



GRANVILLE VANCE PUBLIC HEALTH

Your Environment.
Your Community.
Your Health.

COMMUNITY HEALTH Assessment

2021



LETTER FROM THE HEALTH DIRECTOR

Community Health Assessments are the tool public health uses to investigate and diagnose our patient – the entire community. A heartfelt thank you is extended to the dedicated individuals and partners across the two-county health district for participating in this intensive process.

We must work together to invest in our community's health and well-being. As we have all learned during the last few years of the COVID-19 public health pandemic response, local health departments have an enormous role in keeping communities healthy including preventing the spread of communicable disease and promoting health through education and communication.

Success in the determinants of health are all connected with the health outcomes of a community. We have all learned that the conditions in which we live, learn, work, play, pray and connect with others ALL have an enormous impact on our health. Things like education, childcare services, economic development, food security and affordable high-quality housing are just as important to our quality of life and health as being able to access a doctor or a nurse when we need one. Children's health is the first step toward success in school. Success in school is the first step toward a skilled workforce. And skilled, healthy workers are the first steps toward attracting new jobs to the community. Public health and economic development and education are all intertwined. We cannot improve one without the others.



Public health serves everyone – not just those who walk through our doors. 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 request more information, please call us at 919-963-2141 in Granville County, 252-492-7915 in Vance County, or go online to <https://gvph.org/>.

-Lisa Harrison, Health Director

Figure 1: Health Promotion & Wellness Team, Granville Vance Public Health. Image credit: Granville Vance Public Health

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ACKNOWLEDGEMENTS

COMMUNITY HEALTH ASSESSMENT TEAM

The Community Health Assessment (CHA) team and Granville Vance Public Health (GVPH) met monthly from August 2021 to May 2022 coordinate the work of the CHA. The team was led by Ashton Johnson and Lisa Harrison and included consultants from the North Carolina Institute for Public Health (NCIPH; see section below for full list of NCIPH contributors). This team focused on managing the CHA data collection and timeline and coordinating with the Steering Committee for strategic direction.

Name	Title	Organization
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Alison Singer, PhD	Community Assessment Analyst & Advisor	North Carolina Institute for Public Health

STEERING COMMITTEE

The Steering Committee met bimonthly throughout the assessment process to provide input on survey questions, determine focus group populations and topics, promote participation in CHA activities, review assessment data, and prioritize topics.

Name	Organization
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Stan Winborne	Granville County Public Schools	Derrick Smith	Salvation Army
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Lauren Faulkner	Granville Vance Public Health	Becky Norris	Wake Weekly Newspaper
Gabriel Washington	Granville Vance Public Health	Jennifer Coplin	WOW Coalition

NORTH CAROLINA INSTITUTE FOR PUBLIC HEALTH

Granville Vance Public Health contracted with NCIPH at the University of North Carolina-Chapel Hill to facilitate the Community Health Assessment process and report-writing. The following report was drafted by the NCIPH team and reviewed by the CHA Team and Steering Committee members. NCIPH team members contributing to this report include:

Name	Role	Name	Role
Laurel Booth	Research Assistant	Emily McGee	Community Assessment Project Associate
Rose Byrnes	Project Lead, Qualitative Assessment Coordinator	Erin Magee	Community Assessment Coordinator (Prior Lead)
Joe Dawson	Digital Communications Specialist	Sara Moreno	Student Assistant
Jessica Douglas	Qualitative Assessment Associate	Alison Singer	Community Assessment Analyst & Advisor
Adrienne Hall	Data & Spatial Analyst	Matt Simon	Senior Data and GIS Analyst
Destiny James	Community Engagement Coordinator		

EXECUTIVE SUMMARY

PURPOSE OF THE COMMUNITY HEALTH ASSESSMENT

The purpose of a community health assessment (CHA) is to collect and analyze data to determine the needs of a community, as well as identify community resources and assets that can improve the community's health and wellbeing. Assessment priorities are identified with community input. The process and final report promote collaboration between local leaders to leverage shared resources and expertise to act on these community priorities.

PARTICIPATION AND COMMUNITY ENGAGEMENT

Granville Vance Public Health (GVPH) consulted with 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 plan, review and analyze data, and discuss priorities. Community input is a crucial part of an assessment, and GVPH engaged community members throughout the process. The Community Health Opinion Survey (CHOS), conducted in both Granville and Vance Counties, engaged 226 community members to learn more about their personal health status and concerns, as well as their concerns for the community as a whole. Additionally, community members in Granville and Vance were invited to participate in focus groups to share their experiences living and working in both counties. The focus group topics and populations were identified by the GVPH leadership team to ensure a diverse set of voices and experiences were represented; they included youth, youth service-providers, the Latinx community, residents in public housing, and residents in Henderson. Finally, community members were invited to vote on a set of priorities for the CHA cycle based on the information gathered during the assessment.

PROCESS

The CHA Team worked from August 2021 to May 2022 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 and focus groups – as well as secondary, or existing, data. The secondary data sources included the North Carolina Center for Health Statistics, the United States Census Bureau, and local government, among others.

COMPARISONS AND TARGETS

Throughout the data collection and analysis process, the CHA team compared data 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 2030 objectives, which serve as a health improvement plan for the state.

ASSESSMENT FINDINGS

Key takeaways from this assessment include greater awareness of health disparities, such as cancer incidence and mortality. Cancer is the leading cause of death in Granville (170.3 per 100,000) and Vance (199.2 per 100,000) Counties. Cancer mortality is higher for Black/African American community members than for white community members and higher among males than females. Cancer Incidence of newly-diagnosed cancer is greater in Granville (529.6 per 100,000) than Vance (482.8 per 100,000). Although cancer incidence is higher in Granville, Vance has higher mortality due to cancer. ¹ This disparity suggests that residents in Vance may experience barriers to accessing screening and diagnostic services and receiving treatment.

Mental health and substance use continued to be community priorities in this cycle of health assessment. Mental health services ranked high as a needed health service among Community Health Opinion Survey (CHOS) respondents. Focus group discussions identified the need for mental health support among youth and adults. Focus group participants highlighted the following factors as contributing to poor mental health among youth: the stressors and isolation associated with the COVID-19 pandemic, bullying, excessive screen time, and limited opportunities for socialization and physical activity. Barriers to assistance included lack of insurance, the stigma around mental health, and insufficient numbers of providers, including providers representative of the community. Community assets through which residents strengthen their mental health include recreation, cultural events, and education.

Among respondents to the CHOS, substance use disorder ranked as the second most important health and safety issue in both counties. Opioid overdose visits to the emergency room were higher in Granville and Vance than in their peer counties, and across both counties, males have experienced a larger burden of unintentional medication and drug overdose death, 40.1 per 100,000 male population in Granville and 75.8 per 100,000 male population in Vance. Community members participating in focus groups identified substance use as both a personal health and community challenge. They drew specific connections between substance use and community violence.

Before the COVID-19 pandemic, the top three communicable diseases were Chlamydia, Gonorrhea, and Hepatitis C. Vance had a higher rate of diagnosed Chlamydia and Gonorrhea cases than Granville and peers in the 2016-2020 period reviewed for this assessment. ¹ Focus group participants cited concerns related to stigma and confidentiality as barriers to using existing testing and treatment services. In 2020, the COVID-19 pandemic profoundly shaped the daily lives and health of people across the world and in Granville and Vance Counties. COVID-19 became the leading

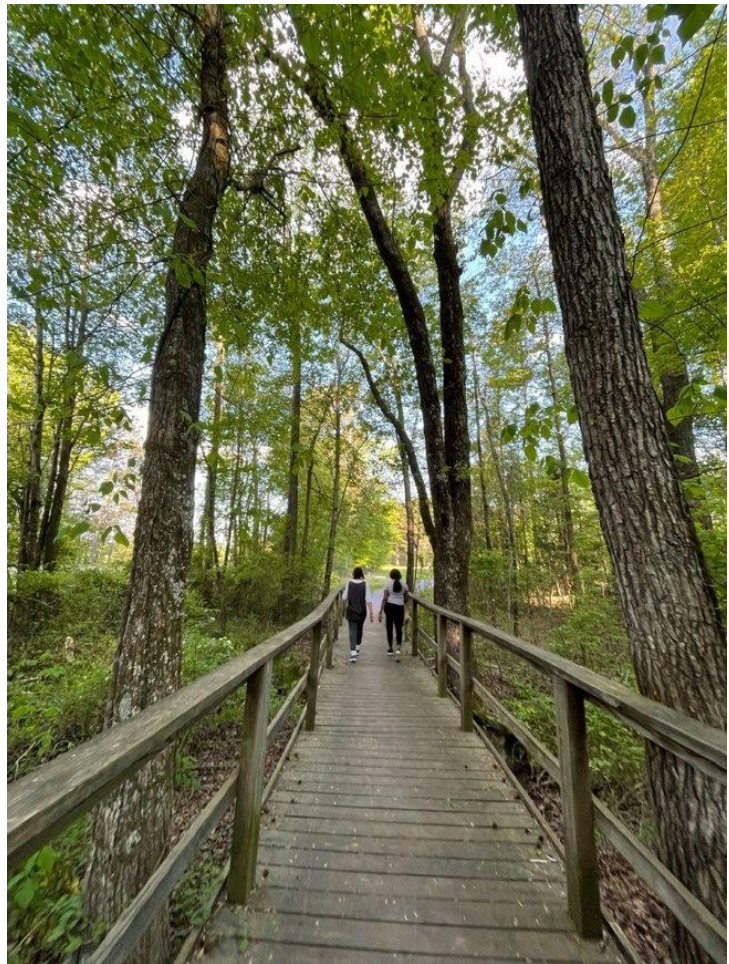


Figure 2: Nature trails at Granville Athletic Park. Image courtesy of Granville Vance Public Health.

communicable disease spreading among community members. As of March 1, 2022, 111 deaths in Granville and 112 in Vance have been attributed to COVID-19.² By March 9, 2022, 66% of Granville community members and 62.1% in Vance had received at least one dose of the COVID-19 vaccine, and 62% in Granville and 56.8% in Vance had received the full series of vaccinations. Fewer community members have received a booster dose in both counties.³

This assessment identified many bright spots, strengths, and assets in addition to community challenges. A notable achievement in Vance is the continuous positive trend in high school graduation rates since 2014. In 2020, Vance County reached a 90% graduation rate for all students, exceeding the state average. In addition, graduation rates have increased by over 15% for economically disadvantaged students and almost 25% among male students. Successes in Granville include meeting or exceeding the state's community health improvement goals, such as a low percent of households with a severe housing problem, exceeding the goal for the provider to population ratio, and reporting a lower number of deaths than the goal for drug overdose deaths.

PRIORITIZATION

The NCIPH team conducted a series of three virtual data walks to provide an overview of the findings from the

Health Equity		
Mental Health & Substance Use Disorder	Access to Healthcare	Engaging Youth for Community Health and Safety

data collection and analysis and facilitate open discussion among community leaders. Following the data walks, an online prioritization survey was distributed to community members, and five priority areas received the most votes by community respondents: mental health and substance use, access to healthcare, youth well-being, community safety, and access to healthy food and physical activity. From this list of five, the GVPH leadership team selected mental health and substance use disorder, access to healthcare, and engaging youth to advance community health and safety as the top three priorities for the 2021-2024 CHA period. Health equity is central to all community health improvement work, as the community cannot become healthier if disparities are not addressed. Therefore, the goal of working to achieve health equity among all community members runs within each of the prioritization areas.

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 accountability throughout the next three years.

COVID CONTEXT

In December 2019, an emergent virus, SARS-CoV-2, was first detected in Wuhan, China and quickly spread internationally. Commonly termed COVID-19, the virus caused respiratory illness and was declared a pandemic on March 11, 2020, by the World Health Organization. A few days following this announcement, on March 13, 2020, the United States declared the COVID-19 pandemic a national emergency and effectively went into lockdown to contain the spread of the virus. In North Carolina, Governor Roy Cooper issued a stay-at-home order on March 27, 2020, due to the rampant spread of COVID-19 in the state. During the years of 2020 and 2021, the COVID-19 pandemic infected at least 2.6 million residents of North Carolina, with at least 14,270 positive cases and 111 deaths confirmed in Granville County and 11,839 cases and 112 deaths confirmed in Vance County as of April, 2022.² In addition to the loss of life in both Granville and Vance County, the pandemic has also affected healthcare and social service delivery, community cohesion, and our process for conducting community health needs assessments.

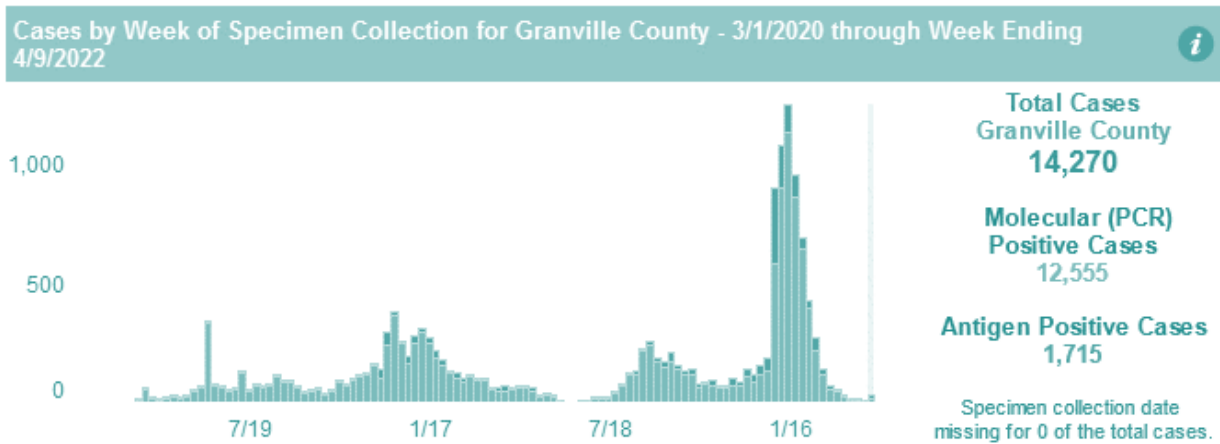


Figure 3 Weekly COVID-19 Cases, Granville County 3/1/20 - 4/9/22. Source: NC COVID-19 Dashboard

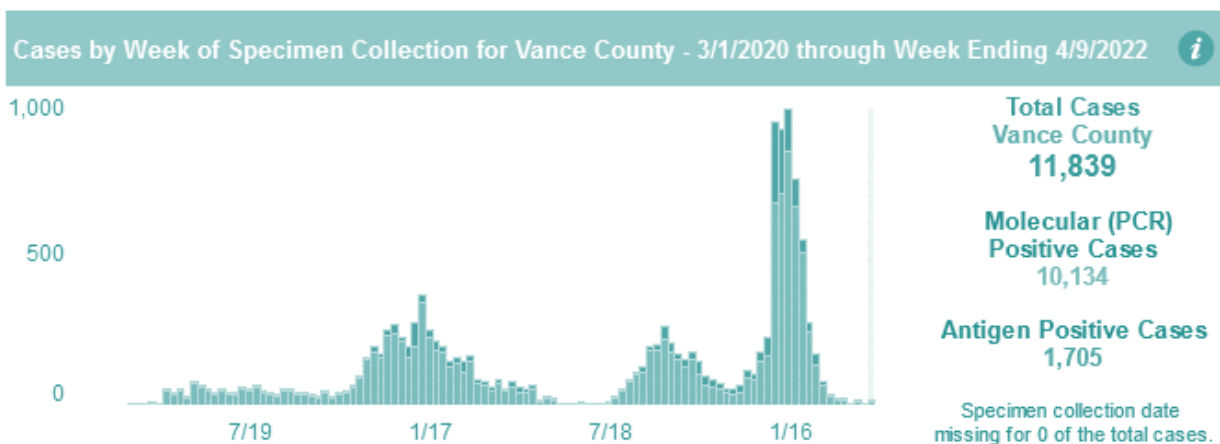


Figure 4 Weekly COVID-19 Cases, Vance County 3/1/20 - 4/9/22. Source: NC COVID-19 Dashboard

COMMUNITY ENGAGEMENT DURING COVID

Community engagement is a critical piece of the community health assessment process, beginning with the formation of a steering group made up of representatives from local public health, social service, and community-based organizations. While groups have still been able to be convened virtually, the relationship-building and networking that occurs spontaneously during in-person convenings is difficult to replicate in the virtual space. Additionally, the continued demands on everyone's time and energy during the pandemic have limited the participation of steering group members.

Another component of community engagement happens in convening focus groups. Focus groups, and qualitative data collection broadly, are essential for bringing the voices and lived experiences of those most affected by health inequities to the attention of decision-makers and those designing and implementing public health and social service programs. Qualitative data provides context and insight that is often missed by survey and secondary data. Outreach to communities for focus groups was somewhat limited by the general excess demands on everyone's time coupled with fewer benefits of participating in person. Convening a group around a meal was no longer an option as was typical in the past. Participants may have been hesitant to convene indoors with people outside their households. While focus groups were still held in person in the fall of 2021, safety measures, such as masking and distancing, were employed to reduce the risk of transmission of COVID-19.

We have also seen these effects play out in representation of community voice in survey data collection. Prior to the COVID-19 pandemic, Granville Vance Public Health employed door-to-door canvassing to collect responses to the Community Health Opinion Survey (CHOS); this surveying method assured that data included representation of voice across the county, with survey respondent demographics closely mimicking US Census demographics of the county. Door-to-door surveys are a valuable tool for collecting data and a standard practice used to increase community engagement. Adapting to the measures taken to slow the spread of COVID-19 that made door-to-door surveying difficult, surveying for this CHA relied on a modified method of inviting people living in Granville and Vance Counties to complete the survey online. Postcards with the survey URL and a QR code were mailed to households included in the random sample and the survey link was distributed through various community networks to promote an additional convenience sample; detailed descriptions of the survey methods are included in Chapter 3. This shift from in-person to online survey collection resulted in low response rates, sometimes lower than 5%, and restricted the community from seeing the faces behind the CHA process. Besides low participation, responses to online surveys have tended to be heavily skewed towards white people, women, people with higher incomes, and people with higher levels of education than the general population.

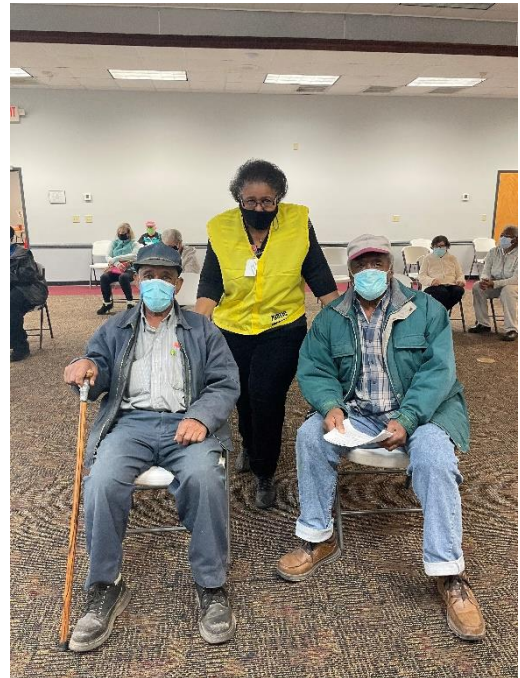


Figure 5: COVID-19 Vaccination Clinic. Image credit: Granville Vance Public Health

IMPACT OF COVID-19 ON SECONDARY DATA AND INTERPRETATION

Beyond the impacts of COVID-19 on in-person meetings and data collection, secondary data collection was also affected. Data from surveillance systems and national surveys is often available on a delay, so for some measures the most recent data available is for 2017, or 2019, or 2021. This is a limitation normally, but especially during COVID-19, as we seek to measure its impact on our communities. Average life expectancy reported in 2019 will not yet reflect the significant loss of life due to the pandemic. Similarly, data for 2020 and 2021 should be considered within the context of COVID-19. For example, data on emergency room visits will not reflect the individuals who needed services but avoided seeking care due to risk of exposure to the virus. Due to these limitations, the data presented in this report will not be comprehensive. However, it does provide us with a point of reference for tracking social, economic, and health indicators in our communities.

CHAPTER 1: INTRODUCTION

COMMUNITY HEALTH ASSESSMENT OVERVIEW

The Community Health Assessment (CHA) was developed to help identify the unmet needs of a community and guide stakeholders towards prioritizing available resources to meet those needs. It is a systematic 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 2018 and operates on a three-year cycle.



Figure 6: Community Health Needs Assessment Phases. Image credit: North Carolina Institute for Public Health

The CHA also involves a collection of information and data on the county of interest from three main sources: secondary data, primary data, and community input. Secondary data are gathered from existing repositories for the assessment county as well as peer counties and the state of North Carolina to allow comparison between trends. Primary data are gathered from the county itself through a mixed methods approach of quantitative and qualitative data. The findings from the data are then presented back to the community and community stakeholders for input on how the data compare to or reflect their lived experiences within the county. Community members and stakeholders are invited to vote on top priorities and CHA leadership convenes to review data, votes and to synthesize priorities. Action plans are developed with community stakeholders and service providers to address needs in the priority areas. The CHA process is outlined in Figure 6.

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COMMUNITY ENGAGEMENT

The Community Health Assessment (CHA) team at Granville Vance Public Health (GVPH) met monthly from August 2021 to May 2022 to discuss the assessment strategy, analyze primary and secondary data, and identify key health priorities. The steering committee, which met bimonthly, was also heavily involved in the planning, data analysis, and prioritization process. Steering committee invitation and meeting agendas in Appendix 1.

Community engagement in the assessment process is essential to ensure that the identified priorities are representative of community needs. Community input was solicited in the following ways: The Community Health Opinion Survey (CHOS) was developed to receive input from 2,000 Granville and Vance County residents. In addition, seven focus groups were conducted with residents to gain an understanding of the lived experiences of county residents regarding specific topics of interest determined by the steering committee and informed by the 2018 community health assessment. The GVPH team and steering committee also participated in three data walk sessions and prioritization voting (which was open to all adults in Granville and Vance Counties) to reach consensus about the final priorities for the current CHNA.

DATA COLLECTION AND COMPARISONS

The CHA process requires gathering and reviewing two kinds of data: primary data (new data collected from the community) and secondary data (existing statistics collected from external sources). To fulfill the primary data requirement, both online surveys and in-person focus groups were conducted.

SURVEY METHODS

A two-pronged approach was used to recruit adults in Granville and Vance counties to participate in the Community Health Opinion Survey (CHOS). The first involved drawing a simple random sample of county resident addresses survey using tax parcel data from 2021; 2,000 addresses were randomly selected from both Granville and Vance County. Postcards with instructions, QR code, and link were set to these addresses.

Secondary Data	<ul style="list-style-type: none"> •40 data sources •197 indicators
Survey	<ul style="list-style-type: none"> •226 responses
Focus Groups	<ul style="list-style-type: none"> •7 groups •5-18 participants per group

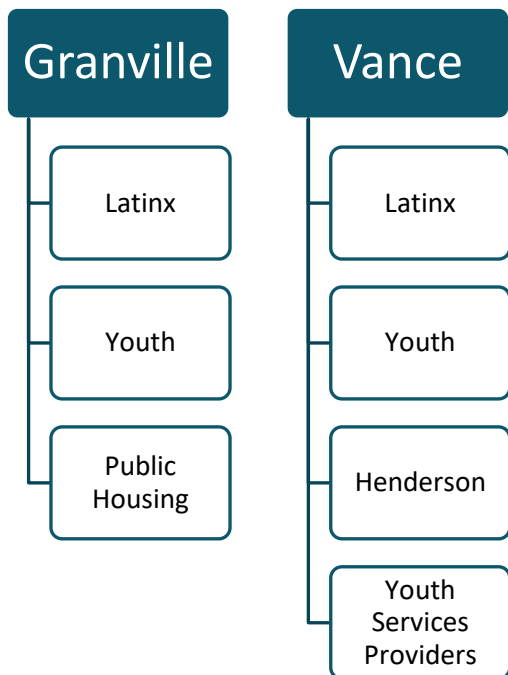
Residents received four separate postcards with prompts to complete the survey. The second component of recruitment involved distributing the survey link through steering committee networks, local businesses, social media, and email listservs. The survey was about 75 questions long and respondents were asked about their personal experiences, opinions, and needs related to health in the county. The survey was open from November 2021 – January 2022 and a total of 226 people participated.

It is important to note that survey methodologies are limited as the survey results will only reflect the opinions of respondents who completed the survey. The online survey platform limited participation to residents who had access to a smartphone or computer. A small portion of the randomly selected residents who were contacted by postcard participated in the survey. As is typical with online survey methods, the respondents were disproportionately white, female, and with higher levels of education and income than the counties as a whole.

The complete CHOS methods and survey instrument can be found in Appendix 2 and 3.

FOCUS GROUP METHODS

Seven focus groups were held between November 4th and December 9th, 2021. Focus groups were conducted in person, but due to the ongoing COVID-19 pandemic, meals were not provided, and participants and facilitators were required to wear masks. Participants were provided a \$25 gift card to thank them for their time. Focus groups ranged between 5 and 18 participants; a total of 70 Granville and Vance County residents participated in focus group sessions. Participants were recruited through steering group networks. Except for the youth focus groups, which were conducted in schools during the school day, focus groups were held in the evening to increase accessibility for community members. One focus group in each county was conducted in Spanish to facilitate the participation of Latinx community members, while the others were conducted in English. Focus groups were recorded, transcribed, and coded to identify themes within and across groups. Focus groups were organized around specific topics and populations and included Latinx community members, youth, people living in or connected with public housing, youth service providers, and people living in Henderson who were connected with community-based organizations.



Focus groups are a valuable resource that provides insight into the stories and experiences of Granville and Vance County residents. However, when interpreting focus group data, it is important to remember that individual experiences are not representative of the entire county. An additional limitation is that these focus groups were held during an ongoing pandemic, which likely limited participation. Focus groups provide an opportunity for participants to shed light on their lived experiences, however, there is the chance that due to group dynamics and limited time, not all members are able to fully contribute. Finally, due to time and resource constraints, focus group topics were selected to provide information on high priority areas, even though other topics and group perspectives that were not selected may be of high importance to the community.

The complete focus group methods and focus group guide can be found in Appendix 2.

SECONDARY DATA

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 includes social determinants of health, which are social and environmental factors that influence personal health, health behaviors, and access to health care.

The process also involved the comparison of 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

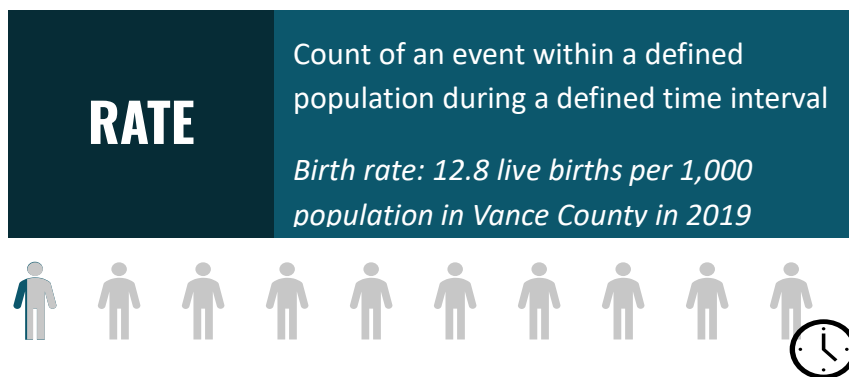


Figure 7: Definition of a Rate. Image credit: North Carolina Institute for Public Health

To be able to compare across regions and across time, the data are often reported as rates, which show the count of an event within a defined population during a specified time interval (see figure 7). This allows comparisons across time, even when the size of the population is changing from year to year. Additionally, since many health conditions are related to age and the different communities may have older or younger populations, an age-adjusted rate is often used. Factoring in the age distribution allows for comparisons of disease burden across different communities more accurately. Finally, some secondary data are presented as 5-year averages so that events in smaller communities or less frequent events are not distorted by the natural fluctuations of a few people from year to year. For the purposes of this report, 5-year averaged data will be referenced by the final year in the range. For example, “2019 estimate” refers to the 5-year average of 2015-2019 data. Full date ranges are referenced in figure captions. Alternatively, some secondary data from infrequent events is not aggregated and is suppressed (or withheld) from official reports. Aggregation or suppression is noted where appropriate.

Secondary data is a useful tool for understanding community health at the population level. However, this type of data can be delayed by a few years due to the need to collect, process and analyze data which can be time and resource intensive. Efforts were made to collect the most recent data available at the time of collection in February 2022, but please be aware of a potential lag between what is happening today in the county and the latest available data. The COVID-19 pandemic has also added to this challenge as data collection and reporting activities may have been negatively impacted resulting in delays and interrupted processes. Secondly, the data presented provides an estimation of the true value in the population; while efforts are made to collect data using tools such as outreach and sampling, it is not possible to collect data on every single point of interest for every single resident.

to Granville and Vance in demographics, density, location, and other characteristics. Data were also compared to the targets for the Healthy North Carolina 2030 goals, which serve as the state’s health improvement plan.

To be able to compare across regions and across time, the data are often reported as rates, which show the count of an event within a defined

Citations throughout this document refer to general source of the data, for example “U.S. Census Bureau, American Community Survey 5-year Data” with the most recent year of data included. The complete list of secondary data sources, including specific data table numbers and all years accessed can be found in Appendix 4.

PRIORITIES

Choosing community priorities is a crucial step in the CHA process and enables communities to focus attention and resources to tackle pressing community needs. The prioritization process for the 2021 CHA began with a review of secondary data trends as well as data collected from Granville and Vance County residents via the CHOS and focus group sessions to help understand the landscape of health needs. The North Carolina Institute for Public Health (NCIPH) team conducted a series of three virtual data walk sessions to provide an overview of the findings for steering committee members to openly discuss. After the data walks, an online prioritization survey was distributed through steering committee networks and to CHOS respondents. From the 139 prioritization votes, the following top 5 priorities were selected by both Granville and Vance County residents: mental health and substance use, access to healthcare, youth well-being, community safety, and access to healthy food and physical activity. The CHA leadership team then reconciled community votes with assessment data and synthesized the top five areas into three priorities for the 2021-2024 period: mental health and substance use disorder, access to healthcare, and engaging youth to advance community health and safety.

Health Equity		
Mental Health & Substance Use Disorder	Access to Healthcare	Engaging Youth for Community Health and Safety

Factors such as urgency, significance, and the capability to create change in a three-year time frame played a role in deciding which key community issues to prioritize. In addition to the three priorities, health equity was identified as a cross-cutting issue to be integrated into community health improvement planning across all three priorities.

CHAPTER 2: DISTRICT PROFILE

HISTORY

The Occaneechi, Tuscarora, and Saponi tribes were the major populations living in what is present day Granville and Vance Counties prior to and in the initial period of European colonization. The map in Figure 8 shows the

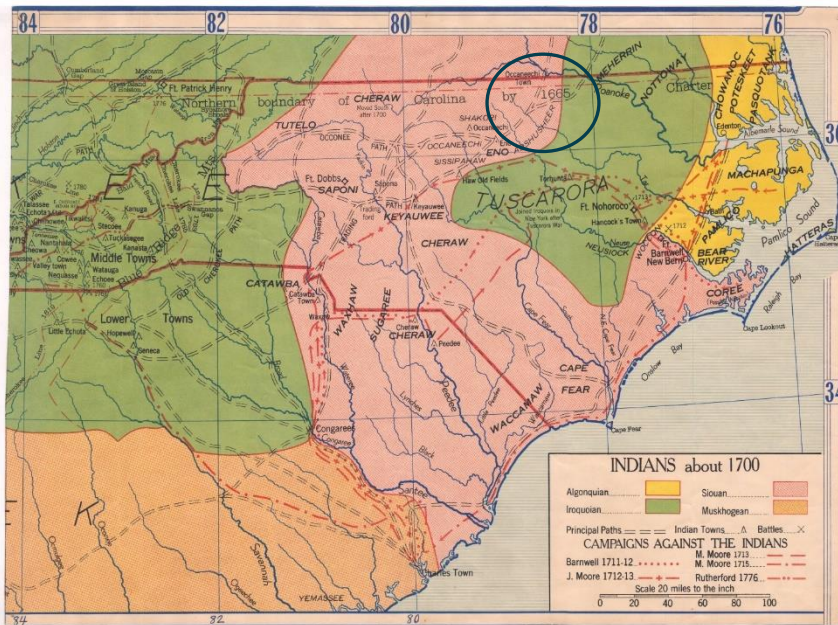


Figure 8: "Indians about 1700" Map of principal Native American groups in North Carolina and historical events and features. Image courtesy of the State Archives of North Carolina, under research and educational usage rights.

Native American groups across North Carolina, and the area in the circle is present-day Granville and Vance Counties.⁴ A major route for travel and trade passed through the area. Land theft, smallpox, and wars (notably the Tuscarora War in the early 1700s) reduced the Native population in the area by the turn of the 19th century.⁵

Granville County was formed in 1746 from land broken off from Edgecombe County. It was named for John Carteret, Earl of Granville, who was given the "Granville District" by King Charles II of England in 1663, which was about an eighth of North Carolina's territory and includes the present-day Granville County. The Granville Court House was the first

established county seat, but the county seat was changed to the town of Oxford in 1811. (The County of Granville North Carolina 2022) Additional information on the history of Granville County can be found through the Granville County Historical Society and Museum (website: <http://granvillemuseumnc.org/>)

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 at the time of Vance County's formation. Henderson, chartered in 1841, became the county seat. (Powell 2006) In his 1956 book documenting the history of Vance County, Samuel Peace describes how Vance County was created to consolidate political power by separating voters from the different political parties into different counties, thus securing solid majorities in Granville and Franklin for the ruling party of the time. This process packed African American residents into the newly created Vance County. Then Senator Vance, for whom the county was named, referred to Vance County as "Zeb's Black Baby" thereafter.⁶ This race-based gerrymandering is one example of the efforts to dilute the political power of African Americans in North Carolina during the reconstruction era.⁷ This disenfranchisement had direct implications for the county's representation at the state and national level, limiting their ability to enact health and social policies and advocate for resources to serve their diverse communities' needs.

GEOGRAPHY

Granville and Vance counties are both part of the Piedmont region of North Carolina that borders Virginia. Interstate 85 passes through each county and runs through the county seats of Oxford in Granville County and Henderson in Vance County. 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 537 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 much 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.

ECONOMY

Historically, agricultural commodities have been important to the economies of both Granville and Vance Counties. Granville County was once one of the top tobacco-producing counties in North Carolina and relied on the tobacco industry until the late 1960s. In the 1950s, manufacturing industries began moving into the county, including porcelain, tires, and clothing products; however, much of the northern area of the county remains rural and agricultural today. The County's three largest employers are the State of N.C. Department of Health and Human Services, Altec Industries Inc., and Revlon Consumer Products Corporation.⁸

In Vance County, the Henderson and Harriet cotton mills were in production 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 Inc.⁸

In 1915, the department store chain "Rose's" got its start in Vance County. At the height of its success, Rose's Inc. had 280 stores in 11 states, employing thousands in its stores, distribution warehouses, manufacturing plant, and truck fleet.⁹

Both counties are part of Triangle North, a set of four high-quality business parks with links to the Research Triangle that allows companies to take advantage of the state's available business incentives. According to the Triangle North website, each of these business parks offer a range of critical assets that connect companies to their strategic business objectives. Triangle North Granville is a life sciences and technology park covering 527 acres and Vance County is a business and manufacturing park covering 422 acres.¹⁰

The North Carolina Department of Commerce assigns County Distress Rankings, or Tiers, annually based on employment, income, population, and property taxes. The 40 most distressed counties are designated as Tier 1 and the 20 least distressed are Tier 3. The tier system is used for various state programs to encourage economic development in less prosperous areas of the state. The 2022 County Tier Designations ranked Granville County as Tier 2 (rural, less distressed), and Vance County as Tier 1 (most rural and most distressed). The 2022 rankings for both counties are consistent with the 2018 rankings.¹¹

GRANVILLE-VANCE PUBLIC HEALTH: A COMBINED HEALTH DISTRICT

In 1974, Granville County Health Department and Vance County Health Department became Granville-Vance District Health Department. At the time of the merger each county health department had approximately 20 employees offering core public health services (Child Health, Maternal Health, Family Planning, Communicable Disease, Immunization, Environmental Health, WIC, and Health Education/Promotion), as well as Home Health and an orthopedic clinic.



Figure 9: Family picnic. Image courtesy of Granville Vance Public Health stock images.

In 2015, Granville-Vance District Health Department rebranded itself as Granville Vance Public Health. Today, Granville Vance Public Health employs approximately 85 staff across the two counties and is still providing the core public health services along with several other programs, including primary care, care management for children and pregnant women, dental care, minority diabetes prevention, CenteringPregnancy®, and opioid use disorder programs such as medication assisted treatment (MAT) and

Naloxone, an overdose-reversal medication.

Granville Vance Public Health is also a Rural Academic Health Department. This partnership with local universities provides space for generating rural public health practice-based evidence. It also connects local public health practitioners to real-time expertise in grant writing and management, evaluation, epidemiology, and health equity research. This adds capacity to the stretched public health workforce as well as infuses sustainable funding for population health into the community, through formal agreements with UNC-Chapel Hill and Duke University.

DEMOGRAPHICS

Throughout this report, data from Granville and Vance Counties are reported alongside data from the state of North Carolina and two peer counties, Franklin and Warren. The similarities and differences can be explored in the demographics section that follows and will also be addressed throughout the assessment section.

POPULATION GROWTH AND DENSITY

Granville County has approximately 30% more people than Vance County, with the population of Granville being 60,992 and Vance 42,578. As Granville County has a larger land area with 537 square miles to Vance County’s 270 square miles, the population density is much higher in Vance County. The peer county of Franklin County has a similar population to that of Granville at 68,573, while Warren’s population size of 18,642 is less than half that of Vance. The population of Granville is expected to increase to 81,000 in the next 30 years while the population of Vance County is projected to remain relatively stable.¹²

Older adult populations are defined as any person over the age of 65. The older adult populations in both Granville and Vance counties as well as the peer counties and the state are projected to increase steadily over the next decade. The numbers are then expected to level off in the next decade, with a fifth of the population in Granville being older adult and a quarter of the population in Vance County. As of 2020, Warren County had the highest older adult population of all four counties at 25% but is projected to be similar to that of Granville and Franklin by 2040.¹²

BIRTH RATE

Birth rates across the state are decreasing and this trend is seen in Granville and Vance County. In the most recent available 5-year averages (2015-2019), Vance County’s birth rate was higher than the state’s and peer counties’ at 12.5 births per 1,000 people, while Granville’s remains lower than the North Carolina and peer county averages at 9.8 births per 1,000 people.

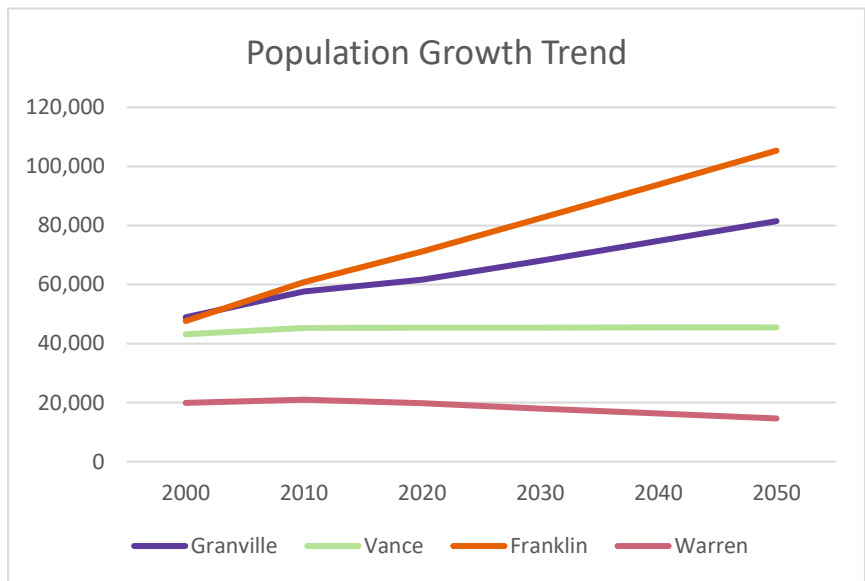


Figure 10: Population growth trend projections. Source: North Carolina Office of State Budget and Management

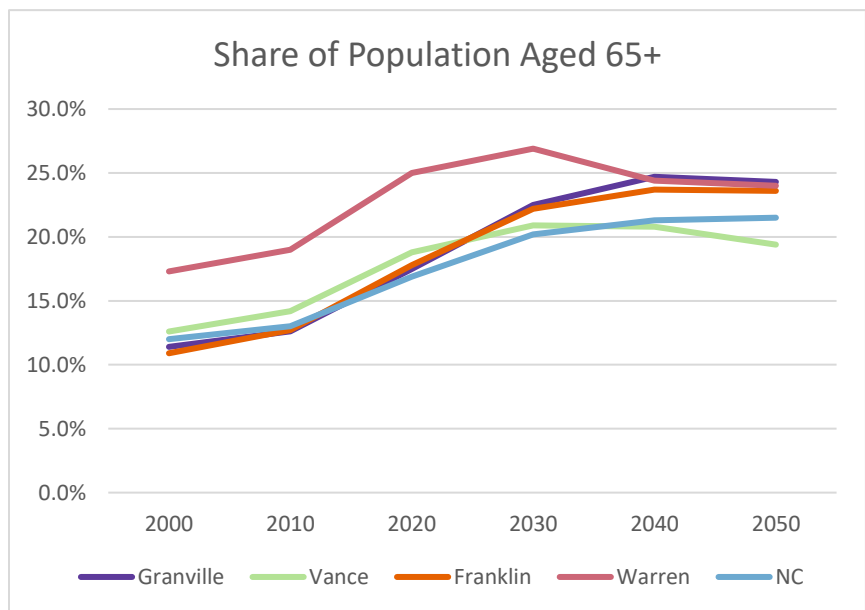


Figure 11: Population growth trend projections - share of the population aged 65+, 2000-2050. Source: North Carolina Office of State Budget and Management

LIFE EXPECTANCY

Vance County has a lower life expectancy than Granville County, peer counties, and the state, at 74 years old. Granville’s life expectancy is 78 years old which is the same as the state. There are bigger disparities in life expectancy when comparing by sex. In Vance County, women live an average of 8 years longer than men and in Granville this difference is 4 years. These disparities are also significant by race as the life expectancy of a white person is 4 years longer than that of a black person in Vance County. In Granville this difference is 2 years.

RACE/ETHNICITY

Vance County has a higher population of African American residents than the state and Granville has a higher population of white residents, similar to that of the state. In Granville County, 55.1% of the population identifies as non-Hispanic white, 30% as non-Hispanic Black or African American, 10.2% as Hispanic or Latino, 0.6% as non-Hispanic Asian, 3.4% as two or more races and non-Hispanic, and 0.3% American Indian and Alaskan Natives non-Hispanic. In Vance County, 38.1% of the population identifies as non-Hispanic white, 49.5% as non-

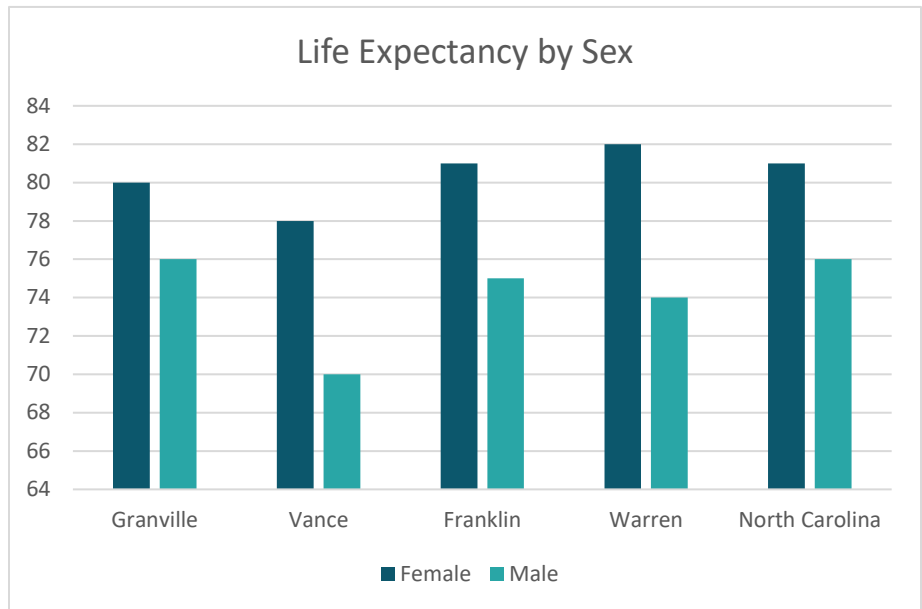


Figure 13: Life expectancy at birth by sex, 2017-2019 3-year average. Source: North Carolina State Center for Health Statistics

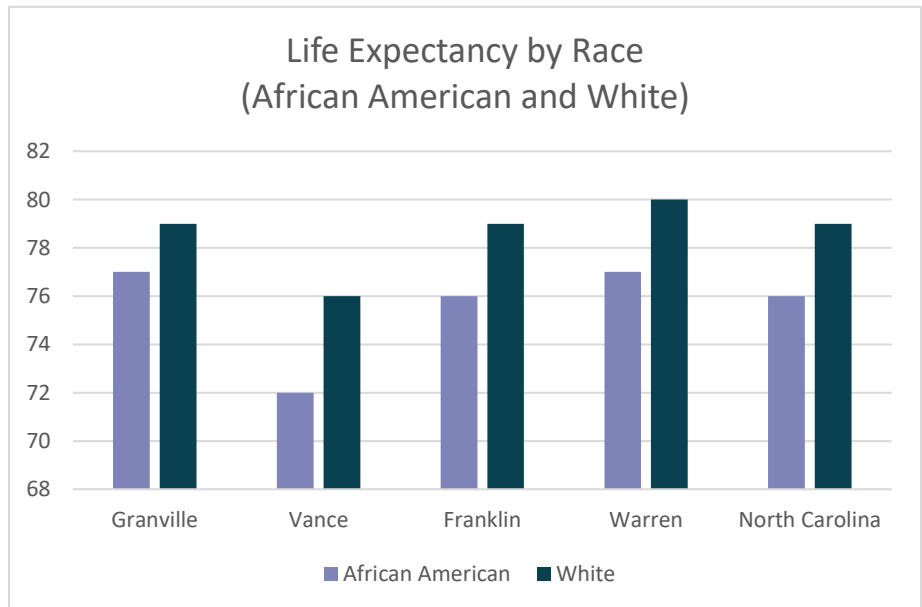


Figure 12: Life expectancy at birth by race, 2017-2019 3-year average. Source: North Carolina State Center for Health Statistics

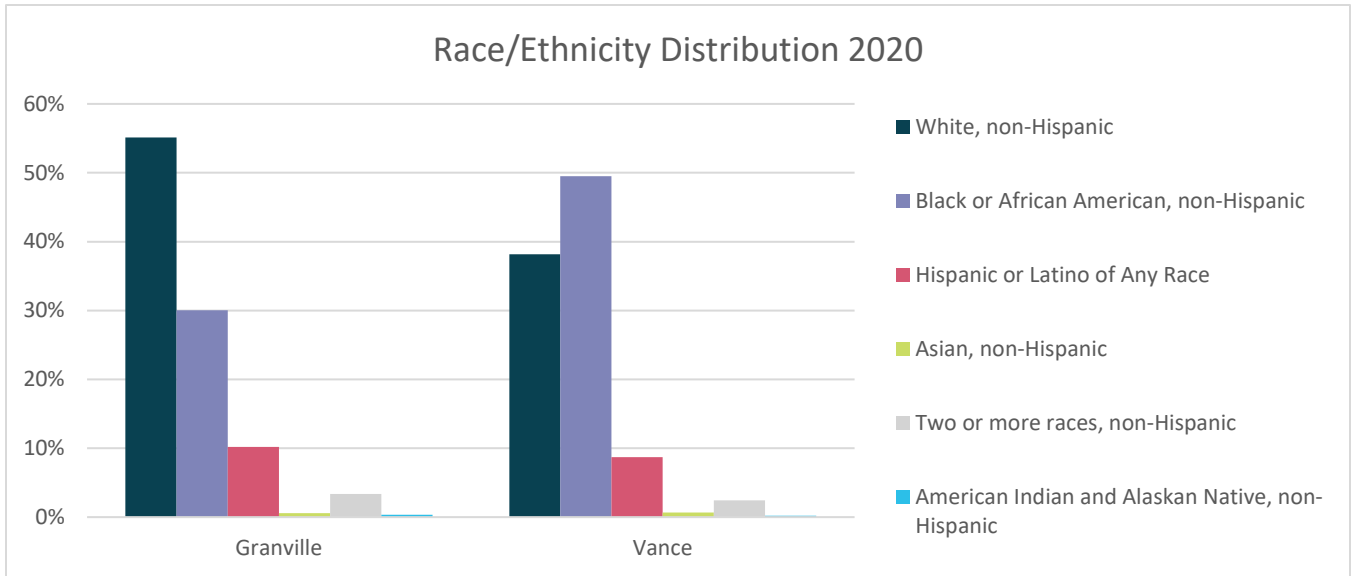


Figure 14: Race and ethnicity distribution, 2020. Source: U.S. Census Bureau, 2020 Decennial Census

Hispanic Black or African American, 8.7% as Hispanic or Latino, 0.7% as non-Hispanic Asian, 2.4% as two or more races and non-Hispanic, and 0.2% non-Hispanic American Indian and Alaskan Natives.¹³

AGE/SEX

Vance County has a generally younger population than Granville County with 23.4% being under 18 years old. The over-65 populations are similar at 17.7% in Granville County and 19.1% in Vance County. The highest proportion of residents in both counties are between the ages of 45-64, with 29.6% of the population in Granville falling into this category. Vance has a significantly higher number of females than males, at 53.3% to 46.7%, while Granville has an almost even split between males and females. It is important to note that the U.S. Census asks specifically about sex and allows only “male” or “female” as response options, so no data about non-binary genders or gender identity were included here.¹⁴

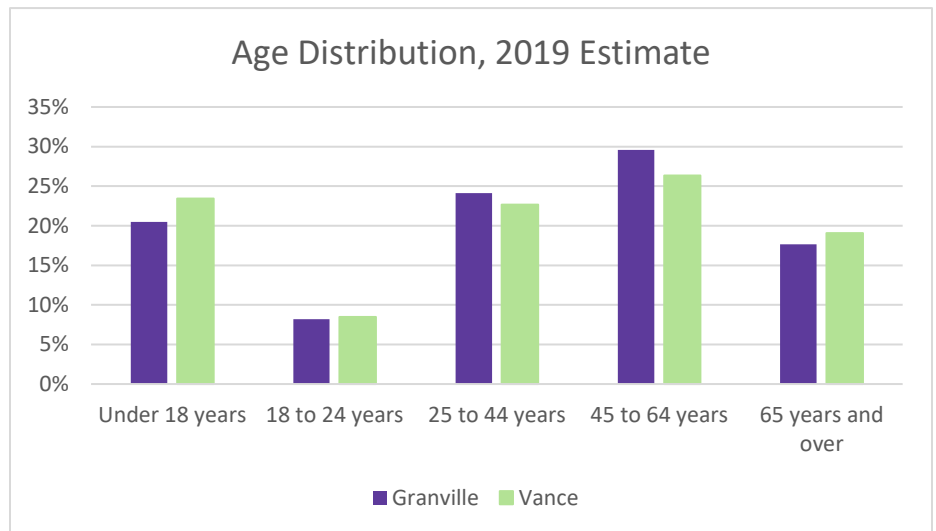


Figure 15: Age distribution, 2019 estimate. Source: U.S. Census Bureau, Population Estimates Program

VETERANS

The veteran population has decreased slightly in recent years, to 7.6% in Granville and 6.4% in Vance. Both of these fall slightly below the state average. This population is aging in both counties with the 35-54 population decreasing and the 55-74 increasing. Vance also saw the population of veterans over 75 increase between 2015-2019, while Granville has seen an increase in the younger population of veterans aged 18-34.¹⁵

DISABILITY

Vance County has more community members with a disability than Granville, peer counties, and the state. The different types of disability are classified as ambulatory (walking) difficulty, cognitive difficulty, hearing difficulty, independent living difficulty, self-care difficulty, and vision difficulty. The most common type of disability across all counties and the state is ambulatory

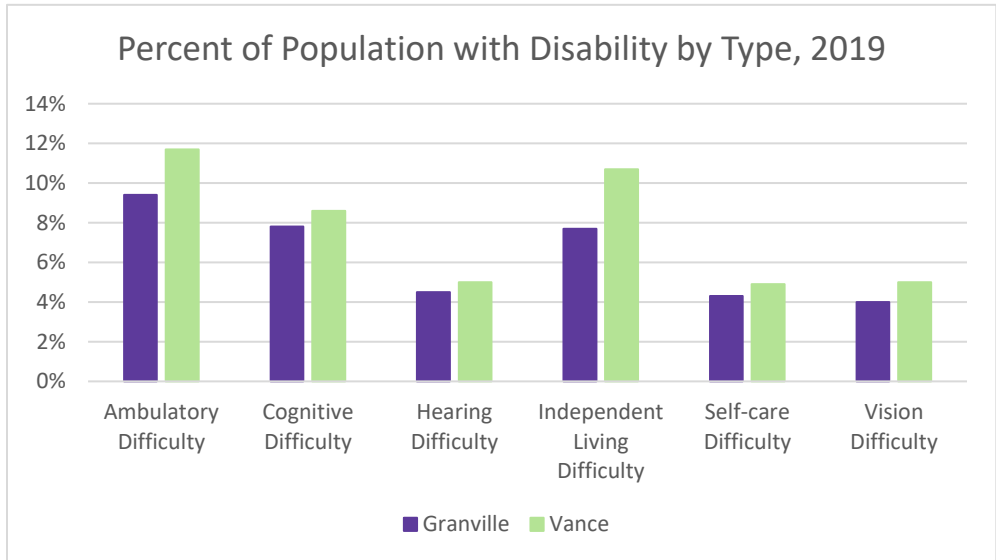


Figure 17: Percent of population with a disability, by disability type, 2014-2019 5-year estimate. Source: U.S. Census Bureau, American Community Survey, 5-year Data.

difficulty. The biggest disparity among counties is seen in independent living difficulty, with 10.7% of community members in Vance County living with this disability and 7.7% in Granville.¹⁵

IMMIGRATION

Granville has an immigrant population with more people who arrived prior to 2000 than since. Vance has an overall smaller population and the years they arrived are evenly distributed. Both counties have seen fewer immigrants arrive after 2010 than in previous decades.¹⁵

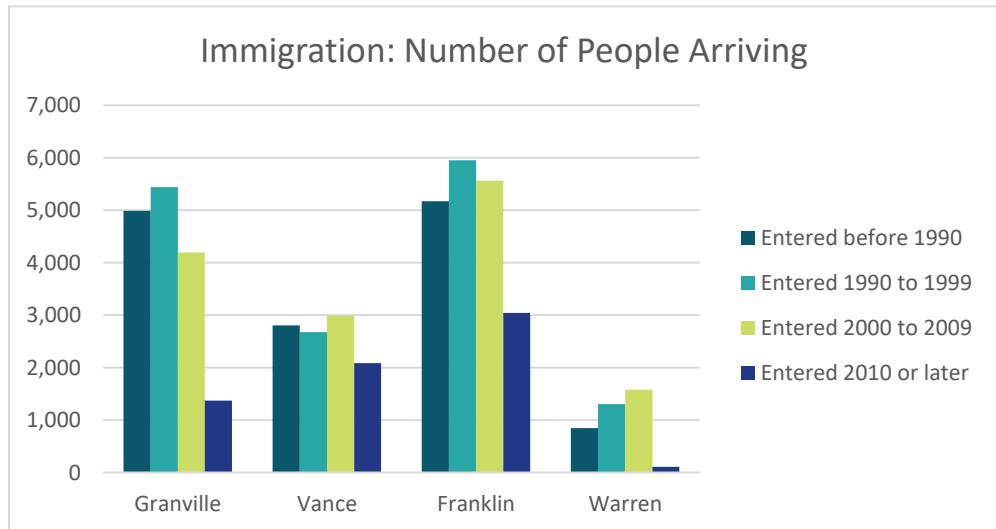


Figure 16: Number of people arriving as immigrants, 2015-2019 5-year estimates. Source: U.S. Census Bureau, American Community Survey 5-year Data.

LANGUAGE

The majority of people living in both Granville and Vance Counties speaks English. The percentage of people speaking Spanish has remained stable since 2016 at 5.7% in Granville and 5.4% in Vance. The percentage of people speaking languages other than English or Spanish are too small to be able to examine trends.¹⁵

VULNERABLE POPULATIONS

Age, language barriers, socioeconomic status, chronic disease, disability, veteran status, and incarceration can influence the physical, emotional, social, and economic wellbeing of a population. These factors can increase the population's risk for certain health conditions, as well as their vulnerability to a public health emergency, and leaves certain groups underserved in a community. One of the purposes of a CHA is to identify the populations at risk within the community and address the disparity in health outcomes they may face. Below is an overview of these populations within the Granville-Vance communities.

PEOPLE LIVING IN POVERTY

Poverty limits people's access to quality housing, childcare, food, transportation, and other factors that support health and wellness. Low income and low wealth mean that families are more vulnerable to economic setbacks and have little extra to invest in education, recreation, and other things that benefit long-term health. In Granville County, 14.3% of people live below the federal poverty level, including 22.1% of children under 5 years old. In Vance County, a higher proportion of the population lives in poverty, with 20.8% of the population below the poverty level and 40.5% of children under 5 years old¹⁵.

PEOPLE WITH LIMITED ACCESS TO RESOURCES

Many barriers to resources exist for people living in Granville and Vance Counties which stem from geographic, systemic, and historical factors. There is great diversity within the two counties, and different groups face different challenges accessing resources. People living in rural areas are limited by transportation and many resources being concentrated in urban centers. Limited access to affordable broadband internet, particularly in rural areas, has led to the "digital divide".¹⁶ This disparity came into sharp focus during the pandemic when many services and aspects of daily life from jobs to schools to medical appointments moved online. The legacies of slavery, Jim Crow policies, and discriminatory mortgage lending practices such as red lining have put African American residents of the counties at a severe disadvantage in property ownership and building generational wealth.

“But, you know, when you look at the houses and stuff in Henderson, although Henderson has a bunch of people, most of them Black, most of the wealth, property, and assets belongs to a very small group.”

– Focus Group Participant (Henderson)

CHAPTER 3: ASSESSMENT FINDINGS

OVERVIEW

Data collected from primary and secondary sources were analyzed for this assessment and summarized in nine data categories, with the community priority areas highlighted in the linked buttons to the right. While summarizing the data in categories supports understanding and usability of this report, it is with the recognition that the health outcomes and conditions that support or impede health are complex and interrelated. Multiple years of data were analyzed from most secondary data sources, and data trends are described in the assessment findings that follow.

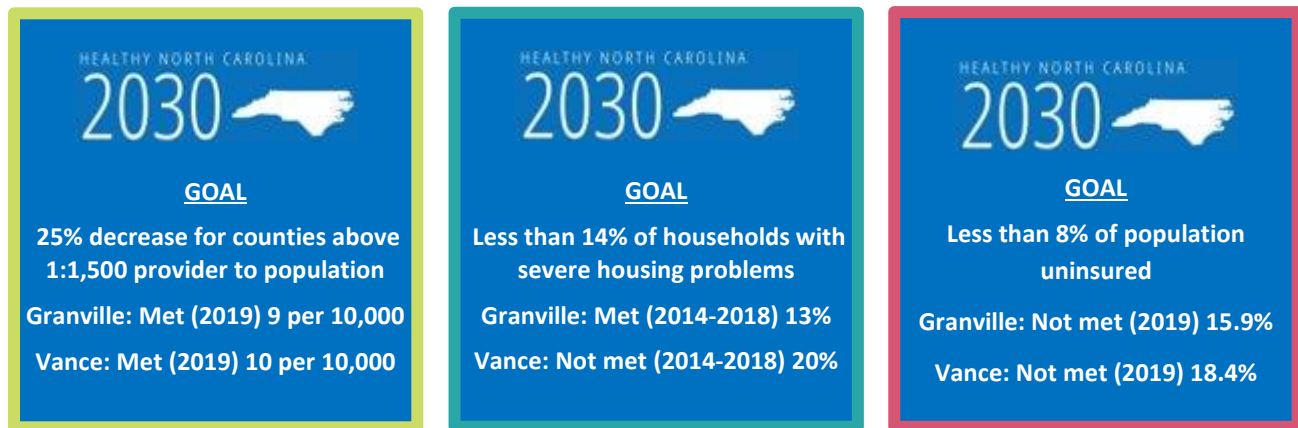
Click buttons below to jump to section

Neighborhood & Physical Environment	Community Cohesion	Safety
Lifelong Development	Economic Opportunity	Access to Care
Disease, Illness, & Injury	Mental Health & Substance Use	Reproductive & Child Health

COMPARISONS TO HEALTHY NC 2030

The Healthy North Carolina 2030 project was initiated by the North Carolina Institute of Medicine to serve as the population health improvement plan from 2020 to 2030. This framework includes a set of indicators and targets that provide local health departments as well as the North Carolina Division of Public Health with a set of shared goals to drive activities that support health and well-being across the state.¹⁷ Healthy North Carolina (HNC) 2030 goals are referenced throughout this assessment with a HNC 2030 progress update that indicates whether the goal was met (lime green), met in one county (teal), or not met (red) in Granville and Vance County as measured by the most recently available data.

Icon image credit: HNC2030/NCIOM





NEIGHBORHOOD & PHYSICAL ENVIRONMENT

“The physical environment is where individuals live, learn, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, and the transportation they access to travel to work and school. Poor physical environment can affect our ability and that of our families and neighbors to live long and healthy lives.”

– County Health Rankings & Roadmaps

A factor of the physical environment that has become increasingly important is access to high-speed internet service. Especially during the pandemic and stay-at-home orders, internet access became necessary for school, work, and medical appointments. The American Community Survey 5-year estimate for 2015-2019 was that 79.9% of Granville and 70.8% of Vance residents had broadband internet access. This is an increase from previous years, but still below the state average of 81.1% for 2015-2019.¹⁵

Households with Internet Subscription

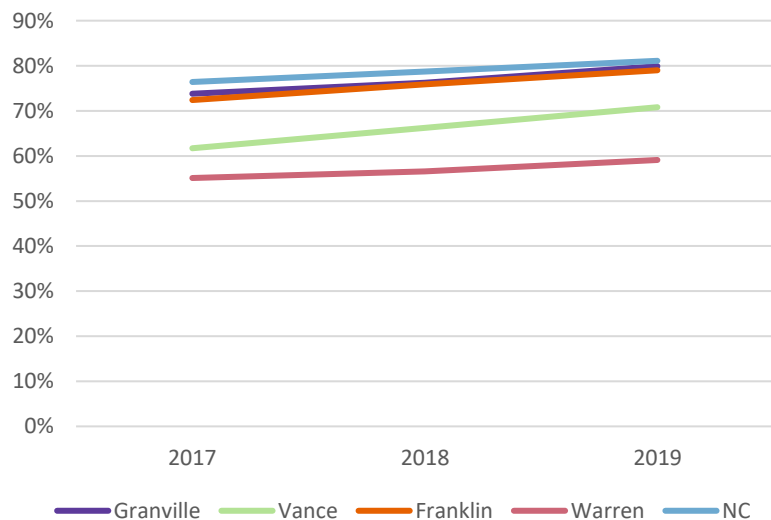


Figure 18: Percentage of households with internet subscription, 2013-2017 to 2015-2019 5-year estimates. Source: US Census Bureau American Community Survey 5-year Data.

HOUSING

In 2021, 25 people in Vance and 8 people in Granville were counted as experiencing homelessness during the Point-In-Time (PIT) count. While generally recognized as an undercount of the “true” number of people experiencing homelessness, the PIT is a count of all people living in shelters or transitional housing facilities or in unsheltered locations on a single night in January. It does not include people “doubled up” with family or friends or living in a hotel/motel. These counts mean Vance has a homelessness rate of 5.94 per 10,000 population and Granville’s rate is 1.3 per 10,000; at the time of this writing, the statewide data for 2021 was not out yet, but has been steady at around 9 per 10,000 population in recent years.¹⁸

According to U.S. Housing and Urban Development 2014-2018 average data, Vance County had had about one fifth of the population with one or more severe housing problems, which is more than peers and the state as a whole. Severe housing problems include these four factors: housing with incomplete kitchen facilities, incomplete plumbing facilities, more than 1.5 persons per room, and a household spending greater than 50% of its income on housing costs. Granville's 13.0% of the population with severe housing problems is below the state level and has met the Healthy NC 2030 goal of 14%. The percent of Vance households with severe housing problems has stayed steady or increased, while Granville and other peers have decreased in recent years. ¹⁹

HEALTHY NORTH CAROLINA
2030

GOAL
14% of households or less with severe housing problems

Granville: Met (2014-2018) 13%

Vance: Not met (2014-2018) 20%

Owner-occupied units are the most common type of housing unit across the counties and the state, but there are notably more renters in Vance, with 43.5% of housing units being renter-occupied in the 2015-2019 average estimate, compared to 27.9% in Granville. ¹⁵ Homeownership is a major source of personal and generational wealth, particularly for low-income families, and

Percent of Population with One or More Severe Housing Problems

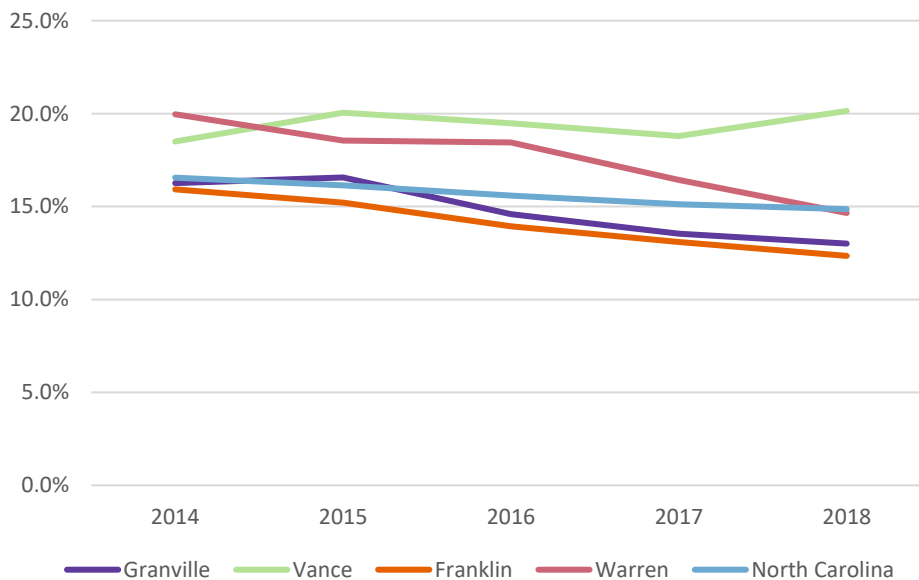


Figure 19: Percent of population with one or more severe housing problems, 2014-2018 5-year estimates. Source : U.S. Department of Housing and Urban Development (HUD)

PERSUING EQUITY: HOUSING

Our collective health and well-being depend on opportunity for everyone. Yet, across and within counties there are stark differences in the opportunities to live in safe, affordable homes, especially for people with low incomes and people of color. These differences emerge from discrimination and institutional racism in the form of long-standing, deep-rooted and unfair systems, policies, and practices such as redlining, restrictive zoning rules, and predatory bank lending practices that reinforce residential segregation and barriers to opportunity. It is important to dig into the data to understand how factors related to the physical environment are playing out in your county, especially by race and income.”

– County Health Rankings & Roadmaps

can provide a buffer against financial shocks like job loss, medical expenses and the costs of higher education.²⁰

Households paying rent are typically spending a higher percentage of their income on housing than those who own their homes. In the 2015-2019 5-year average estimate, Granville had 18.3% of households with a mortgage spending more than 35% of their income on their mortgage; Vance had 23.4%. Granville had 40.9% and Vance had 35.6% of renting households spending more than 35% of their income on rent in the 2015-2019 5-year estimates.¹⁵The standard definition for "affordable" is 30% of income spent on housing.

“There are tenant housing, certain advocacy policies aren't in place in Henderson so then even our landlords can rent us houses where the floors are caving in and there's nothing we can do about it. This is a true story. It happened to me in Vance.”

– Focus Group Participant (Youth Providers Group)

Housing was an important theme of the focus group discussions. Across groups, clean, safe, affordable housing was described as a key component of an ideal healthy community. Particularly in focus groups in Vance County, participants described the high price of rent combined with a sense that renters have little recourse when landlords do not address maintenance issues.

Eviction is another issue that renters may face, particularly those experiencing economic distress due to the Covid-19 pandemic. Data visualized by the UNC's Department of City and Regional Planning show that Vance County had one of the highest rates of eviction filings throughout the Covid-19 pandemic. Figure 20 below shows eviction filings for Vance County (represented by the upper blue line) and Granville County (lower blue line) compared to all other NC counties (grey lines). At its peak in July 2020, Vance County had 41.4 eviction filings per 1,000 renters per week, Granville had 7.6 filings and the state average was 2.0 filings. Evictions continued to spike in Vance County in the fall of 2021.²¹

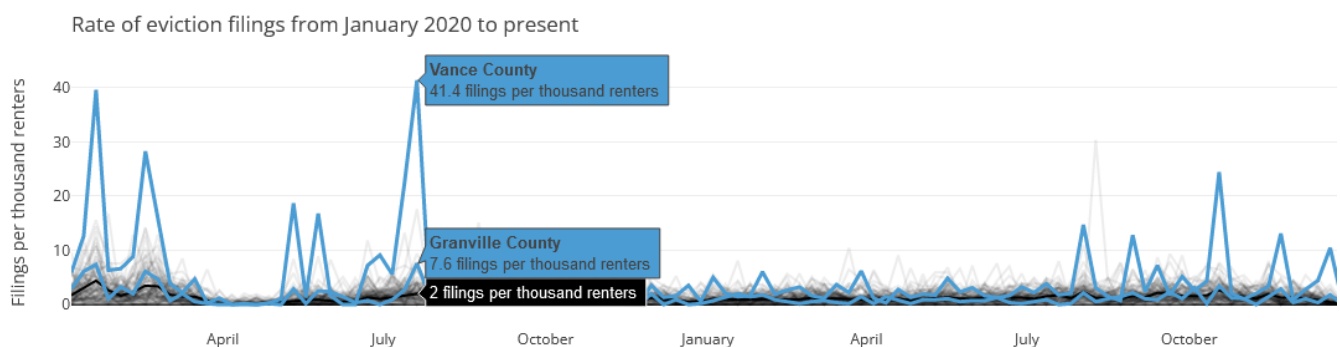


Figure 20: Eviction filings in North Carolina counties, rates per 1,000 renters, 2020-2022. Source: UNC Department of City and Regional Planning, Carolina Tracker

TRANSPORTATION

Transportation continues to be a challenge for many people living in Granville and Vance Counties. In 2015-2019 estimates from the American Community Survey, very few people biked, walked, or took public transit to work.

The vast majority of workers drive alone to work.¹⁵ Of those, almost half (48.0%) have a commute greater than 30 minutes in Granville, which is higher than in Vance (28%) and the state, but on par with other peers.²²

In focus groups, people in both counties described low access to sidewalks and limited utility of existing public transit for people who are working. Participants relayed that existing transit options are good (KARTS, Around Town Shuttle, Medicaid transportation), but expanded routes and schedules are needed to make the system useful for working people and households with one or no personal vehicles. Transportation is a barrier to working, medical care, and participating in school and recreation opportunities.

ACCESS TO HEALTHY FOOD & PHYSICAL ACTIVITY

Nutrition and exercise are important to both physical and mental health. While public health campaigns around healthy eating and active living have been successful in raising individuals' awareness of these health benefits, barriers in the built environment and economy keep people from meeting public health recommendations. An abundance of fast-food restaurants, few grocery stores, and the higher cost of fresh foods (both in monetary cost and time to prepare), make eating a healthy diet hard to maintain for many individuals and families. Communities without well-connected commercial and recreation areas, sidewalks, or bike lanes, make physical activity inconvenient and in some cases dangerous. Especially for families without the surplus time and income for gym memberships and fitness classes, staying active is a challenge. This section explores the environmental factors that influence community members' access to healthy food and physical activity.

The numbers are very small, but according to the USDA Food Environment Atlas, Vance has more grocery stores per 1,000 people than Granville and the number of grocery stores per 1,000 people increased between 2011 and 2016. Granville is below peers and the rate remained unchanged between 2011 and 2016. Grocery stores (defined by North American Industry Classification System) include establishments primarily engaged in retailing a general line of food, such as canned and frozen foods; fresh fruits and vegetables; and fresh and prepared meats, fish, and poultry. Delis are also included. Convenience stores, with or without gasoline sales, and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded.

Residents in Granville, Vance and their peer counties have access to a greater abundance of fast-food restaurants than grocery stores and WIC-authorized stores.²³ There was a slight decrease in the number of fast-

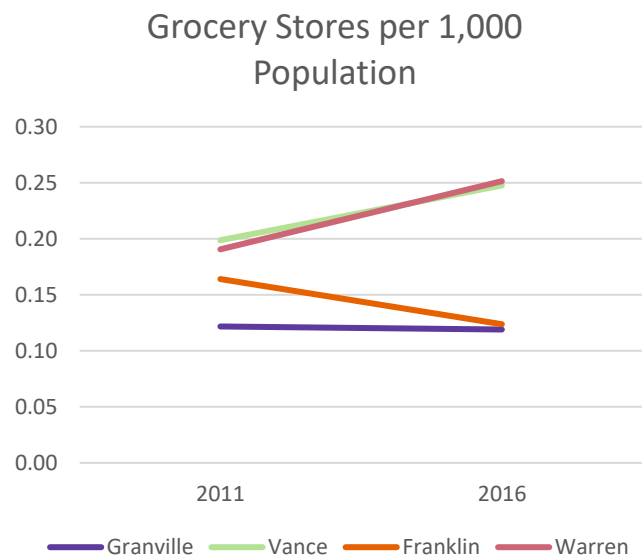


Figure 21: Grocery Stores per 1,000 Population 2011-2016. Source: USDA Food Environment Atlas, last updated 9/10/2020

food restaurants per 1,000 people in both Granville and Vance between 2011 and 2016. Vance has slightly more fast-food restaurants for its size than Granville. Both have more than peers Franklin and Warren.

Focus group participants in both counties highlighted the challenge of providing healthy food on a tight budget. Some participants described the cultural barriers to changing to a healthier diet. Participants in the youth focus groups noted how so many fast-food restaurants in the area makes it hard to eat healthy.

“If I had that magic wand, I would ask for a safe place to be able to have cultural activities and sports. And I would be willing to volunteer for that.”

– Focus Group Participant (Latinx Group)

According to the County Health Rankings and Roadmaps 2019, Vance County residents have access to physical activity opportunities on par with the state as a whole and above peers. In 2019 estimates, 75% of people living in Vance and 59% of people in Granville are considered to have access to physical activity. Access is defined by County Health Rankings as individuals who “reside in a census block that is within a half mile of a park, or reside in an urban census block that is within one mile of a recreational facility, or reside in a rural census block that is within three miles of a recreational facility.”

“You go to Rucker so the police won’t harass you. If you go to D.N. Hix, you’ll probably be harassed. So it’s just you’re young and Black here to avoid possible encounters basically. Oxford is very racist.”

– Focus Group Participant (Housing Group)

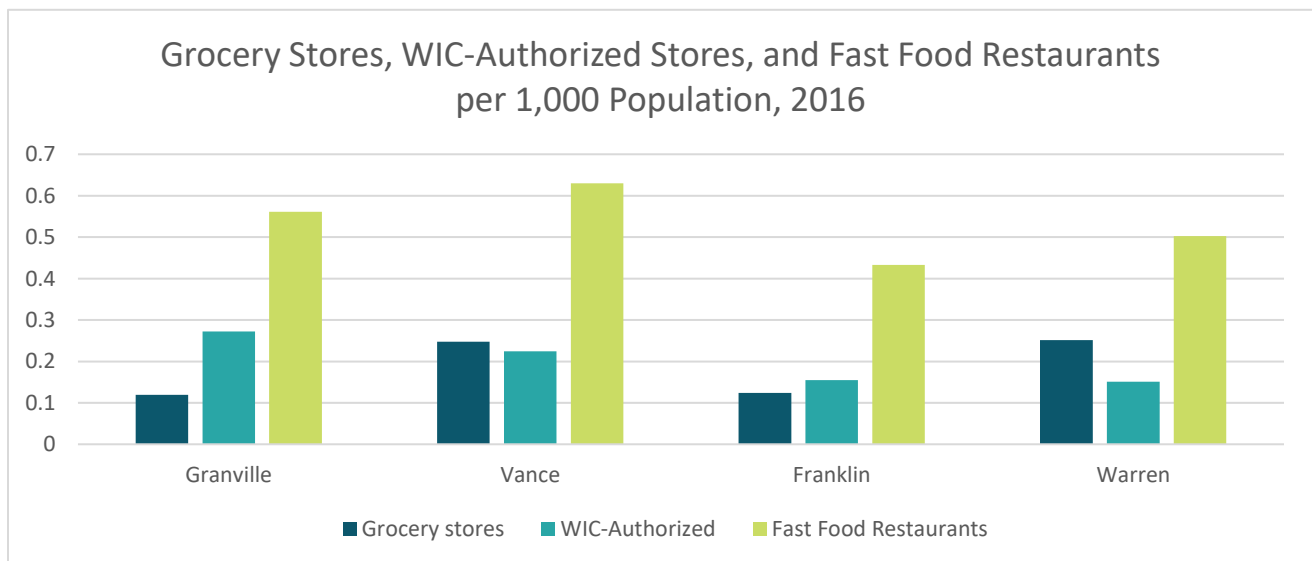


Figure 22: Grocery stores, WIC-authorized stores, and fast-food restaurants per 1,000 population, 2016. Source: USDA Food Environment Atlas, last updated 9/10/2020

In focus groups, there was consensus in both counties around the need for increased opportunities and facilities for sports, recreation, and enrichment activities, especially for youth. Participants in focus groups repeatedly emphasized the connection between physical activity and mental health. Safety was also voiced as a concern; some recreational areas are not well lit after dark, and sidewalks and bike lanes are not available for safe transit. Participants described how Black residents are targeted by police at certain parks and recreation areas.

CHILDHOOD LEAD EXPOSURE

The Centers for Disease Control and Prevention (CDC) recommend that children be tested for lead in their blood

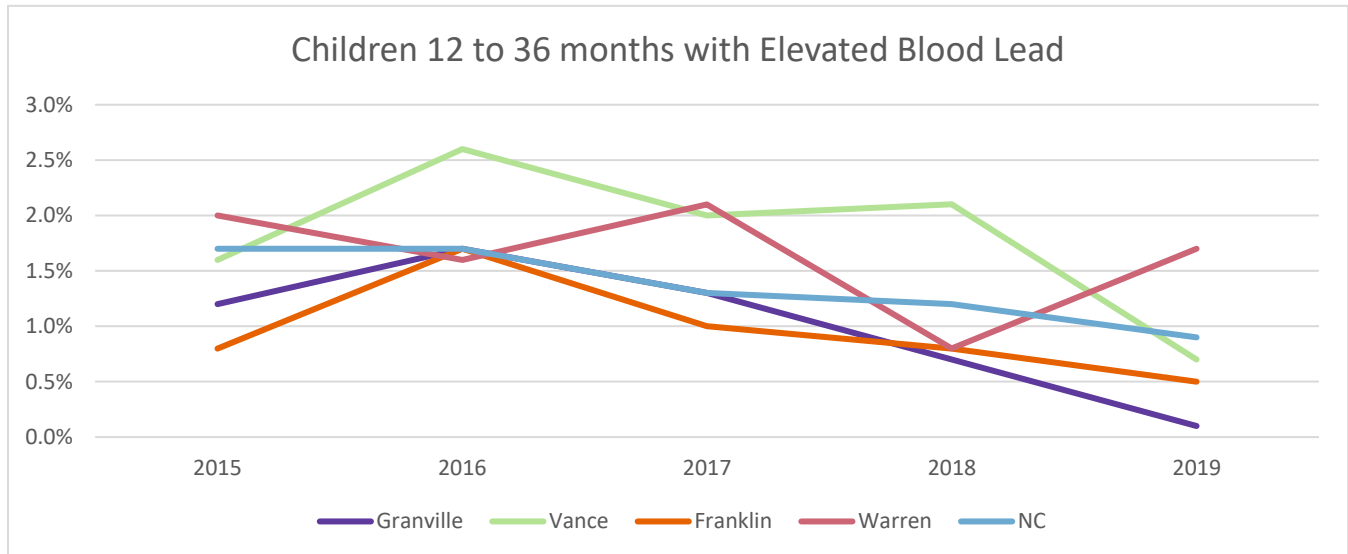


Figure 23: Children 12 to 36 months with elevated blood lead, 2015-2019, percent of children tested who had elevated blood lead (5 micrograms per deciliter). Source: North Carolina Department of Health and Human Services Child Lead Prevention Program

because lead exposure can lead to learning difficulties in children. Lead exposure can come from paint in homes built before 1978, some toys, and contaminated soil.²⁴ In North Carolina, this testing is done between one and two years old. In 2019, Granville tested 58.4% of one and two-year-olds, and Vance tested 52.9%; these are similar to the state average of 55.7%. Of the children tested, 0.1% tested above 5 micrograms per deciliter in Granville and 0.7% in Vance. This is a decrease for both counties over previous years.²⁵

COMMUNITY COHESION

Community cohesion refers to the social networks, trust, and collective ability to bring about change in a community. To assess the health of Granville and Vance community cohesion, the team considered civic

“Racism is in the court system here, the education system here. It’s in the police encounters. It’s pretty much everywhere. Hospitals. Everywhere. I don’t think there is really a place that is [de]void of racism here.”

– Focus Group Participant (Housing Group)

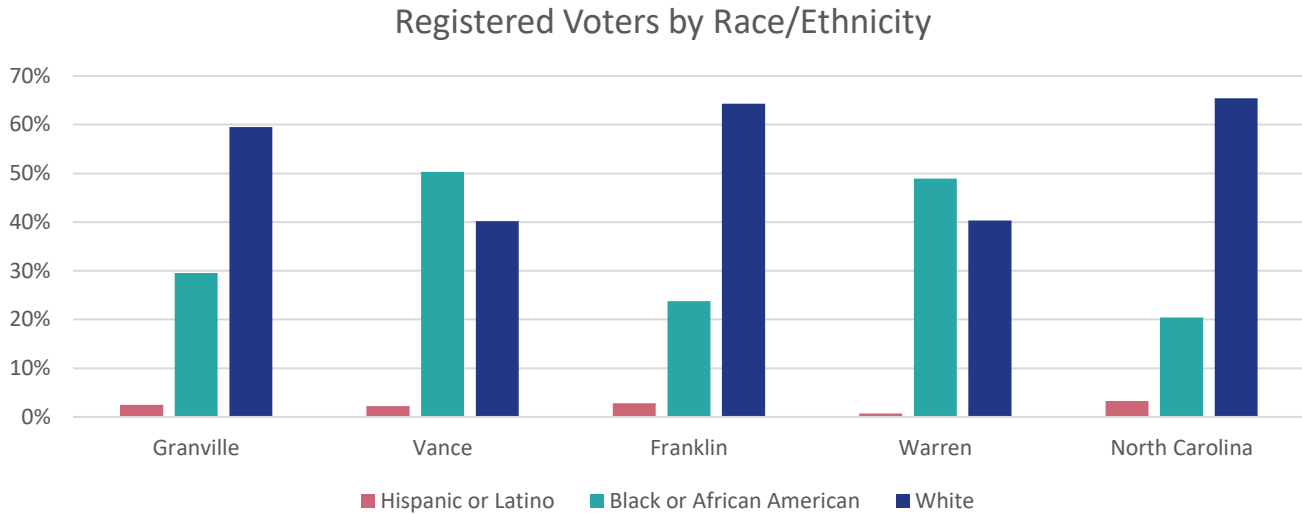


Figure 24: Registered voters by race/ethnicity, 2021, percent of voters. Source: North Carolina State Board of Elections

engagement in the form of voting, racism and discrimination, language isolation, social vulnerability, community outlook, and faith.

In focus groups, participants often described their experience of a “tight-knit” community, where neighbors help one another, as their favorite thing about living in the area. However, participants across groups also described their experiences of racism and discrimination which manifested in various aspects of their lives.

VOTING

The percent of registered voters of each race is roughly proportional to the racial makeup of the counties, with the greatest share of registered voters being white in Granville and Black or African American in Vance. In Granville County, voter turnout has been above the state average in each of the past four presidential elections. In Vance, turnout had been higher than the state in 2008, but was well below the state and peers in the 2020 election.²⁶

In focus groups, participants described a lack of trust in elected officials, citing concerns about a lack of responsiveness and connection to the communities they represent. Participants in multiple groups expressed a desire for elected officials and policy-makers to be more involved in community events and spend time listening to constituents.

LANGUAGE ISOLATION

Linguistic isolation is defined in the American Community Survey as living in a household in which all members aged 14 years and older speak a non-English language and also speak English less than “very well” (i.e., have difficulty with English). In both counties, there are fewer Spanish-speaking households that are limited English speaking than are not limited English-speaking. The numbers are very small, so the estimates are less reliable, but the percent of households that are Spanish-speaking *and* limited English speaking appears to have increased

slightly in Granville from the 2016 estimates to the 2019 estimates (0.7% to 1.1%) and decreased slightly in Vance (0.7% to 0.3%).¹⁵

In the Latinx focus groups, which were conducted in Spanish, participants described the language barriers they faced in accessing healthcare. Participants highlighted the lack of interpreters and translated materials available for Spanish-speakers, and described their experiences with confusion and misunderstandings around test results, diagnoses, and billing.

SOCIAL VULNERABILITY INDEX

The Centers for Disease Control and Prevention (CDC) has created an index (average of several indicators) to estimate the social vulnerability of a community so that governments, public health institutions, and social service entities can prioritize resources for the groups most at risk. “Socially vulnerable populations are especially at risk during public health emergencies because of factors like socioeconomic status, household composition, minority status, or housing type and transportation.” A higher number indicates a greater degree of social vulnerability compared to other locations, in this case other counties in the state of North Carolina. In 2018, Vance’s Social Vulnerability Index ranking was the 93rd percentile, higher than Granville (40th percentile) and peers. For each dimension (household composition/disability, housing type/transportation, minority status/language, socioeconomic) Vance ranked higher (more socially vulnerable) than Granville.

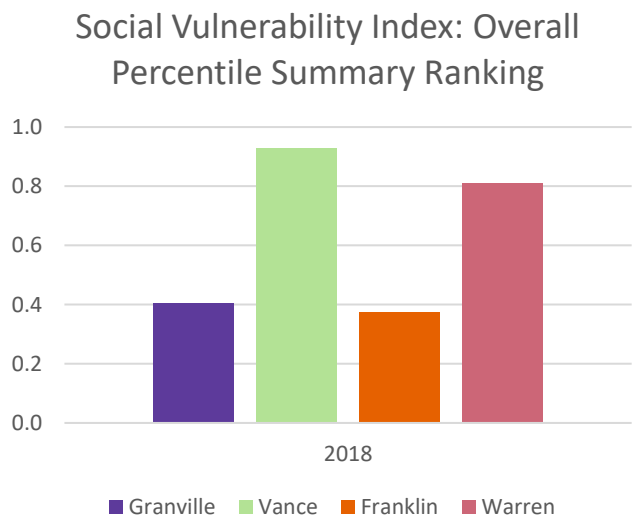


Figure 25: Social Vulnerability Index (SVI), overall percentile summary ranking, 2018. Source: Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, Geospatial Research, Analysis, and Services Program.

SAFETY

“The chronic stress associated with living in unsafe neighborhoods can accelerate aging and harm health. Unsafe neighborhoods can cause anxiety, depression, and stress, and are linked to higher rates of pre-term births and low birthweight babies, even when income is accounted for. Fear of violence can keep people indoors, away from neighbors, exercise, and healthy foods. Companies may be less willing to invest in unsafe neighborhoods, making jobs harder to find.

-Robert Wood Johnson Foundation, Violence, Social Disadvantage, and Health²⁷

Violent crime and gang activity were the #3 and #5 top health and safety issues respectively as ranked by Vance County Community Health Opinion Survey respondents. Violent crime rates are higher in Vance County than Granville, peer counties and the state, and have seen an increase from 2016 to 2019 (the last year available at the time of writing).²⁸

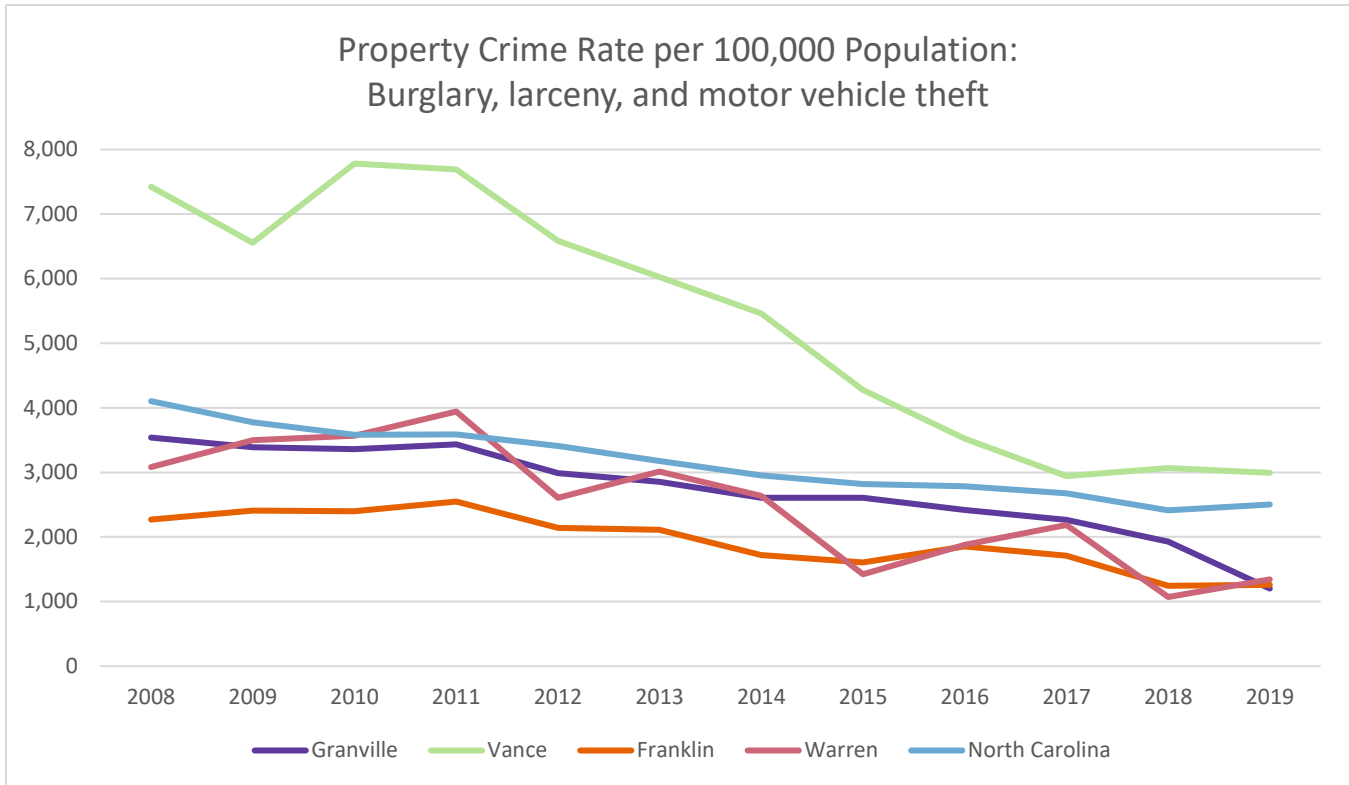


Figure 26: Property crime (burglary, larceny, and motor vehicle theft) rate per 100,000 population, 2008-2019 1-year data. Source: North Carolina State Bureau of Investigation.

Property crime has been decreasing in both counties since 2008, with a steeper decrease in Vance County (see figure 26) from 7,425 crimes per 100,000 population to 2,994 per 100,000 population in 2019. The property crime rate in Granville was 1,201 crimes per 100,000 population in 2019.²⁸

Focus group participants in both counties expressed concern over violent crime in their communities. In many instances violence was described as linked to drug and gang activity.

“If you go from Raleigh Road to Granville Street, you're taking a chance sometimes because you never know when it's a shootout. So it's not just this area here, it's the whole Oxford area.”

– Focus Group Participant (Housing Group)

LIFELONG DEVELOPMENT

Access to high quality childcare, education, training opportunities, and elder care are essential for family health and wellbeing. Higher educational attainment is linked to better mental and physical health outcomes. Granville County has a higher proportion of community members with educational attainment beyond high school (see figure 27)

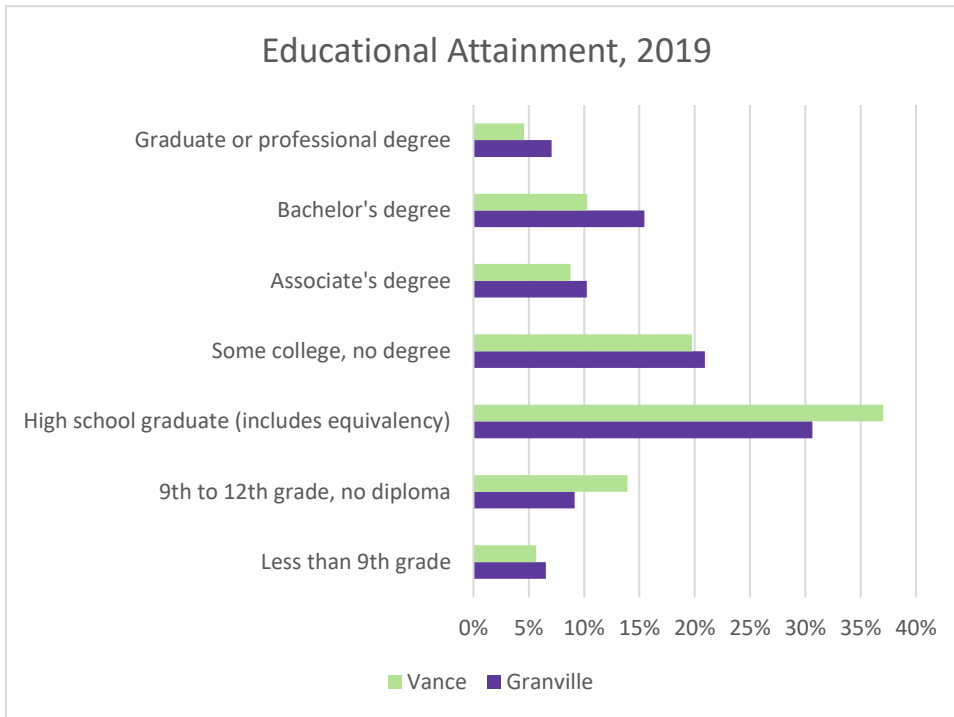


Figure 27: Educational attainment, 2015-2019 5-year average. Source: U.S. Census Bureau, American Community Survey.

CHILDCARE & K-12 EDUCATION

Lack of access to affordable childcare was mentioned in focus groups as a barrier to employment for parents, particularly single parents. Participants described how schools have successes that need to be celebrated, but also the desire for more teachers who live in and are committed to the community. Participants across groups said virtual school was hard on children and parents, with particular concerns raised about the impact on mental health, safety, and parental

employment. Youth service providers explained how parental education and exposure to learning affects how parents support their kids' education; children and adults need more enrichment opportunities in the community. Youth participants emphasized how trusted adults in the school system can make a huge difference in the lives of young people and gave some suggestions about how adults can have difficult conversations with youth (see figure 28).

Tips for Having Difficult Conversations with Youth

3 Key Factors

1. **Access to trusted adults (e.g., parent, teacher, coach)**
2. **Non-judgement**
3. **Confidentiality**

"Like they'll give you their perspective without judging you. That's what most people looking for, like just someone who ain't gonna judge them 'cause they coming to them for help."

-Youth Focus Group Participant

Things to Avoid

1. **Blame**
2. **Dismissing concerns**
3. **Handling bullying carelessly**

"You know the whole snitches get stitches thing is kind of drilled into some kids so they feel like if they tell somebody, it might make their situation even worse, which sometimes it's sad but does 'cause the situation wasn't handled properly by the adults and ends in worse."

-Youth Focus Group Participant

Figure 28: Tips for having difficult conversations with youth; themes from youth focus groups.

According to Healthy North Carolina 2030, reading proficiency is a strong predictor of educational and other health-related outcomes. In 2019, 51.9% of 3rd graders in Granville and 50.0% in Vance were scoring as grade-level proficient on the End of Grade (EOG) reading test, lower than the state average. Reading scores in both counties have fluctuated slightly between 2014 and 2019, but remained between 40% and 50%.²⁹ EOG tests were not conducted in 2020, and 2021 data were not available at the time of writing but focus group data and national data suggest that learning loss during the pandemic may be an additional area of concern.

Short term suspensions in both counties are higher than the state average, and major disparities exist for Black/African American students. Short term suspensions are higher in Vance (2.3 per 10 students) than in Granville (1.3 per 10 students). Rates appear to have decreased from 2018 to 2020, but 2020 was a shortened school year due to school closures from the COVID-19 pandemic. Short term suspensions were chosen as an indicator for Healthy North Carolina 2030 specifically because of their link with systemic racism. “In the education system, children of color are disproportionately punished through mechanisms like short-term suspension from school. These punishments inhibit academic achievement and open a gateway that can, in time, lead to subsequent involvement with the justice system. Limitations in academic achievement can have lifelong effects on health and well-being.”¹⁷ Black/African American students are suspended at a higher rate in Granville, Vance, peer counties, and the state. In both Granville and Vance, Black students are

HEALTHY NORTH CAROLINA
2030

GOAL
80% of students at 3rd grade reading level

Granville: Not met (2019) 52%

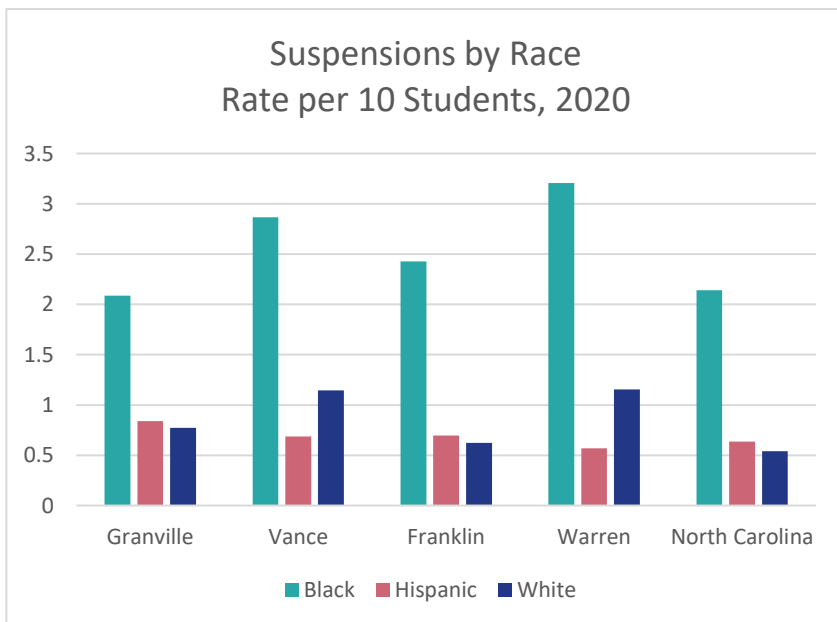
Vance: Not met (2019) 50%

HEALTHY NORTH CAROLINA
2030

GOAL
0.8 short term suspensions per 10 students

Granville: Not met (2020) 1.3

Vance: Not met (2020) 2.3



suspended at more than double the rate of white students. In 2020, Black/African American students in Granville were suspended at a rate of 2.1 per 10 students, whereas white students were suspended at a rate of 0.7 per 10 students. In Vance those rates were 2.9 and 1.1 respectively.²⁹

Figure 29: Short-term suspensions by race, rate per 10 students, 2020. Source: North Carolina Department of Public Instruction.

GRADUATION RATES

The graduation rate in Vance County has been trending up since 2014 and now is higher than the state average and peers with a 90.3% graduation rate. Granville is slightly below the state at 83.1%. There is not a big disparity in graduation rates by race in Granville and Vance Counties as you see in the state averages, particularly in Vance where graduation rates are high (around 90%) for Black, Hispanic, and white students. The graduation rate for Economically Disadvantaged Students (students whose families meet the income criteria for free and reduced-price lunch) has increased in Granville and Vance Counties between 2014 and 2020. In Vance, graduation rates for economically disadvantaged students were 71.7% in 2014 and rose to 86.7% in 2020, a higher rate than peers and the state. Graduation rates for female and male students have increased in Vance, with 92.6% of female students and 88.4% of male students graduating in 2020. Granville's rate is slightly lower for both females (90.6%) and males (76.2%) in 2020. There has been a sharp increase in graduation rates among male students in Vance County since 2014, when only about 2/3 of male students were graduating, compared with 2020 when almost 90% did.²⁹

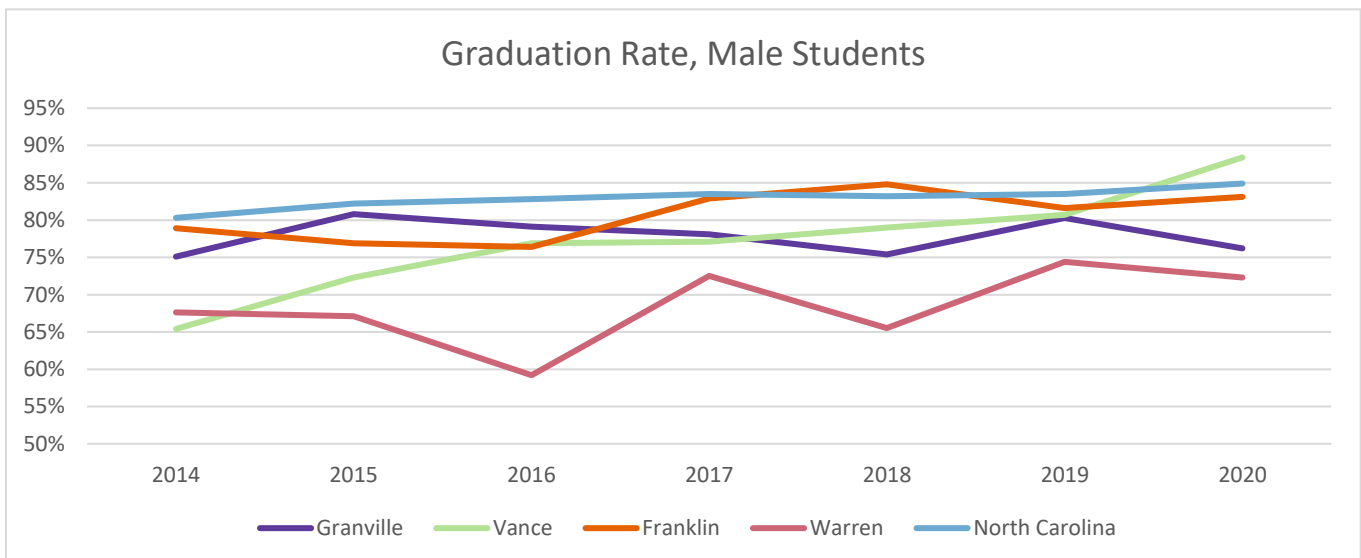


Figure 30: Percent of male students graduating high school, 2014-2020. Source: North Carolina Department of Public Instruction, NC School Report Cards

ECONOMIC OPPORTUNITY

Economic opportunity in a community is associated with positive health outcomes. Employment is one way that people access health insurance, and stable, living-wage jobs allow individuals to access high quality food, safe housing, and to accumulate savings and resources that can help in times of emergency.

In 2019, the Federal Poverty Level (FPL) was \$25,750 for a household of four people.³⁰ In Vance County, people living below 200% of the federal poverty level have made up about half of the population since 2015, well above peers and the state. The pattern is similar with people living below 100% of the FPL, about one fifth of Vance residents. Granville has a lower percentage of people in poverty than Vance and Warren, comparable to Franklin and the state.¹⁵

Poverty status in the past 12 months: Below 100% of Poverty Level

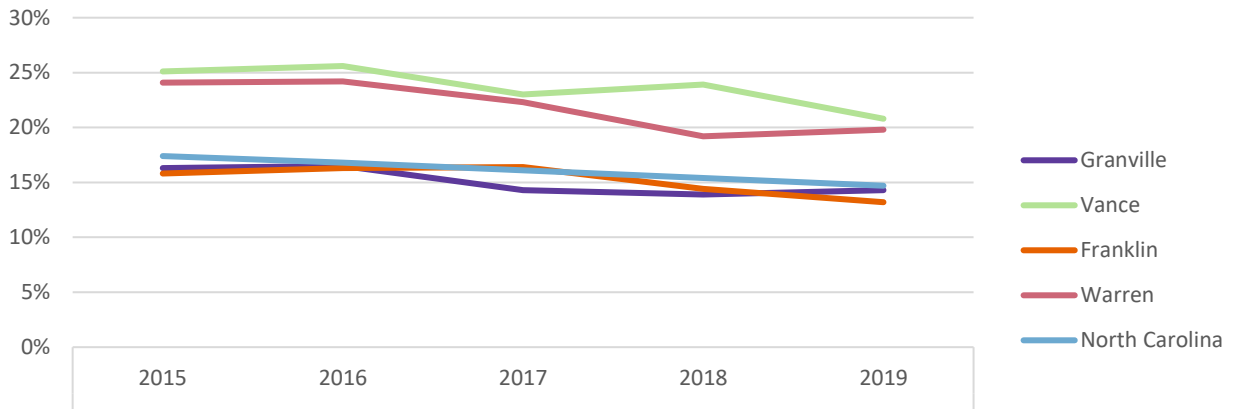


Figure 31: Poverty status in past 12 months: percent of population below 100% of federal poverty level, 2011-2015 to 2015-2019 5-year estimates. Source: U.S. Census Bureau, American Community Survey 5-year Data

Poverty does not impact all groups within the counties equally, however. Racial disparities in poverty level can be seen across counties and in the state with fewer non-Hispanic whites in poverty than other races. Granville’s disparities mirror those of the state.

Vance’s Hispanic/Latino population experiences poverty at a higher rate than both Black/African Americans and whites in the county, at around a third of Hispanic/Latino residents living in poverty. Note that these are 5-year estimates and the margin of error is high, especially for smaller populations.

HEALTHY NORTH CAROLINA
2030

GOAL

27% of population or less below 200% of the poverty line

Granville: Not met (2019) 32.5%

Vance: Not met (2019) 48.9%

Poverty status in the past 12 months by Race & Ethnicity

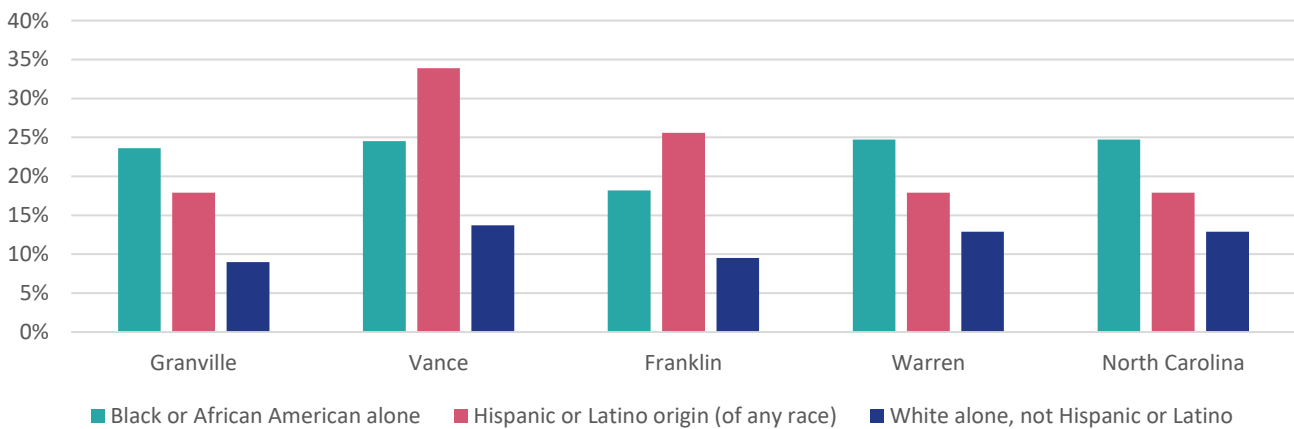


Figure 32: Poverty status in the past 12 months by race and ethnicity, 2015-2019 5-year estimate. Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates

In Vance County, the percentage of children living in poverty has decreased in recent years but remains high at around 40% of children. Granville has a lower percentage of children in poverty than Vance and similar to the state and peers. Note that these are 5-year estimates, and the margin of error is high. ¹⁵

Between 2011 and 2019 there was a gradual decline in the unemployment rate in both counties. The annual average unemployment rate dramatically increased in all counties and the state in 2020 with the onset of the

COVID-19 pandemic. The unemployment rate in Vance County has been and remains higher than Granville’s and the state average. Unemployment data disaggregated by race was not available from a publicly-available source at the time of writing.⁸

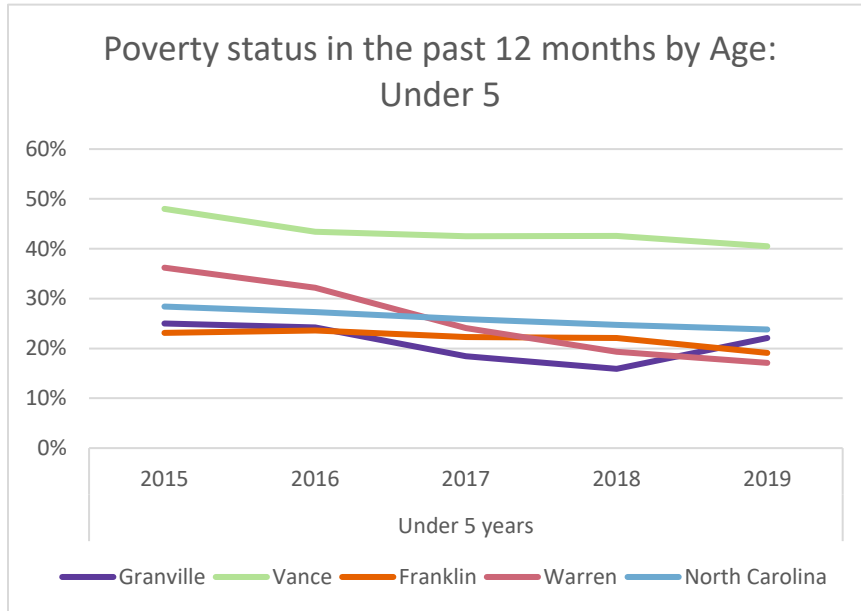


Figure 34: Percent of children under 5 living below federal poverty level, 2011-2015 to 2015-2019 5-year estimates. Source: U.S. Census Bureau, American Community Survey.

HEALTHY NORTH CAROLINA
2030

GOAL
Reduce unemployment disparity ratio between white and other populations to 1.7 or lower

Granville: Data unavailable
Vance: Data unavailable

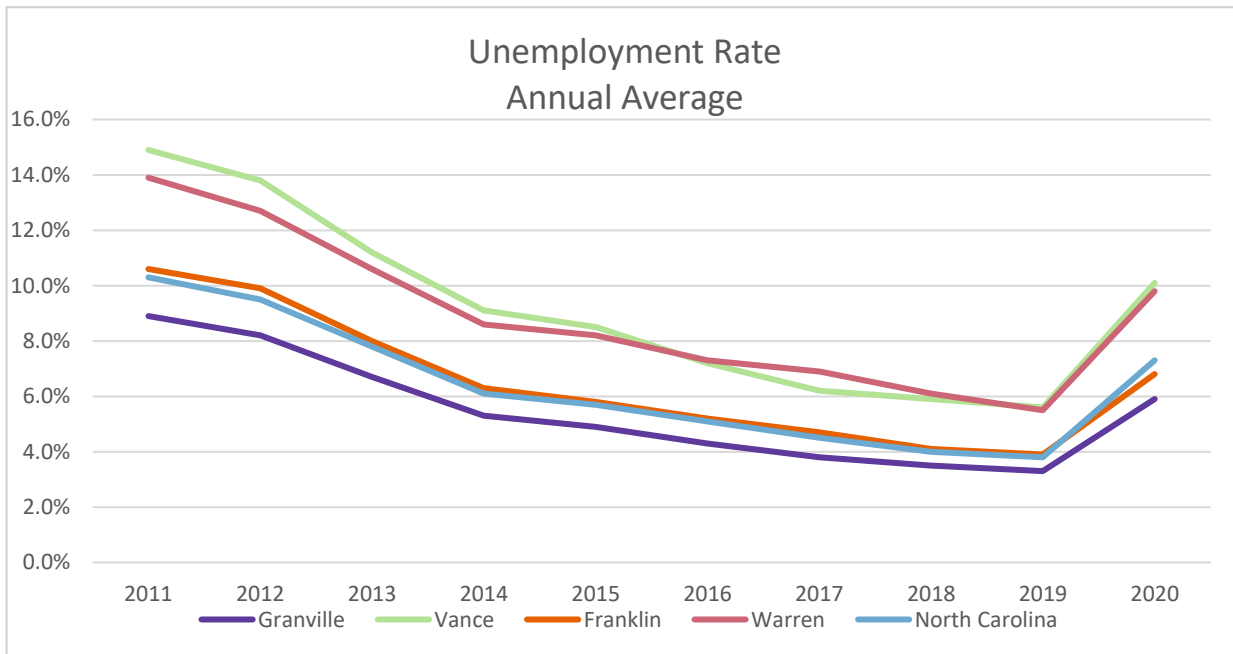
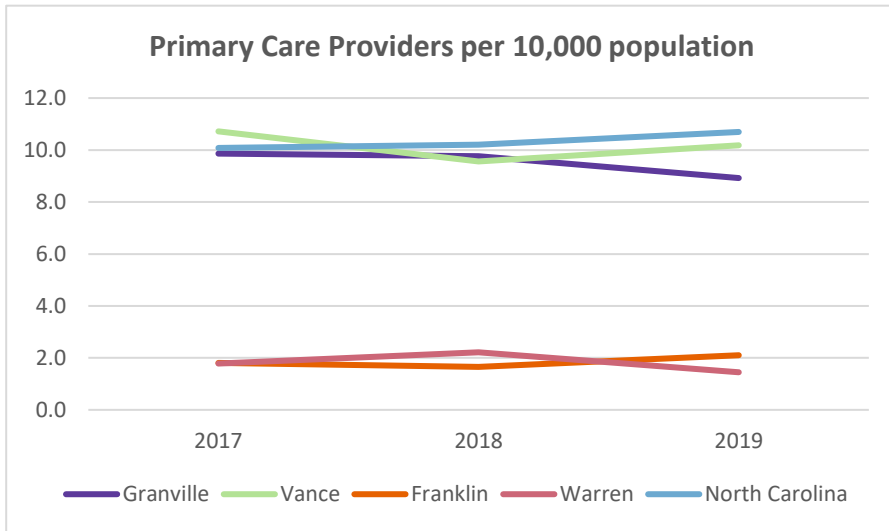



Figure 33: Unemployment rate 20

ACCESS TO CARE



HEALTHY NORTH CAROLINA
2030 
GOAL
 Increase counties at or below recommended 1:1,500 provider to population ratio
 Granville: Met (2019) 1:1,111
 Vance: Met (2019) 1:1,000

Access to healthcare, including appropriate and timely preventive care, treatment, and disease management, is essential for community health. Access to care can be considered on two

dimensions: the availability of high-quality care, and community members' ability to take advantage of that care. Many barriers to accessing healthcare exist, including lack of health insurance, information, transportation, and trust.

The healthcare workforce in Granville and Vance Counties is generally more robust across professions than peer counties, often tracking along with the state average. As of 2019 data, Granville and Vance have both met the

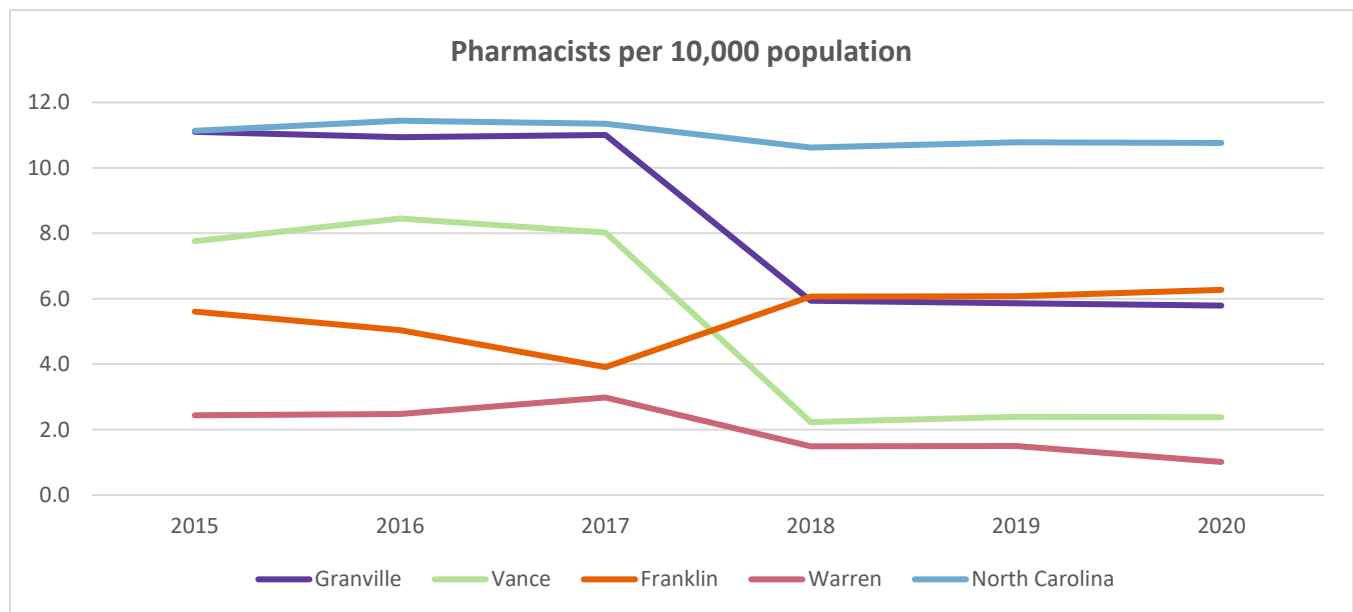


Figure 36: Pharmacists per 10,000 Population 2017-2019. Source: Sheps Center for Health Services Research

Healthy North Carolina goal of a provider to population ratio of 1 to 1,500 or less. The exception to this is pharmacists. There was a sharp decline in pharmacists per population starting in 2018 in both counties; the 2020 rates are well below the state level: 5.8 and 2.4 per 10,000 in Granville and Vance respectively, down from 11.0 and 8.0 in 2017.³¹ This lack of pharmacists was echoed by older adult focus group participants, who also expressed general concerns about seniors’ access to medications due to cost and transportation.

Adult care and hospice facilities also appear to be quite limited in both counties which presents a barrier for older populations. According to North Carolina Division of Health Service Regulation, Granville had four adult care facilities in 2021, and Vance had zero.³²

HEALTHY NORTH CAROLINA
2030 GOAL
Less than 8% of population uninsured
Granville: Not met (2019) 15.9%
Vance: Not met (2019) 18.4%

The population between 18 and 64 years of age without health insurance was declining between 2010 and 2016 but has since increased slightly. In 2019, Granville had 15.9% of its population between 18 and 64 without health insurance and Vance had 18.4% uninsured, both above the Healthy North Carolina 2030 goal of 8%. When considering the intersection of poverty and insurance status, the percent uninsured in Granville County is higher for those living

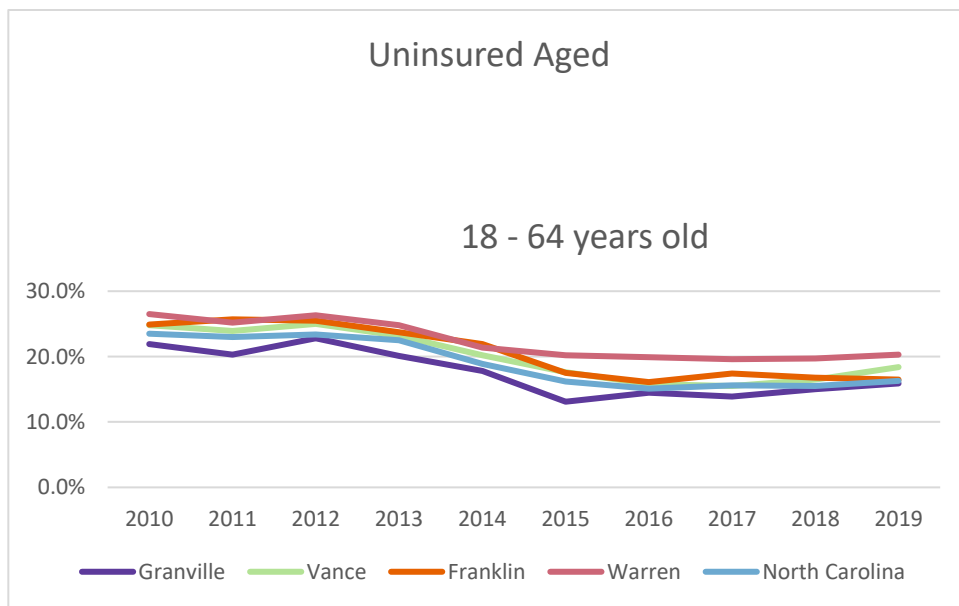


Figure 37: Percent Uninsured of 18-64 year old population 2010-2019 1-year estimates. Source: U.S. Census Bureau, Small Area Health Insurance Estimates

PURSuing EQUITY: ACCESS TO CARE

“The historical injustices of segregated hospitals, unethical research practices (e.g., Tuskegee Syphilis Study), and eugenics (e.g., forced sterilization) have resulted in a lack of trust in health care institutions for many people of color.” – North Carolina Institute of Medicine, Healthy North Carolina 2030 Report

Latinx community members face additional barriers to care due to lack of interpretation and inability to access health insurance due to immigration status.

The Rural Health Group is a Federally Qualified Health Center with locations in Henderson and Stovall that provides services on a sliding fee scale. Find out more at <http://rhgnc.org/>

Warren Vance Community Health Center in Henderson provides comprehensive mental and physical healthcare and social services for people with HIV. WVCHC also provides hormone replacement therapy for trans community members, a population that is typically underserved.

below 200% of the Federal Poverty Level at 21.2% in 2019. The percent uninsured in Vance for people living below 200% of the federal poverty line was 17.0%.³³

Access to care was ranked as a top health and safety concern by 19% of Community Health Opinion Survey (CHOS) respondents in Granville and 13% of respondents in Vance. Low-cost clinics were also listed as a top priority by 38% of respondents in Granville and 43% in Vance.

There were mixed feelings about the quality and accessibility of healthcare expressed across focus groups. The primary concerns expressed by focus group participants were about a variable quality of care received and high cost, especially for those without insurance, which may lead people to seek care outside of their community. Limited availability of appointments, long wait times, low perceived confidentiality, and discrimination were additional challenges highlighted within the current healthcare system. Latinx community members described extra barriers to accessing care such as lack of interpretation services and inability to access health insurance due to immigration status.



Figure 38: Vaccine Clinic. Image credit: Granville Vance Public Health

Besides challenges accessing care from traditional medical facilities, focus group participants also described breakdowns in the flow of information to community members, particularly those from historically marginalized groups. Participants expressed

“One thing more, I think sometimes there's no interpreters. There's inequality in how we're treated because we can't speak English fluently and so that is a priority. There's a real lack of access to interpreters here.”

– Focus Group Participant (Latinx Group)

frustration that timely, trustworthy information about services, resources, events, and health conditions is not shared within the community. Across groups, participants highlighted how they often hear about resources via word of mouth from trusted community members or leaders.

“How many people here know that the city was given funding for COVID assistance? I was talking to somebody today and I told them that I went on the city website and I saw that. And so many people didn't know, so it's - sometimes it's like information is held onto so that it doesn't spread to the people who really need it. And I think that people in this area could benefit from having more access to information like that.”

-Focus Group Participant (Public Housing)

DISEASE, ILLNESS, & INJURY

This section includes county trend data on leading causes of disease, injury, and mortality. While the assessment findings up until this point described the *conditions* that promote health or disease in a community, what follows is an examination of the *outcomes* in health status that are directly or indirectly related to those conditions. The differences in conditions experienced by different racial, geographic and socio-economic groups foreshadow the disparate outcomes in disease incidence and mortality described below. Scientific advances in disease prevention, detection, and treatment have led to decreased disease burden and mortality, but until the conditions in which people live are addressed and everyone has the same opportunity to lead a healthy life, disparities in outcomes will persist.

OVERALL MORTALITY

Granville County had an overall age-adjusted mortality rate of 770.0 per 100,000 population in 2019 estimates, a rate which has remained steady since 2014 estimates. Vance has seen a slight increase in overall mortality during this same time period, from 905.2 to 952.0 per 100,000 population.¹ Mortality rates are not equal across race and sex, however. The overall mortality rate for Black/African American community members in Granville County was 836.6 per 100,000 in 2019 estimates, compared to 763.6 for white community members. In Vance County, the mortality rate for Black/African American community members was 1,048.2 per 100,000, compared to 920.1 for white community members. These disparities are similar across peer counties and the state.¹

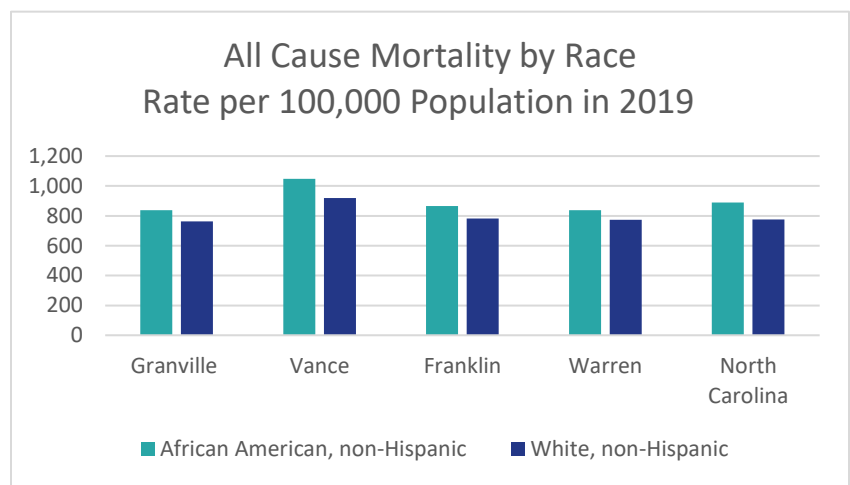


Figure 39: All cause mortality by race, 2019, age-adjusted rate per 100,000 population. Source: North Carolina State Center for Health Statistics, County Health Data Book, 5-year Data

In both counties and across the state, the overall mortality rate is higher for men than it is for women. In 2019 estimates, the mortality rates for females was 677.7 and 767.7 per 100,000 in Granville and Vance respectively. For males, those rates were 876.3 and 1,202.5 per 100,000 in Granville and Vance respectively. The mortality rate for men decreased in Granville from 931.2 per 100,000 in 2014 estimates to 876.3 in 2019 estimates and increased in Vance from 1,142.0 to 1,202.5.¹

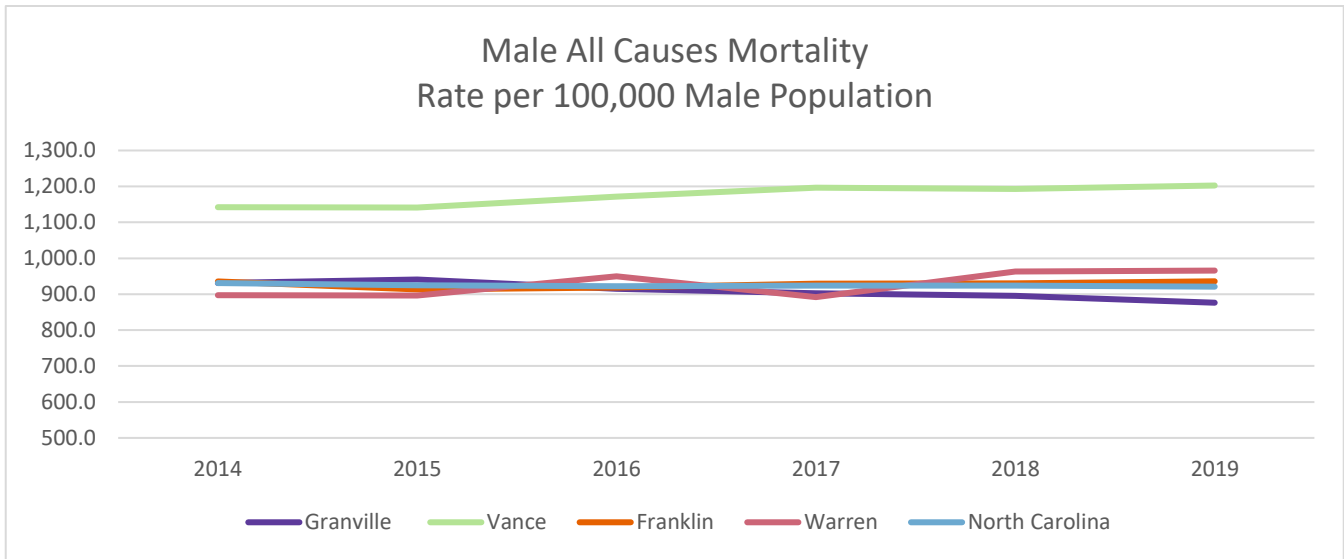


Figure 41: All-cause mortality rate among males, 2014-2019, rate per 100,000 male population. Source: North Carolina State Center for Health Statistics, County Health Data Book, 5-year Data

TOP CAUSES OF DEATH

The top cause of death in 2015-2019 in both counties was cancer (all types combined) with an age-adjusted rate of 170.3 deaths per 100,000 population in Granville, and 199.2 per 100,000 in Vance. The second leading cause of death was heart disease with an age-adjusted rate of 153.3 per 100,000 in Granville and 191.5 per 100,000 in Vance. The third leading cause of death in Granville was Alzheimer’s disease with an age-adjusted rate of 41.2 deaths per 100,000. The third leading cause of death in Vance is chronic lower respiratory diseases, which includes asthma, chronic obstructive pulmonary disease (COPD), and pulmonary hypertension. The age-adjusted rate in 2015-2019 was 46.4 per 100,000.¹ While at the time of this writing provisional age-adjusted mortality rates for COVID-19 had just been released and could not be integrated into the analysis alongside other causes of death for 2020, the provisional data are included here for

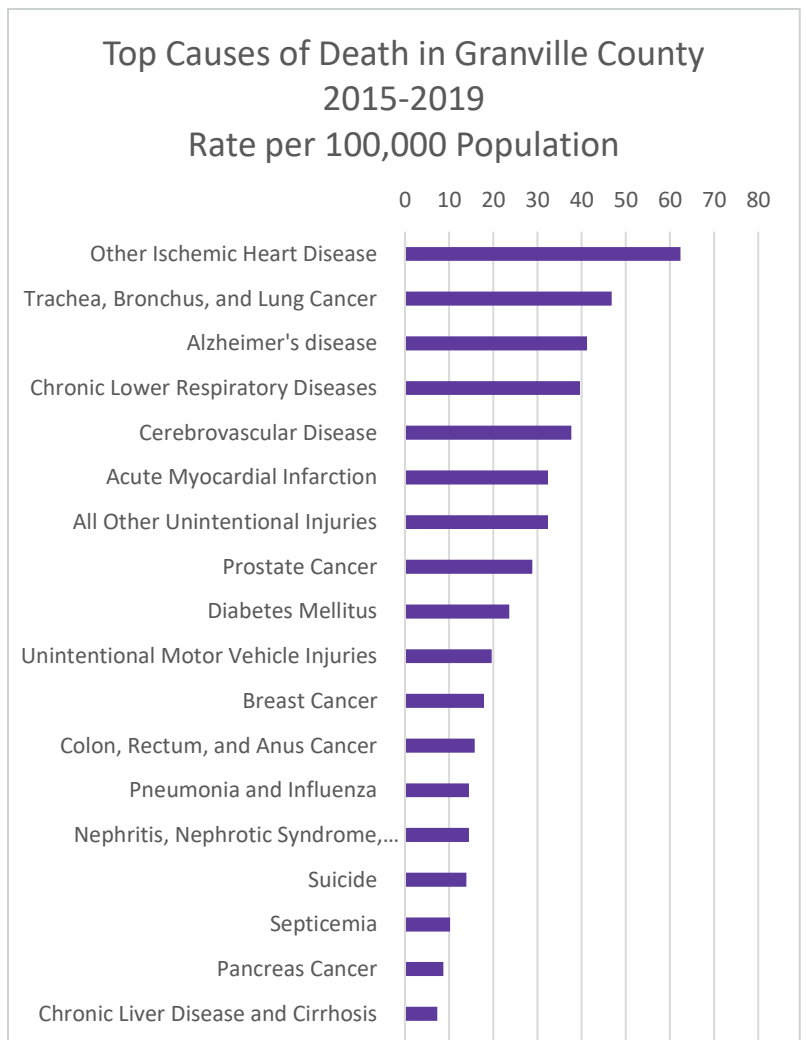


Figure 40: Leading causes of death in Granville County 2015-2019, age-adjusted rates per 100,000. Source: North Carolina State Center for Health Statistics, County Health Data Book, 5-year Data

Top Causes of Death in Vance County Rate per 100,000 Population

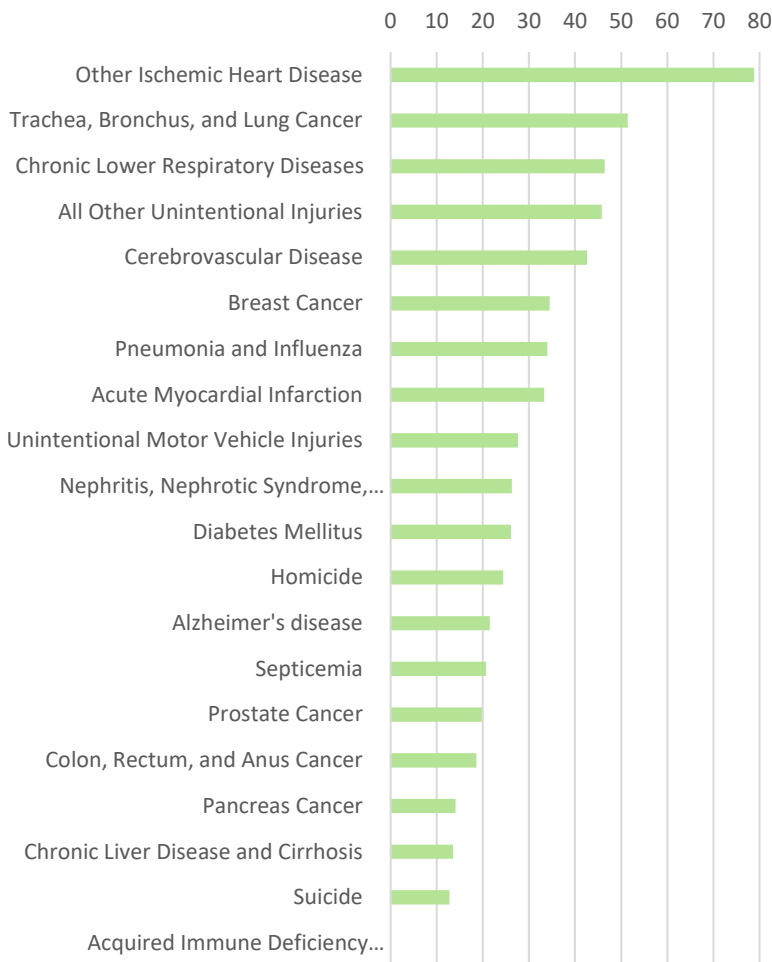


Figure 42: Leading causes of death in Vance County 2015-2019, age-adjusted rates per 100,000. Source: North Carolina State Center for Health Statistics, County Health Data Book, 5-year Data

Vance. In 2019 data, which looks at new cancer diagnoses from 2015-2019, Granville’s incidence rate was 529.6 per 100,000, and Vance’s rate was 482.8. ¹ As was mentioned above, however, although Vance has a lower rate of diagnoses, the county has a higher cancer mortality, which suggests that cancers are going undetected and untreated in Vance County. Increasing access to screening, diagnostic services, and referral for treatment could catch treatable cancers and reduce needless death. For more information, see the World Health Organization Cancer Fact Sheet: <https://www.who.int/news-room/fact-sheets/detail/cancer>.

Cancers of the lungs, trachea, and bronchus are the leading cause of cancer mortality in both counties with an age-adjusted mortality rate of 46.8 per 100,000 in Granville and 51.4 per 100,000 in Vance. This type of cancer affects men at a higher rate than women, and white community members at a higher rate than Black/African

consideration. Granville’s provisional age-adjusted COVID-19 mortality rate in 2020 was 48.0 per 100,000, and the provisional rate in Vance was 71 per 100,000. ²²

Figures 40 and 42 show leading causes of death in each county with cancers broken out by site and heart disease split into “other ischemic heart disease” and “acute myocardial infarction” (heart attack). ¹

CANCER

Cancer is the leading cause of death in both Granville and Vance Counties with age-adjusted rates of 170.3 deaths per 100,000 population in Granville, and 199.2 per 100,000 in Vance in 2019. In Vance County, cancer mortality is higher for Black/African American residents (228.5 per 100,000) than for White residents (180.4 per 100,000). In both counties, men die from cancer at higher rates than women; in Granville the cancer mortality rate is 42.9% higher for men (207.5 for men, 145.2 for women) and in Vance the rate is 43.7% higher for men (244.1 for men, 169.9 for women). ¹

Cancer incidence is greater in Granville than in Vance, which means that residents in Granville were more likely to be diagnosed with cancer than residents in

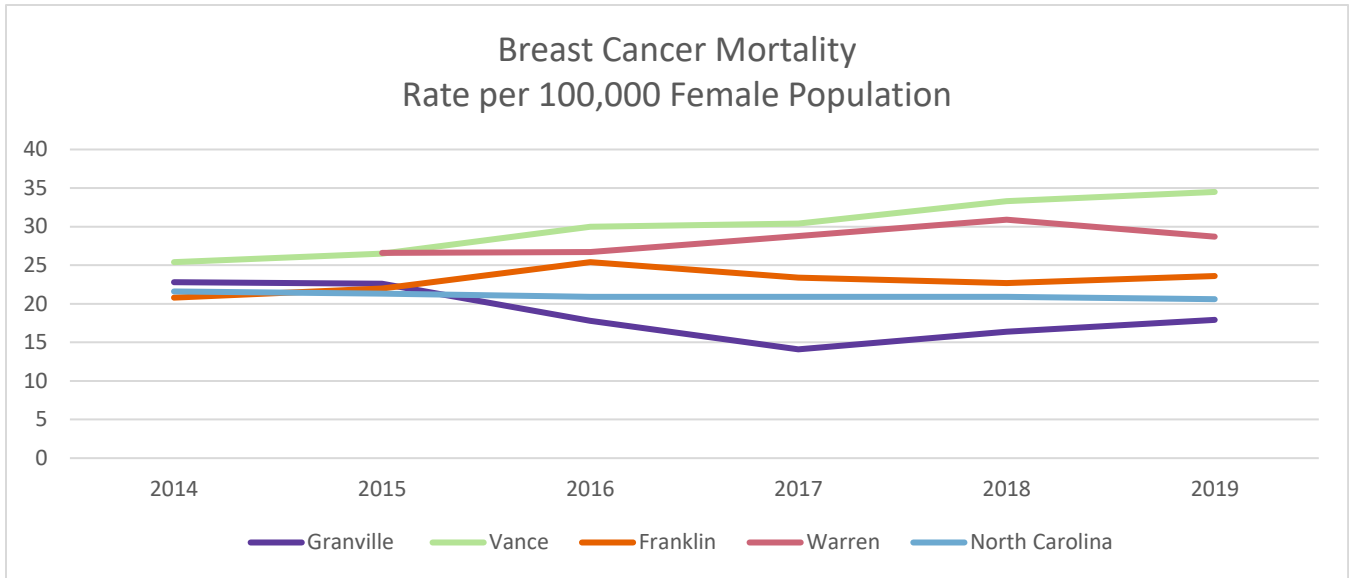


Figure 43: Breast cancer mortality, rate per 100,000 female population, 2010-2014 to 2015-2019 5-year estimates. Source: North Carolina State Center for Health Statistics, County Health Data Book, 5-year Data

American community members. The rate in Granville decreased from 54.9 per 100,000 in 2013 estimates to 46.8 in 2019 estimates; the rate in Vance increased and decreased with no net change over the same time period.¹

Breast cancer mortality increased 35% in Vance County according to 2014-2019 data, from 25.4 per 100,000 female population in 2010-2014 to 34.5 per 100,000 female population in 2015-2019. Granville’s breast cancer mortality rate decreased over the same period, from 22.8 per 100,000 female population in 2010-2014 to 17.9 per 100,000 female population in 2015-2019. The breast cancer incidence in both counties is similar and has been relatively stable from 2013 to 2019, which may again be indicating a disparity in access to screening, diagnosis, and treatment between the two counties.¹

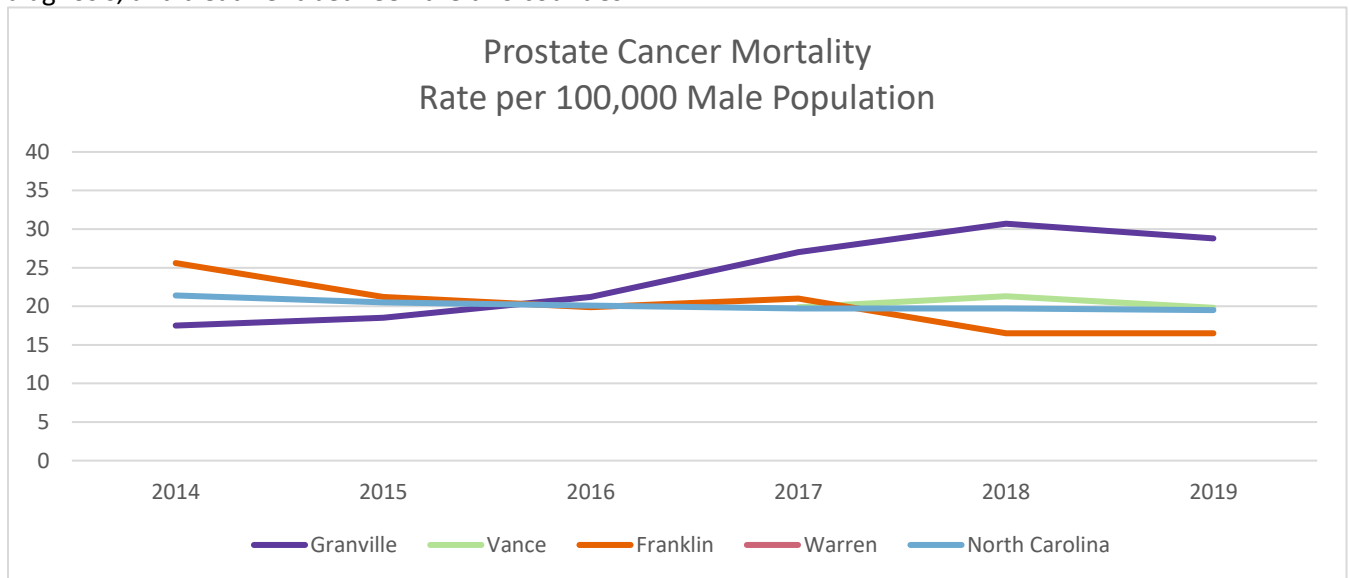


Figure 44: Prostate cancer mortality, 2014-2019, rate per 100,000. Source: North Carolina State Center for Health Statistics, County Health Data Book, 5-year Data

Prostate cancer mortality has increased sharply in Granville County, from 17.5 per 100,000 male population in 2014 estimates, to 28.8 per 100,000 male population in 2019 estimates. The rates in Vance County were suppressed in the 2014, 2015, and 2016 estimates due to small numbers, but the rate was 19.8 per 100,000 male population in 2019 estimates. In the data disaggregated by race, which is not available in Vance due to low numbers, rates for Black/African American community members (43.7 per 100,000 male population) were nearly double those for white community members (22.4 per 100,000 male population).¹

Mortality rates for other cancers are included in the data tables in Appendix 5.

OTHER CHRONIC CONDITIONS

Chronic lower respiratory diseases are diseases of the airways and other structures of the lung. Some of the most common are chronic obstructive pulmonary disease (COPD), asthma, occupational lung diseases and pulmonary hypertension. In addition to tobacco smoke, other risk factors include air pollution, occupational chemicals and dusts, and frequent lower respiratory infections during childhood. Chronic lower respiratory disease mortality rates for Granville and Vance were 39.6 and 46.4 per 100,000 population respectively, making it the third leading cause of death in Vance County in 2015-2019. This collection of conditions affects males at a higher rate than females, and white community members at a higher rate than Black/African American community members.¹ Emergency department visits for asthma decreased in both counties from 2018 to 2020; Granville from 109.5 visits per 10,000 population in 2018 to 77.3 visits per 10,000 population in 2020, and Vance from

PURSuing EQUITY: HEALTH OUTCOMES

Black or African American community members in Granville and Vance Counties have a higher overall mortality rate compared to white community members; mortality rates for cancer, heart disease, stroke, diabetes, and communicable diseases are disproportionately high for Black/African American community members.

The COVID-19 pandemic shed light on existing racial disparities that put communities of color at increased risk of disease and death, including greater likelihood of working in low-wage, “front line” jobs, crowded housing or precarious living situations, lower access to healthcare, paid sick leave, and health insurance, and pre-existing health conditions resulting from systemic and structural racism.

Additional resources related to health disparities:

NC Office of Minority Health and Health Disparities

nchealthequity.ncdhs.gov/

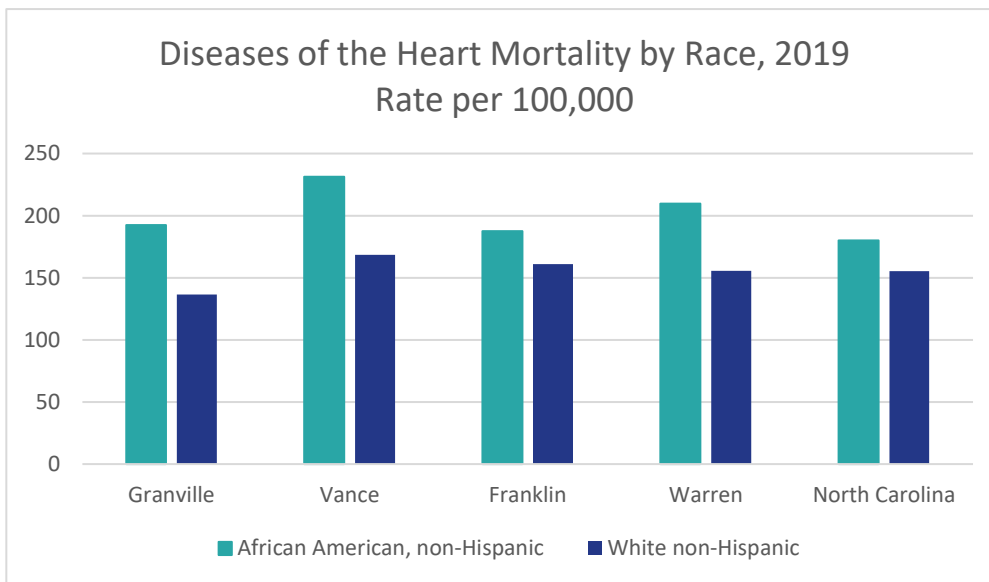


Figure 45: Diseases of the heart mortality by race, age-adjusted rate per 100,000 2015-2019 5-year average. Source: North Carolina State Center for Health Statistics, County Health Data Book, 5-year Data

139.1 visits per 10,000 population in 2018 to 93.9 visits per 10,000 population in 2020.³⁴ All emergency department visit data for 2020 should be interpreted with caution, however, because concerns about COVID-19 transmission in the hospital may have kept people from seeking care.

Heart disease is the second leading cause of death in both counties. Heart disease mortality rates are greater in Vance (191.5 per 100,000) than in Granville (153.5 per 100,000) and have remained relatively stable in the estimates from 2014 to 2019. Heart disease disproportionately affects Black/African American community members in both counties and across the state, although the disparity between Black/African American community members and white community members is greater in both Granville and Vance Counties than in the state as a whole (see figure 45). In 2015-2019, the heart disease mortality rate in Granville was 192.4 per 100,000 Black/African American population and 136.5 per 100,000 white population. In Vance those rates were 231.4 per 100,000 Black/African American population and 168.4 per 100,000 white population.¹

Alzheimer's disease is the third leading cause of death in Granville County with an age-adjusted rate of 41.2 per 100,000 population, and the second leading cause of death among people aged 85 and older. The rate in Vance is 21.5 per 100,000.¹ Among people enrolled in Medicare in 2018 (the most recent data available at the time of writing), 10.1% in Granville and 10.7% in Vance had received an Alzheimer's diagnosis.³⁵

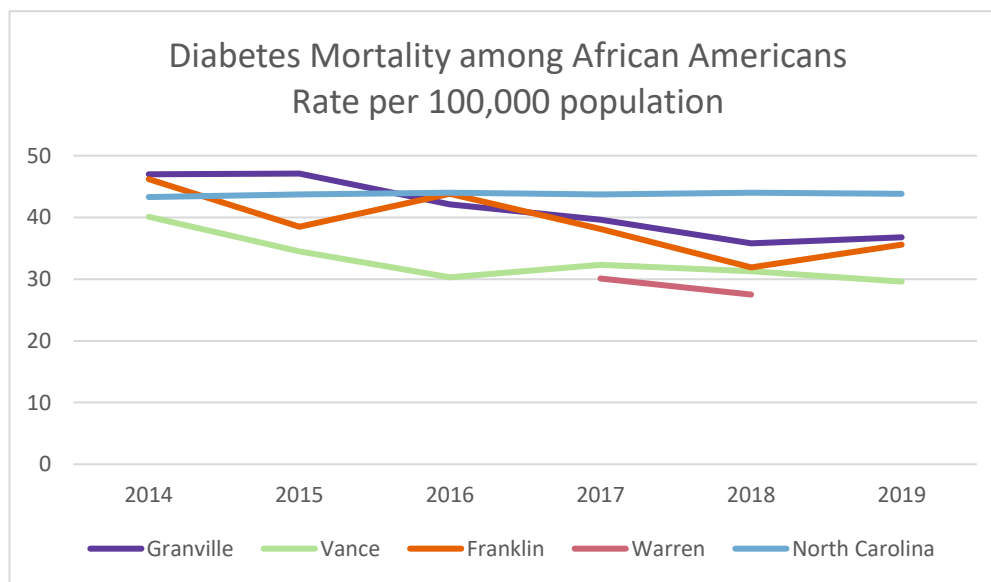


Figure 46: Diabetes mortality among African Americans, age-adjusted rate per 100,000, 2010-2014 to 2014-2019 5-year averages. Source: North Carolina State Center for Health Statistics, County Health Data Book, 5-year Data

Diabetes mortality decreased in Granville between 2014 and 2019 estimates but remained relatively stable in Vance over the same period. In 2019 estimates, the diabetes mortality rate in Granville was 23.6 per 100,000 population, and 26.1 per 100,000 population in Vance. While diabetes continues to affect Black/African American community members at a higher rate than white community members,

the diabetes mortality rate for Black/African Americans decreased in Granville by about one fifth and in Vance by about a quarter between 2014 and 2019 estimates, while rates in the state as a whole have remained steady (see figure 46).¹

Mortality rates for other conditions are included in the data tables in Appendix 5.

INFECTIOUS & COMMUNICABLE DISEASE

As of report writing in 2022, the SARS-CoV-2 coronavirus is the leading cause of communicable disease in both Granville and Vance Counties. Infectious and communicable disease data in 2020 should be interpreted with caution given that the COVID-19 pandemic caused limited access to testing and diagnostic services, therefore it is possible that decreases in other infectious diseases are attributable to fewer people being tested.

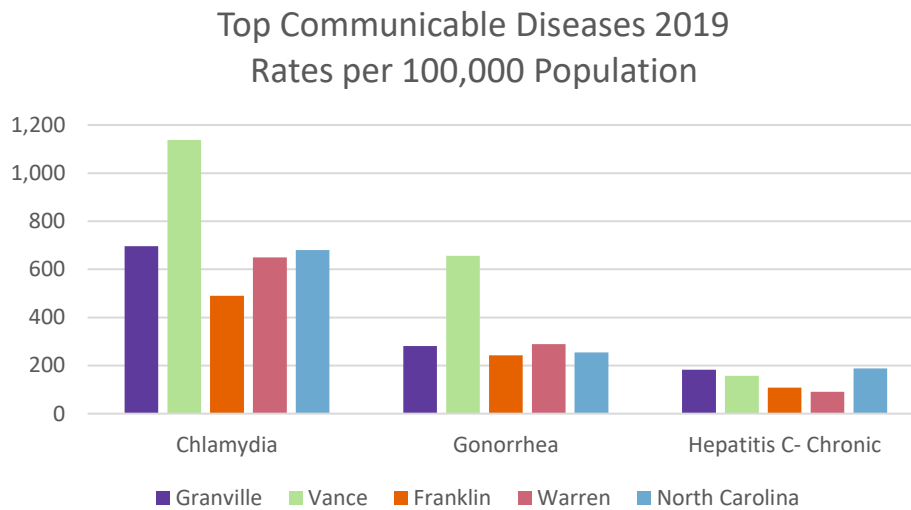


Figure 47: Top communicable diseases, rates per 100,000 population, 2019 1-year data. Source: North Carolina Division of Public Health, Communicable Disease Branch, 2020 Annual Report.

may not be equal to the count of individuals who experience a COVID-19 infection. Additionally, 111 deaths had been attributable to COVID-19 in Granville County and 112 in Vance County as of March 1, 2022.² While illness and mortality data disaggregated by race and ethnicity is not included in this report at the county-level, it is important to note that national level data shows that African American and Hispanic people have experienced a higher age-adjusted share of COVID-19 deaths compared to White and Asian people.³⁶

In Granville County, 66.0% of community members had received at least one COVID-19 vaccination, and 62.0% had received either two doses of Pfizer or Moderna vaccines or the single dose of Johnson and Johnson vaccine as of March 9, 2022 data. In Vance, slightly lower percentages (62.1% and 56.8%, respectively) had received either one dose or the full initial series. Considerably fewer have received an additional dose or “booster”: 29.9% in Granville and 24.9% in Vance.²

Note on COVID data and interpretation:

The data on cases and deaths were gathered at the time of report writing.

Data systems continue to update case information, and the data present is only for cases that tested positive for COVID-19 and were reported to the state. It is possible that additional infections are not accounted for due to lack of testing availability and reporting.

Please refer to the [State’s COVID-19 Dashboard](#) for the most recent data.

The COVID-19 pandemic has had a profound effect on daily life across the country and the world. As of April 9, 2022 the total number of positive cases recorded by the North Carolina Department of Health and Human Services in Granville County was 14,270 and 11,839 in Vance County since March 1, 2020. When interpreting case counts it is important to remember that individuals may become reinfected with the disease therefore the count of cases

“And a lot of people choose not to go to the Health Department, because there is a stigma with being seen going to the health department.”

– Focus Group Participant (Housing Group)

The top three communicable diseases in Granville and Vance Counties in 2019 were Chlamydia, Gonorrhea, and Hepatitis C, which were the top communicable diseases across the state as well. From 2016 to 2020, Vance has had higher rates of diagnosed Chlamydia and diagnosed Gonorrhea cases than Granville, the state and peer counties. Rates of newly diagnosed Gonorrhea have increased between 2016 and 2019, in Granville, Vance, peer counties, and the state as a whole. Some places experienced a decrease in diagnosed cases of Chlamydia and Gonorrhea between 2019 and 2020, but 2020 data should be treated with caution because of reduced testing availability.³⁷

“You hear about everything. Like it don't matter what it is. Like if you go to the doctor and go get something like that, it's like, ‘Oh she went and did such and such.’ Like how did y'all find that out? It's not really confidential.”

– Focus Group Participant (Youth Group)

Participants in focus groups discussed barriers to accessing care that relate directly to prevention, diagnosis, and treatment for sexually transmitted infections/diseases. While participants in the youth focus group were able to identify places to access testing and treatment, confidentiality was voiced as a major concern. Participants in adult focus groups described how the health department is a place where people know they can go for STI/STD testing and treatment, but since it is known specifically for sexual and reproductive healthcare, as well as being a safety net provider for people without means to go elsewhere, people may avoid care there because of the stigma or concerns about confidentiality.

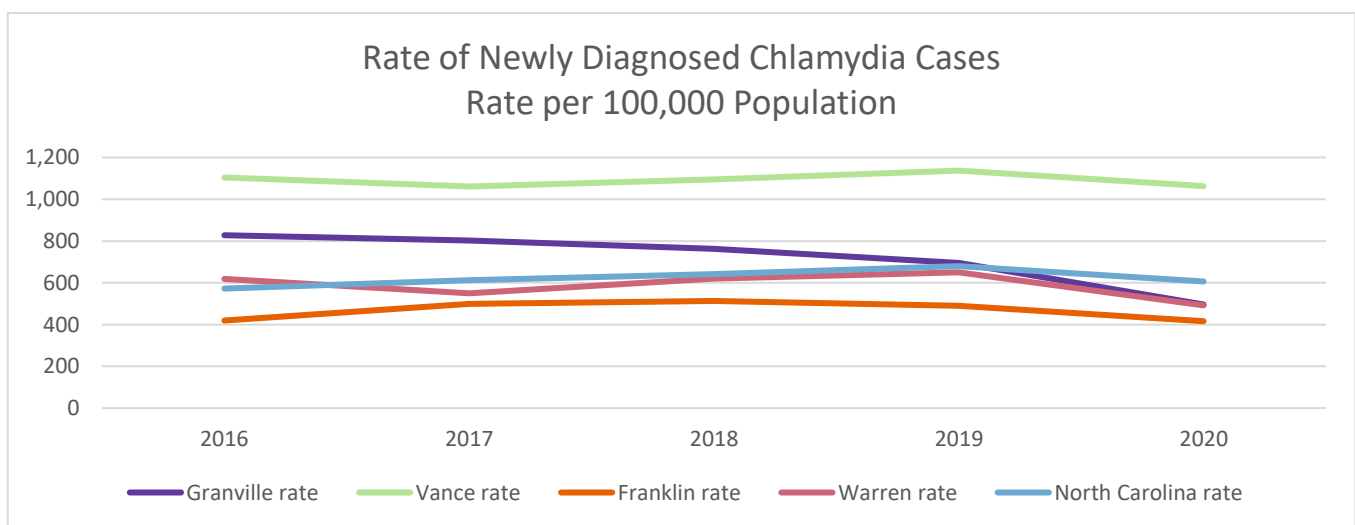


Figure 48: Rate of newly diagnosed chlamydia cases, rate per 100,000 population, 2016-2020 1-year data. Source: NC Communicable Disease Branch, 2020 Annual Report

Pneumonia and influenza mortality rates are reported together by the North Carolina State Center for Health Statistics. The mortality rate of these infections together was 14.5 per 100,000 population in Granville and 34.0 per 100,000 in Vance. The pneumonia and influenza mortality rate in Vance increased 20% between 2014 and 2019, standing at more than double the rate in Granville, which had not changed much over the same period.¹

INJURY

Unintentional motor vehicle injuries mortality is the leading cause of death from injury. In 2015-2019, the motor vehicle injuries mortality rates were 19.6 per 100,000 population in Granville and 27.6 per 100,000 in Vance. All other unintentional injuries combined (which includes falls, unintentional poisoning, and unintentional firearm injury among other injuries) had a mortality rate of 32.4 per 100,000 in Granville and 45.8 in Vance. Unintentional poisoning deaths, which include drug overdose, will be discussed in the following section on mental health and substance use. All other unintentional injuries have increased in both counties from 2014 to 2019 estimates (see figure 49).¹

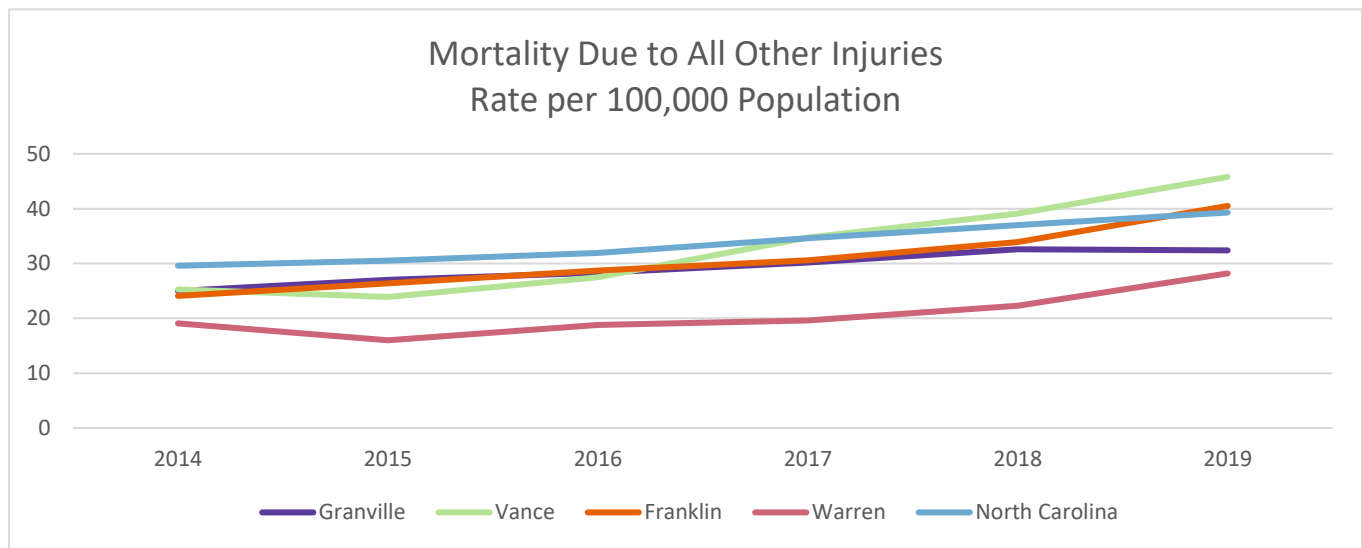


Figure 49: Mortality Due to All Other Injuries, 2014-2019, rate per 100,000 population. Source: North Carolina State Center for Health Statistics, County Health Data Book, 5-year Estimates

MENTAL HEALTH & SUBSTANCE USE

MENTAL HEALTH

“Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental and physical health are equally important components of overall health. For example, depression increases the risk for many types of physical health problems, particularly long-lasting conditions like diabetes, heart disease, and stroke. Similarly, the presence of chronic conditions can increase the risk for mental illness.”

-Centers for Disease Control and Prevention

Mental health and substance use were selected as community health priorities in the 2018 Community Health Assessment and were selected as priorities again this cycle. While secondary trend data related to mental health only show limited aspects of mental health in a community (mental health emergency department visits, overdose deaths, suicide), the primary data collected were able to fill gaps and paint a more complete picture. Across focus groups, mental health was discussed as an important community concern, especially for youth. Suicide, self-harm, and anxiety were highlighted by youth and adults. The stressors of daily life and financial

“And again, in the Black community... It was just like taboo if you seek care for mental health. We need to get rid of that stigma.”

– Focus Group Participant (Henderson Group)

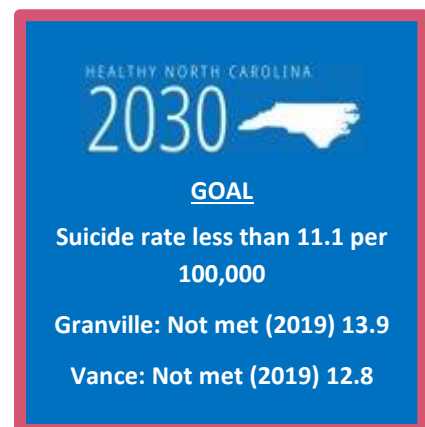
struggles as well as the isolation and anxiety associated with the COVID-19 pandemic were all identified as causes of poor mental health. Bullying, excessive screen time, and few opportunities for socialization and physical activity were seen as issues of particular concern for youth mental health. Stigma around mental health, insufficient mental health treatment providers, particularly ones who are representative of the community served, and lack of health insurance were identified as primary barriers to treatment. However, hope was also expressed by participants in relation to paths to improved community mental health through recreation, cultural events, and education.

“There's no places here for help. I don't know of any place for that kind of help. For depression or stress, no.”

– Focus Group Participant (Latinx Group)

In the Community Health Opinion Survey (CHOS), mental health services were the #1 top health service need in Granville, selected by 47.0% of respondents, and ranked #3 in Vance, selected by 42.3% of respondents. Mental health was selected as a top health and safety concern affecting quality of life by 32.2% of Granville County respondents and 18.0% of Vance County respondents. When respondents were asked where they would seek help for mental health or drug/alcohol misuse concerns, the top responses in both counties were: doctor, private counselor or therapist, family and friends, and religious leaders.

The suicide mortality rate in 2015-2019 was 13.9 per 100,000 population in Granville County and 12.8 per 100,000 population in Vance County. There was a higher rate of completed suicide among males than females. There is also a racial disparity in suicide rates: rates are higher among white community members than among community members of other races. ¹



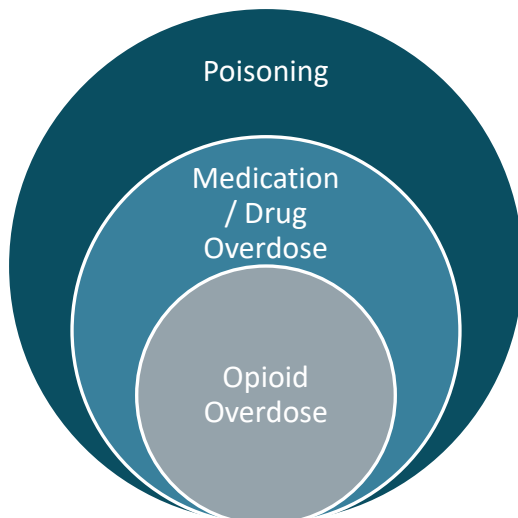
Emergency department (ED) visits for mental health-related reasons that are available through the NC Detect Data Dashboard include depression, anxiety, suicidal ideation, and self-inflicted injury. Compared to Vance and peer counties, Granville had the highest rate of ED visits each year 2017 to 2020. In 2020, there were 429 visits related to depression, a rate of 71.0 per 10,000 population. Vance community members had 169 visits related to depression, for a rate of 37.9 per 10,000. ED visits related to anxiety increased in both counties between 2017 and 2020, although to a greater degree in Granville (60.3 to 81.2 per 10,000 population) than in Vance (67.5 to 70.3 per 10,000 population).³⁸ Full trend data can be found in Appendix 5.

SUBSTANCE USE

“A substance use disorder (SUD) is a mental disorder that affects a person’s brain and behavior, leading to a person’s inability to control their use of substances such as legal or illegal drugs, alcohol, or medications.”

-National Institute of Mental Health

In the Community Health Opinion Survey, substance use disorder ranked as the #2 top health and safety issue, selected by 39% of respondents in Granville and 37% of respondents in Vance. Substance use treatment centers were also indicated as a top health service need by 39% of Granville respondents and 45% of Vance respondents.



prescription opioids, heroin, other synthetic narcotics, and other and unspecified narcotics.” The category of “other synthetic narcotics” includes Fentanyl and Fentanyl-like substances.

Vance has had a higher rate of opioid overdose emergency department (ED) visits than Granville and peers with 73 visits in 2020, which is a rate of 164 per 100,000 population (see figure 50). Granville’s 84 visits in 2020 put them at a rate of 139 per 100,000, higher than Franklin and Warren and narrowing the gap with Vance.³⁹ While the number of ED visits due to

To understand the secondary data presented in this section, it is helpful to define key terms related to overdose. Poisoning refers to “any poisoning overdose by medications, drugs, heavy metals, chemicals, or toxins.” This is the umbrella term that includes overdoses. Within poisoning, there’s Medication and Drug Overdose, which is “any overdose by medications, drugs, or biological substances.” Within overdose, there is Opioid Overdose which includes overdose by “opium,

National Suicide Prevention Lifeline

The National Suicide Prevention Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week in the United States.

1-800-273-TALK (8255)

www.suicidepreventionlifeline.org

opioid overdose is a useful indicator of the scale of the problem, it represents only a small proportion of the people affected by opioid use in a community.

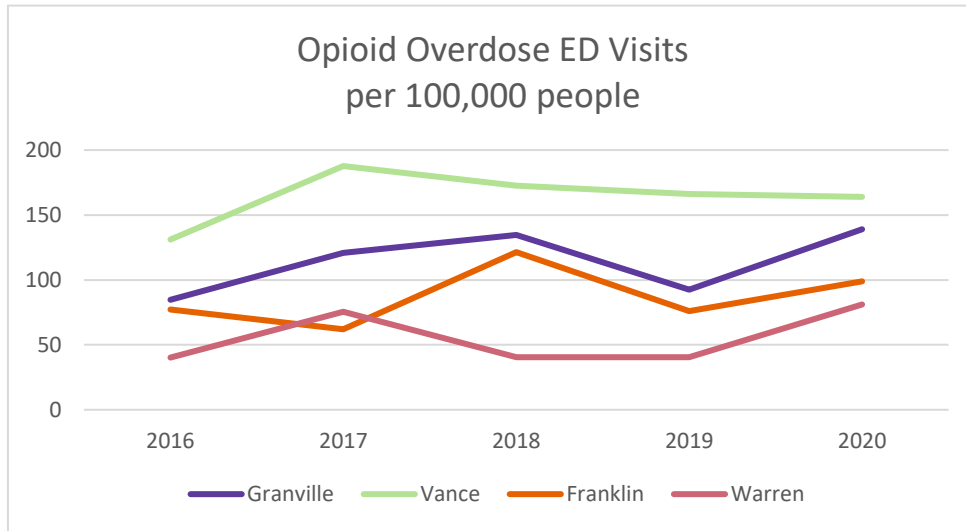


Figure 50: Opioid overdose emergency department visits, 2016-2020, rate per 100,000 population. Source: North Carolina Opioid Dashboard

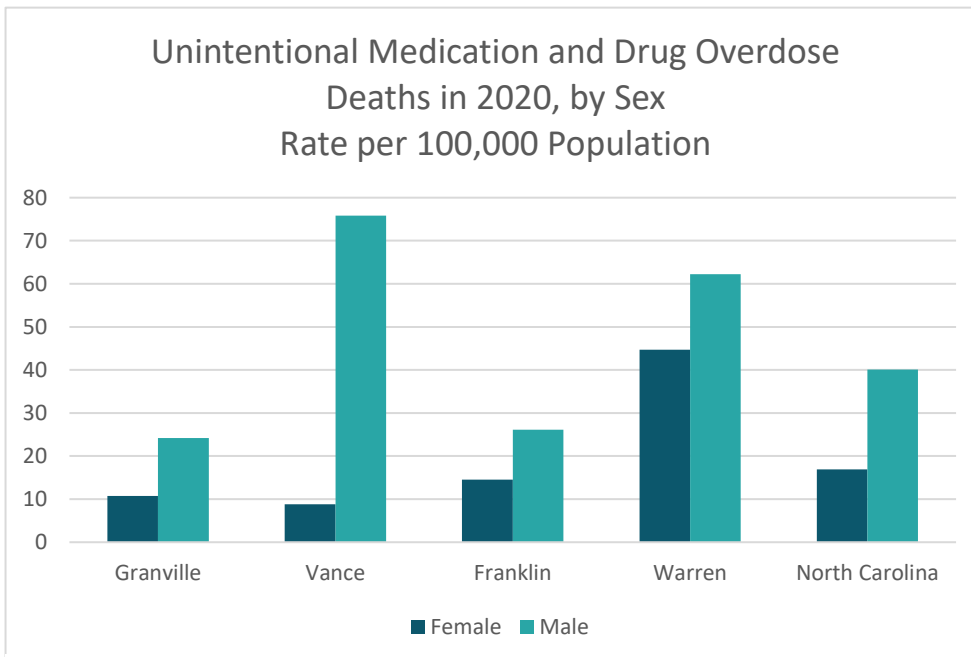


Figure 51: Unintentional medication and drug overdose deaths, 2020, by sex, rate per 100,000 population. Source: North Carolina State Center for Health Statistics, Vital Records, Analysis by NC Injury and Violence Prevention Branch

In 2020, the rate of medication and drug overdose deaths in Granville was 18.0 per 100,000 population, which was lower than peer counties and the state, and meeting the Healthy North Carolina 2030 goal. Vance County had a higher rate compared to Granville and the state at 40.1 per 100,000 population. Additionally, the rate of drug overdose deaths in 2020 was higher for men than women, especially in Vance County which had a rate for men of 75.8 per 100,000 population (see figure 51).¹

In focus groups, participants stressed that substance misuse is a challenge in the community and results in personal suffering as well as community violence. Youth described the normalization of drug use and the limited options for recovery.

“If I had a magic wand, I would eliminate drugs [in the] community because that seems to be the root of most of the violence... It's killing people. It's causing people to commit crimes and do other things they normally wouldn't do.”

– Focus Group Participant (Henderson Group)

REPRODUCTIVE & CHILD HEALTH

Reproductive and child health includes a specific subset of health services and outcomes pertaining to reproductive health, pregnancy, birth, and childhood. As the other sections focused on health outcomes, reproductive and child health outcomes are influenced by social, economic, and environmental factors. Reproductive and child health outcomes hold great importance as direct contributors to the health of the next generation; however, the United States holds a higher childbirth mortality rate when compared to other

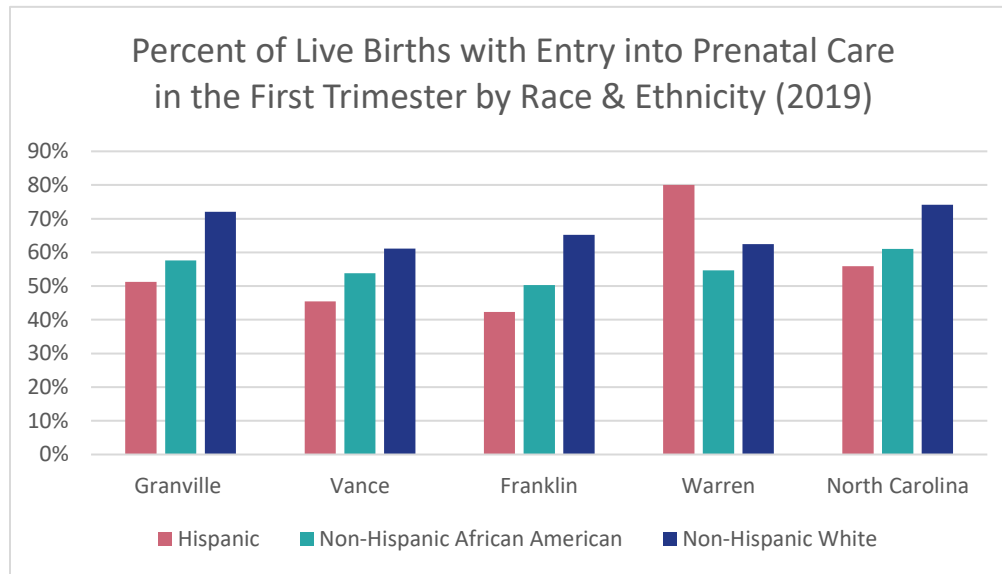


Figure 52: Percent of live births where prenatal care was accessed in the first trimester (13 weeks) of pregnancy, 2019, 1-year estimate. Source: North Carolina State Center for Health Statistics.

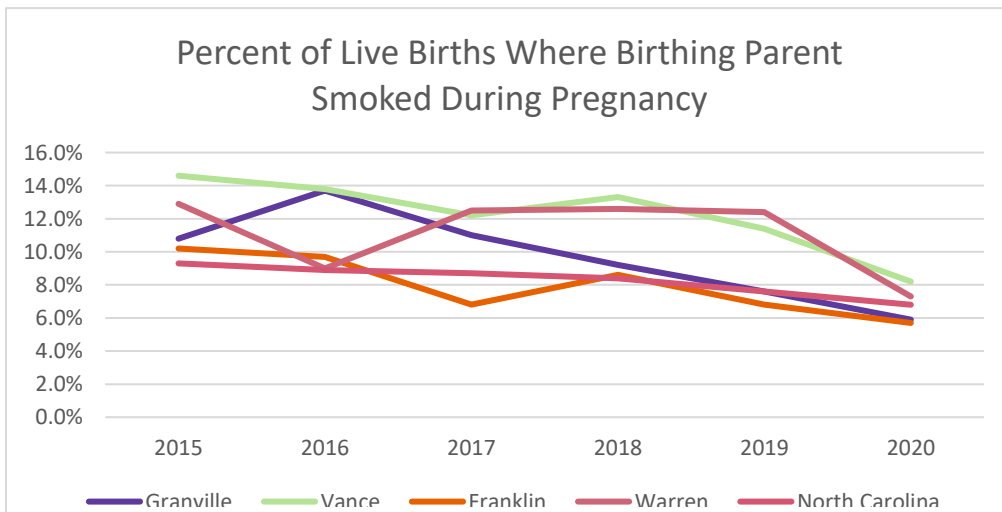


Figure 53: Percent of live births where birthing parent smoked during pregnancy, 2015-2020 1-year estimates. Source: North Carolina State Center for Health Statistics.

developed countries and has significant racial disparities in birth outcomes, particularly impacting Black non-Hispanic families.

Accessing prenatal care early in pregnancy is linked to improved health birth and perinatal outcomes.⁴⁰ As with all access to care, the burden of barriers to care is more heavily borne by communities of color, people with low incomes/low wealth, people with disabilities, and other marginalized groups. In 2019, in Granville County, 64.3% of live births had entry into prenatal care in the first trimester (13 weeks) of pregnancy; in Vance County, that number was 55.3%, both lower than the state average of 67.5%. A lower percentage of Black/African American

and Hispanic live births had accessed prenatal care in the first trimester in both counties (see figure 52).¹

Smoking during pregnancy has declined precipitously in recent years in both counties (see figure 53). In Granville, the percentage of live births where the birthing parent smoked during pregnancy was 5.9% in 2020, compared to 10.8% in 2015. In Vance, the percent was 8.2% in 2020, down from 14.6% in 2015, but still above the state average of 6.8% in 2020. ¹

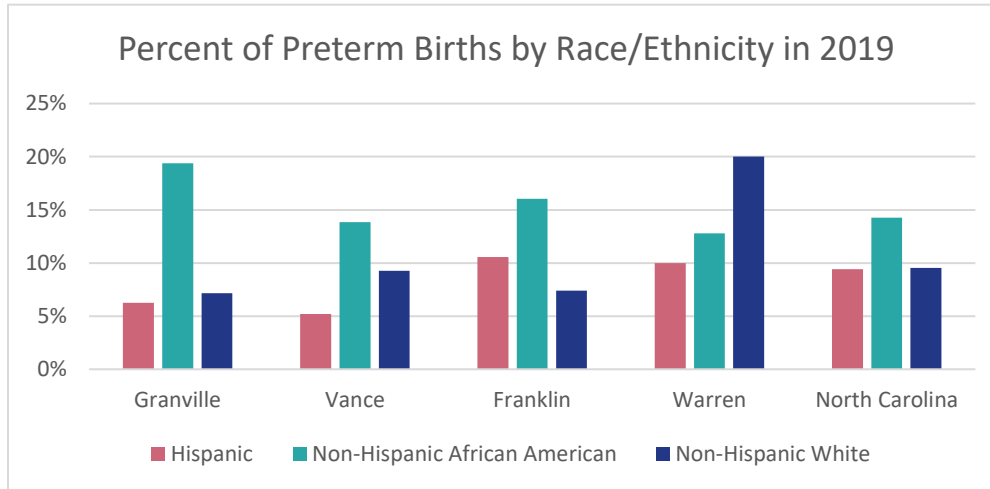


Figure 54: Percent of live births born preterm (prior to 37 weeks of pregnancy), 2019 1-year estimates. Source: North Carolina State Center for Health Statistics.

Preterm births have remained relatively unchanged between 2015 and 2019 in both counties, with the percentage of live births born preterm (prior to 37 completed weeks of pregnancy) in 2019 at 11.3% in Granville and 11.9% in Vance. Racial disparities are present in both counties, peers, and across the state, with more non-Hispanic African American births being born preterm than non-Hispanic white and Hispanic births. This disparity is especially pronounced in Granville County, with nearly one in five (19.4%) of non-Hispanic African American births born preterm, compared to 7.2% of non-Hispanic white births and 6.3% of Hispanic births born preterm. ¹

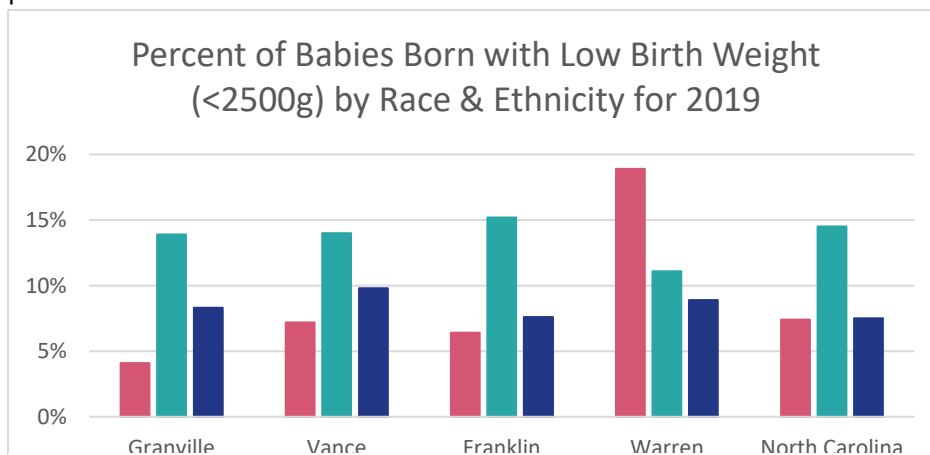


Figure 55: Percent of live births born with low birth weight (<2500g) by Race and Ethnicity, 2019 1-year estimates. Source: North Carolina State Center for Health Statistics.

PURSUING EQUITY

Disparities in pregnancy outcomes cannot be fully explained by factors such as healthcare access, education, biology, or health behaviors. The United States persistently has a large disparity especially between Black and White birth outcomes and infant mortality, which can be traced back to historical segregation and accumulated stress from discrimination, along with a variety of other disparities in medical treatment, and economic factors.

To improve perinatal health and birth outcomes for patients served by Granville Vance Public Health, the evidence-based group prenatal care program CenteringPregnancy® is now offered in both English and Spanish. This method of delivering prenatal care has been shown to be effective at reducing preterm birth and low birth weight, especially for African American participants. More information can be found at <http://www.gvph.org/clinic/maternal-health-clinic/>

Additional information: NC Women’s Health Report Card <https://www.med.unc.edu/cwhr/whrc/>

Low birth weight (live births weighing less than 2500 grams) has increased slightly in Granville from 8.5% of live births in 2015 to 9.6% of live births in 2019. The percentage in Vance is higher (12.2% in 2019) and has remained relatively unchanged. Similar racial disparities play out in low birth weight births as seen in preterm births, with higher percentages of non-Hispanic African American births born with low birth weight than non-Hispanic white and Hispanic births.¹

The infant mortality rate (infants who died before their first birthday) is difficult to analyze because the numbers are (thankfully) very small. For child mortality (deaths under age 18), Granville’s overall rate is lower than that in

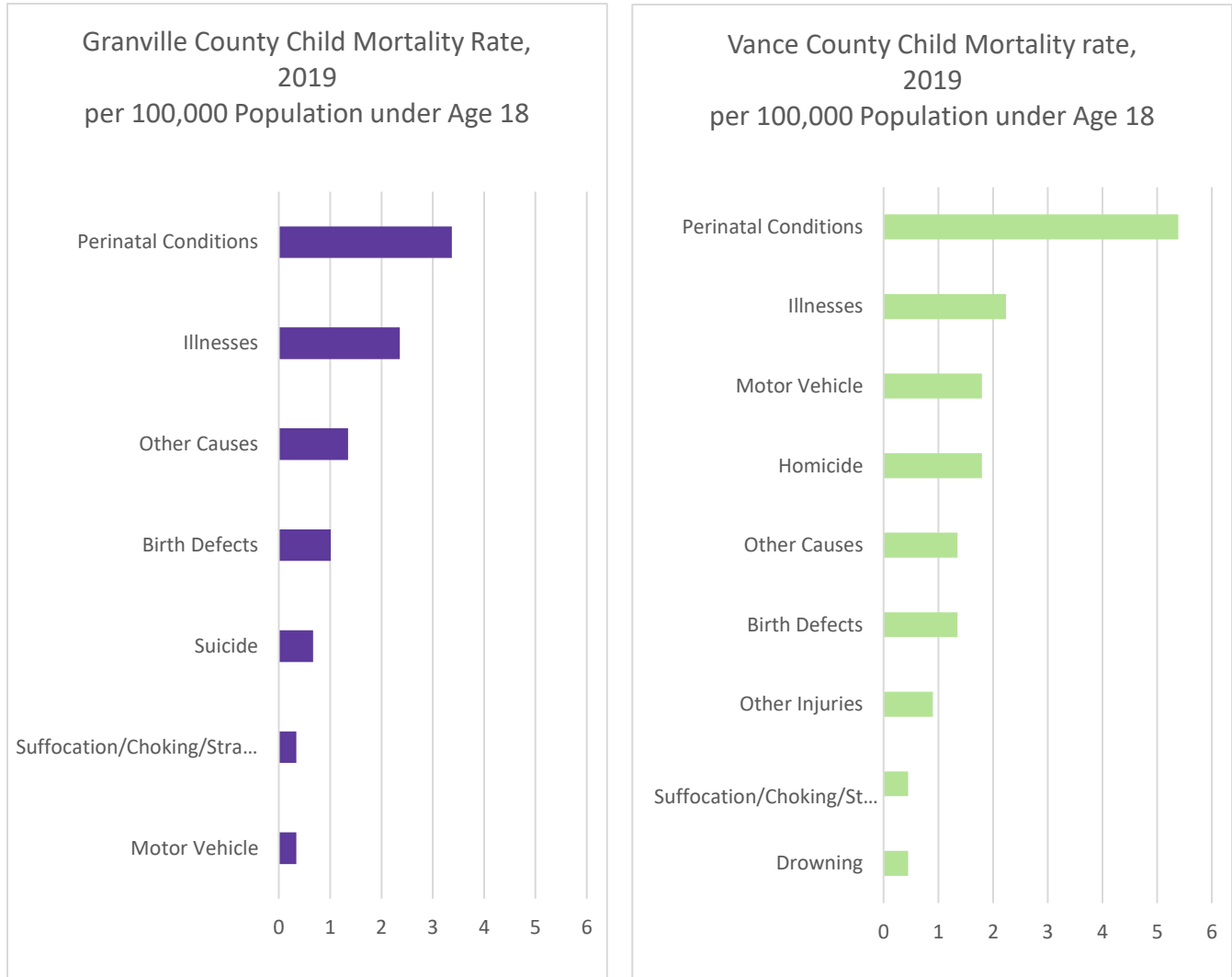


Figure 56: Child mortality rate in Granville and Vance Counties, rate per 100,000 population under 18, 2015-2019 5-year average. Source: North Carolina State Center for Health Statistics, County Health Data Book.

Vance with a rate in 2019 estimates of 9.4 deaths per 100,000 children and 16.2 deaths per 100,000 children respectively. This rate has remained relatively unchanged since 2014. The leading causes of death in children in both counties are presented in figure 56. The top two causes in both counties were perinatal conditions and illnesses. “Other causes”, birth defects, and suicide were the other top five causes of death before age 18 in Granville. Motor vehicles, homicide, and other causes were the other top five causes of death in Vance.⁴¹

CHAPTER 4: COMMUNITY PRIORITIES

Identifying community health priorities is a key component of the Community Health Assessment process, and the culmination of months of data collection and analysis and community engagement. Ultimately, the selection of mental health and substance use disorder, access to healthcare and engaging youth for community health and safety, with the crosscutting priority of health equity, will serve to guide community resource distribution, action planning, and collaboration. Since there is significant alignment of this cycle’s priorities with those selected in 2018 (mental health and substance use, youth wellbeing, and access to care), the counties have a strong foundation of established partnerships and programs to build upon to make progress in priority areas. In this section, details about the prioritization process, and detailed sections for each priority which include the rationale for the priority, fast facts related to how the priority manifests in the community, and an overview of existing resources and gaps are provided for review.



PRIORITIZATION PROCESS

The prioritization process began with reviewing data collected during the assessment, including both primary and secondary data. Three data walks were conducted with steering group members in February and March 2022, and additional contextual information was solicited from steering group members about the data and the existing resources and gaps in the community. The CHA leadership team then reviewed the data and feedback and selected ten priority voting options for the community-wide priority voting process:

Priority Option	Examples
Access to healthcare	Affordability, insurance, specialty services, elder care
Access to information	Effective communication & engagement, awareness of resources, internet access, media literacy
Access to healthy food & physical activity	Food security, recreational facilities, parks
Chronic disease	Cancer, diabetes, heart disease, high blood pressure
Community safety	Gang and family violence, neighborhood cleanliness
Education	Childcare, K-12, training, enrichment
Infectious diseases	COVID-19, flu, sexually transmitted infections
Mental health and substance use	anxiety, depression, suicide; tobacco, opioid, heroin
Social determinants of health	Housing, transportation, employment
Youth wellbeing	Youth mental health, recreation, education & enrichment

Community Prioritization Voting was conducted online through a Qualtrics survey which was open for the last two weeks of March 2022. The link to the survey was distributed to community members through steering group

members' networks as well as to Community Health Opinion Survey respondents who opted in to follow up. In total, 139 community members participated, 67 from Granville and 72 from Vance County. The top five priorities selected were the same from Granville and Vance respondents and are listed in the table below:

Priority	Selected (%)
Mental Health & Substance Use	57.5%
Access to Healthcare	40.9%
Youth Well-being	35.4%
Community Safety	43.4%
Access to Healthy Food and Physical Activity	36.2%

When reviewing demographic information, some variations in prioritization voting participation by gender, race, and ethnicity were noted. In Granville, 79% of voters were women and 18% men. This difference in response by gender was also reflected in Vance where 84% of participants were

women compared to 13% of men. Variations in race were also notable in Granville County, 77% of respondents identified as white compared to 16% of African American residents. In Vance County, 64% of respondents were white compared to 26% of African Americans. This means that in both counties respondents in the prioritization voting were disproportionately white and female, compared to the demographics of the counties.

Once the final priority voting results were collected and evaluated, the CHA leadership team reached consensus regarding the following three priorities: mental health and substance use disorder, access to healthcare, and engaging youth to advance community health and safety. The third priority was a combination of the prioritized topics of youth wellbeing, community safety, and access to healthy food and physical activity. This fusion was developed in consultation with Granville Vance Public Health's academic partner, Dr. Carmen Samuel Hodge, and drew from the literature demonstrating the interconnectedness of different health factors, as well as community members' insights during focus groups which highlighted the connection between youth physical activity and mental health, and community safety. Health equity was also identified as a cross-cutting issue to incorporate into the community health improvement planning process among all three priorities.

PRIORITY 1: MENTAL HEALTH & SUBSTANCE USE

Mental health and substance use was also listed as an important topic area to prioritize by community members and the steering committee. Focus group findings, CHOS results from county residents, and internal committee discussions influenced the overall decisions to select mental health and substance use as the first priority for the 2021-2024 Community Health Assessment. Participants across all seven focus groups indicated how stigma can create barriers for those seeking support and pointed out that there is a lack of awareness of the resources available for those in need of assistance. Additionally, focus group sessions with participants engaged in substance use recovery shed light on the resources and barriers prevalent in Granville and Vance County. These barriers to accessing recovery services were acknowledged by steering committee members and were noted as a key area worth investing time and resources in.

Existing community resources for those seeking mental health or substance use services in Granville and Vance County include the following:

VIBRANT Coalition – VIBRANT Coalition which is also known as Vance Initiates Bringing Resources and Naloxone Training, provides training on overdose prevention and response to those at risk of drug overdose in Granville and Vance County.



Mental Health & Substance Use



Secondary Data

Drug Overdose Deaths: In 2020, Vance County had a rate of **40 per 100,000** and Granville County had a rate of **18 per 100,000**. The HNC 2030 goal was **18 per 100,000** drug overdose deaths.

The suicide mortality rate for Vance County was **12.8 per 100,000** and **13.9 per 100,000** for Granville County.



Primary data: CHOS

Substance use ranked #2 as a top health issue, selected by **39%** of Granville respondents and **37%** of Vance respondents.

Mental health services ranked #1 as a top health service need, selected by **47%** of Granville respondents and #3 by **42%** of Vance respondents.



Primary data: Focus Groups

Limited options available for those seeking recovery services

Barriers highlighted by Latinx group were insurance or cost

Youth group indicated that substance use has become a **norm** within community



Community Voices

"But drugs is a major thing in our community. It's killing people. It's causing people to commit crimes and do other things they normally wouldn't do."

"Like it's gotten to the point where like if someone does a certain type of drug or whatever, you're just like "Oh that's normal."

Springs Holistic Center – This center includes a mental health clinic that provides diagnostic, treatment, and prescriptive services to help address mental and behavioral health disorders.

Vance Recovery – This recovery center has a methadone clinic that offers Medication Assisted Therapy and counseling to help community members overcome addiction to heroin and other substances.

A comprehensive list of resources can be found in Appendix 6.

PRIORITY 2: ACCESS TO HEALTHCARE

Access to care is essential in addressing population health outcomes and there was consensus among CHA leadership that limited access to care was a community inequity in need of prioritization. Many barriers to healthcare exist, including high cost, lack of health insurance, and limited resources. As indicated in the prioritization survey, 45.9% of Granville County residents and 36.4% of Vance County residents listed access to healthcare as a priority. Upon review of the secondary data, it was noted that Vance County's breast cancer mortality increased from 25.4 per 100,000 female population in 2014 to 34.5 per 100,000 in 2019. The discrepancy between breast cancer incidence and mortality indicated potential healthcare access gaps prevalent in Vance. Focus group participants expressed concerns about the high cost and low quality of health care services which

leads residents to see care outside of their communities. Latinx focus group participants also indicated that limited interpretation services and challenges qualifying for Medicaid and Medicare can pose a barrier to quality care.



Healthcare Access



Secondary Data

Physicians in 2019 - **19.7 per 10,000** Granville residents and **15.7 per 10,000** Vance residents
Granville and Vance each have **2** hospice facilities. Vance has no adult care facilities and Granville has **4** facilities.

The 2019 uninsured rate for Granville residents ages 18-64 was **15.9%** and **18.4%** for Vance residents.



Primary Data: CHOS

Access to care ranked as top health issue by **19%** of Granville respondents and **13%** of Vance respondents.

Low-cost clinics ranked as top need by **38%** of Granville respondents and **43%** of Vance respondents.



Primary Data: Focus Groups

Concerns about the **quality of care** and **cost**.

Need for **culturally appropriate information**.

Barriers include insurance, trust, transportation, and discrimination.



Community Voices

"..there's a real lack of access to interpreters here.."

"I think sometimes we have a lot of good resources, but they are not marketed well to the people who need the services."

Current health resources available to community members in Granville and Vance County include some of the following:

Granville Medical Center – The Granville Medical Center is a not-for-profit hospital located in Oxford, North Carolina that provides quality care and services to families. Services include intensive care, surgical care, a birthing center, primary care, and occupational health.

Carolina Fellows Family Dentistry -This facility provides restorative, preventative and emergency services that are timely and affordable for families.

Granville Vance Public Health – The main objective of GVPH is to promote health and provide resources to community members in Granville and Vance counties. Information regarding available health programs, healthcare clinics, and WIC clinics are shared on the site for easy access by residents.

A list of additional health resources and services can be found in Appendix 6.

PRIORITY 3: ENGAGING YOUTH FOR COMMUNITY HEALTH & SAFETY

It was noted during review of the community prioritization voting results that “Community Safety”, “Youth Wellbeing”, and “Access to Healthy Food and Physical Activity” were critical areas to target in the CHA. It was

determined by CHA leadership and an Academic Public Health Department partner, that the third and final 2021-2024 priority would be Engaging Youth for Community Health and Safety. This decision to leverage youth engagement to target community goals was based on data from focus groups with youth and adults across both counties, as well as steering group discussions. Additionally, recent CDC data indicated the impact COVID-19 had on the mental health of youth, which led to an increase in cases of emotional distress in high school students (CDC, 2022). Participants across focus groups discussed how limited opportunities for youth, recreation, social engagement, and academics relate to challenges with mental health, substance use, and crime. Steering group participants also echoed similar sentiments, stressing that investing in youth is an investment in the future of the counties.



Engaging Youth for Community Health & Safety



Secondary Data

In 2019, Vance County's child mortality rate was **16 per 100,000**, much higher than Granville County (**9 per 100,000**).

HNC 2030 Goal: Increase 3rd grade reading proficiency to 80% . Granville (52%) and Vance (50%).



Primary Data: CHOS

School Health Center ranked as a top service need by **24%** of Granville County residents and **28%** of Vance County residents.

Gang activity was ranked at a #5 top safety concern by **18%** of Vance County respondents.



Primary Data: Focus Groups

Youth and child health identified as priority among participants.

Recreational opportunities deemed essential to support physical and mental health.

Youth and adult participants expressed concerns about **gang violence** within community



Community Voices

"That sounds depressing. Like no future, that's like so depressing. Just looking at that like, God. We are miserable."

"Most of them aren't doing stuff cause they ain't got nothing better to do with their time."

Community-based programs that can support social and emotional development and promote a safe environment for youth in Vance and Granville County include the following:

Henderson Vance Teen Council – The Henderson-Vance Recreation & Parks Department developed a program that helps youth develop leadership and public speaking skills. Provides an opportunity for youth to become responsible community members. Point of contact is Shantel Hargrove, who can be reached at 252.430.0382 or shantelhargrove@henderson.nc.gov.

Gang Free, Inc. – A 501c3 non-profit organization implemented to empower and educate community members to live a life free from crime through innovative programs and services. Target audience for this program are at-risk youth and ex-offenders. Find out more about the mission and programs at <https://gangfreeinc.org/>.

Maps of Play – The Working on Wellness team developed maps of places to play, move, and explore in Granville and Vance Counties that include locations of playgrounds, athletic fields and facilities by type, food pantries, natural areas, and more. Maps of play, nutrition tips, and activity calendars can be viewed at <https://qrco.de/bc9Vjx>.

Additional resources and services available for youth can be found in Appendix 6.

CHAPTER 5: CONCLUSIONS & NEXT STEPS

OVERVIEW

The 2021 Community Health Assessment in Granville and Vance counties brought together community members, non-profits, and health and human service organizations to assess the community's health collaboratively. The assessment included a comprehensive data collection process, including a community survey and focus groups as well as many secondary data sources. The community engagement process fostered knowledge sharing and strengthened collaborative relationships. The community and health department prioritized new and existing challenges to address during health improvement planning using this data. These priorities included health disparities in cancer mortality, mental health and substance use needs at the individual and community level, and communicable diseases such as COVID-19 and sexually transmitted infections. The assessment process also brought the strengths and resources present in Granville and Vance counties to the forefront. It shone a light on successes achieved in the community, including advances in educational attainment in Vance and positive health indicators in Granville. The assets, resources, and priorities documented in this assessment will be used to guide community health improvements in Granville and Vance counties.

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 accountability throughout the next three years.

PLEASE SEE ADJACENT DOCUMENTS FOR APPENDICES

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