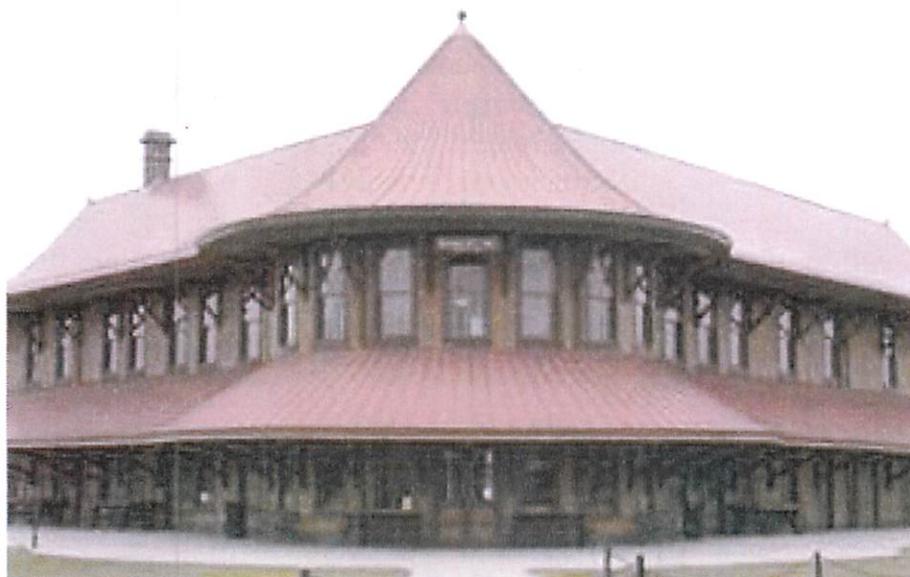


Richmond County



State-of-the-County Health Report

December 2012

2012 STATE OF THE COUNTY HEALTH REPORT RICHMOND COUNTY

The 2012 State-of-the-County Health Report serves as a supplement to the 2009 Richmond County Community Health Assessment (CHA) by providing updated health data on the issues of concern identified in the CHA. The Richmond County Health Department and the Richmond County Healthy Carolinians Partnership are pleased to issue this report on the state of Richmond County's health for 2012. This report will give the community understanding of the health issues in the county and the progress made in each area. Also, 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. (Note: The data presented in this report is the most recent available.)

Based on findings from the CHA, the following health priorities were identified in Richmond County:

Childhood Obesity
Teen Pregnancy
Emergency Preparedness
Disparities in Health

The Health Departments in North Carolina are expected to submit a State-of-the-County Health Report (SOTCH) in the three years between each CHA. Richmond County will conduct its next Community Health Assessment in year 2013.

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2012 STATE OF THE COUNTY HEALTH REPORT DEMOGRAPHIC AND GEOGRAPHIC INFORMATION

Population Size

Year	Richmond County	North Carolina
2000	46,545	8,079,383
2001	46,328	8,203,451
2002	46,501	8,316,617
2003	46,116	8,416,451
2004	45,963	8,531,283
2005	45,982	8,669,452
2006	45,817	8,866,977
2007	45,940	9,064,074
2008	46,028	9,247,134
2009	45,970	9,380,884
2010	46,639	9,535,483

Age Estimates for 2010	Richmond County	North Carolina
Under 5	3,096	632,040
5 to 9	3,021	635,945
10 to 14	3,281	631,104
15 to 19	3,334	659,591
20 to 24	2,909	661,573
25 to 29	2,666	627,036
30 to 34	2,781	619,557
35 to 39	3,117	659,843
40 to 44	3,045	667,308
45 to 49	3,333	698,753
50 to 54	3,265	669,893
55 to 59	3,155	600,722
60 to 64	2,945	538,039
65 to 69	2,140	403,024
70 to 74	1,637	294,543
75 to 79	1,214	223,655
80 to 84	929	165,396
85 and over	771	147,461
Total	46,639	9,535,483

www.schs.state.us/SCHS/data/population
<http://factfinder2.census.gov>

Richmond County is in the heartland of the Carolinas, 70 miles east of Charlotte and 90 miles southwest of Raleigh-Durham. It is bounded on the north by Montgomery County, northeast by Moore County, southeast by Scotland County, south by Marlboro County, South Carolina, and west by Anson County.

Richmond County is comprised of 480 square miles (474 land and 6 water) making it the state's 38th largest geographical county.

2012 STATE OF THE COUNTY HEALTH REPORT SOCIOECONOMIC INDICATORS

The number of persons living below the federal poverty level in Richmond County is 25.2%. The increase in the rate of poverty is of great concern given that poverty is strongly associated with a wide range of health issues. Poor adults are more likely to have chronic illnesses such as diabetes and heart disease, and poor children are more likely to be in poor or fair health.

Socioeconomic Indicators

	Richmond	Scotland	Anson	NC
Per Capita Income, 2010	\$17,692	\$16,297	\$16,856	\$24,745
Median Household Income, 2010	\$30,439	\$29,368	\$34,745	\$45,570
Homeownership Rate	70.7%	64.7%	71.0%	68.1%
Average Household Size, 2006-2010	2.63	2.58	2.54	2.49
Persons below poverty level, 2006-2010	25.20%	29.50%	20.50%	15.50%
High School graduates age 25+, 2006-2010	74.90%	75.20%	77.60%	83.60%
Bachelor's degree or higher, age 25+, 2006-2010	10.00%	14.00%	8.40%	26.10%

<http://quickfacts.census.gov>

Per-capita income in Richmond County in 2010 was \$17,692, similar to that of Scotland County and Anson County, but was considerably lower than that of North Carolina. Median household income was the highest in Anson County at \$34,745. The state median income was \$45,570, with Richmond County at \$30,439 and Scotland County at \$29,368. Between 2006-2010, over 25% of Richmond County residents lived below the federal poverty level, a rate higher than the state. The poverty level is defined as an income of less than \$23,050 for a family of four. The Richmond County home ownership rate was 70.7%, slightly higher than North Carolina. This indicates that Richmond County has a higher proportion of residents who own their home.

Over 74% of Richmond County residents over the age of 25 are at least high school graduates. The rate for residents with Bachelor's degrees in Richmond County was 10%, significantly lower than the state rate, which was slightly over 26%.

2012 STATE OF THE COUNTY HEALTH REPORT

TOP FIVE LEADING CAUSES OF DEATH OVER THE LAST FIVE YEARS

	Richmond County Percent				
	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>
Diseases of heart	24.6	23.4	25	27.8	28.6
Cancer	22.8	21.3	20.5	24.1	22.1
Cerebrovascular disease	6.4	7.1	7	7.3	7.1
Chronic lower respiratory diseases	6.4	5.6	6.7	4.8	5.2
Diabetes mellitus	3.5	5.4	4.1	4.8	3.2
Nephritis, nephrotic syndrome and nephrosis	2.9	3.5	2.3	3.3	2.4
All other unintentional injuries	2.6	3.5	3.4	2.1	2.2
Essential (primary) hypertension/hypertensive renal disease	2.2	2.7			
Alzheimer's disease	2				
Motor vehicle injuries	2	1.7	2.5	1.9	
All other causes (Residual)	<u>24.6</u>	<u>25.8</u>	<u>28.5</u>	<u>23.9</u>	<u>29.2</u>
Total Deaths -- All Causes	100	100	100	100	100

	North Carolina Percents				
	<u>2010</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>
Cancer	22.9	22.7	22.6	23	23.2
Diseases of heart	21.7	22.3	22.6	23.1	23.1
Chronic lower respiratory diseases	5.7	5.6	5.9	5.6	5.4
Cerebrovascular diseases	5.4	5.7	5.8	5.7	6.1
Alzheimer's disease	3.6	3.4	3.4	3.2	3
All other unintentional injuries	3.5	3.6	3.5	3.4	3.3
Diabetes mellitus	2.6	2.7	2.8	2.8	3
Nephritis, nephrotic syndrome and nephrosis	2.4	2.4	2.2	2.3	2.2
Influenza and pneumonia	2.1	2.2	2.3	2.2	2.3
Motor vehicle injuries	1.7	1.8	2	2.4	2.2
All other causes (Residual)	<u>28.4</u>	<u>27.6</u>	<u>26.9</u>	<u>26.3</u>	<u>26.2</u>
Total Deaths -- All Causes	100	100	100	100	100

Heart disease is the leading cause of death for men and women in Richmond County. The risk for heart disease increases as a person ages. In addition to behavioral risk factors, obesity, high blood pressure, high cholesterol, and diabetes are other known risk factors for heart disease.

Source: State Center for Health Statistics, North Carolina

2012 STATE OF THE COUNTY HEALTH REPORT 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.

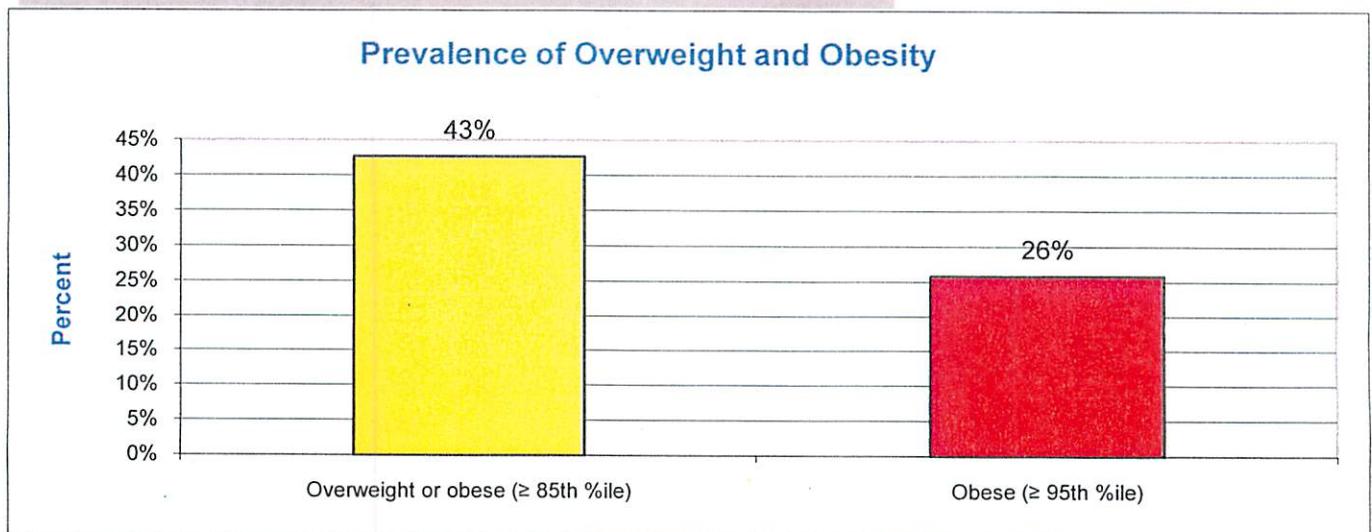
The data collected from each school indicated that collectively there are fewer BMIs for overweight/obese children than there are normal weight children. This indicates that the public health intervention methods implemented by Richmond County Health Department and the participating schools have worked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

Data from the spring of 2010/2011 and spring of 2011/2012 were formatted into a graph to illustrate the trend in BMI categories for the students involved in this study. That data is illustrated in the following charts:

Richmond County Schools Spring 2011

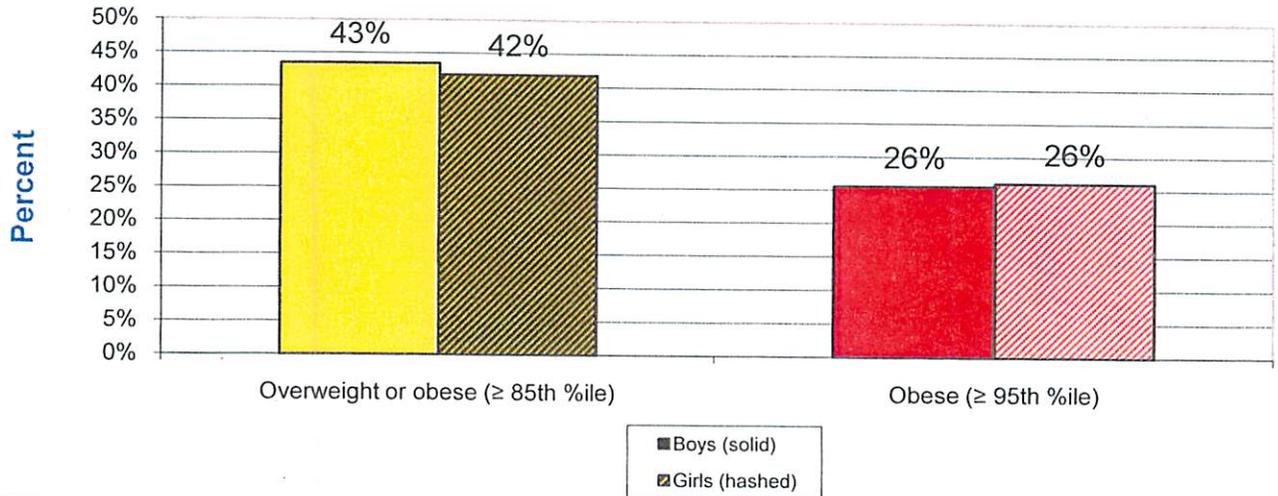
Summary of Children's BMI-for-Age			
	Boys	Girls	Total
Number of children assessed:	876	866	1742
Underweight (< 5th %ile)	2%	2%	2%
Normal BMI (5th - 85th %ile)	55%	56%	56%
Overweight or obese (≥ 85th %ile)*	43%	42%	43%
Obese (≥ 95th %ile)	26%	26%	26%

*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.



2012 STATE OF THE COUNTY HEALTH REPORT CHILDHOOD OBESITY

Prevalence of Overweight and Obesity, by Sex



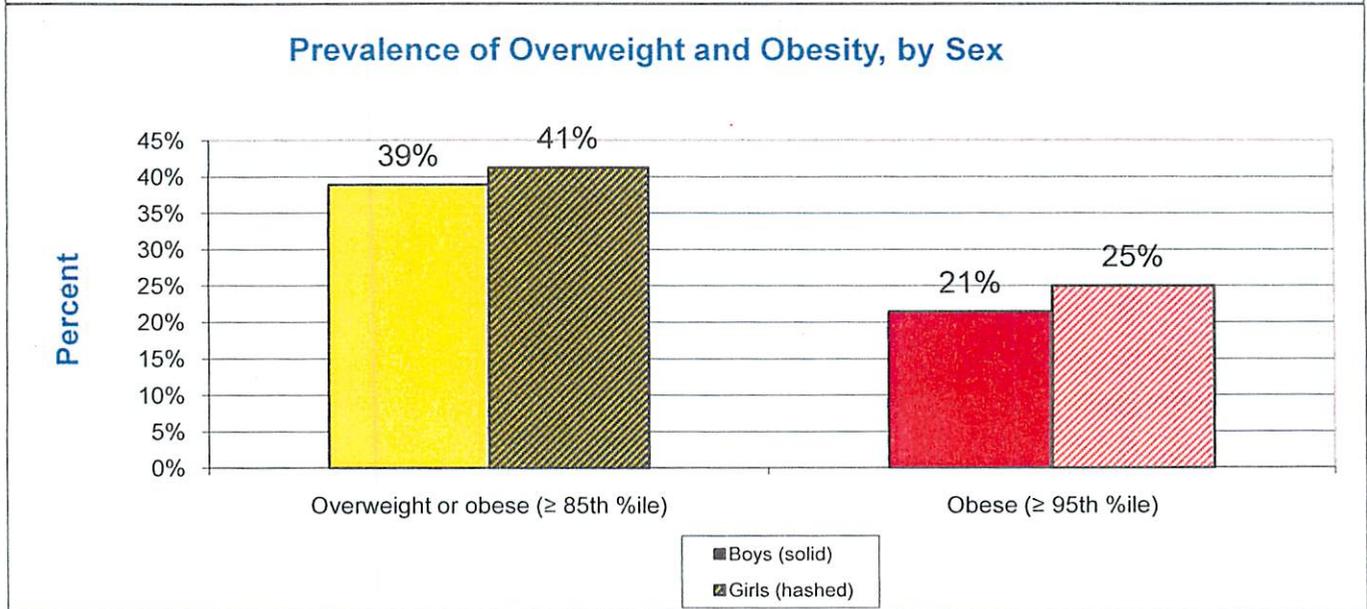
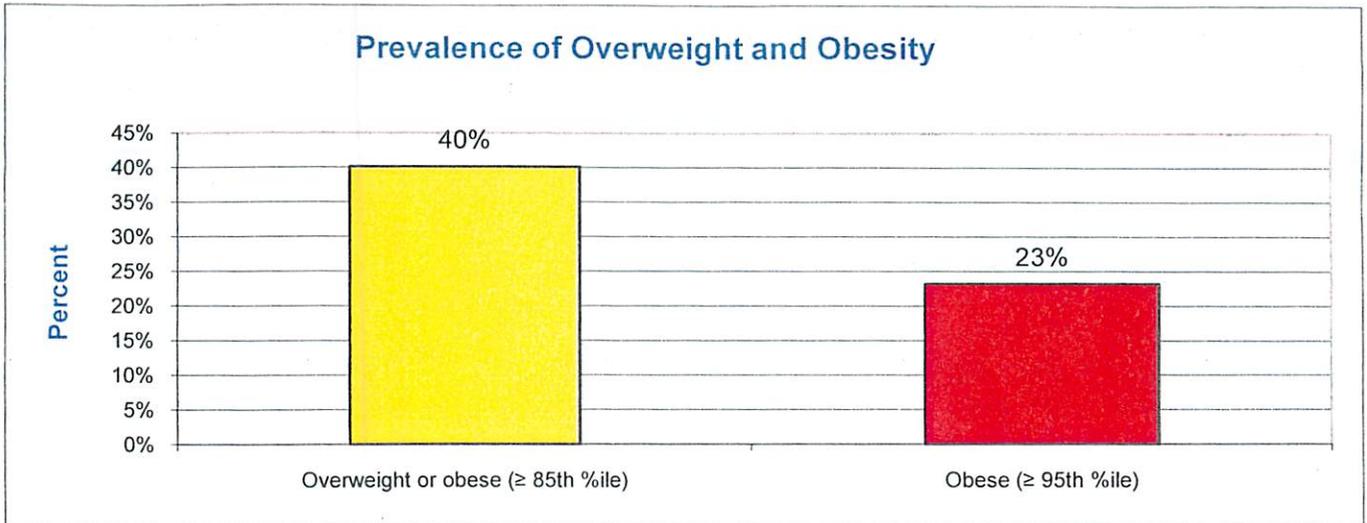
Richmond County Schools Spring 2012

Summary of Children's BMI-for-Age

	<u>Boys</u>	<u>Girls</u>	<u>Total</u>
Number of children assessed:	1007	990	1997
Underweight (< 5th %ile)	3%	2%	2%
Normal BMI (5th - 85th %ile)	58%	57%	57%
Overweight or obese (≥ 85 th %ile)*	39%	41%	40%
Obese (≥ 95 th %ile)	21%	25%	23%

*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.

2012 STATE OF THE COUNTY HEALTH REPORT CHILDHOOD OBESITY



As indicated by the above graphs, there was a 3% overall decrease in the number of students in the overweight/obese categories. Boys in the obese category decreased by 5% overall. Girls in the obese category decreased by 1% overall. Individual schools saw decreases in overall overweight and obese students. The data collected helped to target areas of need throughout the school district.

The *Take 10!*, *Food for Thought* and *Energizers* programs, which promote healthier eating choices and increased physical activity, were taught in grades K-3 in the public schools during the 2011-2012 school year. Also, nutrition education was taught using the My Plate icon. Quarterly newsletters were sent to parents of children in grades K-3 highlighting important nutrition information and tips on physical fitness. Most schools showed a positive report from these programs.

2012 STATE OF THE COUNTY HEALTH REPORT TEEN PREGNANCY

Baby Think It Over Program

September 2008 – Present

The *Baby Think It Over* parenting simulation project continues to make an impact on Richmond County 7th graders. Since the 2008-2009 school year, over 2,000 students have participated in the parenting simulation weekend. The simulation consists of health education class time being spent with 8 days of *Baby Think It Over* curriculum activities. The curriculum is designed to facilitate serious consideration of the consequences of a teen pregnancy. The main focus of the curriculum is “responsibility”, responsibility for one’s actions, for one’s future, for the effects on family and friends, and, most importantly, responsibility for the baby. Students participate in relevant discussions and activities prior to taking the baby home for an entire weekend.

During the simulation weekend, students must meet the needs of their baby. They must feed, change diapers, burp, rock, and protect the baby. Everything that the student does to and for the baby is recorded by the infant simulator. Once babies are returned on Monday morning, the information is downloaded and an individual report with a score is generated. These reports are given to the teacher to send home to parents. Scores continue to range from 0 to 100%, although 100% scores occur very infrequently. Scores of 50% and below are the norm. This indicates and serves as concrete evidence that students are definitely not ready to parent a child. This report also serves as a starting point for vital teacher-student and parent-student discussions following the activity.

Parents continue to be somewhat of an obstacle in that some want their child to participate, but do not want the child to have to accept full responsibility for the infant, especially when that responsibility involves difficulty. Prior to sending the babies home, an information brochure and a permission form are sent to the parents. All outline the difficulty of the weekend and reinforce the fact that the weekend will not be easy. Babies require attention day and night. Sleep is minimal during this simulation.

As a part of our need for feedback on this program, we have begun a follow-up survey, which is administered to ninth graders at Richmond County Ninth Grade Academy. At this time, we are still assimilating the data from that survey. Our choice to survey these students was based on the fact that we could survey all Richmond County ninth graders very easily and with no disruption to the school schedule. Once students get to our senior high, they are no longer with just their grade level. Pulling one grade level quickly with little disruption would be next to impossible.

Baby Think It Over is not a cure-all. It is, however, a vital part of our attempts to reduce the number of teen pregnancies in Richmond County.

2012 STATE OF THE COUNTY HEALTH REPORT TEENAGE BIRTHS AND VITAL STATISTICS

Richmond County Teenage Births

Ages 15-19

Year	White	Minority	Total
2007	83	51	134
2008	76	62	138
2009	53	55	108
2010	48	45	93

NC Department of Health & Human Services

Vital Statistics Rates by Race

Year	2007		2008		2009		2010	
	White	Minority	White	Minority	White	Minority	White	Minority
Low Birth weight	8.5	11.6	9.3	12.5	9.4	10.8	44.8	12.4
Mother Smoked	25.6	14.5	29.1	16.9	26.2	15.8	n/a	n/a
C-Section	39.5	38.2	40.1	40.8	38.7	45	36.4	41.6
Out of Wedlock	48.3	80.5	47	79.6	50.3	81.3	44.8	85.9
Infants Deaths (Under 1 Year)	4.3	16.6	4.8	11.8	2.6	8.3	0	10.8

www.schs.state.nc.us

About Teen Pregnancy in the United States

In 2010, a total of 367,752 infants were born to women aged 15-19 years, for a live birth rate of 34.3 per 1,000 women in this age group. This is a record low for U. S. teens in this age group, and a drop of 9% from 2009. Birth rates fell 12% for women aged 15-17 years, and 9% for women aged 18-19 years. In addition, teen birth rates declined for all races and for Hispanics in 2010. While reasons for the declines are not clear, teens appear to be less sexually active, and more of those who are sexually active appear to be using contraception than in previous years. Despite these declines, substantial disparities persist in teen birth rates, and teen pregnancy and childbearing continue to carry significant social and economic costs. The U. S. teen pregnancy, birth, sexually transmitted disease and abortion rates are substantially higher than those of other western industrialized nations.

www.cdc.gov/TeenPregnancy



2012 STATE OF THE COUNTY HEALTH REPORT EMERGENCY PREPAREDNESS

Richmond County Emergency Services, the lead agency, is continuing its education efforts in emergency preparedness. Our department continues providing educational classes to senior citizens groups and informational booths at town events that include the county fair. These informational sessions include a display of an emergency kit for your home. Other information provided during these events is how to better prepare your home during weather related emergencies, emergency evacuation plans and what to take to a shelter should you be evacuated from your home. Another event that our agency participated in was Hoffman Day and Fire Prevention Kick-Off Day. Richmond County Emergency Services will continue to provide educational opportunities to residents on emergency preparedness.

Richmond County Emergency Services continues its work with the Information Technology Department (IT) on improvements to the Government Access Channel. New, more up to date equipment has been purchased and put into place to produce the public education videos we plan to play on the Government Access channel. The IT Department is also looking at other options to provide the videos "on demand" on our county's website and through TimeWarner Cable. This will allow residents to view the videos whenever it is convenient.

Richmond County Emergency Services has begun a Facebook page and initiated a Twitter page. These are two different avenues to present information for the public in preparing for emergencies as well as providing important information during emergencies. Information has been "pushed" out to our followers on emergency food kits that are available for purchase through large companies. As of November 1, 2012, we have ninety-six (96) followers on our Facebook account. We currently have six Twitter followers. All information that is posted on our Facebook account is simultaneously tweeted as well as anything tweeted will automatically post on Facebook.

A final area we have worked in for improving emergency preparedness is registering individual resident's wireless phone numbers in the emergency notification system. To accomplish this, we worked with the local newspaper on an article about the system and how it will be used. The article provided a website for citizens to go to that will allow them to add his/her wireless telephone number as part of the notification system. A link to register was also placed on the Richmond County Emergency Services website homepage. We have also "tied" our emergency notification system in with our social media outlets. Any emergency message sent from our emergency notification system will automatically show on our Facebook page.

During last year's efforts, it was estimated that we have made contact with over two hundred people. We have registered over one hundred individual wireless phone numbers in our emergency notification system. Our screen shots that appear on the government access channel have been viewed by several thousand residents.

2012 STATE OF THE COUNTY HEALTH REPORT DISPARITIES IN HEALTH

Health Disparities are differences in health between populations. Health Disparities continue to be monitored closely and specific efforts are made to address this issue throughout Richmond County. The specific areas of concern include Infant Mortality, Teen Pregnancy, Cardiovascular Disease, and Diabetes. In 2011, the White Infant Mortality Rate was 6.4 while the African American Infant Rate was 27.8. Meanwhile, the Teen Pregnancy rate variance between White and African American is narrowing with a White rate of 79 and an African American Rate of 90. Variances for both Cardiovascular and Diabetes also continue to be higher for African Americans.

During the past year, the Richmond County Community Care Clinic has implemented a Quality Improvement Program specifically addressing Diabetes and Hypertension. While it is too early to determine the impact of these initiatives, early results indicate a very positive improvement in both areas. The Health Educator of the Richmond County Health Department has worked closely with area African American churches educating members concerning health disparities among African Americans. The "Smart Girls" Teen Pregnancy Program works predominantly with African American girls providing many educational programs concerning Adolescent Health, specifically addressing Teenage Pregnancy. Finally, the Child Care Coordinators work closely with young children (one-on-one) to help ensure they receive quality care while Pregnancy Care Managers work with pregnant women to help ensure positive pregnancy outcomes.

During the coming year, efforts will be made continuing to address Health Disparities. However, the Health Educator position is currently not filled, due to funding, and this will significantly impact our efforts to address Health Disparities.

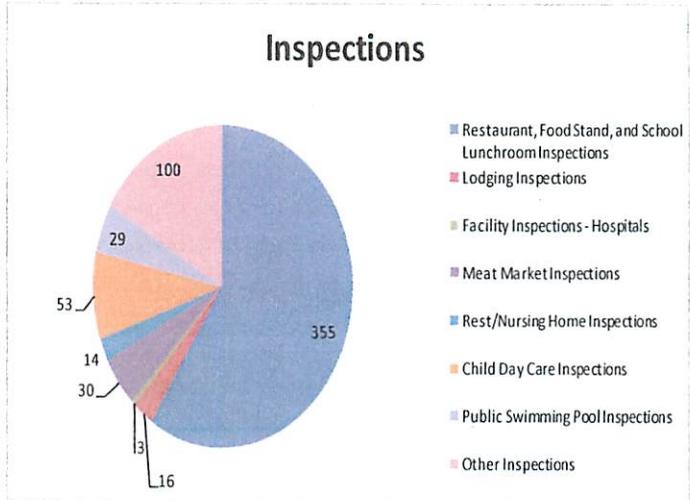
2012 STATE OF THE COUNTY HEALTH REPORT

ENVIRONMENTAL HEALTH

The following services were provided through the Environmental Health Section during the past fiscal year:

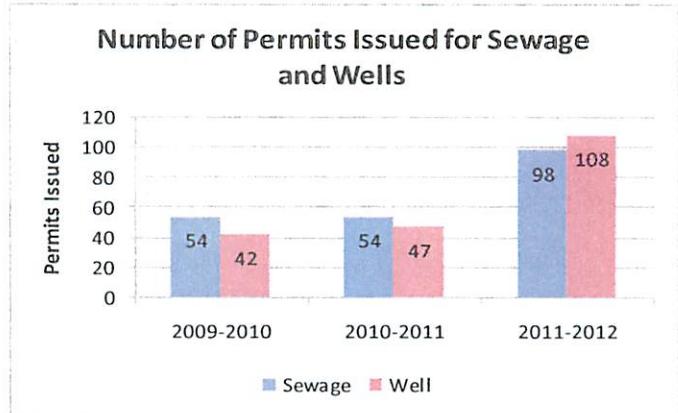
Food & Lodging Program

Restaurant, Food Stand, and School Lunchroom Inspections	<u>355</u>
Total A's:	<u>328</u>
Total B's:	<u>7</u>
Total C's:	<u>0</u>
Total Below C's:	<u>0</u>
Lodging Inspections	<u>16</u>
Facility Inspections – Hospitals	<u>3</u>
Meat Market Inspections	<u>30</u>
Rest/Nursing Home Inspections	<u>14</u>
Child Day Care Inspections	<u>53</u>
Public Swimming Pool Inspections	<u>29</u>
Other Inspections	<u>100</u>



On-Site Waste Water Program and Well Program

Sewage	
Applications Received (new)	<u>100</u>
Permits Issued	<u>98</u>
Septic Tank Installations	<u>158</u>
Repair Applications Received	<u>117</u>
Total Site Visits	<u>1229</u>
Well	
Applications Received (new)	<u>104</u>
Permits Issued	<u>108</u>
Well Installations	<u>62</u>
Water Samples	<u>499</u>



2012 STATE OF THE COUNTY HEALTH REPORT

COMMUNICABLE DISEASES

Richmond County Sexually Transmitted Diseases

Year	<u>Chlamydia</u>			<u>Gonorrhea</u>			<u>HIV</u>		
	2010 Jan-Jun	2011 Jan-Jun	2012 Jan-Jun	2010 Jan-Jun	2011 Jan-Jun	2012 Jan-Jun	2010 Jan-Jun	2011 Jan-Jun	2012 Jan-Jun
	108	96	127	24	35	35	2	7	2

NC Communicable Disease Branch

What is Chlamydia

Chlamydia is a common sexually transmitted disease 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 for men.

What is Gonorrhea

Gonorrhea is a sexually transmitted disease caused by a bacterium. Gonorrhea can grow 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. The bacterium can also grow in the mouth, throat, eyes, and anus. Gonorrhea is a very common infectious disease.

What is HIV

HIV is the human immunodeficiency virus. It is the virus that can lead to acquired immune deficiency syndrome, or AIDS. The CDC estimates that about 56,000 people in the United States contracted HIV in 2006. HIV damages a person's body by destroying specific blood cells which are crucial to helping the body fight diseases.

<u>Disease</u>	2009-2010	2010-2011	2011-2012
	Jul-Jun	Jul-Jun	Jul-Jun
Campylobacter	1	8	2
Hepatitis B	1	4	1
H1N1 (Influenza)	2	1	0
Salmonella	20	18	20

Salmonella is a bacterial infection in humans and animals and can be obtained through eating the living bacteria in food or water. Symptoms of illness may include nausea, vomiting, diarrhea, and abdominal pain.

Hepatitis B is a viral infection of the liver and can damage the liver and lead to liver cancer. Hepatitis B virus lives in body fluids and spreads easily from person to person through body fluids.

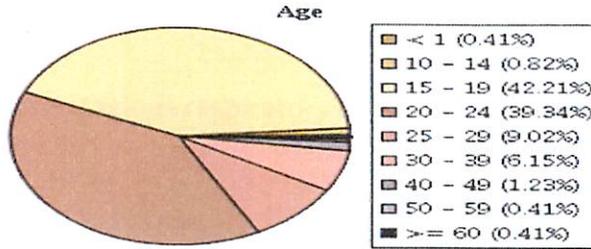
Campylobacter is an infectious disease caused by bacteria. Most people who become ill experience diarrhea, cramping, abdominal pain, and fever within two to five days after exposure to the organism. The illness typically lasts one week. Some infected persons do not have any symptoms.

2012 STATE OF THE COUNTY HEALTH REPORT COMMUNICABLE DISEASES

LHD Demographic Distribution STD, Report Period:07/01/2011-06/30/2012 Disease: Chlamydia

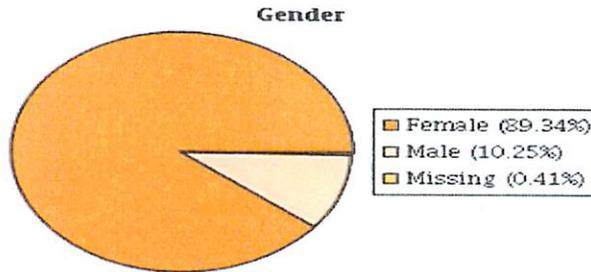
Age

Classification	Number of Records	Percent
< 1	1	0.41%
1 - 4	0	0.00%
5 - 9	0	0.00%
10 - 14	2	0.82%
15 - 19	103	42.21%
20 - 24	96	39.34%
25 - 29	22	9.02%
30 - 39	15	6.15%
40 - 49	3	1.23%
50 - 59	1	0.41%
>= 60	1	0.41%
Unknown	0	0.00%
Total	244	100.00%



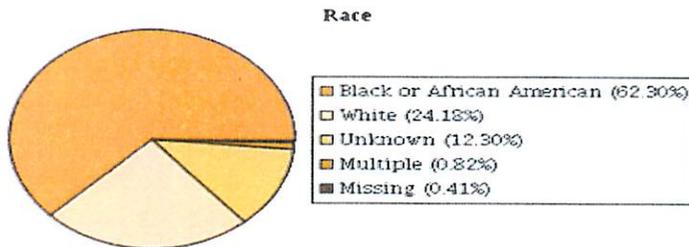
Gender

Classification	Number of Records	Percent
Female	218	89.34%
Male	25	10.25%
Unknown	0	0.00%
Missing	1	0.41%
Total	244	100.00%



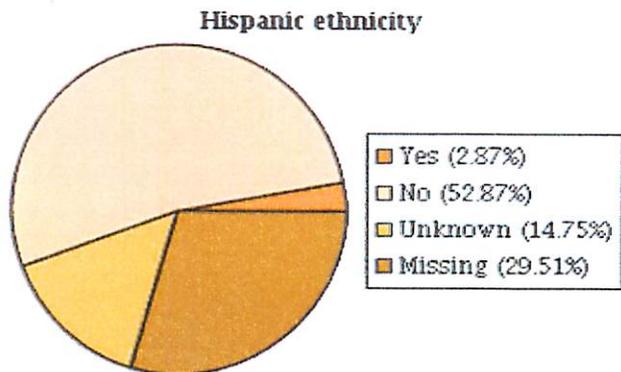
Race

Classification	Number of Records	Percent
American Indian Alaskan Native	0	0.00%
Asian	0	0.00%
Black or African American	152	62.30%
Native Hawaiian or Pacific Islander	0	0.00%
White	59	24.18%
Other	0	0.00%
Unknown	30	12.30%
Multiple	2	0.82%
Missing	1	0.41%
Total	244	100.00%



Hispanic ethnicity

Classification	Number of Records	Percent
Yes	7	2.87%
No	129	52.87%
Unknown	36	14.75%
Missing	72	29.51%
Total	244	100.00%



2012 STATE OF THE COUNTY HEALTH REPORT

EMERGING ISSUES AND NEW INITIATIVES

Family Planning Clinic

The Richmond County Health Department Family Planning Clinic started offering long acting contraceptives in March 2012. Two types of IUD's are being offered, one has a hormone that last 5 years called Mirena and the other is called Paragard that is non-hormonal that last 10 years. The third type of long acting contraceptive device is the Nexplanon that last for 3 years.

Immunizations

Pertussis, also known as whooping cough, is a highly contagious respiratory disease. The best way to protect against pertussis is immunization. Due to the outbreak of Pertussis in North Carolina, the State furnished free Tdap vaccine to students. Due to the length of time between adult vaccinations, parents and grandparents were encouraged to receive the Tdap vaccine. Special clinics were held at elementary schools in the county and at the health department.

Seasonal Flu clinics were held at FirstHealth Richmond Memorial Hospital Wellness Screening Day, Richmond County middle schools, high schools, and school administrative staff, and the three senior sites in Richmond County. Also, employees at Richmond County Health Department were offered the flu vaccine at no cost.

Fungal Meningitis

In response to the multi-state outbreak of fungal meningitis related to epidural steroid injection(s) the health department communicable disease section provided the N.C. Communicable Disease Branch Health Alert #11 to all care providers, both county hospitals, and retail pharmacies. This was accomplished by contacting the infection control nurses at both hospitals and information placed in all hospital mailboxes: health care providers, department managers, and all patient care areas including emergency and anesthesiology departments. All retail pharmacies were notified by fax and phone call. Information was also hand delivered to health care providers.

WIC Program

The Richmond County WIC Program continues to serve pregnant, postpartum, and breastfeeding women as well as infants and children up to the age of five. In recent months, the program has seen a gradual incline in the number of mothers that initiate breastfeeding as their primary choice of infant feeding. The Richmond County WIC Program has recently implemented WICHealth.Org, an online nutrition based lesson, for eligible participants. WICHealth.Org lessons can be completed twice per year and will provide flexibility and options for participants. The program continues to participate in outreach events as well as collaborate with other organizations to promote healthy living lifestyles.

2012 STATE OF THE COUNTY HEALTH REPORT COMMUNITY MEMBERS CAN BE INVOLVED

The Richmond County State-of-the-County Health 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.....

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Data Sources

North Carolina State Center for Health Statistics, US Census Bureau, Richmond County Health Department, Center for Disease Control, North Carolina Public Health, Fact Finder, Quick Facts, North Carolina Department of Health & Human Services