
Richmond County Community Health Assessment

2022



Richmond County Health Department

Message from Our Health Director

I am proud to release this year's Richmond County Community Health Assessment 2022. This document is a culmination of a great deal of work from the Richmond County Human Services Department and many community members. I thank each of them for their part in completing this work. Hours of gathering, analyzing, and comparing data have gone into this document. As you go through the Community Health Assessment, you are provided a glimpse of our population and the unique health concerns of Richmond County. Please use the information as you go about the business of providing services to our community.

Cheryl Speight
Cheryl Speight
Health Director



Note: Image courtesy of Richmond County Health Department

Acknowledgments

Richmond County Health Department would like to thank the Community Health Assessment Team for their ongoing dedication to the health of Richmond County residents.

- Kim Crump, Richmond County Health Department Director of Nursing
- Nancy Porter, Richmond County Health Department Health Education Supervisor
- Toni Witherow, Richmond County Schools District Representative for the Interim Superintendent
- Dena Cook, Richmond County Government Representative Board of Commissioners
- Keri Standridge, Guardian ad Litem Supervisor Richmond, Anson, Scotland Counties
- Sheila Brosier, Richmond County Human Services Administrative Assistant
- Cheryl Speight, Richmond County Health Director
- Robby Hall, Richmond County Director of Social Services
- Sanquis Graham, Region 6 Tobacco Control Manager
- Emily Nicholson, Richmond County Alcohol and Drug Services Consultant
- Tamara Harris, Richmond County NCWorks Career Center DWS Manager

**We thank you for
your continued
support in our
efforts to make a
healthier
Richmond County.**



Note: Image courtesy of Canva

Contact

Richmond County Health Department

127 Caroline Street, Rockingham, NC 28379 | 910-997-8301

www.richmondcountync.com | <https://www.richmondnc.com/168/Health-Human-Services>

Introduction

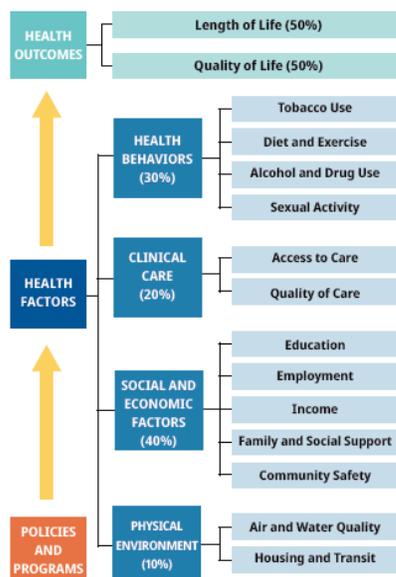
The Healthy North Carolina 2030 (HNC 2030) social determinants of health are a set of five factors or drivers of health with 21 indicators used to guide state and community efforts to improve health and well-being. This population health model enables community organizations to play a role in making North Carolinians healthier. The Richmond County Community Health Assessment 2022 will use a modified population health model to address the drivers of health that affect health outcomes, such as quality of life, social and economic factors, health behaviors, physical environment, and clinical care.

Healthy North Carolina 2030 Indicators



Figure 1

Population Health Model Image



Social determinants of health (SDOH) are everyday factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the broader set of forces and systems, such as policies, medical systems, social norms, racism, climate change, and politics that shape the conditions of daily life (NCIOM, 2020).

Focusing on the differences in SDOH significantly impacts health outcomes more than other factors, such as genetics or access to care (NCIOM, 2020). An SDOH focus also ensures that everyone can reach their highest level of health and contribute toward health equity. For example, poverty puts people at risk for poor health. In addition, economically challenged people may need more resources to obtain preventive healthcare or may put off health screenings due to the inability to take a day off work without pay.

Note: University of Wisconsin Population Health Institute/ Healthy NC 2030

Table of Contents

3 **Director's Message**

4 **Acknowledgments**

5 **Introduction**

9 **Executive Summary**

18 **Demographics**

21 **Social and Economic Factors**

28 **Physical Environment Factors**

32

Health Behavior Factors

40

Clinical Care Factors

45

Health Outcomes

48

Measuring Progress

50

Discussion

51

References

58

Appendix A

62

Appendix B

63

Appendix C

68

Appendix D

Executive Summary

The Richmond County Health Department is pleased to present its 2022 Community Health Assessment. This report provides an overview of the methods used to identify and prioritize significant health needs in Richmond County.

I. Vision Statement

We commit, through personal and organizational excellence, to be an agent of change dedicated to achieving a healthier Richmond County.

II. Mission Statement

The mission of the Richmond County Health Department is to help prevent disease, promote health, and protect the environment for all citizens of Richmond County and to continually assess and respond to the health needs of the community.

III. Leadership

The Richmond County Community Health Assessment Team (CHAT) consists of individuals from a diversified cross-sectional group of a wide variety of organizations and collaborations with the Richmond County Health and Human Services at the forefront, along with the local hospital system, FirstHealth of the Carolinas. Those individuals are listed under the acknowledgments heading of this document. This report provides an overview of the methods and processes used to identify and prioritize significant health needs in Richmond County. First-in-Health Richmond County 2020 Taskforce, Richmond County Health and Human Services, and FirstHealth of the Carolinas medical system collaborated to complete one comprehensive assessment. The CHAT gathered in March 2023 to determine current or emerging health issues as well as identify future health priorities. During the meeting, the final draft version of the CHA was presented and approved. Distribution was also discussed, and plans were made for hardcopy dispersal and digital copy availability for download.

IV. Partnerships

The following agencies include some of the many collaborations and partnerships within the Richmond County community. This list should be considered a partial list of all possible organizations and associations.



Healthy People, Healthy Carolinas

The Healthy People Healthy Carolinas established the Montgomery/Richmond Coalition under the Duke Endowment to incorporate evidence-based interventions known to improve health in the community. The goals of this collaboration are promoting healthy eating, physical activity, prevention of obesity, and education about chronic diseases. First-in-Health Richmond County 2020 Task Force, now called the First-in-Health Richmond County Impact Team, was formed to develop best practices for organizing, planning, and implementing community programs tailored for Richmond County. Such programs are designed to increase the availability of fresh foods and produce and increase the areas open to exercise.



Improving Community Outcomes for Maternal and Child Health

Improving Community Outcomes for Maternal and Child Health or ICO4MCH is a collaboration of Richmond County, Cumberland County, Hoke County, and Montgomery County called the Sandhills Collaborative. The overall goal is to improve birth outcomes, reduce infant mortality, and improve the health status of children ages birth to five. These goals are accomplished through evidence-based programs such as breastfeeding promotion, the Triple P Parenting Program, and the Mothers and Baby Program.



Tobacco Prevention and Control Branch

Tobacco Prevention and Control Branch Region Six works with the Richmond County Health Department Public Health Education Division to provide resources to support the community to avoid the new onset of smoking/vaping or other tobacco use, the elimination of second-hand smoke exposure, and offer cessation products for those who want to quit. Together, we identify and address tobacco-related health disparities among Richmond County residents.

Healthy Communities

North Carolina Department of Health and Human Services Healthy Communities program works with the Richmond County Health Department Public Health Education Division to assist in preventing chronic disease and injury in Richmond County. Richmond County Health Department chose to implement evidence-based media messaging campaigns approved by the Tobacco Prevention and Control Branch. The goal is to prevent the use of tobacco products by young adults and teens, which includes cigarettes, e-cigarettes, cigars, little cigars, smokeless tobacco, and hookahs.



Drug Endangered Family Task Force

Richmond County Drug Endangered Family Task Force (DEFT) collaborates with many local agencies to counter the opioid crisis in Richmond County. The Richmond County Department of Social Services heads DEFT. These local agencies include Richmond County Health Department, FirstHealth Emergency Medical Services, FirstHealth Outreach Department, Sandhills Behavior Center, Daymark Recovery Services, Samaritan Colony, Alcohol and Drug Services of Richmond County, Guardian Ad Litem, several local faith-based organizations, Juvenile Crime Prevention Council members, Compassionate Counseling, and advocates from Connections Family Support and Community Collaboration Program. DEFT runs and promotes many programs, such as Lock Your Meds (LYM), Naloxone distribution, and Bedroom Project, as well as dispensing information through social media and local media advertisements concerning the opioid crisis and how to find help. The focus of DEFT is to reduce the oversupply of prescription opioids, increase community awareness and prevention, measure our impact, and revise strategies based on results.



Juvenile Crime Prevention Council

Juvenile Crime Prevention Council (JCPC) addresses the issues of delinquent juveniles, juveniles most likely to become delinquent, and the family issues surrounding delinquent behavior. The organization is a collaboration of the Richmond County Sheriff's Department, Richmond School System, United Way, Faith-based community, Richmond County business owners, Richmond County Sheriff's Department, Richmond County Court System, Richmond County Health and Human Services, Rockingham Police Department, Alcohol and Drug Services of Richmond County, Richmond County Court Counselors, and the Richmond County Commissioners.

The goals of the JCPC are to strengthen youth and families, delinquency prevention, and intervene immediately and effectively when delinquent behavior occurs. JCPC concentrates on programs such as Project Focus, Parenting Wisely, Restitution and Community Services, DASH (Develop Adolescents and Strengthen Homes), and Teen Court.



Tri-County Child Advocacy Center

Richmond, Anson, and Scotland County have worked together to establish our area's Children's Advocacy Center (CAC), appropriately named Tri-County "Our House" CAC, which aims to provide, in one location, child protective services investigators, law enforcement, forensic interviewers, prosecutors, family advocates, and medical and mental health professionals to provide a coordinated, comprehensive response to victims and their caregivers. This multidisciplinary team approach results in better outcomes for child abuse investigations and minimizes trauma to the child. In addition, CACs have successfully provided a safe, neutral environment for children and their families where the child's well-being is a priority.

Table 1

Number and Type of Partnerships

Richmond County Health Department	1
Hospital/Health Care System(s)	1
Healthcare Provider(s) - other than behavioral health	2
Behavioral Healthcare Provider(s)	2+
Dental Health Provider(s)	1
EMS Provider(s)	1
Pharmacy/Pharmacies	2+
Community Organization(s) - advocacy, charitable, NGO	4
Business(s) - employers, not organizations	2
Educational Institution(s) - colleges, universities	0
Public School System	1
Media/Communication Outlet(s)	1
Public Member(s)	3
Law Enforcement	3

V. Methods

The Community Health Assessment uses two types of data: primary data and secondary data. FirstHealth of the Carolinas collected primary data directly as a part of this report. At the same time, secondary data was obtained from other sources. Local statistics for Richmond County were compared with state statistics, as well as the neighboring counties. The adjacent counties were identified as Montgomery, Anson, and Scotland. These counties were chosen due to similar demographics, social issues, and those residents who work and shop in Richmond County and work collaboratively on community health projects.

A. Primary Data

The regional health system, FirstHealth of the Carolinas, conducted countywide surveys in 2022. The confidential 86-question survey was conducted via an internet link and was distributed to people during doctor visits, local community events, and social media. Limitations of the study included a small sample size of 427 responses which were 80% women, 48% aged 45 to 64, 77% White or Caucasian, and 96% non-Hispanic. Additionally, the response completion rate was approximately less than 50%. FirstHealth shared the data with the First-in-Health Richmond Impact Team, which analyzed the data in September, October, and November 2022 during the monthly meetings. These meetings were well attended and representative of the partnerships in Richmond County. An area of opportunity was identified as access to behavioral health due to mental health issues of stress, increasing responsibilities, and low income.

B. Secondary Data

The public health education department compiled secondary data from sources listed below from October 2022 to March 2023, which the CHAT analyzed during December 2022 and January 2023.

The Richmond County 2022 Community Health Assessment shares secondary data and resources from the Richmond County Health Department (RCHD) Patagonia electronic health records, Richmond County Division of Social Services, N.C. State Center for Health Statistics (NCSCHS), Center for Disease Control and Prevention (CDC), U.S. Census Bureau (U.S. Census), N.C. Department of Public Instruction (NCDPI), Cape Fear Collective, Kids Count Data Center, Cecil G. Sheps Center for Health Services Research, and many other agencies.

V. Key Findings

In summary of all collected primary and secondary data, the CHAT determined that the health problems with the most significant impact on Richmond County residents are obesity, aging, diabetes, cardio/cerebrovascular disease, and cancer. The most significant impact on the quality of life of Richmond County residents is substance misuse, adolescent health, and chronic health conditions. The unhealthy behaviors with the most impact and the most problematic are substance misuse, poor eating habits, and a lack of exercise.



Note: Richmond County Human Services Center Complex

VI. Priority

The primary and secondary data were analyzed, and three areas of concern were identified. These priority areas will focus on developing the Community Health Improvement Plans (CHIPs), Richmond County Health Department Strategic Plans 2023-2026, and Community Action Plans for the next three to five years. These plans will assist Richmond County residents, programs, and organizations in reaching the goals of HNC 2030, as well as improve the overall health of Richmond County residents.

Health Behaviors

Substance Use

Option A in the North Carolina Opioid Settlement Strategy 6: Early intervention

Early identification and intervention for children or adolescents struggling with problematic use of drugs or mental health conditions, including Youth Mental Health First Aid, peer-based programs, or similar approaches.



Health Equity

Provide at least one training opportunity for health department staff to learn about health equity and social determinants of health.

Implement at least one internal organizational policy/practice/system change that supports advancing health and/or racial equity.

Chronic Conditions

Chronic Conditions

Investigate funding and partnerships to create a chronic disease self-management program as an interactive workshop for people with all chronic conditions.

VII. Next Steps

Richmond County Health Department and other local education and human service agencies will use the Richmond County Community Health Assessment to set priorities and coordinate and target resources in collaboration with community partners.

1

Submission

The North Carolina Local Health Department Accreditation Program and the North Carolina Department of Health and Human Services (NC DHHS) Consolidated Agreement require local health departments to conduct a Community Health Assessment (CHA) at least every 48 months.

2

Community Health Improvement Plans

The development and implementation of strategies with collaboration from partners towards action and accountability using the Clear Impact Scorecard.

3

Distribution

Presentations will be made to various local government and community stakeholders. In addition, hard copies will be located in multiple county agencies. Please take a look at Appendix D for more details.

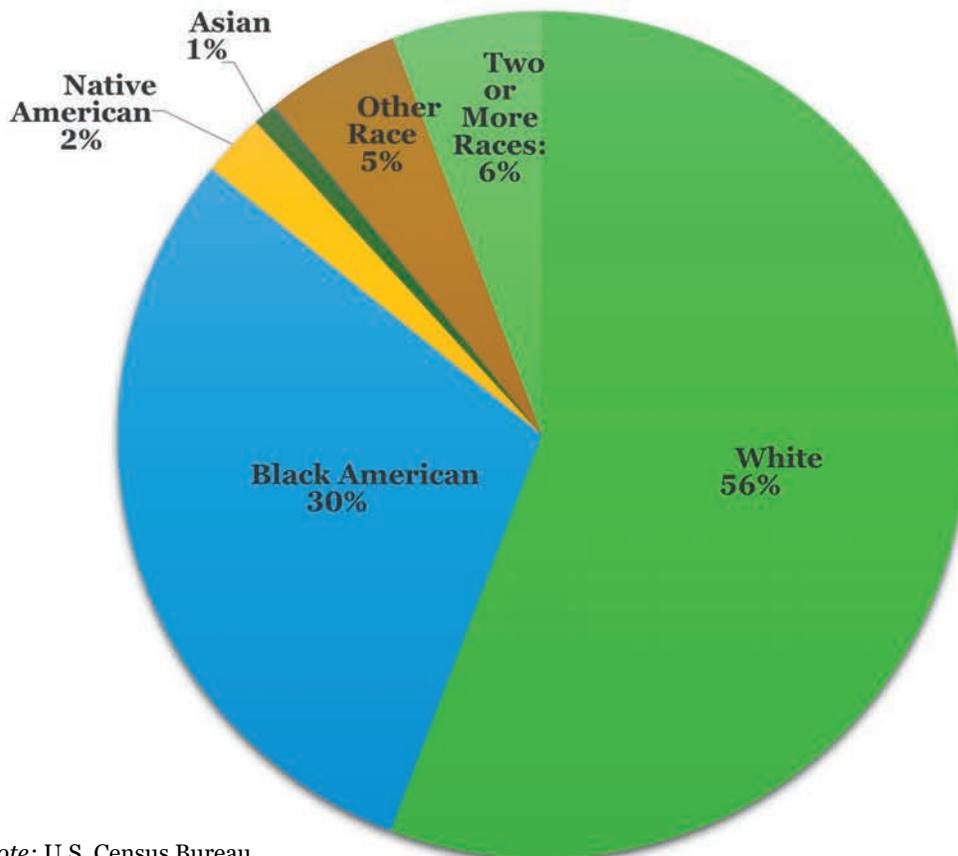
Demographics

According to the U. S. Census Bureau (2020) American Community Survey (ACS) five-year estimates, 98.3% of Richmond County residents are U.S. citizens, which is slightly higher than the national average of 93.4% and an increase from 2019 (97.6%). As of 2020, 3.44% of Richmond County residents (1.5k) were born outside of the country, with an estimated 6.64% (2.97k) of the population being ethnically Hispanic.

Richmond County is racially composed of a White American population of 25.3k people (56%), 1.78 times more than any other race or ethnicity. The Black American population of 14.2k people (30%) is the second largest. However, both populations have declined since 2019, with prior percentages being 31.6% for the Black American population and White American at 62.1%. And the smaller populations (14%) trending upward are composed of Native Americans, Asians, Other Races, and Two or More Races.

Figure 2

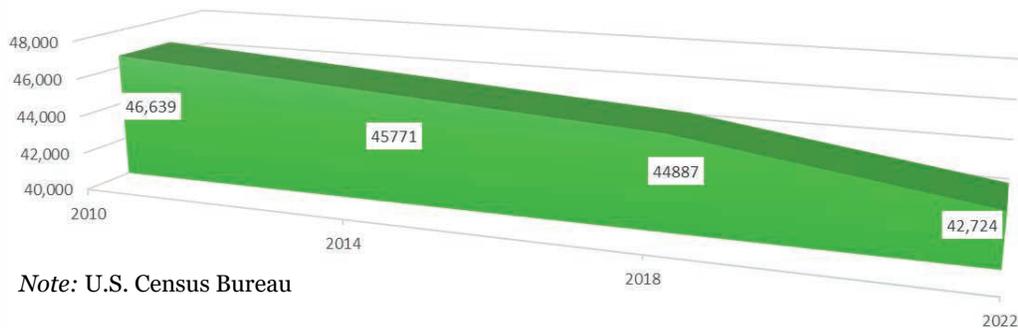
Percent of Population by Race



Note: U.S. Census Bureau

Figure 3

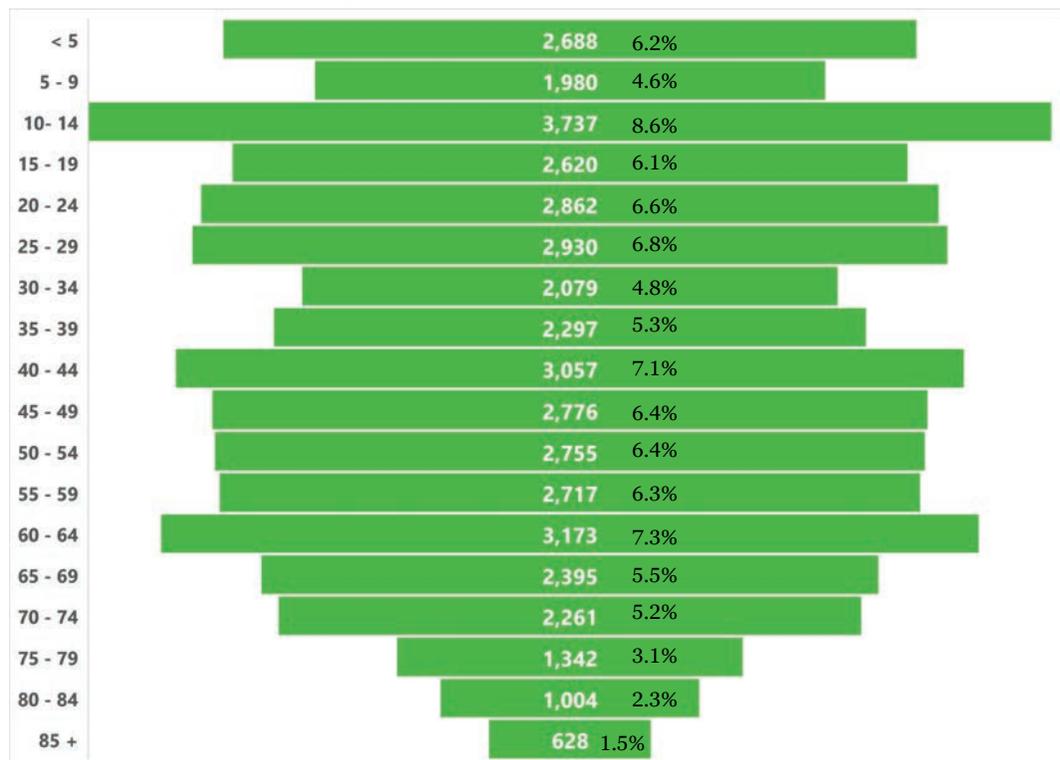
Population Estimates



U.S. Census (2020) indicated that in the last ten years, Richmond County's population has declined by an estimated 3900 people (Figure 3). Figure 4 represents the population by age and indicates the population increasing in age and the shrinking of the population of 14 and younger. Richmond County has an ever-increasing elderly population which has outpaced the growth in the working-age population, as indicated by the OADR in Figure 5.

Figure 4

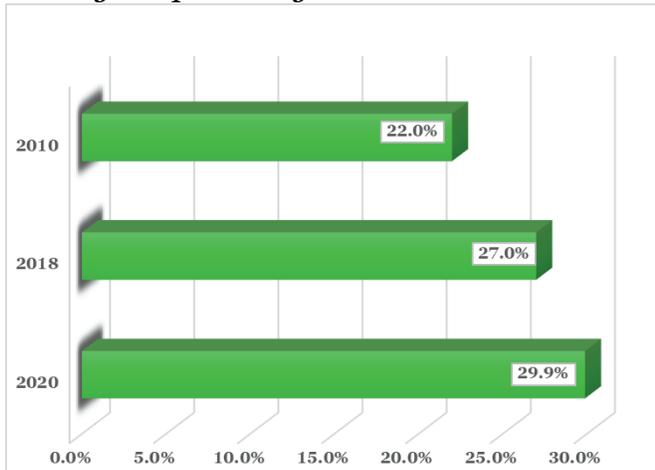
Population Estimates by Age



Note: U.S. Census Bureau

Figure 5

Old Age Dependency Ratio



Note: U.S. Census Bureau

The old-age dependency ratio (OADR) is the population ages 65-plus divided by the population ages 16-64. Richmond County has a 2020 OADR of 29.9% which is slightly higher than the State at 26.4%. The OADR is an indication of the rising aging population in Richmond County as compared to 2010 at 22.0%.

Why are social and economic factors important?

POVERTY

Poverty is the inability to provide for basic needs, such as food, shelter, and other living expenses. It is a growing population made up of adults and children alike.

UNEMPLOYMENT

In 2020, nearly 19 million children in the United States lived in single-parent families, with the vast majority headed by single mothers. Kids Count Data Center (2023) reported that in 2017–2021, North Carolina had 35.8% of children living in single-parent homes, and Richmond County had 59.1%. According to the U.S. Census (2021) survey, the poverty rate for single-mother families is nearly five times greater than that of married-couple families.

SHORT-TERM
SUSPENSIONS

There is a strong connection between income, cost of living, socioeconomic status, and health, which includes issues such as poverty, employment, and education. In addition, it is suggested that short-term and persistent unemployment are associated with poor mental and general health, obesity, and to a lesser degree, smoking (Herber et al., 2019). Studies have also indicated that poverty and its effects (i.e., violence, incarceration, priorities, habits) are handed down from generation to generation. As a result, each family merely exists day to day, with little thought to the future - in a type of *survival mode* where top priorities are food and shelter, and little consideration is given to education and parenting of offspring (Wagmiller & Adelman, 2009; Privette-Black, 2021). In addition, children who live below the federal poverty level are twice as likely to have a mental, behavioral, or developmental diagnosis and are less likely to seek or receive care (Herber et al., 2019; Wagmiller & Adelman, 2009).

INCARCERATION

ADVERSE CHILDHOOD
EXPERIENCES

THIRD GRADE
READING
PROFICIENCY

Privette-Black (2021) also reports that if children are not proficient readers by the time they are in third grade, they are *four times* more likely to drop out of high school. Without special attention or extra help, a student in need before the age of eight or nine years old is not likely to stay in school, which contributes to intergenerational poverty with continued consequences of food insecurity, birth and developmental issues, unsafe living conditions, and increased risk of violence, incarceration, and victimization. Every consequence is another barrier to overcome to rise out of poverty.

POVERTY

Household incomes at or below 200% of the Federal Poverty Level (FPL).



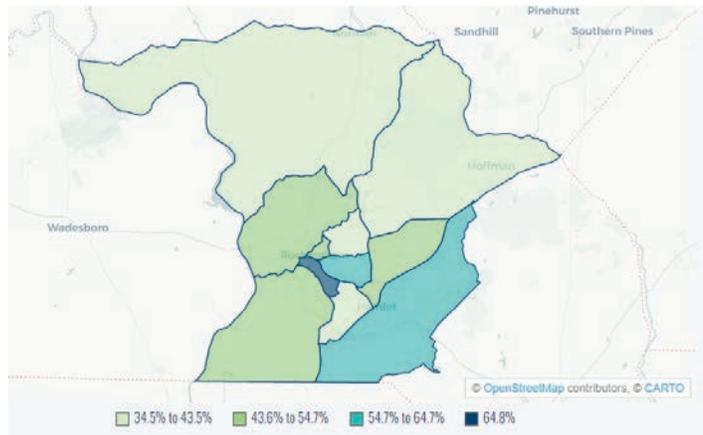
Note: 2023

Richmond County's poverty rates are similar to our bordering neighbors and are trending downward, with a 2021 rate of 45.6% of the population below 200% of the FPL. Between 2012 and 2020, Richmond County saw a 0.29% average annual decrease in this indicator.

The East Rockingham area within the Midway area and the Highland Pines area has the highest rate of individuals below 200% FPL, with 64.8%. The areas with the lowest poverty rates were outside city limits at 34.5%, where it is less populated.

Figure 6

Map Indicating Poverty Levels

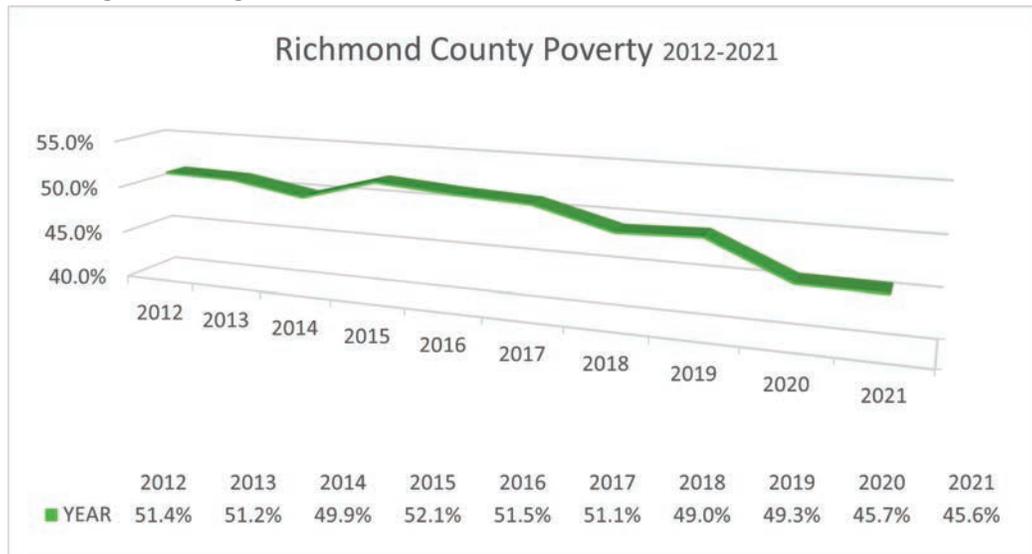


Note: Cape Fear Collective and U.S. Census

Equity information see Appendix A, Figure 42

Figure 7

Poverty Rates by Year



Note: U.S. Census

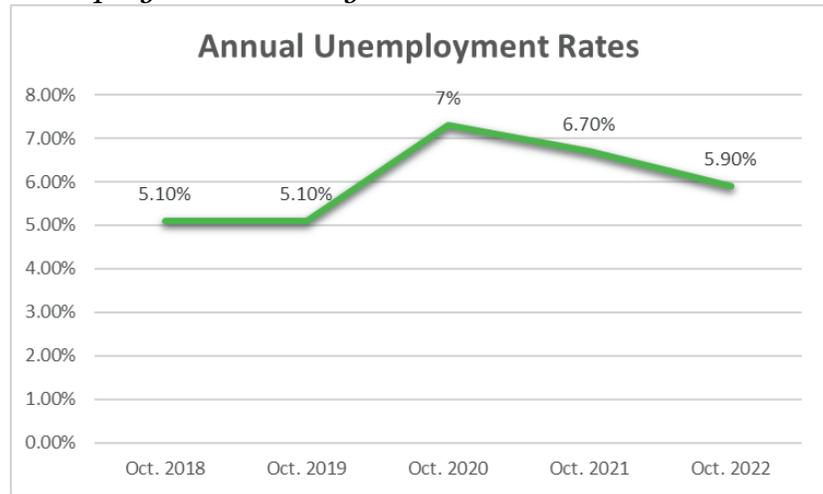
UNEMPLOYMENT

Aged 16 and older who are in the labor force; unemployed and actively looking for work

Figure 8

Unemployment Rates by Year

Richmond County unemployment rates (NCDOC, 2023) have almost returned to pre-COVID rates and continue to trend downward. The population with the highest unemployment rate in 2020 were American Indian (29.3%), Two or More races (16.5%), and Black (13%). The age group with the highest rates is 20-24 years old.



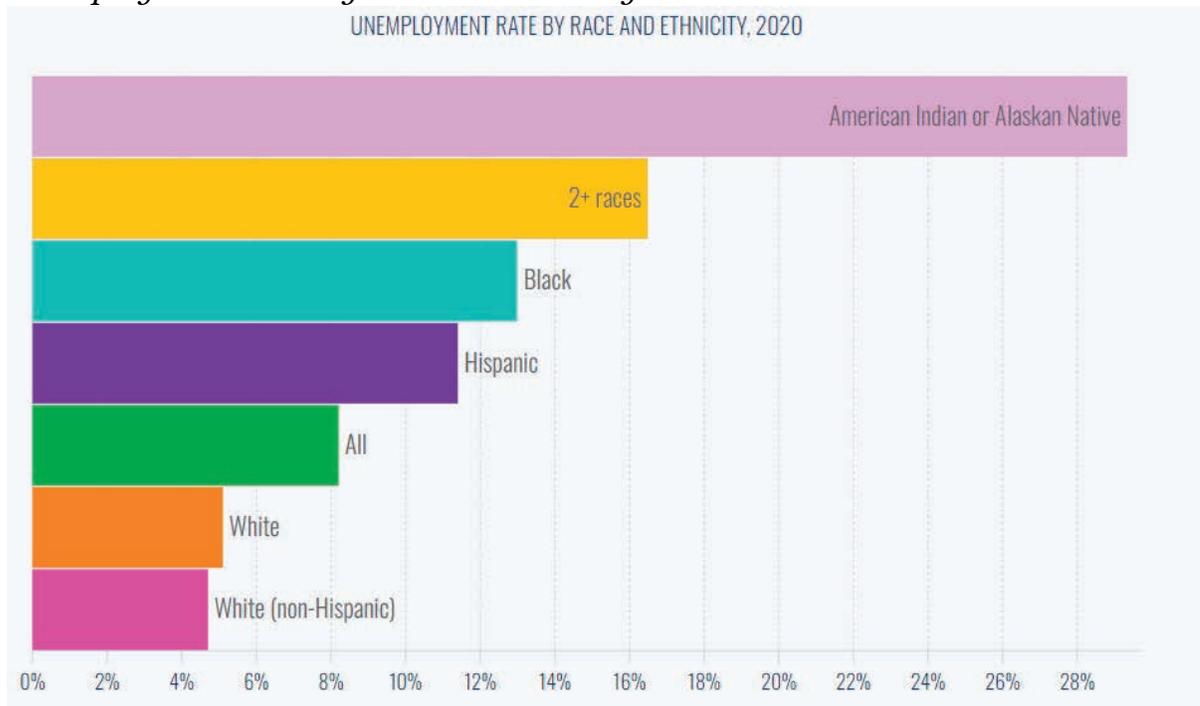
Note: NC Department of Commerce

Resource

NCWorks Career Center- Richmond County
 115 West Franklin Street
 Rockingham, NC 28379
 Phone: (910)997-9180
 Email: RichmondCounty@NCWorks.gov

Figure 9

Unemployment Rates by Race and Ethnicity



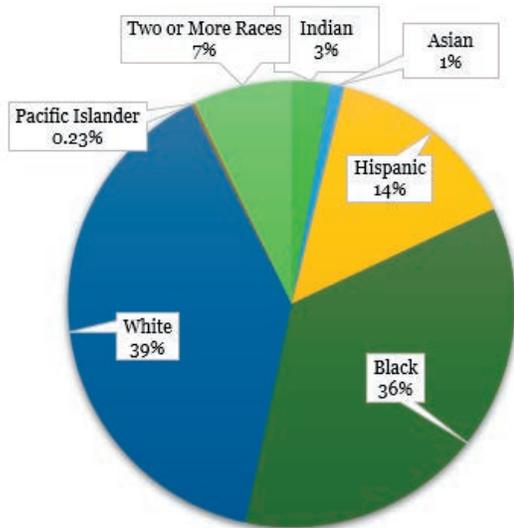
Note: NC Department of Commerce

SHORT-TERM SUSPENSIONS

The number of suspensions (10 days or less) for all grades per 1000 students

Figure 10

2022-2023 Population by Race



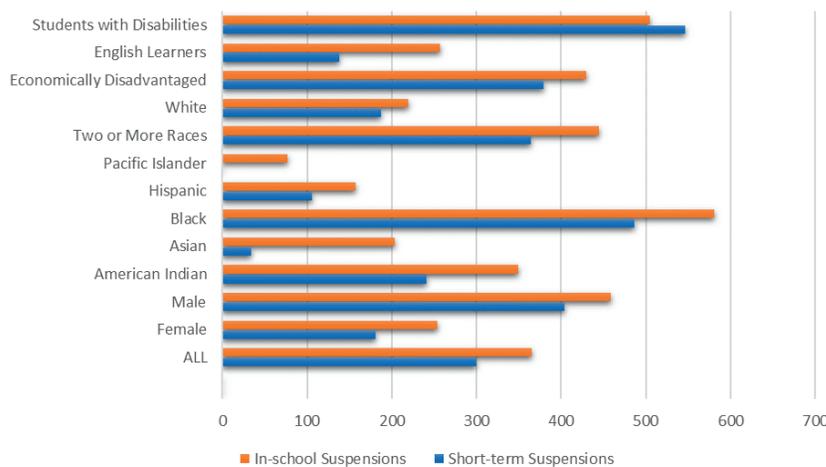
In 2023, North Carolina Department of Public Instruction (NCDPI) reported that Richmond County School District population was approximately 6,510 with a breakdown of 39% White, 36% Black, 14% Hispanic, 7% Two or More races, 3% Native American, 1% Asian, and 0.23% Pacific Islander.

Resource

Juvenile Crime Prevention Council (JCPC) disrupts the school-to-prison pipeline (SPP) using various restorative and skill-building programs.

Figure 11

School Suspensions by Race, Disability, and Gender



According to NCDPI, Richmond County school year 2021-2022 had a rate of 300% for short-term suspensions and a rate of 364.83% for in-school suspensions. Males were given short-term suspensions (403.58) and in-school suspensions (458.68) at a rate that was approximately double of females. In addition, more Black students were given suspensions than all the other races despite being 36% of the school district population. However, Students with Disabilities had the highest short-term suspension rate of all subgroups, including race and gender.

INCARCERATION

Incarceration in prisons per 100,000 population

Richmond
County
181%

Scotland
County
208%

Anson
County
199%

Montgomery
County
180%

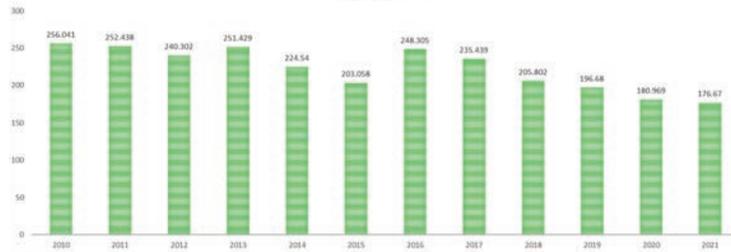
NC
317%
(2017)

Note: 2020

Figure 12

In 2020, the incarceration rate for Richmond County was 181 per 100,000. Although the incarceration rate is trending downward, the Black population continues with the highest rates over all other races. In addition, the NC Department of Public Safety Office of Research and Planning (2019) data reported that Richmond County's violent crime rate was 558.4, slightly higher than North Carolina's rate of 407.7.

Incarcerations Rates by Year



Note: N.C. Department of Public Safety Office of Research and Planning

Resource

Richmond County lacks jail reentry initiatives. Repeat offenders are often undereducated with few employable skills and frequently suffer from addiction and other physical or mental health concerns. Research indicates that disadvantaged neighborhoods often absorb the great majority of individuals returning from jail, stressing already overburdened community resources.

Figure 13

Incarcerations Rates by Year and Race



Note: N.C. Department of Public Safety Office of Research and Planning

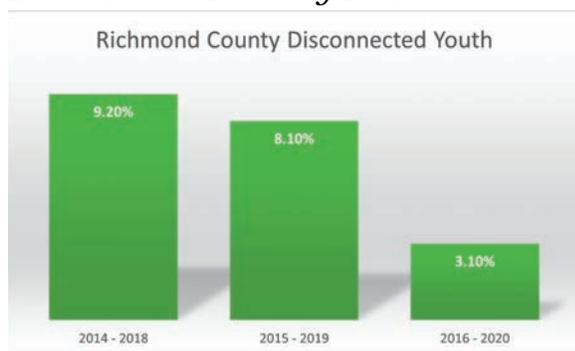
ADVERSE CHILDHOOD EXPERIENCES

Children who experienced traumas before age 18, such as abuse, neglect, or family problems

Centers for Disease Control and Prevention (2021b) describes adverse childhood experiences (ACEs) as potentially traumatic events that occur in childhood, are linked to chronic health problems, mental illness, and substance misuse in adulthood, and can be prevented. ACEs include violence, abuse, and family with mental health or substance use problems creating toxic stress. In addition, research has shown that toxic stress can change brain development in the early years and affect how the body responds to pressure/stress later in life (CDC, 2021b).

Figure 14

Disconnected Youth by Year



Note: U.S. Census Bureau

Preventing ACEs can help children and adults thrive and potentially:

- Lower risk for conditions like depression, asthma, cancer, and diabetes in adulthood
- Reduce risky behaviors like smoking and heavy drinking
- Improve education and employment potential
- Stop ACEs from being passed from one generation to the next

Disconnected youth (Figure 14) are described as teenagers between 16 and 19 years old who are not enrolled in school (full or part-time) and not employed (full or part-time). In Richmond County, 3.10% of the population ages 16 to 19 were neither in school nor working in 2020, with an annual percentage change of -0.57%. Female rates (2.3%) were slightly lower than male rates (3.75%) (Appendix A). Fox et al. (2015) reported that every adverse childhood experience increased the risk of a child becoming a serious, violent, and chronic juvenile offender. Also, adverse childhood experiences were associated with substance use, criminal behaviors, and increased risk of dissociation, which may be utilized as a survival mechanism (Zyromski et al., 2018). Appendix A, Figures 44 and 45 indicated that teens aged 18 and under have lowered ED visits since 2019 for suicidal ideation; however, ED visits for self-inflicting injury have dramatically increased since 2018.

Resource



10 Bridges St, Hamlet, NC 28345
(910) 817-6123

info@compassionatecounselingservices.com

Ashley Chapel Educational Center is an alternative school that provides additional support to students who have yet to be successful in traditional schools, often because of behavior, disciplinary, and safety concerns. Richmond Early College High School expands students' opportunities by allowing for graduation with a high school and a college degree. Richmond Community College offers an Adult High School Diploma Program for 16 years and older and a High School Equivalency (HSE) Diploma Program for adults earning the equivalent of a high school diploma. The Roc Inc (Reaching Our Children In Need of Choices) is a nonprofit organization designed to help at-risk students with homework, behavior management, and medication management.

THIRD GRADE READING PROFICIENCY

Proficient or better at grade-level reading based on third grade End of Grade exams.

Richmond
County
36.6%

Scotland
County
31.5%

Anson
County
31.4%

Montgomery
County
34.9%

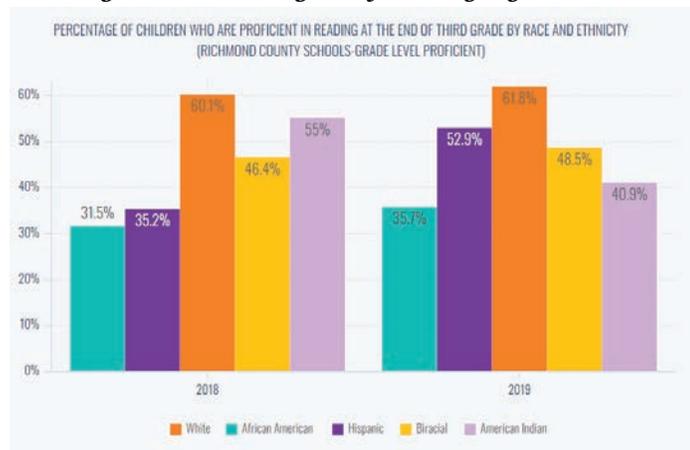
NC
45.2%

Note: 2021-2022

Richmond County 2021-2022 rates of reading proficiency for end-of-third-grade testing while considerably lower than NC rates and only slightly higher than our neighboring counties' rates. The figure below indicates the percentage of children proficient in reading (grade level proficient) at the end of third grade in Richmond County by race and ethnicity. In 2019, the population with the highest percentage of grade-level proficiency in reading was White (61.8%), while the population with the lowest percentage was African American (35.7%). Also, in 2019, males were rated as having the highest percentage of grade-level proficiency in reading at the end of third grade at 50.4% as compared to females at 50.2%.

Figure 15

Third-grade Reading Proficiency by Race and Ethnicity



Note: N.C. Department of Public Instruction

Resource



Richmond County Partnership for Children | Smart Start provides opportunities children need to be successful in school and life by supporting, educating and advocating for a strong foundation for young children in our community.

115 S Lawrence Street
Ste 109
Rockingham, NC 28379
(910) 997-3773



Head Start and Early Head Start programs provide high-quality Early Childhood Education and developmental services to eligible children and their families, including families with low incomes and children with defined disabilities.

Fayetteville Street Head Start

105 Fayetteville Street, Hamlet, NC 28345
910-582-2366

South Hamlet Head Start/ Early Head Start Center

205 Thomas Street, Hamlet, NC 28345
910-582-4793

Why are the physical environment factors important?

Access to Exercise Opportunities

CDC (2022b) reports that people with more access to green environments like parks and trails tend to walk and be more physically active than those with limited access. The closer people live to a park and feel safer, the more likely they are to walk or bike to those places and use the park for physical activity. Masterson et al. (2020) report that less than half of the people in the United States live within half a mile of a park. Even fewer people live in a community with both safe walking streets and access to places for physical activity like parks. It is established that green spaces offer many health benefits, such as reducing stress, improving mental health, and lowering the risk of various health conditions such as high blood pressure and cardiovascular disease.

Limited Access to Health Foods

A food desert describes an area of the community with limited access to healthy and affordable foods within an accessible distance. National Institute on Minority Health and Health Disparities (NIMHHD) (2023) reports that food insecurity (lacking access to enough food for an active, healthy life) and the lack of access to affordable, nutritious food are associated with increased risk for multiple chronic health conditions such as diabetes, obesity, heart disease, mental health disorders, and other chronic diseases. In 2020, almost 15% of U.S. households were considered food insecure at some point, meaning not all household members could access enough food to support active, healthy lifestyles (NIMHHD, 2023). In nearly half of these households, children were also food insecure, which has implications for human development and school experience. In addition, food insecurity disproportionately affects persons from racial and ethnic minorities and socioeconomically disadvantaged populations.

Severe Housing Problems

Morales-Brown (2021) wrote that access to safe, affordable, good-quality housing could positively impact health and well-being, while high housing costs can have the opposite effect causing poor health outcomes. For example, inadequate heating, plumbing, and air conditioning increase the risk of carbon monoxide, lead, and airborne diseases. In addition, poor housing quality without improving quality and safety often leads to poor air quality, mold, and asbestos, leading to respiratory infections and other diseases. Morales-Brown (2021) also wrote that typically low-income households are more likely to live in poorer quality housing and crowded spaces, which increases the risk of poor mental health, food insecurity, and infectious disease.

ACCESS TO EXERCISE OPPORTUNITIES

Living half a mile from a park in any area or three miles from a recreational center in a rural area

In 2020, 23.5% of people in Richmond County lived within half a mile of a park, compared to 58.7% in North Carolina (CDC, 2022a). In addition, CDC (2022a) estimated that the age-adjusted prevalence of physical inactivity among adults older than 18 was 26.9% in 2020.

The Montgomery and Richmond First-In-Health 2020 Task Forces, in partnership with FirstHealth of the Carolinas, health departments, school systems, cooperative extension offices, school nurses, school-based health centers, municipal governments, housing authorities, businesses, and citizens-at-large, funded by the Duke Endowment grant for construction and implementation of the Daily Mile trails located behind all the elementary schools with a total of 14 trails in the two counties.

Figure 16

Daily Mile Signage



Note: Image courtesy of FirstHealth of the Carolinas

Figure 17

Resource

The Daily Mile aims to improve children's physical, emotional, and social health and well-being – regardless of age or personal circumstances. Each elementary student has 15 minutes each school day (or the equivalent of one mile) to walk, jog or run apart from recess or P.E. class. In addition, the Daily Mile is available for use by the community outside of school hours.

Daily Mile Postcard



Note: Image courtesy of FirstHealth of the Carolinas

LIMITED ACCESS TO HEALTHY FOODS

Low-income population that are not in close proximity to a grocery store



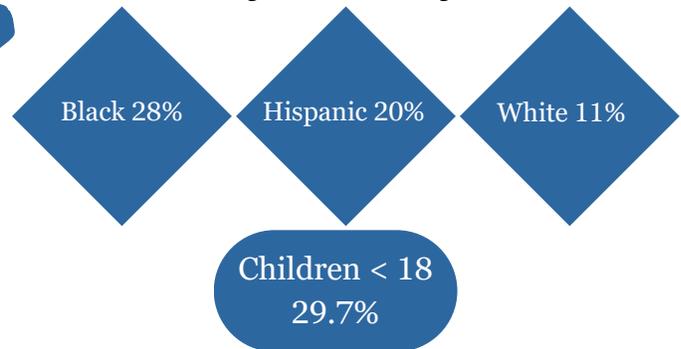
Note: Feeding America food insecurity estimates (2020)

Figure 18

Resource

Richmond County has a number of food pantries that provide fresh fruit, vegetables and other non-perishables. First-in-Health Richmond Impact Team began the Corner Store initiative to increase the selection of healthy food in convention stores located within walking distance of disadvantaged communities.

Food Insecurity Estimates by Race



Note: Feeding America food insecurity estimates (2020)

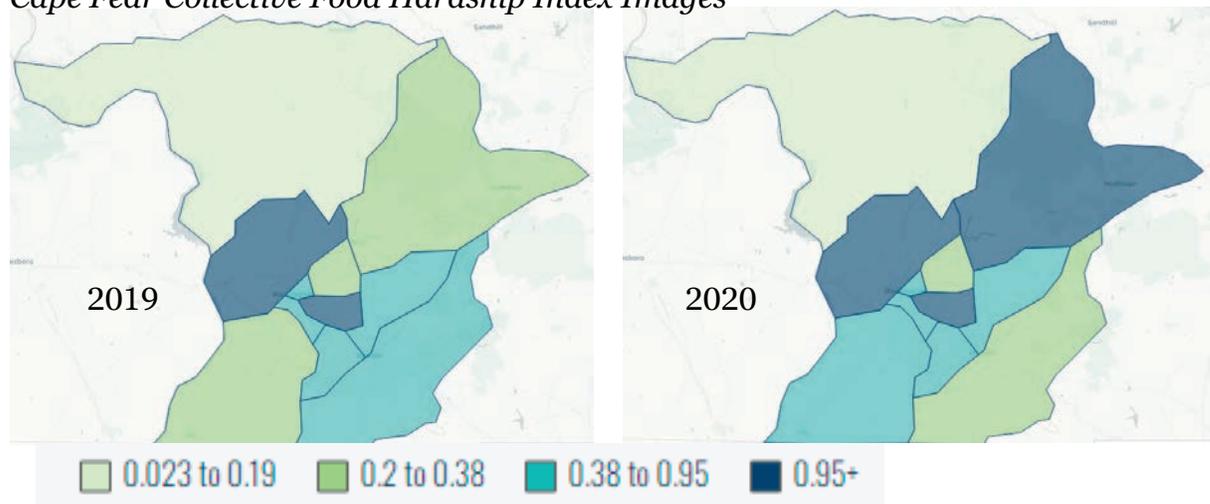
Cape Fear Collective (2023) created a Food Hardship Index (FHI) from a logistic regression model predicting USDA food desert status.

The FHI indicates how close a neighborhood is to becoming a designated food desert, with 1 displaying very high levels of food hardship and 0 indicating very low.

In 2020, the FHI in Richmond County was 0.54, similar to the 2019 FHI of .49; while the numbers are close, the below images indicate increasing food insecurity.

Figure 19

Cape Fear Collective Food Hardship Index Images



SEVERE HOUSING PROBLEMS

Households with at least one of four HUD-designated housing problems



Note: Photo courtesy of Canva

The County Health Rankings and Roadmaps (CHRR) (2023) defines severe housing problems as a house or unit having at least one of these four issues:

- 1) lacks complete kitchen facilities
- 2) lacks complete plumbing facilities
- 3) household is overcrowded
- 4) household costs 30-50% of monthly income

The CHRR (2023) indicated that in 2022, Richmond County had 17.3% of its population having severe housing problems, which is higher than the State rate of 15%, and from 2014 to 2021, the indicator grew 0.0564%.

Resource

The Place of Grace Campus serves as a homeless shelter for those in need.
252 School Street, Rockingham, NC
(910) 817-7801

Richmond County Resource Guide
for low-cost housing options
<https://www.richmondnc.com/172/Health-Education>



Table 2

NC 211 Counts Reports

NC211 Counts (2023) provides information regarding food, shelter, medical needs, disaster services, and more and collects data regarding those requests (Appendix B) for each county. NC 211 indicated that since 2020 Richmond County calls to regarding housing/shelter needs have increased by approximately 12%. In addition, calls for emergency shelters, or temporary housing, have risen by approximately 9%.

Topics	2020-2021	2021-2022	2022-2023
Housing/Shelter	30.5%	40.7%	42.4%
Shelters	13%	13.3%	22.3%
Low-cost Housing	10.4%	18.2%	18.9%
Home Repair & Maintenance	4.7%	1.8%	5.8%
Rent Assistance	66.6%	61.4%	51.3%
Mortgage Assistance	2.1%	1.8%	1.4%

Why are health behavior factors important?

SUBSTANCE USE

The misuse and abuse of alcohol, tobacco, illicit drugs, and prescription medications affect the health and well-being of millions of people every day. NIDA (2022) reports that people with addiction often have one or more associated health issues, including lung or heart disease, stroke, cancer, or mental health conditions. In addition, medical tests can show the damaging effects of long-term drug use throughout the body. For example, it is now well-known that tobacco smoke can cause many cancers, methamphetamine can cause severe dental problems, known as meth mouth, and opioids can lead to overdose and death. Also, some drugs, such as inhalants, may damage or destroy nerve cells in the brain or the peripheral nervous system (the nervous system outside the brain and spinal cord).

SUGAR SWEETENED BEVERAGES

Sugar-sweetened beverages (SSBs) or sugary drinks are leading sources of added sugars. Frequently drinking sugar-sweetened beverages is associated with weight gain, obesity, type 2 diabetes, heart disease, kidney diseases, non-alcoholic liver disease, tooth decay and cavities, and gout (CDC, 2022b). Therefore, limiting sugary drink intake can help maintain a healthy weight and dietary patterns. Examples of SSBs include but are not limited to, regular soda (not sugar-free), fruit drinks, sports drinks, energy drinks, sweetened waters, and coffee and tea beverages with added sugars.

HIV DIAGNOSIS

A highly effective daily antiretroviral therapy (ART) allows people living with HIV to expect a near-normal lifespan (Scaccia, 2020). However, people with HIV remain at higher risk for cardiovascular disease and other comorbidities than their HIV-negative peers. That is why routine HIV screening is vital. Early detection and timely treatment are crucial to managing the virus, extending life expectancy, and reducing the risk of transmission.

TEEN BIRTHS

Parenting at any age can be challenging, but it can be particularly difficult for teen parents. There are costs to having children during adolescence, such as teen moms being less likely to finish high school, more likely to rely on public assistance, and more likely to be underprivileged as adults (CDC, 2022a). In addition, children of teen parents are more likely to be challenged in education, behavior, and health outcomes throughout their lives (CDC, 2022b).

SUBSTANCE USE

Deaths due to drug poisoning (medications and drugs) per 100,000 population Current use of tobacco products and/or binge or heavy drinking

COVID-19 restrictions and stress may have contributed to the sharp increase and the continued substance use these past years, as well as the number of infants born positive for substances (Appendix C) in Richmond County. According to the CDC (2022a1), as of June 2020, 13% of Americans reported starting or increasing substance use (i.e., illicit drugs, alcohol, tobacco) to cope with stress, financial problems, general anxiety, loneliness from isolation, or emotions related to COVID-19. In addition, almost every state in the nation has reported an increase in overdose deaths and other drug-related problems during and after the pandemic; one fact has risen to the forefront, fentanyl and fentanyl analogs have been contributing factors.

The Richmond County 2021 overdose death rate (84.8) is more than double the State rate (38.5), with a 51% increase in the Black population and a 20% decrease in the White population (Appendix C). In addition, DEFT indicates that moms and infants test positive predominately with cannabis (50%) and opiates (20%) (Appendix C).

Figure 20

Overdose Deaths of All Types of Medications and Drugs



Note: NC DHHS 2023

Resource

The Richmond County Drug Endangered Family Taskforce was formed to address the opioid crisis in our local neighborhoods. Community stakeholders, county government, and other agencies have joined forces to provide treatment resources and community education. We are committed to bringing awareness and prevention to Richmond County and its residents. Learn more or find out how you can help at <https://www.richmondnc.com/489/DEFT> Richmond County Department of Social Services Peer Support Program helps enhance the participants' self-esteem, self-efficacy, coping, problem-solving, and emotional well-being and prevents or reduces stress's adverse effects on an already vulnerable population.



Table 3

PRIDE Survey Core Measures

Measure	Cig/Tob	Alcohol	Marijuana	Presc. Drugs
Past 30-Day Use	3.3	11.0	7.2	1.4
Perceived Risk	76.8	62.6	36.5	81.5
Parental Disapproval	82.8	84.7	75.7	91.0
Friends Disapproval	71.5	72.4	63.8	84.4

Note: Richmond County Division of Social Services

DEFT and the Richmond County School District collaborated on a PRIDE (originally- Parents Resource Institute for Drug Education) survey. The survey aims to help communities and school districts measure student use and perception of the risk of tobacco, alcohol, cannabis, and prescription drugs. This endeavor was funded by the NC Impact Initiative and the Community Anti-drug Coalitions of America (CADCA).

In 2019, a PRIDE survey was conducted on Richmond County ninth-grade students and again in 2021 to the same cohort (eleventh-grade) to determine student drug use, including tobacco and e-cigarettes. Table 3 indicates the percentage of students for core measures most federal agencies consider the most important in measuring substance use and perceptions. Data showed that although cigarette use in Richmond County teens is low, the use of e-cigarettes (vapes) and cannabis is high and similar to national data (SAMHSA, 2019; CDC, 2022d). In addition, Perceived Risk, Parental Disapproval, and Friends' Disapproval were lowest in the Marijuana category, with Weekends being the time when most teens are substance using and a high prevalence of use being At Home or a Friends' House. Further, the PRIDE Survey disclosed that the average age of substance use was 14 and that the Perception of Availability was rated highest for e-cigarettes and marijuana (Appendix C).

The gateway drug theory of the 1970s and 80s regards cannabis as a specific relationship between the use of *one* drug and the later use of other drugs. However, today many scholars and addiction specialists prefer the common liability model, which suggests that individuals who develop an addiction issue with any substance are at a greater risk of developing any number of mental health disorders, including an increased risk for further addiction to other substances (American Addition Centers, 2022; Vanyukov et al., 2012). Tobacco products and e-cigarettes share several close associations with the use of other substances. Research has indicated that individuals who began using tobacco products/e-cigarettes earlier in life will often develop issues with other substances, including alcohol, cannabis, cocaine, and heroin (Badiani et al., 2015; Bell & Keane, 2014; Fadus et al., 2019; Nkansah-Amankra & Minelli, 2016). The continuation to reduce adolescent tobacco/vaping through policy and programmatic prevention efforts should have other positive effects on adolescent drug use (Miech et al., 2020).

Table 4

PRIDE Survey Annual and Monthly Use

DRUG	ANNUAL	MONTHLY
Tobacco	7.2	5.3
Cigarettes	–	3.3
E-cigarettes	14.4	14.8
Alcohol	17.8	11.0
Marijuana	10.1	7.2
Cocaine	1.0	1.0
Inhalants	0.0	0.0
Hallucinogens	0.5	0.5
Heroin	0.5	0.5
Steroids	0.0	0.0
Ecstasy	0.5	0.5
Meth	0.5	0.5
Prescription Drugs	1.4	1.4
Over-the-Counter Drugs	0.5	0.5
Opioid Pain Killers	0.0	1.4
Any Illicit Drug	12.0	7.7

Note: Richmond County Division of Social Services

Resource

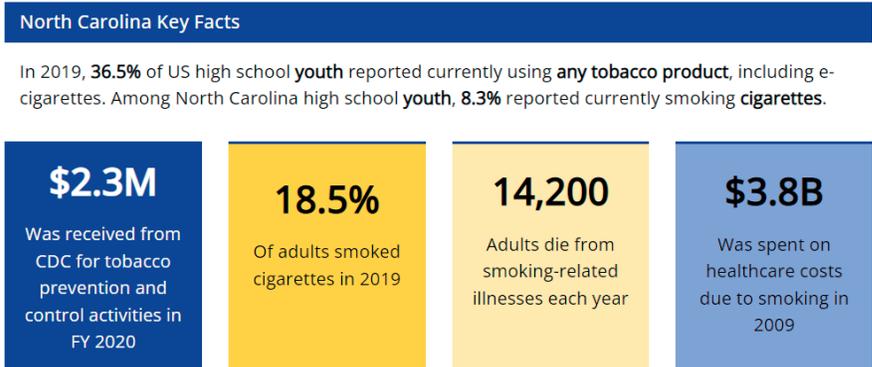


A FREE youth nicotine vaping prevention program listed in SAMHSA's Evidence-Based Resource Guide Series for grades 5-12 was implemented in the Richmond County Schools 2022-2023.

QuitlineNC provides free cessation services to any North Carolina resident who needs help quitting commercial tobacco use, including all tobacco products offered for sale, not those used for sacred and traditional ceremonies by many American Indian tribes and communities. Quit Coaching is available in different forms, which can be used separately or together to help any tobacco user give up tobacco.

Figure 21

CDC North Carolina Key Facts



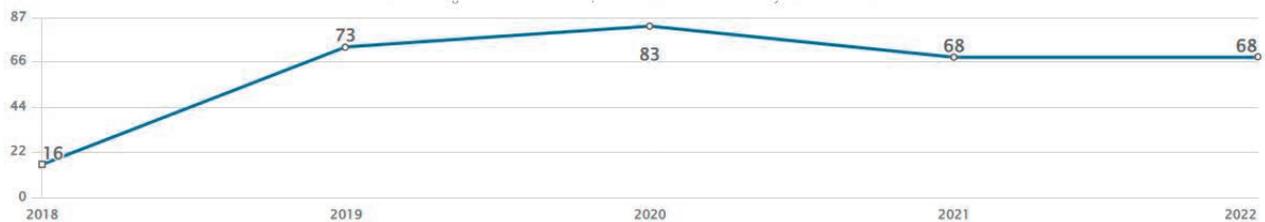
Note: CDC 2022e

CHRR (2022e) used statistical modeling to show that the percentage of adults (18 years+) who are current smokers (age-adjusted) in Richmond County is 25%, significantly higher than the State rate of 18.5%. Additionally, changes in methodology make this measure unreliable for comparison with previous years for trend data.

NC Quitline data (Optum, 2022) indicated a slight decrease in the utilization of services; in 2020, there were 83 participants, to 68 participants in 2022. In addition, graphs in Appendix C suggest that those utilizing the NC Quitline suffer from several chronic mental and health conditions.

Figure 22

Quitline Utilization Numbers



Note: Optum Demographic Report



CDC-PLACES, population-level analysis, and community estimates, a collaboration between CDC, the Robert Wood Johnson Foundation, and the CDC Foundation, provides health data for small areas nationwide. The CDC uses a multilevel regression and poststratification (MRP) approach that links geocoded health surveys and high spatial resolution population demographic and socioeconomic data.

PLACES (CDC, 2022a) estimated that the prevalence of binge drinking among adults 18 years and older age-adjusted for Richmond County was 15.2% in 2020 compared with the State rate of 16.9% in 2018. In addition, the CHRR (2023) indicated no significant trend for alcohol-related driving deaths from 2008 to 2020.

Resources

Alcohol and Drug Services (ADS) is a non-profit organization that helps to reduce the impact of substance abuse in our community through providing prevention and treatment services to individuals and families impacted by addictive disease.

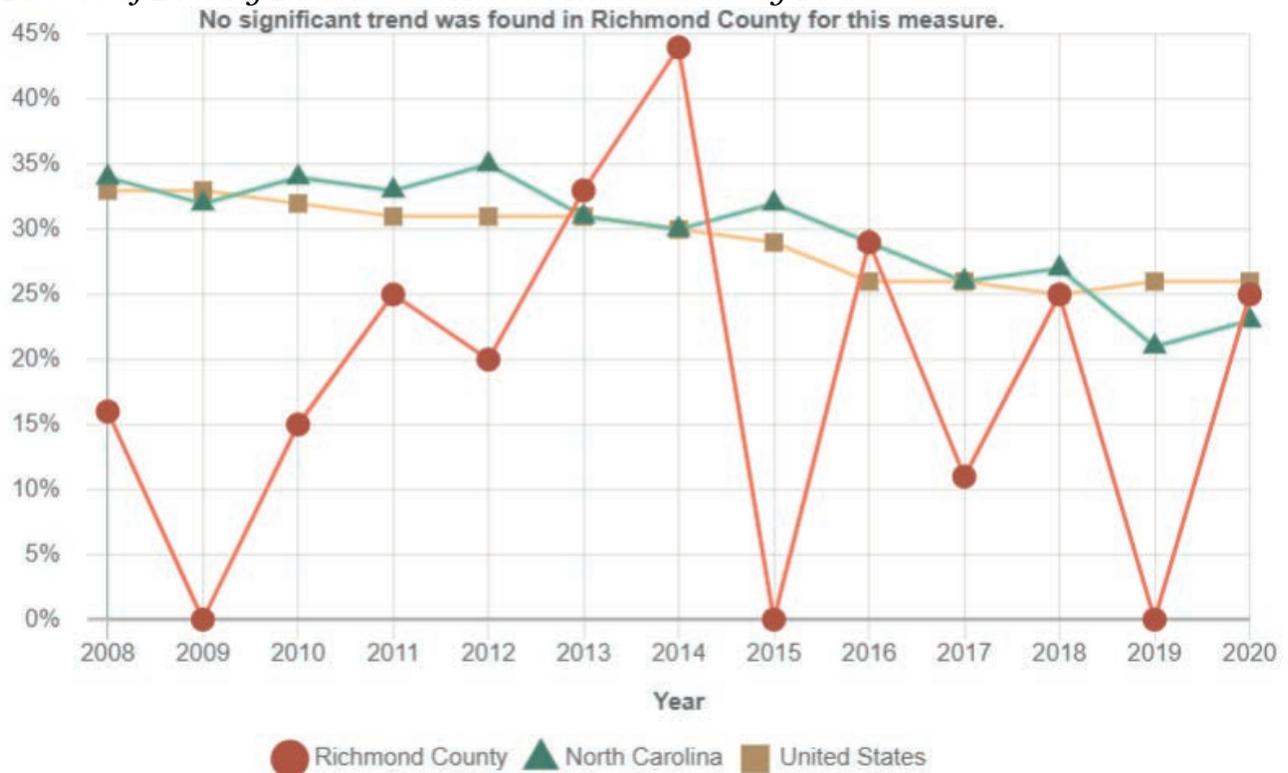


Anson, Hoke, Moore and Richmond Counties
1015-A Fayetteville Street
Rockingham, NC 28380
(910) 997-7105

Prevention & Early Intervention Services

Figure 23

Percent of Driving Deaths with Alcohol Involvement by Year



Note: County Health Roadmap and Rankings

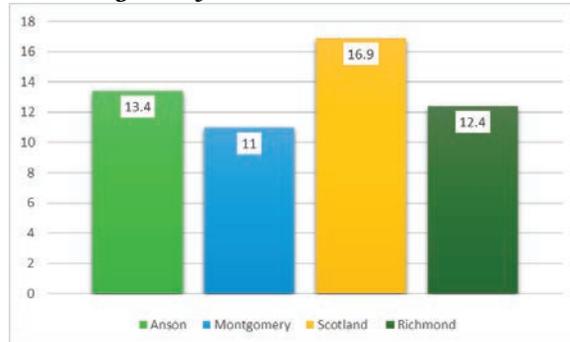
SUGAR-SWEETENED BEVERAGE CONSUMPTION

Youth and adults who report consumption of one or more sugar sweetened beverage (SSBs) per day

CCD (2022c) reported that adults and adolescents who smoke, do not get enough sleep, do not exercise much, eat fast food often, and do not eat fruit regularly are more likely to be frequent consumers of SSBs. Unfortunately, Richmond County does not collect SSB consumption data locally and relies upon data regarding diabetes and obesity as correlation data to possible SSB consumption. PLACES estimated that the Richmond County prevalence of diabetes among adults aged 18 years and older age-adjusted prevalence was 12.4 %, and the estimated prevalence of obesity among adults aged 18 years and older age-adjusted prevalence was 36.7% in 2020 (CDC, 2022a). In addition, the CHRR (2023) indicated that the obesity trend was increasing.

Figure 24

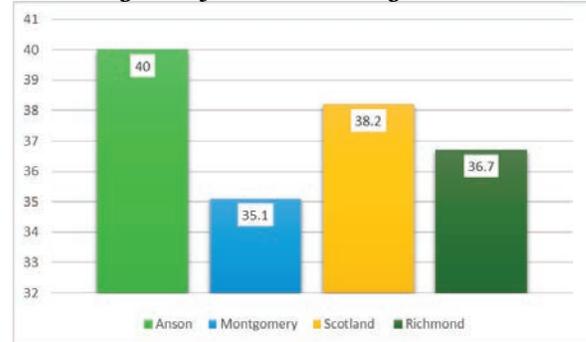
Adult Age-Adjusted Diabetes Rates



Note: CDC 2022a

Figure 25

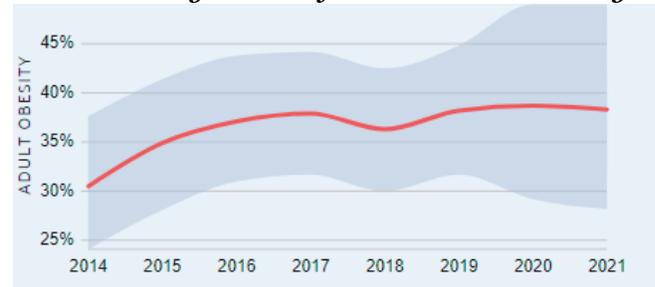
Adult Age-Adjusted Obesity Rates



Note: CDC 2022a

Figure 26

Adult Obesity Trends for Richmond County



Note: County Health Rankings & Roadmaps

Resource

Richmond County has a lack of chronic disease management resources outside of provider care. It is vital for people with chronic diseases to understand the importance of following their prescribed medications and therapies with empathy and self-compassion. By effectively managing chronic conditions, we can achieve better health outcomes, improve quality of life, and reduce healthcare costs.

HIV DIAGNOSIS

Number of new HIV diagnoses per 100,000 population

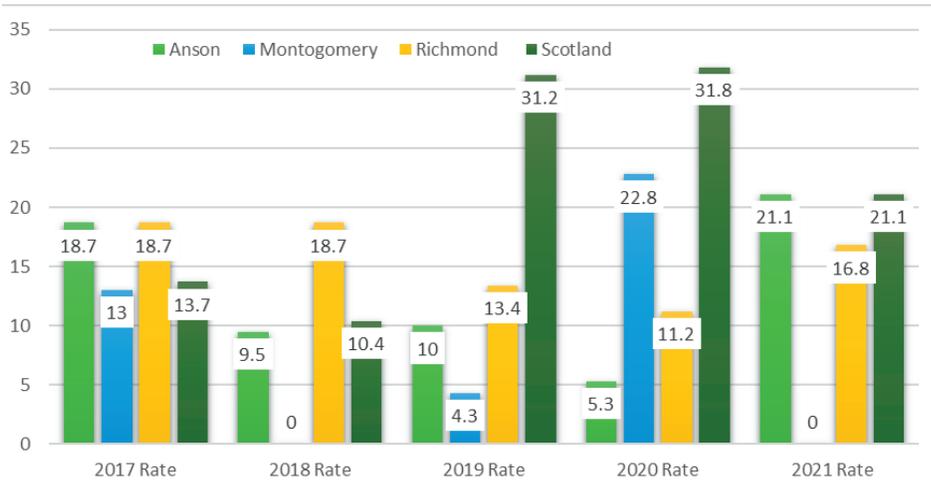


Note: 2021

According to the 2021 North Carolina HIV Surveillance Report (NCHSR), NC supports Free HIV testing at all local health departments and some community-based organizations (CBOs). Funding is supported by state and federal sources that pay for other programs and the expansion of HIV testing. NCHSR indicated that Richmond County rates escalated in 2021(16.8) from 2020 ((11.2) (NCDHHS, 2021). Additionally, Richmond County has lower rates than our neighboring counties, except for Montgomery County. The NCHSR also indicates that in 2021 the number of cases in Anson was 70, Richmond 164, Montgomery 52, and Scotland 126 (NCDHHS, 2021).

Figure 27

Adult and Adolescent HIV Rates



Note: 2020 data should be treated with caution due to reduced availability of testing and, in some settings, HIV care caused by the COVID-19 pandemic.

Resource

Richmond County Health Department offers testing for communicable diseases and many sexually transmissible diseases and infections.

127 Caroline Street
 Rockingham, NC 28379
 (910) 997-8301

TEEN BIRTH

Number of births to girls aged 15-19 per 1,000



Note: 2020

NC State Center for Health Statistics (2023) reports indicate that the teen rate of 15-19 per 1,000 pregnancy rates are up slightly from 2019 and previous years (Table 5) and continually twice the rates of the State. In comparison to our neighboring counties, Richmond County has the highest rates. However, teen pregnancy rates for ages 15-17 have reached record lows (<20) for Richmond County in several years since the implementation of the REACH program in Richmond County middle and high schools. In addition, pregnancy rates for teens aged 18-19 and repeat pregnancies have continued to be high since 2014. Table 5

NC and Richmond County Pregnancy Rates

	2014	2015	2016	2017	2018	2019	2020
Teen Pregnancy Rates (Per 1,000 15-19-year-old)	46.8	42.8	47.6	49.6	45.8	41.9	55.3
NC Pregnancy Rate (Per 1,000 15-19-year-old)	32.3	30.2	28.1	26.7	24.6	24	22.9
Teen Pregnancy Rates by Age: 15-17 years old	26.9	-	25.2	-	-	-	26.4
NC Teen Pregnancy Rates by Age: 15-17 years old	15.5	14.3	12.8	11.7	10.6	10.3	9.3
Teen Pregnancy Rates by Age: 18-19 years old	83.3	95	90.3	105	104	89.2	109
NC Teen Pregnancy Rates by Age: 18-19 years old	56.5	53.6	50.7	48.6	44	70.8	41.7
Repeat Pregnancy Rate	13.6	31.7	22.7	19.1	23	21.4	29.7

Note: Data obtained from NC Division of Statistics Rates based on small numbers (<20 pregnancies) are unstable and not provided.

The Richmond County Family Planning Clinic reports that requests for contraceptive services peaked in 2019 and have since decreased. The highest age group requesting contraceptive services is 18 to 19, and the lowest is the under-15 group. The most requested type of contraceptive is the oral, with the hormonal implant being the second most requested type of all age groups.

Figure 28

Resource

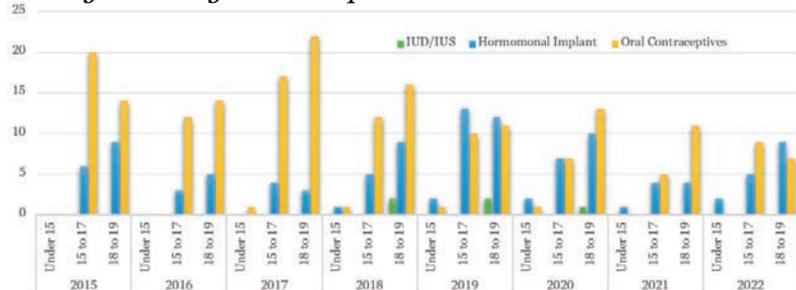
Richmond County Health Department provides family planning services.
127 Caroline Street
Rockingham NC 28379
(910) 997-8301

PD Pregnancy Center provides mentoring and support, material items for your baby, educational classes and community referrals.



PD Pregnancy Center
202 S. Lawrence Street
Rockingham, NC 28379
(910) 997-3040

Family Planning Contraceptive Services



Note: Richmond County Health Department and 2021 numbers should be used with caution due to COVID restrictions.

Why are clinical care factors important?

Healthcare is critical to good health, yet those in rural areas face various barriers which limit the ability to obtain needed healthcare. Rural residents often encounter obstacles such as a lack of healthcare providers, financial means to pay for services, and transportation to specialty care (Rural Health Information Hub, 2023).

Uninsured

The uninsured are associated with a lack of medical care, preventive care, a delay in care, and increased mortality. Uninsured people are far more likely than those with insurance to postpone or go without healthcare which can have severe consequences, mainly when preventable conditions or chronic diseases go undetected. While the safety net of public hospitals, community clinics, and health departments provides vital healthcare services for uninsured people, it does not close the access gap (Garfield et al., 2015).

Primary Care Workforce

Access to care requires not only financial coverage but also access to providers. The sufficient availability of primary care physicians is essential for preventive care and, when needed, referrals to specialty care. Further, having a sufficient number of providers is associated with improved health outcomes, including heart disease, stroke, infant mortality, low birth weight, and life expectancy. Research indicates that an increase of one primary care physician per 10,000 population was associated with an average mortality reduction of 5.3 percent or 49 per 100,000 per year. <https://www.ruralhealthinfo.org/topics/healthcare-access>

Early Prenatal Care

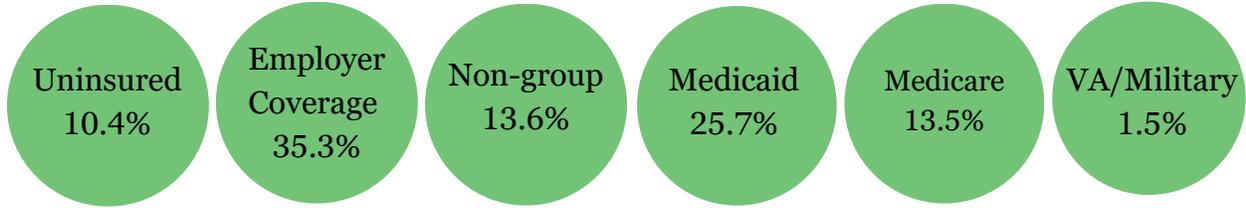
Suicide Rate

Prenatal or antenatal care is the preventive healthcare an expectant mother receives that helps to catch potential concerns and reduces the risk of complications. It also provides medical information such as physiological changes in pregnancy, biological changes, and prenatal nutrition, including prenatal vitamins which can prevent potential health problems throughout the pregnancy. Mothers who access routine prenatal care, including prenatal screening and diagnosis, have played a part in reducing the frequency of maternal death, miscarriages, congenital disabilities, low birth weight, neonatal infections, and other preventable health problems.

Suicide is linked to mental health care and well-being (NCIOM, 2020). Research has shown that most suicides are related to mental health disorders, depression, substance use, and psychosis (CDC, 2023). In addition, there is a connection between suicide, the uninsured, and the lack of availability of mental health providers.

UNINSURED

Population under age 65 without health insurance

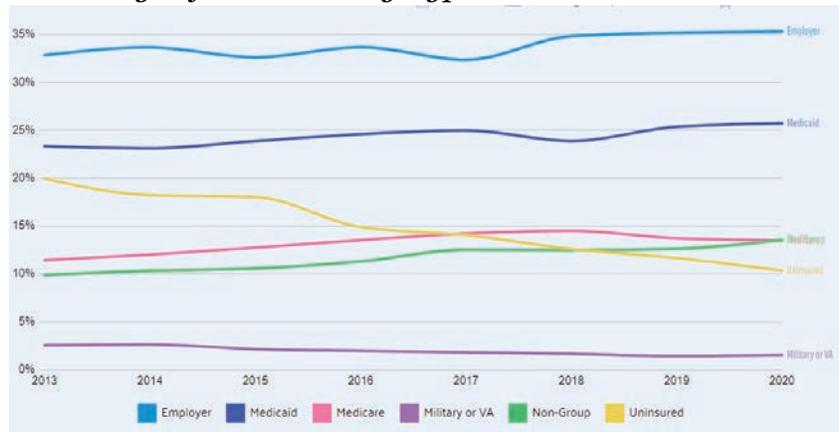


Note: 2020

According to the U.S. Census (2021), 89.6% of the population of Richmond County has health coverage, with 35.3% on employee plans, 25.7% on Medicaid, 13.5% on Medicare, 13.6% on non-group plans, and 1.54% on military or VA plans. Further, between 2019 and 2020, the percentage of those uninsured declined by 11.3%, with the highest uninsured between the age of 35 to 45. In addition, in 2020, insured persons according to age ranges were distributed in 24.2% under 18 years, 19% between 18 and 34 years, 38.9% between 35 and 64 years, and 17.8% over 64 years (Figure 30). Also, by gender, of the total number of insured persons, 45.5% were men, and 54.5% were women.

Figure 29

Percentage of Insurance by Type



Note: U.S. Census Bureau

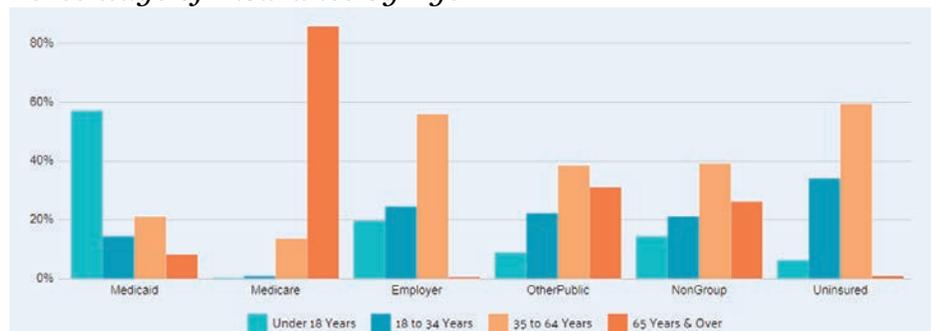
Resource

Richmond County Community Care Clinic Medical Access Program (MAP) offers health care to those uninsured living in Richmond County. Call for more information, (910) 997-8302. The Richmond County Pharmacy Assistance Program provides free prescription medications to residents who are uninsured and fall at or below 300% of the Federal Poverty Level. Call for more information, (90) 997-4903.

Dental Services are available at the Richmond County health Department for those on Medicaid. Call for more information, (910) 417-4933.

Figure 30

Percentage of Insurance by Age



Note: U.S. Census Bureau

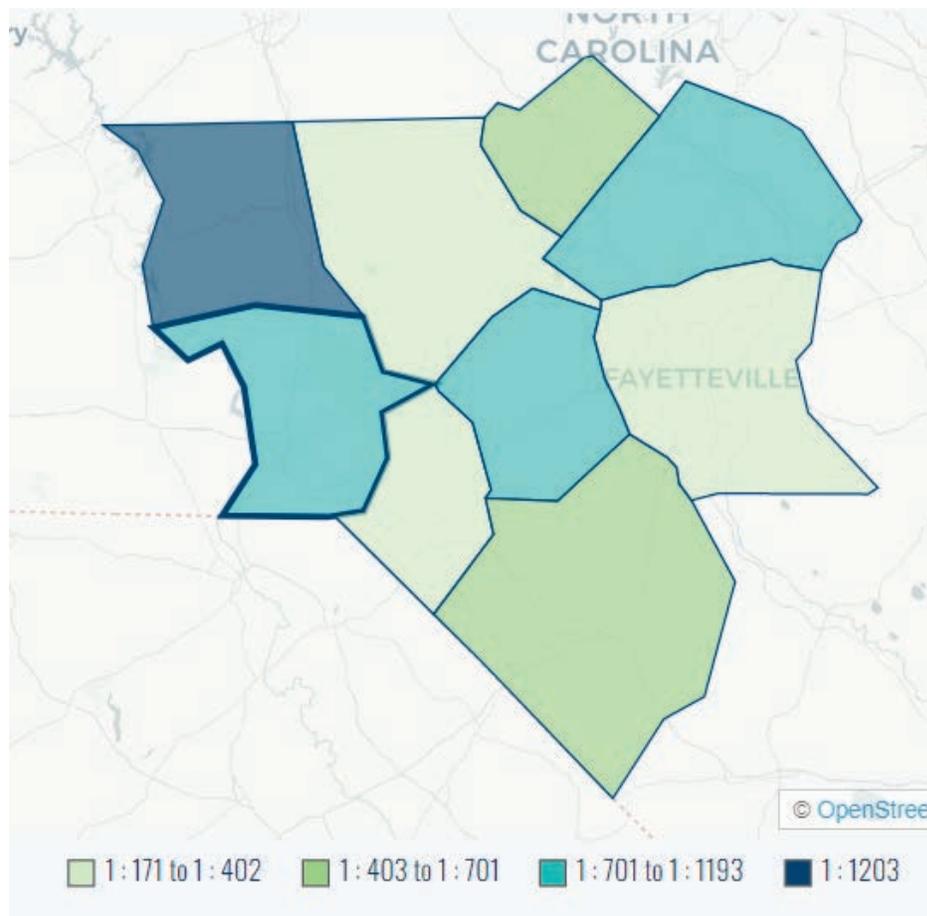
PRIMARY CARE WORKFORCE

The number of full-time equivalent primary care clinicians to the population

Primary Care Workforce is the ratio of the population to primary care physicians. According to the Cape Fear Collective (2023), the 2019 ratio of primary care providers to the total population in Richmond County was 1:704 as compared to the State rate of 1:1,500. This ratio does include all types of healthcare providers, such as nurse practitioners and physician assistants. In addition, the Cecil G. Sheps Center (2023) for Health Services Research indicated that the Richmond County primary care physician rate per 10,000 population has declined since 2013 from 5.21 to 3.35 in 2021, which is considerably lower than the 2021 State rate of 8.73. This rate does not include other health professions.

Figure 31

Primary Care Workforce Ratio



Note: Data provided by Cape Fear Collective Primary Care Workforce

EARLY PRENATAL CARE

Women who receive pregnancy-related health care services during the first trimester of a pregnancy

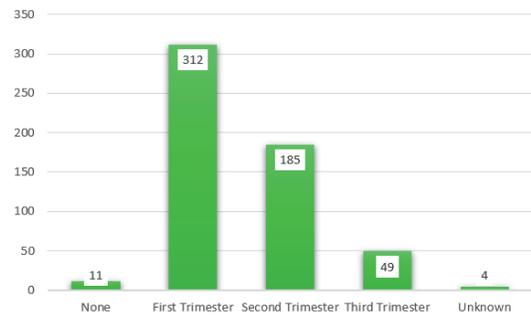
Richmond County's population with the highest early prenatal care rate was White (61.1%), while the population with the lowest was Black/African American (48.2%) (Cape Fear Collective, 2023). Figure 34 indicates that 174 White, 92 Black/African American, 14 Other, and 32 Hispanic expectant women initiated prenatal care in the first trimester. In 2019, the prenatal care rate in Richmond County was 55.6% (NCSCSHS, 2023).

Figure 32

Out of 561 births in 2019, 56 of those births had low birth weights (<2500 grams), 19 started prenatal care in the first trimester, and 21 started prenatal care in the second trimester (Figure 33). Sixty births had little to no prenatal care, and four were unknown (NCSCSHS, 2023).

Figure 33

Prenatal Care Initiated



Note: NCSCSHS

Resource

Richmond County Health Department has a maternity clinic that offers prenatal care and family planning services.

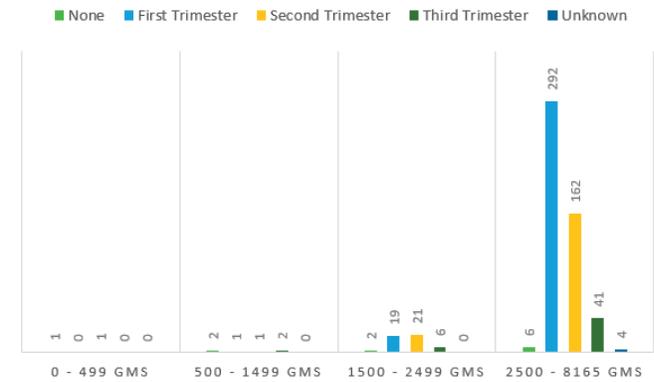
127 Caroline Street
Rockingham, NC 28379
(910) 997-8301

PD Pregnancy Center provides mentoring and support, material items for your baby, educational classes and community referrals.



PD Pregnancy Center
202 S. Lawrence Street
Rockingham, NC 28379
(910) 997-3040

Prenatal Care and Birth Weight

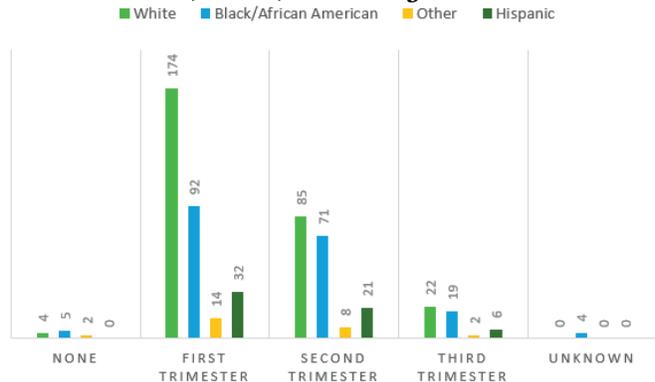


Note: NCSCSHS

Figure 32 indicates that five low-birth-weight babies had no prenatal care, 20 low-birth-weight babies had prenatal care initiated in the first trimester, 22 low-birth-weight babies had prenatal care initiated in the second trimester, six low-birth-weight babies had prenatal care initiated in the third trimester and four it was unknown when prenatal care was initiated (NCSCSHS, 2023).

Figure 34

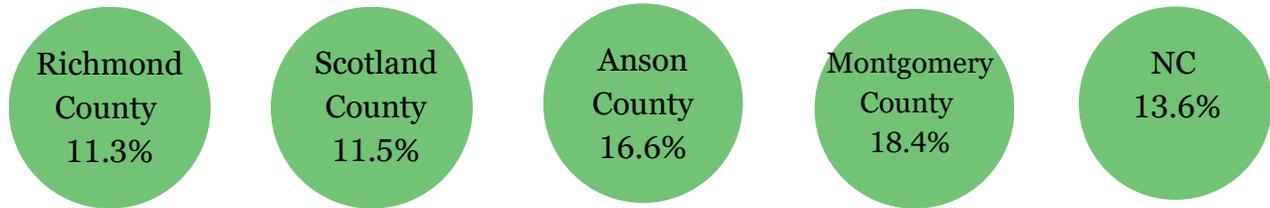
Prenatal Care, Race, Ethnicity



Note: NCSCSHS

SUICIDE RATE

Age-adjusted number of deaths attributable to self-harm per 100,000 population



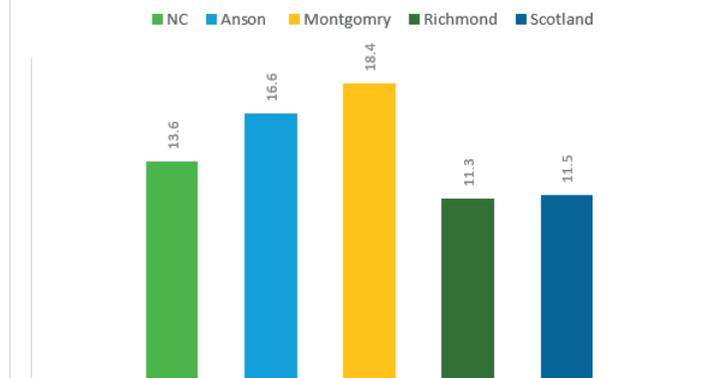
Note: 2020

Figure 35

Resource

Richmond County has a lack of mental health services and a lack of mental health providers for those with and without insurance. The 2022 CHNA indicated that this was an ongoing concern in the community.

Suicide Rates



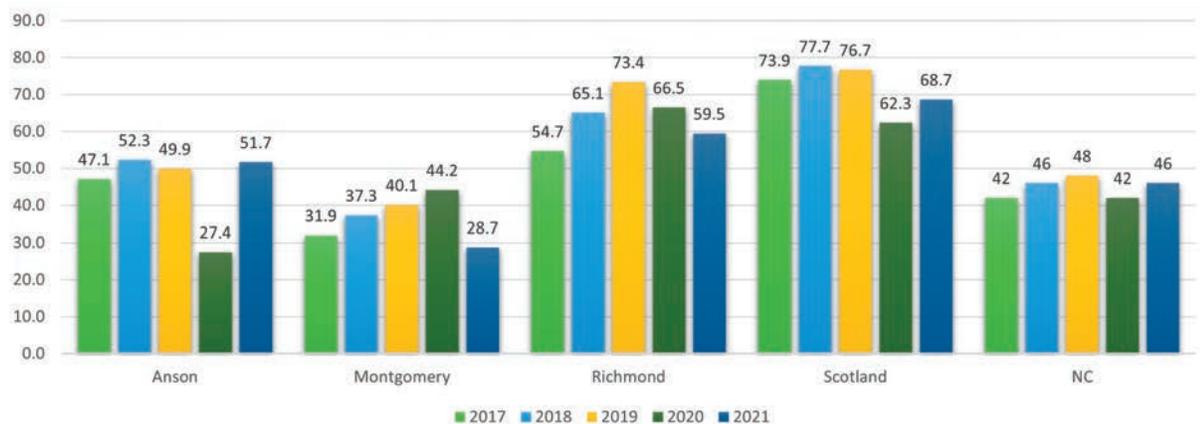
Note: NCSCHS

DEATH RATE 2020

Montgomery County (18.4) has the highest suicide rate of our neighboring counties, and the lowest is between Scotland (11.5) and Richmond (11.3) (NCSCHS, 2023). Further, in 2021, rates of emergency department (ED) visits for suicide ideation (SI) in Richmond County declined by 7% from 2020 (66.5) to 2021 (59.5). Scotland County (68.7) has the highest ED visit for SI for 2021, while Montgomery County (28.7) has the lowest (NCSCHS, 2023).

Figure 36

Suicide Ideation ED Visits



Note: SI, often called suicidal thoughts or ideas, is a broad term used to describe a range of contemplations, wishes, and preoccupations with death and suicide (NCSCHS, 2023).

Why are health outcomes important?

Infant Mortality

Infant mortality is the term used to describe the death of a baby that occurs between the time it is born and one year of age. If a baby dies before age 28 days, the death can also be classified as neonatal mortality. The infant mortality rate is significant because the factors contributing to infant death also affect the overall health of a population (CDC, 2022f). Examples include access to medical care, medical providers, medicine, clean water, and healthy food choices. Further, infant mortality rates are linked to women's health status, with healthier moms having healthier babies.

Life Expectancy

Life expectancy is a crucial metric for assessing population health. Broader than the narrow metric of infant and child mortality, which focuses solely on mortality at a young age, life expectancy captures the mortality along the entire life course. It is the average age of death in a population and the number of years the average newborn in a population can expect to live if mortality rates in the current year persist for the rest of a person's life. However, life expectancy underestimates how long a newborn will live because mortality rates decline over time, and your life expectancy can change from year to year.

Analyzing mortality rates and frequency of death of a particular cause guides efforts to improve population health. These metrics, plus thinking about and comparing different aspects of health, not only offer a comprehensive picture of population health but also allow policymakers to compare outcomes over time.

INFANT MORTALITY

Rate of infant (>1 year old) deaths per 1,000 live births



Note: 2021

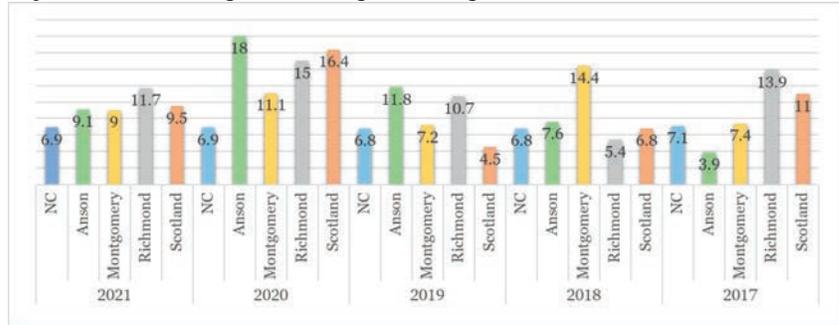
Mortality rates in Richmond County (11.7) are the highest of all our neighboring counties as well as higher than State rates (6.9%) (NCSCHS, 2023). However, Figure 38 indicates Richmond County rates have been trending downward since 2020 (15%) (NCSCHS, 2023).

Figure 37

Resource

Richmond County Baby Safe Sleep Training classes provided individual and group instruction on eliminating harmful risks in the baby sleep area. The class also included information on safe care seat usage, breastfeeding, vaccinations, proper sleep positions, co-sleeping, tobacco, cannabis, and other substances. These practices can help lower the risk of sleep-related infant deaths, including sudden infant death syndrome (SIDS), accidental suffocation, and deaths from unknown causes.

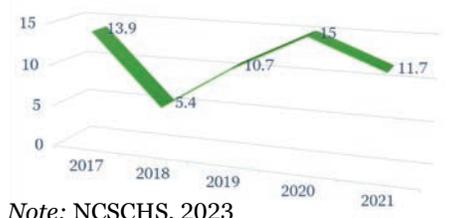
Infant Mortality Rates by County and Year



Note: NCSCHS, 2023

Figure 38

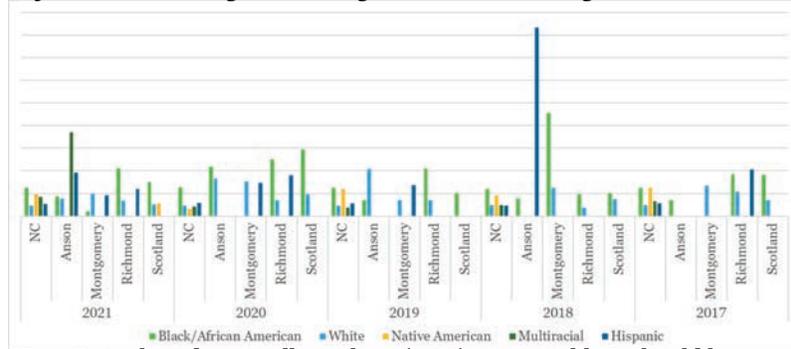
Richmond County Trend Rates



Note: NCSCHS, 2023

Figure 39

Infant Mortality Rates by Race, Ethnicity, Year, and County



Note: Rates based on small numbers (> 10) are unstable & should be interpreted with caution; NCSCHS, 2023

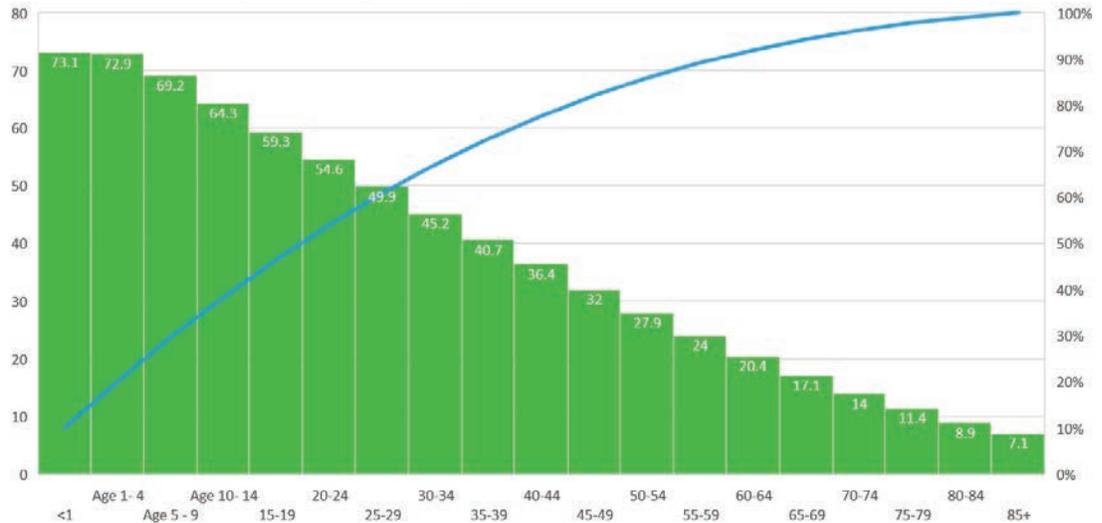
LIFE EXPECTANCY

Average number of years of life remaining for persons who have attained a given age

Richmond County life expectancy for those under one year of age if current mortality conditions remained constant throughout their lifetime is 73 years old, with females possibly living up to 75 years and males living up to 70 (NCSCSHS, 2023). Black Americans and other minority groups have higher rates of preventable disease and death than Whites; however, as indicated in Figure 41, the White population's life expectancy is only one year over the Black population (NCSCSHS, 2023).

Figure 40

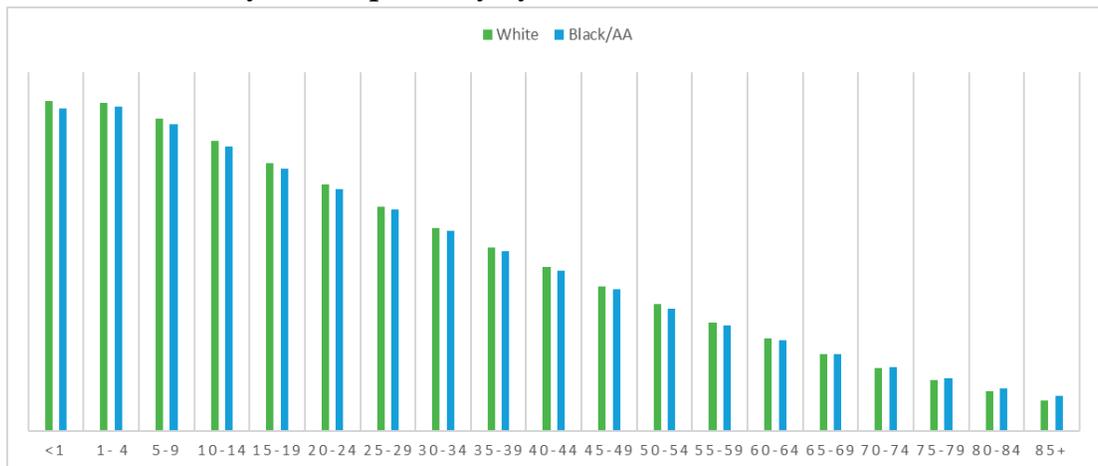
Richmond County Life Expectancy



Note: NCSCSHS, 2023

Figure 41

Richmond County Life Expectancy by Race



Note: NCSCSHS, 2023

Measuring Progress

Measuring progress is an essential part of addressing issues in our community, helping prioritize resources, and adjusting community action plans. More detailed information is displayed in the Richmond County Scorecard on the Richmond County Health Department webpage:

<https://www.richmondnc.com/555/Community-Facts-Figures>

Key Indicator	Activity / Project	Data / Outcome
Teen Pregnancy	Project REACH: Redefining & Empowering Adolescent and Community Health	Teen pregnancy rates for ages 15-17 have reached record lows (<20) for Richmond County
Infant Mortality	BESST: Baby Easy Safe Sleep Training Classes	Infant Mortality rates are trending downward from 15% to 11%
Tobacco Use	Fresh Start Tobacco Treatment Program & CATCH My Breath Program	Trained K-12 teachers to facilitate vaping prevention & began tobacco treatment in health department

Key Indicator	Activity / Project	Data / Outcome
Substance Use	DEFT: Drug Endangered Family Taskforce	Implemented Peer Support Programs and naloxone distribution to first responders

Discussion

Richmond County Health Department has continuously tried to develop and implement a health and wellness strategy that can make a difference in our community. We often engage with communities through partnerships and relationships to promote public health initiatives and improve overall health outcomes. These collaborations can help to increase access to healthcare services, educate community members on healthy behaviors, and address social determinants of health. Strong relationships between health departments, local agencies, and community members can lead to more effective and sustainable health interventions.

The Community Health Assessment has highlighted some serious social issues that require attention and action. For example, addressing poverty, food deserts, substance use, addiction, mental health, and chronic medical conditions can improve well-being and reduce health disparities. Unresolved social issues can continue unequal health outcomes and can contribute to the cycle of poor health and poverty. Therefore, addressing health disparities is fundamental for promoting health equity and improving overall health outcomes for Richmond County.

References

- American Addiction Centers. (2022, September 15). *The truth about gateway drugs and addiction*. American Addiction Centers. Retrieved February 16, 2023, from <https://americanaddictioncenters.org/the-addiction-cycle/gateway-drugs>
- Bell, K., & Keane, H. (2014). All gates lead to smoking: The gateway theory, e-cigarettes and the remaking of nicotine. *Social Science & Medicine*, *119*, 45-52.
<https://doi.org/10.1016/j.socscimed.2014.08.016>
- Badiani, A., Boden, J. M., De Pirro, S., Fergusson, D. M., Horwood, L.J., & Harold, G. T. (2015). Tobacco smoking and cannabis use in a longitudinal birth cohort: Evidence of reciprocal causal relationships, *Drug and Alcohol Dependence*, *150*, 69-76.
<https://doi.org/10.1016/j.drugalcdep.2015.02.015>
- Cape Fear Collective (2023, March 10). *Richmond County dataset*. Healthy communities NC. <https://healthycommunitiesnc.org/profile/geo/richmond-county>
- Cecil G. Sheps Center for Health Services Research. (2023). *North Carolina health professions data system* [Data set]. University of North Carolina at Chapel Hill.
<https://nchealthworkforce.unc.edu/interactive/supply/>
- Center for Disease Control and Prevention. (2023). *Suicide Prevention*. Facts About Suicide. <https://www.cdc.gov/suicide/facts/index.html>
- Center for Disease Control and Prevention. (2022a). *Compare counties report* (BRFSS 2022.) [Online]. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. <https://www.cdc.gov/PLACES>
- Center for Disease Control and Prevention. (2022b). *Physical activity*. Parks, recreation and green spaces. Retrieved March 6, 2023, from <https://www.cdc.gov/physicalactivity/activepeoplehealthynation/everyone-can-be-involved/parks-recreation-and-green-spaces.html>

Centers for Disease Control and Prevention. (2022c). *Get the facts: Sugar-sweetened beverages and consumption*. Division of Nutrition, Physical Activity, and Obesity, National Center for Chronic Disease Prevention and Health Promotion. Retrieved March 23, 2023, from <https://www.cdc.gov/nutrition/data-statistics/sugar-sweetened-beverages-intake.html>

Center for Disease Control and Prevention. (2022d). *Youth tobacco and use*. Smoking & Tobacco Use. Retrieved March 16, 2023, from https://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm#current-estimates

Center for Disease Control and Prevention. (2022e). *State fact sheets*. Extinguishing the Tobacco Epidemic in North Carolina. Retrieved March 18, 2023, from <https://www.cdc.gov/tobacco/stateandcommunity/state-fact-sheets/north-carolina/>

Centers for Disease Control and Prevention. (2022f). *Infant mortality*. Retrieved March 20, 2023, from <http://www.cdc.gov/reproductivehealth/MaternalInfantHealth/InfantMortality.htm>

Center for Disease Control and Prevention. (2021a). *About teen pregnancy*. Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion. Retrieved March 23, 2023, from <https://www.cdc.gov/teenpregnancy/about/index.htm>

Center for Disease Control and Prevention. (2021b). *Adverse Childhood Experiences (ACEs)*. Vital Signs. Retrieved February 23, 2023, from <https://www.cdc.gov/vitalsigns/aces/index.html>

Center for Disease Control and Prevention. (2021c). *What you need to know about marijuana use and pregnancy*. Marijuana and Public Health. <https://www.cdc.gov/marijuana/health-effects/pregnancy.html>

Center for Disease Control and Prevention. (2020a). *National environmental public health tracking network -Information by location*. Retrieved February 23, 2023, from <https://ephtracking.cdc.gov/InfoByLocation/>

Centers for Disease Control and Prevention. (2020b). *Address it today. Prevent it tomorrow* [Infographic]. National Center for Injury Prevention and Control. Retrieved March 11, 2023, from <https://www.cdc.gov/injury/priority/cdc-apha-infographic.html>

County Health Rankings and Roadmaps (CHRR). (2023). *Richmond, North Carolina* [Data set]. University of Wisconsin Population Health Institute. <https://www.countyhealthrankings.org/explore-health-rankings/north-carolina/richmond?year=2023>

Fadus, M. C., Smith, T.T., Squeglai, L. M. (2019). The rise of e-cigarettes, pod mod devices, and JUUL among youth: Factors influencing use, health implications, and downstream effects. *Drug and Alcohol Dependence*, 201, 85-93. <https://doi.org/10.1016/j.drugalcdep.2019.04.011>

Feeding America. (2020). *Map the meal gap*. [Data set]. Feeding America. <https://map.feedingamerica.org/county/2020/overall/north-carolina/county/richmond>

Garfield, R., Majerol, M., Damico, A., & Foutz, J. (2015). *The uninsured: A primer key facts about health insurance and the uninsured in the era of health reform*. Kaiser Family Foundation. <https://files.kff.org/attachment/Supplemental-Tables-The-Uninsured-A-Primer-Key-Facts-about-Health-Insurance-and-the-Uninsured-in-America-in-the-Era-of-Health-Reform>

Herber, G., Ruijsbroek, A., Koopmanschap, M., Proper, K., van der Lucht, F., Boshuizen, H., Polder, J., & Uiters, E. (2019). Single transitions and persistence of unemployment are associated with poor health outcomes. *BMC Public Health*, 19 (740), 1-10. <https://doi.org/10.1186/s12889-019-7059-8>

Kids Count Data Center. (2023). *Richmond custom report* [Data set]. Annie E. Casey Foundation. <https://datacenter.kidscount.org/>

Kealy, D., & Lee, E. (2018). Childhood trauma among adult clients in Canadian community mental health services: Toward a trauma-informed approach. *International Journal of Mental Health, 47*(4), 284-297. <https://doi.org/10.1080/00207411.2018.1521209>

Lander, L., Howsare, J., & Byrne, M. (2013). The impact of substance use disorders on families and children: From theory to practice. *Social Work in Public Health, 28*(3-4), 194–205. <https://doi.org/10.1080/19371918.2013.759005>

Labor and Economic Analysis Division. (2022). *Richmond County area profile* [Data set]. North Carolina Department of Commerce. <https://d4.nccommerce.com/>

Morales-Brown, L. (2021, May 13). *How can housing influence health?* Medical News Today. Retrieved March 12, 2023, from <https://www.medicalnewstoday.com/articles/housing-and-health>

Masterton, W., Carver, H., Parkes, T. (2020, August 7). *Parks and green spaces are important for our mental health – but we need to make sure that everyone can benefit*. The Conversation. <https://theconversation.com/parks-and-green-spaces-are-important-for-our-mental-health-but-we-need-to-make-sure-that-everyone-can-benefit-142322>

Miech, R., Keyes, K. M., O'Malley, P. M., & Johnston, L. D. (2020). The great decline in adolescent cigarette smoking since 2000: Consequences for drug use among US adolescents. *Tobacco control, 29*(6), 638–643. <https://doi.org/10.1136/tobaccocontrol-2019-055052>

National Institute on Drug Abuse. (2022, March 22). *Drugs, brains, and behavior: The science of addiction*. Retrieved March 23, 2023, from <https://nida.nih.gov/publications/drugs-brains-behavior-science-addiction/addiction-health>

NC211Counts. (2023). *Richmond County, North Carolina* [Data set]. United Way of North Carolina. Retrieved March 16, 2023, from <https://nc.211counts.org/>

National Institute on Minority Health and Health Disparities (NIMHHD). (2023). *Food accessibility, insecurity and health outcomes*. Understanding Health Disparities Series. <https://www.nimhd.nih.gov/resources/understanding-health-disparities/food-accessibility-insecurity-and-health-outcomes.html>

North Carolina Department of Adult Correction NCDAC). (2023). *Prison Entries* (A. S. Q. DOC 3.0b) [Data set]. Office of Research and Planning. Retrieved March 16, 2023, from <https://webapps.doc.state.nc.us/apps/asqExt/ASQ>

North Carolina Department of Commerce (NCDOC). (2023). North Carolina civilian labor force estimates. Employment projections. <https://www.commerce.nc.gov/data-tools-reports/labor-market-data-tools/employment-projections>

North Carolina Department of Health and Human Services (NCDHHS). (2023). *NC opioid and substance use action plan data dashboard* (OSUAP 3.0) [Metrics]. NC Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch. Retrieved March 24, 2023, from <https://www.ncdhhs.gov/opioid-and-substance-use-action-plan-data-dashboard>

North Carolina Department of Health and Human Services. (2021). *North Carolina HIV surveillance report*. Communicable disease. <https://epi.dph.ncdhhs.gov/cd/stds/annualrpts.html>

North Carolina Department of Public Instruction (NCDPI). (2022). *Richmond County school report card* [Data set]. <https://ncreports.ondemand.sas.com/src/district?district=770LEA&year=2022>

North Carolina Disease Event Tracking and Epidemiologic Collection Tool. (2021a). *Asthma and COPD Dashboard* [Data set]. Carolina Center for Health Informatics. <https://ncdetect.org/asthma-copd-dashboard/>

North Carolina Disease Event Tracking and Epidemiologic Collection Tool. (2021b). *Mental Health Dashboard* [Data set]. Carolina Center for Health Informatics.

<https://ncdetect.org/mental-health-dashboard/>

North Carolina Institute of Medicine (NCIOM). (2020). *Healthy North Carolina 2030: A path toward health*. North Carolina Institute of Medicine. <https://nciom.org/healthy-north-carolina-2030/>

North Carolina State Center for Health Statistics (NCSCHS). (2023, March). *North Carolina vital statistics*. North Carolina Department of Health and Human Services.

<https://schs.dph.ncdhhs.gov/data/recent.cfm>

Nkansah-Amankra, S., & Minelli, M. (2016). Gateway hypothesis and early drug use: Additional findings from tracking a population-based sample of adolescents to adulthood.

Preventive Medicine Reports, 4, 134–141. <https://doi.org/10.1016/j.pmedr.2016.05.003>

Optum. (2023). *Richmond County Services Access*. NC Quitline.

Privette-Black, M. (2021, May). *Intergenerational Poverty in the United States*. Ballard Brief. <https://ballardbrief.byu.edu/issue-briefs/intergenerational-poverty-in-the-us-83scyrq=intergenerational%20poverty>

Rural Health Information Hub. (2023). Healthcare access in rural communities. Topics. Retrieved March 20, 2023, from <https://www.ruralhealthinfo.org/topics/healthcare-access>

Scaccia, A. (2020, April 24). *Facts about HIV: Life expectancy and long-term outlook*.

Healthline. Retrieved on March 23, 2023 from <https://www.healthline.com/health/hiv-aids/life-expectancy>

Substance Abuse and Mental Health Services Administration (SAMHA). (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health* (HHS Publication No. PEP19-5068, NSDUH Series H-54). Rockville, MD: Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. Retrieved from

<https://www.samhsa.gov/data/>

U.S. Census Bureau. (2021). *Richmond County Profile* (ACS 5-Year Estimates Data Profiles) [Data set]. U.S. Census Bureau. [https://data.census.gov/all?](https://data.census.gov/all?q=Richmond+County+North+Carolina)

[q=Richmond+County+North+Carolina](https://data.census.gov/all?q=Richmond+County+North+Carolina)

U.S. Department of Health and Human Services. (2018). *Physical Activity Guidelines for Americans, 2nd edition*. https://health.gov/paguidelines/second-edition/pdf/Physical_Activity_Guidelines_2nd_edition.pdf

Vanyukov, M. M., Tarter, R. E., Kirillova, G. P., Kirisci, L., Reynolds, M. D., Kreek, M. J., Conway, K. P., Maher, B. S., Iacono, W. G., Bierut, L., Neale, M. C., Clark, D. B., & Ridenour, T. A. (2012). Common liability to addiction and gateway hypothesis: Theoretical, empirical and evolutionary perspective. *Drug and alcohol dependence, 123* (Suppl. 1), S3–S17. <https://doi.org/10.1016/j.drugalcdep.2011.12.018>

Wagmiller, R., & Adelman, R. M. (2009, November). *Childhood and intergenerational poverty: The long-term consequences of growing up poor*. National Center for Children in Poverty. <https://www.nccp.org/publication/childhood-and-intergenerational-poverty/>

Zenk, S. N., Tabak, L. A., & Pérez-Stable, E. J. (2022). Research opportunities to address nutrition insecurity and disparities. *JAMA, 327*(20), 1953–1954. <https://doi.org/10.1001/jama.2022.7159>

Zyromski, B, Dollarhide, C. T., Aras, Y., Geiger, S., Oehrtman, J. P., & Clark, H. (2018). Beyond complex trauma: An existential view of adverse childhood experiences. *Journal of Humanistic Counseling, 57*, 156-172. doi: 10.1002/johc.12080

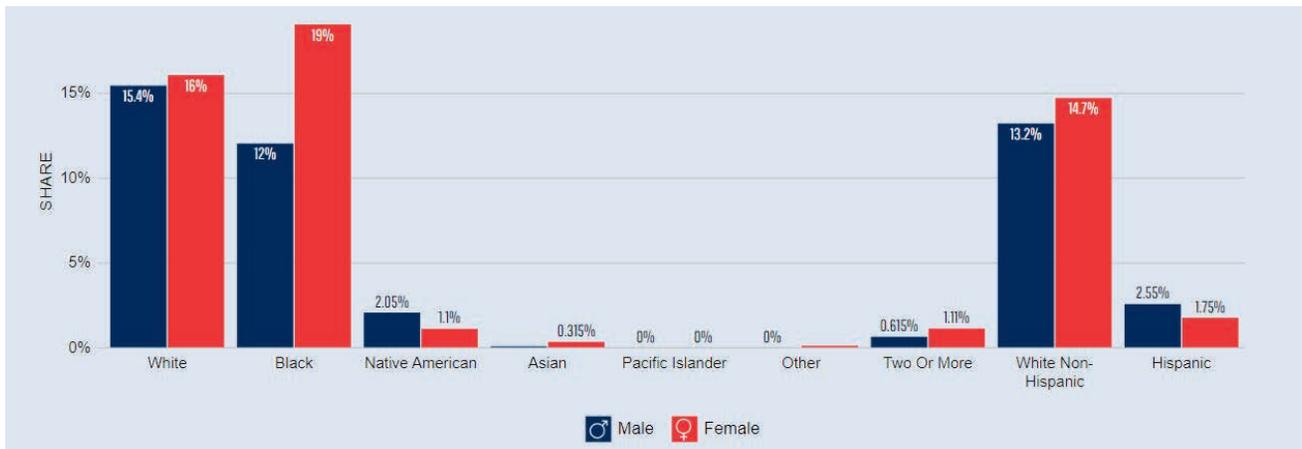
Appendix A

Social & Economic Factors

In Richmond County, 22.4% of the population for whom poverty status is determined in Richmond County, approximately 9.7k, live below the poverty line, which is higher than the national average of 12.8%. According to the U.S. Census (2021), the most significant demographic living in poverty is Black Females (19%) and White Females (16%).

Figure 42

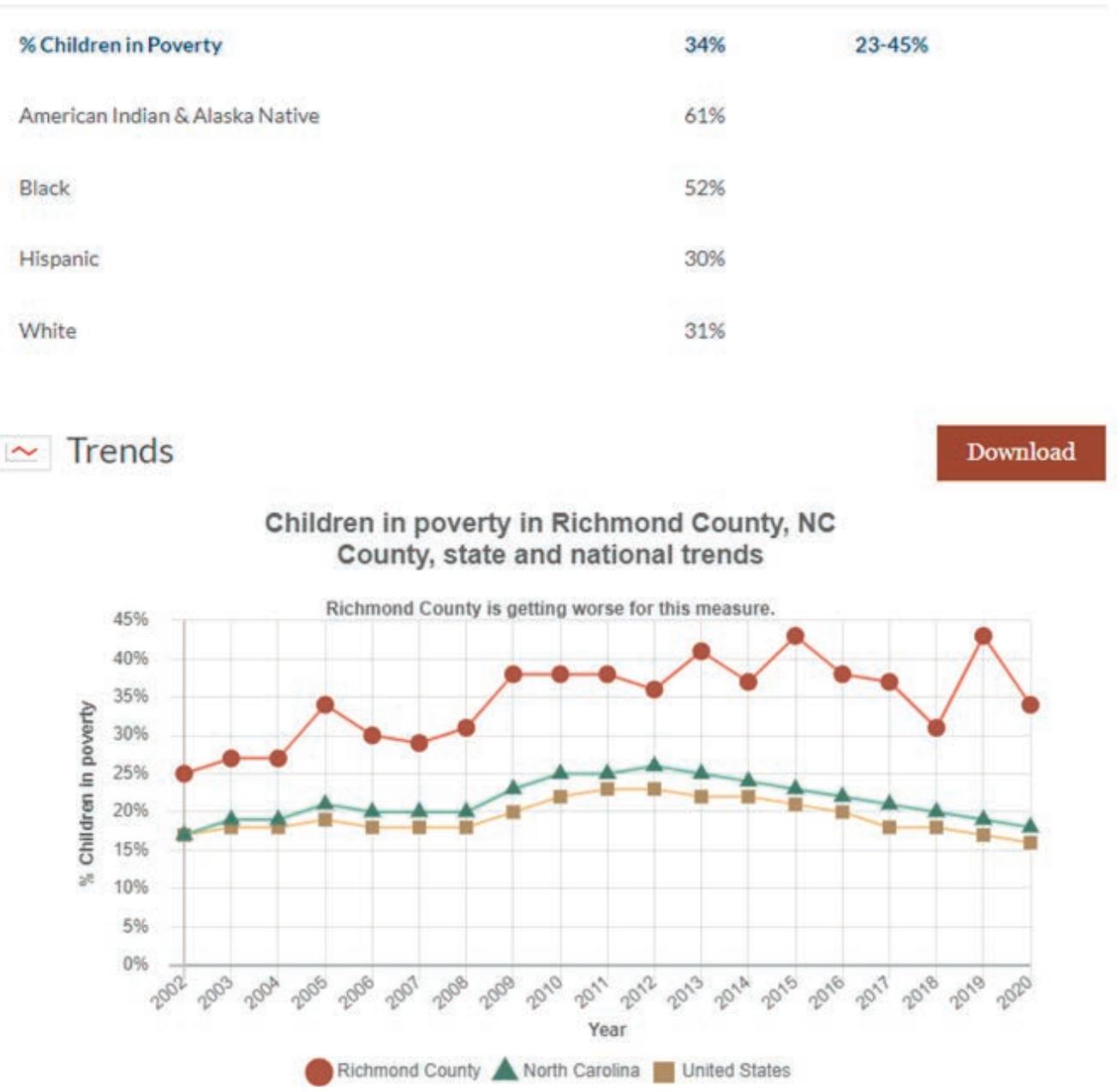
Poverty Levels by Race and Gender



Note: U.S. Census 2021

Figure 43

Poverty Levels of Children by Race & Ethnicity



Note: Community Health Rankings and Roadmaps

Figure 44

Disconnected Youth by Year and Gender

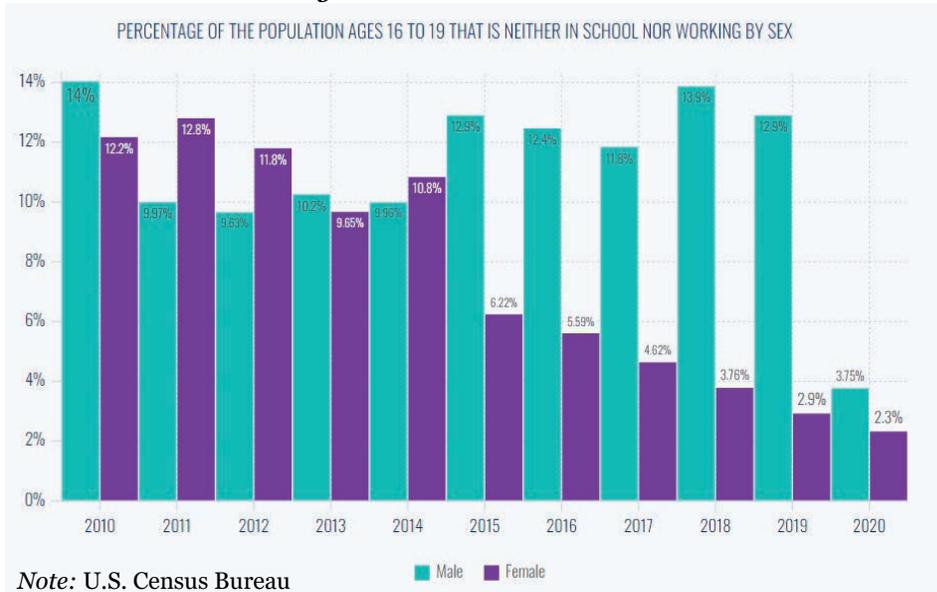
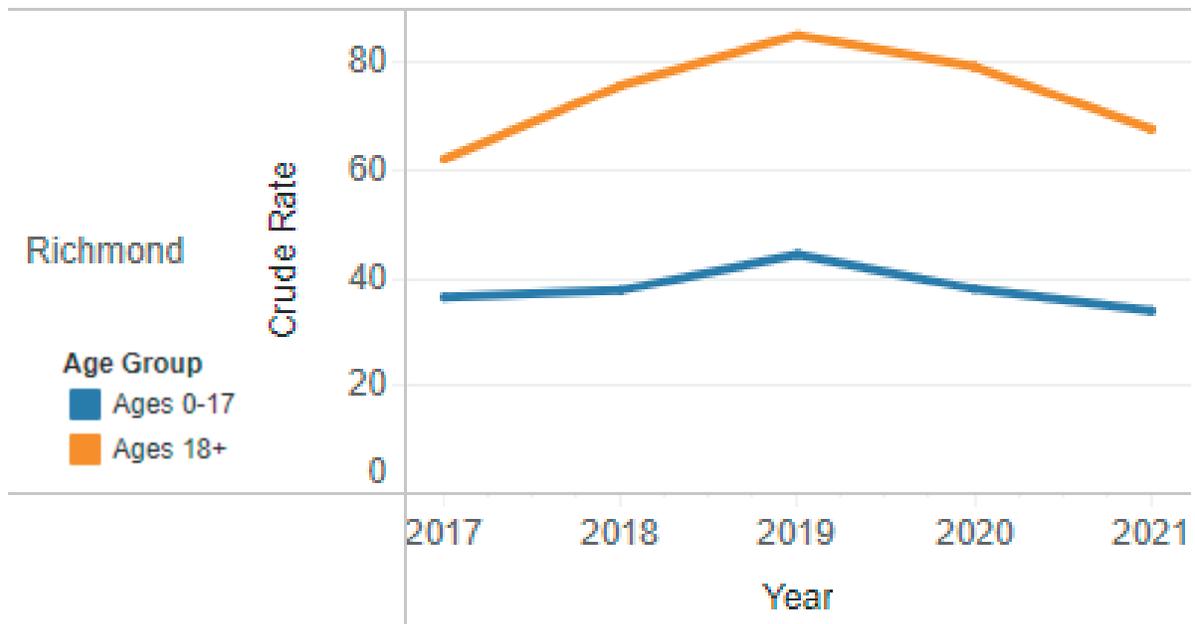


Figure 44

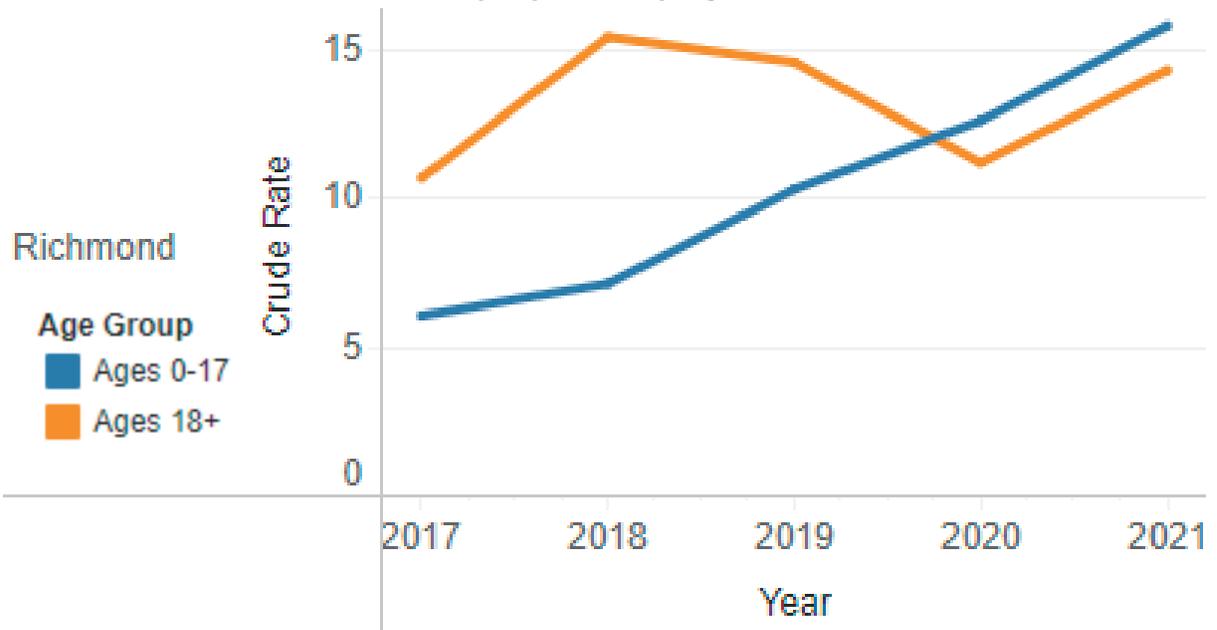
Child & Adult ED Visit Rates: Suicidal Ideation



Note: NC DETECT: Mental Health Dashboard

Figure 45

Child & Adult ED Visit Rates: Self-Inflicted Injury



Note: NC DETECT: Mental Health Dashboard

Appendix B

Physical Environment Factors

Table 6

NC211 Requests Jan1, 2020 to Jan1, 2021

Top service requests		Jan 1, 2020	To	Jan 1, 2021	➔
TOP REQUEST CATEGORIES Display as: <input type="radio"/> PERCENT <input checked="" type="radio"/> COUNT					
Housing & Shelter		30.5%			
Food		8.4%			
Utilities		26.9%			
Healthcare & COVID-19		8.3%			
Mental Health & Addictions		<1%			
Employment & Income		3.1%			
Clothing & Household		<1%			
Child Care & Parenting		<1%			
Government & Legal		3.3%			
Transportation Assistance		1.2%			
Education		0%			
Disaster		3.2%			
Other		13.8%			
Total for top requests		100%			

TOP REQUEST CATEGORIES		Display as:	<input type="radio"/> PERCENT	<input checked="" type="radio"/> COUNT
Shelters			13.0%	
Low-cost housing			10.4%	
Home repair/ maintenance			4.7%	
Rent assistance			66.6%	
Mortgage assistance			2.1%	
Landlord/ tenant issues			3.3%	
Contacts			0%	
Other housing & shelter			0%	

0 = No requests made
Not Available = Data not collected
Some requests are only computed at the category level

Note: NC211 Counts

Table 7

NC211 Requests Jan1, 2021 to Jan1, 2022

Top service requests		Jan 1, 2021	To	Jan 1, 2022	➔
TOP REQUEST CATEGORIES Display as: <input type="radio"/> PERCENT <input checked="" type="radio"/> COUNT					
Housing & Shelter		40.7%			
Food		2.8%			
Utilities		31.0%			
Healthcare & COVID-19		2.0%			
Mental Health & Addictions		<1%			
Employment & Income		3.3%			
Clothing & Household		<1%			
Child Care & Parenting		<1%			
Government & Legal		3.2%			
Transportation Assistance		<1%			
Education		<1%			
Disaster		<1%			
Other		13.6%			
Total for top requests		100%			

TOP REQUEST CATEGORIES		Display as:	<input type="radio"/> PERCENT	<input checked="" type="radio"/> COUNT
Shelters			13.3%	
Low-cost housing			18.2%	
Home repair/ maintenance			1.8%	
Rent assistance			61.4%	
Mortgage assistance			1.8%	
Landlord/ tenant issues			3.3%	
Contacts			<1%	
Other housing & shelter			0%	

0 = No requests made
Not Available = Data not collected
Some requests are only computed at the category level

Note: NC211 Counts

Table 8

NC211 Requests Jan1, 2022 to Jan1, 2023

Top service requests		Jan 1, 2022	To	Jan 1, 2023	➔
TOP REQUEST CATEGORIES Display as: <input type="radio"/> PERCENT <input checked="" type="radio"/> COUNT					
Housing & Shelter		42.4%			
Food		2.5%			
Utilities		40.7%			
Healthcare & COVID-19		1.8%			
Mental Health & Addictions		<1%			
Employment & Income		2.6%			
Clothing & Household		1.9%			
Child Care & Parenting		<1%			
Government & Legal		2.1%			
Transportation Assistance		<1%			
Education		<1%			
Disaster		<1%			
Other		3.9%			
Total for top requests		100%			

TOP REQUEST CATEGORIES		Display as:	<input type="radio"/> PERCENT	<input checked="" type="radio"/> COUNT
Shelters			22.3%	
Low-cost housing			18.9%	
Home repair/ maintenance			5.8%	
Rent assistance			51.3%	
Mortgage assistance			1.4%	
Landlord/ tenant issues			<1%	
Contacts			0%	
Other housing & shelter			0%	

0 = No requests made
Not Available = Data not collected
Some requests are only computed at the category level

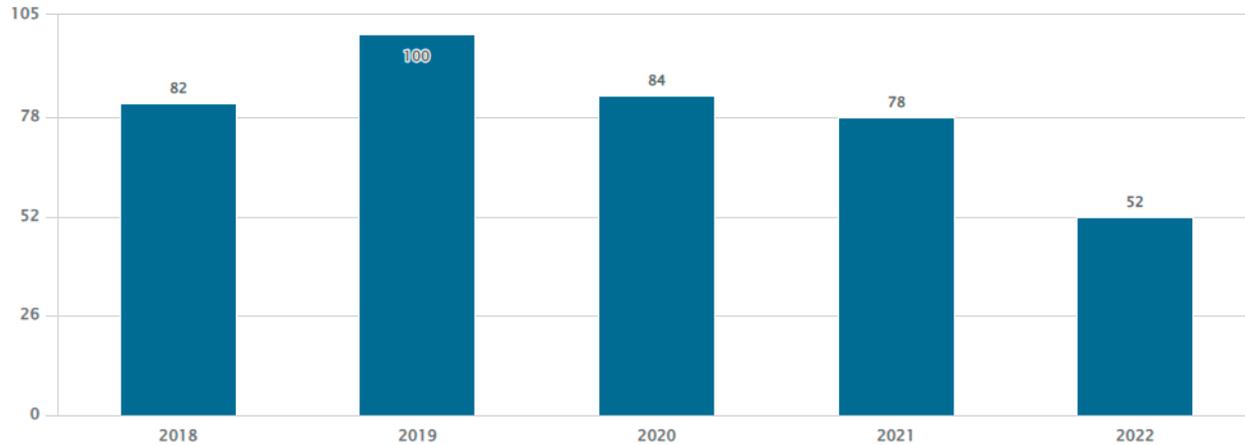
Note: NC211 Counts

Appendix C

Health Behavior Factors

Figure 46

Infants Born Positive



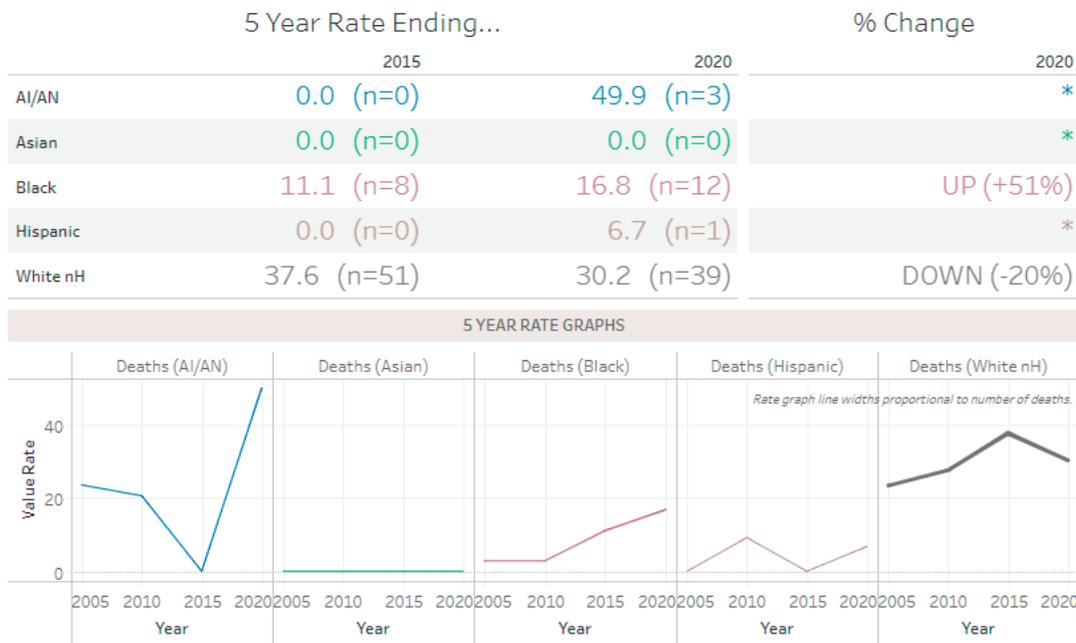
Note: Richmond County Division of Social Services

The Substance Affected Infant Data is collected on a case-by-case basis. Each case includes testing the mother and the child for legal and illegal drugs. Any drug that shows up in the mother or the child is reported to Richmond County Child Protective Services (CPS) and recorded. All data ranges from August to July of each year and refers to all infants born positive with one or more drugs.

North Carolina law does not criminalize pregnant women identified as misusing substances. Therefore, those women are not reported to the local Department of Social Services (DSS) for child abuse and neglect. However, if an infant has tested positive for drugs and/or alcohol, then a referral to Child Protective Services (CPS) is made to conduct an assessment of the situation. New mothers who CPS determines to buy alcohol or drugs without providing basic necessities or their substance misuse impairs their ability to care for the child and do not have an alternative child care arrangement will have interventions on behalf of the child or children. This is when the child or children will be placed into the foster care system due to the parental misuse of substances. Research has shown that children whose parents have substance use disorder have a greater risk of being affected by trauma due to parental neglect, prenatal substance exposure, chaotic environments, and/or removal by child welfare professionals. Parents may begin working on a case plan for reunification, which could include positive parenting classes, peer support programs, in-patient or outpatient rehabilitation including medicine-assisted treatment, counseling, regular drug screens, and connecting parents with other community resources. The goal will be to reduce any other adverse childhood experiences for these children.

Table 9

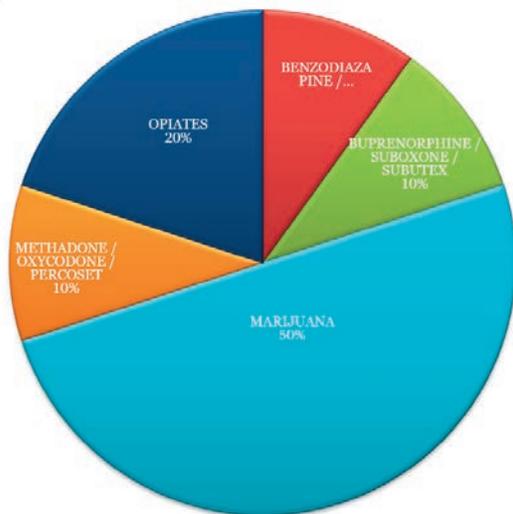
Overdose Deaths Ethnicity and Race



Note: NCDHHS, 2023

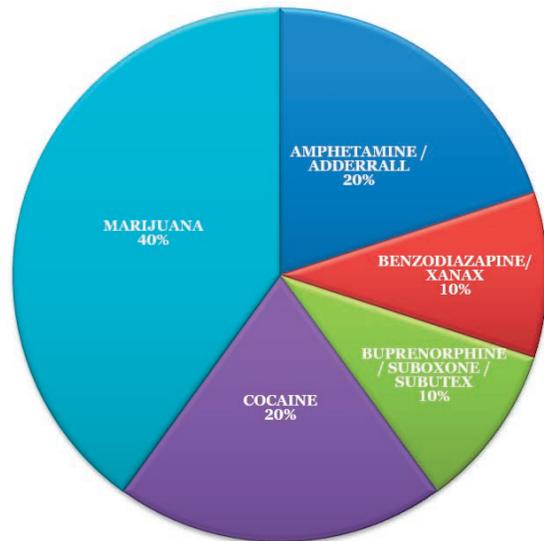
*% change uncalculable for counts of zero.

Figure 47
Substance Identified at Birth for Mom



Note: Richmond County Department of Social Services

Figure 48
Substance Identified at Birth for Baby



Note: Richmond County Department of Social Services

Table 10

PRIDE Survey Time of Substance Use

DRUG	BEFORE SCHOOL	DURING SCHOOL	AFTER SCHOOL	WEEK NIGHT	WEEK END
Tobacco	1.9	0.5	1.4	1.4	1.9
E-Cigarettes	3.3	4.3	8.1	4.7	6.6
Alcohol	0.5	0.9	2.4	1.9	10.9
Marijuana	0.9	0.9	2.4	1.9	7.6
Prescription Drugs	1.4	0.9	1.4	1.4	1.9
Opiod Pain Killers	0.5	0.9	0.9	0.9	1.4

Note: Richmond County Division of Social Services

Table 11

PRIDE Survey Location of Substance Use

DRUG	AT HOME	AT SCHOOL	IN A CAR	FRIENDS' HOUSE	OTHER
Tobacco	1.9	1.4	1.4	0.5	0.5
E-Cigarettes	6.2	5.2	3.8	6.2	3.3
Alcohol	7.6	1.4	0.5	5.7	2.8
Marijuana	3.8	2.4	2.4	5.7	2.4
Prescription Drugs	0.5	0.9	0.5	0.0	0.9
Opiod Pain Killers	0.0	1.4	0.5	0.0	0.9

Note: Richmond County Division of Social Services

Table 12

PRIDE Survey Age of First Use by Substance

6 Age of First Use

The question *At what age did you first use...* is used to measure this statistic. The possible responses to this question range from *10 or Under* to *17 or Older* and *Never Used*. The table shows the average age of first use for those students who answered the question with a response other than *Never Used*.

Table 25: When did you first use **tobacco**?

Grade Level	N of Valid	N of Miss	Avg Age
11th	17	194	13.5
9-12	17	194	13.5
Total	17	194	13.5

Table 26: When did you first use **e-cigarettes**?

Grade Level	N of Valid	N of Miss	Avg Age
11th	23	188	14.1
9-12	23	188	14.1
Total	23	188	14.1

Table 27: When did you first use **alcohol**?

Grade Level	N of Valid	N of Miss	Avg Age
11th	44	167	14.3
9-12	44	167	14.3
Total	44	167	14.3

Table 28: When did you first use **marijuana**?

Grade Level	N of Valid	N of Miss	Avg Age
11th	26	185	14.4
9-12	26	185	14.4
Total	26	185	14.4

Table 29: When did you first use **prescription drugs**?

Grade Level	N of Valid	N of Miss	Avg Age
11th	3	208	13.0
9-12	3	208	13.0
Total	3	208	13.0

Table 30: When did you first use **opioid pain killers**?

Grade Level	N of Valid	N of Miss	Avg Age
11th	3	208	13.3
9-12	3	208	13.3
Total	3	208	13.3

Note: Richmond County Department of Social Services

Table 13

PRIDE Survey Perception of Availability by Substance

7 Students' Perception of Availability

Past analysis of national statistics indicates that as students get older a larger percentage of them tend to perceive tobacco, e-cigarettes, alcohol, marijuana, prescription drugs without a prescription and prescription opioid pain killers as *Fairly Easy* or *Very Easy* to get. Your students' responses are detailed in the following tables.

Table 31: Students' Perception of Availability of **Tobacco**

Grade Level	N of Valid	N of Miss	Fairly Easy or Very Easy to Get
11th	194	17	13.9
9-12	194	17	13.9
Total	194	17	13.9

Table 32: Students' Perception of Availability of **Alcohol**

Grade Level	N of Valid	N of Miss	Fairly Easy or Very Easy to Get
11th	192	19	15.1
9-12	192	19	15.1
Total	192	19	15.1

Table 33: Students' Perception of Availability of **Marijuana**

Grade Level	N of Valid	N of Miss	Fairly Easy or Very Easy to Get
11th	193	18	18.1
9-12	193	18	18.1
Total	193	18	18.1

Table 34: Students' Perception of Availability of **Prescription Drugs**

Grade Level	N of Valid	N of Miss	Fairly Easy or Very Easy to Get
11th	193	18	7.3
9-12	193	18	7.3
Total	193	18	7.3

Table 35: Students' Perception of Availability of **E-Cigarettes**

Grade Level	N of Valid	N of Miss	Fairly Easy or Very Easy to Get
11th	194	17	18.0
9-12	194	17	18.0
Total	194	17	18.0

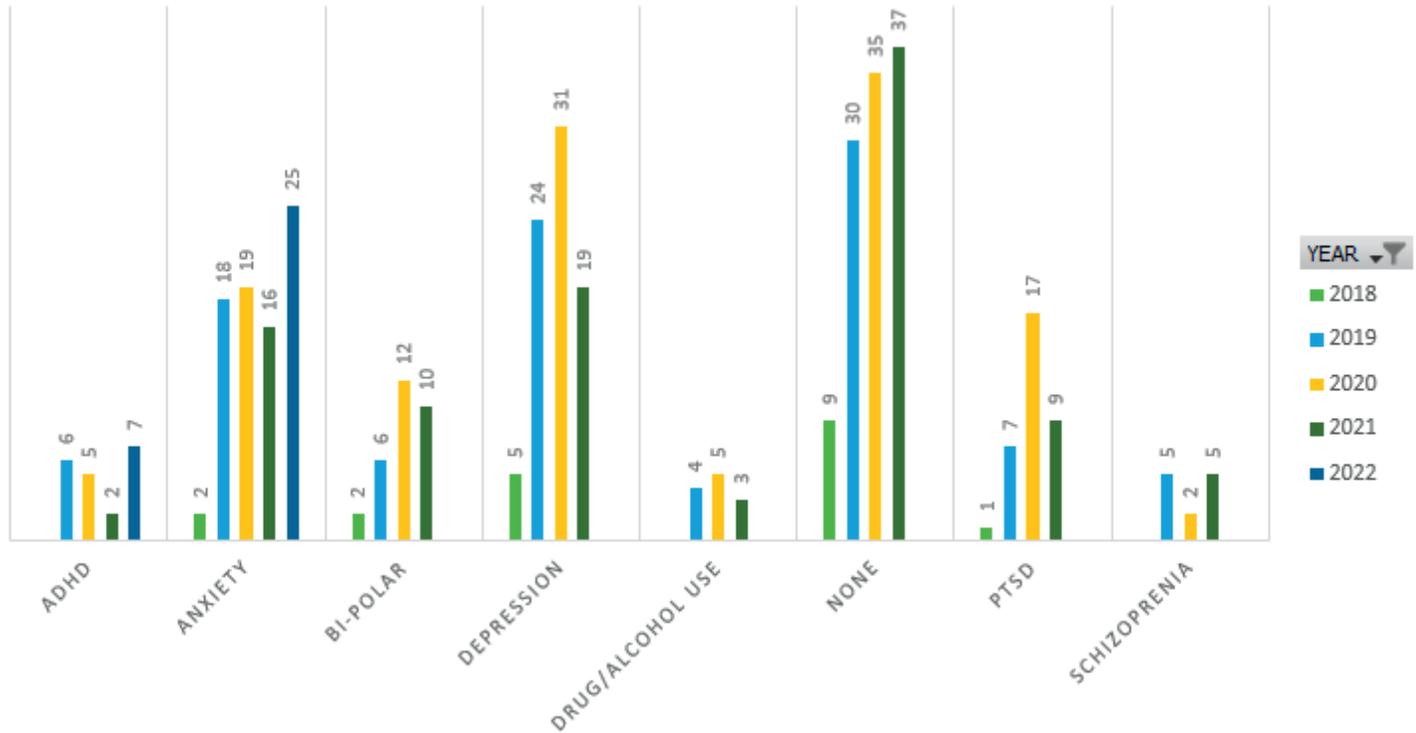
Table 36: Students' Perception of Availability of **Opioid Pain Killers**

Grade Level	N of Valid	N of Miss	Fairly Easy or Very Easy to Get
11th	194	17	6.7
9-12	194	17	6.7
Total	194	17	6.7

Note: Richmond County Department of Social Services

Figure 49

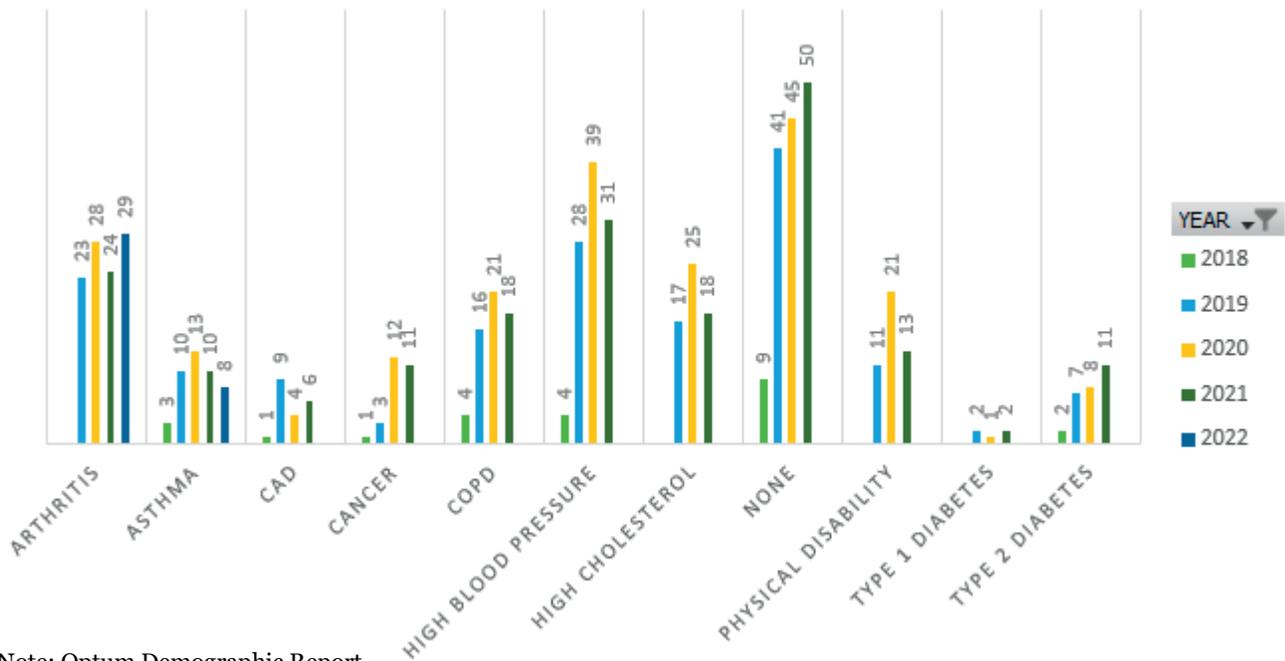
NC Quitline Self-Reported Mental Health Issues by Year



Note: Optum Demographic Report

Figure 50

NC Quitline Self-Reported Medical Conditions by Year



Note: Optum Demographic Report

Appendix D

Distribution

Hardcopy versions of the 2022 Community Health Assessment for viewing are found in these locations:

- Any Richmond County Library
- Richmond Community College Campus Library and Nursing Building
- All Richmond County Middle and High Schools Library
- All Richmond County City Halls
- Richmond County Aging Services
- NC Cooperative Extension-Richmond County Center
- Richmond County Chamber of Commerce
- Richmond County Economic Development
- Richmond County March of Dimes
- United Way of Richmond County
- FirstHealth Moore Regional Hospital-Richmond Outreach Department

An electronic copy of this report is available for download at the website below:

- <https://www.richmondnc.com/555/Community-Facts-Figures>

A hard copy of this document is available upon request:

Richmond Health and Human Services

127 Caroline Street, Rockingham, NC 28379

Contact Public Health Education Department at 910-997-8292