

MINUTES OF THE CASWELL COUNTY BOARD OF HEALTH

The Caswell County Board of Health met at 7:00 P.M. on Tuesday, January 22, 2013 in the Caswell County Health Department's downstairs meeting room in Yanceyville, North Carolina.

ATTENDANCE:

Position	Name	Present	Not Present
County Commissioner	Nate Hall		X
Pharmacist	Andrew Foster, Pharm.D, R.Ph. - Vice Chairperson	X	
Dentist	Rose Satterfield, DMD	X	
Veterinarian	Donald Fuller, DVM – Chairperson	X	
Physician (Gen. Pub.)	Cecil Page		X
Registered Nurse	Margaret Cobb, RN	X	
Engineer (Gen. Pub.)	Ricky McVey	X	
Optometrist (Gen. Pub.)	Carl Carroll	X	
General Public	Keisha King		X
General Public	Elin Armeau-Claggett, PA-C, PhD	X	
General Public	Sally Wallace	X	

Others Present:
 Frederick Moore, MD – Health Director
 Jennifer Eastwood, MPH – Quality Assurance
 Sharon Hendricks – Finance Officer
 Candace West – Regional CTG Program Health Educator

I. Call to Order

- A. The meeting of the Caswell County Board of Health was called to order by the Chair, Donald Fuller, at 7:00 P.M.

II. Public Comment

- A. Dr. Fuller announced that the State Health Director's meeting will be meeting this Thursday and Friday and Sue McWhorter invited any Board of Health member to go with her to the NCBOH meeting that meets at the same time and place.
- B. Dr. Fuller introduced Carla Thomas to the Board of Health. She is a senior at the Veterinarian School at NC State. She is currently doing an internship with Dr. Fuller.

III. Action Items

- A. Approval of Minutes

A motion was made by Carl Carroll and seconded by Ricky McVey, to approve the November 27, 2012 Minutes of the Board Of Health. The motion carried on a vote of 8 to 0.

- B. Annual Health Director Evaluation
1. Dr. Fuller requested that the Board of Health members complete the evaluation form that was included in the packet and bring it to the next Board of Health meeting.
- C. Dr. Moore reviewed some of the staffing changes that have occurred or will occur in the next few months due to two retirements and one resignation. These changes were discussed in detail in the Board of Health Packet and, Dr. Moore recommended the following changes.
1. Donnie Powell will take over as Environmental Health supervisor, Will Shields will take over Donnie Powell's old position and we will hire a new Environmental Health trainee.
 2. Hire a Health Educator to work half time in the Child Health Program and half

time as the Public Health Preparedness Coordinator. If the Board of Health approves this, Dr. Moore will take it to the Board of County Commissioners for their approval on February 4th.

3. Hire an RN to take the place of the departing CD/TB Coordinator.
4. The Board of Health discussed various aspects of this organizational change including the funding, type of duties to be performed and the process for approval.

A motion was made by Ricky McVey and seconded by Andrew Foster to approve the new Health Educator position. The motion carried on a vote of 8 to 0.

IV. Informational Items

A. EHR

1. The federal government is pushing all medical practices to use an EHR.
2. Dr. Moore reviewed the history of the state's free EHR that has fallen short of expectations time after time and the Division of Public Health's requirements for data.
3. The clinical module is supposed to be ready before July so it will be difficult to make an assessment before the budget for next year is approved.
4. While Dr. Moore expects the "new" version to fall short, he did not want to reject a free system until he was sure.
5. Dr. Moore felt that the EHR should wait until we knew more answers to important questions.

B. Finance Report

1. Dr. Moore said that he had not yet received the audited finance report from the county for last fiscal year. Without this we cannot calculate the fund balance. In addition we have not received the county's budget guidance or the state grant estimates so it is difficult to do much work on the proposed budget for next fiscal year. Based on the above, the consensus of the board was to hold off on forming a budget committee.
2. Rose Satterfield commented that the budget process seemed chaotic and was difficult to proceed without more information from the county. There was a feeling by the board that a letter should be written expressing their concern.

A motion was made by Ricky McVey and seconded by Rose Satterfield to send a letter to the Board of County Commissioners expressing their concern about working relationship between the Health Department and the County Finance Office. The motion carried on a vote of 8 to 0.

3. Dr. Moore reviewed the finance report that was included in the packet.
4. Dr. Moore said that the Health Department was gradually increasing the number of insurance providers that we participated with. We are hoping that this is one thing that may help us function under the Affordable Care Act.

C. Statistics – Dr. Moore pointed out to the board the usual statistical reports that were included in the packet.

D. Annual Cost Report

1. A copy of the summary of the Home Health Annual Cost Report was included in the packet.
2. The report showed that our costs went up some and Dr. Moore reviewed the costs of the various Home Health services.
3. There was some discussion about the cost report system and cost settlement process in the Health Department Clinic.

E. Announcement about the "Give Kids A Smile" free dental clinic in Burlington.

F. Dr. Moore pointed out some of the other informational items included in the packet.

- G. Candy West announced that the Local Foods Coalition met for the first time today and had a good discussion.

V. Adjournment

The chairman declared the Board of Health meeting adjourned. There was no objection from the membership.

Approved By: _____
Health Director Date

Board of Health Date

Health Director's Report – March 26, 2013

I. Health Director Attendance

- A. I will not be able to attend this Board of Health meeting due to a need to be with my father at an important doctor appointment.
- B. Jennifer Eastwood and Sharon Hendricks will be there in my place to discuss the draft budget and other business.
- C. I appreciate the Board of Health's patients with my absence but am confident that Jennifer and Sharon will provide you all the information you need.

II. Policy Review

- A. The Confidentiality Policy is included in the packet for Board of Health review.
- B. According to policy, this will be reviewed at this meeting but will not be voted on until the April meeting.
- C. There are no significant changes to the policy, this is just the required annual policy review.

III. Communicable Disease Report

- A. There is a requirement of accreditation that the Board of Health be given an annual CD report.
- B. The report is included in the packet and will be discussed at the meeting.

IV. Finance Report

A. Fiscal Year 2011-2012

- 1. We have received the audited version of the Revenue and Expense Report from the County Finance Office. The calculations for the fund balance at the end of Fiscal Year 11-12 are shown below:

Audited Fund Balance At End Of FY 10-11	\$748,017
Total (non-fund Balance) Revenue FY 11-12	+\$2,833,987
Total Expenses FY 11-12	-\$2,869,013
Audited Fund Balance At End Of FY 11-12	\$712,991
Fund Balance Budgeted In FY 12-13	-\$273,526
Unencumbered Fund Balance Available for FY 13-14	\$439,465

- 2. Of the estimated total \$439,465 of unencumbered fund balance \$231,223 is unrestricted and \$208,242 is restricted to specific programs.

B. Fiscal Year 2012-2013

- 1. The report included in the packet shows how actual revenue and expense compares to the budget through the end of February (66.67% of the fiscal year). According to this report the Health Department is at 61.32% of total budgeted expenses and 52.78% of budgeted revenue.
- 2. We continue to work on the transitioning of Home Health billing to CareAnyware. With the uncertainty and reorganization caused by the purchase of CareAnyware by Bright Tree and the new role we are playing in the billing process, there have been more revenue delays than expected. Revenue is coming in but not as quickly as we had hoped but there are signs that things are turning around and we are working on getting some necessary training for our staff.
- 3. A budget amendment is included in the packet for Board of Health consideration. This budget amendment moves funds between lines and adds some additional state funds.

C. Fiscal Year 2013-2014

- 1. The law requires that the Health Director recommends a budget which must be approved by the Board of Health before being submitted to the County Manager/Board of County Commissioners for their action or revision. State law requires this budget to be in place by July 1.

- a. A draft version of the Health Department's proposed budget will be presented at this meeting.
 - b. The County Manager has requested that he receive the Board of Health approved budget by the end of April so the Board of Health will need to approve a final budget at the April meeting.
2. A copy of the draft budget proposal is included in the packet. The following is a discussion of the budget's highlights:

a. Summary

	FY 12-13	FY 13-14	Difference
Earned	1,798,743	1,834,919	36,176
State	643,140	629,527	-13,613
County	387,290	413,715	26,425
Fund Bal.	256,526	260,692	4,166
Total Revenue	3,085,699	3,138,853	53,154
FB + Co	643,816	674,407	30,591
Salary & Benefits	2,143,231	2,072,319	-70,912
Operating Expenses	942,468	1,066,534	124,066
Total Expenses	3,085,699	3,138,853	53,154

b. Administration

- 1) \$4,000 has been included for a stipend for Board of Health members (\$40 per meeting). This is what was paid in the past, before the Board of Health voted to decline the stipend a few years ago.
- 2) Additional overhead expenses have been consolidated into Administration. This will simplify the accounting process and will shift some of the expenses to state dollars. Some of the expenses in Administration include:
 - a) Computers – many of our computers are reaching the end of their life expectancy and we will be needing additional computers for the new EHR
 - b) Office Supplies – Instead of allocating routine office supplies to 20 different programs, we plan to pay for those out of Administration
 - c) Health Educator – We will continue the health education position that was approved several months ago. Part of the funding will come from a state grant in Administration.
 - d) Telephone – Monthly basic charges and call charges are paid out of administration.
 - e) Copier & Postage Meter – Rental of these items used by all programs are consolidated in this program.
 - f) Liability Insurance – This is required by all of our clinical programs so is paid out of this program.
 - g) Organizational Membership Dues – Agency dues to various organizations are paid out of this.
- 3) EHR
 - a) Within the next month we will hopefully be able to evaluate the HIS clinical module provided by the state. If HIS continues its past pattern of unacceptability, we will

- start the process of looking for another EHR.
 - b) If we want to take advantage of the “Meaningful Use” incentive payments, we will need to be actively using a qualified EHR by Oct 1. There is currently some question if the HIS modules provided to us for free by the state will qualify.
 - c) We have included \$50,000 in the budget for an EHR. If we determine that HIS is adequate, this can be removed.
- c. Home Health
 - 1) Computers – The laptops used by the CAP and Home Health field staff are now 4-5 years old and are requiring an increasing amount of maintenance and repair. We have included funds to replace half of them in this budget.
 - 2) Payout For Retiree – An employee has told us she plans to retire and we have included the estimated payout of her vacation pay.
 - 3) CareAnywhere Fees – While we have two less billing staff in the budget we have the usual annual CareAnywhere software fee plus the billing fee. These are included in the Contracted Expenses line in addition to the charges for Physical Therapy services.
 - 4) Reclassify Billing Position – We have spent a good deal of time analyzing the duties and staffing needs in Home Health in light of the billing changes and the anticipated retirement of a long time employee. We have concluded that we currently have barely enough staff to get the needed duties done if we do some reorganizing. We feel that we need a point person to handle the pre-billing activities and this will include increase responsibilities and will result in a promotion to a Processing Assistant V. This will take some of the billing/clerical duties off of the nurses and free the nurses to do things that require the skills of a nurse.
- d. Environmental Health
 - 1) Bathroom Construction
 - a) Our Environmental Health staff (as well as Building Inspection and Planning staff) do not have access to their own bathroom. This means that they have to use the public bathroom over in the Board of Elections area that is often very unhygienic. In addition, there is no place for them to shower should they get dirty while working out in the field, digging holes, monitoring well construction and evaluating septic tanks and fields.
 - b) We had set aside funds several years ago to build a bathroom but those funds had to be used for other expenses. However, the need for the bathroom continues. The County Manager has told us to propose capital projects for the coming year and this is a very needed project.
 - c) We have drawings from several years ago and have an old price of around \$15,000. We have budgeted \$16,000 for the project.
 - 2) Software
 - a) The state is ending the use of a electronic system for

reporting Environmental Health activities (they ran out of money to update it). Our Environmental Health office deals with a large number of documents and records and an electronic system is needed to keep this information organized and be able to report it as necessary.

- b) Most other counties are using private software to accomplish this and we are beginning the process of evaluating our software options.

c. Personal Health

1) Generator For Vaccinations

- a) We keep a vaccine stock worth thousands of dollars that must be kept refrigerated or frozen. We have been struggling with how to protect this valuable materiel in the event of a power outage of more than an hour or two.

- b) In the past we have had a plan to transfer the vaccines to the Sheriff's Dept that has a building wide generator. There are a few problems with this:

- (1) Most prolonged power outages have occurred during snow storms, ice storms or hurricanes which makes it unsafe for Health Department staff to come to work.
- (2) This requires us to maintain a refrigerator at all times at the Sheriff's Dept. that meets the standards required by the state.
- (3) In the past we have lost several thousand dollars of vaccine during this process.

- c) We have also tried to use battery powered coolers to maintain the vaccine but they have a hard time keeping the proper temperature.

- d) The plan we are proposing now is to install a generator that will power just the refrigerators during a power outage.

- (1) We would use a natural gas generator so we would not have to worry about a fuel supply.
- (2) The generator would start automatically so staff would not have to travel during bad weather.
- (3) Part of the installation would require an electrician to rewire part of the Health Department.
- (4) We have \$10,000 budgeted for this project of which about \$8,000 will come from the state.

2) Hiring A Second Nurse Practitioner

- a) For several years it has become increasingly apparent that we need a second NP if we intend to provide a growing and stable medical clinic that can flourish and respond to the changing medical environment. Some of the benefits of this include:

- (1) Having a NP in the clinic every day. This is the only way we can be seen as a reliable source of health care.
- (2) Reducing the waiting time for clients.

- (3) Enable us to care for more patients with private insurance. The Expanded Role Nurses cannot be reimbursed for services to clients with private insurance.
- (4) Enable us to provide expanded hours of service.
- b) The problem has been how to afford this reorganization. We are proposing this new position with the funding coming from the following reorganization in addition to a small increase in earned revenue:
 - (1) Filling the vacant CD/TB position caused by a retirement with a staff nurse.
 - (2) Having the NP take over prenatal services from the contracted UNC midwife
 - (3) Using the already budgeted funds for the backup NP
 - (4) Include a 25% increase in earned revenue in the affected programs.
 - (5) Providing additional support staff time for the clinic by hiring a clerk to taking some of the clerical duties away clinic personnel and supporting the front desk during busier times.
- 3) Private Stock Vaccines – We currently have state supplied vaccines for Medicaid and uninsured patients. There is an increasing need for a supply to give to the insured. We have funds budgeted for this.
- 4) Contract For Dental Services For Children – We will use some state funds to contract with local dental offices to see children that do not have Medicaid or dental insurance.

V. Miscellaneous Informational Items

- A. Environmental Health Statistics
- B. Old Bathroom Construction Drawing and Quote
- C. County Health Information

CASWELL COUNTY HEALTH DEPARTMENT (FY 2012-2013)

		Budget	Actual YTD	Balance	YTD = 66.67%
SALARY & BENEFITS SUBTOTAL		2,165,197.00	1,385,246.38	779,950.62	63.98%
Board Expenses	120	0.00	0.00	0.00	0.00%
Salary	121	1,640,668.00	1,044,330.31	596,337.69	63.65%
Call	122	43,774.00	29,252.00	14,522.00	66.83%
Longevity	127	25,208.00	23,778.36	1,429.64	94.33%
SS / FICA	181	130,016.00	80,863.12	49,152.88	62.19%
Retirement	182	109,987.00	72,340.03	37,646.97	65.77%
Health Insurance	183	215,544.00	134,682.56	80,861.44	62.48%
OPERATIONAL EXPENSE SUBTOTAL		949,372.00	524,558.01	424,813.99	55.25%
Contracted Services	199	438,766.00	252,050.00	186,716.00	57.45%
Food & Provisions	220	386.00	216.23	169.77	56.02%
Program Supplies	230	40,071.00	16,450.82	23,620.18	41.05%
Pharmaceuticals	238	40,338.00	13,333.22	27,004.78	33.05%
HH/CAP Med Supplies	239	205,000.00	123,003.70	81,996.30	60.00%
Office Supplies	260	19,340.00	11,283.06	8,056.94	58.34%
Small Tools & Equip.	295	15,883.00	7,999.75	7,883.25	50.37%
Mileage	311	117,100.00	61,073.36	56,026.64	52.15%
Travel Subsistence	312	5,398.00	1,312.47	4,085.53	24.31%
Telephone	321	13,379.00	7,198.43	6,180.57	53.80%
Postage	325	7,039.00	2,911.83	4,127.17	41.37%
Printing	340	2,562.00	252.90	2,309.10	9.87%
Unused	zz7	0.00	0.00	0.00	0.00%
Maint & Repair	352	8,300.00	6,143.04	2,156.96	74.01%
Advertising	370	2,221.00	520.00	1,701.00	23.41%
Laundry	392	1,314.00	900.99	413.01	68.57%
Training	395	10,855.00	5,627.30	5,227.70	51.84%
Rental of Copier	431	9,090.00	6,379.58	2,710.42	70.18%
Rental of Post Meter	432	853.00	408.00	445.00	47.83%
Ins & Bonding	450	5,000.00	4,615.24	384.76	92.30%
Dues, Subsc. & Pub.	491	6,477.00	2,878.09	3,598.91	44.44%
Capital Outlay	500	0.00	0.00	0.00	0.00%
TOTAL EXPENSES		3,114,569.00	1,909,804.39	1,204,764.61	61.32%
REVENUE	TOTAL	3,114,569.00	1,643,765.17	1,470,803.83	52.78%
STATE SUBTOTAL		657,371.00	283,268.61	374,102.39	43.09%
(101) COUNTY APPROP		387,076.00	217,005.04	170,070.96	56.06%
(103) UR FUND BAL		79,325.00	35,526.62	43,798.38	44.79%
(102) WCH FUND BAL		129,046.00	104,406.88	24,639.12	80.91%
(102) PPC FUND BAL		48,155.00	27,609.24	20,545.76	57.33%
OTHER SUBTOTAL		643,602.00	384,547.78	259,054.22	59.75%
(102) MCD - REGULAR		904,843.00	490,058.27	414,784.73	54.16%
(102) MCD - SETTLEMENT		0.00	0.00	0.00	0.00%
(103) MCR - REGULAR		705,052.00	384,451.55	320,600.45	54.53%
(103) MCR - HMO		101,918.00	39,797.75	62,120.25	39.05%
(103) PRIVATE INS		17,850.00	8,074.93	9,775.07	45.24%
(103) DIRECT FEES		69,080.00	37,551.75	31,528.25	54.36%
(103) JAIL HEALTH		14,853.00	16,014.53	-1,161.53	107.82%
EARNED SUBTOTAL		1,813,596.00	975,948.78	837,647.22	53.81%
BALANCE		0.00	-266,039.22		

CASWELL COUNTY BUDGET AMENDMENT # _____
Health Department Amendment # 3

Be it ordained, the FY 2012-2013 Annual Budget Ordinance is hereby amended as follows:

PUBLIC HEALTH - 5110

<i>Expenditure Line</i>	<i>Account Code</i>	<i>Increase / (Decrease)</i>	<i>Amended Budget</i>
Salary 121	100.5110.121.000	\$10,094	\$1,640,668
Call 122	100.5110.122.000	(\$23)	\$43,774
Longevity 127	100.5110.127.000	\$1,034	\$25,208
SS / FICA 181	100.5110.181.000	\$184	\$130,016
Retirement 182	100.5110.182.000	\$685	\$109,987
Health Insurance 183	100.5110.183.000	(\$2,912)	\$215,544
Contracted Services 199	100.5110.199.000	\$6,956	\$438,766
Food & Provisions 220	100.5110.220.000	\$10	\$386
Program Supplies 230	100.5110.230.000	(\$4,039)	\$40,071
Pharmaceuticals 238	100.5110.238.000	(\$1,160)	\$40,338
Office Supplies 260	100.5110.260.000	\$1,926	\$19,340
Small Tools & Equip. 295	100.5110.295.000	(\$342)	\$15,883
Mileage 311	100.5110.311.000	\$143	\$117,100
Travel Subsistence 312	100.5110.312.000	(\$628)	\$5,398
Postage 325	100.5110.325.000	(\$28)	\$7,039
Printing 340	100.5110.340.000	(\$200)	\$2,562
Maint & Repair 352	100.5110.352.000	\$500	\$8,300
Advertising 370	100.5110.370.000	(\$21)	\$2,221
Laundry 392	100.5110.392.000	(\$11)	\$1,314
Training 395	100.5110.395.000	\$186	\$10,855
Dues, Subsc. & Pub. 491	100.5110.491.000	\$74	\$6,477
		\$12,428	

<i>Revenue Lines</i>	<i>Account Code</i>	<i>Increase / (Decrease)</i>	<i>Amended Budget</i>
State - Public Health	100.3510.360.000	\$11,162	\$657,371
Jail Health	100.3510.423.012	\$1,266	\$14,853
		\$12,428	

Justification:

Moves funds between lines to cover expenses. \$3,583 decrease in State Immunization Funds. \$2,265 increase in State Environmental Health (Food & Lodging) Funds. \$12,480 increase in Healthy Communities State Grant. \$1,266 increase in budget to cover expenses with money in hand.

That all Ordinances or portions of Ordinances in conflict are hereby repealed.

 Approved by Health Director

 Date

 Approved by Board of Health

 Date

 Paula Seamster, Clerk to the Board

 Date

Approved by the Caswell County Board of Commissioners

Net →		ADM	FIN	EH	CAP	HH	AH	GH	CCAC
		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
REVENUE									
82	TOTAL STATE GRANTS	286,365.00	30,720.00	4,750.00	0.00	0.00	0.00	0.00	691.00
83	Medicaid	0.00	0.00	0.00	140,000.00	411,709.00	40,000.00	0.00	76,875.00
84	Medicare	0.00	0.00	0.00	0.00	672,707.00	1,500.00	0.00	0.00
85	MCR-HMO	0.00	0.00	0.00	0.00	56,829.00	0.00	0.00	0.00
86	Private Ins.	0.00	0.00	0.00	0.00	10,000.00	1,250.00	200.00	0.00
87	Direct Fees	26,000.00	0.00	49,601.00	0.00	500.00	12,424.00	1,000.00	0.00
89	County Tax Appropriation	38,100.00	0.00	0.00	0.00	0.00	73,875.00	0.00	0.00
90	WCH Fund Balance	0.00	0.00	0.00	0.00	0.00	0.00	38,229.00	0.00
91	UR Fund Balance	0.00	0.00	0.00	39,077.00	0.00	50,000.00	0.00	0.00
92	PPC Fund Balance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
93	CC4C Fund Balance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,949.00
94	OBCM Fund Balance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99	TOTAL NON-STATE REVENUE	54,000.00	0.00	230,790.00	179,077.00	1,151,745.00	178,649.00	116,304.00	47,949.00
100	GRAND TOTAL REVENUE	350,365.00	30,720.00	235,540.00	179,077.00	1,151,745.00	178,649.00	145,168.00	48,640.00

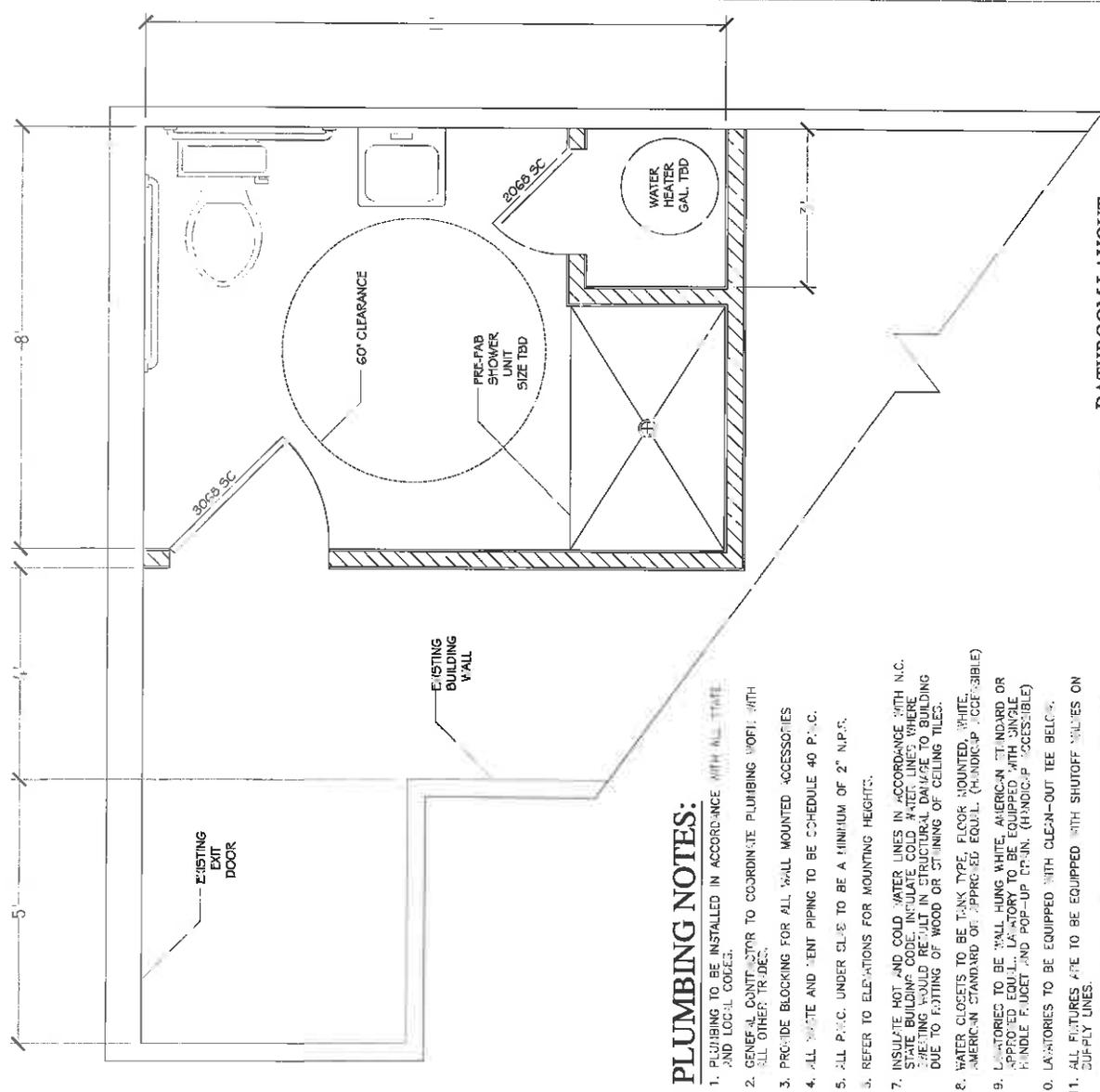
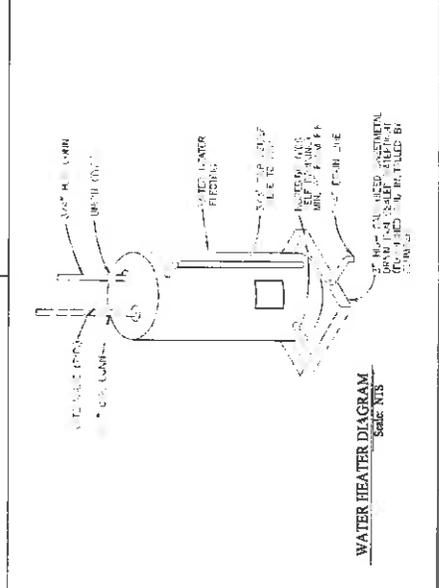
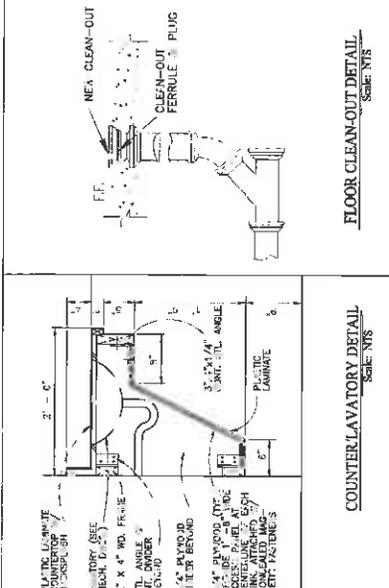
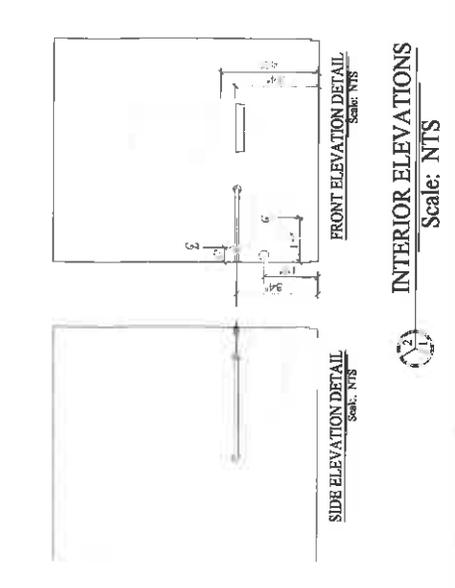
EXPENSES									
1	Board Salary & Expenses (120)	4,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	Salary (121)	9,582.00	16,174.00	142,752.00	100,282.00	561,353.00	123,003.00	95,255.00	32,616.00
3	On Call (122)	0.00	0.00	0.00	0.00	31,243.00	0.00	0.00	0.00
4	Longevity (127)	82.00	53.00	2,271.00	1,047.00	7,870.00	1,539.00	1,254.00	0.00
5	SS/FICA (181)	744.00	1,247.00	11,102.00	7,811.00	46,729.00	9,930.00	7,401.00	2,496.00
6	Retirement (182)	654.00	1,096.00	9,778.00	6,865.00	39,313.00	8,736.00	6,514.00	2,199.00
7	Health Ins. (183)	1,855.00	3,139.00	18,837.00	15,222.00	70,387.00	19,339.00	13,444.00	5,661.00
13	TOTAL SALARY & BENEFITS	16,917.00	21,709.00	184,740.00	131,227.00	756,895.00	167,547.00	123,868.00	42,972.00
14	Contracted Services (199)	262,700.00	0.00	10,000.00	1,000.00	137,000.00	2,000.00	7,803.00	741.00
15	Food & Provisions (220)	0.00	0.00	0.00	0.00	250.00	0.00	0.00	0.00
16	Program Supplies (230)	0.00	5,401.00	4,000.00	0.00	700.00	2,200.00	2,200.00	0.00
17	Pharmaceuticals (238)	0.00	500.00	0.00	0.00	0.00	4,500.00	2,000.00	0.00
18	HH/CAP Medical Supplies (239)	0.00	0.00	0.00	38,000.00	150,000.00	0.00	0.00	0.00
19	Office Supplies (260)	16,658.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Small Tools/Equipment (295)	20,049.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21	Travel Mileage (311)	2,091.00	2,000.00	2,000.00	2,500.00	9,000.00	277.00	147.00	0.00
22	Travel Subsistence (312)	500.00	250.00	2,000.00	5,500.00	75,000.00	200.00	300.00	4,201.00
23	Telephone (321)	6,500.00	560.00	900.00	500.00	2,500.00	100.00	100.00	100.00
24	Postage (325)	100.00	50.00	1,000.00	100.00	500.00	800.00	500.00	75.00
25	Printing (340)	250.00	0.00	0.00	0.00	300.00	75.00	25.00	476.00
26	Maintenance & Repair (352)	4,750.00	0.00	400.00	0.00	2,000.00	0.00	0.00	0.00
27	Advertising (370)	0.00	0.00	0.00	0.00	500.00	50.00	200.00	50.00
28	Laundry & Dry Cleaning (392)	0.00	0.00	0.00	0.00	0.00	275.00	225.00	0.00
29	Training/Employee Ed. Exp. (395)	1,000.00	250.00	1,350.00	250.00	2,700.00	500.00	750.00	0.00
30	Rental of Copier (431)	9,500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Rental of Postage Meter (432)	850.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
32	Insurance & Bonding (450)	5,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
33	Dues & Subscriptions (491)	3,500.00	0.00	150.00	0.00	14,000.00	125.00	50.00	25.00
34	Capital Outlay (550)	0.00	0.00	16,000.00	0.00	0.00	0.00	10,000.00	0.00
99	TOT OPERATING EXPENSES	333,448.00	9,011.00	50,800.00	47,850.00	394,850.00	11,102.00	24,300.00	5,668.00
100	GRAND TOTAL	350,365.00	30,720.00	235,540.00	179,077.00	1,151,745.00	178,649.00	146,168.00	48,640.00

Net →		CO	FP	UH	PCM	PPC	FB	WAF	WGA	WSE	BT	
REVENUE												
82	TOTAL STATE GRANTS	10,911.00	69,984.00	16,783.00	0.00	53,000.00	2,199.00	23,163.00	68,441.00	7,404.00	22,752.00	500.00
83	Medicaid	3.00	78,000.00	25,000.00	60,102.00	75,000.00	200.00	0.00	0.00	0.00	0.00	8,750.00
84	Medicare	3.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
85	MCR-HMO	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
86	Private Ins.	0.00	750.00	2,627.00	0.00	200.00	20.00	0.00	0.00	0.00	0.00	0.00
87	Direct Fees	0.00	1,625.00	500.00	0.00	250.00	2,300.00	0.00	0.00	0.00	0.00	0.00
89	County Tax Appropriation	14,105.00	0.00	0.00	0.00	7,492.00	13,510.00	1,060.00	1,000.00	490.00	1,576.00	55,810.00
90	WCH Fund Balance	0.00	32,740.00	44,606.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
91	UR Fund Balance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
92	PPC Fund Balance	0.00	0.00	0.00	0.00	50,081.00	0.00	0.00	0.00	0.00	0.00	0.00
93	CC4C Fund Balance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
94	OBCM Fund Balance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99	TOTAL NON-STATE REVENUE	14,105.00	113,115.00	72,733.00	60,102.00	133,033.00	16,030.00	1,060.00	1,000.00	490.00	1,576.00	64,568.00
100	GRAND TOTAL REVENUE	25,016.00	183,099.00	89,516.00	60,102.00	186,033.00	18,229.00	24,223.00	69,441.00	7,894.00	24,328.00	65,068.00

EXPENSES												
1	Board Salary & Expenses (120)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	Salary (121)	18,493.00	111,646.00	53,536.00	45,101.00	101,030.00	11,084.00	15,383.00	46,913.00	5,148.00	14,674.00	47,148.00
3	On Call (122)	0.00	0.00	0.00	0.00	12,762.00	0.00	0.00	0.00	0.00	0.00	0.00
4	Longevity (127)	685.00	1,888.00	1,503.00	0.00	1,535.00	321.00	121.00	762.00	109.00	296.00	851.00
5	SS/FICA (181)	1,475.00	8,703.00	4,225.00	3,452.00	8,843.00	885.00	1,192.00	3,659.00	409.00	1,150.00	3,669.00
6	Retirement (182)	1,295.00	7,664.00	3,716.00	3,041.00	7,781.00	777.00	1,048.00	3,220.00	357.00	1,012.00	3,242.00
7	Health Ins. (183)	2,038.00	13,938.00	6,512.00	6,108.00	12,717.00	1,632.00	3,669.00	9,394.00	715.00	2,298.00	5,599.00
13	TOTAL SALARY & BENEFITS	23,986.00	143,839.00	69,492.00	57,702.00	144,668.00	14,699.00	21,413.00	63,948.00	6,738.00	19,430.00	60,829.00
14	Contracted Services (199)	50.00	7,812.00	7,600.00	75.00	37,940.00	1,500.00	110.00	300.00	0.00	150.00	1,500.00
15	Food & Provisions (220)	0.00	0.00	100.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
16	Program Supplies (230)	0.00	5,500.00	2,800.00	0.00	1,600.00	100.00	450.00	4,943.00	0.00	4,248.00	1,700.00
17	Pharmaceuticals (238)	0.00	23,533.00	4,250.00	0.00	50.00	350.00	0.00	0.00	0.00	0.00	25.00
18	HH/CAP Medical Supplies (239)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
19	Office Supplies (260)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
20	Small Tools/Equipment (295)	0.00	0.00	2,488.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
21	Travel Mileage (311)	500.00	400.00	300.00	1,200.00	200.00	1,000.00	850.00	200.00	200.00	200.00	100.00
22	Travel Subsistence (312)	300.00	200.00	100.00	100.00	100.00	200.00	500.00	0.00	200.00	0.00	0.00
23	Telephone (321)	0.00	0.00	0.00	700.00	300.00	0.00	0.00	0.00	0.00	0.00	0.00
24	Postage (325)	30.00	340.00	250.00	75.00	325.00	25.00	0.00	0.00	756.00	0.00	150.00
25	Printing (340)	0.00	75.00	50.00	75.00	75.00	25.00	0.00	0.00	0.00	0.00	50.00
26	Maintenance & Repair (352)	0.00	0.00	500.00	0.00	0.00	0.00	350.00	0.00	0.00	0.00	0.00
27	Advertising (370)	0.00	200.00	200.00	25.00	100.00	25.00	150.00	0.00	0.00	100.00	100.00
28	Laundry & Dry Cleaning (392)	0.00	250.00	150.00	0.00	300.00	30.00	0.00	0.00	0.00	0.00	150.00
29	Training/Employee Ed. Exp. (395)	150.00	800.00	1,086.00	125.00	300.00	250.00	400.00	0.00	0.00	200.00	100.00
30	Rental of Copier (431)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31	Rental of Postage Meter (432)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
32	Insurance & Bonding (450)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
33	Dues & Subscriptions (491)	0.00	150.00	150.00	25.00	75.00	25.00	0.00	50.00	0.00	0.00	25.00
34	Capital Outlay (550)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
99	TOT OPERATING EXPENSES	1,030.00	39,260.00	20,024.00	2,400.00	41,365.00	3,530.00	2,810.00	5,493.00	1,156.00	4,898.00	4,539.00
100	GRAND TOTAL	25,016.00	183,099.00	89,516.00	60,102.00	186,033.00	18,229.00	24,223.00	69,441.00	7,894.00	24,328.00	65,068.00

Net →	CAJ-TOTAL		EH-TOTAL	HH-TOTAL	PH-TOTAL	WIC-TOTAL	HD-TOTAL	FY 12-13		Prop. Line % of Tot.
	Budget	Variance								
REVENUE										
82 TOTAL STATE GRANTS	317,085.00	4,750.00	0.00	0.00	185,932.00	121,760.00	629,527.00	643,140.00	-13,613.00	20.47%
83 Medicaid	0.00	0.00	0.00	551,709.00	405,927.00	0.00	957,636.00	904,843.00	52,793.00	31.13%
84 Medicare	0.00	0.00	672,707.00	0.00	1,500.00	0.00	674,207.00	705,052.00	-30,845.00	21.92%
85 MCR-HMO	0.00	56,829.00	0.00	0.00	0.00	0.00	56,829.00	101,918.00	-45,089.00	1.85%
86 Private Ins.	0.00	10,000.00	0.00	5,047.00	5,047.00	0.00	15,047.00	17,850.00	-2,803.00	0.49%
87 Direct Fees	26,000.00	49,601.00	500.00	0.00	18,059.00	0.00	94,200.00	69,080.00	25,120.00	3.06%
89 Emergency Year Appropriation	38,000.00	181,189.00	0.00	0.00	164,400.00	4,125.00	397,715.00	387,290.00	10,425.00	3.37%
90 WCH Fund Balance	0.00	0.00	0.00	0.00	115,575.00	0.00	115,575.00	129,046.00	-13,471.00	3.76%
91 UR Fund Balance	0.00	0.00	39,077.00	0.00	50,000.00	0.00	89,077.00	79,325.00	9,752.00	2.90%
92 PPC Fund Balance	0.00	0.00	0.00	50,091.00	0.00	0.00	50,091.00	48,155.00	1,936.00	1.63%
93 CC4C Fund Balance	0.00	0.00	0.00	5,949.00	0.00	0.00	5,949.00	0.00	5,949.00	0.19%
94 OBCM Fund Balance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00%
99 TOTAL NON-STATE REVENUE	64,000.00	230,790.00	1,330,822.00	4,126.00	816,588.00	4,126.00	2,446,326.00	2,442,559.00	3,767.00	79.53%
100 GRAND TOTAL REVENUE	381,085.00	235,540.00	1,330,822.00	1,330,822.00	1,002,520.00	125,886.00	3,075,653.00	3,065,699.00	9,954.00	100.00%

Net →	CAJ-TOTAL		EH-TOTAL	HH-TOTAL	PH-TOTAL	WIC-TOTAL	HD-TOTAL	FY 12-13		Prop. Line % of Tot.
	Budget	Variance								
EXPENSES										
1 Board Salary & Expenses (120)	4,000.00	0.00	0.00	0.00	0.00	0.00	4,000.00	0.00	4,000.00	0.13%
2 Salary (121)	25,756.00	142,752.00	661,635.00	82,118.00	6,419,120.00	82,118.00	1,556,173.00	1,621,221.00	-65,048.00	50.59%
3 On Call (122)	0.00	0.00	31,243.00	0.00	12,762.00	0.00	44,005.00	43,774.00	231.00	1.43%
4 Longevity (127)	135.00	2,237.00	8,917.00	9,576.00	9,576.00	1,288.00	22,187.00	25,612.00	-3,425.00	0.72%
5 SS/FICA (181)	1,991.00	11,102.00	54,540.00	51,059.00	51,059.00	6,410.00	125,142.00	129,109.00	-3,967.00	4.07%
6 Retirement (182)	1,750.00	9,778.00	46,178.00	44,965.00	44,965.00	5,637.00	108,308.00	109,019.00	-711.00	3.52%
7 Health Ins. (183)	4,994.00	16,837.00	85,609.00	86,988.00	86,988.00	16,076.00	212,504.00	214,496.00	-1,992.00	6.91%
13 TOTAL SALARY & BENEFITS	38,525.00	184,740.00	888,122.00	849,302.00	111,529.00	111,529.00	2,072,319.00	2,143,231.00	-70,912.00	67.37%
14 Contracted Services (199)	252,700.00	10,000.00	138,000.00	67,021.00	560.00	560.00	478,281.00	432,062.00	46,219.00	15.55%
15 Food & Provisions (220)	0.00	0.00	250.00	100.00	0.00	0.00	350.00	386.00	-36.00	0.01%
16 Program Supplies (230)	5,401.00	4,000.00	0.00	16,100.00	9,641.00	0.00	36,142.00	40,071.00	-4,929.00	1.14%
17 Pharmaceuticals (238)	500.00	0.00	700.00	34,708.00	0.00	0.00	35,908.00	40,338.00	-4,430.00	1.17%
18 HH/CAP Medical Supplies (239)	0.00	0.00	188,000.00	0.00	0.00	0.00	188,000.00	205,000.00	-17,000.00	6.11%
19 Office Supplies (260)	15,658.00	0.00	0.00	0.00	0.00	0.00	15,658.00	19,140.00	-2,482.00	0.54%
20 Small Tools/Equipment (295)	20,045.00	2,000.00	11,500.00	3,551.00	0.00	0.00	37,100.00	15,883.00	21,217.00	1.21%
21 Travel Mileage (311)	4,091.00	13,000.00	80,500.00	8,401.00	3,551.00	1,450.00	107,442.00	117,100.00	-9,658.00	3.49%
22 Travel Subsistence (312)	759.00	3,000.00	400.00	1,300.00	700.00	700.00	5,150.00	5,398.00	-248.00	0.17%
23 Telephone (321)	7,060.00	988.00	3,000.00	7,000.00	0.00	0.00	11,968.00	13,379.00	-1,419.00	0.39%
24 Postage (325)	150.00	1,000.00	600.00	2,570.00	756.00	756.00	5,076.00	7,039.00	-1,963.00	0.17%
25 Printing (340)	250.00	0.00	300.00	926.00	0.00	0.00	1,476.00	2,562.00	-1,086.00	0.05%
26 Maintenance & Repair (352)	4,750.00	400.00	2,000.00	500.00	350.00	350.00	8,000.00	8,300.00	-300.00	0.26%
27 Advertising (370)	0.00	0.00	500.00	950.00	250.00	250.00	1,700.00	2,221.00	-521.00	0.06%
28 Laundry & Dry Cleaning (392)	0.00	0.00	0.00	1,380.00	0.00	0.00	1,380.00	1,314.00	66.00	0.04%
29 Training/Employee Ed. Exp. (395)	1,250.00	1,350.00	2,950.00	4,061.00	600.00	600.00	10,211.00	10,855.00	-644.00	0.33%
30 Rental of Copier (431)	9,500.00	0.00	0.00	0.00	0.00	0.00	9,500.00	9,090.00	410.00	0.31%
31 Rental of Postage Meter (432)	850.00	0.00	0.00	0.00	0.00	0.00	850.00	853.00	-3.00	0.03%
32 Insurance & Bonding (450)	5,000.00	0.00	0.00	0.00	0.00	0.00	5,000.00	5,000.00	0.00	0.16%
33 Dues & Subscriptions (491)	3,500.00	150.00	14,000.00	650.00	50.00	50.00	18,350.00	6,477.00	11,873.00	0.60%
34 Capital Outlay (550)	0.00	16,800.00	0.00	10,000.00	0.00	0.00	26,800.00	0.00	26,800.00	0.85%
99 TOT OPERATING EXPENSES	342,459.00	50,600.00	442,700.00	153,218.00	14,357.00	14,357.00	1,003,534.00	942,468.00	61,066.00	32.63%
100 GRAND TOTAL	381,085.00	235,540.00	1,330,822.00	1,092,520.00	125,886.00	125,886.00	3,075,653.00	3,065,699.00	9,954.00	100.00%



PLUMBING NOTES:

1. PLUMBING TO BE INSTALLED IN ACCORDANCE WITH ALL TOWN AND LOCAL CODES.
2. GENERAL CONTRACTOR TO COORDINATE PLUMBING WORK WITH ALL OTHER TRADES.
3. PROVIDE BLOCKING FOR ALL WALL MOUNTED ACCESSORIES
4. ALL WASTE AND VENT PIPING TO BE SCHEDULE 40 P.I.C.
5. ALL P.I.C. UNDER GLEBS TO BE A MINIMUM OF 2" N.P.S.
6. REFER TO ELEVATIONS FOR MOUNTING HEIGHTS.
7. INSULATE HOT AND COLD WATER LINES IN ACCORDANCE WITH N.C. STATE BUILDING CODE. INSULATE COLD WATER LINES WHERE EXPOSURE WOULD RESULT IN STRUCTURAL DAMAGE TO BUILDING DUE TO FROSTING OF WOOD OR STAINING OF CEILING TILES.
8. WATER CLOSETS TO BE TANK TYPE, FLOOR MOUNTED, WHITE, AMERICAN STANDARD OR APPROVED EQUAL (HANDICAP ACCESSIBLE)
9. LAVATORIES TO BE WALL HUNG WHITE, AMERICAN STANDARD OR APPROVED EQUAL. LAVATORY TO BE EQUIPPED WITH SINGLE HANDLE FOUNTAIN AND POP-UP DRAIN. (HANDICAP ACCESSIBLE)
10. LAVATORIES TO BE EQUIPPED WITH CLEAN-OUT TEE BELOW.
11. ALL FIXTURES ARE TO BE EQUIPPED WITH SHUTOFF VALVES ON SUPPLY LINES.
12. WATER HEATER TO BE 6 G.G. ELECTRIC MOUNTED OVERHEAD & INSTALLED BY PLUMBING CONTRACTOR AND WIRED BY ELECTRICAL CONTRACTOR.
13. TIE ALL NEW SEWER AND WATER INTO EXISTING SERVICE LINES.



March 2, 2010

*Caswell County Inspections & Environmental Health
Bathroom Addition
Yanceyville, NC 27379*

Project Quote Includes:

Building permit
Framing material and labor
Required electrical
Plumbing for lavatory/water closet
Insulate walls for sound R-11
Drywall & Paint (new addition only)
Trim/doors/hardware/mirror
VCT flooring
Required handicapped accessories
Standard Mirror

- Add \$2,200 for shower and water heater (Includes additional square footage required and door for water heater closet)
- Working drawing included at no charge

Project Quote: \$14,800

**Caswell County Health Department
Communicable Disease Report
January 1- December 31, 2012
March 18, 2013**

Chlamydia-82 cases
Gonorrhea-23 cases

Syphilis- 1
HIV Disease- 2

Hepatitis B (Chronic)- 1 confirmed 1 Probable

Creutzfeldt-Jakob Disease -1

Salmonella-5 confirmed

Campylobacter-1 confirmed

Pertussis-1 investigation - no case

Rocky Mountain Spotted Fever- Probable -7 Does not meet criteria-16

Lyme Disease- 3 confirmed Does not meet criteria -3 Probable-1
Ehrlichiosis-1 confirmed Does not meet criteria -2

Tuberculosis- 1 confirmed

Rabies -1 skunk Pelham 3/31/12 (farm animals quarantined for 6 months)
1 raccoon Blanch 4/25/12 1 skunk Cherry Grove 11/14/12

Guidelines designate if symptoms and or labs make the case a Confirmed, Probable or it Does Not Meet Criteria. Same investigation time is required to make the decision.

Respectfully submitted.

Loretta Nichols RN

Loretta Nichols RN
Communicable Disease/TB/Preparedness Coordinator

Salmonellosis (*Salmonella* spp.)

2012 Case Definition

CSTE Position Statement Number: 11-ID-08

Clinical Description

An illness of variable severity commonly manifested by diarrhea, abdominal pain, nausea, and sometimes vomiting. Asymptomatic infections may occur, and the organism may cause extraintestinal infections.

Laboratory Criteria for Diagnosis

Suspect

Detection of *Salmonella* from a clinical specimen using a non-culture based method

Confirmed

Isolation of *Salmonella* from a clinical specimen

Case Classification

Suspect

A case that meets the suspect laboratory criteria for diagnosis

Probable

A clinically compatible case that is epidemiologically linked to a confirmed case, i.e., a contact of a confirmed case or member of a risk group as defined by public health authorities during an outbreak.

Confirmed

A case that meets the confirmed laboratory criteria for diagnosis. When available, O and H antigen serotype characterization should be reported.

Comment

Both asymptomatic infections and infections at sites other than the gastrointestinal tract, if laboratory confirmed, are considered confirmed cases that should be reported.

Diseases and Conditions Reportable in North Carolina

North Carolina General Statute:

§130A-135. Physicians to report.

A physician licensed to practice medicine who has reason to suspect that a person about whom the physician has been consulted professionally has a communicable disease or communicable condition declared by the Commission to be reported, shall report information required by the Commission to the local health director of the county or district in which the physician is consulted.

North Carolina Administrative Code:

10A NCAC 41A 0101 Reportable Diseases and Conditions

(a) The following named diseases and conditions are declared to be dangerous to the public health and are hereby made reportable within the time period specified after the disease or condition is reasonably suspected to exist:

Diseases in *BOLD ITALICS* should be reported immediately to local health department.

Reportable to Local Health Department Within 24 Hours

<u>DISEASE/CONDITION</u>	<u>A-G</u>	<u>NC DISEASE CODE</u>
ANTHRAX		3
BOTULISM, <i>FOODBORNE</i>		10
BOTULISM, <i>INTESTINAL (INFANT)</i>		110
BOTULISM, <i>WOUND</i>		111
Campylobacter infection.....		50
Chancroid.....		100
Cholera.....		6
Cryptosporidiosis.....		56
Cyclosporiasis.....		63
Diphtheria.....		8
E. coli infection, shiga toxin-producing.....		53
Foodborne disease: Clostridium perfringens.....		11
Foodborne: staphylococcal.....		12
Foodborne disease: other/unknown.....		13
Foodborne poisoning: ciguatera.....		130
Foodborne poisoning: mushroom.....		131
Foodborne poisoning: scombroid fish.....		132
Gonorrhea.....		300
Granuloma inguinale.....		500
H-N		
Haemophilus influenzae, invasive disease.....		23
Hemolytic-uremic syndrome (HUS).....		59
HEMORRHAGIC FEVER VIRUS INFECTION		68
Hepatitis A.....		14
Hepatitis B, acute.....		15
HIV/AIDS		
HIV.....		900
AIDS.....		950
Influenza pediatric death (<18 years).....		73
Listeriosis.....		64
Measles (rubeola).....		22
Meningococcal disease, invasive.....		27
Monkeypox.....		72
NOVEL INFLUENZA VIRUS INFECTION		75
O-U		
Ophthalmia neonatorum.....		345
Pertussis (Whooping Cough).....		47
PLAGUE		29
Polioomyelitis, paralytic.....		30
Rabies, human.....		33
Rubella.....		36
Salmonellosis.....		38
S. aureus with reduced susceptibility to vancomycin.....		74
SARS (coronavirus infection).....		71
Shigellosis.....		39
SMALLPOX		69
Syphilis		
primary.....		710
secondary.....		720
early latent.....		730
latent unknown duration.....		740
late latent.....		745
late with symptoms.....		750
neurosyphilis.....		760
congenital.....		790
Tuberculosis.....		TB
TULAREMIA		43
Typhoid Fever, acute.....		44
V-Z		
Vaccinia.....		70
Vibrio infection, other than cholera & vulnificus.....		55
Vibrio vulnificus.....		54

Reportable to Local Health Department Within 7 Days

<u>DISEASE/CONDITION</u>	<u>A-G</u>	<u>NC DISEASE CODE</u>
Brucellosis.....		5
Chlamydial infection—laboratory confirmed.....		200
Creutzfeldt-Jakob Disease.....		66
Dengue.....		7
Ehrlichiosis, HGA (human granulocytic anaplasmosis).....		571
Ehrlichiosis, HME (human monocytic or e. chaffeensis).....		572
Ehrlichiosis, unspecified.....		573
Encephalitis, arboviral, WNV.....		95
Encephalitis, arboviral, LAC.....		96
Encephalitis, arboviral, EEE.....		97
Encephalitis, arboviral, other.....		98
H-N		
Hantavirus infection.....		67
Hepatitis B, carriage.....		115
Hepatitis B, perinatally acquired.....		116
Hepatitis C, acute.....		60
Legionellosis.....		18
Leprosy (Hansen's Disease).....		19
Leptospirosis.....		20
Lyme disease.....		51
Lymphogranuloma venereum.....		600
Malaria.....		21
Meningitis, pneumococcal.....		25
Mumps.....		28
Non-gonococcal urethritis.....		400
O-Z		
PID.....		490
Psittacosis.....		31
Q fever.....		32
Rocky Mountain Spotted Fever.....		35
Rubella, congenital syndrome.....		37
Streptococcal infection, Group A, invasive.....		61
Tetanus.....		40
Toxic shock syndrome, non-streptococcal.....		41
Toxic shock syndrome, streptococcal.....		65
Trichinosis.....		42
Typhoid, carriage (Salmonella typhi).....		144
Yellow fever.....		48

Physicians must report these diseases and conditions to the local health department. For diseases and conditions required to be reported within 24 hours, the initial report shall be made by telephone to the local health department, and the written disease report be made within 7 days. The reporting rules and disease report forms can be accessed at:

<http://www.epi.state.nc.us/epi/gcdc.html>

If you are unable to contact your local health department, call the 24/7 pager for N.C. Communicable Disease Branch. (919) 733-3419

You may be contacted by the local health department for additional information about this case. Medical record information relevant to the investigation and/or control of a communicable disease is exempt from the HIPAA Privacy Rule (see 45 CFR 164.512(a)) and is permitted as an exception to confidentiality of records in NC State Law GS § 130 A-130.

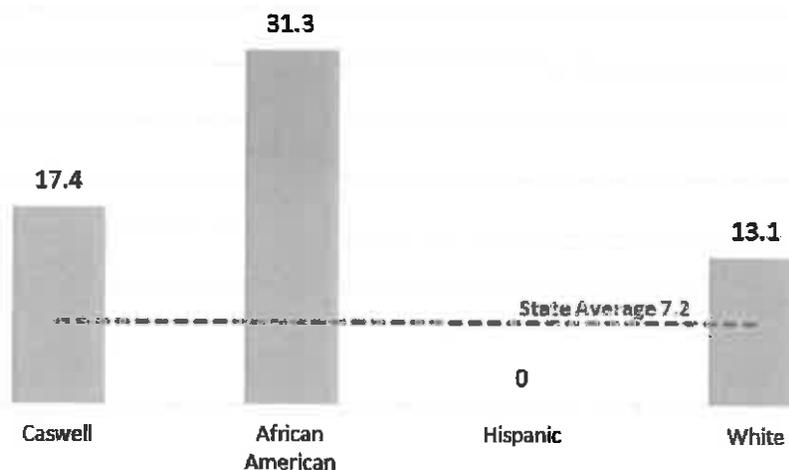
Caswell

2012 Child Health Report County Cards



Infant Mortality Rate by Race and Ethnicity, 2011

Number of infant deaths per 1,000 live births*



DEMOGRAPHICS		CASWELL	NORTH CAROLINA
Total Population	2011	23,654	9,669,244
Child Population by Age	2011		
<i>Under age 5</i>		1,077	629,791
<i>Ages 5-9</i>		1,347	636,990
<i>Ages 10-14</i>		1,377	642,572
<i>Ages 15-17</i>		840	378,240
<i>Under age 18</i>		4,641	2,287,593
Child Population by Race/Ethnicity	2011		
<i>Asian and Pacific Islander</i>		32	64,612
<i>American Indian</i>		21	31,798
<i>Black</i>		1,541	572,989
<i>Hispanic</i>		266	322,210
<i>White</i>		2,781	1,295,984
Median Household Income	2006-2010	\$36,927	\$45,570
Unemployment Rate	2011	10.9%	10.5%

ACCESS TO CARE		CASWELL	NORTH CAROLINA
Number of children covered by public health	DEC	2,724	1,093,524
<i>Medicaid</i>	2011	2,391	940,218
<i>Health Choice</i>		333	153,306
Medicaid enrolled children receiving preventive care	2011	48.6%	56.8%

Children ages 0-3 enrolled in early intervention services	2011	20	19,523
Lead: Percent of children ages (1-2)	2009-		
<i>Screened for elevated blood levels</i>	2010	56.7%	51.3%
<i>Found to have elevated blood lead levels</i>		0.4%	0.4%
Number of asthma hospital discharges per 100,000 children ages 0-14	2010	126.6	166.0

HEALTH RISK BEHAVIORS		CASWELL	NORTH CAROLINA
Four-year cohort graduation rate	2012		
<i>Caswell County Schools</i>		77.6%	80.4%
Poverty	2006-		
Total poverty	2010	21.7%	15.5%
Child poverty			
<i>Under age 5</i>		44.9%	25.5%
<i>Under age 18</i>		36.0%	21.6%
Number of pregnancies per 1,000 girls ages 15-17	2011	*	21.4
<i>African American</i>		*	32.9
<i>Hispanic</i>		*	40.1
<i>White</i>		*	13.1

DEATH AND INJURY		CASWELL	NORTH CAROLINA
Percent of infants born weighing less than 5lbs, 5ozs.	2011	13.0%	9.1%
Child Fatality: Number of deaths ages 0-17	2011	7	1,312
<i>Motor Vehicle-related</i>		2	98
<i>Drowning</i>		0	20
<i>Fire/Burn</i>		0	7
<i>Bicycle</i>		0	2
<i>Suicide</i>		0	23
<i>Homicide</i>		0	43
<i>Firearm</i>		0	41
Child Abuse and Neglect: Number of children	2011		
<i>Receiving assessments for abuse and neglect</i>		180	71,361
<i>Substantiated as victims of abuse or neglect</i>		55	35,111
<i>Recommended services</i>		25	16,948
Recurrence of Maltreatment	2011	0.0%	7.7%
Confirmed child deaths due to abuse	2011	0	24



*Rates based on small numbers should be interpreted with caution.
 Complete data notes/sources available online at www.ncchild.org. The
 North Carolina Child Health Report Card is a joint publication by Action for
 Children North Carolina and the North Carolina Institute of Medicine.





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Annie E. Casey Foundation



Access to Care and Preventive Health

Promoting and improving the health and well-being of our children is critical to North Carolina's future. Health during childhood impacts not only adult health, but also educational attainment, employment, and social and economic status. Preventive and primary care are essential to improving the health and well-being of North Carolina's 2.3 million children ages 0-18.

While children and families may face multiple barriers to accessing health care, the foremost barrier is the lack of health insurance. In North Carolina, children who lack health insurance are more likely to forego or delay care and have less access to health care services. Many children (9.4% or approximately 216,000) in North Carolina are uninsured. In North Carolina, Medicaid and Health Choice, North Carolina's State Child Health Insurance Program, provide health care coverage for children whose family income falls below 200% of the federal poverty guidelines, or \$46,000 for a family of four. In 2011, these two programs provided health care coverage for almost half of the children in our state (1,093,504).

Although having health care coverage is necessary for gaining access to affordable health care services, having health insurance does not guarantee that an individual will receive preventive and primary care services. In North Carolina, Medicaid and Health Choice provide coverage for all annual well-child visits for preventives care under Bright Futures, the child health supervision guidelines developed by the American Academy of Pediatrics. Preventive care visits provide opportunities for immunizations, developmental and health screenings, early detection of emerging concerns, and an opportunity to offer parents health education and advice. Similarly, Medicaid and Health Choice provide coverage for a preventive dental care visit every six months, which follows the recommendations of the American Academy of Pediatric Dentistry. Although these services are covered, data show that approximately four-in-ten Medicaid-enrolled children do not receive the recommended levels of preventive care.

North Carolina's Community Care of North Carolina (CCNC) system of managed care for individuals enrolled in public health insurance is working to address the non-financial barriers to care through the use of the medical home model, patient and family education, expanding provider networks, and care managers. Medicaid, Health Choice, CCNC and other efforts to provide access to preventive and primary care play a critical role in providing children the care they need to remain healthy.

Grade	Health Indicator	Current Year	Benchmark Year	Percent Change	Trend
	Insurance Coverage	2011	2006		
B	Percent of all children (ages 0-18) uninsured*	9.4%	13.6%	-30.9%	Better
	Percent of children below 200% of poverty uninsured*	12.8%	-	-	-
	Number of children covered by public health insurance (Medicaid or Health Choice) (in December)	1,093,504	864,664	26.5%	Better
	Percent of Medicaid-enrolled children receiving preventive care*	56.8%	-	-	-
	Breastfeeding	2009	2004		
C	Percent of infants ever breastfed	68.2%	73.0%	-6.6%	Worse
	Percent of infants breastfed at least six months	38.3%	40.9%	-6.4%	Worse
	Immunization Rates	2011	2006		
C	Percent of children with appropriate immunizations:				
	Ages 19-35 months ¹	75.3%	81.9%	-8.1%	Worse
	At school entry*	97.1%	97.3%	-0.2%	No Change
	Early Intervention	2011	2006		
A	Number of children (ages 0-3) enrolled in early intervention services to reduce effects of developmental delay, emotional disturbance, and/or chronic illness*	19,523	15,160	28.8%	Better
	Environmental Health	2010	2005		
A	Lead: Percent of children (ages 1-2): ²				
	Screened for elevated blood levels	51.3%	40.6%	26.4%	Better
	Found to have elevated blood lead levels	0.4%	0.9%	-55.6%	Better
	Asthma:	2011	2006		
Percent of children ever diagnosed	17.5%	17.1%	2.3%	No Change	
Hospital discharges per 100,000 children (ages 0-14) (2010, 2005)	166.0	207.9	-20.2%	Better	
	Dental Health	2010	2005		
C	Percent of children:*				
	With untreated tooth decay (kindergarten)	15.0%	22.0%	-31.8%	Better
	With one or more sealants (grade 5)	44.0%	43.0%	2.3%	No Change
	Percent of Medicaid-eligible children enrolled for at least 6 months who use dental services:	2011	2006		
	Ages 1-5	58.0%	47.0%	23.4%	Better
	Ages 6-14	64.0%	55.0%	16.4%	Better
Ages 15-20	49.0%	44.0%	11.4%	Better	

Health Risk Behaviors

Access to affordable, quality health care is important when considering the health and well-being of our children, but health care alone is not enough to improve health outcomes. Children's health and well-being are also impacted by their family's income, educational achievement, race, ethnicity, and other environmental factors.

The relationship between income and health is quite strong; individuals with lower incomes have poorer outcomes on almost every indicator of health, including access to care, health behaviors, disease, and mortality. Growing up in a family living in poverty or near poverty negatively impacts a child's health throughout his or her life because the conditions that shape health in childhood influence opportunities for health throughout life. Education and health outcomes are also tightly intertwined; success in school and the number of years of schooling impact health across the lifespan. People with more years of education are more likely to live longer, healthier lives, have healthier children, and are less likely to engage in risky health behaviors. Policies that aim to reduce poverty and or promote education are critical components of health policy.

4-Year Cohort Graduation Rate Report 2008-09 Entering 9th Graders Graduating in 2011-12 or Earlier; State Wide Results

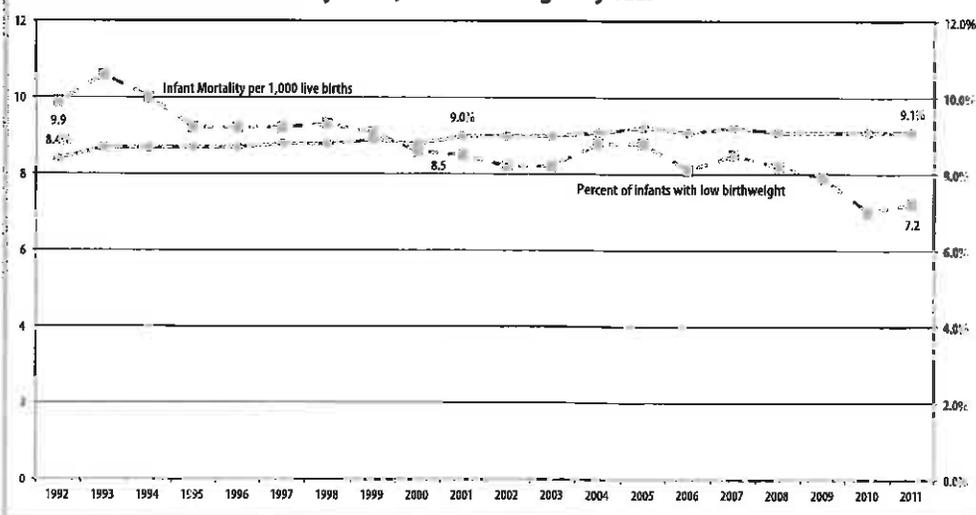
Subgroup	Percent
All Students	80.4
Male	76.5
Female	84.6
American Indian	73.7
Asian	87.5
Black	74.7
Hispanic	73.0
Two or More Races	80.6
White	84.7
Economically Disadvantaged	74.7
Limited English Proficient	50.0
Students With Disabilities	59.9

Grade	Health Indicator	Current Year	Benchmark Year	Percent Change	Trend
	High School Graduation	2012	2007		
B	Percent of high school students graduating on time with their peers ⁺	80.4%	69.5%	15.7%	Better
	Child Poverty	2011	2006		
D	The percent of children in poverty				
	Ages 0-5	30.3%	23.6%	28.4%	Worse
	Ages 0-18	25.6%	20.2%	26.7%	Worse
	Teen Pregnancy	2011	2006		
C	Number of pregnancies per 1,000 girls (ages 15-17):	21.4	35.1	-39.0%	Better
	Weight Related	2011	2006		
	Percent of Children:				
	Meeting the recommended guidelines of 60 minutes or more of exercise 6 or 7 days a week				
D	Ages 2-9	30.8%	-	-	-
	Ages 10-17	27.5%	-	-	-
	Meeting the recommended guidelines of two or fewer hours of screen time every day ³				
	Ages 2-9	81.4%	-	-	-
	Ages 10-17	60.6%	-	-	-
	Ages 10-17 who are overweight or obese ⁴	30.6%	30.9%	-1.0%	No Change
	Tobacco Use	2011	2007		
C	Percent of students (grades 9-12) who used the following in the past 30 days:				
	Cigarettes	15.5%	19.0%	-18.4%	Better
	Smokeless tobacco	6.6%	8.6%	-23.3%	Better
	Alcohol & Substance Abuse	2011	2007		
	Percent of students (grades 9-12) who used the following:				
D	Marijuana (past 30 days)	24.2%	19.1%	26.7%	Worse
	Alcohol (including beer) (past 30 days)	34.3%	37.7%	-9.0%	Better
	Cocaine (lifetime)	7.1%	7.0%	1.4%	No Change
	Methamphetamines (lifetime)	4.1%	4.0%	2.5%	No Change
	Prescription drugs without a doctor's prescription (lifetime)	20.4%	17.0%	20.0%	Worse

Death and Injury

Ensuring the health and safety of children is critical to our state's current and future well-being. The most significant markers of children's health and safety are the infant and child death rates. North Carolina's infant and child death rates have been steadily decreasing over the past thirty years. This is due primarily to a significant decrease in our infant mortality rate from almost 15 per 1,000 live births in 1980 to 7 per 1,000 in 2011. The key drivers of infant mortality are complications of prematurity, infections, and birth defects. Rates of infant mortality have declined due to advances in the care of premature infants and birth defects. Although North Carolina has seen significant declines in infant mortality over the past twenty years, there has been a

North Carolina Infant Mortality Rates; Low Birthweight by Year



slight increase in the percentage of infants born with low birthweights, from 8.4% to 9.1%. Low birthweight is most often due to prematurity. Prematurity is associated with higher rates of brain injury, developmental delay, chronic lung disease, and eye disease. Due to significant advances in the care of premature infants, more premature babies survive infancy than did previously. Improving outcomes for premature infants has been a monumental advance. However, given the costs and long-term health and developmental consequences of prematurity, more attention needs to be paid to preventing premature births.

Finding successful ways to reverse this trend are critical to improving the health and well-being of our children. North Carolina has implemented a number of public health and medical interventions associated with decreases in prematurity. For example North Carolina has programs supporting increased intervals between pregnancies, reducing elective c-sections, smoking cessation among pregnant women, and progesterone injections for pregnant women with a history of premature delivery. However access to such programs and interventions are limited, and population rates of low birthweight continue to increase. Community Care of North Carolina's new Pregnancy Medical Home Initiative seeks to address these risk factors and others and will reach all pregnant women receiving Medicaid. Innovative approaches like the Pregnancy Medical Home Initiative are needed for North Carolina to improve outcomes for all infants.

Grade	Health Indicator	Current Year	Benchmark Year	Percent Change	Trend
	Birth Outcomes	2011	2006		
B	Number of infant deaths per 1,000 live births	7.2	8.1	-11.1%	Better
	Percent of infants born weighing less than 5 lbs., 8 ozs (2,500 grams)	9.1%	9.1%	0.0%	No Change
	Child Fatality	2011	2006		
B	Number of deaths (ages 0-17) per 100,000	57.4	73.2	-21.7	Better
	Number of deaths:				
	Motor Vehicle-related	98	163	-	-
	Drowning	20	23	-	-
	Fire/Burn	7	15	-	-
	Bicycle	2	6	-	-
	Suicide	23	21	-	-
	Homicide	43	65	-	-
Firearm	41	45	-	-	
	Child Abuse and Neglect	2011	2006		
C	Number of children: ⁴				
	Child abuse and neglect reports investigated ⁴	71,361	70,225	-	-
	Substantiated as victims of abuse or neglect ⁵	10,263	-	-	-
	Recommended services ⁵	29,051	-	-	-
	Recurrence of Maltreatment	7.7%	7.3%	4.5%	No Change
Confirmed child deaths due to abuse	24	34	-	-	

For 18 years, the *North Carolina Child Health Report Card* has tracked the health and well-being of children and youth in our state. The report card compiles more than 40 indicators of child health and safety into one easy-to-read document that helps policymakers, health professionals, the media, and concerned citizens monitor children's health outcomes, identify emerging trends, and plan future investments.

The Report Card presents data for the most current year available, usually 2011, and a comparison year, or benchmark, usually 2006.

Because of space constraints, data by race and ethnicity is presented for just one indicator—cohort graduation rate. It is important to note that large racial and ethnic disparities exist for many of the indicators included. In general children of color have poorer health status and experience poorer health outcomes than their peers. These disparities are not new, and while some are slowly shrinking (e.g. late or no prenatal care), others are actually increasing (e.g. poverty, teen pregnancy). Significant improvements in child health can only be achieved if we address these disparities in health status, care, and outcomes. Additional disparity data for select indicators can be found in the corresponding county-level data cards that are available on Action for Children North Carolina's website www.ncchild.org.

*"If our American way of life fails the child,
it fails us all."—Pearl S. Buck*

North Carolina's future prosperity depends on the health and well-being of the next generation. When children grow up healthy, safe, and connected to the resources that enable them to thrive, they are better prepared to reach their full potential and succeed in school, work, and life.

A substantial body of research shows that children's health outcomes are shaped by a wide array of social, economic and environmental factors. Child health was once thought to be the product of quality medical care, individual behaviors, and genetics; however, research now shows that where a child lives, family income, and parental education all exert powerful influences on a child's overall health status.

The Report Card offers keen insights into the socioeconomic factors that influence child health in North Carolina:

- In the aftermath of the economic downturn, more children now live in poverty than ever before. Poverty presents a significant threat to healthy growth and development, and is associated with reduced health outcomes.
- As more children and families slipped into poverty during the recent economic downturn, Medicaid and North Carolina Health Choice helped preserve children's access to health insurance. Children enrolled in public health insurance programs are more likely to receive preventive care and well-child screenings than their uninsured peers.
- Just over eight in ten high school freshmen graduate with their peers four years later. The number of students graduating from high school on time has increased significantly in recent years—a clear success for the state. And yet, a closer look at the data shows wide disparities by gender, race, ethnicity, economic status and other factors.
- All children deserve a healthy start in life. The percentage of infants born at a low birth weight, which is an important indicator of maternal health, prenatal care and environmental quality, remains unacceptably high in North Carolina.

As our understanding of the fundamental factors that shape children's health outcomes continues to evolve, so too must our strategies to improve the health of children and youth in North Carolina. Promoting positive physical, mental, and behavioral health is critical, but doing so in isolation ignores the significant impact of other factors. Health providers, social service providers, educators, and others have embraced this expanded understanding of factors shaping children's health. In communities across the state, agencies are collaborating across sectors to build coalitions to tackle the economic, social, and environmental factors that impact health outcomes. Increasingly, public, private and nonprofit organizations are choosing collaboration over isolation, exploring the areas where their work overlaps and their impact can be amplified through new partnerships. The trend of increased collaboration is encouraging, indicating a growing commitment to implement strategies to improve child health in innovative ways. Such strategies include evidence-based programs, policies, and services that promote economically secure families and high-quality education as part of a comprehensive approach to improving children's health and well-being in North Carolina.

Data Sources 2012 Child Health Report Card

Access to Care and Preventive Health

Uninsured: Estimates prepared for the North Carolina Institute of Medicine by Mark Holmes, PhD, Health Policy and Management, UNC Gillings School of Global Public Health; **Public Health Insurance:** Special data request to the Division of Medical Assistance, NC Department of Health and Human Services, August 2012; **Medicaid-Enrolled Preventive Care:** Calculated using data from the Division of Medical Assistance, North Carolina Department of Health and Human Services, "Health Check Participation Data." Available online at: <http://www.dhhs.state.nc.us/dma/healthcheck/>; **Breastfeeding:** Centers for Disease Control and Prevention, "Breastfeeding Practices—Results from the National Immunization Survey." Available online at: http://www.cdc.gov/breastfeeding/data/NIS_data/index.htm; **Immunization Rates for 2-year-olds:** Centers for Disease Control and Prevention, National Immunization Survey. Available online at <http://www.cdc.gov/vaccines/stats-surv/immz-coverage.htm#nis>; **Kindergarten immunization data and early intervention:** Special data request to the Women and Children's Health Section, Division of Public Health, North Carolina Department of Health and Human Services, August 2012; **Lead:** NC Childhood Lead Poisoning Prevention Program, Department of Environment and Natural Resources. Special data request in September 2012. 2011 data were not available at time of publication; **Asthma Diagnosed:** State Center for Health Statistics, North Carolina Department of Health and Human Services. Child Health Assessment and Monitoring Program. Available online at: <http://www.schs.state.nc.us/SCHS/champ/>; **Asthma Hospitalizations:** State Center for Health Statistics, North Carolina Department of Health and Human Services. County Health Data Book. Available online at: <http://www.schs.state.nc.us/SCHS/about/chai.html>; **Dental Health:** Special Data request to the Oral Health Section, Division of Public Health, North Carolina Department of Health and Human Services, September 2012. Special data request to the Division of Medical Assistance, North Carolina Department of Health and Human Services, August 2012.

Health Risk Behaviors

Graduation Rate: North Carolina Department of Public Instruction. State Four Year Cohort Graduation Rate website available online at <http://www.ncpublicschools.org/graduate/statistics/>; **Poverty:** US Census Bureau, American Fact Finder. Table CP02. Available online at www.americanfactfinder2.census.gov. **Teen Pregnancy:** State Center for Health Statistics, North Carolina Department of Health and Human Services. North Carolina Reported Pregnancies. Available online at <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>. **Weight Related:** State Center for Health Statistics, North Carolina Department of Health and Human Services. Child Health Assessment and Monitoring Program. Special data request in September 2012. Overweight and Obese available online at: <http://www.schs.state.nc.us/SCHS/champ/>; **Tobacco Use:** Tobacco Prevention Branch, Division of Public Health, North Carolina Department of Health and Human Services. North Carolina Youth Tobacco Survey. Available online at <http://www.tobaccopreventionandcontrol.ncdhhs.gov/data/index.htm>; **Physical Activity, Alcohol and Substance Abuse:** North Carolina Department of Public Instruction. Youth Risk Behavior Survey, North Carolina High School Survey detailed tables. Available online at <http://www.nchealthyschools.org/data/yrbhs/>.

Death and Injury

Infant Mortality and Low Birth-Weight Infants: State Center for Health Statistics, North Carolina Department of Health and Human Services. Infant Mortality Statistics, Tables 1 and 10. Available online at: <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>; **Child Fatality and Deaths Due to Injury:** State Center for Health Statistics, North Carolina Department of Health and Human Services. Child Deaths in North Carolina. Available online at: <http://www.schs.state.nc.us/SCHS/data/vitalstats.cfm>. **Child Abuse and Neglect and Recurrence of Maltreatment:** Duncan, D.F., Kum, H.C., Flair, K.A., Stewart, C.J., and Weigensberg, E.C. Special data request July 2012. Available online from the University of North Carolina at Chapel Hill Jordan Institute for Families website. URL: <http://ssw.unc.edu/cw/>; **Firearm Deaths and Child Abuse and Neglect Homicides:** information was obtained from the North Carolina Child Fatality Prevention Team (Office of the Chief Medical Examiner) for this report. However, the analysis, conclusions, opinions and statements expressed by the author and the agency that funded this report are not necessarily those of the CPFT or OCME.

Data Notes 2012 Child Health Report Card

1. Immunization is measured for children 19-35 months of age using the 4:3:1:3:3:1 measure.
 2. Elevated blood lead level is defined as 5 micrograms per deciliter or greater. This definition has been revised from 10 micrograms per deciliter or greater.
 3. Screen time includes TV, videos, or DVDs OR playing video games, computer games or using the Internet.
 4. Overweight is defined as a body mass index equal to or greater than the 85th percentile using federal guidelines; obese is defined as equal to or greater than the 95th percentile.
 5. Findings represent exclusive counts of reports investigated in a state fiscal year. The number substantiated includes those substantiated of abuse, neglect, or abuse and neglect.
- + Data for indicators followed by a + sign are fiscal or school year data ending in the year given. For example, immunization rates at school entry labeled 2010 are for the 2009-2010 school year.

Grades and Trends

Grades are assigned by a group of health experts to bring attention to the current status of each indicator of child health and safety. Grades reflect the state of children in North Carolina and are not meant to judge the state agency or agencies providing the data or the service. Agencies like those responsible for child protection and dental health have made a great deal of progress in recent years that are not reflected in these grades. The grades reflect how well our children are doing, not agency performance. Grades are a subjective measure of how well children in North Carolina are faring in a particular area.

Data trends are described as "Better," "Worse," or "No Change." Indicators with trends described as "Better" or "Worse" experienced a change of more than 5% during the period. A percentage change of 5% or less is described as "No Change." Percent change and trends have not been given for population count data involving small numbers of cases. Due to data limitations, only the indicators for alcohol and drug use have been tested for statistical significance. Grades and trends are based on North Carolina's performance year-to-year and what level of child health and safety North Carolina should aspire to, regardless of how we compare nationally.

Laila A. Bell from Action for Children North Carolina and Berkeley Yorkery from the North Carolina Institute of Medicine led the development of this publication, with valuable input from the panel of health experts and from many staff members of the North Carolina Department of Health and Human Services.

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Caswell (CS)

	Caswell County	Error Margin	North Carolina	National Benchmark*	Rank (of 100)
Health Outcomes					57
Mortality					35
Premature death	7,738	6,448-9,028	7,480	5,317	
Morbidity					76
Poor or fair health	20%	14-26%	18%	10%	
Poor physical health days	4.4	2.9-6.0	3.6	2.6	
Poor mental health days	4.5	2.3-6.8	3.4	2.3	
Low birthweight	9.7%	8.2-11.2%	9.1%	6.0%	
Health Factors					64
Health Behaviors					45
Adult smoking			21%	13%	
Adult obesity	31%	25-38%	29%	25%	
Physical inactivity	29%	23-36%	25%	21%	
Excessive drinking	11%	6-22%	13%	7%	
Motor vehicle crash death rate	22	15-30	17	10	
Sexually transmitted infections	363		441	92	
Teen birth rate	37	32-43	46	21	
Clinical Care					43
Uninsured	19%	17-21%	19%	11%	
Primary care physicians**	7,906:1		1,480:1	1,067:1	
Dentists**	12,543:1		2,171:1	1,516:1	
Preventable hospital stays	56	45-66	63	47	
Diabetic screening	91%	81-100%	88%	90%	
Mammography screening	71%	57-85%	69%	73%	
Social & Economic Factors					69
High school graduation**	78%		80%		
Some college	45%	39-51%	62%	70%	
Unemployment	10.9%		10.5%	5.0%	
Children in poverty	29%	22-37%	25%	14%	
Inadequate social support	26%	18-36%	21%	14%	
Children in single-parent households	45%	36-54%	35%	20%	
Violent crime rate	211		411	66	
Physical Environment					97
Daily fine particulate matter	12.6	12.4-12.7	12.9	8.8	
Drinking water safety	77%		3%	0%	
Access to recreational facilities	4		11	16	
Limited access to healthy foods**	6%		7%	1%	
Fast food restaurants	45%		49%	27%	

* 90th percentile, i.e., only 10% are better.

** Data should not be compared with prior years due to changes in definition.

Note: Blank values reflect unreliable or missing data

2013

Profile for Caswell (County)

Data Provided by: National KIDS COUNT Program or Action for Children North Carolina

Category: Economic Well-Being

Employment and Income

Unemployment (Percent) Showing most recent 5 years. Show All Years				
2007	2008	2009	2010	2011
6.7%	8.2%	12.4%	12.2%	10.9%

Unemployment (Number) Showing most recent 5 years. Show All Years				
2007	2008	2009	2010	2011
720	888	1,340	1,333	1,208

Median Household Income (Currency) Showing most recent 5 years. Show All Years				
2007	2008	2009	2010	2011
\$37,763	\$39,693	\$34,028	\$37,115	\$38,495

Public Assistance

Children Receiving Work First (Number) Showing most recent 5 years. Show All Years				
2006	2007	2008	2009	2010
206	149	133	102	98

Children Receiving Supplemental Security Income (SSI) (Number) Showing most recent 5 years. Show All Years				
2007	2008	2009	2010	2011
111	111	110	116	118

Children Receiving Social Security (OASDI) (Number) Showing most recent 5 years. Show All Years					
Category	2007	2008	2009	2010	2011
Disability	195	210	275	265	240
Retirement	50	45	60	55	50
Survivors	175	175	200	200	195

Poverty

Children in Poverty (Percent) Showing most recent 5 years. Show All Years				
2007	2008	2009	2010	2011
22.6%	24.9%	27.8%	30.2%	29.4%

Children in Poverty (Number) Showing most recent 5 years. Show All Years				
2007	2008	2009	2010	2011
1,078	1,147	1,331	1,453	1,349

RELATED KIDS COUNT DATA

Data Center

View North Carolina's main page. View Economic Well-Being indicators in "Data Across States".

KIDS COUNT Census Data Online

View 2000 KIDS COUNT Census data, covering hundreds of indicators for thousands of geographic areas.

Profile for Caswell (County)

Data Provided by: National KIDS COUNT Program or Action for Children North Carolina

Category: Health

Birth Outcomes

Infant Mortality (Rate per 1,000) Showing most recent 5 years, Show All Years					
Race	2006	2007	2008	2009	2010
Total	9.7	33.3	4.4	9.6	11.0
Minority	15.6	48.4	0.0	14.7	29.0
White	7.0	27.0	6.7	7.1	0.0

Infant Mortality (Number) Showing most recent 5 years, Show All Years					
Race	2006	2007	2008	2009	2010
Total	2	7	1	2	2
Minority	1	3	0	1	2
White	1	4	1	1	0

Infant Mortality by Race and Ethnicity (Number)	
Race	2011
Non-Hispanic White	2
Non-Hispanic African American	2
Other Non-Hispanic	0
Hispanic	0
Total	4

Infant Mortality by Race and Ethnicity (Rate)	
Race	2011
Non-Hispanic White	13.1
Non-Hispanic African American	31.3
Other Non-Hispanic	0.0
Hispanic	0.0
Total	17.4

Percent of Low Birthweight Births (Number) <small>(explain series data)</small>	
Race	2011
Non-Hispanic White	19
Non-Hispanic African American	10
Other Non-Hispanic	0
Hispanic	1
Total	30

Percent of Low Birthweight Births (Percent) <small>(1995-2010, explain series data)</small>	
Race	2011
Non-Hispanic White	12.4%
Non-Hispanic African American	15.6%
Other Non-Hispanic	0.0%
Hispanic	7.7%
Total	13.0%

Percent of Low Birthweight Births (Percent) Showing most recent 5 years, Show All Years <small>(2011, explain series data)</small>	
---	--

RELATED KIDS COUNT DATA

Data Center

View **North Carolina's** main page.
View **Health indicators** in "Data Across States".

KIDS COUNT Census Data Online

View **2000 KIDS COUNT Census data**, covering hundreds of indicators for thousands of geographic areas.

Race	2006	2007	2008	2009	2010
Total	13.6%	10.5%	11.5%	6.7%	9.9%
White	8.5%	10.1%	10.0%	7.1%	8.0%
Minority	25.0%	11.3%	14.5%	5.9%	13.0%

Percent of Births with Very Late or No Prenatal Care (Percent) (1995-2008) explain series data	
	2011
	6.1%

Percent of Births With Very Late or No Prenatal Care--DO NOT COMPARE TO 2011 DATA (Percent) Showing most recent 5 years Show All Years (2011-) explain series data					
2005	2006	2007	2008	2009	
3.5%	2.9%	2.9%	1.8%	1.4%	

Health Insurance

Uninsured Population by Age (Number)	
Category	2011
Children (0-18)	<500
Adults (19-64)	4,000
Total (0-64)	4,000

Uninsured Population by Age (Percent)	
Category	2011
Children (0-18)	8.1%
Adults (19-64)	23.2%
Total (0-64)	19.4%

Number of Children Enrolled in Medicaid (Number) Showing most recent 5 years Show All Years					
2007	2008	2009	2010	2011	
2,108	2,201	2,340	2,353	2,391	

Number of Children Enrolled in N.C. Health Choice (Number) Showing most recent 5 years Show All Years					
2007	2008	2009	2010	2011	
323	343	383	326	333	

Total Number of Children Receiving Public Health (Number) Showing most recent 5 years Show All Years					
2007	2008	2009	2010	2011	
2,431	2,544	2,723	2,679	2,724	

Percent of Children Enrolled in Medicaid Receiving Preventive Care (Percent)	
	2011
	48.6%

Vital Statistics

Infant Births (Number) Showing most recent 5 years Show All Years					
2007	2008	2009	2010	2011	
210	226	208	182	230	

Child Fatalities (Number) Showing most recent 5 years Show All Years					
2006	2007	2008	2009	2010	
6	7	1	2	3	

Child Fatalities: Motor Vehicle Fatalities (Number)					
1999 - 2003	2000 - 2004	2001 - 2005	2002 - 2006	2003 - 2007	

5	4	4	6	4
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Dental Health

Dental: Percentage of XIX Eligibles Receiving Dental Services Ages 0-5 (Percent) Showing most recent 5 years; Show All Years				
2007	2008	2009	2010	2011
53.4%	54.7%	57.7%	59.3%	58.0%

Dental: Percentage of XIX Eligibles Receiving Dental Services Ages 6-14 (Percent) Showing most recent 5 years; Show All Years				
2007	2008	2009	2010	2011
61.7%	59.4%	60.7%	60.7%	57.9%

Dental: Percentage of XIX Eligibles Receiving Dental Services Ages 15-20 (Percent) Showing most recent 5 years; Show All Years				
2007	2008	2009	2010	2011
41.6%	48.3%	50.0%	45.2%	45.5%

Other Health

Children (Ages 0-3) Receiving Early Intervention Services (Number) Showing most recent 5 years; Show All Years				
2006	2007	2008	2009	2010
25	15	22	24	23

Children (Ages 0-3) Receiving Early Intervention Services (Percent) Showing most recent 5 years; Show All Years				
2006	2007	2008	2009	2010
3.5%	3.4%	3.4%	3.7%	3.6%

Lead: Percent of Children (Ages 1-2) Screened for Elevated Blood Lead Levels (Percent) Showing most recent 5 years; Show All Years				
2006	2007	2008	2009	2010
33.7%	37.3%	42.8%	52.3%	56.7%

Lead: Percent of Children (Ages 1 and 2 years) Found to Have Elevated Blood Lead Levels (Percent) Showing most recent 5 years; Show All Years				
2006	2007	2008	2009	2010
1.9%		0.6%	0.4%	0.4%

Teen Pregnancy (Rate per 1,000) Showing most recent 5 years; Show All Years					
Race	2005	2006	2007	2008	2009
Total	22	19		18	32
White	23	19	30	17	32
Minority	21	18	27	20	31

Asthma Hospital Discharges (Ages 0-14) (Rate per 100,000) Showing most recent 5 years; Show All Years				
2006	2007	2008	2009	2010
47	48	132	27	127

Asthma Hospital Discharges (Ages 0-14) (Number) Showing most recent 5 years; Show All Years				
2006	2007	2008	2009	2010
2	2	5	1	5

Profile for Caswell (County)

Data Provided by: Action for Children North Carolina

Featured Indicators

Total Population (Number) Showing most recent 5 years. Show All Years				
2007	2008	2009	2010	2011
23,601	23,570	23,847	23,719	23,654

Child Population (Number) Showing most recent 5 years. Show All Years					
Age group	2007	2008	2009	2010	2011
Ages 0-4	1,155	1,114	1,083	1,181	1,064
Ages 5-9	1,319	1,298	1,268	1,382	1,353
Ages 10-14	1,396	1,358	1,340	1,386	1,416
Ages 15-17	979	946	917	940	849
Under 18	4,849	4,716	4,608	4,889	4,682

Unemployment (Percent) Showing most recent 5 years. Show All Years				
2007	2008	2009	2010	2011
6.7%	8.2%	12.4%	12.2%	10.9%

Unemployment (Number) Showing most recent 5 years. Show All Years				
2007	2008	2009	2010	2011
720	888	1,340	1,333	1,208

Percent of Students Enrolled in Free and Reduced Lunch (Percent) Showing most recent 5 years. Show All Years				
2007-2008	2006-2007	2005-2006	2004-2005	2003-2004
58.5%	55.8%	56.3%	51.9%	52.2%

Four-Year Cohort Graduation Rate (Percent) Showing most recent 5 years. Show All Years				
2009-2010	2008-2009	2007-2008	2006-2007	2005-2006
67.2%	56.3%	67.3%	72.1%	64.8%

Children Without Health Insurance (Number)	
Category	2011
Children (0-18)	<500
Adults (19-64)	4,000
Total (0-64)	4,000

Children Without Health Insurance (Percent)	
Category	2011
Children (0-18)	8.1%
Adults (19-64)	23.2%
Total (0-64)	19.4%

Infant Births (Number) Showing most recent 5 years. Show All Years				
2007	2008	2009	2010	2011
210	226	208	182	230

RELATED KIDS COUNT DATA

Data Center

View North Carolina's main page.

KIDS COUNT Census Data Online

View 2000 KIDS COUNT Census data, covering hundreds of indicators for thousands of geographic areas.

**ENVIRONMENTAL HEALTH MONTHLY STATISTICAL REPORT
JANUARY 2013**

ACTIVITY DESCRIPTION	#	COMMENTS
FOOD, LODGING, AND INSTITUTIONAL		
Field Visits	24	
Inspections	21	
Permits Issued-New or Revised Business		
Permits Suspended/Revoked-Business Closed		
Food Service Plan Review		
Consultation Contacts	24	
Complaints	3	
ON SITE WASTE WATER PROGRAM		
Field Visits	49	
Soil/Site Evaluations	7	
Improvement Permits	9	
Construction Authorizations	6	
Operation Permits	5	
Denials	2	
Failing System Evaluations	4	
IP, CA, & OP Permits-Repairs		
Existing System Inspections/Authorizations	9	
OSWW Violations Notices	3	
Consultation Contacts	52	
Migrant Housing Inspections	12	
Pending Applications-Not Addressed	3	
Complaints	10	
WATER SAMPLES		
Field Visits	25	
Bacteria Samples	16	
Chemical Samples	9	
Petroleum Samples		
Pesticide Samples		
Nitrate/Nitrite Samples		
Consultation Contacts	19	
Migrant Housing Inspections	12	
WELL PERMITS		
Well Site Field Visits	22	
Number of Permits (New)	6	
Number of Permits(Repair)	1	
Grout Inspections	9	
Well Head Inspections	2	
Well Abandonment Inspections		
Bore Hole Camera Inspections	1	
Consultation Contacts	25	
Complaints		
SWIMMING POOLS		
Permits/Inspections		
Other		
MISCELLANEOUS ACTIVITIES		
	3	PHP Meetings
	34 hrs.	Clerical Time:
		143 Documented Phone Contacts
		24 Documented Office Consults

**ENVIRONMENTAL HEALTH MONTHLY STATISTICAL REPORT
FEBRUARY 2013**

ACTIVITY DESCRIPTION	#	COMMENTS
FOOD, LODGING, AND INSTITUTIONAL		
Field Visits	30	
Inspections	20	
Permits Issued-New or Revised Business	1	
Permits Suspended/Revoked-Business Closed		
Food Service Plan Review	1	
Consultation Contacts	27	
Complaints	1	
ON SITE WASTE WATER PROGRAM		
Field Visits	83	
Soil/Site Evaluations	10	
Improvement Permits	8	
Construction Authorizations	7	
Operation Permits	2	
Denials	1	
Failing System Evaluations	3	
IP, CA, & OP Permits-Repairs		
Existing System Inspections/Authorizations	23	
OSWW Violations Notices	2	
Consultation Contacts	54	
Migrant Housing Inspections	16	
Pending Applications-Not Addressed	4	
Complaints	7	
WATER SAMPLES		
Field Visits	20	
Bacteria Samples	20	
Chemical Samples		
Petroleum Samples		
Pesticide Samples		
Nitrate/Nitrite Samples		
Consultation Contacts	15	
Migrant Housing Inspections	16	
WELL PERMITS		
Well Site Field Visits	11	
Number of Permits (New)	5	
Number of Permits(Repair)		
Grout Inspections	2	
Well Head Inspections	4	
Well Abandonment Inspections		
Bore Hole Camera Inspections		
Consultation Contacts	17	
Complaints		
SWIMMING POOLS		
Permits/Inspections		
OTHER		
Miscellaneous Activities		
	34.5 hrs.	Clerical time:
		172 Documented Phone Contacts
		26 Documented Office Consults

Caswell County Environmental Health Statistics (FY2012-2013)

Caswell County Environmental Health Statistics - FY2012-2013																		
Service	JUL		AUG		SEP		OCT		NOV		DEC		JAN		FEB		YTD TOTAL	
	#	\$	#	\$	#	\$	#	\$	#	\$	#	\$	#	\$	#	\$	#	\$
Improvement Permit / Site Evaluation (< 600 gpd & less than 4 bedrooms)	7	1,050	5	750	3	450	8	1,200	1	150	4	600	5	750	9	1,350	42	6,300
Improvement Permit / Site Evaluation for each additional bedroom over 3			2	150			2	150			1	75	1	75	2	150	3	600
Improvement Permit / Site Evaluation (> 600 & < 3000 gpd)															1	250	1	250
New Construction Authorization & Operating Permit (Type I & II)	3	450	3	450	2	300	3	450	3	450	3	450	5	750	4	600	26	3,900
New Construction Authorization & Operating Permit (Type III)			1	200			1	200	1	200							3	600
New Construction Authorization & Operating Permit (Type IV)																	0	0
New Construction Authorization & Operating Permit (Type V)																	0	0
Expansion or Repair of OSWW Treatment System (< 600 gpd)	1	50					2	100			1	50			1	50	5	250
Expansion or Repair of OSWW Treatment System (> 600 & < 3000 gpd)	1	200															1	200
Expansion or Repair of OSWW Treatment System (> 3000 gpd)																		0
Inspection of Existing OSWW Treatment System (Type I & II Addition)	2	100	5	250	6	300	5	250	3	150					1	50	22	1,100
Inspection of Existing OSWW Treatment System (Type I & II Change Out)	2	200	1	100	1	100	3	300	4	400	1	100	1	100	1	100	14	1,400
Inspection of Existing OSWW Treatment System (5 yr Type IIIb Inspection)																	0	0
Inspection of Existing OSWW Treatment System (3 yr Type IV Inspection)																	0	0
Inspection of Existing OSWW Treatment System (Annual Type V Inspection)																	0	0
Well Permit	5	1,500	6	1,800	1	300	4	1,200	7	2,100	6	1,800	5	1,500	2	600	36	10,800
Well Camera Evaluation																	0	0
Well Repair Permit			1	200	1	200									2	400	4	800
Bacteria Water Sample					2	100	1	50			2	100	1	50	1	50	7	350
Chemical Water Sample	1	50	1	50	1	50							1	50			4	200
Petroleum Water Sample													1	50			1	50
Pesticides Water Sample																	0	0
Nitrate/Nitrite Sample																	0	0
Water Sample Revisit																	0	0
Swimming Pool Annual Permit																	0	0
Swimming Pool Plan Review																	0	0
Restaurant Plan Review																	0	0
Tattoo Artist Permit Annual Fee	1	200							1	200					2	400	1	150
Five Sample Package									1	150							0	0
Water Sample Revisit-additional test																	0	0
Bad Check																	0	0
Temporary Food Stand															1	75	1	75
Returned Check																	0	0
Additional fee for changing work orders																	1	100
	23	3,800	25	3,950	17	1,800	29	3,900	21	3,800	19	3,250	20	3,325	25	3,700	179	27,525



CASWELL COUNTY HEALTH DEPARTMENT POLICY

- I. Policy title: Confidentiality**
- A. Policy**
1. Clients of Caswell County Health Department (CCHD) have the right to confidentiality concerning his/her medical care
 2. Employees of CCHD have the right to confidentiality concerning his/her personnel record.
 3. CCHD will ensure that information is disclosed only to those individuals who are authorized to have access.
 4. Employees, volunteers, students, Board of Health members, and occasional visitors to CCHD shall not use or disclose nonpublic information gained in the course of, or by reason of, their responsibilities at CCHD.
 5. Knowing breach of confidentiality, loss or unauthorized alteration, use or damage to confidential patient or agency information may result in disciplinary action up to and including dismissal.
- B. Policy Type**
1. Board of Health Policy
 2. Administrative Policy
- C. Purpose**
1. The purpose of this policy is to protect the client's right to privacy
 2. It also protects the employee's right to privacy
 3. Finally, it protects clinical/personnel records from loss, alteration, unauthorized use, or damage
- D. Target**
1. CCHD Employees and Contract Staff
 2. Caswell County Board of Health Members
 3. Volunteers working at CCHD
 4. Occasional visitors of CCHD
- E. References**
1. CCHD Use and Disclosure of Protected Health Information (HIPAA) Policy
 2. Federal HIPAA Regulations

II. DEFINITIONS

- A. "Occasional Visitors" are defined as individuals who visit the Health Department on an infrequent, non-routine basis and who are given access to medical, personnel, or other agency material. These visitors include:**
1. State DPH Consultants
 2. Private Consultants
 3. Accrediting Site Visit Teams
 4. Division of Facility Services
 5. Auditors/Evaluators
 6. Volunteers during a public health emergency or one-time event
 7. Contractors

III. PROCEDURE**A. Confidentiality Statement****1. Employees**

- a. It is the responsibility of each supervisor to ensure that all new employees within their division will review and sign a confidentiality statement within the first two weeks of employment.
- b. It is the responsibility of each supervisor to ensure that all employees within their division will review and sign a confidentiality statement annually.
- c. The Supervisor will give:
 - 1) The original copy to the Personnel Officer to be placed in each employee's Personnel file
 - 2) The employee a copy

2. Volunteers/Students

- a. It is the responsibility of each Supervisor to ensure that all volunteers and students working within their division will review and sign a confidentiality statement within the first two weeks of their duties at CCHD.
- b. It is the responsibility of each Supervisor to ensure that all volunteers within their division will review and sign a confidentiality statement annually.
- c. It is each Supervisor's responsibility to forward all signed confidentiality statements to the Personnel Officer to file

3. Board of Health Members

- a. It is the responsibility of the Health Director to ensure that each newly appointed Board of Health Members will sign a confidentiality statement at their first regularly scheduled Board of Health Meeting
- b. It is the responsibility of the Health Director to ensure that all Board of Health members sign a confidentiality statement annually
- c. The Health Director will file Board of Health Member's Confidentiality Statements in the same manner as other Board of Health Documents

4. Occasional Visitors

- a. It is the responsibility of each supervisor to ensure that any occasional visitors who will be accessing clinical or personnel-related information will sign a confidentiality statement before beginning their duties.
- b. It is the responsibility of each supervisor to forward a signed copy of the confidentiality statement to the Personnel Officer to be filed.

B. Confidentiality Practices**1. Clients**

- a. Clients will be informed of their Right to Privacy
- b. Doors should be closed during counseling/interviewing/eligibility
- c. Staff should not access records for non-medical purposes
- d. Medical information will be discussed only with the patient and other medical providers as necessary to that patient's care
 - 1) Medical information will not be discussed in hallways, waiting rooms, or other places where information can be overheard
 - 2) Doors will be kept closed when talking with clients or when talking about a client on the telephone
- e. Staff will not call or yell names of patients or the procedures being performed for clients in the clinical area

- f. Clients will not be referred to by payment type in an area where it can be overheard
 - g. Medical information or discussions with patients will not be repeated unnecessarily after patient encounters
 - h. Employees will not discuss with patients their own personal lives or those of other employees
 - i. Employees will make reasonable effort to ensure the confidentiality of client's while in the home.
- 2. Employees
 - a. Disciplinary actions and other personnel-related information will not be discussed unnecessarily
 - b. Employee disciplinary actions and other personnel-related information should not be discussed where it may be overheard by other employees
 - 3. All original material or information produced as a result of employment or a contract relationship with CCHD is the property of CCHD
 - 4. Fax Cover Page
 - a. Each CCHD unit (Personal Health, Home Health, Environmental Health) may have their own cover page specific to that unit.
 - b. The electronic transmission of all confidential information by fax will include a cover page that contains the following.
 - 1) Name and fax number of the recipient
 - 2) Name, address, telephone number and fax number of the sender
 - 3) Number of pages (including cover page) being sent
 - 4) The following confidentiality warning: The information being sent in this fax is confidential and intended for the use of the individual or entity to whom this transmission is addressed. It may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. Notify us immediately by telephone if you receive this transmission in error and shred or otherwise destroy the document.

IV. ATTACHMENTS

- A. Confidentiality Statement
- B. Non-agency Confidentiality Statement
- C. Volunteer Assignment of Risk, Release of Liability, and Confidentiality Form
- D. Board of Health Confidentiality Statement

V. POLICY HISTORY

- A. Original Date
 - 1. 06/18/1996
- B. Effective Date:
 - 1. 06/18/1996
- C. Dates of Review:

1. <u>05/25/2010</u>	5. _____
2. <u>10/23/2011</u>	6. _____
3. <u>10/26/2012</u>	7. _____
4. <u>03/08/2013</u>	8. _____

Attachment A



CONFIDENTIALITY STATEMENT

It is the policy of the Caswell County Health Department (CCHD) that its clients have the right to confidentiality concerning his/her medical care and its employees have the right to confidentiality concerning their personnel record. Each employee or contractual program staff in the CCHD are required by Federal Law, Federal Regulations, State Law, State Agency, and CCHD regulations to respect the privacy of individual clients and employees by adhering to the rules and regulations, which govern access to client records and information.

Clients have the right to expect that all communications and records pertaining to his/her care be treated as confidential. The client has the right and is free to discuss the services he/she receives from the CCHD with anyone at this agency at anytime with full confidentiality. Employees do not have the right to divulge to anyone the client's name, the program through which services were rendered, or any patient related information from the clinic, home, school, or public areas without consent.

Patient and personnel information from any source and in any form, including paper record, oral communication, audio recording, or any electronic form is strictly confidential. Access to confidential patient and personnel information is permitted only on a need-to-know basis.

It is the policy of the CCHD that users of patient and personnel information shall respect and preserve the privacy and confidentiality of this information. Violations of this policy include, but are not limited to:

- accessing or attempting to access information that is not within the scope of your job or you do not have the authority to access;
- misusing, disclosing without proper authorization, or altering patient or personnel information;
- helping an unauthorized person to access confidential information either intentionally or unintentionally through carelessness (open doors, speaking in hallways, speaking too loudly);
- leaving confidential information unattended in an area where it is likely to reveal confidential information to unauthorized people;

Violation of this policy by employees, staff, or volunteers of the CCHD may constitute grounds for corrective action up to and including termination of employment. Violation of this policy by outside affiliates may constitute grounds for termination of the contractual relationship or other terms of affiliation between the outside affiliate and CCHD. Unauthorized release of confidential information may also have personal, civil, and/or criminal liability and legal penalties attached.

I have read and agree to comply with the terms of the above statement and have read and will comply with the CCHD's Confidentiality Policy which is attached to this statement. I will hold confidential any information gained by access to client/patient clinical records or by contact with clients/family members/caregivers who have come within my care or observation and will protect the information from becoming public knowledge through any actions either electronic, written, or verbal. I will not discuss any findings with others either in private or public unless it is shared with another health care provider directly involved in the client's care.

I will limit documentation to factual data and only that which is appropriate to clear diagnosis and treatment. I will not use information gained by access to client clinical records or client contact for any purpose other than the one which affords me the right to the information.

I understand that the divulging of confidential information to unauthorized persons makes me subject to civil action, suspension, or dismissal.

Printed Name: _____

Signature: _____

Witness: _____

Date: _____

Date: _____

Attachment B



NON-AGENCY CONFIDENTIALITY STATEMENT

As an individual who comes into the Caswell County Health Department (CCHD), by signing this statement, I agree to hold confidential any information gained by access to client/patient clinical records, personnel records, or materials of CCHD.

I will not use the information gained by access to client clinical records or client contact, personnel records, or other CCHD materials for any purpose other than the one which affords me the right to the information and I will not remove any information from the premises except as approved in advance by a CCHD supervisor.

Printed Name: _____

Signature: _____

Witness: _____

Date: _____

Date: _____

Attachment C



Volunteer Assignment of Risk, Release of Liability and Confidentiality Form

In consideration of the opportunity to volunteer with the Caswell County Health Department (CCHD),

I, _____ acknowledge and state the following:

(Print) Last Name First Name Middle Initial

Initials

1. I understand and agree that as a volunteer, I am not a employee of the CCHD or Caswell County government and am not be entitled to receive compensation or any other employee benefit for my services.

Initials

2. I understand that some work may entail hard physical labor, heavy lifting, crawling, climbing and other strenuous activity. Some activities may take place on ladders and building framing other than ground level. I understand that all volunteer activities have a potential for significant physical injury.

Initials

3. Please list any types of work you are NOT willing to perform:

Initials

4. I certify that I am in good health and physically able to perform this type of work. I am volunteering at my own risk. I assume all risk and responsibility for any damage, injury or death to me or to my property, as well as related medical costs and expenses which I may incur while involved in and as a result of this work. I understand that the CCHD and the Caswell County government do not carry or maintain health or disability insurance coverage for any volunteer. However, in some situations, Worker’s Compensation Insurance may provide limited coverage. Each volunteer is expected and encouraged to maintain their own health and disability insurance coverage.

Initials

5. I understand that the CCHD and the Caswell County government are not responsible or liable for my personal effects and property and that they will not provide lock up or security for any items. I will hold the CCHD and the Caswell County government harmless in the event of theft or for loss resulting from any source or cause. I further understand that I am to abide by whatever policies, rules, and regulations that are currently in effect at the CCHD and the Caswell County government.

Initials

6. I agree to hold confidential any information gained by access to client/patient clinical records or by contact with clients, family members and/or caregivers who have come within my care or observation and will protect the information from becoming public knowledge through any actions either written or verbally expressed by me. I will not discuss any findings with others, either in private or public, unless it is shared with another health care provider directly involved in the client’s care. I will not use

information gained by access to client clinical records or client contact for any purpose other than the one which affords me the right to the information. I understand that the divulging of confidential information to unauthorized persons makes me subject to civil and/or criminal action.

Volunteer's Printed Name	Volunteer's Signature	Date
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If The Volunteer Is A Minor Parent Or Guardian's Printed Name	Parent Or Guardian's Signature	Date
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Dates Covered By This Liability Form	From	To
--------------------------------------	------	----

Volunteer's Street Address	City	State	Zip
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Name of Emergency Contact	Phone #	Alternate Phone #
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Printed Name of Witness	Signature of Witness	Date
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Attachment D



BOARD OF HEALTH CONFIDENTIALITY STATEMENT

As a Board of Health member who comes into the Caswell County Health Department (CCHD), by signing this statement, I agree to hold confidential any information gained by access to client/patient clinical records, personnel records, or other confidential materials as required by State and Federal law.

I will not use the information gained by access to client clinical records or client contact, personnel records, or other confidential materials for any purpose other than the one which affords me the right to the information and I will not remove any information from the premises except as approved in advance by the CCHD.

I understand that there are State laws that require official meetings of the Board of Health to be open to the public and this statement should not be interpreted in a way that conflicts with these laws.

Printed Name: _____

Signature: _____

Date: _____

Witness: _____

Date: _____