



Community Health Needs Assessment

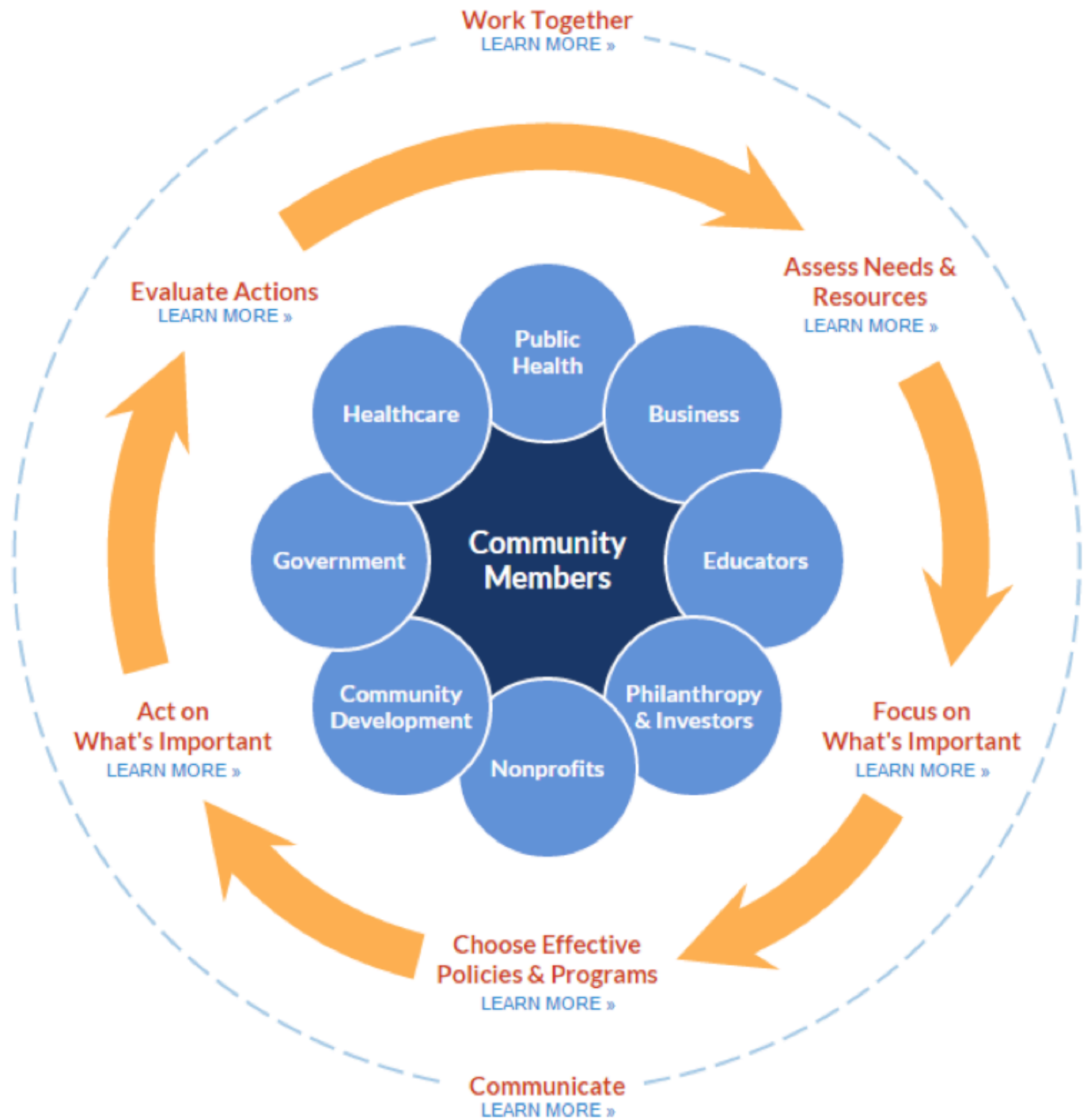
Maria Parham Medical Center

Paper copies of this document may be obtained at Maria Parham Medical Center, 566 Ruin Creek Rd, Henderson, NC 27536 or by phone 252.438.4143. This document is also available electronically via the hospital website: www.mariaparham.com.



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Sourced from the Robert Wood Johnson Foundation's County Health Rankings website: <http://www.countyhealthrankings.org/roadmaps/action-center>

Perspective / Overview

Creating a culture of health in the community



This Community Health Needs Assessment (CHNA) defines priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of the community served by Maria Parham Medical Center (MPMC), Vance County, North Carolina.

This assessment identifies and prioritizes the current significant health needs of the community while considering the impact of actions taken to address the significant health needs identified in the 2011/2012 CHNA. Granville Vance Public Health with the support of Triangle North Healthcare Foundation, convened the partners to create the community health needs assessment. A Maria Parham Medical Center representative was a member of the CHNA Steering Committee. LifePoint engaged Stratasan, a healthcare analytics and facilitation company out of Nashville, Tennessee to review the process and provide community health process and facilitation expertise. Stratasan conducted a community focus group, reviewed the 2015 Granville Vance County Community Health Assessment and created this Maria Parham Medical Center community report. All of these parties – Maria Parham Medical Center, Granville Vance Public Health and Stratasan will be known in this document as the “consortium”.

The data included in this report is available in its entirety in the 2015 Granville Vance Community Health Assessment available in a separate document. http://www.mariaparham.com/about_us/community_health_needs_assessment.aspx

MPMC’s Board of Directors approved and adopted this CHNA on September 21, 2016.

Starting on September 23, 2016, this report is made widely available to the community via MPMC’s website, www.mariaparham.com, and paper copies are available free of charge at Maria Parham Medical Center, 566 Ruin Creek Rd, Henderson, NC 27536 or by phone (252) 438-4143.

Participants

Over 40 community partners collaborated to create a CHNA focused on identifying and prioritizing significant health needs, issues, and concerns of the MPMC community, Vance County. The nine-month process centered on gathering and analyzing data as well as receiving input from persons who represent the broad interests of the community and have special knowledge of or expertise in public health to provide direction for the community and hospital to create a plan to improve the health of the community.

Purpose

Community Health Assessment is the foundation for improving and promoting the health of community members. The role of a CHA is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors. It is a “systematic collection, assembly, analysis, and dissemination of information about the health of the community”. *2015 Granville Vance Community Health Assessment, p. 5*

The CHNA will serve as a resource for the Granville Vance Public Health, Maria Parham Medical Center and other community organizations. MPMC goals were:

1. To coordinate with the Health Department in a formal and comprehensive community health assessment process that will allow for the identification and prioritization of significant health needs of the community to allow for resource allocation, informed decision-making and collective action that will improve health.
2. To initiate a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.
3. To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

“We initiated the Community Health Needs Assessment with the goal of analyzing significant health needs and priorities and addressing those needs,” said Clint Kendall, Chief Operating Officer, Maria Parham Medical Center. “It is our goal to use our findings as a catalyst for community mobilization to improve the health of our residents.”

“The information gathered both from public health data and from community members and stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by the Granville Vance Public Health, MPMC and other community organizations and stakeholders to create an implementation plan,” Clint Kendall, Chief Operating Officer, Maria Parham Medical Center. “The Community Health Forum was the final step in the assessment process. Now the real work begins with creating the community health improvement plan and improving the health of the community.”

Community Input and Collaboration

Through collaborative efforts forged among community leaders, public health agencies, businesses, hospitals, practitioners, schools and foundations, an assessment team identifies, collects, analyzes and disseminates information on community assets, strengths resources, and needs. This process is done collaboratively over 8 phases outlined by the North Carolina Division of Public Health. *2015 Granville Vance Community Health Assessment, p. 5*

Data Collection and Timeline

In June, 2015, Granville Vance Public Health with financial support from the Triangle North Healthcare Foundation, brought together a steering committee of approximately 35 stakeholders representing various organizations throughout the county, including MPMC, to conduct a Community Health Needs Assessment for Vance County. The consortium sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in August through October of 2015.
- From July – August 2015, approximately 54 staff and volunteers were trained and completed a total of 185 door-to-door interviews, community health opinion survey of approximately 65 questions offered in English and Spanish in Vance County.
- A Community Health Forum was held on January 27, 2016 in Henderson with 26 community stakeholders. The audience consisted of healthcare providers, the health department, business leaders, school systems, government representatives, not-for-profit organizations and other community members. These stakeholders were invited to hear highlights from the Community Health Assessment and to participate in a discussion providing input on health priorities to be addressed over the next four years. The attendees also prioritized the top health issues at this meeting.
- In February 2016, the CHA Steering Committee reviewed the Forum results and provided input and discussion around the magnitude, seriousness and feasibility of successful interventions for the leading topic areas, finalizing the priorities.
- A community focus group was held on May 3, 2016 with ten community stakeholders to discuss hospital initiatives to improve health based on the priorities identified at the Forum.

Participation in the community health opinion survey, Community Health Forum and the focus group creating the Granville Vance Community Health Needs Assessment included:

Organization	Population/County Represented (kids, low income, minorities, those w/o access, etc.)	How Involved
-		Community Forum
AARP		Community Forum
Cardinal Innovations Healthcare	Community	Steering Committee, Focus Group
Central Regional Hosp GAC		Community Forum
City of Henderson		Focus Group
City of Henderson Police Dept		Focus Group
City of Henderson Youth Services		Steering Committee
Duke - Dept of Clinical Engagement		Focus Group
Duke Health		Focus Group
FGV Smart Start		Steering Committee
FVW Opportunity, Inc.		Steering Committee
Granville-Vance Health Department	Children/family/low income, women, infants, minorities, all	Steering Committee, Focus Group, Community Forum
Granville-Vance Community College		Steering Committee
Henderson Family YMCA	all ages	Steering Committee, Focus Group, Community Forum
Henderson Police Department		Steering Committee
Henderson Vance Youth Services		Community Forum
Henderson-Vance Recreation Youth Services		Steering Committee, Focus Group, Community Forum
Henderson Vance Recreation Parks Dept - Teen Council		Steering Committee, Community Forum
Infinite Possibilities Teen Council		Community Forum
Lift Every Voice Institute		Community Forum
Maria Parham Medical Center		Steering Committee, Focus Group
Men's Parham		Community Forum
NCIPH		Community Forum
NC Cooperative Extension		Steering Committee
Northern Piedmont Community Care (CCMC)	Medicaid, CAII pts	Focus Group
Perry Library		Community Forum
Retired Educator		Community Forum
Retired RN		Community Forum
RN & P.H.		Community Forum
Shortcakes		Community Forum
SHPH Church		Community Forum
Teen Council		Community Forum
The Daily Dispatch		Steering Committee
Triangle North Healthcare Foundation		Steering Committee, Community Forum
UNC		Steering Committee, Community Forum
UNC/GV		Community Forum
Vance County Chamber of Commerce		Steering Committee
Vance County Cooperative Extension		Steering Committee, Community Forum
Vance County DSS		Community Forum
Vance County Public School Foundation		Steering Committee, Community Forum
Vance County Schools		Steering Committee, Community Forum
Vance Recovery, Inc	Adult, opiate dependent	Focus Group
Vance Teen Court/Recreation		Community Forum

Input of Public Health Officials

Granville Vance Public Health was the convener of the consortium to gather the secondary community health information, and conducted the primary research. They also convened the Community Health Forum to receive input on the health priorities.

Input of Medically Underserved, Low-Income and Minority Populations

The previous identifies each organization that was involved in the CHNA , how they provided their input and what groups they represented. Many of the organizations involved represent the medically underserved, low income and minority populations.

Community Engagement and Transparency

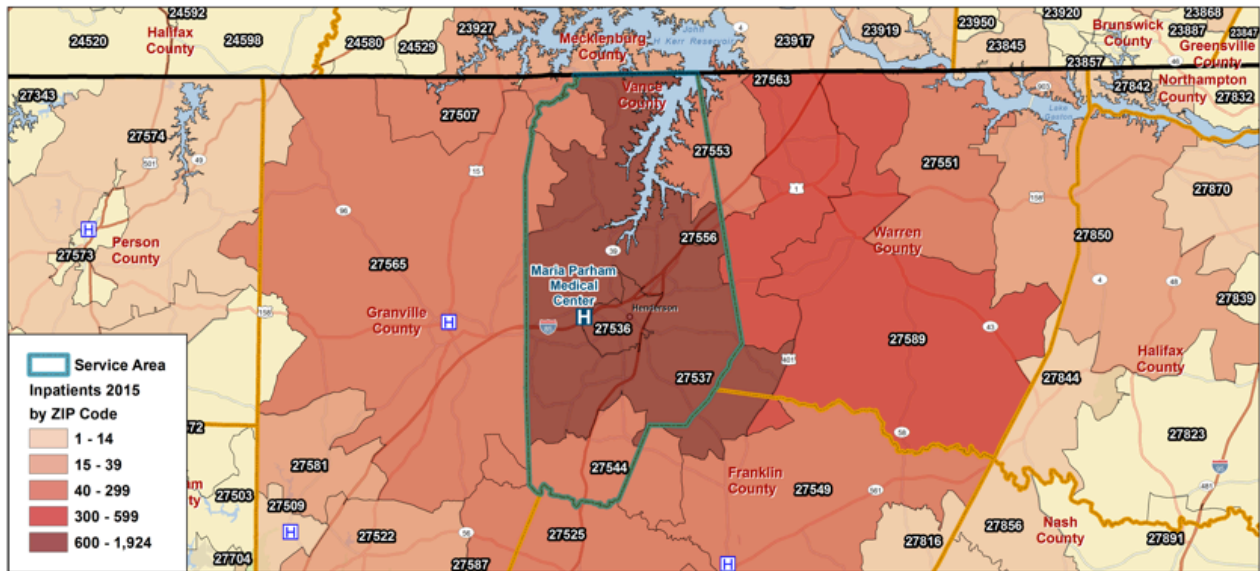
We are pleased to share the results of the Community Health Needs Assessment with our community in hopes of attracting more advocates and volunteers to improve the health of the community. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact each and every citizen in one way or another, and join in the health improvement efforts. Paper copies of this document may be obtained at Maria Parham Medical Center, 566 Ruin Creek Rd, Henderson, NC 27536 or by phone (252) 438-4143. This document is also available electronically via the hospital website: www.mariaparham.com.





Community Selected for Assessment

Maria Parham Medical Center Patients – 2015



MPMC’s health information provided the basis for the geographical focus of the CHNA as well as the focus of the Granville Vance Public Health. Granville Vance Public Health analyzed two counties in the CHA. Maria Parham Medical Center will focus improvement efforts on Vance County. The map below shows where MPMC receives its patients; most of MPMC’s inpatients come from Vance County (63%). Therefore, it is reasonable to select Vance County as the primary focus of the CHNA. However, surrounding counties could benefit from efforts to improve health in Vance County.

The community identified by MPMC includes medically underserved, low-income or minority populations who live in the geographic areas from which MPMC draws its patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under MPMC’s Financial Assistance Policy.





Key Findings of the Community Health Assessment

Information Gaps

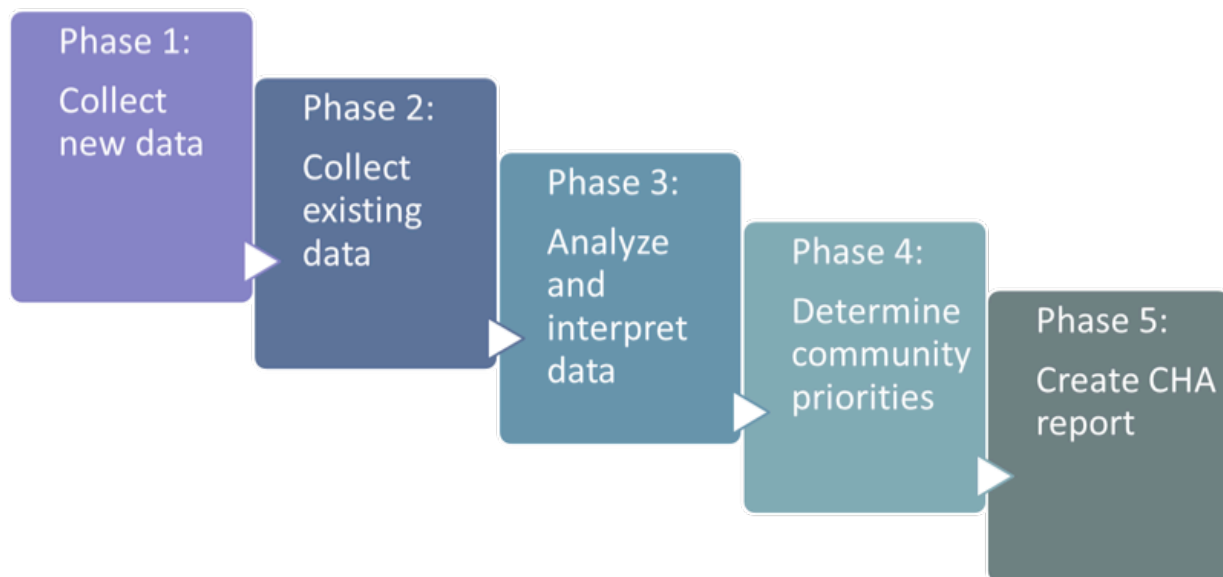
While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups (such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish) are not represented in the survey data.

Other population groups (for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups) might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community.

Processes and Methods



The set of data reviewed for our community health assessment process is comprehensive, though not all of it is presented in this document. Within this community health assessment report, we share a general overview of health and influencing factors then focus more on priority health issues identified through this collaborative process. Our assessment also highlights some of our community strengths and resources available to help address our most pressing issues.

Data Collection

The CHA was created using both existing statistics and data that was collected directly from the community.

The assessment process included collecting existing statistics from state, county, and local sources. The collection of data from existing sources helped create a snapshot of the social, economic, and health status of Granville and Vance County residents.

Data was also collected directly from the community through surveys. A survey of approximately 65 questions was used to learn about resident concerns, services needing improvement, health status, healthcare access, and emergency planning. From July-August 2015, a total of 373 door-to-door interviews were collected (185 from Vance County).

All of Vance County – Henderson, Dabney, Kittrell, Middleburg, Sandy Creek, Townsville, Watkins, Williamsboro and South Henderson -- must come together now to improve the health of their communities. A summary of the results community health assessment follow. The complete analysis is available under separate cover, “2015 Vance County Community Health Assessment” Granville Vance Public Health.

Demographics of the Community

The table below shows the demographic summary of Vance County compared to Granville, Franklin and Warren Counties, and North Carolina.

General Demographic Characteristics, 2014

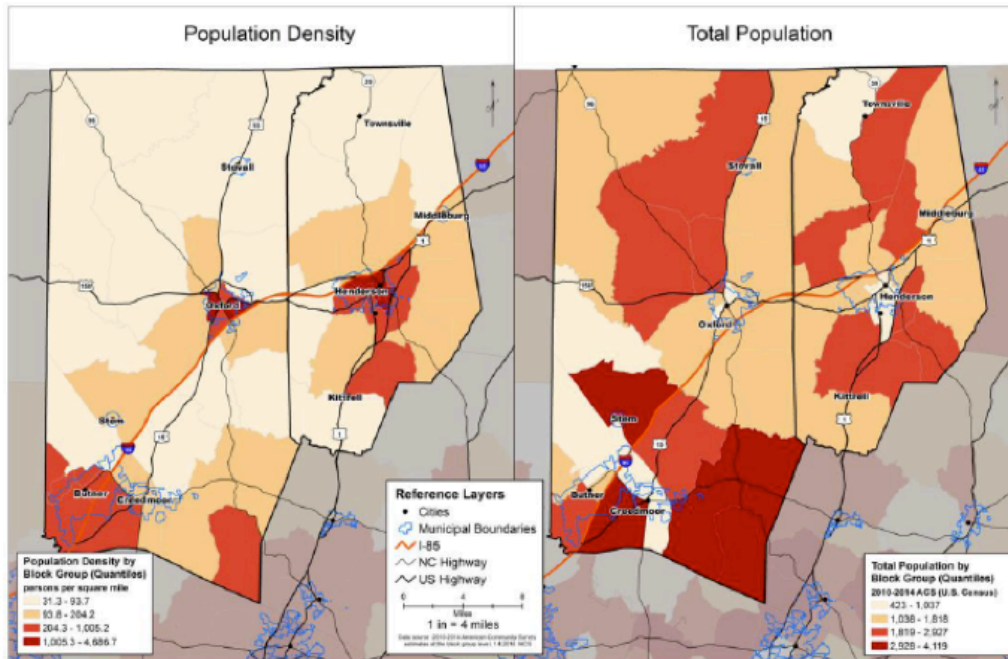
Location	2014 Total Population	Percent population change (from 2010 Census)	% Male	Median Age Males	% Female	Median Age Females	Overall Median Age
Granville County	58,500	1.7%	51.0	40.2	49.0	43.2	41.8
Franklin County	62,860	3.7%	49.6	39.1	50.4	42.5	40.9
Vance County	44,614	- 1.8%	46.8	37.7	53.2	41.8	40.0
Warren County	20,231	- 3.5%	50.5	43.6	49.5	49.3	46.5
North Carolina	9,943,964	4.3%	48.7	36.7	51.3	39.7	38.2

Source: US Census Bureau, American Fact Finder, 2014 Annual Estimates of the Resident Population.

Based on 2014 US Census Bureau estimates, the population estimate for Vance County was 44,614. The overall median age of residents in Vance County was slightly older than the statewide median age (38.2 years), with 40 years for Vance County. Vance County had the highest percentage of females (53.2%) compared to the state and peer counties.

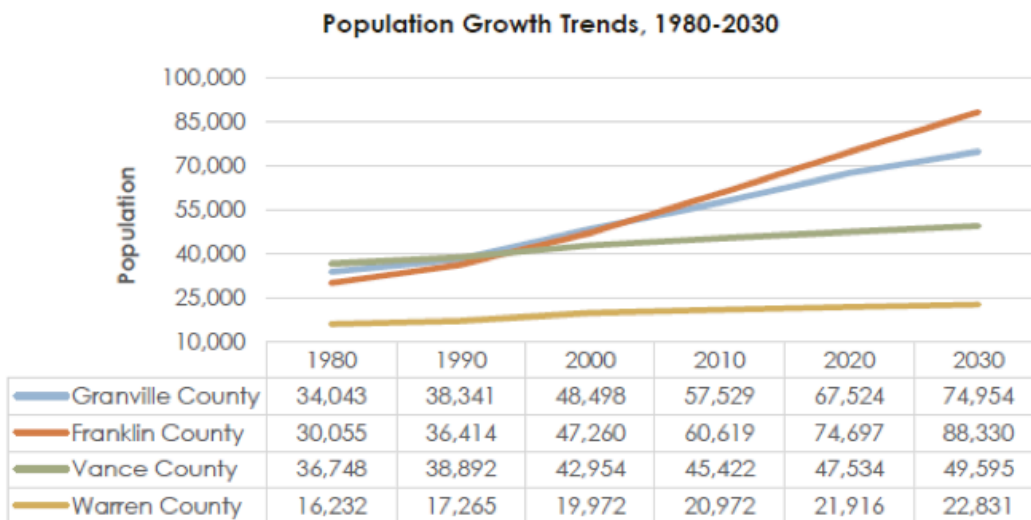
Population Density and Total Population by Block Group, 2014

For Vance County, the population is centrally concentrated around Henderson and to the central southern part of the county near Kittrell.



Source: US Census Bureau

Population growth is steady for Vance County compared to its peers. By 2030, Vance County the population will be 50,000 (increase of 9%).

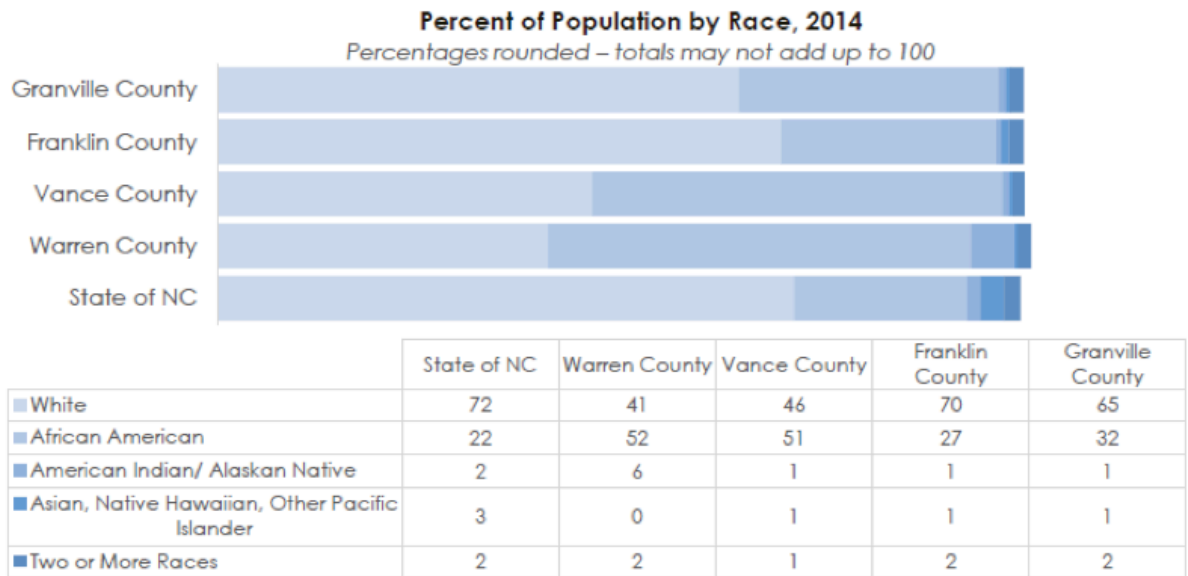


Source: Log Into North Carolina (LINC) Database

According to the US Census Bureau, approximately 16% of the population in Vance County were age 65 years and older, with projections for that population to increase to over 20% by 2030.

Racial and Ethnic Diversity

Overall, Vance County was more racially diverse than the statewide average. In Vance County, the 2014 US Census Bureau estimates of the population's racial diversity were 46% white, 51% African American and 3% other race.



Source: US Census Bureau, American Factfinder

The majority of Vance County (95%) households speak English as the primary language. In Vance County, among the approximately 876 non-English speaking households with 163 (19%) linguistically isolated. The majority of linguistically isolated homes are Spanish-speaking.

Veterans

In 2013, 9.5% of Vance County residents were military veterans, compared to 9% statewide. The majority of military veterans in Vance County were among 35 to 54 year olds.

Health Status Data Summary

The following is taken from “2015 Vance County Community Health Assessment” Granville Vance Public Health

Priority Health Needs

Both the existing statistics and health opinion survey data were reviewed for target gaps with the Healthy NC 2020 objectives, comparison gaps with the state and/or peer counties, and emerging trends or disparities.

Based on that review, the CHA Steering Committee chose 10 topic areas to present at two community health forums.

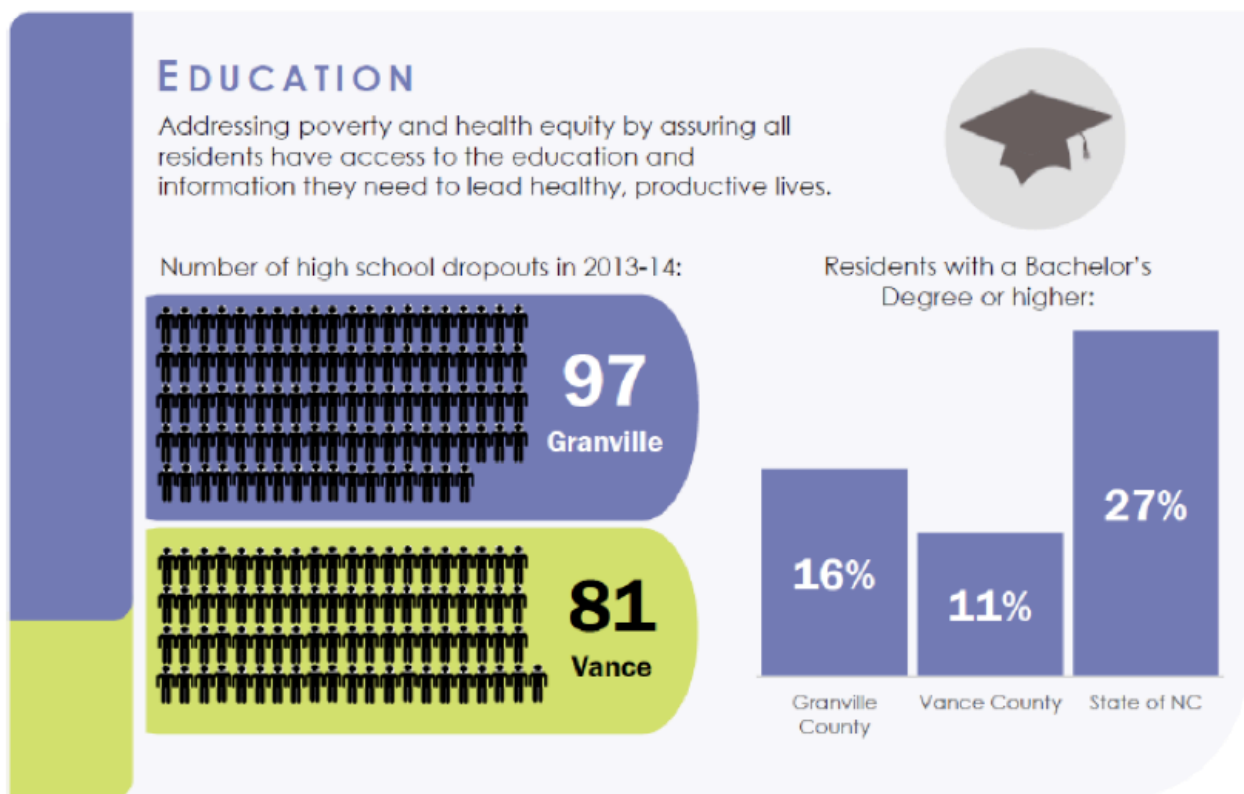
On January 27, 2016, a Community Health Forum was held in Henderson, with 27 community stakeholders in attendance. Residents, agency partners, and other community stakeholders were invited to hear CHA highlights and to provide input on health priorities to be addressed over the next four years.

After reviewing the Forum results, Granville Vance Public Health presented to the CHA Steering Committee three district-wide priority areas to be addressed collectively in both Granville and Vance Counties from 2015-2019. Recognizing poverty as an important community issue, the health department also adopted two cross-cutting themes that will be addressed in each priority: poverty and health equity.

1. Education
2. Mental Health and Substance Abuse
3. Nutrition and Physical Activity

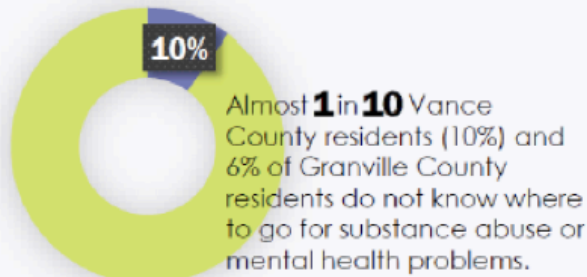
Cross-cutting: Poverty and Health Equity

The community selected three Community Health Assessment priorities which are summarized below.

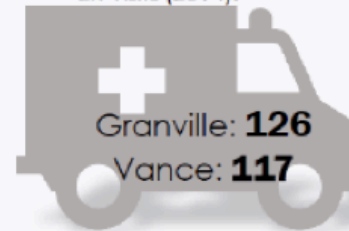


MENTAL HEALTH AND SUBSTANCE ABUSE

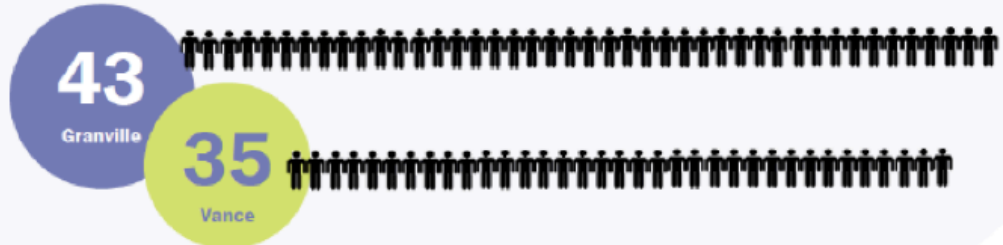
Assuring the availability, accessibility, and coordination of services to effectively meet the mental health and substance abuse needs of our residents.



Medication or drug overdose ER visits (2014):



Number of suicides from 2009-2013:



NUTRITION AND PHYSICAL ACTIVITY

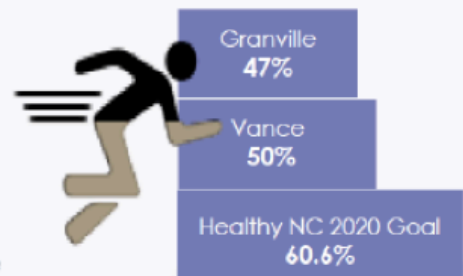
Promoting an equal opportunity for all residents to enjoy nutritious food and engage in physical activity to support healthy lifestyles and reduce the burden of chronic disease in our counties.



About **half** of adults in Granville and Vance Counties get the recommended amount of physical activity



1 OUT OF **8** adults in Granville (12%) and Vance (14%) Counties consume 5 or more servings of fruits and vegetables per day



Summary of Data Analysis in Community Health Needs Assessment

Social Determinants of Health

According to Healthy North Carolina 2020, poverty, education level, and housing are important factors that influence health. (NC Institute of Medicine, 2011. Healthy North Carolina 2020: A Better State of Health. Morrisville, NC) Known as social determinants of health, these are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health and quality of life outcomes. (US Department of Health and Human Services. Social Determinants of Health. Healthy People 2020) For the 2015 Granville Vance community health opinion survey, participants were asked to identify the top issues affecting their quality of life. For both Granville and Vance Counties, the top issues were income, education, and housing.

Top Issues Affecting Quality of Life

Vance Issues
Income, Education and Housing (32%)
Substance Abuse (27%)
STDs/Unintended Pregnancy (13%)
Injury, Abuse and Crime (12%)
Mental Health (5%)
Access to Care (3%)
Tobacco Use (3%)

Source: 2015 Granville Vance community health opinion survey
Refused/Missing: 15 (8%) Granville, 3 (2%) Vance

Employment and Income

Vance County is home to approximately 812 private businesses and 35 manufacturing establishments. The largest employer sectors in Vance County were:

- Retail (Wal-Mart, Variety Wholesalers, etc.): 16%
- Healthcare/social assistance: 15%
- Education: Vance County Schools: 12%

Source: NC Department of Commerce, Economic Intelligence Development System

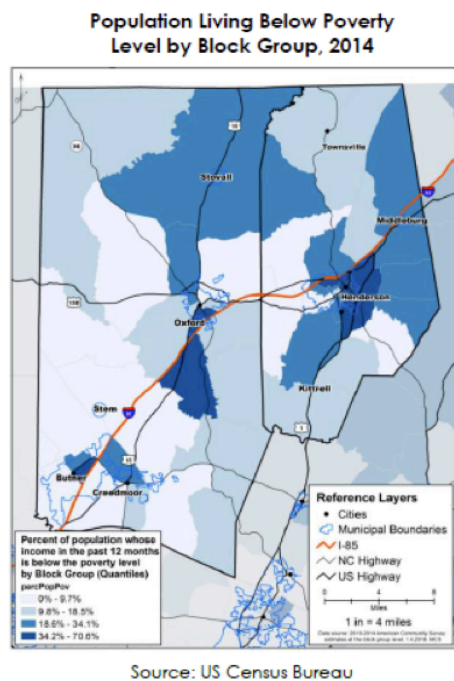
Among the working population, nearly one-third (34%) of Vance County residents left the county for work, compared to the statewide average of 26%. The unemployment rate for Vance County, peer counties, and statewide peaked in 2011 and is on a downward trend. As of June 2015, the unemployment estimate for Vance County was 9% and statewide 5.9%. As of April 2016, unemployment estimate for Vance County was 8.2%, North Carolina was 5.5% and the U.S. was 5.0%.

Compared to the per capita income for an average North Carolina resident (\$25,284), Vance County is approximately \$8,000 lower at \$17,375. For median household income, although and Vance County households earn more than their peer counties, Vance County is almost \$14,000 lower than the state.

Poverty

Approximately 28% of Vance County residents lived below the federal poverty level. The percentage of Vance County residents living in poverty was approximately 60% higher than statewide (17.5%).

The percentage of individuals living in poverty was highest in Henderson, Southern Oxford and Butner. The Healthy NC 2020 objective is 12.5% for percentage of individuals living in poverty.



Poverty among African Americans and Hispanics was higher in Vance County compared to their white peers, where the percent of Hispanic residents living in poverty over two times higher in Vance County and among African Americans 1.2 times higher in Vance County. The 2009-2013 poverty rate among children under 18 was 44% in Vance County, compared to 25% statewide. Poverty among all children under age 18 is highest among Vance County residents compared to peer counties and statewide, and is even higher among young children under the age of 5. Among the elderly, poverty rates in Vance County are lower compared to other age groups.

Education

There are 16 public schools in Vance County (10 elementary, 2 middle, 4 secondary). Approximately 6,880 students are enrolled in public schools in Vance County (2013-14 school year). In

2013-14, the local per pupil expenditure in Vance County was \$1,307, compared to \$1,689 in Franklin County and \$1,999 in Warren County.

In 2013-14, 55% of Vance County public school students took the SAT, and 54% statewide. The average SAT scores were 851 for Vance County, and 989 statewide.

In 2013-14, there were 81 high school dropouts in Vance County. Although high school dropout rates are declining for Vance County, the 2013-14 rates for Vance County (3.82) were higher than the state rate of 2.28.

In overall educational attainment, 76% of Vance County residents have at least a high school education, compared to 85% statewide. Residents with a Bachelor's Degree or higher for Vance County (11%) was significantly lower than the statewide average of 27%. The Healthy NC 2020 objective for high school graduation rate is 94.6%.

Housing and Homelessness

According to 2009-2013 US Census Bureau estimates, 63% of Vance County homes were owner-occupied. The median monthly mortgage was \$1,065 for Vance County, compared to \$1,281 statewide. Approximately one-third of owned housing units in Vance County (35%) consumed more than 30% of the householder's income, an increase of 54% since 2000.

Approximately 58% of Vance County homes that were renter-occupied spent more than 30% of the householder's income on rental housing. The median gross monthly rent for Vance County was \$666 compared to \$776 statewide.

About one-quarter of all housing units in Vance County (5,691 total) are mobile homes, 29% compared to 14% statewide.

According to ACTS of Vance County, Inc., in 2015 there were 75 homeless persons in Vance County, with 5 families who chose not to enter a shelter because of the risk of being separated.

Vehicle and Internet Access

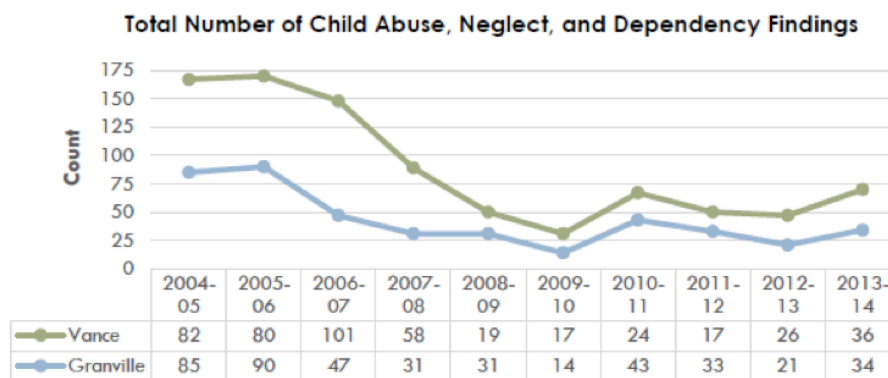
Approximately 12.1% Vance County households did not have any vehicle available based on US Census Bureau estimates. During the 2015 community health opinion survey, residents were asked about internet access. Approximately 19% of households in Vance County did not have Internet access, compared to 2011 survey results, 20% did not have internet access.

Families

In 2009-2013, of the households with children, 42% in Vance County were run by single females, compared to 27% statewide. Approximately 1,578 grandparents in Vance County were providing homes for their grandchildren, and among those grandparents 46% were financially responsible for those grandchildren.

The number of children entering child welfare custody decreased slightly for Vance County. In 2013-14, a total of 36 children entered welfare custody in Vance County and 39% were initially placed in a foster home. The median number of days of custody for children entering child welfare for that same time period was 474 days.

Child abuse findings in Vance County decreased overall, although a slight increase was reported from 2012-13 to 2013-14.



Source: Child Welfare, Reports of Abuse and Neglect

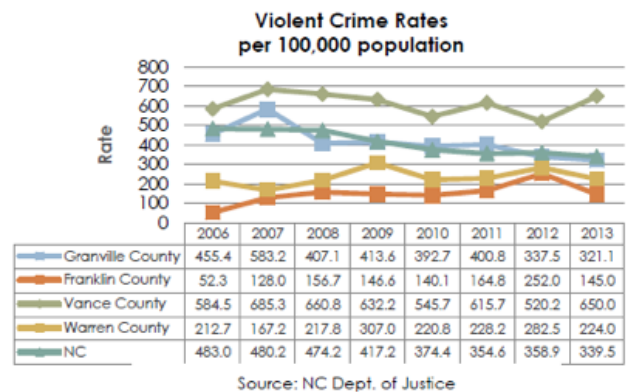
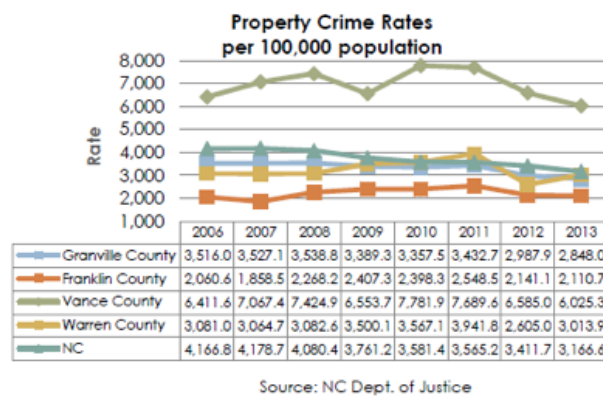
Crime and Violence

In the 2015 community health opinion survey, violent crime and property crime were ranked as the first and third serious community issues in Vance County.

In 2013, there were 2,744 reported property crimes including burglary, larceny, and car theft in Vance County. Although decreasing since 2011, the property crime rates for Vance County (6,025.3) are 90% higher than the statewide rate (3,166.6).

In 2013, there were 296 reported acts of violent crime including murder, rape, robbery, and aggravated assault in Vance County. Violent crime rates in 2013 were 650 for Vance County, and 339.5 statewide. Violent crime rates for Vance County were 90% higher than state rates.

From 2009-13, homicide was the leading cause of death among 20-39 year olds in Vance County, where the overall county homicide rate is more than double the statewide rate.



The Healthy NC 2020 objective for homicide rate per 100,000 population is 6.7. Vance was 13.3.

According to the NC Department of Public Safety 2015 GangNET report, there are 1 to 5 active gangs in Granville and Vance Counties.

Assessment Findings

The 2015 Community Health Assessment process included the analysis of over 170 existing statistics from local, county, and state sources as well as data that was collected directly from the community through the community health opinion survey. From August – October, 2015, the Steering Committee collaboratively reviewed the data, including comparisons with the state and peer counties (Franklin and Warren), target gaps with the Healthy NC 2020 objectives, emerging trends or disparities, and areas identified through the survey as serious community concerns. This section highlights key findings from this review. Sources of health, socio-demographic, and environmental statistics can be found in Appendix E and complete data tables can be found in Appendix G. In addition, Appendix D provides the complete community health opinion survey results in the 2015 Granville Vance Community Health Assessment.

County Health Rankings

The 2016 County Health Rankings ranks the overall health of each county across the country, looking at a variety of measures that affect health, including length and quality of life, health behaviors, clinical care, social and economic factors, and physical environment. (Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps. Available at: www.countyhealthrankings.org) Out of the 100 counties in Vance County ranked 98th in health outcomes and 98th for health factors. The areas of concern were identified as: adult smoking, adult obesity, food environment index, physical inactivity, alcohol impaired driving deaths, sexually transmitted infections, teen births, preventable hospital stays, high school graduation, some college, unemployment, children in poverty, income inequality, children in single-parent households, violent crime and severe housing problems. Areas of strengths were identified as: low excessive drinking, lower uninsured and higher diabetic monitoring.

Healthy NC 2020

Healthy NC 2020 is the state's health improvement plan, with the aim of improving the health status of every North Carolinian through a common set of 13 focus areas and 40 objectives. (NC Institute of Medicine, 2011. Healthy North Carolina 2020: A Better State of Health. Morrisville, NC) Vance County saw improvement since the last community health assessment (Granville Vance Public Health. 2011 Community Health Assessment. Available at <http://gvph.org/wp-content/uploads/2014/08/2011-CHAGranville-and-Vance-Counties05-12.pdf>) for the following objectives (where data was available):

Improvements in Healthy NC 2020 Objectives

Vance
<ul style="list-style-type: none">• Adults who are current smokers• Adults getting the recommended amount of physical activity• Homicide rate• Infant mortality disparity between whites and African Americans• Percent of traffic crashes that are alcohol related• Infant mortality rate• Children aged 1-5 years enrolled in Medicaid who received dental service in the past year• Average number of decayed, missing or filled teeth among kindergarteners• Children aged 19-35 months who receive the recommended vaccines• Influenza mortality rate• Four-year high school graduation rate• People spending more than 30% of income on rental housing• Heart disease mortality rate• Cardiovascular disease mortality rate• Colorectal cancer mortality rate• Average life expectancy• Adults reporting good, very good or excellent health• Non-insured adult population (aged less than 65 years)

The table below provides a comparison of current Vance County data (when available) to Granville County and statewide data and the 2020 target goal.

Healthy NC 2020 Objectives Update

Healthy NC 2020 Objective	Granville	Vance	NC*	2020 Target
Tobacco Use				
1. Decrease the percentage of adults who are current smokers	25% (2015)	26% (2015)	19.1%	13%
2. Decrease the percentage of high school students reporting current use of any tobacco product (regional data reported only for Granville and Vance)	20.4% (2011)	20.4% (2011)	29.7%	15%
3. Decrease the percentage of people exposed to secondhand smoke in the workplace in the past seven days	11% (2015)	9% (2015)	9.7%	0%
Physical Activity and Nutrition				
1. Increase the percentage of high school students who are neither overweight nor obese (regional data reported only for Granville and Vance)	73.9% (2009)	73.9% (2009)	72.3%	79.2%
2. Increase the percentage of adults getting the recommended amount of physical activity †	47% (2015)	50% (2015)	46.4% (2009)	60.6%
3. Increase the percentage of adults who consume five or more servings of fruits and vegetables per day †	12% (2015)	14% (2015)	20.6% (2009)	29.3%
Injury and Violence				
1. Reduce the unintentional poisoning mortality rate (per 100,000 population)	10.3% (2010-14)	14.2% (2010-14)	12.5%	9.9%
2. Reduce the unintentional falls mortality rate (per 100,000 population)	**	**	10%	5.3%
3. Reduce the homicide rate (per 100,000 population)	6.9% (2013)	13.3% (2013)	5.6%	6.7%
Maternal and Infant Health				
1. Reduce the infant mortality racial disparity between whites and African Americans	0.93% (2009-13)	1.72% (2009-13)	2.39%	1.92%
2. Reduce the infant mortality rate (per 1,000 live births)	6.2% (2009-13)	9.5% (2009-13)	7.1%	6.3%
3. Reduce the percentage of women who smoke during pregnancy	12.5% (2013)	13.1% (2013)	9.8%	6.8%
Sexually Transmitted Disease and Unintended Pregnancy				
1. Decrease the percentage of pregnancies that are unintended	N/A	N/A	42.7%	30.9%
2. Reduce the percentage of positive results among individuals aged 15 to 24 tested for chlamydia	8.2% (2013)	12.3% (2013)	10.8%	8.7%
3. Reduce the rate of new HIV infection diagnoses (per 100,000 population)	15.5% (2012-14)	23.1% (2012-14)	16%	22.2%
Substance Abuse				
1. Reduce the percentage of high school students who had alcohol on one or more of the past 30 days (regional data reported only for Granville and Vance)	34.9% (2009)	34.9% (2009)	32.2%	26.4%
2. Reduce the percentage of traffic crashes that are alcohol-related	5.9% (2013)	4.9% (2013)	4.8%	4.7%
3. Reduce the percentage of individuals aged 12 years and older reporting any illicit drug use in the past 30 days	N/A	N/A	8.6%	6.6%
Mental Health				
1. Reduce the suicide rate (per 100,000 population)	14.6% (2009-13)	16.1% (2009-13)	13%	8.3%
2. Decrease the average number of poor mental health days among adults in the past 30 days	3.1% (2015)	4.3% (2015)	3.6%	2.8%
3. Reduce the rate of mental health-related visits to emergency departments (per 10,000 population)	71.1% (2014)	129.1% (2014)	104.5%	82.8%

Healthy NC 2020 Objective (continued)	Granville	Vance	NC*	2020 Target
Oral Health				
1. Increase the percentage of children aged 1-5 years enrolled in Medicaid who received any dental service during the previous 12 months	46.6% (2011)	51.6% (2011)	60%	56.4%
2. Decrease the average number of decayed, missing or filled teeth among kindergarteners	0.98% (2012-13)	1.3% (2012-13)	1.5%	1.1%
3. Decrease the percentage of adults who have had permanent teeth removed due to tooth decay or gum disease	45% (2015)	65% (2015)	49.1%	38.4%
Environmental Health				
1. Increase the percentage of air monitor sites meeting the current ozone standard of 0.075 ppm	100% (2012-14)	No monitoring site	100%	100%
2. Increase the percentage of the population being served by community water systems (CWS) with no maximum contaminant level violations (among persons on CWS)	71% (2013-14)	99% (2013-14)	95.3%	95%
3. Reduce the mortality rate from work-related injuries (per 100,000 equivalent full-time workers)	N/A	N/A	2.5%	3.5%
Infectious Disease and Foodborne Illness				
1. Increase the percentage of children aged 19-35 months who receive the recommended vaccines	82% (2015)	75% (2015)	83%	91.3%
2. Reduce the pneumonia and influenza mortality rate (per 100,000 population)	14.7% (2009-13)	29.5% (2009-13)	17.1%	13.5%
3. Decrease the average number of critical violations per restaurant/food stand	N/A	N/A	6.5%	5.5%
Social Determinants of Health				
1. Decrease the percentage of individuals living in poverty	15.4% (2009-13)	28% (2009-13)	17.1%	12.5%
2. Increase the four-year high school graduation rate	83.8% (2014-15)	77.5% (2014-15)	85.4%	94.6%
3. Decrease the percentage of people spending more than 30% of their income on rental housing	44.4% (2009-13)	58.3% (2009-13)	46.3%	36.1%
Chronic Disease				
1. Reduce the cardiovascular disease mortality rate (per 100,000 population)	163.5% (2009-13)	195.7% (2009-13)	216.5%	161.5%
2. Decrease the percentage of adults with diabetes	13% (2015)	18% (2015)	10.8%	8.6%
3. Reduce the colorectal cancer mortality rate (per 100,000 population)	20.1% (2009-13)	22.5% (2009-13)	14.2%	10.1%
Cross-Cutting				
1. Increase average life expectancy (years)	78.3% (2011-13)	71% (2011-13)	78.3%	79.5%
2. Increase the percentage of adults reporting good, very good, or excellent health	76% (2015)	80% (2015)	81%	90.1%
3. Reduce the percentage of non-elderly uninsured individuals (aged less than 65 years)	16% (2015)	14% (2015)	15.2%	8%
4. Increased the percentage of adults who are neither overweight nor obese	34% (2015)	29% (2015)	34.4%	38.1%

*NC data ranging from 2011 to 2014. Source: Healthy North Carolina 2020. (2016). Annual Data Update at the annual State Health Director's Conference. ** Too few deaths (<20) were reported for NC SCHS to publish rates. † In January 2016, Healthy NC 2020 revised the objectives to match the 2011 CDC recommendations, after our assessment was conducted. For the purposes of our assessment, we are using the published objectives prior to the revision.

Overall Health

These Healthy NC 2020 objectives represent population health measures that provide a picture of the overall health of a community.

Life Expectancy

Life expectancy summarizes mortality rates across all age groups. According to the NC State Center for Health Statistics, the life expectancy of a resident born in 2011-13 for Vance County 74.8 years. The life expectancies of males (71.0) were less than females (78.2), as well as African Americans (72.6) compared to whites (76.9). The Healthy NC 2020 target is 79.5 and North Carolina was 78.2.

Self-Reported Health Status

Granville and Vance County residents who participated in the community health opinion survey were asked to rate their overall health. Approximately 80% of Vance County residents reported good, very good, or excellent health. The Healthy NC 2020 target is 90.1%.

Maternal and Infant Health

According to Healthy NC 2020, maternal health is an important predictor of newborn health and well-being and addressing women's health (including health behaviors, access to care, and socioeconomic factors) is essential to improving birth outcomes.

In 2013, there were 576 babies born to residents in Vance County. The birth rate decreased overall since 2007-2011 in Vance County, similar to peer counties and statewide. The Hispanic birth rate was approximately 2 times higher than the total birth rate in Vance County, a trend seen in peer counties and statewide.

In 2013, there were 86 teen births (aged 19 and younger) in Vance County. Although teen pregnancy rates (aged 15-19 years) have been on the decline since 2007 in Vance County, the teen pregnancy rate (55.5 per 1,000 births) was 58% higher than the state rate (35.2).

The percent of women who received prenatal care in the first trimester of pregnancy remained relatively stable in Vance County at 55.4%, although lower than the state at 70.3%. The percent of births to mothers who smoked during pregnancy has decreased overall, from 14.3% to 13.1%. The Healthy NC 2020 goal for women who smoke during pregnancy is 6.8%.

The Vance County infant mortality rate from 2009-2013 was 9.5 per 1,000 live births. NC was 7.3 and the Healthy NC 2020 target is 6.3.

Leading Causes of Death

Cancer was the leading cause of death in Vance County, peer counties, and North Carolina, compared to heart disease nationally. Age-adjusted death rates in diabetes and unintentional motor vehicle injuries were higher for Vance County compared to statewide. In addition, Vance County had higher rates of heart disease, chronic lower respiratory disease, stroke, pneumonia and influenza, and kidney disease.

Overall Age-Adjusted Mortality Rates for Leading Causes of Death, 2009-2013

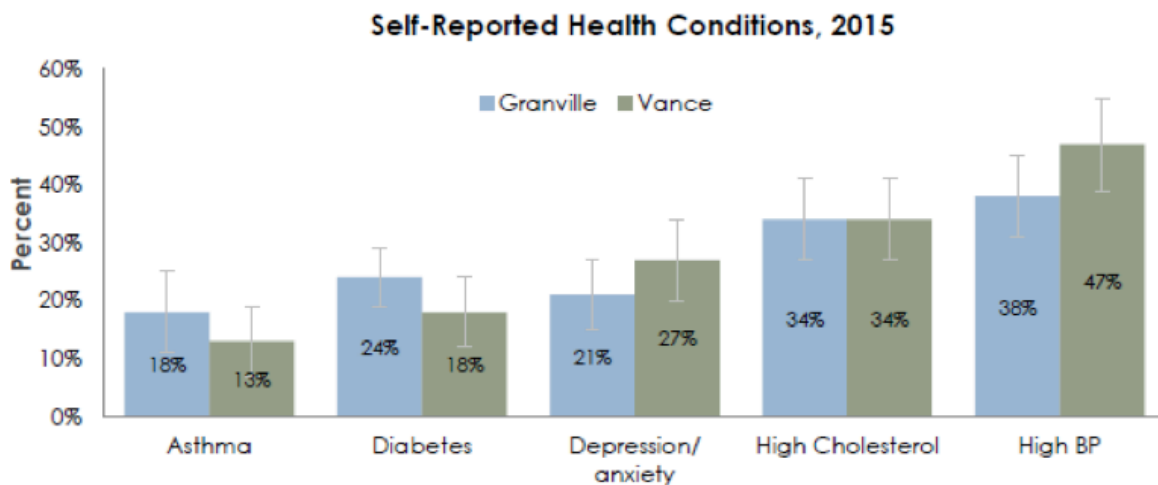
Rank / Cause of Death	Granville County	Franklin County	Vance County	Warren County	NC
1. Cancer	189.2	182.6	199.8	184.8	173.3
Trachea, Bronchus and Lung	52.6	58.8	53.4	71.9	51.6
Prostate	17.1	23.3	24.1	21.5	22.1
Female Breast	22.1	22.6	23.8	15.2	21.7
Colon, Rectum, and Anus	20.1	15.6	22.5	20.6	14.5
Pancreas	10.5	10.4	13.4	n/a	10.6
2. Diseases of the Heart	163.5	163.1	195.7	164.4	170.0
3. Cerebrovascular Disease (stroke)	40.3	48.6	50.2	37.7	46.1
4. Chronic Lower Respiratory Disease	38.4	36.2	50.1	32.8	43.7
5. All Other Unintentional Injuries	23.2	26.8	28.1	21.9	29.3
6. Diabetes Mellitus	40.5	15.4	21.9	18.1	28.9
7. Unintentional Motor Vehicle Injuries	31.9	26.7	26.5	25.9	21.7
8. Nephritis, Nephrotic Syndrome, and Nephrosis	14.7	23.6	29.5	21.3	17.9
9. Pneumonia and Influenza	14.9	16.9	32.9	30.1	17.6
10. Suicide	19.9	19.6	21.4	15.0	13.7
11. Septicemia	10.6	16.7	19.7	24.6	13.3
12. Alzheimer's Disease	14.6	17.9	16.1	7.9	12.2
13. Chronic Liver Disease and Cirrhosis	8.8	14.1	11.7	13.6	9.5
14. Homicide	3.5	5.2	19.0	7.5	5.8
15. Acquired Immune Deficiency Syndrome	3.5	3.4	5.0	0.9	2.9
Total Deaths All Causes (some causes are not listed above)	784.7	790.2	908.6	759.1	790.9

Source: NC State Center for Health Statistics, County Health Data Book (2015), Mortality, 2009-2013 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County. Rates per 100,000 population.

Chronic Disease and Health Behaviors

According to the Centers for Disease Control and Prevention, chronic diseases are responsible for 7 of 10 deaths each year, as well as 86% of national health care costs. (CDC. Chronic Disease and Health Promotion. <http://www.cdc.gov/chronicdisease>) Physical inactivity, unhealthy eating, smoking, and excessive alcohol consumption are behaviors that can play a major role in the development of chronic disease in addition to genetics and other factors. (NC Institute of Medicine, 2011. Healthy North Carolina 2020: A Better State of Health. Morrisville, NC)

In the 2015 community health opinion survey, adults were asked if a health professional had ever diagnosed them with certain health conditions. High blood pressure and high cholesterol were the leading reported conditions for Vance County.



Source: 2015 community health opinion survey. Reporting with 95% Confidence Limits.

Diabetes

According to the 2015 community health opinion survey, 18% of adults in Vance County had diabetes. The Healthy NC 2020 target is 8.6%. Diabetes was the ninth leading cause of death in Vance County. Although decreasing overall, the diabetes mortality rate was 22% higher in Vance County compared to North Carolina.

Tobacco Use

According to Healthy NC 2020, tobacco use was the leading cause of preventable death in North Carolina, resulting in an estimated 15,000 of preventable deaths. (North Carolina Division of Public Health. <http://www.tobaccopreventionandcontrol.ncdhhs.gov/Documents/2013-PreventableCausesofDeathinNC.pdf>) Approximately 1 in 4 adults in Vance County (26%) smoked, according to the 2015 community health opinion survey. The Healthy NC 2020 target is 13%.

In addition, roughly 1 in 10 adults in Vance County (9%) were recently exposed to secondhand smoke in the workplace.

Overweight and Obesity

Using reported height and weight to calculate Body Mass Index (BMI) from participants in the 2015 community health opinion survey, approximately 41.5% of Vance County adults were obese, and 29.6% of Vance County adults were overweight.

The 2012 percent of children aged 2-4 who were obese, 11.3%, declined from 2007 and the Vance County rate was 22% lower than the statewide rate of 14.5%.

Physical Activity

Approximately 84% of adults in Vance County engaged in at least one day a week of moderate physical activity, according to the 2015 community health opinion survey. In addition, about half of Vance County (50%) adults were getting the recommended amount of physical activity, which at the time of the survey was 3 or more days a week of vigorous activity or five or more days of moderate activity. In January 2016, Healthy NC 2020 revised the physical activity objective to match the 2011 Centers for Disease Control and Prevention guidelines, which includes 150 minutes of moderate activity each week and muscle strengthening at least 2 days a week; or 75 minutes of vigorous activity a week and muscle strengthening at least 2 days a week; or a mix of moderate and vigorous activity and muscle strengthening at least 2 days a week.

Nutrition

According to the 2015 community health opinion survey, 1 in 8 adults in Vance County (14%) consumed five or more servings of fruit and vegetables per day. About 42% of Vance County adults consumed two or fewer servings of fruits and vegetables a day. In January 2016, Healthy NC 2020 also revised the nutrition objective to match the 2011 Centers for Disease Control and Prevention guidelines, which is consuming at least one fruit and vegetable at least one time per day.

Low income areas where residents had a significant lack of vehicle access or lived more than 20 miles from a grocery store were classified as food deserts.

According to the US Department of Agriculture Food Access Research Atlas, there was one food desert in Granville County and 6 in Vance County, encompassing approximately 29,300 residents (of which 53% are African American).

Asthma

Approximately 13% of Vance County adults were diagnosed with asthma, according to the 2015 community health opinion survey. The hospital discharge rate for asthma, or the number of patients who leave a hospital after receiving care for asthma, decreased overall in Vance County, although the discharge rate among all ages in Vance County was 78% higher than the statewide rate. The discharge rate among children aged 0-14 in Vance County increased to 267.3 per 100,000 population in 2011, but had decreased to 177.6 in 2013.

Injury

The mortality rates due to unintentional injuries (including falls, non-motor vehicle accidents, and poisonings) decreased since 2006-10 in Vance County from 30.6 (2001-2005) to 29.3 (2009-2013).

From 2009-13, a total of 47 Vance County residents died from motor vehicle crashes. Although the mortality rate from motor vehicle injuries has remained stable, in 2009-13, the mortality rate in Vance County (21.4 per 100,000) was 56% higher than the statewide rate (13.7). In 2013, the fatal crashes that were alcohol related were 46% of total crashes in Vance County, compared to 28% statewide.

Oral Health

According to the 2015 community health opinion survey, 65% of Vance County adults reported having permanent teeth removed due to tooth decay or gum disease.

According to school oral health assessments in 2012-13, 25% of kindergarteners in Vance County had untreated tooth decay, compared to 13% statewide. According to the most recently available data from the NC Division of Public Health (2011), roughly half of children aged 1-5 years enrolled in Medicaid in Vance County received dental services.



Infectious Diseases

Reportable communicable diseases are investigated and tracked by Granville Vance Public Health. From 2012-14, salmonella and campylobacter had the largest number of confirmed cases for general communicable diseases in Vance County.

Reportable Disease	Confirmed Cases	
	Granville County	Vance County
General Communicable Diseases		
Campylobacter	19	7
Cryptosporidiosis	1	0
Ehrlichiosis	4	3
Haemophilus Influenzae	5	2
Hepatitis A	1	0
Hepatitis C, acute	2	1
Legionellosis	2	0
Listeriosis	2	0
Rocky Mountain Spotted Fever (RMSF)	0	1
Salmonellosis	27	20
Shigellosis	4	1
Streptococcal infection Group A, Invasive	9	3
Vaccine-Preventable Diseases		
Hepatitis B, acute	5	5
Hepatitis B, chronic carrier	21	7
Influenza, adult death	2	1
Pertussis	4	1

Source: Granville Vance Public Health, NC EDSS. Counts include confirmed North Carolina communicable disease case definitions. Excludes tuberculosis. Reportable diseases with no reported cases in the time period were not included.

From 2001-05 and 2009-13, deaths from pneumonia and influenza decreased by 13% in Vance County.

Immunization

According to the North Carolina Immunization Registry, in 2015, 75% of Vance County children aged 19-35 months received the recommended vaccination series (4 diphtheria, tetanus, and pertussis; 3 polio; 1 measles mumps rubella; 3 Haemophilus influenza type B; 3 hepatitis B; and 1 varicella). The Healthy NC 2020 target is 91.3%.

Sexually Transmitted Infections

In 2014, Vance County's chlamydia incidence rate was 115% higher than the statewide rate. According to the NC Electronic Disease Surveillance System, from 2010-2014, the majority (77%) of chlamydia cases in Vance County were among 15-24 year olds. From 2013 to 2014, gonorrhea infection rates decreased in Vance County, however, Vance County gonorrhea rates in 2014 were 179% higher than statewide rates.

As of the end of 2014, there were 267 people living with HIV/AIDS in Vance County. For the average rate of newly diagnosed HIV infections (2012-2014), Vance County was ranked 4th in the state for highest rates at 23.1 per 100,000 population.

Mental Health and Substance Abuse

According to Healthy NC 2020, mental health is an integral component of individual health. Individuals with poor mental health may have difficulties with relationships and productivity, as well as a negative overall sense of well-being. In addition, substance use and abuse are major contributors to death and disability in North Carolina. According to the 2015 community health opinion survey, 1 in 10 Vance County residents (10%) surveyed did not know where to go for substance use or mental health problems. The average number of poor mental health days among adult respondents in the 2015 community health opinion survey in Vance County in 2015 was 4.3 over 30 days. The Healthy NC 2020 target is 2.8.

In 2014, there were 576 Emergency Department admissions among Vance County residents for mental health as a primary diagnosis. Compared to the state and peer counties, Vance County has the highest rate of admissions. Vance County's rate was 129.1 compared to NC at 111 and the Healthy NC 2020 target of 82.8.

Suicide

From 2009-2013, there were 35 suicides in Vance County. The suicide death rate increased about thirty percent in Vance County to 16.1 per 100,000 population. The Healthy NC target is 8.3.

Medication or Drug Overdose

In 2014, there were 117 Emergency Department admissions among Vance County residents (rate of 26.2 per 10,000) for medication or drug overdose, compared to the statewide rate of 22.

Access to Care

Access to affordable, quality health care not only improves population health outcomes and helps reduce costs, but is essential for achieving health equity, where all residents have an opportunity to attain their highest level of health. (US Department of Health and Human Services. Healthy People 2020 and APHA <https://www.apha.org/topics-and-issues/health-equity>)

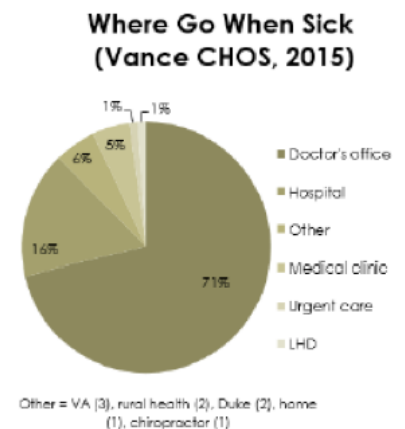
Health Coverage

According to the 2015 community health opinion survey, 14% of Vance County adults aged 18-65 years did not have any health insurance, a decrease since 2011, where Vance County was 18%. In 2010 (the most recent data available from the NC Division of Medical Assistance), the number of residents eligible to receive Medicaid was approximately 14,000 (30%) for Vance County. The number of dual eligible residents for both Medicare and Medicaid (as of June 2015) was 1,127 for Vance County.

Healthcare Access

When sick, the majority of residents went to a doctor (71% in Vance County), followed by hospital (16% Vance County).

Approximately 1 in 10 residents in Vance (10%) counties had problems getting the health care they needed, according to the 2015 community health opinion survey.



Barriers to Accessing Healthcare

Top reasons included lack of health insurance/insurance did not cover services needed and high costs.

Of residents surveyed, 78% in Vance County said that they felt comfortable or very comfortable talking to their medical provider. 6% in Vance County felt they had been untreated fairly at a medical provider's office because of their race or ethnicity.

Top Reasons: Vance (%)
No health insurance (41%)
Other (32%)
Share of cost too high (17%)
Dentist does not take coverage (15%)
Doctor does not take coverage (10%)

Health Professionals

Quality preventive and primary care relies on access to community-level providers. In 2012, the most recently available data, Vance County had a higher ratio of primary care providers compared to peer counties.

Emergency Medical Services (EMS)

For the 2013-14 fiscal year, Vance County EMS answered 6,289 total calls.

Hospitals

Vance County has one hospital, Maria Parham Medical Center (Vance County). There are 91 beds at Maria Parham Hospital. Excluding normal newborns, in 2012-13, there were 23,853 short-term acute care patients (excluding normal newborns), with average charges of \$17,127 and an average stay of 4.6 days.

In 2012-13, a total of 16,164 patients were seen at the Maria Parham Hospital ED with 68.4% among the 18-64 age group). Approximately 28% of Maria Parham Medical Center ED patients did not have insurance.

Hospice, Home Care, and Dialysis Centers

According to the NC Department of Health and Human Services, there were two licensed hospice facilities in Vance County (one accredited). There were 11 licensed home care facilities in Vance County (4 accredited). Vance County had one dialysis facility located in Henderson.

Nursing and Adult Care Homes

In Vance County, there were three licensed nursing homes. The number of beds in Vance County has remained steady (currently 230). There were two adult care homes in Vance County (141 beds).

School Health

The 2014-15 school nurse ratio to students in Vance County was one nurse per 645 students. The recommended ratio adopted by Healthy People 2020 is one school nurse to 750 students in the healthy student population.

Health Department Services

Granville Vance Public Health maintains offices and clinics in Oxford (Granville County) and Henderson (Vance County). Since 2012, there has been a steady increase in family planning and maternal health services, where the number of maternal health visits increased almost 1.5 times in 2014.

Mental Health, Developmental Disability, and Substance Abuse Services and Facilities

The Local Management Entity/Managed Care Organization (LME/MCO) responsible for coordinating, facilitating, and monitoring the provision of mental health, developmental disabilities, and substance abuse services for Granville and Vance Counties is Cardinal Innovations, which also serves as the LME for Franklin, Halifax, and Warren counties. The regional office for Cardinal Innovations is located in Henderson (Vance County).

Approximately 11,734 residents in Vance County were served by the LME in 2013, including programs for mental health, developmental disabilities, and drug/alcohol abuse.

According to the NC Department of Health and Human Services, there were 19 licensed mental health, developmental disabilities, and substance abuse facilities in Vance County (6 were developmental disability homes).

Mental Health Facilities

Of the 10 private psychiatric hospitals in North Carolina, none are located in Granville or Vance counties. The closest private facility is Veritas Collaborative, located in Durham County.

Central Regional Hospital, a state-funded psychiatric hospital, is located in Butner (Granville County). Central Regional Hospital serves 26 central counties, including Granville and Vance, and has a capacity of 432 rooms for acute mental health needs. From 2008 to 2014, the number of residents served in public psychiatric facilities has more than halved in Granville County (from 112 to 53) and Vance County (from 158 to 29), as expected with the closing of state-run psychiatric hospitals as part of mental health system reform.

Developmental Disabilities Facilities

In 2014, approximately 17 Vance County residents were being served in state-funded developmental centers. Murdoch Developmental Center in Butner (Granville County) is a regional state-run center serving 25 central counties, including Vance County, with a capacity of 575 patients.

Substance Abuse Facilities

According to the NC Department of Health and Human Services, there were five facilities in Vance County, including a substance abuse treatment home, detox program and facility crisis service, substance abuse outpatient program, outpatient methadone clinic, and substance abuse day treatment/intensive outpatient program.

R.J. Blackley in Butner (Granville County) with 80 beds was the closest state-funded Alcohol and Drug Abuse Treatment Center (ADATC) for Vance County residents. In 2014, there were 76 residents in Vance County served in state-funded drug and alcohol treatment centers, an increase from 53 residents (Vance County) in 2008.

Environmental Factors

Environmental factors can come from the physical environment which includes exposure to air and water, as well as social and built environments that can provide settings for healthy (or unhealthy) living. Environmental health consists of preventing or controlling disease, injury, and disability related to the interactions between people and their environment.

Air Quality

Air pollution can lead to respiratory symptoms, disruption in lung function, and inflammation of airways. (NC Institute of Medicine, 2011. Healthy North Carolina 2020: A Better State of Health. Morrisville, NC)

Sources of pollutants such as air pollution particulate matter (the average daily density of fine particulate matter in micrograms per cubic meter (PM_{2.5})) and ozone (caused by chemical reactions between oxides of nitrogen and volatile organic compounds in sunlight) include forest/brush fires or gases emitted from power plants, industries, and on-road and off-road vehicles.

The most recent available PM_{2.5} air quality data from the Centers for Disease Control and Prevention is 2011, where the average daily measure of air pollution fine particulate matter PM_{2.5} in Vance County 12.2, compared to 12.3 statewide.

According to the NC Department of Environment and Natural Resources, there were 35 air monitoring sites in North Carolina, including one in Butner (Granville County) that monitors ozone. From 2012-14, the Granville County air monitoring site recorded 0.066 parts per million (ppm) of ozone, meeting the current standard of 0.075 ppm. The Franklin County monitoring site for that same time period recorded 0.064 ppm of ozone.

Water Quality

Community water systems provide drinking water to their service area year-round. The Environmental Protection Agency Safe Drinking Water Information System (SDWIS) monitors annual drinking water violations, which is the average percentage of the population served by community water systems who receive drinking water that does not meet all applicable health-based drinking water standards. In 2013-14, approximately 1% of Vance County's population were estimated to be served by community water systems that did not meet all standards, compared to 4% statewide.

Granville Vance Public Health is responsible for conducting on-site waste water evaluations to determine suitability for on-site wastewater systems and to investigate complaints regarding malfunctioning septic systems and/or improper sewage disposal. In 2014, Granville Vance Public Health conducted 55 well site inspections in Vance County, and collected 62 bacteriological samples. The health department also conducted a total of 417 on-site waste water inspections in Vance County in 2014. Thirty-six sewage complaints were investigated for that same time period.

Public Recreation

In the 2015 community health opinion survey, residents in Vance County cited lack of access to parks and recreational opportunities as the fifth leading serious community issue. According to the 2015-2020 NC Division of Parks and Recreation 2015-2020 plan, there were approximately 201 residents in Vance County per local park acre, state rank of 49 out of 100.

There are four broad themes which emerged in this process:

- Vance County needs to create a “Culture of Health” that permeates the culture of the county, cities, employers, schools, churches, and community organizations, so everyone can be committed to health improvement.
- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally have the poorest health outcomes.
- While any given measure may show an overall good picture of community health, there are significantly challenged subgroups – African Americans, low-income, seniors.
- It will take a partnership with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community.





Prioritization of Health Needs

Prioritization Criteria

In September 2015, the CHA Steering Committee chose 10 topics areas to present at the Community Health Forum held January 28, 2016 in Vance County at the H. Leslie Memorial Library in Henderson. The Forums were promoted through the Granville Vance Public Health website, local newspapers, community calendars, radio and social media. Flyers and invitations were also distributed through the CHA Steering Committee.

Importance: How important is this issue? They looked at the size and severity of the problem with a focus on equity. They considered the urgency and the level of community concern. Is this linked to other important issues?

Actionable (realistic to address): Can we adequately address this issue? They considered the availability of resources including staff, partners, time, and money.

Each forum began with a welcome and brief summary about the CHA process, followed by a presentation of the ten topic areas, including the public health importance of each topic and data highlights such as key trends, comparisons, and community-identified issues.

The ten topic areas presented were (in alphabetical order):

- Access to Healthcare
- Chronic Disease
- Crime
- Education
- Maternal and Infant Health
- Mental Health and Substance Abuse
- Nutrition and Physical Activity
- Poverty
- Teen Pregnancy and Sexually Transmitted Disease
- Transportation Options

After the findings presentation, participants broke out into discussion groups where participants were given a ballot to vote on the top three topics of most importance to the community and the top three topics that are the most actionable (or realistic to address) in the next four years.

Forum Votes

Participants voted education, mental health and substance abuse, and poverty as the top 3 most important topics for Vance County. The leading topics that were voted most actionable for Vance County were education, nutrition and physical activity, and access to healthcare.

When most important and most actionable are equally weighted and total voting score for each topic in the district combined (Granville and Vance Counties), the leading topics are education, mental health and substance abuse, and nutrition and physical activity. Although poverty was voted most important at both forums, it was voted least actionable compared to other topics.

During the second part of the forums, ballots were tallied and participants chose top topic areas for another round of discussion. During this discussion, participants identified existing community resources already addressing the particular topic (highlights included in Chapter 4 of the 2015 Granville Vance Community Health Assessment) and provided recommendations for action, which will be used in the action planning process.

After the community health forums, the CHA Steering Committee reviewed the forum results and provided input and discussion around the magnitude, seriousness, and feasibility of successful interventions for the leading topic areas. After the discussion, Granville Vance Public Health reviewed the results giving equal weight to importance and feasibility. Granville Vance Public Health presented the CHA Steering Committee with three district-wide priority areas which were then approved, including:

- **Education:** Addressing poverty and health equity by assuring all residents have access to the education and information they need to lead healthy, productive lives.
- **Mental Health and Substance Abuse:** Assuring the availability, accessibility, and coordination of services to effectively meet the mental health and substance abuse needs of our residents.
- **Nutrition and Physical Activity:** Promoting an equal opportunity for all residents to enjoy nutritious food and engage in physical activity to support healthy lifestyles and reduce the burden of chronic disease in our counties.

Recognizing poverty as an important community issue, the health department adopted two cross-cutting themes that will be addressed in each priority: poverty and health equity.





2012

Implementation Plan

Written Comments Received on MPMC’s 2012 CHNA and Implementation Strategy

No written comments were received on the 2012 CHNA and Implementation Plan.

Maria Parham Medical Center participated in the CHNA with the Granville Vance Health Department in 2012 and did not have a separate implementation plan.

Community Assets and Resources

Health Resources were identified in Chapter 4 of the 2015 Granville Vance Community Health Assessment. The resources were organized around:

- Access to Healthcare
- Chronic Disease and Nutrition/Physical Activity
- Crime
- Education
- Maternal and Infant Health, Teen Pregnancy, and Sexually Transmitted Disease
- Mental Health and Substance Abuse
- Poverty
- Transportation Options

Giving Credit Where Credit Is Due

We would like to acknowledge the efforts of the collaborative group who represent the broad interests of the community, have special knowledge and expertise in public health and represent medically underserved, low-income and minority populations served by the hospital which assisted in the CHNA. It is energizing when a diverse group of citizens comes together to work toward a common cause.

The report is not the end of the process.

Community Health Improvement/ Implementation Plan 2016

To successfully make our community healthier, it is necessary to have a collaborative venture which brings together all of the care providers, citizens, government, schools, churches, not-for-profit organizations and business and industry around an effective plan of action. The community health improvement and implementation plan will be completed in September.

Focus Group Results

A focus group with community stakeholders was held on Tuesday, May 3, 2016 from 12:00 – 1:30 p.m. at Maria Parham Medical Center. Granville Vance Public Health was in attendance

Brian Sinotte, CEO Maria Parham Medical Center welcomed everyone and thanked them for coming. A summary of the discussion follows.

1. **In general, how can Maria Parham Medical Center serve you and the community better?**

- Decrease waits in the emergency room
- Primary care providers need to know where to send people for nutritional assessments by a dietician and a certified diabetes educator. Northern Piedmont Community care has a dietician.
- MPMC should collaborate within the existing health improvement structure with Public Health and others.
- Increase involvement in the city health fair
- There needs to be more public awareness about what services the hospital has. The community needs to support the local hospital, so get the word out.
- Hispanic population and low income are using the ED and need to be directed to primary care
- The hospital is the largest employer—needs worksite wellness with the health department, YMCA and a trail to link the three organizations. Have all employees participate and help with awareness about the hospital.
- There needs to be more Hepatitis C and HIV awareness and education, given the drug abuse
- Support the efforts of the Northern outreach clinic
- This is a high poverty, low income, low reading level area and can't be expected to navigate the health system. Need collaboration of the community to help this group of people.
- Work with the Health Department and their efforts to provide primary care.
- Put local information about available services on televisions in ER and physician's offices
- Hospital could have a regular segment on Town Talk to talk about services offered. Put articles in the newspaper about services.
- Lactation consultants to go into the home to encourage breast feeding, particularly in the African-American community.
- There is a lack of trust with the medical community. There is a lack of health equity and treatment to ensure equal care.
- Treatment of drug addicted babies

2. **How do you see the Vance County Health Department meeting the health needs of the community?**

- Project Vibrant Health is a Health Department program providing education and Naloxone distribution.
- The Health Department is starting to offer primary care.
- Community education on service offerings. Get the word out, more grassroots effort to communicate.
- The Health Department is challenged by budget constraints to do grassroots education.

3. **The top priority health issues selected through the CNA process are:**

- Mental health and substance abuse – available, accessible and coordination of services
- Nutrition and physical activity
- Education – addressing poverty and health equity

How specifically, can Maria Parham help improve these community health issues?

- There needs to be a certified diabetic educator in the community
- Crisis intervention for substance abuse and mental health
- EMS would love to take mental health and substance abuse patients somewhere other than the ER.
- Substance abuse provider outreach and education to dentists and other healthcare providers prescribing opioids.

1. **What organizations (schools, faith community, and workplaces) or areas (like neighborhoods or municipalities) in our community do you think have the most potential to impact health or have the most capacity to affect community health change?**

- Use Facebook and Twitter to get the word out about resources.
- The Health Department's Project Vibrant has a flow chart for providers to access substance abuse services
- The community has good access to primary care after hours and weekends.
- "Walk the Beat" is a program by the police department that has officers walking downtown 7 hours a day to encourage people to come downtown to walk or eat, to let people know downtown is safe. They would like to place exercise equipment in intervals, for example in front of the police department then in front of the HD Building and so on. They have sponsors for the exercise equipment, The YMCA, Parks and Rec, Health Department, but would like the hospital to join the effort. Walk the Beat can be part of a larger downtown revitalization effort, with the new theater.

2. **What barriers might we face in implementing strategies related to education, physical activity, nutrition, and mental health and substance abuse in these areas or sectors?**

- Transportation
- Department of social services and many rules and barriers to get treatment
- Lack of public awareness of what services are available
- Very few mental health and substance abuse clients understand how ACA works and how to access it.
- Need more coordination with primary care and the hospitals and mental health and substance abuse patients. There could be phone consults to avoid ER visits.

3. **Any other questions or comments?**

Is anyone doing anything with Adverse Childhood Experiences (ACEs)? It is on the Health Department's radar, but will have to get a grant to implement efforts. The Health Department has Positive Parenting Program, evidence-based effort to improve parenting. ACEs require an all hands on deck effort, churches and all around the table. 44% of the county's children live in poverty.

