

2011 STATE OF THE COUNTY HEALTH REPORT



AN OVERVIEW OF SELECTED HEALTH INDICATORS FOR RICHMOND COUNTY

Richmond County 2011 State of the County Health Report

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Carolinians Partnership

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Overview

In North Carolina, the state requires each local health department to conduct a Community Health Assessment (CHA) every four years for accreditation and as part of its consolidated contract with the state. CHA is also required for Healthy Carolinians community certification and re-certification. On the years between health assessments, the health departments are expected to submit a State of the County Health Report (SOTCH Report). This report is intended as a quick overview of community health indicator data rather than a comprehensive review of the priority issues identified during the community health assessment.

The next full Community Health Assessment for Richmond County will be conducted in 2013. The assessment is led by Richmond County Health Department and Richmond County Healthy Carolinians Partnership. For additional information on the SOTCH Report, Community Health Assessment, or Richmond County Healthy Carolinians, please call the Richmond County Health Department at 910.997.8300.

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Richmond County Selected Health Indicators

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Richmond County Demographics

POPULATION TRENDS

The 2010 total population for Richmond County was 46,893. This was an increase of approximately 0.2% since the 2000 Census. However, the population is expected to decrease to 46,574 by 2015. The 2010 Richmond County population had a median age of 38 years.

EDUCATION

Richmond County Public Schools serve approximately 7,700 students at 17 fully accredited schools in the areas of Ellerbe, Hamlet, Hoffman, Norman, and Rockingham. The district includes 7 elementary schools, 4 middle schools, 5 secondary schools, and a school for students with special needs.

There are 7 private educational systems in Richmond County with approximately 630 students.

In 2010, Richmond Community College served 7,916 students: 2,533 in curriculum programs and 5,606 in Workforce and Economic Development programs. The college offers 23 associate and associate in applied science degree programs, 9 diploma programs, and 16 certificate programs. The Continuing Education Department offers a variety of programs ranging from GED to Basic Law Enforcement Training.

2009 US Census Data

- Population 45, 970
- 50 percent female, 50 percent male
- 60.8% White, Non-Hispanic
- 30.6 % African American
- 4.8% Hispanic/Latino
- Median Household Income \$30,743
- 19.2 percent of population uninsured (2007, PRC)
- 23.7 % of population (10,895 individuals) live at or below 100 percent of federal poverty level
- 53 percent of population (24,364 individuals) live at or below 200 percent federal poverty level

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Richmond County Leading Morbidity and Mortality

2009 Top Ten Leading Causes of Death

Race: all

Gender: both

Hispanic Origin: all

Age: 0 – 99

Note: Age 99 indicates age 99 years or older

Rank	Cause	Number	%
1	Diseases of heart	122	23.4
2	Cancer	111	21.3
3	Cerebrovascular diseases	37	7.1
4	Chronic lower respiratory diseases	29	5.6
5	Diabetes mellitus	28	5.4
6	All other unintentional injuries	18	3.5
	Nephritis, nephrotic syndrome and nephrosis	18	3.5
8	Essential (primary) hypertension and hypertensive renal disease	14	2.7
9	Septicemia	11	2.1
10	Motor vehicle injuries	9	1.7
	All other causes (Residual)	124	23.7
	Total Deaths -- All Causes	521	100.0

Source: State Center for Health Statistics, North Carolina

- Cancer, Heart Disease, and Stroke are the three leading causes of death in Richmond County accounting for more than 50% of deaths reported in 2009.

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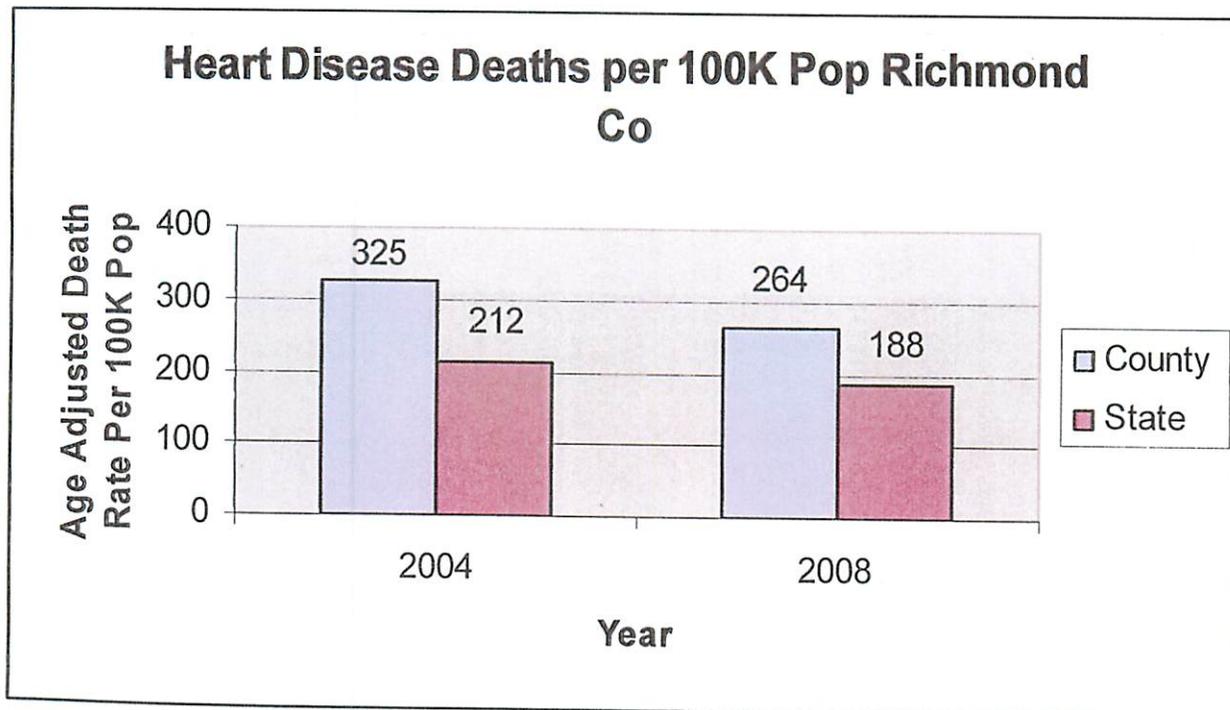
Richmond County Leading Morbidity and Mortality

Heart Disease

Heart disease is the leading cause of death in the Richmond County and is a major cause of disability. The most common heart disease in the United States is coronary heart disease, which often appears as a heart attack. In 2010, an estimated 785,000 Americans had a new coronary attack, and about 470,000 had a recurrent attack. About every 25 seconds, an American will have a coronary event, and about one every minute will die from one.

The chance of developing coronary heart disease can be reduced by taking steps to prevent and control factors that put people at greater risk. Knowing the signs and symptoms of a heart attack are crucial to the most positive outcomes after having a heart attack. Other conditions that affect the heart or increase your risk of death or disability include arrhythmia, heart failure, and peripheral artery disease. High cholesterol, high blood pressure, obesity, diabetes, tobacco use, unhealthy diet, physical inactivity, and secondhand smoke are also risk factors associated with the heart.

www.cdc.gov/HeartDisease



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Richmond County Leading Morbidity and Mortality

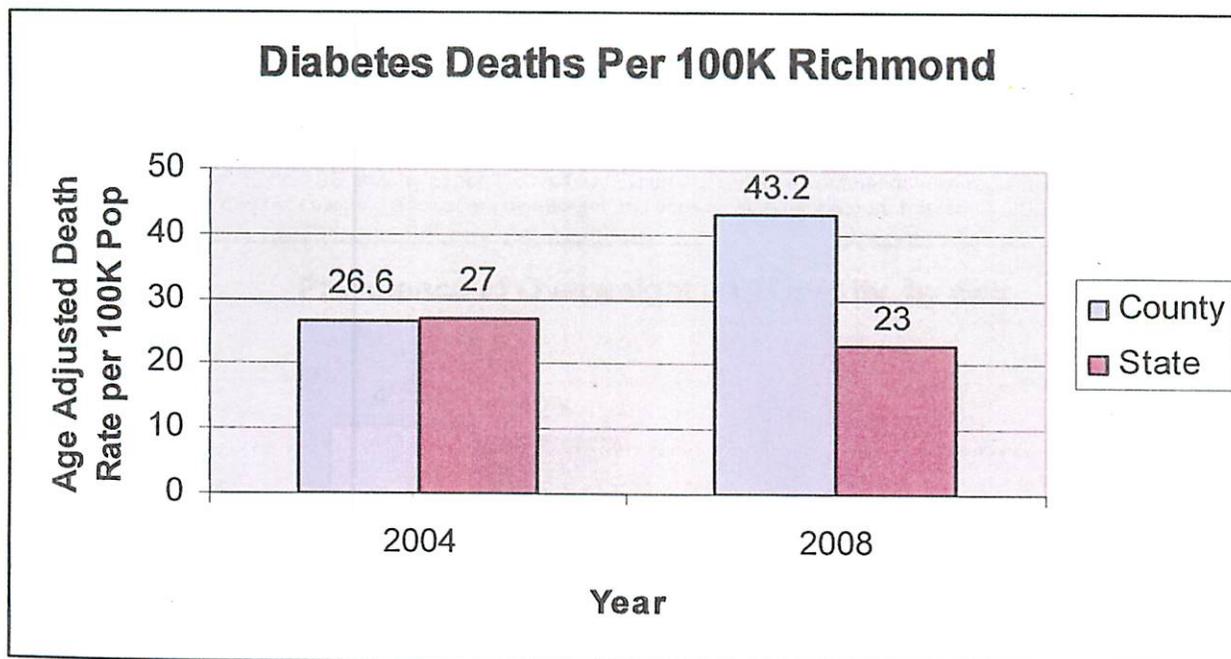
Diabetes

Diabetes is a disease in which blood glucose levels are above normal. Most of the food we eat is turned into glucose, or sugar, for our bodies to use for energy. The pancreas, an organ that lies near the stomach, makes a hormone called insulin to help glucose get into the cells of our bodies. When you have diabetes, your body either doesn't make enough insulin or can't use its own insulin as well as it should. This causes sugar to build up in your blood.

Diabetes can cause serious health complications including heart disease, blindness, kidney failure, and lower-extremity amputations. Diabetes is the seventh leading cause of death in the United States.

Some of the symptoms of diabetes are: frequent urination, excessive thirst, unexplained weight loss, extreme hunger, sudden vision changes, tingling or numbness in hands or feet, feeling very tired much of the time, very dry skin, and sores that are slow to heal. People who think they might have diabetes must visit a physician for diagnosis.

www.cdc.gov/diabetes/.



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Richmond County Childhood Obesity

Childhood Obesity

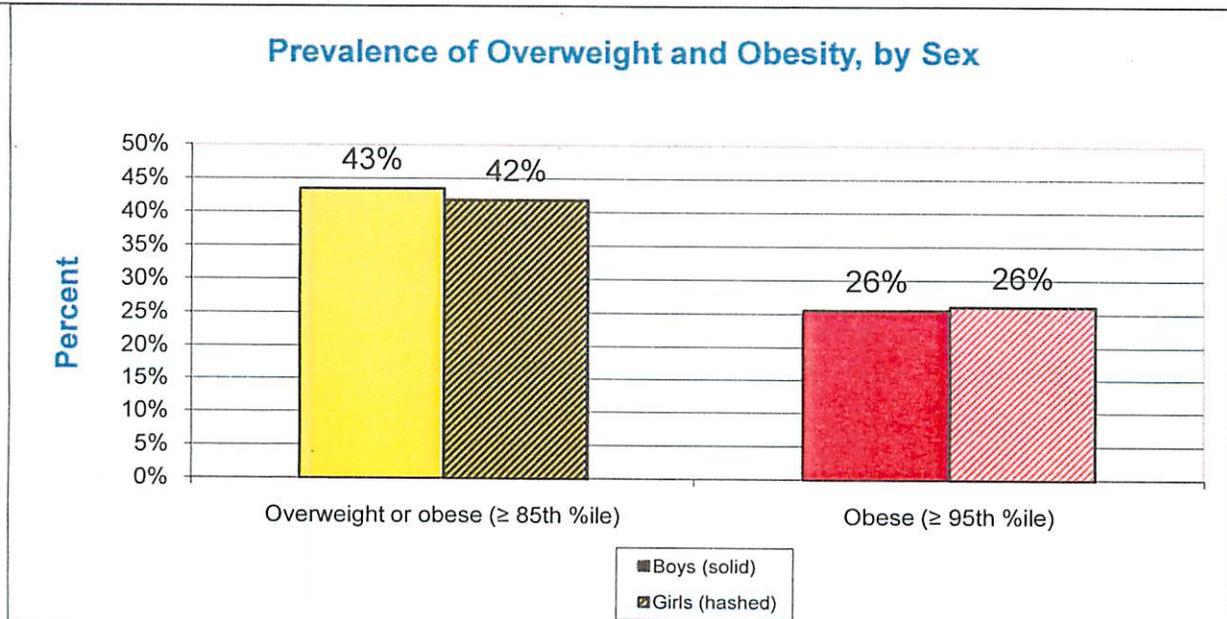
Since 2004, the Richmond County Health Department, in conjunction with 7 elementary schools in Richmond County, has conducted a study on the height, weight, and body mass index (BMI) of its students. This study serves as a means to assess the growth and overall health of children ages 5-8 attending public elementary schools. Children, in grades kindergarten-3rd, were weighed, had their height measured, and BMI calculated in the fall and again in the spring.

The data collected from each school indicated that collectively there are fewer BMI's for overweight/obese children than there are normal weight children. This indicates that the public health intervention methods implemented by Richmond County Health Department and the participating schools have worked to produce positive results.

Data from the fall and the spring of 2010/2011 were formatted into a graph to illustrate the trend in BMI categories for the students involved in this study. The data is illustrated below:

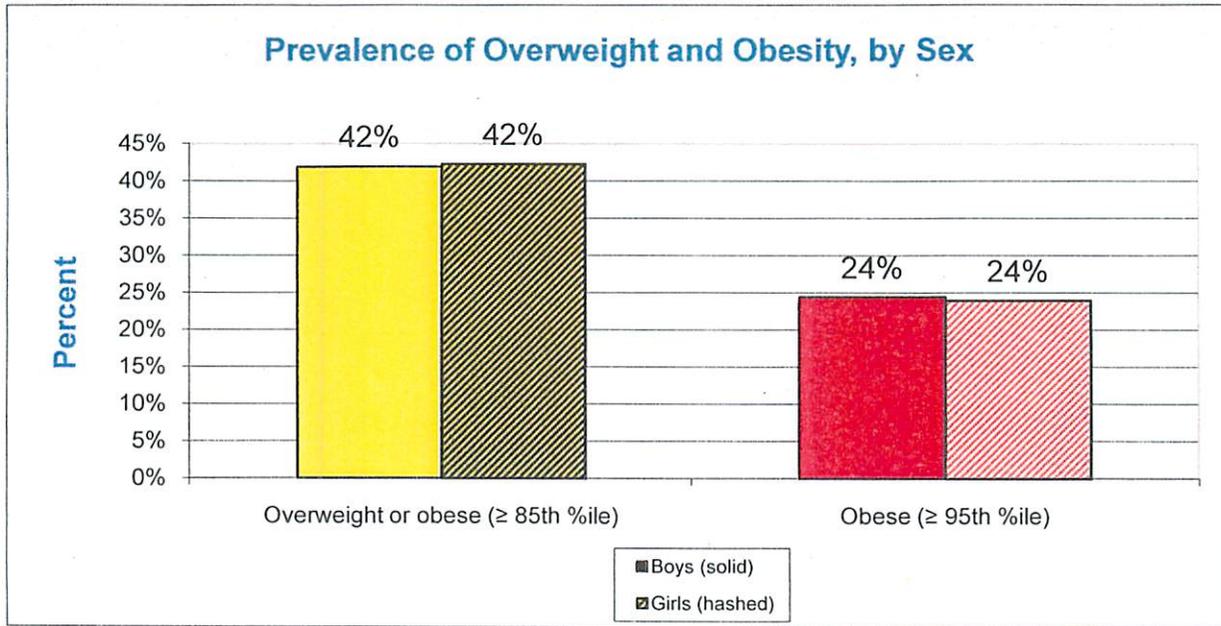
Summary of Children's BMI-for-Age Richmond County Schools Fall 2010			
	Boys	Girls	Total
Number of children assessed:	875	868	1743
Underweight (< 5th %ile)	1%	1%	1%
Normal BMI (5th - 85th %ile)	57%	57%	57%
Overweight or obese (\geq 85th %ile)*	42%	42%	42%
Obese (\geq 95th %ile)	24%	24%	24%

*Terminology based on: Barlow SE and the Expert Committee. Expert committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: summary report. Pediatrics. 2007;120 (suppl 4):s164-92.



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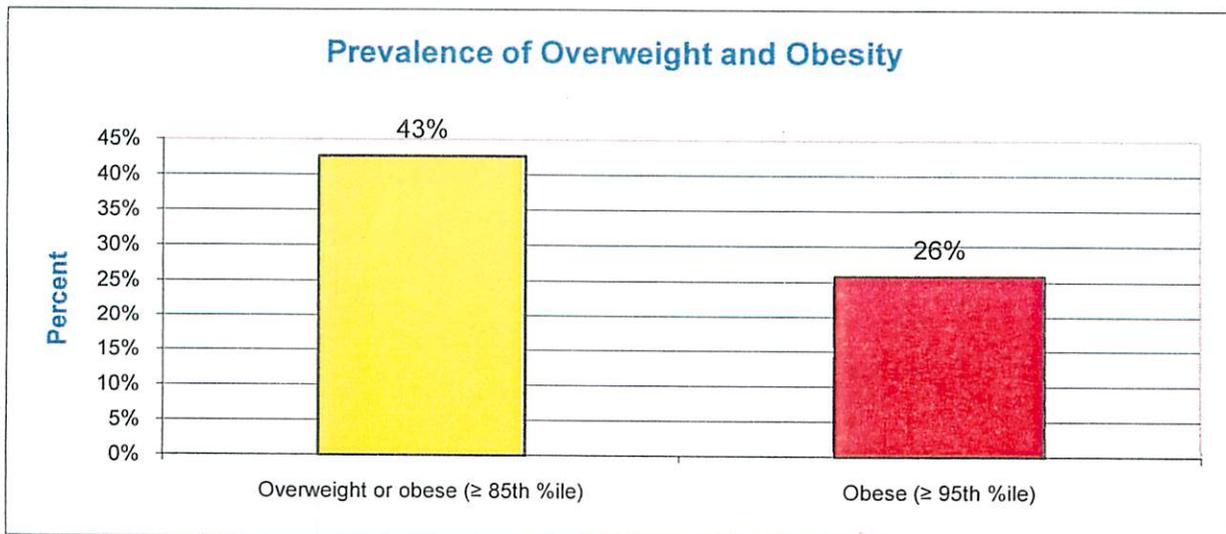
Richmond County Childhood Obesity



Summary of Children's BMI-for-Age Richmond Count Schools Spring 2011

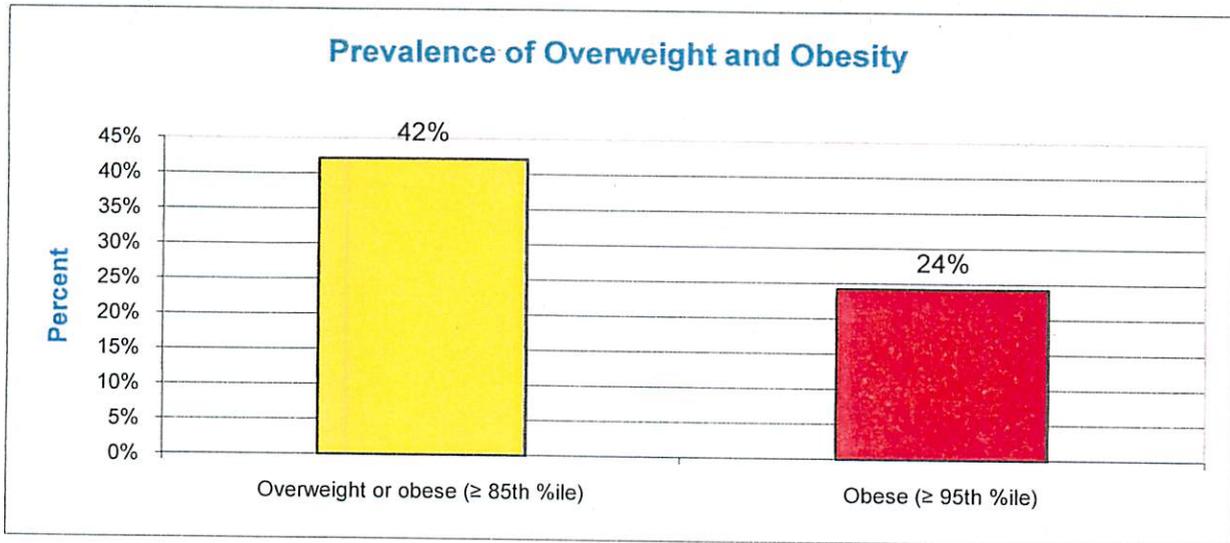
	Boys	Girls	Total
Number of children assessed:	876	866	1742
Underweight (< 5th %ile)	2%	2%	2%
Normal BMI (5th - 85th %ile)	55%	56%	56%
Overweight or obese (≥ 85th %ile)*	43%	42%	43%
Obese (≥ 95th %ile)	26%	26%	26%

*Terminology based on: Barlow SE and the Expert Committee. Expert committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: summary report. Pediatrics. 2007;120 (suppl 4):s164-92.



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Richmond County Childhood Obesity

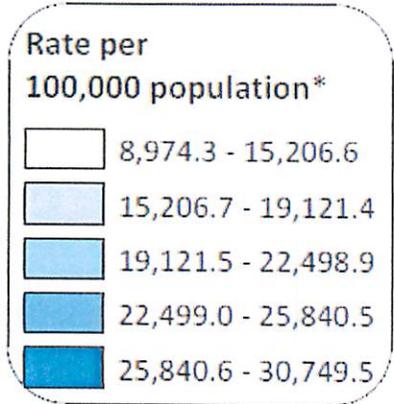
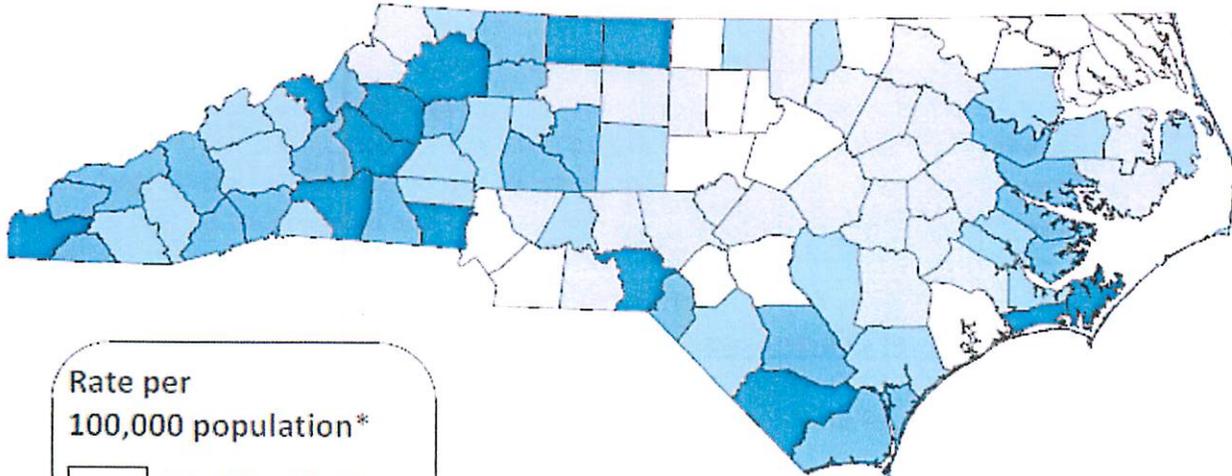


The *Take 10!*, *Food for Thought* and *Energizers* programs, that promote healthier eating choices and increased physical activity, were taught in grades K-3 in the public schools during the 2010-2011 school year. Also, nutrition education was taught using My Pyramid program. Quarterly newsletters were sent to parents of children in grades K-3 highlighting important nutrition information and physical fitness. Most schools showed a positive report from these programs.

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Richmond County Prescriptions for Controlled Substances

Rates of Out-Patient Dispensed Prescriptions for Controlled Substances by County: North Carolina 2009



*Note: Data are based on the number of dispensed prescriptions and may include multiple prescriptions per person.

Source: North Carolina Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, Controlled Substances Reporting System

Analysis: North Carolina Division of Public Health, Injury Epidemiology and Surveillance Unit

Overdose deaths from prescription painkillers have skyrocketed in the past decade. Every year nearly 15,000 people die from overdoses involving these drugs. Overdoses involving prescription painkillers, - a class of drugs that includes fentanyl, hydrocodone, methadone, oxycodone, and oxymorphone – are a public health epidemic. These drugs are widely misused and abused. One in 20 people in the United States, ages 12 and older, used prescription painkillers nonmedically (without a prescription or just for the “high” they cause) in 2010.

There are steps that everyone can take to help prevent overdoses involving prescription painkillers, while making sure patients have access to safe, effective treatment.

www.cdc.gov/PainkillerOverdoses

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Richmond County Teenage Pregnancy

"Baby Think It Over" ***Parenting Simulation Program*** Richmond County Schools 7th Graders

The 2010-11 "Baby Think It Over" (BTO) program in the Richmond County Schools was facilitated through the 7th grade PE classes at each of the middle schools and was designed to reach all Richmond County 7th graders. All middle school physical education teachers were provided a supplementary teaching guide that included eight days of detailed lesson plans to address specific areas that must be covered before the babies go home with the students. This pre-teaching is vital to the success of the program. Teachers signed up for the weekends for the BTO simulation at their school and the days on which the BTO instructor would come to the classroom for instructions covering the operation and care of the baby simulators. Prior to the BTO assigned weeks, an additional package of materials was delivered to each school. The materials included permission forms, alternate project packets, and final survey sheets. Teachers were given a timeline in which to complete the forms. At the first part of the week for the simulation weekend, permission forms were picked up. These forms provided the necessary information for the programming of each baby for participating students. On the day of instruction for the weekend, the babies, the carriers, and all other necessary supplies were delivered to the school. Students were trained using the babies and an instructional DVD. BTO identification and care wristbands were attached to participating students during the class. At the end of the day, students with attached wristbands were dismissed from class to come to a central location to pick up their babies. Babies were returned on Monday morning to the pick up location. Bags were checked for the return of all supplies. Babies and supplies were then transported back to the Health Department where data was downloaded from each baby. A report was generated and returned to the teacher for grades. Babies were sanitized and all washable supplies were laundered to get ready for the next simulation weekend.

Scores are determined by the care and treatment that the data receiver in each baby records. The program generates a report and each student is given a copy of the results of that report.

For a student to score "0" one of four things must occur.

1. The baby automatically shuts down due to NEGLECT. That means the student did not meet the basic needs of feeding, burping, diapering, or rocking the baby.
2. The baby automatically shuts down due to ABUSE. That means that the student may have met basic needs of feeding, burping, diapering, or rocking, but the physical treatment of the baby was such that the child was endangered. Treatment such as shaken baby, head support issues, placing baby face down for extended periods, and any rough handling are recorded. Note - It takes a significant amount of this abuse for the baby to shut down.

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3. The student may have met most of the basic needs and treatment was not enough to shut the baby down, but when totals were recorded the mishandling incidents outweighed the proper care.
4. The student or other individual may have activated the "emergency shutdown" button on the baby. This button cannot be "accidentally" pressed. This action is unacceptable unless directed to do so by the instructor.

There have been incidents where the battery pack in the baby had a malfunction. This does NOT cause the baby to record abuse or neglect. If the battery is the issue, then "Battery Shutdown" is recorded. If that is the case, the student had no control over this and a score of "93" is given.

Indications are that not all teachers have spent adequate class time discussing the issues prior to the babies going home. It is imperative that pre-teaching occurs. Without focus and serious discussions of "teen parenting" issues, this exercise becomes play.

A number of parents at each school opted not to allow their child to participate in the simulation project. These students were given an alternate project assignment. It is not known how these assignments turned out. The teacher collects these and grades them.

Obviously the scores indicate that these students are definitely not ready to become parents, as many students verbally acknowledged on the morning of the return of the infant simulators. The most common responses on the final reflection surveys were "this was HARD" or "I don't want children". The most verbal were the males. A great impression, though not measurable at this time, was made on the boys

The "Baby Think It Over" program was introduced in the Richmond County public school system to help young people avoid unwanted pregnancies, which is a challenge that faces our community. After spending a couple of days and nights with the infant simulator, many teens come to realize that having and caring for an infant is not as romantic and exciting as they thought. They realize that they are not ready to take on the challenges and responsibilities of parenting.

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Richmond County Teenage Pregnancy

Girls Can!

Teen Pregnancy Prevention Program Richmond County Health Department

Girls Can! was developed by the Richmond County Health Department out of urgency to respond to teen pregnancy rates within our county. In 2008, teen pregnancy rates were the fourth highest in the state. Girls Can focuses on empowering and educating young girls regarding their health and decision making. Girls Can seeks to teach valuable life skills that will enable young girls ages 11-14 to make better choices regarding health and to enhance their outlook toward their future. Girls Can! incorporates many educational tools to empower and motivate young girls to adopt healthy habits. Each Girls Can, session is confidential.

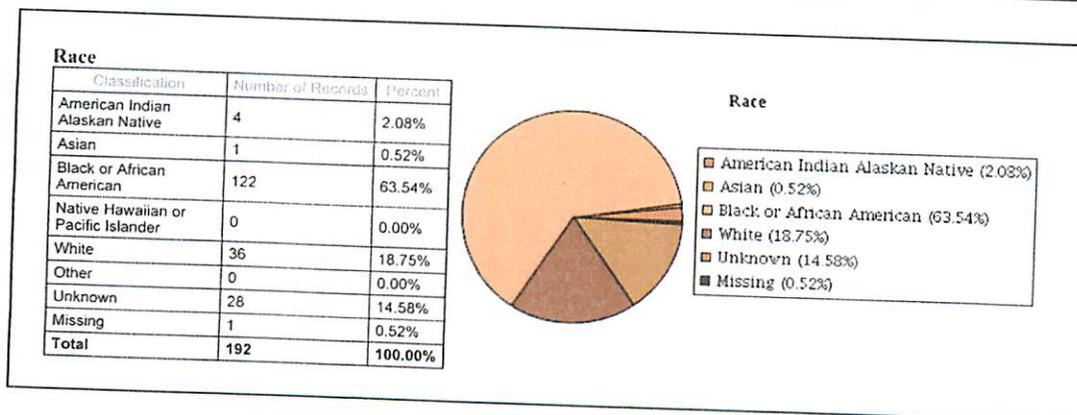
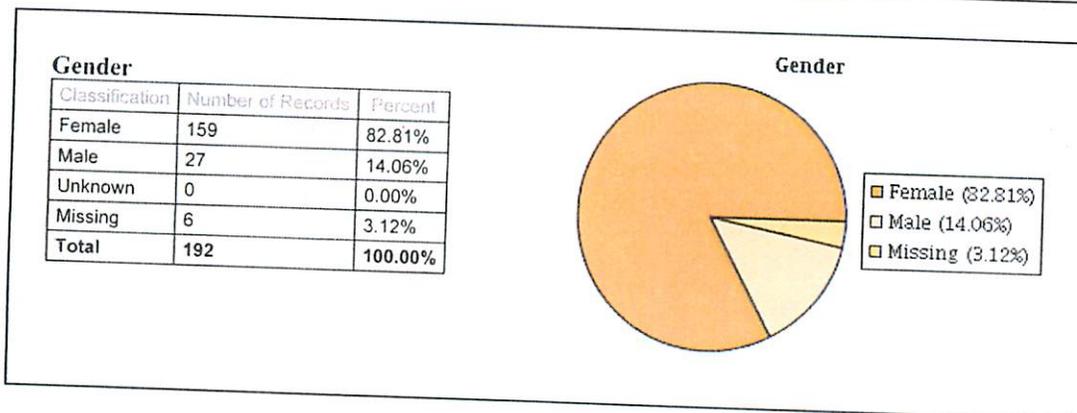
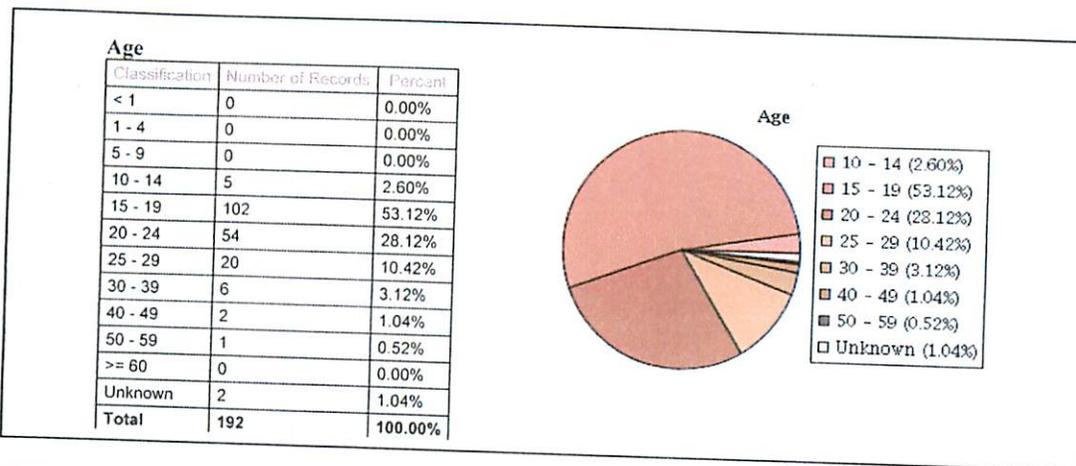
Smart Girls, is a program created by the Guilford County Department of Public Health. The program encourages participants to explore their attitudes, feelings and values about self esteem, relationships, dating and sexual behavior to promote healthy decision making. Smart Girls activities include small group discussions, video games, demonstrations, and role play. Each young girl completes 8-10 sessions of curriculum during their participation.

Since April 2011, 108 teenage girl participants have successfully completed the program. The program has been implemented in various school settings as well as the faith - based community throughout Richmond County. Radio stations, as well as local news channels, show their support through advertisements. The Girls Day Out event took place in April of 2011. Over 30 girls toured 2 different Colleges as well as one University in the Greensboro, N.C. area. Approximately, 200 teenage girl participants have enrolled in the program this session.

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Richmond County Sexually Transmitted Infections

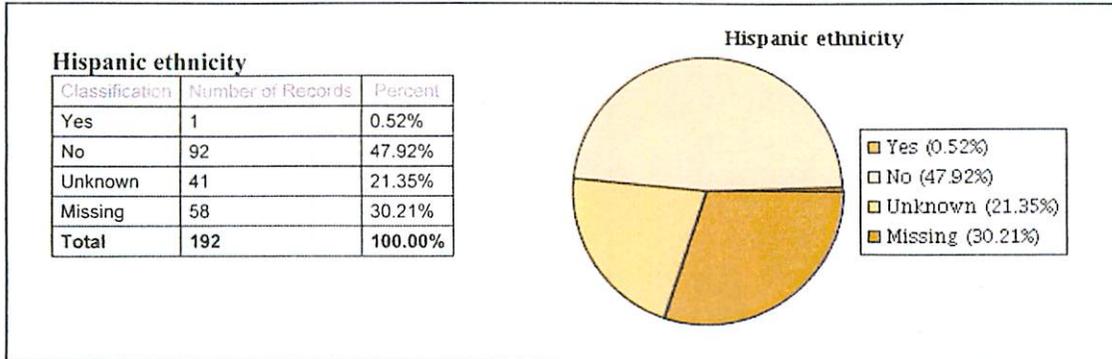
Demographic Distribution STD
 07/01/2010 – 06/30/11
 Disease: Chlamydia (200)



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Richmond County Sexually Transmitted Infections

07/01/2010 – 06/30/11
 Disease: Chlamydia (200)



Chlamydia is a common sexually transmitted disease (STD) caused by the bacterium, *Chlamydia trachomatis*, which can damage a woman's reproductive organs. Even though symptoms of Chlamydia are usually mild or absent, serious complications that cause irreversible damage, including infertility, can occur "silently" before a woman ever recognizes a problem. Chlamydia also can cause serious problems in men.

Chlamydia is the most frequently reported bacterial sexually transmitted disease in the United States. In 2009, 1,244,180 chlamydial infections were reported to CDC from 50 states and the District of Columbia. Under-reporting is substantial because most people with Chlamydia are not aware of their infections and do not seek testing. An estimated 2.8 million infections occur annually in the US.

www.cdc.std

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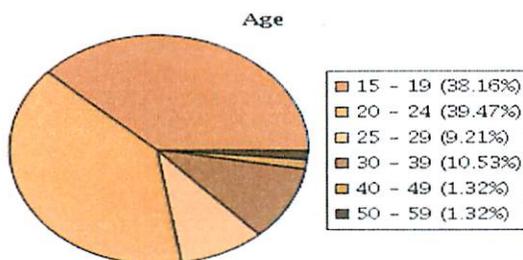
Demographic Distribution STD

07/01/2010 – 06/30/2011

Disease: Gonorrhea (300)

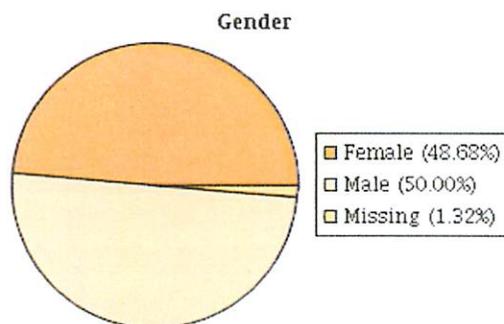
Age

Classification	Number of Records	Percent
< 1	0	0.00%
1 - 4	0	0.00%
5 - 9	0	0.00%
10 - 14	0	0.00%
15 - 19	29	38.16%
20 - 24	30	39.47%
25 - 29	7	9.21%
30 - 39	8	10.53%
40 - 49	1	1.32%
50 - 59	1	1.32%
>= 60	0	0.00%
Unknown	0	0.00%
Total	76	100.00%



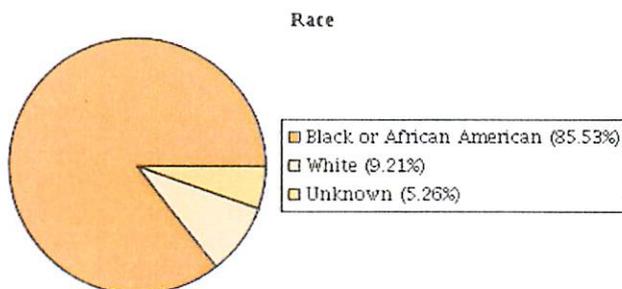
Gender

Classification	Number of Records	Percent
Female	37	48.68%
Male	38	50.00%
Unknown	0	0.00%
Missing	1	1.32%
Total	76	100.00%



Race

Classification	Number of Records	Percent
American Indian Alaskan Native	0	0.00%
Asian	0	0.00%
Black or African American	65	85.53%
Native Hawaiian or Pacific Islander	0	0.00%
White	7	9.21%
Other	0	0.00%
Unknown	4	5.26%
Total	76	100.00%



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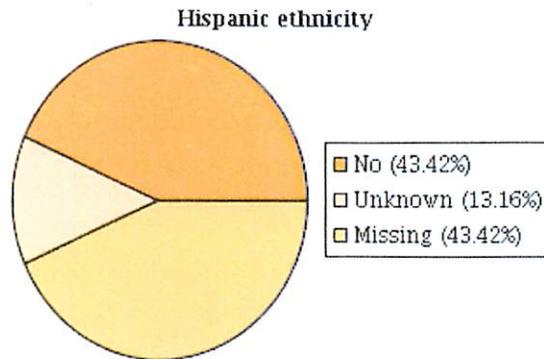
Richmond County Sexually Transmitted Infections

07/01/2010 – 06/30/2011

Disease: Gonorrhea (300)

Hispanic ethnicity

Classification	Number of Records	Percent
Yes	0	0.00%
No	33	43.42%
Unknown	10	13.16%
Missing	33	43.42%
Total	76	100.00%



Gonorrhea is a sexually transmitted disease (STD). Gonorrhea is caused by *Neisseria gonorrhoeae*, a bacterium that can grow and multiply easily in the warm, moist areas of the reproductive tract, including the cervix, uterus, and fallopian tubes in women, and in the urethra in women and men.

Gonorrhea is a very common infectious disease. CDC estimates that more than 700,00 persons in the U.S. get new gonorrheal infections each year. Less than half of these infections are reported to CDC. In 2009, 301,174 cases of gonorrhea were reported to CDC.

www.cdc.gov/std

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Richmond County Disparities in Health

Health disparities are well documented in minority populations such as African Americans, Native Americans, Asian Americans, and Latinos. When compared to Caucasians, these minority groups have a higher incidence of chronic diseases, higher mortality, and poorer health outcomes. Minorities in Richmond County have higher rates of cardiovascular disease, HIV/AIDS, and infant mortality than Caucasians living in our county. Also, adult African Americans and Latinos have approximately twice the risk as Caucasians of developing diabetes. With this in mind, the Health Disparities Committee has worked in areas to provide educational awareness through presentation and activities which are:

- Work has been done in a variety of areas during this year, to inform and educate these groups on the urgency of taking care of their health, through providing resources at health fairs organized at county churches and community organizations (i.e.-Mt. Cavalry Church back to school event). The health department, along with partners from FirstHealth Richmond, Alcohol and Drug Services, New Horizons Domestic Violence Agency, provided resources and presentations on health topics related to minorities.
- We have worked throughout the year with HeadStart's (low income families the population attending predominately African American and Latino families) to implement *Color Me Healthy* a nutrition and physical activity curriculum for pre-schoolers. The goal in working with this group is to start healthy habits early. We worked with parents and teachers to plan activities surrounding this curriculum, including the organization of the *Color Me Healthy* Fun Day. Fun Day provided students and parents a day of physical activity through field events (running, kick ball and Zumba Dancing), along with providing nutritious snacks and lunch.

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Richmond County Environmental Health Highlights

Summary of Activities FISCAL Year July 1, 2010 through June 30, 2011

On-Site Wastewater Program

During the fiscal year 2010-2011, 98 new on-site wastewater permits, sixty-four (64) Authorizations to Connect to an existing system, and 117 repair permits were issued. There were 50 new septic tank installations, one (1) expansion, and one hundred seven (107) repairs to existing systems this fiscal year. This section logged 1,229 site visits, 1,237 phone, field or office On-site Wastewater consultations. Environmental Health Services (EHS) investigated forty-two (42) on-site wastewater complaints.

Well Program

There was a continued demand for private water supply wells with the poultry integration in Richmond County. Even with municipal water distribution expanding into rural areas, one hundred eight (108) new wells were permitted and sixty-two (62) new well constructions were inspected. EHS inspected 481 existing municipal/ private water supplies. EHS sampled 98 well for bacteria and one hundred ninety-nine (199) for other chemical analysis which exclude ILO samples. EHS sampled one hundred nine (109) private drinking water wells in potentially contaminated peach orchards for volatile organic compounds (VOC).

Intensive Livestock

EHS complied with the Richmond County Intensive Livestock Operation Regulations by EHS maintaining records for the 123 registered farms and 180 private water wells in the county. Ninety percent (90%) of the results reported with the limit of 10mg/L. This is a reported consistent trend.

Food and Lodging

As of June 30th, there were 133 food service establishments inspected that require a risk- based inspection. EHS conducted 386 inspections using the risk-based inspection method. This Section completed the 100% goal as expected. This Section also inspects another sixty-eight (68) institutional or childcare establishments semi-annually. In addition, another one hundred sixteen (116), including lodging establishments; residential care; local confinement; school buildings; and tattooists including twenty-one (21) pools and spas were inspected annually. 68 temporary food stands received a plan-review, visited, inspected or permitted at the various fairs, festivals, and public exhibitions held in the county. EHS conducted thirty (30) plan reviews of food and lodging establishments. EHS investigated fifty-four (54) food service establishment complaints.

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Richmond County Environmental Health Highlights

The Richmond County Board of Health recognized fifty-nine (59) food service establishments as Golden A recipients this calendar year. This is the eleventh awarded year for in the Golden A program with each year showing an increase in recipients.

ServSafe® was presented once this fiscal year to twenty (20) participants. Various other educational presentations were provided to childcare groups, food service employees, kindergarteners, pre-schoolers, science students, and 4H.

Vector Control

EHS worked in the vector control program this fiscal year providing information and assistance for nineteen (19) mosquito harborage-related complaints; supplied information to local media; provided brochures of mosquito control information to educational groups and lobby displays. EHS applied larvicides; barrier adulticide; and sprayed 356 miles, or 12,977 acres, with ULV adulticide.

Continuing Education

Continuing education for the EH Section included Incident Command training, water supply training, soils conference, food safety conference, swimming pool drain safety training, Epi-teams training, Public Pesticide Operator recertification, and accreditation preparedness.

Animal Control

Staff of the Environmental Health Section and Animal Control officers (ACO) logged 2,026 phone contacts for animal control assistance. Officers handled 1251 dogs, 358 cats, and nineteen (19) other species of animals. ACO investigated one hundred six (106) animal bites. There were 164 dogs and cats vaccinated during the annual Rabies Vaccination Clinic. During the fiscal year the officers drove approximately 49,813 miles.

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Richmond County Emergency Preparedness

The Richmond County Emergency Services (ES) department has been working to improve emergency preparedness through public education, outreach programs, and planning. To accomplish this, Richmond County has created screen shots of where to obtain information on the internet so citizens can prepare emergency kits. These screen shots are shown on the government access channel. New screen shots are being developed to provide emergency preparedness information regarding known weather related events that are possible in the coming months.

Emergency Services staff members have participated in several community events to talk with citizens about how they can better prepare their families for disasters. ES informational booth contains several brochures and a display of items all families should have in their emergency kits. Richmond County Emergency Services staff participated in several informational fairs including Hoffman Day and Fire Prevention Week.

The Emergency Services staff is working with employees of the Health Department to create and record a video about emergency preparedness. With the help of the Information Technology Department, we have identified the necessary technology needed to update our government access channel to play these videos. The Information Technology Department is in the process of ordering the equipment and developing an implementation strategy. These videos will be a panel discussion type of program and will provide basic preparedness information along with other safety topics. Along with these videos being played on the government access channel, we are looking to have them posted on the Emergency Services website. The department will also begin a Facebook page and a Twitter account to push information out to Richmond County citizens. This will allow the ES department to publish information in several different outlets.

Another area that Emergency Services is working relating to emergency preparedness which is not seen by our citizens is planning. The ES department is in the process of updating the Emergency Operations Plan. This plan outlines roles and responsibilities of many key players during a disaster. Another area ES is working on is activating the Local Emergency Planning Committee (LEPC). This committee brings stakeholders together to discuss chemical hazards and local capabilities to respond to these hazards. The LEPC committee is a clearing house of information for stakeholders, responders and information for citizens. Another planning project currently in progress is updating Richmond County's Hazard Mitigation Plan. This plan identifies any type of hazards Richmond County is vulnerable to and develops mitigation plans to lessen the impacts these hazards could have on Richmond County citizens.

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Richmond County WIC Program

Richmond County Women's, Infant's, and Children's {WIC} Program

The Richmond County WIC Program continues to make positive strides that promote healthy habits among program recipients. Program participation numbers have steadily increased over the last few months indicating that WIC services are beneficial to county residents. Changes made to the WIC program in recent years are beginning to reflect encouraging results, such as increased intake of fruit, vegetables, and whole grains.

On a state level the WIC program is working toward the development of an electronic disbursement of monthly WIC benefits and hopes to have this goal reached within the next year.

In March 2011, the WIC Nutritionist organized a calendar of events to observe National Nutrition Month. An editorial was placed in the local newspaper to notify the public of the yearly observance. During the month, several cooking demonstrations were conducted including a food demonstration that focused on healthy foods enjoyed in other parts of the world. Several power point presentations were shown on electronic television projectors throughout the health department providing "Tips of the Day". Physical activities were incorporated which involved moving at workstation for several minutes or taking a 10 -minute walk break. The celebration ended with a food drive on the last day of the month. All health department employees were able to participate in the various activities and obtained valuable information.

The local WIC agency continues to collaborate with other organizations including the Richmond County Head Start Program, the Richmond County Cooperative Extension, and FirstHealth Richmond Memorial Hospital to promote and provide WIC services to all interested and eligible participants.

The Breastfeeding Peer Counselor Program continues to protect, support, and promote breastfeeding among prenatal and postpartum women. Since the start of the Breastfeeding Peer Counselor Program, the Program Counselor and Program Manager & Coordinator have had the opportunity to attend quarterly meetings that address breastfeeding concerns and provide the exchange of breastfeeding ideas. They were also able to attend the Breastfeeding Leadership Conference sponsored by the North Carolina Nutrition Service Branch. The Leadership Conference provided current breastfeeding information and suggestions on increasing breastfeeding rates both locally and state-wide. The WIC Nutritionist is currently enrolled in the 7-day, North Carolina Lactation Educator's Training Program and will receive the Lactation Educator's Certificate in December 2011. The local WIC agency works very hard to ensure that all needs of our breastfeeding mothers and infants are met.

The Richmond County WIC Program is persistent in their endeavor to maintain superior standards and to remain aligned with the core functions of the WIC Program, which are to provide nutritional counseling, wholesome foods, breastfeeding support, and referrals when necessary. It is the pleasure of the Richmond County WIC Program staff to serve each eligible resident of Richmond County.

2011 STATE OF THE COUNTY HEALTH REPORT

Richmond County Resources

County Profile, Richmond County (NC)

August 2011

Commerce Economic Development

Data Sources Guide

<https:edis.commerce.state.nc.us/bibliography/Data>

Richmond County Schools

October 2011

www.richmond.k12.nc.us/cms

Richmond Community College

October 2011

www.richmondcc.edu/about_rcc

State Center for Health Statistics, NC

November 2011

www.epi.state.nc.us/SCHS

Centers for Disease Control and Prevention (CDC)

October 2011

www.cdc.gov

Richmond County Health Department

November 2011

www.richmondnc.com

Richmond County Chamber of Commerce

October 2011

www.richmondcountychamber.com/

2011 STATE OF THE COUNTY HEALTH REPORT Richmond County Residents Can Become Involved

Richmond County's SOTCH Report is disseminated to the Board of Health, County Commissioners, Healthy Carolinians, and to the general public through libraries, the county website, and various media outlets.

We value your input and welcome any questions or suggestions. If you would like to become involved in any of these priority health issues, please contact us at ...

Richmond County Health Department
Richmond County Healthy Carolinians Partnership
910.997.8300
www.richmondnc.com/dept_health

