2019 Forsyth County, NC State of the County Health (SOTCH) Report

Forsyth County
Department of Public Health
Promoting Health, Improving Lives

Forsyth County Government

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Introduction

The 2019 Forsyth County State of the County Health (SOTCH) Report provides an overview of changes in Forsyth County's population health since the 2018 SOTCH Report. Specifically, it provides an update on each Community Health Improvement Plan (CHIP) that was implemented after the 2017 Community Health Assessment (CHA). These CHIPs are aimed at improving oral health among populations ages 0-5 years, improving sexual health among populations ages 15-24 years, and reducing infant mortality. The 2019 SOTCH also informs the community about major changes in mortality and morbidity in the county, and highlights emerging issues and new initiatives.

CHIP I: Reduce Infant Mortality

2019 Update

Objective 1: Increase the multidisciplinary and multiagency composition of the coalition with 15 additional members by 12/31/2019

Requests to be a part of the Forsyth County Infant Mortality Reduction Coalition were emailed or conducted in person to fifteen representatives from county agencies and community groups. Ten (10) responded positively and now represent their agencies/community groups on the Coalition. Discussions are ongoing regarding recruitment of the remaining 5 persons.

Objective 2: To have 75% or more of members attend bi-monthly meetings by 12/31/2019

Based on sign -in sheets, 75% of coalition members attended each bi-monthly meeting in 2019.

All other objectives have been implemented and are ongoing.

Changes in the Data that Underpin the Infant Mortality Reduction CHIP

Reducing Forsyth County's infant mortality rate has been a major focus of the Forsyth community for the 2011, 2014, and 2017 CHA cycles. Table 1 shows that Forsyth County's 5-year rolling average infant mortality rate exceeded the State's 5-year rolling average rate from 2010-2014 to 2014-2018. Although Forsyth County's 5-year rolling average infant mortality rate decreased from 8.5 in 2010-2014 to 8.2 in 2013-2017 and 2014-2018, it still exceeded Durham, Mecklenburg, and Wake Counties' for the entire period (Table 1). In fact, Forsyth County's 5-year rolling average was only better than Guilford County's during the two most recent periods, 2013-2017 and 2014-2018 (Table 1).

Table 1. Trends in the 5-year Infant Mortality Rate for Forsyth, Peer Counties and North Carolina, 2010-2014 to 2014-2018

Jurisdiction	2014-2018	2013-2017	2012-2016	2011-2015	2010-2014
Forsyth	8.2	8.2	8.3	8.4	8.5
Durham	6.3	6.4	7.0	7.0	6.8
Guilford	8.4	8.4	8.1	7.9	8.3
Mecklenburg	5.9	6.1	6.2	6.0	5.9
Wake	5.4	5.3	5.6	5.9	5.9
North Carolina	7.1	7.1	7.2	7.2	7.1

Forsyth County Department of Public Health, Epidemiology & Surveillance Unit, February 20, 2020
Source: State Center for Health Statistics

Previous Forsyth County Infant Mortality Reduction CHIPs have focused almost exclusively on eliminating unsafe sleep/co-sleeping. However, Table 2 shows that from 2014 to 2018, more than 70%

of infant deaths were due to extreme immaturity/prematurity/congenital abnormalities.

Table 2. Summary Characteristics of Infant Deaths for Forsyth County, NC 2014-2018

	2018		2017		2016		2015		2014	
Infant Deaths	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Extreme immaturity, prematurity, & congenital abnormalities	27	81.8%	37	84.1%	39	92.9%	29	90.6%	22	71.0%
Sudden Infant Death	1	3.0%	4	9.1%	0	0.0%	1	3.1%	0	0.0%
Illness	1	3.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Unsafe sleep/co-sleeping	4	12.1%	3	6.8%	3	7.1%	2	6.3%	9	29.0%
Total infant deaths	33	100.0%	44	100.0%	42	100.0%	32	100.0%	31	100.0

Forsyth County Department of Public Health, Epidemiology & Surveillance Unit, February 20, 2020
Source: 2019 (2018 cases) Community Child Protection Team (CCPT)/Child Fatality Prevention Team (CFPT) Review

Thus, to have a greater positive impact on infant mortality, the Forsyth County Infant Mortality Coalition implemented a 10-year CHIP in 2019 that places equal emphasis on maternal health and unsafe sleep. Objectives 1 and 2 that were discussed earlier are based on preliminary data from the above table.

CHIP II: Sexual Health (Chlamydia)

2019 Update to the Sexual Health (Chlamydia) CHIP

Objective 1: By July 2022, increase by 20% the number of education sessions (including printed information materials) that are conducted in partnership with universities (WSSU, WFU, Salem College and UNCSA) to provide STI education to students on campus.

For the 2018/2019 school year, a total of 25 education sessions were conducted on two of the college campuses. This total number of sessions is lower than the 34 sessions conducted during the 2017/2018 school year when all 4 college campuses participated. One limitation that has impaired this objective, thus far, is the high staff turnover that POSSE has experienced in 2018/2019 as well as 2019/2020. With limited staff, POSSE was able to provide education service to two (2) colleges only.

All other objectives have been implemented and are ongoing**.**

Changes in the Data that Underpin the Sexual Health (Chlamydia) CHIP

For the period 2014-2018, Table 3 shows that Forsyth County's newly diagnosed chlamydia rates were lower than Mecklenburg, Guilford and Durham counties' for the entire period. However, it increased from 663.6 in 2014 to 741.3 in 2018, and has consistently exceeded the state's average (Table 3).

Table 3. Newly Diagnosed Chlamydia Annual Rates for Forsyth County, Peer Counties and North Carolina based on Year of Diagnosis, 2014-2018[1]

	2018		2017		2016		2015		2014	
Jurisdiction	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Forsyth	2,848	751.3	2,534	673.4	2,631	708.2	2,485	673.4	2,424	663.6
North Carolina	66,763	643.0	62,988	613.3	58,182	572.8	54,390	542.1	49,976	503.1
Durham	2,863	903.9	2,741	878.8	2,428	789.1	2,284	759.4	2,160	731.7
Guilford	5,161	967.1	4,992	942.8	4,611	898.2	4,137	799.6	3,565	695.9
Mecklenburg	9,205	841.5	8,837	820.3	7,984	755.6	7,889	763.5	6,948	687.6
Wake	6,500	595.1	6,093	568.4	5,524	526.9	4,967	485.8	4,557	456.7

Forsyth County Department of Public Health, Epidemiology & Surveillance Unit, February 20th, 2020
Source: NC DHHS, Division of Public Health, HIV/STD/Hepatitis Surveillance Unit, 12/23/2019
[1] Rates are expressed per 100,000 population

Table 4. New Chlamydia Cases for Poulations Age 24 Years or Younger, Forsyth County, NC, 2014-2018

Year	Total	Age ≤24 years, Total		Age ≤24 years, Females only	
	# of cases	# of cases	% of total cases	# of cases	% of total age ≤24 years cases
2018	2,848	1,863	65.4%	1,324	71.1%
2017	2,534	1,701	67.1%	1,212	71.3%
2016	2,631	1,750	66.5%	1,246	71.2%
2015	2,485	1,686	67.8%	1,237	73.4%
2014	2,424	1,693	69.8%	1,260	74.4%

Forsyth County Department of Public Health, Epidemiology & Surveillance Unit, February 20th, 2020
Source: NCEDSS. Current as of February 20th, 2020
2019 data will be finalized after 6/30/2020

Table 4 shows that populations age 24 years and younger accounted for 65% or more of Forsyth County's newly diagnosed chlamydia cases. Table 4 shows also that as the percentage of newly diagnosed chlamydia cases attributed to populations age 24 and younger declined from 69.8% in 2014 to 65.4% in 2018, the percentages attributed to females in this age group also declined. However, females still account for 70% or more of this age group's newly diagnosed Chlamydia cases (Table 4).

CHIP III: Oral Health

Update to the Oral Health CHIP

Objective: By December 2022, a 10% decline in the percentage of students ages 3-5 years who attend Title I Elementary Schools, are enrolled in Medicaid and have dental caries.

During the 2017/2018 school year, a total of 155 students, ages 4-5 years, who attend Winston-Salem/Forsyth County (WS/FC) Title I schools had dental caries. During the 2018/2019 school year, only 137 students ages 4-5 years who attend Title I schools had dental caries. This 11.6% decline is probably due to the Department of Public Health's early screening and referral program in day care centers and pre-kindergarten classes.

All other objectives have been implemented and are ongoing**.**

Changes in the Data that Underpin the Oral Health CHIP

From the 2015/2016 to the 2018/2019 school year, the percentage of WS/FC Title I schools with greater than 15% of their students with dental caries decreased from 21.4% in the 2015/2016 school year to 11.1% in the 2018/2019 school year (Table 5). In contrast, the percentage of WS/FC Title I schools who had 5% or less students with dental carries increased from 0.0% to 13.6% (Table 5).

Table 5. The Percentage of Winston-Salem/Forsyth County Title I and Non-Title I Schools with Students who Have Dental Caries during the 2015/2016 to 2018/2019 School Years

	2018-2019		2017-2018		2016-2017		2015-2016	
	NTI Schools	TI Schools	NTI Schools	TI Schools	NTI Schools	TI Schools	NTI Schools	TI Schools
≤5.0% of students with dental caries	45.3%	13.6%	42.9%	7.1%	33.3%	0.0%	38.1%	0.0%
>5.0% to ≤10.0% of students with dental caries	36.4%	29.0%	33.3%	32.1%	42.9%	39.3%	38.1%	39.3%
>10.0% to ≤15.0% of students with dental caries	18.3%	46.3%	23.8%	50.0%	14.3%	39.3%	14.3%	39.3%
>15.0% of students with dental caries	0.0%	11.1%	0.0%	10.7%	9.5%	21.4%	9.5%	21.4%

Forsyth County Department of Public Health, Epidemiology & Surveillance Unit, December 5th, 2019
NTI: Non-Title 1 Schools
TI: Title I Schools

Trends in Other Major Morbidity and Mortality Factors

Morbidity

Poor mental health and cancer are two major health issues that persist in Forsyth County.

Mental Health

From 2016-2019, there were more than 2,000 visits to Forsyth County Emergency Departments (ED) by residents who expressed suicidal ideation (Table 6). During this period, males accounted for >50% of such visits (Table 6). Table 5 shows also that White, non-Hispanic/Latino residents accounted for >60% of visits by those who expressed suicide ideation.

Table 6. Forsyth County, NC Residents who Expressed Suicide Ideation during Emergency Department Visits based on Gender, Race/Ethnicity and Year of Event, 2016 – 2018

	2019		2018		2017		2016	
AGE GROUP	**Cases**	**%**	**Cases**	**%**	**Cases**	**%**	**Cases**	**%**
≤14 yrs	342	12.5%	366	12.9%	258	11.3%	226	9.3%
15-19 yrs	371	13.5%	379	13.3%	335	14.7%	332	13.7%
20-24 yrs	245	8.9%	290	10.2%	229	10.0%	214	8.8%
25-34 yrs	489	17.8%	555	19.5%	401	17.6%	394	16.3%
35-44 yrs	421	15.3%	404	14.2%	336	14.7%	408	16.9%
45-54 yrs	215	7.8%	239	8.4%	206	9.0%	215	8.9%
≥55 yrs	542	19.7%	504	17.7%	422	18.5%	547	22.6%
Unknown	121	4.4%	108	3.8%	92	4.0%	85	3.5%
TOTAL	**2,746**	**100.0%**	**2,845**	**100.0%**	**2,279**	**100.0%**	**2,421**	**100.0%**
SEX								
Male	1,531	55.8%	1,616	56.8%	1,216	53.4%	1,291	53.3%
Female	1,215	44.2%	1,229	43.2%	1,063	46.6%	1,130	46.7%
TOTAL	**2,746**	**100.0%**	**2,845**	**100.0%**	**2,279**	**100.0%**	**2,421**	**100.0%**
RACE/ ETHNICITY								
Black/Af. American	822	29.9%	841	29.6%	571	25.1%	474	19.6%
Hispanic/Latino	191	7.0%	225	7.9%	150	6.6%	163	6.7%
White/Caucasian	1,679	61.1%	1,727	60.7%	1,510	66.3%	1,703	70.3%
Other/Unknown	54	2.0%	52	1.8%	48	2.1%	81	3.3%
TOTAL	**2,746**	**100.0%**	**2,845**	**100.0%**	**2,279**	**100.0%**	**2,421**	**100.0%**

Forsyth County Department of Public Health, Epidemiology & Surveillance Unit, February 15th, 2020
See Appendix A for detailed data basesd on age groups
Source: North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT)

Table 6 (and Appendix A) shows that from 2016-2019, poor mental health-related ED visits persisted across all age groups. For example, in 2016, residents who were ≤14 years accounted for approximately 1 in 11 (9.3%) of ED visits by residents who expressed suicide ideation. However, by 2019, this age group accounted for approximately I in 8 (12.5%) visits. When combined with the 15-19 age group, Table 6 shows that Forsyth County's youth accounted for about 25% of mental health-related ED visits in the county from 2017-2019.

Though not included in the data shown, there is indication that alcohol, marijuana and/or illegal drug use were often reported during these suicide ideation-related ED visits. However, it is unknown the extent to which these factors influenced the suicide ideation expressed during these

ED visits. These observations are among others that the 2021 Community Health Assessment (CHA) Mental Health Work Group is likely to further examine.

Cancer

Forsyth County's projected total number of cancer cases is expected to increase from 2,096 in 2016 to 2,254 in 2020 (Table 7). However, Table 7 shows that while there is expected to be a modest increase in colon/rectum cancer (from 165 in 2016 to 169 in 2020), and lung/bronchus cancer (from 313 in 2016 to 327 in 2020), prostate cancer is expected to decline from 267 cases in 2016 to 263 cases in 2020. In contrast, the number of female breast cancer cases is expected to increase from 370 in 2016 to 407 in 2020 (Table 7).

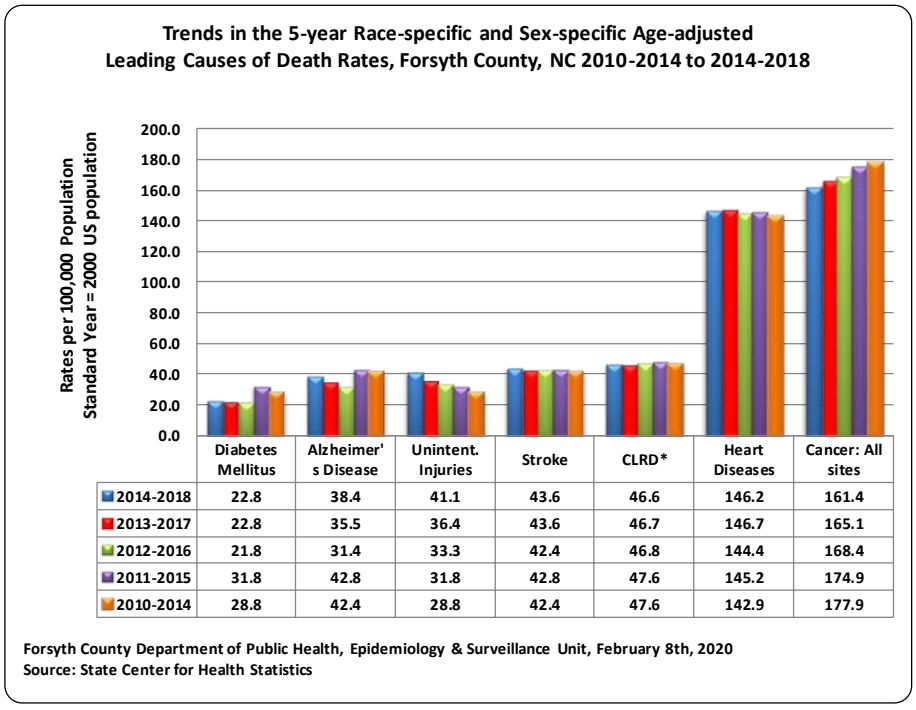
Table 7. Projected Number of New Cancer Cases for Forsyth County, NC, 2016-2020

Year	Total	Colon/Rectum	Female Breast	Lung/Bronchus	Prostate
2020	2,254	169	407	327	263
2019	2,207	168	397	325	255
2018	2,161	167	386	319	259
2017	2,117	164	376	315	262
2016	2,096	165	370	313	268

Forsyth County Department of Public Health, Epidemiology & Surveillance Unit, February 14, 2020
Source: State Center for Health Statistics

Major Mortality

Figure 1



Forsyth County Department of Public Health, Epidemiology & Surveillance Unit, February 8th, 2020
Source: State Center for Health Statistics

Overall, Figure 1 shows that cancer, heart disease, chronic lower respiratory disease (CLRD), cerebrovascular disease (stroke), unintentional injuries, Alzheimer's, and diabetes are the leading causes of death in Forsyth County. However, cancer and heart disease have been three (3) or more times the rate of the other diseases. Although, Forsyth County's heart disease death rate has increased from 142.9 (2010-2014) to 146.2 (2014-2018), Figure 1 shows that it is lower than the cancer rate for each period.

Table 8 shows that for the 2014-2018 5-year rolling average, each of Forsyth County's death rates for cancer, heart disease, chronic lower respiratory disease (CLRD), unintentional injuries, and septicemia exceeded those of all peer counties and the state. In fact, each of Forsyth County's death rates has exceeded the state's average death rate or all except diabetes mellitus (Table 8).

Table 8. Leading Causes of Death for Forsyth County, Peer Counties & State of NC, 2014-2018 Race/Ethnicity-specific and Sex-specific Age-adjusted Rates per 100,000 Population[1]

Diseases	Forsyth	North Carolina	Durham	Guilford	Mecklenburg	Wake
Cancer: All sites	161.4	161.3	150.1	156.2	140.0	138.9
Heart Diseases	146.2	158.0	128.6	135.9	128.3	120.8
CLRD*	46.6	44.7	27.8	33.7	30.6	27.9
Stroke	43.6	43.0	33.1	43.7	38.4	39.4
Unintentional Injuries	41.1	37.0	28.7	38.0	27.2	27.2
Alzheimer's	38.4	35.7	26.5	39.5	38.6	27.1
Diabetes Mellitus	22.8	23.7	19.7	23.3	18.0	17.2
Pneumonia and Influenza	18.4	17.4	10.9	18.6	14.1	10.6
Kidney Diseases	16.6	16.4	16.6	19.2	17.9	12.1
Septicemia	14.7	12.8	10.3	12.1	12.0	7.5

Forsyth County Department of Public Health, Epidemiology & Surveillance Unit, February 8th, 2020
[1] Standard = 2000 US Population * CLRD: Chronic Lower Respiratory Diseases
Source: State Center for Health Statistics, 2/8/2020

Emerging Issues

One emerging concern for Forsyth County is polysubstance overdose on two or more drugs (including opioids, depressants, stimulants, hallucinogens, and other non-specific substances). Table 9 shows that during the 4 year period, 2016-2019, the number of Emergency Departments' (ED) visits due to polysubstance overdose fluctuated from a low of 110 (2017) visits to a high of 195 (2018) visits. The percentage of visits due to polysubstance overdose by children age 17 years and younger has ranged from a low of 14.5% in 2017 to a high of 23.3% in 2016 (Table 9).

Table 9. Emergency Department Visits due to Polysubstance Overdose (Overdose on 2+ Drugs of Interest) for Forsyth County, NC Residents, 2016–2019

	2019		2018		2017		2016	
Age	**# of Visits**	**% of Total**	**# of Visits**	**% of Total**	**# of Visits**	**% of Total**	**# of Visits**	**% of Total**
≤6 yrs	7	5.1%	12	6.2%	2	1.8%	11	7.3%
7-17 yrs	18	13.0%	31	15.9%	14	12.7%	24	16.0%
≥18 yrs	113	81.9%	152	77.9%	94	85.5%	115	76.7%
Total	**138**	**100.0%**	**195**	**100.0%**	**110**	**100.0%**	**150**	**100.0%**

Forsyth County Department of Public Health, Epidemiology & Surveillance Unit, February 25th, 2020
Source: North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT)

New Initiatives

I. Heart Disease and Chronic Illness
Triad Chapter of the American Heart Association (AHA)
Assistant Health Director, Denise Price, serves on the AHA Board of Directors
In 2019, the AHA formed a Community Impact Coalition that meets quarterly to address Social Determinants of Health (SDoH), and access to healthy foods/food insecurity in Forsyth and Guilford Counties. This forum encourages collaboration and cohesive work to optimize objectives. Future actions include (work may cross Forsyth and Guilford Counties or may occur in only one county):

- Providing at least 2 mobile markets that will distribute fresh fruits and vegetables in underserved areas. The mobile markets are expected to serve about 15,000 residents monthly.
- Adopting food assistance programs (SNAP, EBT, and Double Bucks) to assist with healthy food purchases at farmers markets

II. SELF-MATTERS
Forsyth County Department of Public Health (FCDPH) has partnered with Winston-Salem State University (WSSU) regarding a "SELF-MATTERS" grant submission to the National Institutes of Health. The project will address disproportionately impacted racial and ethnic minority groups as it pertains to chronic diseases such as cancer, heart disease, high blood pressure and diabetes. As a partner of WSSU, FCDPH will receive referrals for qualified SELF-MATTERS applicants for the Minority Diabetes Prevention program (MDDP) and the Breast and Cervical Cancer Control Program (BCCCP). Referrals will complement services received through SELF-MATTERS, provide support to those that do not meet criteria for participation in the SELF-MATTERS program, and/or will continue to provide support to those participating in SELF-MATTERS after that program ends. Further, FCDPH will serve on the advisory board, and will receive/review data collected during implementation of SELF-MATTERS, and where possible, use the data to inform FCDPH's services/programs/initiatives.

III. The Highland Avenue Block Party (2020)
The Highland Avenue Block Party is a one day event that will be held in the Fall of 2020 on Highland Avenue, Winston-Salem after its successful introduction in October 2019. More than 700 individuals participated in the October event when it was primarily funded by AmeriHealth Caritas, Healthy Blue, United Healthcare and Wellcare. The upcoming event will include free flu shots, health screenings, mobile mammography, STD/HIV testing, clothing, voter registration, employment assistance, food & healthcare assistance, processing of WIC applications, Medicaid enrollment/re-enrollment, food, games, face painting and prizes. The following partners are expected to participate: *Highland Avenue Primary Clinic, Forsyth County Department of Social Services, FCDPH, DayMark Recovery Services, Cardinal Innovations, First Baptist Church, Ministers' Conference Winston-Salem, AmeriHealth Caritas, Healthy Blue, United Healthcare,* and *Wellcare.*

Sources

2014. Community Child Protection Team/Child Fatality Prevention Team (CCPT/CFPT)
2015. Community Child Protection Team/Child Fatality Prevention Team (CCPT/CFPT)
2016. Community Child Protection Team/Child Fatality Prevention Team (CCPT/CFPT)
2017. Community Child Protection Team/Child Fatality Prevention Team (CCPT/CFPT)
2018. Community Child Protection Team/Child Fatality Prevention Team (CCPT/CFPT)
2019. NC DHHS, Division of Public Health, HIV/STD/Hepatitis Surveillance Unit
2020. Infant Mortality, NC State Center for Health Statistics (NC SCHS)
2020. North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT).
2020. North Carolina Electronic Disease Surveillance System (NC EDSS).
2020. Projected new cancer cases and deaths for selected sites by county. NC State Center for Health Statistics (NC SCHS)

Appendix

Appendix A. Forsyth County, NC Residents who Expressed Suicide Ideation during Emergency Department Visits based on Gender, Age at Event and Year of Event, 2015 – 2019

Gender	Age at Event (Years)	2019		2018		2017		2016		2015	
		Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Men	Less than 10	36	2.4%	34	2.1%	17	1.4%	15	1.2%	8	0.6%
	10-14	95	6.2%	120	7.4%	81	6.7%	64	5.0%	48	3.4%
	15-19	149	9.7%	154	9.5%	108	8.9%	142	11.0%	119	8.5%
	20-24	121	7.9%	174	10.8%	116	9.5%	116	9.0%	129	9.2%
	25-29	148	9.7%	159	9.8%	121	10.0%	97	7.5%	108	7.7%
	30-34	162	10.6%	176	10.9%	104	8.6%	102	7.9%	140	10.0%
	35-39	145	9.5%	135	8.4%	107	8.8%	114	8.8%	106	7.6%
	40-44	124	8.1%	113	7.0%	85	7.0%	100	7.7%	135	9.6%
	45-49	128	8.4%	171	10.6%	150	12.3%	135	10.5%	230	16.4%
	50-54	167	10.9%	173	10.7%	153	12.6%	184	14.3%	182	13.0%
	55-64	188	12.3%	148	9.2%	121	10.0%	185	14.3%	162	11.6%
	≥65	68	4.4%	59	3.7%	53	4.4%	37	2.9%	34	2.4%
	Total	**1,531**	**100.0%**	**1,616**	**100.0%**	**1,216**	**100.0%**	**1,291**	**100.0%**	**1,401**	**100.0%**
Women	Less than 10	16	1.3%	26	2.1%	7	0.7%	8	0.7%	8	0.7%
	10-14	195	16.0%	186	15.1%	153	14.4%	139	12.3%	109	8.9%
	15-19	222	18.3%	225	18.3%	227	21.4%	190	16.8%	206	16.9%
	20-24	124	10.2%	116	9.4%	113	10.6%	98	8.7%	132	10.8%
	25-29	83	6.8%	122	9.9%	109	10.3%	108	9.6%	106	8.7%
	30-34	96	7.9%	98	8.0%	67	6.3%	87	7.7%	92	7.6%
	35-39	66	5.4%	76	6.2%	62	5.8%	102	9.0%	101	8.3%
	40-44	86	7.1%	80	6.5%	82	7.7%	92	8.1%	92	7.6%
	45-49	87	7.2%	68	5.5%	56	5.3%	80	7.1%	99	8.1%
	50-54	80	6.6%	82	6.7%	53	5.0%	96	8.5%	100	8.2%
	55-64	107	8.8%	101	8.2%	95	8.9%	82	7.3%	90	7.4%
	≥65	53	4.4%	49	4.0%	39	3.7%	48	4.2%	83	6.8%
	Total	**1,215**	**100.0%**	**1,229**	**100.0%**	**1,063**	**100.0%**	**1,130**	**100.0%**	**1,218**	**100.0%**
Total	Less than 10	52	1.9%	60	2.1%	24	1.1%	23	1.0%	16	0.6%
	10-14	290	10.6%	306	10.8%	234	10.3%	203	8.4%	157	6.0%
	15-19	371	13.5%	379	13.3%	335	14.7%	332	13.7%	325	12.4%
	20-24	245	8.9%	290	10.2%	229	10.0%	214	8.8%	261	10.0%
	25-29	231	8.4%	281	9.9%	230	10.1%	205	8.5%	214	8.2%
	30-34	258	9.4%	274	9.6%	171	7.5%	189	7.8%	232	8.9%
	35-39	211	7.7%	211	7.4%	169	7.4%	216	8.9%	207	7.9%
	40-44	210	7.6%	193	6.8%	167	7.3%	192	7.9%	227	8.7%
	45-54	215	7.8%	239	8.4%	206	9.0%	215	8.9%	329	12.6%
	55-64	247	9.0%	255	9.0%	206	9.0%	280	11.6%	282	10.8%
	≥65	295	10.7%	249	8.8%	216	9.5%	267	11.0%	252	9.6%
	Unknown	121	4.4%	108	3.8%	92	4.0%	85	3.5%	117	4.5%
	Total	**2,746**	**100.0%**	**2,845**	**100.0%**	**2,279**	**100.0%**	**2,421**	**100.0%**	**2,619**	**100.0%**

Forsyth County Department of Public Health, Epidemiology & Surveillance Unit, February 15th, 2020
Source: North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT)

Appendix B. Forsyth County, NC Residents who Expressed Suicide Ideation during Emergency Department Visits based on Gender, Race/Ethnicity and Year of Event, 2016 – 2018

		2019		2018		2017		2016	
Gender	**Race/Ethnicity**	**Cases**	**%**	**Cases**	**%**	**Cases**	**%**	**Cases**	**%**
Men	Black/Af. American	492	32.1%	481	29.8%	317	26.1%	264	20.4%
	Hispanic/Latino	78	5.1%	126	7.8%	71	5.8%	61	4.7%
	White/Caucasian	936	61.1%	990	61.3%	810	66.6%	926	71.7%
	Other/Unknown	25	1.6%	19	1.2%	18	1.5%	40	3.1%
	Total	**1,531**	**55.8%**	**1616**	**56.8%**	**1216**	**53.4%**	**1291**	**53.3%**
Women	Black/Af. American	330	27.2%	360	29.3%	254	23.9%	210	18.6%
	Hispanic/Latino	113	9.3%	99	8.1%	79	7.4%	102	9.0%
	White/Caucasian	743	61.2%	737	60.0%	700	65.9%	777	68.8%
	Unknown/Unspecified	29	2.4%	33	2.7%	30	2.8%	41	3.6%
	Total	**1,215**	**44.2%**	**1229**	**43.2%**	**1063**	**46.6%**	**1130**	**46.7%**
Total	Black/Af. American	822	29.9%	841	29.6%	571	25.1%	474	19.6%
	Hispanic/Latino	191	7.0%	225	7.9%	150	6.6%	163	6.7%
	White/Caucasian	1,679	61.1%	1727	60.7%	1510	66.3%	1703	70.3%
	Unknown/Unspecified	54	2.0%	52	1.8%	48	2.1%	81	3.3%
	Total	**2,746**	**100.0%**	**2845**	**100.0%**	**2,279**	**100.0%**	**2,421**	**100.0%**

Forsyth County Department of Public Health, Epidemiology & Surveillance Unit, February 15th, 2020
Source: North Carolina Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT)