



Caswell County

2013 State of the County Health Report



Caswell County's State of the County Health Report (SOTCH) seeks to link current health status information with progress of the county since the last Community Health Assessment (CHA). The most recent CHA was completed in 2011. Both the SOTCH and the CHA reports guide local officials and staff in the development of strategies to address health needs. These reports also provide opportunity for community input in health-related goal setting and accomplishment.

Copies of this SOTCH Report will be distributed to key stakeholders and community members and will be available in the Gunn Memorial Public Library in Yanceyville. Additional copies may be requested from the Caswell County Health Department and an electronic copy will be made available on the Caswell County Health Department's website: www.cchd.caswellnc.us.

Table of Contents

MESSAGE FROM HEALTH DIRECTOR.....	1
SOCIOECONOMIC AND DEMOGRAPHIC FACTORS.....	2
ENVIRONMENTAL HEALTH UPDATE.....	4
CASWELL COUNTY COMMUNICABLE DISEASE DATA.....	5
COMMUNITY TRANSFORMATION GRANT PROJECT.....	6
PROSTATE CANCER AMBASSADORS FOR CASWELL COUNTY.....	7
COUNTY HEALTH RANKINGS.....	7
PROGRESS ON PRIORITY HEALTH OBJECTIVES.....	8

MESSAGE FROM HEALTH DIRECTOR

2013 has been a busy year in Caswell County and 2014 promises to give us many more opportunities to serve Caswell County and make it a healthier place to live, raise a family, work and play.

Caswell County as well as the rest of the state and nation have been working their way through a difficult economic situation over the last few years but there are signs that brighter times may not be far off. The unemployment rate in Caswell County, while not at pre-recession levels, are now about half of what they were at the peak or the recession. Just like the residents of Caswell County, the Health Department has struggled to find alternate, less expensive ways to accomplish our goals and have attempted to make the most of our limited resources. We hope that these struggles have made us a more efficient and productive steward of the public funds that have been entrusted to us.

The Affordable Care Act (ACA) has been the focus of much controversy in both North Carolina and the nation. Locally we are trying to understand the implications and consequences of this law, and are looking for ways to take advantage of it on behalf of the residents of Caswell County. The current health care system in the United States is organized around individuals having either public or private health insurance and those without insurance are at daily risk for both financial and health related hardship. Despite its flaws, the goal of the ACA is to enable more people to obtain health insurance. The Health Department is working with Caswell Family Medical Center in making the ACA Navigator Program accessible to Health Department clients. In addition we are trying to adjust our ability to provide clinical services in a way that will make use of the ACA. It will be interesting to see how this new law will effect the lives of the residents of Caswell County over the next several years.

Throughout all these changes the Health Department continues to provide a wide range of clinical and support services to Caswell County and during the past year we also collaborated with the regional Community Transformation Grant Program as they work to help us reduce our use of tobacco, eat healthier

and become more active. By doing this we will hopefully reduce the two main causes of premature death: tobacco use and obesity. We look forward to the next several years of working with this federally funded health promotion project and becoming inspired by their creativity and enthusiasm.

During the past year we have worked on the renewal of our Home Health accreditation and next year we will be working on renewing of accreditation of our traditional Health Department programs. This process requires us to meet a long list of state and national standards that help us show how well we do our jobs and how we compare to other similar programs across the state and nation. A lot of time and energy has and will be spent meeting these standards and we are proud of the high quality care we provide to Caswell County.

The Health Department will continue to work every day to serve the people of Caswell County and we ask for your help to make our community a better place to live. If you have any ideas, suggestions, or comments on the work we are doing, please do not hesitate to contact me. Working together with the Board of Health, Board of County Commissioners and every resident of the county, we can accomplish our goals and meet the needs of our families, friends and neighbors.

Frederick E. Moore MD

Frederick E. Moore, MD
Caswell County Health Director

SOCIOECONOMIC AND DEMOGRAPHIC FACTORS

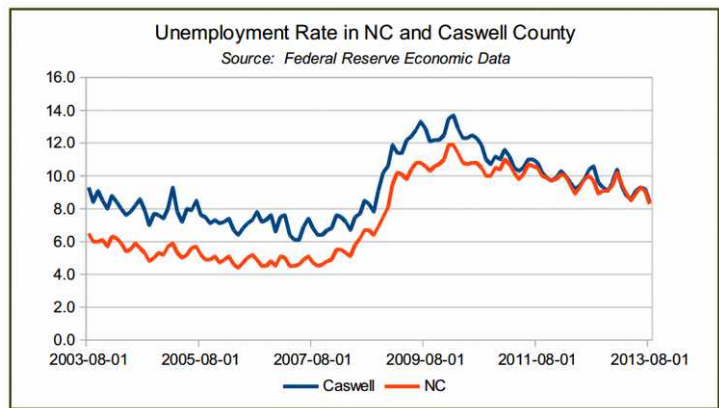
A variety of socioeconomic and demographic factors play a role in the state of health of our community. These factors can impact health care access as well as health related behaviors and attitudes. They

Selected Demographic And Socioeconomic Indicators						
	Caswell County			North Carolina		
	2005-2007	2007-2011	2012 (est)	2005-2007	2007-2011	2012 (est)
<i>Population</i>						
Total Population	23,332	23,764	23,217	8,869,861	9,418,736	9,752,073
Persons Per Square Mile	54.9	55.9	54.6	182.4	193.7	200.6
<i>Ethnicity</i>						
White, Non-Hispanic	64.3%	62.5%	63.9%	71.5%	69.7%	71.9%
Black, Non-Hispanic	34.6%	33.9%	33.8%	21.6%	21.4%	22.0%
Hispanic	2.4%	3.2%	1.5%	6.7%	8.1%	8.7%
<i>Income</i>						
Per Capita Income	16,924	17,643	NA	23,767	25,256	NA
Median Household Income	36,644	37,926	NA	43,867	46,291	NA
Mean Household Income	42,073	45,078	NA	59,141	63,298	NA
Unemployment	5.8%	14.3%	9.7%	4.4%	9.7%	9.5%
<i>Percentage Of People Who Report Income Below Federal Poverty Line (FPL)</i>						
All people	17.4%	20.5%	NA	14.8%	16.1%	NA
Under age 18	26.0%	33.9%	NA	20.5%	22.6%	NA
Age 65+	18.5%	16.8%	NA	11.4%	10.3%	NA
Sources: American Community Survey 2005-2007, US Census Bureau, American Community Survey 2007-2011, US Census Bureau, US Census Bureau State & County QuickFacts, US Department of Labor - Bureau of Labor Statistics						
NA = Not Available; Land Area: Caswell County = 424.92 sq miles; NC = 48,617.91 sq miles						

can also be a source of stress for many individuals and populations. For comparison purposes, the SOTCH provides data from the US Census Bureau, Federal Reserve Economic Data and the US Department of Labor - Bureau of Labor Statistics for both Caswell County and the state of North Carolina. Since the population of Caswell County is small, multiple years have been provided for enhanced statistical reliability.

These figures show a consistent lack of growth in the population of Caswell County which is particularly interesting in light of North Carolina being one of the fastest growing states in the country. The table above also highlights several other socioeconomic indicators which show that Caswell County has had a

consistent pattern of lower income as well as higher rates of poverty and unemployment when compared to the state as a whole. We also have a different distribution of minorities than the state; we have a significantly higher percentage of African Americans and a lower percentage of Hispanics. In addition our Hispanic population is decreasing while it is noticeably increasing elsewhere in the state. It is possible that the Hispanic population in Caswell County is more mobile and follows the jobs and with a higher unemployment rate in Caswell County there is less incentive to live here.



The graph to the right expands the picture of unemployment in Caswell County and NC. It shows that during the last ten years, unemployment in Caswell County has usually been higher than in the rest of NC but during the recovery from the recent recession, Caswell County's unemployment rate has come noticeably closer to that of NC. This shows an improving trend but there is still a need for additional progress and recovery.

As the table below indicates, a larger number of children in Caswell County are recipients of Free and Reduced Lunch as compared to the overall state of North Carolina. This is consistent with the income data seen in the table on page 2.

Children In Free And Reduced Lunch		
	Caswell County 2011-2012	North Carolina 2011-2012
Percentage in Free & Reduced Lunch	69.4%	56.0%
<i>Source: NC Department Of Public Instruction</i>		

Caswell County reports most crimes at a lower rate than compared to North Carolina as seen in the tables below. "Index" refers to the total of several offenses that were chosen nationally to serve as an Index for gauging fluctuations in the overall volume and rate of crime. This is known collectively as the Crime Index, and these offenses included the violent crimes of murder and non-negligent

manslaughter, forcible rape, robbery, and aggravated assault and in addition includes the property crimes of burglary, larceny, and motor vehicle theft. By congressional mandate, arson was added as the eighth Index offense in 1979.

Comparison Of Crime Rates In Caswell County And North Carolina
(Highlighted Cells Indicate Caswell County Rate Is Higher Than NC Rate)

Year	Index		Violent		Property		Murder		Rape		Robbery	
	CC	NC	CC	NC	CC	NC	CC	NC	CC	NC	CC	NC
2003	2,065.9	4,728.5	236.1	456.3	1,829.8	4,272.2	12.6	6.2	21.1	25.3	21.1	146.7
2004	1,951.9	4,638.7	248.7	460.6	1,703.2	4,178.0	NA	6.3	29.5	27.6	4.2	139.2
2005	2,420.8	4,622.4	363.3	478.5	2,057.5	4,143.9	12.7	6.8	12.7	26.8	38.0	148.8
2006	2,529.6	4,654.4	416.7	483.5	2,112.9	4,170.9	NA	6.3	37.9	28.2	58.9	155.3
2007	2,366.8	4,658.6	247.9	480.5	2,118.9	4,178.1	14.0	7.0	32.7	26.8	32.7	154.6
2008	2,169.6	4,580.1	211.3	477.0	1,958.3	4,103.1	18.8	6.8	14.1	25.2	37.6	158.9
2009	NA	4,190.8	NA	417.2	NA	3,773.6	NA	5.5	NA	25.1	NA	130.2
2010	2,384.3	3,955.2	207.9	373.9	2,176.4	3,581.3	4.2	5.1	8.5	21.4	21.2	105.0
2011	2,432.8	3,942.2	236.5	356.6	2,196.3	3,585.6	NA	5.3	12.7	20.8	21.1	101.2
2012	2,477.4	3,767.2	262.1	358.6	2,215.3	3,408.6	8.5	5.1	33.8	20.6	16.9	98.2

Source: NC Department of Justice

While the "Index", "Violent" and "Property" crime rates are significantly lower in Caswell County than in the rest of the state, these rates have increased by 10% to 20% over the last ten years. In North Carolina as a whole, during the same time period, the same rates have declined by about 20%. Under the categories of

Murder, Rape, Assault and Arson, several years of data show that the crime rate in Caswell County was higher than in the rest of North Carolina. This is not consistent with the rates in most of the other years so are probably

Comparison Of Crime Rates In Caswell County And North Carolina (continued)
(Highlighted Cells Indicate Caswell County Rate Is Higher Than NC Rate)

Year	Assault		Burglary		Larceny		MV Theft		Arson	
	CC	NC	CC	NC	CC	NC	CC	NC	CC	NC
2003	181.3	278.1	830.6	1,189.7	830.6	2,760.3	168.6	322.2	16.9	23.0
2004	215.0	287.6	674.5	1,188.9	881.1	2,662.4	147.6	326.8	33.7	24.2
2005	300.0	296.0	777.4	1,220.4	1,111.1	2,588.0	169.0	335.4	NA	25.9
2006	319.9	293.7	749.2	1,230.1	1,199.5	2,594.4	164.1	346.4	8.4	25.5
2007	168.4	292.1	940.2	1,229.9	1,047.8	2,631.9	131.0	316.4	14.0	26.4
2008	140.9	286.1	732.6	1,232.9	1,113.0	2,574.4	112.7	295.8	9.4	24.8
2009	NA	256.4	NA	1,188.0	NA	2,365.6	NA	220.0	NA	22.5
2010	173.9	242.3	848.5	1,125.9	1,251.5	2,262.8	76.4	192.6	29.7	20.6
2011	202.7	229.3	777.2	1,119.3	1,334.7	2,288.3	84.5	178.0	21.1	18.9
2012	202.9	234.7	913.2	1,030.4	1,230.2	2,210.5	71.9	167.6	29.6	19.2

Source: NC Department of Justice

due to the small population and number of crimes in Caswell County that can lead to a large variation in rates with only a small change in actual numbers of crimes.

In addition to this socioeconomic and demographic data discussed above, the leading causes of death provide another measure of the health of a county. Data from a five year period is provided to increase

Top Ten Unadjusted Death Rates Per 100,000 (2007-2011) With Rank				
Cause of Death	Caswell County		NC	
Heart Disease	(1)	253.1	(2)	183.6
Cancer	(2)	228.2	(1)	188.8
Chronic Lower Respiratory Disease	(3)	54.9	(3)	47.5
Unintentional Injuries	(4)	42.9	(5)	29.4
Cerebrovascular Disease	(5)	41.2	(4)	46.4
Alzheimer's Disease	(6)	35.2	(6)	28.5
Diabetes	(7)	31.7	(7)	22.9
Motor Vehicle Injuries	(8)	28.3	(10)	15.6
Kidney Disease	(9)	22.3	(8)	18.9
Pneumonia and Influenza	(10)	18.9	(9)	18.0
Total Deaths All Causes		1,052.8		827.8

Source: NC State Center for Health Statistics

statistical reliability of the figures and the data for the state of North Carolina is included for comparison purposes in the adjacent table. In nine out of the top ten causes of death, Caswell County has a higher death rate when compared to North Carolina and the total death rate from all causes is significantly higher in Caswell County. Cerebrovascular Disease is the only cause of death where the rate in Caswell County is lower than the rate in North Carolina. The top ten causes of death are the same in both

Caswell County and North Carolina, only the order is different. Motor Vehicle Injuries show the greatest difference in order with a ranking of 8 in Caswell County and 10 in North Carolina.

Factors that may be behind this higher death rate could be a lack of access to health care in Caswell County. There is no hospital here and according to the "North Carolina Health Professions 2011 Data Book" from UNC's Cecil G. Sheps Center for Health Services Research, Caswell County has 5.1 physicians per 10,000 population while the rate for North Carolina is 22.1. This same paucity of health care providers carries over to dentists, nurses and pharmacists. As with many other services, residents of Caswell County must leave the county to find a wide selection of health care services and when combined with the lack of easily accessible public transportation, many residents may choose to delay needed health care.

ENVIRONMENTAL HEALTH UPDATE *Donnie Powell, REHS (Program Supervisor)*

Water Quality Program

Since January 2013, Caswell County Environmental Health department has tested 47 water samples for chemical contaminants (naturally occurring inorganic compounds) and 11 of these did not meet North Carolina minimum water quality standards and seventy six percent (76.6%) fell inside the state recommended guidelines. Of the remaining 23.4% that did not meet the state's quality standards, the most common outliers

showed high levels of iron and manganese. These compounds, even at slightly elevated levels do not normally pose any substantial health risk. Ten samples were also tested for organic compounds (pesticides and petroleum). Of those ten samples only one sample showed the presence of two contaminants (1,2 Dichloropropane and 1,2 Dibromoethane[EDB]). By way of comparison, in 2012, Caswell County Environmental Health tested 53 water samples for chemical contaminants. Of the samples, 51% fell within the state recommendations and the most common outliers were also iron and manganese.

During 2013, the program collected 99 samples that were tested for bacteriological contaminants. Of these samples, 74.7% were clean and 25.3% (25 samples) tested positive for coliform bacteria. In most cases, coliforms themselves do not cause sickness, but they are easy to culture and their presence is used to indicate that other pathogenic organisms of fecal origin may be present. Of the 25 samples that tested positive for coliforms, only three also tested positive for fecal coliform. In 2012, Caswell County Environmental Health collected 114 samples to test for bacteriological contaminants, 75% were clean and 25% tested positive for coliform bacteria, with three going on to test positive for fecal coliform.

No trends can be detected by microbiological or chemical sample results.

Restaurants and Facilities in Caswell

Since January 1, 2013, Environmental Health has completed a total of 110 inspections at restaurants and facilities such as Day Cares, Residential Care Homes, Camps, Lodging places and Swimming Pools. Of the inspections completed all but 2 produced grades of “A” or “Approved” status. The 2 outliers received grades of “B”. In addition there were follow-up inspections that were conducted to obtain clean water samples at 5 different facilities during this period. The Department also conducted follow-up visits at restaurants to insure that any critical or “priority” items that were out of compliance had been corrected. Our department re-permitted three establishments, permitted two new push-carts and two establishments closed since January 1, 2013.

On September 1, 2012 North Carolina adopted the FDA Food Code. Our Department, like others across the state, has been given the task of implementing this new Food Code in our Restaurants. The new rules will be phased in over the next several years and will not reach full implementation until January 1, 2019. The NC Food Code inspection process in Caswell County has gone well, but there was a steep learning curve for both inspectors and establishments. We have worked closely with our regional staff to implement these new rules in a fair and educational way. Our early inspections were called Educational Intervention visits. These inspections proved to be very time consuming, but allowed our staff to interact with establishments both as regulators and educators.

Childhood Lead Investigations

There have been no lead investigations conducted in 2013 to date.

CASWELL COUNTY COMMUNICABLE DISEASE DATA Denise Wilkins, RN

Communicable disease rates provide an important insight into the health of a population. Caswell County investigates and records communicable disease classified as “reportable” by the state. As stated previously in this report, the population of Caswell County is small (estimated 23,764 people) which weakens the statistical accuracy and confidence. A listing of the reported communicable disease from November 1, 2012 to October 31, 2013 is provided in the adjacent table and is listed in the column labeled “2013”. As a point of reference, data collected from November 1, 2011 to October 31, 2012 is provided and is labeled as “2012”. There do not appear to be any significant trends in the incidence of these infections in Caswell County.

Communicable Disease In Caswell County		
Disease	2012	2013
Chlamydia	79	64
Gonorrhea	23	27
Syphilis (early)	0	3
HIV	2	2
AIDS	0	1
Hepatitis B	1	0
Tuberculosis	1	2
Pertussis	0	2
Salmonella	4	6
Escherichia coli	0	1
Campylobacter	0	1
Erlichia	1	1
Rabies	2	6
Rocky Mtn Spotted Fever	7**	6**
Lyme's Disease	1**	0

** probable/not confirmed

The NC Community Transformation Grant Project is funded by the Centers for Disease Control Community Transformation Grants Program. It supports public health efforts to reduce preventable chronic diseases by decreasing tobacco use, increasing physical activity, improving nutrition and increasing access to evidence-based clinical preventive services. The aim of the project is to create equal access to healthy living opportunities for all North Carolinians, including racial and ethnic minorities, those of low socioeconomic status, and individuals living in rural North Carolina.

Under the project, North Carolina counties were divided into multi-county regions. Caswell County has collaborated with Region 5, which also includes Alamance, Chatham, Durham, Guilford, Orange, Person and Rockingham counties. Starting in 2012, and moving through the five year grant, the Region will work together to plan activities and share experiences.

Caswell County Objectives And Successes To Date Include:

Objective 1: Increase the number of governmental grounds, including parks and recreational areas, that are smoke-free or tobacco-free.

Success – At the October 2013, Caswell County Board of Health Meeting a 10 ft. smoke-free perimeter policy on Health Department grounds was adopted. A public hearing will take place at the November 2013, Caswell County Board of Health Meeting and then the rule will proceed to the county commissioners for their consideration.

Objective 2: Increase the number of people with access to physical activity opportunities through joint use agreements and/or comprehensive land use plans.

Success – An informal assessment of potential joint use sites has been conducted and the information will be used to reach out to community members and organizational leaders to adopt and implement formal joint use agreements to improve access to physical activity opportunities. In addition, a comprehensive land use plan for Caswell County is being developed by the Piedmont Triad Regional Council. CTG Project staff is serving on a steering committee to plan community engagement to solicit feedback on the comprehensive land use plan.

Objective 3: Enhance or develop new farmers' markets, mobile markets, farm stands and community supported agricultural programs.

Success – Two farmers' market locations have been enhanced and/or established with the CTG Project. Both the Yanceyville Farm and Flea Market and Cedar Ridge Farm and Landscape have received various supplies to improve their markets. Such supplies include: signage, paint, drip irrigation system, produce baskets, coolers, cooking equipment, scales, adverting and marketing. Both markets have held grand openings/cooking demonstrations. Two fruits and vegetable inventories have also been conducted in Caswell County to determine access to fresh produce. In addition, a survey was conducted among residents and found that they don't know where to buy fresh fruits and vegetables and they don't know what to do with it once they have it. This information helped in the development of the Caswell County Local Foods Directory. The Caswell County Local Foods Coalition was formed in January 2012, and assisted with the above activities in addition to organizing and recognizing Foods Day with week-long activities at Bartlett Yancey High School.



Objective 4: Increase the number of community organizations offering support for individuals identified with high blood/cholesterol and tobacco use.

Success – The state of North Carolina continues to work with Area Health Education Centers and selected clinics to offer support for individuals identified with high blood/cholesterol and tobacco use. Health resources/classes that are offered in Caswell County are shared with appropriate Area Health Education staff.

According to the 2011 Caswell County Community Health Assessment, between 2005-2009 there were 19 deaths in Caswell County from prostate cancer. Five of these deaths occurred in white men and 14 were African American. In an effort to address this disparity, the Carolina Community Network Center to Reduce Cancer Health Disparities (CCN II) equipped fifteen African American men and women through training, education and research as Prostate Cancer Ambassadors for Caswell County. The Ambassadors participated in a two day training and received education on the role of an Ambassador (lay health advisor), public health trends in prostate cancer, the anatomy and physiology of the prostate and practiced responding accurately to community inquiries about prostate cancer. Utilizing information and resources obtained from the training, the Ambassadors provide outreach and education through churches, the workplace, community agencies and other venues in the Caswell community.

In 2012, the US Preventive Service Task Force issued new prostate cancer screening guidelines based on research findings documenting the uncertainty of the benefits of the PSA screening regardless of age or race. The recommendation sparked debates in the medical community and in light of the prostate cancer death disparity, posed a quandary in the African American community. CCN II responded by developing a prostate cancer screening informed decision making toolkit for lay health advisors in the African American community. Feedback from the Ambassadors was integral in the development of the toolkit. Through a series of listening sessions, the Ambassadors offered recommendations regarding the toolkit components based on their outreach and education experiences. Their feedback combined with feedback from others throughout the state including African American prostate cancer survivors and their loved ones resulted in the development of the Prostate Cancer Informed Decision Making Toolkit. The toolkit is comprised of a PowerPoint presentation, a tabletop flip chart of the presentation slides and a wallet card of key information from the slides. Prostate Cancer Ambassadors of Caswell County have received training on the updated information regarding prostate cancer screening informed decision making and use of the toolkit and have committed to continue to engage in prostate cancer education and outreach efforts using the tool kits throughout the Caswell community.

COUNTY HEALTH RANKINGS

County Health Rankings for Caswell County (out of 100 NC Counties)			
	2011	2012	2013
HEALTH OUTCOMES			
Mortality	67	72	57
Morbidity	55	56	35
HEALTH FACTORS			
Health Behaviors	74	82	76
Clinical Care	81	82	64
Social & Economic Factors	90	83	45
Physical Environment	22	61	43
	78	79	69
	63	38	97

Note: Ranking of 1 most desirable and ranking of 100 least desirable.

The University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation publish *County Health Rankings* each year. These health rankings provide insight into the population health within states using health outcomes and health factors to determine the rank numbers. Mortality and

morbidity data comprises *Health Outcome* data; health behaviors, clinical care, social and economic factors and physical environment comprise *Health Factors* data. *Health Behavior* data includes information such as adult smoking, obesity, excessive drinking, motor vehicle crash deaths, sexually transmitted infections and teen births. *Clinical Care* data contains data on uninsured status, primary care physician and dentist ratios, preventable hospital stays and diabetic and mammography screenings. Education level and employment status, children in poverty and social support factors guide the *Social and Economic Factors* ranking. *Physical Environment* rankings are based upon air and water quality data as well as built environment factors, like access to healthy foods and fast food.

Again, since Caswell County has a small population, these rankings can vary greatly from year to year, which reduces the reliability of the data. The health rankings data is provided in the table above and includes data for the years 2011-2013 for comparison purposes.

PROGRESS ON PRIORITY HEALTH OBJECTIVES

In 2011, Caswell County's Health Assessment identified and ranked four priority health objective areas. The ranked priority areas are obesity, hypertension, mental health services, and health education. In the last two years, some progress has been made in addressing some of these issues, however, Caswell County still faces difficulties in making progress in all four areas.

Obesity: Obesity continues to present a major source of concern for the population of Caswell County. In order to address obesity, the health department obtained funding for and hired a health educator to work on childhood obesity issues in Caswell County.

Related to child health and obesity, all of the Caswell County Schools have school gardens that help to increase awareness of and access to nutritious produce, which provides an important part of the diet of all ages. A team of UNC graduate students is working on another project geared towards addressing nutrition and access to produce in Caswell County. This group of public health graduate students is researching ways to enhance access to fresh, locally grown fruits and vegetables in the county.

Unfortunately during 2013, there was no further work completed on expanding and constructing walking trails in Caswell County. The County's Parks and Recreation gym remains without air conditioning. The lack of air conditioning renders this facility nearly unusable for the many warm months of the year. The Parks and Recreation gym still offers weekly Zumba® classes on a fee basis to participants.

Virginia Tech had applied to receive additional NIH funding related to obesity, but ultimately did not receive the funding. Virginia Tech continues to be involved in the Dan River Region and the fight against obesity. Hopefully, future opportunities for successful funding will present for further work related to the health of Caswell County and the Dan River Region.

Hypertension: The Community Health Assessment identified hypertension as an area of need for improvement in Caswell County. Unfortunately, due to budgetary constraints and lack of resources on both the county and state levels, little progress has been made in this area. In order to address clinical accuracy of blood pressure readings, the QI Specialist attended a blood pressure accuracy measurement class in the spring of 2013. During the Annual Competency Evaluation Day, clinic nurses received additional training on obtaining accurate blood pressure readings.

Mental Health: Currently, Caswell County does not have a local source for mental health services. Caswell County has joined Cardinal Mental Health, a regional mental health service provider. Cardinal Mental Health serves Medicaid patients only, leaving a large number of individuals unable to access mental health services in Caswell County, particularly since North Carolina has not expanded Medicaid. Caswell Family Medical Center (CFMC) investigated tele-health mental health services, but ultimately decided against provision of these services in that format due to liability concerns. Caswell Family Medical Center continues to seek a mental health service provider interested in renting an office space in the clinic setting.

Health Education: In July 2013, Caswell County Health Department hired a health educator. The health educator is responsible for health education, especially as it relates to childhood obesity. In addition to health education, the health educator also serves as the public health emergency preparedness coordinator for Caswell County Health Department. The regional Community Transformation Grant staff continue to be involved as needed with health education in Caswell County.

Caswell County Health Department Mission Statement

The mission of the Caswell County Health Department is to protect the health and welfare of Caswell County citizens and to meet the county's health needs through direct services, assessment and evaluation, and community partnerships.

We hold the following core values to fulfill this mission:

- **Health Promotion** We emphasize the importance of healthy lifestyles and behaviors that lead to an enhanced quality of life and lower health risk.
- **Prevention** We act promptly to prevent the spread of communicable diseases and to lower risk factors that lead to chronic disease.
- **Sanitation** We work to ensure food safety, clean drinking water, clean air and a safe environment.
- **Partnerships** We cooperate with community, state and national partners to meet the needs of the citizens.
- **Quality** We strive to meet the highest standards of quality as we provide services to our citizens.

Caswell County Board of Health

Andrew Foster, Pharm. D., R.Ph – Chair
Elin Armeau-Claggett, PA-C, PhD – Vice Chair
Carl Carroll, REHS
Cecil Page
Donald Fuller, DVM
Keisha King
Nate Hall
Ricky McVey
Rose Satterfield, DMD
Sharon Kupit

Health Director: Frederick E. Moore, MD



Caswell County Health Department

189 County Park Road, PO Box 1238
Yanceyville, North Carolina 27379

Phone: 336-694-4129

Fax: 336-694-7030

Website: www.cchd.caswellnc.us

Get Involved !

In the coming year there will be various opportunities to become involved in projects targeting the priority issues. If you would like to volunteer to be a part of the efforts mentioned in this report, please call.