





### GRANVILLE VANCE PUBLIC HEALTH

#### State of the County Health Report

Granville Vance Public Health (GVPH) promotes good health for all residents and recognizes that the health needs of the community change over time. This State of the County Health (SOTCH) report provides an update on the progress made addressing the health priorities identified through the 2018 Community Health Assessment, the changes to our counties that influence these priorities, and the new and emerging health issues in our county. GVPH produces a SOTCH Report annually in each of the years a Community Health Assessment is not reported.

Community Health Assessment: GVPH, along with many partners across both counties, organizes a Community Health Assessment (CHA) to systematically collect and analyze community health information and prioritize community health issues every three years. We gather information directly from community residents through surveys and forums and review state and national data. 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. The 2018 CHA is available at www.gvph.org. The next CHA will be conducted in 2021.



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#### **HEALTH PRIORITIES**

The GVPH 2018 Community Health Assessment identified three health priorities based on information gathered from community residents, state and national data, and input from partners across both counties. The health priorities are: mental health and substance use disorder, youth well-being, and access to health care. Poverty and health equity were identified as cross-cutting themes that should be addressed throughout these health priorities.

### **Priority: Mental Health and Substance Use Disorders**

Ensuring that mental health and substance use disorder services are available, accessible, and coordinated to meet the needs of all residents.

#### **Priority: Access to Health Care**

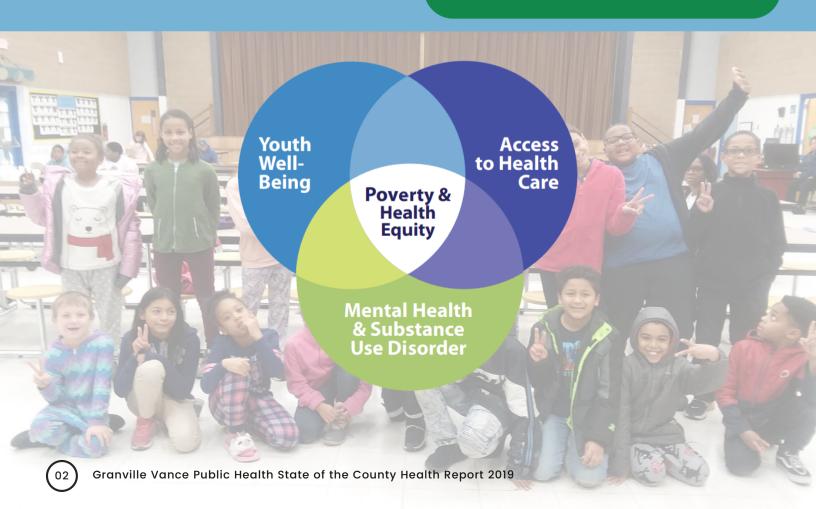
Ensuring access to affordable, highquality health care is important for achieving health equity and to increase quality of life for all.

#### **Priority: Youth Well-Being**

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

## **Cross-Cutting Theme: Poverty and Health Equity**

Ensuring every community member has the opportunity to attain their full health potential and no one's health is disadvantaged because of socially determined circumstances.





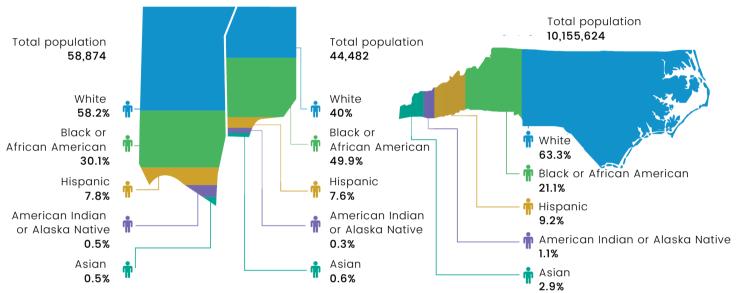


### **Population Characteristics**



Vance County
Percent Population by Race
& Hispanic Origin, 2018

North Carolina Percent Population by Race & Hispanic Origin, 2018



Source: Data.census.gov ACS Demographic and Housing Estimates

### **Leading Causes of Death**

Up o, down o, or no change refers to changes in age-adjusted mortatlity since 2009-2013

	Granville	Vance	NC
Cancer	170.4	203.7 🕜	161.3
Heart Disease	153.1	189.2	158
Stroke	36.3	43.9	43
Diabetes	25.3	26.5	23.7

Age adjusted leading cause of death per 100,000 population in Granville and Vance counties compared to North Carolina, 2014-2018

Source: North Carolina Center for Health Statistics, 2018 North Carolina Vital Statistics, Volume 2 https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/

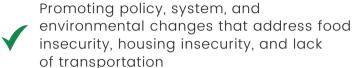


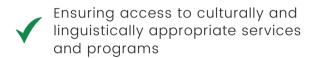


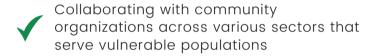
# **Cross-Cutting Theme: Poverty and Health Equity**

#### **Progress in the Last Year**

As chief health strategists, it is important for public health to think differently about the ways we can affect entire systems and make health more equitable. Our role as public health practitioners is to bring partners together from various fields to address community health needs, providing expertise in data and grant writing. Additionally, GVPH works across all of our efforts to improve health equity in our communities by:









#### **DEFINITIONS**

<u>Health Equity</u>: When every community member has the opportunity to attain their full health potential and no one's health is disadvantaged because of socially determined circumstances.

<u>Poverty:</u> When a person or group lacks human needs such as clean water, nutrition, health care, education, clothing, and shelter because they cannot afford them. Those living in poverty are most likely to live in unsafe neighborhoods, with limited access to healthy foods, employment options and quality schools.

<u>Health Disparity</u>: A particular 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.

#### **Healthy NC 2030 Objective**



Healthy 2030 Target: Decrease the number of people living below 200% federal poverty level to 27%

Granville 35.1%

Vance 49.8%

North Carolina 36.5%

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Table S1701



Healthy 2030 Target: Reduce unemployment disparity ratio between white and other populations to 1.7 or lower

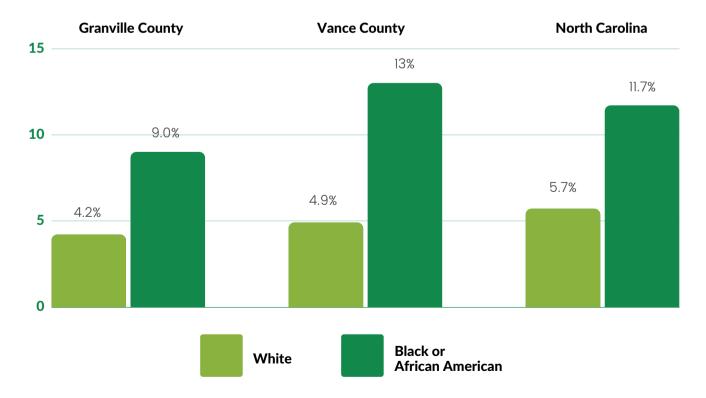
- In Granville County, unemployment among Black residents is 2.1 times unemployment in white residents (ratio=2.1).
- In Vance County, unemployment among Black residents is 2.7 times unemployment in white residents (ratio=2.7).
- In North Carolina, unemployment among Black residents is 2.1 times unemployment in white residents (ratio=2.1).

Source: American Community Survey, 2018 5-Year Estimates TableID: S2301

"Families who face social and economic challenges may lack equitable access to opportunities or the resources needed for social mobility, leaving their children with similar prospects for the future. In North Carolina, as in the rest of the country, people of color are disproportionately affected by these factors due to historical and current structural racism...Though unemployment is not an orthodox measure of health, economic well-being is inextricably linked to health outcomes."

Source: Healthy NC 2030 Report - pg. 33-38

#### Unemployment by race

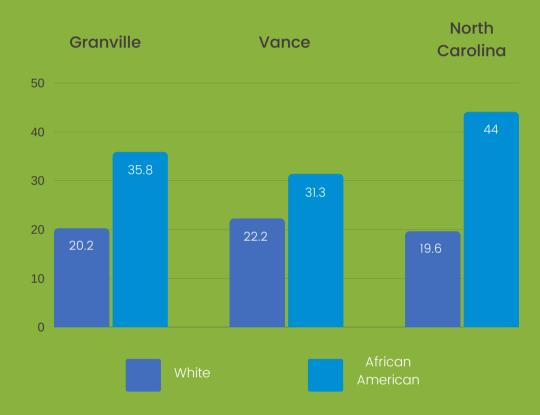


#### **Minority Diabetes Prevention Program**

The Minority Diabetes Prevention Program (MDPP) is a prevention program funded by the North Carolina Office of Minority Health and Health Disparities (NC OMHHD). MDPP is a structured and evidence-based program that was developed to reduce the prevalence of Type 2 (T2) diabetes. The curriculum is designed for people who are high-risk or pre-diabetic with an AIC level of 5.7%-6.4%. The year-long program encourages participants to reduce their risk of developing diabetes by promoting achievable lifestyle changes including being active 150 minutes per week and making small adjustments to their eating habits and overall lifestyle. GVPH is the regional lead for this program on behalf of Region 7 health departments. We aim to enroll 100 participants across the region each year. This year, GVPH began two new classes in Vance and Granville counties.

#### **Diabetes and Disparity Data**

Diabetes Mortality for Non-Hispanic African American Residents Compared to Non-Hispanic White Residents in Granville and Vance Counties 2014-2018 per 100,000 population



Source: North Carolina Center for Health Statistics, 2014-2018 NC Resident Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates

#### **Emerging Issues and Efforts**

#### **Healthy Opportunities Pilots**

As North Carolina changes the way Medicaid funding is managed, the North Carolina Department of Health and Human Services has developed Healthy Opportunities Pilots to find new ways Medicaid dollars can help pay for health outcomes beyond paying for medical care in a clinical setting. Together with academic partners, community-based organizations, and small businesses GVPH participated in an application for funding through the pilots to address transportation, food security, housing, and inter-personal violence and trauma.



# Priority: Mental Health and Substance Use Disorder

#### **Progress in the Last Year**

Over the past several years, GVPH has been convening key partners and developing local capacity to implement evidence-based programs and interventions for people who use substances and those with mental illness. The various efforts outlined in this section align with the prevention, harm reduction, and connection to care strategies outlined in the North Carolina Opioid Action Plan.

People with mental health disorders are more likely to experience an alcohol or substance use disorder compared to those without mental health disorders.<sup>1</sup>

#### **Healthy NC 2030 Objective**



Decrease drug overdose deaths from 20.4 to 18 per 100,000 population

Granville 15.6

Vance 20.2

North Carolina 18.5

Source: North Carolina State Center for Health Statistics, North Carolina County Health Data Book – 2019



Increase access and treatment for mental health needs.



Target: Decrease the suicide rate from 13.8 to 11.1 per 100,000 population

Granville 15.4

Vance 11.8

North Carolina 13.5

Source: North Carolina State Center for Health Statistics, Mortality Statistics, Suicide, Age-Adjusted Date Rate 2014-2018

#### **Opioid Overdose Prevention**

GVPH continues to work with the North Carolina Department of Health and Human Services, North Carolina Harm Reduction Coalition (NCHRC), and local substance use treatment facilities to prevent future opioid addiction, advance harm reduction, and expand access to treatment and recovery supports in alignment with the North Carolina Opioid Action Plan. In support of these efforts, GVPH conducted a number of activities in 2019, including:

- Increasing community awareness and engagement about risks of opioid use and overdose response through an educational campaign and quarterly VIBRANT Coalition meetings
- Reducing the number of opioid prescriptions in the community through a Drug Take Back Event
- Maintaining a Syringe Services Program, in partnership with NCHRC, that serves over 300 participants
- Making naloxone widely available to reduce harm and save lives

#### **Overdose Data from Opioid Action Plan**

**15** 

305

88

Unintentional Opioid Related Deaths (through Sept. 2019) Community overdose reversals (through Sept. 2019)

ED Visits for opioid overdose (through Dec. 2019)

2018 total: 12

2018 total: 240

2018 total: 99

## **Stepping Up Initiative**



Granville, Vance, Halifax, Warren, and Franklin counties started the regional Five-County Stepping Up Initiative, modeled after the efforts started by the National Association of County Officials. GVPH leads the regional initiative that aims to reduce incarceration, increase the overall wellbeing of communities, and improve systems of care for people experiencing mental illness and substance use disorder through collaboration and integrated services. The Five-County Stepping Up Initiative has regular participation from regional partners including more than 75 individuals from 30 agencies representing law enforcement, jail administration, public health agencies, EMS, social work agencies, behavioral health agencies, and community. Together, stakeholders compare county systems, examine available data, and evaluate evidence-based practices for the jails and the community.

IN 2019:

60+ REGIONAL AND LOCAL STEPPING UP MEETINGS

265 INDIVIDUALS REFERRED TO TREATMENT FOR

747 TELEPSYCHOLOGY SESSIONS IN THE JAIL

This year the group standardized a mental health and substance use disorder screening process during jail intake across all five counties. The initiative partners with a licensed psychologist to provide telehealth therapy and treatment to individuals needing medication support, therapy, stabilization, and ongoing case management and long-term treatment in all jails. GVPH has worked with Vance County jail to begin implementing medication assisted treatment (MAT) for inmates receiving services prior to incarceration.

#### **Medication Assisted Treatment**

GVPH was the first health department in North Carolina to offer individualized, patient-centered medication assisted treatment (MAT) to patients experiencing opioid addiction. Dr. Shauna Guthrie, GVPH Medical Director, leads this program through the primary care clinic using a chronic disease treatment model to provide comprehensive healthcare. By providing regular visits with a healthcare provider, prescribing buprenorphine, and linking individuals to behavioral health services and support resources, MAT reduces the risk of drug overdose and disease transmission and increases remission. In 2019, GVPH began medical group visits with a therapeutic component at both clinic locations to create an additional layer of patient support. Patients and staff have found group visits to be a rewarding and successful strategy for relapse prevention. The North Carolina Medical Society Foundation (NCMSF) and GVPH also launched the Office Based Opioid Treatment (Project OBOT NC) Pilot Program in 2019. Project OBOT NC Provides increased access to MAT through the provision of an innovative telehealth strategy that enables care team members to reach rural populations.

IN 2019:

64 PATIENTS WERE SEEN FOR

831 TOTAL VISITS FOR MAT AT GVPH

#### **Emerging Issues and Efforts**

"The percent of unintentional medication and drug overdose deaths involving multiple substances is on the rise, and we continue to see increases not only in opiate-involved overdose deaths, but also stimulant-involved overdose deaths. Fentanyl is now infiltrating both opiate and stimulant products, which may be adding to the potency of these products, and in turn, leading to increased risk of unintentional overdose deaths."<sup>2</sup>

IN 2019.

of opioid dealths in the health district involved heroin or fentanyl **COMPARED TO** 

71% in 2018

The Syringe Services Program provides fentanyl testing strips to those who use substances and education about prevention of stimulant-involved overdose deaths.

### **Priority: Youth Well-Being**

#### **Progress in the Last Year**

GVPH works with Granville County Public Schools, Vance County Schools, and other local and regional partners to ensure the healthy growth and development of youth in our communities. Through the implementation of evidence-based interventions, GVPH is increasing students' knowledge about healthful living; developing skills to support healthy behaviors; and influencing attitudes, norms, and environments to support these behaviors.

#### **Healthy NC 2030 Objective**



Healthy 2030: Improve child well-being



Target: Decrease the percentage of children who have experienced two or more Adverse Childhood Experiences (ACEs)

#### Working on Wellness (WOW) Coalition

The Working on Wellness (WOW) Coalition brings together organizations and people to improve child health and wellbeing in Granville and Vance County, NC. WOW is one of ten coalitions in North Carolina supported by Healthy People, Healthy Carolinas, an initiative of The Duke Endowment. The WOW Coalition currently has 56 members representing 22 organizations and supports implementation of several evidence-based interventions and solutions that encourage healthy habits where kids live, learn, pray, and play.

#### **CATCH Expansion**

The Coordinated Approach to Child Health (CATCH) is a policy, systems & environmental change in Granville County Elementary Schools that provides a proven and easy-to-implement action plan for teaching children to make healthy choices and creating a school environment that encourages healthy eating and physical activity. This program impacts over 2,000 students each year across seven local elementary schools. In 2019, the WOW Coalition expanded to early childcare centers, partnering with Franklin-Granville-Vance Smart Start to implement the Go NAPSACC self-assessment tool and the CATCH Early Childhood program in three centers in Granville County.

#### What's Growing On Harvest Box

In partnership with Working Landscapes, the WOW Coalition launched the What's Growing On Harvest Box Program in three Granville County Elementary Schools. The program aims to increase access to and education about healthy, local foods for Granville County children using a Farm-to-School Model that connects students and schools to local farmers through a monthly Harvest Box delivered to the classroom.

#### **Community Cafés**

In December 2019, the WOW Coalition hosted two Community Cafés to learn more about the needs of families and children in Granville and Vance counties. The cafés brought together diverse stakeholders and passionate community members committed to improving the health of their community and helping children thrive to yield community-informed and community-driven priorities.

In the coming year, the WOW Coalition will continue to support existing programs and aim to increase our capacity to promote the health and wellness of children in our community. GVPH invites any organization or individual serving youth in Granville and Vance County to join the Coalition.





# Teen Prevention Education Program (PEP)

The Teen Prevention Education Program (PEP) is a comprehensive sexual health leadership program funded by the Teen Pregnancy Prevention Initiatives. Teen PEP is implemented as a daily elective course at Vance County High School. Utilizing a peer-to-peer education model, the program increases students' knowledge, attitudes, skills, and behaviors associated with healthy decision-making related to sexual health with the goal of decreasing the teen pregnancy rate in Vance County. In 2019, the program trained a total of 25 peer educators and completed outreach to over 100 freshman students.

Through implementation of Teen PEP, 50% of youth surveyed demonstrated an increase in knowledge that supports the prevention of pregnancy and sexually transmitted infections and 65% demonstrated an increase in attitudes supporting condom use.

# E-Cigarettes and Youth Tobacco Prevention

Youth tobacco use is increasing at an alarming rate with 1.4 million more youth reporting ecigarette use nationally in 2019 as compared to 2018³. An estimated 24.5% of high schoolers and 7.8% of middle schoolers in North Carolina report use of e-cigarettes⁴. GVPH is working with schools to educate youth and parents about the risks of e-cigarette use and change attitudes toward tobacco use. GVPH promotes free, evidence-based tobacco cessation interventions in the community to make it easier for tobacco users to quit.

#### **Emerging Issues and Efforts**

#### **Adverse Childhood Experiences**

Research suggests that up to 70% of young children are exposed to traumatic events, including extreme poverty, domestic violence, and physical abuse<sup>5</sup>. The toxic stress from adverse childhood experiences (ACEs) early in life can have a lasting negative impact that influences the risk of long-term health consequences if adequate social support or resiliency factors are not present. Much more must be done to address health issues tied to chronic adversity, beginning in childhood. GVPH has begun working with local schools, the Triangle North Healthcare Foundation, and other community partners to educate our communities about the effects of ACEs and the impact of toxic stress on children's developing brains and bodies. Building local awareness about trauma-sensitive and resiliency-promoting practices in systems that serve families and children will increase individual and community capacity to withstand and recover from adversity.

### **Priority: Access to Health Care**

#### **Progress in the Last Year**

GVPH collaborates with partners to build and expand systems of care to better serve our communities. We engage individuals from populations we are serving in the planning and implementation of our initiatives to ensure they are appropriately tailored to the needs of the community. We continue to expand our services to more effectively reach vulnerable populations, including those who are uninsured or under insured and those who lack access to transportation.

#### **Healthy NC 2030 Objective**



Healthy 2030: Decrease the uninsured population



Target: Reduce the percentage of the population under age 65 without health insurance from 13% to 8%

Granville: 12.5%, Vance 13.2%, NC 12.7%

Source: US Census Bureau Small Area Health Insurance Estimates Program https://www.census.gov/programssurveys/sahie.html

#### **Innovative Approaches**

GVPH was funded by the North Carolina Division of Public Health, Children and Youth Branch in 2019 for expanded implementation of Innovative Approaches (IA) over the next three years to include Warren County. The purpose of IA is to examine and improve community-wide systems of care for families of children and youth, ages birth to 21, with special health care needs. The goals of the Granville Vance Warren IA include increasing early and regular screening, providing adequate health insurance and coordinated care, increasing family satisfaction with healthcare services, and increasing services for children to make appropriate transitions. Parents and caretakers of children and youth with special healthcare needs are represented in all aspects of the initiative to ensure the needs of families are met.

The Granville Vance Warren IA initiative convenes community partners and parents monthly. The initiative engages partners in sustainable systems change projects through subcommittees focused on education, screening, and resources. In 2019, the initiative began six new projects that will serve hundreds of families directly and indirectly, including:

- Individualized Education Program (IEP) workshops for families and professionals
- Creation of a Care Coordination for Children brochure to be shared with Head Start childcare centers, and primary care doctors
- Development of a directory of community resources for transportation, food, clothing, school supplies, and other necessities

GVPH encourages families with children and youth with special health care needs and professionals to engage with the Granville, Vance, Warren IA initiative through our Parent Advisory Council, Steering Committee, or subcommittees.

#### **Carolina Fellows Family Dentistry**

Oral health affects general health as oral disease causes considerable pain and suffering, often changing what people eat, their speech, and their overall quality of life. In 2018, Granville Vance Public Health expanded to include a dental clinic. Carolina Fellows Family Dentistry serves the entire family, including children, adults and seniors. The staff is trained to provide preventive, restorative, and emergency services in a timely, caring and affordable manner.

The clinic accepts Medicaid, NC Health Choice and private insurance. A sliding fee scale is available for individuals without dental insurance who meet the eligibility criteria.

IN 2019:	
844	UNIQUE PATIENTS SEEN
586	NEW PATIENTS
2,325	TOTAL VISITS
54%	OF PATIENTS RELIED ON MEDICAL CARE
42%	OF PATIENTS WERE UNINSURED

#### **Emerging Issues & Efforts**

#### **Integrated Behavioral Health Care and Telemedicine**

Through a grant from the Health Resources & Services Administration (HRSA), GVPH is working to develop a health network connecting physical health, public health, and behavioral health partners in the region to strengthen the rural healthcare system and expand access to essential clinical healthcare services. Creation of an integrated network will enhance quality of patient care and improve patient satisfaction. Employing telemedicine, the network is specifically intended to integrate prevention, primary care, medication-assisted treatment (MAT), including suboxone or naltrexone for opioid use disorder (OUD), and counseling services.

#### **Thank You to Our Partners**

We thank all of our partners for their dedication and commitment to working with us to address our counties' health priorities. We work with many of the same partners on different projects. Partners across our rural communities are connected by a common goal of providing the highest quality of life to all of our residents.





**GranvilleVanceDHD** 



GranvilleVance3

#### References

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- 2. North Carolina Injury & Violence Prevention Branch. Medication & Drug Overdose Deaths, 2018. https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/MedDrugFactSheet-FINAL.pdf
- 4.https://www.tobaccopreventionandcontrol.ncdhhs.gov/data/yts/docs/2017-YTS-FactSheet-FINAL.pdf
- 5. Roberts, Ferguson, & Crusto, 2013; Roberts et al., 2014