



Richmond  
County  
Health  
Department

2020

# State of the County Health Report



Progress on CHIP

In 2020, it has been difficult to implement the community health improvement plan (CHIP) due to the COVID-19 pandemic. The program has been able to successfully:

- Adopting Results-Based Accountability
- Transitioning CHIPS from paper-based to web-based documents
- Setting up results, indicators, programs, and performance measures in Clear Impact Scorecard
- Linking to the HNC 2030 Scorecard to create greater awareness of population accountability
- Covid-19's impact on the CHA-CHIP-SOTCH process and the ability to work with partners and implement planned programs

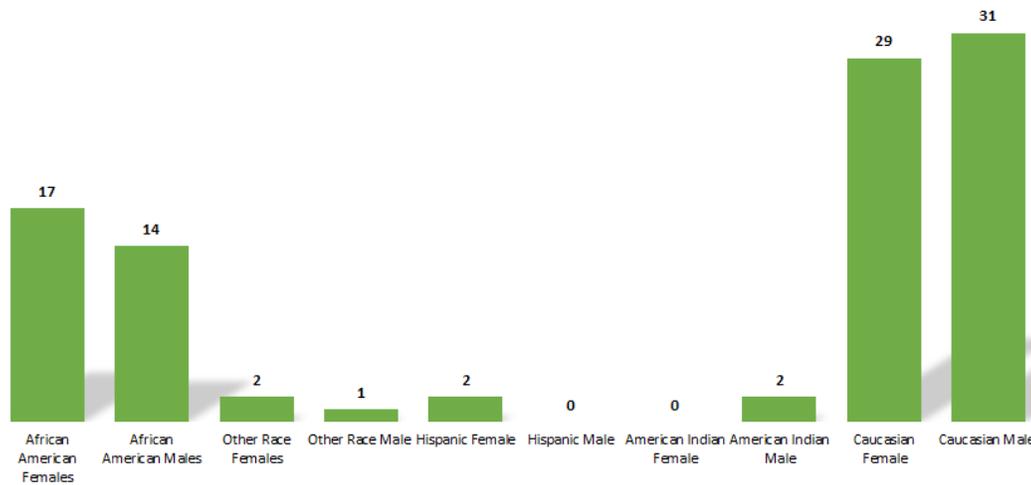
Morbidity and Mortality Changes Since Last CHA

### COVID-19 Related Deaths

The Coronavirus has had an impact on the morbidity and mortality rates in Richmond County since April 2020, when the first case was recorded. As of May 18, 2021, Richmond County has had 96 COVID-19 related deaths. 69 of the deceased have died in the local hospital system, 23 have died in another healthcare facility and 4 have died outside a hospital or healthcare facility setting. Each death is recorded by gender, race/ethnicity, and age. All data is collected locally and reported to the community as well as the to the NC Electronic Disease Surveillance System (NCEDSS).

Figure 1

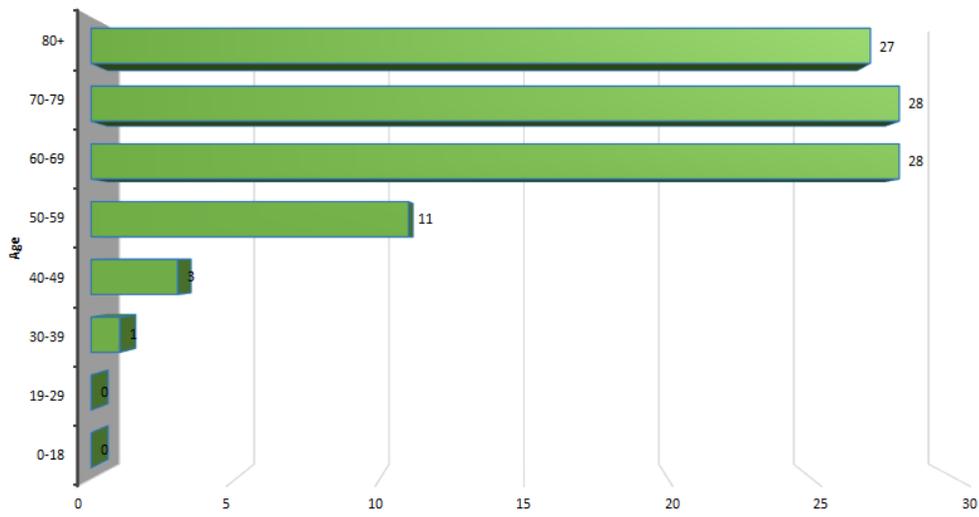
COVID Related Deaths by Race



Note: Data obtained from the NCEDSS

Figure 2

COVID Related Deaths by Age



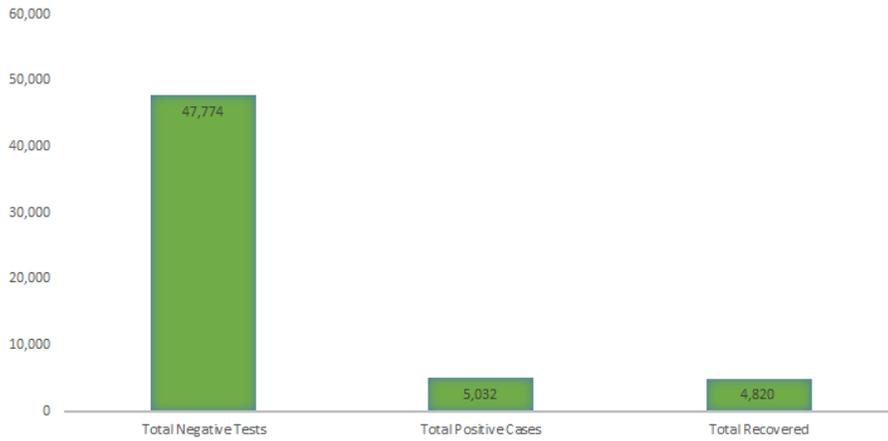
Note: Data obtained from the NCEDSS

# COVID-19 Testing Data

All Richmond County residents who are tested for COVID-19, either locally or elsewhere, are reported to the Richmond County Health Department which checks for accuracy. Free drive-thru testing continues behind the Richmond County Health and Human Services building by an outside company. Tests are divided into the total number of tests for the county and the total number of positive tests. Cases of COVID-19 are divided into the total number of recovered, age, gender, and race/ethnicity. All data is collected locally and reported to the community as well as to the NCEDSS.

Figure 3

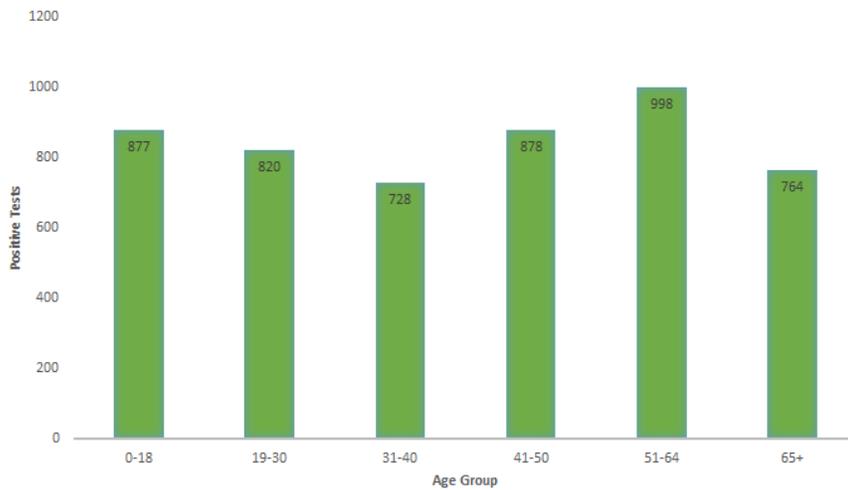
COVID Negative, Positive, and Recovered Numbers



Note: All data obtained from the NCEDSS

Figure 4

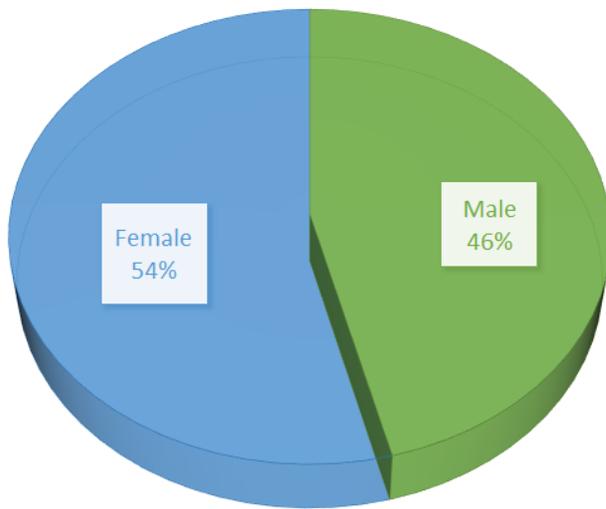
COVID Positive Tests by Age



Note: All data obtained from the NCEDSS

Figure 5

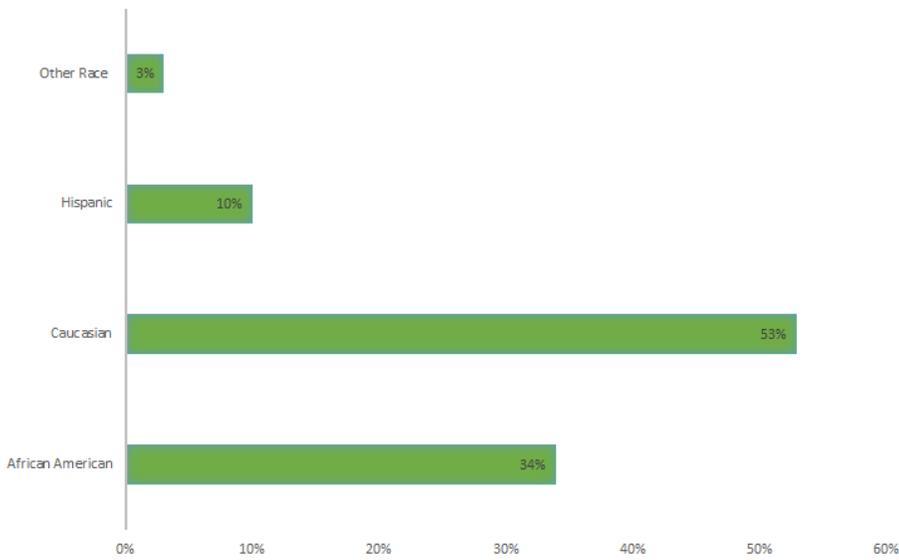
COVID Cases by Gender



Note: All data obtained from the NCEDSS

Figure 6

COVID Cases by Race



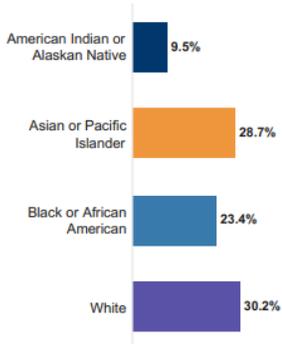
Note: All data obtained from the NCEDSS

# COVID-19 Vaccination Data

All Richmond County vaccination data is supplied by the NC Department of Health and Human Services. Vaccination in Richmond County is a coordinated effort between the Richmond County Health Department and the local hospital system, FirstHealth of the Carolinas. Richmond County has aligned its vaccination target goal of 66% with that of the NC Department of Health and Human Services target goal. As of May 18, 2021, 30% of Richmond County's population has been fully vaccinated and 33% has had at least one dose.

Figure 7

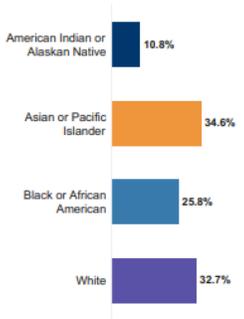
Fully Vaccinated by Race



Note: Data obtained from NC COVID 19 Vaccination Management System (NCCVMS)

Figure 8

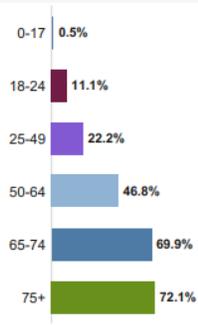
Partially vaccinated by Race



Note: Data obtained from NCCVMS

Figure 9

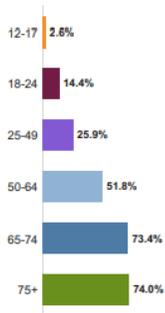
Fully Vaccinated by Age



Note: Data obtained from NCCVMS

Figure 10

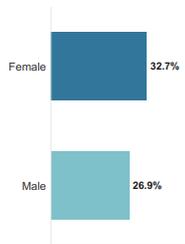
Partially Vaccinated by Age



Note: Data obtained from NCCVMS

Figure 11

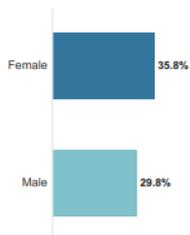
Fully Vaccinated by Gender



Note: Data obtained from NCCVMS

Figure 12

Partially Vaccinated by Gender



Note: Data obtained from NCCVMS

## Emerging Issues Since Last CHA

The Coronavirus-19 had a profound and lasting effect on Richmond County. Richmond County Schools were shut down early in the pandemic only to open the new year with virtual classes and staggered schedules for students, faculty, and staff. This closure limited student's access to meals, which, combined with other community shut-downs, escalation of unemployment rates may have caused a worsening of food insecurity. Efforts were made to combat this issue by local food pantries, local farms, faith-based organizations, and the school system to get food to many local children and families in need. Richmond County Schools cafeteria staff dedicated long hours to provide meals to students and families in need that were delivered by school buses. Ever-present food deserts, having already been identified by the Richmond 2020 Coalition, may have been exacerbated because of the reduction in food availability due to ruptures in chain supply challenges.

The aging population of Richmond County, many of who rely on strategically located community centers for daily supplemental food or meals, were particularly hit hard by the COVID pandemic. Many of Richmond County volunteers who work or provide care for this vulnerable population are aging and susceptible to the virus, as well. Whereas, family, friends, and volunteers may have bought/brought groceries and essentials for those who are socially and economically challenged were no longer able to assist being they were at high risk themselves. Many people began using technology-driven food delivery services, such as Door Dash or Insta-cart which were not an option for older adults with limited technology literacy and in some cases limited internet access. The Meals on Wheels program was running at high volume and needing volunteers before the pandemic became overwhelmed with applications.

Housing became a serious issue. However, state and local policies were established to prevent evictions and utility cut-offs for non-payment. This provided a small but significant relief to those who were unemployed due to COVID restrictions. Many of the churches provided homeless shelters, food, and aid to those in need, many of who were not of their congregation.

Internet availability and accessibility became an issue quickly with schools trying to keep students current with the curriculum. Older students had school-supplied devices for homework, projects, and research; however, the lack of internet in the home was a barrier to attending the virtual classes. Barriers to having internet in the home were identified as affordability (devices and service), living in areas without internet service, and not enough broadband to support multiple streaming devices in the home. Some barriers were overcome by Richmond County Schools supplying internet devices and hotspots to those in need, as well as delivering worksheet packets to the elementary school students. Telemedicine emerged as a critical resource for many who were homebound or unable to access medical care which created other issues for many who could not attend doctor's appointments and could not access the internet as well as not having the technology literacy to use the applications (apps) for telemedicine.

## New/Paused/Discontinued Initiatives Since Last CHA

In response to COVID restrictions, office personnel began to work from home or work staggered schedules, and volunteers who donated time and energy to the many initiatives began to stay home. This caused many of the Richmond County initiatives to be either paused or changed to other mediums. Initially, most initiative meetings that were not paused began using telephone or conference calls because many thought the pandemic would end soon; however, since the pandemic proved to be longer lasting than expected many initiatives meetings moved to virtual settings. Which increased the need for internet service and user-friendly virtual platforms. The initiatives that were not paused or were resumed changed to a more educational outreach using social media and billboards.

Health People Health Carolinas, First-in-Health Richmond County 2020 Taskforce, Montgomery, and Richmond Coalition, Healthy Communities, and the Minority Diabetes Prevention Program all paused their initiatives because most of the members were also public health educators, hospital administration, medical providers, and school administration who were needed to work elsewhere to battle the COVID epidemic.

Improving Community Outcomes for Maternal and Child Health (ICO4MCH), Tobacco 6 Tobacco Prevention and Control Branch, and Richmond County Drug Endangered Family Taskforce (DEFT) initiatives were paused with meetings going virtual. Some initiatives were resumed to an educational component with outreach through social media. Some outreach was through paid advertisements using social media as well as using strategically placed billboards in the county.

Redefining and Empowering Adolescent and Community Health (REACH) and Juvenile Crime Prevention Council (JCPC) initiatives were paused then resumed with limitations using virtual platforms.

## Actions