

Richmond County

State of the County Health Report 2018



The Richmond County Health Department is pleased to present the 2018 State of the County Health Report. The purpose of the SOTCH report is to provide a summary of the county's health priorities stated in the 2016 Community Health Assessment. The goal of this document is to state the progress made in the last year on the selected health priorities and to provide the most recent county health data. The SOTCH Report will be presented at the Health and Human Services Advisory Board Meeting on January 15, 2019 at 7:00 pm, electronic copies will be sent to County Commissioners, it will be posted at the Richmond County Health Department webpage at <https://www.richmondnc.com/172/Health-Education>, and hard copies will be available to the general public at the public libraries and the health department.

Health Priorities

Diabetes

Infant Mortality

Teen Pregnancy and Sexually Transmitted Infections (STI's)

In order to identify the health priorities in our community, the Richmond County Health Department partnered with the Richmond County First-in-Health 2020 Task Force to form a CHA Committee. The CHA Committee served in an advisory role to oversee the evaluation of the data and information available through the CHA. This partnership included representatives from Richmond County Health and Human Services, FirstHealth, Richmond County Schools, Richmond County Board of Commissioners, Richmond County Cooperative Extension, City of Rockingham, Rockingham Housing Authority, and Sandhills Center.



Richmond County Health Department

127 Caroline Street
Rockingham, NC 28379
(910) 997-8300

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Robert Wood Johnson Foundation: County Health Rankings and Roadmaps

The *County Health Rankings and Roadmaps* program aide counties in understanding what influences the overall health of it's residents and how long they will live. Rankings look at various measures that affect the future health of communities. These included but are not limited to statistics such as high school graduation rates, access to healthy foods, rates of smoking, obesity, and teen births.

In 2018, Richmond County was ranked 91 out of 100 counties in the State of North Carolina for health outcomes, and 89 for length of life. Both of these rankings have increased since the previous year.

Health Category	Ranking (out of 100 counties)
Health Outcomes	91
Length of Life	89
Quality of Life	92
Health Behaviors	97
Clinical Care	93
Social and Economic Factors	91
Physical Environment	81

(Source: Robert Wood Johnson Foundation: County Health Rankings and Roadmaps)

Health Outcomes	Overall ranking compared to 99 other counties
Length of Life	Premature death rate (ranking out of 100 counties)
Quality of Life	Poor/fair health, poor physical health days, poor mental health days (self-reported in NC BRFSS), low birth weight
Health Behaviors	Smoking, obesity, food environment, physical inactivity, access to exercise, alcohol consumption, STDs, teen births
Clinical Care	Uninsured, number of health professionals such as primary care providers, mental health, dentists; preventable hospital stays, diabetic monitoring, mammogram screenings
Social and Economic Factors	Level of education, unemployment rate, income inequity, social associations, violent crime, injury deaths
Physical Environment	Air pollution, drinking water, housing issues, driving alone to work, long commute

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Demographic Profile

2017 Population Estimate	2016 Population Estimate
44,798	44,939

(Source: US Census)

2017 Gender Demographics		2016 Gender Demographics	
Male	49%	Male	49%
Female	51%	Female	51%

(Source: US Census)

2017 Race Demographics		2016 Race Demographics	
White	57.3%	White	62.8%
African American	31.1%	African American	31.8%
American Indian	3.0%	American Indian	3.0%
Asian	1.0%	Asian	1.0%
Native Hawaiian	0.1%	Native Hawaiian	0.1%
Hispanic or Latino	6.3%	Hispanic or Latino	6.3%
Two or More Races	2.2%	Two or More Races	2.2%

(Source: US Census)

2018 STATE OF THE COUNTY HEALTH REPORT

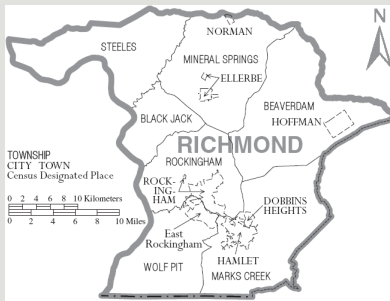
RICHMOND COUNTY, NC

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Richmond County Facts:

- » Median household income, 2017 : \$32,526
- » Unemployment rate, 2017: 6.4%
- » Persons below poverty level, 2017: 24.9%
- » Percentage of persons with high school diploma or higher: 80.3%
- » Population below 18 years of age 2017: 23.0%
- » Population 65 years of age and over, 2017: 17.1%
- » Persons without health insurance, under age 65 years: 13.7%



(Source: US Census)

Mortality Data

(Source: NC State Center for Health Statistics)

2017 Leading Causes of Death in Richmond County vs. the State

Rank	Cause of Death	Richmond County	North Carolina
1	Diseases of Heart	25.5%	20.2%
2	Cancer	18.6%	21.6%
3	Chronic Lower Respiratory Diseases	6.4%	5.9%
4	Cerebrovascular Diseases	5.7%	5.5%
5	Diabetes Mellitus	3.9%	3.1%
6	Alzheimer's Disease	3.7%	4.6%
7	Nephritis, Nephrotic Syndrome and Nephrosis	3.5%	2.2%
8	All Other Unintentional Injuries	3.4%	4.4%
9	Hypertension and Hypertensive Renal Disease	1.8%	*
10	Influenza/ Pneumonia	1.8%	2.1%

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Morbidity Data

(Source: NC State Center for Health Statistics)

Projected New Cancer Cases and Deaths by County, 2017

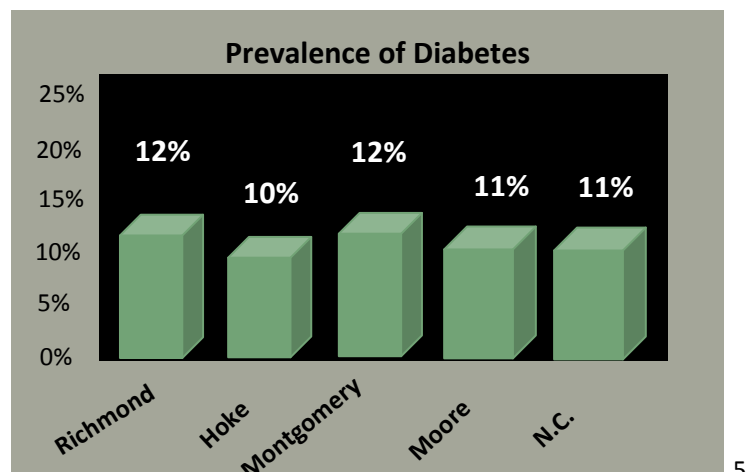
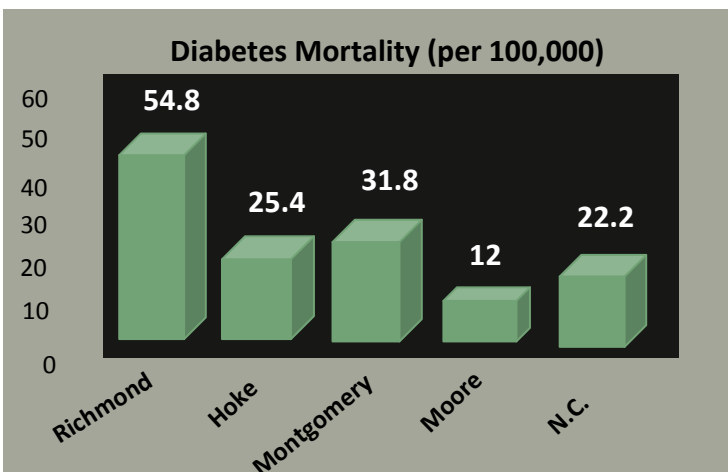
Produced by the North Carolina Central Cancer Registry

	Projected New Cases					Projected Deaths				
	Total	Lung/ Bronchus	Female Breast	Prostate	Colon/ Rectum	Total	Lung/ Bronchus	Female Breast	Prostate	Colon/ Rectum
N.C.	60,598	9,064	10,625	7,545	4,697	21,169	6,176	1,429	1,008	1,713
Richmond County	279	42	48	35	21	97	29	6	5	8

Priority: Clinical Care: Diabetes Monitoring

Richmond County	Error Margin	Top U.S. Performers	N.C.	Rank (of 100)
83%	78-88%	91%	89%	87

Area	Number of Diabetics in Surrounding Counties In 2018	Overall Population Size in 2018
North Carolina:	10,077,000	10.39 million
Richmond County:	1,107	46,639
Hoke County:	408	54,116
Montgomery County:	509	27,798
Moore County:	1,526	88,247



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Health Priority Progress in 2017: Diabetes

Diabetes is a condition in where there are high levels of glucose (sugar) in the blood due to a malfunction in the body's production or use of insulin; a hormone that regulates blood glucose levels. Diabetes can lead to a number of serious complications including premature death and is currently the fifth leading cause of death in Richmond County. In addition, the prevalence of prediabetes is also a growing concern for county residents. Having pre-diabetes means that an individual's blood glucose level is higher than normal, but not high enough to be diagnosed as diabetes. This raises the risk of type 2 diabetes, heart disease, and stroke. There is an 18 to 24 month window to change lifestyle habits to prevent and or delay the onset of diabetes. Without weight loss or moderate physical activity, many people with pre-diabetes can develop type 2 diabetes within 5 years. However, when a person who is at risk for diabetes or prediabetes works with a support group and their health care provider, they can work towards controlling the disease and reducing their risk of complications. Each year, over 50,000 adults are newly diagnosed with diabetes in North Carolina. In addition, Non-Hispanic African-Americans are more likely to have been diagnosed with diabetes compared to Non-Hispanic Whites. In October 2017, the Richmond County Health Department continued in its efforts to increase minority access to and participation in diabetes programs, reduce and maintain individual weight loss by 5-7%, and increase regular physical activity. This was done through the Minority Diabetes Prevention Program which is a funded grant by the North Carolina Office of Minority Health and Health Disparities. The health department partnered with local health care providers and community organizations across the state to work on accomplishing these goals. In the past year, through collaboration with FirstHealth in implementing the PreventT2 Lifestyle Change Program, thirteen participants worked with a trained lifestyle coach to develop the skills necessary to make lasting changes. Participants learn to eat healthy, add physical activity to their lives, manage stress, stay motivated, and solve problems that can get in the way of healthy changes. From October 2017 to November 2018, eight of the sixteen Prevent T2 Diabetes classes have been held at the RCHD.

Priority: Infant Mortality

2013-2017 Infant Mortality Report: North Carolina vs. Richmond County

Area	Total Deaths	Total Rate	White	African American	Hispanic	Other (Non-Hispanic)
North Carolina	4,301	7.1	1,757	1,830	489	225
Richmond County	25	9.3	9	14	1	1
Hoke County	28	6.1	9	12	4	3
Montgomery County	13	*	7	6	0	0
Moore County	32	6.0	20	6	5	1

Health Priority Progress in 2018: Infant Mortality

In 2017, the infant mortality rate in Richmond County continued to be above the state average. Infant mortality refers to the death of a baby before his or her first birthday. Infant deaths can occur for a number of reasons, but the most common are Sudden Infant Death Syndrome (SIDS), accidental strangulation or suffocation in bed, and unknown causes. There were a total of 25 infant deaths reported in Richmond County in the year 2017. In efforts to reduce the infant mortality rate in Richmond County, the health department's Health Educator continued teaching the Babies Easy Safe Sleep Training which focuses on understanding the risks and ways to create a safer sleep space for infants. During 2018, a total of fourteen Babies Easy Safe Sleep Training classes were held and a total of 68 participants received training. On April 26, 2018 a Spanish speaking class was held by the health educator and the Spanish interpreter which accommodated nine expecting mothers of Hispanic origin.

(Source N.C. State Center for Health Statistics) 6

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Priority: Teen Pregnancy and Sexually Transmitted Infections (STI's)

2017 Teen Pregnancy Statistics

(Source: SHIFT NC)

Rank	Pregnancies among 15-19 year old girls in Richmond County	Pregnancies among 15-19 year old girls in N.C.
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6	68	8,849
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Teen Pregnancy Rate per 1,000	Richmond County	North Carolina
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	49.6	26.7
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Teen Pregnancy Rates by Race/Ethnicity	Richmond County	North Carolina
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African American	64.1	36.8
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Hispanic	*	45.0
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White	37.4	17.6
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Teen Pregnancy Rates by Age	Richmond County	North Carolina
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15-17 year olds	*	11.7
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18-19 year olds	105.0	48.6
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Number of Pregnancies by Age in 2017	Richmond County	North Carolina
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15-17 year olds	18	2,302
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18-19 year olds	50	6,547
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Priority: Teen STD/STI's

(Source: NC Electronic Disease Surveillance System)

2017 Newly Diagnosed STD Cases in ages 15-19

Chlamydia	Richmond County	North Carolina
	174	18,132
Gonorrhea	Richmond County	North Carolina
	34	4,200
HIV	Richmond County	North Carolina
	0	78
Syphilis	Richmond County	North Carolina
	0	107

Health Priority Progress in 2018: Teen Pregnancy & STD/STI's

Chlamydia and Gonorrhea rates in Richmond County are concerning due to their increasing numbers each year. While the teen pregnancy rate has seen a decrease in recent years, Richmond County continues to be ranked 6th out of 100 counties. In hopes to reduce these numbers, the Richmond County Health Department has begun it's third year implementing the REACH (Redefining and Empowering Adolescent and Community Health) Program. The program contains two separate curricula; *Promoting Health Among Teens Abstinence Only* taught in the eighth grade and *Reducing the Risk* taught in the ninth grade. These evidence based pregnancy prevention programs are facilitated through the Healthful Living classes. The goal of Project REACH is to mobilize the community to engage in teen pregnancy prevention. Across the four county middle schools, the Ashley Chapel Education Center, and the Ninth Grade Academy, 87% of the 894 students who participated in project REACH met threshold, meaning 87% attended at least 75% of curriculum sessions. In addition to implementing evidence-based curricula in the classroom, Project REACH also engages with the Richmond Community through a Community Advisory Group (CAG) and a Youth Leadership Council (YLC). There are 10 agencies represented in the CAG with a total of eight meetings held in 2017-2018. The YLC contains 37 diverse members who met a total of five times throughout the 2017-2018 school year.

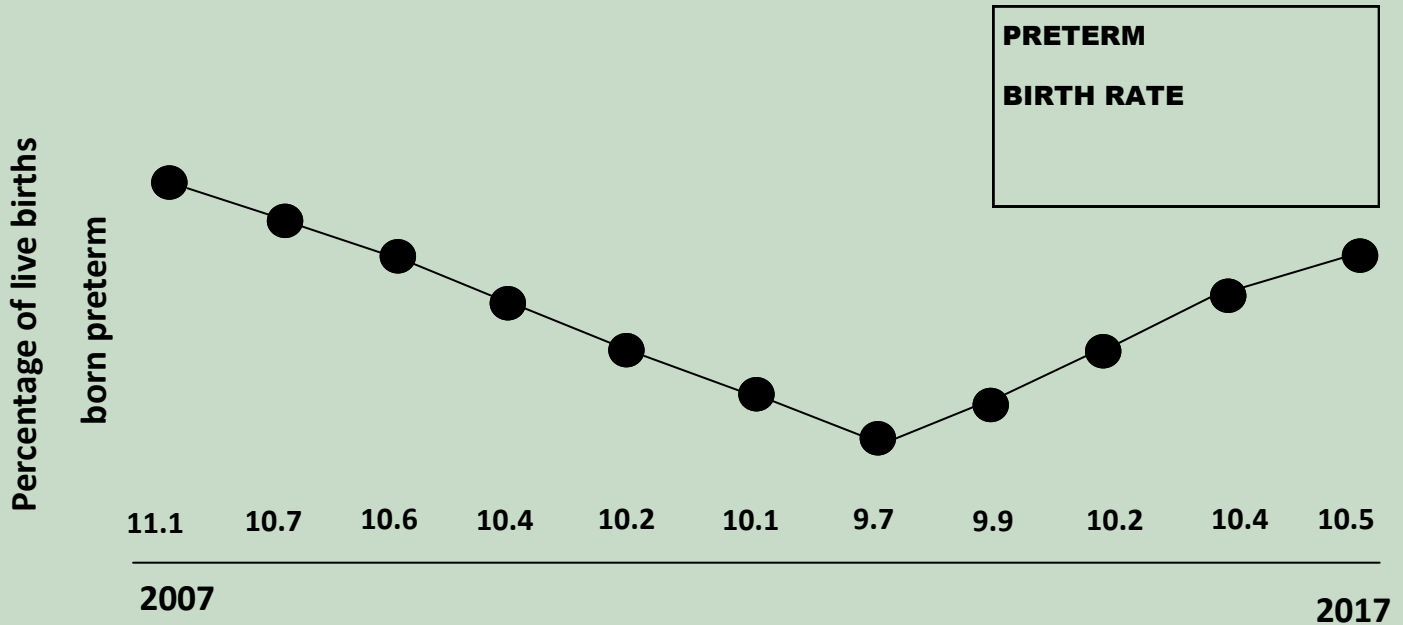
Emerging Issue: Preterm Births

In 2017, Richmond County had a total of 574 births. Of those births, 89 were preterm. A preterm birth is defined as the birth of a baby in the 37th week of pregnancy or before. Premature birth and its complications are among the largest contributors to infant death in the U.S. and a major cause of long-term health problems in children who survive. North Carolina as a state, received a grade D on the March of Dimes Premature Birth Report Card. The Report Card grades are assigned by comparing the 2017 preterm birth rate in a state or locality to March of Dimes' goal of 8.1 percent by 2020. The graphs on the following pages provide county and race/ethnicity data to highlight the importance of addressing equity in areas and populations with elevated risk of prematurity.

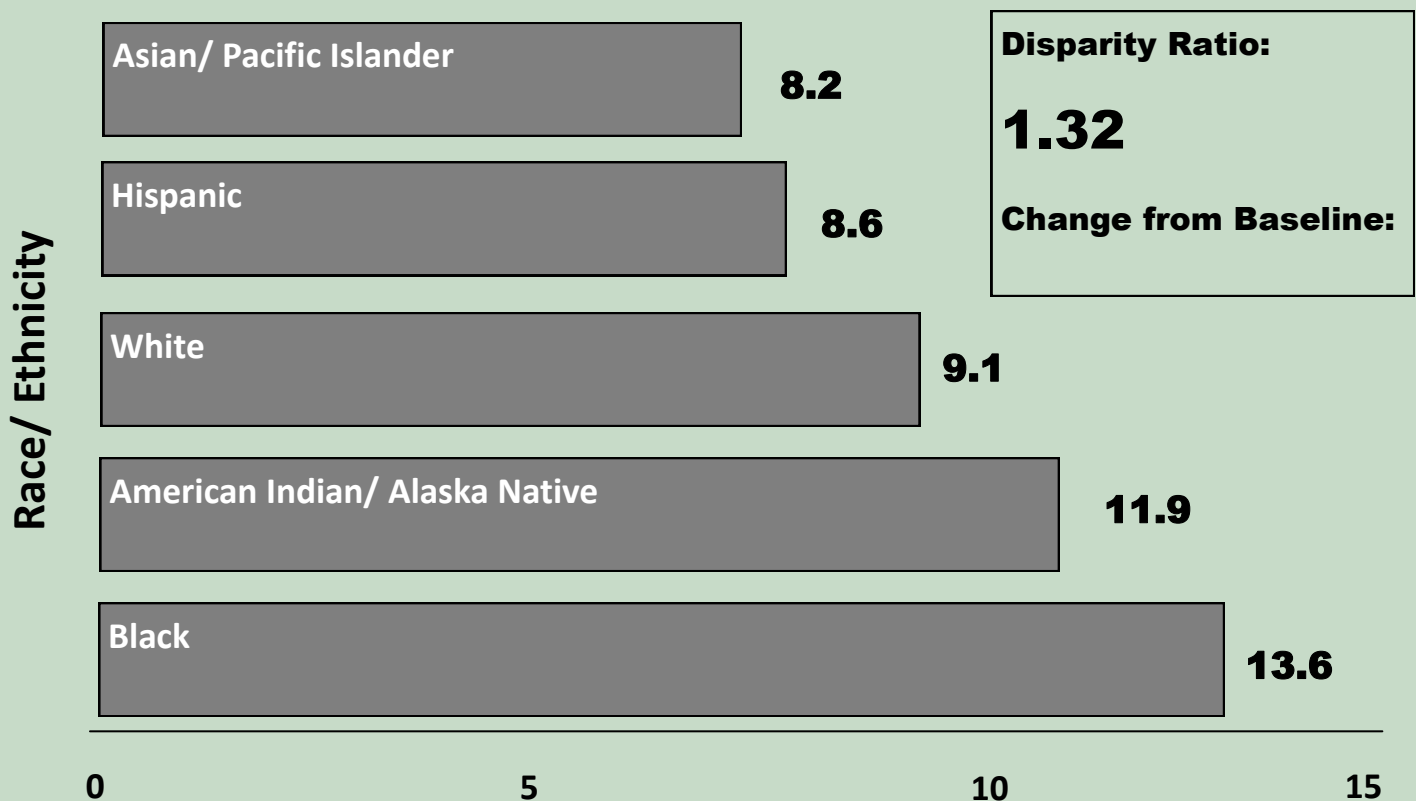
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March of Dimes 2018 Premature Birth Report Card

North Carolina



Emerging Issue: Preterm Births



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Progress on 2017 Emerging Issue: Drug Endangered Family Task Force

Richmond County is currently ranked fourth in the state in opioid pills per resident. Data from the County Leadership Forum on Opioid Abuse suggests that the rate falls at 132.2 pills per resident. This is well above the state average at 78.3 pills per resident. The county's rate of unintentional medication and drug overdose rates which fall at 18.8 deaths per 100,000 residents are also significantly higher than the state average which falls at 12.2 deaths per 100,000 residents. On May 15, 2018 the Drug Endangered Family Task Force hosted a Public Hearing at the Cole Auditorium in Hamlet, NC. The hearing served as a forum for community leaders and members to discuss the opioid crisis which has been declared in Richmond County. The goal of the hearing was to bring opioid addiction to the forefront of conversations in order to mobilize the community in hopes to combat the issue. Also in the past year, the Richmond County Sheriff's Office, the Rockingham and Hamlet Police Departments, EMS, and the RCHD are equipped with doses of Narcan in order to reverse the effects of an overdose.

New Initiative: Addressing Drug Dependent Infants

At the November 29, 2017 Drug Endangered Family Task Force meeting,, Director Hall announced that due to new legislation, drug affected infants are now reported directly to DSS. In addition, he stated that this new policy will help the taskforce to get a bigger picture of the opioid issues in the county, therefore, expanding the taskforces reach in addressing the epidemic of opioid and prescription abuse. Drug dependent infants refer to babies who had prenatal exposure to alcohol, tobacco, and or illicit drugs. This type of prenatal exposure has the potential to cause a wide spectrum of physical and developmental challenges for infants. Options to diminish this issue include exploring grant funding that will enable the establishment of a program called Healthy Beginnings. This program will be staffed with a full time Community Health Technician put in place to work with these families during the child's first two years of life. In 2017, within Richmond County, 54 pregnant women tested positive and 68 babies tested positive for having drugs in their system at time of birth.

Richmond County Department of Health and Human Services

FirstHealth
OF THE CAROLINAS



In February 2014, Richmond County Health Department (RCHD) and Richmond County Department of Social Services, consolidated agencies and are now known as Richmond County Department of Human Services. The consolidation of both agencies is an effort by the Board of County Commissioners to improve service delivery and efficiency for the citizens of Richmond County. Our goal is to always remain patient, client, and consumer centered in the delivery of our services. The agency's shared vision is to promote a community and environment that is safe, healthy, and economically stable.

www.richmondnc.com/202/Division-of-Public-Health



Richmond County
Health Department



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