



GRANVILLE VANCE
public health

2018 Community Health Assessment



THIS REPORT IS AVAILABLE ON THE GRANVILLE VANCE PUBLIC HEALTH WEBSITE AT:
<https://gvph.org/services/community-services/community-health-assessments/>

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GRANVILLE VANCE

public health



Lisa Macon Harrison, MPH, Health Director

The health of a community extends far beyond just measuring health outcomes and preventing disease. Scientists have found that the conditions in which we live, learn, work, and connect with others, *all* have an enormous impact on our health. We understand better now that our health is determined by so many factors beyond just where we see doctors and nurses (although we need them too).

We must invest in our community's health together; and making sure someone has a ride to the farmer's market on a Saturday, has a safe place to live, or perhaps has access to an after school program for their children, may be just as important to their quality of life as it is to make sure they have access to a doctor and an emergency room. Success in health, education, and economic development is intertwined. We cannot improve one without the others. Children's health is the first step towards success in school. Success in school is the first step towards a skilled work force. And skilled, healthy workers are the first steps toward attracting new jobs.

Community health assessments are the official way public health investigates and diagnoses our patient—the whole community. The labor-intensive effort represents a beautiful quilted combination of many dedicated individuals and organizations from across Granville and Vance counties. A sincere and heartfelt thank you goes out to all of those who invested time, financial support, and boots-on-the-ground effort it takes to pull the data together for a Community Health Assessment. Especially to those who spent summer time evening and weekend hours *going door-to-door to ask our community members about health issues important to them* through a community health opinion survey... **THANK YOU!**

Public health serves everyone. Together, we can make a positive difference in the health and well-being of residents in Granville and Vance Counties. To volunteer, make suggestions, advocate for public health resources, or to request more information, please call us at 919-693-2141 in Granville County, and 252-492-7915 in Vance County, or go online to <https://gvph.org/>.

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Executive Summary

Purpose of the Community Health Assessment

The Community Health Assessment (CHA) process offers communities the chance to evaluate their health and human services status needs and to identify resources that can help improve the well-being of their residents. By identifying the most urgent and actionable concerns, leadership and community members can then take collaborative and strategic actions to make measurable progress on these issues to improve the overall health of the population.

Participation and Community Engagement

With support from the Triangle North Healthcare Foundation, Granville Vance Public Health (GVPH) consulted with the North Carolina Institute for Public Health (NCIPH) to facilitate the assessment process. In addition to the GVPH leadership team, a steering committee comprised of representatives from various health and human service organizations in both counties met regularly to review and analyze data and to discuss priorities.

Community input is a crucial part of an assessment, and GVPH engaged community members at two stages of the process. The Community Health Opinion Survey (CHOS), conducted in both Granville and Vance Counties, engaged 352 randomly-selected residents to learn more about their personal health status and concerns, as well as their concerns for the community as a whole. All residents of Granville and Vance were invited to participate in community forums to learn about the most pressing concerns identified in the data collection and analysis and to vote on which areas should be chosen as the priorities for this CHA cycle.

Steering Committee Representation

Sector	Number of Participants
Public Health	13
Education	7
Substance Use Disorder Services and Prevention	4
Cooperative Extension	4
Foundations and Nonprofits	3
Health Care	4
Local Government	3
Mental Health	2
Youth Services	2
Law Enforcement	3
Media	1

Process

The CHA Team worked from June through November of 2018 to collect and analyze data, present it for discussion to the steering committee and community members, and set priorities that represent the counties' needs and concerns. The data collection process included primary data – data collected directly from the community through the community health opinion survey – as well as secondary, or existing, data. The secondary data sources included the North Carolina Center for Health Statistics, the United States Census Bureau, local government, and other sources.

Comparisons and Targets

Throughout the data collection and analysis process, the CHA team compared data points from Granville and Vance Counties to two peer counties, Franklin and Warren, which were chosen for their similarity to

the district in geography, demographics, and economic indicators. Data was also compared to the state of North Carolina, as well as targets from the Healthy North Carolina 2020 objectives, which serve as a health improvement plan for the state.

Prioritization

Both the primary and secondary data were analyzed for differences with the state and/or peer counties, gaps with the Healthy North Carolina 2020 targets, and new issues facing the district. Based on this review, the CHA team set nine topic areas to present at two community health forums.

Residents, agency partners, and other stakeholders were invited to learn about the CHA process as well as the nine topic areas. The forums were held in Oxford and Henderson, and a total of 39 people attended. Following the presentation, attendees were asked to vote on their top priorities to be addressed in the next three years by GVPH and its partners.

Following the community forums, the steering committee met to review data highlights from the topic areas, discuss the results of the forum votes, and finalize priorities. The steering committee agreed with the community's selection of Mental Health and Substance Use Disorder, Youth Well-Being, and Access to Health Care as the priority areas, and added the cross-cutting themes of poverty and health equity to be addressed in each priority.

MENTAL HEALTH AND SUBSTANCE USE DISORDER



Drug abuse was the #1 issue affecting quality of life in the 2018 Granville Vance Community Health Opinion Survey.



More than 1 in 4 Granville County residents and 1 in 10 Vance County residents have been diagnosed with depression or anxiety.



The suicide rates in both Granville and Vance Counties have increased by more than 50% since 2004.



27% of Granville County residents and 38% of Vance County residents have had a friend or family member that has been affected by the use of prescription painkillers, opioids, or heroin.

YOUTH WELL-BEING



Childhood is a crucial time for physical, cognitive, and social-emotional growth. Ensuring the healthy growth and development of children is essential to ensuring a healthy future.

ACEs

In Granville County, 76% of survey respondents and 86% in Vance County think Adverse Childhood Experiences (ACEs) are an issue GVPH should prioritize in its work.



There has been an increase in services needed from the Department of Social Services in both counties, as well as an increase in substance use disorder-related investigations.



Bullying was cited as the biggest school challenge facing children in both counties.

ACCESS TO HEALTH CARE



Access to affordable, high-quality health care is important for achieving health equity and to increase quality of life for all.



Among adults ages 19-64, 10% in Granville County and 12% in Vance County do not have health insurance.



Lack of transportation can be a barrier to health care access. In Granville County, 4% of households do not have access to a car, and in Vance County, more than 8% do not have car access.



Inadequate insurance and/or high cost of services have prevented 14% of Granville County residents and 7% of Vance County residents from accessing care in the last year.

Next Steps

Assessment is merely the beginning of the health improvement process, and the next steps will be to develop health improvement action plans for each of the three priorities. Working with partners in the two counties, GVPH will develop measurable objectives to address each priority, identify evidence-based strategies to achieve those objectives, and plan evaluation and monitoring throughout the next three years.

Get Involved

Residents are invited to join Granville Vance Public Health and its partners as they work to address the health priorities and improve the health and well-being of the district as a whole. For more information, contact:

Granville County Health Department
101 Hunt Drive | Oxford, NC | 27565
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Vance County Health Department
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Chapter 1: Introduction

Community Health Assessment Overview

The Community Health Assessment (CHA) is a process for evaluating the overall health status of a community, the factors that contribute to community members' health and well-being, and the resources that are available or needed to address these factors. All local health departments in North Carolina are required to conduct a CHA every three to four years to achieve accreditation by the North Carolina Local Health Department Accreditation program. Granville Vance Public Health last completed a CHA in 2015 and operates on a three year cycle.

Granville Vance Public Health (GVPH), with financial support from the Triangle North Healthcare Foundation, convened a steering committee of 46 stakeholders representing health care, government, mental health, law enforcement, education, and other sectors in Granville and Vance Counties to conduct this assessment. The committee met monthly to provide input through each phase of the CHA process outlined by the North Carolina Department of Public Health.



Leadership for the project was provided by Granville Vance Public Health, with support from the North Carolina Institute for Public Health at the UNC Gillings School of Global Public Health. This report includes the findings of the CHA process from June through November of 2018.



Community Health Opinion Survey volunteers



Attendees at the Granville community forum

Community engagement

Community members had the opportunity to get involved with the assessment at two stages of the process. In July 2018, volunteers for the Community Health Opinion Survey (CHOS), conducted in both Granville and Vance Counties, interviewed 352 randomly-selected residents to learn more about their personal health status and concerns, as well as their perceptions of the health needs and concerns for the community as a whole.

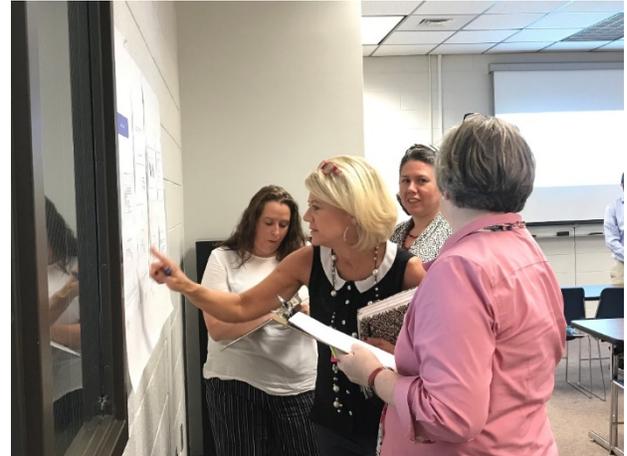
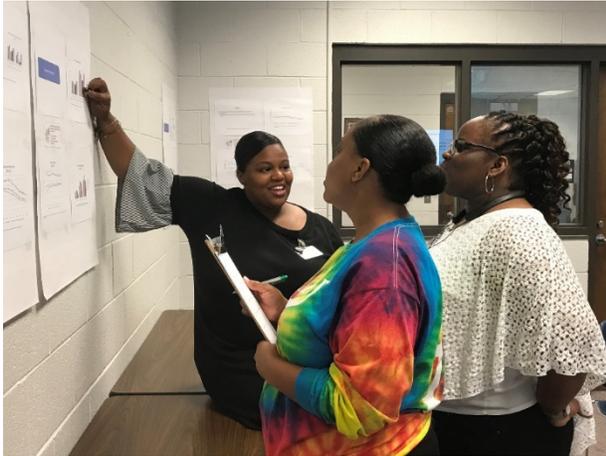
Following the survey and data analysis, all residents of Granville and Vance Counties were invited to participate in community forums held in August 2018 in each county to learn about the most pressing concerns identified in the data collected and analyzed. Attendees at the forums also voted on which areas should be chosen as the counties' priorities for the next three years. The CHA report will be available to residents and other interested parties through the libraries and the GVPH website, enabling them access to all data collected as part of this process.

Data collection and comparisons

The CHA process requires gathering two kinds of data: primary data (new data collected from the community) and secondary data (existing statistics collected from other sources). To fulfill the primary data requirement, GVPH conducted the CHOS, which consisted of 61 questions to learn about residents' personal health, health care access, emergency preparedness, and community concerns. The survey was available in English and Spanish.

The survey sampling method included a two-stage cluster sampling design that first selected census blocks in each county, then selected five households within each cluster. In July and August of 2018, staff and volunteers from GVPH, UNC Gillings, and other local organizations were trained and conducted a total of 352 resident interviews. The complete CHOS methods and survey instrument can be found in Appendix 2.

The secondary data collected for the CHA included statistics from federal, state, and local sources around topics such as morbidity (illness) and mortality (death) rates for various health outcomes, demographics, education, poverty, health care services, disease tracking, environmental health, and others. The secondary data collected for this report also include social determinants of health, which are social and environmental factors that influence personal health, health behaviors, and access to health care.



Steering committee members review secondary data

When available, the CHA team compared data measures from Granville and Vance Counties to the state of North Carolina and two peer counties, Franklin and Warren. The peer counties were chosen for their similarities to Granville and Vance in demographics, density, location, and other characteristics. Data were also compared to the targets for the Healthy North Carolina 2020 goals, which serve as the state’s health improvement plan.

Priorities

Granville Vance Public Health, local residents, and the CHA steering committee collectively decided upon three priority areas: Mental Health and Substance Use Disorder, Youth Well-Being, and Access to Health Care. The steering committee also chose to keep Poverty and Health Equity as overarching themes to guide the approach for each of the three community health priorities.

In January 2019, GVPH began the process of developing action plans to address each of these priorities, including identifying strategic partnerships and resources and selecting evidence-based strategies for each area. The priority areas will serve as a guide and a decision-making tool for GVPH and other local partners over the next three years for funding and program investments.

2019-2021 Granville Vance Public Health Community Health Assessment Priorities

- Mental Health and Substance Use Disorders
- Youth Well-Being
- Access to Health Care

Cross-Cutting Themes: Poverty and Health Equity

Chapter 2: District Profile

History

Granville County was formed in 1746 from land broken off of Edgecombe County, and the Granville Court House was the first established county seat. The town of Oxford became the county seat in 1811.

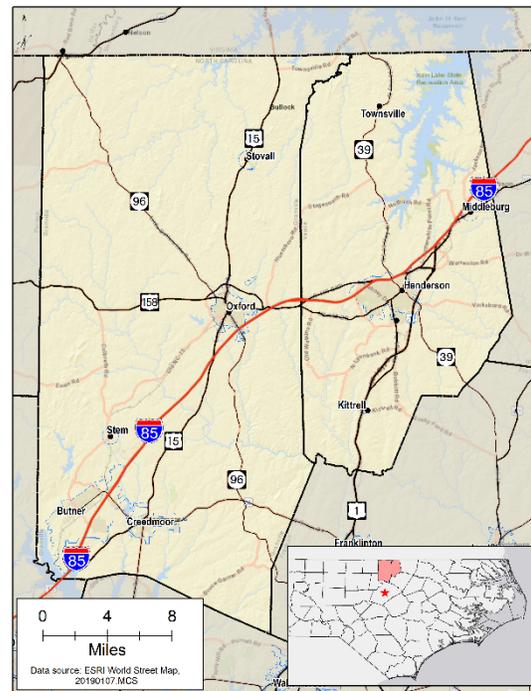
Vance County was carved out from parts of Granville, Warren, and Franklin Counties in 1881. It was named in honor of Governor Zebulon B. Vance, the Civil War Governor of North Carolina and state senator. Henderson, chartered in 1841, became the county seat.

Prior to the arrival of primarily German and Scotch-Irish settlers, the Occaneechi, Tuscarora and Saponi tribes were the major populations living in what is present day Granville and Vance counties.

Geography

Granville and Vance counties are both part of the Piedmont region of North Carolina bordering Virginia. Interstate 85 passes through each county and runs through the county seats of Oxford and Henderson. Oxford is approximately 30 miles from Durham, N.C., 40 miles from Raleigh, N.C., and 17 miles from the Virginia border. Slightly farther north-east, Henderson is approximately 40 miles from Durham, 44 miles from Raleigh, and 20 miles from the Virginia border.

Granville County has a total of 532 square miles of land and 4.9 square miles of water. Vance County contains 254 square miles of land and 16 square miles of water. Granville and Vance share Kerr Lake, although the majority of the lake lies in Vance County and Virginia. The Tar River flows through Granville, and one of its major tributaries, Swift Creek, flows through Vance. Other notable geographical features in the two counties include Roland Pond, and Island, Anderson, and Tabbs Creeks.



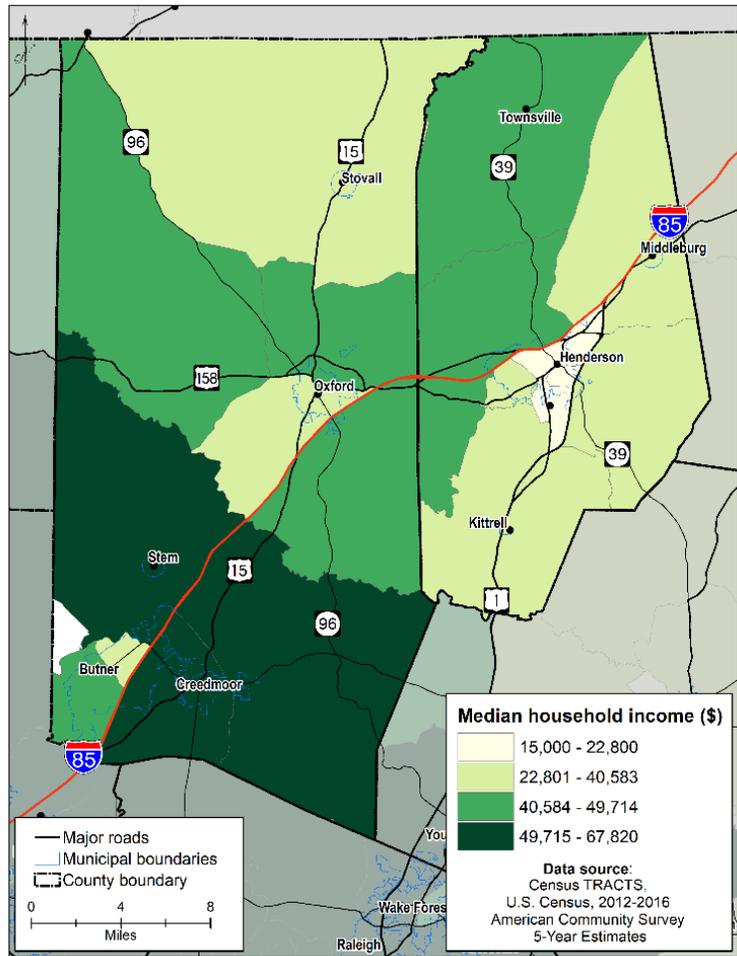
Economy

Historically, agricultural commodities have been important to the economies of both Granville and Vance Counties. Granville County, in particular, was one of the top tobacco-producing counties in North Carolina and relied on the tobacco industry until the late 1960s. In the 1950s, other manufacturing industries including china, tires, and clothing products began moving into the county. Today, while much of the northern area of the county remains rural and agricultural, there are increased manufacturing jobs housed in places like the Triangle North Granville Industrial Park and high-tech companies are moving into the area. The County's three largest employers are the State of N.C. Department of Health and Human Services, and Revlon Consumer Products Corporation¹.

¹ NC Department of Commerce, 2018

In addition to agriculture, the Henderson and Harriet cotton mills were in production in Vance County from 1895 to 1958. Today, the largest industries in Vance County include manufacturing, health care and social assistance, and retail trade. The county's three largest employers are Vance County Schools, Wal-Mart Associates Inc., and Variety Wholesalers Inc¹.

Tier designations from the North Carolina Department of Commerce are given on the basis of employment, income, population, and property taxes. The tier system is used for various state programs to encourage economic development in less prosperous areas of the state. As of November 2018, Granville County was ranked as Tier 2 (rural, less distressed), and Vance County was designated as Tier 1 (most rural and most distressed). Wealth in Granville County is largely concentrated in the southern part of the county, and the differences in economic resources in different parts of the county can lead to unequal outcomes in health and other measures.



Demographics

According to the US Census Bureau 2016 estimates, the population for Granville County is 59,013 and for Vance County is 44,244. Granville County has a higher percentage of male residents, whereas in Vance a higher percentage of the population is female.

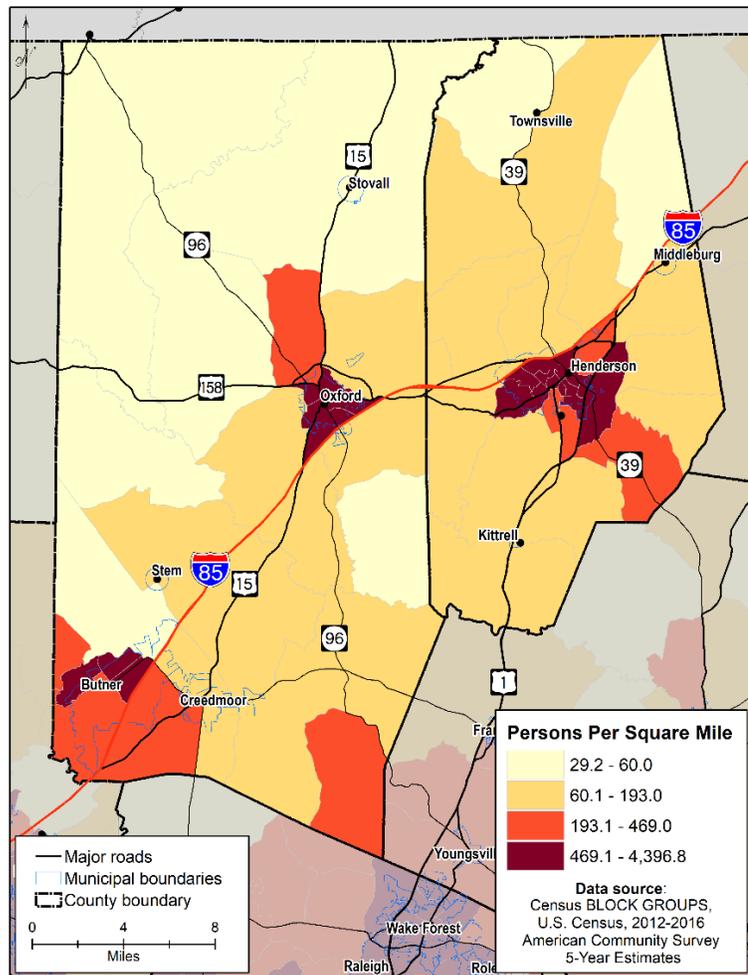
Location	Total Population	% Population Male	% Population Female	Overall Median Age
Franklin County	64,705	49.7%	50.3%	41.6
Granville County	59,031	50.9%	49.1%	42.6
Vance County	44,244	46.6%	53.4%	40.5
Warren County	19,907	49.9%	50.1%	47.2
State of NC	10,146,788	48.6%	51.4%	38.7

Source: US Census Bureau, American Fact Finder, 2016 Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties

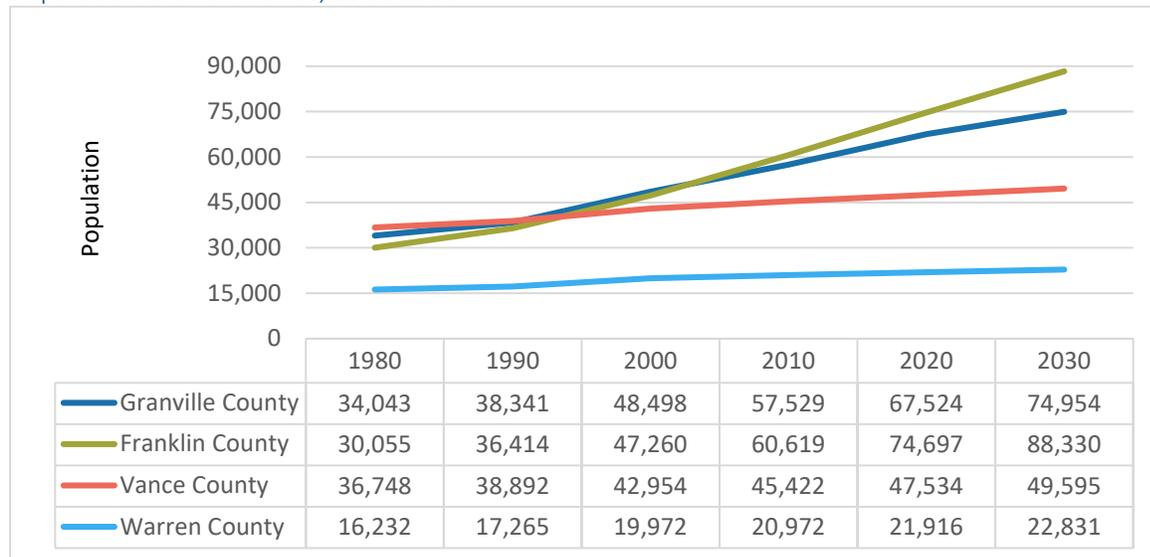
Population Density

Granville and Vance are rural counties, with the densest concentrations of population in southern Granville County and around the municipalities of Henderson and Oxford. Living in a rural area can increase an individual's risk of poor health outcomes due to factors like difficulty accessing health care services and having fewer economic opportunities. Rural populations tend to have higher rates of chronic disease and lower life expectancy than their urban counterparts.

Granville County is predicted to continue growing due to migration into the county, whereas Vance County shows a more modest projected population growth over the next decade.



Population Growth Trends, 1980-2030

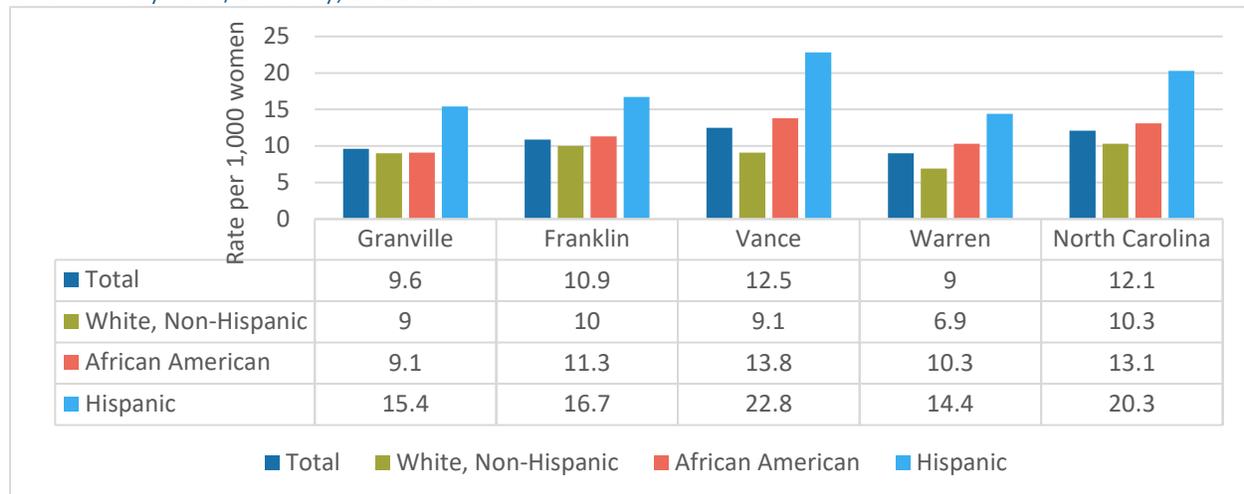


Source: Log Into North Carolina (LINC) Database Topic Group Population and Housing, Total Population, <https://www.osbm.nc.gov/facts-figures/linc>

Birth Rate by Race/Ethnicity

Birth rates for the counties are relatively flat overall, and the Hispanic birth rate is higher than African American and white, non-Hispanic rates.

Birth Rate by Race/Ethnicity, 2012-2016



Source: NC State Center for Health Statistics, Health Data, County Level Data, County Health Databooks

Veterans

In 2017, an estimated 7.8% of Granville County's population were veterans, compared to 6.5% in Vance County and 8.7% statewide. The majority of military veterans in Granville are between 35 to 54 years old, while the majority in Vance are between 64 and 74 years old. This is a smaller proportion for both counties than the previous CHA.

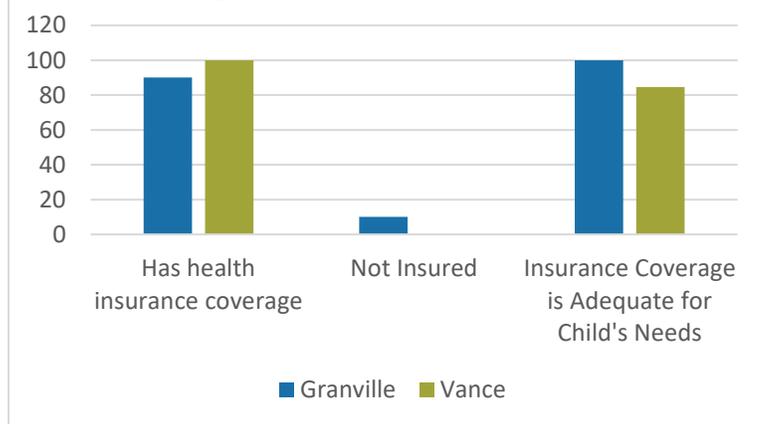
Disability

14.9% of adults ages 18-64 in Granville County and 17% in Vance County live with a disability that causes serious difficulty with one of the following functional areas: hearing, vision, cognition, self-care or independent living. Among the population over age 65, 39.6% in Granville and 40.5% in Vance are estimated to live with a disability.

Children with Special Health Care Needs

According to the American Academy of Pediatrics, “children with special health care needs are those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.” The 2018 CHA is the first assessment in which the community health opinion survey included questions about children with special health care needs. Of those surveyed, 6.4% in Granville and 7.8% in Vance were the parent, guardian, or caretaker of a child with a special health care need. Most of these children have health insurance coverage, but Granville respondents were more likely to feel the insurance coverage was adequate to the child’s needs.

Insurance Coverage for Children with Special Health Care Needs



Source: 2018 Granville Vance Community Health Opinion Survey

Other Vulnerable Populations

Age, language barriers, socioeconomic status, chronic disease, and disability can increase a population’s vulnerability to a public health emergency or natural disaster. Vulnerable populations may also face extra hurdles in accessing basic health care due to their status; for example, a person who is uninsured may hesitate to seek routine medical care due to concerns about cost of the services, or a person with limited English proficiency may experience difficulty asking questions about a health condition.

The following table presents a summary of populations whose health may be more vulnerable in Granville and Vance Counties.

Age					
	Granville	Franklin	Vance	Warren	North Carolina
<5 years old	4.9%	5.6%	6.3%	4.5%	6%
<18 years old	21%	22.7%	24%	18.6%	22.8%
>65 years old	15.7%	15.5%	16.85	22.9%	15.1%
Other Characteristics (All Ages)					
Uninsured	9.5%	12.5%	11.5%	14%	12.1%
Living Below Poverty Line	14.3%	16.4%	23%	22.3%	16.1%
Disabled	16.4%	15.2%	18.7%	19.7%	13.7%
Limited English Proficiency*	2.6%	3.8%	2.6%	1.4%	4.7%

*Speak English less than “very well”

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, ACS Demographic and Housing Estimates, Selected Economic Characteristics, Small Area Health Estimates

Chapter 3: Assessment Findings

Overview

The 2018 Community Health Assessment (CHA) process included the analysis of existing statistics from state, local, and county-level sources, as well as data collected directly from the community in the Community Health Opinion Survey (CHOS). The steering committee reviewed these data points, including comparisons to the state and peer counties, target gaps with the Healthy NC 2020 objectives, emerging trends, and disparities. This chapter highlights key findings from that review. Complete data tables can be found in Appendix 4, and the complete results from the CHOS are found in Appendix 3.

Disparity
 A type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Social and economic disadvantage stem from characteristics historically linked to discrimination or exclusion such as race or ethnicity, religion, socioeconomic status, gender, mental health, sexual orientation, geographic location, or cognitive, sensory, or physical disability.

Comparisons to Healthy NC 2020

Healthy NC 2020 functions as a health improvement plan for the state of North Carolina. With 13 focus areas and 40 target objectives, the plan aims to improve the health status of every residents. The table below contains a comparison of current Granville and Vance county data, where available, to the most recent statewide status and the 2020 targets. Results highlighted in green indicate those that have met or exceeded the 2020 target.

Healthy NC 2020 Objective	Granville	Vance	NC	2020 Target
Tobacco Use				
1. Decrease the percentage of adults who are current smokers	21.4% (2018)	29.8% (2018)	19% (2016)	13%
2. Decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days	7.7% (2018)	5.2% (2018)	7.7% (2016)	0%
Physical Activity and Nutrition				
1. Increase the percentage of adults who consume fruit one or more times per day	91.5% (2018)	86% (2018)	56.7% (2015)	69.7%
2. Increase the percentage of adults who consume vegetables one or more times per day	96.2% (2018)	94.1% (2018)	78.4% (2015)	84.7%
Injury and Violence				
1. Reduce the unintentional poisoning mortality rate (per 100,000 population)	14.6 (2016)	15 (2016)	18.5 (2016)	9.9
2. Reduce the homicide rate (per 100,000 population)	4 (2018)	18 (2018)	7.5 (2016)	6.7
Maternal and Infant Health				
1. Reduce the infant mortality racial disparity between whites and African Americans	1.49 (2012-16)	2 (2012-16)	2.68 (2012-16)	1.92
2. Reduce the infant mortality rate (per 1,000 live births)	8.2	7.5	7.2	6.3
3. Reduce the percentage of women who smoke during pregnancy	13.7% (2016)	13.8% (2016)	8.9% (2016)	6.8%

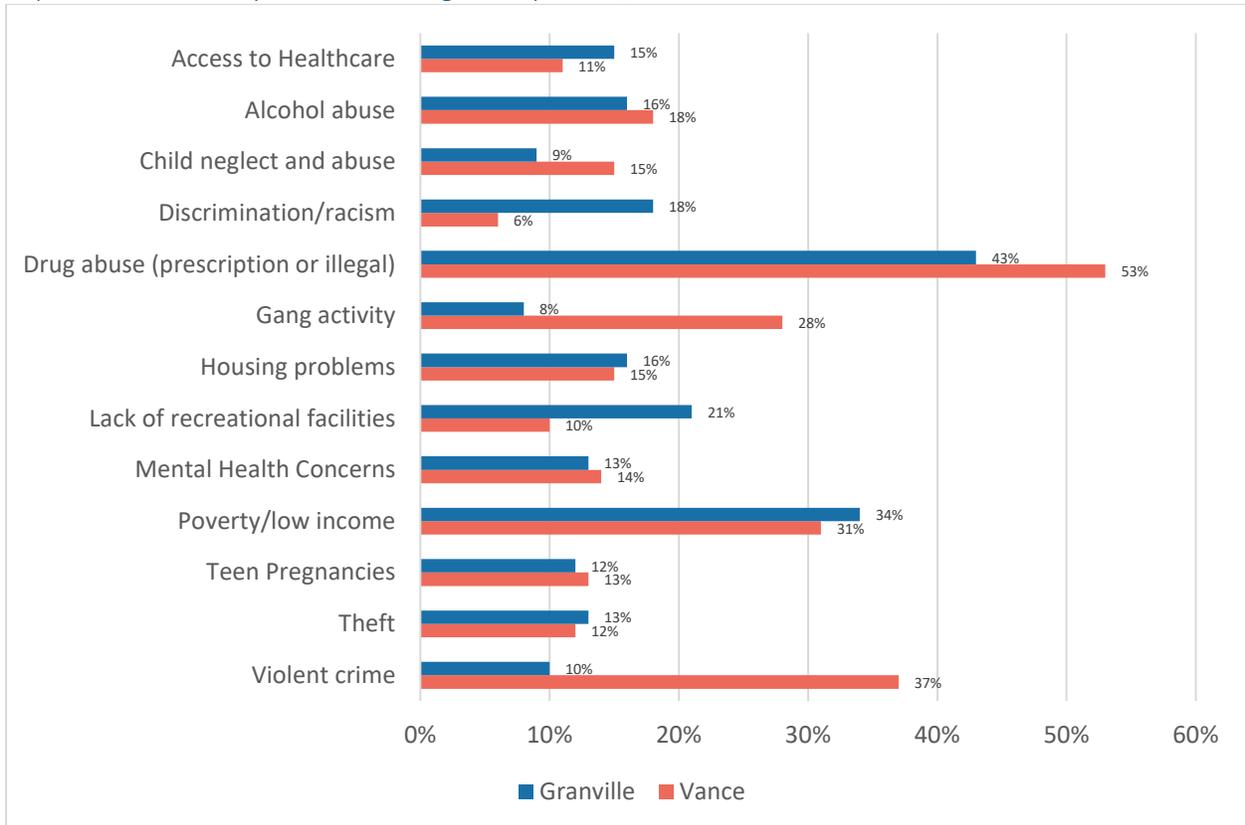
Healthy NC 2020 Objective	Granville	Vance	NC	2020 Target
Sexually Transmitted Infections and Unintended Pregnancy				
1. Reduce the rate of new HIV infection diagnoses (per 100,000 population)	10.6 (2016)	24.5 (2016)	13.9 (2016)	22.2
Substance Abuse				
1. Reduce the percentage of traffic crashes that are alcohol-related	5.5% (2016)	4% (2016)	4.2% (2016)	4.7%
Mental Health				
1. Reduce the suicide rate (per 100,000 population)	14.9 (2016)	16.7 (2016)	13 (2016)	8.3
2. Decrease the average number of poor mental health days among adults in the past 30 days	4.1 (2018)	3 (2018)	3.8 (2016)	2.8
Environmental Health				
1. Increase the percentage of air monitor sites meeting the current ozone standard of 0.075 ppm	100% (2018)	No monitoring site	100% (2016)	100%
Infectious Disease and Foodborne Illness				
1. Reduce the pneumonia and influenza mortality rate (per 100,000 population)	12.4 (2016)	31.9 (2016)	16.5 (2016)	13.5
Social Determinants of Health				
1. Decrease the percentage of individuals living in poverty	16.5% (2016)	25.6% (2016)	13.6% (2016)	12.5%
2. Increase the four-year high school graduation rate	84.3% (2016-17)	81.9% (2016-17)	86.5% (2016-17)	94.6%
3. Decrease the percentage of people spending more than 30% of their income on rental housing	49.6% (2016)	53.3% (2016)	46.9% (2016)	36.1%
Chronic Disease				
1. Reduce the cardiovascular disease mortality rate (per 100,000 population)	155.2 (2016)	189.8 (2016)	214.1 (2016)	161.5
2. Decrease the percentage of adults with diabetes	13% (2014)	13% (2014)	11.3% (2016)	8.6%
3. Reduce the colorectal cancer mortality rate (per 100,000 population)	16.4 (2016)	20.6 (2016)	13.2 (2016)	10.1
Cross-cutting				
1. Increase average life expectancy (years)	78.5 (2016)	74.8 (2016)	78 (2016)	79.5
2. Increase the percentage of adults reporting good, very good, or excellent health	77.2% (2018)	72.3% (2018)	81.7% (2016)	90.1%
3. Reduce the percentage of non-elderly uninsured individuals (aged less than 65 years)	14% (2016)	16% (2016)	13% (2016)	8%
4. Increase the percentage of adults who are neither overweight nor obese	22.2% (2018)	28.24% (2018)	33.1% (2016)	38.1%

Sources for Granville and Vance County data include the 2018 Granville Vance Community Health Opinion Survey, North Carolina Center for State Health Statistics, and County Health Rankings and Road Maps.

Community Concerns and Health Status

The 2018 Community Health Opinion Survey (CHOS) asked residents to choose the three issues that they are most concerned about related to their county's overall quality of life. Many of the top 10 issues overlapped across the two counties. For example, respondents named drug abuse as the most important issue in both counties, while poverty/low income ranked second for Granville County and third for Vance County. However, survey respondents in Vance County were more concerned with crime (violent crime and gang activity), while Granville County respondents identified access to health care and recreational facilities as more pressing concerns.

Top Health and Safety Issues Affecting Quality of Life, Granville and Vance Counties



Source: 2018 Granville Vance Community Health Opinion Survey

The majority of residents reported good, very good, or excellent health in the CHOS, though neither county has rates as high as the state as a whole or the Healthy North Carolina 2020 target.

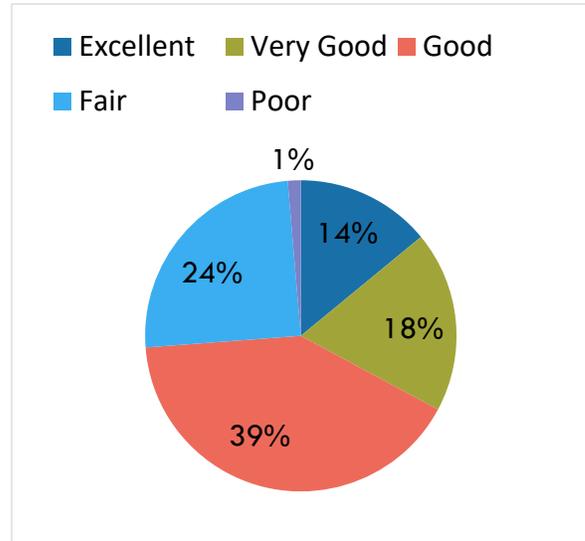
HEALTHY NORTH CAROLINA 2020

OBJECTIVE: *Increase the percentage of adults reporting good, very good, or excellent health.*



Granville (2018 CHOS)	77.2%
Vance (2018 CHOS)	72.3%
North Carolina (2016)	81.7%
Target	90.1%

Self-Reported Health Status, Both Counties



Source: 2018 Granville Vance Community Health Opinion Survey

Health Factors

The assessment process seeks to capture a picture of the general health of the population as well as some of the behavioral factors, such as tobacco use, healthy eating, and physical activity that might affect the community's health.

HEALTHY NORTH CAROLINA 2020

OBJECTIVE: *Decrease the percentage of adults who are current smokers.*



Granville (2018 CHOS)	21.4%
Vance (2018 CHOS)	29.8%
North Carolina (2016)	19%
Target	13%

HEALTHY NORTH CAROLINA 2020

OBJECTIVE: *Decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days.*



Granville (2018 CHOS)	7.7%
Vance (2018 CHOS)	5.2%
North Carolina (2016)	7.7%
Target	0%

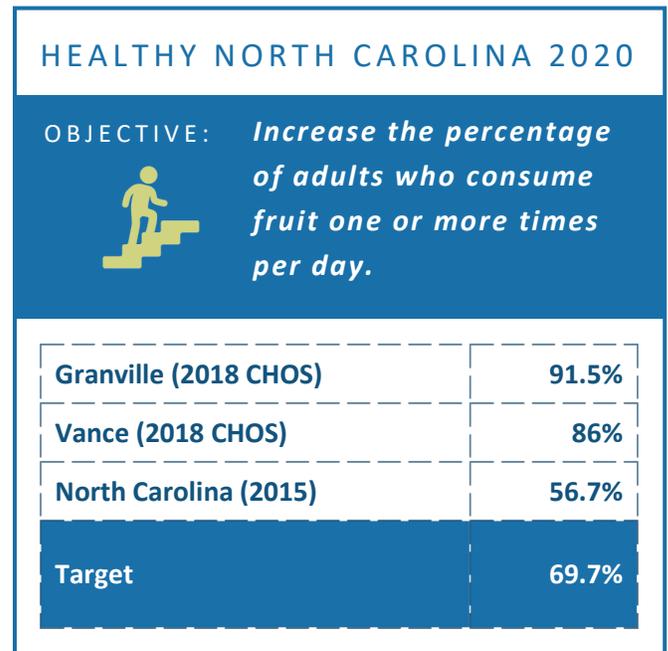
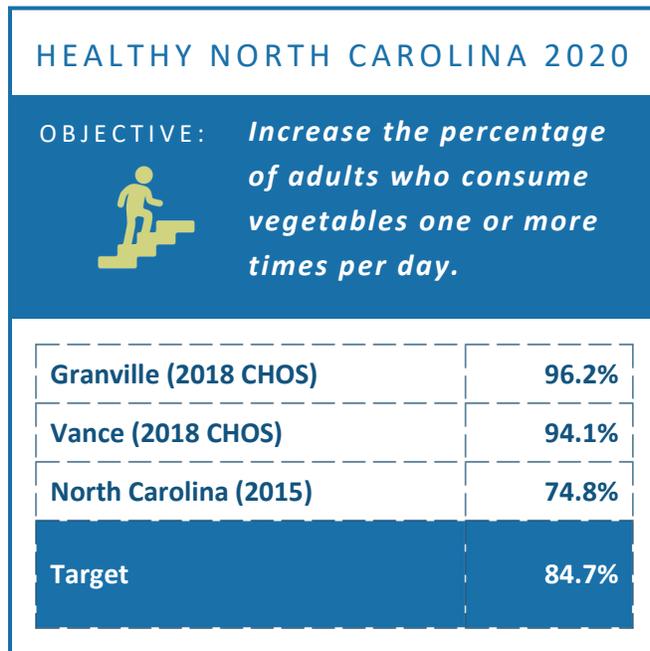
Tobacco Use

While exact rates of tobacco use are difficult to determine at the county level, the CHOS found that 21.4% of Granville County respondents and 29.8% of Vance County respondents are current users of tobacco products. In Granville County, respondents were more likely to use smokeless products such as chewing tobacco and vape pens (21.1% of tobacco users), while 98% of tobacco users in Vance County smoked cigarettes as opposed to using other tobacco products.

Smoking is the leading preventable cause of death in the United States, and using it negatively affects nearly every organ in the body.² There is no safe exposure level for secondhand smoke, and most exposure happens in the home or in the workplace.¹ Approximately a quarter of adult residents who responded to the CHOS in both counties are exposed to secondhand smoke on a regular basis, increasing their risk of heart, lung, and other diseases.

Nutrition and Physical Activity

The vast majority of respondents in both counties eat fruits and vegetables at least once a day, and the majority eat vegetables two or more times a day. However, some residents struggle with food insecurity: 7.9% of households in Granville County and 7.1% in Vance County have cut the size of a meal, used a food pantry or sought reduced cost community meals, or skipped meals because there wasn't enough money for food. Feeding America estimates that 15.6% of households in Granville and 21.3% in Vance are considered to be food insecure, which means they lack access, at times, to enough food or to nutritionally adequate food for all members of the household.



² U.S. Department of Health and Human Services. [The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General](#). Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014

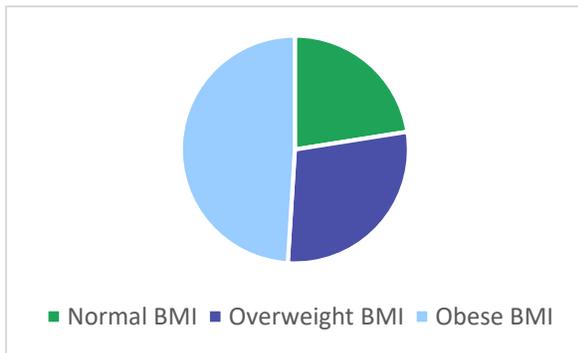
Three quarters of survey respondents engage in moderate-intensity sports or exercise, while a third engage in vigorous exercise. The Center for Disease Control and Prevention’s guidelines for adult physical activity recommend 150-300 minutes of at least moderate-level physical activity each week.

Eating sufficient, nutritious foods and maintaining adequate physical activity are two behaviors that can help adults and children maintain a healthy body weight and reduce the risk of conditions such as heart disease, cancer, and diabetes.

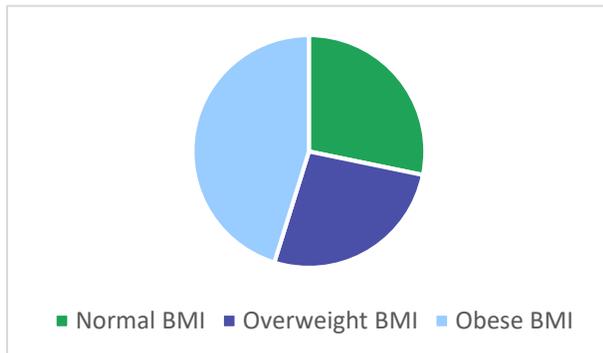
Obesity

Body Mass Index (BMI) is a calculation of a person’s height and weight ratio that allows for a general indicator of weight status. The 2018 CHOS asked residents to state their height and weight to calculate BMI proportions for the counties.

Body Mass Index (BMI), Granville Adults



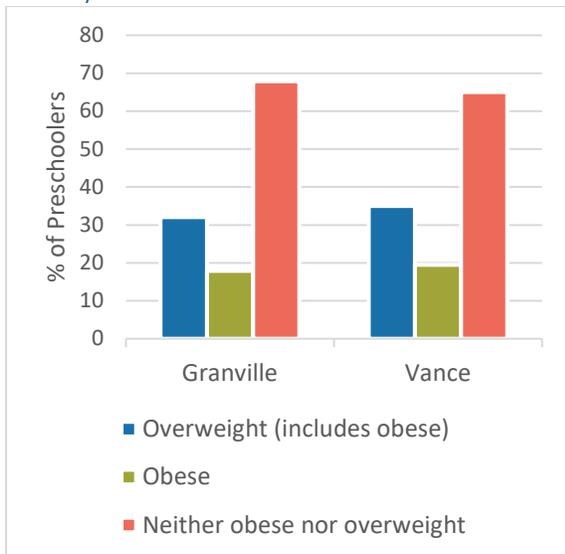
Body Mass Index (BMI), Vance Adults



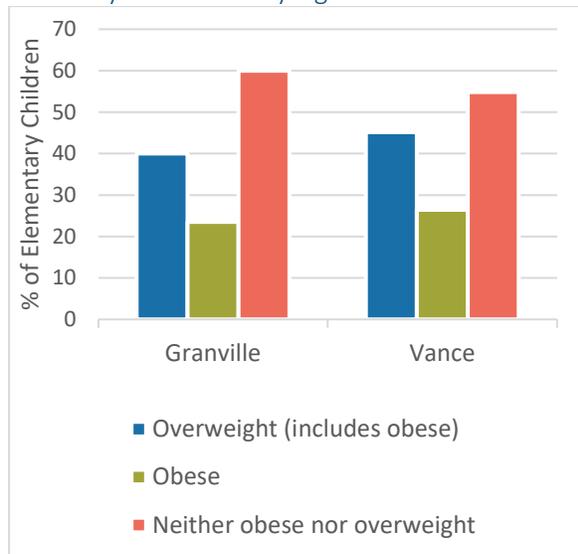
Source: Granville Vance Community Health Opinion Survey

BMI is also a useful tool for examining how growing children’s weight compares against their height. Researchers and health professionals do not look at BMI among children to encourage weight loss, but rather to monitor and encourage that they increase height and weight proportionately as they grow.

Obesity in Preschoolers



Obesity in Elementary-Aged Children

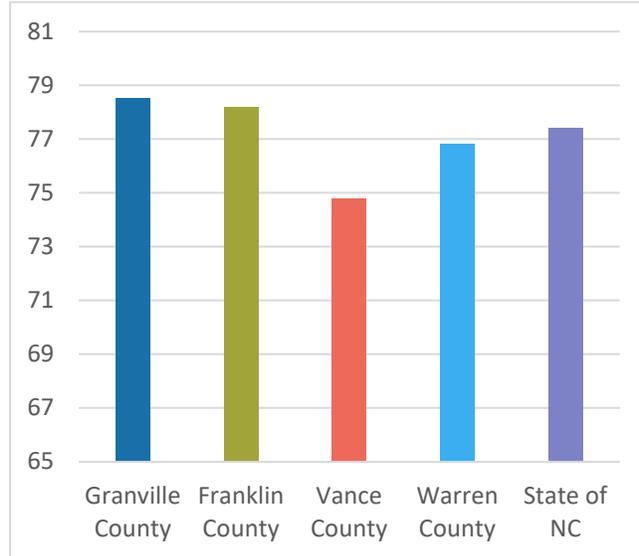


Source: Summary of Anthropometric Data in Granville County Youth, Granville Vance Public Health and Triangle North Healthcare Foundation, 2018

Chronic Disease and Life Expectancy

Life expectancy is a statistical estimate, based on factors like sex, mortality rates, and geography, that estimates the number of years a person can expect to live. Granville County is approaching the Healthy North Carolina 2020 target for life expectancy, but Vance County lags behind Granville County, both peer counties, and the state for life expectancy.

Life Expectancy: Persons Born in 2014-2016



Source: NC State Center for Health Statistics, County-level Data, Life Expectancy - State and County Estimates. 2014-2016 Life Expectancies Reports. North Carolina and counties as listed. <http://www.schs.state.nc.us/data/lifexpectancy/>

HEALTHY NORTH CAROLINA 2020

OBJECTIVE: *Increase average life expectancy (years).*



Granville (2016)	78.5
Vance (2016)	74.8
North Carolina (2016)	78
Target	79.5

Mortality Rates for Leading Causes of Death, 2012-2016

Cancer, heart disease, and chronic lower respiratory disease are the three leading causes of death in both Granville and Vance Counties. North Carolina follows the same order, while nationwide, heart disease is the number-one cause of death, followed by cancer and unintentional injuries (accidents).

The following table shows the top causes of death for Granville and Vance Counties.

Rank/Cause of Death	Granville County			Vance County		
	Number	Rate	Rank	Number	Rate	Rank
Cancer	611	172.7	1	573	202.6	1
Trachea, Bronchus, and Lung	198	55.7	a	180	62.7	a
Prostate	28	21.2	b	18	17.0	d
Breast	34	17.8	c	46	30.0	b
Colon, Rectum and Anus	56	16.4	d	57	20.6	c
Pancreas	35	9.3	e	40	14.3	e
Diseases of the Heart	512	155.2	2	521	189.8	2
Chronic Lower Respiratory Disease	138	41.3	3	135	38.9	3
Cerebrovascular Disease	105	32.3	5	120	44.1	4
All Other Unintentional Injuries	86	28.3	7	64	27.5	8
Alzheimer's Disease	133	44.7	4	54	19.8	11
Diabetes Mellitus	93	26.9	6	77	27.7	6
Pneumonia and Influenza	41	12.4	11	87	31.9	5
Nephritis, Nephrotic Syndrome, and Nephrosis	53	16.4	9	76	27.6	7
Unintentional Motor Vehicle Injuries	56	17.7	8	60	27.9	10
Septicemia	37	10.6	12	64	22.8	8
Suicide	46	14.9	10	37	16.7	13
Chronic Liver Disease and Cirrhosis	37	10.1	12	37	14.0	13
Homicide	13	4.3	14	41	19.7	12
. Acquired Immune Deficiency Syndrome	9	2.9	15	10	4.2	15

Source: NC State Center for Health Statistics, County Health Data Book (2018), Mortality, 2012-2016 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; <http://www.schs.state.nc.us/SCHS/data/databook/>

For the five-year period 2012-2016, the overall cancer mortality rate in Granville County declined by 8.7% from 2009-2013, while Vance County's overall cancer mortality rate increased by 1.4%. While Granville and the peer counties' mortality rates are on par with the state of North Carolina as a whole, Vance has not experienced the same rate of changes as the other jurisdictions, and its cancer mortality rate is 21.7% higher than the state. Overall cancer mortality rates are 29% higher in Vance County for African Americans compared to white residents. The cancer mortality rate for white Granville County residents is slightly higher than for African American residents.

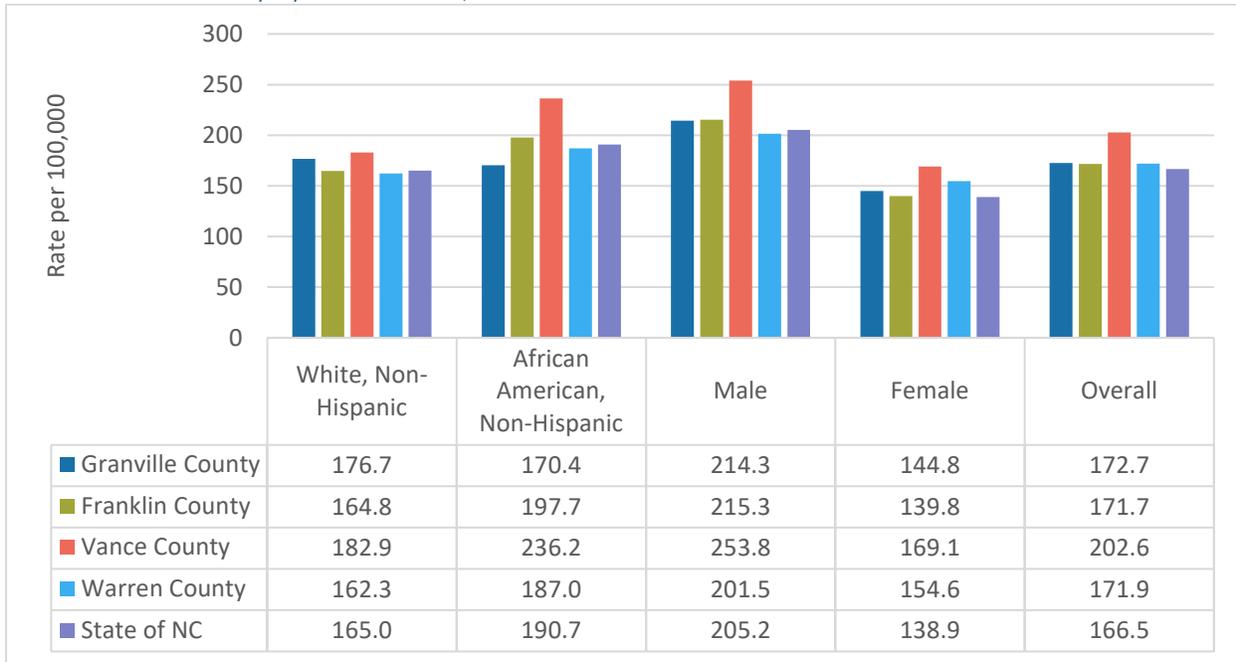
HEALTHY NORTH CAROLINA 2020

OBJECTIVE: *Reduce the colorectal cancer mortality rate (per 100,000 population).*



Granville (2016)	16.4
Vance (2016)	20.6
North Carolina (2016)	14
Target	10.1

Total Cancer Mortality by Race and Sex, 2012-2016



NC State Center for Health Statistics, County Health Data Books (2012-2016), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; <http://www.schs.state.nc.us/SCHS/data/databook/>

While Granville County has the highest incidence rates (new cases) for overall cancer compared to the peer counties and the state, Vance County has higher mortality rates for cancer overall, as well as for breast, lung, and colorectal cancers compared to the state and the peer counties.

Cancer Incidence and Mortality Rates 2012-2016

	All Cancer		Female Breast Cancer		Prostate Cancer		Lung Cancer		Colorectal Cancer	
	Incidence	Mortality	Incidence	Mortality	Incidence	Mortality	Incidence	Mortality	Incidence	Mortality
Granville County	512.5	172.7	153.2	17.8	120.1	21.2	81.1	55.7	50.3	16.4
Franklin County	479.5	171.7	153.8	25.4	122	19.9	74.8	51.4	40.9	14.8
Vance County	492.2	202.6	162.5	30	121.7	17	77.3	62.7	50.9	20.6
Warren County	473.2	171.9	160	26.7	123.5	19.7	72.5	53.1	54.9	18.3
State of NC	480.4	166.5	158.4	20.9	125	20.1	70	47.5	37.7	14

NC State Center for Health Statistics, County-level Data, County Health Data Book (2018). 2012-2016 NC Cancer Incidence Rates per 100,000 Population Age-Adjusted to the 2000 US Population <http://www.schs.state.nc.us/data/databook>

Vance County has higher mortality rates for heart disease and stroke than the state and peer counties, but the county is showing a downward trend for the diseases, along with Granville County and the state at large. Granville County's mortality rate from heart disease and stroke is lower than the statewide trends.

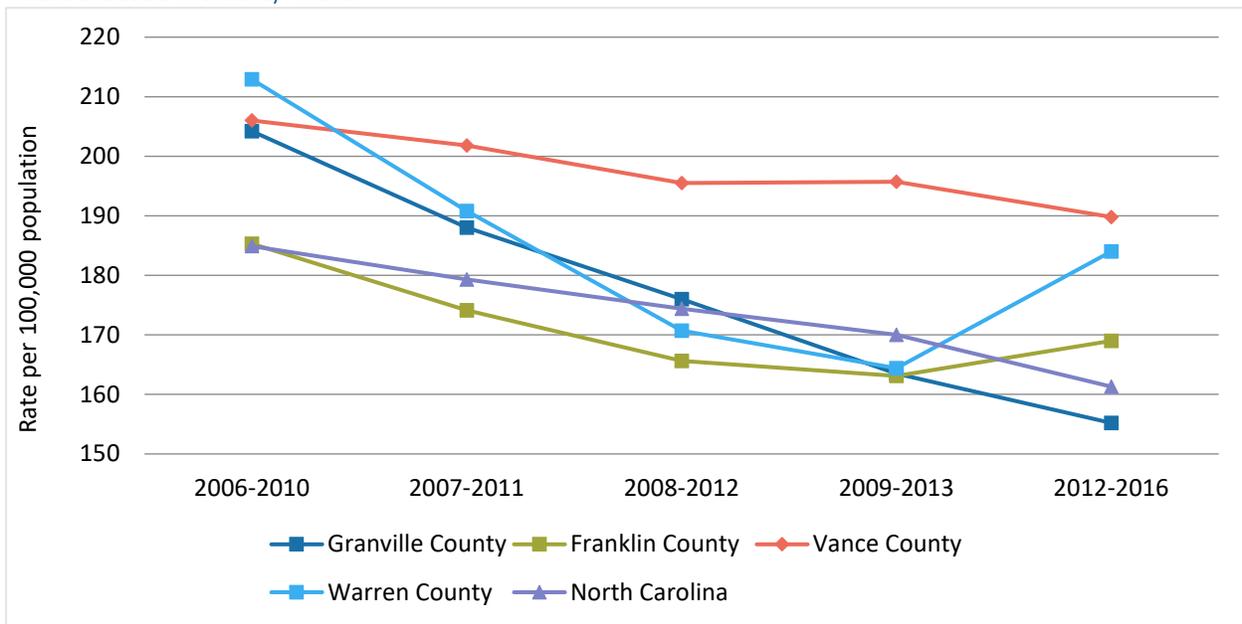
HEALTHY NORTH CAROLINA 2020

OBJECTIVE: *Reduce the cardiovascular disease mortality rate (per 100,000 population).*



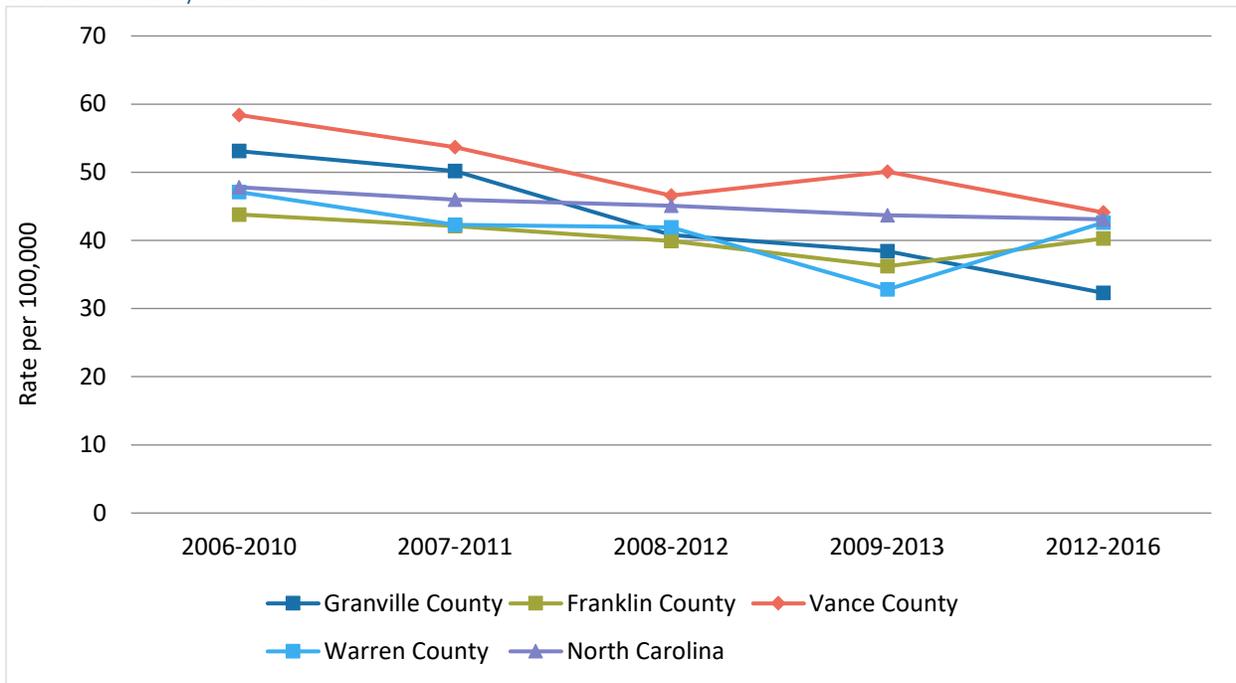
Granville (2016)	155.2
Vance (2016)	189.8
North Carolina (2016)	214.1
Target	161.5

Heart Disease Mortality Trend



Source: NC State Center for Health Statistics, County Health Data Books (2007-2016), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; <http://www.schs.state.nc.us/SCHS/data/databook/>

Stroke Mortality Rate Trend



Source: NC State Center for Health Statistics, County Health Data Books (2007-2016), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; <http://www.schs.state.nc.us/SCHS/data/databook/>

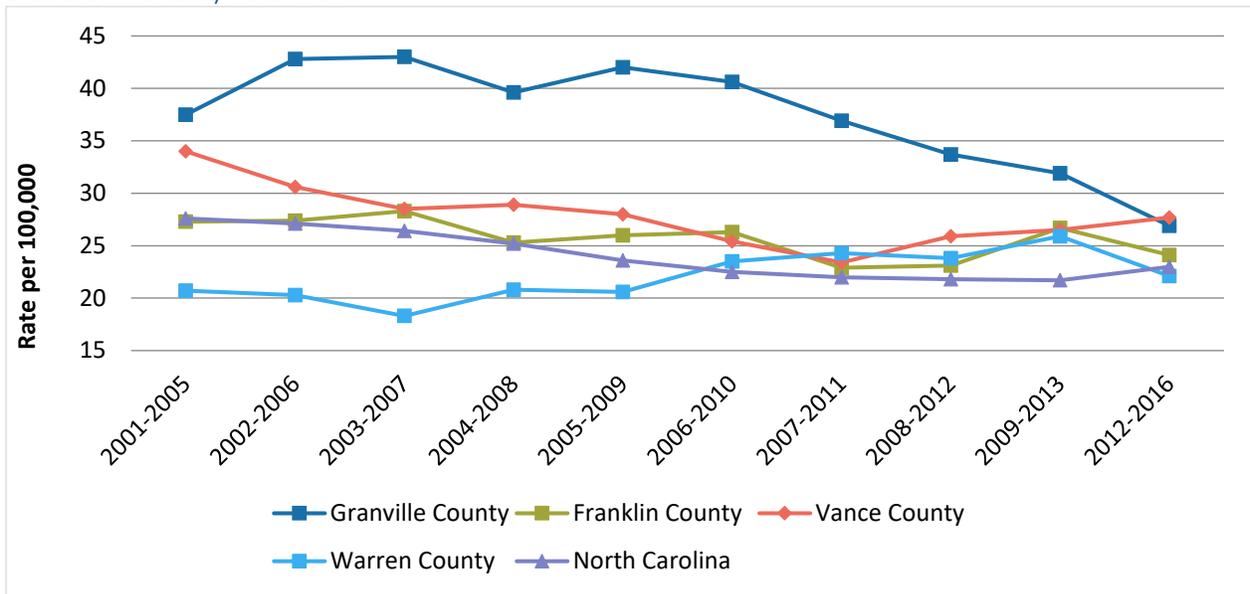
Diabetes mortality rates are down overall in both counties, but there are wide disparities between racial groups. North Carolina, Granville County, and the peer counties have diabetes mortality rates for African Americans that are more than twice that of white, non-Hispanics' rates. Vance County is the exception to this pattern.

HEALTHY NORTH CAROLINA 2020

OBJECTIVE: *Decrease the percentage of adults with diabetes.*

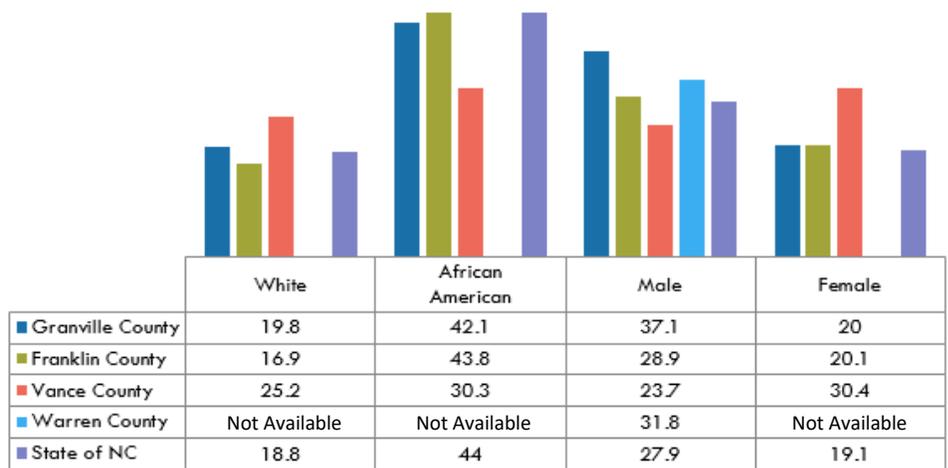
Granville (2014)	13%
Vance (2014)	13%
North Carolina (2016)	11.3%
Target	8.6%

Diabetes Mortality Rate Trend



Source: NC State Center for Health Statistics, County Health Data Books (2007-2016), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; <http://www.schs.state.nc.us/SCHS/data/databook/>

Diabetes Mortality Rate Disparities, 2012-2016



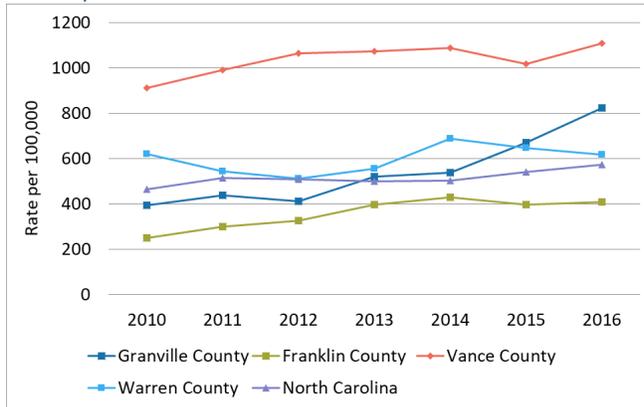
Note: All but one of the Warren rates were marked "n/a", indicating a likely unstable rate based on a small (< 20) number of cases.

Source: NC State Center for Health Statistics, County Health Data Books (2007-2016), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; <http://www.schs.state.nc.us/SCHS/data/databook/>

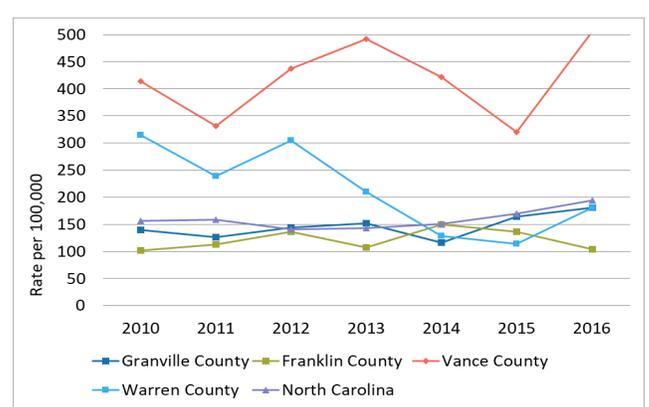
Sexually Transmitted Infections (STIs)

Incidence of the sexually transmitted infections chlamydia and gonorrhea are on the rise statewide. Vance County has higher incidence rates for both of these diseases than the other jurisdictions. Factors that can make an individual or community more vulnerable to STIs include lack of access to health care, stigma, and substance use disorder. While other indicators of sexual health, such as teen pregnancies, have improved, these prevention strategies may be targeting different populations than those that focus on preventing transmission of STIs. For example, long-acting reversible contraceptives are extremely effective in preventing pregnancy, but do not provide protection from STIs.

Chlamydia Incidence



Gonorrhea Incidence



Source: NC DHHS, Division of Public Health, Epidemiology Section, Communicable Disease Branch. North Carolina 2016 HIV/STD Surveillance Report, Table 12; http://epi.publichealth.nc.gov/cd/stds/figures/std16rpt_rev3.pdf

Social Determinants of Health

In addition to genetic, environmental, and behavioral factors, the health of individuals and communities is affected by the conditions in which they live, work, play, worship, and age. These conditions are known as the social determinants of health, and they include factors such as community safety, poverty, housing, education, and transportation.

SOCIAL DETERMINANTS OF HEALTH



HOME

- Is housing available?
- Is it affordable?
- Is it stable?
- Is it safe?



TRANSPORTATION

- Is transportation available?
- Is it affordable?
- Is it reliable?
- Are communities walkable?



HEALTH CARE

- Are residents insured?
- Are health care providers available?
- Is mental health care available?
- What is the quality of care?



FOOD

- Are there places to shop for food?
- Are there places to grow food?
- Is it affordable?
- Are healthy food options available?



SCHOOL

- Are communities literate?
- Is there a language barrier?
- Is early childhood education available?
- Is vocational training available?
- Is higher education available?



WORK

- Is employment available?
- Does income cover expenses?
- What are working conditions like?

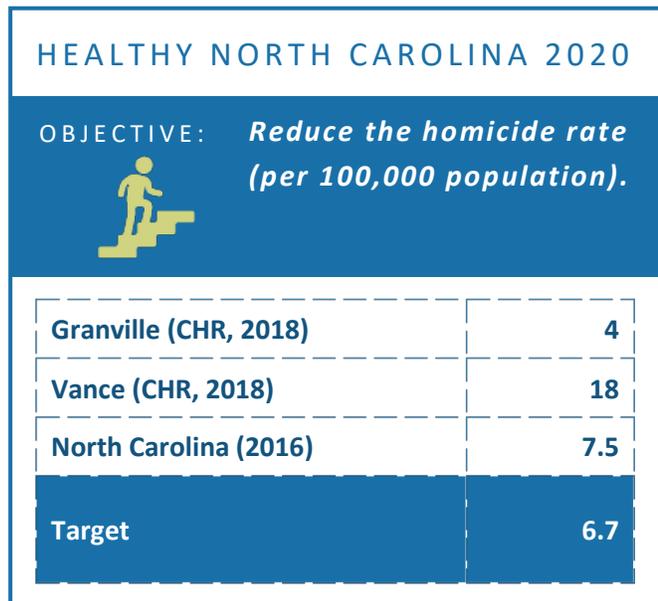


GREEN SPACES

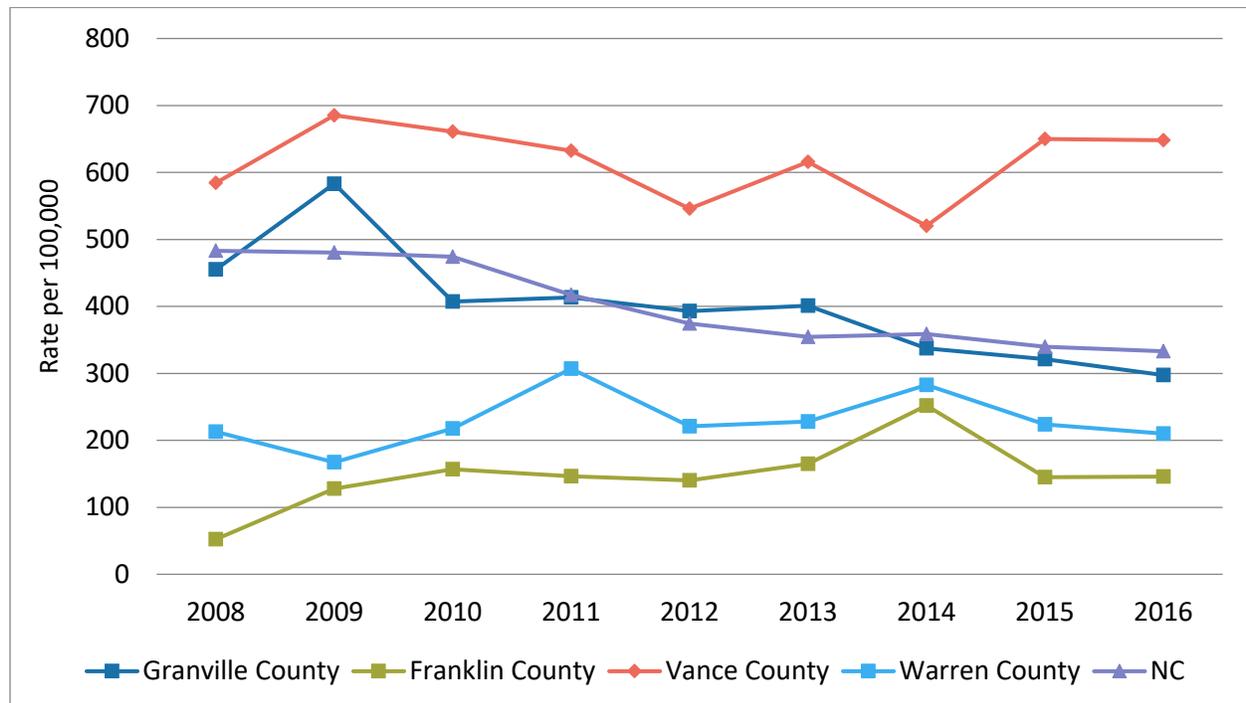
- Are there spaces for physical activity?
- Are there spaces for children to play?
- Are they safe?

Community Safety

The chronic stress of living in unsafe neighborhoods can cause anxiety and depression, accelerating aging and harming overall health. Children in unsafe living situations can suffer post-traumatic stress disorder and exhibit more aggressive behavior and risk-taking than peers in safer environments. Fear of violence keeps people indoors, away from exercise and healthy foods, and reduces time spent with neighbors and friends. 95% of households in Granville County and 86% in Vance County feel safe living in their neighborhood. Crime was the most commonly cited reason for those who didn't feel safe. Rates of both violent and property crime are higher in Vance County than in Granville County and the peer jurisdictions; however, property crime rates have declined in each of the past four reported years.

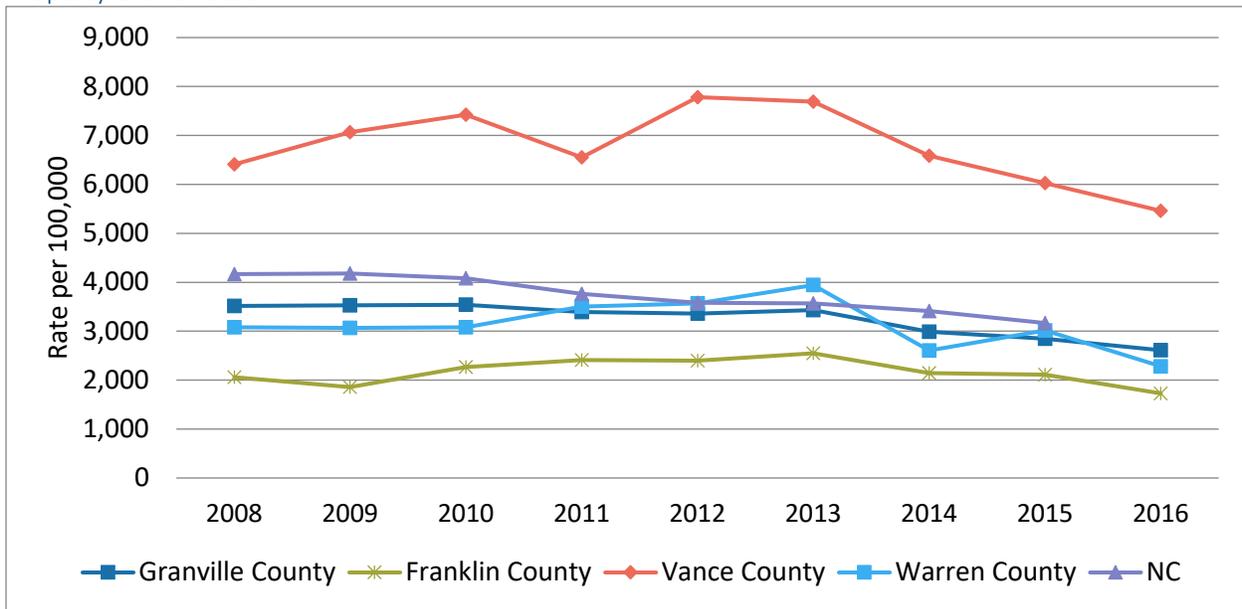


Violent Crime Rates



Source: NC Department of Justice, State Bureau of Investigation, Crime, View Crime Statistics, Crime Statistics (by Year). County Rates: <http://crimereporting.ncsbi.gov/>

Property Crime Rates



Source: NC Department of Justice, State Bureau of Investigation, Crime, View Crime Statistics, Crime Statistics (by Year). County Rates: <http://crimereporting.ncsbi.gov/>

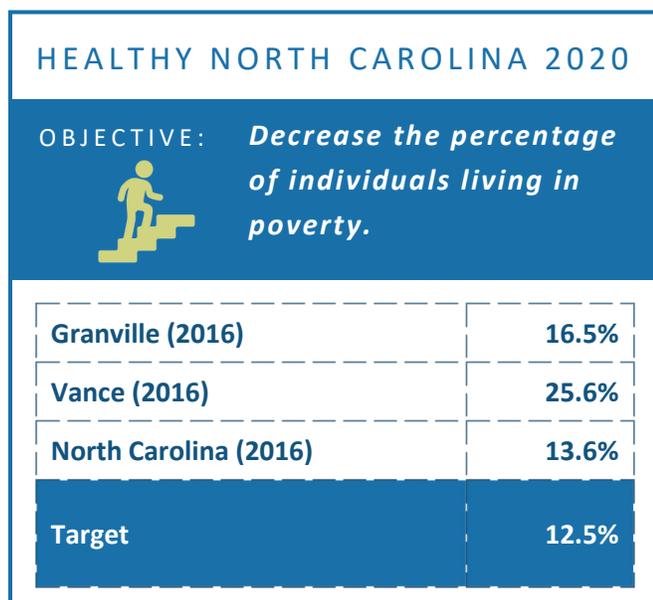
Domestic Violence

Domestic violence is the intentional use of force or power (actual or threatened) against a person to control or harm them. Domestic violence can include behaviors that cause physical harm, fear, sexual violence, threats, financial abuse, emotional abuse, and intimidation.

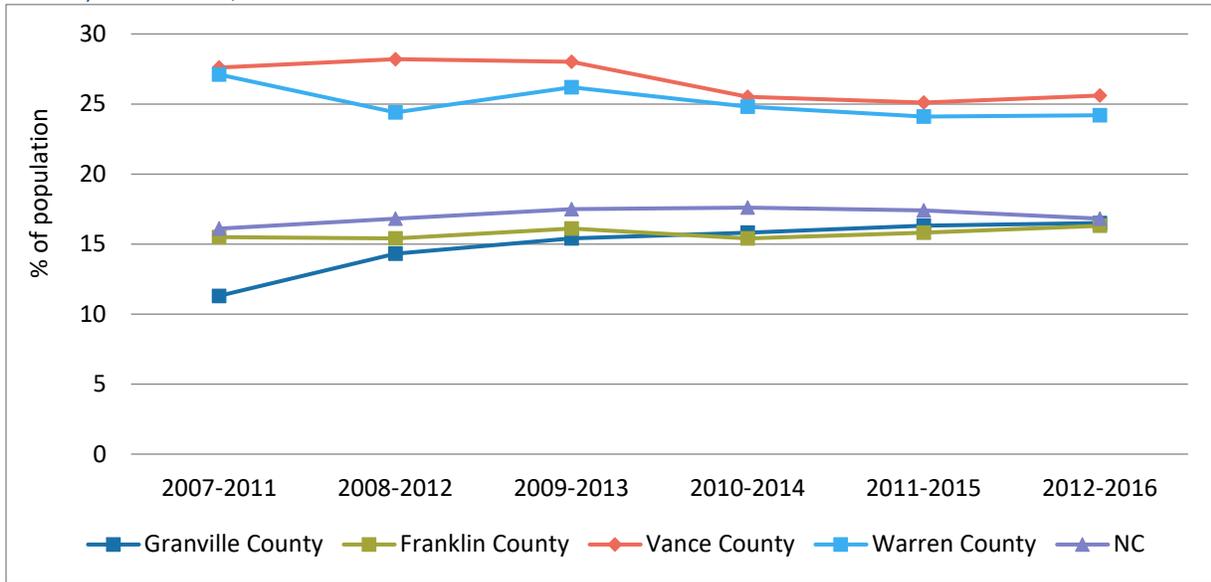
The North Carolina Coalition Against Domestic Violence collects statistical data for domestic violence and sexual assault services utilized in North Carolina. The Center reports that 390 clients were served in Vance County and 347 in Granville County in fiscal year 2015-2016.

Poverty

Having an adequate income allows families and individuals to purchase health insurance and access medical care. It also provides the ability for a household to make healthy lifestyle choices. Individuals and families living in poverty are most likely to live in unsafe homes and neighborhoods, often with limited access to healthy foods, employment options and quality schools.

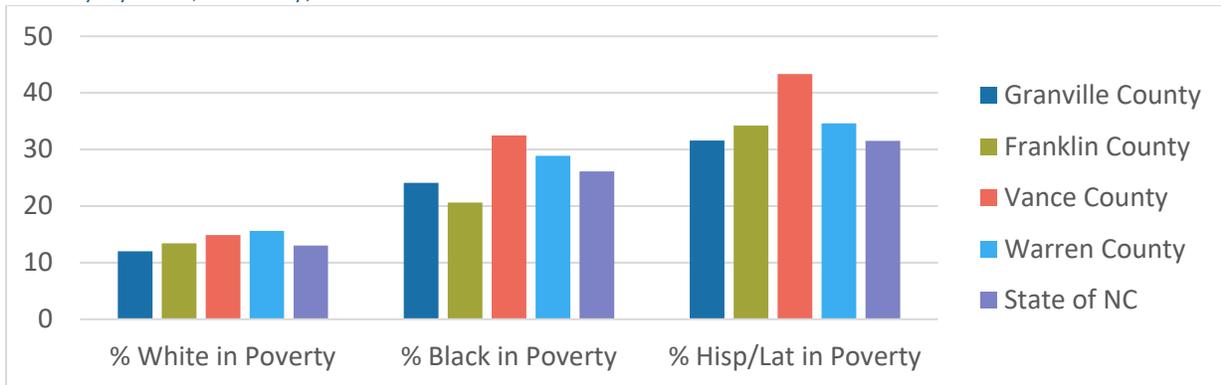


Poverty Rate Trend, 2007-2016



US Census Bureau, American Fact Finder, American Community Survey, 2010, 2011, 2012, 2013, 2014, 2015, 2016 ACS 5-Year Estimates, Table DP03: Selected Economic Characteristics, County, North Carolina (Counties as listed); <http://factfinder2.census.gov>

Poverty by Race/Ethnicity, 2012-2016

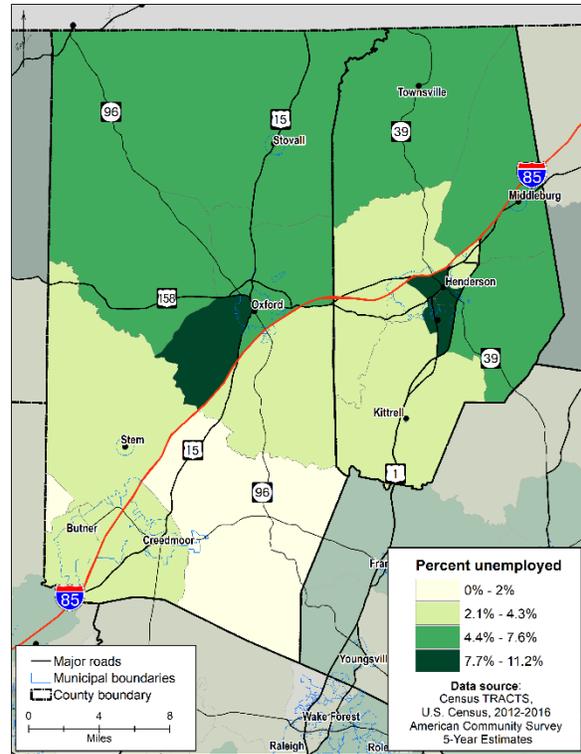


Source: US Census Bureau, American Fact Finder, American Community Survey, 2010, 2011, 2012, 2013, 2014, 2015, 2016 American Community Survey 5-Year Estimates, Table S1701: Poverty Status in the Past 12 Months. Data Profiles, County, North Carolina (Counties as listed); <http://factfinder2.census.gov>

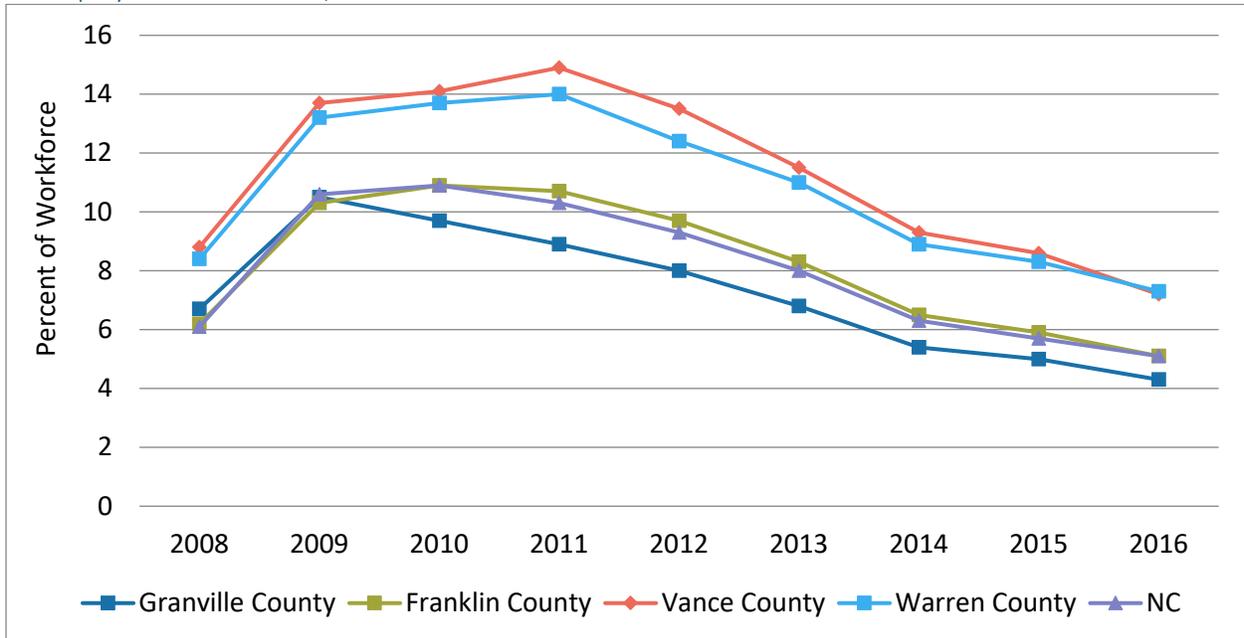
Unemployment

The southern parts of both counties have lower unemployment rates, and Granville County's overall unemployment is better than the state and the peer counties' rates. Unemployment is higher in the northern parts of both counties and most highly concentrated in Oxford and Henderson.

Despite a shrinking unemployment rate, poverty is down only slightly in Vance County and has increased dramatically in Granville County. Minorities are more likely to live in poverty across jurisdictions. Poverty is most concentrated in southern Vance County, as well as in the municipalities of Oxford, Henderson, and Butner.



Unemployment Rate Trend, 2008-2016



Source: North Carolina Department of Commerce, Labor and Economic Analysis Division (LEAD). Local Area Unemployment Statistics (LAUS) - Unemployment Rate. <http://accessnc.nccommerce.com/>

Housing

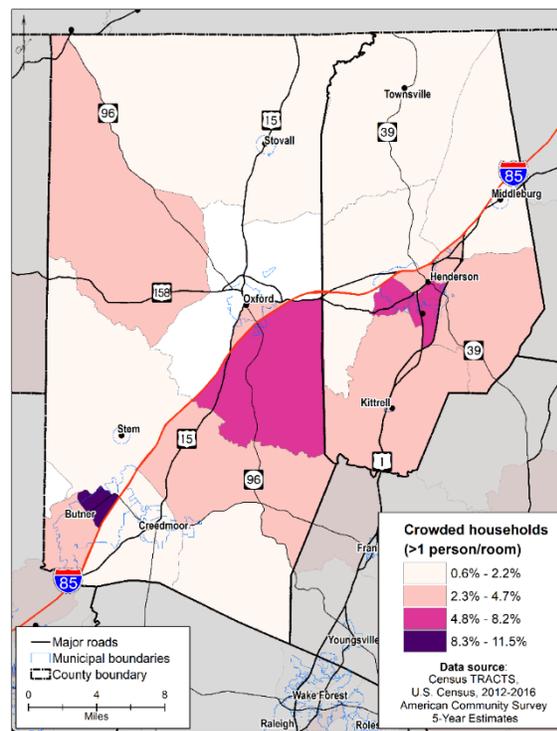
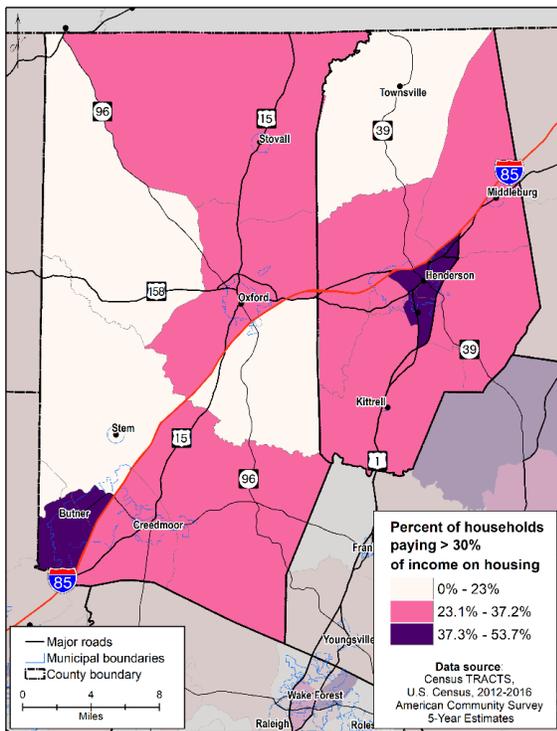
HEALTHY NORTH CAROLINA 2020

OBJECTIVE: *Decrease the percentage of people spending more than 30% of their income on rental housing.*



Granville (2016)	155.2
Vance (2016)	189.8
North Carolina (2016)	214.1
Target	161.5

Housing problems, ranging from inadequate infrastructure to overcrowding, can lead to health problems such as injury and developmental delays. According to the University of Wisconsin’s Population Health Institute, 16% of Granville County residents and 18% of Vance County residents live in housing with severe problems such as lack of kitchen facilities, structural damage, or crowding. Housing affordability is also a challenge; 53.3% of renters in Vance County and 49.6% in Granville County spend more than 30% of their household income on housing.



Educational Outcomes

People with higher incomes, more years of education, and who live in a healthy and safe environment have better health outcomes and generally have longer life expectancies. Adults who do not graduate from high school are more likely to engage in risky health behaviors such as smoking and to have health conditions such as high blood pressure and diabetes.

HEALTHY NORTH CAROLINA 2020

OBJECTIVE: *Increase the four-year high school graduation rate.*



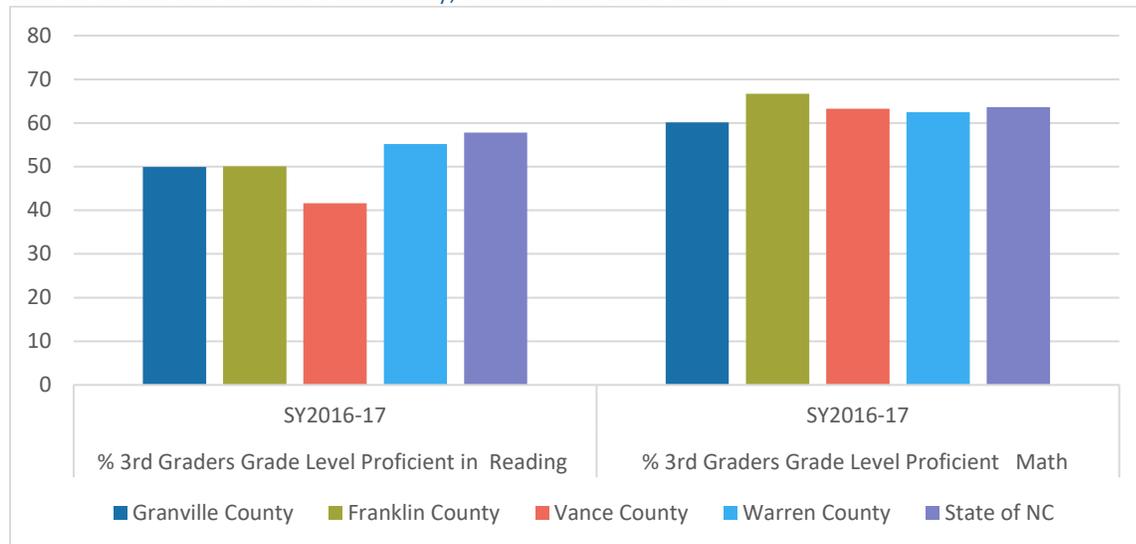
Granville (2016-17)	84.3%
Vance (2016-17)	81.9%
North Carolina (2016-17)	86.5%
Target	94.6%

Schools

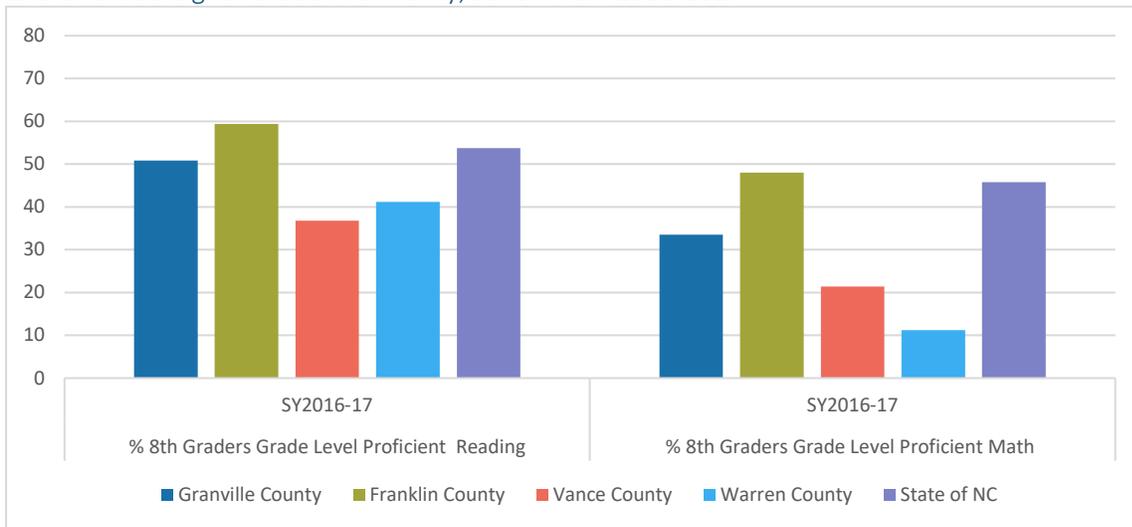
Granville County Public Schools includes has 19 schools and enrolls 7,667 students. Vance County Schools enrolls 6,027 students in 17 total schools. Local per-student funding in both districts is approximately \$1,600, which is less than the state average of \$2,231.

Elementary-aged children in Granville County Public Schools are somewhat behind their peers across other counties and the state in reading and math proficiency. However, by the end of middle school, children’s academic performance drops off in the reading and math End of Grade (EOG) tests. Vance County Schools third grade EOG scores show only 41.6% of children reading at grade level, and by eighth grade that drops to 36.8%.

End-of-Grade Third Grade Proficiency, School Year 2016-2017



End-of-Grade Eighth Grade Proficiency, School Year 2016-2017

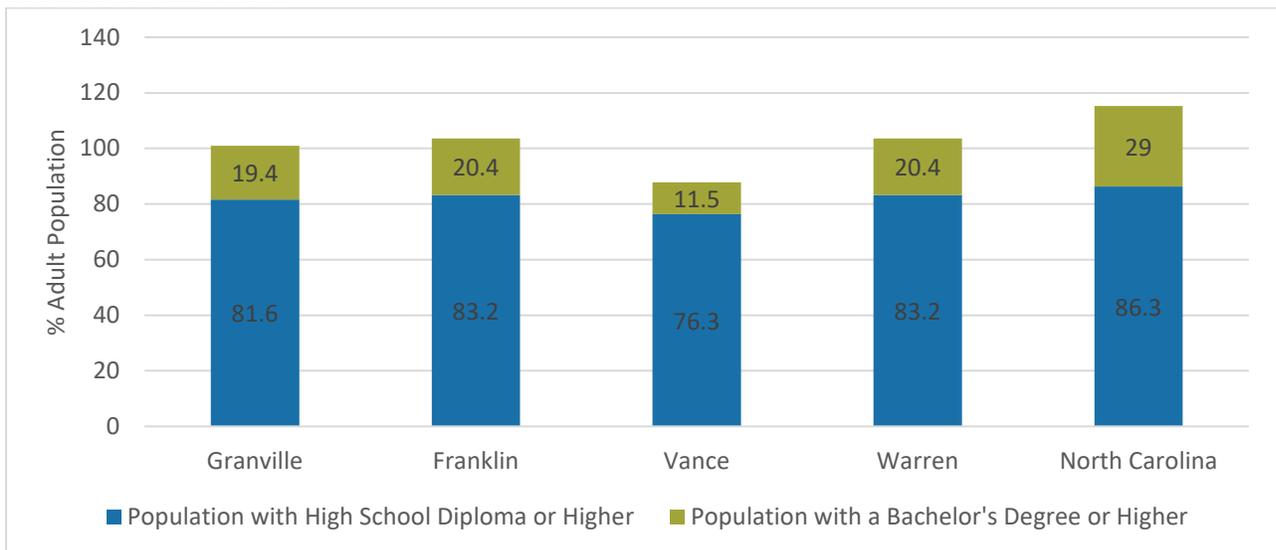


Source: North Carolina School Report Cards, District Report Cards, Educational Attainment SAS Report, District Performance, End-of-Grade Testing

Educational Attainment

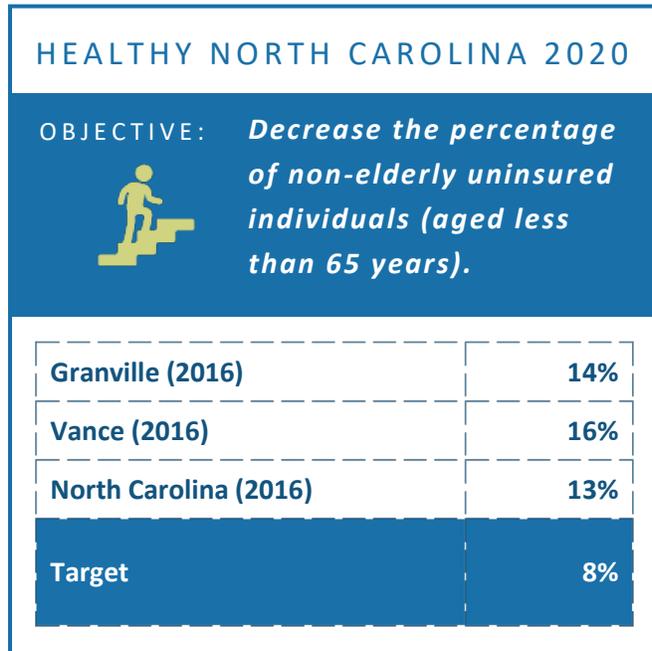
In overall educational attainment, 81.6% of Granville County residents and 76.3% of Vance County residents have at least a high school education, compared to 86.3% statewide. The percentage of residents with a bachelor’s degree or higher for Granville County (19.4%) and Vance County (11.5%) was significantly lower than the statewide average of 29%.

Educational Attainment



Source: US Census Bureau, American Fact Finder, American Community Survey, 2013-2017 American Community Survey (ACS) 5-Year Estimates, Table DP02: Selected Social Characteristics, Educational Attainment, by State or County

Access to Health Care



Health care access is essential for improving health at the population level and is an important component of health equity. Access to health care includes availability, quality, and convenience of services, as well as residents' ability to reach and pay for needed care. Even when services are robust, there may be barriers to community members' ability to receive them.

According to the Community Health Opinion Survey, 90% of respondents in Granville County and 88% in Vance County have health insurance, including private coverage, Medicaid, and Medicare. This is an increase from the previous Community Health Assessment in 2015, when 84% of Granville and 86% of Vance had coverage, but highlights the coverage gap that is typical in states that did not expand Medicaid under the Affordable

Care Act. Medicaid transformation in North Carolina presents an opportunity to address this gap in coverage, which primarily affects non-elderly adults who have incomes above Medicaid eligibility limits but below the ACA Marketplace's lower limit for insurance premiums tax credits³.

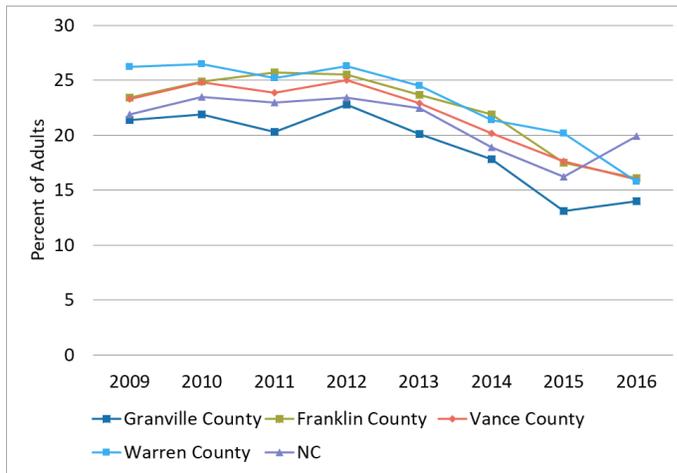
Despite high rates of health insurance coverage, 14% in Granville and 7% in Vance reported that they or a family member had trouble accessing care in the last year. In Granville, most reported having trouble accessing care from a General Practitioner/primary care because of lack of insurance or because the service was not available in the County. In Vance, most reported having trouble accessing care from a General Practitioner/primary care because insurance didn't cover what was needed or the cost was too high. Whether or not they have insurance, poor patients often skip health care because of cost. The costs associated with health care include co-pays, lab tests, prescriptions, and unpaid time away from work.

25% of Americans think cost is the most urgent health care problem facing the country at this time.

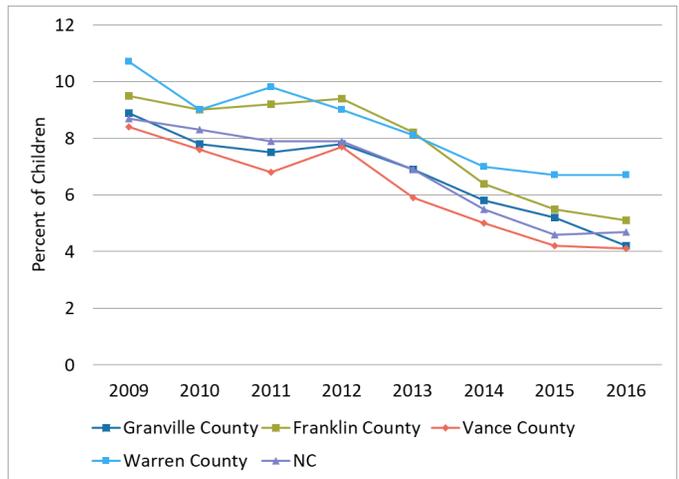
Gallup, Health Care System Poll, 2018

³ The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid. Kaiser Family Foundation, 2018. <https://www.kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/>

Uninsured Adults (18-64 years)



Uninsured Children (<19 years)



Source: *Small Area Health Insurance Estimates, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016. U.S. Census Bureau, Small Area Health Insurance Estimate (SAHIE) Interactive Data Tool. Geographies and age groups as noted. <https://www.census.gov/programs-surveys/sahie.html>*

Needed Services

According to the 2018 Granville Vance Community Health Opinion Survey, the health care services most needed are:

Granville County	Vance County
1. Low-cost clinics (45%)	1. Substance abuse treatment centers (51%)
2. Low-cost dental clinics (39%)	2. Low-cost clinics (43%)
3. Substance abuse treatment centers (35%)	Low-cost dental clinics (37%)

Hospitals

There are two major hospitals in the district: Granville Medical Center in Granville County and Maria Parham Hospital in Vance County. Granville Medical Center is a 62-bed not-for-profit hospital, and Maria Parham is a Duke LifePoint Hospital with 161 beds (a 50-bed increase since the 2015 CHA). Both offer intensive care, surgical services, a birthing center, outpatient rehabilitation, and an emergency department, among other services.

Hospice and Home Health Centers

The North Carolina Department of Health and Human Services lists one licensed hospice facility in Granville County and two in Vance County. Vance County has two licensed home health services, while Granville has none. GVPH transitioned the Granville Vance Home Health Agency over to a private

company, 3HC (Home Health and Hospice). This decision was made due to national shifts in home health reimbursement and management.

Nursing and Adult Care Homes

In Granville County, there is one licensed nursing home, while Vance County has three. There are four adult care homes in Granville County and two in Vance County.

Transportation

Access to health care is affected by transportation. Without access to transportation, Granville and Vance County residents have a harder time accessing employment and health care. For patients with medical conditions that require care from a specialist outside the county, such as a high-risk pregnancy, lack of access to a vehicle can mean that the patient does not receive adequate health care.

According to the CHOS, 4.0% of households in Granville County and 8.6% in Vance County do not have access to at least one vehicle. This number may not reflect actual difficulty in finding transportation to health services, as access to a vehicle does not reflect ownership, nor does it reflect fuel costs or distance travelled to appointments. Census estimates reflect disparities in vehicle access between homeowners and renters.

Households in Which No Vehicle is Available, 2013-2017

	Granville	Franklin	Vance	Warren	North Carolina
Owner Occupied	2.3%	3.7%	5.7%	5%	2.6%
Renter Occupied	13.1%	12.1%	22.5%	18.3%	12.6%

Source: US Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Tenure by Vehicles Available

Internet Access

According to the CHOS, 10% of households in Granville County and 17% in Vance County do not have the internet in their homes or work, which puts these households at a disadvantage compared to other residents when it comes to accessing information about health and other resources related to their well-being.

Granville Vance Public Health Clinical Services

Granville Vance Public Health provides a range of services through clinics in Oxford and Henderson, including adult and child primary care, immunization, medication assisted therapy for substance use disorders, family planning, and maternal health (including CenteringPregnancy® and breastfeeding promotion and support). GVPH also offers dental services for the entire family in partnership with Carolina Fellows Family Dentistry. In 2017, GVPH saw 4,529 unique patients for 9,743 individual visits. Of these patients, 1,914 were uninsured, and 1,636 patients rely on Medicaid for medical care. GVPH’s Child Health Program conducted 1,034 visits for 715 children in 2017 and ran 12 CenteringPregnancy® groups.

GVPH gave 3,994 immunizations in 2017 and GVPH Communicable Disease nurses conducted 2,067 case investigations in 2017. Many GVPH program descriptions are available in Chapter 5 of this report.

Mental Health and Substance Use Disorder

Mental Health

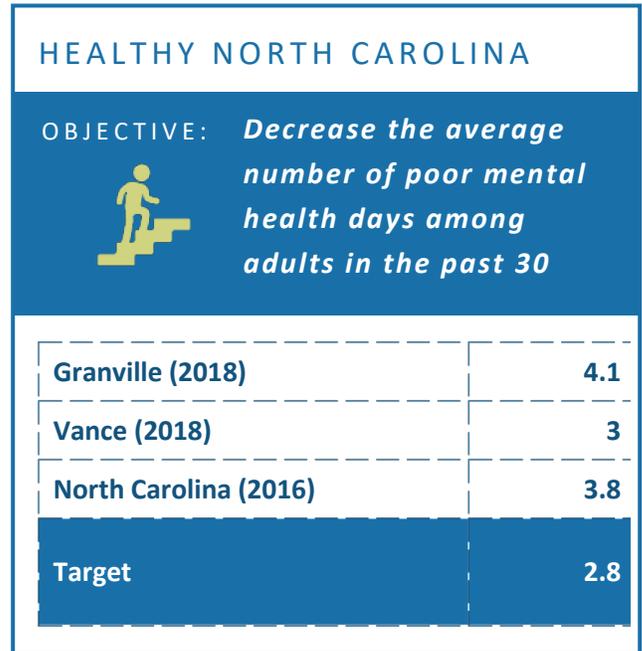
Mental health is recognized as an integral part of an individual’s health and well-being by the North Carolina Healthy 2020 commission, the World Health Organization, and other authorities. Those with poor mental health may have difficulties with relationships, school, work, recreation, and self-care.

Mental Health and Developmental Disability Facilities

Cardinal Innovations is the local management entity (LME) for Granville and Vance Counties. LMEs are responsible for coordinating, facilitating, and monitoring the provision of mental health, developmental disability, and substance use disorder services through a network of contracted providers in North Carolina. Cardinal Innovations serves as the LME for 20 of North Carolina’s 100 counties.

There are 18 licensed mental health facilities in Granville County, with a total capacity to serve 73 people, as well as five facilities serving individuals with developmental disabilities. Vance has 22 licensed mental health facilities with the capacity to serve 87 people and no facilities for individuals with developmental disabilities.

Granville County is home to two state-operated facilities to serve mental health and developmental needs. Central Regional Hospital is one of three state-run psychiatric hospitals; it has 398 beds. The Murdoch Developmental Center provides services and support to people with intellectual and developmental disabilities (IDD), complex behavioral challenges, or clinical treatment needs that cannot be met in a community setting. Both facilities are located in Butner and serve 25 counties in the central region of North Carolina. The ADP Center in Vance County is a psychosocial rehabilitation (PSR) program for adults (21 or older) who live in Vance, Granville, Franklin & Warren Counties and have a severe and persistent mental illness. There are 13 private psychiatric hospitals in North Carolina, but none are located in Granville or Vance Counties.



Suicide Mortality

The suicide mortality rate for North Carolina has increased slightly, while rates for both Granville and Vance Counties have increased by more than 50% since 2004-2008.

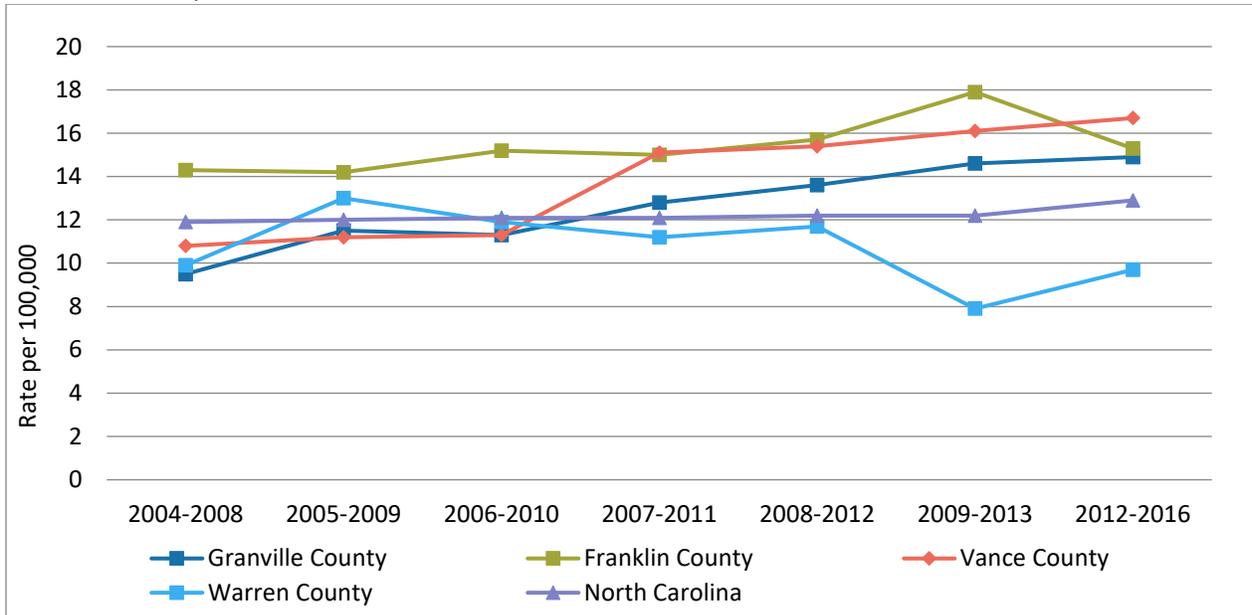
HEALTHY NORTH CAROLINA

OBJECTIVE: *Reduce the suicide rate (per 100,000 population).*



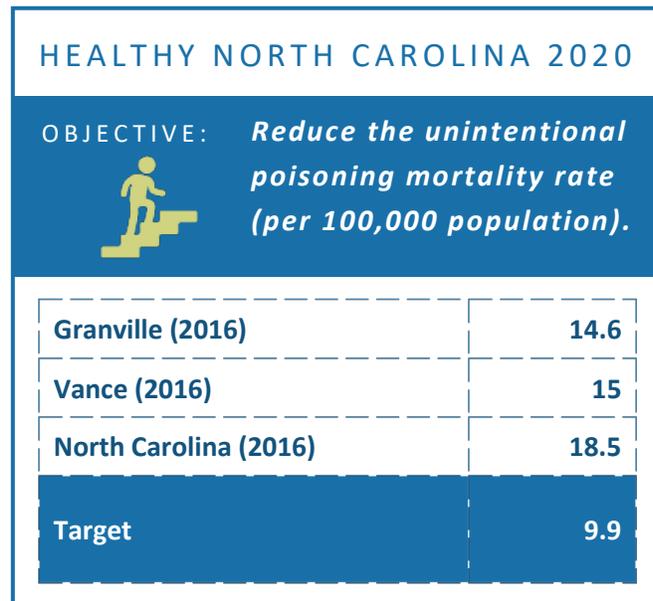
Granville (2016)	14.9
Vance (2016)	16.7
North Carolina (2016)	13.0
Target	8.3

Suicide Mortality Rate Trend



Source: NC State Center for Health Statistics, County Health Data Books (2007-2016), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; <http://www.schs.state.nc.us/SCHS/data/databook/>

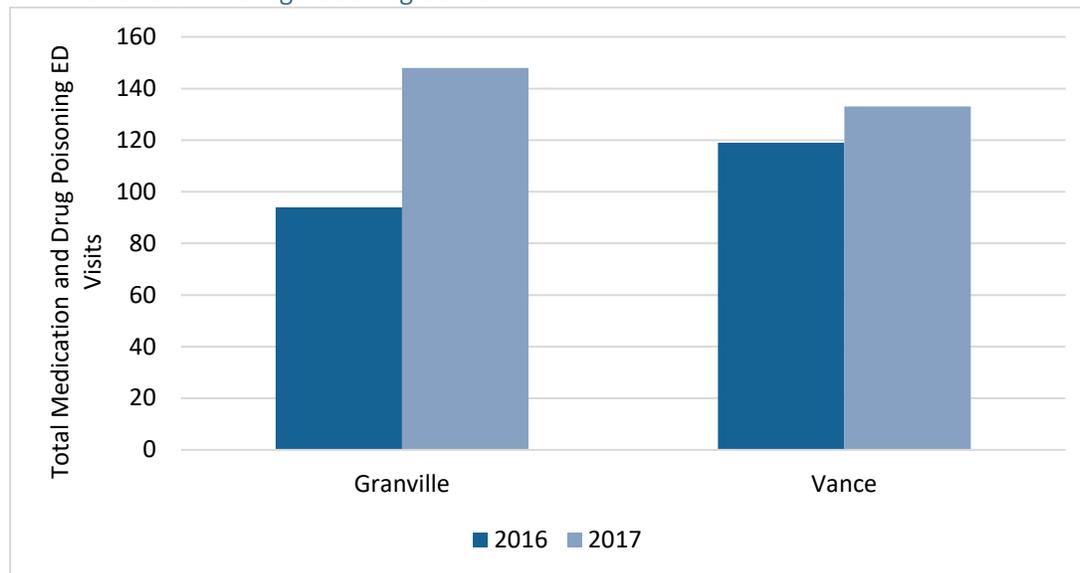
Substance Use Disorder



Addiction to drugs or alcohol is a chronic health condition, and those who suffer from it are at risk for early death, certain diseases, injury, and disability. Misuse of prescription painkillers and use of heroin have increased dramatically nationwide, and 27% of survey respondents in Granville County and 38% of respondents in Vance County have had a friend or family member that has been affected by the use of prescription painkillers, opioids, or heroin. Of those friends and family members, 61% (Granville County) and 54% (Vance County) sought treatment for their substance use disorder, but only a third were able to get care in their home county.

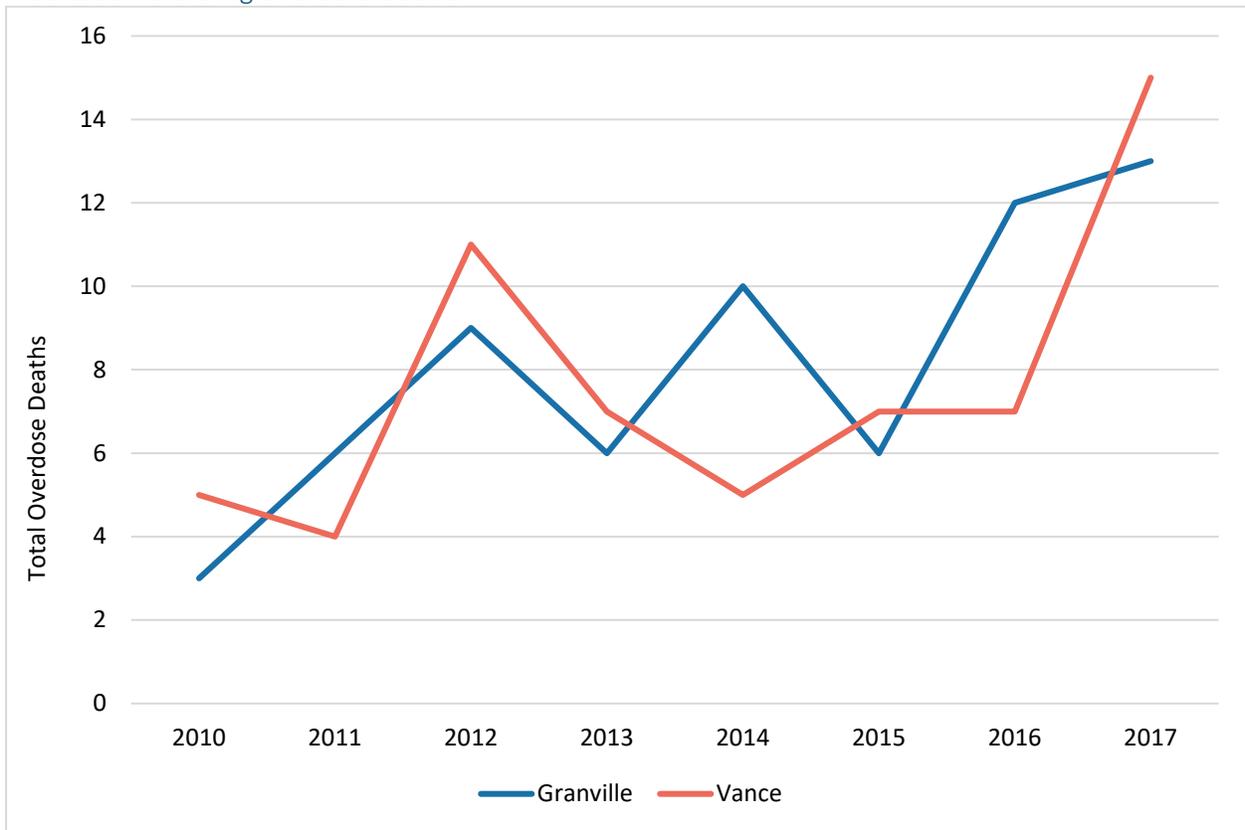
In both Granville and Vance Counties, more people were treated for overdose in emergency departments in 2017 than in 2016. Overdose deaths rose in both counties for the same time period.

All Medication and Drug Poisoning ED Visits



Source: N.C. State Center for Health Statistics, County-Level Poisoning Data Tables, 1999-2017, Medication and drug overdose: Analysis by Injury Epidemiology and Surveillance Unit

Medication and Drug Overdose Deaths



Source: N.C. State Center for Health Statistics, Vital Statistics-Death, 1999-2017, Medication and drug overdose: Analysis by Injury Epidemiology and Surveillance Unit

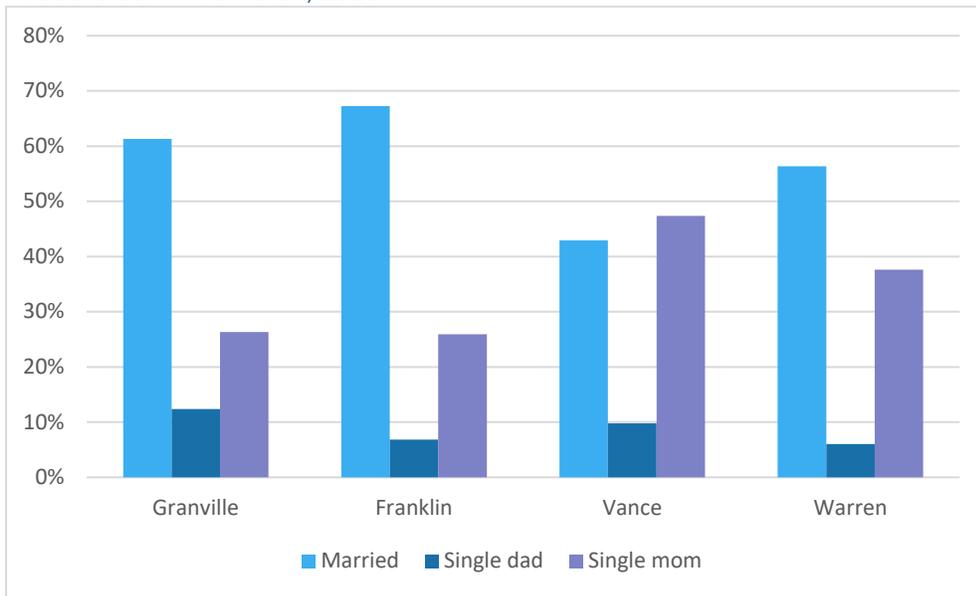
Substance Use Disorder Facilities

Granville County has two substance use treatment facilities, which are located in Creedmoor and Butner. Vance County has six such facilities, all of which are located in Henderson. Additional treatment resources for substance use disorders are listed in Chapter 5.

Youth and Families

Childhood is a crucial time for physical, cognitive, and social-emotional growth. Ensuring the healthy growth and development of children is essential to ensuring a healthy future. In the 2018 Granville Vance Community Health Opinion Survey, 32% of respondents in Granville County and 35% of respondents in Vance County had children. Bullying was cited as biggest challenge in school for both counties (27% in Granville County and 26% in Vance County).

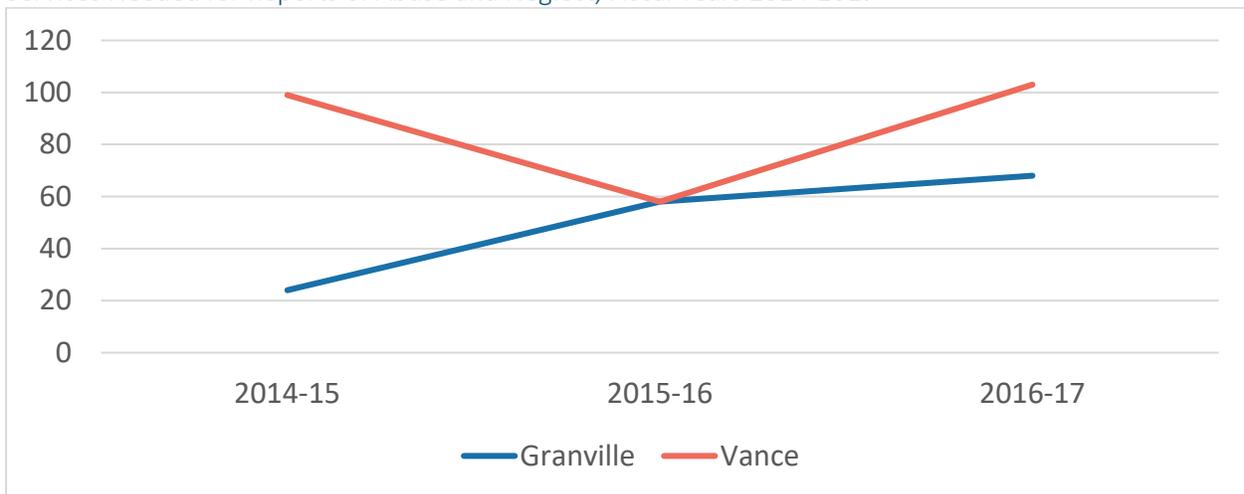
Households with Children, 2016



Source: US Census Bureau, American Fact Finder, 2016 ACS

There has been an increase in services needed from the Department of Social Services in both counties, as well as an increase in substance use disorder-related investigations.

Services Needed for Reports of Abuse and Neglect, Fiscal Years 2014-2017



Source: Child Welfare, Reports of Abuse and Neglect section, Investigated Reports of Abuse and Neglect: Type of Finding/Decision (Exclusive: Most Severe Finding), Number of Children

Childhood experiences, both good and bad, can impact people’s entire lifespan, including school performance, behaviors such as smoking and substance abuse, and health outcomes such as depression, cancer, and obesity. Researchers are working to understand the effect that adverse childhood experiences (ACEs) have on long-term well-being, and Granville Vance Public Health is exploring ways to incorporate this research into programs and interventions in the community. 76% of survey respondents in Granville County and 86% in Vance County think ACEs are an issue GVPH should prioritize in its work.

Oral Health

In North Carolina's public health region seven, which includes Edgecombe, Franklin, Granville, Halifax, Johnston, Nash, Vance, Wake, Warren, and Wilson counties, 12.8% of kindergarteners have untreated tooth decay and 19.5% have treated decay. Caring for children's teeth improves the chances that they will have healthy permanent teeth, avoid pain and other medical issues.

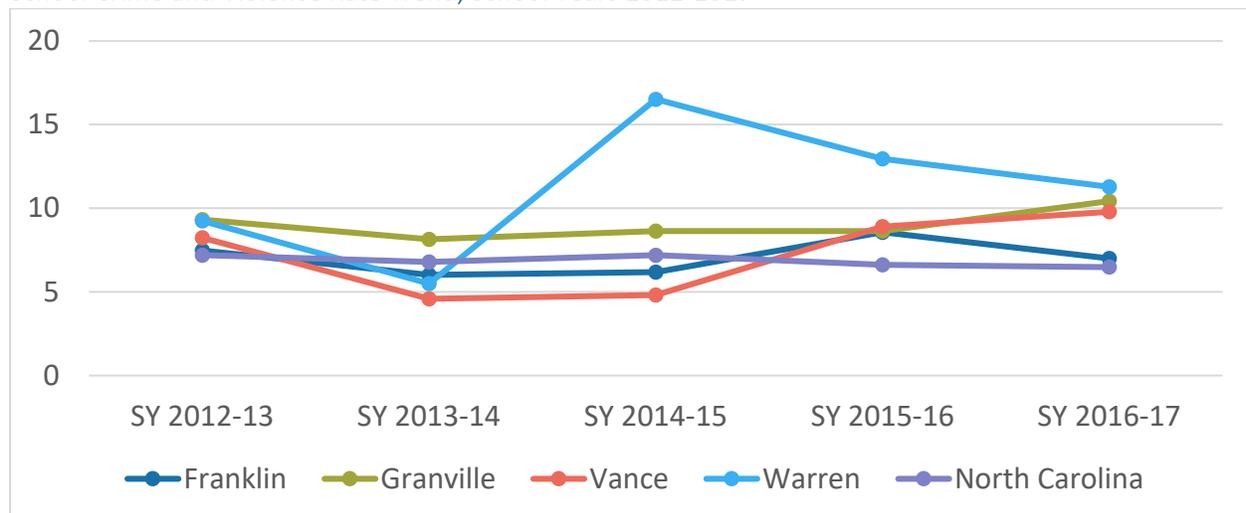
School Health

School nurses play a critical role in supporting the health of a community's children through screening, health education, counseling, staff support, and care management. Additionally, school nurses address emerging issues such as increasing needs for mental health services, vaping, and an increase in diabetes in children. Granville County Public Schools' nursing program had approximately 4,000 student encounters in the 2017-18 school year and conducted 82 home visits.

School Crime and Violence

School crime and violence disrupts learning and can threaten the physical and mental health of students and staff members. It can include fighting, weapon use, gang violence, and bullying. Granville County's School crime rate has remained steady in recent years, while progress in Vance County through the 2014-15 school year has eroded.

School Crime and Violence Rate Trend, School Years 2012-2017

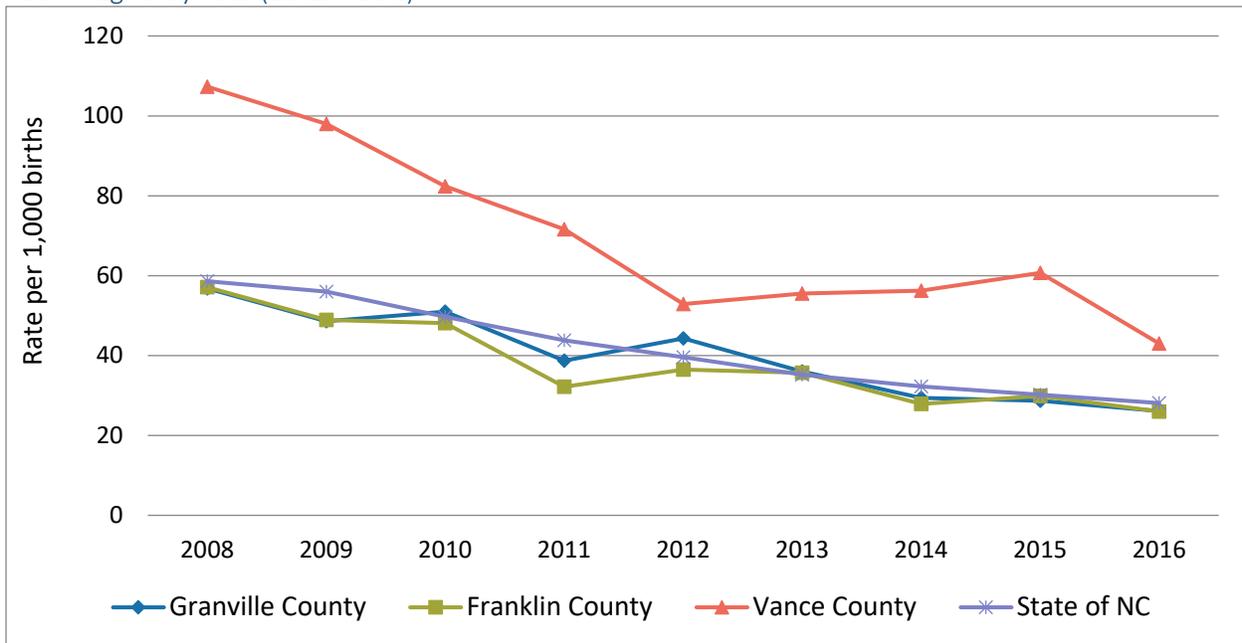


NC Department of Public Instruction, Research and Evaluation, Discipline Data, Consolidated Data Reports, Crime & Violence Table

Teen Pregnancy

As with many diseases and health conditions, the burden of unintended pregnancy falls disproportionately on disadvantaged populations, young people, and minorities. Although it was among the top community concerns in the CHOS, teen pregnancy has declined in Granville and Vance Counties as well as statewide. Public health efforts to reduce teen pregnancy are important to ensure that young people are able to finish their physical and emotional development, as well as attain their desired educational outcomes, before becoming parents. Sustained funding to support teen-specific programming is vital to continue this trajectory.

Teen Pregnancy Rate (15-19 Years)



Note: Some data missing for Warren County

Source: NC State Center for Health Statistics, North Carolina Health Data Query System. Pregnancy Data. North Carolina Reported Pregnancy Data.

Pregnancy Risk Factors and Outcomes

As with many diseases and health conditions, the burden of unintended pregnancy falls disproportionately on disadvantaged populations, young people, and minorities. Teen pregnancy and childbearing can have severe health and socioeconomic impacts, including lower educational attainment and poor birth outcomes.

Smoking During Pregnancy

Both Granville and Vance Counties have higher rates of smoking during pregnancy than the state. Infants born to women who smoked during pregnancy are more likely to be born prematurely, to have low birth weights, and are at higher risk of Sudden Infant Death Syndrome (SIDS).

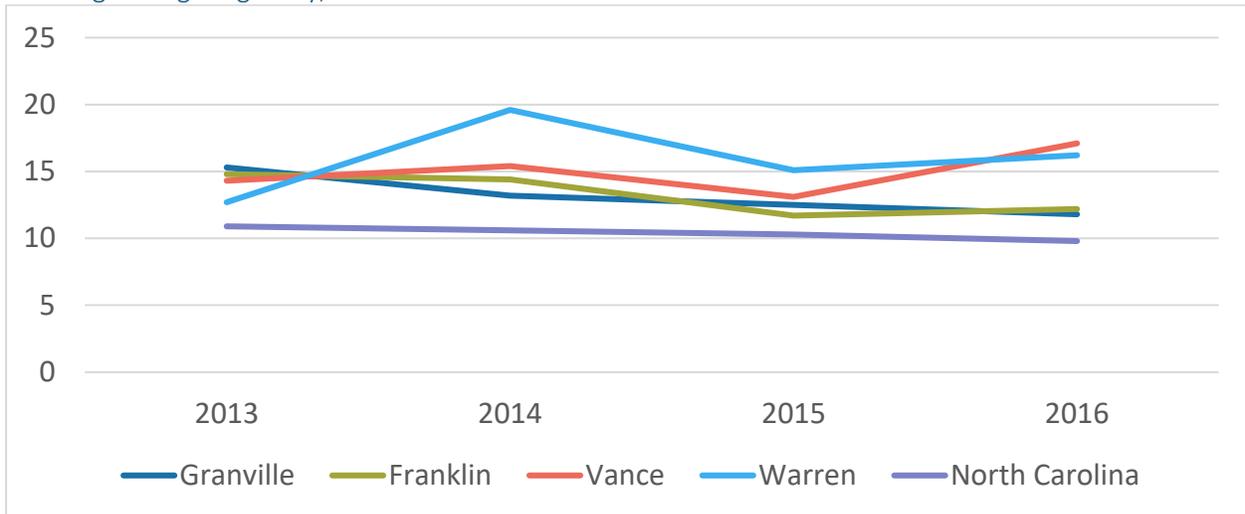
HEALTHY NORTH CAROLINA 2020

OBJECTIVE: *Reduce the percentage of women who smoke during pregnancy.*



Granville (2016)	13.7%
Vance (2016)	13.8%
North Carolina (2016)	8.9%
Target	6.8%

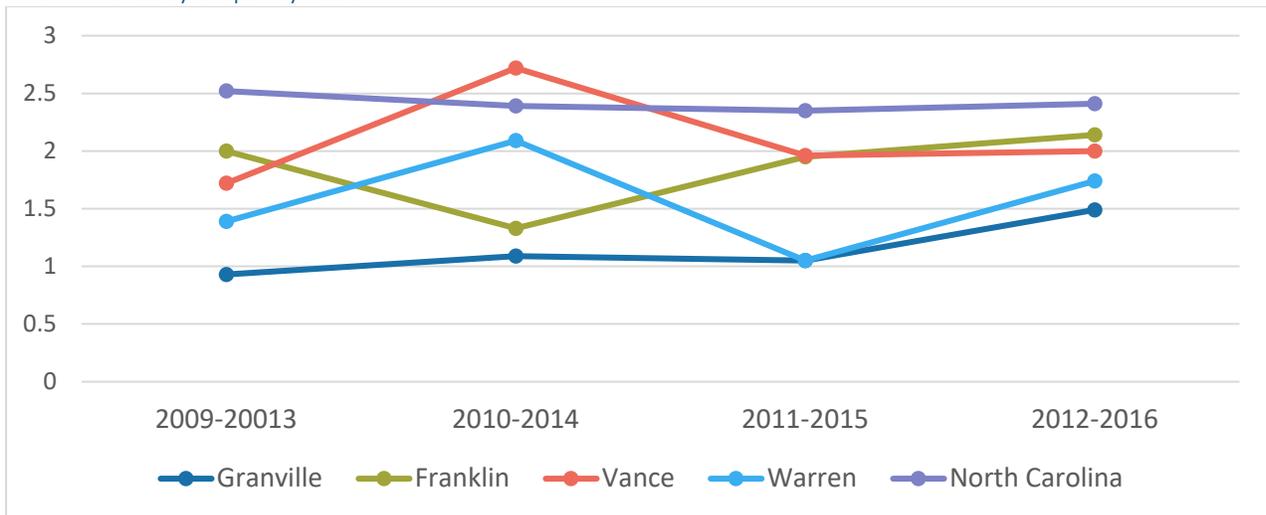
Smoking During Pregnancy, 2013-2016



Source: NC State Center for Health Statistics, Vital Statistics, Volume 1 (2006, 2007,-2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016): Population, Births, Deaths, Marriages, Divorces, (geography as noted), Mother Smoked

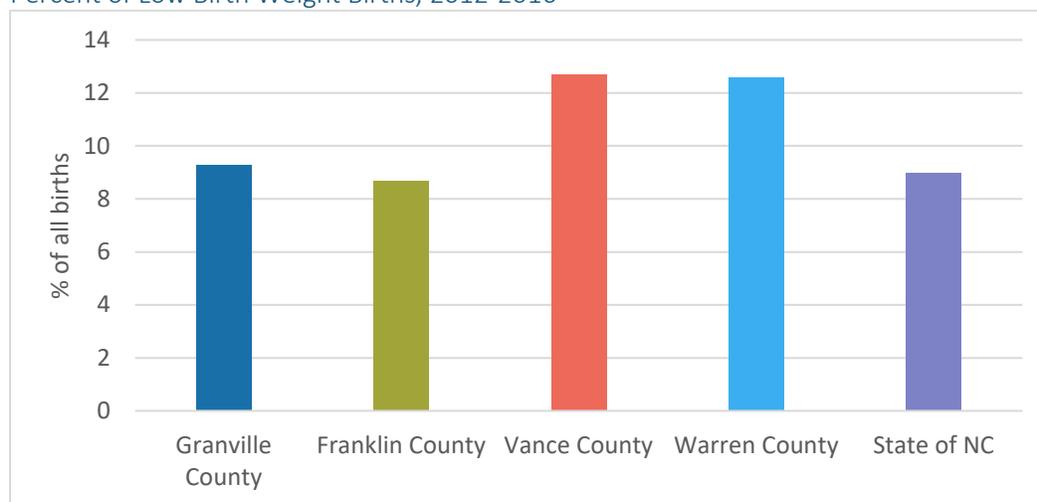
The infant mortality disparity ratio is a measure of the ratio of African American infants who die before their first birthday per 1,000 live births compared to white infants. The Healthy North Carolina 2020 goals call to reduce the infant mortality racial disparity between white babies and African American babies from 2.45 to 1.92. Although Granville and Vance Counties have a lower disparity ratio than statewide, the chart below shows that little progress has been made in reducing the disparities in infant deaths.

Infant Mortality Disparity Ratio



Source: North Carolina Center for Health Statistics. County-level data. County Health Databooks (2012-2016). Infant Mortality Statistics.

Percent of Low Birth Weight Births, 2012-2016



Source: North Carolina Center for Health Statistics. County-level data. County Health Databooks (2012-2016). Low (<2500 grams) and Very Low (<1500 grams) Weight Births by Race/Ethnicity table (years and locations as noted).

A baby with low birthweight may have trouble eating, breathing and fighting off infections. Some low-birthweight babies also suffer long-term health problems like developmental delays. In both counties, as well as across the state, African American infants are more likely than white infants to be born with low birth weight.

Environmental Health

The Environmental Health team at Granville Vance Public Health is responsible for over 800 square miles of service area in the two counties. The department conducts routine inspections of daycares, restaurants, hospital cafeterias, tattoo parlors, public pools, and other facilities, as well as investigating complaints into these facilities. The department also provides permits for wells and septic systems. In 2017, the department conducted 2,375 assessments, including responding to community complaints about facilities in need of further inspection (8 in Granville County and 21 in Vance County).

Assessments for Food, Daycare, and Other

	Food		Daycares and other	
	Granville	Vance	Granville	Vance
2015	1020	386	206	106
2016	1004	381	184	93
2017	935	341	171	95

Source: Granville Vance Public Health

Assessments for Septic and Wells

	Septic		Wells	
	Granville	Vance	Granville	Vance
2015	324	127	444	74
2016	486	83	585	77
2017	362	151	471	97

Source: Granville Vance Public Health

Chapter 4: Community Priorities

Following collection and analysis of primary and secondary data, the next step in the community health assessment process was to invite input from the steering committee and community members on which of the priority topic areas can and should be addressed in the coming years.

The CHA working group used themes that emerged from both the primary and secondary data, including comparisons to the peer counties, state, and Healthy North Carolina 2020 goals, to develop a list of nine priority topic areas from the health assessment process. These were:

- Access to health care
- Community safety
- Education
- Health equity
- Mental health and substance use disorder
- Nutrition and physical activity
- Poverty and housing
- Teen pregnancy and sexually transmitted diseases
- Youth well-being



A summary of the findings related to each of these topics was presented to the community at two open forums, one in Henderson and one in Oxford, and then to the steering committee.

Forum summary

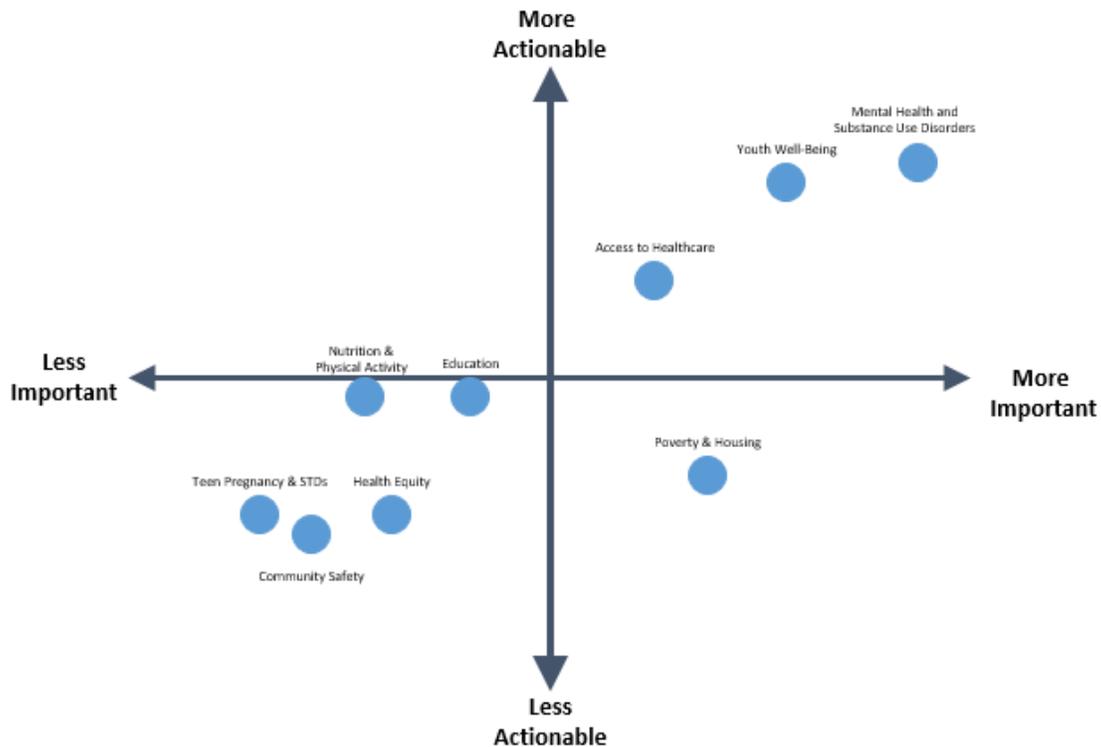
Forums were held in October 2018 at the Perry Memorial Library in Henderson and the Granville County Expo Center in Oxford. A flier for the forums (Appendix 1) was distributed through GVPH, steering committee members, and other community partners. The invitation was also shared on social media, on the GVPH website, and in local newspapers.

The forums began with a presentation on the community health assessment process followed by data highlights and comparisons for each of the nine priority areas. Attendees voted via anonymous paper ballots on their top three issues based on two criteria: importance (magnitude and impact of the issue) and actionability (feasibility of the county to leverage resources to make progress on the issue over the next three years).

The chart below shows the combined results of the two forum votes when each topic's votes were compared to the others on the actionability and importance scales. Mental health and substance use disorder, youth well-being, and access to health care had the highest combined vote totals between the counties.



Combined Results Matrix for Granville Vance CHA Priority Areas



After the community forums, the steering committee convened to review the forum results and provide their own input on the topic areas. The committee agreed to adopt the community's chosen priorities for this CHA cycle, adding poverty and health equity as cross-cutting themes to be addressed through each priority area.

A Community Health Assessment enables and informs the community's health improvement process. Once the CHA results have been shared with the community, the steering committee and other stakeholders work together to develop community health improvement plans for each of the priorities. Granville Vance Public Health will lead the effort to develop measurable objectives related to each priority, identify evidence-based strategies and make plans to track progress over the next three years. In the interim years before the next CHA cycle, GVPH will release a State of the County's Health (SOTCH) report outlining the progress made on each priority, detailing new initiatives and identifying any emerging issues that may impact the counties' health. This information will be provided in print and electronic formats through the GVPH offices and <http://gvph.org>.



Chapter 5: Community Resources

Overview

There are many community-based health promotion resources in place in Granville and Vance Counties that can help to address the community's health needs and priorities. Additionally, Granville Vance Public Health continuously seeks funding and opportunities to bring innovative, evidence-based programs to the district to address existing and emerging health issues. GVPH benefits from multi-sector collaborations within and across counties that help improve communication and close gaps in service needs, as well as proximity to the resources and institutions in Orange, Durham, and Wake Counties.

There is also room for improvement in the counties' resource structures. Some programs are more robust in one county than the other. Some county departments and coalitions have mechanisms for working together, but others miss opportunities to improve their offerings because they do not collaborate. In some cases, resources exist, but the offerings are limited in scope or providers and may not be able to meet the needs of the population. Granville Vance Public Health is well-positioned to continue its work making connections and assuring services among these areas of need.

This chapter presents several key resources for each of the three 2018 Community Health Assessment priority areas, but is not meant to be a comprehensive list of all available health-related resources. For a more complete, up-to-date listing of prevention and health promotion resources in Granville and Vance Counties, refer to:

- Granville Vance Public Health Community Health and Promotion:
<https://gvph.org/services/community-services/>
- United Way 2-1-1 line provides information and referrals for a variety of services, including health and social services
Call 211, <http://www.nc211.org/>
- Granville County Community Resource Assistance Guide:
https://www.ncworks.gov/admin/gsipub/htmlarea/uploads/CRAG/Granville_County.pdf
- Vance County Community Resource Assistance Guide:
https://www.ncworks.gov/admin/gsipub/htmlarea/uploads/CRAG/Vance_County.pdf

Mental Health and Substance Use Disorder Resources

Addiction Recovery Center for Men is an adult male substance use disorder halfway house designed to actively promote recovery from substance use disorders in a residential setting. This service is available to individuals from Vance, Granville, Franklin, Warren and Halifax Counties.
252-492-5746

The ADP Center offers an adult day program based on a clubhouse model that provides skill development activities, psycho-education, pre-vocational support, and socialization opportunities.

The program serves adults (21 or older) who live in Vance, Granville, Franklin, and Warren Counties and have a severe and persistent mental illness.

252-492-0328

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to maintain abstinence from alcohol use.

919-286-9499 | <http://www.aanc32.org/>

Alliance Rehabilitative Care provides a full range of treatment functions through a multidisciplinary team who are available 24 hours a day. The service is for adults (21 or older) from Vance, Granville, Franklin, and Warren Counties. The Team includes a qualified mental health professional, a psychiatrist, a nurse, social worker/case manager, and two peer support staff.

252-492-8699

Cardinal Innovations is the Local Management Entity responsible for coordinating, facilitating, and monitoring the provision of mental health, developmental disabilities, and substance use disorder services in Granville and Vance Counties.

Assessment or Referral: 800-939-5911, General Information: 866-375-1315

The NC Department of Health and Human Service's **Central Regional Hospital** in Butner provides comprehensive inpatient mental health services to people with psychiatric illness who cannot be safely treated at a lower level of care.

919-764-2000

Daymark Recovery Services, Inc. provides mental health and substance use disorder services. Daymark's goal is for skilled medical and behavioral health care professionals to support citizens of all ages and their families with the greatest opportunity for recovery, independence and the highest quality of life.

252-433-0061

The **Granville Health System** Behavioral Health Services Department provides multiple treatment options for those experiencing emotional difficulties, and/or behavioral problems. Behavioral Health Services provides mental health assessment, treatment, counseling, psychiatric evaluation, and medication management.

919-690-3217

Recovery Innovations International is a small, 10-bed, inpatient mental health crisis unit offering substance use disorder treatment. Medically supported withdrawal and detox programs are available. 24-hour nursing clinical staff is also available.

252-438-4145

R.J. Blackley is one of three state-operated North Carolina Alcohol and Drug Abuse Treatment Centers (ADATCs) specifically designed to provide inpatient treatment, psychiatric stabilization and medical detoxification for individuals with substance use and other co-occurring mental health diagnoses to prepare for ongoing community based treatment and recovery.

919-575-7928 | <https://www.ncdhhs.gov/divisions/dsohf/rj-blackley-alcohol-and-drug-abuse-treatment-center>

Granville Vance Public Health has implemented several programs related to mental health and substance use disorder, including **Stepping Up** and **Project VIBRANT (Vance Initiates Bringing Resources and Naloxone Training)** to address the recent increase in opioid overdose and death, particularly in Vance County.

252-492-7915 | <http://gvph.org/>

Vance Recovery is an opioid treatment program offering methadone and buprenorphine for medication assisted therapy. It also provides individual and group counselling services to support the recovery process.

252-572-2625

Youth Well-Being Resources

Boys and Girls Club has a mission, “to enable all young people, especially those who need us most, to realize their full potential as productive, caring, responsible citizens.”

919-690-0036 | <http://www.bgcncnc.com>

The **Departments of Social Services** in Granville and Vance Counties serve to enhance public awareness of child welfare issues through relations with community agencies and the general public. DSS is also a resource for food and childcare assistance, as well as other family support programs.

919-693-1511 (Granville) | 252-492-5001 (Vance)

Franklin-Granville-Vance Smart Start is a non-profit organization that provides programs and services for families and children in Franklin, Granville, and Vance counties, North Carolina. Programs include child care, health, and family support.

<http://www.fgvpartnership.org/>

Innovative Approaches brings together stakeholders to improve systems that impact families with children and youth with special health care needs from birth to 21 years of age.

Granville: 919-693-2141 Vance: 252-492-7915 | <http://gvph.org/>

Juvenile Crime Prevention Councils work in Granville and Vance Counties to reduce and prevent juvenile crime. The councils assess the needs of juveniles in the community, develop strategies for delinquency prevention, and provide funds for treatment, counseling, or rehabilitation services.

<https://www.ncdps.gov/juvenile-justice/community-programs/juvenile-crime-prevention-councils>

The North Carolina Early Intervention Branch (NCEI) is a part of the N.C. Division of Public Health. It is the lead agency for the N.C. Infant-Toddler Program (ITP). The Infant-Toddler Program provides supports and services for families and their children, birth to three who have special needs.

<https://beearly.nc.gov/>

Special Olympics of North Carolina provides year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community.

<http://sonc.net/>

Teen Prevention Education Program (Teen PEP) is a comprehensive sexual health program that trains juniors and seniors at Vance County High School in leadership and sexuality issues. Program facilitators are also able to support the community through the implementation of supplemental sexual health curricula.

919-690-2106

The **Triple P: Positive Parenting Program** gives parents skills to build strong relationships, manage misbehavior, and raise healthy, confident children and teenagers.

Granville: 919-693-2141 Vance: 252-492-7915 | <http://gvph.org/>

WIC (the Women, Infants, and Children program) provides supplemental nutritious foods, nutrition education, breastfeeding support, and referrals to health care and community resources.

Granville: 919-693-2141 Vance: 252-492-7915 | <http://gvph.org/>

The **Working on Wellness (WOW) Coalition** works to improve child health and well-being through health promotion efforts targeting nutrition and physical activity.

Granville: 919-693-2141 Vance: 252-492-7915 | <http://gvph.org/>

Access to Health Care Resources

Care Coordination for Children (CC4C) provides formal case management to eligible children from birth to age five who are at risk for poor health outcomes. CC4C works with families to increase access to services and help children with special health care needs have the opportunity to reach their developmental potential.

Granville: 919-693-2141 Vance: 252-492-7915 | <http://gvph.org/>

Carolina Fellows Family Dentistry serves the dental needs of the entire family from children to seniors. Services include regular dental check-ups, restorative, and preventative services.

919-693-8797 | <http://gvph.org/services/dental/>

Granville Health System is an independent local hospital with a mission to provide the community they serve with the very best health care delivered with compassion and pride. Services include an emergency department, surgical care, outpatient rehabilitation, a birthing center, and intensive care.

919-690-3000 | <https://www.ghshospital.org/>

KARTS is a public, rural transportation system which provides rides on a scheduled (reserved) basis and the Around Town Shuttle which serves downtown Henderson. The Kerr Area Transportation Authority operates this service in Granville and Vance Counties.

252-438-2573 | <http://www.kartsnc.com>

Local Access to Coordinated Healthcare (LATCH) Rural Health is a free program that can help you understand how the health care system functions in Franklin, Granville, Person, Vance and Warren Counties. Our care managers based in Henderson provide assistance with applications for the Affordable Care Act Health Insurance Marketplace. LATCH Rural Health also assists with Disability and Medicaid applications and provides information about community resources. LATCH is not health insurance.

919-309-6389

Maria Parham Health is a Duke LifePoint hospital offers intensive care, surgical services, a birthing center, outpatient rehabilitation, and an emergency department, among other services.

252-438-4143 | <https://www.mariaparham.com>

NC Pediatric Access Line (NC-PAL) is a telephone consultation program to help pediatric health care providers address the mental health needs of children and adolescents.

919-681-2909

Pregnancy Care Management (OBCM) is a statewide program in North Carolina promoting healthy mothers and healthy babies. The program provides care management services from a social worker or registered nurse to Medicaid-eligible, high-risk pregnant women.

Granville: 919-693-2141 Vance: 252-492-7915 | <http://gvph.org/>

Primary Care at Granville Vance Public Health provides routine and preventative care in addition to physicals, diagnosis and treatment of chronic health conditions, mental health care, and other health needs.

Granville: 919-693-2141 Vance: 252-492-7915 | <http://gvph.org/>