

Richmond County Demographics

The estimated 2014 Richmond County Population is 45,733

	Estimate	Percentage
Gender		
Male	22,361	48.9%
Female	23,372	51.1%
Race		
White	28,537	62.4%
African American	14,360	31.4%
American Indian or Alaska Native	1,418	3.1%
Asian or Pacific Islander	458	1%
Ethnicity		
Hispanic (any race)	960	2.1%

Source: www.census.gov and www.schs.state.nc.us/data/vital

The estimated 2013 Richmond County Population is 46,534

	Estimate	Percentage
Gender		
Male	22,802	49%
Female	23,732	51%
Race		
White	28,805	61.9%
African American	14,053	30.2%
American Indian or Alaska Native	558	1.2%
Asian or Pacific Islander	326	0.7%
Ethnicity		
Hispanic (any race)	2,792	6%

<http://www.towncharts.com/North-Carolina/Demographics/Richmond-County-NC-Demographics-data.html>

Economic Snapshot

- 2014 Projected Median Household Income: \$31,065
- Estimated total population with income below poverty level: 10,708 which represents 23.8% of Richmond County's total population.
- Unemployment: 1,272 individuals, who represent 7% of Richmond County's total population, were unemployed as of November 2014. This rate rose to 8.6% in August 2015.

http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml

2014 Top Ten leading causes of death for Richmond County vs. North Carolina

Rank	Cause of Death	Richmond County	North Carolina
1.	Cancer	21.5%	22.7%
2.	Diseases of the Heart	21.3%	20.6%
3.	Chronic Lower Respiratory Diseases	6.7%	5.9%
4.	Cerebrovascular Disease	5.5%	5.5%
5.	Diabetes Mellitus	5.3%	3.2%
6.	All other unintentional injuries	3.7%	3.7%
7.	Alzheimer's	3.1%	3.8%
8.	Essential (Primary) Hypertension and Hypertensive Renal Disease	2.7%	1%
9.	Motor Vehicle Injuries	1.6%	1.6%
10.	Chronic Liver Disease and Cirrhosis	1.4%	1.04%

www.schs.state.nc.us

Since 2006, diseases of the heart have been the leading cause of death in Richmond County followed by cancer. This year by 0.2%, cancer became the leading cause of death in Richmond County and heart disease fell to number two. When compared to North Carolina state rates, Richmond County has a lower mortality rate for two of the top ten leading causes of death and these include cancer and Alzheimer's disease. The death rate for heart disease, chronic lower respiratory disease, diabetes mellitus, essential (primary) hypertension and hypertensive renal disease and chronic liver disease and cirrhosis is higher in Richmond County than the state. If you are born between 2012-2014, in Richmond County your life expectancy is 74.8 years vs. the North Carolina state rate of 78.3 years. Females in Richmond County live 4.7 years longer than males vs. North Carolina with females living 4.9 years longer than males. The life expectancy in Richmond County for whites is 0.4 years longer than for African Americans. In North Carolina life expectancy for whites is 3 years greater than African Americans.

www.schs.state.nc.us

2014 Infant Mortality Report North Carolina vs. Richmond County

	Total Births	White	African American	Hispanic	American Indian	Other (non-Hispanic)
North Carolina	120,948	67,387	28,923	17,778	1,594	5,266
Richmond County	504	251	157	57	34	5

	Total Deaths	White	African American	Hispanic	American Indian	Other (non-Hispanic)
North Carolina	860	345	369	110	15	21
Richmond County	3	2	1	0	0	0

*Technical Note: Rates based on small numbers (fewer than 10) are unstable therefore numbers represent actual births and deaths.

www.schs.state.nc.us

Comparing infant mortality state and county data, reflects the following:

- Richmond County had a higher percentage of white infant deaths than North Carolina.
- Richmond County's white infant deaths were 0.284% higher than the state.
- Richmond County had a lower percentage of African American infant deaths than North Carolina.
- Richmond County's African American infant deaths were 0.639% lower than the state.

Robert Wood Johnson Foundation County Health Rankings and Roadmaps

In 2015 Richmond County was ranked 96 out of the 100 counties in the state of North Carolina. The rankings help counties understand what influences how healthy residents are and how long they will live. The rankings look at a variety of measures that affect health, such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births. Based on data available for each county, the rankings are unique in their ability to measure the overall health of each county in all 50 states. Richmond County was ranked 90 out of 100 counties for health outcomes and 94 for health factors. Health outcomes represent how healthy a county is while health factors represent what influences the health of the county. North Carolina ranks 31 out of the 50 states, some of the challenges include large disparities in health status by education level, low per capita public health funding and a high infant mortality rate.

<http://www.americashealthrankings.org/NC> and www.countyhealthrankings.org

Selected Health Priorities

The Community Health Assessment for Richmond County was completed in 2013. In 2014 the Richmond County Health Department chose to implement a Community Health Improvement Plan (CHIP). The purpose of the 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 the population. This plan was developed by a diverse representation of Richmond County residents. These individuals discussed and began developing solutions to reduce factors that pose the greatest risk to residents. These health priority areas were identified through the 2013 Community Health Assessment. The CHIP is evaluated annually to determine its effectiveness. The priorities selected by the CHIP Committee for Richmond County are:

- ❖ Asthma
- ❖ Prescription Drug Abuse
- ❖ Obesity
- ❖ Cancer

Asthma

Asthma is a chronic lung disease that inflames and narrows the airway. 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 airway reacts, the muscles around it tighten. This narrows the airway causing less air to flow into the lungs. The swelling can worsen, making the airway even narrower. Cells in the airway might make more mucus than usual. Mucous is a sticky, thick liquid that can further narrow the airway. Asthma affects people of all ages. Onset usually occurs during the early stages of childhood.

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 may 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.

African Americans, females, the very young, and the very old are impacted at a greater extent than the general population with asthma in North Carolina. Mortality data shows that African Americans die at a greater rate attributable to asthma than whites. Deaths attributed to asthma, while not common, are preventable and represent a breakdown in successful disease management. In North Carolina African American children are twice as likely as white children to visit the hospital Emergency Room or Urgent Care Clinic because of their asthma.

NC DHHS/Division of Public Health/North Carolina Asthma

Statistical data from the Sandhills Community Care Network shows that Richmond County has:

- 767 children with a primary diagnosis of asthma aged 17 or < enrolled in either Medicaid or Health Choice.

Sandhills Community Care Network

Data from First Health Richmond Memorial Hospital revealed that:

- Children aged 17 or < with a primary diagnosis of asthma had 442 Emergency Room visits for calendar year 2013 and 42 inpatient visits for calendar year 2013 and had 28 other outpatient visits (which include outpatient surgery and observation).
- During calendar year 1/1/2014 to 1/1/2015 there were 437 children visited the Emergency Room due to asthma related symptoms and 32 of those were hospitalized.

First Health Richmond Memorial Hospital

In 2013 hospital discharges in Richmond County** with a primary diagnosis of asthma ages 0-14 (per 100,000)

- Total number = 80
- Total rate = 172.4
- Total number ages 0-14 = 26
- Total rate ages 0-14 = 285

<http://www.asthma.ncdhhs.gov/burden.htm>

Richmond County ranked significantly higher than its peer counties (Anson, Bladen, Montgomery, Pasquotank, Scotland and Vance) for the five year span 2007-2011 for Emergency Room visits and hospital inpatient stays related to a primary diagnosis of asthma. Richmond County was one of four counties selected by the Department of Public Health Section/Chronic Disease and Injury/Asthma to participate in the North Carolina Asthma Program for Fiscal Year 2014-2015. Unfortunately, the anticipated funding was not received and the program was discontinued. The Health and Human Services Director for Richmond County Health Department was able to secure enough funding to provide this program on a limited basis in Richmond County. The Environmental Health Section was responsible for the implementation of the evidence-based Childhood Asthma Program. By 2017, 15 families in Richmond County who receive CC4C or CAP-C services with children aged 17 or less with chronic cases of asthma will be referred to the program for essential services to support asthma management. As of December 2015, 5 children with chronic asthma are participating in the program. The program is designed to address a variety of environmental health and safety concerns including: mold, lead, allergens, asthma, carbon monoxide, home safety, pesticides, and radon through a Healthy Homes Assessment conducted by an Environmental Health Specialist. The results of the assessment are reviewed by the Healthy Homes Coordinator and a site specific Healthy Homes Toolkit is assembled for the family. A Public Health Nurse delivers the Healthy Homes Toolkit and provides Asthma Trigger Training in the home. The nurse will also provide guidance as to how to properly use asthma medications including the use of peak flow meters and spacers. The nurse will also assist the family in completing an Asthma Action Plan. The program also seeks to reduce the burden of asthma across the county through public awareness, capacity building, education, leadership, and administration of evidence-based asthma related interventions.

Prescription Drug Abuse

According to the Center for Disease Control (CDC), Drug Enforcement Agency, and the NC Division of Public Health, prescription drug abuse (particularly opioid analgesics) is the number one health concern facing the United States today. It has reached epidemic proportions in North Carolina as the number of deaths from opioids has increased by more than 330% since 1999. Opioid analgesics (particularly painkillers like oxycodone, hydrocodone, and methadone) are now included in more drug related deaths than cocaine and heroin combined. If this trend continues in North Carolina, unintentional deaths by opioid analgesics will surpass deaths by motor vehicles by 2017. It now ranks as the second leading cause of unintentional death in North Carolina. In 2014 it was noted that males are dying at a higher percentage than females, 63.7% vs. 36.3%. Whites have the highest percentage of unintentional poisoning deaths among North Carolina residents at 85%. Unintentional poisoning deaths increase with age, peaking between the ages of 45 to 54 years. In Richmond County prescriptions filled for controlled substances is steadily increasing each year.

- 2012 = 131,908 controlled substance prescriptions filled
- 2013 = 134,344 controlled substance prescriptions filled which was an increase of 2,436 prescriptions, approximately a 2% increase from 2012
- 2014 = 139,869 controlled substance prescriptions filled which was an increase of 5,525 prescriptions, approximately a 4% increase from 2013

The 2014 population of Richmond County was 45,733 which allowed the entire population 3.058 prescriptions for controlled substances. This was an increase from 2013 which was 2.89 prescriptions for controlled substances each.

One method to combat this problem is by use of the NC Controlled Substance Reporting System. This statewide reporting system was established by North Carolina law to improve the state's ability to identify people who abuse and misuse prescription drugs classified as Schedule II-V controlled substances (Defined). It is also meant to assist clinicians in identifying and referring for treatment patients misusing controlled substances. More education to providers and pharmacists needs to continue on the Reporting System to improve the number of prescribers registered with the system. In Richmond County as of 5/30/2015 there were 28 providers and 45 pharmacists registered with the Reporting System.

<http://www.injuryfreenc.ncdhhs.gov/preventionResources/UnintentionalPoisoning.htm>

Obesity

The 2015 County Health Rankings and Roadmaps Study, by Wisconsin University through the Robert Wood Johnson Foundation, found that Richmond County ranked 96th of all 100 counties in North Carolina for health outcomes. The factors that were studied to determine the health outcome percentage were socioeconomic factors, health behaviors, access to clinical care, and the physical environment of the county. Richmond County was also 95th of the 100 counties for health behaviors such as obesity and the lack of physical activity that

contribute to poor health outcomes. In 2014 Richmond County ranked 90th of all 100 counties in North Carolina for health outcomes and 77th of 100 counties for health behaviors. Neighboring counties Scotland and Robeson ranked 98th and 95th respectively in North Carolina for healthy outcomes. The healthiest counties have higher college attendance rates, fewer preventable hospital stays and better access to exercise opportunities. The least healthy counties have more smokers, more teen births, and more alcohol-related car accidents.

http://www.countyhealthrankings.org/sites/default/files/state/downloads/CHR2015_NC_0.pdf

Many unhealthy behaviors begin in childhood and continue throughout adulthood. The Richmond County Health Department, has been studying obesity in children from kindergarten through third grade since the 2004 school year. This study serves as a means to assess the growth and overall health of children in this age group enrolled in the public school system. This information can allow for BMI comparisons of demographic regions, race and ethnicity, and gender. The data gathered is given to each school nurse, serving the elementary schools, to evaluate the overall well being of the school population in grades K-3. It is our hope that teaching healthy habits to K-3 students will enable them to become life long advocates of healthy living.

This annual collection of data in the fall and spring of each school year assesses the BMI by calculating the height and weight of each student. BMI is used because, for most people, it correlates with their amount of body fat and is easily obtainable in a clinical setting. According to each student’s BMI, they are identified as underweight (< than 5th percentile), normal BMI (5th to the 85th percentile), overweight or obese (≥ 85th percentile), or obese (≥ 95th percentile). During the course of this study it has been determined that more than 40% of children in grades K-3, enrolled in the Richmond County Public School System, are overweight. Gathering this data allows the health department to determine the health and well-being of students in grades K-3 in Richmond County. The data gathered supports the continued need of early health and nutrition education and promotion of physical activity in the elementary schools of Richmond County. The overweight population of K-3 students increased by 10% from the fall of 2014. Underweight children represented 2% of the K-3 population in the fall of 2015 while 58% of the K-3 population fell within the normal BMI range.

BMI’s of K-3 Students in Public Schools in Richmond County Fall 2015			
	Boys	Girls	Total
Number of children assessed:	1087	1056	2143
Underweight (< 5th %ile)	2%	3%	2%
Normal BMI (5th - 85th %ile)	59%	56%	58%
Overweight or obese (≥ 85th %ile)*	38%	41%	40%
Obese (≥ 95th %ile)	23%	24%	24%
*Terminology based on: Barlow SE and the Expert Committee. Expert committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: summary report. Pediatrics. 2007;120 (suppl 4):s164-92.			

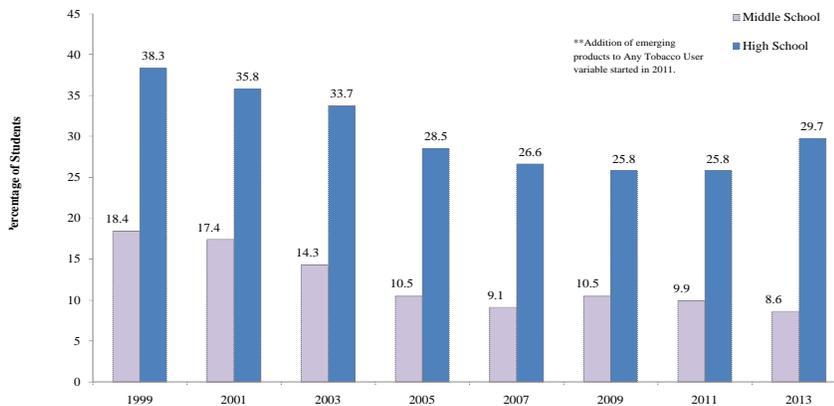
While the data gathered from the elementary schools in grades K-3 supports the continued need for early childhood obesity intervention, Richmond County Health Department feels that the Operation Healthy Kids Program has served its purpose over the last decade. With the increase in the number of students in the ≥85th percentile, early education continues to be a priority in helping them achieve a life-long healthy lifestyle. The

coordinator of the Operation Healthy Kids Program is currently investigating evidence based interventions that would best suit the elementary school age children of Richmond County.

Cancer

Nationally, nearly 1 in 15 high school seniors was a daily smoker in 2014. Substantial racial/ethnic and regional differences in smoking rates exist. Among high school students, white teens are more likely to smoke than are their black or Hispanic peers. Smoking rates are typically higher in rural areas, and in the Southern and Midwestern region of the country. Nearly 90% of adult smokers began smoking before the age of 18. About 1 of every 3 high school seniors reports having ever smoked a cigarette. The percentage of high school seniors who have ever smoked an e-cigarette more than doubled in a one year period between 2011 and 2012. Among younger adolescents, those in 8th and 10th grade, twice as many students reported using e-cigarettes than tobacco cigarettes in 2014. The parallel use of e-cigarettes and conventional cigarettes is also common. In 2014 approximately 1 out of 4 8th and 10th grade students who used an e-cigarette in the past 30 days had also smoked a conventional cigarette. In 12th grade students who used an e-cigarette in the past 30 days, 1 out of 2 also smoked a conventional cigarette. There is a concern that e-cigarettes pave the way to the use of conventional cigarettes and other tobacco products. In 2013, 1 out of 5 middle school students who had tried an e-cigarette had not tried a conventional cigarette. However, 43.9% of the middle school students that reported trying an e-cigarette stated that they intended to smoke a conventional cigarette in the next year.

NC Middle & High School Current* Users of Any Tobacco Product:**
NC YTS, 1999-2013



*Current use is defined as using on one or more of the past 30 days. **Beginning in 2011, NC YTS began including an item for use of emerging tobacco products. Emerging tobacco products include electronic cigarettes, clove cigars, dissolvable tobacco products, flavored cigarettes, flavored little cigars, hookahs or waterpipes, roll-your-own cigarettes, and snuff. Data on emerging tobacco product use prior to 2011 is not available.
Source: NC Tobacco Youth Survey 2013

Progress on Priorities Reported in the 2014 SOTCH

Asthma

- 5 children with chronic asthma are currently enrolled in the Healthy Homes Program.
- RCHD held 1 event at the health department focusing on asthma. Educational materials were provided on the Healthy Homes Program and on allergy/asthma triggers.
- This event featured “Buster” a character from the cartoon Arthur who has chronic asthma. A DVD on asthma was shown and “Buster” answered participant’s questions on asthma, the Healthy Homes Program and treatment of asthma.
- Healthy Homes cleaning kits have been assembled to give to families participating in the Healthy Homes Program, featuring cleaning supplies that are not triggers for asthma.
- RCHD purchased Air Quality Flags for all Richmond County Schools and partnered with them to implement the Air Quality Program in the spring of 2016.

Prescription Drug Abuse

- RCHD partnered with the Richmond 2020 Task Force and held 2 Roundtable Discussions on Substance Abuse Prevention. Law enforcement (police and sheriff), pharmacists, medical providers in private practice, ED providers, Nurses, Representatives from the Richmond County Public School System, Representatives from the Sandhills Community Care Network, and Representatives from the Rockingham Housing Authority, were in attendance. The emerging issues with prescription drug abuse in Richmond and surrounding counties was discussed and goals and priorities were established to combat the problem.
- RCHD participated in 3 Operation Medicine Drop events throughout 2015.
- Education was provided to the public throughout 2015 with mailings of bulletin inserts on prescription drug abuse to county churches, at Operation Medicine Drop events, local health fairs, and the health department electronic message board. A representative from the Sandhills Community Care Network heightened local physician’s awareness of the Controlled Substance Reporting System by making periodic office visits.

Obesity

- RCHD partnered with the Richmond County School System to obtain BMI’s on students in grades K-3 in the fall of 2015 which was compared with 2014 data.
- The Operation Healthy Kids Coordinator has begun to search for evidence based curricula to combat childhood obesity and best meet the needs of the students in the Richmond County School System.

Cancer

- RCHD referred 109 clients to the NC Quitline.
- Held “Great American Smoke-out” event to promote awareness of the harm caused by tobacco products including second hand smoke.
- Distributed educational materials regarding the harm caused by tobacco products and second hand smoke at 3 events.

Emerging Issues and New Initiatives

Teen Pregnancy

The Richmond County teen pregnancy rate (ages 15-19) has continued to decline since 2012. In 2012, the teen pregnancy rate was 59.9, in 2013 the rate was 50.4, and in 2014 the rate declined further to 46.8. Historically Richmond County has had one of the highest teen pregnancy rates in the state with a ranking in the top ten of 100 counties for the last 13 of 17 years. In 2014 Richmond County had its lowest ranking since 2003 with a rank of 20 out of 100 counties. Because Richmond County has had a history of high teen pregnancy rates, we were invited by the Teen Pregnancy Prevention Initiative Team through the Women’s Health Branch at DHHS to apply for a Teen Pregnancy Prevention Grant through the Office of Adolescent Health. RCHD received a five year grant of \$1,250,000 to implement the REACH Program (Redefining and Empowering Adolescent and Community Health). Two part-time health education staff were hired to implement and teach the evidence-based curricula “Making Proud Choices” (8th grade) and “Reducing the Risk” (9th grade) in all four of the county’s middle schools, the Ninth Grade Academy, and the Ashley Chapel Alternative School. “Making Proud Choices” is an 8-module curriculum that provides young adolescents with the knowledge, confidence and skills necessary to reduce their risk of sexually transmitted diseases (STDs), HIV and pregnancy by abstaining from sex or using condoms if they choose to have sex. “Reducing the Risk” is a 16-session curriculum designed to help high school students delay the initiation of sex or increase the use of protection against pregnancy and STD/HIV if they choose to have sex. This research-proven approach addresses skills such as risk assessment, communication, decision making, planning, refusal strategies and delay tactics. While Richmond County Health Department still uses the parenting simulation program “Baby Think it Over” in the 7th grade at all four middle schools, we are currently doing research for another evidence-based curriculum to use in the 7th grade classrooms that would work to complement “Making Proud Choices” and “Reducing the Risk”.

2014 NC Resident Pregnancy Rates: Females Ages 15-19 by Race/Ethnicity, Perinatal Care Regions, and County of Residence

Residence	Total Pregnancies	Rate	White Non-Hispanic Pregnancies	Rate	Af. Am. Non-Hispanic Pregnancies	Rate	Am. Ind. Non-Hispanic Pregnancies	Rate	Other Non-Hispanic Pregnancies	Rate	Hispanic Pregnancies	Rate
North Carolina	10,328	32.3	4,283	23.1	3,703	44.0	205	44.9	177	19.0	1,912	52.8
PCR V Southeastern	1,748	40.2	634	28.9	651	49.4	156	52.6	30	42.2	273	57.6
Richmond County	67	46.8	25	34.7	27	50.7	5	*	2	*	8	*

*TECHNICAL NOTE: RATES BASED ON SMALL NUMBERS (FEWER THAN 20 CASES) ARE UNSTABLE AND NOT REPORTED

Sources: www.schs.state.nc.us/data/vital/pregnancies/2014 ; www.etr.org/ebi/programs/reducing-the-risk ; www.etr.org/ebi/programs/making-proud-choices

Sexually Transmitted Infections (STI’s)

Sexually Transmitted Infections (STI’s) are on the rise in Richmond County (particularly Chlamydia) among the minority teen population, even while the teenage pregnancy rates continue to decline. Approximately one-third of all clients who utilize the STI

Clinic are teens aged 19 or younger. While teens are taking measures to prevent pregnancy they are not taking measures to prevent the transmission of STI's. Teens who utilize the RCHD Family Planning Clinic are also provided in-depth education on STI's and their prevention. Educational materials on STI's are available throughout the health department. Condoms are available at the front reception window. One does not have to be a client of the health department to be provided condoms. The health department's STI nurse participates twice per year at the Perdue Health Fair distributing condoms and providing education on STI prevention. Perdue is the second largest employer in the county and employees a large minority workforce. As discussed under the teen pregnancy information, beginning in the 2016-2017 school year the health department will be implementing the "Making Proud Choices" curriculum to all 8th grade students in Richmond County and the "Reducing the Risk" curriculum to all 9th grade students in the county. It is felt that these evidence-based curriculums will be effective not only in further reducing teenage pregnancy rates but also in reducing the STI rates among teens.

Newly Diagnosed Adolescent (15 to 18 years old at diagnosis) HIV, Syphilis, Gonorrhea, and Chlamydia Infections in Richmond County and in North Carolina, 2012-2014.

Richmond County			North Carolina	
	Total Cases	Rate	Total Cases	Rate
HIV				
2012	0	0.0	34	6.7
2013	0	0.0	29	5.7
2014	0	0.0	30	5.8
Average Rate	N/A	0.0	N/A	6.1
Syphilis				
2012	0	0.0	12	2.4
2013	0	0.0	20	3.9
2014	0	0.0	25	4.9
Average Rate	N/A	0.0	N/A	3.7
Gonorrhea				
2012	12	468.8	2,066	405.4
2013	15	594.1	1,945	381.2
2014	8	323.0	1,907	370.9
Average Rate	N/A	461.9	N/A	385.8
Chlamydia				
2012	52	2,031.3	10,385	2,037.8
2013	69	2,732.7	9,412	1,844.5
2014	78	3,149.0	9,152	1,779.8
Average Rate	N/A	2,637.6	N/A	1,887.4

*HIV Infection includes all newly reported HIV infected individuals by the year of first diagnosis, regardless of the stage of infection (HIV or AIDS). Rate is expressed per 100,000 population (15 to 18 year old population for Richmond County and statewide). Data Sources: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 25, 2015) and North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of July 6, 2015).

Richmond County Farmer's Market

Beginning in May 2015 RCHD partnered with Richmond County DSS, Richmond Interagency Transportation, Richmond County Council on Aging, and Richmond County Cooperative Extension to improve the market's access to the citizens of Richmond County. The county's food deserts were identified and are located in areas of the county that are both very rural and sparsely populated, economically disadvantaged, have a high minority population or a combination of these. It was determined that the Wednesday afternoon Farmer's Market should be moved to the Health and Human Services Complex where many of the residents who live in these areas come for service. Funding was available to transport clients to the market for free by Richmond Interagency Transportation. Grant funding will be sought to continue this service in the upcoming year. After looking at the identified food deserts, it was decided that the citizens of the county could best be served by picking up passengers in central locations in three of the identified areas (Dobbins Heights, East Rockingham, and Hamlet). Since the market was moved to the Health and Human Services Complex, each Wednesday representatives from DSS and the Health Department were available onsite to answer questions and to provide educational materials. The Area Extension Agent, Family and Consumer Sciences was available every other week and provided onsite nutritional education. A market manager was hired and the market was approved to take EBT/SNAP and began taking this method of payment over the summer. All partners are excited to continue to expand this project in the upcoming year.

We would welcome your involvement in any of our initiatives. We value your input and will be happy to entertain any questions or suggestions. If you would like to become involved in any of these priority health issues, please contact us.

Tommy Jarrell, PhD
Director of Health and Human Services
Richmond County Health Department
127 Caroline Street
Rockingham, NC 28379
(910)-997-8300
tommy.jarrell@richmondnc.com

If you would like any educational materials related to health issues or if you would like to have our Health Educator speak to your group, attend your event, or join your group as a community partner, please contact: Nancy Porter at (910)-997-8494 or email nancy.porter@richmondnc.com