



# CASWELL COUNTY NORTH CAROLINA

# **COMMUNITY HEALTH ASSESSMENT**

# **2015**



# **Table of Contents**

ACKNOWLEDGMENTS	3
EXECUTIVE SUMMARY	4
SECTION 1: BACKGROUND & PROCESS	4
SECTION 2: COUNTY DESCRIPTION	5
Demographics	6
Economy	7
SECTION 3: HEALTH DATA COLLECTION PROCESS	8
Health Priorities	9
SECTION 4: HEALTH DATA	9
Social and Economic Factors	10
Race and Ethnicity	10
Age of County Residents	10
Insurance Coverage	11
Resident Economic Data	11
Educational Data	13
Food Access	13
Crime Data	14
Environmental Health	14
Water Quality Program	14
Restaurants and Facilities in Caswell	15
Childhood Lead Investigations	15
Dan River Coal Ash Spill	15
Mortality	16
Trends in Death Rates	17
Access to Care	19
Infant Mortality	20
Morbidity	20
Cancer	20
Diabetes	22
Overweight/Obesity	22
Asthma	22
Sexually Transmitted Infections	23
Pregnancies and Births	
SECTION 5: PREVENTION AND HEALTH PROMOTION	
SECTION 6: COMMUNITY PRIORITIES	27
LIST OF APPENDICES	28

#### ACKNOWLEDGMENTS

The 2015 Community Health Assessment process involves the collection, analysis, and dissemination of information about Caswell County's assets, strengths, resources, and needs. This process provides the county with the opportunity to gain valuable insight into the health of its population and examines the health concerns and opportunities of Caswell County residents. The Caswell County Health Department and its partner agencies devoted a great deal of time and energy toward developing a better understanding of our community and its health needs. In addition to partner agencies, Caswell County Health Department appreciates all of the community residents who participated in the CHA process and provided their feedback and insights about the community. A full list of CHA team members and contributions can be found in Appendix A. Caswell County Health Department looks forward continuing to work with stakeholders, residents, and partner agencies to improving the community.

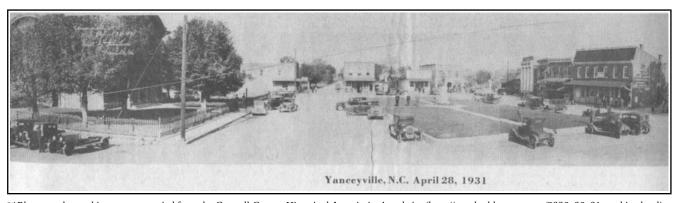
The traditional economic foundations that have provided stability to Caswell County for many years are in the process of changing. As the economy changes the community changes and with these changes the services and programs of our healthcare providers and human service agencies must also change to better meet the needs of our residents. Throughout these changes, the Caswell County Health Department must remain focused on the overall health status of our county. Our goal is to provide a tool that will enable us to have a positive impact on the health of our residents and this Community Health Assessment helps us to focus our collective efforts on the top health concerns and priorities of the community.

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 $**Photographs on this page are copied from the \textit{ Caswell County Historical Association's website (http://ncccha.blogspot.com/2006\_06\_01\_archive.html)}.$ 

# **EXECUTIVE SUMMARY**

The Community Health Assessment (CHA) process is a collaborative process which includes input from a team of community partners, stakeholders and residents. Collaboration and collective input is especially important in Caswell County due to the rural nature and limited resources of the county and this process helped to introduce and sometimes reintroduce community partner representatives and agencies.

The Community Health Assessment team worked to collect both primary and secondary data and compare that information to peer counties, neighboring counties and North Carolina as a whole. The team spent a large amount of their effort collecting primary data through a survey that obtained input from the public about their opinions regarding the health of the community. Residents were surveyed again to identify the health priorities of the community and based on these survey results, feasibility, and meetings with the CHA team, the priority areas were selected. The three priority areas chosen by the group are **obesity, mental health, and substance abuse**.

Caswell County is a rural county of 23,217 residents in the rolling piedmont of north-central North Carolina. As outlined in the later sections of the CHA, Caswell County's population is less racially diverse, poorer, less well educated, and its residents are older than the state as a whole. Along with its peers, Caswell County has had very little population change for decades. Undoubtedly, these factors are interrelated and along with reduced access to healthcare contribute to the poorer health of Caswell County residents as compared to the state as a whole.

It is important to remember for all of the rates of death and disease discussed in this document that the small population size of Caswell County and the small number of events increases the year to year variability of data and decreases the statistical reliability of the reported rates. The top five causes of death for Caswell County, in order, are cancer, heart disease, chronic lower respiratory disease, cerebrovascular disease, and Alzheimer's disease. The death rates of each of these diseases is higher than those reported by state as a whole and often by the peer and neighboring counties.

In addition to death rates, this report also includes information regarding disease rates which are often higher than in the state as a whole. Unfortunately, statistically reliable data is not available on rates of diabetes or overweight/obesity. For sexually transmitted infections, Caswell County reports lower rates than the state. As compared to the state, Caswell County has lower birth rates for both teens and all women of childbearing age categories.

Due to the limited access to health care providers of all specialty and limited health promotion staffing of the Health Department, much of the health promotion work by Caswell County Health Department has focused supporting healthier environments and regional projects that promote health. The Health Department plans to continue to work with the many community partners in serving residents to positively impact the health and wellness of the community, particularly in the priority areas of **obesity, mental health, and substance abuse**. These partners will be included in the next steps of the CHA process, which is to develop an action plan to guide the work around these priority areas. The health department encourages and welcomes input from the community in this process.

#### SECTION 1: BACKGROUND & PROCESS

The goal of the Caswell County's Community Health Assessment (CHA) is to gain an understanding of the health status of the county. As a health department accredited by the state of North Carolina, the Caswell County Health Department is required to complete a CHA every four years by the North Carolina Division of Public Health. This report takes into consideration socioeconomic, geographic, and demographic factors and available resources (or lack thereof) and their impact on health of the county's residents. Additionally, the CHA process provides opportunity for the community to provide input into the setting of health-related goals and assists local officials and staff in developing strategies to address the health needs of the county.

The process for this CHA cycle began in June of 2014 with an initial meeting to discuss the purpose and process of the CHA. A broad and diverse group of organizations were invited to this meeting (Appendix A). During this meeting, updates since the last CHA of 2011 were provided as well as updates to the CHA process based on state

recommendations and requirements. It was determined that the first step was to develop, disseminate and analyze a survey of county residents and those who work in the county. This tool would gather the opinions and priorities of a cross section of the county. Two teams were developed, a survey development team and a survey distribution team. Survey data collection was finished in March of 2015. This process is described in more detail in Section 3.

The majority of data collection from secondary sources took place in June and July of 2015. A few of the sources for secondary data include the North Carolina State Center for Health Statistics and US Census Bureau American Fact Finder. A full list of references can be found in Appendix K. The CHA team reconvened in August of 2015 to discuss primary and secondary data and to develop a list of priorities. This list of health-related priorities was then narrowed to 24 top priorities and then shared with the community for their input via a brief survey. The CHA team met again in January of 2016 to discuss these survey results and other data to establish the health priorities for this CHA cycle. The selected health priorities are **obesity, mental health, and substance use**.

This document will be submitted to the North Carolina Division of Public Health in March of 2016. The information contained in this report will also be shared with the Caswell County Board of Health and the Caswell County Board of Commissioners as well as the general public. The next stage in this process is to develop an Action Plan to address the priority areas identified by this report. The CHA team and community members will play a vital role in the development of the Action Plan that will be completed by September of 2016.

Copies of this Community Health Assessment will be distributed to key stakeholders and an electronic version will be posted to the Caswell County Health Department website: <a href="http://www.caswellnc.us">http://www.caswellnc.us</a>. A hard copy of the report will be available at the Gunn Memorial Public Library in Yanceyville and additional copies may be requested from the health department. The Health Department also welcomes any further comments or ideas from the community and may be reached at (336) 694-4129.

#### SECTION 2: COUNTY DESCRIPTION

Caswell County is located in north-central North Carolina. Acres of forest, fields of crops, rolling pastures, miles of winding country roads and meandering streams create the backdrop for Caswell's rich history. Surrounded by Person, Orange, Alamance, and Rockingham counties, it is also bounded by the state of Virginia to the north. The county has a total land area of 424.92 square miles.

Founded on May 9, 1777 from northern Orange County, Caswell County is named after Richard Caswell, a member of the first Continental Congress, Major General in the Revolutionary army and the first Governor of North Carolina after the Declaration of Independence. The Occaneechi and Siouan Indians were the original inhabitants of the area, but after western settlement, English and Germans began populating the region. Leasburg was established as the county seat in 1791. On February 1, 1792, Caswell was reduced in size when Person County was formed from its eastern half. In 1833, the county seat was shifted to Yanceyville (formerly Caswell Courthouse), named in honor Bartlett Yancey. Milton is the county's only other incorporated community, but several unincorporated communities exist, including Casville, Leasburg, Pelham, Prospect Hill, Providence, Semora, Cherry Grove, and Blanch.

Caswell County was once a production pipeline for North Carolina politicians. The above-mentioned Bartlett Yancey was a prominent U.S. Congressman and state senator. Numerous politicians were either born in or represented Caswell County during the early-to-mid nineteenth century. In fact, the influence of these men, combined with their extensive tenures as state representatives and state senators, have led historians to assert that passage of legislation during the early nineteenth century was dependent in many ways on a Caswell County bloc.

Agriculture remains an important part of Caswell County's economy and heritage. Many county residents reflect fondly back on the importance of agriculture to both the community and personal or family histories. Soybeans, corn, wheat, oats, barley, hay, and alfalfa are staple products grown in the county and beef cattle, sheep, swine, and chickens are the most common stock animals. However, for the last 150 years Caswell County's economy

was focused primarily on tobacco production. In 1840, a slave named Stephen, owned by Abisha and Elisha Slade, accidentally discovered the process of flue-curing for tobacco. Flue-curing enabled tobacco to have high levels of sugar and simultaneously medium to high levels of nicotine, thereby making the tobacco not only sweeter, but more addictive. Caswell County accumulated a great amount of wealth due to flue-curing, however, in more recent years tobacco production has declined significantly.

Over the last 25 years Caswell County's the agriculture economy has undergone significant changes. According to the USDA NC Agricultural Statistics publication released in 2009, Caswell County is among the top five counties in North Carolina for underused farm land. Nearly 86% of the county's farm land is unharvested, comparing closely with Madison, Yancey, Graham, and Polk Counties. Other trends in Caswell County agriculture from 1990 to 2009 included in this report are:

- A general reduction in the number of different crops grown in significant quantities.
- A consistent decline in tobacco acres that are harvested. This trend was already pronounced by 1995
  despite tobacco's market strength in the 1990s. Brightleaf tobacco declined from a 29% share to 13%.
  Tobacco's decline in acreage harvested precedes the Tobacco Master Settlement Agreement of 1998.
- A predominance of hay acres. By 2009, hay (alternatively referred to as "forage") covered 64% of Caswell County's harvested acres. Hay rose from a 28% share of the acreage harvested annually to a 64% share in that time.
- A steady increase in the number of soy acres harvested from 5% to 10% of harvested acres.

Although the number of natural attractions is fewer than in many other counties, Caswell County possesses an abundance of historical and cultural sites. The White House, not to be confused with the President's residence, is an example of a nineteenth century home, as is the Pascal House. Brown's Store is a mid-nineteenth century convenient store. Houses of the many politicians, such as the Bartlett Yancey House, also attract tourists. The Union Tavern, where free black and successful furniture maker Thomas Day worked, is preserved to this day. The Caswell Council for Arts and History, Caswell County Historical Museum, and the Caswell County Historical Association represent the county's cultural institutions.

Caswell is conveniently located within an easy driving distance from Danville, Virginia to the north and Greensboro, Raleigh, Durham, Burlington, and Chapel Hill to the south. A testament to the rural nature of the county are the total of three traffic lights in the county and the only four-lane highway courses through less than ten miles of the northwest corner of the county. The majority of the roadways in the county are two lane country roads. The Norfolk Southern Railway travels along US Highway 29 with less than ten miles of railroad through the county. The county is not served by passenger rail or bus services and there is no public airport.

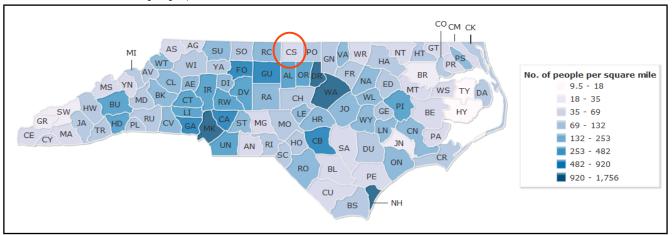
#### **Demographics**

Caswell County is almost completely rural, with 99.2% of the population classified as rural according to the U.S. Census Bureau. The county is divided into nine townships, and includes two municipalities, Yanceyville and Milton. The largest municipality in Caswell County, Yanceyville, is also the county seat. According to the 2009-2013 American Community Survey, the estimated population of Yanceyville was 2,114 and for Milton the estimated population was 169 people. The U.S. Census Bureau American Community Survey for 2009-2013 estimated the population of Caswell County as 23,217. Due to the county's small population size, five year estimates will be provided as often as possible to increase the statistical reliability throughout the sections of this document. According to the US Census Bureau, in 2010 the population density of Caswell County is 55.8 persons per square mile compared to 196.1 persons per square mile for North Carolina as a whole.

With less than 10% of Caswell County's population located in municipalities, these population figures indicate that the population is dispersed throughout the county. While a more dispersed population does provide more "elbow room", it can also lead to some challenges in the areas of communication, transportation, education and business.

Additionally, upon review of U.S. Census population figures for the last century, the population of Caswell County has not changed significantly, while North Carolina in general is one of the fastest growing states in the country. In 1930, the population of Caswell County was estimated by the U.S. Census as 18,214 and in 1950 the population was estimated as 20,870. From 1930 to 2010, the Caswell County population has grown by 27%

while during that same time period, North Carolina's population as a whole has grown by 202% (from 3.167 million to 9.562 million people).



http://www.indexmundi.com/facts/united-states/quick-facts/north-carolina/population-density#map

The 2009-2013 U.S. Census Bureau American Community survey reported that the Caswell County distribution of population by race is broken down as follows: 62.6% White/Non-Hispanic, 33.5% Black or African American, and 3.3% Hispanic or Latino origin, 0.4% American Indians or Alaska native persons, 0.2% Asian, and 1.7% reporting two or more races. It is possible that Caswell County's Hispanic/Latino population is higher than actually reported due to the presence of a migrant population during the planting and harvest seasons. These figures are compared to those of North Carolina as a whole in the table below. These show that Caswell County is less racially diverse than the rest of North Carolina with 96.1% of Caswell's population being either Black or White while this same grouping makes up 86.2% of North Carolina's population as a whole.

Racial Distribution Comparison	Caswell (2009-2013 US Census)	North Carolina (2014 US Census)
White, Non-Hispanic	62.6%	64.1%
Black or African American	33.5%	22.1%
Hispanic or Latino	3.3%	9.0%
American Indian or Alaskan Native	0.4%	1.6%
Asian	0.2%	2.7%
Two or More Races	1.7%	2.2%

The median age of a Caswell County resident is 43.8 (NC = 37.8), with 4.9% (NC = 6.1%) of the population under the age of five, 80% (NC = 77%) of the population over the age of 18, and 17.1% (NC = 14.7%) of the population 65 and older (ACS 2009-2013). For gender distribution of the total population of the county, 50.8% is male and 49.2% is female. These numbers remain consistent with the population 18 and over with 50.5% male and 49.5% female. However at the ages of 65 and older, 43.4% are male and 56.4% are female, which is consistent with figures across the United States as females have a longer life expectancy than males on average. These figures indicate that Caswell County's population is significantly older than in North Carolina as a whole.

### **Economy**

Caswell County has a limited number of businesses, and no large private employers. The top three employers of the county each employ less than 600 people. The top three employers are as follows: Caswell County Schools, Caswell County Government, and the North Carolina Department of Corrections (NC Department of Commerce 2015). The table below from the annual Caswell County government audit support the assertion of limited employment opportunities in Caswell County. Due to limited employment opportunities, only 21.8% of residents work inside the county, while 57.2% work in other North Carolina counties, and 21% work outside of the state (ACS 2009-13). Employed residents commute an average of 32.5 minutes to their place of employment. The average unemployment rate was 7.4% for 2009-13.

#### CASWELL COUNTY, NORTH CAROLINA PRINCIPAL EMPLOYERS CURRENT YEAR AND SIX YEARS AGO\* (INAUDITED)

(01.11021122)

TABLE 15

	2014				2009		
Employer	Employees	Rank	Percentage of Total County	Employer	Employees	Rank	Percentag of Total County
Caswell County Schools	525	1	4.74%	Caswell County Schools	575	1	5.36%
Caswell County Local Gov	223	2	2.01%	Caswell County Local Gov	219	2	2.04%
Department of Public Safety	176	3	1.59%	State of NC DOC	171	3	1.59%
WS Construction	120	4	1.08%	Royal Park Uniform, Inc.	118	4	1.10%
Sky Valley Foods	49	5	0.44%	WS Construction	97	5	0.90%
Piedmont Comm College	42	6	0.38%	Ssc Yanceyville Operating Co	70	6	0.65%
Duke Athletics	39	7	0.35%	Caswell House	52	7	0.48%
Ssc Yanceyville Operating Co	37	8	0.33%	Piedmont Comm College	44	8	0.41%
Caswell House	36	9	0.33%	Bayada Nurses, Inc.	41	9	0.38%
Caswell Medical Center	33	10	0.30%	Food Lion LLC	40	10	0.37%
Total	1280		11.55%	Total	1427		13.28%

The consequences of almost 80% of employed Caswell County residents leaving the county each workday have a major impact on much of the community life and culture of the county as well as where people go for entertainment, church, healthcare, education and shopping. With limited opportunities inside the county, most residents first reaction is to look outside the county for most of their needs and wants and they tend to go to the locations that are most convenient.

#### SECTION 3: HEALTH DATA COLLECTION PROCESS

Percentage of Total County is calculated using the County's estimated employment totals (Source: NCESC)

As mentioned in Section 1, the Community Health Assessment process has been a collaborative, data-driven process with multiple steps and stakeholders. The CHA process includes both primary and secondary data.

The Community Health Assessment team initially met in June of 2014 to discuss the purpose and process of the CHA. Caswell County Health Department sought broad representation of organizations and agencies in the county to serve on this team (Appendix A). This meeting also provided the opportunity to update the group on progress made towards 2011 CHA priority areas. Based upon discussion in this meeting, two teams were established – a survey development team and a survey distribution team. The survey development team met numerous times to discuss and refine the CHA survey. A copy of this survey is provided in Appendix B. This survey was finalized in August of 2014 and was distributed throughout the county.

In order to reach the largest number of residents, the CHA survey was distributed through the Hoedown Edition of the *Caswell Messenger*. This is a special edition of the newspaper that goes out to every household, regardless of newspaper subscription status. Paper copies of the survey were also sent home to the parents of every student of each school. While the respondents of the survey needed to be at least 18 years old, schools still represent a great way to reach adults and families. Sites throughout the county had collection boxes for the surveys: Caswell County Department of Social Services, Caswell County Health Department, Caswell County Senior Center, Caswell Family Medical Center, Caswell Pines Golf Course, Chandler's Country Convenience Store, Chilton Grocery & Grill, Gunn Memorial Public Library, Jimmy & Hope's Family Restaurant, and Yanceyville Drug Store. Additional paper copies of the survey were available at Gunn Memorial Public Library and the survey was also available electronically (SurveyMonkey) and the link to the survey was distributed widely. Representatives from the Health Department also sought survey responses from attendees of the annual Brightleaf Hoedown in Yanceyville held in September of 2014.

Based on convenience sampling, a total of 581 surveys were completed. Survey Monkey was the tool used to collect Community Health Assessment survey data. For those surveys completed on paper, Caswell County Health Department staff manually entered the responses into Survey Monkey. The survey responses can be found in Appendix C and the survey response slides can be found in Appendix D. The breakdown of

demographic information of survey respondents compared to county demographics can be found in Appendix E. Of interest, the survey respondents were overwhelmingly female, which is typical in health-related surveys since in many households, the woman is considered the health decision-maker. Another limitation to the survey is that only 6.67% of respondents reported less than a high school diploma, where 29.8% of county residents have less than a high school diploma. This survey was not available in a verbal or other format, and reading was required to complete the survey, which may have limited responses from less formally educated individuals. It is also possible that respondents selected the more socially acceptable option and reported having a high school diploma to avoid embarrassment. Because of the way survey questions were asked, the age groups were not the same as the age groups in available census data and therefore cannot be directly compared. Age, Educational Attainment and Income questions involved responses that are not compatible to census data. The geographic representation of survey respondents was well dispersed throughout the county, which is consistent with the population.

This primary data was shared with the CHA team along with secondary data. For secondary data, the CHA project facilitator collected information from the US Census Bureau, NC Department of Public Instruction, NC State Center for Health Statistics, and NC Communicable Disease Branch, among other sources. This information was collected and inserted into a spreadsheet to develop graphs to share with the CHA team. The secondary data slides are available in Appendix F. These slides and the survey responses were presented to the CHA team in August of 2015 and were also distributed electronically to CHA team members. This meeting also presented a strengths and weaknesses worksheet for CHA team members to use when identifying health priority areas. The "Strengths and Problems" worksheet can be found in Appendix G.

Based upon this meeting and these data sources, a survey was developed to seek input from the CHA team. This survey presented the top 45 health-related issues and respondents could vote for up to 10 issues. This survey was distributed electronically via Survey Monkey. This survey can be found in Appendix H. Twenty-seven people responded to this survey. Based upon this survey response, the list of top health issues was further narrowed to 24 health issues for the Caswell County Community Health Assessment Priority Areas survey. This survey was presented to the public at the Brightleaf Hoedown in Yanceyville in September of 2015. At this event, the event-goers were presented with a paper version of the survey and stickers to vote for their opinion of the top five health-related issues. This survey was also made available electronically through Survey Monkey and distributed widely. This survey can be found in Appendix I. The combined paper and electronic versions of the Priorities Areas survey received 193 votes.

### **Health Priorities**

In January of 2016, the CHA team met to review the results of the health priorities. The community health opinion survey data and secondary data were again provided at this meeting to ensure data supported the priorities selection. As a result of this meeting and the data, the CHA team decided to select three priority areas: **obesity, mental health, and substance abuse**. This data, process, and priorities were then shared with the Caswell County Board of Health in February of 2016 to keep them informed and provide opportunity for questions and discussion.

As mentioned in Section 1, this Community Health Assessment document will be shared widely and freely with local stakeholders and the community. An Action Plan will be developed and this Action Plan will lead to strategy development by the Caswell County Health Department and all other stakeholders. The health department continues to welcome comments, questions, and suggestions from the community and stakeholders.

#### SECTION 4: HEALTH DATA

This section provides a summary of the social, economic, and health data available for Caswell County. The CHA team utilized these data points to gain an understanding of the community and to set the health priorities. Social and economic factors combined with individual behavior and the physical environment to influence the health of a community. These factors can impact health care access, health-related behaviors and attitudes, and can be a source of stress for both individuals and populations.

For the purposes of this CHA document, Caswell County data is compared to our peer counties (Avery, Chowan, Greene, and Yancey), neighboring counties (Alamance, Person, and Rockingham), and the state of North

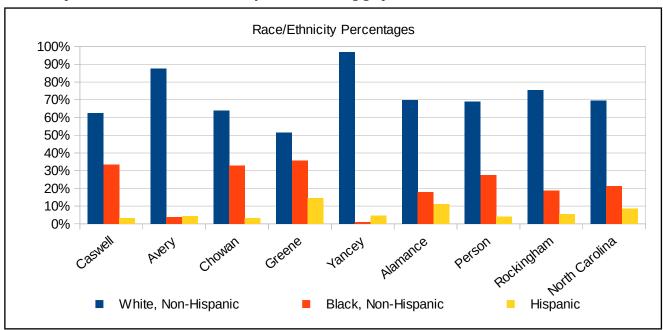
Carolina as a whole. Peer counties are defined by the state of North Carolina and are grouped by population size, percentage of population below poverty, age distribution, and population density. These state-defined peer counties are all very different geographically and topographically as they are all located either very east or very west of Caswell County. Neighboring counties have been included to demonstrate how Caswell compares with surrounding and more geographically similar counties. Much of the data referenced throughout this Section can be found in various appendices which highlight the primary data collected through the Community Health Assessment Survey and the secondary data collected from other sources.

#### **Social and Economic Factors**

As mentioned previously, many factors impact the health of a community, including social factors like educational attainment, crime rates, and economic factors such as average income and unemployment rates. Often social and economic factors are woven together, where one factor impacts another and thus proves important to consider the larger picture of a community when thinking of health.

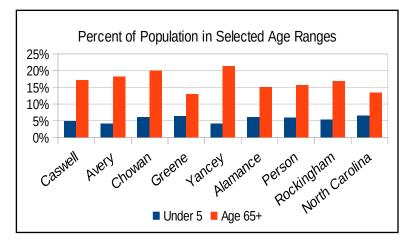
#### Race and Ethnicity

Compared to peers, neighbors, and the state, Caswell County has a higher percentage of black or African-American residents and a higher percentage of white residents, except in the case of Greene County which has a slightly higher percentage of African-American residents and a slightly lower percentage of white residents. These comparisons can be seen more clearly in the following graph.



# Age of County Residents

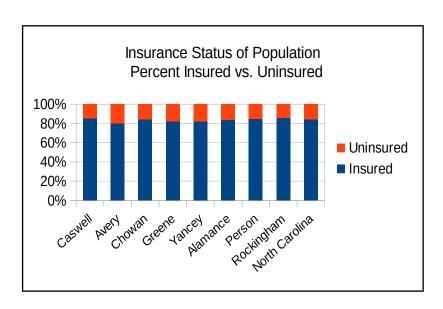
Caswell County also has an older population when compared to its neighbors and the state but has a slightly younger population when compared to its peer counties, with the exception of Greene County. These numbers can be viewed in the adjacent graph. Age and economic opportunities can be related, since younger people often seek residence in areas near their places of employment. Advanced age is also a contributing factor for many health

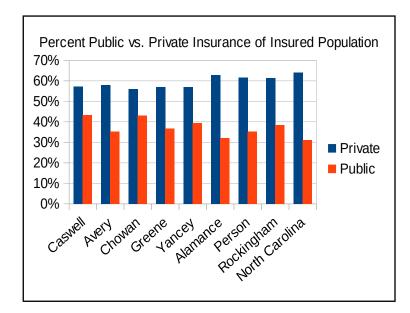


conditions such as cancer, osteoarthritis, and heart disease.

#### **Insurance Coverage**

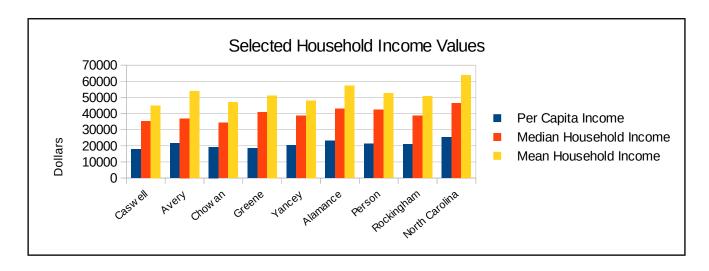
The older and poorer population may help to explain why Caswell County's insurance coverage rates (85.2%) are slightly higher than that of the state and several peers and neighboring counties (ACS 2009-2013). Compared to these other counties, Caswell County also has a higher percentage of insured individuals on public insurance (Medicare and Medicaid). More information on these insurance figures can be found in the adjacent figures. Medicare is a great example of public insurance and is available to older and/or disabled people. Of CHA Survey responses, 89.5% of respondents indicated an insured status.





#### Resident Economic Data

In economic terms, Caswell County has a lower per capita income and mean household income as compared to all peer and neighboring counties as well as the state as a whole. Caswell County's per capita income is \$17,965, the median household income is \$35,315, and mean household income is \$44,954. The graph below compares these income measures of Caswell County with peers, neighbors and the state. Of Caswell County residents of all ages, 22.6% live under the federal poverty line (FPL), which is higher than peers, neighbors, and the state, with the exception of Greene County, where 23.3% of all residents live below the FPL. Of Caswell County residents under age 18, 33.5% live below FPL, which is higher than

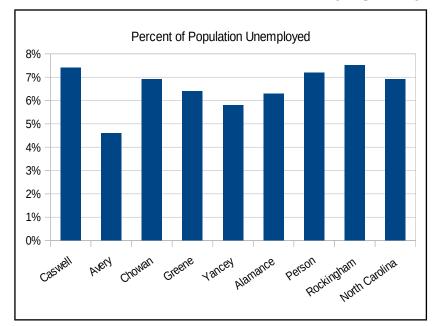


neighbors and the state. Three peer counties (Chowan, Greene, and Yancey) have higher rates of childhood poverty.

For residents 65 years of age and older, 16.3% of Caswell residents live below FPL, which is a higher percentage

than peers (with the exception of Chowan and Greene), neighbors and the state. Caswell County had an unemployment rate of 7.4% for the 2009-2013 period, which is higher than peers, neighbors Alamance and Person Counties, and the state as a whole.

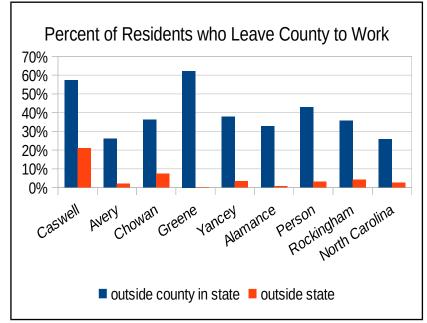
Another factor directly related to income and economic opportunity is the fact that a large majority of Caswell County residents travel outside of the county and state to work. Only 21.8% of Caswell County residents work within the county of residence, this figure is significantly lower than that of peers, neighbors and the state. Of Caswell County residents, 57.2% work in another county within



North Carolina, and 21.0% work in another state. These figures are much higher than those of peers, neighbors, and the state, with the exception of Greene County, which has a higher number of residents who work in another

county within the state. The adjacent figure highlights the percentage of residents who leave the county for work.

The mean commute time for Caswell County residents is 32.5 minutes and 80.9% of residents drive alone to work. Despite these high numbers, 8.3% of households report having no vehicle, which is higher than peers, neighbors and the state, with the exception of Chowan County. Lack of access to a vehicle can also impact health as there is no public transportation system. The Caswell Area Transportation System primarily transports Medicaid clients to Medicaid appointments, which leaves a gap for residents without Medicaid



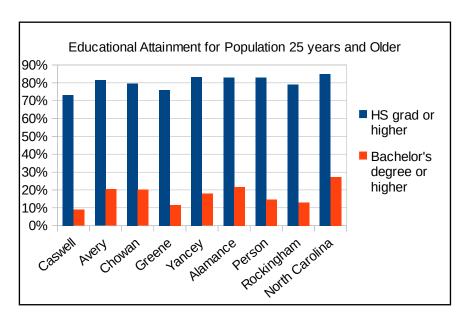
who need transportation but are ineligible for the service. All of these economic factors can impact the available money in the budget of each household. The CHA survey asked the question "Was there a time in the last 12 months where you thought you needed medical care, but didn't seek it?" The most common response to this question was "I could not afford to go." This question received 104 votes, or 19.89% of votes (see Appendix C for more information about the CHA survey responses).

In terms of housing, the median value of owner-occupied homes in Caswell county is \$98,900, which is lower than peers, neighbors, and the state, with the exception of Greene county. The median home value of the state is much higher than Caswell County's with a median value of \$153,600. Lower home values can be both a gift and

a curse, in that mortgage payments are lower, but at the same time values and tax base are lower, which limits the local government's operational budget and the opportunity for programming to improve the community.

#### Educational Data

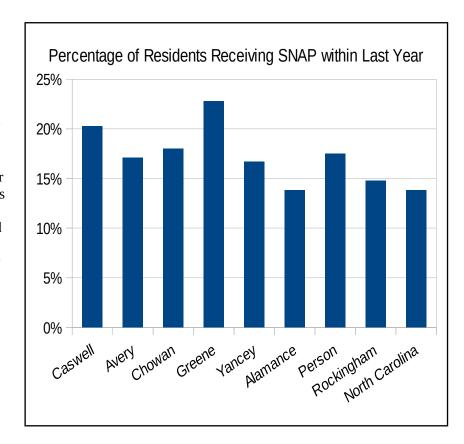
The graduation rates of Caswell County students, as reported by the North Carolina Department of Public Instruction, have increased from 67.2% in 2010 to 77.2% in 2014. The graduation for the state of North Carolina was 74.2% in 2010 and 83.9% in 2014. Due to the small sample size, caution should be exercised when drawing conclusions about graduation rates. On average, fewer than 250 students graduate from Caswell County's high school each year. For the population 25 years and older, 73.2% of Caswell County residents have a high school diploma or equivalent, and only



9.0% of Caswell County residents have a bachelor's degree or higher. As demonstrated in the figure above, these numbers are lower than the same measures for peer and neighboring counties and the state of North Carolina as a whole (ACS 2009-2013). With the exception of Greene county, from 2010 to 2014, SAT Scores in Caswell County are consistently lower then all of the other peer and neighboring counties as well as NC as a whole.

#### Food Access

The percentage of Caswell County students receiving Free/Reduced lunch has slowly increased from 64.9% of students during the 2009-2010 school year to 71.2% of students during the 2013-2014 school year. These figures are higher than peers, neighbors, and the state, with the exception of Avery and Greene Counties. The state has lower rates of free/reduced lunch than peers and neighbors. In many instances, these children may have very limited access to food outside of school, which presents problems, especially during weekends and school breaks. Another aspect of food insecurity is the number of Supplemental **Nutrition Assistance Program** (SNAP) recipients. This program was also known as Food Stamps in the past. Of Caswell County residents, 20.3% reported receiving SNAP benefits within the last 12 months, which is a higher rate than



peers, neighbors, and the state, with the exception of Greene County (ACS 2009-2013).

#### Crime Data

Crime is another factor that can be connected to social, economic, and health issues. Crime can create a physically unsafe environment along with psychosocial elements of stress and fear. The State Bureau of Investigation (SBI) reports crimes to the Federal Bureau of Investigation (FBI) as part of the North Carolina Uniform Crime Reporting Program. This report provides numbers and rates on several different types of crime. Violent crime is composed of rape, robbery, murder, and aggravated assault. Property crime is composed of larceny, motor vehicle theft, and burglary. Arson is another category of crime that is classified separately. The term "Index Crime Rate per 100,000" is an index of the general level of criminal activity composed of eight crimes that are combined to produce a statistically comparable index. These offenses include willful homicide, forcible rape, robbery, burglary, aggravated assault, larceny over \$50, motor vehicle theft, and arson.

<b>Index Crime Rate</b>	2011	2012
Caswell	2,432.8	2,477.4
Avery	1,542.8	1,642.7
Chowan	3,122.9	2,879.2
Greene	3,087.8	2,284.9
Yancey	1,488.6	1,217.6
Alamance	4,451.1	3,933.5
Person	3,471.0	2,778.3
Rockingham	3,907.7	3,617.0
North Carolina	3,942.2	3,767.2

For Caswell County, rates are not available for 2009 but the Index Crime Rates for 2011 and 2012 are seen in the table above. Caswell generally has lower rates of all types of crime when compared to its peers, neighbors and the state, but higher rates of crime than the peer counties of Avery and Yancey. In some cases, Caswell reports higher rates of violent crime than these other geographies. However, this is may be due to the small number of violent crimes each year in Caswell County (each year the number has been less than 100). These low numbers decrease their statistical reliability.

#### **Environmental Health**

Caswell County Environmental Health is responsible for the local water quality program, including well inspections for chemical and bacteriological contamination. They are also responsible for inspecting restaurants and facilities, such as camps, lodging facilities, residential care homes, day cares, and swimming pools. In addition, Caswell County Environmental Health completes childhood lead investigations as needed. Caswell County has been fortunate to have relatively few environmental health concerns in the areas of lead investigations, well water quality, and restaurant and facility inspections since the last CHA was published in 2011. For the purposes of this CHA, the environmental health data mentioned below will include data collected between January of 2012 and end in December of 2015.

#### Water Quality Program

For the January of 2012 to December of 2015 period, Caswell County Environmental Health Department tested a total of 250 water samples for chemical contaminants (naturally occurring inorganic compounds) and 90 (36%) did not meet NC minimum quality standards. The remaining 160 fell inside the state recommended guidelines. Of those samples that did not meet the states quality standards, the most common outliers were Iron and Manganese. These compounds do not normally pose any substantial health risk even at slightly elevated levels. In 2015, there was one sample that had elevated lead levels, which can pose a health risk especially to children under six years of age.

Likewise, 455 samples were collected to test for bacteriological contaminants. Of these samples, 343 samples tested clean and 112 (25%) samples tested positive for coliform bacteria. In most cases, coliform bacteria

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 112 samples that tested positive for coliform bacteria, 9 samples then tested positive for fecal coliform bacteria. These data show that during this time period 2% of all water samples for bacteria showed contamination.

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

#### Restaurants and Facilities in Caswell

Since the last CHA in 2011, Environmental Health has completed 664 total inspections at restaurants and 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 14 produced grades of "A" or "Approved" status. These 14 outliers received grades of (Restaurants/Rest Homes - "B") and (Residential Care - "Provisional"). 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

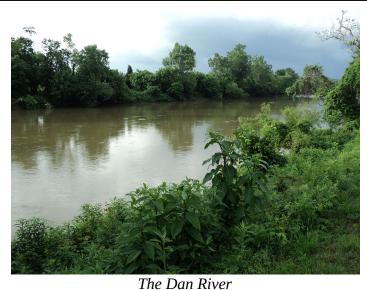
There were no lead investigations conducted since the last CHA was due in 2011. In 2015, there was one child with elevated blood lead levels (only slightly above limits). This family has to date not consented to an Environmental Investigation for Lead Hazards by Caswell County Environmental Health.

#### Dan River Coal Ash Spill

The Dan River flows from west to east out of Rockingham county, through the north-west corner of Caswell County and then into Virginia. It then comes back into Caswell County near Milton before returning to Virginia. In all, it travels about 12 miles through northern Caswell County.

Coal ash is produced primarily from the burning of coal in coal-fired power plants. Coal ash contains contaminants like mercury, cadmium, arsenic and other heavy metals. Without proper management, these contaminants can pollute waterways, ground water, drinking water, and the air. On 2/2/2014 a coal ash pond located at an inactive Duke Power plant in north-east Rockingham county burst through its containment and dumped tens of thousands of tons of coal ash and 27 million gallons (100,000 cubic meters) of contaminated water into the Dan River. It is currently the third worst coal ash spill ever to happen in the United States.

Coal ash can now be found on the banks and the bottom of the Dan River for 70 miles (110 km) and at one time was as much as 5 feet (150



cm) deep in places. North Carolina's Department of Environment and Natural Resources called the spill on the Dan River an "environmental disaster". Over the last two years Duke Power has attempted to remove some of the ash in the river and as of November 2014, Duke said it had removed 3,000 tons of ash. Testing of the Dan River has shown that the pollutant levels have decreased significantly and that the water was safe for farm uses, as long as recent precipitation had not disturbed sediments.

This incident has had a major impact on the environmental health of the Dan River and the long term impact on the aquatic life, economy of the area, recreational and industrial use of the river as well as its use as a source of drinking water for nearby homes, towns and cities will not be know for many years. However, from the limited perspective of human water use in Caswell County, this incident has had limited impact. There are currently no municipal water systems in Caswell County that take water out of the Dan River and most homes in the northern third of Caswell County use well water which has not been shown to be contaminated by coal ash. The long term

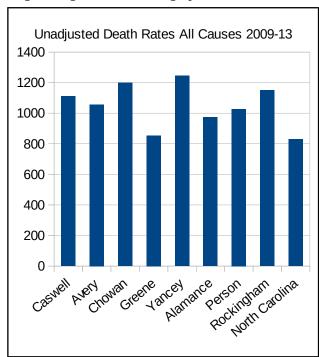
impact of this incident and the health of the Dan River are being monitored by the states of North Carolina and Virginia as well as the Federal EPA.

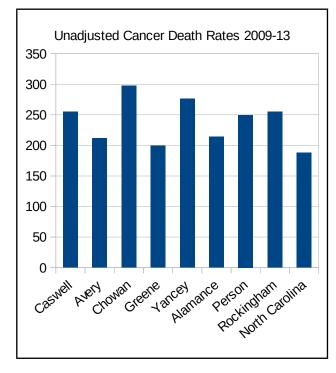
#### **Mortality**

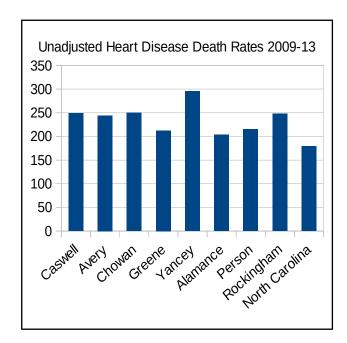
In simple terms, mortality is another term for death. The North Carolina State Center for Health Statistics reports that the unadjusted death rate due to all causes for the five year period 2009-2013 is higher in Caswell County (1111 per 100,000) than the state of North Carolina (830 per 100,000). As mentioned elsewhere in this report, a five year period is used to improve reliability of numbers due to the small population size of Caswell County. The table below shows the rates for the top ten causes of death for Caswell County compared to the state of North Carolina. When compared to the state, Caswell County has higher rates of death for all causes except pneumonia and influenza. Motor vehicle injuries are not a leading cause of death for the state, where it is the 8<sup>th</sup> cause of death for Caswell County residents. From 2011-2013, the life expectancy at birth for Caswell County was 76.3 years and for North Carolina was 78.3 years.

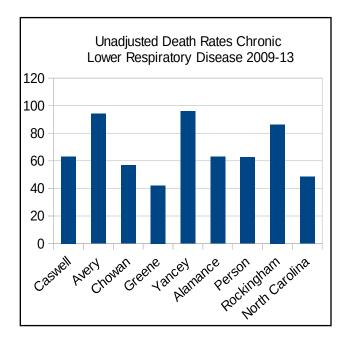
Leading Causes of Death per 100,000 for 2009-2013			
Cause of Death	Caswell County	North Carolina	
Cancer	254.8	188.1 (1)	
Heart Disease	248.9	178.9 (2)	
Chronic Lower Respiratory Disease	63.1	48.4 (3)	
Cerebrovascular Disease	47.7	45.2 (4)	
Alzheimer's Disease	40.1	29 (6)	
Unintentional Injuries	39.2	29.9 (5)	
Diabetes	33.2	23.3 (7)	
Motor Vehicle Injuries	25.6	**	
Kidney Disease	23.9	18.3 (9)	
Pneumonia & Influenza	12.2	18.4 (8)	
All Causes of Death	1111.3	830	
** Not a leading cause of death for state of	of NC		
Source: NC State Center for Health Statistic	CS		

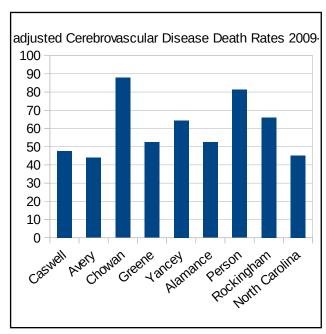
When compared to the state of North Carolina, neighboring and peer counties also have a higher death rate due to all causes. Information on the top five causes of death for Caswell County is also compared to peer and neighboring counties in the graphs found on the next page.

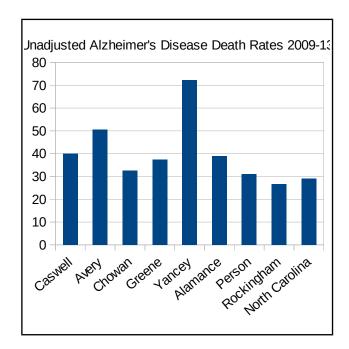






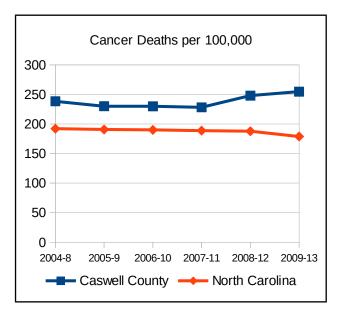


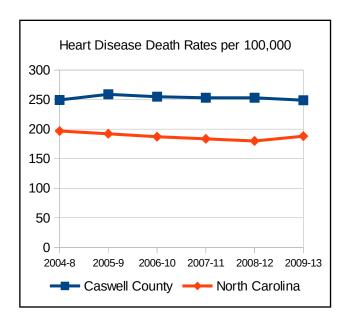


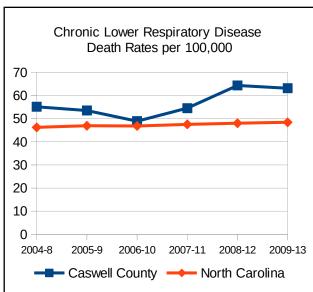


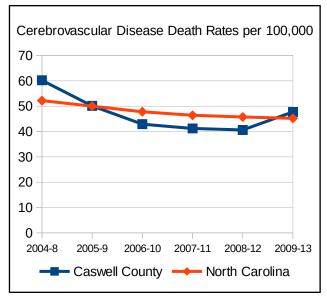
#### **Trends in Death Rates**

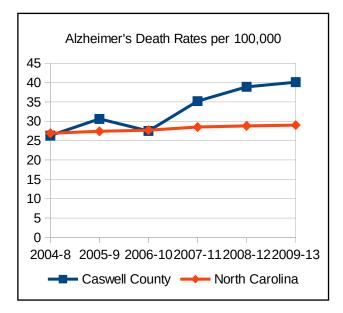
Using unadjusted death rates, Caswell County can be compared to North Carolina over time to observe any changes in trends in death rates. This trends data also provides death rates that would have been reported in the last two CHA cycles. Five year periods have been used for comparison to enhance statistical reliability due to the small population size of Caswell County. For the top five causes of death in Caswell County, the county has seen rates increase for chronic lower respiratory disease and Alzheimer's disease. The cancer death rates are gradually worsening as the state has slightly decreased in the last few years. The heart disease rates have remained fairly stable over the years and consistently worse than the state's rates. For all causes of death, the rates are consistently higher than the state rates.

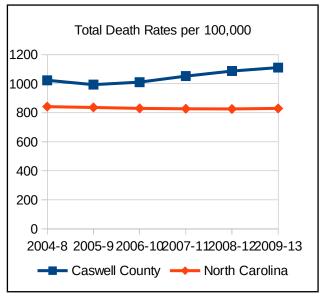






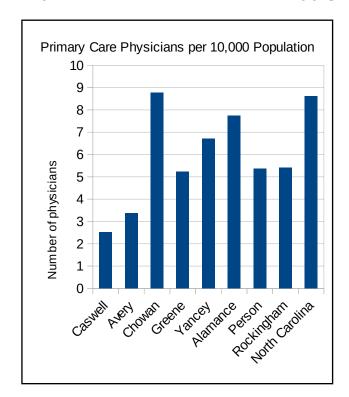


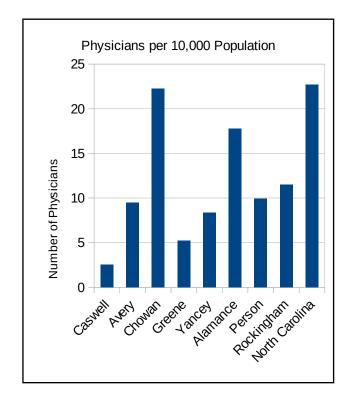


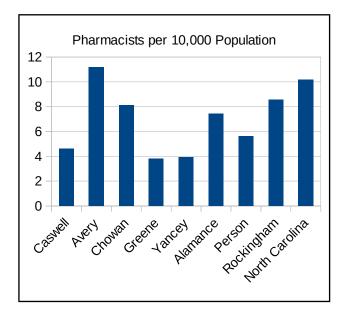


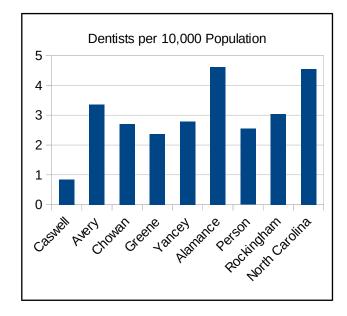
#### Access to Care

Several factors may explain the higher death rates in Caswell County. Caswell County has a higher percentage of non-whites, older, and poorer populations. There is no hospital within the county and lower access to all types of health professionals. The report, "North Carolina Health Professions 2013 Data Book," created by UNC's Cecil G. Sheps Center for Health Services Research provides data related to the access individuals may have to health professionals. According to this report, Caswell County has 2.52 physicians per 10,000 population, where the state of North Carolina has 22.73 per 10,000. This same lack of providers carries over to primary care physicians, dentists, registered nurses, and pharmacists. Caswell County's figures are also lower than peer and neighbor counties which is seen in the following graphs.

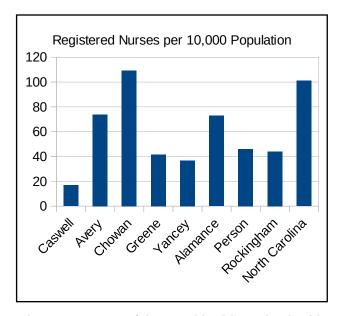








As with many other services, residents of Caswell County must leave the county to find a wider selection of health care services, combined with the lack of public transportation and reduced access to personal transportation, many residents may delay needed care, resulting in a decreased health status. Specifically related to this issue, according to the CHA Survey responses, 63.5% of respondents leave the county for medical care (CHA survey question 5, see Appendix C for full survey responses). For the question regarding if there was a time the respondent needed care, but did not seek it, 64.4% said there was no such time (CHA survey question 6, Appendix C). The most common reason for not seeking care was related to cost, with about 20% of respondents choosing this option. Of particular relevance to this issue, many people may not think they need care for chronic conditions and do not seek care for these issues until the condition becomes acute.



Therefore, these numbers based on survey responses may not be a true picture of the actual health need or health status, because the survey numbers may be more opinion based than fact based.

Another factor related to access to care is the lack of a hospital in the county. Respondents indicated overwhelmingly that they would choose a Moses Cone Hospital System hospital if they needed care. Moses Cone System hospitals received a combined 259 votes, for perspective, the next hospitals receiving votes were Duke with 82 votes, UNC with 76 votes, and Danville Regional Medical Center with 47 votes. More information on these votes can be found in Appendix D, which summarizes CHA data.

#### **Infant Mortality**

Infant mortality rates are composed of the number of deaths of live born infants prior to one year of age. Due to the low number of infant deaths in Caswell County, the NC State Center for Health Statistics is unable to calculate an infant death rate. For the period of 2009-2013, a total of 8 infants died prior to the age of one. During this time period, 4,441 infants died in the state of North Carolina for a rate of 7.3 infants per 1,000 population. For comparison, a total of 608,240 infants were born to North Carolina residents for a live birth rate of 12.6 per 1,000 population, and a total of 1,040 infants were born to Caswell County residents for a live birth rate of 8.9 per 1,000 population. More information regarding pregnancies and births, including additional live birth rate information, can be found in the "Pregnancies and Births" section.

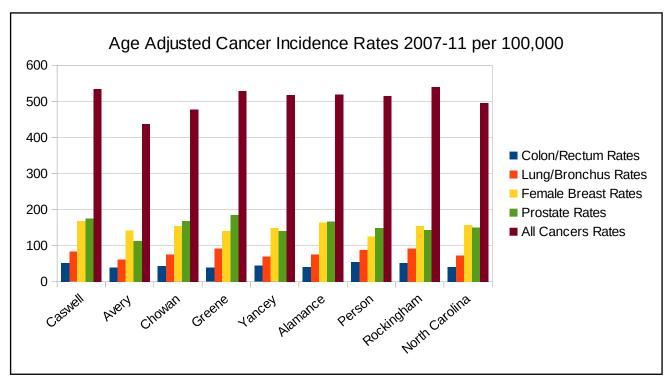
#### Morbidity

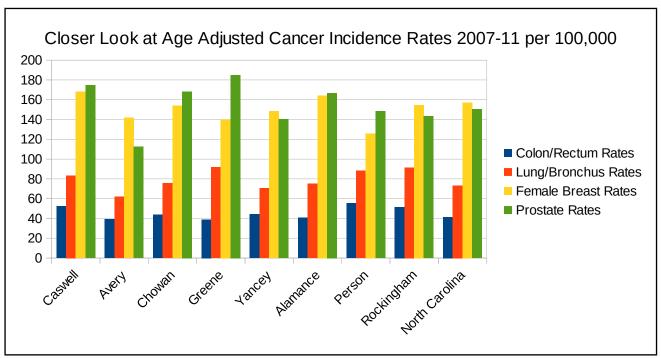
Morbidity is another term for illness. As is the case across the country, many Caswell County residents live with chronic diseases, like heart disease and diabetes. In today's age of advanced medical technologies, many people may live for many years after their cancer diagnosis. Where the previous section on mortality focused on *death* rates, this morbidity section focuses on *disease* rates and related factors. More information on death rates can be found in the previous Mortality section of this document. Information on sexually transmitted infections (STIs) and maternal and child health is also included in this morbidity section.

#### Cancer

Age-adjusted rates for a population controls for the differences in age distribution between population groups. This calculation is particularly helpful in the case of a chronic disease like cancer, where rates the rates of the disease increase as age increases. As mentioned previously, Caswell County has an older population as compared to the state of North Carolina so to control for the differences attributable to age, age-adjusted rates are utilized for cancer incidence rates. These rates are provided by the NC State Center for Health Statistics and the data is collected by the NC Central Cancer Registry. Caswell County has higher age-adjusted cancer incidence rates

than the state. These rates are per 100,000 and are for the five year period of 2007-2011. This includes rates for all types of cancer and specifically colon, lung, female breast, and prostate cancers. Additionally, Caswell County has higher rates of colon cancer than peers and neighbors, with the exception of Person County. The lung cancer incidence rate is higher for Caswell than all peers and neighbors with the exception of Greene, Person, and Rockingham Counties. Female breast cancer incidence rates are higher in Caswell County than all peers and neighbors, while prostate cancer rates are higher for Caswell than all but Greene County. In terms of all forms of cancer, Caswell has higher rates than all peers and neighbors with the exception of Rockingham County. The charts below graphically show how Caswell County's rates compare with peers, neighbors, and the state. On the CHA survey, 13% of respondents indicated they had been diagnosed with cancer at some point in their life.





#### **Diabetes**

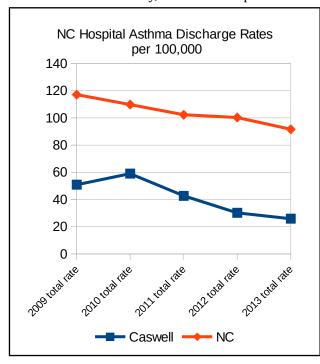
Diabetes rates are collected in the Behavioral Risk Factor Surveillance System (BRFSS) questionnaire. This data is limited by county population size, with only the ten largest counties having county-level data. Another limitation is that the data is self-reported, so respondents may under report disease status and/or may be unaware of their status. The 2013 BRFSS reported that 11.4% of respondents statewide had diabetes and 7.1% of respondents had been hospitalized or visited the emergency room due to diabetes. On the CHA survey, 18.75% of respondents stated that they have diabetes. More information regarding CHA survey responses can be found in Appendix C.

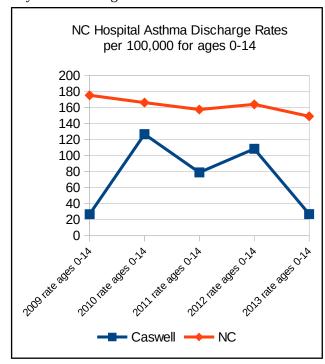
#### Overweight/Obesity

Excess body weight can contribute to chronic disease. Many sources are now considering overweight and obesity to be a chronic disease in itself. It is well established that losing weight to obtain a healthy weight is difficult to both achieve and maintain. The best source for obesity data is the Behavioral Risk Factor Surveillance System (BRFSS). For county-level data, only ten counties in North Carolina have county-level data, which is 10% of the counties of the state. Due to the small population size of Caswell County, very little statistically reliable and scientifically sound data exists, thus North Carolina data is provided instead. According to the 2013 BRFSS, 32.2% of respondents are within the recommended weight range, 36.7% are overweight, and 29.4% are obese. It is important to remember this data is all self-reported, which likely underestimates weight status. There is also not enough data available to obtain a five year range, since the BRFSS questions changed in 2011. The Caswell County CHA survey found 31.9% had been told they were overweight/obese by a health care provider. This survey found that 51.6% of respondents consider themselves overweight or obese. Since the CHA survey did not attach a specific measure of body weight and was self-reported, this response is especially subject to opinion. CHA survey responses are provided in Appendix C.

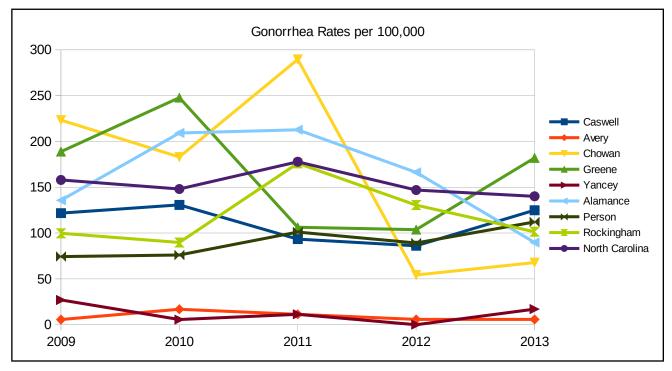
#### Asthma

The primary source of data regarding asthma burden is the asthma related hospital discharge figures as reported by the NC State Center for Health Statistics. This data includes the hospital data is for NC residents seen in NC hospitals. The closest hospital to many Caswell County residents is in Danville, VA. Depending on where a patient is geographically in the county, when a health crisis occurs, it is a very real possibility that Danville is where the patient will go, either by personal vehicle or ambulance. Thus, this hospital-collected data does not likely paint an accurate portrait of asthma burden within the county. For each year from 2009-2013, the highest number reported was less than 15, this means the small sample size also decreases statistical reliability of this data. On the CHA survey, 19.23% of respondents indicated they had been diagnosed with asthma.

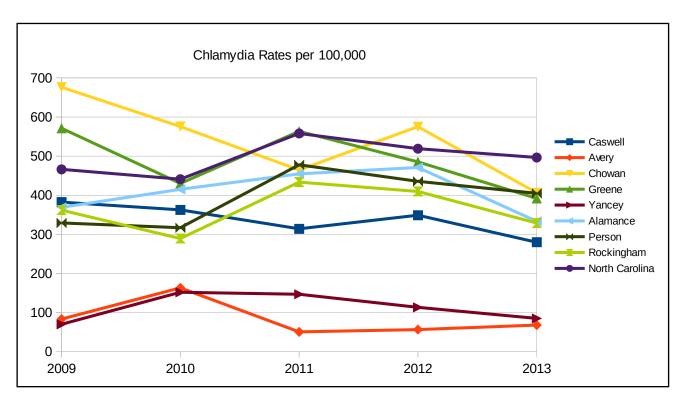




#### **Sexually Transmitted Infections**

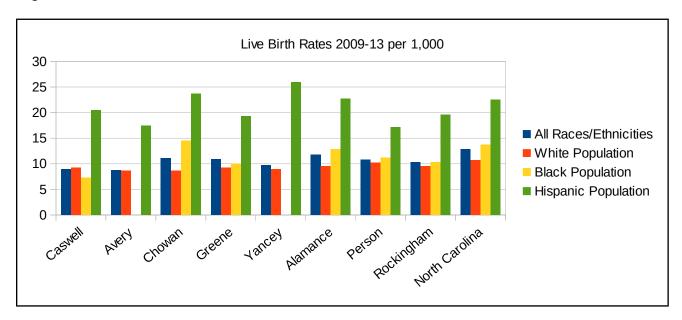


In general, Caswell County has lower rates of reportable sexually transmitted infections (STIs) than the state. This could be due to a closed population that does not mix much with outsiders and/or could be due to lack of testing of STIs. It is also possible that care is received out of state and does not make it into the Caswell County data. Reportable STIs include chlamydia, gonorrhea, syphilis, and HIV/AIDS. As has been mentioned throughout this report, caution should be exercised in interpreting rates in Caswell County due to the small sample size, particularly since five year rates are not available. The STI data is available through the North Carolina Communicable Disease Branch.

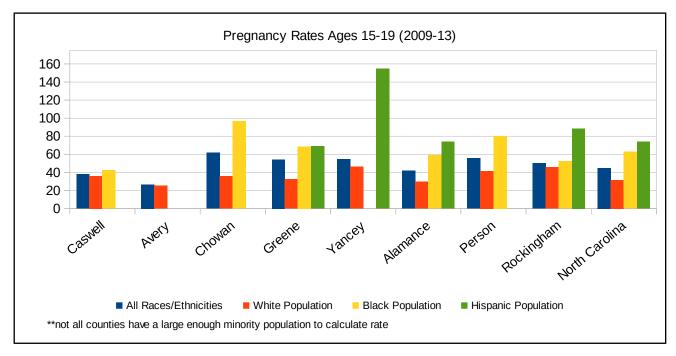


In Caswell County and consistent with state rates, chlamydia is the most common reportable STI. The chlamydia rates are lower in Caswell County than the state. Gonorrhea is the second most common reportable STI for Caswell County. The rates of gonorrhea are consistently lower for Caswell County than for the state. Caswell County has very low rates of syphilis, with fewer than 10 cases for the 2009-2013 period for combined primary, secondary, and early latent syphilis. Fewer than 15 cases have been reported of HIV for 2009-2013 for Caswell County and fewer than 5 cases of AIDS have been reported for the same period in Caswell County.

#### **Pregnancies and Births**

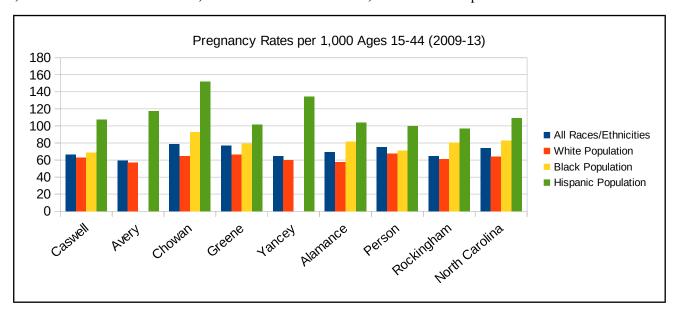


Healthcare providers, hospital systems, and the state collect a tremendous amount of data on pregnant women during the course of pregnancy, delivery, and the issuing of birth certificates. Vital records (birth certificates) are an excellent opportunity for data collection and provide a way to look at health through a different lens other than the burden of disease and death.



The total live birth rate for Caswell County is 8.9 births per 1,000 for 2009-2013, the state rate for the same time period is 12.9 births per 1,000. For this same time period, the Caswell County live birth rate per 1,000 for whites

was 9.2, for African-Americans was 7.3, and for Hispanics was 20.5. All of these are lower than the state rate per 1,000 which was 10.7 for whites, 13.7 for African-Americans, and 22.5 for Hispanics.



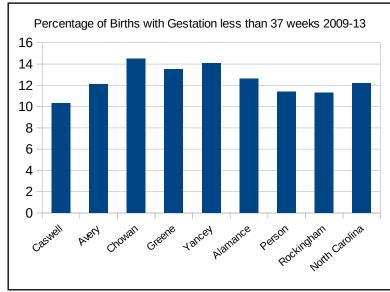
Pregnancy rates include total number of live births, fetal deaths at 20 weeks or more, and induced abortions. This number does not include any spontaneous abortions (otherwise known as miscarriages), since this can happen in very early pregnancy without the woman's knowledge. Caswell County has a lower rate of total teen pregnancy (age 15-19) than the state and all peer and neighboring counties, with the exception of Avery County. The rate of pregnant females aged 15-19 for Caswell County is 37.9 per 1,000 women of childbearing age (15-44) and for the state the rate is 44.9 per 1,000.

Caswell County has a higher rate of white teen pregnancy than the state, with a rate of 36.1 per 1,000 for Caswell County and a rate of 31.5 per 1,000 for the state. The pregnancy rate for African-American teens is much lower for Caswell County at 42.5 per 1,000 when compared to the state at 63 per 1,000.

In terms of all women aged 15-44, Caswell County has a lower rate of pregnancy at 66.3 per 1,000 when compared to the state rate of 74.3 per 1,000. The pregnancy rate of white females in Caswell County is 63.1 per 1,000, similar to the state rate of 64.2 per 1,000. As with teen pregnancy, the pregnancy rate for African-American females is much lower for Caswell County at 68.5 per 1,000 when compared to the state rate at 83.1 per 1,000.

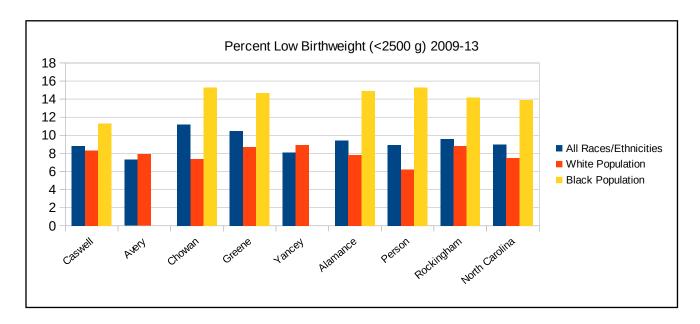
For the purposes of this report, preterm births are those with gestation of less than 37 weeks. Of all births to Caswell County residents from 2009-2013, 10.3% have a gestation of less than 37 weeks, which is slightly better than the 12.2% of all North Carolina residents. Caswell County also fares better than all peer and neighbor counties.

Low birth weight babies are live born infants who weigh less than 2,500 grams (5lbs, 8oz) at birth, regardless of gestation period. For Caswell County, 8.8% of babies born from 2009-2013 were considered low birth weight; this number is similar to the state's 9%. Caswell County has a slightly



higher rate of low birth weight white babies at 8.3% compared to the 7.5% for North Carolina. Caswell County has a lower percentage of low birth weight African-American babies at 11.3% when compared to the 13.9% for the state.

The smoking status of pregnant females is another factor worthy of consideration. In Caswell County, 15.4% of births from 2011-2013 were to mothers who smoked compared to 10.6% for the state.



#### SECTION 5: PREVENTION AND HEALTH PROMOTION

In terms of prevention and health promotion activities within Caswell County, there has been a decrease of these types of activities since the last CHA in 2011, primarily due to decreased funding for staff time and activities. For an approximate 24 month period of 2011-2013, there was no health educator on staff. Since July of 2013, the county has employed less than 50% of a health educator position for health promotion activities. This position is fully federally grant-funded and also has other job functions. All of these factors greatly impact the type and amount of health promotion activities that can be performed by Caswell County Health Department (CCHD). However, this is an improvement since the 2011 CHA, which identified the need for a health educator as a priority.

Due to limited health promotion staffing, the majority of health promotion activities have focused on supporting healthier environments and supporting other programs that can add in a health component. For example, the health educator has worked with local schools directly and indirectly by supporting the mileage clubs and school gardens at the elementary schools, and by working with the Active Routes to School program. The Active Routes to School program encourages walking and biking to and at school. In a rural area like Caswell County, it is not realistic for the vast majority of children to be able to walk to school, but children can walk *at* school. The health department has also been able to support elementary school children by providing supplies, like balls, to promote physical activity in the schools.

Another environmental level initiative has been the support of access to healthier foods, like fruits and vegetables. The health department has been able to provide display racks and other items to a few local convenience stores to increase access to fresh produce. These racks were purchased with Community Transformation Grant (CTG) funding, which ended in the fall of 2014. This CTG project was a regional project with a focus on healthy eating, active living, and the reduction of tobacco use. A local farmer's market in Milton was piloted for a portion of the growing season in 2014; however, for 2015, this market was moved to Semora in the northeast corner of the county. At the time of this report, the market is slated to continue in Semora for 2016, with the first market date in April of 2016. The Semora area of the county has especially reduced access to fresh foods and is considered a food desert, since there are no grocery stores in the area.

The Home Health department of CCHD has provided blood pressure screenings at various health fairs and other events throughout the county. Due to the small size of the area, these screening events are limited in number and size.

The health department also works with several regional projects which seek to promote health in the greater region. The Health Collaborative associated with the Danville Regional Foundation is based in Danville, VA and primarily serves the city of Danville (VA), Pittsylvania County (VA) and Caswell County. This collaborative is still in the developmental stages as far as programming and related activities. Another regional project is the Dan River Partnership for a Healthy Community. This group also primarily serves Danville and Pittsylvania and Caswell Counties. This project has been a partnership between community and governmental agencies and Virginia Polytechnic and State University (Virginia Tech) and a primary function has been various research projects related to health in the region.

On the policy level, in 2013 Caswell County Health Department presented a 10 foot smoke free perimeter policy on Health Department grounds. This policy was adopted by the Board of Health and progressed to the county commissioners. The policy was ultimately rejected by the commissioners and there remains no smoke free perimeter around any public buildings in Caswell County. This indicates that there may be plenty of room for improvement in terms of community support for healthy behaviors and healthy environments.

#### **SECTION 6: COMMUNITY PRIORITIES**

As discussed in more detail in Section 3, the CHA process included community partners, stakeholders, and the community at large throughout this process. In the fall of 2014, a paper copy of the CHA survey went out to every household in the county. The surveys were available at the Brightleaf Hoedown, which is the only large civic event held annually in the county. These surveys were also distributed to all Caswell County Schools and were also available electronically through SurveyMonkey. Along with this primary data, the health educator also collected a wide range of secondary data, from socioeconomic data to mortality rates. Both primary and secondary data was shared with the CHA team in August of 2015.

Based on input from the CHA team, a much shorter survey was developed to assess the opinions of the community on the top health needs. This survey was distributed at the Brightleaf Hoedown in September of 2015 and was made available electronically. The results of this survey, along with the data shared in August of 2015 were provided to the CHA team in January of 2016. During this January 2016 meeting, the CHA team discussed and select the top priorities for the coming years. These priority areas were based upon greatest impact, while still being feasible projects and considering community votes and opinion. **The three selected health priorities are obesity, mental health, and substance abuse.** The group was also advised that an Action Plan is the next step and that these priorities should align with Healthy North Carolina 2020 objectives. The CHA team will reconvene in the spring of 2016 to work on this Action Plan.

These three priorities were shared with the Board of Health during a routine meeting to keep them informed. The Board of Health was provided with handouts of the primary and secondary data previously presented to the CHA team in January of 2015. The Board of Health was advised that the development of action steps and plans to address these priorities would be a collaborative effort and would be discussed and established after the finalization of the CHA document. Once the action plan is developed, the information will be shared with the Board of Health and County Commissioners. As mentioned in Section 3, this CHA document will be shared with the public and public input is always welcome in efforts to improve Caswell County.

# LIST OF APPENDICES

Appendix A	Community Health Assessment Teams And Contributors
Appendix B	Community Health Assessment Survey
Appendix C	Community Health Assessment Survey With Responses
Appendix D	Community Health Assessment Survey Response Slides
Appendix E	Community Health Assessment Survey Demographics Compared To County Demographics
Appendix F	Community Health Assessment Secondary Data Slides
Appendix G	Strengths & Problems Worksheet
	noticinguis & Froblems Worksheet
Appendix H	9
Appendix I	Top 45 Health Issues Survey
	Top 45 Health Issues SurveyTop 24 Health Issues Survey

# **APPENDIX A - 1**

# COMMUNITY HEALTH ASSESSMENT TEAMS AND CONTRIBUTORS

# **CHA Team**

Alice Robinson	Caswell County Outreach Ministry
Amy Adkins	
Amy Farinelli	
Annie Martinie	
	Caswell County Emergency Management
	Caswell County Emergency Medical Services
Brock Womble	
Bryan Miller	
Cynthia Morris	
Donnie Powell	
	Northwest Piedmont Regional Council
Eugene Riddick	
Frederick Moore	
	Shady Grove United Methodist Church
Jeannine Everidge	
Jennifer Eastwood	
Jennifer White	Caswell County Board of Health
Kimberly Mims	Caswell County Schools
Kimberly Shelton	
Leslie Smith	
Marcy Williams	Caswell County Health Department
	Regional Tobacco Prevention Manager (Guilford County)
Matt Maness	Caswell County Health Department
Meredith Peffley	Cardinal Innovations
Nicole Hodges	
Paul Robinson	
Paula Seamster	Caswell County Government
Penny Crumpton	Community Member
	Caswell County Partnership for Children
Shannon Pointer	Alamance-Caswell Hospice
Shelly Stone	Piedmont Community College
Shirley Deal	Community Member
Sonya Patterson	Caswell County Cooperative Extension
Tiffany Haworth	
Tina Slayten	
Tonya Pegg	Caswell County Youth Programs

# **CHA Survey Development Team**

Barry Lynch	Caswell County Emergency Management
	Caswell County Health Department
Jennifer Eastwood	Caswell County Health Department
Jennifer White	Caswell County Board of Health
Marcy Williams	Caswell County Health Department
Shaunnette Wilson	Caswell County Health Department

#### **APPENDIX A - 2**

# **CHA Survey Distribution Team**

Amy Adkins	Caswell County Schools
Donnie Powell	Caswell County Health Department
Jennifer Eastwood	Caswell County Health Department
Kimberly Shelton	Caswell County Schools
Marcy Williams	Caswell County Health Department
Matt Maness	Caswell County Health Department
Nicole Hodges	Caswell County Schools
Will Shields	

# **CHA Meeting Facilitation and Presentations**

Marcy Williams......Caswell County Health Department

# **CHA Data Collection and Document Writing**

Marcy Williams......Caswell County Health Department

# **CHA Editing**

Frederick Moore......Caswell County Health Department Marcy Williams......Caswell County Health Department

#### **APPENDIX B - 1**

# Caswell County 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.

- You must be 18 years or older to complete this survey.
- This survey is anonymous. DO NOT place your name or any other identifying information on the survey. Your answers will not be connected to you in any way, and surveys will be shredded at the end of the assessment process.
- ◆ Please complete the survey only once!
- You may also complete this survey at www.cchd.caswellnc.us

1. Where in Caswell County do	you live?		u used any of the following tobacco	
☐ Blanch (27212)	☐ Burlington (27217)	products?		
☐ Cedar Grove (27231)	☐ Elon (27244)	☐ Cigarettes	☐ Cigars/Pipes	
☐ Leasburg (27291)	☐ Mebane (27302)	☐ E-Cigarettes		
☐ Milton (27305)	☐ Pelham (27311)	☐ Smokeless tobacco (chew/dip/sn		
☐ Prospect Hill (27314)	☐ Providence (27315)	☐ I have not used tobacco in past 1		
☐ Reidsville (27320)	☐ Ruffin (27326)	13. Do you believe that the regular places should be extended to i	0 0 1	
☐ Semora (27343)	☐ Yanceyville (27379)	Outdoor recreation areas	netude. (eneck an that apply)	
☐ I work or have worked in Casw	ell County but do not live here.	☐ Entry areas of public buildings (	within 25 feet)	
☐ I do not live or work in Caswell	County.	, ,	No, I don't see the need for additional regulations	
	h insurance? (includes Medicaid,	Other:	ional regulations	
Medicare, State Employees, V insurance companies)	A/Military benefits, and other	14. How many days per week do	you have more than one alcoholic	
☐ Yes	□ No		nore than two alcoholic drinks if you	
	last 12 months for preventive care	arc a man?		
(cleaning, x rays, etc)?	and 12 months for preventive cure	☐ Do not drink ever		
☐ Yes	□ No	Less than one day per week but		
4. Have you seen a health care p	rovider in the past 3 years for a	☐ 1-2 days/week	☐ 3-4 days/week	
physical exam?		☐ 5-7 days per week		
☐ Yes	□ No		nger, at what age did you begin using:	
5. For non-emergency medical c needs?	are, where do you go for your medical	Tobacco	Alcohol	
☐ A provider in Caswell County		☐ I have never used tobacco	☐ I have never used alcohol	
☐ A provider in Caswell County	ounty	☐ I am older than 25		
	months when you thought you needed		u used street or recreational drugs?	
	ut did not go? If so, what is the main	☐ Yes	□ No	
reason you did not go?		17. Do you feel that your family is or emergency?	s prepared in case of a natural disaster	
☐ No such time	☐ I had no way to get there	Yes	□ No	
☐ I could not afford to go	☐ I had no child care	18. Do you know where your clos		
☐ It takes too long to get an appoi	ntment	Yes	□ No	
☐ The wait time is too long in doc	tor's office		gency supplies on hand that includes 3	
☐ The office was not open when I	could get there		vater, necessary prescriptions, first aid	
☐ I did not know where to go		, , , ,	teries, non-electric can opener, etc?	
7. If you had to go to the hospita	l, which one would you select?	☐ Yes	□ No	
		20. Do you consider yourself to be	_	
8. Which medical specialties are	most needed in Caswell County?	☐ Yes	□ No	
		21. Are you currently trying to lo	_	
9. Do you use car/booster seats f 8 years old or under 80 lbs?	or all child passengers who are under	☐ Yes	□ No	
Yes	□ No	22. How many days do you exerci week?	se for 30 minutes or more in a typical	
10. Are your pets' rabies vaccina		☐ 1-2 days	☐ 3-4 days	
Yes	□ No	□ 5-7 days	☐ I rarely exercise	
☐ I don't know	☐ I don't have pets	·	ou done in the past year? Check all	
	health care provider that you had any	that apply.	ou done in the past year. Once an	
	health risks? Check all that apply.	☐ Bicycling	☐ Fitness Classes	
☐ Arthritis	☐ Asthma	☐ Golf	☐ Jogging/Running	
☐ Cancer	☐ COPD/Emphysema	☐ Kayaking/Canoeing	☐ Martial Arts	
☐ Depression or Anxiety (nerves)	☐ Diabetes during pregnancy only	☐ Sports (basketball, softball, socc	er, etc)	
☐ Diabetes (other than during pre-	gnancy)	☐ Swimming	☐ Walking/hiking	
☐ Heart Disease	☐ High blood pressure	☐ Weight lifting		
☐ High cholesterol	☐ HIV/AIDS	Other:		
☐ Kidney Disease	☐ Mental illness			
☐ Osteoporosis	☐ Overweight/Obesity			
Sexually transmitted infections	□ Stroke			

	urrent recreation facilities in Caswell	28. What is your primary phone?	
County have you and yo	•	☐ Cell/mobile	☐ Land line (home phone)
☐ Athletic fields	☐ Fitness Classes	☐ I do not have a phone	☐ Other:
☐ Gymnasium	☐ Hyco Lake	29. What is your age?	
☐ Picnic Shelter	Playground	□ 18-25	<b>26-39</b>
☐ Farmer Lake	☐ Tennis Courts	□ 40-54	<b>□</b> 55-64
☐ Walking trail/track	☐ Rivers/Streams/Waterways	☐ 65 or older	
Other:		30. What is your gender?	
	arrently unavailable public recreation	☐ Male	☐ Female
facilities /activities would	d have the greatest impact on you and your	31. How do you classify your race?	,
Additional greenways/w	zalking naths	☐ American Indian or Alaskan nativ	
Air conditioned gymnas		☐ Black or African American	☐ White
Athletic fields (soccer, f		☐ Two or more races	☐ Other:
Bike lanes/paths	ootban, etc)	32. How do you classify your ethni	
Outdoor basketball cour	+	☐ Hispanic	☐ Non-Hispanic
	ι	33. What is your highest level of ed	
Sidewalks	, tou	Less than high school	☐ High school diploma or GED
Swimming/Aquatic Cen	nei	Some college	☐ College degree or higher
Team sports	u boliovo que the EIVEti	34. What was your household inco	
health issues facing Casy	u believe are the FIVE most important well County.	Less than 20,000	20,000-39,999
Access to health care		40,000-59,999	□ 60,000-79,999
Asthma or respiratory c	conditions	Over 80,000	<b>3</b> 00,000-79,999
Alcohol abuse	NAME OF THE PROPERTY OF THE PR		
Cancer		Return your completed survey to:	
Cost of health care		CHA	\ Team
Cost of prescriptions			Health Department
Child abuse/neglect		P.O. B	ox 1238
		Yanceyville	e, NC 27379
Diabetes		Or drop off at one of	the following locations:
Drug abuse		-	tment of Social Services
Elder abuse/neglect			Health Department
Heart disease or stroke			ty Senior Center
HIV/AIDS			v Medical Center es Golf Course
Lack of access to medic			ntry Convenience
Lack of physical activit	ty		ocery & Grill
Mental health			al Public Library
Obesity/overweight			Family Restaurant ge — Caswell County Campus
Poor diet or eating habi	its		e Drug Store
Prescription drug abuse			
Secondhand smoke			
Sexually transmitted in	fections		
Teen pregnancy			
Tobacco use			
Violence			
Unplanned pregnancy			
Other:			
27 How do you got not	rouding Coswell County Samilare?		
☐ Email	garding Caswell County Services?		
	☐ Internet		
☐ Marquee Sign	□ Newspaper		
Radio	□ TV		
☐ Flyers/Community Bulletin			
☐ Social networking website	s (ex. Facebook, twitter)		
Other:			

#### **APPENDIX C - 1**

# Caswell County 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.

- ◆ You must be 18 years or older to complete this survey.
- This survey is anonymous. DO NOT place your name or any other identifying information on the survey. Your answers will not be connected to you in any way, and surveys will be shredded at the end of the assessment process.
- ◆ Please complete the survey only once!
  - You may also complete this survey at www.cchd.caswellnc.us

1. Where in Caswell County do you live? $n=581$	12. In the past 12 months have you used any of the following tobacco
□ Blanch (27212) 7.4% □ Burlington (27217) 3.96%	products? n=550
□ Cedar Grove (27231) $\theta$ .17% □ Elon/Gibsonville $\theta$ .02%	☐ Cigarettes 110 votes, 20.0% ☐ Cigars/Pipes 6 votes, 1.09% ☐ E-Cigarettes 30 votes, 5.45%
☐ Leasburg (27291) 3.61% ☐ Mebane (27302) 2.41%	,
☐ Milton (27305) 7.92% ☐ Pelham (27311) 11.88%	Smokeless tobacco (chew/dip/snuff) 16 votes, 2.91%  Library not yield tobacco in nost 12 months. 414 votes, 75.27%
☐ Prospect Hill (27314) 3.44% ☐ Providence (27315) 7.57%	☐ I have not used tobacco in past 12 months 414 votes, 75.27%
□ Reidsville (27320) 12.05% □ Ruffin (27326) 3.61%	13. Do you believe that the regulations limiting smoking in public places should be extended to include: (check all that apply) $n=455$
☐ Semora (27343) 3.44% ☐ Yanceyville (27379) 19.79%	☐ Outdoor recreation areas 12.7%
☐ 1 work or have worked in Caswell County but do not live here. 6.02%	☐ Entry areas of public buildings (within 25 feet) 26.2%
☐ I do not live or work in Caswell County.	□ No, I don't see the need for additional regulations 43.1%
2. Do you have any type of health insurance? (includes Medicaid, Medicare, State Employees, VA/Military benefits, and other	Other: _Both entryways & outdoor areas 18.1%
insurance companies) n= 569  ☐ Yes 89.46% ☐ No 10.54%	14. How many days per week do you have more than one alcoholic drink if you are a woman or more than two alcoholic drinks if you
	are a man? n=565
3. Have you seen a dentist in the last 12 months for preventive care (cleaning, x rays, etc)? n= 571	☐ Do not drink ever 57.17%
☐ Yes 70.93% ☐ No 29.07%	☐ Less than one day per week but drink occasionally 33.45%
4. Have you seen a health care provider in the past 3 years for a	□ 1-2 days/week 5.12% □ 3-4 days/week 2.65%
physical exam? n=567	□ 5-7 days per week 1.59%
□ Yes 91.18% □ No 8.82%	15. If you are currently 25 or younger, at what age did you begin using: $n=465$
5. For non-emergency medical care, where do you go for your medical	Tobacco 11-17 5.62%, 18-25 3.6% Alcohol 11-17 2.8%, 18-25 7.48%
needs? n=548	☐ I have never used tobacco 28.76% ☐ I have never used alcohol 24.53%
☐ A provider in Caswell County 36.5%	☐ I am older than 25 (tobacco) 62.02% (alcohol) 65.19%
☐ A provider outside of Caswell County 63.5%	16. In the past 12 months have you used street or recreational drugs? $n=565$
6. Was there a time in the last 12 months when you thought you needed medical care for any reason but did not go? If so, what is the main	☐ Yes 1.59% ☐ No 98.41%
reason you did not go? $n=523$	17. Do you feel that your family is prepared in case of a natural disaster
☐ No such time 64.44% ☐ I had no way to get there 1.91%	or emergency? <i>n</i> =554  □ Yes 52.89% □ No 47.11%
☐ I could not afford to go 19.89% ☐ I had no child care 0.57%	
☐ It takes too long to get an appointment 4.97%	18. Do you know where your closest emergency shelter is located? $n=565$ $\square$ Yes 33.45% $\square$ No 66.55%
☐ The wait time is too long in doctor's office 4.78%	19. Do you keep designated emergency supplies on hand that includes 3
☐ The office was not open when I could get there 3.44%	days of non-perishable food, water, necessary prescriptions, first aid
☐ I did not know where to go <b>0</b> %	supplies, flashlight, radio, batteries, non-electric can opener, etc? $n=564$
7. If you had to go to the hospital, which one would you select? $n=504$	☐ Yes 59.04% ☐ No 40.96%
	<b>20.</b> Do you consider yourself to be overweight? $n=569$
8. Which medical specialties are most needed in Caswell Co? $n=282$	☐ Yes 51.67% ☐ No 48.33%
	21. Are you currently trying to lose weight? $n=564$
9. Do you use car/booster seats for all child passengers who are under	☐ Yes 52.13% ☐ No 47.87%
8 years old or under 80 lbs? $n=508$	22. How many days do you exercise for 30 minutes or more in a typical week? n=562
☐ Yes 79.13% ☐ No 20.87%	□ 1-2 days 25.44% □ 3-4 days 24.38%
10. Are your pets' rabies vaccinations up to date? $n=567$	□ 5-7 days 12.46% □ I rarely exercise 37.76%
☐ Yes 52.38% ☐ No 3.53%	23. What types of exercise have you done in the past year? Check all
☐ I don't know 6.0% ☐ I don't have pets 38.1%	that apply. $n=517$
11. Have you ever been told by a health care provider that you had any of the following conditions or health risks? Check all that apply. n=416	☐ Bicycling 19.73% ☐ Fitness Classes 22.05%
□ Arthritis 31.97% □ Asthma 19.23%	☐ Golf 3.68% ☐ Jogging/Running 19.73%
☐ Cancer 12.98% ☐ COPD/Emphysema 4.09%	☐ Kayaking/Canoeing 5.42% ☐ Martial Arts 1.93%
☐ Depression or Anxiety (nerves) ☐ Diabetes during pregnancy only 3.37%	Sports (basketball, softball, soccer, etc)  13.15%
☐ Diabetes (other than during pregnancy) 18.75%	□ Swimming 19.15% □ Walking/hiking 81.43%
☐ Heart Disease 9.86% ☐ High blood pressure 48.28%	☐ Weight lifting 19.34%
□ High cholesterol 33.41% □ HIV/AIDS $\theta$ %	□ Other: 10.25%
☐ Kidney Disease 3.61% ☐ Mental illness 2.16%	
□ Kidney Disease 3.61% □ Mental illness 2.16% □ Osteoporosis 5.53% □ Overweight/Obesity 31.97%	

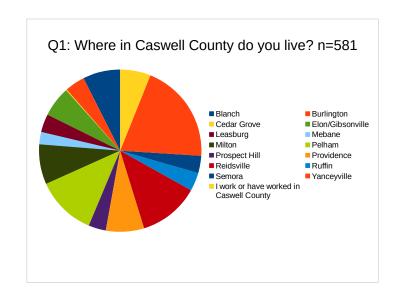
Page 34

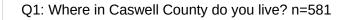
2015 Caswell County CHA

24. In the past year, which current recr County have you and your family u		<b>28.</b> What is your primary phone? $n=537$ $\square$ Cell/mobile 53.07% $\square$ Landline (home phone) 45.62%
☐ Athletic fields 25.29% ☐	Fitness Classes 5.59%	☐ I do not have a phone
☐ Gymnasium 14.71% ☐	Hyco Lake 26.18%	29. What is your age? <i>n</i> =545
☐ Picnic Shelter 15.88% ☐	Playground 31.18%	$\square$ 18-25 7.71% $\square$ 26-39 28.44%
☐ Farmer Lake 15.00% ☐	Tennis Courts 3.18%	□ 40-54
☐ Walking trail/track 43.24% ☐	Rivers/Streams/Waterways 11.18%	
Other:	10.29%	30. What is your gender? $n=553$
25. Please rank 1-3 which currently una		☐ Male 22.97% ☐ Female 77.03%
facilities /activities would have the g family. n=420	greatest impact on you and your	31. How do you classify your race? n=551
Additional greenways/walking path	s 208 votes, 49.52%	☐ American Indian or Alaska native 1.09% ☐ Asian or Pacific Islander 0.18%
Additional greenways waiking path Air conditioned gymnasium	142 votes, 33.81%	☐ Black or African American 29.58% ☐ White 62.43%
Athletic fields (soccer, football, etc)		☐ Two or more races 4.54% ☐ Other: 2.18%
Bike lanes/paths	130 votes, 30.95%	32. How do you classify your ethnicity? n=516
Outdoor basketball court	69 votes, 14.05%	☐ Hispanic 3.88% ☐ Non-Hispanic 96.12%
Sidewalks	116 votes, 27.62%	33. What is your highest level of education? $n=555$
Swimming/Aquatic Center	239 votes, 56.90%	☐ Less than high school 6.67% ☐ High school diploma or GED 27%
Team sports	80 votes, 19.05%	☐ Some college 20.72% ☐ College degree or higher 42.59%
26. Please rank 1-5 what you believe ar	<u> </u>	34. What was your household income last year? n=507
health issues facing Caswell County		☐ Less than 20,000 27.61% ☐ 20,000-39,999 27.42%
Access to health care 154	4 votes, 31.3%	□ 40,000-59,999 18.93% □ 60,000-79,999 14.40%
Asthma or respiratory conditions	58 votes, 11.79%	□ Over 80.000 11.64%
Alcohol abuse 12	1 votes, 25.49%	Return your completed survey to:
Cancer 142	2 votes, 28.86%	•
Cost of health care 187	1 votes, 36.79%	CHA Team
Cost of prescriptions 122	2 votes, 24.8%	Caswell County Health Department
Child abuse/neglect 64	votes, 13.01%	P.O. Box 1238 Yanceyville, NC 27379
Diabetes 126	0 votes, 24.39%	ranceyvine, ive 27577
Drug abuse 163	5 votes, 33.54%	Or drop off at one of the following locations:
Elder abuse/neglect 38	votes, 7.72%	Caswell County Department of Social Services
Heart disease or stroke 98	votes, 19.92%	Caswell County Health Department Caswell County Senior Center
HIV/AIDS 20	votes, 4.07%	Caswell Family Medical Center
Lack of access to medical specialtic	es 95 votes, 19.31%	Caswell Pines Golf Course
Lack of physical activity 106	6 votes, 21.54%	Chandlers Country Convenience Chilton Grocery & Grill
Mental health 94	votes, 19.11%	Gunn Memorial Public Library
Obesity/overweight 20t	0 votes, 40.65%	Jimmy & Hope's Family Restaurant
Poor diet or eating habits 154	4 votes, 31.3%	Piedmont Community College — Caswell County Campus Yanceyville Drug Store
Prescription drug abuse 46	votes, 9.35%	tunce, two 2 ting store
Secondhand smoke 46	votes, 9.35%	
Sexually transmitted infections	31 votes, 6.3%	
Teen pregnancy 82	votes, 16.67%	
Tobacco use 107	1 votes, 20.53%	
Violence 50	votes, 10.16%	
Unplanned pregnancy 48	votes, 9.76%	
Other:	16 votes, 3.25%	
27. How do you get news regarding Cas	swell County Services? n=542	-
	☐ Internet 20.66%	
	☐ Newspaper 12.73%	
	☐ TV 53.14%	
□ Flyers/Community Bulletinboard 56.83%		
☐ Social networking websites (ex. Faceb		
☐ Other:	DON, (WILLE) 13.2070	
<u> </u>		

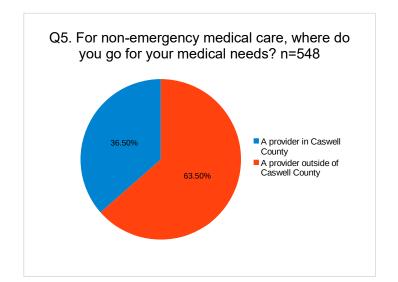
#### **APPENDIX D - 1**

Caswell County 2015 Community Health Assessment Survey Results

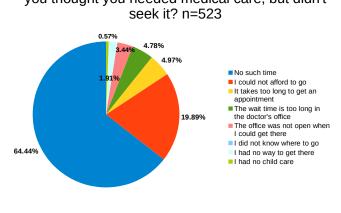




Yanceyville	115
Reidsville	70
Pelham	69
Milton	46
Providence	44
Blanch	43
Elon/Gibsonville	35
Burlington	23
Leasburg	21
Ruffin	21
Prospect Hill	20
Semora	20
Mebane	14
I work or have worked in Caswell County but do not live here	4
Cedar Grove	1



# Q6. Was there a time in the last 12 months where you thought you needed medical care, but didn't



# Q7. If you had to go to the hospital, which one would you select? n=504

Hospital	Votes
Annie Penn	104
Alamance	88
Duke	82
UNC	76
Moses Cone	60
Danville	47
Person Memorial	32
Morehead Memorial	22
Duke Regional	14
Wake Forest Baptist	6

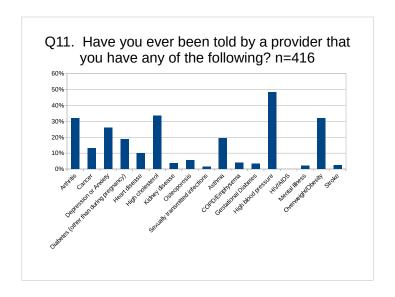
Hospital	Votes
Wesley Long	6
Durham VA	6
DRMC	5
Sentara Halifax VA	2
Centra	2
High Point Regional	1
Greensboro	1
Rex	1
WakeMed	1

#### **APPENDIX D - 2**

Q8. Which medical specialties are most needed in
Caswell County? n=282

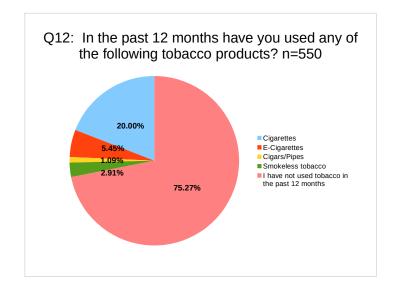
	Casivi
Dentist	37
Cardiology	34
Mental health	27
Pediatrics	22
Ob/Gyn	20
"Doctors" not NP/PA	18
Urgent Care	14
Cancer/Oncology	13
General/Primary Care	13
Orthopaedic	11
Pulmonary	9
Dermatology	9
Hospital	9
Diabetes	7
Emergency Room	6

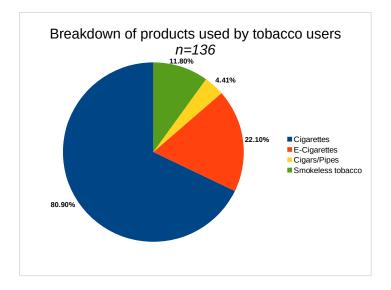
Endocrinology	5
Rheumatology	5
Urology	4
Geriatric	4
Chiropractor	4
Internal Medicine	4
ENT	4
EMS/Faster Arrival	4
Physical Therapy	3
Free/"Affordable"	3
Allergy care	3
Children with special needs	3
Kidney/nephrology	2
Weight loss	2
Transportation to care	2
Radiology/Imaging	2
Eye doctor	2

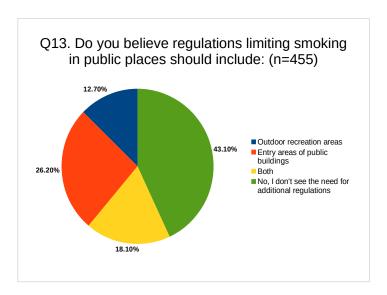


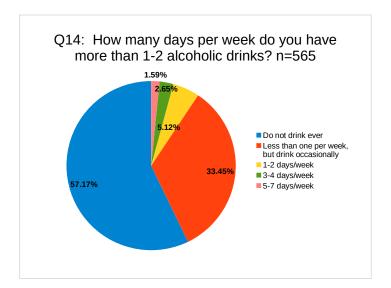
Q11. Have you ever been told by a provider that you have any of the following? n=416

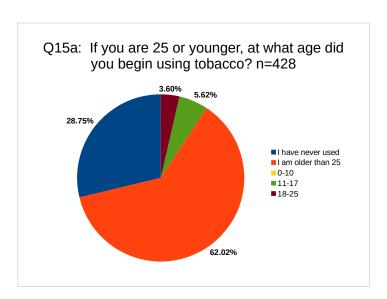
High blood pressure	205
High cholesterol	139
Arthritis	133
Overweight/Obesity	133
Depression or Anxiety	108
Asthma	80
Diabetes (other than during pregnancy)	78
Cancer	54
Heart disease	41
Osteoporosis	23
COPD/Emphysema	17
Kidney disease	15
Gestational Diabetes	14
Stroke	10
Mental Illness	9
Sexually transmitted infections	6
HIV/AIDS	0

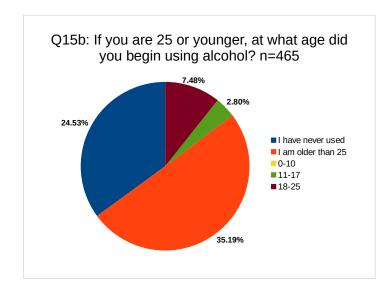


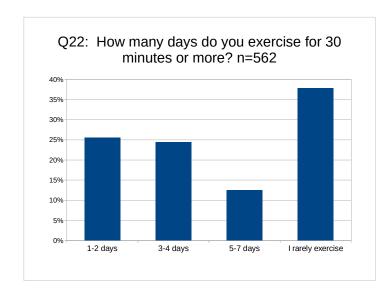


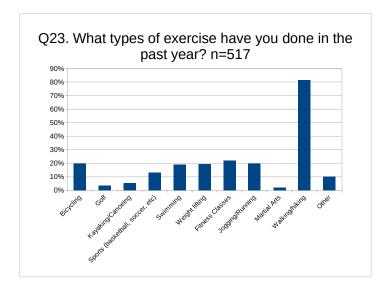


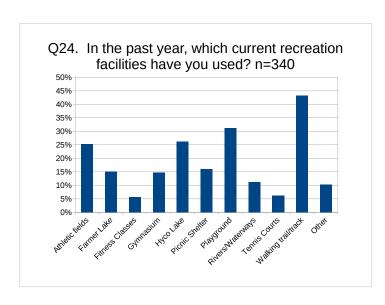








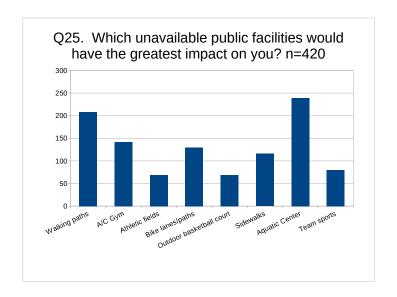




# Q24. In the past year, which current recreation facilities have you used? n=340

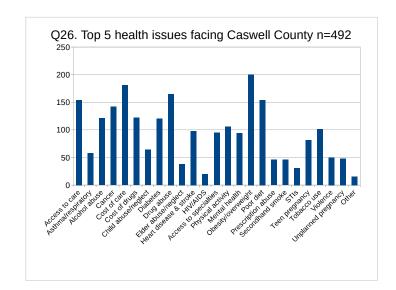
Facility	Votes
Walking trail/track	147
Playground	106
Hyco Lake	89
Athletic fields	81
Farmer Lake	56
Picnic Shelter	54
Gymnasium	50
Rivers/Waterways	38
Other	35
Tennis Courts	21
Fitness Classes	19

Most common responses to	Other	
Senior Center	8	
Rec Center	5	



# Q25. Public Facilities in Decreasing Order n=420

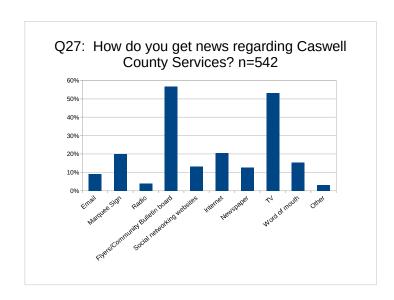
Facility	Number of Votes
1. Swimming/Aquatic Center	239
2. Additional greenways/ paths	208
3. Air-conditioned gymnasium	142
4. Bike lanes/paths	130
5. Sidewalks	116
6. Team sports	80
7. Athletic fields	69
8. Outdoor basketball court	69

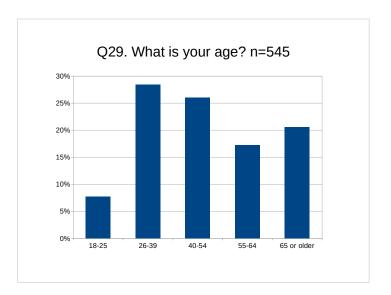


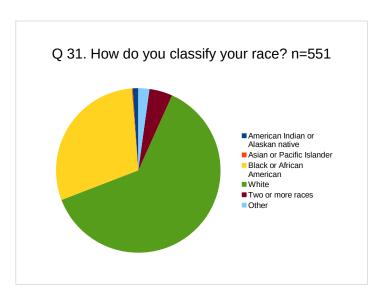
# Q26. Top 5 Health Issues (decreasing order) n=492

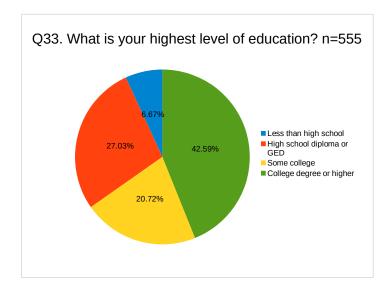
Iss	ue	Votes
1.	Obesity/overweight	200
2.	Cost of health care	181
3.	Drug abuse	165
4.	Access to health care	154
4.	Poor diet or eating habits	154
5.	Cancer	142
6.	Cost of prescriptions	122
7.	Alcohol abuse	121
8.	Diabetes	120
9.	Lack of physical activity	106
10.	. Tobacco use	101
11.	Heart disease or stroke	98
	Lack of access to medical ecialties	95

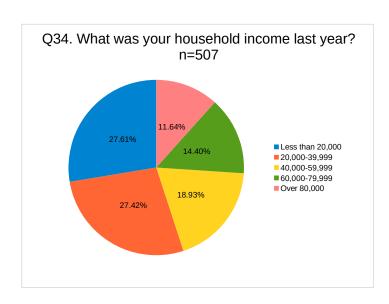
Issue	Votes
13. Mental health	94
14. Teen pregnancy	82
15. Child abuse/neglect	64
16. Asthma/respiratory conditions	58
17. Violence	50
18. Unplanned pregnancy	48
19. Prescription drug abuse	46
20. Secondhand smoke	46
21. Elder abuse/neglect	38
22. Sexually transmitted infections	31
23. HIV/AIDS	20
24. Other	16











#### **APPENDIX E - 1**

# **Comparing the Sample Population-to-County Population Worksheet**

Does the sample of people in the survey represent the county? Do the responses on the survey give similar information as if everyone in the county was surveyed?

Fill in the table below to see if the survey respondents are similar to the county's population in terms of demographics:

C	haracteristic	Percent (%) of Survey Respondents**	Percent (%) of County Demographics*
Gender	Female	77%	49.2%
Gender	Male	23%	50.8%
	Asian/Pacific Islander	N/A	N/A
	Black/African American	29.58%	33.5%
	Native American	1%	N/A
Race	White/Caucasian	62.43%	62.6%
	Other race	2.18%	N/A
Hispanic Origin	Yes	3.88%	3.2%
Thispanic Origin	No		
	0-19		
	20-34		
Age	35-54		
	55-64		
	65-74		
	75 or older		
	Less than 12 <sup>th</sup> grade	6.67%	29.8%
	High school graduate/GED	27.03%	21.6%
Highest Education Level	Vocational training		
Level	Associate's degree		
	Some college		
	Bachelor's degree		
	Graduate/professional degree		
	Less than \$10,000		9.6%
	\$10,000- 14,999		12.9%
Household Income	\$15,000- 24,999	(Under \$20,000) 27.61%	15.5%
	\$25,000- 34,999	(20-39,000) 27.42%	11.6%
	\$35,000- 49,999	(40-59,999) 18.93%	15.5%
	\$50,000- 74,999	(60-79,999) 14.4%	18.5%
	\$75,000 or more	(80,000+) 11.64%	16.3%
Geography (please specify units used here)***			

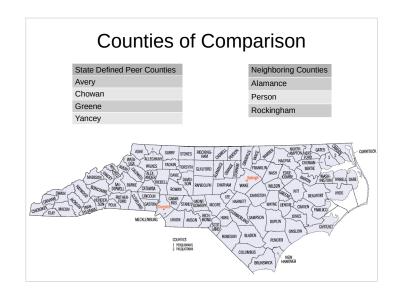
<sup>\*</sup> From secondary data such as the US census data or County Health Data Book

<sup>\*\*</sup> From primary data that you have collected.

<sup>\*\*\*</sup>Geographic units: Some examples of a geographic unit are zip code, census block, township, neighborhood, or fire district. Use whatever geographic unit is most relevant to your county, including any not listed here. Please specify which unit used, and list them (ex. List all zip codes in the county) in the second column.

# CASWELL COUNTY COMMUNITY HEALTH ASSESSMENT 2015 SECONDARY DATA

Caswell County data compared to Peers, Neighbors, and State



# Peer Counties Explained

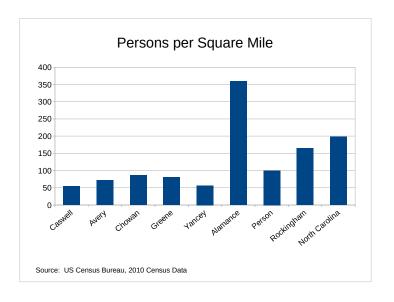
The state groups counties by:

- 1) Population size
- 2) Percentage below poverty
- 3) Age distribution
- 4) Population Density

# Population Size

Geographic Area	Total Population Count
Caswell	23,217
Avery	17,756
Chowan	14,782
Greene	21,382
Yancey	17,724
Alamance	152,472
Person	39,361
Rockingham	92,974
North Carolina	9,651,380

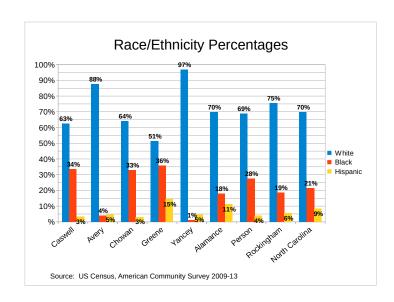
Source: US Census, American Community Survey 2009-13

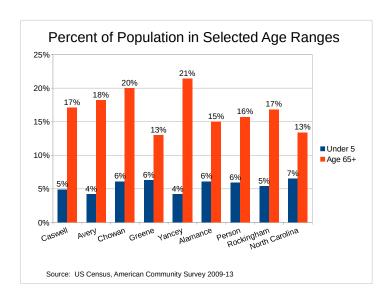


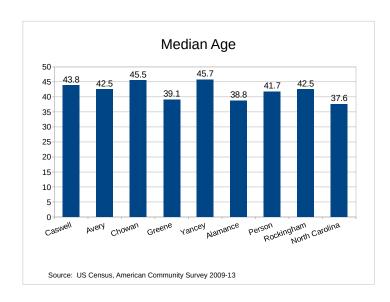
# **Hospital Status**

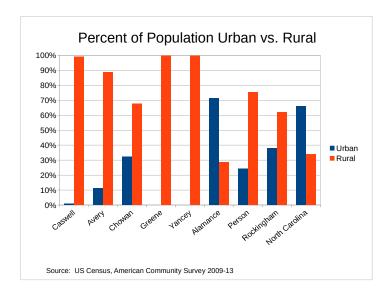
County	Hospital within county?
Caswell	No
Avery	Yes
Chowan	Yes
Greene	No
Yancey	No
Alamance	Yes
Person	Yes
Rockingham	Yes

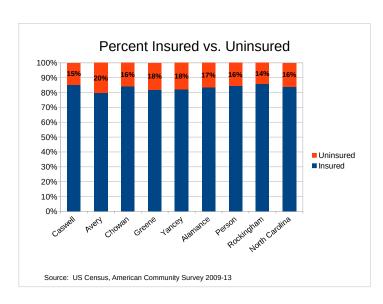
Selected Socioeconomic and Demographic Factors

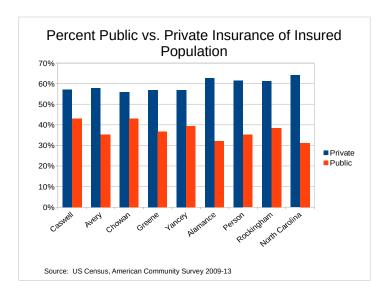


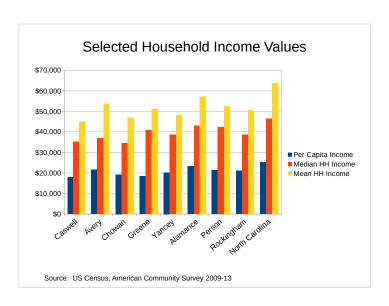


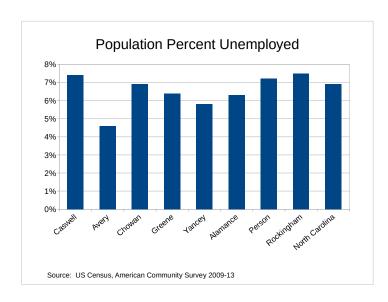


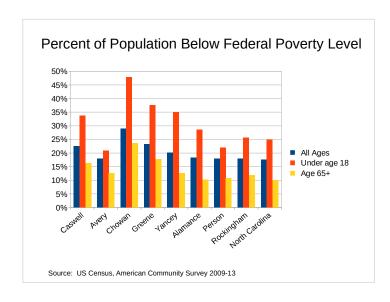


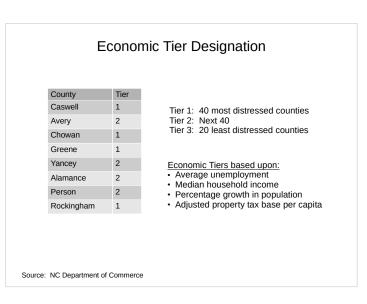


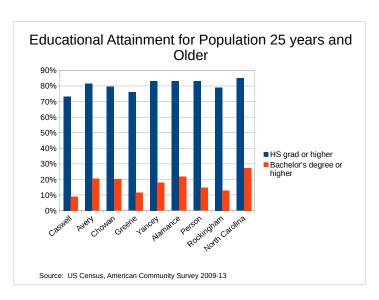






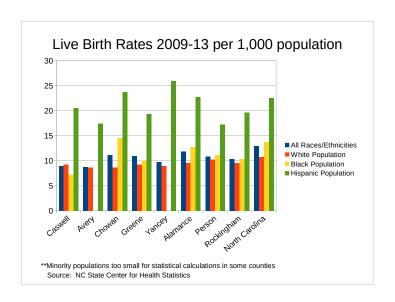


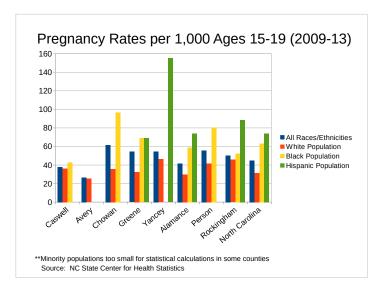


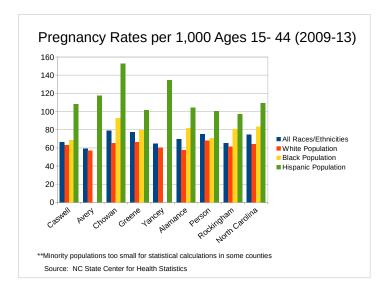


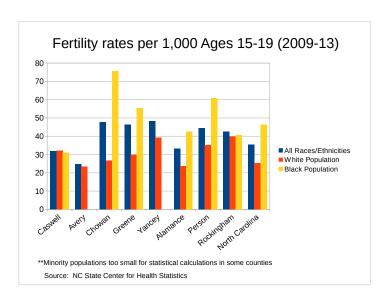
# Selected Health Indicators

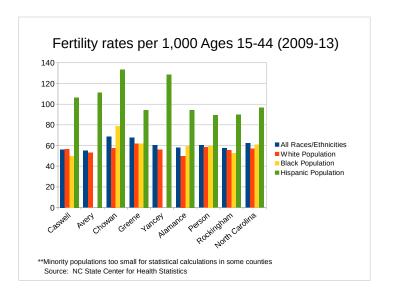
# Selected Pregnancy and Birth Data

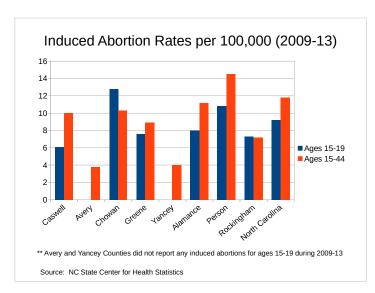


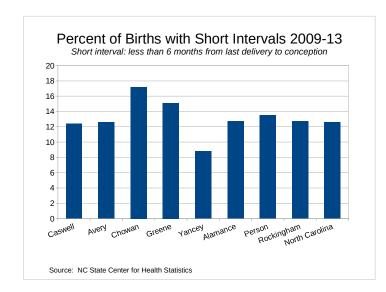


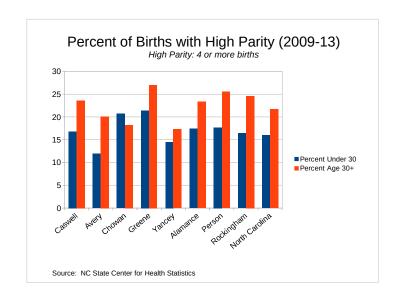


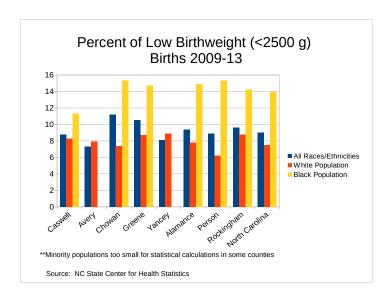


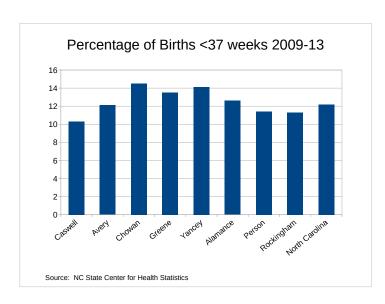




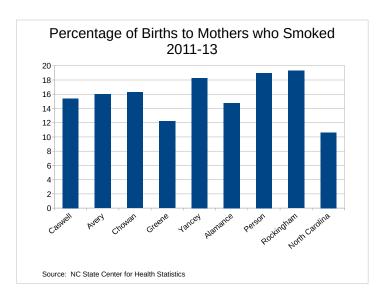








# **APPENDIX F - 6**



# Selected Mortality Statistics

\*\*Mortality is another term for death

# Infant (<1 year) Mortality

Geographic Area	Infant Deaths	Infant Death Rate
Caswell	8	**
Avery	8	**
Chowan	5	**
Greene	9	**
Yancey	6	**
Alamance	73	8.2
Person	15	**
Rockingham	51	10.7
North Carolina	4441	7.3

Infant Death Rates per 1,000 live births

\*\* number of deaths too small to calculate rate

Source: NC State Center for Health Statistics

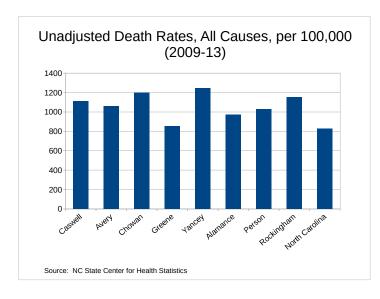
# Leading Causes of Death for Caswell County

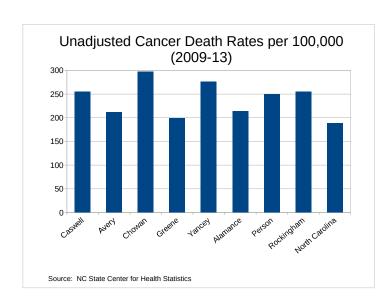
Unadjusted death rates per 100,000 population 2009-13

Cause of Death	Caswell	NC
Cancer	254.8	188.1
Heart Disease	248.9	178.9
Chronic Lower Respiratory Disease	63.1	48.4
Cerebrovascular Disease	47.7	45.2
Alzheimer's Disease	40.1	29
Other Unintentional Injuries	39.2	29.9
Diabetes	33.2	23.3
Motor Vehicle Injuries	25.6	**
Kidney Disease	23.9	18.3
Pneumonia and Influenza	12.2	18.4
Total Deaths All Causes	1111.3	830

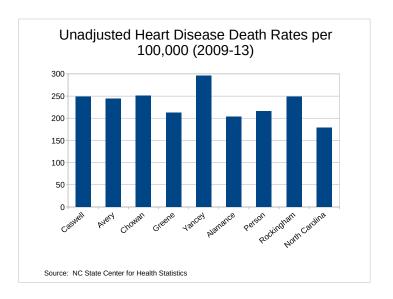
\*\*not a leading cause of death for geographic area

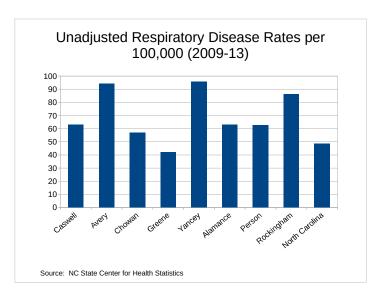
Source: NC State Center for Health Statistics

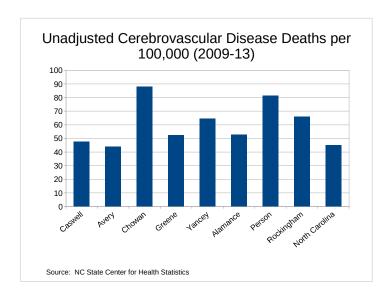


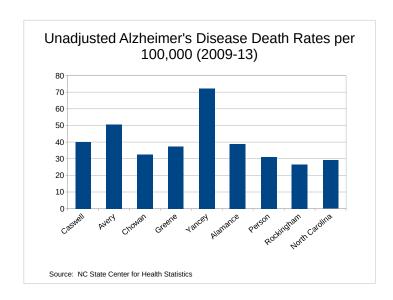


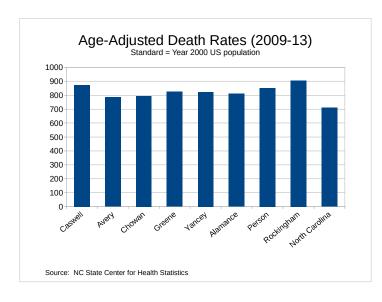
# **APPENDIX F - 7**

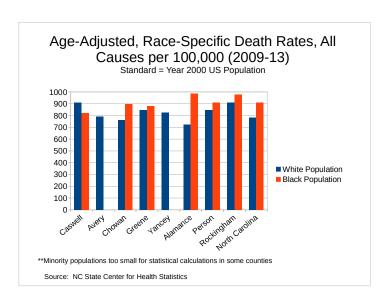


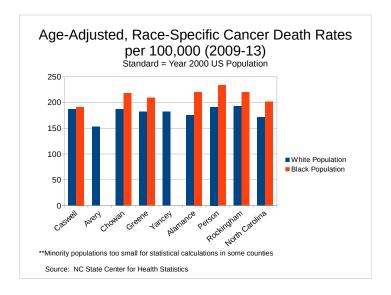


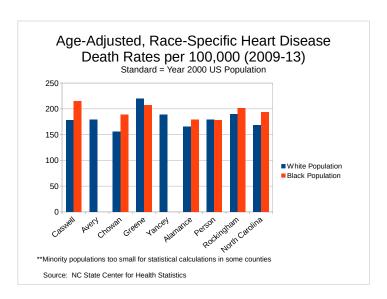




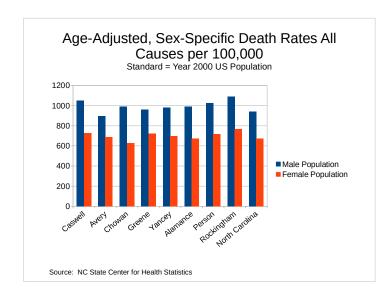


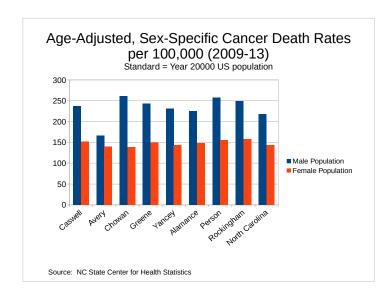


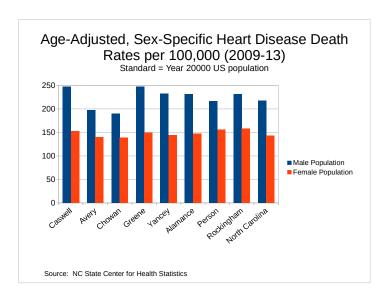




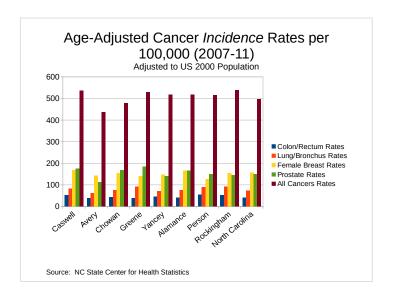
Page 48

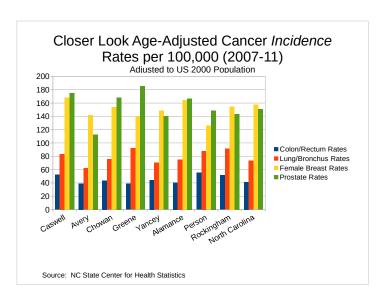


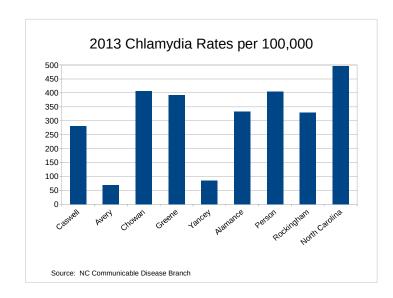


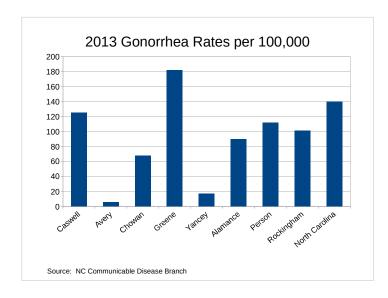


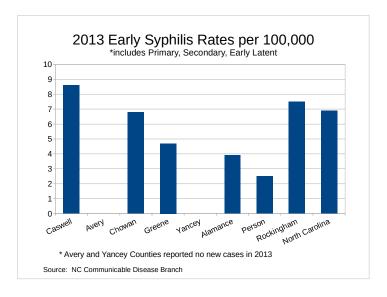
# Selected Morbidity Data \*\*Morbidity is another term for illness





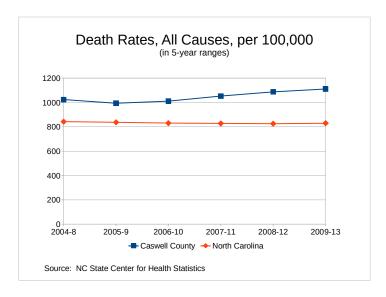


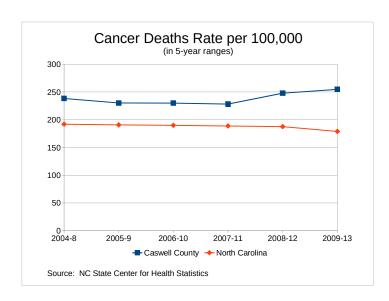


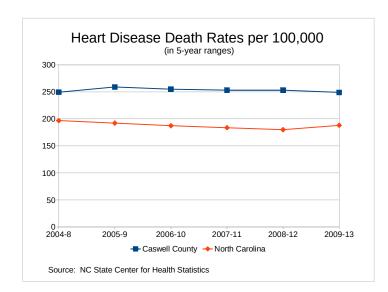


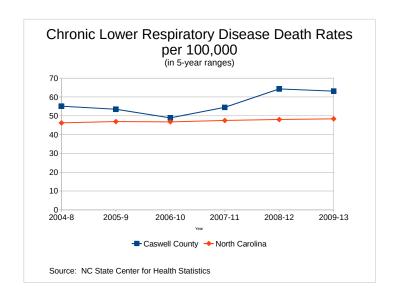
Trends in Death Rates Caswell County compared to North Carolina

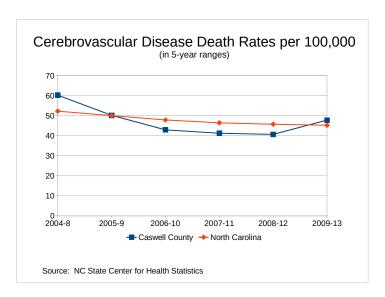
# **APPENDIX F - 10**











# Other Trends http://www.schs.state.nc.us/data/keyindicators/

# APPENDIX G - 1

# **Caswell County Community Health Assessment 2015 Strengths and Problems**

Identify 5-10 strengths and problems for each of the 4 areas below.
Community Perception of Strengths (based on survey data)
Community Perception of Problems (based on survey data)
County Strengths (based on data from outside sources)
County Problems (based on data from outside sources)

Please review the list of health related issues below. The list below is not presented in any specific order. Based on the Community Health Assessment survey responses and other data attached to the email you received, as well as your knowledge of the county, please mark the top 10 issues you feel are most important to residents of Caswell County. At the bottom of the list is an area you can write in issues not specifically mentioned. If you have any questions about this survey, please contact Marcy Williams at the Caswell County Health Department (336-694-4129 x113 or mwilliams@caswellnc.us). \* 1. Please select 10 of the following health related Issues for the 2016 Community Health Assessment to prioritize. Air-conditioned gym Adult team sports Walking trails/greenways Sidewalks Fitness classes Athletic fields Bicycle lanes/paths Outdoor basketball court Public swimming pool Obesity Lack of access to affordable, healthy food Every home does not have an emergency kit (food, water, medicine, first aid, radio, flashlight, batteries, etc.) Lack of knowledge about emergency shelter locations Lack of affordable health care Lack of affordable prescriptions Lack of access to specialty healthcare: Family Medicine Lack of access to specialty healthcare: Orthopaedics Lack of access to specialty healthcare: Pediatrics Lack of access to specialty healthcare: Cardiology Lack of access to specialty healthcare: Prenatal Care Lack of access to specialty healthcare: Gynecology Lack of access to specialty healthcare: Dental Lack of access to specialty healthcare: Oncology (cancer) Low rate of rabies vaccination of pets

	Arthritis
	Diabetes
	Lung diseases (Asthma, COPD/Emphysema/Chronic Bronchitis,Pneumonia, Influenza)
	Cancer
	Poor pregnancy outcomes (low birth weight, unplanned, etc)
	Heart disease and stroke
	High blood pressure
	High cholesterol
	Osteoporosis
	Kidney disease
	Sexually transmitted infections & HIV/AIDS
	Unintentional Injury (Motor Vehicle, Drug Overdose, Accident, Gunshot, etc)
	Abuse and neglect (child & elder)
	Alzheimer's disease
	Access to mental health care (depression, anxiety, bipolar, schizophrenia, suicide, etc.)
	Illegal/recreational drug use
	Alcohol abuse/misuse
	Prescription drug abuse
	Exposure to second hand smoke
	Tobacco use (cigarettes, cigars, pipes, e-cigarettes, chew, dip, snuff)
	Tobacco use/exposure by pregnant women
Oth	er (please specify)
2	Other Comments

APPENDIX H - 3 2015 Caswell County CHA	Page 54
End of Survey	
Thank you for your feedback.	

# **Caswell County Community Health Assessment 2015 Priority Areas**

Each resident has **5 votes** for the below health-related issues. The items are listed in no particular order.

Abuse & Neglect	Affordable Health Care	Affordable Healthy Food	Air-conditioned Gym	Alcohol Abuse	Bicycle Lanes
Cancer	Dentist	Diabetes	Family Medicine	Fitness Classes	Heart Disease & Stroke
High Blood Pressure	Drug Use	Mental Health	Obesity	Poor Pregnancy Outcomes	Prescription Drug Abuse
Public Swimming Pool	Secondhand Smoke	Sidewalks	Tobacco Use	Tobacco Use/Exposure by Pregnant Women	Walking Trails

# Caswell County 2015 Community Health Assessment Health Resources Inventory

Page 56

Agency Type	Agency Name	Address	Contact Information
Health Providers Inventory			
Medical Provider	Caswell County Health Department	189 County Park Rd, Yanceyville, NC 27379	336-694-4129
Medical Provider	Caswell Family Medical Center	439 NC 158, Yanceyville, NC 27379	336-694-9331
Medical Provider	Yanceyville Primary Care	1499 Main St, Yanceyville, NC 27379	336-694-6969
Medical and Dental Provider	Prospect Hill Community Health Center	322 Main St, Prospect Hill, NC 27314	336-562-3311
Dental Provider	Person Family Dental Center	1076 NC Hwy 86 N, Yanceyville, NC 27379	336-694-5462

Health Facilities Inventory			
Hospital	none within county		
Nursing/Adult Care	Brian Center	1086 Main St, Yanceyville, NC 27379	336-694-5916
Nursing/Adult Care	Caswell House	535 NC 158, Yanceyville NC 27379	336-694-1555
Mental Health	Caswell Family Medical	439 NC 158, Yanceyville, NC 27379	336-694-9331
Emergency Medical Services	Caswell County EMS	208 County Park Rd, Yanceyville, NC 27379	336-694-5177
Home Health and Hospice	Caswell County Health Department Home Health	189 County Park Rd, Yanceyville, NC 27379	336-694-4129
Home Health and Hospice	Hospice of Alamance-Caswell	Main Office: 914 Chapel Hill Rd, Burlington, NC 27215	336-532-0100
School Health Services	None		
Medical Transportation	Caswell Area Transportation Services	208 County Park Rd, Yanceyville, NC 27379	336-694-6101
Nursing and Medical School Services	none within county		
Dental Providers	Person Family Dental Clinic	1076 NC Hwy 86 N, Yanceyville, NC 27379	336-694-5462
Dental Providers	Prospect Hill Community Health Center	322 Main St, Prospect Hill, NC 27314	336-562-3311
Recreational Facilities and Fitness Centers	Caswell County Parks and Recreation	228 County Park Rd, Yanceyville, NC 27379	336-694-4449
Recreational Facilities and Fitness Centers	Body Dynamics Fitness	1536 North Main St, Yanceyville, NC 27379	336-514-2314
Pharmacy Services	North Village Pharmacy	1493 Main St, Yanceyville, NC 27379	336-694-4104
Pharmacy Services	Yanceyville Drug Store	106 Court Square, Yanceyville, NC 27379	336-694-9323
Foundations	Danville Regional Foundation	512 Bridge St, Danville, VA 24541	434-799-2176
Substance Abuse Services	New Directions Now, Inc	2225 Chandler Mill Rd., Pelham, NC 27311	888-503-7532
Renal Dialysis Centers	Fresnius Medical Care	1702 NC Hwy 86 N, Yanceyville, NC 27379	336-694-1084
Health Promotion and Prevention Programs	Caswell County Health Department	189 County Park Rd, Yanceyville, NC 27379	336-694-4129
Maternal Care	no birth centers or midwife services within county		

Health-Related Supportive Services			
Chamber of Commerce	Caswell Chamber of Commerce	15 Main St SE, Yanceyville NC 27379	336-694-6106
Child Care Providers	Rainbow Educational Child Care Center	573 Firetower Road, Yanceyville, NC 27379	336-694-9675
Child Care Providers	Childcare Referral Center	http://www.childcareservices.org/fs/finding/	855-327-5933
Education Services	Caswell County Public Schools	353 County Home Rd, Yanceyville, NC 27379	336-694-4116
Education Services	Piedmont Community College – Caswell County Campus	331 Piedmont Dr, Yanceyville, NC 27379	336-694-5707
Head Start Programs	Caswell Community Head Start	317 Main Street, Yanceyville NC 27379	336-694-5053
Partnership for Children	Caswell County Partnership for Children	1084 NC Hwy 86, Yanceyville, NC 27379	336-694-1538
Law Enforcement Agency	Caswell County Sheriff's Department	201 County Park Rd, Yanceyville, NC 27379	336-694-9311
Media	Caswell Messenger	137 N Main St, Yanceyville, NC 27379	336-694-4145
Media	WYNC 1540 AM Radio	545 Firetower Rd, Yanceyville, NC 27379	336-694-7343
Parks and Recreation	Caswell County Parks & Recreation	228 County Park Rd, Yanceyville, NC 27379	336-694-4449
Senior Center	Caswell County Senior Center	649 Firetower Rd, Yanceyville, NC 27379	336-694-7447
Social Services	Caswell County Department of Social Services	175 Church St, Yanceyville, NC 27379	336-694-4141
Food Security	Caswell Parish	1038 Main St, Yanceyville, NC 27379	336-694-6428
	Caswell Outreach Ministry	225 N 3 <sup>rd</sup> St, Yanceyville, NC 27379	336-694-4224

#### **APPENDIX K - 1**

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