

RWJF Culture of Health  
Sentinel Community  
Snapshots:

# Granville County, North Carolina



# Table of Contents

## Introduction 1

---

GRANVILLE COUNTY'S DIVERSITY

---

DISPARITIES IN INCOME, EDUCATION AND TEEN PREGNANCY

---

POOR PHYSICAL AND MENTAL HEALTH

---

## Responding with Local Solutions 3

---

ASSESSING COMMUNITY HEALTH PRIORITIES

---

FIGHTING POVERTY THROUGH EDUCATION

---

FOCUS ON YOUTH AND BUILT ENVIRONMENTS

---

USING DATA TO DRIVE NEW FOCUS

---

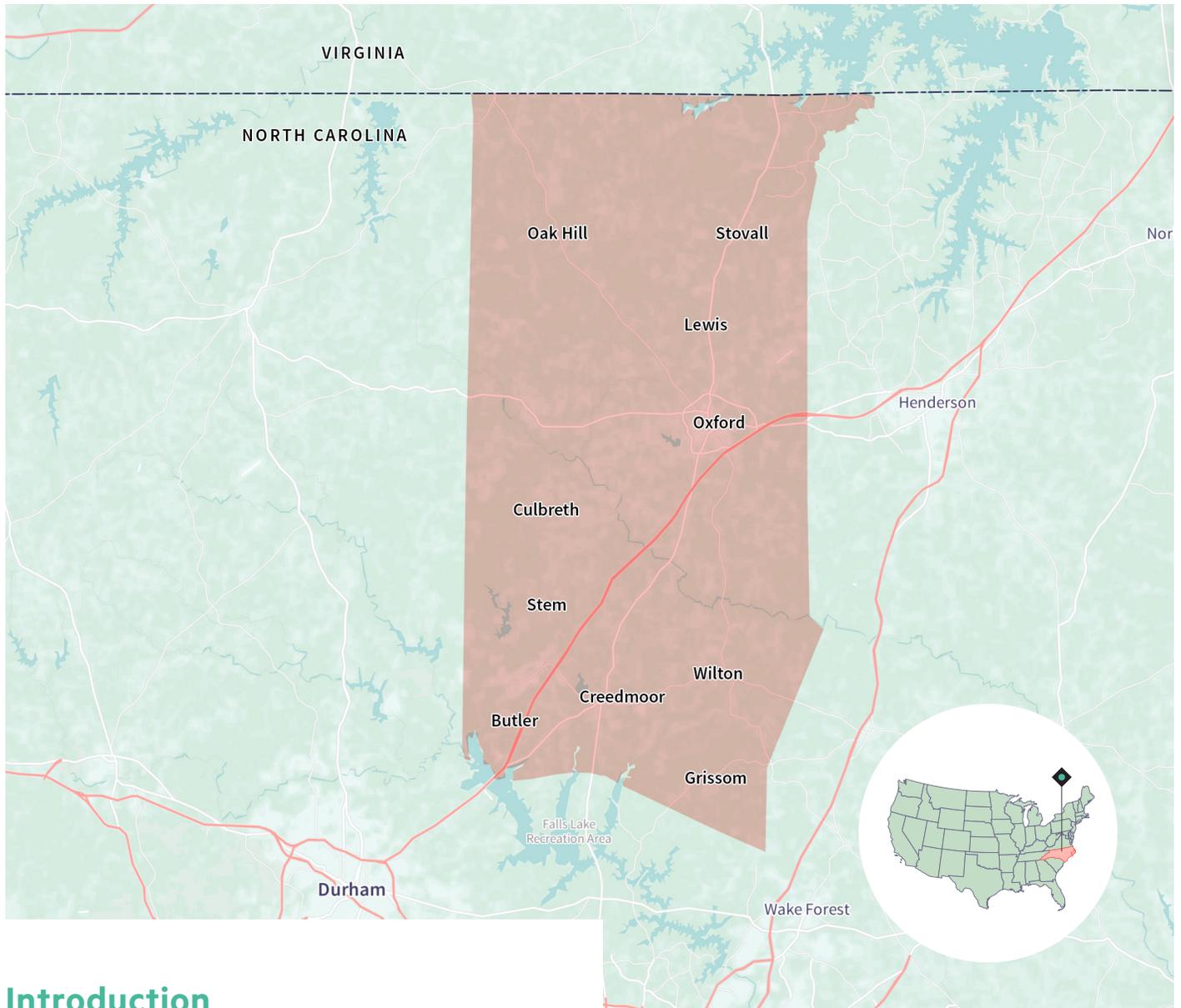
ACCESS TO MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

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## From Awareness to Involvement 6

### ABOUT THIS REPORT

This Snapshot is the first in a series of planned reports about this Sentinel Community. Using data compiled in early 2016, it provides an initial overview of the community's history, challenges, and approaches to building a Culture of Health. The Sentinel Communities project, conducted by Research Triangle Institute International in collaboration with the RAND Corporation, is sponsored by the Robert Wood Johnson Foundation. The project will monitor activities in each of 30 diverse communities around the country for at least five years. Visit [cultureofhealth.org](http://cultureofhealth.org) to see the full list of communities and links to other reports and information about the project.



## Introduction

Granville County, a rural<sup>1</sup> community in northeastern North Carolina, was once a top supplier for major tobacco companies, such as American Tobacco Company, Lorillard, Brown & Williamson, and Liggett Group. Post-Civil War, Granville County's economy continued to thrive with the contributions of the black farming community and the discovery of bright leaf tobacco as a cash crop, which attracted professionals to set up shop in and around Oxford, the county seat. Today, downtown Oxford remains a hub for small business, commerce, and industry and is home to seven of the county's top 10 employers, including the State Department of Health and Human Services and Revlon manufacturing.<sup>2</sup>

Still, Granville County is largely rural. It is divided into eight townships and three main cities: Butler, Creedmoor, and Oxford. Major highways

go through Oxford, providing direct routes to surrounding counties and metropolitan areas. For example, to the south lie Durham, Raleigh, and Chapel Hill, home to several of the state's largest universities, health systems, and research organizations.

Similar to other rural communities, Granville County faces challenges in creating healthy and livable environments that actively promote well-being. Granville County's largest cities and towns have walkability scores of zero, leaving its residents completely dependent on car transportation. Public transit exists only for seniors. However, the Granville Greenway system has improved access to walking and biking paths in and around Oxford, with plans to expand the network of trails to all corners of the county.

Oxford, home to the Granville-Vance District Health Department, county government offices, and several small businesses, has become the local hub for health-related planning and program implementation. The Health Department and its partners complete a rigorous community health needs assessment, which is mandated by the state and released every 4 years.

**GRANVILLE COUNTY'S DIVERSITY**

The county's 58,000 residents are racially, ethnically, and economically diverse and comprise less than 1% of North Carolina's population. Granville County has a higher proportion of black residents (31%) than the state and nation (21% and 12%, respectively). This reflects the county's history as a tobacco farming community whose economy thrived from the labor of black men and women before and after the Civil War. Almost 60% of Granville County residents are white, and about 8% are Hispanic/Latino.

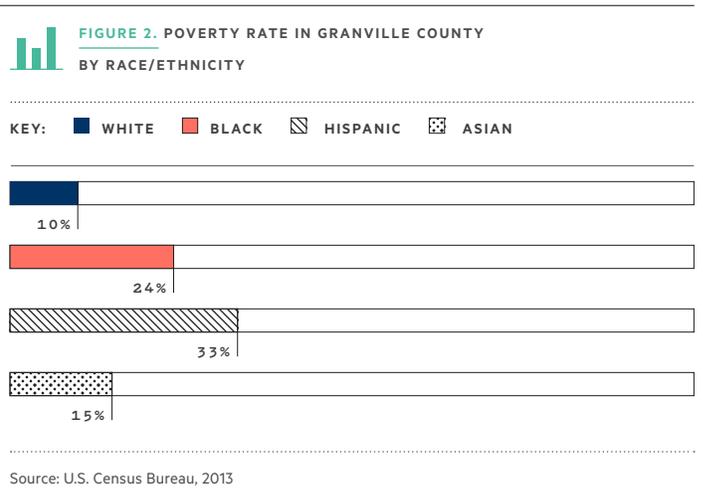
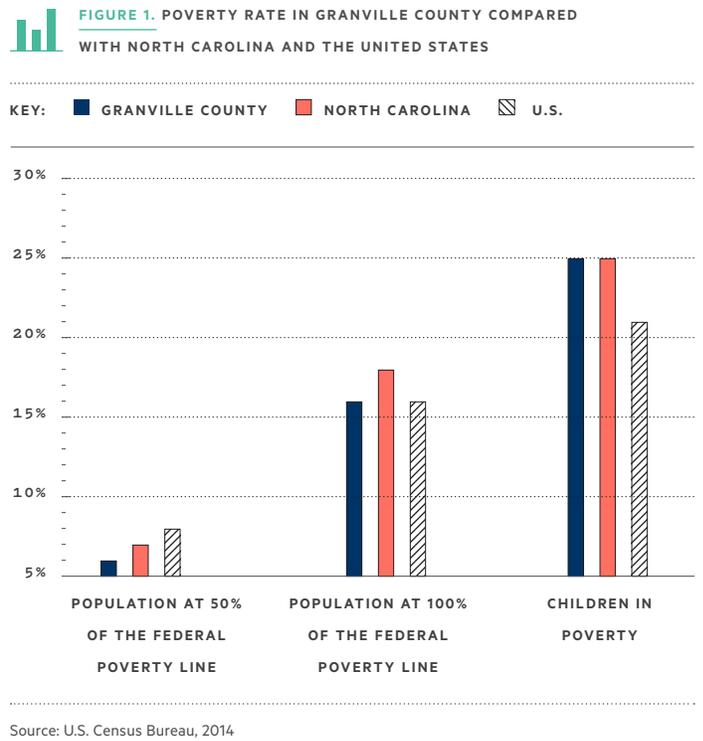
The median household income in Granville County is \$49,655 per year.<sup>3</sup> The cost of living in Granville County is slightly lower than state and national averages, according to the Cost of Living Index.<sup>4</sup> Still, nearly one-third (31%) of residents spend 30% or more of their monthly income on housing, slightly below state and national averages of 32% and 35%, respectively.<sup>3</sup>

**DISPARITIES IN INCOME, EDUCATION AND TEEN PREGNANCY**

Poverty in Granville County disproportionately affects children, in addition to black and Hispanic/Latino residents. The percentage of children living in poverty is 4% higher in the county than the nation (Figure 1).<sup>3</sup> Nearly half (46%) of children enrolled in Granville County Public Schools are eligible for free lunch, close to the state average of 44%. Similar to statewide estimates, the poverty rate in Granville County among Hispanic/Latino and black residents is more than double that among white (Figure 2).<sup>5</sup>

Today, fewer than three-quarters (73%) of Granville County residents complete high school, lower than the state average of 81%.<sup>3</sup> Similarly, Granville County has a much smaller proportion of adults with a bachelor's, graduate, or professional degree, compared with the state and the nation (Figure 3).<sup>3</sup> Significant disparities in educational attainment exist in Granville County. Specifically, a higher proportion of black (1 in 4) and Hispanic/Latino residents (nearly 1 in 2) have not earned a high school diploma compared with white residents (1 in 7) (Figure 4).<sup>3</sup>

In neighboring Vance County, served by the same health department, the teen pregnancy rate was nearly twice as high as the state in 2004 (112 compared with 62 per 1,000 births) and remained higher than the state rate in 2013 (56 compared with 36 per 1,000 births). However, teen pregnancy rates in Granville County are similar to those in the state and have decreased by about 37% since 2004; the teen pregnancy rate was 37 per 1,000 births in 2013, slightly higher than the state rate of 36 per 1,000 births in 2013 (Figure 5).<sup>6</sup> Nonetheless, new data indicate that Granville County's black teens have a disproportionately higher pregnancy rate (48 per 1,000 births) compared with white teens (29 per 1,000 births).<sup>11</sup>



**POOR PHYSICAL AND MENTAL HEALTH**

Cancer and heart disease are the two leading causes of death in Granville County,<sup>2</sup> followed by chronic lower respiratory diseases, all other unintentional injuries, and diabetes. Granville County has a higher prevalence of type 2 diabetes than the state and nation.<sup>7</sup>

Obesity is a leading risk factor for diabetes and heart disease and contributes to risk for certain cancers. Obesity prevalence in Granville County has increased among males and females, but is increasing more

rapidly among males. In 2011, obesity prevalence in Granville County for both sexes was higher than the national average (Figure 6)<sup>8</sup>; results from the 2015 Health Opinion Survey are similar and indicate 38% of adults in Granville County are obese and 29% are overweight. In 2009, Granville had a higher proportion of overweight or obese children aged 2 through 18 than the state (Figure 7).<sup>9</sup>

According to 2014 Community Health Ranking data, nearly two-thirds (63%) of Granville County residents report access to spaces where they can participate in physical activity, which is similar to the state average and below the national average (Figure 8).<sup>10</sup>

Mental health and substance abuse data at the county level are sparse; however, the suicide mortality rate trend for Granville County has been on the rise over the past 5 years and now exceeds that of the state (Figure 9).<sup>11</sup>

A study by the North Carolina Department of Health and Human Services found that the number of admissions of Granville County residents to mental health facilities, developmental centers, and alcohol/drug abuse treatment centers increased by nearly 60% in 2 years, from 1,057 in 2011 to 1,684 in 2013.<sup>2</sup>

## Responding with Local Solutions

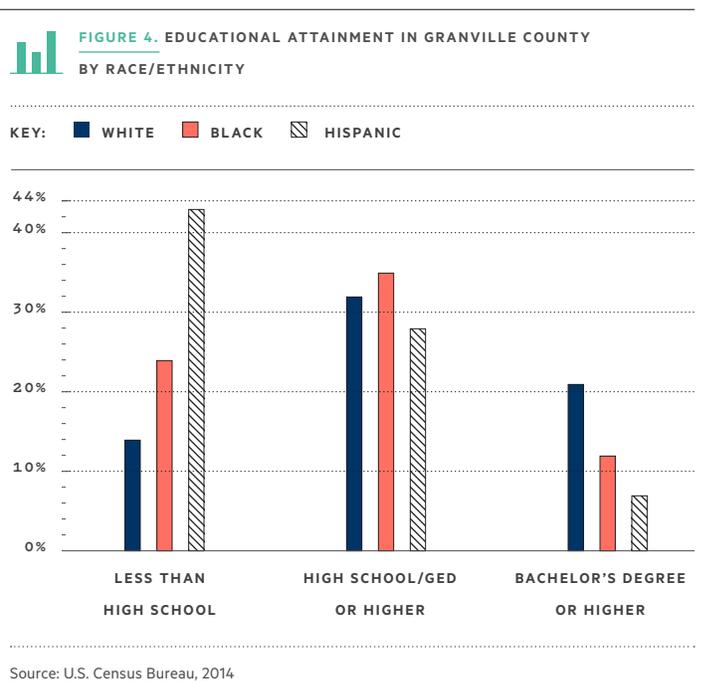
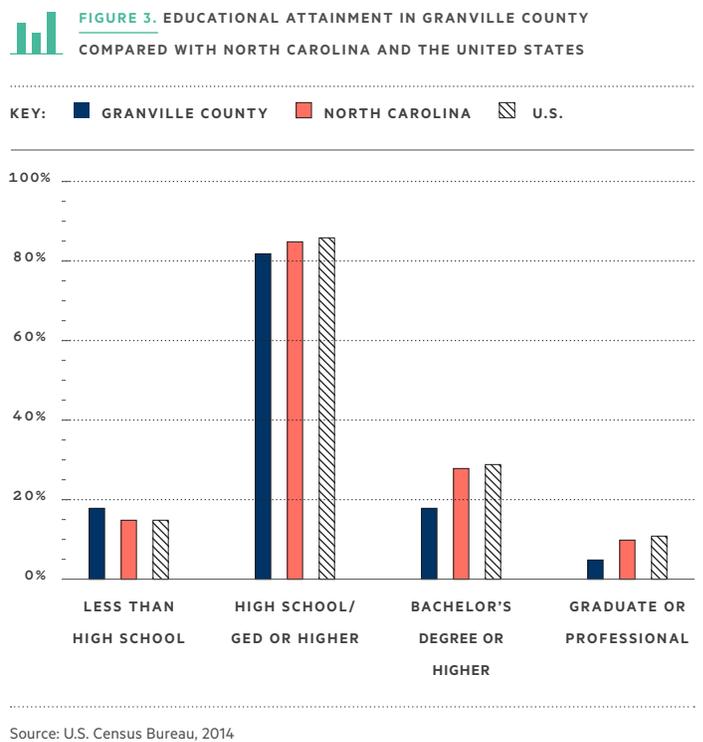
The Granville-Vance District Health Department serves as the umbrella organization for convening partners to plan and implement health and well-being initiatives across Granville and Vance counties. Granville County's public health team encourages public input and the use of evidence-based strategies to address health and wellness priorities.

To identify priority health issues, the group conducts a state-mandated formal community health needs assessment every 4 years that includes a series of community meetings.

### ASSESSING COMMUNITY HEALTH PRIORITIES

Adhering to processes outlined in the state's community health assessment guidebook, stakeholders are multi-sectoral and represent the health district (comprising Granville and Vance Counties), local hospitals, nonprofit agencies, law enforcement, economic development, and members of the general public. These groups convene regularly to discuss and strategize about current and emerging priority areas. The Health Department promotes upcoming community forums on its website and in community forums, inviting all residents and community stakeholders to attend.

Residents who attend typically have an interest in health and well-being and may also serve in leadership roles in partner organizations. During these forums, stakeholders representing both counties review results from a community Health Opinion Survey administered by the Health Department and secondary data from state and national sources. They rank priority health issues independently for each county based on how many residents are affected, the seriousness of the issue, and



the feasibility of addressing the issue.<sup>12</sup> Results of the two most recent assessments are published online at [http://gvph.org/wp-content/uploads/2014/08/2011-CHA-Granville-and-Vance-Counties\\_05-12.pdf](http://gvph.org/wp-content/uploads/2014/08/2011-CHA-Granville-and-Vance-Counties_05-12.pdf) and <http://gvph.org/wp-content/uploads/2014/08/Granville-Vance-CHA-2015-FINAL.pdf>.<sup>13</sup>

Stakeholders participating in the Health Department’s 2011 community health needs assessment chose success in schools, chronic disease prevention, and reproductive health and pregnancy outcomes over other issues apparent in county health data, including tobacco use prevention, environmental health, poverty, and voter turnout. In 2015, stakeholders prioritized education, mental health and substance abuse, and nutrition and physical activity as key issues to focus on over the next 4 years in addition to the cross-cutting issues of poverty and health equity.

Stakeholders have acknowledged the importance of addressing social determinants of health to achieve health equity by, for example, prioritizing poverty and health equity as cross-cutting priorities for 2015-2019. However, Health Department officials also acknowledge that they have not yet adequately engaged black residents, who make up one-third of Granville County’s population, in the needs assessment and planning processes. This influences a sense of community and a set of shared perspectives or values around health, which can ultimately limit the comprehensiveness or reach of particular health strategies or solutions.

The reasons for the limited engagement are not well documented, but they may reflect black residents’ skepticism that participation will have a positive impact on their health and/or distrust emanating from long-standing racial and economic segregation from the county’s tobacco farming past, as well as other social and policy drivers. Health Department staff have invited trusted community members, specifically black preachers, to community health assessment meetings. These efforts have not yet produced the hoped-for results, but Health Department representatives say they are committed to seeking new ways to bring the views of Granville County’s black residents into the process.

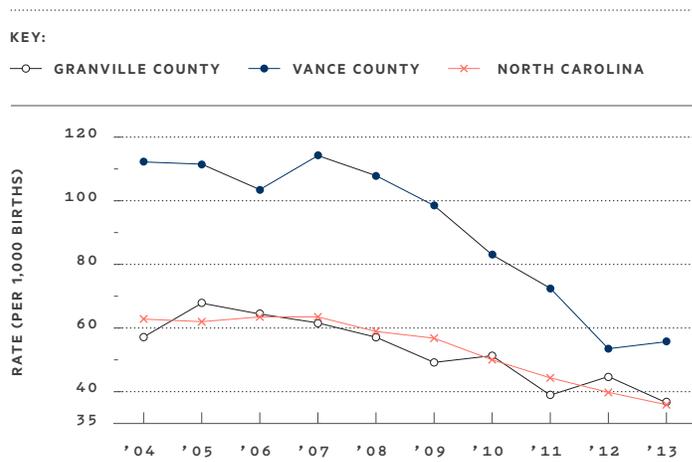
Outside of the Health Department-sponsored process, web searches have not produced evidence of other groups facilitating coordinated efforts to address Granville County’s health and well-being explicitly, although other efforts described later suggest potential linkages to key drivers of well-being (e.g., education reform). The Health Department appears to be Granville County’s champion in planning and developing initiatives to address the priority areas, engaging specific partners from the health care, nonprofit, and education sectors to implement new and ongoing initiatives.

**FIGHTING POVERTY THROUGH EDUCATION**

Improving access to high-quality education can help lift residents out of poverty by boosting graduation rates and enhancing their ability to compete for better-paying jobs. Granville County’s focus on this priority is well-supported by evidence.

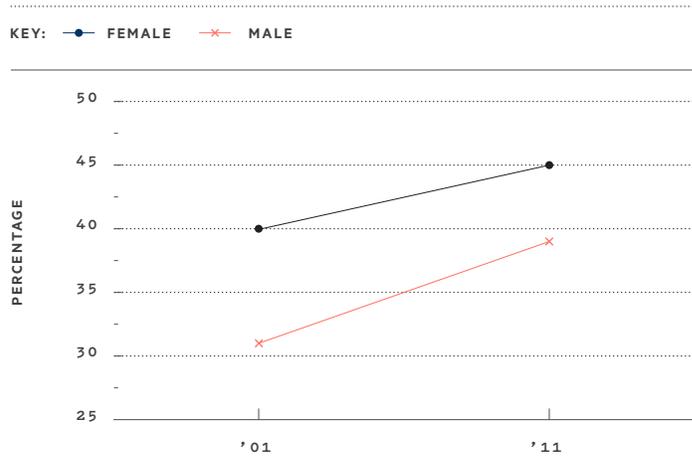
To help keep students on the path to high school graduation, Granville County partners, including the Granville Education Foundation, the Boys and Girls Club, and the Franklin-Granville-Vance Smart

**FIGURE 5. TEEN PREGNANCY RATE AMONG YOUTH AGED 15 TO 19 IN GRANVILLE COUNTY, VANCE COUNTY, AND NORTH CAROLINA**



Source: N.C. State Center for Health Statistics, 2013

**FIGURE 6. ADULT OBESITY PREVALENCE IN GRANVILLE COUNTY BY GENDER**



Source: Institute for Health Metrics and Evaluation, 2013

Start program, are involved in several initiatives designed to promote school success through in-class, after-class, and classroom-readiness efforts that address educational attainment through a fundamental commitment to child well-being. In the 2014–2015 academic school year, the Granville Education Foundation funded 11 creative teaching grants for innovative classroom projects and provided stipends for teachers to attend training on implementing Middle School Curriculum Teacher Instructional Guides for literacy. The Boys and Girls Club of Granville

County, housed at the Mary Potter Middle School in Oxford, provides curriculum-guided out-of-school time programs and serves about 30 students per day.

Improving access to affordable child care services is a major goal of the Franklin-Granville-Vance Smart Start program. Granville County currently has two federally funded Head Start facilities to support early learning, health, and family well-being among low-income families. The Smart Start program works with local child care agencies to coordinate and identify services needed by families and children and to prevent duplication of services.

**FOCUS ON YOUTH AND BUILT ENVIRONMENTS**

Chronic disease prevention through nutrition and physical activity, a key topic influencing cost and quality of life outcomes, emerged as a priority health issue in Granville County's 2011 and 2015 community health needs assessments.

The built environment has a central influence on active living, a key feature of chronic disease prevention. As noted earlier, Granville County has challenges with these physical and social drivers of health and well-being. This is not surprising for a rural community with limited walkability; however, the county has taken steps to provide alternatives.

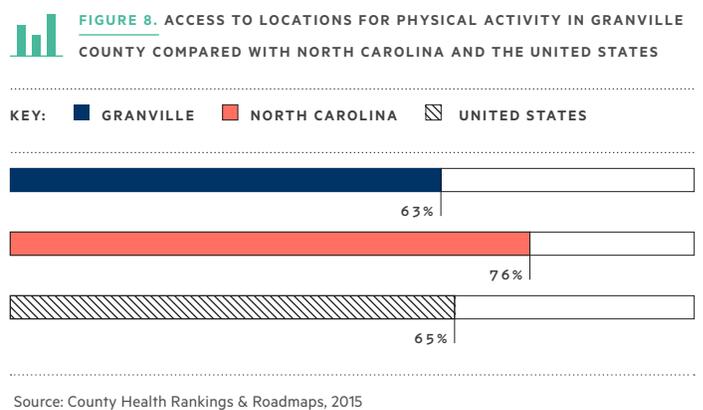
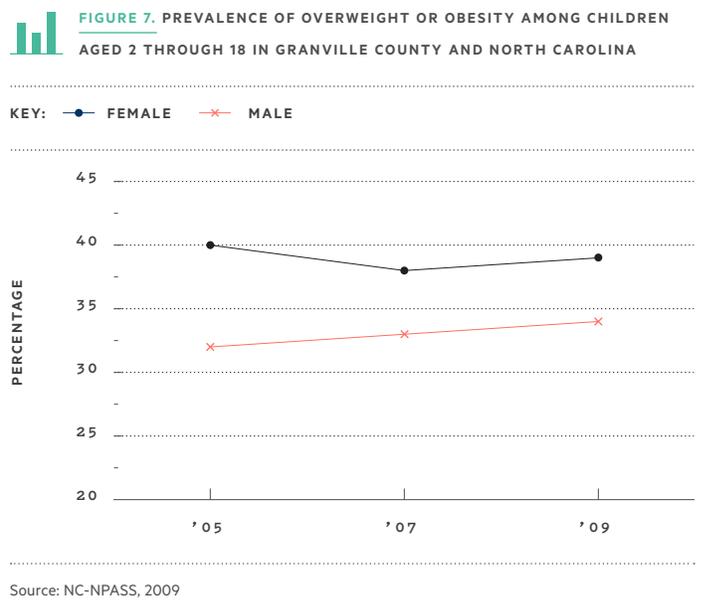
As a result of their planning and needs assessment processes, county leaders developed a Greenway Master Plan, which resulted in the current Granville Greenway System,<sup>14</sup> an effort that is moving the county closer to the goal of a healthier, more equitable community. Granville Greenways is a partnership among Granville County, its municipalities, and the local school systems to create a system of walking and biking trails. The Granville Greenway system highlights 23 potential greenway corridors across the county, providing residents with year-round options for walking, biking, and hiking. As of spring 2016, more than 12 miles of greenway were in progress or had been completed and are concentrated in and around Oxford. This location allows a large proportion of the county's population to access the system and builds grassroots support for continued expansion of the greenways to reach all corners of the county.<sup>15</sup>

Options for increasing physical activity are also aimed specifically at children and youth. Girls on the Run, a national program founded in Charlotte, North Carolina, uses running to empower young girls. The Henderson Family YMCA, based in neighboring Vance County, hosts a local Girls on the Run program at five sites in Granville County.

Granville County is also one of four communities nationwide currently included in the Childhood Obesity Declines Project, which aims to understand factors involved in declining rates of childhood obesity.<sup>16</sup> The childhood obesity gap is closing—while childhood overweight and obesity rates increased 1.8 percentage points in the state, it decreased 1.4 percentage points in the county from 2005 to 2009 (Figure 7).<sup>9</sup>

**USING DATA TO DRIVE NEW FOCUS**

To date, much of the work to lower teen pregnancy rates coordinated through the Granville-Vance District Health Department has concentrated in Vance County, where overall teen pregnancy rates are



higher. New data on racial inequities in teen pregnancy rates suggest that teen pregnancy prevention may emerge in Granville County as a priority in future community health assessments.

**ACCESS TO MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES**

Granville County's newest priority area is improving access to mental health and substance abuse services in light of recent budget cuts making it difficult to maintain or expand programs to meet rising demand. The priority emerged as a result of increasing admission rates to mental health facilities and alcohol/drug abuse treatment centers coupled with \$110 million in state budget cuts affecting these facilities in 2015. The 2011 Health Opinion Survey conducted as part of the community health needs assessment revealed that drug and alcohol abuse was one of the top three issues affecting quality of life in Granville

County, along with poverty and school dropout rates. Residents identified information on substance abuse prevention as their most significant information gap. The 2015 Health Opinion Survey identified substance abuse as one of the top three issues that most affect quality of life among residents of Granville County along with income, education, and housing and access to care. A majority of respondents (36%) identified substance abuse as a serious problem.

As home to two of the eight state-run mental health treatment facilities in North Carolina, Granville County residents appear to have relatively high access to mental health and substance abuse treatment. Based in Butner, the R.J. Blackley Alcohol and Drug Abuse Treatment Center treats adults struggling with addiction, and Central Regional Hospital offers psychiatric treatment and counseling to children and adults. Access to care at these facilities could change as a result of a \$110 million state budget cut in 2015 affecting all eight of the state's treatment facilities. Currently, the rate of emergency department visits primarily related to mental health has remained fairly consistent in Granville County and is consistently lower than the rate for the state (Figure 10).<sup>17</sup>

Mental health and substance abuse services are also available through faith-based initiatives. Converting Hearts Ministry is based in Creedmoor and provides addiction support services for men. Caring Hearts Youth Services is a youth substance abuse treatment center based in Oxford. Despite these services, it is unclear how well integrated these efforts are with the larger health system including medical care, public health, and social services.

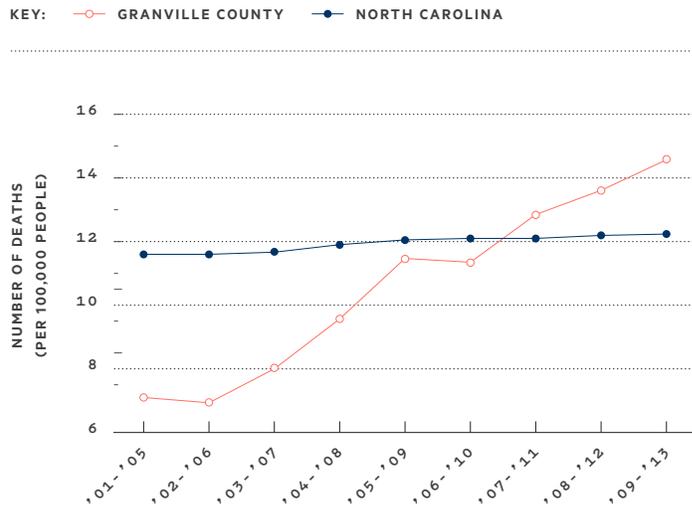
## From Awareness to Involvement

Additional surveillance, data and information gathering, analysis, and reporting will examine the extent to which stakeholders' desire for a more inclusive process and their awareness of social determinants of health lead to more involvement by Granville County's black population in community-wide discussions and initiatives to address disparities in health and well-being. Future reports will also examine how stakeholders are working to create a healthier, more equitable community; the impact of new and ongoing initiatives to address priority health concerns; and whether gaps are emerging in priority areas.

Several questions remain, including the following:

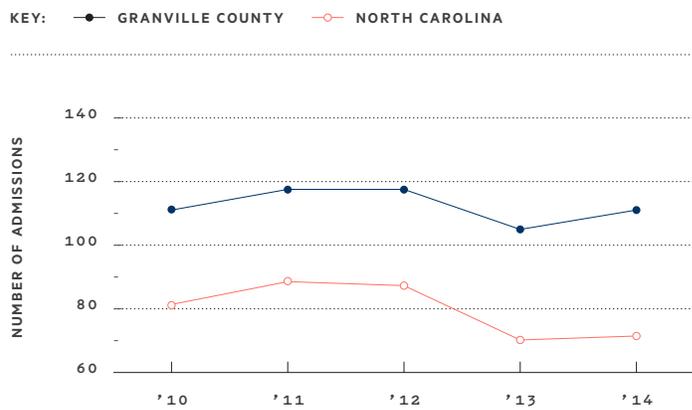
- In what ways is Granville County evolving its activities to engage more residents, particularly black residents, in discussions and decisions regarding health and well-being? What are the narratives that drive or inform health in the black community, and how do key leaders use them for civic engagement around health?
- To what extent does Granville County consider and plan for active promotion of health and well-being, and not simply disease prevention?

**FIGURE 9. SUICIDE MORTALITY RATE IN GRANVILLE COUNTY COMPARED WITH NORTH CAROLINA**



Source: N.C. State Center for Health Statistics, 2013

**FIGURE 10. MENTAL HEALTH AS PRIMARY DIAGNOSIS, EMERGENCY DEPARTMENT ADMISSIONS IN GRANVILLE COUNTY AND NORTH CAROLINA, 2010-2014**



Source: NC-DETECT, 2014

- What is the structure of the broader health system, and how do actors and key sectors work together to address shared challenges?
- What are the interrelationships among economic, educational, and other social drivers of health in the county, and how are leaders planning for them in a coordinated way, particularly in the context of equity and opportunity discussions?

- To what extent are other coalitions and collaborations addressing the social, structural, and economic drivers being leveraged to consider their role in health and well-being, and what efforts have been tried to link across? What are key facilitators and barriers to initiating and/or maintaining those linkages?
- What models or strategies are being debated to address conditions of the physical environment in order to promote quality living? How can the story/successes to improve walking and biking opportunities be transferred or scaled to other features of the community?

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