

# HNC 2030 Scorecard: Caswell County



Caswell County's State of the County Health Report (SOTCH) provides information and updates related to health concerns identified by the community in the most recent Community Health Assessment (CHA). The most recent CHA is the 2019 CHA which was submitted in February of 2020. The 2019 CHA identified two priorities based on community feedback. These two priorities are **structured activities for youth** and **improved race relations**.

In order to address these two priorities, two Community Health Improvement Plans (CHIPs) were submitted in September of 2020. The CHIPs form the foundation for this SOTCH report, and information will be updated annually. During the summer of 2020, Caswell County Health Department solicited resident and community partner input for suggestions and ideas that are presented in various sections of this report, for example, ideas presented in the following sections: the story behind the curve, partners, and what works to do better. The Caswell Chapter of the Health Collaborative and other key partners reviewed the CHIPs since this is a collective effort. These partners also contributed to the selection of strategies to address the priorities. Both CHIPs are long term projects and results will take 5-10 years to reflect our work locally.

If you would like to be a part of one or both of the priority areas, please call the health department at 336-694-4129 or visit the health department webpage at [www.caswellnc.us](http://www.caswellnc.us) for reports and other information. The Caswell Cares website at [www.caswellcares.com](http://www.caswellcares.com) also has information regarding upcoming events and meetings related to the CHA priorities and other topics relevant to Caswell County.

## Structured Activities for Youth

	Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
<b>R</b> <b>RESULT</b> Caswell County youth are healthy and ready to succeed in adulthood				
Story Behind the Curve				

Story behind the curve

What is helping the indicator/issue:

- Parks & rec activities
- Interested adults with resources
- Library
- School system
- Some churches try to reach youth
- Daycare programs

What is hurting the indicator/issue:

- Youth boredom
- Inequities of involvement by race, gender, and income (in activities we do have)
- Not enough community outreach and advertising
- Difficulty reaching youth
- Older generation does not want to see change
- Lack of participation
- Negative role models
- Lack of parental/family involvement
- Lack of activities & variety of activities
- Transportation difficulties
- Lack of ongoing engagement
- Lack of activities throughout the year
- No activities for ALL youth
- Fragmentation of activities
- Not enough resources and community support
- Cost of activities
- Racism
- Generational trauma
- Poorly supported parents/grandparents/families
- Underfunded schools and programs
- Lack of community programs for youth and funding for those programs

---

Partners

- PCC
- Nonprofits
- Chamber of commerce
- Local businesses
- Community members
- Commissioners
- Ag extension & 4-H
- Health department
- Caswell Family Medical Center/Compassion Health Care
- Library
- Churches
- DSS
- Parks & Rec
- Law enforcement
- Schools and teachers
- Parents and families
- Partnership for Children
- Daycares
- Local government
- Court system
- Goodwill
- NC-100

## What WORKS

### What works to do better?

- Youth have access to opportunities and activities that promote their growth and development
- Engaged youth
- Youth organizations
- More opportunities from various partners
- Word of mouth advertising
- Not everything should be faith-based
- Farmers should have mentees
- PCC could do an entrepreneurship program in the middle school with access to funds for microbusinesses youth could start now
- Activities that help them learn and make good decisions to stay out of trouble
- Activities that will appeal to various skills and interests
- Seek out youth rather than waiting for them to come to you
- Activities to learn how to spend and budget
- Positive activities to fill free time
- Build better relationships in the community
- Positive activities to improve surroundings for themselves and others
- Splash pad, fitness areas/centers for youth, resource center for teens that could help them find local jobs
- Opportunities to experience a variety of activities—maybe arts & crafts, health team-building games, in addition to sports because not all kids like sports
- Good education
- More activities
- Activities after school that will focus on life values instruction, financial planning & spending
- Ask youth what kind of activities they are interested in
- Activities in various parts of the county
- Outdoor chess
- Lego clubs at elementary schools
- Hotspots for internet
- Money for small business ideas
- Encourage youth to run for public office
- Spread the word of what is offered
- Get parents/families/guardians involved
- Transportation to activities
- College tours
- Incentives for completion of milestones
- Boys and girls clubs that are age appropriate
- Taking action
- Money rewards or winning a trip
- More positive activities for youth
- Hands on, interactive, and useful day-to-day activities for youth
- Parenting programs (mothers/fathers/guardians/grandparents)

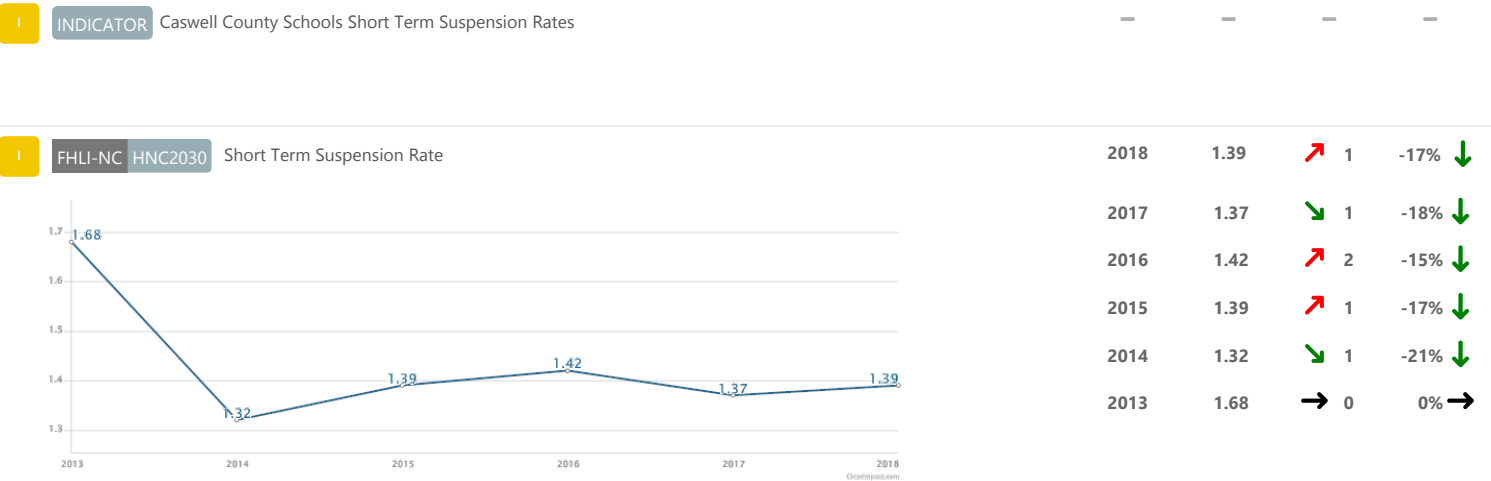
- Youth enrichment programs with transportation and/or during school setting
- Self-esteem and self-awareness programs
- Culturally competent workforce at all of the levels in the partners list
- Making sure programs are accessible and inclusive to a wide range of youths, not just the "honor students"

## Strategy

- Youth mentoring programs and leadership programs
- Trauma Informed Community Building

## Why Is This Important?

This is important because as identified in the CHA, many youth, particularly youth of color and boys feel left out of current school programs and activities. The inclusion of more youth, particularly youth from diverse backgrounds (including diverse abilities) is important to help guide and empower youth to make positive choices.



## Health Equity/Disparity Comparison Data

P	PROGRAM	Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
	Youth Mentorship Program				

## What We Do

We plan to have a youth mentorship program to provide opportunities for engagement and leadership building. The program will view youth as partners in decision-making for the program and associated activities or projects. Some programs (like 4-H) have materials for youth evaluation and quality improvement of the activities.

## Who We Serve

Caswell County Youth Council currently serves youth from 12-19 years of age.

## How We Impact

**Short term measures** would include number of programs and participation in broad terms. More engaged youth is an example of a Social Determinants of Health area. This area impacts morbidity and mortality over a longer period of time.

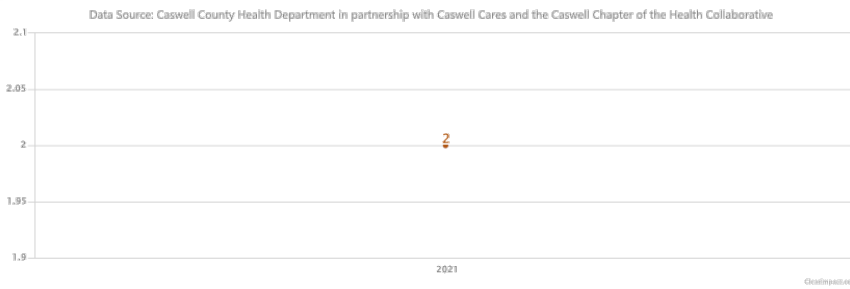
**Long term measures** are high school graduation figures and school suspension figures, which are part of Social Determinants of Health which impact morbidity and mortality.

Priority (at-risk) populations from CHA, residents who are:

- Rural

- Racial & ethnic minorities
- Low-income

PM How much Youth Mentorship Program 2021 - → 0 No Data →



P PROGRAM Trauma Informed Community Building Youth Most Recent Period Current Actual Value Current Trend Baseline % Change

## What We Do

Using a trauma-informed lens particularly when hosting or engaging in conversations that have the potential to be sensitive, as well as when developing community efforts.

## Who We Serve

Caswell County youth aged 12-19

## How We Impact

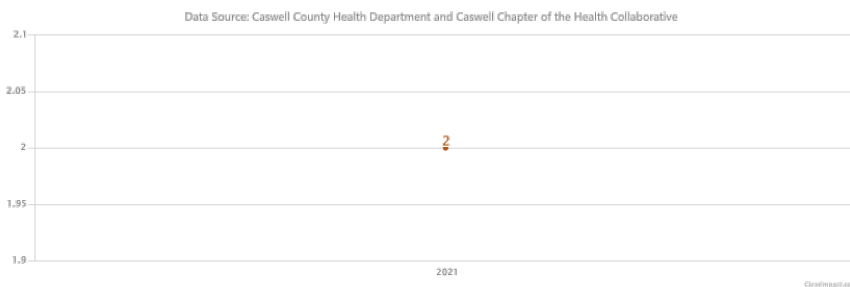
**Short term measures** can include holding community conversations and opportunity for improved communication and collaboration, which are part of Social Determinants of Health which impact morbidity and mortality if sustained over a longer period of time.

**Long term measures** are high school graduation figures and school suspension figures, which are part of Social Determinants of Health which impact morbidity and mortality.

Priority (at-risk) populations from CHA, residents who are:

- Rural
- Racial & ethnic minorities
- Low-income
- Youth

PM How much Number of childhood trauma related trainings 2021 - → 0 No Data →



## Story Behind the Curve

### What is helping this indicator/issue:

A few white people expressing openness  
 Some of those in leadership roles are showing unity  
 Continuing to talk about race and inequality  
 Wonderful library  
 Sheriff Tony Durden—he is approachable and proactive instead of reactive with his team of officers  
 Small community  
 Leaders of color in positions. Now we need to do more to ensure the pipeline makes it likely to happen in the future  
 Unity march  
 Community events like the hoedown, sporting events, shows at the civic center  
 Community engagement  
 Increased awareness of structural/institutional racism and microaggressions

### What is hurting this indicator/issue:

Everything, it is like we try to cover it up  
 Same old ideas and practices  
 Some leaders are the worst when it comes to saying things that are not positive  
 Most people will not talk about how they feel and instead will go talking about it to others and start more destructive conversations than positive  
 Thinking certain people can erase the past  
 Not talking about it is a problem  
 Not trying to change it  
 Vagueness of published articles  
 People set in their ways and unwilling to embrace change  
 Ignorance  
 Finger pointing  
 Older members in the community with negative influence  
 People not talking about the issues without it becoming a shouting match or people making derogatory comments  
 Politics  
 Confederate statue in the court square  
 No one talks about it for various reasons. It can be a tough conversation but has to happen so the county can move forward. It has left the county without financial growth and the population continues to decrease  
 No group in county focused on improvement of race relations  
 Limited resources  
 Racism  
 Generational trauma  
 Lack of buy-in from white residents/people/leaders  
 Local history of slavery  
 Inequities  
 Institutional and structural racism  
 Segregation/separatism (historical and current)  
 Feelings of resentment  
 Lack of self-awareness of privileges  
 Classism

---

## Partners

Yanceyville town council  
Fire departments  
County Outreach Ministry  
Parks and Rec  
Piedmont Community College (PCC)  
Senior Center  
General public  
County government officials  
Churches and church leaders  
County and public agencies  
Health providers  
Community leaders  
Commissioners  
NAACP  
Schools  
Farmers  
Law enforcement  
Businesses  
Library  
Court system  
Health department  
Chamber of commerce  
Caswell Historical Society  
Regional equity groups/efforts

---

## What Works

The below entries are responses that were provided by survey participants.

### What works to do better?

- Addressing structural racism
- Discussions about race
- Better public information and communication
- Forums that can improve race relations through transparency from community boards, sheriff, and commissioners
- As a white person, I would like to learn more to know myself
- Conversations about the lasting trauma of slavery and other historical practices like Jim Crow, etc.
- Better options for jobs, housing, etc. for those in poverty
- Helping people find jobs
- Community events
- Diversity fairs
- Training and facilitated conversations to better understand the issues and effective ways that race relations can be improved
- Talk about it constructively and with compassion to change
- Unity march
- People of color and white people meet to discuss what works to do better
- Acknowledgement that we do indeed have a problem and a commitment going forward that we want to address it. Too often people think if they acknowledge a problem it means THEY are the problem. In reality we are all trying to learn and grow and have meaningful conversations with different people of different backgrounds
- People need to learn and understand experience of non-whites is different from whites
- More people need to be aware of how many racist policies and practices exist in our communities

- Offer seminars and events for people to get educated about our complex history
- Start a dialogue from the top down that you are dedicated to help educate people
- Acknowledge that we have done poorly in the past and want to do better
- Reach out to different community leaders and have them all get together to talk about hard topics like race, policing, privilege, etc.
- Scheduled groups that would include both races working together
- More cross culture events in the county
- Open discussions and community meetings
- Address issue directly
- Planned community events (example: first Fridays were great to bring people together; music events seem to help people socialize)
- Remove confederate statue
- Things that bridge gaps by relating over common interests (gardening, farming, livestock, hunting, etc.)
- We need a commitment to do better with action steps
- Taking the conversations to the communities, talk to the people who live outside of Yanceyville. Most folks in the outer layers of the county know nothing about what goes on and what we are trying to accomplish
- Talking about what the problems are, how we can change, and changing
- Inclusion programs and efforts
- Culturally competent workforce at all levels in the partners list
- Culturally aware educators and curriculum at all levels of education (including elementary school)
- Equity training
- Include youth in equity work
- Local equity coalitions/committees
- Equity book clubs/discussion groups (that include white people)
- Equity included in policies, programs, systems, etc.
- Regional equity conference

## Strategy

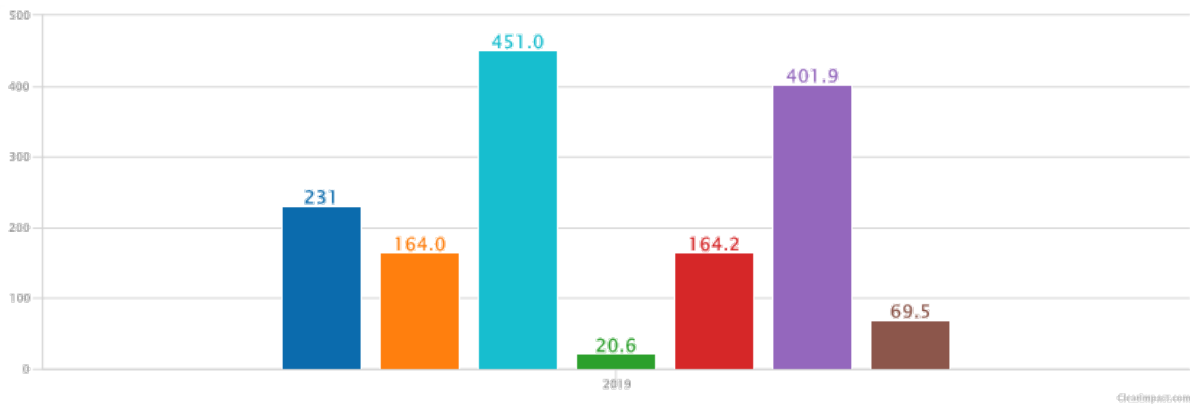
- Trauma Informed Community Building
- Health and Equity in All Policies

## Why Is This Important?

The community has never had a unified community-wide effort to improve race relations before. A joint effort is needed to make real and lasting improvements and change in our community.

I	INDICATOR	Caswell County Incarceration Rates	-	-	-	-	
I	FHLI-NC	HNC2030	Incarceration Total	2019	231	→ 0	0% →





## Health Equity/Disparity Comparison Data

**P** PROGRAM Trauma Informed Community Building General Most Recent Period    Current Actual Value    Current Trend    Baseline % Change

### What We Do

Treating racism as a trauma that has persisted for generations and including facilitated community discussions and opportunities for education and engagement. Report on facilitated community discussions that may also include reading materials and viewing videos to provide talking points and education (report number of discussions). This is individual and interpersonal levels. Using the trauma-informed lens for community and systems level decisions broadens this intervention to also include organizational and policy levels.

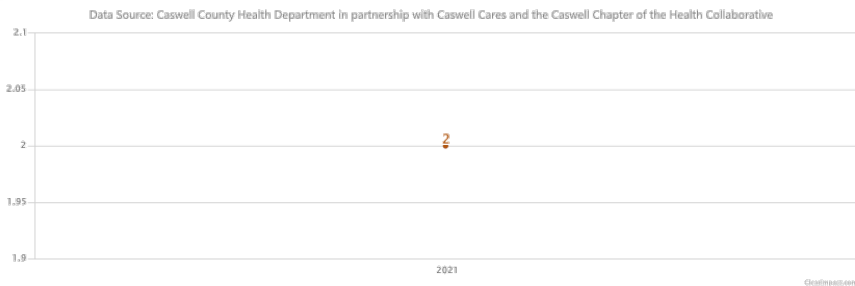
### Who We Serve

Caswell County residents and agencies that serve Caswell County.

### How We Impact

Report on facilitated community discussions that may also include reading materials and viewing videos to provide talking points and education (report number of discussions). This is individual and interpersonal levels. Using the trauma-informed lens for community and systems level decisions broadens this intervention to also include organizational and policy levels.

**PM** How much Number of racial equity trainings 2021    -    → 0    No Data →



## SOTCH Reports

**S** 2020 SOTCH Most Recent Period    Current Actual Value    Current Trend    Baseline % Change

### Progress on CHIP

The Community Health Improvement Plans (CHIPs) were submitted in September of 2020 and were in response to the priorities of structured youth activities and improved race relations identified by the Community Health Assessment (CHA) submitted in February of 2020. These CHIPs were originally developed using a Results Based Accountability™ (RBA) framework. The RBA framework looks at the desired end goal of a community or program and works backwards to develop a plan to achieve those ends. Community partner and resident feedback was solicited in this process and will be solicited in the future to ensure that the project remains community driven.

Another portion of this process has been to shift the documents from a paper format to an electronic or web-based format. In this new, web-based format, Caswell County Health Department set up results, indicators, programs, and performance measures using the Clear Impact Scorecard and links indicators to Healthy North Carolina 2030 indicators to compare Caswell County to North Carolina, when Caswell County data is available.

The global COVID-19 pandemic has impacted our ability to address these priorities in the way we originally envisioned. For example, staff capacity with the health department and many other agencies has been stretched and shifted to address COVID-19 related needs. Currently, there is no ability to conduct in-person meetings and many services have switched to virtual platforms to try to meet the need for in-person meetings and the need to try to contain the spread of the virus. While virtual platforms can be a great resource, internet access and technology cost, comfort, and skill level pose significant challenges to Caswell County.

If you would like to be a part of one or both of the priority areas, please call the health department at 336-694-4129 or visit the health department webpage at [www.caswellnc.us](http://www.caswellnc.us) for reports and other information. The Caswell Cares website at [www.caswellcares.com](http://www.caswellcares.com) also has information regarding upcoming events and meetings to related to the CHA priorities and other topics relevant to Caswell County.

## Morbidity and Mortality Changes Since Last CHA

In simplified terms, mortality is another term for death and morbidity is another term for disease or illness. The last Caswell County Community Health Assessment was submitted in February of 2020, since then Caswell County, like the rest of the world, has been challenged to respond to the COVID-19 pandemic. As of April 19, 2021, Caswell County has seen a total of 2,115 cases and 27 deaths due to COVID-19. This data was accessed on April 20, 2021 on the North Carolina COVID-19 dashboard managed by the North Carolina Department of Health and Human Services at <https://covid19.ncdhhs.gov/dashboard> and this dashboard is available to the public. Over half (991 out of 2,115) of the cases of COVID-19 have demographic data that is either missing or suppressed to protect patient privacy, therefore, a demographic profile of COVID-19 is unavailable for Caswell County residents.

Aside from COVID-19, Caswell County has not experienced any major changes in morbidity and mortality. Unintentional injuries include deaths due to accidental causes like falls, accidental firearm discharge, and drug overdoses. The average life expectancy for Caswell County residents is 75.7 and for the state is 77.0 for the 2014-16 period.

<b>Top 10 Causes of Death for Caswell County</b>			
<b>Age-Adjusted Death Rates per 100,000 (2014-18)</b>			
Rank	Cause of Death	Caswell County	North Carolina
1	Cancer	194.5	161.3
2	Heart Disease	159.5	158
3	Chronic Lower Respiratory Disease	48.9	44.7
4	Unintentional Injuries	47.6	37.0 (#6 ranking for NC)
5	Alzheimer's Disease	36.6	35.7
6	Stroke	31.9	43.0 (#4 ranking for NC)
7	Diabetes	31.7	23.7
8	Pneumonia & Influenza	26.3	17.4
9	Motor Vehicle Injuries	25.0	14.5 (#10 ranking for NC)
10	Kidney Disease	16.7	16.4 (#9 ranking for NC)

10	Kidney Disease	10.7	for NC)
Total Deaths All Causes		853.3	781.8

---

## Emerging Issues Since Last CHA

Nationally, COVID-19 has disproportionately impacted historically marginalized groups, like those experiencing low income and people of color, particularly African Americans. Factors leading to these disproportionate effects include discrimination, health care access and use, occupation type, housing and household size, and gaps in education, income, and wealth.

In turn, COVID-19 has caused loss of income and jobs for many either due to personal COVID-19 experiences or due to greater economic changes because of the disruption to society. This disruption and income loss may lead to problems with food security, sufficient housing, and other socioeconomic factors, which may persist for years to come. The closure of schools and movement to virtual platforms for many children for a period of months has created many financial, academic, and social challenges for children, families, and school faculty and staff. All Caswell County elementary schools provide free breakfast and lunch to all students and do not require an application for these meals. In response to the pandemic, all schools enrolled in this program provided pandemic electronic food benefits to all children enrolled in program schools. Compassion Health Care, known locally as Caswell Family Medical Center, created a local food insecurity worker position in order to address the rise in food insecurity in their service area counties of Caswell and Rockingham Counties.

In addition to the closure of schools, Caswell County also closed many other social activities due to social distancing needs. Other activities that closed due to COVID-19 include the public library, the senior center, churches, and other social or community events. The library provided curbside pickup of materials, but no in person visits until March 2021. Many churches provided sermons and other services in online platforms, and African American churches in the county remained closed for in person worship for about a year period, while other churches closed for a shorter period of time. Many county government services minimized their in-person offerings. The health department reduced hours of some programs while providing the full range of services. The health department also provided COVID-19 testing and vaccine events.

---

## New/Paused/Discontinued Initiatives Since Last CHA

Due to the global COVID-19 pandemic, Caswell County has had slow progress in addressing the initiatives due to the previously mentioned issues of technology and social distancing requirements, in addition to the health department and other partners heavy involvement in vaccine administration and other COVID-19 related efforts.

### Youth

The CHIP for the priority of structured activities for youth identified creating a youth council as one idea to better address the needs of youth aged 12 and older. This group intends to be informed by and led by youth participants and is still in the developmental stages. Caswell County Health Department is partnering with the Caswell Chapter of the Health Collaborative and other local partners for this new initiative. At this time, some guidelines have been developed and plans for the structure of the youth council.

### Race Relations

The CHIP for the priority of improved race relations recommended including equity as a component in policymaking and coordinating community-building discussions and equity-related trainings in order to learn about and address topics around race and equity. Caswell County Health Department is partnering with the Caswell Chapter of the Health Collaborative to identify steps in terms of addressing equity and trainings or discussions and is still in the developmental stages. Addressing race relations is a new initiative in Caswell County. Some county leaders have been involved in Government Alliance on Race and Equity (GARE) provided trainings and have developed a *draft* racial equity plan for Caswell County Government.