Community Health Improvement Plan
Richmond County
May 2014

Richmond County Health Department

Dr. Tommy Jarrell, Health Director
Richmond County Health Department

www.richmondnc.com
An Invitation to the Community

The following document is the Community Health Improvement Plan for Richmond County for 2014 – 2017. The development of this plan is an assessment process that brings together a representation of Richmond County residents every three years. This plan should be used as a guide by community agencies interested in improving the health and safety of Richmond County members. It is anticipated that this document will be used as a reference and foundation for many efforts within the county.

Creating healthy communities requires a high level of mutual understanding and collaboration with community individuals and partner groups. This health plan is being presented to Richmond County residents so that we can work together as partners to make our community a healthier, safer place to live. It is with the help of you and others who will read and discuss this plan and assist with the strategies that we will assure a healthy community. We invite you to become involved with this project by contacting us at the Richmond County Health Department at (910) 997-8300.

I am extremely appreciative to the community partners who have spent numerous hours over the past months developing this plan. Their involvement has been most valuable in helping to identify the health priorities for our community. I want to thank you for taking the time to read this plan, to learn more about how you can actively participate in helping to assure a healthy, safe community for yourself, your family, and the members of our community.

Sincerely.

Tommy Jarrell, PhD
Health & Human Services Director
Richmond County Health Department
**Richmond County Improvement Planning Committee**

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Executive Summary

For the first time Richmond County has chosen to implement a Community Health Improvement Plan, CHIP. The purpose of this plan is to help residents reach their optimal level of health by working to reduce the areas that have been identified to pose the greatest risk to the majority of population. The Richmond County Health Department will continue to build successful partnerships to aid in these efforts.

This plan was developed by a diverse representation of Richmond County residents. These individuals discussed and developed solutions to reduce factors that posed the greatest risk to residents. These factors were identified through the 2013 Community Health Assessment. The CHIP will be evaluated every three years to determine its effectiveness by reviewing the goals, strategies, and outcomes that were set during the planning process.

The top priorities, for 2014-2017, were categorized into two focus areas by the Community Health Improvement Planning Committee. These focus areas coincide with the Healthy North Carolina 2020 objectives. The two focus areas are listed below:

- Prescription Drug
- Wellness

After identifying these focus areas, the committee was divided into two subcommittees. One subcommittee focused on Prescription Drug, while the other subcommittee focused on Wellness. Each subcommittee identified goals, strategies, and outcomes for their focus area. Together as an entire committee and with community partners we will implement each strategy to ensure each goal and outcome is reached.

Sincerely.

Shareese Powell
Public Health Educator
Richmond County Health Department
Health Priority:
Educate Richmond County residents about Asthma triggers.

Asthma:

Asthma affects people of all ages. Onset usually occurs during the early stages of childhood. In the United States, more than 25 million people are known to have Asthma. About 7 million are children. Among children, more boys have Asthma than girls. With that in mind, men and women are equally affected with Asthma among adults.

The indicator rate for Asthma in Richmond County in 2007 was 366.4; there was however, a significant decline in 2011 to 298.0. Hospital discharge rates for asthma in years 2007 – 2011 was significantly higher than both the state (North Carolina) and peer (Peer Counties: Anson, Bladen, Montgomery, Pasquotank, Scotland, and Vance) average. Health resources are still greatly needed in Richmond County in order to continue the decrease in prevalence.

Asthma is a chronic lung disease that inflames and narrows the airways. Asthma causes recurring periods of wheezing, chest tightness, shortness of breath, and coughing. The coughing often occurs at night or early in the morning. When the airways react, the muscles around them tighten. This narrows the airways causing less air to flow into the lungs. The swelling also can worsen, making the airways even narrower. Cells in the airways might make more mucus than usual. Mucus is a sticky, thick liquid that can further narrow the airways.

Treating symptoms when they are first noticed is important. This will help prevent the symptoms from worsening and causing a severe asthma attack. Severe asthma attacks may require emergency care, and they can be fatal. Asthma has no cure. Even when the individual feels fine, they still have the disease and it can flare up at any time.

Many common things that are referred to as “asthma triggers” can set off or worsen asthma symptoms. Examples include exposure to smoke, pollens, dust, and animal fur. This can be animal fur from a stuff animal and/or a living animal. One possible asthma trigger that should not be avoided is physical activity. Physical activity is an important part of a healthy lifestyle. People with asthma should talk with their physicians about medications options that may help the individual maintain an active lifestyle.
**Goal 1**

- Decrease the number of hospitalizations related to Asthma.

**Strategies**

- Implement home evaluations for Asthma causing triggers.
- By March 2015, Identify 15 families with children who have asthma to participate in the NC Childhood Asthma Program.

**Outcome**

- By March 2017, the number of hospitalizations related to Asthma will be decreased by 5%.

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*Peer Counties: Anson, Bladen, Montgomery, Pasquotank, Scotland, and Vance*

**State: North Carolina**

***County: Richmond***
Health Priority:
Create an environment that supports the reduction of controlled prescription medication and other drugs.

Prescription Drug Abuse:

Data from October 2013 showed that North Carolina has the 30th highest drug overdose mortality rate in the United States, with 11.4 per 100,000 people suffering drug overdose fatalities, according to a new report, Prescription Drug Abuse: Strategies to Stop the Epidemic. The number of drug overdose deaths, a majority of which are from prescription drugs, in North Carolina doubled since 1999 when the rate was 4.6 per 100,000. Nationally, rates have doubled in 29 states since 1999, quadrupled in four of these states and tripled in 10 of the 29 states.

Abuse of prescription drugs has become a more serious problem than most street drugs. Painkillers, tranquilizers, antidepressants, sleeping pills and stimulants may appear “safe” due to being prescribed by doctors, but they can be just as addictive and potent as the heroin or cocaine sold on the street. The painkiller OxyContin, for example, is as powerful as heroin and affects the body in the same way. Continued use of painkillers, depressants (“downers”), stimulants (“uppers”) or antidepressants can lead to addiction—and painful withdrawal symptoms for those who try to quit.

Recreational use of prescription drugs is a serious problem with teens and young adults. National studies show that a teen is more likely to have abused a prescription drug than an illegal street drug. Many teens think prescription drugs are safe because they were prescribed by a doctor. But taking them for nonmedical use to get high or “self-medicate” can be just as dangerous and addictive as taking illegal street drugs. There are very serious health risks in taking prescription drugs. This is why they are taken only under the care of a doctor. And even then, they have to be closely monitored to avoid addiction or other problems. Prescription drugs are only safe for the individuals who actually have the prescriptions for them and no one else.

According to the Centers for Disease Control and Prevention (CDC), nationally, sales of prescription painkillers per capita have quadrupled since 1999 - and the number of fatal poisonings due to prescription painkillers has also quadrupled. Enough prescription painkillers were prescribed in 2010 to medicate every American adult continually for a month.

In Richmond County the number of prescriptions filled for controlled substances has increased from 2010 to 2011. A controlled substance is generally a drug or chemical whose manufacture, procession, or use is regulated by the government. Controlled substances are substances that are the subject of legislative control. This may include both illegal drugs and prescription medications. In 2011 there were 124,667 prescriptions for controlled substances filled. Based on Richmond County’s population data, that is almost enough for 3 prescriptions of controlled...
substances for every person in the county. Richmond County’s prescription filled rate in 2011 was 2.67 verses the rate filled in North Carolina of 1.87.

**Substance Abuse**

**Controlled Substance Prescription Drugs filled**

![Graph showing controlled substance prescription drugs filled over years](image)

*State: North Carolina  
** County: Richmond

**Goal 2**

The prevalence of controlled substances will be reduced in Richmond County.
### Strategies

- Increase the number of prescription drop-off boxes in Richmond County.
- Discuss with the local paper the possibility of placing a running add about the drop box locations and hours.
- Create educational brochures for all age groups. These brochures spread awareness about the dangers of drug use and abuse and highlight places in the county where individuals can go for help.
- Develop a message to be placed at the bottom of report cards and the Richmond County School System’s website.
- Have a booth in front of the Hamlet Police Department at the Seaboard Festival with educational information and drop-off boxes. This strategy will be implemented at any large event county wide.
- Create and print inserts to place in church programs.
- Promote area support groups and treatment centers.
- Secure funding to place bill boards within Richmond County.
- Place information on both the county and the health department’s website.

### Outcomes

1. By March 2017, the number of prescriptions written for controlled substances will be decreased by 10%.
2. Increase the number of controlled prescriptions turned in with continuous accessibility by 5%.
3. Create a prescription drug use and abuse awareness media campaign by December 2015.
4. Increase the number of drug drop-off sites and ensure these boxes are available for daily use.
Health Priority:
Improve the health and wellness of Richmond County residents through increased physical activity.

Lack of Physical Activity:

The 2014 County Health Rankings and Roadmaps study by Wisconsin University through the Robert Wood Johnson Foundation found that Richmond County ranked 90th of all 100 counties in North Carolina for health outcomes. The factors that were studied to determine the health outcome percentage were socio-economic factors, health behaviors, access to clinical care, and the physical environment of the county. Richmond County was also 77th of the 100 counties for health behaviors such as obesity and lack of physical activity that contribute to poor health outcomes. The percentage of adults with a Body Mass Index (BMI) greater than 30 was 30.5%. The top US performers are below 25.3%. The percentage of adults over the age of 20 who reported no leisure-time physical activity was 32.7%. The top US performers were below 20.8%. The percentage of the population with adequate access to locations for physical activity was 49.5%. The top US performers were above 84.8%.

Many unhealthy behaviors begin in childhood. The Richmond County Health Department has been studying obesity in children from kindergarten through the third grade for several years. During the course of this study it has been determined that more than 30% of children ages 5-11 in the Richmond County School System are overweight. Females ages 5-11 are at the greatest risk for becoming obese or overweight. Overweight and obesity are each determined by using weight and height to calculate the Body Mass Index (BMI). BMI is used because, for most people, it correlates with their amount of body fat and is easily obtainable in a clinical setting.

Participating in regular physical activity is one of the most important things an individual can do for their health. Physical activity can help control weight; reduce the risk of cardiovascular disease, type 2 diabetes and metabolic syndrome, and some cancers. Regular physical activity can also strengthen bones and muscles, improve mental health and moods and the ability to do daily activity. In older adults it can help to prevent falls because of the bone and muscle strengthening.

Regular physical activity does not have to be strenuous. Research shows that just moderate-intensity aerobic activity, like brisk walking, is generally safe for most individuals. Science shows that regular physical activity can reduce the risk of premature death from two of the leading causes of death, heart disease and some cancers. Only a few lifestyle choices have as large an impact on health as physical activity. People who are physically active for about 7 hours a week have a 40 percent lower risk of dying early than those who are active for less than 30 minutes a week. Everyone can gain the health benefits of physical activity regardless of age, ethnicity, shape or size, these things do not matter.
Different age groups have different physical activity requirements. Children and adolescents (6 to 17 years of age) should do at least 60 minutes or more of physical activity each day. Aerobic activity should make up most of the child’s 60 minutes each day. This can include either moderate-intensity aerobic activity, such as brisk walking, or vigorous-intensity activity such as running. Children should have vigorous-intensity aerobic activity at least 3 days per week. Muscle strengthening activities, such as gymnastics or push-ups should also be included at least 3 days per week as part of the child’s 60 or more minutes.

Adults (18 to 64 years of age) need at least 150 minutes (2 hours and 30 minutes) of moderate intensity aerobic activity each week and on 2 or more days a week, muscle-strengthening activity that works all major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms). Older adults (65 years of age or more) need at least 5 hours (300 minutes) each week of moderate intensity aerobic activity and on 2 or more days a week, muscle-strengthening activity that works all major muscle groups.

Obesity and lack of physical activity have been linked with many chronic illnesses such as heart disease, type 2 diabetes, hypertension, cerebrovascular disease and accidents (strokes), some cancers, and osteoarthritis. Similarly, lack of adequate and appropriate nutrition is also linked to these illnesses. The prevalence of chronic illness related to obesity is increasing across the nation as well as in North Carolina and more specifically Richmond County. Obesity has also increased in every state, in both males and females, and across all age groups, races, and educational levels.

**Goal 3**
There will be an increase in physical activity by Richmond County residents.
**Outcome**
By March 2017 Richmond County residents will increase physical activity by 7%.

**Strategies**
- Create a resource guide that identifies locations in Richmond County accessible to the public for physical activity.
- Promote Unplug and Play Day once a year.

## Potential Partners

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<td>Alcohols Anonymous and Narcotics Anonymous</td>
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<td>Daymark Recovery Services</td>
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<td>Habitat for Humanity</td>
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<td>Hope’s Doorway</td>
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<td>New Horizons</td>
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Reference

The Burden of Unintentional Poisonings in North Carolina – October 2013, Anna Austin, M.P.H., Stephanie Finkbeiner, M.P.H., Injury and Violence Prevention Branch, Epidemiology and Surveillance Unit, State of NC.


Prescription Drug Overdose in North Carolina – Presentation, January 2014, Dr. Robin Cummings, NC State Health Director

