



Community Health Needs Assessment

Maria Parham Medical Center

Granville, Vance, and Franklin Counties, North Carolina

Paper copies of this document may be obtained at Maria Parham Medical Center, 566 Ruin Creek Road, Henderson, NC 252.438.4143 or via the hospital website MariaParham.com and/or Maria Parham Franklin 100 Hospital Drive, Louisburg, NC 27549, 919.340.8700 or via the website MariaParhamFranklin.com.

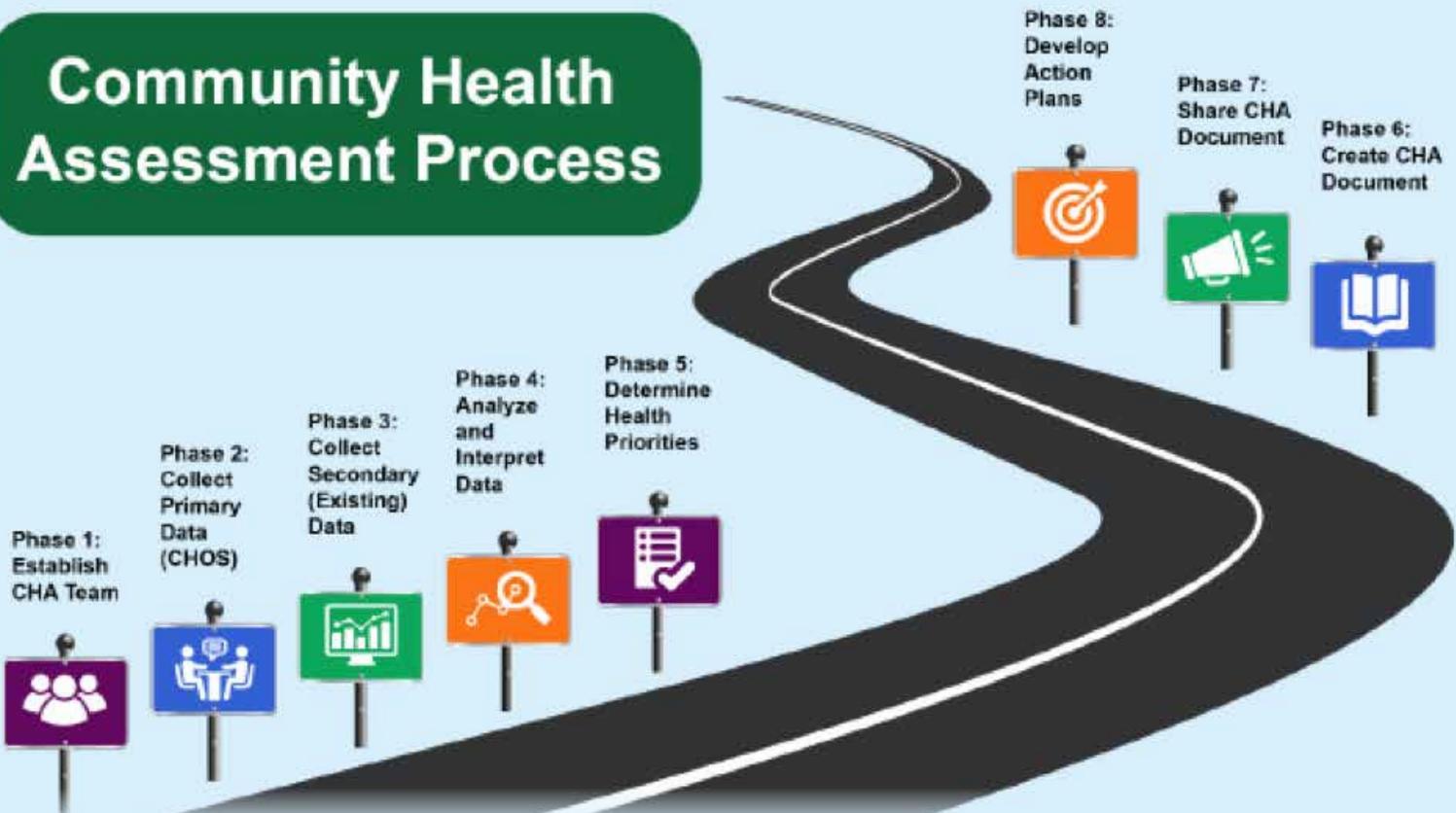
MARIA PARHAM
HEALTH

Duke LifePoint Healthcare

Table of Contents

Process	3
2019 Community Health Needs Assessment	4
Community Input and Engagement	6
Data Collection and Timeline	8
Franklin 2018 CHNA	8
Input of Public Health Officials	10
Input of Medically Underserved, Low-Income and Minority Populations	10
Community Selected for Assessment	11
Key Findings of the Community Health Assessment	13
Results	14
Information Gaps and Limitations	14
Process and Methods	14
Demographics of the Community	16
Vulnerable Populations	18
Health Status Data Summary	19
Social and Economic Factors	20
Health Data Findings Summary	26
Leading Causes of Death, Age-Adjusted Death Rates per 100,000 Population	26
Health Status and Behaviors	29
Mental Health and Substance Use Disorder	37
Youth and Families	39
Pregnancy Risk Factors and Outcomes and Maternal, Fetal & Infant Health	41
Environmental Health	43
Identification of Health Priorities	45
Process	46
Identified Issues	52
Prioritization Criteria	52
2016 Implementation Plan Impact	53
Get Involved	58
Appendices	60
Appendix A – Data Collection Methods	61
Appendix B – Surveys (Primary Data)	68
Appendix C – Focus Groups (Primary Data)	71
Appendix D - Community Assets and Resources	73

Community Health Assessment Process



Sourced from the Granville Vance 2018 Community Health Assessment, p. 10.

Process

Creating a culture of health in the community

2019 Community Health Needs Assessment

This document is a hospital specific Community Health Needs Assessment (CHNA) for Maria Parham Medical Center. Maria Parham Medical Center has a satellite in Franklin County under the same license, Maria Parham Franklin which is an emergency department and behavioral health services.

Granville Vance Public Health, in partnership with Maria Parham Medical Center (MPMC), the North Carolina Institute for Public Health (NCIPH) and community members as part of a local community health (needs) assessment process developed the Granville Vance 2018 Community Health (Needs) Assessment for Granville and Vance Counties. The Granville Vance 2018 CHA partners received support from Triangle North Healthcare Foundation for the assessment. The Granville Vance Community Health Assessment Team was:

- **Lisa Macon Harrison**, MPH, Health Director, Granville Vance Public Health
- **Lindsey Bickers Bock**, MPH, Health Education Supervisor, Granville Vance Public Health
- **Leigh Anne Fowler**, RN, Nursing Supervisor, Granville Vance Public Health
- **Elizabeth Thomas**, MPH, Community Engagement Coordinator, North Carolina Institute for Public Health
- **Matt Simon**, MA, GIPS, Senior Data and GIS Analyst, North Carolina Institute for Public Health

All the parties involved, Granville Vance Public Health, North Carolina Institute for Public Health at the UNC Gillings School of Global Public Health, and Maria Parham Medical Center will be known in this document as the “collaborative”.

The Franklin County Health Department partnered with Maria Parham Franklin to conduct the Franklin County 2018 Community Health Needs Assessment. The Franklin County 2018 CHNA used Health ENC as a resource who in turn commissioned Conduent Healthy Communities Institute (HCI) to assist with its CHNA. To learn more about Conduent HCI, please visit conduent.com/community-population-health. The report authors from Conduent HCI were:

- **Caroline Cahill**, MPH
- **Esther Chung**
- **Liora Fiksel**
- **Zachery Flores**
- **Courtney Kaczmarzky**, MPH
- **Cassandra Miller**, MPH
- **Cara Woodard**

These groups will also be referred to collectively in this document as the “collaborative”.

The content of this document is taken from the Granville Vance 2018 Community Health Assessment, prepared by Granville Vance Public Health and from the Franklin County 2018 Community Health Needs assessment, prepared by the Franklin County Health Department and Conduent HCI. References to the report will be cited as Granville Vance 2018 CHA and Franklin 2018 CHNA. The full Granville Vance document can be viewed at gvph.org/wp-content/uploads/2019/03/GVPH-2018-CHA-Report-Final-no-appendices.pdf. The Franklin County document can be viewed at franklincountync.us/services/health/services/health-education/resources.

- MPMC and Maria Parham Franklin’s board of directors approved and adopted these CHNAs and community report on September 30, 2019.
- Starting on October 1, 2019, this report is made widely available to the community via Maria Parham Medical Center’s website, MariaParham.com, and paper copies are available free of charge at Maria Parham Medical Center and/or Maria Parham Franklin 100 Hospital Drive, Louisburg, NC 27549, 919.340.8700 or via the website **MariaParhamFranklin.com**.

Participants

437 individuals from Granville and Vance Counties and 394 from Franklin County representing community, agencies and health organizations collaborated on comprehensive CHNA processes focused on creating a thorough review of health status and opinions about health and wellbeing in the communities. The process centered on gathering and analyzing data as well as receiving input from persons who represented the broad interests of the community and have special knowledge of or expertise in public health to provide direction for the community and hospitals to create plans to improve the health of the communities.

Project Purpose and Goals

The Community Health Needs Assessment process offers communities the chance to evaluate their health and human services status needs and to identify resources that can help improve the well-being of their residents. By identifying the most urgent and actionable concerns, leadership and community members can then take collaborative and strategic actions to make measurable progress on these issues to improve the overall health of the population. *Granville Vance 2018 CHA, p.6*. MPMC’s goals for the process were:

1. To continue to partner with the Granville Vance Public Health and Franklin County Health Department in formal and comprehensive community health assessment processes that allows for the identification and prioritization of significant health needs of the community to allow for resource allocation, informed decision-making and collective action that will improve health.
2. To continue collaborative partnerships between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.
3. To continue to support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

“We collaborated with Granville Vance Public Health and Franklin County Health Department on the Community Health Needs Assessments with the goals of analyzing significant health needs and priorities and addressing those needs,” said Bert Beard, Chief Executive Officer, MPMC. “We are going to use the findings as a catalyst for community mobilization to improve the health of our residents.”

“The information gathered both from public health data and from community members and stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by community organizations to create an implementation plan,” added McKinley Perkinson, Director Marketing. “The prioritization meetings were the final step in the assessment process. Now the real work begins with creating the community health improvement plan and improving the health of the community.”



Community Input and Engagement

In addition to the Granville Vance Public Health leadership team, a steering committee comprised of representatives from various health and human service organizations in both counties met regularly to review and analyze data and to discuss priorities. *Granville Vance 2018 CHA, p.6*

Community input is a crucial part of an assessment, and GVPH engaged community members at two stages of the process. The Community Health Opinion Survey (CHOS), conducted in both Granville and Vance Counties, engaged 352 randomly selected residents to learn more about their personal health status and concerns, as well as their concerns for the community as a whole. All residents of Granville and Vance were invited to participate in community forums to learn about the most pressing concerns identified in the data collection and analysis and to vote on which areas should be chosen as the priorities for this CHA cycle. In addition, community engagement is an ongoing focus for our community and partners as we move forward to the collaborative planning phase of the community health improvement process. Partners and stakeholders with current efforts or interest related to priority health issues will continue to be engaged. We also plan to work together with our partners to help ensure that programs and strategies in our community are developed and implemented with community members and partners.

The primary data used in the Franklin County assessment consisted of a community survey distributed through online and paper submissions and focus group discussions. Over 350 Franklin County residents contributed their input on the community's health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations. Additionally, three focus groups were held to receive additional community input.

Data Collection and Timeline

Throughout 2018, the collaboratives reviewed the survey data, focus group results and secondary data over multiple meetings. The collaboratives sought input from persons who represent the broad interests of the community using several methods. *Granville Vance 2018 CHA*

- The CHA team worked from June through November of 2018 to collect and analyze data, present it for discussion to the steering team and community members, and set priorities that represent the counties' needs and concerns.
- July and August 2018 staff and volunteers from GVPH, UNC Gillings, and other local organizations were trained and conducted a total of 352 resident interviews, the Community Health Opinion Survey (CHOS).
- CHA Steering Committee kicked off efforts on June 18, 2018 and used themes that emerged from both the primary and secondary data gathered through surveys including comparisons to the peer counties, state and Healthy North Carolina 2020 goals, to develop a list of nine primary topic areas from the CHA process.
- There were two Community Health Forums – one in Vance on October 16, 2018 and one in Granville on October 25, 2018. The forums were held at the Perry Memorial Library in Henderson and the Granville County Expo Center in Oxford. The attendees received a presentation on the CHA process and data highlights for each of the nine priority areas. Attendees voted to determine the final health needs and priorities.
- The implementation plan was developed at three meetings for the selected priority issues Youth Well-Being on January 14, 2019, Access to Health Care on January 18, 2019, and Mental Health & Substance Use on January 31, 2019.
- The Maria Parham Medical Center board approved the Community Health Needs Assessment, priorities, and implementation plan remotely September 2019.

Franklin 2018 CHNA

- Community input was collected via a 57-question online and paper survey available in both English and Spanish through Health ENC's service area from April 18, 2018 – June 30, 2018. 335 surveys were completed.
- Three focus group discussions were completed within Franklin County between June 22, 2018 – July 28, 2018 with a total of 25 individuals.
- The prioritization meeting was held February 13, 2019 with 25 attendees from Franklin County Health Department, Maria Parham Franklin, local health providers, mental health providers, school system representatives, local business owners, governmental agencies and community partners.
- The Maria Parham Medical Center board approved the Community Health Needs Assessment, priorities, and implementation plan remotely in September 2019.

Participation in the Steering Committees, Surveys, Focus Groups, the prioritization meetings creating the Granville Vance 2018 Community Health Needs Assessment and the Franklin 2018 CHNA was as follows:

Organization	Counties represented	Population Represented
Cardinal Innovations	Granville, Vance, Franklin	Mental health, substance abuse, behavioral health
Chair, Granville County Board of Commissioners; Franklin-Granville-Vance Smart Start	Granville, Vance, Franklin	General population and newborn/preschoolers
City of Henderson Youth Services	Vance	Children under 18 years of age
FGV Smart Start	Granville, Vance, Franklin	Newborn/preschoolers
Franklin County Department of Aging	Franklin	Elderly >65
Franklin County Department of Social Services	Franklin	Low income
Franklin County Emergency Medical Services	Franklin	General population
Franklin County Health Department	Franklin	General population/low income
Franklin County Schools	Franklin	Children under 18 years of age
Franklin County Smart Start	Granville, Vance, Franklin	Newborn/preschoolers
Franklin County Vocational Rehab	Franklin	Disabled people
FVW Opportunity, Inc.	Franklin, Vance, Warren	Low income/poverty stricken
Granville County	Granville	General population
Granville County Cooperative Extension Service	Granville	Farmers
Granville County Public Schools	Granville	Children under 18 years of age
Granville Health System	Granville	General population
Granville Library System	Granville	General population
Granville Vance Public Health	Granville, Vance	General population/low income
Henderson Police Department	Vance	General population
Magistrate's Office	Granville, Vance	General population
Maria Parham Franklin	Granville, Vance, Franklin	General population
Maria Parham Medical Center	Granville, Vance, Franklin	General population
N.C. Cooperative Extension	North Carolina	Farmers
N.C. Harm Reduction Coalition	North Carolina	General population
Recovery Innovations	Vance, Granville, Franklin	Mental health, substance abuse, behavioral health
Safe Space	Vance, Granville, Franklin	Women and children
The Daily Dispatch	Granville, Vance	General population
Triangle North Healthcare Foundation	Vance	General population
Vance County Schools	Vance	Children under 18 years of age
Vance-Granville Community College	Granville, Vance, Franklin	Those seeking higher education in the region

Input of Public Health Officials

Health care leaders across eastern North Carolina have partnered to standardize the CHNA for health departments and hospitals in the region. Combining efforts of local health departments and hospitals in a regional CHNA will ultimately lead to an improvement in the quality and utility of population health data.

Franklin 2018 CHNA, p.10

Maria Parham Medical Center and Maria Parham Franklin partnered with Granville Vance Public Health and the Franklin County Health Department for their three county CHNA. These two health departments with the partners conducted the primary and secondary research for the CHNA.

Input of Medically Underserved, Low-Income and Minority Populations

The previous identifies each organization that was involved in the CHNA, and what groups they represented. Many of the organizations involved represent the medically underserved, low income and minority populations. Input was received during meetings, surveys, focus groups, and forums. Participants were invited to the steering committees and focus groups based on their ability to represent the medically underserved, low-income and minority populations.

The Granville Vance 2018 CHNA identified the following attributes of vulnerable populations:

- Veterans
- Disabled
- Age
- Limited English proficiency
- Socioeconomic status
- Lack of insurance
- Chronic disease

The Franklin County 2018 CHNA identified several subpopulations and their unique needs identified where the subgroup data differs significantly and negatively from the overall population in the county.

- **Gender:** Men's health – increased death rates from prostate cancer, bladder cancer and all cancer and lower life expectancy
- **Age:** 65+ workers who drive alone to work, People 25+ with a bachelor's degree or higher, People 25+ with a high school degree or higher
- **Race/Ethnicity:** lower per capita and median household income for African American, Latinos, Other, and two or more races; families and young children living below the poverty level for Latinos; Children living below the poverty level Latino and two or more races.
- **Limited English Proficiency**



Community Selected for Assessment

The study area for this CHNA was Granville, Vance, and Franklin Counties.

Maria Parham Medical Center and Maria Parham Franklin's health information provided the basis for the geographic focus of this CHNA as well as the county health departments' service areas. 78% of Maria Parham Medical Center's inpatients came from Granville, Vance and Franklin Counties. Therefore, it was reasonable to select these counties as the primary focus of the CHNA.

The community included medically underserved, low-income or minority populations who live in the geographic areas from which Maria Parham Medical Center draws its patients. All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Maria Parham Medical Center's Financial Assistance Policies.



Key Findings of the Community Health Assessment

Results

The top health priorities selected for the Granville Vance 2018 CHNA were:

1. Mental health & substance use disorder
2. Youth well-being
3. Access to healthcare

The steering committee added the cross-cutting themes of poverty and health equity to be addressed in each priority.

The most significant health needs identified in Franklin County were:

- Access to health services
- Mental health & mental disorders
- Exercise, nutrition & weight
- Substance abuse

Information Gaps and Limitations

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of data availability. In some topics there is a robust set of secondary data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators. The online survey in Franklin county was a convenience sample survey, and thus the results are not representative of the community population as a whole.

Process and Methods

Granville and Vance Counties

The CHNA Team worked from June through November of 2018 to collect and analyze data, present it for discussion to the steering committee and community members, and set priorities that represent the counties' needs and concerns. The data collection process included primary data – data collected directly from the community through the community health opinion survey – as well as secondary, or existing, data. The secondary data sources included the North Carolina Center for Health Statistics, the United States Census Bureau, local government, and other sources.

The CHA process requires gathering two kinds of data: primary data (new data collected from the community) and secondary data (existing statistics collected from other sources). To fulfill the primary data requirement, GVPH conducted the Community Health Opinion Survey (CHOS), which consisted of 61 questions to learn about residents' personal health, health care access, emergency preparedness, and community concerns. The survey was available in English and Spanish.

The survey sampling method included a two-stage cluster sampling design that first selected census blocks in each county, then selected five households within each cluster. In July and August of 2018, staff and volunteers from GVPH, UNC Gillings, and other local organizations were trained and conducted a total of 352 resident interviews.

The secondary data collected for the CHA included statistics from federal, state, and local sources around topics such as morbidity (illness) and mortality (death) rates for various health outcomes, demographics, education, poverty, health care services, disease tracking, environmental health, and others. The secondary data collected for this report also include social determinants of health, which are social and environmental factors that influence personal health, health behaviors, and access to health care.

When available, the CHA team compared data measures from Granville and Vance Counties to the state of North Carolina and two peer counties, Franklin and Warren. The peer counties were chosen for their similarities to Granville and Vance in demographics, density, location, and other characteristics. Data were also compared to the targets for the Healthy North Carolina 2020 goals, which serve as the state's health improvement plan.

Franklin County

Secondary Data

Secondary data used for this assessment was collected and analyzed from Conduent Healthy Communities Institute's community indicator database. The database, maintained by researchers and analysts at Conduent HCI, includes over 100 community indicators from various state and national data sources such as the North Carolina Department of Health and Human Services, the Centers for Disease Control and Prevention and the American Community Survey.

Indicator values for Franklin County were compared to North Carolina counties and U.S. counties to identify relative need. Other considerations in weighing relative areas of need included comparisons to North Carolina state values, comparisons to national values, trends over time, Healthy People 2020 targets and Healthy North Carolina 2020 targets. Based on these seven different comparisons, indicators were systematically ranked from high to low need.

Primary Data

The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (3) focus group discussions. Over 350 Franklin County residents contributed their input on the community's health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations.



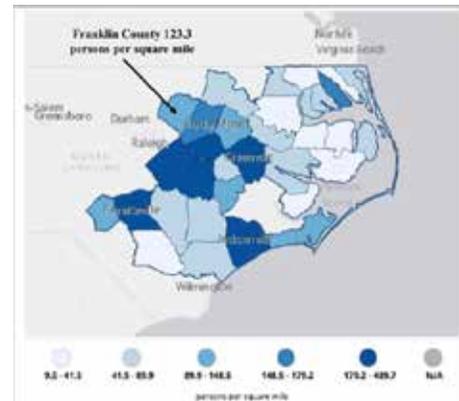
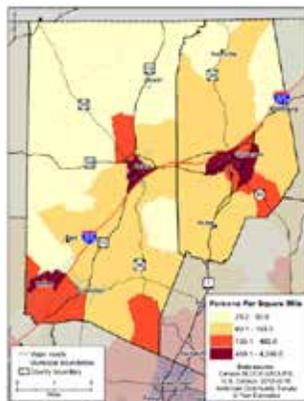
Demographics of the Community

According to the US Census Bureau 2016 estimates, the population for Granville County is 59,013 and for Vance County is 44,244. Granville County has a higher percentage of male residents, whereas in Vance a higher percentage of the population is female. Granville County has a higher median age than the other two followed by Franklin, then Vance. Franklin County's population is 64,705 in 2016 and has a higher percentage of female population.

Location	Total Population	% Population Male	% Population Female	Overall Median Age
Franklin County	64,705	49.7%	50.3%	41.6
Granville County	59,031	50.9%	49.1%	42.6
Vance County	44,244	46.6%	53.4%	40.5
Warren County	19,907	49.9%	50.1%	47.2
State of NC	10,146,788	48.6%	51.4%	38.7

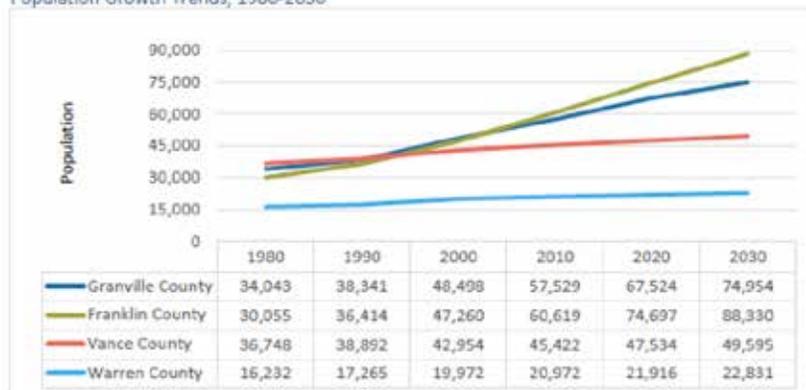
Source: US Census Bureau, American Fact Finder, 2016 Annual Estimates of the Resident Population by Sex, Race, and Hispanic Origin for the United States, States, and Counties

Granville, Vance, and Franklin are rural counties. The densest concentrations of population in southern Granville County and around the municipalities of Henderson and Oxford. Franklin County has a population density of 123.3 persons per square mile.



Living in a rural area can increase an individual's risk of poor health outcomes due to factors like difficulty accessing health care services and having fewer economic opportunities. Rural populations tend to have higher rates of chronic disease and lower life expectancy than their urban counterparts.

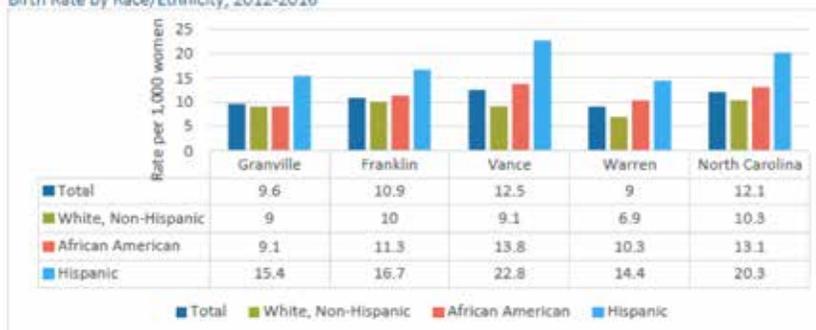
Population Growth Trends, 1980-2030



Source: Log Into North Carolina (LINC) Database Topic Group Population and Housing, Total Population, <https://www.csbm.nc.gov/facts-figures/linc>

Franklin County is predicted to continue growing. Granville County is predicted to continue growing due to migration into the county, whereas Vance County shows a more modest projected population growth over the next decade.

Birth Rate by Race/Ethnicity, 2012-2016



Source: NC State Center for Health Statistics, Health Data, County Level Data, County Health Databooks

Birth rates for the counties are relatively flat overall, and the Hispanic birth rate is higher than African American and white, non-Hispanic rates. Vance has higher total birth rates, followed by Franklin, then Granville.

Vulnerable Populations

The following table presents a summary of populations whose health may be more vulnerable.

Age					
	Granville	Franklin	Vance	Warren	North Carolina
<5 years old	4.9%	5.6%	6.3%	4.5%	6%
<18 years old	21%	22.7%	24%	18.6%	22.8%
>65 years old	15.7%	15.5%	16.85	22.9%	15.1%
Other Characteristics (All Ages)					
Uninsured	9.5%	12.5%	11.5%	14%	12.1%
Living Below Poverty Line	14.3%	16.4%	23%	22.3%	16.1%
Disabled	16.4%	15.2%	18.7%	19.7%	13.7%
Limited English Proficiency*	2.6%	3.8%	2.6%	1.4%	4.7%

*Speak English less than "very well"

Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, ACS Demographic and Housing Estimates, Selected Economic Characteristics, Small Area Health Estimates

Age, language barriers, socioeconomic status, chronic disease, and disability can increase a population's vulnerability to a public health emergency or natural disaster. Vulnerable populations may also face extra hurdles in accessing basic health care due to their status; for example, a person who is uninsured may hesitate to seek routine medical care due to concerns about cost of the services, or a person with limited English proficiency may experience difficulty asking questions about a health condition.

Veterans

An estimated 7.8% of Granville and Franklin Counties' populations were veterans, compared to 6.5% in Vance County, and 8.7% statewide.



Health Status Data Summary

The following information is sourced from Granville Vance 2018 CHA, produced by Granville Vance Public Health and Franklin County 2018 CHNA produced by the Franklin County Health Department.

In addition to genetic, environmental, and behavioral factors, the health of individuals and communities is affected by the conditions in which they live, work, play, worship, and age. These conditions are known as the social determinants of health, and they include factors such as community safety, poverty, housing, education, and transportation.



Social and Economic Factors

NC Department of Commerce Tier Designation

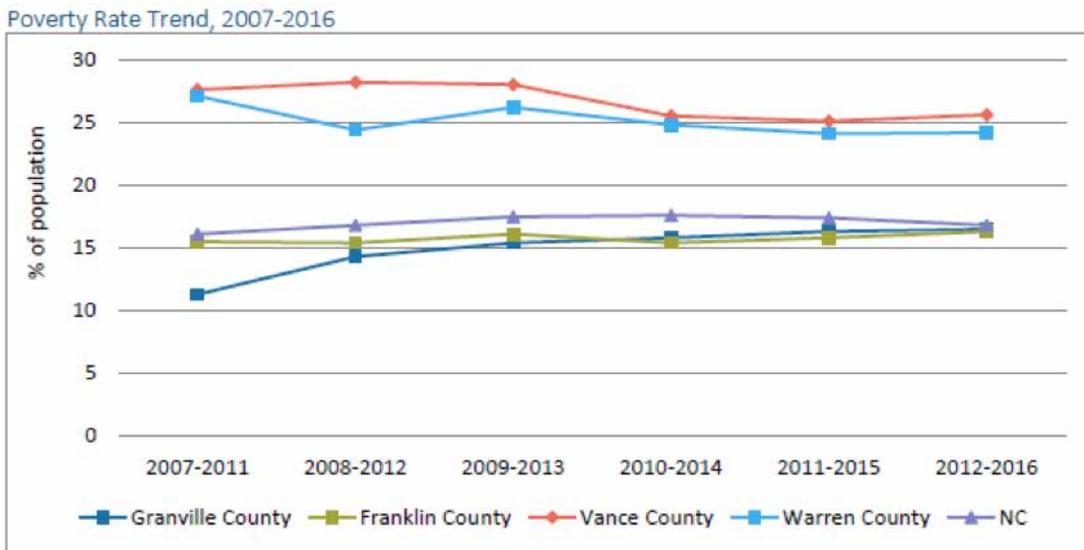
The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Tier designations from the North Carolina Department of Commerce are given based on employment, income, population, and property taxes. Franklin and Granville Counties have been assigned a Tier 2 designation for 2018 (rural, less distressed), and Vance County has been designated as Tier 1 (most rural, most distressed).

Income & Poverty

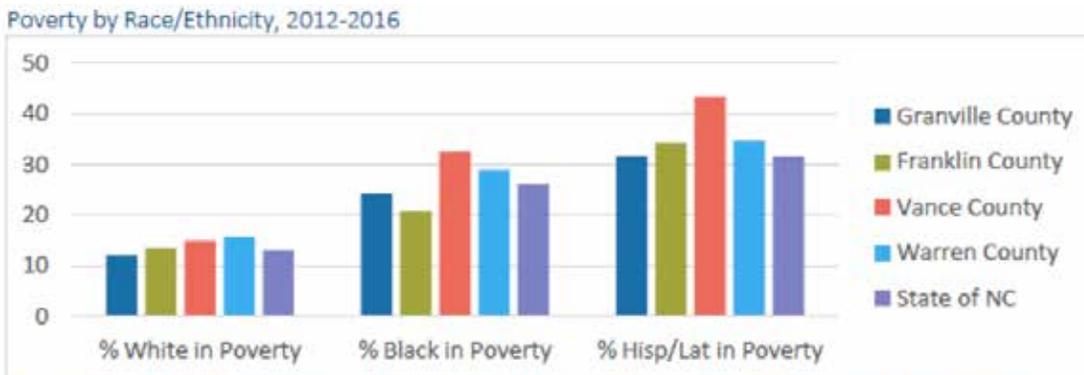
“Income provides economic resources that shape choices about housing, education, childcare, food, medical care, and more. Wealth, the accumulation of savings and assets, helps cushion and protect us in times of economic distress. As income and wealth increase or decrease, so does health.” *County Health Rankings, 2018*

Median household income in Vance County was \$35,246, compared to Franklin at \$48,344 and Granville with \$52,089 and NC at \$50,320. *US Census Bureau, ACS 5-year estimates*

Having an adequate income allows families and individuals to purchase health insurance and access medical care. It also provides the ability for a household to make healthy lifestyle choices. Individuals and families living in poverty are most likely to live in unsafe homes and neighborhoods, often with limited access to healthy foods, employment options and quality schools.



US Census Bureau, American Fact Finder, American Community Survey, 2010, 2011, 2012, 2013, 2014, 2015, 2016 ACS 5-Year Estimates, Table DP03: Selected Economic Characteristics, County, North Carolina (Counties as listed); <http://factfinder2.census.gov>

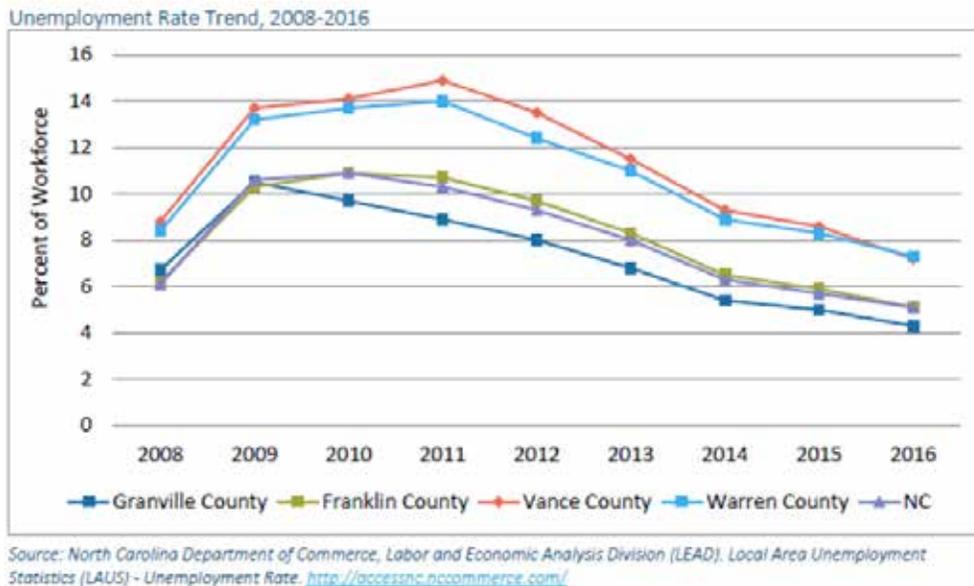


Source: US Census Bureau, American Fact Finder, American Community Survey, 2010, 2011, 2012, 2013, 2014, 2015, 2016 American Community Survey 5-Year Estimates, Table S1701: Poverty Status in the Past 12 Months. Data Profiles, County, North Carolina (Counties as listed); <http://factfinder2.census.gov>

The rate of poverty in Franklin County is 16.3%, Granville is 16.5% and Vance is 25.6% compared to North Carolina at 13.6%. The Healthy North Carolina 2020 target is 12.5%.

Employment

“Employment provides income and, often, benefits that can support healthy lifestyle choices. Unemployment and under employment limit these choices, and negatively affect both quality of life and health overall. The economic condition of a community and an individual’s level of educational attainment both play important roles in shaping employment opportunities.” *County Health Rankings, 2018*



Unemployment rates have been declining since 2011 and currently are:

- Vance County: **6.8%**
- Franklin: **4.7%**
- Granville: **3.9%**
- NC: **4.4%**

US Department of Labor, Bureau of Labor Statistics, June 2019 not seasonally adjusted

Much of the northern area of Granville County remains rural and agricultural, there are increased manufacturing jobs housed in places like the Triangle North Granville Industrial Park and high-tech companies are moving into the area. The County’s three largest employers are the State of N.C. Department of Health and Human Services, and Revlon Consumer Products Corporation. *NC Department of Commerce, 2018*

The largest industries in Vance County include manufacturing, health care and social assistance, and retail trade. The county’s three largest employers are Vance County Schools, Wal-Mart Associates Inc., and Variety Wholesalers Inc. *NC Department of Commerce, 2018*

The largest employers in Franklin County are schools, the county government, and manufacturing *Novozymes North America Inc., K-Flex USA, Captive-Aire Systems*

Franklin Secondary Data

From the secondary data scoring results, the Economy received a score of 1.49 and was the 15th most pressing health need in Franklin County. Top scoring related indicators include: Students Eligible for the Free Lunch Program (2.35), Households with Cash Public Assistance Income (2.30) and Total Employment Change (2.10).

Franklin Primary Data

Community survey participants were asked to rank the issues impacting their community's quality of life. According to the data, both poverty and the economy were the top issues in Franklin County that negatively impact quality of life. Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement. With the highest share of responses, higher paying employment (18%) was the highest-ranking service needing improvement and availability of employment was 3rd (9.9%). When asked to expand on services that could be improved, participants raised the need for more economic activity in the community. Over 70% of participants disagreed or strongly disagreed that there is economic opportunity in the community.

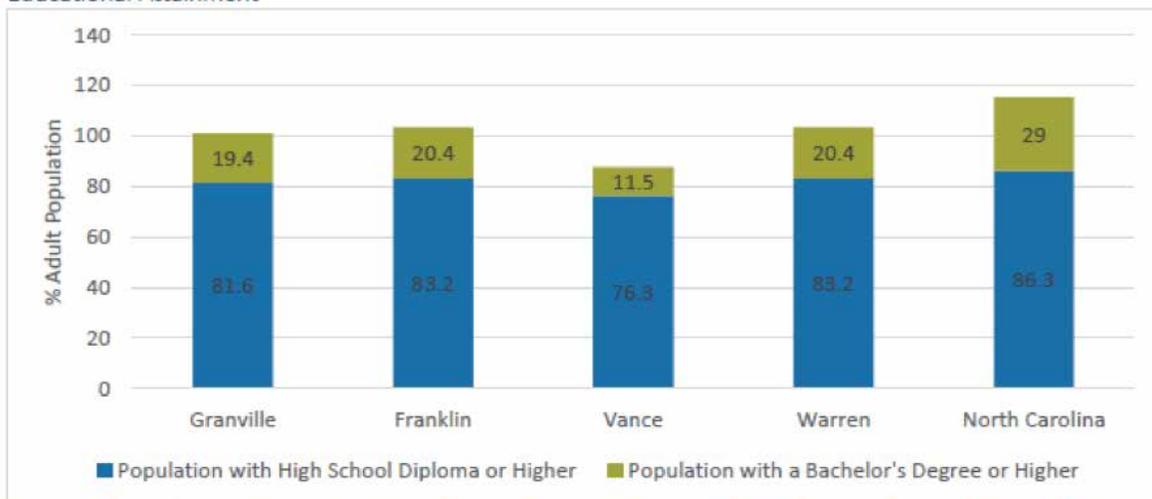
Focus group participants also touched on key economic stressors: limited economic development, lack of jobs in the community, long commutes to work, challenges with being able to afford health care costs, delaying purchasing medications for other necessities. Many people discussed that lack of job opportunities in the area and how that impacts their ability to afford decent health insurance and care.

Education

“Better educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive. This is true even when factors like income are taken into account” *County Health Rankings, 2018*

In overall educational attainment, 81.6% of Granville County residents, 76.3% of Vance County residents, and 83.2% of Franklin County have at least a high school education, compared to 86.3% statewide. The percentage of residents with a bachelor's degree or higher for Granville County (19.4%), Vance County (11.5%), and Franklin County (20.4%) was significantly lower than the statewide average of 29%.

Educational Attainment



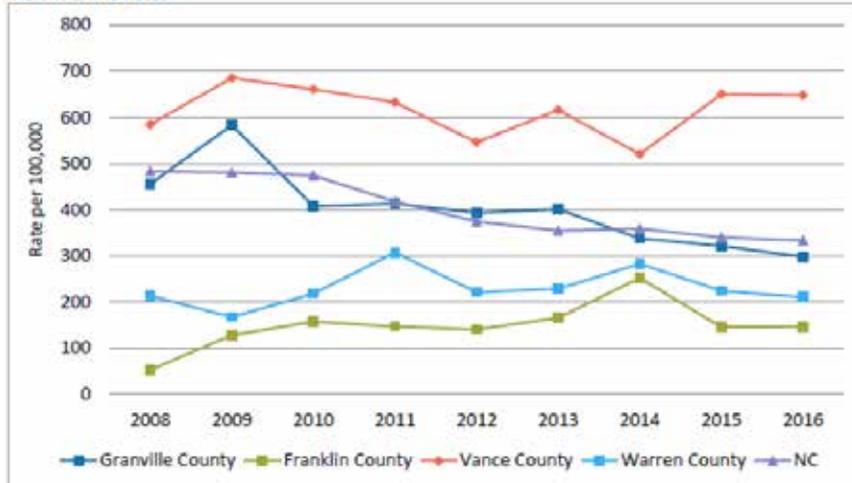
Source: US Census Bureau, American Fact Finder, American Community Survey, 2013-2017 American Community Survey (ACS) 5-Year Estimates, Table DP02: Selected Social Characteristics, Educational Attainment, by State or County

Community Safety

“Injuries through accidents or violence are the third leading cause of death in the United States, and the leading cause for those between the ages of 1 and 44. Accidents and violence affect health and quality of life in the short and long-term, for those both directly and indirectly affected, and living in unsafe neighborhoods can impact health in a multitude of ways.” *County Health Rankings, 2018*

The chronic stress of living in unsafe neighborhoods can cause anxiety and depression, accelerating aging and harming overall health. Children in unsafe living situations can suffer post-traumatic stress disorder and exhibit more aggressive behavior and risk-taking than peers in safer environments. Fear of violence keeps people indoors, away from exercise and healthy foods, and reduces time spent with neighbors and friends. 95% of households in Granville County and 86% in Vance County feel safe living in their neighborhood. Crime was the most commonly cited reason for those who didn't feel safe. Rates of both violent and property crime are higher in Vance County than in Granville and Franklin Counties; however, property crime rates have declined in each of the past four reported years.

Violent Crime Rates



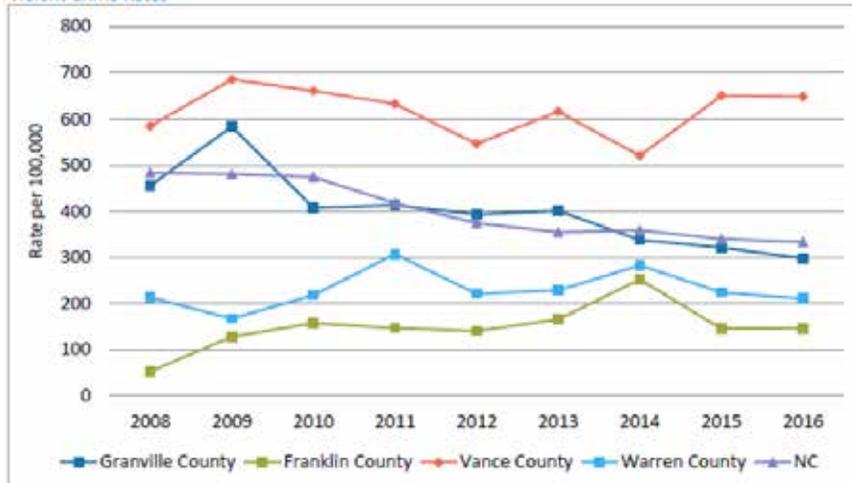
Source: NC Department of Justice, State Bureau of Investigation, Crime, View Crime Statistics, Crime Statistics (by Year). County Rates: <http://crime.reporting.ncdhs.gov/>

The homicide rate per 100,000 population:

- Vance County: **20**
- Granville: **5**
- Franklin: **7**
- NC: **6**
- North Carolina Healthy People 2020 target: **6.7**

County Health Rankings, 2019, 2011-2017 CDC Wonder Mortality Data

Violent Crime Rates



Source: NC Department of Justice, State Bureau of Investigation, Crime, View Crime Statistics, Crime Statistics (by Year). County Rates: <http://crime.reporting.ncdhs.gov/>

Domestic Violence

Domestic violence is the intentional use of force or power (actual or threatened) against a person to control or harm them. Domestic violence can include behaviors that cause physical harm, fear, sexual violence, threats, financial abuse, emotional abuse, and intimidation.

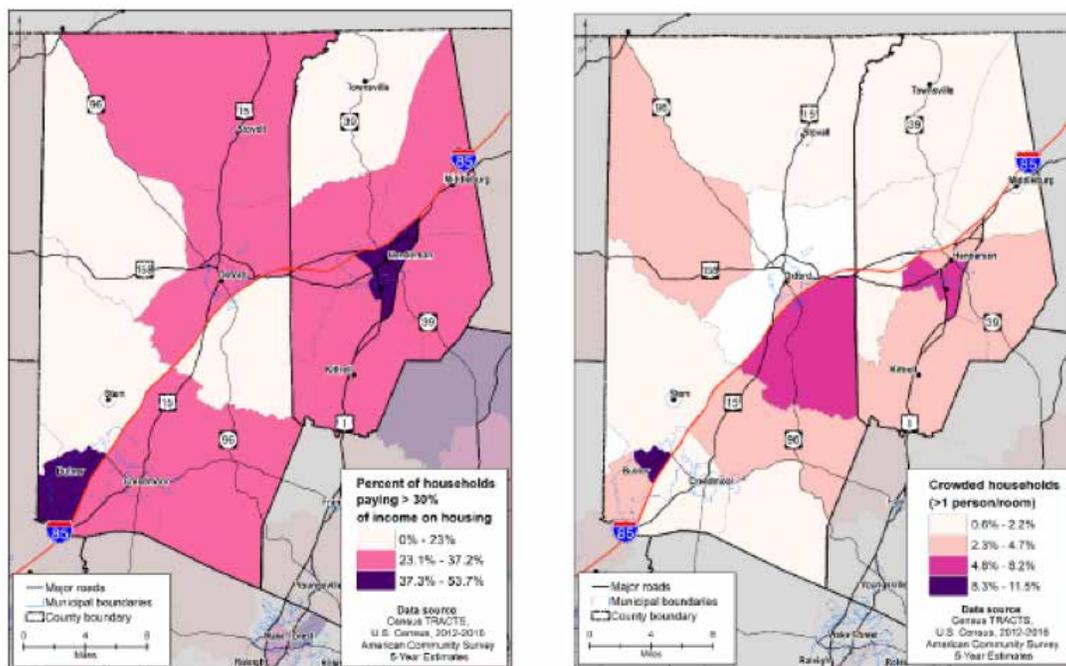
The North Carolina Coalition Against Domestic Violence collects statistical data for domestic violence and sexual assault services utilized in North Carolina. The Center reports that 390 clients were served in Vance County, 347 in Granville County, and 447 in Franklin County in fiscal year 2015-2016.

Housing

“The housing options and transit systems that shape our communities’-built environments affect where we live and how we get from place to place. The choices we make about housing and transportation, and the opportunities underlying these choices, also affect our health” (County Health Rankings, 2018).

Housing problems, ranging from inadequate infrastructure to overcrowding, can lead to health problems such as injury and developmental delays. According to the University of Wisconsin’s Population Health Institute, 16% of Granville County residents, 18% of Vance County residents and 15% of Franklin County residents live in housing with severe problems such as lack of kitchen facilities, structural damage, or crowding. Housing affordability is also a challenge; 53.3% of renters in Vance County, 49.6% in Granville County, and 48% in Franklin County spend more than 30% of their household income on housing compared to NC at 47% and the Healthy NC 2020 target of 36%. (NCDHHS, Division of Public Health; North Carolina Housing Coalition; ACS 5-year estimates 2013-2017)

The maps below show housing indicators for Granville and Vance Counties.



Health Data Findings Summary

Mortality

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. Cancer, heart disease, and chronic lower respiratory disease are the three leading causes of death in Granville, Vance, and Franklin Counties. North Carolina follows the same order, while nationwide, heart disease is the number-one cause of death, followed by cancer and unintentional injuries (accidents).

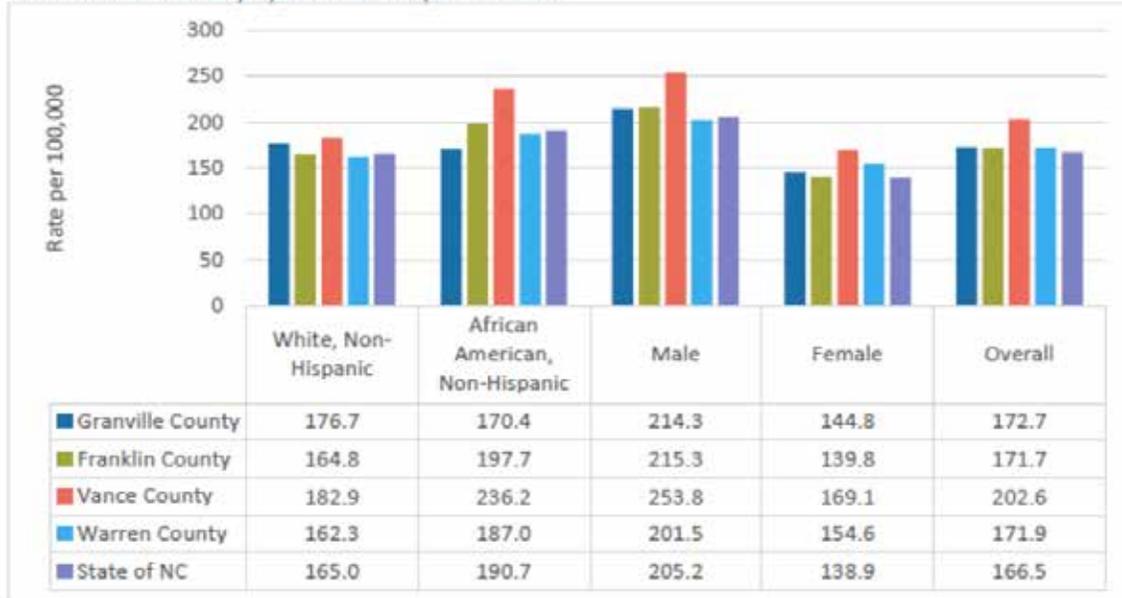
The following table shows the top causes of death for Granville, Vance and Franklin Counties.

Leading Causes of Death, Age-Adjusted Death Rates per 100,000 Population (5-Year Aggregate, 2012-2016)

Cause of Death	Granville County			Vance County			Franklin County		
	Number	Rate	Rank	Number	Rate	Rank	Number	Rate	Rank
Cancer	611	172.7	1	573	202.6	1	675	172.4	1
Trachea, Bronchus, and Lung	198	55.7	a	180	62.7	a	209	51.6	a
Prostate	28	21.2	b	18	17	d	34	21	c
Breast	34	17.8	c	46	30	b	49	23.4	b
Colon, Rectum and Anus	56	16.4	d	57	20.6	c	51	13.2	d
Pancreas	35	9.3	e	40	14.3	e	45	11.4	e
Heart Disease	512	155.2	2	521	189.8	2	605	166.4	2
Chronic Lower Respiratory Disease	138	41.3	3	135	38.9	3	166	45.4	3
Cerebrovascular Disease	105	32.2	5	120	44.1	4	156	43.6	4
All Other Unintentional Injuries	86	28.3	7	64	27.5	8	99	30.6	5
Alzheimer's Disease	133	44.7	4	54	19.8	11	59	17.5	8
Diabetes Mellitus	93	26.9	6	77	27.7	6	89	22.5	6
Pneumonia and Influenza	41	12.4	11	87	31.9	5	55	15.1	11
Nephritis, Nephrotic Syndrome, and Nephrosis	53	16.4	9	76	27.6	7	60	16.1	9
Unintentional Motor Vehicle Injuries	56	17.7	8	60	27.9	10	70	22.1	7
Septicemia	37	10.6	12	64	22.8	8	46	13.1	12
Suicide	46	14.9	10	37	16.7	13	49	15.5	10
Chronic Liver Disease and Cirrhosis	37	10.1	12	37	14	13	37	9	13
Homicide	13	4.3	14	41	19.7	12	27	9	13
Acquired Immune Deficiency Syndrome	9	2.9	15	10	4.2	15	7	N/A	

Source: NC State Center for Health Statistics, County Health Data Book (2018), Mortality, 2012-2016 Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; schs.state.nc.us/SCHS/data/databook

Total Cancer Mortality by Race and Sex, 2012-2016



NC State Center for Health Statistics, County Health Data Books (2012-2016), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; <http://www.schs.state.nc.us/SCHS/data/databook/>

For the five-year period 2012-2016, the overall cancer mortality rate in Granville County declined by 8.7% from 2009-2013, while Vance County’s overall cancer mortality rate increased by 1.4%. While Granville, Vance and Franklin Counties’ mortality rates are on par with the state of North Carolina as a whole, Vance has not experienced the same rate of changes as the other jurisdictions, and its cancer mortality rate is 21.7% higher than the state.

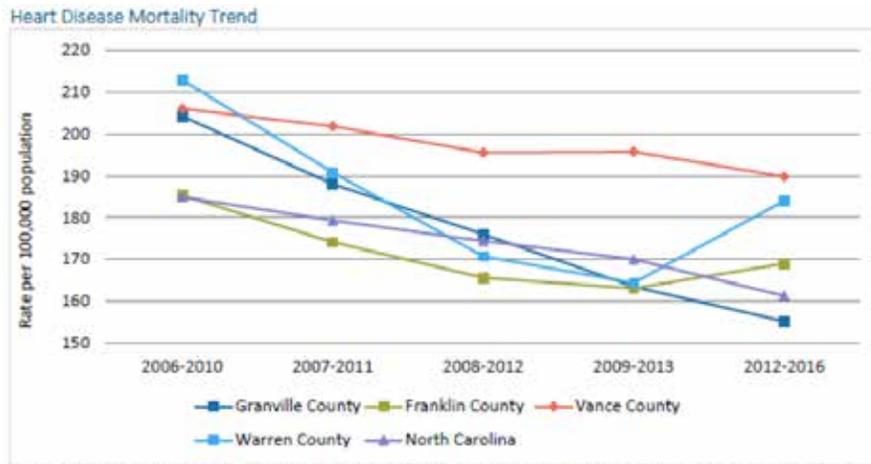
Overall cancer mortality rates are 29% higher in Vance County for African Americans compared to white residents. The cancer mortality rate for white Granville County residents is slightly higher than for African American residents.

Cancer Incidence and Mortality Rates 2012-2016

	All Cancer		Female Breast Cancer		Prostate Cancer		Lung Cancer		Colorectal Cancer	
	Incidence	Mortality	Incidence	Mortality	Incidence	Mortality	Incidence	Mortality	Incidence	Mortality
Granville County	512.5	172.7	153.2	17.8	120.1	21.2	81.1	55.7	50.3	16.4
Franklin County	479.5	171.7	153.8	25.4	122	19.9	74.8	51.4	40.9	14.8
Vance County	492.2	202.6	162.5	30	121.7	17	77.3	62.7	50.9	20.6
Warren County	473.2	171.9	160	26.7	123.5	19.7	72.5	53.1	54.9	18.3
State of NC	480.4	166.5	158.4	20.9	125	20.1	70	47.5	37.7	14

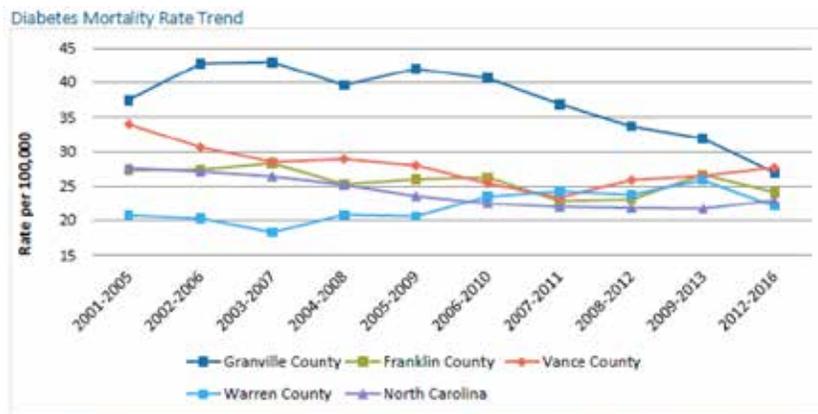
NC State Center for Health Statistics, County-level Data, County Health Data Book (2018). 2012-2016 NC Cancer Incidence Rates per 100,000 Population Age-Adjusted to the 2000 US Population <http://www.schs.state.nc.us/data/databook>

Vance County has higher mortality rates for heart disease and stroke than the state and peer counties, but the county is showing a downward trend for the diseases, along with Granville County and the state at large. Granville County's mortality rate from heart disease and stroke is lower than the statewide trends. Franklin's mortality rate for heart disease was lower than the state but trended up in the 2012-2016 data.



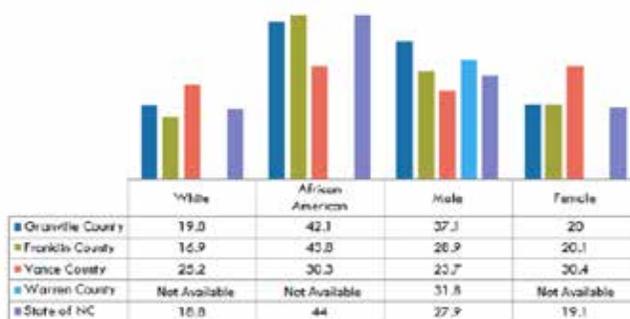
Source: NC State Center for Health Statistics, County Health Data Books (2007-2016), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; <http://www.schs.state.nc.us/SCHS/data/databook/>

Diabetes mortality rates are down overall in the counties, but there are wide disparities between racial groups. North Carolina, Granville County, and Franklin County have diabetes mortality rates for African Americans that are more than twice that of white, non-Hispanics' rates. Vance County is the exception to this pattern.



Source: NC State Center for Health Statistics, County Health Data Books (2007-2016), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; <http://www.schs.state.nc.us/SCHS/data/databook/>

Diabetes Mortality Rate Disparities, 2012-2016

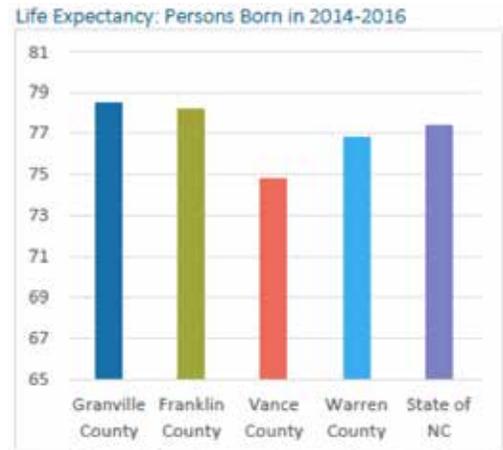


Note: All but one of the Warren rates were marked "n/a", indicating a likely unstable rate based on a small (< 20) number of cases.

Source: NC State Center for Health Statistics, County Health Data Books (2007-2016), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; <http://www.schs.state.nc.us/SCHS/data/databook/>

Life Expectancy

Life expectancy is a statistical estimate, based on factors like sex, mortality rates, and geography, that estimates the number of years a person can expect to live. Granville and Franklin Counties are approaching the Healthy North Carolina 2020 target for life expectancy (79.5), but Vance County lags Granville County, Franklin County, and the state for life expectancy.



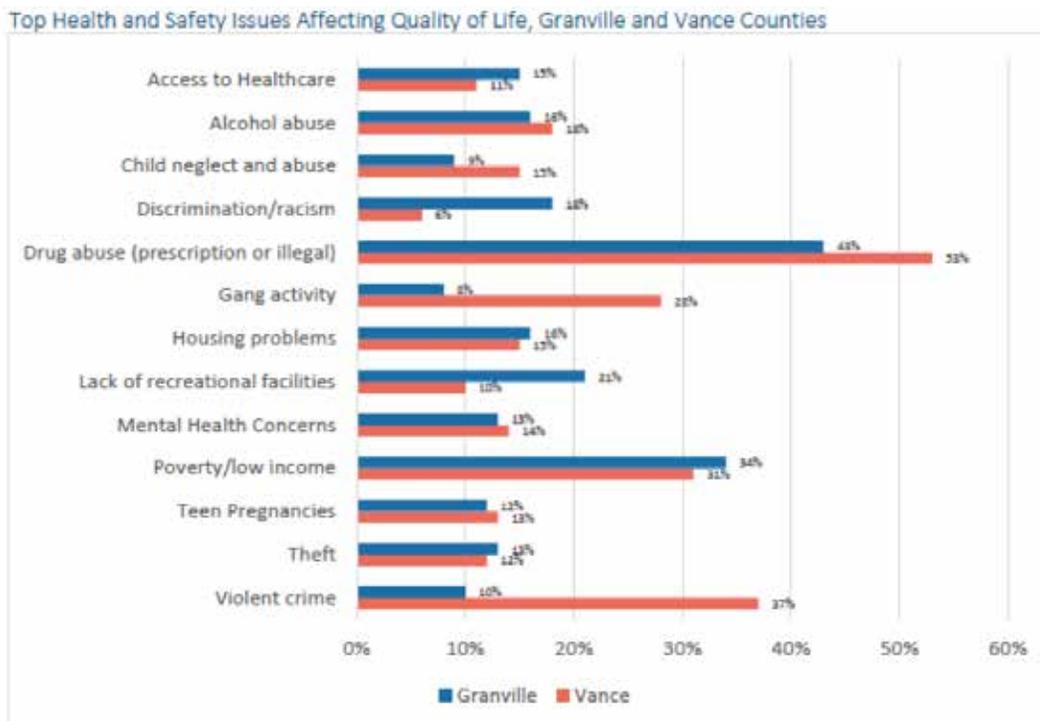
Source: NC State Center for Health Statistics, County-level Data, Life Expectancy - State and County Estimates, 2014-2016 Life Expectancies Reports, North Carolina and counties as listed. <http://www.schs.state.nc.us/data/lifexpectancy/>

Health Status and Behaviors

The assessment process seeks to capture a picture of the general health of the population as well as some of the behavioral factors, such as tobacco use, healthy eating, and physical activity that might affect the community's health.

Health Status

The Granville Vance 2018 Community Health Opinion Survey (CHOS) asked residents to choose the three issues that they are most concerned about related to their county's overall quality of life. Many of the top 10 issues overlapped across the two counties. For example, respondents named drug abuse as the most important issue in both counties, while poverty/low income ranked second for Granville County and third for Vance County. However, survey respondents in Vance County were more concerned with crime (violent crime and gang activity), while Granville County respondents identified access to health care and recreational facilities as more pressing concerns.

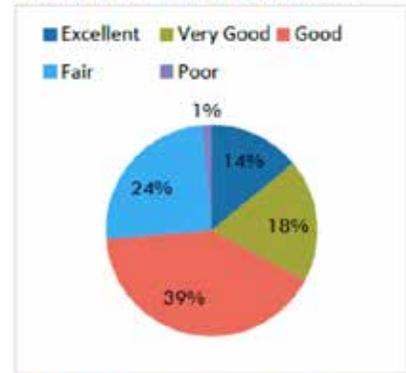


Source: 2018 Granville Vance Community Health Opinion Survey

Most residents reported good, very good, or excellent health in the CHOS, though neither county has rates as high as the state as a whole or the Healthy North Carolina 2020 target.

25% of Granville and Vance together indicated they had fair or poor health. Based on the County Health Rankings, 18% of Franklin County indicated they had fair or poor health. (BRFSS survey, 2016)

Self-Reported Health Status, Both Counties

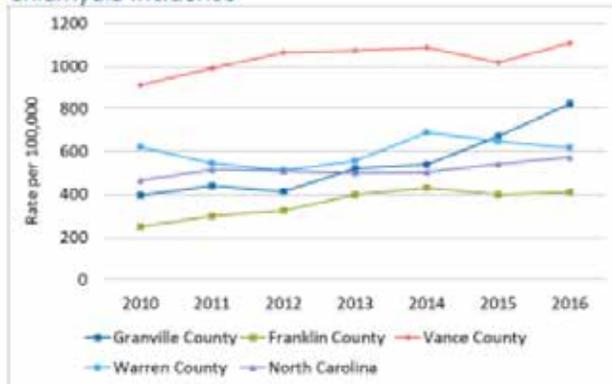


Source: 2016 Granville Vance Community Health Opinion Survey

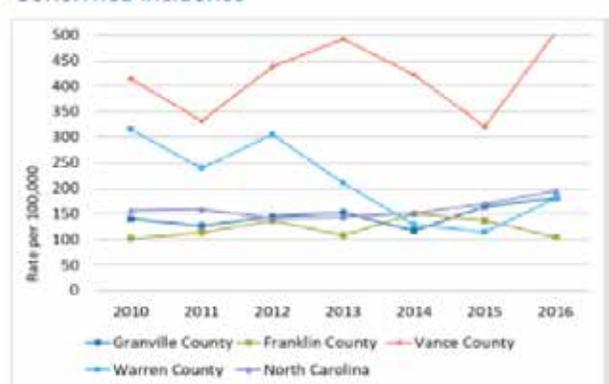
Sexually Transmitted Infections (STIs)

Incidence of the sexually transmitted infections chlamydia and gonorrhea are on the rise statewide. Vance County has higher incidence rates for both diseases than the other jurisdictions. Factors that can make an individual or community more vulnerable to STIs include lack of access to health care, stigma, and substance use disorder. While other indicators of sexual health, such as teen pregnancies, have improved, these prevention strategies may be targeting different populations than those that focus on preventing transmission of STIs. For example, long-acting reversible contraceptives are extremely effective in preventing pregnancy, but do not provide protection from STIs.

Chlamydia Incidence



Gonorrhea Incidence



Source: NC DHHS, Division of Public Health, Epidemiology Section, Communicable Disease Branch. North Carolina 2016 HIV/STD Surveillance Report, Table 12; http://epi.publichealth.nc.gov/cd/stds/figures/std16rpt_rev3.pdf

Tobacco Use

21.4% of Granville County respondents and 29.8% of Vance County respondents are current users of tobacco products. In Granville County, respondents were more likely to use smokeless products such as chewing tobacco and vape pens (21.1% of tobacco users), while 98% of tobacco users in Vance County smoked cigarettes as opposed to using other tobacco products.

Smoking is the leading preventable cause of death in the United States, and using it negatively affects nearly every organ in the body. (U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014). There is no safe exposure level for secondhand smoke, and most exposure happens in the home or in the workplace. Approximately a quarter of adult residents who responded to the CHOS in Granville and Vance Counties are exposed to secondhand smoke on a regular basis, increasing their risk of heart, lung, and other diseases.

Percentage of adults who are current smokers:

- Granville: **21%** 2018 CHOS
- Vance: **29.8%** 2018 CHOS
- Franklin: **19%** BRFSS, 2016
- NC: **19%**
- Healthy North Carolina
2020 Target: **13%**

Nutrition and Physical Activity

The vast majority of respondents in Granville and Vance Counties eat fruits and vegetables at least once a day, and the majority eat vegetables two or more times a day. However, some residents struggle with food insecurity: 7.9% of households in Granville County and 7.1% in Vance County have cut the size of a meal, used a food pantry or sought reduced cost community meals, or skipped meals because there wasn't enough money for food. Feeding America estimates that 15.6% of households in Granville and 21.3% in Vance are considered to be food insecure, which means they lack access, at times, to enough food or to nutritionally adequate food for all members of the household.

Three quarters of Granville Vance survey respondents engage in moderate-intensity sports or exercise, while a third engage in vigorous exercise. The Center for Disease Control and Prevention's guidelines for adult physical activity recommend 150-300 minutes of at least moderate-level physical activity each week.

Eating sufficient, nutritious foods and maintaining adequate physical activity are two behaviors that can help adults and children maintain a healthy body weight and reduce the risk of conditions such as heart disease, cancer, and diabetes.

Franklin County Secondary Data

From the secondary data scoring results, Exercise, Nutrition, & Weight received a score of 1.55 and was the 14th most pressing health need in Franklin County. Top scoring related indicators include: Workers who Walk to Work (2.35), Access to Exercise Opportunities (2.25), Adults 20+ who are Obese (2.15), Adults 20+ who are Sedentary (2.15) and Grocery Store Density (2.05).

Franklin County Primary Data

Among the Franklin County community survey respondents, 43.5% rated their health is good and 28.2% rated their health as very good. However, 52.3% of respondents reported being told by a health professional that they were overweight and/or obese. Additionally, data from the community survey participants show that 43.6% of community members do not engage in any physical activity or exercise during the week that lasts at least 30 minutes. Among individuals that do not exercise, respondents reported not having enough time, being too tired to exercise and not liking exercise as reasons that they do not regularly do so. For those individuals that do exercise, 63.7% reported exercising or engaging in physical activity at home while 22% exercise at a private gym and some exercise at a worksite/employer location (15.4%).

Exercise, nutrition & weight was discussed in all Franklin County focus groups. Participants shared that they struggled with not being able to afford to eat healthy or being able to find healthy food choices when eating away from home. Specific issues included difficulty finding fresh vegetables due to limited choices for grocery

stores and family traditions around cooking. Many survey participants felt that there were not adequate options for exercise and recreation facilities in the community and shared that they sometimes went to other counties to access facilities such as community pools. Some participants shared that their work sites offered on site gyms and others felt like there were facilities available to them, indicating that there may be variation in access across the county based on geography.

Franklin County Food Insecurity

The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food. The percent of households with children that participate in SNAP for Franklin County, 56.5%, is higher than the state value of 52.6% and the Health ENC region value of 51.5%. (ACS, 2012-2016) 14.8% of Franklin is considered food insecure. *Feed America, 2017*

Related to nutrition and activity, the Franklin 2018 CHNA identified Diabetes and Heart Disease and Stroke as topic areas with the highest secondary data scores.

Diabetes

Franklin Secondary Data

Diabetes was identified as a top scoring area with a score of 1.96. 14.2% of adults over the age of 20 in Franklin County have diabetes which is higher than the percentage in North Carolina (11.1%) and the U.S. (26.5%). According to time trend analysis, this indicator is significantly increasing over time. Diabetes amongst the Medicare population is 30.4% which is higher than the state (28.4%) and the U.S. (26.5%). The age-adjusted death rate due to diabetes is 24.1 deaths per 100,000 population and has not significantly increased or decreased over time.

Franklin County Primary Data

Community survey respondents rated eating well/nutrition, going to the doctor for yearly checkups and screenings and managing weight as topics the community needs more information about which may also impact the adult population living with Diabetes. 15% of community survey participants reported being told by a medical professional that they have diabetes and 52.3% had been told that they were overweight or obese.

Diabetes was discussed seven times during the focus group discussions. Two participants shared that they felt diabetes was a top issue in the community. The other participants shared that the Diabetes Prevention Program (DPP) was an asset in the community and described how much they enjoyed the program.

Heart Disease and Stroke

Franklin Secondary Data

Heart Disease and Stroke is another high scoring area, with a score of 1.63. Stroke and hypertension amongst the Medicare population are the highest scoring indicators within this topic area. Based on 2015 data, 4.4% of the Medicare population have had a stroke and the increase over time is statistically significant. 61.2% of the

Medicare population has hypertension which is higher than in the state and U.S. The age-adjusted death rate due to cerebrovascular disease is 40.3 deaths per 100,000 population which is lower in the state but higher than a U.S. and does not meet the Healthy People 2020 goal of 34.8 deaths per 100,000 population.

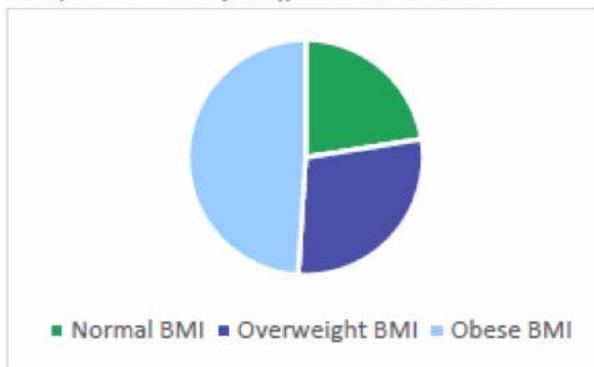
41.7% of survey participant reported being told by a health care professional that they had blood pressure and 34.4% had been told they have high cholesterol. When asked about challenges to accessing health services for themselves or a family member, 18.5% community survey respondents indicated that they had an issue in the past 12 months accessing health care services or provider. For those respondents who had experienced challenges accessing health care services or providers in the past 12 months, 17.7% indicated that they had trouble accessing a specialist. Indirectly related, community survey respondents rated eating well/nutrition, going to the doctor for yearly checkups and screenings and managing weight as topics the community needs more information about which may impact the population living with conditions related to heart disease and stroke.

Heart Disease and Stroke came up in the focus groups and was mentioned by two participants as a primary concern in the community. The participants felt that high blood pressure is a top health issue in the community.

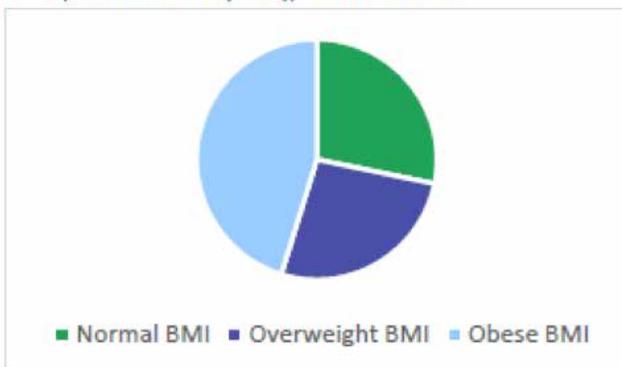
Obesity

Body Mass Index (BMI) is a calculation of a person's height and weight ratio that allows for a general indicator of weight status. The 2018 CHOS asked residents to state their height and weight to calculate BMI proportions for the counties.

Body Mass Index (BMI), Granville Adults



Body Mass Index (BMI), Vance Adults



Source: Granville Vance Community Health Opinion Survey

Adult obesity from County Health Rankings is:

- Granville: **33%**
- Vance: **36%**
- Franklin: **35%**
- NC: **30%**

CDC Diabetes Interactive Atlas, BRFSS, 2015

Access to Health Care

Health care access is essential for improving health at the population level and is an important component of health equity. Access to health care includes availability, quality, and convenience of services, as well as residents' ability to reach and pay for needed care. Even when services are robust, there may be barriers to community members' ability to receive them.

Insurance

According to the Granville Vance Community Health Opinion Survey, 90% of respondents in Granville County and 88% in Vance County have health insurance, including private coverage, Medicaid, and Medicare. This is an increase from the previous Community Health Assessment in 2015, when 84% of Granville and 86% of Vance had coverage but highlights the coverage gap that is typical in states that did not expand Medicaid under the Affordable Care Act. Medicaid transformation in North Carolina presents an opportunity to address this gap in coverage, which primarily affects non-elderly adults who have incomes above Medicaid eligibility limits but below the ACA Marketplace's lower limit for insurance premiums tax credits. *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid. Kaiser Family Foundation, 2018. kff.org/medicaid/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid*

Medical costs in the United States are very high. People without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill, they may not seek treatment until the condition is more advanced, and therefore more difficult and costly to treat. 86.9% of Franklin had health insurance, which is lower than NC (88%) and the other Health ENC Counties (87.2%). *Small Area Health Insurance Estimates, 2016*

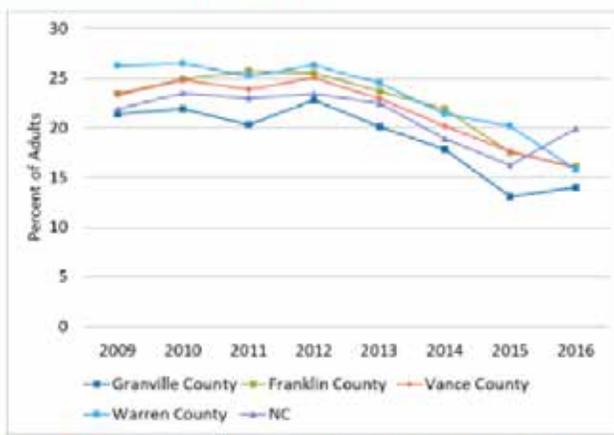
25% of Americans think cost is the most urgent health care problem facing the country at this time.

Gallup, Health Care System Poll, 2018

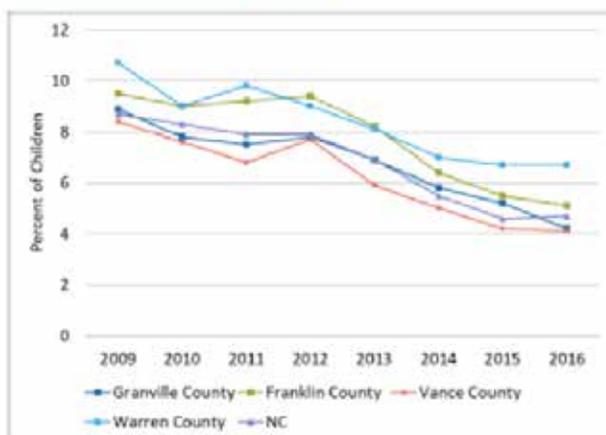
Despite these rates of health insurance coverage, 14% in Granville and 7% in Vance reported that they or a family member had trouble accessing care in the last year. In Granville, most reported having trouble accessing care from a General Practitioner/primary care because of lack of insurance or because the service was not available in the County. In Vance, most reported having trouble accessing care from a General Practitioner/primary care because insurance didn't cover what was needed or the cost was too high. Whether or not they have insurance,

poor patients often skip health care because of cost. The costs associated with health care include co-pays, lab tests, prescriptions, and unpaid time away from work.

Uninsured Adults (18-64 years)



Uninsured Children (<19 years)



Source: *Small Area Health Insurance Estimates, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, U.S. Census Bureau, Small Area Health Insurance Estimate (SAHIE) Interactive Data Tool. Geographies and age groups as noted. <https://www.census.gov/programs-surveys/sahie.html>*

According to the Granville Vance 2018 CHOS, the health care services most needed are:

Granville County	Vance County
1. Low-cost clinics (45%)	1. Substance abuse treatment centers (51%)
2. Low-cost dental clinics (39%)	2. Low-cost clinics (43%)
3. Substance abuse treatment centers (35%)	Low-cost dental clinics (37%)

Franklin County Secondary Data

The secondary data scoring results reveal Access to Health Services as the top need in Franklin County with a score of 2.19. Additional analysis is performed to find specific indicators that contribute to this area of concern. The primary care provider rate in Franklin County is 14.1 providers per 100,000 population which is lower than in the state (70.6 providers per 100,000 population) and the U.S. (75.5 providers per 100,000 population).

Based on the time trend analysis, this primary care provider rate is significantly decreasing over time. Also, of concern is the non-physician primary care provider rate (18.6 providers/ 100,000 population) and the dentist rate (18.6 6 providers/ 100,000 population). Issues amongst the Medicare population includes preventable hospital stays (63.4 discharges/1,000 Medicare enrollees) and the mental health provider rate (80.4 providers/100,000 population).

Franklin Primary Data

The number of health care providers was the 2nd highest ranking service community survey respondents felt needed improvement in the community. As previously summarized, the majority of community survey respondents have health insurance through an employer (57.2%) followed by Medicare (11.8%). Participants were asked where they most often go to seek medical treatment, most sought care at a doctor's office 64.7% and 19.2% sought care at an urgent care center. The majority of participants did not report any problems getting the health care they needed in the past 12 months (80.6%). For those who reported have difficulties accessing health care services, the most common reported providers that they had trouble getting services from were a general practitioner (37.1%) or a dentist (35.5%). The top reasons participants reported not being able to get the necessary health care they needed were not having health insurance (52.5%) and the share of the cost was too high for them (23%). 19.7% of participants reported being able to see the medical provider they needed within Franklin County while many sought care in Wake County (66.2%).

Focus Group participants frequently discussed barriers to accessing health services such as long wait times to get appointments with health care providers, navigating the health care marketplace, challenges with understanding the Medicaid system and being able to afford health costs, specifically co-pays. Participants described challenges with scheduling appointments within their community and having to travel outside of Franklin County to see the health care provider that they needed. Several participants thought that the community would benefit from having access to additional health care facilities in the community.

Transportation

Access to health care is affected by transportation. Without access to transportation, Granville, Vance and Franklin County residents have a harder time accessing employment and health care. For patients with medical conditions that require care from a specialist outside the county, such as a high-risk pregnancy, lack of access to a vehicle can mean that the patient does not receive adequate health care.

According to the CHOS, 4.0% of households in Granville County and 8.6% in Vance County do not have access to at least one vehicle. This number may not reflect actual difficulty in finding transportation to health services, as access to a vehicle does not reflect ownership, nor does it reflect fuel costs or distance travelled to appointments.

Households in Which No Vehicle is Available, 2013-2017

	Granville	Franklin	Vance	Warren	North Carolina
Owner Occupied	2.3%	3.7%	5.7%	5%	2.6%
Renter Occupied	13.1%	12.1%	22.5%	18.3%	12.6%

Source: US Census Bureau, 2013-2017 American Community Survey 5-Year Estimates, Tenure by Vehicles Available

Workers mean travel time to work in Franklin County is 31.2 minutes which is higher than in the state and U.S. and is there is indication that this is increasing over time though not statistically significant. The percentage of workers commuting to work in Franklin County does not meet the Healthy People 2020 goal of 5.5%. In addition, the percentage of households without a vehicle is significantly increasing over time. These indicators show that people in Franklin County are having to travel further for work while at the same time fewer people have access to transportation. Franklin County focus group participants specifically raised concerns for elderly community members being able to get to medical facilities.

Franklin County Secondary Data

The secondary data scoring results reveal Transportation as a need in Franklin County with a score of 2.15. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores. Top scoring indicators within this category relate to access to vehicles and commuting to work. Solo drivers with a long commute is the top scoring indicator within this topic area impacting 54% of the population. This indicator is significantly increasing over time. Workers mean travel time to work in Franklin County is 31.2 minutes which is higher than in the state and U.S. and is there is indication that this is increasing over time though not statistically significant. The percentage of workers commuting to work in Franklin County does not meet the Healthy People 2020 goal of 5.5%. In addition, the percentage of households without a vehicle is significantly increasing over time. These indicators show that people in Franklin County are having to travel further for work while at the same time fewer people have access to transportation.

Franklin County Primary Data

According to survey results, transportation was ranked 11th for services individuals in Franklin County feel need the most improvement compared to other issues in the community. 2.7% of participants selected transportation options needing improvement in their neighborhood.

Transportation was brought many times in the focus group discussions as an issue needing improvement in the community. Participants shared that they found accessing transportation difficult in particular for getting to medical appointments and having to drive long distances to certain providers. One participant shared that transportation was both challenging and expensive for a family member with disabilities. Other participants shared that the available options for transportation support to medical facilities was not affordable.

Internet Access

According to the CHOS, 10% of households in Granville County and 17% in Vance County do not have the internet in their homes or work, which puts these households at a disadvantage compared to other residents when it comes to accessing information about health and other resources related to their well-being.

Mental Health and Substance Use Disorder

Mental Health

Mental health is recognized as an integral part of an individual's health and well-being by the North Carolina Healthy 2020 commission, the World Health Organization, and other authorities. Those with poor mental health may have difficulties with relationships, school, work, recreation, and self-care.

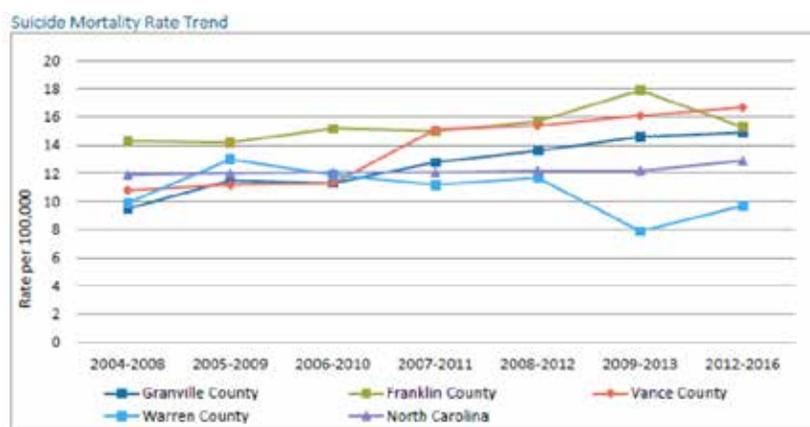
The average number of poor mental health days in the past 30 days (adults):

- Granville: **4.0**
- Vance: **4.6**
- Franklin: **4.4**
- NC: **3.9**
- Healthy North Carolina 2020 Target: **2.8**

County Health Rankings, 2019; BRFSS, 2016; Healthy NC 2020

Suicide

The suicide mortality rate for North Carolina has increased slightly, while rates for both Granville and Vance Counties have increased by more than 50% since 2004-2008. Franklin's rate increased since 2004-2008 to peak in 2009-2013 at 18, to decline down to 15.5 in 2012-2016.



Suicide death rate per 100,000 population:

- Granville: **14.9**
- Vance: **16.7**
- Franklin: **15.5**
- NC: **13.3**
- Healthy NC 2020 Target: **8.3**

Source: NC State Center for Health Statistics, County Health Data Books (2007-2016), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; <http://www.schs.state.nc.us/SCHS/data/databook/>

Source: NC State Center for Health Statistics, County Health Data Books (2013-2017), Mortality, Race-Specific and Sex-Specific Age-Adjusted Death Rates by County; schs.state.nc.us/SCHS/data/databook

Substance Use Disorder

Addiction to drugs or alcohol is a chronic health condition, and those who suffer from it are at risk for early death, certain diseases, injury, and disability. Misuse of prescription painkillers and use of heroin have increased dramatically nationwide, and 27% of survey respondents in Granville County and 38% of respondents in Vance County have had a friend or family member that has been affected by the use of prescription painkillers, opioids, or heroin. Of those friends and family members, 61% (Granville County) and 54% (Vance County) sought treatment for their substance use disorder, but only a third were able to get care in their home county.

Drug overdose deaths per 100,000 population:

- Granville: **17**
- Vance: **21**
- Franklin: **16**
- NC: **19**

(Source: County Health Rankings; CDC Wonder mortality data, 2015-2017)

Franklin County Secondary Data

From the secondary data scoring results, the Substance Abuse received a score of 1.46 and was the 16th most pressing health need in Franklin County. Top scoring related indicators include: Adults who Smoke (2.10) and Alcohol-Impaired Driving Deaths (1.95).

Franklin County Primary Data

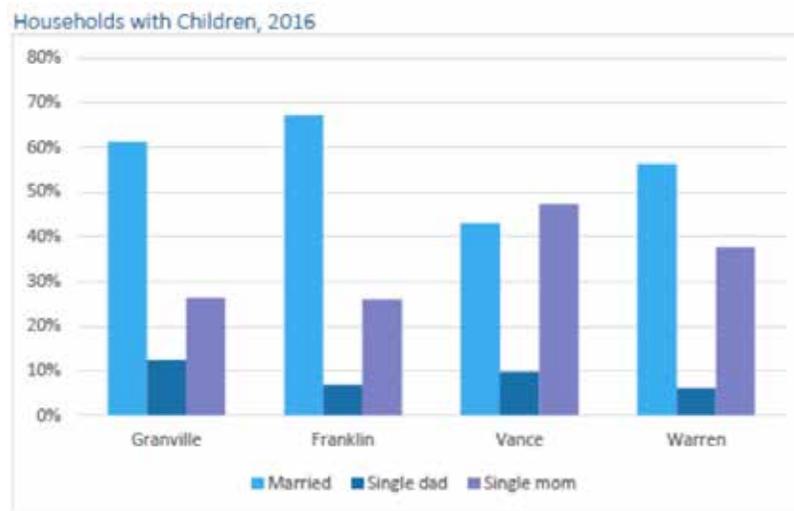
Community survey participants ranked substance abuse (27.3%) as a top issue affecting quality of life in Franklin County. Additionally, 28.9% of community survey respondents reported wanting to learn more about substance abuse prevention.

18.5% of survey participants reported currently use tobacco products. Of those who reported tobacco product use 37.7% did not know where they would go if they wanted to quit and 31.2% would go to a doctor. 43.8% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 41.7% were exposed in the home. Most participants (70.5%) reported that in the past 30 days, there were zero times where they drank more than 4/5 drinks on a single occasion and 8.1% had one time. Reported illicit drug use amongst survey participants in the past 30-days was low, 93% reported no illegal drug use and 96.6% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use (<7%) in the past 30 days, 100% reported marijuana use.

Focus group discussion did not focus heavily on substance abuse, some participants expressed that they felt substance use was an issue they see as a problem that needs to be addressed in the community. A few participants specifically raised lack of treatment options for substance abuse and expressed concerns for the approach of arresting those who are using substances.

Youth and Families

Childhood is a crucial time for physical, cognitive, and social-emotional growth. Ensuring the healthy growth and development of children is essential to ensuring a healthy future. In the 2018 Granville Vance Community Health Opinion Survey, 32% of respondents in Granville County and 35% of respondents in Vance County had children. Bullying was cited as biggest challenge in school for both counties (27% in Granville County and 26% in Vance County).

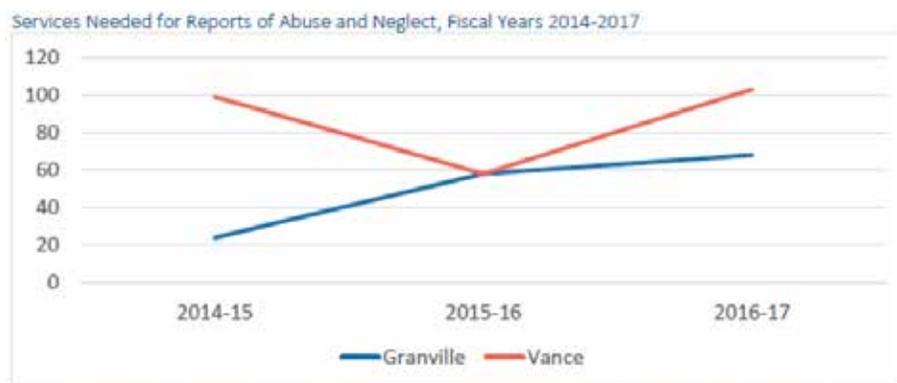


Source: US Census Bureau, American Fact Finder, 2016 ACS

Childhood experiences, both good and bad, can impact people's entire lifespan, including school performance, behaviors such as smoking and substance abuse, and health outcomes such as depression, cancer, and obesity. Researchers are working to understand the effect that adverse childhood experiences (ACEs) have on long-term well-being, and Granville Vance Public Health is exploring ways to incorporate this research into programs and interventions in the community. 76% of survey respondents in Granville County and 86% in Vance County think ACEs are an issue GVPH should prioritize in its work.

Child Abuse – Granville and Vance

There has been an increase in services needed from the Department of Social Services in both counties, as well as an increase in substance use disorder-related investigations.

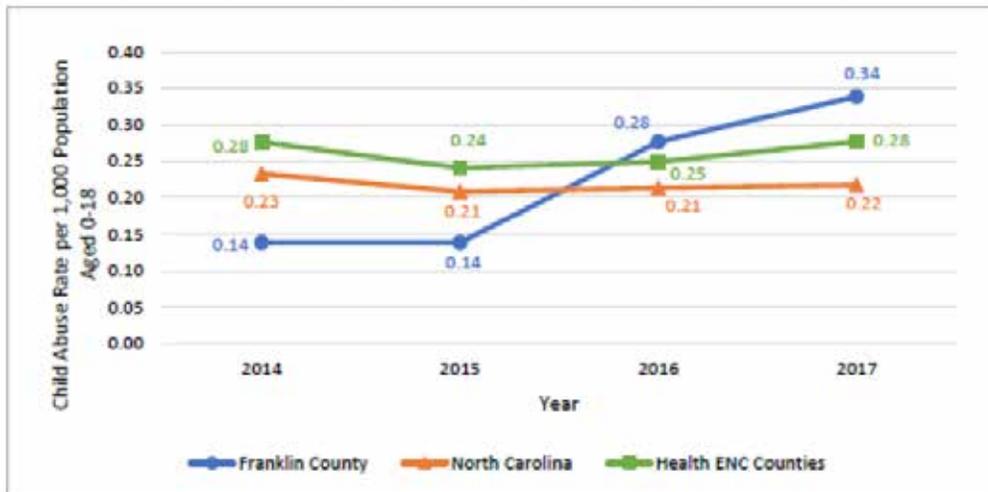


Source: Child Welfare, Reports of Abuse and Neglect section, Investigated Reports of Abuse and Neglect: Type of Finding/Decision (Exclusive: Most Severe Finding), Number of Children

Child Abuse – Franklin County

Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child’s sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 35 shows the child abuse rate per 1,000 population aged 0-18. The child abuse rate in Franklin County has increased since 2015. The 2017 child abuse rate in Franklin County (0.34 per 1,000 population) is higher than the rate in North Carolina (0.22) and the Health ENC region (0.28).

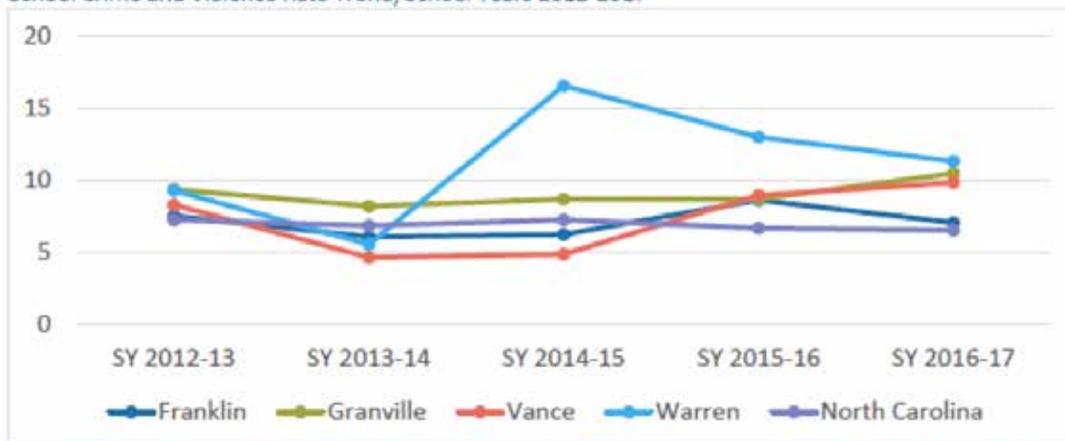
Figure 35. Child Abuse Rate
(Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families)



School Crime and Violence

School crime and violence disrupts learning and can threaten the physical and mental health of students and staff members. It can include fighting, weapon use, gang violence, and bullying. Granville County’s School crime rate has remained steady in recent years, while progress in Vance County through the 2014-15 school year has eroded. Franklin County increased in 2015-2016 and declined slightly in the 2016-2017 school year.

School Crime and Violence Rate Trend, School Years 2012-2017

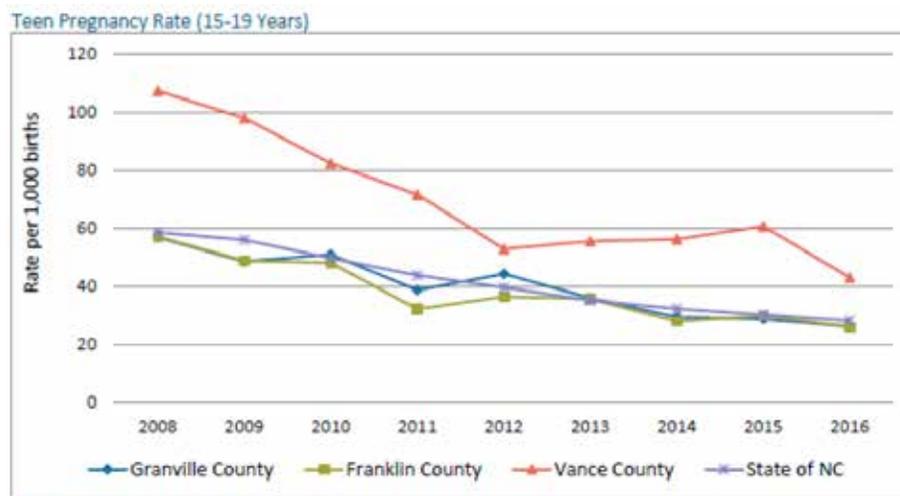


NC Department of Public Instruction, Research and Evaluation, Discipline Data, Consolidated Data Reports, Crime & Violence Table

Teen Pregnancy

As with many diseases and health conditions, the burden of unintended pregnancy falls disproportionately on disadvantaged populations, young people, and minorities. Although it was among the top community concerns in the CHOS, teen pregnancy has declined in Granville and Vance Counties as well as statewide. Public health efforts to reduce teen pregnancy are important to ensure that young people are able to finish their physical and emotional development, as well as attain their desired educational outcomes, before becoming parents. Sustained funding to support teen-specific programming is vital to continue this trajectory. Teen pregnancy in Franklin County has also steadily declined.

Related to teen health and pregnancy, “positive teen activities” was the 6th highest ranking service needing improvement in Franklin County (8.1%) and preventing pregnancy/sexually transmitted diseases was selected as the 6th highest ranking health behavior than people in the community need more information about.



Note: Some data missing for Warren County

Source: NC State Center for Health Statistics, North Carolina Health Data Query System. Pregnancy Data, North Carolina Reported Pregnancy Data.

Pregnancy Risk Factors and Outcomes and Maternal, Fetal & Infant Health

Infant mortality in Granville, Vance and Franklin Counties does not meet healthy North Carolina 2020 Goals or are they as low as NC.

Infant mortality rate (all infant deaths (within 1 year), per 1,000 live births)

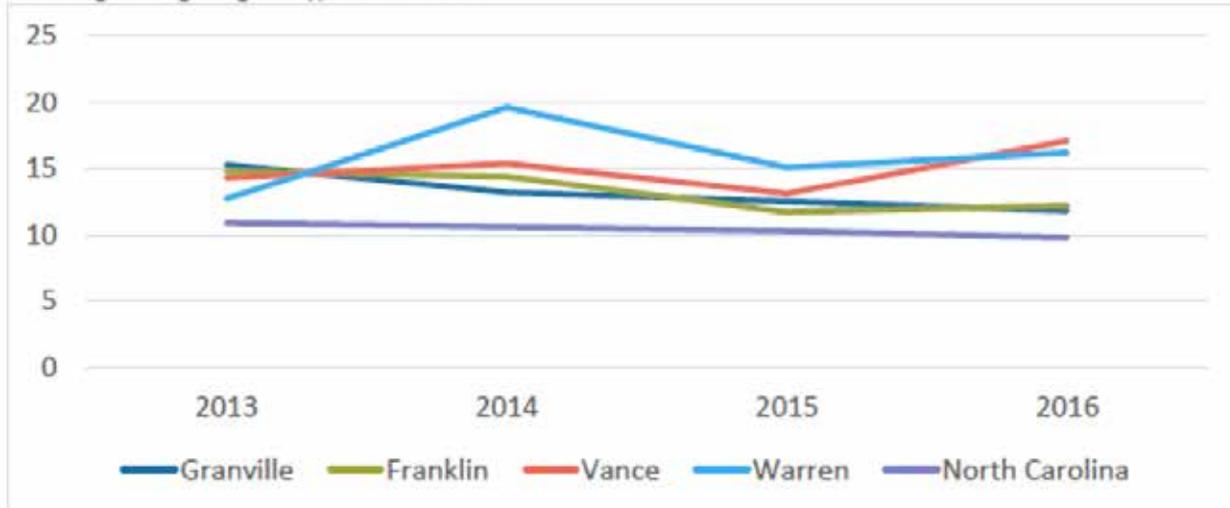
- Granville: **8**
- Vance: **8**
- Franklin: **8**
- NC: **7**
- Healthy NC 2020 Target: **6**

(County Health Rankings, 2019; CDC WONDER mortality data, 2011-2017)

Smoking During Pregnancy

Granville, Vance and Franklin Counties have higher rates of smoking during pregnancy than the state. Infants born to women who smoked during pregnancy are more likely to be born prematurely, to have low birth weights, and are at higher risk of Sudden Infant Death Syndrome (SIDS).

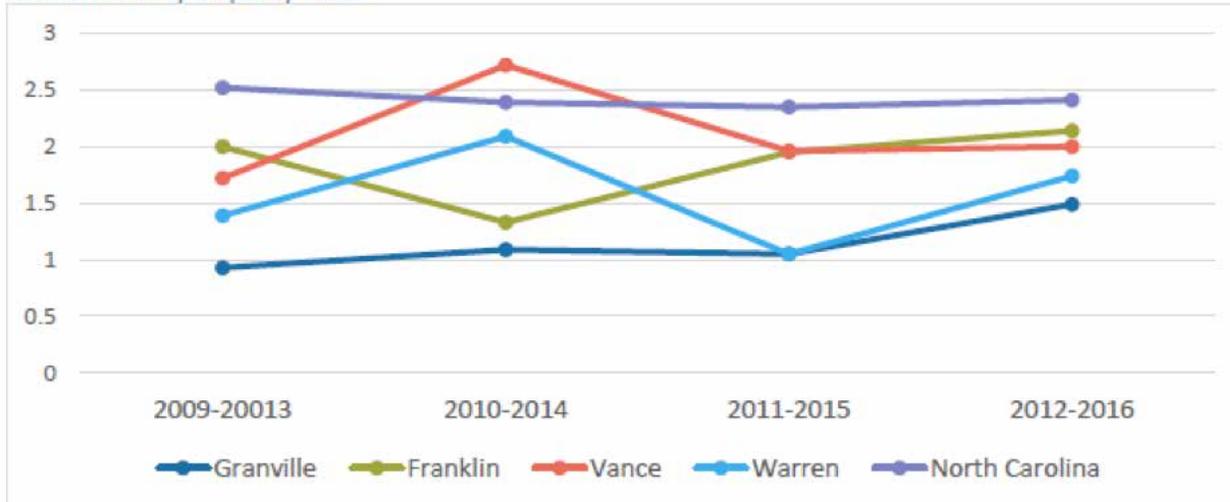
Smoking During Pregnancy, 2013-2016



Source: NC State Center for Health Statistics, Vital Statistics, Volume 1 (2006, 2007,-2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016): Population, Births, Deaths, Marriages, Divorces, (geography as noted), Mother Smoked

The infant mortality disparity ratio is a measure of the ratio of African American infants who die before their first birthday per 1,000 live births compared to white infants. The Healthy North Carolina 2020 goals call to reduce the infant mortality racial disparity between white babies and African American babies from 2.45 to 1.92. Although Granville, Vance and Franklin Counties have a lower disparity ratio than statewide, the chart below shows that little progress has been made in reducing the disparities in infant deaths.

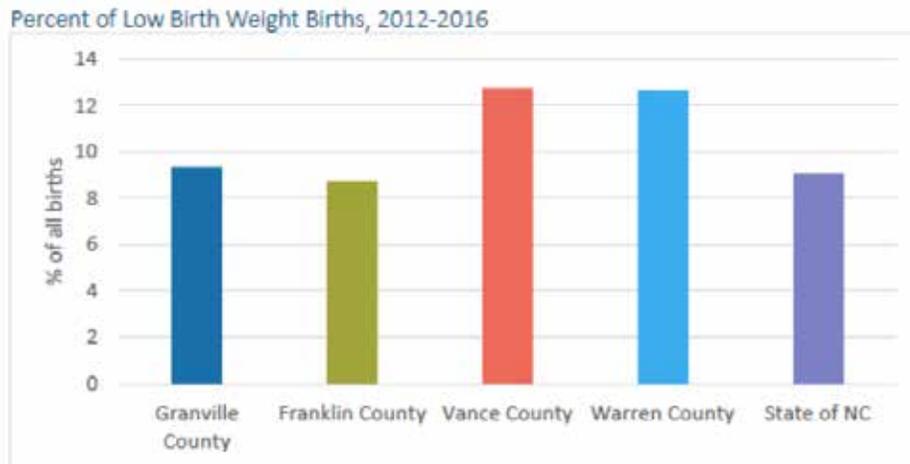
Infant Mortality Disparity Ratio



Source: North Carolina Center for Health Statistics. County-level data. County Health Databooks (2012-2016). Infant Mortality Statistics.

Low Birth Weight Births

A baby with low birthweight may have trouble eating, breathing and fighting off infections. Some low-birthweight babies also suffer long-term health problems like developmental delays. In both counties, as well as across the state, African American infants are more likely than white infants to be born with low birth weight.



Source: North Carolina Center for Health Statistics. County-level data. County Health Databooks (2012-2016). Low (<2500 grams) and Very Low (<1500 grams) Weight Births by Race/Ethnicity table (years and locations as noted).

Franklin County Secondary Data

From the secondary data scoring results, Maternal, Fetal & Infant Health was identified to be a top need in Franklin County with a score of 1.65. Infant mortality, preterm births and babies with very low birth weight are the highest scoring indicators within this topic area. Infant mortality is 8.5 deaths per 1,000 live births which is higher than in the state and does not meet either Healthy North Carolina 2020 or Healthy People 2020 goals. 11.3% of births are born preterm in Franklin County which is higher than in the state and U.S. Babies born with very low birth weight is the same as in North Carolina but higher than in the U.S. Preterm births and babies with very low birth weight indicators do not meet Healthy People 2020 goals.

Franklin County Primary Data

In the community survey, participants were asked to identify health behaviors people in the community need more information about and “getting prenatal care during pregnancy” was selected less than 1% of the survey respondents. This result may have been due to the demographics of survey respondents and not necessarily reflect the ultimate need in the community. During the focus group discussions, teen pregnancy and pre/post-natal care were not raised as issues in the community. The lack of discussion in relation to Maternal, Fetal and Infant Health may also indicate a lack of awareness in the community about these issues.

Environmental Health

The physical environment – comprising the places where we live, learn, work, and play - is important to the health of our community. Put another way: “Our zip code can be more important than our genetic code.”

Center for Disease Control & Prevention, 2018

The Environmental Health team at Granville Vance Public Health is responsible for over 800 square miles of service area in the two counties. The department conducts routine inspections of daycares, restaurants, hospital cafeterias, tattoo parlors, public pools, and other facilities, as well as investigating complaints into these facilities. The department also provides permits for wells and septic systems. In 2017, the department conducted 2,375 assessments, including responding to community complaints about facilities in need of further inspection. *Granville County and 21 in Vance County, p.8*

In 2018, the Franklin County Health Department inspected:

Inspections in Franklin County

Establishment Type	Number of Establishments Inspected
Restaurant	71
Food Stands	39
Mobile Food	14
Push Carts	3
Public School Lunch	15
Institutional Food Service	5
Meat Market	8
Rest/Nursing Homes	5
Child Care	27
Residential Care	32
School Building	19
Adult Day Care	2
Seasonal Swimming Pool	19
Tattoo Artists	8
Educational Food Service	1
Eldery Nutrition	2
Commissary	2
Lodging	4
Local Confinement	1
Seasonal Wading Pool	4

* For 2018, a total of 63 restaurants in Franklin County are included with inspection grades. Out of all inspections completed, 151 received a grade "A" and 14 received a "B".

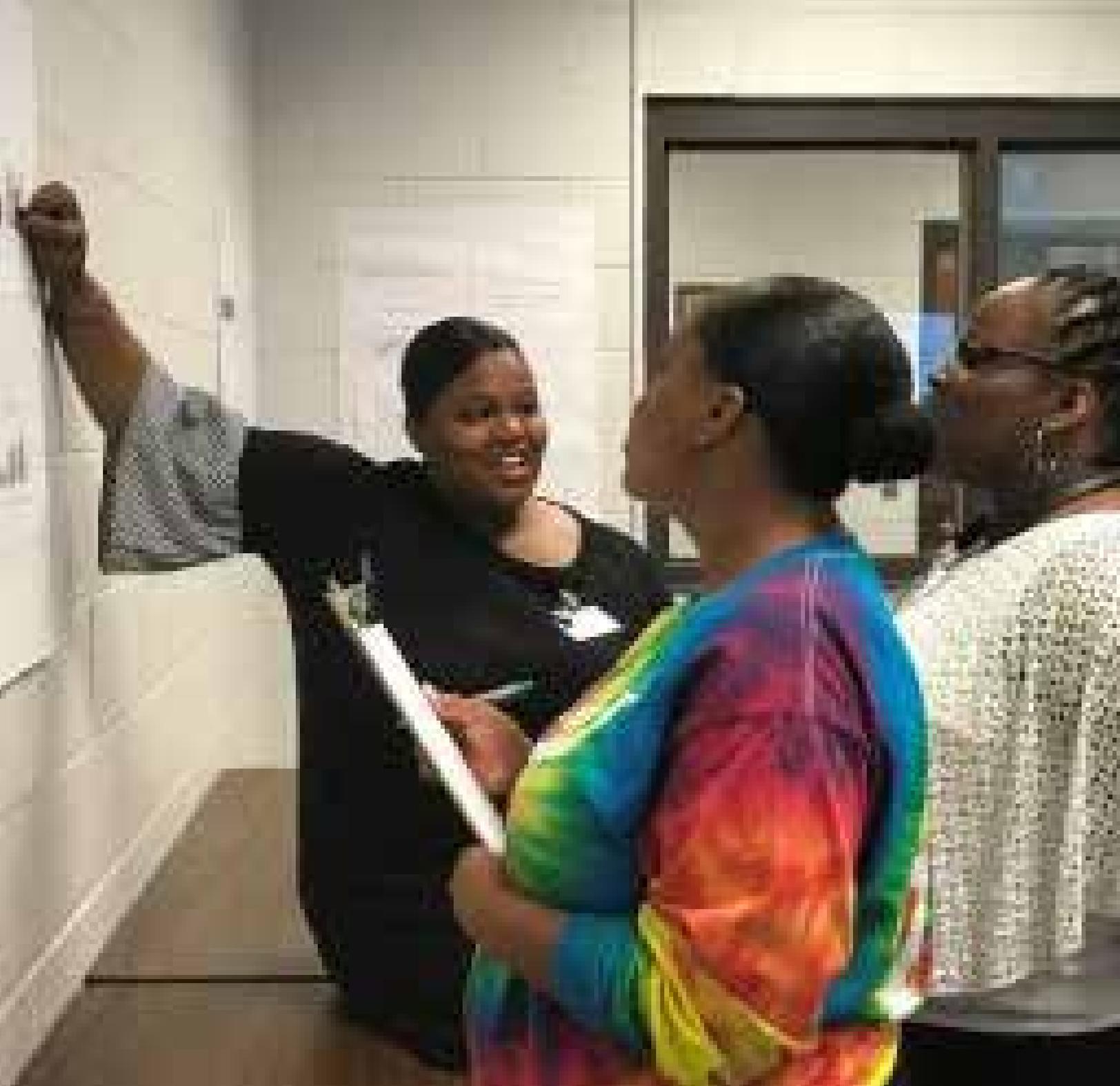
Social Environment

Franklin Secondary Data

From the secondary data scoring results, the Social Environment received a score of 1.56 and was the 10th most pressing health need in Franklin County. Top scoring related indicators include: Mean Travel Time to Work (2.50), Total Employment Change (2.10) and People 65+ Living Alone (2.05).

Franklin Primary Data

Among community survey respondents, 'positive teen activities' was ranked 6th and 'better or more recreational facilities' was 5th of the services needing improvement in the community. 41% of survey participants disagreed or strongly disagreed that there are good parks and recreation facilities in the community. 5.8% of survey participants felt that lack of community support was a top issue affecting the quality of life in the community and 35% disagreed or strongly disagreed that there is help for people during times of need in the county



Identification of Health Priorities

Process

Granville and Vance

Following collection and analysis of primary and secondary data, the next step in the community health assessment process was to invite input from the steering committee and community members on which of the priority topic areas can and should be addressed in the coming years.

The CHA working group used themes that emerged from both the primary and secondary data, including comparisons to the peer counties, state, and Healthy North Carolina 2020 goals, to develop a list of nine priority topic areas from the health assessment process. These were:

- Access to health care
- Community safety
- Education
- Health equity
- Mental health and substance use disorder
- Nutrition and physical activity
- Poverty and housing
- Teen pregnancy and sexually transmitted diseases
- Youth well-being

A summary of the findings related to each of these topics was presented to the community at two open forums, one in Henderson and one in Oxford, and then to the steering committee.

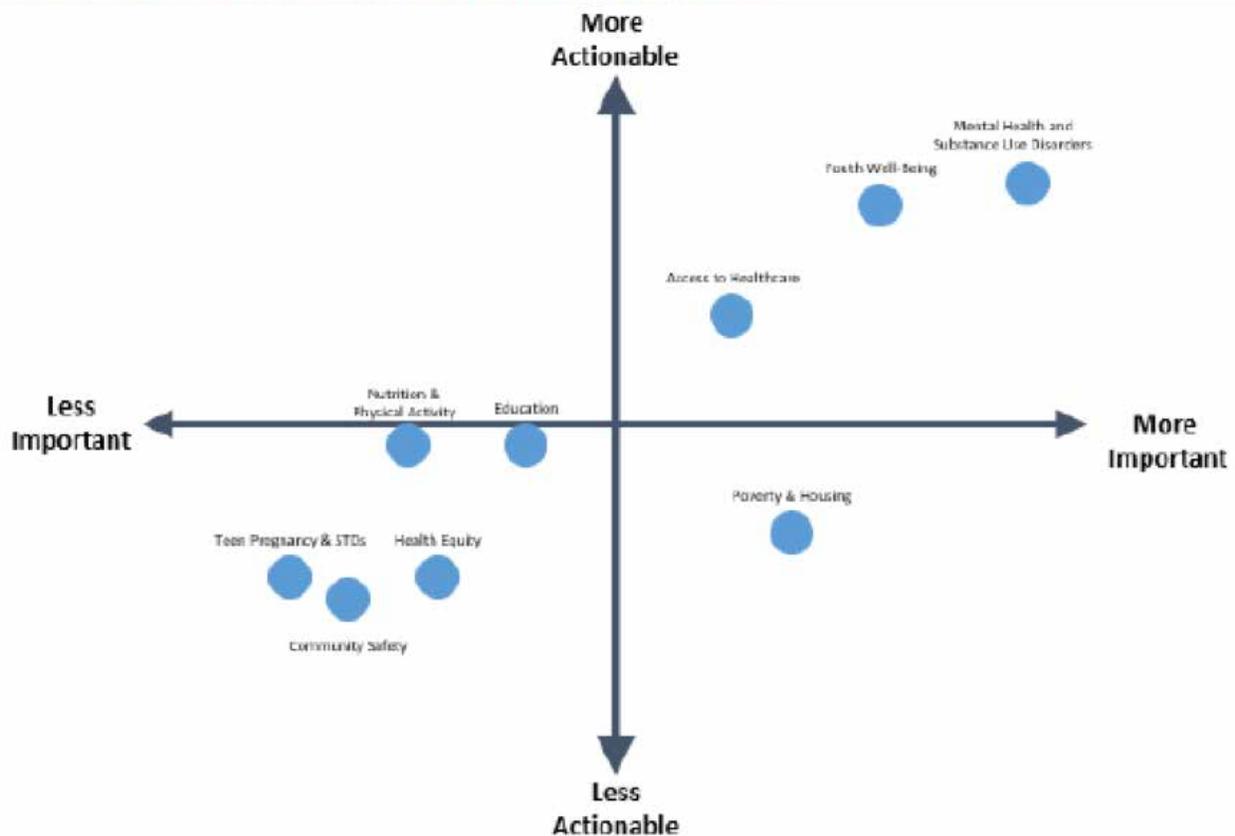
Forum Summary

Forums were held in October 2018 at the Perry Memorial Library in Henderson and the Granville County Expo Center in Oxford. A flier for the forums (Appendix 1) was distributed through GVPH, steering committee members, and other community partners. The invitation was also shared on social media, on the GVPH website, and in local newspapers.

The forums began with a presentation on the community health assessment process followed by data highlights and comparisons for each of the nine priority areas. Attendees voted via anonymous paper ballots on their top three issues based on two criteria: importance (magnitude and impact of the issue) and actionability (feasibility of the county to leverage resources to make progress on the issue over the next three years).

The chart below shows the combined results of the two forum votes when each topic's votes were compared to the others on the actionability and importance scales. Mental health and substance use disorder, youth well-being, and access to health care had the highest combined vote totals between the counties.

Combined Results Matrix for Granville Vance CHA Priority Areas



After the community forums, the steering committee convened to review the forum results and provide their own input on the topic areas. The committee agreed to adopt the community's chosen priorities for this CHA cycle, adding poverty and health equity as cross-cutting themes to be addressed through each priority area.

Franklin County

The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 100 indicators from national and state data sources) and in-depth primary data from community leaders, health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs. Through a synthesis of the primary and secondary data, the significant health needs were determined for Franklin County and are displayed below.

Secondary Data Scoring Results

Table 7 shows the data scoring results for Franklin County by topic area. Topics with higher scores indicate greater need. Access to Health Services is the poorest performing health topic for Franklin County, followed by Transportation, Diabetes, Men's Health, Mental Health & Mental Disorders and Maternal, Fetal & Infant Health.

Table 7. Secondary Data Scoring Results by Topic Area

Health and Quality of Life Topics	Score
Access to Health Services	2.19
Transportation	2.15
Diabetes	1.96
Men's Health	1.83
Mental Health & Mental Disorders	1.67
Maternal, Fetal & Infant Health	1.65

*See Appendix B for additional details on the indicators within each topic area

Primary Data

Community Survey

Figure 41 shows the list of community issues that were ranked by residents as most affecting the quality of life in Franklin County. Low income and poverty were the most frequently selected issue and was ranked by 34.5% of survey respondents, followed by drugs/substance abuse (27.3%). Survey respondents ranked lack of or inadequate health insurance as the third issue most affecting quality of life in Franklin County.

Figure 41. Top Quality of Life Issues, as Ranked by Survey Respondents

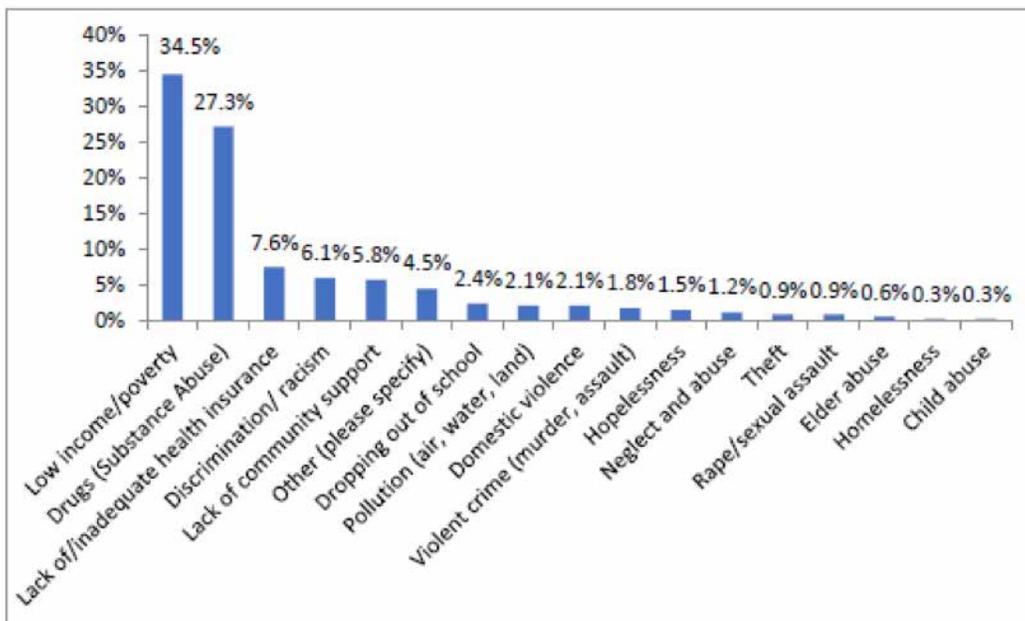


Figure 42 displays the level of agreement among Franklin County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that it is easy to buy healthy foods in the county, the county is a safe place to live, a good place to grow old and a good place to raise children. More than half of survey respondents disagreed or strongly disagreed that the county has plenty of economic opportunity and there is good health care in my county.

Figure 42. Level of Agreement Among Franklin County Residents in Response to Nine Statements about their Community

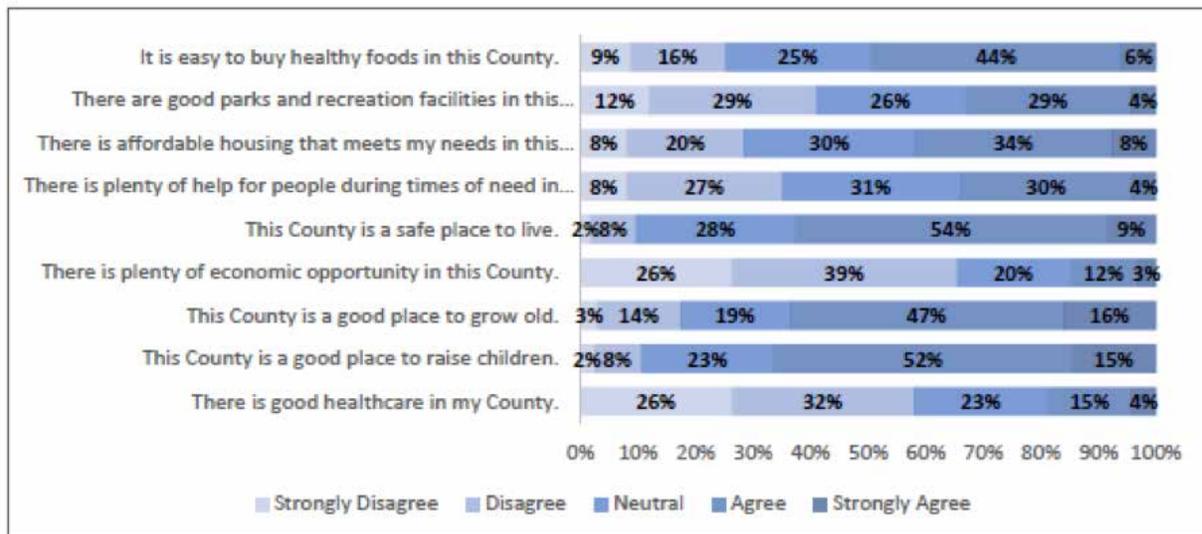


Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Franklin County. Higher paying employment was the most frequently selected issue, followed by number of healthcare providers.

Figure 43. Services Needing the Most Improvement, as Ranked by Survey Respondents

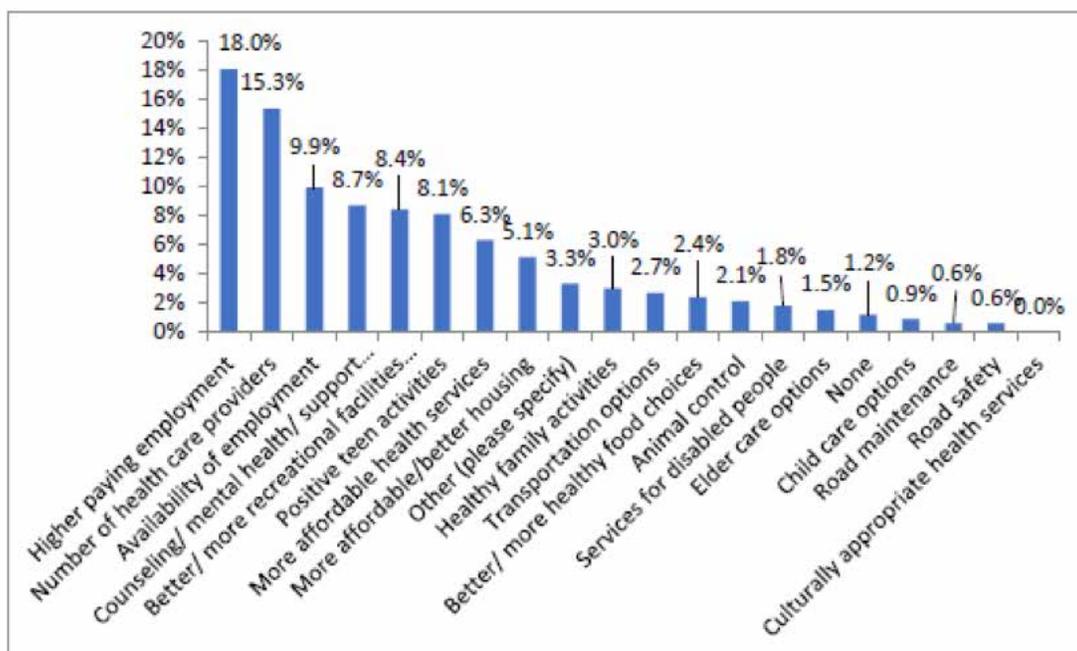
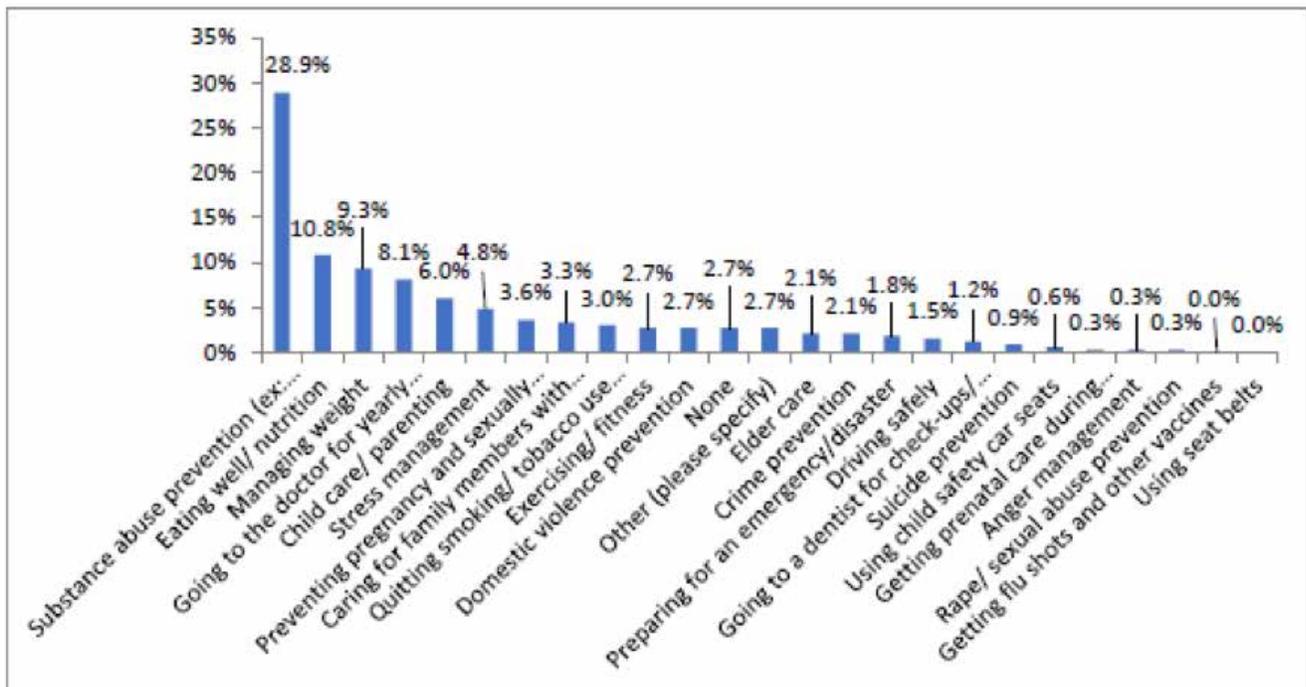


Figure 44 shows a list of health behaviors that were ranked by residents as topics that Franklin County residents need more information about. Substance abuse prevention was the most frequent selected issue, being ranked by 28.9% of survey respondents. This was followed by other, eating well/nutrition, managing weight and going to the doctor for yearly checkups and screenings.

Figure 44. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents



Focus Group Discussions

Table 8. Focus Group Results by Topic Area

Topic Area (Code)	Frequency
Access to Health Services	48
Exercise, Nutrition, & Weight	20
Older Adults & Aging	14
Occupational & Environmental Health	10
Transportation	10

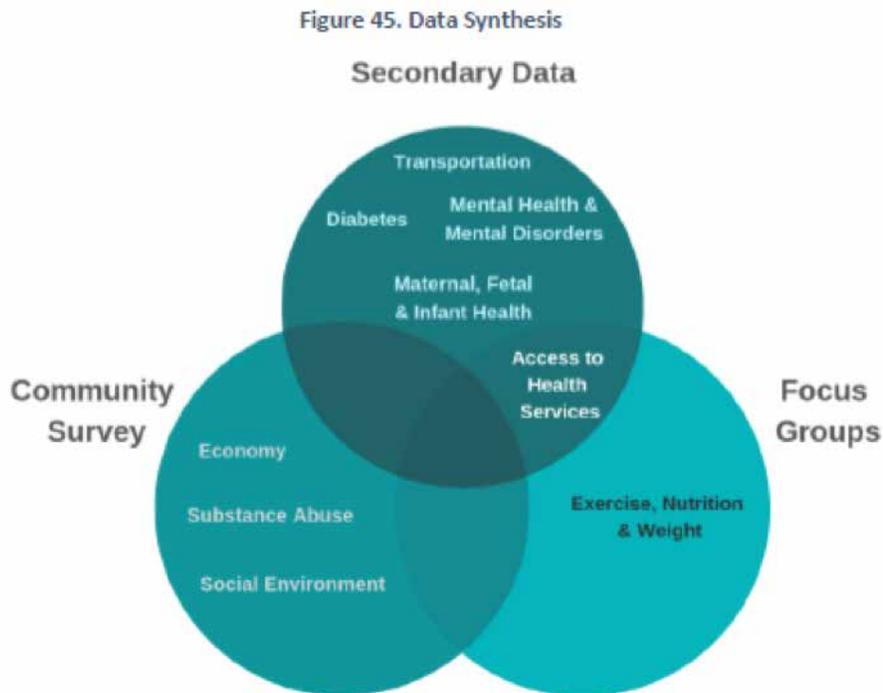
Table 8 shows the focus group results for Franklin County by topic area or code. Focus Group transcript text were analyzed by the Conduent HCI team using a list of codes that closely mirror the health and quality of life topics used in the data scoring and community survey processes. Text was grouped by coded excerpts, or quotes, and quantified to identify areas of the highest need per the focus group participants. All excerpts/quotes were also categorized as a strength or a barrier/

need based on the context in which the participant mentioned the topic. Topics with higher frequency and mentioned in the context of needs/concerns or barriers/challenges suggests greater need in the community. Topics with a frequency more than 20 are included in the overall list of significant health needs.

Data Synthesis

All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Franklin County, findings from the secondary data, community survey and focus group discussions were compared and analyzed for areas of overlap. The top needs from each data source were identified using the criteria displayed in Table 9 on the next page.

Figure 45 displays the top needs from each data source in the Venn diagram.



Across all three data sources, there is strong evidence of need for attention to the topic Access to Health Services. As seen in Figure 45, the survey results and focus group discussion analysis cultivated additional topics not ranked as top priorities in the secondary data findings. A mixed-methods approach is a strength when assessing a community as a whole. This process ensures robust findings through statistical analysis of health indicators and examination of constituent's perceptions of community health issues.

Identified Issues

The top health priorities selected for the Granville Vance 2018 CHNA were:

- Mental health & substance use disorder
- Youth well-being
- Access to healthcare

The steering committee added the cross-cutting themes of poverty and health equity to be addressed in each priority.

The most significant health needs identified in Franklin County were:

- Access to health services
- Exercise, nutrition & weight
- Mental health & mental disorders
- Substance abuse

Prioritization Criteria

Granville and Vance

Importance: Magnitude and impact of the issue

Actionability: Feasibility of the county to leverage resources to make progress on the issue over the next three years

Franklin County

The Franklin County 2018 CHNA discusses the key issues, secondary data, primary data and highly impacted populations for each of the below health priorities.

Table 9. Criteria for Identifying the Top Needs from each Data Source

Data Source	Criteria for Top Need
Secondary Data	Topics receiving highest data score
Community Survey	Community issues ranked by survey respondents as most affecting the quality of life*
Focus Group Discussions	Topics discussed most frequently by participants in context of needs/concerns or barriers/challenges to achieving health

*Community Survey Q4: Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County?



2016 Implementation Plan Impact

Maria Parham Medical Center adopted an implementation plan in 2016. The results follow:

Significant Health Need Identified in Preceding CHNA	Education	
Goals for significant need improvement	Planned Activities to Address Health Needs identified in Preceding Implementation Strategy	Results, Impact, & Data Sources
	Partner/Participate with Schools for career days: Maria Parham will partner with local schools in participating in their career days to promote healthcare related jobs.	We have participated in seven different career days at six different schools - Warren County High School, Warren County Middle School, Henderson Collegiate, Aycock Elementary, Zeb Vance and Bunn Elementary
	Partner with the Teachers Executive Institute (TEI) to support teacher efforts in the area: Maria Parham will work with the Henderson Vance County Chamber of Commerce to support the TEI program through healthcare associated meetings and presentations.	Mara Parham has hosted three TEI events since the CHNA with over 50 attendees.
	Partner with the Vance County Public School Foundation on activities and education needs and opportunities in the community: Maria Parham will support the fundraising foundation of the public schools through publicity and contributions to their different fundraisers and initiatives to support the operations and growth of the local public schools	We have supported through sponsorships including the annual Arts Alive fundraising event.
	Provide Tuition Reimbursement opportunities to MPMC employees: Maria Parham will offer tuition reimbursement opportunities for employees to earn higher education.	Over the past three years, Maria Parham has provided over \$86,299.55 in tuition reimbursement to 16 qualified employees.
	Create a community scholarship: Maria Parham will create a scholarship for local High School Seniors that will help increase the resources available to the community to pursue higher education.	Not completed
	Provide information to the community on education topics through the quarterly hospital sponsored publication HealthBeat that is published and offered through a local newspaper, The Daily Dispatch: Over 6300 HealthBeat publications are printed and distributed to the Vance County community and surrounding areas. Articles included are controlled by the hospital and will include topics on education.	Maria Parham has published this education tool quarterly with education topics including but not limited to: health health, vaccines, flu, hand hygiene, healthy eating, exercise, and mental health.
	Support local organizations that impact schools in our communities including Smart Start and United Way: Maria Parham will support local organizations and groups that provide resources and support to the local schools through financial contributions, volunteer opportunities and communication support.	Marai Parham supports multiple local organizations through time and financial contobutions. Over this reporting period Maria Parham has donated over \$30,000 to several organizations that impact local schools including United Way, Smart Start and the Boys and Girls Club.

Significant Health Need Identified in Preceding CHNA	Mental Health and Substance Abuse	
Goals for significant need improvement	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Results, Impact, & Data Sources
	Provide free educational programs for the community on different topics: Maria Parham offers free programs on topics of interest for the public and will include topics related to mental illness and substance abuse and provide education on local resources available and treatment options. Possible topics to include: stress control, depression and burn out.	Dr. Augustin has presented multiple free mental health programs for the community, including targeted presentations for students at Vance Granville Community College.
	Move forward with plans of opening a mental health facility in Franklin County, our neighboring county to the South: Maria Parham is currently working to open a mental health facility to provide increased bed availability to mental health patients in the local community.	Maria Parham opened a 13 bed geriatric behavioral health unit in 4th quarter 2018 and will open a 20 be adult behavioral unit in the spring of 2020
	Increase training for Maria Parham employees on recognizing, addressing and diffusing elevated situations with mental health patients: Maria Parham will provide mandatory training for employees who are involved in the care of or may come in contact with mental health patients.	Maintain certified trainers in handle with care and have trained 221 staff (inclusive of Security and ED) between 2018-2019.
	Implement Hospital Security Program trained to aid in behavioral health needs: Maria Parham will introduce a security program with security officers that are trained to recognize, address and diffuse elevated situations with mental health patients.	100 % of Security personnel trained in handle with care
	Promote mental health wellness to Maria Parham employees through resources provided through LifeWise/Vitality wellness program: Maria Parham will provide resources to help employees recognize, manage and seek treatment for any mental health illness.	Maria Parham has hosted multiple Vitality challenges to promote healthy living among employees including steps challenges and employee health assessment participation challenges. Maria Parham also provides counseling to employees after stressful events throught eh Employee assistance Program (EAP).
	Collaborate with local addiction support agencies to help provide support services to the community: Maria Parham will work with local addiction agencies to help provide needed resources and support that will better help serve the addiction population in our community.	Maria Parham Health has representation at the Care 360 committee that is working towards increasing resources and awareness around mental health resources in the community including addiction. Maria Parham has representation pn community health management that meets monthly that addresses advancing resources to mental health resources. Maria Parham has monthly representation on the high risk committee that reviews all patients in the community that are at high risk for future hospitalization.
	Create collaboration plans with Cardinal Health and Day Mark, the local mental resource organizations: Maria Parham will partner with the local mental health resource organizations to improve mental health resources in the community.	Maria Parham Health has representation at the Care 360 committee that is working towards increasing resources and awareness around mental health resources in the community including addiction. Maria Parham has representation pn community health management that meets monthly that addresses advancing resources to mental health resources. Maria Parham has monthly representation on the high risk committee that reviews all patients in the community that are at high risk for future hospitalization.
	Provide information to the community on mental health and substance abuse topics through the quarterly hospital sponsored publication HealthBeat that is published and offered through a local newspaper, The Daily Dispatch: Over 6300 HealthBeat publications are printed and distributed to the Vance County community and surrounding areas. Articles included are controlled by the hospital and will include topics on mental health and substance abuse.	Maria Parham publishes this quarterly in partnership with the Henderson Daily Dispatch. Mental health topics covered have included, Stay Stress Free Through the Holidays, Suicide Arareness, Mental Health Awarness Month.
	Provide a clinical social worker in the emergency department to help create transition plans for and offer help and support to mental health patients: Maria Parham will provide a clinical social worker to help aid in the proper placement of mental health patients that present to the emergency department as well as provide support and information on resources available for mental health in the community.	Completed - Eds see approximately 46,000 patients per year with the addition of Franklin ED.

Educational Events						
1/18/2017	International Paper BioMetric Screens					
3/21/2017	International Paper Nutrition Presentation					
5/25/2017	City of Henderson Employee Health Fair					
6/19/2017	Venous Disease Presentation with Dr. Robinson @ Granville County Senior Center					
6/26/2017	Dr. Buckel Presentation on Shoulder Pain @ Granville County Senior Center					
8/8/2017	Osteoarthritis Presentation @ Vance County Senior Center with Dr. Howard Brown					
9/21/2017	Men's Health Presentation @ Granville County Senior Center with Dr. Ogle					
9/29/2017	Osteoarthritis Presentation @ Granville County Senior Center with Dr. Howard Brown					
1/31/2018	Presenation on Nutriton at the Granville County Senior Center					
2/2/2018	Warren County MedFest - Dr. Igbide provided physicals for Special Olympic Athletes					
3/27/2018	Stovall Senior Center Presentation with Kathryn Harlow, Dietician "Healthy Snacking"					
4/17/2018	Stovall Senior Center Presentation with Nancy Reavis, RN "Stroke Awareness"					
5/24/2018	City of Henderson Employee Health Fair					
5/30/2018	Stovall Senior Center Presentation with Cindy Robinson, MD "Venous Disease Causes and Treatments"					
6/22/2018	Vance County Employee Health Fair					
6/26/2018	Stovall Senior Center Presentation with Dr. Igbide " Hypertension"					
10/21/2018	Community Health Fair @ Mt. Zion Baptist Church in Oxford, NC. Dr. Brown to attend					
10/23/2018	Employee health fair at Glenn Raven in Warren County					
10/31/2018	Community Event – Downtown Louisburg Trick or Treat					
1/10/2019	Services offered at MPH with Franklin County Department of Economic Development					
1/10/2019	MPH Franklin Service Line Presentation with the Franklin County Economic Development					
1/14/2019	Plant Tour/Presentation at Ardagh with Dr. Vance					
1/18/2019	Physician Presentation/MPH Services at Franklin Regional Airport					
1/22/2019	Vance Granville Community College Henderson Campus - Dr. Divina/Orthopaedics					
1/22/2019	Monthly provider speaking series set for 2019. Dr. Divina will be our first provider to speak on Tuesday 1/22/19					
1/24/2019	Benchmark Community Bank - Ribbon Cutting Ceremony					
1/31/2019	Physician Presentation - Johnny's BBQ					
2/5/2019	Plant Tour/Presentation at Internationap Paper - Dr. Divina					
2/15/2019	Vance Granville Community College Louisburg Campus - Dr. Divina/Orthopaedics					
2/17/2019	Cardiology Presenation at Clearview Baptist Church					
2/20/2019	International Paper Health Screenings					
2/25/2019	Vance Granville Community College Henderson Campus- Dr. Ramaraj/Cardiology					
3/15/2019	Vance Granville Community College Louisburg Campus - Dr. Augustin/Psychiatry					
3/25/2019	Vance Granville Community College Henderson Campus - Emilee Johnson/Rehabilitation					
4/1/2019	Boys & Girls Club Fundraiser at Johnny's BBQ					
4/1/2019	Boys and Girls Fundraiser Event in Louisburg, NC – PRL Focus					
4/7/2019	Louisburg Senior Center Presentation on MPH Franklin Services and MSC Services					
4/10/2019	Boys & Girls Club Event					
4/12/2019	Vance Granville Community College Louisburg Campus - Dr. Brown/General Surgery					
4/22/2019	Vance Granville Community College Henderson Campus - Dr. Ogle/Urology					
5/3/2019	Vance Granville Community College Louisburg Campus - Gina Champion/Nursing					
5/3/2019	Franklin Farmers Market - Strawberry Festival					
5/7/2019	Louisburg Senior Center Presentation on Dementia per Dr. Augustin and Melissa Colon					
5/8/2019	Bob Page EMS/Nurse Conference					
5/9/2019	Bob Page EMS/Nurse Conference					
5/23/2019	City of Henderson Health Fair					
5/23/2019	City of Henderson Employee Health Fair					
5/31/2019	Meet & Greet with EMS Franklin & Physicians					
6/14/19	Dr. Igbide presenting to Silver Sneakers Club on Preventative Medicine in Senior Years					
6/24/2019	Vance Granville Community College Henderson Campus - Dr. Jimenez/Physiatry					
7/17/2019	Presentation at Franklin EMS - Services offered at MPH					
7/24/2019	Presentation at Franklin EMS - Services offered at MPH					
7/31/2019	Presentation at Franklin EMS - Services offered at MPH					
8/1/2019	Annual Health Fair at Glen Raven Custom Fabrics, LLC					
8/1/2019	Employee health fair at Glenn Raven in Warren County					
9/3/2019	Presentation at Granville Community College Henderson Campus - Services offered at MPH					
9/7/2019	Community Health Fair Warrenton - Cooks Chapel Baptist Church					

Significant Health Need Identified in Preceding CHNA	Nutrition and Physical Activity	
Goals for significant need improvement	Planned Activities to Address Health Needs identified in Preceding Implementation Strategy	Results, Impact, & Data Sources
	Provide free educational programs for the community on different topics: Maria Parham offers free programs on topics of interest for the public and will include topics related to nutrition and physical activity including a focus on local resources available. Possible topics to include: Heart Health, Exercise, Healthy Eating	See Events Tab
	Host a 5K Run/walk event to the community during hospital week accepting nonperishable foods for local food bank as registration fee: Maria Parham will host a 5k Run/Walk event encouraging community members to get out and get active while increasing the food available through the local food pantry.	Support tour de Vance in through sponsorship.
	Work with the local farmer's market to increase awareness of nutritious options: Maria Parham will work with the local farmers market by promoting the local farmer's market internally to employees, providing free health screenings at the local farmer's market and offer hospital dieticians/staff to provide healthy cooking recipes or cooking demonstrations at farmer's market.	Maria Parham has provided several free health screening/topic presentations to the community through the farmers market including chest pain symptoms and free blood pressure screenings.
	Start a sports medicine program in the local schools providing coverage at all games: Maria Parham will work with the local schools to create a sports medicine program that will offer coverage at sporting events in case of injury or illness during games. This program will also provide education and instruction on safe and proper physical activity.	Maria Parham has athletic trainers in two local high schools, Warren County and Vance County. Supports over 1200 students
	Provide information to the community on nutrition and physical activity topics through the quarterly hospital sponsored publication HealthBeat that is published and offered through a local newspaper, The Daily Dispatch: Over 6300 HealthBeat publications are printed and distributed to the Vance County community and surrounding areas. Articles included are controlled by the hospital and will include topics on nutrition and physical activity.	Maria Parham publishes this quarterly in partnership with the Henderson Daily Dispatch. Nutrition and physical activity topics covered include, Eating Healthy After the Holidays, National Nutrition Month, Healthy Families
	Provide Breastfeeding programs to the community: Maria Parham will provide breast feeding education, resources and support to new and expecting moms to help improve the nutrition for newborns and moms in the community.	Maria Parham offers free breast feeding classes to the community 4 times a year and lactation counseling for all new moms in the community.
	Healthy annual food drive: Maria Parham will host an annual food drive requesting healthy food donations to be given to the local food pantry.	Maria Parham leadership hosted a food drive for the local food pantry through one of their leadership development projects. Maria Parham is also exploring an onsite farm with GROW to provide nutritional discharge meals for patients with diet or malnourishment health factors.
	Provide free healthy cooking demonstrations at the hospital: Maria Parham will host healthy cooking demonstrations at the hospital for employees to help teach them easy, sensible and nutritional cooking options for healthier lifestyles.	Not completed



Get Involved

Residents are invited to join Granville Vance Public Health and its partners as they work to address the health priorities and improve the health and well-being of the district as a whole. For more information, contact:

Granville County Health Department

101 Hunt Drive
Oxford, NC | 27565
919.693.2141

Vance County Health Department

115 Charles Rollins Road
Henderson, NC | 27536
252.492.7915

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Franklin County. The assessment was further informed with input from Franklin County residents through a community survey and focus group discussions that included participants from broad interests of the community.

The data synthesis process identified nine significant health needs:

- Access to Health Services
- Diabetes
- Economy
- Exercise
- Nutrition & Weight
- Transportation
- Maternal, Fetal & Infant Health
- Mental Health & Mental Disorders
- Social Environment
- Substance Abuse

The prioritization process identified four focus areas:

1. Access to Health Services
2. Exercise, Nutrition & Weight
3. Mental Health & Mental Disorders
4. Substance Abuse

Following this process, Franklin County will outline how it plans to address these health needs in its implementation plan.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to [**fhdconcerns@franklincountync.us**](mailto:fhdconcerns@franklincountync.us)

Appendices

Appendix A

Data Collection Methods

Appendix B

Surveys (Primary Data)

Appendix C

Focus Groups (Primary Data)

Appendix D

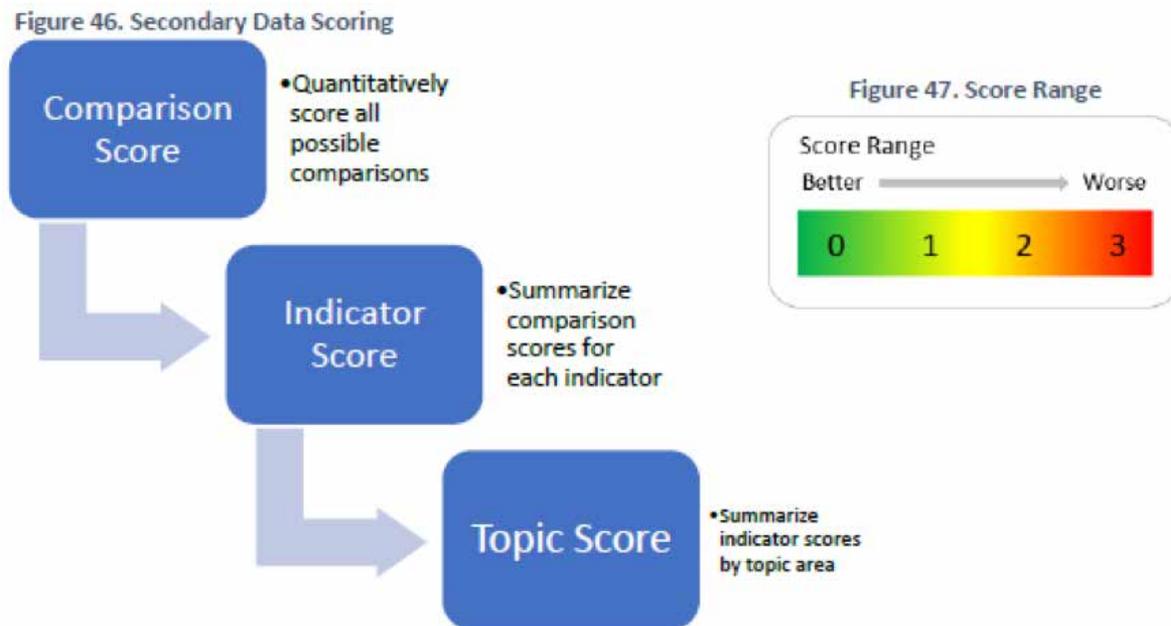
Community Asset Inventory

Appendix A – Data Collection Methods

Franklin County

Secondary Data Scoring

Data scoring consists of three stages, which are summarized in Figure 46:



Comparison Score For each indicator, Franklin County is assigned up to 7 comparison scores based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. Comparison scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

Indicator Score

Indicator scores are calculated as a weighted average of comparison scores. Indicator scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

Topic Score

Indicators are then categorized into topic areas. Topic scores are calculated by averaging all relevant indicator scores, with indicators equally weighted. Topic scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47). Indicators may be categorized into more than one topic area.

Comparison Scores

Up to 7 comparison scores were used to assess the status of Franklin County. The possible comparisons are shown in Figure 48 and include a comparison of Franklin County to North Carolina counties, all U.S. counties, the North Carolina state value, the U.S. value, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The determination of comparison scores for each type of comparison is discussed in more detail in Figure 48.

Figure 48. Comparisons used in Secondary



Comparison to a Distribution of North Carolina Counties and U.S. Counties

For ease of interpretation and analysis, indicator data on HealthENC.org is visually represented as a green-yellow-red gauge showing how Franklin County is faring against a distribution of counties in North Carolina or the U.S. (Figure 49).

Figure 49. Compare to Distribution Indicator

A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into four equally sized groups based on their order (Figure 50). The comparison score is determined by how Franklin County falls within these four groups or quartiles.



Figure 50. Distribution of County Values



Figure 51. Comparison to Single Value

Comparison to North Carolina Value and U.S. Value



As shown in Figure 51, the diamond represents how Franklin County compares to the North Carolina state value and the national value. When comparing to a single value, the comparison score is determined by how much better or worse the county value is relative to the comparison value.

Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

As shown in Figure 52, the circle represents how Franklin County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North Carolina 2020. Healthy People 2020² goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative.

Healthy North Carolina 2020³ objectives provide a common set of health indicators that the state can work to improve. The North Carolina Institute of Medicine, in collaboration with the Governor's Task Force for Healthy Carolinians; the Division of Public Health, North Carolina Department of Health and Human Services (NC DHHS); the Office of Healthy Carolinians and Health Education, NC DHHS; and the State Center for Health Statistics, NC DHHS, helped lead the development of the Healthy NC 2020 objectives. When comparing to a target, the comparison score is determined by whether the target is met or unmet, and the percent difference between the indicator value and the target value.

Figure 52. Comparison to Target Value



² For more information on Healthy People 2020, see healthypeople.gov/

³ For more Information on Healthy North Carolina 2020, see: publichealth.nc.gov/hnc2020/

Trend Over Time

Figure 53. Trend Over Time



As shown in Figure 53, the square represents the measured trend. The Mann-Kendall statistical test for trend is used to assess whether the value for Franklin County is increasing or decreasing over time and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, a comparison score is determined by the trend's direction and its statistical significance.

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If an indicator does not have data for a specific comparison type that is included for indicator score calculations, the missing comparison is substituted with a neutral score. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad and does not impact the indicator's weighted average.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Age, Gender and Race/Ethnicity Disparities

When a given indicator has data available for population subgroups – such as age, gender and race/ethnicity – and values for these subgroups include confidence intervals, we are able to determine if there is a significant difference between the subgroup’s value and the overall value. A significant difference is defined as two values with non-overlapping confidence intervals. Confidence intervals are not available for all indicators. In these cases, disparities cannot be determined because there is not enough data to conclude whether two values are significantly different from each other.

Table 19. Topic Scores for Franklin County

Health and Quality of Life Topics	Score
Access to Health Services	2.19
Transportation	2.15
Diabetes	1.96
Men's Health	1.83
Mental Health & Mental Disorders	1.67
Wellness & Lifestyle	1.66
Maternal, Fetal & Infant Health	1.65
Mortality Data	1.64
Heart Disease & Stroke	1.63
Social Environment	1.56
Public Safety	1.56
County Health Rankings	1.56
Cancer	1.55
Exercise, Nutrition, & Weight	1.55
Economy	1.49
Substance Abuse	1.46
Environmental & Occupational Health	1.44
Older Adults & Aging	1.44
Women's Health	1.42
Environment	1.35
Prevention & Safety	1.35
Respiratory Diseases	1.34
Other Chronic Diseases	1.33
Children's Health	1.33
Education	1.28
Immunizations & Infectious Diseases	0.99

health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations. The infant mortality rate indicator was corrected after the development of the content for this report. The values have been updated here and the impact was determined to be minimal to the analysis overall.

Topic Scoring Table

Table 19 shows the Topic Scores for Franklin County, with higher scores indicating a higher need.

An indicator scoring table is included in the Franklin County 2018 CHNA.

Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of data availability. In some topics there is a robust set of secondary data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators.

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population as a whole, and do not factor in the

The disparities analysis, used to analyze the secondary data, is also limited by data availability. In some instances, data sources do not provide subpopulation data for some indicators, and for other indicators, values are only available for a select number of race/ethnic groups. Due to these limitations, it is not possible to draw conclusions about subpopulation disparities for all indicators.

The breadth of primary data findings is dependent on several factors. Focus group discussion findings were limited by which community members were invited to and able to attend focus group discussions, as well as language barriers during discussion for individuals whose native language is not English. Because the survey was a convenience sample survey, results are vulnerable to selection bias, making findings less generalizable for the population as whole.

Granville and Vance

Methods and Results

A total of 175 interviews in Vance County and 177 interviews in Granville County were conducted door-to-door by community volunteers, public health department staff and its partner agencies. Interviews were conducted between the hours of 10 a.m. and 6 p.m., Thursday to Saturday, July 12-14 and 26-28, 2018. Trained interviewers administered the Community Opinion Survey to community residents in randomly selected neighborhoods and at households throughout the county (Figure 1). The survey included questions related to Community and Personal Health Status and Access to Care (Q1-21), Community Issues (Q22-33), Housing and Family (Q34-39), Emergency Preparedness (Q40-43), Assistance Needs and Social Determinants of Health (Q41-52) and Demographics (Q53-62).

Data collection protocol was submitted to the UNC Institutional Review Board (IRB). This submission was reviewed by the Office of Human Research Ethics, which determined that this submission does not constitute human subjects research as defined under federal regulations [45 CFR 46.102 (d or f) and 21 CFR 56.102(c) (e)(l)] and does not require IRB approval.

Sampling

A two-stage cluster sampling method developed by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) was employed, using population-based sampling weights from each U.S. Census block. Population weighted cluster sampling (PPS) allows the results to be generalized to the entire population of interest; however, stratification of results by sub-groups can result in imprecise estimates because of sample size. This method has been validated for rapid assessments of a variety of population-level public health needs and produces valid and precise estimates that are within +/- 10% of the “true” estimate^{1 2 3}. The sampling frame consisted of ALL blocks in Granville and Vance County, giving every resident a chance to participate. Thirty-nine blocks in Granville and thirty-seven blocks in Vance were randomly selected (PPS) with replacement. One block in Granville and three blocks in Vance were selected twice for a total sample of 40 blocks in each county (Figure 1). Within each selected block, five random interview locations were identified, using local address building point data, for a total sample size of 200 in each County.

The survey sampling method included a two-stage cluster sampling design that first selected census blocks in each county, then selected five households within each cluster. In July and August of 2018, staff and volunteers from GVPH, UNC Gillings, and other local organizations were trained and conducted a total of 352 resident interviews. The complete CHOS methods and survey instrument can be found in Appendix 2 in the Granville Vance 2018 CHNA

gvph.org/wp-content/uploads/2019/03/GVPH-2018-CHA-Report-Final-appendices-only.pdf

The 2018 Community Health Opinion Survey (CHOS) asked residents to choose the three issues that they are most concerned about related to their county's overall quality of life. Many of the top 10 issues overlapped across the two counties. For example, respondents named drug abuse as the most important issue in both counties, while poverty/low income ranked second for Granville County and third for Vance County. However, survey respondents in Vance County were more concerned with crime (violent crime and gang activity), while Granville County respondents identified access to health care and recreational facilities as more pressing concerns.

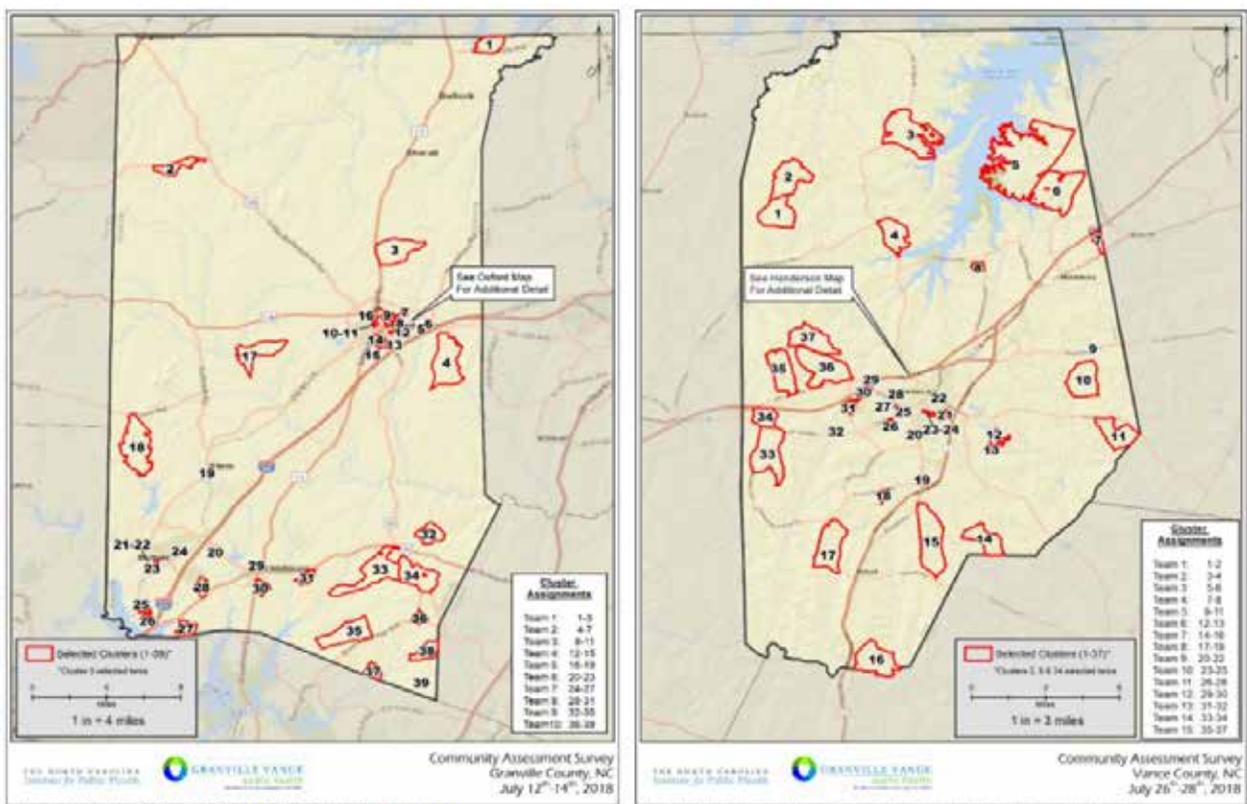


Figure 1: Randomly selected blocks in Granville and Vance County.

Response Rates

Tracking forms were kept by survey teams to account for the outcome of each door that was knocked on. The success rate was 88.5% in Granville (177/200) and 87.5% in Vance (175/200). The response rate is a measure of cooperation and is calculated by dividing the number of completed interviews by the number of housing units where contact was made. In Granville the response rate was 67.0% (177/264) and in Vance the rate was 68.1% (175/257). The contact rate in Granville was 38.6% and in Vance it was 44.9%. The contact rate is a measure of effort and is calculated by dividing the total number of surveys completed by the total number of attempts. There were 281 contacts made during the sampling in 459 attempts in Granville and 269 contacts made in 390 attempts

in Vance. This includes instances where there was no one home and a replacement address had to be selected. Tracking forms were available for all completed interviews. These are all typical rates seen when conducting face-to-face interviews and do not indicate a high probability that bias exists in the sample.

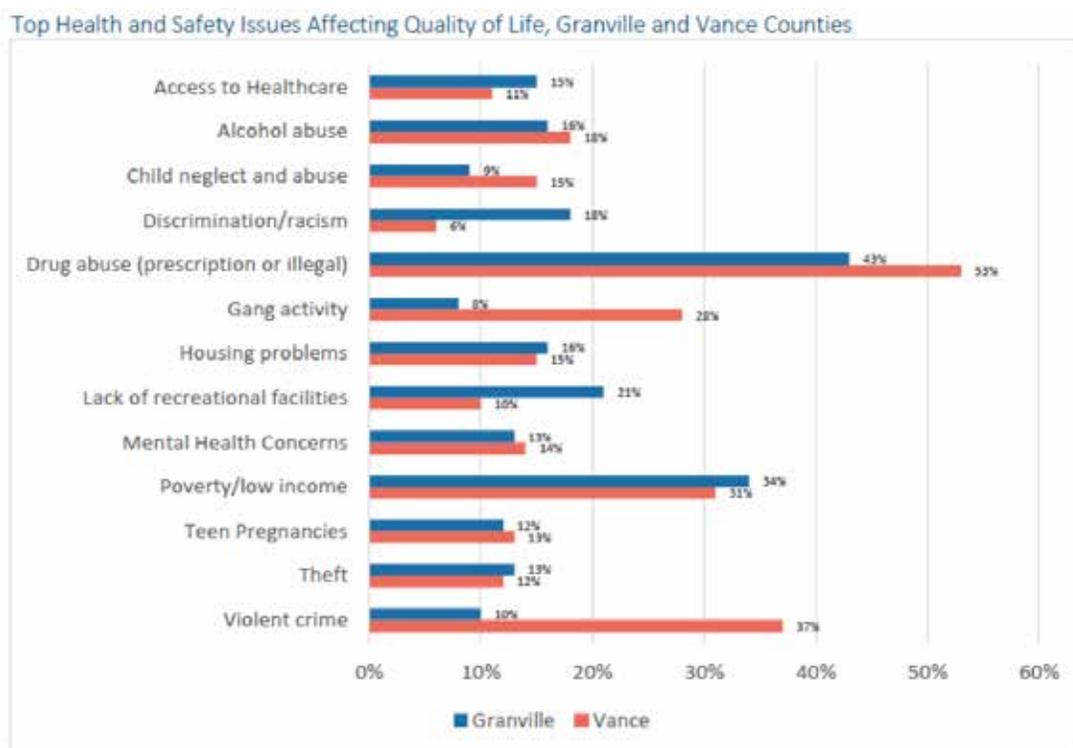
Demographic Comparison

Comparisons of the overall county frequencies and the sample were made in order to determine how representative the sample is (Tables 1 and 2). Based on these comparisons, the sample shows good alignment with the overall county population, allowing us to feel confident that our sample is representative of the county population overall.

Interpretations and Limitations

The survey methodology produces data that is generalizable to the county level. The two-stage cluster sampling method randomly selects areas throughout the sample area based on population, creating a representative sample of residents throughout the sample frame (Granville and Vance County). Each response is weighted such that the total number of responses equals the total population in all of Granville and Vance County. The weighted percentage therefore represents the estimated percent of the responses for the entire sampling frame, within a given certainty, shown by the confidence interval. If the survey were to be repeated 100 times, the 95% confidence interval represent the range of values that would be expected in 95 out of 100 instances. In other words, we have 95% confidence that the true value is within that range.

The limitation of this methodology, which is designed to be representative of each county, is that we are unable to examine sub-county populations or specific areas within the county with precision. Results can be stratified, but the confidence intervals become so wide that the results are not meaningful. Efforts to focus on specific areas or groups typically include targeted surveys, key informant interviews, or focus groups and listening sessions.



Source: 2018 Granville Vance Community Health Opinion Survey

Appendix B – Surveys (Primary Data)

Franklin County

Primary data used in this assessment was collected through a community survey and focus groups. The survey instruments and focus group questions are provided in this Appendix.

Primary Data

The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (3) focus group discussions. Over 350 Franklin County residents contributed their input on the community’s health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations.

Community Survey

Community input was collected via a 57-question online and paper survey available in both English and Spanish. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered into the Survey Monkey tool.

The community survey was distributed across Health ENC’s entire survey area from April 18, 2018 – June 30, 2018.

Survey Distribution

The survey was distributed by paper copies and electronically through email and postings on the Franklin County Health Department website. In an effort to advertise the survey, the electronic link was shared with community partners to post on their websites. The survey was also distributed through paper copies by Franklin County Health Department staff within the community. Franklin County residents aged 15+ from all backgrounds were targeted. During community events, there were small incentives offered to those willing to complete the survey.

Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 383 responses were collected from Franklin County residents, with a survey completion rate of 87.5%, resulting in 335 complete responses from Franklin County. The survey analysis included in this CHNA report is based on complete responses.

Table 3. Survey Respondents

Service Area	Number of Respondents*		
	English Survey	Spanish Survey	Total
All Health ENC Counties	15,917	441	16,358
Franklin County	334	1	335

*Based on complete responses

Survey participants were asked a range of questions related - but not limited - to: what populations are most negatively affected by poor health outcomes in Franklin County, what their personal health challenges are, and what the most critical health needs are for Franklin County. The survey instrument is available in Appendix C.

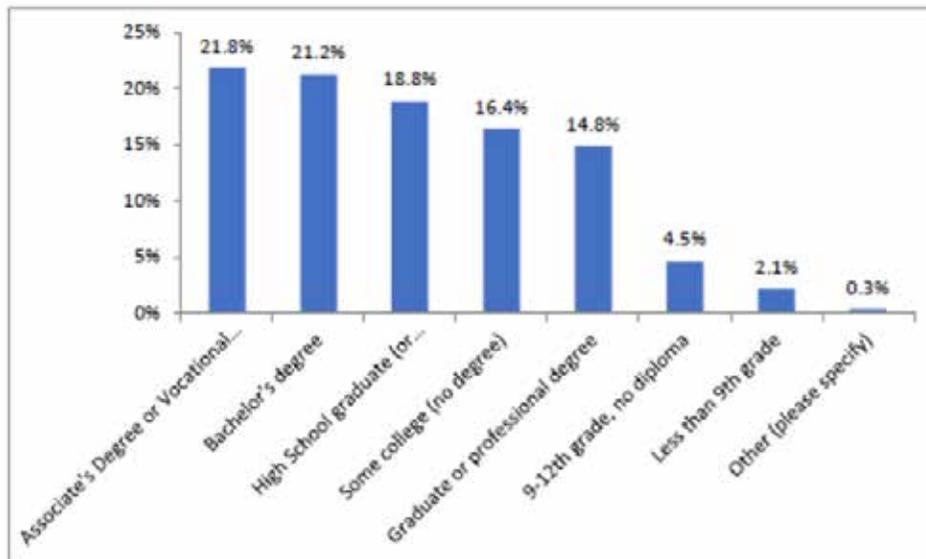
Demographics of Survey Respondents

The following charts and graphs illustrate Franklin County demographics of the community survey respondents.

Among Franklin County survey participants, 55.6% of respondents were under the age of 50, with the highest concentration of respondents (13.7 %) grouped into the 45-49 age group. The majority of respondents were female (81.3 %), White (62.9%), spoke English at home (99.1 %), and Not Hispanic (96.6 %).

Survey respondents had various levels of education, with the highest share of respondents (21.8%) had an associate degree and the next highest share of respondents (21.2%) had a bachelor's degree.

Figure 3. Education of Community Survey Respondents



As shown in Figure 4, over half of the respondents were employed full-time (64.1 %) and the highest share of respondents (22.3%) had household annual incomes from \$50,000 to \$74,999 before taxes. The average household size was 3 individuals.

Figure 4. Employment Status of Community Survey Respondents

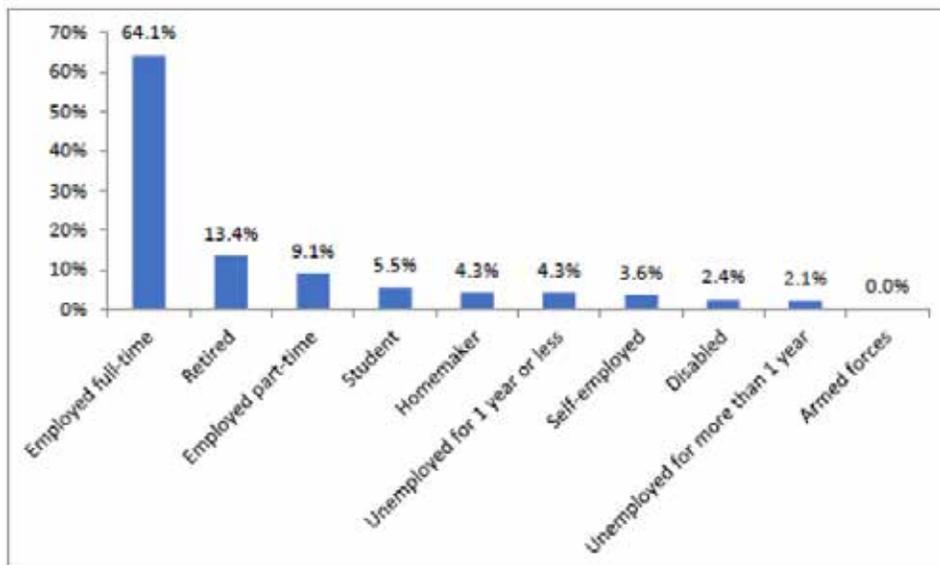


Figure 5. Health Care Coverage of Community Survey Respondents

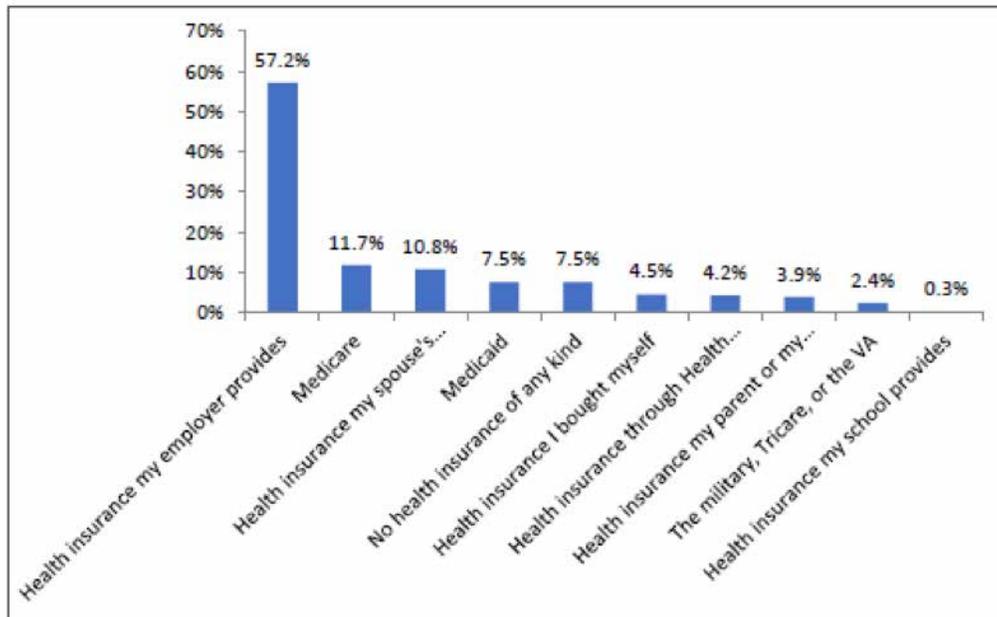


Figure 5 shows the health insurance coverage of community survey respondents. More than half of survey respondents have health insurance provided by their employer (57.2%), while 11.7% have Medicare and 7.5% have no health insurance of any kind.

Overall, the community survey participant population consisted of white, women with varying levels of education and incomes. The survey was a convenience sample survey, and thus the results are not representative of the community population as a whole.

Key findings from select questions on the community survey are integrated into this report by theme or topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. This approach is intended to offer a meaningful understanding of health needs. A summary of full survey results (all 57 questions) is available at healthenc.org/2018-community-survey-results. Full results can be downloaded by county or for the entire Health ENC Region.

Copies of the English and Spanish survey questions are included in the Franklin County 2018 CHNA.

Appendix C – Focus Groups (Primary Data)

Franklin County

Focus Group Discussions

Another form of community input was collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of people to discuss important and pressing issues. Focus groups provide community members an opportunity to engage in productive learning and sharing sessions. Focus group discussions focused on community strengths, opportunities for improvement, existing resources, health needs, and possible solutions for improving the health of Franklin County. A list of questions asked at the focus groups is available in Appendix C.

The purpose of the focus groups for Health ENC's 2018 CHNA/CHA was to engage with a broad cross-section of individuals from each county, such as migrant worker groups, healthcare workers, or county employees, to name a few.

Conduent HCI consultants developed a Focus Group Guide and led training webinars for Health ENC members. Topics included facilitation techniques, moderator and note taker roles, as well as tips and expectations for documenting focus group discussions. The list of focus group questions was reviewed, and a transcript was provided for documentation purposes.

Three focus group discussions were completed within Franklin County between June 22, 2018 – July 28, 2018 with a total of 25 individuals. The Franklin County Health Department reached out to community partners to communicate a need for focus groups towards the Community Health Needs Assessment efforts and many were willing to allow staff to facilitate focus groups to various established groups within the community. Participants included community health and wellness representatives, seniors 65+, minorities and general community members. Incentives were not provided to participants.

Focus group transcripts were coded and analyzed by common theme. The frequency with which a topic area was discussed in the context of needs and concerns or barriers and challenges to achieving health was used to assess the relative importance of the need in the community. Key themes that emerged from the focus group discussions are integrated into this report by topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. A deeper analysis of focus group findings is available on **HealthENC.org**.

Results of the focus group dialogues further support the results from other forms of primary data collected (the community survey) and reinforces the findings from the secondary data scoring. By synthesizing the discussions that took place at the focus groups concurrently with the responses from the community survey, the primary data collection process for Franklin County is rich with involvement by a representative cross section of the community.

Focus Group Questions

1. Introduce yourself and tell us what you think is the best thing about living in this community.
2. What do people in this community do to stay healthy?
Prompt: What do you do to stay healthy?
3. In your opinion, what are the serious health related problems in your community?
What are some of the causes of these problems?
4. What keeps people in your community from being healthy?
Prompt: What challenges do you face that keep you from being healthy?
What barriers exist to being healthy?
5. What could be done to solve these problems?
Prompt: What could be done to make your community healthier?
Additional services or changes to existing services?
6. Is there any group not receiving enough health care? If so, what group? And why?
7. Is there anything else you would like us to know?

Additional Questions

1. How do people in this community get information about health? How do you get information about health?
2. Have you or someone close to you ever experienced any challenges in trying to get healthcare services?
If so, what happened?
3. What is the major environmental issue in the county?
4. Describe collaborative efforts in the community. How can we improve our level of collaboration?
5. What are the strengths related to health in your community?
Prompt: Specific strengths related to healthcare?
Prompt: Specific strengths to a healthy lifestyle?
6. If you had \$100,000 to spend on a healthcare project in the county, how would you spend it?

Key Themes

Summarize the top 2-3 themes from this focus group discussion.

Appendix D - Community Assets and Resources

Granville and Vance

There are many community-based health promotion resources in place in Granville and Vance Counties that can help to address the community's health needs and priorities. Additionally, Granville Vance Public Health continuously seeks funding and opportunities to bring innovative, evidence-based programs to the district to address existing and emerging health issues. GVPH benefits from multi-sector collaborations within and across counties that help improve communication and close gaps in service needs, as well as proximity to the resources and institutions in Orange, Durham, and Wake Counties.

There is also room for improvement in the counties' resource structures. Some programs are more robust in one county than the other. Some county departments and coalitions have mechanisms for working together, but others miss opportunities to improve their offerings because they do not collaborate. In some cases, resources exist, but the offerings are limited in scope or providers and may not be able to meet the needs of the population. Granville Vance Public Health is well-positioned to continue its work making connections and assuring services among these areas of need.

This chapter presents several key resources for each of the three 2018 Community Health Assessment priority areas but is not meant to be a comprehensive list of all available health-related resources. For a more complete, up-to-date listing of prevention and health promotion resources in Granville and Vance Counties, refer to:

- Granville Vance Public Health Community Health and Promotion: gvph.org/services/community-services
- United Way 2-1-1 line provides information and referrals for a variety of services, including health and social services Call 211, nc211.org
- Granville County Community Resource Assistance Guide: ncworks.gov/admin/gsipub/htmlarea/uploads/CRAG/Granville_County.pdf
- Vance County Community Resource Assistance Guide: ncworks.gov/admin/gsipub/htmlarea/uploads/CRAG/Vance_County.pdf

Mental Health and Substance Use Disorder Resources

Addiction Recovery Center for Men is an adult male substance use disorder halfway house designed to actively promote recovery from substance use disorders in a residential setting. This service is available to individuals from Vance, Granville, Franklin, Warren and Halifax Counties. 252-492-5746

The ADP Center offers an adult day program based on a clubhouse model that provides skill development activities, psychoeducation, pre-vocational support, and socialization opportunities. The program serves adults (21 or older) who live in Vance, Granville, Franklin, and Warren Counties and have a severe and persistent mental illness. 252-492-0328

Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to maintain abstinence from alcohol use. 919-286-9499 | aanc32.org

Alliance Rehabilitative Care provides a full range of treatment functions through a multidisciplinary team who are available 24 hours a day. The service is for adults (21 or older) from Vance, Granville, Franklin, and Warren Counties. The Team includes a qualified mental health professional, a psychiatrist, a nurse, social worker/case manager, and two peer support staff. 252-492-8699

Cardinal Innovations is the Local Management Entity responsible for coordinating, facilitating, and monitoring the provision of mental health, developmental disabilities, and substance use disorder services in Granville and Vance Counties. Assessment or Referral: 800-939-5911, General Information: 866-375-1315

The NC Department of Health and Human Service's Central Regional Hospital in Butner provides comprehensive inpatient mental health services to people with psychiatric illness who cannot be safely treated at a lower level of care. 919-764-2000

Daymark Recovery Services, Inc. provides mental health and substance use disorder services. Daymark's goal is for skilled medical and behavioral health care professionals to support citizens of all ages and their families with the greatest opportunity for recovery, independence and the highest quality of life. 252-433-0061

The Granville Health System Behavioral Health Services Department provides multiple treatment options for those experiencing emotional difficulties, and/or behavioral problems. Behavioral Health Services provides mental health assessment, treatment, counseling, psychiatric evaluation, and medication management. 919-690-3217

Recovery Innovations International is a small, 10-bed, inpatient mental health crisis unit offering substance use disorder treatment. Medically supported withdrawal and detox programs are available. 24-hour nursing clinical staff is also available. 252-438-4145

R.J. Blackley is one of three state-operated North Carolina Alcohol and Drug Abuse Treatment Centers (ADATCs) specifically designed to provide inpatient treatment, psychiatric stabilization and medical detoxification for individuals with substance use and other co-occurring mental health diagnoses to prepare for ongoing community-based treatment and recovery. 919-575-7928
ncdhhs.gov/divisions/dsohf/rj-blackley-alcohol-and-drug-abuse-treatment-center

Granville Vance Public Health has implemented several programs related to mental health and substance use disorder, including Stepping Up and Project VIBRANT (Vance Initiates Bringing Resources and Naloxone Training) to address the recent increase in opioid overdose and death, particularly in Vance County. 252-492-7915 | gvph.org/

Vance Recovery is an opioid treatment program offering methadone and buprenorphine for medication assisted therapy. It also provides individual and group counselling services to support the recovery process. 252-572-2625

Youth Well-Being Resources

Boys and Girls Club has a mission, “to enable all young people, especially those who need us most, to realize their full potential as productive, caring, responsible citizens.” 919-690-0036 | bgcncnc.com

The Departments of Social Services in Granville and Vance Counties serve to enhance public awareness of child welfare issues through relations with community agencies and the general public. DSS is also a resource for food and childcare assistance, as well as other family support programs. 919-693-1511 (Granville) | 252-492-5001 (Vance)

Franklin-Granville-Vance Smart Start is a non-profit organization that provides programs and services for families and children in Franklin, Granville, and Vance counties, North Carolina. Programs include childcare, health, and family support. fgvpartnership.org

Innovative Approaches brings together stakeholders to improve systems that impact families with children and youth with special health care needs from birth to 21 years of age. Granville: 919-693-2141 Vance: 252-492-7915 | gvph.org

Juvenile Crime Prevention Councils work in Granville and Vance Counties to reduce and prevent juvenile crime. The councils assess the needs of juveniles in the community, develop strategies for delinquency prevention, and provide funds for treatment, counseling, or rehabilitation services. ncdps.gov/juvenile-justice/community-programs/juvenile-crime-prevention-councils

The North Carolina Early Intervention Branch (NCEI) is a part of the N.C. Division of Public Health. It is the lead agency for the N.C. Infant-Toddler Program (ITP). The Infant-Toddler Program provides supports and services for families and their children, birth to three who have special needs. bearably.nc.gov/

Special Olympics of North Carolina provides year-round sports training and athletic competition in a variety of Olympic-type sports for children and adults with intellectual disabilities, giving them continuing opportunities to develop physical fitness, demonstrate courage, experience joy and participate in a sharing of gifts, skills and friendship with their families, other Special Olympics athletes and the community. sonc.net/

Teen Prevention Education Program (Teen PEP) is a comprehensive sexual health program that trains juniors and seniors at Vance County High School in leadership and sexuality issues. Program facilitators are also able to support the community through the implementation of supplemental sexual health curricula. 919-690-2106

The Triple P: Positive Parenting Program gives parents skills to build strong relationships, manage misbehavior, and raise healthy, confident children and teenagers. Granville: 919-693-2141 Vance: 252-492-7915 | gvph.org/

WIC (the Women, Infants, and Children program) provides supplemental nutritious foods, nutrition education, breastfeeding support, and referrals to health care and community resources. Granville: 919-693-2141 Vance: 252-492-7915 | gvph.org/

The Working on Wellness (WOW) Coalition works to improve child health and well-being through health promotion efforts targeting nutrition and physical activity. Granville: 919-693-2141 Vance: 252-492-7915 | gvph.org

Access to Health Care Resources

Care Coordination for Children (CC4C) provides formal case management to eligible children from birth to age five who are at risk for poor health outcomes. CC4C works with families to increase access to services and help children with special health care needs have the opportunity to reach their developmental potential. Granville: 919-693-2141 Vance: 252-492-7915 | gvph.org/

Carolina Fellows Family Dentistry serves the dental needs of the entire family from children to seniors. Services include regular dental check-ups, restorative, and preventative services. 919.693.8797 | gvph.org/services/dental/

Granville Health System is an independent local hospital with a mission to provide the community they serve with the very best health care delivered with compassion and pride. Services include an emergency department, surgical care, outpatient rehabilitation, a birthing center, and intensive care. 919.690.3000 | ghshospital.org/
KARTS is a public, rural transportation system which provides rides on a scheduled (reserved) basis and the Around Town Shuttle which serves downtown Henderson. The Kerr Area Transportation Authority operates this service in Granville and Vance Counties. 252.438.2573 | kartsnc.com

Local Access to Coordinated Healthcare (LATCH) Rural Health is a free program that can help you understand how the health care system functions in Franklin, Granville, Person, Vance and Warren Counties. Our care managers based in Henderson provide assistance with applications for the Affordable Care Act Health Insurance Marketplace. LATCH Rural Health also assists with Disability and Medicaid applications and provides information about community resources. LATCH is not health insurance. 919.309.6389

Maria Parham Health is a Duke LifePoint hospital that offers intensive care, surgical services, a birthing center, outpatient rehabilitation, and an emergency department, among other services. 252-438-4143 | mariaparham.com

NC Pediatric Access Line (NC-PAL) is a telephone consultation program to help pediatric health care providers address the mental health needs of children and adolescents. 919-681-2909

Pregnancy Care Management (OBCM) is a statewide program in North Carolina promoting healthy mothers and healthy babies. The program provides care management services from a social worker or registered nurse to Medicaid-eligible, high-risk pregnant women. Granville: 919-693-2141 Vance: 252-492-7915 | gvph.org

Primary Care at Granville Vance Public Health provides routine and preventative care in addition to physicals, diagnosis and treatment of chronic health conditions, mental health care, and other health needs. Granville: 919-693-2141 Vance: 252-492-7915 | gvph.org/

Franklin County

Hospitals/Emergency Rooms

Maria Parham Franklin
(919) 340-8700

Nursing Homes/Adult Care

Franklin Oaks Nursing
and Rehab Center
(919) 496-7222

Louisburg Healthcare and
Rehabilitation Center
(919) 496-2188

Louisburg Manor
(919) 496-6084

Louisburg Gardens
(866) 232-1728

Alston Family Care Home
(919) 853-6715

Divine Family Home 3 (Franklinton)
(919) 494-1081

Divine Family Home 4 (Youngsville)
(984) 235-7304

Louisburg Senior Village
(919) 496-1611

Franklin Manor
(919) 562-5550

Mental Health Services/Facilities

Cardinal Innovations
(252) 430-1330

Carolina Partners in
Mental Healthcare, PLLC
(919) 488-1444

Central Community Services
(919) 496-3958

Sherry Et El Counseling Services, PLLC
(919) 496-0230

Visions Behavioral Health Services
(919) 496-7781

Homeless Family Resources

Safe Space
(919) 497-5444

Goodwill Thrift Store
(919) 340-1181

ACTS of Henderson
(252) 495-8231

United Way of Franklin County
(919) 495-9179

Employment

Franklin Vance Warren Opportunity
(919) 496-3022

Employment Security Commission
(919) 496-6250

Home Health Care

Amedisys Home Health
(866) 327-4195

Franklin County Home Health Agency
(919) 496-2143

Gentiva-Kindred at Home
(919) 554-2279

Hospice Care

Amedisys Hospice
(919) 494-3773

Emerald Coast Hospice
(919) 496-1206

Hospice of Wake County
(919) 554-4974

Education Services

Louisburg College
(919) 496-2521

Franklin Granville
Vance Smart Start
(252) 433-9110

Franklin County
Cooperative Extension
(919) 496-3344

Vance-Granville
Community College
(919) 496-1567

Community Health Centers

Advance Community Health
(919) 833-3111

Emergency Services

Franklin County Office of Emergency Services
(919) 496-5005

Urgent Care

Med Access Urgent Care
(919) 562-2340

Impact Healthcare (also offers Primary Care)
(919) 496-4976

Medical and Health Transportation

KARTS
(252) 438-2573

Dialysis Centers

DaVita Dialysis Care of Franklin County
(919) 496-0300

Fresenius Kidney Care Tar River
(919) 497-0180

Private Medical Providers

Bunn Medical Center (919) 496-2889	William Sayles, MD (919) 496-3680	Ghassan Al-Sabbagh, MD (919) 496-2745
NC Pediatric Associates (919) 496-7337	Adrienne Tounsel, MD (919) 435-6576	Orthopaedic Specialist of NC (919) 562-9410
Beckford Centerville Medical Center (919) 340-0283	Franklin County Cancer Center (919) 497-0113	
Duke Primary Care (252) 231-4004	Andrew Kronenberg, MD (919) 496-3909	

Health Department

Franklin County Health Department
(919) 496-2533

Infant and Child Health, Immunizations, Pregnancy Care Management, Maternal Health, Care Coordination 4 Children (CC4C), Women, Infants, and Children (WIC), Family Planning, Adult Health, Communicable Disease Control, Health Education/Promotion, Laboratory Services, Environmental Health

Chiropractors

Louisburg Chiropractic Center (919) 496-4664	Robbins Chiropractic Center (919) 556-3333	Youngsville Chiropractic Center (919) 556-2001
---	---	---

Dental Health Providers

Bunn Family Dentistry (919) 729-1103	Dr. Bert Kelling, DDS (919) 496-6555	Clark Family Dentistry (919) 562-2400
Franklin Plaza Dentist (919) 853-6453	Louisburg Family Dentistry (919) 496-1100	Dr. E. Smoak Ackerman Dentistry (919) 488-0233
Hardy Family Dentistry (919) 496-3088	Axiom Dentistry of Louisburg (919) 298-2008	

Senior Centers

Franklin County Department of Aging (919) 496-1131	Louisburg Senior Center (919) 496-1131	Franklinton Senior Center (919) 494-5611
--	---	---

Law Enforcement

Franklin County Sheriff's Department – (919) 496-2186

Social Services

Department of Social Services

(919) 496-5721

Adoption services, case management for children at risk of abuse or neglect, foster care, foster home licensure, independent living preparation, child protective services, parenting classes, food and nutrition services, workfirst family assistance, managed care, Medicaid, child support services, home mobility aid, in-home special assistance, adult care home case management, placement services, guardianship, adult home specialists, community alternative programs, emergency services.

Obstetrics/Prenatal

Franklin County Health Department

(919) 496-2533

High Risk Obstetrics/Prenatal

Duke University Medical Center

(919) 684-8111

Maria Parham Women's Care

(252) 492-8576

Parks and Recreation

Franklin County Parks and Recreation

(919) 496-6624

The mission of the Parks and Recreation Department is to promote the quality of life by serving the community's needs for leisure, parks, information and referral, by providing quality and affordable recreational programs and services to all residents.

Child Care

Louisburg

ABC Adventures Preschool
and Child Care

(919) 496-2886

Little Angel's Child Care Center

(919) 497-4032

Saint Paul Presbyterian Day Care

(919) 496-2069

Almost Home Wee Care, LLC

(919) 556-4121

Louisburg Elementary Pre-K

(919) 496-3767

The Kid's Corner

(919) 497-5670

Edward Best Elementary Pre-K

(919) 853-2347

Nelson Head Start Center

(919) 496-4585

Kid's Zone

(919) 496-6433

Precious Beginnings Child Care

(919) 496-4200

Youngsville

Children's Ark Creative
Learning Center
(919) 556-7222

Kids Learning Academy, Inc.
(919) 554-1881

Long Mill Elementary Pre-K
(919) 554-0667

Shining Time Child
Development Center
(919) 556-4989

Franklinton

Dream World Academy
(919) 494-2177

Franklinton Elementary Pre-K
(919) 494-2479

Franklinton Head Start
(919) 494-1628

Franklin United
Methodist Church Day Care
(919) 494-5177

Bunn

Bunn Head Start
(919) 496-0175

Helping Hands Child
Care of Bunn
(919) 496-3862