


**Caswell County Board of Commissioners**

144 Court Square, Yanceyville, NC 27379

[www.caswellcountync.gov](http://www.caswellcountync.gov) | ph: 336-694-4193 | fax: 336-694-1228

Commissioners Tim Yarbrough, Frank Rose, John Claggett, Finch Holt, Greg Ingram, Tony Smith, Brian Totten

**BOC AGENDA | Regular Meeting | August 18, 2025, 6:30pm, Historic Courthouse**
**Welcome:**

(Chairman Yarbrough)

1. Welcome and call to order
2. Moment of silent prayer
3. Pledge of Allegiance
4. Consent agenda (*single vote/approval*):
  - A. Meeting agenda
  - B. Open session minutes for 8/4/25
5. Announcements and recognitions
6. Public comments\* (*limited to 3 minutes per speaker*)

**Presentation items:**

7. "2023 Community Health Assessment" and "2024 State of the County Health" presentations (*Nicole Gibson*)

**Action items:**

(County Manager Whitaker)

8. 2026 Caswell Comprehensive Plan—PTRC proposal and contract
9. Flock Safety license-plate-reader cameras—Sheriff's Office contract
10. Hazard Mitigation Plan and resolution
11. FY25–26 budget amendment #7—Parks and Rec playground and equipment

**Discussion item:**

(County Manager Whitaker)

12. FY25–26 budget amendment #8—Community Computer Access Grant (Ag Extension laptops)

**Appointments/re-appointments:**

(County Manager Whitaker)

13. 1) Library Advisory Board; 2) Planning Board; 3) Hunting and Wildlife Advisory Committee—Darrell Freeland

**Reports, updates, or comments:**

14. Manager
15. Attorney
16. Commissioners

**Announcements, events, and meetings** (*see the website calendar for the latest info and more detail*):

17. August 19, 2:00pm: Board of Adjustment meeting (as needed), 215 County Park Rd.
18. August 19, 2:30pm–3:30pm: Back-to-School Bash, 649 Firetower Rd.
19. August 20, 11:30am–1:30pm: Community Soup Lunch, CoSquare
20. August 21 and 28, 4:00pm–6:30pm: Farmers Market, 158 E. Church St.
21. August 21, 6:00pm: joint officials meeting for Caswell, Yanceyville, and Milton, 158 E. Church St.
22. August 26, 1:00pm: Planning Board meeting (as needed), Gunn Memorial Public Library
23. September 2, 5:00pm: Board of Commissioners meeting, historic courthouse

24. Closed session to consult with an attorney employed or retained by the public body in order to preserve the attorney-client privilege as provided under NCGS 143-318.11(a)(3)
- 

25. Other business *(if needed)*  
 26. Adjournment
- 

\* Speakers: Please sign in prior to the meeting start and speak from the podium when called. State your name and whether or not you are a Caswell resident. Speak directly to the full Board and be courteous in your language and presentation. Personal attacks will not be tolerated. The Commissioners and Administration will not respond during your comments or during the same meeting. Comments are limited to 3 minutes.

**Reminders:**

- BOC meetings: The first meeting of the month is generally a work session beginning at 5:00pm, and the second meeting is the regular monthly meeting beginning at 6:30pm. Each is recorded to Zoom and can be found online at [www.caswellcountync.gov/government](http://www.caswellcountync.gov/government).
- Any topic to be considered for a future agenda should be submitted to the Clerk by noon the Tuesday before the BOC meeting with relevant supporting documentation. Any Commissioner may have an item placed on the agenda by a timely request.
- Please turn off sounds and alerts on cell phones and other electronic devices during the meeting.



## Caswell County Board of Commissioners

144 Court Square, Yanceyville, NC 27379

[www.caswellcountync.gov](http://www.caswellcountync.gov) | ph: 336-694-4193 | fax: 336-694-1228

*Commissioners Tim Yarbrough, Frank Rose, John Claggett, Finch Holt, Greg Ingram, Tony Smith, Brian Totten*

## BOC MINUTES | Work Session Meeting | August 4, 2025, 5:00pm, Historic Courthouse

### MEMBERS PRESENT

Tim Yarbrough, Chair  
 Frank Rose, Vice Chair  
 John Claggett  
 Finch Holt  
 Greg Ingram  
 Tony Smith  
 Brian Totten

### OTHERS PRESENT

Scott Whitaker, County Manager  
 Russell Johnston, County Attorney

.....  
 The Board of Commissioners (BOC) for the County of Caswell, North Carolina, met in a regular meeting scheduled on Monday, 8/4/25, at 5:00pm at the historic courthouse in Yanceyville, North Carolina.

**Welcome:** Chairman Yarbrough called the meeting to order. All were invited to pause for a moment of Silent Prayer and to recite the Pledge of Allegiance.

**Consent agenda:** This included the meeting agenda and open session minutes for 7/21/25. Commissioner Claggett stated that there were missing public applications for board appointments in the agenda. Manager Whitaker was not aware of any missing applications and noted there was an application for the next meeting. Commissioner Claggett also noted that the adjournment time was missing in the last sentence of the minutes. Manager Whitaker will correct the minutes as noted.

A motion was made by Commissioner Smith and seconded by Commissioner Ingram to approve the Work Session agenda and minutes with noted corrections. The motion carried unanimously.

**Announcements and recognitions:** Chairman Yarbrough recognized Manager Whitaker who provided an update for the community regarding water issues. Since the last tropical storm, everyone has noticed that the water is muddy in Yanceyville. It has been tested twice a week and has been determined to be safe to drink. The Town has invoked an amendment to a utilities contract the County has with the City of Danville for emergency water. Yanceyville ensured that all permits were in place, and the water line and supply were working. Currently water is being provided by an emergency line owned by the County. By both a call and a letter, Yanceyville had indicated that the County will be reimbursed for the expense of the water used by the Town. It requested an allocation of water up to 350 gallons per minute. Whitaker stated that the agreement amendment does not specify that the Town receive Commissioner approval.

Vice Chair Rose asked for a recommendation from Attorney Johnston about the letter. Attorney Johnston responded that the letter was a good start, and he planned to discuss it further in closed session.

Commissioner Claggett recognized the Maintenance Director, Mr. R.D. Hayes for his continued professionalism and problem-solving ability.

Commissioner Smith announced that Rockingham County Commissioner Mark Richardson had been selected as the District Representative for the upcoming NCACC conference.

Commissioner Totten announced that the Milton Director of the Thomas Day Museum is doing a great job with outreach, educating the community, and reaching out to create partnerships.

**Public comments:** No one signed up to speak.

**Presentation items:**

**Vaya Health services update presentation:** Cara Dohner, Community Relations Director for Vaya Health, shared the update. Vaya is one of the State-managed care organizations and manages Medicaid for individuals with intellectual and developmental disabilities, substance use disorders, and for a short time—foster care. Vaya typically provides a quarterly update to the counties served and typically served individuals with disabilities. Vaya has now combined physical and mental health services. Peer support is one of the most important services. Most of the work is outpatient therapy and they mostly serve adults. She spoke about children who are displaced to a DSS office. It is a challenge because there are not enough foster homes for children. She spoke about walk-in services in Caswell (RHA). Medicaid is not necessary for assistance at the Caswell Behavioral Health Office. Mobile Crisis Services provides services on-site for children and adults. The team will go to schools when someone is experiencing a crisis instead of going to the emergency room. She provided the Hotline number (1-844-709-4097). Mobile Crisis Services are being underutilized in the County. An Innovations Waiver is for people who want to stay at home instead of an institution. The State will pay a family to take care of a family member at home up to \$130,000 per year. There is a wait list for the service. She noted that institutionalization could be three times that amount.

**CCTDA annual report presentation:** Milton Mayor Angela Upchurch provided the report and noted that she also represented Milton on the Caswell County Tourism Development Board. She shared her appreciation for the resolution that allows the CCTDA to receive three percent occupancy tax. The mission of the TDA is to further development and travel in the County through advertising and promotion. The report reflects how the TDA Board is accomplishing the mission. Social media and advertising were a main focus. The past year was spent rotating businesses in online and print advertising. Also, 16 grants were awarded this past cycle. She shared specific accomplishments including social media strategy, trail signs, and the Thomas Day historic site. She highlighted the Uplift program, which is a program under the Department of Commerce. They filmed and produced professional quality video ads spotlighting Caswell County, Yanceyville, and Milton, as well as farms. Uplift hosted two free workshops featuring itinerary building. Data shows that tourists look for destinations. Over \$19M was spent in Caswell County by tourists, which is a 7.7% increase. Future plans include grants to be used in funding businesses and organizations. Promoting Caswell farms is a strong focus in the coming year, along with the weekly farmers' market. In Milton, people are visiting from surrounding areas and regions.

**Action Items:**

**Enbridge pipeline project (T-15 Reliability Project)—access road and easements:** Manager Whitaker recalled that this item was on a prior agenda for discussion and involved an access road that would come in from the landfill entrance and turn down to the pipeline. The proposal related to easements and permanent access road is a one-time payment of \$102,420 by Enbridge to the County. Property improvements will need to be made to accommodate Enbridge and the County. A large gate at the entrance and a secondary smaller gate will be constructed. Julia Wright from Enbridge was present to answer questions. Whitaker explained that the negotiated offer consisted of \$75,000 is for the property and easement and the remaining \$27,420 included \$3,000 for electrical expense for the two gates.

Commissioner Holt asked about the location of the second gate. Mr. Fuqua, Solid Waste Director, described the location of the gates. Chairman Yarbrough asked who will be responsible for upkeep of the access road. Mr. Fuqua responded that Enbridge will be responsible, and the County will be responsible for installing gates. The Chair questioned if \$3,000 would be sufficient for the electrical work. Whitaker stated that the \$3,000 was an estimate from the Solid Waste Department.

A motion was made by Vice Chair Rose and seconded by Commissioner Smith to accept a one-time payment of \$102,420 from Enbridge that will allow the proposed access road and easements at the County's Solid Waste



facility, along with the necessary improvements as described, with the understanding that the Manager and Attorney will coordinate and execute all appropriate documentation with Enbridge. The motion carried unanimously.

**Reimbursement resolution—UHF radio equipment, ambulance, ambulance chassis replacement/remount:**

Manager Whitaker recalled the item was discussed at the last meeting and the resolution is a mechanism that will allow, when there is future borrowing, the County to reimburse itself from the proceeds. He reiterated that it is not a loan, and the resolution is a recommendation from Davenport, the County's financial advisors.

Commissioner Claggett requested his comments be recorded verbatim and spoke concerning the next agenda item (item 11). "On 12/2/24, this purchase started out as a nonbinding letter of intent. By 12/16/24, it had evolved into a contract, specifically without a purchase order. On 1/6/25, a new contract policy was introduced that would incorporate electronic signatures. This was approved on 1/21/25. Please explain why this \$351,000 purchase was not budgeted. Since when is a purchase order not needed for a \$351,000 purchase? Please explain how an electronic signature is utilized in our purchase policy. How did this happen?"

Manager Whitaker stated that he thought it should have been in the budget for both the expenditure and the debt service, but the need for the ambulance was presented and the amount was known. He added that he was not sure if there was clarity with the Board for which fiscal year the ambulance would be delivered. It was not appropriated in the budget. The Board decided to provide a Letter of Intent and that was sufficient for the vendor to move forward with production of the vehicle. It is due to be delivered mid-August, and the vendor will be expecting payment. The budget amendment is needed to appropriate those funds. Chairman Yarbrough recalled that the Board voted to purchase one new ambulance, and a Letter of Intent was provided. It was his understanding that it was approved last year, but it would be paid for in this budget cycle. Manager Whitaker added that the request is in the budget in terms of debt service. Getting back to the reimbursement resolution specifically, he said items identified would still require LGC approval and approval of the resolution does not commit the County to a loan.

A motion was made by Commissioner Smith and seconded by Commissioner Ingram to approve the reimbursement resolution. The motion carried unanimously.

**FY25–26 budget amendment #3—ambulance purchase:** Manager Whitaker reiterated that this item would require LGC approval since it is more than \$50,000. Davenport has been in contact with LGC to make them aware. Ms. Sharpe stated that the LGC shared that they will not make the County wait for other borrowing until the FY25 audit is complete. Whitaker's understanding was that the LGC had only suggested that the County wait for further borrowing until the FY24 audit was complete, not FY25. The Manager will ask for verification since he was advised not to request the vehicle requests until the FY24 audit was complete.

Vice Chair Rose asked how the purchase would affect the cash account. Whitaker stated that there were sufficient funds to pay for the ambulance. Commissioner Holt asked why are we borrowing money and have to pay interest? The Manager explained that the future loan would be tax exempt. Ms. Sharpe stated that although the cash is available, it would be a bigger dip in the fund balance for an asset that will last more than 5 years. A short-term loan will take some pressure off of the budget. All loans will have to come back to the Board for approval. Payments have been budgeted at \$56,000 per year. Vice Chair Rose asked if you take the amount already budgeted, will you deduct from \$351,000. Ms. Sharpe stated that the County still needs to appropriate the full amount. The loan for the full amount will be recorded as revenue. Revenue will replace the fund balance.

A motion was made by Commissioner Ingram and seconded by Vice Chair Rose to approve budget amendment #3. The motion carried unanimously.

**FY25–26 budget amendment #4—telecommunications for non-General Fund departments:** Manager Whitaker recalled that all telecommunication charges were moved to IT in the current budget, but some departments (Public Health and Social Services) get reimbursement for some of their phone expenses, so this is an accounting need to reconcile. There is no new money involved.

A motion was made by Vice Chair Rose and seconded by Commissioner Totten to approve budget amendment #4. The motion carried unanimously.

**FY25–26 budget amendment #5—Sheriff's Office (Fund 290):** Manager Whitaker stated that this request also involved no new money. It is an accounting realignment for restricted revenue streams. The amendment is needed to increase the appropriation for unspent funds of \$149,662. Ms. Sharpe stated that the department will use DEA funds for the contract to be discussed later. Dollars are restricted and can only be used for Sheriff's Office purposes.

A motion was made by Commissioner Smith and seconded by Commissioner Ingram to approve budget amendment #5. The motion carried unanimously.

**FY25–26 budget amendment #6—Libraries Fund (150):** Manager Whitaker stated that this request did not involve new money. It is an accounting realignment regarding a restricted donation as part of a will for the purchase of audio books, and \$67,100 has been received. The library has spent \$15,805 of that amount.

A motion was made by Vice Chair Rose and seconded by Commissioner Totten to approve budget amendment #6. The motion carried unanimously.

**Animal Protection Society (APS) Animal Control shelter contract:** Manager Whitaker recapped prior discussions. He stated that the County has not had a signed contract with APS in 20 years and shared history regarding the relationship. The Board budgeted a \$225,000 allocation for APS, approximately a \$51,000 increase from the previous year. In-depth conversations occurred related to a better working relationship between APS and Animal Control. There have been lots of negotiations and vetting of the proposed contract. He noted that the following statement is still the only point of disagreement remaining. "Any veterinarian bill is the sole responsibility of APS and shall not be imposed on the County." APS Board member Kim Steffan was present to answer questions. Dustin Smithey from Animal Control was also present.

Commissioner Claggett asked if there was currently a veterinarian on staff at APS. Whitaker replied that there was not. Commissioner Claggett asked if adoption fees would still assist with veterinarian fees. Ms. Steffan came forward introduced Dr. Mitch Foster as a member of the Board of APS and the advisor from a veterinary standpoint. Ms. Steffan affirmed that there was no vet on staff. On-staff veterinarians are only available at larger shelters. Adoption fees are frequently modest, nominal, or waived to increase adoptions. APS requires that animals adopted from the shelter be spayed and neutered prior to adoption. Commissioner Claggett asked Attorney Johnston if APS putting a vet on retainer would be paid for by taxpayers. Attorney Johnston responded that the issue was up for discussion. Ms. Steffan clarified that the issue was vet care in one very limited set of circumstances. If an animal is admitted to the shelter, part of the licensing requirement is that veterinary care is provided, which comes from the County's allocation and private donations. It is an APS operating expense. She further stated that there are limited situations where Animal Control will go to a call to pick up an animal that has been severely injured and needs veterinary care or to be euthanized. APS is asking the County to be responsible when Animal Control takes those animals to the veterinarian instead of the funds coming out of the allocation to APS. She opined that if the animal did not come to APS due to the severity of injuries, it would not fall under the licensing requirement and therefore should not be a part of the APS budget responsibility. In other similar-sized counties, the severely injured animals that go directly to the vet from Animal Control are paid for out of the Animal Control budget.

Vice Chair Rose asked how many times a vet was used last year for these types of issues. Dr. Foster responded that in his practice, there were two or three. According to the shelter manager, there may have been four or five for the entire year. He recalled that the funds may have totaled \$1,000 last year. He stated that when the County picks up an animal, there is a legal obligation for that animal for 72 hours. The animal must be stabilized. If a vet decides that it is in the best interest to euthanize an animal, that is done but is not a major expense. Vice Chair Rose asked for the total amount attributed to the five cases. Dr. Foster replied that he estimated less than \$1,000. There was discussion of severely ill verse severely injured. Ms. Steffan explained that severely ill animals were not likely to be picked up by Animal Control and they usually were dehydrated. Vice Chair Rose asked who would make the determination as to an animal being accepted at the shelter. Ms. Steffan replied that mechanisms were built into the contract. She added that some situations were very clear cut. If there was a questionable situation, the shelter manager and Animal Control will discuss and call a vet for input, if needed.

Commissioner Claggett asked if all initial immunizations and spaying and neutering were performed by a veterinarian. Dr. Foster replied that inoculations were performed by shelter staff. Commissioner Ingram asked for

clarification on whether these would be extenuating circumstances. Dr. Foster affirmed. Ms. Steffan stated that for routine exams for the animals, it is handled by APS.

Commissioner Holt asked what would happen to a dog picked up with a broken leg. Dr. Foster replied that it depended on the severity at that time. At a minimum, the animal might need pain medication. The animal would likely go to the shelter for medication because there is not a life-threatening injury that needs stabilization.

Commissioner Smith expressed concern about having a mechanism in place where the County controls the cost when an animal is taken to the shelter. Commissioner Totten asked for clarity on the number of staff at APS. Dr. Foster responded that there were eight employees. He added that 1–5 times per month, there is a request for veterinary care. That money is included in the allocation. Commissioner Totten asked if the agreement stipulated a vet on staff. Dr. Foster responded no. The Commissioner asked if the allocation would be dispersed in increments. Dr. Foster responded that it would be divided into 12 monthly payments.

Vice Chair Rose asked the Manager if there would be a budget amendment for costs incurred. The Finance Department responded that because of the minimal number of incidents, it was likely that it could be covered in the budget. Vice Chair Rose would like to see a cap placed on the total of reimbursement for veterinary services. Chairman Yarbrough did not agree with the County paying for extensive surgery on animals. Dr. Foster explained that by North Carolina law, you are required to attempt to stabilize an animal for 72 hours before being euthanized.

Commissioner Smith spoke about \$13,000 worth of items in the proposed contract in Section 3.2 regarding repairs, fencing, and gravel. He asked if these costs were budgeted. Manager Whitaker thought the reimbursement items B.1–5 had been removed from the contract during negotiations. Dr. Foster spoke about septic problem issues. There are two septic tanks before it goes to the Town line. They have been pumped 2 or 3 times per year. He spoke with the Town's mayor to see what needed to be done. He also said the facility must be licensed by the NC Department of Agriculture, and if they don't pass the license inspection for the facility, they will not be able to open the facility. There are some needs due to the age of the facility.

Commissioner Holt recalled that the County donated the land for the building and asked why the County was maintaining the building. Ms. Steffan stated that APS handles most building maintenance. The requested repairs are specific to the inspection of the facility. The repairs have been deferred for several years due to lack of funds.

Chairman Yarbrough suggested to Manager Whitaker that more work be completed on the contract since there were several issues from the Board. The Manager asked for direction on the highlighted item. The consensus of the Board is that the County will handle a capped amount that comes from the Animal Control budget. The Manager took responsibility for the oversight of removing Section 3.2a and b from the proposed contract. He asked for additional direction since those items would commit the County to pay for in addition to the allocation of \$225,000. The Chair felt that since it was not County property or a County building, he did not feel the Maintenance Department should make the repairs.

Ms. Steffan commented that when the revisions came back from County, it did not seem surprising. It was not unusual for the County to go above funding for that year that they added one-time dollars for a particular need. The County Manager stated that in the past, Maintenance staff had offered expertise that shelter staff did not have.

Vice Chair Rose agreed with Commissioner Smith. Within the contract, there is a deadline. The whole section 3.2 needs to be reviewed. Commissioner Holt stated that the City would own the sewer at the street. Dr Foster clarified that at the time the contract proposal began; there were some bad sewer issues. They were not aware of the direct hook-up to the sewer and offered that the APS Board would probably be willing to strike from the contract. The purpose of the building is to provide care for county animals. Anything that the County can do to help keep costs down will help APS not raise requests for the next year. Commissioner Holt recommended sending the proposed contract back to the APS Board. Vice Chair Rose noted that Section 3.2 dates have expired.

Dr. Foster suggested striking the sewer request and making a one-time allocation of \$10,000 to cover other expenses. There is a deadline to make a decision and have funding. Ms. Sharpe informed the Manager that there is a contingency in the budget within Solid Waste that could be used for a one-time use for some of the repairs. Chairman Yarbrough suggested sending the contract back with date changes. He was inclined to include a one-time dollar amount to be used if the Board agrees.

A motion was made by Commissioner Smith to pay a one-time appropriation of \$6,500 for maintenance and repair and a cap of \$2,000 for veterinary expenses and all other monies per the original budget. Commissioner Ingram seconded. Commissioner Holt asked how long the contract is for. Manager Whitaker responded it was one-year contract. Chairman Yarbrough desired to strike Section 3.2a and b (1–5) and c completely. Attorney Johnston concurred that it would be appropriate. The Manager suggested making the effective date 12/4/25–6/30/26. There was no objection to striking Section 3.2a–b (1–5) or the effective date. The motion carried unanimously.

### **Discussion items:**

**2026 Caswell Comprehensive Plan—proposal and contract:** Manager Whitaker explained that the item was related to the Land Use Plan (LUP) and \$48,000 was budgeted. The Board was asked to consider a proposal for a major update to 2014 Comprehensive Plan with a LUP component as a separate new section incorporated into a new 2026 Caswell Comprehensive Plan. He explained that Piedmont Triad Regional Council (PTRC) is equipped to provide this Planning service to its member governments and had provided the original estimate of \$48,000 used in budget development. He emphasized that this will be a large project that will include a steering committee (to be appointed). The PTRC proposal includes up to six (6) steering committee meetings and three (3) public meetings to solicit feedback. The Board will have final review before adoption. If the Board decides to move forward, Attorney Johnston will create a contract using the aforementioned proposal.

Commissioner Claggett inquired if a Comprehensive Plan is required with a UDO? The Manager replied that such a long-range plan is required statutorily and must be updated within a reasonable timeframe. In the Planning field, 7–10 years is about the life of a plan. Planning Director Watlington concurred that the update is definitely needed. It is suggested by the State for every county to have Comprehensive Plan.

Commissioner Smith asked how the plan will benefit the County? The Manager responded if the County had county-wide zoning, it would be one of the core documents to use as a basis for regulatory decisions, and that a Comp Plan is like a blueprint for what a jurisdiction aspired to be. He addressed its value regarding revived economic development efforts. Mr. Watlington added that Consistency Statement is required for amendments to the UDO. He added that the County is in vulnerable times for how the Board wishes to develop over the next 20–30 years. The Manager spoke about the value for businesses and residents looking to invest in or move to an area.

Attorney Johnston referenced NCGS 160B-501, which states in part that “as a condition of adopting and applying zoning regulations under this chapter, a local government shall adopt and reasonably maintain a comprehensive plan and land use plan.” The statute further states that “a local government may prepare and adopt other plans as deemed appropriate.” It is not mandatory for Caswell County, but the Board can do so. The item will be placed on the 8/18 agenda for action.

**Flock Safety license-plate-reader cameras (Sheriff’s Office contract):** Manager Whitaker stated that the item was mentioned earlier in relation to the Sheriff’s fund and forfeiture money. The proposal is for six (6) license plate reader cameras to be installed within strategic locations throughout the County to capture images of license plates. Flock Safety is the preferred vendor and owner of the national database that the Sheriff’s Office desires to be a part of. This item was not allocated in the budget, but there are DEA forfeiture funds available. The proposal is \$21,900 for this fiscal year and \$18,000 for next fiscal year—\$39,900 for two years. If a JAG grant is not awarded to Caswell, there will still be adequate DEA funds to cover the contract.

Commissioner Claggett asked about the national database. Sheriff Durden responded that the database allows everyone who has Flock cameras to interface and affirmed that it was for everyone who had the Flock system. Chairman Yarbrough asked if the strategic locations would be made public? The Sheriff replied that although it was not a secret, locations would not be readily shared. He added that they must be installed on private property. The property owner has to sign a waiver to say it’s allowed on their property. Danville has 21 cameras. Commissioner Smith asked would the information be beneficial if you don’t know the license plate number. The Sheriff replied that the description of the car was more important. The camera will pick up the description of the vehicle and driver. The item will be placed on the 8/18 agenda for action.

**Hazard Mitigation Plan and resolution:** Manager Whitaker stated that he had recently been made aware that the document is ready for the County's consideration. The document (1570 pages) deals with hazard mitigation generically and specifically to Caswell County in Sections 7 and 9. The Plan has already been submitted to NC Emergency Management and FEMA. The existing plan is valid until 9/30, but the request is that the plan be adopted before then. The resolution will make the county eligible for County and state assistance in case of a hazard. The item will be placed on the 8/18 agenda for action.

**Appointments/re-appointments:**

**Library Board—Gina Watlington:** Manager Whitaker stated that the board had not been able to meet due to lack of a quorum. Commissioner Claggett noted that this is the board missing an application—Darryl Freeland's. The Manager replied that he spoke with Mr. Freeland regarding being on the next agenda.

A motion was made by Commissioner Smith and seconded by Commissioner Ingram to appoint Gina Watlington to the Library Board for a three-year term. The motion carried unanimously.

**Reports, updates, or comments:**

**Manager:** The Manager met with Mike Finley, a representative from Senator Thom Tillis' office. He provided USDA resources, if needed. Manager Whitaker is working on a periodic joint meeting schedule between the Board of Commissioners and the County School Board. The Manager approved participation in a pilot program of software related to reporting and processing claims, and the software is called Incidentli. It is an opportunity suggested by the NCACC and there is currently no cost for participation. He and others had participated in a demo and thought the software has potential to streamline certain processes. The software is Cloud-based and can quickly capture data. He added that it could have helped with safety concerns revealed during the OSHA inspections.

**Attorney:** Attorney Johnston reported that there were two new tax foreclosure actions—Caswell County v. Heirs of Kenneth F., 49 Woodwinds Drive, Pelham, and Caswell County v. Bruce Solomon and others, located at 4915 Hwy. 57 N, Semora. A hearing is scheduled to for 8/25.

**Commissioners:** Commissioner Smith asked for an update on progress in filling management vacancies. Manager Whitaker stated that the new HR Director started last week and the CATS Director was hired and will start next week. Regarding the Finance Director position, applications are being reviewed for interviews, and he will be advertising for a Deputy Clerk and HR specialist soon. He will also advertise internally and externally for the Emergency Services position but noted that the Interim ES Director was working well.

Vice Chair Rose thanked everyone for coming out. He welcomed Ms. Stauffer, the new HR Director.

Chairman Yarbrough read announcements and upcoming events.

**Closed Session:** Vice Chair Rose made a motion, seconded by Commissioner Smith, to adjourn to Closed Session to consult with an attorney employed or retained by the public body in order to preserve the attorney-client privilege between the attorney and the public body under NCGS 143-318.11(a)(3). The motion carried unanimously.

**Adjournment:** Commissioner Rose moved, seconded by Commissioner Claggett, to adjourn the meeting. The motion carried unanimously, and the meeting was adjourned at 7:50pm.

.....

Respectfully submitted by Michelle Parker (*external Clerk contracted to prepare minutes on behalf of Caswell*),

---

K. Scott Whitaker  
Clerk to the Board

---

Tim Yarbrough  
Board Chair

*( page intentionally blank so all topics start  
on a “front” page if the packet is printed )*



## AGENDA ITEM 7

### COVER SHEET

Caswell County Board of Commissioners

---

**meeting date:** August 18, 2025

**topic:** “2023 Community Health Assessment” and “2024 State of the County Health”  
presentations (Nicole Gibson)

**attachment(s):**

- 2023 Community Health Assessment (CHA) document
- CHA handout
- 2024 State of the County Health (SOTCH) document
- SOTCH handout

**fiscal impact:** (n/a)

**staff comments or recommendation:** The presentations will be given by the Health Department and Ms. Gibson is the Health Educator. The listed presentation dates of 2023 and 2024 are correct. The SOTCH is due to the State in March for the previous year and then the Department waits for the State’s approval before presenting it to Board of Health and Board of Commissioners.

**suggested action or motion:** (none needed)

---

**notes:**



# **Caswell County Community Health Assessment 2023**



# ACKNOWLEDGMENTS

The Community Health Assessment (CHA) process provides the county with the opportunity to gain valuable insight into the health of its population. This assessment examines the health concerns and opportunities of Caswell County residents. Caswell County Health Department and partner agencies, particularly the Caswell Chapter of the Health Collaborative, devoted a great deal of time and energy toward developing a better understanding of the community and its health needs. In addition to partner agencies, Caswell County Health Department appreciates all community residents who participated in the CHA process and provided their feedback and insights into the community. Resident input is a vital and necessary part of a community health assessment, so that the process and document is truly reflective of the community. A full list of CHA team members and contributions can be found in [Appendix A](#). The Caswell County Health Department looks forward to continuing to work with residents, partner agencies, and others in improving the health of the community.

The 2023 Community Health Assessment includes the collection, analysis, and dissemination of information on Caswell County's assets, strengths, resources, and needs. In recognizing the importance of all aspects of health, the services and programs of our local organizations and agencies must be inclusive of social factors to better meet the needs of our community residents. The collective efforts must be directed towards addressing the top concerns and priorities of the community that will have the greatest impact.

*Note: This document was submitted in September of 2024, and includes the most current data available at that time. Please refer to the original data source to see if there are new updates in future years.*

# EXECUTIVE SUMMARY

## Vision Statement

The Caswell County Community Health Assessment (CHA) is the primary resource of data and information to better understand the experiences and needs of Caswell County residents by providing an equitable opportunity to interact directly with members of the public.

## Leadership

The Community Health Assessment utilized a traditional process, with the health department as the lead agency for the process with Nicole Gibson as the leader of the process. The Caswell Chapter of the Health Collaborative was a vital partner in the process and allowed the health department to have focus groups and receive feedback during scheduled collaborative meetings.

## Partnerships and Collaborations

Partners are a vital process to the Community Health Assessment process to assure that the process is equitable, inclusive, and representative. The below table highlights some of the partners included in the Community Health Assessment process.

| Partnerships                    | Number of Partners |
|---------------------------------|--------------------|
| Public Health Agency            | 1                  |
| Hospital/Health Care Systems    | 0                  |
| Healthcare Providers            | 3                  |
| Behavioral Healthcare Providers | 1                  |
| EMS Providers                   | 0                  |
| Pharmacy                        | 0                  |
| Community Organizations         | 2                  |
| Businesses                      | 0                  |
| Educational Institutions        | 0                  |
| Public School System            | 0                  |
| Media/Communication Outlet      | 1                  |
| Public Members                  | 10+                |
| Government Agencies             | 2                  |

## Regional or Contracted Services

The Health Department contracted with Ann Meletzke, a Public Health Strategist and Consultant, to collect Secondary Data and provide oversight and guidance throughout the Community Health Assessment.

## Theoretical Framework or Model

This Community Health Assessment process utilized the Social Determinants of Health Models and the Results Based Accountability™ framework. These models provide the opportunity for discussion and exploration of the key factors that impact health outside of traditional healthcare and health behavior ideas. These models also take into consideration elements of the Socioecological model, recognizing that many factors impact health.

## Collaborative Process Summary

The Community Health Assessment team made efforts to hear from the community through multiple methods to help guide future policy change and development. This community feedback and focus groups were used to guide the long-term priorities selection from the previous Community Health Assessment in 2019 and will continue to further develop a plan to address the priorities. The initial CHA planning meeting started in 2023 leading into 2024, with the final document submitted to the state for review in September of 2024.

## Key Findings

Two focus groups were conducted around the two priorities: structured activities for youth and improved race relations. Community members also had opportunities for their input and voice to be heard at events including the Cedar Grove Missionary Baptist Association STEM camp and the Reconnecting Caswell Event. These key priorities remain issues in the county. Participants suggested ideas requiring revision to existing strategies that include inclusive space for youth to congregate, processes for hearing and understanding youth voice, using social media to push out events for youth, community center programming, increased education on policies and how to change them, and listening tours for leadership across the county on the history of racism in Caswell County and its impact.

## Health Priorities

The 2023 Community Health Assessment priorities are **structured activities for youth** and **improved race relations**.

## Next Steps

The next steps are as follows:

- Present CHA document to the Caswell County Board of Health
- Share CHA document broadly with public
- Get on the agenda for the Board of Commissioners

## Reading Guide

This assessment is made up of five chapters with relevant county information. Each chapter contains information related to that chapter title. Throughout the document, links are included to provide additional information and citations found in the appendices. This document will be available electronically on the Health Departments website: <https://www.caswellnc.us/> and paper copies can be picked up at the Health Department at 189 County Park Road, Yanceyville, NC 27379 or the Gunn Memorial Library at 161 Main Street, Yanceyville, NC 27379. The goal of this document is to make the reading experience for our readers as easy and informative as possible.

**If you would like to be involved in future activities of the Community Health Assessment process, please call the Health Department at 336-694-4129 or email Nicole Gibson at [ngibson@caswellcountync.gov](mailto:ngibson@caswellcountync.gov).**

## Table of Contents

|   |           |
|---|-----------|
| <b>ACKNOWLEDGMENTS .....</b>  | <b>1</b>  |
| <b>EXECUTIVE SUMMARY .....</b>  | <b>2</b>  |
| Vision Statement .....  | 2         |
| Leadership .....  | 2         |
| Partnerships and Collaborations .....   | 2         |
| Regional or Contracted Services .....   | 2         |
| Theoretical Framework or Model .....  | 3         |
| Collaborative Process Summary.....  | 3         |
| Key Findings .....  | 3         |
| Health Priorities .....   | 3         |
| Next Steps .....  | 3         |
| Reading Guide .....   | 4         |
| <b>CHAPTER 1: BACKGROUND .....</b>  | <b>9</b>  |
| Social Determinants of Health vs. Social Drivers .....  | 9         |
| Healthy People 2023 Model.....  | 9         |
| Economic Stability .....  | 10        |
| Education Access and Quality .....  | 10        |
| Social and Community Context.....   | 10        |
| Health Care Access and Quality .....  | 10        |
| Neighborhood and Built Environment.....   | 11        |
| County Health Rankings Model .....  | 11        |
| Results Based Accountability Framework .....  | 12        |
| <b>CHAPTER 2: COMMUNITY HEALTH ASSESSMENT PROCESS AND PRIORTIES .....</b>                           | <b>13</b> |
| Community Health Assessment Survey Development, Distribution, Methodology and<br>Demographics ..... | 13        |
| Caswell County Survey Overview.....   | 13        |
| Focus Groups.....   | 13        |
| Data Collection .....   | 14        |
| Geographies of Comparison .....   | 15        |

|   |           |
|---|-----------|
| Data Sharing and Community Engagement .....         | 15        |
| Community Health Priorities .....                   | 16        |
| Next Steps .....                                    | 16        |
| Community Health Assessment Document Location ..... | 16        |
| <b>CHAPTER 3: COUNTY DESCRIPTION .....</b>          | <b>17</b> |
| Demographic Information.....                        | 18        |
| Population Size and Density.....                    | 18        |
| Race and Ethnicity.....                             | 19        |
| Age Distribution .....                              | 21        |
| Socioeconomic Information .....                     | 23        |
| Income .....  | 23        |
| Poverty .....                                       | 23        |
| Employment.....                                     | 25        |
| Housing .....                                       | 26        |
| Economic Tier Designation.....                      | 27        |
| Other Descriptive Factors.....                      | 27        |
| Education .....                                     | 27        |
| Youth .....   | 29        |
| Uninsured Rates .....                               | 29        |
| Disability.....                                     | 30        |
| Crime .....   | 31        |
| Community Resources .....                           | 31        |
| Health Care Professionals Ratio .....               | 32        |
| Community Health Assessment Survey Responses .....  | 33        |
| Priority Populations.....                           | 33        |
| <b>CHAPTER 4: HEALTH DATA AND INFORMATION .....</b> | <b>34</b> |
| Mortality .....                                     | 34        |
| Leading Causes of Death.....                        | 35        |
| Unadjusted Death Rates .....                        | 36        |

|   |    |
|---|----|
| Infant Mortality and Maternal Health .....                  | 37 |
| Morbidity .....   | 38 |
| What is Surveillance? .....                                 | 38 |
| Infectious Disease .....                                    | 39 |
| Influenza.....  | 39 |
| Cancer Incidence Rates .....                                | 42 |
| Projected Cancer Cases and Deaths.....                      | 42 |
| Diseases of the Heart .....                                 | 43 |
| High Blood Pressure .....                                   | 44 |
| High Cholesterol.....                                       | 44 |
| Obesity .....   | 44 |
| Physical Inactivity .....                                   | 46 |
| Chronic Lower Respiratory Diseases .....                    | 46 |
| Chronic Obstructive Pulmonary Disease.....                  | 47 |
| Asthma .....  | 47 |
| Pregnancy Information .....                                 | 48 |
| Teen Pregnancy Information .....                            | 48 |
| Birth Information .....                                     | 49 |
| Live Births and Low Birth Weight.....                       | 49 |
| Premature Births .....                                      | 50 |
| Births to Mothers Who Smoke.....                            | 50 |
| Births to Mothers Receiving Medicaid and WIC Benefits ..... | 50 |
| Communicable Disease .....                                  | 51 |
| Sexually Transmitted Disease .....                          | 51 |
| Reproductive Health and Life.....                           | 52 |
| Vaccine Preventable Disease (VPD's) .....                   | 53 |
| Oral Health .....   | 53 |
| Environmental Health Information .....                      | 55 |
| Water Quality Program .....                                 | 55 |

|   |           |
|---|-----------|
| Restaurant and Facilities .....   | 56        |
| Childhood Lead Investigations .....                                       | 56        |
| Air Quality .....   | 57        |
| <b>CHAPTER 5: COMMUNITY HEALTH INITIATIVES AND UPDATES .....</b>          | <b>58</b> |
| Structured Activities for Youth .....                                     | 58        |
| Result .....  | 58        |
| Activities by Year .....  | 59        |
| Programs Updates .....  | 60        |
| Youth Moving Forward .....  | 61        |
| Improved Race Relations .....   | 62        |
| Result .....  | 62        |
| Activities by Year .....  | 62        |
| Programs Updates .....  | 63        |
| Improvements Moving Forward .....   | 63        |
| <b>Appendices .....</b>   | <b>66</b> |
| Appendix A: Community Health Assessment (CHA) Teams and Contributors..... | 66        |
| Appendix B: Caswell County Community Resource Guide .....                 | 67        |
| Appendix C: Community Health Assessment Survey Responses.....             | 69        |
| <b>References .....</b>   | <b>87</b> |
| Chapter 1.....  | 87        |
| Chapter 2.....  | 87        |
| Chapter 3.....  | 88        |
| Chapter 4.....  | 91        |
| Chapter 5.....  | 94        |



# CHAPTER 1: BACKGROUND

Caswell County's Community Health Assessment (CHA) report seeks to understand the health status of the county. As an accredited health department, Caswell County Health Department is required to complete a CHA every four years by the North Carolina Division of Public Health.

In addition, the CHA process provides opportunity for community input in health-related goal setting and assists local officials, staff, and organizations in developing strategies to address community needs. The CHA team recognizes the importance of hearing from the community.

## Social Determinants of Health vs. Social Drivers

Social Determinants of Health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age. These conditions have a major influence on people's health, well-being and quality of life, while also contributing to wide health disparities and inequities. (Healthy People 2030, n.d). [Chapter One](#)

The term "determinants" could unintentionally indicate a sense of finality and suggest that individuals have less control over their health and well-being. It could also imply that an individual's health is predetermined and can potentially minimize accountability among policymakers and decision-makers. Instead, Social Drivers of Health is used interchangeably with Social Determinants of Health (Social Drivers of Health, n.d). [Chapter One](#)

## Healthy People 2030 Model

The US Department of Health and Human Services' Office of Disease Prevention and Health Promotion Developed the Healthy People 2030 Model. This model includes five key areas or determinants of health and can be seen on the next page.



### Economic Stability

Goal: Help people earn steady incomes that allow them to meet their health needs. Economic Stability includes employment, food insecurity, housing instability, and poverty.

### Education Access and Quality

Goal: Increase educational opportunities and help children and adolescents do well in school. Education includes early childhood education and development, enrollment in higher education, high school graduation, and language and literacy.

### Social and Community Context

Goal: Increase social and community support. Social and Community Context contains civic participation, discrimination, incarceration, and social cohesion.

### Health Care Access and Quality

Goal: Increase access to comprehensive, high-quality health care services. Health Care Access and Quality is made up of access to health care, access to primary care, insurance and health literacy.

## Neighborhood and Built Environment

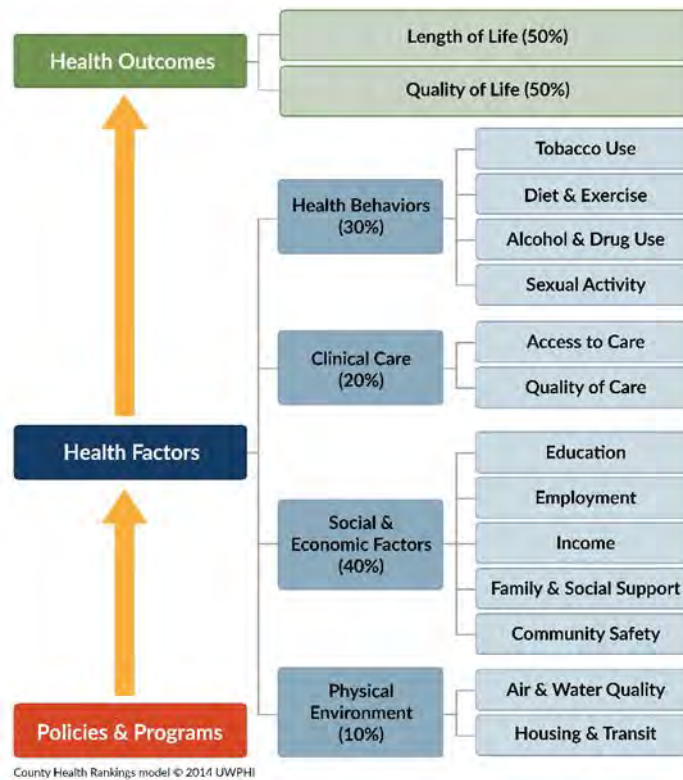
Goal: Create neighborhoods and environments that promote health and safety. Neighborhood and Built environment include healthy foods access, crime and violence, environmental conditions, and housing quality [Chapter One](#)

## County Health Rankings Model

The County Health Rankings Model also includes a broad range of factors that contribute to health beyond health care and health behaviors. Using this model, only 20% of health is related to traditional health care and 30% health behaviors like alcohol and tobacco use and diet and exercise. The remaining factors are 40% socioeconomic factors, like education, job status, social supports, and safety, and 10% physical environment. (The University of Wisconsin, 2024).

### [Chapter One](#)

The Caswell County Community Health Assessment process and team recognize the powerful role non-clinical services play in the health of a community.



## Results Based Accountability Framework

There are two different accountability models with the Results Based Accountability™ (RBA) framework methods—performance accountability and population accountability. Performance accountability takes into consideration the well-being of client populations, programs, organizations, agencies and service systems. Population accountability includes the well-being of whole populations like cities and counties.

The RBA method uses a specific approach to create ways to act on the problems rather than simply talking about the problems. The objective is to name the desired result and develop a framework and plan on how to get the desired result. This RBA framework will guide the work of the Community Health Improvement Plans, which are the plans to address the priorities identified by the CHA process (Results Based Accountability, 2022). [Chapter One](#)

### **The 7 Population Accountability Questions**

**1. RESULTS**

What results do we want for our population? (in plain language)

**2. EXPERIENCE**

How do we experience the results that we want?

What might conditions look like if we could see them?

**3. INDICATORS**

How can these conditions be measured?

**4. BASELINE**

Where are we now?

Where are we going?

**5. STORIES**

What is behind the baseline? (*Example: If poverty is rising, why?*)

What is helping? What is hurting?

**6. PARTNERS**

Who are the partners with a role to play?

**7. WHAT WORKS**

What works to do better?

## CHAPTER 2: COMMUNITY HEALTH ASSESSMENT PROCESS AND PRIORITIES

In 2023 the Health Department began assessing the long-term priority selections from the 2019 CHA, structured activities for youth and improved race relations. Recognizing the ongoing work in the community surrounding these two priorities, brief primary survey results and the long-term goals for continuous improvement, it was determined these priorities would continue through the next four years.

### Community Health Assessment Survey Development, Distribution, Methodology and Demographics

#### Caswell County Survey Overview

Caswell County Health Department conducted a survey of Caswell County, North Carolina residents. The goal of this survey was to provide information relevant to the Caswell County Community Health Assessment. With 20% (10) of the surveys conducted by paper, an additional 80% (40) were conducted with a supplemental opt-in online survey through Survey Monkey and was distributed by the Caswell County Health Department. Unless otherwise noted, results reported below are percentages (%) and cell sample sizes (n). The number of residents surveyed did not yield statistically significant results and focus groups were conducted to further inform strategy development. To read more, see the full survey in [Appendix C](#).

Mode: Online

Population: Caswell County Participants

Margin of Error: NA (small sample size)

Dates in the Field: June 6<sup>th</sup>, 2024 – July 15<sup>th</sup>, 2024

Sample Size: 50 online surveys.

Weighting Variables (NC): age, gender, race, education, and income

#### Focus Groups

As mentioned previously two focus groups were conducted around the previous priorities. Community members and partners were asked to share about their experiences and what they would like to see in the future surrounding these priorities. Several key themes and ideas that surfaced are listed below.

### *Structured Activities for Youth*

- Youth Council Program to hear directly from the youth and empower them to be involved in changes they want to see in their community.
- Youth Mental Health/First Aid and Suicide Prevention Training to school and support staff (bus drivers, janitors etc).
- Concerns with Public School funding
- Inform educators on basic understandings regarding policies and how to act
- Inclusive Space for youth to hang out
- Social Media push for future events and communication methods
- Community Center with Programming for kids

### *Improved Race Relations*

- Awareness and trainings to improve knowledge and understanding
- Know your voice is valuable and challenge what you know
- Listening tours on racism lead by leadership
- Education on policies and how to change them and get involved

## Data Collection

Most data collection from secondary sources took place in early 2024. Secondary data includes data shared and collected by agencies other than Caswell County Health Department, for example, data collected by the North Carolina State Center for Health Statistics and US Census Bureau. In general, and throughout this report, five-year ranges of data are used as often as available to improve statistical reliability due to the small population size of Caswell County. A full list of references can be found in the References section at the end of this document. Caswell County secondary data was compared to peer counties, neighboring counties, and the state.

## Geographies of Comparison

For the purposes of this report, peer counties include Chowan and Greene counties. These counties were selected based on similar population size, age distribution, racial composition, income and education levels. This descriptive information can also be viewed in Chapter 3: County Description. Neighboring counties include Alamance, Person, and Rockingham counties. Data for the state of North Carolina is also provided. Caswell County and the comparison counties are starred in the map below. Caswell County is starred in red; peer counties are starred in blue, and neighbor counties are starred in green. [Chapter Two](#)



## Data Sharing and Community Engagement

Future dissemination efforts for the Community Health Assessment will focus on direct outreach to meet community members where they are. We recognize direct input is insightful and extremely valuable to the Community Health Assessment process and provides an opportunity to hear lived experiences. Dissemination efforts will include outreach opportunities in multiple locations, various formatting for surveys: including paper, electronic and multilingual to accommodate all residents of the County. Partnerships will also be developed and maintained with other organizations who have valuable data to share that may not be readily accessible online, for example hospitals.

## Community Health Priorities

The selected health priorities are structured activities for youth and improved race relations. As a summary on how these priorities were selected last CHA cycle:

The Caswell Chapter of the Health Collaborative functioned as the CHA development team. This group utilized survey data from the Priorities Survey, institutional knowledge and capacity of the county to establish the health priorities. These priorities as well as primary and secondary data were presented to the Caswell County Board of Health during the routine meeting in January of 2020. The board agreed with the selected priorities. It is the hope of the CHA team, health department, and Board of Health that addressing these priority issues will meet the needs of the public and improve the health of the community by addressing underlying issues before they progress into major and chronic health problems.

Implementation of these priorities has been identified as long-term and therefore will continue throughout the next four years. The Community Health Improvement Plan (CHIP) will further refine strategies that are informed by the feedback collected in 2024 and will include a process for evaluation progress to date for the 2027 CHA.

## Next Steps

This document will be submitted to the North Carolina Division of Public Health in September of 2024. The information contained in this report will also be shared with the Caswell County Board of Health and Board of Commissioners. The Community Health Improvement Plans (CHIP), which is a long-term project, was developed in August of 2024 and will be submitted in early September 2024. The CHIP will address structured activities for youth and improved race relations with key strategies, including increased youth mental health and first aid training and racial equity training. These plans will help document and record ongoing efforts in the County surrounding these priorities over the next 4 years. Each year a State of the County Health Report (SOTCH) will be developed to summarize changes, emerging issues and CHIP progress.

## Community Health Assessment Document Location

Copies of this Community Health Assessment report will be distributed to key stakeholders and an electronic version will be posted to the Caswell County Health Department website:

<http://www.caswellinc.us>. Paper copies of the report will be made available at the Health Department and Gunn Memorial Library. Further inquiries can be made to the Health Department at 336-694-4129. [Chapter Two](#)



## CHAPTER 3: COUNTY DESCRIPTION



Caswell County is 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. Nestled among Person, Orange, Alamance, and Rockingham counties, it is bounded by the state of Virginia to the north. The county has a total land area of 425.37 square miles.

Caswell County was formed on May 9, 1777, and was named in honor of Richard Caswell who was a member of the first Continental Congress, Major General in the Revolutionary army, and first governor of North Carolina after the Declaration of Independence. On February 1, 1792, Caswell was reduced in size when Person County was formed from its eastern half. Prior to the Civil War, Caswell was one of the wealthiest counties in the state.

Agriculture represents a vital part of Caswell County's history. The Bright leaf tobacco curing process originated in Caswell and tobacco production was once an important industry in the county. In more recent years, tobacco production has declined in the county, but maintains an important place in heritage and history. Many county residents reflect fondly back on the importance of tobacco to both the community and personal or familial histories. In addition to tobacco, the agriculture production in Caswell County includes soybeans, corn, grains, hay, and various types of livestock.

Caswell County is conveniently located within an easy driving distance from Greensboro, Raleigh, Durham, and Chapel Hill. A testament to the rural nature of the county, the only four-

lane interstate highway is US Highway 29, which courses through less than ten miles of the northwest corner of the county. Most of the roadways in the county are two lane highways and 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 taxi or cab service, ride-sharing services (like Uber or Lyft), passenger rail or bus services and there is no public airport.

## Demographic Information

Demographic information provides insight into the population composition of an area. This information can guide the planning of projects and programs. For reference, throughout this report, Caswell County is compared to peer counties, neighboring counties, and the state of North Carolina. Both peer and neighboring counties are included since Caswell County is more rural and less like neighboring counties. As stated previously, five-year rates are used as often as possible to increase statistical reliability due to the small population size.

### Population Size and Density

Caswell County is divided into nine townships and includes two municipalities, Yanceyville and Milton. The 2020 Decennial Census from the United States Census Bureau estimates a population of 1,937 people for Yanceyville (Bureau, 2020) and a population of 2,033 people for Milton (Bureau, 2020) [Chapter Three](#)

The population density information table below shows the population density and compares Caswell County to peers, neighbors, and the state. Caswell County has a lower population density than all neighboring and peer counties (ACS Bureau, 2022). [Chapter Three](#)

| Population Density Information Compared to Peer and Neighboring Counties |         |        |        |          |        |            |            |
|--|---------|--------|--------|----------|--------|------------|------------|
|  | Caswell | Chowan | Greene | Alamance | Person | Rockingham | NC         |
| <b>Total Population</b>  | 22,747  | 13,835 | 20,407 | 171,779  | 39,131 | 91,209     | 10,470,214 |
| <b>Land mass (sq. mi.)</b>   | 425.37  | 172.70 | 266.7  | 423.5    | 392.2  | 565.6      | 48,624.01  |
| <b>Population per sq. mi.</b>  | 53.5    | 80     | 77     | 406      | 100    | 161        | 215        |
| <i>Source: 2022, ACS US Census Bureau 5 Year Estimates</i>               |         |        |        |          |        |            |            |

### Population Size Change

Another aspect of population size to consider is the population size change. The state and Caswell, along with neighboring counties, experienced population size growth. Caswell County's population has increased slightly since the year 2019 (Bureau, 2019). The population of North

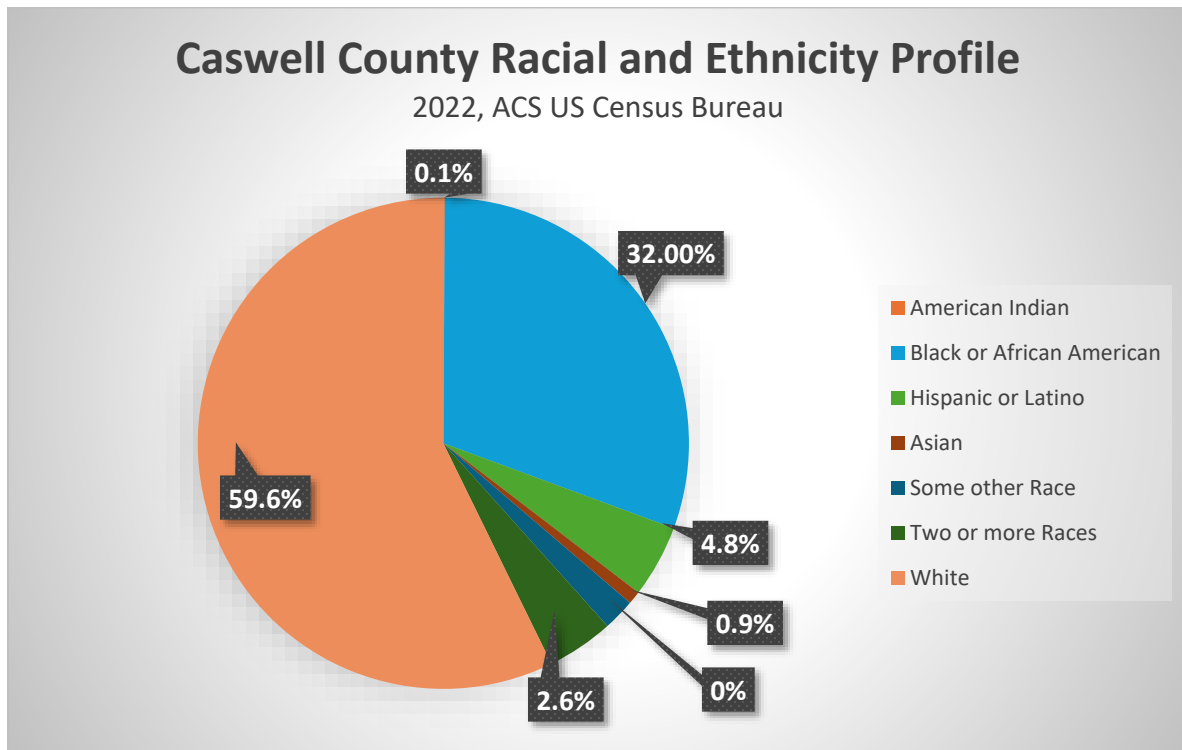
Carolina has increased by 2% from 2019 to 2022, while Caswell County has increased by 0.27% for the same period (Bureau, 2022). [Chapter Three](#)

| Population Change Compared to Neighboring Counties |            |            |                |
|--|------------|------------|----------------|
| Geographic Area                                    | 2019       | 2022       | Percent Change |
| Caswell  | 22,684     | 22,747     | 0.27%          |
| Alamance   | 163,324    | 171,779    | 5.17%          |
| Person   | 39,345     | 39,131     | 0.54%          |
| Rockingham   | 91,077     | 91,209     | 0.14%          |
| NC   | 10,264,876 | 10,470,214 | 2.0%           |

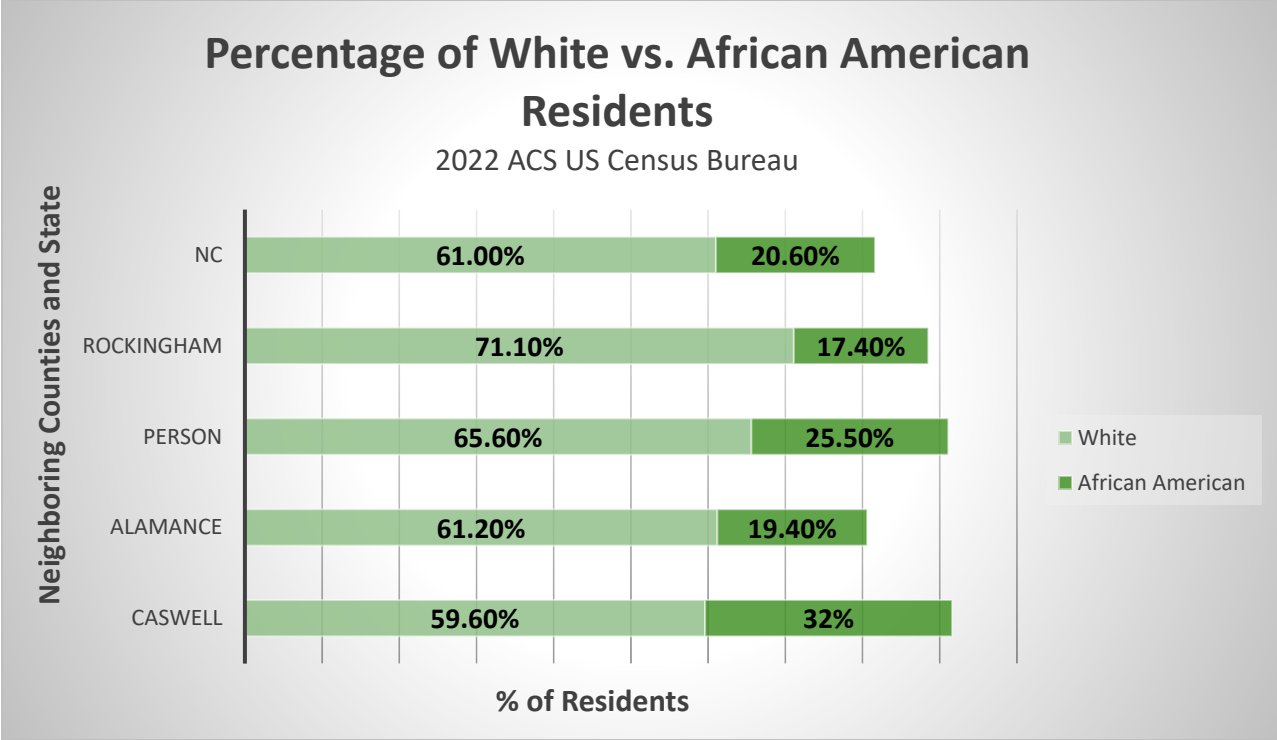
*Source 2019 and 2022 ACS, US Census Bureau: 5yr Demographic and Housing Estimates*

## Race and Ethnicity

The graph below shows the percentage of racial and ethnic background for residents of Caswell County. Caswell County residents are 59.6% (13,567) white and 32% (7,274) African American. For the remaining racial groups, Caswell County has 0.1% (25) American Indian or Alaska Native, 0.9% (194) Asian, 4.8% (1,089) Hispanic or Latino, 0% (10) other, and 2.6% (588) two or more racial groups (Bureau, 2022). [Chapter Three](#)

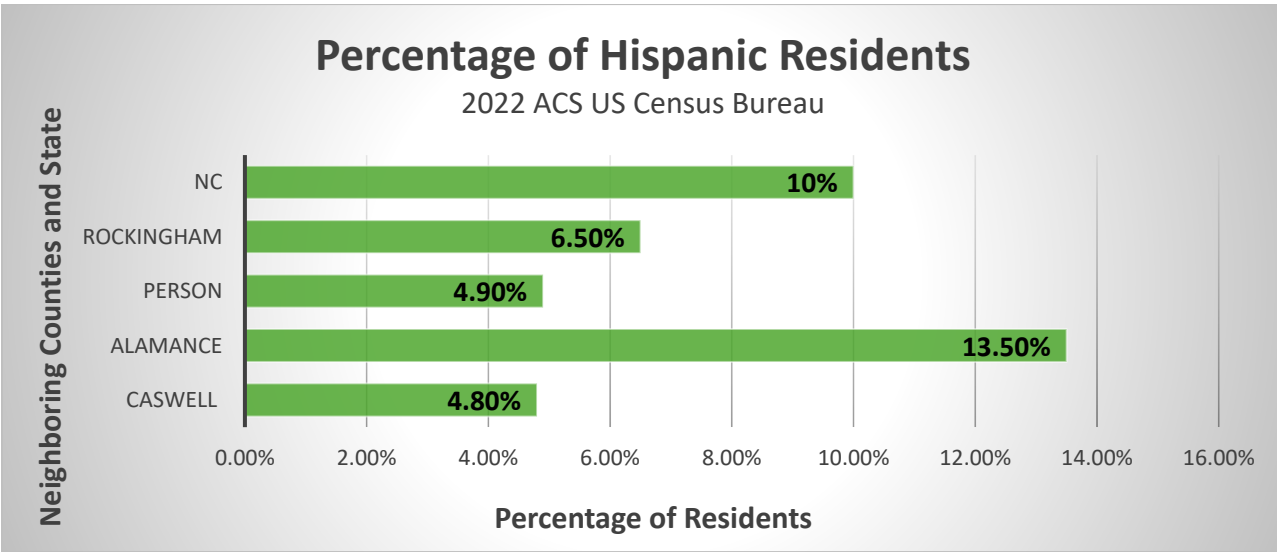


In comparison of African American and white residents Caswell County has a higher African American population at 32% and a lower White population at 59.60% than all three neighboring counties and the state (Bureau, 2022). [Chapter Three](#)



In terms of ethnicity, Caswell County has a percentage of 4.8% of residents who identify as Hispanic. This percentage is lower than neighboring counties and the state. The demographic makeup is like Person County at 4.9%, whereas the other two neighboring counties and the state have a much higher percentage of Hispanic residents in comparison (Bureau, 2022)

### Chapter Three

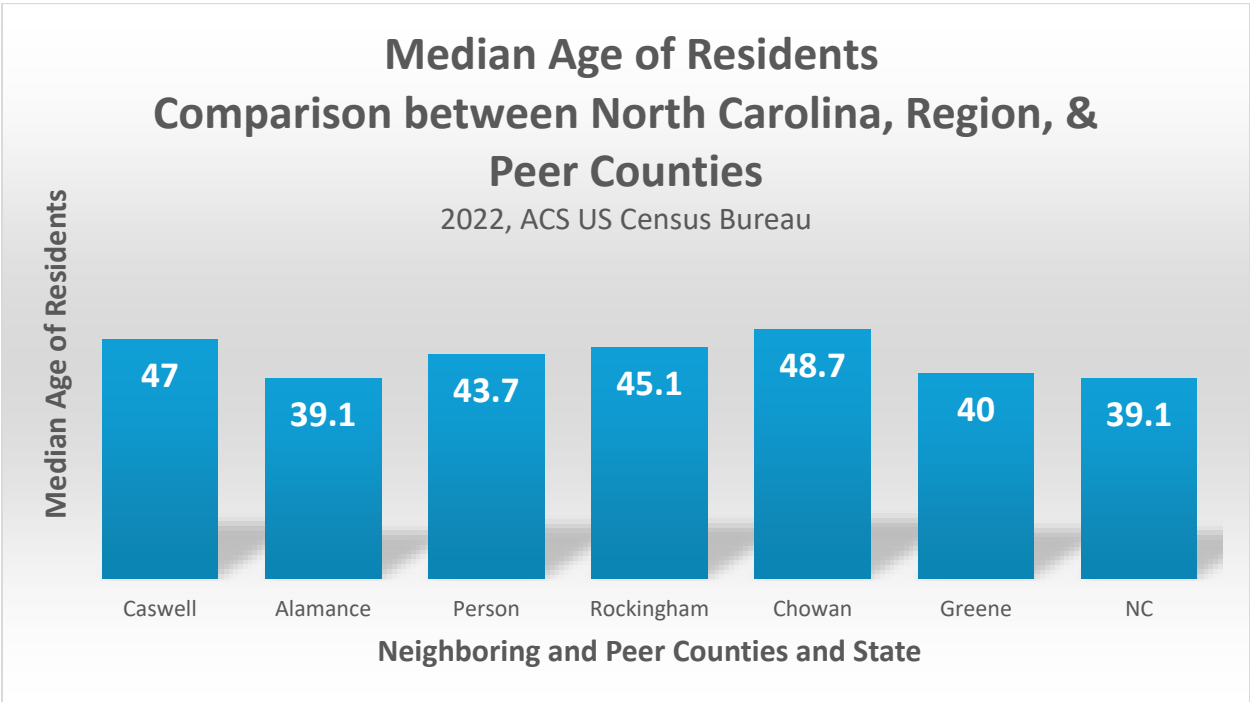


Like Person County, Caswell has seen less growth in the Hispanic community than its neighboring counties and has an opportunity to learn more about their health needs. Ethnicity is a critical demographic element to consider because it sheds light on unique health needs that

might otherwise be overlooked if not collected by healthcare agencies. The CDC considers the “collection of race and ethnicity information” to be an important part of public health surveillance efforts and uses it to inform issues with access and improve quality of care (CDC, 2024). It is important to note that while the entire Latinx community.

### Age Distribution

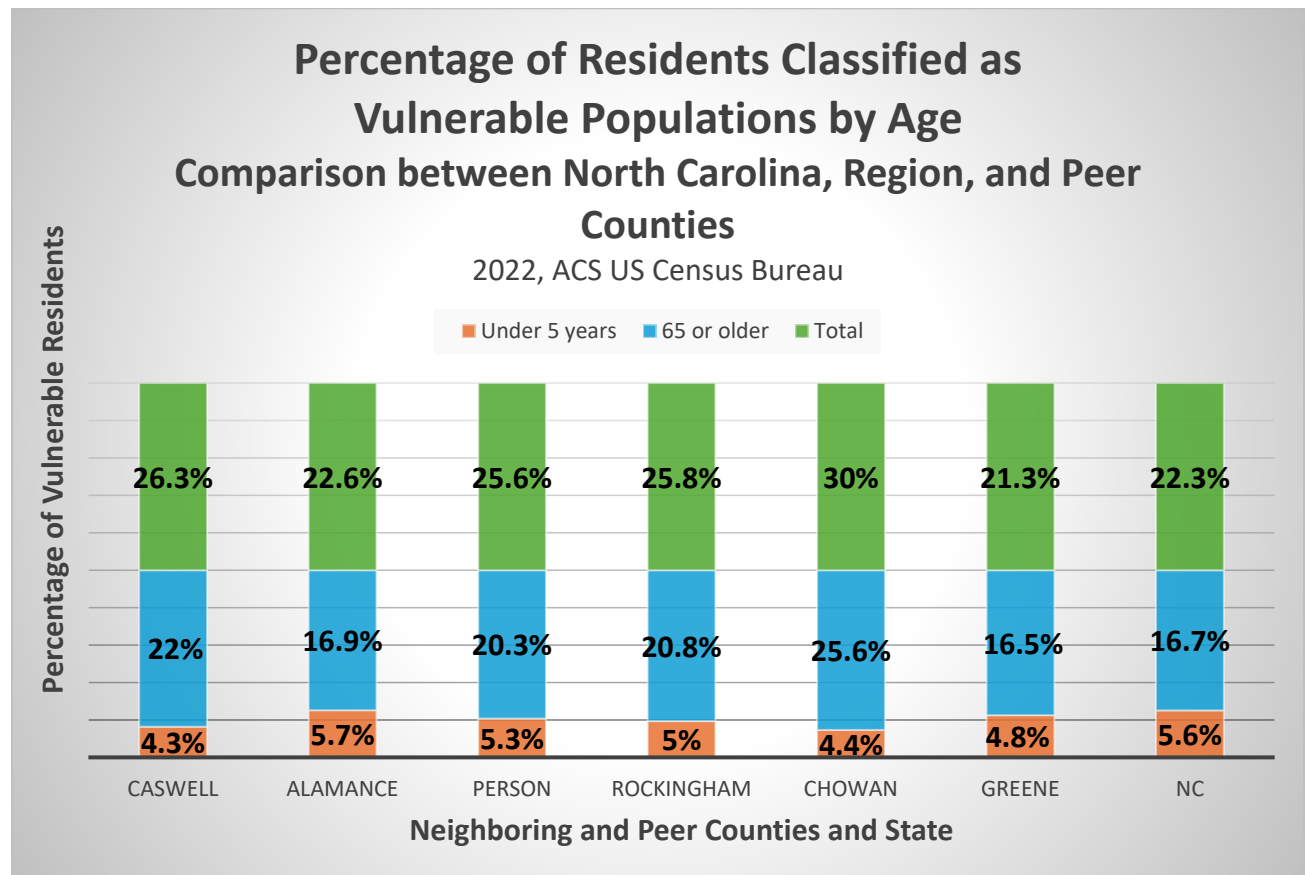
Age distribution of a population can help provide insight into a community’s needs and resources, since different age groups will have different needs and experiences. Caswell County has an older population with a median age of 47 as compared to neighboring counties and the state. In comparison to peer counties, Caswell has an older population than Greene County, but younger than Chowan County. The median age of resident’s information can be viewed in the table below (Bureau, 2022). [Chapter Three](#)



Caswell County also has fewer children under 5 years of age as compared to neighboring and peer counties and the state. In Caswell County, 4.3% of the population is under 5 years of age, as shown in the chart to the right.

| Percent of Residents Under 5 years |       |
|------------------------------------|-------|
| Caswell                            | 4.30% |
| Alamance                           | 5.70% |
| Person                             | 5.30% |
| Rockingham                         | 5.00% |
| Chowan                             | 4.40% |
| Greene                             | 4.80% |
| NC                                 | 5.60% |
| Source: 2022, ACS US Census Bureau |       |

For the population 65 years of age and older, 22% of the residents are in this age group. This is higher than neighboring counties and the state. Chowan, a peer county, has a higher percentage of older residents at 25.6% in comparison to Caswell. Caswell has a total higher vulnerable population at 26.3% than all neighboring counties, Greene County and the state. Chowan County had the highest of vulnerable residents at 30% (Bureau, 2022) [Chapter Three](#)



## Socioeconomic Information

Socioeconomic factors influence the health of individuals and communities by affecting their ability to engage in health activities, afford medical care, housing and manage stress. The American Psychological Association has documented the relationship between stress and socioeconomic status. The lower an individual’s socioeconomic status, the higher the levels of stress. This is due to resource scarcity, job instability, unsafe housing and limited access to quality healthcare. Chronic stress can also lead to mental health problems and exacerbate physical health conditions like Diabetes or heart disease (Sindhu, Eastern Washington University, 2023). [Chapter Three](#)

As mentioned in Chapter Two, a community’s health is influenced by socioeconomic factors (40%), health behaviors (30%), clinical services (20%) and physical environment (10%). (The University of Wisconsin, 2024) [Chapter Three](#)

### Income

| Median Household Income                              |            |                 |
|--|------------|-----------------|
| Geographic Area                                      | Per Capita | Median Earnings |
| Caswell  | \$27,503   | \$56,999        |
| Alamance   | \$32,105   | \$60,866        |
| Person   | \$33,456   | \$60,688        |
| Rockingham   | \$29,239   | \$50,737        |
| Chowan   | \$32,479   | \$51,188        |
| Greene   | \$21,972   | \$50,320        |
| NC   | \$37,641   | \$67,481        |
| Source: 2022, ACS US Census Bureau, 5-Year Estimates |            |                 |

Per capita income is the average income earned per person in a particular area. For 2022, Caswell County had a per capita income of \$27,503, which is lower than all neighboring counties, Chowan County and the state, but higher than Greene County. All counties used in this report have a lower per capita income as compared to the state.

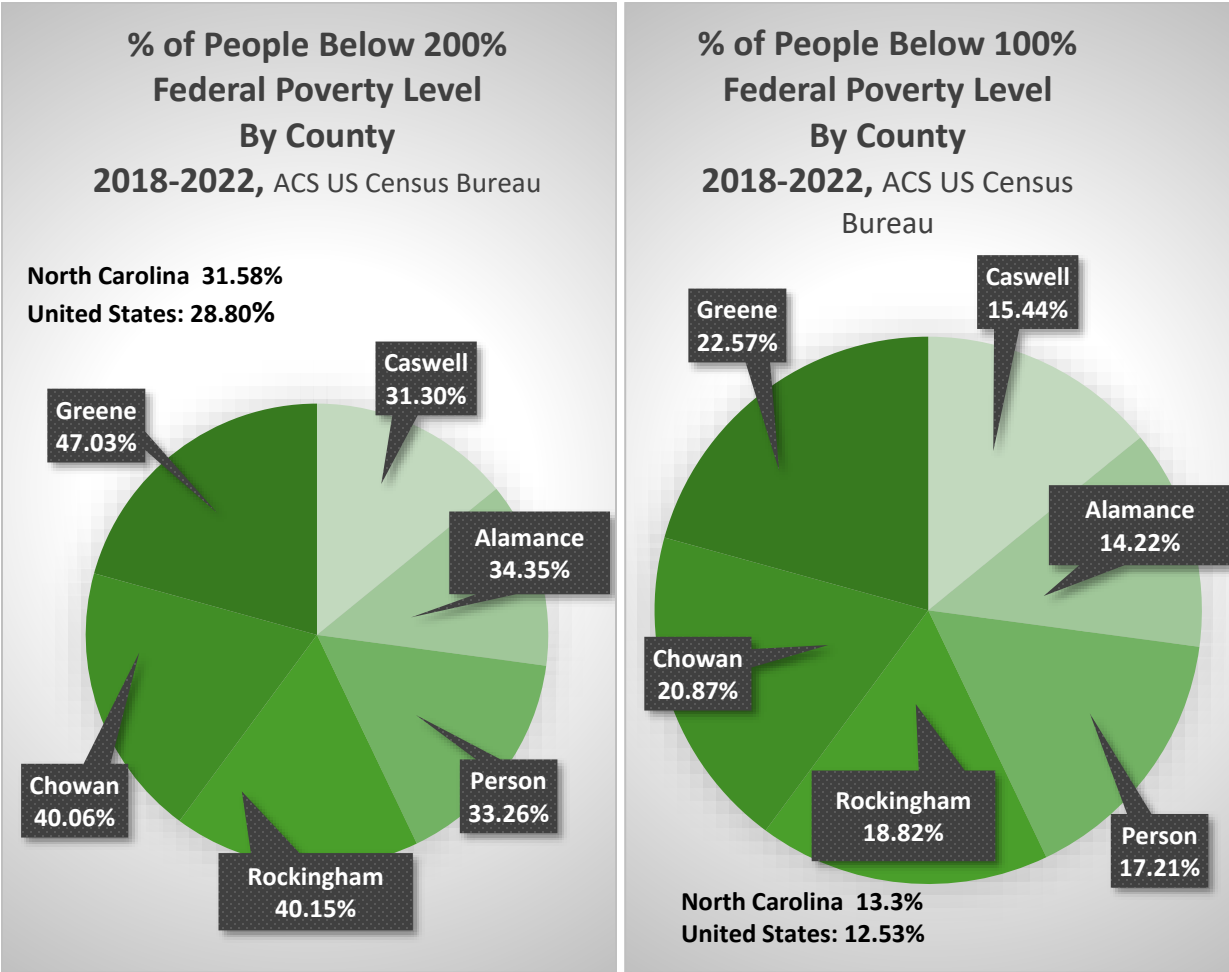
Another income measure is median household income. Median household income is the middle point where half of households earn more, and half earn less. The median earnings for Caswell County residents are \$56,999 for 2022. Caswell County has higher median earnings than Rockingham County and both peer counties, but less than the state. All counties compared in this report have lower incomes than the state (Bureau, 2022) [Chapter Three](#)

### Poverty

The percentage of residents below the federal poverty level (FPL) is also related to income. Poverty creates barriers to access to healthcare, nutritious foods and necessities for everyday life that can contribute to poor overall health.

In Caswell County 31.3% of residents are 200% below the FPL. Compared to neighboring and peer counties we are lower than all including the state.

In comparison 15.44% of residents are 100% below the FPL and we are lower than all counties in the report except for Alamance County and the state (Bureau, 2022). [Chapter Three](#)



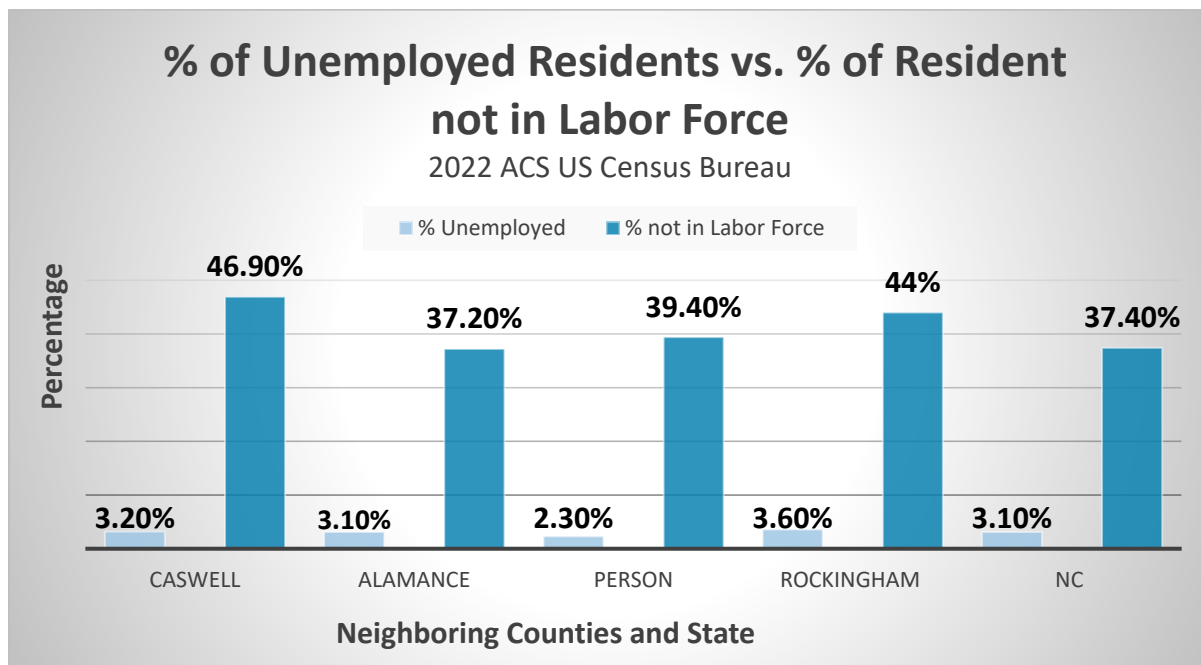


Related to poverty, 20% of Caswell County residents received benefits through the Simplified Nutritional Assistance Program (SNAP) as compared to 15.70% of NC residents. This benefit program is often referred to as Food Stamps and can be viewed to the right (Bureau, 2022). [Chapter Three](#)

| Percentage of Residents Receiving SNAP Benefits |            |
|---|------------|
| Geographic Area                                 | Percentage |
| Caswell   | 20.00%     |
| Alamance  | 16.40%     |
| Person  | 18.00%     |
| Rockingham                                      | 19.60%     |
| Chowan  | 20.60%     |
| Greene  | 21.80%     |
| NC  | 15.70%     |
| Source: 2022, ACS US Census, 5-Year Estimates   |            |

## Employment

Employment or unemployment rates are directly associated with the economic status of a population. For the 2022 5-year estimate period, Caswell County had an unemployment rate of 3.20%, which is higher than the state rate of 3.10%. In addition, 46.90% of Caswell County residents are not in the labor force, which is higher than all neighboring counties and the state. The U.S. Census Bureau defines those not in the labor force as persons who are institutionalized, retired, homemakers, students, or seasonal employees who are not looking for employment during the off season. This information is shown in the graph below (Bureau, 2022) [Chapter Three](#)



### *Commuting Characteristics*

Commuting characteristics are also related to the employment status of an area. The mean travel time to employment is also associated with employment status. Caswell County residents travel an average of 31.5 minutes to their place of employment, this figure is higher than the state and all peer and neighboring counties. Chowan County residents travel an average of 30.9 minutes, which is like Caswell County residents. This information can be viewed at right (Bureau, 2022)

### [Chapter Three](#)

Also, of relevance to commuting characteristics, 4.7% of occupied homes had no vehicle in Caswell County in the 2022 ACS estimates. This figure is lower than two of the three neighboring counties, both peer counties, as well as the state. It is important to note that few residents live within safe walking distance of services and amenities, like places of employment, recreation sites, stores, and medical services. This information is shown in the table to the right (Bureau, 2022) [Chapter Three](#)

### Housing

In terms of housing, the median value of owner-occupied homes in Caswell County is \$138,600. This figure is lower than all counties compared in this report and the state except for Greene County. The median rent in Caswell County is \$678 and is the lowest compared to all counties in this report and the state. This information can be viewed on the table to the right (Bureau, 2022) [Chapter Three](#)

| Mean (Average) Travel Time in Minutes         |         |
|---|---------|
| Geographic Area                               | Minutes |
| Caswell                                       | 31.5    |
| Alamance                                      | 25.9    |
| Person  | 30.6    |
| Rockingham                                    | 26.4    |
| Chowan  | 30.9    |
| Greene  | 26.7    |
| NC  | 25      |
| Source: 2022, ACS US Census, 5-Year Estimates |         |

| Percentage of Occupied Homes with No Vehicle  |            |
|---|------------|
| Geographic Area                               | Percentage |
| Caswell                                       | 4.70%      |
| Alamance                                      | 5%         |
| Person  | 5.20%      |
| Rockingham                                    | 7%         |
| Chowan  | 10.20%     |
| Greene  | 5.50%      |
| NC  | 5.40%      |
| Source: 2022, ACS US Census, 5-Year Estimates |            |

| Housing Costs                     |                   |             |
|-----------------------------------|-------------------|-------------|
| Geographic Area                   | Median Home Value | Median Rent |
| Caswell                           | \$138,600         | \$678       |
| Chowan                            | \$181,400         | \$814       |
| Greene                            | \$108,300         | \$826       |
| Alamance                          | \$197,700         | \$959       |
| Person                            | \$173,200         | \$777       |
| Rockingham                        | \$142,900         | \$743       |
| North Carolina                    | \$234,900         | \$1,039     |
| Source: 2022 ACS 5 Year Estimates |                   |             |

## Economic Tier Designation



The North Carolina Department of Commerce groups the state's 100 counties into three different tiers based on economic factors. Tier 1 counties are the 40 most economically distressed counties. Tier 2 counties are the next 40 distressed counties and Tier 3 counties are the 20 least distressed counties. Caswell County is a Tier 1 county, meaning it is one of the 40 most economically distressed counties in North Carolina. The tier designations of peer and neighboring counties can be viewed in the figure above (County Tier Systems, 2024) [Chapter Three](#)

## Other Descriptive Factors

### Education

The educational attainment of residents also impacts health, since often education has a direct relationship with income and other opportunities and skills. In terms of adult residents aged 25 and older 9.90% have a

| Educational Attainment Aged 25+ with bachelor's degree for 2022 |        |
|---|--------|
| <b>Caswell</b>  | 9.90%  |
| <b>Alamance</b>   | 19%    |
| <b>Person</b>   | 12.70% |
| <b>Rockingham</b>   | 10.60% |
| <b>Chowan</b>   | 15.10% |
| <b>Greene</b>   | 8.10%  |
| <b>NC</b>   | 21.40% |
| Source: 2022, ACS US Census, 5-Year Estimates                   |        |

bachelor's degree or higher for the 2018-2022 period. These figures are lower than the state and all peer and neighboring counties, except for Greene County. This information can be viewed in the graph above (Bureau, 2022) [Chapter Three](#)

In addition, 16.30% of residents in Caswell County aged 25 and older did not have a High School Diploma. This is higher than the state average at 10.57% and all counties in this report except Rockingham and Greene Counties. This is shown in the graph to the right (Bureau, 2022) [Chapter Three](#)

| Educational Attainment Aged 25+ with no HS Diploma for 2022 |        |
|---|--------|
| <b>Caswell</b>  | 16.30% |
| <b>Alamance</b>   | 12%    |
| <b>Person</b>   | 11.57% |
| <b>Rockingham</b>   | 16.36% |
| <b>Chowan</b>   | 13.37% |
| <b>Greene</b>   | 23.93% |
| <b>NC</b>   | 10.57% |
| Source: 2022, ACS US Census, 5-Year Estimates               |        |

High School graduation rates by Race and Ethnicity for Caswell County was compared to the state and can be viewed to the right (NC Data Portal, 2020). [Chapter Three](#)

| HS Graduation Rate by Race and Ethnicity           |              |                                  |                 |
|--|--------------|----------------------------------|-----------------|
|  | <b>White</b> | <b>Black or African American</b> | <b>Hispanic</b> |
| <b>Caswell</b>                                     | 81.50%       | 87%                              | 90.90%          |
| <b>NC</b>  | 91%          | 85.80%                           | 82%             |
| Source: US Department of Ed, NC Data Portal, 20-21 |              |                                  |                 |

Caswell County had a graduation rate of 86.90% for 2020-2021. This percentage is lower than Alamance, Rockingham and the state, but higher than Person County at 84.40%. This chart can be viewed to the right (NC Data Portal, 2020) [Chapter Three](#)

| HS Graduation Rates compared to Neighboring Counties |        |
|--|--------|
| <b>Caswell</b>                                       | 86.90% |
| <b>Alamance</b>                                      | 87%    |
| <b>Person</b>  | 84.40% |
| <b>Rockingham</b>                                    | 88.10% |
| <b>NC</b>  | 87.60% |
| Source: US Department of Ed, NC Data Portal, 20-21   |        |

## Youth

### *Leading Causes of Injury*

The following charts show the top leading causes of injury hospitalizations, emergency department visits and deaths for ages 0-17 in Caswell County for 2017-2021.

| Caswell County Top Injury Hospitalizations Ages 0-17  |    | Caswell County Top ED Visits Ages 0-17 |     |
|---|----|--|-----|
| Injury Hospitalizations                               |    | ED Visits                              |     |
| Poisoning- Self Inflicted                             | 6  | Fall Unintentional                     | 209 |
| MVT-Unintentional                                     | 4  | No Mechanism or Intent Recorded        | 143 |
| Fire/Burn   | 3  | Struck by/Against- Unintentional       | 129 |
| Unspecified   | 2  | Unspecified                            | 105 |
| Suffocation-Unintentional                             | 1  | MVT-Unintentional                      | 89  |
| Total   | 30 | Total                                  | 939 |
| Source: NCDHHS: Injury and Violence Prevention Branch |    |  |     |

The leading cause of death for ages 0-17 was firearm assault, while causes of injury was poisoning, and ED visits was unintentional falls. (Injury and Violence Prevention, 2024)

### [Chapter Three](#)

| Caswell County Top Leading Causes of Death 0-17     |   |
|---|---|
| Firearm/Assault                                     | 2 |
| Suffocation Unintentional                           | 1 |
| Total   | 6 |
| Source: DHHS: Injury and Violence Prevention Branch |   |

### *% Not Working or in School*

According to data from 2018-2022 11.78% of Caswell youth populations ages 16-19 were reported not in school or working (Bureau, 2022). This information can be viewed in the chart to the right. [Chapter Three](#)

| % of Population Ages 16-19 Not in School or Working |        |
|---|--------|
| Population 16-19                                    | 1,180  |
| Not in School or Working                            | 139    |
| %   | 11.78% |
| Source: 2022, ACS US Census: 5 Year Estimates       |        |

## Uninsured Rates

Inadequate health insurance coverage is one of the largest barriers to health care access and unequal distribution of coverage contributes to disparities in health. Out of pocket medical care costs may delay or prevent an individual from getting care. Those with lower incomes are often uninsured and a lack of health care insurance coverage may negatively impact health.

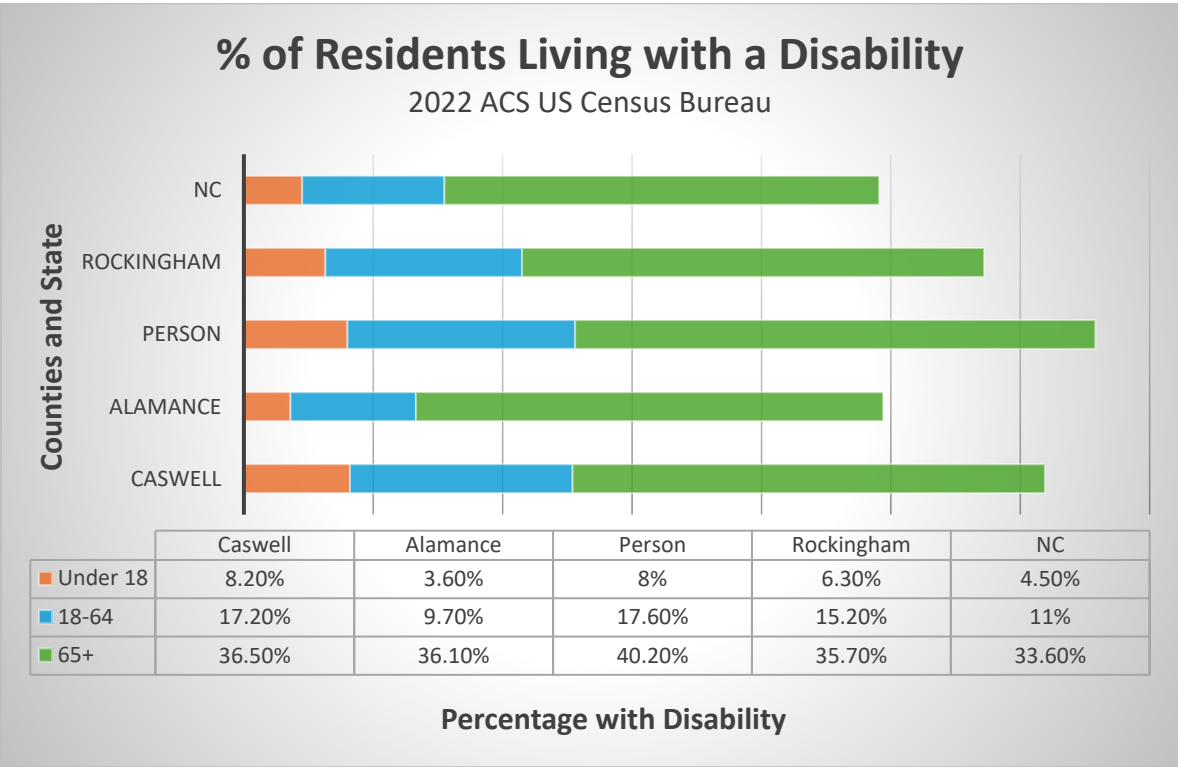
Uninsured adults are less likely to receive preventative services for chronic conditions such as diabetes, cancer and heart disease. Similarly, children without health insurance will not receive care for conditions like asthma or dental care, immunizations and well-child visits (Healthy People 2023, n.d) [Chapter Three](#)

North Carolina’s uninsured population from 2022 was 10.50% compared to Caswell County at 9.9%. Caswell County’s uninsured percentage was lower than Rockingham and Greene Counties. This information can be viewed in the chart to the right (Bureau, 2022) [Chapter Three](#)

| % of Population Uninsured          |        |
|------------------------------------|--------|
| Caswell                            | 9.90%  |
| Alamance                           | 9.70%  |
| Person                             | 8.40%  |
| Rockingham                         | 10%    |
| Chowan                             | 6.60%  |
| Greene                             | 16.90% |
| NC                                 | 10.50% |
| Source: 2022, ACS US Census Bureau |        |

### Disability

Disability status can play a direct role in employment opportunities and quality of life factors. At 8.20% Caswell County has the highest disability percentage for residents 18 and under (orange) compared to other counties in this report and the state. Residents 18-64 years of age (blue) is 17.2% and higher than all listed in the report, except for neighboring county, Person at 17.60%. The 65 and older population (green) is 36.50% and above the state average at 33.60%, but relatively like all peer and neighboring counties. This data can be viewed in the chart below (Bureau, 2022) [Chapter 3](#)



## Crime

Crime is another factor relevant to health, since actual or perceived rates of high crime levels can lead to feelings of stress and anxiety. In addition to the negative health impacts.

Caswell County is fortunate to experience lower reported crime rates than the state. Crime rates are reported per 100,000 residents. The data is collected by the North Carolina State Bureau of Investigation and based upon Uniform Crime Reporting Data. Caswell County has lower index violent and property crime rates compared to all counties of comparison and the state. This information can be viewed in the below table (Crime, 2023)

Index crime refers to the total of both violent and property crimes. Violent crime includes murder, forcible rape, robbery, and aggravated assault. Property crime includes burglary, larceny, and motor vehicle theft. Arson is considered an index crime but is not included in the crime index tables (Crime, 2023) [Chapter Three](#)

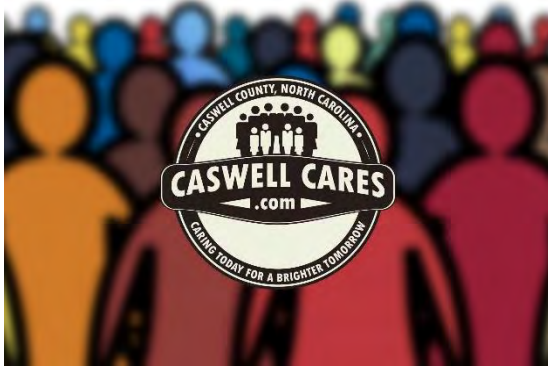
| Crime Rates per 1000,000  |          |         |          |
|---|----------|---------|----------|
| Geographic Area   | Index    | Violent | Property |
| <b>Caswell</b>  | 245.5    | 44.6    | 200.9    |
| <b>Alamance</b>   | 2,724.10 | 456.3   | 2,267.80 |
| <b>Person</b>   | 1,942.50 | 402.7   | 1,539.80 |
| <b>Rockingham</b>   | 2,234.30 | 298.8   | 1,935.50 |
| <b>Chowan</b>   | 1,429.90 | 138.6   | 1,291.30 |
| <b>Greene</b>   | 1,634.90 | 248.5   | 1,386.40 |
| <b>NC</b>   | 2,526    | 412.2   | 2,113.90 |
| Source: NC State Bureau of Investigation, 2023 Annual Uniform Crime Reporting |          |         |          |

## Community Resources

Community resources play a role in the health and health-related behaviors of a community. Both the Social Determinants of Health framework and the County Health Rankings Model highlight the importance of environmental, neighborhood, and community factors in addition to the traditional factors of health behavior and health care in overall health. More information on these two models can be found in Chapter 1.

Due to its rural status, residents of Caswell County often must leave the county to find a wider selection of health care services and other amenities, such as recreation facilities and grocery or department stores. There is no hospital in Caswell County and the county is not represented by any one hospital system. There is one pharmacy and there are four medical clinics. The health department is one of these medical providers and provides primary care services in addition to the traditional public health roles of immunizations, child health, family planning, maternal health, and communicable disease services. There are community organizations and nonprofits that serve Caswell County based in another county. In terms of day-to-day community needs,





there is only one full-service grocery store in the county, with convenience and dollar stores filling some of the remaining gaps.

An electronic version of the resource directory can be found at: [Community Guide to Assistance - Caswell Cares](#), which is maintained by Caswell Cares. Caswell Cares is the Caswell version of United Way. A full list of in County resources can be

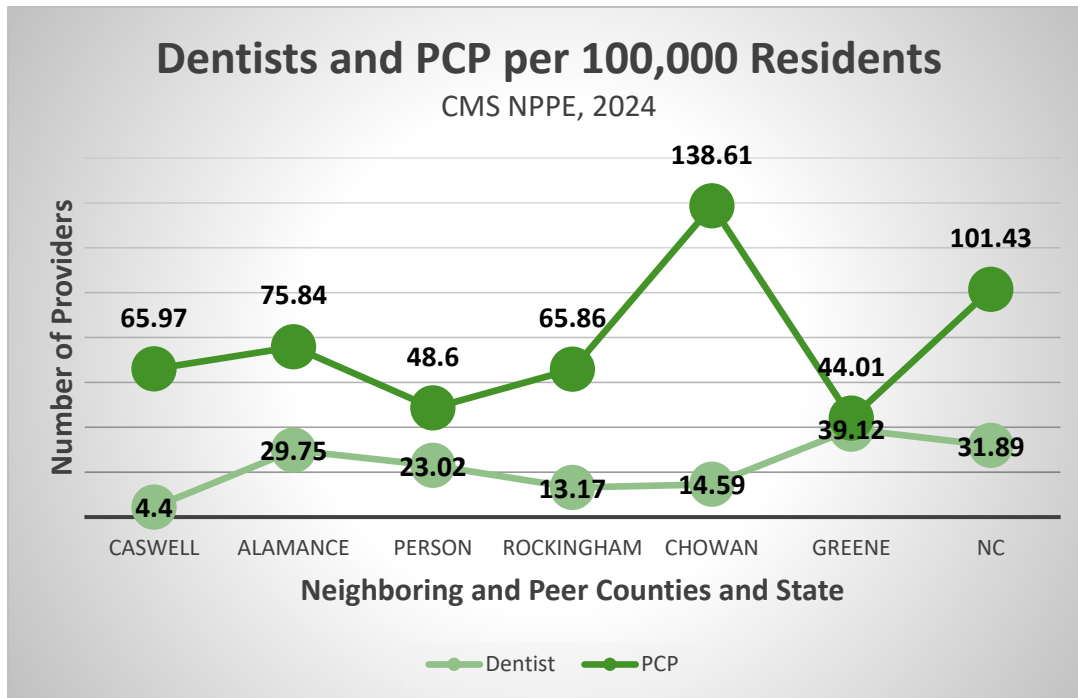
found in [Appendix B](#).

## Health Care Professionals Ratio

The North Carolina Health Professions Data System is a repository of data on selected licensed health professionals in the state. The Program on Health Workforce Research and Policy through UNC-Chapel Hill's Sheps Center for Health Services Research other project partners maintain this data. This data can be accessed online at [NC Health Workforce - North Carolina Health Professional Supply Data \(unc.edu\)](#)

As mentioned earlier in this report, there is no hospital in Caswell County and few health care providers. As a result, there are very few providers for a relatively large number of residents. Health care providers are important to prevent disease with early detection and treatment to offer a better quality of life, while increasing life expectancy. Improvement of quality of care, access to healthcare and healthcare costs depend on the adequate availability of these healthcare providers (Tulane University, 2023) [Chapter Three](#)





Caswell County has the lowest ratio of dentists per 100,000 residents at 4.4 compared to all other counties in this report and the state average. The Primary Care provider ratio for Caswell is 65.97 and is higher than three counties, Person, Rockingham (both neighboring) and Greene (peer), but significantly lower than the state average at 101.43. The above graph shows this information (Centers for Medicare, 2024) [Chapter Three](#)

## Community Health Assessment Survey Responses

As mentioned in Chapter Two, a brief primary survey was used for future procedure methods and community engagement. These responses along with other community feedback from focus groups will be used for future planning efforts to increase resources around both priorities. Survey responses can be viewed in [Appendix C](#).

## Priority Populations

Taking into consideration the previously discussed county demographic, socioeconomic, and other descriptive factors as well as resources and survey responses helps to highlight the priority populations of the work of the Community Health Improvement Plans and other projects moving forward. These priority populations include rural residents, racial and ethnic minorities, children, senior citizens, and those who are low income. An effort was made to hear the voices of the priority populations throughout the focus groups offered during the Community Health Assessment Process.

## CHAPTER 4: HEALTH DATA AND INFORMATION

Many lifestyle choices and environmental factors can impact the development of chronic conditions and affect a person's overall health and life expectancy. For example, people diagnosed with diabetes are encouraged to engage in regular physical activity and eat a balanced diet to reduce risks related to weight gain that can lead to other complications like heart disease, kidney disease and cancer. Direct medical costs of diabetes have increased by 7% from 2017-2022, thus accounting for every one in four healthcare dollars spent in the United States (American Diabetes Association, 2024) Diabetes can be treated and its consequences avoided or delayed with diet, physical activity, medication and regular screening and treatment for complications (WHO, Diabetes, 2023) [Chapter Four](#)

This section focuses on various health specific data and includes information on death rates and trends, life expectancy, cancer incidence, heart disease, chronic respiratory diseases, pregnancy and births, communicable diseases, and environmental health. In this chapter as in the previous chapter, five-year rates are used whenever available to increase statistical reliability due to the small population size of Caswell County.

### Mortality

Using data from 2019-2021, the overall life expectancy of Caswell County residents is 74.8 years and should not be compared to previous years because it is only one measure of health and varies depending on your current age, sex, race, ethnicity and where you currently live (Harvard Health, 2022). [Chapter Four](#)

As a time-limited snapshot, this is slightly less than North Carolina's life expectancy of 76.6 years. Life expectancy is defined as the average number of additional years that someone at a given age would be expected to live if current mortality conditions remained constant throughout their lifetime. The life expectancy of persons born in Caswell County between 2019 and 2021 is lower than the life expectancy of North Carolina-born residents across all categories- male, female, white, and Black. Because life expectancy calculations are limited to singular categories and do not account for all races, ethnicity, and gender, it does not provide a true and full picture of overall life expectancy of persons born in the county (NC State Center for Health Statistics, 2022) [Chapter Four](#)

## Leading Causes of Death

The table below depicts the leading causes of death in Caswell County. According to the data, the top three causes of death in Caswell County are diseases of the heart, cancer, and chronic lower respiratory diseases. These causes remain the same from 2013-2017 and represent persistent challenges to health to be addressed (SCHS, 2024). [Chapter Four](#)

### 2018-2022 Ten Leading Causes of Death by County of Residence and Age Group: Ranking, Number of Deaths, and Unadjusted Death Rates per 100,000 Population

RESIDENCE=CASWELL

|                  |      |  | # OF DEATHS | DEATH RATE |
|------------------|------|--|-------------|------------|
| AGE GROUP:       | RANK | CAUSE OF DEATH:                            |             |            |
| TOTAL - ALL AGES | 0    | TOTAL DEATHS --- ALL CAUSES                | 1,628       | 1437.5     |
|                  | 1    | Diseases of the heart                      | 332         | 293.2      |
|                  | 2    | Cancer - All Sites                         | 320         | 282.6      |
|                  | 3    | Chronic lower respiratory diseases         | 84          | 74.2       |
|                  | 4    | COVID-19                                   | 77          | 68.0       |
|                  | 5    | Other Unintentional injuries               | 71          | 62.7       |
|                  | 6    | Diabetes mellitus                          | 67          | 59.2       |
|                  | 7    | Cerebrovascular disease                    | 60          | 53.0       |
|                  | 8    | Alzheimer's disease                        | 56          | 49.4       |
|                  | 9    | Motor vehicle injuries                     | 39          | 34.4       |
|                  | 10   | Nephritis, nephrotic syndrome, & nephrosis | 37          | 32.7       |

For comparison, Diseases of the heart and Cancer- all sites were the top two causes of death for the state for the same time 2018-2022. Chronic lower respiratory diseases ranked number 6 for the state versus number 3 for Caswell (SCHS, 2024). [Chapter Four](#)

### 2018-2022 Ten Leading Causes of Death by County of Residence and Age Group: Ranking, Number of Deaths, and Unadjusted Death Rates per 100,000 Population

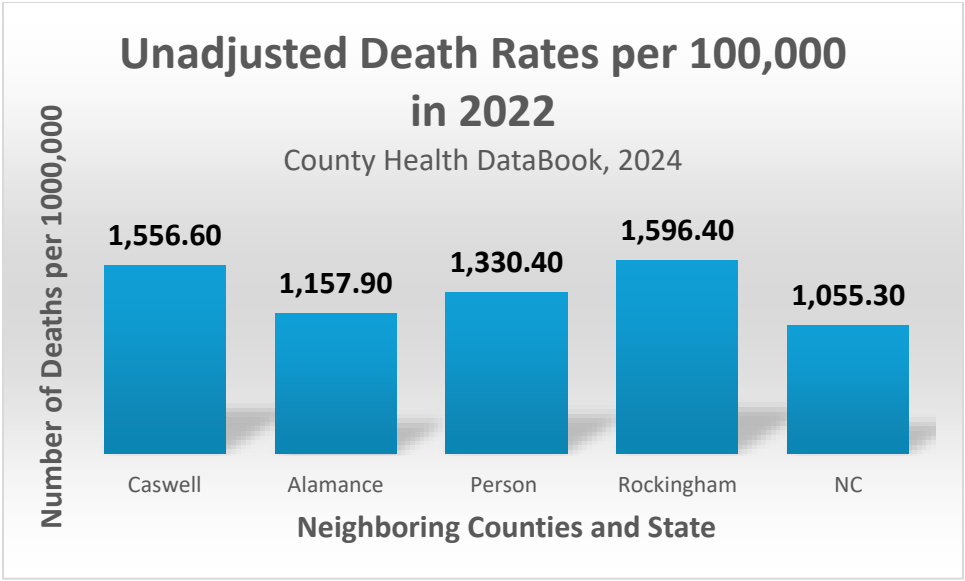
RESIDENCE=NORTH CAROLINA-STATE TOTAL

|                  |      |  | # OF DEATHS | DEATH RATE |
|------------------|------|--|-------------|------------|
| AGE GROUP:       | RANK | CAUSE OF DEATH:                            |             |            |
| TOTAL - ALL AGES | 0    | TOTAL DEATHS --- ALL CAUSES                | 530,579     | 1009.0     |
|                  | 1    | Diseases of the heart                      | 102,414     | 194.8      |
|                  | 2    | Cancer - All Sites                         | 100,298     | 190.7      |
|                  | 3    | Other Unintentional injuries               | 28,659      | 54.5       |
|                  | 4    | Cerebrovascular disease                    | 27,868      | 53.0       |
|                  | 5    | COVID-19                                   | 27,779      | 52.8       |
|                  | 6    | Chronic lower respiratory diseases         | 25,991      | 49.4       |
|                  | 7    | Alzheimer's disease                        | 22,267      | 42.3       |
|                  | 8    | Diabetes mellitus                          | 17,481      | 33.2       |
|                  | 9    | Nephritis, nephrotic syndrome, & nephrosis | 10,542      | 20.0       |
|                  | 10   | Motor vehicle injuries                     | 8,754       | 16.6       |

According to County Health Rankings, areas to explore include health behaviors like smoking and obesity, clinical factors like percentage of uninsured and provider/resident ratio, and social and economic factors such as high school graduation rates and injuries. As preventable contributors to health, these factors will be explored as they relate to these top health issues (County Health Rankings, 2024) [Chapter Four](#)

### Unadjusted Death Rates

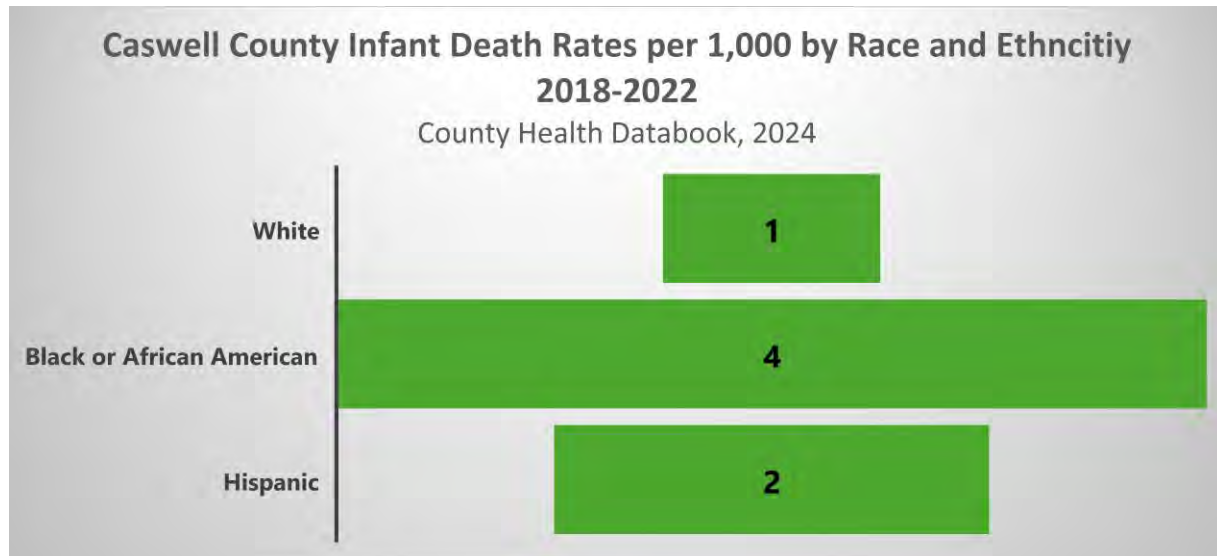
In 2022 Caswell County had an unadjusted death rate per 100,000 of 1,556.6. Rockingham county was the only county from this report that was higher at 1,596.4. North Carolina's unadjusted death rate was 1,055.3. This can be seen in the graph below. (County Health Data Book, 2024) [Chapter Four](#)



## Infant Mortality and Maternal Health

The health of mothers and their children reflects the current health of a total population, as well as predicting the health of the next generation. Factors that contribute to these indicators of health include initiating prenatal care in the first trimester, mothers’ education level, and births to women under the age of 20 years. A preterm baby is one who is born too early, before 37 weeks of pregnancy. Annually, 1 in 9 babies in the United States is born preterm and while survival rates continue to increase, the immediate costs of care and potential costs associated with long term effects of prematurity are considerable. (March of Dimes, 2024) [Chapter Four](#)

Data collected from 2018-2022 shows Caswell County had seven infant deaths that occurred between 2018 and 2022 with four African American, two Hispanic and one white infant (County Health Databook, 2024) [Chapter Four](#)



## Morbidity

Morbidity is any departure, subjective, or objective, from a state of physiological or psychological well-being. In other words, morbidity consists of diseases or illnesses that are contributing factors to overall health such as Cancer, Heart Disease, High Blood Pressure, Obesity, and COPD. Mortality rate is “a measure of the frequency of occurrence of death in a defined population during a specified interval of time” and could increase based on these morbidity factors (CDC Glossary, 2024) [Chapter Four](#)

## What is Surveillance?

Surveillance is a foundational competency of public health practice, and it informs how diseases spread and how to control outbreaks. Public health agencies at the local, state, or national levels collect information about cases of disease or conditions that pose a threat to communities. These diseases and conditions include infectious diseases, such as

- Influenza (flu);
- foodborne outbreaks, such as E. coli; and
- noninfectious conditions, such as lead poisoning.

Surveillance requires health departments to work with healthcare providers, laboratories, hospitals, and other partners to gather information. And, according to the CDC, local health departments also notify them about certain conditions so that can monitor;” who is affected, where they are affected; and how they are affected.” (CDC, What is Case Surveillance, 2024)

#### Chapter Four

## Infectious Disease

### Influenza

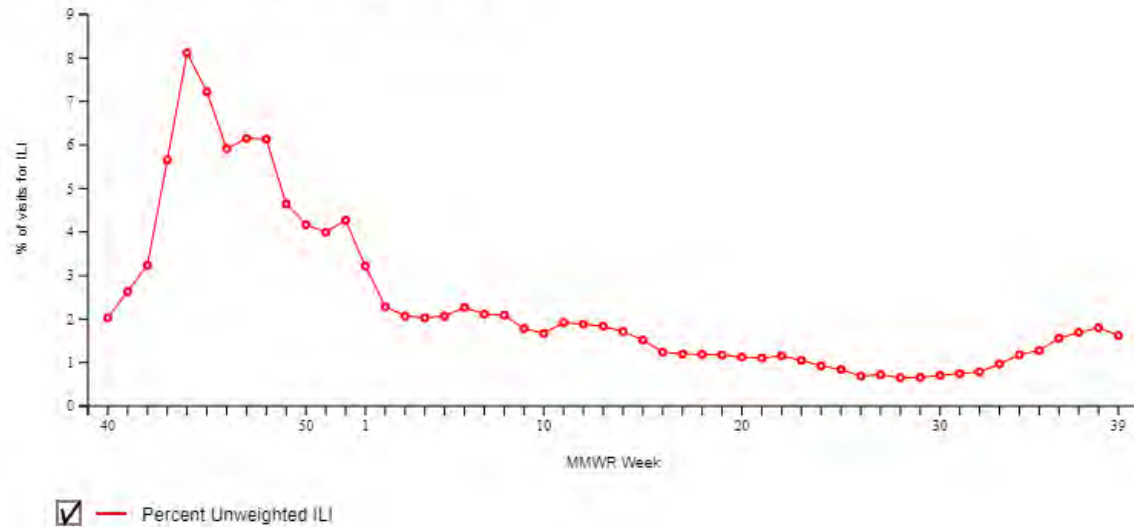
By the CDC’s definition, Influenza (or flu) is a viral illness that affects the respiratory system and can be contagious. There are two main strains of the virus, Types A and B and are spread through the inhalation of droplets spread by those infected with the flu from coughing, sneezing, or talking. Symptoms can include fever, cough, sore throat, runny or stuffy nose, fatigue, or headaches. The severity of the illness can range from mild to life-threatening, and certain groups are at a higher risk of complications than others. These groups include populations aged 65 years and over, those with chronic conditions such as asthma or diabetes, pregnant women, and children. The CDC estimates that during a regular flu season up to 90 percent of deaths occur in those who are 65 years of age or older. Pneumonia can be a potential side effect of the influenza virus, as the infection causes inflammation of vessels and worsening of cough or fever and poses a particular risk for older adults and children (Key Facts About Influenza (Flu), 2024).

Flu viruses can be detected year-round in the United States but are most common during the fall and winter. The exact timing and duration of flu seasons varies, but influenza activity often begins to increase in October. Flu activity tends to peak between December and February, although significant activity can last as late as May (Key Facts About Influenza (Flu), 2024).

#### Chapter Four



Percentage of visits for ILI, North Carolina,  
2022-23 Season, week ending Sep 30, 2023  
Reported by: U.S. WHO/NREVSS Collaborating Laboratories and ILINet

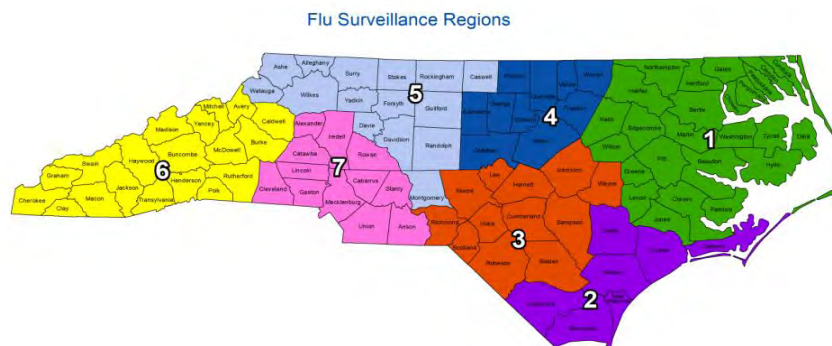
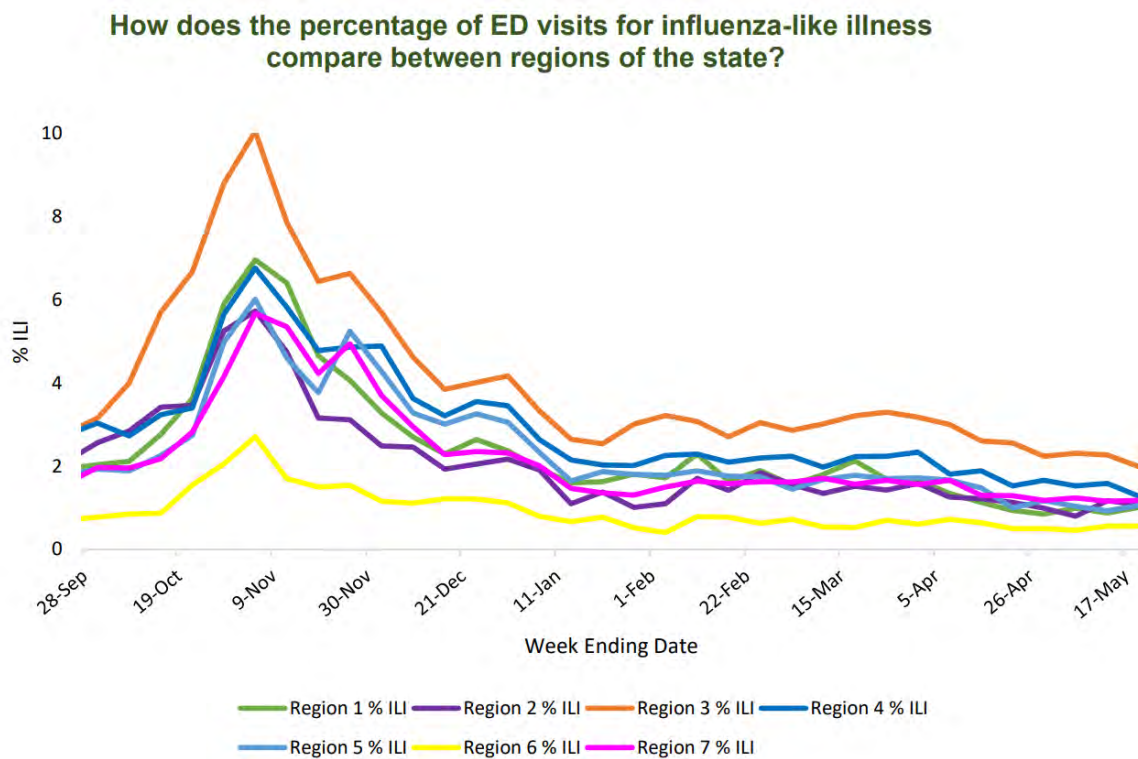


An example of surveillance for flu cases can be seen in the above graph detailing the percentage of visits by week in North Carolina. It shows reports of influenza like illness (ILI) and is created by comparing activity to weeks with little to no activity. This allows the CDC to provide recommendations based on the intensity of the spread and is an example of how important surveillance methods like this are to determining the needed ratio of providers to residents to handle an outbreak (CDC, National, Regional, 2024). [Chapter Four](#)

As noted in the previous chapter healthcare provider ratios are important to treat patients with chronic conditions, but also prevent disease. Complications from the flu could lead to hospitalization or death. Those at higher risk include infants and children under 5, adults 65 and up, pregnant women and those with chronic health conditions like heart disease or diabetes. One way to reduce flu transmission is through increased flu vaccination, therefore improving quality of life and decreasing flu related deaths (National Foundation for Infectious Disease, 2024). [Chapter Four](#)



The 2022-2023 flu season (September to May) in North Carolina yielded over 30,000 cases. In the below graph, the percentage of ED visits for ILI is compared across regions. Caswell County is a part of the region identified in light blue and seen in the map below the graph. (DHHS, Respiratory Disease, 2024) [Chapter Four](#)



By comparing regions of local health departments (LHD's) across North Carolina, the report reflects that influenza does not spread evenly and informs how regions can share information and support other regions in preparing for infectious diseases (DHHS, Respiratory Disease, 2024) [Chapter Four](#)

In this section, the review of disease burden in Caswell County will be reviewed to further explore contributing factors to the overall health of the county.

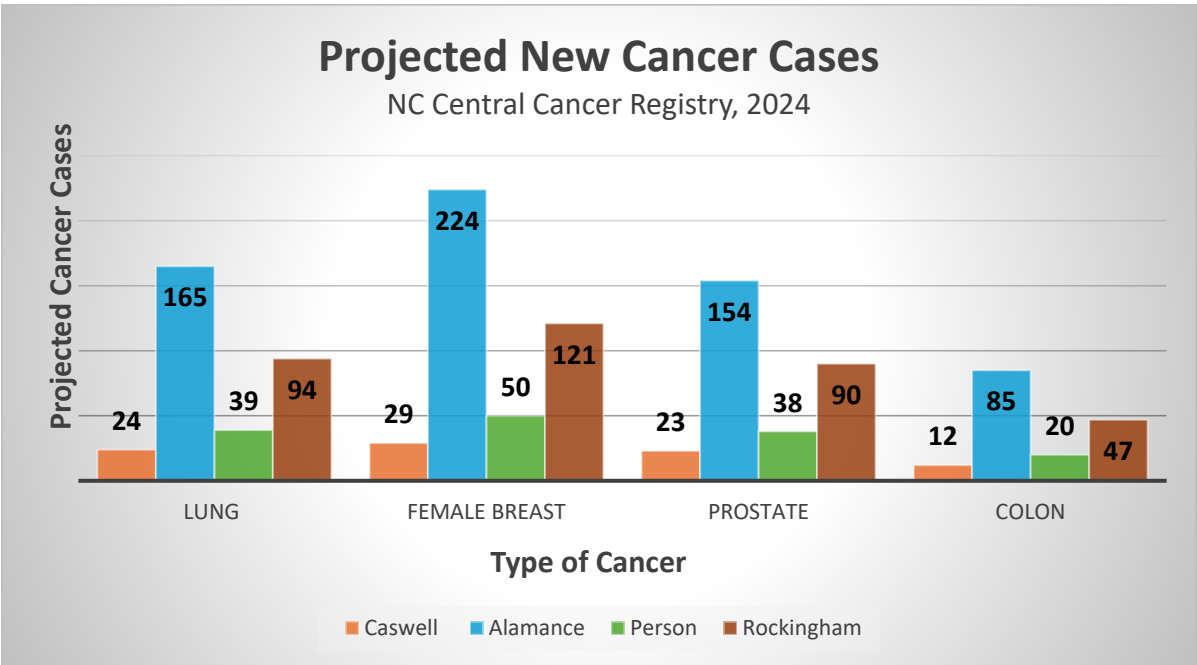
Cancer Incidence Rates

Cancer Incidence rates include persons who are living with cancer or are in remission from cancer. Caswell county has an incident rate of 511.2 and is lower than all neighboring counties, but Rockingham at 508.7. Caswell is higher than both peer counties and the state rate at 490.6. This chart can be viewed to the right and is for the 2017-2021 period (SCHS: County Health Data Book, 2024)

Chapter Four

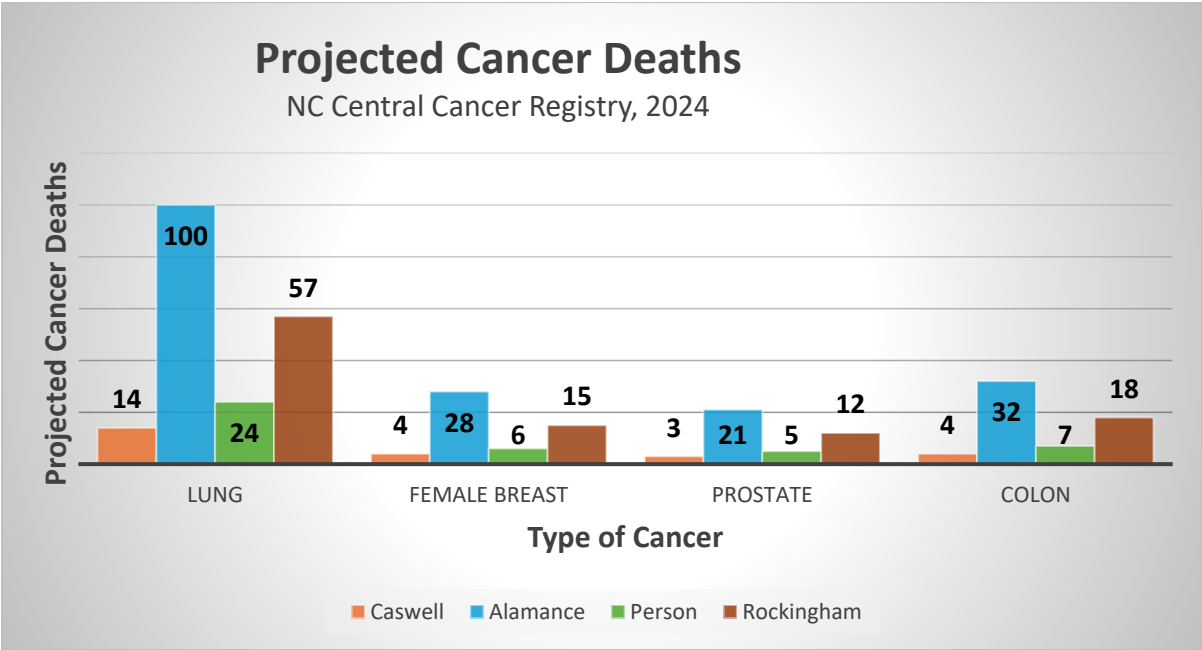
| All Cancer Incidence Rates per 100,000 2017-2021 |       |
|--|-------|
| Caswell  | 511.2 |
| Alamance   | 525.2 |
| Person   | 516   |
| Rockingham                                       | 508.7 |
| Chowan   | 437.4 |
| Greene   | 468.1 |
| NC   | 490.6 |
| Source: NCHS County Health Data Book, 2024       |       |

Projected Cancer Cases and Deaths



The North Carolina Central Cancer Registry released projected new cancer cases and deaths by county for 2024. Female Breast Cancer had the highest projected number of cases for Caswell at 29, while colon cancer had the lowest with 12 cases. Comparisons to neighboring counties can be seen in the graph above. (NC State Center for Health Statistics, 2024) [Chapter Four](#)

Lung Cancer has the highest projected cancer deaths for Caswell County and all neighboring counties in this report. There are 14 projected lung cancer deaths for Caswell and can be seen in comparison in the graph below (NC State Center for Health Statistics, 2024) [Chapter Four](#)



## Diseases of the Heart

Heart Disease is the leading cause of death in the United States and in Caswell County. It persists as one of three main causes of death in North Carolina. Despite medical advances, there remains a challenge to taking a preventative approach within communities and research is beginning to look at the role environment and its stressors contribute to the disease (NC Medical Journal, 2024) Controllable risk factors include High Blood Pressure, High Cholesterol, Diabetes, Smoking, Overweight Obesity, Unhealthy Diet and Physical Inactivity (Community and Clinical Connections, 2022) More data on these risk factors can be found in the next few sections. [Chapter Four](#)

Caswell County is higher than two of three neighboring counties and the state for adults 18+ ever diagnosed with coronary heart disease. However, Caswell is lower than both peer counties. The chart with this information can be viewed to the right (NC Data Portal, 2021) [Chapter Four](#)

| Adults 18+ Ever Diagnosed with Coronary Heart Disease |       |
|---|-------|
| <b>Caswell</b>  | 6.10% |
| <b>Alamance</b>                                       | 5.70% |
| <b>Person</b>   | 6%    |
| <b>Rockingham</b>                                     | 6.30% |
| <b>Chowan</b>   | 6.30% |
| <b>Greene</b>   | 6.80% |
| <b>NC</b>   | 5.52% |
| Source: NC Data Portal, 2021                          |       |

## High Blood Pressure

| Adults 18+ with Hypertension        |        |
|-------------------------------------|--------|
| <b>Caswell</b>                      | 35.50% |
| <b>Alamance</b>                     | 33.20% |
| <b>Person</b>                       | 34.30% |
| <b>Rockingham</b>                   | 33.40% |
| <b>Chowan</b>                       | 36.30% |
| <b>Greene</b>                       | 37.30% |
| <b>NC</b>                           | 32.10% |
| Source: BRFSS: NC Data Portal, 2021 |        |

Caswell County has the highest percentage of adults with High Blood Pressure when compared to neighboring counties and the state at 35.50%, but the lowest percentage when compared to peer counties. This is depicted in the chart to the left (BRFSS: NC Data Portal, 2021) [Chapter Four](#)

## High Cholesterol

Compared to neighboring counties Caswell has the highest percentage of adults over 18 with high cholesterol at 31.80%. Chowan County and the state are lower than Caswell, but Greene County is higher (BRFSS: NC Data Portal, 2021) [Chapter Four](#)

| Adults 18+ with High Cholesterol    |        |
|-------------------------------------|--------|
| <b>Caswell</b>                      | 31.80% |
| <b>Alamance</b>                     | 32.00% |
| <b>Person</b>                       | 32.10% |
| <b>Rockingham</b>                   | 32.60% |
| <b>Chowan</b>                       | 31.40% |
| <b>Greene</b>                       | 32.60% |
| <b>NC</b>                           | 31.40% |
| Source: BFRSS, NC Data Portal, 2021 |        |

## Obesity

The CDC describes obesity as a complex health condition and often poorly misunderstood as a condition linked solely to health behaviors. While lack of physical activity and unhealthy eating patterns are associated, these behaviors are an oversimplification for what may be a lack of access to adequate and safe spaces to move and lack of nutrient rich sources of food to eat. Furthermore, while we know stress triggers the body to produce more cortisol, how to mitigate the conditions in which stress is caused is challenging and requires partnerships with those who can make decisions that shape the environments in which we live, learn, work and play (CDC, 2024). [Chapter Four](#)

Classification of obesity means that a person's body mass index is 30 or greater. Caswell County had the highest obesity percentage for adults over 18 along with Rockingham County. Compared to the state, Caswell is 4% higher than average. This chart can be seen to the right (County Health Rankings, 2024)

#### [Chapter Four](#)

| Obesity                              | BMI > or equal to 30 |
|--------------------------------------|----------------------|
| <b>Caswell</b>                       | 40%                  |
| <b>Alamance</b>                      | 37%                  |
| <b>Person</b>                        | 39%                  |
| <b>Rockingham</b>                    | 40%                  |
| <b>NC</b>                            | 36%                  |
| Source: County Health Rankings, 2024 |                      |

#### *Fast Food Restaurants*

Fast food restaurants are defined as limited-service establishments primarily engaged in providing food services where people order or select items and pay before eating (NC Data Portal, 2022). Compared to other peer and neighboring counties Caswell has the lowest number of fast-food establishments besides Greene County. From 2010 to 2022 Caswell County's rate has increased from 21.99 to 35.19 for a 13.2% increase. It is important to note that the prevalence of fast-food restaurants provides a measure of both access

| Fast Food Restaurants                             | # of Establishments | Rate per 100,000 |
|---|---------------------|------------------|
| <b>Caswell</b>                                    | 8                   | 35.19            |
| <b>Alamance</b>                                   | 141                 | 82.26            |
| <b>Person</b>                                     | 23                  | 58.83            |
| <b>Rockingham</b>                                 | 58                  | 63.67            |
| <b>Chowan</b>                                     | 10                  | 72.95            |
| <b>Greene</b>                                     | 6                   | 29.34            |
| <b>NC</b>   | 8,084               | 77.44            |
| Source: US Census: County Business Partners, 2021 |                     |                  |

to healthy food and environmental influences on dietary behaviors (US Census: County Business Partners, 2021) [Chapter Four](#)

#### *Access to Grocery Stores*

Healthy diets and behaviors are supported by access to healthy foods, and grocery stores are a key provider of food to communities. Grocery Stores are defined as supermarkets and smaller grocery stores primarily engaged in selling canned and frozen foods, fresh fruits and veggies, meat and poultry. Convenience stores and large general merchandise stores are excluded. Caswell County has the lowest number of grocery stores besides, Greene County who also has three establishments (US Census: County Business Partners, 2022) [Chapter Four](#)

| # of Grocery Stores                               |       |
|---|-------|
| <b>Caswell</b>                                    | 3     |
| <b>Alamance</b>                                   | 29    |
| <b>Person</b>                                     | 5     |
| <b>Rockingham</b>                                 | 21    |
| <b>Chowan</b>                                     | n/a   |
| <b>Greene</b>                                     | 3     |
| <b>NC</b>   | 1,956 |
| Source: US Census: County Business Partners, 2021 |       |

## Physical Inactivity

Locations for physical activity are defined as parks or recreational facilities. Adequate access is defined as the border is a half mile or less from a park, or 3 miles or less from a recreational facility in rural areas. Caswell and Person (neighboring) Counties' percentage of the population with exercise opportunities was 44%. Caswell was lower than the state average at 73%, but higher than both peer counties in this report (County Health Rankings, 2024)

### [Chapter Four](#)

| % of Population with Access to Exercise Opportunities |     |
|---|-----|
| <b>Caswell</b>  | 44% |
| <b>Alamance</b>                                       | 79% |
| <b>Person</b>   | 44% |
| <b>Rockingham</b>                                     | 71% |
| <b>Chowan</b>   | 19% |
| <b>Greene</b>   | 42% |
| <b>NC</b>   | 73% |
| Source: County Health Rankings, 2024                  |     |

## Chronic Lower Respiratory Diseases

Respiratory viruses like influenza (flu), COVID-19, and respiratory syncytial virus (RSV) continue to cause hospitalizations and deaths during fall and winter. The significance of monitoring incidence allows for annual occurrence and trends over time to inform the vaccine composition and protocol for administering to reduce unnecessary hospitalization and death. For communities with a low provider/resident ratio, this is important to manage respiratory infections. In 2023, Caswell had one reported death due to the flu (NCDPH: Facts and Figures, 2023) [Chapter Four](#)

### NCD3: North Carolina Disease Data Dashboard

#### Reportable Communicable Diseases: Annual Reported Cases and Incidence Rates per 100,000 Population by County Year: 2023

| County  | Disease                          | County Cases | County Incidence |
|---------|----------------------------------|--------------|------------------|
| Caswell | Influenza, adult death           | 1.000        | 5.4              |
|         | Influenza, NOVEL virus infection | 0.000        | 0.0              |
|         | Influenza, pediatric death       | 0.000        | 0.0              |
|         | Legionellosis                    | 0.000        | 0.0              |

Common lower respiratory diseases include Asthma, Chronic Bronchitis, Chronic Obstructive Pulmonary Disorder, and Emphysema. Risk factors include tobacco smoke, air pollution, occupational chemicals, dust and frequent lower respiratory infections during childhood (World Health Organization, 2024) [Chapter Four](#)

Chronic Obstructive Pulmonary Disease

COPD is a common lung disease causing restricted airflow and breathing problems. It is sometimes called emphysema or chronic bronchitis. People with COPD often have narrow airways, destruction of parts of the lung, mucus blocking the airway or swelling and inflammation of the airway lining (World Health Organization, 2024) [Chapter Four](#)

Caswell County’s diagnosed COPD Prevalence is 7.40%, this is lower than the state average at 7.60%. Alamance County is the only neighbor and peer county from this report that has a lower diagnosed percentage than Caswell County. This chart can be viewed to the right (CDC, 2021) [Chapter Four](#)

| COPD Diagnosed Prevalence |       |
|---------------------------|-------|
| Caswell                   | 7.40% |
| Alamance                  | 6.70% |
| Person                    | 7.20% |
| Rockingham                | 7.90% |
| Chowan                    | 7.90% |
| Greene                    | 8.40% |
| NC                        | 7.60% |
| Source: CDC, 2021         |       |

Asthma

| Adults 18+ with Asthma              |        |
|-------------------------------------|--------|
| Caswell                             | 10.30% |
| Alamance                            | 10.10% |
| Person                              | 10.40% |
| Rockingham                          | 10.50% |
| Chowan                              | 10.70% |
| Greene                              | 10.40% |
| NC                                  | 9.80%  |
| Source: BRFSS: NC Data Portal, 2021 |        |

Asthma is caused by inflammation and muscle tightening around the airways, which make it harder to breathe (World Health Organization, 2024)

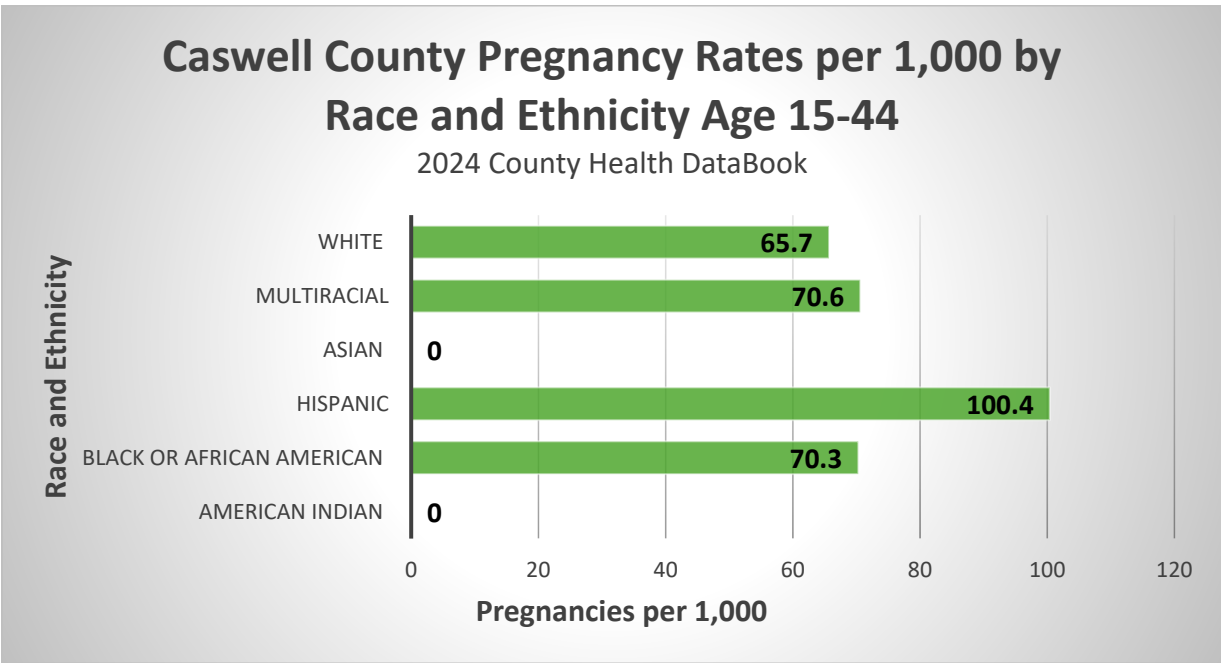
Caswell County is above the state average, 9.80%, for adults 18+ with asthma at 10.30%. Caswell is lower than all counties in this report except for Alamance (BRFSS: NC Data Portal, 2021) [Chapter Four](#)



# Pregnancy Information

As with other sections, five-year rates are used to increase statistical reliability since data is limited due to Caswell’s small population size. The North Carolina State Center for Health Statistics 2024 County Health Databook released data collected from 2018-2022 calculating pregnancy rates for women of child-bearing age and defines this age group as those aged 15-44.

For the 2018-2022 period, Caswell County reported 1,139 pregnancies for the 15-44 age group. Below is information on pregnancy rates for women by race and ethnicity for Caswell County. (SCHS: County Health Databook, 2024) [Chapter Four](#)



## Teen Pregnancy Information

The NC State Center for Health Statistics defines teen pregnancies as those aged 15-19. The graph to the right shows Caswell Counties teen pregnancies by race and ethnicity for the 2018-2022 period (SCHS: County Health Data Book, 2024) [Chapter Four](#)

| Caswell County Teen Pregnancies per 1,000 by Race and Ethnicity |    |
|---|----|
| White   | 45 |
| Black or African American                                       | 17 |
| Asian   | 1  |
| Multiracial   | 2  |
| Hispanic  | 9  |
| Source: County Health Databook, 2024                            |    |



## Birth Information

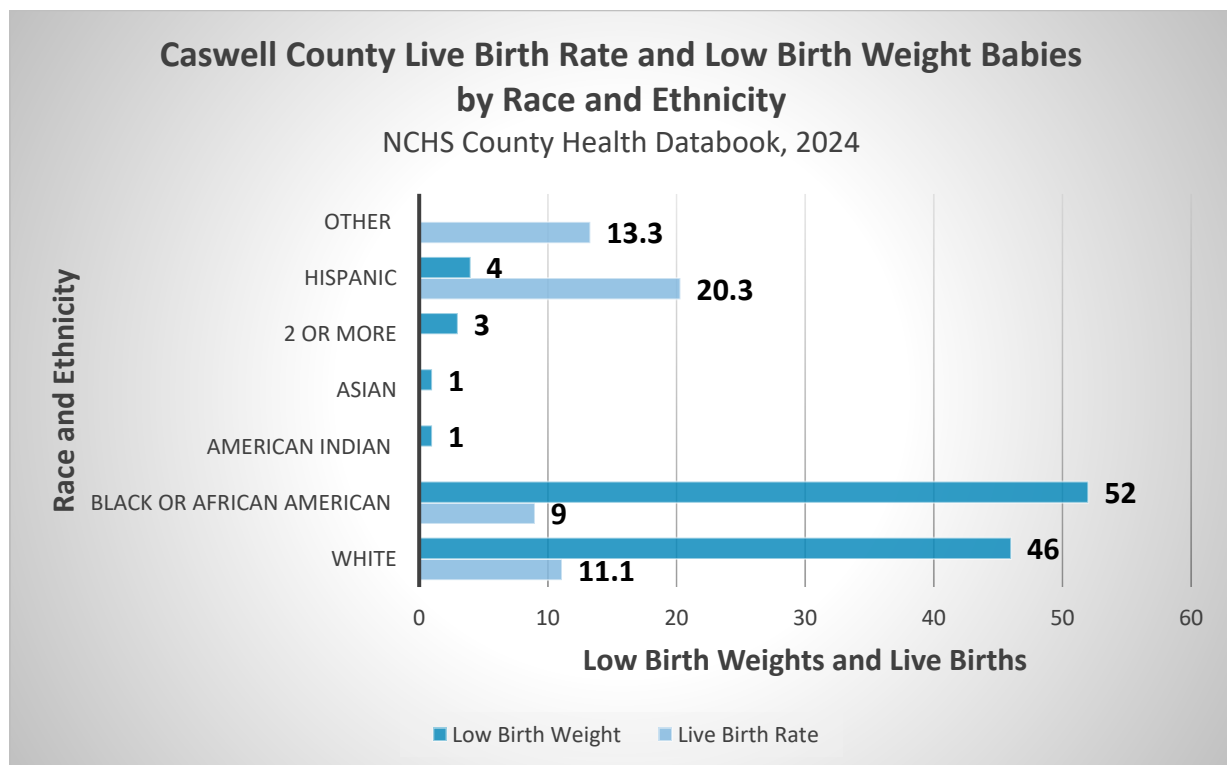
This section discusses live birth rates, low birth weights, premature births, births to mothers who smoked, births to mothers receiving Medicaid benefits, and births to mothers receiving WIC benefits.

### Live Births and Low Birth Weight

Caswell County had a total of 988 live births between 2018-2022, when compared to other neighboring and peer counties in this report Caswell had the lowest live birth rate at 10.9 per 1,000. Of those 988 live births, 107 babies were born with a low birth weight to Caswell County mothers. Low Birth weight is defined as a birth weight of less than 2500 grams, which is about 5.5 pounds.

When broken down by race and ethnicity for Caswell, Hispanic residents had the highest live birth rate at 20.3 per 1,000 and African American residents had the lowest at 9. The other category for live birth rates includes American Indian, Asian, Native Hawaiian and Multiple Races (NCHS: County Health Databook, 2024) [Chapter Four](#)

African American mothers had the highest number of low-birth-weight babies at 52 compared to American Indian and Asian mothers at 1 each. Live birth rates and low birth weights by race and ethnicity for Caswell County can be viewed in the chart below (NCHS: County Health Databook, 2024) [Chapter Four](#)



## Premature Births

Premature births are births that occur at less than 37 weeks of gestation. For the 2018-2022 period, 119 babies or 12% of Caswell County babies were born prematurely. Caswell County has a higher premature birth rate than two of the three neighboring counties and the state, but lower than both peer counties. This information can be viewed in the chart to the right (NCHS: County Health Databook, 2024) [Chapter Four](#)

| Premature Birth Percentage                 |        |
|--|--------|
| <b>Caswell</b>                             | 12%    |
| <b>Alamance</b>                            | 11.50% |
| <b>Person</b>                              | 12.40% |
| <b>Rockingham</b>                          | 11.40% |
| <b>Chowan</b>                              | 12.10% |
| <b>Greene</b>                              | 13.30% |
| <b>NC</b>                                  | 10.70% |
| Source: NCHS County Health Data Book, 2024 |        |

## Births to Mothers Who Smoke

Caswell County had a total of 119 or 12% of babies who were born to mothers who smoke for the 2018-2022 period. This number is almost double the rate of the state at 6.5% (NCHS: County Health Databook, 2024) [Chapter Four](#)

## Births to Mothers Receiving Medicaid and WIC Benefits

For the 2017-2021, 69.4% of births were to mothers receiving Medicaid benefits, and 52.5% of births were to mothers receiving Women, Infants, and Children (WIC) benefits for Caswell County. A breakdown of each year from 2017-2021 can be seen in the chart below (NCHS: County Health Databook, 2024) [Chapter Four](#)

| Caswell County Percentage of Births to Mothers Receiving WIC and Medicaid |          |      |
|---|----------|------|
| Year  | Medicaid | WIC  |
| <b>2017</b>   | 69.6     | 58.3 |
| <b>2018</b>   | 69.7     | 54.6 |
| <b>2019</b>   | 71.8     | 53.1 |
| <b>2020</b>   | 66.3     | 49.1 |
| <b>2021</b>   | 69       | 46.2 |
| <b>2017-2021</b>  | 69.4     | 52.5 |
| Source: NCHS County Health Data Book, 2024                                |          |      |

## Communicable Disease

Communicable diseases include those disease that can spread directly from person to person: colds, strep throat, and sexually transmitted infections and diseases that can spread from animals or insects to people: Lyme disease and Rocky Mountain Spotted Fever.

Caswell County Health Department records communicable disease data for county residents. There are communicable diseases that are required to be reported to the health department. This number includes residents seen in health care facilities outside of Caswell County.

The table to the right shows the 2022 annual reported communicable diseases per 100,000 for Caswell County. This is not an exhaustive list, just those that were reported. For more information visit: [NC DPH: Communicable Disease Facts & Figures \(ncdhhs.gov\)](#) (NCDPH: Facts and Figures, 2022) [Chapter Four](#)

| 2022 Caswell County Reportable Communicable Disease Confirmed Counts    |     |
|---|-----|
| Disease/Condition   |     |
| Campylobacteriosis  | 4   |
| Carbapenem  | 1   |
| Chlamydia   | 111 |
| Cryptosporidiosis   | 2   |
| Ehrlichiosis  | 1   |
| Gonorrhea   | 44  |
| Hepatitis B   | 2   |
| Hepatitis C   | 23  |
| HIV   | 2   |
| MPOX  | 1   |
| Non-Gonococcal Urethritis   | 1   |
| Rocky Mtn. Spotted Fever  | 1   |
| Salmonellosis   | 3   |
| Shigellosis   | 1   |
| Syphilis  | 8   |
| Source: NCDHHS Communicable Disease Report: Disease Data Dashboard 2022 |     |

## Sexually Transmitted Disease

A sexually transmitted infection (STI) is a virus, bacteria, fungus, or parasite contracted through sexual contact. A sexually transmitted disease (STD) develops because of STI. People sometimes use the terms in one another’s place. Public Health prioritizes monitoring and controlling these infections as they often have little to no symptoms and can impact health significantly. (CDC, About STI’s, 2024) The table below shows the prevalence of reportable STD cases in Caswell County per 100,00 for 2023 [Chapter Four](#)

## NCD3: North Carolina Disease Data Dashboard

### Reportable Communicable Diseases: Annual Reported Cases and Incidence Rates per 100,000 Population by County Year: 2023

| County  | Disease  | County Cases | County Incidence |
|---------|--|--------------|------------------|
| Caswell | Chancroid  | 0.0          | 0.0              |
|         | Chlamydia  | 109.0        | 477.9            |
|         | Gonorrhea  | 40.0         | 175.4            |
|         | HIV  | 1.0          | 5.0              |
|         | Lymphogranuloma venereum                           | 0.0          | 0.0              |
|         | Non-gonococcal urethritis                          | 2.0          | 8.8              |
|         | PID  | 0.0          | 0.0              |
|         | Syphilis - Congenital Syphilis                     | 0.0          |                  |
|         | Syphilis - Early, Non-Primary, Non-Secondary Syphi | 0.0          | 0.0              |
|         | Syphilis - Late Latent Syphilis                    | 2.0          | 8.8              |
|         | Syphilis - Primary Syphilis                        | 0.0          | 0.0              |
|         | Syphilis - Secondary Syphilis                      | 3.0          | 13.2             |

## Reproductive Health and Life

Reproductive health refers to the condition of male and female reproductive systems during all life stages. These systems are made up of organs and hormone-producing glands. Environmental factors can play a role in some reproductive health disorders including, but not limited to exposure to lead or mercury (NIEHS, Reproductive Health, 2024).

Based on developing trends from 2022 and 2023, Chlamydia and Gonorrhea have numerous cases each year in Caswell County. Education and information are provided on each in the following paragraphs.

Chlamydia is a common STI that causes infections among men and women. Permanent damage can be caused to a woman's reproductive system, making it difficult or impossible to get pregnant later. While it has no symptoms, women and men may notice abnormal discharge or burning while urinating, but men may also have pain and swelling in one or both testicles. Sexually active people can get chlamydia if having intercourse without protection, like a condom. The only way to avoid this STI is to not have intercourse, if you are sexually active it is recommended to be in a long term mutually monogamous relationship with a partner who has

been tested and does not have chlamydia and use condom every time you are sexually active (CDC, About Chlamydia, 2024).

Gonorrhea is an STI that causes infections in the genitals, rectum and throat and is common among young people ages 15-24 years old. Like Chlamydia, there are often no symptoms, but women and men may experience burning during urination and discharge. Women may also have bleeding in-between periods, while men may have swollen or painful testicles. This STI is also spread by having intercourse without proper protection measures and if a woman is pregnant, she could pass the infection to her baby during childbirth. It is important to remember to use protection when having intercourse and avoid having multiple partners. Testing is recommended for sexually active men and women under the age of 25 or if you have multiple partners (CDC, About Gonorrhea, 2024). [Chapter Four](#)

Vaccine Preventable Disease (VPD’s)

According to the CDC, Vaccine preventable diseases (VPDs) are infectious diseases caused by viruses or bacteria that can be prevented with vaccines. The CDC categorizes them by control (i.e. influenza), eliminate (i.e. measles), and eradicate (i.e. polio) categories. These categories are based of the disease burden for each and represent the role vaccines contribute to the process for treating infectious diseases. (CDC, Vaccine Preventable, 2024) [Chapter Four](#)

NCD3: North Carolina Disease Data  
Dashboard  
Reportable Communicable Diseases:  
Annual Reported Cases and Incidence Rates per  
100,000 Population by County  
Year: 2023

| County  | Disease                                  | County Cases | County Incidence |
|---------|--|--------------|------------------|
| Caswell | Acute flaccid myelitis                   | 0.000        | 0.0              |
|         | Haemophilus influenzae, invasive disease | 1.000        | 4.4              |
|         | Influenza, adult death                   | 1.000        | 5.4              |
|         | Influenza, NOVEL virus infection         | 0.000        | 0.0              |
|         | Influenza, pediatric death               | 0.000        | 0.0              |
|         | Legionellosis                            | 0.000        | 0.0              |
|         | Measles                                  | 0.000        | 0.0              |
|         | Meningitis, pneumococcal                 | 0.000        | 0.0              |
|         | Meningococcal invasive disease           | 0.000        | 0.0              |
|         | Mpox                                     | 0.000        | 0.0              |
|         | Mumps                                    | 0.000        | 0.0              |
|         | Pertussis                                | 0.000        | 0.0              |
|         | Tetanus                                  | 0.000        | 0.0              |
|         | Varicella                                | 0.000        | 0.0              |

North Carolina monitors reportable communicable diseases and their incidence rates by county. The figure to the left represents all reportable communicable diseases reported for 2023.

Oral Health

The World Health Association identifies dental caries as a “cumulative” disease because it occurs over time in both adults and

children. It is associated with both middle class and poor socioeconomic status as it relates to diet (access to sugar) and access to care issues. Advanced stages can lead to “infection, abscess, and sepsis” if left untreated. (WHO, Oral Health, 2024) [Chapter Four](#)

In the below 2022-2023 North Carolina Kindergarten Oral Health Status figure, 153 elementary students were randomly screened for oral health in Caswell County with 5.2% of the sample indicating “symptoms of pain, infection, or swelling” (DPH, Oral Health, 2023) [Chapter Four](#)

### Caswell County

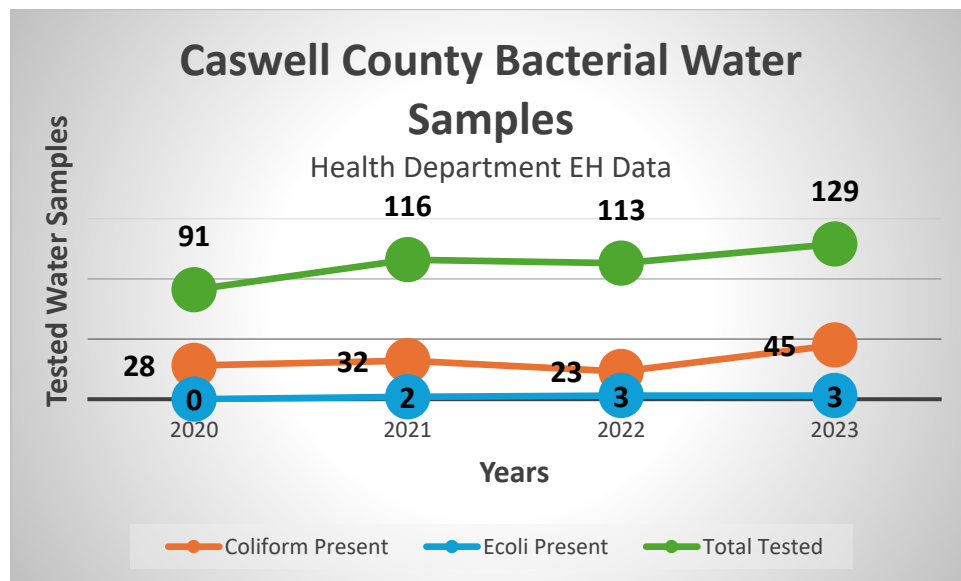
| Race/Ethnicity                 | # Screened | %UD         | %TD         | %ND         | %PSLS      | %UN        |
|--------------------------------|------------|-------------|-------------|-------------|------------|------------|
| American Indian/Alaskan Native | 0          | 0.0         | 0.0         | 0.0         | 0.0        | 0.0        |
| Asian                          | 2          | *****       | *****       | *****       | *****      | *****      |
| Black or African American      | 43         | 23.3        | 23.3        | 53.5        | 0.0        | 7.0        |
| Hispanic                       | 17         | 29.4        | 41.2        | 35.3        | 5.9        | 0.0        |
| Multi Racial                   | 9          | *****       | *****       | *****       | *****      | *****      |
| Native Hawaiian/Pacific Island | 0          | 0.0         | 0.0         | 0.0         | 0.0        | 0.0        |
| Unknown/Other                  | 4          | *****       | *****       | *****       | *****      | *****      |
| White                          | 78         | 25.6        | 26.9        | 51.3        | 0.0        | 2.6        |
| <b>County Totals</b>           | <b>153</b> | <b>25.5</b> | <b>26.8</b> | <b>50.3</b> | <b>0.7</b> | <b>5.2</b> |

## Environmental Health Information

Caswell County Health Department also collects environmental health data. The Environmental Health division of the Caswell County Health Department is also responsible for the local water quality program, inspecting restaurants and other facilities and childhood lead investigations.

### Water Quality Program

The graph below shows Caswell's Bacterial Water Samples from 2020-2023. Most recently in 2023 there were a total of 129 samples collected, 48 of them or 37% were positive for Coliform (45) or E. coli (3).



Chemical Water Sample tests from 2020-2023 can be viewed in the chart on the right. Most recently in 2023 64 chemical water samples were taken and 40 of them, or 62.5% contained a chemical contaminate, which are naturally occurring inorganic compounds.

Manganese and Iron were outliers across all years, however even at slightly elevated levels, these metals do not normally pose a substantial health risk.

| Caswell County Chemical Water Samples by Year          |      |      |      |      |
|--|------|------|------|------|
|  | 2020 | 2021 | 2022 | 2023 |
| <b>Copper</b>  | 0    | 0    | 0    | 1    |
| <b>Iron</b>  | 7    | 8    | 11   | 12   |
| <b>Lead</b>  | 1    | 0    | 1    | 1    |
| <b>Manganese</b>                                       | 5    | 14   | 13   | 24   |
| <b>Nickel</b>  | 0    | 1    | 0    | 0    |
| <b>Sulfate</b>   | 0    | 2    | 1    | 2    |
| <b>Zinc</b>  | 0    | 1    | 3    | 0    |
| <b>Total</b>   | 33   | 54   | 50   | 64   |
| Source: Caswell County Environmental Health Department |      |      |      |      |



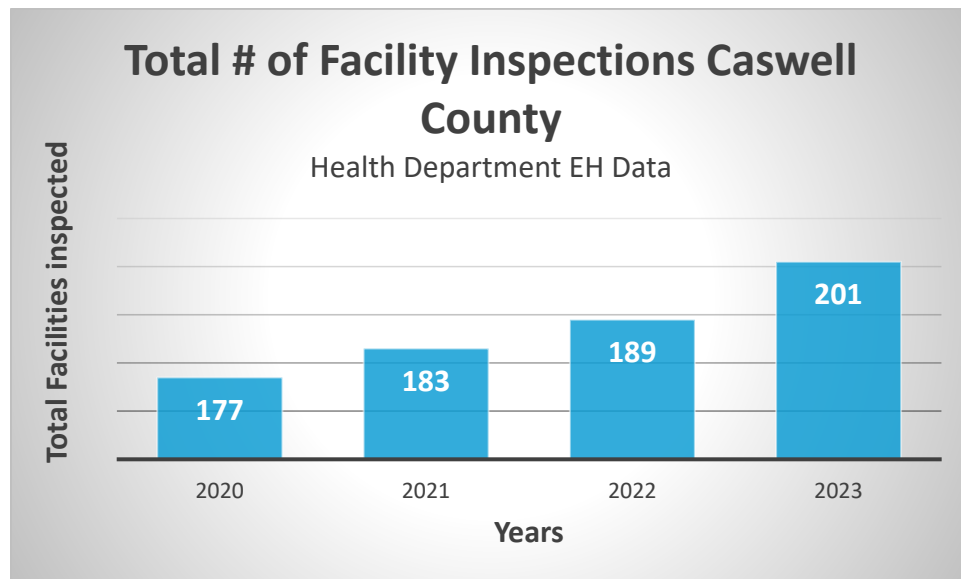
### *When to test your well*

- Every year for total and fecal coliform bacteria
- Every 2 years for heavy metals, nitrates, lead, copper, and volatile organic compounds
- Every 5 years for pesticides, unless you know specific pesticides are being applied. In that case, test for that specific pesticide yearly.
- If you are pregnant or have an infant in the home, test your water for nitrates.

For well testing questions or other concerns, Caswell County Health Department Environmental Health may be reached at 336-694-9731.

### Restaurant and Facilities

In 2023 a total of 201 facilities were inspected. Examples of facilities include day cares, camps, lodging establishments, residential care homes and swimming pools. Facilities are inspected at least annually. Previous years inspection totals can be viewed graph below.



### Childhood Lead Investigations

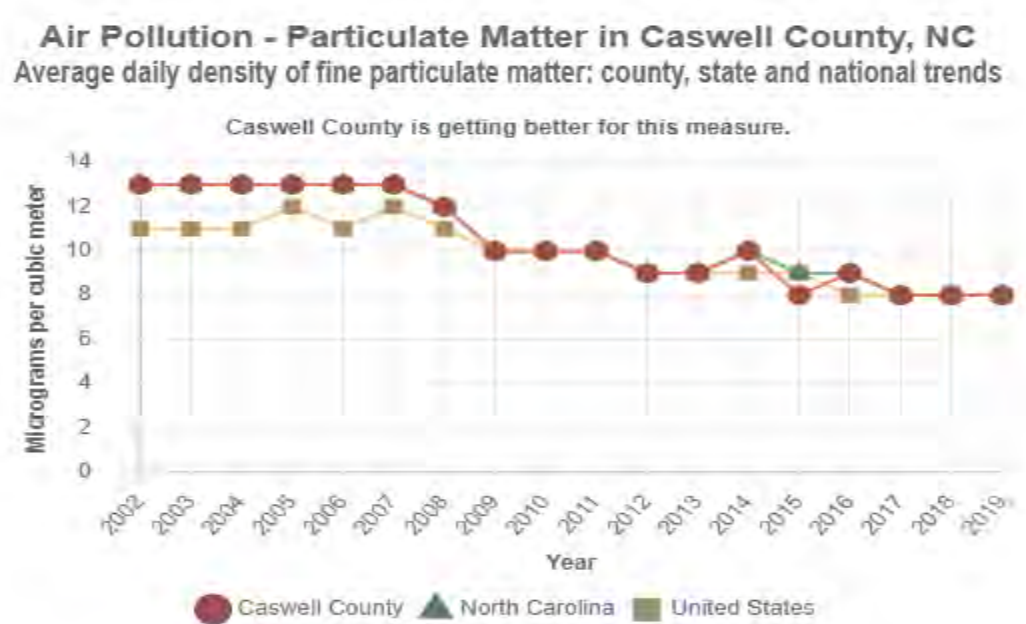
In the past four years there have been 3 childhood lead investigations in 2022 and 1 in 2023.

Some children are more at risk of lead exposure including children who: live or spend time in a house or building built before 1978, from low-income households, immigrants, refugees or recently adopted from less developed countries, live or spend time with someone who works with lead or whose hobbies expose them to lead. A blood lead test is the best way to find out if a child has lead poisoning because signs and symptoms may not be visible (CDC: Testing for Lead, 2024) [Chapter Four](#)



# Air Quality

The annual average of 8.0 micrograms per cubic meter of fine particulate matter was measured in the air for Caswell County in 2019. The Environmental Protection Agency (EPA) has a primary annual average of 12.0 micrograms per cubic meter. The trend graph below shows the county, state and national trends on average for the years 2002-2019. From the years 2017-2019 Caswell has matched the state and national numbers (County Health Rankings, 2024) [Chapter Four](#)



Notes:  
Data in this trend graph are from the Environmental Public Health Tracking Network, and will not match data used in the 2014-2016 County Health Snapshots.

## CHAPTER 5: COMMUNITY HEALTH INITIATIVES AND UPDATES

The 2019 Community Health Assessment submitted in February of 2020 identified two priorities: Structured activities for youth and improved race relations. To address these priorities two Community Health Improvement Plans (CHIP's) were developed and submitted in September of 2020. Both CHIPs are long term goals that are estimated to take 5-10 years to reflect the work.

It is important to note that countywide staffing issues and COVID-19 have made an impact on the progression of these priorities as many agencies were responding to the pandemic. This has enhanced collaboration with other community agencies, organizations and members to continue to improve these selected priorities for the next four years.

### Structured Activities for Youth

The following results, indicators and programs were identified to achieve this priority.

#### Result

As a result of structured activities for youth Caswell County youth are healthy and ready to succeed in adulthood. Indicators include Caswell County Schools short term suspension rates per 10 students and short-term system suspension rate per 10 students enrolled in North Carolina.

The most recent data for Caswell County School suspensions was released in 2022-2023 through the North Carolina Department of Public Instruction and can be viewed in the chart to the right.

Short Term Suspensions is abbreviated to STS. There were 683 STS and 2,478 days of school missed, averaging 3.63 days missed by a student, which is higher than the state at 3.38. About 3 in every 10 students will have short term suspension (NC DPI, 2023)

| Caswell County Schools Short Term Suspensions 2022-2023 |        |
|---|--------|
| <b>Total STS</b>  | 683    |
| <b>Total STS Days</b>                                   | 2,478  |
| <b>Average Days</b>                                     | 3.63   |
| <b>STS per 10</b>                                       | 3.18   |
| <b>STS per 100</b>                                      | 31.83  |
| <b>STS per 1,000</b>                                    | 318.27 |
| Source: NC DPI: TS9, 2023                               |        |

Comparisons for all North Carolina Schools STS totals can be seen in the chart to the right (NC DPI, 2023) [Chapter Five](#)

In the 2022-2023 school year Caswell County had 221 Female, and 462 Male STS totaling 683. There were 3 LTS, 1 female and 2 males. Data from the NC Department of Public Instruction is further broken down into Gender, Race and Ethnicity in the charts below. LTS is abbreviated for Long Term Suspension. It is important to note Expulsions were excluded from the charts because there were none reported in the school systems for 2022-2023 (NC DPI, 2023) [Chapter Five](#)

| North Carolina Schools Short Term Suspensions 2022-2023 |         |
|---|---------|
| <b>Total STS</b>  | 247,454 |
| <b>Total STS</b>  | 837,176 |
| <b>Average Days</b>                                     | 3.38    |
| <b>STS per 10</b>                                       | 1.64    |
| <b>STS per 100</b>                                      | 16.46   |
| <b>STS per 1,000</b>                                    | 164.57  |
| Source: NC DPI: TS9, 2023                               |         |

| Caswell County Female Suspensions by Race and Ethnicity 2022-2023 |            |            |
|---|------------|------------|
| <b>Female</b>   | <b>STS</b> | <b>LTS</b> |
| <b>Black or African American</b>                                  | 125        | 0          |
| <b>White</b>  | 61         | 0          |
| <b>Hispanic</b>   | 15         | 0          |
| <b>2 or more</b>  | 20         | 1          |
| Source: NC DPI: TS11, 2023  |            |            |

| Caswell County Male Suspensions by Race and Ethnicity 2022-2023 |            |            |
|---|------------|------------|
| <b>Male</b>   | <b>STS</b> | <b>LTS</b> |
| <b>Black or African American</b>                                | 211        | 0          |
| <b>White</b>  | 196        | 1          |
| <b>Hispanic</b>   | 9          | 0          |
| <b>2 or more</b>  | 44         | 1          |
| Source: NC DPI: TS11, 2023                                      |            |            |

## Activities by Year

### 2019 Activities:

- Caswell County Schools, Caswell County Partnership for Children and the Caswell Chapter of the Health Collaborative hosted a series of film screenings for staff, local government staff, and community members featuring the documentary Resilience: The Biology of Stress and the Science of Hope.

### 2020 Activities:

- As COVID ravaged the county, Gunn Memorial Library shifted to curbside services, preparing and distributing activity kits for children.
- The Caswell Chapter of the Health Collaborative hosted regular virtual convenings for community members and other stakeholders to identify strengths, assets, and opportunities to create more structures activities for youth.

## 2021 Activities:

- As COVID continued to ravage the country, two new sites were created in Caswell County as part of the Danville Church and Community Tutorial Program. New sites were created at Pinnacle Ministries through Believe Mentoring and at Pelham Community Center.
- Piedmont Community College, the Caswell County Department of Public Health and the Caswell Chapter of The Health Collaborative worked with local youth and community partners to pilot a county-wide youth council. Twelve Caswell County youth between the ages of 12 & 22 served on the council. The council implemented a relational, shared decision-making model and reviewed local health demographic and economic data and identified as priorities:
  - Better dissemination of facts to local leaders
  - More opportunities for youth to be involved in local decision making
  - Stronger consideration from local leaders about the potential impacts of the casino being built in Danville

## 2022 Activities:

- Caswell Arts offered a summer STEM program in August of 2022 at the High Rock Community Center. Children in K-8<sup>th</sup> grade participated in activities such as: pickleball, healthy eating habits, building rain sticks and painting on glass. Caswell Arts also sponsored a Student Art Show for student's 1<sup>st</sup>-12<sup>th</sup> grade in May of 2022. The artwork was presented at the County Square Building and the top 3 winners in each category were awarded a monetary prize.
- Caswell County middle and high schoolers could participate in Students against Violence Everywhere (SAVE) Promise Clubs which stems from Sandy Hook Promise organization to honor those who were victims of gun violence at Sandy Hook and beyond. SAVE promise clubs promote leadership skills in students to take an active role in decreasing violence and increasing safety at their school by empowering students to look out for one another and promote kindness. More information can be found at: <https://www.sandyhookpromise.org/our-programs/save-promise-club/>
- 4H hosted an annual Agricultural Literacy Camp that allows children the opportunity to explore careers in agriculture.

## Programs Updates

### *Youth Mentorship Program*

2020: Due to the global COVID-19 pandemic Caswell County has had slow progress in addressing initiatives due to social distancing requirements and partners heavy involvement in vaccine administration related to COVID-19 efforts.

2021: Youth Council to be developed and begin in the fall of 2021 to better address the needs of the youth ages 12 and older.

2022: None in 2022.

### *Trauma Informed Community Building*

The number of childhood trauma related training courses offered.

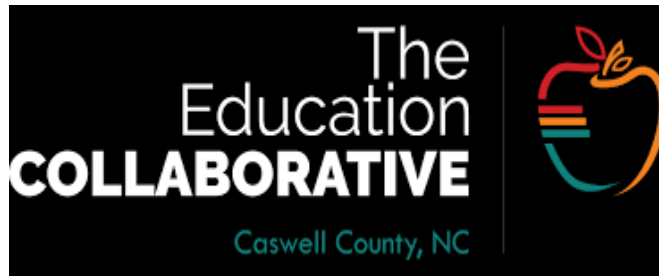
2020: Due to the global COVID-19 pandemic Caswell County has had slow progress in addressing initiatives due to social distancing requirements and partners heavy involvement in vaccine administration related to COVID-19 efforts.

2021 and 2022: No childhood trauma related trainings offered.

2022: Middle and high school students have initiated “Say Something” programs that help students recognize warning signs of hurting themselves or others. More information can be found at: <https://www.sandyhookpromise.org/our-programs/say-something/>

## Youth Moving Forward

### *The Education Collaborative*



The Education Collaborative convened in May of 2022 and launched their Caswell County Education Action Plan in November of 2023. This Action Plan contains focus areas, values, and strategies to support learning inside and outside of the classroom.

The four focus areas are: sense of belonging, academic readiness, non-school hours, and technology. Within these focus’s six cross cutting areas, that are present and contribute to each, were identified as: Family engagement, youth voice, attendance, data, educator support and transitions. The three values that are essential to strategy evaluation are community and relationship, equity, and “see the possible” or in other words gaining new insight, perspectives and ideas.

In 2024 the collaborative formed workgroups that align with the focus areas and will be responsible for developing strategies and starting a continuous improvement cycle for the youth in Caswell County. More information about the collaborative can be found here:

<https://www.drfonline.org/educationcollab>

### *Youth Council*

The youth council is being reestablished in the county through the sense of belonging workgroup within the education collaborative. The previous council was started as a pilot in 2021 but has disbanded due to staffing shortages and the aftermath of COVID-19. As of 2024 the council is still in the process of sending out invites and seeking interest from community members in developing and serving on the steering committee.

## Improved Race Relations

### Result

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

### Activities by Year

#### 2019 Activities

- Forty staff members from Caswell County Local Government and Caswell Family Medical Center participated in CommonHealth ACTION's Equity, Diversity, and Inclusion Training.

#### 2020 Activities:

- Caswell County Government took a team of 10 through the first NC cohort hosted by GARE (Government Alliance on Race and Equity). The team included the county manager, economic developer, library director, and representatives from the Department of Social Services in addition to Yanceyville's Deputy Town Manager, a local pastor, and the project coordinator for the Caswell Chapter of the Health Collaborative. The one-year learning cohort provided the Caswell GARE team with the opportunity to learn how local governments can ensure their policies and procedures do not create or perpetuate inequities. The team constructed a racial equity timeline for the community and drafted an Equity Plan for the county that centered a Health and Equity in All Policies approach.
- The Caswell Chapter of the Health Collaborative convened a series of virtual conversations for community members and local partners to discuss the impacts racism has on those who live and/or work in Caswell County.

#### 2021 Activities:

- The Caswell Chapter of the Health Collaborative and its partners worked with the University of North Carolina at Greensboro to research and publish a Health Equity Assessment for the Dan River Region to include Caswell County as well as the City of

Danville and Pittsylvania County in Virginia. The assessment mapped data by census tract and assigned a health equity index score based on findings.

#### 2022 Activities:

- Caswell Chapter of the Health Collaborative hosted a series of Community Conversations around the Health Equity Assessment, during which the community further affirmed the need to address racism in the community, identifying racism, white supremacist activity, and political intimidation as a key factor in the reluctance of many community members to engage in decision making.

#### 2023 Activities:

- Inspired by the Health Equity Assessment community conversations, community members launched the Caswell County Human Relations Commission in September of 2023 to ensure there was a body consistently focused on improving human relations.
- The Caswell County Department of Public Health and Compassion Health Care each hosted health equity trainings led by Dr. Kent Key, a health disparity researcher from Michigan State University.
- Compassion Health Care formed an Advancing Equity Workgroup to concentrate on centering equity in its learnings, policies, and practices. Eighteen compassion Health Care employees participated in the Racial Equity Institutes Phase 1 training.

## Programs Updates

### *Trauma Informed Community Building General*

The number of racial equity training offered.

2020: Caswell County leaders have been involved with Government Alliance on Race and Equity (GARE) provided training and have developed a draft racial equity plan for Caswell County Government.

2021: Local virtual equity training offered and coordinated by the Dan River Region Social Equity Network. Members of the Health Department and other local agencies served on the steering committee of the Health Equity Report to be released in 2022.

## Improvements Moving Forward

In October of 2024 Racial Equity Institute's two-day Phase 1 training will be held, which is designed to develop the capacity of participants to better understand racism in its institutional and structural forms. Moving away from a focus on personal bigotry and bias, this workshop presents a historical, cultural and structural analysis of racism. With shared language and a

clearer understanding of how institutions and systems are producing unjust and inequitable outcomes, participants should leave the training better equipped to begin to work for change.



# Appendices

## Appendices

### Appendix A: Community Health Assessment (CHA) Teams and Contributors

#### **CHA Data and Writing Contributors**

Nicole Gibson- Caswell County Health Department, Health Educator and Preparedness Coordinator

Ann Meletzke- Public Health Strategist and Consultant

Shannon Moretz- Caswell Chapter of the Health Collaborative

Taylor Bradsher- Caswell County Health Department, Environmental Health Specialist

Laura Sharpe- VAYA Health, Systems of Care Coordinator

#### **CHA Editors and Formatting**

Nicole Gibson- Caswell County Health Department, Health Educator and Preparedness Coordinator

Ann Meletzke- Public Health Strategist and Consultant

Jennifer Eastwood, MPH- Caswell County Public Health Director

Shannon Moretz- Caswell Chapter of the Health Collaborative

## Appendix B: Caswell County Community Resource Guide

A more extensive resource guide can be found by going to: <http://caswellcares.com/community-guide-to-assistance/>

|  |   |
|--|---|
| <b>Caswell County Health Department:</b><br>336-694-4129<br>189 County Park Rd. Yanceyville, NC 27379                                  | <b>Prospect Hill Community Health Center:</b><br>336-562-3311<br>322 Main St. Prospect Hill, NC 27314                     |
| <b>Caswell County Outreach Ministry:</b><br>336-694-4224<br>225 Third Ave. Yanceyville, NC 27379                                       | <b>Rainbow Daycare Center:</b><br>336-694-9675<br>573 <del>Firetower</del> Rd. Yanceyville, NC 27379                      |
| <b>Caswell County Parks and Recreation:</b><br>336-694-4449 228 County Park Rd.<br>Yanceyville, NC 27379                               | <b>RHA Behavioral Health Services:</b><br>336-694-1175<br>1150 NC Hwy 86 N, Yanceyville, NC 27279                         |
| <b>Caswell County Partnership for Children:</b><br>336-694-1538<br>1084 NC Hwy 86 N, Yanceyville, NC 27379                             | <b>Roslyn Crisp &amp; Associates Pediatric Dentistry:</b> 336-694-1114<br>3150 NC Hwy 86 N, Yanceyville, NC 27379         |
| <b>Caswell County Schools Administration</b><br><b>Office:</b> 336-694-4116<br>319 Main St. Yanceyville, NC 27379                      | <b>Shady Grove United Methodist Church</b><br><b>Food Bank:</b> 336-388-2750<br>1705 Shady Grove Rd. Providence, NC 27315 |
| <b>Caswell County Senior Center:</b><br>336-694-7447<br>649 <del>Firetower</del> Rd. Yanceyville, NC 27379                             | <b>Sherriff's Office:</b> 336-694-9311<br>231 County Park Rd. Yanceyville, NC 27379                                       |
| <b>Caswell Transportation Services (CATS):</b><br>336-694-1424<br>206 County Park Rd. Yanceyville, NC 27379                            | <b>South Elementary School:</b> 336-694-1212<br>8925 NC-86, Mebane, NC 27302  |
| <b>Caswell County Youth Outreach/Enrichment Program:</b><br>336-694-1725<br>339 Wall St. Yanceyville, NC 27379                         | <b><del>Soyah</del> Family Medicine:</b> 336-694-6969<br>1499 Main St. Yanceyville, NC 27379                              |
| <b>Caswell Family Medical Center:</b><br>336-694-9331<br><b>Urgent Care:</b> 336-694-1181<br>439 U.S. Hwy 158 W, Yanceyville, NC 27379 | <b>Stoney Creek Elementary School:</b><br>336-694-6222<br>1803 Stoney Creek School Rd. Reidsville, NC 27320               |
| <b>Caswell House:</b> 336-694-1555<br>535 U.S. Hwy 158 W, Yanceyville, NC 27379  | <b>Yanceyville Early Head Start Center:</b><br>336-694-6942<br>1149 Main St. Yanceyville, NC 27379                        |
|  | <b>Yanceyville Rehab and Healthcare:</b><br>336-694-5916<br>1086 Main St. Yanceyville, NC 27379                           |



**IN COUNTY  
RESOURCES  
FOR CASWELL  
RESIDENTS**

*\*Please contact 336-694-4129 with any updates  
or changes.  
Revised: 6.13.24*

**ACI Physical Therapy:** 336-694-1305 3310  
HWY 86 N, Yanceyville, NC 27379

**Animal Control:** 336-694-5705  
142 Main St, Yanceyville, NC 27379

**Animal Protection Society:** 336-694-4921  
836 County Home Road, Yanceyville, NC  
27379

**Bartlett Yancy High School:** 336-694-4212  
466 E Main St, Yanceyville, NC 27379

**Cancer Resource Fund:** 336-694-9331  
Caswell Family Medical Center

**Care Management:** 336-694-4129  
2254 NC Hwy 86N, Yanceyville, NC 27379

**Carolina Enhancement Services:**  
336-694-1557  
339 Wall St, Yanceyville, NC 27379

**Caswell County Chamber of Commerce:**  
336-694-6106  
106 Court Sq, Yanceyville, NC 27379

**Caswell County 4H:** 336-694-4158  
126 Court Sq, #211, Yanceyville, NC 27379

**Caswell County Department of Social  
Services:** 336-694-4141  
175 County Park Rd, Yanceyville, NC 27379

**Caswell County Family Services:**  
336-694-5750  
Hotline: 336-694-5655  
339 Wall St, Yanceyville, NC 27379

**Caswell Housing Assistance Program:**  
336-694-9318 205 W Church St, Yanceyville,  
NC 27379

**Caswell Parish:** 336-694-6428  
1038 Main St, Yanceyville, NC 27379

**Caswell Recreation Development  
Foundation:** [www.caswellrdc.com](http://www.caswellrdc.com)

**Compassion Healthcare School-Based  
Health Center:** 336-694-9331 or  
336-502-2660

**CrossRoads Sexual Assault Response:**  
336-694-4250

1064 NC Hwy 86 N, Yanceyville, NC 27379

**Easter Seals:** 336-694-1487  
1076 NC Hwy 86 N, Yanceyville, NC 27379

**Emergency Management:**  
336-694-5177  
208 County Park Rd, Yanceyville, NC 27379

**Fresenius Kidney Care:** 336-694-1084  
1702 NC Hwy 86 N, Yanceyville, NC 27379

**Goodwill:** 336-694-1200  
2246 NC Hwy 86 N, Yanceyville, NC 27379

**Gunn Memorial Public Library:**  
336-694-6241  
161 Main St, Yanceyville, NC 27379

**Life Beyond the Shadows Counseling:**  
336-524-5623  
158 E. Church St, Yanceyville, NC 27379



**Locust Hill United Methodist Church:**  
**Food Bank:** 336-388-2489  
281 Stoney Creek School Rd, Reidsville, NC  
27320

**NCSU Cooperative Extension:**  
336-694-4158  
126 Court Sq, #211, Yanceyville, NC 27379

**N.L. Dillard Middle School:**  
336-694-4941  
255 Hatchett Rd, Yanceyville, NC 27379

**Noah's Educational Ark:** 336-694-6264  
610 Old Hwy 86, Yanceyville, NC 27379

**North Elementary School:**  
336-388-2222  
10390 NC Hwy 86 N, Providence, NC 27315

**North Village Pharmacy:** 336-694-4104  
1493 Main St, Yanceyville, NC 27379

**Oakwood Elementary School:**  
336-694-4221  
247 Oakwood Dr, Yanceyville, NC 27379

**Patty Vision Center:** 336-694-9632  
495 U.S. Hwy 158, Yanceyville, NC 27379

**Person Family Dental Center:**  
336-694-5462  
1076 NC Hwy 86 N, Yanceyville, NC 27379

**Piedmont Community College:**  
336-694-5707  
331 Piedmont Dr, Yanceyville, NC 27379

**Piedmont Triad Visitor Center:**  
336-388-9830  
700 NC-700, Pelham, NC 27311

## Appendix C: Community Health Assessment Survey Responses

### Caswell County Community Health Assessment

#### Q1. Where in Caswell County do you live?

| Answer Choices   | Responses       |           |
|--|-----------------|-----------|
| Blanch (27212)   | 8.00%           | 4         |
| Cedar Grove (27231)  | 0.00%           | 0         |
| Gibsonville (27249)  | 0.00%           | 0         |
| Leasburg (27291)   | 4.00%           | 2         |
| Milton (27305)   | 6.00%           | 3         |
| Prospect Hill (27314)  | 0.00%           | 0         |
| Reidsville (27320)   | 8.00%           | 4         |
| Semora (27343)   | 0.00%           | 0         |
| I work or have worked in Caswell County, but do not live here. | 8.00%           | 4         |
| Burlington (27217)   | 6.00%           | 3         |
| Elon (27244)   | 6.00%           | 3         |
| Hurdle Mills (27541)   | 0.00%           | 0         |
| Mebane (27302)   | 2.00%           | 1         |
| Pelham (27311)   | 10.00%          | 5         |
| Providence (27315)   | 12.00%          | 6         |
| Ruffin (27326)   | 2.00%           | 1         |
| Yanceyville (27379)  | 24.00%          | 12        |
| I do not live or work in Caswell County.                       | 4.00%           | 2         |
|  | <b>Answered</b> | <b>50</b> |
|  | <b>Skipped</b>  | <b>0</b>  |

#### Q2. There is good health care in Caswell County.

| Answer Choices | Responses       |           |
|----------------|-----------------|-----------|
| Agree          | 41.67%          | 20        |
| Neutral        | 39.58%          | 19        |
| Disagree       | 18.75%          | 9         |
|                | <b>Answered</b> | <b>48</b> |
|                | <b>Skipped</b>  | <b>2</b>  |

#### Q3. Caswell County is a good place to raise children.

| Answer Choices | Responses       |           |
|----------------|-----------------|-----------|
| Agree          | 47.92%          | 23        |
| Neutral        | 29.17%          | 14        |
| Disagree       | 22.92%          | 11        |
|                | <b>Answered</b> | <b>48</b> |
|                | <b>Skipped</b>  | <b>2</b>  |

Q4. Caswell County is a good place to grow old.

| Answer Choices | Response<br>s   |           |
|----------------|-----------------|-----------|
| Agree          | 66.67%          | 32        |
| Neutral        | 20.83%          | 10        |
| Disagree       | 12.50%          | 6         |
|                | <b>Answered</b> | <b>48</b> |
|                | <b>Skipped</b>  | <b>2</b>  |

Q5. There is plenty of economic opportunity in Caswell County.

| Answer Choices | Response<br>s   |           |
|----------------|-----------------|-----------|
| Agree          | 8.33%           | 4         |
| Neutral        | 31.25%          | 15        |
| Disagree       | 60.42%          | 29        |
|                | <b>Answered</b> | <b>48</b> |
|                | <b>Skipped</b>  | <b>2</b>  |

Q6. Caswell County is a safe place to live.

| Answer Choices | Response<br>s   |           |
|----------------|-----------------|-----------|
| Agree          | 58.33%          | 28        |
| Neutral        | 31.25%          | 15        |
| Disagree       | 10.42%          | 5         |
|                | <b>Answered</b> | <b>48</b> |
|                | <b>Skipped</b>  | <b>2</b>  |

Q7. There is plenty of help for people during times of need in Caswell County.

| Answer Choices | Response<br>s   |           |
|----------------|-----------------|-----------|
| Agree          | 38.30%          | 18        |
| Neutral        | 38.30%          | 18        |
| Disagree       | 23.40%          | 11        |
|                | <b>Answered</b> | <b>47</b> |
|                | <b>Skipped</b>  | <b>3</b>  |



Q8. Please select the FIVE most important health issues facing Caswell County.

| Answer Choices                                | Responses |           |
|---|-----------|-----------|
| Access to health care                         | 36.17%    | 17        |
| Alcohol use                                   | 12.77%    | 6         |
| Cancer  | 4.26%     | 2         |
| Cost of health care & medications             | 31.91%    | 15        |
| Diabetes                                      | 34.04%    | 16        |
| Elder abuse & neglect                         | 8.51%     | 4         |
| Food insecurity                               | 29.79%    | 14        |
| High blood pressure                           | 14.89%    | 7         |
| Lack of physical activity                     | 46.81%    | 22        |
| Motor vehicle accidents or injuries           | 8.51%     | 4         |
| Poor diet or eating habits                    | 31.91%    | 15        |
| Rape & sexual assault                         | 0.00%     | 0         |
| Spouse or partner violence                    | 6.38%     | 3         |
| Stroke  | 2.13%     | 1         |
| Unplanned pregnancy                           | 2.13%     | 1         |
| Tobacco use, E-cigs, vape, & secondhand smoke | 25.53%    | 12        |
| Access to healthy foods                       | 17.02%    | 8         |
| Asthma or respiratory conditions              | 6.38%     | 3         |
| Child abuse & neglect                         | 6.38%     | 3         |
| Dental health                                 | 19.15%    | 9         |
| Drug use                                      | 31.91%    | 15        |
| Firearm-related injuries                      | 2.13%     | 1         |
| Heart disease                                 | 8.51%     | 4         |
| HIV or AIDS                                   | 2.13%     | 1         |
| Mental health                                 | 23.40%    | 11        |
| Obesity or overweight                         | 40.43%    | 19        |
| Prescription drug abuse                       | 8.51%     | 4         |
| Sexually transmitted infections               | 0.00%     | 0         |
| Suicide                                       | 4.26%     | 2         |
| Teen pregnancy                                | 2.13%     | 1         |
| Violence                                      | 12.77%    | 6         |
| <b>Answered</b>                               |           | <b>47</b> |
| <b>Skipped</b>                                |           | <b>3</b>  |

Q9. Select the THREE most important factors for a good quality of life.

| Answer Choices                       | Responses |           |
|--------------------------------------|-----------|-----------|
| Good place to raise children         | 36.96%    | 17        |
| Acceptance of diversity in all forms | 8.70%     | 4         |
| Access to health care                | 32.61%    | 15        |
| Clean environment                    | 13.04%    | 6         |
| Arts & cultural events               | 8.70%     | 4         |
| Good jobs & healthy economy          | 45.65%    | 21        |
| Religious/spiritual values           | 17.39%    | 8         |
| Low crime                            | 23.91%    | 11        |
| Good schools                         | 39.13%    | 18        |
| Parks & recreation areas/facilities  | 8.70%     | 4         |
| Affordable quality housing           | 21.74%    | 10        |
| Positive race relations              | 6.52%     | 3         |
| Healthy behavior & lifestyles        | 19.57%    | 9         |
| Access to healthy foods              | 10.87%    | 5         |
| <b>Answered</b>                      |           | <b>46</b> |
| <b>Skipped</b>                       |           | <b>4</b>  |

Q10. Which THREE issues do you think lower the quality of life in Caswell County?

| Answer Choices                              | Responses |           |
|---|-----------|-----------|
| Pollution (air, water, land)                | 13.33%    | 6         |
| Low income or poverty                       | 75.56%    | 34        |
| Hopelessness                                | 26.67%    | 12        |
| Lack of community support                   | 42.22%    | 19        |
| Child abuse                                 | 6.67%     | 3         |
| Violent crime (murder, assault, rape, etc.) | 28.89%    | 13        |
| Dropping out of school                      | 17.78%    | 8         |
| Homelessness                                | 6.67%     | 3         |
| Discrimination or racism                    | 35.56%    | 16        |
| Elder abuse                                 | 11.11%    | 5         |
| Domestic violence                           | 13.33%    | 6         |
| Theft                                       | 17.78%    | 8         |
| <b>Answered</b>                             |           | <b>45</b> |
| <b>Skipped</b>                              |           | <b>5</b>  |



Q11. Which of these services need the most improvement in your community? Select 3.

| Answer Choices                       | Responses |           |
|--------------------------------------|-----------|-----------|
| Animal control                       | 8.89%     | 4         |
| Elder care options                   | 8.89%     | 4         |
| Better or more healthy food choices  | 17.78%    | 8         |
| Counseling or mental health options  | 20.00%    | 9         |
| Healthy family activities            | 17.78%    | 8         |
| Transportation options               | 24.44%    | 11        |
| Higher paying employment             | 44.44%    | 20        |
| Education or schools                 | 35.56%    | 16        |
| Child care options                   | 4.44%     | 2         |
| Services for disabled people         | 11.11%    | 5         |
| Quality affordable housing           | 28.89%    | 13        |
| Better or more recreation facilities | 22.22%    | 10        |
| Positive teen activities             | 20.00%    | 9         |
| Employment opportunities             | 40.00%    | 18        |
| Road maintenance                     | 0.00%     | 0         |
| <b>Answered</b>                      |           | <b>45</b> |
| <b>Skipped</b>                       |           | <b>5</b>  |

Q12. In the last 12 months, have you or a loved one needed help with any of the following? Select ALL that apply.

| Answer Choices      | Responses |           |
|---------------------|-----------|-----------|
| Food                | 18.60%    | 8         |
| Drug or alcohol use | 11.63%    | 5         |
| Transportation      | 16.28%    | 7         |
| Mental health       | 23.26%    | 10        |
| Housing             | 16.28%    | 7         |
| No help needed      | 53.49%    | 23        |
| <b>Answered</b>     |           | <b>43</b> |
| <b>Skipped</b>      |           | <b>7</b>  |

Q13. If a friend or family member needed help for a mental health or drug/alcohol use problem, who would you tell them to talk to? Select ALL that apply.

| Answer Choices                 | Response<br>s   |          |
|--------------------------------|-----------------|----------|
| Private counselor or therapist | 77.27%          | 3        |
|                                |                 | 4        |
|                                |                 | 2        |
| Doctor or nurse                | 65.91%          | 9        |
|                                |                 | 1        |
| Minister/religious official    | 29.55%          | 3        |
|                                |                 | 1        |
| Support group                  | 40.91%          | 8        |
| Pharmacist                     | 4.55%           | 2        |
|                                |                 | 1        |
| Hotline                        | 36.36%          | 6        |
| Not sure                       | 6.82%           | 3        |
| Other (please specify)         | 4.55%           | 2        |
|                                |                 | 4        |
|                                | <b>Answered</b> | <b>4</b> |
|                                | <b>Skipped</b>  | <b>6</b> |

Q14. If you had to go to the hospital, which one would you select?

| Answer Choices   | Response<br>s   |          |
|--|-----------------|----------|
| Danville Regional Medical Center                                     | 2.27%           | 1        |
| Morehead Memorial Hospital   | 2.27%           | 1        |
|  |                 | 1        |
| Cone system (Annie Penn, Alamance Regional, Cone, Wesley Long, etc.) | 34.09%          | 5        |
|  |                 | 1        |
| Duke system (Duke University, Duke Regional, Duke Raleigh, etc.)     | 31.82%          | 4        |
|  |                 | 1        |
| UNC system (UNC, UNC Hillsborough, Rex, etc.)                        | 27.27%          | 2        |
| Durham VA Hospital   | 0.00%           | 0        |
| Person Memorial Hospital   | 2.27%           | 1        |
| Wake Forest Baptist Hospital   | 0.00%           | 0        |
|  |                 | 4        |
|  | <b>Answered</b> | <b>4</b> |
|  | <b>Skipped</b>  | <b>6</b> |

Q15. For routine medical care, where do you go for your medical needs?

| Answer Choices                       | Response<br>s   |           |
|--------------------------------------|-----------------|-----------|
| A provider in Caswell County         | 38.64%          | 17        |
| A provider outside of Caswell County | 61.36%          | 27        |
|                                      | <b>Answered</b> | <b>44</b> |
|                                      | <b>Skipped</b>  | <b>6</b>  |

Q16. Have you seen a health care provider in the past 3 years for a physical?

| Answer Choices | Response<br>s   |           |
|----------------|-----------------|-----------|
| Yes            | 93.18%          | 41        |
| No             | 6.82%           | 3         |
|                | <b>Answered</b> | <b>44</b> |
|                | <b>Skipped</b>  | <b>6</b>  |

Q17. In the last 12 months, was there a time when you felt you needed medical care, but did not go? If so, what was the main reason you did not go?

| Answer Choices                    | Response<br>s   |           |
|-----------------------------------|-----------------|-----------|
| No such time                      | 47.73%          | 21        |
| I could not afford to go          | 29.55%          | 13        |
| I did not know where to go        | 2.27%           | 1         |
| Takes too long to get appointment | 6.82%           | 3         |
| I had no transportation           | 0.00%           | 0         |
| I had no child care               | 0.00%           | 0         |
| Office hours were not convenient  | 6.82%           | 3         |
| Long wait time in doctor's office | 6.82%           | 3         |
|                                   | <b>Answered</b> | <b>44</b> |
|                                   | <b>Skipped</b>  | <b>6</b>  |

Q18. Do you have any type of health insurance? Include Medicaid, Medicare, State Employees, VA/military benefits, and other insurance companies.

| Answer Choices | Response<br>s   |           |
|----------------|-----------------|-----------|
| Yes            | 93.18%          | 41        |
| No             | 6.82%           | 3         |
|                | <b>Answered</b> | <b>44</b> |
|                | <b>Skipped</b>  | <b>6</b>  |

Q19. Have you seen a dentist in the last 12 months for preventive care (cleaning, x-rays, etc.)?

| Answer Choices  | Responses |           |
|-----------------|-----------|-----------|
| Yes             | 72.73%    | 32        |
| No              | 27.27%    | 12        |
| <b>Answered</b> |           | <b>44</b> |
| <b>Skipped</b>  |           | <b>6</b>  |

Q20. Do you always use car/booster seats for all child passengers who are under 8 years old or under 80 lbs?

| Answer Choices              | Responses |           |
|-----------------------------|-----------|-----------|
| Yes                         | 63.64%    | 28        |
| No                          | 0.00%     | 0         |
| I do not transport children | 36.36%    | 16        |
| <b>Answered</b>             |           | <b>44</b> |
| <b>Skipped</b>              |           | <b>6</b>  |

Q21. Do you always use seat belts when you drive or ride in a vehicle, including the back seat?

| Answer Choices  | Responses |           |
|-----------------|-----------|-----------|
| Yes             | 93.18%    | 41        |
| No              | 6.82%     | 3         |
| <b>Answered</b> |           | <b>44</b> |
| <b>Skipped</b>  |           | <b>6</b>  |

Q22. If you have dogs, cats, and/or ferrets, are their rabies shots up to date?

| Answer Choices                       | Responses |           |
|--------------------------------------|-----------|-----------|
| Yes                                  | 68.18%    | 30        |
| I don't know                         | 4.55%     | 2         |
| No                                   | 4.55%     | 2         |
| I don't have dogs, cats, or ferrets. | 22.73%    | 10        |
| <b>Answered</b>                      |           | <b>44</b> |
| <b>Skipped</b>                       |           | <b>6</b>  |

Q23. Have you ever been told by a health care provider that you have any of the following conditions? Check all that apply, even if you take medication for the condition.

| Answer Choices                         | Responses |           |
|--|-----------|-----------|
| Arthritis                              | 24.32%    | 9         |
| Cancer                                 | 8.11%     | 3         |
| Depression or Anxiety (nerves)         | 43.24%    | 16        |
| Diabetes (other than during pregnancy) | 10.81%    | 4         |
| Heart disease                          | 10.81%    | 4         |
| High cholesterol                       | 29.73%    | 11        |
| Kidney disease                         | 5.41%     | 2         |
| Osteoporosis                           | 5.41%     | 2         |
| Sexually transmitted infections        | 2.70%     | 1         |
| Substance use                          | 2.70%     | 1         |
| Heart attack                           | 0.00%     | 0         |
| Asthma                                 | 16.22%    | 6         |
| COPD/Emphysema                         | 8.11%     | 3         |
| Diabetes during pregnancy only         | 2.70%     | 1         |
| Pre-diabetes or borderline diabetes    | 18.92%    | 7         |
| High blood pressure                    | 45.95%    | 17        |
| HIV/AIDS                               | 0.00%     | 0         |
| Mental illness                         | 8.11%     | 3         |
| Overweight/obesity                     | 48.65%    | 18        |
| Stroke                                 | 0.00%     | 0         |
| Tobacco use                            | 5.41%     | 2         |
| <b>Answered</b>                        |           | <b>37</b> |
| <b>Skipped</b>                         |           | <b>13</b> |

Q24. In the past 12 months, have you used any of the following tobacco products? Select all that apply.

| Answer Choices                                | Responses |           |
|---|-----------|-----------|
| Cigarettes                                    | 7.14%     | 3         |
| E-cigarettes or vape                          | 14.29%    | 6         |
| I have not used tobacco in the past 12 months | 78.57%    | 33        |
| Cigars or pipes                               | 2.38%     | 1         |
| Chew/dip/snuff                                | 0.00%     | 0         |
| <b>Answered</b>                               |           | <b>42</b> |
| <b>Skipped</b>                                |           | <b>8</b>  |

Q25. If you are a tobacco user, which of the following would help you quit?

| Answer Choices          | Responses       |           |
|-------------------------|-----------------|-----------|
| Support group           | 2.38%           | 1         |
| Counseling              | 2.38%           | 1         |
| I do not want to quit.  | 7.14%           | 3         |
| Patch, medication, etc. | 2.38%           | 1         |
| I am not ready to quit. | 2.38%           | 1         |
| I do not use tobacco    | 83.33%          | 35        |
| Other (please specify)  | 4.76%           | 2         |
|                         | <b>Answered</b> | <b>42</b> |
|                         | <b>Skipped</b>  | <b>8</b>  |

Q26. Considering smoking is already prohibited inside restaurants, bars, and government buildings, do you think the regulations limiting smoking in public places should be extended to include: (Select all that apply.)

| Answer Choices                                      | Responses       |           |
|---|-----------------|-----------|
| Outdoor public recreation areas                     | 42.86%          | 18        |
| Entry areas of buildings (within 25 feet)           | 57.14%          | 24        |
| No, I don't see the need for additional regulations | 21.43%          | 9         |
| Indoor public places (stores, arcades, etc.)        | 59.52%          | 25        |
| Grounds of government buildings                     | 30.95%          | 13        |
|   | <b>Answered</b> | <b>42</b> |
|   | <b>Skipped</b>  | <b>8</b>  |

Q27. 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?

| Answer Choices                                    | Responses       |           |
|---|-----------------|-----------|
| 1-2 days per week                                 | 14.29%          | 6         |
| 5-7 days per week                                 | 0.00%           | 0         |
| Less than one day per week but drink occasionally | 45.24%          | 19        |
| 3-4 days per week                                 | 2.38%           | 1         |
| I do not ever drink                               | 38.10%          | 16        |
|   | <b>Answered</b> | <b>42</b> |
|   | <b>Skipped</b>  | <b>8</b>  |

Q28. Even if you have quit, at what age did you start and how long did you use:

Age

|         | 13    |   | 15     |   | 16    |   | 17    |   | 18     |   |
|---------|-------|---|--------|---|-------|---|-------|---|--------|---|
| Tobacco | 8.33% | 2 | 16.67% | 4 | 8.33% | 2 | 0.00% | 0 | 4.17%  | 1 |
| Alcohol | 0.00% | 0 | 14.81% | 4 | 3.70% | 1 | 3.70% | 1 | 18.52% | 5 |

| 20    |   | 21 or older |    | I have never used |  |
|-------|---|-------------|----|-------------------|--|
| 0.00% | 0 | 16.67%      | 4  | 41.67%            |  |
| 3.70% | 1 | 44.44%      | 12 | 3.70%             |  |

**Answered**

**Skipped**

Years of use

|         | 1-4 years |   | 5-9 years |   | 10-14 years |   | 15-19 years |   |
|---------|-----------|---|-----------|---|-------------|---|-------------|---|
| Tobacco | 20.00%    | 3 | 20.00%    | 3 | 6.67%       | 1 | 13.33%      | 2 |
| Alcohol | 10.53%    | 2 | 10.53%    | 2 | 15.79%      | 3 | 10.53%      | 2 |

| 20 or more years |    | I have never used |   | Total |  |
|------------------|----|-------------------|---|-------|--|
| 20.00%           | 3  | 20.00%            | 3 | 15    |  |
| 52.63%           | 10 | 0.00%             | 0 | 19    |  |

**Answered**

**35**

**Skipped**

**15**

I have never used

|         | I already entered my age |   | I have never used |    | Total |  |
|---------|--------------------------|---|-------------------|----|-------|--|
| Tobacco | 15.38%                   | 2 | 84.62%            | 11 | 13    |  |
| Alcohol | 16.67%                   | 1 | 83.33%            | 5  | 6     |  |

**Answered**

**35**

**Skipped**

**15**

Q29. In the past year, have you used prescription pain medications for an injury or for a medical or dental procedure for longer than one week?

| Answer Choices | Responses       |          |
|----------------|-----------------|----------|
| Yes            | 14.29%          | 6        |
|                |                 | 3        |
| No             | 85.71%          | 6        |
| I don't know   | 0.00%           | 0        |
|                |                 | <b>4</b> |
|                | <b>Answered</b> | <b>2</b> |
|                | <b>Skipped</b>  | <b>8</b> |

Q30. Have you ever been tested for Hepatitis C?

| Answer Choices | Responses       |          |
|----------------|-----------------|----------|
| Yes            | 42.86%          | 1        |
|                |                 | 8        |
| No             | 28.57%          | 1        |
|                |                 | 2        |
| I don't know   | 28.57%          | 1        |
|                |                 | 2        |
|                |                 | <b>4</b> |
|                | <b>Answered</b> | <b>2</b> |
|                | <b>Skipped</b>  | <b>8</b> |

Q31. Have you ever been tested for HIV or AIDS?

| Answer Choices | Responses       |          |
|----------------|-----------------|----------|
| yes            | 64.29%          | 2        |
|                |                 | 7        |
| No             | 26.19%          | 1        |
|                |                 | 1        |
| I don't know   | 9.52%           | 4        |
|                |                 | <b>4</b> |
|                | <b>Answered</b> | <b>2</b> |
|                | <b>Skipped</b>  | <b>8</b> |

Q32. Do you consider yourself to be overweight?

| Answer Choices | Responses       |           |
|----------------|-----------------|-----------|
| Yes            | 64.29%          | 27        |
| No             | 35.71%          | 15        |
|                | <b>Answered</b> | <b>42</b> |
|                | <b>Skipped</b>  | <b>8</b>  |

Q33. It is easy to purchase healthy foods in my community, such as whole grain foods, low-fat options, and fruits and vegetables.

| Answer Choices | Responses |    |
|----------------|-----------|----|
| Agree          | 42.86%    | 18 |



|          |                 |           |
|----------|-----------------|-----------|
| Neutral  | 35.71%          | 15        |
| Disagree | 21.43%          | 9         |
|          | <b>Answered</b> | <b>42</b> |
|          | <b>Skipped</b>  | <b>8</b>  |

Q34. Which factors prevent you from healthy eating? Select all that apply.

| Answer Choices                      | Response<br>s   |           |
|-------------------------------------|-----------------|-----------|
| Cost of healthy food                | 65.85%          | 27        |
| I prefer to eat out                 | 9.76%           | 4         |
| I eat large portions.               | 14.63%          | 6         |
| Limited access to grocery stores    | 24.39%          | 10        |
| Time to prepare healthy food        | 41.46%          | 17        |
| I choose unhealthy food             | 21.95%          | 9         |
| I don't know how to cook.           | 9.76%           | 4         |
| None, I think I am a healthy eater. | 9.76%           | 4         |
|                                     | <b>Answered</b> | <b>41</b> |
|                                     | <b>Skipped</b>  | <b>9</b>  |

Q35. How many days do you exercise for 30 minutes or more in a typical week?

| Answer Choices    | Responses       |           |
|-------------------|-----------------|-----------|
| 1-2 days          | 28.57%          | 12        |
| 5-7 days          | 16.67%          | 7         |
| 3-4 days          | 21.43%          | 9         |
| I rarely exercise | 33.33%          | 14        |
|                   | <b>Answered</b> | <b>42</b> |
|                   | <b>Skipped</b>  | <b>8</b>  |

Q36. What types of exercise do you do on a regular basis? Select all that apply.

| Answer Choices                              | Response<br>s   |           |
|---|-----------------|-----------|
| Bicycling                                   | 4.88%           | 2         |
| Golf  | 0.00%           | 0         |
| Kayaking or canoeing                        | 2.44%           | 1         |
| Sports (basketball, softball, soccer, etc.) | 7.32%           | 3         |
| Walking or hiking                           | 75.61%          | 31        |
| I do not exercise                           | 19.51%          | 8         |
| Fitness classes                             | 12.20%          | 5         |
| Jogging or running                          | 12.20%          | 5         |
| Martial arts                                | 0.00%           | 0         |
| Swimming                                    | 17.07%          | 7         |
| Weight lifting                              | 12.20%          | 5         |
|   | <b>Answered</b> | <b>41</b> |
|   | <b>Skipped</b>  | <b>9</b>  |

Q37. What are the reasons you do not exercise? Select all that apply.

| Answer Choices  | Response<br>s   |           |
|---|-----------------|-----------|
| My job is physical or hard labor.   | 5.00%           | 2         |
| No child care   | 10.00%          | 4         |
| Costs too much  | 7.50%           | 3         |
| I am too tired to exercise.   | 27.50%          | 11        |
| I don't have access to a facility with things I need to exercise, like a pool or track. | 30.00%          | 12        |
| No time to exercise   | 22.50%          | 9         |
| I don't like to exercise.   | 7.50%           | 3         |
| No safe place to exercise   | 20.00%          | 8         |
| I am physically disabled.   | 5.00%           | 2         |
| None--I exercise regularly  | 32.50%          | 13        |
|   | <b>Answered</b> | <b>40</b> |
|   | <b>Skipped</b>  | <b>10</b> |

Q38. In the past year, which current recreation facilities in Caswell County have you and your family used? Select all that apply.

| Answer Choices                             | Responses       |          |
|--|-----------------|----------|
| Athletic fields                            | 24.39%          | 1        |
| Gymnasium                                  | 17.07%          | 0        |
| Playground                                 | 26.83%          | 7        |
| Sidewalks                                  | 26.83%          | 1        |
| Tennis courts                              | 9.76%           | 1        |
| Walking trail or track                     | 31.71%          | 4        |
| Waterways (Hyco, Farmer Lake, river, etc.) | 24.39%          | 1        |
| None                                       | 34.15%          | 3        |
|  |                 | <b>4</b> |
|  | <b>Answered</b> | <b>1</b> |
|  | <b>Skipped</b>  | <b>9</b> |

Q39. How do you get news regarding Caswell County services? Select up to 3.

| Answer Choices                                | Responses       |          |
|---|-----------------|----------|
| Newspaper                                     | 31.71%          | 1        |
| Email   | 29.27%          | 3        |
| Internet                                      | 36.59%          | 1        |
| Flyers/community bulletin board               | 12.20%          | 2        |
| TV  | 7.32%           | 1        |
| Radio   | 4.88%           | 5        |
| Social network site (Facebook, twitter, etc.) | 73.17%          | 3        |
| Word of mouth                                 | 48.78%          | 0        |
| Other (please specify)                        | 4.88%           | 2        |
|   |                 | <b>4</b> |
|   | <b>Answered</b> | <b>1</b> |
|   | <b>Skipped</b>  | <b>9</b> |

Q40. Where do you get your health-related information? Select up to 3.

| Answer Choices                 | Responses       |           |
|--------------------------------|-----------------|-----------|
| Friends and family members     | 36.59%          | 15        |
| Pharmacist                     | 19.51%          | 8         |
| Internet                       | 70.73%          | 29        |
| Help lines                     | 0.00%           | 0         |
| Library                        | 0.00%           | 0         |
| Doctor or nurse                | 78.05%          | 32        |
| Church                         | 0.00%           | 0         |
| My child's school              | 2.44%           | 1         |
| Books, magazines, or newspaper | 14.63%          | 6         |
| Other (please specify)         | 2.44%           | 1         |
|                                | <b>Answered</b> | <b>41</b> |
|                                | <b>Skipped</b>  | <b>9</b>  |

Q41. What would be your main way of getting information from authorities in a large-scale disaster or emergency? Select only ONE.

| Answer Choices                                | Responses       |           |
|---|-----------------|-----------|
| TV  | 17.07%          | 7         |
| Internet                                      | 12.20%          | 5         |
| Word of mouth                                 | 2.44%           | 1         |
| Radio   | 2.44%           | 1         |
| Social network site (Facebook, twitter, etc.) | 14.63%          | 6         |
| Text message (emergency alert)                | 51.22%          | 21        |
| Other (please specify)                        | 0.00%           | 0         |
|   | <b>Answered</b> | <b>41</b> |
|   | <b>Skipped</b>  | <b>9</b>  |

Q42. What is your primary phone?

| Answer Choices         | Responses       |           |
|------------------------|-----------------|-----------|
| Cell/mobile phone      | 100.00%         | 41        |
| I do not have a phone  | 0.00%           | 0         |
| Land line (home phone) | 0.00%           | 0         |
|                        | <b>Answered</b> | <b>41</b> |
|                        | <b>Skipped</b>  | <b>9</b>  |

## Q43. What is your age?

| Answer Choices | Responses       |           |
|----------------|-----------------|-----------|
| 15-19          | 2.44%           | 1         |
| 35-54          | 31.71%          | 13        |
| 65-74          | 12.20%          | 5         |
| 20-34          | 21.95%          | 9         |
| 55-64          | 29.27%          | 12        |
| 75 or older    | 2.44%           | 1         |
|                | <b>Answered</b> | <b>41</b> |
|                | <b>Skipped</b>  | <b>9</b>  |

## Q44. What is your gender?

| Answer Choices | Responses       |           |
|----------------|-----------------|-----------|
| Male           | 7.32%           | 3         |
| Female         | 92.68%          | 38        |
|                | <b>Answered</b> | <b>41</b> |
|                | <b>Skipped</b>  | <b>9</b>  |

## Q45. How do you classify your race?

| Answer Choices                    | Responses       |           |
|-----------------------------------|-----------------|-----------|
| American Indian or Alaskan native | 0.00%           | 0         |
| Asian or Pacific Islander         | 0.00%           | 0         |
| Black or African American         | 17.07%          | 7         |
| White                             | 78.05%          | 32        |
| Two or more races                 | 2.44%           | 1         |
| Other (please specify)            | 2.44%           | 1         |
|                                   | <b>Answered</b> | <b>41</b> |
|                                   | <b>Skipped</b>  | <b>9</b>  |

## Q46. How do you classify your ethnicity?

| Answer Choices | Responses       |           |
|----------------|-----------------|-----------|
| Hispanic       | 0.00%           | 0         |
| Non-Hispanic   | 100.00%         | 40        |
|                | <b>Answered</b> | <b>40</b> |
|                | <b>Skipped</b>  | <b>10</b> |

### Q47. What is your highest level of education?

| Answer Choices                                     | Responses       |           |
|--|-----------------|-----------|
| Less than high school                              | 0.00%           | 0         |
| Some college                                       | 19.51%          | 8         |
| Bachelor's degree                                  | 29.27%          | 12        |
| High school diploma or GED                         | 9.76%           | 4         |
| Associate's degree or vocational training          | 26.83%          | 11        |
| Graduate degree (master's, doctoral, professional) | 14.63%          | 6         |
|  | <b>Answered</b> | <b>41</b> |
|  | <b>Skipped</b>  | <b>9</b>  |

### Q48. What was your household income last year?

| Answer Choices     | Responses       |           |
|--------------------|-----------------|-----------|
| Less than \$10,000 | 5.13%           | 2         |
| \$10,000-14,999    | 0.00%           | 0         |
| \$15,000-24,999    | 7.69%           | 3         |
| \$25,000-34,999    | 7.69%           | 3         |
| \$35,000-49,999    | 23.08%          | 9         |
| \$50,000-74,999    | 23.08%          | 9         |
| \$75,000-99,999    | 12.82%          | 5         |
| \$100,000 and up   | 20.51%          | 8         |
|                    | <b>Answered</b> | <b>39</b> |
|                    | <b>Skipped</b>  | <b>11</b> |

## References

Caswell County Logos. Retrieved [July 2024] from [https://www.google.com/search?sca\\_esv=18f094ea9bb8ac0e&rlz=1C1CHBF\\_enUS1104US1104&q=caswell+county+logos&udm=2&fbs=AEQNm0Do4mQ\\_iNuvMb8tSM7GylgpWGSY1QZPN8CE5R0j9A14QEvt1rxBq1mfhLD\\_ii-TQ5SCxDQmtaKdLbx3bc94y7F\\_Dw5XcW6CZ\\_vPsQaFeaulmb7XptURDuNT8S2DI45LFffMzOmsomF-AHUWR41fmcpAygCHtvf2xtuus7DsgUrmKYhUcaCpPh9CCO\\_cya\\_rcO2Wibxc420CVKBuEPRzpf-MXjHiA&sa=X&ved=2ahUKEwiurOvj9r2HAXUSF1kFHccpB\\_wQtKgLegQIFhAB&biw=1920&bih=945&dpr=1](https://www.google.com/search?sca_esv=18f094ea9bb8ac0e&rlz=1C1CHBF_enUS1104US1104&q=caswell+county+logos&udm=2&fbs=AEQNm0Do4mQ_iNuvMb8tSM7GylgpWGSY1QZPN8CE5R0j9A14QEvt1rxBq1mfhLD_ii-TQ5SCxDQmtaKdLbx3bc94y7F_Dw5XcW6CZ_vPsQaFeaulmb7XptURDuNT8S2DI45LFffMzOmsomF-AHUWR41fmcpAygCHtvf2xtuus7DsgUrmKYhUcaCpPh9CCO_cya_rcO2Wibxc420CVKBuEPRzpf-MXjHiA&sa=X&ved=2ahUKEwiurOvj9r2HAXUSF1kFHccpB_wQtKgLegQIFhAB&biw=1920&bih=945&dpr=1)

## Chapter 1

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [July 2024], from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

“Social Drivers of Health.” *Michigan State University*, <https://mcrh.msu.edu/programs/Social-Drivers-of-Health#:~:text=Social%20drivers%20of%20health%20and,their%20health%20and%20well%20being>. Accessed 16 July 2024.

The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

“Results-Based Accountability - Clear Impact.” *Clear Impact - Clear Impact Software and Services*, 17 Oct. 2022, [clearimpact.com/results-based-accountability/](https://clearimpact.com/results-based-accountability/). Accessed 16 July 2024. <https://clearimpact.com/results-based-accountability/>

## Chapter 2

*Caswell County Health Department - Home*, [www.caswellinc.us/](http://www.caswellinc.us/). Accessed 25 July 2024.

North Carolina Maps. Browse Maps by County. Retrieved [July 2024], from [https://web.lib.unc.edu/nc-maps/browse\\_location.php](https://web.lib.unc.edu/nc-maps/browse_location.php)

## S 2024 SOTCH Report

### Progress on CHIP



All Caswell County priorities are addressed in the Community Health Improvement Plan (CHIP). Click on the links below for progress made in 2024.

#### Priority #1: Structured Activities for Youth

##### Youth Council

##### Trauma Informed Community Building Youth

##### Education Collaborative

##### Sense of Belonging

##### Academic Readiness

##### Non-School Hours

##### Technology

#### Priority #2: Improved Race Relations

##### Trauma Informed Community Building General

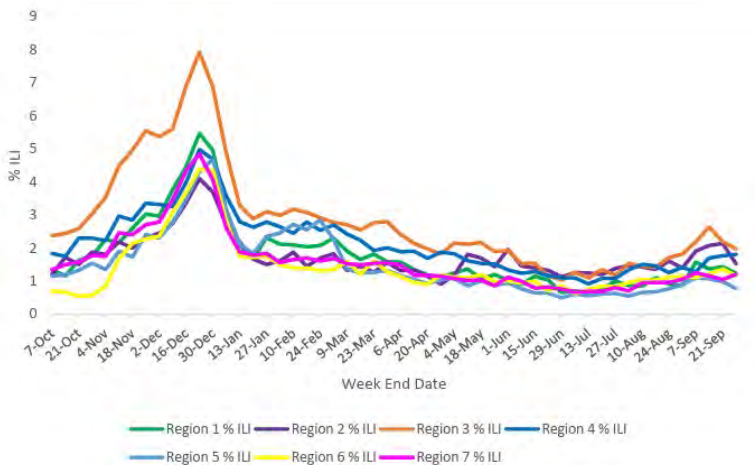
### Morbidity and Mortality Changes Since Last CHA



The North Carolina Department of Health and Human Services released the 2023-2024 NC Influenza Surveillance Report, which can be found by going to: <https://flu.ncdhhs.gov/data.htm>

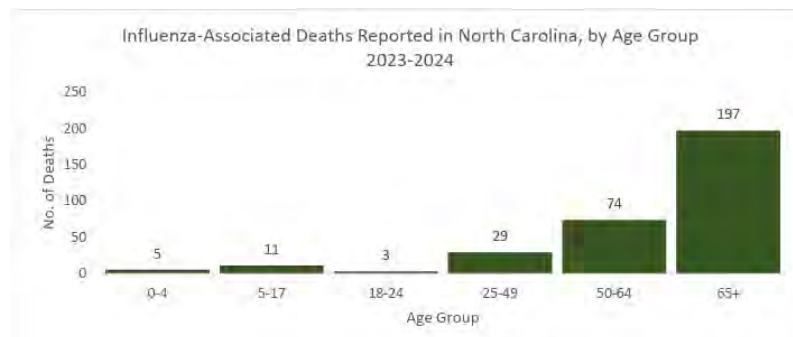
Below are some changes since the last CHA was released.

North Carolina Emergency Department Visits for Influenza like illness by Regions 2023-2024



Caswell County is depicted in Region 5 (light blue)

During the 2023-2024 flu season there were 319 associated deaths the graph below breaks those deaths down by age group. For comparison the 2022-2023 flu season had 196 deaths.





## Chapter 3

“Access to Health Services.” *Access to Health Services - Healthy People 2030*, health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services. Accessed 12 Aug. 2024.

Bureau, United States Census. “Milton Township.” *Explore Census Data*, 2020, [https://data.census.gov/profile/Milton township, Caswell County, North Carolina?g=060XX00US3703392080](https://data.census.gov/profile/Milton%20township,%20Caswell%20County,%20North%20Carolina?g=060XX00US3703392080) Accessed 16 July 2024.

Bureau, United States Census. “Yanceyville Town.” *Explore Census Data*, 2020, [https://data.census.gov/profile/Yanceyville town, North Carolina?g=160XX00US377600](https://data.census.gov/profile/Yanceyville%20town,%20North%20Carolina?g=160XX00US377600) Accessed 16 July 2024.

Caswell County Maps. Google Maps. Retrieved [July 2024], from [https://www.google.com/search?q=caswell+county+map&sca\\_esv=ae712cb3575662e5&rlz=1C1CHBF\\_enUS1104US1104&biw=972&bih=894&ei=0ryWZoSjDqiv5NoPng6\\_2AI&ved=0ahUKEwiE1LuVmayHAXWoF1kFHR7XDysQ4dUDCBA&uact=5&oq=caswell+county+map&gs\\_l=egxnd3Mt d2l6LXNlcnAiEmNhc3dlbGwgY291bnR5IG1hcDlFEAAyGAQyAhAmMglQJlGEAAyFhgeMgYQABgWGB4yBhAAGBYHjIGEAAyFhgeMgYQABgWGB4yAhAmMglQJkiaD1CYBVjoDXABeAGQAQCYAY8BoAGeBKoBAzEuNLgBA8gBAPgBAZgCBqACvwTCAGoQABiwAxjWBBhHwgIIEAAyGAQYogTCAG4QLhiABBjHARiOBRivAcICCAuGIAEGLEDGIMBwgIFEC4YgATCAh0QLhiABBjHARiOBRivARiXBRjcBBjeBBjgBNgBACICCAAGIAEGJECGIofmAMAIAYBkAYlugYGCAEQARgUkgcDMi40oAfNRA&scient=gws-wiz-serp#ip=1](https://www.google.com/search?q=caswell+county+map&sca_esv=ae712cb3575662e5&rlz=1C1CHBF_enUS1104US1104&biw=972&bih=894&ei=0ryWZoSjDqiv5NoPng6_2AI&ved=0ahUKEwiE1LuVmayHAXWoF1kFHR7XDysQ4dUDCBA&uact=5&oq=caswell+county+map&gs_l=egxnd3Mt d2l6LXNlcnAiEmNhc3dlbGwgY291bnR5IG1hcDlFEAAyGAQyAhAmMglQJlGEAAyFhgeMgYQABgWGB4yBhAAGBYHjIGEAAyFhgeMgYQABgWGB4yAhAmMglQJkiaD1CYBVjoDXABeAGQAQCYAY8BoAGeBKoBAzEuNLgBA8gBAPgBAZgCBqACvwTCAGoQABiwAxjWBBhHwgIIEAAyGAQYogTCAG4QLhiABBjHARiOBRivAcICCAuGIAEGLEDGIMBwgIFEC4YgATCAh0QLhiABBjHARiOBRivARiXBRjcBBjeBBjgBNgBACICCAAGIAEGJECGIofmAMAIAYBkAYlugYGCAEQARgUkgcDMi40oAfNRA&scient=gws-wiz-serp#ip=1)

*Centers for Medicare and Medicaid Services, CMS - National Plan and Provider Enumeration System (NPPES). June 2024*

Community Guide to Assistance. Caswell Cares. Retrieved [July 2024] from <https://caswellcares.com/community-guide-to-assistance/>

“Community Health Assessment.” *North Carolina Data Portal*, US Department of Education, 2020, [ncdataportal.org/community-health-needs-assessment/?REPORT=%7B%22name%22%3A%22North+Carolina+Data+Portal+Report%22%2C%22style%22%3A%22nc%22%2C%22contentId%22%3A%22%23cdt-report-content%22%2C%22output%22%3A%7B%22countylist%22%3Atrue%2C%22statelist%22%3Atrue%2C%22ziplist%22%3Afalse%2C%22tractlist%22%3Afalse%2C%22map%22%3Atrue%2C%22breakout%22%3Atrue%7D%2C%22indicatorUid%22%3A%5B%22205%22%2C%226%22%2C%22213%22%2C%22771%22%2C%22600%22%2C%22610%22%2C%22611%22%2C%22612%22%2C%22613%22%2C%22614%22%2C%22186%22%2C%22603%22%5D%2C%22indicator%22%3A%5B36%2C72%2C73%2C74%2C80%2C81%2C82%2C83%2C84%2C85%2C88%2C111%5D%2C%22locati](https://ncdataportal.org/community-health-needs-assessment/?REPORT=%7B%22name%22%3A%22North+Carolina+Data+Portal+Report%22%2C%22style%22%3A%22nc%22%2C%22contentId%22%3A%22%23cdt-report-content%22%2C%22output%22%3A%7B%22countylist%22%3Atrue%2C%22statelist%22%3Atrue%2C%22ziplist%22%3Afalse%2C%22tractlist%22%3Afalse%2C%22map%22%3Atrue%2C%22breakout%22%3Atrue%7D%2C%22indicatorUid%22%3A%5B%22205%22%2C%226%22%2C%22213%22%2C%22771%22%2C%22600%22%2C%22610%22%2C%22611%22%2C%22612%22%2C%22613%22%2C%22614%22%2C%22186%22%2C%22603%22%5D%2C%22indicator%22%3A%5B36%2C72%2C73%2C74%2C80%2C81%2C82%2C83%2C84%2C85%2C88%2C111%5D%2C%22locati)

on%22%3A%7B%22key%22%3A%22county%22%2C%22type%22%3A%22county%22%2C%22show\_county%22%3Atrue%2C%22show\_state%22%3Atrue%2C%22show\_zip%22%3Afalse%2C%22show\_tract%22%3Afalse%2C%22id%22%3A%5B%2237001%22%2C%2237033%22%2C%2237041%22%2C%2237079%22%2C%2237145%22%2C%2237157%22%5D%2C%22name%22%3A%5B%22Alamance+County%2C+NC%22%2C%22Caswell+County%2C+NC%22%2C%22Chowan+County%2C+NC%22%2C%22Greene+County%2C+NC%22%2C%22Person+County%2C+NC%22%2C%22Rockingham+County%2C+NC%22%5D%7D%7D. Accessed 23 July 2024.

“County Tier Systems.” *EDPNC*, 18 June 2024, [edpnc.com/incentives/county-development-tier-designations/](https://edpnc.com/incentives/county-development-tier-designations/). Accessed 18 July 2024.

“Crime in North Carolina - Annual Summaries.” *NCSBI*, Sept. 2023, [ncsbi.gov/Services/Crime-Statistics/Crime-in-North-Carolina-Annual-Summaries](https://ncsbi.gov/Services/Crime-Statistics/Crime-in-North-Carolina-Annual-Summaries). Accessed 18 July 2024.

Economic Development Partnership. NC 2024 Tier Map. Retrieved [July 2024] from <https://edpnc.com/wp-content/uploads/2024/05/Tier-Designation-Map.pdf>

“How to Improve Health Care in Rural Areas.” *School of Public Health*, 19 Jan. 2023, [publichealth.tulane.edu/blog/how-to-improve-health-care-in-rural-areas/](https://publichealth.tulane.edu/blog/how-to-improve-health-care-in-rural-areas/). Accessed 12 Aug. 2024.

“Injury and Violence Prevention Branch.” *N.C. DPH: IVP Branch: Data and Surveillance*, 10 May 2024, [injuryfreenc.dph.ncdhhs.gov/DataSurveillance/](https://injuryfreenc.dph.ncdhhs.gov/DataSurveillance/). Accessed 30 July 2024.

North Carolina Health Professions Data System, [Program on Health Workforce Research and Policy](#), Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Accessed July 18, 2024, at <https://nchealthworkforce.unc.edu/interactive/supply/>.

Sindhu. “The Role of Socioeconomic Status in Public Health.” *EWU*, 17 July 2024, [online.ewu.edu/degrees/healthcare/masters-public-health/general-concentration/socioeconomic-status-in-public-health/](https://online.ewu.edu/degrees/healthcare/masters-public-health/general-concentration/socioeconomic-status-in-public-health/). Accessed 12 Aug. 2024.

The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2024. [www.countyhealthrankings.org](https://www.countyhealthrankings.org)

U.S. Census Bureau. "ACS DEMOGRAPHIC AND HOUSING ESTIMATES." *American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP05*, 2019, [https://data.census.gov/table/ACSDP5Y2019.DP05?t=Populations and People&g=040XX00US37\\_050XX00US37001,37033,37145,37157](https://data.census.gov/table/ACSDP5Y2019.DP05?t=Populations and People&g=040XX00US37_050XX00US37001,37033,37145,37157). Accessed on July 17, 2024.

U.S. Census Bureau. "ACS Demographic and Housing Estimates." *American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP05*, 2022, <https://data.census.gov/table/ACSDP5Y2022.DP05?t=Populations and>

U.S. Census Bureau. "Poverty Status in the Past 12 Months." *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1701*, 2022, [https://data.census.gov/table/ACSST5Y2022.S1701?q=S1701&g=040XX00US37\\_050XX00US37001,37033,37041,37079,37145,37157](https://data.census.gov/table/ACSST5Y2022.S1701?q=S1701&g=040XX00US37_050XX00US37001,37033,37041,37079,37145,37157). Accessed on July 17, 2024.

U.S. Census Bureau. "Selected Economic Characteristics." *American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP03*, 2022, [https://data.census.gov/table/ACSDP5Y2022.DP03?t=Income and Poverty&g=040XX00US37\\_050XX00US37001,37033,37041,37079,37145,37157&d=ACS 5-Year Estimates Data Profiles](https://data.census.gov/table/ACSDP5Y2022.DP03?t=Income and Poverty&g=040XX00US37_050XX00US37001,37033,37041,37079,37145,37157&d=ACS 5-Year Estimates Data Profiles). Accessed on July 17, 2024.

U.S. Census Bureau. "Selected Housing Characteristics." *American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP04*, 2022, [https://data.census.gov/table/ACSDP5Y2022.DP04?t=Transportation&g=040XX00US37\\_050XX00US37001,37033,37041,37079,37145,37157&d=ACS 5-Year Estimates Data Profiles](https://data.census.gov/table/ACSDP5Y2022.DP04?t=Transportation&g=040XX00US37_050XX00US37001,37033,37041,37079,37145,37157&d=ACS 5-Year Estimates Data Profiles). Accessed on July 17, 2024.

U.S. Census Bureau. "Selected Social Characteristics in the United States." *American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP02*, 2022, [https://data.census.gov/table/ACSDP5Y2022.DP02?t=Education:Educational Attainment&g=040XX00US37\\_050XX00US37001,37033,37041,37079,37145,37157&d=ACS 5-Year Estimates Data Profiles](https://data.census.gov/table/ACSDP5Y2022.DP02?t=Education:Educational Attainment&g=040XX00US37_050XX00US37001,37033,37041,37079,37145,37157&d=ACS 5-Year Estimates Data Profiles). Accessed on July 17, 2024.

U.S. Census Bureau. "Selected Economic Characteristics." *American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP03*, 2022, [https://data.census.gov/table/ACSDP5Y2022.DP03?t=Health Insurance&g=040XX00US37\\_050XX00US37001,37033,37041,37079,37145,37157&d=ACS 5-Year Estimates Data Profiles](https://data.census.gov/table/ACSDP5Y2022.DP03?t=Health Insurance&g=040XX00US37_050XX00US37001,37033,37041,37079,37145,37157&d=ACS 5-Year Estimates Data Profiles). Accessed on July 17, 2024.

## Chapter 4

“About Chlamydia.” *Centers for Disease Control and Prevention*, 20 Feb. 2024, [www.cdc.gov/chlamydia/about/index.html](http://www.cdc.gov/chlamydia/about/index.html). Accessed 05 Aug. 2024.

“About Gonorrhea.” *Centers for Disease Control and Prevention*, 15 Feb. 2024, [www.cdc.gov/gonorrhea/about/index.html](http://www.cdc.gov/gonorrhea/about/index.html). Accessed 05 Aug. 2024.

“About Sexually Transmitted Infections (Stis).” *Centers for Disease Control and Prevention*, 25 Mar. 2024, [www.cdc.gov/sti/about/index.html](http://www.cdc.gov/sti/about/index.html). Accessed 06 Aug. 2024.

“Adults Diagnosed with COPD by County.” *Centers for Disease Control and Prevention*, 2021, [www.cdc.gov/copd/php/case-reporting/county-level-estimates-in-copd.html](http://www.cdc.gov/copd/php/case-reporting/county-level-estimates-in-copd.html). Accessed 23 July 2024.

“Behavioral Risk Factor Surveillance System.” *North Carolina Data Portal*, 2021, [ncdataportal.org/community-health-needs-assessment/?REPORT=%7B%22name%22%3A%22North+Carolina+Data+Portal+Report%22%2C%22style%22%3A%22nc%22%2C%22contentId%22%3A%22%23cdt-report-content%22%2C%22output%22%3A%7B%22countylist%22%3Atrue%2C%22statelist%22%3Atrue%2C%22ziplist%22%3Afalse%2C%22tractlist%22%3Afalse%2C%22map%22%3Atrue%2C%22breakout%22%3Atrue%7D%2C%22indicatorUid%22%3A%5B%22284%22%2C%22274%22%2C%22325%22%2C%22322%22%5D%2C%22indicator%22%3A%5B92%2C100%2C116%2C117%5D%2C%22location%22%3A%7B%22key%22%3A%22county%22%2C%22type%22%3A%22county%22%2C%22show\\_county%22%3Atrue%2C%22show\\_state%22%3Atrue%2C%22show\\_zip%22%3Afalse%2C%22show\\_tract%22%3Afalse%2C%22id%22%3A%5B%2237001%22%2C%2237033%22%2C%2237041%22%2C%2237079%22%2C%2237145%22%2C%2237157%22%5D%2C%22name%22%3A%5B%22Alamance+County%2C+NC%22%2C%22Caswell+County%2C+NC%22%2C%22Chowan+County%2C+NC%22%2C%22Greene+County%2C+NC%22%2C%22Person+County%2C+NC%22%2C%22Rockingham+County%2C+NC%22%5D%7D%7D](http://ncdataportal.org/community-health-needs-assessment/?REPORT=%7B%22name%22%3A%22North+Carolina+Data+Portal+Report%22%2C%22style%22%3A%22nc%22%2C%22contentId%22%3A%22%23cdt-report-content%22%2C%22output%22%3A%7B%22countylist%22%3Atrue%2C%22statelist%22%3Atrue%2C%22ziplist%22%3Afalse%2C%22tractlist%22%3Afalse%2C%22map%22%3Atrue%2C%22breakout%22%3Atrue%7D%2C%22indicatorUid%22%3A%5B%22284%22%2C%22274%22%2C%22325%22%2C%22322%22%5D%2C%22indicator%22%3A%5B92%2C100%2C116%2C117%5D%2C%22location%22%3A%7B%22key%22%3A%22county%22%2C%22type%22%3A%22county%22%2C%22show_county%22%3Atrue%2C%22show_state%22%3Atrue%2C%22show_zip%22%3Afalse%2C%22show_tract%22%3Afalse%2C%22id%22%3A%5B%2237001%22%2C%2237033%22%2C%2237041%22%2C%2237079%22%2C%2237145%22%2C%2237157%22%5D%2C%22name%22%3A%5B%22Alamance+County%2C+NC%22%2C%22Caswell+County%2C+NC%22%2C%22Chowan+County%2C+NC%22%2C%22Greene+County%2C+NC%22%2C%22Person+County%2C+NC%22%2C%22Rockingham+County%2C+NC%22%5D%7D%7D). Accessed 22 July 2024.

Branch, Communicable Disease. “Facts & Figures.” *NC DPH: Communicable Disease Facts & Figures*, 2022, [epi.dph.ncdhhs.gov/cd/figures.html](http://epi.dph.ncdhhs.gov/cd/figures.html). Accessed 22 July 2024.

Branch, Communicable Disease. “Facts & Figures.” *NC DPH: Communicable Disease Facts & Figures*, 2023, [epi.dph.ncdhhs.gov/cd/figures.html](http://epi.dph.ncdhhs.gov/cd/figures.html). Accessed 06 Aug. 2024.

Bureau, US Census. “County Business Patterns by Industry: 2021.” *United States Census Bureau*, 7 Sept. 2023, [www.census.gov/library/visualizations/interactive/county-business-patterns-by-industry-2021.html](http://www.census.gov/library/visualizations/interactive/county-business-patterns-by-industry-2021.html). Accessed 22 July 2024.

“Caswell, North Carolina.” *County Health Rankings & Roadmaps*, 2024, [www.countyhealthrankings.org/health-data/north-carolina/caswell?year=2024](http://www.countyhealthrankings.org/health-data/north-carolina/caswell?year=2024). Accessed 22 July 2024.

“Caswell County Kindergarten Oral Health Status Data.” *Division of Public Health*, 17 July 2023, [www.dph.ncdhhs.gov/programs/oral-health/stats-and-data#2022-2023-860](http://www.dph.ncdhhs.gov/programs/oral-health/stats-and-data#2022-2023-860). Accessed 06 Aug. 2024.

“Chronic Respiratory Diseases.” *World Health Organization*, 2024, [www.who.int/health-topics/chronic-respiratory-diseases#tab=tab\\_1](http://www.who.int/health-topics/chronic-respiratory-diseases#tab=tab_1). Accessed 23 July 2024.

“Diabetes.” *World Health Organization*, 5 Apr. 2023, [www.who.int/news-room/fact-sheets/detail/diabetes#:~:text=Diabetes%20is%20a%20major%20cause,an%20estimated%20%20million%20deaths](http://www.who.int/news-room/fact-sheets/detail/diabetes#:~:text=Diabetes%20is%20a%20major%20cause,an%20estimated%20%20million%20deaths). Accessed 12 Aug. 2024.

Director, SCHS. “Detailed Mortality Statistics.” *NC SCHS: Statistics and Reports: Vital Statistics: Detailed Mortality Statistics 2022*, 2022, [schs.dph.ncdhhs.gov/data/vital/dms/2022/](http://schs.dph.ncdhhs.gov/data/vital/dms/2022/). Accessed 19 July 2024.

“Epidemiology Glossary.” *Centers for Disease Control and Prevention*, 15 May 2024, [www.cdc.gov/reproductive-health/glossary/index.html#:~:text=MORBIDITY,a%20specified%20interval%20of%20time](http://www.cdc.gov/reproductive-health/glossary/index.html#:~:text=MORBIDITY,a%20specified%20interval%20of%20time). Accessed 23 July 2024.

“Flu and Healthcare Professionals.” *NFID*, 4 Jan. 2024, [www.nfid.org/infectious-diseases/flu-and-healthcare-professionals/](http://www.nfid.org/infectious-diseases/flu-and-healthcare-professionals/). Accessed 12 Aug. 2024.

“Heart and Blood Vessel Disease.” *Community and Clinical Connections*, May 2022, [www.communityclinicalconnections.com/wp-content/themes/cccpb/assets/downloads/0522/CCCPHB\\_FactSheet\\_HeartDisease0522.pdf](http://www.communityclinicalconnections.com/wp-content/themes/cccpb/assets/downloads/0522/CCCPHB_FactSheet_HeartDisease0522.pdf). Accessed 22 July 2024.

“Key Facts about Influenza (Flu).” *Centers for Disease Control and Prevention*, 22 Mar. 2024, [www.cdc.gov/flu/about/keyfacts.htm](http://www.cdc.gov/flu/about/keyfacts.htm). Accessed 06 Aug. 2024.

“National, Regional, and State Level Outpatient Illness and Viral Surveillance.” *Centers for Disease Control and Prevention*, [gis.cdc.gov/grasp/fluview/fluportaldashboard.html](http://gis.cdc.gov/grasp/fluview/fluportaldashboard.html). Accessed 06 Aug. 2024.

“Oral Health.” *World Health Organization*, 14 Mar. 2023, [www.who.int/news-room/fact-sheets/detail/oral-health](http://www.who.int/news-room/fact-sheets/detail/oral-health). Accessed 06 Aug. 2024.

Phelps, Melanie, et al. “The Persistent Three: Combating Heart Disease, Cancer, and Stroke in North Carolina: Published in North Carolina Medical Journal.” *North Carolina Medical Journal*,

NCIOM, The Duke Endowment, 9 Jan. 2024, [ncmedicaljournal.com/article/91416-the-persistent-three-combating-heart-disease-cancer-and-stroke-in-north-carolina](https://ncmedicaljournal.com/article/91416-the-persistent-three-combating-heart-disease-cancer-and-stroke-in-north-carolina). Accessed 12 Aug. 2024.

“Preterm Babies.” *March of Dimes*, Feb. 2024, [www.marchofdimes.org/find-support/topics/birth/preterm-babies](https://www.marchofdimes.org/find-support/topics/birth/preterm-babies). Accessed 22 July 2024.

“Projected New Cancer Cases and Deaths by County.” *NCDHHS, Division of Public Health, NC State Center for Health Statistics*, 2024, [schs.dph.ncdhhs.gov/data/databook/](https://schs.dph.ncdhhs.gov/data/databook/). Accessed 22 July 2024.

“Reproductive Health.” *National Institute of Environmental Health Sciences*, U.S. Department of Health and Human Services, 12 June 2024, [www.niehs.nih.gov/health/topics/conditions/repro-health](https://www.niehs.nih.gov/health/topics/conditions/repro-health). Accessed 05 Aug. 2024.

“Respiratory Disease Surveillance Summary 2022-2023.” *DHHS*, 7 Feb. 2024, [flu.ncdhhs.gov/data.htm](https://flu.ncdhhs.gov/data.htm). Accessed 06 Aug. 2024.

“Risk Factors for Obesity.” *Centers for Disease Control and Prevention*, 18 Mar. 2024, [www.cdc.gov/obesity/php/about/risk-factors.html](https://www.cdc.gov/obesity/php/about/risk-factors.html). Accessed 12 Aug. 2024.

Robert H. Shmerling, MD. “Why Life Expectancy in the US Is Falling.” *Harvard Health*, 20 Oct. 2022, [www.health.harvard.edu/blog/why-life-expectancy-in-the-us-is-falling-202210202835](https://www.health.harvard.edu/blog/why-life-expectancy-in-the-us-is-falling-202210202835). Accessed 12 Aug. 2024.

“SCHS: County Health Data Book.” *NCDHHS, Division of Public Health, NC State Center for Health Statistics*, 2024, [schs.dph.ncdhhs.gov/data/databook/](https://schs.dph.ncdhhs.gov/data/databook/). Accessed 22 July 2024.

“Testing for Lead Poisoning in Children.” *Centers for Disease Control and Prevention*, 16 Apr. 2024, [www.cdc.gov/lead-prevention/testing/index.html](https://www.cdc.gov/lead-prevention/testing/index.html). Accessed 13 Aug. 2024.

“Vaccine-Preventable Diseases.” *Centers for Disease Control and Prevention*, 30 July 2024, [www.cdc.gov/global-immunization/diseases/index.html](https://www.cdc.gov/global-immunization/diseases/index.html). Accessed 06 Aug. 2024.

“What Is Case Surveillance?” *Centers for Disease Control and Prevention*, 22 May 2024, [www.cdc.gov/nndss/about/index.html](https://www.cdc.gov/nndss/about/index.html). Accessed 06 Aug. 2024.

“You Can Manage and Thrive with Diabetes.” *Health & Wellness | ADA*, [diabetes.org/health-wellness](https://diabetes.org/health-wellness). Accessed 12 Aug. 2024.

## Chapter 5

*Education Collab - Danville Regional Foundation*, [www.drfonline.org/educationcollab](http://www.drfonline.org/educationcollab). Accessed 25 July 2024.

“TableS9 Short Term Suspension Stats for Schools 2023.” *NC DPI*, 2023, [www.dpi.nc.gov/data-reports/dropout-and-discipline-data/discipline-alp-and-dropout-annual-reports#2022-23-5545](http://www.dpi.nc.gov/data-reports/dropout-and-discipline-data/discipline-alp-and-dropout-annual-reports#2022-23-5545). Accessed 24 July 2024.

“TableS11 Short Term Suspension Stats for Schools 2023.” *NC DPI*, 2023, [www.dpi.nc.gov/data-reports/dropout-and-discipline-data/discipline-alp-and-dropout-annual-reports#2022-23-5545](http://www.dpi.nc.gov/data-reports/dropout-and-discipline-data/discipline-alp-and-dropout-annual-reports#2022-23-5545). Accessed 24 July 2024.



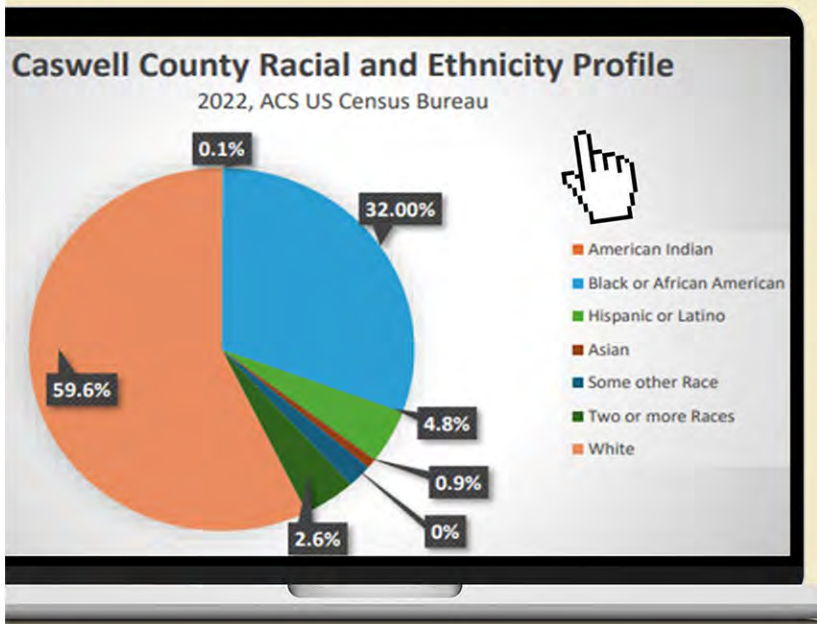
# Caswell County

## 2023 Community Health Assessment

**PRIORITY #1**  
**Structured Activities for Youth**

**PRIORITY #2**  
**Improved Race Relations**

### Key Points:



Population Change 19-22: 0.27%

Median Age: 47 years old

Vulnerable Population: 26.3%

Hispanic Population 3.8% to 4.8%

\$27,503 Per Capita --> NC \$37,641

\$56,999 Median Income Earning --> NC \$67,481

86.90% High School Graduation rate in 20-21

Top Hospitalization/ED visits for children 0-17 : Poisoning and Unintentional Falls

Top 3 Leading Causes of Death: Diseases of the Heart, Cancer, Chronic Lower Respiratory Diseases

Peer Counties: Greene and Chowan

Neighboring Counties: Alamance, Person and Rockingham



Emerging Issues Since Last CHA

No new or emerging issues to note.

New/Paused/Discontinued Initiatives Since Last CHA

- Alternative-to-Suspension Vaping Education Program
  - N.L. Dillard Middle School and Bartlett Yancey High School have implemented the My Healthy Future program through Stanford REACH lab/Tobacco Prevention Toolkit. Students who are caught vaping are offered this online program in ISS instead of immediate OSS to reduce the amount of time missed in school.
  - Follow up education sessions are offered in partnership with the Health Department and Alcohol and Drug Services.

# Caswell County

## 2024 State of the County Health Report

### Structured Activities for Youth

Result: Caswell County youth are healthy and ready to succeed into adulthood.

Indicator: Short Term Suspension Rates per 1,000  
Current: 162.34  
Previous: 164.57



#### Progress Made

- Creation of Youth Council Developmental Committee
- QPR Training offered to school staff
- Education Collaborative:
  - 4 work groups established

- Advertised at the Hoedown
- Education Summit: Learning and sharing
- 1. Sense of Belonging:
  - a. QPR Training
  - b. Youth Council Development Committee
- 2. Academic Readiness:
  - a. Planning for Talent Showcase June 2025
- 3. Non-School Hours:
  - a. Planning "How to Festival" for after school
- 4. Technology
  - a. Established workgroup

### Improved Race Relations

Result: The residents of Caswell County live in a thriving, healthy and equitable community.

Indicator: Incarceration Rates per 100,000  
Current: 192  
Previous: 160



#### Progress Made

- National Day of Racial Healing meeting
- Community Dialogue to explore how to strengthen relationships, build trust and heal wounds
- Film Showing: The Movement

- Wildacres Leadership Initiative hosted a 4 month Community Dialogue on transforming communities by building relationships
- Reconnecting Caswell Event
- Racial Equity Institute Phase 1 Training held





# AGENDA ITEM 8

## COVER SHEET

Caswell County Board of Commissioners

**meeting date:** August 18, 2025

**topic:** 2026 Caswell Comprehensive Plan—PTRC proposal and contract

**attachment(s):**

- proposal from PTRC
- draft contract with PTRC

**fiscal impact:** \$48,000 was budgeted for FY25–26 for a land use plan and this proposal specifies a \$48,000 not-to-exceed amount.

**staff comments or recommendation:** This item was on the 8/4 agenda for discussion. This proposal from the Piedmont Triad Regional Council (PTRC) Planning Department details assistance to Caswell in updating its 2014 Comprehensive Plan (CP) and revising it to integrate a new Land Use Plan (LUP) section. The update will serve to improve the current Plan's sections 1–5 with revised appendixes and assess existing land development conditions and make recommendations on policy over the next 10 years. The LUP component will be incorporated into a final document called the 2026 Caswell Comprehensive Plan (CCP).

The proposal outlines the proposed work, public engagement, and deliverables of this extensive project. A "Comp Plan" and LUP are core to professional planning, and having an updated and more robust plan is an integral component of successful economic development.

Per the County's contracting policy and the dollar amount, Attorney Johnston has created a contract. A Comp Plan Steering Committee will be key and a slate of members is being assembled for Board consideration at an upcoming Board meeting.

**suggested action or motion:** If the Board is agreeable, a suitable motion would be: *"I move to proceed with the budgeted "2026 Caswell Comprehensive Plan" project using PTRC for the services outlined per the attached proposal and contract at a cost not to exceed \$48,000."*

**notes:**





# PIEDMONT TRIAD REGIONAL COUNCIL

1398 CARROLLTON CROSSING DRIVE  
KERNERSVILLE, NC 27284  
(336) 904-0300

MATTHEW L. DOLGE • EXECUTIVE DIRECTOR

July 16, 2025

Mr. Jason Watlington, Planning Director  
Caswell County  
Yanceyville, NC

Dear Jason:

Thank you for the opportunity to submit this proposal from the Piedmont Triad Regional Council (PTRC) planning department to assist Caswell County in updating its 2014 Comprehensive Plan (CP) and revising it to integrate a new Land Use Plan (LUP) section. The update will serve to improve the current Plan's sections 1–5 with revised appendixes and assess existing land development conditions and make recommendations on policy over the next 10 years. The LUP component will be incorporated into a final document—the 2026 Caswell Comprehensive Plan (CCP).

**STAFF** - The PTRC staff assigned to the project will be determined and assigned prior to beginning work.

**SERVICES** - The proposed work products for this CCP update are as follows:

1. Review and update existing conditions to reflect growth since the last CP, including text and map edits to voluntary agriculture districts, economic development, cultural features, any development limitations, land use, and transportation projects.
2. Facilitate public meetings and public input relating to land development plan recommendations and updates.
3. Recommend policies and ordinances in response to recent trends in development, including watershed protection ordinances, subdivision ordinances, housing and commercial development strategies.

The PTRC services would include: a) facilitation of three (3) public meetings and an additional 2 community events or focus groups b) up to six (6) steering committee meetings, c) production of zoning, land use, recreation, natural resource and transportation existing conditions maps, d) future land use maps, e) written updates to demographics and existing conditions and f) updated policy recommendations.

The following components will serve to update the LUP CP in a comprehensive fashion, providing excellent public involvement opportunities, while balancing the development of a framework of facts to accompany public input on values and future desires.

### 1. Collect & Analyze Data

Update demographics and existing condition maps; a) location, b) zoning, c) land use (including voluntary ag. districts overlay), d) transportation and recreation, e) development suitability, (including watershed, steep slopes and soils) f) historic and cultural features. The demographics and existing condition maps will reflect growth and development since the original plan was completed and include other adopted plans.

### 2. Public Involvement & Build Consensus

Public involvement is a critical piece of the plan update and will help to identify community values, while sharing important demographic and existing conditions changes since the last CP. The public will be involved through the following ways:

#### **Steering Committee Meetings**

- Facilitate up to six (6) steering committee meetings to provide input and feedback on existing conditions, public meeting input and proposed recommendations.

#### **Public Meetings**

- Facilitate three (3) public meetings to gather and solicit feedback on updated existing conditions maps and to gather input into recommendations on future land use, utility services, ordinance revisions and policies. Based on feedback and input from the first two public meetings and synthesizing facts, the third public meeting will present findings and recommendations.

Additional outreach may include gathering public input on land use and development priorities at two (2) community events and gatherings or two (2) targeted focus groups to compile community interest and feedback.

### 3. Comprehensive Plan Update Report & Maps

The planning process and final plan will incorporate facts and public input and frame the development of final policy recommendations and the production of map products to reflect these policy recommendations. Additional maps produced will include an updated future land use map including future growth corridors, rural growth and conservation areas, activity centers and historic areas.

### 4. Board of Commissioners Review & Adoption

The finished plan will consist of replacements maps, updates to existing conditions and recommendations on policy and future growth areas as described above. The final draft plan update will be presented to the Caswell County Board of Commissioners for approval.

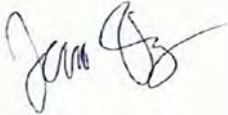
**BUDGET** – The proposed budget is not to exceed \$48,000 to create the plan as described above.

**INDEMNIFICATION** – PTRC agrees to indemnify and save harmless Caswell County against all claims made for damages that may arise as a result of its work pursuant to this agreement and understands nothing within this agreement creates or establishes

an employer and employee relationship between the parties. Both parties may end this contractual arrangement by providing the other party 30 days written notice.

If the County concurs with the project as described herein and below, please sign this contract letter and return a copy to me for our records. We are prepared to begin work on this project in the Fall of 2025 and look forward to working with you and your staff, in serving the citizens of Caswell County.

Sincerely,



Jesse Day, AICP  
PTRC Planning Director

\_\_\_\_\_  
Mr. Scott Whitaker, County Manager

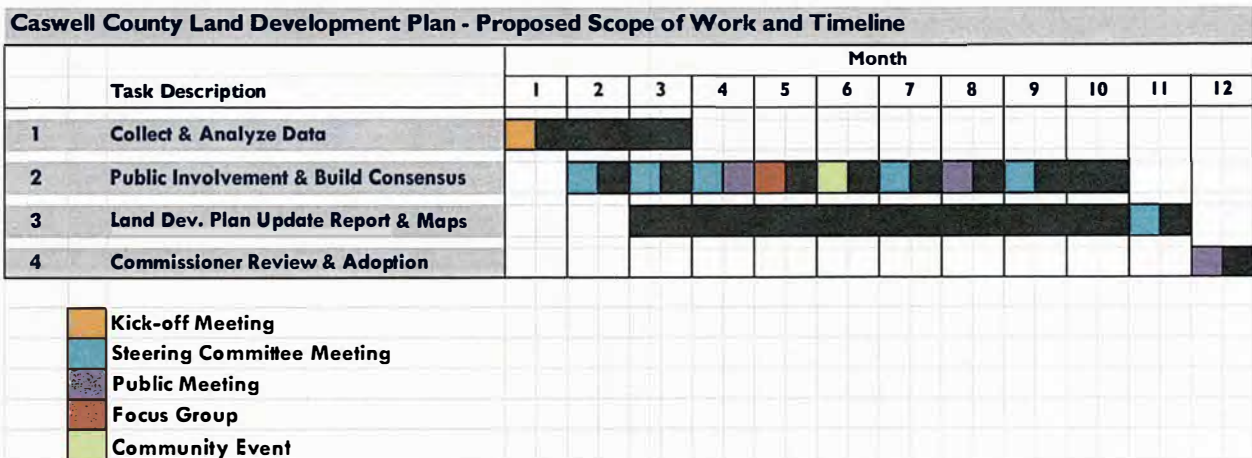
\_\_\_\_\_  
Date

"This instrument has been pre-audited in the manner required by the local government budget and fiscal control act."

\_\_\_\_\_  
Ms. Melissa Miller, Interim Finance Officer

\_\_\_\_\_  
Date

### Proposed Timeline–2026 Caswell Comprehensive Plan





## **SERVICE AGREEMENT**

### **PARTIES**

This Service Contract Agreement (hereinafter referred to as the “**Agreement**”) is entered into on \_\_\_\_\_ (the “**Effective Date**”), by and between **Piedmont Triad Regional Council**, with an address of 1398 Carrollton Crossing Dr., Kernersville, NC 27284, (hereinafter referred to as the “**Service Provider**”) and **Caswell County**, with an address of 144 Court Square, Yanceyville, NC 27379, (hereinafter referred to as the “**Client**”) (collectively referred to as the “**Parties**”).

### **LIST OF SERVICES PROVIDED AND THEIR PRICES**

During the period of this Agreement, the Service Provider shall have the responsibility to perform and provide the following services (hereinafter referred to as “**Services**”):

The Proposed work products for this Caswell Comprehensive Plan update are as follows:

1. Review and update existing conditions to reflect growth since the last Comprehensive Plan, including text and map edits to voluntary agriculture districts, economic development, cultural features, any development limitations, land use, and transportation projects.
2. Facilitate public meetings and public input relating to land development plan recommendations and updates.
3. Recommend policies and ordinances in response to recent trends in development, including watershed protection ordinances, subdivision ordinances, housing and commercial development strategies.

The PTRC services include: a) facilitation of three (3) public meetings and an additional 2 community events or focus groups b) up to six (6) steering committee meetings, c) production of zoning, land use, recreation, natural resource and transportation existing conditions maps, d) future land use maps, e) written updates to demographics and existing conditions and f) updated policy recommendations.

The following components will serve to update the Comprehensive Plan (CP) in a comprehensive fashion, providing excellent public involvement opportunities, while balancing the development of a framework of facts to accompany public input on values and future desires.

1. Collect & Analyze Data- Update demographics and existing condition maps: a) location b) zoning, c) land use (including voluntary ag. Districts overlay), d) transportation and recreation, e) development suitability, (including watershed, steep slopes and soils) f) historic and cultural features. The demographics and existing condition maps will reflect growth and development since the original plan was completed and include other adopted plans
2. Public Involvement & Build Consensus
  - a. Steering Committee Meetings
    - i. Facilitate up to six (6) steering committee meetings to provide input and feedback on existing conditions, public meeting input and proposed recommendations
  - b. Public Meetings
    - i. Facilitate three (3) public meetings to gather and solicit feedback on updated existing conditions maps and to gather input into recommendations on future land

use, utility services, ordinance revisions and policies. Based on feedback and input from the first two public meetings and synthesizing facts, the third public meeting will present findings and recommendations.

**Price: Not to exceed \$48,000.00**

The Services are to be paid for as follows:

Amount at signing of this Agreement: none-no deposit required

### **INVOICES**

The Parties agree that the invoiced amounts must be paid within 30 days after the Client receives the invoice.

### **TERM OF AGREEMENT**

This Agreement shall be effective on the date of signing this Agreement (hereinafter referred to as the “Effective Date”) and will end on (once the project is complete, but no later than August 31, 2026).

At the end of the term of the Agreement, it will not be automatically renewed for a new term.

### **TERMINATION**

This Agreement may be terminated in the event that any of the following occurs:

1. Immediately in the event that one of the Parties breaches this Agreement.
2. At any given time by providing written notice to the other party 30 days prior to terminating the Agreement.

Upon terminating this Agreement, the Service Provider will be required to return all the Client’s property or any other content (if any) at their earliest convenience, but not beyond 30 days.

This Agreement will automatically end upon the completion of the provision of the Services and payment.

### **RELATIONSHIP OF THE PARTIES**

The Parties agree that this is a non-exclusive agreement and that the Service Provider is regarded as an independent contractor.

### **AMENDMENTS**

The Parties agree that any amendments made to this Agreement must be in writing and they must be signed by both Parties to this Agreement. Accordingly, any amendments made by the Parties will be applied to this Agreement.

### **ASSIGNMENT**



The Parties are not entitled to assign the responsibilities that they have under this Agreement to anyone else, unless both Parties agree to the assignment and provide such agreement in Writing.

#### **WAIVER, ASSUMPTION OF RISK and RELEASE OF LIABILITY**

Service provider and assigns or personal representatives hereby voluntarily release, discharge, and agree to indemnify and hold harmless, Caswell County, their agents, assistants, officers, employees, volunteers, cosponsors and all other persons or entities acting in any capacity on their behalf from any and all claims, losses, injuries, and damages of any nature, including but not limited to, property damage and personal injury or death, attorneys' fees and costs, which may arise from, relate to, or result from the services provided under this Agreement.

Service Provider acknowledges and assumes full responsibility for the known, unknown and unanticipated risks including, but not limited to those which could result in any physical or emotional injury, paralysis, death, loss or damage to personal property, to employees or to third parties and any expenses arising out of the Services under this Agreement. Service Provider certifies that it has adequate insurance to cover any claim, injury or damage that may be incurred while performing services pursuant to this agreement, including but not limited to adequate workers compensation insurance and general liability insurance coverage or else agrees to bear the cost of such injury or damage. Damage and/or destruction of property may result in repair and/or replacement fees billed directly to the Service Provider (i.e. the responsible party).

Service Provider represents that their employees and personal representatives have no medical, physical, or mental condition, which could interfere with their personal safety or the safety of others in the services performed pursuant to this Service Agreement. The employees and personal representatives of the Service Provider agree to follow all rules, instructions, and safety guidelines provided by Caswell County and the above named parties. Service Provider agrees that the Caswell County Manager may suspend these services at any time for any reason that the Caswell County Manager deems is in the best interest of Caswell County and the general public safety.

#### **MINIMUM INSURANCE REQUIREMENTS**

The work under this contract shall not commence until the contractor has obtained all required insurance and verifying certificates of insurance have been approved in writing by the owner. These certificates

shall document that coverages afforded under the policies will not be cancelled, reduced in amount or coverages eliminated until at least thirty (30) days after mailing written notice, by certified mail, return receipt requested, to the insured and the owner of such alteration or cancellation. If endorsements are needed to comply with the notification or other requirements of this article copies of the endorsements shall be submitted with the certificates.

**a. Worker's Compensation and Employer's Liability**

The contractor shall provide and maintain, until final acceptance, workmen's compensation insurance, as required by law, as well as employer's liability coverage with minimum limits of \$250,000.

**b. Public Liability and Property Damage**

The contractor shall provide and maintain, until final acceptance, comprehensive general liability insurance, including coverage for premises operations, independent contractors, completed operations, products and contractual exposures, as shall protect such contractors from claims arising out of any bodily injury, including accidental death, as well as from claims for property damages which may arise from operations under this contract, whether such operations be by the contractor or by any subcontractor, or by anyone directly or indirectly employed by either of them and the minimum limits of such insurance shall be as follows:

|                  |  |
|------------------|--|
| Bodily Injury:   | \$1,000,000 per occurrence                     |
| Property Damage: | \$250,000 per occurrence / \$500,000 aggregate |

In lieu of limits listed above, a \$1,500,000 combined single limit shall satisfy both conditions.

Such coverage for completed operations must be maintained for at least two (2) years following final acceptance of the work performed under the contract.

**c. Property Insurance (Builder's Risk/Installation Floater)**

The contractor shall purchase and maintain property insurance until final acceptance, upon the entire work at the site to the full insurable value thereof. This insurance shall include the interests of the owner, the contractor, the subcontractors and sub-subcontractors in the work and shall insure against the perils of fire, wind, rain, flood, extended coverage, and vandalism and malicious mischief. If the owner is damaged by failure of the contractor to purchase or maintain such insurance, then the contractor shall bear all reasonable costs properly attributable thereto; the contractor shall effect and maintain similar property insurance on portions of the work stored off the site when request for payment per articles so includes such portions.

**d. Deductible**

Any deductible, if applicable to loss covered by insurance provided, is to be borne by the contractor.

**e. Other Insurance**

The contractor shall obtain such additional insurance as may be required by the owner or by the General Statutes of North Carolina including motor vehicle insurance, in amounts not less than the statutory limits.

f. **Proof of Carriage**

The contractor shall furnish the owner with satisfactory proof of carriage of the insurance required before written approval is granted by the owner.

### **SEVERABILITY**

In the event that any provision of this Agreement is found to be void and unenforceable by a court of competent jurisdiction, then the remaining provisions will remain in force in accordance with the Parties' intention.

### **EQUAL OPPORTUNITY CLAUSE**

The non-discrimination clause contained in Section 202 (Federal) Executive Order 11246, as amended by Executive Order 11375, relative to equal employment opportunity for all persons without regard to race, color, religion, sex or national origin, and the implementing rules and regulations prescribed by the secretary of Labor, are incorporated herein.

The contractor(s) agree not to discriminate against any employee or applicant for employment because of physical or mental disabilities in regard to any position for which the employee or applicant is qualified. The contractor agrees to take affirmative action to employ, advance in employment and otherwise treat qualified individuals with such disabilities without discrimination based upon their physical or mental disability in all employment practices.

### **ACCESS TO PERSONS AND RECORDS**

The County Auditor shall have access to persons and records as a result of all contracts or grants entered into by the Owner in accordance with General Statute 147-64.7. The Owner's internal auditors shall also have the right to access and copy the Contractor's records relating to the Contract and Project during the term of the Contract and within two years following the completion of the Project/close-out of the Contract to verify accounts, accuracy, information, calculations and/or data affecting and/or relating to Contractor's requests for payment, requests for change orders, change orders, claims for extra work, requests for time extensions and related claims for delay/extended general conditions costs, claims for lost productivity, claims for lost efficiency, claims for idle equipment or labor, claims for price/cost escalation, pass-through claims of subcontractors and/or suppliers, and/or any other type of claim for payment or damages from Owner and/or its project representatives.

### **CONTRACTOR EVALUATION**

The contractor's overall work performance on the project shall be fairly evaluated in accordance with the County policy and procedures, for determining qualifications to bid on future County projects. In

addition to final evaluation, an interim evaluation may be prepared during the progress of project. The owner may request the contractor's comments to evaluate the designer.

### **E-VERIFY**

The North Carolina General Assembly passed legislation (HB786) on September 4, 2013 requiring North Carolina local governments to impose E-Verify requirements on contractors in formal bidding ranges for procurement and construction. The E-verify Affidavit is located on the Caswell County website in the Finance Department/Forms area. The form must be part of the bid document package.

### **Iran Divestment Act**

In the 2015 legislative session, the North Carolina General Assembly enacted the Iran Divestment Act (S.L. 2015-118; SB455)2 ("the Act") which prohibits state agencies and local governments from entering into contracts with an entity that has been identified by the North Carolina State Treasurer as being engaged in certain investment activities in the Iranian energy sector. The State Treasurer's Office is required to publish a list of entities it has identified as engaging in these activities and must update the list every 180 days. An entity identified on the Treasurer's list (called the "Final Divestment List") is prohibited from contracting with a state agency or any local governments.

Local governments must require contractors to certify they are not on the list and that they will not use subcontractors who are on the list. Departments must check with the finance officer or the county attorney to verify the selected vendor or contractor is not on the list.

Any existing contract with a person added to the Iran List while the contract is still in effect will be allowed to expire in accordance with the contract's terms.

### **GOVERNING LAW**

In the event there is a disagreement between the Service Provider and the County regarding the interpretation or enforcement of this Agreement, any legal action concerning the same shall be filed in Caswell County Superior Court. This provision is a mandatory venue selection clause. To the extent that the interpretation of the terms of the Agreement is not governed by federal law, the Agreement shall be interpreted and enforced pursuant to the laws of the state of North Carolina.

### **ALTERNATIVE DISPUTE RESOLUTION**

Any dispute or difference whatsoever arising out of, or in connection with, this Agreement shall be submitted to arbitration/mediation/negotiation in accordance with, and subject to the laws of **North Carolina**.

**ENTIRE AGREEMENT**

This Agreement contains the entire agreement and understanding among the Parties to it with respect to its subject matter, and supersedes all prior agreements, understandings, inducements and conditions, express or implied, oral or written, of any nature whatsoever with respect to its subject matter. The express terms of the Agreement control and supersede any course of performance and/or usage of the trade inconsistent with any of its terms.

This agreement shall be incorporated with the Caswell County Comprehensive Plan Proposal hereby attached as Exhibit A.

**SIGNATURE AND DATE**

The Parties hereby agree to the terms and conditions set forth in this Agreement and such is demonstrated by their signatures below:

**SERVICE PROVIDER****CASWELL COUNTY**

Name: Jessie Day, AICP

Name: Scott Whitaker

PTRC Planning Director

Caswell County Manager

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

This instrument has been pre-audited in the manner required by the Local Government Budget and Fiscal Control Act.

\_\_\_\_\_  
Caswell County Finance Officer

\_\_\_\_\_  
Date

Approved for Legal Sufficiency upon formal Government Budget and Fiscal Control Act execution by all parties.

BY: \_\_\_\_\_  
County Attorney's Office

*( page intentionally blank so all topics start  
on a “front” page if the packet is printed )*



# AGENDA ITEM 9

## COVER SHEET

Caswell County Board of Commissioners

**meeting date:** August 18, 2025

**topic:** Flock Safety license-plate-reader cameras—Sheriff's Office contract

**attachment(s):**

- proposal

**fiscal impact:** No new money—funds would come from DEA forfeiture money in a separate account.

**staff comments or recommendation:** The contract was discussed at the 8/4 meeting, and the proposal involves six license-plate-reader (LPR) cameras that would be installed in strategic areas throughout the county to capture images of plates. Flock Safety is a single/preferred vendor for this line of equipment, and no other vendor provides the national database (Flock is the owner).

This project wasn't allocated in this year's budget but could be covered by either DEA forfeiture funds or a JAG grant. The contract would be \$21,900 in FY25–26 and \$18,000 in FY26–27 for a total of \$39,900, and this full amount is currently available within DEA forfeiture funds. Board approval is needed because of the over-\$25,000 amount. (If a contract beyond what the proposal specifies is desired, the Attorney can be instructed to draft it separately with the proposal as an attachment.)

**suggested action or motion:** If the Board is agreeable, a suitable motion would be: *"I move to proceed with the Flock Safety contract for the LPR equipment and services outlined in the proposal at a first-year cost of \$21,900 with the understanding that the second year cost will be \$18,000 for a total of \$39,900. These amounts will be paid for with existing DEA forfeiture funds or a JAG grant, if awarded."*

**notes:**

**Flock Safety + NC - Caswell County SO**

---

Flock Group Inc.  
1170 Howell Mill Rd, Suite 210  
Atlanta, GA 30318

---

MAIN CONTACT:  
Taylor Ellison  
[taylor.ellison@flocksafety.com](mailto:taylor.ellison@flocksafety.com)  
7049426362





## EXHIBIT A ORDER FORM

Customer: NC - Caswell County SO  
 Legal Entity Name: NC - Caswell County SO  
 Accounts Payable Email: cyeaman@caswellcountync.gov  
 Address: 144 Court Sq Yanceyville, North Carolina 27379

Initial Term: 24 Months  
 Renewal Term: 24 Months  
 Payment Terms: Net 30  
 Billing Frequency: Annual Plan - First Year Invoiced at Signing.  
 Retention Period: 30 Days

### Hardware and Software Products

Annual recurring amounts over subscription term

| Item                               | Cost     | Quantity | Total              |
|------------------------------------|----------|----------|--------------------|
| <b>Flock Safety Platform</b>       |          |          | <b>\$18,000.00</b> |
| <b>Flock Safety Platform</b>       |          |          |                    |
| Flock Safety Platform - Essentials | Included | 1        | Included           |
| <b>Flock Safety LPR Products</b>   |          |          |                    |
| Flock Safety LPR, fka Falcon       | Included | 6        | Included           |

### Professional Services and One Time Purchases

| Item  | Cost     | Quantity | Total      |
|---|----------|----------|------------|
| <b>One Time Fees</b>                                |          |          |            |
| <b>Flock Safety Professional Services</b>           |          |          |            |
| Professional Services - Standard Implementation Fee | \$650.00 | 6        | \$3,900.00 |

**Subtotal Year 1:** \$21,900.00  
**Annual Recurring Subtotal:** \$18,000.00  
**Estimated Tax:** \$2,693.25  
**Contract Total:** \$39,900.00

*Taxes shown above are provided as an estimate. Actual taxes are the responsibility of the Customer. This Agreement will automatically renew for successive renewal terms of the greater of one year or the length set forth on the Order Form (each, a "**Renewal Term**") unless either Party gives the other Party notice of non-renewal at least thirty (30) days prior to the end of the then-current term.*

*The Term for Flock Hardware shall commence upon first installation and validation, except that the Term for any Flock Hardware that requires self-installation shall commence upon execution of the Agreement. In the event a Customer purchases more than one type of Flock Hardware, the earliest Term start date shall control. In the event a Customer purchases software only, the Term shall commence upon execution of the Agreement.*

**Billing Schedule**

| Billing Schedule              | Amount (USD) |
|-------------------------------|--------------|
| Year 1                        |              |
| At Contract Signing           | \$21,900.00  |
| Annual Recurring after Year 1 | \$18,000.00  |
| Contract Total                | \$39,900.00  |

\*Tax not included

## Product and Services Description

127

| Flock Safety Platform Items                         | Product Description   |
|---|---|
| Flock Safety Platform - Essentials                  | An integrated public safety platform that detects, centralizes and decodes actionable evidence to increase safety, improve efficiency, and connect the community.   |
| Flock Safety LPR, fka Falcon                        | Law enforcement grade infrastructure-free (solar power + LTE) license plate recognition camera with Vehicle Fingerprint™ technology (proprietary machine learning software) and real-time alerts for unlimited users. |
| Professional Services - Standard Implementation Fee | One-time Professional Services engagement. Includes site and safety assessment, camera setup and testing, and shipping and handling in accordance with the Flock Safety Standard Implementation Service Brief.        |

## FlockOS Features & Description

| FlockOS Features                               | Description  |
|--|--|
| Community Network Access                       | The ability to request direct access to feeds from privately owned Flock Safety LPR cameras located in neighborhoods, schools, and businesses in your community, significantly increasing actionable evidence that clears cases.   |
| Unlimited Users                                | Unlimited users for FlockOS  |
| State Network (License Plate Lookup Only)      | Allows agencies to look up license plates on all cameras opted into the Flock Safety network within your state.  |
| Nationwide Network (License Plate Lookup Only) | With the vast Flock Safety sharing network, law enforcement agencies no longer have to rely on just their devices alone. Agencies can leverage a nationwide system boasting 10 billion additional plate reads per month to amplify the potential to collect vital evidence in otherwise dead-end investigations. |
| Law Enforcement Network Access                 | The ability to request direct access to evidence detection devices from Law Enforcement agencies outside of your jurisdiction.   |
| Time & Location Based Search                   | Search full, partial, and temporary plates by time at particular device locations  |
| License Plate Lookup                           | Look up specific license plate location history captured on Flock devices  |
| Vehicle Fingerprint Search                     | Search footage using Vehicle Fingerprint™ technology. Access vehicle type, make, color, license plate state, missing / covered plates, and other unique features like bumper stickers, decals, and roof racks.   |
| Insights & Analytics                           | Reporting tool to help administrators manage their LPR program with device performance data, user and network audits, plate read reports, hot list alert reports, event logs, and outcome reports.   |
| Real-Time NCIC Alerts on Flock ALPR Cameras    | Receive automated alerts when vehicles entered into established databases for missing and wanted persons are detected, including the FBI's National Crime Information Center (NCIC) and National Center for Missing & Exploited Children (NCMEC) databases.  |
| Unlimited Custom Hot Lists                     | Ability to add a suspect's license plate to a custom list and get alerted when it passes by a Flock camera   |

**By executing this Order Form, Customer represents and warrants that it has read and agrees to all of the terms and conditions contained in the Master Services Agreement attached.**

128

The Parties have executed this Agreement as of the dates set forth below.

**FLOCK GROUP, INC.**

**Customer: NC - Caswell County SO**

By: \_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

PO Number: \_\_\_\_\_



# AGENDA ITEM 10

## COVER SHEET

Caswell County Board of Commissioners

**meeting date:** August 18, 2025

**topic:** Hazard Mitigation Plan and resolution

**attachment(s):**

- Link to plan below
- Adoption resolution

**fiscal impact:** No funding required.

**staff comments or recommendation:** This item was discussed at the 8/4 meeting. The link to the Northern Piedmont Regional Hazard Mitigation Plan can be found here: [June 2025 Draft](#) (for those accessing this document electronically). The document is 1,570 pages and the pdf is easy to navigate with bookmarks and a clickable table of contents. There is information relevant to Caswell, most notably in "Section 7: Capability Assessment" and "Section 9: Mitigation Action Plan." These sections contain information relevant to each specific jurisdiction.

The plan has already been submitted to NCEM and they conducted their review and sent it to FEMA. The existing plan which Caswell is currently covered under does not expire until 9/30/2025, but the goal is to have all participating jurisdictions adopt the attached resolution before then. Adoption is part of the process so that the County will be eligible for federal and state assistance if a state of disaster is declared for a hazard event affecting Caswell.

**suggested action or motion:** If the Board is agreeable, a suitable motion would be: "I move to approve the Northern Piedmont Regional Hazard Mitigation Plan as submitted to NCEM and FEMA, along with the presented adopting resolution."

---

**notes:**

RESOLUTION  
ADOPTING NORTHERN PIEDMONT  
REGIONAL HAZARD MITIGATION PLAN

WHEREAS, the citizens and property within Caswell County are subject to the effects of natural hazards that pose threats to lives and cause damage to property, and with the knowledge and experience that certain areas of the county are particularly vulnerable to drought, extreme heat, hailstorm, hurricane and tropical storm, lightning, thunderstorm wind/high wind, tornado, winter storm and freeze, flood, hazardous material incident, and wildfire; and

WHEREAS, Caswell County desires to seek ways to mitigate the impact of identified hazard risks; and

WHEREAS, the Legislature of the State of North Carolina has in Article 5, Section 160D-501 of Chapter 160D of the North Carolina General Statutes, delegated to local governmental units the responsibility to adopt regulations designed to promote the public health, safety, and general welfare of its citizenry; and

WHEREAS, the Legislature of the State of North Carolina has enacted General Statute Section 166A-19.41 (*State emergency assistance funds*) which provides that for a state of emergency declared pursuant to G.S. 166A-19.20(a) after the deadline established by the Federal Emergency Management Agency, the eligible entity shall have a hazard mitigation plan approved pursuant to the Stafford Act; and

WHEREAS, Section 322 of the Federal Disaster Mitigation Act of 2000, as amended, states that local governments must develop an All-Hazards Mitigation Plan in order to be eligible to receive future Hazard Mitigation Grant Program Funds and other disaster-related assistance funding and that said Plan must be updated and adopted within a five-year cycle; and

WHEREAS the (local government) has performed a comprehensive review and evaluation of each section of the previously approved Hazard Mitigation Plan and has updated the said plan as required under regulations and at 44 CFR Part 201 and according to guidance issued by the Federal Emergency Management Agency and the North Carolina Division of Emergency Management, and that the plans have been updated in accordance with federal laws including the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended; the National Flood Insurance Act of 1968, as amended; the National Dam Safety Program Act, as amended; as required under regulations at 44 CFR Part 201, and according to guidance issued by the Federal Emergency Management Agency and the North Carolina Division of Emergency Management; and

WHEREAS, it is the intent of the Board of Commissioners of Caswell County to fulfill this obligation in order that the County will be eligible for federal and state assistance in the event that a state of disaster is declared for a hazard event affecting the County;

NOW, THEREFORE, be it resolved that the Board of Commissioners of Caswell County hereby:

1. Adopts the Northern Piedmont Regional Hazard Mitigation Plan.
2. Agrees to take such other official action as may be reasonably necessary to carry out the objectives of the Hazard Mitigation Plan.

Adopted this the \_\_\_\_\_ Day of \_\_\_\_\_, 2025

\_\_\_\_\_  
Tim Yarbrough, Chair  
Caswell County Board of Commissioners

Attest:

\_\_\_\_\_  
K. Scott Whitaker, Clerk  
Caswell County Board of Commissioners

Certified by: \_\_\_\_\_ (SEAL)

Date: \_\_\_\_\_

*( page intentionally blank so all topics start  
on a “front” page if the packet is printed )*





# AGENDA ITEM 11

## COVER SHEET

Caswell County Board of Commissioners

**meeting date:** August 18, 2025

**topic:** FY25–26 budget amendment #7— Parks and Rec playground and equipment

**attachment(s):**

- Budget amendment #7

**fiscal impact:** (as described on the attachment)

**staff comments or recommendation:** This amendment involves funds received for past-approved grants in 2024 and early 2025. This amendment would reallocate these funds to FY25–26 so they can be expended as intended (installation of a playground and dog park, and purchase of obstacles, benches, a water fountain, baseball/softball equipment). Recommendation is approval as presented.

**suggested action or motion:** (approval in the amount of \$7,766.14 as presented)

**notes:**

## CASWELL COUNTY, NORTH CAROLINA

134

FISCAL YEAR 2026

Board Meeting: 8/18, 2025BUDGET AMENDMENT NO. 7~~[Title of Amendment]~~ Parks & Rec. Playground & Equipment

**BE IT ORDAINED** by the Caswell County Board of Commissioners that the following amendments are hereby made to the Fiscal Year 2026 General Fund.

**JUSTIFICATION:** In 2024, Parks and Rec received a grant from Community Foundation of the Dan River Region to install a playground. The balance of \$1792.14 needs to be added to the budget for installation. In 2025, CFDRR gave parks and rec a grant to install a dog park. The balance of \$4,474 needs to be added to the budget to purchase equipment such as obstacles, benches, and a water fountain. These grants were already approved and funds received in the general fund, the budget needs to be amended. In 2025, Caswell Recreation Foundation applied for a grant from Danville Regional Foundation for \$1500 for baseball/softball equipment. That check was received in May and needs to be added to the 2026 budget as well.

**FUND- GENERAL FUND (Fund 100)****DEPARTMENT: Parks & Rec [Dept #6120])**

|                                | <i>Org</i> | <i>Object</i> | <b>FY26 Current<br/>Budget</b> | <b>Increase<br/>(Decrease)</b> | <b>FY26 Amended<br/>Budget</b> |
|--------------------------------|------------|---------------|--------------------------------|--------------------------------|--------------------------------|
| <b>REVENUES</b>                |            |               |                                |                                |                                |
| General Fund Balance           | 1000000    | 390000        | \$ -                           | \$ 7,766.14                    | \$ 7,766.14                    |
| <b>EXPENDITURES</b>            |            |               |                                |                                |                                |
| Professional Services - Other  | 1006120    | 519900        | \$ -                           | \$ 1,792.14                    | \$ 1,792.14                    |
| Equipment <\$5000              | 1006120    | 529500        | \$ 2,000.00                    | \$ 4,474.00                    | \$ 6,474.00                    |
| Supplies - Other Rec Equipment | 1006120    | 521101        | \$ -                           | \$ 1,500.00                    | \$ 1,500.00                    |

**BOARD OF COMMISSIONERS FOR  
THE COUNTY OF CASWELL:**

**ATTEST:**


---

 Chair

---

 Clerk to the Board

---

 Date



# AGENDA ITEM 12

## COVER SHEET

Caswell County Board of Commissioners

**meeting date:** August 18, 2025

**topic:** FY25–26 budget amendment #8—Community Computer Access Grant  
(Ag Extension laptops)

**attachment(s):**

- Budget amendment #8

**fiscal impact:** (as described on the attachment)

**staff comments or recommendation:** Caswell County has been awarded a Community Computer Access Initiative Grant from the Danville Regional Foundation. The purpose of the grant is to extend digital access and skills so more Caswell residents can learn, work, and stay connected. Cooperative Extension has been identified as the fiscal agent for the grant, and the award is \$25,000 to be used for laptop purchases, outreach, training, and coordination. The grant is expected to conclude by 3/7/26 and it is reimbursement-based. Matching funds are provided by the Piedmont Triad Regional Council.

Given that the grant was not anticipated in the budget, a budget amendment is needed to authorize the funds for expenditure.

**suggested action or motion:** (discussion only this meeting)

---

**notes:**

## FISCAL YEAR 2026

Board Meeting: August 21, 2025

BUDGET AMENDMENT NO. 8

*Community Computer Access Grant*

**BE IT ORDAINED** by the Caswell County Board of Commissioners that the following amendments are hereby made to the Fiscal Year 2026 General Fund.

**FUNDS - GENERAL FUND****DEPARTMENT: COOPERATIVE  
EXTENSION**

**JUSTIFICATION :** Caswell County has been awarded and Community Computer Access Initiative Grant from the Danville Regional Foundation. The purpose of the grant is to extend digital access and skills so more Caswell residents can learn, work and stay connected. Cooperative Extension has been identified as the fiscal agent for the grant. The grant award is \$25,000 to be used for laptop purchases, outreach, training and coordination. The grant is expected to conclude by March 7, 2026. The grant is a reimbursement-based grant. Matching funds are provided by the Piedmont Triad Regional Council.

As the grant was not anticipated in the budget a budget amendment is needed to authorize the funds the expenditure

|                              | <i>Org</i> | <i>Object</i> | <b>FY26 Current<br/>Budget</b> | <b>Increase<br/>(Decrease)</b> | <b>FY25 Amended<br/>Budget</b> |
|------------------------------|------------|---------------|--------------------------------|--------------------------------|--------------------------------|
| <b>GENERAL FUND</b>          |            |               |                                |                                |                                |
| <b>REVENUES</b>              |            |               |                                |                                |                                |
| Danville Regional Foundation | 1004950    | 336207        | \$ -                           | \$ 25,000.00                   | \$ 25,000.00                   |
| <b>EXPENDITURES</b>          |            |               |                                |                                |                                |
| Coop Ext - Comm Acc Grant    | 1004950    | 546405        | \$ -                           | \$ 25,000.00                   | \$ 25,000.00                   |

**BOARD OF COMMISSIONERS FOR  
THE COUNTY OF CASWELL:**

**ATTEST:**

\_\_\_\_\_  
Chair

\_\_\_\_\_  
Clerk to the Board

\_\_\_\_\_  
Date



# AGENDA ITEM 13

## COVER SHEET

Caswell County Board of Commissioners

**meeting date:** August 18, 2025

**topic:** 1) Library Advisory Board;  
2) Planning Board;  
3) Hunting and Wildlife Advisory Committee—Darrell Freeland

**attachment(s):**

- Darrell Freeland application and resume
- Library Advisory Board roster
- Planning Board roster
- Hunting and Wildlife Advisory Committee roster
- Citizen Advisory Board Policy 4-20-20

**fiscal impact:** (n/a)

**staff comments or recommendation:** Please review closely.

**suggested action or motion:** Committee/Board appointments are at the BOC's discretion.

---

**notes:**



Rec'd Date \_\_\_\_\_

By: \_\_\_\_\_



## Caswell County Volunteer Application for Boards and Committees

This application is a public document

If you work or live in Caswell County, at least 18 yrs old, and willing to volunteer your time and expertise to your community, you may apply to serve on an advisory board by completing this form online or download it and mail to:

Caswell County Administration  
Attn: Carla Smith  
P.O. Box 98  
144 Court Square  
Yanceyville, NC 27379

Email: csmith@caswellcountync.gov

Name: Darrell E. Freeland Jr.

Home Address: 109 Sweet Gum Hunting Club Rd.

City: Medcoe Zip Code: 27302

Phone: (336) 260-1242 Email: defreelandjr@gmail.com

Place of Employment: Business Owner

Please list any County Boards you currently serve on: N/A

Please list the Boards/ Commissions on which you wish to serve. Please indicate your preference by prioritizing your selection: first choice being "A" and so on.

A. Library Advisory Board B. Hunting and Wildlife C. Planning Board

Why do you wish to serve on these boards?

To ensure a more prosperous future for generations to come; from  
literature, environment and the ordinances that govern the former.  
Anything less would be un-patriotic, christian and mean of me.

Please describe background, education, and abilities that qualify you for these boards:

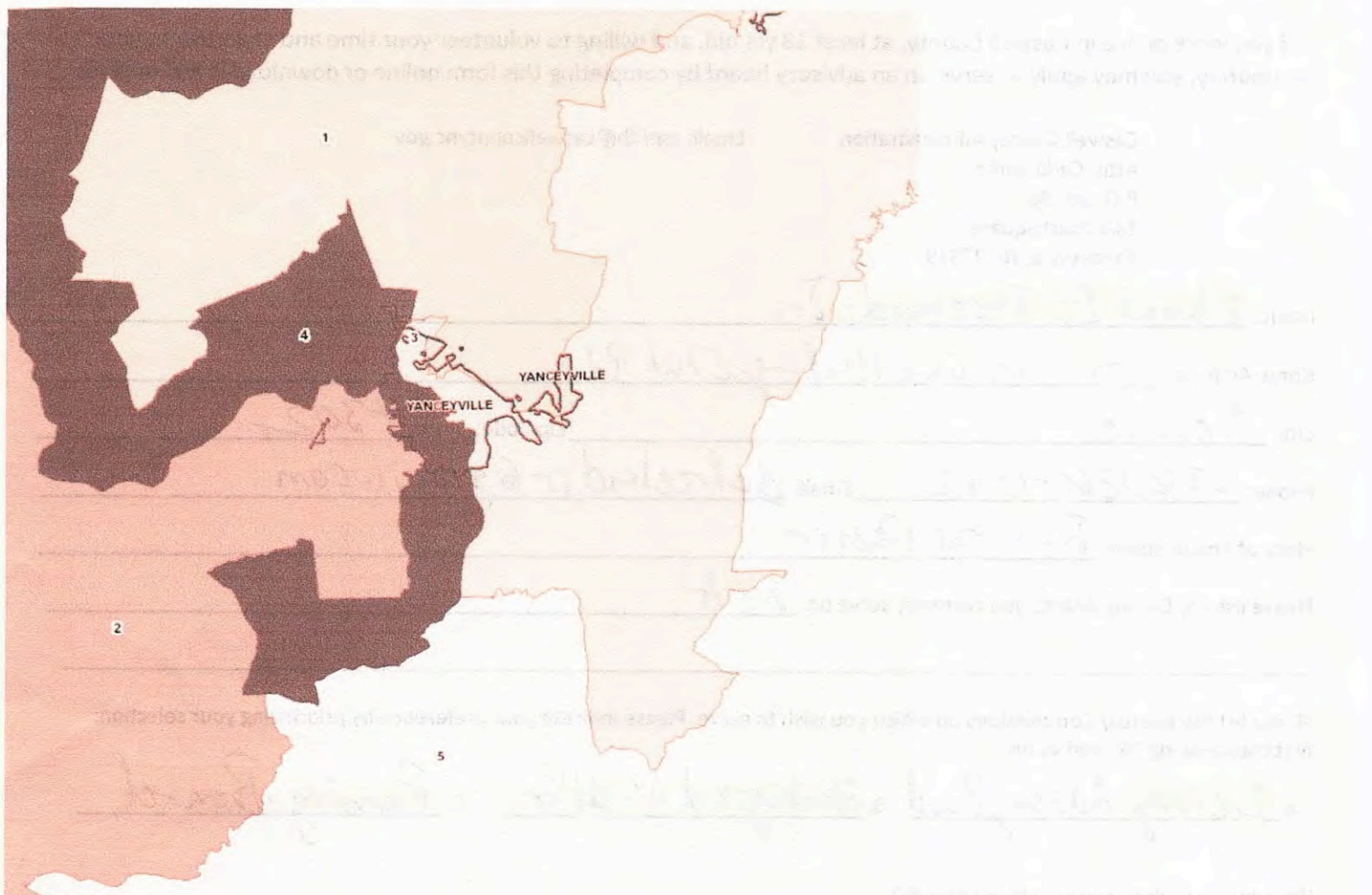
I hold a MPA w/emphasis government efficiency from Colorado Christian  
University; BSBA in Business Admin & Law and minor Finance, Lifeline  
hunter and conservationist and



Do you have any personal or business interest that could create a conflict of interest (either real or perceived) if you are appointed to this board? Yes \_\_\_\_ No ☒ If yes please explain:

Which Board of Commissioners district do you live in? You can use the map on below to identify your district.

District 1 \_\_\_\_ District 2 \_\_\_\_ District 3 ☒ District 4 \_\_\_\_ District 5 \_\_\_\_ Not Sure \_\_\_\_ NA \_\_\_\_



#### Demographic Information (Optional)

We ask your help in assuring diversity of membership by answering the following questions:

Male ☒ Female \_\_\_\_

Age Range: 18-34 ☒ 35-59 \_\_\_\_ 60+ \_\_\_\_

Ethnic background:

Asian \_\_\_\_ Black/African American ☒ Hispanic \_\_\_\_ Native American \_\_\_\_ White \_\_\_\_ Other \_\_\_\_

How did you become aware of these volunteer opportunities? Check all that apply

County Web Page \_\_\_\_ Newspaper \_\_\_\_ Radio \_\_\_\_ Current Volunteer \_\_\_\_ Other ☒

Spoke w/ Patrick Fitzgerald expressing interest in helping the library collection at NC Com  
Thames Sowell

## **Darrell E. Freeland Jr**

109 Sweet Gum Hunting Club Rd  
 Mebane, NC, 27302  
 defreelandjr@gmail.com  
 (336) 260-1242

### **Professional Summary**

Detail-oriented and highly adaptable administrative professional with a Master of Public Administration and extensive experience in government operations, public records compliance, and executive-level support. Skilled in preparing meeting agendas, transcribing official minutes, maintaining statutory records, and coordinating logistics for governing boards. Proficient with advanced office technology, document management systems, and specialized municipal software. Known for discretion, organizational precision, and the ability to deliver under tight deadlines while upholding transparency and compliance with North Carolina General Statutes.

### **Professional Experience**

**Business Owner | Grey Matter Industries – Burlington, NC | 04/22 - Present**

- Managed full lifecycle asset procurement, financial oversight, and compliance for construction materials, IT hardware, and operational tools.
- Developed and executed cost-saving strategies, budget forecasts, and procurement plans, ensuring regulatory adherence.
- Negotiated vendor contracts, optimizing procurement processes and ensuring compliance with state and federal standards.
- Implemented asset tracking systems to monitor technology, software licenses, and hardware utilization effectively.
- Engaged with government agencies on compliance, procurement, and regulatory processes, gaining public sector policy insights.
- Directed cross-functional finance and operations for a high-growth firm with diverse verticals (construction, electronics, and consulting).
- Developed and executed annual budgets up to \$12M; established internal controls, audit trails, and cash flow projections.



- Negotiated capital expenditures and long-term investment plans including facilities development and tech infrastructure.
- Oversaw client contract lifecycle, integrating risk management and compliance standards aligned with public sector best practices.
- Implemented ERP systems and led transition to digital invoicing and budget monitoring platforms.

Regional Project Manager | Old Timers Roofing/MIG Construction – Greensboro, NC | 07/22 - 07/24

- Spearheaded procurement, contract management, and asset oversight for multimillion-dollar infrastructure projects.
- Conducted financial analysis, variance tracking, and cost optimization to ensure budgetary compliance.
- Managed IT and operational assets, including GPS tracking systems, procurement software, and digital workflows.
- Led interdepartmental coordination efforts, ensuring alignment with public sector procurement policies.
- Led financial analysis, forecasting, and budgeting for multimillion-dollar business units; optimized P&L outcomes via lean project design.

Project Manager | Old Timers Roofing/MIG Construction – Greensboro, NC | 07/21 - 07/22

- Supervised IT procurement and lifecycle management for project tracking tools and digital reporting systems.
- Conducted data analysis on supplier price trends to improve cost efficiency and resource allocation.
- Assisted in integrating technology-driven asset management solutions to enhance procurement transparency.
- Partnered with stakeholders and municipal agencies to streamline procurement processes and contract compliance.

## Education

Master of Public Administration (MPA) – Magna Cum Laude

Colorado Christian University, Lakewood, CO – 2024

- Focus in Public Policy, Government Budgeting, Strategic Planning, IT Innovation

Bachelor of Science and Arts in Business Administration and Law (Minor in Finance)

Western Carolina University, Cullowhee, NC – 2019

- **Financial Forecasting & Budget Strategy:** Skilled in multi-year forecasting, budget reconciliation, and revenue optimization under regulatory constraints.
- **Public & Private Sector Financial Management:** Proven record in managing large-scale budgets and navigating fiscal accountability in dynamic environments.
- **Operational Efficiency & Process Improvement:** Expert in streamlining workflows, reducing waste, and deploying automation to boost service delivery.
- **Strategic Capital Planning (CIP, Debt Strategy):** Experience designing and managing capital improvement plans, debt issuance, and long-term asset funding.
- **Cross-Functional Leadership & Team Building:** Strong collaboration across departments and agencies with success in leading high-performing, mission-driven teams.
- **Grants Management & Compliance (Federal, State):** Comprehensive knowledge of grant lifecycle, reporting compliance, and post-award financial management.
- **ERP Systems | Audit Readiness | Policy Development:** Proficient in ERP system implementation, audit preparation, and fiscal policy modernization.
- **Public Communication & Transparency Initiatives:** Adept at developing citizen-friendly financial reports and fostering stakeholder trust through clarity.
- **IT Asset & Lifecycle Management:** Experience in procurement, inventory tracking, and IT infrastructure oversight.
- **Financial Analysis & Budgeting:** Strong background in forecasting, cost control, and financial resource optimization.
- **Contract & Compliance Management:** Deep knowledge of ERP systems, procurement regulations, and public sector compliance.
- **Data Analysis & Strategic Planning:** Proficiency in KPI tracking, asset performance assessment, and business intelligence reporting.
- **Government Resource Management:** Expertise in balancing financial efficiency with regulatory compliance in public administration.
- **Agenda Preparation & Board Support**
- **North Carolina Public Records Law Compliance**
- **Meeting Minutes & Official Recordkeeping**
- **Public Meeting & Open Meetings Law Compliance**
- **Budget Tracking & Procurement Processing**
- **Document Management Systems (Laserfiche, Munis, SharePoint)**
- **Microsoft Office Suite (Word, Excel, Outlook, PowerPoint)**



- Granicus, BoardDocs, CivicClerk
  - Adobe Acrobat Pro DC | Otter.ai | Canva Pro
  - Conference Room AV & Recording Equipment
  - Calendar & Travel Coordination
  - Customer Service & Stakeholder Communication
- 

### Certifications & Training

- Notary Public, Secretary of State, 202421200065
- Pending Member – Government Finance Officers Association
- Pending Member – NC Local Government Budget Association

### Community Involvement

Caswell Chamber of Commerce Member | April 2025- Current

Pending application for Caswell Library Advisory Board

-

Philanthropy Chair | Pi Lambda Phi Fraternity | Dec 2016 - May 2019

- Led fundraising and community service initiatives, raising over \$5,000 for local charities.
- Developed outreach campaigns to engage fraternity members in local service projects.

Community Service Chair | Pi Lambda Phi Fraternity | Dec 2016 - May 2019

- Organized volunteer events, including food drives, mentorship programs, and neighborhood cleanups.
- Partnered with local nonprofits to expand community impact and student engagement.

## **LIBRARY ADVISORY BOARD**

Meets (schedule TBD) of each month at (time TBD)  
 Gunn Memorial Library  
 Serves 3-year term

Sara Broadwell  
 3747 County Home Road  
 Blanch, NC 27212

336-459-6313  
[sgbroadwell@gmail.com](mailto:sgbroadwell@gmail.com)

term ends: 6-30-28

Commissioner Tony Smith  
 1104 Caswell Pines Clubhouse Dr.  
 Blanch, NC 27311

(336) 514-9369  
[tsmith@caswellcountync.gov](mailto:tsmith@caswellcountync.gov)

term ends: 6-30-28

Cliff Matkins  
 37 Clear Springs Circle  
 Blanch, NC 27212

336-514-2352  
[cmatkins777@gmail.com](mailto:cmatkins777@gmail.com)

term ends: 6-30-28

Gina Watlington  
 561 Caswell Pines Clubhouse Dr.  
 Blanch, NC 27212

336-514-1982  
[gwatlington@hotmail.com](mailto:gwatlington@hotmail.com)

term ends: 8-4-28

## **PLANNING BOARD**

Meets 4th Tuesday of each month – 1pm, Planning Board Conference Room

Serves 5-year term

|   |                                     |                    |
|---|-------------------------------------|--------------------|
| Sam Butler<br>1548 Prospect Church Road<br>Mebane, NC 27302 | 336-260-6845<br>sam.butler@rcis.com | term ends: 9-30-28 |
|---|-------------------------------------|--------------------|

---

|  |                                     |                     |
|--|-------------------------------------|---------------------|
| Brian “Scott” Oakley<br>1425 Baynes Road<br>Burlington, NC 27217 | 336-214-3361<br>scottoakley@att.net | term ends: 12-01-25 |
|--|-------------------------------------|---------------------|

---

|  |  |                    |
|--|--|--------------------|
| Russell Lynn Lunsford<br>264 Old Montgomery Road<br>Milton, NC 27305 | 434-250-2600<br>lynnsservice@yahoo.com | term ends: 9-30-28 |
|--|--|--------------------|

---

|  |              |                    |
|--|--------------|--------------------|
| Stephen Harris<br>1450 Jack Pointer Road<br>Semora, NC 27343 | 434-251-4513 | term ends: 6-01-26 |
|--|--------------|--------------------|

---

|   |  |                     |
|---|--|---------------------|
| Ron W. Richmond, Chairman<br>4133 NC Hwy 119N<br>Leasburg, NC 27291 | 336-694-1760<br>336-694-1444<br>336-214-5677 | term ends: 12-01-27 |
|---|--|---------------------|

---

|   |  |                     |
|---|--|---------------------|
| Jason Daniel, Vice Chair<br>5757 NC Highway 62N<br>Blanch, NC 27212 | 336-234-0178<br>jkdanielfarm@gmail.com | term ends: 12-01-28 |
|---|--|---------------------|

---

|   |                                   |                     |
|---|-----------------------------------|---------------------|
| Antonio W. Foster<br>933 Ashland Road<br>Ruffin, NC 27326 | 919-931-1356<br>awf1959@gmail.com | term ends: 12-01-25 |
|---|-----------------------------------|---------------------|

---

|   |   |                    |
|---|---|--------------------|
| Stephen Thompson<br>1232 Jones Road<br>Pelham, NC 27311 | 336-503-2057<br>thompsonbrosfarms@gmail.com | term ends: 6-30-27 |
|---|---|--------------------|

---

|  |  |                  |
|--|--|------------------|
| Tim Yarbrough (ex-officio)<br>Commissioner | 336-562-5083<br>tyarbrough@caswellcountync.gov | term ends: 12-26 |
|--|--|------------------|

---

|   |   |
|---|---|
| Scott Whitaker (ex-officio)<br>County Manager | 336-694-4193<br>swhitaker@caswellcountync.gov |
|---|---|

---

|   |              |
|---|--------------|
| Jason Watlington (ex-officio)<br>County Planner | 336-694-9731 |
|---|--------------|

---

|   |              |
|---|--------------|
| Donnie Powell (ex-officio)<br>Environmental Health Specialist | 336-694-9731 |
|---|--------------|

## **CASWELL COUNTY HUNTING & WILDLIFE ADVISORY COMMITTEE**

Meets 2nd Tuesday of each quarter – 6pm  
Historic Courthouse  
5 citizens, serves 3-year terms

*(Vacant)*

|  |                                     |                    |
|--|-------------------------------------|--------------------|
| Billy Carden<br>660 Hodges Dairy Road<br>Yanceyville, NC 27379 | 336-514-2746<br>bcarden02@gmail.com | term ends: 2-28-28 |
|--|-------------------------------------|--------------------|

|   |                                      |                     |
|---|--------------------------------------|---------------------|
| Kelsey Langley<br>3785 Ridgeville Rd<br>Prospect Hill, NC 27314 | 336-213-0670<br>langleyk92@gmail.com | term ends: 10-31-26 |
|---|--------------------------------------|---------------------|

|  |              |                     |
|--|--------------|---------------------|
| Steve Harris<br>1450 Jack Pointer Rd<br>Semora, NC 27343 | 434-251-4513 | term ends: 10-31-27 |
|--|--------------|---------------------|

|                         |   |                  |
|-------------------------|---|------------------|
| Commissioner Finch Holt | 336-207-2762<br>fholt@caswellcountync.gov | term ends: 12-24 |
|-------------------------|---|------------------|

|   |  |  |
|---|--|--|
| Sgt. Justin Mathis (ex-officio)<br>N.C. Wildlife Resources Commission | 336-264-9823<br><a href="mailto:justin.mathis@ncwildlife.org">justin.mathis@ncwildlife.org</a> |  |
|---|--|--|

|                                |   |  |
|--------------------------------|---|--|
| Scott Whitaker, County Manager | 336-694-4193<br>swhitaker@caswellcountync.gov |  |
|--------------------------------|---|--|

|   |           |                        |  |        |
|---|-----------|------------------------|--|--------|
| <b>CASWELL COUNTY POLICIES AND PROCEDURES</b> |           |                        | Source Document:                             |        |
| Policy Number:                                | 13        | Title:                 | Caswell County Citizen Advisory Board Policy |        |
| Date of Adoption:                             | 4/20/2020 | Date of Last Revision: |  | Page 1 |

## **Caswell County Citizen Advisory Board Policy**

### **1. SCOPE OF POLICY**

#### **PURPOSE:**

This document establishes policies and procedures for the Caswell County Board of Commissioners to make appointments to Caswell County citizen boards, committees, commissions, and councils (hereinafter referred to as “Citizen Advisory Boards” (CAB). It also provides operating procedures and clarifies expectations of the Board of Commissioners for all advisory boards. The intent of this policy is to provide consistency in operations, appointments, accountability and reporting.

The Caswell County Board of Commissioners may appoint a citizen advisory board whose purpose is to serve in an advisory capacity to the Board of Commissioners (BOC) concerning a variety of topics.

This policy replaces any previously adopted bylaws for specific advisory boards, unless the bylaws are required by statute.

#### **AUTHORITY:**

The Board of Commissioners may establish rules and regulations in reference to managing the interest and business of the County. For statutory boards and committees, authority may include reference to applicable General Statutes.

The Board of Commissioners has the responsibility to appoint citizens to serve as members of citizen advisory boards that have been established by the BOC.

#### **PERIODIC REVIEW:**

Periodic review of this policy will be part of the Board of Commissioners annual review.

### **2. MEMBERSHIP**

#### **QUALIFICATIONS:**

For purposes of consistency, all appointments to citizen advisory boards will be made by the Board of Commissioners. To qualify for an appointment to a citizen advisory board, a person must meet the following requirements:

- a. All applicants must complete a Caswell County application form to serve on advisory board, available on the county website and at our administrative offices. If a deadline is advertised, submitted applications may be considered after the deadline until all vacancies are filled.
- b. All committee members must meet the qualifications if specified by the specific citizen advisory board and/or the statutory requirements for an appointed position.

- c. All committee members must be eighteen (18) years of age or older unless applying under a youth designated position.
- d. All committee members shall be permanent residents, employees of Caswell County government, or maintain a place of business or be an employee of said place of business in Caswell County.
- e. No applicant may currently be a party to nor a legal representative involved in litigation against Caswell County.
- f. Each applicant must be prepared and committed to participating in citizen advisory board work in a manner that enhances relationships between Caswell County and the community.
- g. Citizen advisory board members serve the people of Caswell County. As such, their role includes their commitment for full participation in the citizen advisory board meetings and activities.

#### **EXCEPTIONS:**

The Board of Commissioners may waive requirements, with the exception of statutory requirements.

#### **COMPOSITION:**

- a. The Board of Commissioners shall appoint all voting members to citizen advisory boards, unless specified otherwise by statute. The County will strive to have the voting members reflect the cultural, geographical, and ethnic diversity of the community.
- b. No committees shall have less than five (5) total voting members except as regulated by state statute. However, the advisory board may have additional non-voting ex officio members.

#### **SELECTION & APPOINTMENT:**

- a. All members of citizen advisory boards serve at the pleasure of the Board of Commissioners.
- b. The Board of Commissioners will determine if applicants meet the required qualifications. They may choose to assign an individual or group of individuals to review and recommend candidates for advisory committees.
- c. Appointments to citizen advisory boards will be initiated with the applicant's completion of advisory board application form. As noted above, the Board of Commissioners may designate other groups or individuals to review applications and recommend applicants. Other entities, such as incorporated towns, also may be responsible to making nominations to some committees.
- d. The advisory board chairs should notify the Clerk to the Board's Office and the Chair of the Board of Commissioners when a vacancy has not been filled in a timely manner.

#### **TERMS:**

- a. Each appointed citizen advisory board member shall serve a term of three years and hold office until the qualification and appointment of his or her successor or until one year has elapsed since the expiration of the term for which the citizen was appointed, whichever first occurs. All appointments will be effective July 1 or otherwise defined by the individual boards.
- b. All advisory boards should have staggered terms for its membership. Once staggered terms are implemented, each new voting member shall serve for a three year term.
- c. Citizen advisory board members whose terms are due to expire may request or be asked to accept reappointment to the position.



**ATTENDANCE:**

CAB members are expected to attend meetings on a regular basis. Members should inform the chair of the advisory board as soon as possible when unable to attend an upcoming meeting, preferably at least 48 hours' notice due to quorum considerations. The advisory board should maintain attendance records, including all regular and special meetings. If a committee member has missed 25% or 3 meetings unexcused of the advisory board meetings during a calendar year, the committee chair should make a recommendation to the Chair of the Board of Commissioners on continued service of the member. The member in question will provide an explanation in writing. Based on this information, the Board of Commissioners will make a decision on the member's status.

**RESIGNATIONS:**

- a. A member of a citizen advisory board shall submit his or her resignation in writing, letter or email, to the chair of the advisory board on which he or she serves, noting the effective date of the resignation.
- b. The chair will forward a copy of the resignation to the Clerk to the Board of Commissioners.
- c. The Board of Commissioners shall recognize the individual's service via letter or certificate. The Clerk to the Board will handle this responsibility.

**VACANCIES:**

Upon expiration of the term of service of members or other type of vacancies, including resignations or removal by the Board of Commissioners, BOC shall have the responsibility of selecting and appointing a new member to the committee. The Clerk to the Board will be responsible for initiating public notices of vacancies as soon as possible, preferably before a seat becomes vacated. The urgency of filling vacancies may vary based on the circumstances.

**RELEASE FROM SERVICE:**

- a. When it is deemed necessary to release a member from his or her term of appointment on a citizen advisory board, the affected individual shall be notified by letter.
- b. When a citizen advisory board has completed its function, the members shall be informed of the termination of the citizen advisory board by letter or email from the Board of Commissioners.

**3. ROLES & RESPONSIBILITIES****MEMBERS:**

- a. Members shall attend meetings of the citizen advisory board, serve on subcommittees, and perform other functions as assigned by the citizen advisory board chair. As noted above, for quorum considerations, if a member is unable to attend citizen advisory board meetings, the member shall contact the committee chair as soon as possible and at least forty-eight (48) hours before the scheduled meeting.
- b. Upon review of the above matters, the citizen advisory board shall make recommendations and identify concerns, if any, to the Board of Commissioners in writing.

**GOVERNING BOARD:**

- a. The Board of Commissioners will consider the citizen advisory committee's recommendations or concerns.
- b. Should any concerns remain unresolved after a response has been received, the Board of Commissioners may request that the matter be referred to the County Manager.
- c. To enhance trust between the Caswell County departments and the community, members of the citizen advisory board will:
  - If requested, assist any related Caswell County departments in achieving a greater understanding of the nature and causes of community issues, with an emphasis on improving relations between the department and the citizens.
  - Recommend methods to encourage and develop advisory boards.
  - Work throughout the community to gain relevant information about advisory board issues and communicate these with the Board of Commissioners and employees.

**CHAIR, VICE CHAIR, AND SECRETARY SELECTION AND RESPONSIBILITIES:**

The chair and any other officers of the citizen advisory board will be chosen by the advisory board for a one-year term.

All advisory board chairs and vice chairs shall be appointed members with at least one year remaining of their terms.

The chair and vice chair shall assume office when the board holds its first meeting of the calendar year. At the first citizen advisory board meeting upon assuming office, the chair shall present members with a copy of the citizen advisory board's charge, scope, membership roster and a copy of this policy.

- a. The CAB chair has the following duties as well as any other duties specified by state statute:
  - Calls all meetings.
  - Serves as presiding officer.
  - Serves as a voting member of the advisory board.
  - Assists any assigned county staff in developing the board meeting agenda.
  - Designates and dissolves subcommittees as needed, but the formation of any new subcommittees shall be reported to the County Manager and the Board of Commissioners
  - Appoints subcommittee chairs and members.
  - Works in consultation with any assigned department head or staff liaison
  - Carries out citizen advisory board assignments as required by the Board of Commissioners.
  - Conducts citizen advisory board meetings and presents a report of the proceedings and resulting motions for approval by the advisory board.
- b. The committee vice chair has the following duty:
  - Presides at citizen advisory board meetings in the absence of the chair.
- c. The committee secretary may be a role assigned to one member or rotated among several members. The Secretary has the following duties:

- Takes (or oversees) the taking of minutes for all board meetings.
- Submits minutes to the chair (or designated person) to be distributed to committee members in advance of CAB meetings.
- Assure that other records of the advisory board, including attendance records, are kept as directed by the Board of Commissioners.

Advisory boards may appoint an Executive Committee that includes the chair and vice chair or other designated members, if desired.

#### **ACCOUNTABILITY & REPORTING:**

Each advisory board will establish specific goals, objectives and measures based on the advisory board's mission and direction from the Board of Commissioners. The proposed goals and objectives will be submitted to the Board of Commissioners for review and approval. Progress towards goals and objectives will be reported annually to the Board of Commissioners and County Manager. The goals may include short term and long term steps and measures, but the intent is to identify measure of progress to report each year and/or barriers preventing the accomplishment of goals. The County Manager's Office will provide materials and/or training to assist advisory committees in developing and tracking specific goals, objectives, and measures.

Each advisory board should work with the Clerk to the Board's Office to establish a time on the agenda in July, August, or September of each year to make an annual report to the Board of Commissioners for the prior fiscal year. The presentation itself should not exceed fifteen (15) minutes plus time for questions. A copy of the annual report will be provided to the Board of Commissioners for review at least seven (7) days prior to the meeting where the report will be presented.

All recommendations or reports officially approved by a vote of the board shall be transmitted in writing in a timely manner to the County Manager who will forward to the Board of Commissioners. If there are opposing perspectives to the action or recommendation of the committee, the advisory board should provide a summary of the opposing viewpoints in its report to the Board of Commissioners.

#### **4. MEETINGS:**

In accordance with the North Carolina General Statutes, all meetings are open to the public as required by the Open Meetings Law. (NCGS 143-318.10)

The members of the citizen advisory board shall adopt rules and procedures relating to the operation of the committee, as needed. The citizen advisory board members shall determine the date, time, and place for each meeting as approved by the BOC.

- a. Regular Citizen Advisory Board and Subcommittee Meetings: The citizen advisory board convenes upon call of the chair and meets on a regular basis, at least four times a year. The meetings may be held in specified or various locations with the County. Subcommittee meeting dates will be set by the subcommittee chairs. Advisory boards are encouraged to schedule subcommittees in conjunction with citizen advisory board meetings, with a focus on convenience of members who must attend multiple meetings.
- b. Special Meetings: A majority of citizen advisory board members or the chair may call special meetings at any time for any specific business. Special meetings, such as appeals, are

- convened at a location selected by the chair.
- c. Emergency Meetings: A majority of citizen advisory board members or the chair may call a meeting in emergency circumstances by providing telephone notice to media outlets at least one hour prior to the meeting. An emergency situation includes a disaster that severely impairs the public's health or safety. In the event telephone services are not working, notice that the meeting occurred must be given as soon as possible after the meeting.
  - d. Meeting Notices: Notice of public citizen advisory board meetings and agenda shall be made available to all members and interested parties, and to any person who so requests, at least two calendar days in advance of the meeting by email and by posting on the county website. If a staff liaison is not assigned to the committee, dates of meeting for posting on the calendar should be sent to the Caswell County Webmaster.
  - e. All meetings should include a period of public input. The advisory board can adopt other rules as needed for the input period.
  - f. Agendas:
    - CAB chairs (and/or committee members) should submit agenda items to the designated person at least seven (7) calendar days prior to a scheduled meeting.
    - The agenda must provide a description of each item of business to be transacted or discussed so that interested members of the public will be capable of understanding the nature of each agenda item. As a general rule, only those items appearing on the agenda will be discussed or voted on. However, if an item is raised by a member of the public, the citizen advisory committee may accept testimony and discuss the item so long as no action is taken until a subsequent meeting. With the chair's agreement, any designated staff liaison will develop and distribute to each member an agenda listing the matters to be considered at upcoming citizen advisory board meetings. Also, so far as practical, copies of all written reports that are to be presented to the citizen advisory board for members' review will be included in this package at least five (5) calendar days before the meeting.
    - All meeting agendas should be posted on the county website and sent out as e-notice at least two (2) days in advance. If no staff liaison is assigned, the committee chair should send the agenda to the Caswell County Webmaster at least two (2) days prior to the meeting.
  - g. Minutes: The advisory board's secretary or other designated person will take minutes of all citizen advisory board meetings and approved by a vote of committee members. Once minutes are approved by the advisory committee, they should be posted on the Caswell County website on the committee's web page. If no assigned staff liaison is designated to handle this duty, approved minutes should be sent to the Caswell County Webmaster for posting within two (2) weeks of approval.
  - h. All recommendations and reports of the citizen advisory board, approved in the form of motions, shall be conveyed in writing exclusively to the Board of Commissioners for action. The chair should work with the County Manager to schedule a time on an upcoming Board of Commissioners meeting for the presentation of the recommendations or reports. Approved motions are forwarded to the Board of Commissioners for consideration, approval, or denial. Outcomes are reported back to the citizen advisory committee.

## **5. SUBCOMMITTEES:**

Subcommittees may be formed by the citizen advisory board to research and make recommendations on special issues or areas in order to carry out the duties of the citizen advisory board. All subcommittees shall be reviewed on an annual basis by the advisory boards to determine continued need and realignment with the priorities of the citizen advisory board.

- a. Subcommittees are ad hoc and temporary in nature. Approved ad hoc subcommittees must have documented goals, deliverables, and a timeline, and the subcommittee will cease to meet when these are satisfied.

- b. Subcommittees Formation and Operation:

A subcommittee can be formed only by the chair of the advisory committee upon notification of the County Manager and the Board of Commissioners.

Subcommittees shall operate as specified:

- Voting members must be clearly identified.
- A member of the subcommittee shall take responsibility for assigning a note taker and for reporting to the full citizen advisory board the subcommittee's progress toward its stated objectives, including dissenting viewpoints.
- Subcommittees shall operate by majority vote.
- Subcommittees may request a technical representative to be approved by the County Manager and any related Department Heads.
- Subcommittees shall operate openly as defined by state laws and local policies.
- Membership on subcommittees shall be voluntary (unpaid) unless policy dictates otherwise.

## **6. QUORUM:**

A quorum for a meeting of citizen advisory board shall consist of one more than half the voting members, excluding vacant voting positions and members who are disqualified from voting due to a conflict of interest.

## **7. VOTING:**

Decisions are reached by a simple majority vote unless otherwise required by law. All voting will be conducted in open meetings, except when in closed session as defined in the North Carolina Opening Meetings Law. No issues can be voted upon unless a quorum is present. Unless statutes specify otherwise, the following applies:

- a. Only appointed members can vote at advisory board meetings. Appointed members shall not delegate their vote to another member.
- b. Board members holding non-voting seats will not vote in any circumstances.
- c. The chair of the advisory board will vote on committee issues except in cases of conflicts of interest.
- d. Voting by proxy is not allowed.
- e. No qualified member shall abstain from voting unless there is a clear conflict of interest. The County Manager shall be consulted if there is any question about potential conflicts.

## **8. AUTHORIZED REPRESENTATIVE**

The chairs of advisory boards are the official representative of the boards during presentations or comments at public events, including meetings or hearings of the Board of Commissioners. The chairs may designate another committee member to fill this role if needed or also may ask the County Manager, staff liaison or a Department Head to do so.

## **9. COMPENSATION & TRAVEL**

Voting members of the citizen advisory committees are not employees of Caswell County. Appointed advisory board members shall receive no compensation or employee benefits for their services. Caswell County does not provide travel expenses without advance approval of the Board of Commissioners.

## **10. LIMITATION OR POWERS**

Committees shall operate within the charge given by the Board of Commissioners and in compliance with state statutes and county ordinances.

Nothing contained in this statement of policy and procedures shall be construed to be in conflict with any state law or Caswell County ordinance. Should there be an appearance of conflict, the appropriate state law or Caswell County ordinance shall prevail.

Neither the citizen advisory board, not any member thereof, shall:

- Incur County expense or obligate the County in any manner.
- Release any written or oral report of any board activity to any individual or body other than the Caswell County Board of Commissioners or the County Manager. Caswell County will issue any press releases related to any reports from the advisory boards, in consultation with the committee chair.
- Independently investigate citizen complaints against a County department or any employee of that department.
- Conduct any activity that might constitute or be construed as an official government review of departmental or employee actions.
- Conduct any activity that might constitute or be construed as establishment of County or department policy.
- Violate the confidentiality of any information related to matters involving pending or forthcoming civil or criminal litigation.

Matters pertaining to discipline of advisory committee members will be the sole responsibility of the Caswell County Board of Commissioners and not the citizen advisory committee. The activities of the citizen advisory committee shall, at all times, be conducted in accordance with all federal, state, and local laws.