

State of the County Health Report 2010

The Granville-Vance District Health Department



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A Picture of our Community

The Granville-Vance District Health Department (GVDHD) publishes the State of the County Health (SOTCH) report in the off-years between Community Health Assessments (CHA). The purpose of the SOTCH is to review each of the county priority areas and report to the community on observed trends, local efforts, and progress to date. The information in this report represents both Granville and Vance counties as well as the state. Resources for each topic area are listed by the corresponding tables and graphs. Data review and opinion surveys during the last assessment

revealed several areas of concern. For priorities both counties identified, among others, illegal drug issues and chronic diseases, while Vance County is also focusing on teen pregnancy and gang issues. Local data on child fatalities is included because of a NC mandate to report yearly to the community on this important issue.



Characteristics of Granville & Vance County

Category	Granville	Vance	North Carolina
Estimated Population – 2009	57,639	43,056	9,380,884
Percent persons of color – 2009	41.6%	57.2%	32.7%
Percent under 18 years old - 2009	22.7%	26.4%	24.3%
Percent over 65 years old - 2009	11.4%	14.2%	12.7%
Population change – April 2000-July 2009	18.8%	0.2%	16.6%
Projected Population - 2011	58,750	43,829	9,683,816
Percent of Hispanic or Latino Origin – 2009	7.1%	6.8%	7.7%
Median Household Income – 2008	\$48,468	\$34,093	\$46,574
Percent Unemployed – September 2010	9.1%	11.4%	9.7%
Dropout Rates Grades 9-12 2007-2008	5.62	6.87	4.27
Percent of Persons Below Poverty – 2008	13.7%	25.7%	14.6%
Percent of Non-Elderly (0-64) Uninsured 2008-2009	18.4	22.8	19.7



Granville-Vance District Health Department

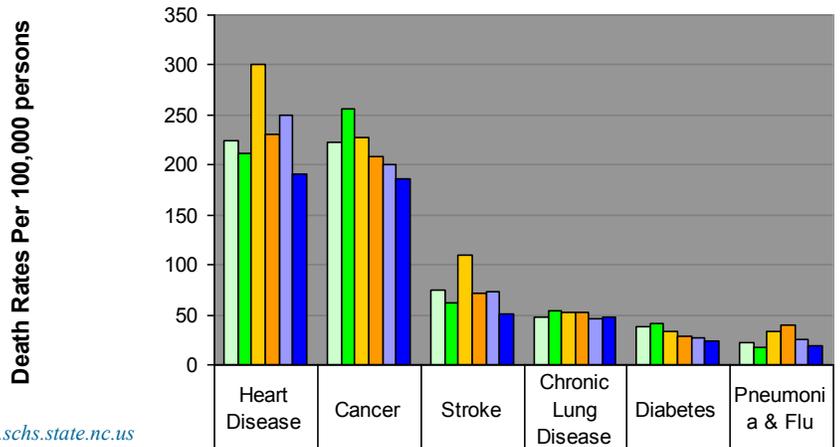
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Mortality Data

The adjoining graph shows leading causes of death for Vance and Granville Counties as well as the state. Rates of death are shown for the 5-year periods 2001-2005 and 2005-2009 to reveal changes over time. Vance County has seen notable decreases in heart disease (23.6%) and stroke (34.5%), yet the improved rates are still 20% higher than the NC rate. Death from flu/pneumonia has increased by 18% such that it is now double NC's rate. Granville County rates for death from heart disease, stroke, and flu/pneumonia have all decreased (5.6%, 18.6%, and 23.7% respectively). Yet the death rate from cancer has increased by 15.1%, such that Granville County now leads the state for rate of death from cancer and is 38.1% higher than the NC rate.

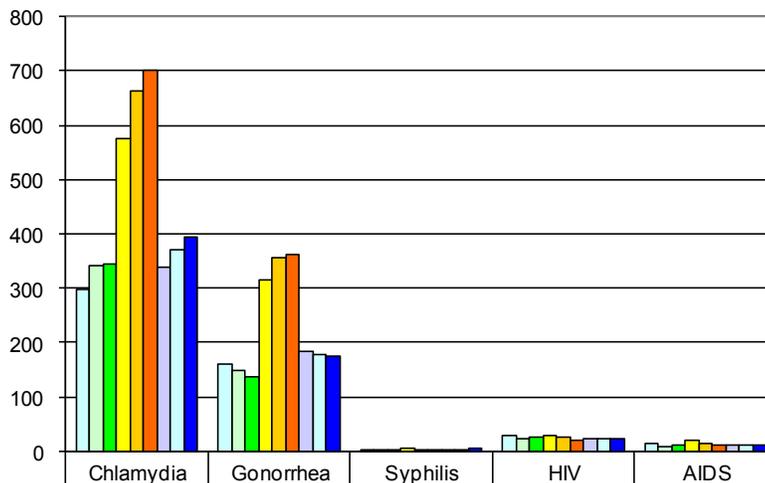
Age Adjusted Death Rates by County and Year



www.schs.state.nc.us

Granville (2001-2005)	224.7	222.2	75.3	47.9	37.5	22.4
Granville (2005-2009)	212	256.3	61.3	54.7	42	17.1
Vance (2001-2005)	301.3	227.9	109.8	52.5	34	33.2
Vance (2005-2009)	230.3	207.8	71.9	52.9	28	39.2
North Carolina (2001-2005)	250.22	201	73.6	46.5	26.9	24.9
North Carolina (2005-2009)	191.7	185.6	50.5	47	23.6	19.4

Communicable Disease Rates per 100,000 Persons



www.epi.state.nc.us

Granville (2002-2006)	298.9	159.7	1.1	29.7	13.7
Granville (2004-2008)	342.4	149.4	0.7	22.4	8.5
Granville (2005-2009)	345.5	135.4	1.1	25.2	11.3
Vance (2002-2006)	576.6	313.8	4.6	28.9	20.2
Vance (2004-2008)	664.5	355.5	1.4	25.4	12.5
Vance (2005-2009)	700.8	360.8	2.4	19	10.6
North Carolina (2002-2006)	337.6	182.2	2.8	21.9	12.2
North Carolina (2004-2008)	369.6	179	3.1	21.5	11
North Carolina (2005-2009)	392.74	175.5	3.9	21.4	11.1

Priority Area - Teen Pregnancy & STD's

Researchers at the NC Department of Health and Human Services track a variety of diseases in order to provide our public and health care workers with a picture of how communicable diseases impact our communities.

Vance County experienced a decrease in the 5 yr AIDS rate of 47.6% since the 2002-06 period such that it is now below the state rate. Granville County's rate has decreased by 17.2%, exceeding NC's decrease of 9.6%. If one reviews the state's 3 year rates for 2007-09 to compare the counties' rankings, VC is now 47th and GC is 34th in the state (#1 is the worst) for the number of AIDS cases.

Unfortunately, the positive trends for HIV/AIDS are not being reproduced for the chlamydia and gonorrhea. Vance County rates continue to soar above Granville and NC rates with the 2005-09 VC rate for chlamydia 78% higher than NC's, and that for gonorrhea more than double the state's. In contrast, although Granville County's 2005-09 chlamydia rate has increased by 15.6% since the 2002-06 period, it is still 12% lower than NC's rate. At the same time GC's 2005-09 rate for gonorrhea has decreased by 15.2% in the same period, such that it is now 22.8% lower than the state's rate.

Curable diseases such as chlamydia and gonorrhea are making a more significant impact on our counties than HIV or AIDS. While HIV and AIDS are lifelong burdens to protect against; ALL STDs, curable or not, can be avoided by refraining from sexual activity (Abstinence). Wearing proper protection such as a condom can reduce the chances of contracting an STD by 90%.

For the first time in over ten years; Vance County has a teen pregnancy rate that is below 100/1,000 although the current rate (98.0/1000) is still 75% higher than NC's rate of 56.0/1000. Over the past 10 years; Vance County's rate has decreased by almost 20%. Vance County's rates are declining, but they continue to be ranked third among all counties in NC. Granville County's rate decreased by 47.6% in the same time period (NC's decreased by 32.9%), such that it is now 13% lower than NC's rate of 56/1,000.

Teen Pregnancy has been a local battle for many years.

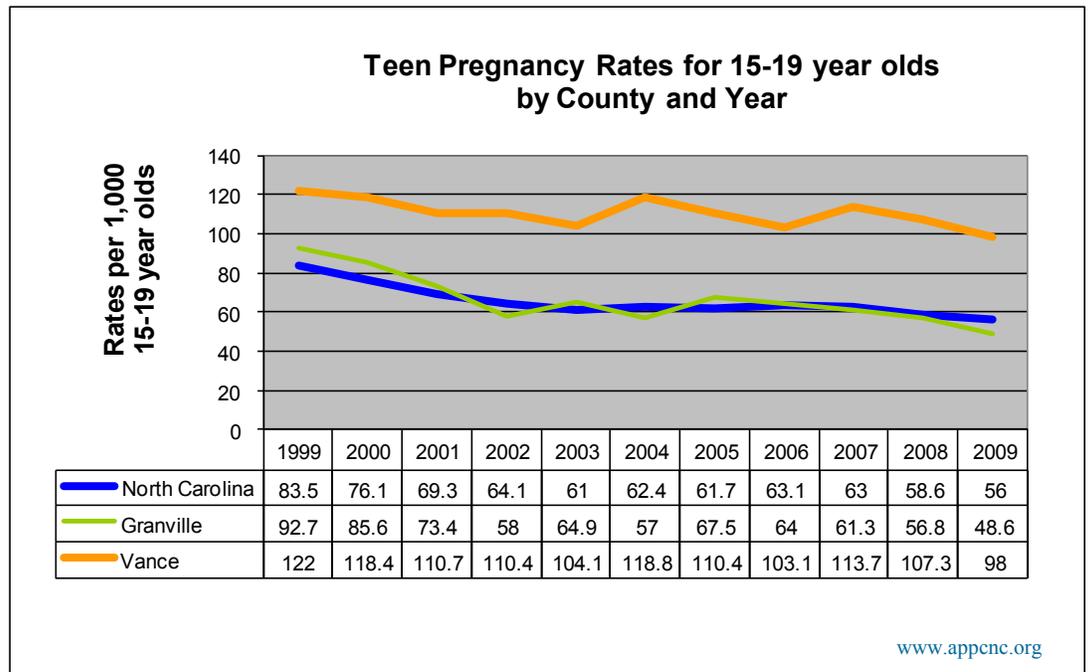


The Healthy Youth Act of 2008 has created a segue to new approaches on teen pregnancy prevention in NC. It is now mandatory that all state supported schools in NC offer comprehensive sex education to all 7th, 8th and 9th graders. GVDHD has worked closely with the Adolescent Pregnancy Prevention Campaign of NC and Vance County Schools to successfully implement this new mandate. Vance County Schools has implemented the evidenced-based curriculum, *Making Proud Choices*, to address comprehensive sex education to all 7th, 8th and 9th graders. GVDHD was also awarded funds from the NC Department of Health and Human Services Teen Pregnancy Prevention Branch to implement a pregnancy prevention program within Vance County Schools beginning in January 2011 called Teen PEP (Prevention Education Program).

This exciting program, to be implemented at Northern Vance High School, will recruit between 15-20 juniors and seniors to enroll in a for-credit course, co-taught by a faculty advisor team using a structured curriculum. Advisor teams train the students to be effective sexual health advocates and role models to their peers. They will conduct outreach workshops with peers, parents and educators focusing on postponing sexual involvement, unintended pregnancy, HIV/AIDS, other STDs, sexual harassment, date rape, dating violence, homophobia reduction and other teen health concerns.

In 2010 The Health Department Also...

- Worked with county School Health Advisory Councils (SHAC)
- Supported work to address parenting education needs.
- Operated a Family Planning Advisory Council across both counties.
- Distributed free condoms during health department operation hours.
- Offered Family Planning classes to address reproductive health education, STD transmission, and proper use of condoms and contraception.

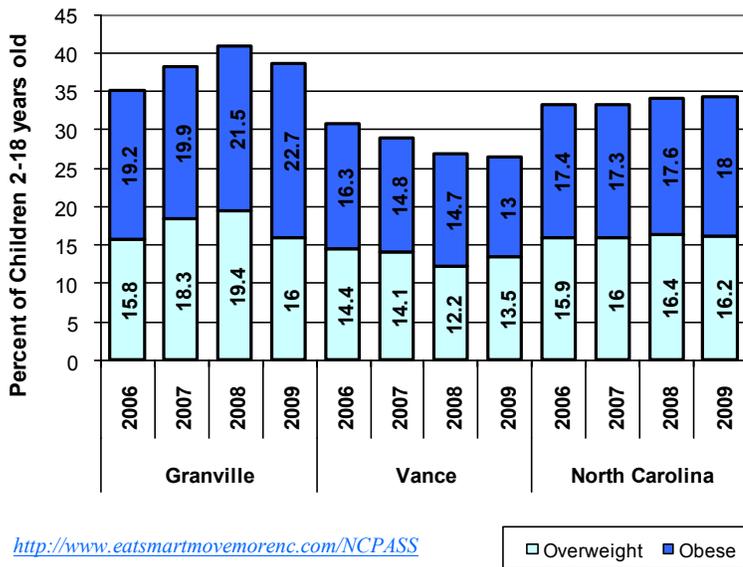


- Supported VC Schools and the Adolescent Pregnancy Prevention Campaign of NC on implementing and training staff to teach the *Making Proud Choices Curriculum*.
- Used Title X Family Planning funding to address decreased family planning clinic attendance in VC by media outreach and client incentive initiatives.
- Partnered with the Henderson Family YMCA and the Henderson Junior Women's Club to implement Girls on the Run in Vance County (see page 4).

If you are interested in being part of the teen pregnancy prevention initiative in Vance County please contact Amanda Barker at 252-492-7915 ext. 235 or abarker@gvdhd.org

Priority - Chronic Disease

Prevalence of Overweight / Obesity in Children by County and Year

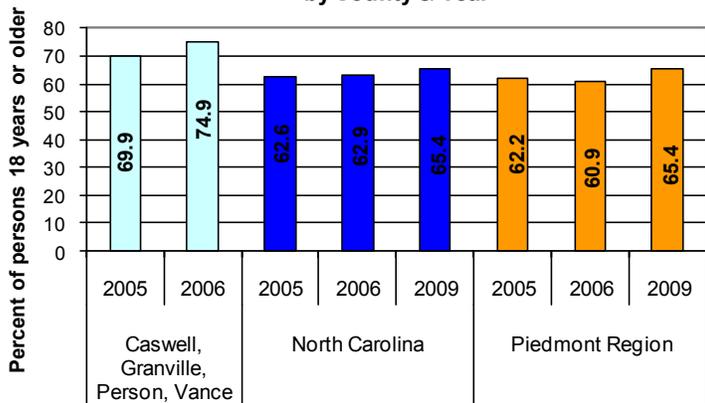


<http://www.eatsmartmovemorenc.com/NCPASS>

The graph below shows adult obesity and overweight for our 4-county and the Piedmont regions, and NC for 2005 and 2006, as well as NC and the Piedmont region for 2009. In 2006, Granville/Vance's region was 14.5% higher than the Piedmont region and 19% higher than NC. If our 4-county area continues to trend above the Piedmont region (which increased 7.4% from 2006 to 2009), it is conceivable that the 2009 percent of obese/overweight adults in our region may have increased similarly, from 74.9% to 80.4%.

GVDHD works with many community partners to create environmental/policy changes that can impact lifestyles. The Vance-Granville Working on Wellness Coalition offered Eat Smart Move More NC funded mini-grants to 10 organizations to create sustainable wellness support systems, and worked with county commissioners on the Annual ESMM NC Recognition Awards. The 2nd Annual ESMM Weight Loss Challenge, sponsored with local hospitals and the YMCA, garnered over 1000 participants and 5 additional partners, and led to 4300+ lost pounds. WoW! has also begun promoting ESMM NC through rotating framed messages in health provider offices. Work in Granville County continues with greenway construction projects,

Reported Overweight/Obesity in Adults by County & Year



<http://www.schs.state.nc.us/SCHS/data/brfss.cfm>

Obesity is a primary risk factor for all major chronic health conditions, and directly impacted by diet and exercise. With the overweight/obesity epidemic sweeping our counties we should be especially concerned about the health of our children and their risk for chronic disease.

In 2009, the NC Nutrition and Physical Activity Surveillance System showed that 38.7% of Granville County 2-18 year olds were considered overweight or obese. While this is a 5.4% decrease since 2008, it is still nearly 11% higher than the 2006 level. Further, the proportion of children who are obese, versus overweight, is increasing. In contrast, both overweight and obesity are decreasing in this group in Vance County. Since 2006 there has been a 14% decrease to 26.5%, fully 31.5% lower than Granville County, and 22.5% lower than the NC average.

The Behavioral Risk Factor Surveillance System interviews adults about various health issues and behaviors. For the 4-county region of Granville, Vance, Person, and Caswell Counties, data is only available for 2004, 2005, and 2006. However, more recent data is available for the larger 35-county Piedmont Region as well as for the earlier years.

Girls on the Run of Vance County



Girls on the Run® (GOTR) is a positive youth development program combining an

interactive curriculum and running to inspire self-respect and healthy lifestyles in pre-teen girls. The core curriculum addresses many aspects of girls' development - their physical, emotional, mental and social well-being. Lessons provide girls with the tools to make positive decisions and to avoid risky adolescent behaviors.

The Henderson Family YMCA, GVDHD, and the Henderson Junior Women's Club partnered to launch GOTR in Vance County (Sept.2010). Plans for 2011 include 2 additional VC locations (Jan) and a Granville County affiliate (Sept). GOTR has the potential to impact all priority areas by enhancing fitness and a commitment to wellness, self-esteem and decision-making skills, and productive use of after-school time.



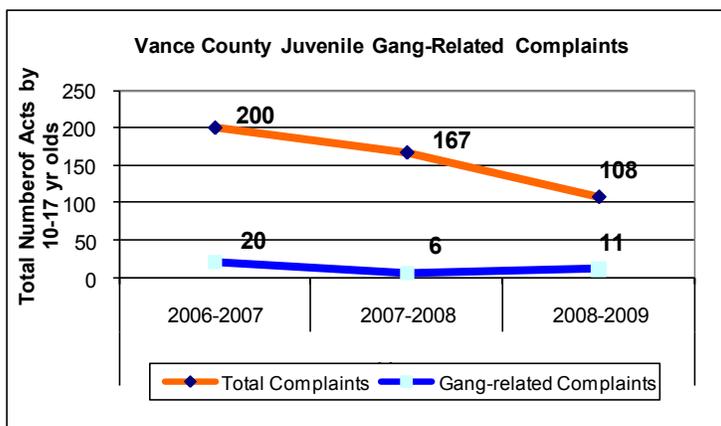
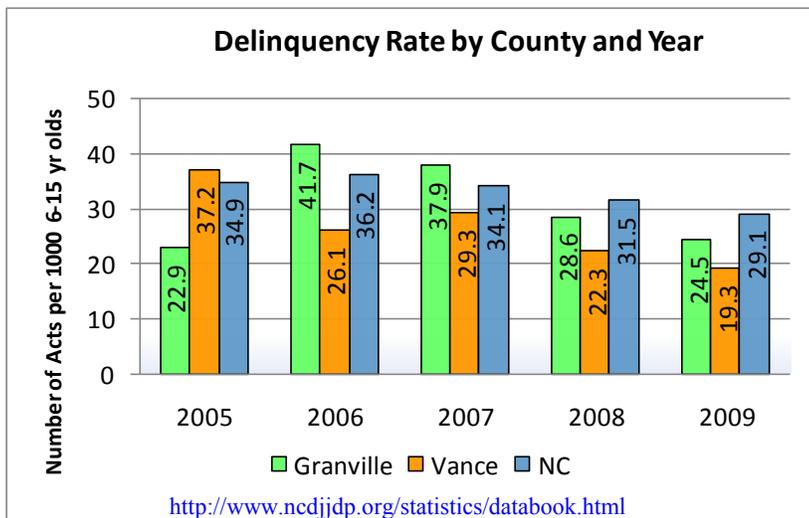
CONFIDENCE!!

Priority - Drug Abuse & Gang Activity

Drug abuse and the sale/manufacture of illegal drugs were top concerns on the opinion survey for the 2007 Community Health Assessment for both Granville and Vance Counties. Gang-related issues were also identified by Vance residents. Yet to date there is no standardized data, either state-wide or locally, to track trends in any of these 3 areas. Both counties though, through their Juvenile Crime Prevention Councils, are conducting Gang Assessments which should be completed by January 2011. These assessments aim to provide a comprehensive view of the level and extent of gang involvement in serious and violent crimes, as well as community factors that may contribute to local youth joining gangs. Demographic, law enforcement, school and community resource data, and community perception will form the basis for the new data sets and narratives.

At the same time, because law enforcement data is not always gathered in the same way by different entities, it is not certain that comparisons will be possible between jurisdictions. Further, there is no county or state-wide data to enable tracking the use/abuse or manufacture/sale of illegal drugs. Given this limitation, county delinquency rates by year are included to indicate possible trends in the 3 areas of concern. These rates are an indicator of potential entry into the justice system for juveniles between 6 and 15 yrs because the rates represent those who have already committed a crime or infraction of state or local law.

Fortunately for Vance County and the state, delinquency rates are improving. Although Granville's rate increased by 7% since 2005, it has also realized a 41% decrease since a peak in 2006, and is now nearly 16% lower than the NC rate. Vance County's progress is even more promising, particularly since adult crime and incarceration rates (2007 CHA) have been well above the state's in the past. The VC delinquency rate has decreased 48% from 2005 to 2009, and is now 33.7% lower than the state rate. One can only hope these improvements will hold as this population ages.



The graph at left is a first glimpse of the type of data gathered for the counties' gang assessments. The number of complaints identified as gang-related ranges from 3—10% of the total number of complaints for VC juveniles. Whether this underestimates gang activity, if at all, is not yet known because law enforcement agencies are still working to standardize the use of the "gang-related" qualifier. Despite this limitation, it appears that the number of both total and gang complaints fell over the three year period for Vance County; hopefully this is a valid indicator of current trends.

Law Enforcement Data collected by VC GAIN and NCDJDP

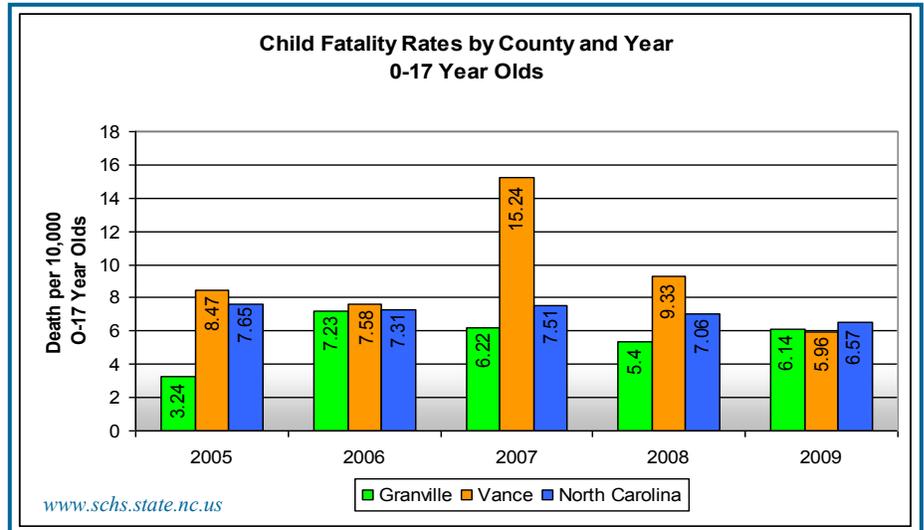
In an effort to help reduce substance abuse rates, gang issues, anger/conflict management issues, and high school drop out rates; a variety of programs operate in each community.

Recent and on-going county initiatives include:

- Judicial Advisory Council *Attendance Court*—A VC and GC program to address the needs of families in violation of the NC Schools' Compulsory Attendance Law without resorting to judicial action.
- Teen Court – A VC and GC sentencing option for first offender youths who commit a misdemeanor crime. If the offender admits guilt to the charge, he/she may choose to participate in Teen Court instead of going through traditional proceedings.
- Boys and Girls Clubs provide a safe haven and curriculum-guided programs for elementary and middle school-aged children. (VC on-going; GC—site identified, currently fund-raising)
- The GC Offender Focus Initiative is changing the police approach to criminal activity by offering repeat offenders a one-time opportunity to use available community resources to turn away from habitual crime.
- LiveWell Granville and other partners are working with GC Schools on various initiatives: volunteer-supported reading programs, community-based tutoring and internet access sites, and a coordinated system for volunteer recruitment and management. GCS has also implemented an alternative to suspension to keep children learning even though disciplined and have added a social worker.
- Project Youth Outreach (VC) works with elementary/middle-school youth on interpersonal skills through a guided growth program.
- Friends of Youth (VC) provides mentoring and group sessions to 7—17 yr olds to decrease potentially adjudicable behaviors.
- JCPC funds a variety of programs in both counties including Community Service/Restitution, and Conflict Management Services.

Child Fatality Prevention Team Report

NC DHHS requires all county health departments to lead a Child Fatality Prevention Team (CFPT), which along with community partners, reviews the causes of all local childhood (0-17 years old) deaths on a quarterly basis. The goal of CFPT is to determine whether deficiencies in service delivery could have contributed to any child's death. No service deficiencies were found in the 2009 review. The causes of death in 2009 for Granville and Vance Counties include: birth defects, perinatal conditions, illnesses, motor vehicle, drowning, suicide, SIDS, and poisoning.



The chart above shows child fatality rates for the counties and the state from 2005—2009. With numbers less than 20, rates can vary greatly from year to year due to even small number changes. Hence, Vance County's spike in 2007 represents 18 deaths, while the low in 2009 represents 7 VC deaths. GC's low in 2005 represents 4 and the high in 2006 represents 9 deaths. While comparing 5 year periods will not show this level of detail, it can be a better indicator of the overall trends. At the same time, it is positive to note that VC's 2009 rate of 5.96 is the lowest it has been since 2000 and for the first time is lower than NC's rate. Granville's rate has not fluctuated to the same extent, but has been consistently lower than the state average.

For the complete CFPT Report, go to community efforts at www.gvdhd.org

Granville and Vance Counties are actively making strides to improve the overall well being of each resident, but change cannot occur in a vacuum. In order to effectively address these priority issues, community members must work together to make Granville and Vance Counties optimal places to live.

Some of our partners include:

- County Cooperative Extension
- County Depts. Of Social Services
- County School Systems
- County Medical Centers
- County United Way Agencies
- Franklin Granville Vance Smart Start
- 5 County Mental Health Authority
- LiveWell Granville
- Henderson Family YMCA

GET INVOLVED!

Help the Granville-Vance District Health Department and its partner groups address Granville and Vance County's leading Health Issues. For more information on what you can do,

CONTACT

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 Amanda Barker (252-492-7915 or abarker@gvdhd.org)
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Vance	Granville
3 Highest Ranking Health Problems 2007 Community Health Assessment	
Drug Abuse	Drug Abuse tied w/ Chronic Disease
Teen Pregnancy	Health Care Access
Chronic Disease	Poor Diet/Low Activity
3 Highest Ranking Safety Issues	
Lack of Jobs	Sale/Manufacture of illegal drugs
Gang-related issues	Lack of youth activities
Sale/Manufacture of illegal drugs	Lack of jobs
5 Highest Ranking Statistical Issues	
Teen Pregnancy	Cancer
Cancer	Diabetes tied with health insurance issues
Heart Disease	Minority Infant Deaths
AIDS/STD rates	Minority teen pregnancy
Health insurance issues	HIV infection rate



Keeping you in Healthy Balance

FOR MORE INFORMATION ABOUT THIS SOTCH REPORT contact the Health Education Staff at the Granville-Vance District Health Department.