Health Services: A Rural Perspective
Access, Quality, and Coordination

Lisa Macon Harrison, MPH
Health Director
Granville Vance Public Health
Types of Local Public Health Agencies & Boards

- County health department with county board of health (46)
- County health department governed by board of county commissioners (Graham, Jackson, Stokes, Sampson, Pamlico) (5)
- District health department with district board of health (6 districts delineated by different shades of purple) (Yancey, Mitchell, Avery; Rutherford, McDowell; Watauga, Ashe, Alleghany; Granville, Vance; Hertford, Bertie, Gates, Chowan, Perquiman, Pasquotank, Camden, Currituck; Martin, Tyrrell, Washington) (21)
- Consolidated human services agency with consolidated human services board (Haywood, Buncombe, Polk, Gaston, Davie, Union, Forsyth, Stanly, Rockingham, Wake, Nash, Edgecombe, New Hanover, Carteret, Dare) (15)
- Consolidated human services agency governed by board of county commissioners (Clay, Swain, Alexander, Yadkin, Mecklenburg, Guilford, Montgomery, Richmond, Bladen, Brunswick, Pender, Onslow) (12)
- Public hospital authority with hospital board authorized to act as board of health (Cabarrus) (1)
## Mandated Services

<table>
<thead>
<tr>
<th>Provide:</th>
<th>Provide/contract/certify:</th>
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</thead>
<tbody>
<tr>
<td>Food, lodging &amp; institutional sanitation</td>
<td>Adult Health / Primary Care / Maternal Health / Child Health</td>
</tr>
<tr>
<td>Individual on-site water supply</td>
<td>Care management</td>
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<tr>
<td>Sanitary sewage collection, treatment &amp; disposal</td>
<td>Dental public health</td>
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<tr>
<td>Communicable disease control</td>
<td>HIV / STD</td>
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<tr>
<td>Vital records registration</td>
<td>WIC (Women, Infants &amp; Children)</td>
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<tr>
<td>Health Education &amp; Promotion</td>
<td>Family planning</td>
</tr>
<tr>
<td>(Community Health Assessment)</td>
<td>Public health laboratory</td>
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<td></td>
<td>Preparedness and Response</td>
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</table>
Q: Why improve our work all the time?

A: These people, places, and neighbors,

A: Increased public health service needs and very limited resources.
Population Characteristics

Granville County Percent Population by Race & Hispanic Origin, 2018
- Total population: 58,874
- White: 58.2%
- Black or African American: 30.1%
- Hispanic: 7.8%
- American Indian or Alaska Native: 0.5%
- Asian: 0.5%

Vance County Percent Population by Race & Hispanic Origin, 2018
- Total population: 44,482
- White: 40%
- Black or African American: 49.9%
- Hispanic: 7.6%
- American Indian or Alaska Native: 0.3%
- Asian: 0.6%

North Carolina Percent Population by Race & Hispanic Origin, 2018
- Total population: 44,482
- White: 63.3%
- Black or African American: 21.1%
- Hispanic: 9.2%
- American Indian or Alaska Native: 1.1%
- Asian: 2.9%

Source: Data.census.gov "ACS Demographic and Housing Estimates"
LOCAL COMMUNITY HEALTH PRIORITIES

- Mental Health and Substance Use Disorder
- Youth Well-being
- Access to Care

Addressing Poverty and Health Equity in everything we do
Community Health Assessment

ACCESS TO HEALTH CARE

Access to affordable, high-quality health care is important for achieving health equity and to increase quality of life for all.

Among adults ages 19-64, 10% in Granville County and 12% in Vance County do not have health insurance.

Lack of transportation can be a barrier to health care access. In Granville County, 4% of households do not have access to a car, and in Vance County, more than 8% do not have car access.

Inadequate insurance and/or high cost of services have prevented 14% of Granville County residents and 7% of Vance County residents from accessing care in the last year.
## Leading Causes of Death

<table>
<thead>
<tr>
<th></th>
<th>Granville</th>
<th>Vance</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>170.4</td>
<td>203.7</td>
<td>161.3</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>153.1</td>
<td>189.2</td>
<td>158</td>
</tr>
<tr>
<td>Stroke</td>
<td>36.3</td>
<td>43.9</td>
<td>43</td>
</tr>
<tr>
<td>Diabetes</td>
<td>25.3</td>
<td>26.5</td>
<td>23.7</td>
</tr>
</tbody>
</table>

Up 🔺, down 🔻, or no change = refers to changes in age-adjusted mortality since 2009-2013

Challenges During COVID-19

• Coronavirus pandemic exacerbating inequities
  • Underlying health conditions
  • Economic inequality and poverty
  • Lack of transportation
• Higher prevalence of disease and burden in those already experiencing health disparities
• Fewer resources or opportunities for vulnerable populations to access
  • People experiencing homelessness
COVID-19 Cases by Race as of 5/15/2020

Granville-Vance community-based & nursing home cases of COVID-19 by race

<table>
<thead>
<tr>
<th>Race</th>
<th>Percent of positive cases (%)</th>
</tr>
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<tbody>
<tr>
<td>Black</td>
<td>55.31</td>
</tr>
<tr>
<td>White</td>
<td>33.70</td>
</tr>
<tr>
<td>White-Hispanic Origin</td>
<td>9.89</td>
</tr>
<tr>
<td>Mixed (more than 2)</td>
<td>0.37</td>
</tr>
<tr>
<td>Other</td>
<td>0.37</td>
</tr>
<tr>
<td>Unknown</td>
<td>0.37</td>
</tr>
</tbody>
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Opportunities During COVID-19

- Partnering with community organizations to bring voices to the table
- Consistent, meaningful, trust-building communications
- Mobile testing unit
- Academic health department: a formal affiliation between an academic institution and a public health practice organization
  - Supporting communications
  - Joint proposal and implementation of research projects
  - Shared support and participation in providing public health services
COVID-19 Testing, Tracing, and Trending
We Can Do Better. We Must Be Better.

“The health of the people is really the foundation upon which all their happiness and all their powers as a state depend.”

- Benjamin Disraeli