



Community Health Needs Assessment

Maria Parham Health

Granville and Vance Counties, North Carolina

Paper copies of this document may be obtained at Maria Parham Health, 566 Ruin Creek Road, Henderson, NC 252.438.4143 and/or Maria Parham Franklin 100 Hospital Drive, Louisburg, NC 27549, 919.340.8700 or via the website at MariaParham.com.

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Table of Contents

Overview	3
2022 Community Health Needs Assessment	4
Project Purpose and Process	5
Participation and Community Engagements	5
Comparisons and Targets	6
Assessment Findings	6
Prioritization	6
COVID-19	8
Community Engagement During Covid	10
Introduction	11
Community Engagement	13
Data Collection and Comparisons	14
Focus Group Methods	16
Secondary Data	17
Demographics	19
Population Growth and Density	20
Birth Rate and Life Expectancy	20
Race/Ethnicity	21
Age/Sex, Veterans, Disability	22
Immigration, Language, Vulnerable Populations	23
Assessment Findings	24
Comparisons to Health NC 2023, Housing	25
Transportation, Access to Healthy Food & Physical Activity	26
Community Cohesion	27
Voting, Language Isolation	28
Social Vulnerability Index, Safety	29
Childcare & K-12 Education, Graduation Rates, Economic Opportunity	30
Access to Care, Disease/Illness/Injury	31
Overall Mortality, Cancer	32
Infectious & Communicable Disease	33
Mental Health	34
Substance Use	35
Reproductive & Child Health	36
Community Priorities	37
Priority 1 – Mental Health & Substance Use	39
Priority 2 – Access to Healthcare	40
Priority 3 – Engaging Youth for Community Health & Safety	41
Conclusion	42
Appendices	44
Appendix A – Primary Data Collection Instruments	45
Appendix B – Survey Methods and Results	47
Appendix C – Community Assets and Resources	48



Overview

2022 Community Health Needs Assessment

This document is a hospital specific Community Health Needs Assessment (CHNA) for Maria Parham Health. Maria Parham Health has a satellite in Franklin County under the same license, Maria Parham Franklin, which has an emergency department and behavioral health services.

Granville Vance Public Health (GVPH), in partnership with the North Carolina Institute for Public Health (NCIPH) at the University of North Carolina-Chapel Hill, Maria Parham Health (MPH), and community members developed the Granville Vance 2022 CHNA for Granville and Vance Counties. Granville Vance Public Health contracted with NCIPH to facilitate the Community Health Assessment process and report-writing. The Granville Vance Community Health Assessment Team is comprised of:

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- **Alison Singer**, PhD, Community Assessment Analyst & Advisor, *North Carolina Institute for Public Health*

All the parties involved (Granville Vance Public Health, North Carolina Institute for Public Health at the University of North Carolina-Chapel Hill, and Maria Parham Health) will be known in this document as the “collaborative”.

The content of this document is taken from the Granville Vance 2022 Community Health Assessment, prepared by Granville Vance Public Health. References to the report will be cited as Granville Vance 2022 CHA. The full Granville Vance document can be viewed at gvph.org/health-information/community-health-assessments/.

Project Purpose and Process

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.

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.

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.

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. Mental health and substance use continued to be community priorities in this cycle of health assessment. In 2020, the COVID-19 pandemic profoundly shaped the daily lives and health of people across the world and in Granville and Vance Counties. 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 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.

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



COVID-19

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. 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.

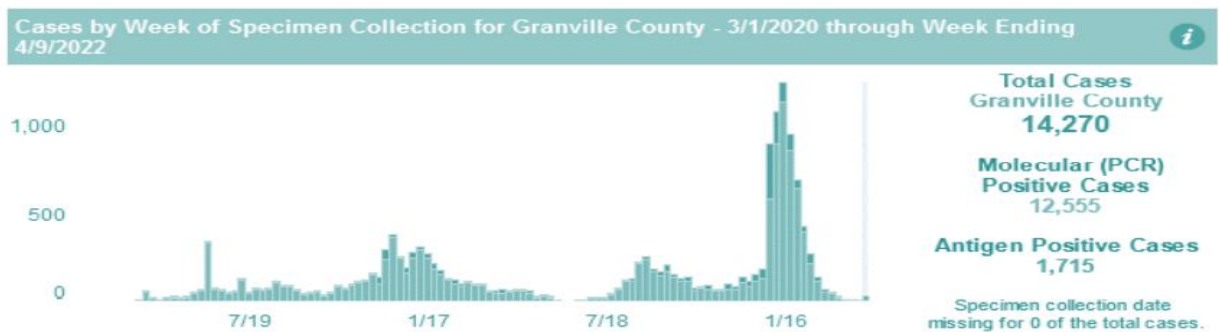


Figure 3 Weekly COVID-19 Cases, Granville County 3/1/20 - 4/9/22. Source: NC COVID-19 Dashboard

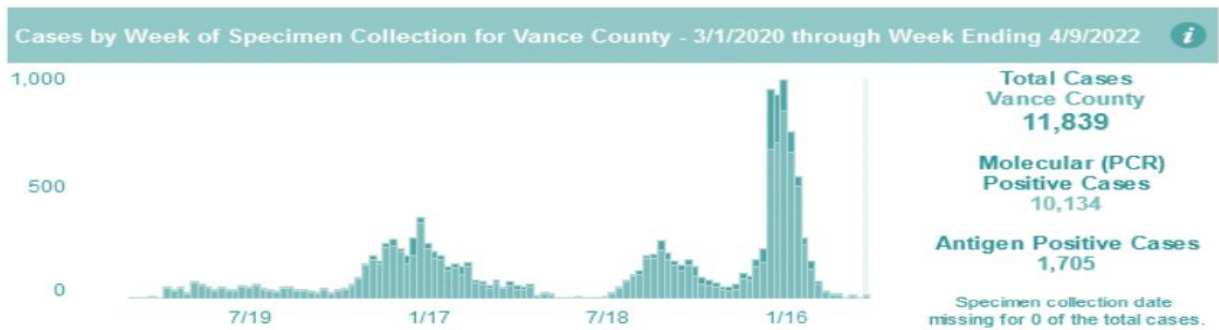


Figure 4 Weekly COVID-19 Cases, Vance County 3/1/20 - 4/9/22. Source: NC COVID-19 Dashboard

Community Engagement During Covid

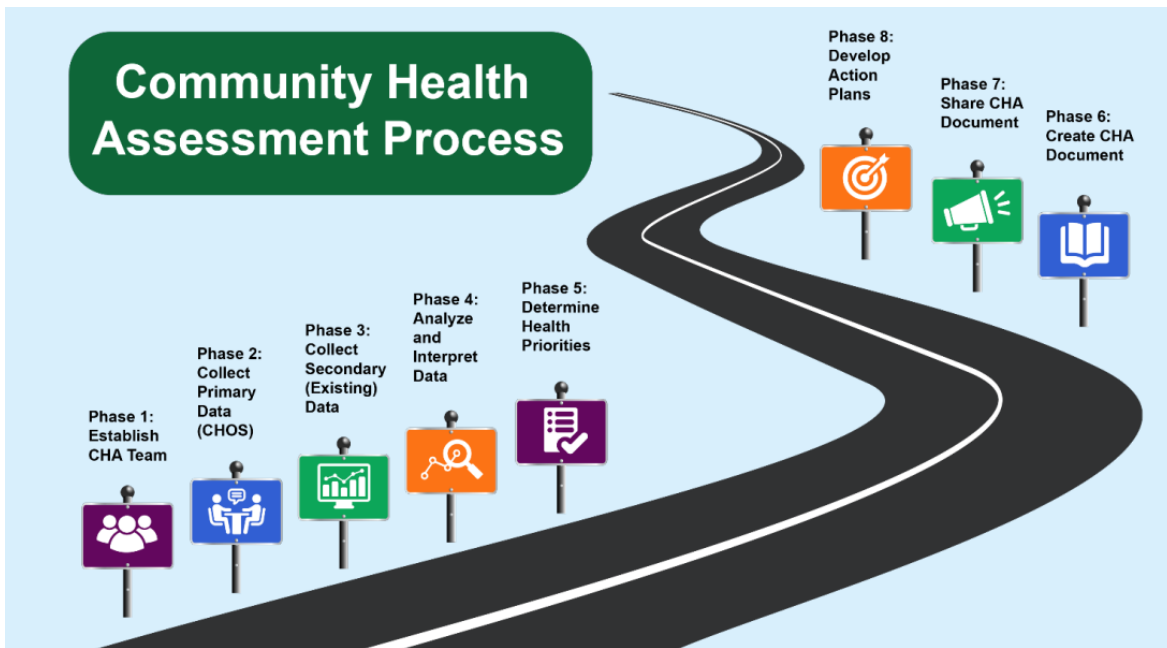
Community engagement is a critical piece of the community health assessment process, beginning with the formation of a steering group made up of representatives from local public health, social service, and community-based organizations. While groups have still been able to be convened virtually, the relationship-building and networking that occurs spontaneously during in-person meetings 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 gather 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.

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.



Introduction



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.

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.



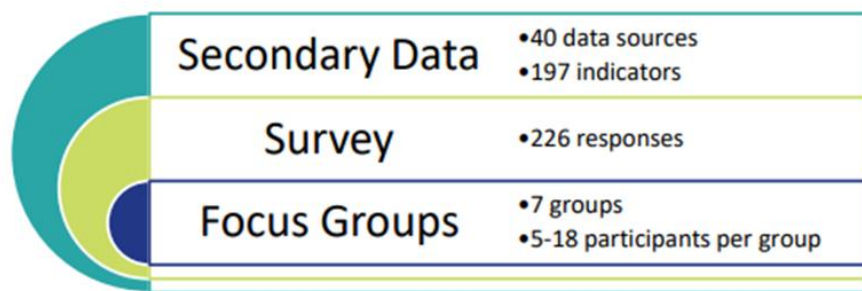
Community Engagement

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 A.

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. 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.

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 CHOS methods and survey instrument can be found in Appendix B.

Participation in the Steering Committees, Surveys, Focus Groups, the prioritization meetings creating the Granville Vance 2022 Community Health Needs Assessment was as follows:

Organization	Counties represented	Population Represented
Cardinal Innovations	Granville, Vance	Mental health, substance abuse, behavioral health
City of Henderson, Youth Services	Vance	Children under 18 years of age
Creedmoor Police Department	Granville	General population
Duke LifePoint Healthcare	Granville, Vance	General population
FGV Smart Start	Granville, Vance	Newborn/preschoolers
FVW Opportunity, Inc.	Vance, Warren	Low income/poverty stricken
Gang Free, Inc.	Vance	At-risk youth
Granville County	Granville	General population
Granville County Chamber of Commerce	Granville	General population
Granville County Government	Granville	General population
Granville County Manager	Granville	General population
Granville County Public Schools	Granville	Children under 18 years of age
Granville County Sheriff’s Office	Granville	General population
Granville Health System	Granville	General population
Granville Housing Authority	Granville	General population
Granville Vance Public Health	Granville, Vance	General population/low income
Green Rural Redevelopment Organization (GRRO)	Vance	General population
Health & Housing Committee	Granville, Vance	General population

Henderson Boys & Girls Club	Vance	Children under 18 years of age
Henderson Family YMCA	Vance	General population
Henderson Police Department	Vance	General population
Henderson-Vance County Chamber of Commerce	Vance	General population
Maria Parham Health	Granville, Vance	General population
N.C. Cooperative Extension	North Carolina	Farmers
N.C. Harm Reduction Coalition	North Carolina	General population
Oxford Police Department	Granville	General population
Oxford United Methodist Church	Granville, Vance	General population
St. Stephen's Episcopal Church	Granville, Vance	General population
Perry Memorial Library	Vance	General population
Recovery Innovations	Granville, Vance	Mental health, substance abuse, behavioral health
Salvation Army	Granville, Vance	General population
The Daily Dispatch	Granville, Vance	General population
Triangle North Healthcare Foundation	Vance	General population
Vance County	Vance	General population
Vance County Cooperative Extension	Vance	Farmers
Vance County Public Schools	Vance	Children under 18 years of age
Vance County Schools	Vance	Children under 18 years of age
Vance County Sheriff's Office	Vance	General population
Vance-Granville Community College	Granville, Vance	Those seeking higher education in the region
Wake Weekly Newspaper	Granville, Vance	General population
WOW Coalition	Granville, Vance	General population

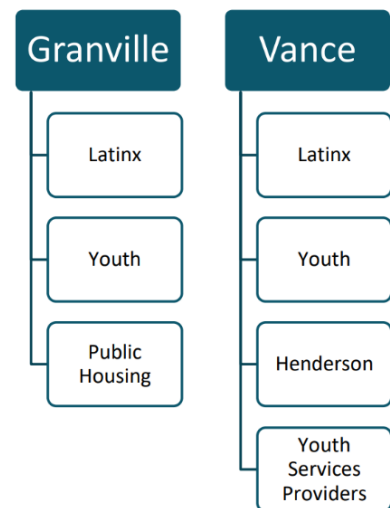
Focus Group Methods

Seven focus groups were held between November 4th - 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 and 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.



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.

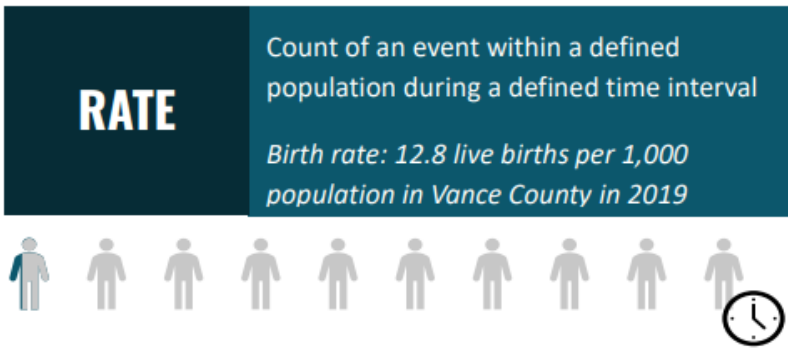


Figure 7: Definition of a Rate. Image credit: North Carolina Institute for Public Health

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.

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 to Granville and Vance in demographics, density, location, and



Demographics

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.

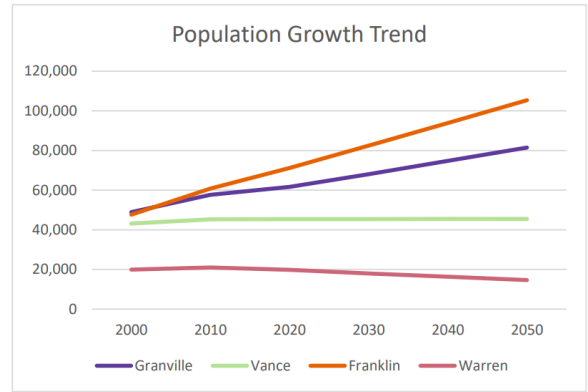


Figure 10: Population growth trend projections. Source: North Carolina Office of State Budget and Management

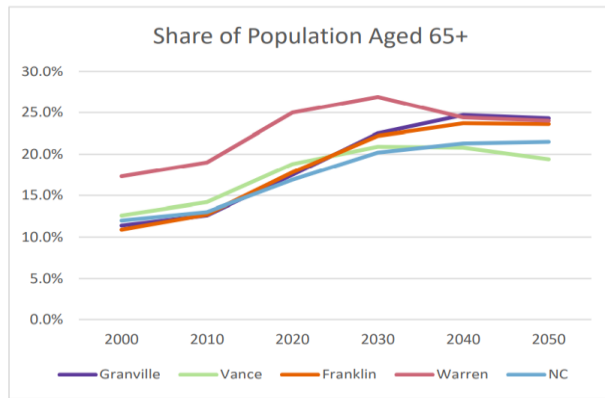


Figure 11: Population growth trend projections - share of the population aged 65+, 2000-2050. Source: North Carolina Office of State Budget and Management

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.

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.

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.

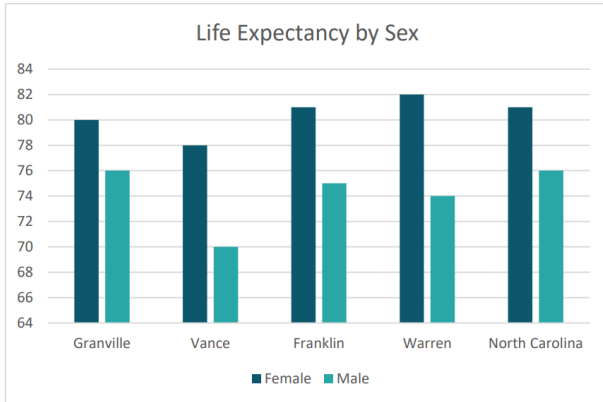


Figure 13: Life expectancy at birth by sex, 2017-2019 3-year average. Source: North Carolina State Center for Health Statistics

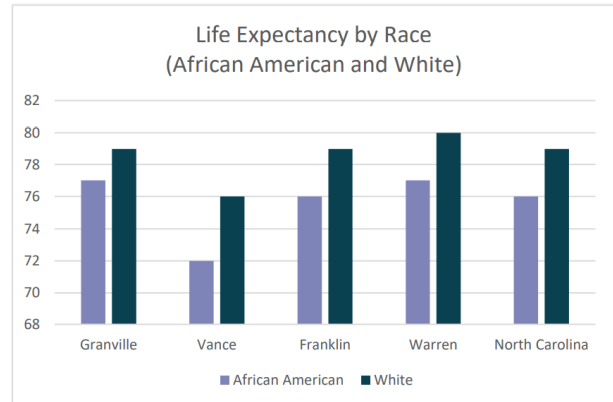


Figure 12: Life expectancy at birth by race, 2017-2019 3-year average. Source: North Carolina State Center for Health Statistics

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-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.

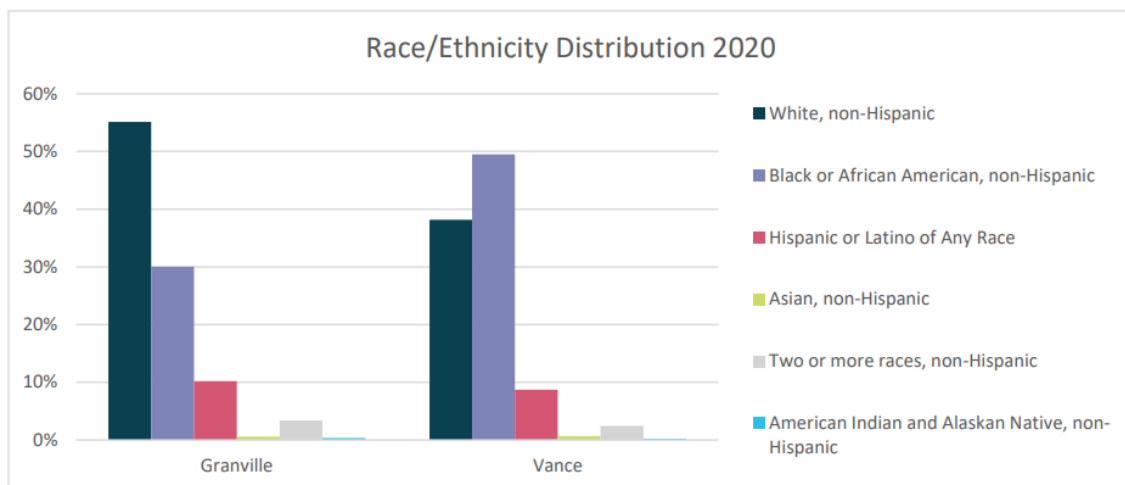


Figure 14: Race and ethnicity distribution, 2020. Source: U.S. Census Bureau, 2020 Decennial Census

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, with 19.1% in Vance County. The highest proportion of residents in both counties are between the ages of 45-64. 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.

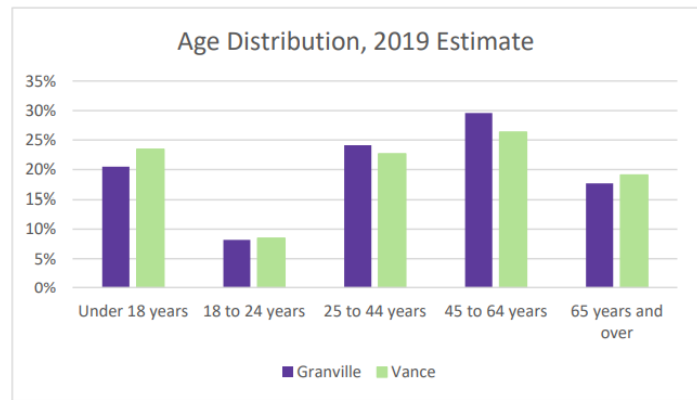


Figure 15: Age distribution, 2019 estimate. Source: U.S. Census Bureau, Population Estimates Program

Veterans

The veteran population has decreased slightly in recent years, to 7.6% in Granville and 6.4% in Vance, both falling 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.

Disability

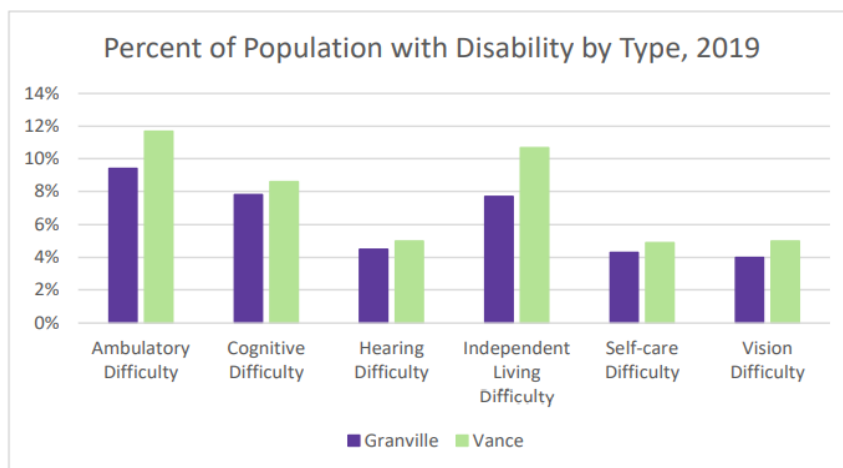


Figure 17: Percent of population with a disability, by disability type, 2014-2019 5-year estimate. Source: U.S. Census Bureau, American Community Survey, 5-year Data.

Vance County has more community members with a disability than Granville, peer counties, and the state (classified as ambulatory 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 difficulty, which is an impairment that prevents or impedes walking.

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.

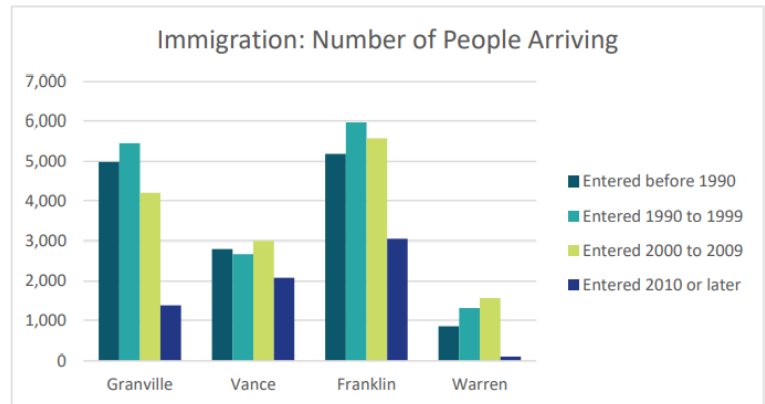


Figure 16: Number of people arriving as immigrants, 2015-2019 5-year estimates. Source: U.S. Census Bureau, American Community Survey 5-year Data.

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.

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. Vulnerable populations may also face extra hurdles in accessing basic health care due to their status; for example, a person who is uninsured may hesitate to seek routine medical care due to concerns about cost of the services, or a person with limited English proficiency may experience difficulty asking questions about a health condition.

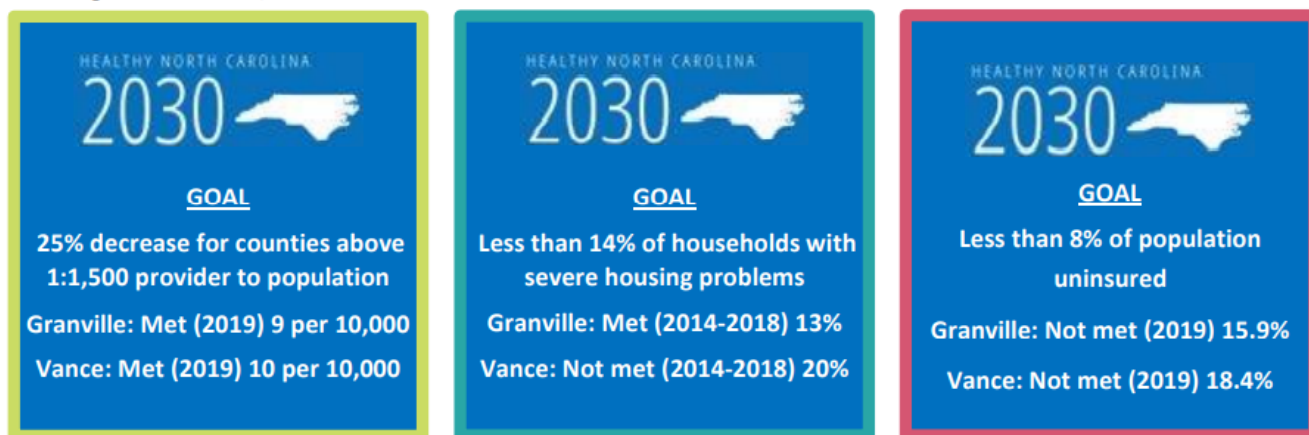


Assessment Findings

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



Housing

In 2021, 25 people in Vance and 8 people in Granville were counted as experiencing homelessness during the Point-In-Time (PIT) count, meaning Vance has a homelessness rate of 5.94 per 10,000 population and Granville's rate is 1.3 per 10,000. According to U.S. Housing and Urban Development 2014-2018 average data, Vance County had about one fifth of the population with one or more severe housing

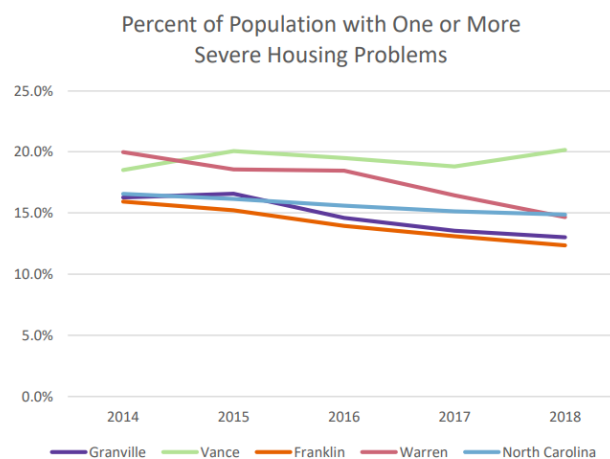


Figure 19: Percent of population with one or more severe housing problems, 2014-2018 5-year estimates. Source: U.S. Department of Housing and Urban Development (HUD)

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

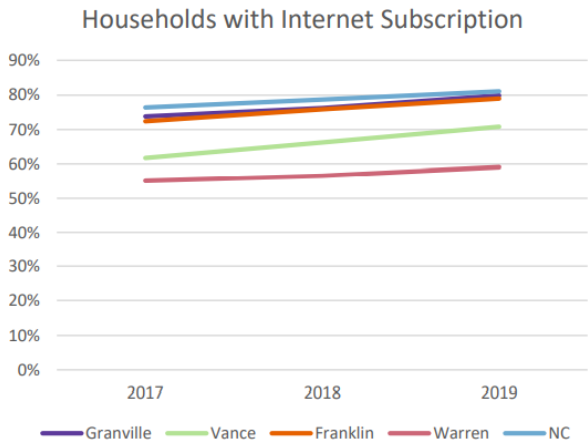


Figure 18: Percentage of households with internet subscription, 2013-2017 to 2015-2019 5-year estimates. Source: US Census Bureau American Community Survey 5-year Data.

persons per room, and a household spending greater than 50% of its income on housing costs. The percent of Vance households with severe housing problems has stayed steady or increased.

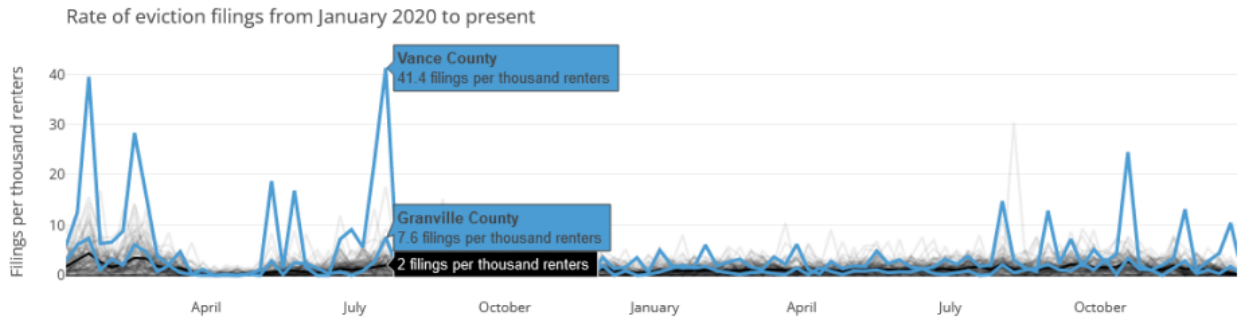


Figure 20: Eviction filings in North Carolina counties, rates per 1,000 renters, 2020-2022. Source: UNC Department of City and Regional Planning, Carolina Tracker

Transportation

Transportation continues to be a challenge for many people living in Granville and Vance Counties. In 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, but expanded routes and schedules are needed to make the system useful for working people and households with one or no personal vehicles. Transportation has proven to be a barrier to getting to and from work, accessing medical care, and participating in school and recreation opportunities.

Access to Healthy Food & Physical Activity

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, with Vance having slightly more fast-food restaurants for its size than Granville. 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.

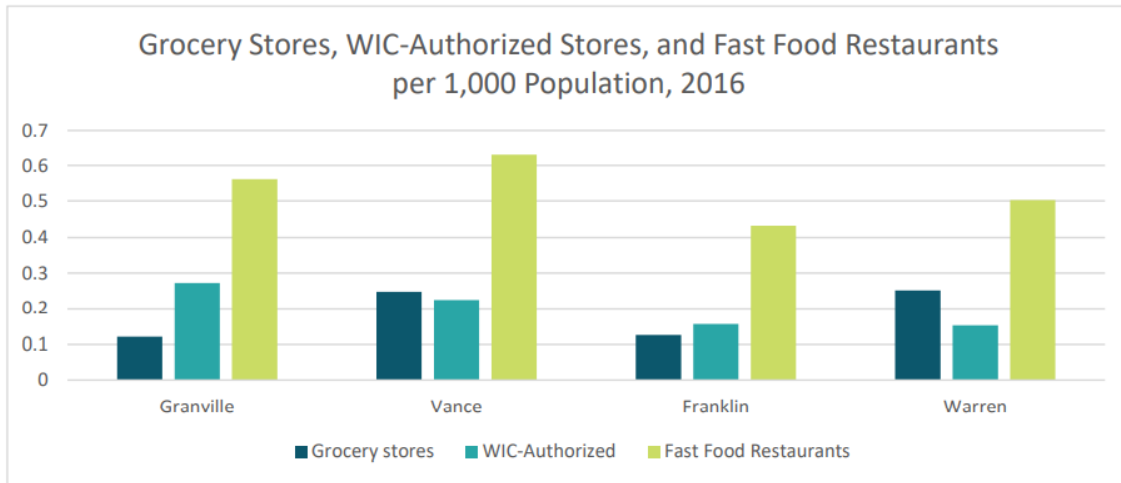


Figure 22: Grocery stores, WIC-authorized stores, and fast-food restaurants per 1,000 population, 2016. Source: USDA Food Environment Atlas, last updated 9/10/2020

Community Cohesion

Community cohesion refers to the social networks, trust, and collective ability to bring about change in a community. 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.

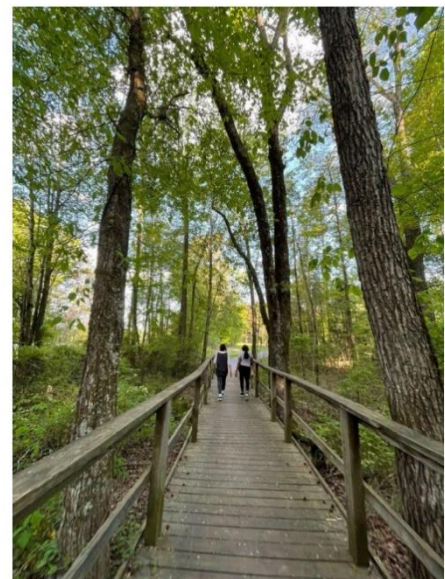


Figure 2: Nature trails at Granville Athletic Park. Image courtesy of Granville Vance Public Health.

Voting

The percent of registered voters of each race is roughly proportional to the racial makeup of the counties. 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 policymakers to be more involved in community events and spend time listening to constituents.

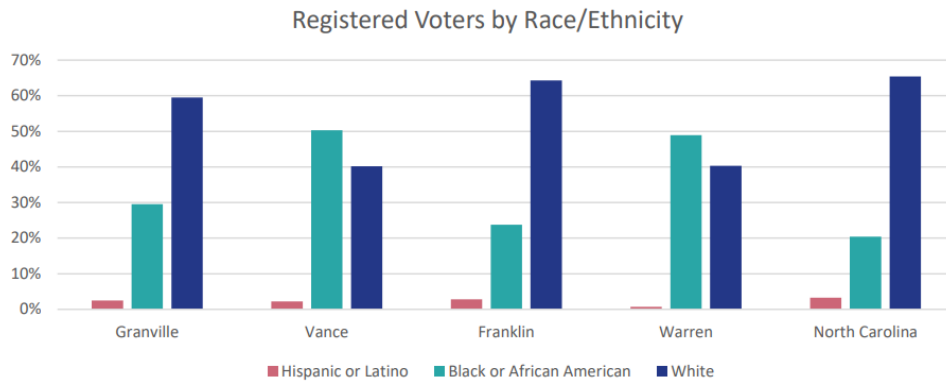


Figure 24: Registered voters by race/ethnicity, 2021, percent of voters. Source: North Carolina State Board of Elections

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. 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. 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.

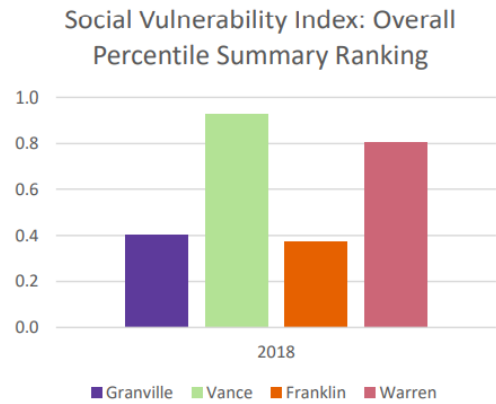


Figure 25: Social Vulnerability Index (SVI), overall percentile summary ranking, 2018. Source: Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, Geospatial Research, Analysis, and Services Program.

Safety

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). 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

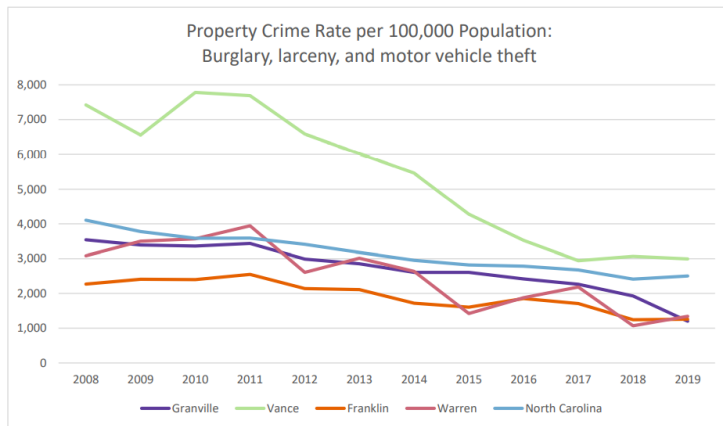


Figure 26: Property crime (burglary, larceny, and motor vehicle theft) rate per 100,000 population, 2008-2019 1-year data. Source: North Carolina State Bureau of Investigation.

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.

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 across groups said virtual school was hard on children and parents, with concerns raised about the impact on mental health, safety, and parental employment.

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.

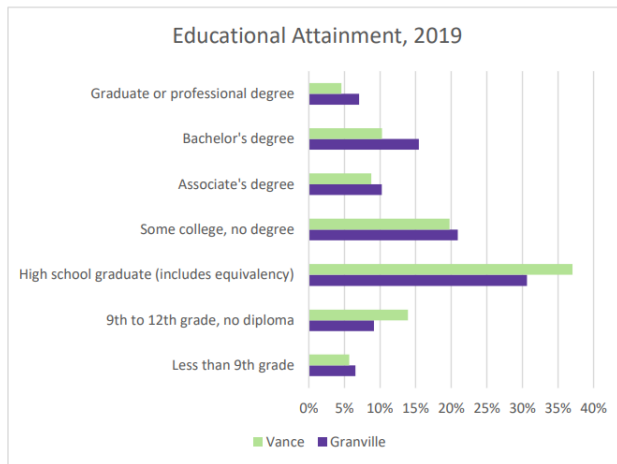


Figure 27: Educational attainment, 2015-2019 5-year average. Source: U.S. Census Bureau, American Community Survey.

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.

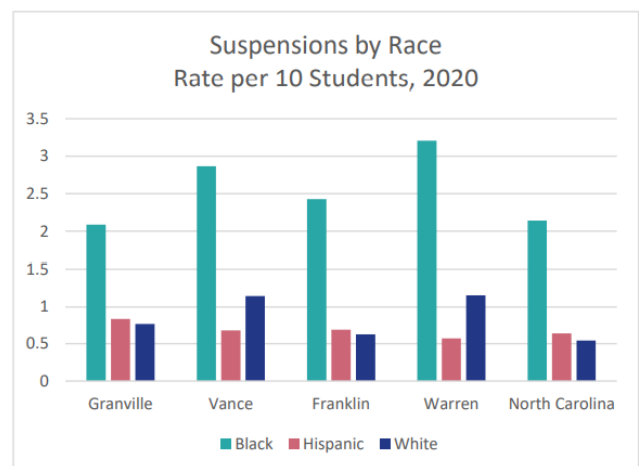


Figure 29: Short-term suspensions by race, rate per 10 students, 2020. Source: North Carolina Department of Public Instruction.

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. Poverty does not impact all groups within the counties equally. Racial disparities in poverty level can be seen across counties and in the state with fewer non-Hispanic whites in poverty than other races.

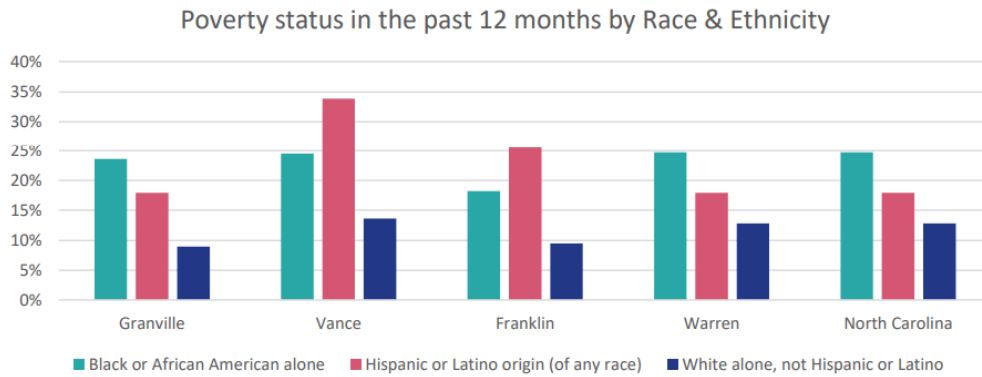


Figure 32: Poverty status in the past 12 months by race and ethnicity, 2015-2019 5-year estimate. Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates

Access to Care

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. 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.

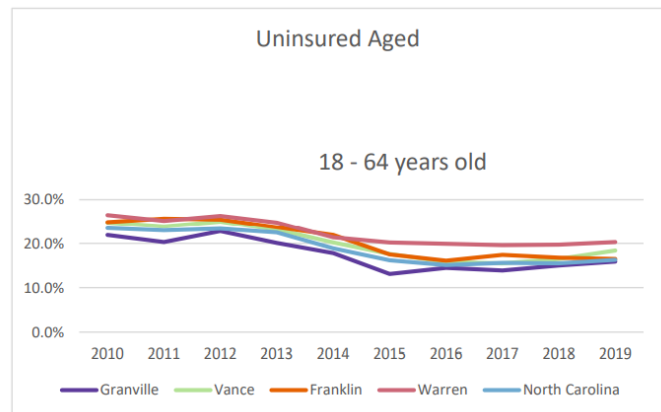


Figure 37: Percent Uninsured of 18-64 year old population 2010-2019 1-year estimates. Source: U.S. Census Bureau, Small Area Health Insurance Estimates

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

Mortality rates are not equal across race and sex, though the overall mortality rate is higher for men than it is for women in both countries and across the state. The top cause of death in 2015-2019 in both

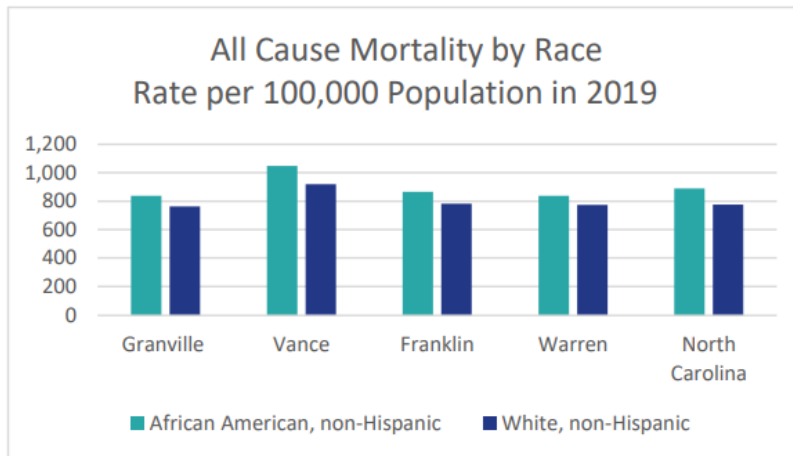


Figure 39: All cause mortality by race, 2019, age-adjusted rate per 100,000 population. Source: North Carolina State Center for Health Statistics, County Health Data Book, 5-year Data

countries was cancer (all types combined). The second leading cause of death was heart disease, and the third leading cause in Granville was Alzheimer's and Vance was chronic lower respiratory diseases (including asthma, chronic obstructive pulmonary disease (COPD), and pulmonary hypertension).

Cancer

Cancer is the leading cause of death in both Granville and Vance Counties. Men die from cancer at higher rates than women. 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 Vance. 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. Cancers of the lungs, trachea, and bronchus are the leading cause of cancer mortality in both counties, affecting men at a higher rate than women, and white community members at higher rate than Black/African American community members. Breast cancer mortality increased 35% in Vance County according to 2014-2019 data, while it decreased in Granville County during the same period. Prostate cancer mortality has increased sharply in Granville County.

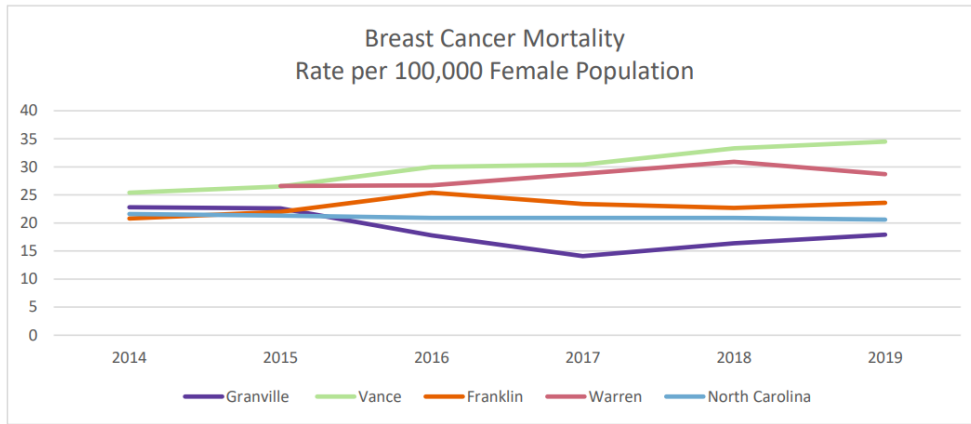


Figure 43: Breast cancer mortality, rate per 100,000 female population, 2010-2014 to 2015-2019 5-year estimates. Source: North Carolina State Center for Health Statistics, County Health Data Book, 5-year Data

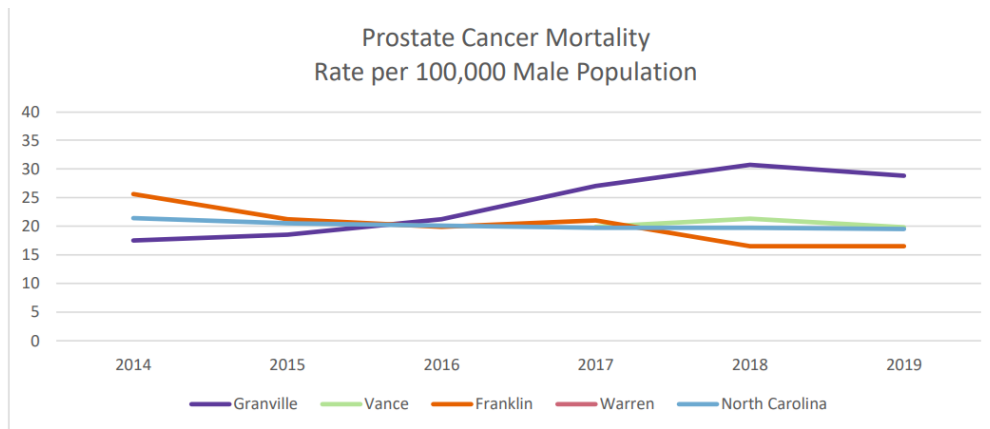


Figure 44: Prostate cancer mortality, 2014-2019, rate per 100,000. Source: North Carolina State Center for Health Statistics, County Health Data Book, 5-year Data

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. 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.

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. 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.

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.

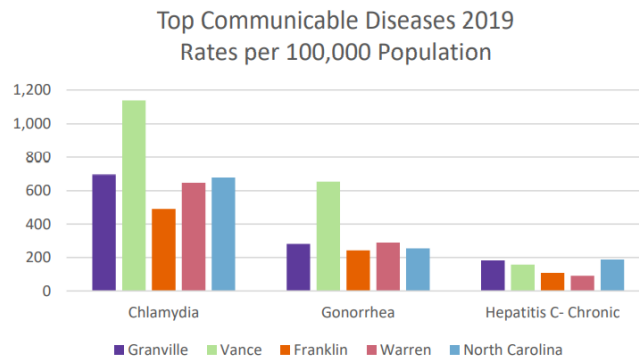


Figure 47: Top communicable diseases, rates per 100,000 population, 2019 1-year data. Source: North Carolina Division of Public Health, Communicable Disease Branch, 2020 Annual Report.

Mental Health

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 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.

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.

National Suicide Prevention Lifeline

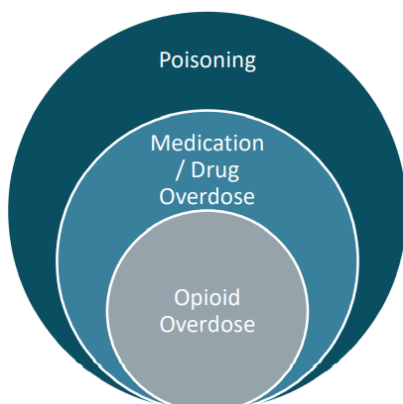
The National Suicide Prevention Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week in the United States.

1-800-273-TALK (8255)

www.suicidepreventionlifeline.org

Substance Use

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. Vance has had a higher rate of opioid overdose emergency department (ED) visits than Granville and peers. While the number of ED visits due to 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.



Reproductive & Child Health

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 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. 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.

Smoking during pregnancy has declined precipitously in recent years in both counties. Preterm births have remained relatively unchanged between 2015 and 2019. 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.

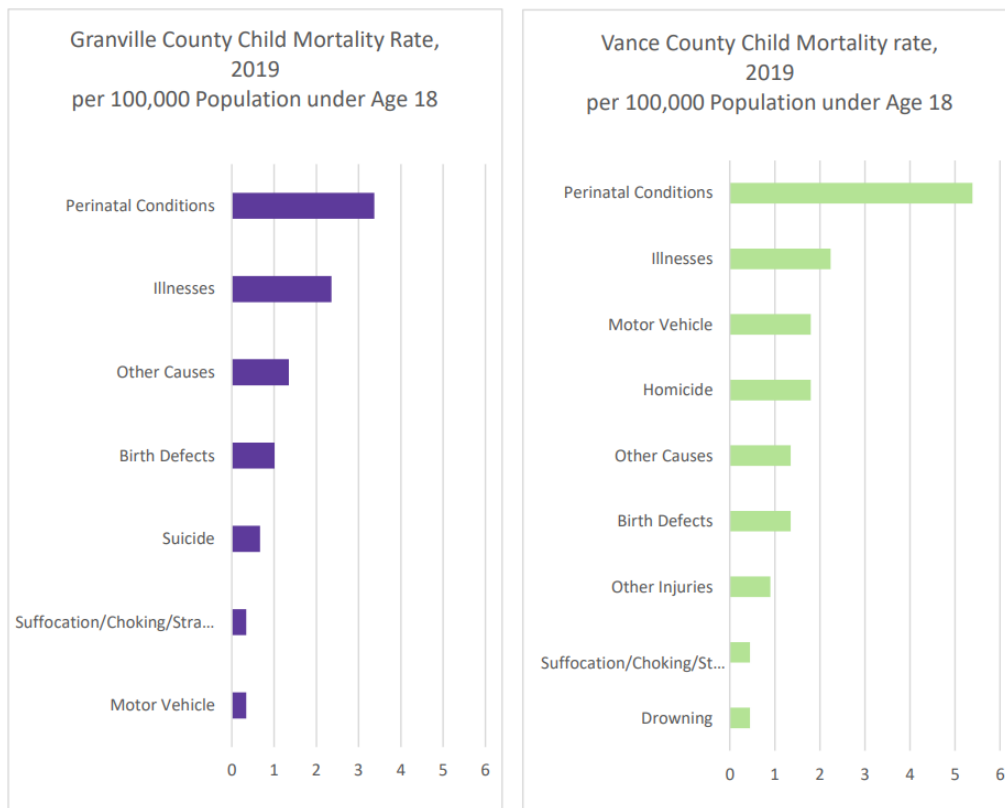


Figure 56: Child mortality rate in Granville and Vance Counties, rate per 100,000 population under 18, 2015-2019 5-year average. Source: North Carolina State Center for Health Statistics, County Health Data Book.



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.

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

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%

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.



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."

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."

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."



Conclusion

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.

The data synthesis process identified 10 significant health needs, which included:

1. Access to healthcare
2. Access to information
3. Access to healthy food & physical activity
4. Chronic disease
5. Community safety
6. Mental health and substance use
7. Infectious diseases
8. Education
9. Social determinants of health
10. Youth wellbeing

The top five priorities were then selected based on percentage. 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
- Engaging youth to advance community health and safety

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.

Appendices

Appendix A

Primary Data Collection Instruments

Appendix B

Survey Methods and Results

Appendix C

Community Assets and Resources

Appendix A – Primary Data Collection Instruments

Steering committee invitation and meeting agendas:



Dear [Community Partner]:

Thank you for your continued partnership over time and even through pandemics. As you know, public health has lots of responsibilities and our main one right now is pandemic response. However, we also pay attention in many different directions to keep the public healthy. It is the mission of Granville Vance Public Health to protect and promote health in Granville and Vance Counties. We seek to inspire a culture of health by improving your environment, your community and your health, through work that values collaboration, community, compassion, diversity, flexibility, integrity, quality, and respect. As a part of that work, **we are asking a representative from your organization to participate in the Granville-Vance Community Health Assessment Steering Committee.**

The Community Health Assessment is an important process that is conducted every 3-4 years in each county across North Carolina to identify priority health issues, concerns, and resources as a part of a community-wide strategic health planning process. It uses quantitative and qualitative methods to systematically collect and analyze data to understand health in our community. The goal of the community health assessment is to develop strategies to address communities' identified health needs. Essential ingredients are community engagement and collaborative participation.

As a Steering Committee member, we would like your valuable input on this process and the development of action plans for addressing our community's leading health concerns and priorities. By working together, we can give everyone in our community an opportunity for better health. The Granville-Vance CHA Steering Committee will meet four times over a five-month span from September 2021 – February 2022. We will host a **CHA Steering Committee Kick-Off meeting on Tuesday, September 21st from 1:00pm – 2:30 pm** hosted via Zoom. We feel that you can make a valuable contribution to this process, and we hope you will be part of this exciting effort to improve the health of Granville and Vance Counties. Please indicate your willingness to serve on the CHA Steering Committee and RSVP to our first meeting through our online registration system by clicking here ([REGISTER HERE](#)). If you would like to nominate another individual from your organization to participate in the CHA Steering Committee, please contact Ashton Johnson at 919-690-2114 or ajohnson@gvdhd.org, and share this information with that individual.

Sincerely,

Lisa Macon Harrison, MPH
Health Director

SEPTEMBER KICKOFF

2021 CHA Steering Committee Kick-Off Agenda

September 21, 2021

1:00pm-2:30pm

- Welcome & Public Health Status Update
- Community Health Assessment Priority Areas
- Overview & Timelines
- Community Health Opinion Survey
- Questions & Closing Remarks

OCTOBER

2021 CHA Steering Committee Meeting Agenda

October 18, 2021

1:00pm-2:30pm

- CHA Process and Timeline
- Survey & Sampling Approach
- Questionnaire
- Focus Groups Approach

DECEMBER 14

2021 CHA Steering Committee Meeting Agenda

December 14, 2021

2:00pm-3:30pm

- Focus Groups Update and Preliminary Results
- CHA Process and Timeline
- Survey Update
- Where Can You Help?

FEBRUARY 15 – DATA WALK 1

2021 CHA Steering Committee Meeting Agenda

February 15, 2022

2:00pm-3:30pm

- Introductions and Updates

GVPH 2021 Community Health Assessment Report Appendices

- Data Caveats
- Data Presentations
- Stakeholder Feedback

MARCH 1 – DATA WALK 2

2021 CHA Steering Committee Meeting Agenda

March 1, 2022

2:00pm-3:30pm

- Introductions and Updates
- Data Caveats
- Data Presentations
- Stakeholder Feedback

MARCH 15 – DATA WALK 3

2021 CHA Steering Committee Meeting Agenda

March 15, 2022

2:00pm-3:30pm

- Introductions and Updates
- Data Caveats
- Reflections on CHOS Data Collection
- Data Presentations
- Stakeholder Feedback
- Prioritization Process Overview

The Community Health Opinion Survey was made up of nine parts with 74 questions. Part 1 (Demographics) consisted of five questions, Part 2 (Personal Health Status and Access to Care) had 23 questions, Part 3 (Community Issues) contained 10 questions, Part 4 (Families with Children) had seven questions, Part 5 (Emergency Preparedness & Communication) with four questions, Part 6 (Assistance Needs & Social Determinants of Health) included nine questions, Part 7 (Wrap-up) with five, Part 8 (Adverse Childhood Experiences (ACEs)) contained 10, and Part 9 (Conclusion) consisted of the final question.

All questions were a combination of multiple choice, ranking, fill-in-the-blank, and yes/no, with some containing sub-questions. The full report of the survey can be viewed in Appendix 2 of the Granville Vance 2021 CHNA.

Focus Group Guides followed the CHOS, including that for youth, youth service-providers, and adults. Focus groups were used to hear from particular groups of people about their experiences and ideas in their own words. Common themes and key insights were analyzed and summarized in the CHA report. A full copy of the Focus Group Guides can also be found in Appendix 2.

Appendix B – Survey Methods and Results

Survey Methods

Two approaches were used to recruit adults in Granville and Vance counties to participate in the Community Health Opinion Survey (CHOS). The sampling frame was created using tax parcel data, cross referenced with 911 address database (Granville County) and the Address Points database produced by UNC-Chapel Hill. Guidance from Vance County GIS (Nate Dumas) was used to narrow down tax parcel fields. Filtered and verified addresses produced a sampling frame of 17,149 addresses in Vance County, and 19,680 in Granville County. A simple random sample of 2,000 addresses was drawn from each county's frame.

Postcards with instructions, QR code, and link were set to the randomly selected addresses. 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 open from November 2021 through January 2022. A total of 270 people initiated and were eligible for the survey and 226 people completed, 112 from Granville and 114 from Vance. Of the random sample, 93 completed the survey, which is a 2.3% response rate.

The complete list of survey results can be found in Appendix 3, data sources can be found in Appendix 4, and data tables in Appendix 5 of the Granville Vance 2021 CHNA.

Appendix C – Community Assets and Resources

Access to Care

Adult care

- Tre' More Manor Assisted Living Facility (Oxford) | 919.693.2984
- Toney Rest Home (Oxford) | 919.693.2123
- Granville House (Oxford) | 919.603.5576
- Heritage Meadows Long Term Care (Oxford) | 919.690.1299

Family Care Homes

- The Zion (Franklinton) | 919.528.3534
- Davis Family Care Home (Oxford) | 919.603.9644
- S & J Family Care Home (Oxford) | 919.339.4125
- House of Blessings Family Care Home (Henderson) | 252.204.5818
- Rising Hope Health Care Services (Henderson) | 919.931.8792

Home Care

- Helping Hands Alternative of Oxford, Inc. (Oxford) | 919.693.9959
- Granville County Senior Services (Oxford) | 919.693.1930
- Angelic Hands Home Health Agency, Inc. (Oxford) | 919.693.6857
- Welcome Home Care Agency, Inc. (Creedmoor) | 919.528.9476
- JATZ Home Care Services (Oxford) | 919.339.4660
- Inspire Home Care Services (Oxford) | 919.603.0661
- Trusted Hands Home Care Agency, LLC (Oxford) | 919.323.0106
- Compassionate Care in Home Services (Oxford) | 919.725.9270
- Alegna Home Care Services, LLC (Creedmoor) | 919.529.2699
- Kindred Hospice (Oxford) | 919.603.0126
- Transitions LifeCare (Creedmoor) | 919.828.0890
- With Love and Care Services, LLC (Oxford) | 919.939.6331
- A+ Quality Faith Home Care Agency (Creedmoor) | 919.986.9129
- Perfect Choice Home Care, LLC (Oxford) | 919.225.5125
- Spectrum Medical Solutions (Henderson) | 919.892.7128
- Kulture Care, LLC (Oxford) | 678.353.5451
- Iconic Homecare Services, LLC (Oxford) | 919.514.8456
- Reliance Home Care of Oxford, LLC (Oxford) | 919.672.2814
- Community Home Care and Hospice (Henderson) | 252.430.7760
- Cardinal Hospice Care (Jacksonville) | 910.989.2682
- A Caring Touch, LLC (Henderson) | 919.714.2169

- CareAssist, LLC (Henderson) | 919.690.5724
- Key Love Home Care, LLC (Henderson) | 252.432.1498
- Believer in You, LLC (Henderson) | 252.204.6934
- Oxford Homecare, LLC (Henderson) | 919.616.2551
- Rising Hope Homecare Agency, LLC (Henderson) | 919.931.8792
- Primecare Network, Inc. (Henderson) | 919.995.0228
- Community Home Care and Hospice (Henderson) | 252.430.7760

Hospital

- Granville Health System (Oxford) | 919.690.3414
- Maria Parham Health (Henderson) | 252.438.4143

Nursing Facilities

- Universal Health Care/Oxford (Oxford) | 919.693.1531
- Senior Citizen's Home Inc. (Henderson) | 252.492.0066
- Pelican Health Henderson LLC (Henderson) | 252.438.6141
- Kerr Lake Nursing and Rehabilitation Center (Henderson) | 252.492.7021

Mental Health & Substance Use

Counseling and Treatment Centers

- NC Center for Counseling and Psychological Services (Creedmoor) | 919.964.3620
- Granville Behavioral Health (Oxford) | 919.690.3217
- Daymark Recovery Services (Henderson) | 888.727.5945
- Recovery Response Center (Henderson) | 252.438.4145
- Springs Holistic Center (Henderson) | 919.358.3012
- Daymark Recovery (Henderson) | 252.433.0061
- Recovery Innovations (Henderson) | 252.438.4145
- Alliance Rehabilitative Care (Henderson) | 252.492.8699
- The ADP Center (Henderson) | 252.492.0328
- Addiction Recovery Center for Men (ARCM) (Henderson) | 252.492.5746
- R.J. Blackley Alcohol and Drug Abuse Treatment Center (Butner) | 919.575.7928
- Back on Track (Henderson) | 252.438.5667
- Alcoholics Anonymous Area 51, District 32 (Butner, Henderson and Creedmoor) | 919.783.6144
- Cardinal Innovations (Henderson) | 252.430.1330
- Vance Recovery (Henderson) | 252.572.2625

Youth Resources

Developmental Center

- Murdoch Developmental Center (Butner) | 919.575.7734

Programs and Organizations

- Gang Free, Inc. (Henderson) | 252.592.0067
- Henderson Vance Teen Council (Henderson) | 252.430.0382
- Boys and Girls Club – Vance Unit (Henderson) \ 252.430.1871

Recreation

Parks & Recreation

- Granville Athletic Park (Oxford) | 919.693.3716
- Wilton Slopes (Oxford)
- Henderson Family YMCA (Henderson) | 252.438.2144

Food Access

Food Pantry

- Belton Creek Baptist Church (Oxford) | 919.693.3716
- Christian Faith Center of Creedmoor (Creedmoor) | 919.528.1581
- Celebrations Church (Oxford) | 919.690.0073
- Pine Grove Baptist Church (Creedmoor) | 252.767.1057
- Upon This Rock Ministry (Oxford) | 919.692.0007
- The Help Center NC (Oxford) | 252.572.3203
- Life Line Outreach (Henderson) | 252.438.2098
- First Baptist Church – Creedmoor (Creedmoor) | 919.528.2351
- Penn Avenue Baptist Church (Oxford) | 919.693.5396
- Area Congregations in Ministry (Oxford) | 919.690.0961

Food Access

Shelter

- Community Partners of Hope (Henderson) | 252.820.0701
- Christian Faith Center of Creedmoor (Creedmoor) | 919.528.1581

Public Safety

- Butner Public Safety (Butner) | 919.575.6561
- Emergency Management (Oxford) | 919.603.1310
- Vance County Sheriff (Vance County) | 252.738.2200
- Henderson Police (Henderson) | 252.438.4141

Domestic Violence

- Infinite Possibilities, Inc. (Henderson) | 252.431.1926 (Crisis Line: 252.425.2492)
- Families Living Violence Free (Oxford) | Office: 919.693.3579, Crisis: 919.693.5700, Crisis/Español: 919.690.0888