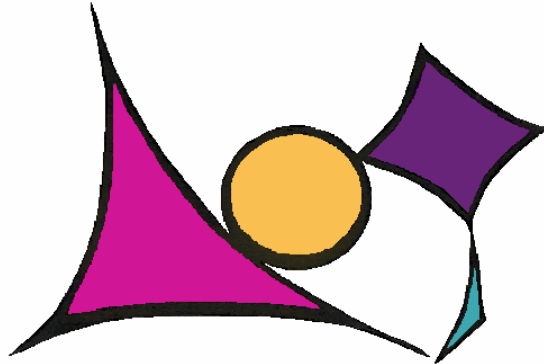


# VANCE COUNTY



# STATE OF THE COUNTY HEALTH REPORT 2002

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## Where do we stand in Vance County?

Insured—Not insured  
 Employed—Not employed  
 Well-educated—High school drop-out  
 Comfortable housing—No central heating  
 Safe, walkable neighborhood—Crumbly sidewalks, empty storefronts...

Why should anyone care about differences between lives and the people that live them?

- 1) Because it is just.
- 2) Because it makes economic sense. Just as it is cheaper to buy new shoes than pay for new feet, it is cheaper to pay to prevent problems in a community than it is to try to redress them.

Who pays for the prevention, the problems, and the solutions? We all do. Our tax dollars support service agencies of all types, and our private dollars pay for increased costs if others can't pay their bills. Yet if we do not put money and effort into prevention, then assuredly more will be spent later coping with the costs.

This is the purpose of public health and the rationale for trying to assess areas of need and strength in a community. In 2003, it will be time to complete a thorough assessment of the physical, social, and economic health of Vance County. In the interim, this brief state of the county's health (SOTCH) report will provide a glimpse into Vance County's "picture of health."

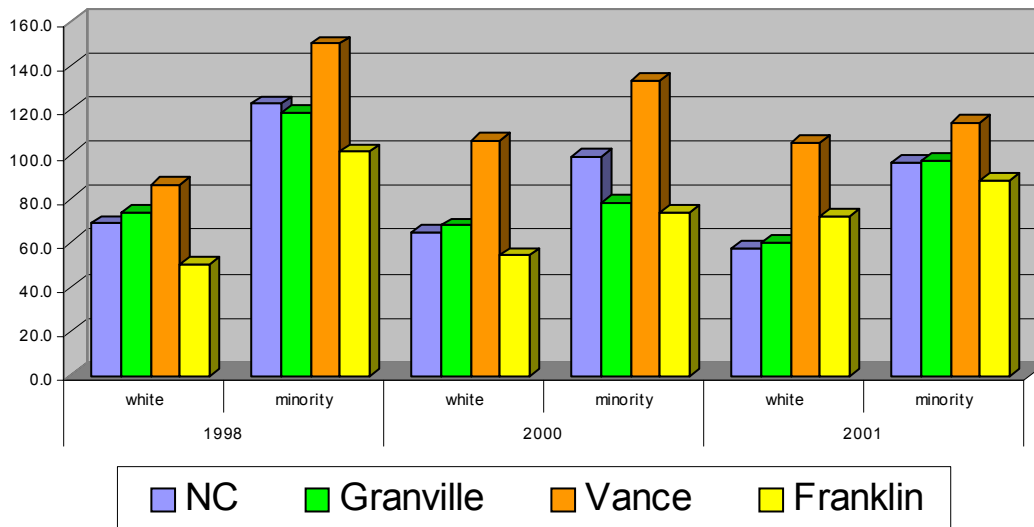
Before looking at death and disease information, it is helpful to see how Vance County citizens compare with others and the state economically. Unfortunately, in 2000, they did not fare well: earning less, and having higher rates of poverty and needing more financial support than their neighbors or the state on average. Moreover, Vance County has nearly 30% more people without health insurance than Franklin or Granville Counties or the state, and nearly twice as many enrolled on the Medicaid program.

**TABLE 1**  
**Income Indicators**  
**2000**

Area	Per Capita Income	% Poverty White	% Poverty Black	% Poverty Total	% AFDC	% Food Stamps
Granville	\$22,102	6.2	24.7	13.5	1.4	4.7
Vance	\$20,168	9.6	31.5	19.6	4.4	12.6
Franklin	\$22,667	8.7	24.9	14.5	1.3	6.9
NC	\$26,417	8.7	27.1	13.0	1.5	6.3

**Teen pregnancy** was an issue in the last community assessment and still is today. For 2000, and the newly released 2001 data, Vance County has the highest rates in the state. However, there is a glimmer of hope—while the state rates only decreased 2.8% for minority teens, Vance County's rate decreased by 14.3%, dropping the minority rank from 12<sup>th</sup> to 18<sup>th</sup> place. White teens did not do so well—increasing from 4<sup>th</sup> to 2<sup>nd</sup> place. Of all these pregnant girls, about 1 out of 7 will get an abortion.

**GRAPH 1**  
**Pregnancy Rates For 15 - 19 Year Olds**  
**Per 1000**



**When reviewing death rates for the very young (<1 year old),** total rates for Vance county have improved for neonatal, postneonatal, and infant death, although minority rates are more than double white rates despite the improvements. Also, in all three areas, the county rates still exceed the state's. For fetal deaths, however, Vance County rates have worsened and are 77% higher than NC rates for the 1996-2000 period, while they were "only" 57% higher than the state's during 1994-98.

**It is possible to look at death rates for the entire population,** as well as for different age groups from 1999-2000. There are a few areas in which Vance County stands out above its neighbors, Granville and Franklin Counties, and the state (which have similar proportions of young and old).

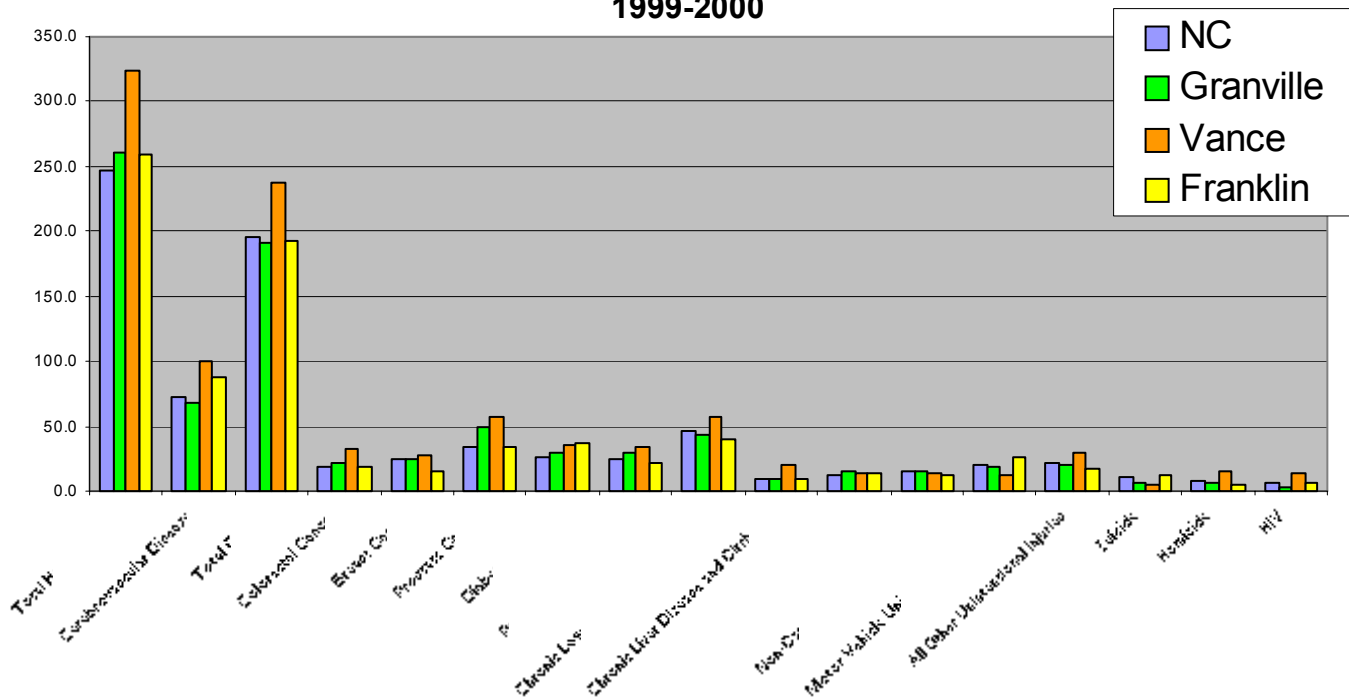
- For those <20 years old, more are dying from cancers, SIDS, and homicide.
- For those 20-39 years old, more are dying from AIDS and cancers: death rates for both are more than twice as high as the state average or Granville and Franklin counties. Vance County also exceeds the others in heart disease and homicide, but only slightly.
- For the middle-aged 40-64 year old group, Vance County significantly exceeds the comparison group for cancers, heart disease, and cirrhosis, and is slightly higher for stroke and injuries.
- Finally, for the 65-84 age group, Vance is still in the lead for cancers (especially prostate), heart disease, stroke, and chronic obstructive pulmonary disease.
- It is not until the people in Vance County reach 85+ years old that they no longer exceed the others for most conditions.

Putting this data together and adjusting for the age spread of the population, Vance County leads Granville, Franklin, and NC in age-adjusted death rates for 13 out of 17 selected causes. For diabetes and non-cancerous kidney disorders Vance exceeds the state and one of the counties, but not both. Only for motor vehicle accidents and suicide does Vance County have lower rates than the two counties and the state.

**Who in Vance County is bearing the burden of these higher death rates?** Minority males lead white men and women and minority women in deaths from heart disease, stroke, cancers (*especially* prostate), diabetes, flu and pneumonia, kidney disorders, and homicide. (Overall, the total death rate for minority male exceeds that for white males by 27.6%). White men lead the others in deaths from chronic lower respiratory disease, chronic liver disease/cirrhosis, motor vehicle and other accidents, and suicide. (Of the injury related deaths, 40.3% of the dead tested positive for alcohol). Minority women lead in deaths from colorectal cancer, septicemia, and HIV. White women are lower than all other groups for all causes of death.

**GRAPH 2**

**Age-Adjusted Death Rates for Selected Causes for the Total Population 1999-2000**



Healthy Carolinians 2010 Objective

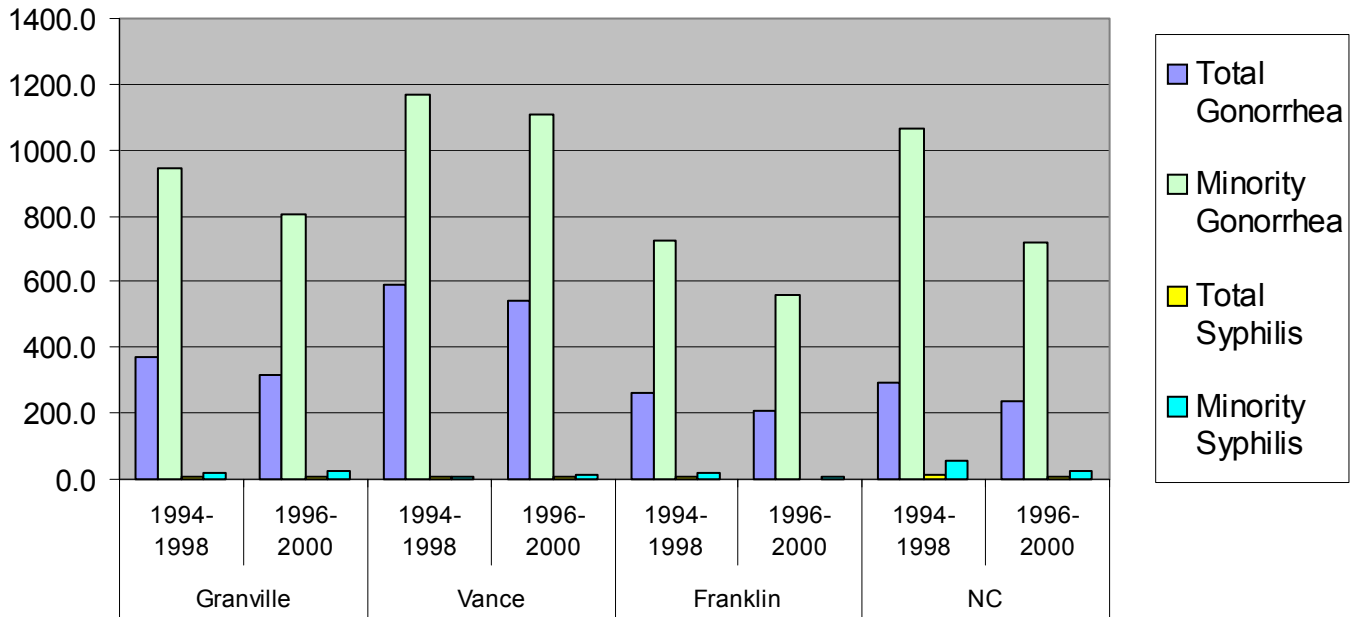
Reduce death rate from heart disease to maximum of 219.8/100,000

Vance County age-specific death rate for 1999-2000 is 317.3/100,000

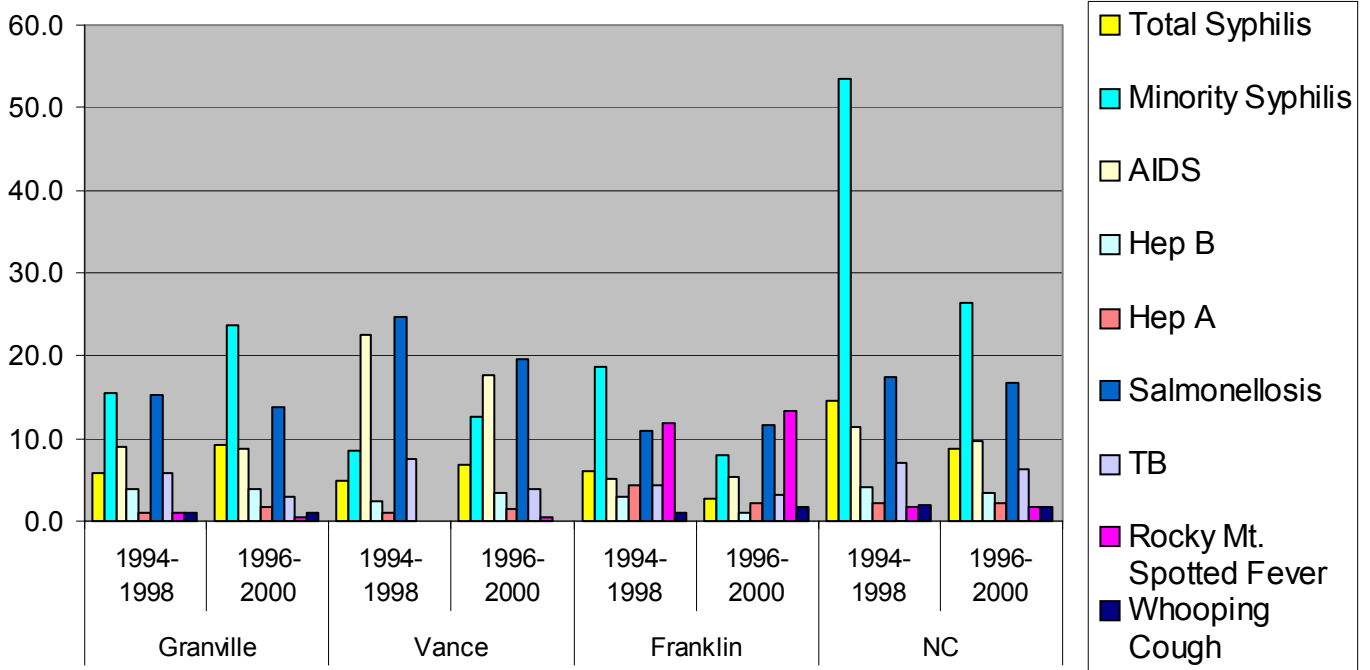
**Before death comes disease.** Besides the chronic diseases that lead to death and disability, what contagious diseases affect Vance County citizens? Among a variety of illnesses ranging from AIDS to whooping cough, three stand out in impact: gonorrhea, AIDS, and salmonellosis. The first two are sexually transmitted diseases, the third is a food-borne disease. The toll of gonorrhea is the heaviest with 1134 cases from 1996-2000: thirty-one times the number of AIDS cases. However, while gonorrhea does not kill, AIDS does-so although its numbers are far smaller, the net effect may be greater.

**With regard to children,** a few areas can be considered: asthma, lead poisoning, and dental decay. All three can affect a child's physical and growth needs as well as his/her ability to focus and learn in school. While dental and lead screening data do not vary greatly from Granville and Franklin Counties', the asthma hospitalization rate is striking. For the total population, Vance County's rate is 93% higher than Granville's and exceeds Franklin's by 101%. For 0-14 year olds, it is 56% and 32% higher than Granville and Franklin counties respectively.

**GRAPH 3**  
**Gonorrhea & Syphilis Rates Per 100,000**



**GRAPH 4**  
**Communicable Disease Rates Per 100,000**

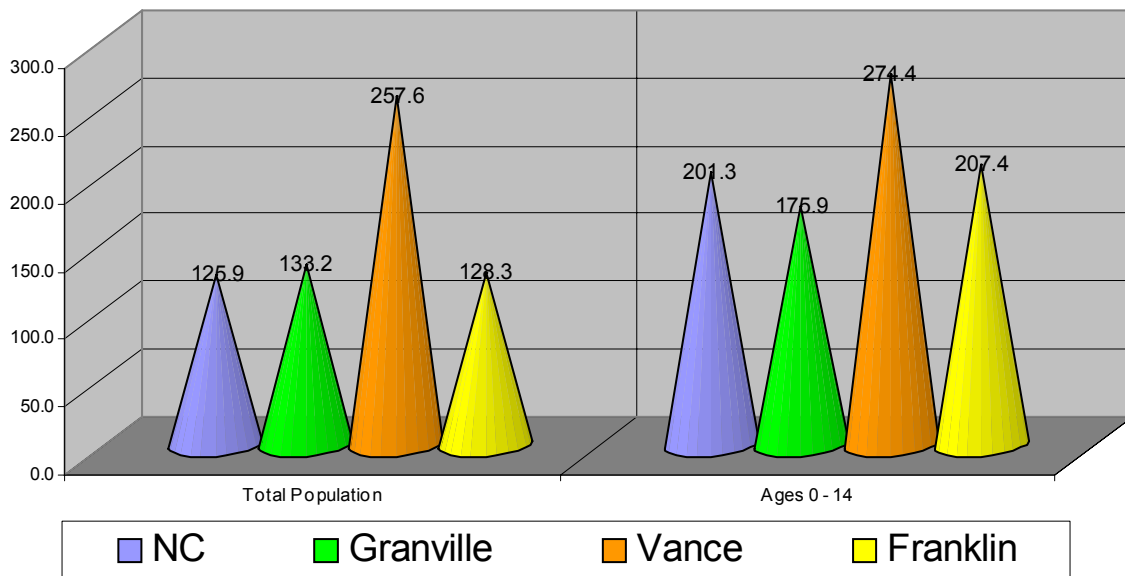


\* To see the impact that gonorrhea has on the county, look at the size of the syphilis bar as compared with gonorrhea in graph 3, then look at the syphilis bar as compared with other diseases in graph 4.

Although it is not possible to know why this is so, it is interesting to note that according to the 1999-00 Asthma Survey, Vance County had more students who smoke and more smokers in student households than the other counties or the state.

**What happens to these students in school?** The seniors that graduate equal only 46% of

**GRAPH 5**  
**Asthma Hospitalization Rate**  
**2000**



the freshmen that started 4 years earlier (106<sup>th</sup> out of 117 school districts). They rank 110<sup>th</sup> out of 117 for SAT scores, and the number of violent incidents per 1000 students increased by 67% from 1997-98 to 1999-00. Vance County students rank 7<sup>th</sup> in the state for violent acts: the majority of them being categorized as *assault on school personnel* and *possession of a weapon*.

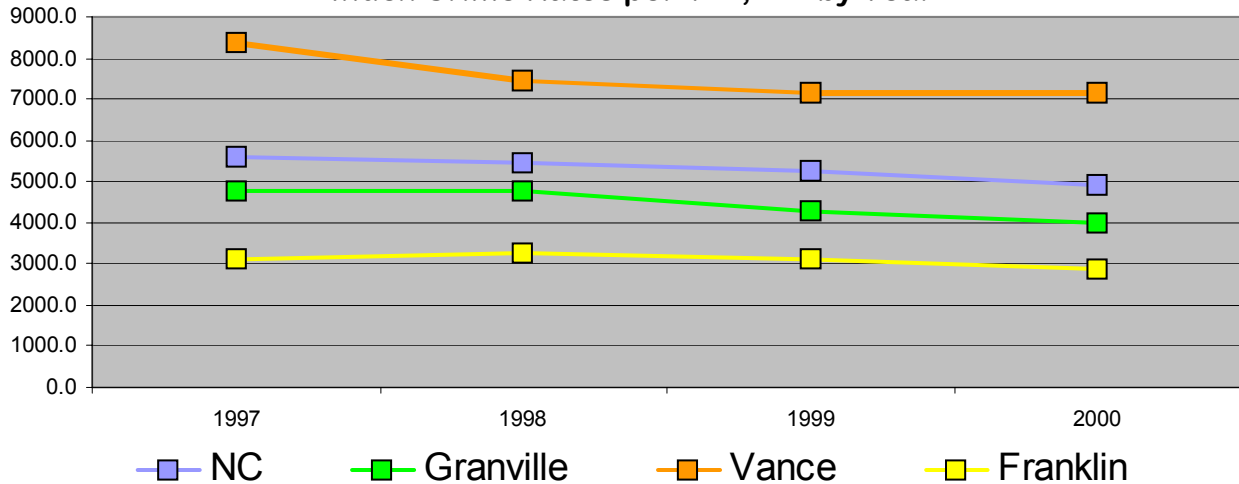
**Where does Vance County stand with crime?** While the property crime rate has decreased steadily since 1997, it was still 43% higher than NC's rate in 2000. The violent crime rate has been more erratic, decreasing from 1998 to 1999, but increasing from 1999 to 2000. Fortunately, this increase was not mimicked in the younger population, which saw a 65% decrease in 1<sup>st</sup> time appearances in juvenile court from 1995 to 1999-00. Similarly, Vance County's youth development and detention center admissions decreased by 41% from 1996-97 to 1999-00 while both Granville and Franklin Counties as well as the state increased for the same time period.

**How does domestic violence fit in?** Interestingly, restraining orders issued by the court before and after court hearings on violence issues are lower in Vance County than in Franklin or Granville Counties. Yet at the same time, Vance County has a higher proportion of its children in DSS custody than the state and its two neighbors. It is gratifying to see, however, a tremendous drop (59%) from 1997-98 in the rate/1000 of abuse cases that were reported to DSS for 1999-00. However, what does it mean since the number of children in custody remained nearly the same? Are there a smaller number of erroneous abuse reports? Or is the percentage of reports that is substantiated increasing—indicating a rising problem? This may warrant looking into if the trend continues.

The above is just a surface picture of the many health issues that can affect a community.

**GRAPH 6**

**Index Crime Rates per 100,000 by Year**



\*Index crime includes the total number of violent crimes (murder, rape, robbery, and aggravated assault) and property crimes (burglary, larceny, and motor vehicle theft) together.

Unemployment, housing, recreation opportunities, break down of statistics by gender and race, community opinion about problems and strengths, and numerous other characteristics can be added to the mix that results in a community assessment.

For the first time, in 2003, the health department will endeavor to work with Vance County community partners to complete an in depth assessment process. The reasons for this are multifold:

- Many agencies have assessment needs of their own and can benefit from having ready data in an accessible, understandable format. This can be an invaluable resource when applying to foundations for grant resources.
- Various agencies can refer to the same set of data when discussing need in a particular topic area so that information given out to others is consistent across the county.
- The health department may only be able to provide limited information about certain subjects, but another entity may be able to contribute much more detail that can expand the picture for the reader.
- Multiple partners expand the assessment team's "reach" into the workings of the community.
- Partners' knowledge about each other's resources will be enhanced by working together on the assessment process.
- A collaborative community assessment can be the springboard from which a community partnership can work on a coordinated approach to problem solving.

Rather than individual entities taking on a problem alone and with limited resources, a group of partners can decide to work together to determine priorities, combine resources, and approach problems one at a time in a logical fashion. If the partnership represents the public, private, and citizen sectors as a whole, then any work on a problem can be accomplished with true community input. If the force behind the process is widespread, the likelihood of success will equally as great.

Think about where you are as a civil servant, citizen, or agency representative. If you would like to have a voice in this process and be part of a productive team, please consider contacting the health department to inquire about getting involved. By working together, we can accomplish more for Vance County than we can on our own.

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