	718 N Trade St Winston-Salem, NC 27101 Phone: (336) 463-5155	A drug and alcohol recovery center for men located in Yadkin County. Uses a 12 month program with bible study, academic instruction, hard work, and recreation.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
YWCA Hawley House	941 West Dr Winston-Salem, NC 27101 Phone: (336) 721-0733	A substance abuse recovery facility that houses women for 9-12 months and offers 6 months of aftercare for women ages 18 and older diagnosed with the disease of addiction.
Suppliers of Medical Equipment		
Forsyth Medical Supply	3041 Trenwest Dr Winston-Salem, NC 27103 Phone: (336) 768-5512	Medical supply location. Offers compression garments, ostomy and wound care, ambulation aids, bath safety, post-mastectomy care, braces and supports, and diabetic shoes. Hours: Monday- Friday, 9:00am- 5:30pm; and Saturday, 9:00am-12:00pm.
Majors Medical Supply	6311A Stadium Dr Clemmons, NC 27012 Phone: (336) 712-1040	Majors Medical Supply provides a wide array of durable medical equipment, aids, and supplies. From mobility products, ambulatory aids, post-breast surgery products, aids to daily living, and ostomy supplies to compression therapy, incontinence products, orthopedic supports and braces, and bathroom safety products.
American HomePatient, Inc.	4305 Enterprise Dr, # D Winston-Salem, NC 27106 Phone: (336) 767-7600	We offer a comprehensive range of services and products that go beyond respiratory care, including: nebulizer treatment, nutrition, home medical equipment, & infusion.
Triad Respiratory Solutions	3061-B Trenwest Dr Winston-Salem, NC 27103 Phone: (336) 774-6500	Triad Respiratory Solutions is a provider for respiratory and durable home medical equipment.
Carolina Mobility Homecare	4500 Indiana Ave, #45 Winston-Salem, NC 27106 Phone: (336) 245-4736	Provides home health supplies such as: power wheel chairs, power scooters, rollators, diabetic shoes, diabetic supplies, oxygen & oxygen products, semi-electric beds, gel overlay, gel seat cushion and back braces.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Holladay Surgical Supply	2551 Landmark Dr Winston-Salem, NC 27103 Phone: (800) 227- 7602 Phone: (336) 760-2111	Holladay Surgical Supply can meet the needs of patients receiving services of a nursing home, hospice or home health agency. Offers medical products such as nutritional supplements, oxygen, oral care, personal care, personal protective equipment, respiratory, urological, advanced wound care, tapes, decubitus, diabetic, diagnostics, IV solutions, durable medical equipment, incontinence, needles, syringes and sharp's collectors.
Uninsured/ Financial Assistance (Hospital)		
Financial Assistance for the Uninsured Agency: Forsyth Medical Center	3333 Silas Creek Pkwy Winston-Salem, NC 27101 Phone: (336) 718-5000	Forsyth Medical Center provides free care to uninsured patients with incomes of up to 300 percent of the federal poverty level, with 100 percent write-off. Uninsured patients with income over 300 percent of the federal poverty level are eligible for a self-pay discount. Any patient (even with health insurance) with a balance over \$5,000 and income over 300 percent of the federal poverty level is eligible for a catastrophic discount. Any patient is eligible for an individualized payment plan based on the amount due and the patient's financial status, with terms extending up to five years. No interest charged, unless appropriate.
Uninsured Financial Assistance Agency: Wake Forest University Baptist Medical Center	Billing Dept. Inquiries Medical Center Blvd Winston-Salem, NC 27157 Phone: (336) 716-4729	Provides catastrophic discounts, payment plans, and charity care discounts for patients who have difficulty paying due to income.

2014 Community Health Assessment- Priority Setting

According to the 2014 County Health Rankings, Forsyth County ranked the 26th healthiest county out of the 100 North Carolina counties. Forsyth is the state's fourth largest county and with many resources. Forsyth County Department of Public Health (FCDPH) in collaboration with the Forsyth County Healthy Community Coalition (FCHCC), Novant Health Forsyth Medical Center and Wake Forest Baptist Health Center is finalizing the community health assessment process.

We need your input in prioritizing and making recommendations for the identified community health issues. Your responses will help inform the development of a community action plan.

This survey takes approximately 5-10 minutes to complete. Thank you for your participation.

Years of Potential Years Lost (YPLL) is an estimate of the average years a person would have lived if he/she had Not died prematurely. Based on the YPLL, the total years of potential life lost associated with infant death accounted for 16,713 years during 2009-2013, averaging 78.1 years for each of the 214 dying from infant death during that period.

Identified Health Issues	Cancer	Heart Disease	Stroke	**Infant Mortality	Suicide
# of Persons who died in 2009-13	3,488	2,813	843	214	209
YPLL per person	16.4	14.3	11.6	78.1	33.7
*Inpatient Hos. Charge	\$51,810	\$35,651	\$31,409	\$35,344	N/A

*Direct Cost Only
**Perinatal Conditions Only
13 County Health Data, NC SCHS

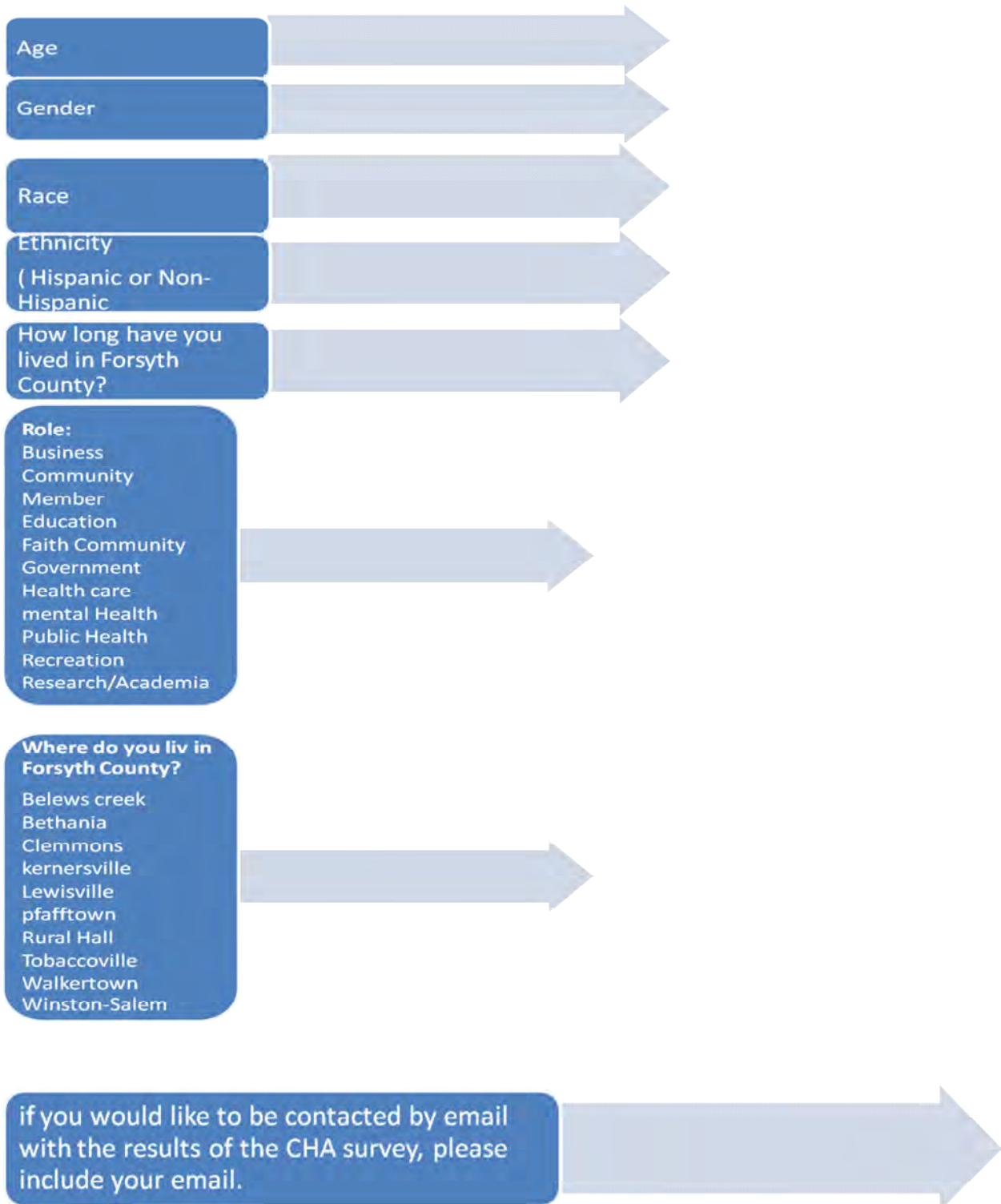
Based upon the magnitude of the health issue, seriousness of health issue, community resources available to address health issue and ability to evaluate outcomes, please rank the three health issues 1 being highest priority and 3 lowest priority.

Chronic disease
(Cancer, Heart Disease, Stroke) _____

Maternal & Infant health
(Infant Death) _____

Mental Health
(Suicide & Depression) _____

The next sets of questions are general questions about you, which will only be reported as a summary of all answers given by survey participants. Thank you.



Evaluación sobre Salud Comunitaria 2014- Nivel de Prioridad

Según las clasificaciones del Condado 2014 sobre la Salud, el Condado Forsyth clasificó el nivel número 26 más saludable entre los 100 condados de Carolina del Norte. Forsyth es el cuarto condado más grande del estado y que tiene muchos recursos. El Condado Forsyth (FCDPH) en colaboración con la Coalición de Comunidad Saludable del Condado Forsyth (FCHCC), Novant Health Forsyth Medical Center y Wake Forest Baptist Health Center está terminando el proceso de evaluación de salud en la comunidad.

Necesitamos su opinión en establecer las prioridades y en dar recomendaciones para identificar los problemas de salud de la comunidad. Sus respuestas ayudarán a informar al desarrollo de un plan de acción comunitario.

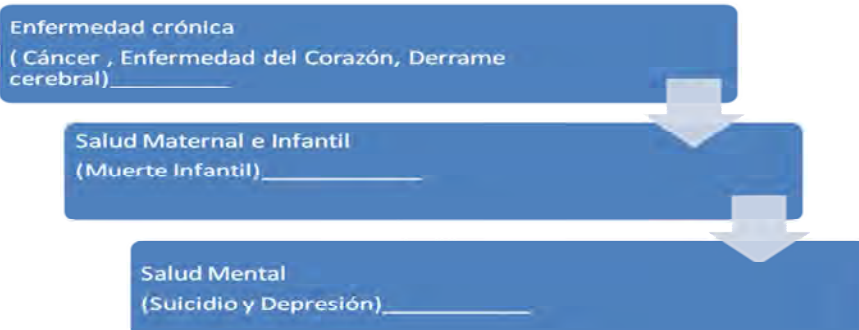
Este estudio toma aproximadamente 5 a 10 minutos para completar. Gracias por su participación.

Años de vida potencialmente perdidos (YPLL), es un estimado de un promedio de años que una persona hubiera vivido si el/ ella no hubiera muerto prematuramente. Basado en el YPLL, el total de años de vida potencial perdidos, asociada con muerte infantil según el reporte para 16,713 años durante 2009-2013 el promedio es **78.1** años por cada uno de los

Problemas de salud identificados	Cáncer	Enfermedad del corazón	Derrame cerebral	**Mortalidad infantil	Suicidio
# de personas que fallecieron en 2009-13	3,488	2,813	843	214	209
YPLL por persona	16.4	14.3	11.6	78.1	33.7
Cargo de hospitalización	\$51,810	\$35,651	\$31,409	\$35,344	N/A

*Basado en datos de la
**Tasa de Mortalidad Infantil
Datos de Salud del Condado NC 2014

En base a la magnitud de problemas de salud, la gravedad de problemas de salud, los recursos de la comunidad disponibles para resolver problemas de salud y la capacidad de evaluar los resultados, por favor clasifique los tres problemas de salud del 1 con mayor prioridad y el 3 con menor prioridad.



El siguiente conjunto de preguntas son generales acerca de usted, las cuales solo serán informadas como un resumen de todas las respuestas dadas por los participantes de la encuesta. Gracias

Edad

Sexo

Raza

Étnica (Hispano o No
Hispano)

¿Cuánto tiempo ha
vivido en el Condado
Forsyth?

Que rol tiene:

Negocios
Comunitario
Miembro
Educación
Comunidad de Fe
Gobierno
Cuidado de Salud
Salud Mental
Salud Pública
Recreación
Investigación /Academia

**Donde vive en el
Condado Forsyth:**

Belews Creek
Bethania
Clemmons
Kernersville
Lewisville
Pfafftown
Rural Hall
Tobaccoville
Walkertown
Winston-Salem

Si usted desea ser contactado por correo electrónico (email) con los resultados de la encuesta CHA, por favor incluya su correo electrónico.



**2014 Forsyth County
Health Opinion Survey**

Community

Primary data for the Forsyth County Community Health Assessment were collected over a 4-day period from April 23rd to April 26th, 2014. Additionally, a limited number of teams conducted surveys on May 6th, May 8th, May 16th, May 22nd, May 23rd. Trained interviewers administered the community health opinion survey to community residents at randomly selected households throughout the County. The survey included questions related to community health problems, issues and concerns, access to healthcare and health behaviors, food security, emergency preparedness, health department services and individual and household demographic characteristics.

Summary of Results

The issues that most affect the quality of life reported by residents of Forsyth County were low income/poverty and homelessness. Roughly 1 in 5 residents were also concerned with violent crime, dropping out of school and discrimination/racism. Residents felt the top three services that needed the most improvement were mostly economic: the availability of employment, positive teen activities and higher paying employment. Residents also cited the need for additional health behavior information about eating well/nutrition, stopping substance abuse and exercise fitness. Likely related to these concerns and requests for additional information was the high frequency of chronic conditions such as high blood pressure, high cholesterol, depression/anxiety and overweight/obesity.

One cross-cutting objective of The Healthy North Carolina 2020 is to increase the percentage of adults who report good, very good or excellent health to 90.1%. Roughly 75% of respondents report good, very good or excellent health in Forsyth County. Also, 21.5% of respondents are current smokers, higher than the 13.0% target set by health NC 2020. Over 1 in 5 smokers responded that they don't know where they go if they wanted to quit smoking, indicating a

SECTION RESULTS

Part 1: Quality of Life

Part 2: Community Improvement

Part 3: Health Information

Part 4: Personal Health

Part 5: Access to Care/Family Health

Part 6: Emergency Preparedness

Part 7: Food Security

Part 8: Health Department Services

Part 9: Demographic

potential area to focus public health messaging and education in order to reach the NC 2020 goal for smoking.

A high percentage of respondents reported not having any health insurance (18.7%), even with the advent of the Affordable Care Act. Most common reasons cited were financial or unwillingness to participate. One other result to note is that over one third of respondents did not know where to go for help with domestic violence (34.2%).

The two-stage cluster sample design employed in this survey should result in a representative sample of Forsyth County. Race and ethnicity and education of the sample population were generally very similar to the County overall making the results more generalizable (Table 1).

Methods

Administration of the community health survey was facilitated with the assistance of the North Carolina Institute for Public Health (NCIPH). A two-stage cluster sampling method developed by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) was employed, using population-based sampling weights from each census block. Typically, this sampling method involves randomly selecting 30 census blocks and 7 random interview sites in each block. Population weighted cluster sampling allows the results to be generalized to the entire population of Forsyth County; however, stratification of results by sub-groups can result in imprecise estimates because of sample size. This method has been validated for rapid assessments of a variety of population-level public health needs and produces valid and precise estimates that are within +/- 10% of the “true” estimate¹²³.

Sample selection was performed in ESRI’s[®] ArcMap GIS software using the Community Assessment for Public Health Emergency Response (CASPER) toolkit developed by the Centers for Disease Prevention and Prevention. In order to match sampling efforts in 2011, in the first stage of sampling 40 census blocks were randomly selected with a probability proportionate to the population size. The selected census blocks throughout Forsyth County are shown in Figure 1.

In the second stage of sampling, 7 random interview locations were selected in each census block. A total of 224 interviews were conducted throughout the county, reaching the goal sampling success rate of 80%.

¹ Binkin, N., Sullivan, K. S., & Nieburg, P. (1992). Rapid nutrition surveys; how many clusters are enough? *16*(2), 97-103.

² Frerichs, R., & Shaeen, M. (2001). Small-community based surveys. *22*, 231-47.

³ Malilay, J., Flanders, W., & Brogan, D. (1996). A modified cluster-sampling method for post-disaster rapid assessment of needs. *Bulletin of the World Health Organization*, *74*(4), 399-405.

Interviewers obtained oral consent in English before interviewing potential survey participants. Eligible participants were at least 18 years of age and a resident of the selected household. Responses were recorded at the time of interview either on paper surveys, or electronically on Google Nexus Tablets using a mobile application designed and created by NCIPH based on the CDC's mobile version EpiInfo. Tracking forms were available for all of completed surveys indicating that the response rate (cooperation) was 53.1% (completed interviews out of housing units where contact was made). The contact rate was 26.4%, with just over 430 contacts made during the sampling in nearly 850 attempts.

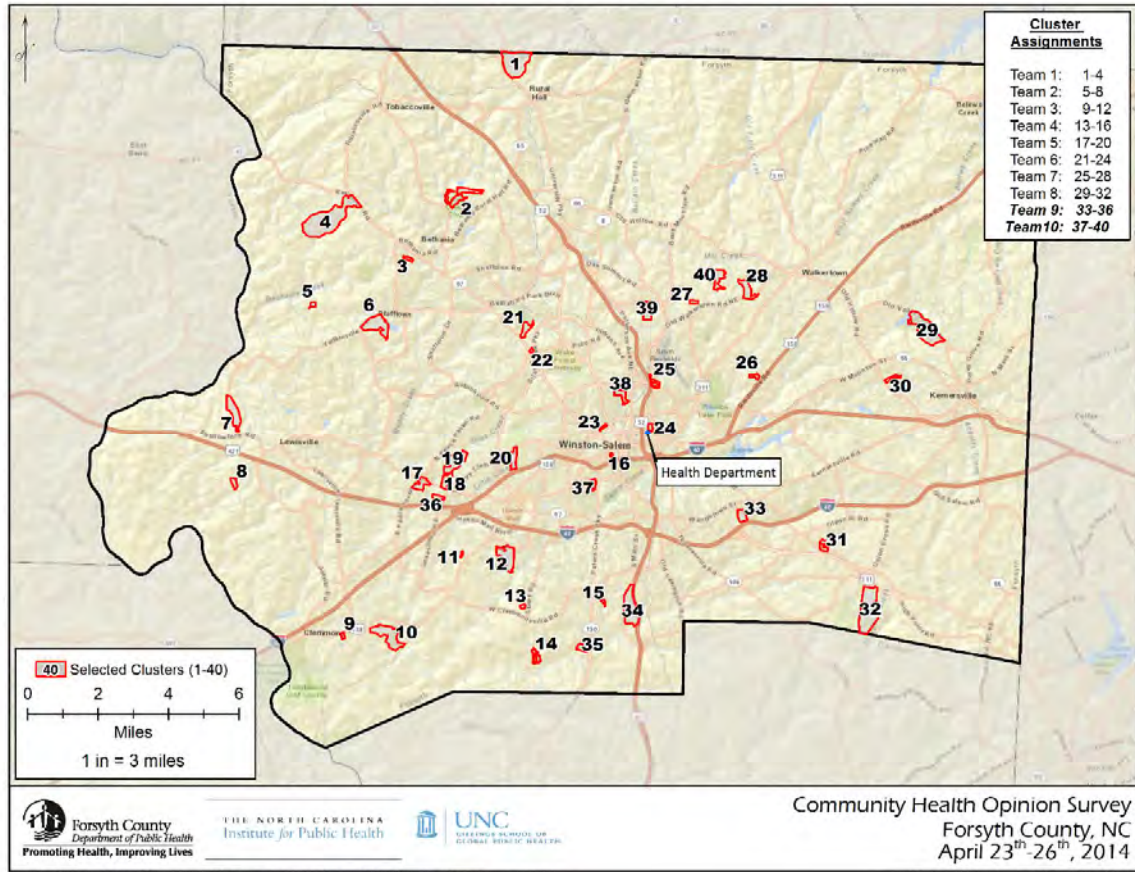
Data were analyzed in SAS 9.3 (Cary, NC), and results for each question in the community health survey are reported as weighted proportions with their 95% confidence intervals (CI). Survey weights were calculated using methods described in the CDC CASPER toolkit, which incorporates the total number of households in the sampling frame, the number of households in the census block, and the number of interviews collected in each census block. These weights were used to calculate the standard error for each proportion, from which 95% CIs were derived. These confidence intervals should be interpreted as the interval that contains the true value in 95% of repeated samples. Qualitative data were summarized into categorical variables where appropriate.



Community Health Opinion Survey training at the Forsyth County Health Department, April 2014

This report contains the results of the community health opinion survey, for use as primary data within the 2014 Forsyth County Community Health Assessment. Interpretations of these data are generalizable to the entire population of Forsyth County. The limitation of this method is that stratifications to a finer scale, or within subpopulations, results in imprecise estimates with limited interpretive value. Compared to 2010 Census and 2008-2012 American Community Survey, demographic information from survey respondents indicate that our sample population differs only slightly from the County population of Forsyth (Table 1). There was a slight sex ratio bias with roughly 60% survey participants were female compared to 52.4% for the county overall. Those who identified their race as Black or African American were also slightly undersampled (22% for sample compared to 27.1% for the county). However numerous groups were oversampled including Hispanics, persons living in poverty, and those without a high

school degree. Finally, it should be noted that the 95% CI contains the ‘true’ estimate for all demographic groups (Table 1).



Fig

Figure 1. Selected census blocks (n = 40) for Forsyth County community health survey

Table 1. Demographic characteristics of survey respondents (n=224) and Forsyth County

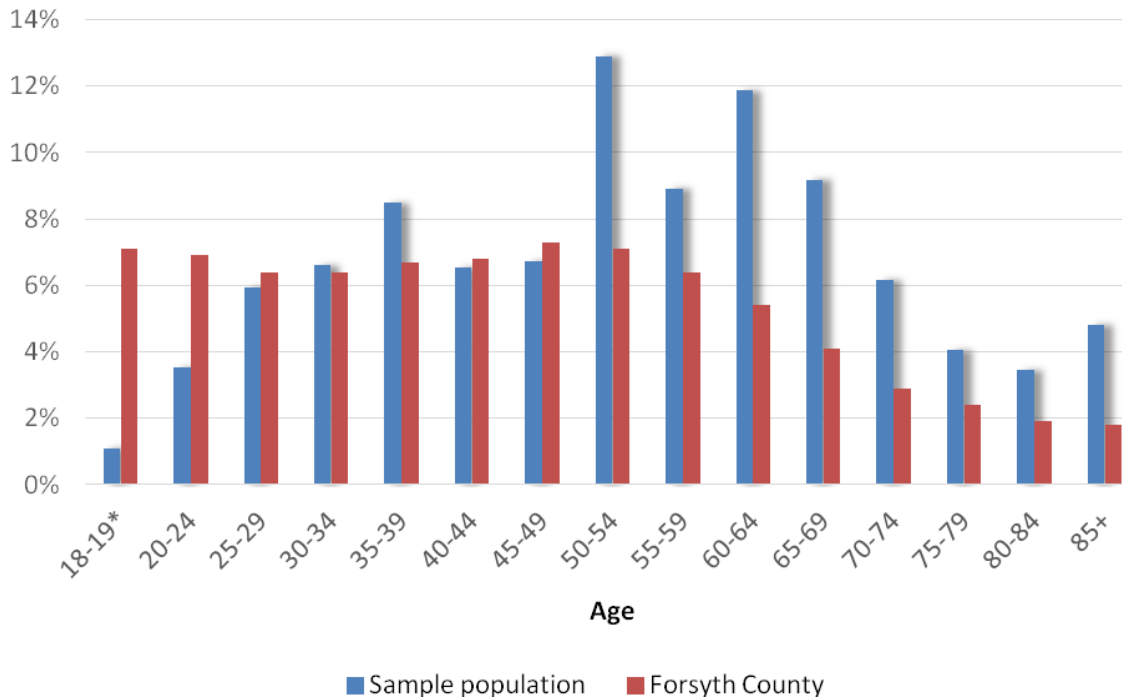
	Sample Percent (95% CI)	Forsyth County
Gender (n= 221)		
Female	60.1% (51.3%, 68.9%)	52.4% ¹
Race (n= 213)		
American Indian/ Alaskan Native	0.9% (0.0%, 2.1%)	0.8% ¹
Black or African American	22.0% (12.7%, 31.4%)	27.1% ¹
White	68.7% (58.1%, 79.2%)	67.8% ¹
Hispanic origin (n=224)		
Hispanic	17.8% (7.6%, 28.1%)	12.4% ¹
Education (n=220)		
Less than 9 th grade	7.7% (1.1%, 14.2%)	5.1% (+/-0.3) ²
9 th to 12 th grade, no diploma	9.2% (3.9%, 14.5%)	7.7% (+/-0.4) ²
High school graduate (or GED)	22.9% (15.7%, 30.1%)	27.1% (+/-0.7) ²
Some college, no degree	19.3% (13.1%, 25.6%)	21.4% (+/-0.7) ²
Associate's degree or vocational training	11.9% (7.0%, 16.9%)	7.1% (+/-0.4) ²
Bachelor's degree	18.1% (10.8%, 25.5%)	20.9% (+/-0.6) ²
Graduate or professional degree	10.4% (5.6%, 15.2%)	10.7% (+/-0.4) ²
Poverty (n=204)		
Person below poverty level	22.3% (13.5%, 31.1%)	17.6% (+/-0.8) ²
Age (n=220)		
Median age	†52	‡37.3 ²

¹2013 U.S. Census QuickFacts, ² American Community Survey 2008-2012 (*all ages)

† Ages 18 and over, ‡ All age groups

Demographic Characteristics (Part 9, questions 53-62)

The median age of survey respondents was 52 years, the oldest participant was 90 and the youngest participant was 18. The distribution of age groups surveyed is shown in Figure 2 with the 2008-2012 American Community Survey for comparison. Note that only adults were interviewed so the distribution will not match up. All age groups were well represented in the survey with the exception of 18-24 year olds (Figure 2). 60.1% of survey respondents were female (60.1%; 95% CI: 51.3%, 68.9%) (Table 1). The majority of respondents identified their race as white (68.7%; 95% CI: 58.1%, 79.2%) (Table 1). 17.8% of respondents self-identified as Hispanic, and 18.4% of respondents spoke Spanish in the home.



Fig

ure 2: Distribution of age in years (n=220)

Additional demographic information collected includes education, poverty level, and employment status. A high school degree was the most frequently reported highest level of education completed (22.9%; 95% CI 15.7%, 30.1%), with 19.3% of respondents reporting having some college but no degree (95% CI 13.1%, 25.6%), 18.1% reporting a bachelor’s degree (95% CI: 10.8%, 25.5%), 11.9% having an associate’s degree or vocational training (95% CI: 5.0%, 15.7%), 10.4% reporting a graduate or professional degree (95% CI: 5.6%, 15.2%), 9.2% having some high school but no diploma (95% CI 3.9%, 14.5%) and 7.7% reporting a less than 9th grade education (95% CI: 1.1%, 14.2%) (Figure 3, Table 1).

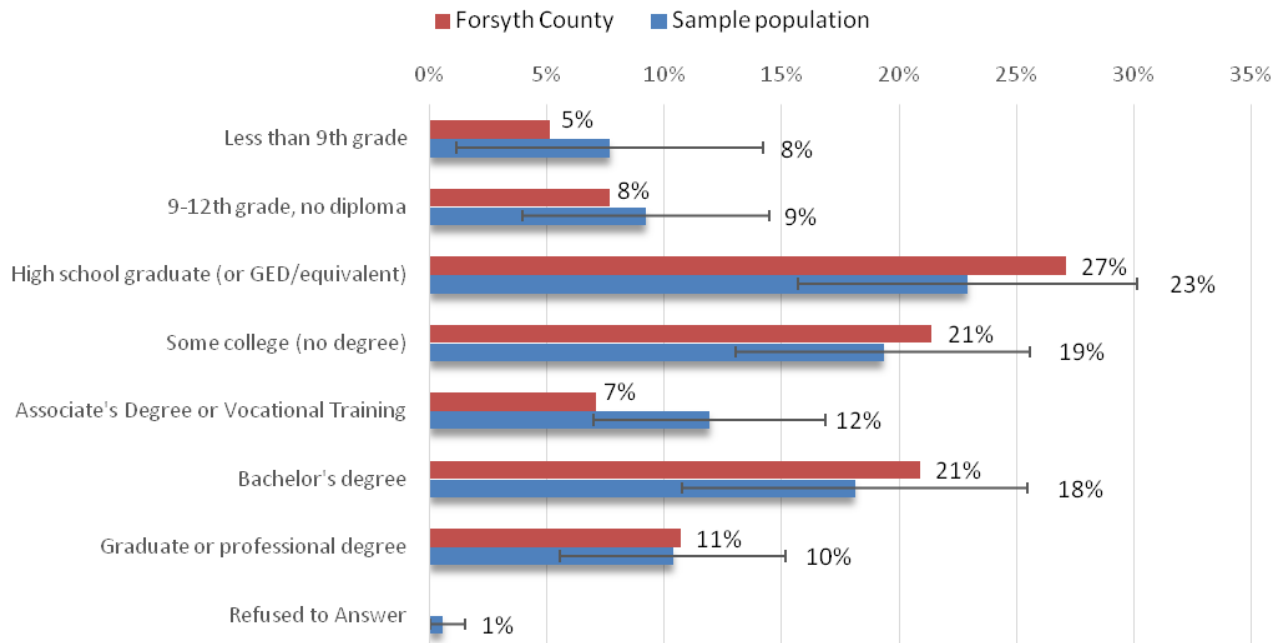


Figure 3: Highest educational attainment in the general population of Forsyth County (n = 220)

Median household size was 2.0 persons. 22.3% of respondents said their annual household income was below the poverty level based on their household size (95% CI: 13.5%, 31.1%) (Table 1). Nearly one-third of respondents were retired (31.9%; 95% CI: 22.5%, 41.3%) and 28.1% worked full time (28.1%; 95% CI: 20.1%, 35.4%), and 12.7% worked part-time (95% CI: 7.8%, 17.5%). 9.2% reported being unemployed for more than 1 year (95% CI: 3.4%, 15.1%), and 4.7% were unemployed for 1 year or less (95% CI: 2.3%, 7.0%) (Figure 4). Over 1 in 5 respondents said they did not have access to the Internet (21.8%; 95% CI: 13.9%, 29.7%).

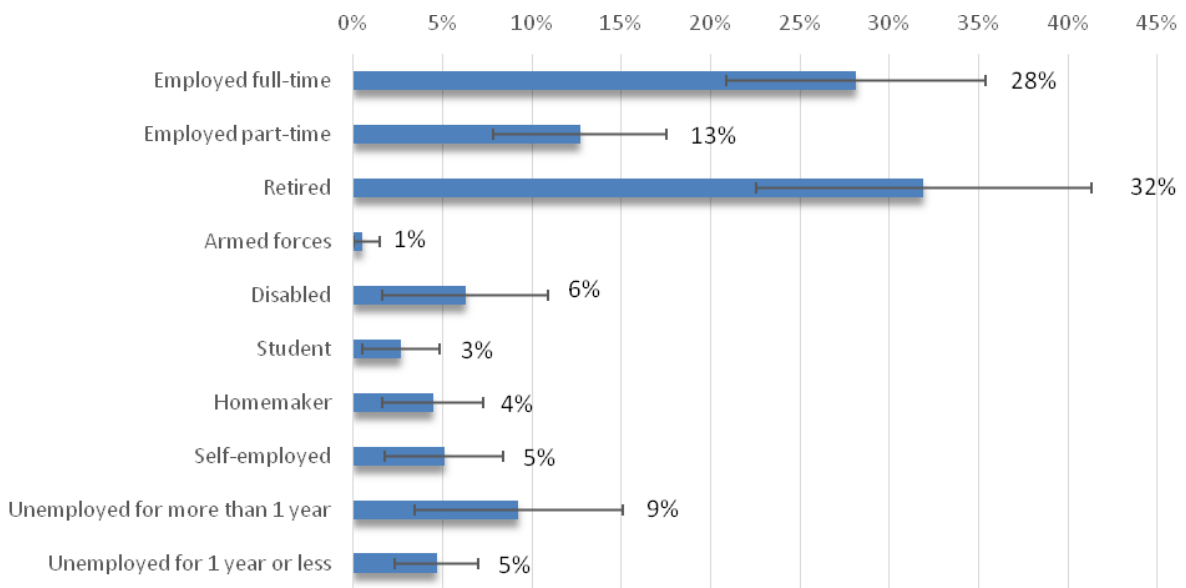


Figure 4: Employment status of survey respondents (n=222)

Part 1: Quality of Life (questions 1-6)

In general, survey participants felt the quality of life in Forsyth County was good. Roughly 4 out every 5 respondents were able to access good healthcare in the County, felt safe and thought the County is a good place to raise children and grow old. However, 14.4% disagreed with the statement “I can find enough economic opportunity in Forsyth County” (95% CI: 9.3%, 19.6%) and 21.6% were neutral or had no opinion on the statement (95% CI: 15.9%, 27.3%) (Figure 5). Over a quarter of respondents felt there was not enough help for people during times of need in the County (Figure 6).

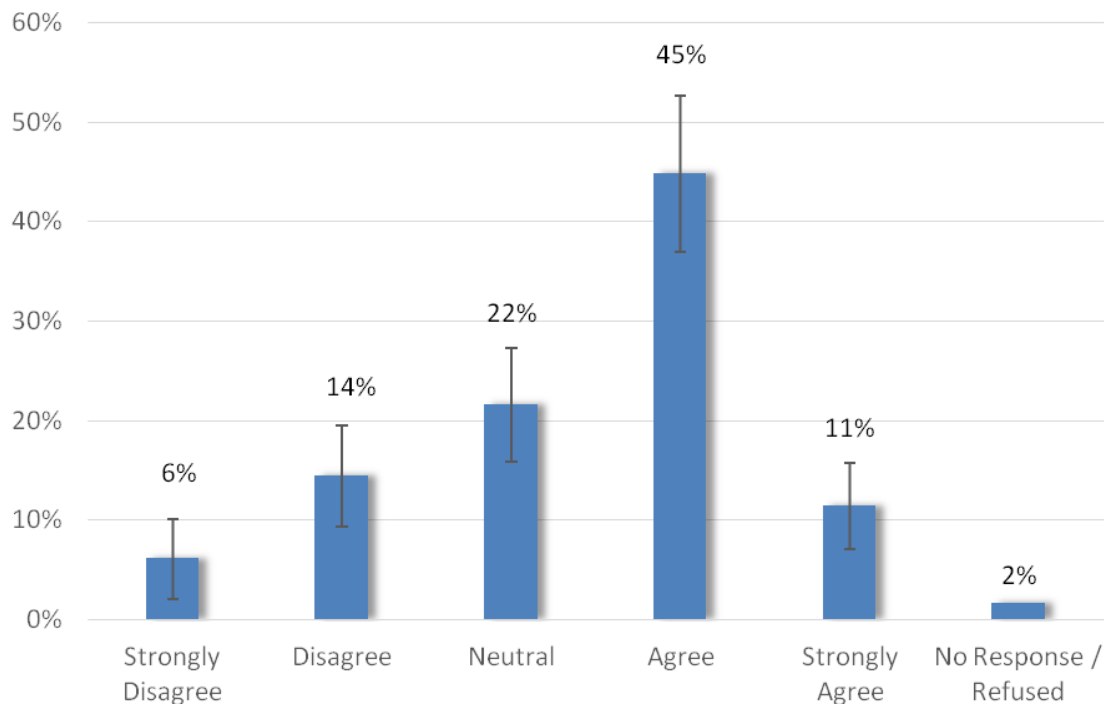


Figure 5: How do you feel about this statement, “I can find enough economic opportunity in Forsyth County.” (n = 221)

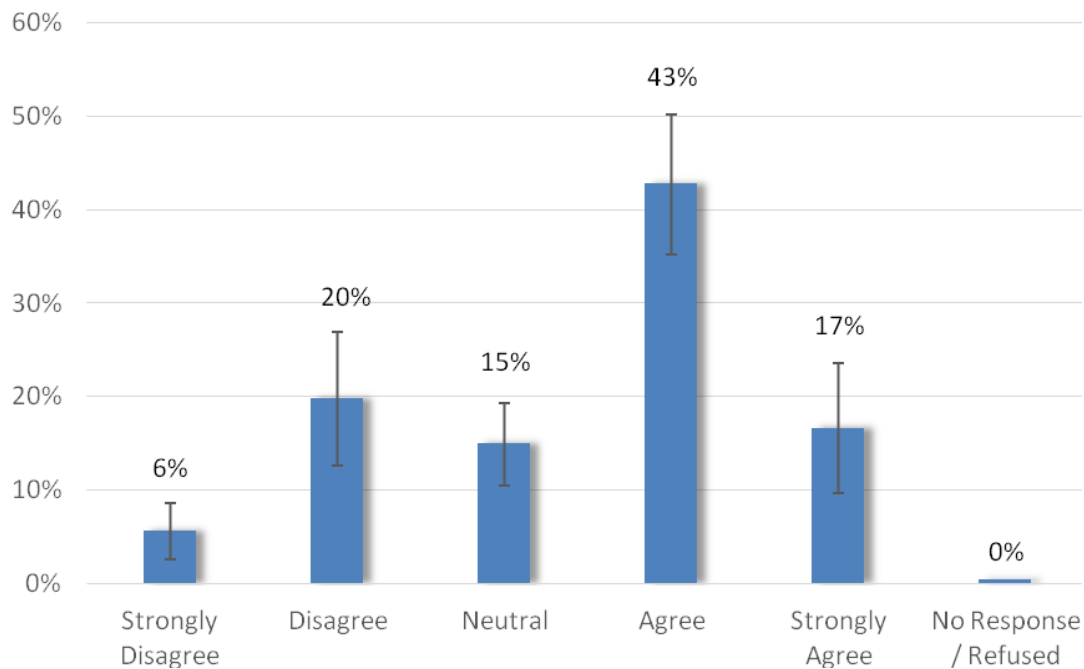


Figure 6: How do you feel about this statement, “I think there is enough help for people during times of need in Forsyth County?” (n = 223)

Part 2: Community Improvement (questions 7-9)

When residents were asked what the top three issues that most affect the quality of life in the County were nearly half cited low income/poverty (43.2%; 95% CI: 34.8%, 51.6%) (Figure 7). One third of respondents felt homelessness was an important issue (33.3%; 95% CI: 25.9%, 40.1%). Also frequently cited was violent crime (23.4%; 95% CI: 17.1, 29.6%), dropping out of school (23.3%; 95% CI: 16.6%, 30.0%) and discrimination/racism (21.5%; 95% CI: 14.0%, 29.1%).

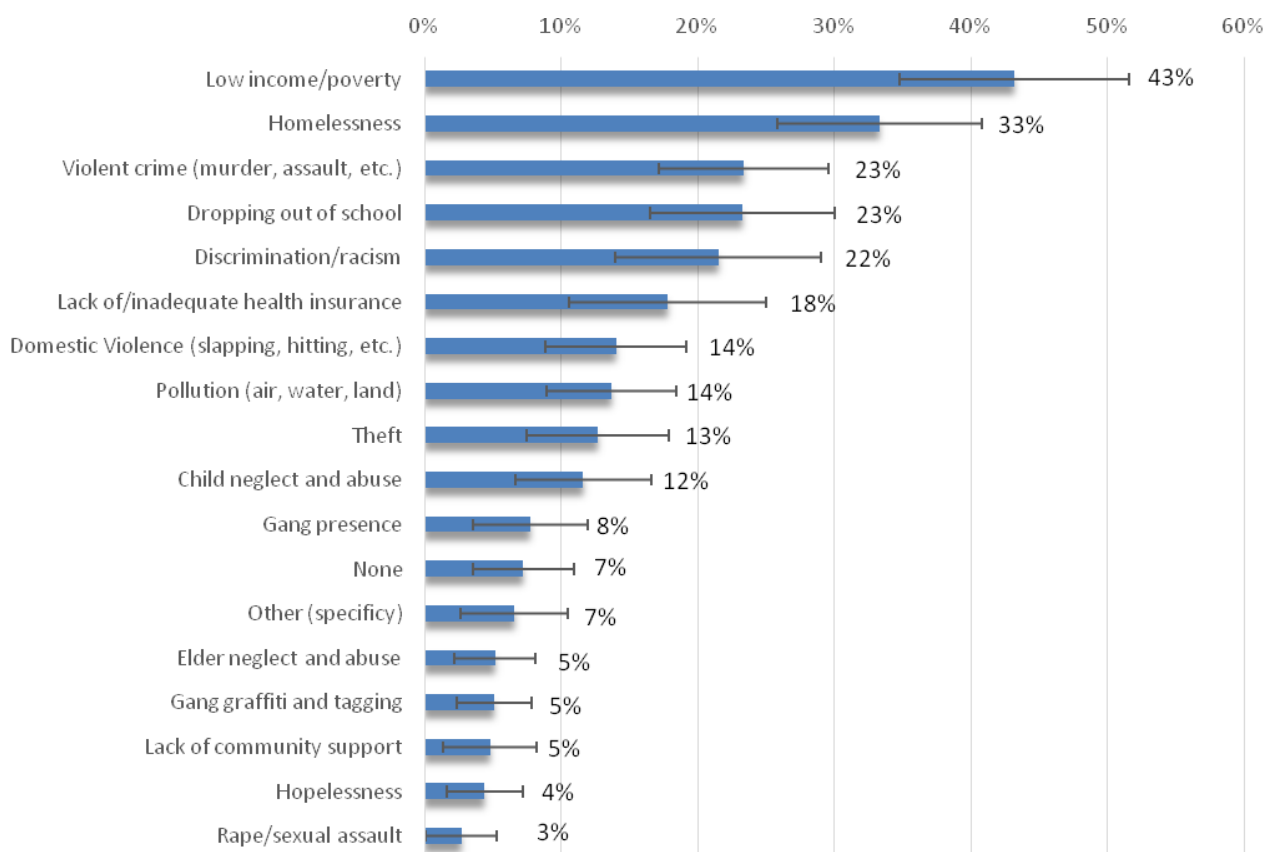


Figure 7: Community Issues that affect quality of life (n=594)

Residents were also asked which services they felt need the most improvement in their neighborhood or community (Figure 8). Economic opportunities again bubbled to service in the form as roughly one quarter of respondents cited the availability of employment (25.3%; 95% CI: 18.2%, 32.3%) or higher paying employment (21.5%; 95% CI: 15.0%, 28.1%). Also, 23.9% felt their community needed more positive teen activities (95% CI: 18.4%, 29.3%). Finally residents were asked if there was one thing they would like to share that would make Forsyth County or their community a healthier place to live evoking a wide variety of responses. Most commonly cited issues were pollution to air and water (n=8), more parks or outdoor recreation facilities (n=8), and better and/or more employment opportunities (n=5).

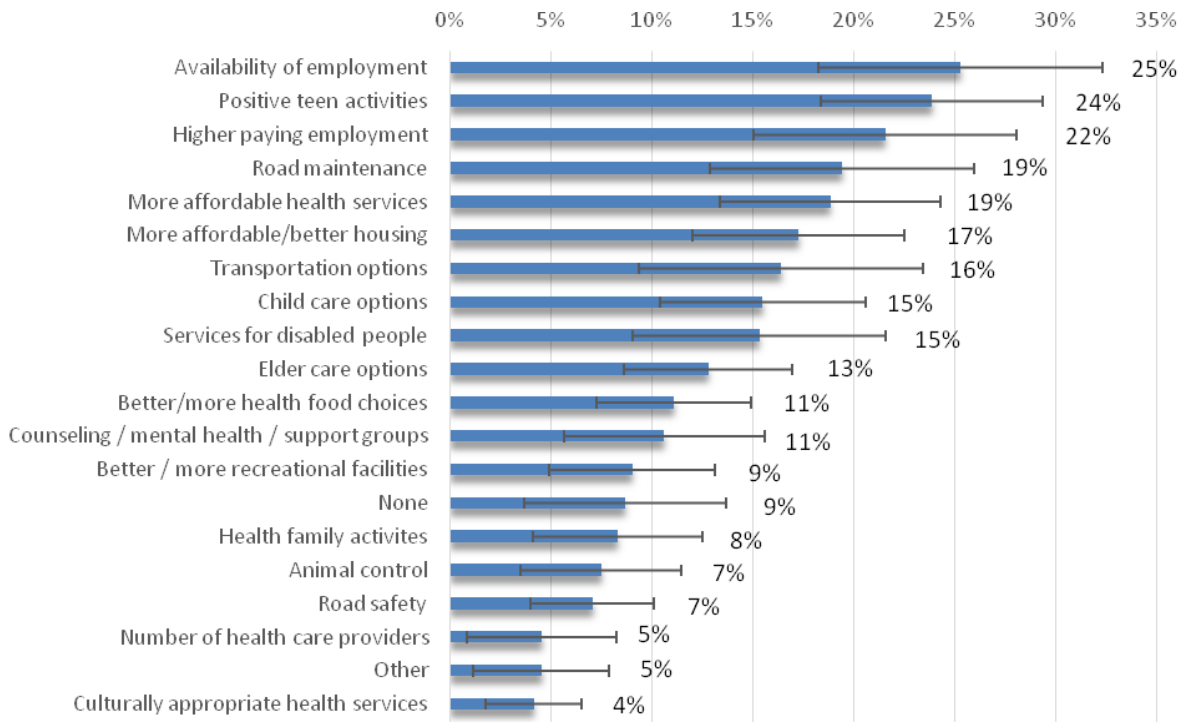


Figure 8: Services that need the most improvement in your neighborhood or community (n=604).

Part 3: Health Information (questions 10-14)

Residents were asked a series of questions about health information including what they believed were the top three health behaviors people in their community need more information about, where respondents obtained most of their health information, and where they went most often when sick or in need of health advice. A strong theme related to healthy living emerged where eating well/nutrition (26.2%; 95% CI: 19.7%, 32.8%), exercising/fitness (22.9%; 95% CI: 16.2%, 29.6%) and managing weight (22.4%; 95% CI: 15.7%, 29.0%) were all commonly cited (Figure 9). Also, 24.9% reported stopping substance abuse as an important health behavior residents needed more information about (95% CI: 17.2%, 32.5%).

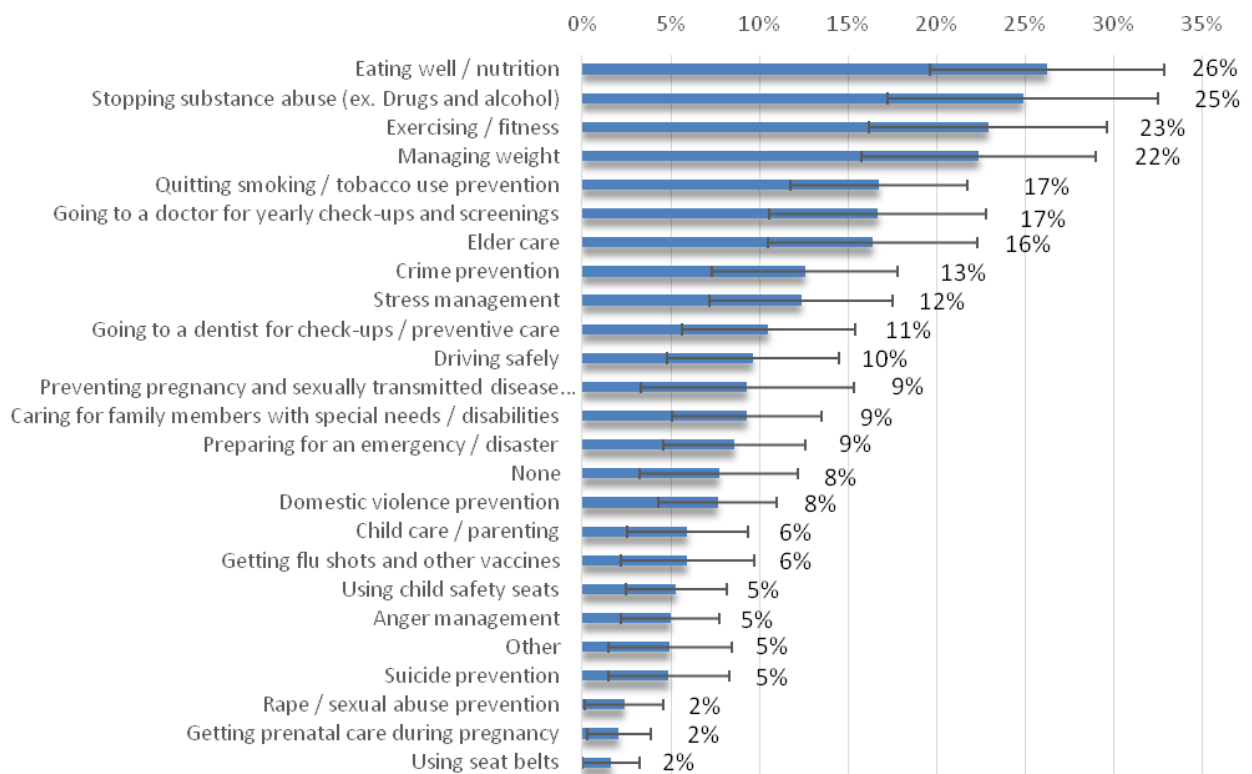


Figure 9: Health behaviors people in community need more information about (n=609)

The majority of respondents receive their health-related information from their doctor or nurse (55.4%; 95% CI: 47.3%, 63.4%) (Figure 10). However, many also cited the internet (32.3%; 95% CI: 24.4, 40.3%), friends and family (23.0%; 95% CI: 16.9%, 29.1%), books and magazines (16.0%; 95% CI: 8.2%, 23.9%) and other sources (18.8%; 95% CI: 12.5%, 25.1%) including their employers or health insurance provider.

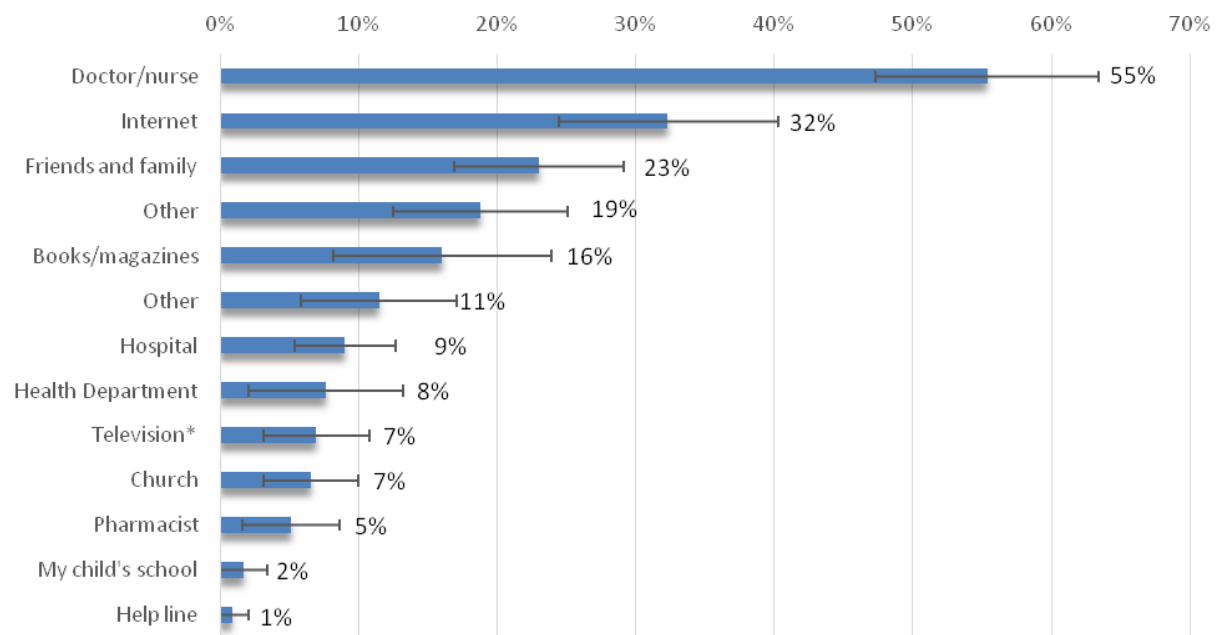


Figure 10: Where do you get most of your health-related information (n=433). (*Note that Television was not one of the answers choices but was captured as free-text in the “Other” category.)

When asked what health topics they would like to learn more responses were varied (Figure 11). While the majority of respondents didn't share a health topic they wanted to learn more about (50.1%; 95% CI: 43.7%, 56.5%), diabetes was most commonly cited health topic cited (8.5%; 95% CI: 4.8%, 12.2%) along with cancer (5.0%; 95% CI: 2.2%, 7.9%). Of the quarter of respondents who had children (26.5%; 95% CI: 18.6%, 34.4%), parents thought their children need more information on dental hygiene (30.3%; 95% CI: 21.1%, 39.6%), nutrition (29.2%; 95% CI: 19.3%, 39.1%), drug prevention (28.3%; 95% CI: 15.6%, 41.0%), bullying (26.3%; 95% CI: 14.4%, 38.2%), anger management (24.2%; 95% CI: 13.9%, 34.5%), and STDs (23.7%; 95% CI: 12.3%, 35.1%) (Figure 12).

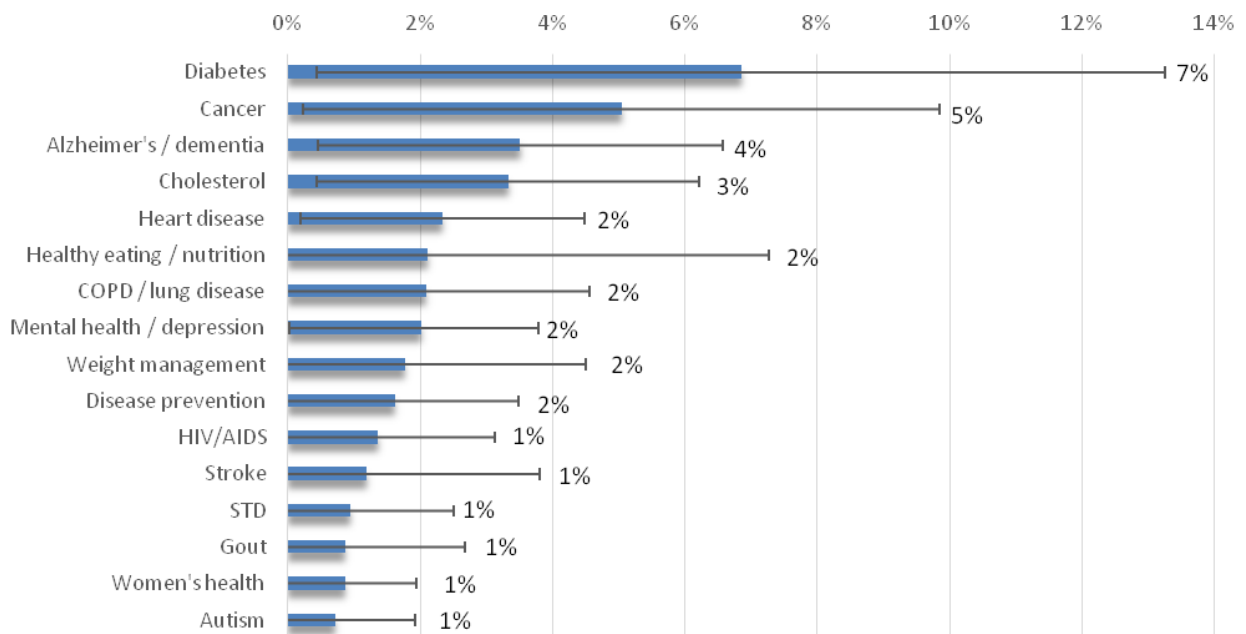


Figure 11: Health topics residents would like to learn more about. (n=113).

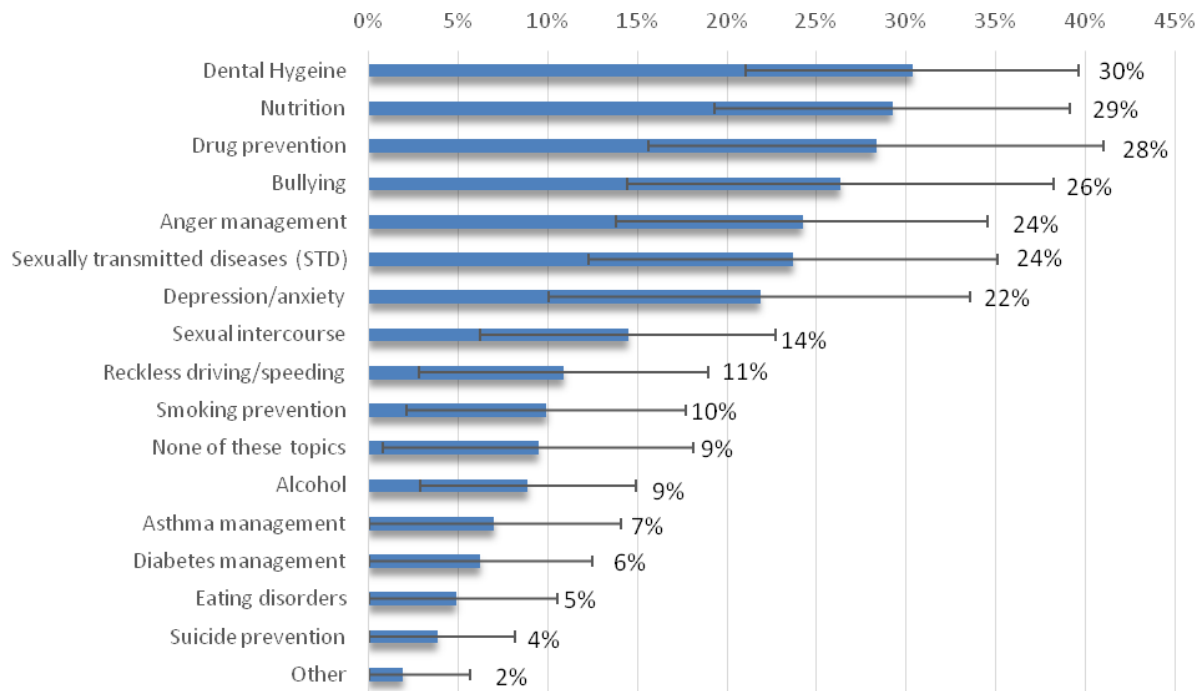


Figure 12: Health topics parents thought their children needed more information about (n=172).

Part 4: Personal Health (questions 15-27)

Respondents were asked a series of questions relating to their personal health and physical activity status. Questions were asked related to personal health conditions, chronic pain and depression, frequency and location of physical activity, and smoking status and exposure to secondhand smoke. The majority of respondents felt they were in good health, with 10.5% (95% CI: 6.1%, 15.0%) reporting excellent health, 25.8% (95% CI: 18.9%, 32.7%) very good health, 37.9% (95% CI: 31.8%, 44.0%) good health, 20.2% (95% CI: 12.8%, 27.5%) fair health and 4.9% (95% CI: 1.0%, 8.8%) poor health (Figure 13).

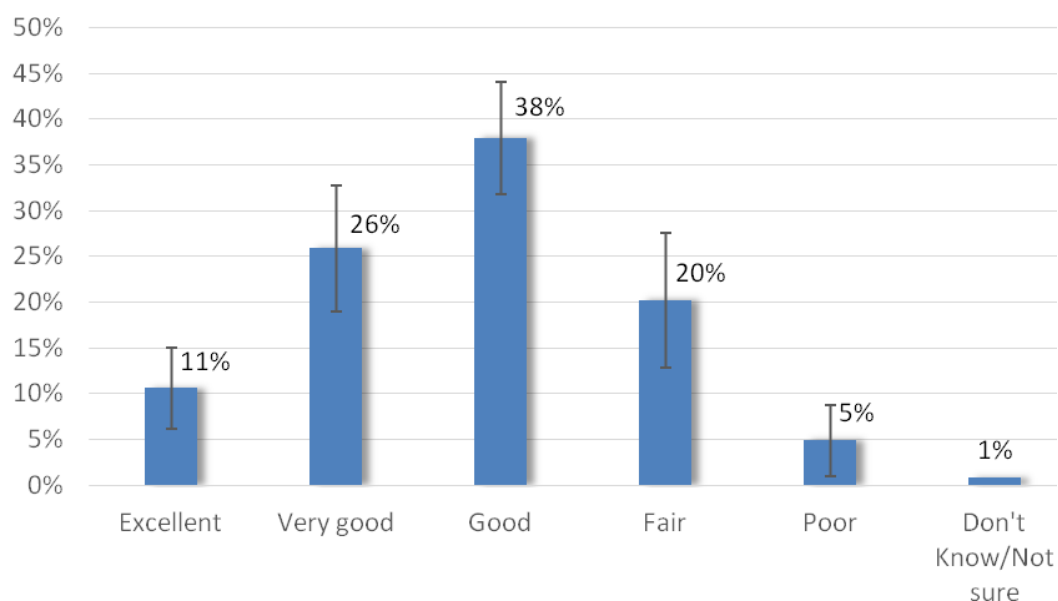


Figure 13: Self-reported health status (n = 219).

One question addressed previous diagnosis with a chronic health condition by a health care provider. 40.3% (95% CI: 32.1%, 48.4%) of participants had been as having high blood pressure, 32.1% (95% CI: 24.2%, 39.9%) had been diagnosed as having high cholesterol, 26.5% (95% CI: 19.4%, 33.7%) had been diagnosed with depression or anxiety, 26.5% (95% CI: 20.2%, 32.8%) had been diagnosed as obese or overweight, 17.2% (95% CI: 10.3%, 24.1%) had been diagnosed with asthma, 13.4% (95% CI: 8.0%, 18.8%) had been diagnosed with diabetes , 9.5% (95% CI: 4.3%, 14.8%) had osteoporosis, 8.5% (95% CI: 3.6%, 13.4%) Angina/heart disease and 6.2% (95% CI: 1.8%, 10.5%) had been diagnosed with cancer (Figure 14).

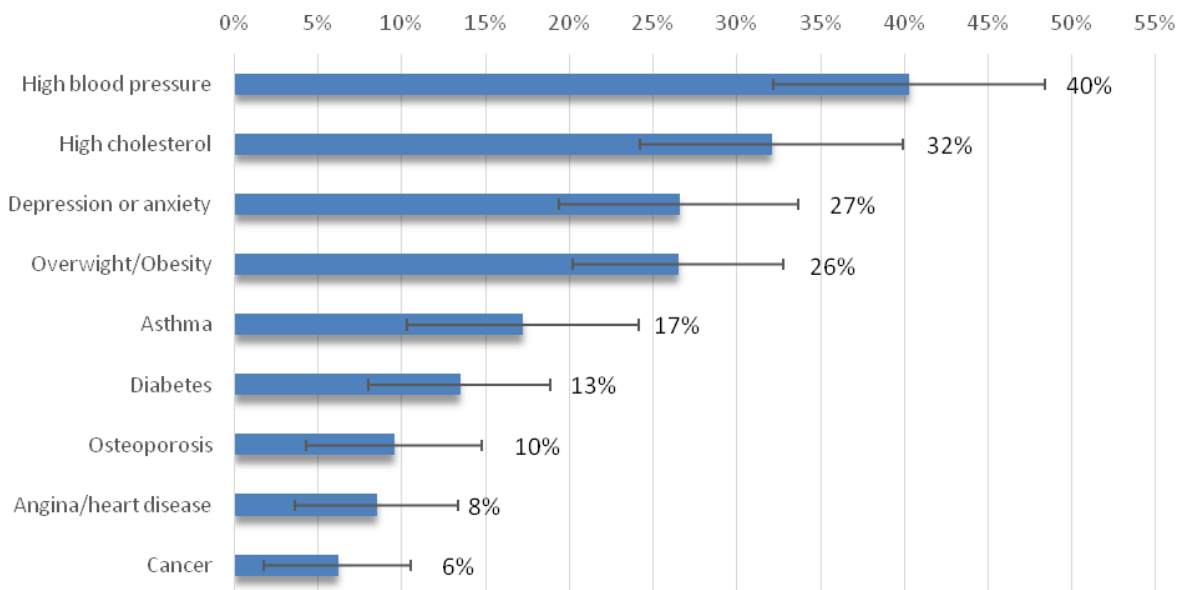


Figure 14: Previous diagnoses of chronic conditions among respondents (n=214 to 218, each condition was asked as yes/no).

Respondents were also asked if feeling sad or worried kept them from going about their normal day in the past month and 24.9% (95% CI: 17.9%, 31.9%) replied yes (Figure 15).

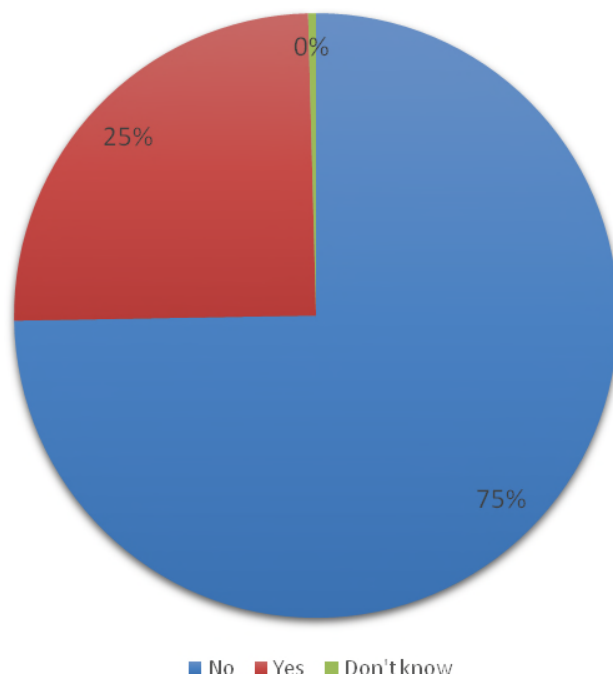


Figure 15: Frequency reporting that feeling sad or worried in the past month kept them from going about their normal day (n= 223).

A number of questions were asked to assess physical activity level. First, 70.1% reported engaging in physical activity that lasted at least half an hour in the past month (95% CI: 61.5%, 78.7%). Of these respondents, 36.9% (95% CI: 25.3%, 48.5%) reported exercising three times per week, 23.7% (95% CI: 15.0%, 32.3%) exercised twice a week, 18.0% (95% CI: 10.8%, 25.2%) exercised four times per week and 13.9% (95% CI: 7.3%, 20.5%) exercised once a week (Figure 16).

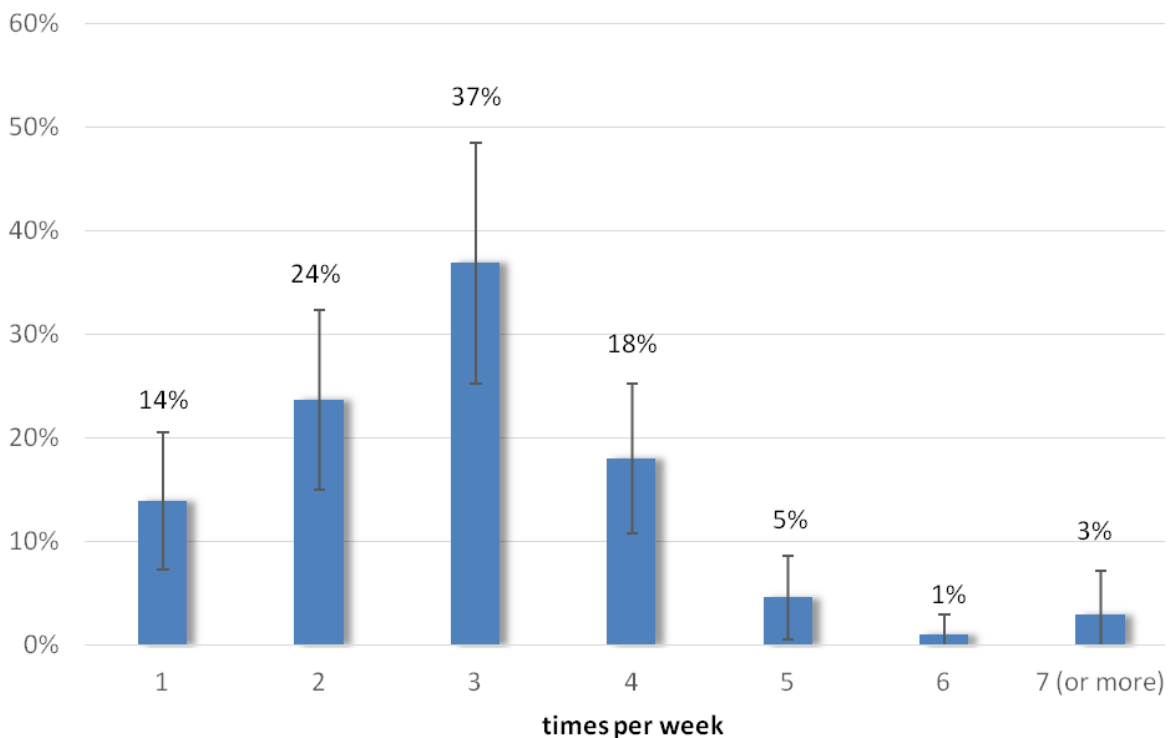


Figure 16: Frequency of exercise per week (n= 108).

Respondents were also asked where they engaged in physical activity. Nearly half of respondents (48.0%; 95% CI: 39.5%, 56.6%) exercise in their home or neighborhood, 17.3% (95% CI: 10.5%, 24.1%) exercise in parks or on trails, and 11.3% (95% CI: 5.8%, 16.9%) exercise at the YMCA/YWCA (Figure 17). If respondents said they did not engage in exercise on a weekly basis, they were asked about reasons they do not exercise. Of the 62 people who did not exercise regularly (29.1%, 95% CI: 20.8%, 37.5%), the most common response was that they didn't like to exercise (n=13), don't have enough time to exercise (n=12), are too tired to exercise (n=12) or are physically unable to engage in exercise (n=11) (Figure 18).

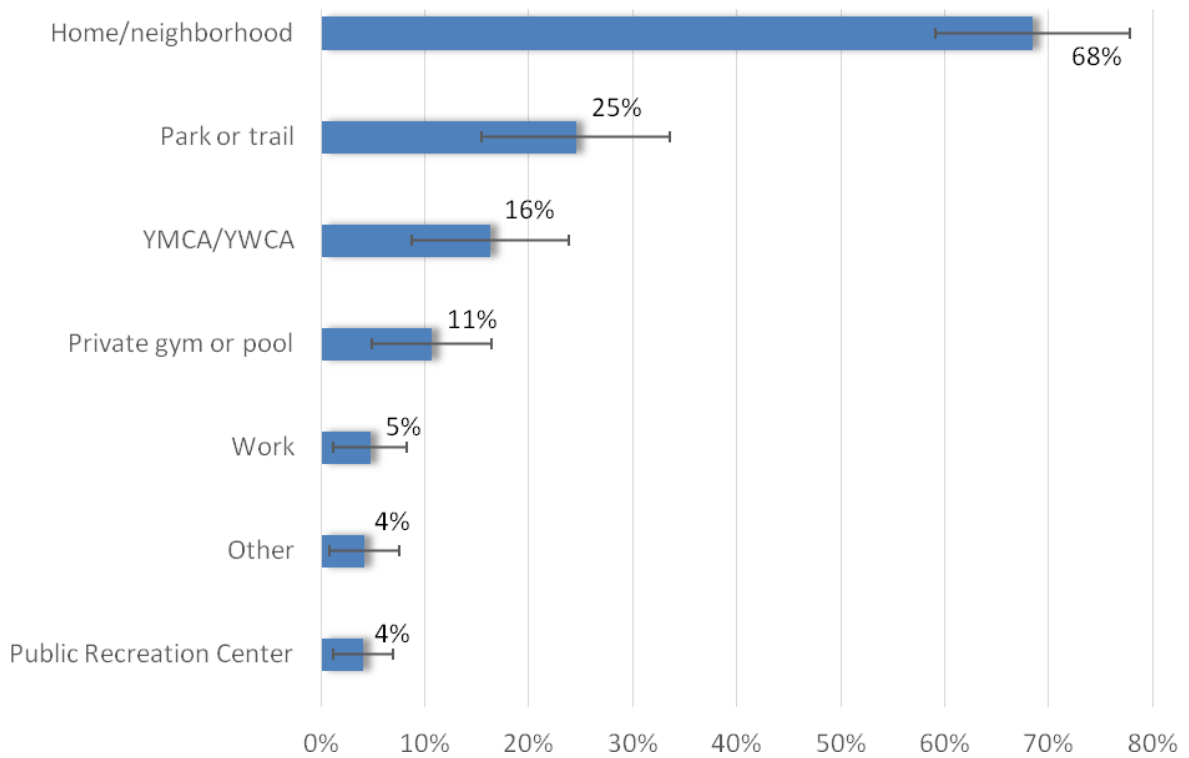


Figure 17: Where respondents go to engage in physical activity (n=207).

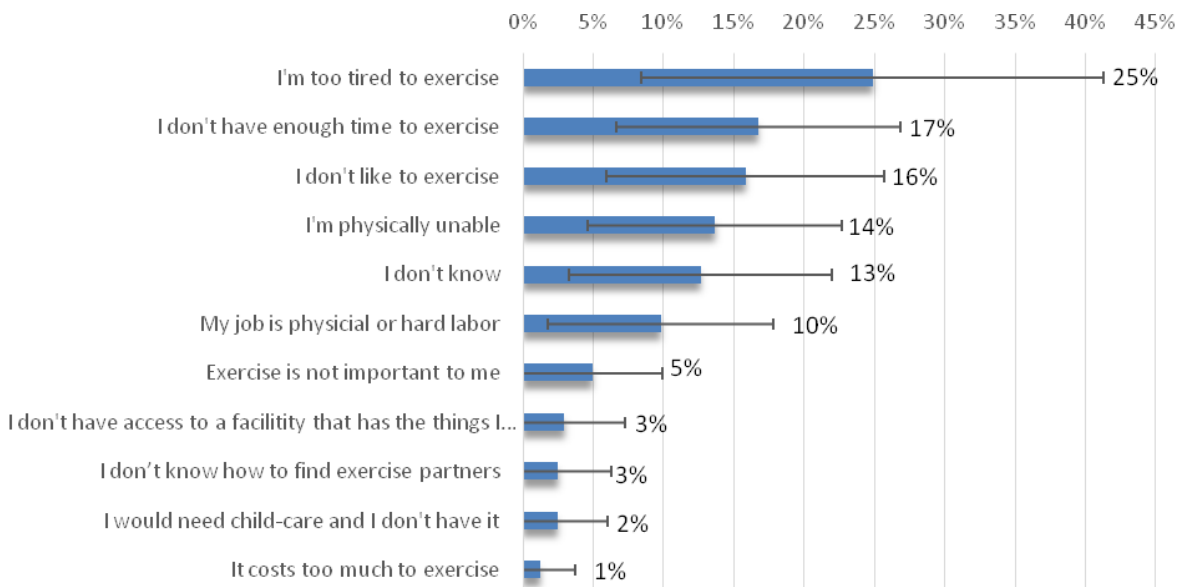


Figure 18: Reasons for not exercising at least 30 minutes during a normal week (n=71).

A number of questions were also asked about exposure to secondhand smoke, personal smoking habits, and vaccines. 40.1% (95% CI: 37.8%, 48.3%) said they had been exposed to secondhand smoke in the past year, over half of this exposure is coming in their own home (58.6%; 95% CI: 48.5%, 68.8%). An additional 13.1% (95% CI: 5.3%, 20.9%) said they were exposed outside or in public places and 9.3% (95% CI: 3.9%, 14.7%) were exposed to secondhand smoke in the workplace (Figure 19). Over 1 in 5 respondents 21.5% (95% CI: 14.1%, 29.0%) were current smokers and 28.0% (95% CI: 16.0%, 40.0%) of these smokers would see their doctor if they wanted to quit, 21.5% (95% CI: 10.2%, 32.9%) did not know where they would go if they wanted to quit smoking, 13.9% (95% CI: 3.8%, 24.0%) would quit on their own or go ‘cold turkey’ and 10.8% (95% CI: 2.4%, 19.1%) did not want to quit at all (Figure 20).

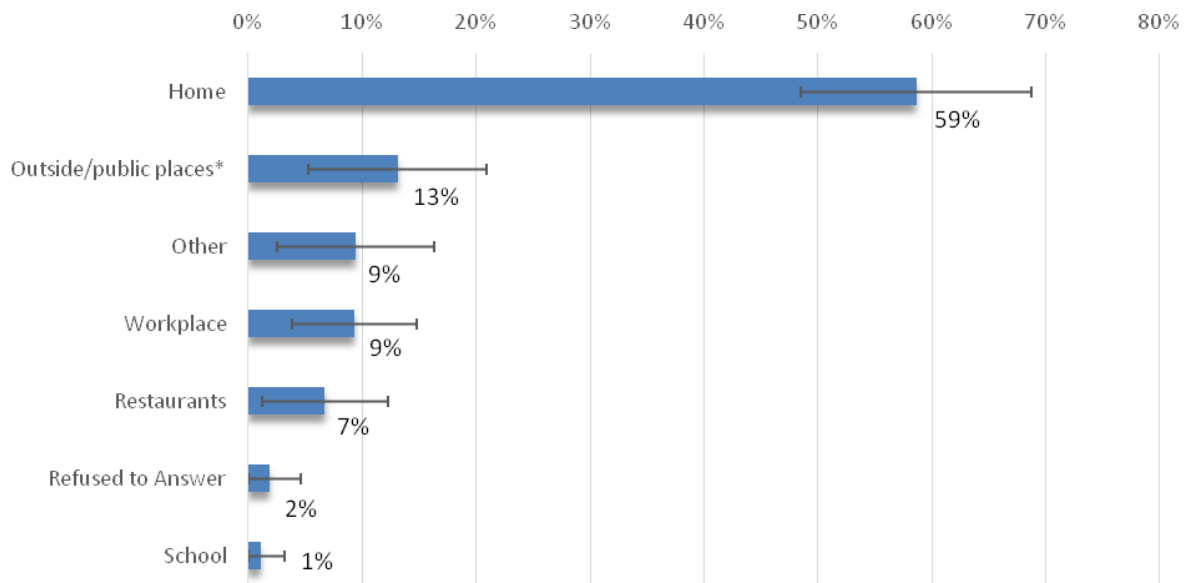


Figure 19: Locations where respondents cited most frequent exposure to secondhand smoke (n=104).

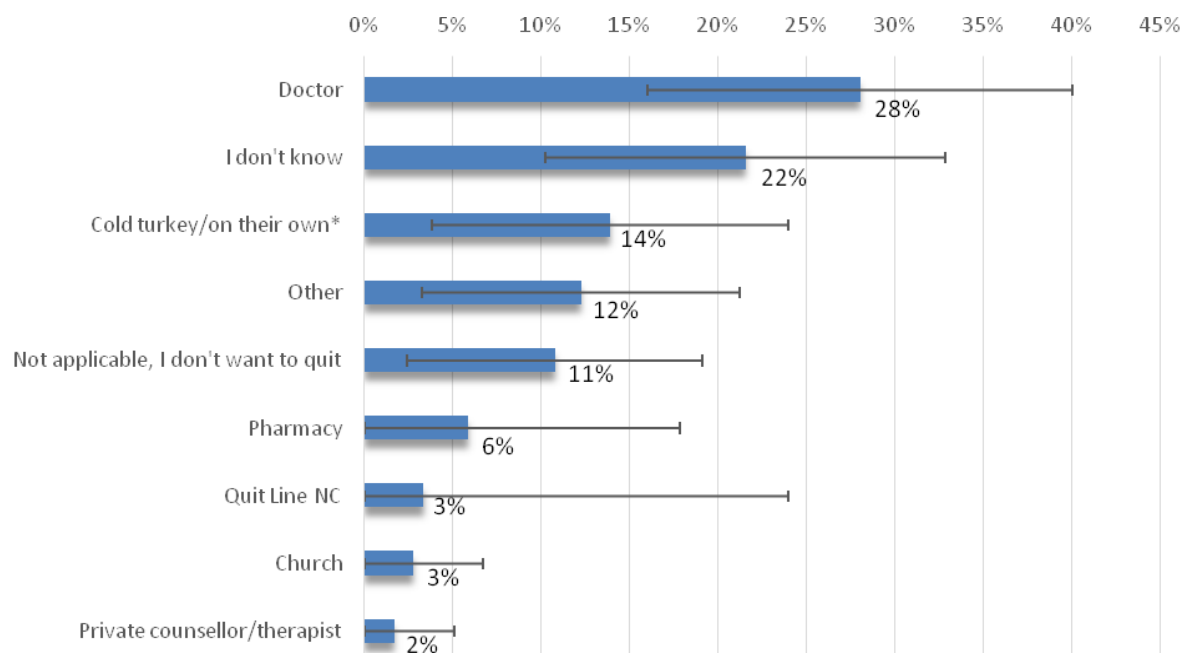


Figure 20: Where respondents go for help if they wanted to quit smoking (n=51). (*Was not an answer choice but was captured as free text in the 'Other' category).

Nearly half of respondents (46.7%; 95% CI: 38.8%, 54.6%) had not received a flu shot or flu spray in the past 12 months for the seasonal influenza with the majority receiving the flu shot (51.29; 95% CI: 43.3%, 59.27%).

Part 5: Access to Care/Family Health (questions 28-36)

Respondents were also asked questions where they go when they are sick and more general questions about health insurance and access to medical services as well as a couple questions about domestic violence. The majority of respondents visit the doctor's office when they are sick (57.4%; 95% CI: 48.9%, 66.0%) with roughly equal numbers reporting medical clinics (12.1%; 95% CI: 6.0%, 18.1%), the hospital (10.3%; 95% CI: 5.3%, 15.4%) and urgent care (10.2%; 95% CI: 5.4%, 15.0%) (Figure 21).

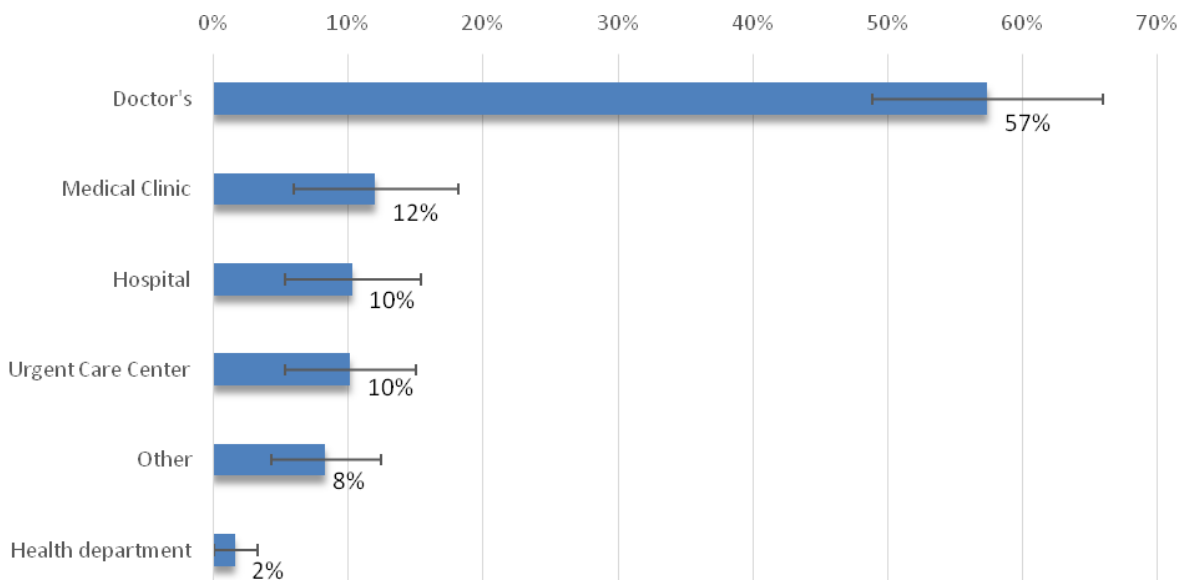


Figure 21: Where respondents go most often when they are sick (n=223).

Nearly 1 in 5 participants had no health insurance plan of any kind (18.7%; 95% CI: 10.0%, 27.3%) or were on Medicare (17.9%; 95% CI: 10.5%, 25.3%) while 7.0% (95% CI: 2.7%, 11.3%) had Medicaid (Figure 22). Almost one third of respondents were covered by Blue Cross & Blue Shield of North Carolina (29%; 95% CI: 21.8%, 36.3%).

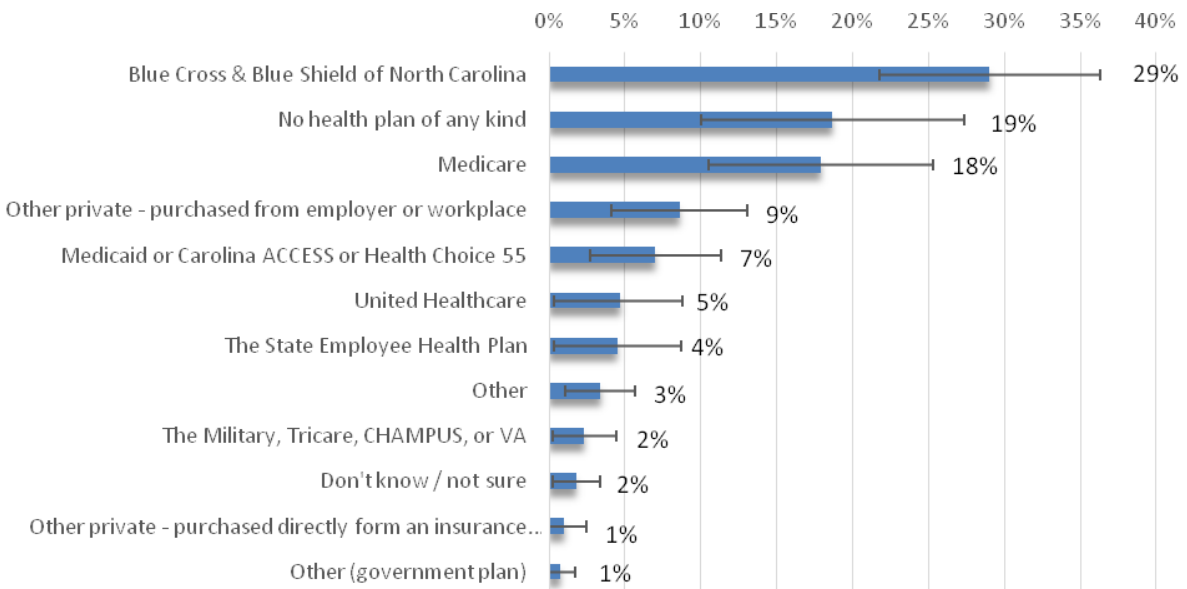


Figure 22: Primary health insurance plan (n=220).

Additionally, 8.2% (95% CI: 4.0%, 12.5%) of respondents gained health coverage through the Affordable Care Act (ACA). Of those who did not have insurance coverage and did not acquire coverage through the ACA (n=63) the most commonly cited reason was not being able to afford premium costs (Figure 23). Many other responses were cited (n=27) such as lack of legal documents (n=5), or not agreeing with the ACA (n=3) and many other responses indicating a lack of awareness or being misinformed such as “waiting for the ACA to take effect” or “I have no insurance.”

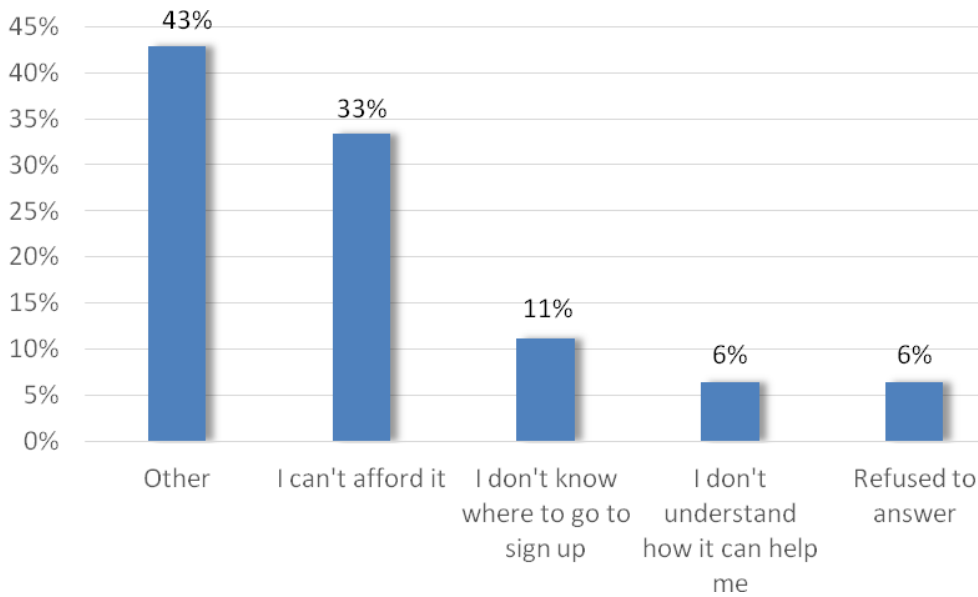


Figure 23: Reasons cited for not signing up for insurance through the ACA (n=63).

Respondents were asked several questions about their access to healthcare. Over 1 in 5 respondents said they had a problem getting the health care they needed for themselves personally or for a family member (12.3%; 95% CI: 7.8%, 16.8%). The majority of those who experienced barriers receiving care cited problems getting the dental care (48.6%; 95% CI: 29.7%, 67.5%) (Figure 24). There were also barriers to receiving eye care (26.6%; 95% CI: 8.4%, 44.8%), seeing a general practitioner and problems getting prescriptions (16.8%; 95% CI: 4.5%, 29.0%). The most common barrier to receiving health care was a lack of health insurance (54.1%; 95% CI: 34.0%, 74.2%) (Figure 25).

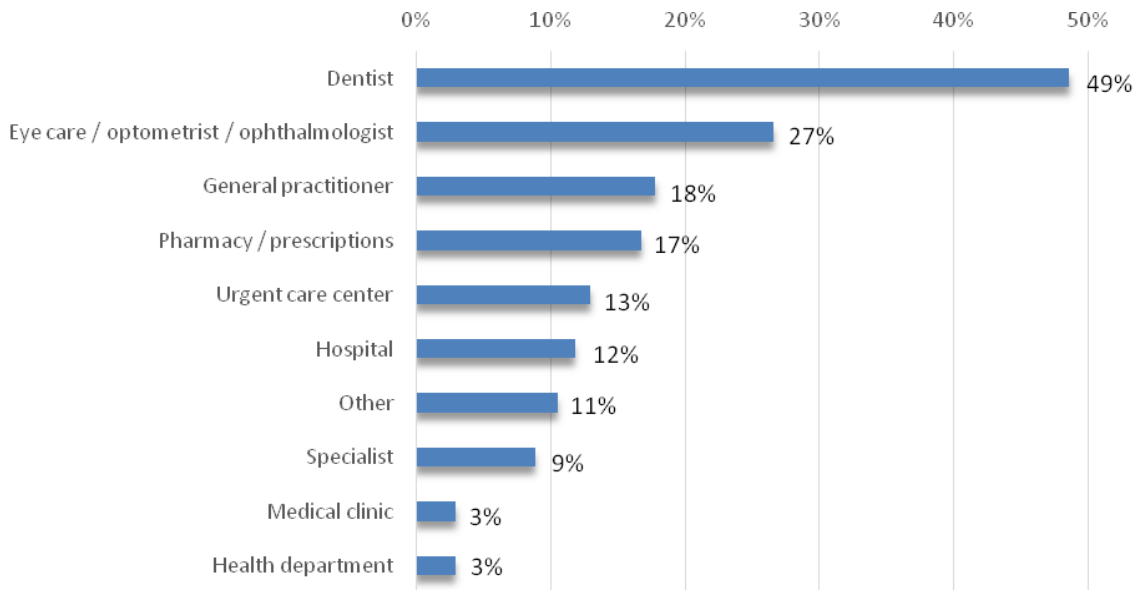


Figure 24: Provider or facility where respondents had trouble getting health care for themselves or family members (n=56).

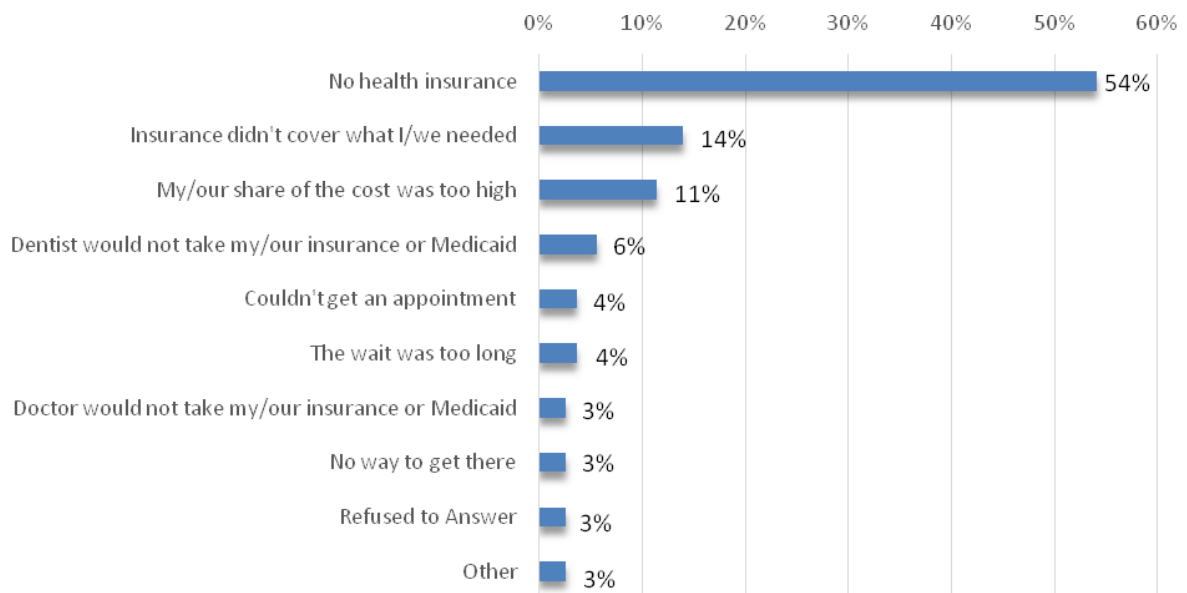


Figure 25: Barriers cited to receiving health care for themselves or family members (n=38).

Respondents were asked to whom the first person they would refer a friend or family member to for counseling related to a mental health or drug/alcohol abuse problem. About a third cited a doctor (36.4%; 95% CI: 27.4%, 45.3%) while nearly equal numbers cited a minister or religious official (14.0%; 95% CI: 8.9%, 19.0%), a private counselor or therapist (12.7%; 95% CI: 7.2%, 18.2%) or a support group (12.6%; 95% CI: 7.2%, 18.1%) (Figure 26). 12.6% (95% CI: 7.5%, 17.8%) of respondents said they did not know where they would go for help. Respondents were also asked if they knew where to get help if they or someone else they knew needed help with domestic violence. One third of respondents did not know where to go for help with domestic violence (34.2%; 95% CI: 25.9%, 42.5%)

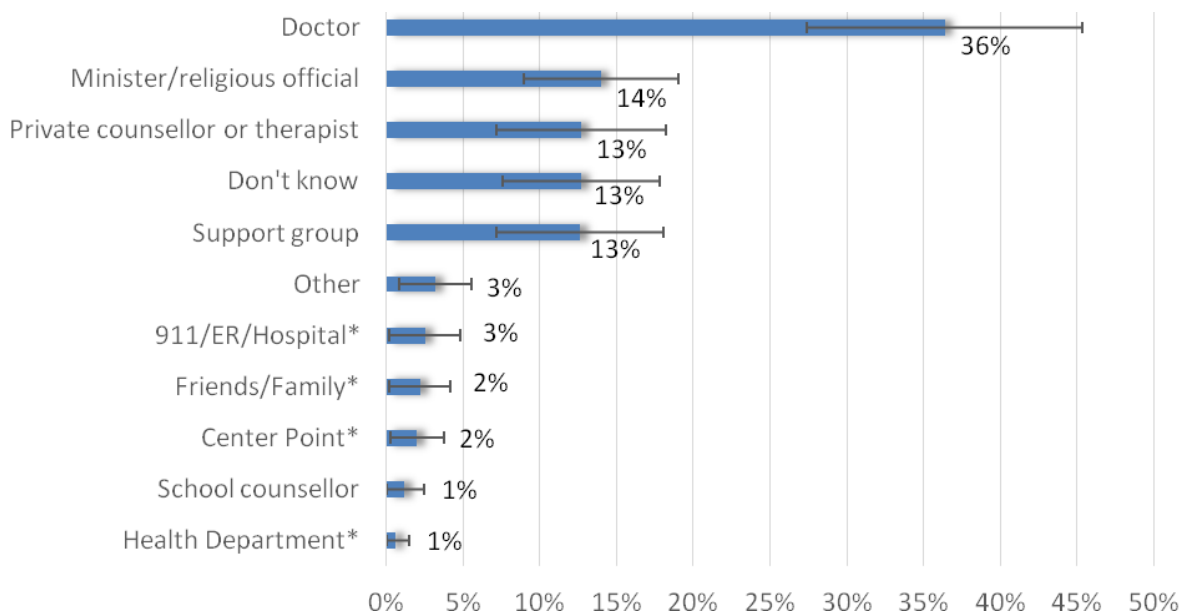


Figure 26: Who participants would refer a friend or family member to for a drug or alcohol abuse problem (n=218).

Part 6: Emergency Preparedness (questions 37-42)

Survey respondents were asked about emergency preparedness measures in their household. While 91.5% of respondents had a smoke detector in their home, only 44.7% (95% CI: 36.0%, 53.4%) had both a smoke detector and a carbon monoxide detector and 4.6% (95% CI: 1.2%, 8.0%) had neither type of detector in their home (Figure 27).

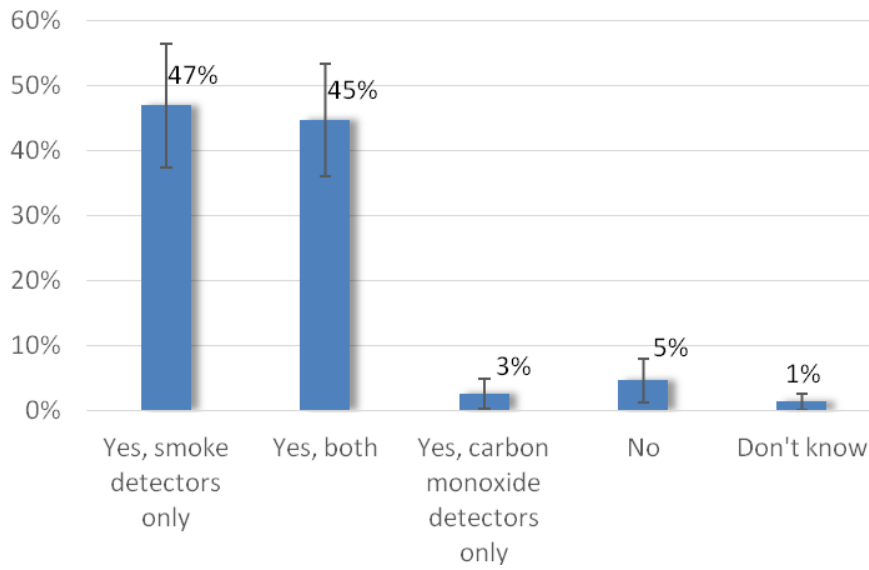


Figure 27. Prevalence of working smoke and carbon monoxide detectors in survey respondent homes (n=223)

Half of the sample population have a family emergency plan and supply kit prepared (50.2%; 95% CI: 42.0%, 58.5%) (Figure 28). Nearly one half of families had emergency supply kits (46.1%; 95% CI: 38.5%, 53.7%) but most frequently only had supplies for one week or less (66.5%; 95% CI: 55.6%, 77.4%).

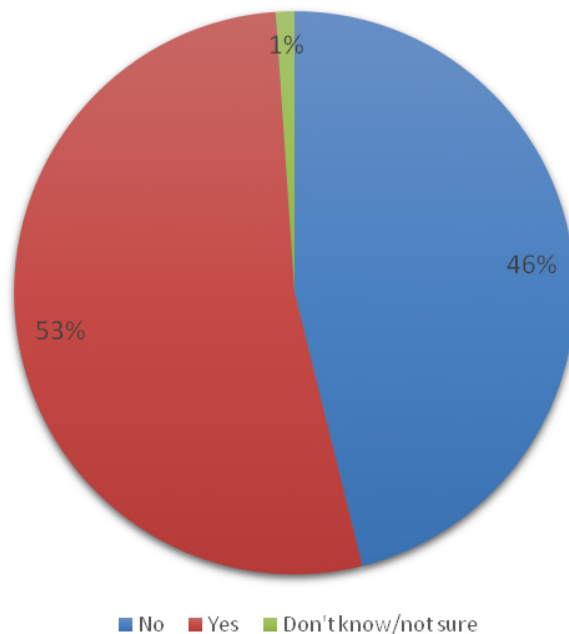


Figure 28. Prevalence of basic emergency supply kits among survey respondents (n=223)

Survey participants were also asked several questions regarding their reaction in face of a community-wide emergency. When asked where their main way of getting information from authorities in a large-scale disaster, nearly half (46.7%; 95% CI: 38.5%, 55.5%) said they would consult the television, 19.7% would rely on the radio (95% CI: 45.6%, 62.3%), and 12.4% would use the internet (30.8%; 95% CI: 23.0%, 38.6%) (Figure 29). Approximately one third of residents would evacuate if asked to do so (37.9%; 95%CI: 24.3%, 51.4%). The vast majority of respondents said they would evacuate if authorities announced a mandatory evacuation (86.4%; 95% CI: 84.8%, 91.0%).

Table 2. Family emergency planning and supplies reported by survey respondents.

	Percent (95% CI)
Does your household have a family emergency plan and supply kit?	
Yes	52.8% (45.0%, 60.6%)
No	46.1% (38.5%, 53.7%)
Don't know/Not sure	1.1% (0.0%, 3.6%)
If your household has a supply kit, for how many days do you have supplies?	
1-7 days	66.5% (55.6%, 77.4%)
8-14 days	11.0 (5.0%, 17.1%)
15-21 days	7.0% (0.0%, 16.9%)
22-30 days	10.4% (4.1%, 16.7%)
> 30 days	5.0% (0.0%, 10.4%)

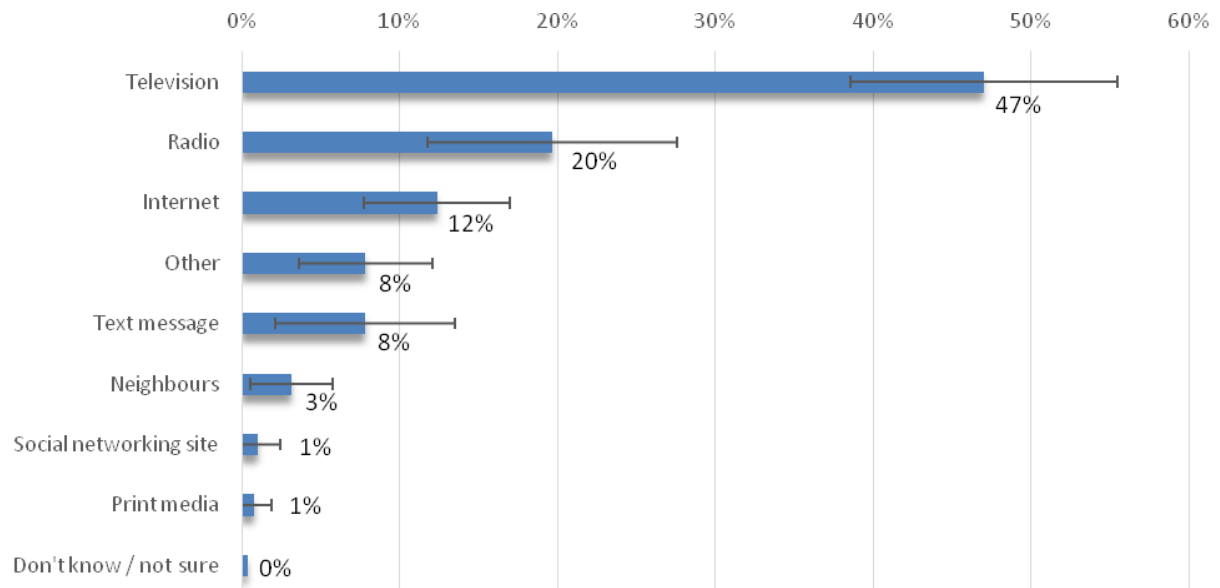


Figure 29. Top sources of information in our sample population in the case of community-wide emergency (n = 222)

Part 7: Food Security (questions 43-48)

A series of questions were asked about participant's access to food and food eaten in the household in the last 12 months. Overwhelmingly participants buy their food at either a grocery store (73.1%; 95% CI: 64.6%, 81.7%) or a Big Box Store (16.0%; 95% CI: 3.0%, 22.1%) such as Wal-Mart or Target (Figure 30). Over half of respondents (58.3%) reported eating fresh fruits and vegetables everyday (95% CI: 50.2%, 66.4%) while a third reported a few times per week (33.3%; 95% CI: 25.8%, 40.8%) (Figure 31). The survey attempted to identify if there were barriers to buying food. Nearly 40% said it was not hard to buy food (37.8%; 95% CI: 30.0%, 45.5%) while one third said the cost of food was a barrier (33.4%; 95% CI: 27.4%, 39.3%) (Figure 32).

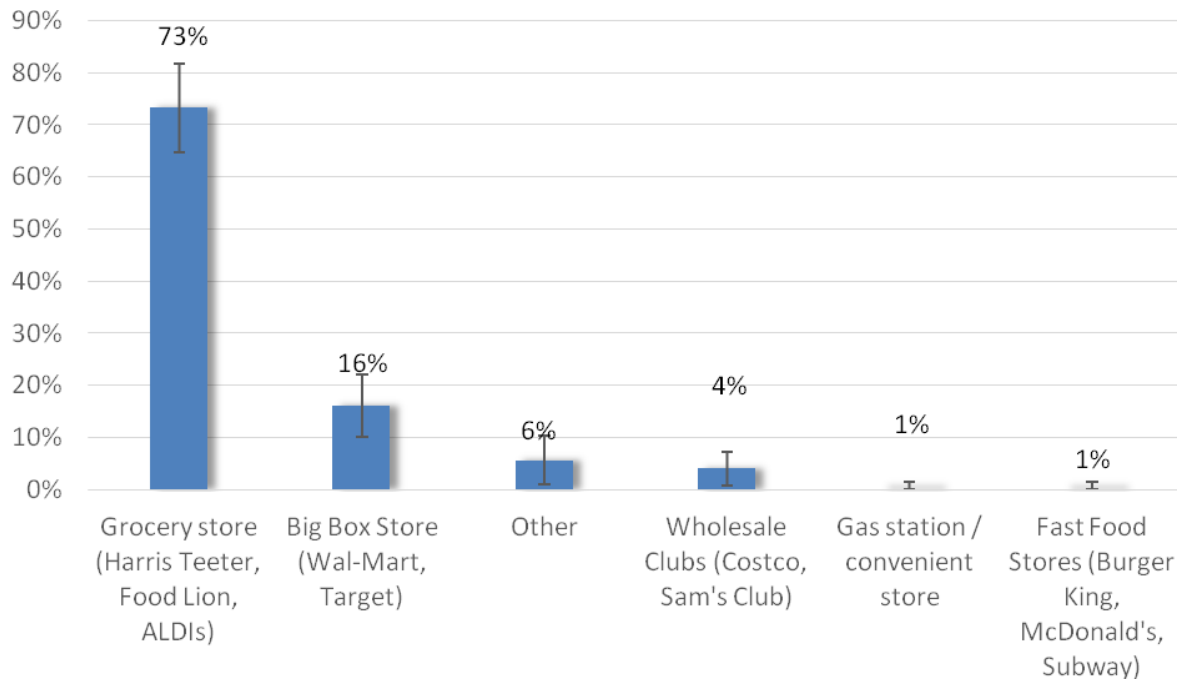


Figure 30. Locations where respondents buy most of their food. (=222)

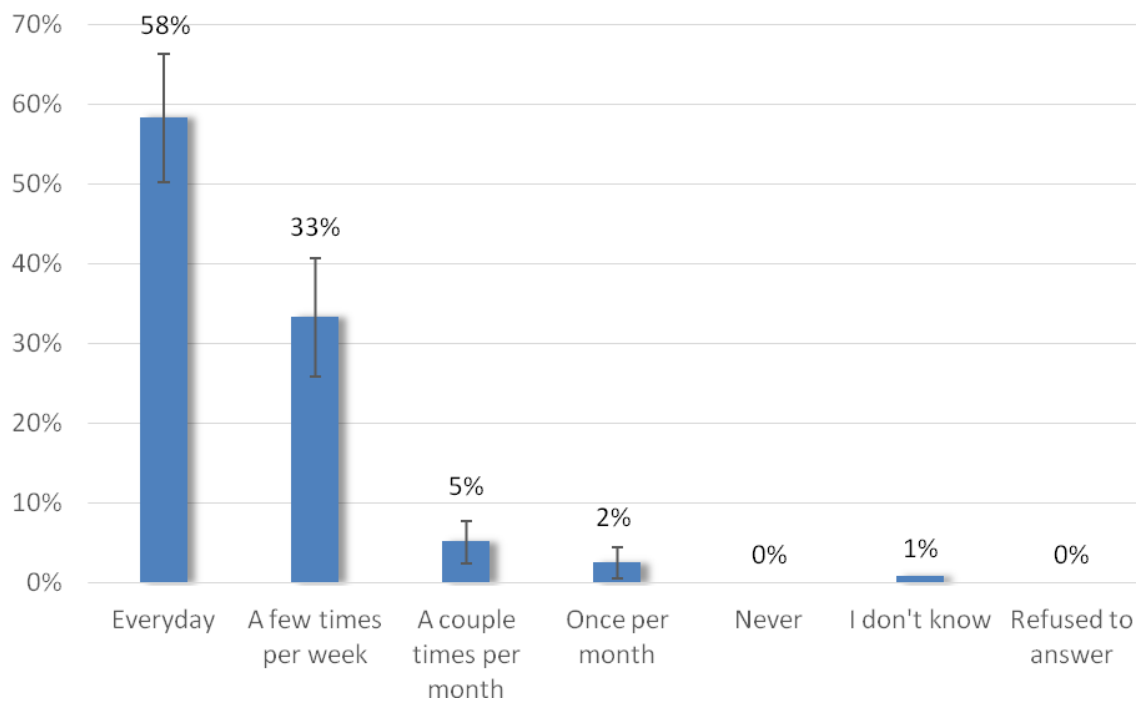


Figure 31. Frequency respondents eat fresh fruits and vegetables (n=221).

Fi

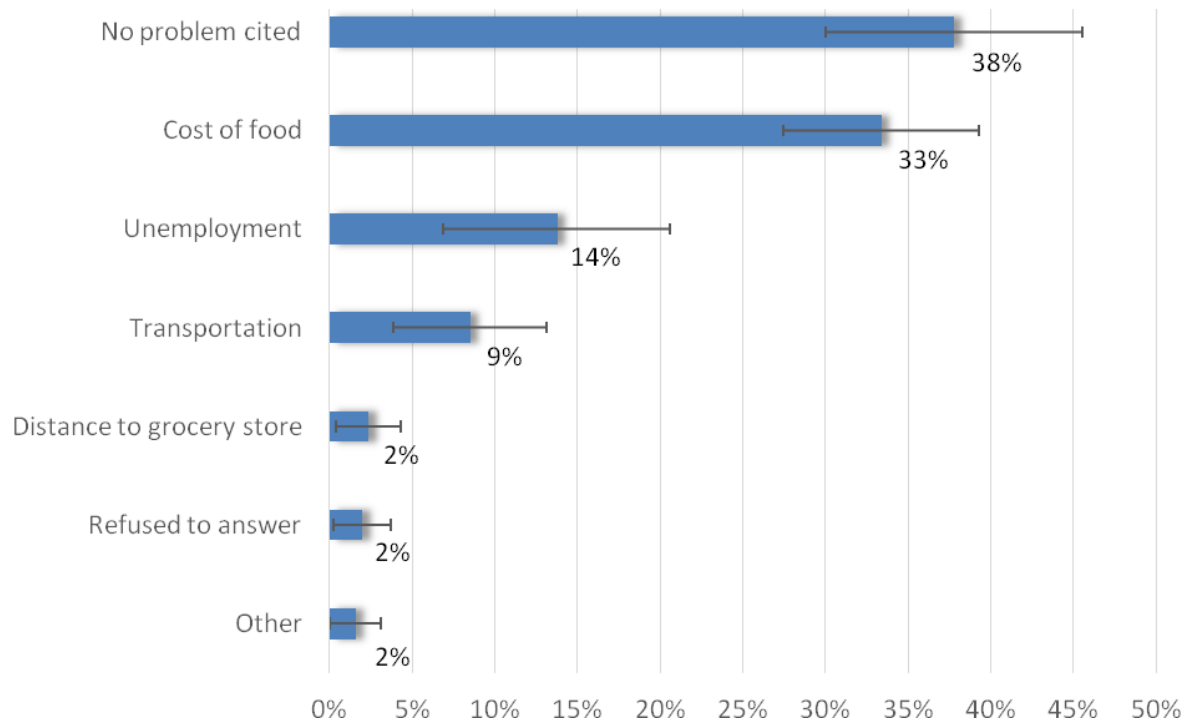


Figure 32. Which of the following makes it hard for you to buy food? (n=220).

Roughly 1 out of every 10 respondents had cut the size of their meals or skipped meals because there wasn't enough money to buy food in the past 12 months (10.9%; 95% CI: 6.1%, 15.8%) and of these there was an even one third split on the frequency of occurrence between almost every month, some months but not every month and only 1 or 2 months a year (n=29). About 13% of respondents had received food from a food pantry, soup kitchen or similar service in the past year with 7 respondents receiving these services almost every month (Figure 33).

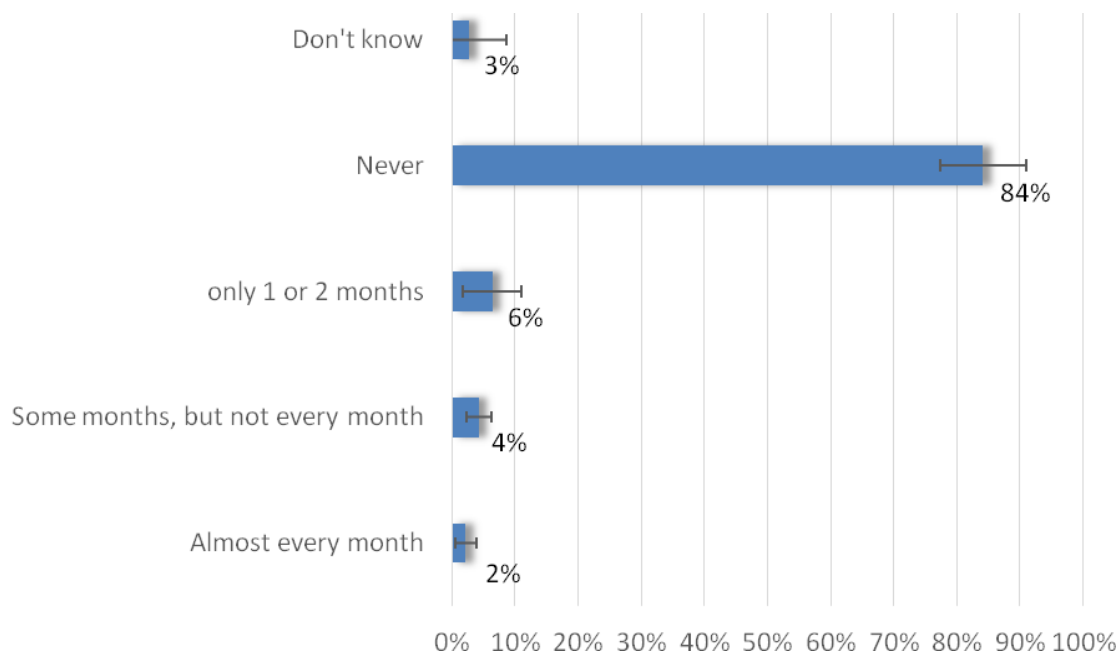


Figure 33. Frequency of receiving food from food pantry in the last year. (n=218)

Part 8: Health Department Services (questions 49-52)

More than two thirds (68.3%; 95% CI: 60.1%, 76.4%) of respondents in the sample population had not used services at the Forsyth County Health Department in the last two years. Those that had used health department services (n=70) most frequently visited Clinic 3 for immunizations (18.6%), the WIC clinic (12.4%) or attended a class or meeting (10.9%) (Figure 34).

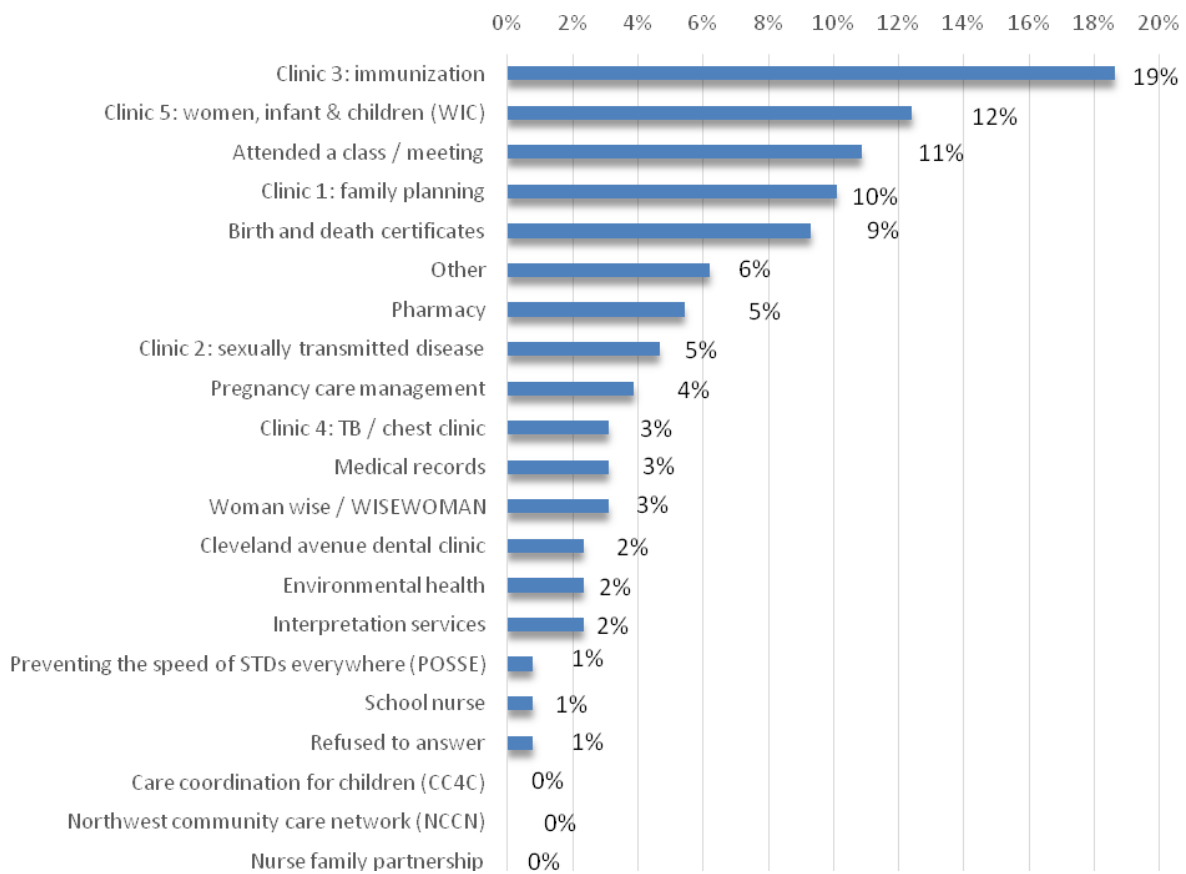


Figure 34. Services utilized within the past 2 years at Forsyth County Public Health Department (n=70 participants and n=129 services utilized) indicating most are utilizing multiple services.

The vast majority of respondents (80%) were satisfied with the services or programs received from the health department with only 3% being dissatisfied (Figure 35). Respondents were asked if the hours would be convenient if they needed services at the health department and most responded 'yes' (84.0%, 95% CI: 77.2%, 90.7%) (Figure 36). Finally, respondents were asked if there were any barriers to receiving services at the health department (Figure 37). While most replied they received care from somewhere else (60.8%, 95% CI: 51%, 69.5%), those that did experience barriers to receiving care cited the inconvenient location (8.8%, 95% CI: 3.1%, 14.5%), lack of transportation (3.3%, 95% CI: 0.8%, 5.9%) and parking concerns (3.0%, 95% CI: 0.9%, 5.1%).

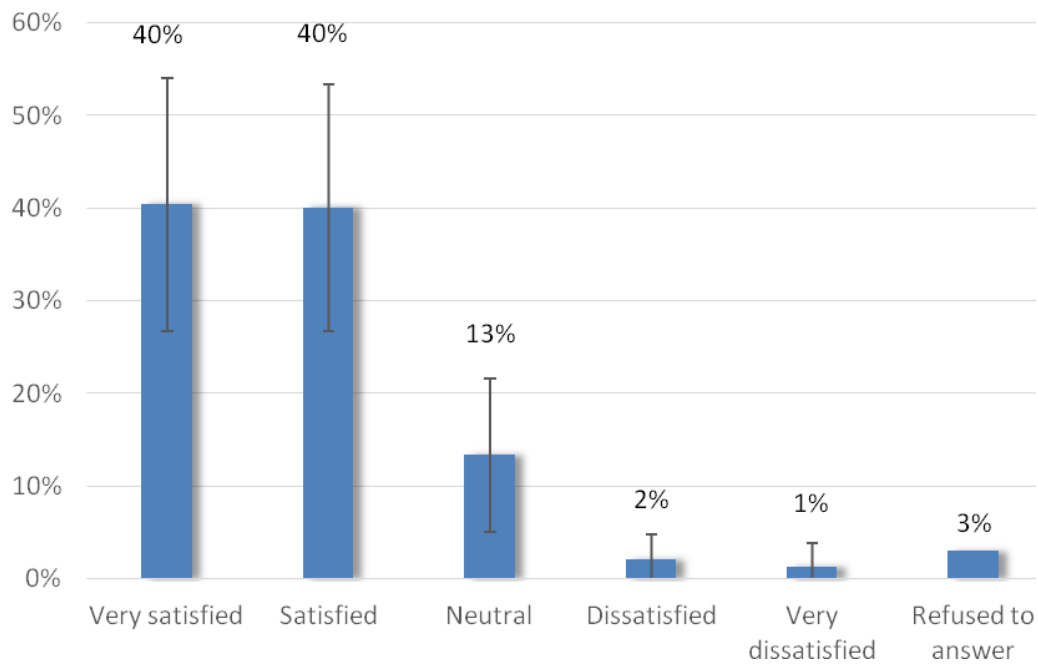


Figure 35. Proportion of survey respondents who were satisfied with services received from Forsyth County Department of Public Health (n = 70)

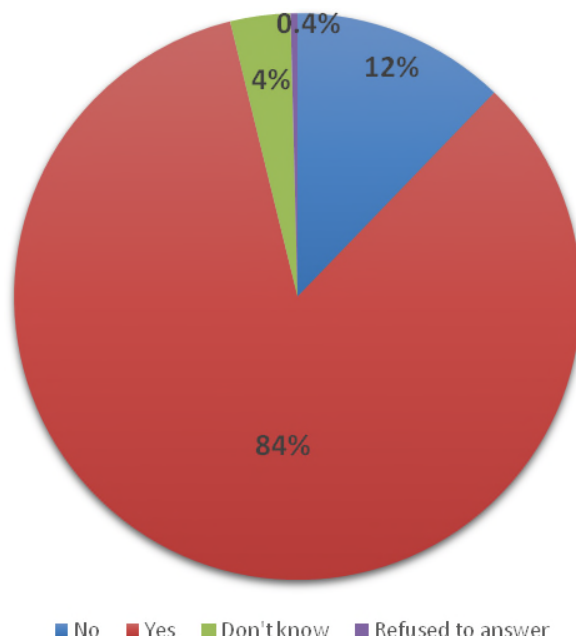


Figure 36. If you or your family were in need of services would these hours be convenient to you?

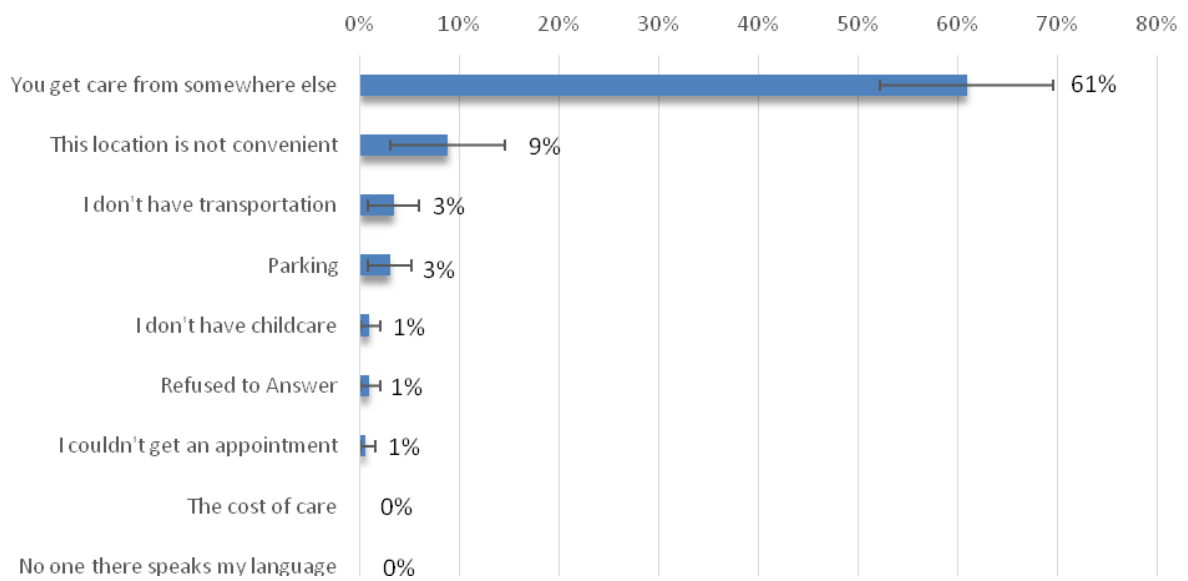


Figure 37. What are some reasons that prevent you receiving services from the health department? (n=165)



2014 Community Health Survey

Read the following section to each potential participant:

Hello, I am ____ and this is ____ representing Forsyth County Health Department. (Show badges.) We are conducting a survey of our county to learn more about the health and quality of life in Forsyth County. The Forsyth County Health Department and Forsyth County Healthy Community Coalition will use the results of this survey to help address the major health and community issues in our county.

Your address was one of many randomly selected from our county. The survey is completely voluntary, and it should take no longer than 15-30 minutes to complete. Your answers will be completely confidential. The information you give us will not be linked to you in any way.

Would you like to participate? Yes No
(If no, stop the survey here and thank the person for his or her time.)

Eligibility

We are only interviewing adults 18 and older. Are you 18 years old or older? ____ Yes ____ No
(If no, ask if you can speak with someone who is 18 years or older. If no one is available, stop the survey here and thank the person for his or her time.)

Do you live in Forsyth County? ____ Yes No
(If no, stop the survey here and thank the person for his or her time.)

Do live in this household? __ Yes __ No
(If no, ask if you can speak with someone who lives at the address. If no one is available, stop the survey here and thank the person for his or her time.)

Forsyth County Community Health Survey

PART 1: Quality of Life Statements

Please tell us whether you “strongly disagree”, “disagree”, “neutral”, “agree” or “strongly agree” with each of the next 6 statements.

Statements	<i>Circle the number that best represents the person’s opinion of each statement below.</i>				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. How do you feel about this statement, “I can access good healthcare in Forsyth County.” (Consider the cost and quality, number of options, and availability of healthcare in the county.)	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
2. How do you feel about this statement, “Forsyth County is a good place to raise children.” (Consider the quality and safety of schools and child care programs, after school programs, and places to play in this county.)	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
3. How do you feel about this statement, “Forsyth County is a good place to grow old.” (Consider the county’s elder-friendly housing, transportation to medical services, recreation, and services for the elderly.)	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
4. How do you feel about this statement, “I can find enough economic opportunity in Forsyth County.” (Consider the number and quality of jobs, job training/higher education opportunities, and availability of affordable housing in the county.)	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
5. How do you feel about this statement, “I feel safe living in Forsyth County.” (Consider how safe you feel at home, in the workplace, in schools, at playgrounds, parks, and shopping centers in the county.)	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>
6. How do you feel about this statement, “I think there is enough help for people during times of need in Forsyth County.” (Consider social support in this county: neighbors, support groups, faith community outreach, community organizations, and emergency monetary assistance.)	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>

PART 2: Community Improvement

Read: The next set of questions will ask about community problems, issues, and services that are important to you. Remember your choices will not be linked to you in any way.

7. Please look at this list of community issues. *(Give person the sheet of community issues.)*
In your opinion, what are the top 3 issues that most affect the quality of life in Forsyth County? If there is a community problem that you consider the most important and it is not on this list, please let me know and I will write it in. If you would like, I can read these out loud as you think about them. *(Read health problems if they prefer to have them read.)*

- | | |
|---|---|
| <input type="checkbox"/> Pollution (air, water, land) | <input type="checkbox"/> Elder neglect and abuse |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Child neglect and abuse |
| <input type="checkbox"/> Low income/poverty | <input type="checkbox"/> Domestic Violence (slapping, hitting, etc) |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Violent crime (murder, assault, etc.) |
| <input type="checkbox"/> Lack of/ inadequate health insurance | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> Discrimination/ racism | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Lack of community support | <input type="checkbox"/> None |
| <input type="checkbox"/> Gang presence | |
| <input type="checkbox"/> Gang graffiti and tagging | |

8. *(Give the person a list of services)* **In your opinion what are the top 3 services that need the most improvement in your neighborhood or community?** (If there is a service that you think needs improvement that is not on this list, please let me know and I will write it in. If you would like, I can read these out loud as you think about them.) *Read health problems aloud.)*

- | | |
|---|--|
| <input type="checkbox"/> Animal control | <input type="checkbox"/> Better/ more recreational facilities (parks, trails, community centers, etc.) |
| <input type="checkbox"/> Child care options | <input type="checkbox"/> Healthy family activities |
| <input type="checkbox"/> Elder care options | <input type="checkbox"/> Positive teen activities |
| <input type="checkbox"/> Services for disabled people | <input type="checkbox"/> Transportation options |
| <input type="checkbox"/> More affordable health services | <input type="checkbox"/> Availability of employment |
| <input type="checkbox"/> Better/ more healthy food choices | <input type="checkbox"/> Higher paying employment |
| <input type="checkbox"/> More affordable/better housing | <input type="checkbox"/> Road maintenance |
| <input type="checkbox"/> Number of health care providers
<i>What kind?</i> _____ | <input type="checkbox"/> Road safety |
| <input type="checkbox"/> Culturally appropriate health services | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Counseling/ mental health/ support groups | <input type="checkbox"/> None |

9. **Is there one thing you would like share with us that you think would make Forsyth County or your community a healthier place to live?**

PART 3: Health Information

10. In your opinion, which top 3 health behavior do people in your community need more information about? (Give the person a list of services.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Eating well/ nutrition | <input type="checkbox"/> Using child safety seats | <input type="checkbox"/> Stopping substance abuse (ex: drugs and alcohol) |
| <input type="checkbox"/> Exercising/ fitness | <input type="checkbox"/> Using seat belts | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Managing weight | <input type="checkbox"/> Driving safely | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Going to a dentist for check-ups / preventive care | <input type="checkbox"/> Quitting smoking/ Tobacco use prevention | <input type="checkbox"/> Anger management |
| <input type="checkbox"/> Going to a doctor for yearly check-ups and screenings | <input type="checkbox"/> Child care/ parenting | <input type="checkbox"/> Domestic violence prevention |
| <input type="checkbox"/> Getting prenatal care during pregnancy | <input type="checkbox"/> Elder care | <input type="checkbox"/> Crime prevention |
| <input type="checkbox"/> Getting flu shots and other vaccines | <input type="checkbox"/> Caring for family members with special needs/ disabilities | <input type="checkbox"/> Rape/ sexual abuse prevention |
| <input type="checkbox"/> Preparing for an emergency/ disaster | <input type="checkbox"/> Preventing pregnancy and sexually transmitted disease (safe sex) | <input type="checkbox"/> Other: _____ |
| | | <input type="checkbox"/> None |
| | | <input type="checkbox"/> <i>Refused to answer</i> |

11. Where do you get most of your health-related information? (Choose up to 3.)

- | | |
|---|---|
| <input type="checkbox"/> Friends and family | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Doctor/nurse | <input type="checkbox"/> Health department |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Help lines |
| <input type="checkbox"/> Church | <input type="checkbox"/> Books/magazines |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> My child's school | <input type="checkbox"/> <i>Refused to answer</i> |

12. What health topic(s)/ disease(s) would you like to learn more about? (Write in all suggestions.)

13. Do you have children between the ages of 9 and 19 for which you are the caretaker? (Includes step-children, grandchildren, or other relatives.)

- Yes
- No (skip to #15)
- Refused to answer (skip to #15)*

14. Which of the following health topics do you think your child/children need(s) more information about? *(Hand respondent list)* Please tell me your **top 3** health topics.

- | | |
|---|---|
| <input type="checkbox"/> <i>None of these topics</i> | <input type="checkbox"/> Eating Disorders |
| <input type="checkbox"/> Dental hygiene | <input type="checkbox"/> Asthma management |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Diabetes management |
| <input type="checkbox"/> Reckless driving/speeding | <input type="checkbox"/> Drug prevention |
| <input type="checkbox"/> Depression/anxiety | <input type="checkbox"/> Sexual intercourse |
| <input type="checkbox"/> Suicide prevention | <input type="checkbox"/> Alcohol |
| <input type="checkbox"/> Anger management | <input type="checkbox"/> Bullying |
| <input type="checkbox"/> Smoking prevention | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Sexually Transmitted Diseases (STDs) | <input type="checkbox"/> <i>Refused to answer</i> |

PART 4: Personal Health

These next questions are about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

15. Would you say that, in general, your health is ... *(Read choices and choose only one.)*

- | | |
|---------------------------------|--|
| <input type="radio"/> Excellent | <input type="radio"/> Fair |
| <input type="radio"/> Very good | <input type="radio"/> Poor |
| <input type="radio"/> Good | <input type="radio"/> <i>Don't know/Not Sure</i> |
| | <input type="radio"/> <i>Refused to answer</i> |

(If the person being interviewed starts talking about a family member's health problems... I am sorry to hear about that. Maybe some of the answers you give today will help us and our community leaders address some of these types of issues. Right now we'd like to focus just on your own health.)

16. Have you ever been told by a doctor, nurse, or other health professional that you have any of the health conditions I am going to read?

(DK= Don't know/ Not sure; R= Refuse to answer)

- | | | | | |
|---------------------------------|---------------------------|--------------------------|--------------------------|-------------------------|
| Asthma | <input type="radio"/> Yes | <input type="radio"/> NO | <input type="radio"/> DK | <input type="radio"/> R |
| Depression or anxiety | <input type="radio"/> Yes | <input type="radio"/> NO | <input type="radio"/> DK | <input type="radio"/> R |
| High blood pressure | <input type="radio"/> Yes | <input type="radio"/> NO | <input type="radio"/> DK | <input type="radio"/> R |
| High cholesterol | <input type="radio"/> Yes | <input type="radio"/> NO | <input type="radio"/> DK | <input type="radio"/> R |
| Diabetes (not during pregnancy) | <input type="radio"/> Yes | <input type="radio"/> NO | <input type="radio"/> DK | <input type="radio"/> R |
| Osteoporosis | <input type="radio"/> Yes | <input type="radio"/> NO | <input type="radio"/> DK | <input type="radio"/> R |
| Overweight/Obesity | <input type="radio"/> Yes | <input type="radio"/> NO | <input type="radio"/> DK | <input type="radio"/> R |
| Angina/heart disease | <input type="radio"/> Yes | <input type="radio"/> NO | <input type="radio"/> DK | <input type="radio"/> R |
| Cancer | <input type="radio"/> Yes | <input type="radio"/> NO | <input type="radio"/> DK | <input type="radio"/> R |

22. Since you said “no”, what are the reasons you do not exercise for at least a half hour during a normal week? You can give as many of these reasons as you need to. **(DO NOT READ THE OPTIONS). Mark only the ones they say. If they really can’t think of one, then mark I don’t know.)**

- | | |
|--|--|
| <input type="checkbox"/> I don’t like to exercise. | <input type="checkbox"/> It costs too much to exercise |
| <input type="checkbox"/> My job is physical or hard labor | <input type="checkbox"/> There is no safe place to exercise. |
| <input type="checkbox"/> Exercise is not important to me. | <input type="checkbox"/> I’m too tired to exercise. |
| <input type="checkbox"/> I don’t have access to a facility that has the things I need, like a pool, golf course, or a track. | <input type="checkbox"/> I’m physically unable. |
| <input type="checkbox"/> I don’t have enough time to exercise. | <input type="checkbox"/> I don’t know |
| <input type="checkbox"/> I would need child care and I don’t have it. | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> I don’t know how to find exercise partners. | <input type="checkbox"/> Refused to answer |

23. Have you been exposed to secondhand smoke in the past year?

- | | |
|--|---|
| <input type="radio"/> Yes | <input type="radio"/> Don’t know/Not Sure (skip to #25) |
| <input type="radio"/> No (skip to #25) | <input type="radio"/> Refused to answer (skip to #25) |

24. If yes, where do you think you are exposed to secondhand smoke most often? **(Choose one)**

- | | |
|-----------------------------------|---|
| <input type="radio"/> Home | <input type="radio"/> School |
| <input type="radio"/> Workplace | <input type="radio"/> Refused to answer |
| <input type="radio"/> Hospitals | <input type="radio"/> Other _____ |
| <input type="radio"/> Restaurants | |

25. Do you currently smoke? **(Include regular smoking in social settings.)**

- | | |
|--|---|
| <input type="radio"/> Yes | <input type="radio"/> Refused to answer (skip to #27) |
| <input type="radio"/> No (skip to #27) | |

26. Where would you go for help if you wanted to quit? **(DO NOT read the options. Choose one.)**

- | | |
|---|--|
| <input type="radio"/> Quit Line NC | <input type="radio"/> Health Department |
| <input type="radio"/> Doctor | <input type="radio"/> I don’t know |
| <input type="radio"/> Church | <input type="radio"/> Other: _____ |
| <input type="radio"/> Pharmacy | <input type="radio"/> Not applicable; I don’t want to quit |
| <input type="radio"/> Private counselor/therapist | |

27. Now I will ask you questions about your personal flu vaccines. An influenza/flu vaccine can be a “flu shot” injected into your arm or spray like “FluMist” which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine? *(Choose one)*

- Yes, flu shot
- Yes, flu spray
- Yes, both
- No
- Don't know/Not sure
- Refused to answer

PART 5: Access to Care/ Family Health

28. Where do you go most often when you are sick? *(DO NOT read the options. Mark only the one they say. If they cannot think of one, read: Here are some possibilities. Read responses. Choose only one please.)*

- Doctor's
- Health department
- Hospital
- Medical Clinic
- Urgent Care Center
- Other:_____
- Refused to answer

29. What is your primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills? *(Choose one)*

[Note: The State Employee Health Plan is also called the “North Carolina Teacher’s and Employee Health Plan.” Medicare is a federal health insurance program for people 65 and older or some younger people with disabilities. Medicaid is a state health insurance program for families and individuals with limited financial resources or special circumstances.]

- No health plan of any kind *(SKIP TO #31)*
- The State Employee Health Plan
- Blue Cross and Blue Shield of North Carolina
- United Healthcare
- Other private health insurance plan purchased from employer or workplace
- Other private health insurance plan purchased directly from an insurance company
- Medicare
- Medicaid or Carolina ACCESS or Health Choice 55
- The military, Tricare, CHAMPUS, or the VA
- The Indian Health Service
- Other (government plan)
- Don't know/Not sure
- Refused to answer *(SKIP TO #31)*
- Other:_____

30. If you have health insurance, did you obtain it under the Affordable Care Act (Obamacare)?

- Yes *(skip to #32)*
- No
- Refused to answer/Don't Know

31. Select **the best** reason why you have not signed up: (*Read options, Choose one*)

- I don't know where to go to sign up
- I don't understand how it can help me
- I can't afford to it
- I already have insurance
- Other _____
- Refused to answer*

32. In the past 12 months, did you have a problem getting the health care you needed **for you personally or for a family member** from any type of health care provider, dentist, pharmacy, or other facility?

- Yes
- No (*skip to #35*)
- Refused to answer (skip to #35)*

33. Since you said "yes," what type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to. If there was a provider that you tried to see but we do not have listed here, please tell me and I will write it in. (*Read Providers.*)

- | | |
|--|--|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Health department |
| <input type="checkbox"/> General practitioner | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Eye care/ optometrist/
ophthalmologist | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> Pharmacy/ prescriptions | <input type="checkbox"/> Medical Clinic |
| <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Specialist (<i>What type?</i>)
_____ |
| <input type="checkbox"/> OB/GYN | <input type="checkbox"/> <i>Refused to answer</i> |
| | <input type="checkbox"/> Other _____ |

34. Which of these problems prevented you or your family member from getting the necessary health care? You can choose as many of these as you need to. If you had a problem that we do not have written here, please tell me and I will write it in. (*Read Problems.*)

- | | |
|---|--|
| <input type="checkbox"/> No health insurance. | <input type="checkbox"/> Pharmacy would not take my/our insurance or Medicaid. |
| <input type="checkbox"/> Insurance didn't cover what I/we needed. | <input type="checkbox"/> Dentist would not take my/our insurance or Medicaid. |
| <input type="checkbox"/> My/our share of the cost (deductible/co-pay) was too high. | <input type="checkbox"/> No way to get there. |
| <input type="checkbox"/> Doctor would not take my/our insurance or Medicaid. | <input type="checkbox"/> Didn't know where to go. |
| <input type="checkbox"/> Hospital would not take my/our insurance. | <input type="checkbox"/> Couldn't get an appointment. |
| | <input type="checkbox"/> The wait was too long. |
| | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> <i>Refused to answer</i> |

35. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to? *(DO NOT read the options. If they can't think of anyone...* Here are some possibilities. Please choose only one. *Read responses.)*
- | | |
|--|--|
| <input type="radio"/> <i>Private counselor or therapist</i> | <input type="radio"/> <i>Minister/religious official</i> |
| <input type="radio"/> <i>Support group (e.g., AA, Al-Anon)</i> | <input type="radio"/> <i>Other: _____</i> |
| <input type="radio"/> <i>School counselor</i> | <input type="radio"/> <i>Don't know</i> |
| <input type="radio"/> <i>Doctor</i> | <input type="radio"/> <i>Refused to answer</i> |
36. If you or someone you know needed help with domestic violence, would you know where to get help?
- Yes Refused to answer (*read text below*)
- No (*read text below*)

Read if NO or refused: If you or someone you know would like to talk to a trained counselor, there is a toll-free and confidential intimate partner violence telephone hotline you can call. The number is 1- 800-799-SAFE or you can go online at www.thehotline.org. Would you like me to repeat that number?

PART 6: Emergency Preparedness

37. Does your household have working smoke and carbon monoxide detectors? (*Choose one*)
- | | |
|---|--|
| <input type="radio"/> Yes, smoke detectors only | <input type="radio"/> No |
| <input type="radio"/> Yes, carbon monoxide detectors only | <input type="radio"/> Don't know |
| <input type="radio"/> Yes, both | <input type="radio"/> <i>Refused to answer</i> |
38. Does your family have a basic emergency supply kit? These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.
- | | |
|---|--|
| <input type="radio"/> Yes | <input type="radio"/> Don't know/Not sure (<i>Skip to #40</i>) |
| <input type="radio"/> No (<i>Skip to #40</i>) | <input type="radio"/> <i>Refused to answer (Skip to #40)</i> |
39. If yes, how many days do you have supplies for? _____ (*Write number of days*)

40. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (*Choose one*)

- Television
- Radio
- Internet
- Print media (ex: newspaper)
- Social networking site
- Neighbors
- Text message
- Other (describe) _____
- Don't know/Not sure
- Refused to answer*

41. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?

- Yes (*Skip to #43*)
- No
- Don't know/Not sure
- Refused to answer*

42. What would be the main reason you might not evacuate if asked to do so? (*Choose one*)

- Lack of transportation
- Lack of trust in public officials
- Concern about leaving property behind
- Concern about personal safety
- Concern about family safety
- Concern about leaving pets
- Concern about traffic jams and inability to get out
- Health problems (could not be moved)
- Other (describe) _____
- Don't know/not sure
- Refused to answer*

PART 7: Food Security

These next questions are about your access to food and food eaten in your household in the last 12 months.

43. Where do you buy most of your food? (*Choose one*)

- Grocery store (Harris Teeter, Food Lion, ALDIs)
- Gas station/ convenient store
- Drug store (CVS, Walgreen's, Rite Aid)
- Big Box Store (Wal-Mart, Target)
- Wholesale Clubs (Costco, Sam's Club)
- Farmer's Market
- Fast Food Stores (Burger King, McDonalds, Subway)
- Cafeteria (C&H Cafeteria, K&W Cafeteria)
- Other (describe) _____
- Refused to answer*

44. How often do you eat fresh fruits and vegetables? (*Choose one*)

- Everyday
- A few times per week
- A couple times per month
- Once per month
- Never
- I don't know
- Refused to answer.*

45. Which of the following makes it hard for you to buy food? (*Read answer choices and select all that apply*)

- | | |
|--|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Cost of food | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Distance to grocery store | <input type="checkbox"/> <i>Refused to answer</i> |

46. In the past 12 months, did you (or others in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?

- | | |
|---|---|
| <input type="radio"/> Yes | <input type="radio"/> Don't know (<i>Skip to # 48</i>) |
| <input type="radio"/> No (<i>Skip to #48</i>) | <input type="radio"/> <i>Refused to answer (Skip to # 48)</i> |

47. How often did this happen in the past 12 months? (*Read responses, choose one*)

- Almost every month
- Some months, but not every month
- Only 1 or 2 months
- Don't know/Refused to answer*

48. In the past 12 months, how often did you (or members of your family) get food from a food pantry, soup kitchen or similar services? (*Choose one*)

- Almost every month
- Some months, but not every month
- Only 1 or 2 months
- Don't know.*

PART 8: Health Department Services

49. In the last two years, have you used any of the following services offered at the Forsyth County Health Department? (*Show list of services/programs, select all that apply, If NO to all then skip to #51*)

- | | |
|--|--|
| <input type="checkbox"/> Attended a Class/Meeting
Specify:_____ | <input type="checkbox"/> Medical Records |
| <input type="checkbox"/> Birth & Death Certificates | <input type="checkbox"/> Northwest Community Care Network (NCCN) |
| <input type="checkbox"/> Care Coordination for Children (CC4C) | <input type="checkbox"/> Nurse Family Partnership (NFP) |
| <input type="checkbox"/> Clinic 1: Family Planning | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Clinic 2: Sexually Transmitted Disease | <input type="checkbox"/> Preventing the Spread of STD's Everywhere (POSSE) |
| <input type="checkbox"/> Clinic 3: Immunization (Shots) | <input type="checkbox"/> Pregnancy Care Management |
| <input type="checkbox"/> Clinic 4: Tuberculosis/Chest Clinic | <input type="checkbox"/> School Nurse |
| <input type="checkbox"/> Clinic 5: Women, Infant & Children (WIC) | <input type="checkbox"/> Woman Wise/WISEWOMAN |
| <input type="checkbox"/> Cleveland Avenue Dental Clinic | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Environmental Health
Specify:_____ | <input type="checkbox"/> <i>Refused to answer(skip to #51)</i> |
| <input type="checkbox"/> Interpretation Services | <input type="checkbox"/> <i>No services used (skip to #51)</i> |

50. How satisfied were you with the service or program received? (*Choose one*)

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied
- Refused to answer*

51. If you or your family were in need of services would these hours be convenient to you? (*Show list of services with hours of service*)

- Yes
- No
- Do not know
- Refused to answer*

52. The Forsyth County Health Department is located at 799 N Highland Avenue, What are some reasons that prevent you from receiving services from the health department? (*Select all that apply*)

- | | |
|---|---|
| <input type="checkbox"/> You get care from somewhere else | <input type="checkbox"/> No one there speaks my language
(specify language_____) |
| <input type="checkbox"/> The location is not convenient | <input type="checkbox"/> I don't have childcare |
| <input type="checkbox"/> The cost of care | <input type="checkbox"/> Parking |
| <input type="checkbox"/> I don't have transportation | <input type="checkbox"/> <i>Refused to answer</i> |
| <input type="checkbox"/> I couldn't get an appointment | <input type="checkbox"/> Other_____ |

PART 9: Demographic Questions

The next set of questions are general questions about you, which will only be reported as a summary of all answers given by survey participants. Your answers will remain anonymous.

53. What is your age? _____ *Refused to answer*

54. Are you Male or Female? (*In most cases, this question can be answered by the interviewer without asking.*)

- Male
- Female
- Refused to answer*

55. **What is your race? (Please check all that apply. If other, please write in the person's race.)**

- | | |
|---|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino/a: _____ |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Pacific Islander including Native Hawaiian, Samoan, Guamanian/ Chamorro: _____ |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Other race not listed here: _____ |
| <input type="checkbox"/> American Indian or Alaska Native
<i>List tribe(s) including Lumbee</i>
_____ | |

56. **Part A. Are you of Hispanic, Latino, or Spanish origin?**

- Yes
- No (*If no, skip to #57*)
- Refused to answer (skip to #57)*

Part B. If yes, are you:

- Mexican, Mexican American, or Chicano
- Puerto Rican
- Cuban
- Other Hispanic or Latino (please specify) _____
- Refused to answer*

57. **Part A. Do you speak a language other than English at home?**

- Yes
- No (*If no, skip to #58*)
- Refused to answer (skip to #58)*

Part B. If yes, what language do you speak at home? _____

58. **What is the highest level of school, college or vocational training that you have finished? (Choose one)**

- | | |
|---|---|
| <input type="radio"/> Less than 9th grade | <input type="radio"/> Associate's Degree or Vocational Training |
| <input type="radio"/> 9-12th grade, no diploma | <input type="radio"/> Bachelor's degree |
| <input type="radio"/> High school graduate (or GED/ equivalent) | <input type="radio"/> Graduate or professional degree |
| <input type="radio"/> Some college (no degree) | <input type="radio"/> <i>Refused to answer</i> |

59. Including yourself, how many people live in your household? Include those that you claim as a dependent or that live with you at least 1/2 of the year? (*Enter #*)_____

60. Is your annual household income GREATER than \$XX,XXX before taxes? (*Based on answer to question #59 and the table below.*) (*Read choices. Mark only one.*)

- Yes, income is above threshold
- No, income is at or below threshold
- Don't know/Not sure
- Refused to answer*

Family size	Annual	Monthly	Weekly
1	\$12,000	\$1,000	\$ 225
2	\$16,000	\$1,300	\$ 300
3	\$20,000	\$1,600	\$ 400
4	\$24,000	\$2,000	\$ 460
5	\$28,000	\$2,300	\$ 540
6	\$32,000	\$2,700	\$ 620
7	\$36,000	\$3,000	\$ 700
8	\$40,000	\$3,300	\$ 770
9	\$44,000	\$3,700	\$ 850
10	\$48,000	\$4,000	\$ 930

(Add \$4,000 per/year per individual for households greater than 10)

[Note: If you are asked about child support: If you are paying child support but your child is not living with you, this still counts as someone living on your income. Count a member of the household if they live with you for at least half the year.]

61. What is your employment status? I will read a list of choices. Let me know which ones apply to you. (*Check all that apply.*)

- Employed full-time
- Employed part-time
- Retired
- Armed forces
- Disabled
- Student
- Homemaker
- Self-employed
- Unemployed for more than 1 year
- Unemployed for 1 year or less
- Refused to answer*

62. Do you have access to the Internet?

- Yes
- No
- Refused to answer*

These are all the questions that we have. Thank you so much for taking the time to complete this survey!

THE END.

Forsyth County, North Carolina

2014 Family Planning Access and Women's Health Focus Group
Forsyth County Infant Mortality Reduction Coalition

Analysis of Data and Preparation of the Final Report by
Royland Smith
Forsyth County Department of Public Health
August 2014

Methodology

During June to August 2014, five focus groups were conducted by the Community Health Assessment (CHA) team as part of the state-mandated community health assessment process to collect primary data via focus groups in the Forsyth County community. The purpose of the focus groups was to better understand the access to, community support of, and attitudes regarding family planning. The "community" in this series of focus groups was defined as women between the ages of 15 to 44.

Focus groups agendas were the same across all targeted groups and were conducted by the CHA team who had undergone uniform training to assure consistency of results. Focus groups are informal structured meetings in which community members discuss their thoughts on various community topics through predetermined questions. The focus groups were conducted in housing communities, colleges, and the community based organizations in Winston-Salem, NC. The women were both Caucasian and African American.

After the target populations were identified, the CHA team recruited focus group participants from the target group. The group size for the focus groups ranged from six (6) to sixteen (16). There were fifty-one participants overall. A list of the focus group target populations, locations, dates, size and racial composition is attached as Appendix A. The research is qualitative and exploratory in nature, therefore, samples were not chosen for statistical validity, but to ensure a diverse cross-section of participants.

Prior to the focus group session, the participants were presented with a written notice of consent form (see Appendix C). The notice of consent informed potential participants that the session would be audio taped and of the need to sign the consent agreement before participating in the session. The form was explained to and read by each participant. All signed consent agreements were submitted and stored in the Forsyth County Department of Public Health.

Focus group discussions were conducted in English. Participants were referred to by first name only to ensure confidentiality. Each session was between 60 minutes to 90 minutes in duration. The focus group guides developed by the CHA team, were used to guide each session (see Appendix B). Each group session began with brief introductions from each participant.

This report is a fair and accurate report of what was observed and discussed in each session. Actual respondent verbatim responses accompany most, if not all, points made in the report. Highlights of individual sessions are presented below. Respondent quotations are italicized. The text heading for individual focus group is a summary of group comments and is not the opinion of the author. The discussion questions and topic were used as the organizing format for the analysis. An assessment was made of group responses to all the questions addressed in the meeting.

Conclusions / Recommendations

Group participants had very clear ideas concerning family planning access, their attitudes regarding family planning, and their personal community's support of family planning.

In setting the stage for a discussion on family planning education and services; it was necessary to decide upon a common definition. All groups decided that the following was the most accurate representation of the definition of family planning and the one that would be used as a basis for the focus group discussion: *The planning of when to have children and the use of birth control and other techniques to implement such plans. Historically, this has been our definition of "Family Planning Services" - the educational, comprehensive medical or social activities that enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved.*

Concerning Access to Family Planning Services... This portion of the discussion centered on participants' access to family planning services, the location of services and the overall experience when receiving services. The majority of the participants had at some point attempted to access family planning services. Most access services through private providers, others through the Forsyth County Department of Public Health, Today's Woman Health and Wellness Center, Planned Parenthood, Winston-Salem State University Student Health Center, and Wake Forest Baptist Downtown Health Plaza. At one of the housing communities two of the participants expressed a desire for their providers to go into more detail or to "break it down so that you can understand better." Of these two participants one said she stayed on a method longer than she probably would have because she didn't understand how other methods worked. In general; however, women were pleased with the services they received. Their primary concerns were for more time with the provider and additional patient education.

Concerning Attitudes regarding Family Planning... This portion of the discussion asked about the importance of family planning and when in life should services be sought. The participants agreed that family planning was very important in the prevention of unwanted pregnancies and the planning of one's life. The groups agreed that services should be sought prior to the onset of menses and at anytime there was an unplanned pregnancy or the contraction of a sexually transmitted infection. At the discussion at one of the colleges one participant reported that in her family while growing up family planning was not openly discussed, but that it was expected that she not get pregnant or be sexually active. While another participant reported that her family often discussed family planning and the consequences of becoming engaged in sexual activity. When asked when it was important to seek services the group reported at the onset of sexual activity and "definitely" early in a young girl's development.

Concerning community support of Family Planning... This discussion focused on who participants talked to about family planning, their comfort in talking about family planning, and their sources of family planning information. As would be expected, most participants talked with their family, friends, and providers about family planning. The women in the group had varying levels of comfort when discussing family planning. Several women wished to have had more family planning conversations with their parents, particularly their

fathers. Most also desired some version of a reproductive life plan, a specified plan, personally developed sometimes with the assistance of a healthcare provider, that outlines a woman's reproductive and otherwise future. Many women accessed information through their providers, but many also turned to internet sources for information. Across the board, many women reported that they "*Google*" their concerns. The emerging theme in this portion of the discussion was a desire for reproductive life planning and a further development of skills related to e-health literacy.

Voices ofWinston-Salem State University

Note - This group unlike the other groups is unique in that they are a new community of women. The mean age of the young women is 18 years old and as freshmen they were all new to the undergraduate and dormitory life experience. The women we met in the housing communities, at Forsyth Technical Community College and at the Boys and Girls Club all had spent some time getting to know each other in their community setting; this group had not.

Definitions of Family Planning

When asked what Family Planning means this group said that Family Planning is concerned with the planning of one's family.

When asked if our traditional definition of Family Planning was in line with their own definitions the group agreed that it was. Our definition states that Family Planning is "The planning of when to have children and the use of birth control and other techniques to implement such plans," and services, counseling, and education related to the same. When asked if we were to use another term rather than use Family Planning the group said an alternative might be Birth Control, they said everyone knows what that means.

Family Planning Access

When asked about accessing Family Planning services the majority of the group had tried to access services at some point in time. Interestingly none of the young women in the group were familiar with the A. H. Ray Student Health Center located on campus. According to the University's website, the student health center provides among services, contraception and counseling, gynecological care, PAP smears, breast exams, and HIV/STD testing and counseling. The students had not experienced any barriers to access family planning services. One chief concern from a number of young women in the group was accessing services without their parents' knowledge. This group of young women found themselves in a transitional period between being girls and being women. According to them, many times their parents would join them at their appointments and they were not always comfortable having discussions with their providers about family planning. It is important to note that some providers created opportunities in the appointment time to speak to the young woman separately without her parent present.

Family Planning Attitudes

When asked about their attitudes regarding Family Planning and its importance, the group consensus was that Family Planning was important. The group agreed that family planning was important to prevent unwanted and poorly timed pregnancy. Of the groups interviewed none were familiar with the term reproductive life planning, but of the groups, this group understood its significance when the term and concept was explained. This group recognized that as freshmen that their life's current path did not include children, but rather other educational and social goals. More than half of the participants in this group were either the first in their families to go to college or part of the first generation to go to college - completing their education.

Family Planning Support

When this group was asked about support for family planning, many of the participants mentioned their families, friends, and social networks of which they were a part. In terms of family, this group primarily referenced older siblings or other family members (e.g. older cousins); several saying they learned from “mistakes” that others had made. Unlike the other groups, many of the women in this group were part of organized social groups prior to coming to the university or part of a group after they arrived, these groups provided support for “reproductive life planning”.

Voices ofThe Boys and Girls Club

NOTE - This focus group is unique in that there were young men participants; other groups have been made up exclusively of women. The age range in this group was between 13 and 18 years old. Understandably, they struggled with some of the questions, but we believe that their input as adolescents now and young adults soon is still valuable and important to the community health assessment process.

Definitions of Family Planning

When asked what does Family Planning mean they said that Family Planning is how you communicate as a family, it is about what happens in the family planning clinic, about the health of kids, and it also about emotional health.

At this point the facilitator explained the traditional definition of Family Planning. The definition states that Family Planning is “The planning of when to have children and the use of birth control and other techniques to implement such plans,” and services, counseling, and education related to the same.” The group agreed to use this definition, they did however state that they thought the term Family Life also made sense to use. As an aside, Family Life is the term used in the school system to discuss issues surrounding human development (with one component being family planning). In continued discussion surrounding the definition the question was raised about the role that men in play in family planning - unanimously the group agreed that family planning was not just a concern of “girls” but that “boys” should be included as well in that it takes “two to make a baby.”

Family Planning Access

When asked about accessing Family Planning services the majority of participants in this group had never tried to access family planning services, some of the older members of the group had accessed services. When asked if they would confide in their parents about future attempts to access services the group said yes, those who had previously accessed services did so with their parents being informed. Although the majority had not necessarily sought services, when asked how they are received when asking questions about sex / sexuality, development and family planning they reported that the adults in their lives - parents, teachers, counselors, sometimes gave them surprised looks, walked away without answering, or told them “none of their business.” Many of the participants in this group often turned to the internet to answer questions, but admitted they didn’t know how to ensure that the information that they received was valid.

Family Planning Attitudes

When asked about their attitudes regarding Family Planning and its importance, the group reported that they felt it was important. They said it was important because it teaches about life. They said it was important because you need to know what's going on with yourself and with other people. When asked when they thought it was important for someone to seek family services, they said as people got more mature. When asked what "mature" meant, a participant said it means "being able to handle something serious and not laughing all the time." They also reported that most people their age start thinking about family planning services when they start being sexually active or when they feel they need to.

Family Planning Support

When asked about support and support systems that exist for Family Planning the group said in general they looked to their parents, teachers, and friends. The group also admitted that their friends may not have the correct information. They reported also that they were not part of any groups outside of the Family Life classes in schools that regularly talked about family planning or related topics. They reported receiving information from their parents and teachers, but they also reported that sometimes these people used "scare tactics" to keep them away from sex. When asked if scare tactics work there were mixed responses, some said they do and others said they do not. Finally when asked who they wanted to talk to about issues regarding family planning, two participants said they would like for their fathers to talk to them. And, finally when asked where do they get their information the reported doctors' offices, parents, and the internet - a participant said, "I Google it!"

Voices ofSalem Gardens Apartment Community

Definitions of Family Planning

When asked what Family Planning means they said that Family Planning meant to plan one's family; that it referred to scheduling when to start a family according to finances and stability.

When asked if our traditional definition of Family Planning was in line with their own definitions the group affirmed that it was. Our definition states that Family Planning is "The planning of when to have children and the use of birth control and other techniques to implement such plans," and services, counseling, and education related to the same. There were several mothers of pre-adolescents and adolescents in this group and they in particular were concerned about services being offered to their children. Although, they were not necessarily against minors being able to seek services, they did feel at odds with policy that allows minors to do so without their consent. This group also recognized the importance of parents taking the primary role of educating their children on issues regarding reproductive health.

Family Planning Access

When asked about accessing Family Planning services none of participants in this group expressed not being able to access services. One participant in the group said that accessing services at her OB/GYN is convenient. She said when she goes to the doctor her provider ensures she is informed about her method of family planning and comfortable with how to

use it before leaving. In general this group was pleased with their providers and the service they received. One participant did express that she tried several family planning methods before she settled upon one, but that her provider supported her throughout the process.

Additionally, two of the participants did express a desire for their providers to go into more detail or to “break it down so that you can understand better.” Of these two participants one said she stayed on a method longer than she probably would have because she didn’t understand how other methods worked.

When asked where they received services the group reported they accessed Family Planning services at the Forsyth County Health Department, Today’s Woman Health and Wellness Center, and Downtown Health Plaza. Some participants also received education services through Big Sisters and Young Lives for Teen Moms. In the course of this part of the conversation the group began to talk about reproductive life planning, a concept that addresses the whole person across the life course and addresses more than just the planning of children. None of the participants reported having conversations with any providers about planning other aspects of their life, such as continuing their education or job training.

Family Planning Attitudes

When asked about their attitudes regarding Family Planning and its importance, the group reported that they felt it was important. The group also stated that they also have family planning discussions with their partners. When asked when should one seek family planning services there were mixed response - after a new baby or when one decides to be sexually active. Regarding at what age the conversations around Family Planning should start, the group in general thought that it should start early in a person’s development and should also be part of school, but parents should take the lead role with emphasis being placed on “teachable moments.”

Family Planning Support

When asked about support and support systems that exist for Family Planning the group said in general they looked to their parents, grandparents, siblings, health care providers, and friends. This group especially addressed the importance of fathers being involved in these discussions with their daughters. When asked where do they get information about family planning, the group reported their doctor’s office, the child’s doctor’s office, and clinics. They also reported they get information from their families and the internet.

Voices ofCleveland Homes Apartment Community

Definitions of Family Planning

When asked what Family Planning means this group said that Family Planning means planning your future, making a life plan, and birth control education. A participant in the group said the key word is family, so keeping your family together is important.

When asked if our traditional definition of Family Planning was in line with their own definitions the group affirmed that it was. Our definition states that Family Planning is “The planning of when to have children and the use of birth control and other techniques to implement such plans, and services, counseling, and education related to the same.” When

asked if we were to use another term rather than use Family Planning the group said alternatives could be Motherhood or Parenthood.

Family Planning Access

When asked about accessing Family Planning services the majority of the group had tried to do so. They have come to the health department, Today's Woman Health and Wellness Center, private providers, Duke High Risk Clinic, and Downtown Health Plaza. When asked if they had ever tried to access services and not been able to the majority reported they had not. When asked if there were barriers they encountered when accessing services, the group listed insurance / finances, lack of transportation (e.g. no car, inconvenient bus schedules), lack of childcare, and inconvenient clinic hours. When asked about their overall experience when seeking family planning services most were generally pleased citing that some clinics provided transportation, refreshments while waiting, and thorough consultation. Those who were dissatisfied referenced long wait times, feelings of being rushed, rude providers, and a lack of consultation and explanation of methods - "just got a lot of pamphlets."

Family Planning Attitudes

When asked about their attitudes regarding Family Planning and its importance, the group reported that they felt Family Planning was important. Participants said that it is important to get things one needs like birth control and go to the doctor. Another said family planning services taught her how to take care of her body. Finally, a participant said, "I'm all about family. I'm about keeping my family strong." When asked when it is important to start seeking family planning services the group said when someone is planning to become a parent, at the onset of menstruation, and after an unplanned pregnancy. A parent participant said that as a parent she thinks that teens might receive the information better if coming from someone other than the parent.

Family Planning Support

When asked about support and support systems that exist for Family Planning the group said in general they didn't receive much support growing up regarding family planning, one participant said she experienced it on her own. When asked who they talked to about family planning they referenced their parents and friends. When asked who they were the most comfortable talking to about family planning they said they were most comfortable talking to their health care providers and their partners. One participant said she wished her mother would have talked to her, another reported that her mother talked to her, but the participant was not always interested in having the conversations. Finally, when asked where they get information the group reported that they normally received information from their doctors, friends, and 211 (a community referral telephone number supported by United Way), the group also reported that sometimes they go online, but are not sure of the accuracy of the information they find there.

Voices ofForsyth Technical Community College

Definitions of Family Planning

When asked what does Family Planning mean this group agreed with the focus group coordinator's traditional definition of Family Planning ... "The planning of when to have children and the use of birth control and other techniques to implement such plans, and services, counseling, and education related to the same." When asked if we were to use another term rather than use Family Planning the group recommended either birth control education or contraception education.

Family Planning Access

When asked about accessing Family Planning services most of the women in this group had accessed family planning services. The majority of the young women in this group were new to Forsyth County and most had received services in their hometowns. Most of the women in this group had accessed services through an OB/GYN while a few during their youth had seen their pediatricians before coming to community college. Two of the women in the group had been refused family planning services; both due to financial issues. One of the two was told because she had an outstanding balance at the provider's office that she could not be seen until the bill was paid. She did not have the money to pay the bill; she reported that she later became pregnant. The other woman was told that since she did not have money to cover her visit that she could not be seen.

Family Planning Attitudes

When asked about their attitudes regarding Family Planning and its importance, this group of young women reported that they believed seeking services was very important. All of the women in this group agreed that services should be sought as soon as a girl is interested in sex - for some this meant as early as 12 years old. The group agreed as a whole young women should begin the discussion by the onset of menses. Two of the young women in the group were sisters and reported that although they did not grow up in a household where sex was openly discussed, other life plans were discussed and it was assumed (at least in their opinion) that they would wait until later in life to engage in sex or to have children. One participant was a mother and also reported that sex was not discussed in her home when she was growing up, but that she wanted to raise her children differently.

Family Planning Support

When asked about support and support systems that exist for Family Planning this group reported that most of their support for family planning education and services came through the school system. The two sisters in the group, who were close in age, said that they often would talk to each other, but that this was not an open discussion they had in their family. The group also reported receiving information from their healthcare providers. In general, unlike in some of the other groups, they were pleased with the information and quality of information they received from their providers. It would be important to note that a couple of the women in the group reported having gone to the student health center on other campuses before transferring to Forsyth Tech and there they were afforded the opportunity to spend more time with their providers. This group did report often going to the internet for questions, but felt as if they were savvy enough to understand information they found there or at the very least to verify it through other sources.

Family Planning Questions

Focus group questions probe 1) Participant's Definition of FP, 2) Access to Services, 3) Attitudes about FP, and 4) Supports.

Definition of FP:

1) What does family planning mean to you?

Historically, this has been our definition of "Family Planning" - The planning of when to have children and the use of birth control and other techniques to implement such plans. Historically, this has been our definition of "Family Planning Services" - the educational, comprehensive medical or social activities that enable individuals, including minors, to determine freely the number and spacing of their children and to select the means by which this may be achieved.

- a) What is the difference between this definition and the terms you use to describe it?
- b) If we don't use the term "Family Planning"; what terms should we use?
- c) For the remainder of this focus group, we will use the term "Family Planning".

Access:

- 2) Have you ever tried to get Family Planning services? If so, where?
- 3) Have you ever tried to get Family Planning services and NOT been able to get them? If yes, what problems did you have getting services?
- 4) When seeking Family Planning services what has been your overall experience?
 - a) What specifically did you not like?
 - b) What specifically did you like?
 - c) Where did you go? What was your experience?

Attitudes:

- 5) Is family planning important to you? Why or why not?
- 6) When is it important for someone to seek family planning services?
- 7) When do you think most people your age should try to get family planning services?

Supports:

- 8) Did you talk with anybody about family planning services before using them?
 - a) Who did you talk to? (Parent/family members, friends, health care provider, etc.)
 - b) Who are you most comfortable talking to about family planning?
 - c) Who do you wish would talk to you about family planning?
- 9) Where do you get information about family planning?

2013 Youth Risk Behavior Survey Winston-Salem/Forsyth County Middle School Students



Summary Report

May 2014

Supported By:

Winston-Salem/Forsyth County School System &
Forsyth County Department of Public Health



Special Thanks:

Data Collection: Forsyth County Department of Public Health Staff,
Forsyth County Healthy Community Coalition Members and Community Volunteers
Data Analysis: Division of Adolescent and School Health,
Centers for Disease Control & Prevention

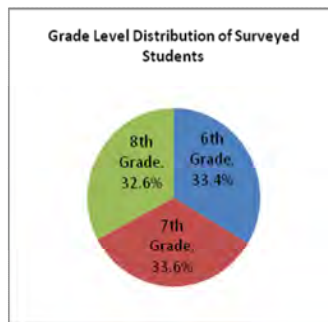
Introduction & Overview

The Youth Risk Behavior Survey System (YRBSS) was developed by the Centers for Disease Control and Prevention (CDC)/Division of Adolescent and School Health (DASH) to monitor health risk behaviors. The Youth Risk Behavior Survey (YRBS) is one component of the YRBSS. It has been modified to reflect the health questions deemed pertinent to North Carolina middle school students. North Carolina Healthy Schools has conducted the survey state wide every two years. The results of the survey is meant to assist stakeholders in identifying the critical health needs of children and adolescents and develop programs to mitigate them.

In 2013, the YRBS was administered in 19 public middle schools in the Winston-Salem/Forsyth County (WSFC) School System and a total of 1683 students completed the survey. The questionnaire consisted of 74 questions. The response rate for schools was 100% and the response rate for students was 87%. The results are representative of all students in grades 6-8. The weighted demographic characteristics of the sample are as follows:

Demographics

- 48.9% were Female
- 51.1% were Male
- 28.5% were Black, non-Hispanic
- 21.0% were Hispanic/Latino
- 43.7% were White, non-Hispanic
- 2.6% were Other races
- 4.1% were Multiple races



Health Risk Behaviors Monitored

- Alcohol, tobacco and other drug use
- Psychological health
- Weight management & Nutrition
- Physical activity
- Health education
- Personal safety
- Violence-related behavior

Highlights from the Data

Positive Results

- The percentage of students who had a drink of alcohol other than a few sips has gradually decreased since 2009 with a **21% decrease** from 2011 to 2013.
- There was a **17% decrease** among percent of students who were offered, sold or given an illegal drug on school property from 2011 to 2013.
- There was an **8% decrease** among percent of students who had seen other students being bullied in their school from 2011 to 2013
- There was a **33% decrease** among percent of students who observed gang activity in school from 2011 to 2013

Areas for Improvement

- There was an **11% increase** among percent of students who carried a weapon, such as a gun, knife or club from 2011 to 2013
- There was a **7% increase** among percent of students who were bullied on school property from 2011 to 2013
- There was a **17% decrease** among percent of students who reported being taught about abstaining from sex activity from 2011 to 2013
- There was a **22% decrease** among percent of students who reported being taught about chlamydia, gonorrhea, syphilis, from 2011 to 2013
- There was a **22% increase** among percent of students who tried to kill themselves from 2011 to 2013
- There was a **24% increase** among percent of students who played video/computer games, use computer for other than school ≥ 3 hours on school day from 2011 to 2013

These highlights should be interpreted with caution. Trend and (multi-year) analysis would be more reliable. For more information, please contact Ayotunde Ademoyero, Director of Epidemiology Division, Forsyth County Department of Public Health at ademoyat@forsyth.cc

Alcohol, Tobacco & Other Drugs	2013 WSFCS	2013 NC	2011 WSFCS	2011 NC	2009 WSFCS	2009 NC
Smoked cigarettes on one or more days in the past 30 days	5%	6%	7%	7%	7%	8%
Had a drink of alcohol, other than a few sips	22%	26%	28%	29%	29%	29%
Used marijuana	13%	13%	13%	11%	13%	10%
Offered, sold or given an illegal drug on school property	10%	9%	12%	10%	12%	9%
Personal Safety	2013 WSFCS	2013 NC	2011 WSFCS	2011 NC	2009 WSFCS	2009 NC
Never/rarely wear a helmet when riding a bicycle	71%	73%	72%	77%	70%	76%
Rode in a car w/someone who had been drinking alcohol	18%	19%	19%	23%	24%	27%
Never/rarely wore a seat belt when riding in a car	7%	6%	7%	7%	7%	7%
Violence-Related Behavior	2013 WSFCS	2013 NC	2011 WSFCS	2011 NC	2009 WSFCS	2009 NC
Carried a weapon, such as a gun, knife or club	29%	35%	26%	34%	32%	39%
Been in a physical fight	50%	51%	50%	55%	53%	53%
Bullied on school property	33%	43%	31%	42%	34%	42%
Electronically bullied	16%	19%	16%	21%	19%	21%
Seen other students being bullied in their school	60%	68%	65%	73%	64%	74%
Books or clothing stolen/damaged on school property	25%	22%	24%	27%	28%	28%
Health Education	2013 WSFCS	2013 NC	2011 WSFCS	2011 NC	2009 WSFCS	2009 NC
Taught about abstaining from sexual activity	67%	60%	75%	62%	72%	66%
Taught about AIDS or HIV	78%	67%	82%	62%	83%	69%
Taught about chlamydia, gonorrhea, syphilis, etc.	46%	40%	59%	41%	55%	49%
Weight Management & Nutrition	2013 WSFCS	2013 NC	2011 WSFCS	2011 NC	2009 WSFCS	2009 NC
Perceived themselves as slightly overweight or very overweight	25%	26%	26%	25%	26%	26%
Are trying to lose weight	46%	44%	46%	43%	47%	46%
Exercise to lose weight or keep from gaining weight	69%	70%	71%	68%	70%	71%
Eaten less food, fewer calories, or foods low in fat to lose weight or keep from gaining weight	46%	45%	49%	46%	43%	46%
Fasted for 24 hours or more to lose weight or keep from gaining weight	16%	17%	14%	15%	15%	15%

Psychological Health	2013 WSFCS	2013 NC	2011 WSFCS	2011 NC	2009 WSFCS	2009 NC
Feelings of sadness or hopelessness for two weeks or more	22%	23%	21%	24%	26%	23%
Ever seriously thought about killing themselves	20%	19%	19%	21%	20%	19%
Ever made a plan about how they would kill themselves	14%	14%	13%	13%	15%	13%
Ever tried to kill themselves	11%	11%	9%	10%	n/a	n/a
Physical Activity	2013 WSFCS	2013 NC	2011 WSFCS	2011 NC	2009 WSFCS	2009 NC
Physically active 60m or more per day for 5 or more of past 7 days	59%	57%	57%	59%	55%	60%
Played on 1 or more sports teams during the past 12 months	59%	60%	59%	59%	57%	62%
Watched TV for ≥ 3 hours per day on an average school day	40%	37%	40%	39%	41%	38%
Played video/computer games, use computer for other than school ≥ 3 hours on school day	41%	42%	33%	30%	28%	26%
Walked or rode bicycle to school on one or more days per week	20%	19%	20%	19%	20%	19%
Select Health Issue	2013 WSFCS	2013 NC	2011 WSFCS	2011 NC	2009 WSFCS	2009 NC
Told by doctor or nurse that they had asthma	23%	22%	21%	22%	20%	19%
Seen a doctor or nurse for a check-up or physical exam in the past 12 months	57%	56%	58%	55%	58%	58%
Seen a dentist in the past 12 months	63%	66%	64%	63%	61%	63%
Got 8 or more hours of sleep on an average school night	53%	56%	49%	59%	41%	58%
Consider themselves to have a disability	11%	11%	11%	10%	11%	12%
Home alone without parent or adult supervision ≥ 3 hours on average school day	22%	15%	20%	14%	16%	15%
Observed gang activity at school	20%	20%	30%	23%	n/a	29%

n/a=Not Available

2013 Forsyth County, North Carolina Youth Risk Behavior Survey Middle School Questionnaire

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the circles completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

Directions

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B ● D.
- If you change your answer, erase your old answer completely.

1. How old are you?
 - A. 10 years old or younger
 - B. 11 years old
 - C. 12 years old
 - D. 13 years old
 - E. 14 years old
 - F. 15 years old
 - G. 16 years old or older
2. What is your sex?
 - A. Female
 - B. Male
3. In what grade are you?
 - A. 6th grade
 - B. 7th grade
 - C. 8th grade
 - D. Ungraded or other grade
4. Are you Hispanic or Latino?
 - A. Yes
 - B. No
5. What is your race? **(Select one or more responses.)**
 - A. American Indian or Alaska Native
 - B. Asian
 - C. Black or African American
 - D. Native Hawaiian or Other Pacific Islander
 - E. White
6. During the past 12 months, how would you describe your grades in school?
 - A. Mostly A's
 - B. Mostly B's
 - C. Mostly C's
 - D. Mostly D's
 - E. Mostly F's
 - F. None of these grades
 - G. Not sure

The next 11 questions ask about personal safety and violence-related behaviors.

7. **When you ride a bicycle**, how often do you wear a helmet?
 - A. I do not ride a bicycle
 - B. Never wear a helmet
 - C. Rarely wear a helmet
 - D. Sometimes wear a helmet
 - E. Most of the time wear a helmet
 - F. Always wear a helmet
8. **When you rollerblade or ride a skateboard**, how often do you wear a helmet?
 - A. I do not rollerblade or ride a skateboard
 - B. Never wear a helmet
 - C. Rarely wear a helmet
 - D. Sometimes wear a helmet
 - E. Most of the time wear a helmet
 - F. Always wear a helmet
9. How often do you wear a seat belt when **riding** in a car?
 - A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
10. Have you ever ridden in a car driven by someone who had been drinking alcohol?
 - A. Yes
 - B. No
 - C. Not sure
11. Have you ever carried a **weapon**, such as a gun, knife, or club?
 - A. Yes
 - B. No

12. During the past 12 months, did someone threaten or injure you with a weapon such as a gun, knife, or club **on school property**?
- A. Yes
B. No
13. Have you ever been in a physical fight?
- A. Yes
B. No
14. Have you ever been in a physical fight in which you were hurt and had to be treated by a doctor or nurse?
- A. Yes
B. No
15. During the past 30 days, did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
- A. Yes
B. No
16. During the past 12 months, has someone stolen or deliberately damaged your property, such as your clothing or books, **on school property**?
- A. Yes
B. No
17. Is there gang activity in your school?
- A. Yes
B. No
C. Not sure

The next 4 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

18. Have you ever been bullied on **school property**?
- A. Yes
B. No
19. Have you ever been **electronically** bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)
- A. Yes
B. No
20. Have you seen other students being bullied in your school?
- A. Yes
B. No
C. Not sure
21. Have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?
- A. Yes
B. No

The next 5 questions ask about attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide or killing themselves.

22. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
- A. Yes
B. No

23. When you feel sad, empty, hopeless, angry, or anxious, with whom would you most likely talk about it?
- A. I do not feel sad, empty, hopeless, angry, or anxious
 - B. Parent or other adult family member
 - C. Teacher or other adult in this school
 - D. Other adult
 - E. Friend
 - F. Sibling
 - G. Not sure
24. Have you ever **seriously** thought about killing yourself?
- A. Yes
 - B. No
25. Have you ever made a **plan** about how you would kill yourself?
- A. Yes
 - B. No
26. Have you ever **tried** to kill yourself?
- A. Yes
 - B. No

The next 4 questions ask about tobacco use.

27. How old were you when you smoked a whole cigarette for the first time?
- A. I have never smoked a whole cigarette
 - B. 8 years old or younger
 - C. 9 years old
 - D. 10 years old
 - E. 11 years old
 - F. 12 years old
 - G. 13 years old or older

28. During the past 30 days, on how many days did you smoke cigarettes?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
29. During the past 12 months, did you ever try **to quit** smoking cigarettes?
- A. I did not smoke cigarettes during the past 12 months
 - B. Yes
 - C. No
30. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days

The next 3 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

31. Have you ever had a drink of alcohol, other than a few sips?
- A. Yes
 - B. No

32. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
 - B. 8 years old or younger
 - C. 9 years old
 - D. 10 years old
 - E. 11 years old
 - F. 12 years old
 - G. 13 years old or older

33. During the past 30 days, how did you **usually** get the alcohol you drank?
- A. I did not drink alcohol during the past 30 days
 - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
 - C. I bought it at a restaurant, bar, or club
 - D. I bought it at a public event such as a concert or sporting event
 - E. I gave someone else money to buy it for me
 - F. Someone gave it to me
 - G. I took it from a store or family member
 - H. I got it some other way

The next 3 questions ask about marijuana use. Marijuana also is called grass or pot.

34. Have you ever used marijuana?
- A. Yes
 - B. No
35. How old were you when you tried marijuana for the first time?
- A. I have never tried marijuana
 - B. 8 years old or younger
 - C. 9 years old
 - D. 10 years old
 - E. 11 years old
 - F. 12 years old
 - G. 13 years old or older

36. During the past 30 days, did you use marijuana?
- A. Yes
 - B. No

The next 5 questions ask about other drug use.

37. Have you ever used **any** form of cocaine, including powder, crack, or freebase?
- A. Yes
 - B. No
38. Have you ever sniffed glue, breathed the contents of spray cans, or inhaled any paints or sprays to get high?
- A. Yes
 - B. No
39. Have you ever taken **steroid pills or shots** without a doctor's prescription?
- A. Yes
 - B. No
40. Have you ever taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
- A. Yes
 - B. No

41. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- A. Yes
 - B. No

The next 5 questions ask about abstinence, AIDS, and STD education.

42. Have you ever been taught about abstaining from sexual activity?
- A. Yes
 - B. No
 - C. Not sure

43. Have you ever been taught about AIDS or HIV infection in school?
- A. Yes
 - B. No
 - C. Not sure
44. Have you ever been taught about chlamydia, gonorrhea, syphilis, human papillomavirus, or genital warts?
- A. Yes
 - B. No
 - C. Not sure
45. When you have questions about sexually transmitted diseases (STD), HIV, AIDS, or pregnancy prevention, with whom do you **usually** talk?
- A. I do not have questions about sexually transmitted diseases (STD), HIV, AIDS, or pregnancy prevention
 - B. Doctor or nurse
 - C. Parent or other adult family member
 - D. Teacher or other adult in this school
 - E. Religious leader
 - F. Friend or sibling
 - G. Other adult
 - H. Not sure
46. Have your parents or other adults in your family ever talked with you about what they expect you to do or not to do when it comes to sex?
- A. Yes
 - B. No
 - C. Not sure

The next 7 questions ask about body weight.

47. How do **you** describe your weight?
- A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight
48. Which of the following are you trying to do about your weight?
- A. **Lose** weight
 - B. **Gain** weight
 - C. **Stay** the same weight
 - D. I am **not trying to do anything** about my weight
49. Have you ever **exercised** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No
50. Have you ever **eaten less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No
51. Have you ever **gone without eating for 24 hours or more** (also called fasting) to lose weight or to keep from gaining weight?
- A. Yes
 - B. No
52. Have you ever **vomited or taken laxatives** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No
53. During the past 30 days, did you **skip meals** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No

The next 2 questions ask about breakfast and dinner.

54. During the past 7 days, on how many days did you eat **breakfast**?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
55. During the past 7 days, on how many days did you eat dinner at home with your family?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

The next 5 questions ask about physical activity.

56. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day**? (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

57. During the past 12 months, on how many sports teams did you play? (Count any teams run by your school or community groups.)
- A. 0 teams
 - B. 1 team
 - C. 2 teams
 - D. 3 or more teams
58. On an average school day, how many hours do you watch TV?
- A. I do not watch TV on an average school day
 - B. Less than 1 hour per day
 - C. 1 hour per day
 - D. 2 hours per day
 - E. 3 hours per day
 - F. 4 hours per day
 - G. 5 or more hours per day
59. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the internet.)
- A. I do not play video or computer games or use a computer for something that is not school work
 - B. Less than 1 hour per day
 - C. 1 hour per day
 - D. 2 hours per day
 - E. 3 hours per day
 - F. 4 hours per day
 - G. 5 or more hours per day
60. How many days per week do you usually walk or ride your bike to school?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days

The next 8 questions ask about other health-related topics.

61. Has a doctor or nurse ever told you that you have asthma?
A. Yes
B. No
C. Not sure
62. Do you still have asthma?
A. I have never had asthma
B. Yes
C. No
D. Not sure
63. An asthma action/management plan contains instructions about how to care for your asthma. Do you have a written asthma action plan or asthma management plan on file at school?
A. I do not have asthma
B. Yes
C. No
D. Not sure
64. On an average school night, how many hours of sleep do you get?
A. 4 or less hours
B. 5 hours
C. 6 hours
D. 7 hours
E. 8 hours
F. 9 hours
G. 10 or more hours
65. On an average school day, how long after school are you alone without a parent or adult?
A. I am not alone after school
B. Less than 1 hour per day
C. 1 or 2 hours per day
D. 3 hours per day
E. 4 hours per day
F. 5 hours per day
G. 6 or more hours per day

66. Do you participate in school activities other than sports, such as band, drama, clubs, or student government?
A. Yes
B. No
67. When was the last time you saw a doctor or nurse for a check-up or physical exam when you were not sick or injured?
A. During the past 12 months
B. Between 12 and 24 months ago
C. More than 24 months ago
D. Never
E. Not sure
68. When was the last time you saw a dentist for a check-up, exam, teeth cleaning, or other dental work?
A. During the past 12 months
B. Between 12 and 24 months ago
C. More than 24 months ago
D. Never
E. Not sure

The next 3 questions ask about disabilities. A disability can be physical, mental, emotional, or communication-related.

69. Do you consider yourself to have a disability?
A. Yes
B. No
C. Not sure
70. Are you limited in any way in any activities because of any disability or health problem?
A. Yes
B. No
C. Not sure

71. Do you have trouble learning, remembering, or concentrating because of disability or health problem?
- A. Yes
 - B. No
 - C. Not sure

For the next 3 questions, indicate how much you agree or disagree.

72. Do you agree or disagree that you feel alone in your life?
- A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree

73. Do you agree or disagree that you feel good about yourself?
- A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree

74. Do you agree or disagree that your teachers really care about you and give you a lot of encouragement?
- A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree

**This is the end of the survey.
Thank you very much for your help.**

2013 Youth Risk Behavior Survey Winston-Salem/Forsyth County High School Students



Summary Report

May 2014
Supported By:

Winston-Salem/Forsyth County School System &
Forsyth County Department of Public Health



Special Thanks:

Data Collection: Forsyth County Department of Public Health Staff,
Forsyth County Healthy Community Coalition Members and Community Volunteers
Data Analysis: Division of Adolescent and School Health,
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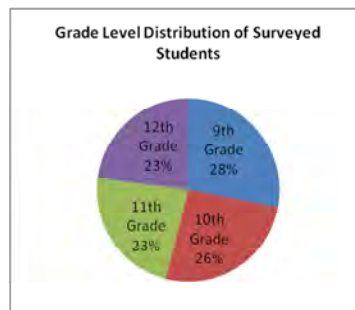
Introduction & Overview

The Youth Risk Behavior Survey System (YRBSS) was developed by the Centers for Disease Control and Prevention (CDC)/Division of Adolescent and School Health (DASH) to monitor health risk behaviors. The Youth Risk Behavior Survey (YRBS) is one component of the YRBSS. It has been modified to reflect the health questions deemed pertinent to North Carolina high school students. North Carolina Healthy Schools has conducted the survey state wide every two years. The results of the survey is meant to assist stakeholders in identifying the critical health needs of adolescents and develop programs to mitigate them.

In 2013, the YRBS was administered for the in 19 public high schools in Winston-Salem/Forsyth County School System to and a total of 1,370 high school students completed the survey. The questionnaire consisted of 94 questions. The response rate for schools was 100% and the response rate for students was 80%. The results are representative of all students in grades 9-12. The weighted demographic characteristics of the sample are as follows:

Demographics

- 50.5% were Male.
- 49.5% were Female
-
- 31.2% were Black, Non-Hispanic
- 46.5% were White, Non-Hispanic
- 6.6% were Other Races
- 15.7% were Hispanic
- 36% were age ≤ 15 years
- 48% were age 16 or 17
- 16% were age ≥ 18 years



Health Risk Behaviors Monitored

- Alcohol, tobacco and other drug use
- Personal safety
- Violence-related behavior
- Weight Management & Nutrition
- Physical Activity
- Psychological Health
- Sexual Behavior

Highlights from the Data

Positive Results

- The percent of students who smoked cigarettes on one or more days in the past 30 days has gradually decreased since 2009 with a **28% decrease** from 2011 to 2013
- The percent of students who had 5 or more drinks of alcohol in a row on at least 1 day during the past 30 days: binge drinking has gradually decreased since 2009 with a **22% decrease** from 2011 to 2013.
- There was a **31% decrease** among percent of students who used marijuana one or more times in the past 30 days from 2011 to 2013.
- There was a **44% decrease** among percent of students drove a car or other vehicle when they had been drinking alcohol in the past 30 days from 2011 to 2013.
- There was a **46% decrease** among percent of students were in a physical fight on school property in past 12 months from 2011 to 2013
- There was a **28% decrease** among percent of students who reported gang activity at their schools from 2011 to 2013

Areas for Improvement

- There was a slight **increase, 7%** among percent of students who texted or emailed while driving a car or other vehicle in the past 30 days from 2011 to 2013.
- The percent of students who reported that they had played video games or used computer for something that was not school work for 3 or more hours on a school day has gradually increased since 2009 with a **36% increase** from 2011 to 2013
- The percent of students who reported drinking alcohol or using drugs before their last sexual intercourse in the last 3 months has gradually increased since 2009 with a **63% increase** from 2011 to 2013
- There was a **40% increase** among percent of students who reported that they had attempted suicide during past 12 months that resulted in an injury, poisoning, or overdose from 2011 to 2013.

These highlights should be interpreted with caution. Trend and (multi-year) analysis would be more reliable. For more information, please contact Ayotunde Ademoyero, Director of Epidemiology Division, Forsyth County Department of Public Health at ademoyat@forsyth.cc

Alcohol, Tobacco & Other Drugs	2013 WSFCS	2013 NC	2011 WSFCS	2011 NC	2009 WSFCS	2009 NC
Smoked cigarettes on one or more days in the past 30 days	13%	15%	18%	18%	19%	18%
Had at least one drink of alcohol on one or more days in the past 30 days	28%	32%	36%	34%	37%	35%
Had 5 or more drinks of alcohol in a row, on at least 1 day during the past 30 day: binge drinking	13%	15%	19%	18%	20%	19%
Used marijuana one or more times in the past 30 days	18%	23%	26%	24%	22%	20%
Were offered, sold, or given an illegal drug on school property in past 12 months	24%	24%	28%	30%	30%	30%
Personal Safety	2013 WSFCS	2013 NC	2011 WSFCS	2011 NC	2009 WSFCS	2009 NC
Rode a bicycle, never or rarely wore a helmet	78%	88%	79%	87%	79%	84%
Rarely or never worn a seat belt when riding in a car driven by someone else	4%	7%	8%	8%	8%	7%
Rode with a driver or other vehicle who had been drinking alcohol in the past 30 days	18%	19%	21%	21%	21%	21%
Drove a car or other vehicle when they had been drinking alcohol in the past 30 days	5%	6%	9%	6%	8%	8%
Texted or emailed while driving a car or other vehicle in the past 30days	32%	34%	30%	35%	n/a	n/a
Violence-Related Behavior	2013 WSFCS	2013 NC	2011 WSFCS	2011 NC	2009 WSFCS	2009 NC
Carried a weapon such as a gun, knife, or club on school property in the past 30days	3%	5%	5%	6%	4%	5%
Been threatened or injured with a weapon on school property during past 12 months	6%	7%	6%	9%	6%	7%
Were in a physical fight on school property in past 12 months	6%	8%	11%	11%	10%	9%
Hit, slapped, or physically hurt on purpose by boyfriend or girlfriend in past 12 months	8%	9%	11%	14%	12%	13%
Physically forced to have sexual intercourse when did not want to	9%	9%	8%	10%	8%	9%
Been bullied on school property in past 12 months	17%	19%	17%	21%	15%	17%
Been electronically bullied on school property in past 12 months	11%	13%	13%	16%	13%	n/a
Presence of gang activity in school	26%	26%	36%	40%	32%	n/a

Sexual Behavior	2013 WSFCS	2013 NC	2011 WSFCS	2011 NC	2009 WSFCS	2009 NC
Ever had sexual intercourse	42%	47%	48%	49%	50%	51%
Had sexual intercourse for the first time before age 13 years	6%	7%	11%	9%	10%	8%
Had sexual intercourse with four or more people during their lifetime	15%	15%	18%	17%	16%	16%
Among sexually active students, drank alcohol or used drugs before last sexual intercourse in past 3 months	18%	21%	11%	25%	10%	19%
Among sexually active students, used a condom during last sexual intercourse in past 3 months	57%	61%	54%	54%	63%	61%
Weight Management & Nutrition	2013 WSFCS	2013 NC	2011 WSFCS	2011 NC	2009 WSFCS	2009 NC
Described themselves as slightly or very overweight	28%	29%	27%	27%	25%	28%
Are trying to lose weight	42%	46%	45%	45%	43%	46%
Vomited or took laxatives to lose weight or to keep from gaining weight in the past 30 days	4%	4%	5%	6%	5%	5%
Ate fruits and vegetable five or more times per day during past seven days	19%	18%	n/a	19%	n/a	17%
Drank a can, bottle, or glass of soda or pop at least once per day during past 7 days	23%	28%	23%	30%	36%	33%
Physical Activity	2013 WSFCS	2013 NC	2011 WSFCS	2011 NC	2009 WSFCS	2009 NC
Physically active for a total of at least 60 minutes daily on 5 or more of the past seven days	45%	47%	50%	48%	46%	46%
Watched three or more hours per day of TV on an average school day	31%	33%	35%	35%	35%	36%
Played video games or used computer for something that was not school work for 3 hours or more a school day	38%	42%	28%	28%	23%	24%
Psychological Health	2013 WSFCS	2013 NC	2011 WSFCS	2011 NC	2009 WSFCS	2009 NC
Feelings of sadness or hopelessness every day for two week or more in a row	28%	29%	26%	28%	25%	27%
Seriously considered attempting suicide in the past 12 months	16%	17%	14%	14%	14%	13%
Made a suicide plan in the past 12 months	12%	13%	12%	14%	11%	10%
Attempted suicide during past 12 months that resulted in an injury, poisoning, or overdose	7%	5%	5%	5%	n/a	n/a
Selected Health Issues	2013 WSFCS	2013 NC	2011 WSFCS	2011 NC	2009 WSFCS	2009 NC
Consider themselves to have a disability	10%	10%	10%	13%	12%	11%
Have trouble learning, remembering, or concentrating because of disability	14%	13%	13%	13%	n/a	n/a
Ever been told by a doctor or nurse that they had asthma	10%	24%	23%	23%	22%	22%

n/a= not available

2013 Forsyth County, North Carolina Youth Risk Behavior Survey High School Questionnaire

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to improve health education for young people like yourself.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

Completing the survey is voluntary. Whether or not you answer the questions will not affect your grade in this class. If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question. Fill in the ovals completely. When you are finished, follow the instructions of the person giving you the survey.

Thank you very much for your help.

Directions

- Use a #2 pencil only.
- Make dark marks.
- Fill in a response like this: A B ● D.
- If you change your answer, erase your old answer completely.

- How old are you?
 - 12 years old or younger
 - 13 years old
 - 14 years old
 - 15 years old
 - 16 years old
 - 17 years old
 - 18 years old or older
- What is your sex?
 - Female
 - Male
- In what grade are you?
 - 9th grade
 - 10th grade
 - 11th grade
 - 12th grade
 - Ungraded or other grade
- Are you Hispanic or Latino?
 - Yes
 - No
- What is your race? **(Select one or more responses)**
 - American Indian or Alaska Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White

- How tall are you without your shoes on?
Directions: Write your height in the shaded blank boxes. Fill in the matching oval below each number.

Example

Height	
Feet	Inches
5	7
③	⑩
④	①
●	②
⑥	③
⑦	④
	⑤
	⑥
	●
	⑧
	⑨
	⑩
	⑪

- How much do you weigh without your shoes on?
Directions: Write your weight in the shaded blank boxes. Fill in the matching oval below each number.

Example

Weight		
Pounds		
1	5	2
①	①	①
●	①	①
②	②	●
③	③	③
	④	④
	●	⑤
	⑥	⑥
	⑦	⑦
	⑧	⑧
	⑨	⑨

8. During the past 12 months, how would you describe your grades in school?
- A. Mostly A's
 - B. Mostly B's
 - C. Mostly C's
 - D. Mostly D's
 - E. Mostly F's
 - F. None of these grades
 - G. Not sure

The next 5 questions ask about safety.

9. **When you rode a bicycle** during the past 12 months, how often did you wear a helmet?
- A. I did not ride a bicycle during the past 12 months
 - B. Never wore a helmet
 - C. Rarely wore a helmet
 - D. Sometimes wore a helmet
 - E. Most of the time wore a helmet
 - F. Always wore a helmet
10. How often do you wear a seat belt when **riding** in a car driven by someone else?
- A. Never
 - B. Rarely
 - C. Sometimes
 - D. Most of the time
 - E. Always
11. During the past 30 days, how many times did you **ride** in a car or other vehicle **driven by someone who had been drinking alcohol**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
12. During the past 30 days, how many times did you **drive** a car or other vehicle **when you had been drinking alcohol**?
- A. I did not drive a car or other vehicle during the past 30 days
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times

13. During the past 30 days, on how many days did you **text or e-mail** while **driving** a car or other vehicle?
- A. I did not drive a car or other vehicle during the past 30 days
 - B. 0 days
 - C. 1 or 2 days
 - D. 3 to 5 days
 - E. 6 to 9 days
 - F. 10 to 19 days
 - G. 20 to 29 days
 - H. All 30 days

The next 11 questions ask about violence-related behaviors.

14. During the past 30 days, on how many days did you carry a **weapon** such as a gun, knife, or club?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
15. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club **on school property**?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days
16. During the past 30 days, on how many days did you **not** go to school because you felt you would be unsafe at school or on your way to or from school?
- A. 0 days
 - B. 1 day
 - C. 2 or 3 days
 - D. 4 or 5 days
 - E. 6 or more days

17. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club **on school property**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
18. During the past 12 months, how many times were you in a physical fight?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
19. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or more times
20. During the past 12 months, how many times were you in a physical fight **on school property**?
- A. 0 times
 - B. 1 time
 - C. 2 or 3 times
 - D. 4 or 5 times
 - E. 6 or 7 times
 - F. 8 or 9 times
 - G. 10 or 11 times
 - H. 12 or more times
21. Have you ever been physically forced to have sexual intercourse when you did not want to?
- A. Yes
 - B. No

22. During the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)
- A. I did not date or go out with anyone during the past 12 months
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times
23. During the past 12 months, how many times did someone you were dating or going out with force you to do sexual things that you did not want to do? (Count such things as kissing, touching, or being physically forced to have sexual intercourse.)
- A. I did not date or go out with anyone during the past 12 months
 - B. 0 times
 - C. 1 time
 - D. 2 or 3 times
 - E. 4 or 5 times
 - F. 6 or more times
24. Is there gang activity in your school?
- A. Yes
 - B. No
 - C. Not sure

The next 4 questions ask about bullying. Bullying is when 1 or more students tease, threaten, spread rumors about, hit, shove, or hurt another student over and over again. It is not bullying when 2 students of about the same strength or power argue or fight or tease each other in a friendly way.

25. During the past 12 months, have you ever been bullied on **school property**?
- A. Yes
 - B. No
26. During the past 12 months, have you ever been **electronically** bullied? (Count being bullied through e-mail, chat rooms, instant messaging, websites, or texting.)
- A. Yes
 - B. No

27. During the past 12 months, have you ever seen other students being bullied in your school?
 A. Yes
 B. No
28. During the past 12 months, have you ever been the victim of teasing or name calling because someone thought you were gay, lesbian, or bisexual?
 A. Yes
 B. No

The next 5 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, which is, taking some action to end their own life.

29. During the past 12 months, did you ever feel so sad or hopeless almost every day for **two weeks or more in a row** that you stopped doing some usual activities?
 A. Yes
 B. No
30. When you feel sad, empty, hopeless, angry, or anxious, with whom would you most likely talk about it?
 A. I do not feel sad, empty, hopeless, angry, or anxious
 B. Parent or other adult family member
 C. Teacher or other adult in this school
 D. Other adult
 E. Friend
 F. Sibling
 G. Not sure
31. During the past 12 months, did you ever **seriously** consider attempting suicide?
 A. Yes
 B. No
32. During the past 12 months, did you make a plan about how you would attempt suicide?
 A. Yes
 B. No

33. **If you attempted suicide** during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?
 A. **I did not attempt suicide** during the past 12 months
 B. Yes
 C. No

The next 4 questions ask about tobacco use.

34. How old were you when you smoked a whole cigarette for the first time?
 A. I have never smoked a whole cigarette
 B. 8 years old or younger
 C. 9 or 10 years old
 D. 11 or 12 years old
 E. 13 or 14 years old
 F. 15 or 16 years old
 G. 17 years old or older
35. During the past 30 days, on how many days did you smoke cigarettes?
 A. 0 days
 B. 1 or 2 days
 C. 3 to 5 days
 D. 6 to 9 days
 E. 10 to 19 days
 F. 20 to 29 days
 G. All 30 days
36. During the past 12 months, did you ever try **to quit** smoking cigarettes?
 A. I did not smoke during the past 12 months
 B. Yes
 C. No
37. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?
 A. 0 days
 B. 1 or 2 days
 C. 3 to 5 days
 D. 6 to 9 days
 E. 10 to 19 days
 F. 20 to 29 days
 G. All 30 days

The next 4 questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

38. How old were you when you had your first drink of alcohol other than a few sips?
- A. I have never had a drink of alcohol other than a few sips
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older
39. During the past 30 days, on how many days did you have at least one drink of alcohol?
- A. 0 days
 - B. 1 or 2 days
 - C. 3 to 5 days
 - D. 6 to 9 days
 - E. 10 to 19 days
 - F. 20 to 29 days
 - G. All 30 days
40. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 to 5 days
 - E. 6 to 9 days
 - F. 10 to 19 days
 - G. 20 or more days

41. During the past 30 days, how did you **usually** get the alcohol you drank?
- A. I did not drink alcohol during the past 30 days
 - B. I bought it in a store such as a liquor store, convenience store, supermarket, discount store, or gas station
 - C. I bought it at a restaurant, bar, or club
 - D. I bought it at a public event such as a concert or sporting event
 - E. I gave someone else money to buy it for me
 - F. Someone gave it to me
 - G. I took it from a store or family member
 - H. I got it some other way

The next 3 questions ask about marijuana use. Marijuana also is called grass or pot.

42. During your life, how many times have you used marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 to 99 times
 - G. 100 or more times
43. How old were you when you tried marijuana for the first time?
- A. I have never tried marijuana
 - B. 8 years old or younger
 - C. 9 or 10 years old
 - D. 11 or 12 years old
 - E. 13 or 14 years old
 - F. 15 or 16 years old
 - G. 17 years old or older
44. During the past 30 days, how many times did you use marijuana?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times

The next 6 questions ask about other drugs.

45. During your life, how many times have you used **any** form of cocaine, including powder, crack, or freebase?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
46. During your life, how many times have you sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
47. During your life, how many times have you taken **steroid pills or shots** without a doctor's prescription?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
48. During your life, how many times have you taken a **prescription drug** (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription?
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
49. During the past 12 months, has anyone offered, sold, or given you an illegal drug **on school property**?
- A. Yes
 - B. No

50. Have you ever gotten into trouble with your family or friends, missed school, or gotten into fights, while using alcohol or drugs?
- A. Yes
 - B. No

The next 9 questions ask about sexual behavior.

51. Have you ever had sexual intercourse?
- A. Yes
 - B. No
52. How old were you when you had sexual intercourse for the first time?
- A. I have never had sexual intercourse
 - B. 11 years old or younger
 - C. 12 years old
 - D. 13 years old
 - E. 14 years old
 - F. 15 years old
 - G. 16 years old
 - H. 17 years old or older
53. During your life, with how many people have you had sexual intercourse?
- A. I have never had sexual intercourse
 - B. 1 person
 - C. 2 people
 - D. 3 people
 - E. 4 people
 - F. 5 people
 - G. 6 or more people
54. During the past 3 months, with how many people did you have sexual intercourse?
- A. I have never had sexual intercourse
 - B. I have had sexual intercourse, but not during the past 3 months
 - C. 1 person
 - D. 2 people
 - E. 3 people
 - F. 4 people
 - G. 5 people
 - H. 6 or more people

55. Did you drink alcohol or use drugs before you had sexual intercourse the **last time**?
- A. I have never had sexual intercourse
 - B. Yes
 - C. No
56. The **last time** you had sexual intercourse, did you or your partner use a condom?
- A. I have never had sexual intercourse
 - B. Yes
 - C. No
57. The **last time** you had sexual intercourse, how many years younger or older than you was your partner?
- A. I have never had sexual intercourse
 - B. 5 or more years younger
 - C. 3 to 4 years younger
 - D. About the same age
 - E. 3 to 4 years older
 - F. 5 or more years older
 - G. Not sure
58. When you have questions about sexually transmitted diseases (STD), HIV, AIDS, or pregnancy prevention, with whom do you **usually** talk?
- A. I do not have questions about sexually transmitted diseases (STD), HIV, AIDS, or pregnancy prevention
 - B. Doctor or nurse
 - C. Parent or other adult family member
 - D. Teacher or other adult in this school
 - E. Religious leader
 - F. Friend or sibling
 - G. Other adult
 - H. Not sure
59. Have your parents or other adults in your family ever talked with you about what they expect you to do or not to do when it comes to sex?
- A. Yes
 - B. No
 - C. Not sure

The next 6 questions ask about body weight.

60. How do **you** describe your weight?
- A. Very underweight
 - B. Slightly underweight
 - C. About the right weight
 - D. Slightly overweight
 - E. Very overweight
61. Which of the following are you trying to do about your weight?
- A. **Lose** weight
 - B. **Gain** weight
 - C. **Stay** the same weight
 - D. I am **not trying to do anything** about my weight
62. During the past 30 days, did you **exercise** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No
63. During the past 30 days, did **you eat less food, fewer calories, or foods low in fat** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No
64. During the past 30 days, did you **take any diet pills, powders, or liquids** without a doctor's advice to lose weight or to keep from gaining weight? (Do **not** count meal replacement products such as Slim Fast.)
- A. Yes
 - B. No
65. During the past 30 days, did you **vomit or take laxatives** to lose weight or to keep from gaining weight?
- A. Yes
 - B. No

The next 10 questions ask about food you ate or drank during the past 7 days. Think about all the meals and snacks you had from the time you got up until you went to bed. Be sure to include food you ate at home, at school, at restaurants, or anywhere else.

66. During the past 7 days, how many times did you drink **100% fruit juices** such as orange juice, apple juice, or grape juice? (Do **not** count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)
- A. I did not drink 100% fruit juice during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
67. During the past 7 days, how many times did you eat **fruit**? (Do **not** count fruit juice.)
- A. I did not eat fruit during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
68. During the past 7 days, how many times did you eat **green salad**?
- A. I did not eat green salad during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
69. During the past 7 days, how many times did you eat **potatoes**? (Do **not** count french fries, fried potatoes, or potato chips.)
- A. I did not eat potatoes during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
70. During the past 7 days, how many times did you eat **carrots**?
- A. I did not eat carrots during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
71. During the past 7 days, how many times did you eat **other vegetables**? (Do **not** count green salad, potatoes, or carrots.)
- A. I did not eat other vegetables during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day

72. During the past 7 days, how many times did you drink a **can, bottle, or glass of soda or pop**, such as Coke, Pepsi, or Sprite? (Do **not** count diet soda or diet pop.)
- A. I did not drink soda or pop during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
73. During the past 7 days, how many times did you drink a **can, bottle, or glass of any other sugar-sweetened beverage?** (Count sweet tea, punch, Kool-Aid, fruit-flavored drinks, energy drinks, and sports drinks. Do **not** count diet or sugar-free drinks.)
- A. I did not drink sugar-sweetened beverages during the past 7 days
 - B. 1 to 3 times during the past 7 days
 - C. 4 to 6 times during the past 7 days
 - D. 1 time per day
 - E. 2 times per day
 - F. 3 times per day
 - G. 4 or more times per day
74. During the past 7 days, on how many days did you eat **breakfast?**
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
75. During the past 7 days, on how many days did you eat dinner at home with your family?
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days

The next 5 questions ask about physical activity.

76. During the past 7 days, on how many days were you physically active for a total of **at least 60 minutes per day?** (Add up all the time you spent in any kind of physical activity that increased your heart rate and made you breathe hard some of the time.)
- A. 0 days
 - B. 1 day
 - C. 2 days
 - D. 3 days
 - E. 4 days
 - F. 5 days
 - G. 6 days
 - H. 7 days
77. On an average school day, how many hours do you watch TV?
- A. I do not watch TV on an average school day
 - B. Less than 1 hour per day
 - C. 1 hour per day
 - D. 2 hours per day
 - E. 3 hours per day
 - F. 4 hours per day
 - G. 5 or more hours per day
78. On an average school day, how many hours do you play video or computer games or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, an iPod, an iPad or other tablet, a smartphone, YouTube, Facebook or other social networking tools, and the Internet.)
- A. I do not play video or computer games or use a computer for something that is not school work
 - B. Less than 1 hour per day
 - C. 1 hour per day
 - D. 2 hours per day
 - E. 3 hours per day
 - F. 4 hours per day
 - G. 5 or more hours per day

79. During the current school year, do you participate in an official school sport or sports where you play as part of a team such as baseball, basketball, football, volleyball, softball, or soccer?
- A. Yes
B. No
80. During the current school year, do you participate in an official school sport or sports where you play as an individual such as golf, track and field, swimming, diving, wrestling, or tennis?
- A. Yes
B. No

The next 3 questions ask about disabilities. A disability can be physical, mental, emotional, or communication-related.

81. Do you consider yourself to have a disability?
- A. Yes
B. No
C. Not sure
82. Are you limited in any way in any activities because of disability or health problem?
- A. Yes
B. No
C. Not sure
83. Do you have trouble learning, remembering, or concentrating because of disability or health problem?
- A. Yes
B. No
C. Not sure

The next question asks about gambling. Gambling involves betting anything of value such as money, a watch, a soda, or other possessions.

84. During the past 12 months, how many times have you gambled on a sports team, gambled when playing cards or when playing a dice game, played the lottery or scratch off tickets, gambled on the internet, or bet on a game of personal skill such as pool or a video game?
- A. 0 times
B. 1 or 2 times
C. 3 to 9 times
D. 10 to 19 times
E. 20 to 39 times
F. 40 or more times

The next 10 questions ask about other health-related topics.

85. Have you ever been tested for HIV, the virus that causes AIDS? (Do **not** count tests done if you donated blood.)
- A. Yes
B. No
C. Not sure
86. Has a doctor or nurse ever told you that you have asthma?
- A. Yes
B. No
C. Not sure
87. Do you still have asthma?
- A. I have never had asthma
B. Yes
C. No
D. Not sure
88. An asthma action/management plan contains instructions about how to care for your asthma. Do you have a written asthma action plan or asthma management plan on file at school?
- A. I do not have asthma
B. Yes
C. No
D. Not sure

89. On an average school night, how many hours of sleep do you get?
- A. 4 or less hours
 - B. 5 hours
 - C. 6 hours
 - D. 7 hours
 - E. 8 hours
 - F. 9 hours
 - G. 10 or more hours
90. During the past 12 months, how many times did you use an indoor tanning device such as a sunlamp, sunbed, or tanning booth? (Do **not** count getting a spray-on tan.)
- A. 0 times
 - B. 1 or 2 times
 - C. 3 to 9 times
 - D. 10 to 19 times
 - E. 20 to 39 times
 - F. 40 or more times
91. On an average school day, how long after school are you alone without a parent or adult?
- A. I am not alone after school
 - B. Less than 1 hour per day
 - C. 1 or 2 hours per day
 - D. 3 hours per day
 - E. 4 hours per day
 - F. 5 hours per day
 - G. 6 or more hours per day

92. Do you agree or disagree that you feel good about yourself?
- A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree
93. Do you agree or disagree that your teachers really care about you and give you a lot of encouragement?
- A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree
94. Do you agree or disagree that you feel alone in your life?
- A. Strongly agree
 - B. Agree
 - C. Not sure
 - D. Disagree
 - E. Strongly disagree

**This is the end of the survey.
Thank you very much for your help.**