



Caswell County

2014 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.

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MESSAGE FROM HEALTH DIRECTOR

2014 was a busy year in Caswell County and 2015 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 and the rest of the state and nation have been working their way through a difficult economic situation over the last six years but there are strong signs that we may have turned the economic corner. In November, the unemployment rate in Caswell County had fallen to pre-recession levels (5.6%). 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. Despite its flaws, the goal of the ACA is to enable more people to obtain health insurance. The Health Department has worked with Caswell Family Medical Center to make the ACA Navigator Program accessible to Health Department clients. In addition we are working to adjust our ability to provide clinical services in a way that will make use of the changes brought about by the ACA. With North Carolina opting not to expand Medicaid, about half of our clients continue to be uninsured so the impact of the ACA on our clinic has been modest so far.

Caswell County was hit with a potential environmental crisis about a year ago when there was a large spill of coal ash into the Dan River. While the actual spill happened in a neighboring county, the Dan River passes through a dozen or more miles of Caswell County. While the long term impact of the spill may not be known for years, this event provided an opportunity for the private and public sectors to work together in the face of a crisis. Another crisis that thankfully bypassed Caswell County for the most part was the Ebola scare. We have not had a single Ebola exposed person in Caswell County but we were able to coordinate with Emergency Management, Caswell Family Medical Center, Prospect Hill Community Health Center, Duke Hospital, the Caswell County School System and Piedmont Community College to plan how we would handle an exposure case should it happen.

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, Caswell County Health Director

SOCIOECONOMIC AND DEMOGRAPHIC FACTORS

An assortment 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 can also be a source of stress for many individuals and populations. For comparison purposes, the SOTCH provides data from the US Census Bureau for both Caswell County and the state of North Carolina. Since the population of Caswell County is small, multiple years have been grouped to provide enhanced statistical reliability. Some of these groups contain years that overlap with other groups, but they still serve to show statistical trends. In fact, the small population often causes reports from the North Carolina State Center for Health Statistics to be not applicable or non-reportable to the population of Caswell County.

Selected Demographic And Socioeconomic Indicators						
	Caswell County			North Carolina		
	2005-2007	2007-2011	2009-2013	2005-2007	2007-2011	2009-2013
Population						
Total Population	23,332	23,764	23,217	8,869,861	9,418,736	9,651,380
Persons Per Square Mile	54.9	55.9	55.2	182.4	193.7	198.5
<i>Land Area: Caswell County = 424.92 sq miles; NC = 48,617.91 sq miles</i>						
Ethnicity						
White, Non-Hispanic	64.3%	62.5%	62.6%	71.5%	69.7%	69.7%
Black, Non-Hispanic	34.6%	33.9%	33.5%	21.6%	21.4%	21.4%
Hispanic	2.4%	3.2%	3.3%	6.7%	8.1%	8.5%
Income						
Per Capita Income	16,924	17,643	17,965	23,767	25,256	25,284
Median Household Income	36,644	37,926	35,315	43,867	46,291	46,334
Mean Household Income	42,073	45,078	44,954	59,141	63,298	63,707
Unemployment	5.8%	14.3%	14.0%	4.4%	9.7%	11.1%
Percentage Of People Who Report Income Below Federal Poverty Level (FPL)						
All people	17.4%	20.5%	22.6%	14.8%	16.1%	17.5%
Under age 18	26.0%	33.9%	33.8%	20.5%	22.6%	24.9%
Age 65+	18.5%	16.8%	16.3%	11.4%	10.3%	10.0%
Sources: American Community Survey 2005-2007, US Census Bureau, American Community Survey 2007-2011, US Census Bureau, US Census Bureau State & County QuickFacts 2009-2013 US Census Bureau, American Community Survey						

These figures show a lack of significant 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 age distribution of Caswell County residents shows a significantly older population than is seen in the US and North Carolina figures. The percent of the population in Caswell County that is younger than 5 years old is less than in the US and North Carolina. These two figures

Median Age 2009-2013	
Caswell County	North Carolina
43.8	37.6
<i>Source: US Census Bureau, American Community Survey</i>	

Age Distribution						
	US		NC		Caswell	
Age	2010	2013	2010	2013	2010	2013
< 5 yr	6.50%	6.30%	6.60%	6.20%	5.00%	4.80%
< 18 yr	24.00%	23.30%	23.90%	23.20%	20.60%	19.30%
≥ 65 yr	13.00%	14.10%	12.90%	14.30%	15.80%	18.70%

Source: US Census Bureau

may point to an even older population in Caswell County in the future. 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. Caswell County has a different distribution of minorities than the state as a whole with a significantly higher percentage of African

Americans and a lower percentage of Hispanics. In addition the percent of the population that is Hispanic is remaining steady in Caswell County while it is noticeably increasing elsewhere in the state. A possible explanation for this is that the Hispanic population in Caswell County may be more mobile and move to where the jobs are. With the higher unemployment rate in Caswell County there is less incentive to move here.

Children In Free And Reduced Lunch		
	Caswell County 2011-2012	North Carolina 2011-2012
Percentage in Free & Reduced Lunch	70.04	56.14%
Source: NC Department Of Public Instruction		

As the table to the right indicates, a greater number of children in Caswell County are recipients of "Free and Reduced Lunch" as compared to the percentage in the state of North Carolina as a whole. This is consistent with the income data seen in the demographic table above.

Caswell County reports most crimes at a lower rate than the state of North Carolina as a whole, 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 include the violent crimes of murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault and in addition includes the property crimes of arson, burglary, larceny, and motor vehicle theft.

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	2,502.7	3,767.2	262.1	358.6	2,240.6	3,411.7	8.5	5.2	33.8	20.6	16.9	98.2
2013	2,122.5	3,506.2	191.0	339.5	1,931.5	3,166.6	8.5	5.0	12.7	18.5	17.0	96.4

Source: NC Department of Justice

While the "Index" crime rate is significantly lower in Caswell County than in the rest of the state, this rate has increased almost 3% in Caswell County while the rate in North Carolina has dropped about 25%. Under the categories of Murder, and Rape, 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 and so it is probably due to the small population and number of crimes in Caswell County. These low numbers decrease statistical reliability and can lead to a large variation in rates despite only a small change in actual numbers of crimes.

MAJOR MORBIDITY AND MORTALITY DATA

Due to the small population size, data from a five year period is provided to increase statistical reliability of the figures and the data for the state of North Carolina is included for comparison purposes in the adjacent column. 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 for Caswell County is lower than the rate for North Carolina. The top ten causes of death are the

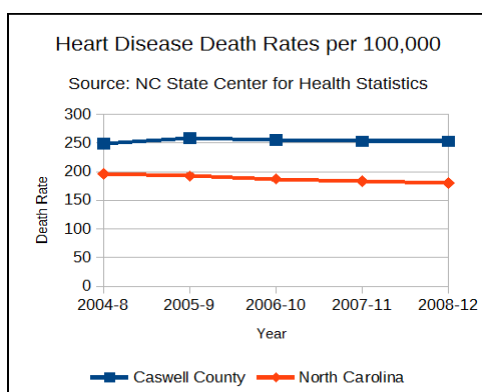
Top Ten Unadjusted Death Rates Per 100,000 (2008-2012) With Rank				
Cause of Death	Caswell County		NC	
Heart Disease	(1)	253.1	(2)	180.1
Cancer	(2)	248.0	(1)	187.7
Chronic Lower Respiratory Disease	(3)	64.3	(3)	48.0
Unintentional Injuries	(4)	44.9	(5)	29.7
Cerebrovascular Disease	(5)	40.6	(4)	45.7
Alzheimer's Disease	(6)	38.9	(6)	28.8
Diabetes	(7)	38.8	(7)	23.0
Kidney Disease	(8)	24.5	(10)	14.4
Motor Vehicle Injuries	(9)	22.9	(8)	18.4
Pneumonia and Influenza	(10)	19.5	(9)	18.3
Total Death Rate All Causes	1,087.8		826.2	
Source: NC State Center for Health Statistics				

same in both Caswell County and North Carolina, only the order is different. From 2011-2013 the life expectancy at birth in Caswell County was 76.3 years compared to 78.2 in North Carolina as a whole.

Factors that may be behind this higher death rate could be related to the higher percentage of minorities in the county and our older and poorer population on top of the decreased access to health care in Caswell County. There is no hospital here and according to the “North Carolina Health Professions 2012 Data Book” from UNC's Cecil G. Sheps Center for Health Services Research, Caswell County has 4.3 physicians per 10,000 population while the rate for North Carolina as a whole is 22.3. 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.

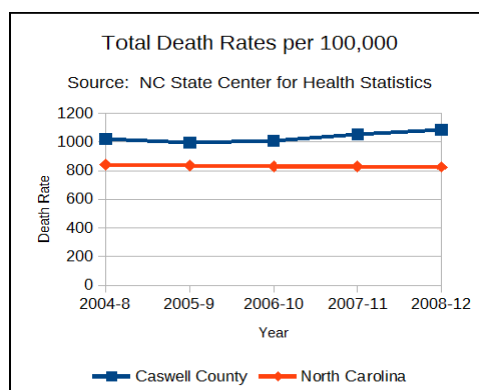
Trends in Death Rates

As discussed previously, the top five causes of death in Caswell County and North Carolina are heart disease, cancer, chronic lower respiratory disease, unintentional injuries, and cerebrovascular disease. Caswell County and North Carolina are compared to assess how Caswell County measures up as compared to the rest of the state. Providing rates for several year periods increases statistical reliability due to the county's small population size. These grouped periods are 2004-08, 2005-09, 2006-10, 2007-11, and 2008-12. Total death rates are also provided for comparison purposes.



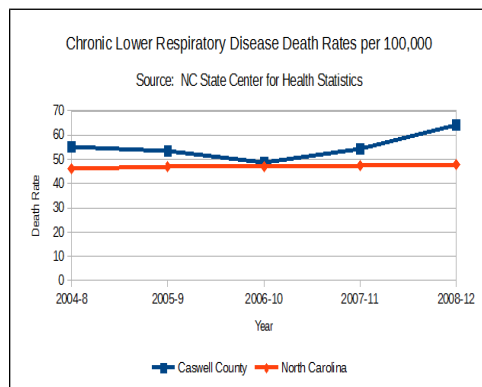
Total Deaths

Total deaths rates for the last five reporting periods show a slight decrease for the state of North Carolina, while the rates in Caswell County appear to be steadily increasing after a slight decline in the 2005-09 reporting period.



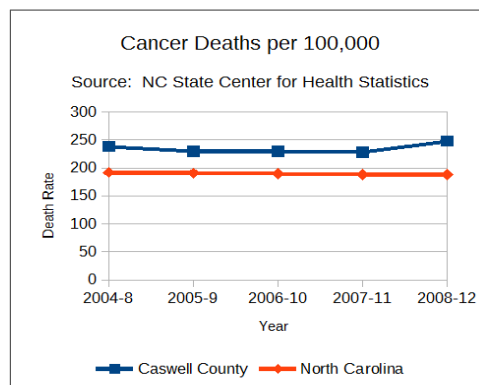
Heart Disease

The rates for heart disease deaths in Caswell County have remained fairly stable across the last five reporting periods. In this same time frame, heart disease rates for the state of North Carolina show slight but consistent decrease.



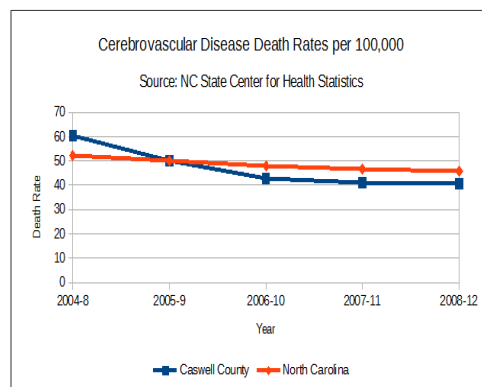
Cancer

Cancer death rates remain consistently higher in Caswell County as compared to the rates of North Carolina.



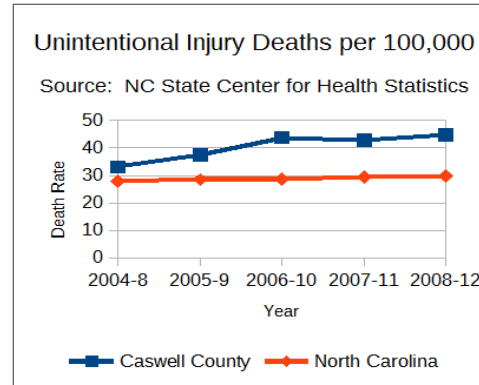
Chronic Lower Respiratory Disease

In the most recent two reporting periods, chronic lower respiratory disease death rates have increased at a much higher rate in Caswell County as compared to the state.



Unintentional Injuries

The most recent reporting periods indicate an increase in unintentional injury deaths in Caswell County, while the rates remain stable for the state of North



Carolina. As with other statistics for Caswell County, this rate change may be due to the small sample size.

Cerebrovascular Disease

Caswell County cerebrovascular disease rates appear to have decreased from a high in the 2004-2008 reporting period. These rates in the last few reporting periods have been lower than the state. However, this may be due to the relatively low death rate number and small population size in Caswell County which lowers the statistical reliability of these numbers.

Chronic Disease Incidence

Numerous factors contribute to the health disparity described above. Some of these factors include reduced access to care, lower socioeconomic status, and advanced age of Caswell County as compared to

North Carolina. The table on the right shows that Caswell County has an older population than North Carolina as a whole and with an older population comes more chronic disease.

2007-2011 Cancer Incidence Rates per 100,000					
	Colon Rectum	Lung/ Bronchus	Female Breast	Prostate	All Cancers
Caswell County	52.2	83.3	168.0	174.7	535.0
North Carolina	41.5	73.3	157.2	150.4	496.1

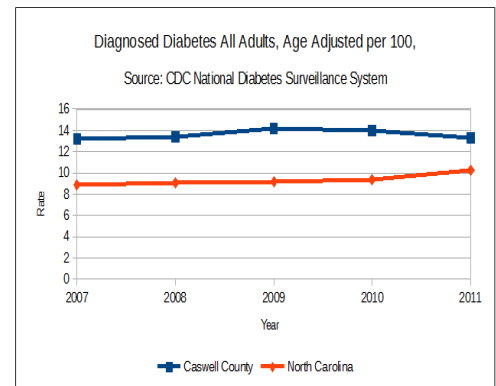
Source: NC State Center for Health Statistic

Cancer

As demonstrated in the above table, Caswell County reports higher incidence rates of all cancers as compared to the state of North Carolina. This may be attributed to lack of access to care (including lack of a hospital), higher median age, and socioeconomic factors.

Diabetes

The graph to the right illustrates that diagnosed diabetes rates have remained fairly stable in Caswell County. The rates for North Carolina appear to have increased slightly from year 2010 to year 2011. However, the rates in Caswell County are consistently higher than that of the state as a whole, but due to small population size, caution should be exercised due to the possibility of reduced statistical reliability.



Total Pregnancy Rates per 1,000 population for 2009-13		
	Caswell County	North Carolina
Age 15-17	18.3	22.7
Age 15-19	37.9	44.9
Age 15-44	66.3	74.3

Source: North Carolina State Center for Health Statistics

Infant Deaths per 1,000 Live Births, 2009-13			
	1997-2001	2002-2006	2007-2011
Caswell County	17.1	6.7	15.2
North Carolina	8.9	8.4	7.8

Source: North Carolina State Center for Health Statistics

Birth Indicators

For the 2009-2013

reporting period, Caswell County reports a slightly lower rate of pregnancy for all ages as compared to that of the state. These numbers may be impacted by the small population size and higher median age of the county's population.

Infant mortality rates are used as one indicator of the health of a population. Due to the small population size of Caswell County, this statistic often fluctuates and has a reduced reliability when compared to larger populations. Due

to this fluctuation and lack of reliability, it is difficult to compare Caswell County to the rest of the state. The 2007-2011 data set is the most recent data available for the county. However, despite this potential statistical unreliability, the infant mortality rate appears to be measurably higher than the figures for North Carolina. Access to health care, poverty and a higher percentage of minorities are probably behind these unsettling death rates.

ENVIRONMENTAL HEALTH UPDATE

Water Quality Program

In 2014, The Environmental Health Department has tested 86 water samples for chemical contaminants (naturally occurring inorganic compounds) and 25 (29%) did not meet NC minimum quality standards. Seventy-one percent fell inside the state recommended guidelines. Of the 29% that did not meet the states quality standards, the most common outliers were Iron and Manganese. These compounds, even at slightly elevated levels do not normally pose a substantial health risk.

Likewise, 116 samples were collected to test for bacteriological contaminants. 75% of the samples were clean. 29 samples (25%) 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 29 samples that tested positive for coliforms, only 3 then tested positive for fecal coliform.

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

Restaurants and Facilities in Caswell

For 2014, Environmental Health has completed 202 total inspections at restaurants and other facilities, which include but are not limited to Day Cares, Residential Care Homes, Camps, Lodging places, and Swimming Pools. Of the inspections completed all but 4 produced grades of “A” or “Approved” status. The 4 outliers received grades of “B”. The Department also conducts follow-up visits to Restaurants to insure that any critical or “priority” items that were out of compliance have been corrected.

Childhood Lead Investigations

There were no lead investigations conducted in 2014.

CASWELL COUNTY COMMUNICABLE DISEASE DATA

Communicable Disease In Caswell County			
Disease	2012	2013	2014
Chlamydia	79	64	71
Gonorrhea	23	27	25
Syphilis (early)	0	3	N/A
HIV	2	2	N/A
AIDS	0	1	N/A
Hepatitis B	1	0	2
Tuberculosis	1	2	1
Pertussis	0	2	0 (1**)
Salmonella	4	6	1
Escherichia coli	0	1	5
Campylobacter	0	1	0
Ehrlichia	1	1	4
Rabies (non-human)	2	6	1
Rocky Mtn Spotted Fever	7**	6**	3 (1***)
Lyme's Disease	1**	0	0
Streptococcus Group A	0	0	1
Source: Caswell County Health Department			
Probable/not confirmed *inconclusive			

Communicable disease statistics provide an important look at the health of a population. Caswell County records and reports necessary data regarding communicable disease findings. As stated previously, the population of Caswell County is small (estimated 23,462 people) which weakens statistical accuracy and confidence. A listing of the reported communicable disease occurrences from November 1, 2013 to December 31, 2014 is labeled as “2014.” As a point of reference, data collected from November 1, 2012 to October 31, 2013 is provided below and labeled as “2013” and data collected from November 1, 2011 to October 31, 2012 is provided and labeled as “2012.”

Rates of primary and secondary syphilis, gonorrhea, chlamydia, HIV and AIDS are all lower in Caswell County as compared to the rest of the state. This may be due to a less fluid population as compared to many other areas of the state. Another factor could be that exposed and/or infected persons do not seek care or diagnosis. The small population size reduces statistical reliability of these numbers.

Rates Of Primary And Secondary Syphilis Cases Per 100,000 By Year					
	2009	2010	2011	2012	2013
Caswell County	0	4.2	4.2	0	0
North Carolina	5.7	4.1	4.1	3.4	4.3
Rates Of Gonorrhea Cases Per 100, 000 By Year					
Caswell County	121.7	130.7	93.4	86.1	124.9
North Carolina	157.9	148.0	177.8	146.9	140.1
Rates Of Chlamydia Cases Per 100, 000 By Year					
Caswell County	382.5	362.6	314.2	348.9	280.0
North Carolina	466.2	441.1	558.0	519.1	496.5
Source: NC Communicable Disease Branch					

Rates of HIV Cases per 100,000 by year				
	2011	2012	2013	2011-13 Ave.
Caswell County	4.2	8.6	12.9	8.6
North Carolina	15.4	13.8	15.6	15.0
Rates of AIDS Cases per 100,000 by year				
Caswell County	4.2	0	4.3	2.9
North Carolina	8.4	8.1	9.2	8.6
Source: NC Communicable Disease Branch				

COMMUNITY TRANSFORMATION GRANT PROJECT

The NC Community Transformation Grant (CTG) 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 collaborated with Region 5, which also includes Alamance, Chatham, Durham, Guilford, Orange, Person and Rockingham counties. This CTG project started in 2012 and the funding ended in 2014. The project had four primary objectives.

Caswell County Objectives And Outcomes

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

Outcome – 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 took place at the November 2013 Caswell County Board of Health Meeting and proceeded to the county commissioners, where the policy was rejected.

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

Outcome – An informal assessment of potential joint use sites has been conducted. However, at this time no formal joint use agreements have been made to improve access to physical activity opportunities. In addition, a comprehensive land use plan for Caswell County was developed by the Piedmont Triad Regional Council. CTG Project staff and local health department staff served on a steering committee to plan community engagement to solicit feedback on the comprehensive land use plan. This plan was passed by both the Caswell County Planning Board and the Caswell County Commissioners in 2014.

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

Outcome – Two fruit and vegetable inventories were conducted in Caswell County to determine access to fresh produce. In addition, a community survey was conducted among residents and found that residents do not know where to buy fresh fruit and vegetables and do not know what to do with them once they have them. This information was used in the development of the Caswell County Local Foods Directory. The Caswell County Local Foods Council was formed in January 2012 and is an ongoing project lead by the Health Department Health Educator with monthly meetings. With the support of the CTG project, four local convenience stores were provided with display racks for fresh produce to enhance produce access among county residents. These four stores are geographically dispersed and in areas of limited shopping options.

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

Outcome – The state of North Carolina worked with Area Health Education Centers and to select clinics to provide support for individuals identified with high blood/cholesterol and tobacco use. Unfortunately, no clinics in Caswell County were identified to receive this support.



PROGRESS ON PRIORITY HEALTH OBJECTIVES

The most recent Community Health Assessment process completed in 2011 identified four priority health objective areas. The ranked priority areas are obesity, hypertension, mental health services, and health education. In the last three 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.

In order to address childhood obesity, the Caswell County Health Department Health Educator has worked with local schools and county 4-H in supporting the mileage clubs in all four elementary schools. Children use pedometers to estimate their mileage and based upon this mileage, children receive educational enhancer items to encourage this healthy behavior. Additionally, regional Active Routes to School staff and the health educator worked with Stoney Creek Elementary School to have the school staff and students participate in International Walk to School Day in October of 2014. This school plans to incorporate more walking at school events in the future. The health department purchased an indoor stationary bike and rower for Stoney Creek Elementary to promote physical activity during inclement weather. The health department paid for improvements to the ball field at Oakwood Elementary School and an outdoor classroom gazebo at South Elementary School. Both of these projects support healthy and active environments.

Related to child health and obesity, all of the Caswell County Schools have school gardens that increase produce knowledge and access. Fresh fruits and vegetables provide an important part of the diet of all ages and many residents are unfamiliar with preparing fresh fruits and vegetables for eating. A team of UNC graduate students, regional Community Transformation Grant staff, and local health department staff researched methods of increasing fresh produce access to Caswell County residents. Based on these efforts, four convenience stores now offer fresh produce. These stores are all located in low food access areas and are all in different areas of the county. In addition to this convenience store project, a small farmer's market was piloted in the town of Milton for 7 weeks in 2014. Hopefully, a farmer's market can be established in the future at a permanent location.

A local non-profit, Get Fit Dan River, held a weight loss challenge of 50,000 pounds for the Dan River Region in the spring of 2014. This challenge was open to individuals and groups who live, learn, work, or worship in the region. The team from Caswell County won the challenge with a total loss of 1,240 pounds.

Unfortunately during 2014, 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 continues to offer weekly Zumba® classes on a fee basis to participants.

Virginia Tech collaborated with the Caswell County Health Department to recruit resident children for the *iChoose* childhood obesity treatment program based in Danville, Virginia. This program provides classes regarding nutrition, healthy choices, and physical activity. The local health department identified 27 children who met study criteria, but ultimately no Caswell children enrolled in the program. Future plans are to expand the reach of the program with a wider recruitment and with hope of securing funding to expand the program to be held at a site in Caswell County.

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:

Caswell Family Medical Center developed a relationship with Cardinal Innovations to provide mental health services in the county. There is now a mental health provider at Caswell Family Medical Center five days a week, Monday through Friday. This is a step in the right direction but more work needs to be done to improve access to mental health services.

Health Education:

Caswell County Health Department has employed a health educator since July of 2013. 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 preparedness coordinator for Caswell County Health Department.

