

# CASWELL COUNTY NORTH CAROLINA

## 2003 COMMUNITY ASSESSMENT



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## **Executive Summary**

This document reflects the efforts of the citizens of Caswell County and the Caswell County Health Department to describe and assess the health status of the county. The data collection phase took place between June and December 2003, and consisted of synthesizing quantitative data and conducting an in-depth survey of county residents. Data highlights include:

### **Population Trends**

- Caswell County has seen continued growth in the elderly population
- Low per capita income as compared to statewide averages

### **Access to Care**

- Lack of hospital facility leads residents outside of the county for hospitalization.
- At least half of hospitalizations occur out of state, probably because of close proximity to Virginia state line.
- Significantly fewer Medical and Dental providers in the county
- Lack of transportation for residents

### **Mortality Rates**

- High infant mortality rate as compared to the state as a whole
- Minorities in the county have higher death rates due to cerebrovascular diseases and kidney diseases.
- Whites in the county have increased death rates due to prostate cancer and motor vehicle accidents.

### **Health Behaviors**

- Higher percentage of child exposure to lead
- High percentage of mothers smoking during pregnancy
- High percentage of middle school aged smokers and the exposed of children and adolescents to second-hand smoke
- Higher incidence of obesity in adolescent population than statewide

### **Quality of Life**

- Residents are satisfied with the quality of healthcare in Caswell County.
- Residents agree that the county is a good place to raise children and to grow old.
- Residents feel there is a lack of economic development in the county.

## **Project Overview**

This report presents the methods and findings of the Community Health Assessment of 2003 in Caswell County, NC. The purpose of the community health assessment process (CHAP) is to identify the community's health concerns and needs and to facilitate increased community awareness and interaction. Working through the assessment process helps citizens, officials, and health professionals in the county determine common concerns and seek appropriated solutions all of which can be used for further decision-making, planning environmental and policy level actions and outcomes.

There are several phases in the CHAP. Prior to the start of the process, previous Community Health Assessments and State of the County Health Reports were reviewed. Meanwhile, a Community Health Assessment Team was established. Key members of the community were asked to be a part of the team. *(See Appendix for a complete list of team members)* The team met on a monthly basis deciding the direction of the CHAP and discussing obstacles and outcomes.

In addition, existing statistical data sources were identified and reviewed. The CHAP Team created a written survey to be completed by county residents. The results of this survey were tabulated and reviewed. The multiple sources of data were combined and reviewed to identify common health concerns in Caswell County. It is the intention of the CHAP Team that the county uses this information to for the enhancement of its community.

## **Methodology**

### **Qualitative Assessment**

The Community Health Assessment of Caswell County included a qualitative measure in the form of a written survey *(see Appendix)*. The results provided a wealth of information from which certain themes about certain topics emerged. The main topics of the survey were Healthcare Cost & Access, Health Behaviors, Health Conditions & Problems, and Quality of Life in addition to the demographic questions.

Representatives of various county organizations were asked to participate in the CHAP Team. If unable to participate they were asked to designate a replacement to represent their organization. The team met to discuss the problems of Caswell County and to determine the direction the CHAP would take and decided to develop a Survey.

The survey was designed by, team member, Bob Shaver to address key concerns for the county. The surveys were first distributed to county employees. Team members became ambassadors as they took surveys out to various churches and civic organizations to have them completed. Surveys were also given to patients in the reception area of Caswell County Health Department, Caswell Family Medical Center, and Prospect Hill Community Health Center. Team members made a conscious effort to have the demographics of completed surveys closely resemble the distribution of Caswell County's demographics according to the latest census.

Possible survey answers were numbered to make results easier to record. Completed Surveys were numbered upon their return and the results were entered into an Excel Spreadsheet. One question asked "How long have you lived in Caswell County? \_\_\_\_\_ years." In the event that non numerical answers (i.e. "all my life") were given the "age" category was referred to and the lowest possible age in the category selected by the participant was entered as the number of years.

Four hundred, sixteen (416) surveys were completed. Of the surveys completed nearly eighty-eight percent (88%) were completed by Caswell County residents. The remaining surveys were completed by residents of surrounding counties who spend quite a bit of time in Caswell County and have a vested interest in the health of the county, including a number of county employees.

In addition, as part of its continuous strategic planning efforts, the Caswell County Partnership for Children (CCPC) conducted a Community Forum. The Health Department representative on the Board of Directors for CCPC was present at the forum and received results of the survey. The primary purpose of the Forum was to gather community input regarding the needs and gaps in services to Caswell County children, ages 0-5. A secondary purpose was to solicit community input regarding ALL children in Caswell County.

CCPC contracted with Cecil Banks to facilitate the Forum. A total of fifty (50) individuals participated in the Forum, representing a varied cross-selection of the Caswell County community. The participants were asked to discuss in small groups (6-8 individuals) the needs and gaps in services to children in Caswell County. They were directed to discuss and reach consensus in each group on the five most pressing priority needs.

Each of the seven groups reported their five priorities to all those participating in the Forum. After a full discussion of the small group's findings, each individual participant was given the opportunity to identify the three most important items/issues to him or her.

## **Quantitative Assessment**

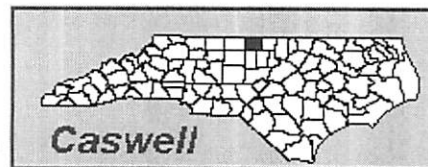
Initial assessment of the health of Caswell County was based on quantitative data published by the NC State Center for Health Statistics. Additional information was collected from various public sources. (See Bibliography for a complete listing). Data was reviewed and analyzed by Dr. Fred Moore, member of the CHAP Team.

## Findings

This section of Caswell County's Community Health Assessment is a review of health and demographic data that is available from various public sources. In addition, it is a comparison of that data with the primary data received from the Community Health Assessment Survey.

### History

Caswell County is located in the rolling hills of north-central North Carolina and is bounded by Person County to the east, Orange and Alamance Counties to the south, Rockingham County to the west, and by the state of Virginia to the north. It was formed on May 9, 1777 from Orange County and was named in honor of Richard Caswell, member of the first Continental Congress, Major General in the Revolutionary army, and first governor of North Carolina after the Declaration of Independence. On February 1, 1792, Caswell County was reduced in size when Person County was formed from its eastern half. The county has a total area of 428.9 square miles



### Population Trends

The 2000 US Census reported the total population as 23,501. Most of its population lives in unincorporated rural areas, however, there are two incorporated towns in Caswell County; Yanceyville (the county seat) with a population of 2,091, and Milton with a population of 132.

In 2000 the per capita income in Caswell County was \$19,494 compared with \$26,882 statewide. The Caswell County median family income in 2002 was \$45,500 versus \$53,400 statewide. Around fourteen percent (4.4%) of the total population were living below the poverty level in 2000 while 18.6% of children aged 0-17 lived in poverty (down from 23.4% in 1998). This is compared to the statewide rates of 12.3% and 16.1% respectively. Just under one of every five (18.9%) Caswell County residents are enrolled in Medicaid and 41.3% of children aged 0-18 are enrolled in Medicaid compared to 35.5% statewide, with an average annual Medicaid expenditure of \$4,007 per enrollee.

In 2002 the average available labor force in Caswell County was 12,593 with an unemployment rate of 6.7% compared to 6.1% statewide. Currently, 68.8% of all workers living in Caswell County work outside the county while approximately 23% of all workers employed within Caswell County commute into the county to work each day (32% of this group come across the state line from Danville, VA.). Government employs 42% of the labor force and accounts for 46% of the annual wages. Manufacturing is second at 21% of the labor force and contributes 27% of

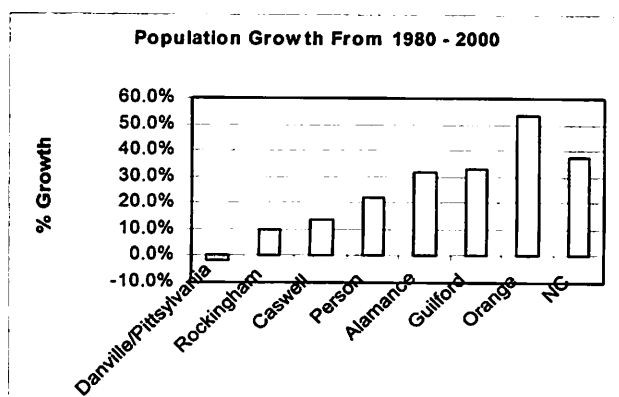
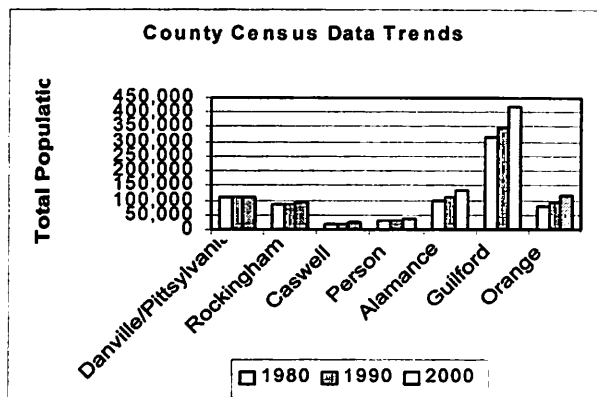
the annual wages. Our average manufacturing wage is 8% - 23% less than most other counties in the Piedmont Triad region of North Carolina. The average manufacturing wage in Caswell County is \$415 per week or \$10.38 per hour.

In 2000 4.7% of the total county income came from tobacco and Caswell County had the third highest per capita receipts from tobacco in North Carolina at \$850. Agriculture plays a large role in the tradition, culture, and history of Caswell County but now only employs 1.4% of the county's workforce. However, tobacco plays a disproportionate role in Caswell County's agriculture economy as 53.7% of the farms in the county grew tobacco in 1997, and in 1998, 72.8% of the total agricultural receipts were from tobacco.

The population of Caswell County has been growing at a significantly slower rate than the rest of North Carolina (14% vs. 21% between 1990 and 2000), and this slower growth is projected to continue over the next decade. When the population growth of Caswell County and the surrounding counties are looked at more closely, some interesting trends can be seen.

	1980	1990	2000	Growth	80-90	Growth	90-00	Growth	80-00
Danville/Pittsylvania	111,789	108,711	110,156	-3,078	-2.8%	1,445	1.3%	-1,633	-1.5%
Rockingham	83,426	86,064	91,928	2,638	3.2%	5,864	6.8%	8,502	10.2%
Caswell	20,705	20,693	23,501	-12	-0.1%	2,808	13.6%	2,796	13.5%
Person	29,164	30,180	35,623	1,016	3.5%	5,443	18.0%	6,459	22.1%
Alamance	99,319	108,213	130,800	8,894	9.0%	22,587	20.9%	31,481	31.7%
Guilford	317,154	347,420	421,048	30,266	9.5%	73,628	21.2%	103,894	32.8%
Orange	77,055	93,851	118,227	16,796	21.8%	24,376	26.0%	41,172	53.4%
NC	5,880,095	6,632,448	8,082,261	752,353	12.8%	1,449,813	21.9%	2,202,166	37.5%

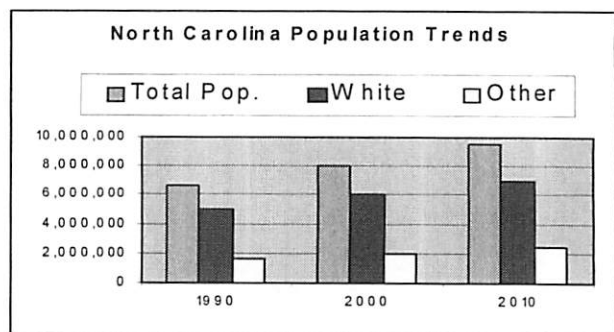
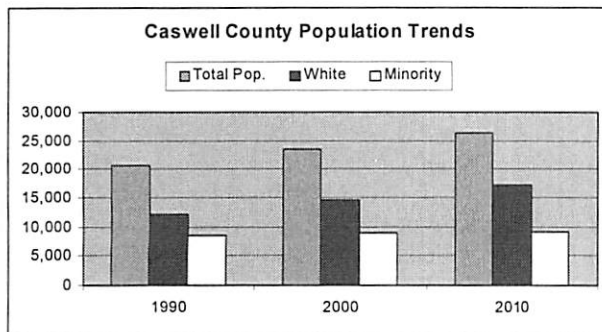
Caswell County has the smallest total population by a wide margin. Person county is the next largest county but the combined populations of Person and Caswell counties does not equal the next largest county (Rockingham). However, the growth figures paint a little different picture. Of the seven contiguous counties that were compared,



Caswell County had the third lowest growth rate between 1980 and 2000 and its growth rate is about a third of the growth rate for North Carolina (37.5%) as a whole.

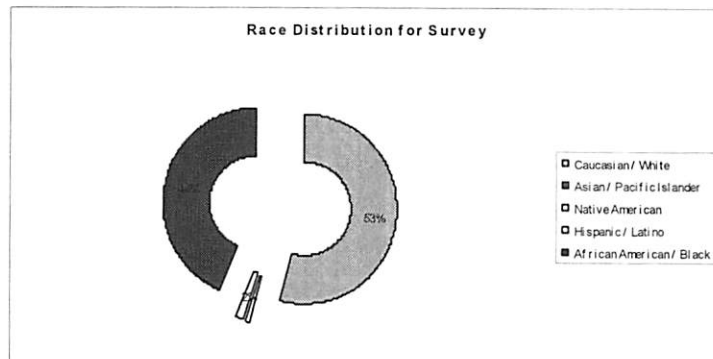


Only Rockingham County (10.2%) and the Danville/Pittsylvania County (-1.5%) had lower population growth rates during that time period than Caswell County (13.5%).

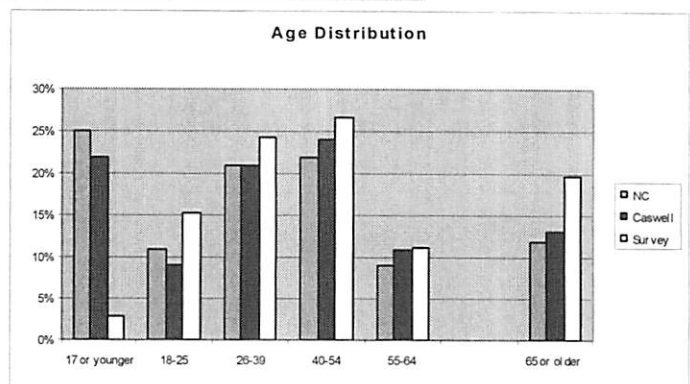


The racial distribution in Caswell County currently shows a higher percentage of minorities than in the rest of North Carolina (38% vs. 25%). However, the percentage of Caswell County's total white population is projected to show a 41% increase between 1990 and 2010 compared with a 39% increase statewide, while during that same 20 years, the minority population in Caswell County is projected to increase only 7% compared with 55% statewide. As a result, it appears that the racial distribution in Caswell County is slowly becoming more like that of the rest of North Carolina.

The racial distribution for our Survey showed a higher participation among Caucasian/White (53%) followed by African American (44%). The Hispanic/Latino community was represented with roughly two percent (2%) of surveys completed.



Caswell County's age distribution also differs from North Carolina's in that there is a small but definite trend towards an older population in Caswell County with the switch occurring at the over 40 age group. In Caswell County, 47% of the

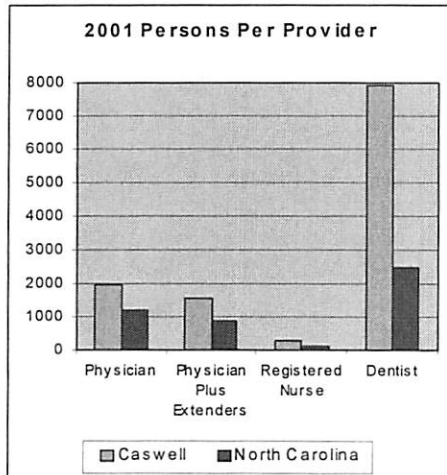


population is over 40 while that percentage is only 42% statewide. Another distinction is that in Caswell County the ratio of white to minority remains fairly constant through all age groups, but statewide there is a definite increase in the ratio as age increases.

A relatively normal age distribution was evidenced among the survey results. Participants age forty to fifty-five had a slightly higher percentage than those age twenty-six to thirty-nine. Adults age sixty-five and older were well represented comprising twenty percent (20%) of the survey participants.

### Access to Care

Access to health care in Caswell County is an issue of major importance. Mainly, there are no acute care, in-patient facilities within the county so the residents must leave the county to receive hospital care. In addition, based on the 2001 hospital use rate, approximately half of the hospitalizations of Caswell County residents occur out of state which adds to the barriers to care as well as complicates the collection of accurate hospitalization statistics.



While residents must leave the county for hospital care, there are several outpatient facilities within the county. A total of four medical practices are available within the county, three of which have a sliding fee scale available to their patients. There are a total of three dental offices, one of which has a sliding fee program.

As the statistics show in the graph above, Caswell County has significantly fewer medical providers of all types available to the residents, but the shortage is particularly apparent in the dental field. It is probably the absence of a hospital that significantly reduces the number of Physicians and Nurses providing care in the county compared with the surrounding counties.

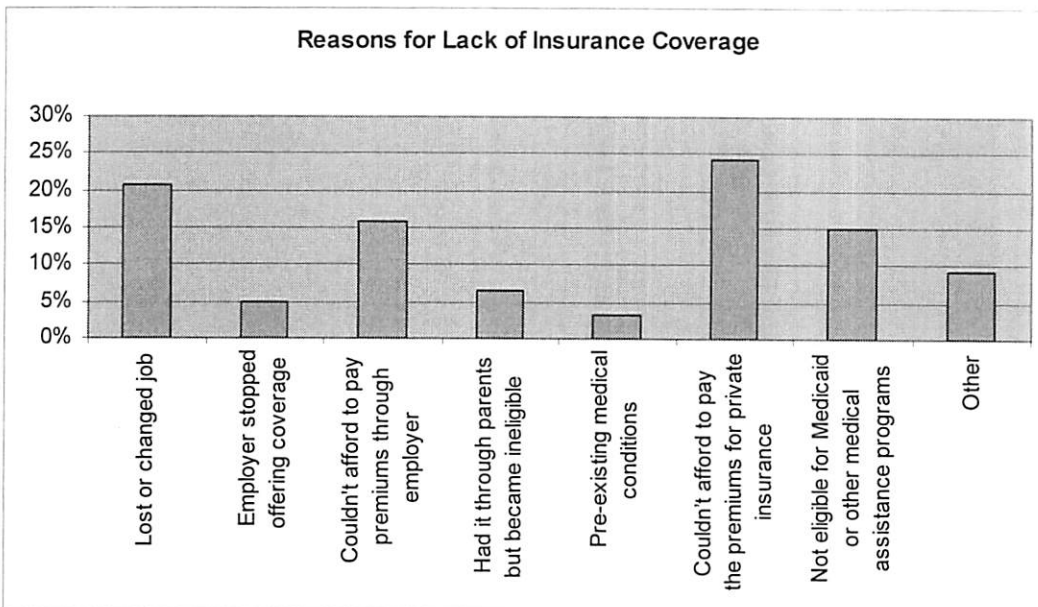
This explanation, however, has no bearing on the dental shortage. There has been at least one well funded attempt to start a new dental practice in recent years, but no new dentists could be attracted to the county in part because of the restrictive regulations of the North Carolina State Board of Dental Examiners' licensing practices which makes it very difficult for dentists trained out of state to be licensed in North Carolina.

Due to the shortage of health care providers within Caswell County, residents must leave the county to receive care, and this leads to yet another barrier to

health care, transportation. As a rural county without a scheduled public transportation system, getting to a health care provider within the county can sometimes be difficult, and getting to providers outside the county can be a major barrier for many residents. In recent years, the county government has taken advantage of state transportation funds and is in the process of expanding the availability of transportation, but due to the costs, this has mainly been for Medicaid patients. Hopefully this will expand to the general public soon.

According to the Community Health Assessment an encouraging seventy-eight percent of participants reported that they had visited a doctor for a routine checkup within the past year. This did not include sick or emergency visits. Over half of participants reported that, in the past year, there was no time in which they needed medical or dental care (64% and 55%, respectively), but did not receive the care they needed. Among those who did not receive care most felt it was because they could not afford to pay for the medical or dental care. In both cases only four percent reported that it was because they had no transportation.

Additionally, the Survey found that forty-one percent of participants reported having insurance coverage through either their employer or their spouse's employer. The remaining participants were almost evenly divided among having no insurance (16%), Medicaid (12%), Medicare (16%), and private insurance they had purchased for themselves (12%). Only twenty-four percent reported that there was a period of time within the past twelve months when they were without



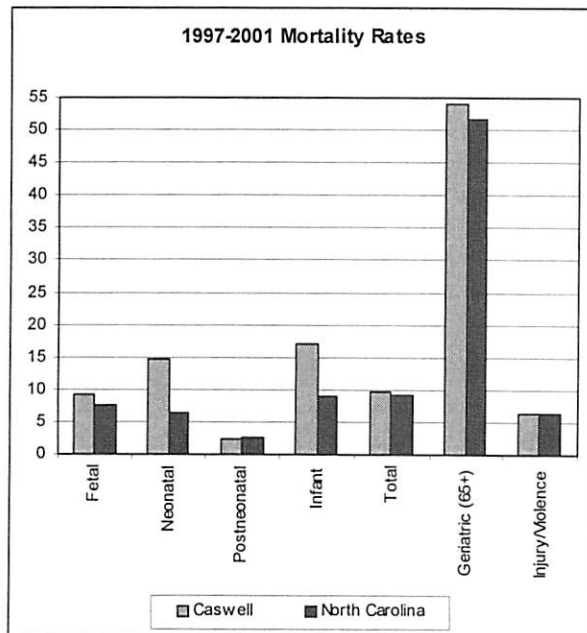
coverage of some sort.

Those without insurance were asked to give a reason for their lack of coverage. Nearly a quarter answered that they were not covered because they couldn't afford

to pay the premiums for private insurance. A little over twenty percent reported they had lost coverage because they had lost or changed jobs. Sixteen percent were could not afford to pay premiums for insurance offered through their employers and fifteen percent were not eligible for Medicare/Medicaid or other medical assistance programs.

The Team was interested to see where residents of Caswell County received their primary care or where they go most often when sick or in need to medical care. Forty-eight percent of respondents stay within the county to obtain care, with Caswell County Medical Center being the facility most visited. Seventeen percent say they travel across the state line to Danville, VA to obtain their primary care and fourteen percent travel to Reidsville or Rockingham County.

The survey did not address the need for specialty practices. In addition, results may be slightly skewed since surveys were handed out to patients in Caswell County Health Department, Caswell Family Medical Center, and Prospect Hill Community Health Center.



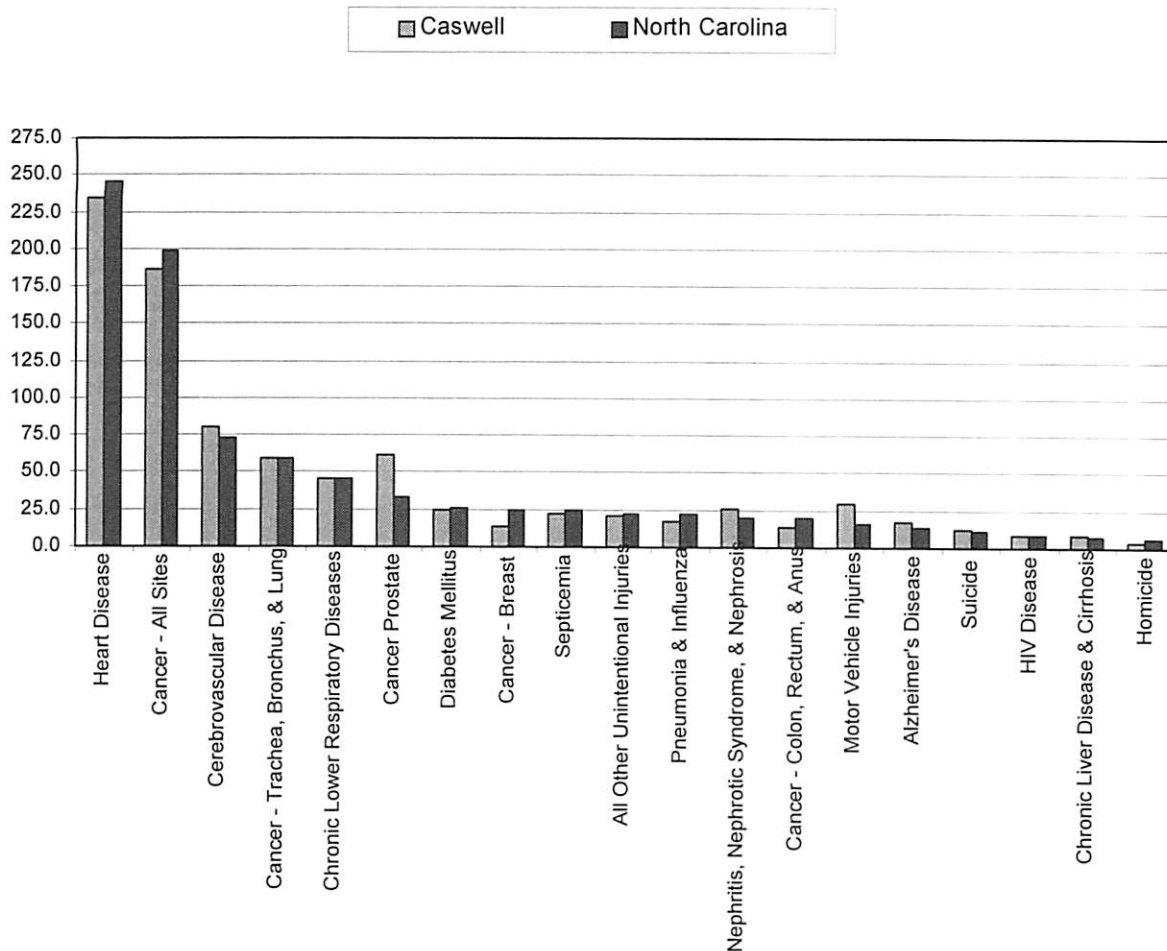
### Mortality Rates

The 1997-2001 mortality rates, seen to the left, show a strikingly high infant mortality rate compared to North Carolina as a whole, which is mainly due to the neonatal rate that is almost three times the state average.

While this rate may, in fact, be quite elevated, it may be misleading due to the small numbers that are being analyzed (less than 10 per year). In 2001 the infant mortality rate was 16.3 per 1,000 live births in Caswell County and 8.5 statewide and this rate was higher for white infants than other races. This is an issue that requires close monitoring.

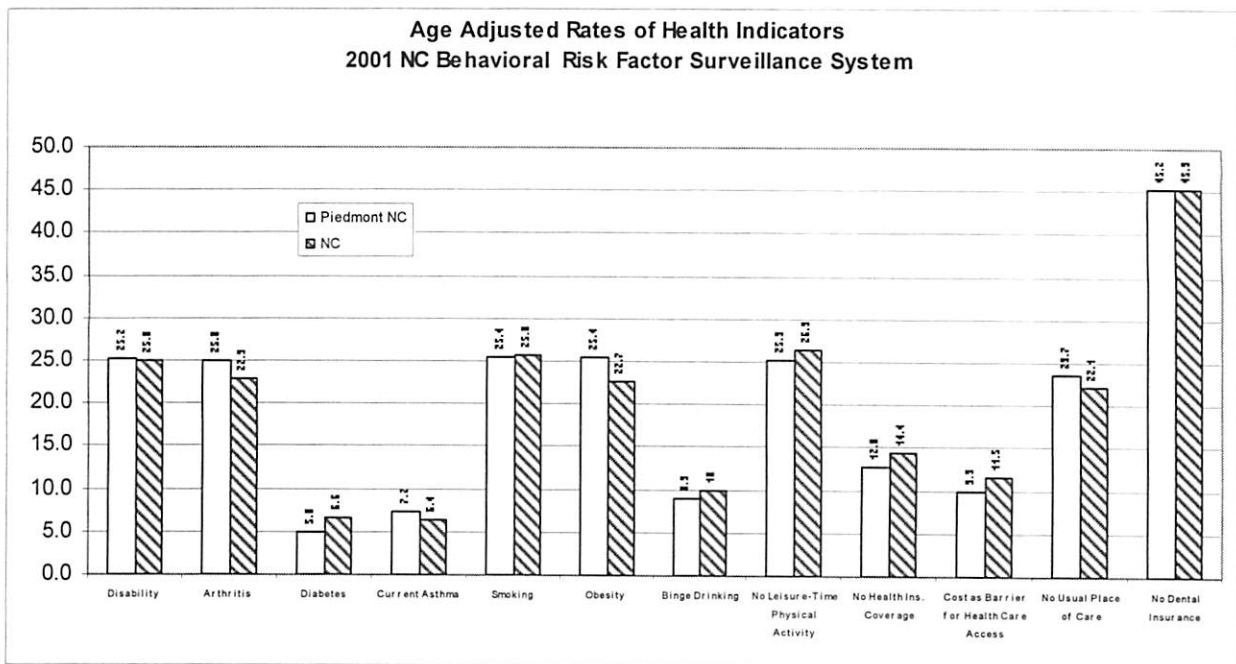
The age adjusted mortality rates for specific causes, seen below, show several areas that appear to be significantly different from the statewide averages. However, caution should be used in interpreting these rates due to the small numbers used in some of the rates.

### 1999-2001 Age Adjusted Death Rate



The death rates are of particular concern due to their difference from statewide rates include cerebrovascular disease, prostate cancer, kidney disease, and motor vehicle injuries. Of these specific causes, minorities in Caswell County have significantly higher rates of death from cerebrovascular disease and kidney disease while whites have higher rates of death from prostate cancer and motor vehicle injuries.

Interestingly, the incidence of prostate cancer from 1996-1998 was very close to the statewide rate, yet the mortality rate in Caswell County was almost twice that of the rest of the state from 1999-2000. While accuracy of these statistics may be

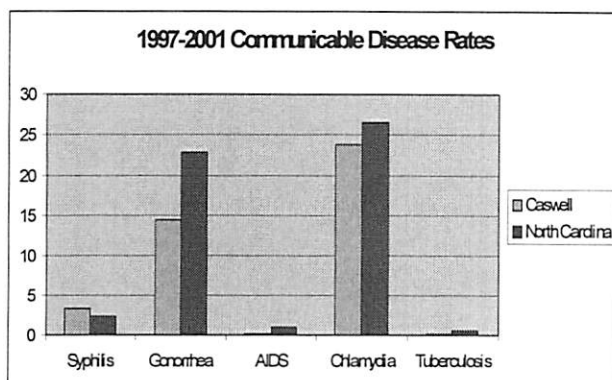


questioned, due to so many people crossing the Virginia state line for their hospital care, there is apparently a significant problem with early diagnosis and treatment of prostate cancer in Caswell County.

## Health Behaviors

The morbidity statistics for Caswell County, like the mortality figures, must be interpreted with caution due to the small number of cases. Taking this into consideration, there are still some areas of concern:

- The percent of children tested for lead during 1995-2000 who were between the ages of 1-2 years old and who have levels greater than 10 µg/dl was 5.9% vs. 4.0% statewide. This is almost 50% higher in Caswell County than the state as a whole.



- Except for prostate cancer as discussed above, the incidence of cancer in Caswell County during 1996-1998 was less than the state as a whole.

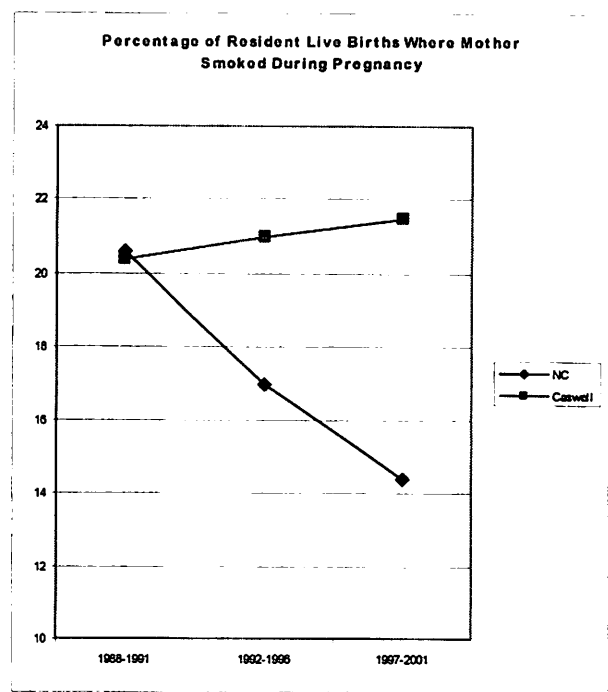
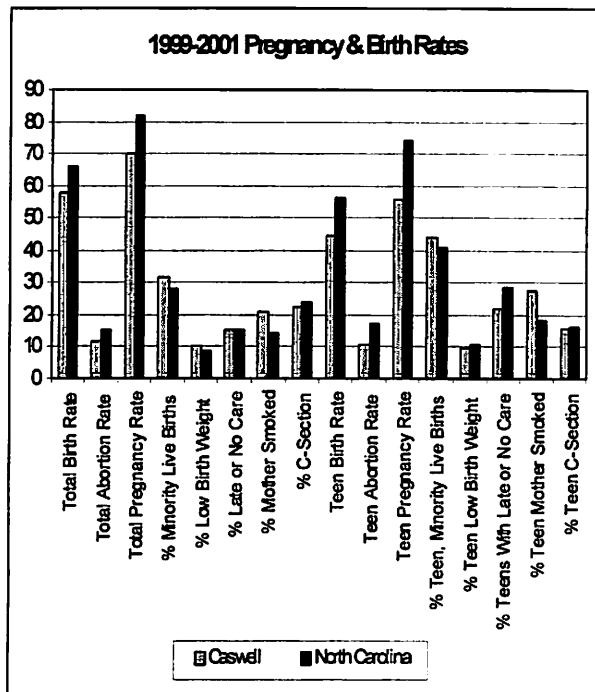
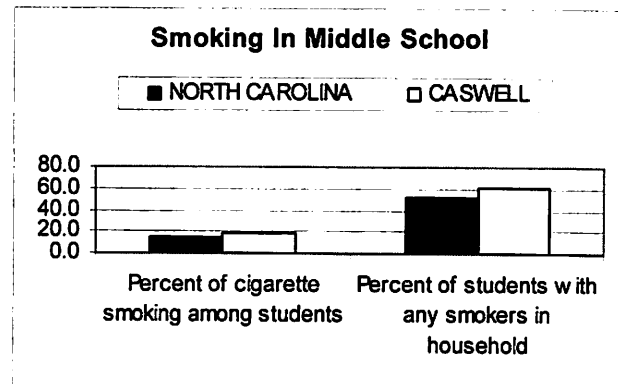
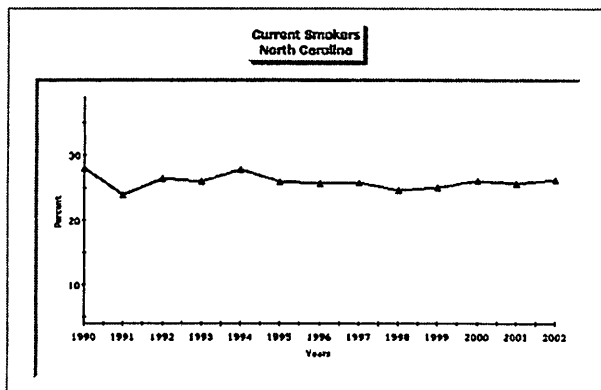
- The incidence of gonorrhea in Caswell County during 1996-2000 was less than the state as a whole but as with the rest of the state the minority population was hit much harder than the white population. In Caswell County the minority population was

diagnosed with gonorrhea eight times as often as in the white population. In the state as a whole this figure was six times as often, so the problem



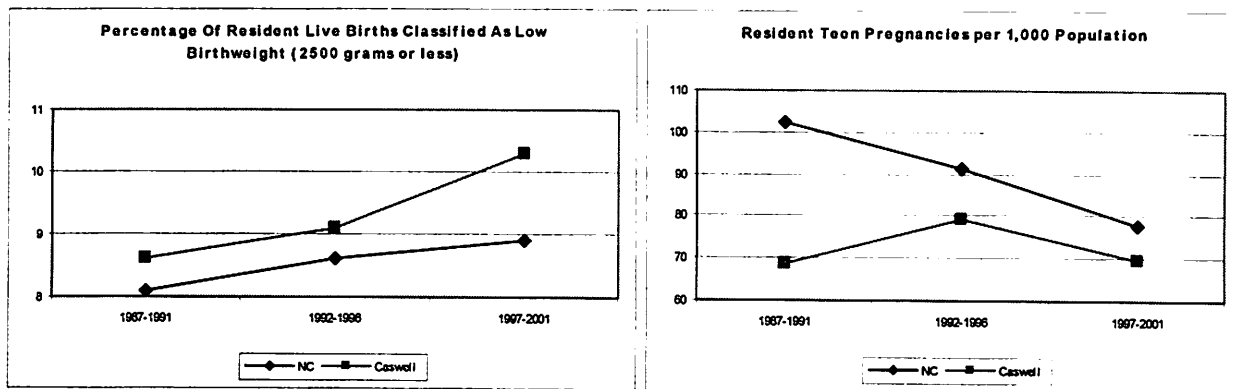
within the minority community was even greater in Caswell County than the rest of the state.

- The syphilis rate in Caswell County during 1996-2000 was 50% higher than the state as a whole. As with gonorrhea this problem had a disproportionate impact on the minority population as it was six times more common than in the white population. Statewide this problem was five times as common in the minority population as in the white population.
- During 1996-2000 there were six AIDS cases in Caswell County which was a rate of 5.2 cases per 100,000. This was a little more than half the state rate of 9.6 per 100,000.
- The tuberculosis rate during 1996-2000 was 2.6 in Caswell County as compared with 6.3 in the state



as a whole.

- In 1999-2000 both the smoking rate in middle school children and their exposure to second hand smoke was higher than in North Carolina as a whole.
- Another group of “morbidity” statistics of interest are the pregnancy and birth rates. While both the total and teen birth rates in Caswell County are less than the state as a whole there are areas of concern. The percent of pregnant mothers who smoked during pregnancy shows a disturbing trend during the period 1988 to 2001. The Caswell County rate has shown a slight increase while the rest of the state showed a significant drop of



6%. During approximately the same period the number of low birth weight babies born to Caswell County mothers rose at a faster rate than in the rest of North Carolina. Whether this higher rate of smoking is related to the high infant mortality rate in Caswell County cannot be determined by these numbers, but would be interesting to explore.

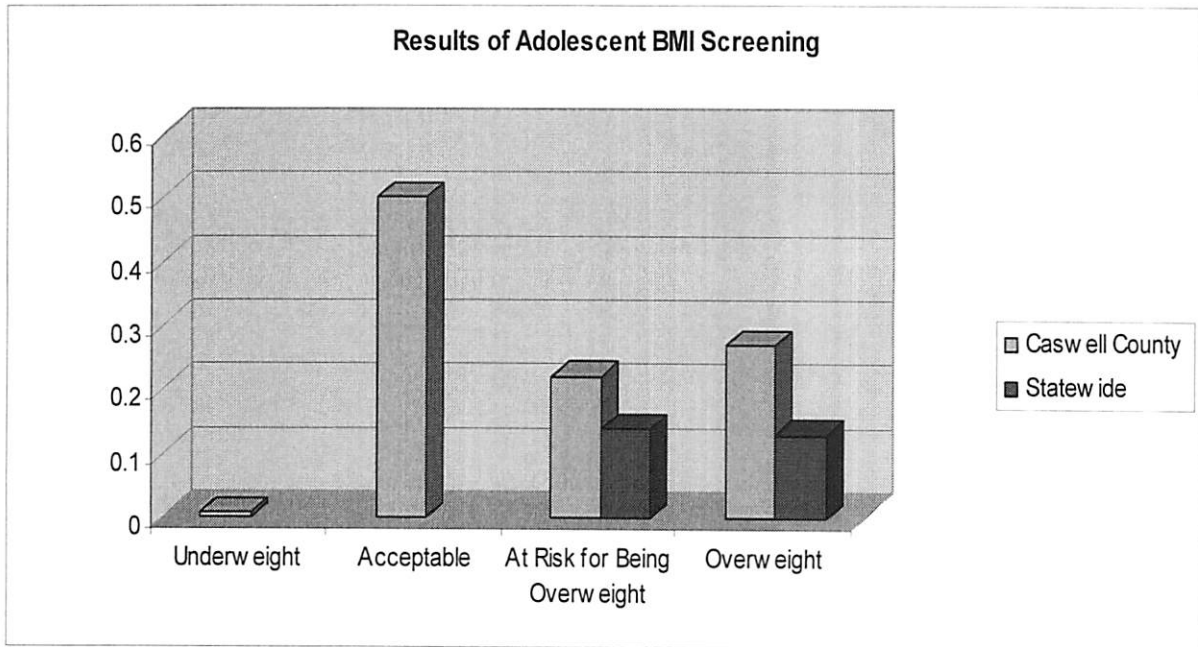
According to our survey, seventy-five percent of respondents report that they have either never smoked or that they were smokers, but have quit. Ninety-four percent reported that they do not use smokeless tobacco products including chewing tobacco and snuff.

Of those who reported that they are or have been a tobacco users sixty-six percent indicated that they started smoking before they were eighteen. And, forty-nine percent reported purchasing products in the store. The recent tobacco settlement set the legal age for using tobacco products at eighteen and made it illegal for store owners to sell products to under aged smokers. Therefore, only about seventy-four respondents (17%) could actually be classed as “under age tobacco users.”

More than half (54%) of respondents consider themselves to be overweight. Thirty-six respondents have been given weight management advice by their physicians. Additionally, only a little over half (51%) reported that they are not



trying to lose weight. Interestingly, sixty-one percent report participating in thirty minutes of activity most days out of the week. It is possible that because this question was not very specific that respondents may have exaggerated their level of activity.



As part of its Health Promotion Program the Caswell County Health Department conducted a Body Mass Index screening of middle school students

at Dillard Middle School. A total of 489 sixth, seventh, and eighth graders were measured. Though about half of the students are in the acceptable range, as shown above, Caswell County has considerably more “At risk for being overweight” and “overweight” than the statewide average.

Survey participants were asked to report any disease/conditions they have. As seen below, High Blood Pressure was the most prominent health condition reported. Arthritis was the second most prominent followed by High Cholesterol. Asthma and mental conditions including Anxiety, Depression, and other mental conditions completed the top five health conditions.

Team members were curious about what Caswell County Residents perceived to be the biggest health problems and health behavior problems. Questions were included in the survey that allowed respondents to identify five of the biggest problems or behavior problems. Following is a ranking of the responses received.

High Blood Pressure	129	31%
Arthritis	102	25%
High Cholesterol	81	19%
Asthma	44	11%
Anxiety, Depression or other Mental Illness	41	10%
Diabetes	37	9%
Cancer	19	5%
STD other than HIV	14	3%
Heart Attack	13	3%
Stroke	6	1%
Substance Abuse (Drug or Alcohol)	3	1%
HIV/Aids	2	0.48%

### Health Behaviors

Drug Abuse	304	73.08%
Alcohol Abuse	290	69.71%
Unsafe Sex	242	58.17%
Smoking/Tobacco Use	228	54.81%
Poor Nutrition/Eating Habits	216	51.92%
Failure to see dr. regularly	176	42.31%
Lack of Exercise	151	36.30%
Violence	147	35.34
Other (Automobile Driving Habits)	1	0.24%

## Health Problems

Cancer	202	48.56%
Diabetes	168	40.38%
High Blood Pressure	155	37.26%
Teen Pregnancy	132	31.73%
Cost of Prescription Medication	130	31.25%
Tobacco Use	121	29.09%
Cost of Health care	119	28.61%
Obesity/Overweight	117	28.13%
Substance Abuse (drugs, alcohol)	107	25.17%
Heart Disease and Stroke	100	24.04%
Child Neglect/Abuse	82	19.71%
HIV/AIDS	73	17.55%
STDs	69	16.59%
Violence	61	14.66%
Access to Health Care	44	10.58%
Mental Health (depression, anxiety)	36	8.65%
Asthma or Respiratory Illness	17	7.93%
Lack of Clean Water Sources	18	4.33%
Failing Septic Tanks & Systems	16	3.85%
Rabies or West Nile Virus	11	2.64%
Other	0	0.00%

According to the of the Forum, conducted by CCPC the following items represented the findings for the Forum discussions as previously described in the methodology section. Readers should keep in mind the items below had been identified in at least one small group as an important need or gap in services to CHILDREN in Caswell County. The items are noted in descending order (from most important to least) to reflect the level of support provided each item by the Forum.

- More organized recreational activities, especially after school, should be proved for the children in Caswell County. (38%)
- SmartStart's rules need to be modified to enable full time working parents to

be able to access services. (34%)

- Children in Caswell County need access to tutorial programs and strong mentors. (26%)
- More public transportation is needed in the county. (24%)
- Young parents need more support and assistance with parenting skills, financial planning, and with basic supplies for children. (22%)
- Quality child care continues to be a need in Caswell County, especially for those working second and third shifts. (18%)
- More parent involvement. (16%)
- More dedicated teachers are needed in Caswell County (16%)
- There are a growing number of mental and physical health issues facing children in Caswell County, including obesity and other nutrition issues. (16%)
- The Department of Social Services lacks adequate resources (14%)

### **Quality of Life**

Most participants (38%) are satisfied with the quality of health care in Caswell County. Thirteen percent are very satisfied, thirty-four percent are somewhat satisfied, and eleven percent are dissatisfied.

Most participants (75%) agree that Caswell County is a good place to raise children. Only eight percent disagreed and two percent strongly disagreed.

Most participants (73%) agree that Caswell County is a good place to grow old. A very small ten percent disagreed with the statement and three percent strongly disagreed.

Most participants disagree or strongly disagree (42% and 34%, respectively) that Caswell county has sufficient economic opportunities such as jobs and housing.

When asked whether Caswell County was a safe place to live eighty-one percent agreed that it was a safe place to live.

More than half (58%) of the participants believe that Caswell County has about the same community health concerns as our neighboring counties. Eleven

percent believed Caswell County had fewer health concerns as other counties. Seventeen percent believed the County had more health concerns than other counties, and fourteen percent were undecided.

## **Key Issues**

The previous Community Assessment did not make recommendations as to a specific list of priorities that needed to be addressed. Instead the authors chose to explore a wide range of health related concerns with no particular focus. Additionally, no specific recommendations were made to remedy the identified problems.

This year we found that while there are many issues that impact the residents of Caswell County at a similar rate as the rest of North Carolina, there are several issues that effect us disproportionately. These include (in no particular order):

### **Health disparity issues:**

- Minorities in Caswell County have significantly higher death rates from cerebrovascular disease.
- Minorities in Caswell County have significantly higher death rates from kidney disease.
- Minority population was diagnosed with gonorrhea eight times as often as in the white population
- Minority population was diagnosed with syphilis six times as often as the white population.
- White population had a significantly higher death rate from Prostate Cancer.
- White population had a significantly higher death rate from Motor Vehicle Accidents.

### **Population trends:**

- Aging population
- Infant Mortality
- Poor economic conditions

### **Health problems:**

- Smoking by our teens and pregnant mothers
- Elevated lead levels in our young children
- Health care provider shortage (i.e. physicians, dentists, nurses, midlevel providers)
- Lack of recreational opportunities
- Transportation
- Lack of communication on two levels—organization to organization and organization to community—about the services they provide.

During this year, hopefully the citizens of Caswell County can unite and begin the process of exploring solutions to these issues and others. This process involves

interested citizens and community leaders organizing themselves into action groups that can develop creative programs and initiatives that address the problems that our community, not Raleigh, sees as serious issues. If done effectively, it means beginning the process of recognizing and solving our own problems.

## Bibliography

1. Log Into North Carolina, *linc.state.nc.us*
2. Markley, et al, *Understanding the Dimensions of Tobacco Dependency at the Community Level in North Carolina*, Office of Economic Development UNC at Chapel Hill, 2001
3. North Carolina Child Advocacy Institute, *www.ncchild.org*
4. North Carolina State Center for Health Statistics, *www.schs.state.nc.us/SCHS*
5. The Employment Security Commission of North Carolina, *www.ncesc.com*

# Appendix



## **Team Members**

<b>Name</b>	<b>Organization</b>	<b>Title</b>
Dr. Doug Barker	Caswell County Schools	Superintendent
Ted Davis	Environmental Health	Director
Tommy Duncan	Recreation and Parks	Director
Jennifer Eastwood	Caswell County Health Dept.	Health Educator/Health Promotions
Sharon Ferguson	Caswell County Health Dept.	Financial Officer
Dr. Donald Fuller	Board of Health	Member
Nate Hall	Caswell County Board of Commissioners	Commissioner
Joe Harris	Caswell Alamance Mental Health	Director
Sandra Hudspeth	Caswell County Partnership for Children	Director
Joey Knight	Cooperative Extension	Director
Dr. Fred Moore	Caswell County Health Dept.	Director
Gwen Moore	Cooperative Extension	Family and Consumer Sciences Agent
Donna Pointer	Senior Center	Director
Cynthia Richmond	Caswell County Health Dept.	Nursing Supervisor
Ann Watlington	Caswell Parrish	Director
Joe Wright	Caswell EMS	Director

**416 Surveys completed. Results appear in red.**



## Community Health Assessment Survey

*Every four years, the State of North Carolina requires local Health Departments to conduct a community wide health assessment survey. We are asking for your help! This survey will require approximately 15 minutes of your time and will help identify Caswell County's most pressing community health problems. This survey will begin the process of making Caswell County a healthier county.*

*This survey is anonymous. **DO NOT** place your name or other identifying information on the survey. Your answers will not be connected to you in any way.*

### Background / Demographic Information

1. If you are a Caswell County resident, what community do you live in? (i.e., Cherry Grove, Semora, Yanceyville, etc.)

\_\_\_\_\_ <sup>1</sup>      ☐ N/A<sub>2</sub>

Yanceyville	103	28.30%
Pelham	48	13.19%
Milton	39	10.71%
Cherry Grove	35	9.62%
Blanch	30	8.24%
Providence	28	7.69%
Caswell County	15	4.12%
Anderson	12	3.30%
Casville	10	2.75%
Locust Hill	9	2.47%
Semora	8	2.20%
Ruffin	7	1.92%
Leasburg	6	1.65%
Prospect Hill	4	1.10%
Hightower	3	0.82%
Mebane	2	0.55%
Estelle (milton)	2	0.55%
West Yanceyville	1	0.27%
Rockingham	1	0.27%
Reidsville	1	0.27%

**88% of respondents were Caswell County residents**

2. How long have you lived in Caswell County?

\_\_\_\_\_ years<sub>3</sub>      ☐ N/A<sub>4</sub>

*Average of 32.144 years*

**3. If you do not live in Caswell County, where do you live?**

\_\_\_\_\_5  
Were from surrounding counties.

- 4. Your age:**
- |                          |                            |     |
|--------------------------|----------------------------|-----|
| <input type="checkbox"/> | 17 or younger <sub>6</sub> | 3%  |
| <input type="checkbox"/> | 18 – 25 <sub>7</sub>       | 15% |
| <input type="checkbox"/> | 26 – 39 <sub>8</sub>       | 24% |
| <input type="checkbox"/> | 40 – 54 <sub>9</sub>       | 27% |
| <input type="checkbox"/> | 55 – 64 <sub>10</sub>      | 11% |
| <input type="checkbox"/> | 65 or older <sub>11</sub>  | 20% |
- 5. Gender:**
- |                          |                      |     |
|--------------------------|----------------------|-----|
| <input type="checkbox"/> | Male <sub>12</sub>   | 26% |
| <input type="checkbox"/> | Female <sub>13</sub> | 74% |
- 6. Race:**
- |                          |                                        |     |
|--------------------------|----------------------------------------|-----|
| <input type="checkbox"/> | Caucasian / White <sub>14</sub>        | 54% |
| <input type="checkbox"/> | Asian / Pacific Islander <sub>15</sub> | 0%  |
| <input type="checkbox"/> | Native American <sub>16</sub>          | 1%  |
| <input type="checkbox"/> | Hispanic / Latino <sub>17</sub>        | 2%  |
| <input type="checkbox"/> | African American / Black <sub>18</sub> | 44% |
| <input type="checkbox"/> | Other: _____ <sub>19</sub>             | 0%  |
- 7. Current Marital Status:**
- |                          |                                  |     |
|--------------------------|----------------------------------|-----|
| <input type="checkbox"/> | Married <sub>20</sub>            | 50% |
| <input type="checkbox"/> | Widowed <sub>21</sub>            | 12% |
| <input type="checkbox"/> | Single or Divorced <sub>22</sub> | 38% |
- 8. Education:**
- |                          |                                          |     |
|--------------------------|------------------------------------------|-----|
| <input type="checkbox"/> | Less than high school <sub>23</sub>      | 15% |
| <input type="checkbox"/> | High school diploma or GED <sub>24</sub> | 33% |
| <input type="checkbox"/> | Some college <sub>25</sub>               | 29% |
| <input type="checkbox"/> | College degree or higher <sub>26</sub>   | 22% |
- 9. Household Income (before taxes):**
- |                          |                                   |     |
|--------------------------|-----------------------------------|-----|
| <input type="checkbox"/> | Less than \$20,000 <sub>27</sub>  | 43% |
| <input type="checkbox"/> | \$20,000 - \$39,999 <sub>28</sub> | 27% |
| <input type="checkbox"/> | \$40,000 - \$59,999 <sub>29</sub> | 14% |
| <input type="checkbox"/> | \$60,000 - \$79,999 <sub>30</sub> | 10% |
| <input type="checkbox"/> | Over \$80,000 <sub>31</sub>       | 7%  |

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## *Healthcare Cost and Access*

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**10. How do you pay for your health care?**

- |                          |                                                                                |     |
|--------------------------|--------------------------------------------------------------------------------|-----|
| <input type="checkbox"/> | Cash or check, no insurance <sup>32</sup>                                      | 16% |
| <input type="checkbox"/> | Medicaid <sup>33</sup>                                                         | 12% |
| <input type="checkbox"/> | Private health insurance I bought for myself <sup>34</sup>                     | 12% |
| <input type="checkbox"/> | Private health insurance through my employer or spouses employer <sup>35</sup> | 41% |
| <input type="checkbox"/> | Medicare <sup>36</sup>                                                         | 16% |
| <input type="checkbox"/> | Other: _____ <sup>37</sup>                                                     | 0%  |

**11. During the past 12 months, was there any time that you did not have any health insurance?**

- |                          |                   |     |
|--------------------------|-------------------|-----|
| <input type="checkbox"/> | Yes <sup>38</sup> | 24% |
| <input type="checkbox"/> | No <sup>39</sup>  | 71% |

**12. If you have been without health care coverage at any time during the last 12 months, what is the main reason you are or were without it?**

- |                          |                                                                                           |     |
|--------------------------|-------------------------------------------------------------------------------------------|-----|
| <input type="checkbox"/> | Had it through my employer, but lost or changed jobs <sup>40</sup>                        | 21% |
| <input type="checkbox"/> | Employer stopped offering coverage <sup>41</sup>                                          | 5%  |
| <input type="checkbox"/> | Couldn't afford to pay premiums for insurance through employer <sup>42</sup>              | 16% |
| <input type="checkbox"/> | Had it through parents, but became ineligible because of age or left school <sup>43</sup> | 7%  |
| <input type="checkbox"/> | Couldn't get coverage because of preexisting medical conditions <sup>44</sup>             | 3%  |
| <input type="checkbox"/> | Couldn't afford to pay the premiums for private insurance <sup>45</sup>                   | 24% |
| <input type="checkbox"/> | Not eligible for Medicaid or other medical assistance programs <sup>46</sup>              | 15% |

- ☐ Other: \_\_\_\_\_<sup>47</sup> 9%
- Other reasons included:
- Had not paid premiums
- New employee not offered insurance yet.

13. **Do you have insurance to cover the cost (or some of the cost) of prescription medication?**
- |                                            |     |
|--------------------------------------------|-----|
| <input type="checkbox"/> Yes <sup>48</sup> | 70% |
| <input type="checkbox"/> No <sup>49</sup>  | 30% |
14. **In a typical month, how much do you spend out-of-pocket for prescriptions?**
- |                                                         |     |
|---------------------------------------------------------|-----|
| <input type="checkbox"/> less than \$20 <sup>50</sup>   | 40% |
| <input type="checkbox"/> \$20 - \$49 <sup>51</sup>      | 24% |
| <input type="checkbox"/> \$50 - \$74 <sup>52</sup>      | 13% |
| <input type="checkbox"/> \$75 - \$99 <sup>53</sup>      | 9%  |
| <input type="checkbox"/> \$100 or greater <sup>54</sup> | 13% |
15. **In a typical month, how much do you spend out-of-pocket for visits to a doctor's office or other health care provider?**
- |                                                         |     |
|---------------------------------------------------------|-----|
| <input type="checkbox"/> less than \$20 <sup>55</sup>   | 49% |
| <input type="checkbox"/> \$20 - \$49 <sup>56</sup>      | 24% |
| <input type="checkbox"/> \$50 - \$74 <sup>57</sup>      | 15% |
| <input type="checkbox"/> \$75 - \$99 <sup>58</sup>      | 5%  |
| <input type="checkbox"/> \$100 or greater <sup>59</sup> | 7%  |
16. **About how long has it been since you last visited a doctor for a routine checkup? (Do not include visits for sickness or emergency)**
- |                                                                   |     |
|-------------------------------------------------------------------|-----|
| <input type="checkbox"/> Within the past year <sup>60</sup>       | 78% |
| <input type="checkbox"/> Within the past two years <sup>61</sup>  | 11% |
| <input type="checkbox"/> Within the past five years <sup>62</sup> | 6%  |
| <input type="checkbox"/> Five or more years ago <sup>63</sup>     | 5%  |
17. **Was there a time during the last 12 months when you needed to see a doctor but could not, and if so, what is the main reason you did not?**
- |                                                                                         |     |
|-----------------------------------------------------------------------------------------|-----|
| <input type="checkbox"/> There was no such time – I got the care I needed <sup>64</sup> | 64% |
| <input type="checkbox"/> I could not afford to get medical care <sup>65</sup>           | 16% |
| <input type="checkbox"/> I had no transportation <sup>66</sup>                          | 4%  |
| <input type="checkbox"/> I had no child care <sup>67</sup>                              | 0%  |
| <input type="checkbox"/> The office is too far away <sup>68</sup>                       | 2%  |
| <input type="checkbox"/> The office was not open when I                                 | 3%  |

- could get there<sup>69</sup>
- ☐ It takes too long to get an appointment or wait to be seen<sup>70</sup> 8%
- ☐ Other: \_\_\_\_\_<sup>71</sup> 2%

**18. At any time during the last 12 months have you needed to see a dentist but could not? If so, what is the main reason you did not?**

- ☐ There was no such time – I got the care I needed<sup>72</sup> 55%
- ☐ I could not afford to pay a dentist<sup>73</sup> 31%
- ☐ I had no transportation<sup>74</sup> 4%
- ☐ I had no child care<sup>75</sup> 1%
- ☐ The office is too far away<sup>76</sup> 2%
- ☐ The office was not open when I could get there<sup>77</sup> 2%
- ☐ It takes too long to get an appointment or wait to be seen<sup>78</sup> 3%
- ☐ Other: \_\_\_\_\_<sup>79</sup> 2%

**19. About how long has it been since you last visited a dentist for any reason?**

- ☐ Within the past year<sup>80</sup> 54%
- ☐ Within the past two years<sup>81</sup> 17%
- ☐ Within the past five years<sup>82</sup> 13%
- ☐ Five or more years ago<sup>83</sup> 16%

**20. Where do you go most often when you are sick or need medical care?**

- ☐ Caswell Family Medical Center<sup>84</sup> 24%
- ☐ Prospect Hill Community Health Center<sup>85</sup> 4%
- ☐ Yanceyville Family Practice<sup>86</sup> 10%
- ☐ Health Department<sup>87</sup> 15%
- ☐ Hospital emergency room<sup>88</sup> 8%
- ☐ Urgent care center<sup>89</sup> 3%
- ☐ Doctor's office not listed above<sup>90</sup> 35%
- ☐ Other: \_\_\_\_\_<sup>91</sup> 2%

**21. In what County or location do you receive your primary health care?**

- |                          |                                               |     |
|--------------------------|-----------------------------------------------|-----|
| <input type="checkbox"/> | Caswell County <sup>92</sup>                  | 48% |
| <input type="checkbox"/> | Reidsville or Rockingham County <sup>93</sup> | 14% |
| <input type="checkbox"/> | Roxboro or Person County <sup>94</sup>        | 5%  |
| <input type="checkbox"/> | Burlington or Alamance County <sup>95</sup>   | 8%  |
| <input type="checkbox"/> | Danville or in Virginia <sup>96</sup>         | 17% |
| <input type="checkbox"/> | Chapel Hill or Orange County <sup>97</sup>    | 4%  |
| <input type="checkbox"/> | Durham or Durham County <sup>98</sup>         | 4%  |
| <input type="checkbox"/> | Other: _____ <sup>99</sup>                    | 0%  |

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***Tobacco Use***

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**22. Do you smoke cigarettes, cigars, or smoke tobacco in a pipe?**

- |                          |                                              |     |
|--------------------------|----------------------------------------------|-----|
| <input type="checkbox"/> | Yes, everyday <sup>100</sup>                 | 20% |
| <input type="checkbox"/> | Yes, some days <sup>101</sup>                | 5%  |
| <input type="checkbox"/> | I did in the past, but I quit <sup>102</sup> | 7%  |
| <input type="checkbox"/> | No <sup>103</sup>                            | 68% |

**23. Do you use smokeless tobacco products such as chewing tobacco or snuff?**

- |                          |                                              |     |
|--------------------------|----------------------------------------------|-----|
| <input type="checkbox"/> | Yes, everyday <sup>104</sup>                 | 5%  |
| <input type="checkbox"/> | Yes, some days <sup>105</sup>                | 1%  |
| <input type="checkbox"/> | I did in the past, but I quit <sup>106</sup> | 2%  |
| <input type="checkbox"/> | No <sup>107</sup>                            | 92% |

**24. If you are currently, or have ever been, a smoker or use smokeless tobacco products, at what age did you begin to smoke or use smokeless tobacco products?**

- |                          |                                             |     |
|--------------------------|---------------------------------------------|-----|
| <input type="checkbox"/> | Under 15 <sup>108</sup>                     | 28% |
| <input type="checkbox"/> | 15 – 18 <sup>109</sup>                      | 38% |
| <input type="checkbox"/> | Never smoked or used tobacco <sup>110</sup> |     |
| <input type="checkbox"/> | 19 – 24 <sup>111</sup>                      | 24% |
| <input type="checkbox"/> | 25 or older <sup>112</sup>                  | 10% |

**25. If you were under the age of 18 when you began to smoke or use tobacco products, how did you obtain cigarettes or tobacco products?**

- |                          |                                                              |     |
|--------------------------|--------------------------------------------------------------|-----|
| <input type="checkbox"/> | Bought them myself from a store <sup>113</sup>               | 49% |
| <input type="checkbox"/> | Got them from older friends or family members <sup>114</sup> | 31% |
| <input type="checkbox"/> | Got them from my parents <sup>115</sup>                      | 12% |
| <input type="checkbox"/> | Other: _____ <sup>116</sup>                                  | 8%  |

**26. If you are, or have been, a smoker or tobacco user, have you tried to quit in the last twelve months?**

- |                          |                                                              |     |
|--------------------------|--------------------------------------------------------------|-----|
| <input type="checkbox"/> | Yes, and I have quit smoking or using tobacco <sup>117</sup> | 36% |
| <input type="checkbox"/> | Yes, but I started again <sup>118</sup>                      | 25% |
| <input type="checkbox"/> | No, but I would like to quit <sup>119</sup>                  | 22% |
| <input type="checkbox"/> | No, and I have no plans to quit <sup>120</sup>               | 16% |

---

### ***Weight Control and Exercise***

---

**27. Do you consider yourself to be overweight?**

- |                          |                    |     |
|--------------------------|--------------------|-----|
| <input type="checkbox"/> | Yes <sup>121</sup> | 54% |
| <input type="checkbox"/> | No <sup>122</sup>  | 46% |

**28. In the past 12 months, has a doctor or other health care professional given you advice about your weight?**

- |                          |                                             |     |
|--------------------------|---------------------------------------------|-----|
| <input type="checkbox"/> | Yes, lose weight <sup>123</sup>             | 27% |
| <input type="checkbox"/> | Yes, maintain current weight <sup>124</sup> | 5%  |
| <input type="checkbox"/> | Yes, gain weight <sup>125</sup>             | 2%  |
| <input type="checkbox"/> | No <sup>126</sup>                           | 66% |

**29. Are you now trying to lose weight?**

- |                          |                                                             |     |
|--------------------------|-------------------------------------------------------------|-----|
| <input type="checkbox"/> | No <sup>127</sup>                                           | 51% |
| <input type="checkbox"/> | Yes, and I am exercising more to lose weight <sup>128</sup> | 15% |
| <input type="checkbox"/> | Yes, and I am eating fewer calories to lose                 | 17% |



- weight<sub>129</sub>
- ☐ Yes, and I am dieting and exercising to lose weight<sub>130</sub> 16%
  - ☐ Other: \_\_\_\_\_<sub>131</sub> 1%

30. **Do you get at least 30 minutes of exercise most days out of the week?**

- ☐ Yes<sub>132</sub> 58%
- ☐ No<sub>133</sub> 42%

---

### *Health Conditions and Problems*

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31. **Have you ever been told by a doctor or other health professional that you had any of the following conditions? (check all that apply):**

- ☐ Arthritis<sub>134</sub> 25%
- ☐ Cancer<sub>135</sub> 5%
- ☐ Stroke<sub>136</sub> 1%
- ☐ HIV / AIDS<sub>137</sub> 0.48%
- ☐ High Blood Pressure<sub>138</sub> 31%
- ☐ Depression, Anxiety, or other mental health condition<sub>139</sub> 10%
- ☐ A Sexually Transmitted Disease other than HIV (chlamydia, gonorrhea, herpes, syphilis)<sub>140</sub> 3%
- ☐ Substance Abuse (alcoholism or drug addiction)<sub>141</sub> 1%
- ☐ Asthma<sub>142</sub> 11%
- ☐ Diabetes<sub>143</sub> 9%
- ☐ Heart Attack<sub>144</sub> 3%
- ☐ High Cholesterol<sub>145</sub> 19%

32. **What do you think are the five most important “health problems” facing Caswell County? (Check 5. If you’d like to tell us more about these problems please use the space on the last page)**

- ☐ Cancer<sub>146</sub> 48.5%
- ☐ Diabetes<sub>147</sub> 40.4%
- ☐ HIV / AIDS<sub>148</sub> 17.5%
- ☐ Violence<sub>149</sub> 14.7%
- ☐ Tobacco use<sub>150</sub> 29.1%

<input type="checkbox"/>	Access to health care (i.e. not enough doctors or choices) <sup>151</sup>	10.6%
<input type="checkbox"/>	Cost of doctor or health care visits <sup>152</sup>	28.6%
<input type="checkbox"/>	Cost of prescription medication <sup>153</sup>	31.6%
<input type="checkbox"/>	Failing septic tanks and systems <sup>154</sup>	3.9%
<input type="checkbox"/>	Asthma or respiratory conditions <sup>155</sup>	8%
<input type="checkbox"/>	Lack of clean water sources <sup>156</sup>	4.3%
<input type="checkbox"/>	Mental Health (depression, anxiety, etc.) <sup>157</sup>	8.7%
<input type="checkbox"/>	Rabies or West Nile Virus <sup>158</sup>	2.6%
<input type="checkbox"/>	Sexually transmitted diseases <sup>159</sup>	16.6%
<input type="checkbox"/>	Substance abuse (alcohol, drugs) <sup>160</sup>	25.7%
<input type="checkbox"/>	Other: _____ <sup>161</sup>	0%
<input type="checkbox"/>	Child neglect or abuse <sup>162</sup>	19.7%
<input type="checkbox"/>	Heart Disease and Stroke <sup>163</sup>	24.0%
<input type="checkbox"/>	High Blood Pressure <sup>164</sup>	37.3%
<input type="checkbox"/>	Teenage pregnancy <sup>165</sup>	31.7%
<input type="checkbox"/>	Obesity / Overweight <sup>166</sup>	25.7%

**33. What do you think are the five most important “unhealthy behaviors” facing Caswell County? (Check five. If you’d like to tell us more about these problems please use the space on the last page)**

<input type="checkbox"/>	Alcohol abuse <sup>167</sup>	69.7%
<input type="checkbox"/>	Unsafe sex <sup>168</sup>	58.2%
<input type="checkbox"/>	Lack of exercise <sup>169</sup>	36.3%
<input type="checkbox"/>	Poor diet and eating habits <sup>170</sup>	51.9%
<input type="checkbox"/>	Failure to see doctor regularly <sup>171</sup>	42.3%
<input type="checkbox"/>	Other: _____ <sup>172</sup>	0.24%
<input type="checkbox"/>	Drug abuse <sup>173</sup>	73.1%
<input type="checkbox"/>	Violence <sup>174</sup>	35.3%
<input type="checkbox"/>	Smoking / tobacco use <sup>175</sup>	54.8%

**34. How would you rate your own personal health?**

<input type="checkbox"/>	Very healthy <sup>176</sup>	11%
--------------------------	-----------------------------	-----

<input type="checkbox"/>	Healthy <sup>177</sup>	41%
<input type="checkbox"/>	Somewhat healthy <sup>178</sup>	42%
<input type="checkbox"/>	Unhealthy <sup>179</sup>	11%
<input type="checkbox"/>	Very unhealthy <sup>180</sup>	4%

---

### *Quality of Life*

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**35. Are you satisfied with health care in Caswell County?**

<input type="checkbox"/>	Very satisfied <sup>181</sup>	13%
<input type="checkbox"/>	Satisfied <sup>182</sup>	38%
<input type="checkbox"/>	Somewhat satisfied <sup>183</sup>	34%
<input type="checkbox"/>	Dissatisfied <sup>184</sup>	11%
<input type="checkbox"/>	Very dissatisfied <sup>185</sup>	4%

**36. Do you agree that Caswell County is a good place to raise children**

<input type="checkbox"/>	Strongly agree <sup>186</sup>	14%
<input type="checkbox"/>	Agree <sup>187</sup>	75%
<input type="checkbox"/>	Disagree <sup>188</sup>	8%
<input type="checkbox"/>	Strongly disagree <sup>189</sup>	2%

**37. Do you agree that Caswell County is a good place to grow old?**

<input type="checkbox"/>	Strongly agree <sup>190</sup>	14%
<input type="checkbox"/>	Agree <sup>191</sup>	73%
<input type="checkbox"/>	Disagree <sup>192</sup>	10%
<input type="checkbox"/>	Strongly disagree <sup>193</sup>	3%

**38. Do you agree that Caswell County has sufficient economic opportunities? (i.e. jobs and housing)**

<input type="checkbox"/>	Strongly agree <sup>194</sup>	4%
<input type="checkbox"/>	Agree <sup>195</sup>	21%
<input type="checkbox"/>	Disagree <sup>196</sup>	42%
<input type="checkbox"/>	Strongly disagree <sup>197</sup>	33%

**39. Do you agree that Caswell County is a safe place to live?**

<input type="checkbox"/>	Strongly agree <sup>198</sup>	11%
<input type="checkbox"/>	Agree <sup>199</sup>	81%
<input type="checkbox"/>	Disagree <sup>200</sup>	6%
<input type="checkbox"/>	Strongly disagree <sup>201</sup>	2%

**40. Considering your responses to Questions 32 & 33, what do you think needs to be done to address these problems?<sup>202</sup>**

*"People need more education and young people need somewhere or something to occupy their time so they won't get involved in risky behavior"*

*"Obesity - Weight Loss, Diabetes, Hypertension Outreach clinics made available - need transportation badly in county and DSS transport not always available"*

*"Caswell County need a youth group for teenagers to teach them about life. Not only how to help themselves but also how to help other people. They also need someone to show and tell them what happens when a person uses drugs. They need a special class to teach boys and girls how to be productive in their community."*

*"Obesity - Healthier choices in fast foods. Reduce low priced bulk items (ex. Double burger, lg fries, lg. drink) Take soft drink & candy snacks out of schools. Offer more dried fruit, fresh fruits, peanut butter crackers, vegetable snack. Increase P.E. in schools. Incentives for state & local government for exercise. Continue with education starting at early age. Decrease cultural acceptance with dipping, chewing. Local or state or federal assistance to cover routine preventative care including dental & prescription at least partial. INCOME based"*

*"We have a problem with teen pregnancy reoccurring in the same teens. Cancer and obesity is growing at a large number. Costs of prescriptions are outrageous for the working population and senseless for the elderly. It would be nice to have a program that would help the elderly with medications."*

*"1. Need programs which can help people get medical care needed. There is a group of people who make too much to get Medicaid and too less to afford employee or private policies. 2. Proper diet education - classes on how to manage diabetes. 3. Exercise classes available at low cost 4. More aggressive action to prevent alcohol & drug use, especially among our youth."*

*"1. Schools - healthy menu, more physical education, healthier choices in vending machines on campus, more nutrition education geared to grade level. 2. More money (grants?) for outreach to deal with STD, Teen Pregnancy, Substance Abuse (Prevention & Treatment) 3. More health professionals serving county (need ob/gyn for county) 4. Realistic exercise opportunities for residents (like walking program with incentives.)"*

*"More medical facilities, public transportation, no smoking in public places (stores, restaurants, etc), offering birth control to sexually active people @school level in the schools (Many have transportation problems, are having unprotected sex, and becoming pregnant - the "Powers that be" need to recognize this, address issue and prevent pregnancies & STDs instead of closing their minds and thinking that if no birth control is offered, then no sex will occur! Hello!!!!"*

*"Flyer Inserts with facts and s/s of disease added to newspaper. Discount coupons for joining the gym on 86. Need volunteer medical provider."*

*"More programs for youth (sports & activities. Continue to monitor diet activities of youth with schools (loose drink machines & choices @ schools.) More programs for health education "how to cook healthy foods; exercise activities."*

*"Sadly, I don't think it makes any difference. As long as County Commissioners can't see things like adequate staffing of health & social programs we already have, why do we think they would start something else. Take a program like HomeHealth - a self sufficient program that fund other parts of the Health Dept... need of increased staff, workers are overloaded, etc. Yet, that program doesn't require funds, but generates them and they are lacking so why would commissioners start something else? The S.A.G.E. program that was here many years ago was wonderful - my thoughts are mental Healthy & elderly --start it back."*

*"More community sponsored sports esp. for young children. Community activities that encourage exercise for families on a daily basis. Healthy restaurants available. Alternative care options including meditation, yoga, nutrition education. Making healthy eating & exercise a popular thing."*

*"Teenage pregnancy is a real problem. I have never seen so many young girls having babies and the fact that they are proud of it. Where is the father? They don't know half of the time. Where are the morals & values of the young people in this country."*

*"Cancer - early diagnosis - men need to "admit" to themselves they might be sick - i.e. prostate colon exams regularly. All residents need to eat healthier and exercise more - we need a YMCA or at least a public pool."*

*"I just moved here; having a hard time getting job. Everyone has been great. Especially with my children. Meghan going to chapel hill they're great!"*

*"To have a health center were ppl could go and they wouldn't have to worry about the payment or the cost."*

*"There should be more parent involvement. Most overweight adults start out as overweight children & parents should try to get it under control before it becomes a problem."*

*"I feel that I am not getting what I need from Caswell County Health Department, because when I don't have an appointment they won't see me until 1:30. I think that is wrong."*

*"Physical education and fitness should be required in all grades K - 12. Churches and Parish should promote more physical fitness programs."*

*"I think Caswell County should have more family oriented activities. This will keep teens off streets. Also, when families we close these problems maybe be eliminated."*

*"People need to take better care of theirselves. You have babies having babies having sex before they can even spell the word sex let alone know what it means."*

*"Health care professionals need to consider that fact that Health insurance is going up on cost and the economy is not giving the raises needed to keep up with the high cost of insurance plus the out of pocket expense of unpaid doctor bills and prescriptions."*

*"Don't have a clue. Politics seem to control most areas including jobs, advantages, schools, etc."*

*"Nothing should be done at all. Caswell County is growing 'too fast.' If it continues growing the next 10 years, I'm 'out of here!' Like I said, nothing should be done at all. Let the idiots die!"*

*"Caswell County needs to consider opening a YMCA or park with benches or basketball courts or walking trails. Seniors need to have more transportation to get back and forth to the grocery store, the mall and the senior center. I look at the job market here in Caswell County. The courthouse has 90% Caucasians working there. The social services department has 90% Caucasians working there. This town is to politically inclined. It's not what you know, but who you know. If you are a friend or relative to the mayor, sheriff, town hall council you can get a position whether you're qualified or not"*

*"We all start pulling together as one not only the community you live in."*

*"Advertise what's out there for the people. So they can get help without having to give up everything they have."*

*"We need to think about our Senior Citizens and their income instead of giving it all to the Mexicans and young people at least these people can get out and work. Where most senior citizens can't and they can't get help for their needs unless they pay high dollar for it and lose their place of living that they work hard for in their younger years. This county gives away to many freebies to the young people (white, black, and Mexicans)"*

*"County employees cannot go to the local health department because they won't accept our insurance. Everything has been done for people who "refuse" to work and they keep having babies. Why can't county employees and their family members be seen at the H.D. for free. Let the county pay the co-pay instead of us having to pay for insurance. The way everything is designed it does not give people a reason to*

*work. I could stay at home and receive better benefits than I get working everyday. I realize there are people out there that really need this, but it's being abused also. Medical care and medicine should have a standard set rate. I feel like I am being taken advantage of because I have some insurance."*

*"Community Education with regards to reducing risks and improving health with lifestyle changes"*

*"We need more support groups cancer and diabetes especially the people dialysis. The kid should be or young people more or better informed on safe sex"*

*"Stop growing tobacco NOW. Tobacco is bad for everyone's health. Not enough jobs for our county residents! Bring back blood pressure program at health dept. so we can get pressure checked and medication reduced. I was part of this program and I really need I take 3 bp pills a day. Not anything done in Caswell Co. to help get much needed heart and bp medications. Caswell Co. is very poor in this area. Caswell Medical Center should see ppl on weekends. We don't get sick by appointments!"*

*"Some type of program needs to be established to help the elderly that need prescription meds. Some medications are too expensive & they will either not get it , or take lower dosage to make it last longer. This program could also help those who are disabled. Also as far as obesity, are there any exercise classes given at the recreation? Some in the evenings for middle age, some during the day for the elderly. You could provide this service for a fee per class or a series of classes at a smaller rate than the expensive gyms."*

*"Transportation for the elderly to shop & medical wise. Whether on Medicare or supporting their selves that didn't have driver licenses or don't own automobile. Doctor should need to be less costly and available. We need more jobs or work places. We could use walking trail, swimming places such as around the lakes, recreation park."*

*"Educate. Need more dentists"*

*"Air and water quality needs to be check too many people in this county has cancer."*

*"1. Incentives to get more exercise (i.e. walking trails, more program @ parks & rec - generally - more focus on physical fitness for all ages. 2. Again - transportation to get to afternoon or daytime physical activity - type programs. 3. Huge - Quit smoking campaign"*

*"More jobs brought into the county besides fast food restaurants. A lot of people from other places are moving into the county, making the county less safe. There*

*should be more facilities available in Caswell Co. for cancer screenings. It appears to be more cancer cases in Caswell today and ppl have to travel at least 30 miles to screenings and treatments."*

*"Health care providers & mental health along with other agencies need to work together, communicate more & be more willing to share information with social workers. Cooperation among agencies would better serve clients."*

*"Threat of dogs...no leash law."*

*"We need more health awareness issues to be addressed county wide. People in general worry more about how they are going to pay the dr. instead of seeking help when they need it most."*

*"You need more jobs and opportunities. Ppl move here all the time hoping to make a better life for themselves. Only to get here and find that its no better than where they came from. I don't think that its far to make a licensed VA nurse to take a CAN class over again just to get a NC license. What is that about? As far as a good place to raise children. You don't have any places for the kids to play. I have seen more jails & prisons here than I have playgrounds. Open a center or something for the children to give them something to do. Maybe then will stay out of trouble."*

*"I feel that if the community would provide more activity for the young there would not be time for a lot of idle time on their hands. Maybe a youth center and places for the youth and the not so young to go. To become more involved in something else besides standing on the corner and drinking and harassing the younger minds. We need maybe a YMCA a public pool, a safe place to just come to when there is nothing to do around the home front. I would also like a place for women to have to work out. Without having to pay high membership fees. We could use a lot more support for the young and old."*

*"1. Cost of & access to health care & cost of meds is a national problem. 2. The schools could do a far better job School breakfast & lunch programs are high fat, high sugar, high calorie. Students to not get enough exercise/recess; too many elementary students get so much homework they have little time to play. Schools should discourage TV & video games. Schools should teach healthy diets & sex education/ pregnancy prevention & should discourage tobacco use."*

*"Satellite clinic open later & weekend and friendly on walk in. Clinic & Dentist without prejudice of language. I have experienced prejudice because I speak Spanish and I am Hispanic. Need positive role models."*

**41. Do you think Caswell County's community health concerns are**



**fewer or greater than those in our neighboring counties?**

<input type="checkbox"/>	Fewer <sup>203</sup>	11%
<input type="checkbox"/>	About the same <sup>204</sup>	58%
<input type="checkbox"/>	More <sup>205</sup>	17%
<input type="checkbox"/>	Undecided <sup>206</sup>	14%

**42. How does Caswell County differ?<sup>207</sup>**

*"Caswell County doesn't have a hospital to treat patients. They have grown, but still they need more than one drug store; at least 3 productive stores."*

*"I see more needs here, but I work in health care with lower income clients & their families. We have poor job opportunities here except local & state govt. Cultural factor with acceptance of high blood pressure, obesity, lack of exercise, avoidance of medical care/dental care except for acute illness! Decrease in con. from tobacco farming. Need new way to use farm land that will generate good income that is land use, friend, with increase pride in products produced!"*

*"Small community - everyone regardless of races or religions barrier know the majority of the people in Caswell."*

*"Access to Health Care seems much more difficult as opposed to surrounding counties."*

*"Much more rural & lower socioeconomic levels many adults with low literacy. SEVERE transportation problems - many WIC clients miss WIC appointments due to lack of transportation (Note: Caswell transportation won't bring clients for ONLY a WIC appointment) Lower education attainment among residents that lead to unhealthy choices. Few jobs in county = low economy levels & less money for food, healthcare, etc."*

*"Far less resources"*

*"The personnel at the CCHD has always been informative as to what my own personal needs are. I am notified of appointment dates and how I can improve on conditions that mine and my family lifestyles. My children are well provided for."*

*"Caswell County has no hospital which means our residents have to be transported out of county into one of the area hospitals. Due to economic conditions and lack of jobs in Caswell County more of our residents will not get the health care needed."*

*"No jobs, no labor, no nothing."*

*"People are more obese, exercise less, have less money to see a doctor."*

*"Although Caswell County provides a less stressful environment in which to live, along with a smaller population base, this benefit is offset by the fact that we have less funds to spend towards health care and education of our citizens. This combined with the fact we have no hospital in our county, along with a poverty stricken citizenry living in a secluded, rural area necessitates that we have access to state and federal funding to better the EMS system we already have in place and also increase the education of our poorest citizens about the benefits of preventative care. Economic opportunity for our citizens and increased tax base and education, education, education are the road to alleviate the health concerns of our county."*

*"You have a hard time to see a doctor if you don't have an appointment. Especially if you are really sick."*

*Lack of resource availability (Information, doctors, etc.)*

*"No doctors (fewer doctors offices) no place of any one to exercise such as gym on the daily basis"*

*"There's no difference. All counties are about the same."*

*"I don't think that there is much difference. I believe that these things are state-wide issues. Except maybe tobacco use."*

*"The population is poorer. Larger gulf between rich & poor. Leadership is removed & not responsive to needs of it's citizens. Christian churches less involved with service to the poor."*

**43. Is there anything else about Caswell County's health that you would like to comment on?<sup>208</sup>**

*"I would like to say that there is a need about bilingual/bicultural well trained personnel. Specially in social services, Medicaid."*

*"Better Medicaid benefits for the elderly better transportation. BCCCP program needs to be reinstated."*

*"Free medical care for the not high income. I would be willing to help out if we could get enough to come to helping the community."*

*"In Caswell county health field there should be a program to help senior citizens with their medications, food and any other service they need. The way things are handled in the field of health as far as social services goes is a shame. If a person need help the ppl that work there treat them so unfair. It should be a law against such treatment."*

*"Everyone should been seen by a doctor, regardless if he or she can pay. Always remember the show maybe on the other foot one day."*

*"I think that fairer practices in jobs would resolve a lot of depression and high blood pressure. There is a lot of stress in Caswell jobs."*

*"Caswell county needs to consider the safety of their citizens and the liability of potential death or serious injury from dangerous dogs. We need a leash law or some measure of law governing irresponsible dog owners and allow tax paying, law abiding citizens some peace of mind when neighbors dogs threaten. This determination should not be left up to the Health Director, to declare a dog a "nuisance." I hope no one has to live with such a threat. I feel now no one in the community is concerned or care."*

*"it would be interesting to explore the number of brain tumors in this county. There seems to be a high percentage of occurrence based on population--especially in Yanceyville area. We seem to have good basic health care here but a lack of specialty services. That is understandable given our rural nature but limits access to elderly population."*

*"The nursing homes in the county in general need improvement. The Bryan center is a good facility. But some of the smaller facilities need a lot of improvement. Inspections should be done more often & should be pushed to be better. Some are doing just enough to get by. The facilities need to be forced to improve not only there look, but level of care & activities."*

*"We need much better care. So we do not have to travel outside our county. They are not open on evenings or weekends."*

*"It would be wonderful to staff a free clinic for care of indigent people once a month."*

*"Our descendants taught us to eat lard, heavy meals, etc. We need to be taught the correct-healthy way to prepare meals. Especially, the older generation that only knows one way to prepare food."*

*"1. Would love to see a program for Diabetic's - maybe a support group 2. Would like to see more positive activities for our youth."*

## Mortality Statistics

### Caswell County

Disease	Number of Deaths 2001	Death Rate 2001	Number of Deaths 1999-2001	1999-2001 Death Rate	Age Adjusted Death Rate 1999-2001
Total Deaths	257.0	1,083.8	730.0	1,032.3	894.7
Heart Disease	67.0	282.5	195.0	275.8	234.1
Cancer - All Sites	60.0	253.0	156.0	220.6	185.6
Cerebrovascular Disease	17.0	71.7	66.0	93.3	80.4
Cancer - Trachea, Bronchus, & Lung	16.0	67.5	50.0	70.7	59.5
Chronic Lower Respiratory Diseases	16.0	67.5	38.0	53.7	45.1
Cancer Prostate	6.0	49.8	18.0	51.5	61.5
Diabetes Mellitus	8.0	33.7	21.0	29.7	25.2
Cancer - Breast	3.0	25.7	6.0	16.8	13.9
Septicemia	6.0	25.3	18.0	25.5	21.9
All Other Unintentional Injuries	9.0	38.0	15.0	21.2	21.1
Pneumonia & Influenza	6.0	25.3	14.0	19.8	16.8
Nephritis, Nephrotic Syndrome, & Nephrosis	7.0	29.5	18.0	25.5	25.3
Cancer - Colon, Rectum, & Anus	5.0	21.1	12.0	17.0	13.9
Motor Vehicle Injuries	7.0	29.5	24.0	33.9	29.0
Alzheimer's Disease	6.0	25.3	14.0	19.8	17.5
Suicide	3.0	12.7	9.0	12.7	12.4
HIV Disease	0.0	0.0	7.0	9.9	8.7
Chronic Liver Disease & Cirrhosis	0.0	0.0	6.0	8.5	8.5
Homicide	0.0	0.0	3.0	4.2	3.9
1997 - 2001					
Infant Deaths/1000 Live Births	4.0	16.3	22.0	17.1	

### North Carolina

Disease	Number of Deaths 2001	Death Rate 2001	Number of Deaths 1999-2001	1999-2001 Death Rate	Age Adjusted Death Rate 1999-2001
Total Deaths	70,738.0	863.9	211,774.0	874.7	898.9
Heart Disease	18,729.0	228.7	57,516.0	237.6	246.0
Cancer - All Sites	16,047.0	196.0	47,546.0	196.4	198.2
Cerebrovascular Disease	5,396.0	65.9	16,685.0	68.9	72.3
Cancer - Trachea, Bronchus, & Lung	4,900.0	59.8	14,435.0	59.6	59.6
Chronic Lower Respiratory Diseases	3,511.0	42.9	10,792.0	44.6	45.7
Cancer Prostate	913.0	22.7	2,790.0	23.7	33.3
Diabetes Mellitus	2,180.0	26.6	6,306.0	26.0	26.5
Cancer - Breast	1,171.0	28.1	3,419.0	27.5	25.0
Septicemia	1,775.0	21.7	5,587.0	23.1	24.4
All Other Unintentional Injuries	1,775.0	21.7	5,294.0	21.9	22.3
Pneumonia & Influenza	1,785.0	21.8	4,968.0	20.5	22.0
Nephritis, Nephrotic Syndrome, & Nephrosis	1,606.0	19.6	4,767.0	19.7	19.6
Cancer - Colon, Rectum, & Anus	1,537.0	18.8	4,606.0	19.0	19.3
Motor Vehicle Injuries	1,327.0	16.2	3,770.0	15.6	16.1
Alzheimer's Disease	1,075.0	13.1	3,130.0	12.9	13.3
Suicide	985.0	12.0	2,817.0	11.6	11.5
HIV Disease	722.0	8.8	2,232.0	9.2	9.2
Chronic Liver Disease & Cirrhosis	584.0	7.1	1,883.0	7.8	7.7
Homicide	459.0	5.6	1,383.0	5.7	5.7
1997-2001					
Infant Deaths/1000 Live Births	1,005.0	8.5	5,092.0	8.9	

<b>1999-2000 Age Adjusted Selected Death Rates</b>		<b>White</b>		<b>Minority</b>		<b>Total</b>	
<b>Cause of Death</b>		<b>Caswell</b>	<b>NC</b>	<b>Caswell</b>	<b>NC</b>	<b>Caswell</b>	<b>NC</b>
Cerebrovascular Disease		74.6	69.1	100.2	87.7	84.5	72.8
Prostate Cancer		64.1	26.5	56.2	68.4	58.7	33.5
Kidney Disease		14.7	12.1	54.9	30.0	29.3	15.5
Motor Vehicle Injuries		28.2	19.5	16.8	20.8	24.1	19.7