

Granville Vance Public Health COMMUNITY HEALTH ASSESSMENT



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The Granville Vance Public Health Community Health Needs Assessment can be accessed online via the department’s [website](#).

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Acknowledgements

Steering Committee

This Community Health Assessment (CHA) is the product of a multi-month process led by a Steering Committee with input from multiple individuals, organizations, and groups between April 2025 and November 2025. The Steering Committee for this process was comprised of staff from Granville Vance Public Health (GVPH), community partners, and local stakeholders. These individuals were integral in making this comprehensive assessment possible. The Steering Committee would also like to extend gratitude to members of the WOW Coalition and all focus groups participants, community health leaders, and members of the community who gave their time, input, and provided information used in the development of this assessment.

Granville Vance Public Health CHA Steering Committee Members

Name	Organization
Anna Feng*	Granville Vance Public Health
Arneisha Crossen	Vaya Health
Carolyn Powell	Triangle North Healthcare Foundation
Chalis Henderson	Turning Point Community Development Corp.
Cortney M Phillips	Masonic Home for Children
Cynthia Ratliff	Granville County Chamber
Frank Sossamon	Community Citizen
Fransine Sanchez*	Granville Vance Public Health
Gabriel Williams*	Granville Vance Public Health
Jennifer Cufalo	Granville County Chamber of Commerce
Jessica Hawkins	Aim High Keep Pressing
Jesus Peralta*	Granville Vance Public Health
June Manning	Granville Vance Public Health
Karl Johnson*	Granville Vance Public Health
Lisa Macon Harrison*	Granville Vance Public Health
Meredith Huffaker	Oxford Preparatory School
Samantha Branch	NC Guardian Ad Litem Program
Carmen Samuel-Hodge*	UNC Chapel Hill
Sandra Wilkerson	Henderson Vance Chamber of Commerce
Tameeka Williams-Burchette	Vance County Schools
Terry Jones*	Granville Vance Public Health
Tony Cozart	Franklin Granville Vance Smart Start, Inc.
Kimberly McCann	NC Harm Reduction Coalition
Shaniya Boyd*	Granville Vance Public Health

* Members of the GVPH Internal CHA Team

Granville Vance Public Health

GVPH stands as a cornerstone institution in north-central North Carolina, marking over 50 years of dedicated public health service since the 1974 merger of Granville and Vance County health departments. The organization protects and promotes health for residents across more than 800 square miles, operating under their mission through collaboration, innovation, and a commitment to elevating public health practice.



Mission: *The mission of Granville Vance Public Health is to protect and promote health in Granville and Vance counties.*

Vision: *Inspiring a culture of health by improving Your Environment, Your Community, and Your Health.*

GVPH delivers an extensive array of services addressing the full spectrum of public health needs. Clinical services include primary care, family dentistry, Women, Infants, and Children (WIC) nutrition programs, comprehensive immunization services, STD/STI testing and treatment, family planning, maternal and child health services, tuberculosis care, behavioral health, and the innovative CenteringPregnancy® program. Environmental health staff conduct inspections and enforcement activities, while the health education and promotion team leads diabetes prevention programs, substance use treatment initiatives, and various community wellness activities throughout both counties.

Since adopting a Rural Academic Health Department model, GVPH has cultivated partnerships with leading academic institutions including Duke University School of Nursing, the University of North Carolina Gillings School of Public Health, the Center for Health Promotion and Disease Prevention, and North Carolina Central University. These relationships strengthen the connection between research and practice, enhance grant funding capacity, and ensure evidence-based approaches to rural public health challenges.

GVPH Rural Academic Health Department Model



Community partnerships extend throughout both counties, including collaborations with health systems, foundations, schools, and the NCCare360 statewide network connecting healthcare and human services.

GVPH Internal Community Health Assessment Team

Many team members referenced here were also participants in the GVPH CHA Steering Committee. However, it is important to acknowledge the leadership role GVPH played in the 2025 CHA development process given the additional time, resources, and expertise they provided throughout. The staff listed below were key members of the GVPH internal CHA Team.

GVPH Team Member Name	Title
Fransine Sanchez, MPH, CHES	Chronic Disease Prevention Director – MDPP Regional Coordinator
Lisa Macon Harrison, MPH	Health Director
Terry Jones, MPA	Health Promotion & Wellness Supervisor
Jesus Peralta, MSPH	Regional Foundational Capabilities Director
Gabriel Williams, MSPH, MBA	Communications & Staff Support Lead
Dr. Carmen Samuel-Hodge	Professor, Gillings School of Global Public Health and School of Medicine Department of Nutrition
Dr. Karl Johnson	Behavioral Health Integration Specialist
Tyzie Morning, MPH	Youth Integrated Care Lead
Abai Ikwechegh, MPH	Data Analyst
Anna Feng	MedServe Fellow
Cheryl L. Burton	Finance Officer
Shaniya Boyd	MedServe Fellow

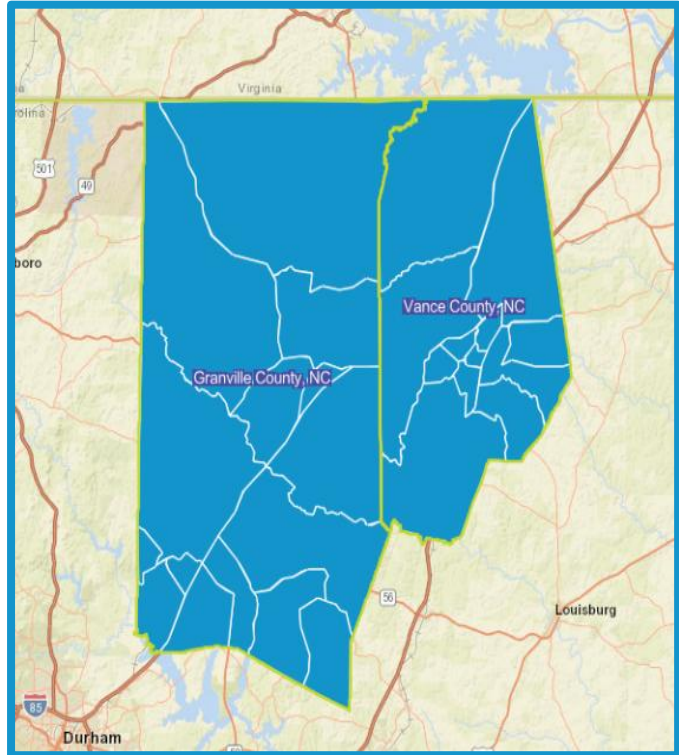
Funding and Consultant Support

With support from **Triangle North Healthcare Foundation**, GVPH consulted with **Ascendient Healthcare Advisors** to facilitate the 2025 CHA. Ascendient works with healthcare organizations and public health departments nationwide to complete IRS and Public Health Accreditation Board (PHAB) conforming community health assessments, improvement plans, and progress tracking mechanisms.

To learn more about Ascendient Healthcare Advisors, please visit their website at www.ascendient.com.

Service Area

GVPH serves a two-county region (Granville and Vance) in North Carolina's Northern Piedmont, located 30-45 minutes north of the Research Triangle. The service area features rolling hills, farmland, and forested areas typical of the Piedmont. Population centers are concentrated around the historic county seats of Oxford and Henderson, while large portions remain sparsely populated rural areas with extensive agricultural operations. Both counties border Virginia to the north, with Granville extending toward Wake County and Vance sitting along the I-85 corridor, maintaining their rural character despite proximity to major metropolitan areas.



2025 Community Health Assessment - Executive Summary



Lead Organization: Granville Vance Public Health

ASSESSMENT OVERVIEW

Granville Vance Public Health (GVPH) completed this Community Health Assessment to identify the most pressing health needs in Granville and Vance counties. This report helps us plan how to make our communities healthier over the next several years. GVPH serves 103,800 residents across two rural counties in north-central North Carolina. The assessment used surveys, focus groups, interviews, and health data to understand what our community needs most.

What We Wanted to Do

- Identify the biggest health problems in our communities
- Understand what causes these health issues
- Find out what health resources are available
- Determine barriers that prevent people from being healthy
- Choose health priorities to focus on for the next several years

Who We Wanted to Reach

- Granville County residents (61,439 people)
- Vance County residents (42,361 people)

How We Gathered Information:



176 Community Health Surveys



48 Key Leader Surveys



6 Focus Groups



7 Key Leader Interviews



Over 100 health indicators from state and national databases

Priority Area: Physical Health

People in our counties live shorter lives than most North Carolinians, with Vance County residents living about 5 years less than Granville County residents. Cancer and heart disease cause the most deaths, and many adults have diabetes or high blood pressure that isn't well controlled. One in four children don't have enough food to eat, which makes health problems worse. The main reasons people can't stay healthy are healthcare costs, not enough doctors, difficulty buying healthy food, no safe places to exercise, and trouble getting to medical appointments.

Priority Area: Behavioral Health

Mental health and substance use are top health concerns in our community. More than half of residents surveyed and 8 out of 10 community leaders identified these as serious problems. Drug overdose deaths happen more often here than the state average, and many people, especially young people and seniors, struggle with depression, anxiety, and feelings of loneliness. The biggest barriers to getting help are not enough counselors and treatment providers, high costs, shame about asking for help, and difficulty getting to appointments.

Next Steps: The Steering Committee will develop a Community Health Improvement Plan (CHIP) to address behavioral health and physical health, focusing resources on vulnerable populations.

CHA Data Summary: Physical Health



Life Expectancy

Vance County residents live significantly shorter lives than NC average

- Life expectancy: 70.1 years vs. 75.9 NC



Cancer Burden

Cancer is the #1 cause of death

- GVPH Service Area: 238.9 per 100,000 vs. 190.9 NC mortality rate (25% higher)
- Vance County: 258.9 per 100,000



Chronic Disease

Diabetes prevalence elevated in Vance County

- 13.6% vs. 10.6% NC average

High blood pressure significantly higher in Vance County

- 38.8% vs. 32.1% NC average

Heart disease mortality rate in Vance County far exceeds benchmarks

- 282.1 per 100,000 vs. 196.0 NC average (44% higher)

Community Perspective

Top health concerns identified by community survey:



- **40%** Diabetes or high blood sugar
- **30%** Weight status (overweight/obese)
- **26%** Heart disease or high blood pressure
- **20%** Cancer



86% of community survey respondents identified cost as barrier to healthcare

Over half of residents surveyed worry about medical bills if they get sick or injured



“For this community we are tasked with chronic illness which includes, all of those [issues] from obesity to diabetes to high blood pressure.”

-Key Leader Interview

“Diabetes, I know is an issue that we have. It's all ages. But we're seeing a lot of the results in younger people that are not healthy.”

-Key Leader Interview

KEY TAKEAWAY

Physical health challenges in Granville and Vance counties are driven by high chronic disease prevalence, particularly in Vance County where residents face significantly shorter life expectancies and elevated mortality rates from cancer as well as higher prevalence of heart disease and diabetes. Access barriers including cost, compound these challenges.

CHA Data Summary: Behavioral Health



Mental Health Status

Vance County has higher rates of mental distress than North Carolina:

18.7% of Vance County adults experience frequent mental distress vs. 16.5% NC average

Granville County suicide rate significantly exceeds state average:

18.6 deaths per 100,000 vs. 14.0 NC average (33% higher)



Substance Use

Vance County drug overdose deaths far exceed benchmarks:

42.6 per 100,000 vs. 32.4 NC average (31% higher)

Opioid deaths in Vance County among highest in region:

39.4 per 100,000 vs. 27.1 NC average (45% higher)

Community Perspective



“I think that the **stigma** is our biggest [challenge]... in our community a lot of our families are like you just keep business in your house.”
-Key Leader Interview



56% of community survey respondents identified mental health as top concern



81% of key leaders surveyed identified mental health/substance use as top concerns



1 IN 3 community survey respondents feel isolated, lack companionship, or feel left out



41% of community survey respondents' lives negatively affected by substance abuse issues



80% of key leaders surveyed do not believe there are enough mental health and substance use providers in the community



“Middle schoolers, specifically African American males, are now presenting higher levels of suicide.”
- Community Focus Group

KEY TAKEAWAY

Behavioral health challenges affect residents across all ages and communities in Granville and Vance counties. Mental health conditions and substance use disorders create interconnected challenges compounded by provider shortages, cultural stigma, and access barriers.

Introduction

The GVPH CHA demonstrates a comprehensive approach to understanding and addressing community health needs while fulfilling requirements for public health departments as defined by the North Carolina Department of Health and Human Services (NCDHHS) and Public Health Accreditation Board (PHAB).

Public Health Requirements

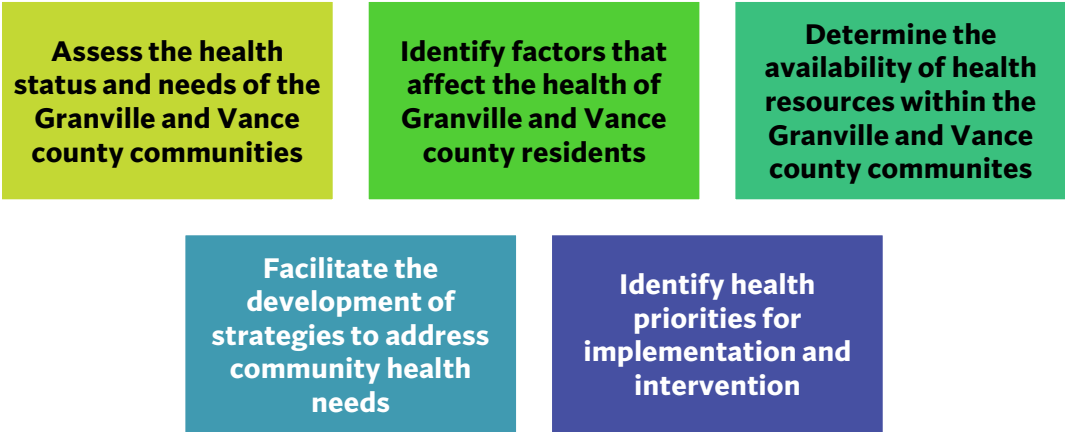
NCDHSS requires local health departments to conduct a comprehensive CHA at least once every four years. This process helps health departments identify key health issues affecting their communities and develop strategies to address those needs. In addition, the PHAB Standards and Measures outline requirements for governmental public health departments seeking to demonstrate their conformity with national practice standards.

The CHA is required in PHAB’s Standard 1.1, with the purpose of ensuring health departments assess the health of the population served. The CHA should be used to inform priority setting, planning, program development, policy change, coordination of resources, prepare for funding applications, and to find new ways to collaboratively use community assets while making sure this information is available to other public health system partners who may also use it for similar purposes.

Process Overview

The process used to produce this CHA followed several steps and considered numerous data sources. Both primary and secondary data were gathered, analyzed and incorporated into this report to provide a comprehensive overview of health and factors impacting health and wellbeing in the service area. Key objectives of this process were to:

Figure I.1: Key CHA Process Objectives



To achieve these objectives, the Steering Committee has worked through a multi-step process as illustrated below. The data used to describe health priorities in this report will be used to guide the Steering Committee’s ongoing efforts to complete the final phase in **Figure I.2**, which is developing the Community Health Improvement Plan (CHIP).

Figure I.2: Multi-Step CHA-CHIP Process Overview

Establish a Steering Committee	Data Collection and Integration	Prioritization	Resource Inventory	CHA Report	CHIP
Gather the Steering Committee to review the project plan, and timeline	Collect and analyze primary and secondary data Integrate data to define and describe population health	Conduct a prioritization process to select health priorities	Identify existing resources for addressing health priorities	Create and publish a CHA Report	Develop a community health improvement plan

CHA Report Structure

This report includes several chapters and appendices that further describe the processes and data used to arrive at priority health issues for GVPH. A summary of each major section of the report is provided below:

[Chapter 1 | Methodology](#) – The methodology chapter provides an overall summary of how data and information were collected and incorporated into the development of this CHA. This also includes study limitations and the process by which priority health need areas were identified and selected.

[Chapter 2 | Community Profile](#) – This chapter details the demographic (such as age, gender, and race), geographic, and socioeconomic characteristics of the service area.

[Chapter 3 | Priority Health Need Areas](#) – This chapter describes each identified priority health need area for the Granville Vance region. It summarizes new and existing data that supports and explains each health need area and why they were prioritized. This chapter also describes the impact of health differences among various sub-groups in the service area specific to the priority health need areas.

[Chapter 4 | Health and Social Service Resource Inventory](#) – This chapter documents existing health and social service resources currently available in the service area that can be leveraged to address the priority health need areas.

[Chapter 5 | Next Steps](#) – This chapter briefly summarizes next steps that will occur to address the priority health need areas discussed throughout the CHA report.

In addition, the appendices of this report define and describe various data sources used during the development of this report in detail, including:

[Appendices 1-3 | Detailed Summary of Secondary Data Measures and Findings](#) – Existing data measures and findings used in the prioritization process are presented.

[Appendices 4-7 | Detailed Summary of Primary Findings](#) – Summaries of new data findings from key leader and community health surveys, focus groups, and key leader interviews.

[Appendix 8 | WOW Coalition Membership](#) – A listing of individuals and organizations involved in this cycle of the CHA development process.

Chapter 1: Methodology

The process used to assess the service area’s community needs, challenges, and opportunities included multiple steps. Both primary (new) and secondary (existing) data were used to ensure a more complete picture of health needs impacting these communities. Various data sources gathered and reviewed for this CHA were considered individually and integrated to identify, explain, and assist the Steering Committee in best understanding the most pressing community health needs impacting the service area.

The following sections describe the data gathered, analyzed, and used to inform the CHA report and the subsequent prioritization and selection of priority health needs identified from this assessment process.

Primary Data

Engagement and feedback were gathered through multiple data collection processes over the course of several weeks from community residents and leaders throughout the region. The Steering Committee worked with Ascendent Healthcare Advisors to administer online community health and key leader surveys, to facilitate in-person community focus groups, and to complete key leader interviews. Across all four data collection strategies, community members and key leaders participated and offered their input and insights about health and social issues impacting their communities.

Table 1.1: Primary Data Inputs for 2025 CHA Process	
Data Collection Strategy	Total Number of Participants
Community Health Survey	176 Responses
Key Leader Survey	48 Community Leaders
Community Focus Groups	46 participants across 6 focus groups
Key Leader Interviews	7 Community Leaders

Community Health Survey

The Steering Committee developed survey questions for the community health survey. Community members aged 18-years or older were asked to participate in the online survey. Input from residents was gathered on a variety of topics, including perceptions about the most significant health and social needs in the community, personal health status, experiences seeking and receiving healthcare services, perceived barriers to accessing healthcare services, where they seek and receive health information, and health literacy.

The survey was designed to be distributed broadly across both counties with a focus on ensuring representation from diverse community members. The survey remained open for approximately three months for data collection between June 11th and September 22nd, 2025. Additional details about the community health survey tool and administration process can be reviewed in [Appendix 6](#).

Key Leader Survey

Key leaders in the community were invited to participate in an online survey that gathered insights about their organizations, the populations they serve, and their perceptions about health challenges and assets in the community. Survey participants represented a cross-section of organizations and sectors, including healthcare, education, government, social services, business, and faith-based organizations. Many of these participants serve as members of the WOW Coalition. The survey was distributed between June 11th and July 7th, 2025, and 48 responses were gathered. Additional details about the key leader survey tool and administration process can be reviewed in [Appendix 6](#).

Community Focus Groups

Six in-person focus groups were conducted between July 21 and July 24, 2025. A total of 46 community members participated in the focus groups, sharing their experiences living in and receiving healthcare in Granville and Vance counties. Focus groups were designed to gather in-depth qualitative information about community health needs, barriers to accessing healthcare, and community assets from the perspective of residents.



Photo of focus group participants
Photo Credit: Granville Vance Public Health

Participants discussed topics such as healthcare access, social drivers of health (SDOH), major health concerns, and highlighted community strengths and assets. The focus groups included the following populations and locations:

- **July 21st, 2025:** Granville County Seniors at the South Granville Senior Center
- **July 22nd, 2025:** Women's Group at AIM High – Keep Pressing in Vance County
- **July 22nd, 2025:** Youth Group at AIM High – Keep Pressing in Vance County
- **July 22nd, 2025:** Spanish Speaking Community at GVPH in Granville County
- **July 23rd, 2025:** Vance County Pastors' Group at Hermon Community Church
- **July 24th, 2025:** Granville County Pastors' Group at West Oxford Baptist Church



Photo of focus group participants.
Photo Credit: Granville Vance Public Health.

All focus groups were facilitated by Ascendient, with GVPH co-facilitators and El Centro Spanish interpretation provided where needed. Additional details about the community focus groups can be reviewed in [Appendix 5](#).

Key Leader Interviews

The Steering Committee identified a list of key leaders representing a variety of sectors and different communities within the service area who were invited to participate in virtual interviews facilitated by Ascendient Healthcare Advisors. All one-hour interviews were conducted between May 9 and May 31, 2025.

Interviewees were asked questions about the community they serve, specifically relating to health, social, and environmental issues and access to healthcare challenges and barriers. These interviews provided an opportunity to gather more detailed insights from

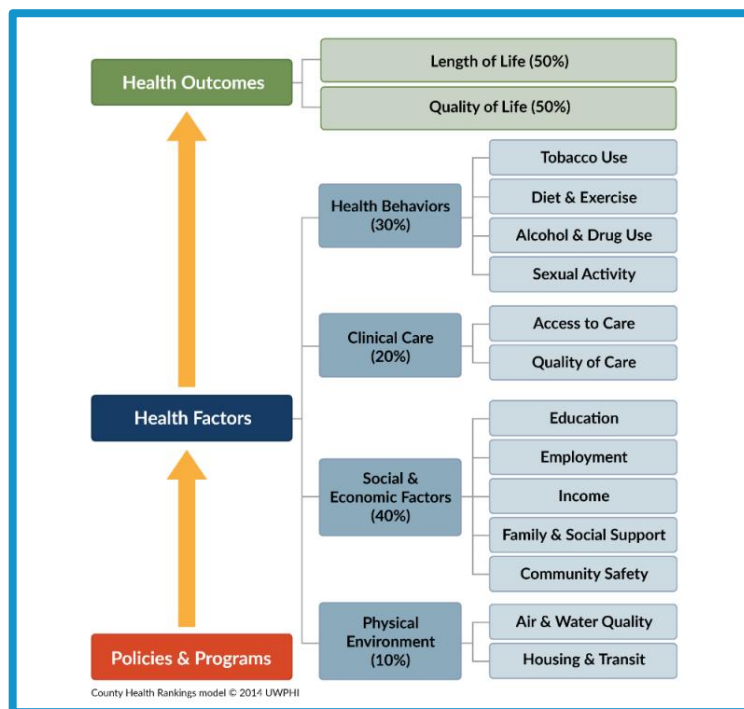
community leaders about health priorities, existing resources, gaps in services, and potential solutions. Additional details about the interviews can be found in [Appendix 5](#).

Secondary Data

Secondary data for this CHA were gathered from multiple publicly available sources to describe geographic, demographic, social and economic factors, environmental factors, health status and disease trends, mental and behavioral health trends, and individual health behaviors. Data were gathered, organized, and presented to the Steering Committee following the groupings and subgroupings reflected in the University of Wisconsin Population Health Institute’s County Health Rankings Model. Health indicators were organized into two primary categories:

- **Lagging Indicators (Health Outcomes):** Measures reflecting the current health status of the community, including length of life and quality of life indicators.
- **Leading Indicators (Health Factors):** Measures that influence future health outcomes, encompassing clinical care, health behaviors, physical environment, and social and economic environment factors.

Figure 1.1 Population Health Framework, Modeled after the University of Wisconsin’s County Health Rankings Methodology¹



¹ University of Wisconsin Population Health Institute. (2025). *The evolution of the model*. County Health Rankings & Roadmaps. <https://www.countyhealthrankings.org/health-data/methodology-and-sources/methods/the-evolution-of-the-model>

Secondary data collection included the analysis of over 100 data indicators at the county level, providing comprehensive baseline information about health outcomes and health factors affecting the population. A subset of key secondary data sources used to inform GVPH’s CHA process are reflected in the list below and cited throughout this report:

Figure 1.2: Secondary Data Sources



Each data source with its corresponding indicator definition as well as timeframes are included in [Appendix 1](#).

Data Comparisons

To identify priority health issues for the CHA, a systematic methodology was developed to compare health indicators for Granville and Vance counties against North Carolina state benchmarks. This approach ensured community health issues of highest priority were identified for further evaluation using a practice-informed approach based on comparisons between local performance and state averages for reviewed indicators.

To understand the relevance of existing data collected throughout the process, each secondary data measure was compared to a benchmark, target, or similar geographic area if possible. This was done to determine how population health and factors impacting health

of residents in the service area compared to similar populations or service areas. Ascendient used the following methodology to identify "high needs" in the secondary data:

Quantitative Thresholds for Determining 'High Need' Indicators

- **Relative Difference:** Performance at least 25% worse than the state benchmark
 - **Example:** Vance County's heart disease mortality rate (282.1 per 100,000) compared to North Carolina average (196.0 per 100,000) represents a 43.9% higher rate, indicating a high need area
 - **Rationale:** A 25% threshold for relative differences ensures that identified differences represent meaningful differences between the county and the state that warrant attention and intervention.
- **Percentage Point Difference:** Performance at least 5 percentage points worse than the state average for prevalence measures
 - **Example:** Vance County's high blood pressure prevalence (38.8%) compared to North Carolina average (32.1%) shows a 6.7 percentage point difference, exceeding the 5-point threshold
 - **Rationale:** For percentage-based measures, a 5-percentage point difference represents a practically significant difference that can impact population health.

These high priority thresholds were derived through a process developed and applied by Ascendient's team when conducting secondary data analysis for community health assessments. This threshold-setting process considers relative difference thresholds grounded in practice-informed guidance drawn from Healthy People 2030, County Health Rankings, Centers for Disease Control and Prevention, NACCHO, and Ascendient's experience conducting community health assessments across the United States.

Geographic Comparisons

The methodology for this assessment compared three primary geographies – Granville County, Vance County, and the Combined Service Area (both counties together) - against North Carolina state benchmarks. This multi-level comparison approach allowed for identification of needs that may vary between the individual counties and provides comprehensive understanding of health differences across the region served by GVPH. Analysis revealed that Granville County falls slightly ahead of both state and national averages for population health and well-being, while Vance County falls behind both the national and state averages, creating distinct health needs profiles within the service area.

Analytical Approach

Each health indicator was systematically reviewed to determine if local performance was significantly worse than North Carolina state benchmarks. Indicators meeting the high need criteria were categorized by their respective health domain and ranked by the magnitude of difference from state averages.

Data Integration and Triangulation

Primary and secondary data integration is the process of combining information collected directly from community members (primary data) with existing datasets from official sources (secondary data) to create a more comprehensive understanding of health issues. Data triangulation is a method of research which uses multiple 'angles' to confirm findings and reduce potential for bias or limits associated with each single source of data.²

As noted in previous sections of this report, primary data include information gathered specifically for the assessment through methods like surveys, interviews, and focus groups. These data provide context, lived experiences, and current perceptions that may not be captured in official statistics. In contrast, secondary data comes from pre-existing sources such as census reports, national and state assessments, hospital records, and research studies. Secondary data offer quantifiable metrics of health data, historical trends of health in the community, and comparative benchmarks.

Integration and triangulation involved analyzing where these data sources align or diverge, identifying patterns that appear in both types of data, and using each to provide context for the other. This combined approach produces more robust findings that reflect both statistical realities and community perspectives.

While data and key findings by data source and type are provided individually in the appendices of this CHA report, data integration and triangulation across all available sources and types was applied in Chapter 3 to define, describe, and provide context and nuance surrounding the selected priority health needs.

Study Limitations

This CHA aligns more closely with community-based assessments rather than research-based evaluation, as it focused on gathering and using data from a variety of sources to identify and understand what is happening in the community. The CHA accomplished this goal, but not without notable limitations that are described below.

² Carter N, Bryant-Lukosius D, DiCenso A, Blythe J, Neville AJ. The use of triangulation in qualitative research. *Oncol Nurs Forum*. 2014 Sep;41(5):545-7. doi: 10.1188/14.ONF.545-547. PMID: 25158659.

Secondary Data Limitations

Timing: CHA data may not always reflect current community conditions due to timing challenges with data sources. While developing this assessment, newer information may have been released after our analysis period ended. Most secondary data sources have a one to three-year lag between collection and publication. For instance, Census Bureau data is typically released late the year after it's been collected. To address these limitations, the Steering Committee gathered supplemental insights through focus groups, key leader interviews, and online surveys of community members and leaders.

Demographic Underrepresentation: Some existing data sources provide limited demographic breakdowns by factors such as gender, age, race, and ethnicity. Underrepresented populations, including undocumented immigrants, homeless individuals, or those without reliable internet access, are frequently missed in standard data collection processes.

Primary Data Limitations

Elements of this assessment, like web-based surveys, focus groups, and interviews gathered insights from community members and key community health leaders on a variety of topics. Due to time and resource constraints, as well as the community-based versus research-based approaches to conducting the CHA, primary data collected for this process was gathered through convenience-based sampling methods.

While the Steering Committee was committed to gathering input from a broad cross-section of the community, it is important to note that the data collected via primary methods is not fully representative of the population's demography and geography. However, those participating in one or more data collection processes offered their expertise, perceptions, and understanding of health and community issues based on their own lived experiences and/or interactions with service recipients in the region. The Steering Committee values the input and context provided via the primary data collected through the CHA process in the region, while also acknowledging its limitations as standalone sources of data.

Lack of Data on Specific Demographics or Health Differences

Given the size of the region in population and geography, this assessment was limited in its ability to fully capture health differences and needs across racial and ethnic groups. Despite the lack of available data, attempts were made to include sub-segments of the greater population through the new data gathered throughout the CHA process.

Prioritization Process Overview and Results

Once primary and secondary data were collected, analyzed, integrated and triangulated, a comprehensive prioritization process was conducted. This process involved stakeholders from the Granville Vance Public Health Steering Committee participating in a prioritization meeting where a comprehensive overview of the CHA findings and preliminary priority areas identified through the data analysis were presented.

During this stakeholder meeting, Steering Committee members engaged in a live polling exercise to prioritize health needs of the service area. Participants were asked to select three issues they believed were priorities for the Granville Vance service area. The voting process considered multiple factors including:

Figure 1.3: Voting Considerations for Prioritization

Size of the problem:

- The scope and scale of the health issue affecting the population

Severity of the problem:

- The intensity and impact of the health need on community well-being

Available/feasible solutions/strategies:

- Whether evidence-based interventions exist and are implementable

Level of resource availability to address the problem:

- The capacity and resources available to tackle the issue effectively

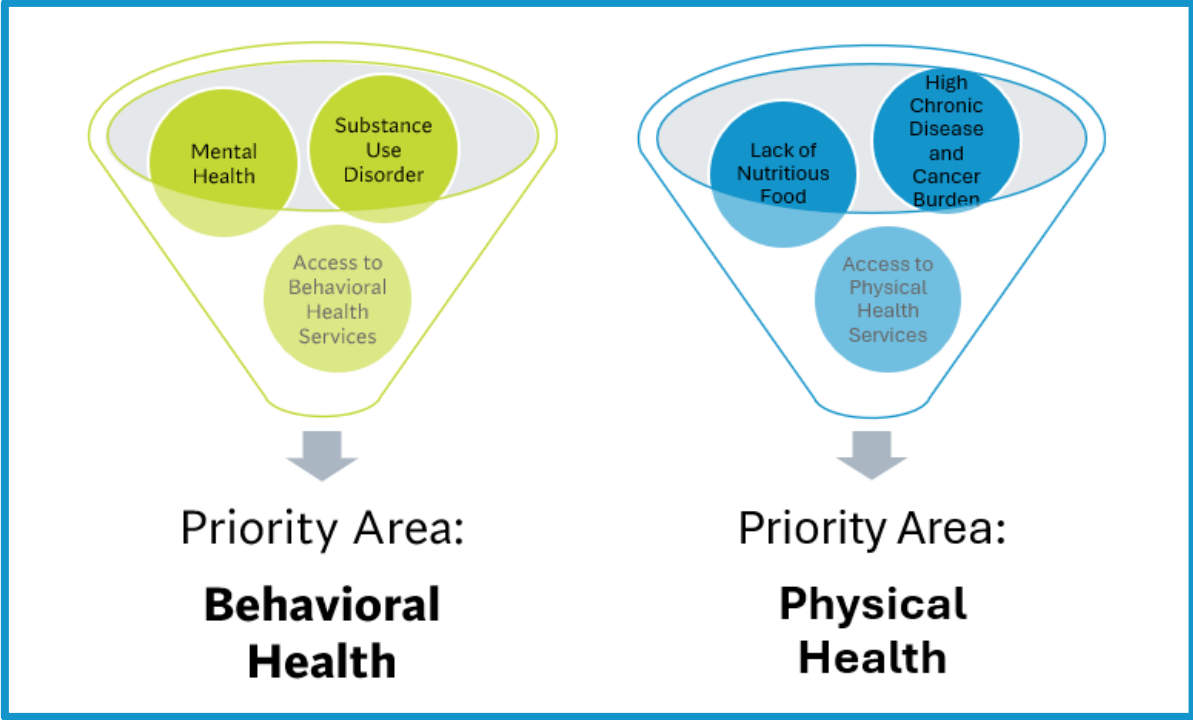
Community will/support to address the problem:

- The level of community commitment and engagement to work on the issue

The voting exercise involved narrowing a broad list of health concerns and socio-environmental drivers that had emerged as possible priority health needs based on the data analysis. Through this collaborative stakeholder input process, priority health needs reflecting both data-driven evidence and community input from Steering Committee members and other stakeholders throughout the service area were selected.

Selected priority health needs for the 2025 CHA included:

Figure 1.4: 2025 Priority Health Needs



The priority health needs selected (**Behavioral Health and Physical Health**) through this process were not ranked in order of importance; rather, both will be addressed over the next four years through the community health improvement planning (CHIP) process. Fairness in health outcomes and SDOH were highlighted as important considerations that will be applied across both priority areas to ensure that interventions address differences and promote equitable health outcomes for all residents of the service area.

Methodology Summary

The combination of primary data collection from focus group participants, key leader interviews and surveys, community health surveys, and extensive secondary data analysis from over 100 indicators provided the foundation for evidence-based priority identification. While acknowledging the limitations inherent in community-based assessment approaches, the triangulation of data sources and prioritization criteria established a thorough understanding of health needs across the service area.

The data collected through this methodology informs the community profile presented in the following chapter, which provides essential context about the demographic, geographic, and socioeconomic characteristics of the population served by GVPH.

Chapter 2: Community Profile

Understanding the demographic, geographic, and socioeconomic characteristics of the Granville Vance region is essential for identifying and addressing community health needs. This chapter provides a comprehensive overview of who lives in the service area, where they live, and the social and environmental conditions that influence their health.

Geographic Profile of the Service Area

The GVPH service area, encompassing Granville and Vance counties in North Carolina, represents a distinct area in the northern part of the state along the Virginia border. The service area, spanning approximately 758 square miles, has a combined population of 103,800 residents.

Table 2.1: Population Statistics, 2019-2023 ³					
	Service Area	Granville County	Vance County	North Carolina	United States
Total Population	103,800	61,439	42,361	10,584,340	338,440,954

Granville County, with a land area of approximately 536 square miles, is characterized by rolling hills and fertile soil that has supported traditional agriculture. Vance County, with a land area of approximately 222 square miles, shares a similar geographic profile. The region includes the municipalities of Henderson (the largest city and county seat of Vance County), Oxford (the county seat of Granville County), and several smaller towns scattered throughout both counties.



Photo of downtown Oxford, NC in Granville County.
Photo Credit: Adobe Stock.

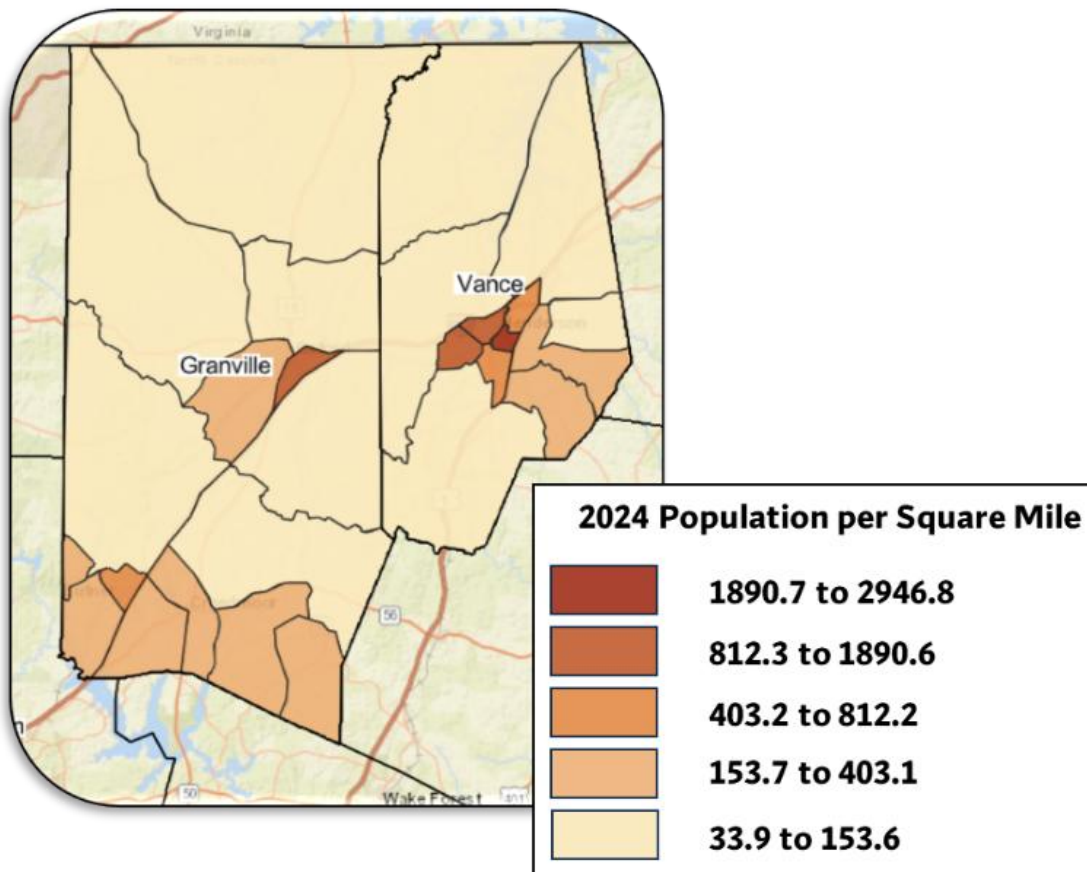
³ U.S. Census Bureau. (2024). American Community Survey 5-year estimates, 2019–2023.

<https://www.census.gov/programs-surveys/acs>

Population Density

Population density in the service area varies widely. Both Granville and Vance counties have large areas that are sparsely populated. The densest areas are in and around Henderson (Vance County) and Oxford (Granville County), as shown in the population density map below (**Figure 2.1**).

Figure 2.1: 2024 Population Density Map, by Census Tract⁴



⁴ Esri Business Analyst (2024).

Urban vs. Rural Distribution

The rural nature of the service area is important for community health planning because rural populations often face unique challenges including limited healthcare access and longer travel distances to services. Understanding this geographic distribution helps inform appropriate service delivery models and identifies potential access barriers.

Figure 2.2: Population Living in Urban vs. Rural Areas³

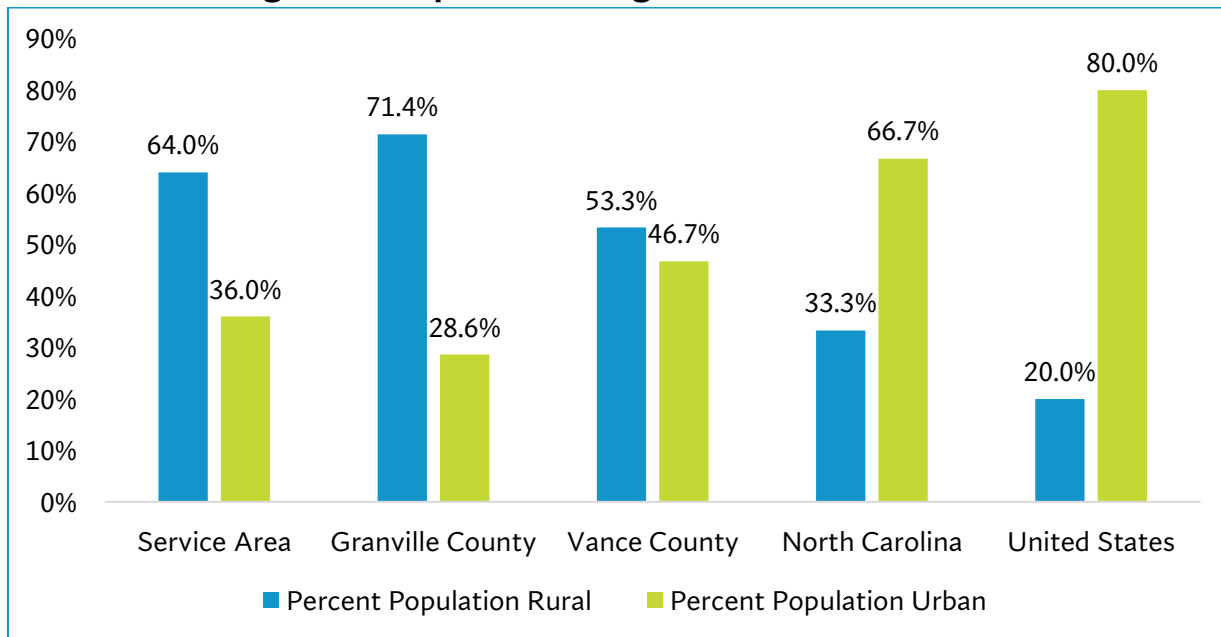


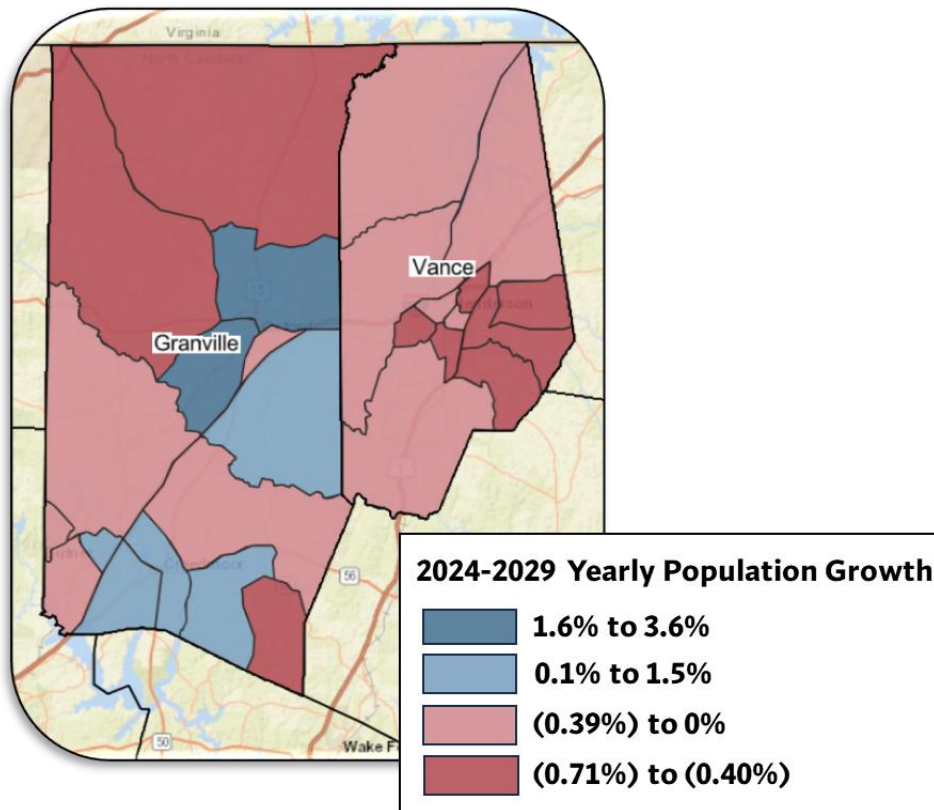
Photo of Kerr Lake in Vance County.
Photo Credit: Adobe Stock.

Both counties have a higher percentage of their respective populations living in rural areas when compared with North Carolina and the United States averages. Granville County is particularly rural. The service area's rural character has important implications for health service delivery, transportation access, and community health improvement strategies

Population Projections and Trends

Projected population trends in the region differ across the two counties, reflecting broader demographic shifts in rural North Carolina where some communities are losing residents while others experience modest growth.⁵ Vance County is expected to experience a population decrease over the next five years, while Granville County is anticipated to see a population increase during the same timeframe.

Figure 2.3: 2024-2029 Population Growth Map, by Census Tract⁴



Demographic Profile of the Service Area

Population figures discussed throughout this chapter were obtained from the US Census Bureau's American Community Survey, ESRI Business Analyst, the North Carolina Data Portal and other reliable demographic data sources that provide comprehensive information about the service area.

⁵ NC Office of State Budget and Management. (2025, February 3). *NC to Become 7th Most Populated State in Early 2030s*. Retrieved from <https://www.osbm.nc.gov/blog/2025/02/03/nc-become-7th-most-populated-state-early-2030s>

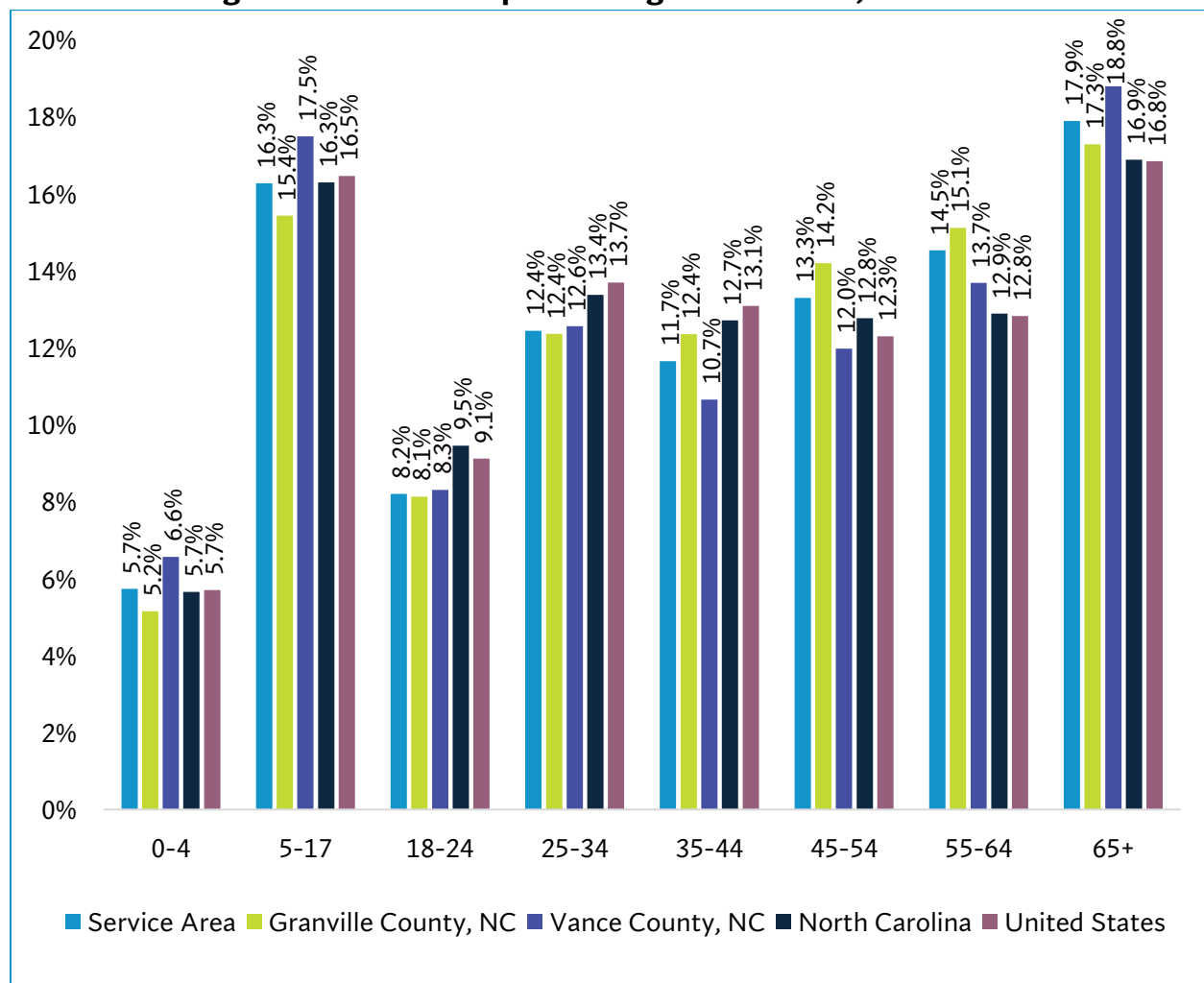
Age and Sex of Service Area Residents

Understanding the community's age and sex distribution helps healthcare leaders better understand and meet everyone's health needs. The age structure of a population influences healthcare service demands, from pediatric care for younger populations to specialized services for aging communities.

Population Age Distribution

The age distribution in the region shows some patterns that differ from state and national averages. Vance County has a higher population of children under 18 as well as adults over 65 compared to both Granville County and state and national averages. Granville County's population is slightly older than state and national averages.

Figure 2.4: Percent Population Age Distribution, 2019-2023³

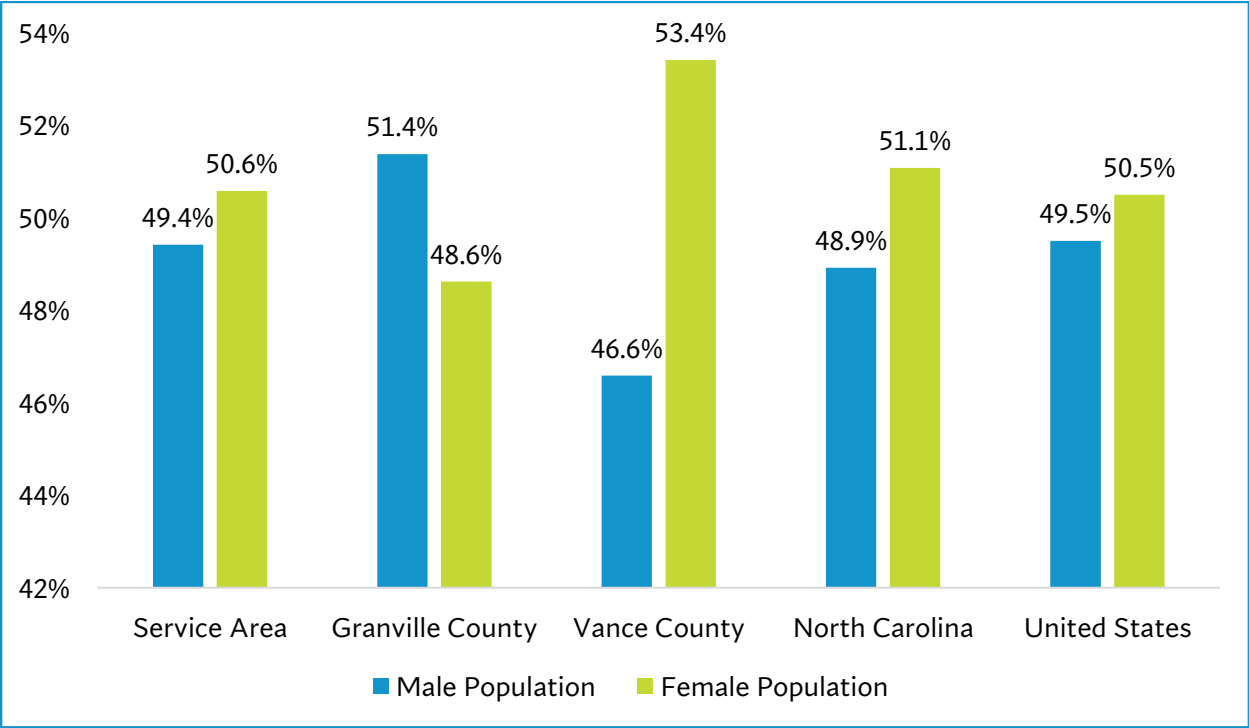


Both counties have higher percentages of older adults (65+) compared to state and national averages, which has crucial implications for healthcare service planning as older adults typically require more frequent and specialized healthcare services.

Population Sex Distribution

The sex distribution in both counties shows a relatively balanced population between males and females, which closely aligns with both state and national patterns.

Figure 2.5: Percent Population Sex Distribution, 2019-2023³



Race, Ethnicity, and Languages Spoken in the Region

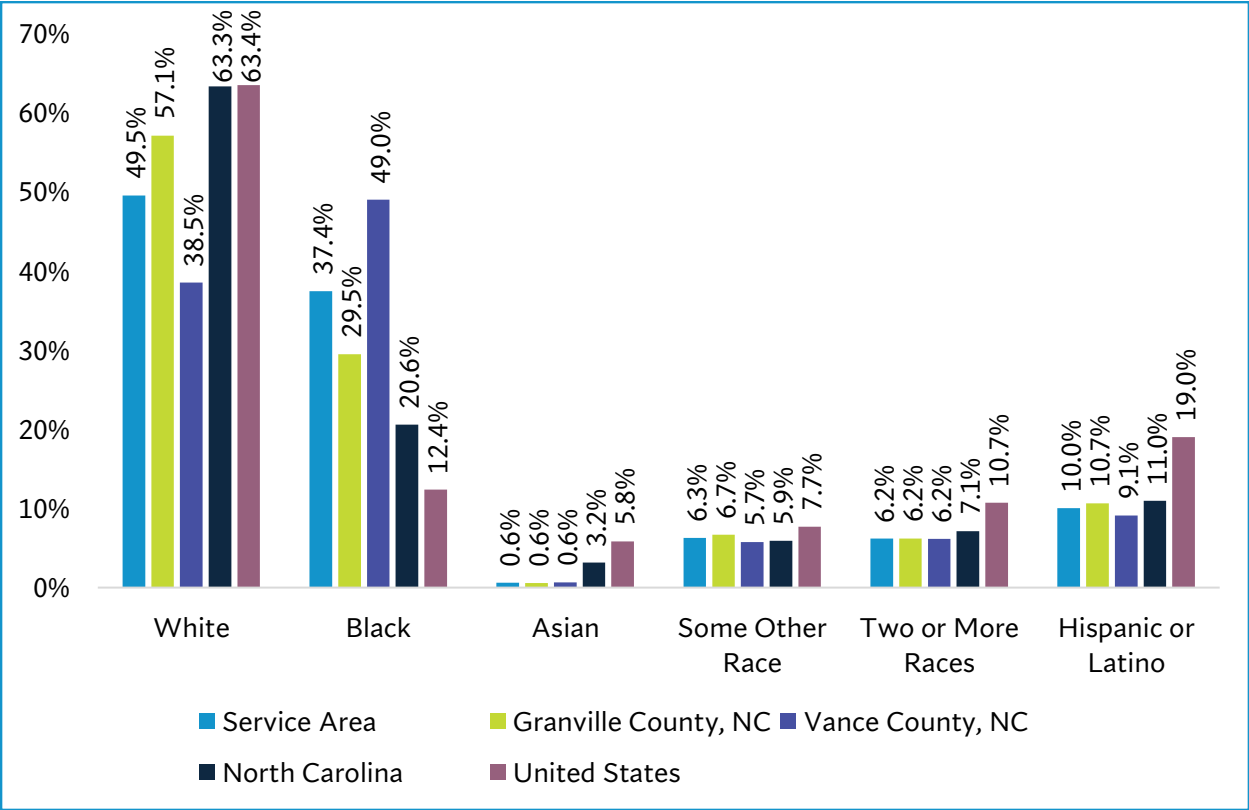
Different cultural backgrounds can influence how people think about health, when they seek medical care, and what types of treatment they prefer. Language differences can also affect how easily community members can communicate with healthcare providers or understand health information.

Race and Ethnicity of Residents

The service area demonstrates significant racial diversity, with notable differences between the two counties. Nearly 60% of Granville County's population is White, while almost half of Vance County's population is Black. Both counties appear to be more racially diverse when compared with North Carolina population demographics. This racial and

ethnic composition has important implications for advancing health for all and culturally responsive health services.

Figure 2.6: Population by Race and Ethnicity, 2019-2023³



Languages Spoken and English Proficiency

Language barriers can greatly impact healthcare access and health outcomes. The service area shows lower rates of non-English language use compared the state and nation.

Table 2.2: Languages Spoken at Home and English Proficiency, 2019-2023 ³					
	Service Area	Granville County	Vance County	North Carolina	United States
Language Other than English Spoken at Home	8.5%	9.4%	7.2%	13.0%	22.0%
Population with Limited English Proficiency	3.2%	3.8%	2.2%	4.9%	8.4%

Of those who speak another language at home, the most common language spoken is Spanish.³ Although both counties have fewer residents who speak languages other than English at home compared to state and national averages, there is a sizable Hispanic/Latino population in the region.

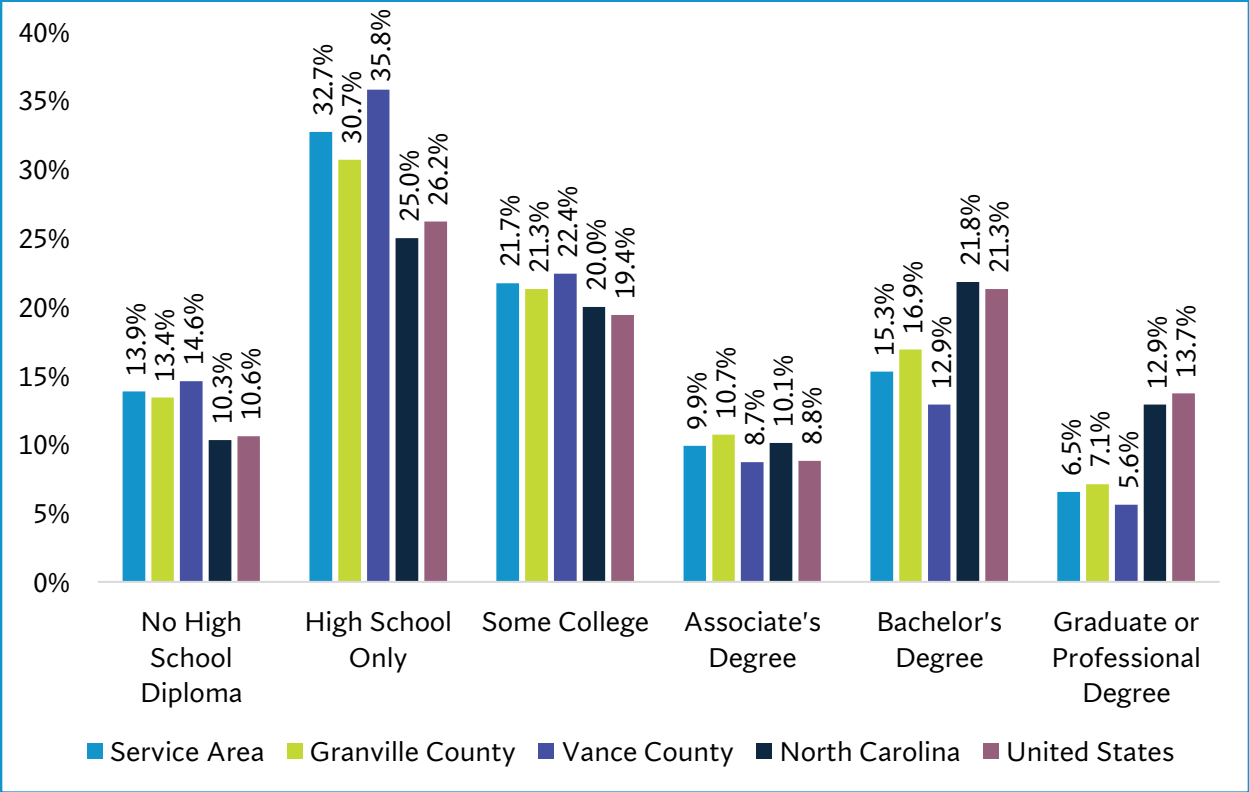
Socioeconomic Environment

Socioeconomic factors are among the strongest predictors of health outcomes. This section examines education, employment, income, housing, food security, and safety indicators that influence health and well-being in the Granville Vance region.

Education

Education is a powerful SDOH. Higher levels of education are associated with better health outcomes, higher incomes, and greater access to resources that support health and well-being. Educational attainment in the service area shows major differences between the two counties and compared to state and national averages.

Figure 2.7: Educational Attainment, Percent of Adults Over 25, 2019-2023³



Educational attainment in Vance County lags behind Granville County, particularly in higher education completion rates. Vance County has a higher percentage of adults without a high school diploma compared to Granville County and the state average. Conversely, Granville County shows higher rates of college education, though both counties fall below state averages for population with bachelor's degrees or higher.

School Quality and Funding

Granville County shows less school segregation than Vance County, and both counties have lower school segregation than the North Carolina average. Additionally, both counties are facing school funding shortfalls, most significantly in Vance County.

Table 2.3: School Quality Indicators					
	Service Area	Granville County	Vance County	North Carolina	United States
School Segregation Index, 2023-24^{6,7}	0.12	0.10	0.15	0.10	0.24
School Funding Adequacy, 2022^{1,8,}	-\$6,885	-\$3,434	-\$11,829	-\$2,391	-\$1,337

Employment and Income

Economic conditions in the region show stark differences between the two counties, with important implications for closing gaps in health outcomes and access to care.

Table 2.4: Employment and Income Indicators					
	Service Area	Granville County	Vance County	North Carolina	United States
Unemployment Rate, 2024⁹	3.4%	2.8%	4.6%	3.4%	3.9%
Median Household Income, 2019-2023³	Data Not Available	\$70,975	\$46,943	\$69,904	\$70,784
Population Below 100% Federal Poverty Level, 2023¹⁰	16.3%	11.4%	23.2%	12.8%	12.5%
Children Below 200% Federal Poverty Level 2019-2023³	50.2%	40.3%	62.3%	40.4%	36.6%
Income Inequality, 2019-2023^{3,11}	0.45	0.44	0.46	0.48	0.48

⁶ National Center for Education Statistics, NCES - School Segregation Index. Accessed via County Health Rankings. 2023-2024

⁷ Index ranges from 0 to 1 with lower values representing less segregation

⁸ Gap between actual and required spending per pupil among public school districts (negative values indicate underfunding)

⁹ US Department of Labor, Bureau of Labor Statistics. (December 2024).

¹⁰ US Census Bureau, Small Area Income and Poverty Estimates. 2023.

¹¹ GINI Index: 0 = Complete Equality, 1 = Complete Inequality

Granville County's median household income is slightly higher than the state benchmark, and there are slightly fewer residents below the federal poverty level. In Vance County, the median household income is much less than the state benchmark, and there are significantly more residents below the federal poverty level. Vance County faces profound economic challenges with higher poverty rates, lower household incomes, and greater unemployment than neighboring regions. These economic differences directly impact health outcomes by creating barriers to healthcare access and limiting resources for maintaining healthy lifestyles.

Food Security

Food insecurity, defined as lacking consistent access to enough food for an active, healthy life, can lead to malnutrition, diet-related chronic diseases, and poor health outcomes across the lifespan. Food access challenges are influenced by multiple factors including income, transportation, geographic proximity to grocery stores, and the availability of culturally appropriate and nutritious food options within communities.

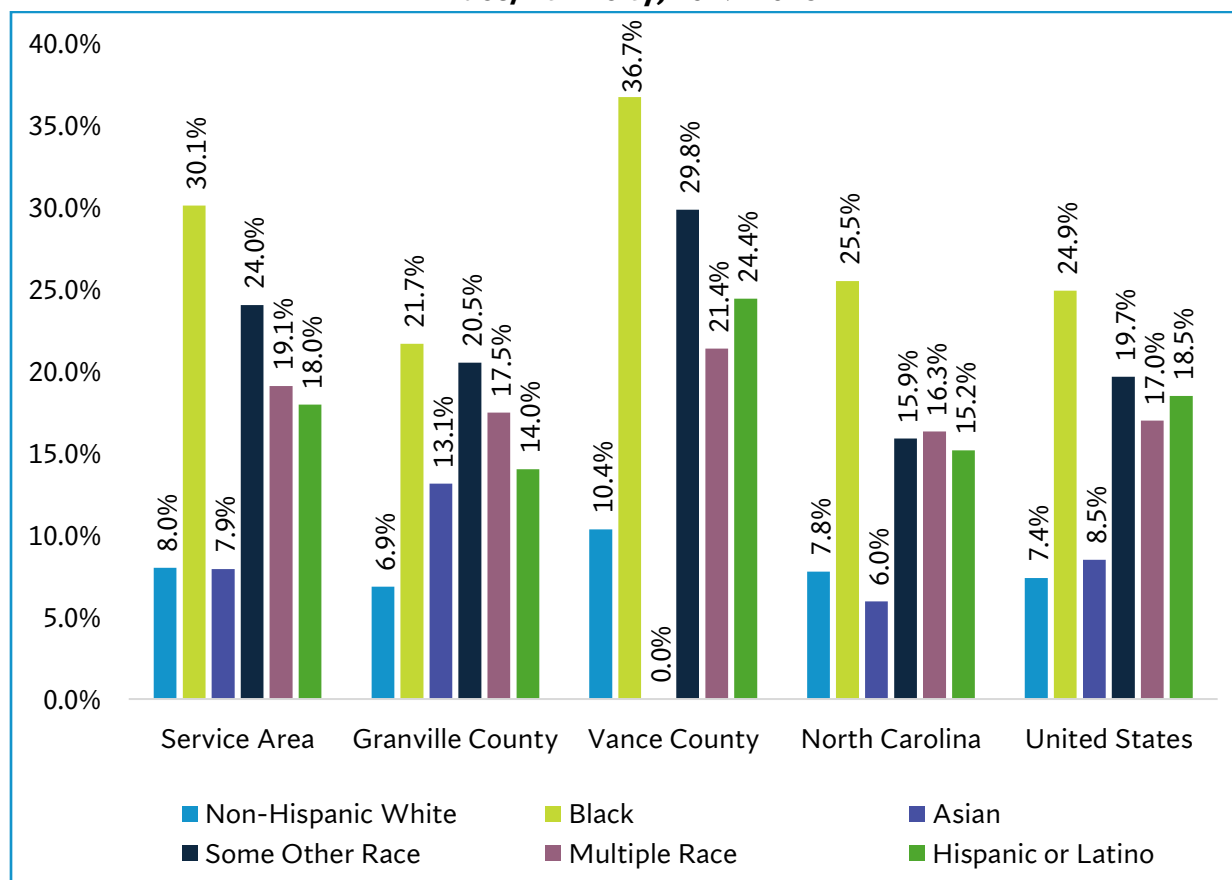
Table 2.5: Food Security, 2022					
	Service Area	Granville County	Vance County	North Carolina	United States
Food Insecurity Rate¹²	14.4%	13.2%	16.2%	14.1%	12.9%
Food Insecure Children Rate¹³	26.4%	21.0%	33.0%	19.8%	18.0%

Food insecurity affects substantial portions of the population in both counties, with children experiencing disproportionately high rates of food insecurity compared to the general population. The difference is particularly acute in Vance County, where one in three children experience food insecurity, significantly exceeding both state and national averages. These elevated rates among children are concerning given the critical role nutrition plays in cognitive development, educational achievement, and long-term health.

¹² Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (2022). Accessed via the PLACES Data Portal.

¹³ Feeding America. (2022).

Figure 2.8: Supplemental Nutrition Assistance Program (SNAP) Recipients, by Race/Ethnicity, 2019-2023³



Analysis of SNAP participation data shows racial and ethnic differences in food assistance program utilization across both counties. Black households demonstrate the highest rates of SNAP participation, reflecting broader patterns of economic inequality and food access challenges. Vance County shows elevated SNAP utilization rates across most racial and ethnic groups compared to both Granville County and state averages, indicating more widespread food security challenges in the county.

Community Safety

Community safety is a critical SDOH that directly impacts life expectancy, healthcare utilization, and overall community well-being. Areas with higher crime rates and injury deaths often experience increased stress, reduced physical activity, and limited social cohesion, all of which can negatively impact health outcomes.¹⁴

¹⁴Injury Deaths. County Health Rankings & Roadmaps. Retrieved from <https://www.countyhealthrankings.org/health-data/community-conditions/social-and-economic-factors/safety-and-social-support/injury-deaths?year=2025>

Table 2.6: Safety Indicators, 2019-2023

	Service Area	Granville County	Vance County	North Carolina	United States
Unintentional Injury (Accident) Crude Death Rate (Per 100,000 Population)¹⁵	83.6	68.1	105.6	73.4	63.3
Homicide Mortality Rate (Per 100,000 Population)¹⁵	17.9	6.40	23.60	7.70	6.10
Firearm Death Rate (Per 100,000 Population)¹⁵	24.3	20.9	29.2	16.1	13.8
Motor Vehicle Crash Death Rate (Per 100,000 Population)¹⁵	27.5	22.8	34.3	16.3	12.8
Juvenile Arrest Rate (Per 1,000 Juveniles)¹⁶	16.1	14.1	18.6	15.9	13.9

Both counties face alarming safety challenges with elevated rates of firearm and motor vehicle crash deaths compared to state and national benchmarks. Vance County's homicide rate is much higher than the state benchmark. These safety differences can directly impact life expectancy, healthcare utilization, and community wellbeing. The elevated rates of violence, accidents, and youth arrests suggest systemic safety concerns that require comprehensive community health interventions.

Family, Community, and Social Support

Family structure and social connections are important SDOH and community wellbeing. The data reveal notable differences between the two counties in family stability and social support systems.

¹⁵ Centers for Disease Control and Prevention. (2019-2023). CDC - National Vital Statistics System. Accessed via CDC WONDER.

¹⁶ Office of Juvenile Justice and Delinquency Department. (2021). Easy Access to State and County Juvenile Court Case Counts (EZACO). Accessed via County Health Rankings.

Table 2.7: Family Support Indicators					
	Service Area	Granville County	Vance County	North Carolina	United States
Children in Single-Parent Households, 2019-2023³	36.95%	30.13%	45.36%	26.98%	24.83%
Childcare Cost Burden, 2023¹⁷	26.3%	23.3%	30.7%	27.0%	27.1%
Head Start Programs, Rate (Per 10,000 Children Under Age 5), 2024¹⁸	10.88	9.77	12.29	9.49	11.26

Vance County has a higher rate of children in a single-parent household compared to both Granville County and the state benchmark. Childcare represents a major financial burden for families across the service area, exceeding state averages and creating potential barriers to family economic stability. This burden is most pronounced in Vance County.

Table 2.8: Community and Social Support Indicators					
	Service Area	Granville County	Vance County	North Carolina	United States
Population Age 16-19 Not in School and Not Employed, Percent, 2019-2023³	12.0%	8.0%	16.9%	7.3%	6.8%
Social Associations-Establishments Rate (Per 100,000 Population), 2022¹⁹	123.59	111.49	140.92	117.48	96.98
Adults Age 18+ Having Lack of Social and Emotional Support (Age-Adjusted), 2022¹²	27.0%	25.7%	28.8%	22.7%	25.7%

The region shows patterns of youth disconnection, particularly in Vance County where rates of young people neither in school nor employed are more than double the state average. Granville County performs better, with rates slightly below state levels. Social

¹⁷ United States Census Bureau, Living Wage Agency. (2023). US Census Small Area Income and Poverty Estimates and Living Wage Calculator. Accessed via County Health Rankings.

¹⁸ US Department of Health & Human Services, HRSA (2024). Administration for Children and Families.

¹⁹ US Census Bureau. (2022). County Business Patterns. Additional data analysis by CARES.

infrastructure appears limited across the service area, with fewer social associations²⁰ available compared to state and national benchmarks. Adults reporting lack of social and emotional support varies significantly between counties, with Vance County showing higher rates of social isolation compared to both Granville County and state averages.

Physical Environment

The physical environment encompasses housing challenges and housing conditions, environmental quality, built environment features, and transportation infrastructure that all influence health outcomes and community wellbeing.

Housing and Homelessness

Housing stability and quality are fundamental SDOH that affect access to healthcare, educational opportunities, and overall wellbeing. Housing conditions across the service area show notable differences between the two counties.

Table 2.9: Housing and Homelessness Indicators					
	Service Area	Granville County	Vance County	North Carolina	United States
Housing Units with One or More Substandard Conditions, 2019-2023³	26.9%	23.9%	31.0%	27.9%	32.0%
Homeownership, 2019-2023³	68.5%	76.6%	57.4%	66.4%	65.0%
Severely Burdened Households, 2019-2023^{3,21}	13.2%	12.2%	14.5%	11.9%	13.9%
Adults Age 18+ Having Housing Insecurity, 2022¹²	20.4%	18.1%	23.8%	14.2%	12.9%
Adults Age 18+ Having Utility Services Threat¹²	13.0%	11.4%	15.3%	8.9%	8.2%

Granville County shows better housing conditions than Vance County across all indicators. Vance County residents experience higher housing insecurity and utility service threats than both Granville County and North Carolina overall. These housing challenges represent critical SDOH that impact overall community health outcomes. Substandard housing

²⁰ Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, political organizations, labor organizations, business organizations, and professional organizations.

²¹ Percentage of the households where housing costs are 50% or more total household income

conditions, including overcrowding and lack of adequate facilities, can directly contribute to respiratory illnesses, injuries, and infectious disease transmission, while housing cost burden and instability create chronic stress that exacerbates both physical and mental health conditions.²²

Built Environment and Transportation

The built environment includes digital infrastructure, food access, and transportation systems that influence health behaviors and access to services.

Table 2.10: Built Environment Indicators					
	Service Area	Granville County	Vance County	North Carolina	United States
Broadband Access, 2024²³	90.2%	87.0%	94.3%	96.5%	96.8%
Households without Computer, 2019-2023³	7.8%	5.7%	10.8%	5.9%	5.2%
Grocery Stores- Establishments Rate (Per 100,000 Population), 2023²⁴	16.41	11.48	28.18	19.23	18.99

Both counties fall behind the state benchmark for broadband access, potentially leaving many residents without reliable access to the internet. The digital divide manifests differently across the two counties, with Granville County showing lower broadband connectivity while Vance County faces more challenges with household computer access. Food access presents a complex picture—while Vance County has better physical access to grocery stores, both counties experience food insecurity rates exceeding state and national levels (as shown in **Table 2.5**), with Vance County facing higher rates overall. This indicates that grocery store proximity alone does not ensure food security, as affordability, transportation costs, and household income also play critical roles. These built environment factors create interconnected barriers that limit residents’ ability to access telehealth services, health information, employment opportunities, and nutritious food necessary for managing chronic conditions.

²² County Health Rankings and Roadmaps. Severe Housing Problems.

<https://www.countyhealthrankings.org/health-data/community-conditions/physical-environment/housing-and-transportation/severe-housing-problems?year=2025>

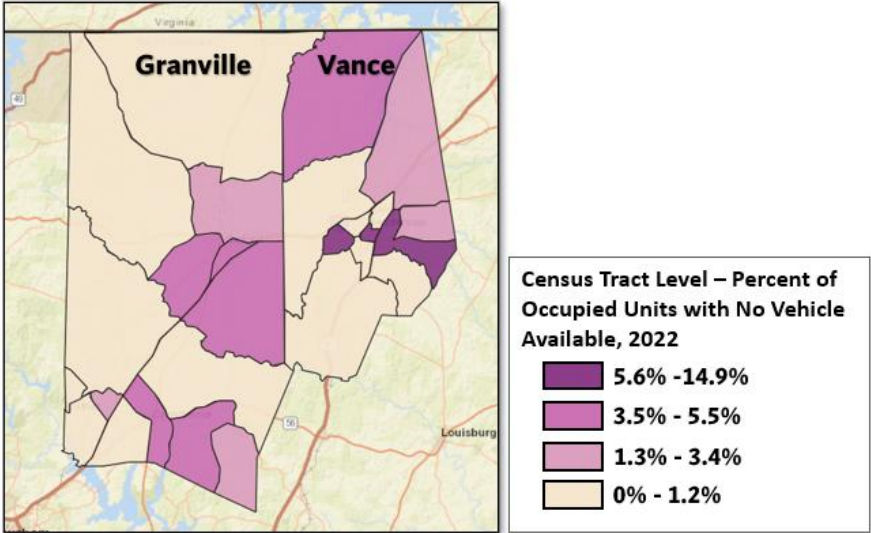
²³ FCC FABRIC Data (December 2024). Additional data analysis by CARES.

²⁴ US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2023

Table 2.11: Transportation and Transit Indicators, 2019-2023					
	Service Area	Granville County	Vance County	North Carolina	United States
Population Commuting More than 60 Minutes, Percent³	9.5%	8.4%	11.1%	6.6%	8.7%
Population Using Public Transit for Commute to Work³	0.12%	0.16%	0.06%	0.72%	3.51%

Both counties have higher percentages of residents commuting more than 60 minutes compared to the North Carolina average, with Vance County experiencing notably longer commute times than Granville County. Granville County borders both Durham and Wake Counties, both of which are less than one hour's drive. Public transit usage for commuting to work is minimal in both counties and significantly lower than state and national averages, with KARTS (Kerr Area Rural Transit System) serving as the primary public transportation provider. The extremely low transit utilization rates reflect the rural nature of the region and limited infrastructure, forcing most residents to rely on personal vehicles. Vehicle access mapping shows Vance County has more census tracts with poorer household vehicle access than Granville County, creating additional barriers to employment, healthcare access, and other essential services.

Figure 2.9: Percent of Households Without a Vehicle, Census Tract, 2022⁴



Clinical Care and Healthcare Access

Access to healthcare services is a fundamental SDOH that includes having health insurance coverage, proximity to healthcare providers, and availability of quality clinical care. The clinical care system in the service area shows notable differences between the two counties across multiple dimensions of access, utilization, and quality of care.

Healthcare Access and Insurance Coverage

Insurance coverage and healthcare provider availability form the foundation of healthcare access. The region shows patterns of uninsured populations and provider shortages that create barriers to timely and appropriate care.

Table 2.12: Healthcare Access and Insurance Coverage, 2019-2023³

	Service Area	Granville County	Vance County	North Carolina	United States
Uninsured Population	11.3%	10.1%	12.9%	10.4%	8.6%
Uninsured Adults (<65)	15.1%	14.5%	16.0%	13.5%	11.2%
Uninsured Children (<19)	5.4%	4.3%	6.7%	5.5%	5.4%

Vance County shows higher uninsured rates across all age groups compared to both Granville County and state averages. The differences are particularly pronounced among adults under 65, where both Granville and Vance County uninsured rates exceed the state average. Children in Vance County also experience higher rates of being uninsured compared to Granville County, indicating potential barriers to accessing pediatric care and preventive services.

Healthcare Provider Availability

Provider availability represents a critical component of healthcare access, determining residents' ability to obtain timely and appropriate care across different specialties. Both counties face provider shortages compared to state and national averages, but with different patterns. While proximity to the Research Triangle Park area means many residents can access jobs and healthcare resources in nearby counties, the local provider ratios still indicate significant access challenges—especially given the transportation barriers discussed in this report. Granville County demonstrates a severe shortage of dental providers, with availability well below state and national levels. Vance County shows shortages in primary care physicians and mental health providers, creating potential access barriers for routine and behavioral health care. Notably, Vance County has relatively higher

availability of substance abuse treatment providers, potentially reflecting targeted efforts to address addiction treatment needs in the community.

Table 2.13: Healthcare Provider Ratios (Per 100,000 Population), 2021²⁵					
	Service Area	Granville County	Vance County	North Carolina	United States
Primary Care Physicians	46.08	51.62	37.39	70.79	74.94
Dentists	41.3	29.1	59.3	61.2	73.5
Mental Health Care Providers	372.69	447.6	265.44	310.03	315.81
Addiction/Substance Abuse Providers	34.76	22.95	51.67	29.34	28.71

Healthcare Service Utilization

Healthcare utilization patterns reflect how effectively residents access and use available healthcare services, influenced by both availability and barriers to care.

Table 2.14: Healthcare Utilization Indicators, 2022					
	Service Area	Granville County	Vance County	North Carolina	United States
Recent Dental Care Visits (18 years or older)¹²	57.2%	59.3%	54.1%	62.8%	63.4%
Percentage of Adults with Annual Checkup¹²	78.9%	77.9%	80.3%	77.6%	76.1%
Emergency Room Visit Rate (Per 100,000 Population)²⁶	669.0	623.0	733.0	564.0	576.0

Utilization patterns reveal concerning access challenges, particularly in Vance County. Despite having relatively higher availability of dental providers, both counties show lower dental care utilization compared to state and national averages, with Vance County showing particularly low rates. This suggests that provider availability alone does not

²⁵ US Department of Health & Human Services, Health Resources and Services Administration, HRSA (2021). Area Health Resource File. Accessed via County Health Rankings.

²⁶ Centers for Medicare and Medicaid Services, CMS (2022). Geographic Variation Public Use File.

guarantee access, indicating potential barriers such as insurance coverage, transportation, or affordability.

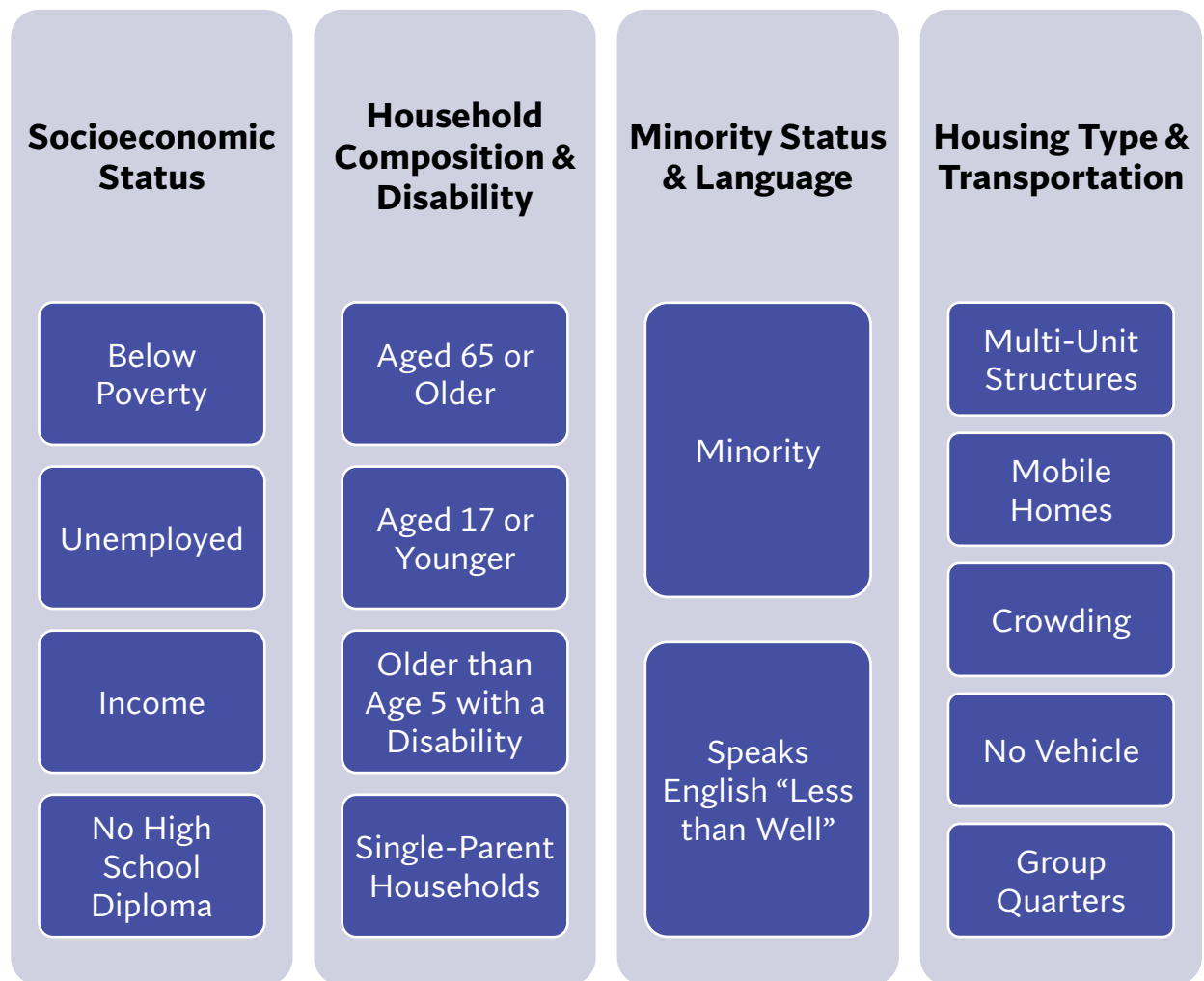
Both counties demonstrate rates of adults with annual checkups that meet or exceed state and national averages, suggesting that residents are accessing preventive primary care services. However, emergency room utilization rates are elevated in both counties compared to state and national averages, with Vance County showing particularly high rates. This pattern may indicate gaps in urgent or after-hours primary care access, leading residents to seek care in emergency settings for conditions that could be managed in primary care environments when those services are available. The higher emergency room utilization in Vance County aligns with their lower primary care provider availability and higher uninsured rates.

Social and Environmental Vulnerability

Social Vulnerability

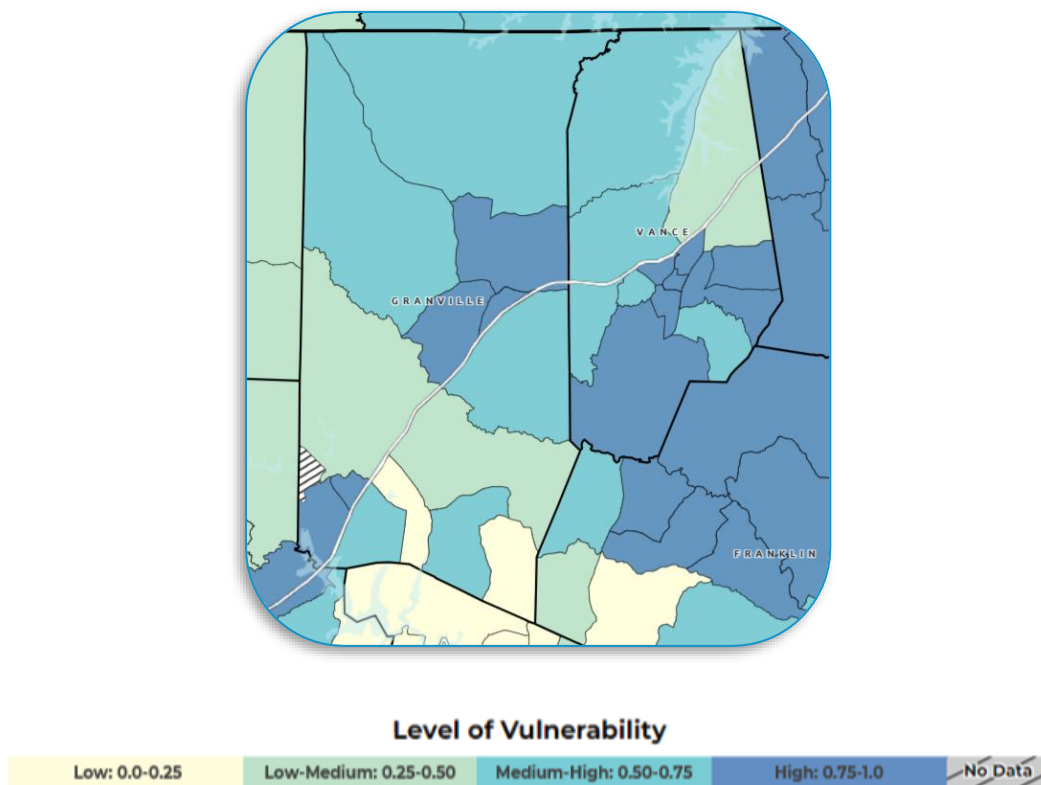
The CDC/ATSDR Social Vulnerability Index (SVI) helps identify communities that will most likely need support before, during, and after a public health emergency. The Index identifies social vulnerability based on multiple social and economic factors known to reduce the resilience of communities.

Figure 2.10: Social Vulnerability Index Components²⁷



²⁷ Centers for Disease Control and Prevention. ASTDR Place and Health – Geospatial Research, Analysis, and Services Program (GRASP). Social Vulnerability Index. <https://www.atsdr.cdc.gov/place-health/php/svi/index.html>

Figure 2.11: Social Vulnerability Index Map, Census Tract Level, 2022²⁷



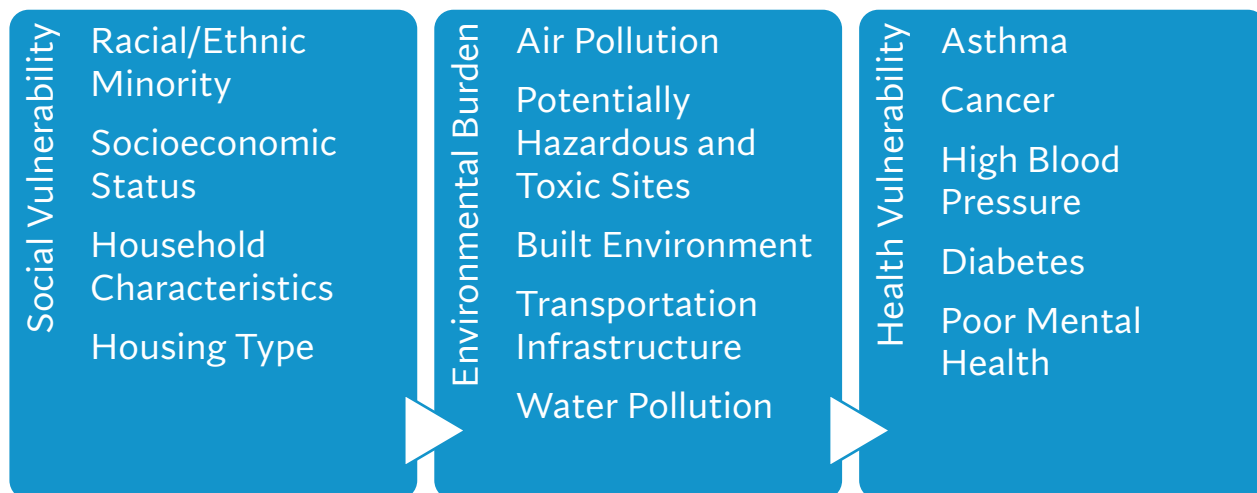
The SVI Score can range from 0 to 1 with 1 being the highest level of vulnerability. Granville County has a low to medium SVI score (0.39) compared to other counties in North Carolina, while Vance County has a high SVI score (0.93), indicating greater social vulnerability and reduced community resilience. This difference reflects the economic and demographic differences between the two counties and highlights the need for targeted interventions in Vance County.

Environmental Justice

Environmental justice examines how environmental hazards and social vulnerabilities intersect to create disproportionate health risks for certain communities. The Environmental Justice Index (EJI) combines data on environmental burden, social vulnerability, and health vulnerability to identify areas where residents face cumulative environmental health risks.

The EJI assesses three key components: environmental burden as shown below in **Figure 2.12**. Communities with higher EJI scores experience more severe cumulative impacts from environmental burdens than other areas.

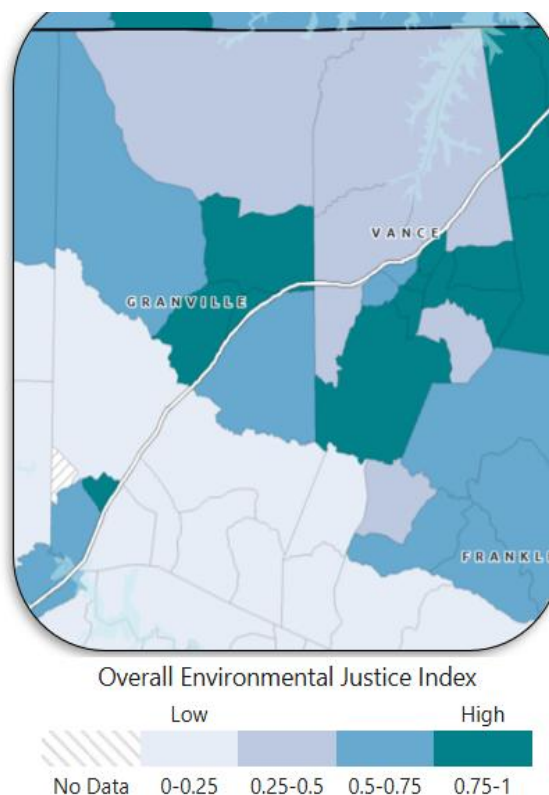
Figure 2.12: EJI Assessment Components²⁸



Environmental justice concerns are significantly more pronounced in Vance County compared to Granville County. Half of all census tracts in Vance County are classified as highly burdened, compared to less than one-third in Granville County. This difference is reflected in the population impact, with over two-fifths of Vance County residents living in highly burdened areas compared to one-quarter in Granville County.

Both counties exceed state and national averages for highly burdened census tracts, indicating that environmental justice concerns affect substantial portions of the service area. Vance County's EJI average ranking places it among communities experiencing more

Figure 2.13: Environmental Justice Index, by Census Tract²⁸



²⁸ Centers for Disease Control and Prevention. ASTDR Place and Health – Geospatial Research, Analysis, and Services Program (GRASP). Environmental Justice Index. <https://www.atsdr.cdc.gov/place-health/php/eji/index.html>

severe environmental burden relative to other areas nationally.

Community Profile Summary

The demographic and community profile of the Granville Vance region reveals a complex landscape of both assets and challenges that influence population health and wellbeing. While the region benefits from manageable housing costs relative to many areas and generally adequate healthcare quality metrics, persistent differences between Granville and Vance counties create distinct concerns for removing barriers to good health. Vance County consistently demonstrates higher levels of social vulnerability across multiple domains including family structure and youth disconnection to housing instability, environmental burden, and healthcare access barriers while Granville County faces its own specific challenges, particularly in dental care access and food security for low-income residents. These community characteristics establish the foundation for understanding health outcomes and priority health needs, as the social, economic, and environmental conditions described in this chapter directly influence residents' ability to achieve optimal health. The geographic and demographic patterns identified here will inform the development of targeted interventions that address both county-specific challenges and region-wide opportunities for improving population health outcomes.

Chapter 3: Priority Health Needs

This chapter describes Granville and Vance counties' two priority health needs in more detail and discusses supporting data for each priority area. The information in this section integrates key findings from secondary data and primary data (including findings from the key leader survey, community health opinion survey, key leader interviews, and focus groups) gathered for this assessment.

Priority health needs were determined through comprehensive review of all available data, discussion among Steering Committee members, and a prioritization process. As detailed in [Chapter 1](#), data was reviewed at multiple points throughout the CHA development process, culminating in a prioritization meeting where all data had been analyzed, compiled, and themed.

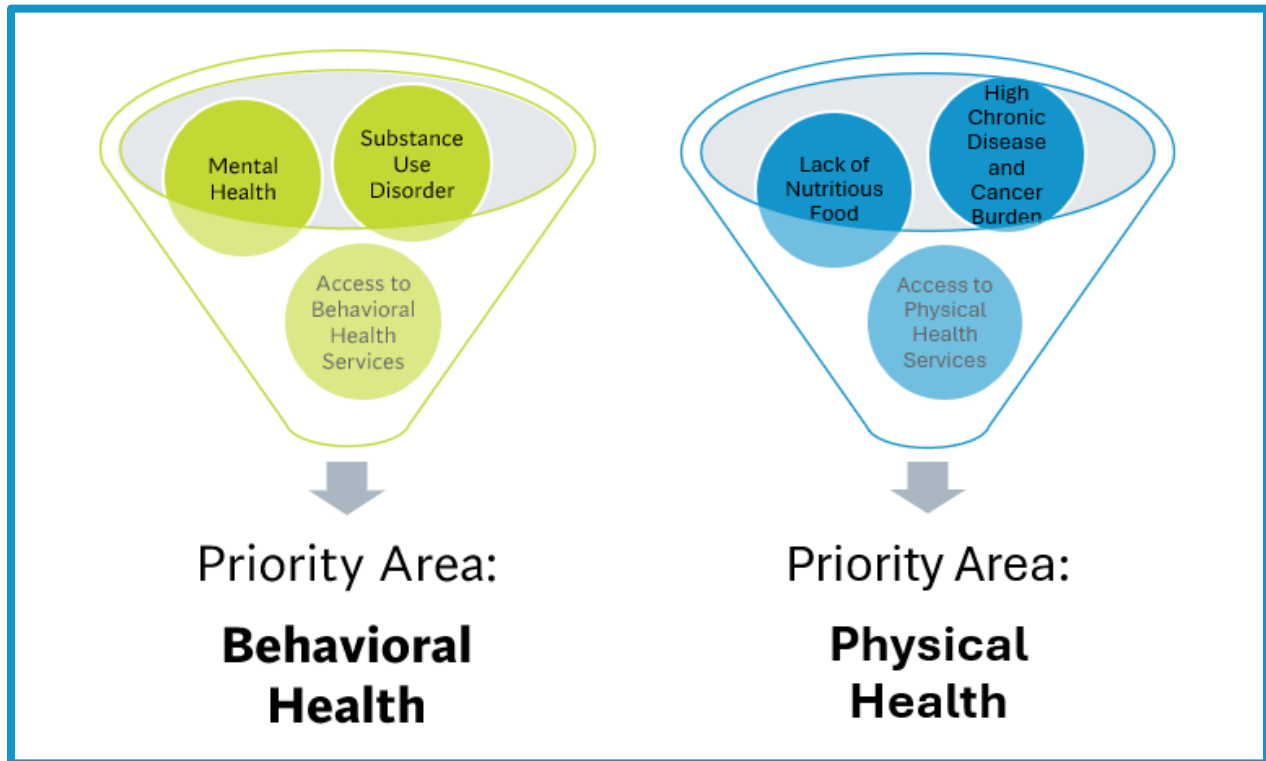
The two priority health needs that emerged from this process are **Behavioral Health** and **Physical Health**. These were identified as focus areas for local health leaders to address over the next four years. The Steering Committee considered the following factors when determining the priority needs reported in this assessment:

- **Severity and intensity** of the health need based on secondary data
- Whether possible interventions would be **feasible and impactful**
- **Health differences** associated with the need
- **Importance** the community places on addressing the need based on primary data

While there was strong consensus about the most pressing health concerns in Granville and Vance counties, the Steering Committee also emphasized the critical importance of SDOH in efforts to address these health concerns in future planning initiatives. The Committee agreed that SDOH should serve as a cross-cutting consideration in both priority health need areas as they are further assessed, defined, and addressed through implementation planning.

The priority health needs reflected in this report are not ranked in any hierarchical order of importance. Both will be addressed, with strong consideration of differences and SDOH, by leaders in health improvement plans created in follow up to this CHA.

Granville and Vance Counties' 2025 Priority Health Needs



Behavioral Health: Mental health conditions and substance use disorders consistently emerged as top concerns across all data sources, from community surveys to key leader interviews. Residents and community leaders identified gaps in mental health services and substance abuse treatment, compounded by provider shortages and access barriers.

Physical Health: Chronic diseases and overall physical health outcomes represent the second priority area, encompassing conditions such as diabetes, heart disease, hypertension, and cancer. Physical health challenges are interconnected with behavioral health concerns and are influenced by SDOH.

While the information presented in this chapter focuses specifically on Granville and Vance counties' two identified priority health need areas, a broad array of primary and secondary data across various topics was analyzed and reviewed in the process of developing this report. Complete primary and secondary data findings and corresponding sources of that information are captured in the various appendices of this report.

Priority Health Need | Behavioral Health

Behavioral health encompasses both mental health conditions and substance use disorders, representing interconnected challenges that significantly impact individuals, families, and communities. The COVID-19 pandemic greatly impacted public mental health nationwide, with communities continuing to grapple with pandemic-related isolation, financial instability, and grief. Access to behavioral health services remains challenging, particularly in rural areas where treatment options and provider availability are limited.

This section presents relevant secondary and primary data across four key areas: overall behavioral health status, prevalent conditions, risk factors and contributing behaviors, and barriers to services.

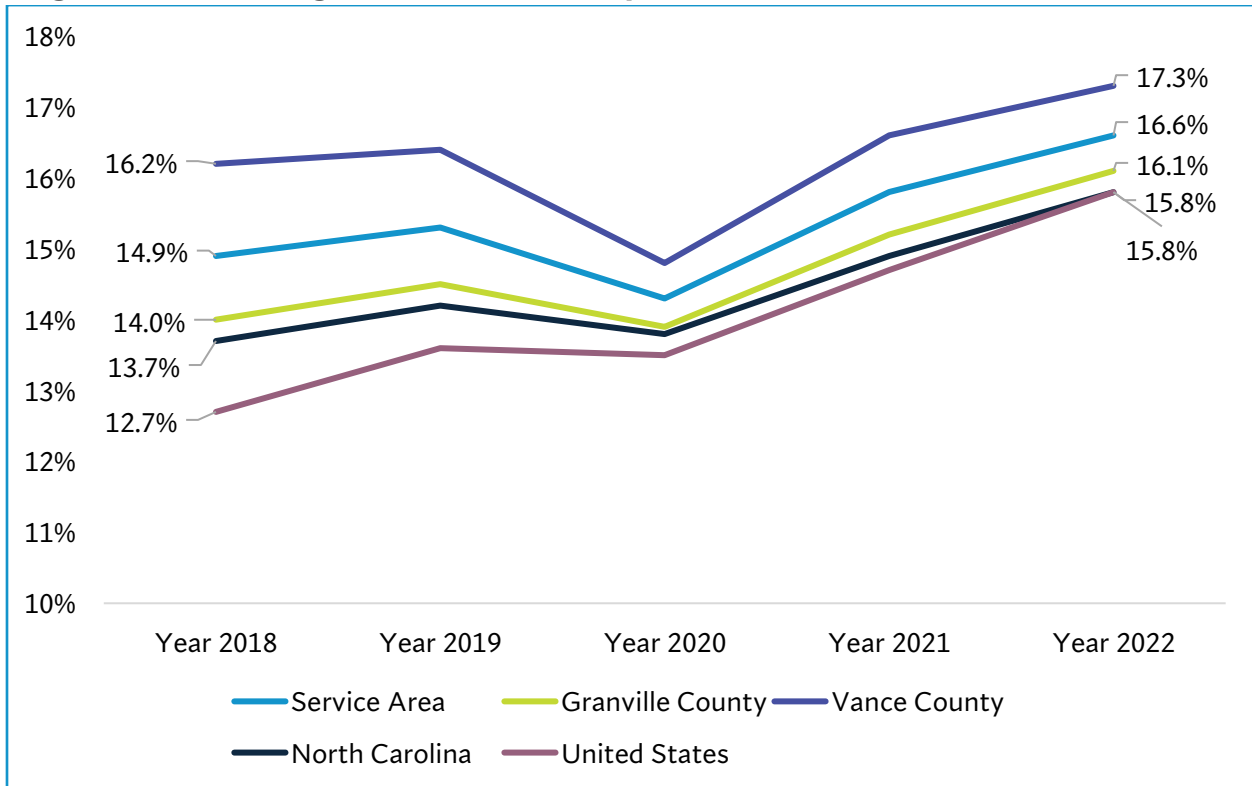
Overall Behavioral Health Status in Granville and Vance Counties

Behavioral health emerged as the top priority health concern across all stakeholder groups in Granville and Vance counties. The convergence of findings from community residents, key leaders, and secondary data sources establishes behavioral health as a clear and urgent community priority requiring comprehensive intervention strategies.

Table 3.1: Mental Health Indicators, 2022¹²					
	Service Area	Granville County	Vance County	North Carolina	United States
Average Poor Mental Health Days per Month	5.3	5.2	5.4	5.0	5.2
Percentage of Adults with Frequent Mental Distress	17.6%	16.9%	18.7%	16.5%	16.4%

Secondary data show trends in mental health status across both counties. Residents report experiencing more poor mental health days per month than state averages, indicating widespread mental distress within the communities. Additionally, data from the past several years shows an increase in mental distress experienced by residents of Granville and Vance counties, with the most notable mental distress occurring in Vance County.

Figure 3.1: Percentage of Adults with Frequent Mental Distress, 2018-2022 (Crude)¹²



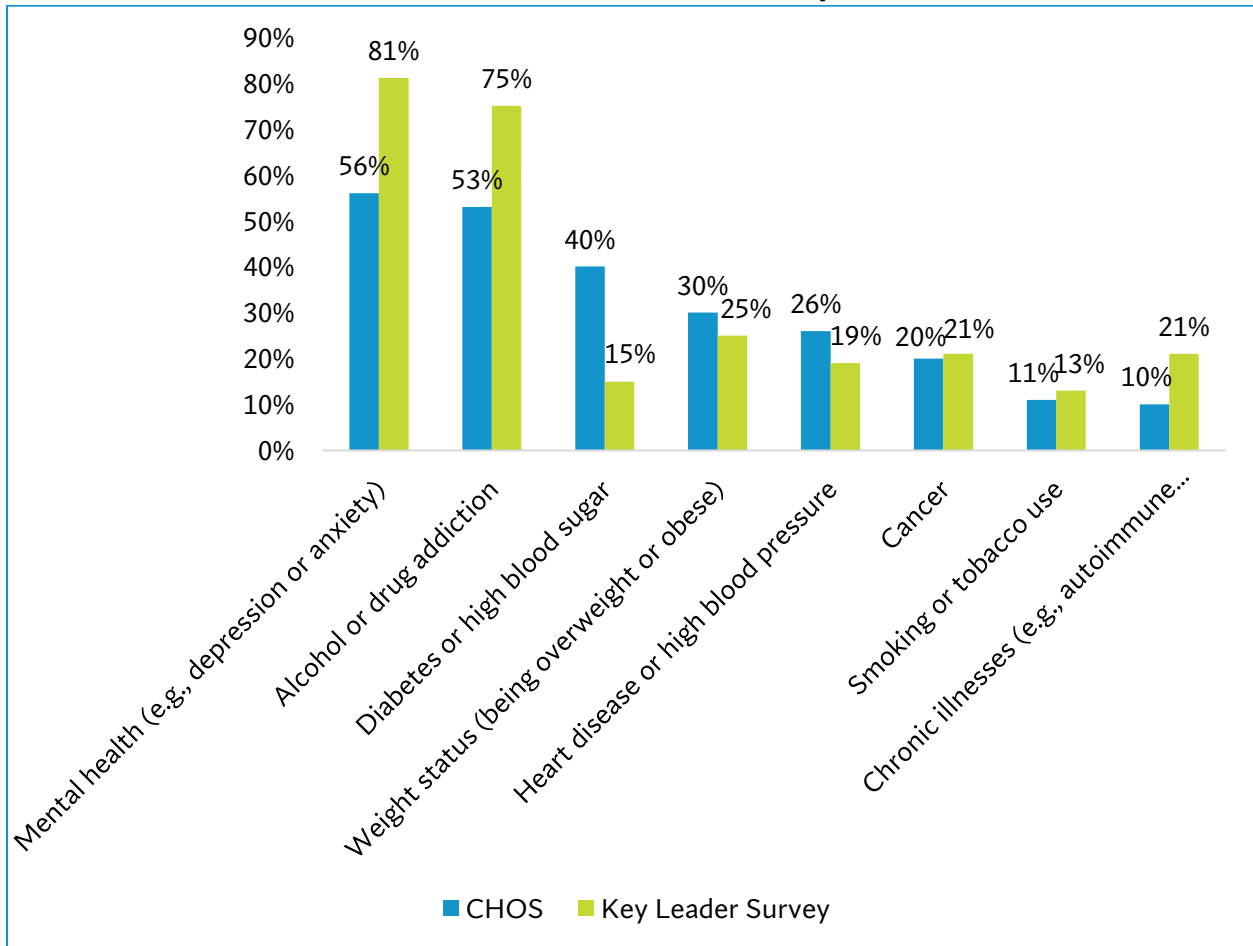
Secondary data also reveals substance use challenges across both counties, with particularly concerning patterns in Vance County. Drug overdose death rates exceed state and national averages in the service area, with Vance County showing the highest rates in the region. Similarly, opioid-related death rates are elevated compared to state and national benchmarks.

Table 3.2: Substance Use Indicators, 2019-2023¹⁵

	Service Area	Granville County	Vance County	North Carolina	United States
Drug Overdose Death Rate (Per 100,000 Population)	34.2	28.3	42.6	32.4	29.1
Opioid-Crude Death Rate (Per 100,000 Population)	30.0	23.4	39.4	27.1	22.0

There is clear alignment across different stakeholder groups about the critical importance of behavioral health issues in the region. Community residents, key leaders, and secondary data all converge to identify mental health and substance use as top health concerns.

Figure 3.2: 2025 CHOS and Key Leader Survey Results – Perceived Top Health Problems in the Community



Prevalent Mental Health and Substance Use Conditions

The behavioral health landscape in the service area presents notable challenges, with mental health and substance use disorders consistently ranking among the top community concerns. Despite high rates of reported mental distress, there appears to be a striking disconnect between the prevalence of these conditions and actual service utilization.

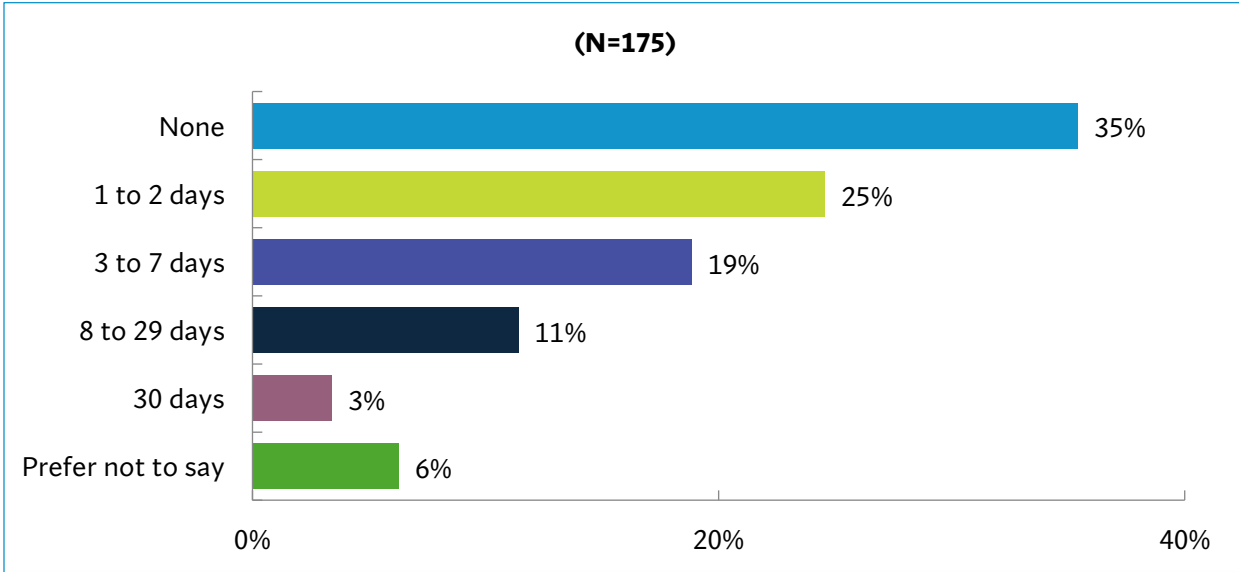
Mental Health Conditions

Secondary data analysis reveals patterns in adult depression prevalence across both counties that align closely with broader population trends. Depression rates in Granville and Vance counties are comparable to state and national levels, with both counties showing rates slightly below the North Carolina average. However, despite lower rates of depression, Granville County demonstrates a significantly elevated suicide rate above the state average, while both counties have deaths of despair rates that exceed state and national levels.

Table 3.3: Depression Prevalence and Suicide Rates					
	Service Area	Granville County	Vance County	North Carolina	United States
Adults ever diagnosed with depression, 2022 ¹²	22.6%	22.5%	22.7%	23.1%	21.1%
Deaths by Suicide (Per 100,000 Population), 2019-2023 ¹⁵	15.1	18.6	10.2	14.0	14.5
Deaths of Despair (Suicide + Drug/Alcohol Poisoning, Per 100,000 Population), 2019-2023 ¹⁵	68.1	63.5	74.6	61.6	58.5

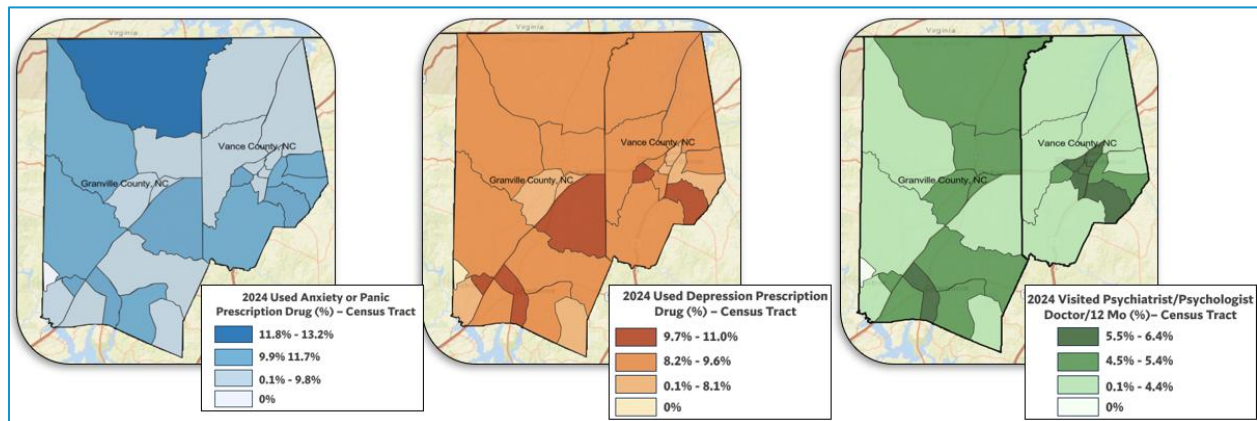
The community health survey reinforced these findings, with residents reporting mental health challenges affecting their daily lives. There is alignment across different stakeholder groups about the critical importance of these issues, as community residents, key leaders, and secondary data all converge to identify mental health as a top health concern.

Figure 3.3: 2025 CHOS Results – Self-Reported Poor Mental Health Days



Despite community survey respondents identifying mental health as a top concern and high rates of diagnosed conditions, the utilization of mental health services remains notably low. This gap suggests barriers to accessing appropriate mental health care within the communities. The disconnect between need and service use points to systemic issues that prevent residents from receiving care when they need it most.

Figure 3.4: Maps of Mental Healthcare Utilization, by Census Tract, 2024⁴



Focus group discussions provided deeper insights into how mental health challenges affect different populations within the counties. Participants consistently observed worsening behavioral health needs among children and adolescents in recent years, with the COVID-19 pandemic appearing to have intensified these challenges. Youth focus group participants described struggling with emotional processing, noting that their approaches to handle emotions involve trying to ***"avoid"*** difficult emotions rather than learning to ***"deal with them."***

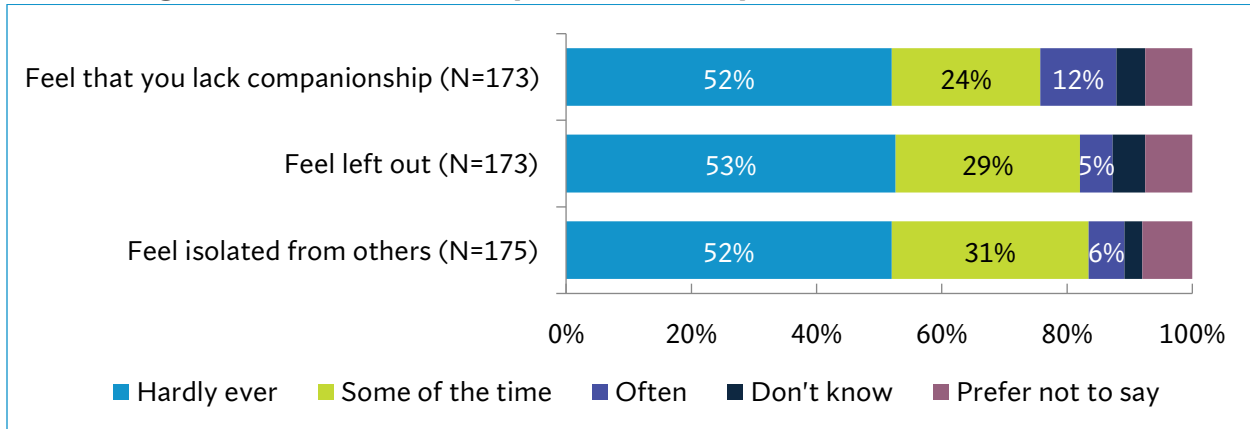
The mental health crisis among youth has reached particularly alarming levels in some populations. As one pastor noted, ***"middle schoolers, especially specifically in African American males, are now presenting higher levels of, I hate to say it, suicide."*** This observation underscores the urgent need for targeted mental health interventions for vulnerable youth populations.

The pandemic's lingering effects on mental health continue to impact families throughout both counties, with community members describing ongoing struggles with pandemic-related isolation. Seniors, especially those living alone, face increased challenges with isolation and anxiety that can exacerbate poor mental health status. One focus group participant noted concerns about ***"a large populous of seniors who are still afraid to leave their houses"*** due to pandemic-related anxiety.

The community health survey revealed important patterns in social isolation alongside mental health concerns. While most respondents reported good neighborhood cohesion and support networks, a substantial minority lacks emotional support. About one in three respondents reported feeling isolated from others, lacking companionship, or feeling left out at least some of the time, potentially contributing to the mental health challenges

observed in the community. This suggests both widespread need and some level of help-seeking behavior, though barriers clearly prevent many from accessing services.

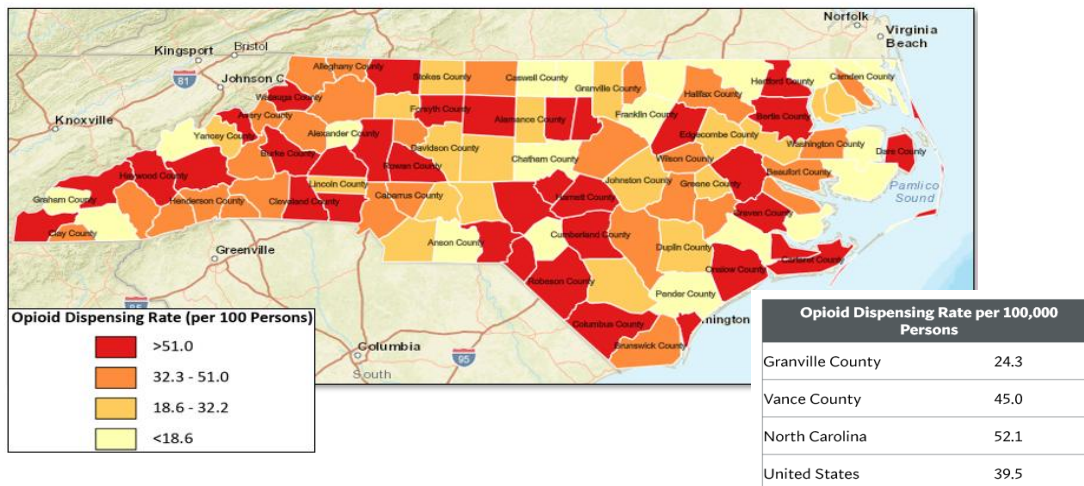
Figure 3.5: 2025 CHOS Responses to Prompt – “How Often Do You...”



Substance Use Disorders

The secondary data illustrates interesting patterns. Vance County's drug overdose death rate significantly exceeds both the state rate and national benchmarks, while opioid-related deaths show similarly elevated patterns (**Table 3.2** above). Notably in **Figure 3.6** below, opioid dispensing rates in both counties are lower than state averages, presenting a complex picture that warrants further investigation to understand the factors contributing to these elevated overdose mortality rates.

Figure 3.6: Opioid Dispensing Rate, 2022²⁹



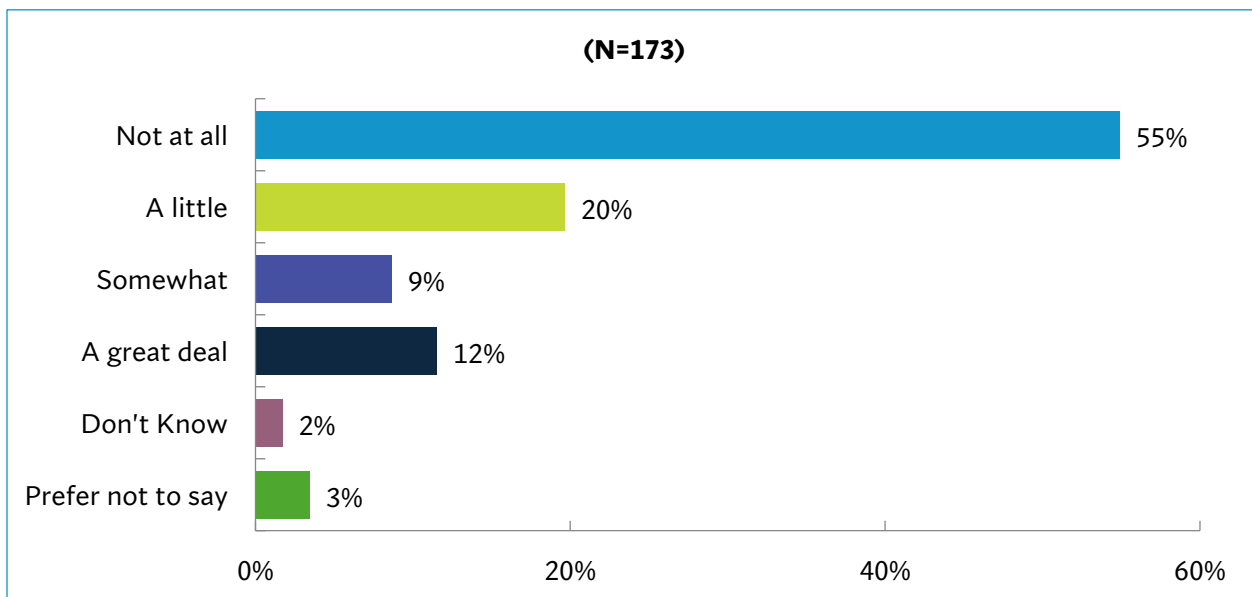
²⁹ CDC 2022, Opioid Dispensing Rate. National Center for Injury Prevention and Control.

Primary data provided important context for understanding how substance use disorders affect community life beyond what mortality statistics reveal. Community stakeholders consistently identified substance use as highly visible within their communities, with particular concerns about intergenerational patterns and youth accessibility. Focus group participants described substance use as contributing to broader social challenges, including family instability, employment barriers, and community safety concerns.

Youth focus group participants provided specific insights into substance accessibility, noting that ***"there aren't enough laws to implement, so it's easy to get things"*** and describing how inadequate enforcement creates opportunities for underage access. Community members also identified parental modeling and family substance use patterns as contributing factors to youth exposure and risk.

The community survey data revealed an important finding about the broader impact of substance use disorders. While few respondents reported personal household substance misuse (just 2% of survey respondents), a large portion reported being negatively affected by substance abuse issues in their broader social networks, demonstrating how substance use disorders create ripple effects that extend well beyond individual users to affect families, workplaces, and community networks.

Figure 3.7: 2025 CHOS Question Responses: To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE'S substance abuse issues, including alcohol, prescription, and other drugs?



Access to Care Issues and Risk Factors

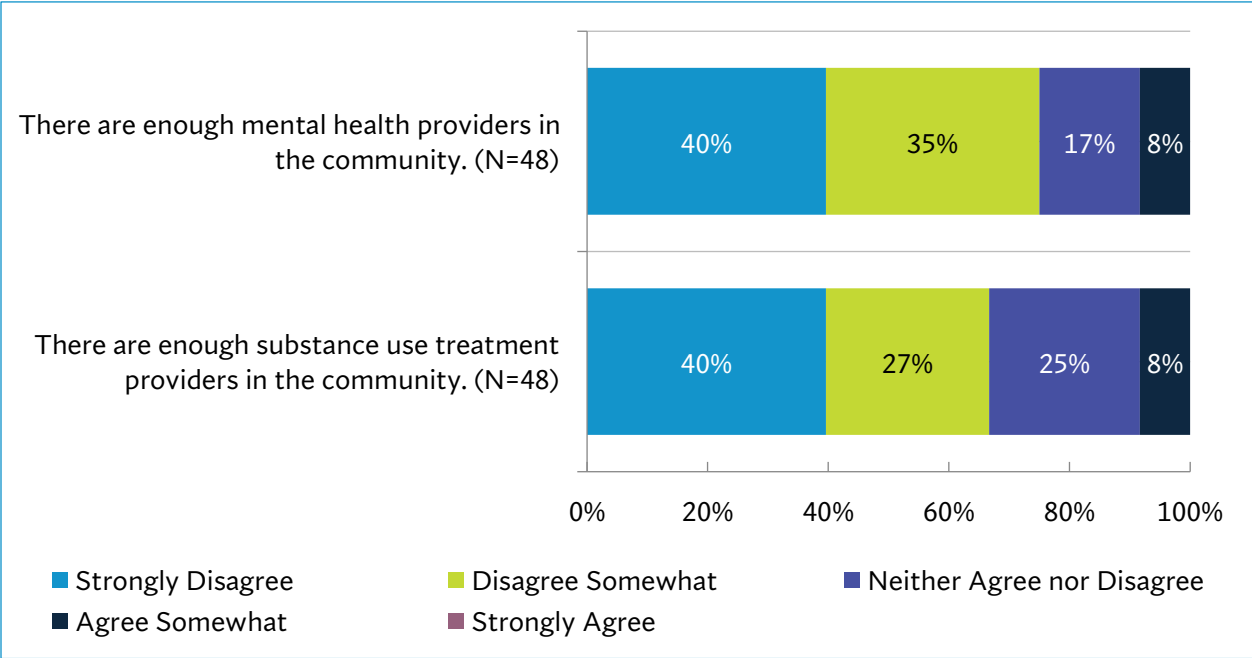
Primary data collection revealed several interconnected factors that both contribute to behavioral health challenges and create barriers to accessing appropriate care in Granville and Vance counties. These factors can be organized into two main categories: access to care issues and SDOH.

Access to Care Issues

Secondary data confirms crucial provider shortages in both counties, with behavioral health provider-to-population ratios falling well below state benchmarks (See [Table 2.13](#)). These shortages are particularly pronounced for specialized services such as psychiatric care and substance abuse treatment.

Key leader survey responses reinforced these findings, with stakeholders consistently reporting that there are not enough behavioral health providers to meet community needs. The rural nature of many communities compounds geographic access challenges, with residents traveling long distances for specialized care and limited public transportation options. Key leaders identified provider recruitment and retention as major challenges, noting that behavioral health professionals often prefer urban practice settings.

Figure 3.8: 2025 Key Leader Survey Results: Extent to which Leaders Agree or Disagree with Each Statement regarding Provider Availability



Transportation costs and time away from work compound the financial barriers, particularly for those with lower incomes who may face job insecurity when taking time for health care appointments. One focus group participant observed:

"It could be the hours that [the services] are offered... don't work for them because they have to work and they don't want to take off because it cost them to take off."

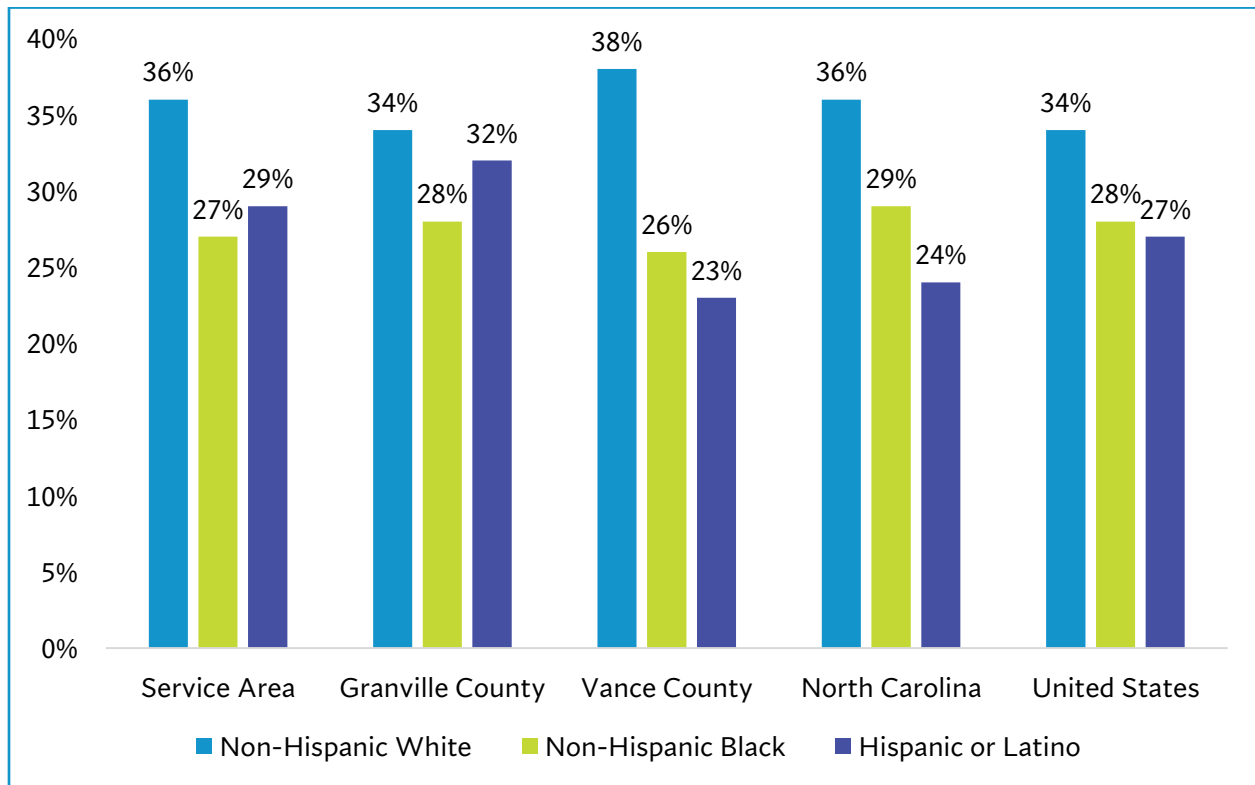
SDOH Factors

Economic stress emerged as a fundamental driver of behavioral health issues across all focus groups. Community stakeholders described how poverty and behavioral health create cycles where ***"illicit drug use and alcoholism"*** can make individuals ***"unemployable,"*** further entrenching economic challenges. Housing instability and economic stress (as discussed in in [Chapter 2](#)) create environments that both contribute to behavioral health challenges and make treatment more difficult to access and sustain.

Cultural stigma around mental health and substance use disorders prevents many people from seeking help. As one key leader explained, ***"I think that the stigma is our biggest [challenge]"*** and noted that ***"in our community a lot of our families are like you just keep business in your house. You do not share your business anywhere else. [They are] very private and proud, you know. We're not going to take this anywhere else."*** This stigma is particularly challenging in smaller communities where privacy concerns and social judgment create additional barriers to care-seeking.

Medicare claims data reveal differences in mental health and substance use prevalence among racial and ethnic groups in the region. Hispanic or Latino populations experience elevated behavioral health needs in the service area (particularly Granville County) compared to state averages. The non-Hispanic Black population shows lower documented prevalence rates compared to the Non-Hispanic White population in the Medicare claims data, which may reflect differential patterns of healthcare utilization and access rather than actual differences in need.

Figure 3.9: Mental Health and Substance Use Conditions Prevalence Among Medicare Recipients, by Race 2023³⁰



Behavioral Health Key Takeaways

Behavioral health represents a critical priority for Granville and Vance counties, with mental health and substance use disorders consistently ranking as top community concerns across all stakeholder groups. The data reveals a troubling disconnect between high need and low service utilization, driven by provider shortages, financial barriers, cultural stigma, and system coordination challenges.

The COVID-19 pandemic has intensified existing challenges, particularly affecting youth and seniors. While community perception indicates significant substance use concerns, the broader impact on families and networks demonstrates how these conditions extend beyond individual users. Addressing these complex challenges will require comprehensive approaches that expand provider capacity, reduce access barriers, improve service coordination, and tackle underlying SDOH that contribute to behavioral health issues.

³⁰ Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool. 2023; Data Retrieved from the North Carolina Data Portal

Priority Health Need | Physical Health

Physical health encompasses chronic disease prevention and management, health behaviors, and wellness outcomes that directly impact residents' quality and length of life. Chronic diseases such as diabetes, hypertension, heart disease, and cancer remain leading causes of death and disability, while conditions like obesity serve as risk factors that compound these health challenges. Physical health is deeply interconnected with behavioral health concerns and is significantly influenced by SDOH including access to healthy food, safe spaces for physical activity, healthcare services, and economic stability.

This section presents relevant secondary and primary data across four key areas: overall physical health status, prevalent chronic conditions, risk factors and SDOH, and barriers to care and health management.

Overall Physical Health Status in Granville and Vance Counties

Data from across Granville and Vance counties reveals a concerning landscape of physical health outcomes that consistently exceed state and national benchmarks for chronic disease prevalence. Community voices reinforce what the numbers show: residents are grappling with diabetes, hypertension, heart disease, and cancer at rates that demand immediate attention, while simultaneously facing systemic barriers that make health management increasingly difficult.

Quality of Life

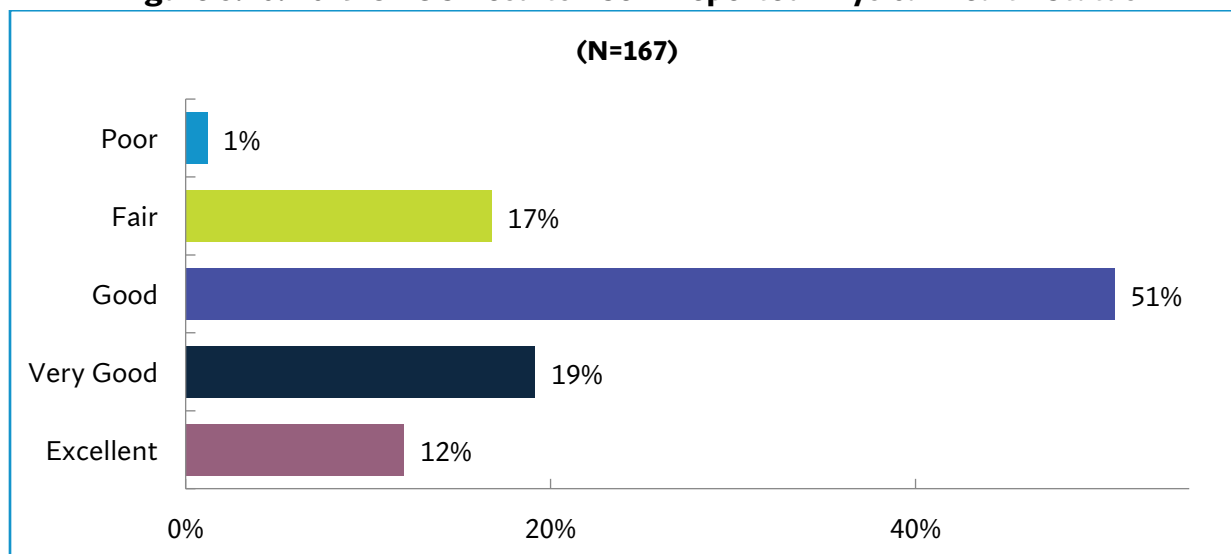
Secondary data shows that residents across both counties experience concerning levels of poor physical health, with elevated rates of poor physical health days and residents reporting their overall health as poor or fair compared to state benchmarks. These self-reported health status indicators reflect the underlying burden of chronic disease that affects daily functioning and quality of life across the region.

Table 3.4: Physical Health Indicators, 2021-2022					
	Service Area	Granville County	Vance County	North Carolina	United States
Average Poor Physical Health Days per Month³¹	3.8	3.6	4.0	3.3	3.3
Adults Reporting Poor or Fair Health¹²	20.7%	19.1%	23.1%	17.1%	17.0%

³¹ Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System (2021). Accessed via County Health Rankings.

In contrast with the secondary data, primary data from the community health survey indicate that most respondents rate their physical health positively, with the majority describing their health as good, very good, or excellent.

Figure 3.10: 2025 CHOS Results - Self-Reported Physical Health Status



Mortality

Length of life and mortality data demonstrates stark differences both between the counties and compared to state benchmarks. The data shows a concerning pattern of premature death and elevated mortality from preventable chronic conditions that underscores the urgent need for comprehensive health interventions across the region. Vance County stands out as having particularly elevated rates of years of potential life lost.

Table 3.5: Length of Life Indicators, 2019-2023¹⁵

	Service Area	Granville County	Vance County	North Carolina	United States
Years of potential life lost before age 75 per 100,000 population	11,092	8,636	14,539	8,853	7,986
Life Expectancy at Birth	73.3	75.6	70.1	75.9	77.2

Table 3.6 presents age-adjusted death rates for the top causes of mortality in the service area, highlighting differences between the two counties and compared to state and national benchmarks.

Table 3.6: Leading Causes of Death in the Service Area, Age-Adjusted Death Rates 2019-2023^{32,33}

Rank	Cause of Death	Service Area	Granville County	Vance County	North Carolina	United States
1	Malignant neoplasms (Cancer)	238.87	224.75	258.94	190.89	182.70
2	Diseases of heart	233.89	199.99	282.11	196.05	207.22
3	Accidents	83.57	68.08	105.62	73.43	63.26
4	Cerebrovascular diseases	59.48	55.05	—	54.48	48.33
5	COVID-19	59.48	—	76.90	55.55	60.57

Cancer and heart disease consistently rank as the top two causes of death across both counties, though their order differs—cancer leads in Granville County and the combined service area, while heart disease is the primary cause of death in Vance County. Vance County demonstrates consistently higher mortality rates across most categories, with particularly elevated rates for heart disease, cancer, accidents, and chronic lower respiratory diseases that exceed both Granville County and state averages.

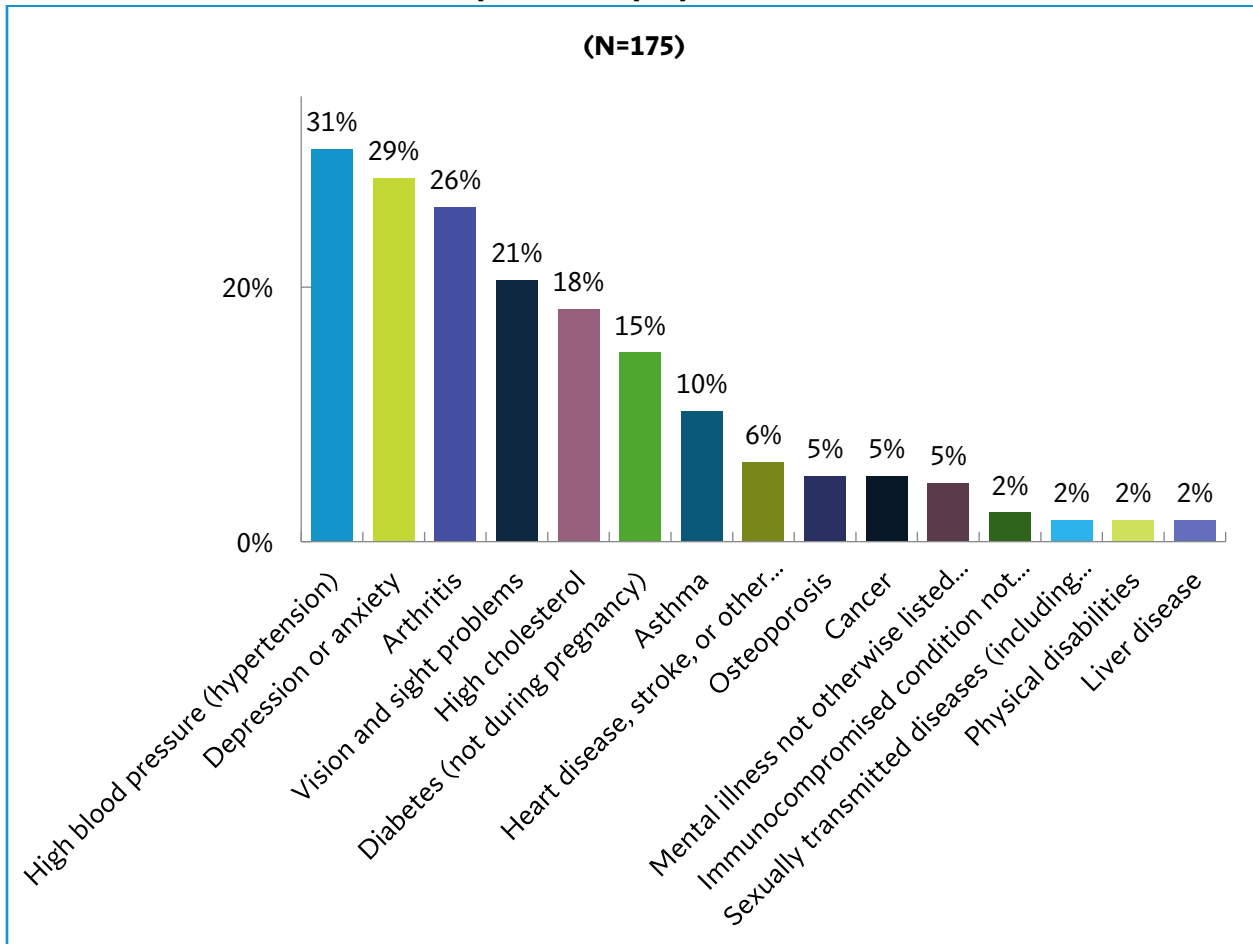
Prevalent Chronic Conditions and Health Outcomes

Survey respondents reported high blood pressure, depression or anxiety, and arthritis as the most common conditions, indicating a need for chronic disease management and integrated mental health services.

³²Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.

³³Rankings vary between counties. Dashes indicate the condition did not rank in the top 5 for that area.

Figure 3.11: 2025 CHOS Results – Self-Reported Diagnosed Health Conditions (Top 15 Responses Displayed Below)



Key leaders consistently emphasized the interconnected nature of physical health challenges. As one community leader explained, ***"I think, for this community we are tasked with chronic illness which includes, you know, all of those from obesity to diabetes to high blood pressure."*** This recognition of the cluster of related chronic conditions highlights the need for comprehensive, coordinated approaches to physical health improvement.

Diabetes and Metabolic Health

Diabetes emerged as a major health concern across both counties, with community leaders and residents identifying it as a growing problem affecting multiple age groups. Secondary data shows Vance County experiencing higher diabetes prevalence than both state and national averages, while Granville County demonstrates slightly better outcomes than Vance County but still shows concerning trends, particularly among younger populations.

Table 3.7: Diabetes Prevalence, 2022					
	Service Area	Granville County	Vance County	North Carolina	United States
Adult Diabetes Prevalence ¹²	12.5%	11.8%	13.6%	10.6%	10.4%

Community leaders expressed particular worry about diabetes affecting younger populations, with one noting, ***"Diabetes, I know is an issue that we have. It's all ages. But we're seeing a lot of the results in younger people that are not healthy."*** This pattern suggests that diabetes prevention and management strategies must address both current cases and rising risk factors among youth.

Despite these concerning trends, some community organizations have developed innovative approaches to diabetes prevention and management that address both clinical care and underlying SDOH. One provider described their comprehensive strategy:

"We have diabetes clinics. We have education forums... We are funded by several organizations [whose] goal is to make sure that they are providing nutrition education."

This same organization has expanded beyond traditional healthcare delivery to address access barriers directly, implementing transportation services and door-to-door food delivery to ensure residents can participate in diabetes management programs and access appropriate nutrition support.

However, these targeted interventions remain limited in scope and reach. Access barriers including transportation, work schedule conflicts, and geographic isolation prevent many residents from benefiting from available programs, while the scale of diabetes burden across both counties exceeds current program capacity.

Obesity and Weight-Related Health Issues

Obesity rates across the region present a complex picture that requires careful interpretation. While the service area's overall adult obesity prevalence falls below state benchmarks, Almost one in four residents are affected by obesity, representing a substantial portion of the population at elevated risk for chronic disease complications.

This rate masks notable variation between the two counties, with Granville County showing higher obesity prevalence than Vance County.

Table 3.8: Obesity Related Indicators					
	Service Area	Granville County	Vance County	North Carolina	United States
Adult Obesity Prevalence (2022) ¹²	23.7%	24.1%	23.1%	29.7%	30.1%
Percentage of Population with Access to Exercise Opportunities ³⁴	55.4%	48.0%	66.0%	78.0%	84.5%
Adults Age 18+ as Current Smokers (Crude) (2022) ¹²	17.5%	17.1%	18.0%	14.3%	12.9%

While obesity rates in both Granville County and Vance County are below state and national averages, there is still substantial risk for diabetes development, cardiovascular disease progression, and hypertension complications, which are conditions that are already elevated across both counties. The interconnection between obesity and other chronic diseases means that even moderate obesity rates can contribute disproportionately to overall chronic disease burden, particularly when combined with other risk factors prevalent in the region. These risks are compounded by higher smoking rates in Vance County and limited physical activity opportunities in Granville County and Vance County. Community leaders identified the relationship between food access, nutrition education, and weight-related health outcomes as a critical concern. Focus group participants noted that ***"[Community members] come from families where people aren't always preparing meals. So if they do eat, they eat something that's junk food."*** This observation highlights how family food preparation patterns directly impact community health outcomes, particularly among youth.

Cardiovascular Disease and Hypertension

Cardiovascular disease represents one of the most significant health challenges facing both counties, with hypertension serving as both a standalone condition and a major risk factor for more severe cardiovascular events. Vance County shows particularly high hypertension prevalence that exceeds both state and national averages. Though not substantially different than the state and national averages, both counties demonstrate elevated rates of coronary heart disease that can contribute to poor health outcomes across the region.

³⁴ ArcGIS Business Analyst and Living Atlas of the World, YMCA & US Census Tigerline Files. Accessed via County Health Rankings. 2024, 2022&2020. Retrieved from NC Data Portal.

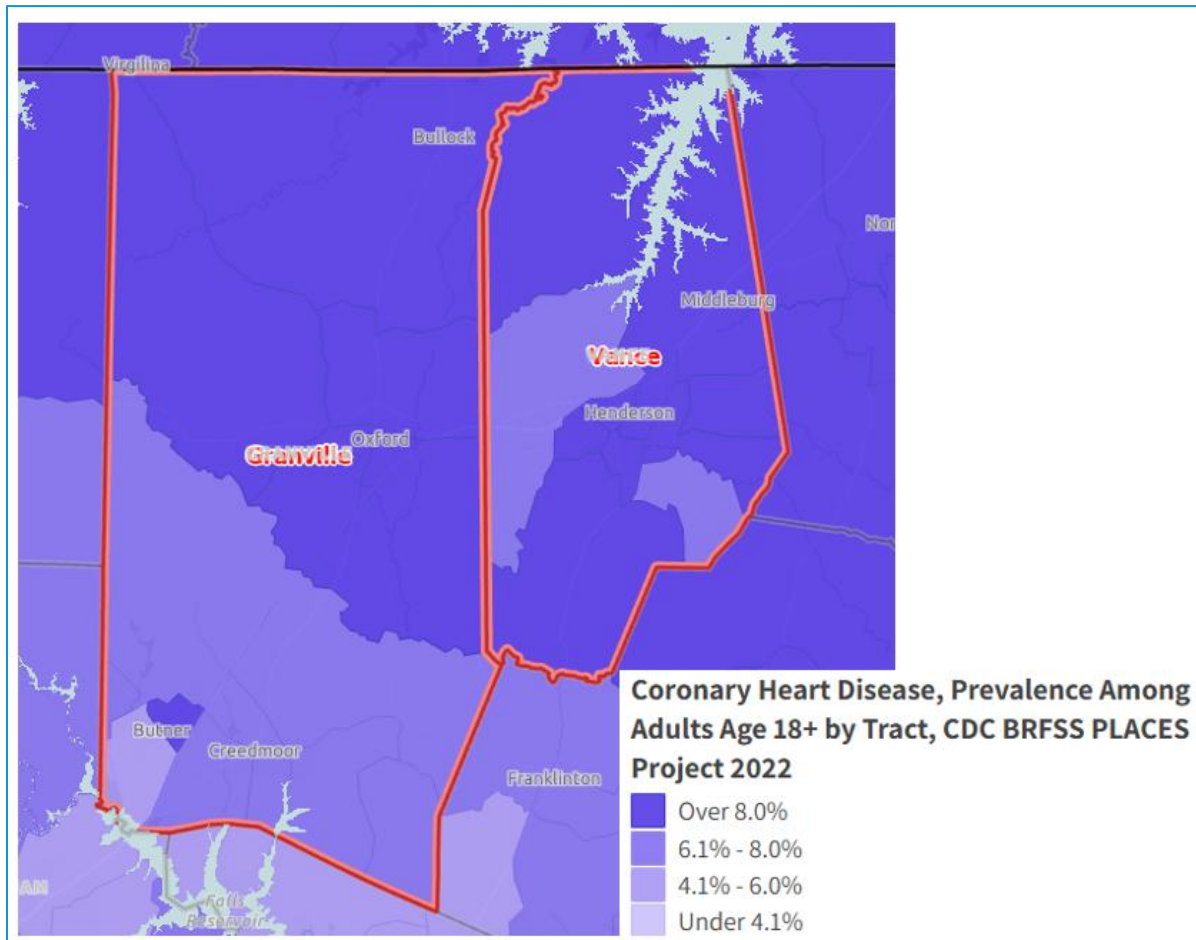
Table 3.9: Heart Health Indicators, 2021-2022					
	Service Area	Granville County	Vance County	North Carolina	United States
Adult Coronary Heart Disease Prevalence ¹²	6.3%	6.3%	6.4%	5.9%	5.7%
High Blood Pressure Prevalence (Hypertension) ³¹	36.9%	35.6%	38.8%	32.1%	29.6%

The burden of cardiovascular disease extends beyond clinical measures to affect daily functioning and quality of life. Heart disease represents the second leading cause of death for the service area, and the number one leading cause of death in Vance County¹⁵. As shown in **Table 3.6** above, the service area greatly exceeds the state benchmark on heart disease mortality. Community health survey data reinforces this pattern, with high blood pressure being among the most commonly reported diagnosed conditions, affecting almost one in three survey respondents (**See Figure 3.11 above**).

Geographic analysis of coronary heart disease prevalence within the service area reveals significant spatial variation in disease burden across census tracts. The map demonstrates that several census tracts, particularly in central and western portions of the service area, experience coronary heart disease prevalence rates exceeding 8.0% among adults, substantially higher than the documented service area average of 6.3%.

High blood pressure (hypertension), often called the "silent killer," frequently goes undiagnosed or poorly managed due to the access barriers. When combined with other prevalent conditions like diabetes and obesity, cardiovascular disease creates compound health risks that require coordinated, comprehensive management approaches that many residents cannot currently access.

Figure 3.12: Prevalence of Coronary Heart Disease, by Census Tract 2022^{12, 35}



Cancer

Cancer represents a large and growing health burden for the service area, with concerning trends in both incidence and mortality that demand immediate attention. As the leading cause of death in the service area, cancer affects families across the region.

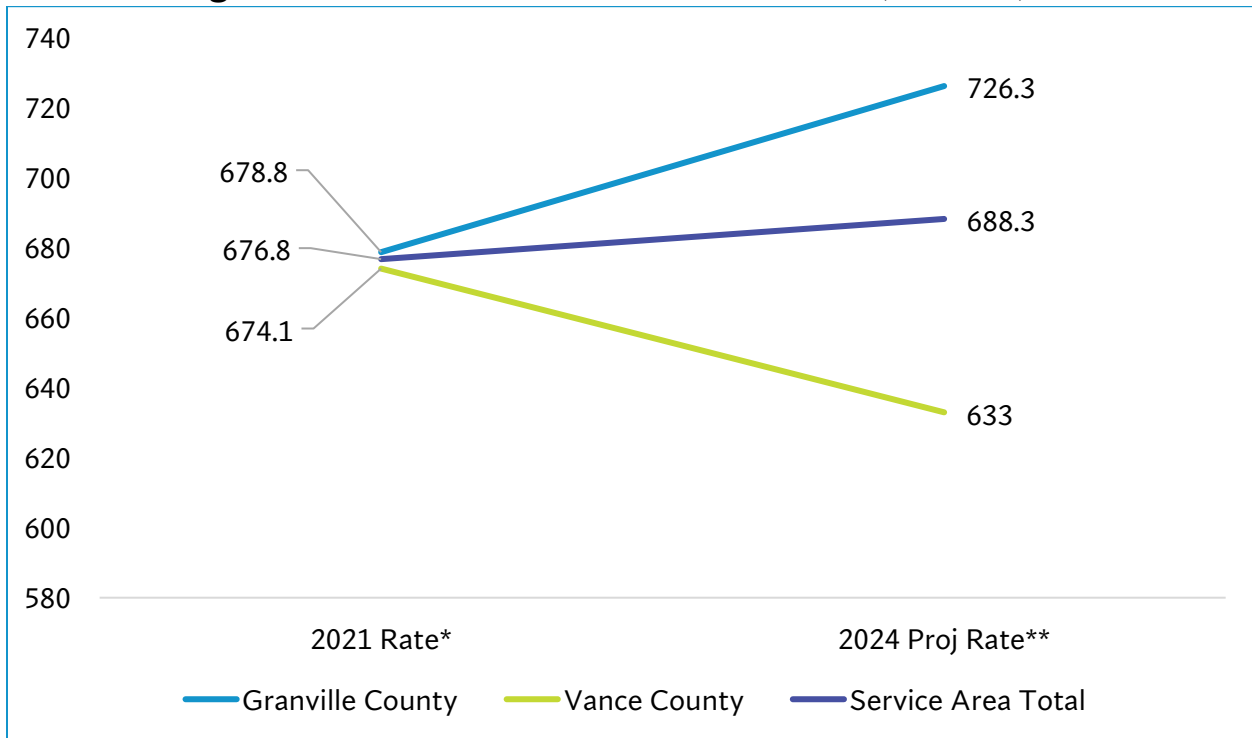
Table 3.10: Cancer Mortality, 2019-2023					
	Service Area	Granville County	Vance County	North Carolina	United States
Mortality – Cancer Death Rate, per 100,000 Population¹⁵	238.9	224.8	258.9	190.9	182.7

The alarming cancer burden across the service area exceeds both state and national benchmarks. Recent data shows that cancer incidence rates are projected to increase

³⁵ Map Retrieved from North Carolina Data Portal

across the service area from 2021 to 2024, particularly in Granville County. This trend reflects broader demographic and environmental trends that require comprehensive prevention and early detection strategies.

Figure 3.13: Cancer Incidence Rates 2021 – 2024 (Estimate)^{36, 37}



Community members reported experiences with various cancer types, including breast cancer and lymphoma, with residents expressing concerns about potential environmental contributors. As focus group participants noted, ***"I've heard of lymphoma cancer. I've heard of breast cancer, all different kinds of cancer that people have gotten, and they feel like it came from over the years drinking the water."*** Environmental concerns raised by residents include water quality, agricultural tobacco exposure, and air quality issues, with one community member explaining that ***"a lot of the people that have worked in those fields are those that are getting cancer as well."***

The most common cancer sites affecting residents include lung/bronchus, female breast, colon/rectum, prostate, and pancreas cancers. Notable differences between counties include higher rates of female breast cancer deaths in Vance County compared to Granville County, reflecting potential differences in early detection and treatment access.

³⁶ North Carolina Central Cancer Registry Cancer Profiles (July 2024)

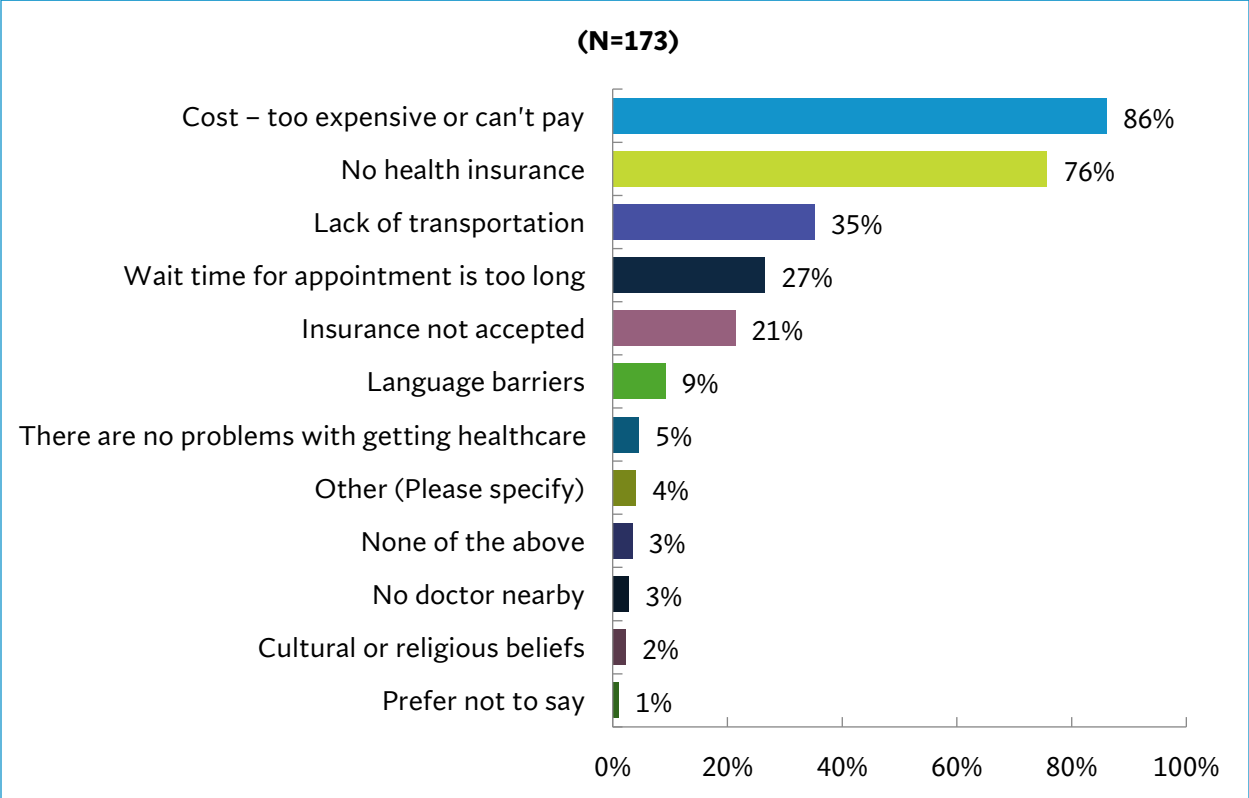
³⁷ 2021 rates calculated using 2020 Census population data and 2024 rates calculated using 2024 population estimates

Table 3.11: Cancer Deaths by Site, 2022 ³⁶		
Cancer Site	Granville County	Vance County
Lung/Bronchus	25%	30%
Colon/Rectum	10%	7%
Pancreas	10%	5%
Prostate	6%	5%
Female Breast	3%	11%
Other Cancers	47%	42%

SDOH and Barriers Impacting Physical Health

The management of chronic diseases across Granville and Vance Counties is complicated by interconnected SDOH and systemic barriers that create cascading effects on health outcomes. These challenges extend far beyond traditional medical care, affecting residents' ability to prevent, manage, and treat chronic conditions effectively.

Figure 3.14: 2025 CHOS Results –Top Perceived Barriers to Care in the Community

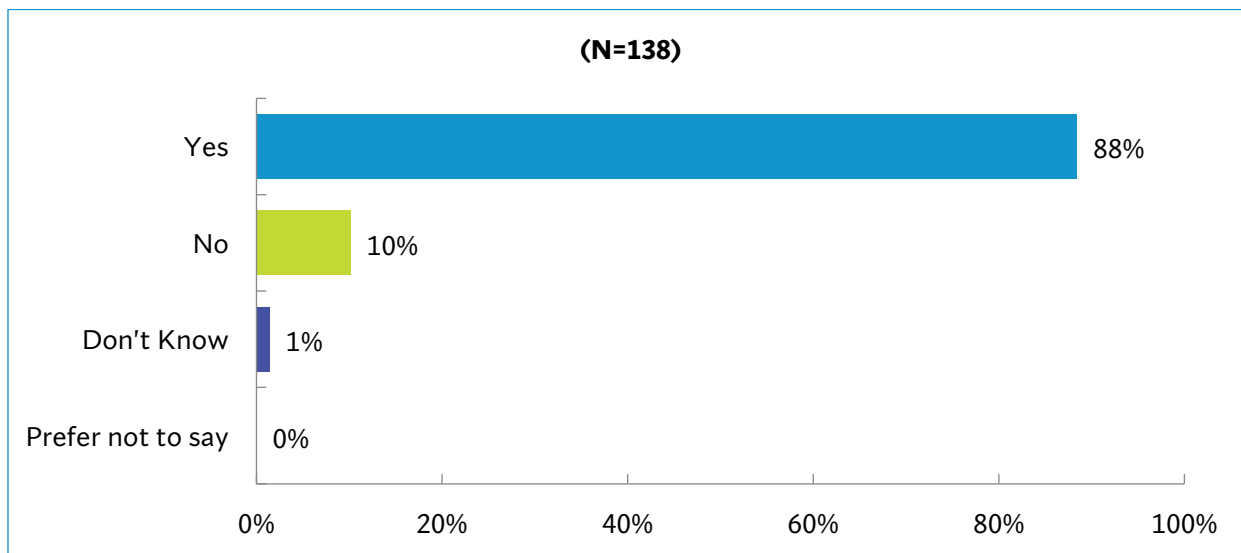


Economic and Financial Barriers

Financial constraints force residents to make impossible choices between essential medications and basic needs like food, creating cycles that worsen chronic disease outcomes. This medication-versus-basic needs dilemma was poignantly described by community leaders, who noted that residents face ***"the issue of whether they should buy their medicine or buy food."*** Healthcare costs create significant barriers to both preventive care and chronic disease management, with one focus group participant explaining that a single medication costs ***"\$100,"*** creating unsustainable financial barriers to consistent treatment across all chronic conditions.

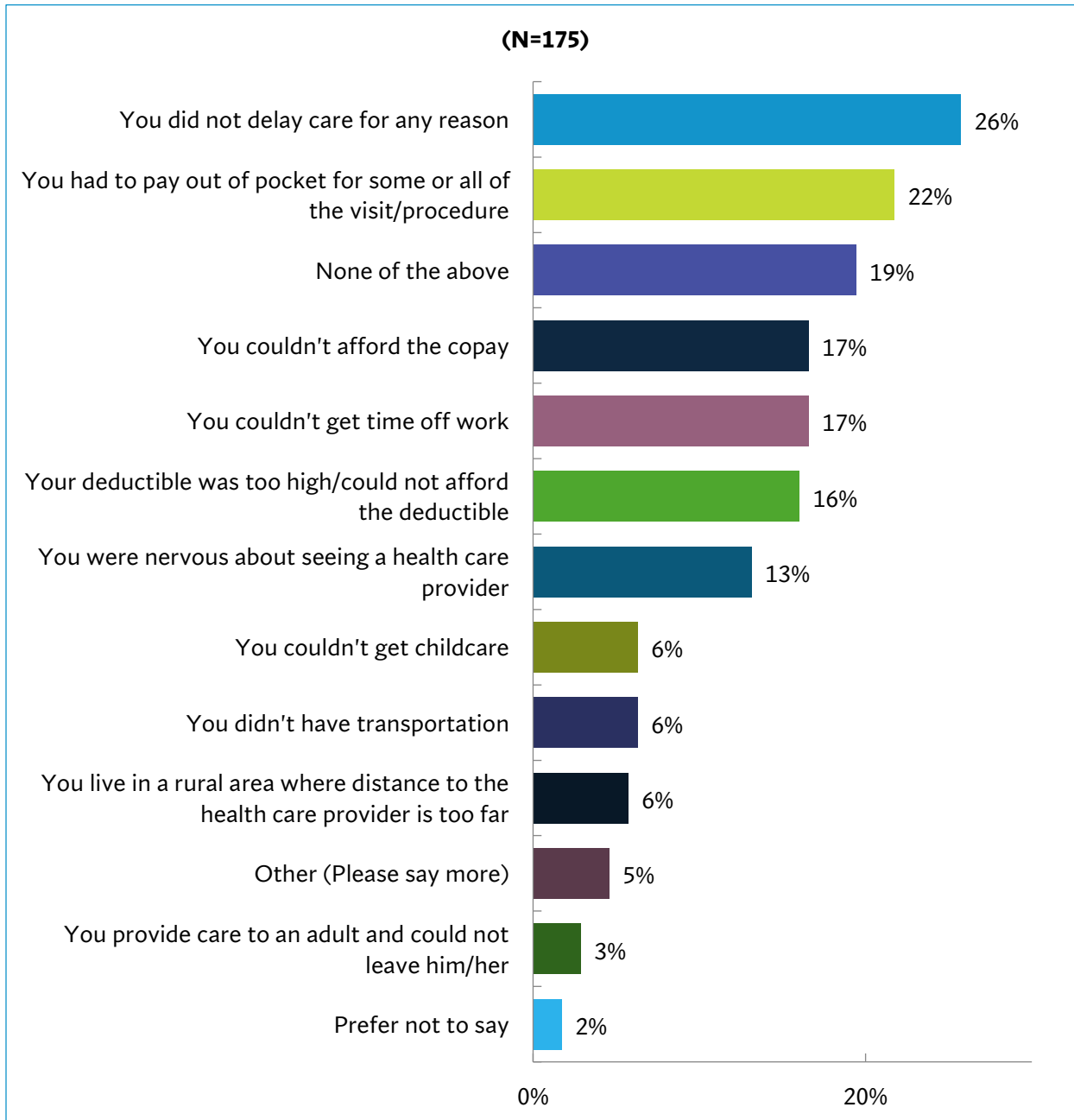
Community health survey data reinforces these financial challenges, demonstrating that despite high insurance coverage among respondents, cost remains the dominant barrier to healthcare access (See **Figure 3.14** above).

Figure 3.15: 2025 CHOS Results – Answers to Question, “Do You Have Insurance?”



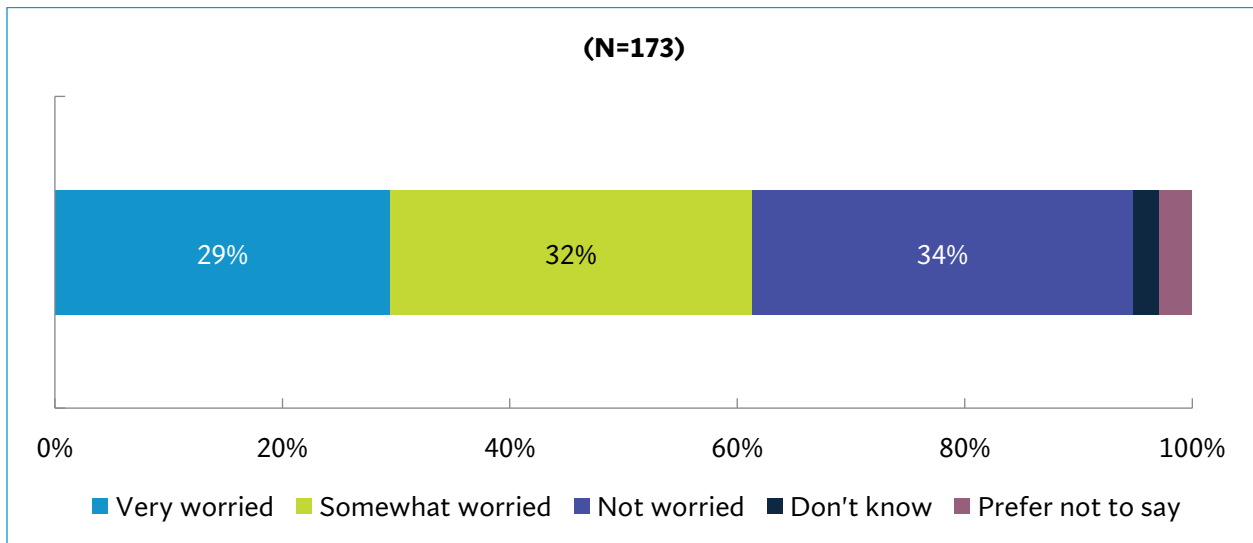
The survey reveals a critical gap between having insurance and affording care, with high deductibles and out-of-pocket costs being the primary reasons residents delayed medical care in the past year.

Figure 3.16: 2025 CHOS Survey Results – Reasons for Personally Delaying Care in the Past 12 Months



The data shows that most residents worry about paying medical bills, with more than half expressing concern about healthcare costs if they become sick or injured, highlighting the widespread financial anxiety surrounding healthcare expenses across both counties.

Figure 3.17: 2025 CHOS Survey Results – Answers to Question, “How worried are you about paying for medical bills if you get sick or hurt?”



Healthcare Access and System Navigation

Both counties experience healthcare access challenges, with shortages of primary care providers affecting both counties and severe dental provider shortages particularly impacting Granville County. The complexity of navigating healthcare systems, insurance networks, and pharmacy benefits creates additional barriers, with focus group participants describing difficulties with insurance acceptance. As one senior noted: ***“when I first came here [to the service area], I wanted to talk with someone [about] trying to get into a primary care practice, and they told me that a lot of the places that doctors ran do not take Medicaid/Medicare.”*** The healthcare system's complexity compounds these challenges, as one participant noted:

“It’s our health system in this country... [it] is convoluted.”

Transportation and Geographic Isolation

Transportation barriers create systemic challenges that affect all chronic disease management. As one key leader explained, ***“Well, we know that transportation for some people is a barrier,”*** with this challenge affecting both routine preventive care and ongoing chronic disease management. Similarly to accessing behavioral health services, the rural geography of the region compounds these transportation challenges, with residents traveling long distances to reach specialty healthcare services, leading to missed appointments for blood pressure monitoring, diabetes management, cancer screenings,

and other preventive care services. This barrier is especially challenging for residents of the service area without access to a personal vehicle, as shown in the map in [Figure 2.9](#) above.

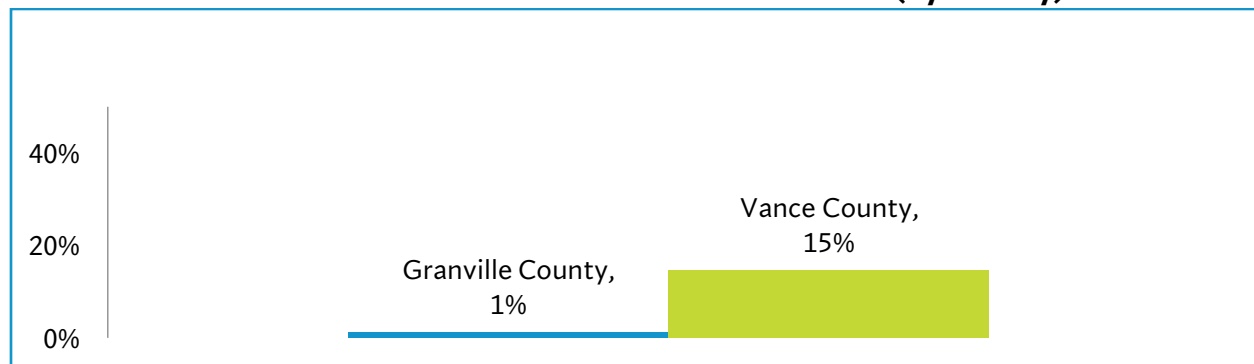
Community health survey data demonstrates that transportation represents a significant barrier for residents seeking healthcare, with almost one in three respondents indicating that they believe a lack of transportation is preventing community members from accessing medical care (See **Figure 3.14** above).

Nutrition, Food Access, and Physical Activity Food insecurity emerged as a critical factor affecting physical health outcomes across both counties. As one key informant noted, ***"Food, insecurity, especially among children, is an issue. Now both counties have free lunch and breakfast,"*** acknowledging that while programs exist, food insecurity persists as a health risk factor. Community organizations provide innovative solutions, with one provider describing their comprehensive approach:

"We don't do vouchers. They don't have to come pick it up. We run a transportation system within our company, and we take it straight to the door. Medically tailored meals, shelf stable boxes, fresh fruit, and produce boxes."

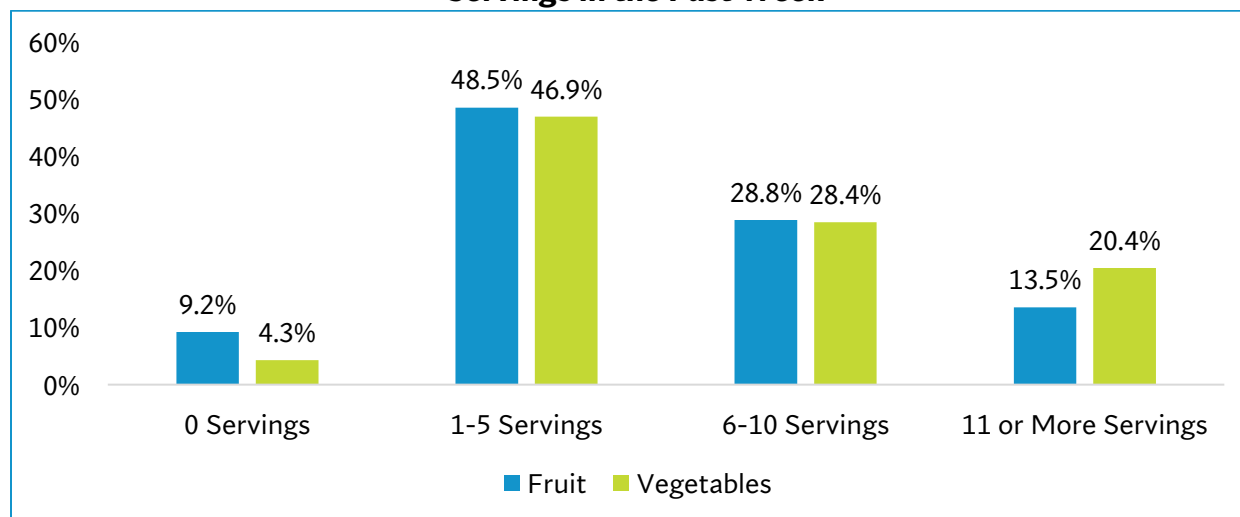
Community health survey responses indicate mixed patterns in food security and nutrition access across both counties. As shown in [Table 2.5](#), food insecurity rates in the service area are higher than both the state and national averages, with children experiencing particularly elevated rates of food insecurity. However, community survey responses show variation between the two counties, with Vance County residents reporting notably higher rates of food access challenges compared to Granville County.

Figure 3.18: 2025 CHOS Results – Percent of Respondents who Lacked Food for Themselves and Their Families in the Past Year (by County)



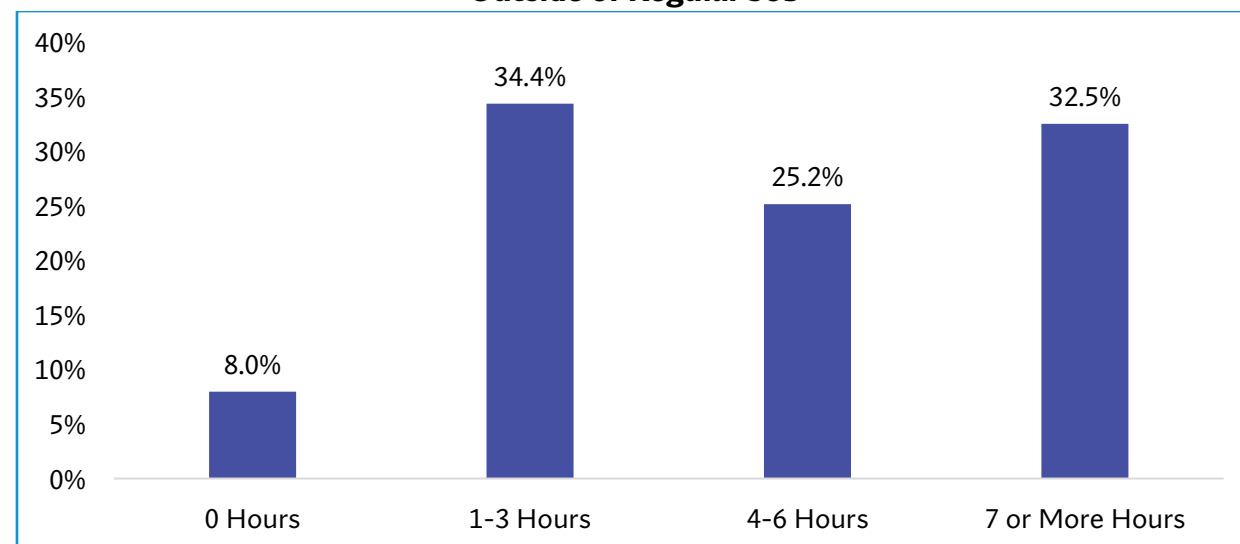
While many residents report having adequate access to food, a concerning portion of respondents from Vance County indicate experiencing food insecurity. Fruit and vegetable consumption patterns show room for improvement, with many residents not meeting recommended daily intake levels.

Figure 3.19 2025 CHOS Results – Self-Reported Consumption of Fruit and Vegetable Servings in the Past Week



Community survey data also shows that while over half of respondents are engaging in physical activity outside of work hours, many are physically active for three hours or less per week.

Figure 3.20: 2025 CHOS Results – Self Reported Hours of Physical Activity Per Week Outside of Regular Job



Common barriers to physical activity include lack of safe exercise spaces, time constraints, and limited access to fitness facilities. Focus group discussions revealed particular concerns about safe spaces for recreational activities. Food insecurity and limited physical activity create compounding chronic disease risks, as geographic and transportation barriers affect both food access and physical activity opportunities, requiring comprehensive intervention approaches. Additional comparative data on adult obesity prevalence and access to exercise opportunities across the service area can be found in **Table 3.8**.

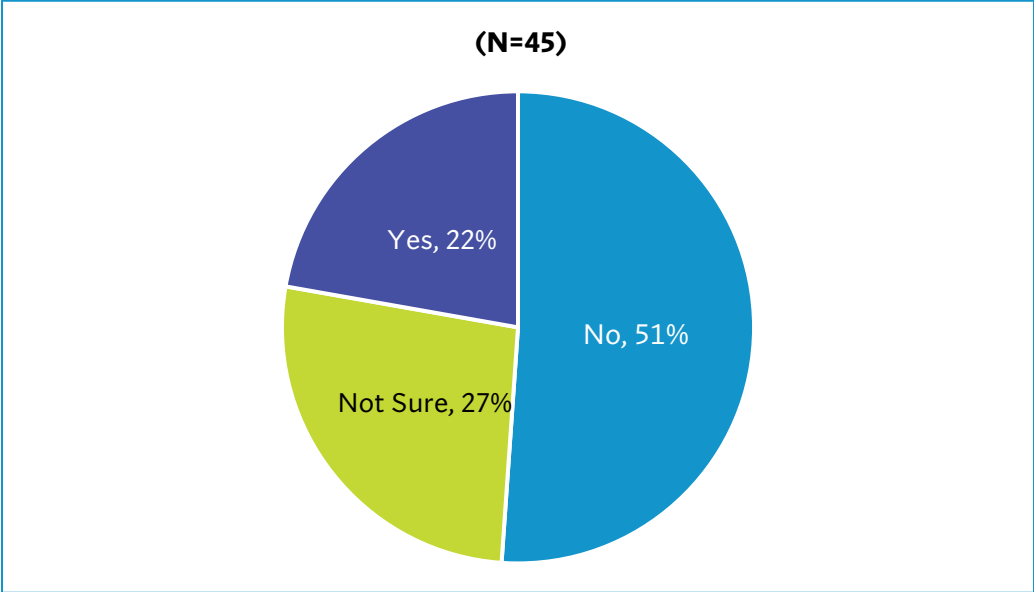
Health Education and Health Literacy

Community leaders identified gaps in health education as contributing factors to poor physical health outcomes. As one leader noted, *"I know that there's a level of health education taught in the school system, but you know that may be an area that we could try to better understand,"* questioning the adequacy of current health education approaches. These concerns about educational adequacy extend into broader questions about the community's overall health literacy levels and ability to understand and act on health-related information.

Key leader survey data reveals profound concerns about health literacy levels across the service area. When asked about whether community members are health literate or able to understand health-related information when presented to them, community leaders expressed significant skepticism about residents' capabilities (**Figure 3.21**). Most leaders believe that community members lack the ability to comprehend health information, while only a small fraction feel confident that residents possess adequate health literacy skills.

Community leaders identified three main categories of challenges that affect residents' ability to understand and act on health information: knowledge gaps including lack of understanding of health consequences and medical terminology, healthcare navigation barriers stemming from inadequate infrastructure that forces residents to rely on emergency rooms as primary care, and communication barriers including language issues, healthcare intimidation, and misinformation spreading among uninformed populations.

Figure 3.21: 2025 Key Leader Survey Results – Responses to Question: “Do you believe that the people in the community you serve are health literate, or able to understand health-related information when it is presented to them?”



This widespread concern among community leaders reflects observations from their direct work with residents and suggests that health literacy barriers may be undermining the effectiveness of health promotion efforts, chronic disease management programs, and preventive care initiatives across both counties.

Youth focus groups revealed strong desire for practical health guidance, with participants specifically requesting "actually telling people what it means to be healthy and how to get there," indicating that current approaches may not provide actionable information residents can implement.

Physical Health Key Takeaways

Physical health represents a critical priority for Granville and Vance counties, with chronic diseases including diabetes, hypertension, heart disease, and cancer significantly impacting community health outcomes. The data reveals persistent differences between counties, with Vance County experiencing particularly concerning outcomes across multiple health indicators, including a life expectancy gap of more than five years compared to Granville County. The complex interplay of individual health behaviors, healthcare access barriers, and SDOH creates challenges that extend far beyond traditional medical care.

Healthcare access barriers compound these challenges through multiple pathways. Provider shortages, insurance acceptance limitations, and geographic isolation create delays in both preventive care and chronic disease management. Financial barriers, including medication costs and the impossible choice between healthcare and basic needs like food, force residents into crisis-driven rather than prevention-focused healthcare utilization. Transportation barriers disproportionately affect vulnerable populations, while employment conflicts prevent many working residents from accessing care during available hours.

Addressing these physical health challenges will require comprehensive approaches that integrate healthcare delivery improvements, SDOH interventions, built environment enhancements, and community-based prevention strategies. While some community assets exist, including innovative nutrition delivery programs, senior center exercise programming, and faith-based support networks, these resources require expansion and better coordination to address the scale of need identified through this assessment and acknowledge the deeply interconnected nature of physical health, behavioral health, and community conditions.

Chapter 4: Community Assets and Resource Inventory

This resource inventory provides essential services available to residents of Granville and Vance counties, focusing on mental health providers, substance use treatment facilities, primary care providers, and social services.

Mental Health Providers

Name	Service Provided	Location
Granville Behavioral Health	Comprehensive mental health services including psychiatric evaluations, psychopharmacotherapy, therapy for anxiety, depression, ADHD, bipolar disorders, PTSD, autism spectrum disorders	Oxford, NC (Granville Health System location)
Daymark Recovery Services - Vance Center	Mental health and substance abuse services including outpatient therapy, psychiatry/med management, intensive in-home services, assessments	943-H West Andrews Avenue, Henderson, NC 27536
Jamie Walter, PA-C	Medication management, comprehensive psychiatric assessment, personalized treatment plans	Serves Granville County area
Mindpath Health Psychiatrists & Therapists	Psychiatric evaluations, medication management, therapy	Serves Granville County area
Leisley Tindall, PMHNP-BC	Psychiatric mental health services, telemedicine available	Online services for North Carolina residents
Monarch - Vance County	Behavioral health, outpatient therapy, medication management, crisis services, mental health care for I/DD	Vance County
Monarch - Granville County	Behavioral health, outpatient therapy, medication management, substance use disorder treatment, mental health care for I/DD	Granville County

Substance Use Treatment Facilities

Name	Service Provided	Location
Daymark Recovery Services - Vance Center	Substance Abuse Intensive Outpatient (SAIOP), Medication Assisted Treatment (MAT/Suboxone), peer support	943-H West Andrews Avenue, Henderson, NC 27536
Granville Vance Public Health	Substance use disorder counseling, medication assisted treatment, interventions, cognitive behavioral therapy, relapse prevention	Granville and Vance County locations
Recovery Innovations	10-bed inpatient mental health crisis unit with substance abuse treatment, medically supported withdrawal and detox	300 Parkview Dr. W, Henderson, NC 27536
Alliance Rehabilitative Care - Addiction Recovery Center for Men (ARCM)	Adult male substance abuse halfway house, residential treatment up to 1 year	Henderson, NC (Vance County)
Alliance Rehabilitative Care - Assertive Community Treatment Team (ACTT)	24-hour treatment team for adults with severe mental illness and substance use disorders	Serves Vance, Granville, Franklin & Warren Counties
Addiction Recovery Center for Men	Inpatient treatment for substance use disorders, MAT, individual counseling, employment services	1020 County Home Road, Henderson, NC 27536
Vance Recovery	Licensed Opioid Treatment Provider, Medically Assisted Treatment, methadone clinic	510 Dabney Drive Suite B, Henderson, NC 27536
Rural Health Group at Henderson	Buprenorphine Provider, Medically Assisted Treatment	100 Parkview Dr W, Henderson, NC 27536
Sunflower Direct Primary Care	Buprenorphine Provider, Medically Assisted Treatment	123 Horner St, Henderson, NC 27536

Primary Care Providers

Name	Service Provided	Location
Granville Health System Primary Care	Comprehensive primary care, preventive care, chronic disease management, routine check-ups	Oxford and Creedmoor locations
Granville Vance Public Health - Primary Care Clinic	Primary care services, medication and counseling for mental health and substance use	Granville and Vance County locations
Duke Primary Care Henderson	Family medicine, internal medicine, comprehensive primary care services	Henderson, NC
Duke Primary Care Oxford	Family medicine, pediatrics, adult medicine, preventive care	Oxford, NC
Duke Primary Care Butner-Creedmoor	Family medicine, pediatrics, internal medicine, comprehensive primary care	Butner-Creedmoor, NC
Vance Family Medicine	Healthcare for lifetime, family medicine services	381 Ruin Creek Road, Henderson, NC 27536
Vance County Health Department	Primary care services, family medicine	115 Charles Rollins Rd, Henderson, NC 27536
Four County Primary Care	Primary care services	120 Charles Rollins Rd Ste 102, Henderson, NC 27536
Maria Parham Physician Practices	Primary care services for all ages, preventing, diagnosing and treating illnesses	Louisburg & Henderson, NC
South Granville Primary Care	Primary care services	317 Central Ave, Butner, NC 27509

Social Services

Government Social Services

Name	Service Provided	Location
Granville County Department of Social Services	Food and nutrition services, Medicaid, LIEAP energy assistance, child and adult services	410 W Spring St, Oxford, NC 27565
Vance County Department of Social Services	Food and nutrition services, Medicaid, transportation, child and adult services	500 North Beckford Drive, Suite C, Henderson, NC 27536

Non-Profit Organizations and Community Services

Name	Service Provided	Location
Franklin Vance Warren Opportunity	Social service programs, building pathways to better quality of life	180 South Beckford Dr, Henderson, NC 27536
Granville County United Way	Funds health and human services, community support	600 College St, Oxford, NC 27565
United Way of Vance County	Support for local non-profit agencies, community improvement	Vance County
Area Christians Together in Service (ACTS)	Soup kitchen, food pantry, domestic violence shelter	305 South Chestnut Street, Henderson, NC 27536
Catholic Charities	Housing assistance	Multiple counties including Granville and Vance
Legal Aid of North Carolina	Legal assistance services	Serves Granville and Vance Counties
NC Cooperative Extension	Various community programs and services	Granville: 919-603-1350, Vance: 252-438-8188
Families Living Violence Free	Domestic violence and rape crisis center	Granville County
Smart Start Franklin-Granville-Vance	Programs and services for families and children	125 Charles Rollins Road, Henderson, NC

Food Banks and Food Assistance

Name	Service Provided	Location
Area Congregations in Ministry (ACIM)	Food pantry serving Granville County	634 Roxboro Rd, Oxford, NC 27565
The Help Center NC	Mobile pantry, food baskets, emergency assistance, senior support services	125 Juniper Court, Oxford, NC 27565
Salvation Army - Vance County	Food pantry, rent and utility assistance, clothing vouchers	2292 Ross Mill Rd, Henderson, NC 27537
Cotton Memorial Presbyterian Church Food Pantry	Food pantry	511 N. Chestnut Street, Henderson, NC
Calvary Temple Holy Church	Food pantry	215 Kitchen Avenue, Henderson, NC
Brookston Baptist Church	Food pantry	242 Baptist Church Rd, Henderson, NC
Big Ruin Creek Baptist	Food pantry	16 Big Ruin Creek Lane, Henderson, NC
Mount Zion Christian Church	Food pantry	995 Burr St, Henderson, NC
Christian Faith Center of Creedmoor	Food pantry	101 S. Peachtree Street, Creedmoor, NC
First Baptist Church - Creedmoor	Food pantry	119 S. Main Street, Creedmoor, NC
Upon This Rock Ministry	Food pantry	1206 College Street, Oxford, NC
Young Memorial United Holy Church	Food pantry	1379 Brookston Rd, Henderson, NC

Greater Ransom Way of Cross Temple	Food pantry and hot breakfast service	90 South Lake Lodge Rd Ext, Henderson, NC
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Chapter 5: Next Steps

The findings from this CHA will guide the Steering Committee in developing comprehensive strategies to address the two priority health needs — **behavioral health and physical health**.

The Steering Committee will leverage these findings to create evidence-based implementation strategies and coordinated action plans for the GVPH service area. Through structured Action Teams focused on each priority area, they will develop measurable objectives and interventions that consider social drivers of health, such as transportation and food access, as the cross-cutting theme identified as an important factor influencing both behavioral and physical health outcomes for residents of Granville and Vance counties.

Building on the comprehensive stakeholder engagement process that informed this CHA, the Steering Committee believes that the most effective strategies will be those developed through community partnerships and sustained by the collective commitment of organizations and residents throughout the region. The strategies developed will incorporate measurable objectives through which progress toward improved community health outcomes can be tracked and evaluated over the four-year implementation period.

Appendix 1 | Secondary Data Methodology and Sources

Introduction

A comprehensive analysis of secondary data indicators was conducted as part of the Community Health Needs Assessment (CHNA) development process to identify priority health issues for Granville County and Vance County. These indicators provide detailed insights into current health outcomes and the underlying factors that influence the health and well-being of residents throughout the Granville Vance Public Health service area. The secondary data encompasses both health outcome measures—reflecting the present health status of the community—and health factor indicators that influence future health outcomes.

Methodology

The analytical framework utilized secondary data structured according to the Robert Wood Johnson Foundation County Health Rankings methodology. Over 100 data indicators at the county level were analyzed to provide a comprehensive assessment of community health status. Health indicators were organized into two primary categories:

Lagging Indicators (Health Outcomes): Measures reflecting the current health status of the community, including length of life and quality of life indicators.

Leading Indicators (Health Factors): Measures that influence future health outcomes, encompassing clinical care, health behaviors, physical environment, and social and economic environment factors.

To determine areas requiring focused attention, health indicators were systematically compared against North Carolina state benchmarks. Geographic comparisons included both Granville County and Vance County to ensure comprehensive understanding of health disparities across the region served by Granville Vance Public Health.

Criteria for Determining High Need Areas

Health indicators were classified as "high need" areas when they met one or more of the following criteria compared to North Carolina state averages:

1. **Relative Difference:** $\geq 25\%$ higher/lower than state benchmark
2. **Percentage Point Difference:** ≥ 5 percentage points for prevalence measures
3. **Absolute Difference:** ≥ 5 units difference

Example Application

- Vance County's heart disease mortality: $((282.1 - 196.0) / 196.0) \times 100 = 43.9\%$
- Heart Disease Prevalence in Vance County is 43.9% higher than NC average
- Life Expectancy Gap (Vance County): 5.8 years below state average (70.1 vs 75.9)
- High Blood Pressure Prevalence: Vance County (38.8%) vs. NC (32.1%) = 6.7% points higher

This evidence-based approach ensures that identified priorities reflect both statistical significance and practical importance for community health improvement efforts, aligned with established benchmarks from Healthy People 2030, County Health Rankings, CDC Reports, and NACCHO guidelines.

Secondary Data Sources

Data were collected from numerous authoritative sources, including:

- County Health Rankings (Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute)
- Centers for Disease Control and Prevention, CDC - National Vital Statistics System
- Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System
- The Opportunity Atlas (U.S. Census Bureau, Harvard University, and Brown University)
- The National Equity Atlas (PolicyLink and the USC Equity Research Institute)
- US Department of Health & Human Services, Health Resources and Services Administration, HRSA
- Social Vulnerability Index (Centers for Disease Control & Prevention (CDC) and Agency for Toxic Substances and Disease Registry)
- Food Access Research Atlas (U.S. Food and Drug Administration)
- American Community Survey (U.S. Census Bureau)
- Opioid Dispensing Data (CDC)
- United for ALICE
- Centers for Disease Control and Prevention, CDC – WONDER
- Centers for Medicare and Medicaid Services, CMS

Health Indicators by Category

The following tables are organized by focus area and contain detailed information about the secondary data indicators analyzed, including indicator descriptions, data sources, and timeframes for the most recent available data.

Table A1.1: Access to and Utilization of Care

Measure	Description	Data Source	Most Recent Data Year(s)
Dentist Rate	Number of dentists per 100,000 population	US Department of Health & Human Services, Health Resources and Services Administration, HRSA	2021
Mental Health Providers Rate	Number of mental health providers per 100,000 population	US Department of Health & Human Services, Health Resources and Services Administration, HRSA	2021
Primary Care Physicians Rate	Number of primary care physicians per 100,000 population	US Department of Health & Human Services, Health Resources and Services Administration, HRSA	2021
Uninsured Adults (<65)	Percentage of the population ages 19 to 64 that have no health insurance coverage	US Census Bureau, American Community Survey. 2019-23	2019-2023
Uninsured Children (<19)	Percentage of the population under age 19 that has no health insurance coverage	US Census Bureau, American Community Survey. 2019-23	2019-2023
Uninsured Population (All Ages)	Percentage of the population without health insurance coverage	US Census Bureau, American Community Survey. 2019-23	2019-2023
Recent Dental Care Visits	Percentage of adults age 18 and older who report having been to the dentist or dental clinic in the previous year	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the	2022

		PLACES Data Portal. 2022	
Percentage of Adults with Annual Checkup	Percentage of adults age 18 and older who report having been to a doctor for a routine checkup (e.g., a general physical exam, not an exam for a specific injury, illness, or condition) in the previous year.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022 .	2022
Emergency Room Visit Rate	Rate of emergency room (ER) visits (per 1,000 beneficiaries) among Medicare beneficiaries age 65 and older.	Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2023.	2023
Addiction/Substance Abuse Providers Rate	Number of providers who specialize in addiction or substance use disorder treatment, rehabilitation, addiction medicine, or providing methadone per 100,000 population	Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). 2025	2025

Table A1.2: Birth Outcomes

Measure	Description	Data Source	Most Recent Data Year(s)
Infant Mortality Rate	Number of deaths among children less than 1 year of age per 1,000 live births	Centers for Disease Control and Prevention, CDC - National Vital Statistics System	2015-2021 and 2016-2022
Low Birthweight	Percentage of live births with low birth weight (<2500 grams)	Centers for Disease Control and Prevention, CDC - National Vital Statistics System	2015-2021 and 2016-2022

Table A1.3: Built Environment

Measure	Description	Data Source	Most Recent Data Year(s)
Broadband Access	Percentage of households with broadband internet access	US Census Bureau, American Community Survey. 2019-23	2019-2023
Computer Access	Percentage of households with computer access	US Census Bureau, American Community Survey. 2019-23	2019-2023

Table A1.4: Exercise

Measure	Description	Data Source	Most Recent Data Year(s)
Walkability Index	The National Walkability Index (2021) is a nationwide index score developed by EPA that ranks block groups according to their relative walkability using selected variables on density, diversity of land uses, and proximity to transit from the Smart Location Database.	Environmental Protection Agency, EPA - Smart Location Database. 2021.	2021
Population with Access to Exercise Opportunities	Percentage of individuals in a county who live reasonably close to a location for physical activity.	ArcGIS Business Analyst and Living Atlas of the World, YMCA & US Census Tigerline Files. Accessed via County Health Rankings. 2024.	2024
No Leisure-Time Physical Activity	Percentage of adults who report no leisure-time physical activity	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2021

Table A1.5: Education

Measure	Description	Data Source	Most Recent Data Year(s)
School Segregation Index	The extent to which students within different race and Hispanic ethnicity groups are unevenly distributed across schools when compared with the racial and ethnic composition of the local population. The index ranges from 0 to 1 with lower values representing a school composition that approximates race and Hispanic ethnicity distributions in the student populations within the county, and higher values representing more segregation.	National Center for Education Statistics, NCES - School Segregation Index. Accessed via County Health Rankings. 2022-2023.	2022-2023
School Funding Adequacy	The average gap in dollars between actual and required spending per pupil among public school districts.	School Finance Indicators Database, SFID - School Finance Indicators Database. 2022.	2022
Educational Attainment	Distribution of the highest level of education achieved in the report area	US Census Bureau, American Community Survey. 2019-23.	2019-2023

Table A1.6: Employment

Measure	Description	Data Source	Most Recent Data Year(s)
Unemployment Rate	Percentage of population ages 16+ unemployed but seeking work	US Census Bureau, American Community Survey. 2019-23	2019-2023

Table A1.7: Environmental Quality

Measure	Description	Data Source	Most Recent Data Year(s)
Air Pollution - Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	US Environmental Protection Agency.	2022-2023
Drinking Water Violations	Percentage of population served by community water systems with health-based violations	US Environmental Protection Agency.	2022-2023

Table A1.8: Family, Community, and Social Support

Measure	Description	Data Source	Most Recent Data Year(s)
Single-Parent Households	Percentage of households with children headed by single parent	US Census Bureau, American Community Survey. 2019-23	2019-2023
Social Associations	Number of membership associations per 10,000 population	County Business Patterns	2020
Young People Not in School and Not Working	Percentage of population ages 16-24 not in school and not working	US Census Bureau, American Community Survey. 2019-23.	2019-23
Childcare Cost Burden	Childcare costs for a median-income household with two children as a percentage of household income.	United States Census Bureau, Living Wage Agency, US Census Small Area Income and Poverty Estimates and Living Wage Calculator. Accessed via County Health Rankings.	2023&2022
Head Start Programs, Rate	Rate of Head Start program facilities per	US Department of Health & Human Services, HRSA -	2024

	10,000 children under age 5.	Administration for Children and Families. 2024.	
Adults Having Lack of Social and Emotional Support	Percentage of adults age 18 and older who report having a lack of social and emotional support.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.	2022

Table A1.9: Food Security

Measure	Description	Data Source	Most Recent Data Year(s)
Food Insecurity	Percentage of population who lack access to a reliable source of food during the report year.	Feeding America. 2023.	2023
Food Insecure Children Rate	Percentage of the population under age 18 that experienced food insecurity at some point during the report year.	Feeding America. 2023.	2023
Children Eligible for Free or Reduced Lunch	Free or reduced price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130 percent (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).	National Center for Education Statistics, NCES - Common Core of Data.	2022-23
SNAP Participation	Percentage of households receiving Supplemental Nutrition Assistance Program benefits	US Census Bureau, American Community Survey. 2019-23	2019-23

Table A1.10: Housing and Homelessness

Measure	Description	Data Source	Most Recent Data Year(s)
Substandard Conditions	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	US Census Bureau, American Community Survey. 2019-23	2019-2023
Homeownership	Percentage of households that own their home	US Census Bureau, American Community Survey. 2019-23	2019-2023
Severely Burdened Households	Percentage of households spending 50% or more of income on housing costs	US Census Bureau, American Community Survey. 2019-23	2019-2023
Adults having Housing Insecurity	Percentage of adults age 18 and older who report having housing insecurity in the past 12 months.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.	2022
Adults having Utility Insecurity	Percentage of adults age 18 and older who report having utility services threat in the past 12 months.	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal. 2022.	2022

Table A1.11: Income

Measure	Description	Data Source	Most Recent Data Year(s)
Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile	US Census Bureau, American Community Survey. 2019-23	2019-2023
Median Household Income	Median household income in dollars	US Census Bureau, American Community Survey. 2019-23	2019-2023
Poverty	Percentage of population below 100% federal poverty level	US Census Bureau, American Community Survey. 2019-23	2019-23
Gender Pay Gap	The ratio of women's median earnings to men's median earnings for all full-time, year-round workers, presented as "cents on the dollar."	US Census Bureau, American Community Survey. 2019-2023.	2019-23
ALICE Households + Poverty	Asset Limited, Income Constrained Employed population plus population in poverty.	United Way ALICE Report 2022	2022
Children in Poverty	Percentage of population Under Age 18 below 200% federal poverty level	US Census Bureau, American Community Survey. 2019-23	2019-23

Table A1.12: Length of Life

Measure	Description	Data Source	Most Recent Data Year(s)
All Heart Diseases	Age-adjusted death rate from heart disease per 100,000 population	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023
Cancer Mortality	Age-adjusted death rate from cancer per 100,000 population	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023
Cancer Deaths by Site	Percentage distribution of cancer deaths by primary cancer site (Lung/Bronchus, Colon/Rectum, Pancreas, Prostate, Female Breast, Other)	North Carolina Central Cancer Registry Cancer Profiles (July 2024)	2024
Leading Causes of Death	Age-adjusted death rates for leading causes per 100,000 population	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023
Life Expectancy	Average number of years a person can expect to live based on current death rates	Centers for Disease Control and Prevention, CDC - National Vital Statistics System	2019-2023
Liver Disease	Age-adjusted death rate from liver disease per 100,000 population	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023

Lung Disease	Age-adjusted death rate from chronic lower respiratory disease per 100,000 population	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023
Stroke	Age-adjusted death rate from stroke per 100,000 population	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023
Years of Potential Life Lost	Years of life lost due to deaths before age 75 per 100,000 population under 75	Centers for Disease Control and Prevention, CDC - National Vital Statistics System	2019-2023

Table A1.13: Mental Health

Measure	Description	Data Source	Most Recent Data Year(s)
Depression Prevalence	Percentage of adults who have ever been told by a healthcare professional that they have a depressive disorder	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2021
Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days among adults	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2021
Suicide Rate	Age-adjusted death rate from suicide per 100,000 population	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023

Used Anti-anxiety Medications	Percentage of adults currently taking anti-anxiety medication	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2021
Used Prescription Antidepressants	Percentage of adults currently taking antidepressant medication	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2021
Visited Mental Health Provider	Percentage of adults who visited a mental health professional in past year	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2021

Table A1.14: Physical Health

Measure	Description	Data Source	Most Recent Data Year(s)
Adult Obesity	Percentage of adults with BMI ≥ 30 kg/m ²	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2021
Asthma	Percentage of adults diagnosed with asthma	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
Cancer Incidence Rate	Projected age-adjusted rate of new cancer diagnoses per 100,000 population	North Carolina Central Cancer Registry Cancer Profiles.	2021-2024
Coronary Heart Disease	Percentage of adults diagnosed with coronary heart disease	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance	2022

		System. Accessed via the PLACES Data Portal	
Diabetes	Percentage of adults who have been diagnosed with diabetes	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
High Blood Pressure	Percentage of adults diagnosed with high blood pressure	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2021
Insufficient Sleep	Percentage of adults who report fewer than 7 hours of sleep on average	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
Poor or Fair Health	Percentage of adults reporting poor or fair health status	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days among adults	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2021

Table A1.15: Quality of Care

Measure	Description	Data Source	Most Recent Data Year(s)
Annual Flu Vaccine (18 years or older)	Percentage of adults who received annual influenza vaccination	Centers for Disease Control and Prevention, CDC - FluVaxView	2021
Cervical Cancer Screening	Percentage of females 21-65 years with recent cervical cancer screening	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2020

Colorectal Cancer Screening	Percentage of adults age 45-75 years with recent colorectal cancer screening	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
COVID-19 Fully Vaccinated Adults	Percentage of adults fully vaccinated against COVID-19	Centers for Disease Control and Prevention	2021
Diabetes Management	Percentage of Medicare enrollees with diabetes who had annual HbA1c test	Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care	2019
Females Age 50-74 with Recent Mammogram	Percentage of females age 50-74 with recent mammography screening	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool	2022
High Blood Pressure Management	Percentage of adults with hypertension who take medication for hypertension	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2021

Table A1.16: Safety

Measure	Description	Data Source	Most Recent Data Year(s)
Unintentional Injury (Accident) Death Rate	Five-year average rate of death due to unintentional injury per 100,000 population.	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.	2019-2023
Homicide Mortality Rate	Five-year average rate of death due to assault (homicide) per 100,000 population.	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.	2019-2023
Firearm Death Rate	Five-year average rate of death due to firearm wounds	Centers for Disease Control and Prevention,	2019-2023

	per 100,000 population, which includes gunshot wounds from powder-charged handguns, shotguns, and rifles	CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.	
Motor Vehicle Crash Death Rate	Five-year average rate of death due to motor vehicle crash per 100,000 population, which include collisions with another motor vehicle, a non-motorist, a fixed object, and a non-fixed object, an overturn, and any other non-collision.	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER. 2019-2023.	2019-2023
Juvenile Arrest Rate	Rate of delinquency cases per 1,000 juveniles	Office of Juvenile Justice and Delinquency Department, Easy Access to State and County Juvenile Court Case Counts (EZACO). Accessed via County Health Rankings. 2021.	2021

Table A1.17: Sexual Health

Measure	Description	Data Source	Most Recent Data Year(s)
Chlamydia Rate	Number of newly diagnosed chlamydia cases per 100,000 population	Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.	2023
Gonorrhea Rate	Number of newly diagnosed gonorrhea cases per 100,000 population	Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2023.	2023
HIV Diagnosis Rate	Number of newly diagnosed HIV cases per 100,000 population	Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2022.	2022

Teen Birth Rate	Number of births per 1,000 females ages 15-19	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via County Health Rankings.	2016-22.
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Table A1.18: Substance Use Disorders

Measure	Description	Data Source	Most Recent Data Year(s)
Alcohol Use Disorder (Medicare Population)	Prevalence of alcohol use disorder among Medicare population	Centers for Medicare and Medicaid Services, Mapping Medicare Disparities Tool	2022
Deaths of Despair (Suicide + Drug/Alcohol Poisoning)	Combined crude death rate from suicide and drug/alcohol poisoning per 100,000 population	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023
Drug Overdose Death Rate	Number of deaths due to drug overdose per 100,000 population	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023
Excessive Drinking	Percentage of adults who report excessive alcohol consumption	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022
Opioid Crude Death Rate	Number of deaths due to opioids per 100,000 population	Centers for Disease Control and Prevention, CDC - National Vital Statistics System. Accessed via CDC WONDER	2019-2023
Opioid Dispensing Rate per 100 Persons	Opioid prescriptions dispensed per 100 persons	Centers for Disease Control and Prevention.	2021

Table A1.19: Tobacco Use

Measure	Description	Data Source	Most Recent Data Year(s)
Current Smokers	Percentage of adults who are current smokers	Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the PLACES Data Portal	2022

Table A1.20: Transportation Options and Transit

Measure	Description	Data Source	Most Recent Data Year(s)
Long Commute	Percentage of workers who have a commute time of more than 60 minutes	US Census Bureau, American Community Survey. 2019-23	2019-2023
Percent of Occupied Units with No Vehicle Available	Percentage of occupied housing units that do not have a vehicle available	ESRI Business Analyst	2022
Population Using Public Transit for Commute to Work	Percentage of workers who use public transportation for their commute	US Census Bureau, American Community Survey. 2019-23	2019-2023

Appendix 2 | Secondary Comparisons

High Need Area Identification Criteria

Health indicators were classified as "high need" areas when local performance was significantly worse than North Carolina state averages, using the following quantitative thresholds:

1. **Relative Difference:** $\geq 25\%$ higher/lower than state benchmark
2. **Percentage Point Difference:** ≥ 5 percentage points for prevalence measures
3. **Absolute Difference:** ≥ 5 units difference

Indicators on the following pages that are **bolded** meet the "high need" identification criteria.

Geographic Comparisons

The methodology compared three primary geographies against North Carolina state benchmarks:

- GVPH Service Area (combined data for Granville and Vance counties)
- Granville County
- Vance County

This tri-level comparison approach enabled identification of health needs that may vary between individual counties and the broader service area, ensuring comprehensive understanding of health disparities across the region served by Granville Vance Public Health.

Table A2.1: Access to and Utilization of Care

Indicator	GVPH Service Area	Granville County	Vance County	North Carolina	United States	Most Recent Year of Data
Dentist Rate (Per 100,000 Population)	41.3	29.1	59.3	61.2	73.5	2021
Mental Health Providers Rate (Per 100,000 Population)	372.69	447.6	265.4	310.03	315.81	2021
Primary Care Physicians Rate (Per 100,000 Population)	46.08	51.62	37.39	70.79	74.94	2021
Recent Dental Care Visits (18 years or older)	57.2%	59.3%	54.1%	62.8%	63.4%	2022
Percentage of Adults (18 years or older) with Annual Checkup	78.9%	77.9%	80.3%	77.6%	76.1%	2022
Emergency Room Visit Rate (Per 100,000 Population)	669	623	733	564	576	2022
Addiction/Substance Abuse Providers Rate (per 100,000 Population)	34.76	22.95	51.67	29.34	28.71	2025
Uninsured Adults (<65)	15.1%	14.5%	16.0%	13.5%	11.2%	2019-2023
Uninsured Children (<19)	5.4%	4.3%	6.7%	5.5%	5.4%	2019-2023
Uninsured Population (All Ages)	11.3%	10.1%	12.9%	10.4%	8.6%	2019-2023

Table A2.2: Birth Outcomes

Indicator	GVPH Service Area	Granville County	Vance County	North Carolina	United States	Most Recent Year of Data
Infant Mortality Rate (Rate per 1,000 Live Births)	6.6	5.1	8.3	7.0	5.7	2015-2021 and 2016-2022
Low Birthweight (Percent of Births)	-	10.4%	12.6%	9.4%	8.3%	2015-2021 and 2016-2022

Table A2.3: Built Environment

Indicator	GVPH Service Area	Granville County	Vance County	North Carolina	United States	Most Recent Year of Data
Broadband Access, Percent	90.6%	85.1%	97.6%	95.1%	95.6%	2024
Computer Access (Households without Computer)	7.8%	5.7%	10.8%	5.9%	5.2%	2019-2023

Table A2.4: Exercise

Indicator	GVPH Service Area	Granville County	Vance County	North Carolina	United States	Most Recent Year of Data
Walkability Index	5	5	6	7	5	2021
Population with Access to Exercise Opportunities	55.4%	47.9%	66.2%	73.4%	55.4%	2023
Physical Inactivity (Adults Age 20+ with No Leisure Time Physical Activity)	17.4%	18.3%	19.5%	16.5%	17.4%	2021

Table A2.5: Education

Indicator	GVPH Service Area	Granville County	Vance County	North Carolina	United States	Most Recent Year of Data
School Segregation Index	0.13	0.1	0.16	0.2	0.24	2022-2023
School Funding Adequacy	-	-\$3,434	-\$11,829	-\$2,391	\$1,411	2022
No High School Diploma	13.9%	13.4%	14.6%	10.3%	10.6%	2019-2023
High School Only	32.7%	30.7%	35.8%	25.0%	26.2%	2019-2023
Some College	21.7%	21.3%	22.4%	20.0%	19.4%	2019-2023
Associate's Degree	9.9%	10.7%	8.7%	10.1%	8.8%	2019-2023
Bachelor's Degree	15.3%	16.9%	12.9%	21.8%	21.3%	2019-2023
Graduate or Professional Degree	6.5%	7.1%	5.6%	12.9%	13.7%	2019-2023

Table A2.6: Employment

Indicator	GVPH Service Area	Granville County	Vance County	North Carolina	United States	Most Recent Year of Data
Unemployment Rate	3.4%	2.8%	4.6%	3.4%	3.9%	December 2024

Table A2.7: Environmental Quality

Indicator	GVPH Service Area	Granville County	Vance County	North Carolina	United States	Most Recent Year of Data
Air Pollution - Particulate Matter (PM2.5)	7.18	7.3	7.0	7.35	9.19	2022-2023
Drinking Water Violations (Total number in two-year period)	6	0	6	194	16107	2022-2023

Table A2.8: Family, Community, and Social Support

Indicator	GVPH Service Area	Granville County	Vance County	North Carolina	United States	Most Recent Year of Data
Single-Parent Households (Children in Single-Parent Households)	36.95%	30.13%	45.36%	26.98%	36.95%	2019-23
Childcare Cost Burden	26.3%	23.3%	30.7%	27.0%	26.3%	2022-2023
Head Start Programs, Rate (Per 10,000 Children Under Age 5)	10.88	9.77	12.29	9.49	10.88	2024
Social Associations (Establishments Rate per 100,000 Population)	123.59	111.49	140.92	117.48	123.59	2022
Adults Age 18+ Having Lack of Social and Emotional Support (Age-Adjusted)	27.0%	25.7%	28.8%	22.7%	27.0%	2022
Young People Not in School and Not Working (Population Age 16-19 Not in	12.0%	8.0%	16.9%	7.3%	12.0%	2019-23

School and Not Employed, Percent)						
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Table A2.9: Food Security

Indicator	GVPH Service Area	Granville County	Vance County	North Carolina	United States	Most Recent Year of Data
Food Insecurity	14.4%	13.2%	16.2%	14.1%	14.4%	2022
Food Insecure Children Rate	26.4%	21.0%	33.0%	19.8%	26.4%	2022
Children Eligible for Free or Reduced Lunch	68.0%	54.0%	84.2%	59.0%	68.0%	2022-2023
SNAP Participation (Households Receiving Food Stamp/SNAP)	17.5%	12.4%	24.6%	12.5%	17.5%	2019-2023

Table A2.10: Housing and Homelessness

Indicator	GVPH Service Area	Granville County	Vance County	North Carolina	United States	Most Recent Year of Data
Occupied Housing Units with One or More Substandard Conditions	26.9%	23.9%	31.0%	27.9%	32.0%	2019-23
Homeownership	68.5%	76.6%	57.4%	66.4%	65.0%	2019-23
Severely Burdened Households	13.2%	12.2%	14.5%	11.9%	13.9%	2019-23
Adults Age 18+ Having Housing Insecurity (Age-Adjusted)	20.4%	18.1%	23.8%	14.2%	12.9%	2022
Adults Age 18+ Having Utility Services Threat (Age-Adjusted)	13.0%	11.4%	15.3%	8.9%	8.2%	2022

Table A2.11: Income

Indicator	GVPH Service Area	Granville County	Vance County	North Carolina	United States	Most Recent Year of Data
Population Below 100% Federal Poverty Level (Annual)	16.3%	11.4%	23.2%	12.8%	12.5%	2018-2022
Children Below 200% Federal Poverty Level	50.2%	40.3%	62.3%	40.4%	36.6%	2024
ALICE Households + Poverty	-	44%	57%	44%	-	2019-23
Income Inequality	-	0.437	0.459	0.476	0.483	
Gender Pay Gap	0.86	0.83	0.91	0.83	0.82	
Median Household Income	-	\$74,120	\$49,961	\$70,838	\$75,149	

Table A2.12: Length of Life

Indicator	GVPH Service Area	Granville County	Vance County	North Carolina	United States	Most Recent Year of Data
All Heart Diseases (Mortality)	233.9	200.0	282.1	196.0	207.2	2019-2023
Cancer Mortality	238.9	224.8	258.9	190.9	182.7	2019-2023
Life Expectancy	73.3	75.6	70.1	75.9	77.2	2020-2021
Liver Disease (Mortality)	19.3	17.6	21.8	16	15.7	2019-2023
Lung Disease (Mortality)	57.4	48.2	70.4	48.6	44.9	2019-2023
Stroke (Mortality)	59.5	55	65.8	54.5	48.3	2019-2023
Years of Potential Life Lost Before	11,092	8,636	14,539	8,853	7,986	2019-2021

Age 75 per 100,000 Population						
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Table A2.13: Mental Health

Indicator	GVPH Service Area	Granville County	Vance County	North Carolina	United States	Most Recent Year of Data
Average Poor Mental Health Days per Month	5.3	5.2	5.4	5.0	5.2	2022
Deaths by Suicide (Crude Rate per 100,000 Population)	15.1	18.6	10.2	14.0	14.5	2019-2023
Adults Ever Diagnosed with Depression (Age-adjusted)	22.6%	22.5%	22.7%	23.1%	21.1%	2022
Used Anti-anxiety Medications	-	9.8%	9.9%	9.3%	8.4%	2024
Used Prescription Antidepressants	-	8.7%	8.9%	8.4%	7.7%	2024
Visited Mental Health Provider	-	4.4%	4.8%	4.8%	5.0%	2024

Table A2.14: Physical Health

Indicator	GVPH Service Area	Granville County	Vance County	North Carolina	United States	Most Recent Year of Data
Average Poor Physical Health Days per Month	3.8	3.6	4	3.3	3.3	2021
Adults Reporting Poor or Fair Health	20.7%	19.1%	23.1%	17.1%	17.0%	2022
Insufficient Sleep	38.4%	36.6%	41.0%	35.1%	36.8%	2022
Adult Diabetes Prevalence	12.5%	11.8%	13.6%	10.6%	10.4%	2022

Adult Obesity Prevalence	23.7%	24.1%	23.1%	29.7%	30.1%	2022
Adult Asthma Prevalence	10.5%	10.1%	11.2%	10.0%	9.9%	2022
Adult Coronary Heart Disease Prevalence	6.3%	6.3%	6.4%	5.9%	5.7%	2022
High Blood Pressure Prevalence	36.9%	35.6%	38.8%	32.1%	29.6%	2021

Table A2.15: Quality of Care

Indicator	GVPH Service Area	Granville County	Vance County	North Carolina	United States	Most Recent Year of Data
High Blood Pressure Management	63.7%	62.7%	65.1%	61.0%	58.9%	2021
Diabetes Management	91.3%	91.9%	90.5%	90.5%	87.5%	2019
Annual Flu Vaccine (18 years or older)	41.9%	44.1%	38.6%	45.6%	44.5%	2021
COVID-19 Fully Vaccinated Adults	74.7%	75.5%	70.9%	71.1%	72.7%	2021
Cervical Cancer Screening (2020) (among females 21-65 years of age)	84.3%	84.9%	83.4%	84.7%	82.8%	2020
Colorectal Cancer Screening (2022) (among adults age 45-75 years of age)	66.3%	66.3%	66.2%	65.6%	66.3%	2022
Females Age 50-74 with Recent Mammogram (Age-Adjusted)	78.8%	77.4%	80.9%	78.4%	76.0%	2022

Table A2.16: Safety

Indicator	GVPH Service Area	Granville County	Vance County	North Carolina	United States	Most Recent Year of Data
Unintentional Injury (Accident) Crude Death Rate (Per 100,000 Population)	83.6	68.1	105.6	73.4	63.3	2019-23
Homicide Mortality Rate (Per 100,000 Population)	17.9	6.40	23.60	7.70	6.10	2019-23
Firearm Death Rate (Per 100,000 Population)	24.3	20.9	29.2	16.1	13.8	2019-23
Motor Vehicle Crash Death Rate (Per 100,000 Population)	27.5	22.8	34.3	16.3	12.8	2019-23
Juvenile Arrest Rate (per 1,000 Juveniles)	16.13	14.09	18.61	15.86	13.88	2021

Table A2.17: Sexual Health

Indicator	GVPH Service Area	Granville County	Vance County	North Carolina	United States	Most Recent Year of Data
Adult HIV Prevalence (rate per 100,000 Population)	502.8	386.6	541.0	385.0	385.0	2022
Chlamydia Incidence (rate per 100,000 Population)	862.3	611.0	1231.6	607.9	492.2	2023
Gonorrhea Incidence (rate per 100,000 Population)	424.9	238.0	699.7	243.2	179	2023

Teen Births (Rate per 1,000 Female Population Age 15-19)	26.6	18.3	36.2	18.2	16.6	2016-2022
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Table A2.18: Substance Use Disorders

Indicator	GVPH Service Area	Granville County	Vance County	North Carolina	United States	Most Recent Year of Data
Percent of Population Reporting Excessive Drinking in Past 30 Days¹	16.6%	17.6%	15.1%	18.2%	18.0%	2022
Alcohol Use Disorder (Medicare Population) Prevalence	2.0%	2.0%	3.0%	2.0%	2.0%	2022
Deaths of Despair (Suicide + Drug/Alcohol Poisoning)-Crude Death Rate (Per 100,000 Population)	68.1	63.5	74.6	61.6	58.5	2019-2023
Drug Overdose Death Rate (Per 100,000 Population)	34.2	28.3	42.6	32.4	29.1	2019-2023
Opioid-Crude Death Rate (Per 100,000 Population)	30.0	23.4	39.4	27.1	22.0	2019-2023
Opioid Dispensing Rate per 100 Persons	-	24.3	45.0	52.1	39.5	2021

Table A2.19: Tobacco Use

Indicator	GVPH Service Area	Granville County	Vance County	North Carolina	United States	Most Recent Year of Data
Current Smokers	17.7%	16.7%	19.1%	14.8%	13.2%	2022

Table A2.20: Transportation Options and Transit

Indicator	GVPH Service Area	Granville County	Vance County	North Carolina	United States	Most Recent Year of Data
Long Commute - Driving Alone (Population Commuting More than 60 Minutes)	9.5%	8.4%	11.1%	6.6%	8.7%	2019-23
Population Using Public Transit for Commute to Work	0.12%	0.16%	0.06%	0.72%	3.51%	2019-23

Appendix 3 | Summary of Findings

The figure below includes a summary of potential priority need areas, as identified by the primary and secondary data analysis process. Check marks indicate if the potential priority area was identified by the corresponding data source. The red boxes indicate potential priority areas that were identified by secondary data and three out of four primary data sources.

Potential Priority Area	Focus Groups	Key Leader Interviews	Key Leader Survey	Community Health Opinion Survey	Secondary Data
Length of Life					✓
Quality of Life: Birth Outcomes					
Quality of Life: Mental Health	✓	✓	✓	✓	✓
Quality of Life: Physical Health	✓		✓	✓	✓
Clinical Care: Access to/Utilization of Care	✓	✓	✓	✓	✓
Clinical Care: Quality of Care	✓				
Health Behaviors: Exercise					✓
Health Behaviors: Sexual Health				✓	✓
Health Behaviors: Substance Use Disorders	✓	✓	✓	✓	✓
Health Behaviors: Tobacco Use					
Physical Environment: Built & Food Environment	✓	✓	✓	✓	
Physical Environment: Environmental Quality	✓				
Physical Environment: Housing & Homelessness	✓	✓	✓	✓	✓
Physical Environment: Transportation & Transit	✓	✓	✓	✓	
Social and Economic: Education	✓		✓		✓
Social and Economic: Employment/Income	✓	✓	✓	✓	✓
Social and Economic: Food Security	✓	✓	✓	✓	✓
Social and Economic: Safety	✓	✓	✓	✓	✓
Social and Economic: Family, Community, & Social Support	✓	✓		✓	✓

Appendix 4 | Primary Data Methodology

Focus Groups

Overview

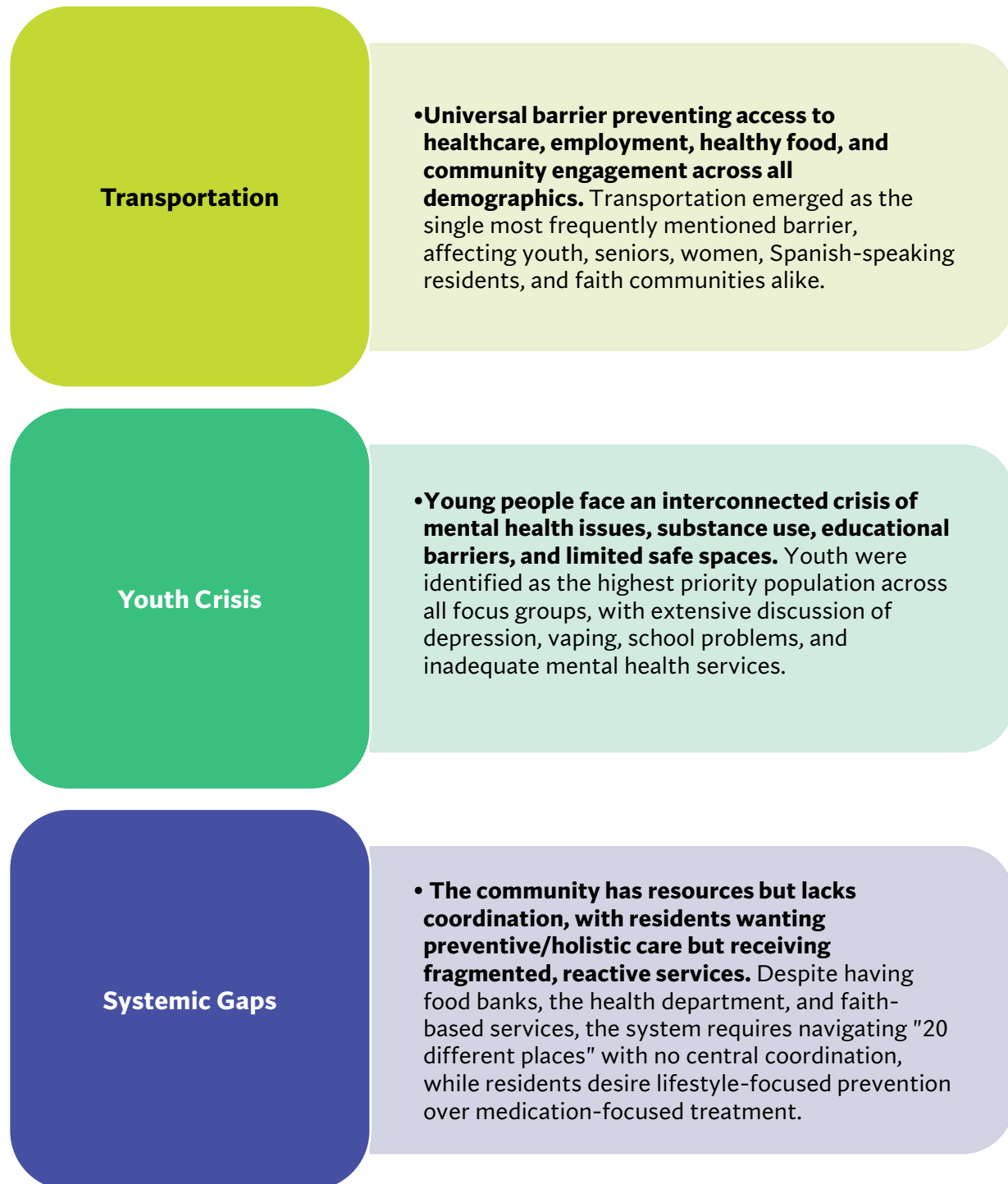
The following six focus groups were conducted in person between July 21st and July 25th, 2025. These groups included representation from community members, faith leaders, seniors, teenagers, and Spanish speaking individuals - with 46 participants providing responses.

Date	Participants and Location of Focus Group
July 21	Granville County Seniors at the South Granville Senior Center
July 22	Women's Group at AIM High Keep Pressing in Vance County
July 22	Youth Group at AIM High Keep Pressing in Vance County
July 22	Spanish Speaking Community at GVPH in Granville County
July 24	Vance County Pastors Group at Hermon Community Church
July 25	Granville County Pastors Group at West Oxford Baptist Church

Summary of Key Findings from Focus Groups

Key findings from the CHA focus groups are highlighted in the figure below. More detailed findings can be found in Appendix 6.

Figure A4.1: Key Takeaways from Focus Groups



Focus Group Discussion Guide Script and Questions

The discussion guide used to guide semi-structured conversations with each focus group is provided below.

**GVPH 2025 CHA
Focus Group Discussion Guide**

Facilitator Name	
Date	
Time	
Location	
Population(s) Represented	
Number of Participants	

Section	Lead Speaker	Core Questions and Probes
Welcome		<ul style="list-style-type: none"> • Welcome participants to the focus group on behalf of Granville Vance Public Health. • Introduce [co-]facilitator[s].
Participant Introductions		<ul style="list-style-type: none"> • Welcome • Please tell us your first name, how long you've lived in the community, and something you like about living here.
Health and Wellness		<ul style="list-style-type: none"> • What are some of the issues that keep residents from living healthy lives? • What are some of the most serious health problems facing people who live in the community? • What do you think could be done to better address these issues and health problems within your community?
Health and Wellness – Disparities/ Inequities		<ul style="list-style-type: none"> • Thinking about the issues and health problems we've discussed so far, how do you think different groups of people are affected by those issues/problems? • Do you have a sense of who is most affected by these issues/health problems within the community? • Are there certain places (geographic areas) within your community where these issues/health problems seem

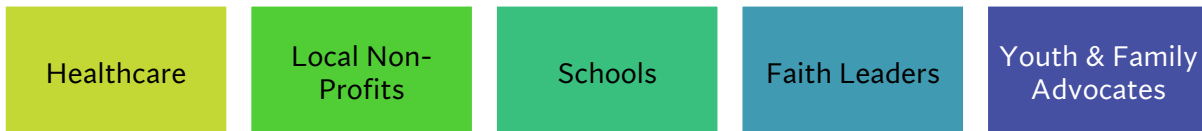
Section	Lead Speaker	Core Questions and Probes
		to present more of an issue when compared with others?
Social & Env Determinants of Health		<ul style="list-style-type: none"> • We know that factors within communities, things like [access to health insurance, violence and safety, housing access and quality, homelessness, poverty, employment, access to healthy food, discrimination, educational opportunities and others] can impact health and quality of life. <ul style="list-style-type: none"> ○ What types of factors do you think are most impacting quality of life for people living in the area? • What do you think could be done to address some of these issues within your community?
Access to Care		<ul style="list-style-type: none"> • Access to healthcare is a concern for some residents in the area. What are some of the reasons people do not seek or receive healthcare when they need it? • What do you think health leaders within the community could be doing to improve access to healthcare for people living in your neighborhood? • When you think about your community and the healthcare services available in this county/area, do you think there are enough medical, dental, and behavioral health services nearby? <ul style="list-style-type: none"> ○ In your opinion, are there enough health services/facilities available to meet community need near where you live, work or spend most of your time? ○ Can you find medical, dental, and/or behavioral healthcare services within a reasonable timeframe when you need it? • We'd like to hear about your experiences with providers in the area. <ul style="list-style-type: none"> ○ When you think about times you've interacted with providers like doctors, dentists, nurses, therapists, emergency personnel or others, would you say it was generally more positive or negative? ○ Can you give us some examples as to why your experience was positive or negative?

Section	Lead Speaker	Core Questions and Probes
Suggestions/ Closing		<ul style="list-style-type: none"> • There are a lot of resources available in the area. What do you see as some of the greatest strengths or assets that you or others in your community can access to help you live a healthier life? • If you could speak directly to a local health leader, what would you tell them should or could be done in the community to make it a better place to live? <ul style="list-style-type: none"> ○ What would improve your quality of life? ○ What would you want local health leaders to know? • Given what we've discussed today, what do you think residents in your community – you, your neighbors, local leaders – could do to help improve the health of your community?
Conclusion		<ul style="list-style-type: none"> • Thank participants for their time and participation. • Ask if there are other thoughts or questions that were raised for participants during the discussion. [<i>i.e., was there anything we did not ask about or discuss that you think is important to share with health leaders in the community?</i>]

Key Leader Interviews

Overview

Between May 21st 2025 and July 13th 2025, seven key leader interviews were conducted with individuals representing organizations across the Service Area to gain perspective on the health and well-being of residents. Participants provided insights into various aspects of healthcare and community life and represented the following types of local organizations:



Summary of Key Findings from Key Leader Interviews

Some of the key findings from the key leader interviews conducted for the CHA process included the following:

Universal Barriers

• **Transportation and collaboration needs** were mentioned by ALL 7 interviewees, making these the most fundamental systemic issues. Every leader identified transportation as a barrier affecting **healthcare, food access, and program participation**, while calling for an end to **"working in silos."** This reveals basic infrastructure and coordination failures that affect everyone.

Youth Crisis

• Children and adolescents emerged as the most **vulnerable population** (6/7 interviewees), facing an unprecedented **mental health crisis** with depression and suicidal ideation in children, rising gun violence among teens, and behavioral regulation issues. The crisis is compounded by **children being forced into adult caregiver roles**, representing a community-wide emergency.

Strong Foundation

• Despite overwhelming challenges, the community has **strong collaborative infrastructure** with active healthcare partnerships (5/7 mentioned), growing cross-sector cooperation, and innovative service delivery models like mobile clinics and faith-based mental health programs. Leaders emphasized that **"we're better together,"** suggesting the community has the foundation needed to address its challenges.

Key Leader Interview Questions

A copy of the data collection instrument used to guide semi-structured key leader interviews for the CHA process is provided below.

GVPH 2025 CHNA Key Leader Interview Guide	
Facilitator Name	
Date	
Time	
Participant Name	
Participant Organization	

SUMMARY OF KEY DISCUSSION THEMES:

FACILITATOR INTRODUCTION:

“Thank you for participating in our interview today! My name is [NAME] and I represent Ascendent Healthcare Advisors, a consulting firm working with Granville Vance Public Health. We are conducting a community health needs assessment to find out more about the health and social issues facing residents in the Granville Vance area, the ways those needs are currently being addressed, and where there might be opportunities to address them more effectively. We are speaking to a variety of different community leaders and organizations through this process, and the results of these interviews will help health leaders throughout the service area develop programs and services to address some of these challenges. We expect this interview to take 45 to 60 minutes, and we are so appreciative of your time today. We may record today’s discussion to assist with notetaking, but we will not be using any identifying information, like participant names, in our results. Can I answer any questions for you before we begin the interview?”

INTRODUCTION

1. Can you please tell me a little bit about your role and the organization you work for? Is your work focused on specific populations or geographic areas of Granville or Vance?

HEALTH AND WELLNESS

2. What are some of the most significant problems or concerns in the community you serve?
 - a. Which populations are most impacted by these concerns?

GVPH 2025 CHA Key Informant Interview Script
1

- b. How have these concerns changed over the past three years (have they gotten better, worse or stayed the same?)
3. I'd like you to think more specifically about health conditions impacting the community you serve. What are the most serious health problems facing people who live in the Granville Vance region?
 - a. Are there particular groups of people (i.e. race, ethnicity, age, LGBTQ+, etc.) who are more affected by these problems than others?
 - b. Are there particular areas in the community that are more affected by these problems than others?
 - c. What resources are currently available to address these issues?
4. Thinking about the health problems you just described, what programs, interventions or strategies could be implemented to address these issues in the future?

SOCIAL & ENVIRONMENTAL DETERMINANTS OF HEALTH

5. What are some of the environmental and/or social conditions that affect quality of life for members of the community you serve?
 - a. Examples of social and environmental issues that negatively impact health: availability or access to health insurance, domestic violence, housing problems, homelessness, lack of job opportunities, lack of affordable childcare, limited access to healthy food, neighborhood safety/ street violence, poverty, racial/ethnic discrimination, limited/poor educational opportunities.
 - b. Are there particular groups of people (i.e. race, ethnicity, age, LGBTQ+, etc.) who are more affected by these problems than others?
 - c. Are there particular areas in the community that are more affected by these problems than others?
 - d. What resources are currently available to address these issues?
6. Thinking about the social and environmental issues you described, what programs, interventions or strategies could be implemented to address these issues in the future?

ACCESS TO CARE

7. What are some of the barriers that prevent people in in the community from getting healthcare when they need it?
 - a. What suggestions do you have for addressing these barriers?
8. What are your perceptions of the health-related services that are available in the Granville Vance region, including medical care, dental care and behavioral healthcare?
 - a. Are there enough locations providing these types of care for people who need it?
 - b. Do you think community members can find medical, dental or behavioral healthcare within a reasonable timeframe when they need it?

SUGGESTIONS FOR COMMUNITY IMPROVEMENTS

9. What are some of the strengths or community assets in the Granville Vance region that can help residents live healthier lives?
10. What do you think local health leaders should do to improve health and quality of life in the Granville Vance region? What do you want local health leaders to know?

CONCLUSION

11. Are there any other thoughts you'd like to share before we conclude?

Appendix 5 | Detailed Focus Group and Interview Findings

Focus Groups

Senior Center Focus Group

Notable Quotes and High-Level Findings from the Senior Center Focus Group	
<i>"I like the calmness, the smoothness of rural life. I had lived in Philadelphia. I lived in traffic. I lived a lot of different places. And I wanted a home with a calmer life"</i>	<i>"And a lot of the people that have worked in those fields are those that are getting cancer as well. So, I think water is not the only contributor to our issue here."</i>

Community Strengths and Assets

- Strong sense of community belonging with residents describing the area as "home" and the people as welcoming - "everybody makes you feel at home"
- Active senior center providing meals, social activities, and essential connections for older adults
- Exceptional police-community collaboration including welfare checks on elderly citizens, participation in meal delivery, and regular engagement through activities like Bingo
- Robust informal support networks ensure no one goes without food - "They will make sure that you get fed"
- Community members actively assist each other with transportation, sharing resources when others cannot get out
- CARTS transportation service provides some mobility options for seniors accessing the center and medical appointments
- Rural lifestyle appreciated for its calmness and quality of life compared to urban areas

Health Concerns and Challenges

- Water quality identified as the most pressing health concern, with visible contamination including brown color and foul odor
- High cancer rates throughout the community, with multiple residents attributing deaths to environmental concerns
- Various cancer types reported including breast cancer and lymphoma
- Chronic diseases prevalent including diabetes and high blood pressure

- Environmental health risks from multiple sources: agricultural tobacco exposure through skin absorption, radon gas accumulation, and increased air traffic emissions

Social Drivers of Health

- Poor road conditions and lighting identified as unsafe for elderly drivers and pedestrians
- Service disparities between city and county residents despite similar tax burdens
- Geographic boundaries create confusion about voting locations, service eligibility, and resource access
- Food programs designed for general population rather than senior nutritional needs
- Rural residents with private wells report better water quality than those on municipal systems

Healthcare Access and Barriers

- Specialty care requires travel to Durham, Raleigh, or Chapel Hill - "if you need more than just a primary care, you must go outside here"
- No public bus system available, creating significant transportation barriers
- KARTS service helpful but limited to non-emergency transportation and requiring additional scheduling, planning, and time commitment
- Many primary care physicians do not accept Medicare/Medicaid
- Medication costs vary dramatically by location, with insurance networks limiting pharmacy choices
- Local hospital system poorly rated by Medicare, with negative perceptions on quality of care
- Rigid eligibility requirements prevent access - residents report being denied services for being "a dollar over" income limits
- High costs and time burden when relying on others for transportation to appointments
- Complex insurance navigation and lack of price transparency create additional barriers

Priority Recommendations

- Develop comprehensive, on-demand transportation system for medical and essential services
- Address water quality crisis with transparent testing and genuine infrastructure improvements
- Improve street lighting and road safety infrastructure for senior residents
- Coordinate services across city-county boundaries to reduce confusion and disparities
- Design nutrition programs specifically for senior dietary requirements
- Expand cultural and intellectual activities to support cognitive health and social engagement

Women's Focus Group

Notable Quotes and High-Level Findings from the Women's Focus Group

"That's why we grandparents got to take care of the kids. Parents got work. Both of them got to work, and so there's nobody home with the kids, and then you can't afford daycare... It is impossible."

"Well, it sounds like there's two sides to this [food access]. There's the good side of had all of these programs that we're able to use [SNAP, WIC, food pantrys]. But you know... we're not sure how long those will stay around."

"[Doctors] need to listen to the patient's more. They look at you and decide what your lifestyle is and just prescribe medications. Actually talk to me, let me try something without the medicine box."

Community Strengths and Assets

- Close-knit community feel appreciated by residents - "It's very close community. There's no surprises here."
- Senior centers providing good exercise programming and resources
- Food Bank and ministries working to address food needs, though resources are limited
- Recognition of intergenerational support with grandparents caring for grandchildren
- Community response to visible need - residents sharing water and resources with homeless individuals
- Some emergency healthcare capacity exists, though concerns about flood and disaster preparedness
- Top priorities focus on health education and prevention rather than just medical treatment

Health Concerns and Challenges

- Exceptionally high rates of arthritis and joint replacement surgeries affecting even younger populations
- Kidney disease requiring dialysis noted in younger people, raising environmental and systemic concerns
- Cancer and breast cancer concerns potentially linked to environmental exposures
- Racial health disparities recognized, particularly higher hypertension rates in the Black/African American community
- Historical medical bias creating current trust issues - concerns about diagnostic criteria based on white populations and other systemic racism

- Over-medication and polypharmacy widespread - patients reporting 20+ daily medications with adverse effects and feeling of prescription-based care instead of patient-centered care

Social Drivers of Health

- Transportation barriers preventing access to medical appointments and healthy food
- Childcare is unaffordable, as one participant noted about parents both needing to work while lacking affordable childcare options
- Housing costs creating homelessness risk - vacant buildings could be repurposed for shelter
- Concerns about environmental concerns – water, air quality, and other concerns that environment is causing additional health burdens
- Fear of food insecurity worsening with reduced food bank resources and minimal SNAP benefits
- Economic inequality creating healthcare access barriers - "It's hard for people to take care of what they need to – they're living day to day"
- Intergenerational caregiving burden affecting grandparents' own health maintenance

Healthcare Access and Barriers

- Long appointment wait times - weeks to months for primary care access
- Insurance network limitations forcing out-of-network costs and creating financial barriers
- Emergency room overuse due to primary care access failures
- Disparities in preventative care, where some tests and assessments are not included by insurance and only available by out of pocket payment
- Patient concerns dismissed with prescriptions rather than lifestyle counseling or investigation
- Concerns of doctors not listening to patient expertise or requests for specific testing

Priority Recommendations

- Reduce healthcare, housing, and childcare costs to address affordability crisis
- Improve transportation infrastructure and services
- Create better parks and recreation spaces for families
- Develop engaging health education programs that are fun and accessible
- Address environmental contamination concerns with transparent testing
- Shift healthcare focus from medication to lifestyle and prevention approaches
- Ensure culturally appropriate medical research and diagnostic criteria
- Repurpose vacant buildings for homeless services and emergency shelter

Teen Focus Group

Notable Quotes and High-Level Findings from the Teen Focus Group		
<i>"People live a day to day lifestyle. If you live in a community like this and live in a city full of violence. You're just learning as you make it to the next day. Not everybody looks for the future"</i>	<i>"It's more anxiety, depression.... just generally knowing how to process what you're feeling."</i>	<i>"I feel like there aren't like enough laws to implement, so it's easy to get things [like Marijuana]. Like parents can move something around and a child can get a hold of it."</i>

Community Strengths and Assets

- Appreciation for community diversity and residents coming together for events like 5Ks and 3Ks
- Recognition of need for "third spaces" beyond home and school for youth to gather safely
- Peer role models identified as potential positive influences for youth
- Growing awareness among some youth of need to process emotions rather than avoid them
- Individual motivation recognized as key to accessing help and making positive changes

Health Concerns and Challenges

- Depression widespread but often undiagnosed - "A lot of people got depression. Not diagnosed, because people don't want to talk about it"
- Substance use including vaping, alcohol, and marijuana - "Diabetes, substances... not just the person using it, but the impact on others"
- Diabetes and obesity prevalent among youth population
- School attendance declining with youth staying home - limited CPS involvement even when perceived as necessary
- Sexual activity and risky behaviors occurring in school settings without adequate supervision
- Limited knowledge of how to process feelings and care for own mental health

Social Drivers of Health

- Economic privilege directly impacts health - "you need money for healthy foods"
- Significant school disparities - safety, supervision, and food access varies across schools
- General lack of social support - youth often left alone at home or unsupervised at school
- Violence in community creating day-to-day survival focus limiting future planning
- Transportation barriers concentrated in low-income housing areas

- Limited safe recreational spaces for youth activities beyond home and school

Healthcare Access and Barriers

- Community limited universal healthcare access with transportation and cost identified as primary healthcare barrier – but all youth agreed they are able to see a physician whenever they would like
- Perceived religious and cultural considerations affecting mental health discussions and treatment
- Lack of comprehensive sex education - "So there's no more sex. ed, at all"
- Mental health stigma limiting diagnosis and treatment access
- General feelings of uncertainty about how to care for their own mental health

Priority Recommendations

- Create more safe spaces with adequate supervision for youth beyond home and school
- Address school disparities in safety, supervision, and food quality across different schools
- Provide comprehensive mental health education addressing perceived cultural barriers
- Strengthen school attendance monitoring with appropriate support systems
- Implement substance use prevention programs specifically targeting vape and marijuana access
- Restore comprehensive sex education and accessible sexual health resources
- Develop peer mentorship programs and positive role modeling opportunities
- Teach emotional processing skills to address gaps in mental health knowledge

Spanish-Language Focus Group

Note: The following findings are based on facilitator notes rather than direct participant quotes taken from transcripts

Community Strengths and Assets

- Multiple accessible food banks operating without barriers or judgment
- Calm, respectful, and peaceful community with no concerns about violence or crime
- Walkable neighborhoods with accessible stores and services
- Health department recognized as helpful resource that "finds a way" for those without money
- Good dental clinics offering bilingual services
- Lower cost of living and clean environment with less industry and contaminants
- Strong Catholic churches and Mexican consulate serving as trusted community spaces

Health Concerns and Challenges

- Diabetes and obesity identified as primary health conditions
- Limited healthy food access with reliance on junk food and fast food
- Old housing stock potentially affecting health
- Insurance barriers preventing regular primary care engagement
- Perceived racism as a unique health barrier for Spanish-speaking population
- Growing political climate creating fear that limits access to services

Social Drivers of Health

- Limited grocery options, and limited availability of low cost fresh produce
- High poverty concentration in certain geographic areas
- Significant unemployment with insufficient job opportunities
- Poor and aging school infrastructure, but with strong and supportive teachers
- Language barriers requiring children to interpret for parents in healthcare settings
- Political fears limiting community engagement and service access

Healthcare Access and Barriers

- Lack of health insurance preventing regular doctor visits
- Safety net clinic in Henderson requires payment and long wait
- Geographic disparities - easier access in Granville than surrounding counties
- Most specialist visits require leaving the county
- Multiple barriers including poverty, health costs, and not knowing where to go
- Social media and Facebook used as alternative health information sources when formal care inaccessible

Priority Recommendations

- Develop culturally specific outreach with clear messaging supporting Hispanic communities
- Create more parks with youth equipment and safe walking areas
- Conduct place-based health fairs and screening events in community locations
- Health department should coordinate and share bilingual service resources
- Update aging school facilities
- Increase community events and festivals for social connection
- Provide targeted communication through trusted spaces like Food Lion, churches, and Mexican consulate
- Address language barriers to reduce burden on children serving as interpreters

Vance County Pastors Focus Group

Notable Quotes and High-Level Findings from the Vance County Pastors Focus Group		
<i>"We've got great resources, but we're so separated... right hand never knows what the left hand [is doing], and so they have to go 20 different places..."</i>	<i>"The hardest thing is the transition from an emergency shelter to some sense of stability, to more stable housing. There's so very little room for error."</i>	<i>"Part of it, is the poverty. It's 4 or 5 generations."</i>

Community Strengths and Assets

- Historical successful coordination models - ACTS previously centralized church benevolence services
- Existing youth programs including Youth Build, Royal Rangers, and Extension fatherhood initiatives
- Churches providing direct services including food, utilities assistance, and mentoring
- Crisis events (like Hurricane Florence) demonstrate community's ability to unite effectively
- Individual churches maintain playground facilities and safe spaces for children
- One-stop service delivery model proven successful during disaster response

Health Concerns and Challenges

- School nutrition programs reflect broader food insecurity with unhealthy options predominating
- Growing housing instability with families losing stable housing after health crises
- Mental health treatment philosophy differences between medication-focused and counseling approaches
- Provider burnout and community apathy affecting service delivery - "compassion is gone"
- Social anxiety and isolation increasing, particularly among youth since COVID
- Substance use visible though perhaps declining compared to previous years

Social Drivers of Health

- Economic barriers forcing choices between convenience food and healthy meal preparation
- Utility costs and lack of family support networks creating financial vulnerability
- Intergenerational patterns of disadvantage - "4 or 5 generations"
- Toxic housing environments and lack of safe housing options
- Limited financial management skills across generations
- Transportation requirements creating care delays, especially for Medicaid patients

Healthcare Access and Barriers

- Complex Medicaid transportation scheduling requiring 5+ days advance notice
- Service fragmentation - "right hand never knows what the left hand" is doing
- Lack of reliable service pathways and centralized navigation support
- Provider struggles with resource navigation and referral capacity
- Different treatment philosophies creating barriers (happiness vs commitment-based approaches)
- Information gaps about available services despite existing resources

Priority Recommendations

- Create centralized service coordination model to reduce fragmentation
- Implement community-wide reset to address apathy and restore hope
- Develop safe, accessible recreation and fitness facilities with social components
- Provide early intervention and sustained engagement vs episodic service delivery
- Focus on celebrating successes to combat community discouragement
- Address fundamental attitude changes about self-care and community responsibility
- Strengthen collaborative approaches while respecting individual church contributions
- Expand mentoring and sustained relationships with youth beyond one-time programs

Granville County Pastors Focus Group

Notable Quotes and High-Level Findings from the Granville Pastors Focus Group

"We have to have a teamwork effort that we've never used before. That's it. We have to, if we really want to make a difference."

"Most of the housing that I have right now is full. I haven't got to talk to the housing authority - but a lot of it's full, and there's a list."

Community Strengths and Assets

- Churches serve as comprehensive safety nets, operating food banks, emergency shelters, and clothing distribution programs
- Strong ministerial alliances coordinate support across denominations, with pastors knowing community needs intimately
- Faith leaders hold dual roles as spiritual guides and civic leaders, with representation on city councils and as law enforcement chaplains
- Innovative partnerships emerging between faith communities and health departments for mental health initiatives
- Churches provide critical infrastructure support, serving as emergency safe havens for schools and warming centers during cold weather
- Over 600 new coats distributed annually through church programs
- Successful examples of community members breaking poverty cycles through sustained faith community support

Health Concerns and Challenges

- Mental health crisis affects all age groups - from 6-year-old children with severe behavioral issues to isolated elderly
- Emergency departments serve as only mental health safety net
- Chronic diseases prevalent including diabetes, hypertension, and cancer
- Medication non-adherence due to cost, with elderly choosing between medicine and food
- Health literacy gaps prevent effective chronic disease management
- Racial disparities in youth mental health, with African American males showing higher suicide risk
- Substance use concerns, though mental health has overtaken as primary issue
- Children arriving at school hungry, affecting learning and development

Social Drivers of Health

- Concentrated poverty exists in immediate church neighborhoods despite wealth in other areas of the County
- Severe housing conditions with children lacking beds, families facing eviction weekly
- Food insecurity widespread - revealed during COVID when schools recognized extent of hunger
- Digital divide prevents telehealth access, with families lacking devices or internet
- Dangerous heating practices due to poverty, with elderly using stoves for warmth
- Intergenerational poverty perpetuated by lack of parenting skills and education
- Geographic isolation in rural areas compounds all other determinants
- Young parents lacking basic parenting knowledge, contributing to cycle of disadvantage

Healthcare Access and Barriers

- Transportation identified as fundamental barrier to accessing healthcare, fresh food, and services
- Insurance gaps leave families without coverage for pediatric medical supplies
- Mental health services severely limited with inadequate providers and long wait times
- Emergency services used inappropriately due to lack of alternatives
- Language and cultural barriers for growing immigrant populations
- Cost barriers force impossible choices between medications and basic needs
- Limited health department visibility - residents unaware of available services
- Stigma prevents help-seeking, particularly for mental health issues

Priority Recommendations

- Develop sustained, consistent interventions rather than episodic assistance - "you cannot stop it. It has to keep going"
- Create comprehensive mental health response system with expanded community partnerships
- Implement regular, face-to-face health education in community settings like libraries
- Establish patient navigator teams to help residents access available services
- Expand successful models like parenting programs for young parents
- Leverage faith communities more effectively for health outreach and education
- Increase frequency of cross-sector community health partnerships
- Focus on identity formation and self-worth development as prevention strategy
- Build teamwork across all sectors with shared accountability - "if we really want to make a difference"

Key Leader Interviews

Healthcare Access and Barriers

Community leaders across Granville and Vance counties identified multiple interconnected barriers preventing residents from accessing essential healthcare services. **Transportation emerged as the most pervasive obstacle**, with every leader interviewed highlighting its impact on healthcare access. The rural areas in both counties, combined with limited public transportation infrastructure, creates significant challenges for residents without reliable vehicles. Rural residents in some areas must travel 20 minutes each way just to reach the nearest grocery store, with medical appointments requiring even longer journeys.

Insurance and Medicaid acceptance presents another significant barrier, with providers increasingly selective about which insurance plans they accept. Many pediatricians and specialists no longer accept certain Medicaid managed care organizations, forcing families to travel to Wake Forest or Durham (distances of 40 miles or more) to find accepting providers. The complexity of different MCOs further complicates access, as providers may accept one type but not another, leaving families confused about their coverage options.

Provider shortages, particularly in mental health services, create lengthy wait times that discourage care-seeking. Mental health appointments reportedly require 2-3 month waits, with some providers maintaining closed practices. Primary care access varies significantly by location, with certain areas having adequate coverage while others face substantial gaps. While dental care appears more available through both private practices and public health services, cost remains prohibitive for many uninsured residents.

Language barriers significantly impact the Hispanic/Latino population's ability to access care. Despite the availability of interpretation services, community members struggle to understand available resources and navigate complex healthcare systems. These challenges compound with immigration status concerns, creating a population that may avoid seeking care.

Social Drivers of Health

The social conditions in Granville and Vance counties profoundly impact residents' health outcomes. **Housing** emerged as a critical concern, with leaders describing severe deterioration in the existing housing stock. Leaders report that many older homes contain lead paint, while others are infested with pests and pose immediate health hazards. Rising property taxes have reportedly increased housing costs by \$1,000 or more annually for seniors on fixed incomes, forcing difficult choices between housing and healthcare.

Economic instability pervades both counties, with limited employment opportunities forcing residents into survival mode. The lack of major employers beyond schools and hospitals means residents either accept low-wage local employment or face long commutes. Many families work multiple jobs yet still struggle to afford basic necessities, with parents forced to choose between rent and housing bills and other costs.

Food insecurity and food deserts affect numerous communities, particularly in rural areas lacking transportation. The cost differential between processed and fresh foods creates additional barriers, with healthy eating becoming a luxury many cannot afford. Residents in food deserts rely heavily on gas stations and convenience stores offering primarily fried, processed foods, contributing to poor health outcomes.

Family structure challenges compound other social determinants, with Vance County experiencing particularly high rates of single-parent households reportedly exceeding 50%. The resulting childcare gaps force young children into caregiver roles, with elementary school students supervising infant siblings while parents work. Parental absence was repeatedly cited as contributing to youth behavioral problems and community violence.

Health Conditions and Concerns

Mental health emerged as the predominant health crisis across both counties, affecting all age groups with unprecedented severity. Elementary schools report suicidal ideation in children as young as under 10 years of age, while adolescents struggle with anxiety and depression at rates that overwhelm existing support systems. The COVID-19 pandemic dramatically worsened these conditions by disrupting social connections and increasing isolation.

Chronic diseases disproportionately burden both counties, with diabetes showing particularly alarming patterns. Multiple generations within single households now live with Type 2 diabetes, including increasing numbers of children. Asthma rates have reportedly risen significantly, while obesity affects both children and adults at concerning levels. These conditions interconnect with food access and poverty, creating cycles of poor health outcomes.

Substance use presents varied challenges across the counties. Youth substance use begins early, with elementary school children caught vaping on school grounds. Parental substance use contributes to family instability and child neglect. While opioid-related deaths including fentanyl remain a concern, leaders emphasized that substance use often masks underlying mental health conditions requiring treatment.

Violence and trauma create pervasive health impacts in specific communities. Gun violence has reached crisis levels in some areas, with children killing other children and young children becoming victims of unsecured firearms. This violence generates widespread trauma affecting entire communities, contributing to the mental health crisis and perpetuating cycles of harm.

Vulnerable Populations

Several populations in Granville and Vance counties face disproportionate health challenges requiring targeted interventions. **Youth and children** experience multiple vulnerabilities, from witnessing violence to lacking stable caregiving. School personnel describe young children arriving at school with severe behavioral dysregulation, unable to manage emotions due to chaotic home environments. Foster children and homeless youth face particular challenges maintaining healthcare continuity.

The elderly population confronts mounting challenges including fixed incomes insufficient for rising costs, transportation barriers limiting access to services, and increasing social isolation. There are reports of seniors surviving on canned goods due to food costs and transportation limits. Rural elderly residents face compounded isolation, with family support often geographically distant.

Single mothers and single-parent households comprise the majority of families in some areas, creating complex challenges around childcare, employment, and healthcare access. Young mothers barely out of their teens struggle to support children without adequate resources or family support, perpetuating intergenerational poverty.

Hispanic/Latino and African American populations experience significant health disparities and access barriers. African American residents show disproportionately high rates of chronic diseases across multiple generations. Hispanic families navigate language barriers, fear of immigration enforcement, and cultural differences in healthcare approaches. Both communities report experiencing discrimination within healthcare settings.

Rural residents throughout both counties face geographic isolation limiting all service access. Youth in rural areas grow up with limited exposure to opportunities beyond their immediate surroundings, while adults struggle with employment options and service access. The absence of public transportation makes car ownership essential for survival, yet many cannot afford reliable vehicles.

Resources and Strengths

Despite reported challenges, Granville and Vance counties maintain important assets supporting community health. **Growing community collaboration** represents a key strength, with increased networking among service providers and regular coordination meetings. Health department leadership actively facilitates these connections, creating platforms for resource sharing and collaborative problem-solving.

Faith-based organizations serve as trusted community anchors providing both spiritual and practical support. Churches are beginning to receive training in mental health first aid, expanding their capacity to serve congregation members experiencing crisis. These institutions reach populations who might not otherwise seek formal services.

Educational institutions provide critical health and social services beyond traditional academic roles. Schools offer mental health counseling, weekend food backpacks, and serve as trusted connection points for families. The Vance County schools' comprehensive community center model demonstrates innovative approaches to meeting family needs.

Nonprofit and community organizations address service gaps through grassroots efforts. Organizations provide food distribution across multiple counties, diabetes prevention programs in accessible community locations, and community health workers who understand local contexts. These groups often succeed in reaching populations that traditional systems miss.

Healthcare infrastructure includes essential resources despite capacity constraints. Both counties maintain hospitals, and Granville Vance Public Health provides crucial services including dental care and immunizations regardless of payment ability. Emerging telehealth options show promise for expanding access, particularly for mental health services.

Recommendations for Improvement

Leaders consistently identified **transportation solutions** as the highest priority for improving community health outcomes. Expanded medical transportation beyond limited Medicaid options, community-based shuttle services, and mobile health clinics could address this fundamental barrier affecting all other healthcare access.

Mental health service expansion requires immediate, multi-faceted approaches. Suggestions include integration of mental health screening into primary care and schools, training community members as peer support specialists, and workforce development

through university partnerships could begin addressing critical shortages. The emerging faith-based mental health initiative offers a culturally responsive model to be explored.

Systems coordination improvements would maximize limited resources. Breaking down organizational silos and creating unified approaches with shared data systems and aligned funding would reduce duplication and gaps. Coordinated care management could improve outcomes while reducing system navigation burdens on vulnerable families.

Community-based solutions should consider how to bring services directly to residents rather than requiring travel to centralized locations. Successful programs like produce prescriptions demonstrate how addressing multiple needs simultaneously can improve engagement. Services must be designed around community realities rather than system conveniences.

Community leaders advocate for **prevention and early intervention** program expansion, particularly for youth. Early childhood interventions, parenting support programs, and alternatives to punitive approaches could interrupt cycles of trauma and poor health outcomes. Requests to expand school-based health services as a method to reach children consistently in familiar settings.

Housing and economic development initiatives should consider root causes of health inequities. Code enforcement for substandard housing, affordable housing development, and economic diversification to attract living-wage employers are essential for long-term health improvement. Without addressing these fundamental social determinants, health interventions will have limited lasting impact.

Appendix 6 | Survey Methodology

Community Health Opinion Survey

The Steering Committee worked together to develop survey questions for the community health survey. Community members aged 18-years or older were asked to participate in the online survey. Input from residents was gathered on a variety of topics, including perceptions about the most significant health and social needs in the community, personal health status, experiences seeking and receiving healthcare services, perceived barriers to accessing healthcare services, where they seek and receive health information, and health literacy.

The survey was designed to be distributed broadly across both counties with a focus on ensuring representation from diverse community members. The survey remained open for approximately three months for data collection between June 11th and September 22nd, 2025.

Figure A6.1 CHOS Survey Respondents Zip Code

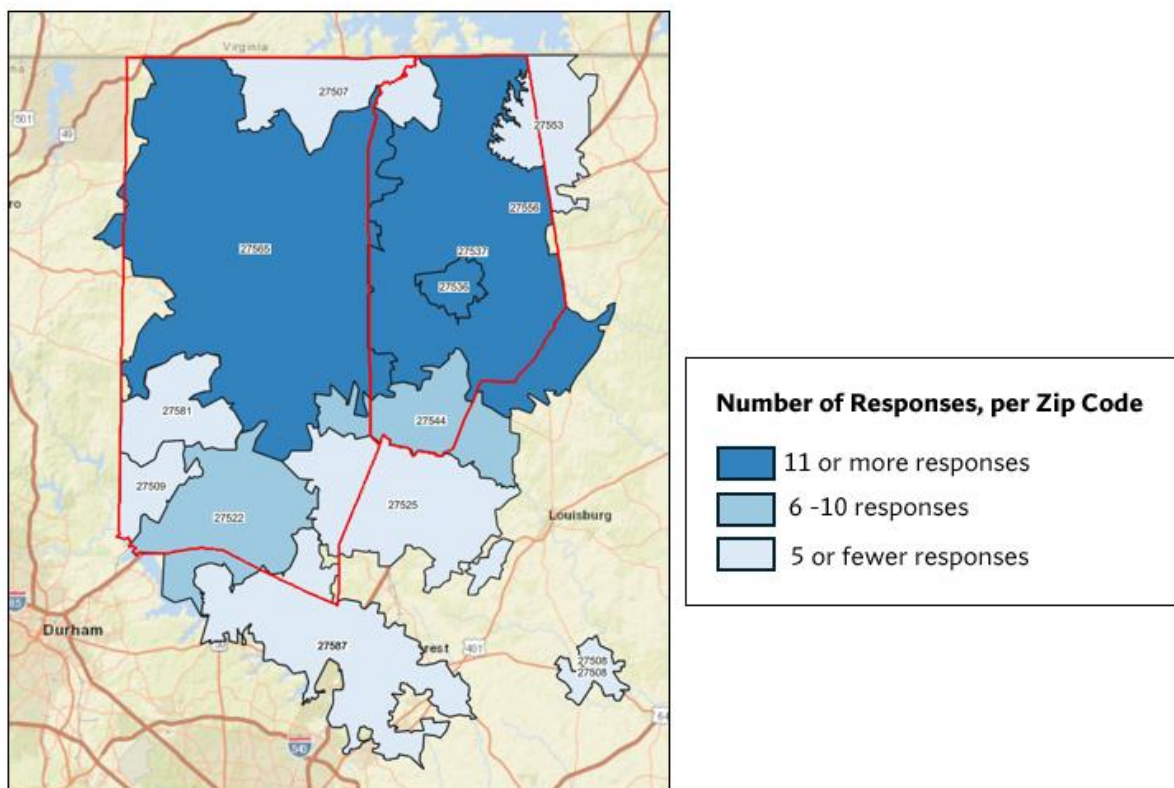


Figure A6.1 shows the number of survey respondents by zip code. The zip code with the most participation was 27565. Additional demographic data about community health survey respondents is described in the figures that follow.

Figure A6.2: Respondents by Age

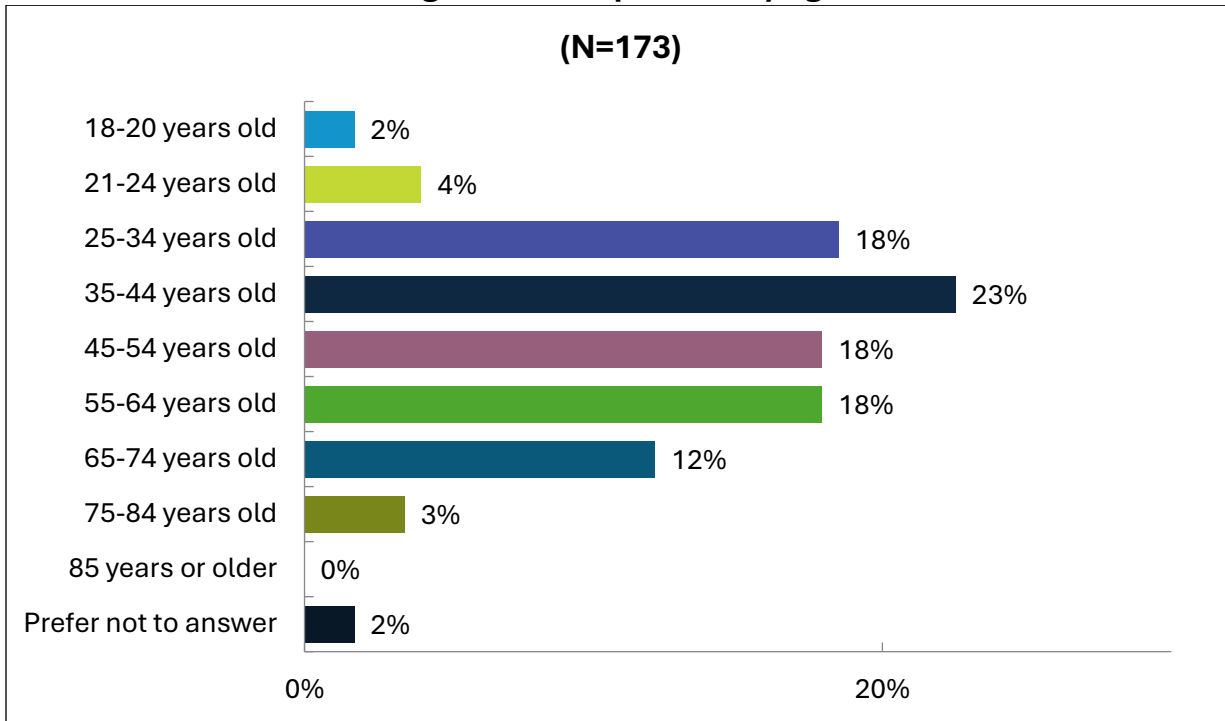


Figure A6.3: Respondents by Gender

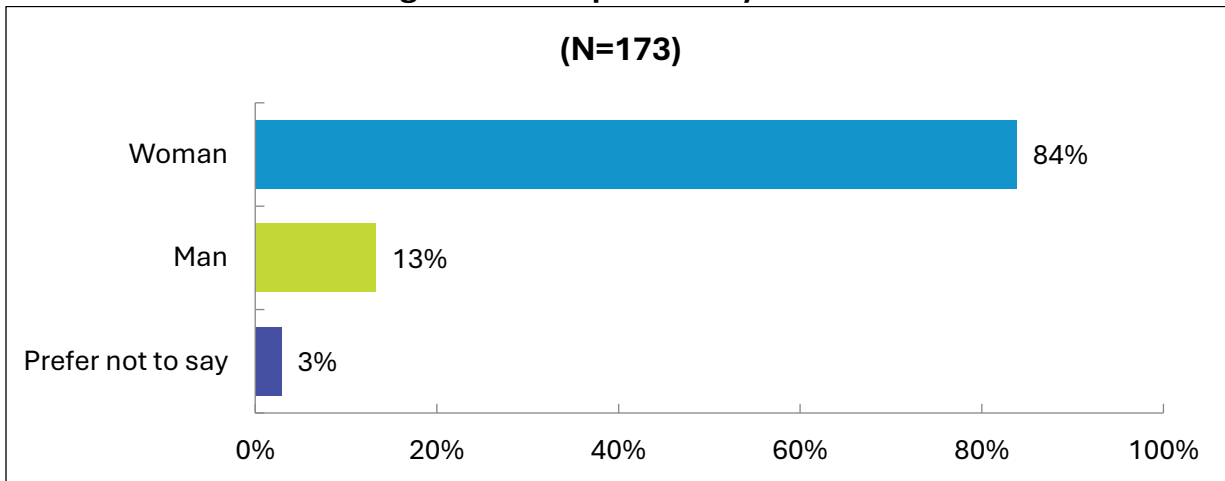


Figure A6.4: Respondents by Ethnicity

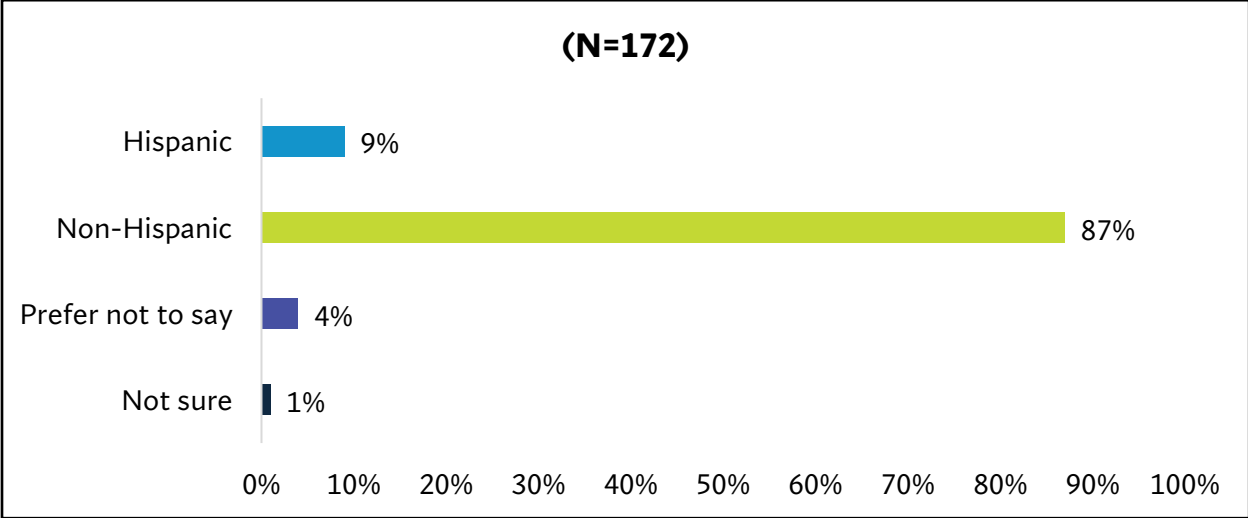
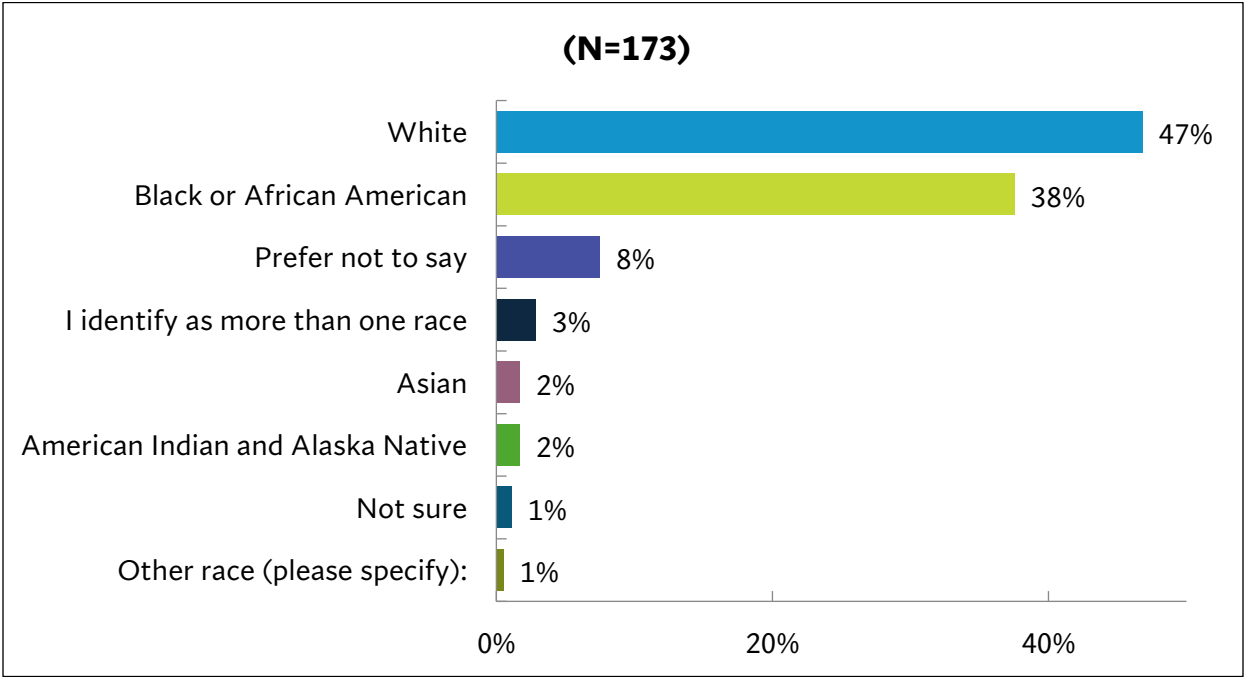


Figure A6.5: Respondents by Race



Summary of Key Findings from the Community Health Opinion Survey

Mental health challenges and substance abuse concerns align with community priorities

- Residents identified **mental health and substance use** as their top health concerns, validating the focus areas identified by community leaders and confirming the **need for expanded behavioral health services.**

Financial barriers dominate healthcare access despite high insurance coverage

- Cost** was the overwhelming reason for delayed care and unmet needs, particularly for dental care, indicating that **insurance alone doesn't eliminate affordability challenges.**

Strong community social capital exists alongside concerning social isolation

- Most respondents reported **good neighborhood cohesion and support networks**, yet a substantial minority lacks critical emotional support, potentially contributing to social isolation and mental health challenges.

Community Health Opinion Survey Instrument

Granville Vance Public Health Community Health Survey

“Dear Neighbor,

We’d like you to take our survey to help Granville Vance Public Health learn what issues are having the highest impact on health in your community.

Your answers are private - we won't know who filled out the survey. Your answers will help make our area healthier. This survey is for people who live in Granville County or Vance County, North Carolina. The survey takes about 15 minutes to complete.

Before You Start:

- You must be 18 or older to take this survey
- You must live in Granville or Vance County in North Carolina
- Please answer all questions

If you have questions about this survey, please email chelseysaari@ascendient.com. Ascendient Healthcare Advisors is helping us with this survey.

Thank you for your time and participation!”

1. Are you 18 years old or older?

- Yes
- No
- Prefer not to say

2. Where do you live?

- Granville County
- Vance County
- I don't live in Granville or Vance counties
- Prefer not to say

3. What is your zip code? _____

Topic: Community Health Opinions

4. What are the 3 most important health problems that affect the health of your community?

(Please select at most 3 options.)

- Alcohol or drug addiction
- Alzheimer's disease and other dementias
- Mental health (e.g., depression or anxiety)
- Cancer Chronic illnesses (e.g., autoimmune disorders, chronic pain)
- Diabetes or high blood sugar
- Heart disease or high blood pressure
- HIV/AIDS
- Breathing problems (e.g., lung disease, asthma, COPD)
- Sexually Transmitted Diseases/Infections (STD or STI)
- Stroke Smoking or tobacco use
- Weight status (being overweight or obese)
- Prefer not to say
- Other (Please specify) _____
- None of the above

5. What are the 3 most important social or environmental problems that affect the health of your community? (Please select at most 3 options.)

- Availability or access to doctor's office
- Availability or access to insurance
- Child abuse or neglect
- Discrimination (based on age, ability, gender, race, etc.)
- Domestic violence
- Housing or homelessness
- Lack of affordable childcare
- Lack of job opportunities
- Limited access to healthy foods
- Limited places to exercise
- Neighborhood safety or violence
- Limited opportunities for social connection
- Poverty
- Limited or poor educational opportunities
- Transportation problems
- Environmental problems (e.g., climate change or air pollution)
- Prefer not to say
- Other (Please specify) _____
- None of the above

6. What are the 3 most important reasons people in your community do not get health care? (Please select at most 3 options.)

- Cost – too expensive or can't pay
- Wait time for appointment is too long
- No health insurance
- No doctor nearby
- Lack of transportation Insurance not accepted
- Language barriers
- Cultural or religious beliefs
- There are no problems with getting healthcare
- Prefer not to say
- Other (Please specify) _____
- None of the above

7. What are 3 things that would help make your community healthier? (Please select at most 3 options.)

- Better information sharing
- More local health programs
- Better healthcare services
- Focus on fixing health disparities Including different community leaders
- More doctors, nurses, or other healthcare providers
- Asking the community what they need
- Better parks and streets
- New businesses that think about health
- Working together more
- Online health information (e.g., information on the health department's website or social media pages)
- Prefer not to say
- Other (Please specify) _____
- None of the above

Topic: Access to Care

8. Where do you USUALLY go when you are sick or need advice about your health? (Select all that apply):

- Doctor's office, clinic or health center
- Urgent care or minute clinic
- The internet
- Hospital emergency room
- Pharmacy
- Don't go to one place most often
- Don't know
- Prefer not to say
- Other (Please say more) _____
- None of the above

9. There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS? (Select all that apply):

- You didn't have transportation
- You live in a rural area where distance to the health care provider is too far
- You were nervous about seeing a health care provider
- You couldn't get time off work
- You couldn't get childcare
- You provide care to an adult and could not leave him/her
- You couldn't afford the copay
- Your deductible was too high/could not afford the deductible
- You had to pay out of pocket for some or all of the visit/procedure
- You did not delay care for any reason
- Prefer not to say
- Other (Please say more) _____
- None of the above

10. During the PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? (Select all that apply):

- Prescription medicines
- Mental health care or counseling
- Emergency care
- Dental care (including checkups)
- Eyeglasses
- To see a regular doctor or general health provider (in primary care, general practice, internal medicine, family medicine)
- To see a specialist
- Follow-up care
- Prefer not to say
- Other (Please say more) _____

11. How worried are you about paying for medical bills if you get sick or hurt?

- Very worried
- Somewhat worried
- Not worried
- Don't know
- Prefer not to say

12. In the PAST 12 MONTHS, did you need dental care but couldn't get it?

- Yes
- No, I got the dental care I needed
- I did not need dental care in the past 12 months
- Don't know
- Prefer not to say

13. How much do you agree or disagree with the following statements about telehealth?

Answer options for each are strongly disagree, somewhat disagree, I don't agree or disagree, somewhat agree, strongly agree, don't know, and prefer not to say

(a) I have access to the resources I need to access telehealth (internet, smartphone, tablet, computer, etc.)

(b) I have used telehealth to access care from my doctor or other provider in the past

(c) I am open to using telehealth to access medical care in the future

(d) I am comfortable using a phone, tablet or computer to communicate with my doctor or other provider

(e) I am comfortable using an online patient portal (for example, MyChart, My CarolinaEast Care, myOMH, etc.) to communicate with my doctor or other provider

14. Do you have health insurance?

- Yes
- No
- Don't Know
- Prefer not to say

15. If you answered "yes" to previous question, what kind of health insurance do you have? If you do not have health insurance, please skip this question.

- Medicaid
- Medicare
- Insurance from a job
- Insurance from Healthcare.gov (Affordable Care Act (ACA) also known as "Obama Care")
- Insurance I buy myself
- Indian Health Services
- Veteran's Administration ("VA")
- COBRA
- I pay cash
- Don't know
- Prefer not to say
- Other (Please specify) _____
- None of the above

16. During the PAST 12 MONTHS, has a doctor said they won't take your insurance?

- Yes
- No
- Don't know
- Prefer not to say

Topic: Neighborhood and Community

17. The following statements describe what your neighborhood might be like. Tell us how much you agree or disagree.

Answer options for each are strongly disagree, somewhat disagree, I don't agree or disagree, somewhat agree, strongly agree, don't know, and prefer not to say

- (a) People in my neighborhood generally get along with each other.**
- (b) People in my neighborhood can be trusted.**
- (c) People in my neighborhood share the same values.**
- (d) My neighborhood is noisy.**
- (e) My neighborhood is clean.**
- (f) People in my neighborhood take good care of their houses and apartments.**
- (g) I'm always having trouble with my neighbors.**
- (h) In my neighborhood, people watch out for each other.**
- (i) My neighborhood is safe.**
- (j) My neighborhood is a good place to grow old.**

18. People sometimes look to others for friendship, help, or other types of support. In the following situations, how often could you find someone to support you?

Answer options to each are never, rarely, sometimes, usually, always, don't know, prefer not to say

- (a) Someone to help you if you were confined to bed**
- (b) Someone to take you to the doctor if you need it**
- (c) Someone to help with daily chores if you were sick**
- (d) Someone to have a good time with**
- (e) Someone to turn to for suggestions about how to deal with a personal problem**
- (f) Someone who understands your problems**
- (g) Someone to love and make you feel wanted**

19. In the PAST YEAR, did you have any of the following needs NOT met? (Select all that apply):

- Access and safety changes to your home (ex. ramp, handrail)
- Clothing for yourself and your family
- Critical house repairs
- Food for yourself and your family
- Household goods (furniture, a stove or refrigerator)
- Medical or adaptive equipment not covered by Medicaid or private insurance
- Don't know
- Prefer not to say
- None of the above

20. How often do you...

Answer options include hardly ever, some of the time, often, don't know, prefer not to say

(a) Feel that you lack companionship

(b) Feel left out

(c) Feel isolated from others

Topic: Mental Health

21. Now thinking about your MENTAL health, which includes stress, depression, and problems with emotions, for how many days during the PAST 30 DAYS was your mental health NOT good?

- None
- 1 to 2 days
- 3 to 7 days
- 8 to 29 days
- 30 days
- Prefer not to say

22. Was there a time in the PAST 12 MONTHS when you needed mental health care or counseling, but did not get it at that time?

- Yes
- No
- Don't know
- Prefer not to say

23. If yes to previous question, what was the MAIN reason you did not get mental health care or counseling? If you answered “no”, “don’t know” or “prefer not to say” in previous question, please skip this question

- Too expensive
- No insurance
- Too far away
- Don't know where to go
- Worried about privacy
- Office hours did not work for schedule
- No child care
- No counselors/mental health providers available
- No way to get there
- Bad experience before
- Stigma or Embarrassed
- Too busy
- Wait for an appointment too long
- Hard to get appointment
- Not sure
- Prefer not to say
- Other (Please specify) _____

24. Are you currently taking medication or receiving treatment, therapy, or counseling from a health professional for any type of MENTAL or EMOTIONAL HEALTH NEED?

- Yes
- No
- Don't know
- Prefer not to say

Topic: Physical Health

25. Considering your physical health overall, would you describe your health as...

- Poor
- Fair
- Good
- Very Good
- Excellent

26. Within the PAST YEAR (anytime less than one year ago), have you had...

Answer options are yes, no, don't know, prefer not to say

(a) A routine or annual physical or check-up

(b) Been to the dentist or dental hygienist

27. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions? (Select all that apply):

- | | |
|--|--|
| <input type="radio"/> Arthritis | <input type="radio"/> Lung disease |
| <input type="radio"/> Asthma | <input type="radio"/> Osteoporosis |
| <input type="radio"/> Cancer | <input type="radio"/> Physical disabilities |
| <input type="radio"/> Chronic Obstructive Pulmonary Disease (COPD) | <input type="radio"/> Mental illness not otherwise listed (including bipolar disorder, schizophrenia, borderline personality disorder, dissociative identity disorder) |
| <input type="radio"/> Dementia/Short-term memory loss | <input type="radio"/> Sexually transmitted diseases (including chlamydia, syphilis, gonorrhea and HIV) |
| <input type="radio"/> Depression or anxiety | <input type="radio"/> Stroke |
| <input type="radio"/> Diabetes (not during pregnancy) | <input type="radio"/> Vision and sight problems |
| <input type="radio"/> Heart disease, stroke, or other cardiovascular disease | <input type="radio"/> Don't know |
| <input type="radio"/> High blood pressure (hypertension) | <input type="radio"/> Prefer not to say |
| <input type="radio"/> High cholesterol | <input type="radio"/> Other (Please specify) _____ |
| <input type="radio"/> Immunocompromised condition not otherwise listed | <input type="radio"/> None of the above |
| <input type="radio"/> Kidney disease | |
| <input type="radio"/> Liver disease | |
| <input type="radio"/> Long COVID | |

28. What do you need to be able to manage your current health conditions (for example, heart conditions, high blood pressure, stroke, diabetes, asthma, cancer, COPD, congestive heart failure, arthritis, HIV, depression, anxiety, other mental health condition, etc.) to stay healthy? (Select all that apply):

- I don't have a current health condition to manage
- Health insurance to cover the care I need
- Assistance finding a doctor
- Assistance making and keeping appointments with my doctor(s)
- Assistance understanding all the directions from my doctor(s)
- Information to understand how to take my medication(s)
- Assistance paying for my prescription(s)/medication(s) or medical equipment
- Health care in my home
- Coordination of my overall care among multiple health care providers
- Access to healthy foods
- Access to places to exercise safely
- Transportation assistance
- Financial assistance for co-pays, deductibles
- Home modification assistance (for example, installing a wheelchair ramp or a handicapped-accessible shower)
- Don't know
- Prefer not to say
- Other (Please specify) _____
- None of the above

Topic: Diet and Exercise

29. Think about the food you ate during the PAST WEEK. On average, how many servings of fruit did you eat, not including juices? (For example, one serving equals a medium apple, a small banana, or 7 strawberries.) _____

30. On average, how many servings of vegetables did you eat during the PAST WEEK, not including potatoes? (For example, one serving equals 6 baby carrots, small bell pepper, or half of a large squash or zucchini.) _____

31. About how many cans, bottles, or glasses of sugar-sweetened beverages, such as regular sodas, sugar sweetened tea, or energy drinks, do you drink EACH DAY? _____

32. During the past month, approximately how much time (in hours) PER WEEK were you physically active outside of your regular job? _____

33. When you are active, where do you engage in exercise or physical activities? (Select all that apply):

- Beach
- Golf course
- Home
- Malls
- Neighborhood
- Gym or pool (including YMCA)
- Public recreation center
- Outdoor parks or trails
- Work
- Yard work or gardening
- Senior center
- I don't exercise
- Not sure
- Prefer not to say
- Other (Please say more) _____
- None of the above

Topic Alcohol and Substance Use

34. How often do you consume any kind of alcohol product, including beer, wine or hard liquor?

- Never
- Monthly or Less
- 2-4 times a month
- 2-3 times a week
- 4 or more times a week
- Prefer not to answer
- Don't know

35. How often do you have six or more drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily
- Prefer not to answer
- Don't know

36. To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE'S substance abuse issues, including alcohol, prescription, and other drugs?

- Not at all
- A little
- Somewhat
- A great deal
- Don't know
- Prefer not to say

37. In the PAST YEAR, have you or a member of your household misused any form of prescription drugs (e.g. used without a prescription, used more than prescribed, used more often than prescribed, or used for any reason other than a doctor's instructions)?

- Yes
- No
- Don't Know
- Prefer not to say

Topic: Sexual Health

38. In the county you live in, how concerned are you about the following things?

Answer options for each include not at all concerned, not very concerned, somewhat concerned, very concerned, prefer not to say

(a) Sexual violence (such as rape or sexual assault)

(b) Sexual health issues such as HIV or sexually transmitted infections

(c) Teen pregnancy

39. Where do you think most young people in your county are receiving education about sexual health? (Choose one)

- TV shows and movies
- The internet
- Magazines
- Sex education classes
- They do not receive education about sexual health
- Don't know
- Prefer not to say
- Other (Please specify) _____

Topic: Maternal Health

40. Have you given birth in the PAST YEAR?

- Yes
- No
- Not applicable to me
- Prefer not to say

If you responded “no”, “not applicable to me” or “prefer not to say” to previous question, please move forward to question 45

41. Thinking back to your most recent pregnancy, did you receive any prenatal care?

- Yes
- No
- Don't know
- Prefer not to say

42. During your most recent pregnancy, did you need to travel outside of your county to find prenatal care?

- Yes, I traveled less than 30 minutes
- Yes, I traveled more than 30 minutes
- No
- Don't know
- Prefer not to say

43. If you received prenatal care, during any of your prenatal care visits, did a healthcare provider do any of the following things?

Answer options for each include yes, no, don't know, prefer not to say

- (a) Talk to me about how much weight I should gain during pregnancy
- (b) Talk to me about doing tests to screen for birth defects or diseases that run in my family
- (c) Talk to me about what to do if I feel depressed or anxious during my pregnancy or after the baby is born
- (d) Ask me if I planned to breastfeed my new baby
- (e) Ask me if I planned to use birth control after my baby was born
- (f) Ask me if I was taking any prescription medication
- (g) Ask me if I smoked cigarettes or used any other tobacco products (vapes, smokeless tobacco)
- (h) Ask me if I was drinking alcohol
- (i) Ask me if someone was hurting me emotionally or physically
- (j) Ask me if I was using illegal drugs
- (k) Ask me if I was using marijuana
- (l) Ask me if I wanted to be tested for HIV

44. Thinking about your most recent birth...

Answer options for each include yes, no, don't know, prefer not to say

- (a) Did you need to travel outside of the county to deliver?
- (b) Was your baby born more than 3 weeks before your due date?
- (c) Was your baby ever breastfed?

Topic: Housing

45. In the PAST 12 MONTHS, were there times when you...

Answer options for each include yes, no, don't know, prefer not to say

- (a) Were worried about having enough money to pay your rent or mortgage?
- (b) Did not have electricity, water, or heating in your home?

46. In the PAST THREE YEARS, were there times when you...

Answer options for each include yes, no, don't know, prefer not to say

- (a) Had to live with a friend or relative because of a housing emergency, even if this was only temporary?
- (b) Were evicted or displaced from your home?
- (c) Were living on the street, in a car, or in a temporary shelter?

47. Think about the place you live. Do you have problems with any of the following? (Select all that apply):

- Bug infestation
- Mold
- Lead paint or pipes
- Inadequate heat Inadequate cooling (air conditioning)
- Holes in the floor
- Oven or stove not working
- No or not working smoke detector
- Water leaks
- Prefer not to say
- Other (Please specify) _____
- None of the above

Topic: Demographics

48. How old are you? (Choose one):

- 18-20 years old
- 21-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-64 years old
- 5-74 years old
- 75-84 years old
- 85 years or older
- Prefer not to answer

49. Which of the following best describes your gender? (Choose one):

- Man
- Woman
- Prefer not to say
- Other Gender (please specify): _____

50. Are you of Hispanic or Latino origin, or is your family originally from a Spanish speaking country?

Tip: The Census Bureau defines "Hispanic or Latino" as "a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race."

- Yes
- No
- Don't know
- Prefer not to say

51. How would you best describe your race? (Choose one):

- American Indian and Alaska Native
- Asian
- Black or African American
- Native Hawaiian and Other Pacific Islander
- White
- I identify as more than one race
- Not sure
- Prefer not to say
- Other race (please specify): _____

52. Which language is most often spoken in your home? (Choose one):

- English
- Spanish
- Not sure
- Prefer not to say
- Other (Please specify) _____

53. What is the highest grade or year of school you completed?

- Less than 9th grade
- 9-12th grade, no diploma
- High school graduate (or GED/equivalent)
- Some college (no degree)
- Associate's Degree or Vocational Training
- Bachelor's degree
- Graduate or professional degree
- Don't know
- Prefer not to say

54. For employment, are you currently... (Select all that apply):

- | | |
|-------------------------|---|
| ○ Employed full-time | ○ Homemaker |
| ○ Employed part-time | ○ Unable to work due to illness or injury |
| ○ Retired | ○ Unemployed for less than one year |
| ○ Student | ○ Unemployed for more than one year |
| ○ Armed forces/military | ○ Unable to work |
| ○ Self-employed | ○ Prefer not to say |

55. Which of following best describes the industry you work in? (Choose one):

- Office work (administrative, managerial, professional, desk work, etc.)
- Manual labor (driving, working with your hands, assembling, moving, etc.)
- Customer/client (education, retail, food service, entertainment)
- Healthcare (doctor, nurse, dentist, PA, etc.)
- Other (Please specify) _____

56. Which category best describes your yearly household income before taxes?

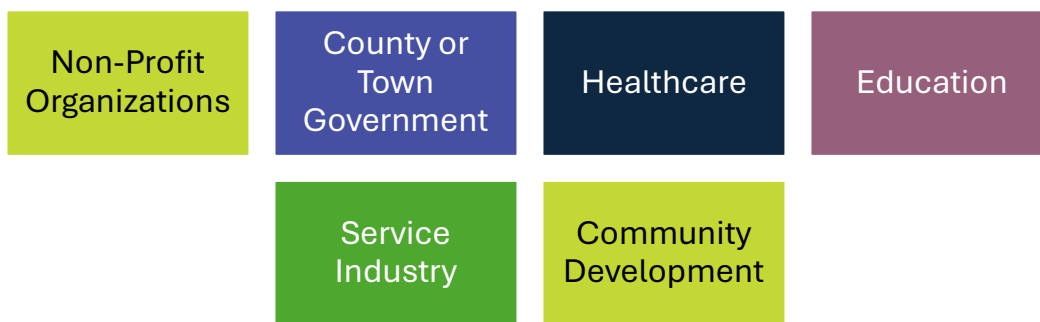
Include all income received from employment, social security, support from children or other family, welfare, Aid to Families with Dependent Children (AFDC), bank interest, retirement accounts, rental property, investments, etc.

- | | |
|-----------------------|-------------------------|
| ○ Less than \$15,000 | ○ \$75,000 - \$99,999 |
| ○ \$15,000 - \$24,999 | ○ \$100,000 - \$149,999 |
| ○ \$25,000 - \$34,999 | ○ \$150,000 - \$199,999 |
| ○ \$35,000 - \$49,999 | ○ \$200,000 or more |
| ○ \$50,000 - \$74,999 | ○ Prefer not to say |

Key Leader Survey

Key leaders in the community were invited to participate in an online survey that gathered insights about their organizations, the populations they serve, and their perceptions about health challenges and assets in the community. Survey participants represented a cross-section of organizations and sectors, including healthcare, education, government, social services, business, and faith-based organizations. The key leader survey was distributed between June 11th and July 7th, 2025, and a total of 48 responses were gathered.

Key leaders represented a variety of organizations and geographies throughout the Service Area. Broad categories of key leader survey participants included:



The following figures below show the distribution of key leader survey respondents by type of organization, while the map shows the geographic distribution of key leader survey respondents based on the zip code in which their organization is located.

Figure A6.6: Key Leader Survey Respondents Organization Type

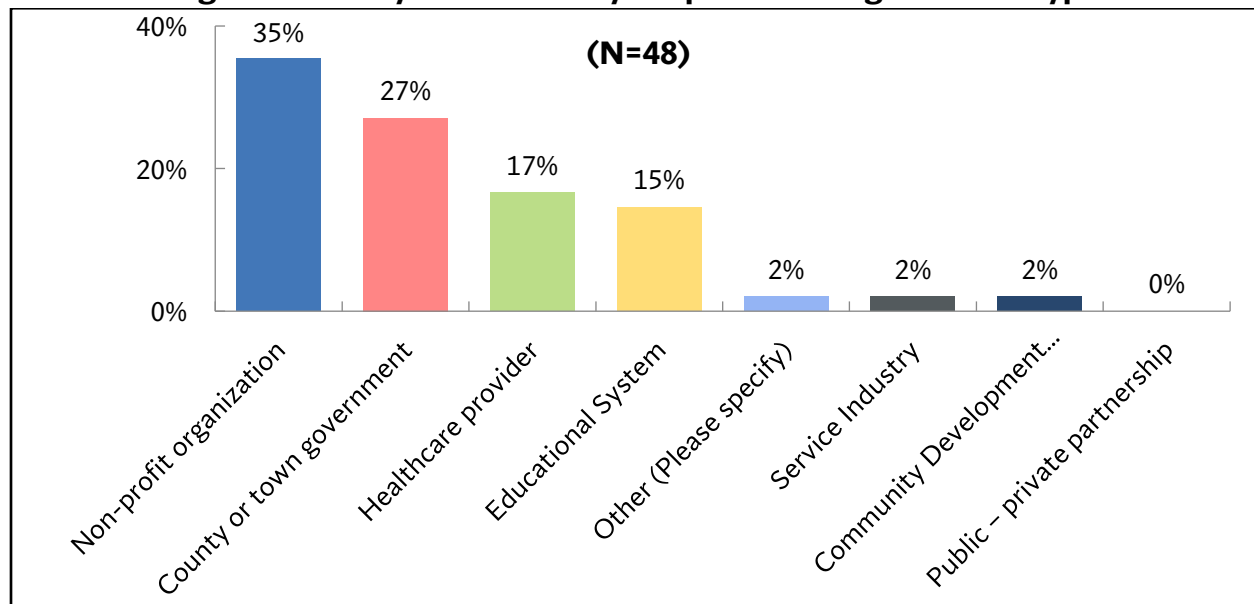
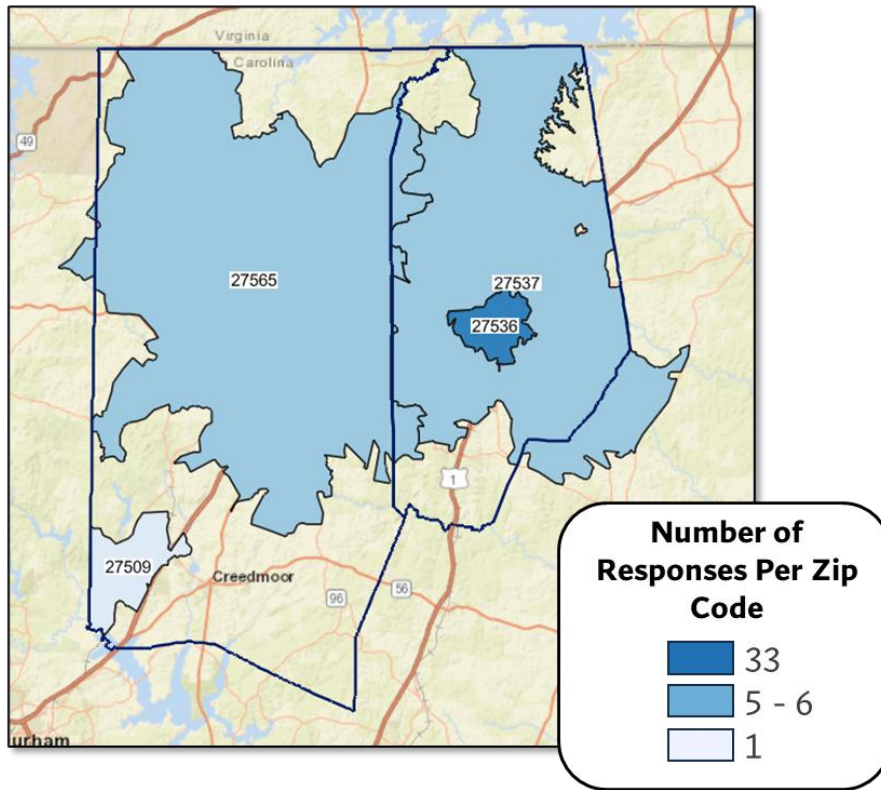


Figure A6.7: Key Leader Survey Respondents' Organization Zip Codes



Summary of Key Findings from the Key Leader Survey

Mental health and substance use disorders are the overwhelming priority concerns

- **Mental health** issues were identified by the vast majority of leaders as the **biggest health problem, followed closely by alcohol/drug addiction**, establishing behavioral health as the clear top community priority among key leaders participating in the survey.

Cost and transportation create compounding barriers to healthcare access

- **Cost and transportation** were identified by leaders as the **primary reasons people cannot access care**, while also noting critical **shortages of mental health and substance use treatment providers** in the community.

Black/African American communities and people in poverty face the greatest unmet health and social service needs

- These communities require targeted interventions and culturally appropriate services to address health disparities.

GRANVILLE VANCE PUBLIC HEALTH Community Health Assessment - Key Leader Survey

“Dear Community Leader,

Thank you in advance for your participation in this survey, which is being conducted by Granville Vance Public Health as a part of a Community Health Assessment (CHA). Input from community leaders is a critical component of this assessment process.

Questions in this survey were developed to assess the perceived health and social needs of residents throughout the region. Findings will be used to help identify specific groups within the region most in need of additional resources. The survey should take no more than 15 minutes to complete, and your answers are anonymous and confidential.

Ascendient Healthcare Advisors is the consultant partner for this CHA process. For questions about this survey, please contact Ascendient Healthcare Advisors: chelseysaari@ascendient.com
Thank you for your time and participation!”

1. Please select the category that best describes your organization. (Select one option)

- Community Development Corporation
- County or town government
- Educational System
- Faith-based organization
- Healthcare provider
- Media
- Non-profit organization
- Public-private partnership
- Service Industry
- Other (Please specify) _____

2. What is the zip code of your organization/facility? _____

3. Please select the county or counties your organization primarily serves.

- Granville County
- Vance County
- Other (Please specify) _____
- None of the above

4. What is the name of the organization you work for? _____

5. How do you believe the health of the community you serve has changed over the past three years? (Select one option)

- Greatly improved

- Improved
- No change
- Worsened
- Greatly worsened
- Prefer not to answer

NOTE: Answer the below question only if answer to Q#5 is Greatly improved OR Improved

6. In what way(s) has the health of the community you serve improved? _____

NOTE: Answer the below question only if answer to Q#5 is Worsened OR Greatly worsened

7. In what way(s) has the health of the community you serve worsened? _____

8. What are the 3 main reasons you believe people in your community can't get healthcare when they need it? [Please select at most 3 options.]

- Cost – too expensive or can't pay
- No health insurance
- Lack of transportation
- Language barriers
- There are no problems with getting healthcare
- Wait time for appointment is too long
- No doctor nearby
- Insurance not accepted
- Cultural or religious beliefs
- Prefer not to say
- Other (please tell us) _____

9. What are the 3 biggest health problems in your community? [Please select at most 3 options.]

- | | |
|--|---|
| ○ Alcohol or drug addiction | ○ Alzheimer's disease and other dementias |
| ○ Mental health (e.g., depression or anxiety) | ○ Cancer |
| ○ Chronic illnesses (e.g., autoimmune disorders, chronic pain) | ○ Diabetes or high blood sugar |
| ○ Heart disease or high blood pressure | ○ HIV/AIDS |
| ○ Breathing problems (e.g., lung disease, asthma, COPD) | ○ Sexually Transmitted Diseases/Infections (STDs or STIs) |
| ○ Stroke | ○ Smoking or tobacco use |
| ○ Weight status (being overweight or obese) | ○ Prefer not to say |
| | ○ Other (please tell us) _____ |

10. Does your organization provide any resources to the community to address any of the health issues you identified in the previous question? (Select one option)

- Yes
- No
- Not sure
- Prefer not to say

NOTE: Answer the below question only if answer to Q#10 is Yes

11. If yes, please name at least one resource that could be leveraged. _____

12. What are the 3 most important social or environmental problems that affect the health of your community? [Please select at most 3 options.]

- Availability or access to doctor's office
- Child abuse or neglect
- Domestic violence
- Lack of affordable childcare
- Limited access to healthy foods
- Neighborhood safety or violence
- Poverty
- Transportation problems
- Availability or access to insurance
- Discrimination (based on age, ability, gender, race, etc.)
- Housing or homelessness
- Lack of job opportunities
- Limited places to exercise
- Limited opportunities for social connection
- Limited or poor educational opportunities
- Environmental problems (e.g., climate change or air pollution)
- Prefer not to say
- Other (please tell us) _____

13. Does your organization provide any resources to the community to address some of the social/environmental issues you identified in the previous question? (Select one option)

- Yes
- No
- Not sure
- Prefer not to say

NOTE: Answer the below question only if answer to Q#13 is Yes

14. If yes, please name at least one resource that could be leveraged. _____

15. In your opinion, are health and social/environmental needs similar across the community you serve? (Select one option)

- Yes
- No
- Not sure

- Prefer not to say

NOTE: Answer the below question only if answer to Q#15 is No

16. Which geographic areas do you feel experience the greatest level of need? _____

17. Which subpopulation(s) on this list does your organization serve? (Select all that apply.)

- | | |
|---|--|
| <input type="radio"/> Black/African American community | <input type="radio"/> Refugees/immigrants |
| <input type="radio"/> Children/youth | <input type="radio"/> Seniors/elderly |
| <input type="radio"/> Hispanic/Latino community | <input type="radio"/> Uninsured population |
| <input type="radio"/> LGBTQIA+ community | <input type="radio"/> Women in pregnancy |
| <input type="radio"/> Justice-involved individuals | <input type="radio"/> Young adults |
| <input type="radio"/> Military and veterans | <input type="radio"/> Youth in foster care |
| <input type="radio"/> Persons experiencing homelessness | <input type="radio"/> Other _____ (Please specify) |
| <input type="radio"/> Persons in poverty | <input type="radio"/> None of the above |
| <input type="radio"/> Persons with disabilities | |

18. Among those served by your organization, which subpopulation(s) appear to have the greatest unmet needs when it comes to health and social services? [Please select at most 3 options.]

- | | |
|---|--|
| <input type="radio"/> Black/African American community | <input type="radio"/> Refugees/immigrants |
| <input type="radio"/> Children/youth | <input type="radio"/> Seniors/elderly |
| <input type="radio"/> Hispanic/Latino community | <input type="radio"/> Uninsured population |
| <input type="radio"/> LGBTQIA+ community | <input type="radio"/> Women in pregnancy |
| <input type="radio"/> Justice-involved individuals | <input type="radio"/> Young adults |
| <input type="radio"/> Military and veterans | <input type="radio"/> Youth in foster care |
| <input type="radio"/> Persons experiencing homelessness | <input type="radio"/> Other _____ (Please specify) |
| <input type="radio"/> Persons in poverty | <input type="radio"/> None of the above |
| <input type="radio"/> Persons with disabilities | |

19. Please rate each of the following statements for the community you serve:

Answer options to each include Strongly Disagree, Disagree Somewhat, Neither Agree nor Disagree, Agree Somewhat, or Strongly Agree

- (a) Residents can access a doctor, including nurse practitioners and physician assistants (Family/General Practitioner, Ob/Gyn, Pediatrician) when needed.
- (b) Residents can access a medical specialist (Cardiologist, Dermatologist, etc.) when needed.
- (c) There are enough providers accepting Medicaid in the community.
- (d) There are enough providers accepting Medicare in the community.
- (e) There are enough providers accepting patients without insurance in the community.
- (f) There are enough dentists in the community.
- (g) There are enough culturally competent healthcare providers in the community. *Cultural competence is the ability of an individual to understand and respect values, attitudes, beliefs, and*

more that differ across cultures, and to consider and respond appropriately to these differences in planning, implementing, and evaluating health education and promotion programs and interventions.

(h) There are enough mental health providers in the community.

(i) There are enough substance use treatment providers in the community.

20. From the list provided, where do you feel members of the community you serve most frequently seek medical care?

- Alternative Medicine Provider (acupuncture, chiropractic, naturopath, etc.)
- Community Clinic/Federally Qualified Health Center (FQHC)
- Emergency Department
- Health Department
- Hospital/Medical Campus
- Pharmacy
- Primary care provider (physician, nurse, etc.)
- Telehealth or virtual visit
- Walk-in or Urgent Care
- A Veterans Affairs (VA) Hospital or Clinic
- Do not seek care
- Prefer not to say
- Other (Please specify) _____
- None of the above

21. Do you believe that the people in the community you serve are health literate, or able to understand health-related information when it is presented to them? (Select one option)

- Yes
- No
- Not sure
- Prefer not to say

NOTE: Answer the below question only if answer to Q#21 is No

22. If no, what do you see as the biggest challenges/issues with health literacy among the populations served by your organization? _____

23. What is working well in the community? _____

24. What suggestions do you have for health leaders in your community to improve the health and well-being of the community? Please write suggestions below. _____

Appendix 7 | Detailed Survey Results

Community Health Opinion Survey Results

Topic: Demographics

Figure A7.1: Where do you live?

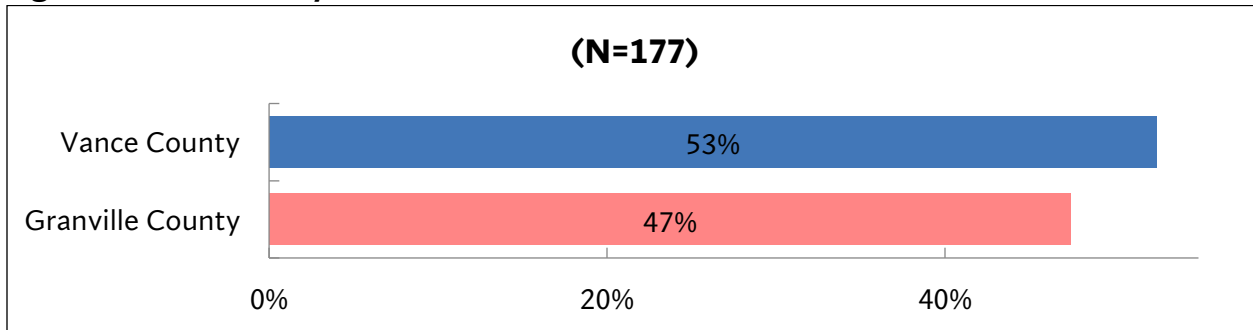


Figure A7.2: What is your zip code?

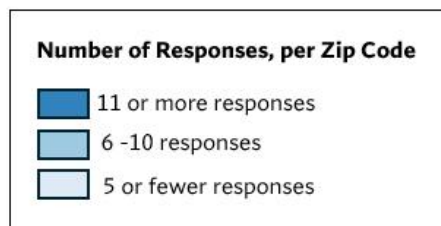
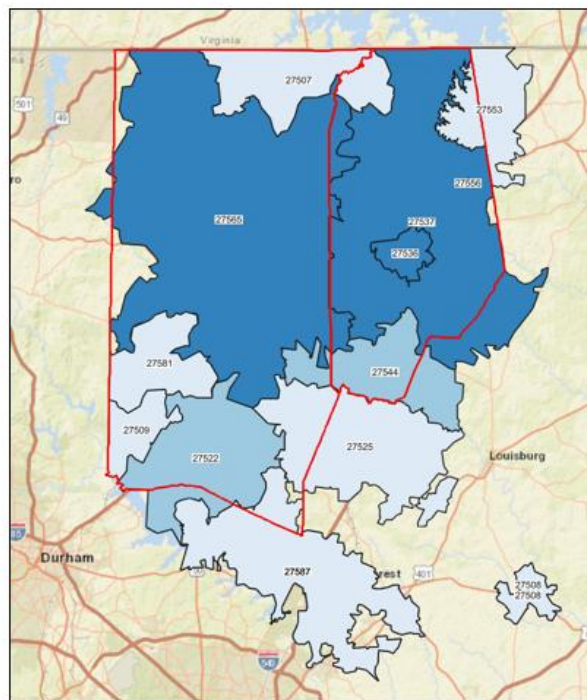


Figure A7.3: How old are you? (Choose one):

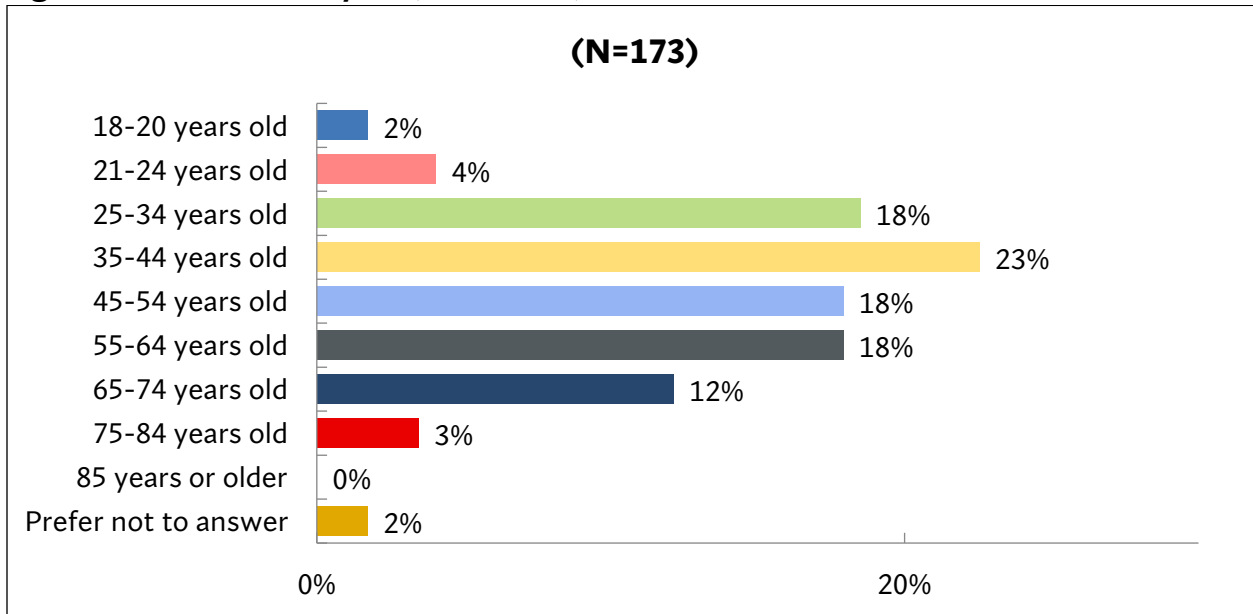


Figure A7.4: Which of the following best describes your gender?(Choose one):

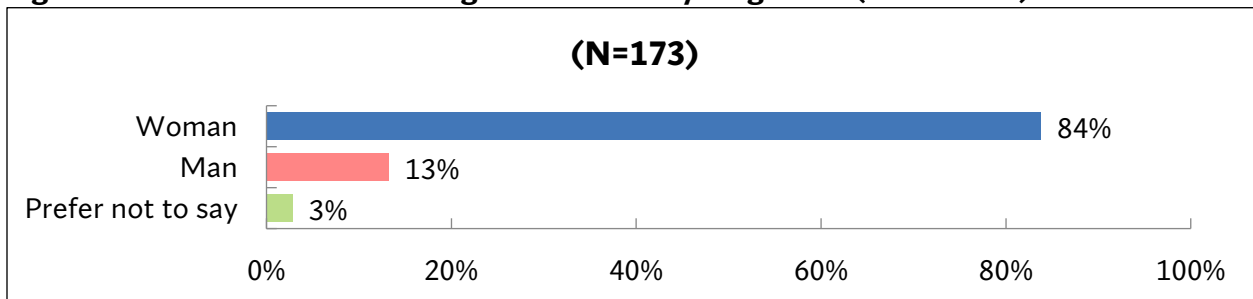


Figure A7.5: Are you of Hispanic or Latino origin, or is your family originally from a Spanish speaking country?

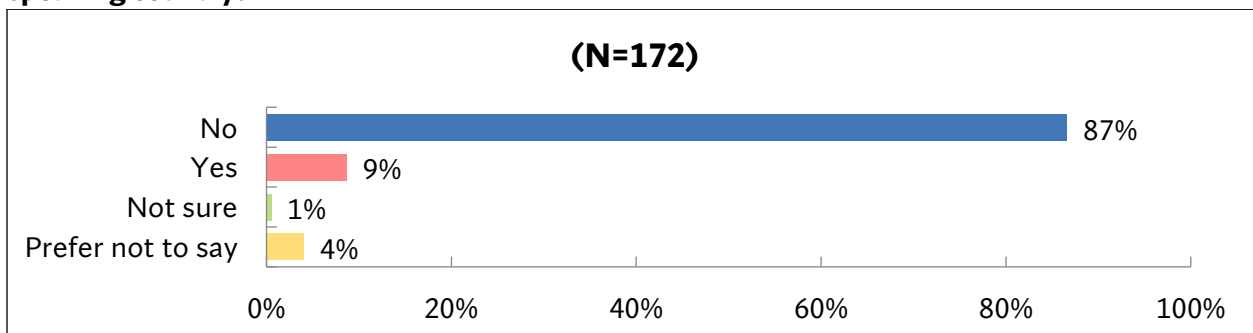


Figure A7.6: How would you best describe your race? (Choose one):

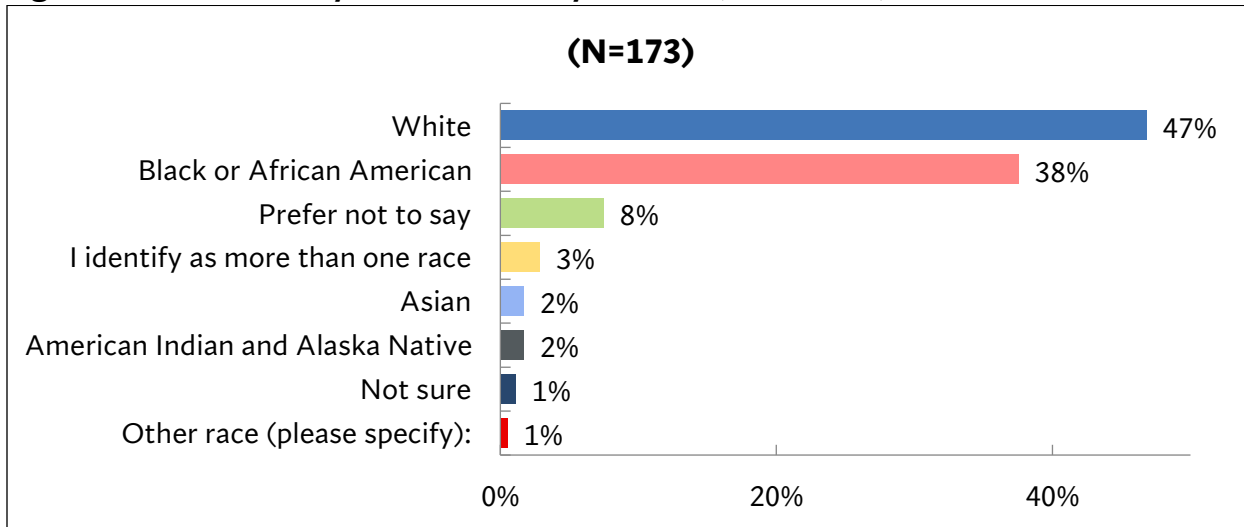


Figure A7.7: Which language is most often spoken in your home? (Choose one):

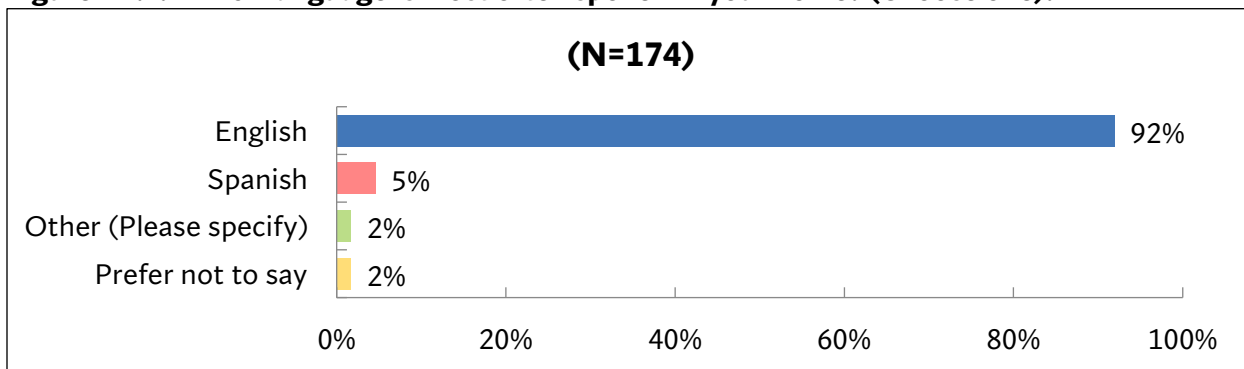


Figure A7.8: What is the highest grade or year of school you completed?

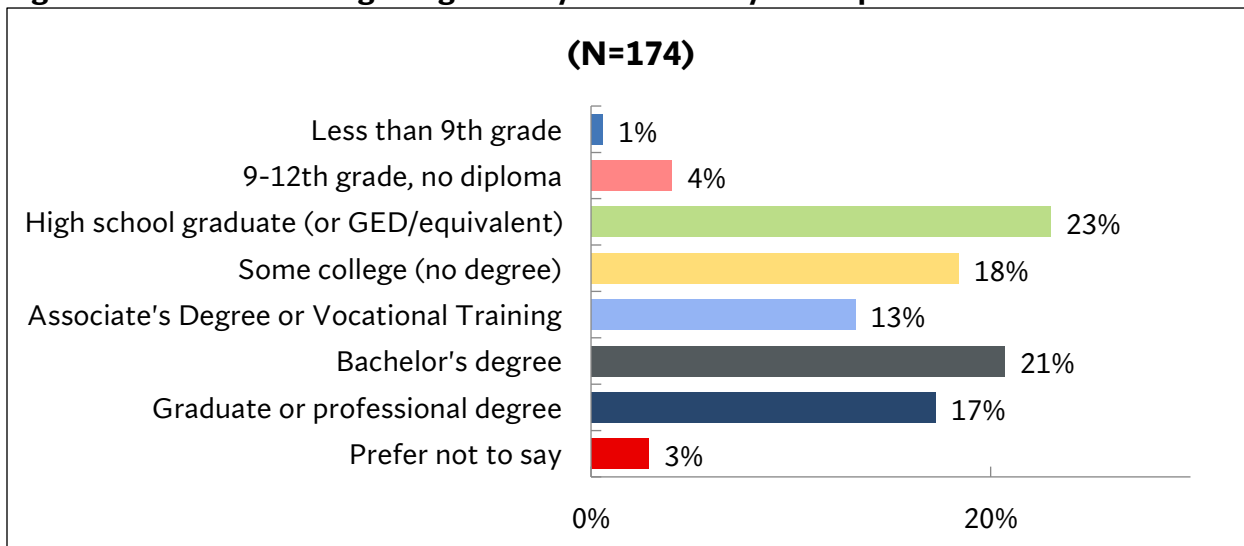


Figure A7.9: For employment, are you currently... (Select all that apply):

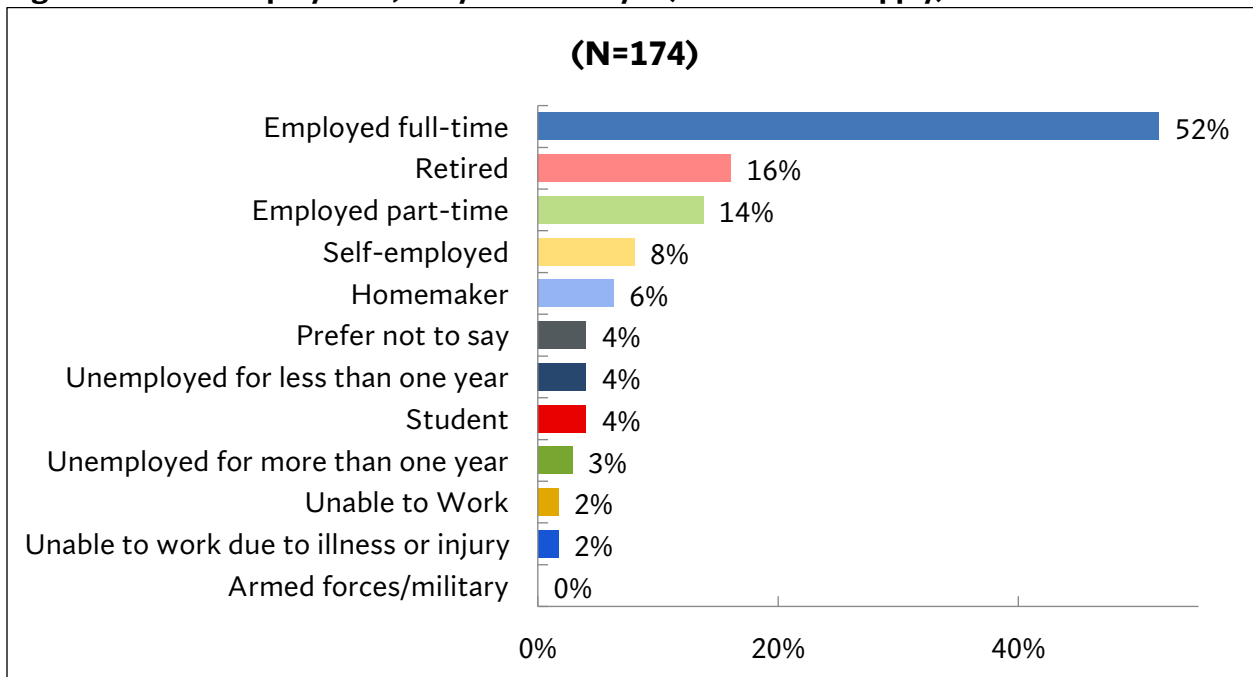
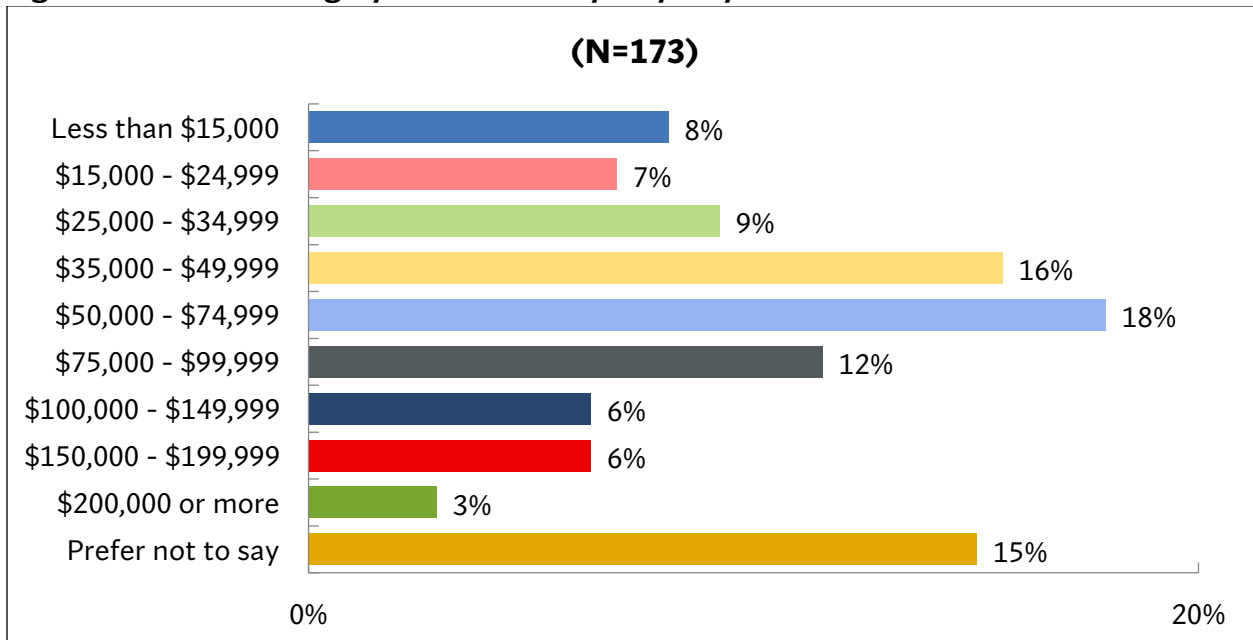
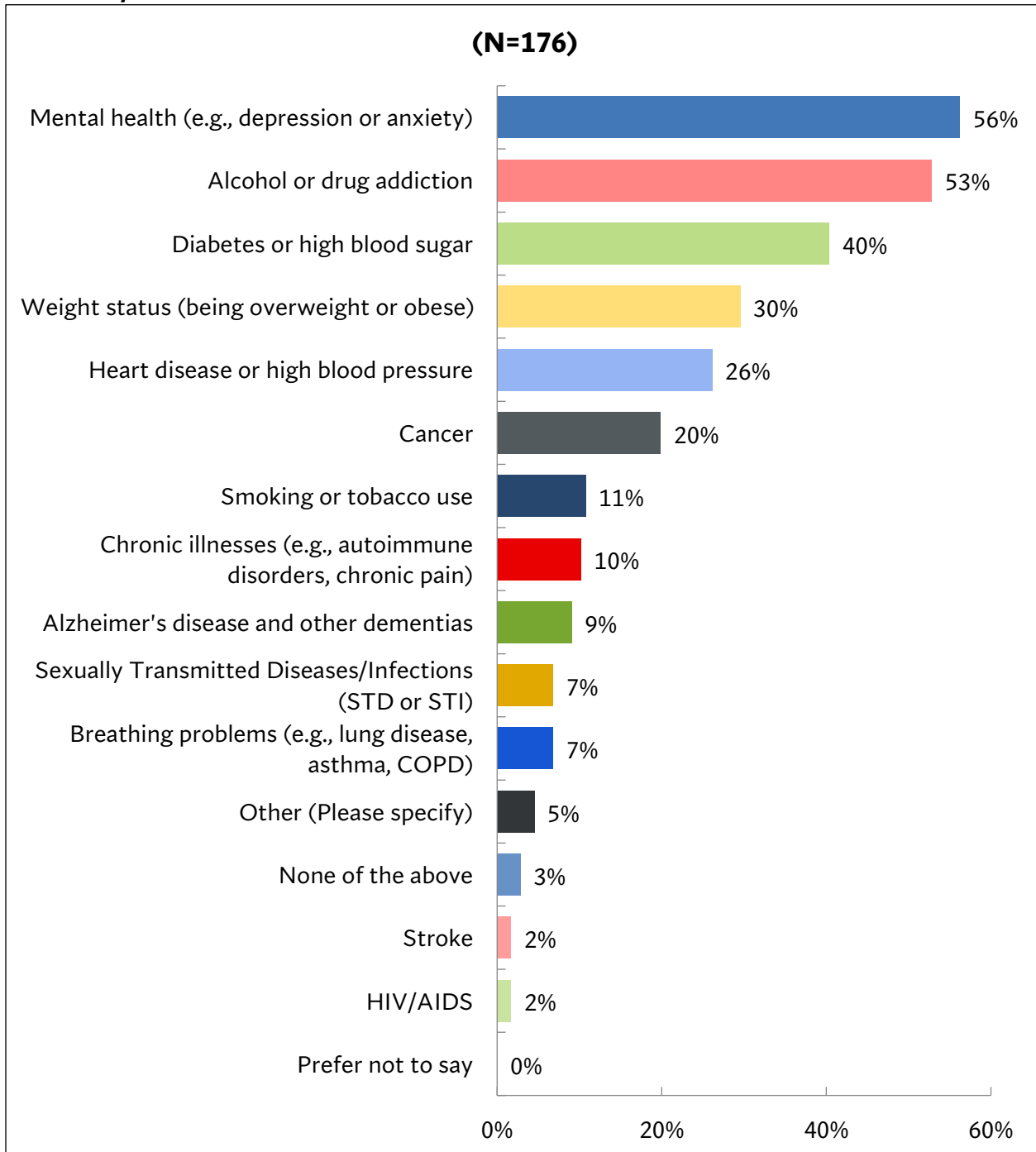


Figure A7.10 Which category best describes your yearly household income before taxes?



Topic: Community Health Opinions

Figure A7.11: What are the 3 most important health problems that affect the health of your community?



“Other” responses include arthritis, developmental delays and inactivity, housing/transportation/food access”, kindey, and teens who suffer with drugs.

Figure A7.12: What are the 3 most important health problems that affect the health of your community? (BY COUNTY)

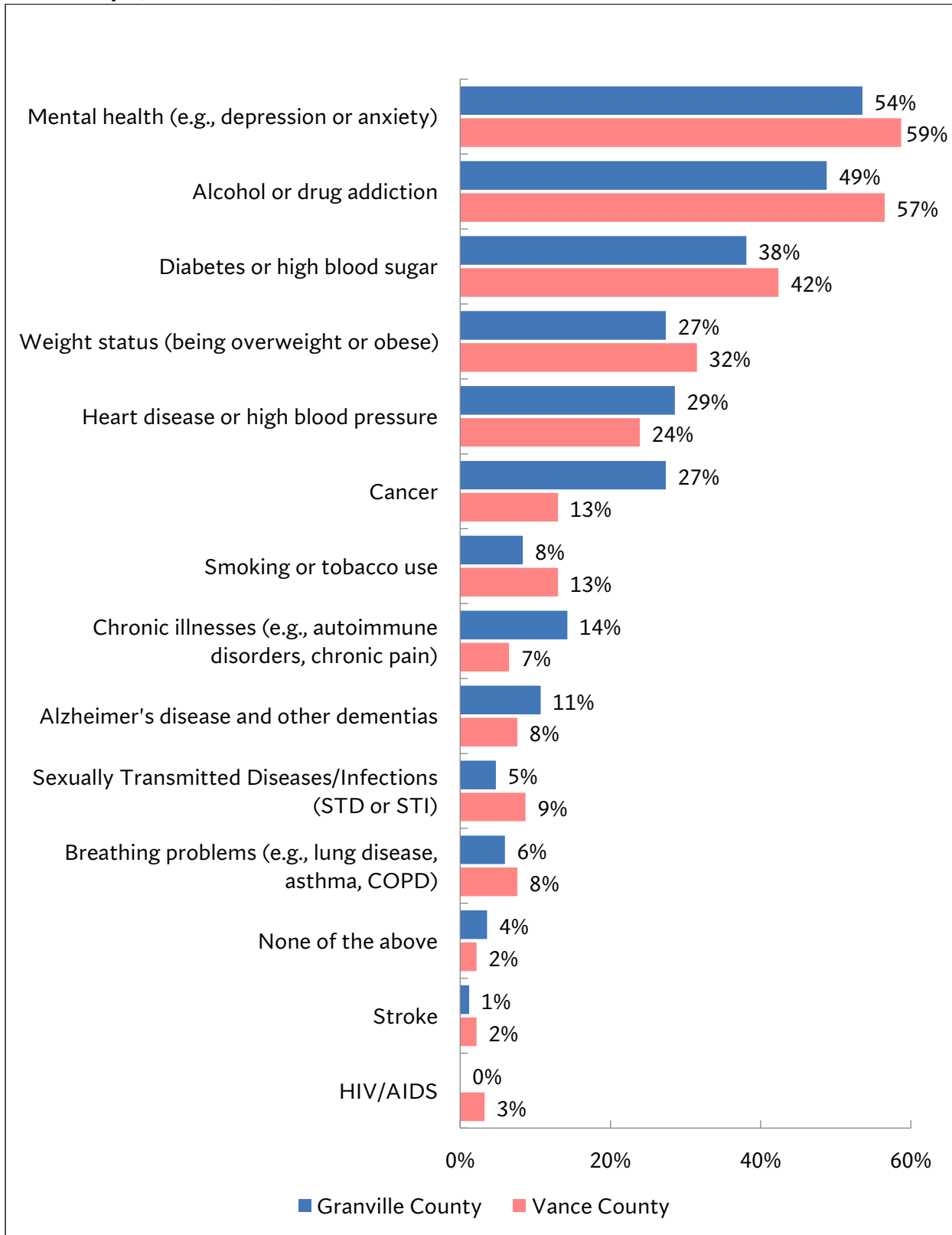


Figure A7.13: What are the 3 most important health problems that affect the health of your community? (BY AGE)

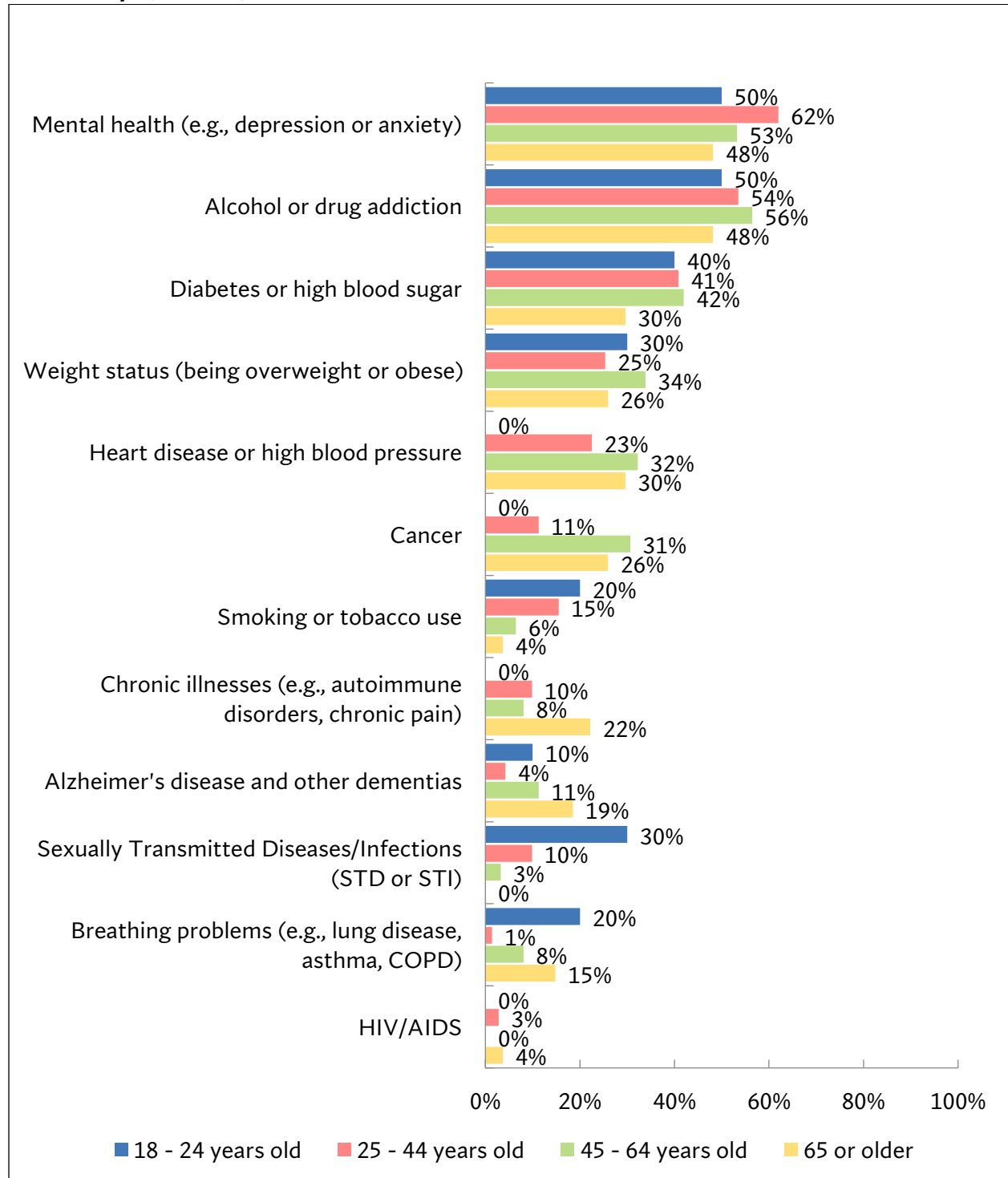


Figure A7.14: What are the 3 most important health problems that affect the health of your community? (BY GENDER)

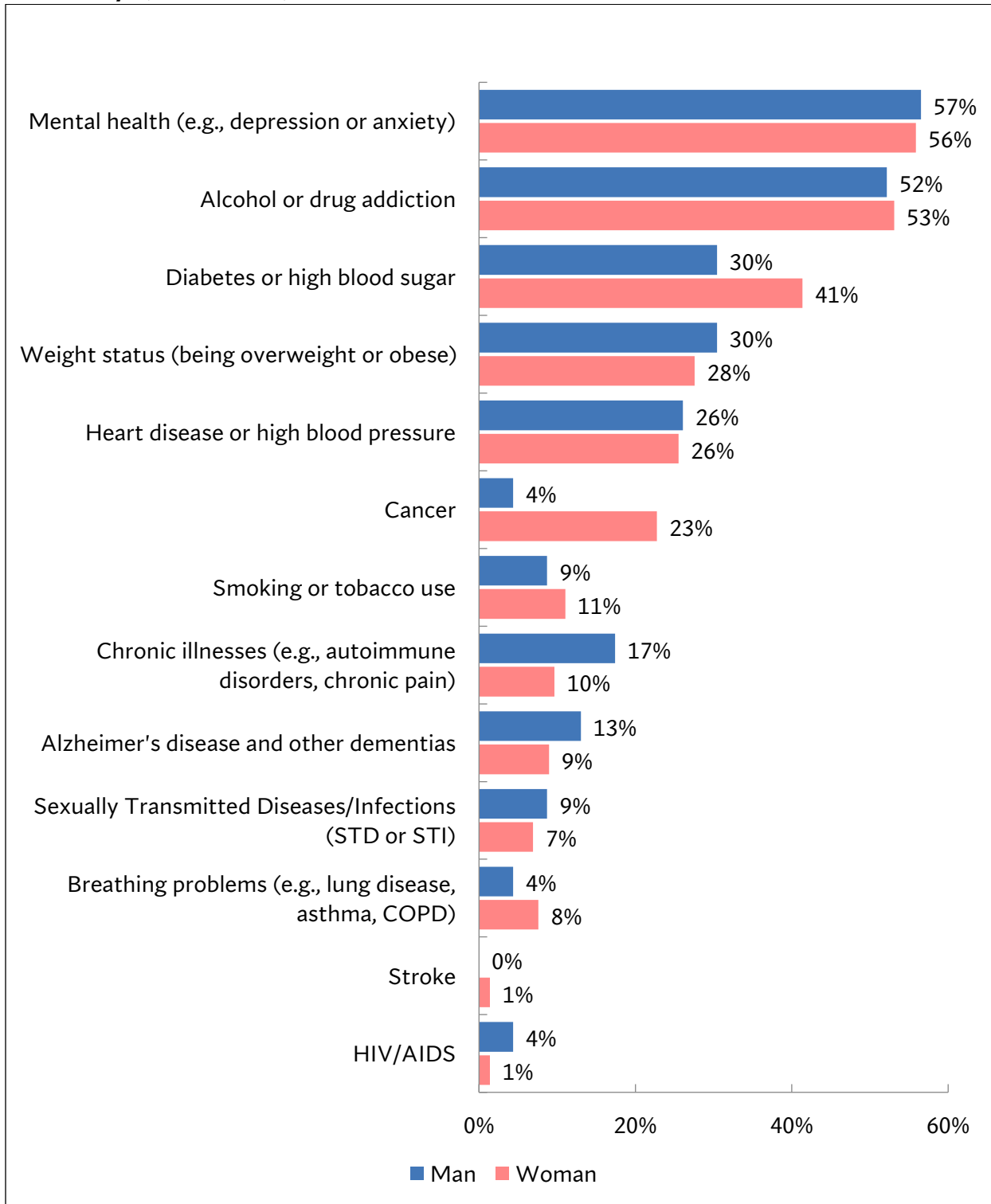


Figure A7.15: What are the 3 most important health problems that affect the health of your community? (BY ETHNICITY)

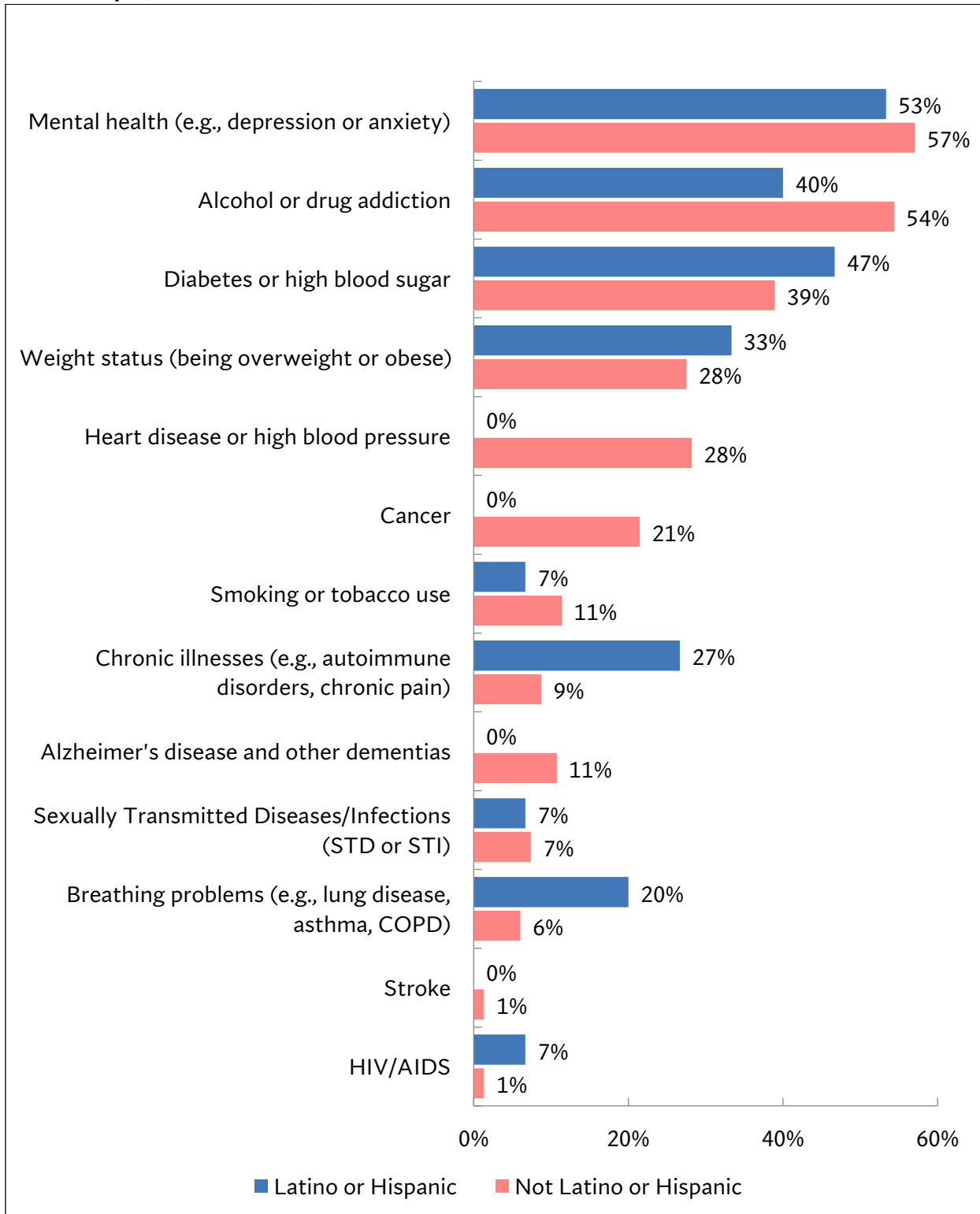


Figure A7.16: What are the 3 most important health problems that affect the health of your community? (BY RACE)

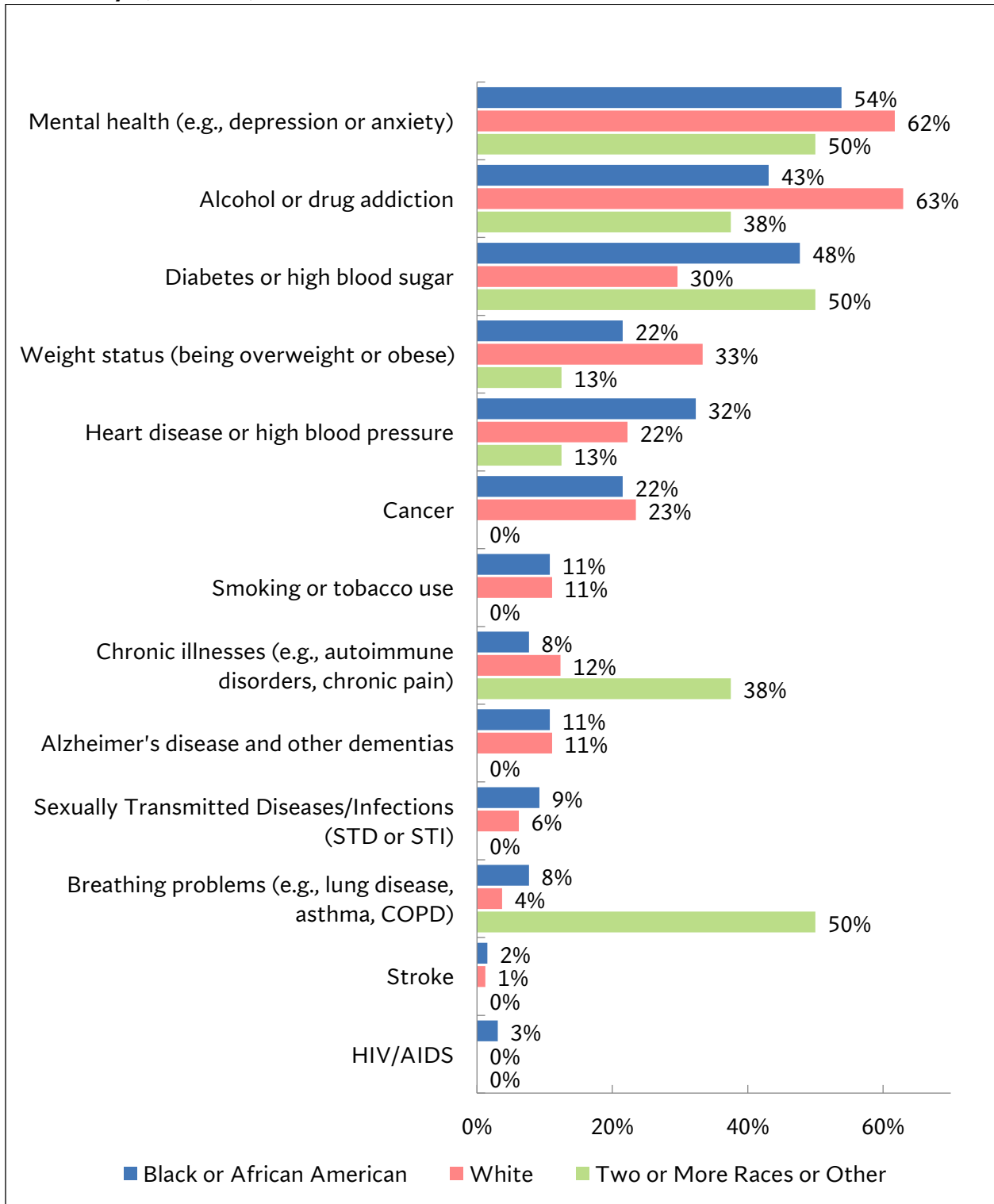
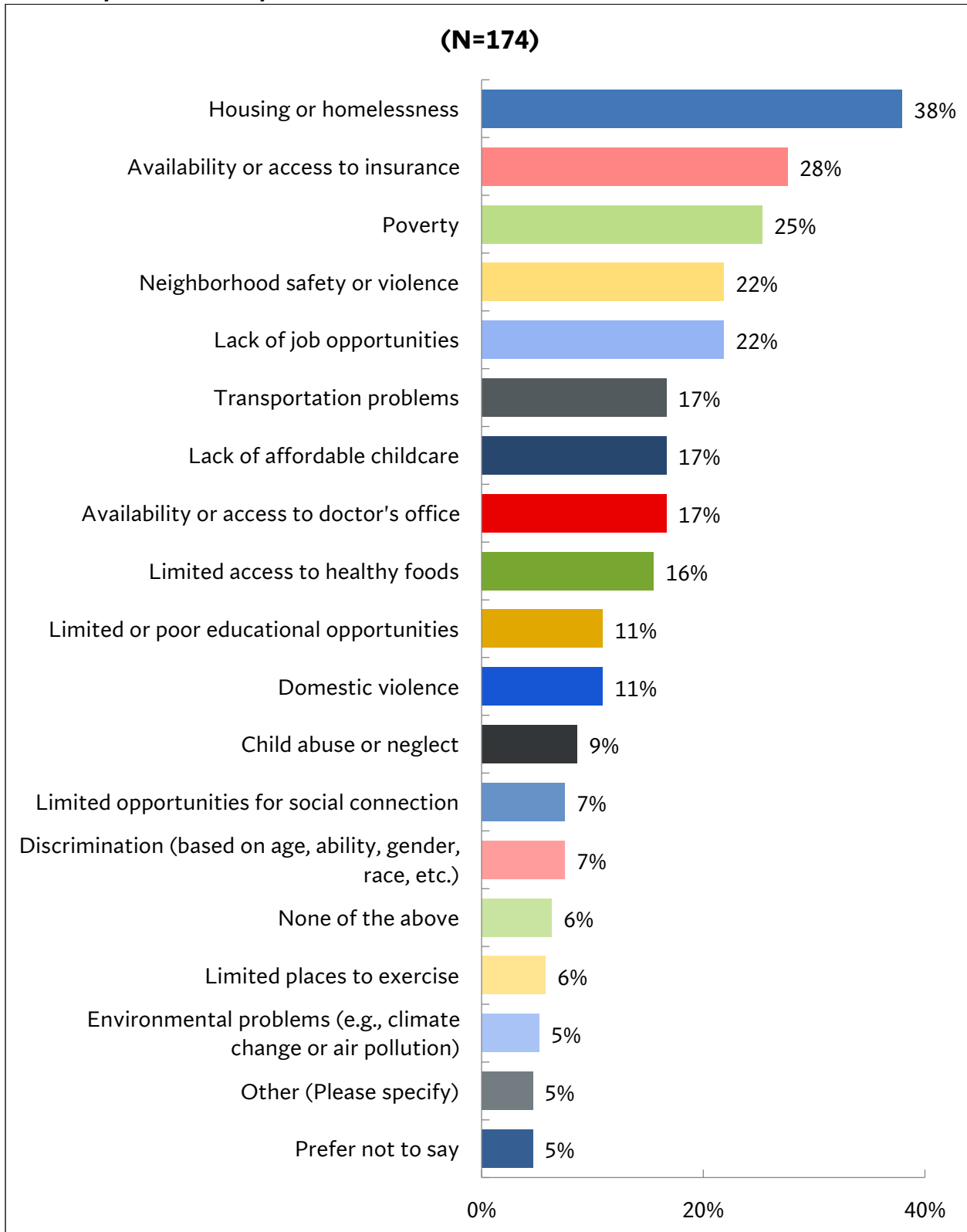


Figure A7.17: What are the 3 most important social or environmental problems that affect the health of your community?



“Other” responses included affordability of medical care, agricultural practices that allow glyphosate, gmo and chemical fertilizers, use of human grey water for irrigation, jobs don't pay enough for cost of living, Safe drinking water - SGWASA PFOA's, and welfare programs that enable laziness and apathy, making it much more likely that the children of Granville county grow up in single parent households. This leads to the higher instance of dropouts, teen pregnancy, and crime.

Figure A7.18: What are the 3 most important social or environmental problems that affect the health of your community? (BY COUNTY)

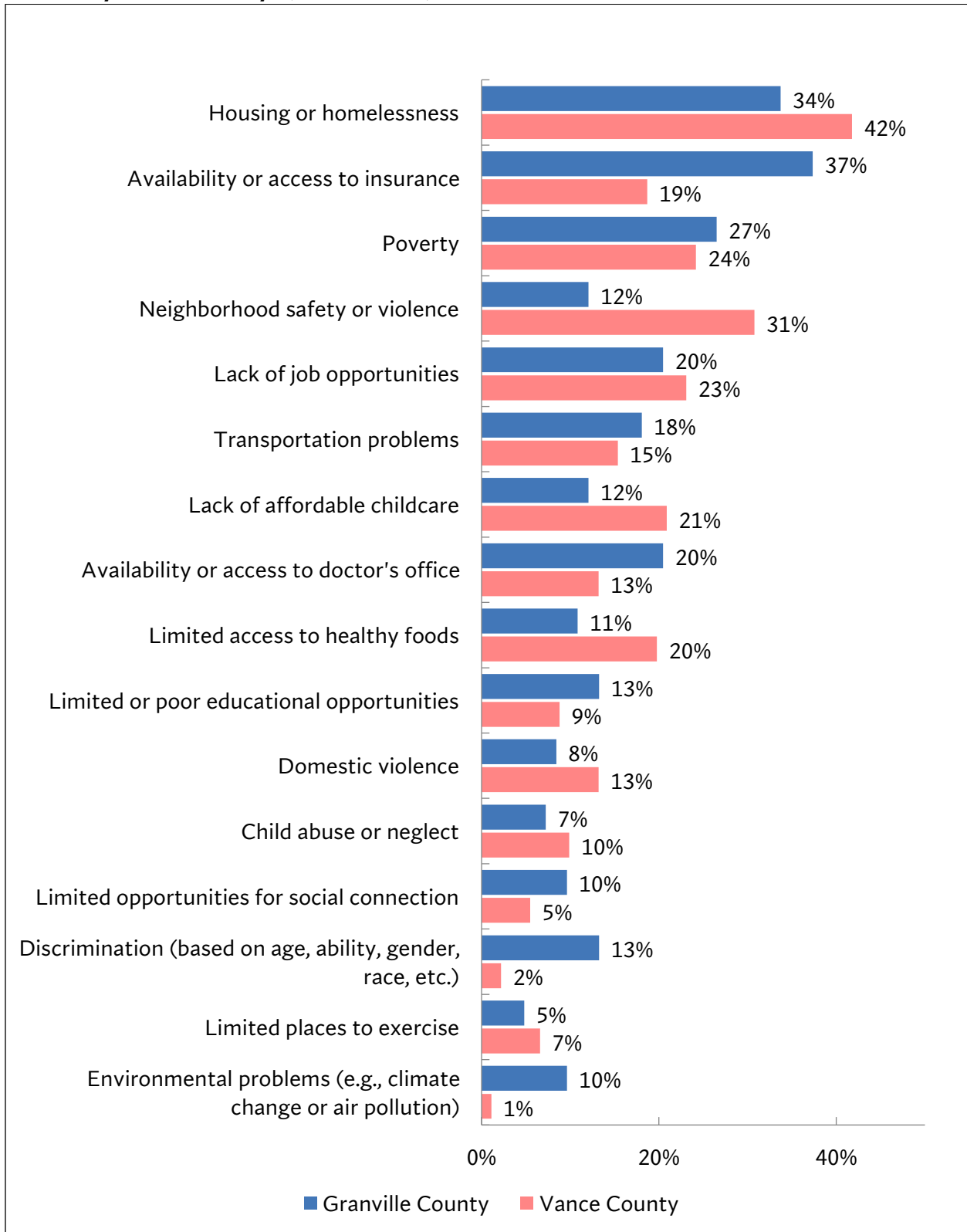


Figure A7.19: What are the 3 most important social or environmental problems that affect the health of your community? (BY AGE)

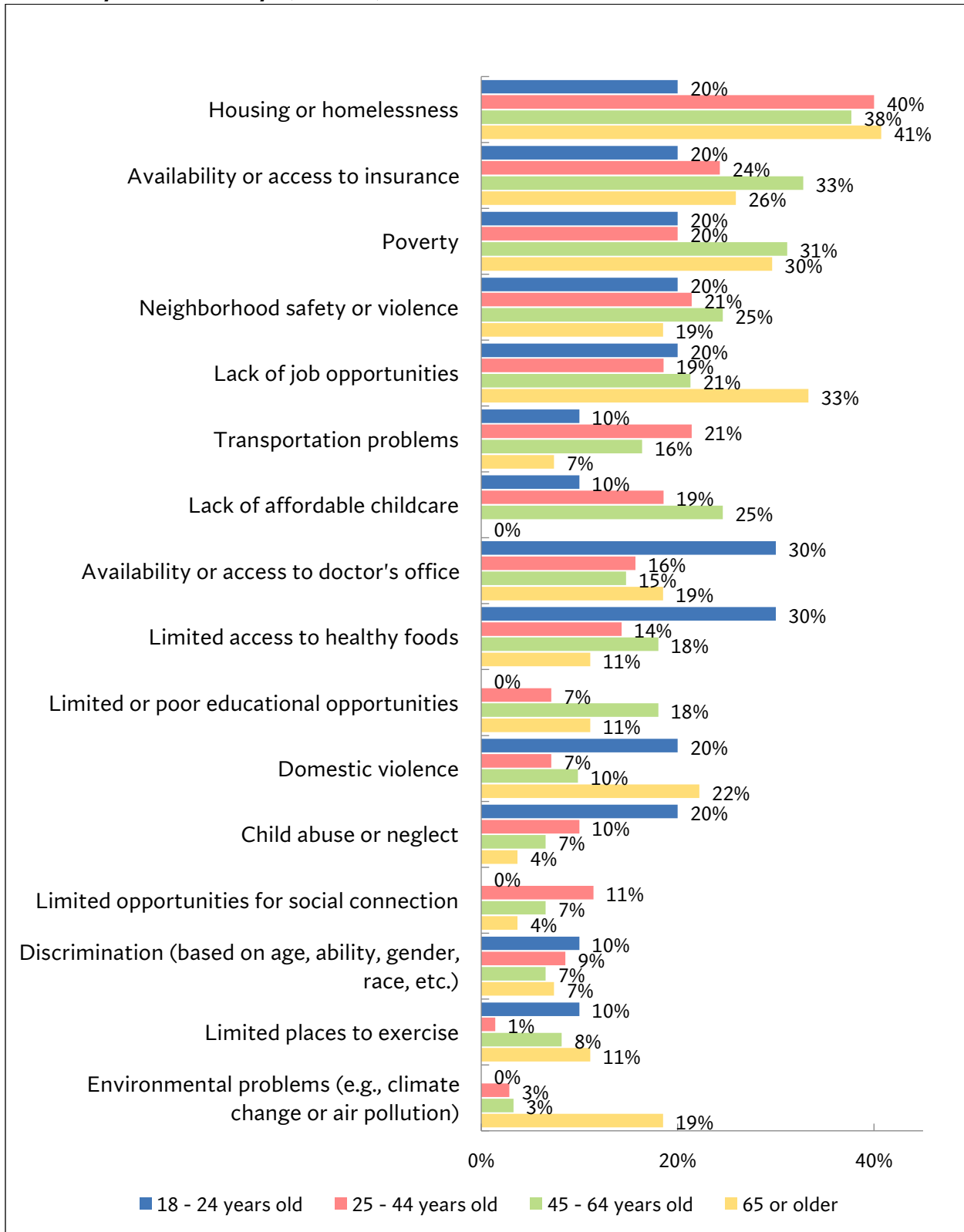


Figure A7.20: What are the 3 most important social or environmental problems that affect the health of your community? (BY GENDER)

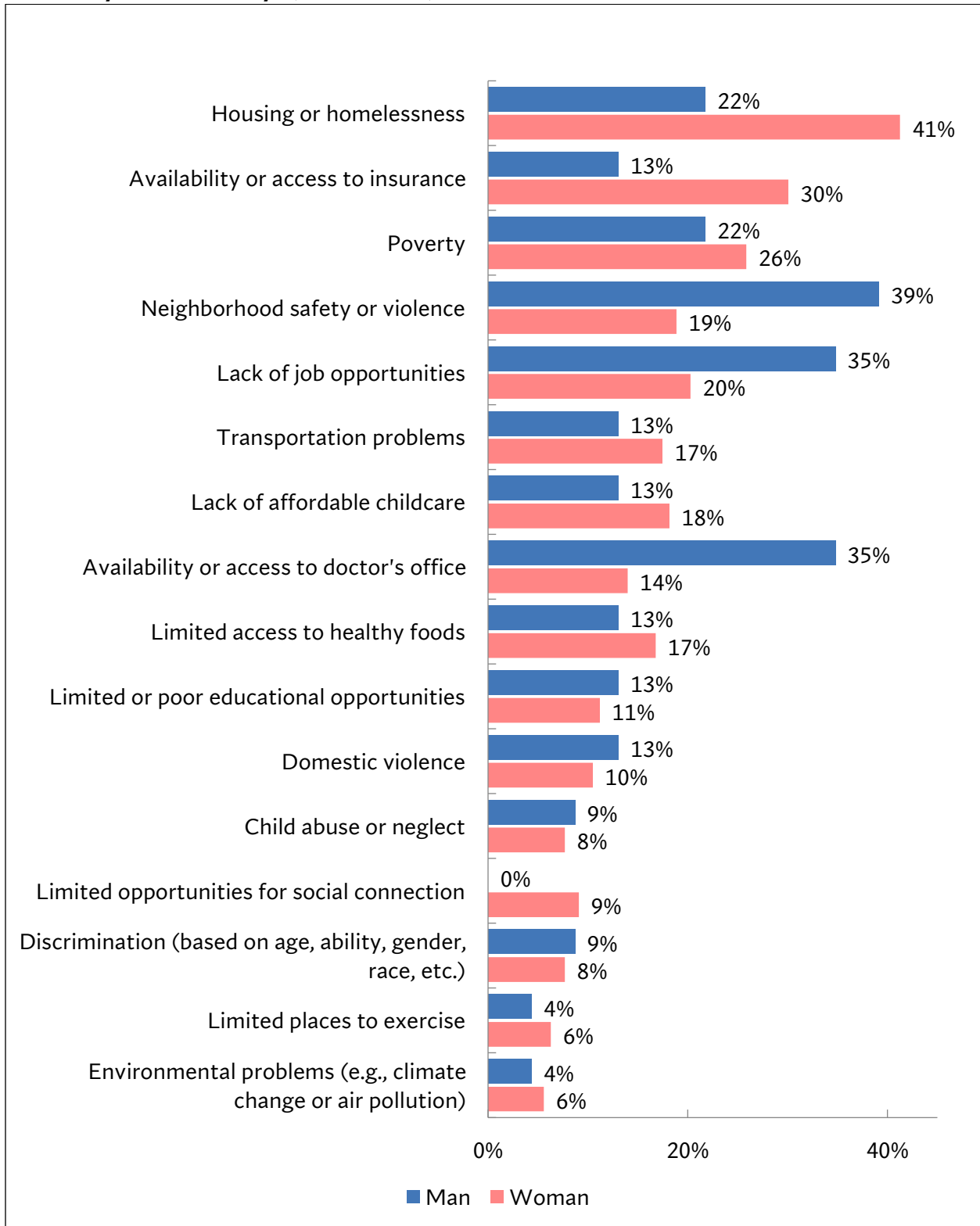


Figure A7.21: What are the 3 most important social or environmental problems that affect the health of your community? (BY ETHNICITY)

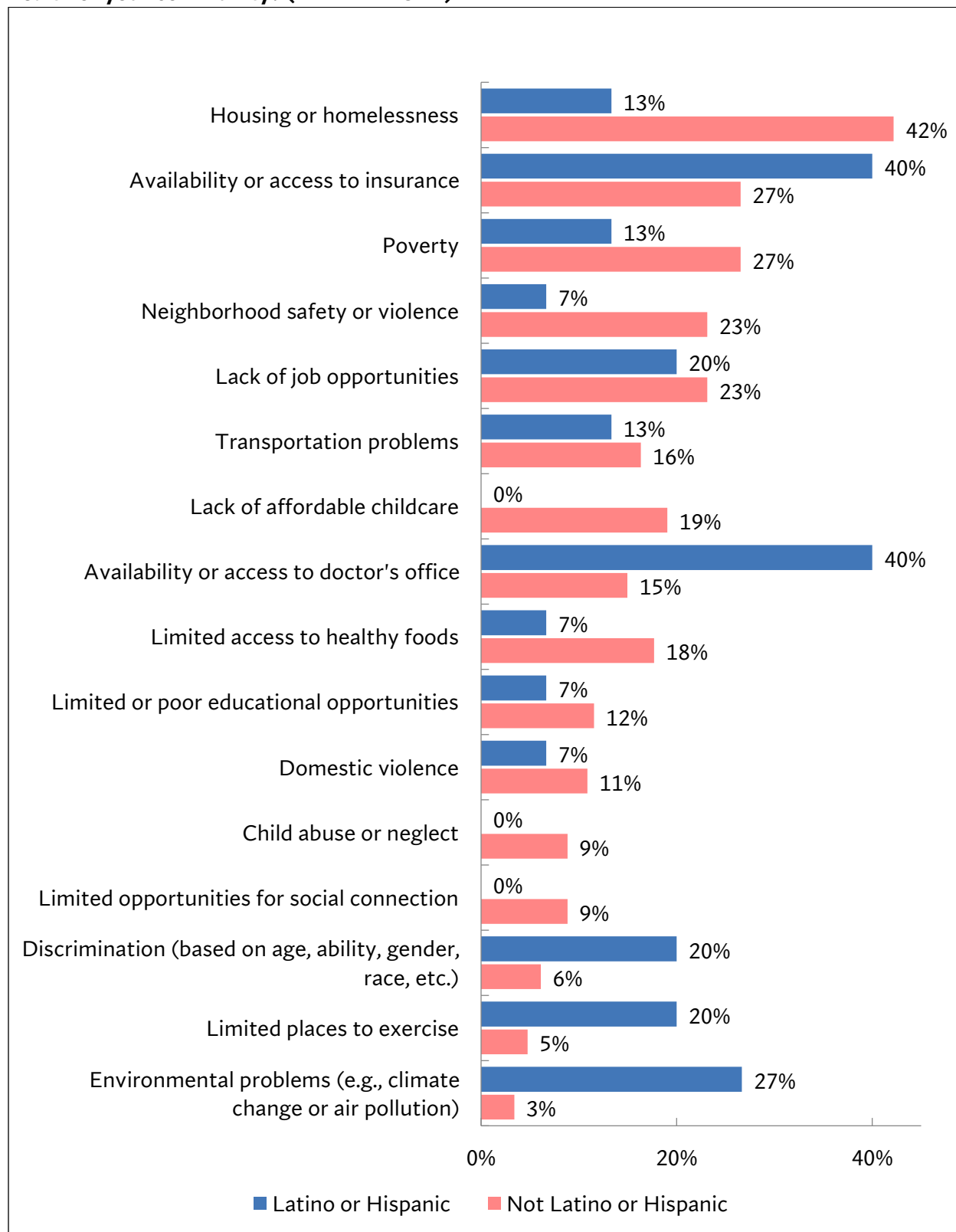


Figure A7.22: What are the 3 most important social or environmental problems that affect the health of your community? (BY RACE)

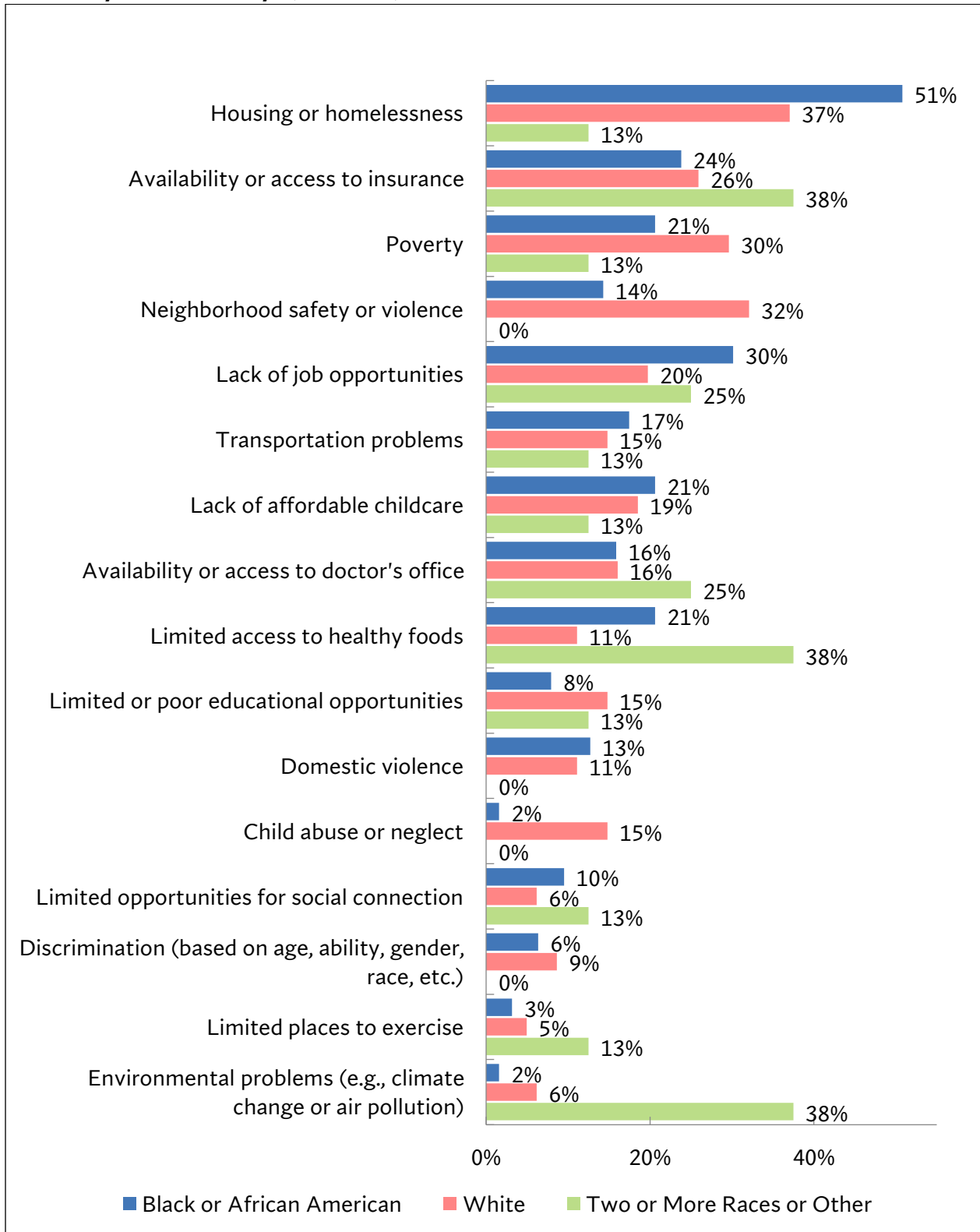
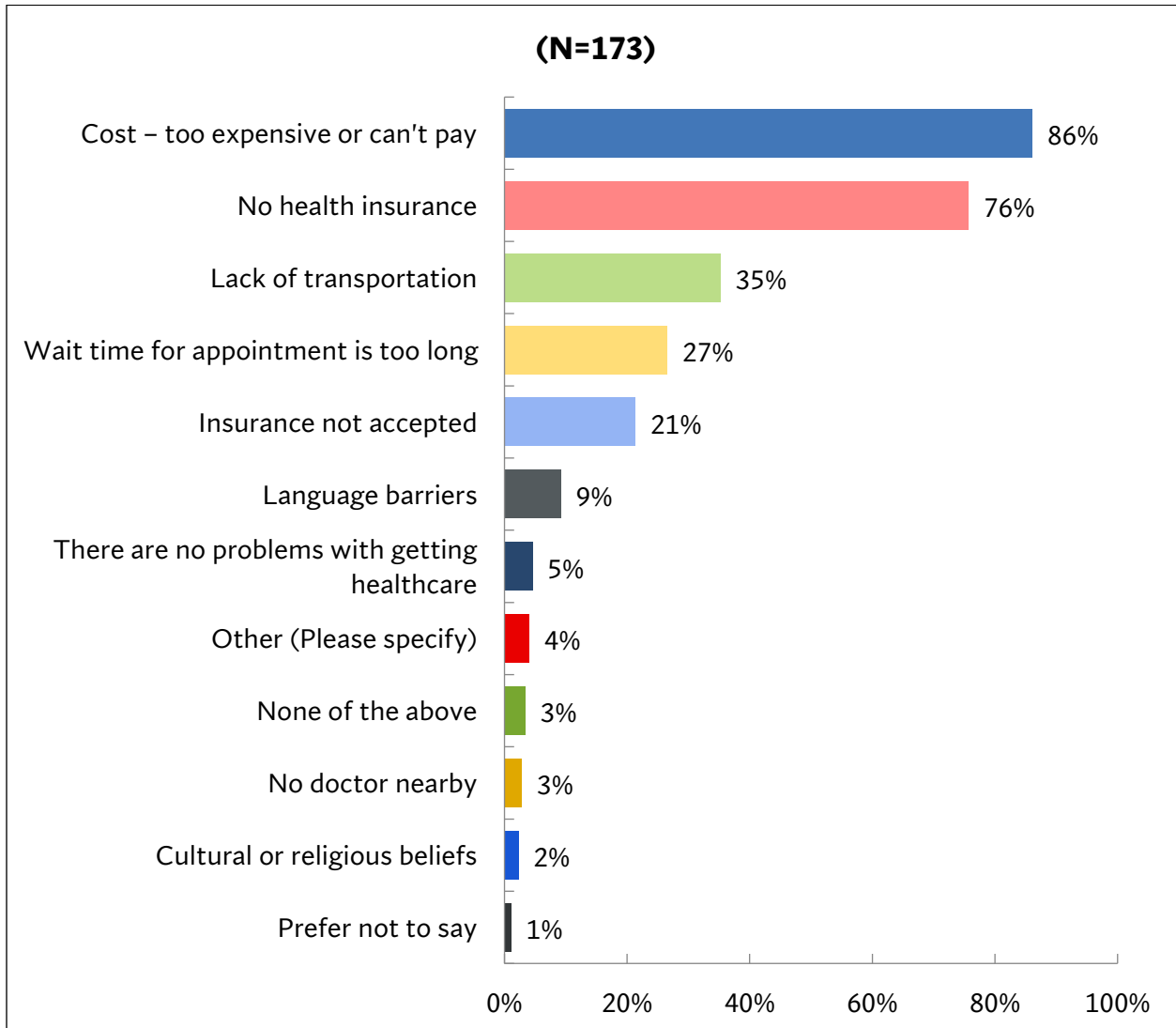


Figure A7.23: What are the 3 most important reasons people in your community do not get health care?



“Other” responses included how providers treat them, ignorance, lack of doctor concern with problems, lack of functional medicine providers, and no walk-ins.

Figure A7.24: What are the 3 most important reasons people in your community do not get health care? (BY COUNTY)

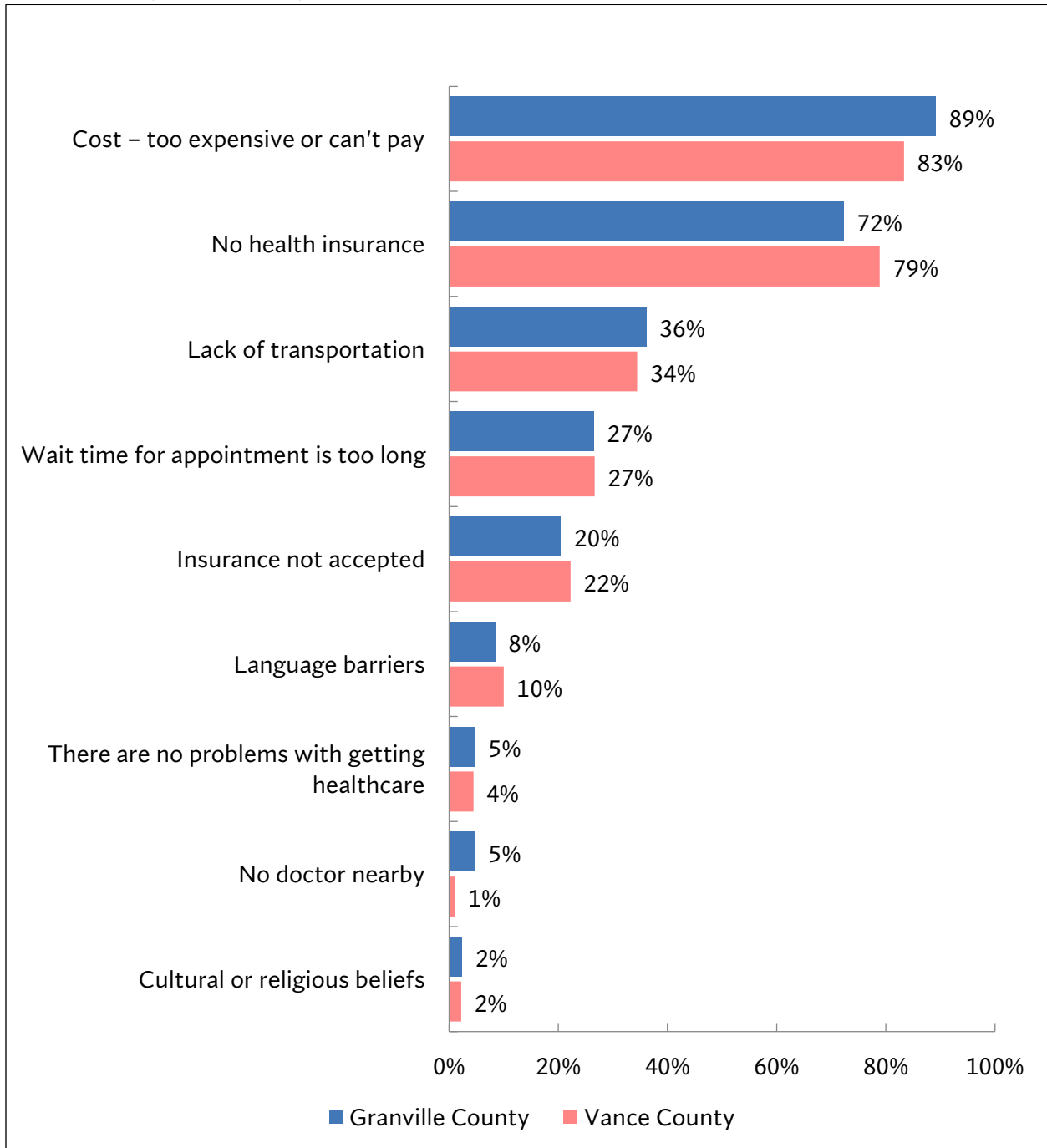


Figure A7.25: What are the 3 most important reasons people in your community do not get health care? (BY AGE)

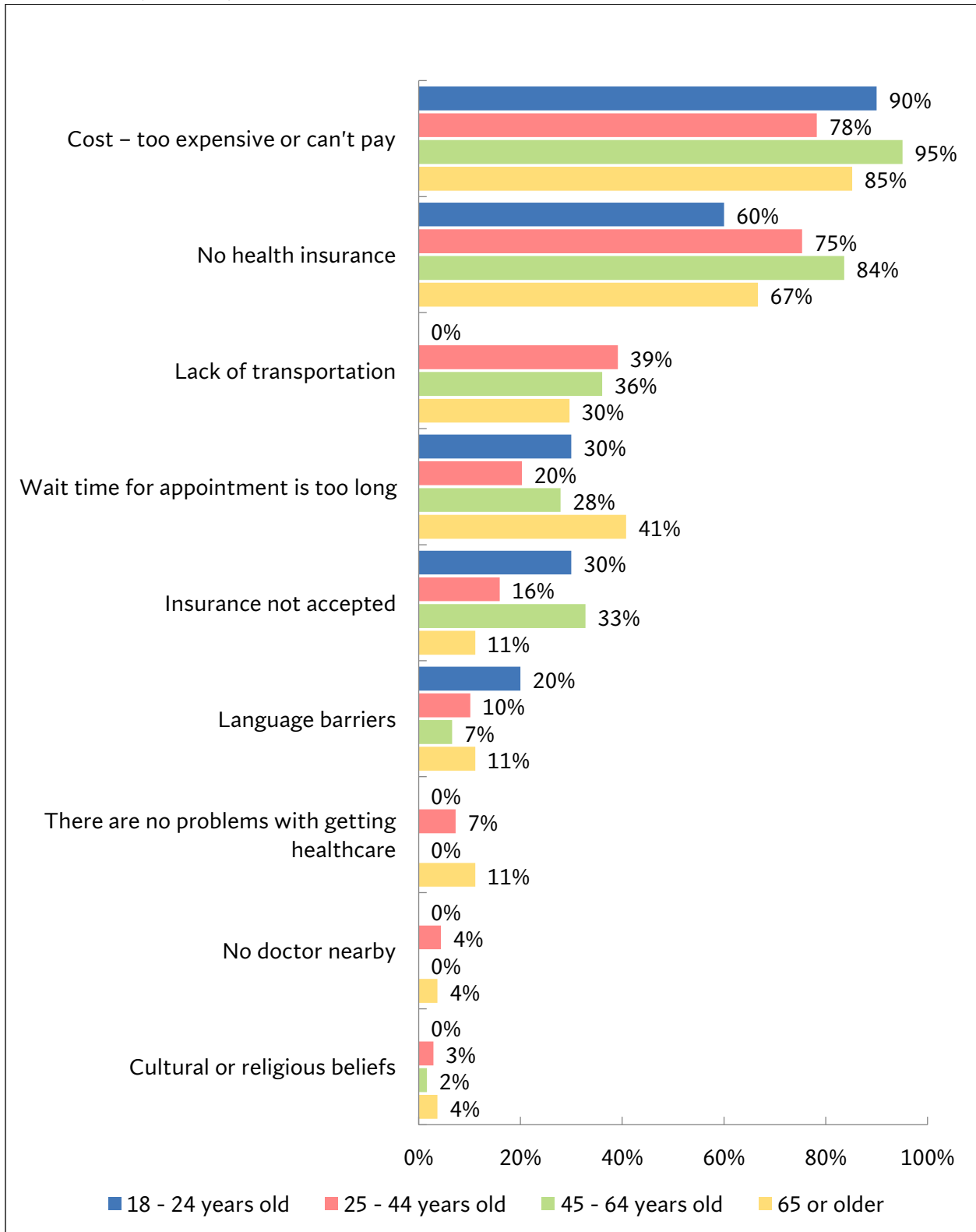


Figure A7.26: What are the 3 most important reasons people in your community do not get health care? (BY GENDER)

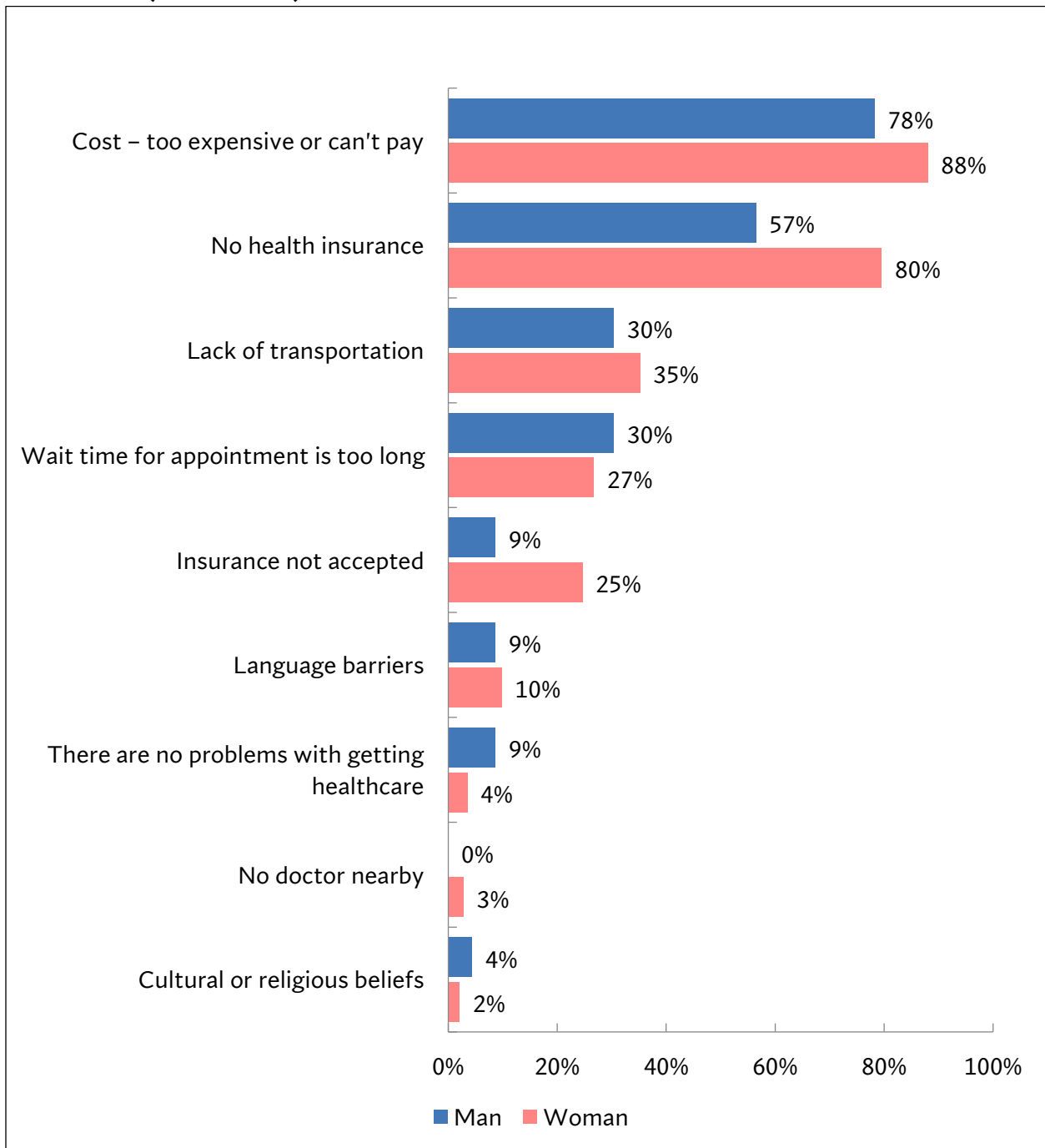


Figure A7.27: What are the 3 most important reasons people in your community do not get health care? (BY ETHNICITY)

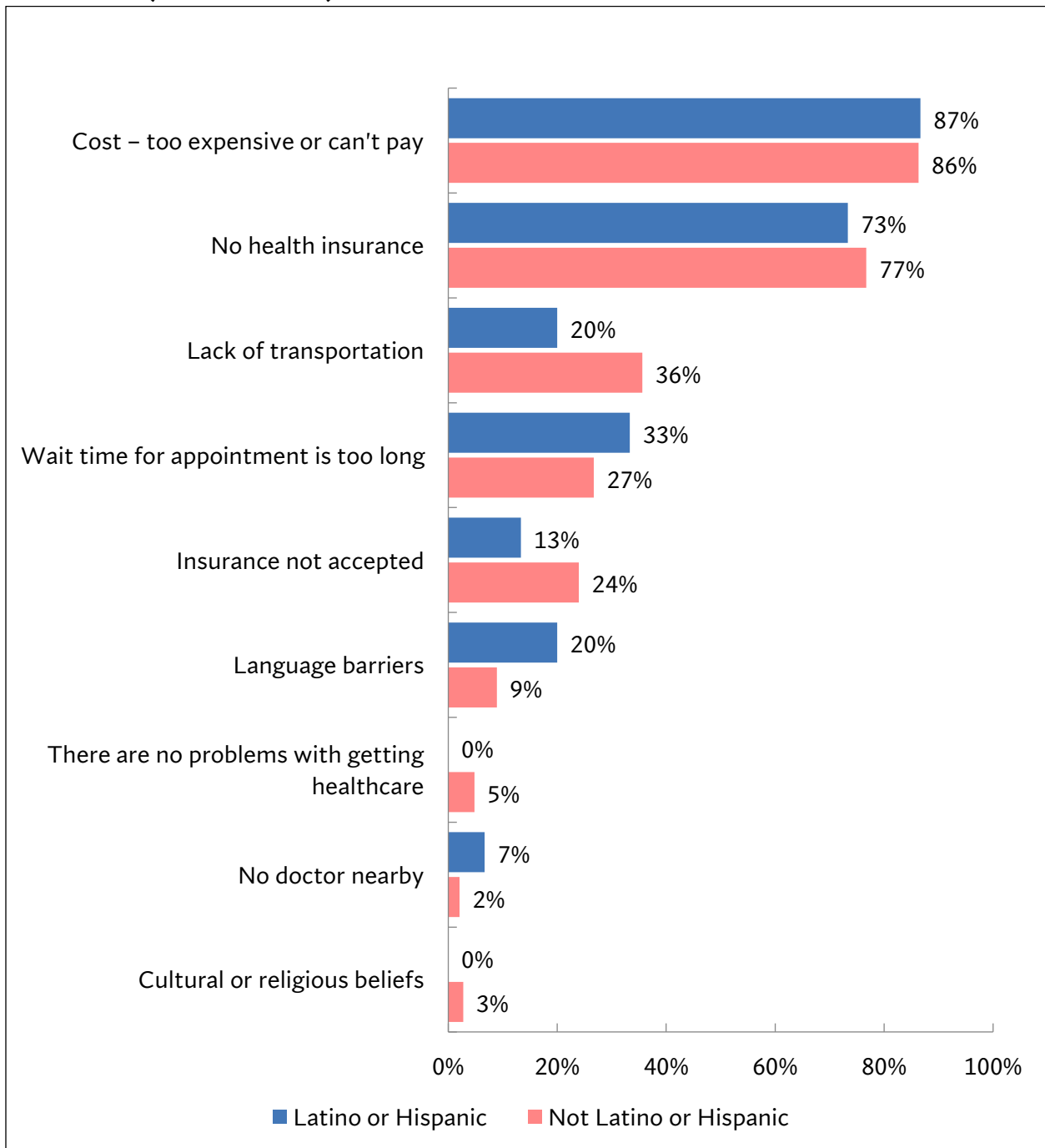


Figure A7.28: What are the 3 most important reasons people in your community do not get health care? (BY RACE)

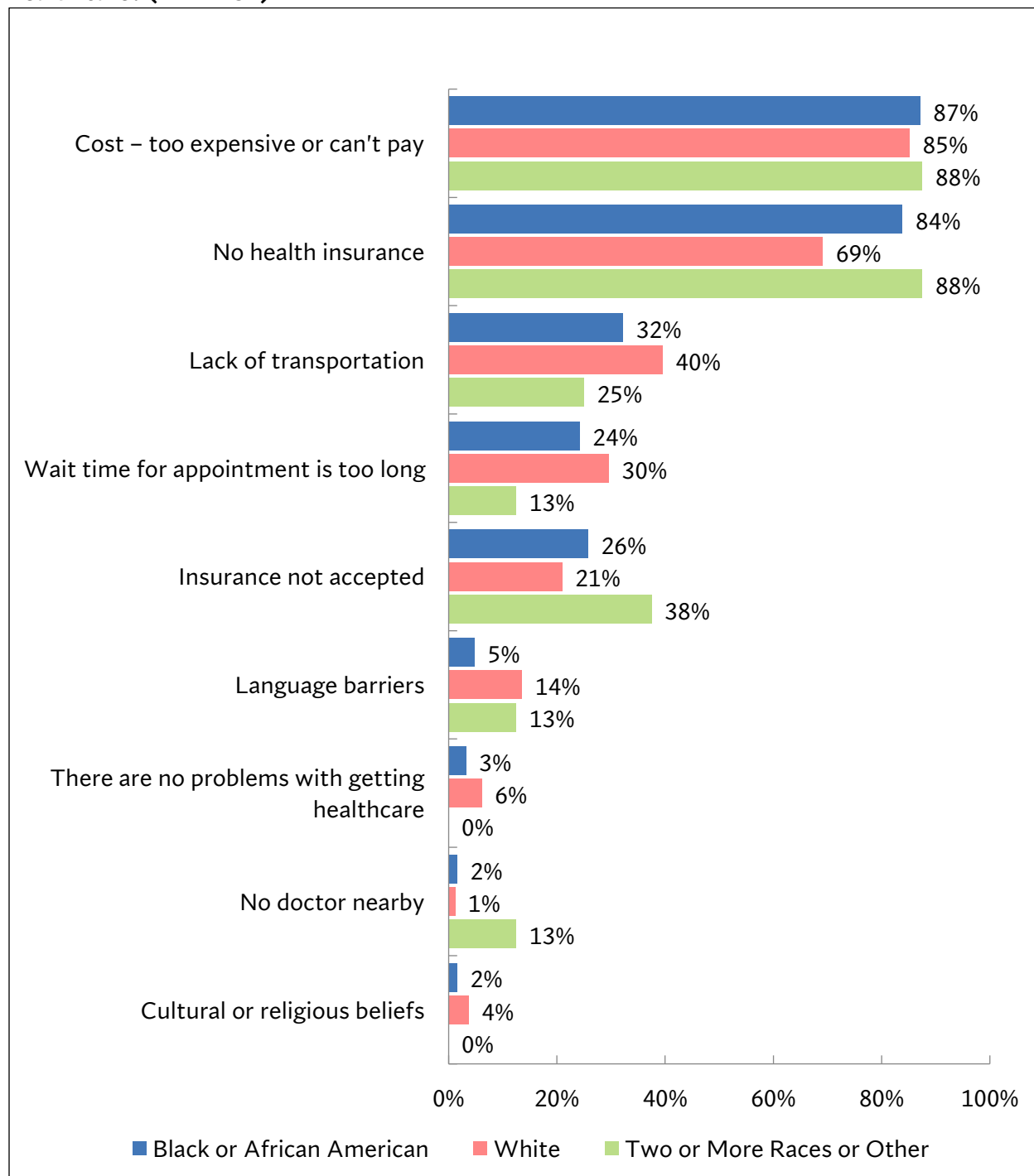
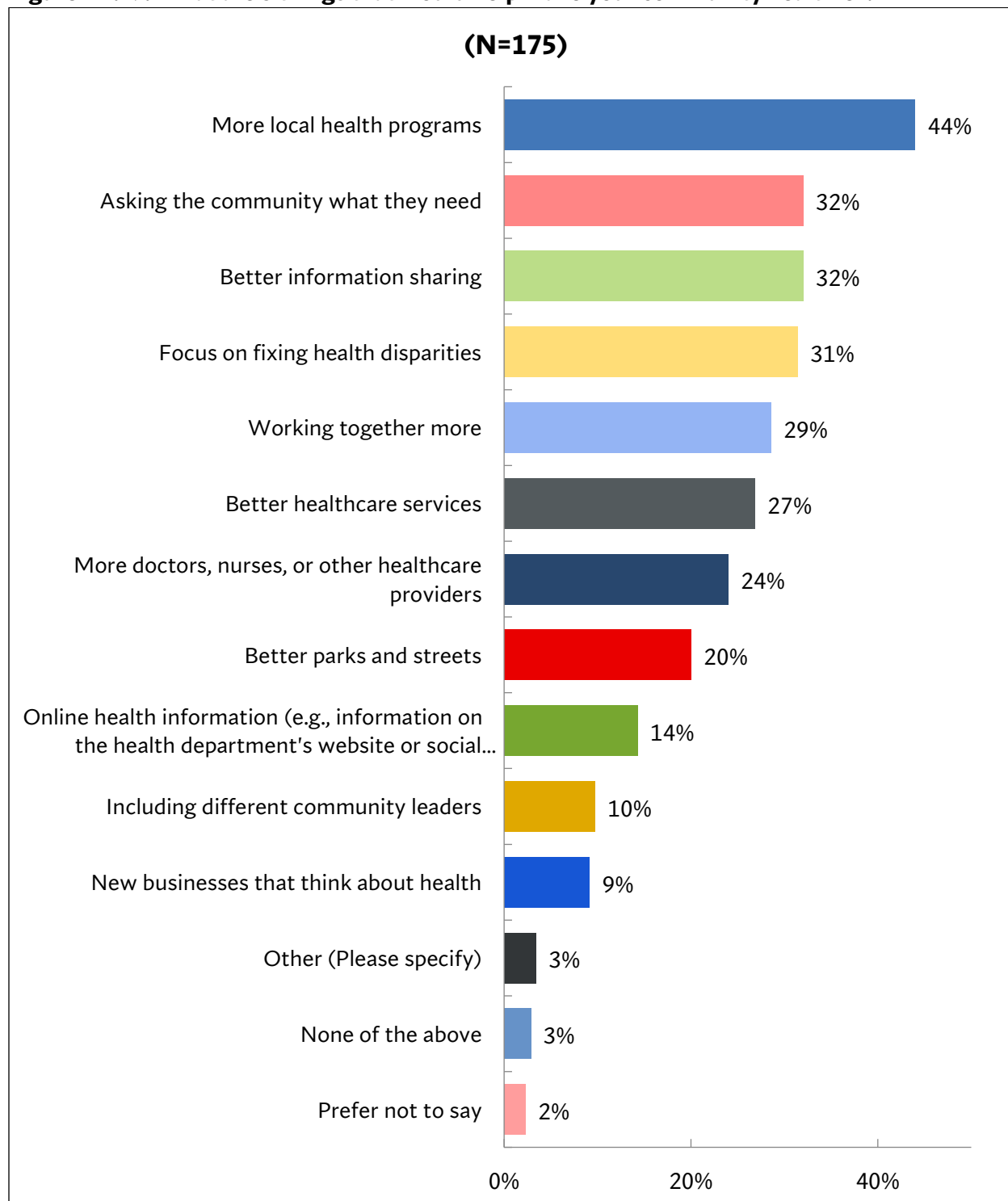


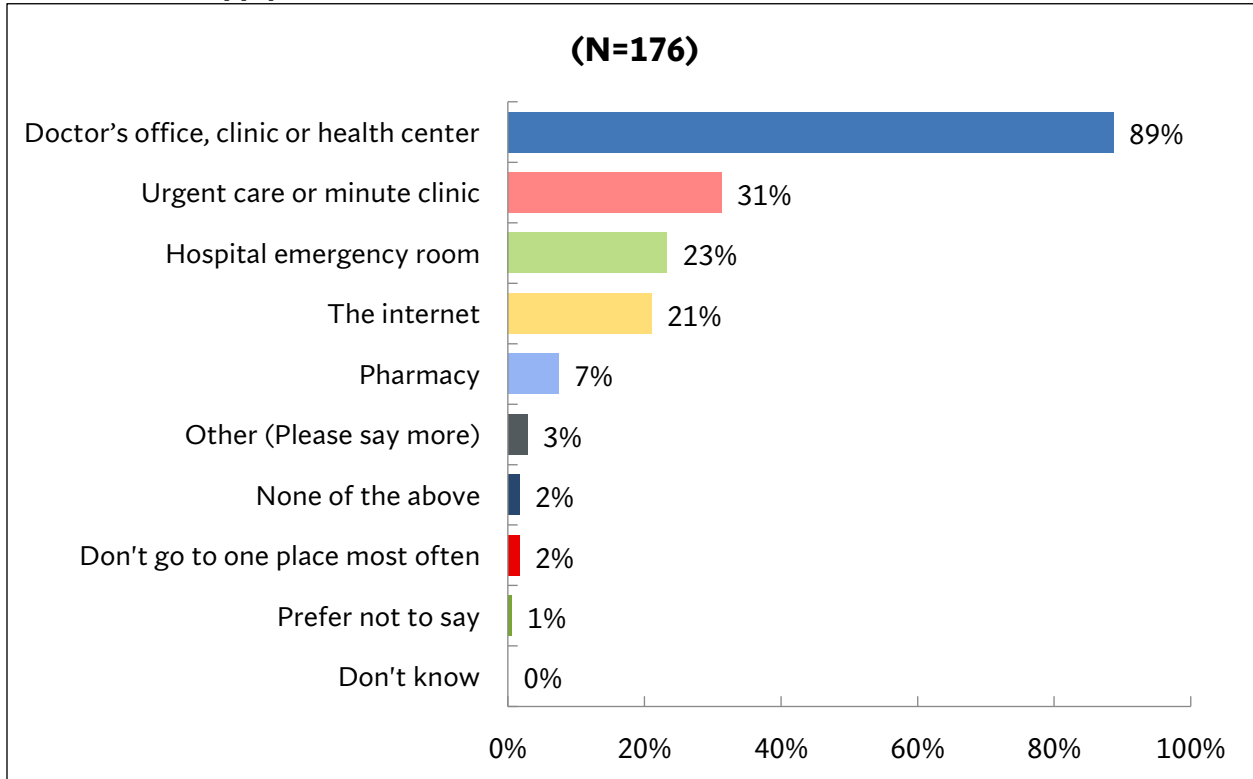
Figure A7.29: What are 3 things that would help make your community healthier?



“Other” responses included following healthy habits, get rid of government assistance that pays for junk food, organic food, functional medicine providers, and providing free or affordable healthcare options to the less fortunate.

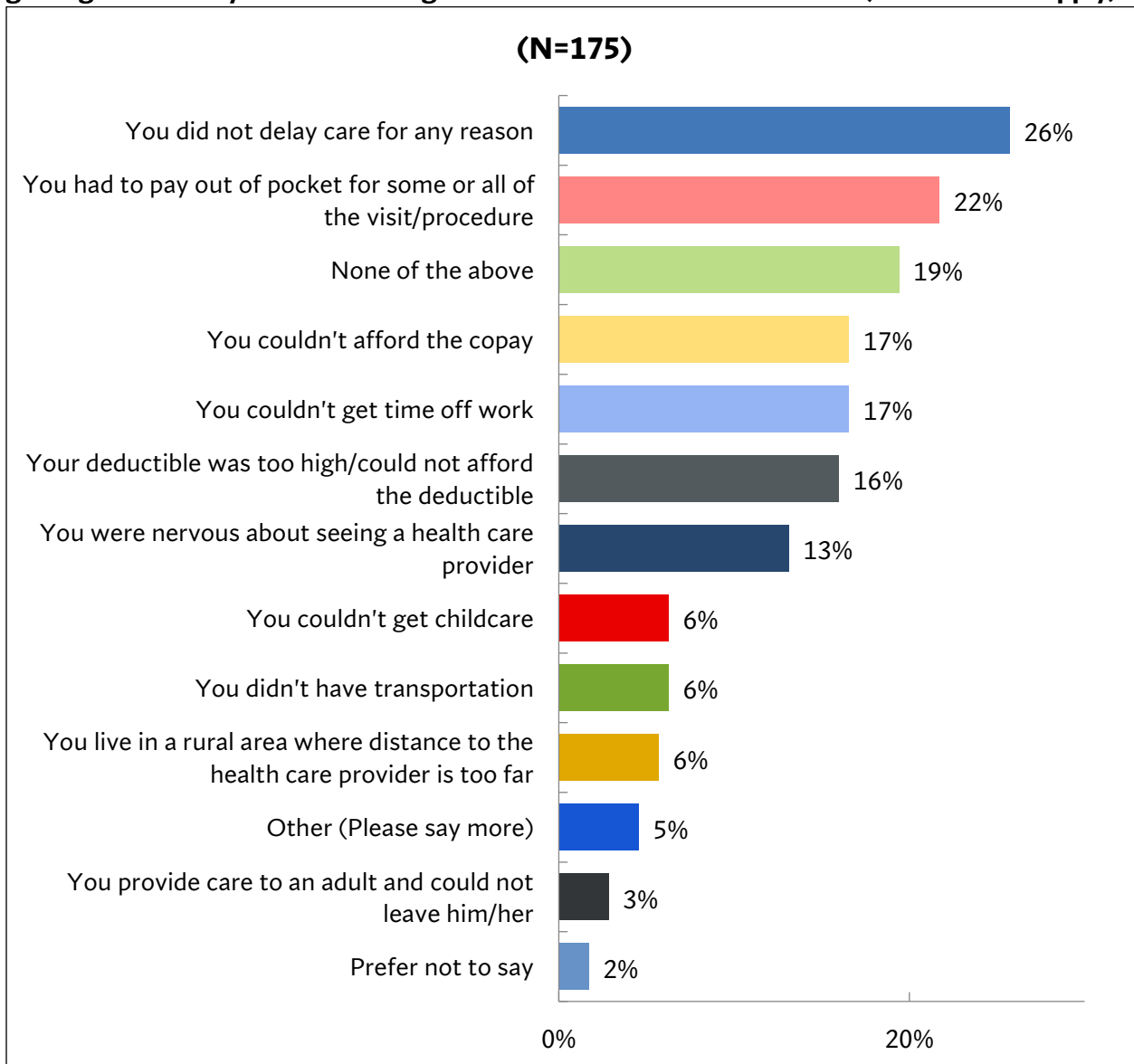
Topic: Access to Care

**Figure A7.30: Where do you USUALLY go when you are sick or need advice about your health?
(Select all that apply):**



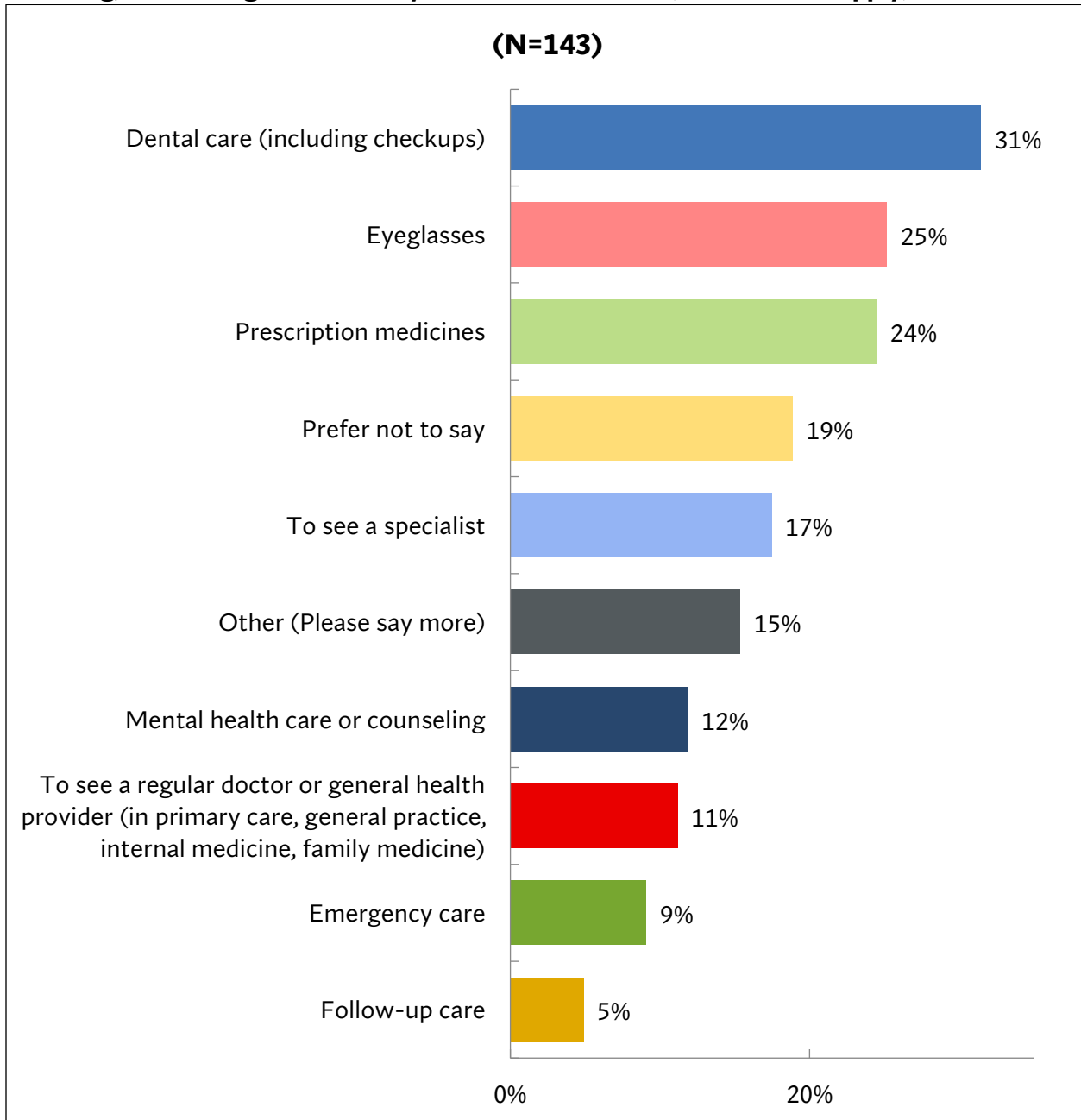
“Other” responses included asking family members, nutritional health resources, and UNC Functional Health Internist.

Figure A7.31: There are many reasons people delay getting medical care. Have you delayed getting care for any of the following reasons in the PAST 12 MONTHS? (Select all that apply):



“Other” responses included didn’t take the time, didn’t have a PCP, no available appointments, reluctance to go to the ER, scared they wouldn’t have coverage in the future and need their meds, and wait time for appointments are months long.

Figure A7.32: During the PAST 12 MONTHS, was there any time when you needed any of the following, but didn't get it because you couldn't afford it? (Select all that apply):



“Other” responses were “none of the above”

Figure A7.33: How worried are you about paying for medical bills if you get sick or hurt?

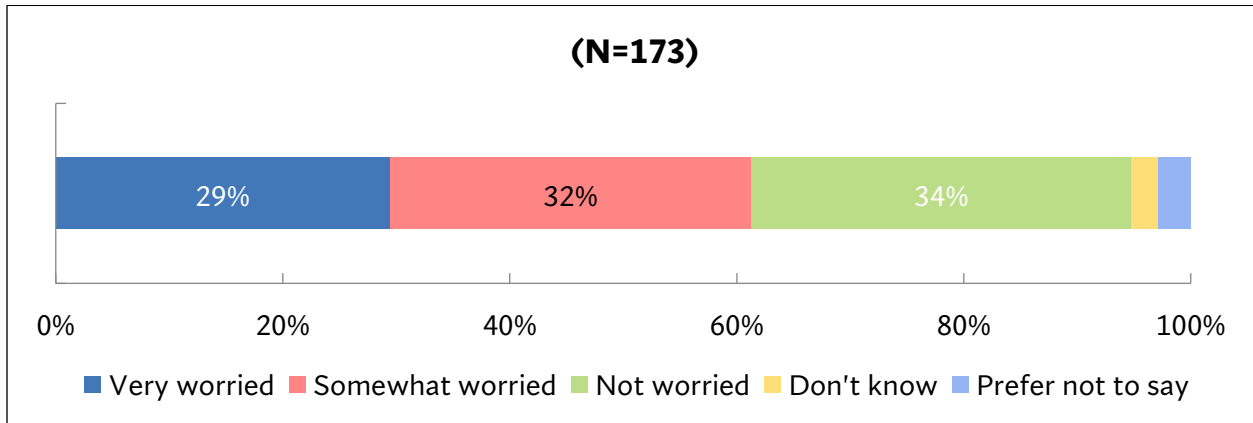


Figure A7.34: In the PAST 12 MONTHS, did you need dental care but couldn't get it?

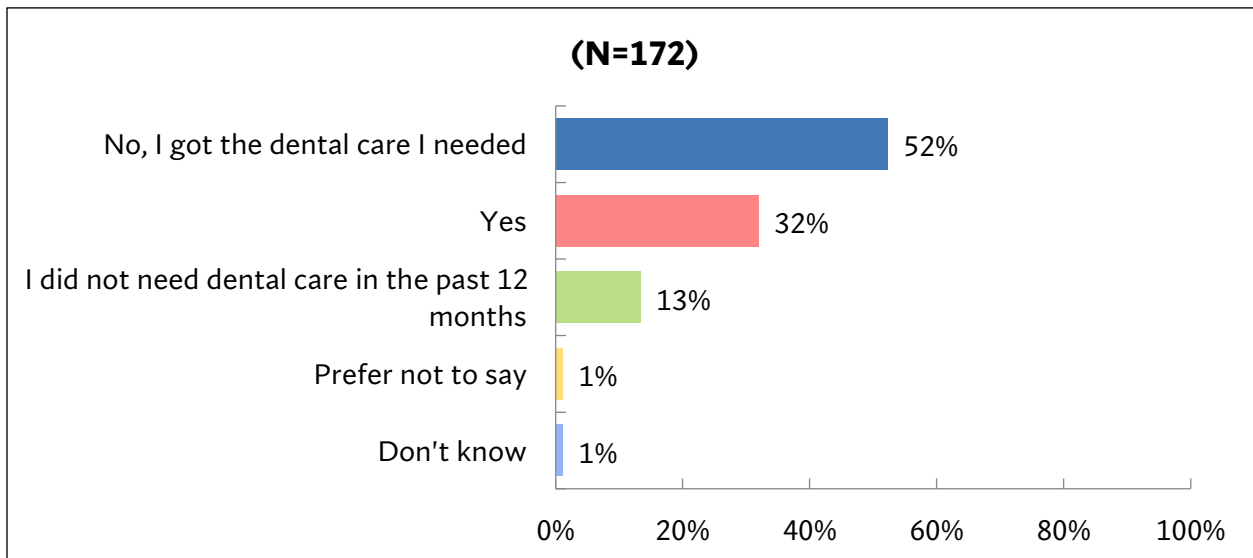


Figure A7.35: How much do you agree or disagree with the following statements about telehealth?

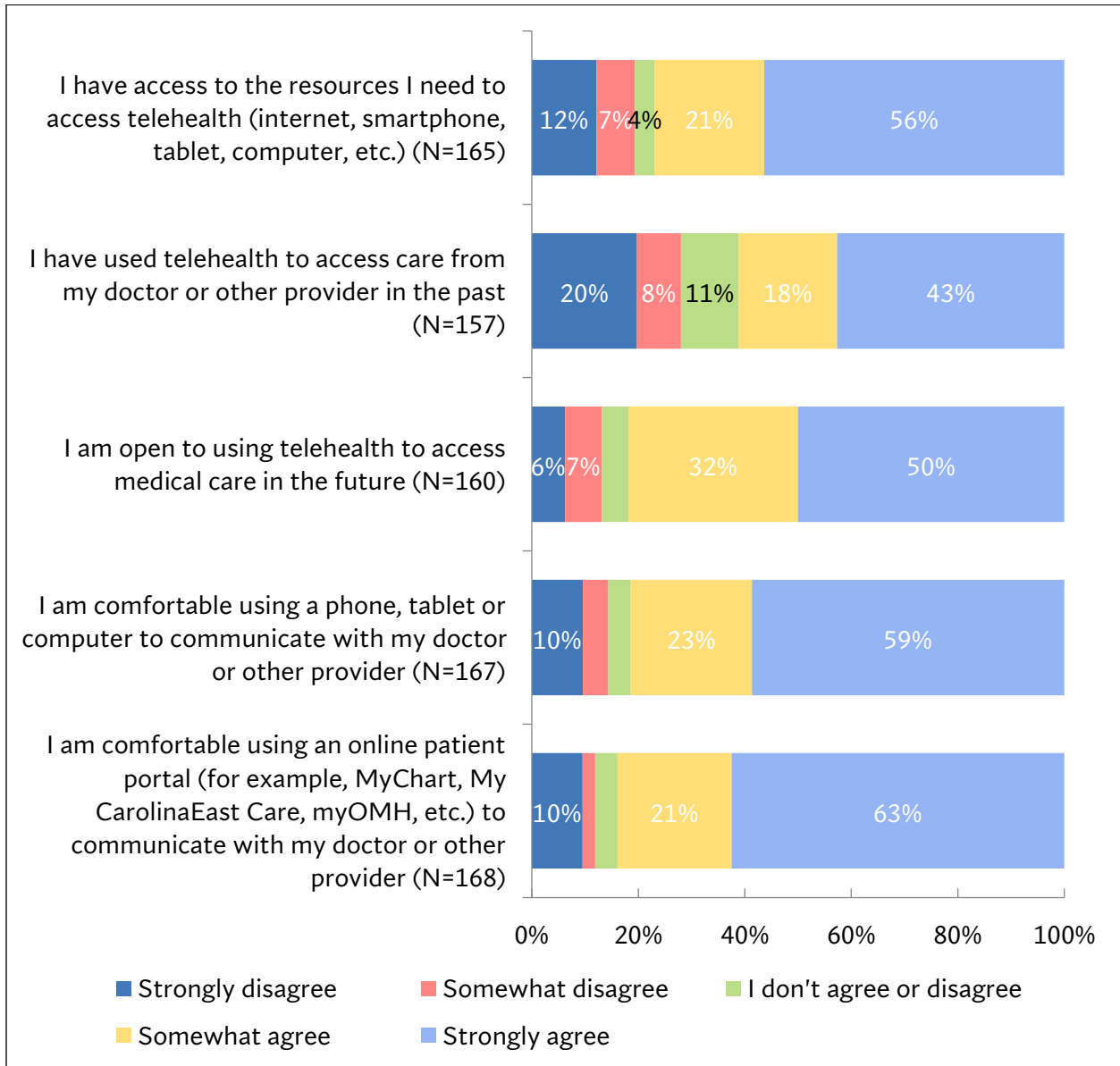


Figure A7.36: Do you have health insurance?

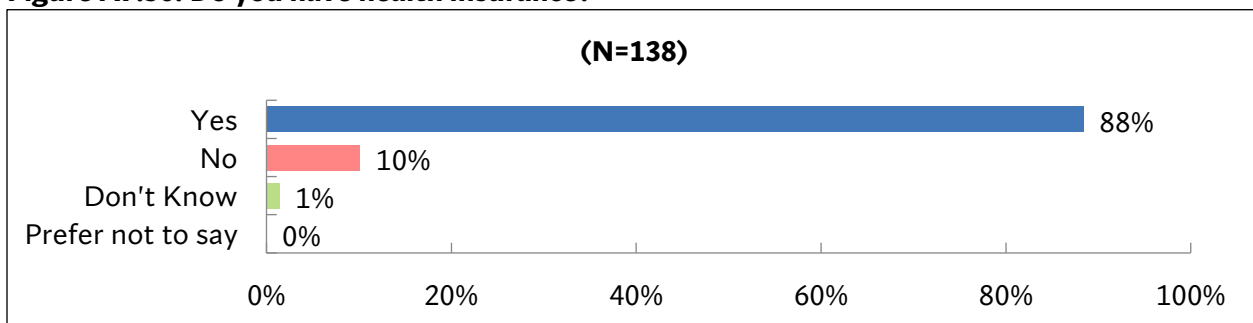


Figure A7.37: What kind of health insurance do you have?

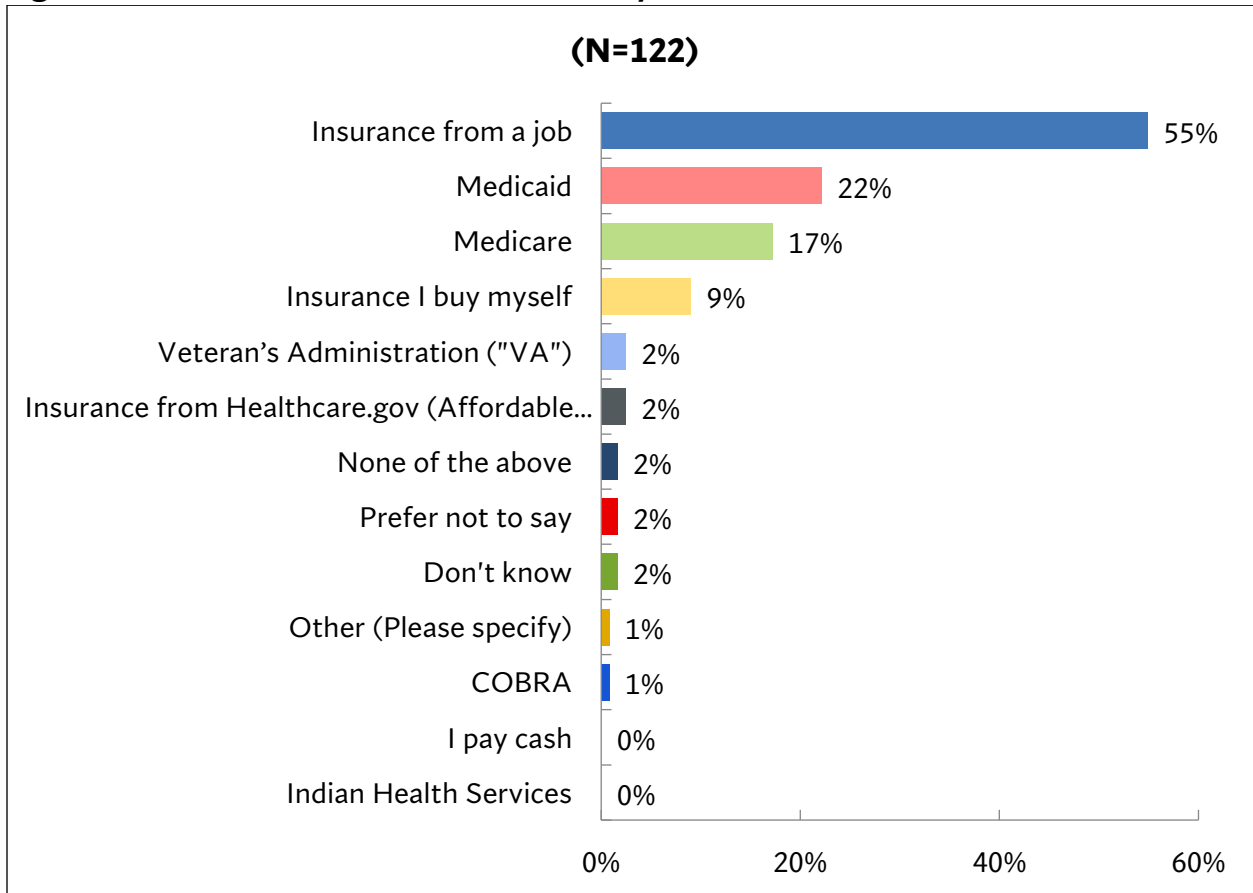
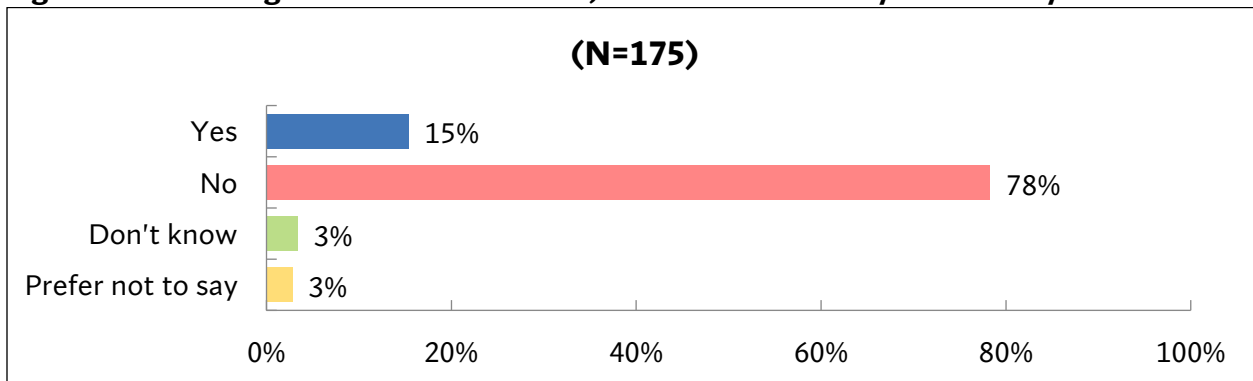


Figure A7.38: During the PAST 12 MONTHS, has a doctor said they won't take your insurance?



Topic: Neighborhood and Social Connection

Figure A7.39: The following statements describe what your neighborhood might be like. Tell us how much you agree or disagree.

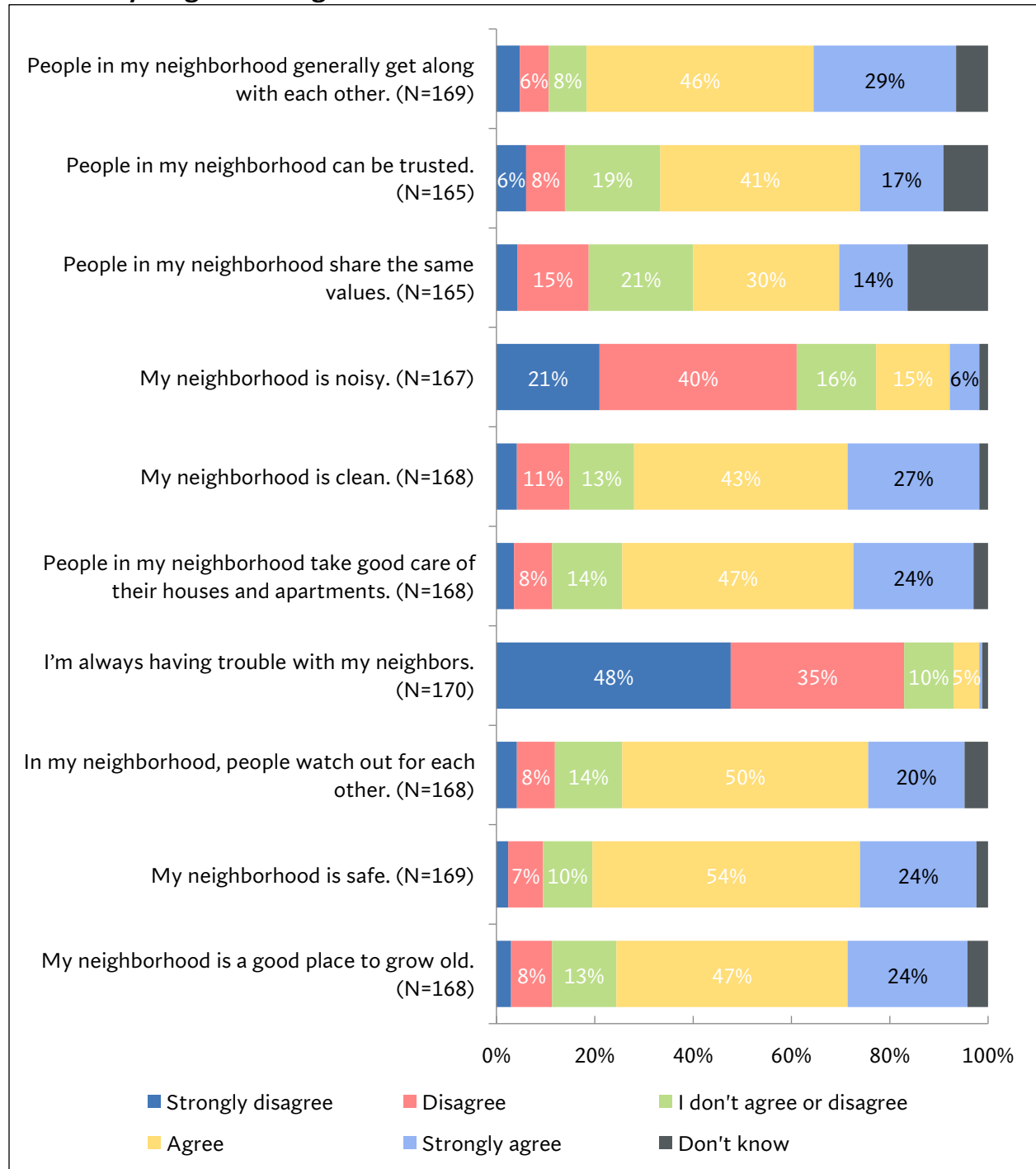


Figure A7.40: People sometimes look to others for friendship, help, or other types of support. In the following situations, how often could you find someone to support you?

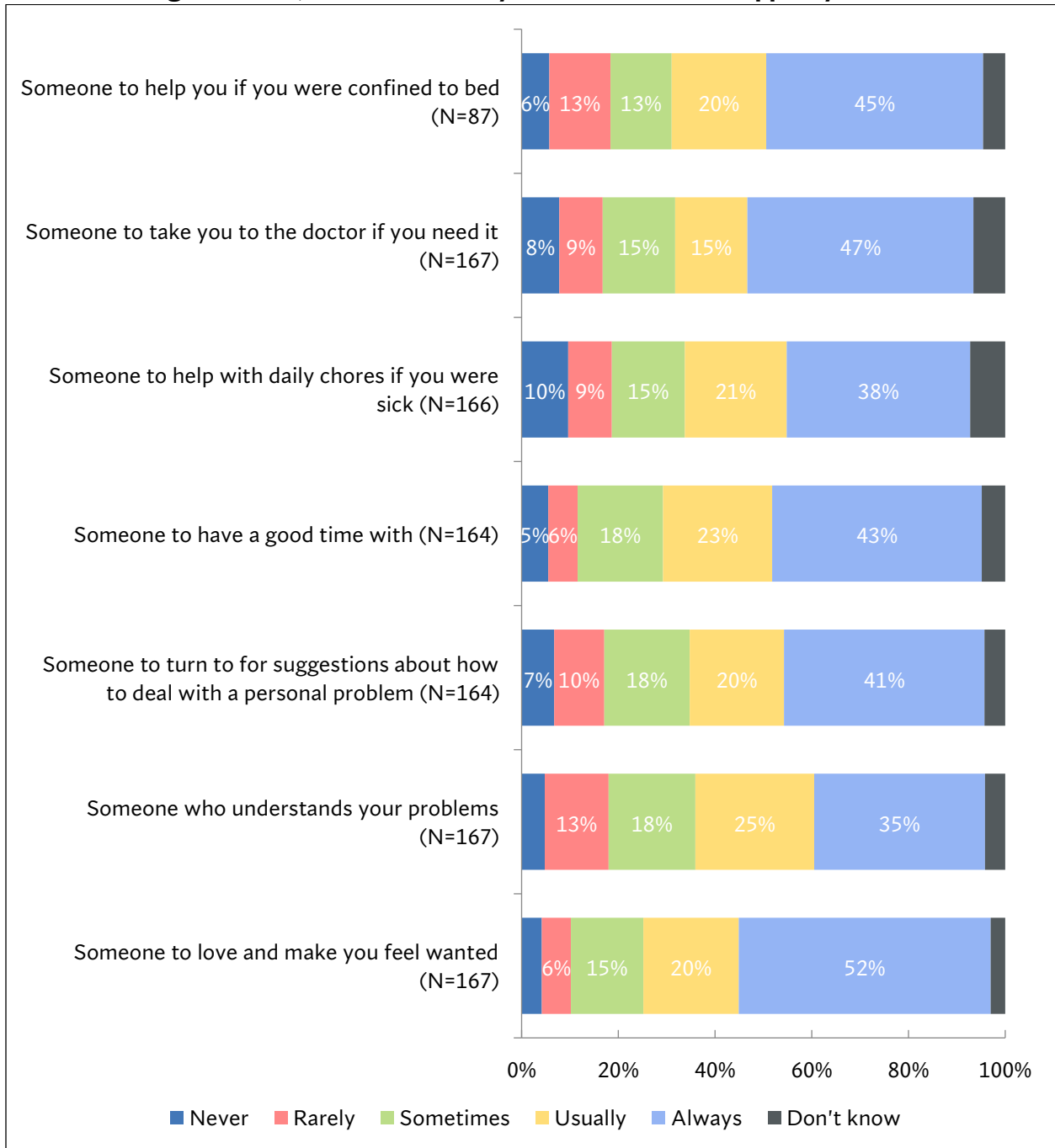


Figure A7.41: In the PAST YEAR, did you have any of the following needs NOT met? (Select all that apply):

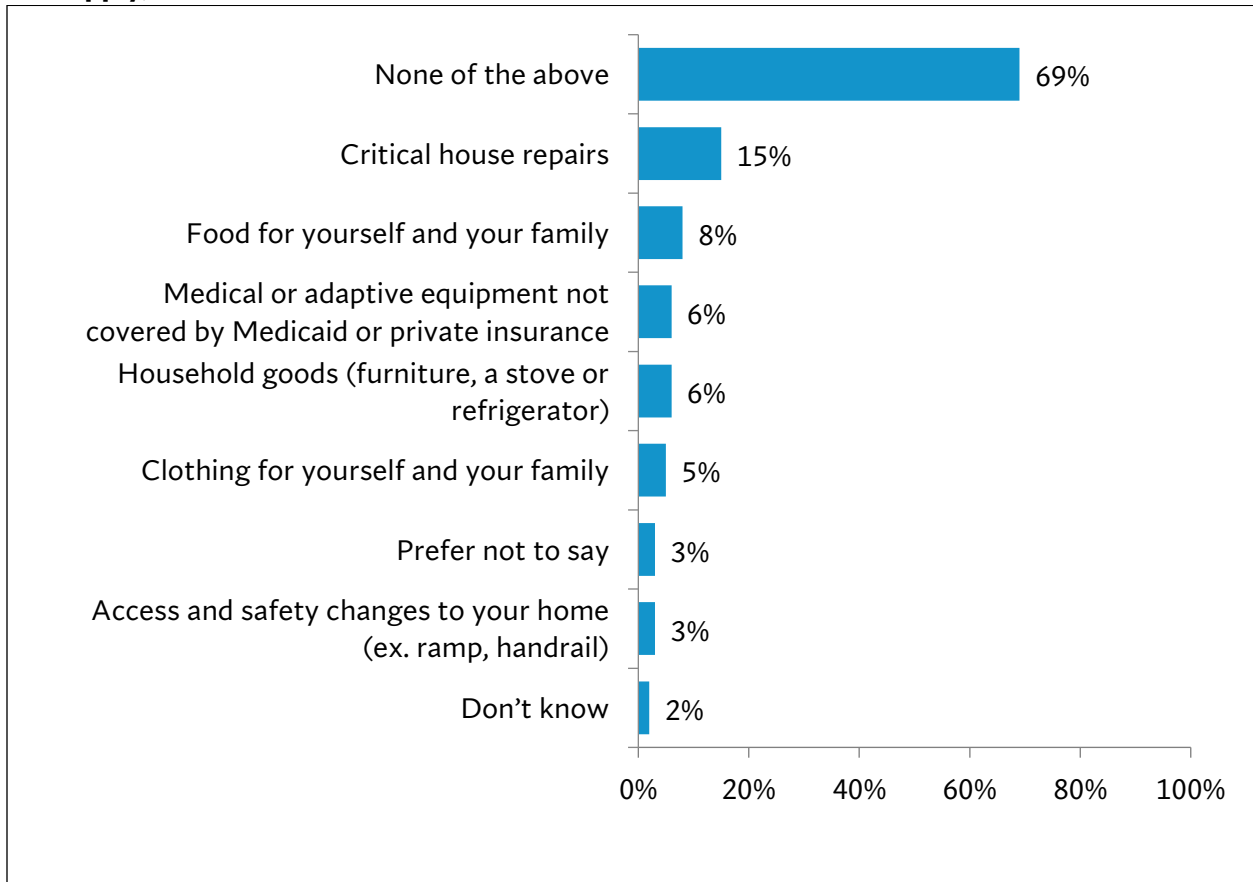
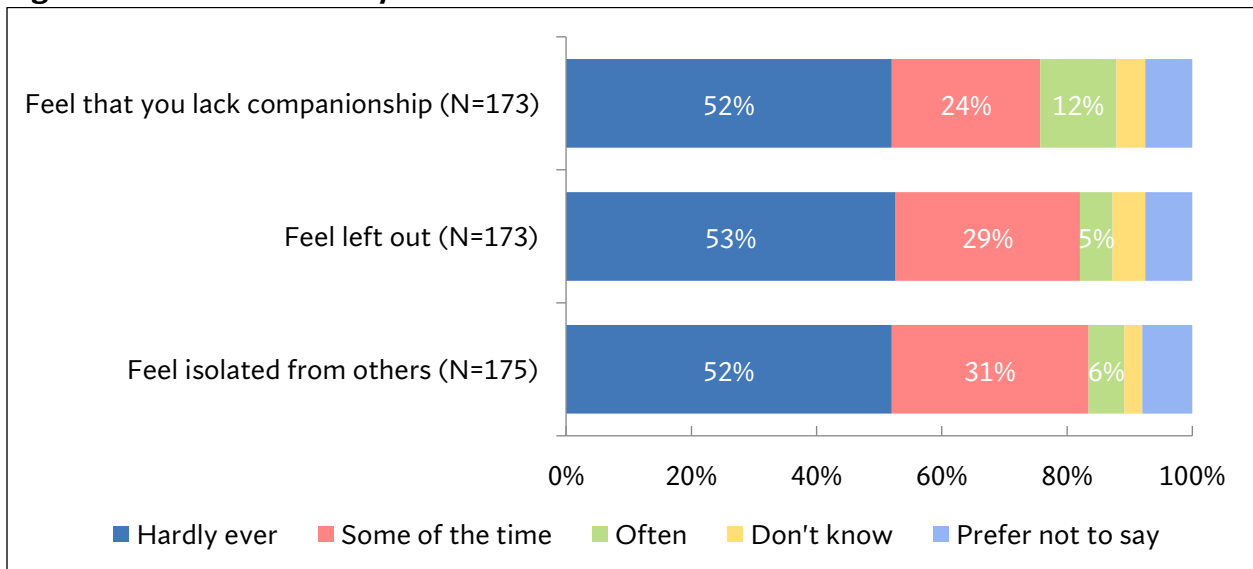


Figure A7.42: How often do you...



Topic: Mental Health

Figure A7.43: Now thinking about your MENTAL health, which includes stress, depression, and problems with emotions, for how many days during the PAST 30 DAYS was your mental health NOT good?

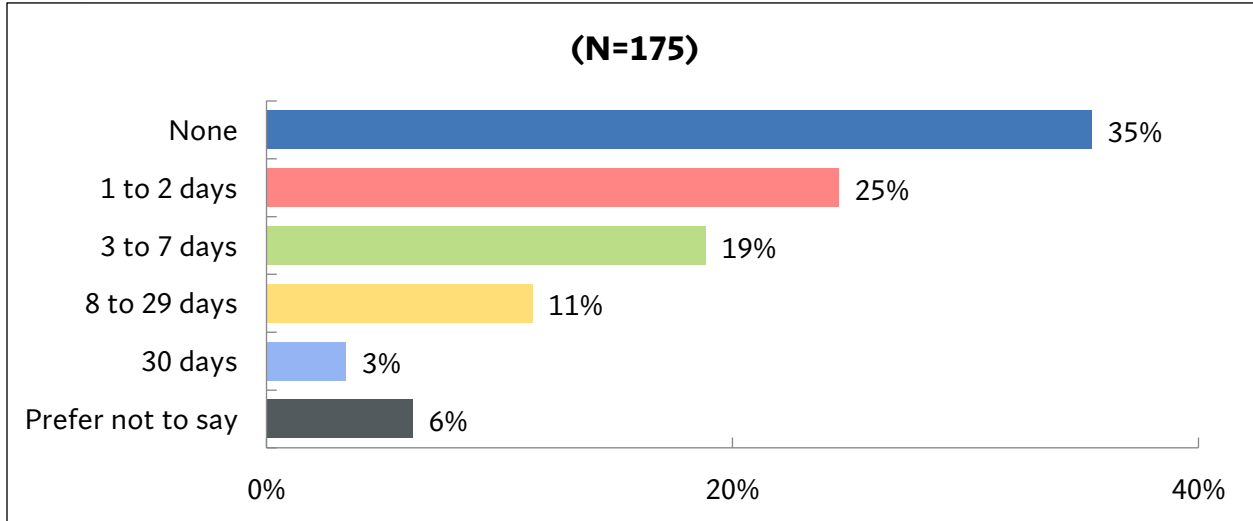


Figure A7.44: Was there a time in the PAST 12 MONTHS when you needed mental health care or counseling, but did not get it at that time?

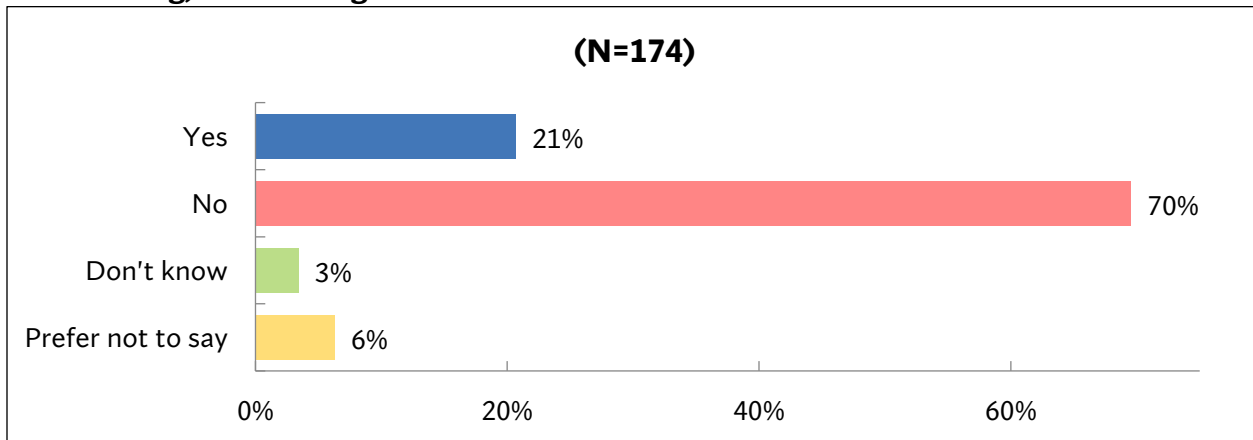


Figure A7.45: What was the MAIN reason you did not get mental health care or counseling?

Note: only survey respondents who answered “yes” to previous question were asked this current question.

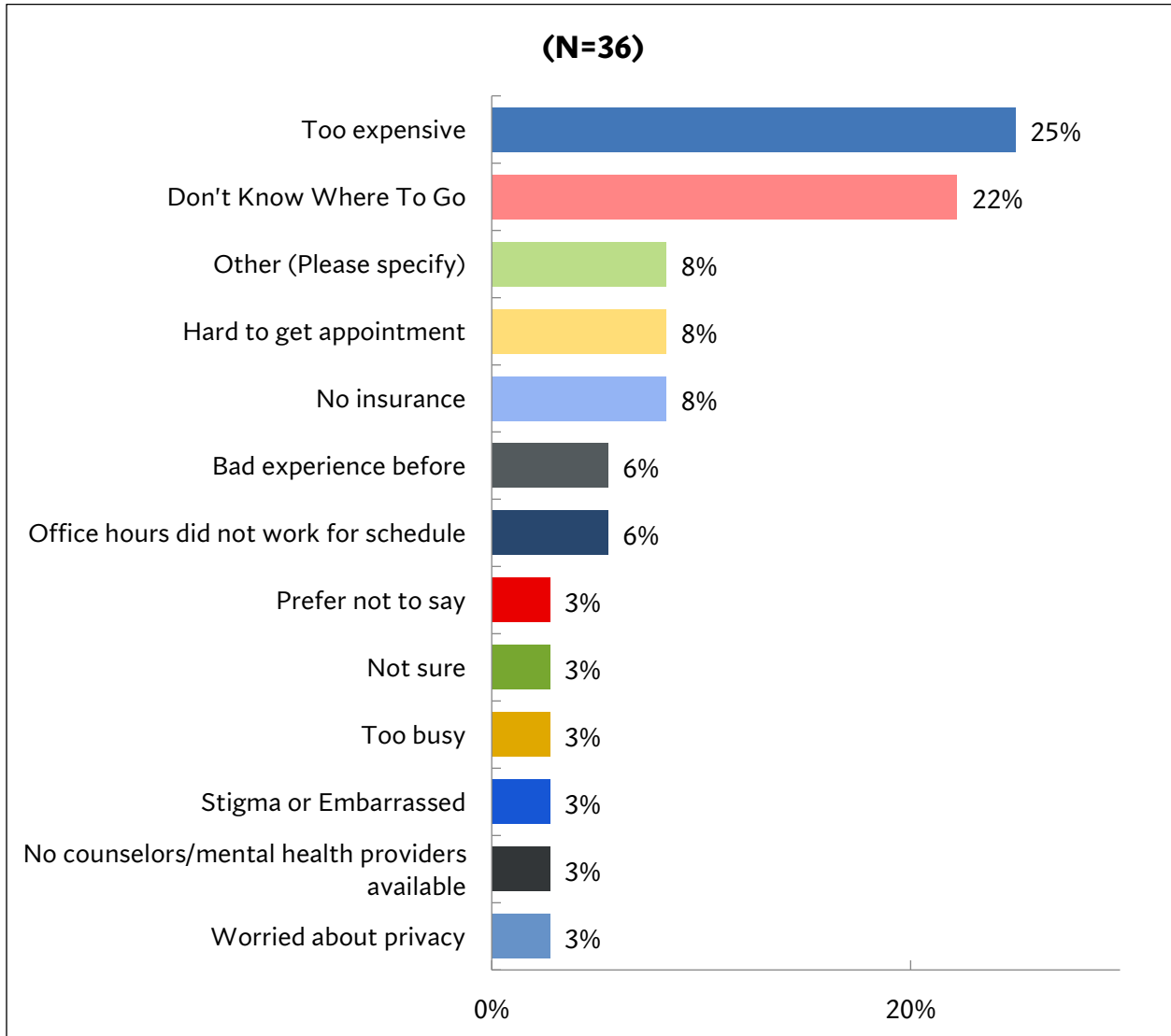
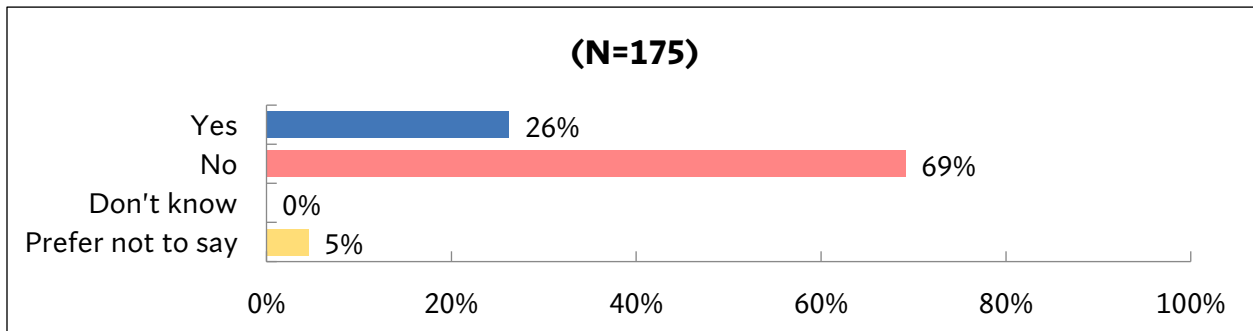


Figure A7.46: Are you currently taking medication or receiving treatment, therapy, or counseling from a health professional for any type of MENTAL or EMOTIONAL HEALTH NEED?



Topic: Physical Health

Figure A7.47: Considering your physical health overall, would you describe your health as...

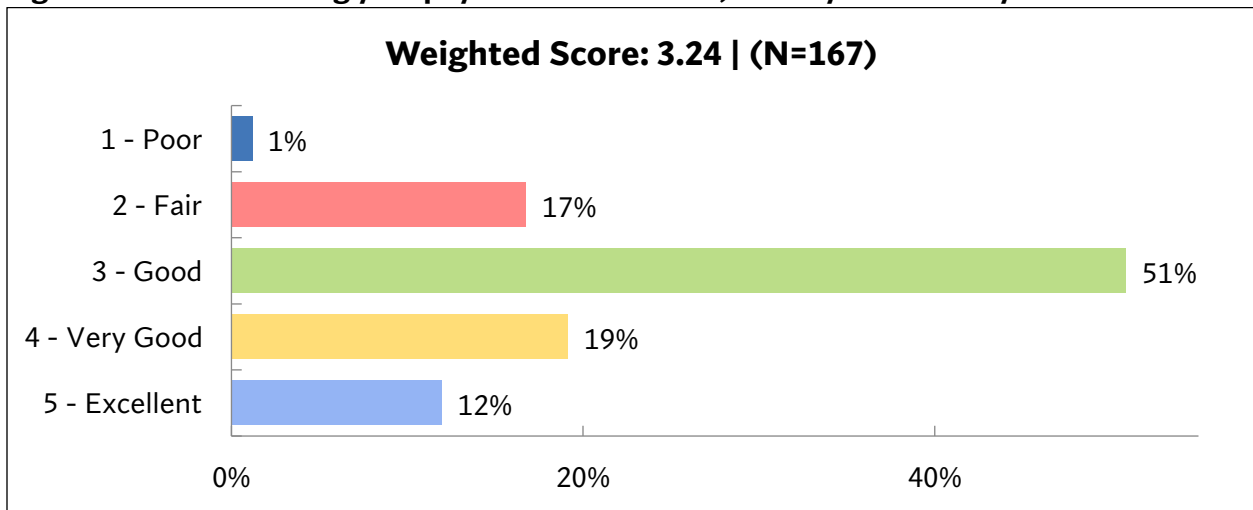


Figure A7.48: Within the PAST YEAR(anytime less than one year ago), have you had...

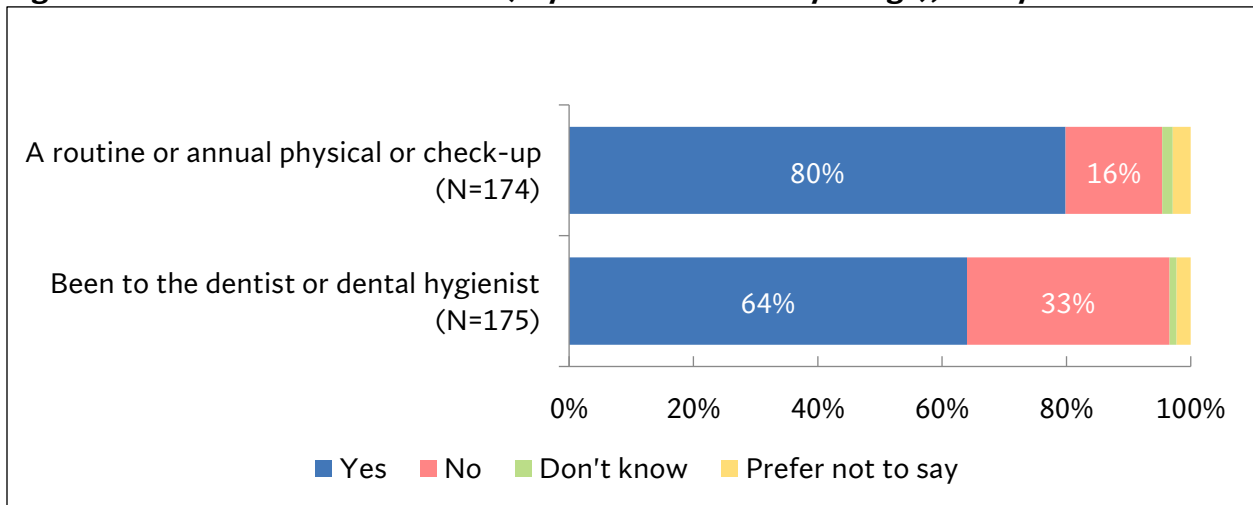
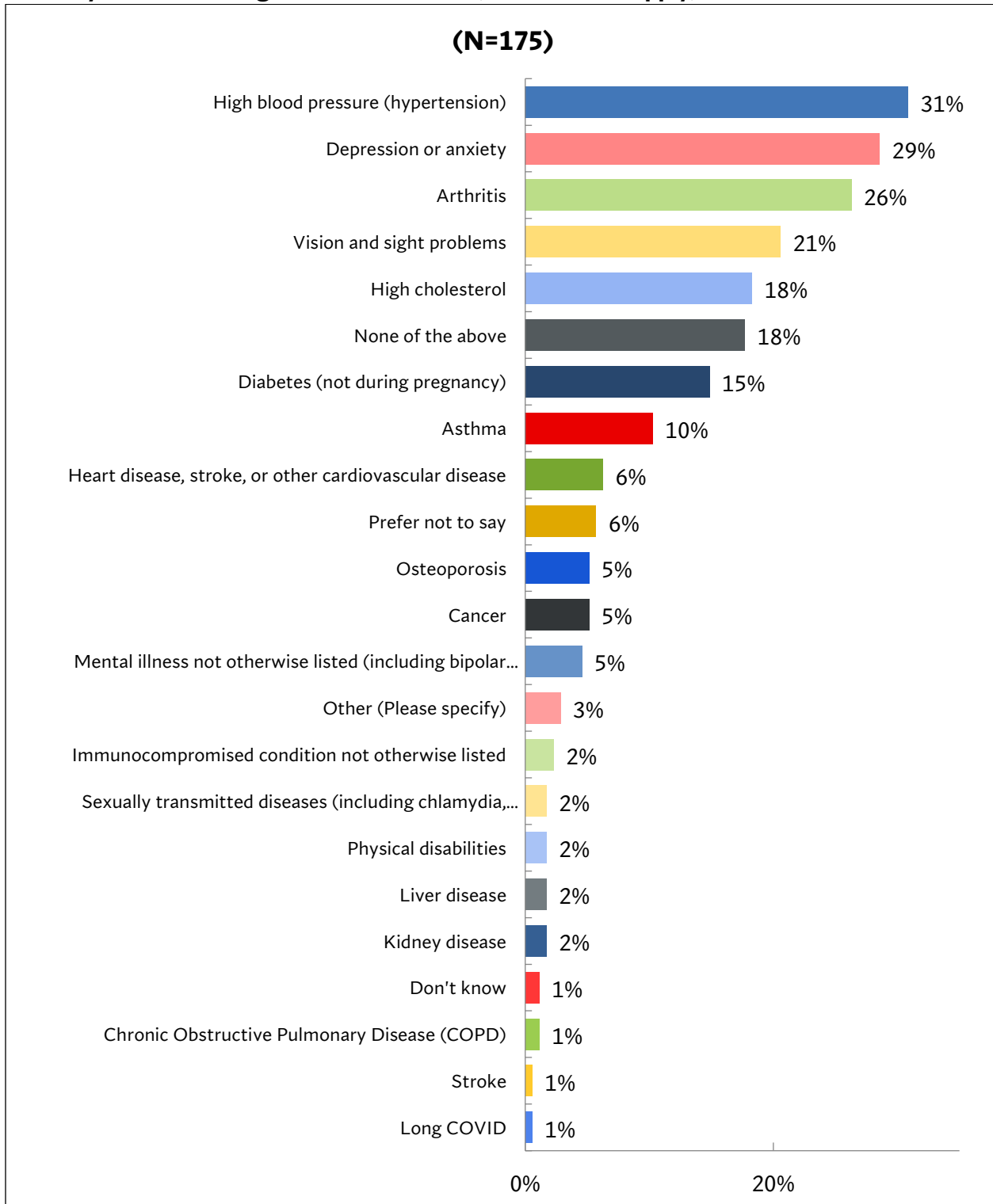
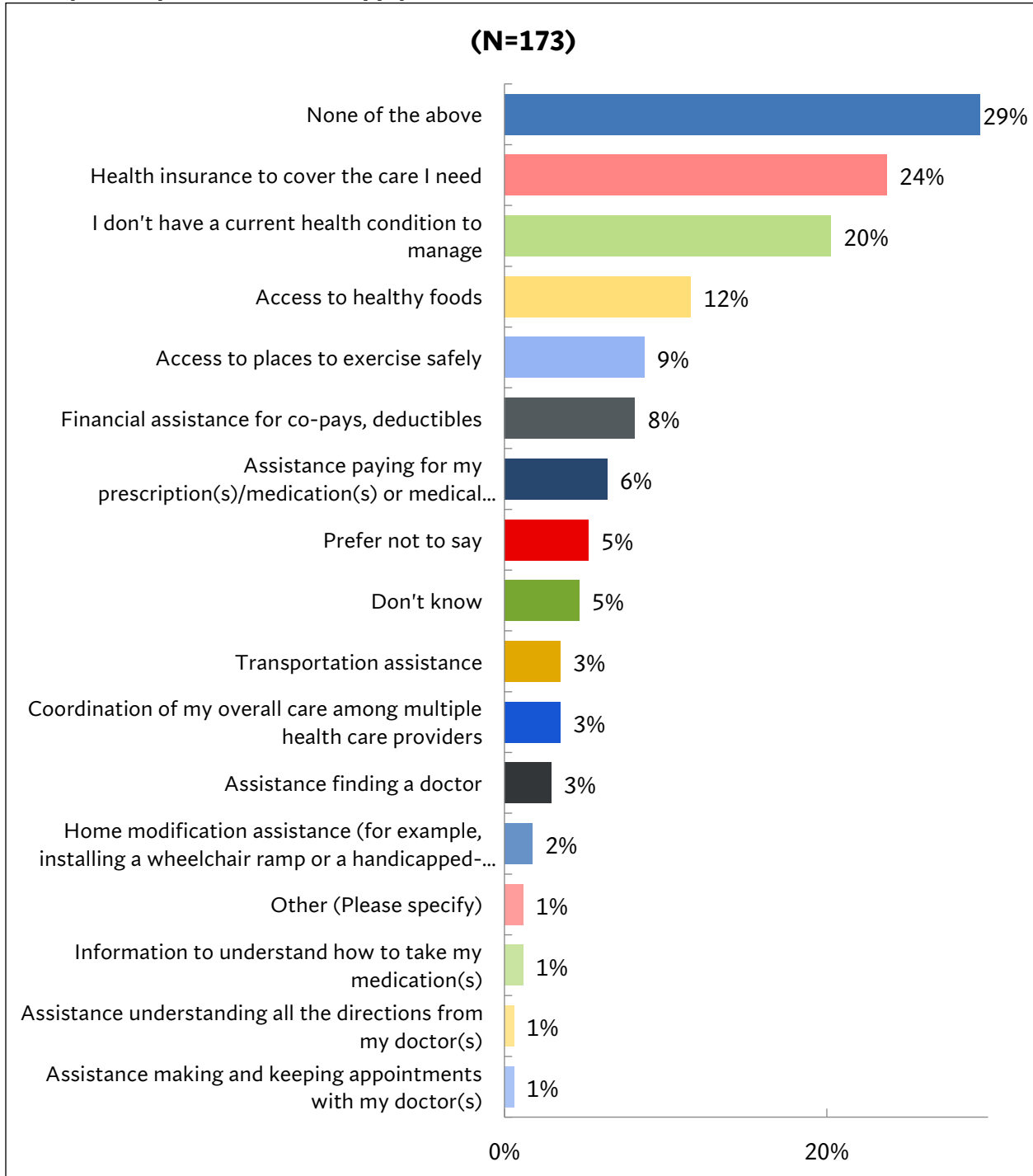


Figure A7.49: Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions? (Select all that apply):



“Other” conditions include Endotoxin and mycotoxin illness w CIRS, hyperparathyroidism d/t low vit D, & S/P Lyme dis w coinfections, obesity, and thyroid issues.

Figure A7.50: What do you need to be able to manage your current health conditions (for example, heart conditions, high blood pressure, stroke, diabetes, asthma, cancer, COPD, congestive heart failure, arthritis, HIV, depression, anxiety, other mental health condition, etc.) to stay healthy? (Select all that apply):



Topic: Diet and Exercise

Figure A7.51: Think about the food you ate during the PAST WEEK. On average, how many servings of fruit did you eat, not including juices? (For example, one serving equals a medium apple, a small banana, or 7 strawberries.)

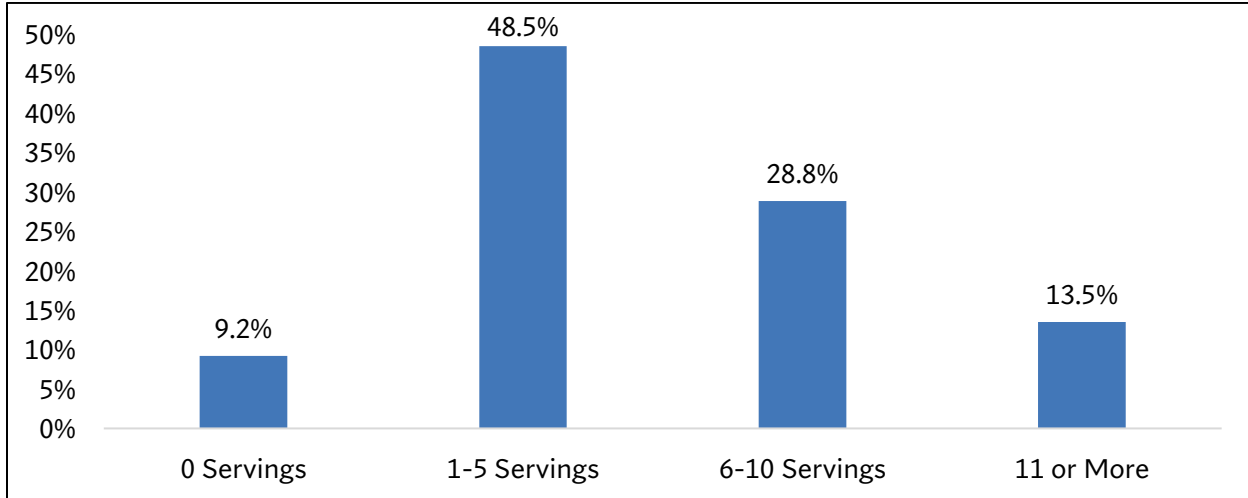


Figure A7.52: On average, how many servings of vegetables did you eat during the PAST WEEK, not including potatoes? (For example, one serving equals 6 baby carrots, small bell pepper, or half of a large squash or zucchini.)

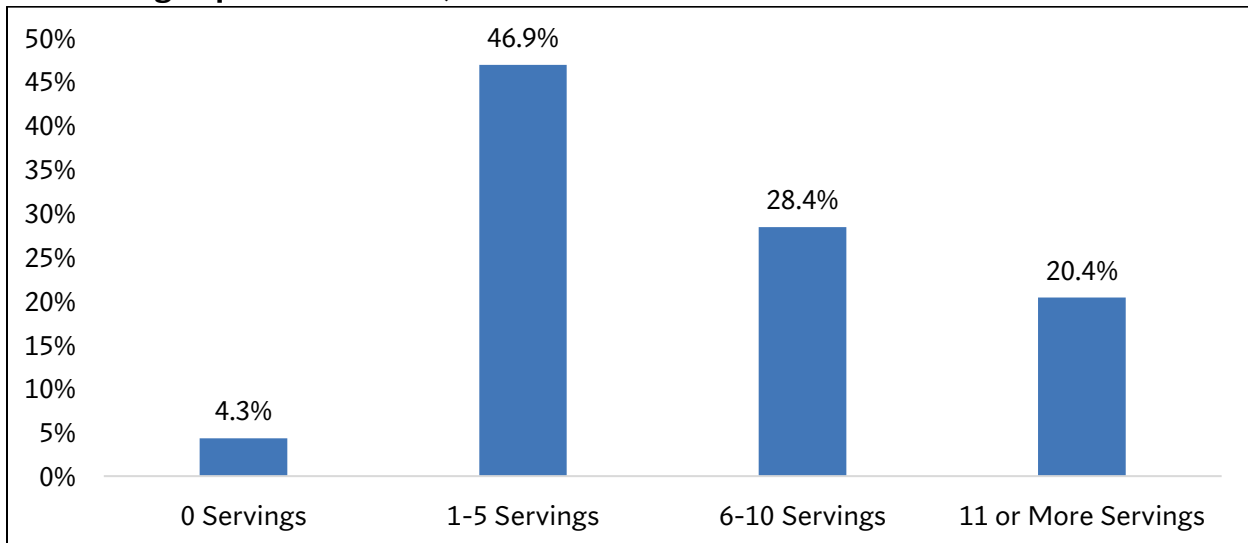


Figure A7.53: About how many cans, bottles, or glasses of sugar-sweetened beverages, such as regular sodas, sugar sweetened tea, or energy drinks, do you drink EACH DAY?

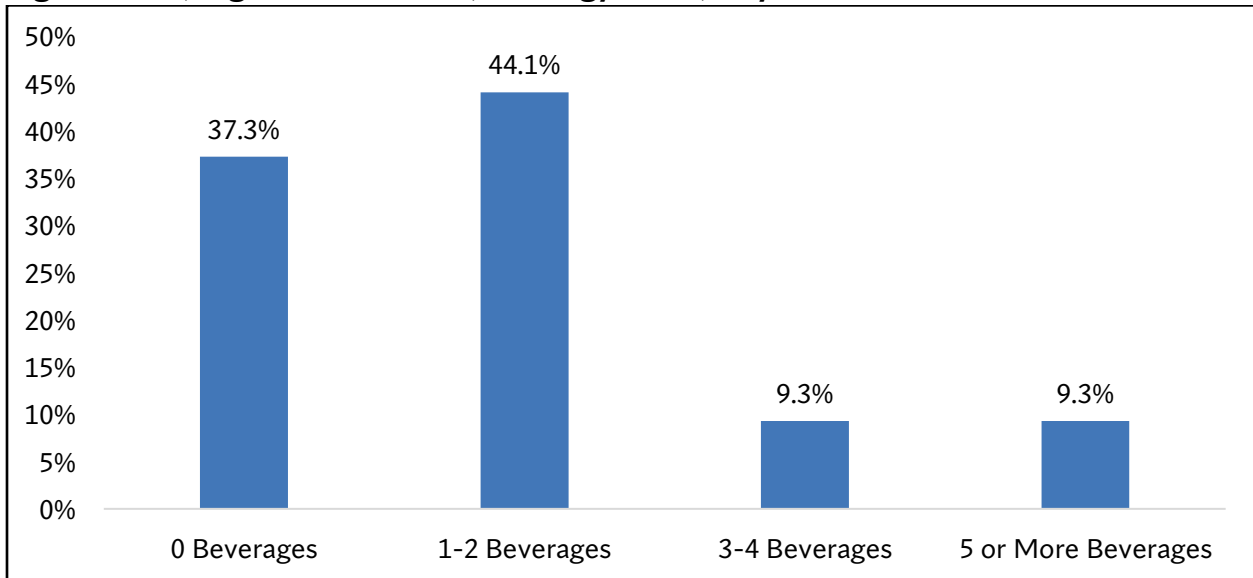


Figure A7.54: During the past month, approximately how much time (in hours) PER WEEK were you physically active outside of your regular job?

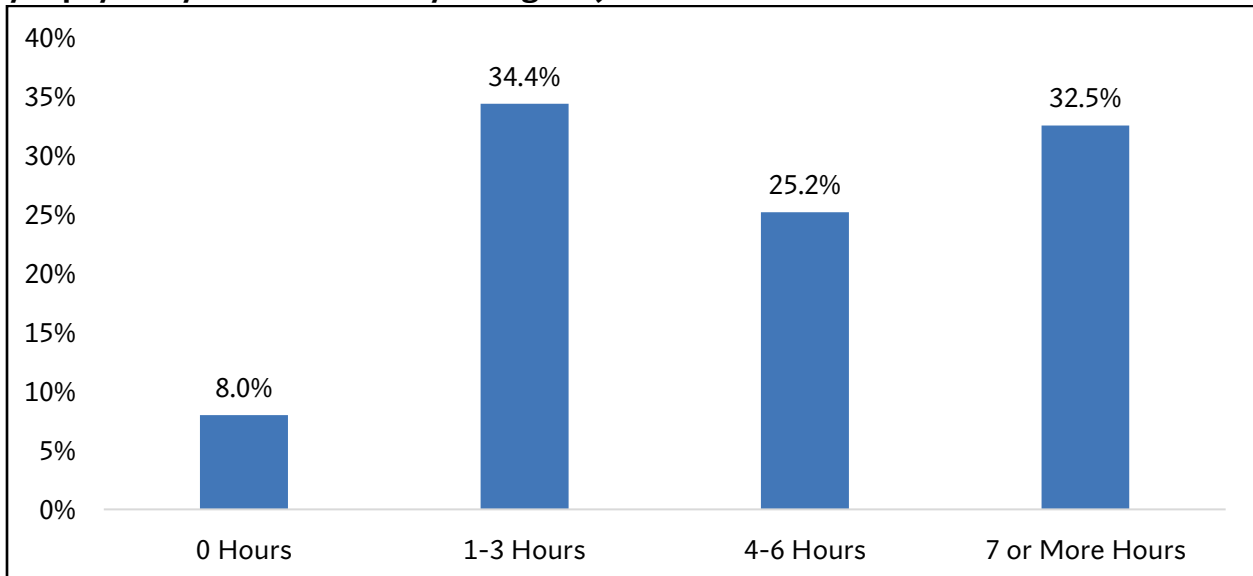
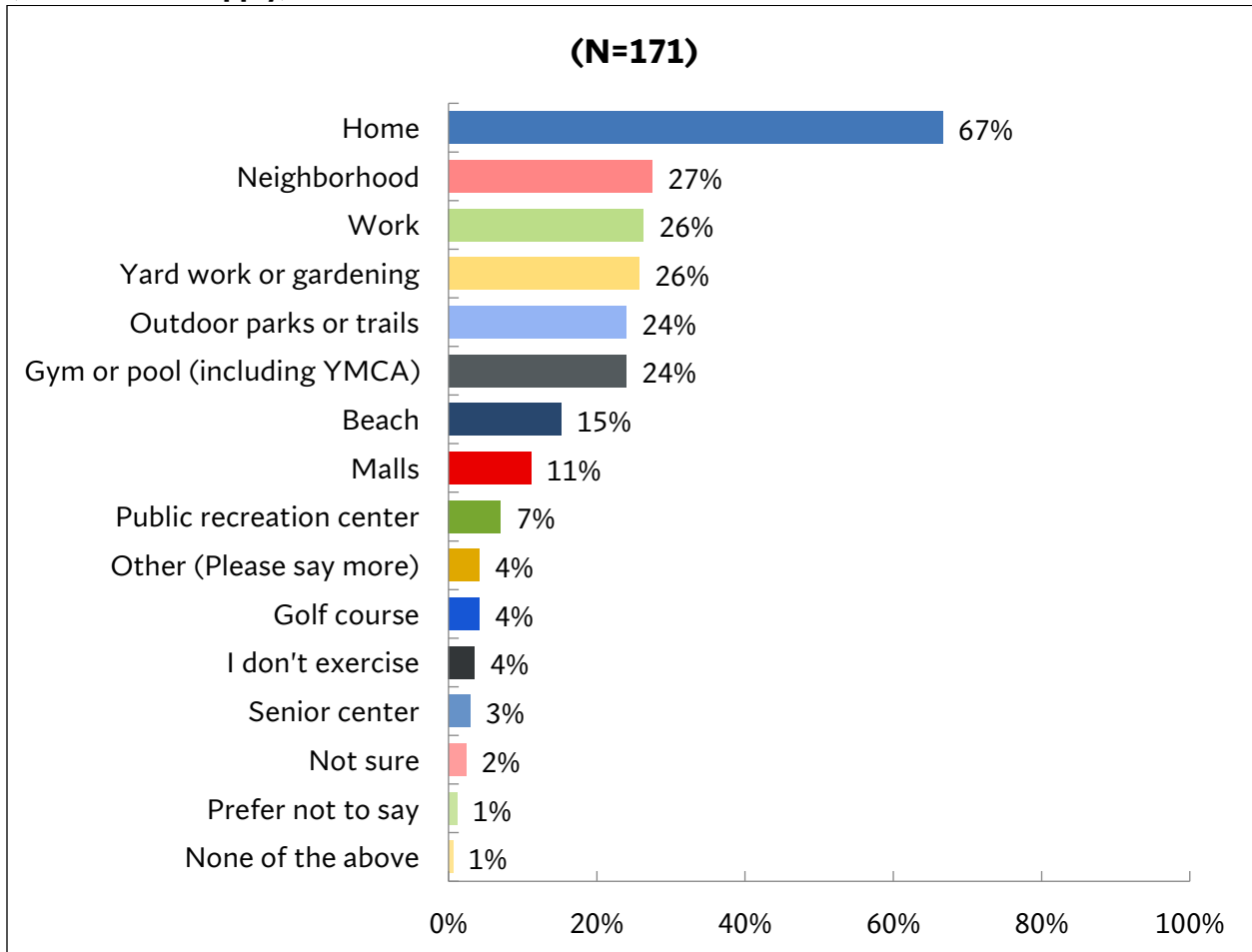


Figure A7.55: When you are active, where do you engage in exercise or physical activities? (Select all that apply):



“Other” responses included Aim High PT, grocery shopping, farm, lake, and fitness classes.

Topic: Substance Use

Figure A7.56: How often do you consume any kind of alcohol product, including beer, wine or hard liquor?

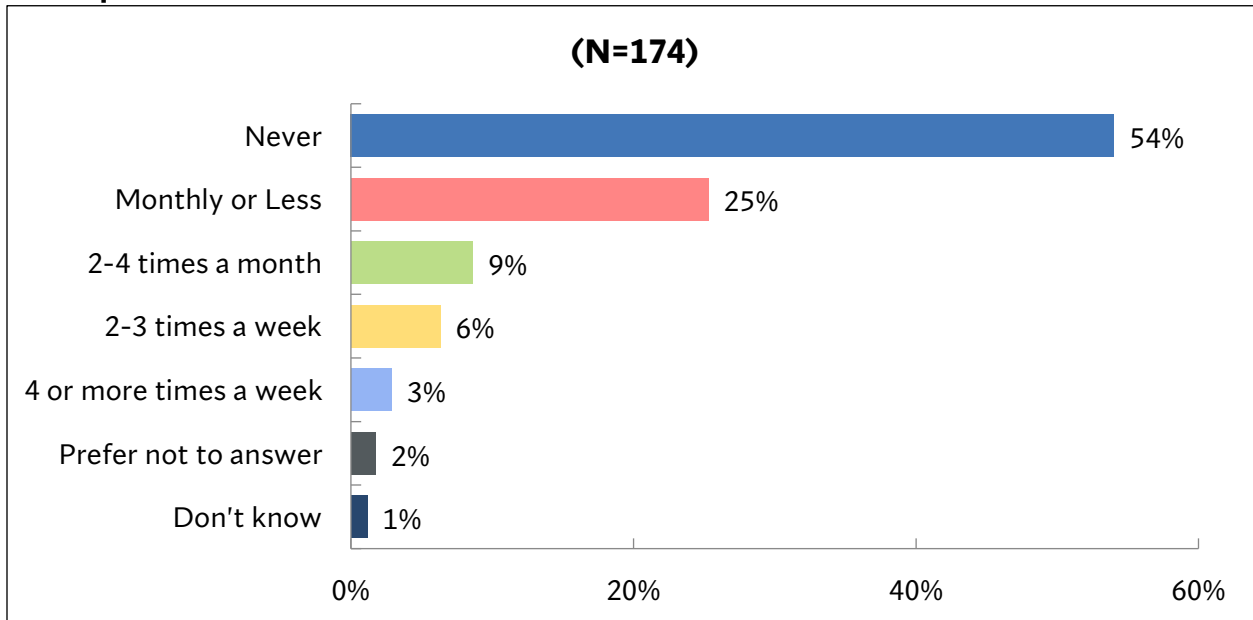


Figure A7.57: How often do you have six or more drinks on one occasion?

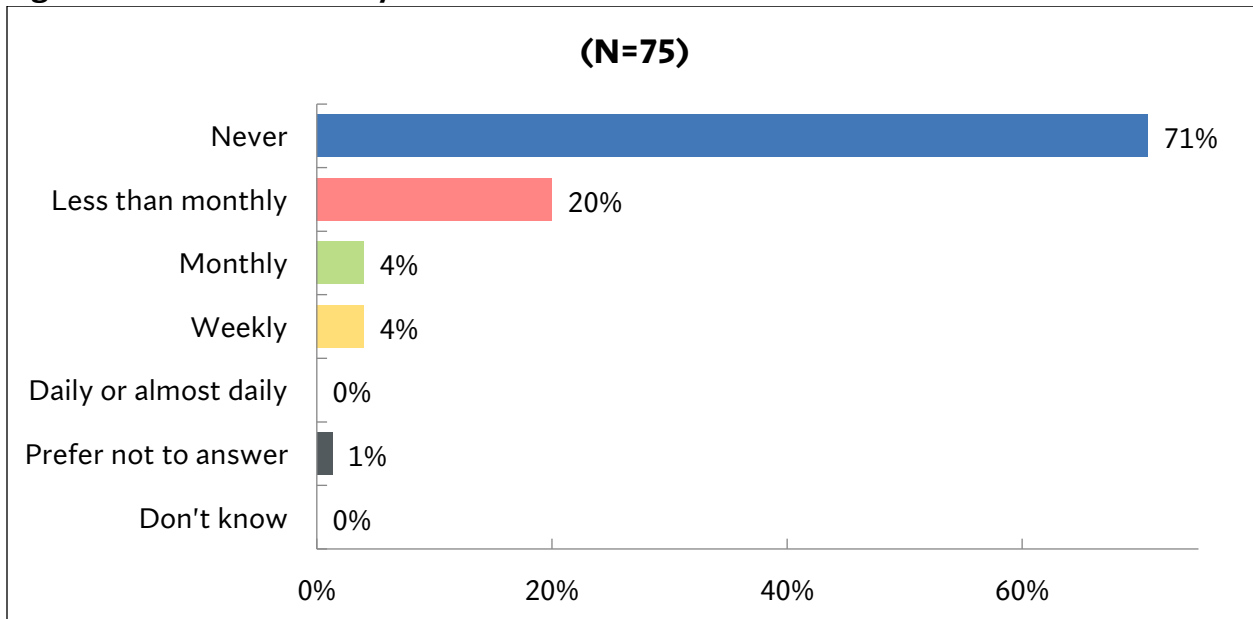


Figure A7.58: To what degree has your life been negatively affected by YOUR OWN or SOMEONE ELSE'S substance abuse issues, including alcohol, prescription, and other drugs?

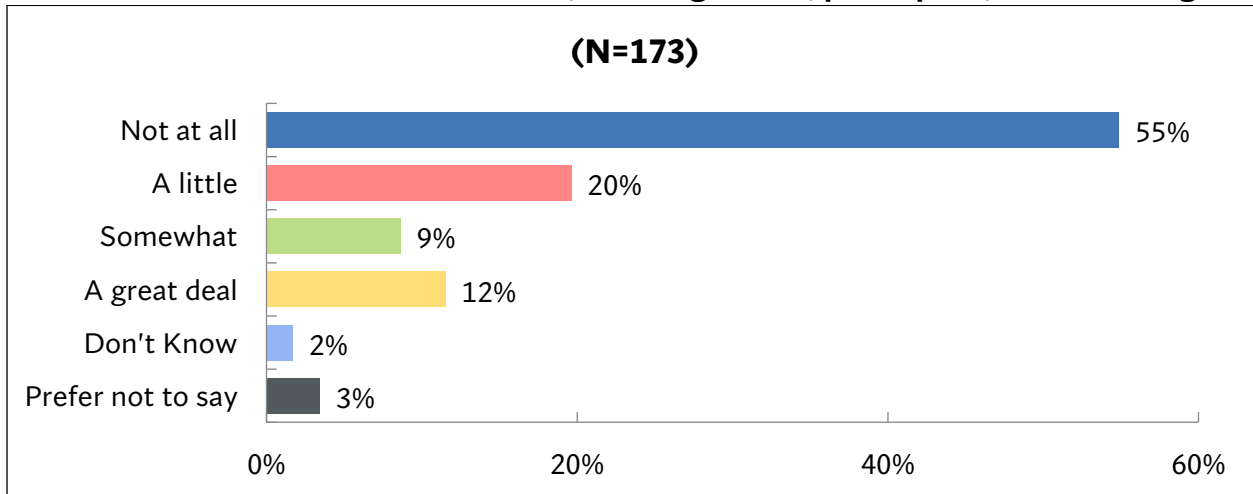


Figure A7.59: In the PAST YEAR, have you or a member of your household misused any form of prescription drugs (e.g. used without a prescription, used more than prescribed, used more often than prescribed, or used for any reason other than a doctor's instructions)?

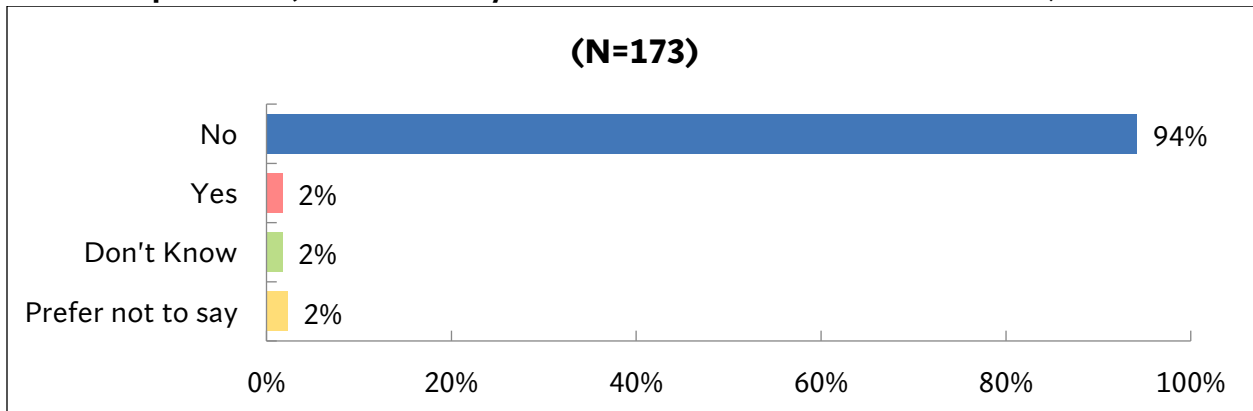


Figure A7.60: In the county you live in, how concerned are you about the following things?

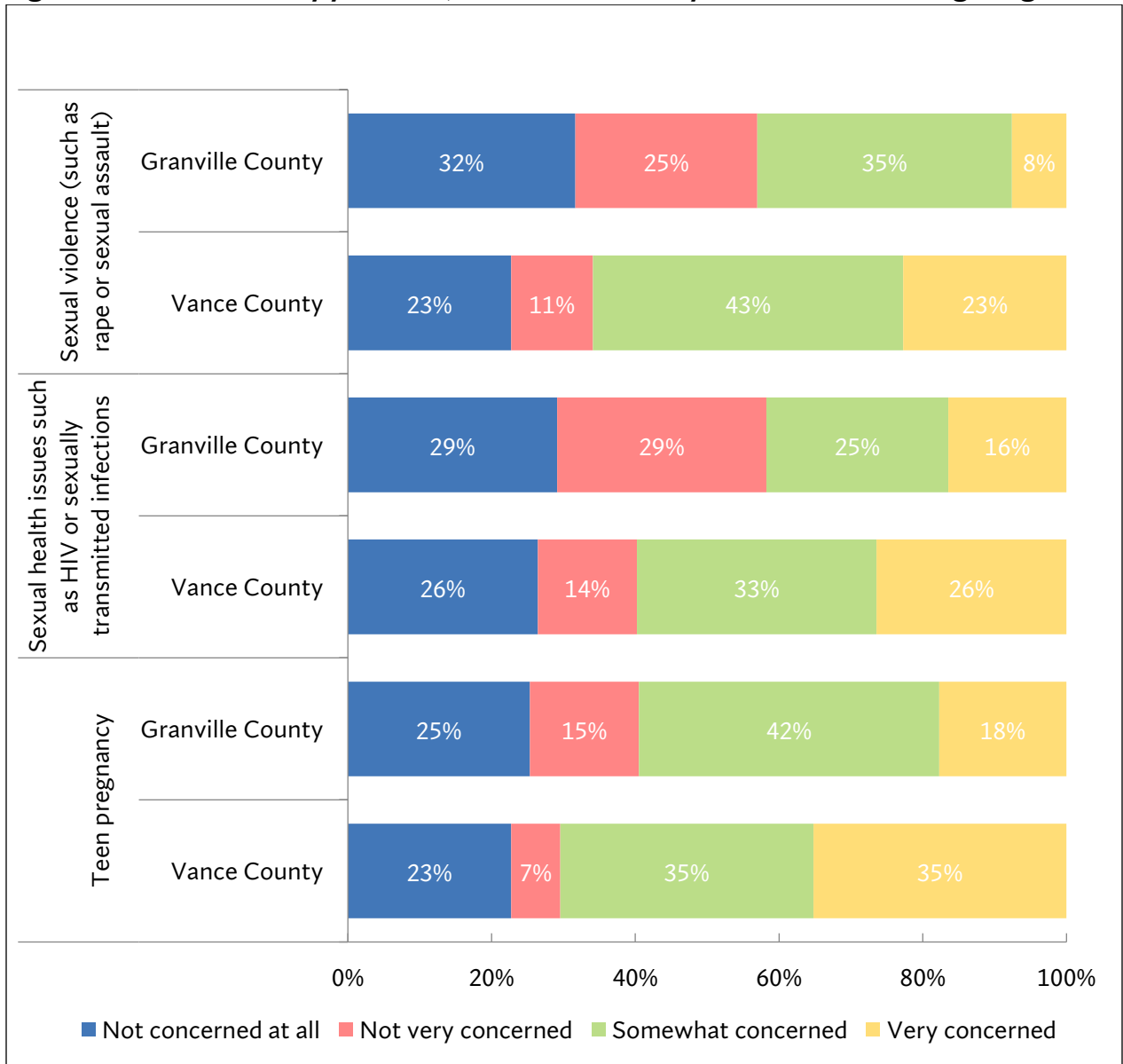
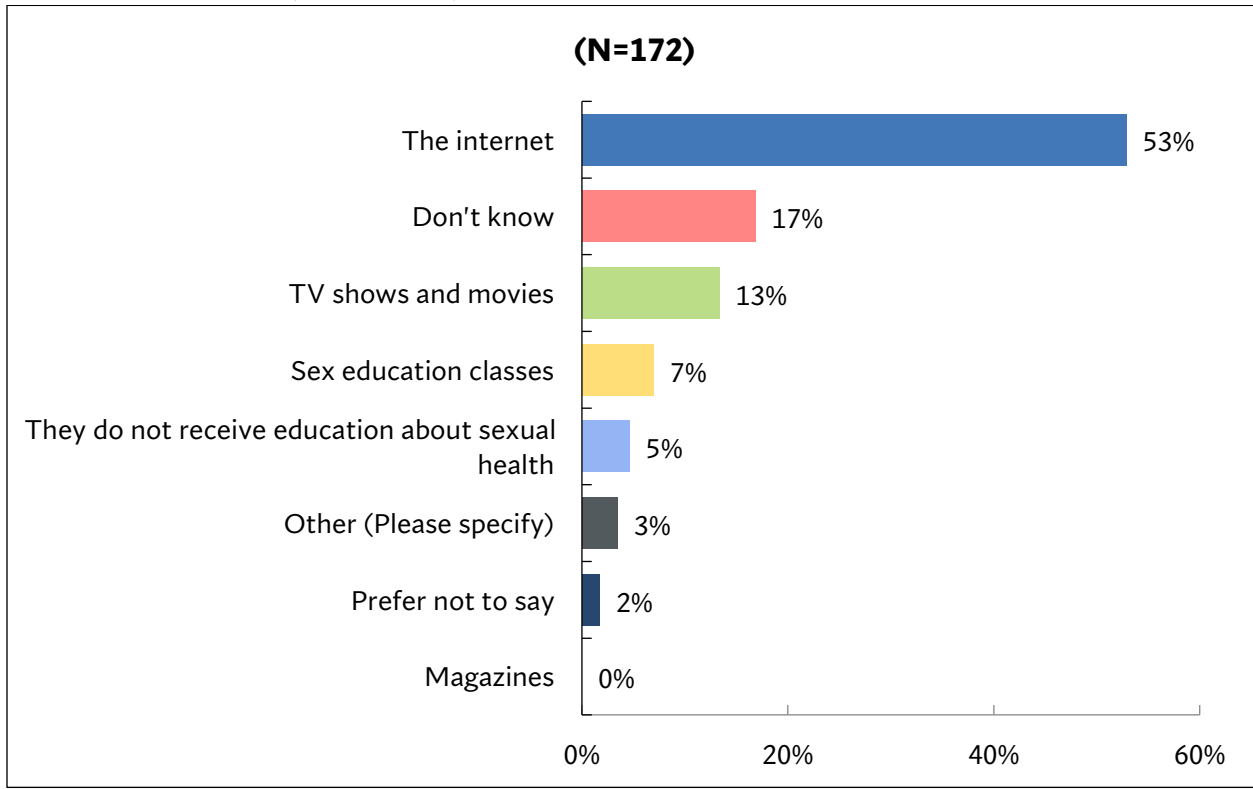


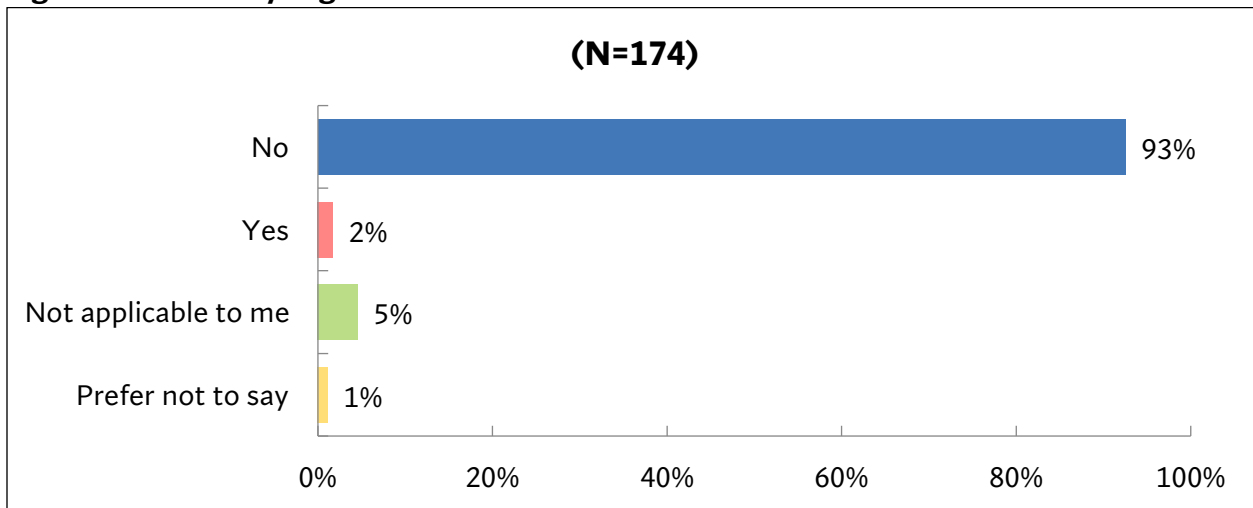
Figure A7.61: Where do you think most young people in your county are receiving education about sexual health? (Choose one)



“Other” responses included friends of similar age or slightly older age, health department, school, and TikTok.

Topic: Maternal Health

Figure A7.62: Have you given birth in the PAST YEAR?



Topic: Housing

Figure A7.63: In the PAST 12 MONTHS, were there times when you...

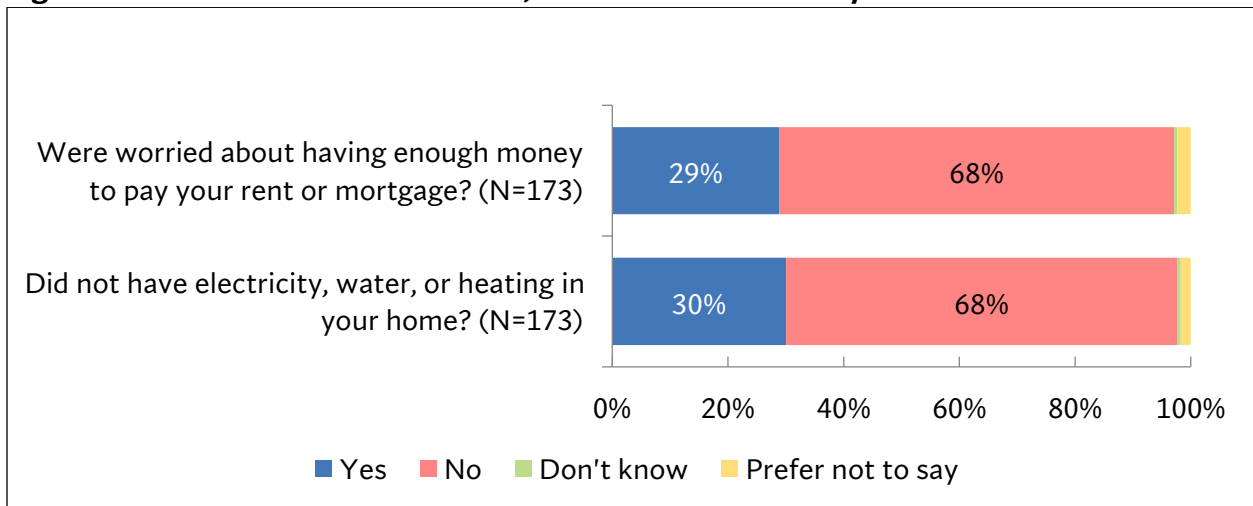


Figure A7.64: In the PAST THREE YEARS, were there times when you...

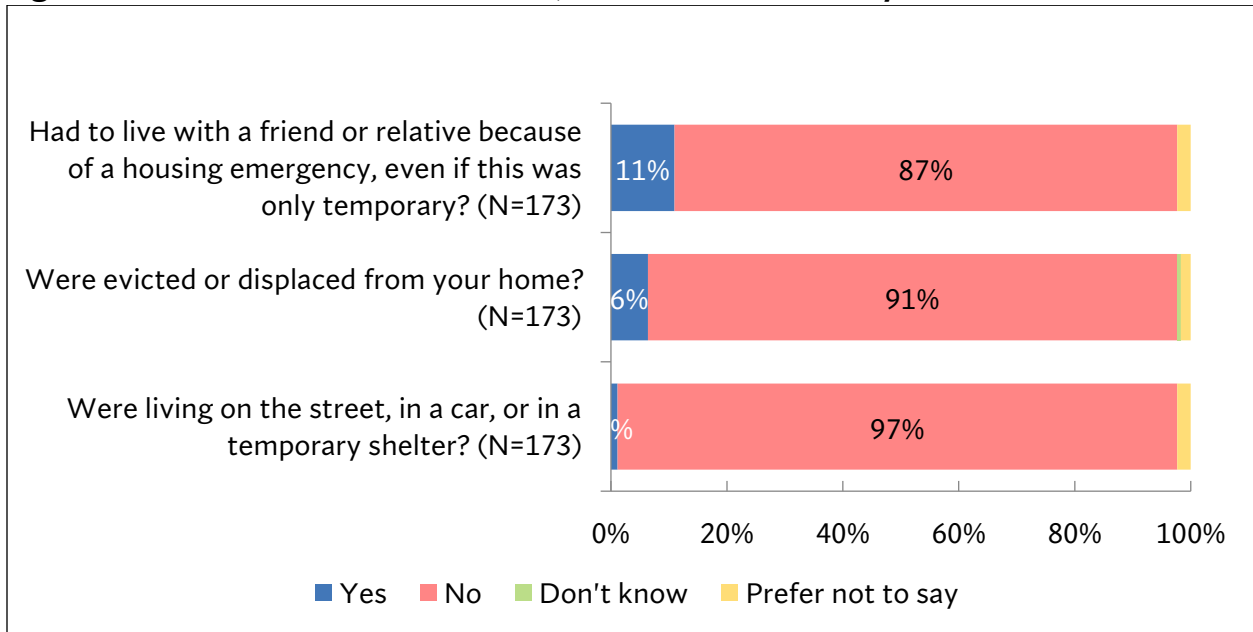
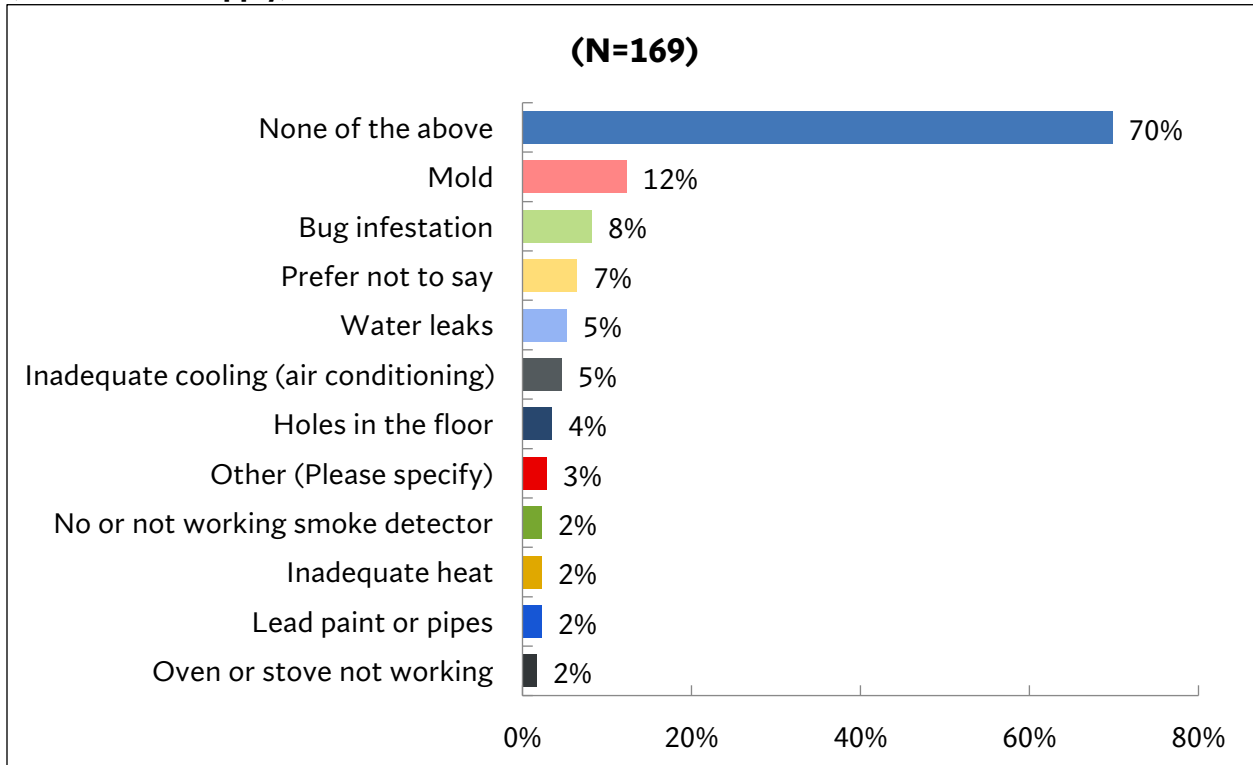


Figure A7.65: Think about the place you live. Do you have problems with any of the following? (Select all that apply):



“Other” responses included rodents and termites in rotted trees in surrounding area, rental lacking stove, power outages, and problems with foundation and roofing.

Key Leader Survey Results

Figure A7.66: Please select the category that best describes your organization.

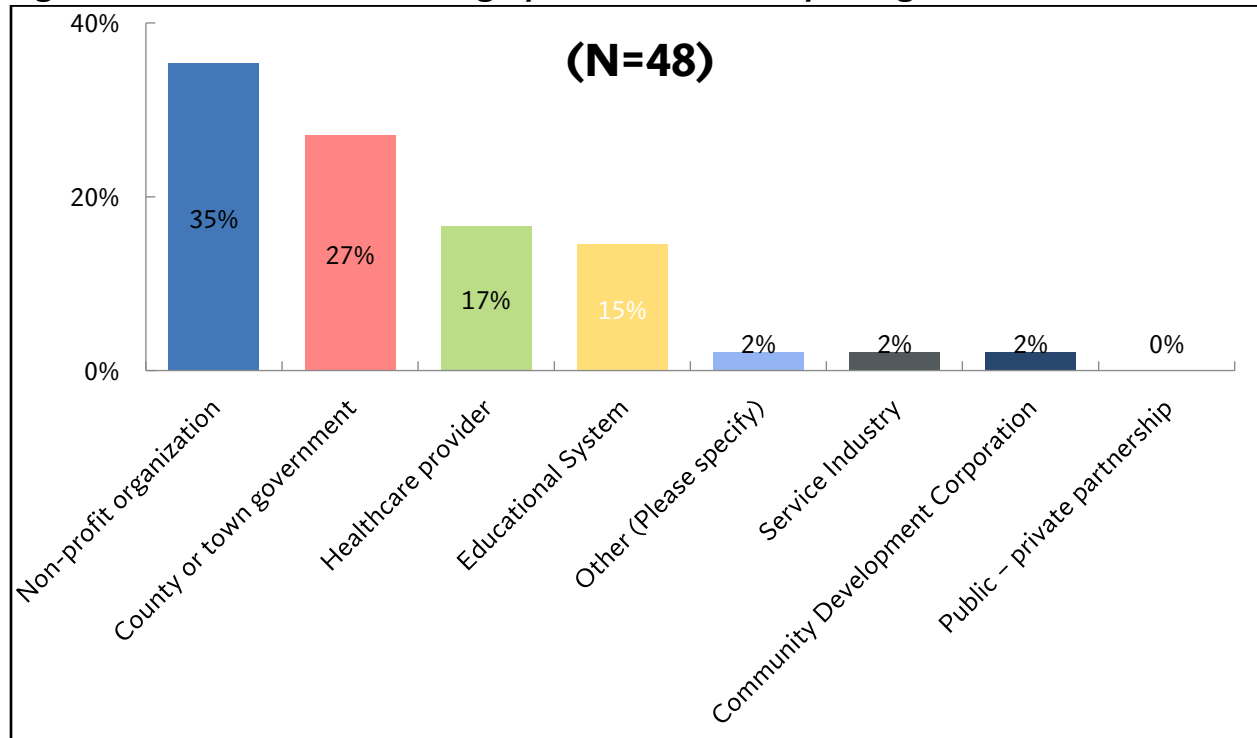


Figure A7.67: Please select the county or counties your organization primarily serves.

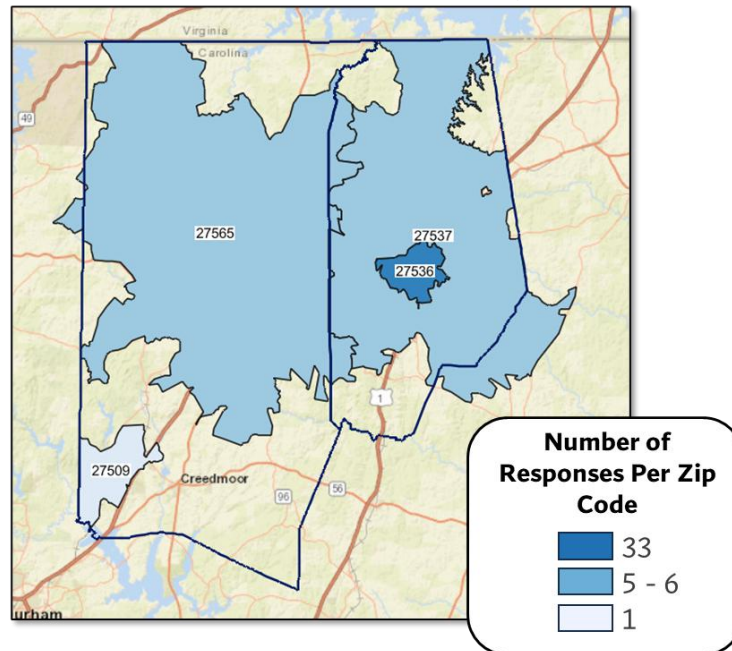


Figure A7.68: Please select the county or counties your organization primarily serves.

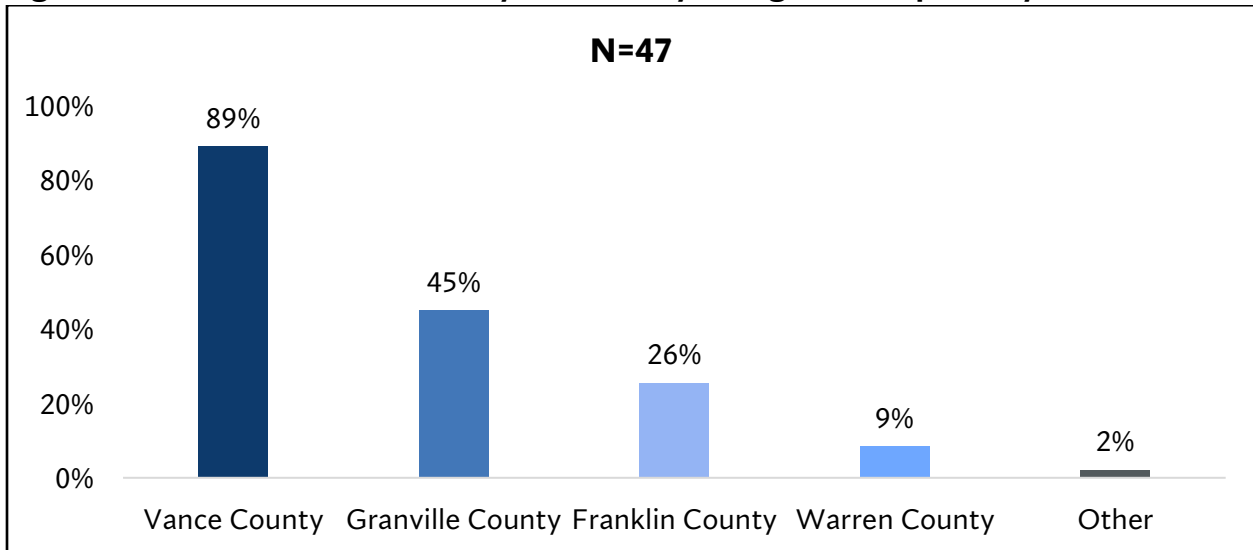


Figure A7.69: How do you believe the health of the community you serve has changed over the past three years?

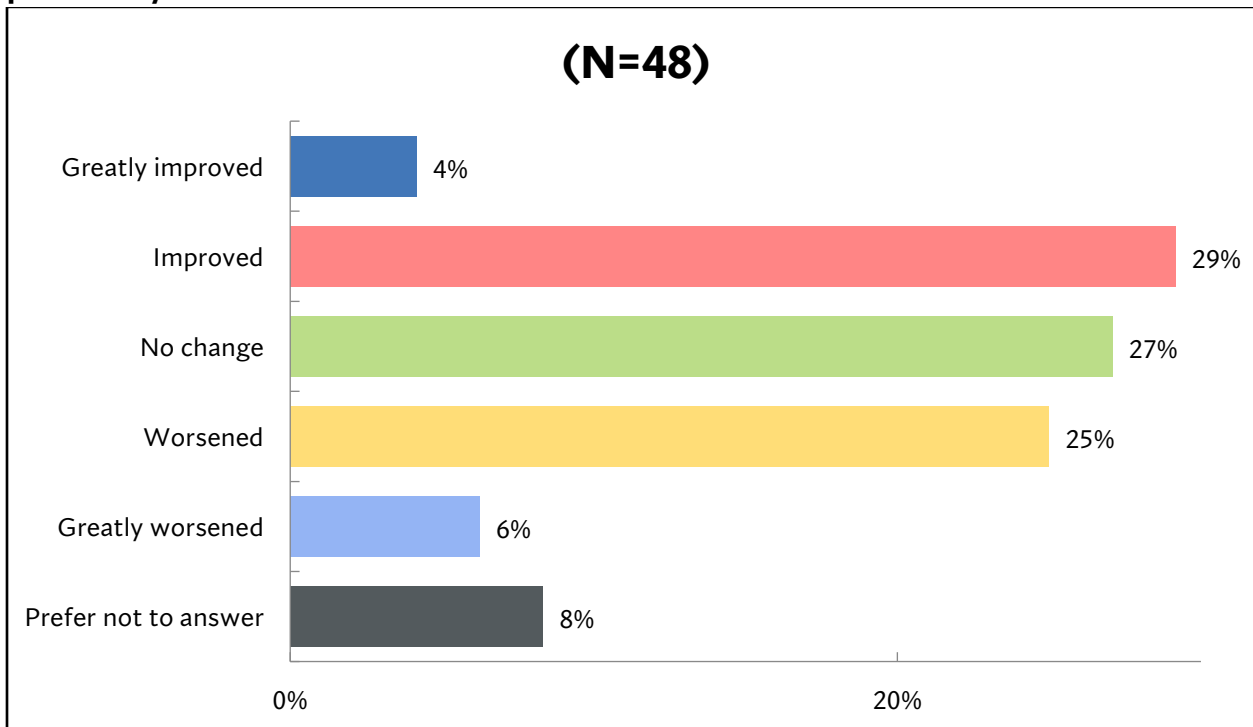
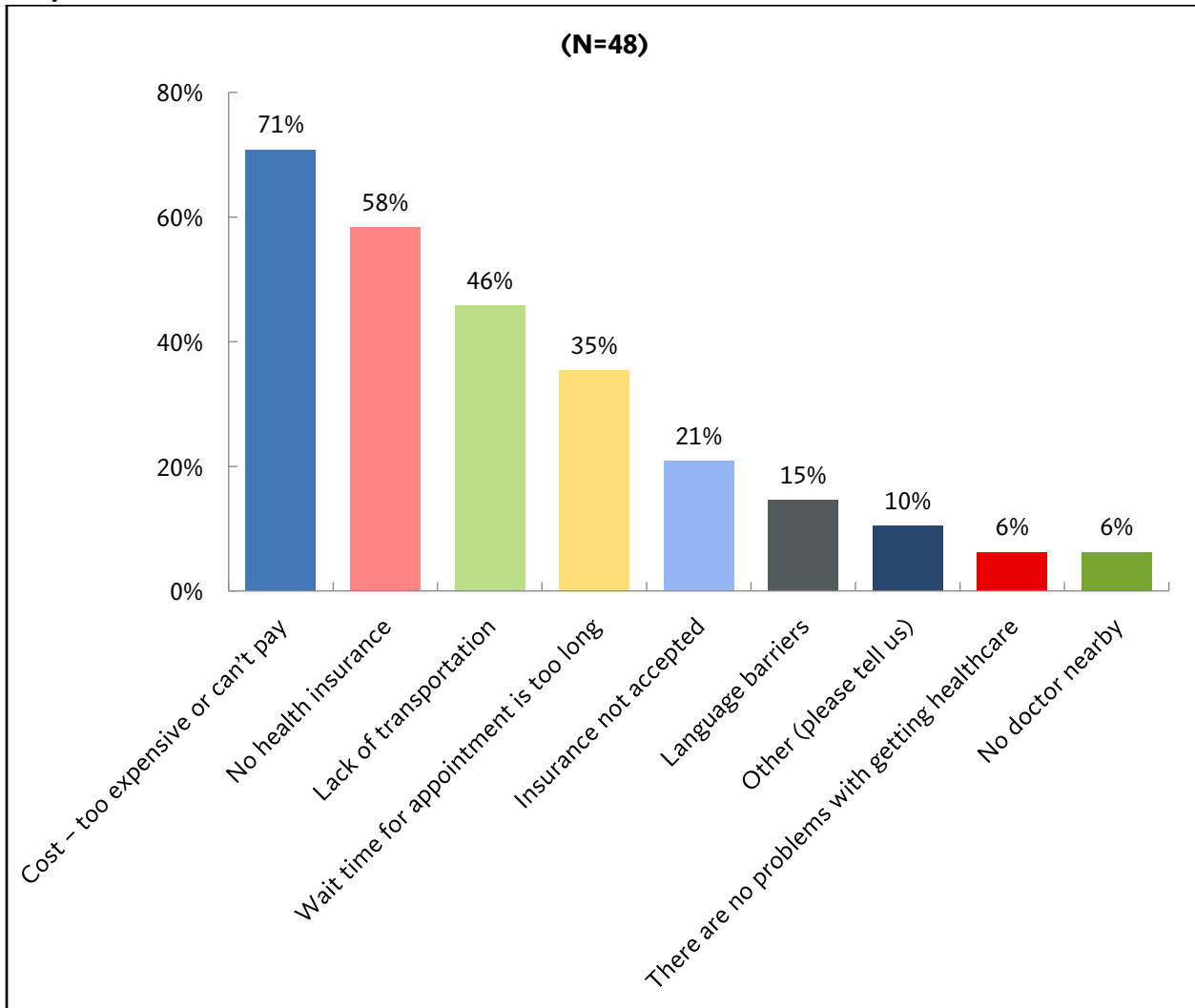


Figure A7.70: What are the 3 main reasons people in your community can't get healthcare when they need it?



Other responses: low health literacy, lack of education, and lack of specialty care

Figure A7.71: What are the 3 biggest health problems in your community?

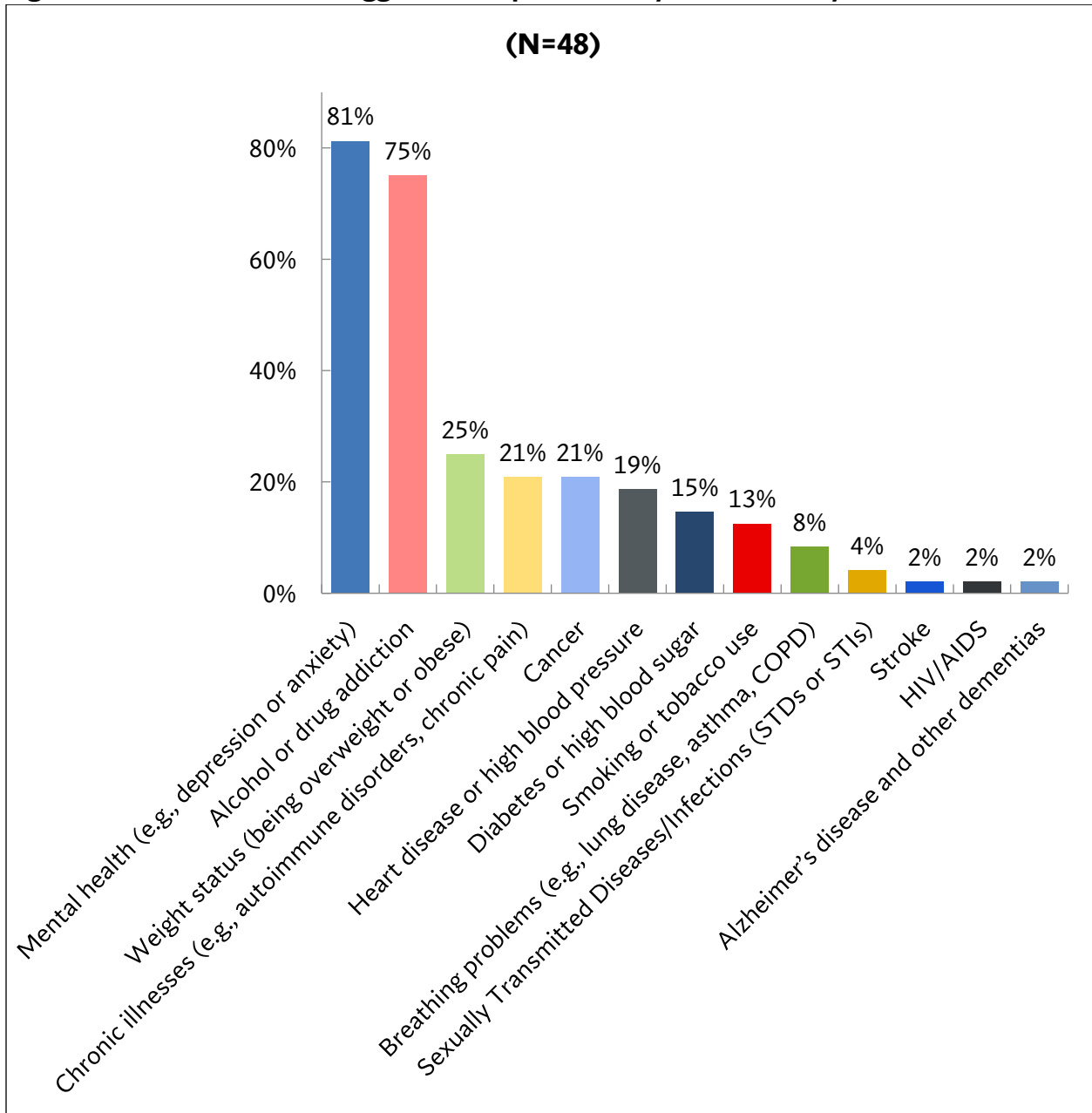
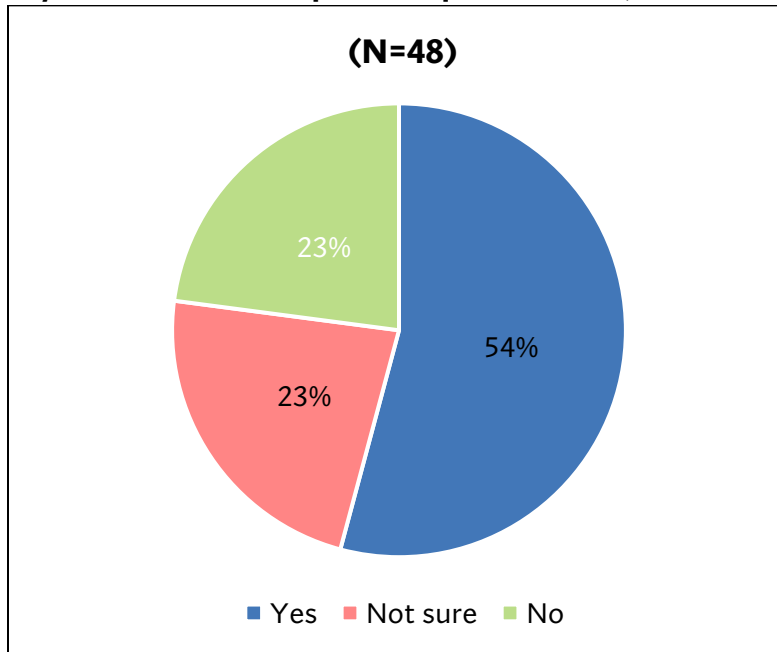


Figure A7.72: Does your organization provide any resources to the community to address any of the health issues you identified in the previous question? If so, what kinds of resources.



Healthcare & Medical Services

- Primary healthcare services (diabetes prevention, STD prevention, tobacco cessation)
- Health screenings and preventive care (breast exams, prostate exams, free screenings)

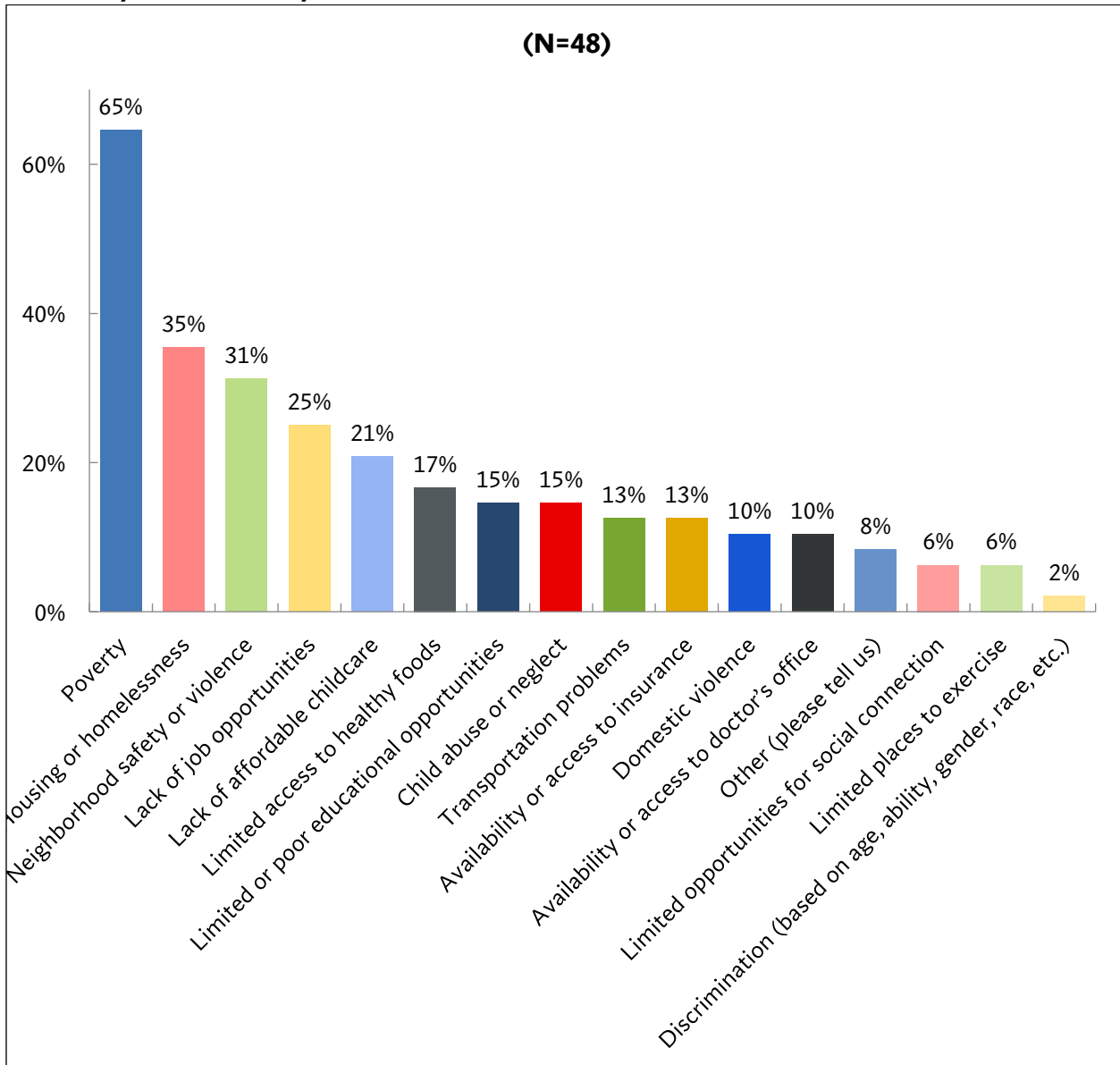
Mental Health & Substance Use

- Mental health programs (VAYA Health network, school-based support through THRIVE)
- Substance abuse services (naloxone distribution, halfway house programs)

Community Support & Social Services

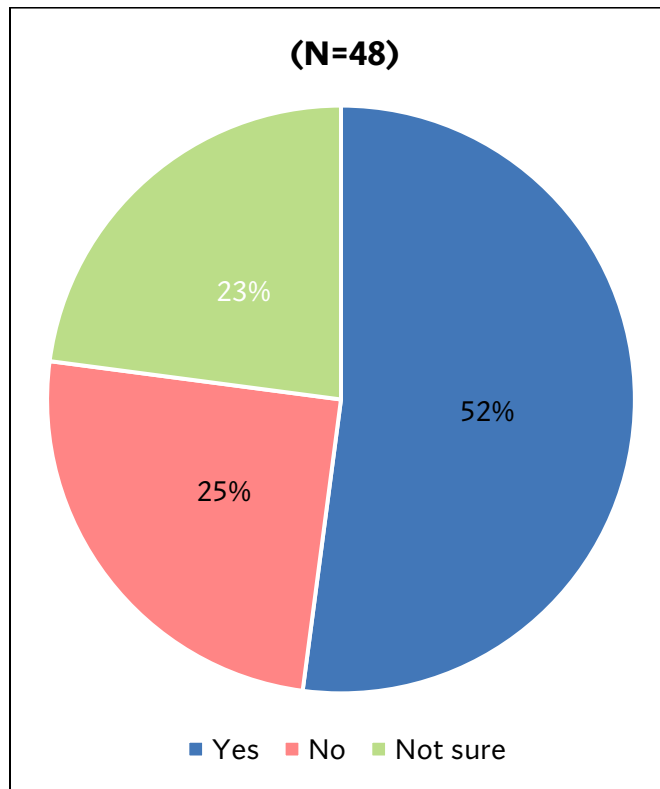
- Food and emergency assistance (Oasis Food Pantry, EMS/fire department services)
- Education and outreach programs (community vendor events, wellness programs for staff)

Figure A7.73: What are the 3 most important social or environmental problems that affect the health of your community?



Other responses: drug use, lack of mental healthcare, and poor diet and exercise habits

Figure A7.74: Does your organization provide any resources to the community to address some of the social/environmental issues you identified in the previous question? If yes, what kinds of resources?



Education & Youth Services

- Educational programs (Creating Success Education Center for ages 2-8th grade, NCSEAA scholarship funding)
- Youth support services (YouthBuild program, Adolescent Parenting Program with Triple P)

Family & Social Support

- Housing and basic needs (Resources for homeless families, clothing closets and food pantries)
- Childcare and family services (Help finding quality childcare, DSS vouchers for childcare payment)

Community Health & Wellness

- Food assistance programs (Oasis Food Pantry, free school breakfast and lunch for all students)
- Healthcare and safety services (Trained Health Care Providers, community meetings on homelessness and safety)

Figure A7.75: In your opinion, are health and social/environmental needs similar across the community you serve? If no, which geographic areas do you feel experience the greatest level of need?

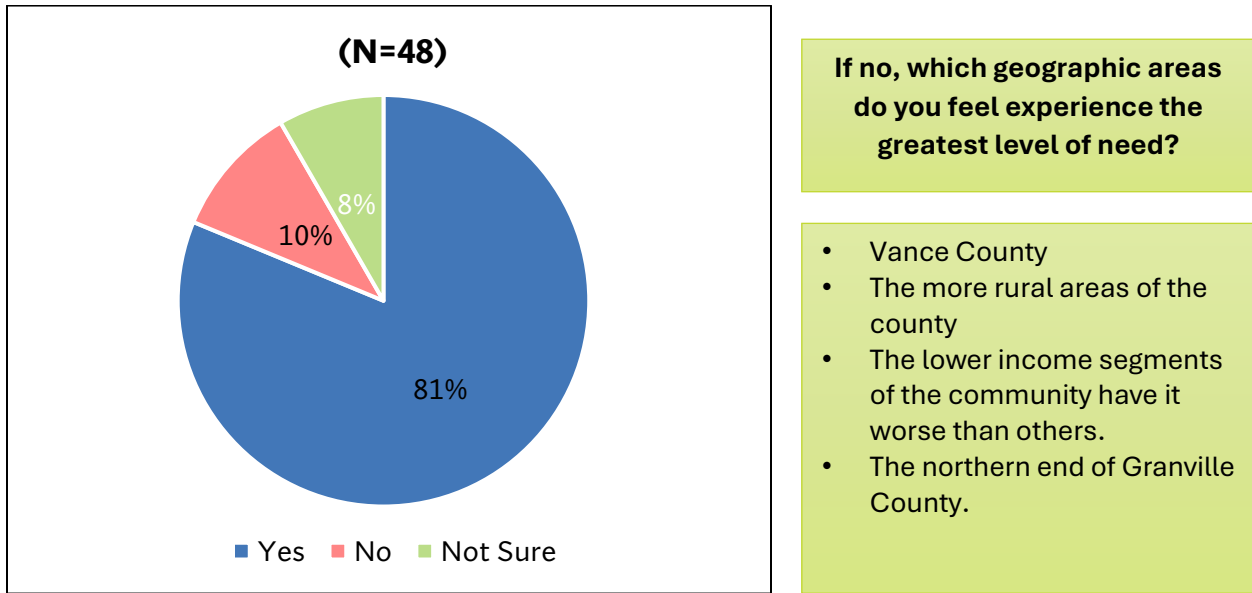


Figure A A7.76: Which subpopulation(s) on this list does your organization serve?*

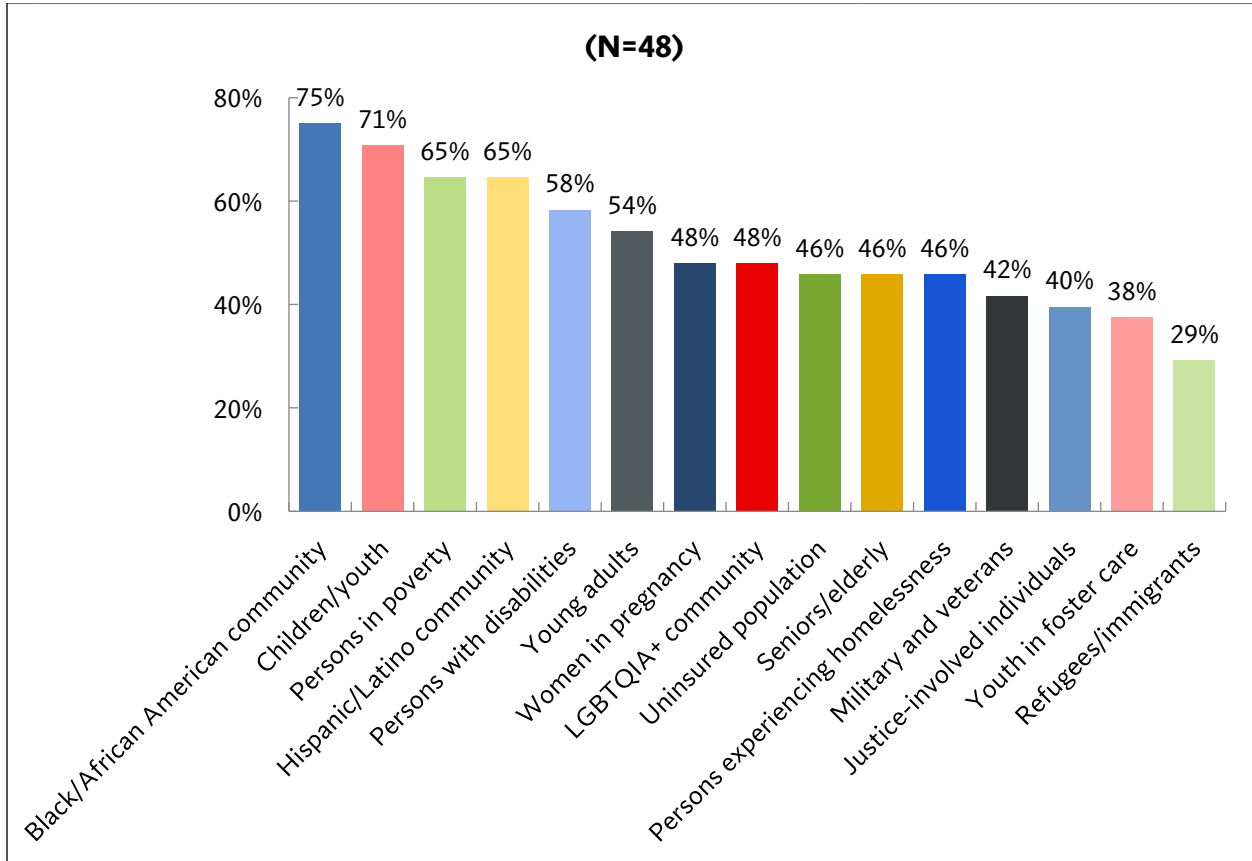


Figure A7.77: Among those served by your organization, which subpopulation(s) appear to have the greatest unmet needs when it comes to health and social services?

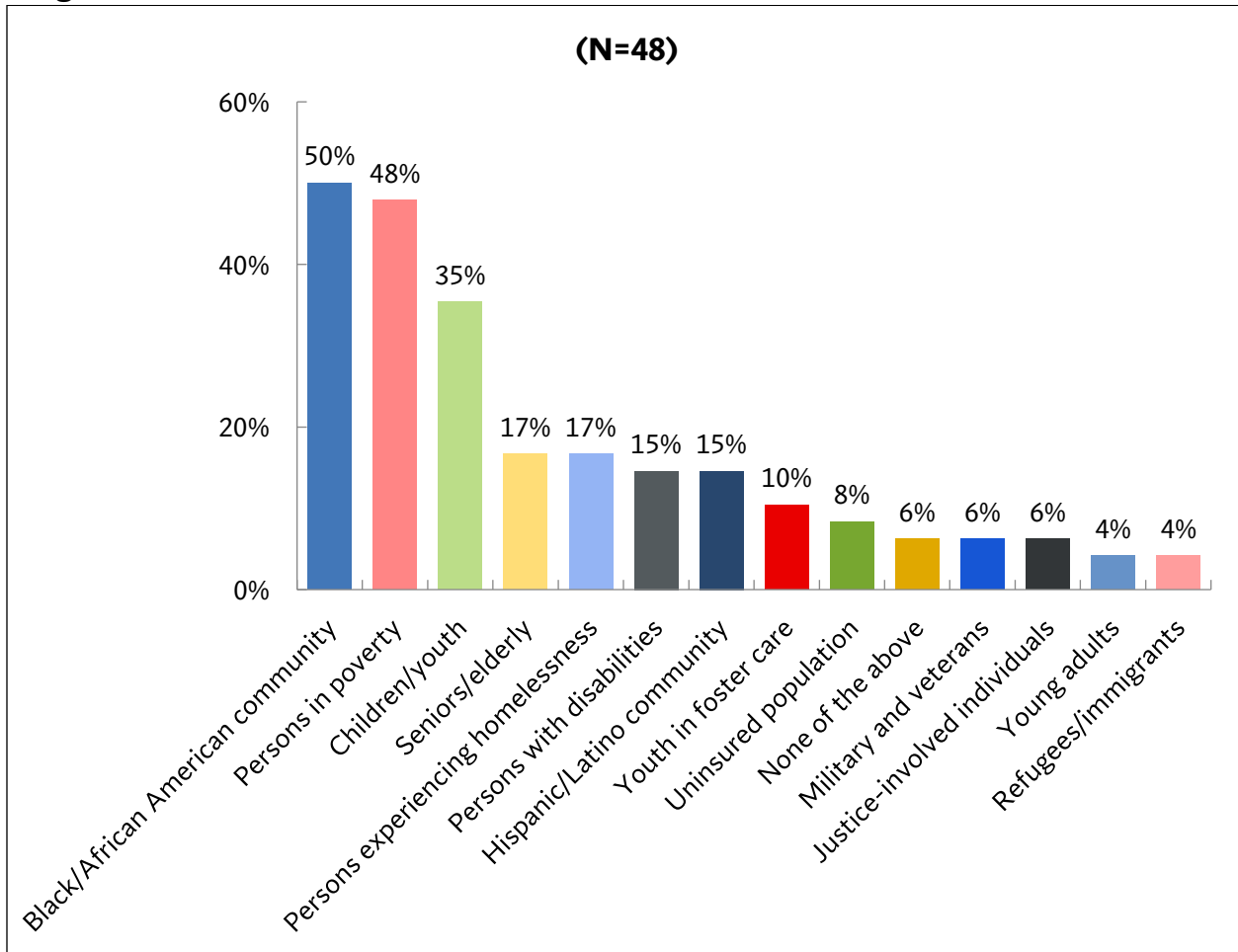


Figure A7.78: To what extent do you agree or disagree with the following statements –

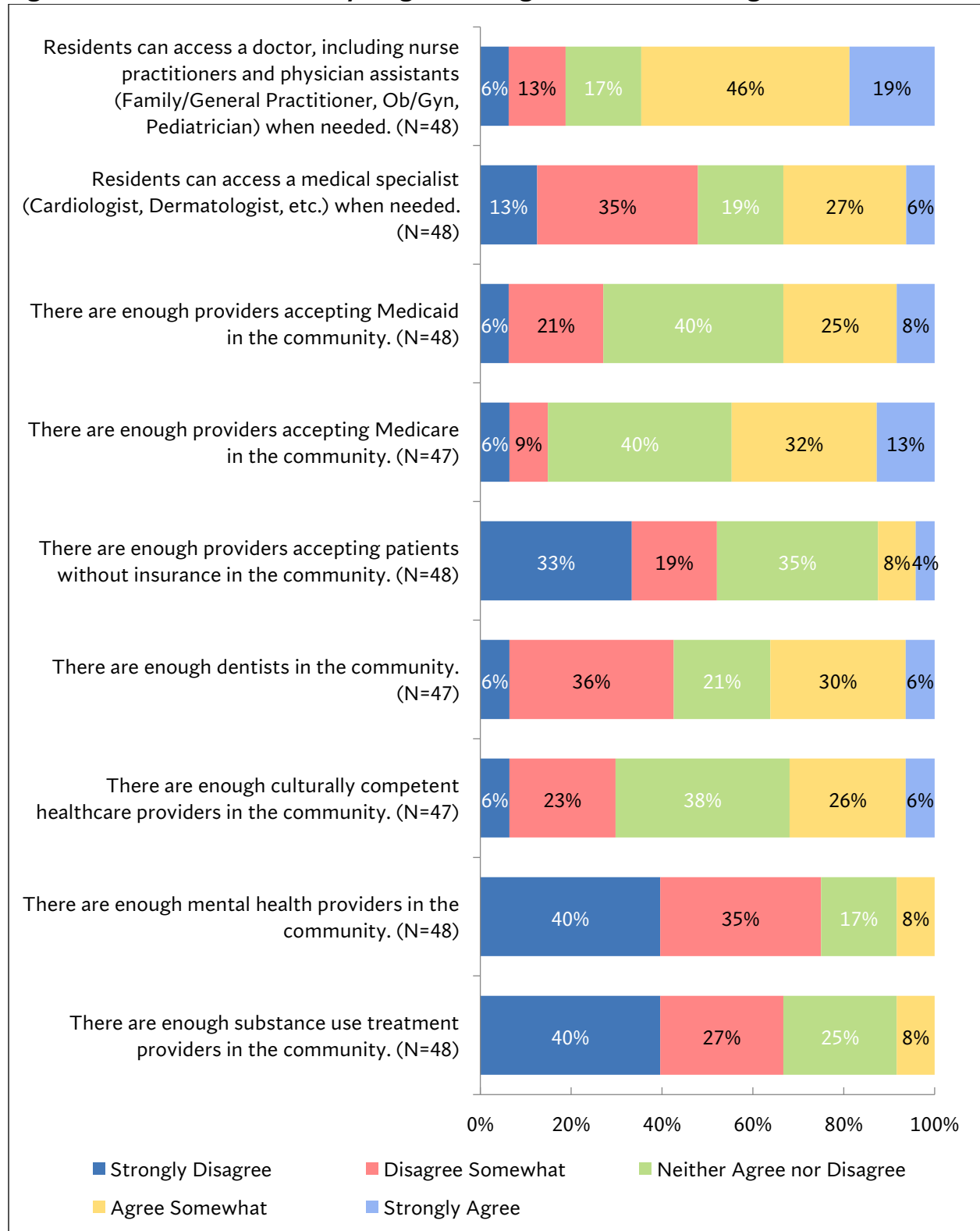


Figure A7.79: From the list provided, where do you feel members of the community you serve most frequently seek medical care?

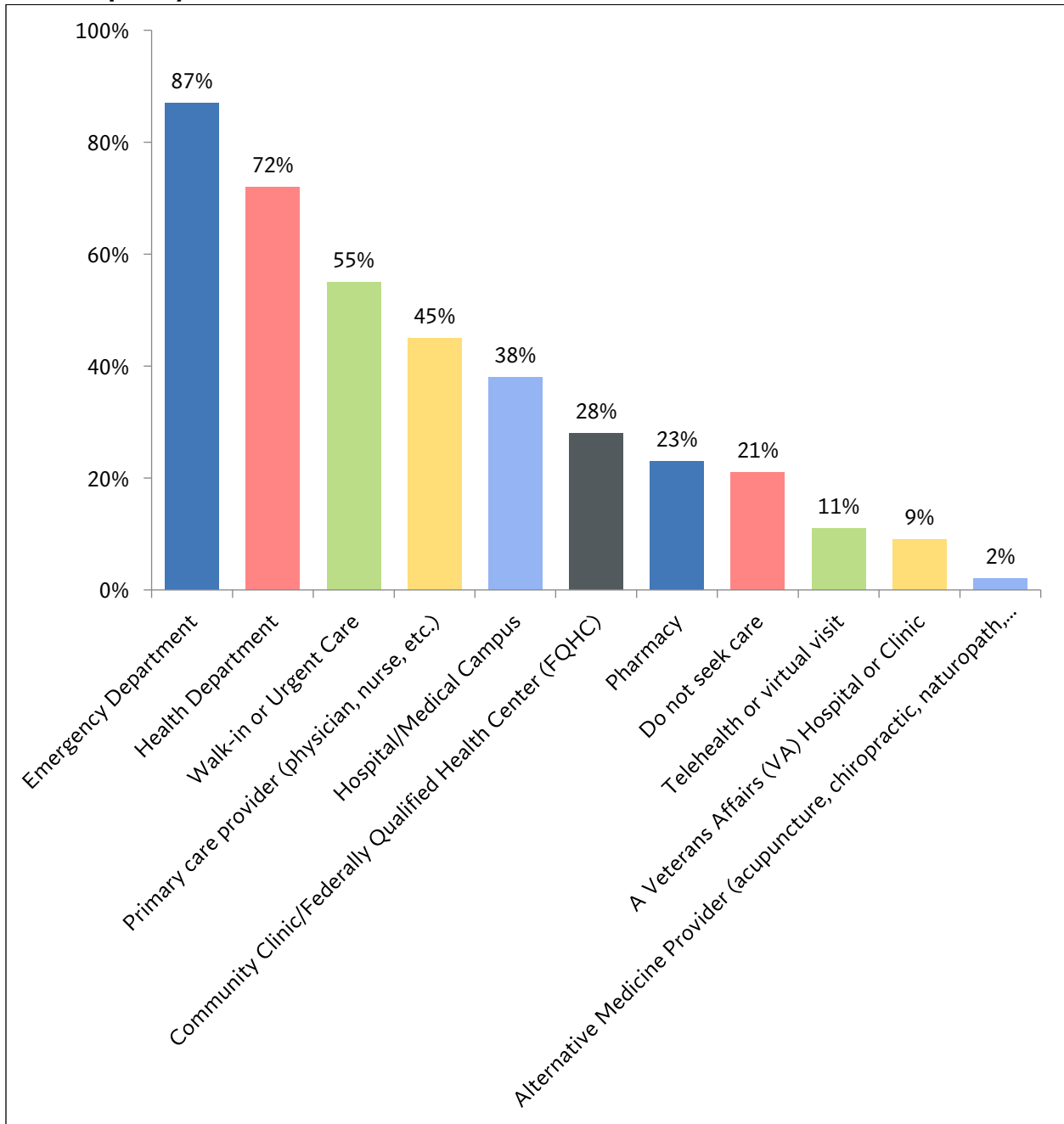


Figure A7.80: Do you believe that the people in the community you serve are health literate, or able to understand health-related information when it is presented to them?

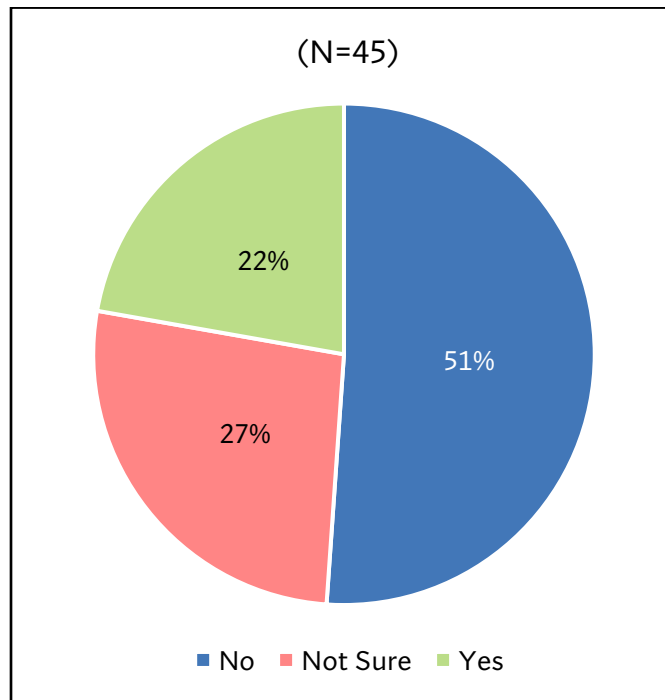


Figure A7.81: Summary of responses to question “What do you see as the biggest challenges/issues with health literacy among the populations served by your organization?”

Challenge 1: Knowledge & Understanding Gaps:

- Lack of understanding of health consequences and medical terminology
- Limited knowledge of basic human anatomy, healthy lifestyles, and chronic disease management

Challenge 2: Healthcare Access & Navigation:

- Inadequate healthcare infrastructure (no detox centers, homeless shelters, or women's treatment facilities)
- People using Emergency Rooms as primary care due to lack of accessible healthcare options

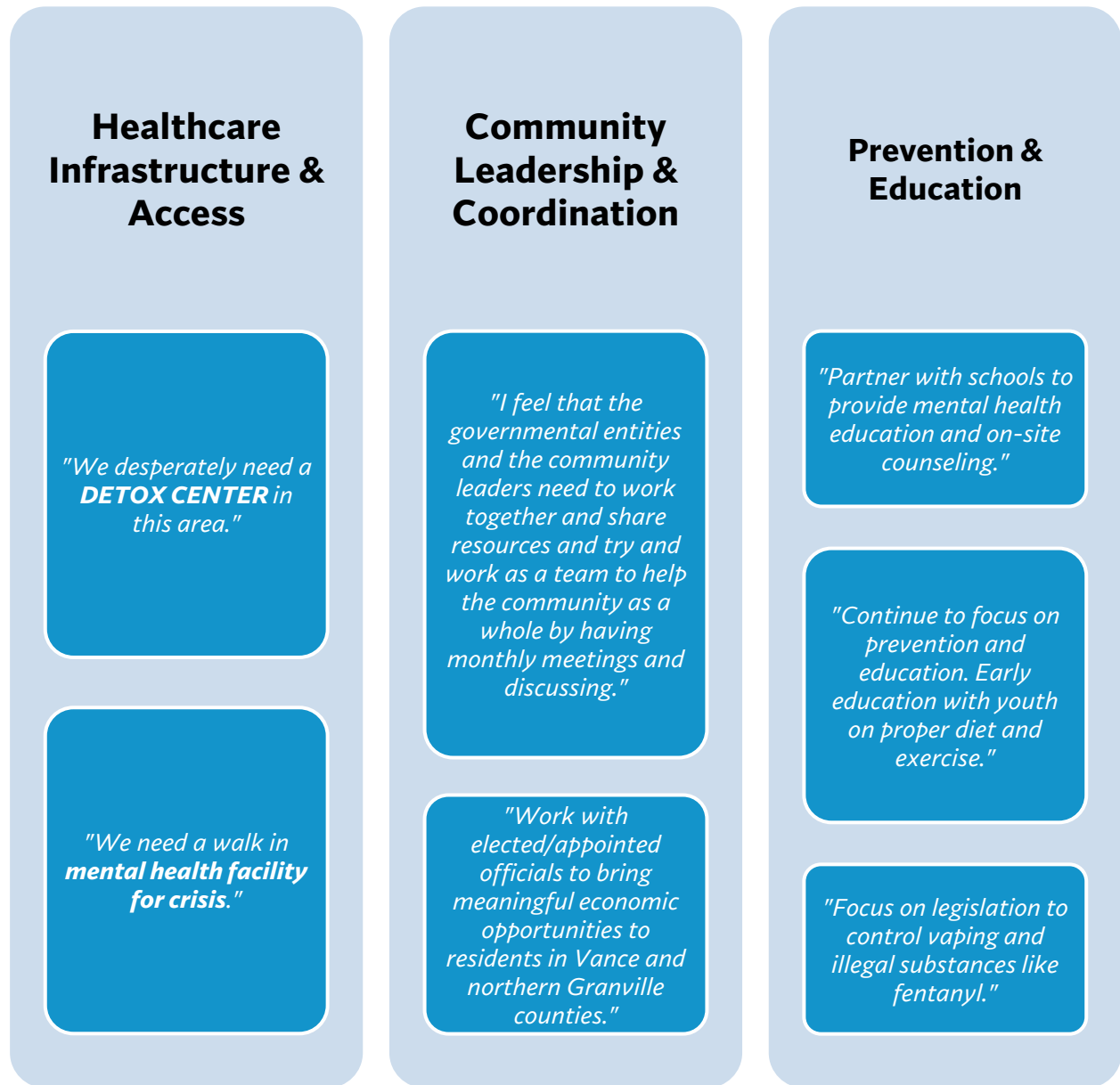
Challenge 3: Communication & Education Barriers:

- Language barriers and intimidation with healthcare interactions
- Misinformation and inaccurate health information being spread to uninformed populations

Figure A7.82: Perceptions of What is Working Well in the Community:



Figure A7.83: Suggestions for Improving Health and Wellbeing in Granville Vance



Healthcare Affordability & Services

*"Really make
Healthcare affordable
for the insured and the
uninsured. Paying out
of pocket can be very
expensive."*

*"Increased access for
free or low-cost
screenings for chronic
conditions like
hypertension, diabetes,
and cancer."*

Transportation & Accessibility

*"Transportation or
mobile health units that
cycle through high-need
areas often."*

*"I think there are
opportunities for
outreach to help
provide resources and
information for at-risk
populations."*

Community Outreach & Collaboration

*"Listen to the people.
Go where they are.
Create jobs for young
adults and people with
valuable lived
experiences to work
and connect with
people for change."*

*"We just have to keep
at it. The more events
we have within the
community, the more
that churches and their
leaders are aware of
the supports and
resources the more our
families will tap into
those support systems."*

Appendix 8 | WOW Coalition Membership

Name	Organization
Lina Howe	4H
Suzanne Thompson	988 Call Center
Jessica Rice Hawkins	AIM High Keep Pressing
Samantha Coleman	At Home Counseling
Jacqueline Robinson	Boys and Girls Club
Lisa Gilbert	Central Community Services
Angel Romero	Duke Population Health Management Office
Gabriela Sales	El Centro Hispano
Tonya Daniel	Enjoy The Baby
Carolyn Yancey	Families First
Danetta McKnight	Freedom Bridge Resource Center
Melissa Elliot	Gang Free
Manuela Inman	Granville County Public Schools - Parents as Teachers
Teresa Hicks	Granville County Public Schools
Henry Crews	Green Rural Redevelopment Organization (GRRO)
Angel Jones	Green Rural Redevelopment Organization (GRRO)
Antelmo Salazar	HendFact
Kendrick Vann	Henderson Recreation Department
Ericka Romero	Live Free
Cortney Phillips	Masonic Home for Children
John Mattocks	Morse Clinic
Samantha Branch	NC Guardian Ad Litem
Wendy Tatum	NC Cooperative Extension
Dr. Wykia Macon	NC Cooperative Extension
Selena McCoy	NC Cooperative Extension
Kirsten Alfaro	NC Integrated Care for Kids
Jennifer Kready	PORCH Henderson
Renea Martin	Rural Health Group
Shemecka Mcneil	Slice 325
Darleshia Braswell	Franklin Granville Vance Smart Start
Annie Perry	Franklin Granville Vance Smart Start
Alyzia McAlmon	Student U
Wendy Ji	Student U
Nina Evans	Turning Point Community Development Corporation
Marylaura McKoon	Vance County Schools - School Behavioral Health
Sharon Pettiford	Vance County Schools
Arneisha Crossen	VAYA Health

Quiana Miller	VAYA Health
Nicole DeCarlo Qualls	Vision Behavioral Health
Ronecia Mack	Youth Villages
Britany Fogg	Youth Villages