

**Join us for the  
Vance County  
2004  
Community Health Forum**

Tuesday, May 11, 2004

7:00 p.m.

Senior Center,  
Old West End School,  
1000 S. Chestnut St.  
Henderson, NC

*Come hear about current health trends,  
discuss your concerns with community members and  
let your voice be heard!*

*Sponsored by:*

**First Presbyterian Church**, FGV Partnership for Children,  
FVW Opportunity, **Granville-Vance District Health Department**,  
**Kerr-Tar Council of Governments**, Leslie H. Perry Memorial Library,  
United Way of Vance County, **Vance County Cooperative Extension**,  
**Vance County Department of Social Services**,  
Vance County Schools, **Vance County Senior Center**,  
**Vance Granville Community College**, and VGFW Area Authority,

*Light Refreshments Served*

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**TRANSCRIPTION OF “COMMUNITY AT LARGE” WORKGROUP  
Vance County Community Health Forum**

★★★ Vance County crime rate has been consistently higher in the last 6 years.

★★★★ Violent crime was 4.3% higher than in 1997.

★★★

★★★★

★

Property crime rate was 2.9 % lower than in 1998.

★★★★ The Vance County crime index is 72% higher than the state.

Vance County violent crime rate is 59.9% higher than the state

Domestic violence, violent crime and child abuse are rising concurrently and appear to be interrelated to each other.

First time court appearances decreased 64% in the year's 2000-2001 but, in 2002, there was a 73% increase of children in detention.

There are two ways to measure domestic violence:

1. Protective orders issued by the court
2. Tracking child abuse cases through DSS.

In Vance County the ex-parte orders increased by 21% from 1999-2000 but plummeted in 2001 by 81%. The question was raised as to why this number decreased.

★★ Vance County child abuse and neglect decreased 12% but is still 64% higher than the state.

The number per 1000 children reported to child protection services increased 47%. However, the number of children removed from homes has decreased. The question remains as to why?

★★ In 2002, Vance County had 94 children removed from their homes. There has been a 36% increase of investigations of abuse and substantiations of abuse and neglect.

Vance is behind the state in smoke free facilities.

Vance County spent very little monies except on recreation facilities

Twice as many restaurants label healthy food choices.

**TRANSCRIPTION OF EDUCATION WORKGROUP  
Vance County Community Health Forum**

1. HOW ARE VANCE COUNTY SCHOOLS DOING?

1. Shocked by E.M. Rollins (observation, word of mouth, atmosphere)
2. Private schools do not have academic achievement programs (gifted students)
3. Students using calculators not necessarily know basics
4. No books in classes
5. Teacher Quality---Higher Pay?
6. Perception of Vance County Schools (negative)
7. Recruitment

2. DISCUSSIONS ON GROWING SPANISH-SPEAKING POPULATION

1. Everyone should learn English
2. Should learn before they enter district
3. Should have separate teacher

3. HOW DOES FUNDING IMPACT TESTING (SCORES)?

1. What does the schools do with all the funding
2. Have money for new Administration Bldg, why not students

4. HOW DO YOU FEEL ABOUT VIOLENCE IN SCHOOLS?

5. PRIORITIES

- ★ ★ ★ ★ 1. Educate existing teachers and recruit qualified teachers
- ★ ★ ★ ★
- ★ ★ ★ ★
- ★ ★
- ★ ★ ★ ★ 2. Discipline
- 3. Scores
- 4. Secondary Schools
- ★ ★ ★ 5. Better Recruitment & Retention
- ★ 6. Community Use of Schools
- ★ ★ ★ 7. Drop-Outs
- ★ 8. Moral Values/Family Involvement
- ★ ★ 9. Substance Abuse in Schools

**TRANSCRIPTION OF EMPLOYMENT WORKGROUP**  
**Vance County Community Health Forum**

- ★ ★ ★ ★ 1. Motivation – Must have an image of a place you're going to  
Need to put job information into hands of folks and say "feel free to move away"  
Broaden their sights
  
- ★ ★ ★ 2. Why is Vance higher unemployment than surrounding counties?  
Something "intrinsically different" in people in this county. Loss of textile not a new problem.
  
3. Must address concept of "economics 101". Must produce and export a product from this community.
  
4. Maybe availability of government programs discourages people from looking for jobs.
  
- ★ ★ 5. Individuals with disabilities need employment too. Unemployment rate for disabled population is higher.
  
6. Lack of goals (see #1)
  
- ★ ★ ★ ★ 7. We have a population that is unskilled. Must attract appropriate jobs or provide job skills training. What good will a Toyota plant do for community?  
★ ★ ★ ★  
★ ★ ★
  
8. Better schools, housing, restaurants, entertainment in Vance County will attract better jobs.
  
- ★ ★ ★ 9. What career guidance are our kids getting in Middle school?  
Can't wait until someone is 18.  
  
Severe shortage of role models in community
  - Understanding of work and career different for kids today. In earlier generations, person chose a career and company, and stayed until retirement. Mobility is an issue.
- ★ ★ ★ ★ ★ 10.
  - Drugs are a problem.
  - Work ethic absent.
  - Skills mismatch is a problem.
  - Is there follow up when company decides not to locate in Vance?  
Are we learning from this?
  - Is it worth it to offer incentives to attract companies that only stay for a few years?
  - We need to foster small business.
  - Salaries are so low in some jobs people can do as well with food stamps, etc.

## TRANSCRIPTION OF HEALTH CARE RESOURCES WORKGROUP Vance County Community Health Forum



### PRIVATE HEALTHCARE

Affordability, Underavailability, Under-insured

- economy affects healthcare
- ability to pay
- jobs with healthcare benefits needed
- need more competitive rate commercial insurance carriers
- childcare benefits and providers available



### LACK OF QUALITY STANDARDS TO MEET THE NEEDS OF COMMUNITY

- affecting community's ability to attract new industry to the area due to poor scores
- target and create new specialty programs for teen mothers regarding health, teen pregnancy, lifestyle and vocation choices (Improve own health to become wage earners)
- incorporate mandatory employee wellness health education programs in new/old industries
- use of retirees/senior volunteers to provide mentoring, tutoring education programs
- encourage community recruitment of more biotech and healthcare related education programs



### HEALTHCARE PERSONNEL

Lack of Healthcare Resource Personnel in Community

- enlist the services of more RN's as providers to Medicaid recipients in lieu of Social Workers now utilized
- hold frequent health fairs at the local high schools to educate on possible healthcare
- vocations and professions now available locally
- institute healthcare vocational enrollment programs in the High Schools
- employ industries/ recruiters/career counselors specifically for targeting education levels of high school and below
- increase enrollment quotas available to healthcare programs at the VGCC
- increase number of healthcare profession counselors available at VGCC
- require scholarship recipients to VGCC to stay in the Vance Granville Healthcare systems for a retention of at least two years
- incorporate health program mentoring from the existing healthcare facilities to those individuals inquiring about possible healthcare vocations

**TRANSCRIPTION OF MORBIDITY (Sickness and Disease) WORKGROUP**  
**Vance County Community Health Forum**



EDUCATION ON AIDS



EDUCATION ON TOBACCO



AWARENESS TO MENTAL ILLNESS



ATTENTION TO LIFE STYLE



TESTING IN COMMUNITY

**Mortality Workgroup Handout  
Vance County Community Forum  
May 11<sup>th</sup>, 2004**

**INFANT DEATH Rates** – includes neonatal (0 – 28 days)  
Post neonatal (28 days – 1 year)

Both white and minority rate higher than state (1997 – 2001)  
White rate increased (100%) since 1994-1998  
Minority rate decreased (22%) since 1994-1998  
Minority rate nearly 3x white rate

Combined rate decreased 13% since 1994-1998 (1998 – 2002)  
Rate is ~1 ½ times the state rate  
Magnitude –13/1000 live births

**FETAL DEATH Rate** – 20+ weeks gestation

Both white and minority higher than state  
White rate increased (28%) since 1994 -1998 (8.1/1000)  
Minority rate decreased (3%) since 1994-98 (17.6/1000)  
Minority rate ~ twice white rate

**AGE-SPECIFIC DEATH Rates** – includes infancy  
(# deaths per # people in age group x 100,000)

**Birth to 19 years old – 1999 - 2001**

Homicide – 3x state rate	(13/100,000)	
Cancer – 3x state rate	(8/100,000)	actual number deaths = 3
Injuries (not car) – 2x state rate	(13/100,000)	
SIDS – nearly 2x state rate	(10/100,000)	
Perinatal Conditions - ~1 ½ times state	(44/100,000)	

**20 -39 years old – 1999 -2001**

AIDS – nearly 3x state rate	(22/100,000)
Cancer - >2x the state	(34/100,000)
Homicide – nearly 2x the state	(28/100,000)
Heart Disease - > 1 ½ x the state	(20/100,000)

**40 – 64 years old – 1999-2001**

Liver Disease – ~ 2 ½ x the state	(44/100,000)
Stroke – 2x the state	(54/100,000)
Heart Disease – 1 ½ x the state	(216/100,000)
Other injuries – nearly 1 ½x the state	(28/100,000)
Diabetes – 1 1/3 higher	(28/100,000)
Cancer – 1 ¼ higher	(231/100,000)

**65 – 84 years old – 1999-2001**

Prostate Cancer – 2x the state	(352/100,000)
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**TRANSCRIPTION OF MORTALITY (Death) WORKGROUP**  
**Vance County Community Health Forum**

Infant Death (white + minority) 13/1000 live births  
Higher than state (1 ½ x)  
Minority 3x higher than white

Fetal Death – Higher than state (minority 2x white)

[Primary Causes of Death by Age Group]

Birth - 19 yrs: Perinatal Conditions \*

20 – 39 yrs: AIDS, Cancer, Homicide, Heart Disease

★ 40 – 64 yrs: Liver Disease (2 ½ x state), Stroke (2x state), \*Heart Disease,  
\*Cancer, Diabetes (1 ½ x state), Other Injuries (1 ½ x state)

65 – 84 yrs: Prostate Cancer (2x state), Diabetes (1 ½ x state),  
Colorectal Cancer (1 ½ x state), Stroke (1 ½ x state),  
Flu and Pneumonia (1 1/3 x state), \*Heart Disease (1 ¼ x state)  
Chronic Obstructive Pulmonary Disease, \* All Cancers

Death by cause by gender & race [those with greatest burden listed first]

- ★★ Heart Disease – minority, white men
- ★ All Cancers – minority
- ★★ Stroke – minority
- ★ Prostate cancer – minority
- ★ Lung disease – white males
- ★ Colorectal cancer – minority females

**Related Survey Issues**

- ★★ Diabetes
- High Blood Pressure
- ★★★★ Obesity
- ★★★★
- ★★★
- ★★★
- ★ Tobacco Use under 18
- Private health insurance coverage
- Affordable Meds
- Transportation
- Translation/Interpretation Services

**TRANSCRIPTION OF PREGNANCY and BIRTH WORKGROUP**  
**Vance County Community Health Forum**

★★★★ Sex Education

★★★★  
★★★★  
★★★★  
★★★★  
★

- \* School only allows so much.
- \* Presenting information to the county residents
- \* Presenting data to school board.
- \* Giving youth more moral and self support.
- \* Starting best practices in middle school.
- ★★ \* Trying to find other avenues to deliver the message other than schools.

Teen Hotline

- \* Having the Hotline manned by adults for the teens
- \* Having a teen mentoring program.
- ★★ \* Having parenting classes.
- \* To give a teen self worth.
- ★★ \* Educating the teens pertaining to the risk of other diseases
- \* To present extra activities for the teens to get interested in
- ★★★★ \* For the parents to be or get more involved with their child  
(love, guidance, attention)
- ★★★
- ★★★★
- ★★★
- ★★★★ \* A consistent unified plan or strategy (county)  
\*planning committee

★★★★ #1 in Vance County for Teen Pregnancy  
1 in 9 teens pregnant in 2001  
State rate decreased by 7.5%  
Indicator of drop out, poverty and labor participation  
(Teens ask for more sex ed)  
1 in 7 [pregnant] girls ended pregnancy with abortion

NEGATIVES

Lower birth weight than in Franklin, Granville, and NC  
Low hemoglobin → high risk for low birth weight & pre-term labor  
Lead Granville, Franklin and state for frequency/parity  
Vance County leads in short interval [for births] but less than state.

POSITIVES

Higher breastfeeding rates  
Fewer underweight infants  
Fewer pregnant smokers

**Transcriptions of Group Work at the Community Health Forum  
May 11<sup>th</sup>, 2004**

During the Community Health Forum, the participants were divided into seven workgroups to discuss the objective data for the topic areas and to vote on priorities within each of those topic areas. A scribe was present at each workgroup to record what was said. Colored dots were used to record votes for priorities. Blue dots were used to vote within each group, and orange dots were used by all present to vote among all issues.

The following pages are transcriptions of what was recorded on 27 x 32 inch post-it sheets by each group and presented to the group at large. The colored stars represent the colored dots that participants used to vote for priority areas. With the exception of the "Community at Large" transcription, the stars are placed in color and number beside the topics as they were on the original sheets. For the "Community at Large" group, the colored stars are placed by the topic areas as we believe they could have been on the original sheet. Because the sheet was inadvertently discarded, this aspect of the transcription cannot be verified.

## Anonymous Evaluation Form

1. Overall this forum was: (please check all that apply)

18 Interesting                      19 Informative                      2 Confusing  
 0 Uninteresting                      6 Stimulating                      14 Worthwhile

2. The presenters spoke clearly and could be understood.

Circle:      Poor                      Fair                      Good                      Excellent  
                     0                      1                      10                      13                      (1 good & excellent)

Comments:

- Hook up a mike.
- Very well organized
- Acoustics could have been better.
- Good volume, pace, and body language

3. The methods that were used were helpful (PowerPoint, small group, stickers, discussion, etc.)

Circle:      Poor                      Fair                      Good                      Excellent  
                     0                      0                      15                      6

(1 good & excellent; 1 stickers & small group; 1 PowerPoint excellent & small group good)

Comments:

- PowerPoint should have been larger (graphics hard to see). (2)
- More time
- Statistics could have been more current.

4. The best part of the Community Health Forum was:

- |  |                            |
|--|----------------------------|
| - Participation from various agencies        | - People came!             |
| - Those present were concerned.              | - Meeting people           |
| - Topics good and interesting                | - Parents and teens sex ed |
| - Info will help focus on health priorities. | - Interaction, movement    |
| - Networking with community                  | - Summations               |
| - Small group discussions (3)                | - Group participation (2)  |
| - Information to begin work                  | - Information given (3)    |
| - Community input, enthusiasm                | - Everything               |
| - Working with others to reach solutions (2) | - PowerPoint.              |
| - Caring "foundation group" doing research.  |                            |

5. What could have been done differently?

- |  |                                |
|--|--------------------------------|
| - More participation of youth/teens                            | - Hard to hear                 |
| - It was done well.  | - More space for groups.       |
| - More planning time.  | - More time for discussion (3) |
| - Perhaps schedule during day to increase time.-               | Less food.                     |
| - Hard to hear at small group (2)- reorganize tables?          |                                |
| - Copies of data prior to meeting to decrease explanation time |                                |

6. Other comments you would like us to consider?

- Where to go from here                      - More group discussions
- Opportunity to participate in more than 1 interest group

7. Would you like to be a part of a planning process for addressing key health issues in Vance County in the near future? (If yes, please place your contact information on the sheet on your table.)

7 Yes                      16 No Answer