

# The 2017 Community Health Assessment Report Forsyth County, NC



This Report is the result of the Collaboration between  
Community Partners and the Forsyth County Department of  
Public Health



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## EXECUTIVE SUMMARY

The 2017 Forsyth County Community Health Assessment (CHA) process was guided by a CHA advisory group. Members of the advisory group represented leadership and practitioners from other local agencies, hospitals, law enforcement, faith-based organizations, universities, the local school system, non-profit service organizations, other health providers, and neighborhood associations. The advisory group recommended the formation of a 2017 CHA data team to identify, gather and review Forsyth County's population health data. Also, the advisory group helped to identify and recruit members of the CHA data team.

### Secondary Data Analysis

The 2017 CHA data team's data identification and analysis of secondary data focused on the major health issues that community partners sought to resolve since the 2014 CHA. The health data sets examined were grouped into the following major areas:

- Drug Overdose
- Mental Health
- Chronic Diseases including Oral Health
- Communicable Diseases
- Maternal & Infant Health
- Health Disparities/Quality of Life

### Major Findings from the Secondary Data Analysis

#### *Drug Overdose*

- Between 2012 and 2016, the number of drug overdose cases seen in the Forsyth County Emergency Departments (ED) increased about 46% from 1,107 (2013) to 1,621 (2016).
- From 2012 to 2016, the majority of the drug overdose ED cases (800 or more) were from zip codes 27284 (Kernersville), 27107 (Winston-Salem), and 27105 (Winston-Salem).
- From 2012 to 2016, the majority of the ED drug overdose patients were between ages 31-40 years.

#### *Mental Health (2015 Winston-Salem/Forsyth County Youth Risk Behavior Survey Results)*

- About 28% of high school students *experienced hopelessness or sadness continuously for two weeks or more* in the 12 months prior to the survey.
- There was about an 8% increase in the percentage of high school students who reported that *they made a suicide plan* from 12.2% (2013) to 13.2% (2015).
- The percentage of high school students who *attempted suicide* during the 12 months prior to the survey increased about 23% from 18.1% (2013) to 22.2% (2015).
- In 2015, Black, non-Hispanic high school students were more likely than White, non-Hispanic or Hispanic/Latino high school students to report that they had *attempted suicide* in the 12 months prior to the survey.

#### *Chronic Diseases including oral health*

- Although their rates have decreased, cancer, heart disease, chronic lower respiratory disease and stroke remain the major causes of death in Forsyth County.
- Between 2008-2012 and 2012-2016, there was about an 19% increase in deaths due to unintentional injuries (includes drug overdose related deaths), and about a 17% increase in deaths due to kidney diseases.

- Forsyth County's death rates due to cancer (all sites), heart disease, cerebrovascular disease (stroke), diabetes, and kidney disease were slightly lower than State of NC's for 2012-2016.
- Forsyth County's death rates for heart disease, cancer (all sites), chronic lower respiratory disease (CLRD), cerebrovascular disease (stroke), unintentional injuries, pneumonia and influenza, and septicemia were greater than all peer counties' for 2012-2016.

#### *Oral Health*

- At 39% of Title I elementary schools, between 10% and 15% of students had dental caries during the 2015/2016 and 2016/2017 school years. In comparison, only 14% of non-Title I elementary schools had a similar percentage of students with dental caries for both school years.
- At 21% of Title I elementary schools, more than 15% of students had dental caries during the 2015-2016 and 2016-2017 school years. In contrast, only about 10% of non-Title I elementary schools had a similar percentage of students with dental caries for both school years.

#### *Maternal & Infant Health*

- From 2008-2012 to 2012-2016, Forsyth County's teen (age 15-17) pregnancy rate per 1,000 population declined almost 40% from 29.5 (2008-2012) to 17.8 (2012-2016).
- Forsyth County's 2012-2016 age 15-17 pregnancy rate per 1,000 population exceeded that of State of NC's. Also, it was the 2nd highest rate of the five (5) urban counties.
- Between 2008-2012 and 2012-2016, Forsyth County's overall live birth rate per 1,000 population declined almost 9% from 13.6 per 1,000 population to 12.4 per 1,000 population.
- Although, the Hispanic live birth rate per 1,000 population declined about 24% from 2008-2012 (27.4) to 2012-2016 (20.9), it remained at almost two times the Total, non-Hispanic live birth rate per 1,000 population during each period.
- Hispanic babies were born disproportionately to mothers who have a lower formal education level than Black, non-Hispanic or White, non-Hispanic mothers.
- From 2011 to 2016, between 71% and 92% of infant deaths were due to *extreme immaturity, prematurity and congenital abnormalities*.

#### *Communicable Diseases*

- Between 2012 and 2016, the number of infectious disease cases in Forsyth County exceeded 4,000 annually. Sexually transmitted infections (STI), particularly chlamydia, accounted for more than 90% of each year's total case count. Chlamydia cases for populations  $\leq 24$  years represented between 67% and 88% of all chlamydia cases during the period. Females accounted for between 71% and 74% of the  $\leq 24$  years positive cases.
- Forsyth County's 2016 chlamydia and gonorrhea rates were about 23% and 45% higher, respectively, than State of NC's.
- Forsyth County's 2016 early syphilis (primary, secondary and early latent) and HIV (all stages) rates were also higher than State of NC's by about 25% and 62%, respectively.
- Forsyth County's 2016 chlamydia and HIV (all stages) rates were lower than Durham, Guilford and Mecklenburg Counties' but higher than Wake County's.
- Forsyth County's 2016 gonorrhea rate was lower than Durham and Guilford Counties' but higher than Mecklenburg and Wake Counties'.

### *Health Disparities/Quality of Life*

- The life expectancy of someone born in Forsyth County between 2013 and 2015 was estimated to be about 78 years. This 78-year life expectancy remained relatively unchanged from 2011-2013 to 2013-2015.
- Forsyth County's life expectancy for populations born between 2013 and 2015 was lower than those for Durham, Guilford, Mecklenburg, and Wake Counties' but higher than State of NC's.
- Based on Forsyth County's 2016 chronic disease rates, a Black, non-Hispanic person was:
  - ✚ 1.4 times more likely to die from cancer than a White, non-Hispanic person
  - ✚ 1.6 times more likely to die from diabetes mellitus than a White, non-Hispanic person
  - ✚ 1.4 times more likely to die from heart disease than a White, non-Hispanic person
  - ✚ 2.2 times more likely to die from kidney disease than a White, non-Hispanic person.
  - ✚ 1.4 times more likely to die from cerebrovascular disease (stroke) than a White, non-Hispanic person.
- In 2016, a Black, non-Hispanic child was 1.8 times more likely to die within the first year of its life than a White, non-Hispanic child.

### **Primary Data Analysis**

Based on the findings of the secondary data analysis, the data team targeted the following health areas for primary health data collection and analysis:

- Chronic Diseases *with a focus on physical activity* that can improve outcomes for cancer, heart disease, stroke, and chronic lower respiratory diseases.
- Oral Health *with a focus on* what is known or unknown about access to and the need for *oral health* care for populations age 5 years and younger.
- Sexually Health with a focus on chlamydia prevention.
- Maternal & Infant Health *with a focus on maternal health* because it influences healthy birth outcomes.
- Quality of Life in Forsyth County *with a focus on how residents feel about living in Forsyth County.*

Using convenience sampling, a community health opinion survey that included questions which would inform the above health issues was administered to Forsyth County residents from January 31st, 2017 to May 31st, 2017. The survey was administered in English and Spanish, and it was restricted to populations who were  $\geq 18$  years of age. Four hundred and twenty seven (427) residents responded to the survey. Black, non-Hispanic and Hispanic/Latino populations were oversampled because these populations were identified as at risk for the major health issues identified. The response rate for survey questions ranged from 87% to 94%.

### **Major Findings from the Primary Data Analysis**

#### *Chronic disease with a focus on physical activity*

Based on the review of the secondary chronic, questions were asked to learn about the population's knowledge of everyday activities and resources that could improve health.

- About 67% of respondents knew that everyday activities such as walking gardening, swimming, and jogging could improve their health.

- Almost 30% of respondents thought that *getting an exercise break* would help them to become more physically active at work.
- About 18% of respondents reported that having *better sidewalks and more street lights* would help them to become more physically active in their neighborhood.

#### *Oral Health among populations age 5 years and younger*

The goal of the survey questions was to determine what is known or unknown about the start of oral health care in children, access to oral health care, and other possible deterrents to care so that oral health care can be improved among the age 0-5 population.

- More than 70% of respondents did not know that a child's first visit to the dentist should occur when he or she gets his or her first tooth (typically before his or her first birthday).
- Only about 50% of respondents knew that children age 0-5 years who have Medicaid also have oral health care coverage.
- Transportation cost/availability (51% of respondents) and dental care cost (61% of respondents) were deterrents to accessing oral health care.

#### *Sexual Health with a focus on chlamydia prevention*

The prevalence of chlamydia among populations age  $\leq 24$  years is of concern. During the data team discussion, practitioners and educators noted that among this age group, there is confusion about what act(s) constitute 'sex', and thus the risks posed by having unprotected sex as well as having sex acts with multiple partners. There is concern that residents who are  $\leq 24$  years may not have the knowledge required to make informed sexual health decisions. Questions that could inform this limitation were included on the health opinion survey.

- About 61% of the respondents were never advised by their primary care provider to have a chlamydia test.
- About 28% of the respondents use an online service to find sexual partners.
- Among respondents whose number of partners were  $>1$ , about 60% were age 24 and under.
- Among respondents who define 'sex' as oral, anal and vaginal, about 16% were age 24 and younger.
- Of the respondents who had oral sex 30 days prior to the survey, about 84% never/rarely use a protective barrier while having oral sex.
- Of the respondents who had anal sex 30 days prior to the survey, about 82% never/rarely use a protective barrier while having anal sex.
- Of the respondents who had vaginal sex 30 days prior to the survey, about 56% never/rarely use a protective barrier while having vaginal sex.

#### *Maternal and Infant Health with a focus on maternal health*

Because stress negatively influences maternal health, and thus infant health, one major concern was its impact on new/young mothers. Programs currently exist at the Downtown Health Plaza and the Forsyth County Department of Public Health (FCDPH) to help minimize stress among new/young mothers. Questions asked on the 2017 CHO Survey sought to identify the reasons that new/young mothers experience stress and the reasons that they may or may not use the existing services that are meant to help them to mitigate stress.

- About 33% of respondents believed that a source of stress for new/young mothers was the *lack of parenting support from fathers*. Other reasons given were *financial issues not relating to child care cost* (17%) and *time management* (10%).
- Respondents suggested that to relieve stress, new/young mothers should: *seek family and friends' support* (21%), *join a support group for mothers* (19%), *exercise* (22%), or *seek counseling* (10%).

- Respondents indicated that new/young mothers do not use the group support service at Downtown Health Plaza (DHP) because: they *did not know about the program* (22%), *the lack of privacy in a group setting* (14%), *transportation difficulties* (14%) or *inconvenient meeting time* (13%).
- Respondents indicated that new/young mothers do not use FCDPH's Pregnancy Care Management program because: they *did not know about the program* (34%), *transportation issues* (12%), *no need for service* (15%), *don't have the time* (10%), or *the shame and stigma of using FCDPH's services* (12%).

### *Quality of Life in Forsyth County*

The majority of respondents to the 2017 CHO Survey thought that their quality of life in Forsyth County was good. For example:

- 70% agree/strongly agree that *Forsyth County is a great place to raise children*.
- 76% of Black, non-Hispanic and 75% of White, non-Hispanic populations agree/strongly agree that *Forsyth County is a great place to raise children*.

### *Vulnerable Populations*

Three vulnerable population surveys were developed and conducted at the request of the supervising agencies. Forsyth Technical Community College's Minority Male Success Initiative, The Salvation Army Center of Hope and the Bethesda Center for the Homeless requested that specific questions be asked for the populations that they serve.

Forsyth Technical Community College's Minority Male Success Initiative

- Good *time management skill* (35% or about 1 in 3 students) was the predominant factor that minority males said would help them to complete their program. The second most important factor was *access to tutors* (24% or about 1 in 4 students). *Access to a computer* (13% or about 1 in 8 students) and *financial support* (10% or about 1 in 10 students) were 3<sup>rd</sup> and 4<sup>th</sup> respectively.

The Bethesda Center for the Homeless (residents)

- Almost 1 in 10 respondents (10%) were first homeless at age 15 or younger!
- Most respondents (45%) reported that *being employed* is the single most important factor that would have prevented or ended their homelessness

The Salvation Army Center for Hope (breakfast attendees)

- About 1 in 6 (16%) respondents *were* veterans
- Most respondents (45.3%) reported that *being employed* is the single most important factor that would have prevented or ended their homelessness

### **Priority Setting Methods and Results**

At the conclusion of the primary data analysis, the data team recommended that based on the major findings during the secondary and primary data analyses of each health issue, *chronic diseases with a focus on physical activity, oral health (age 0-5 years), sexual health and maternal and infant health* should be the focus of this CHA cycle. The Forsyth County Board of Health solicited input from the Forsyth County community to prioritize which of the four health issues should be addressed first. The Forsyth County community ranked the major health issues in the following order: chronic diseases, maternal and infant health, sexual health and oral health. The Forsyth County Department of Public Health will work with community partners to develop and implement community improvement plans that can achieve goals specified in *Healthy North Carolina 2020*.

## **CHAPTER ONE**

### **Background and Description**

The Forsyth County Community Health Assessment (CHA) is an ongoing process that requires a formal comprehensive report to the Forsyth County community and the State of North Carolina (NC) every three (3) to four (4) years. The CHA Report is informed by both passive and active surveillance of Forsyth County's population health. It is the basis for the Department of Public Health's intervention and prevention plans that are aimed at improving Forsyth County's population health.

The 2017 CHA Report is the collaborative work of the Forsyth County Department of Public Health (FCDPH) and community partners. It helps to a) identify factors that influence Forsyth County's population health, b) determine the resources that are necessary to mitigate them, and 3) develop action plan(s) that outline how and when these issues will be addressed, and by whom.

#### **The 2017 Forsyth County Community Health Assessment (CHA) Process**

The 2017 CHA was conducted between August 2016 and December 2017. Between August and November 2016, community members were invited to the FCDPH to discuss and plan the 2017 CHA process.

The 2017 CHA process consisted of eight (8) phases:

1. Establish Work Groups
2. Collect and review secondary data
3. Create survey for primary data collection & Collect primary data
4. Analyze and interpret primary county data
5. Determine health priorities
6. Create the CHA Report
7. Disseminate the CHA Report
8. Develop the Forsyth County community health action plans

Throughout this report, Forsyth County's data was compared to peer counties and State of NC if comparable data was available. Most of the secondary data used in the 2017 CHA was accessed through the State Center for Health Statistics.

#### **The Structure of the CHA Report**

This CHA Report is structured to first provide a brief history and description of Forsyth County in Chapter 2. Chapter 3 describes the primary and secondary data that were used in the analysis, their collection process and sources. Chapter 4 discusses the findings of the secondary data analysis, and the results of the 2017 Community Health Opinion (CHO) Survey. Chapter 4 also compares the health outcomes observed in Forsyth County with peer counties and State of NC. Chapter 5 discusses Forsyth County's health prevention and promotion needs and resources. Chapter 6 discusses the priority setting outcome and community concerns. This chapter concludes with a summary of the key findings and a brief description of the actions that the FCDPH and its community partners will take to improve the population's health outcome. Finally, chapter 7 documents the Forsyth County 2017 CHA Communication Plan.

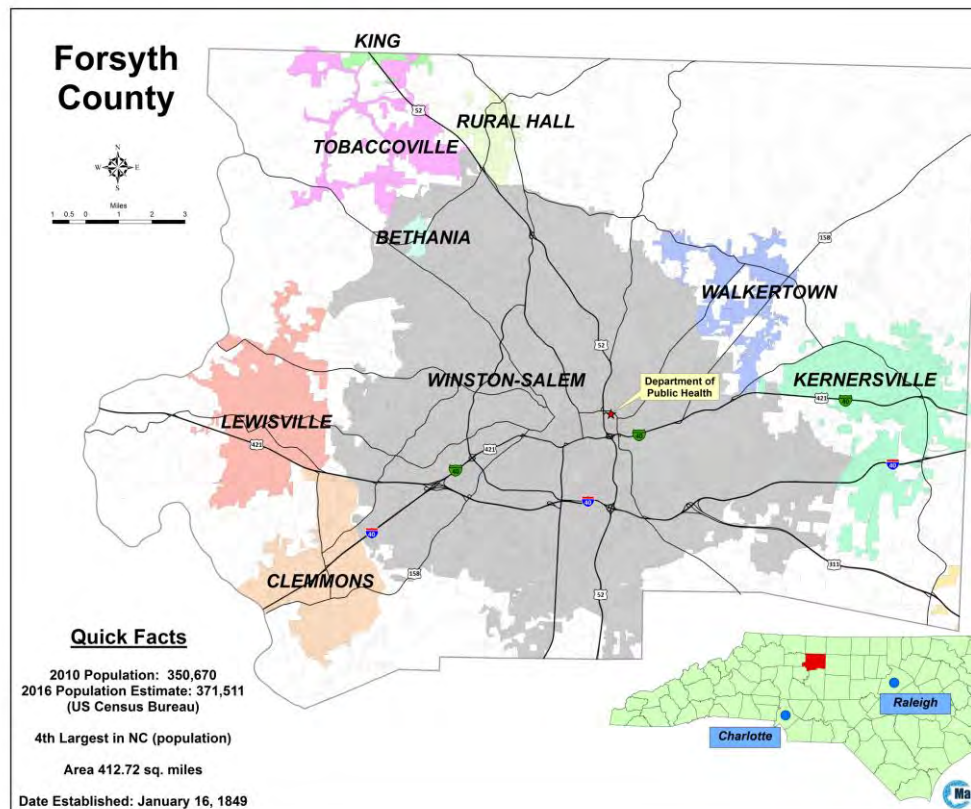
## CHAPTER TWO

### 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 Surry 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 413 square miles (land: 408 square miles, water: 4.5 square miles). The County experiences winter temperatures that averages 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 July 2015, Forsyth County's population was 369,019. This number represents a 5% increase in Forsyth County's population from April 1<sup>st</sup>, 2010 to July 1<sup>st</sup>, 2015. In 2015, about 24% of Forsyth County's residents were under 18 years of age, and 14% were age 65 years and older (Table 1).

**Table 1**

<b>A Brief Demographic Overview of Forsyth County's Population in 2010 &amp; 2015</b>		
	<b>2015</b>	<b>2010</b>
Total Population	369,019	350,670
Persons under 18 years	23.6%	24.40%
Persons 65 years and over	14.7%	13.0%
Female persons	52.5%	52.5%
White, non Hispanic	57.4%	58.7%
Black or African American, non-Hispanic	27.2%	26.0%
Hispanic or Latino	12.7%	11.9%
Asian alone	2.4%	1.9%
American Indian and Alaska Native alone	0.8%	0.4%

Data: U.S. Bureau of Census, Accessed on 05/28/2017

### Socioeconomic Status

According to the Bureau of Census, between 2011 and 2015, about 1 in 3 (33%) Forsyth County residents age 25 and over had a Bachelor's Degree or higher and per capita income (2015 dollars) was \$26, 674. However, during this period, almost 1 in 6 (18%) residents lived below the federal poverty line.

### Education

Winston-Salem/Forsyth County Schools (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 9 special schools. WSFCS serves about 54,000 students each year. During the 2015-2016 school year, about 40% of the students were identified as White, non-Hispanic, 29% as Black, non-Hispanic, 25% as Hispanic, 4% as Multiracial, 3% as Asian, and less than 1% as American Indian or Native Hawaiian/Pacific.

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

### Economic Development

Table 2 shows that based on the Winston-Salem Chamber of Commerce's report, as of July 2016, the largest employers in Forsyth County were from the education, medical & health services, manufacturing, finance, and government sectors.

**Table 2**

<b>Ten Largest Employers as of July 2016 Forsyth County, NC</b>			
<b>Rank</b>	<b>Company</b>	<b># of Employees</b>	<b>Activity</b>
1	Wake Forest Baptist Medical Center	12,873	Academic Medical
2	Novant Health	8,145	Medical Center and Health Services
3	Winston Salem/Forsyth County Schools	6,860	Education System
4	Reynolds American	3,000	Manufacturing Headquarters, Tobacco
5	Wake Forest University (Reynolda Campus)	2,784	Education
6	Wells Fargo	2,745	Financial Services
7	Hanes Brands	2,500	Manufacturing Headquarters, Apparel
8	City of Winston- Salem	2,420	Government
9	Forsyth County Government	2,275	Government
10	BB&T	2,134	Financial Services Headquarters

Forsyth County Department of Public Health, Epidemiology & Surveillance Unit

Taken from *Largest Employers in Forsyth County*, Winston-Salem Chamber of Commerce, Updated July 2016  
[https://www.winstonsalem.com/wp-content/uploads/2013/06/Largest-Employers\\_Forsyth-County\\_July2017.pdf](https://www.winstonsalem.com/wp-content/uploads/2013/06/Largest-Employers_Forsyth-County_July2017.pdf)



**Medical Care**

Wake Forest Baptist Medical Center and Novant Health Forsyth Medical Center are the two major medical care facilities in Forsyth County. Based on the *US News and World Report*, Wake Forest Baptist Medical Center is ranked 2<sup>nd</sup> and Novant Health Forsyth Medical Center is ranked 9<sup>th</sup> among North Carolina's 126 hospitals. In addition, Wake Forest Baptist Medical Center is nationally ranked for cancer treatment; ear, nose & throat; nephrology; geriatrics; gynecology; and neurology & neurosurgery.

**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. The PART serves Forsyth and other regional counties.

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.

**Major Points of Interest**

Three of the major points of interest in Forsyth County are *The Reynolds Building, Tanglewood Park, and Triad Park*.

*The Reynolds Building*

The Reynolds Building is located at 51 E. 4th Street in Winston-Salem, NC. The Reynolds Building is a 314 ft high Art Deco skyscraper with 21 floors. When it was completed in 1929, it was the tallest building in the United States south of Baltimore Maryland. It is cited as the design inspiration for the Empire State Building, New York, NY. The Reynolds Building serves as the headquarters of R. J. Reynolds Tobacco Company. It was listed on the National Register of Historic Places in 2014.

*Tanglewood Park*

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.

*Triad Park*

Triad Park is a joint venture of Forsyth and Guilford Counties. At a total of 430 acres, amenities at Triad include an amphitheater, the Carolina Field of Honor, the Patriot Disc Golf Course, an indoor rental facility, picnic shelters, horseshoe pits, volleyball courts, a softball field, and a soccer field.

**Other Parks, Recreation Centers & Greenways**

City of Winston-Salem Recreation and Parks Department operates and maintains 74 parks. Among them are 51 picnic shelters, 47 playgrounds, 43 soccer fields, 47 softball fields, 112 tennis courts, eight pools, six volleyball courts, 25 basketball courts and a football field. It also maintains 23 miles of greenways that include paved and unpaved trails, boardwalks, and bridges.

### CHAPTER THREE

#### Health Data Collection Process

The continuous health assessment of Forsyth County's population health is facilitated through the use of passive and active surveillance instruments. These instruments include the North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT), the North Carolina Electronic Disease Surveillance System (NCEDSS), the Forsyth County Community Health Opinion Survey, and the Winston Salem/Forsyth County Schools Youth Risk Behavior Survey (WSFCS YRBS).

A CHA advisory group guided the 2017 CHA process. Members of the advisory group represented leadership and practitioners from other local agencies, hospitals, law enforcement, faith-based organizations, universities, the local school system, non-profit service organizations, other health providers, and neighborhood associations. The advisory group recommended the formation of a 2017 CHA data team to identify, gather and review Forsyth County's population health data. Also, the advisory group helped to identify and recruit members of the CHA data team.

#### **Secondary Data Collection & Review**

Based on the advisory group's recommendation, the data team reviewed secondary data to identify the major health issues. The secondary data reviewed were from agency reports, databases or websites including *The State Center for Health Statistics*, *The North Carolina Electronic Disease Surveillance System (NCEDSS)*, *The North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NCDETECT)*, *The 2015 Winston-Salem/Forsyth County High School Youth Risk Behavior Survey*, *The US Bureau of Census*, *The North Carolina Uniform Crime Reporting (UCR) Program*, and the *North Carolina Coalition to End Homelessness (NCCEH)*.

#### **Primary Data Collection & Review**

Based on the findings of the secondary data, the data team recommended that a health opinion survey be conducted. The survey focused on the issues that were highlighted as requiring further information that could improve health. The major health areas represented on the community health opinion survey were *chronic diseases with a focus on physical activity, oral health among population ages 0-5 years, sexual health, and maternal & infant health particularly as it relates to maternal stress*.

Three vulnerable population surveys were developed and conducted at the request of the supervising agencies. Forsyth Technical Community College's Minority Male Success Initiative, The Salvation Army Center of Hope and the Bethesda Center for the Homeless requested that specific questions be asked for the populations that they serve. For each, the survey data to be collected would be the first set of such data on their population. The data sets would be the basis for future comparisons.

Members of the data team were assigned to work groups. A work group was established for *chronic diseases with a focus on physical activity, oral health among population ages 0-5 years, sexual health, and maternal & infant health particularly as it relates to maternal stress*. Each was tasked with identifying previously tested survey questions that would help to fill identified health information gaps. *Healthy People 2020* was used to guide semi-structured work group discussions. A work group was also formed to assist with the vulnerable populations' questions.

*Chronic Diseases-Physical Activity Work Group:*

Representatives were from MapForsyth, City of Winston-Salem, FC Parks & Recreation, and the FCDPH.

*Chronic Diseases-Oral Health Work Group:*

Representatives were from MapForsyth, The Downtown Health Plaza, Smart Start and the FCDPH.

*Sexual Health Work Group:*

Representatives were from MapForsyth, the FCDPH, Wake Forest University, School Health Alliance, University of North Carolina School of the Arts, Salem University, and Winston-Salem State University Student Health Centers.

*Maternal and Infant Health Work Group:*

Representatives were from Downtown Health Plaza, Exchange SCAN, Family Services, Forsyth Connects, Heartstrings, Imprints, March of Dimes, Neighbors for Better Neighborhoods, North Carolina Baby Love Plus, Novant Forsyth Medical Center, Outreach Alliance for Babies, Smart Start, Today's Woman, Wake Forest University Baptist Medical Center, Wake Forest University, United Health Centers, and the FCDPH.

*Vulnerable Populations Work Group:*

Representatives were from Forsyth Technical Community College, The Bethesda Center for the Homeless, The Salvation Army Center of Hope, Centers for Disease Control and Prevention-Public Health Associate Program (PHAP), and the FCDPH.

Previously tested questions were drawn from the state-provided *Community Health Opinion Survey (CHO)* example, *the Behavioral Risk Factor Surveillance System (BRFSS)*, *American College Health Association-National College Health Assessment (ACHA-NCHA)*, *National Health Interview Survey (NHIS)*, and *the National Health and Nutrition Examination Survey (NHANES)*. Survey questions asked on the *Forsyth Technical Community College's Minority Male Success Initiative Survey*, *The Bethesda Center for the Homeless Survey* and *The Salvation Army Center of Hope Survey* were those requested or allowed by the responsible/supervising agency/group.

*The 2017 Community Health Opinion Survey*

The 2017 CHO was administered in Spanish and English in person and on online at the Forsyth County Department of Public Health's public website from January 31<sup>st</sup>, 2017 to May 31<sup>st</sup>, 2017. Links to both versions of the 2017 CHO was posted to the Department of Public Health's Facebook page. To increase access, a QR code was used to allow Forsyth County's population to quickly access and take the survey on their smart phones or tablets. To increase awareness and access, QR coded cards were handed out at supermarkets and strip malls throughout the County by volunteers who offered an incentive for participants to take the survey at that time.

*Vulnerable Populations: Forsyth Technical Community College's Minority Male Success Initiative Survey*

The Minority Male Success Initiative Program at Forsyth Technical Community College is part of the North Carolina Community College Creating Success (NCCCS) program. The Minority Male Success Initiative's purpose is to increase the retention and completion rates of minority male students. The Forsyth Technical Community College's (FTCC) Minority Male Success Initiative Survey was conducted on June 13-14, 2017. The survey questionnaire consisted of 17

questions that were divided into four (4) sections: Forsyth Tech (Program Retention), Psychological Health, Fatherhood, and Demography (see Appendix C).

*Vulnerable Populations: The Bethesda Center for the Homeless Survey*

The Bethesda Center for the Homeless Resident Population Survey was conducted on July 14<sup>th</sup>, 2017. Members of this survey population were residents of the Bethesda Center for the Homeless. The survey questionnaire consisted of five (5) questions (see Appendix D).

*Vulnerable Populations: The Salvation Army Center of Hope Survey*

The Salvation Army Center of Hope Survey was conducted on July 18<sup>th</sup>, 2017. The survey was conducted among the homeless population who has breakfast at the Center of Hope. Members of this survey population included residents of The Salvation Army Center of Hope, The Bethesda Center for the Homeless, Samaritan Ministries, and those who do not have shelter. The survey questionnaire consisted of seven (7) questions (see Appendix E).

## CHAPTER FOUR Health Data Results

Chapter 4 presents the results of the secondary and primary data analysis. When possible, this chapter includes a comparative analysis of Forsyth County's secondary data to Durham, Guilford, Mecklenburg, and Wake Counties' secondary data. State of North Carolina's statistics were used as benchmarks.

### Secondary Data Analysis

The 2017 CHA data team's data identification, review and analysis of secondary focused on the major health issues that community partners identified through their work in Forsyth County. The data sets examined were grouped into the following major areas:

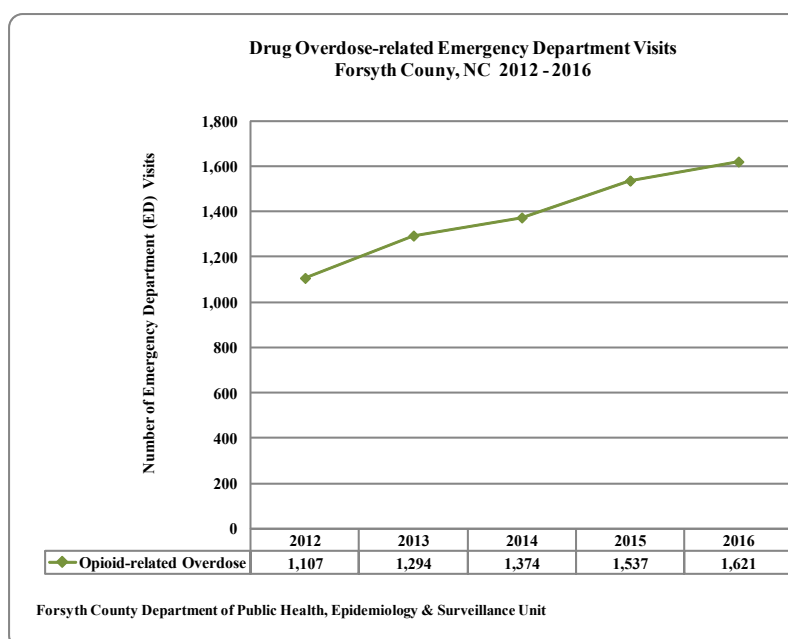
- Drug Overdose
- Mental Health
- Chronic Diseases including Oral Health
- Communicable Diseases
- Maternal & Infant Health
- Quality of Life/Health Disparities

### Drug Overdose

Drug overdose is a significant health issue for Forsyth County. Emergency Department (ED) data were used for this analysis because it was the most comprehensive data set available for Forsyth County during the review period. The data team did not have access to peer counties and State of North Carolina's comparable ED data during the review period.<sup>1</sup> One limitation in the data reviewed is that because it was based on visits to the ED, it excluded all cases that were treated elsewhere. A second limitation is that after 2013, race/ethnicity was rarely noted. Prior to that, White, non-Hispanic populations accounted for more than 90% of ED drug overdose cases in Forsyth County.

**Figure 2**

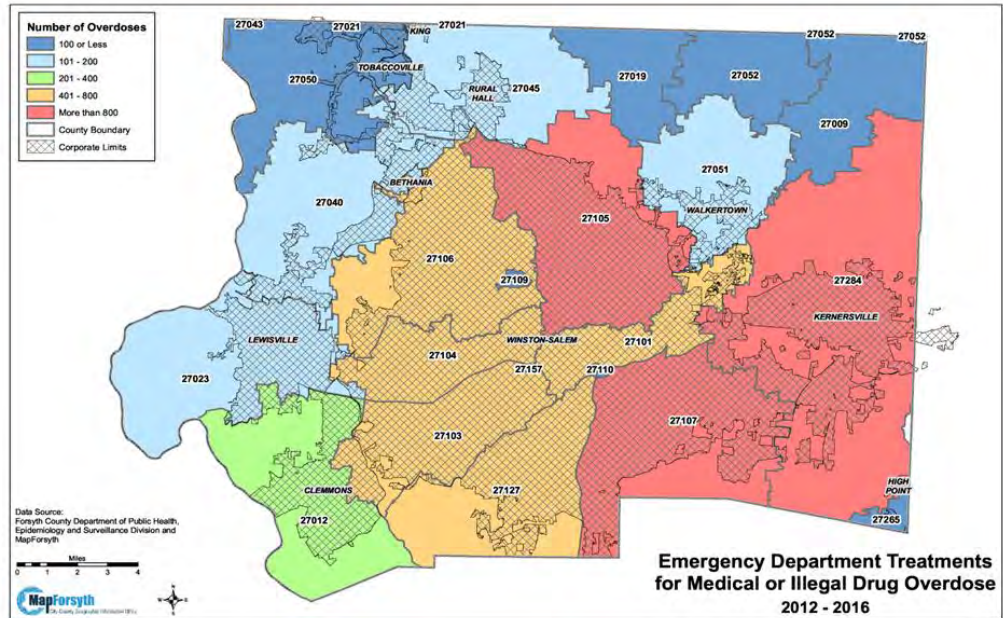
**Figure 2** shows that between 2012 and 2016, the number of drug overdose cases seen in the Forsyth County's EDS increased 46.4% from 1,107 (2012) to 1,621 (2016).



<sup>1</sup> Beginning with year 2017, a pdf data report for all counties & State of NC became available in 2018.

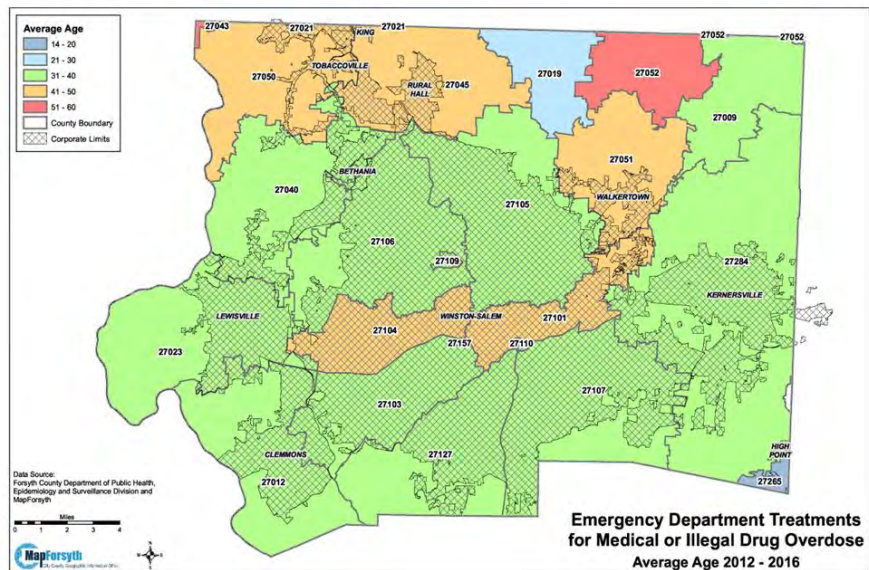
**Figure 3** shows that from 2012 to 2016, the majority of the drug overdose ED cases (800 or more) were from zip codes 27284 (Kernersville), 27107 (Winston-Salem), and 27105 (Winston-Salem) [zip codes in red]. The least number of drug overdose ED cases for the same period were from the zip codes 27019 (Germantown), 27052 (Walnut Cove), and 27050 (Tobaccoville) [zip codes in dark blue] (Figure 3).

**Figure 3**



**Figure 4** shows that the majority of the ED drug overdose patients were between ages 31-40 years. This age group of patients was from the zip codes that are colored in light green. These zip codes include 27284 (Kernersville), 27103 (Winston-Salem), 27105 (Winston-Salem), and 27127(Winston-Salem). Drug overdose ED patients who were between ages 14-20 years were from zip code 27265 (High Point, dark blue color). The oldest (age 51-60 years) drug overdose ED patients were from 27052 (Walnut Cove, light blue area).

**Figure 4**



### **Drug Overdose: Summary & Synthesis**

Base on first responders' observation, the majority of drug overdose cases that they encountered during the past few years were among habitual drug users and/or populations with poor mental health. They noted the drug that most overdosed on was heroin with methadone a distant second. They believe that heroin tended to be the drug of choice because it was much cheaper than cocaine or other legal or illegal drugs.

In 2013, following the rapid increase in Forsyth County's drug overdose cases, Forsyth County implemented a multipronged approach to reduce/eliminate drug overdose among its population. First, trained Forsyth County law enforcement officers joined Forsyth County Emergency Medical Services (EMS) in the distribution of naloxone (narcane) to drug overdose patients and their families. Initially, the naloxone distributed was from the North Carolina Harm Reduction Coalition (NCHRC) overdose rescue kits that were provided to Forsyth County EMS.<sup>2</sup> However, in 2016, the Forsyth County Department of Public Health (FCDPH) began supplementing the County's stockpile of naloxone kits through its Project Lazarus grant funding.

Project Lazarus is a community-based drug overdose prevention program. Its components include programs to educate and support providers and patients, reduce excess drug supply and diversion, reduce harm from available drugs, promote safer clinical practices and prescribing policy, and evaluate activities. A significant portion of the funding is the stockpiles of naloxone that FCDPH receives. FCDPH has received additional grant funding for Project Lazarus which allows it to continue through 2020.

Second, in 2017, EMS launched the Forsyth County Opioid Task Force. The task force is comprised of law enforcement officers, medical personnel, behavioral health specialists, social workers, and others. The education and support segment of Project Lazarus is the core of the Task Force's operations. The task force aims to improve access to treatment, prevent silos and duplication of efforts, maximize resources, and educate the community about drug addiction in the country. The task force is structured into rapid response teams for each special population: *Justice Involved Persons, Veterans, Pregnant and Actively Using*, and those with *Infectious Diseases*. The other two groups are *Education* and *Families/Support System*. The Rapid Response Teams respond to anyone in Forsyth County who are in need of addiction-related services.

### **Mental Health**

Due to policies that restrict access to mental health data, data that describes the prevalence of mental health among adults in Forsyth County is limited. Among youths, one available data source is the results of the Winston Salem/Forsyth County High School Youth Risk Behavior Survey (WSFC YRBS). The data team analyzed the 2013 and 2015 YRBS results that were reported in 2014 and 2016, respectively.

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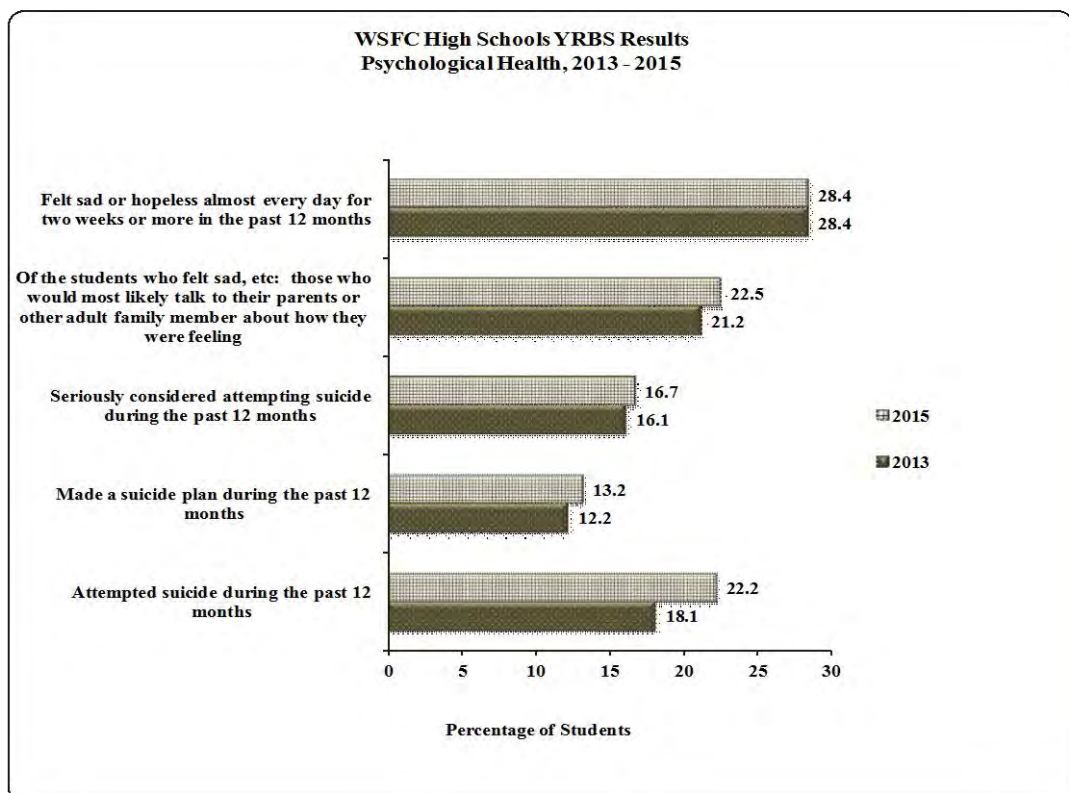
<sup>2</sup> NCHRC provides free overdose rescue kits for active IV drug users, people on medication-assisted treatment, people who are formerly incarcerated with a history of opiate use, people engaged in sex work or people who identify as transgender.



Based on the 2015 WSFC YRBS results, about 28% of high school students *experienced hopelessness or sadness continuously for two weeks or more* in the 12 months prior to the survey (**Figure 5**). The percentage of students who reported that they *experienced hopelessness or sadness continuously for two weeks or more* in the 12 months prior to the survey was unchanged from 2013.

However, there was a 3.7% increase in the percentage of students who reported that they *seriously considered attempting suicide* from 16.1% (2013) to 16.7% (2015). Also, there was an 8.2% increase in the percentage of students who reported that they *made a suicide plan* from 12.2% (2013) to 13.2% (2015). Lastly, the percentage of high school students who *attempted suicide* during the 12 months prior to the survey increased 22.7% from 18.1% (2013) to 22.2% (2015).

**Figure 5**



#### *Race/Ethnicity*

**Table 4** shows that, in 2015, Hispanic/Latino high school students were more likely than Black or White high school students to report that they had *felt sad or hopeless continuously for two weeks or more* in the past 12 months, *seriously considered attempting suicide* in the past 12 months or *made a suicide plan* in the past 12 months. Yet in 2015, Black high school students were more likely than White, non-Hispanic or Hispanic/Latino high school students to report that they had *attempted suicide* in the past 12 months. Also, Black, non-Hispanic high school students were more likely than White, non-Hispanic or Hispanic/Latino high school students to report that *if they felt sad or hopeless continuously for two weeks or more ..., they would speak to their parents or other adult family member about how they were feeling*.



Table 4

WSFC High Schools YRBS Results										
Psychological Health based on Race/Ethnicity & Gender, 2013 - 2015										
Psychological Health Behavior	Black, non-Hispanic		Hispanic/Latino		White, non-Hispanic		Female		Male	
	2015	2013	2015	2013	2015	2013	2015	2013	2015	2013
Felt sad or hopeless almost every day for two weeks or more in the past 12 months	21.0	23.8	35.1	31.9	29.3	30.4	37.4	38.7	19.5	18.0
*Of the students who felt sad, etc: those who would most likely talk to their parents or other adult family member about how they were feeling	23.5	n/a	19.5	n/a	23.3	n/a	21.1	n/a	24.7	n/a
Seriously considered attempting suicide during the past 12 months	13.5	12.6	18.7	15.3	15.8	19.3	21.6	22.5	11.6	9.7
Made a suicide plan during the past 12 months	11.0	10.2	13.9	14.9	12.7	12.7	16.6	17.4	9.8	6.8
Attempted suicide $\geq 1$ times during the past 12 months	29.4	19.9	26.3	23.3	14.3	15.8	24.8	19.8	19.3	16.1

\*Not asked in 2013

Among Black, non-Hispanic Populations, there was a (n):

- 11.8% decrease in the percentage of high school students who *felt sad or hopeless almost every day for two weeks or more in the past 12 months* from 2013 (23.8) to 2015 (21.0)
- 7.1% increase in the percentage of high school students who *seriously considered attempting suicide during the past 12 months* from 2013 (12.6) to 2015 (13.5)
- 7.8% increase in the percentage of high school students who *made a suicide plan during the past 12 months* from 2013 (10.2) to 2015 (11.0)
- 47.7% increase in the percentage of high school students who *attempted suicide  $\geq 1$  times during the past 12 months* from 2013 (19.9) to 2015 (29.4)

Among Hispanic/Latino high school students, there was a (n):

- 10.0% increase in the percentage of high school students who *felt sad or hopeless almost every day for two weeks or more in the past 12 months* from 2013 (31.9) to 2015 (35.1)
- 22.2% increase in the percentage of high school students who *seriously considered attempting suicide during the past 12 months* from 2013 (15.3) to 2015 (18.7)
- 6.7% decrease in the percentage of high school students who *made a suicide plan during the past 12 months* from 2013 (14.9) to 2015 (13.9)
- 12.9% increase in the percentage of high school students who *attempted suicide  $\geq 1$  times during the past 12 months* from 2013 (23.3) to 2015 (26.3)

Among White, non-Hispanic high school students, there was a (n):

- 3.6% decrease in the percentage of high school students who *felt sad or hopeless almost every day for two weeks or more in the past 12 months* from 2013 (30.4) to 2015 (29.3)
- 18.1% decrease in the percentage of high school students who *seriously considered attempting suicide during the past 12 months* from 2013 (19.3) to 2015 (15.8)
- no change in the percentage of high school students who *made a suicide plan during the past 12 months* from 2013 (12.7) to 2015 (12.7)
- 9.5% decrease in the percentage of high school students who *attempted suicide  $\geq 1$  times during the past 12 months* from 2013 (15.8) to 2015 (14.3)

### Gender

Based on the 2015 WSFC High School responses, high school females were more likely than males to report that they had *felt sad or hopeless continuously for two weeks or more, seriously considered attempting suicide, made a suicide plan, or have attempted suicide during the past 12 months*.

*Among females, there was a:*

- 3.4% decrease in the percentage of high school students who *felt sad or hopeless almost every day for two weeks or more in the past 12 months* from 2013 (38.7) to 2015 (37.4)
- 4.0% decrease in the percentage of high school students who *seriously considered attempting suicide during the past 12 months* from 2013 (22.5) to 2015 (21.6)
- 4.6% decrease in the percentage of high school students who *made a suicide plan during the past 12 months* from 2013 (17.4) to 2015 (16.6)
- 25.3% increase in the percentage of high school students who *attempted suicide  $\geq 1$  times during the past 12 months* from 2013 (19.8) to 2015 (24.8)

*Among male high school students, there was a (n):*

- 8.3% increase in the percentage of high school students who *felt sad or hopeless almost every day for two weeks or more in the past 12 months* from 2013 (18.0) to 2015 (19.5)
- 16.4% increase in the percentage of high school students who *seriously considered attempting suicide during the past 12 months* from 2013 (9.7) to 2015 (11.6)
- 44.1% increase in the percentage of high school students who *made a suicide plan during the past 12 months* from 2013 (6.8) to 2015 (9.8)
- 19.9% increase in the percentage of high school students who *attempted suicide  $\geq 1$  times during the past 12 months* from 2013 (16.1) to 2015 (19.3)

### Mental Health: Summary & Synthesis

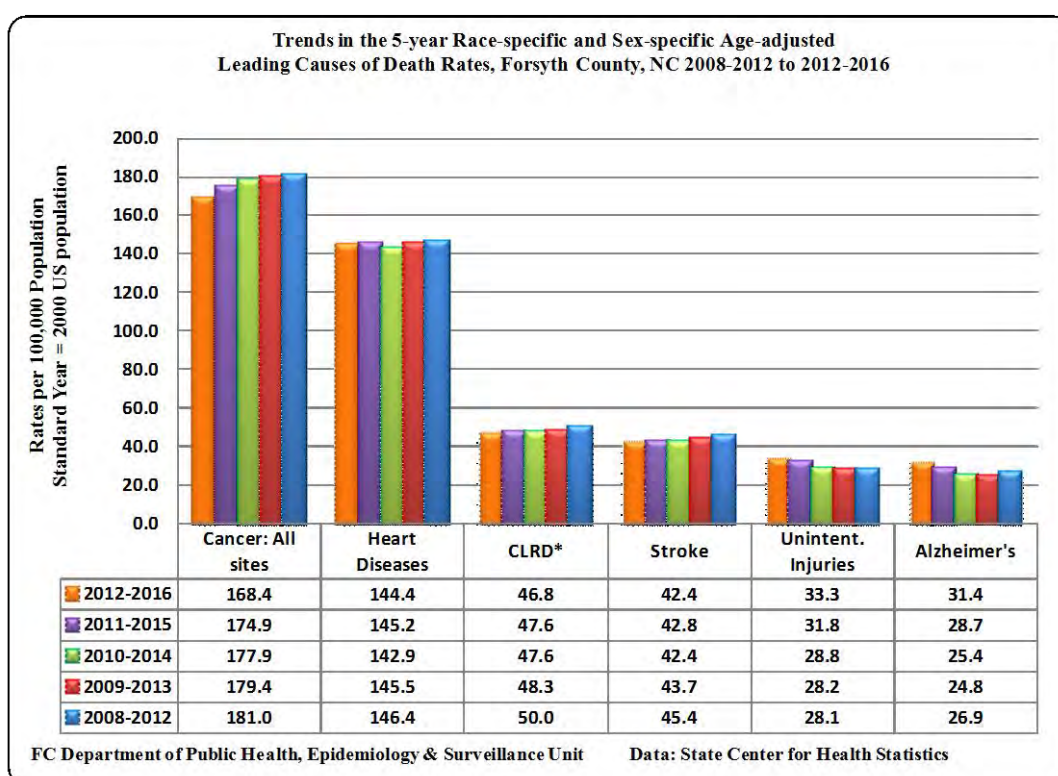
While data was not accessible for Forsyth County's adult population, the WSFC high school YRBS responses provided some insight on youth mental health. In general, based on the 2013 and 2015 responses, greater than 12% of WSFC high school students had *felt sad or hopeless almost every day for two weeks or more, seriously considered attempting suicide, made a suicide plan, or attempted suicide  $\geq 1$  times*. Of note, Black, non-Hispanic high school students were more likely than White, non-Hispanic or Hispanic/Latino high school students to attempt suicide.

Following the report of the 2013 WSFC YRBS results, the school system implemented mental health awareness training among teachers and support staff. School social workers and psychologists are now more aware of students' mental health issues. A preliminary review of the 2017 WSFC high school YRBS responses to the mental health questions suggest that the school system's intervention program could be working. For example, while the overall percentage of students who *made a suicide plan in the past 12 months* increased from 12.2% in 2013 to 13.8% in 2017, the percentage of those who *attempted suicide in the past 12 months* declined from 18.1% in 2013 to 9.4%. However, Black, non-Hispanic high school students were still more likely than White, non-Hispanic or Hispanic/Latino high school students to attempt suicide.

## Chronic Diseases

Chronic diseases and conditions are the leading causes of death in Forsyth County. **Figure 6** shows the trends in the 5-year race/ethnicity-specific and sex-specific age-adjusted leading causes of death in Forsyth County from 2008-2012 to 2012-2016. Cancer (all sites), heart diseases, chronic lower respiratory diseases (CLRD), and cerebrovascular disease (stroke) were the major chronic diseases experienced. Of note, although the rates for deaths due to cancer (all sites), heart diseases, chronic lower respiratory diseases (CLRD) and cerebrovascular (CLRD) diseases were relatively high, each slightly decreased from 2008-2012 to 2012-2016. In contrast, the rates of deaths due to Alzheimer's and unintentional injuries slightly increased from 2008-2012 to 2012-2016.

**Figure 6**



Between 2008-2012 and 2012-2016, Forsyth County's:

- Cancer (all sites) rate decreased by 7.0% from 181.0 per 100,000 population to 168.4 per 100,000 population
- Heart disease rate decreased by 1.4% from 146.4 per 100,000 population to 144.4 per 100,000 population
- CLRD (chronic lower respiratory disease) rate decreased by 6.4% from 50.0 per 100,000 population to 46.8 per 100,000 population
- Stroke rate decreased by 6.6% from 45.4 per 100,000 population to 42.4 per 100,000 population

However, during the same period, Forsyth County's:

- Unintentional injuries rate increased by 18.5% from 28.1 per 100,000 population to 33.3 per 100,000 population
- Alzheimer's rate increased by 16.7% from 26.9 per 100,000 population to 31.4 per 100,000 population

**Table 5** shows that much of the changes reflected in the decrease in the *cancer, heart disease, chronic lower respiratory disease* and *stroke* rates were primarily due to improvements in the Black, non-Hispanic or male rates for those diseases. For example, from 2008-2012 to 2012-2016, the Black, non-Hispanic rate for *cancer, heart disease, chronic lower respiratory disease* and *stroke* decreased by 10.6%, 7.0%, 13.6% and 28.0%, respectively. In contrast, the White, non-Hispanic rate for *cancer, heart disease* and *chronic lower respiratory* diseases decreased by 5.9%, 4.3%, and 5.1%, respectively. There was an almost 1.0% increase in the *stroke* rate for the White, non-Hispanic population. Examining the decrease based on gender shows that the rates for males who had *cancer, heart disease, chronic lower respiratory disease* and *stroke* decreased by 12.2%, 4.3%, 3.0% and 14.3%, respectively. For females, the rates for these same diseases decreased by 3.5%, 2.6%, 1.7%, and 4.1%, respectively.

**Table 5**

Leading Causes of Death based on Race/Ethnicity & Gender Forsyth County, NC 2008-2012 and 2012-2016										
Diseases	Black, non-Hispanic		Hispanic/Latino		White, non-Hispanic		Male		Female	
	2012-2016	2008-2012	2012-2016	2008-2012	2012-2016	2008-2012	2012-2016	2008-2012	2012-2016	2008-2012
Cancer (all sites)	196.7	220.1	85.5	94.1	165.4	175.7	199.0	226.7	148.1	153.5
Heart diseases	188.3	202.4	66.1	0.0	134.8	133.9	185.7	194.0	114.9	112.0
*CLRD	29.2	33.8	0.0	0.0	52.2	55.0	49.5	55.3	45.7	46.5
Stroke	45.0	62.5	0.0	0.0	41.7	41.3	41.6	46.4	42.2	44.0
Unintentional injuries rate	19.0	18.7	0.0	0.0	41.1	33.7	45.3	37.5	23.8	20.4
Alzheimer's	28.5	29.5	0.0	0.0	32.4	26.9	24.9	16.9	34.5	31.9

**Table 5** also shows that much of the increase in unintentional injuries and Alzheimer's rate were due primarily to increases in the White, non-Hispanic rate or the rates for male. For example, the White, non-Hispanic population rate for unintentional injuries and Alzheimer's increased by 22.0% and 20.4%, respectively. In contrast, for the Black, non-Hispanic population, the rates for unintentional injuries and Alzheimer increased by 1.6% and 3.4%, respectively. For males, the rates for those diseases increased by 20.8% and 47.3%, respectively. However for females, unintentional injuries and Alzheimer increased by 16.7% and 7.2%, respectively

**Table 6** shows that Forsyth County's death rates due to cancer (all sites), heart diseases, cerebrovascular disease (stroke), diabetes, and kidney diseases were slightly lower than State of NC for 2012-2016. However, its death rates for heart diseases, cancer (all sites), chronic lower respiratory disease (CLRD), cerebrovascular disease (stroke), unintentional injuries, pneumonia and influenza, and septicemia were greater than all peer counties for 2012-2016 (**Table 6**).

**Table 6**

Leading Causes of Death for Forsyth County, Peer Counties & State of NC 2012-2016 Race/Ethnicity-specific and Sex-specific Age-adjusted Rates per 100,000 Population <sup>1</sup>						
	North Carolina	Forsyth	Durham	Guilford	Mecklenburg	Wake
Cancer: All sites	169.1	168.4	167.0	160.7	150.1	151.0
Heart Diseases	163.7	144.4	130.8	143.1	132.0	125.0
CLRD*	45.9	46.8	29.1	38.1	30.3	30.0
Stroke	43.1	42.4	37.0	41.6	38.7	39.1
Unintentional Injuries	30.5	33.3	22.7	31.0	21.1	21.0
Alzheimer's	30.2	31.4	25.4	35.0	42.0	19.9
Diabetes	22.8	21.8	21.0	19.4	16.9	16.6
Pneumonia and Influenza	17.5	20.4	14.2	15.5	15.2	10.7
Septicemia	13.0	15.5	10.0	11.3	14.0	7.4
Kidney Diseases	16.3	15.4	17.0	16.9	17.4	11.4

FC Department of Public Health: Epidemiology & Surveillance Division Data: State Center for Health Statistics

<sup>1</sup> Standard = 2000 US Population

\* CLRD: Chronic Lower Respiratory Diseases

**Table 6** shows that Forsyth County's death rates due to cancer (all sites), heart diseases, cerebrovascular disease (stroke), diabetes, and kidney diseases were slightly lower than State of NC for 2012-2016. However, its death rates for heart diseases, cancer (all sites), chronic lower respiratory disease (CLRD), cerebrovascular disease (stroke), unintentional injuries, pneumonia and influenza, and septicemia were greater than all peer counties for 2012-2016.

*Chronic Disease (excluding oral health): Summary & Synthesis*

Although the rate for some chronic diseases has improved, they remain relatively high in comparison to peer counties. Within Forsyth County, although Black, non-Hispanic populations chronic disease rates are declining, they remain relatively higher than White, non-Hispanic or Hispanic/Latino populations. Both Novant Health/Forsyth Medical and Wake Forest Baptist Medical Center have added more service in areas of the county where the population has had a high volume user rate for chronic disease treatment services. However, a focus on prevention must remain a part of any community health improvement plan to reduce the prevalence of chronic diseases.

Forsyth County/City of Winston Salem has more than 100 parks and recreation centers as well biking trails, walking trails and greenways that if used could help to prevent or improve many of the population's chronic disease conditions. Thus, questions that arose from the data group's discussion centered on getting a better understanding of how the population use these resources to become more physically active and their knowledge of everyday activities that could improve health. Also, the discussion focused on the population being more physically active at work and home.

### **Oral Health**

Dental caries is one of the most common chronic childhood health conditions. Yet, there is limited access to oral health data for Forsyth County, peer counties, and State of North Carolina. In 2016, the Forsyth County Department of Public Health implemented a data collection and database development program to assist the county in identifying areas of need. The first stage of this program was implemented in the Winston-Salem/Forsyth County elementary schools during the 2015/2016 school year.

**Figure 7** (next page) shows that in Forsyth County, Title 1 elementary schools had the highest percentage of students with dental caries during the 2015-2016 and 2016-2017 school years. For example, during both school years, at 39.3% of Title I elementary schools, between 10% and 15% of students had dental caries. In comparison, at non-Title I schools only 14.3% of schools had a similar percentage of students with dental caries for both school years. Similarly, at 21.4% of Title I elementary schools, more than 15% of students had dental caries during the 2015-2016 and 2016-2017 school years. In comparison, at non-Title I schools only 9.5% of schools had a similar percentage of students with dental caries for both years.

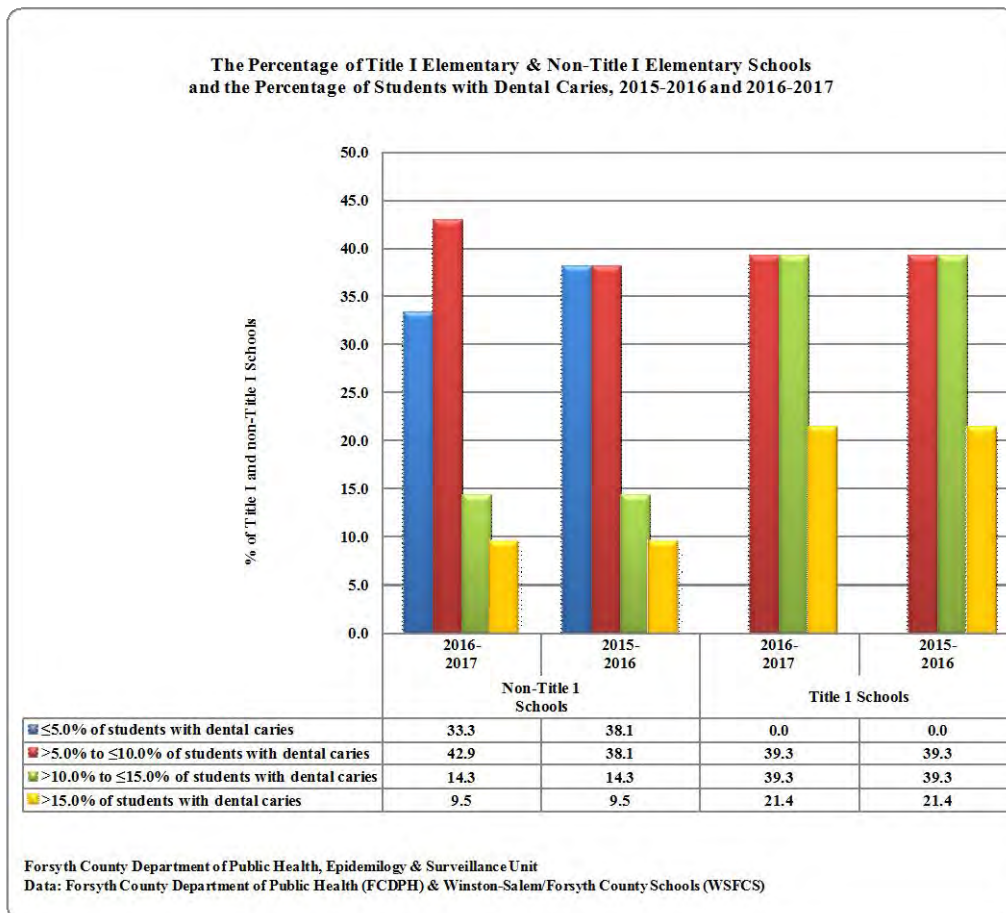
*Oral Health Summary & Synthesis*

The higher prevalence of dental caries in Title I elementary schools than in non-Title I elementary schools is of concern. In general, it suggests that Title I elementary school parents a) were not aware of their children's access to oral health care, b) were aware but have chosen to not access oral health care, and/or c) did not know the age at which oral health care should begin.

In Forsyth County, about 95% of students who are in Title I elementary schools are from families who are below the federal poverty level for their household size. Thus, these students

automatically qualify for Medicaid. Medicaid for this age group includes oral health from birth to age 5 years. Thus, to improve oral health among the age 0-5 population, it will be important to determine what is known or unknown about the start of oral health care in children, access to oral health care, and other possible deterrents to care.

Figure 7



### Communicable Diseases

Between 2012 and 2016, the number of infectious disease cases in Forsyth County exceeded 4,000 annually (Appendix A). Sexually transmitted infections account for more than 90% of each year’s total case counts (Appendix A).

**Table 7** shows that in Forsyth County, chlamydia has had the highest incidence rate per 100,000 population from 2012 to 2016. Between 2012 and 2016, Forsyth County’s chlamydia rate decreased about 9.7% from 783.1 per 100,000 population to 706.8 per 100,000 population. **Table 7** also shows that between 2012 and 2016, gonorrhea rates increased about 40% from 201.5 per 100,000 population to 282.4 per 100,000 population, respectively. The trend in HIV (all stages) rates shows an overall increase of 51% between 2012 (17.6 per 100,000 population) and 2016 (26.5 per 100,000 population) (**Table 7**). In contrast, the trend in the primary & secondary syphilis rates show an overall decrease of 61% between 2012 (15.3 per 100,000 population) and 2016 (6.1 per 100,000 population) (**Table 7**).

Table 7

Annual Rates for Newly Diagnosed Sexually Transmitted Diseases based on Year of Diagnosis, Forsyth County, NC 2012-2016*					
	2016	2015	2014	2013	2012
Chlamydia	706.8	675.0	663.5	669.7	783.1
Gonorrhea	282.4	283.7	256.4	208	201.5
Early Syphilis: Primary & Secondary	6.1	8.0	8.5	13.6	15.3
Early Latent	5.6	6.1	4.9	9.2	8.1
HIV, all stages	26.5	18.3	26.5	22.1	17.6

FC Department of Public Health, Epidemiology &amp; Surveillance Unit

Data: NC DHHS, HIV &amp; STD Surveillance Unit \* Rates per 100,000 Population

**Table 8** shows that Forsyth County's 2016 chlamydia and gonorrhea rates were 23% and 45% higher, respectively, than State of North Carolina's. Forsyth County's early syphilis (primary,

Table 8

Annual Rates for Newly Diagnosed Sexually Transmitted Diseases* Forsyth County, Peer Counties, & State of NC, 2016						
	N. Carolina	Forsyth	Durham	Guilford	Mecklenburg	Wake
Chlamydia	572.4	706.8	792.3	883.3	756.3	526.8
Gonorrhea	194.4	282.4	315.1	349.7	263.6	155.3
Early Syphilis: Primary & Secondary	10.7	15.3	21.9	17.6	28.1	12.1
Early Latent	8.0	8.1	17.3	14.8	18.3	11.8
HIV, all stages	16.4	26.5	31.9	31.5	30.4	20.0

FC Department of Public Health, Epidemiology &amp; Surveillance Unit

Data: NC DHHS, HIV &amp; STD Surveillance Unit \* Rates per 100,000 Population

secondary and early latent) and HIV (all stages) rates were also higher than the state's by 25% and 62%, respectively. Forsyth County's chlamydia and HIV (all stages) rates were lower than Durham, Guilford and Mecklenburg Counties' but higher than Wake County's. Forsyth County's 2016 primary & secondary syphilis rate was higher than Wake County's but lower than all other peer counties. Forsyth County's early latent syphilis rate was the lowest of all peer counties in 2016. Also, in 2016, Forsyth County's gonorrhea rate was lower than Durham and Guilford Counties' but higher than Mecklenburg and Wake Counties'.

In Forsyth County, new chlamydia cases for populations  $\leq 24$  years represented 67% of all new chlamydia cases in 2016 (**Table 9**). In 2016, females accounted for 71% of the  $\leq 24$  years positive cases. **Table 9** shows also that while the  $\leq 24$  years positive chlamydia cases have somewhat declined between 2012 and 2016, the percentage of those positive cases that were females have remained relatively unchanged.

Table 9

New Chlamydia Cases, Forsyth County, NC 2012 to 2016					
Year	Total	Age $\leq 24$ years, Total		Age $\leq 24$ years, Females only	
	# of cases	# of cases	% of total cases	# of cases	% of total age $\leq 24$ years cases
2016	2,622	1,750	66.7%	1,246	71.1%
2015	2,465	1,686	68.4%	1,237	73.4%
2014	2,463	1,693	68.7%	1,260	74.4%
2013	2,416	1,735	71.8%	1,280	73.8%
2012	2,300	2,026	88.1%	1,501	74.1%

FC Department of Public Health, Epidemiology &amp; Surveillance Unit

Source: NCEDSS. Current as of November 7, 2017

### Communicable Disease Synthesis & Summary

Among communicable diseases, sexually transmitted infections (STIs), particularly chlamydia, have had the highest incident rate in Forsyth County. It is believed that the higher STI rates



observed after 2014 were due primarily to the increase STI testing in the community by POSSE.<sup>3</sup> This trend is expected to continue for the next few years as POSSE adds more routes and testing locations to its schedule. In 2016, POSSE's program was expanded to provide HIV and other sexually transmitted diseases' education and screening in churches, jails, universities, homeless shelters, and nightclubs in the county.

The high percentage of new chlamydia cases that were attributed to the age 15-24 years population was of immediate concern. During the data team discussion, practitioners and educators noted that among this age group, there is confusion about what act(s) constitute 'sex', and thus the risks posed by sex acts or multiple partners. There was concern that the Winston-Salem/Forsyth County Schools (WSFCS) sexual health program still maintains an abstinence only focus. Thus, residents in the 15-24 age group may not have had the foundations to make informed sexual health decisions. Questions that could inform this limitation are proposed for the health opinion survey.

### Maternal and Infant Health

Forsyth County chose Maternal and Infant Health as a community health priority for each of the last two CHA cycles. Yet, it remains a significant health issues for the county. For example, between 2011 and 2016, the percentage of infant deaths due to extreme immaturity, prematurity and congenital abnormalities has consistently exceeded 70% (**Table 10**).

**Table 10**

Deaths due to Extreme Immaturity, Prematurity, and Congenital Abnormalities Forsyth County, NC 2011-2016			
Year	Number of Infant Deaths	Deaths due to extreme immaturity, prematurity, congenital abnormalities	% of deaths due to extreme immaturity, prematurity, congenital abnormalities
2016	42	39	92.9%
2015	32	29	90.6%
2014	31	22	71.0%
2013	39	31	79.5%
2012	50	40	80.0%
2011	47	40	85.1%

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Although the county has implemented action plans from the 2014 CHA to improve maternal and infant health outcome, the at-risk population is changing. One of the maternal and infant health issues that the county sought to improve among the Black, non-Hispanic population was teen pregnancy. This issue and others, such as lower formal education levels, are now also evident among the Hispanic population.

### Pregnancy Rates among Teens

**Table 11** shows trends in the pregnancy rates per 1,000 population for 15-17 year olds from 2008-2012 to 2012-2016. Forsyth County's overall pregnancy rate per 1,000 population declined 39.7% from 2008-2012 (29.5) to 2012-2016 (17.8). Each age 15-17 race/ethnicity-specific pregnancy rate declined during that period as well. For example, among the Hispanic population, the age 15-17 pregnancy rate declined 41.9% from 61.9 per 1,000 population in 2008-2012 to 36.1 per 1,000 population in 2012-2016. Also, among the Black, non-Hispanic population, the age 15-17 pregnancy rate declined 42.4% from 41.5 per 1,000 population in 2008-2012 to 23.9 per 1,000 population in 2012-2016. Note, however, that from 2008-2012 to 2012-2016, the Black, non-Hispanic pregnancy rate per 1,000 population for this age group was

<sup>3</sup> *Prevent Ongoing Spread of STIs Everywhere* (POSSE) local outreach program is part of the Forsyth County Department of Public Health's communicable disease prevention program.



$\geq 3$  times that of the White, non-Hispanic population's, and the Hispanic pregnancy rate per 1,000 population for this age group was  $\geq 4$  times that of the White, non-Hispanic population's.

**Table 11**

Five-Year Trend in Pregnancy Rates per 1,000 Population for Females Age 15 - 17 Years based on Race/Ethnicity, Forsyth County, NC, 2008-2012 to 2012-2016					
	2012-2016	2011-2015	2010-2014	2009-2013	2008-2012
<b>Total</b>	17.8	20.6	18.6	26.3	29.5
<b>White, Non-Hispanic</b>	8.4	9.3	8.4	12.3	12.9
<b>Black, Non-Hispanic</b>	23.9	28.8	26.2	36.2	41.5
<b>Other, Non-Hispanic</b>	*	*	*	*	19.8
<b>Hispanic</b>	36.1	40.9	36.9	53.3	62.1

FC Department of Public Health, Epidemiology & Surveillance Unit

Source: State Center for Health Statistics \*Rates based on fewer than 20 cases were not reported

**Table 11** shows that Forsyth County's 2012-2016 teen pregnancy rate per 1,000 population (17.8) was the 2nd highest of the five (5) urban counties. It was also higher than State of North Carolina's (15.7). **Table 11** also shows that Forsyth County's age 15-17 years Hispanic pregnancy rate per 1,000 population (36.1) exceeded that of the state (27.9) and most of the other urban counties.

**Table 11**

Pregnancy Rates per 1,000 Population for Females Age 15 - 17 Years based on Race/Ethnicity, Forsyth County, Peer Counties, and State of NC, 2012-2016						
	North Carolina	Forsyth	Durham	Guilford	Mecklenburg	Wake
<b>Total</b>	15.7	17.8	22.4	14.5	15.8	10.4
<b>White, Non-Hispanic</b>	9.8	8.4	5.9	6.6	3.9	3.8
<b>Black, Non-Hispanic</b>	23.5	23.9	25.6	21.2	22.9	19.8
<b>Other, Non-Hispanic</b>	12.8	*	*	9.3	7.6	*
<b>Hispanic</b>	27.9	36.1	43.9	27.7	31.4	25.1

FC Department of Public Health, Epidemiology & Surveillance Unit

Source: State Center for Health Statistics \*Rates based on fewer than 20 cases were not reported

**Table 12** shows that between 2008-2012 and 2012-2016, Forsyth County's overall live birth rate per 1,000 population declined almost 9% from 13.6 per 1,000 population to 12.4 per 1,000 population. Live birth rates based on race/ethnicity also declined during this period. However, while the Hispanic live birth rate per 1,000 population declined about 24% from 2008-2012 (27.4) to 2012-2016 (20.9), it remained at almost two times the Total, non-Hispanic live birth rate per 1,000 population (11.7, 11.2, respectively). Based on individual race/ethnicities, the Hispanic live birth rate per 1,000 population was  $\geq 2$  times that of the White, non-Hispanic population from 2008-2012 to 2012-2016. During the same period, the Hispanic live birth rate per 1,000 population  $\geq 1.5$  times that of the Black, non-Hispanic population.

**Table 12**

Five-Year Trend in the Live Birth Rates per 1,000 Population by Race/Ethnicity Forsyth County, NC, 2008-2012 to 2012-2016					
	2012-2016	2011-2015	2010-2014	2009-2013	2008-2012
<b>Overall Total</b>	12.4	12.5	12.8	13.1	13.6
<b>Total, Non-Hispanic</b>	11.2	11.2	11.4	11.5	11.7
<b>White, Non-Hispanic</b>	9.9	9.9	10.0	10.1	10.3
<b>Black, Non-Hispanic</b>	13.4	13.8	14.1	14.3	14.6
<b>Other, Non-Hispanic</b>	16.1	15.3	15.3	15.4	15.1
<b>Hispanic</b>	20.9	21.5	23.1	25.0	27.4

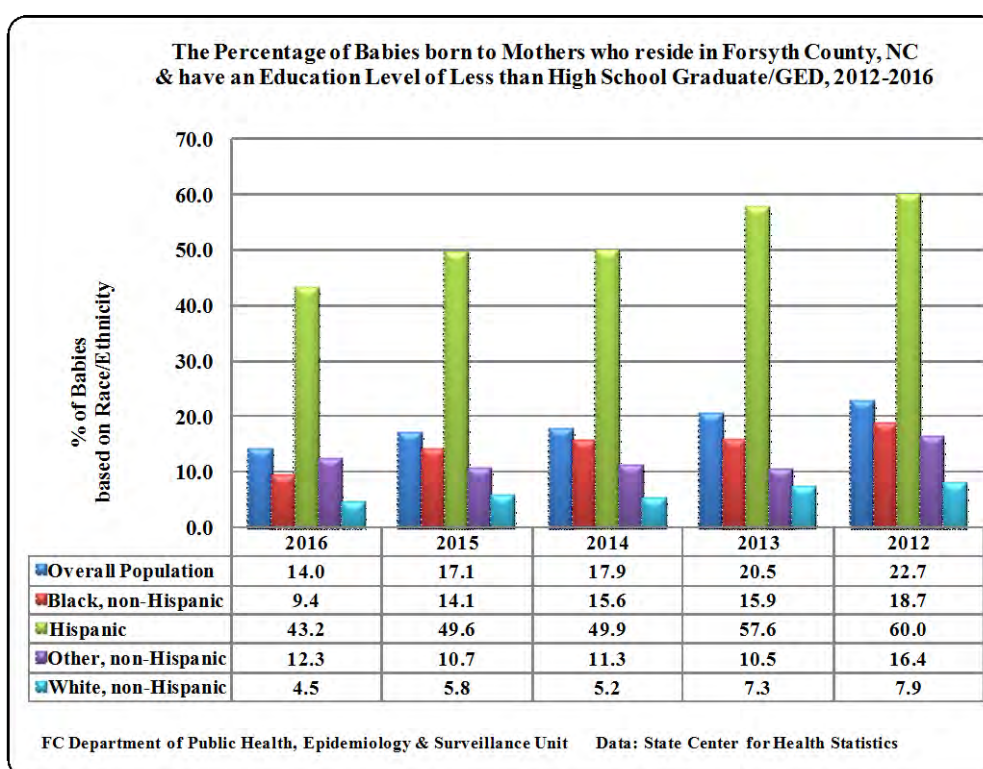
The Forsyth County Department of Public Health, Epidemiology & Surveillance Unit

Source: State Center for Health Statistics

*Maternal Education Level*

A review of Forsyth County's birth risk factor characteristics shows that Hispanic babies were born disproportionately to mothers who have a lower formal education level than Black, non-Hispanic or White, non-Hispanic babies. For example, **Figure 8** shows that in 2016, 43.2% of Hispanic babies were born to mothers who had *less than a high school education*. In contrast, 9.4% of Black, non-Hispanic babies and 4.5% of White, non-Hispanic babies were born to mothers who had less than a high school education. While the percentage of Hispanic babies born to mothers who had *less than a high school education* declined by 28.0 % from 60.0% in 2012 to 43.2% in 2016, this most current percentage was  $\geq 9$  times that of White, non-Hispanic babies, and  $\geq 4$  times that of Black, non-Hispanic babies. In 2016, the percentage of Black, non-Hispanic babies born to mothers who had *less than a high school education* was about 2 times that of White, non-Hispanic babies.

**Figure 8**



*Maternal and Infant Health: Summary & Synthesis*

Maternal and infant health has dominated discussion on Forsyth County population health for more than 7 years. Much of the focus has been on implementing programs that focus on *reducing teen pregnancy, improving pregnancy care access and management, improving early childhood care and preventing unsafe sleep/co-sleeping*. While these programs have the potential to improve health outcome, there results have been inconsistent.

To *reduce teen pregnancy* while supporting teen mothers so that they can complete their middle or high school program, five county programs define the student support plan. The first is *Teen Talk*, a program developed by the *Adolescent Health Coalition*. *Teen Talk* recruits teens to talk with other teens about male-female relationships, peer pressure, birth control and similar topics in a natural setting. The second is the support system that the Winston Salem Forsyth County School System's has developed for students who get pregnant while in school. The goals include

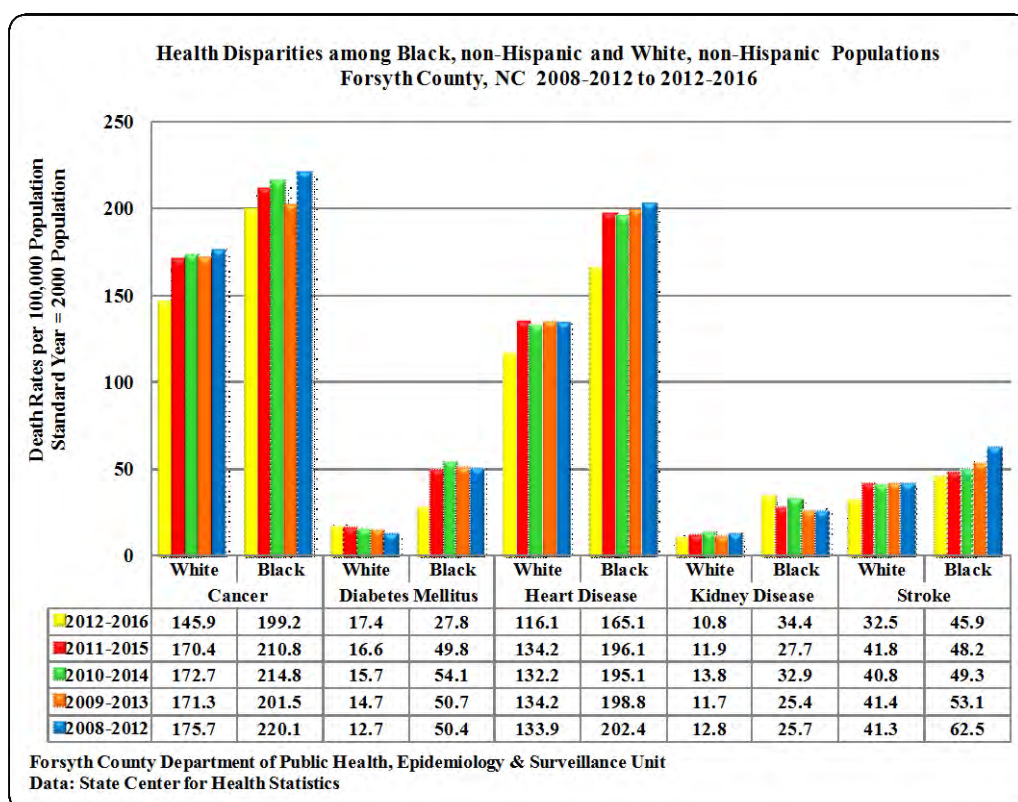
assisting pregnant students or students who are mothers to complete their school work so that they can complete middle or high school on time. Third, the Department of Public Health's *Pregnancy Care Management Program (PCM)* provides support services to students in coordinating and accessing pregnancy care. This support service includes free transportation to and from medical appointments or the pharmacy. The fourth is the Department of Public Health's *Nurse Family Partnership (NFP)* that provides in home weekly support to the student-mother and child. Combined these services reduce the risk of teens not completing their program due to the pregnancy or birth of a baby.

One major issue highlighted by the medical and maternal and infant health service providers was that stress continues to be the single most important issue that they have observed among pregnant women, and that although free or low cost services that may reduce stress exist many do not use them. Their advice was that the team should identify the reasons that the existing services are not being used by the groups targeted.

### Health Disparities/Quality of Life

Chronic diseases and infant mortality are two of the health issues in which health disparity is most evident in Forsyth County. For example, **Figure 9** shows that Black, non-Hispanic populations disproportionately experience cancer, heart disease, diabetes, kidney disease and stroke, and thus are more likely to die than White, non-Hispanic populations.

**Figure 9**



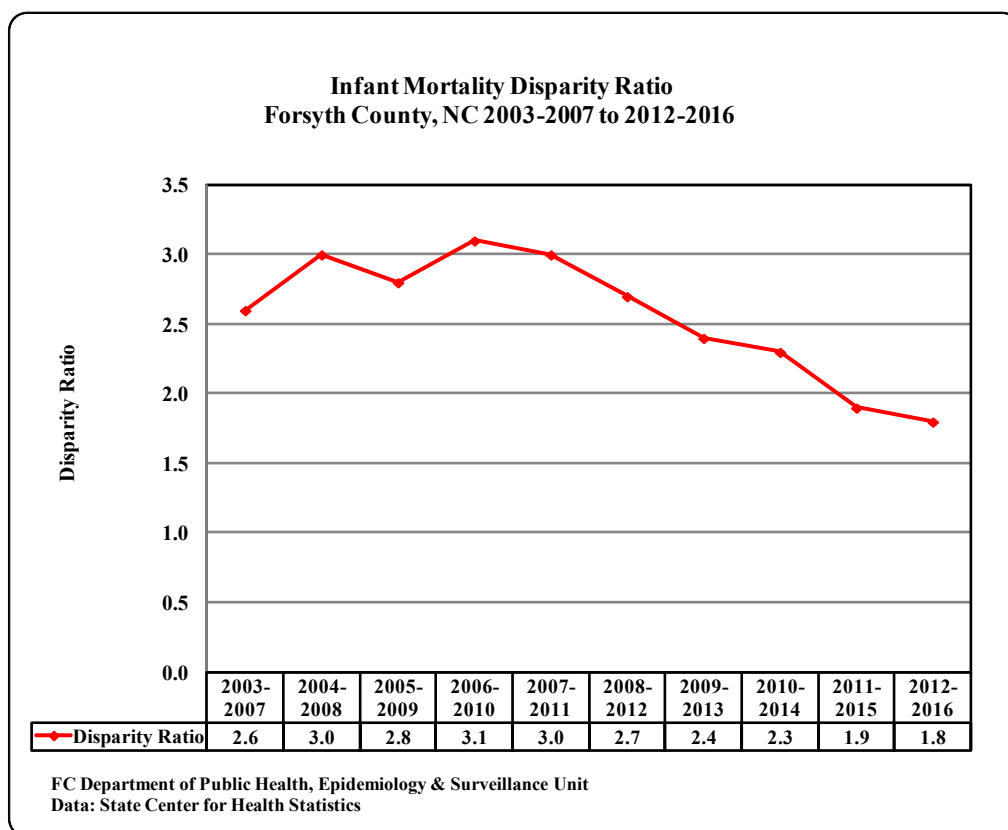
**Figure 9** shows that during 2012-2016:

- The Black, non-Hispanic population rate for cancer was 199.2 and for the White, non-Hispanic population it was 145.9. This data suggests that in Forsyth County, a Black, non-Hispanic person is 1.4 times more likely to die from cancer than a White, non-Hispanic person.

- The Black, non-Hispanic population rate for diabetes mellitus was 27.8 and for the White, non-Hispanic population it was 17.4. This data suggests that in Forsyth County, a Black, non-Hispanic person is 1.6 times more likely to die from diabetes mellitus than a White, non-Hispanic person.
- The Black, non-Hispanic population rate for heart diseases was 165.1 and for the White, non-Hispanic population it was 116.1. This data suggests that in Forsyth County, a Black, non-Hispanic person is 1.4 times more likely to die from heart diseases than a White, non-Hispanic person.
- The Black, non-Hispanic population rate for kidney diseases was 34.4 and for the White, non-Hispanic population it was 10.8. This data suggests that in Forsyth County, a Black, non-Hispanic person is 3.2 times more likely to die from kidney diseases than a White, non-Hispanic person.
- The Black, non-Hispanic population rate for stroke was 45.9 and for the White, non-Hispanic population it was 32.5. This data suggests that in Forsyth County, a Black, non-Hispanic person is 1.4 times more likely to die from stroke than a White, non-Hispanic person.

**Figure 10** shows the infant mortality disparity ratio from 2003-2007 to 2012-2016. Though declining, the disparity ratio between Black, non-Hispanic infant deaths and White, non-Hispanic infant deaths has remained above 1 during the past 10 rolling 5-year averages. For 2012-2016, the disparity ratio was 1.8. This means that a Black, non-Hispanic child was 1.8 times more likely to die within the first year of its life than a White, non-Hispanic child.

**Figure 10**



Health disparities are influenced by poverty and thus by extension, the social determinants of health. Access to care, access to healthy foods, and a stress free environment are some of the social determinants of health that influence quality of life.

Health-related Quality of Life is an individual's perception of his or her well-being as it relates to his or her physical, mental, social and economic health. One measure that is used to estimate health-related quality of life in a county is the life expectancy of its population.

**Table 13** shows that the life expectancy of someone born in Forsyth County between 2013 and 2015 is estimated to be about 78 years. This 78-year life expectancy has remained relatively unchanged from 2011-2013 to 2013-2015. Of note, male and Black, non-Hispanic populations born during these periods had a lower expected life expectancy (about 76 years each) than female and White, non-Hispanic populations (80 and 79 years, respectively) who were born during the same period.

**Table 13**

Life Expectancy at Birth in Forsyth County, NC based on Gender & Race/Ethnicity, 2011-2013 to 2013-2015			
	2013-2015	2012-2014	2011-2013
Total	78.3	78.3	78.1
Male	76.0	76.1	75.7
Female	80.4	80.3	80.2
White, non-Hispanic	78.8	79.2	79.0
Black, non-Hispanic	75.9	75.6	75.0

Forsyth County Department of Public Health, Epidemiology & Surveillance Unit  
Data: State Center for Health Statistics

**Table 14** shows that life expectancy in Forsyth County from 2011-2013 to 2013-2015 slightly exceeded the state's. However, Forsyth County's life expectancy during these periods was lower than that of Durham, Guilford, Mecklenburg, and Wake Counties.

**Table 14**

Life Expectancy at Birth in Forsyth, Peer Counties & State of North Carolina, 2011-2013 to 2013-2015			
	2013-2015	2012-2014	2011-2013
North Carolina	77.7	78.3	78.3
Forsyth	78.3	78.3	78.1
Durham	79.8	79.9	79.9
Guilford	78.9	79.0	79.1
Mecklenburg	80.3	80.4	80.4
Wake	81.6	81.5	81.4

Forsyth County Department of Public Health, Epidemiology & Surveillance Unit  
Data: State Center for Health Statistics

The similarities and differences in life expectancy based on race/ethnicity and gender that were observed in Forsyth County were evident in peer counties and State of North Carolina's data as well (**Table 15**). Forsyth County's life expectancy based on gender as well as race/ethnicity was slightly higher than the state's but lower than peer counties'. The life expectancy data in **Table 15** suggest that Forsyth County's population is likely to have a lower quality of life than those who live in peer counties, and that males and Black, non-Hispanic populations will disproportionately experience this lower quality of life.

**Table 15**

Life Expectancy at Birth in Forsyth, Peer Counties & State of North Carolina based on Gender & Race/Ethnicity, 2013-2015					
	Total	Male	Female	White, non-Hisp	Black, non-Hisp
North Carolina	77.7	75.2	80.2	78.5	75.4
Forsyth	78.3	76.0	80.4	79.2	75.8
Durham	79.8	77.1	82.3	82.0	76.7
Guilford	78.9	76.4	81.2	80.0	76.6
Mecklenburg	80.3	77.8	82.6	82.1	76.9
Wake	81.6	79.3	83.6	82.3	77.9

Forsyth County Department of Public Health, Epidemiology & Surveillance Unit

Data: State Center for Health Statistics

### *Health Disparity Quality of Life: Summary and Synthesis*

The health disparity and quality of life data suggest that Forsyth County's Black, non-Hispanic population disproportionately experience poor health outcomes. Since health disparity is a function of poverty, crime and other socioeconomic factors, it was proposed that questions about quality of life be included on the community health opinion survey.

### **Secondary Data Analysis Summary**

The secondary data analysis focused on the major health issues in Forsyth County. The major health issues were *drug overdose, mental health, oral health, chronic diseases (including oral health), communicable diseases, maternal and infant health, and health disparities*. Questions that could help the community to work together to improve *oral health among children age 5 and younger, chronic diseases (cancer, heart disease, etc), sexual health, maternal and infant health, and health disparities* remain. The data team developed and implemented a community health opinion survey to collect data that could assist in this regard.

### **Primary Data Analysis**

Questions that resulted from the secondary data analysis were included on the 2017 Community Health Opinion (CHO) Survey. These questions were meant to provide additional information on oral health, chronic diseases (excluding oral health and mental health), sexual health, and maternal and infant health. Using convenience sampling, the 2017 CHO Survey was administered in Spanish and English from January 31<sup>st</sup>, 2017 to May 31<sup>st</sup>, 2017. Four hundred and twenty seven (427) residents responded to the survey. Black, non-Hispanic and Hispanic/Latino populations were oversampled because both of these populations were identified as disproportionately at risk for at least one of the major health issues that required additional information. The response rate for survey questions ranged from 87% to 94%. (See Appendix B for the 2017 CHO Survey and Summary Results).

### Chronic Disease (emphasis on physical activity)

Based on the review of the secondary chronic, questions were asked to learn about the population's knowledge of everyday activities and resources that could improve health. Because many adults spend most of their time at work or at home, opened-ended questions were asked to identify the factors that would help respondents to become physically active at work as well as in their neighborhood.

#### *Key Findings:*

- In general, respondents were aware of the everyday physical activities that were beneficial to their health. About 2 out of 3 respondents (67.0%) selected  $\geq 5$  of the listed activities. The options given were *walk briskly, ride a bicycle, garden, swim, practice yoga, dance, jog, lift weights, a. take the stairs*.
- About 1 in 6 respondents (17.3%) use the greenway. However, about 1 in 5 respondents (19.2%) did not know what greenways are.
- About 1 in 2 (52.4%) respondents use the park for  $\geq 1$  activity. The most common use of the park was for walking. However, about 1 in 3 respondents (34.6%) do not use the park for any of the listed physical activity.
- About 1 in 8 respondents (11.6%) indicated that they were already physically active at work. Almost 1 in 3 respondents (30.1%) thought that *getting an exercise break* would help them to become more physically active at work, and about 1 in 12 thought that *having a standing desk* (8.2%) or *a gym-like facility* (8.4%) would help them to become more physically active at work.
- About 1 in 5 (20.8%) respondents reported that they were *already active in their neighborhood*. However about 1 in 6 (18.2%) said that they needed to be *motivated to be physically active*. Similarly, 1 in 6 (17.6%) respondents reported that having *better sidewalks and more street lights* would help them to become more physically active in their neighborhood.

#### *Summary & Synthesis*

The majority of the respondents indicate that they know that everyday activities such as gardening, swimming, walking, jogging, and practicing yoga could improve their health. Most respondents use the neighborhood parks for one or more activities but many did not know where the greenways were located. While some respondents were already physically active in their neighborhoods, others have concerns about neighborhood safety or their ability to remain motivated to exercise on their own. For some, nothing would make them want to exercise in their neighborhood.

While some respondents were already physically active at work, others thought that having exercise breaks, a standing desk or gym-like facilities would make them more physically active at work. Again, for some respondents, nothing would get them to be more physically active at work.

### **Oral Health**

The goal of the survey questions was to determine what is known or unknown about the start of oral health care in children, access to oral health care, and other possible deterrents to care so that oral health care can be improved among the age 0-5 population.



*Key Findings:*

- Only about 50% of respondents knew that children age 0-5 years who has Medicaid also has oral health coverage
- More than 70% of respondents did not know that a child's first visit to the dentist should occur when he or she gets his or her first tooth (typically before his or her first birthday)
- Most (76.6%) respondents knew that children should see the dentist twice per year
- Among respondents who have children, about 1/3 (34.66%) reported that their children's pediatrician never talked to them about taking their children to see the dentist

The following would not prevent respondents from taking their children to the dentist

- Lack of childcare (57.5% of respondents)
- They are baby teeth that will fall out (67.5% of respondents)
- My child's fear of the dentist (65.2% of respondents)
- My fear of the dentist (74.3% of respondents)

The following would prevent respondents from taking their children to the dentist

- Transportation cost/availability (51.3% of respondents)
- Dental care cost (60.7% of respondents)

*Oral Health Summary & Synthesis*

More than half of the respondents were not aware that Medicaid for children age 0-5 years includes oral health care. Also, even though the majority of the respondents knew that children should see their dentist at least twice per year, they were not aware that children should start going to the dentist within their first year of life. The majority of respondents have reported that transportation cost/availability and dental care cost would make it difficult for them to seek oral health care for their children.

**Sexual Health**

The prevalence of chlamydia among populations age 15-24 years is of concern. During the data team discussion, practitioners and educators noted that among this age group, there is confusion about what act(s) constitute 'sex', and thus the risks posed by having unprotected sex as well as having sex acts with multiple partners. There is concern that residents in the 15-24 age group may not have the knowledge required to make informed sexual health decisions. Questions that could inform this limitation were included on the health opinion survey.

*Key Findings:*

- More than 1/2 (60.5%) of the respondents were never advised by their primary care provider to have a chlamydia test
- About 1/4 (27.6%) of the respondents use an online service to find sexual partners
- Among respondents whose number of partners were >1, 59.9% were age 24 and under
- Among respondents who define 'sex' as oral, anal and vaginal, only 15.6% were age 24 and younger
- Of the respondents who had oral sex 30 days prior to the survey, about 84.2% never/rarely use a protective barrier while having oral sex recently
- Of the respondents who had anal sex 30 days prior to the survey, about 82.0% never/rarely use a protective barrier while having anal sex recently
- Of the respondents who had vaginal sex 30 days prior to the survey, about 55.9% never/rarely use a protective barrier while having vaginal sex recently



### *Sexual Health Summary & Synthesis*

Although chlamydia is the most common communicable disease in Forsyth County, primary care providers do not routinely offer chlamydia test, and the majority of people who are sexually active may not use protective barriers during sexual activity. Based on the respondents age 29 and younger responses, it is likely that population in this age group may have more than one sexual partner and have a limited definition of sex.

### **Maternal & Infant Health**

Because stress negatively influences maternal and infant health, one major concern was its impact on new/young mothers. Programs currently exist at the Downtown Health Plaza and the FCDPH to help minimize stress among new/young mothers. Questions asked on the 2017 CHO Survey sought to identify the reasons that new/young mothers experience stress and the reasons that they may or may not use the existing services that are meant to mitigate stress. (See Appendix B: Figures 36-43 for summary responses).

### *Key Findings*

- The majority of the respondents (about 1 in 3 or 33.4%) to this question reported that a source of stress for new/young mothers was a *lack of parenting support from fathers*. Other reasons given were *financial issues not relating to child care cost* (16.8% or 1 in 6 respondents) and *time management* (10.4% or 1 in 10 respondents). When asked what Mom should do to relieve stress, respondents suggested the following: seek family and friends' support (20.6%), join a support group for Mom (19.0%), exercise (22.2%), and seek counseling (9.9%).
- When asked why new/young mothers do not use the group support service at Downtown Health Plaza (DHP), about 1 in 5 respondents (21.7%) reported that they *did not know about the program*. *Lack of privacy* (14.2% or about 1 in 7 respondents), *transportation difficulties* (13.6% or about 1 in 7 respondents) and *inconvenient meeting time* (13.1% or about 1 in 7 respondents) were the other major reasons given.
- When asked why new/young mothers do not use FCDPH's Pregnancy Care Management program, the majority of respondents (about 34% or 1 in 3) reported that they have *never heard of the FCDPH's Pregnancy Care Management program*. *Transportation issues* (12% or 1 in 8 respondents), *no need for service* (15% or 1 in 7 respondents), *don't have the time* (10% or 1 in 10 respondents), and the *shame and stigma of using FCDPH's services* (12% or 1 in 8 respondents) were the other major reasons given.

### *Maternal & Infant Health Summary & Synthesis*

Based on the responses new/young mothers may use services implemented to assist them because of stigma, lack of transportation, lack of privacy, and incorrectly perceived cost. Alternatives way for new/young mothers to alleviate stress includes walking and talking to a family member. The responses suggest that agencies or groups offering service needs to better inform the public about the service that they provide and consider alternative locations away from the main location or having mobile services that can meet in local libraries and similar places.

## Quality of Life

The majority of respondents to the 2017 CHO Survey thought that their quality of life in Forsyth County was good.

### *Key Findings*

- About 2 in 3 respondents (69.6%) agree/strongly agree that *Forsyth County is a good place to grow old*
- About 3 in 4 respondents (74.5%) agree/strongly agree that Forsyth County is a good place to raise children
- About 3 in 4 males (72.4%) and 3 in 4 females (74.4%) agree/strongly agree that Forsyth County is a great place to raise children
- About 3 in 4 Black, non-Hispanic (76.0%) and 3 in 4 White, non-Hispanic populations (74.6%) agree/strongly agree that Forsyth County is a great place to raise children

### *Quality of Life Synthesis & Summary*

Thus, while life expectancy, and by extension quality of life, is disproportionately lower for male and Black, non-Hispanic populations, both have a positive view of one of the basic measures of quality of life in Forsyth County.

## Vulnerable Populations

Three vulnerable population surveys were developed and conducted at the request of the supervising agencies. Forsyth Technical Community College's Minority Male Success Initiative, The Salvation Army Center of Hope and the Bethesda Center for the Homeless requested that specific questions be asked for the populations that they serve. For each, the survey data to be collected would be the first set of such data on their population. The data sets would be the basis for future comparisons.

### **The Forsyth Technical Community College's (FTCC) Minority Male Success Initiative**

The Forsyth Technical Community College's (FTCC) Minority Male Success Initiative Survey was conducted on June 13-14, 2017. The survey was conducted through the use of convenient sampling. FTCC students who self-identified as minority and male were asked to take the survey. Fifty (50) students took the survey. Forty six (46) satisfied the screening criteria. (See Appendix C for the survey questionnaire and the results).

### *Key Findings*

- *Good time management skill* (35% or about 1 in 3 students) was the predominant factor that respondents said would help them to complete their program. The second most important factor was *access to tutors* (24% or about 1 in 4 students). *Access to a computer* (13% or about 1 in 8 students) and *financial support* (10% or about 1 in 10 students) were 3<sup>rd</sup> and 4<sup>th</sup> respectively.
- *Poor time management skill* (40% or more than 1 in 3 students) is the predominant factor that respondents said would make it difficult for them to complete their program. The second most important factor was *poor test taking skills* (19% or about 1 in 5 students). *Financial hardship* (15% or about 1 in 6 students) and *no access to tutors* (14% or about 1 in 7 students) were 3<sup>rd</sup> and 4<sup>th</sup> respectively.
- 9 in 10 students (89%) reported that they would most likely complete their program at Forsyth Tech.

### **The Bethesda Center for the Homeless**

The Bethesda Center for the Homeless Resident Population Survey was conducted on July 14<sup>th</sup>, 2017. Of the 100 residents who resided at The Bethesda Center on the date of the survey, 60

were men and 40 were women. Eighty three percent (83%) of the residents completed the survey questionnaire. (See Appendix D for the survey questionnaire and the results).

#### *Key Findings*

- Respondents' ages ranged from less than 24 years to over 65 years
- Almost 1 in 10 respondents (10%) were first homeless at age 15 or younger!
- About 1 in 10 (11%) respondents first became homeless at age 55 or older
- The time between the age respondents were first homeless and their current age ranged from zero years to 42 years
- About 28% of respondents were homeless for the first time
- More than 80% of respondents were homeless for more than 1 year
- Most respondents (45%) reported that *being employed* is the single most important factor that would have prevented or ended their homelessness
- About 15% (about 1 in 7 persons) reported that *making positive choices* is the second most significant factor that would have prevented or ended their homelessness
- About 8% each (about 1 in 12 respondents each) reported that *having a support system* or *affordable housing* is the third single most important factor that would have prevented their homelessness

#### **The Salvation Army Center for Hope**

The Salvation Army Center for Hope Survey was conducted on July 18<sup>th</sup>, 2017.

The survey was conducted among the homeless population who has breakfast at the Center of Hope. Members of this survey population included residents of The Salvation Army Center of Hope, The Bethesda Center, Samaritan Ministries, and those who do not have shelter. Of the 67 people who were served breakfast, 64 completed the survey. (See Appendix E for the survey questionnaire and the results).

#### *Key Findings*

- About 8% of the respondents were age 24 years or younger
- About 39% of respondents *were* parents
- About 16% of respondents *were* veterans
- Most respondents (45.3%) reported that *being employed* is the single most important factor that would have prevented or ended their homelessness
- About 27% reported that *making positive choices* is the second most significant factor that would have prevented or ended their homelessness
- About 9% reported that *support* is the third most significant factor that would have prevented or ended their homelessness

#### **Summary of Primary Health Data Analysis**

The primary health data analysis showed that there are opportunities to intervene in the reviewed health issues. At the conclusion of the primary data analysis, the data team recommended that based on the major findings during the secondary and primary data analyses of each health issue, *chronic diseases with a focus on physical activity, oral health (age 0-5 years), sexual health* and *maternal and infant health* should be the focus of this CHA cycle.

## CHAPTER FIVE

### Prevention and Health Promotion Needs and Resources Results

Chapter 5 briefly reviews the resources that currently exist in Forsyth County for the major healthy issues: drug overdose, chronic diseases (excluding oral health and mental health), mental health, oral health, communicable diseases, maternal and infant health. (See Appendix H for a list of other resources)

#### **Drug Overdose**

*Daymark Recovery Services, 650 Highland Ave., Winston- Salem, NC*

Daymark Recovery Services, Inc. provides a variety of mental health and substance abuse services in Forsyth County. It has expanded its outpatient services to include a 24-hour, walk-in Behavioral Health Urgent Care (BHUC). Its outpatient services is staffed by 24-hours-a-day by nurses, licensed clinicians, and certified peer support specialist. The facility has a 23-hour observation chair unit that will allow patients to stay up to 23 hours for observation, further assessment, and discharge planning, based on medical necessity. Services are provided to all persons regardless of age, sex, race, nationality, sexual orientation or ability to pay. Persons under the age of 18 may receive an assessment and routine preventative care, but are not eligible for the observation chairs.

*Forsyth County Opioid Task Force, Rapid Response Teams, Forsyth County Emergency Management Services, Winston-Salem, NC*

The Forsyth County Opioid Task Force is comprised of specialists, social workers, and others. The task force aims to improve access to treatment, prevent silos and duplication of efforts, maximize resources, and educate the community about drug addiction in the country. The task force is structured into rapid response teams for each special population: *Justice Involved Persons, Veterans, Pregnant and Actively Using*, and those with *Infectious Diseases*. The other two groups are *Education* and *Families/Support System*. The Rapid Response Teams respond to anyone in Forsyth County who are in need of addiction-related services.

#### **Mental Health**

*Daymark Recovery Services, 650 Highland Ave., Winston- Salem, NC*

Daymark Recovery Services, Inc. provides a variety of mental health and substance abuse services in Forsyth County. It has expanded its outpatient services to include a 24-hour, walk-in Behavioral Health Urgent Care (BHUC). Its outpatient services is staffed by 24-hours-a-day by nurses, licensed clinicians, and certified peer support specialist. The facility has a 23-hour observation chair unit that will allow patients to stay up to 23 hours for observation, further assessment, and discharge planning, based on medical necessity. Services are provided to all persons regardless of age, sex, race, nationality, sexual orientation or ability to pay. Persons under the age of 18 may receive an assessment and routine preventative care, but are not eligible for the observation chairs.

*Stepping Up Initiative, FC Government, 201 N. Chestnut St., Winston-Salem, NC*

The Stepping Up Initiative is a national initiative to reduce the number of persons with mental illness in jails. Forsyth County adopted the initiative's resolution in April 2015. The Stepping Up Process to End Recidivism or SUPER is the first action created from the resolution. The SUPER program focuses on women who are incarcerated in the Forsyth County Detention Center. SUPER provides screening, transition planning, and support to women who have mental health or substance use disorders. The goals of SUPER are to link participants to all identified

resources, successfully graduate participants one year post-release, and reduce the likelihood of participants returning to the criminal justice system.

*The FC Mental Health Court (FCMHC), 201 N. Chestnut St., Winston-Salem, NC*

*The Forsyth County Mental Health Court (FCMHC)*, FCMHC was created to address the treatment needs of people with mental illness involved in the criminal justice system. The FCMHC Program is a court supervised treatment program for offenders who have been identified as having a mental illness and have agreed to participate in the program. The FCMHC hears cases of persons with mental illness, and sometimes substance abuse disorders when accompanying a mental illness, that have been charged with a criminal offense. The FCMHC is a special type of court that links eligible defendants to treatment and support services that help them better manage their mental illness. The goals of the FCMHC are to help offenders address their mental health needs and keep them out of the criminal justice system. The type of treatment offered is dependent on each person's individual needs. Some of the services that may be put in place include: individual and group therapy, psychiatric services, medication management, substance abuse counseling, transportation, housing, community support and case management.

### **Oral Health (accepts Medicaid)**

*The Forsyth County Cleveland Avenue Dental Clinic*

The Cleveland Avenue Dental Center is part of the Forsyth County Department of Public Health. It serves children and adults of Forsyth County and surrounding areas. The clinic accepts Medicaid, NC Health Choice, Ameritas and self-pay patients. A sliding fee scale may be applied for self-pay patients based on household income. Kate B. Reynolds Charitable Trust gave the clinic a two-year grant of \$964,560 to stabilize and expand operations

### **Chronic Diseases**

*Wake Forest Baptist Medical Center and Novant Health Forsyth Medical Center*

Both are major medical care facilities in Forsyth County. Wake Forest Baptist Health is nationally ranked for cancer treatment; ear, nose & throat; nephrology; geriatrics; gynecology; and neurology & neurosurgery.

*Forsyth County Dept. of Public Health, Minority Diabetes Prevention Program (MDPP)*

The Minority Diabetes Prevention Program (MDPP) is a CDC-recognized lifestyle change program. In addition to reducing the risk of developing type 2 diabetes, this program also reduces the risk of heart attack, stroke, and improves overall health. Through participation, enrollees are encouraged to increase physical activity and lose a moderate amount of weight. The activity goal for participants is to engage in at least 150 minutes of activity per week. The weight loss goal is an overall weight loss of 5-7% over the duration of the program. The program is a year long. The program requires that at least 60% of participants be members of racial/ethnic minority groups; otherwise, participation is open to the general public. The Forsyth County Department of Public Health currently offers the program at 6 sites around the county. There are 107 participants enrolled in the Fall 2017 cohort.

*Forsyth County Dept. of Public Health, Be Healthy School Kids*

The *Behealthy School Kids Program* is a nutrition education program that focuses on Pre-K through 5th grade students at Winston-Salem/Forsyth County Title 1 Elementary Schools. The FCDPH Public Health Educator collaborates with principals, teachers, students, and parents, to support healthier lifestyle choices. He or she uses bulletin boards, morning announcements,

quarterly newsletters, grade-level presentations, School Wellness Committee technical assistance, PTA workshops and/or special events to educate and share program information.

### **Communicable Diseases**

*Wake Forest Baptist Medical Center (treatment only)*

*Forsyth County Department of Public Health (investigation and treatment)*

#### Communicable Disease Nursing Unit

The Communicable Disease Nursing Unit investigates enteric and vaccine preventable diseases.

#### Sexually Transmitted Disease Clinic

The Sexually Transmitted Disease Clinic provides free confidential examinations, diagnostic testing, and treatment of STDs (syphilis, gonorrhea, Chlamydia, and others). HIV counseling and testing is also offered to clients who are seen in the STD Clinic.

#### POSSE (Prevent Ongoing Spread of STIs Everywhere)

The POSSE Team provides free HIV and STI screenings and education in community locations such as churches, jails, universities, homeless shelters, nightclubs, and health fairs.

#### Straight Talk

Straight Talk is a peer health education training program that trains participants from a target population to be peer health educators and to recruit their peers for HIV/STI testing. Participants are trained in HIV/STI basics, cultural competency, and outreach techniques. Peer health educators obtain hands on experience in the community by working alongside POSSE. They receive job readiness training including resume writing, interviewing skills, and computing skills through FCDPH's partnership with the Winston-Salem Urban League.

### **Maternal & Infant Health**

*Downtown Health Plaza (Wake Forest Baptist Medical Center)*

The Downtown Health Plaza is an outpatient clinic of NC Baptist Hospital. It serves Winston-Salem and the greater Forsyth County community. The Downtown Health Plaza provides diagnostic and treatment services. Medical specialists are well trained in their specialty to provide top quality care to you. Downtown Health Plaza hosts guided group sessions for pregnant women/new mothers.

*Forsyth Connects (Novant Health Forsyth Medical Center)*

Forsyth Connects provides prenatal assessment services to ensure a healthy pregnancy. These services include diagnostic ultrasounds, first trimester screenings, non-stress testing, and other diagnostic testing for high-risk pregnancies. It coordinates rooming-in, where the baby remains with his or her mother in the maternity suite to better prepare the family for transition to home. It's staff provides one-on-one education that can teach mothers how to properly care for the newborn.

*The Forsyth County Department of Public Health*

#### Pregnancy Care Management (PCM)

The FCDPH's Pregnancy Care Management (PCM) Program is part of the North Carolina statewide program. The program provides care management services for women who have high risk pregnancies during the pregnancy and for two months after delivery. Prenatal care providers refer their patients who have high risk pregnancies to the PCM program. Pregnancy care managers work closely with clients and their doctor to understand each client's needs, help

clients to develop action plans, arrange transportation to medical appointments, and help clients manage medicines that are prescribed. Pregnancy care managers are registered nurses or social workers.

#### Nurse Family Partnership (NFP)

The Nurse-Family Partnership (NFP) program is an evidenced-based nurse home visit program for first time, low income pregnant women and their families. Home visits begin early in the pregnancy and continues until the baby's 2<sup>nd</sup> birthday. In general, first time mothers must live in Forsyth County, be early in the pregnancy, and qualifies for Medicaid or Women, Infants, and Children (WIC) Food and Nutrition Services. NFP conducts home visits weekly or twice per month from early in the pregnancy until the baby is age 2 years. The NFP program aims to improve pregnancy outcomes, child health and development, and the economic self-sufficiency of the family.

#### Care Coordination for Children (CC4C)

Care Coordination for Children (CC4C) is an at-risk population management program that serves children who must satisfy a specific risk criterion. CC4C connects the families of qualified children with services for them and their families so that they may reach their developmental potential. Also, the program helps to ensure that qualified children are raised in healthy, safe, and nurturing environments.

#### Women, Infants, and Children (WIC) Food and Nutrition Service

WIC is a federally-funded health and nutrition program for pregnant, breast feeding and postpartum women, as well as infants and children up to age five. WIC supplies families with funds to purchase healthy supplemental foods from WIC-authorized vendors. It provides nutrition education, breast feeding training, and other services to qualified residents.

#### Family Planning Clinic

The Forsyth County Family Planning Clinic offers individuals comprehensive family planning and preventive health services. The goal is to help plan pregnancies, reduce infant mortality, improve health, reduce health care costs. An adolescent clinic is available for teens. Interpreters are also provided for non-English speaking clients. Women and men with Health Choice, Health Check, Medicaid, no insurance, low income and no income may attend this clinic. A sliding fee scale is used to determine charges. Clients are not required to be Forsyth County residents.

## CHAPTER SIX

### Community Concerns and Priorities Results

**Chronic diseases, sexual health, and maternal & infant health** have been identified as the major health issues that have negatively influenced the County's population health persistently. Although drug overdose is a significant health issue for Forsyth County's population, it was not included in this priority setting because the county's Opioid Task Force has implemented action plans to mitigate it.

**Chronic diseases and conditions due to physical inactivity**, poor dietary behavior and genetic and environmental factors are among the most common, costly, and preventable of Forsyth County population health issues. Of note:

- For the past 10 years, cancer and heart disease have been the major causes of death in Forsyth County
- Forsyth County's death rates due to cancer and heart disease are higher than Durham, Guilford, Mecklenburg and Wake Counties'

**Chronic diseases due to poor oral health** is a significant health issue among Forsyth County's youth. Of note, 10% or more students in about two-thirds (64.3%) of Winston-Salem/Forsyth County (WSFC) Title I elementary schools have dental caries. These findings are of concern for Forsyth County because dental caries put those individuals at risk for heart disease and dementia.

**Sexual health** issues such as chlamydia, gonorrhea, syphilis (all stages), and HIV (all stages) continue to influence Forsyth County's population sexual health. Of all the sexually transmitted infections, chlamydia has the highest incident rate among Forsyth County's population. Of note:

- From 2012 to 2016, about 2 out of every 3 new chlamydia events were residents age 24 years or younger
- From 2012 to 2016, almost 3 out of every 4 new chlamydia events among residents age 24 years and younger were females
- These findings are of concern for Forsyth County because a positive chlamydia test for women of childbearing age negatively influences pregnancy outcomes.

#### **Maternal & Infant Health**

Maternal & infant health is one of the major factors that influence birth outcome. Stress, substance abuse, and smoking are a few of the maternal risk behaviors that result in infant deaths due to extreme immaturity or prematurity. Of note:

- Between 2011 and 2015, 70% or more of Forsyth County's infant deaths were due to *extreme immaturity/prematurity/perinatal conditions*
- Forsyth County's infant mortality rate is higher than Durham, Guilford, Mecklenburg and Wake Counties' as well as State of North Carolina

#### **Priority Setting Methods and Results**

The Board of Health solicited input from the Forsyth County community in the determination of the health issues which were to be given priority for the next 3 to 4 years. The findings of the health assessment were shared with Forsyth County residents and they were given the opportunity to rank the health issues that they believe the County should address first, second, third and fourth. Priority setting events were held at the W.R. Anderson, Jr. Recreation Center in zip code 27127, and at the Head Start Gymnasium in zip code 27105. A priority setting email survey was also sent to people who live and/or work in Forsyth County.



*Results*

Five hundred and forty six (546) persons completed the Health Issue Priority Survey. Fifty nine percent (59%) of the respondents were Black, non-Hispanic, 35% were White, non-Hispanic, and 6% were Hispanic/Latino. Seventy one percent (71%) of the total number of respondents were females.

Figures 22 to 25 show that *chronic disease (excluding oral health)* had the highest 1<sup>st</sup> place ordinal (45.1%), *maternal and infant health* had the 2<sup>nd</sup> highest 1<sup>st</sup> place ordinal (28.9%) , *sexual health* had the 3<sup>rd</sup> highest 1<sup>st</sup> place ordinal and *oral health* had the 4<sup>th</sup> highest 1<sup>st</sup> place ordinal.

**Figure 22**

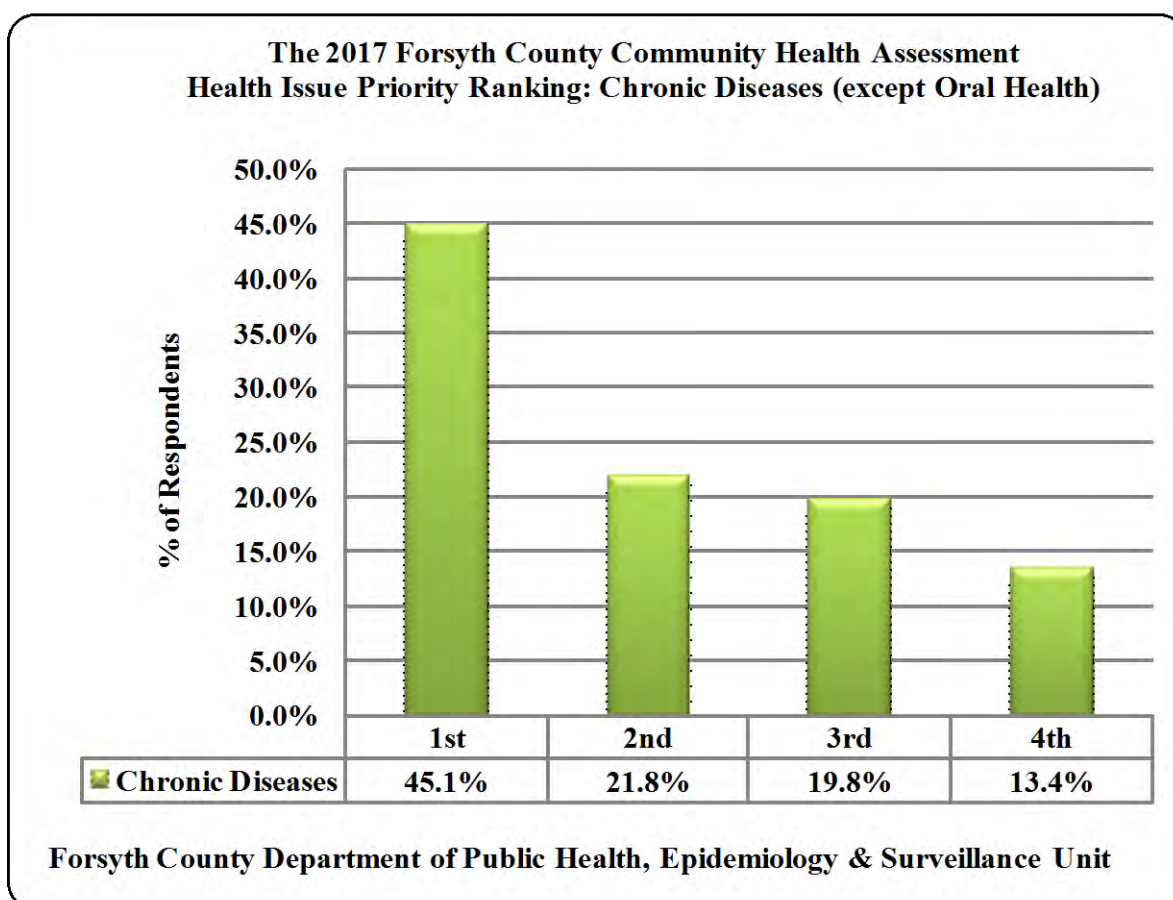


Figure 23

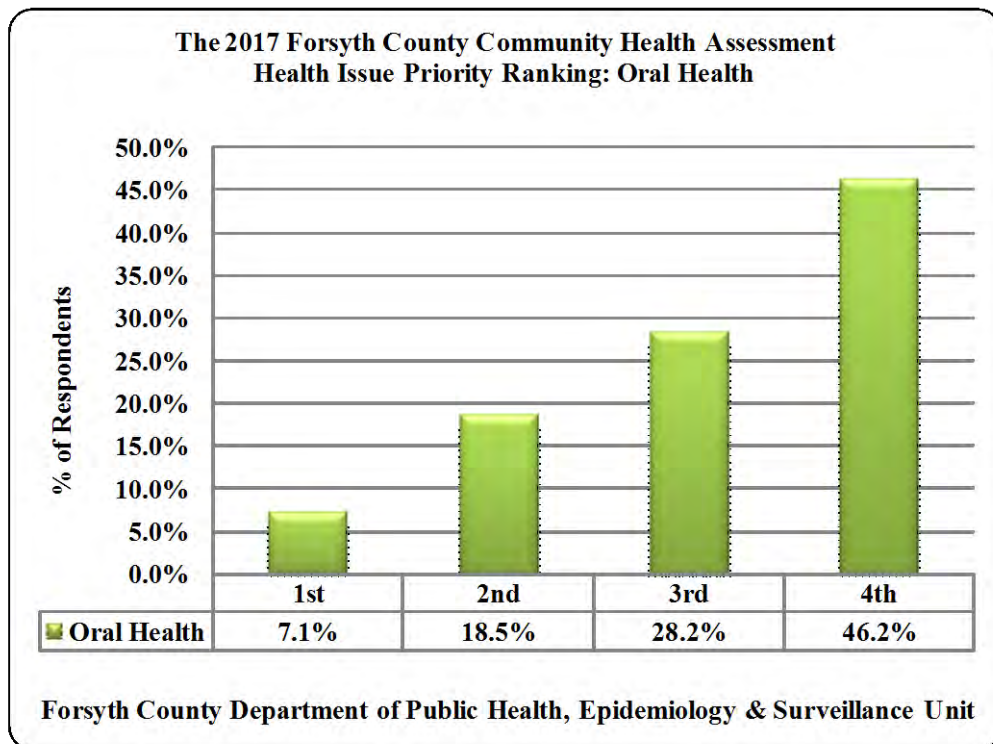


Figure 24

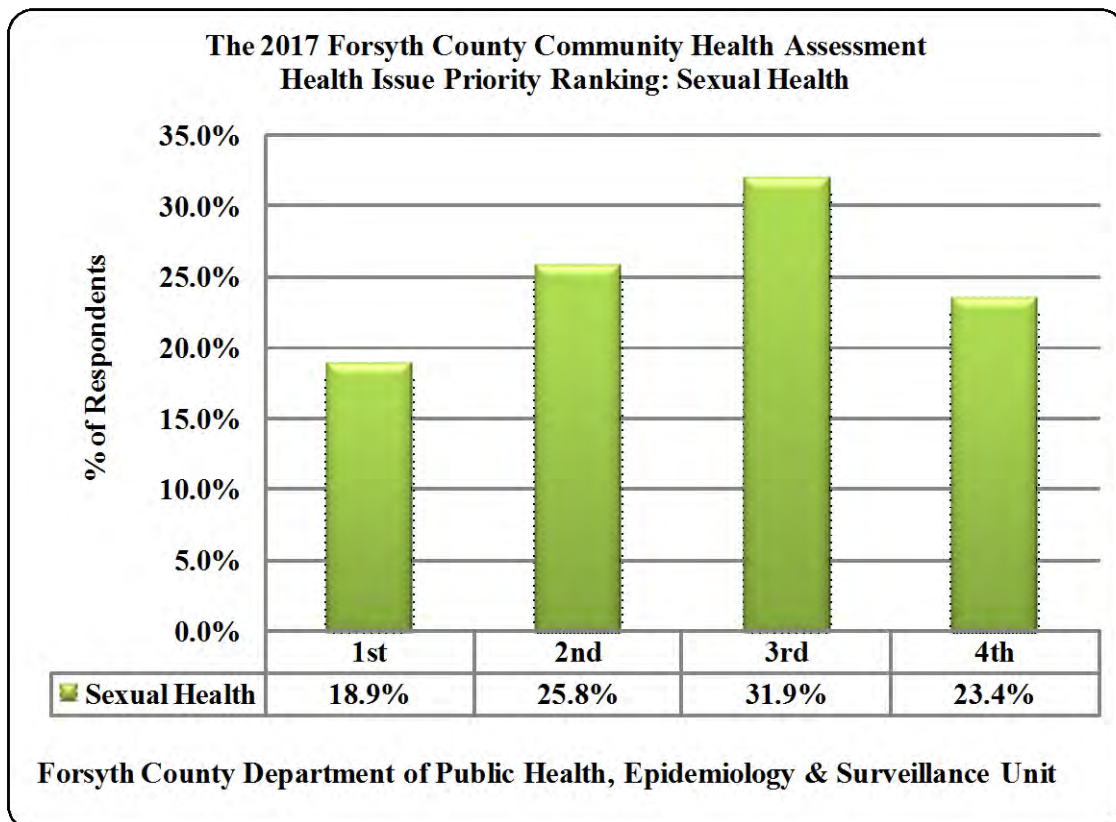
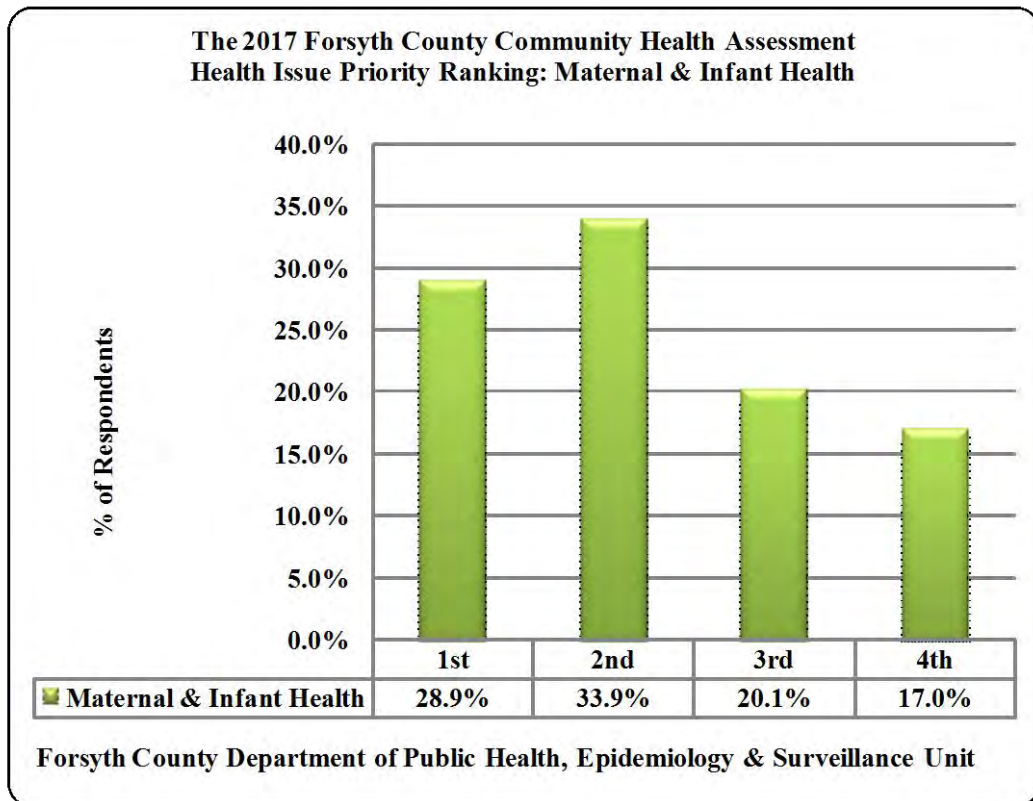


Figure 25



**CHAPTER SEVEN**  
**Communication Plan**

<b>FORMAT</b>	<b>MEANS OF DISTRIBUTION</b>	<b>TIME LINE</b>
Final Report	Submit to State of NC	March 2018
	Forsyth County Website: <a href="http://www.forsyth.cc/PublicHealth/publications.aspx">http://www.forsyth.cc/PublicHealth/publications.aspx</a>	Spring 2018
	School Health Alliance (SHA)/School ....(SHAC)	Spring 2018
	Distribute to Board of Health Members	Spring 2018
	Distribute to Board of Commissioners	Spring 2018
	Hard copies available at the FCDPH Health Fair	Spring 2018
	Hard copies available at all Forsyth County libraries	Summer 2018
Brochure	3-Page Bi-fold design to summarize finding	Spring 2018
	Distribute to residents at all 2017 CHA Reporting Community Events	Spring/Summer/Fall 2018
PowerPoint Presentation	Presentation to Board of Commissioners	Spring 2018
	Presentation to the Forsyth County 2017 CHA Working Groups	Spring/Summer 2018
	CHA Process, Primary & Secondary Data, Priority Setting, Recommendation & Action Plans	Summer 2015
	Presentation to Board of Health	Fall 2018
	Presentation to Forsyth County Health Department Expanded Staff	Fall 2018
Written articles	Press Release to Media	Spring/Summer 2018

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**APPENDIX A**  
**Data Book**

### Chronic Diseases

Figure 1

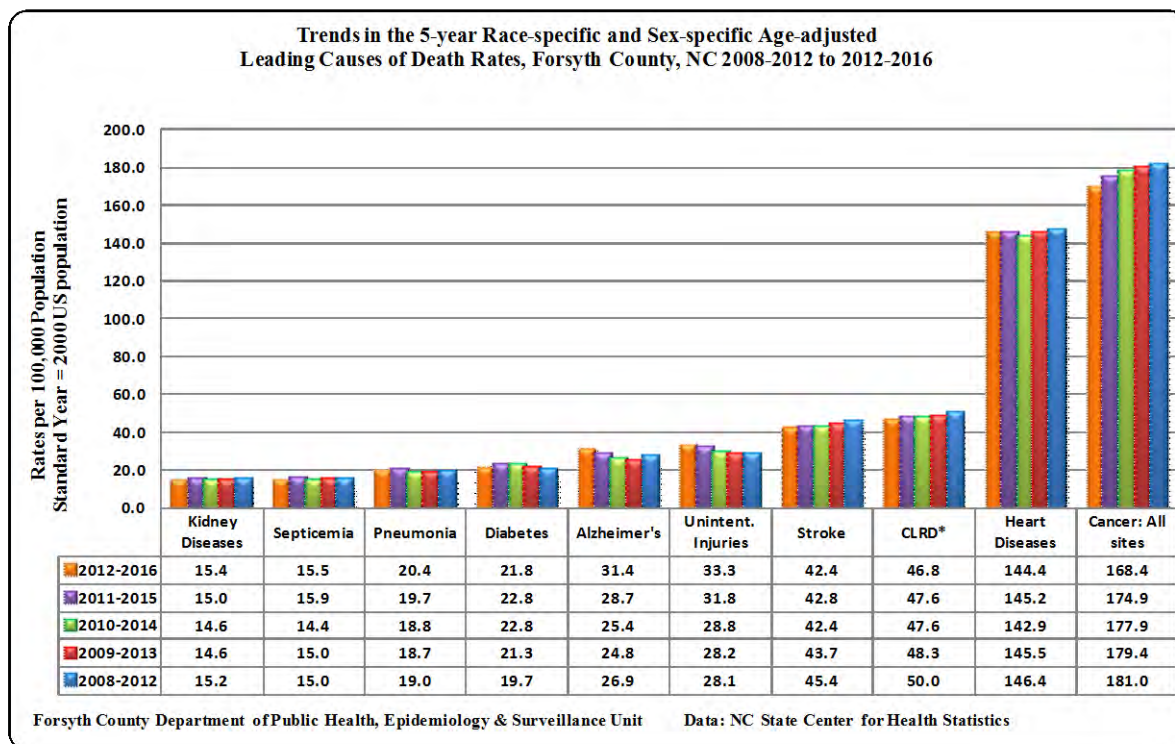


Table 1

Leading Causes of Death for Forsyth County, Peer Counties & State of NC						
2012-2016 Race/Ethnicity-specific and Sex-specific Age-adjusted Rates per 100,000 Population <sup>1</sup>						
	North Carolina	Forsyth	Durham	Guilford	Mecklenburg	Wake
Cancer: All sites	169.1	168.4	167.0	160.7	150.1	151.0
Heart Diseases	163.7	144.4	130.8	143.1	132.0	125.0
CLRD*	45.9	46.8	29.1	38.1	30.3	30.0
Stroke	43.1	42.4	37.0	41.6	38.7	39.1
Unintentional Injuries	30.5	33.3	22.7	31.0	21.1	21.0
Alzheimer's	30.2	31.4	25.4	35.0	42.0	19.9
Diabetes	22.8	21.8	21.0	19.4	16.9	16.6
Pneumonia and Influenza	17.5	20.4	14.2	15.5	15.2	10.7
Septicemia	13.0	15.5	10.0	11.3	14.0	7.4
Kidney Diseases	16.3	15.4	17.0	16.9	17.4	11.4

FC Department of Public Health, Epidemiology & Surveillance Unit      Data Source: State Center for Health Statistics

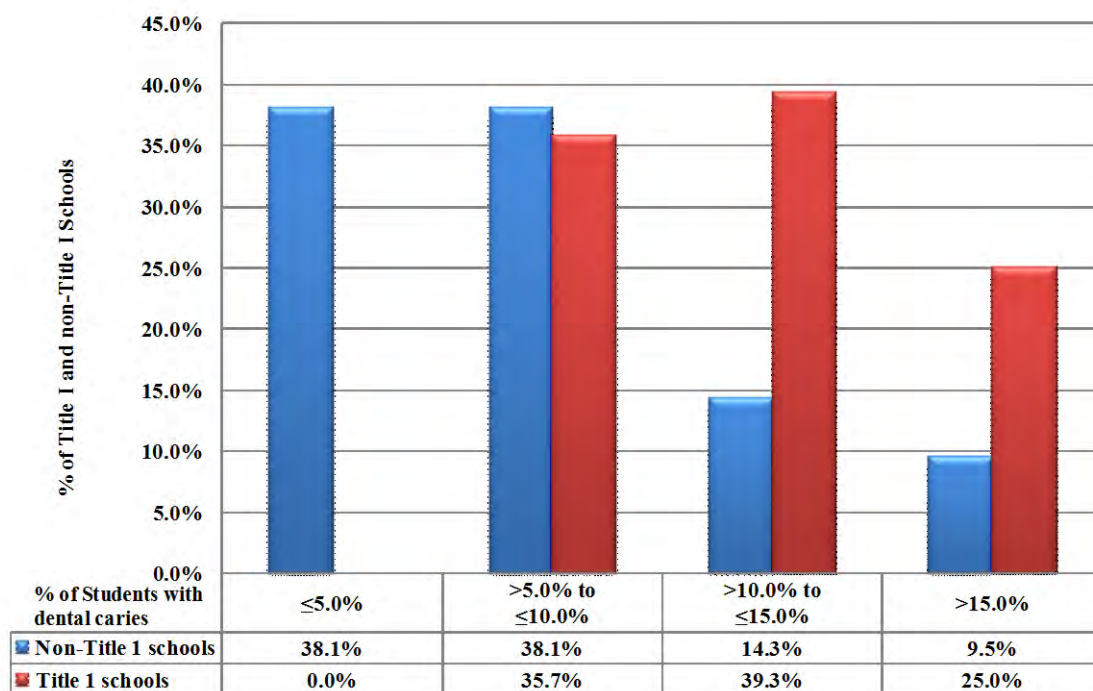
<sup>1</sup>Standard = 2000 US Population

\* CLRD: Chronic Lower Respiratory Diseases



**Oral Health**  
**Figure 2**

**The Percentage of Title I Elementary versus non-Title I Elementary Schools and the Percentage of Students with Dental Caries, 2015-2016 and 2016-2017**



Forsyth County Department of Public Health, Epidemiology & Surveillance Unit  
Data: Forsyth County Department of Public Health (FCDPH) & Winston-Salem/Forsyth County Schools (WSFCS)



## Communicable Diseases

Table 2

**2012-2016 Year to Date  
& 2017 Qtr2 Communicable Disease Case Counts  
Full Qtr4 Epidemiology Team Meeting, October 19, 2017**

COMMUNICABLE DISEASES	2017 Qtr2	2016 Qtr2	Yr to Date 2016	Yr to Date 2015	Yr to Date 2014	Yr to Date 2013	Yr to Date 2012
<b>GENERAL</b>							
Brucellosis (5)							2
Campylobacter infection (50)	22	10	62	46	27	27	25
Creutzfeldt-Jakob Disease (66)				3	1		1
Cryptosporidiosis (56)		3	17	19	1	8	9
Cyclosporiasis (63)		1	1	1			
Dengue (7)			1	2	1		
E. coli - shiga toxin producing (53)	6	4	25	10	5	5	7
Ehrlichiosis, Human Granulocytic Anaplasmosis (571)			1	1			1
Ehrlichiosis, Human Monocytic Ehrlichiosis (572)			1				
Encephalitis, arboviral, LAC (96)							
Encephalitis, arboviral, WNV (95)							1
Foodborne dz- other/unknown (13)			1			1	
Foodborne dz- Staphylococcal (12)			1			1	1
Haemophilus influenzae, invasive disease (23)	1	1	7	9	5	5	7
Hemolytic Uremic Syndrome (59)					1		
Hepatitis A (14)			1	5	2		
Hepatitis C - Acute (60)			5	5	3	4	2
Influenza, pediatric death (<18 years of age) (73)							
Influenza, adult death (18 years of age or more) (76)	2		2	14	4	2	3
Influenza, NOVEL virus infection (75)							
Legionellosis (18)	6	1	21	15	28	10	5
Leprosy (Hansen's Disease) (19)							
Listeriosis (64)	1	1	2				2
Lyme Disease (51)	3	7	15	4	10	8	4
Malaria (21)		1	1	3	1	1	2
Measles (22)						1	
Meningococcal invasive disease (27)				1		1	
Pneumococcal Meningitis, (25)	1	1	3		1	1	1
Psittacosis (31)			1				
Q fever (32)						1	
Rocky Mountain Spotted Fever (35)	3	2	35	4	9	5	7
Salmonellosis (38)	17	24	24	62	57	34	39
Shigellosis (39)	6	8	73	71	53	11	11
Staph aureus, reduced suscept. to vancomycin (VISA/VRSA)							
Streptococcal invasive infection, Group A (61)	5	5	15	15	15	8	8
Tuberculosis							
Toxic Shock Syndrome, streptococcal (65)		1	3	1	2		1
Vibrio infection (other than cholera & vulnificus) (55)	1	1	1			1	1
ZIKA			1				
<b>VACCINE PREVENTABLE</b>							
Hepatitis B - Acute (15)	3		1	3	5	5	2
Hepatitis B - Chronic Carrier (115)	8	8	37	41	40	34	48
Mumps (28)	1						
Pertussis (47)	4	18	50	47	46	147	32

COMMUNICABLE DISEASES	2017 Qtr2	2016 Qtr2	Yr to Date 2016	Yr to Date 2015	Yr to Date 2014	Yr to Date 2013	Yr to Date 2012
<b>SEXUALLY TRANSMITTED</b>							
Chlamydia (200)	591	630	2508	2465	2400	2417	2803
Gonorrhea (300)	205	232	1041	1038	942	745	729
Non-gonococcal urethritis (400)	46	112	310	305	250	392	199
PID (490)	3	5	16	13	11	17	18
Newly Diagnosed AIDS (HIV Stage 3)			30	61	13	32	26
HIV disease			82	56	51	66	52
Syphilis, Unknown(700)	1		2	2	1	2	1
Syphilis, Primary (710)	2	4	19	22	6	15	5
Syphilis, Secondary (720)	8	9	38	32	29	18	24
Syphilis, Early Latent (730)	8	8	31	37	23	25	27
Syphilis, Latent-unknown duration (740)					1	10	8
Syphilis, Late Latent (745)	8	11	50	44	44	44	25
Syphilis, Late Syphilis w/ symptoms (750)						1	
Syphilis, Late w/ clinical manifestations (755)	1			1			
Syphilis, Congenital Syphilis (790)				2		1	
<b>Total</b>	<b>963</b>	<b>1108</b>	<b>4535</b>	<b>4460</b>	<b>4088</b>	<b>4106</b>	<b>4139</b>
Data Source: North Carolina Electronic Disease Surveillance System. Case counts are based on case definition on the date cases were closed							

Table 3

Annual Rates for Newly Diagnosed Sexually Transmitted Diseases based on Year of Diagnosis, Forsyth County, NC 2012-2016*					
	2016	2015	2014	2013	2012
Chlamydia	706.8	675.0	663.5	669.7	783.1
Gonorrhea	282.4	283.7	256.4	208.0	201.5
Early Syphilis: Primary & Secondary	6.1	8.0	8.5	13.6	15.3
Early Latent	5.6	6.1	4.9	9.2	8.1
HIV, all stages	26.5	18.3	26.5	22.1	17.6

FC Department of Public Health, Epidemiology &amp; Surveillance Unit

Data: NC DHHS, HIV &amp; STD Surveillance Unit \* Rates per 100,000 Population

Table 4

Annual Rates for Newly Diagnosed Sexually Transmitted Diseases*						
Forsyth County, Peer Counties, & State of NC, 2016						
	N. Carolina	Forsyth	Durham	Guilford	Mecklenburg	Wake
Chlamydia	572.4	706.8	792.3	883.3	756.3	526.8
Gonorrhea	194.4	282.4	315.1	349.7	263.6	155.3
Early Syphilis: Primary & Secondary	10.7	15.3	21.9	17.6	28.1	12.1
Early Latent	8.0	8.1	17.3	14.8	18.3	11.8
HIV, all stages	16.4	26.5	31.9	31.5	30.4	20.0

FC Department of Public Health, Epidemiology & Surveillance Unit

Data: NC DHHS, HIV & STD Surveillance Unit \* Rates per 100,000 Population

Table 5

Newly Diagnosed Chlamydia Annual Rates by Year of Diagnosis*					
Forsyth County, Peer Counties & State of NC 2012-2016					
	2016	2015	2014	2013	2012
North Carolina	572.4	541.9	502.9	500.1	507.7
Forsyth	706.8	675.0	663.5	669.7	783.1
Durham	792.3	759.9	731.9	757.3	657.6
Guilford	883.3	799.5	695.1	765.4	758.9
Mecklenburg	756.3	763.7	686.4	629.8	618.2
Wake	526.8	485.9	456.8	436.9	484.6

FC Department of Public Health, Epidemiology & Surveillance Unit

Data: NC DHHS, HIV & STD Surveillance Unit \* Rates per 100,000 Population

Table 6

Newly Diagnosed Gonorrhea Annual Rates by Year of Diagnosis*					
Forsyth County, Peer Counties & State of NC, 2012-2016					
	2016	2015	2014	2013	2012
North Carolina	194.4	169.9	150.7	143.4	141.0
Forsyth	282.4	283.7	256.4	208.0	201.5
Durham	315.1	245.9	254.8	276.6	226.4
Guilford	349.7	320.0	248.0	272.7	273.7
Mecklenburg	263.6	249.2	236.6	187.3	194.1
Wake	155.3	142.1	126.7	124.8	140.3

FC Department of Public Health, Epidemiology & Surveillance Unit

Data: NC DHHS, HIV & STD Surveillance Unit \* Rates per 100,000 Population

Table 7

Newly Diagnosed Early Syphilis (Primary & Secondary) Annual Rates by Year of Diagnosis*					
Forsyth County, Peer Counties & State of NC 2012-2016					
	2016	2015	2014	2013	2012
North Carolina	10.7	11.5	6.9	4.3	3.4
Forsyth	15.3	13.6	8.5	8.0	6.1
Durham	21.9	29.3	16.6	9.0	7.1
Guilford	17.6	23.2	7.8	5.7	6.4
Mecklenburg	28.1	25.3	17.2	10.5	8.4
Wake	12.1	14.4	11.2	6.7	5.8

FC Department of Public Health, Epidemiology & Surveillance Unit

Data: NC DHHS, HIV & STD Surveillance Unit \* Rates per 100,000 Population

Table 8

Newly Diagnosed Early Syphilis (Early Latent) Annual Rates by Year of Diagnosis*					
Forsyth County, Peer Counties & State of NC 2012-2016					
	2016	2015	2014	2013	2012
North Carolina	8.0	7.3	4.2	2.7	2.3
Forsyth	8.1	9.2	4.9	6.1	5.6
Durham	17.3	15.0	8.8	6.6	1.4
Guilford	14.8	15.3	8.6	4.3	5.2
Mecklenburg	18.3	14.9	9.1	4.2	4.8
Wake	11.8	10.0	6.8	4.6	2.7

FC Department of Public Health, Epidemiology & Surveillance Unit

Data: NC DHHS, HIV & STD Surveillance Unit \* Rates per 100,000 Population

Table 9

Newly Diagnosed HIV (all stages) Annual Rates by Year of Diagnosis*					
Forsyth County, Peer Counties & State of NC 2012-2016					
	2016	2015	2014	2013	2012
North Carolina	16.4	15.9	15.8	16.0	15.5
Forsyth	26.5	18.3	16.8	22.0	17.6
Durham	31.9	23.5	26.9	29.6	28.5
Guilford	31.5	28.1	22.4	25.9	22.7
Mecklenburg	30.4	33.5	36.9	29.1	32.2
Wake	20.0	15.5	18.2	20.2	17.3

FC Department of Public Health, Epidemiology & Surveillance Unit

Data: NC DHHS, HIV & STD Surveillance Unit \* Rates per 100,000 Population

## Maternal Health

**Table 10**

Deaths due to Extreme Immaturity, Prematurity, and Congenital Abnormalities Forsyth County, NC 2011-2016			
Year	Number of Infant Deaths	Deaths due to extreme immaturity, prematurity, congenital abnormalities	% of deaths due to extreme immaturity, prematurity, congenital abnormalities
2016	42	39	92.9%
2015	32	29	90.6%
2014	31	22	71.0%
2013	39	31	79.5%
2012	50	40	80.0%
2011	47	40	85.1%

FC Department of Public Health, Epidemiology & Surveillance Unit

**Table 11**

Five-Year Trend in Pregnancy Rates per 1,000 Population for Females Age 15 - 17 Years based on Race/Ethnicity, Forsyth County, NC, 2008-2012 to 2012-2016					
	2012-2016	2011-2015	2010-2014	2009-2013	2008-2012
<b>Total</b>	17.8	20.6	18.6	26.3	29.5
<b>White, Non-Hispanic</b>	8.4	9.3	8.4	12.3	12.9
<b>Black, Non-Hispanic</b>	23.9	28.8	26.2	36.2	41.5
<b>Other, Non-Hispanic</b>	*	*	*	*	19.8
<b>Hispanic</b>	36.1	40.9	36.9	53.3	62.1

FC Department of Public Health, Epidemiology & Surveillance Unit

Source: State Center for Health Statistics \*Rates based on fewer than 20 cases were not reported

**Table 12**

Pregnancy Rates per 1,000 Population for Females Age 15 - 17 Years based on Race/Ethnicity, Forsyth County, Peer Counties, and State of NC, 2012-2016						
	North Carolina	Forsyth	Durham	Guilford	Mecklenburg	Wake
<b>Total</b>	15.7	17.8	22.4	14.5	15.8	10.4
<b>White, Non-Hispanic</b>	9.8	8.4	5.9	6.6	3.9	3.8
<b>Black, Non-Hispanic</b>	23.5	23.9	25.6	21.2	22.9	19.8
<b>Other, Non-Hispanic</b>	12.8	*	*	9.3	7.6	*
<b>Hispanic</b>	27.9	36.1	43.9	27.7	31.4	25.1

FC Department of Public Health, Epidemiology & Surveillance Unit

Source: State Center for Health Statistics \*Rates based on fewer than 20 cases were not reported

Table 13

Five-Year Trend in Pregnancy Rates per 1,000 Population for Females Ages 15 - 44 Years based on Race/Ethnicity, Forsyth County, NC, 2008-2012 to 2012-2016					
	2012-2016	2011-2015	2010-2014	2009-2013	2008-2012
Total	71.5	71.6	58.4	75.2	n/a
White, Non-Hispanic	61.1	60.7	49.1	62.2	n/a
African American, Non-Hispanic	74.3	75.0	60.7	78.3	n/a
Other, Non-Hispanic	67.3	64.8	50.5	67.4	n/a
Hispanic	103.1	105.1	88.7	117.6	n/a

FC Department of Public Health, Epidemiology & Surveillance Unit

Source: State Center for Health Statistics \*Rates based on fewer than 20 cases were not reported

Table 14

Pregnancy Rates per 1,000 Population for Females Ages 15 - 44 Years by Race/Ethnicity Forsyth County, Peer Counties, and State of NC, 2012-2016							
	North Carolina	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake
Total	71.9	71.5	97.4	77.3	69.9	77.1	69.9
White, Non-Hispanic	62.9	61.1	94.6	64.9	55.5	63.0	59.9
African American, Non-Hispanic	79.5	74.3	97.0	75.9	76.9	79.8	78.9
Other, Non-Hispanic	78.1	67.3	98.1	68.6	84.1	90.9	75.8
Hispanic	100.5	103.1	103.3	120.4	99.2	107.0	95.4

FC Department of Public Health, Epidemiology & Surveillance Unit

Source: State Center for Health Statistics \*Rates based on fewer than 20 cases were not reported

Table 15

Five-Year Trend in Fertility Rates per 1,000 Population for Females Ages 15 - 17 Years based on Race/Ethnicity Forsyth County, NC, 2008-2012 to 2012-2016					
	2012-2016	2011-2015	2010-2014	2009-2013	2008-2012
Total	14.1	16.5	15.6	21.1	n/a
White, Non-Hispanic	5.4	6.4	6.5	9.0	n/a
African American, Non-Hispanic	18.4	22.2	20.8	27.1	n/a
Other, Non-Hispanic	*	*	*	*	n/a
Hispanic	33.2	38.2	35.4	50.7	n/a

FC Department of Public Health, Epidemiology & Surveillance Unit

Source: State Center for Health Statistics \*Rates based on fewer than 20 cases were not reported

**Table 16**

Fertility Rates per 1,000 Population for Females Ages 15-17 Years by Race/Ethnicity Forsyth County, Peer Counties, and State of NC, 2012-2016							
	North Carolina	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake
Total	12.2	14.1	12.3	15.9	10.7	11.3	7.0
White, Non-Hispanic	7.6	5.4	8.6	*	4.2	2.3	2.0
African American, Non-Hispanic	17.1	18.4	15.4	16.4	15.8	15.1	12.4
Other, Non-Hispanic	10.6	*	13.8	*	6.6	5.4	*
Hispanic	24.9	33.2	11.2	38.5	23.5	27.5	21.5

FC Department of Public Health, Epidemiology & Surveillance Unit

Source: State Center for Health Statistics \*Rates based on fewer than 20 cases were not reported

**Table 17**

Five-Year Trend in Fertility Rates per 1,000 Population for Females Ages 15 - 44 Years based on Race/Ethnicity Forsyth County, NC, 2008-2012 to 2012-2016					
	2012-2016	2011-2015	2010-2014	2009-2013	2008-2012
Total	60.4	60.9	49.8	63.2	n/a
White, Non-Hispanic	54.3	54.2	43.7	54.6	n/a
African American, Non-Hispanic	56.9	57.9	47.2	59.2	n/a
Other, Non-Hispanic	59.7	56.7	43.4	58.1	n/a
Hispanic	91.6	93.8	80.2	106.3	n/a

FC Department of Public Health, Epidemiology & Surveillance Unit

Source: State Center for Health Statistics \*Rates based on fewer than 20 cases were not reported

n/a: not available

**Table 18**

Fertility Rates per 1,000 Population for Females Ages 15 - 44 Years based on Race/Ethnicity Forsyth County, Peer Counties, and State of NC, 2012-2016							
	North Carolina	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake
Total	60.6	60.4	77.1	61.8	55.5	61.5	57.0
White, Non-Hispanic	56.0	54.3	82.0	58.5	47.6	54.7	52.6
African American, Non-Hispanic	58.7	56.9	69.1	51.9	55.3	56.0	53.9
Other, Non-Hispanic	68.0	59.7	79.0	59.1	72.2	79.6	64.9
Hispanic	88.9	91.6	85.0	103.9	87.3	90.0	81.8

FC Department of Public Health, Epidemiology & Surveillance Unit

Source: State Center for Health Statistics

Table 19

Five-Year Trend in the Live Birth Rates per 1,000 Population by Race/Ethnicity Forsyth County, NC, 2008-2012 to 2012-2016					
	2012-2016	2011-2015	2010-2014	2009-2013	2008-2012
Overall Total	12.4	12.5	12.8	13.1	13.6
Total, Non-Hispanic	11.2	11.2	11.4	11.5	11.7
White, Non-Hispanic	9.9	9.9	10.0	10.1	10.3
Black, Non-Hispanic	13.4	13.8	14.1	14.3	14.6
Other, Non-Hispanic	16.1	15.3	15.3	15.4	15.1
Hispanic	20.9	21.5	23.1	25.0	27.4

The Forsyth County Department of Public Health, Epidemiology & Surveillance Unit  
Source: State Center for Health Statistics

Table 20

Live Birth Rates per 1,000 Population by Race/Ethnicity Forsyth County, Peer Counties, and State of NC, 2012-2016							
	North Carolina	Forsyth	Cumberland	Durham	Guilford	Mecklenburg	Wake
Overall Total	12.1	12.4	17.1	14.7	12.0	14.2	12.7
Total, Non-Hispanic	11.3	11.2	16.6	13.2	11.3	13.1	11.9
White, Non-Hispanic	10.3	9.9	16.8	13.0	8.9	11.5	10.9
Black, Non-Hispanic	13.1	13.4	15.9	12.8	14.1	14.2	13.4
Other, Non-Hispanic	16.9	16.1	19.3	18.4	18.3	20.8	16.4
Hispanic	20.3	20.9	21.0	23.9	20.5	21.5	19.8

The Forsyth County Department of Public Health, Epidemiology & Surveillance Unit  
Source: State Center for Health Statistics

Table 21

Deaths due to Extreme Immaturity, Prematurity, and Congenital Abnormalities Forsyth County, NC 2011-2016			
Year	Number of Infant Deaths	Deaths due to extreme immaturity, prematurity, congenital abnormalities	% of deaths due to extreme immaturity, prematurity, congenital abnormalities
2016	42	39	92.9%
2015	32	29	90.6%
2014	31	22	71.0%
2013	39	31	79.5%
2012	50	40	80.0%
2011	47	40	85.1%

FC Department of Public Health, Epidemiology & Surveillance Unit



Figure 3

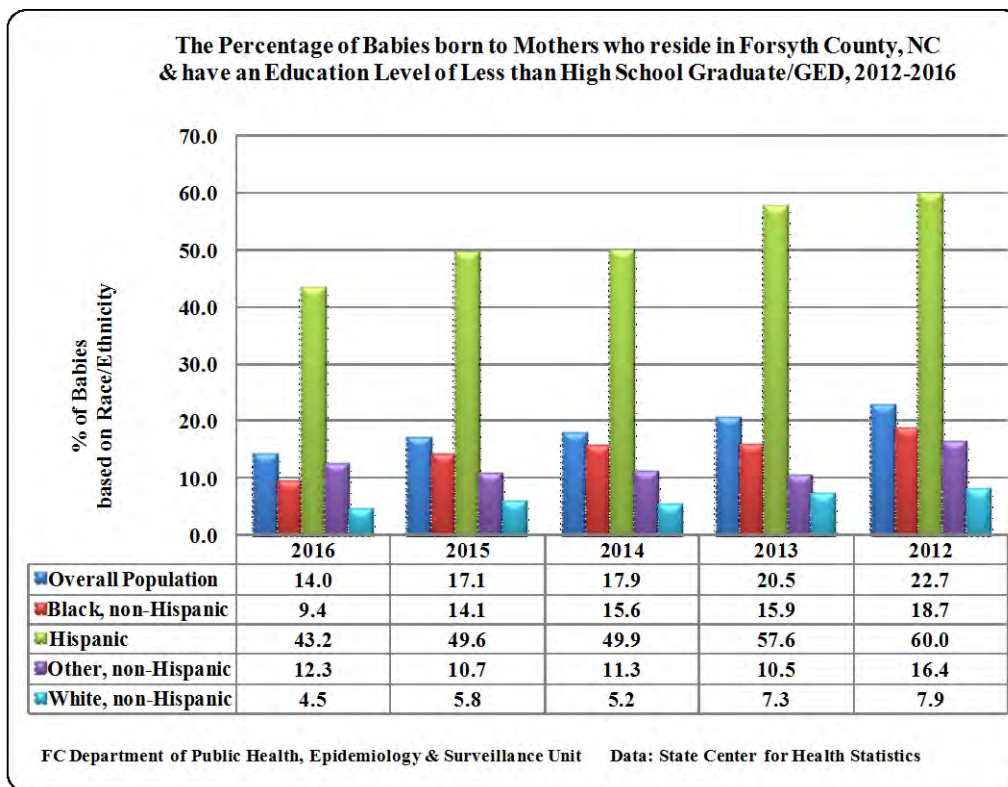
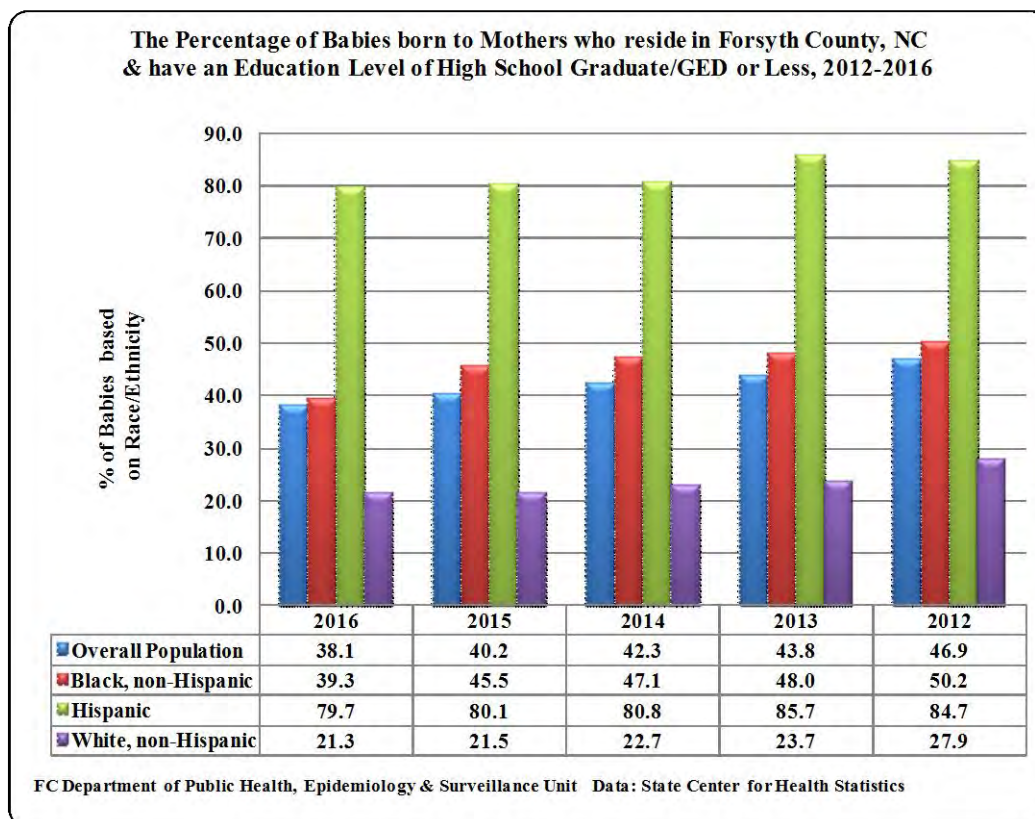


Figure 4



### Prescription and Illegal Drug Overdose

Figure 5

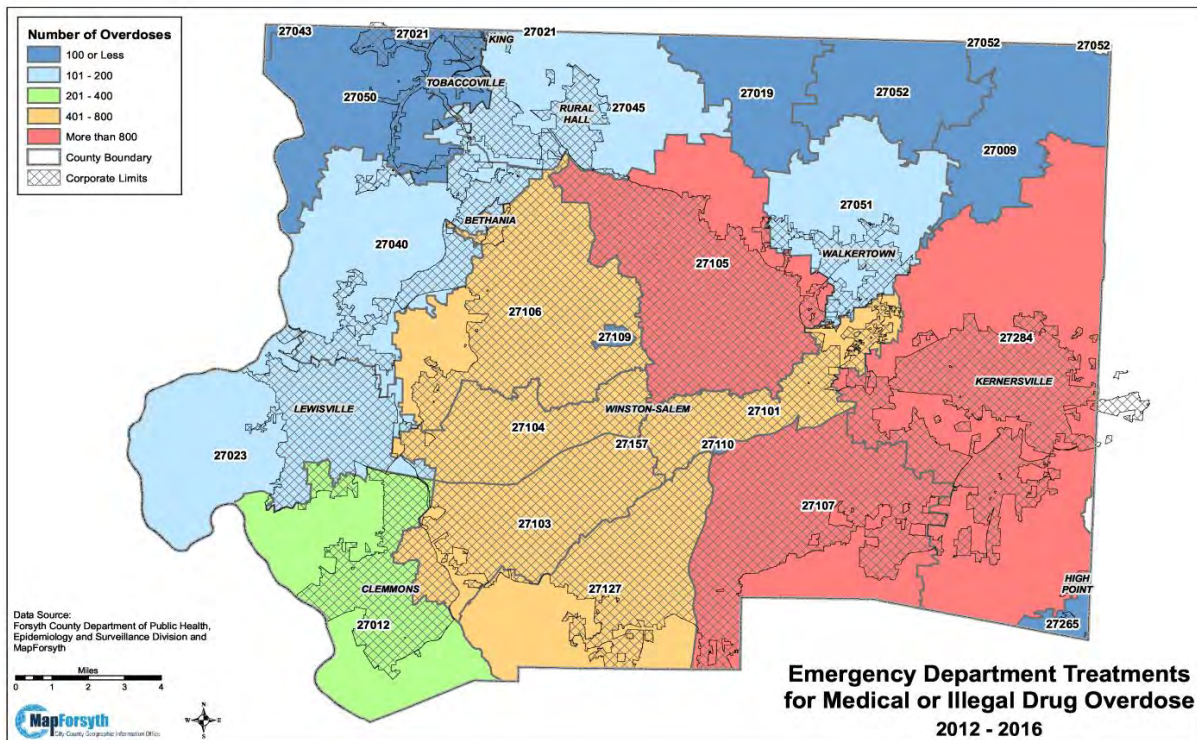


Figure 6

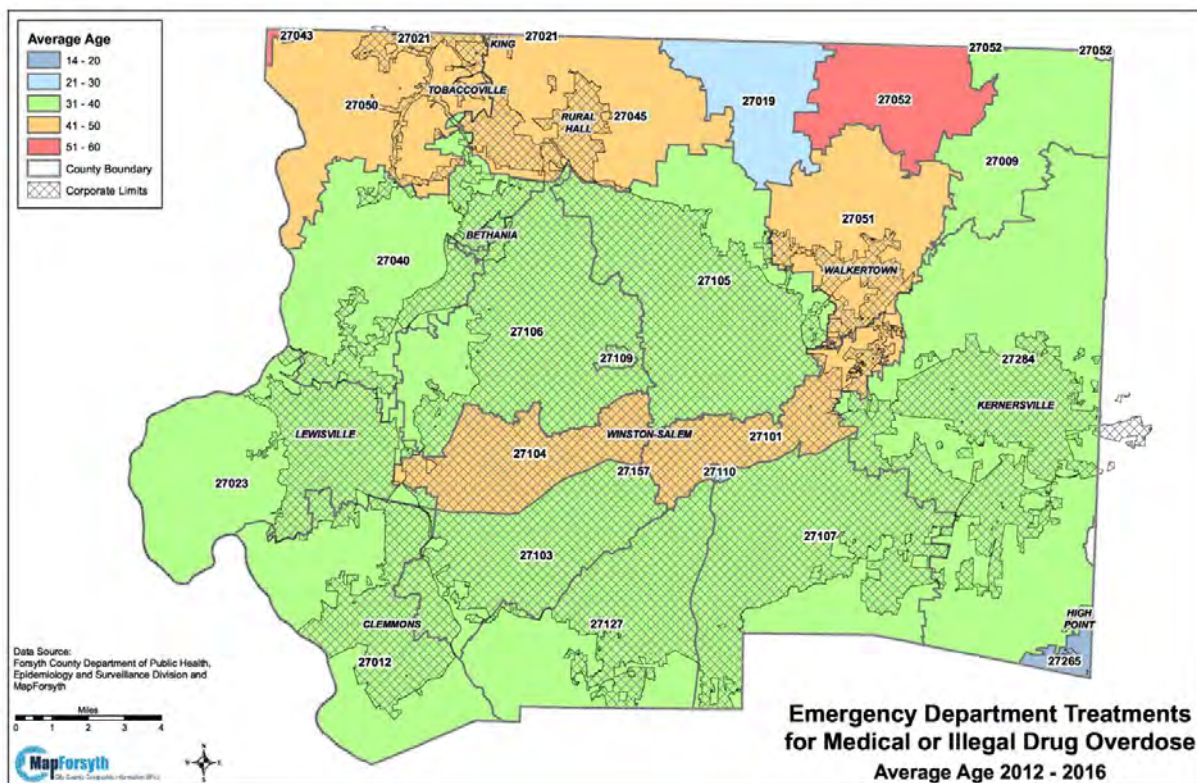




Figure 7

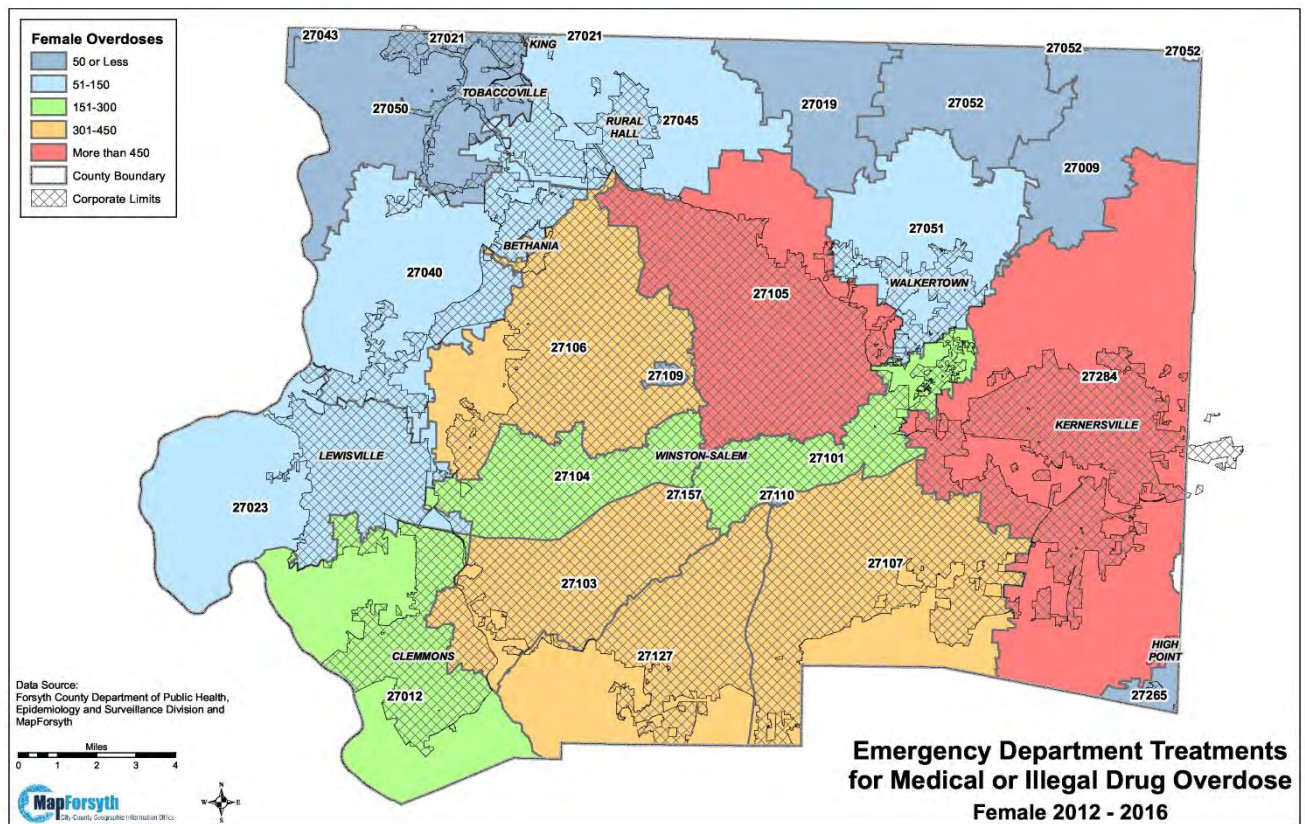
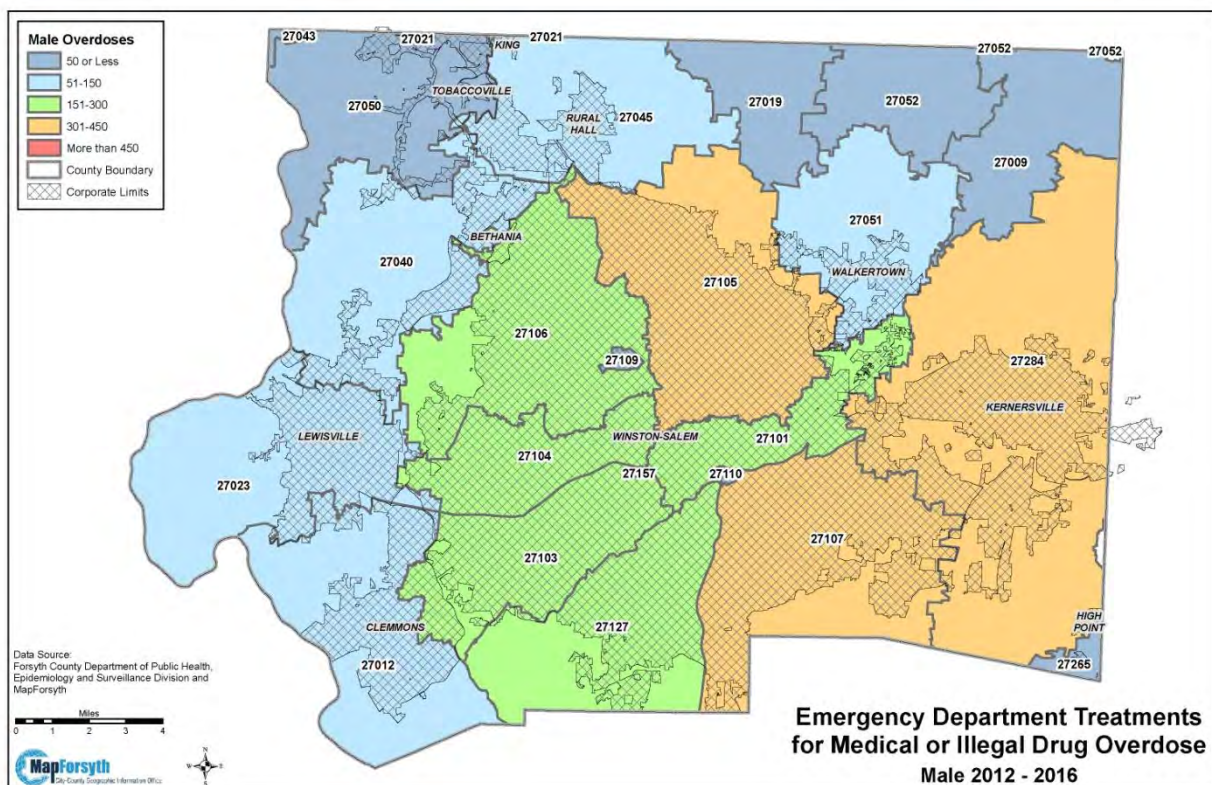


Figure 8



### Homeless Populations

Table 19

North Carolina Point-in-Time Count Winston-Salem/Forsyth County NC, 2008-2016									
	2016	2015	2014	2013	2012	2011	2010	2009	2008
Total	544	571	515	394	556	527	547	465	452
Select Characteristics									
Unsheltered	38	22	19	13	120	51	41	63	29
Unaccompanied youth (under age 18)		0	0	0	1	1	7	5	0
Chronically homeless	95	98	99	82	179	140	142	115	141
Mentally ill	131	124	118	85	116	126	94	44	35
HIV/AIDS	13	9	13	7	13	8	10		5
Domestic Violence	57	60	31	21	33	29	27	929	52
Substance use	128	105	156	112	203	195	233	152	164
Veterans	67			38	43	47	37	28	39

Forsyth County Department of Public Health, Epidemiology & Surveillance Unit  
Data: North Carolina Coalition to End Homelessness

### HEALTH DISPARITY

Figure 9

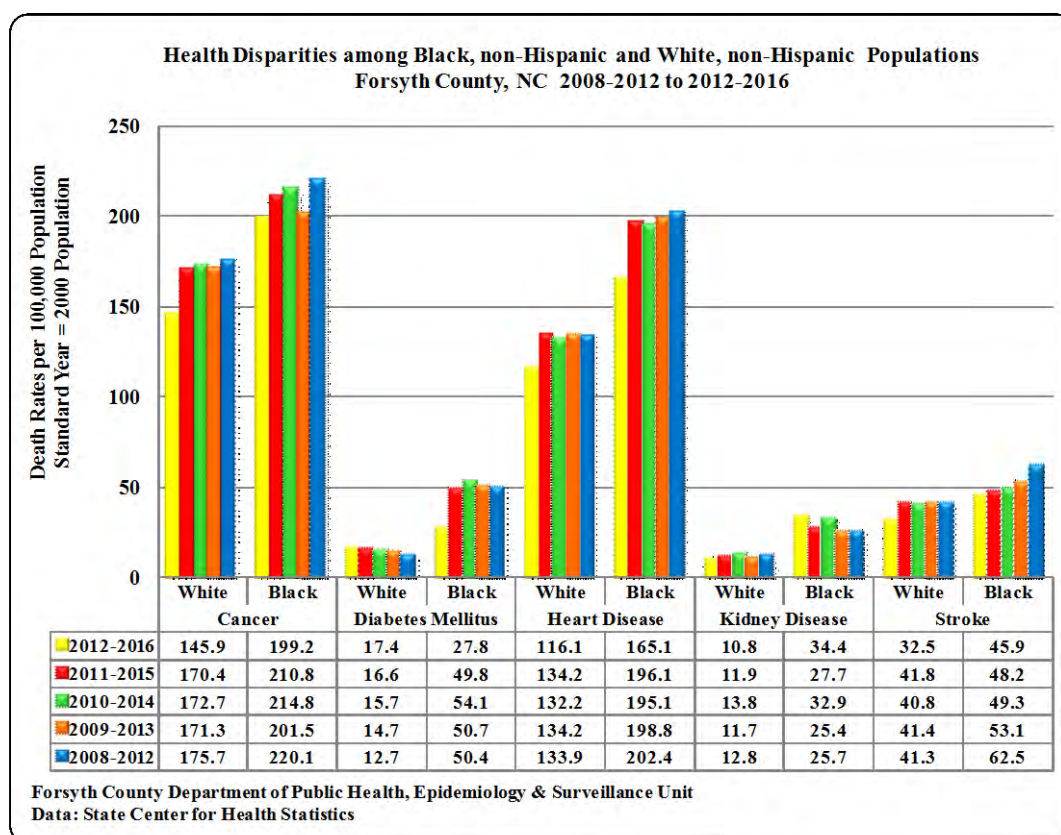
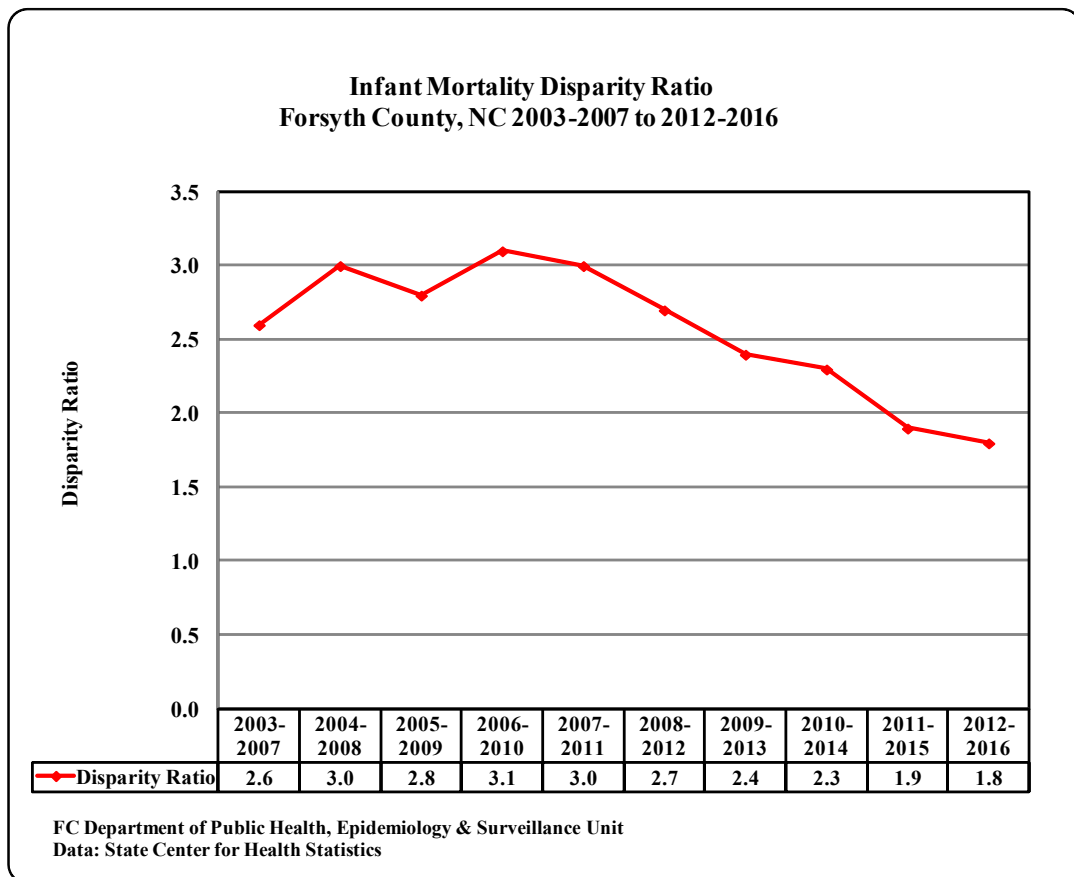


Figure 10



**APPENDIX B**  
**The 2017 Community Health Opinion Survey**  
**Results Summary**

## Introduction

The 2017 CHO was administered in Spanish and English online at the Forsyth County Department of Public Health's public website from January 31<sup>st</sup>, 2017 to May 31<sup>st</sup>, 2017. The links to both versions of the 2017 CHO was posted to the Department of Health's Facebook page. To increase access to the CHO, a QR code was used to allow Forsyth County's population to quickly access and take the survey questionnaire on their smart phones or tablets. To increase awareness and access, QR coded cards were handed out at supermarkets and strip malls throughout the County. To make the survey accessible to vulnerable populations, in person surveys were conducted between March 1<sup>st</sup> and July 31<sup>st</sup>, 2017. To advertise the 2017 CHO and solicit community participation, a marketing strategy that focused on branding and ease in accessibility was employed. The slogan used to promote the Forsyth County CHO was '*Be a voice for your community.*'

The survey was administered to respondents who were  $\geq 18$  years. Four hundred and twenty seven (427) residents responded to the 2017 CHO Survey. Black/African-American, non-Hispanic and Hispanic populations were oversampled because these populations were identified as at risk for the major health issues identified. The response rate for survey questions ranged from 87% to 94%.

### Summary of Demographic Characteristics

- 80% of the respondents were between ages 20-60 years (Figure 53)
- 50.5% of the respondents identified as female (Figure 54)
- 41.4% of the respondents identified as White, non-Hispanic, 32.2% identified as Black, non-Hispanic, and 19.2% identified as Hispanic/Latino (Figure 55)
- 47.0% of the respondents said that they were single/never married, and 28.6% stated that they were married (Figure 56)
- 22.4% of the respondents were high school graduates/GED, 22.7% had some college education, and 23.5% had a Bachelor's degree

This summary of the 2017 CHO results is a broad overview of the survey responses. For additional details, please contact Lovette Miller at 336.703.120 or [millerla@forsyth.cc](mailto:millerla@forsyth.cc)



Quality of life

Figure 1

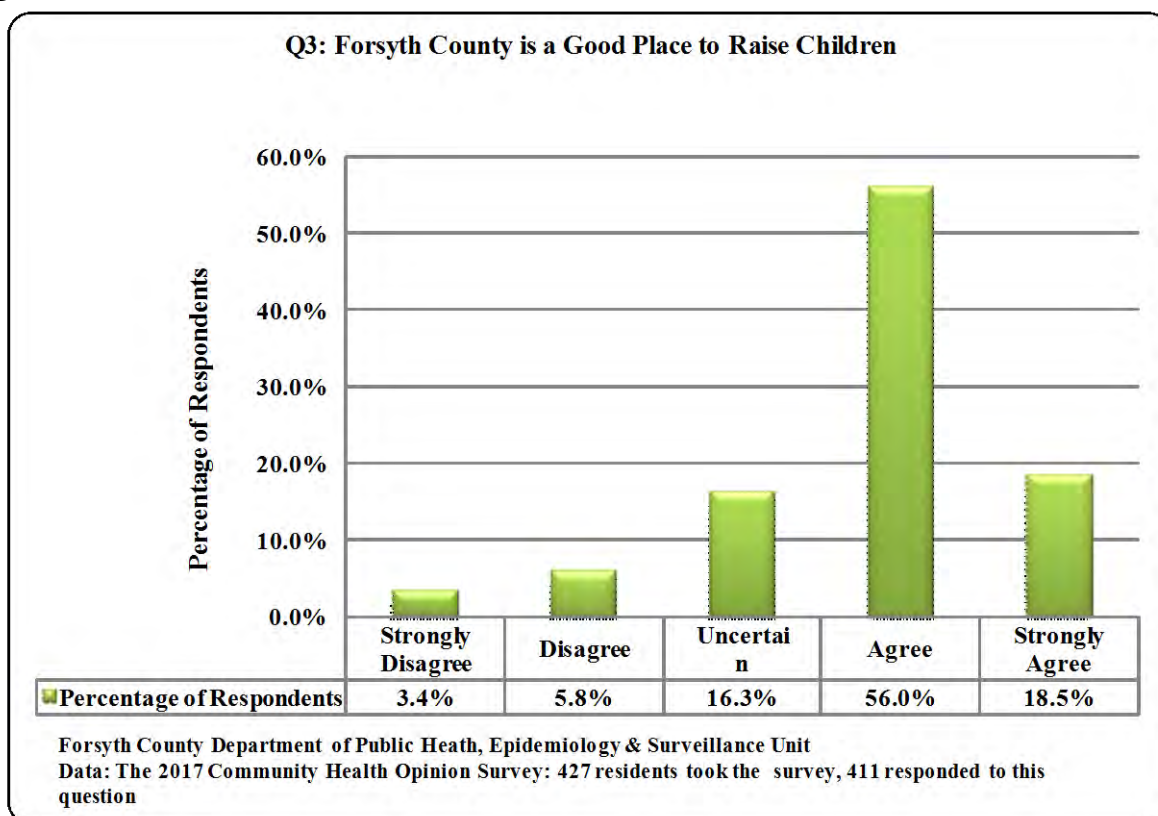


Table 1

<b>Q3. Forsyth County is a Good Place to raise Children</b>					
	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>Male</b>	3.4%	4.3%	19.8%	55.2%	17.2%
<b>Female</b>	3.5%	6.6%	15.4%	55.9%	18.5%
<b>Black, non-Hispanic</b>	4.3%	5.6%	14.2%	59.3%	16.7%
<b>Hispanic</b>	7.7%	7.7%	2.6%	41.0%	41.0%
<b>White, non-Hispanic</b>	2.2%	6.7%	16.4%	56.7%	17.9%

Forsyth County Department of Public Health, Epidemiology & Surveillance Unit  
 Data: The 2017 Community Health Opinion Survey: 427 residents took the survey, 411 responded to this question



Figure 2

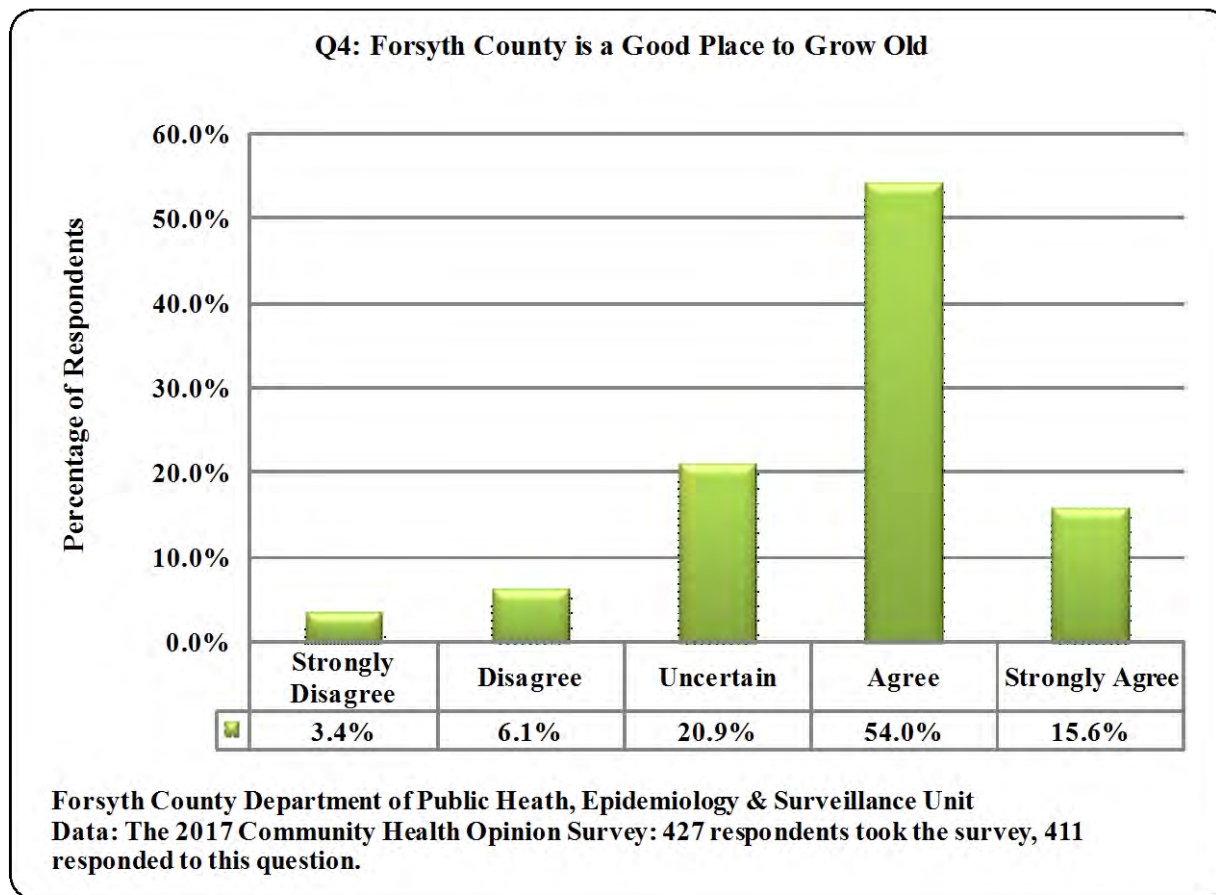


Table 2

Q4. Forsyth County is a Good Place to grow old					
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
Male	2.7%	7.5%	25.3%	52.4%	12.1%
Female	3.5%	6.2%	22.0%	53.5%	14.8%
Black, non-Hispanic	4.1%	6.7%	15.6%	56.9%	16.7%
Hispanic	2.6%	5.1%	10.3%	58.9%	23.1%
White, non-Hispanic	1.8%	5.4%	15.1%	58.6%	19.1%

Forsyth County Department of Public Health, Epidemiology & Surveillance Unit

Data: The 2017 Community Health Opinion Survey: 427 residents took the survey, 411 responded to this question

Figure 3

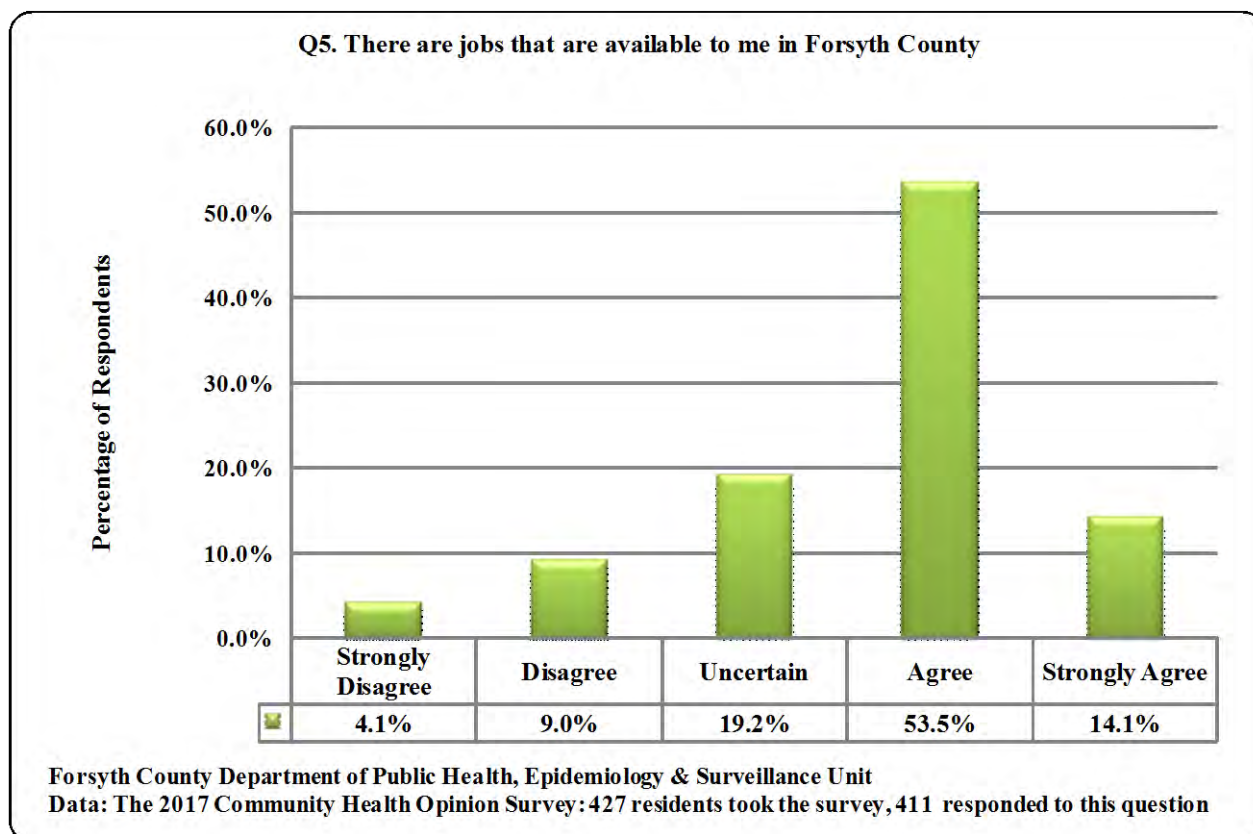


Table 3

<b>Q5. There are jobs that are available to me in Forsyth County</b>					
	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>Male</b>	6.8%	9.1%	24.1%	51.1%	8.9%
<b>Female</b>	2.3%	5.1%	19.1%	58.4%	15.1%
<b>Black, non-Hispanic</b>	5.9%	11.1%	26.5%	47.6%	8.9%
<b>Hispanic</b>	5.1%	7.7%	20.6%	41.0%	25.6%
<b>White, non-Hispanic</b>	3.1%	6.7%	14.3%	56.4%	19.5%

Forsyth County Department of Public Health, Epidemiology & Surveillance Unit

Data: The 2017 Community Health Opinion Survey: 427 residents took the survey, 411 responded to this question

Figure 4

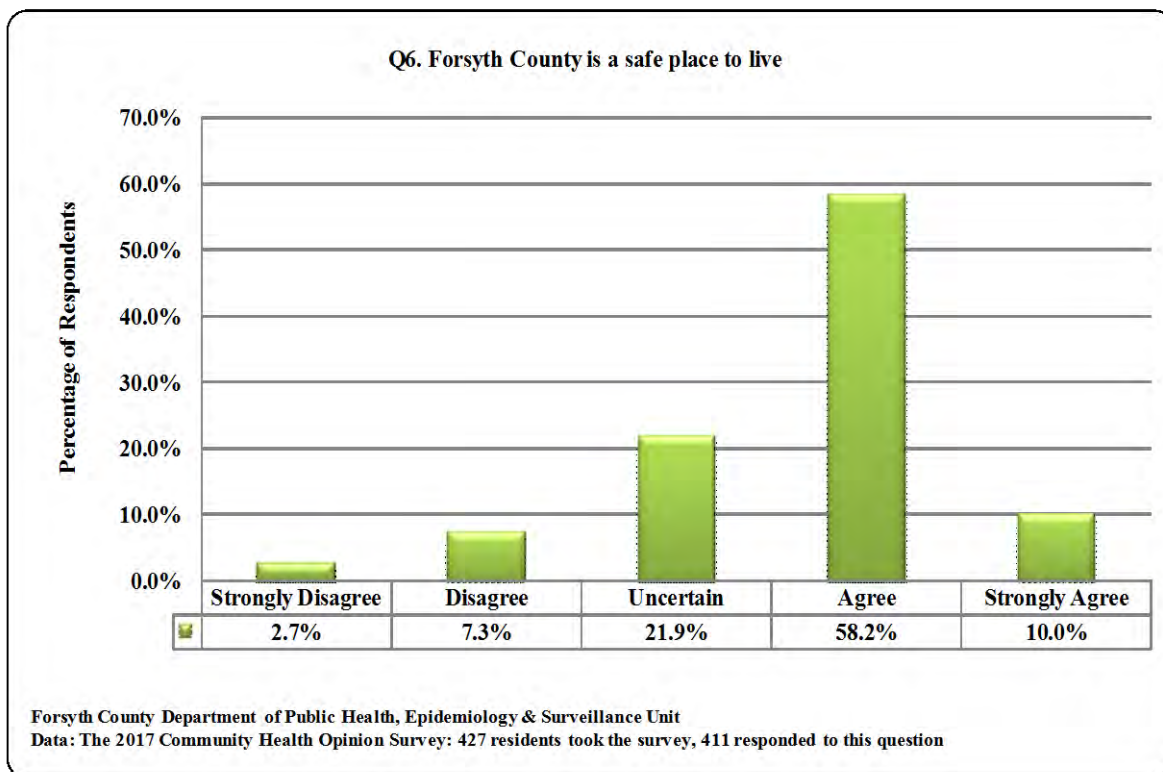


Table 4

<b>Q6. Forsyth County is a safe place to live</b>					
	Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
<b>Male</b>	2.3%	9.2%	26.8%	51.3%	10.4%
<b>Female</b>	4.9%	7.5%	27.5%	50.4%	9.7%
<b>Black, non-Hispanic</b>	4.5%	8.7%	23.8%	53.2%	9.8%
<b>Hispanic</b>	2.6%	7.7%	7.7%	51.3%	30.7%
<b>White, non-Hispanic</b>	2.9%	4.1%	16.7%	58.5%	17.8%

Forsyth County Department of Public Health, Epidemiology & Surveillance Unit

Data: The 2017 Community Health Opinion Survey: 427 residents took the survey, 411 responded to this question

Figure 5

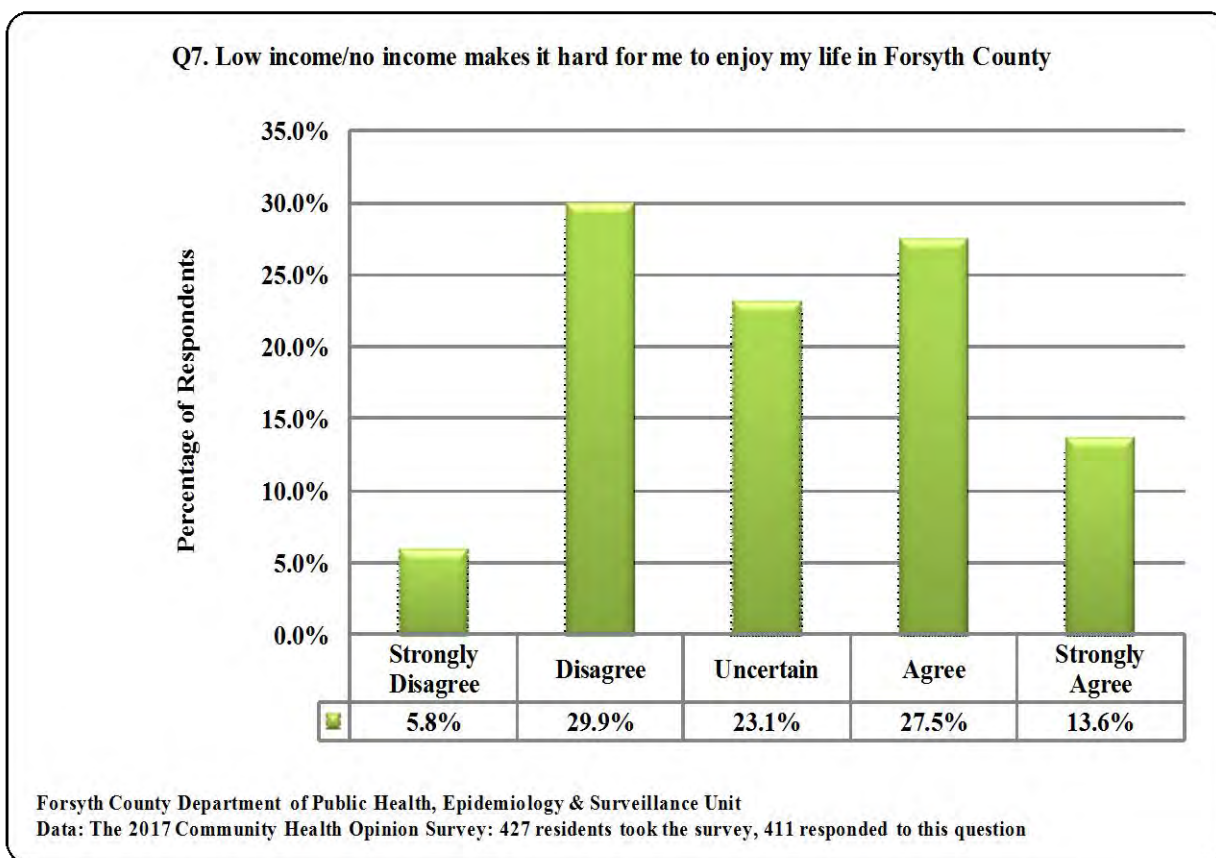


Figure 5

<b>Q7. Low income/no income makes it hard for me to enjoy life in Forsyth County</b>					
	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>Male</b>	12.1%	22.1%	21.5%	33.1%	11.2%
<b>Female</b>	11.9%	23.5%	23.1%	31.8%	9.7%
<b>Black, non-Hispanic</b>	12.7%	26.3%	20.7%	27.6%	12.7%
<b>Hispanic</b>	5.1%	23.1%	23.1%	35.9%	12.8%
<b>White, non-Hispanic</b>	15.3%	26.4%	23.7%	27.1%	7.5%

Forsyth County Department of Public Health, Epidemiology & Surveillance Unit

Data: The 2017 Community Health Opinion Survey: 427 residents took the survey, 411 responded to this question

Figure 6

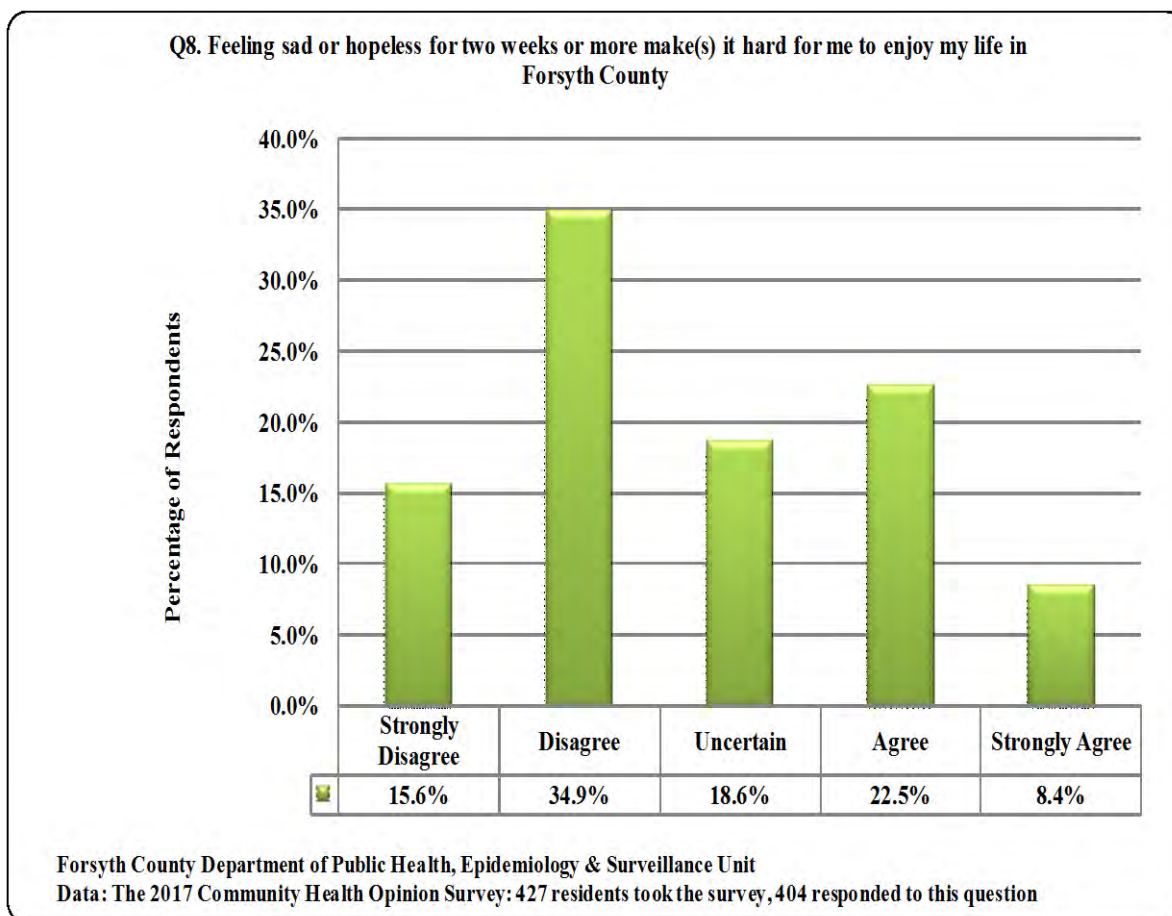


Table 6

<b>Q8. Feeling sad or hopeless for two weeks or more makes it hard for me to enjoy life in Forsyth County</b>					
	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Uncertain</b>	<b>Agree</b>	<b>Strongly Agree</b>
<b>Male</b>	23.6%	49.7%	13.1%	7.9%	5.7%
<b>Female</b>	24.1%	51.3%	11.8%	7.7%	5.1%
<b>Black, non-Hispanic</b>	21.9%	49.9%	13.4%	8.3%	6.5%
<b>Hispanic</b>	18.4%	44.7%	15.8%	13.2%	7.9%
<b>White, non-Hispanic</b>	24.1%	48.3%	12.6%	9.7%	5.3%

Forsyth County Department of Public Health, Epidemiology & Surveillance Unit

Data: The 2017 Community Health Opinion Survey: 427 residents took the survey, 404 responded to this question

Figure 7

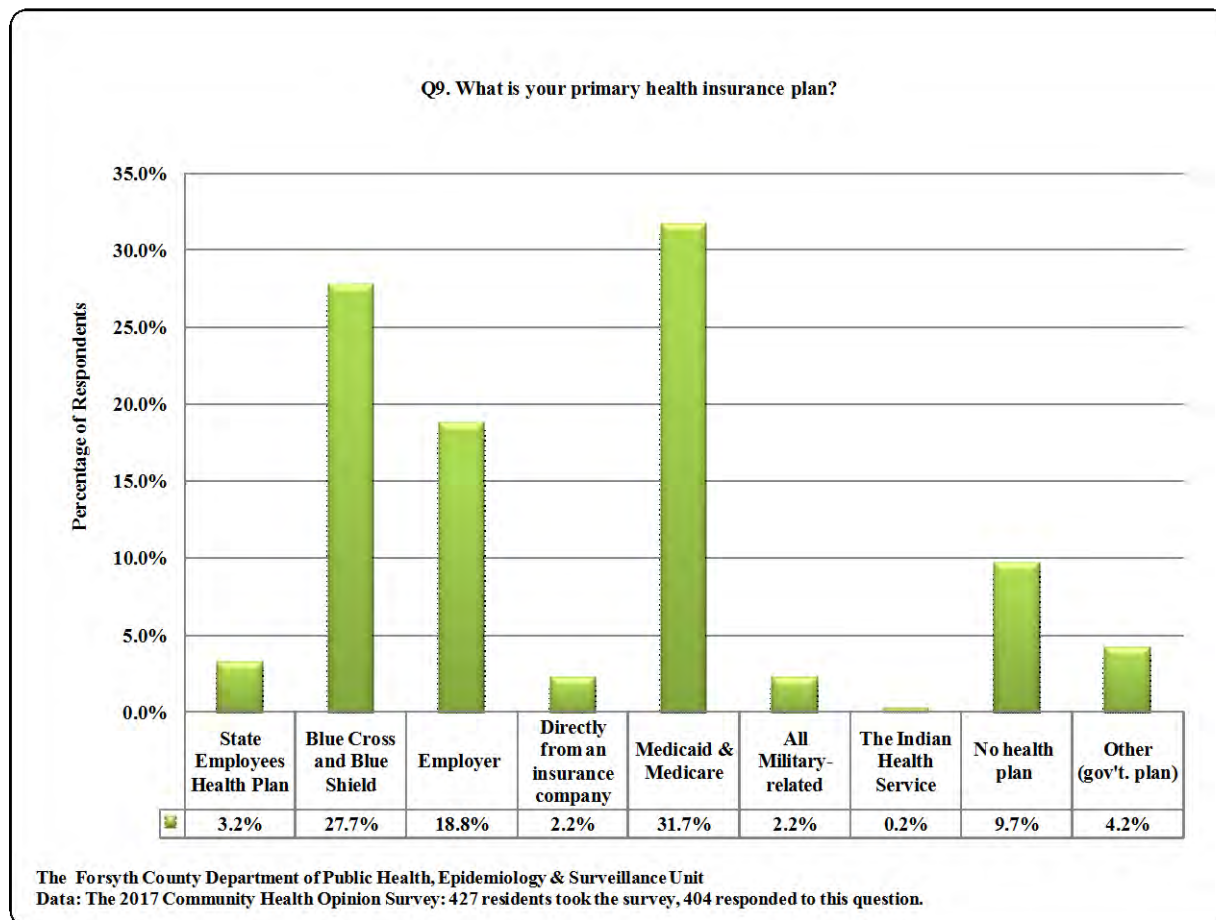


Figure 7

- 3.2% of respondents indicated that State Employees Health Plan was their primary source of health insurance
- 27.7% of respondents indicated that Blue Cross and Blue Shield was their primary source of health insurance
- 18.8% of respondents indicated that their employer was their primary source of health insurance
- 2.2% of respondents indicated that they purchased health insurance directly from an insurance company
- 31.7% of respondents indicated that Medicaid/Medicare was their primary source of health insurance
- 2.2% of respondents indicated that Military-related insurance was their primary source of health insurance
- 4.2% of respondents indicated that other Government-related insurance was their primary source of health insurance
- 9.7% of respondents reported that they had no health insurance



Oral Health

Figure 8

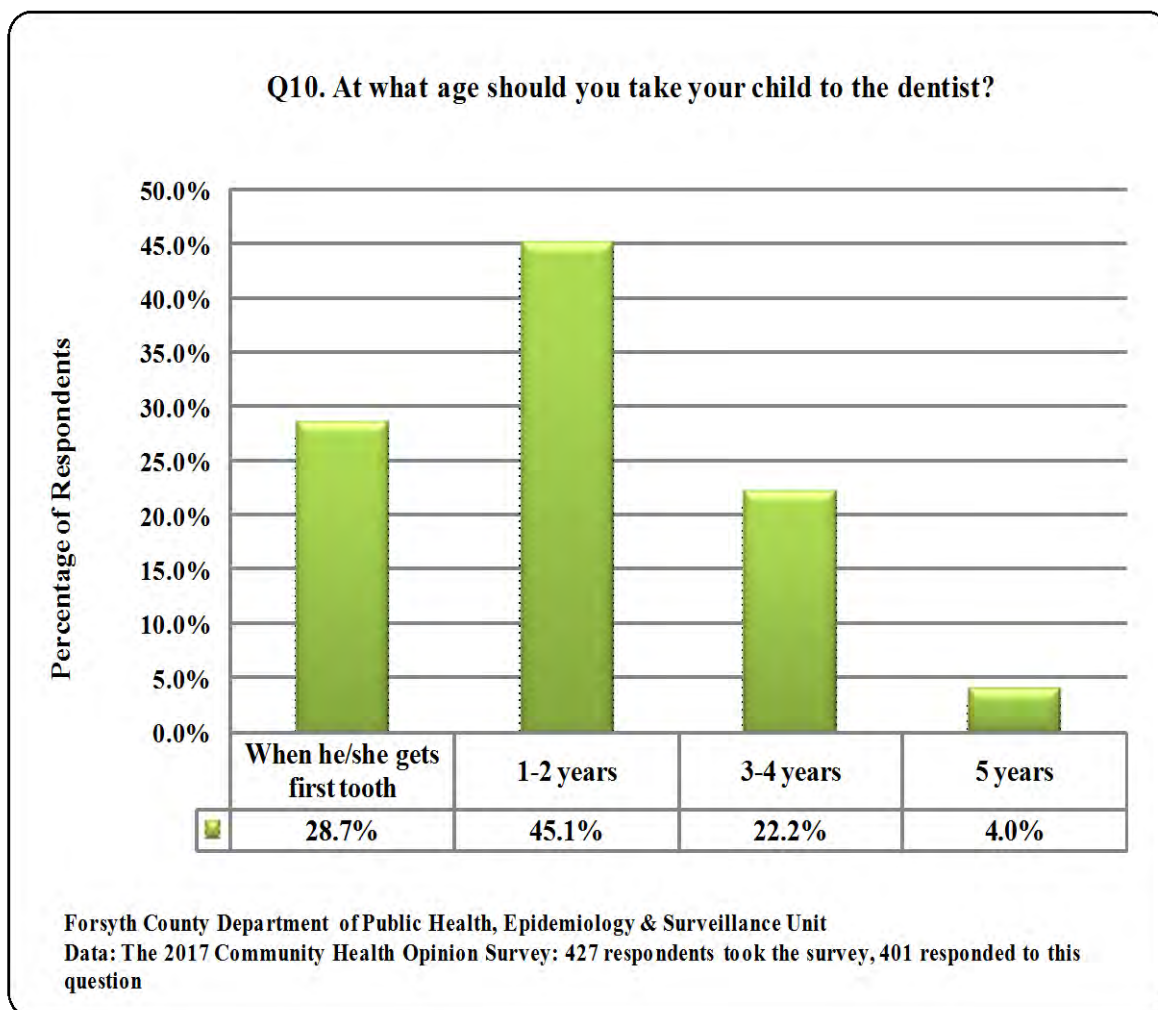


Figure 8

- 28.7% of respondents chose when a child gets his/her first tooth as the age that he/she should be taken to the dentist
- 45.1% of respondents chose when a child is between age 1-2 years as the age that he/she should be taken to the dentist
- 22.2% of respondents chose when a child is between age 3-4 years as the age that he/she should be taken to the dentist
- 4.0% of respondents chose when a child is between age 5 years as the age that he/she should be taken to the dentist

Figure 9

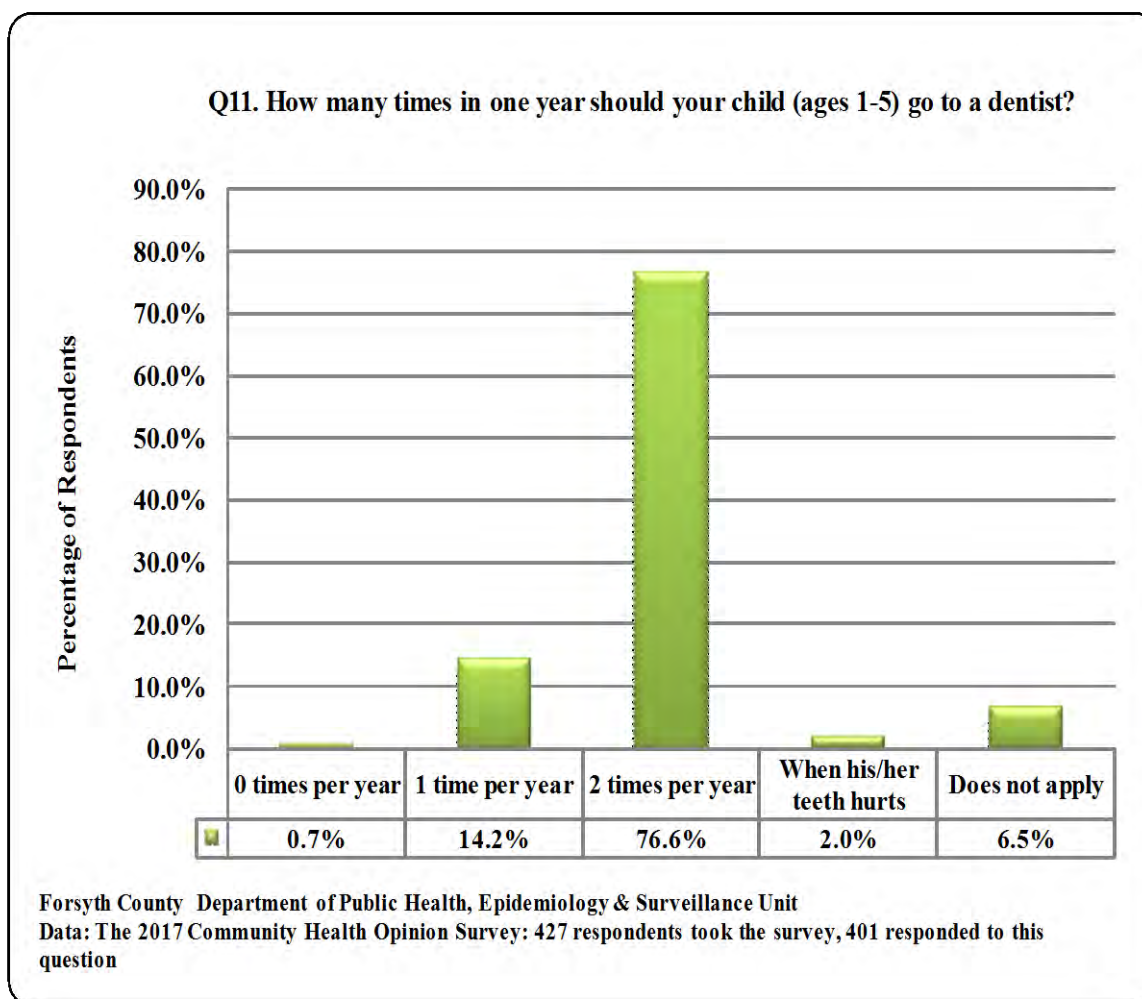


Figure 9

- Less than 1% of respondents chose zero times per year for the number of times per year that their children should visit the dentist
- 14.2% of respondents chose 1 time per year for the number of times per year that their children should visit the dentist
- 76.6% of respondents chose 2 times per year for the number of times per year that their children should visit the dentist
- 2.0% of respondents chose when their tooth hurt for the number of times per year that their children should visit the dentist
- 6.5% of respondents indicated that this question did not apply to them.



Figure 10

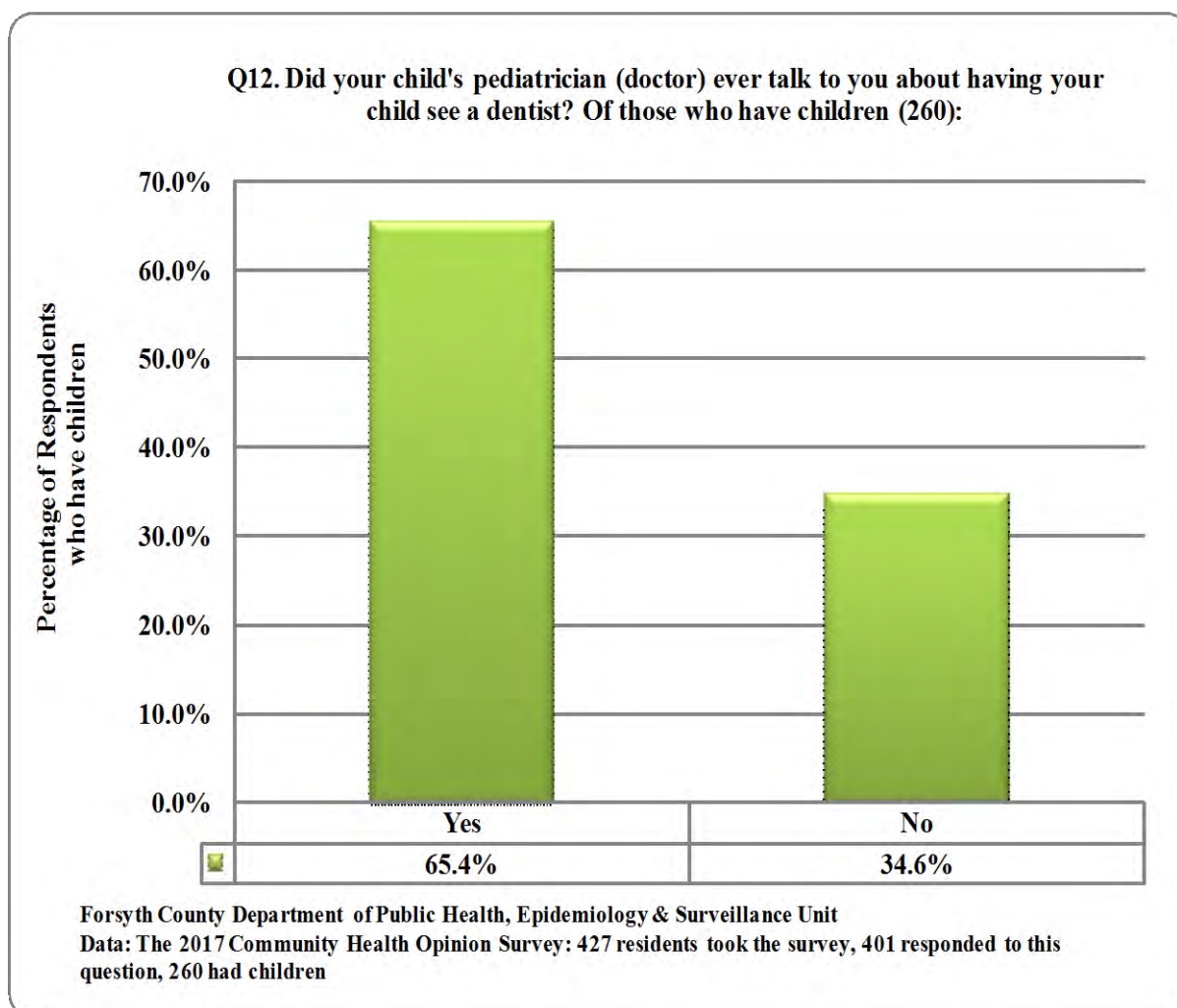


Figure 10

- 65.4% of respondents who have children indicated that their children's pediatrician (doctor) have spoken to them about having them see a dentist
- 34.6% of respondents who have children indicated that their children's pediatrician (doctor) have never spoken to them about having them see a dentist

Figure 11

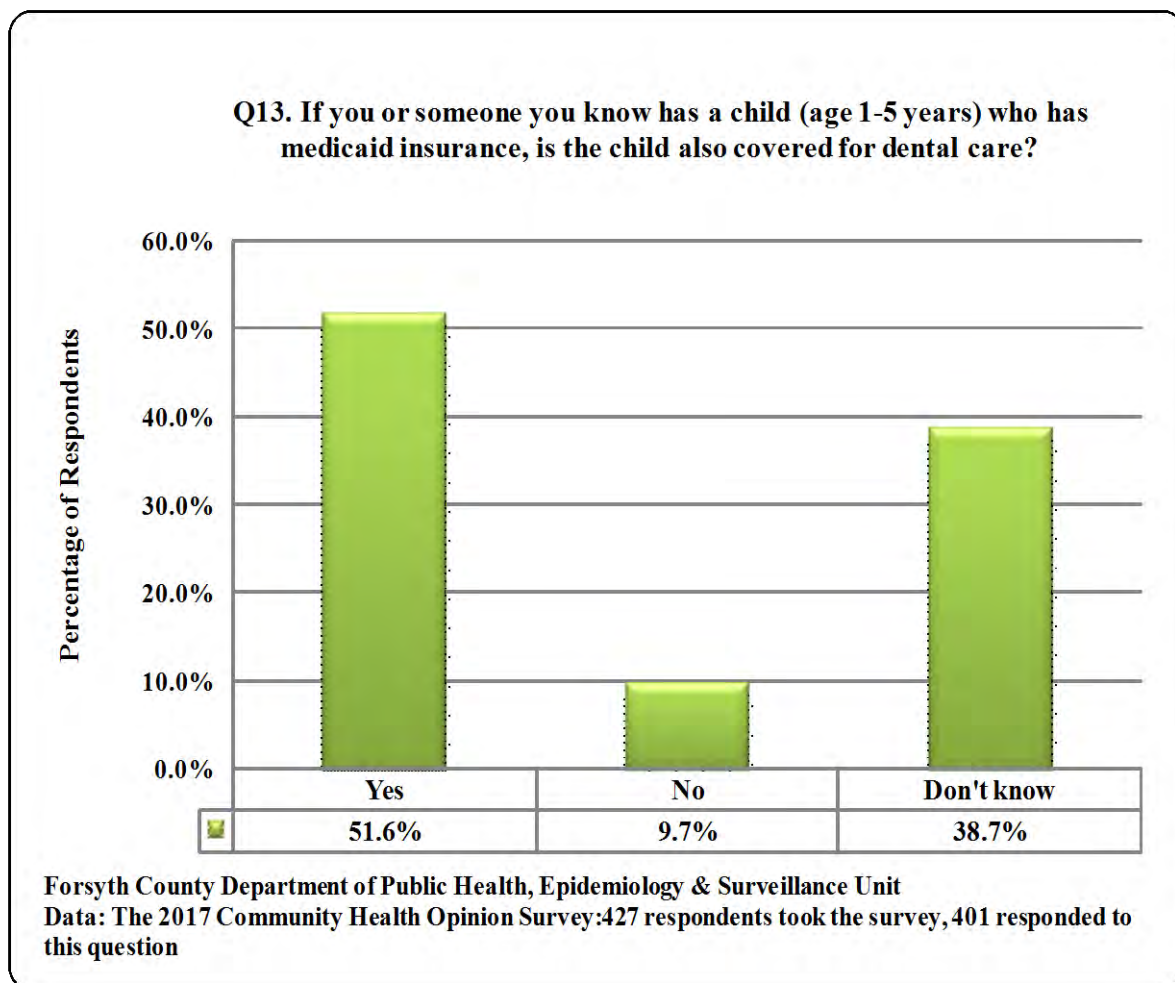


Figure 11

- 51.4% of respondents said that if a child (age 1-5 years) has Medicaid insurance, that child is also covered for dental care.
- 9.7% of respondents said that if a child (age 1-5 years) has Medicaid insurance, that child is not covered for dental care
- 38.7% of respondents said that they did not know whether or not a child (age 1-5 years) who has Medicaid insurance also has dental care coverage

Figure 12

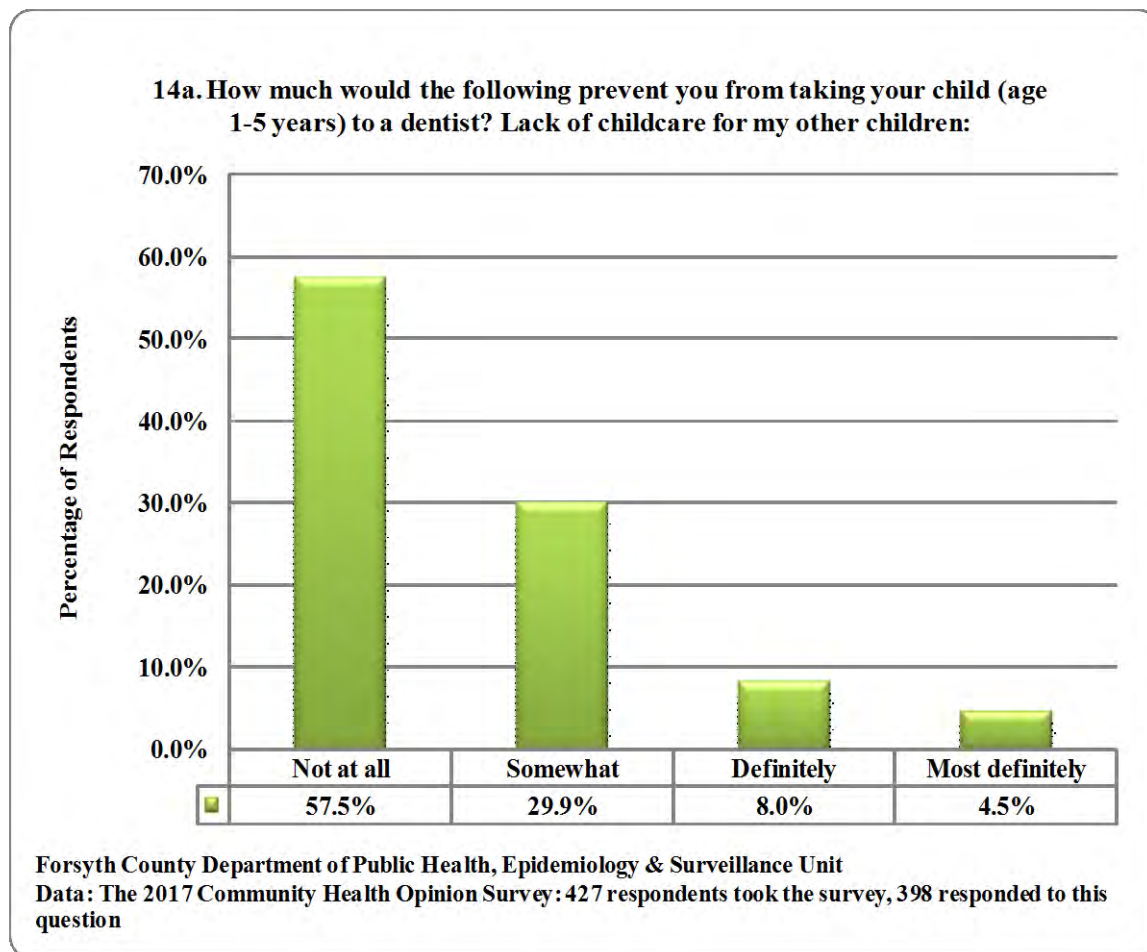


Figure 12

- 57.5% of respondents said that *a lack of childcare for their other children* would not prevent them from taking their children who need dental care to the dentist
- 29.9% of respondents said that *a lack of childcare for their other children* would somewhat prevent them from taking their children who need dental care to the dentist
- 8.0% of respondents said that *a lack of childcare for their other children* would definitely prevent them from taking their children who need dental care to the dentist
- 4.5% of respondents said that *a lack of childcare for their other children* would most definitely prevent them from taking their children who need dental care to the dentist

Figure 13

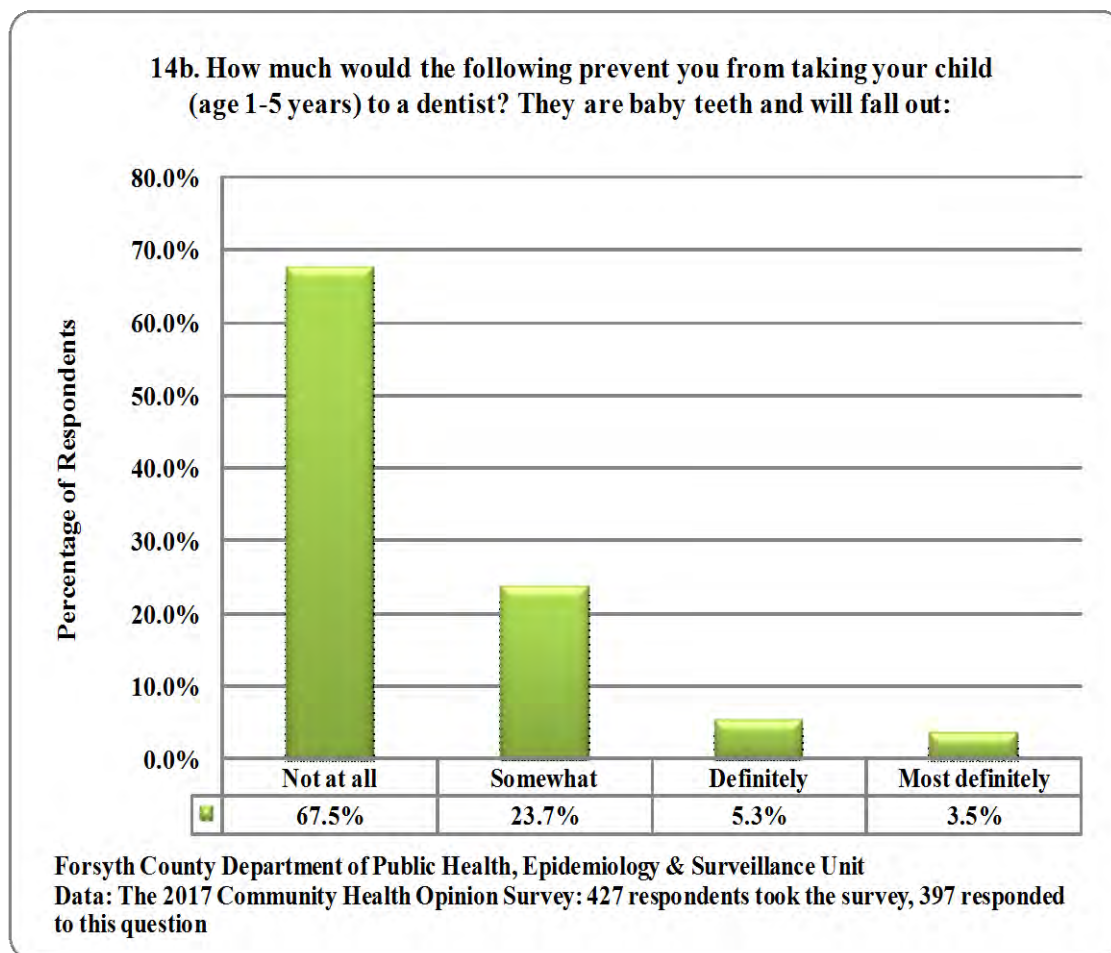


Figure 13

- 67.5% of respondents said that their perception of their children's (age 1-5 years) teeth as *baby teeth and would fall out* would not prevent them from taking their children who need dental care to the dentist
- 23.7% of respondents said that their perception of their children's (age 1-5 years) teeth as *baby teeth and would fall out* would somewhat prevent them from taking their children who need dental care to the dentist
- 5.3% of respondents said that their perception of their children's (age 1-5 years) teeth as *baby teeth and would fall out* would definitely prevent them from taking their children who need dental care to the dentist
- 3.5% of respondents said that their perception of their children's (age 1-5 years) teeth as *baby teeth and would fall out* would most definitely prevent them from taking their children who need dental care to the dentist

Figure 14

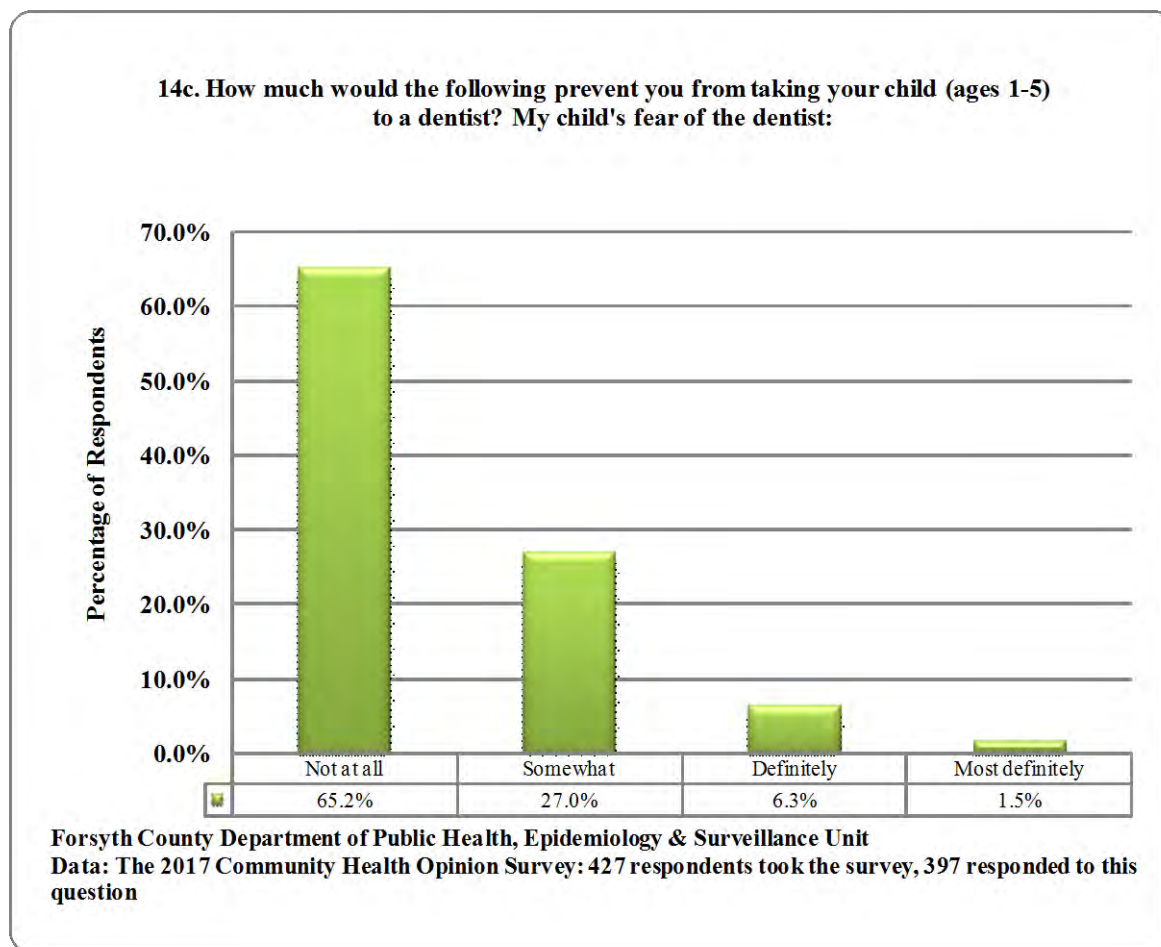


Figure 14

- 65.2% of respondents said that their *children's (age 1-5 years) fear of the dentist* would not prevent them from taking their children who need dental care to the dentist
- 27.0% of respondents said that their *children's (age 1-5 years) fear of the dentist* would somewhat prevent them from taking their children who need dental care to the dentist
- 6.3% of respondents said that their *children's (age 1-5 years) fear of the dentist* would definitely prevent them from taking their children who need dental care to the dentist
- 1.5% of respondents said that their *children's (age 1-5 years) fear of the dentist* would most definitely prevent them from taking their children who need dental care to the dentist



Figure 15

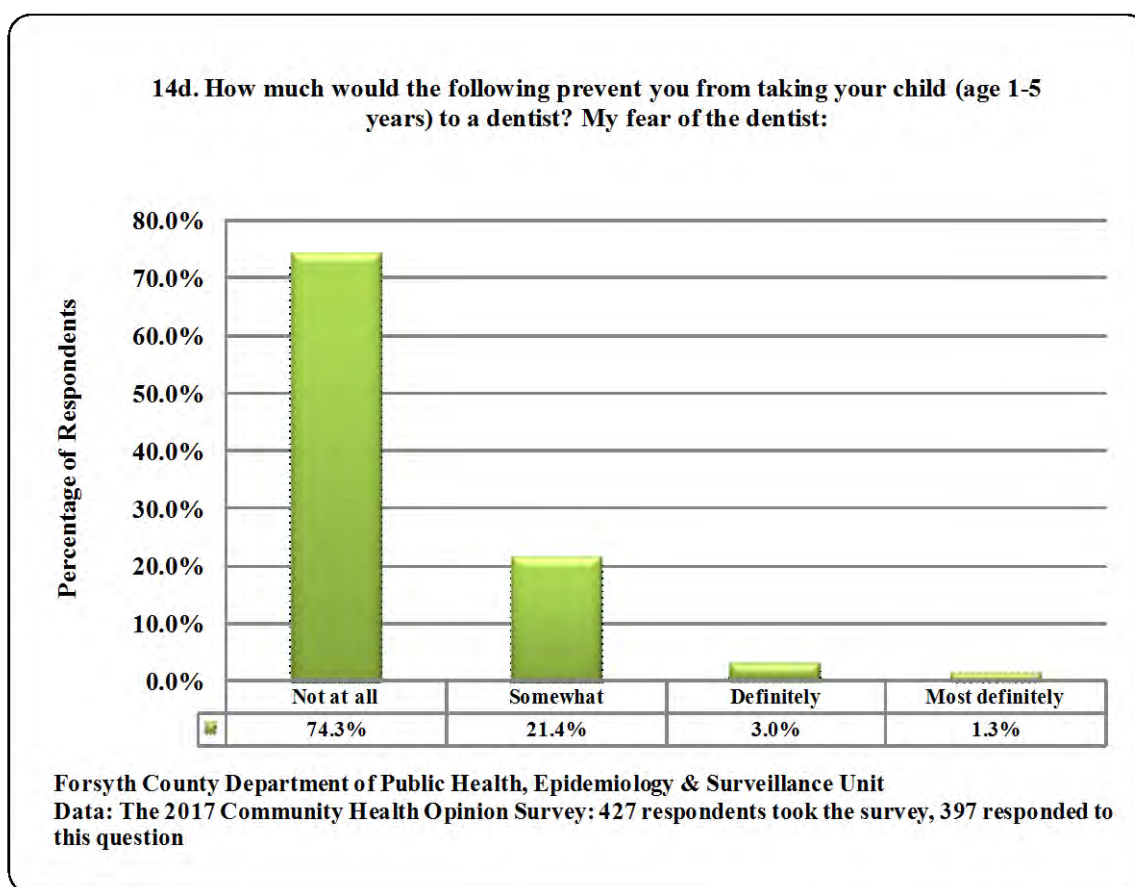


Figure 15

- 74.3% of respondents said that *their fear of the dentist* would not prevent them from taking their children who need dental care to the dentist
- 21.4% of respondents said that *their fear of the dentist* would somewhat prevent them from taking their children who need dental care to the dentist
- 3.0% of respondents said that *their fear of the dentist* would definitely prevent them from taking their children who need dental care to the dentist
- 1.3% of respondents said that *their fear of the dentist* would most definitely prevent them from taking their children who need dental care to the dentist

Figure 16

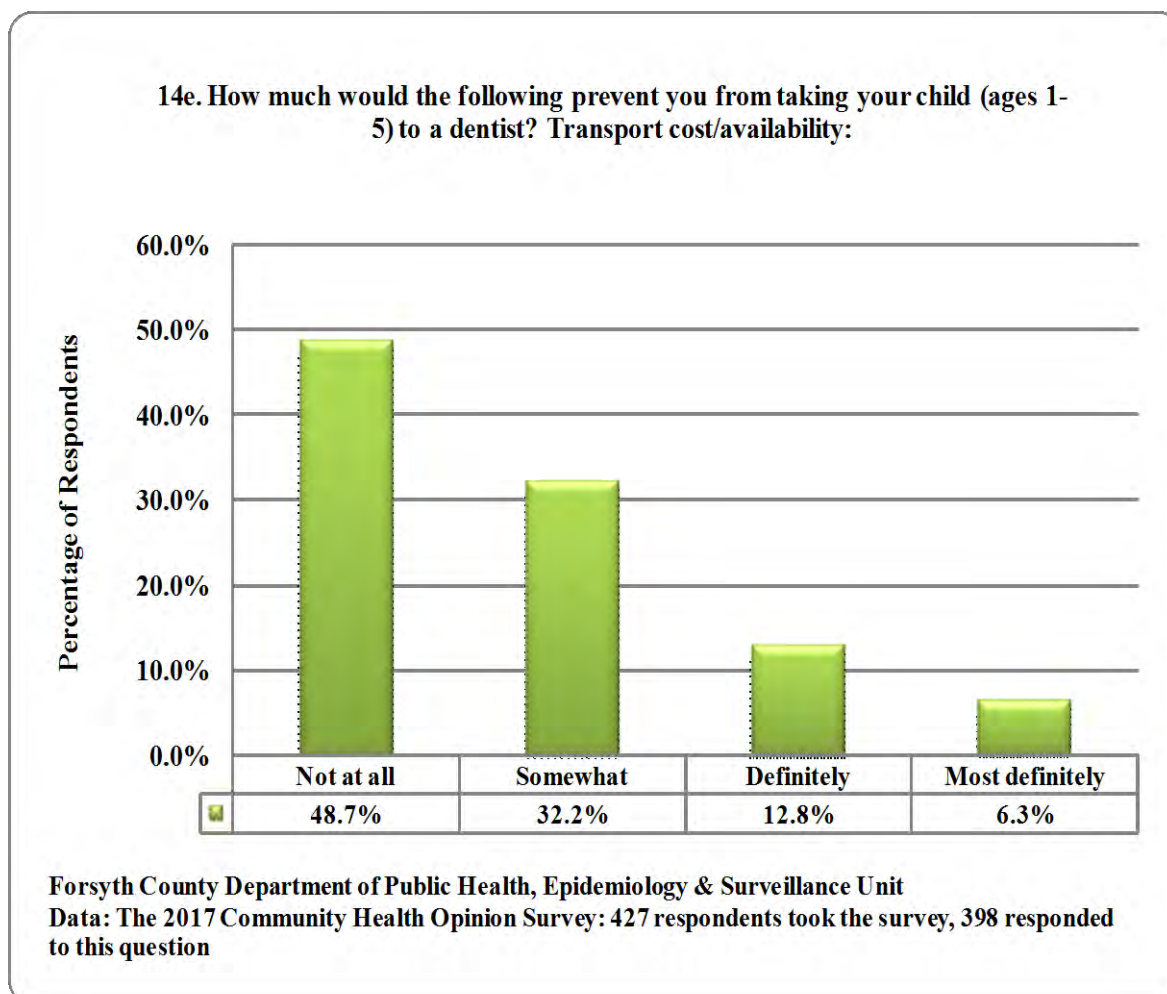


Figure 16

- 48.7% of respondents said that *transportation cost/availability* would not prevent them from taking their children who need dental care to the dentist
- 32.2% of respondents said that *transportation cost/availability* would somewhat prevent them from taking their children who need dental care to the dentist
- 12.8% of respondents said that *transportation cost/availability* would definitely prevent them from taking their children who need dental care to the dentist
- 6.3% of respondents said that *transportation cost/availability* would most definitely prevent them from taking their children who need dental care to the dentist

Figure 17

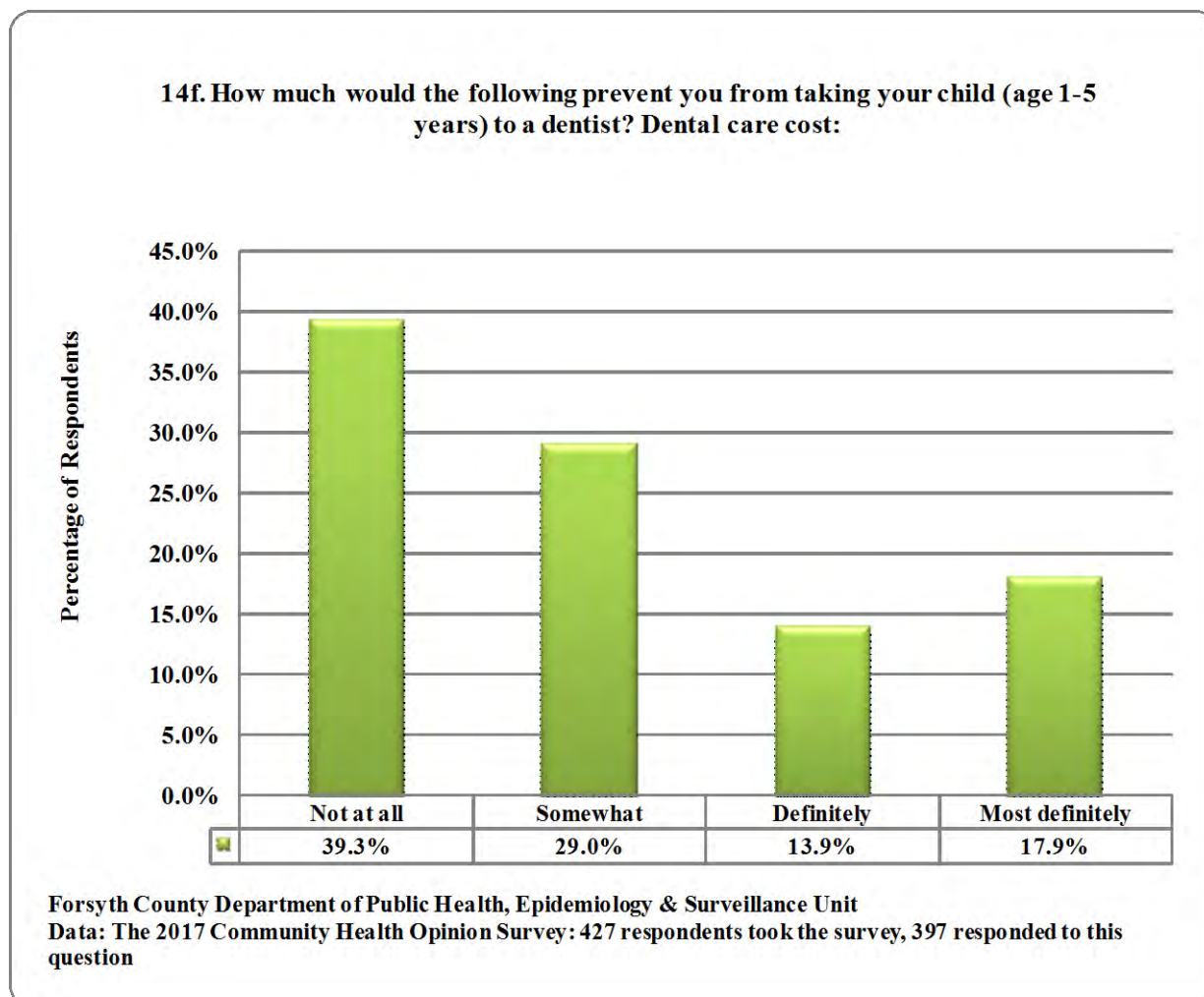


Figure 17

- 39.3% of respondents said that *the cost of dental care* would not prevent them from taking their children who need dental care to the dentist
- 29.0% of respondents said that *the cost of dental care* would somewhat prevent them from taking their children who need dental care to the dentist
- 13.9% of respondents said that *the cost of dental care* would definitely prevent them from taking their children who need dental care to the dentist
- 17.9% of respondents said that *the cost of dental care* would most definitely prevent them from taking their children who need dental care to the dentist



Sexual Health

Figure 18

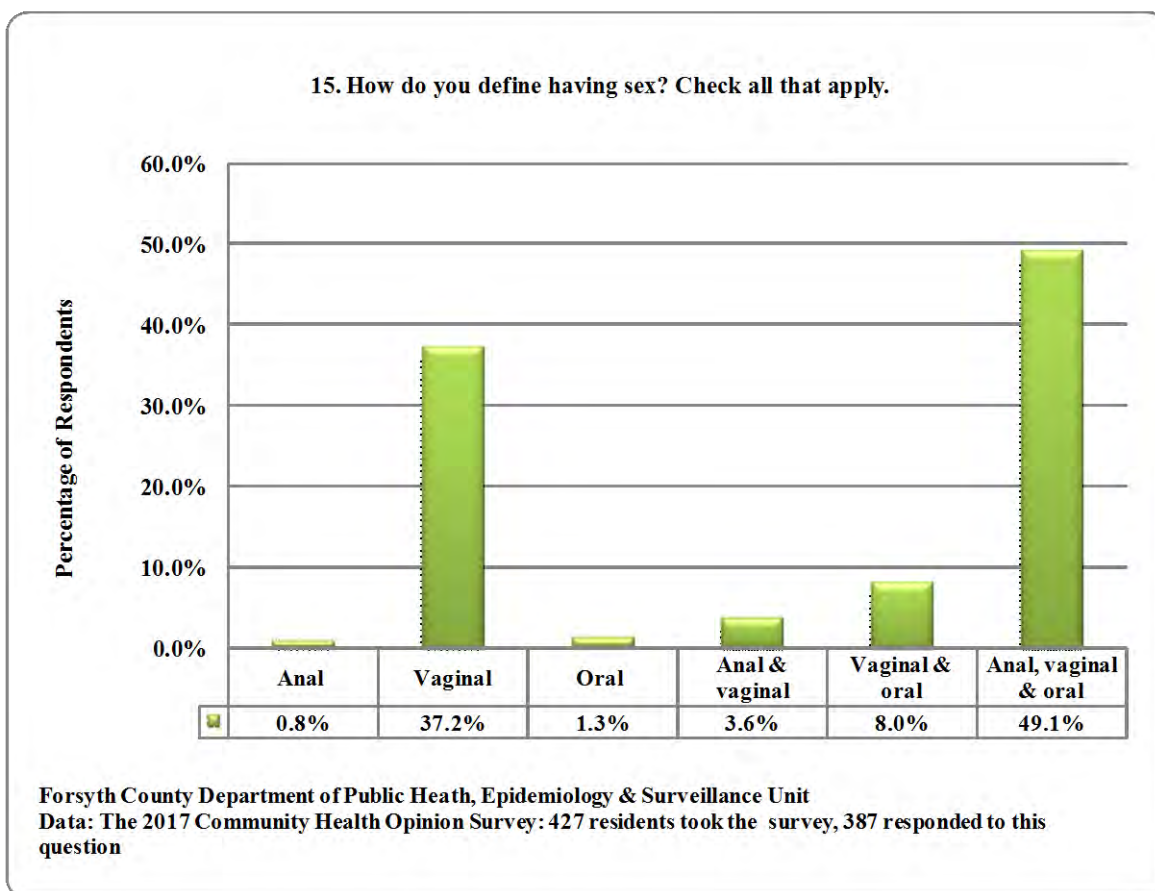
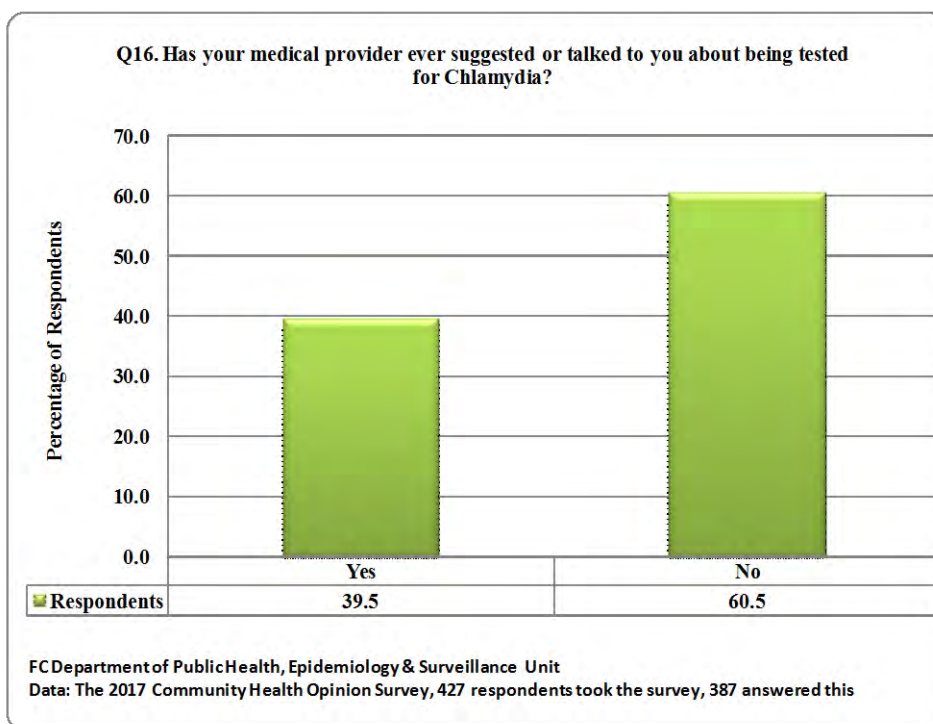


Figure 18

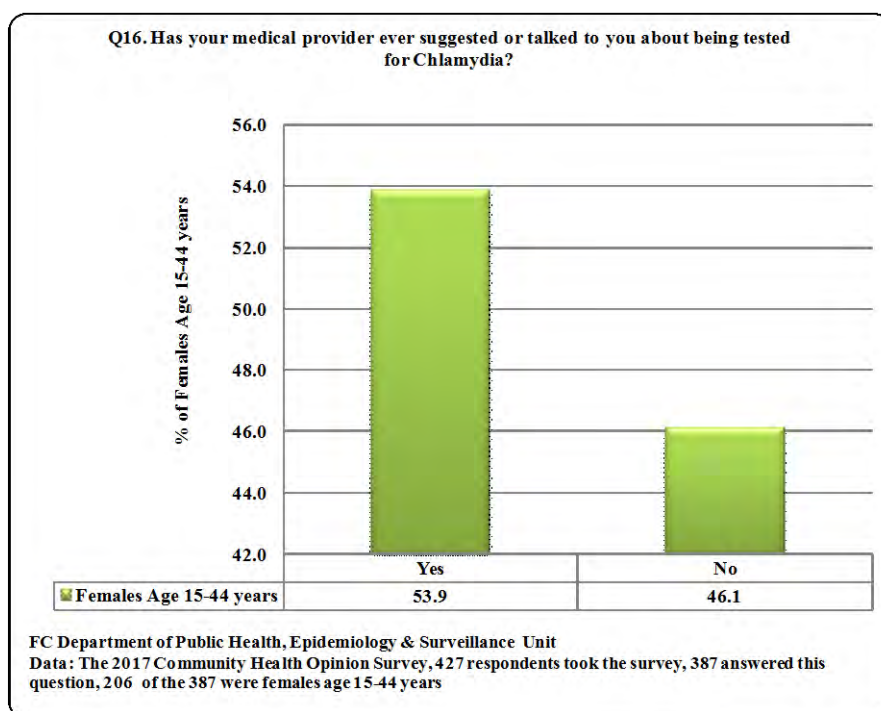
- 0.8% of respondents defined sex as anal sex only
- 37.2% of respondents defined sex as vaginal sex only
- 1.3% of respondents defined sex as oral sex only
- 3.6% of respondents defined sex as anal and vaginal sex
- 8.0% of respondents defined sex as vaginal and oral sex
- 49.1% of respondents defined sex as anal, vaginal and oral sex

Figure 19a



More than 1/2 of the respondents to this question were never advised to have a chlamydia test!

Figure 19b



Only about 1 in 2 (53.9%) females age 15-44 years reported that their medical provider suggested that they should be tested for chlamydia.

Figure 20

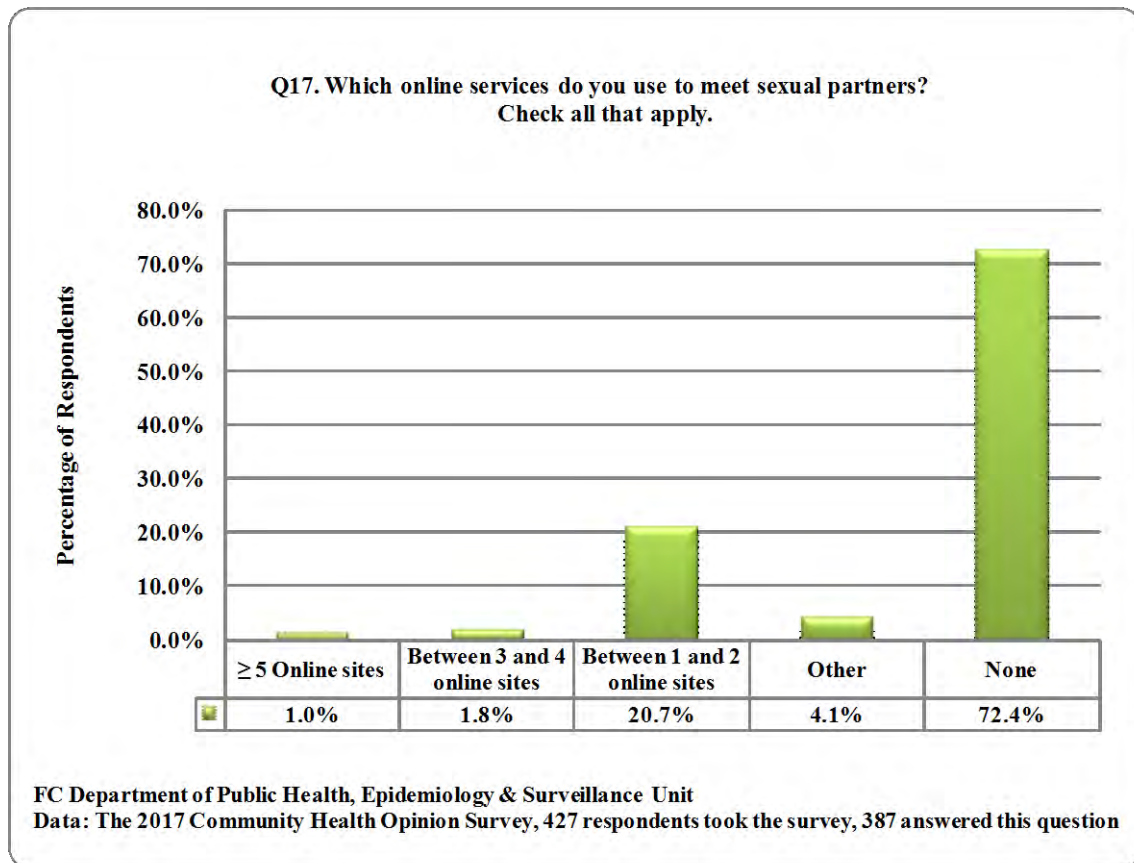


Figure 20

- About 1 in 4 (27.6%) respondents reported that they use an online service to meet sexual partners
- Based on the responses, the top five online sites were Facebook, Tinder, Instagram, Bumble, and Okcupid in rank order.

Figure 21

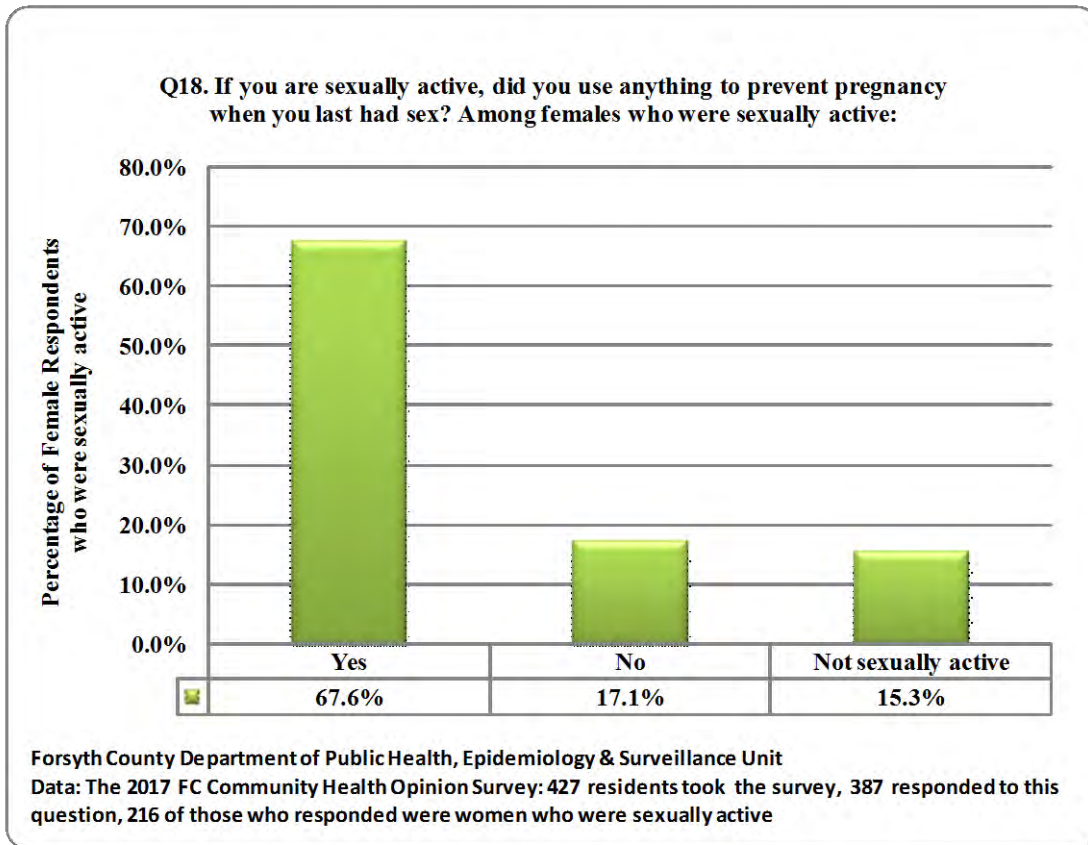


Figure 22

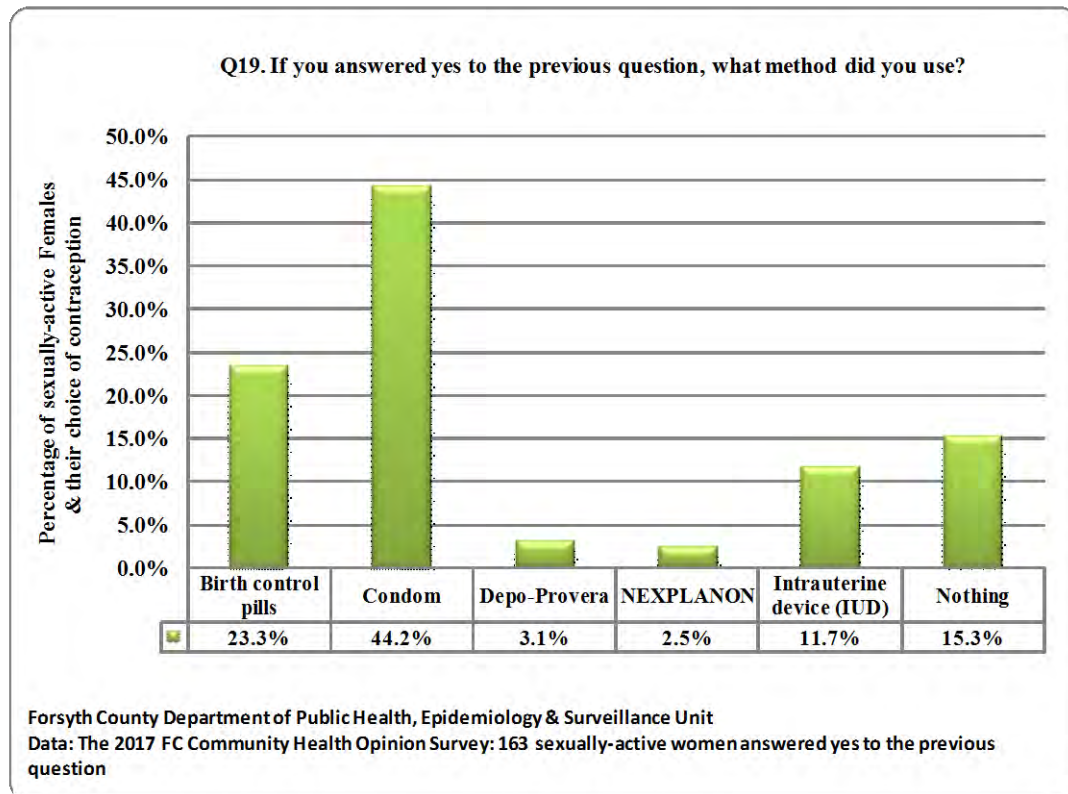


Figure 23

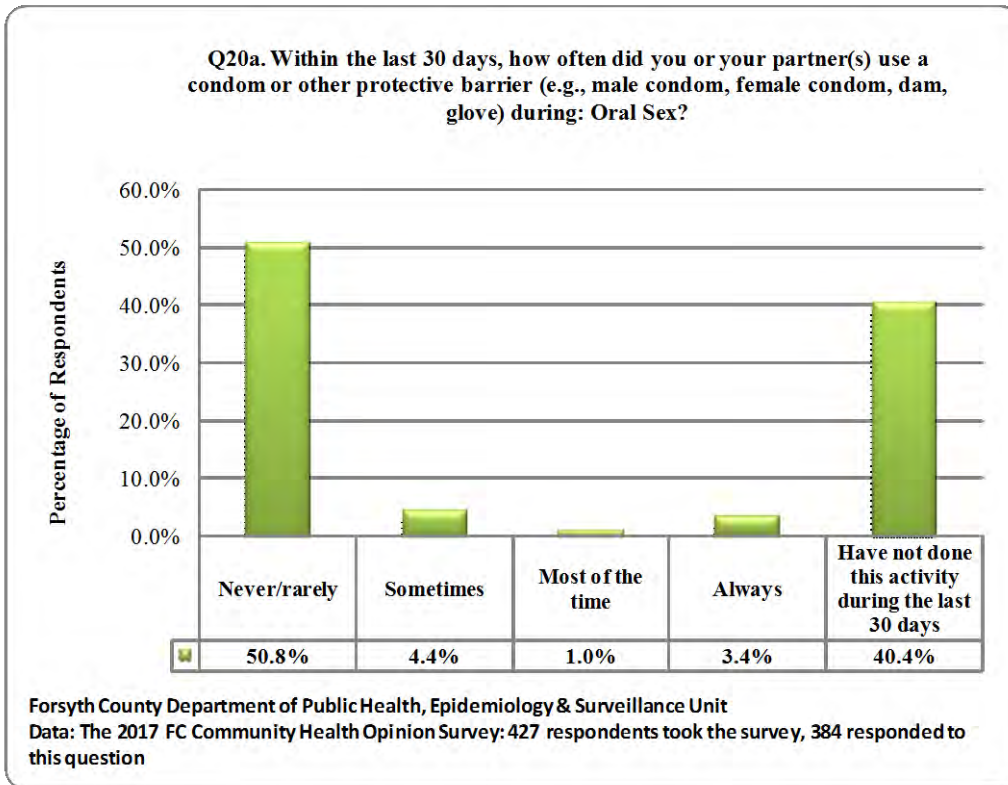


Figure 24

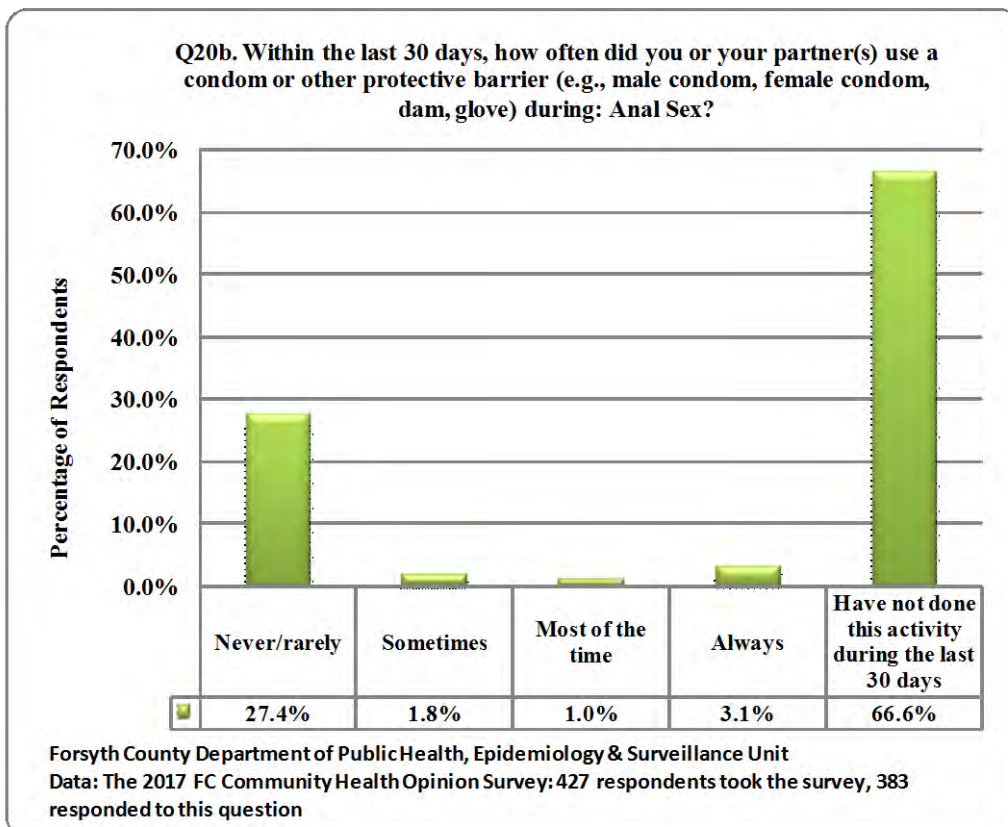




Figure 25

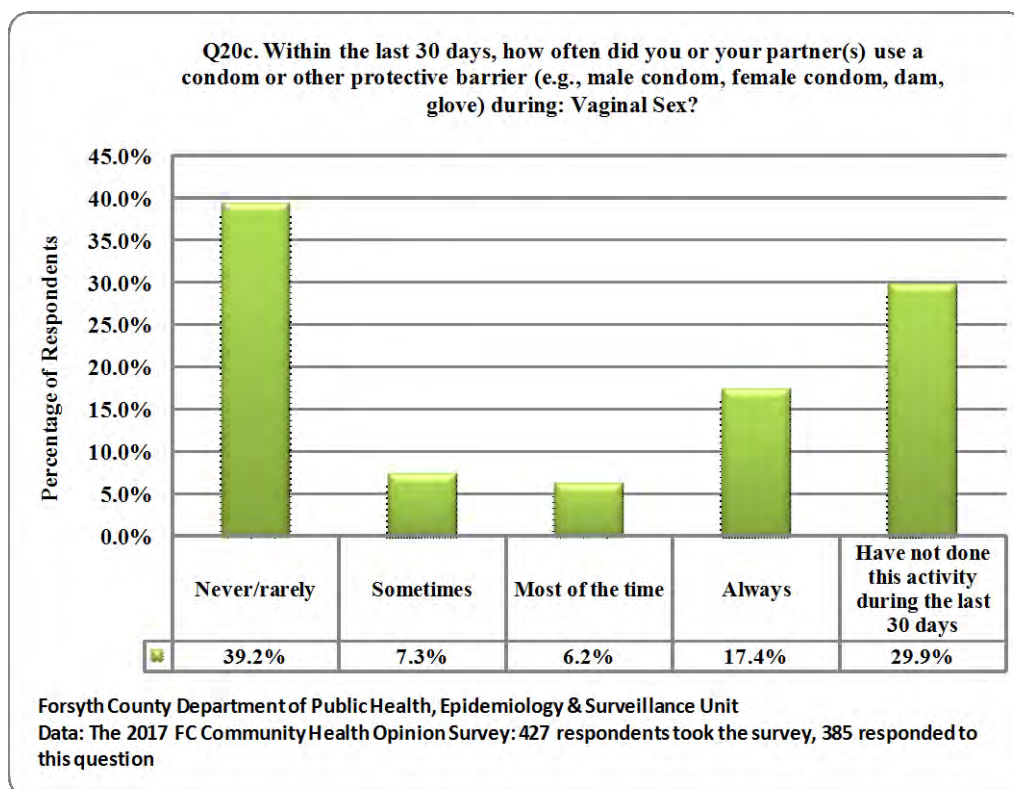


Figure 26

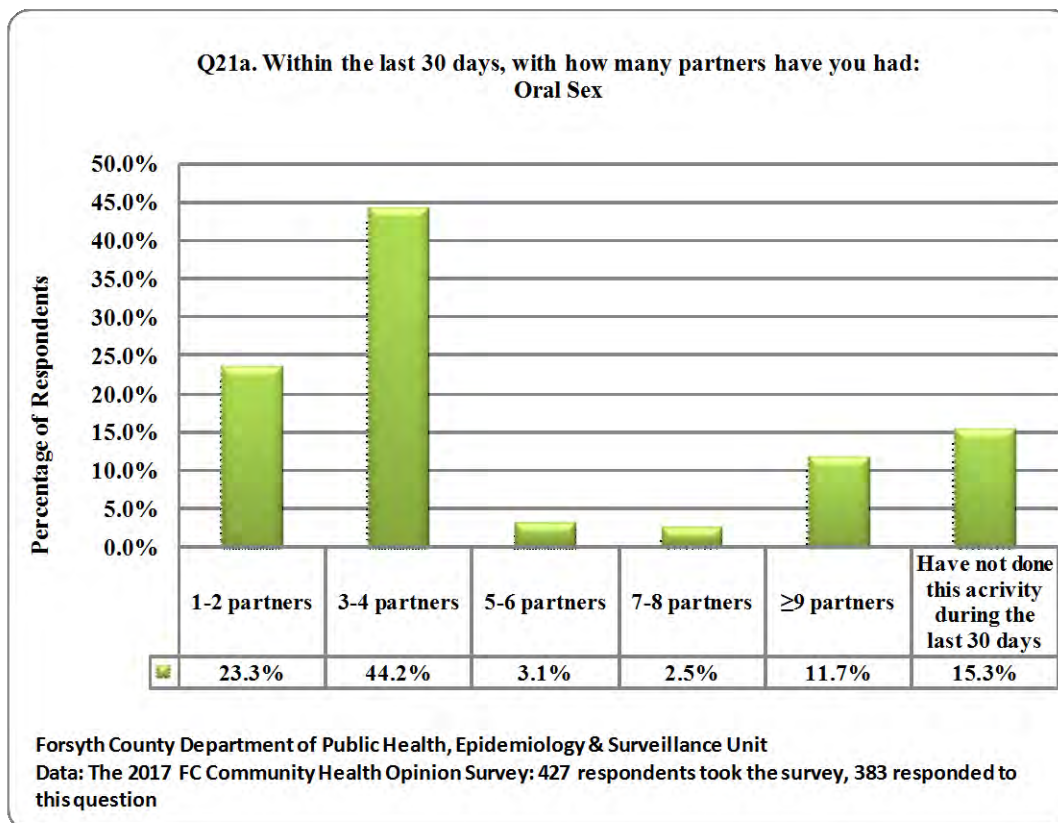


Figure 27

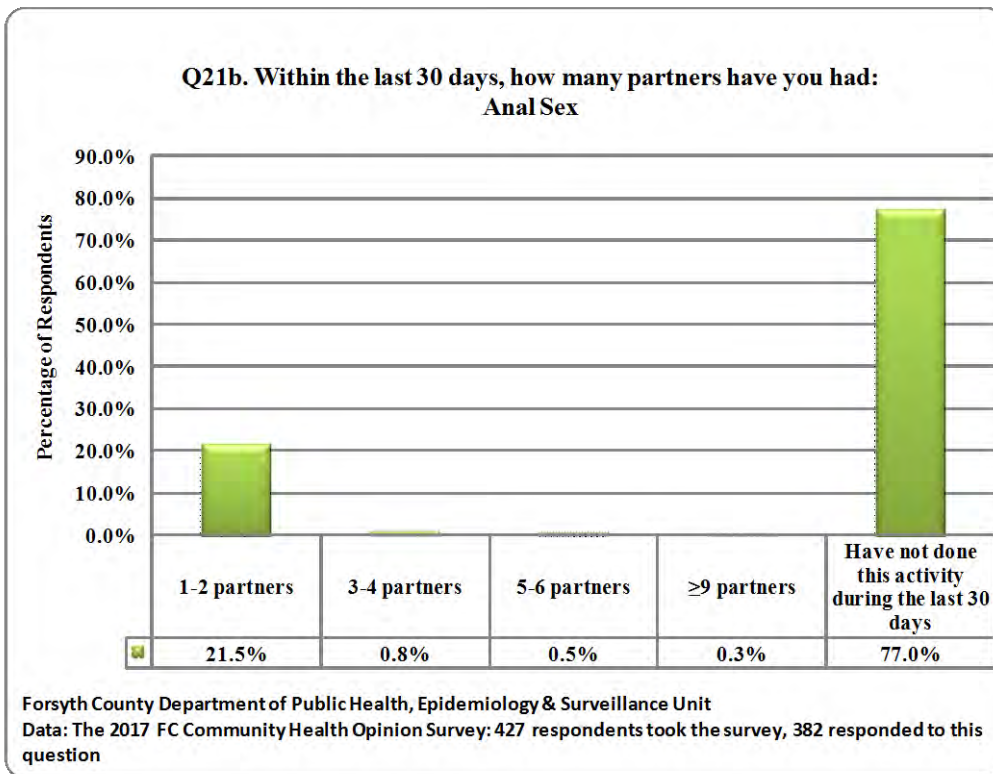
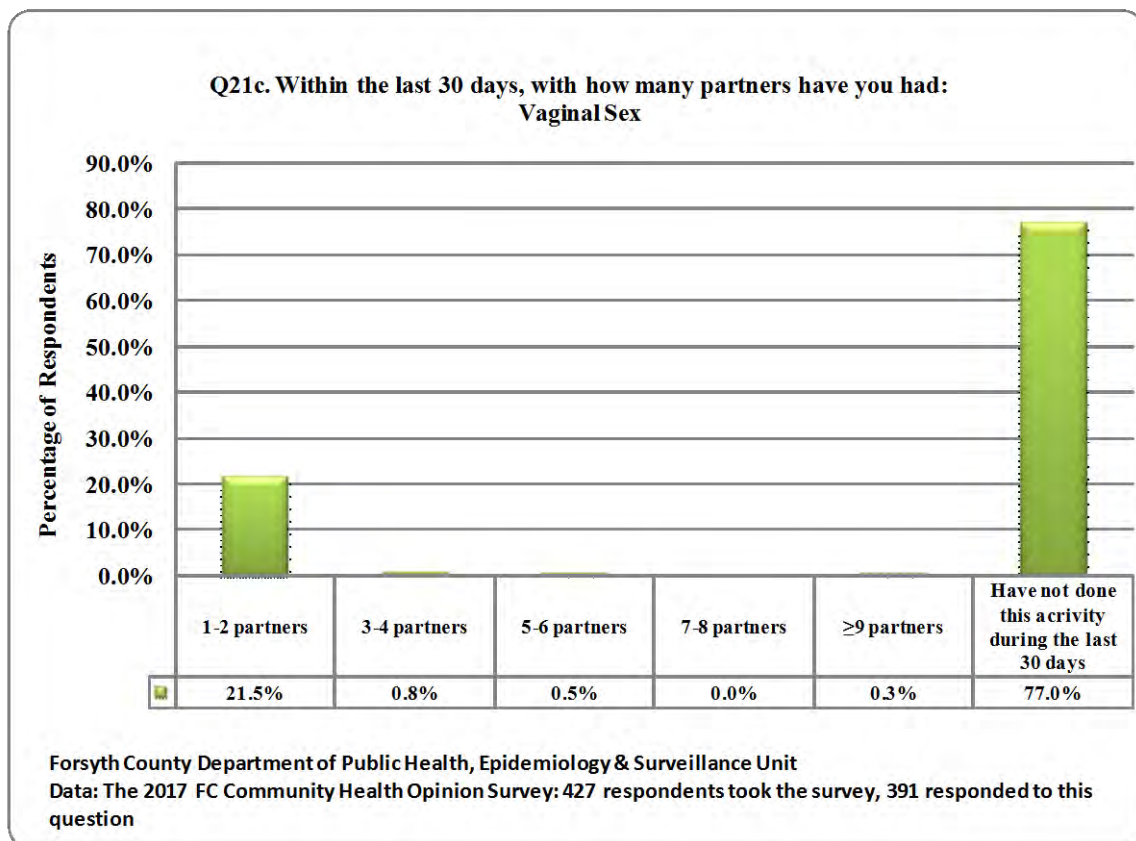


Figure 28





Physical Activity

Figure 29a

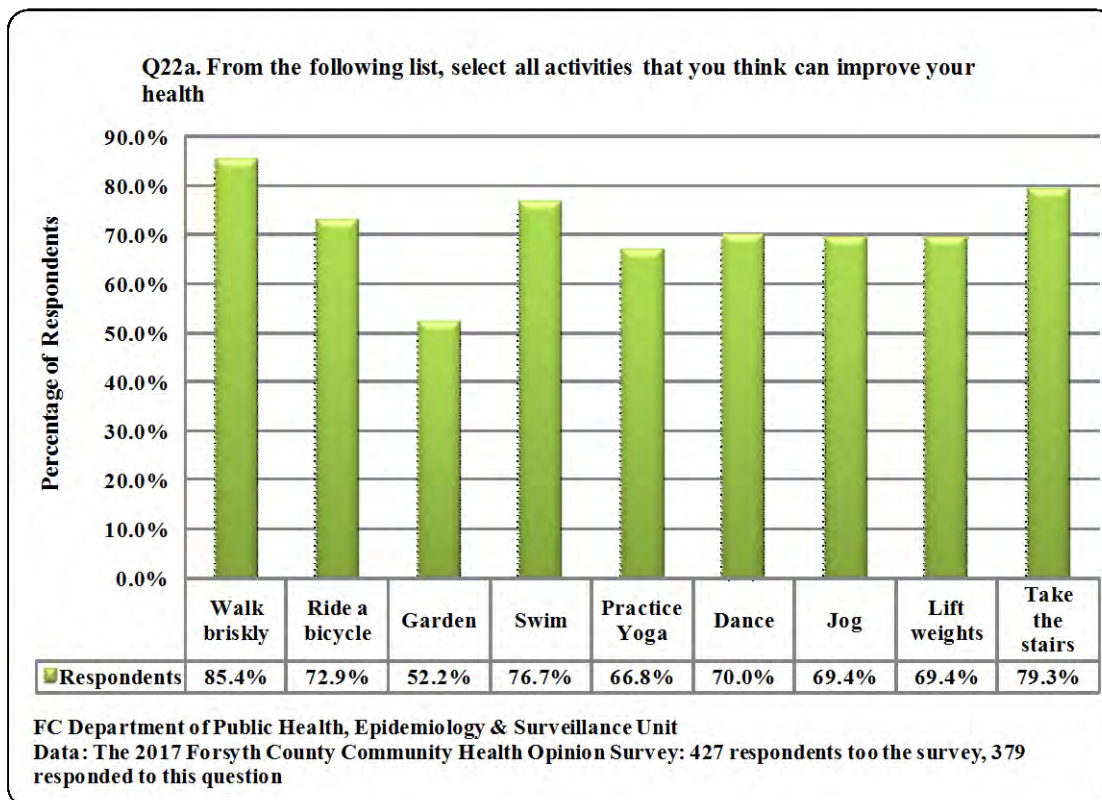


Figure 29b

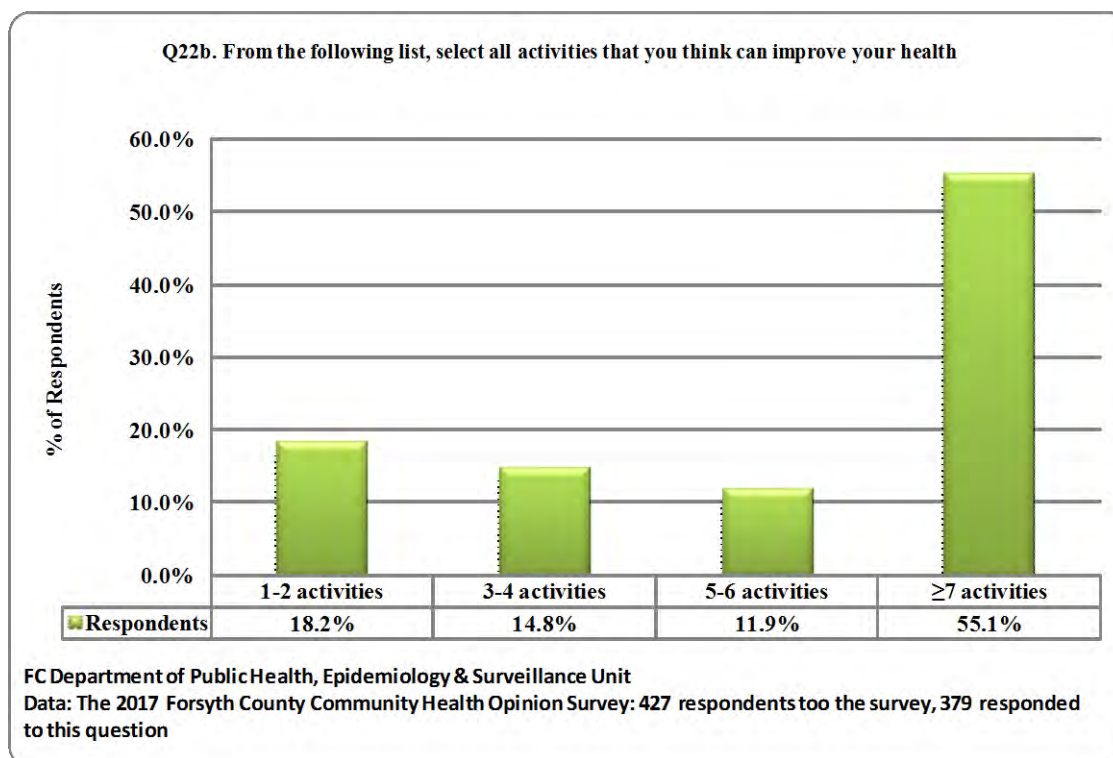


Figure 30a

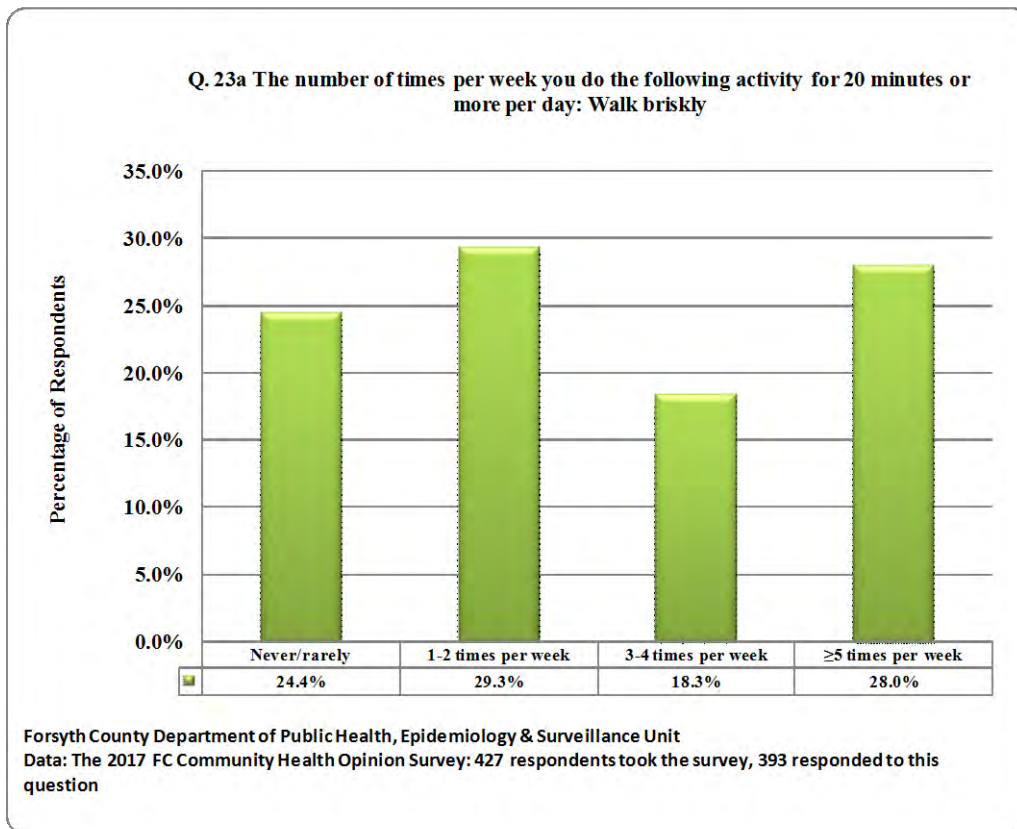


Figure 30b

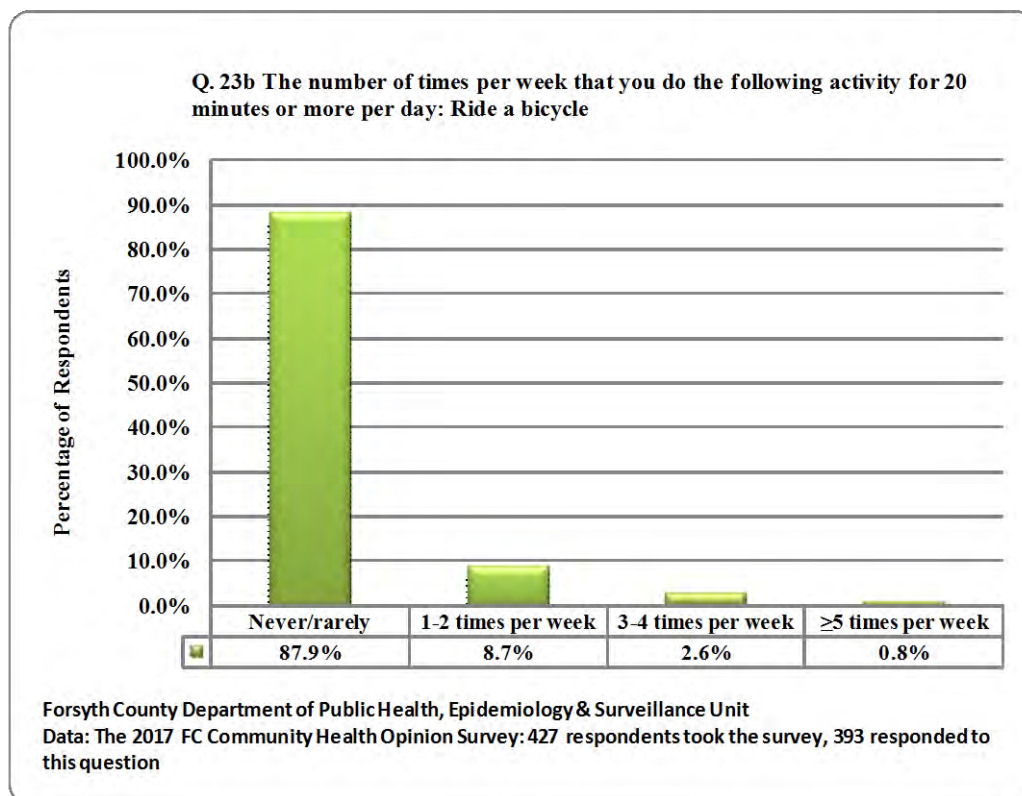


Figure 30c

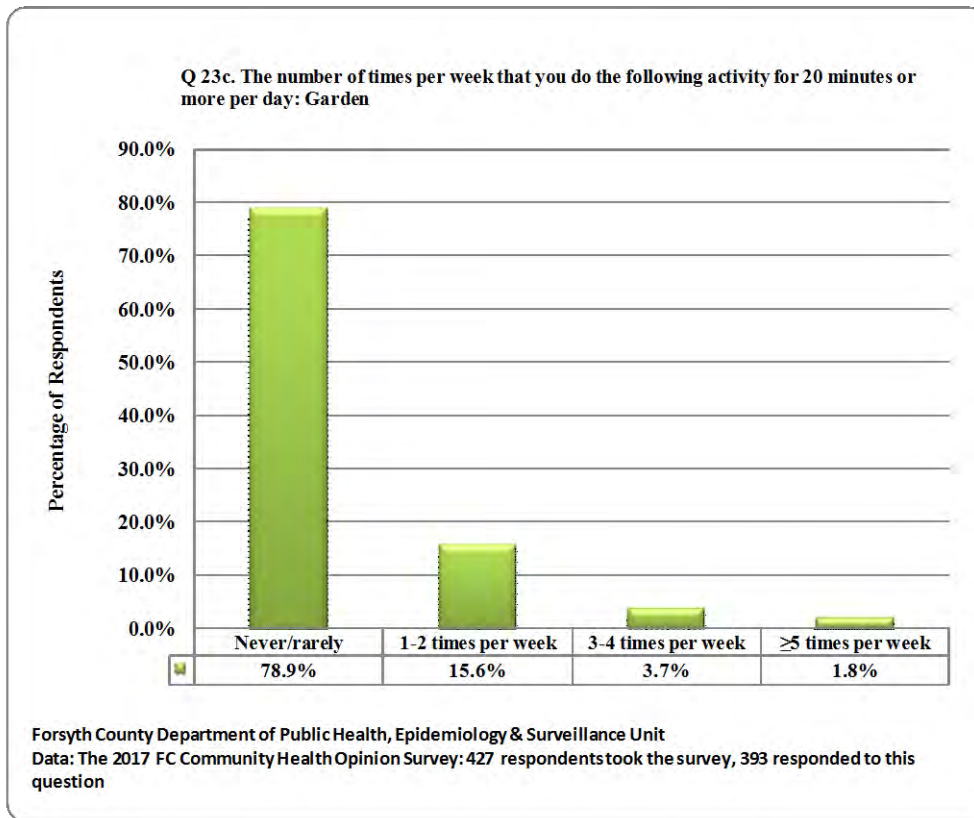


Figure 30d

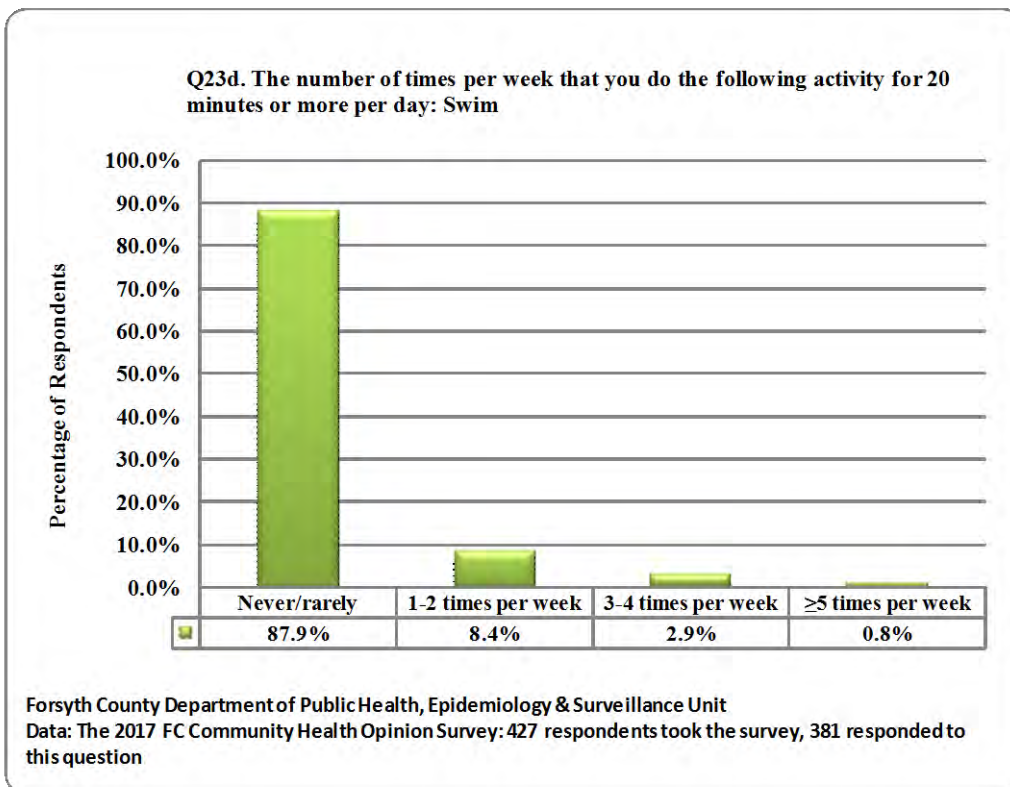


Figure 30e

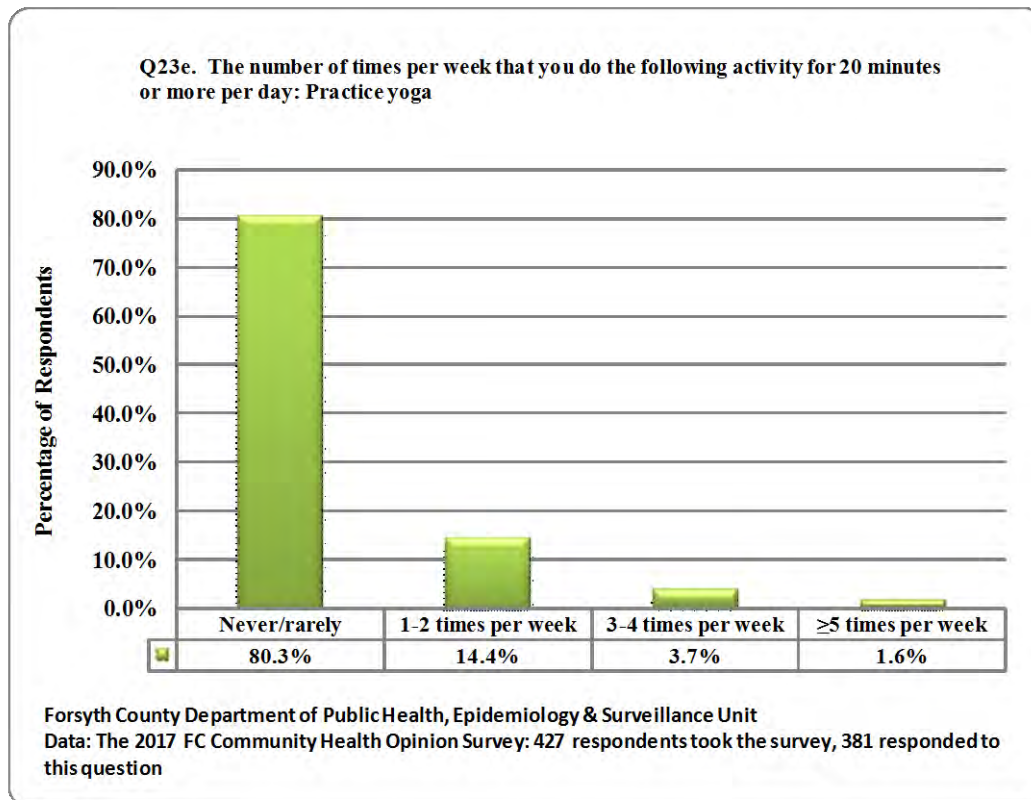


Figure 30f

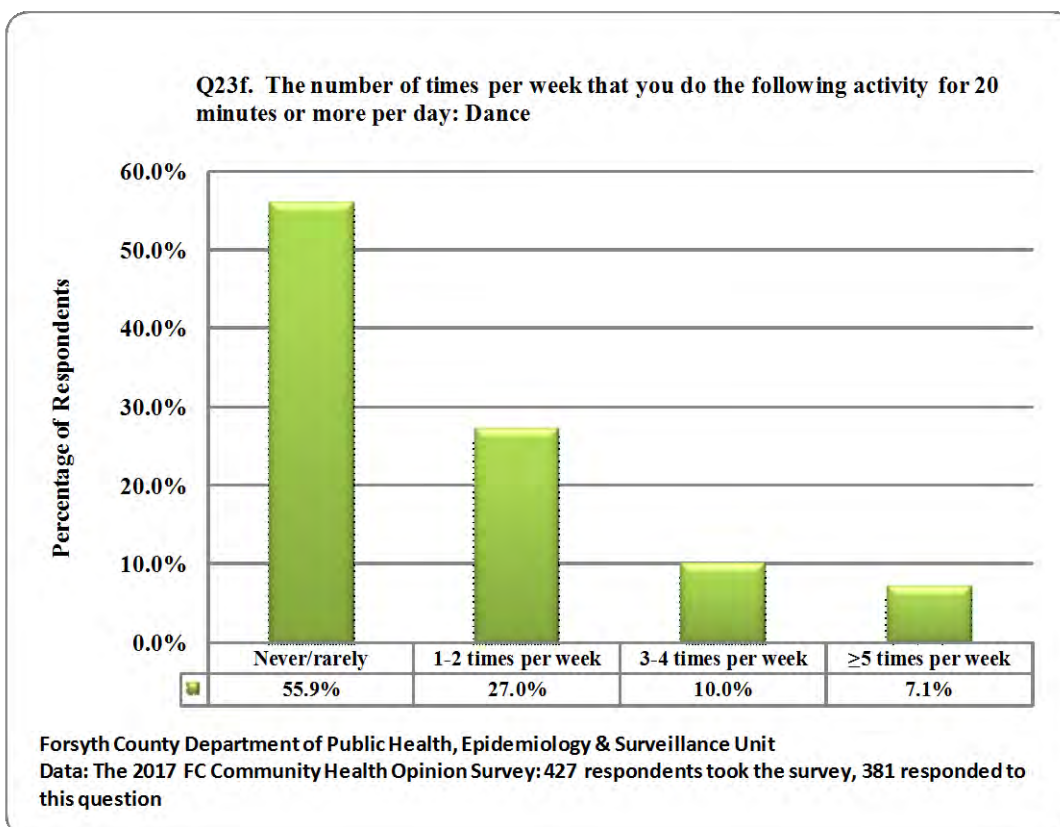




Figure 30g

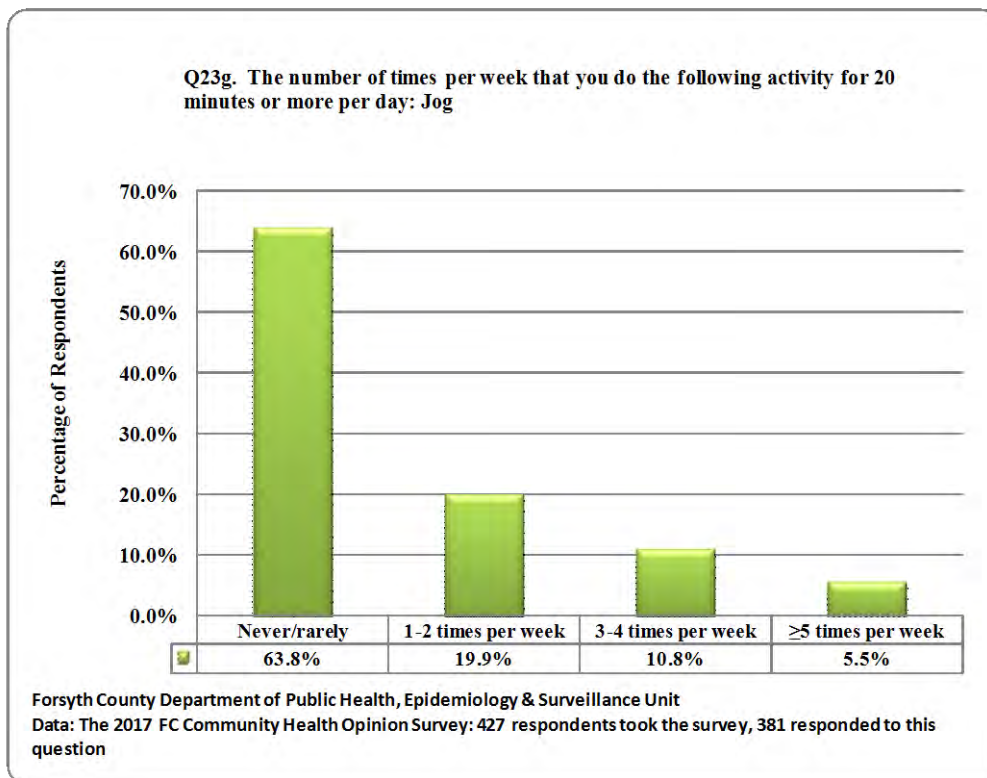


Figure 30h

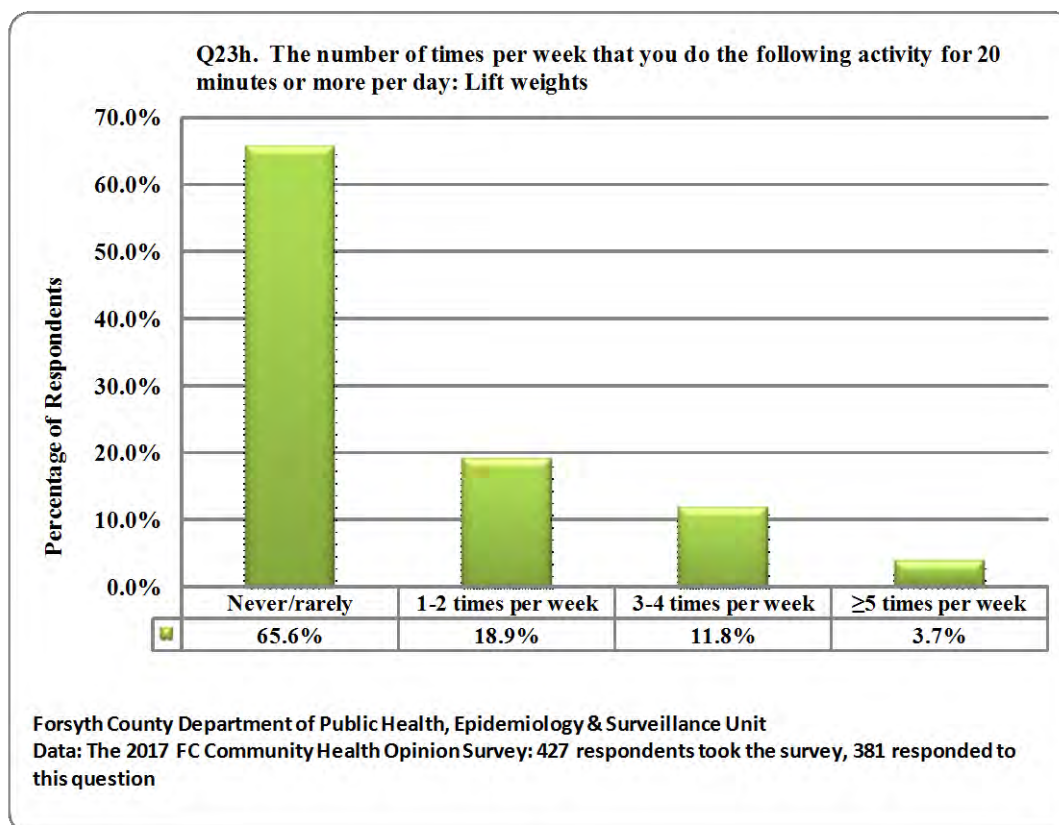


Figure 30i

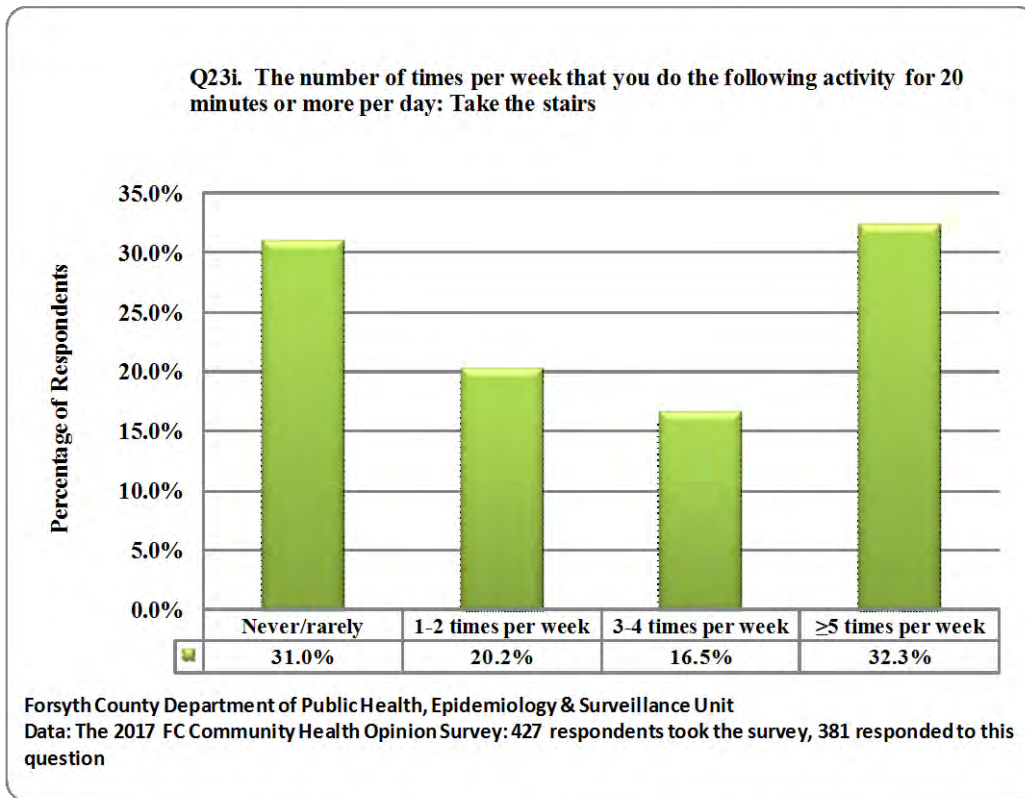


Figure 30j

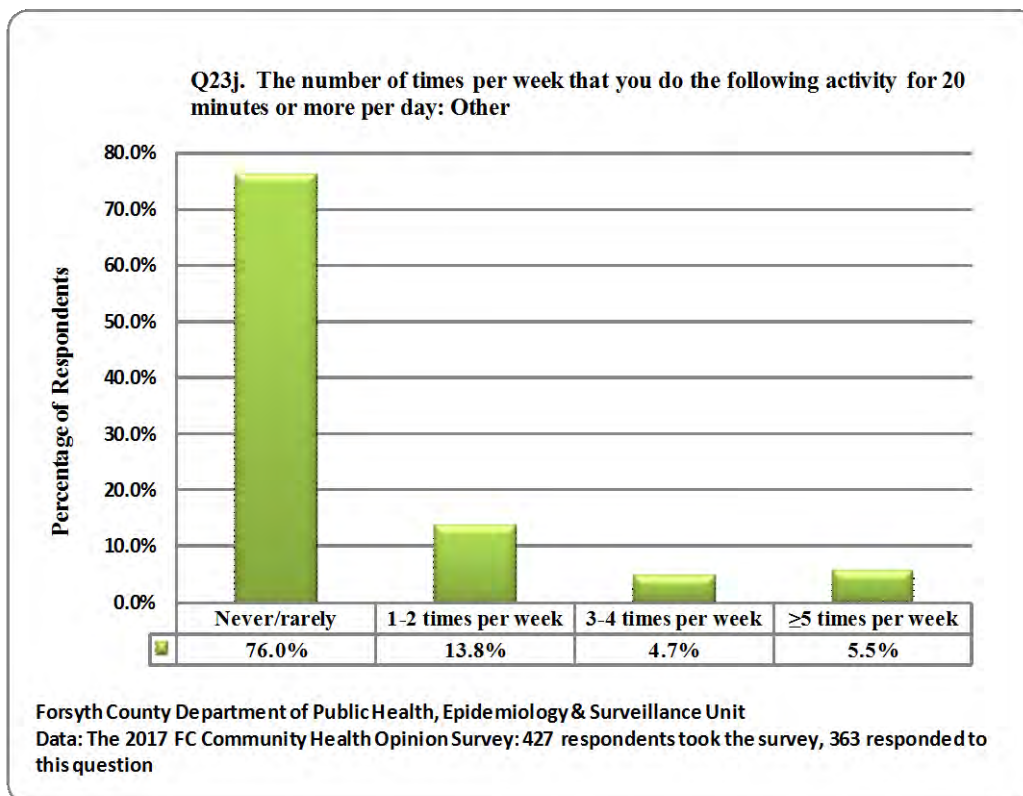


Figure 31

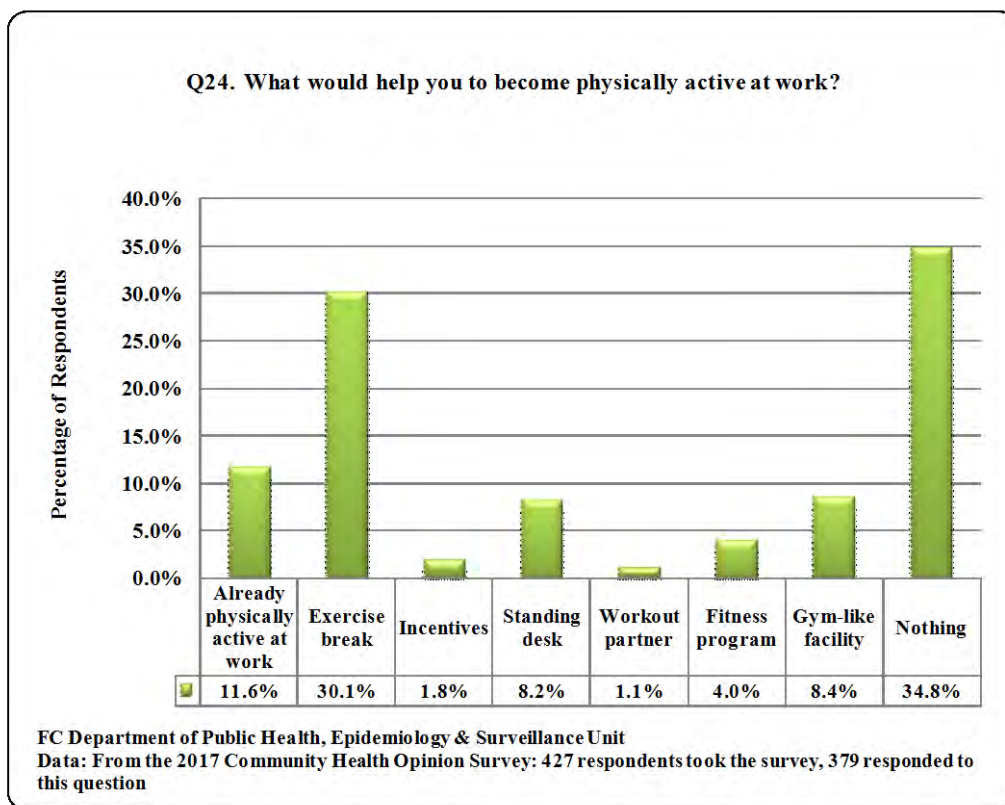


Figure 32

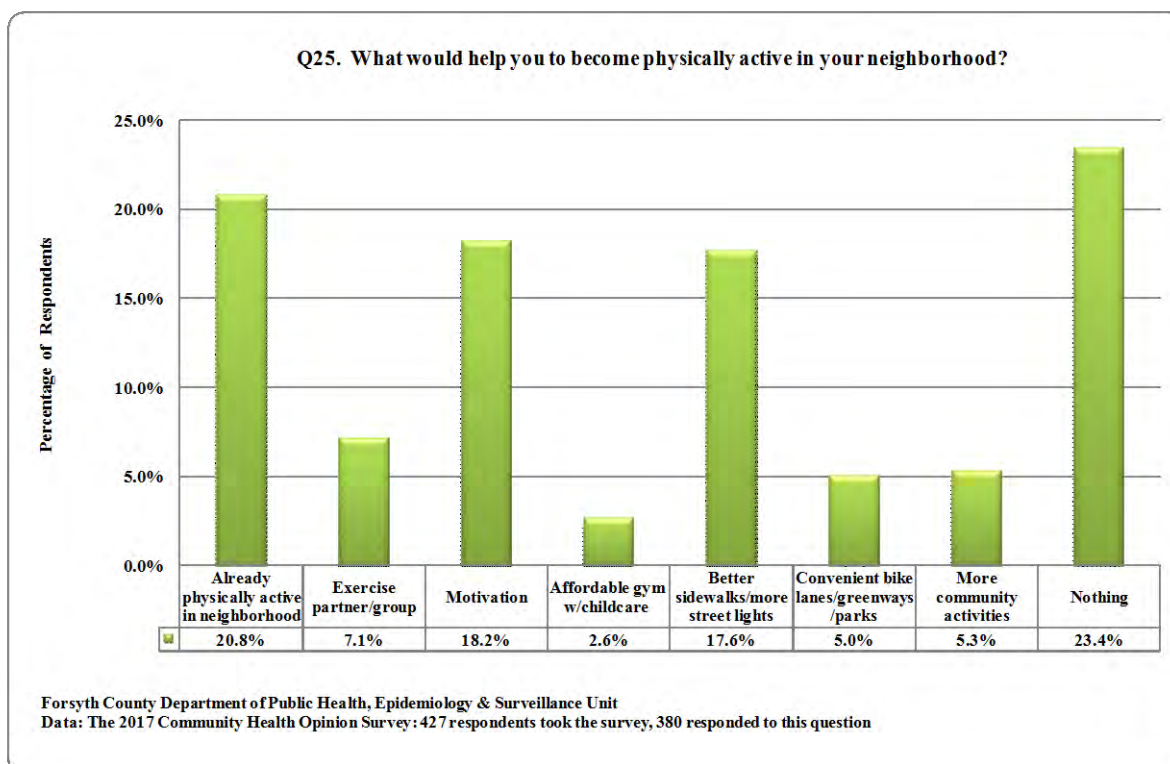




Figure 33

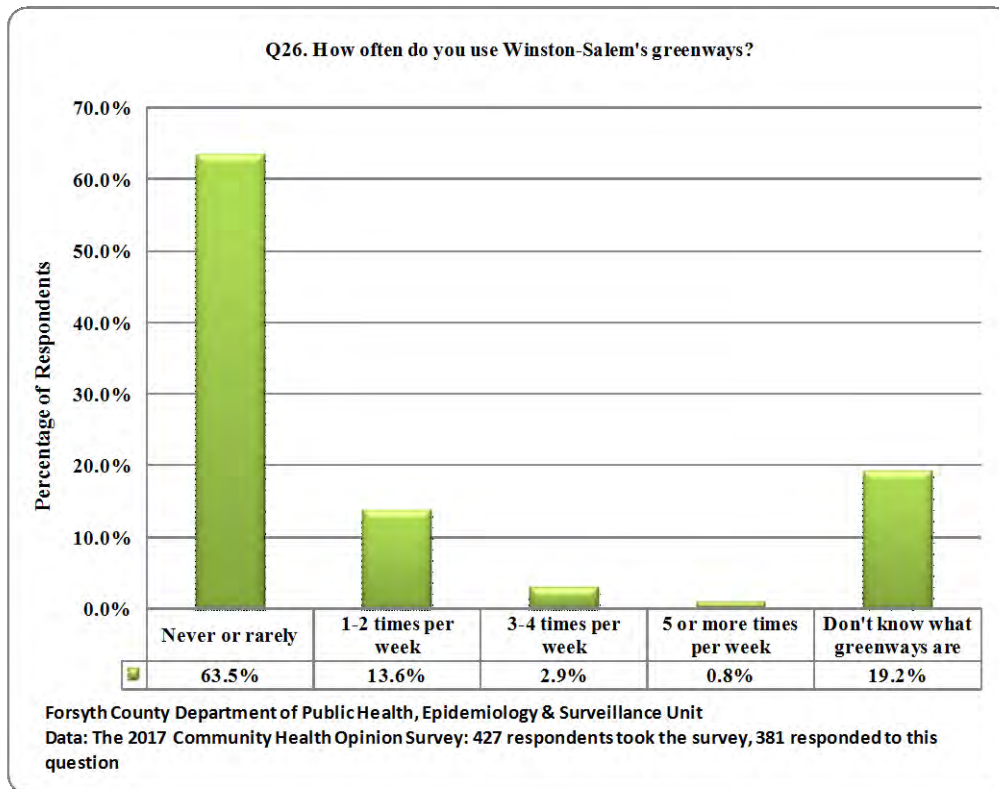


Figure 34a

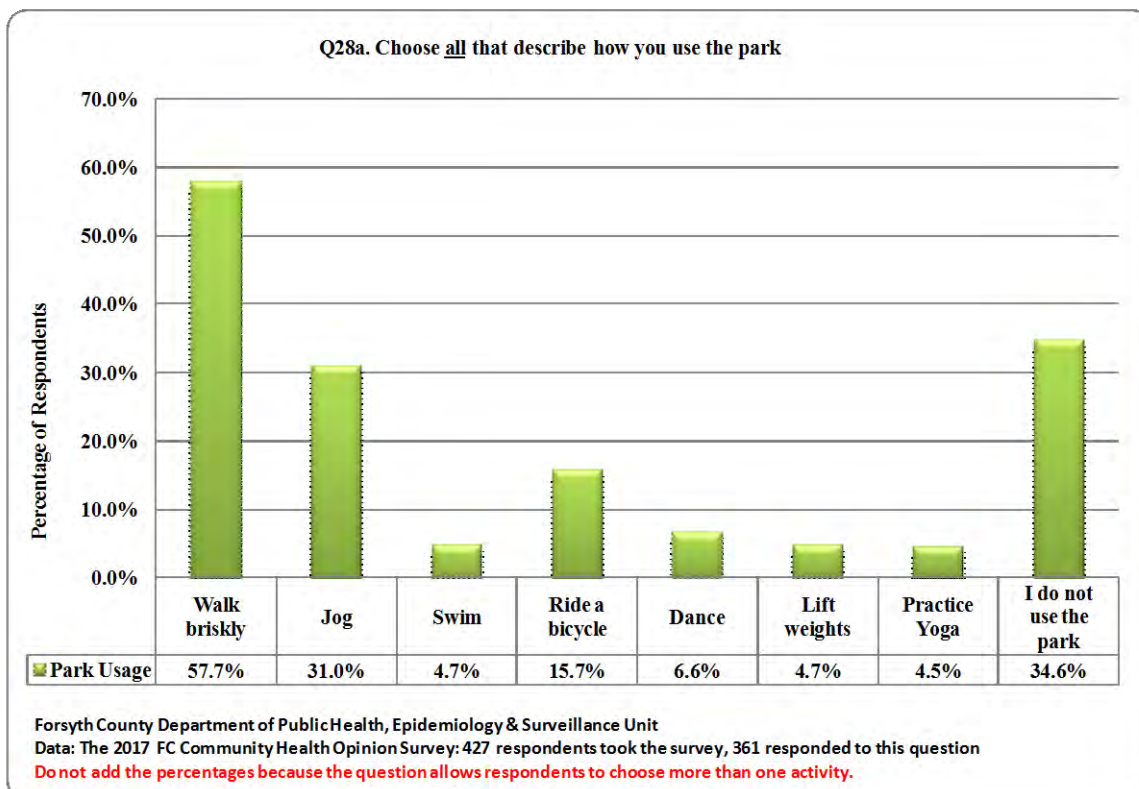


Figure 34b

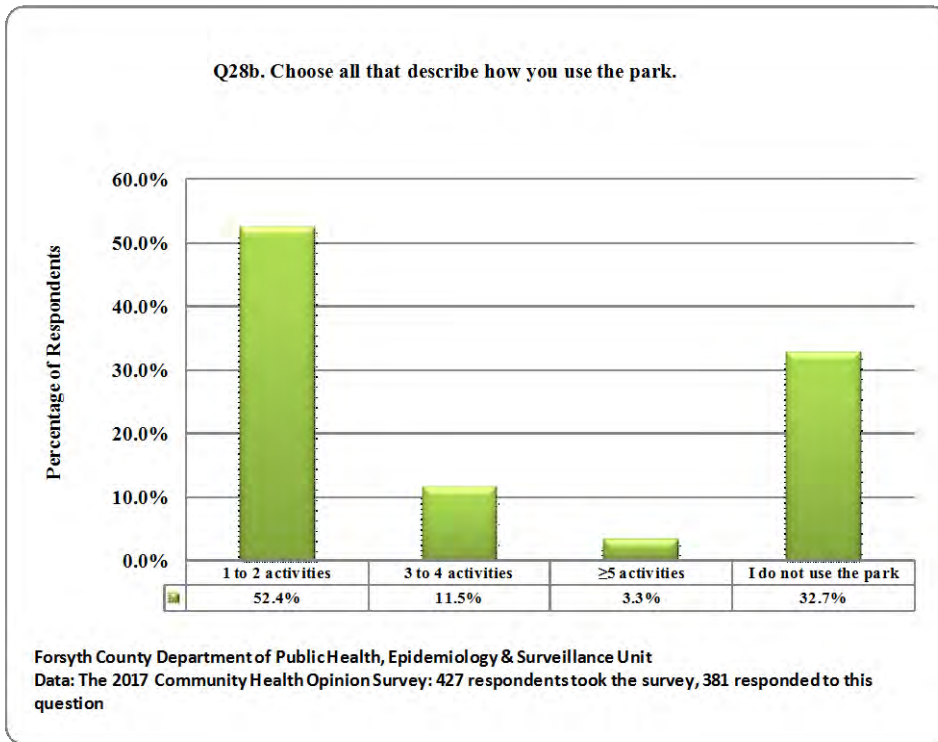
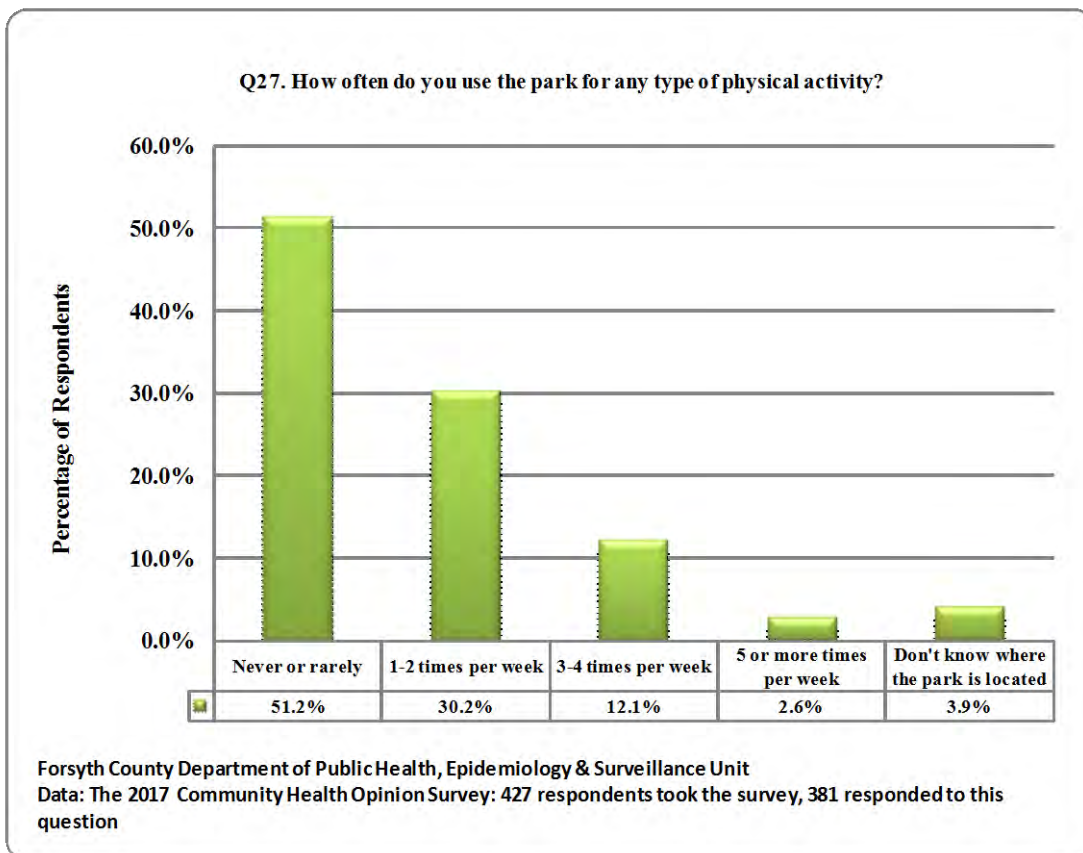


Figure 35



Maternal Health & Infant Health

Figure 36

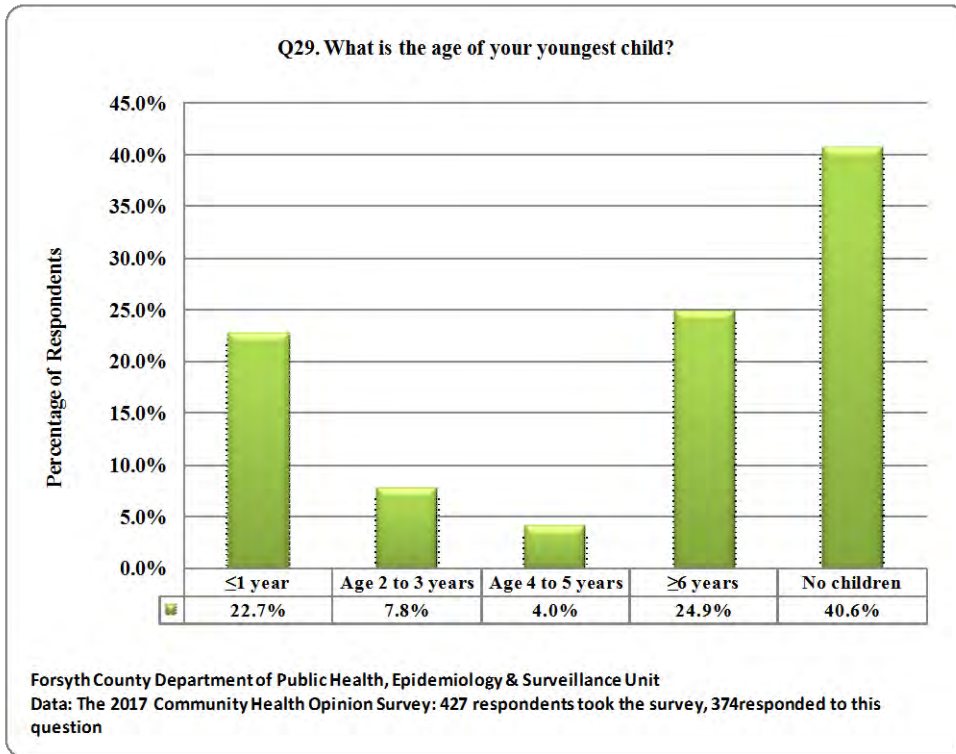


Figure 37

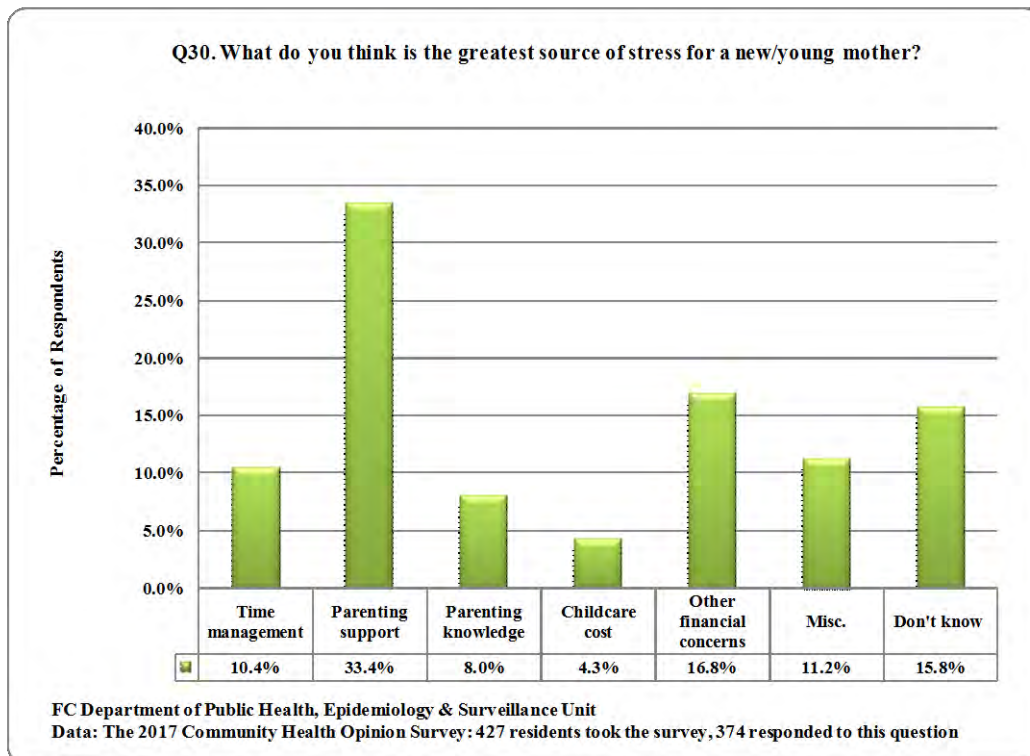


Figure 38

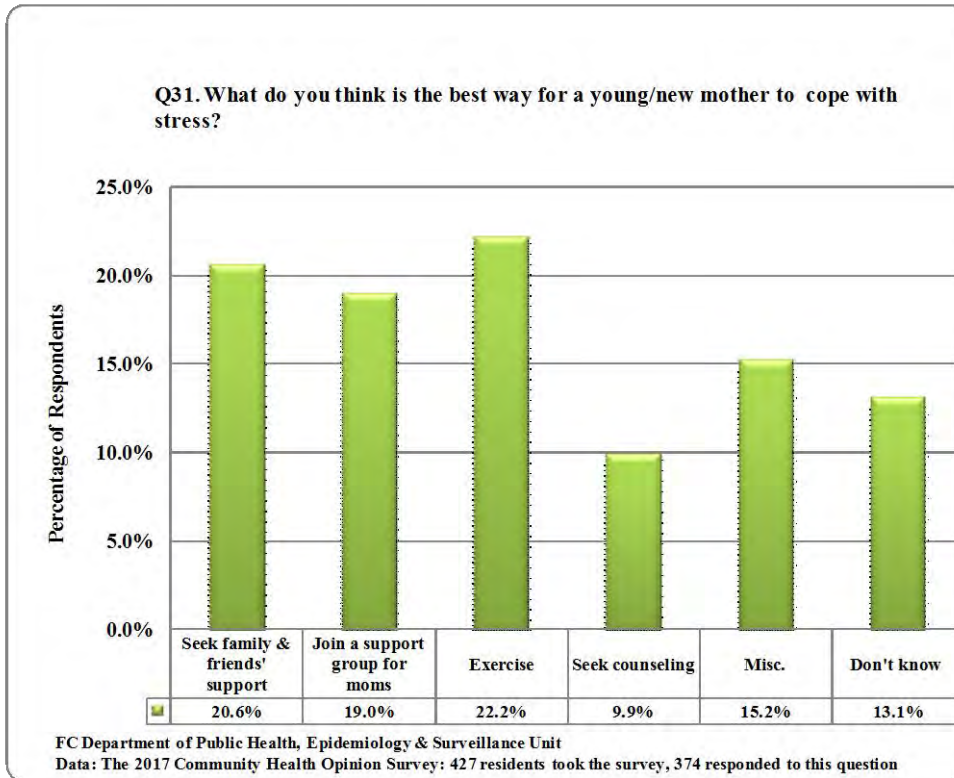


Figure 39

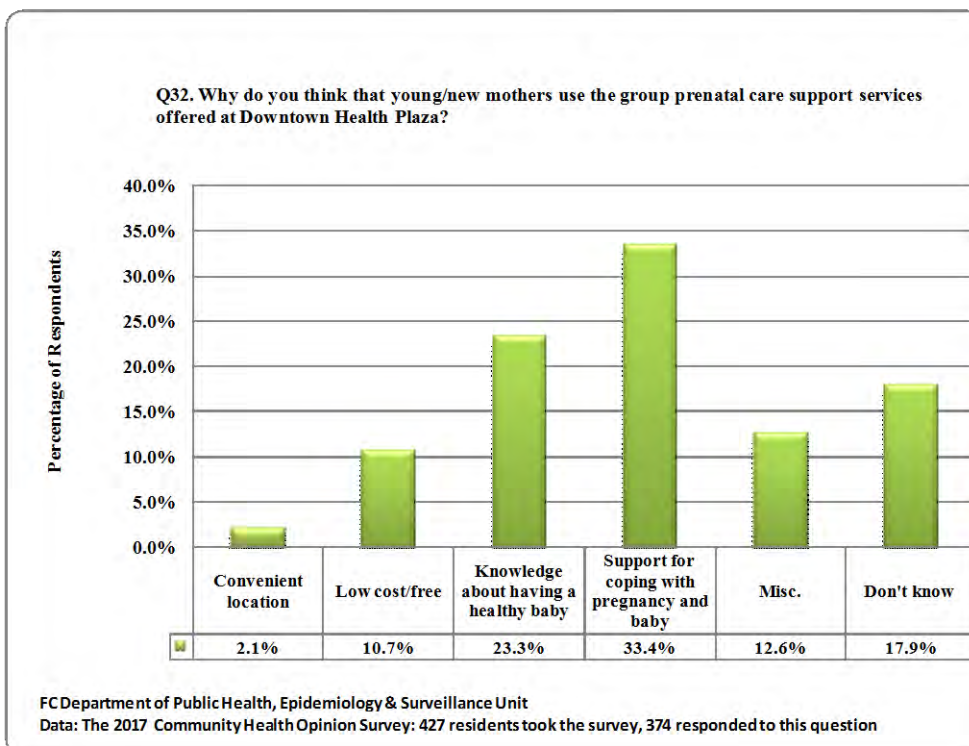




Figure 40

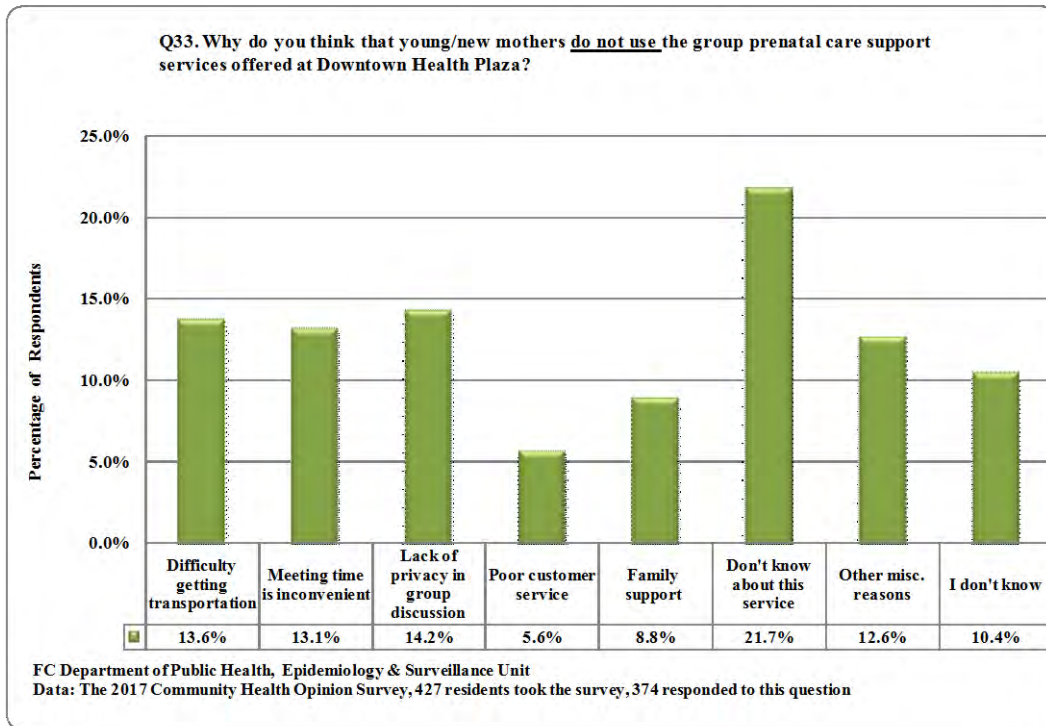


Figure 41

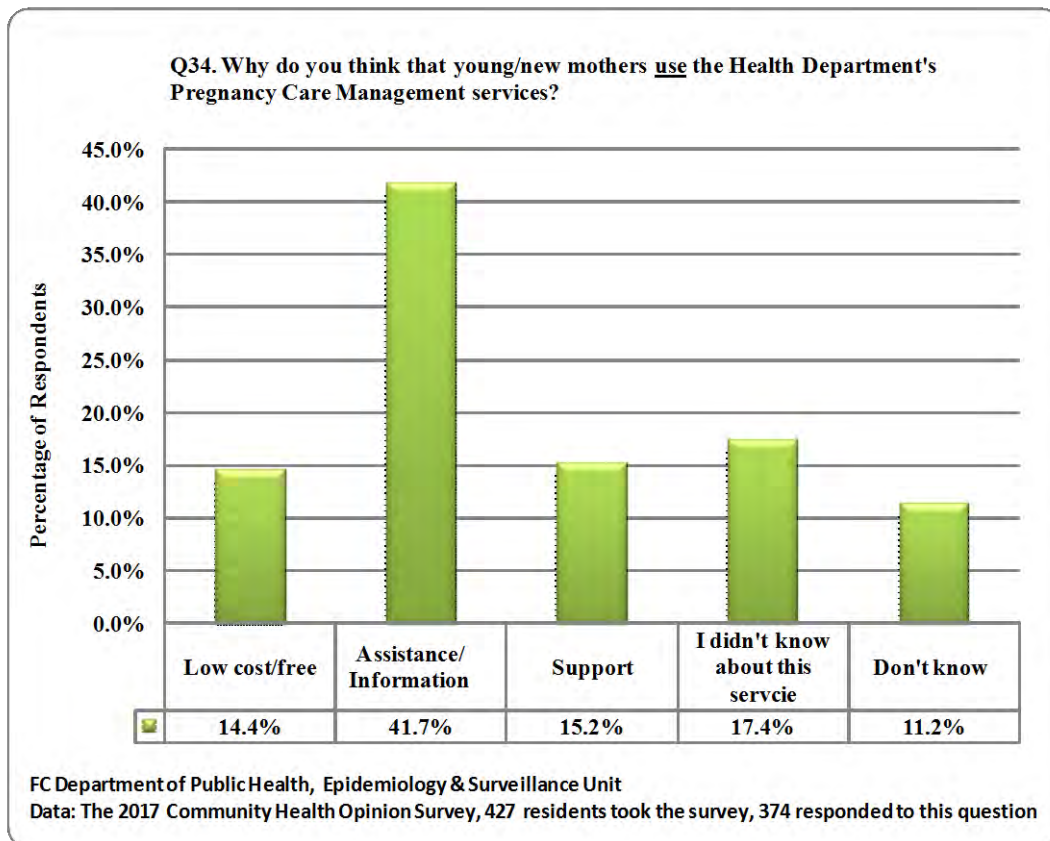


Figure 42

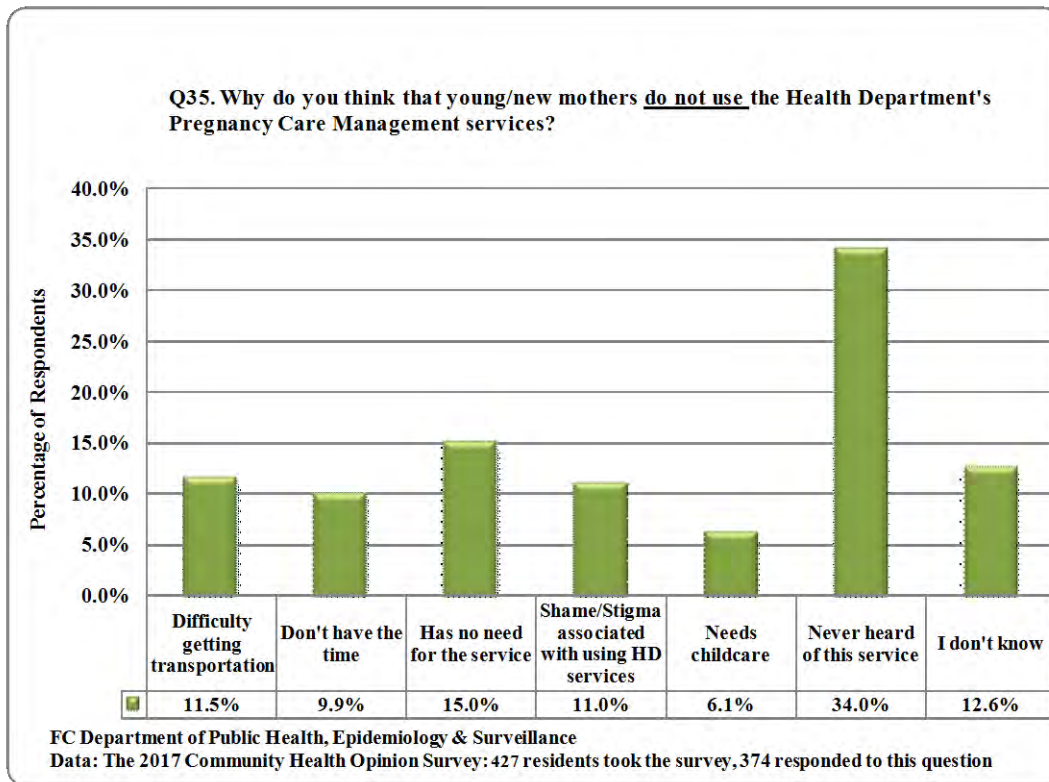
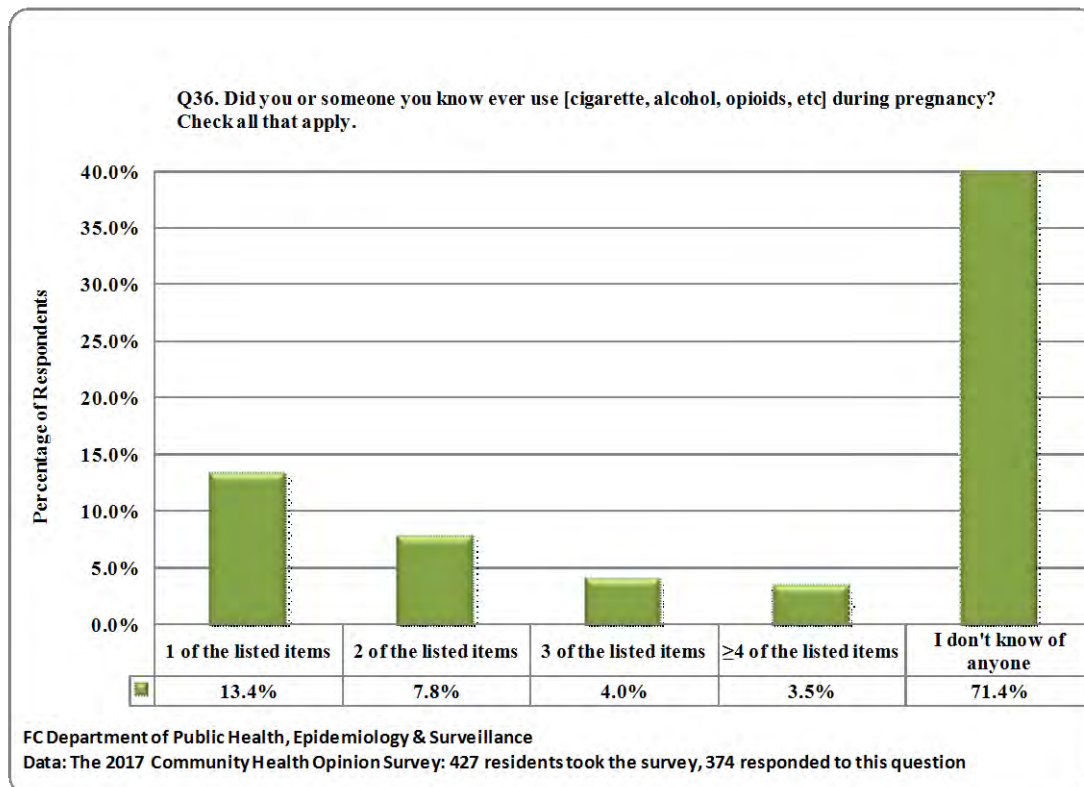


Figure 43



Demography

Figure 44

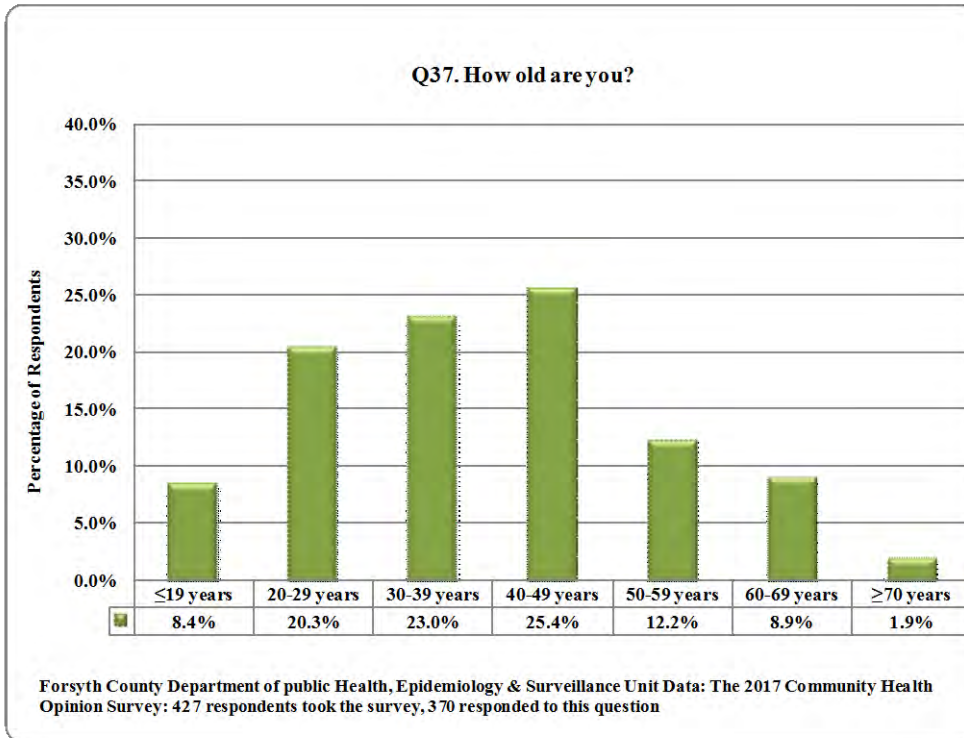


Figure 45

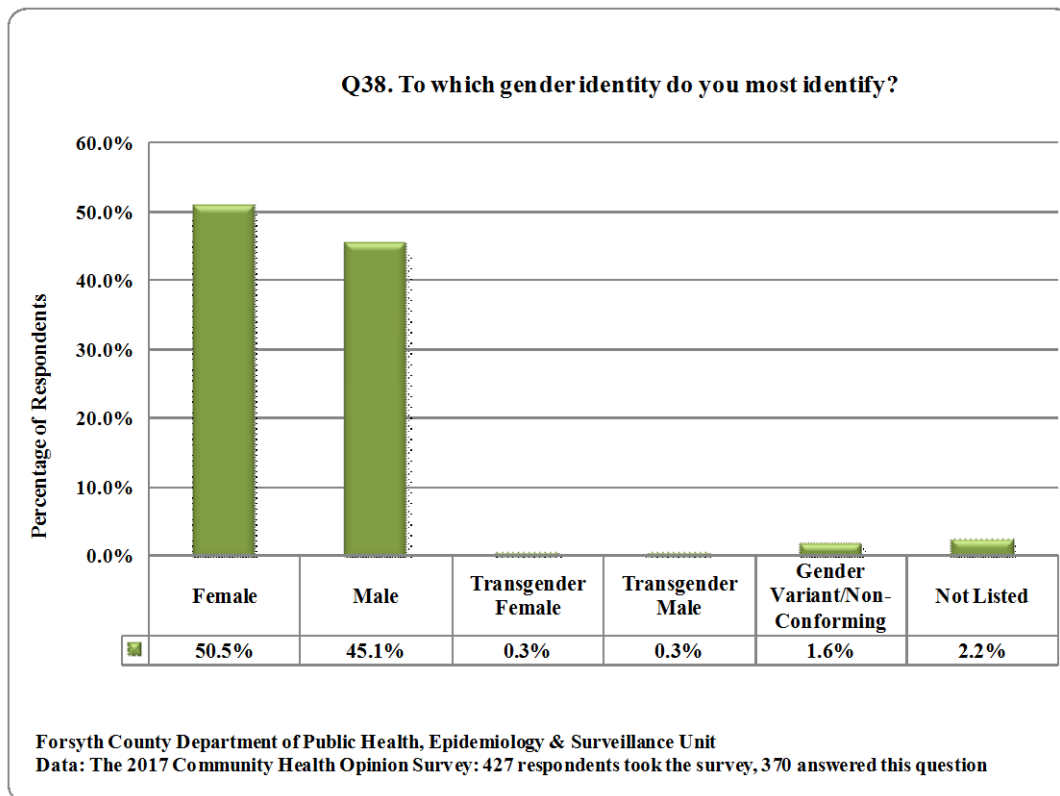




Figure 46

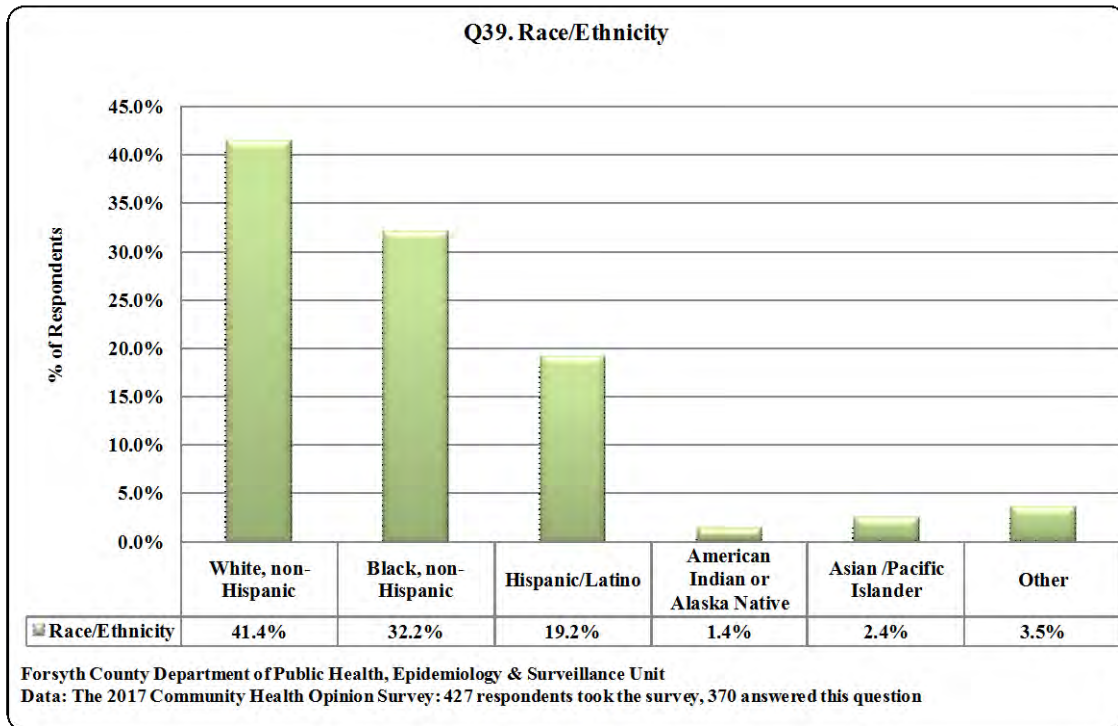


Figure 47

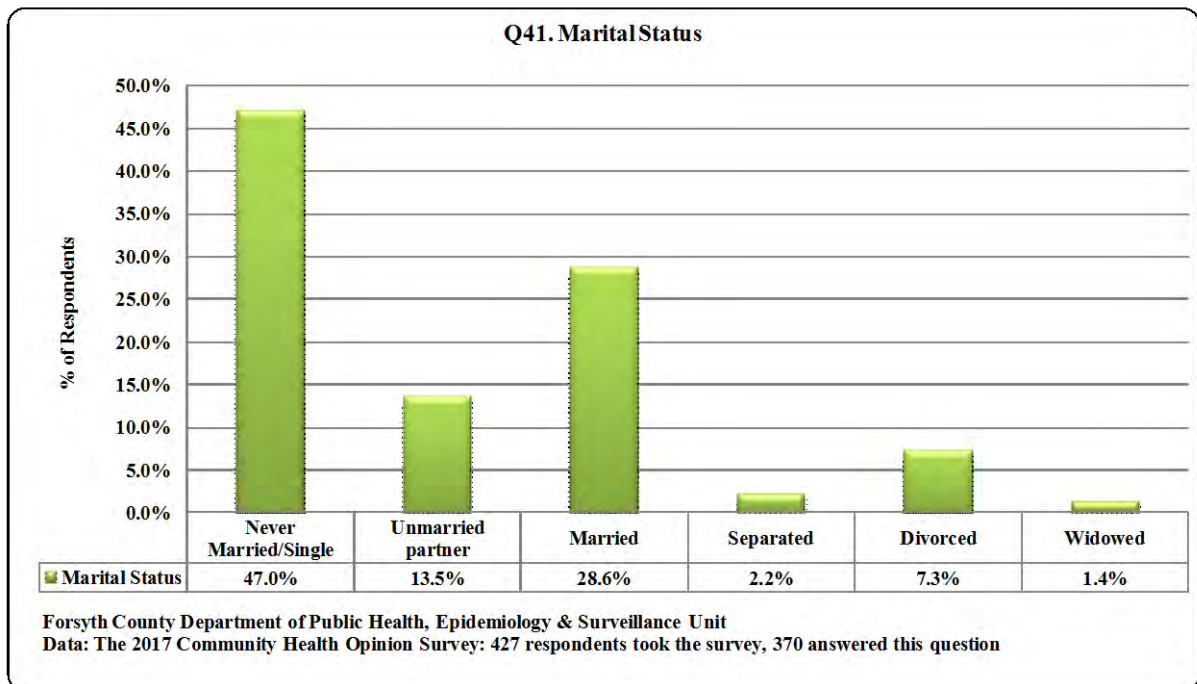
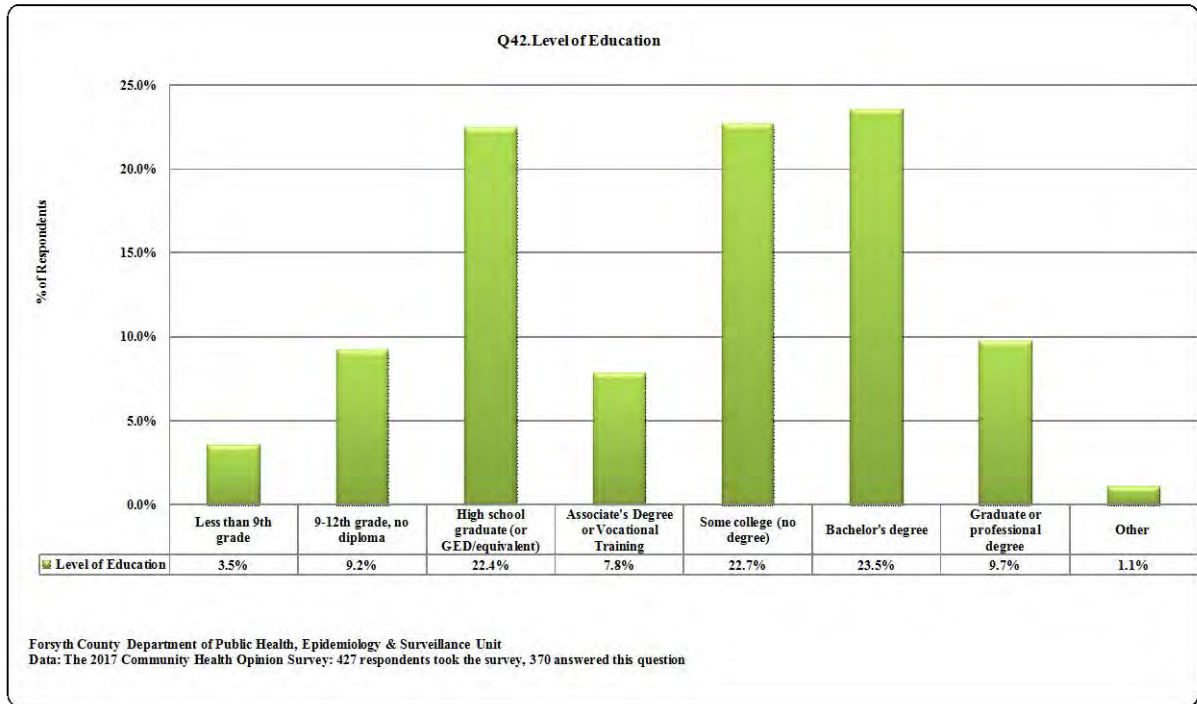


Figure 48





## FORSYTH COUNTY COMMUNITY HEALTH OPINION SURVEY

This Forsyth County Community Health Opinion Survey will take approximately 10 minutes. It was developed so that you may tell us about behavior that could affect your health and that of others. The answers that you give will be kept private. No one will know what you answered. Your information will be grouped with that of others who complete this survey, and used to improve health education programs. Please help us by completing this survey.

\* 1. The Community Health Opinion Survey is restricted to residents of Forsyth County. Please select your zip code from the list.

- 27009 - Belews Creek - Forsyth Co.
- 27010 - Bethania - Forsyth Co.
- 27012 - Clemmons - Forsyth Co.
- 27023 - Lewisville - Forsyth Co.
- 27040 - Pfafftown - Forsyth Co.
- 27045 - Rural Hall - Forsyth Co.
- 27050 - Tobaccoville - Forsyth Co.
- 27051 - Walkertown - Forsyth Co.
- 27094 - Rural Hall - Forsyth Co.
- 27098 - Rural Hall - Forsyth Co.
- 27099 - Rural Hall - Forsyth Co.
- 27101 - Winston-Salem - Forsyth Co.
- 27102 - Winston-Salem - Forsyth Co.
- 27103 - Winston-Salem - Forsyth Co.
- 27104 - Winston-Salem - Forsyth Co.
- 27103 - Winston-Salem - Forsyth Co.
- 27104 - Winston-Salem - Forsyth Co.
- 27105 - Winston-Salem - Forsyth Co.

- 27106 - Winston-Salem - Forsyth Co.
- 27107 - Winston-Salem - Forsyth Co.
- 27108 - Winston-Salem - Forsyth Co.
- 27109 - Winston-Salem - Forsyth Co.
- 27110 - Winston-Salem - Forsyth Co.
- 27111 - Winston-Salem - Forsyth Co.
- 27113 - Winston-Salem - Forsyth Co.
- 27114 - Winston-Salem - Forsyth Co.
- 27115 - Winston-Salem - Forsyth Co.
- 27116 - Winston-Salem - Forsyth Co.
- 27117 - Winston-Salem - Forsyth Co.
- 27120 - Winston-Salem - Forsyth Co.
- 27127 - Winston-Salem - Forsyth Co.
- 27130 - Winston-Salem - Forsyth Co.
- 27150 - Winston-Salem - Forsyth Co.
- 27151 - Winston-Salem - Forsyth Co.
- 27152 - Winston-Salem - Forsyth Co.
- 27155 - Winston-Salem - Forsyth Co.
- 27156 - Winston-Salem - Forsyth Co.
- 27157 - Winston-Salem - Forsyth Co.
- 27198 - Winston-Salem - Forsyth Co.
- 27199 - Winston-Salem - Forsyth Co.
- 27284 - Kernersville - Forsyth Co.
- 27285 - Kernersville - Forsyth Co.

\* 2. Please provide the nearest intersection to your home.



**FORSYTH COUNTY COMMUNITY HEALTH OPINION SURVEY**

**General Questions - How much do you agree with the following statements?**

\* 3. Forsyth County is a good place to raise children

- Strongly Disagree
- Disagree
- Uncertain
- Agree
- Strongly Agree

\* 4. Forsyth County is a good place to grow old.

- Strongly Disagree
- Disagree
- Uncertain
- Agree
- Strongly Agree

\* 5. There are jobs that are available to me in Forsyth County

- Strongly Disagree
- Disagree
- Uncertain
- Agree
- Strongly Agree

\* 6. Forsyth County is a safe place to live

- Strongly Disagree
- Disagree
- Uncertain
- Agree
- Strongly Agree

\* 7. Low income/no income make(s) it hard for me to enjoy my life in Forsyth County

- Strongly Disagree
- Disagree
- Uncertain
- Agree
- Strongly Agree



**FORSYTH COUNTY COMMUNITY HEALTH OPINION SURVEY**

**General Questions - How much do you agree with the following statements**

\* 8. Feeling sad or hopeless for two weeks or more make(s) it hard for me to enjoy my life in Forsyth County

- Strongly Disagree
- Disagree
- Uncertain
- Agree
- Strongly Agree



\* 9. What is your primary health insurance plan?

- The State Employee Health Plan
- Blue Cross and Blue Shield of North Carolina
- 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
- No health plan of any kind
- Other (government plan)



**FORSYTH COUNTY COMMUNITY HEALTH OPINION SURVEY**

**ORAL HEALTH**

\* 10. At what age should you take your child to the dentist?

- When he/she gets first tooth
- 1-2 years
- 3-4 years
- 5 years

\* 11. How many times in one year should your child (ages 1-5) go to a dentist?

- 0 times per year
- 1 time per year
- 2 times per year
- When his/her teeth hurts
- Does not apply

\* 12. Did your child's pediatrician (doctor) ever talk to you about having your child see a dentist?

- Yes
- No
- Don't have any children

\* 13. If you or someone you know has a child (age 1-5) who has medicaid insurance, is the child also covered for dental care?

- Yes
- No
- Does not apply



**FORSYTH COUNTY COMMUNITY HEALTH OPINION SURVEY**

**ORAL HEALTH**

\* 14. How much would the following prevent you from taking your child (ages 1-5) to a dentist?

	Not at all	Somewhat	Definitely	Most definitely
Lack of childcare for my other children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
They are baby teeth and will fall out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My child's fear of the dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My fear of the dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation cost/availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care cost	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**FORSYTH COUNTY COMMUNITY HEALTH OPINION SURVEY**

**SEXUAL HEALTH**

\* 15. How do you define "having sex"? Check all that apply.

- anal sex
- vaginal sex
- oral sex

\* 16. Has your medical provider ever suggested or talked to you about being tested for Chlamydia?

- Yes
- No

\* 17. Which online services do you use to meet sexual partners? Check all that apply.

- Facebook
- Tinder
- Adam4Adam
- Okcupid
- Instagram
- Grindr
- Bumble
- Jack'd
- Other (please specify)

\* 18. If you are sexually active, did you use anything to prevent pregnancy when you last had vaginal sex?

- Yes
- No
- Not sexually active
- Does not apply

\* 19. If you answered yes to the last question, what method did you use? (If you did not answer yes, type N/A)



**FORSYTH COUNTY COMMUNITY HEALTH OPINION SURVEY**

**SEXUAL HEALTH**

\* 20. Within the last 30 days, how often did you or your partner(s) use a condom or other protective barrier (e.g., male condom, female condom, dam, glove) during:

	Never/rarely	Sometimes	Most of the time	Always	Have not done this activity during the last 30 days
Oral sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anal sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**FORSYTH COUNTY COMMUNITY HEALTH OPINION SURVEY**  
**SEXUAL HEALTH**

\* 21. Within the last 30 days, how many partners have you had:

	1-2	3-4	5-6	7-8	9 or more	Have not done this activity during the last 30 days
Oral sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anal sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaginal sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**FORSYTH COUNTY COMMUNITY HEALTH OPINION SURVEY**  
**PHYSICAL ACTIVITY**

\* 22. From the following list, select all activities that you think can improve your health

- Walk briskly
- Ride a bicycle
- Garden
- Swim
- Practice Yoga
- Dance
- Jog
- Lift weights
- Take the stairs

\* 23. Select the number of times per week you do each activity for 20 minutes or more per day.

	Never or rarely	1-2 times per week	3-4 times per week	5 or more times per week
Walk briskly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ride a bicycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Garden	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Practice yoga	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jog	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lift weights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take the stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please name other type of exercise

\* 24. What would help you to become physically active at work?

\* 25. What would help you to become physically active in your neighborhood?



\* 26. How often do you use Winston-Salem's greenways?

- Never or rarely
- 1-2 times per week
- 3-4 times per week
- 5 or more times per week
- Don't know what greenways are

\* 27. How often do you use the park for any type of physical activity?

- Never or rarely
- 1-2 times per week
- 3-4 times per week
- 5 or more times per week
- Don't know where the park is located

\* 28. From the following, choose all that describe how you use the park.

- Walk briskly
- Jog
- Swim
- Ride a bicycle
- Dance
- Lift weights
- Practice Yoga
- Take the Stairs
- I do not use the park



\* 29. What is the age of your youngest child?

- Age 1 year or less
- Age 2 to 3 years
- Age 4 to 5 years
- Age 6 or older
- No children

\* 30. What do you think is the greatest source of stress for a new/young mother?

\* 31. What do you think is the best way for a young/new mother to cope with stress?

\* 32. Why do you think that young/new mothers use the group prenatal care support services offered at Downtown Health Plaza?

\* 33. Why do you think that young/new mothers do not use the group prenatal care support services offered at Downtown Health Plaza?

\* 34. Why do you think that young/new mothers use the Health Department's pregnancy care management services?

\* 35. Why do you think that young/new mothers do not use the Health Department's pregnancy care management services?

\* 36. Did you or someone you know ever use the following during pregnancy? Please check all that apply.

- Marijuana
- Heroin
- Alcohol
- Cigarettes
- Cocaine
- Methamphetamines (or crystal meth)
- Electronic vapor products (example, e-cigarettes, vaping pens, etc.)
- Prescription pain medicine (Oxycodone/Oxycontin, Hydrocodone/Vicodin)
- I don't know anyone who has used any of these during pregnancy



**FORSYTH COUNTY COMMUNITY HEALTH OPINION SURVEY**

**Demography**

\* 37. How old are you? Please select age category.

- 15-19
- 20-24
- 25-29
- 30-34
- 35-39
- 40-44
- 45-49
- 50-54
- 55-59
- 60-64
- 65-69
- 70-74
- 75-79
- 80-84
- 85 or older

\* 38. To which gender identity do you most identify?

- Female
- Male
- Transgender Female
- Transgender Male
- Gender Variant/Non-Conforming

Not Listed

\* 39. What is your race (Please check all that apply.)

- White
- Black or African American
- American Indian or Alaska Native
- Asian /Pacific Islander
- Other race not listed here:

\* 40. Are you of Hispanic, Latino, or Spanish origin?

- Yes
- No

\* 41. What is your marital status?

- Never Married/Single
- Unmarried partner
- Separated
- Divorced
- Widowed
- Married

\* 42. What is the highest level of school, college or vocational training that you have finished?

- Less than 9th grade
- 9-12th grade, no diploma
- High school graduate (or GED/equivalent)
- Associate's Degree or Vocational Training
- Some college (no degree)
- Bachelor's degree
- Graduate or professional degree
- Other (please specify)

\* 43. What was your total household income last year, before taxes?

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or more

\* 44. How many people does this income support?



**APPENDIX C**  
**Forsyth Technical Community College Minority Male**  
**Success Initiative Survey & Results**

The Forsyth Technical Community College’s (FTCC) Minority Male Success Initiative Survey was conducted on June 13-14, 2017. This survey is part of the Forsyth County Department of Public Health’s ongoing community health assessment. Questions asked on the survey were jointly developed with Mr. Greg Young, Program Coordinator for the Minority Male Success Initiative.

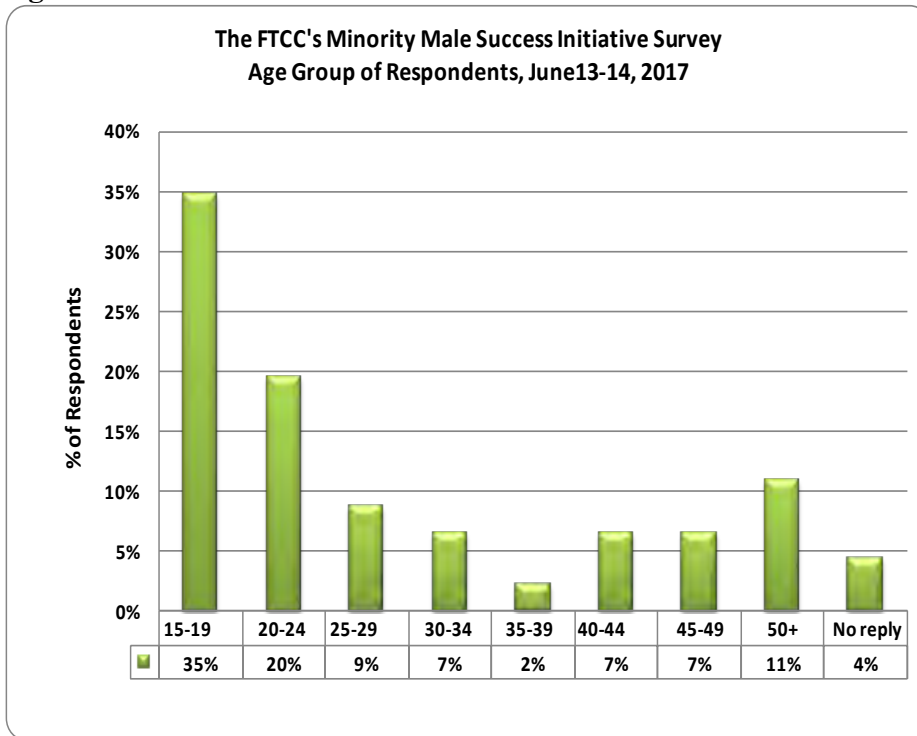
The survey population was minority males who are attending FTCC. The survey was conducted through the use of convenient sampling. FTCC students who self-identified as minority and male were asked to take the survey. Fifty (50) students took the survey. Forty six (46) satisfied the screening criteria.

The survey questionnaire consisted of 17 questions that were divided into four (4) sections: Forsyth Tech, Psychological Health, Fatherhood, and Demography (see Appendix). This brief report is a summary of the survey results.

### Summary Results

#### I. Demography

Figure 1



Of the 46 respondents, **Figure 1** shows that 54% (about 1 in 2 students) were between ages 15 and 29. Figure 1 also shows that about one in ten (11%) was age 50 or older.

**Figure 2**

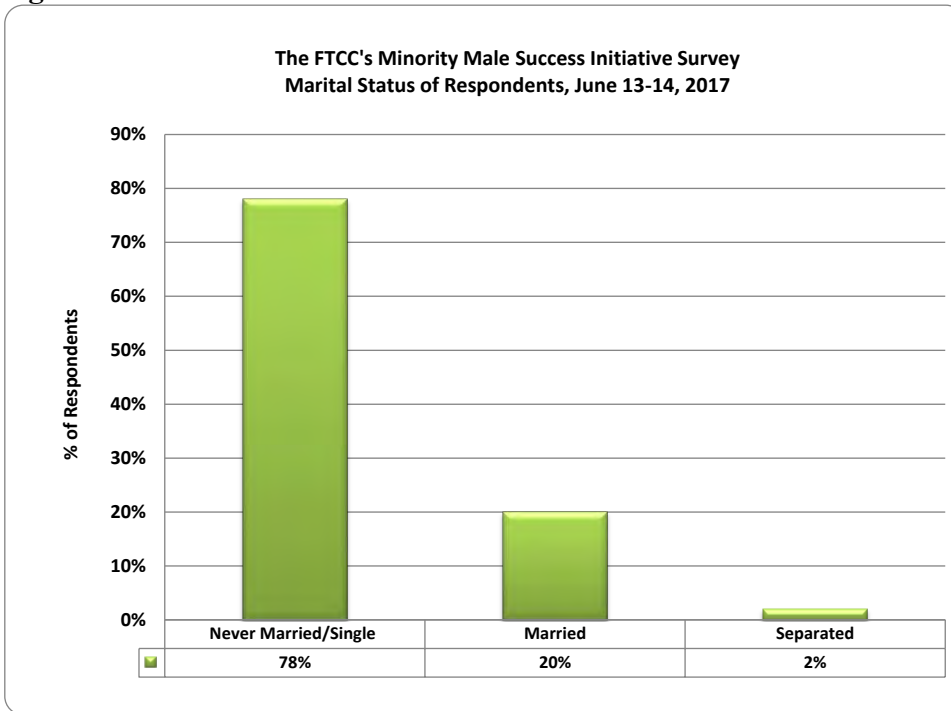


Figure 2 shows that 1 in 5 (20%) students reported that they were married. The majority of students who reported that they were married were age 40 and over.

**II. Completion of Program at Forsyth Technical Community College**  
**Figure 3**

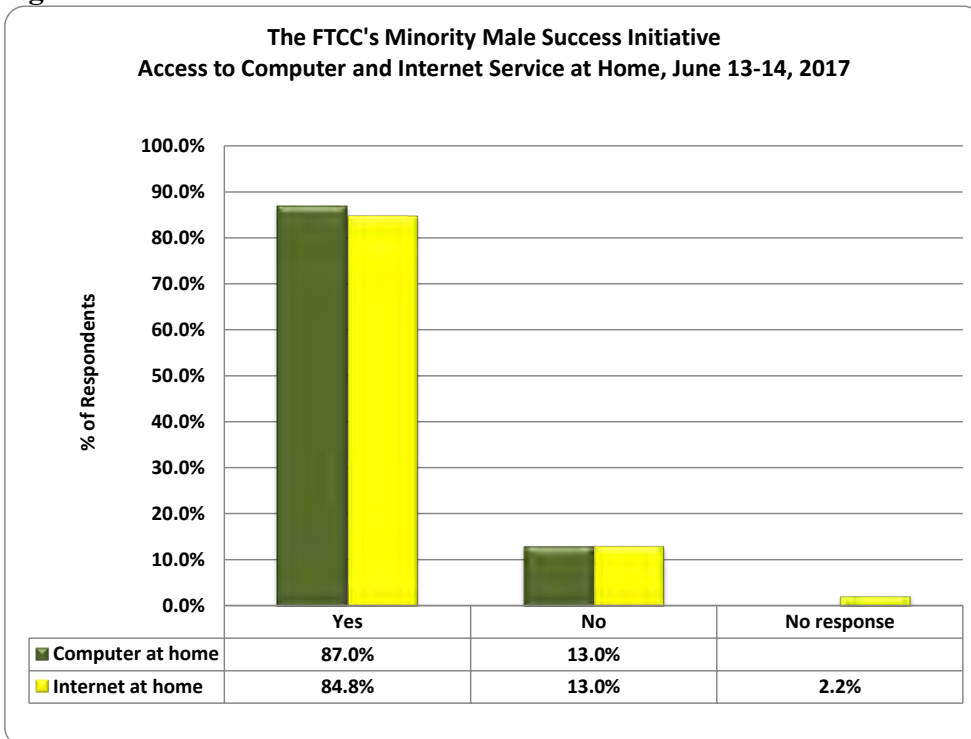


Figure 3 shows that about 9 in 10 (87%) students reported that they had a computer at home, and had internet service (85%) at home.

Figure 4

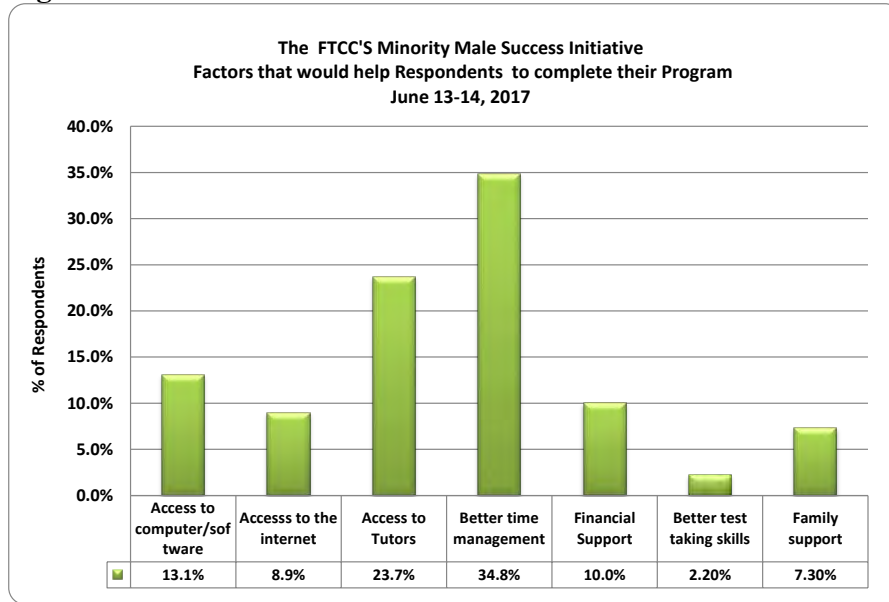


Figure 4 shows that good *time management skill* (35% or about 1 in 3 students) was the predominant factor that respondents said would help them to complete their program. The second most important factor was *access to tutors* (24% or about 1 in 4 students). *Access to a computer* (13% or about 1 in 8 students) and *financial support* (10% or about 1 in 10 students) were 3<sup>rd</sup> and 4<sup>th</sup> respectively.

Figure 5

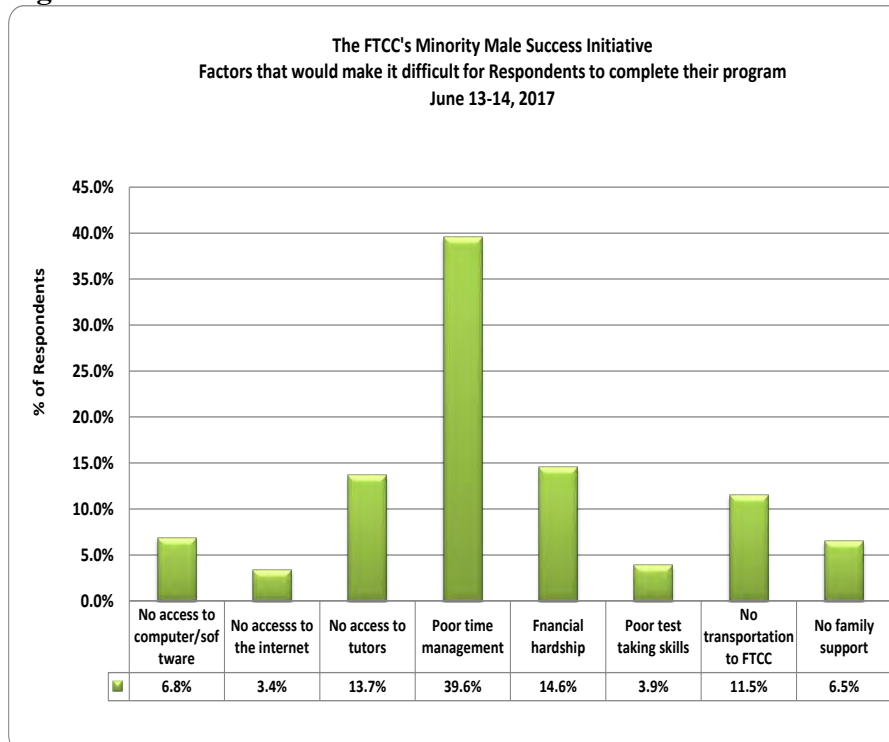


Figure 5 shows that poor *time management skill* (40% or more than 1 in 3 students) is the predominant factor that respondents said would make it difficult for them to complete their program. The second most important factor was *poor test taking skills* (19.0% or about 1 in 5 students). *Financial hardship* (15% or about 1 in 6 students) and *no access to tutors* (14% or about 1 in 7 students) were 3<sup>rd</sup> and 4<sup>th</sup> respectively.

Figure 6

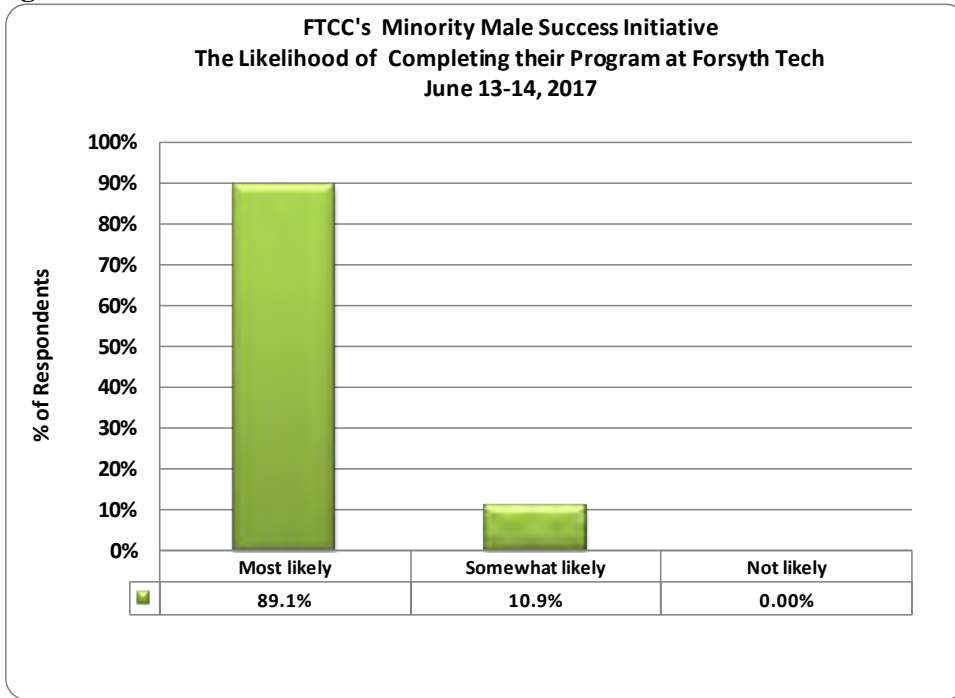


Figure 6 shows that almost 9 in 10 students (89%) reported that they would most likely complete their program at Forsyth Tech.

### III. Psychological Health

Figure 7

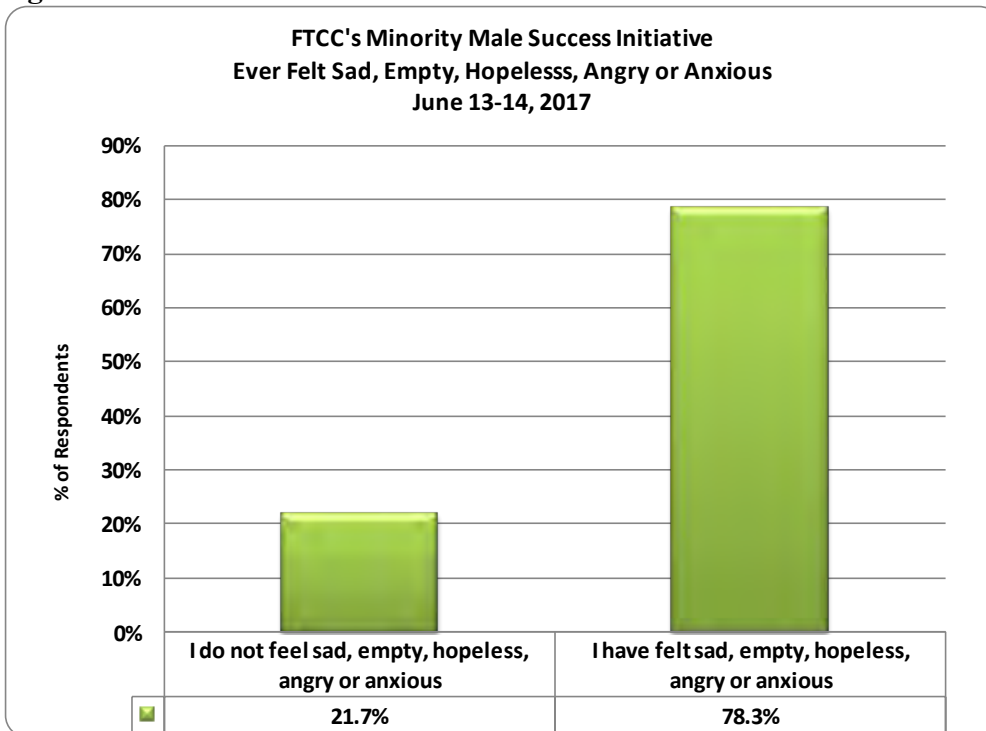


Figure 7 shows that about 3 in 4 students (78%) reported that they have felt sad, empty, hopeless, angry or anxious at some point.

**Figure 8**

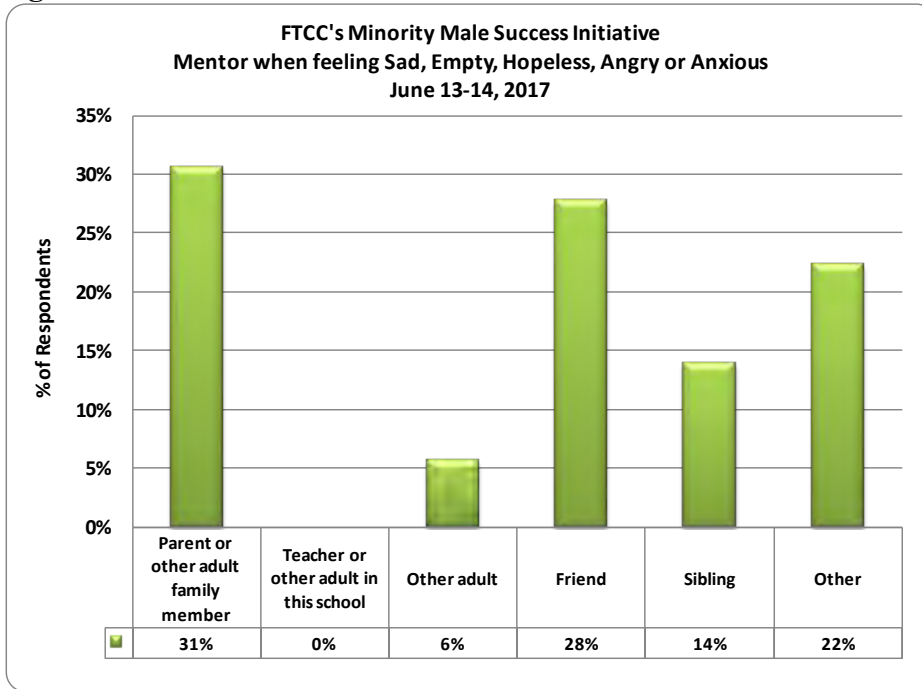


Figure 8 shows that the majority of respondents (31% or about 1 in 3 students) spoke to their parent or other adult family member when they felt sad, empty, hopeless, angry or anxious. Twenty eight percent (28%) (or about 1 in 4 students) talk to their friends. Respondents who chose 'Other' said that they went for walks, jogged or worked through those feelings alone. None of the students reported that they spoke to their teacher at Forsyth Tech when they felt sad, empty, hopeless, angry or anxious.

**Figure 9**

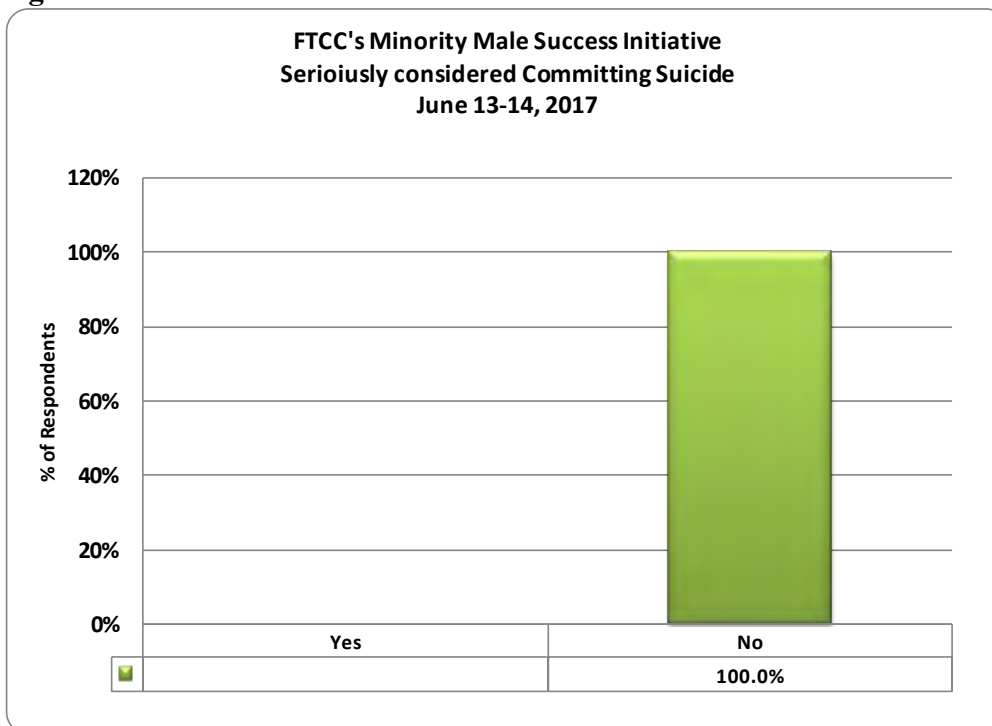


Figure 9 shows that none of the respondents reported that they had ever considered attempting suicide.

**IV. Fatherhood**

**Figure 10**

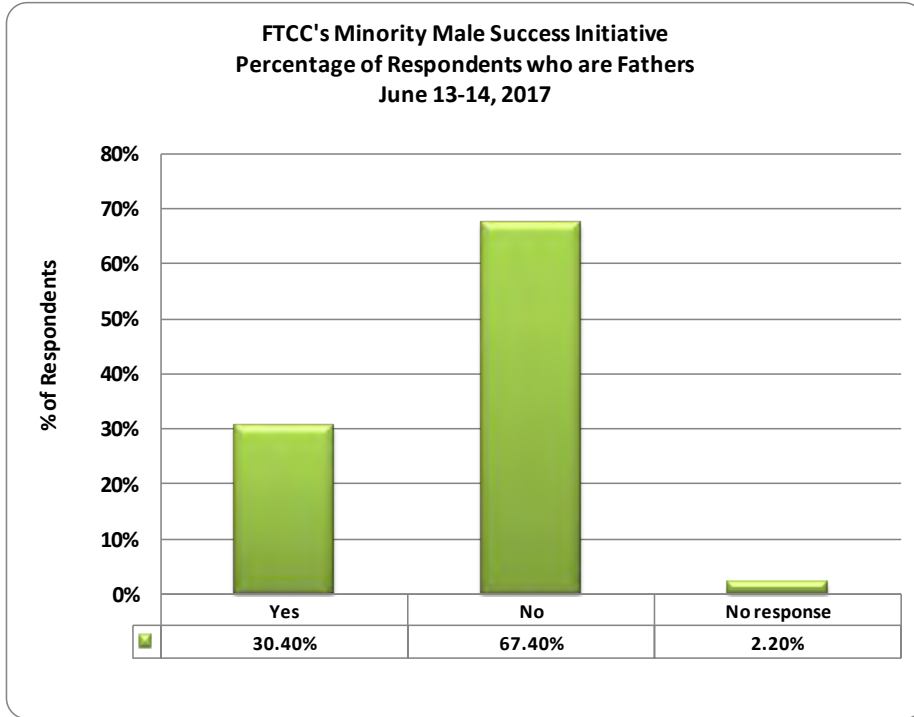


Figure 10 shows that almost 1 in 3 students (30%) reported that they were fathers. About 2% did not respond to the question.

**Figure 11**

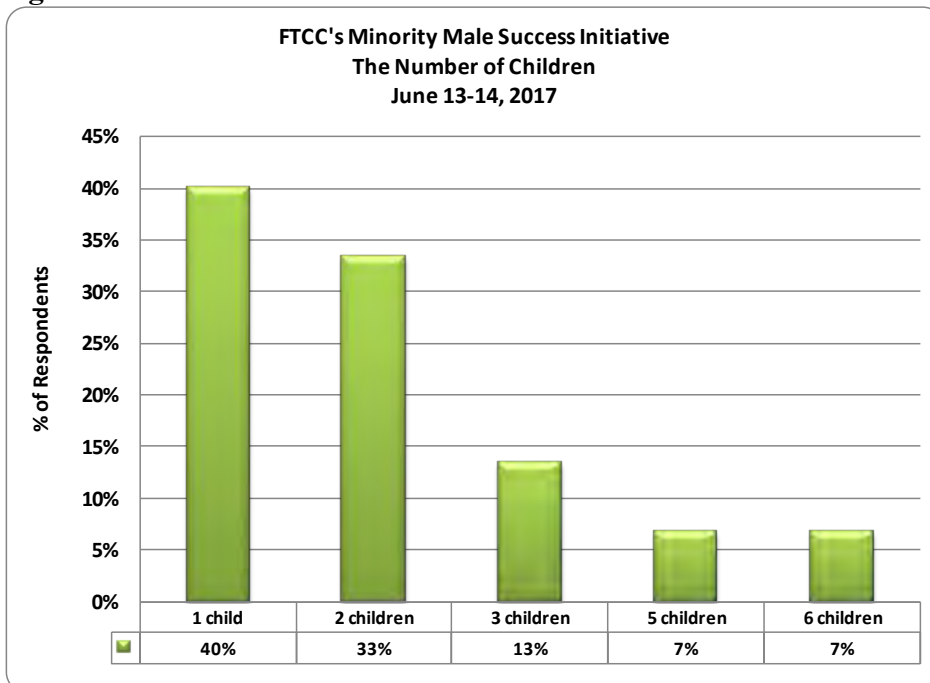


Figure 11 shows that of the respondents who were fathers, 40% (more than 2 in 3) had one child. Twenty seven percent (27%) (or 1 in 4) have 3 or more children.



Figure 12

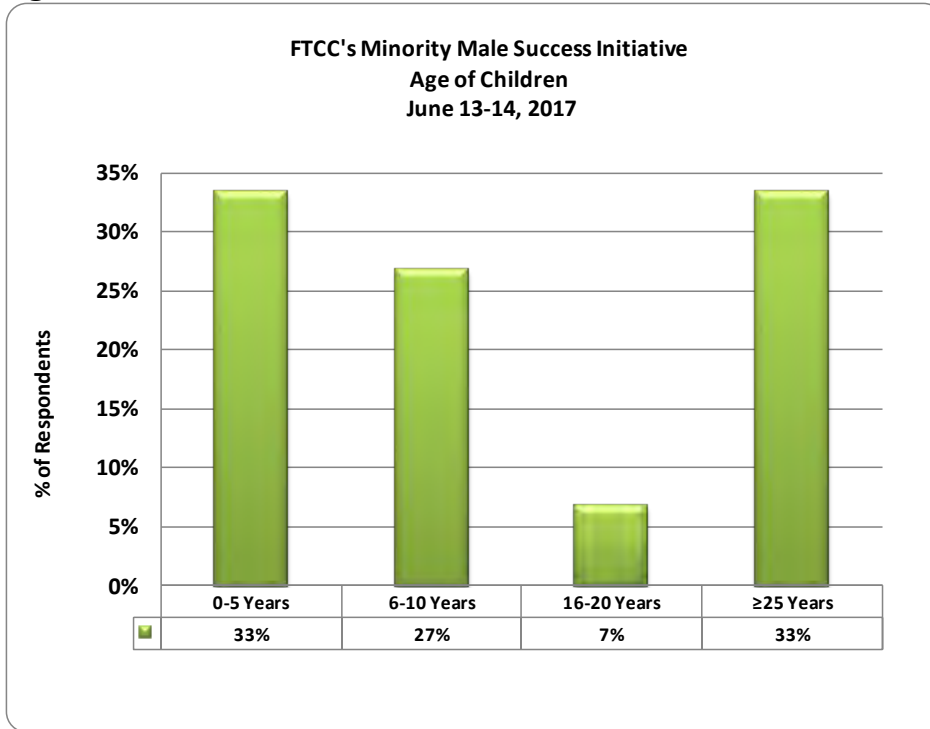


Figure 12 shows that of the respondents who were fathers, 1 in 3 (33%) had children who were age 5 or younger. Also, 33% (or 1 in 3) had children who were age 25 and older.

Figure 13

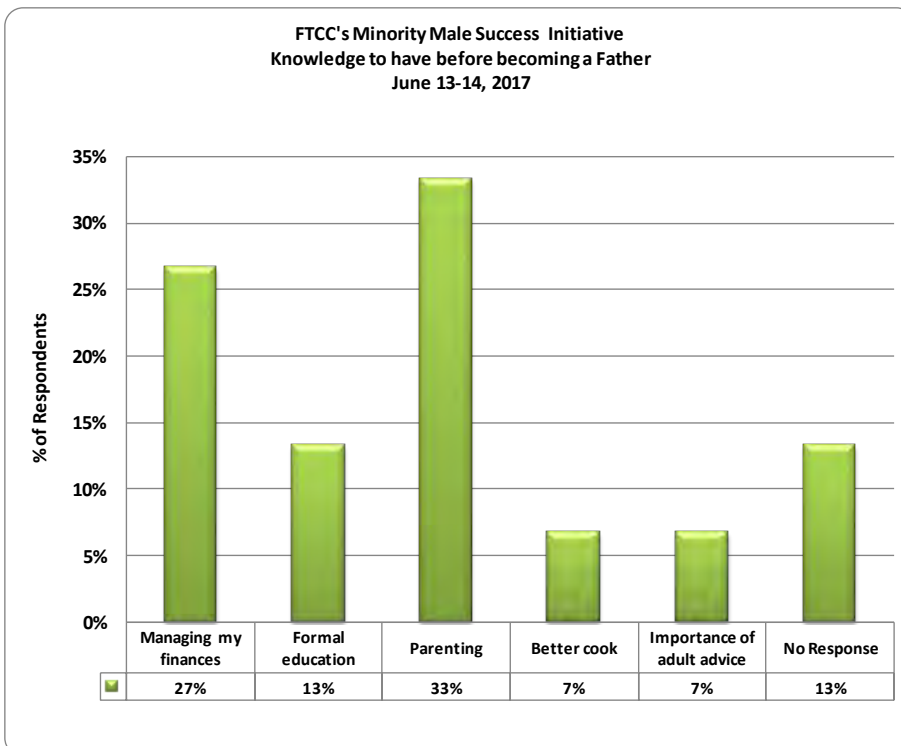


Figure 13 shows that 1 in 3 (33%) respondents would have liked to know more about parenting before becoming a father. About 1 in 4 (27%) respondents would have wanted to know how to manage their finances before becoming a father. Thirteen percent (or 1 in 8) wished that they had had a formal education before becoming a father.



## **The 2017 Minority Male Mentoring Program Survey Forsyth Technical Community College**

This 2017 Minority Male Mentoring Program Survey will inform the 2017 Forsyth County Community Health Assessment. It was developed so that you may share your opinions and tell us about behavior that could affect your well-being and that of others. The responses that you give will be kept private. No one will know how you answered. Your information will be grouped with that of others who complete this survey, and used to improve the Minority Male Mentoring Program as well as to develop health education programs. The survey will take approximately 10 minutes. Please help us by completing this survey.

### **FORSYTH TECH**

1. At home, do you have a computer?
    - a. Yes b. No
  2. At home, do you have internet service? a. Yes b. No
  3. What is the most important thing that would **help you to complete** your program at Forsyth Tech?
- 

4. What is the most important thing that would **make it hard for you to complete** your program at Forsyth Tech?

---

5. How likely are you to complete your program at Forsyth Tech?
  - a. Not likely b. Somewhat likely c. Very likely

### **PSYCHOLOGICAL HEALTH**

6. 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

7. 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. Other: \_\_\_\_\_

8. During the past 12 months, have you ever seriously considered attempting suicide?

- a. Yes b. No

### **FATHERHOOD**

13. Are you a father?

- a. Yes b. No

14. If you are a father, how many children do you have? \_\_\_\_\_

15. If you are a father, how old is your youngest child? \_\_\_\_\_

16. If you are a father, what is the most important thing that you wish you had known before became a father? \_\_\_\_\_

**DEMOGRAPHY**

17. How old are you? Please select age category.

**a.** 15-19   **b.** 20-24   **c.** 25-29   **d.** 30-34   **e.** 35-39   **f.** 40-44   **e.** 45-49f. 50+

18. To which gender identity do you most identify?

---

19. What is your race?

---

20. Are you of Hispanic, Latino, or Spanish origin? **a.** Yes **b.** No

21. What is your marital status?

a. Never Married/Single

b. Unmarried partner

c. Separated/Divorced

e. Widowed

f. Married

22. What was your **estimated** total household income last year, before taxes? \_ \$ \_\_\_\_\_

23. How many people does this income support? \_\_\_\_\_

**APPENDIX D**  
**The Bethesda Center for the Homeless Survey and Results**

The Bethesda Center for the Homeless Resident Population Survey was conducted on July 14<sup>th</sup>, 2017. This survey is part of the Forsyth County Department of Public Health’s ongoing community health assessment. Questions asked on the brief survey were jointly developed with Ms. Rochelle Smith, Associate Director and Mr. John Mack, Shelter Director. Ms. Trina Brinkley, Lead Case Manager, facilitated the survey.

Of the 100 residents who resided at The Bethesda Center on the date of the survey, 60 were men and 40 were women. Eighty three percent (83%) of the residents completed the survey questionnaire. The survey questionnaire consisted of five (5) questions (Appendix A). This brief report presents a summary of the survey results.

### Summary Results

## I. Demography

Figure 1. Gender of Respondents

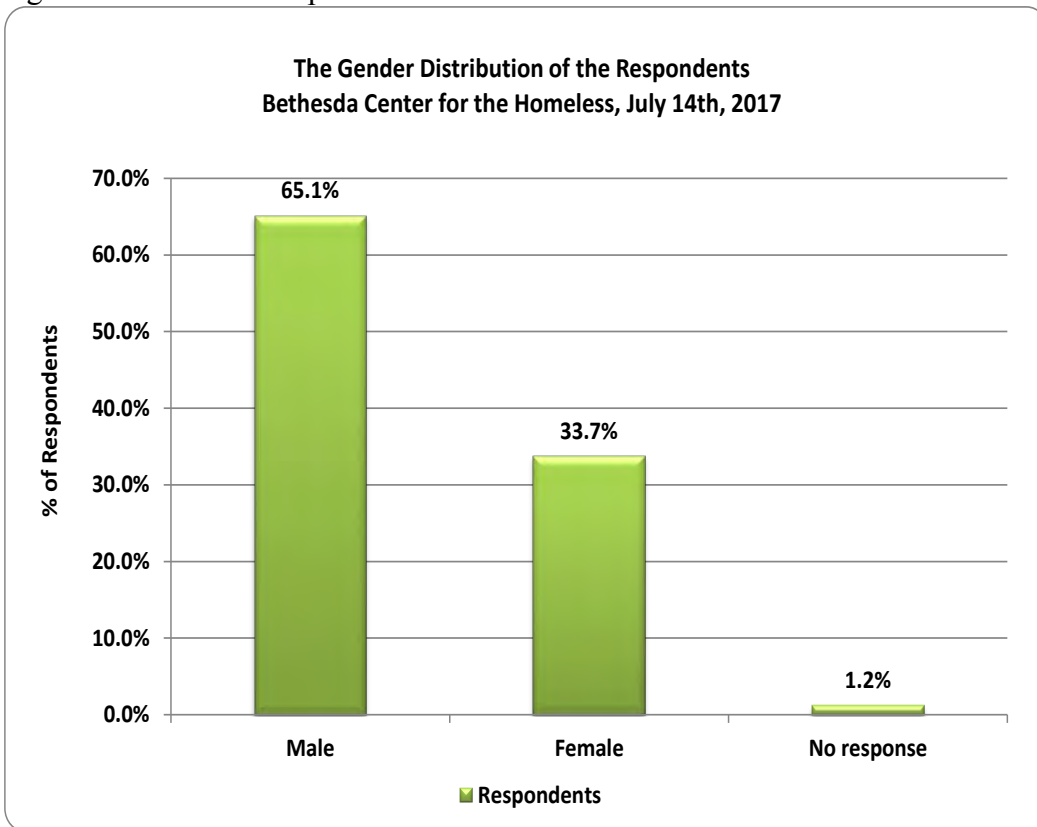


Figure 1 shows that the most of the respondents were male.

- 65% or almost 2 in 3 persons were male
- 34% or 1 in 3 respondents were women

Figure 2. Race/Ethnicity of Respondents

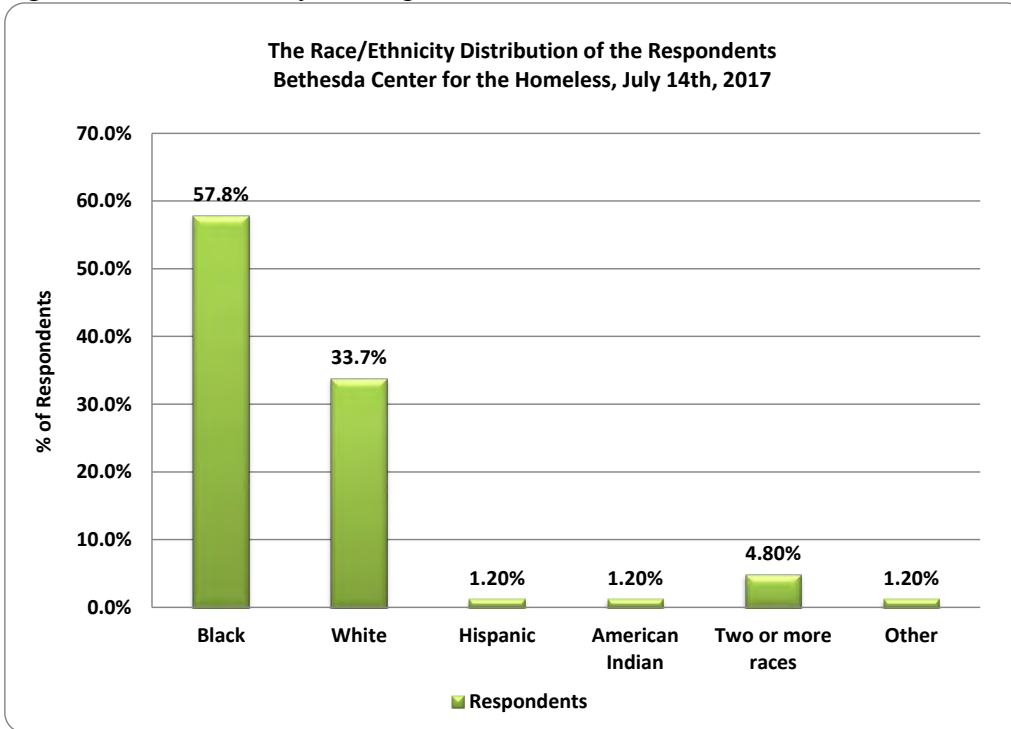


Figure 2 shows that the most of the respondents were Black.

- About 58% of respondents identified as Black
- About 34% or 1 in 3 identified as White.

Figure 3. Age of Respondents

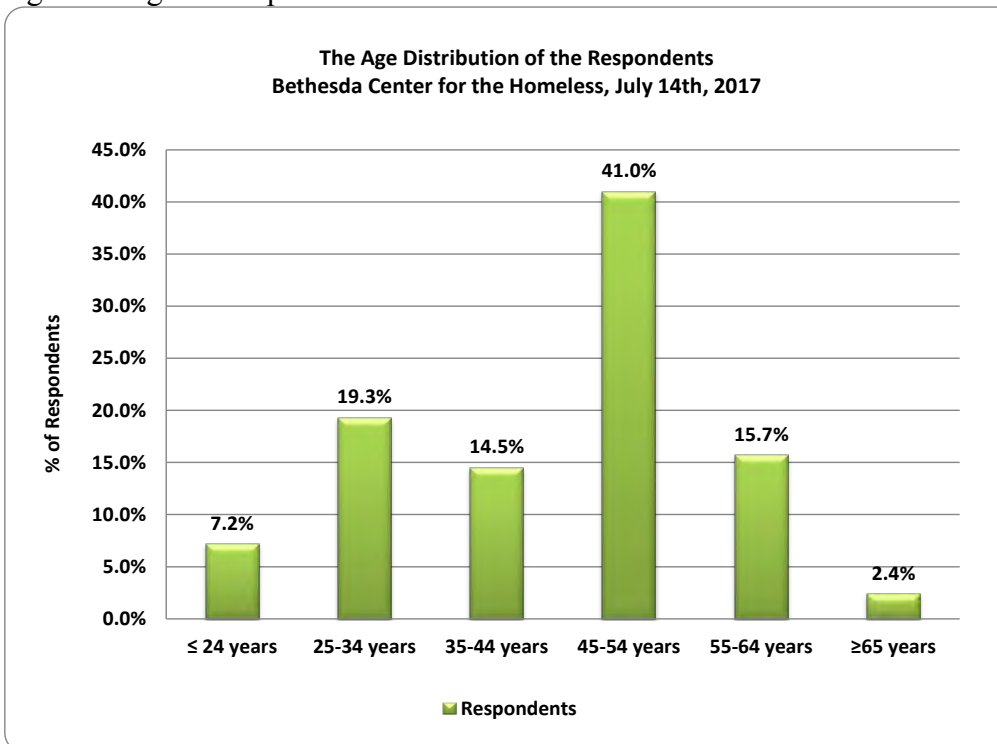


Figure 3 shows that respondents' ages ranged from less than 24 years to over 65 years. Most of the respondents were between ages 45-54 years (41%).

- About 7% of the respondents were age 24 or younger
- 19.3% or about 1 in 5 respondents was between ages 25-34 years
- 18.1% or about 1 in 6 respondents was age 55 or older

Figure 4: Earliest Age that Respondents were ever Homeless

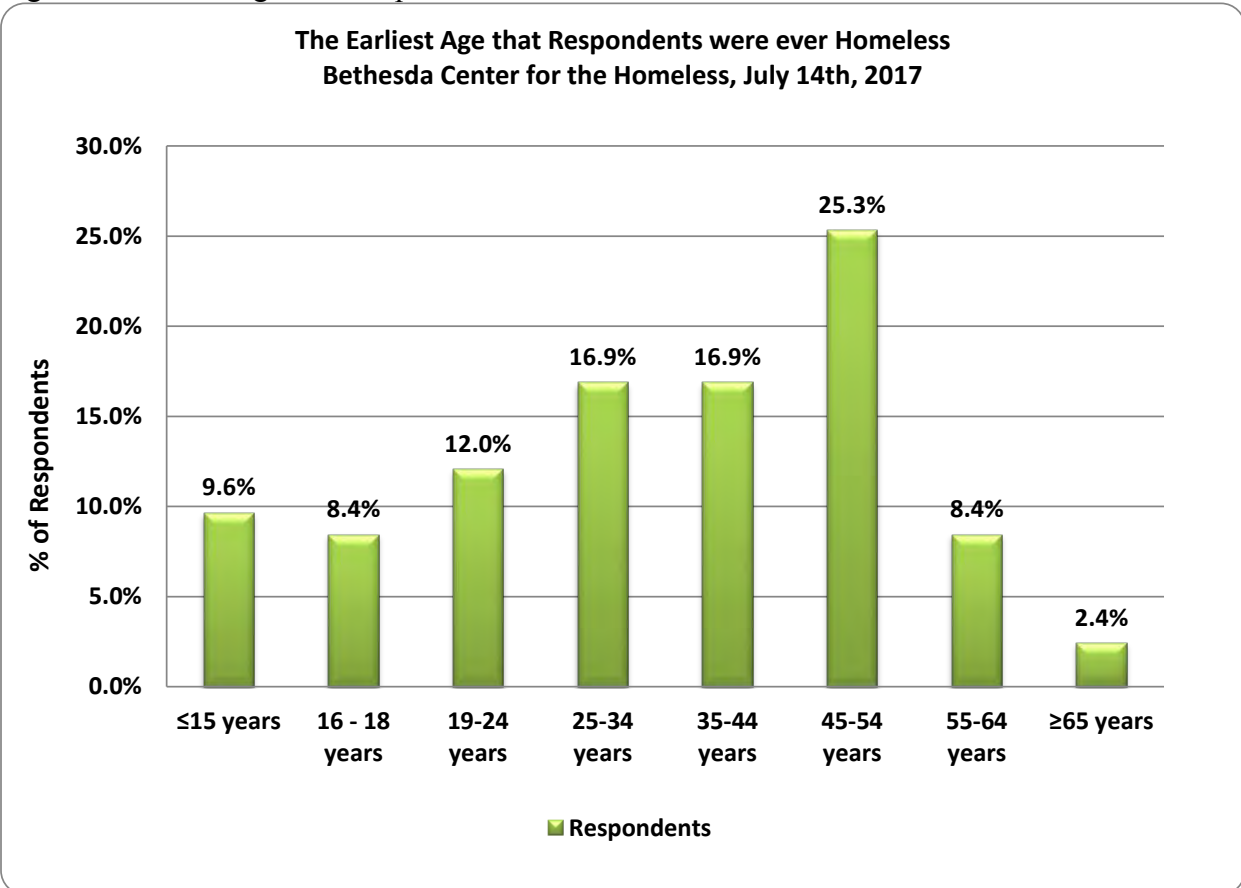


Figure 4 shows that the earliest age at which respondents were ever homeless ranged from age 15 years or younger to age 65 years or older.

- Almost 1 in 10 respondents (9.6%) were first homeless at age 15 or younger!
- About 1 in 10 (10.8%) respondents first became homeless at age 55 or older

**Additional observation from the data (not included in the above graph):**

- The time between the age respondents were first homeless and their current age ranged from zero years to 42 years.
- 27.7% of respondents were homeless for the first time
- 14.5% of respondents were homeless for about 1 year



Figure 5: Single Most Important Factor that would prevent/end Homelessness

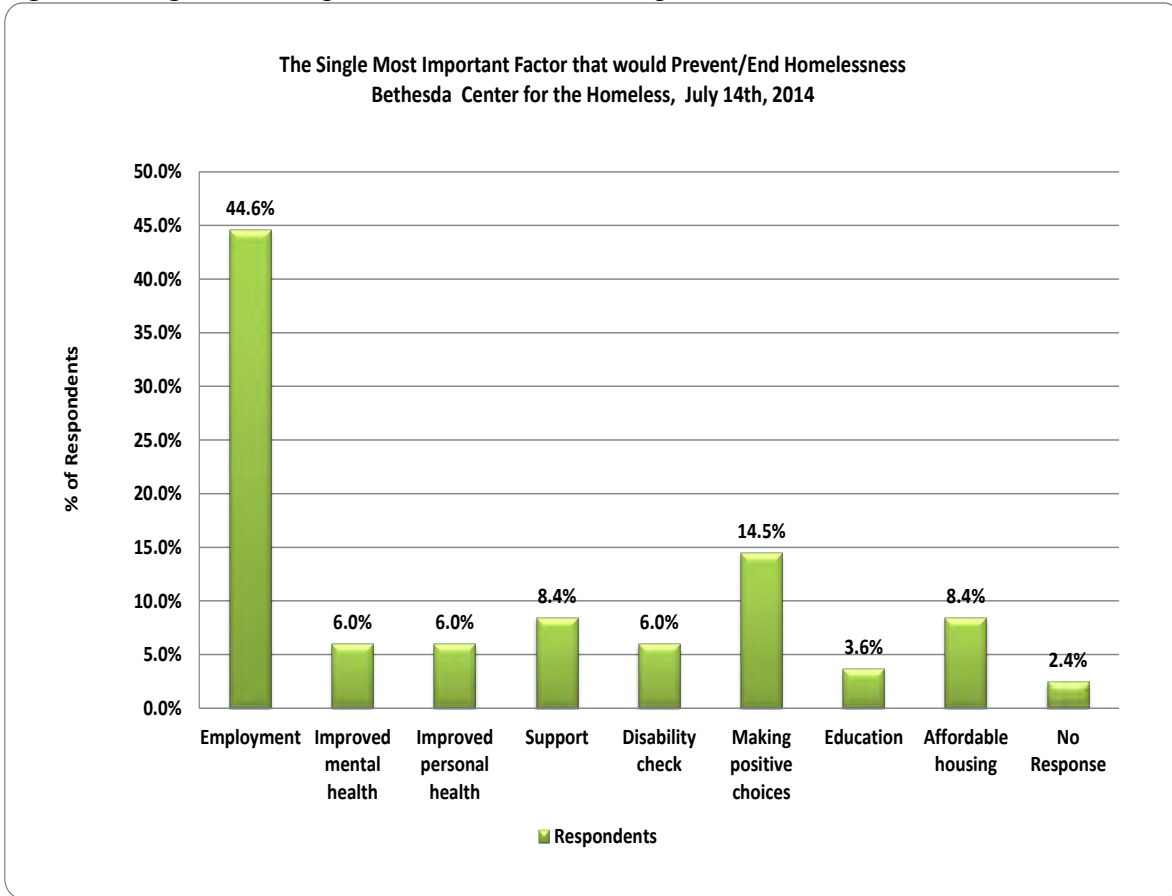


Figure 5 shows that most respondents (44.6%) reported that *being employed* is the single most important factor that would have prevented or ended their homelessness.

- Second, 14.5% (about 1 in 7 persons) reported that *making positive choices* is the most significant factor that would have prevented or ended their homelessness
- Third, 8.4% each (about 1 in 12 respondents each) reported that *having a support system* or *affordable housing* is the single most important factor that would have prevented their homelessness
- Fourth, 6.0% each (about 1 in 18 respondents each) reported that *improved mental health*, *improved personal health* or *receipt of their disability check* would have prevented their homelessness or could end their homelessness.



**The 2017 Forsyth County Community Health Assessment**  
*Be a Voice for your Community*

**The Bethesda Center for the Homeless**

1. What is the earliest age that you can remember ever being homeless? \_\_\_\_\_

2. **What is** the single most important thing that would help you to no longer be homeless or would have prevented you from becoming homeless?

\_\_\_\_\_

3. Male or Female? \_\_\_\_\_ 4. Race/Ethnicity \_\_\_\_\_

5. Age \_\_\_\_\_

**APPENDIX E**  
**The Salvation Army Center for Hope Survey and Results**

The Salvation Army Center for Hope Survey was conducted on July 18<sup>th</sup>, 2017. This survey is part of the Forsyth County Department of Public Health’s ongoing community health assessment. Questions asked on the brief survey were jointly developed with Mr. Walt Cooper, Director, and Ms. Jemmise.Bowen, Shelter Manager.

The survey was conducted among the homeless population who has breakfast at the Center of Hope. Members of this survey population included residents of The Salvation Army Center of Hope, The Bethesda Center, Samaritan Ministries, and those who do not have shelter. The survey questionnaire consisted of seven (7) questions (Appendix A). Of the 67 people who were served breakfast, 64 completed the survey. This brief report presents a summary of the survey results.

### Summary Results

#### I. Demography

Figure 1. Gender of Respondents

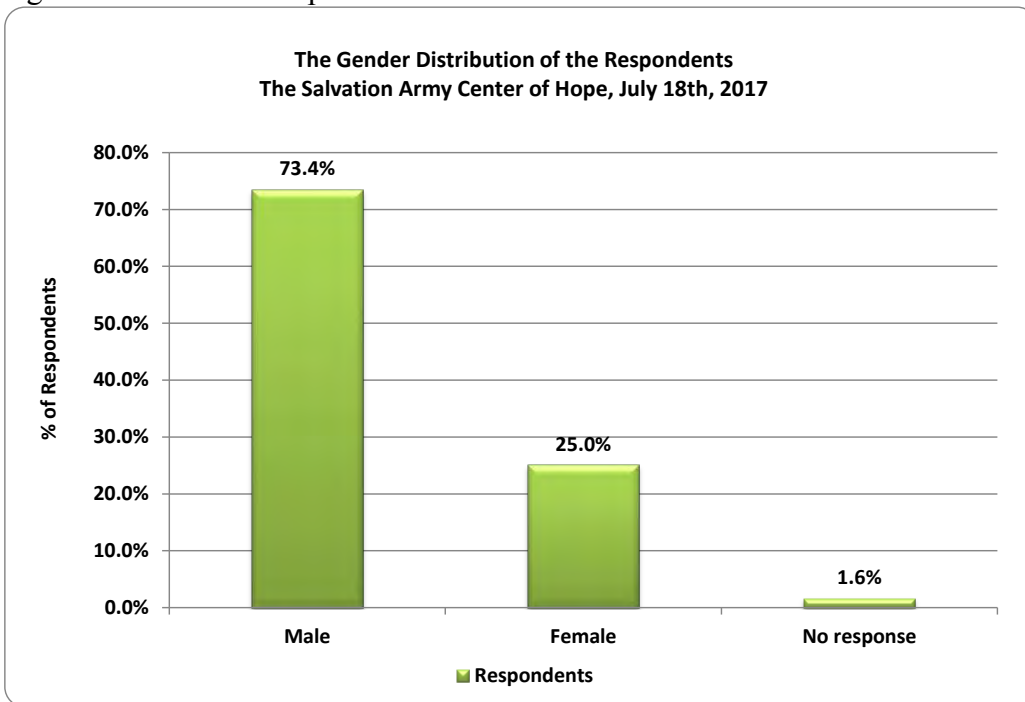


Figure 1 shows that most respondents were Male.

- 73.4%, or about 7 in 10 persons, respondents identified as Male.
- 25%, or 1 in 4 persons, respondents identified as Female.

Figure 2. Race/Ethnicity of Respondents

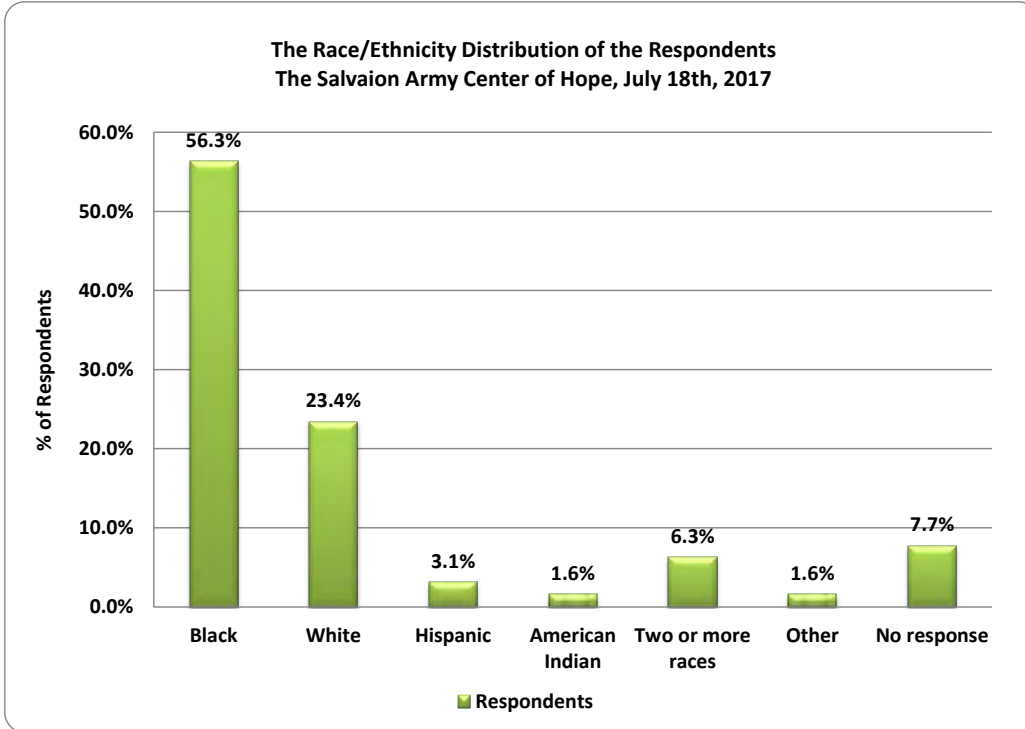


Figure 2 shows that most respondents identified as Black.

- About 56% identified as Black
- About 23% identified as White.

Figure 3. Age of Respondents

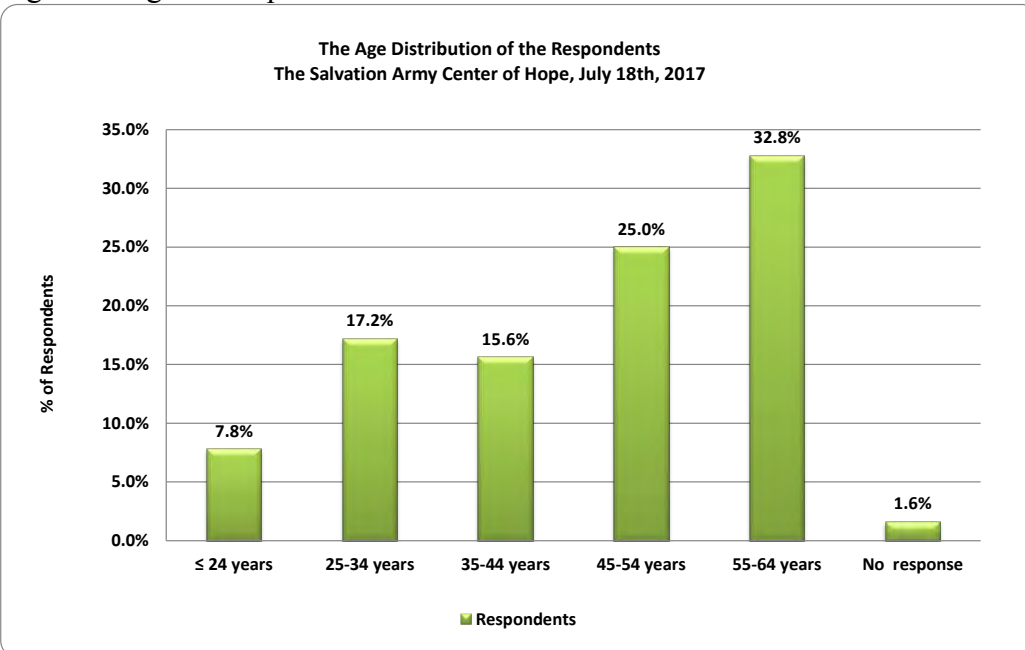


Figure 3 shows that respondents' ages ranged from less than 24 years to 64 years. Most of the respondents were between ages of 45 and 64 years (57.8%).

- About 8% of the respondents were age 24 years or younger.
- About 17% were between the ages of 25-34 years.
- About 16% were between the ages of 35-44 years.

Figure 4: The Percentage of Respondents who were Parents

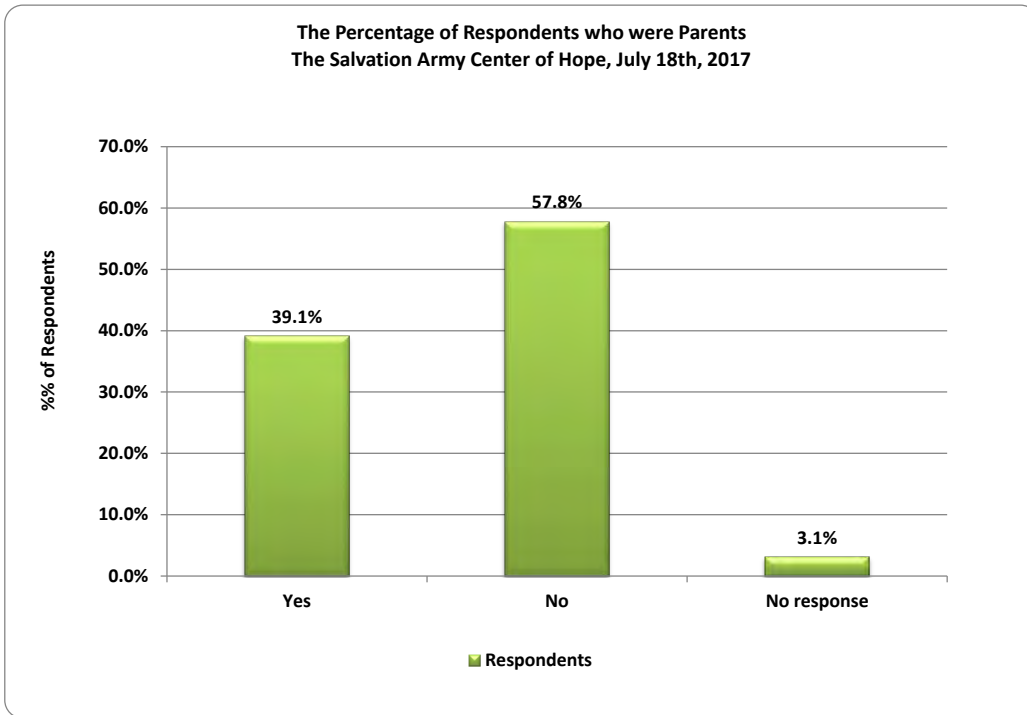


Figure 4 shows that most of respondents were not parents.

- About 39% of respondents *were* parents.
- About 60% of respondents, or 3 in 5 persons, *were not* parents.

Figure 5: The Percentage of Respondents who were Veterans

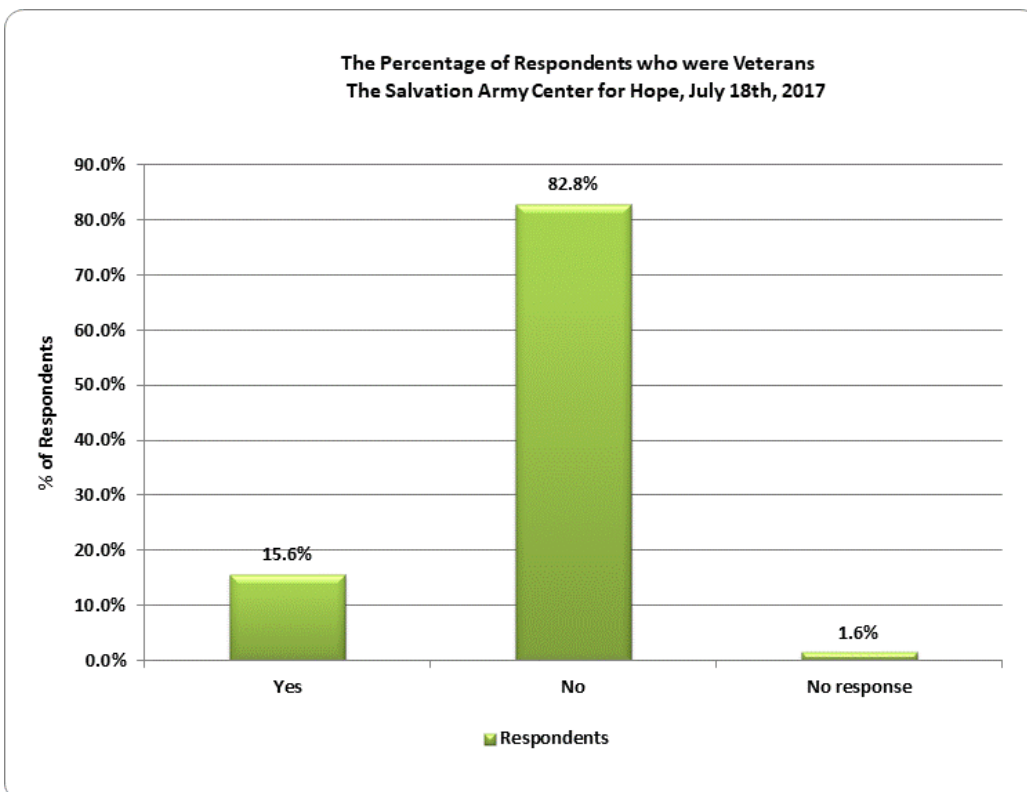


Figure 4 shows that most of respondents were not veterans.

- About 16% of respondents *were* veterans.
- About 83% of respondents, or 4 in 5 persons, *were not* veterans.

Figure 6: Earliest Age that Respondents were ever Homeless

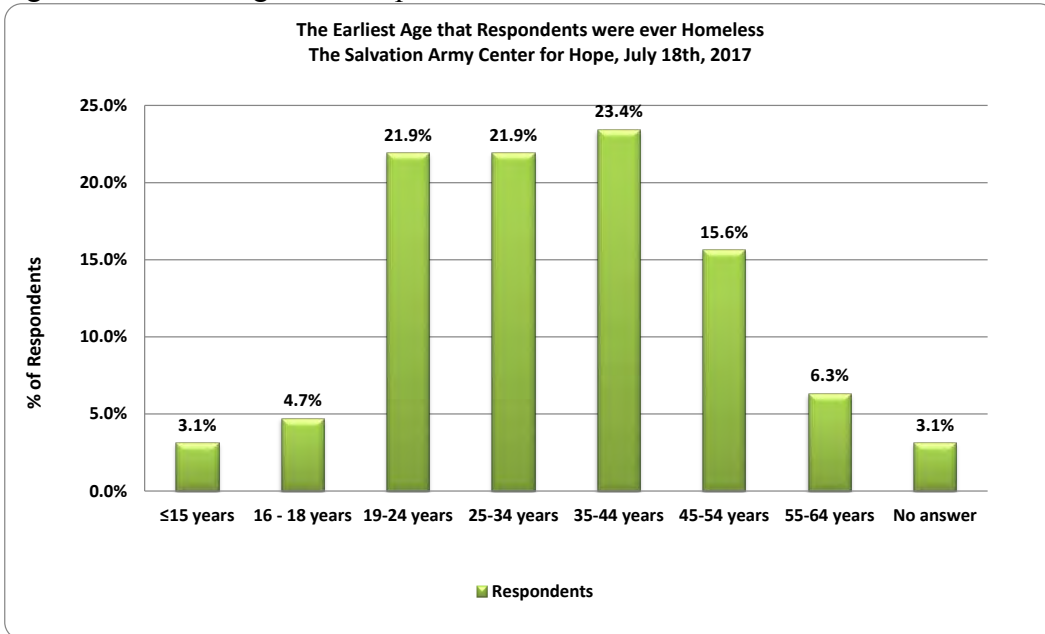


Figure 6 shows the earliest age at which respondents were ever homeless ranged from age 15 years or younger to age 65 years or older.

Figure 7: Single Most Important Factor that would prevent/end Homelessness

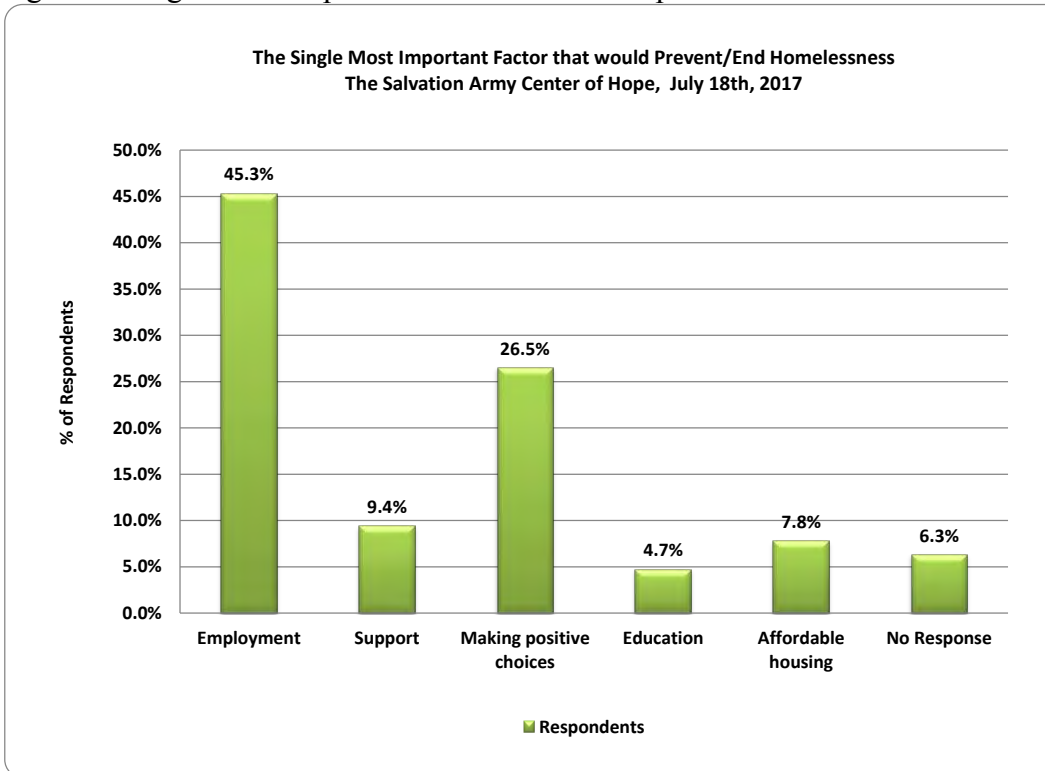


Figure 7 shows that most respondents (45.3%) reported that *being employed* is the single most important factor that would have prevented or ended their homelessness.

- Second, 26.5% reported that *making positive choices* is the most significant factor that would have prevented or ended their homelessness.
- Third, 9.4% reported that *support* is the most significant factor that would have prevented or ended their homelessness.
- Fourth, 7.8% reported that *affordable housing* is the single most significant factor that would have prevented or ended their homelessness.





**The 2017 Forsyth County Community Health Assessment**  
*Be a Voice for your Community*

**The Salvation Army**

1. What is the earliest age that you can remember ever being homeless? \_\_\_\_\_

2. What is the single most important thing that would help you to no longer be homeless or would have prevented you from becoming homeless?

\_\_\_\_\_

3. Male or Female? \_\_\_\_\_ 4. Race/Ethnicity \_\_\_\_\_ 5. Age \_\_\_\_\_

6. Are you a Veteran? \_\_\_\_\_ 7. Do you have children who are age 17 or younger? \_\_\_\_\_

**APPENDIX F**  
**The 2015 WSFCS High School YRBS**  
**Highlights & Survey**

## 2015 Winston Salem/Forsyth County High School Youth Risk Behavior Survey Results

July, 2016



### Highlights!

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The Winston-Salem/Forsyth County School System &  
The Forsyth County Department of Public Health

**Special Thanks:**

**Data Collection:** Forsyth County Department of Public Health, and other Forsyth County Agencies and Community Partners

**Data Analysis:** Centers for Disease Control and Prevention (CDC)

**Report Preparation:** The Forsyth County Department of Public Health, Epidemiology & Surveillance Division



**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 six health risk behaviors. These risk behaviors are unintentional injuries and violence, sexual behaviors, alcohol and other drug use, tobacco use, unhealthy dietary behaviors, and inadequate physical activity.

The Youth Risk Behavior Survey (YRBS) is one component of the YRBSS. It has been modified to reflect the health behavior 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 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 could decline their children’s participation in the survey by returning the *Passive Parental Consent Form* that was sent home before the scheduled survey date. Students could refuse to participate or skip any question that they did not want to answer.

In 2015, the YRBS was administered to 2,197 students in 16 Winston-Salem/Forsyth County (WSFC) high schools. The response rate for schools was 100%, and the response rate for students was 79%. The survey questionnaire consisted of 98 questions. **Table 1** provides the demographic characteristics of the survey respondents.

**Table 1**

Recent trends in the 2015 WSFC High School YRBS results suggest that there has been very little change in *alcohol, tobacco, and other drug use* among high school students. A previously unasked question about the use of *electronic vapor products* show that 1 in 4 students (25%) reported using them at least once in the 30 days prior to the survey. The data also suggest that *texting/emailing while driving, gambling, electronic bullying, and mental health issues* persist among WSFC high school students.

This brief review of the data includes Appendix A that shows the relationship between select risk behaviors and academic achievement based on the 2015 survey responses. It also includes Appendix B that shows how WSFC High School YRBS results compare to those for the State of North Carolina and the United States on select behaviors.

The days or months referenced in the results is in relation to the day/date that students took the survey. For example, ‘in the past 30 days’ refers to the 30 days that preceded the date/day of the survey. The period referenced in the summary results were used in the associated survey questions.

Demographic Characteristics	Number of Students in this Subgroup*	Sampled Percentage
Gender		
Male	1,123	51.1
Female	1,074	48.9
Grade		
9 <sup>th</sup>	639	29.1
10 <sup>th</sup>	551	25.1
11 <sup>th</sup>	521	23.7
12 <sup>th</sup>	486	22.1
Other	2	0.1
Race/Ethnicity		
Black Non-Hisp.	663	30.2
Hispanic/Latino	400	18.2
White Non-Hisp.	989	45.0
All other races	46	2.1
Multiple races	99	4.5

\* Total count for each subgroup may be off due to rounding.



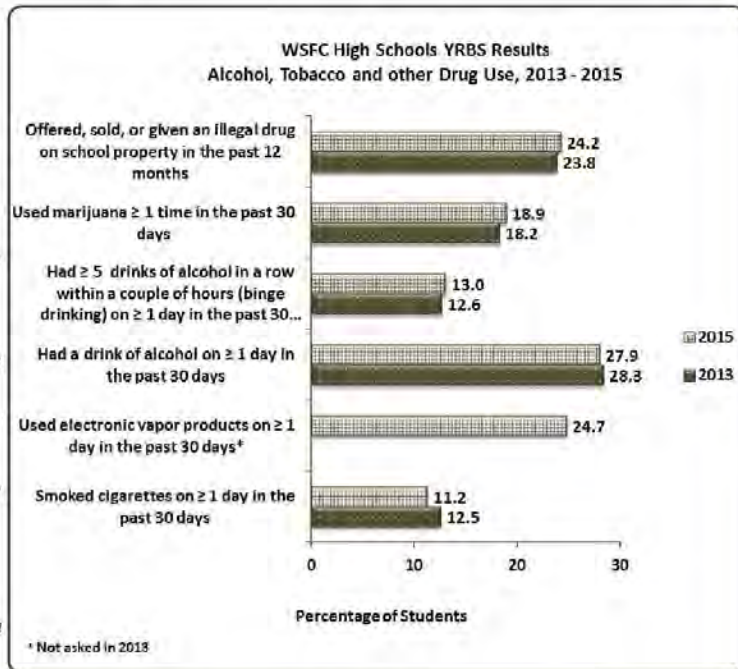
### Alcohol, Tobacco & other Drug Use

Based on the 2015 WSFC High School YRBS responses, *alcohol, tobacco and other drugs* were found to be negatively associated with academic achievement (Appendix A). For example, analysis of the 2015 YRBS results showed that **11%** of WSFC high school students who earned mostly A's, **20%** who earned mostly B's, **25%** who earned mostly C's and **37%** who earned mostly D/F's *used marijuana one or more times in the past 30 days* (Appendix A).

**Figure 1**

**Figure 1** shows that in 2015, about:

- 1 in 4 (24.2%) was offered, sold, or given illegal drugs on school property during the last 12 months
- 1 in 5 (18.90%) reported that they had used marijuana on one or more times in the last 30 days
- 1 in 8 (13.0%) high school students reported that they had had 5 or more drinks of alcohol within a couple hours on one or more days in the last 30 days
- 1 in 4 (27.9%) high school students reported that they had had a drink of alcohol on one or more days in the last 30 days
- 1 in 4 (24.7%) reported that they had used electronic vapor products on one or more days in the last 30 days
- 1 in 9 (11.2%) high school students reported that they had smoked cigarettes on one or more days in the last 30 days



**Figure 1** also compares the trend in the prevalence rates of alcohol, tobacco, and other drug use among WSFC high school students between 2013 and 2015. Based on the results:

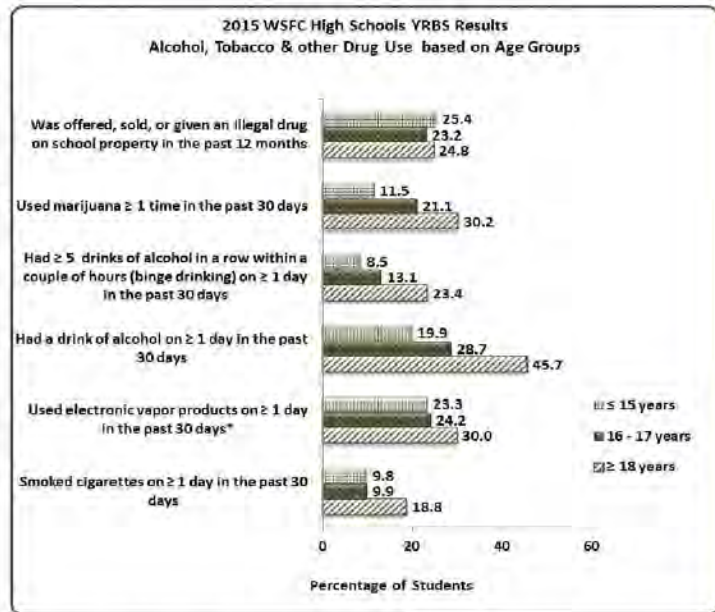
- There was a 1.7% increase in the prevalence rates for high school students who reported that they were offered, sold, or given an illegal drug on school property in the past 12 months.
- There was a 3.8% increase in the prevalence rates for high school students who used marijuana one or more times in the past 30 days.
- There was a 3.2% increase in the prevalence rates for high school students who had 5 or more drinks in a row within a couple of hours on one or more days in the past 30 days.
- There was a 1.4% decrease in the prevalence rates for high school students who drinking of alcohol on one or more days in the past 30 days.
- There was a 10.4% decrease in the prevalence rates for high school students who smoke cigarettes on one or more days in the past 30 days.

**Age Groups**

**Figure 2**

Figure 2 shows that WSFC high school students age 18 and older were more likely than any other age group to report that they:

- ◆ Had used marijuana one or more times in the past 30 days
- ◆ Had 5 or more drinks in a row within a couple of hours on one or more days in the past 30 days
- ◆ Had a drink of alcohol on one or more days in the past 30 days
- ◆ Used electronic vapor products on one or more days in the past 30 days
- ◆ Smoked cigarettes on one or more days in the past 30 days



**Figure 2 shows that among high school students age 15 and younger, about:**

- ◆ 1 in 4 (25.4%) was offered, given or sold illegal drugs on school property in the past 12 months
- ◆ 1 in 9 (11.5%) used marijuana one or more times in the past 30 days
- ◆ 1 in 12 (8.5%) binge drink on one or more days in the past 30 days
- ◆ 1 in 5 (19.9%) drank alcohol on one or more days in the past 30 days
- ◆ 1 in 4 (23.3%) used electronic vapor products on one or more days in the past 30 days
- ◆ 1 in 10 (9.8%) smoked a cigarette on one or more days in the past 30 days

**Figure 2 shows that among high school students age 16 - 17 years, about:**

- ◆ 1 in 4 (23.2%) was offered, given or sold illegal drugs on school property in the past 12 months
- ◆ 1 in 5 (21.1%) used marijuana one or more times in the past 30 days
- ◆ 1 in 8 (13.1%) binge drink on one or more days in the past 30 days
- ◆ 1 in 3 (28.7%) drank alcohol on one or more days in the past 30 days
- ◆ 1 in 4 (24.2%) used electronic vapor products on one or more days in the past 30 days
- ◆ 1 in 10 (9.9%) smoked a cigarette on one or more days in the past 30 days

**Figure 2 shows that among high school students age 18 years and older, about:**

- ◆ 1 in 4 (24.8%) was offered, given or sold illegal drugs on school property in the past 12 months
- ◆ 1 in 3 (30.2%) used marijuana one or more times in the past 30 days
- ◆ 1 in 4 (23.4%) binge drink on one or more days in the past 30 days
- ◆ 2 in 5 (45.7%) drank alcohol on one or more days in the past 30 days
- ◆ 1 in 3 (30.0%) used electronic vapor products on one or more days in the past 30 days
- ◆ 1 in 5 (18.8%) smoked a cigarette on one or more days in the past 30 days



**Race/Ethnicity**

**Figure 3**

**Figure 3** shows that in 2015: Hispanic/Latino high school students were more likely than Black or White high school students to report that they:

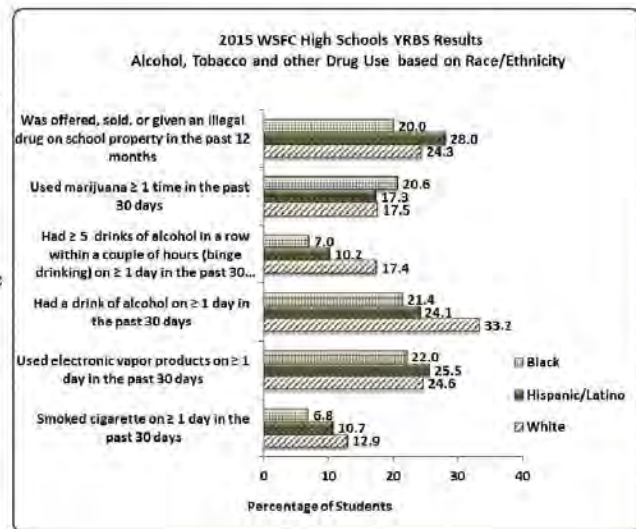
- ◆ Were offered, sold, or given an illegal drug on school property in the past 12 months
- ◆ Had used electronic vapor products on one or more of the past 30 days

Black high school students were more likely than White or Hispanic/Latino high school students to report that they:

- ◆ Had used marijuana on one or more days in the past 30 days

White high school students were more likely than Hispanic/Latino or Black high school students to report that they:

- ◆ Drank alcohol on one or more days in the past 30 days
- ◆ Binge drink on one or more days in the past 30 days
- ◆ Smoked cigarettes on one or more of the past 30 days



**Figure 3** shows that among Black high school students, about:

- ◆ 1 in 5 (20.0%) was offered, given or sold illegal drugs on school property ...
- ◆ 1 in 5 (20.6%) used marijuana one or more times ...
- ◆ 1 in 14 (7.0%) binge drink on one or more days ...
- ◆ 1 in 5 (21.4%) drank alcohol on one or more days ...
- ◆ 1 in 5 (22.0%) used electronic vapor products on one or more days ...
- ◆ 1 in 15 (6.8%) smoked cigarettes on one or more days ...

**Figure 3** shows that, among Hispanic/Latino high school students, about:

- ◆ 1 in 4 (28.0%) was offered, given or sold illegal drugs on school property ...
- ◆ 1 in 6 (17.3%) used marijuana one or more times ...
- ◆ 1 in 10 (10.2%) binge drink on one or more days ...
- ◆ 1 in 4 (24.1%) drank alcohol on one or more days ...
- ◆ 1 in 4 (25.5%) used electronic vapor products on one or more days ...
- ◆ 1 in 10 (10.7%) smoked cigarettes on one or more days ...

**Figure 3** shows that among White high school students, about:

- ◆ 1 in 4 (24.3%) was offered, given or sold illegal drugs on school property ...
- ◆ 1 in 6 (17.5%) used marijuana one or more times ...
- ◆ 1 in 6 (17.4%) binge drink on one or more days ...
- ◆ 1 in 3 (33.2%) drank alcohol on one or more days ...
- ◆ 1 in 4 (24.6%) used electronic vapor products on one or more days ...
- ◆ 1 in 8 (12.9%) smoked cigarettes on one or more days ...



**Gender**

**Figure 4**

Figure 4 shows that:

High school males were more likely than high school females to report that they:

- ◆ Were offered, sold, or given an illegal drug on school property in the past 12 months
- ◆ Binge drink
- ◆ Used electronic vapor products on one or more days in the past 30 days
- ◆ Smoked cigarettes on one or more days in the past 30 days

High school females were more likely than high school males to report that they:

- ◆ Had a drink of alcohol on at least one day in the past 30 days

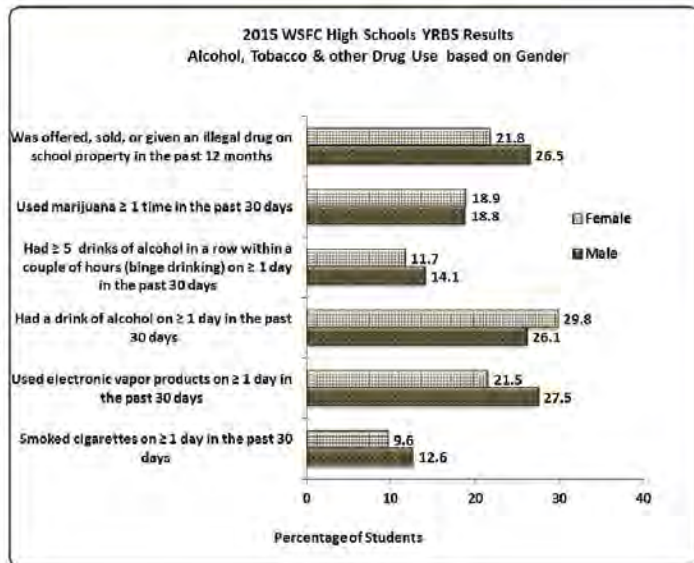
**High school males and females were equally likely to report that they had used marijuana on one or more days in the past 30 days.**

Figure 4 shows that among female high school students, about:

- ◆ 1 in 5 (21.8%) was offered, given or sold illegal drugs on school property in the past 12 months
- ◆ 1 in 5 (18.9%) used marijuana one or more times in the past 30 days
- ◆ 1 in 9 (11.7%) binge drink on one or more days in the past 30 days
- ◆ 1 in 3 (29.8%) drank alcohol on one or more days in the past 30 days
- ◆ 1 in 5 (21.5%) used electronic vapor products on one or more days in the past 30 days
- ◆ 1 in 10 (9.6%) smoked cigarettes on one or more days in the past 30 days

Figure 4 shows that among male high school students, about:

- ◆ 1 in 4 (26.5%) was offered, given or sold illegal drugs on school property in the past 12 months
- ◆ 1 in 5 (18.8%) used marijuana one or more times in the past 30 days
- ◆ 1 in 7 (14.1%) binge drink on one or more days in the past 30 days
- ◆ 1 in 4 (26.1%) drank alcohol on one or more days in the past 30 days
- ◆ 1 in 4 (27.5%) used electronic vapor products on one or more days in the past 30 days
- ◆ 1 in 8 (12.6%) smoked a cigarette on one or more days in the past 30 days



Personal Safety

Based on the 2015 WSFC High School YRBS responses, most personal safety risk behaviors were found to be negatively associated with academic achievement. For example, analysis of the 2015 YRBS results showed that 15% of students who earned mostly A's, 15% who earned mostly B's, 19% who earned mostly C's and 27% who earned mostly D/F's rode in a car driven by someone who had been drinking alcohol on one or more days in the past 30 days (Appendix A).

Figure 5

Figure 5 shows that in 2015, almost:

- ◆ 4 out of 5 (78.6%) WSFC high school students who rode bicycles reported that they never or rarely wore a helmet when riding their bicycle
- ◆ 1 in 3 (35.4%) high school students who drove cars in the past 30 days reported that they had texted and/or emailed while driving one or more times
- ◆ 1 in 6 (17.0%) reported that they rode in a car driven by someone who had been drinking alcohol on one or more days in the past 30 days

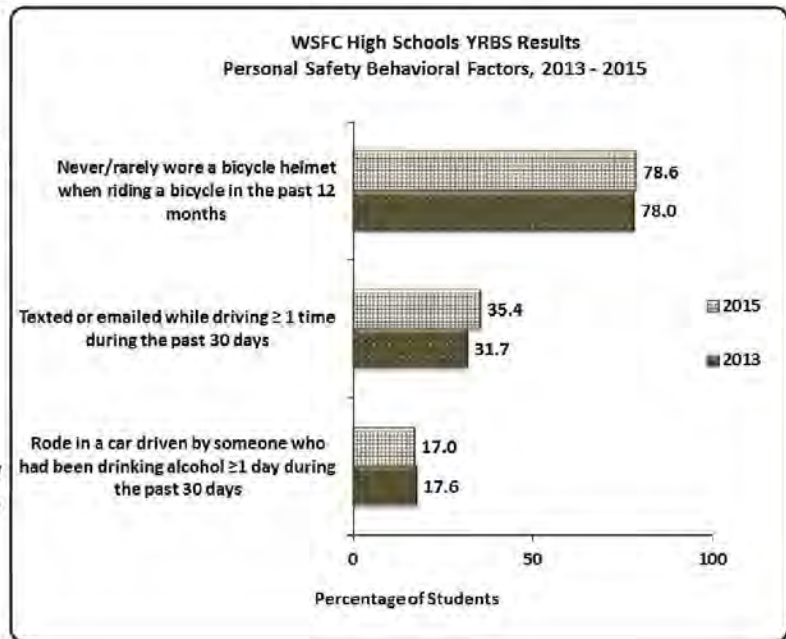


Figure 5 also compares the trend in the prevalence rates of personal safety risk behaviors among WSFC high school students between 2013 and 2015. Based on the results:

- ◆ The percentage for students who never/rarely wore a helmet when riding a bicycle in the 12 months remained relatively unchanged between 2013 and 2015.
- ◆ The prevalence rate for texting/emailing while driving on one or more days in the past 30 days increased by 11.7% between 2013 and 2015.
- ◆ Between 2013 and 2015, the prevalence rate decreased by 3.4% for high school students who rode in a car driven by someone who had been drinking alcohol on one or more days during the 30 days.

**Age Groups**

**Figure 6**

Figure 6 shows that high school students age 16 – 17 years were:

- ◆ More likely than other age groups to report that they had never or rarely worn a bicycle helmet when riding a bicycle in the past 12 months
- ◆ Less likely than students in other age groups to report that they rode in a car driven by someone who had been drinking alcohol on one or more days during the past 30 days

Figure 6 also shows that high school students age 18 years and older were more likely than students in other age groups to text or email one or more times while driving during the past 30 days.

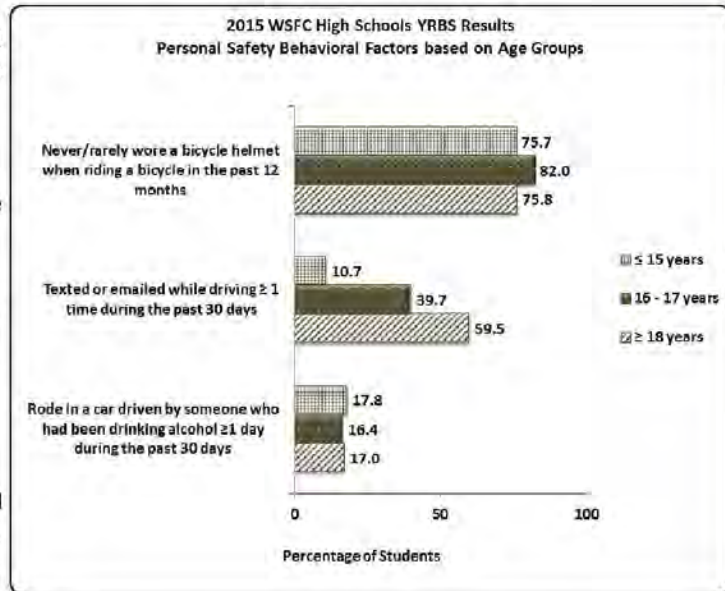


Figure 6 shows that among high school students age 15 and younger, about:

- ◆ 3 in 4 (75.7%) reported that they never or rarely wore a bicycle helmet when riding a bicycle in the past 12 months
- ◆ 1 in 10 (10.7%) texted and/or emailed while driving on one or more times in the past 30 days
- ◆ 1 in 6 (17.8%) reported that they rode in a car driven by someone who had been drinking alcohol on one or more days in the past 30 days

Figure 6 shows that among high school students ages 16 – 17 years, about:

- ◆ 4 in 5 (82.0%) reported that they never or rarely wore a bicycle helmet when riding a bicycle in the past 12 months
- ◆ 1 in 3 (39.7%) texted and/or emailed while driving on one or more times in the past 30 days
- ◆ 1 in 6 (16.40%) reported that they rode in a car driven by someone who had been drinking alcohol on one or more days in the past 30 days

Figure 6 shows that among high school students age 18 and older, about:

- ◆ 3 in 4 (75.8%) reported that they never or rarely wore a bicycle helmet when riding a bicycle in the past 12 months
- ◆ 3 out of 5 (59.5%) texted and/or emailed while driving on one or more times in the past 30 days .
- ◆ 1 in 6 (17.0%) reported that they rode in a car driven by someone who had been drinking alcohol on one or more days in the past 30 days



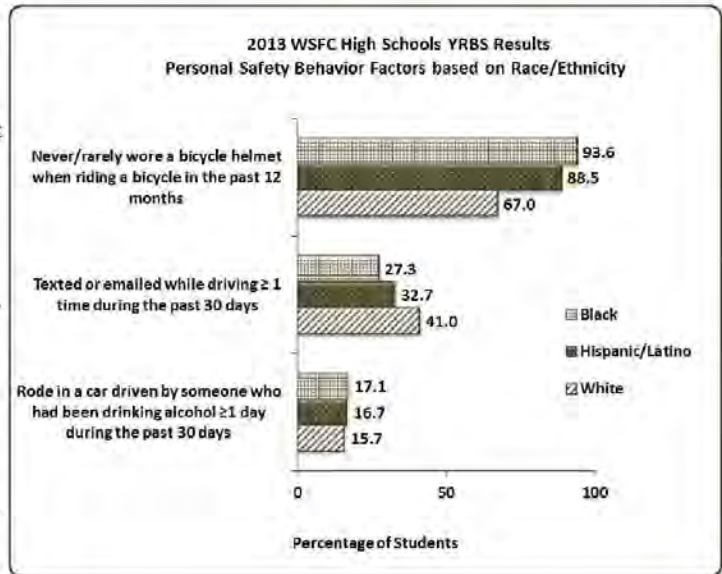
**Race/Ethnicity**

**Figure 7**

**Figure 7** shows that White high school students were less likely than Black or Hispanic/Latino high school students to report that they:

- ◆ Never or rarely wore a bicycle helmet when riding a bicycle
- ◆ Rode in a car driven by someone who had been drinking alcohol on one or more days during the past 30 days

**Figure 7** also shows that Black high school students were less likely than Hispanic/Latino or White students to report that they had *texted or emailed one or more times while driving in the past 30 days*.



Black high school students were more likely than other race/ethnicities to report that they *rode in a car driven by someone who had been drinking alcohol on one or more days during the 30 days*.

**Figure 7** shows that among Black high school students, about:

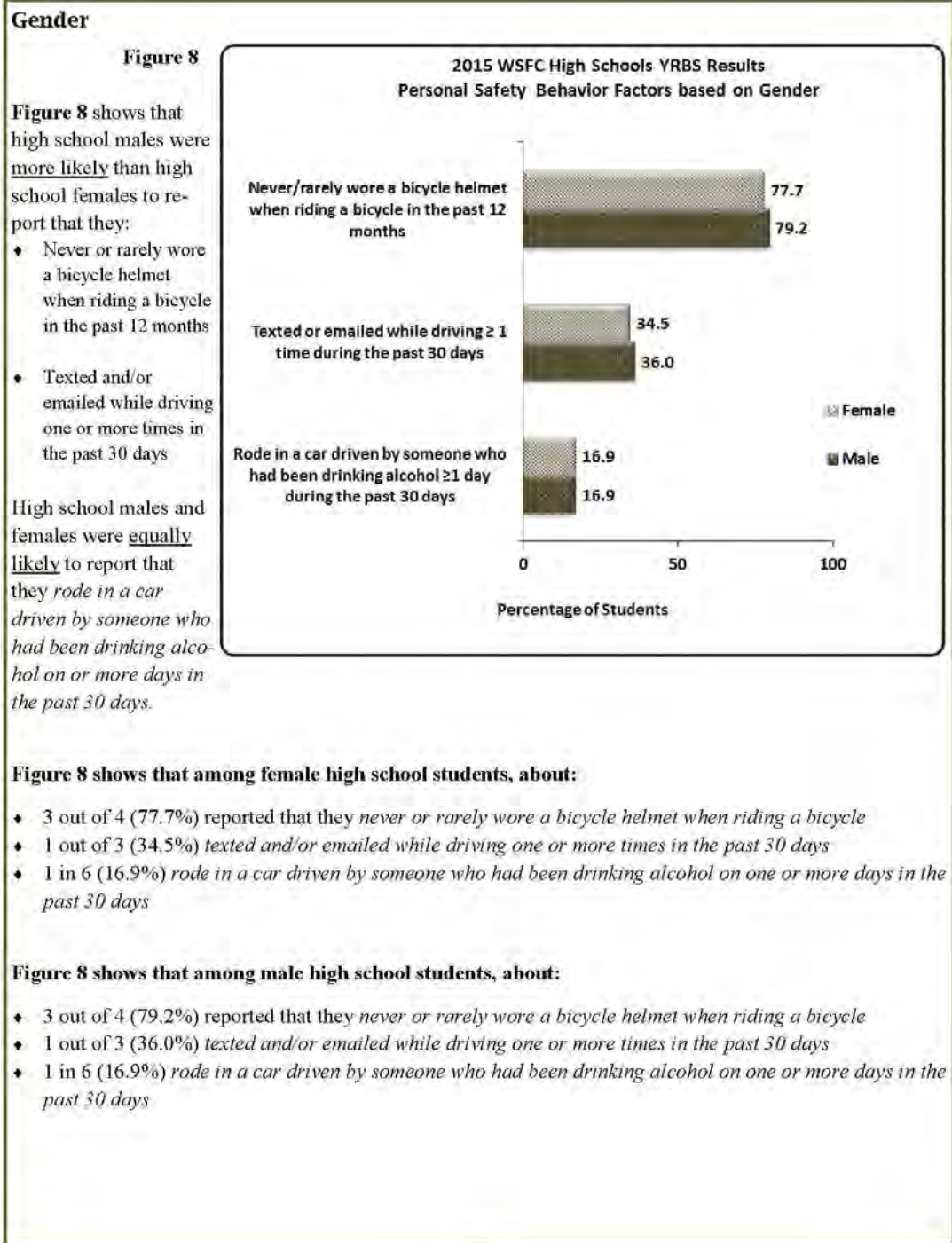
- ◆ 9 in 10 (93.6%) reported that they *never or rarely wore a bicycle helmet when riding a bicycle*
- ◆ 1 in 4 (27.3%) *texted and/or emailed one or more times while driving in the past 30 days*
- ◆ 1 in 6 (17.1%) *rode in a car driven by someone who had been drinking alcohol on one or more days during the past 30 days*

**Figure 7** shows that among Hispanic/Latino high school students, about:

- ◆ 9 in 10 (88.5%) reported that they *never or rarely wore a bicycle helmet when riding a bicycle*
- ◆ 1 in 3 (32.7%) *texted and/or emailed one or more times while driving in the past 30 days*
- ◆ 1 in 6 (16.7%) *rode in a car driven by someone who had been drinking alcohol on one or more days during the past 30 days*

**Figure 7** shows that among White high school students, about:

- ◆ 2 out of 3 (67.0%) reported that they *never or rarely wore a bicycle helmet when riding a bicycle*
- ◆ 2 out of 5 (41.0%) *texted and/or emailed one or more times while driving in the past 30 days*
- ◆ 1 out of 6 (15.7%) *rode in a car driven by someone who had been drinking alcohol on one or more days during the past 30 days*



### Violence-related Behaviors

Based on the 2015 WSFC High School YRBS responses, violence-related behaviors were found to be negatively associated with academic achievement (Appendix A). For example, **13%** of WSFC high school students who earned mostly A's, **17%** who earned mostly B's, **29%** who earned mostly C's and **35%** who earned mostly D/F's reported that they had *been in a physical fight on one or more times in the past 30 days* (Appendix A).

**Figure 9**

Figure 9 shows that in 2015, about:

- ◆ **1 in 20 (5.9%)** WSFC high school students reported that they had *skipped school for one or more days in the past 30 days because they felt unsafe*
- ◆ **1 in 8 (12.5%)** reported that they were *electronically bullied in the past 12 months*
- ◆ **1 in 6 (16.3%)** reported that they were *bullied on school property in the past 12 months*
- ◆ **1 in 10 (9.3%)** reported that their *boyfriend or girlfriend had deliberately physically hurt them one or more times during the past 12 months*
- ◆ **1 in 5 (19.0%)** high school students had *been in a physical fight one or more times during the past 30 days*
- ◆ **1 in 6 (15.5%)** reported that they had *carried a weapon, such as a gun, knife, or club on one or more days during the past 30 days*

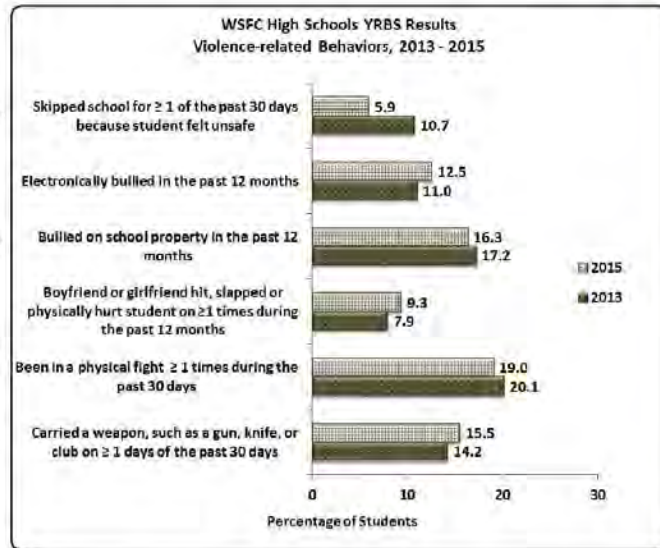


Figure 9 also compares the trend in the prevalence rates of violent-related behaviors among WSFC high school students between 2013 and 2015. Based on the results:

- ◆ There was a **44.9% decrease** in the prevalence rate for high school students who *skipped school on one or more days of the past 30 days because he or she felt unsafe at school or to and from school*.
- ◆ The prevalence rate for high school students who reported that they were *electronically bullied in the past 12 months* **increased by 13.6%** from 2013 to 2015.
- ◆ The prevalence rate for high school students who reported that they were *bullied on school property during the past 12 months* **decreased by 5.2%** between 2013 and 2015.
- ◆ There was an **17.7% increase** in the prevalence rate for high school students whose *boyfriend or girlfriend hit, slapped or physically hurt them in other ways on one or more times during the past 12 months*.
- ◆ Between 2013 and 2015, the prevalence rate **decreased by 5.5%** for high school students who *had been in a physical fight on one or more times during the past 30 days*.
- ◆ There was a **9.2% increase** in the prevalence rate for high school students who *carried a weapon, such as a gun, knife, or club on one or more days during the past 30 days*.



**Age Groups**

**Figure 10**

Figure 10 shows that High school students who were age 15 and younger were more likely than students of other age groups to report that they had:

- ◆ Skipped school on one or more days of the past 30 days because he or she felt unsafe at school or to and from school
- ◆ Been electronically bullied in the past 12 months
- ◆ Been bullied on school property in the past 12 months
- ◆ Been in a physical fight on one or more times during the past 30 days

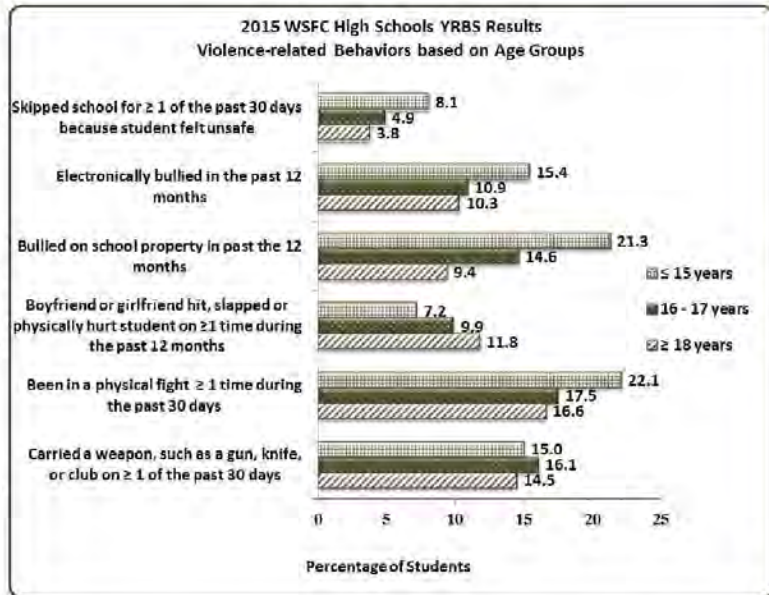


Figure 10 shows that among high school students age 15 and younger, about:

- ◆ 1 in 12 (8.1%) skipped school on one or more days of the past 30 days because he or she felt unsafe at school or to and from school
- ◆ 1 in 6 (15.4%) had been electronically bullied in the past 12 months
- ◆ 1 in 5 (21.3%) had been bullied on school property in the past 12 months
- ◆ 1 in 14 (7.2%) boyfriend or girlfriend hit, slapped or physically hurt them in other ways on one or more times during the past 12 months
- ◆ 1 in 5 (22.1%) had been in been in a physical fight on one or more times during the past 30 days
- ◆ 1 in 7 (15.0%) carried a weapon, such as a gun, knife, or club on one or more of the past 30 days

Figure 10 shows that among high school students age 16 - 17 years, about:

- ◆ 1 in 20 (4.9%) skipped school on one or more days of the past 30 days because he or she felt unsafe at school or to and from school
- ◆ 1 in 10 (10.9%) had been electronically bullied in the past 12 months
- ◆ 1 in 7 (14.6%) had been bullied on school property in the past 12 months
- ◆ 1 in 10 (9.9%) boyfriend or girlfriend hit, slapped or physically hurt them in other ways on one or more times during the past 12 months
- ◆ 1 in 6 (17.5%) had been in been in a physical fight on one or more times during the past 30 days
- ◆ 1 in 6 (16.1%) carried a weapon, such as a gun, knife, or club on one or more of the past 30 days

◆ Figure 10 shows that among high school students who age 18 and over, about:

- ◆ 1 in 25 (3.8%) skipped school on one or more days of the past 30 days because he or she felt unsafe at school or to and from school
- ◆ 1 in 10 (10.3%) had been electronically bullied in the past 12 months
- ◆ 1 in 11 (9.4%) had been bullied on school property in the past 12 months
- ◆ 1 in 8 (11.8%) reported that his or her boyfriend or girlfriend hit, slapped or physically hurt them in other ways on one or more times during the past 12 months
- ◆ 1 in 6 (16.6%) had been in been in a physical fight on one or more times during the past 30 days
- ◆ 1 in 7 (14.5%) carried a weapon, such as a gun, knife, or club on one or more of the past 30 days



**Race/Ethnicity**

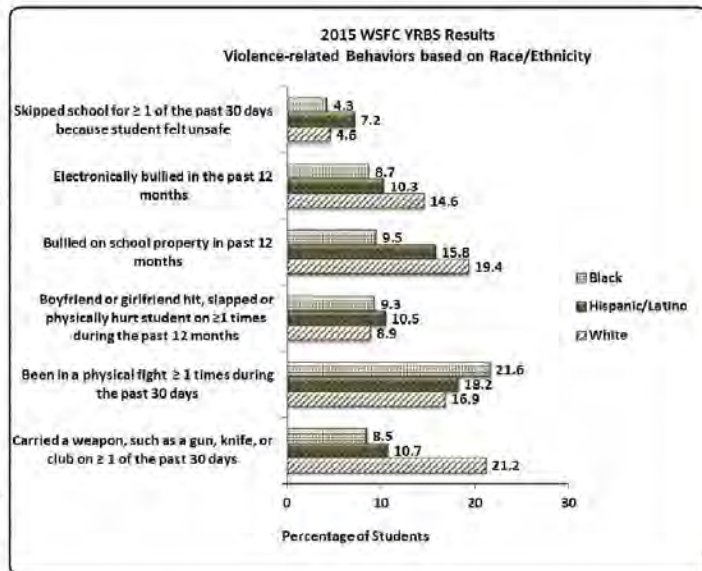
**Figure 11**

Figure 11 shows that Hispanic/Latino high school students were more likely than other race/ethnicities to report that:

- ◆ They had skipped school on one or more days of the past 30 days because they felt unsafe at school or to and from school
- ◆ Their boyfriend or girlfriend hit, slapped or physically hurt them in other ways on one or more times during the past 12 months

White high school students were more likely than other race/ethnicities to report that:

- ◆ They were electronically bullied in the past 12 months
- ◆ Had been bullied on school property in the past 12 months
- ◆ They had carried a weapon, such as a gun, knife, or club on one or more of the past 30 days



Black high school students were more likely than other race/ethnicities to report that they had been in a physical fight on one or more times during the past 30 days.

Figure 11 shows that among Black high school students, about:

- ◆ 1 in 25 (4.3%) skipped school on one or more days of the past 30 days because he or she felt unsafe at school or to and from school
- ◆ 1 in 11 (8.7%) had been electronically bullied in the past 12 months
- ◆ 1 in 11 (9.5%) had been bullied on school property in the past 12 months
- ◆ 1 in 11 (9.3%) boyfriend or girlfriend hit, slapped or physically hurt them in other ways on one or more times during the past 12 months
- ◆ 1 in 5 (21.6%) had been in been in a physical fight on one or more times during the past 30 days
- ◆ 1 in 12 (8.5%) carried a weapon, such as a gun, knife, or club on one or more of the past 30 days

Figure 11 shows that among Hispanic/Latino high school students, about:

- ◆ 1 in 14 (7.2%) skipped school on one or more days of the past 30 days because he or she felt unsafe at school or to and from school
- ◆ 1 in 10 (10.3%) had been electronically bullied in the past 12 months
- ◆ 1 in 6 (15.8%) had been bullied on school property in the past 12 months
- ◆ 1 in 10 (10.5%) boyfriend or girlfriend hit, slapped or physically hurt them in other ways on one or more times during the past 12 months
- ◆ 1 in 5 (18.2%) had been in been in a physical fight on one or more times during the past 30 days
- ◆ 1 in 10 (10.7%) carried a weapon, such as a gun, knife, or club on one or more of the past 30 days

Figure 11 shows that among White high school students, about:

- ◆ 1 in 20 (4.6%) skipped school on one or more days of the past 30 days because he or she felt unsafe at school or to and from school
- ◆ 1 in 7 (14.6%) had been electronically bullied in the past 12 months
- ◆ 1 in 5 (19.4%) had been bullied on school property in the past 12 months
- ◆ 1 in 11 (8.9%) reported that his or her boyfriend or girlfriend hit, slapped or physically hurt them in other ways on one or more times during the past 12 months
- ◆ 1 in 6 (16.9%) had been in been in a physical fight on one or more times during the past 30 days
- ◆ 1 in 5 (21.2%) carried a weapon, such as a gun, knife, or club on one or more of the past 30 days

**Gender**

**Figure 12**

**Figure 12** shows that high school females were more likely than high school males to report that they had:

- ◆ Skipped school on one or more days of the past 30 days because they felt unsafe at school or to and from school
- ◆ Been bullied on school property in the past 12 months
- ◆ Been electronically bullied in the past 12 months
- ◆ Been hit, slapped or physically hurt by their boyfriend or girlfriend in other ways on one or more times during the past 12 months

**High school males** were more likely than high school females to have:

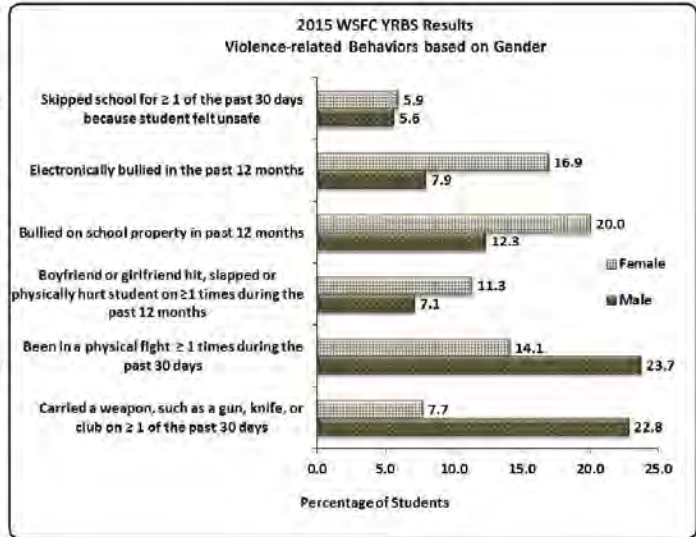
- ◆ Been in a physical fight one or more times during the past 30 days
- ◆ Carried a weapon, such as a gun, knife, or club on one or more of the past 30 days

**Figure 12** shows that among female high school students, about:

- ◆ 1 in 17 (5.9%) skipped school on one or more of the past 30 days because he or she felt unsafe at school or to and from school
- ◆ 1 in 6 (16.9%) had been electronically bullied in the past 12 months
- ◆ 1 in 5 (20.0%) had been bullied on school property in the past 12 months
- ◆ 1 in 9 (11.3%) boyfriend or girlfriend hit, slapped or physically hurt them in other ways on one or more times during the past 12 months
- ◆ 1 in 7 (14.1%) had been in a physical fight on one or more times during the past 30 days
- ◆ 1 in 13 (7.7%) carried a weapon, such as a gun, knife, or club on one or more of the past 30 days

**Figure 12** shows that among male high school students, about:

- ◆ 1 in 18 (5.6%) skipped school on one or more of the past 30 days because he or she felt unsafe at school or to and from school
- ◆ 1 in 13 (7.9%) had been electronically bullied in the past 12 months
- ◆ 1 in 8 (12.3%) had been bullied on school property in the past 12 months
- ◆ 1 in 14 (7.1%) boyfriend or girlfriend hit, slapped or physically hurt them in other ways on one or more times during the past 12 months
- ◆ 1 in 4 (23.7%) had been in a physical fight on one or more times during the past 30 days
- ◆ 1 in 4 (22.8%) carried a weapon, such as a gun, knife, or club on one or more of the past 30 days





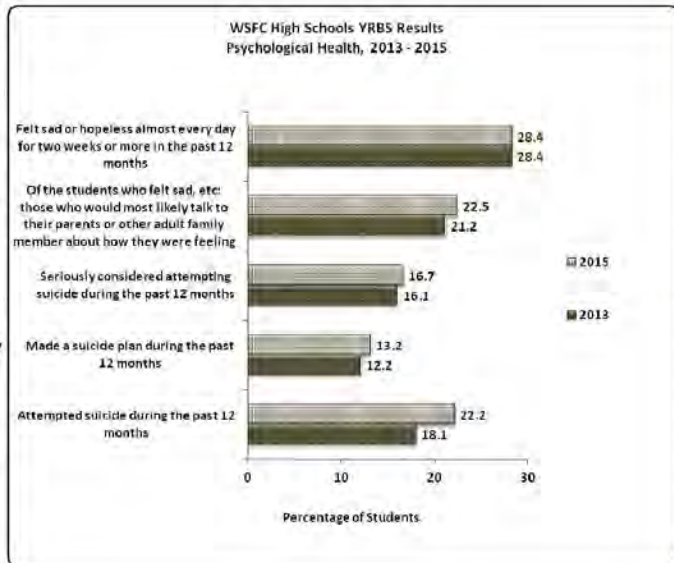
### Psychological Health

Based on the 2015 WSFC High School YRBS responses, psychological health risks were found to be negatively associated with academic achievement (Appendix A). For example, analysis of the 2015 YRBS results showed, **23%** of WSFC high school students who earned mostly A's, **27%** who earned mostly B's, **35%** who earned mostly C's, and **43%** who earned mostly D/F's *felt sad or hopeless almost every day for two weeks or more in a row during the past 12 months which stopped them from doing some of their usual activities* (Appendix A).

**Figure 13**

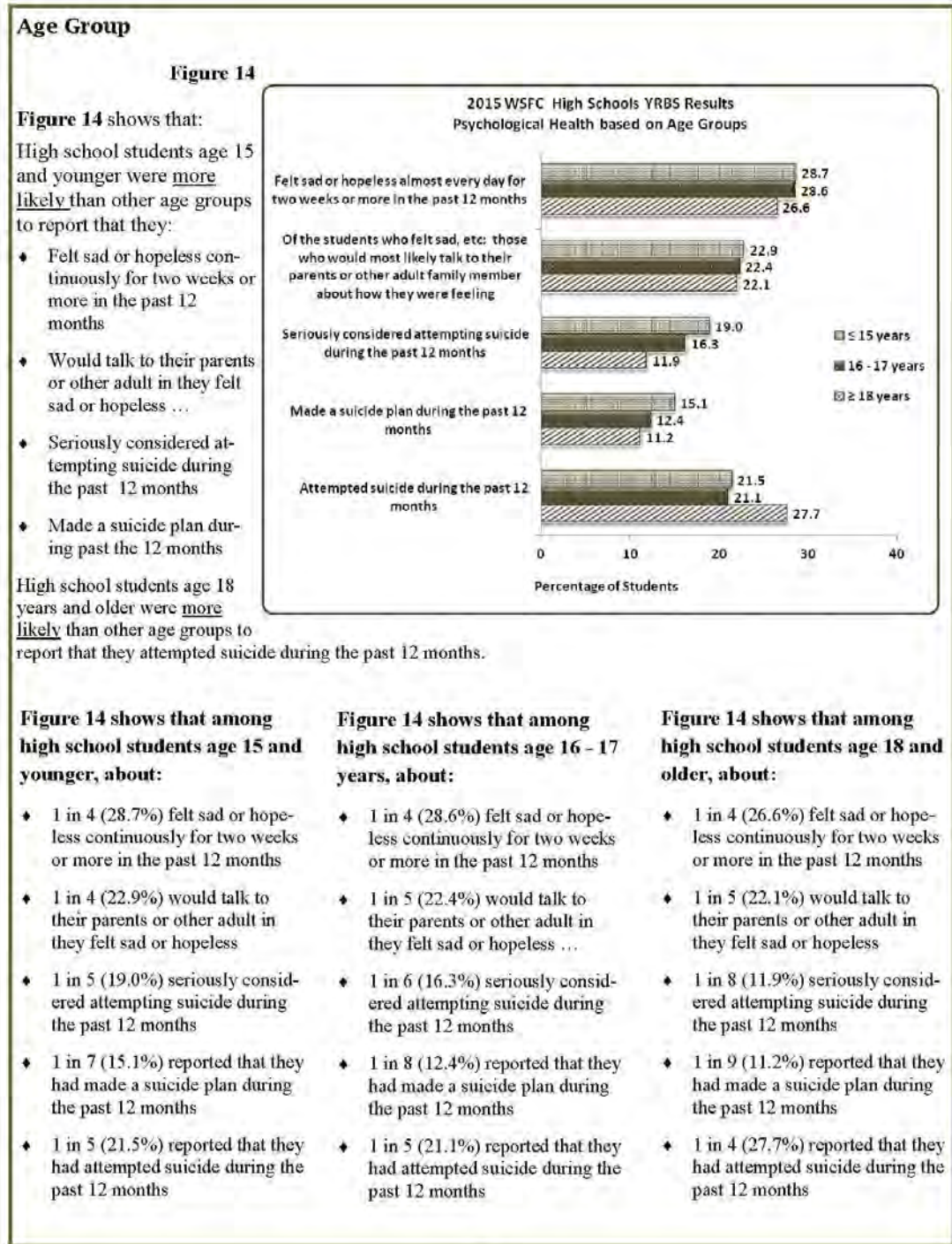
**Figure 13** shows that in 2015, about:

- ◆ **1 in 4 (28.4%)** WSFC high school students reported that they *felt sad or hopeless continuously for two weeks or more in the past 12 months*
- ◆ **1 in 5 (22.5%)** of the students who felt sad or hopeless ... reported that they would talk to their parents or other adult family member about how they felt
- ◆ **1 in 6 (16.7%)** reported that they had seriously considered suicide in the past 12 months
- ◆ **1 in 8 (13.2%)** reported that they had made a suicide plan in the past 12 months
- ◆ **1 in 5 (22.2%)** reported that they had attempted suicide during the past 12 months



**Figure 13** also compares the trend in prevalence rates for psychological health factors among WSFC high school students . Based on the results:

- ◆ There was **no change** in the prevalence rate for high school students who *felt sad or hopeless continuously for two weeks or more in the past 12 months*.
- ◆ There was a **6.1 % increase** in the prevalence rate for high school students who *reported that they would talk to their parents or other adult in they felt sad or hopeless ...*
- ◆ The prevalence rate for *seriously considered attempting suicide during the past 12 months* **increased by 3.7%** between 2013 and 2015.
- ◆ There was an **8.2% increase** in the prevalence rate for high school students who *made a suicide plan during the past 12 months*.
- ◆ Between 2013 and 2015, the prevalence rate **increased by 22.7%** for high school students who *attempted suicide during the past 12 months*.





**Race/Ethnicity**

**Figure 15**

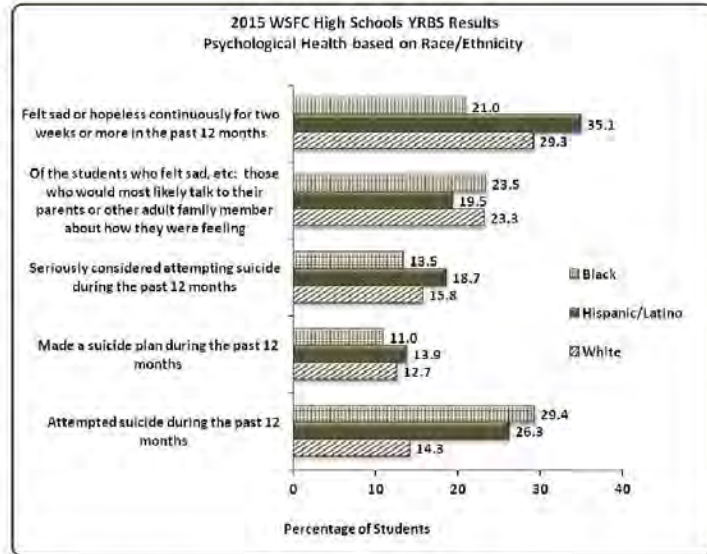
**Figure 15** shows that in 2015, Hispanic/Latino high school students were more likely than Black or White high school students to report that they:

- ◆ Had felt sad or hopeless continuously for two weeks or more in the past 12 months
- ◆ Seriously considered attempting suicide in the past 12 months
- ◆ Made a suicide plan in the past 12 months

Black and White high school students were more likely than Hispanic/Latino students to report that if they felt sad or hopeless continuously for two weeks or more ...

..., they would speak to their parents or other adult family member about how they were feeling.

Based on the survey responses, Black high school students were more likely than White or Hispanic/Latino high school students to report that they had attempted suicide in the past 12 months.



**Figure 15** shows that among Black high school students, about:

- ◆ 1 in 5 (21.0%) felt sad or hopeless continuously for two weeks or more in the past 12 months
- ◆ 1 in 4 (23.5%) would talk to their parents or other adult in they felt sad or hopeless ...
- ◆ 1 in 7 (13.5%) seriously considered attempting suicide during the past 12 months
- ◆ 1 in 9 (11.0%) reported that they had made a suicide plan during the past 12 months
- ◆ 1 in 3 (29.4%) reported that they had attempted suicide during the past 12 months

**Figure 15** shows that among Hispanic/Latino high school students, about:

- ◆ 1 in 3 (35.1%) felt sad or hopeless continuously for two weeks or more in the past 12 months
- ◆ 1 in 5 (19.5%) would talk to their parents or other adult in they felt sad or hopeless ...
- ◆ 1 in 5 (18.7%) seriously considered attempting suicide during the past 12 months
- ◆ 1 in 7 (13.9%) reported that they had made a suicide plan during the past 12 months
- ◆ 1 in 4 (26.3%) reported that they had attempted suicide during the past 12 months

**Figure 15** shows that among White high school students, about:

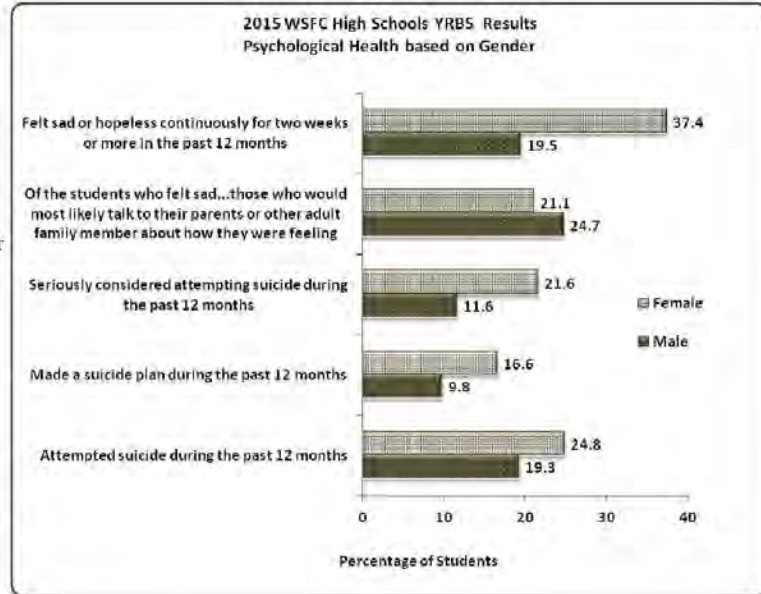
- ◆ 1 in 3 (29.3%) felt sad or hopeless continuously for two weeks or more in the past 12 months
- ◆ 1 in 4 (23.3%) would talk to their parents or other adult in they felt sad or hopeless ...
- ◆ 1 in 6 (15.8%) seriously considered attempting suicide during the past 12 months
- ◆ 1 in 8 (12.7%) reported that they had made a suicide plan during the past 12 months
- ◆ 1 in 7 (14.3%) reported that they had attempted suicide during the past 12 months

**Gender**

**Figure 16**

**Figure 16** shows that in 2015, WSFC high school females were more likely than males to report that they had:

- ◆ Felt sad or hopeless continuously for two weeks or more during the past 12 months
- ◆ Seriously considered attempting suicide during the past 12 months
- ◆ Made a suicide plan during the past 12 months
- ◆ Attempted suicide during the past 12 months



**Figure 16 shows that among females, about:**

- ◆ 1 in 3 (37.4%) felt sad or hopeless continuously for two weeks or more in the 12 months
- ◆ 1 in 5 (21.1%) of those who felt sad or hopeless continuously ... would talk to their parents or other adult family member
- ◆ 1 in 5 (21.6%) seriously considered attempting suicide during the past 12 months
- ◆ 1 in 6 (16.6%) reported that they had made a suicide plan during the past 12 months
- ◆ 1 in 4 (24.8%) reported that they had attempted suicide during the past 12 months

**Figure 16 shows that among males, about:**

- ◆ 1 in 5 (19.5%) felt sad or hopeless continuously for two weeks or more in the 12 months
- ◆ 1 in 4 (24.7%) of those who felt sad or hopeless continuously ... would talk to their parents or other adult family member
- ◆ 1 in 9 (11.6%) seriously considered attempting suicide during the past 12 months
- ◆ 1 in 10 (9.8%) reported that they had made a suicide plan during the past 12 months
- ◆ 1 in 5 (19.3%) reported that they had attempted suicide during the past 12 months



### Sexual Risk Behavior

Based on the 2015 WSFC High School YRBS responses, some sexual risk behaviors were negatively associated with academic achievement (Appendix A). For example, analysis of the 2015 YRBS results showed that about 17% of WSFC high school students who earned mostly A's, 27% who earned mostly B's, 34% who earned mostly C's, and 43% who earned mostly D/F's had sexual intercourse with one or more persons in the past 3 months (Appendix A).

**Figure 17**

Figure 17 shows that in 2015, about:

- ◆ 1 in 4 (25.6%) WSFC high school students who were sexually active reported that they had had sex with one or more persons in the past 3 months
- ◆ 1 in every 2 (53.5%) reported that they had used a condom the last time that they had sexual intercourse
- ◆ 1 in 6 (17.7%) reported that they had drunk alcohol or used drugs before the last time that they had sexual intercourse
- ◆ 1 in 9 (11.7%) reported that their last sexual intercourse was with someone who was 3 years or more older than themselves

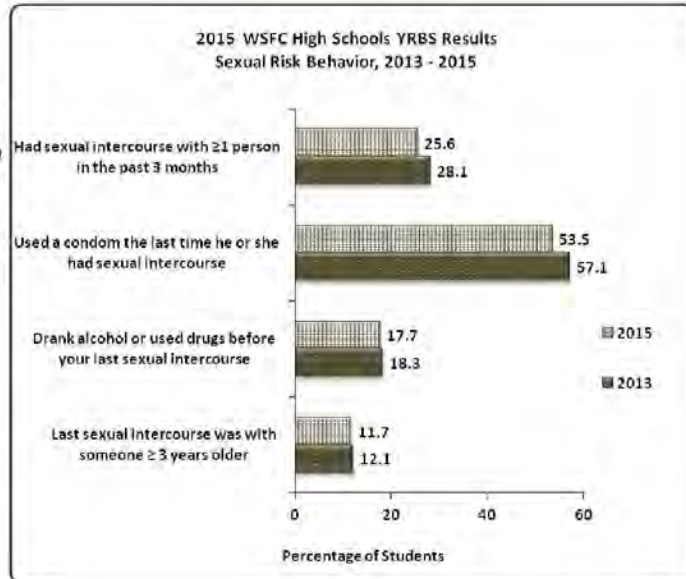
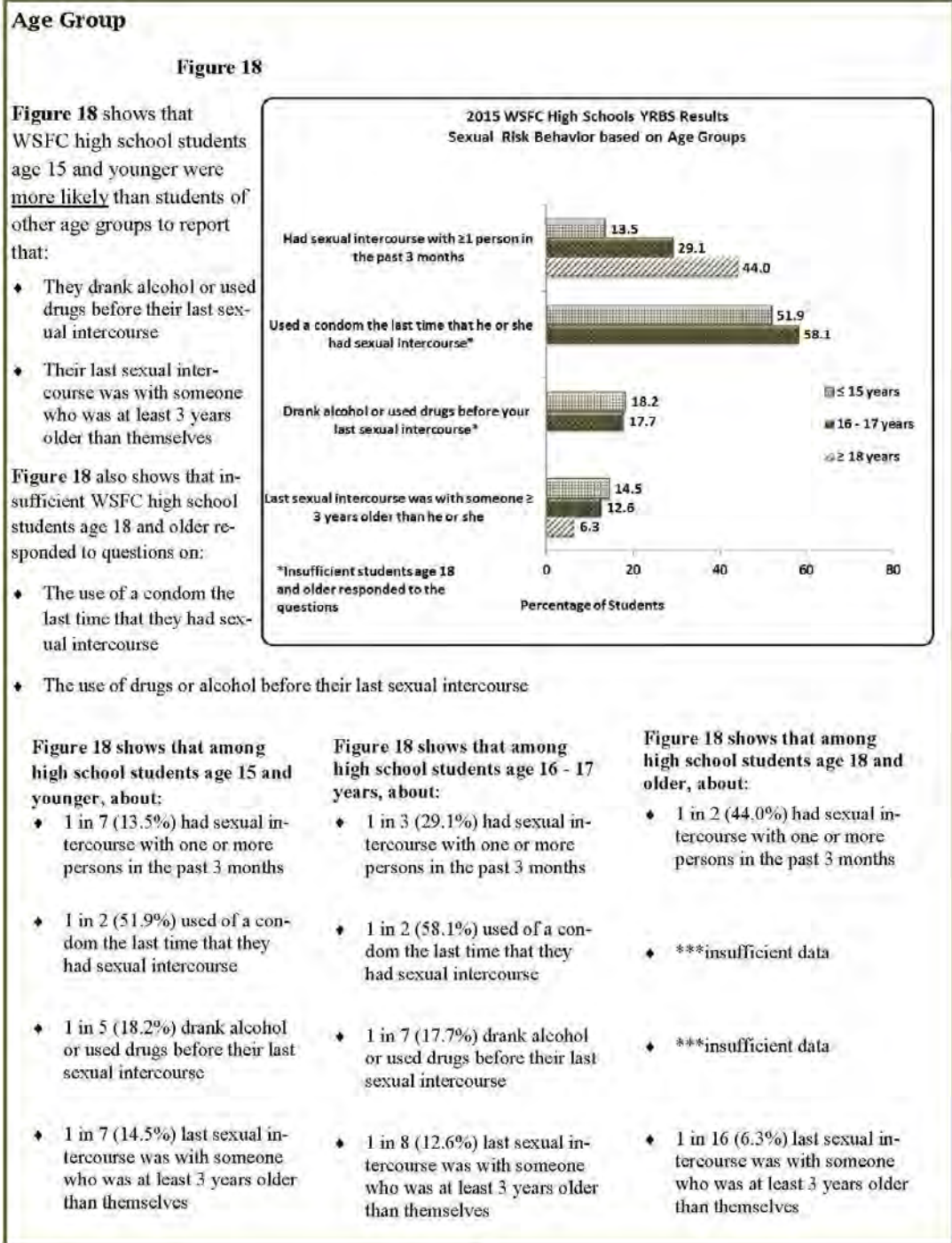


Figure 17 also compares the trend in the prevalence rates of sexual behavioral risks among WSFC high school students between 2013 and 2015. Based on the results:

- ◆ There was a 8.9% decrease in the prevalence rate for high school students who had sexual intercourse with one or more persons in the past 3 months before the survey.
- ◆ The prevalence rate for those who used a condom the last time he or she had sexual intercourse decreased by 6.3% between 2013 and 2015.
- ◆ Between 2013 and 2015, there was a 3.3% decrease in the prevalence rate of high school students who drank alcohol or used drugs before having sexual intercourse the last time.
- ◆ The prevalence rate decreased by 3.3% for high school students who last had sexual intercourse with someone who was 3 or more years older than themselves.



**Race/Ethnicity**

**Figure 19**

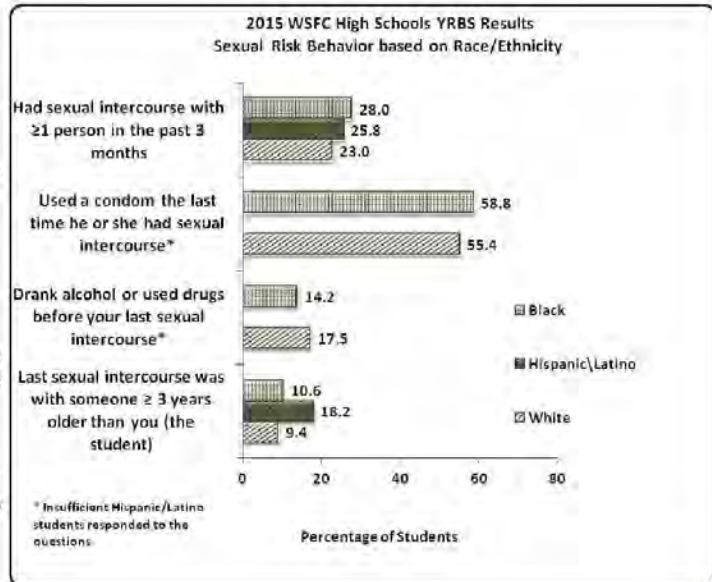
**Figure 19** shows that White high school students were less likely than other race/ethnicities to report that they:

- ◆ They had sexual intercourse with one or more person in the 3 months
- ◆ They used a condom the last time that they had sexual intercourse
- ◆ Their last sexual intercourse was with someone who was at least 3 years older than themselves

**Figure 19** also shows that insufficient Hispanic/Latino high school students responded to questions on:

- ◆ The use of a condom the last time that they had sexual intercourse

- ◆ Of those who are currently having sexual intercourse, the use of drugs or alcohol before their last sexual intercourse



**Figure 19** shows that among Black high school students, about:

- ◆ 1 in 4 (28.0%) reported that they had sexual intercourse with one or more person in the 3 months
- ◆ 1 in 2 (58.8%) used of a condom the last time that they had sexual intercourse ...
- ◆ 1 in 7 (14.2%) drank alcohol or used drugs before their last sexual intercourse
- ◆ 1 in 10 (10.6%) last sexual intercourse was with someone who was at least 3 years older than themselves

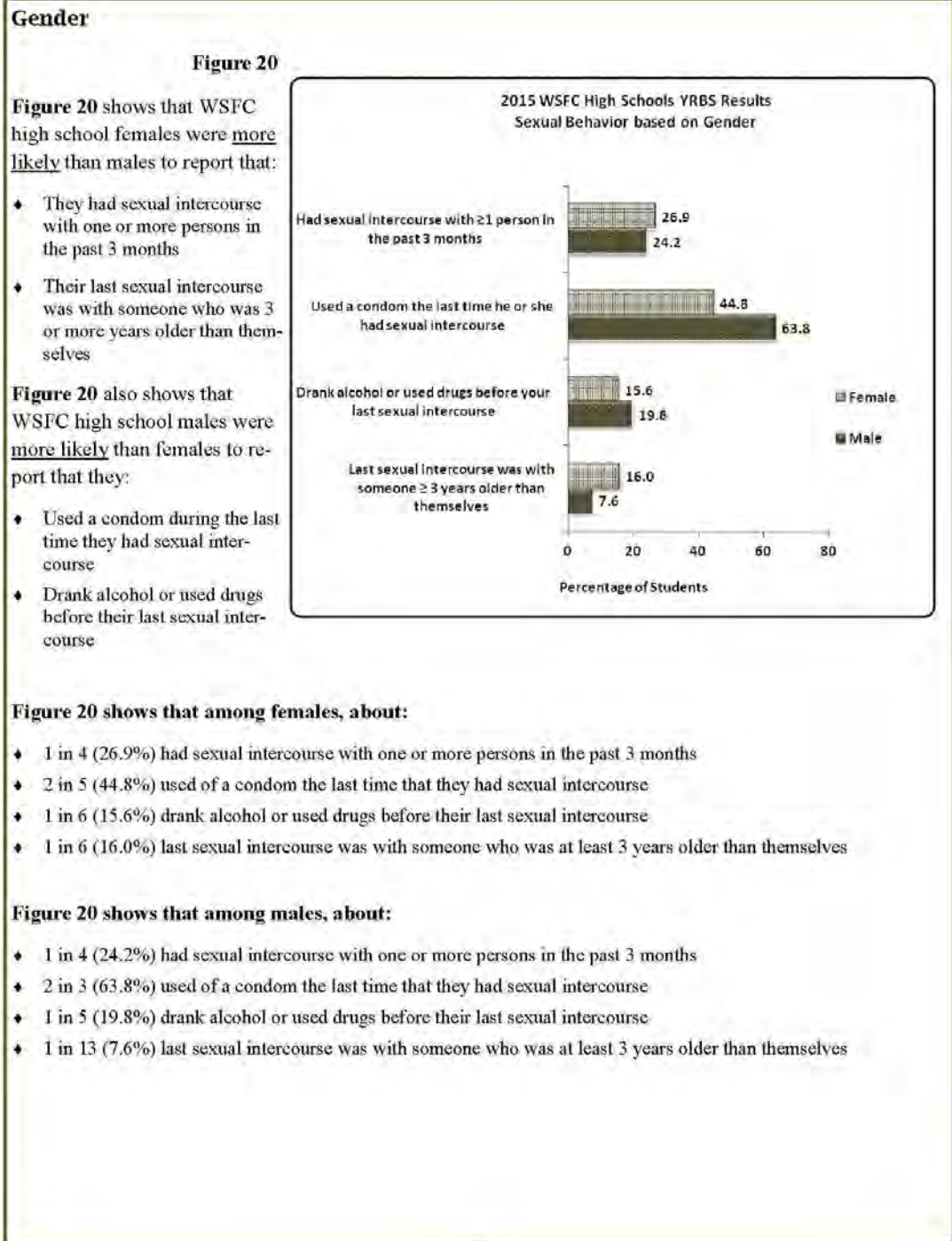
**Figure 19** shows that among Hispanic/Latino high school students, about:

- ◆ 1 in 4 (25.8%) reported that they had sexual intercourse with one or more person in the 3 months before the survey
- ◆ \* \*\*insufficient data
- ◆ \*\*\*insufficient data
- ◆ 1 in 5 (18.2%) last sexual intercourse was with someone who was at least 3 years older than themselves

**Figure 19** shows that among White high school students, about:

- ◆ 1 in 4 (23.0%) reported that they had sexual intercourse with one or more person in the 3 months before the survey
- ◆ 1 in 2 (55.4%) used of a condom the last time that they had sexual intercourse ...
- ◆ 1 in 6 (17.5%) drank alcohol or used drugs before their last sexual intercourse
- ◆ 1 in 11 (9.4%) last sexual intercourse was with someone who was at least 3 years older than themselves





### Weight Management

Based on the 2015 WSFC High School YRBS responses, perception of body weight may be negatively associated with academic achievement (Appendix A). For example, analysis of the 2015 YRBS results showed that about **12%** of WSFC high school students who earned mostly A's, **12%** who earned mostly B's, **20%** who earned mostly C's, and **28%** who earned mostly D/F's were obese ( $\geq$  95th percentile for BMI, by age and sex) (Appendix A).

Figure 21

Figure 21 shows that in 2015, about:

- ◆ **1 in 7 (14.3%)** WSFC high school students were obese ( $\geq$  95th percentile for BMI, by age and sex)
- ◆ **1 in 6 (16.7%)** WSFC high school students were overweight
- ◆ **2 in 5 (43.9%)** were trying to lose weight
- ◆ **1 in 3 (39.5%)** reported that they ate less food, fewer calories, or foods low in fat to lose or keep from gaining weight during past the 30 days
- ◆ **2 out of 3 (64.7%)** high school students reported that they exercised to lose or keep from gaining weight during the past 30 days

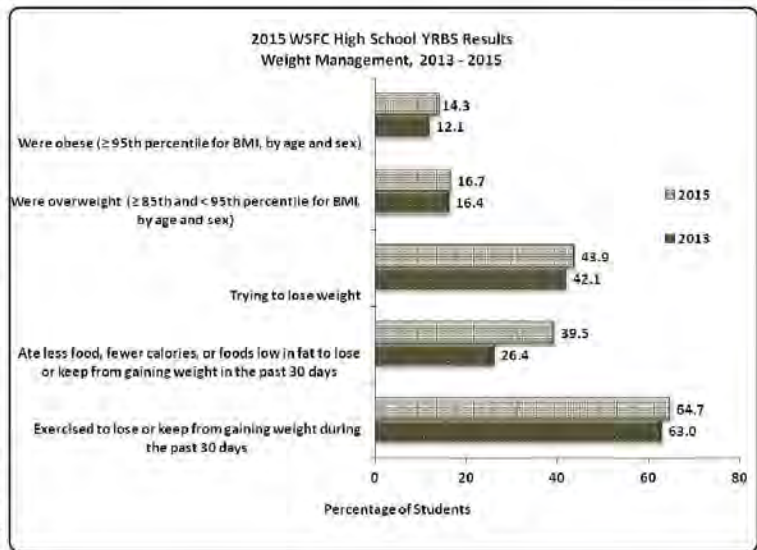


Figure 21 also compares the trend in the prevalence rates for weight and weight management practices among WSFC high school students between 2013 and 2015. Based on the results:

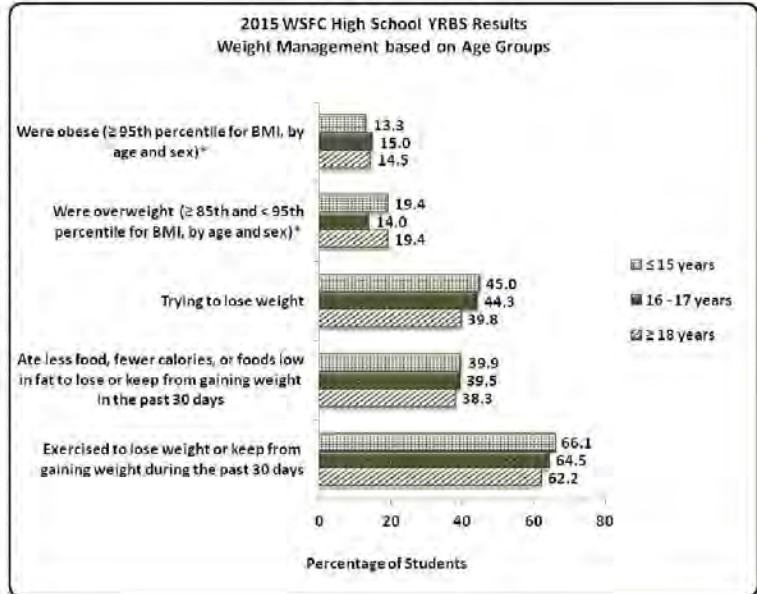
- ◆ There was an **18.2% increase** in the prevalence rate for high school students who were obese.
- ◆ There was a **1.8% increase** in the prevalence rate for high school students who were overweight.
- ◆ There was a **4.3% increase** in the prevalence rate for high school students who were trying to lose weight.
- ◆ Between 2013 and 2015, there was a **49.6% increase** in the prevalence rate for high school students who ate less food, fewer calories, or foods low in fat to lose or keep from gaining weight during the 30 days.
- ◆ The prevalence rate for those who exercised to lose or keep from gaining weight during the past 30 days **increased by 2.7%** between 2013 and 2015.

**Age Groups**

**Figure 22**

**Figure 22** shows that WSFC high school students age 15 and younger were more likely than other age groups to report that they:

- ◆ Were trying to lose weight
- ◆ Ate less food, fewer calorie, or foods low in fat to lose or keep from gaining weight in the 30 days
- ◆ Exercised to lose weight or keep from gaining weight during the past 30 days



**Figure 22** shows that among high school students age 15 and younger, about:

- ◆ 1 in 8 (13.3%) were obese
- ◆ 1 in 5 (19.4%) were overweight
- ◆ 2 in 5 (45.0%) reported that they were trying to lose weight
- ◆ 1 in 3 (39.9%) reported that they ate less food, fewer calories, or foods low in fat to lose or keep from gaining weight during the past 30 days
- ◆ 2 in 3 (66.1%) reported that they exercised to lose or keep from gaining weight during the past 30 days

**Figure 22** shows that among high school students age 16 - 17 years, about:

- ◆ 1 in 7 (15.0%) were obese
- ◆ 1 in 7 (14.0%) were overweight
- ◆ 2 in 5 (44.3%) reported that they were trying to lose weight
- ◆ 1 in 3 (39.5%) reported that they ate less food, fewer calories, or foods low in fat to lose or keep from gaining weight during the past 30 days
- ◆ 2 in 3 (64.5%) reported that they exercised to lose or keep from gaining weight during the past 30 days

**Figure 22** shows that among high school students age 18 years and older, about:

- ◆ 1 in 7 (14.5%) were obese a
- ◆ 1 in 5 (19.4%) were overweight
- ◆ 1 in 3 (39.8%) reported that they were trying to lose weight
- ◆ 1 in 3 (38.3%) reported that they ate less food, fewer calories, or foods low in fat to lose or keep from gaining weight during the past 30 days
- ◆ 2 in 3 (62.2%) reported that they exercised to lose or keep from gaining weight during the past 30 days

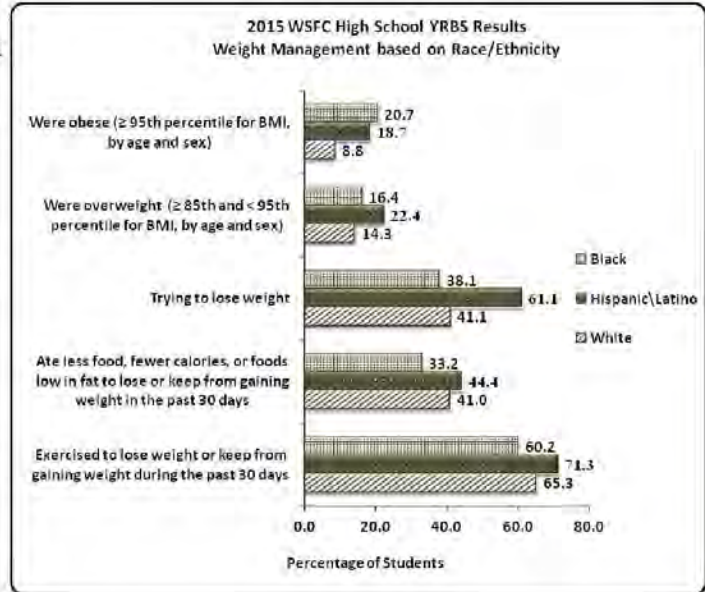


**Race/Ethnicity**

**Figure 23**

**Figure 23** shows that Black and Hispanic/Latino WSFC high school students were more likely than White high school students to be:

- ◆ Obese
  - ◆ Overweight
- Hispanic/Latino high school students were more likely than other race/ethnicities to report that they were:
- ◆ Trying to lose weight
  - ◆ Ate less food, fewer calories, or foods low in fat to lose or keep from gaining weight during the past 30 days
  - ◆ Exercised to lose or keep from gaining weight during the past 30 days



**Figure 23** shows that among Black high school students, about:

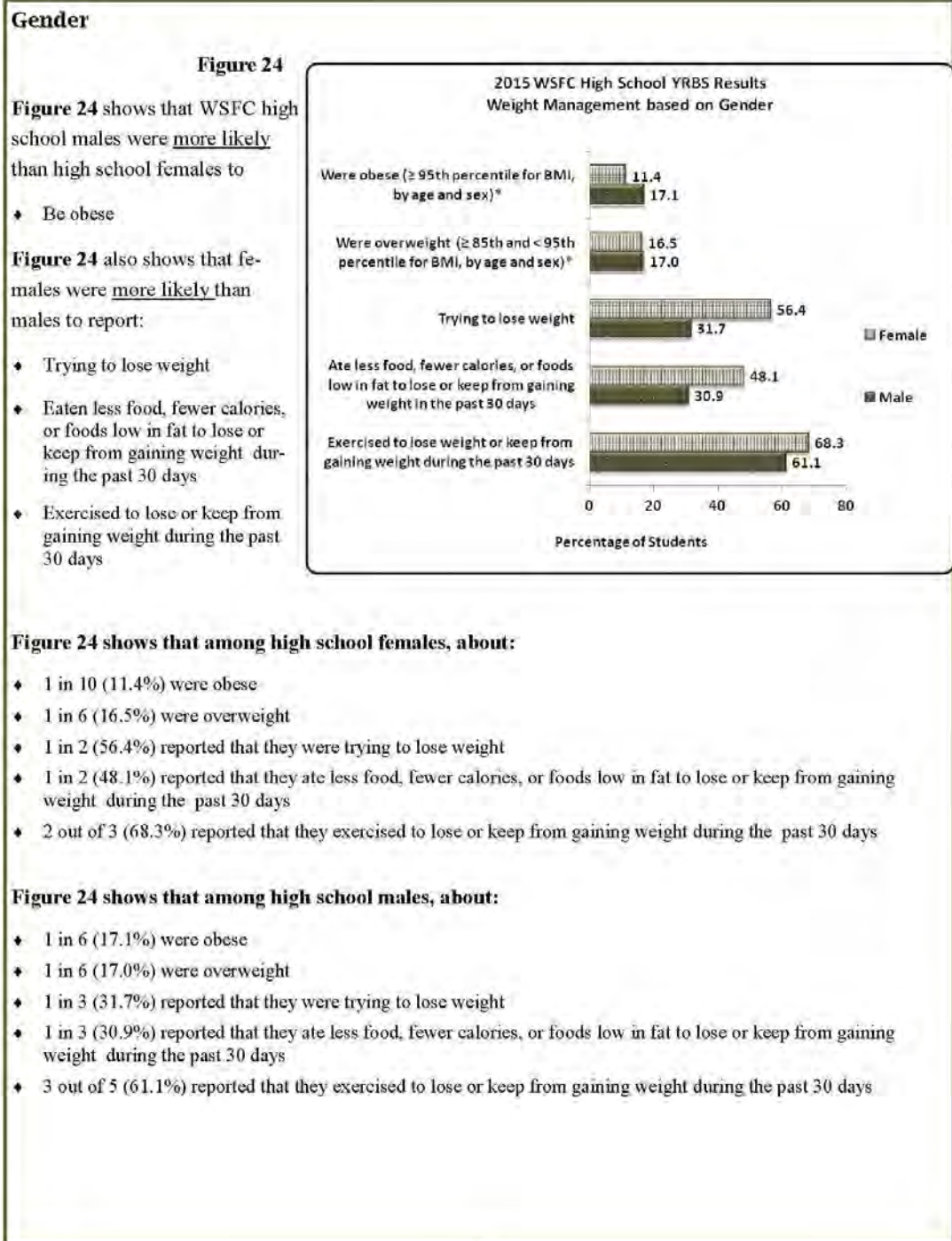
- ◆ 1 in 5 (20.7%) were obese
- ◆ 1 in 6 (16.4%) were overweight
- ◆ 1 in 3 (38.1%) reported that they were trying to lose weight
- ◆ 1 in 3 (33.2%) reported that they ate less food, fewer calories, or foods low in fat to lose or keep from gaining weight during the past 30 days
- ◆ 3 in 5 (60.2%) reported that they exercised to lose or keep from gaining weight during the past 30 days

**Figure 23** shows that among Hispanic/Latino high school students, about:

- ◆ 1 in 5 (18.7%) were obese
- ◆ 1 in 5 (22.4%) were overweight
- ◆ 3 in 5 (61.1%) reported that they were trying to lose weight
- ◆ 1 in 2 (44.4%) reported that they ate less food, fewer calories, or foods low in fat to lose or keep from gaining weight during the past 30 days
- ◆ 3 in 4 (71.3%) reported that they exercised to lose or keep from gaining weight during the past 30 days

**Figure 23** shows that among White high school students, about:

- ◆ 1 in 12 (8.8%) were obese
- ◆ 1 in 7 (14.3%) were overweight
- ◆ 2 out of 5 (41.1%) reported that they were trying to lose weight
- ◆ 2 out of 5 (41.0%) reported that they ate less food, fewer calories, or foods low in fat to lose or keep from gaining weight during the past 30 days
- ◆ 2 out of 3 (65.3%) reported that they exercised to lose or keep from gaining weight during the past 30 days



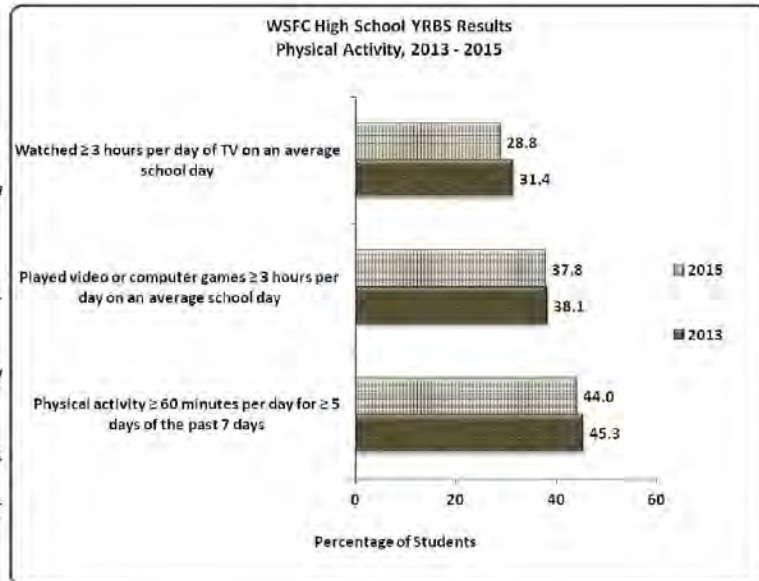
### Physical Activity

Based on the 2015 WSFC High School YRBS responses, physical activity may be positively associated with academic achievement (Appendix A). For example, analysis of the 2015 YRBS results showed that about **53%** of WSFC high school students who earned mostly A's, **42%** who earned mostly B's, **36%** who earned mostly C's and **35%** who earned mostly D/F's were *physically active for 60 or minutes on 5 or more of the past 7 days* (Appendix A).

**Figure 25**

**Figure 25** shows that in 2015, about:

- ◆ **1 in 4 (28.8%)** WSFC high school students reported that they *watched television for 3 or more hours on an average school day*
- ◆ **1 in 3 (37.8%)** reported that they *played video or computer games for 3 or more hours on an average school day*
- ◆ **2 in 5 (44.0%)** reported that they *were physically active for at least 60 minutes for 5 or more days of the past 7 days*



**Figure 25** also compares the trend in the prevalence rates for physical activity among WSFC high school students from 2013 to 2015. Based on the results:

- ◆ Between 2013 and 2015, the prevalence rate decreased by 8.3% for high school students who *watched 3 or more hours of television on an average school day*.
- ◆ The prevalence rate for high school students who *played video/computer games for 3 or more hours per day on an average school day* remained relatively unchanged from 2013 to 2015.
- ◆ There was a 2.9% decrease in the prevalence rate for high school students who were *physically active for 60 or more minutes on 5 or more of the past 7 days*.



**Age Groups**

**Figure 26**

Figure 26 shows that WSFC high school students age 15 and younger were more likely than students of other age groups to report that they:

- ◆ Played video or computer games for 3 or more hours on an average school day
- ◆ Were physically active for at least 60 minutes for 5 or more days of the past 7 days

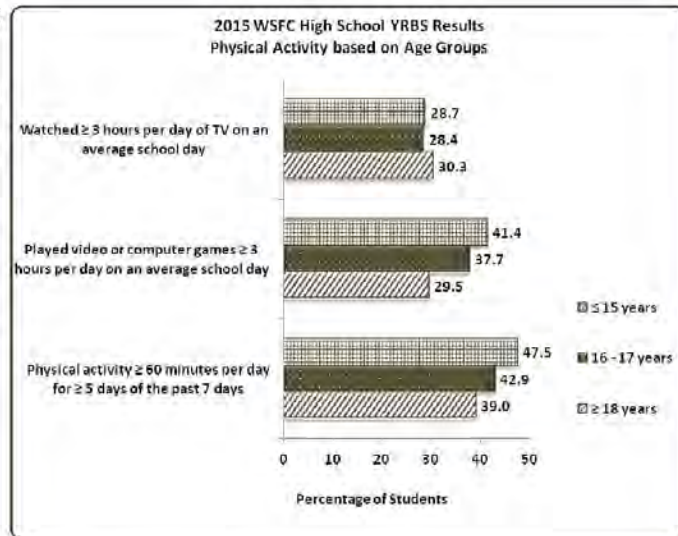


Figure 26 shows that among high school students age 15 and younger, about:

- ◆ 1 in 4 (28.7%) reported that they watched television for 3 or more hours on an average school day
- ◆ 2 in 5 (41.4%) reported that they played video or computer games for 3 or more hours on an average school day
- ◆ 1 in 2 (47.5%) reported that they were physically active for at least 60 minutes for 5 or more days of the past 7 days

Figure 26 shows that among high school students age 16 - 17 years, about:

- ◆ 1 in 4 (28.4%) reported that they watched television for 3 or more hours on an average school day
- ◆ 1 in 3 (37.7%) reported that they played video or computer games for 3 or more hours on an average school day
- ◆ 2 in 5 (42.9%) reported that they were physically active for at least 60 minutes for 5 or more days of the past 7 days

Figure 26 shows that among high school students age 18 and older, about:

- ◆ 1 in 3 (30.3%) reported that they watched television for 3 or more hours on an average school day
- ◆ 1 in 4 (29.5%) reported that they played video or computer games for 3 or more hours on an average school day
- ◆ 1 in 3 (39.0%) reported that they were physically active for at least 60 minutes for 5 or more days of the past 7 days

**Race/Ethnicity**

**Figure 27**

Figure 27 shows that White high school students were less likely than Black or Hispanic/Latino high school students to report that they:

- ◆ Watched television for 3 or more hours on an average school day
- ◆ Played video or computer games for 3 or more hours on an average school day

White high school students were more likely than Black or Hispanic/Latino high school students to report that they:

- ◆ Were physically active for 60 or more minutes per day for 5 or more of the past 7 days

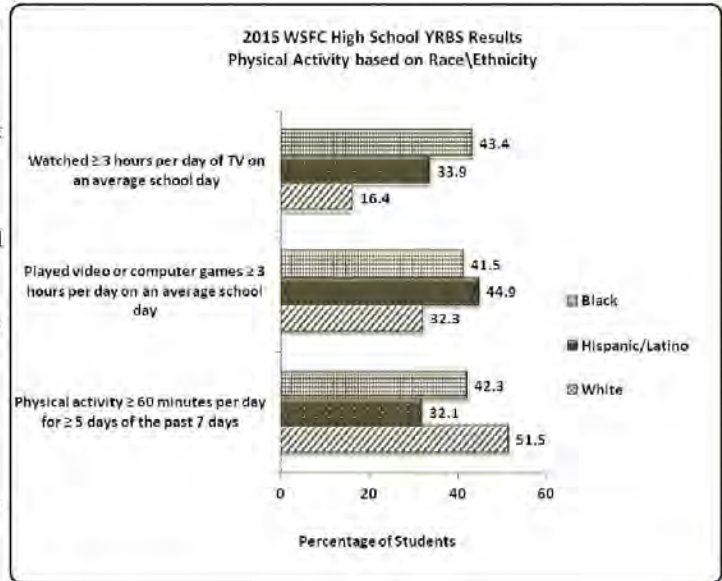


Figure 27 shows that among Black high school students, about:

- ◆ 2 in 5 (43.4%) reported that they watch television for 3 or more hours on an average school day
- ◆ 2 in 5 (41.5%) reported that they play video or computer games for 3 or more hours on an average school day
- ◆ 2 in 5 (42.3%) reported that they were physically active for 60 or more minutes per day for 5 or more of the past 7 days

Figure 27 shows that among Hispanic/Latino high school students, about:

- ◆ 1 in 3 (33.9%) reported that they watch television for 3 or more hours on an average school day
- ◆ 2 in 5 (44.9%) reported that they play video or computer games for 3 or more hours on an average school day
- ◆ 1 in 3 (32.1%) reported that they were physically active for 60 or more minutes per day for 5 or more of the past 7 days

Figure 27 shows that among White high school students, about:

- ◆ 1 in 6 (16.4%) reported that they watch television for 3 or more hours on an average school day
- ◆ 1 in 3 (32.3%) reported that they play video or computer games for 3 or more hours on an average school day
- ◆ 1 in 2 (51.5%) reported that they were physically active for 60 or more minutes per day for 5 or more of the past 7 days

**Gender**

**Figure 28**

Figure 28 shows that WSFC high school males were more likely than high school females to report that they were:

- ♦ Physically active for greater than 60 minutes per day for 5 or more days of the last 7 days

However, high school males and females were almost equally likely to report that they had:

- ♦ Watched television for 3 or more hours per day on an average school day
- ♦ Played video or computer games for 3 or more hours per day on an average school day

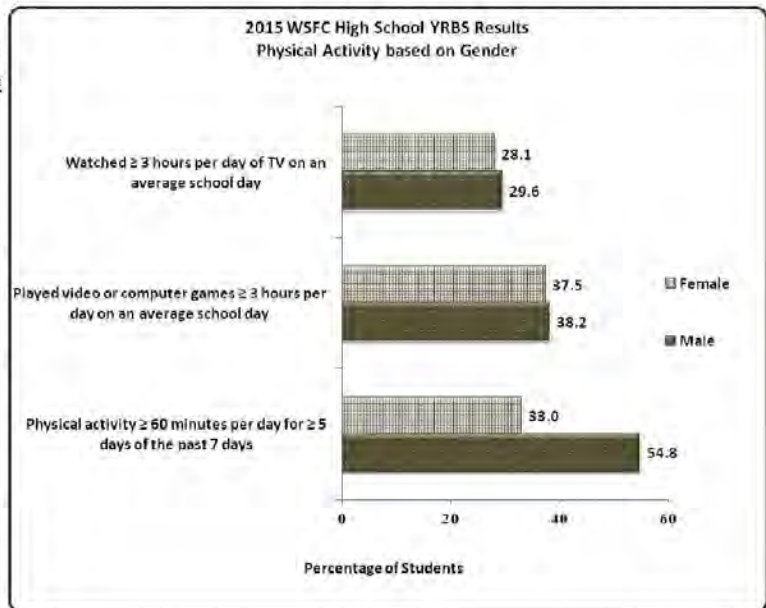


Figure 28 shows that among female high school students, about:

- ♦ 1 in 4 (28.1%) reported that they watch television for 3 or more hours on an average school day
- ♦ 1 in 3 (37.5%) reported that they play video or computer games for 3 or more hours on an average school day
- ♦ 1 in 3 (33.0%) reported that they were physically active for 60 or more minutes per day for 5 or more of the past 7 days

Figure 28 shows that among male high school students, about:

- ♦ 1 in 4 (29.6%) reported that they watch television for 3 or more hours on an average school day
- ♦ 1 in 3 (38.2%) reported that they play video or computer games for 3 or more hours on an average school day
- ♦ 1 in 2 (54.8%) reported that they were physically active for 60 or more minutes per day for 5 or more of the past 7 days



Other Select Issues

Based on the 2015 WSFC High School YRBS responses, other issues such as *gambling* may be associated with academic achievement (Appendix A). For example, analysis of the 2015 YRBS results showed that among WSFC high school students, 27% who earned mostly A's, 29% who earned mostly B's, 38% who earned mostly C's, and 35% who earned mostly D/F's *gambled ... one or more times in the past 12 months* (Appendix A).

**Figure 29**

Figure 29 shows that in 2015, about:

- ♦ 1 in 7 (14.2%) reported that they had trouble learning, remembering, or concentrating because of health problems or disability
- ♦ 1 in 5 (22.5%) reported that there is gang activity in their school
- ♦ 1 in 4 (29.4%) reported that they got 8 or more hours sleep on an average school day
- ♦ 1 in 3 (30.2%) gambled on a sports team, while playing cards, or similar endeavors on one or more times within the past 12 months

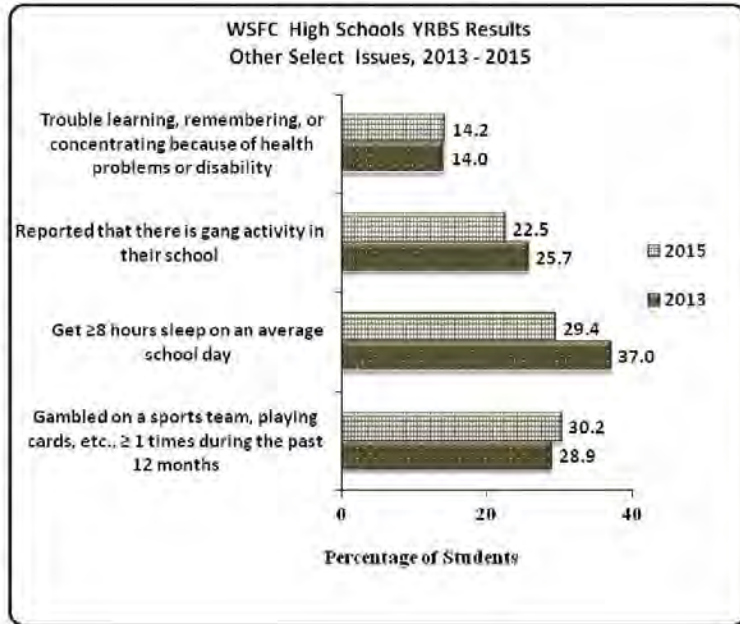


Figure 29 also compares the trend in the prevalence rates for select issues among WSFC high school students between 2013 and 2015. Based on the results:

- ♦ There was a 1.4% increase in the prevalence rate for high school students who *had trouble learning, remembering or concentrating because of health problems or disability*.
- ♦ There was a 12.5% decrease in the prevalence rate for high school students who reported that there is gang activity in their school.
- ♦ There was a 20.5% decrease in the prevalence rate for high school students who reported getting *8 or more hours of sleep on an average school day*.
- ♦ Between 2013 and 2015, the prevalence rate increased by 4.5% for high school students who *gambled on a sports team, playing cards, ... on one or more times during the past 12 months*.

**Age Groups**

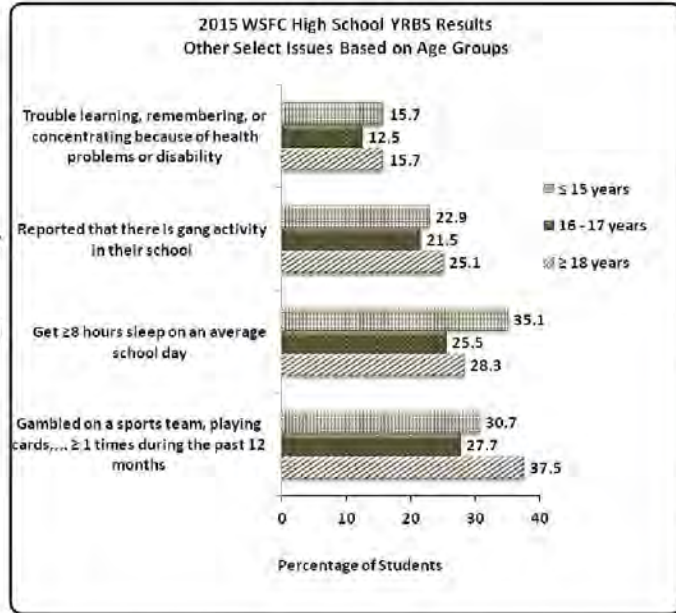
**Figure 30**

**Figure 30** shows that WSFC high school students age 15 and younger were more likely than other age groups to report that they:

- ◆ Received 8 or more hours sleep on an average school day

**Figure 30** also shows that WSFC high school students age 18 and older were more likely than other age groups to report that they:

- ◆ There is gang activity in their school
- ◆ Gambled on a sports team, when playing on cards, and similar activities on one or more days during the 12 months



**Figure 30 shows that among high school students age 15 and younger, about:**

- ◆ 1 in 6 (15.7%) had trouble learning, remembering or concentrating because of a disability or health problems.
- ◆ 1 in 5 (22.9%) reported that there is gang activity in their school
- ◆ 1 in 3 (35.1%) received 8 or more hours sleep on an average school day
- ◆ 1 in 3 (30.7%) gambled on a sports team, when playing on cards, and similar activities on one or more days during the 12 months

**Figure 30 shows that among high school students age 16 - 17 years, about:**

- ◆ 1 in 8 (12.5%) had trouble learning, remembering or concentrating because of a disability or health problems.
- ◆ 1 in 5 (21.5%) reported that there is gang activity in their school
- ◆ 1 in 4 (25.5%) received 8 or more hours sleep on an average school day
- ◆ 1 in 4 (27.7%) gambled on a sports team, when playing on cards, and similar activities on one or more days during the 12 months

**Figure 30 shows that among high school students age 18 and older, about:**

- ◆ 1 in 6 (15.7%) had trouble learning, remembering or concentrating because of a disability or health problems.
- ◆ 1 in 4 (25.1%) reported that there is gang activity in their school
- ◆ 1 in 4 (28.3%) reported that they received 8 or more hours sleep on an average school day
- ◆ 1 in 3 (37.5%) gambled on a sports team, when playing on cards, and similar activities on one or more days during the 12 months

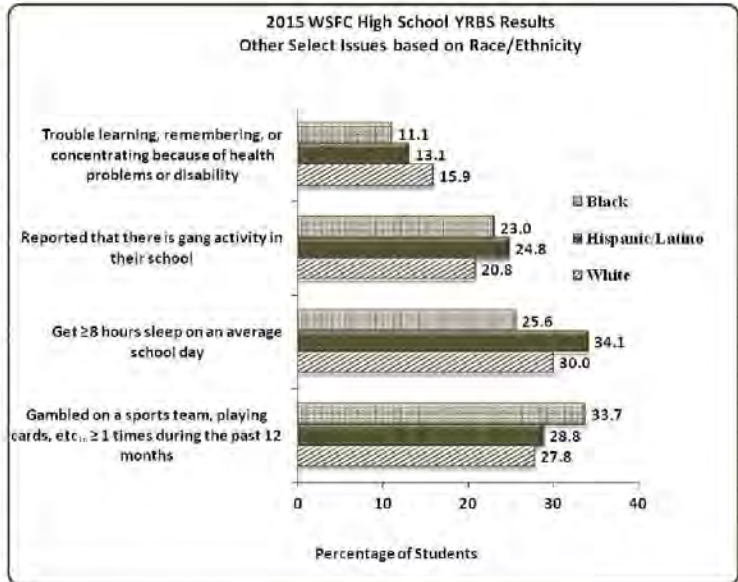
**Race/Ethnicity**

**Figure 31**

**Figure 31** shows that White high school students were less likely than Black or Hispanic/Latino high school students to report that

- ◆ They had gambled on a sports team, while playing cards and similar activities on one or more times during the past 12 months
- ◆ There is gang activity in their school

**Figure 31** also shows that White school students were more likely than Hispanic/Latino or Black high school students to report that they had *trouble learning, remembering or concentrating because of a disability or health problems.*



**Figure 31** shows that among Black high school students, about:

- ◆ 1 in 10 (11.1%) had trouble learning, remembering or concentrating because of a disability or health problems
- ◆ 1 in 4 (23.0%) reported that there is gang activity in their school
- ◆ 1 in 4 (25.6%) received 8 or more hours sleep on an average school day
- ◆ 1 in 3 (33.7%) gambled on a sports team, when playing on cards, and similar activities on one or more days during the 12 months

**Figure 31** shows that among Hispanic/Latino high school students, about:

- ◆ 1 in 8 (13.1%) had trouble learning, remembering or concentrating because of a disability or health problems
- ◆ 1 in 4 (24.8%) reported that there is gang activity in their school
- ◆ 1 in 3 (34.1%) received 8 or more hours sleep on an average school day
- ◆ 1 in 4 (28.8%) gambled on a sports team, when playing on cards, and similar activities on one or more days during the 12 months

**Figure 31** shows that among White high school students, about:

- ◆ 1 in 6 (15.9%) had trouble learning, remembering or concentrating because of a disability or health problems
- ◆ 1 in 5 (20.8%) reported that there is gang activity in their school
- ◆ 1 in 3 (30.0%) received 8 or more hours sleep on an average school day
- ◆ 1 in 4 (27.8%) gambled on a sports team, when playing on cards, and similar activities on one or more days during the 12 months



**Gender**

**Figure 32**

Figure 32 shows that high school females were more likely than high school males to report that they had *trouble learning, remembering, or concentrating because of health problems or disability*.

Figure 32 also shows that high school males were more likely than high school females to report that:

- ◆ There is gang activity in their school
- ◆ They receive 8 or more hours sleep on an average school day
- ◆ They had gambled on a sports team, while playing cards and similar activities on one or more times during the past 12 months

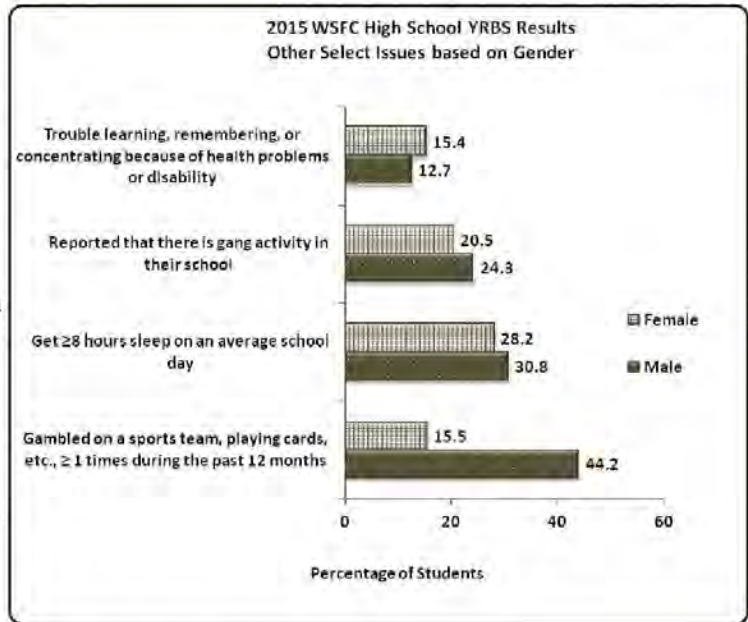
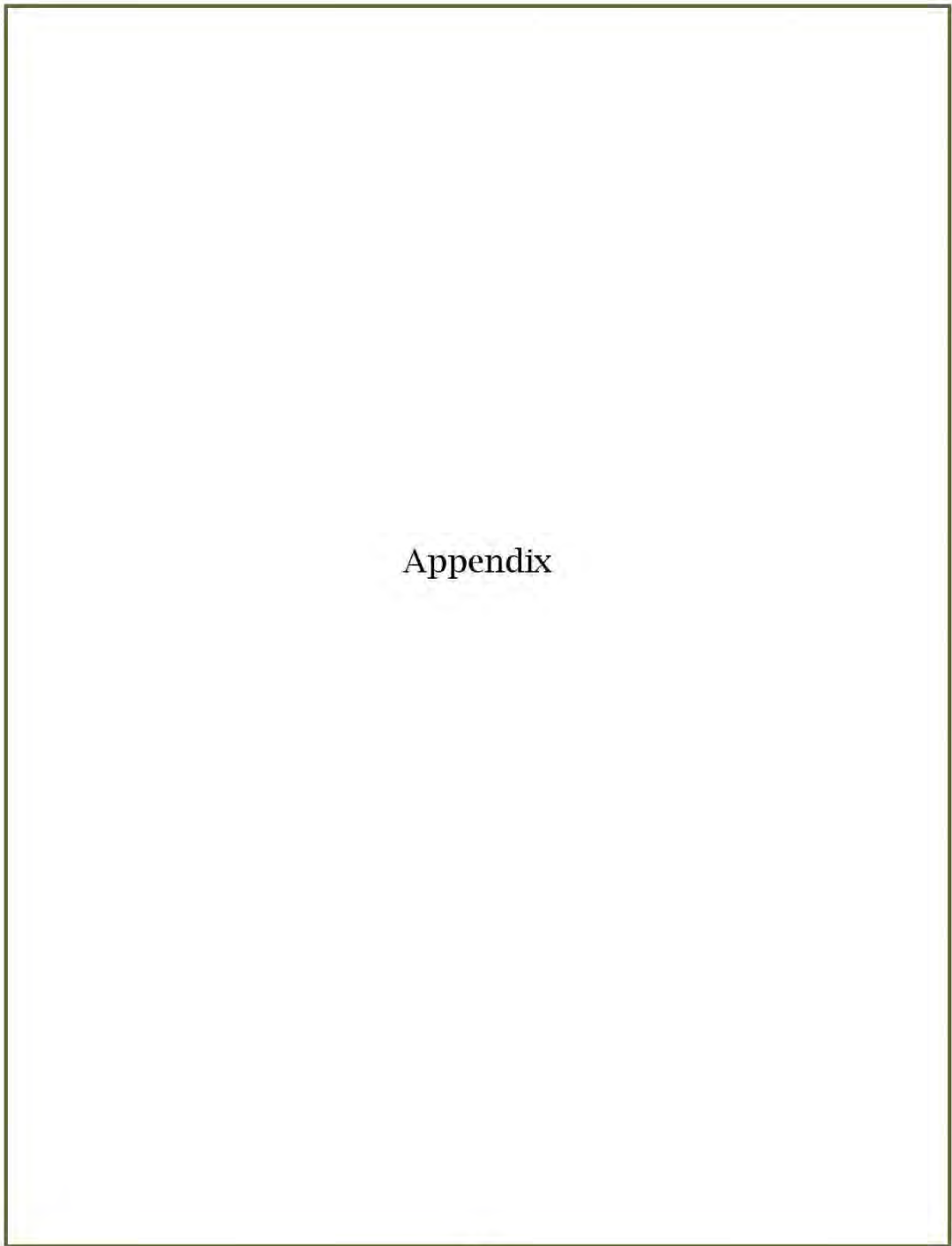


Figure 32 shows that among female high school students, about:

- ◆ 1 in 6 (15.4%) reported that they had trouble learning, remembering or concentrating because of a disability or health problems
- ◆ 1 in 5 (20.5%) reported that they reported that there is gang activity in their school
- ◆ 1 in 4 (28.2%) reported that they were received 8 or more hours sleep on an average school day
- ◆ 1 in 6 (15.5%) reported that they gambled on a sports team, when playing on cards, and similar activities on one or more days during the past 12 months

Figure 32 shows that among male high school students, about:

- ◆ 1 in 8 (12.7%) reported that they had trouble learning, remembering or concentrating because of a disability or health problems
- ◆ 1 in 4 (24.3%) reported that they reported that there is gang activity in their school
- ◆ 1 in 3 (30.8%) reported that they were received 8 or more hours sleep on an average school day
- ◆ 2 in 5 (44.2%) reported that they gambled on a sports team, when playing on cards, and similar activities on one or more days during the past 12 months



Appendix

Appendix A					
2015 Winston Salem/Forsyth County High School Youth Risk Behavior Survey					
Academic Achievement and Behavior					
Health Risk Behavior	A's %	B's %	C's %	D/F's %	Significant Assoc*
<b>Alcohol, Tobacco &amp; other Drug Use</b>					
Percentage of students who had a drink of alcohol on ≥ 1 day (during the 30 days before the survey)	22.2	31.8	28.9	39.3	Yes
Percentage of students who ≥ 5 drinks of alcohol in a row within a couple of hours (binge drinking) on ≥ 1 day (during the 30 days before the survey)	10.6	14.3	13.9	17.5	Yes
Percentage of students who smoked cigarettes on ≥ 1 day (during the 30 days before the survey)	7.7	9.2	14.7	30.6	Yes
Percentage of students who currently used electronic vapor products (e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, & hookah pens least 1 day during the 30 days before the survey)	15.9	23.3	36.4	46.2	Yes
Percentage of students who used marijuana ≥ 1 time (during the 30 days before the survey)	11.4	19.6	25.0	36.5	Yes
Percentage of students who were offered, sold, or given an illegal drug on school property (during the 12 months before the survey)	22.2	23.7	27.0	27.2	No
<b>Personal Safety</b>					
Percentage of students who rarely or never wore a bicycle helmet (among students who had ridden a bicycle during the 12 months before the survey)	66.3	81.5	92.1	88.5	Yes
Percentage of students who rode with a driver who had been drinking alcohol (in a car or other vehicle one or more times during the 30 days before the survey)	14.9	15.4	18.8	26.8	Yes
Percentage of students who texted or e-mailed while driving a car or other vehicle (on at least 1 day during the 30 days before the survey, among students who had driven a car or other vehicle during the 30 days before the survey)	33.3	40.4	33.7	38.0	No
<b>Violence-related Behavior</b>					
Percentage of students who carried a weapon (such as a gun, knife, or club) on at least 1 day during the 30 days before the survey)	11.5	14.1	19.8	19.6	Yes
Percentage of students who did not go to school because they felt unsafe at school/to or from school (on ≥ 1 day during the 30 days before the survey)	5.7	4.2	5.3	14.4	No
Percentage of students who were in a physical fight (one or more times during the 12 months before the survey)	13.0	16.5	28.8	35.3	Yes
Percentage of students who experienced physical dating violence (≥ 1 times in the 12 months before the survey, including being hit, slammed into something, or injured with an object/weapon on purpose by someone they were dating/going out with among students who dated/go out with someone in the 12 mths before the survey)	6.7	6.7	11.7	27.7	Yes
Percentage of students who were bullied on school property (during the 12 months before the survey)	19.2	12.5	15.4	23.1	Yes
Percentage of students who were electronically bullied (including being bullied through e-mail, chat rooms, websites, or texting during the 12 months before the survey)	12.5	10.1	14.5	21.3	Yes
<b>Psychological Health</b>					
Percentage of students who felt sad or hopeless (almost every day for ≥ 2 weeks in a row so that they stopped doing some usual activities/12 months before the survey)	23.1	26.9	35.0	43.1	Yes
Percentage of students who seriously considered attempting suicide (during the 12 months before the survey)	14.0	14.4	22.4	24.2	Yes



Health Risk Behavior	A's %	B's %	C's %	D/F's %	Significant Assoc*
<b>Psychological Health cont'd.</b>					
Percentage of students who made a plan about how they would attempt suicide (during the 12 months before the survey)	9.7	12.3	17.8	22.4	Yes
Percentage of students who would most likely talk with their parent or other adult family member about their feelings (among students who report having felt sad, empty, hopeless, angry, or anxious)	28.6	20.2	20.2	9.9	Yes
<b>Sexual Behavior</b>					
Percentage of students who were currently sexually active (sexual intercourse with at least one person during the 3 months before the survey)	17.2	27.1	34.4	43.2	Yes
Percentage of students who drank alcohol or used drugs before last sexual intercourse (among students who were currently sexually active)	12.3	20.2	14.1	23.2	No
Percentage of students who used a condom (during last sexual intercourse among students who were currently sexually active)	56.4	58.6	49.9	40.2	No
Percentage of students who reported their partners were three or more years older than themselves the last time they had sexual intercourse (among students who have had sexual intercourse)	9.5	9.7	11.0	18.2	Yes
<b>Weight Management/Dietary Behaviors</b>					
Percentage of students who were obese ( $\geq$ 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth chart <sup>§</sup> )	11.6	11.5	20.4	28.4	Yes
Percentage of students who were overweight ( $\geq$ 85th percentile but $<$ 95th percentile for body mass index, based on sex- and age-specific reference data from the 2000 CDC growth chart <sup>§</sup> )	13.3	18.2	18.2	18.3	Yes
Percentage of students who were trying to lose weight	43.2	42.3	47.1	51.3	Yes
Percentage of students who exercised to lose weight or to keep from gaining weight (during the 30 days before the survey)	66.3	64.9	66.3	58.2	No
Percentage of students who ate less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight (during the 30 days before the survey)	40.0	38.6	38.7	43.1	No
<b>Physical Activity</b>					
Percentage of students who were physically active at least 60 minutes per day on $\geq$ 5 (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during the 7 days before the survey)	53.0	41.5	36.0	35.4	Yes
Percentage of students who watched television 3 or more hours per day (on an average school day)	22.3	30.3	36.4	38.0	Yes
Percentage of students who played video or computer games or used a computer 3 or more hours per day (for something that was not school work on an average school day)	30.8	38.1	45.2	46.8	Yes
<b>Other Issues</b>					
Percentage of students who reported that there is gang activity in their school	22.9	19.5	23.9	32.3	Yes
Percentage of students who have trouble learning, remembering, or concentrating because of a disability or health problem	13.6	13.1	14.0	28.7	Yes
Percentage of students who gambled on a sports team, gambled when playing cards or a dice game, played one of their state's lottery games, gambled on the Internet, or bet on a game of personal skill such as pool or a video game ( $\geq$ 1 times/12 months before the survey)	27.1	29.4	37.7	35.4	Yes
Percentage of students who had 8 or more hours of sleep (on an average school night)	32.8	28.4	28.2	23.3	No
† Confidence Interval.					
*Based on logistic regression analysis controlling for sex, race/ethnicity, and grade in school, $p < 0.05$ .					

Appendix B : Select Risk Behaviors						
2013 - 2015 WSFC, North Carolina & U.S. High Schools						
Alcohol, Tobacco & other Drug Use	2015 WSFC	2015 NC	2015 US	2013 WSFC	2013 NC	2013 US
Offered, sold, or given an illegal drug on school property in	24%	25%	22%	24%	24%	22%
Used marijuana $\geq 1$ times in the past 30 days	19%	22%	22%	18%	23%	23%
Had $\geq 5$ drinks in a row in a couple hours on $\geq 1$ days in the	13%	14%	18%	13%	15%	21%
Had a drink of alcohol on $\geq 1$ days in the past 30 days	28%	29%	33%	28%	32%	35%
Used electronic vapor products on $\geq 1$ day in the past 30	25%	30%	24%	*	N/A	N/A
Smoked cigarettes on $\geq 1$ days in the past 30 days	11%	13%	11%	13%	15%	16%
Personal Safety						
Never/rarely wore a bicycle helmet when riding a bicycle in	79%	85%	82%	78%	88%	88%
Texted or emailed while driving $\geq 1$ time during the past 30	35%	38%	42%	32%	34%	41%
Rode in a car driven by someone who had been drinking	17%	17%	20%	18%	19%	22%
Violence-related Behaviors						
Skipped school for $\geq 1$ of the past 30 days because student	6%	6%	6%	11%	7%	7%
Electronically bullied in the past 12 months	13%	12%	16%	11%	NA	N/A
Bullied on school property in the past 12 months	16%	16%	20%	17%	19%	20%
Boyfriend or girlfriend hit, slapped or physically hurt stu-	9%	8%	10%	8%	9%	10%
Been in a physical fight $\geq 1$ times during the past 30 days	19%	21%	23%	20%	24%	25%
Carried a weapon, such as a gun, knife, or club on $\geq 1$ days	16%	19%	16%	14%	21%	18%
Psychological Health						
Felt sad or hopeless continuously for two weeks or more in	28%	26%	30%	28%	29%	30%
Of the students who felt sad...those who would most likely talk to their parents or other adult family member about	23%	22%	N/A	21%	N/A	N/A
Seriously considered attempting suicide during the past 12	17%	16%	18%	16%	17%	17%



Psychological Health , cont'd.	2015 WSFC	2015 NC	2015 US	2013 WSFC	2013 NC	2013 US
Made a suicide plan during the past 12 months	13%	14%	15%	12%	13%	14%
Attempted suicide during the past 12 months	22%	N/A	9%	18%	N/A	8%
<b>Sexual Behavior</b>						
Had sexual intercourse with $\geq 1$ person in the past 3 months	26%	33%	30%	28%	32%	34%
Used a condom the last time he or she had sexual inter-	54%	61%	57%	57%	61%	59%
Drank alcohol or used drugs before your last sexual inter-	18%	17%	21%	18%	21%	22%
Last sexual intercourse was with someone $\geq 3$ years older	12%	13%	N/A	12%	17%	N/A
<b>Weight Management</b>						
Were obese ( $\geq 95$ th percentile for BMI, by age and sex)	14%	16%	14%	12%	13%	14%
Were overweight ( $\geq 85$ th and $<95$ th percentile for BMI,	17%	16%	16%	16%	15%	17%
Trying to lose weight	44%	46%	46%	42%	46%	48%
Ate less food, fewer calories, or foods low in fat to lose or	40%	40%	N/A	32%	35%	N/A
Exercised to lose or keep from gaining weight during the	65%	62%	N/A	63%	61%	N/A
<b>Physical Activity</b>						
Physical activity $\geq 60$ minutes per day for $\geq 5$ days of the	29%	43%	49%	45%	47%	37%
Watched $\geq 3$ hours per day of TV on an average school day	38%	31%	25%	31%	33%	33%
Played video or computer games $\geq 3$ hours per day on an	44%	42%	42%	38%	42%	41%
<b>Other Select Health Issues</b>						
Trouble learning, remembering, or concentrating because	14%	16%	N/A	14%	13%	N/A
Get $\geq 8$ hours sleep on an average school day	29%	25%	27%	37%	28%	32%
Reported that there is gang activity in their school	23%	31%	N/A	26%	N/A	N/A
Gambled on a sports team, playing cards,... $\geq 1$ times dur-	30%	26%	N/A	29%	30%	N/A

# 2015 North Carolina High School Youth Risk Behavior Survey

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.

1. How old are you?
  - A. 12 years old or younger
  - B. 13 years old
  - C. 14 years old
  - D. 15 years old
  - E. 16 years old
  - F. 17 years old
  - G. 18 years old or older
  
2. What is your sex?
  - A. Female
  - B. Male
  
3. In what grade are you?
  - A. 9th grade
  - B. 10th grade
  - C. 11th grade
  - D. 12th grade
  - E. 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. How tall are you with 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)	(0)
(4)	(1)
.	(2)
(6)	(3)
(7)	(4)
	(5)
	(6)
	.
	(8)
	(9)
	(10)
	1
	1

7. 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
(0)	(0)	(0)
.	(1)	(0)
(2)	(2)	.
(3)	(3)	(3)
	(4)	(4)
	.	(4)
	(6)	(6)
	(7)	(7)
	(8)	(8)
		(9)
		(9)

The next 5 questions ask about safety.

8. 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

9. 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

10. 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

11. 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

12. 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.

13. 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

14. 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



15. 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

16. 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

17. 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

18. 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

19. 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

20. Is there gang activity in your school?

- A. Yes
- B. No
- C. Not sure

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

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.

24. During the past 12 months, have you ever been bullied on school property?
- A. Yes
  - B. No

25. 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

26. During the past 12 months, have you ever

- seen other students being bullied in your school?
- A. Yes
  - B. No

27. 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 4 questions ask about sad feelings and attempted suicide. Sometimes people feel so depressed about the future that they may consider attempting suicide, that is, taking some action to end their own life.

28. 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

29. During the past 12 months, did you ever seriously consider attempting suicide?

- A. Yes
- B. No

30. During the past 12 months, did you make a plan about how you would attempt suicide?

- A. Yes
- B. No

31. 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.

32. 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

33. 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

34. 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

35. 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 2 questions ask about electronic vapor products, such as blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.

36. Have you ever used an electronic vapor product?

- A. Yes
- B. No

37. During the past 30 days, on how many days did you use an electronic vapor product?

- 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 5 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

The next 10 questions ask about sexual behavior.

50. Have you ever had sexual intercourse?

- A. Yes
- B. No

51. 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

52. 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

53. 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



54. 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

55. 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

56. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy? (Select only one response.)

- A. I have never had sexual intercourse
- B. No method was used to prevent pregnancy
- C. Birth control pills
- D. Condoms
- E. An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)
- F. A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)
- G. Withdrawal or some other method
- H. Not sure

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. During your life, with whom have you had sexual contact?

- A. I have never had sexual contact
- B. Females
- C. Males
- D. Females and males

59. Which of the following best describes you?

- A. Heterosexual (straight)
- B. Gay or lesbian
- C. Bisexual
- D. Not sure

The next 4 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

The next 9 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.

64. 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

65. 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

66. 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

67. 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

68. 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

69. 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

70. 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

71. During the past 7 days, how many times did you drink a can, bottle, or glass of a sugar-sweetened beverage such as sports drinks (for example, Gatorade or PowerAde), energy drinks (for example, Red Bull or Jolt), lemonade, sweetened tea or coffee drinks, flavored milk, Snapple, or Sunny Delight? (Do not count soda or pop or 100% fruit juice.)

- A. I did not drink these 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

72. 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

The next 5 questions ask about physical activity.

73. 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

74. 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

75. 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

76. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days

77. In an average week when you are in school, on how many days do you walk or ride your bike to school when weather allows you to do so?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days

The next 3 questions ask about disabilities. A disability can be physical, mental, emotional, or communication-related.

78. Do you consider yourself to have a disability?

- A. Yes
- B. No
- C. Not sure

79. Are you limited in any way in any activities because of a disability or health problem?

- A. Yes
- B. No
- C. Not sure

80. Do you have trouble learning, remembering, or concentrating because of a 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.

81. During the past 12 months, how many times have you gambled on a sports team, gambled when playing cards or a dice game, played one of your state's lottery games, 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 17 questions ask about other health-related topics.

82. 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

83. Have you ever been taught about AIDS or HIV infection in school?

- A. Yes
- B. No
- C. Not sure

84. 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

85. 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

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. 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

89. 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

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. 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

93. Do you agree or disagree that you feel good about yourself?

- A. Strongly agree
- B. Agree
- C. Not sure
- Disagree
- D. Strongly disagree

94. 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

95. 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

96. Do any of your classroom teachers provide short physical activity breaks

during regular class time? (Do not count your physical education teacher.)

A. Yes

B. No

97. During the past 12 months, where did you usually sleep at night?

- A. At home
- B. In a friend's, relative's, or stranger's home
- C. In a foster home or group facility
- D. In a supervised shelter or time-limited housing program
- E. In a hotel or motel
- F. In a car, park, campground, or other public place
- G. Somewhere else

98. 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

**This is the end of the survey.  
Thank you very much for your help.**

**APPENDIX G**  
**The 2017 Forsyth County Health Priority Survey**



**The 2017 Forsyth County Community Health Assessment: Health Priority Survey**

\* 1. Please rank the following health issues (from 1st to 4th) that you think the Forsyth County Department of Public Health should focus on improving for the next 3 to 4 years:

**A. Chronic diseases (cancer, heart disease, etc.):** For the past 10 years, cancer and heart disease have been the major causes of death in Forsyth County. Forsyth County's death rates due to cancer and heart disease are higher than Durham, Guilford, Mecklenburg and Wake Counties'.

**B. Oral Health:** In Forsyth County, Title 1 elementary schools (schools with high numbers or high percentages of children from low-income families) had the highest percentage of students with dental caries. For example, at 2 out of every 3 Title 1 schools, 1 in every 10 students had dental caries. In comparison, only at 1 in 4 non-Title I elementary schools, do 1 in 10 students have dental caries.

**C. Sexually transmitted infections (STI):** High sexually transmitted infection rates are significant health issues for Forsyth County. For example, in 2016, Forsyth County's Chlamydia, gonorrhea, syphilis, and HIV rates were higher than those of State of North Carolina's. Of note, from 2012 to 2016, about 2 out of every 3 new Chlamydia cases in Forsyth County was someone age 24 years or younger. Also, from 2012 to 2016, almost 3 out of every 4 persons age 24 years and younger who had a positive Chlamydia test were females.

**D. Maternal and infant health:** Stress, substance abuse, and alcohol and tobacco use are maternal risk factors that may result in extremely immature or premature births. Between 2011 and 2015, 70% or more of Forsyth County's infant deaths were due to extreme immaturity /prematurity/perinatal conditions. Forsyth County's infant mortality rate is higher than State of North Carolina's as well as Durham, Guilford, Mecklenburg and Wake Counties'.

<b>Chronic Diseases (cancer, heart disease, etc)</b>
<b>Oral Health</b>
<b>Sexually Transmitted Infections</b>
<b>Maternal &amp; Infant Health</b>

**\* 2. Age**

<b>15-19</b>	<b>55-59</b>
<b>20-24</b>	<b>60-64</b>
<b>25-29</b>	<b>65-69</b>
<b>30-34</b>	<b>70-74</b>
<b>35-39</b>	<b>75-79</b>
<b>40-44</b>	<b>80-84</b>
<b>45-49</b>	<b>85 or older</b>
<b>50-54</b>	

**\* 3 Gender**

- Male**
- Female**

**\* 4 Race**

- |                                  |                     |
|----------------------------------|---------------------|
| <b>Black or African American</b> | <b>Asian Indian</b> |
| <b>White</b>                     | <b>Other</b>        |
| <b>American Indian</b>           |                     |

**\* 5 Hispanic?**

- Yes**
- No**

**APPENDIX H**  
**The 2017 Community Health Resource Book**

Type of Agency and Name of	Location/Phone Number	Services Provided and Hours Available
<b>Communicable Disease Control</b>  <b>Agency: Forsyth County Department of Public Health</b>	799 N Highland Ave Winston-Salem, NC, 27101 Phone: (336) 703-3100	Communicable Disease Control includes the investigation of disease outbreaks and unusual situations and to implement control measures to minimize further transmission of disease.  Hours: Monday, Tuesday, Thursday, 8:30 am-3:45 pm; Wednesday, 9:30 am- 6:45 pm, Friday, 8:30 am-11:45 am.
<b>Positive Wellness Alliance</b>	Po Box 703 Lexington, NC 27293 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 2:00 pm
<b>Ancillary Services</b>		
<b>Ancillary Services - Forsyth County</b>  <b>Agency: Forsyth County Department of Public Health</b>	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.
<b>Chiropractic Services</b>		
<b>Advance Chiropractic and Health Center</b>	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.
<b>Body Care Chiropractic</b>	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
<b>Brittan Chiropractic Center, PLLC</b>	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.

<b>Bronson Chiropractic and Acupuncture Clinic of the Triad</b>	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
<b>Gray Chiropractic &amp; Sports Associates, P.A.</b>	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.
<b>Robinson Center for Chiropractic</b>	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.
<b>Salama Chiropractic Center</b>	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.
<b>Sharp Chiropractic</b>	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
<b>Dental Health Providers</b>		
<b>Cleveland Avenue Dental Health Center</b>	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 7:30 am - 5:00 pm and Friday 7:30 am - 11:30 pm.
<b>Community Care Center</b>	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.
<b>Preschool Dental Health Program/ School Age Dental Health Program</b>  <b>Agency: Forsyth County Department of Public Health/Smart Start of Forsyth County</b>	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.
<b>Forsyth Tech Dental Education Clinic</b>	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, filings, extractions, root canals and additional services if selected as a patient. No insurance accepted. Services range from \$5.00 to \$450.00.
<b>Health Check</b>	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.
<b>Rescue Mission Dental Clinic</b>	710 North Trade St 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. Most accept insurance and Medicaid, and some have payment on a sliding scale.  Only 10 clients by appointment, occasionally a walk in can be seen for clients that do not show.  Hours: 6:30am on the 2nd & 4th Thursday of each month



Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
Smile Starters	2041 Silas Creek Pkwy, Winston-Salem, NC 27103 Phone: (336) 777-1272	Provides dental treatment to under-served children and young adults up to age 20. Accepts Medicaid and Health Choice.
<b>Domestic Violence &amp; Sexual Assault</b>		
<b>Battered Women's Shelter - Safe Relationships</b>  <b>Agency: Family Services, Inc.</b>	24 Hour Crisis Line: (336) 723-8125	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 Hours: Monday-Friday 8:30a-5:00p
<b>Advocacy for Domestic Violence Victims</b>  <b>Agency: Next Step Ministries</b>	P.O. Box 793 Kernersville, NC 27285 Phone: (336) 413-3156 Email: <a href="mailto:marthashouse@embarqmail.com">marthashouse@embarqmail.com</a>  <b>Domestic Violence Line:            336-413-3156</b>	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.
<b>Safe on Seven: Forsyth Domestic Violence Center</b>  <b>Agency: Family Services, Inc.</b>	1200 S Broad St Winston-Salem, NC, 27101 Phone: (336) 722-8173	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.  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><b>Time Out - Safe Relationships</b></p> <p><b>Agency: Family Services, Inc.</b></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><b>Sexual Assault Crisis</b></p> <p><b>Agency: Family Services, Inc.</b></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>

### Foundations & Nonprofit Agencies

<p><b>Arts Council</b></p>	<p>305 W 4th St., Ste 1-C Winston-Salem, NC 27101 Phone: (336) 722-2585</p>	<p>The Arts Council offers five competitive grant and award programs.</p> <p>Hours: Monday - Friday 8:30 am - 5:00 pm.</p>
<p><b>Jaycees, Winston-Salem</b></p>	<p>223 N. Spring St. Unit A Winston-Salem, NC 27101 Phone: (336) 776 - 0690</p>	<p>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.</p>
<p><b>Kate B. Reynolds Charitable Trust</b></p>	<p>128 Reynolda Village Winston-Salem, NC 27106 Phone: (336) 397-5500</p>	<p>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.</p> <p>Hours: Monday-Friday, 8:00 am-5:00 pm.</p>
<p><b>Lupus Foundation of America</b></p>	<p>2841 Foxwood Lane Winston-Salem, NC 27103 Phone: (336) 768-1493 (336) 922-6494 <a href="mailto:lfawinston-t.nclf@juno.com">Email: lfawinston-t.nclf@juno.com</a></p>	<p>Non-profit, all volunteer organization operated primarily by Lupus patients which lends support to people (and their families) with Lupus and related diseases.</p>
<p><b>March of Dime, Greater Triad Division</b></p>	<p>410 Brookstown Ave Winston-Salem, NC 27101 Phone: (336) 723 - 4386</p>	<p>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.</p> <p>Hours: Monday - Friday 8:30 am - 4:30 pm.</p>

<b>Mary Reynolds Babcock Foundation</b>	2920 Reynolda Rd Winston-Salem, NC 27106 Phone: (336) 748 – 9222 <a href="mailto:info@mrbf.org">Email: info@mrbf.org</a>	Assists people in the Southeast to build just and caring communities that nurture people, spur enterprise, bridge differences and foster fairness.
<b>Reynolds American Foundation</b>	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.
<b>Ronald-McDonald House of Winston-Salem</b>	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–9:00pm.</p>
<b>SECU Family House on the Richard J. Reynolds III &amp; Marie M. Reynolds Campus</b>	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.
<b>The Winston-Salem Foundation</b>	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.

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<b>Z. Smith Reynolds Foundation</b>	102 W. Third St. Suite 1110 Winston-Salem, NC 27101 Phone: (336) 725-7541 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.
<b>Free Clinic &amp; Community Health Centers</b>		
<b>Bethany Baptist Church Medical Clinic</b>	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.
<b>Community Care Center</b>	2135 New Walkertown Rd Winston-Salem, NC 27101 Phone: (336) 723 - 7904 <a href="mailto:operationsccc@bellsouth.net">Email:operationsccc@bellsouth.net</a>	New patients must come for an initial financial eligibility screening on Tuesdays and Wednesdays from 3:00pm to 5:00 pm
<b>Community Mosque Clinic</b>	1419 Waughtown St., Winston-Salem, NC 27107 Phone: (336) 650-1095	Services provided for chronic conditions, acute care, physicals, primary care, pharmacy samples and lab testing (selective tests only). Held the 3 <sup>rd</sup> Saturday of each month.
<b>Downtown Health Plaza</b>	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).
<b>Forsyth County Department of Public Health</b>	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.

<b>Green Street United Methodist Church Clinic</b>	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.
<b>Healthcare Access</b>	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.
<b>Northwest Community Care Network</b>	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.
<b>Planned Parenthood</b>	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.
<b>Southside United Health and Wellness Center</b>	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.
<b>Sunnyside Clinic – Trinity Moravian Church</b>	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.
<b>Today's Women Health and Wellness Center</b>  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.
<b>Winston-Salem Rescue Mission, Inc: Medical &amp; Dental Clinic</b>	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
<b>Home Health Care</b>		
<b>Advanced Homecare</b>	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.
<b>Amedisys Home Health</b>	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
<b>Bayada Home Health Care</b>	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.
<b>Gentiva Health Services</b>	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.
<b>Hospice and Palliative CareCenter</b>	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.



<b>Hospice and Palliative CareCenter</b>	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.
<b>Interim HealthCare of the Triad, Inc.</b>	3325 Healy Dr, Ste A Winston-Salem, NC 27103 Phone: (336) 768-6997	Services include personal care and support, home care, and healthcare staffing.
<b>Homeless Services</b>		
<b>Community Action Agency</b>	1550 University Ct Winston-Salem, NC 27101 Phone: (336) 722-9400 Email: <a href="mailto:twellman@webitxpress.com">twellman@webitxpress.com</a>	Community Action provides aid for the homeless which includes transitional housing, basis education and GED Program, First Time Homeowners Program, and NC Save.
<b>Transitional Services to Homeless Families</b>	1550 University Ct Winston-Salem, NC 27101 Phone: (336) 722 - 9400 Email: <a href="mailto:patricia.mumford@ejsr.org">patricia.mumford@ejsr.org</a>	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.
<b>Battered Women Shelter- Safe Relationships</b>  <b>Agency: Family Services, Inc.</b>	1200 S Broad St Winston-Salem, NC 27101 Phone: (336) 723-8125	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.
<b>Bethesda Center for the Homeless</b>	930 N Patterson Ave Winston Salem, NC 27101 Phone: (336) 722-9951	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.

<b>Samaritan Inn Shelter</b>  <b>Agency: Samaritan Ministries</b>	1243 Patterson Ave Winston-Salem, NC 27101 Phone: (336) 748-1962	The Samaritan Inn provides a 69 bed homeless shelters for homeless men with safe, temporary shelter for a maximum of 90 days.
<b>Winston-Salem Rescue Mission Shelter</b>	718 N Trade St Winston-Salem, NC 27101 Phone: (336) 723-1848	Serves adult men only. Ministers to physical and spiritual needs of those requesting help. Provides food, clothing and shelter.
<b>Hospice</b>		
<b>Hospice and Palliative Care</b>	101 Hospice Lane Winston-Salem, NC 27103 Phone: (336) 768-3972	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.
<b>Hospice of the Piedmont</b>	1801 Westchester Dr High Point, NC 27262 Phone: (336) 889-8446	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.
<b>Kate B. Reynolds Hospice Home</b>	101 Hospice Lane Winston-Salem, NC 27103 Phone: (336) 760-1114	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.
<b>Hospitals &amp; Urgent Care</b>		
<b>Brenner Children's Hospital and Health Services</b>  <b>Agency: Wake Forest University Baptist Medical Center</b>	301 Medical Center Blvd Winston-Salem, NC 27157 Phone: (336) 716-2255	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.
<b>FastMED Urgent Care Winston-Salem</b>	4937 Old Country Club Rd Winston-Salem, NC 27104 Phone: (336) 546-1666	Provides both urgent care with walk-in attention for non-life-threatening injuries or illness as well as family medicine needs with scheduled appointments.  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><b>Forsyth County Emergency Medical Services</b></p> <p><b>Agency: Forsyth County Emergency Medical Services</b></p>	<p>911 E 5<sup>th</sup> 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><b>Forsyth Medical Center</b></p> <p><b>Agency: Novant Health</b></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><b>Kernersville Medical Center</b></p> <p><b>Agency: Novant Health</b></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>
<p><b>Medical Park Hospital</b></p> <p><b>Agency: Novant Health</b></p>	<p>1950 South Hawthorne Rd Winston-Salem, NC 27103 Phone: (336) 718-0785</p>	<p>A 22-bed, not-for-profit hospital that specializes in elective inpatient and outpatient surgeries. Open 24 hours, 7 days a week.</p>
<p><b>North Carolina Baptist Hospital</b></p> <p><b>Agency: Wake Forest Baptist Medical Center</b></p>	<p>Medical Center Blvd Winston-Salem, NC 27157 Phone: (336) 716-2011</p>	<p>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.</p>
<p><b>Oldtowne Immediate &amp; Family Care</b></p>	<p>3734 Reynolda Rd Winston-Salem, NC 27106 Phone: (336) 922-1102</p>	<p>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</p>
<p><b>Select Specialty Hospital-Winston- Salem</b></p> <p><b>Forsyth Medical Center</b></p>	<p>3333 Silas Creek Pkwy 6th Floor Winston-Salem, NC 27103 Phone: (336) 718-6300</p>	<p>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.</p>

<b>Immunization</b>		
<b>Immunization Clinic</b>  <b>Agency: Forsyth County Department of Public Health</b>	799 N Highland Ave Winston-Salem, NC 27101 Phone: (336) 703 - 3100	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.
<b>Passport Health</b>	2803 Lyndhurst Ave Winston-Salem, NC 27103 Phone: (336) 768-0717	Travel health medical services, information, and immunizations needed before travel.
<b>Insurance Providers and Employee Health Benefits/Services</b>		
<b>Action for Children  Children's Health Insurance Coverage</b>	3109 Poplarwood Ct. #300 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.
<b>Adult/Family &amp; Children Medicaid</b>  <b>Agency: Forsyth County Department of Social Services</b>	741 N Highland Ave Winston-Salem, NC 27101  <i>Adult Medicaid</i> Phone: (336) 703-3502  <i>Family &amp; 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.
<b>Alliance Insurance Services, LLC</b>	348 Summit Square Blvd Winston Salem , NC 27105 Phone: (336) 422-7258	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.
<b>Infinite Wellness Solutions</b>	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.

<b>MedCost Benefit Services</b>	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.
<b>Nationwide Insurance</b>	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.
<b>NC Health Check and NC Health Choice</b>	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.
<b>State Farm Insurance Agency</b>	Steff Hamilton: 1624 S Hawthorne Rd Winston Salem, NC 27104 Phone: (336) 765-0301	State Farm Insurance offers health, automobile, homeowner, condo owner, renter, long-term care, and life insurance. Local agents have various hours.
<b>Wilson Insurance Services</b>	3288 Robinhood Rd, # 102 Winston-Salem, NC 27016 Phone: (336) 794-2810	Provides information regarding health, automobile, home, life, liability, and property insurance.
<b>Health Services for Inmates (Jail)</b>		
<b>Forsyth Correctional Center</b>	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.
<b>Maternal and Child Care</b>		
<b>Baby Love/ Maternity Care Coordination</b>  <b>Agency: Forsyth County Department of Public Health</b>	799 N Highland Ave Winston-Salem, NC, 27101 Phone: (336) 703-3100	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.

<p><b>Birthright, Inc.</b></p>	<p>1330 Ashley Square Winston-Salem, NC 27103 Phone: (336) 774-0456</p>	<p>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.</p> <p>Hours: Monday, Wednesday, and Friday, 11:00am-2:00pm.</p>
<p><b>Care Coordination for Children (CC4C)</b></p>	<p>799 N. Highland Ave., Winston-Salem, NC 27101 Phone: (336) 703-3242</p>	<p>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, longterm 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.</p>
<p><b>Center for Women's Healthcare</b></p> <p><b>Agency:</b></p> <p><b>MedCenter Kernersville, Cone Health</b></p>	<p>1635 NC 66 South, Ste 245 Kernersville, NC 27284 Phone: (336) 992-5120</p>	<p>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.</p> <p>Hours: Monday-Thursday, 8:00am- 5:00pm and Friday, 8:00am-12:00pm (closed for lunch 12:00pm-</p>
<p><b>Maya Angelou Center for Women's Health and Wellness</b></p> <p><b>Agency: Novant Health</b></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>



Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
<b>Medical Schools</b>		
<b>Wake Forest University</b>	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.
<b>Salem College</b>	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.
<b>Forsyth Technical Community College</b>	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.
<b>Winston-Salem State University</b>	601 S. Martin Luther King Dr. Winston-Salem, NC 27110 (336) 750-2000	The WSSU School of Health Sciences is an ethnically diverse school that embraces health equity in education, research and service. Innovative learning experiences include a virtual hospital, mobile unit, free clinics run by students, and study abroad opportunities.
<b>Medical and Health Transportation</b>		
<b>Ardmore United Methodist Church</b>	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.
<b>Cavalry Medical Transport Service Company</b>	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
<b>Clemmons First Baptist Church Transportation Ministry</b>	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.
<b>Lewisville Transportation Ministry</b>	PO BOX 305 Lewisville, NC 27023 Phone: (336) 723-6377 (336) 945-3203	Older adults and adults with disabilities living in Lewisville area only. Need 2-3 days notice for transportation to medical and dental appointments.

<b>Type of Agency and Name of Agency/Provider</b>	<b>Location/Phone Number</b>	<b>Services Provided and Hours Available</b>
<b>LifeStar Emergency Transport</b>	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.
<b>The Shepherd's Center of Greater Winston-Salem</b>	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.
<b>The Shepherd's Center of Kernersville</b>	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.
<b>Medication Assistance</b>		
<b>Forsyth County Department of Public Health Pharmacy</b>	725 N Highland Ave Winston-Salem, NC 27101 Phone: (336) 703-3250	
<b>Med-Aid Agency: Community Care Center for Forsyth County, Inc.</b>	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.
<b>Medication &amp; Financial Assistance Agency: Cancer Services, Inc.</b>	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.
<b>Mental Health Services</b>		
Advanced Placement BHHS, Inc	901 N. Cleveland Ave. Winston-Salem, NC 27101 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.
Counseling, Catholic Social Services	1612 E. 14 <sup>th</sup> 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.

<p><b>Forsyth Medical Center Behavioral Health</b></p> <p><b>Agency: Novant Health</b></p>	<p>3333 Silas Creek Parkway Winston-Salem, NC 27103 Phone: (336) 718-5000</p> <p><i>Forsyth Medical Center Behavioral Health Services</i> Suite 100 175 KimeI Park Drive Winston-Salem, NC 27103 Phone: (336) 718-3550</p> <p><i>Winston-Salem Health Care Psychiatry</i> 250 Charlois Boulevard Winston-Salem, NC 27103 Phone: (336) 718-1000</p>	<p>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.</p>
<p><b>Foundation Strong, LLC</b></p>	<p>1677 Banbridge Rd Kernersville, NC 27285b Phone: (336) 307-3198</p>	<p>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.</p> <p>Hours: Monday-Friday, 9:00 am-5:00 pm.</p>
<p><b>Hands to Hands Rehabilitation Center, LLC</b></p>	<p>500 West 4th Street, Winston-Salem, NC 27101 Phone: (336) 723-7589</p>	<p>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.</p>
<p><b>Inspirationz, LLC</b></p>	<p>607 Hillhaven Dr Winston-Salem, NC 27107 Phone: (336) 788-8579</p>	<p>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.</p>
<p><b>Lutheran Family Services in the Carolinas-TAP Program</b></p> <p><b>Agency: Lutheran Family Services in the Carolinas</b></p>	<p>5712 Shattalon Drive Winston-Salem, NC 27105 Phone: (336) 744-7350</p> <p>General Information Phone: (704) 940 - 3333 <a href="mailto:info@lfscarolinas.org">info@lfscarolinas.org</a></p>	<p>Human service agency providing Foster Care, Adoption, ACTT, Youth &amp; Adult Residential Care (for Mentally III &amp; Developmentally Disabled Individuals).</p> <p>Provides residential services for adults with traumatic brain injuries or mentally disabilities, transitional apartments for homeless adults with severe and persistent mental illness.</p> <p>Hours: Monday-Friday 9:00am-5:00 pm.</p>

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
<b>Mental Health Association</b>	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.
<b>My Sister's Place Community Services, Inc.</b>	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.
<b>New-Lite Living Choices, Inc.</b>	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.
<b>Old Vineyard Behavioral Health Services</b>	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 outpatient programs for adults.
<b>People Helping People of North Carolina, LLC</b>	1510 Martin St. Winston-Salem, NC 27103 Phone: (336) 722-0840	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.

<b>Type of Agency and Name of Agency/Provider</b>	<b>Location/Phone Number</b>	<b>Services Provided and Hours Available</b>
<b>Triumph LLC</b>	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.
<b>V.I.P. Care Services, Inc: <i>Intensive In Home for Children and Youth Up to Age 20</i></b>	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.
<b>Wake Forest Baptist Health-Psychiatry and Behavioral Medicine</b>	Medical Center Blvd Winston-Salem, NC 27157  General Psychiatry Appointments and Information Phone: (336) 716-4551  Child Guidance Phone: (336) 715-5511  Sticht Center on Aging Phone: (336) 713-8100	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.
<b>Wilson's Constant Care, LLC</b>	1228 N Highland Ave Winston-Salem, NC 27101 Phone: (336) 703-9650	A licensed residential treatment level III facility for children/adolescents.
<b>Youth Opportunities</b>	2020 E 12th St Winston-Salem, NC 27101 Phone: (336) 748-4133	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.



Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
<b>Nursing Homes and Intermediate &amp; Skilled Care Facilities</b>		
<b>Arbor Acres United Methodist Retirement Community</b>	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.
<b>Brian Center Health and Retirement, Winston- Salem</b>	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.
<b>Brookridge Retirement Community</b>	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).
<b>Clemmons Nursing Home and Rehab Center</b>	3905 Clemmons Rd Clemmons, NC 27012 Phone: (336) 766-9158	Skilled nursing facility located in Clemmons with 120 beds.
<b>Kindred Transitional Care and Rehab-Silas Creek</b>	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.
<b>Oak Forest Health &amp; Rehabilitation</b>	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.
<b>The Oaks at Forsyth</b>	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.
<b>Piney Grove Nursing and Rehabilitation Center</b>	728 Piney Grove Rd Kernersville, NC 27284 Phone: (336) 996-4038	Provides residents with 24-hour skilled nursing care in a 92-bed facility.
<b>Salemtowne Moravian Retirement Community</b>	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.

<p><b>Springwood Care Center</b></p> <p><b>Agency:</b> <b>Novant Health</b></p>	<p>5755 Shattalon Dr Winston Salem, NC 27105 Phone: (336) 767-2750</p>	<p>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.</p> <p>Open 24 hours/ 7 days a week.</p>
<p><b>Trinity Glen</b></p>	<p>849 Waterworks Rd Winston-Salem, NC 27105 Phone: (336) 595-2166</p>	<p>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.</p>
<p><b>Winston-Salem Nursing and Rehabilitation</b></p>	<p>1900 West First St Winston Salem, NC 27104 Phone: (336) 724-2821</p>	<p>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.</p>
<p><b>Nursing School</b></p>		
<p><b>Forsyth Tech</b></p>	<p>2100 Silas Creek Pkwy Winston-Salem, NC 27103 Phone: (336) 723-0371</p>	<p>Forsyth Tech is a community college. It's the source for affordable college education, offering two-year AAS degrees and college transfer opportunities.</p>
<p><b>Winston-Salem State University</b></p>	<p>601 S. ML King Jr. Dr Winston-Salem, NC 27110 Phone: (336) 750-2000</p>	<p>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.</p>
<p><b>Nutrition Services</b></p>		
<p><b>Barb Andresen, R.D., L.D.N.</b></p> <p><b>Medical Nutrition Services</b></p>	<p>3447 Robinhood Rd, Ste 201 Winston-Salem, NC 27106 Phone: (336) 659-8622</p>	<p>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.</p>

<p><b>Forsyth Medical Center Diabetes and Nutrition Counseling</b></p> <p>Agency: <b>Novant Health</b></p>	<p><i>Nutrition Counseling &amp; Planning</i> 3333 Silas Creek Pkwy Winston-Salem, NC 27103 Phone: (336) 718-5000</p> <p><i>Nutrition Planning</i> 1900 S Hawthorne Rd, Ste 504 Winston-Salem, NC 27103 Phone: (336) 277-1660</p>	<p>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.</p>
<p><b>Wake Forest Baptist Medical Center- Outpatient Clinical Nutrition</b></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><b>WomanCare Nutrition Services</b></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
<b>Renal Dialysis Center</b>		
<b>WFU Baptists Medical Center Dialysis Unit</b>	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.
<b>Miller St Dialysis Center</b>  <b>Agency: Wake Forest Baptist Health</b>	120 Miller St Winston-Salem, NC 27103 Phone: (336) 724-0468	A non-profit dialysis facility in Winston Salem, North Carolina with 36 stations.
<b>Northside Dialysis Center</b>  <b>Agency: Wake Forest</b>	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.
<b>Piedmont Dialysis Center</b>  <b>Agency: Wake Forest Baptist Health</b>	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.
<b>Salem Kidney Center</b>  <b>Agency: Wake Forest Baptist Health</b>	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
<b>School Health Services</b>		
<b>Ashley Elementary School Wellness Center</b>	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.
<b>Bulldog Health Center at Mineral Springs Elementary &amp; Middle Schools</b>	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.
<b>North Forsyth High School Health Promotion Program</b>	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.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
<b>Winston-Salem Preparatory Academy Wellness Center at Atkins</b>	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.
<b>Screening, Testing and Diagnosis</b>		
<b>Cardiac and Vascular Services</b>  <b>Agency:</b> <b>Novant Health</b>	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.
<b>Downtown Health Plaza X ray Services</b>  <b>Agency:</b> <b>Wake Forest Baptist Hospital</b>	1200 ML King, Jr. Dr., Winston-Salem, NC 27101 Phone: (336) 713-9800	Downtown Health Plaza laboratory. Hours: Monday - Friday, 8:00 am - 5:00 pm.
<b>Epidemiology Clinic</b>  <b>Agency:</b> <b>Forsyth County Department of Public Health</b>	799 N Highland Ave Winston-Salem, NC 27101 Phone: (336) 703-3100	The Epidemiology Clinic provides screenings for reportable communicable diseases.
<b>Blind Services</b>  <b>Agency:</b> <b>Forsyth County Department of Social Services</b>	741 Highland Ave Winston-Salem, NC 27101 Phone: (336) 703-3400	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><b>Health Check</b></p> <p><b>Agency:</b> <b>Forsyth County</b> <b>Department of Public</b> <b>Health</b></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><b>WomanCare</b></p> <p><b>Agency:</b> <b>Novant Health</b></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>
<p><b>Forsyth Medical Center Imaging</b></p> <p><b>Agency: Novant Health</b></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 North Carolina Diagnostic</p> <p>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.</p> <p>With 4 locations in the area Forsyth Medical Center Imaging offer services such as magnetic resonance imaging (MRI), computed tomography (CT), nuclearmedicine, 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><b>Forsyth Regional Orthopedic Center</b></p> <p><b>Agency:</b> <b>Forsyth Medical Center/Novant Health</b></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
<b>Breast Health Services</b> <b>Agency: Forsyth Medical Center/Novant Health</b>	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.
<b>Substance and Alcohol Abuse Services</b>		
<b>Addiction Recovery Care Association</b>	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.
<b>A Greater Divine Place, Inc.</b>	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.
<b>Day Treatment</b>  <b>Agency: Advanced Placement</b>	2295 E 14 <sup>th</sup> 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.
<b>Substance Abuse Counseling</b>  <b>Agency: Advanced Placement</b>	2295 E 14 <sup>th</sup> 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.

<b>DUI and Other Court Ordered Services</b> <b>Agency: Advanced Placement</b>	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.
<b>Alcoholics Anonymous</b>	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
<b>WISH (Women and Infant Services for Health)</b> <b>Agency: Community Choices Inc.</b>	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.
<b>Substance Abuse Outpatient Treatment</b> <b>Agency: Mark Recovery Services, Inc.</b>	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.
<b>Essential Life Connections</b>  <b>Agency: Winford Brown-Ramseur &amp; Associates, LLC.</b>	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.
<b>Glenn's Assessment and Counseling Service</b>	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
<b>Insight Human Services</b> <b>Agency: Partnership for a Drug-Free NC, Inc.</b>	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.

<b>Ivy House Center for Self-Sufficiency</b>	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.
<b>LifeSkills Counseling Center</b>	8005 N. Point Blvd., Ste A Winston-Salem, NC 27106 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.
<b>OSA Assessment &amp; Counseling Services</b>	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.
<b>The Recovery Center of the Triad, LLC.</b>	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.
<b>Top Priority Care Services</b>	4401 Providence Ln., # 121, 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.
<b>Triad Homes-NC / ED-CORE, Inc.</b>	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.
<b>Twin City Area Narcotics Anonymous</b>	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.
<b>Alpha Acres Agency: Winston-Salem Rescue Mission</b>	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.

<b>YWCA Hawley House</b>	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.
<b>Suppliers of Medical Equipment</b>		
<b>Forsyth Medical Supply</b>	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.
<b>Majors Medical Supply</b>	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.
<b>American HomePatient, Inc.</b>	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.
<b>Triad Respiratory Solutions</b>	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.
<b>Carolina Mobility Homecare</b>	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.
<b>Holladay Surgical Supply</b>	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.

Type of Agency and Name of Agency/Provider	Location/Phone Number	Services Provided and Hours Available
<b>Uninsured/ Financial Assistance (Hospital)</b>		
<b>Financial Assistance for the Uninsured</b>  <b>Agency: Forsyth Medical Center</b>	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.
<b>Uninsured Financial Assistance</b>  <b>Agency: Wake Forest University Baptist Medical Center</b>	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.

