Community input is a crucial part of the CHA. GVPH engaged community members at two stages of the process. The Community Health Opinion Survey (CHOS) engaged 352 randomly-selected residents to learn more about their personal health and their concerns for the community as a whole. Residents were also invited to participate in community forums to learn about concerns identified in local health data and to vote on which areas should be chosen as community health priorities.

Granville and Vance are rural counties, with the densest concentrations of population in southern Granville County and around Henderson and Oxford. The population of Granville County is 59,013, and there are 44,244 residents in Vance County. Wealth in Granville County is largely concentrated in the southern part of the county, and the differences in economic resources in different parts of the county can lead to unequal outcomes in health and other measures.

GVPH conducted the 2018 Community Health Assessment for Granville and Vance Counties in partnership with the NC Institute of Public Health, Triangle North Healthcare Foundation, and a CHA Steering Committee. Over the course of 9 months, the group gathered information directly from community residents through surveys and forums and reviewed state and national data. The CHA team compared data points from Granville and Vance Counties to two peer counties: Franklin and Warren, which were chosen for their similarity to the district in geography, demographics and economic factors. Data was also compared to state rates, as well as Healthy North Carolina 2020 objectives.

Priority topic areas examined in the CHA included: access to health care, community safety, education, health equity, mental health and substance use disorder, nutrition and physical activity, poverty and housing, teen pregnancy and sexually transmitted infections, and youth well-being. After comparing all of these issues against each other in terms of their importance and the ability to influence them, the top three community health priorities were: mental health and substance use disorder, youth well-being, and access to health care. Poverty and health equity were identified as cross-cutting themes to be addressed through each priority area.
ACCESS TO HEALTH CARE

Access to health care is essential for improving health at the population level and is an important component of health equity. It includes availability, quality, and convenience of services, as well as residents’ ability to reach and pay for needed care. Whether or not individuals have insurance, barriers include access to transportation and the many costs associated with health care, including co-pays, lab tests, prescriptions, and unpaid time away from work.

MENTAL HEALTH AND SUBSTANCE USE DISORDER

Addiction to drugs or alcohol is a chronic health condition, and those who suffer from it are at risk for early death, certain diseases, injury and disability. Mental health is an integral part of an individual’s health and well-being. Those with poor mental health may have difficulties with relationships, school, work, recreation and self-care. Suicide rates for both Granville and Vance Counties have increased by more than 50% over the past eight years.

LIFE EXPECTANCY

Life expectancy estimates the number of years a person can expect to live in a certain place. Granville County is approaching the Healthy NC 2020 target for life expectancy, but Vance County lags behind Granville County, peer counties and the state for life expectancy.

AVERAGE LIFE EXPECTANCY

Granville County: 78.5 years
Vance County: 74.8 years
North Carolina: 78 years
Healthy North Carolina 2020 target: 79.5 years

> What is Disparity?

A type of health difference that is closely linked with social, economic, and/or environmental disadvantages. Social and economic disadvantages stem from characteristics historically linked to discrimination or exclusion related to race, ethnicity, religion, socioeconomic status, gender, mental health, sexual orientation, geographic location, or cognitive, sensory or physical disability.

POVERTY

The CHA identified poverty as a key lens through which to examine all community health issues. Those living in poverty are most likely to live in unsafe neighborhoods, with limited access to healthy foods, employment options and quality schools.

% OF INDIVIDUALS LIVING IN POVERTY

Granville County: 16.5%
Vance County: 25.6%
North Carolina: 13.9%
Healthy North Carolina 2020 target: 12.5%

YOUTH WELL-BEING

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

WHAT DETERMINES HEALTH?

The health of individuals and the overall communities are affected by the conditions in which they live, work, play, worship, and age. They include factors such as community safety, poverty, housing, education, and transportation. Health equity is achieved when every community member has the opportunity to attain their full health potential and no one’s health is disadvantaged because of socially determined circumstances.

MORE INFORMATION

The full CHA is available in hard copy and online at: https://gvph.org/services/community-services/community-health-assessments/. The complete document includes extensive data and discussion of the issues addressed in this summary, as well as a list of relevant community resources. To volunteer, make suggestions, advocate for public health resources, or request more information, call us at 919-693-2141 (Granville County) or 252-492-7915 (Vance County), or go online to: http://www.gvph.org.