

HNC 2030 Scorecard: Caswell County



Caswell County's Healthy North Carolina 2030 scorecard provides an overview of the Community Health Improvement Plans (CHIPs) that address priorities identified by the community in the Community Health Assessment (CHA) process. 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 developed and submitted in September of 2020. During the summer of 2020, Caswell County Health Department solicited resident and community partner input for community health improvement 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 at least 5-10 years to reflect our work. An annual report, known as the State of the County Health Report (SOTCH), will be included each year to provide brief highlights and information on changes, emerging issues, and CHIP progress. SOTCH reports are not provided in years when the CHA document is provided instead. The next CHA document is expected to be released in 2024.

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

COMMUNITY HEALTH ASSESSMENTS

CA 2019 Community Health Assessment

Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
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Executive Summary

[CaswellCHA2019execsummary.pdf](#)

Priorities

The two priorities are structured activities for youth and improved race relations.

Structured Activities for Youth

R RESULT Caswell County youth are healthy and ready to succeed in adulthood

Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
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Story Behind the Curve

What is helping the indicator/issue:

Local agencies and organizations, for example, daycares, school system, public library, churches, and parks & recreation

What is hurting the indicator/issue:

Limited resources: underfunded schools and other programs, cost of activities, limited staff, and community support, and transportation difficulties

Lack of available activities and variety of activities

Lack of activities throughout the year

Fragmentation of activities

Lack of participation of youth and parental involvement

Not enough advertising and difficulty reaching youth

Negative role models

Older generation does not want to see change

Youth boredom

Generational trauma

Inequities and racism in general

Inequities in involvement and participation

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?

Culturally competent workforce at all levels

Parenting programs for parents/grandparents/guardians

Programs inclusive and accessible to a wide range of youth, including transportation and activities in different areas of the county

Variety of activities

Youth-driven programs

Engagement of youth and families

Incentives for program completion or milestone completion

Better relationships in the community

Internet access, including hotspots and broadband access

Advertising, especially word of mouth

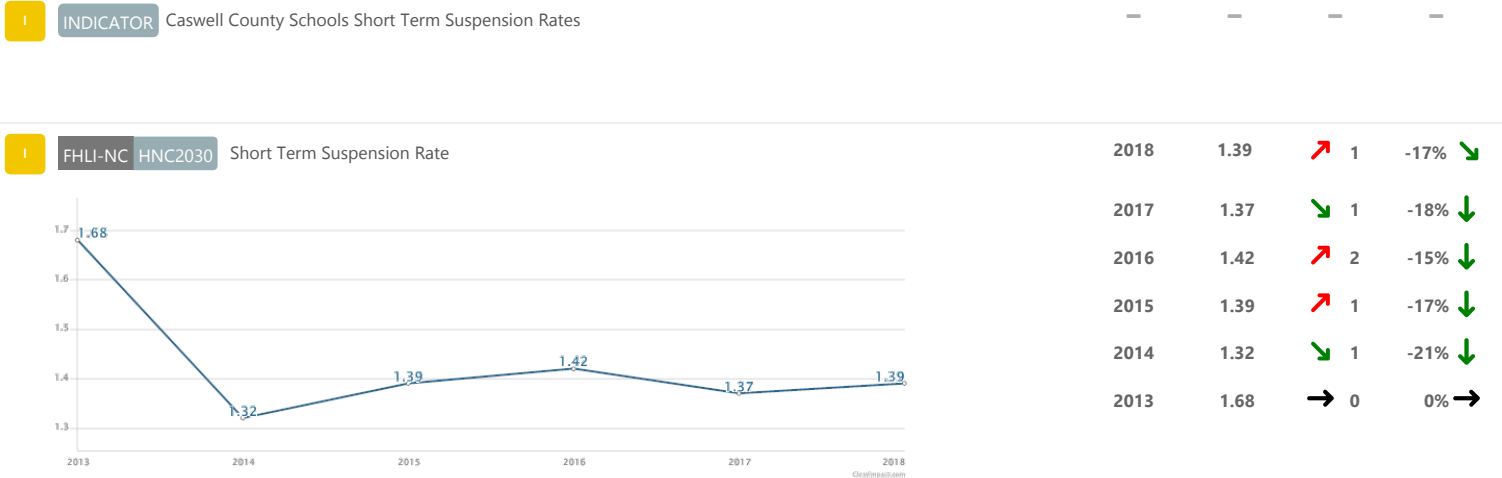
Education

Strategy

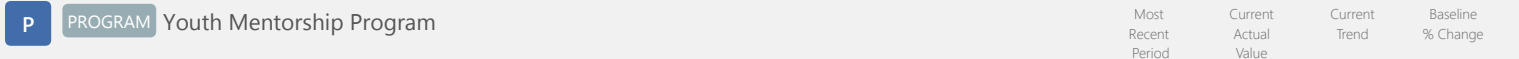
- Youth mentoring programs and leadership programs
- Trauma Informed Community Building

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



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

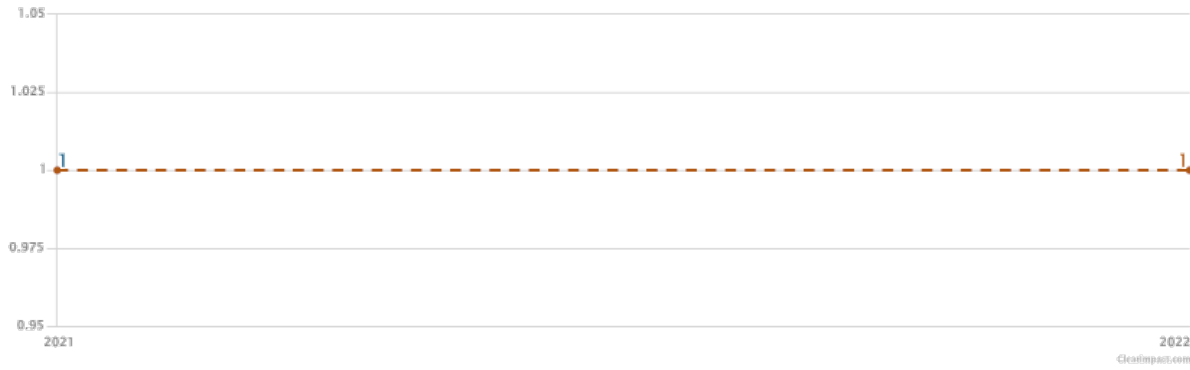
Short term measures would include number of programs and participation in broad terms. More engaged youth is an example of a Social Determinants of Health area. This area impacts morbidity and mortality over a longer period of time.

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

Data Source: Caswell County Health Department in partnership with Caswell Cares and the Caswell Chapter of the Health Collaborative



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

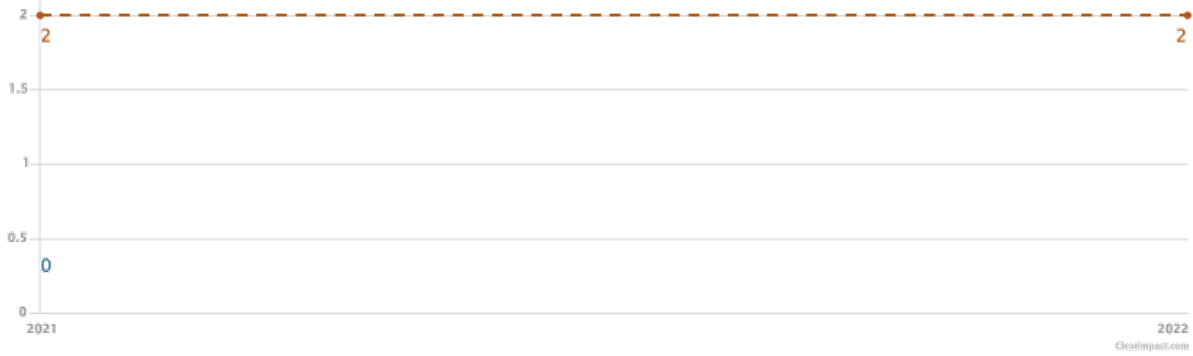
How We Impact

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



Improved Race Relations

R **RESULT** The residents of Caswell County live in a thriving, healthy, and equitable community.

Most Recent Period	Current Actual Value	Current Trend	Baseline % Change

Story Behind the Curve

What is helping this indicator/issue:

- Discussions about race and equity/inequity (in various forms) that leads to increased awareness
- Library resources
- Leadership unity
- Community events and engagement

What is hurting this indicator/issue:

- No group in the county focused on improvement of race relations
- Segregation and separatism (historical and current)
- Ignorance and lack of buy-in from white people specifically, lack of self-awareness of privileges, and feelings of resentment
- Inequities, including racism and classism
- Local history of slavery
- Generational trauma
- Confederate statue
- Politics
- Limited resources
- Ignoring the problem, not talking about it, finger pointing, inability to have a calm discussion
- Not trying to change (willful or otherwise)

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?

Equitable policies, programs, systems, etc. including awareness of racist policies and practices
 Remove confederate statue
 Culturally competent workforce, including educators
 Leaders committed to change
 Acknowledgement of the problem and the past and a desire to do better
 Commitment with action
 Inclusion of people outside of Yanceyville
 Better public information and communication
 Equity training and conferences and other educational seminars and events
 Cross culture events and community events
 Facilitated conversation and community groups, including book clubs
 Inclusion of youth
 Address structural racism

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.

	INDICATOR	Caswell County Incarceration Rates	-	-	-	-		
	FHLI-NC HNC2030	Incarceration rate per 100,000 population in North Carolina prisons aged 13 and older (total)	2019	231		1	-32%	



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

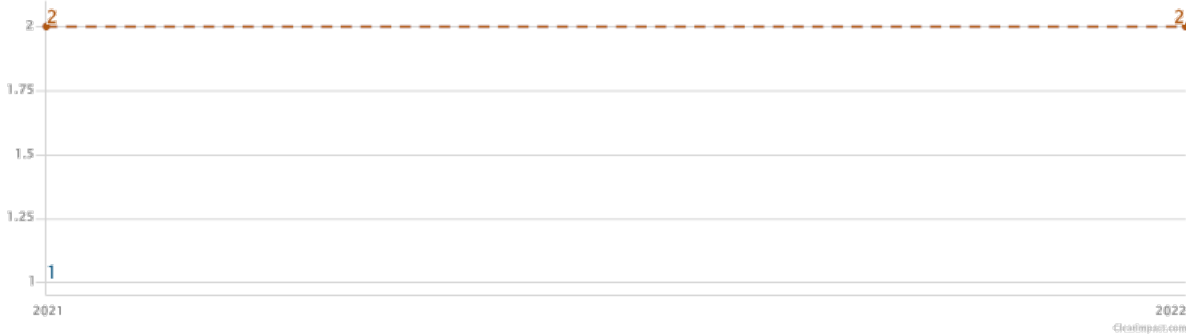
Caswell County residents and agencies that serve Caswell County.

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

Data Source: Caswell County Health Department in partnership with Caswell Cares, the Caswell Chapter of the Health Collaborative, and the Dan River Region Community Network



SOTCH Reports

S 2020 SOTCH

Most Recent Period Current Actual Value Current Trend Baseline % Change

S 2021 SOTCH

Most Recent Period Current Actual Value Current Trend Baseline % Change

Progress on CHID

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.

The global COVID-19 pandemic has continued 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, particularly vaccination efforts. In 2021, the COVID-19 pandemic greatly limited ability to conduct in-person meetings and many services remained on virtual platforms instead of face-to-face in order 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.

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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 February 16, 2022, Caswell County has seen a total of 5,086 cases and 40 deaths due to COVID-19. This data was accessed on February 16, 2022 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 36% of the cases and over 65% of deaths 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 75.9 and for the state is 76.7 for the 2017-19 period.

	Cause of Death	Caswell County	NC
1	Cancer	191.0	158.0
2	Heart Disease	168.6	157.3
3	Unintentional Injuries	51.7	39.3
4	Chronic Lower Respiratory Disease	51.4	44.0
5	Stroke	31.3	42.7
6	Alzheimer's	30.5	36.9
7	Motor Vehicle Injuries	30.5	14.7
8	Diabetes	28.7	23.8
9	Pneumonia and Influenza	22.2	16.7
10	Kidney Disease	16.9	16.5
	Total Deaths	855.4	780.0

Source: NC State Center for Health Statistics

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 daycares and 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 in order to address the rise in food insecurity in the service area counties of Caswell and Rockingham Counties.

Many Caswell County social activities remained closed throughout 2021 to contain the spread of COVID-19. Some examples of social activities include the public library, the senior center, churches, and community events, like the annual Brightleaf Hoedown. The library provided curbside pickup of materials, but many in-library services were reduced in 2021. While many traditionally white churches resumed normal services, the majority of traditionally African American churches provided online only services. Many county government services continued to minimize 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. The health department partnered with other agencies and organizations to offer vaccine events throughout the county as equitably as possible.

New/Paused/Discontinued Initiatives Since Last CHA

The global COVID-19 pandemic has continued to slow Caswell County's progress in addressing the initiatives due to the previously mentioned issues of technology and social distancing requirements. The heavy involvement of health department and other partners in vaccine administration and other COVID-19 related efforts has also reduced the county's ability to address planned initiatives.

Youth

The CHIP for the priority of structured activities for youth identified creating a youth mentorship program 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 began in the fall of 2021. It is our intention to build our program and relationships before expanding the program too quickly and compromising quality. The county did not offer any childhood related trauma trainings in 2021, to the knowledge of health department staff. We are optimistic 2022 and future years will offer opportunity for trainings.

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. While these discussions were not possible in 2021 due to COVID-19, we are hopeful that there will be many opportunities in the coming years. Despite these difficulties, there have been some local virtual equity training opportunities in 2021 and we anticipate continuing to offer those in the coming years. These trainings were coordinated by the Dan River Region Social Equity Network. Additionally, some members of the health department and other local agencies served on the steering committee of the Health Equity Report, to be released in 2022.
