Community Health Needs Assessment

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# Table of Contents

I. Executive Summary  
   a. Summary of Findings  
   b. Identified Health Priorities  

II. About the Research  

III. Community Served – Columbus County  

IV. General State of Our Community’s Health  
   a. Summary of Findings  
   b. County Health Rankings  
   c. Healthy Lifestyles and Behaviors  
   d. Health Environment  
   e. Health Risk Factors  
   f. Health Outcomes – Morbidity & Mortality  
   g. Health Services – Preventive Clinical and Access  

V. Community Feedback – Community Health Survey  

VI. Identified Priority Health Needs & Related Assets  

VII. Implementation Strategies  

VIII. Appendix  
   a. Map of Columbus Regional Healthcare System  
   b. Map of Columbus County  
   c. Data Sources  
   d. CHINA Team
Executive Summary

Background and Purpose
Columbus Regional Healthcare System, located in Columbus County, North Carolina, is the leading healthcare provider serving the health care needs of those in the Columbus County area. With a mission to be the primary healthcare home of the citizens of Columbus County and surrounding communities, Columbus Regional Healthcare System is dedicated to improving the health of the community and to being a leader in raising standards for excellence in care delivery.

In the summer of 2015, Columbus Regional Healthcare System in collaboration with Columbus County Health Department as part of the Health Assessment Task Force began the implementation of a Community Health Needs Assessment (CHNA) for Columbus County. The effort focused on assessing community health needs, local health resources, barriers to care, gaps in services, and trends regarding health and healthy lifestyles. The resulting CHNA will be utilized to document community need and link those needs to community benefit efforts of the health system. The needs assessment will be utilized to assist the hospital in planning and prioritizing its community benefit investments.
**Identified Health Priorities**

A variety of data and information was collected and analyzed in order to identify key priority health needs of the community. The prioritization process included review and analysis of:

1) Secondary, quantitative statistical data,
2) Primary, qualitative community feedback, and
3) Current community and Columbus Regional Healthcare System assets.

In addition to review of above, additional meetings with stakeholders and community members were facilitated to identify priorities and potential action plans. To select priorities and related strategies, the following criteria were considered:

- Data and community feedback indicated the issue as an important community need
- Columbus Regional Healthcare System has the capacity to impact the issue
- Addressing a selected issue holds the potential to affect other key health conditions, therefore creating a multiplying effect
- Strategies selected align with and support Columbus Regional’s mission and strategic direction
- Strategies selected take in consideration current assets in both the community and within Columbus Regional Healthcare System

In considering the above, the following priorities were selected:

1. **Heart Disease and Stroke**

   Heart disease is the number one leading cause of death in Columbus County attributing to 250 deaths or 37.1% in Columbus County and 18467 deaths in North Carolina (NCSCHS, 2015). While high blood pressure, smoking and physical inactivity are considered four major risk factors, other factors such as obesity and diabetes are also considered risk factors. Our county Cerebrovascular disease rate is 69.9 per 100,000 much higher than the North Carolina rate of 47.8 per 100,000.

2. **Diabetes**

   The prevalence of diabetes continues to be high in Columbus County as the 9th leading cause of death in 2014. Diabetes is also a major cause of death and disability in North Carolina and the nation. With a greater prevalence of obesity and an increasing elderly population, diabetes is approaching epidemic proportions in North Carolina. Diabetes deaths are higher among African Americans with a rate of 46.2 compared to 30.8 among whites.
3. **Cancer**

The N.C. Division of Public Health reports that cancer continues to be the leading cause of death in North. In Columbus County, the cancer rate for all cancers is 447.8 per 100,000 compared to the state rate of 483.4. Lung cancer is the leading cause of cancer death in Columbus County (2013 State Center for Health Statistics).

Community assets related to these needs have been identified in the *Identified Priority Health Needs & Related Assets* section of this report (starting on page 49).

Strategic initiatives to address each of these identified needs have been developed and are included in the *Columbus Regional Healthcare System’s Community Health Needs Assessment- Implementation Strategy* document. This will be reported annually to the IRS on Form 990.

The CHNA report will be made widely available to the public and will be posted on Columbus Regional Healthcare System’s website: [www.crhealthcare.org](http://www.crhealthcare.org)
About the Research

Community research was conducted by a Community Health Assessment Committee of team members consisting of community members and key stakeholders from Columbus Regional Healthcare System, Columbus County Health Department and various local businesses. A community-based approach was taken to complete the community health needs assessment. National, state, regional and county-specific data were collected from a broad set of data sources. Special emphasis was placed on assessing Healthy People 2020 Leading Indicators, medically underserved areas and gathering information from community residents, providers of health and human services and other stakeholders and representatives of Columbus County.

Efforts were made to ensure that the research was conducted in a manner that was representative of the communities within Columbus Regional’s primary service area. The primary service area and focus of the CHNA is Columbus County as approximately 71% of Columbus Regional’s inpatient, outpatient and emergency room discharges were from residents of Columbus County.

Research methods were conducted in approach that incorporated both quantifiable and qualitative date to get a well-rounded view of the state of the community’s health needs.

1) Collection of **statistical (secondary, quantitative) date** at national, state, regional and local levels-key data sources included Healthy People 2020, County Health Rankings, National Health Indicators Warehouse, CDC and North Carolina DEHEC biostatistics and hospital discharge data. Dates of data collected ranged from 2006 - 2012. For each indicator, data was pulled for the most recent year available. In addition, data was pulled when available, from previous years in order to assess progress. A more detailed list of data sources is included in the appendix of this report.

2) Collection of **qualitative data** through a community health assessment survey was distributed throughout Columbus County via web link, email and hard copies of the survey as well as Focus Groups that were held in various areas of the county.

The assessment was completed in partnership and with much input from the local public health professionals, health and human service agencies and Columbus Regional Healthcare System leaders and board.
Community Served – Columbus County

The geographic service area and focus of the Columbus Regional Healthcare System’s CHNA is Columbus County as approximately 71% Columbus Regional’s inpatient, outpatient and emergency room discharges were from those who reside in Columbus County.

Population Growth
According to the North Carolina State Census Quick Facts, Columbus County’s population was estimated at 56,953 people in July 2014. This reflects a change of -0.016% since April 1, 2012. Population density is 62.0 per square mile.

Columbus County
Population = 56,694
Growth rate 2010-2012 = -0.8%

North Carolina
Population = 9,752,073
Growth rate 2010-2012 = 2.3%

Race

The racial makeup is almost exclusively white and African American with other minorities accounting for 9.3% of the total population. The 2010 US Census Bureau reported this information; the Hispanic population has increased slightly since the last census in 2000. Other races in our county have remained the same.
**Education**

Educational attainment for Columbus County is currently below the state and national levels. The current high school graduation rate is 79.6% in Columbus County, with the North Carolina average being 85.4% for the state. The national average remains slightly higher than the state’s at a rate of 86.3%. (quickfacts.census.gov)

**Income and Poverty**

The median household and per capita income in Columbus County are lower than that of the state and nation.

<table>
<thead>
<tr>
<th>Median Household Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>• $34,597 Columbus</td>
</tr>
<tr>
<td>• $46,291 NC</td>
</tr>
<tr>
<td>• $53,482 US</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Per Capita Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>• $19,289 Columbus</td>
</tr>
<tr>
<td>• $25,608 NC</td>
</tr>
<tr>
<td>• $27,3334 US</td>
</tr>
</tbody>
</table>

With the downturn in the economy over the past several years, poverty rates have climbed at an alarming rate and are much higher than the nation’s 14.3% poverty rate. Columbus County’s poverty rate has increased to 23% when compared to the state’s poverty level of 16.1% (US Census Bureau, 2007-2011)

**Unemployment**

According to the NC Employment Security Commission (ESC) Workforce Website:

Unemployment rate in Columbus County:

- 2013: 12.4%
- 2014: 9.7%
- 2015: 8%

Unemployment rate in North Carolina:

- 2013: 8.7%
- 2014: 6.6%
- 2015: 5.3%
General State of Our Community’s Health

Summary of Findings

General Social Characteristics
- Columbus County’s population has experienced a slight decline since 2012, with 2015 population estimates being 56,694 according to the U.S. Census Bureau.
- Educational attainment remains approximately 5.8% below the state level.
- Columbus County continues to reflect a more diverse population than the state and nation.
- Median household income has remained stagnant over the past 10 years and is lower than the state and nation. Poverty rates have increased at an alarming rate.
- Unemployment remains higher that the state and national average.

General Health Rankings
- Columbus County was ranked as the least healthy county in the state of North Carolina for the years 2009 – 2014 ranking 100 out of 100. In 2015 some improvement to the overall rank was achieved with a score of 96 out of 100. The health outcomes ratings (morbidity, mortality) was 96 and was 88 among the health factors ratings (social, economic, environment, health behavior factors).

Healthy Lifestyles
- Overweight and obese adults and children are a concern, as well as habits related to lack of exercise and healthy eating.
- Community Perceptions: Feedback from the community health assessment surveys indicated that there is still a lack of physical activity and eating healthier foods and smoking among adults as reported in the 2015 Behavioral Risk Factor Surveillance Survey (BRFSS). These three health behaviors are self-reported among Columbus residents and negatively impact the health of residents.
- Most people have a general knowledge of how lifestyle choices impact health; however most report that for reasons related to cost, access and convenience it is difficult to maintain a healthy lifestyle. Focus group participants voiced that the economy is their biggest concern and they feel that the lack of economic opportunities (including employment) is one of the main reasons why our county continues to be ranked low in the state for health.
Health Risk Factors

- Prevalence of diabetes continues to be high and Columbus has a higher rate than both the state and nation.
- Infant mortality and preterm births have seen a decrease in Columbus County for 2013. The infant death rate for the period 2009-2013 was 10 (per 1000 population) compared to the state rate of 7.3.
- Hypertension rates continue to increase.
- Community Perceptions: The community health assessment surveys consistently reported that obesity, chronic disease and drug/alcohol abuse were the number one health problems in Columbus County.

Health Outcomes - Morbidity and Mortality

- Diseases of the heart are the number one leading cause of death in Columbus County in 2014 attributing to 224 deaths.
- Cancer is the second leading cause of death in adults in Columbus County in 2014, (125 deaths).

Mental Health

- Columbus County is served by Southeastern Regional mental Health, Developmental Disabilities and Substance Abuse Services Local Management Entity (LME). There are several private providers (for-profit and non-profit) endorsed by them to provide at least one service related to mental health, developmental disabilities, and substance abuse.
- Feedback from the community indicates that there is a growing concern regarding mental health services related to substance abuse.

Health Services

- Due to the lower-income status of Columbus County, it is designated as a medically indigent with a Health Professional Shortage Area (HPSA) Score of 19 in primary care.
- Columbus County has improved and fares comparable to the state and nation in preventive clinical services such as diabetic and mammography screenings with rates of 89% and 69% compared to state percentages of 88% and 69%.
- With increases in unemployment in Columbus County, the community reports that access to care remains an issue, due mostly to lack of insurance and inability to pay for medical care.
- Hospital data shows ER usage rates have increased by nearly 5.5% from 2011 to 2012.
- Perceptions from the Community Health Assessment Surveys included:
  - Issues with access to care were: Lack of insurance, Lack of knowledge and fear being the top 3, with No appointments available and Transportation being in the top 5.
  - The community reported an increase in job opportunities would improve the health of their family, neighbors and friends while decreasing barriers to health care.
  - The community reported a need for more health screenings and/or education services related to cholesterol, cancer and substance abuse being in the top three.
Children’s Health

- Obesity is a condition affecting many residents in Columbus County and is the number one health problem in children. In Columbus County, 17.1% of children 2-4 years of age are overweight and 18.3% are obese, ranking Columbus County 87th in the State. (NC-NPASS 2010)
The *County Health Rankings* rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor’s office. Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the Rankings help counties understand what influences how healthy residents are and how long they will live. The Rankings confirm the critical role that factors such as education, jobs, income, and environment play in influencing health. The Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity and teen births. The Rankings, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health.

**County Health Rankings and Roadmaps, www.countyhealthranking.org**

Columbus County ranked 96 out of 100 counties for having the least favorable health outcomes.

Based on the County Health Rankings, Columbus County ranks in the highest tier in the state among unhealthy outcomes. It ranks 96 out of 100 counties among the health outcomes ratings and 88 out of 100 among the health factors ratings. Columbus County was ranked at 100 for the 6 years in a row until improving to 96 for 2016 year.
The summary health factor rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input, and represent just one way of combining these factors.

(County Health Rankings, 2016).
Columbus County Environmental Information

Information Provided by NC Department of Natural Resources

Air Quality Index (AQI)

- Columbus County AQI
- North Carolina Mean AQI
- U.S. Mean AQI

According to the graph on the left, Columbus County is below the state average for Air Quality Index. The U.S. mean average is below both the state and counties average.

Ozone

- Columbus County Ozone
- North Carolina Mean Ozone
- U.S. Mean Ozone

According to the graph on the left, Columbus County is below the state average for Ozone. The U.S. mean average is below both the state and counties average.
According to the graph above, Columbus County ranks below the state for particulate matter. Excessive particulate matter can negatively affect air quality.
### Health Risk Factors

Health, well-being and quality of life are affected by a variety of genetic, environmental and behavioral risk factors that are most commonly associated with poor health, disability and premature death. Columbus County typically fares worse than the rest of the state and is below the national average as well as the Healthy People 2020 goal.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Columbus County Current</th>
<th>Columbus Past</th>
<th>North Carolina</th>
<th>Nation</th>
<th>Healthy People 2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking (adults age 18+)</td>
<td>21.90%</td>
<td>BETTER 24.4%</td>
<td>BETTER 22.9%</td>
<td>BETTER 25%</td>
<td>12%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>15.10%</td>
<td>WORSE 14.6%</td>
<td>BETTER 23.2%</td>
<td>WORSE 8.3%</td>
<td>25.30%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>32.70%</td>
<td>WORSE 32%</td>
<td>WORSE 29.5%</td>
<td>WORSE 29.9%</td>
<td>26.90%</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>9.20%</td>
<td>BETTER 17.9%</td>
<td>WORSE 7.2%</td>
<td>WORSE 7%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Sources: National Health Indicators Warehouse (HIW), Healthy People 2020
### Health Outcomes – Mortality and Morbidity

**Leading Causes of Death in Columbus County 2014**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Diseases of heart</td>
<td>224</td>
<td>33.1</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>125</td>
<td>18.5</td>
</tr>
<tr>
<td>3</td>
<td>Cerebrovascular diseases</td>
<td>33</td>
<td>4.9</td>
</tr>
<tr>
<td>4</td>
<td>All other unintentional injuries</td>
<td>31</td>
<td>4.6</td>
</tr>
<tr>
<td>5</td>
<td>Alzheimer's disease</td>
<td>30</td>
<td>4.4</td>
</tr>
<tr>
<td></td>
<td>Chronic lower respiratory diseases</td>
<td>30</td>
<td>4.4</td>
</tr>
<tr>
<td>7</td>
<td>Nephritis, nephrotic syndrome and nephrosis</td>
<td>22</td>
<td>3.2</td>
</tr>
<tr>
<td>8</td>
<td>Motor vehicle injuries</td>
<td>17</td>
<td>2.5</td>
</tr>
<tr>
<td>9</td>
<td>Diabetes mellitus</td>
<td>15</td>
<td>2.2</td>
</tr>
<tr>
<td>10</td>
<td>Assault (homicide)</td>
<td>13</td>
<td>1.9</td>
</tr>
<tr>
<td></td>
<td>All other causes (Residual)</td>
<td>137</td>
<td>20.3</td>
</tr>
<tr>
<td></td>
<td><strong>Total Deaths -- All Causes</strong></td>
<td>677</td>
<td>100</td>
</tr>
</tbody>
</table>

### Leading Causes of Death in Columbus County, 2010

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Diseases of heart</td>
<td>165</td>
<td>23.7</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>149</td>
<td>21.4</td>
</tr>
<tr>
<td>3</td>
<td>Cerebrovascular diseases</td>
<td>41</td>
<td>5.9</td>
</tr>
<tr>
<td>4</td>
<td>Chronic lower respiratory diseases</td>
<td>40</td>
<td>5.7</td>
</tr>
<tr>
<td>5</td>
<td>All other unintentional injuries</td>
<td>26</td>
<td>3.7</td>
</tr>
<tr>
<td>6</td>
<td>Motor vehicle injuries</td>
<td>24</td>
<td>3.4</td>
</tr>
<tr>
<td>7</td>
<td>Diabetes mellitus</td>
<td>16</td>
<td>2.3</td>
</tr>
<tr>
<td>8</td>
<td>Influenza and pneumonia</td>
<td>15</td>
<td>2.2</td>
</tr>
<tr>
<td>9</td>
<td>Nephritis, nephrotic syndrome and nephrosis</td>
<td>14</td>
<td>2.0</td>
</tr>
<tr>
<td>10</td>
<td>Septicemia</td>
<td>13</td>
<td>1.9</td>
</tr>
<tr>
<td></td>
<td>All other causes (Residual)</td>
<td>193</td>
<td>27.8</td>
</tr>
<tr>
<td></td>
<td><strong>Total Deaths -- All Causes</strong></td>
<td>696</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: State Center for Health Statistics, North Carolina

When comparing the leading causes of death data for years 2010 through 2014, we see that there is an increase in the number of deaths caused by diseases of the heart, while there have been slight declines in deaths attributed to cancer and cerebrovascular disease (stroke). In addition, in 2010 the leading causes of death did **NOT** include Alzheimer’s and assault (homicide), but did include septicemia and influenza and pneumonia.
Cancer
The N.C. Division of Public Health reports that cancer is now the second leading cause of death in North Carolina surpassing heart disease. In Columbus County, the cancer rate is 204.3 per 100,000 compared to the state rate of 183.1. Lung cancer is the leading cause of cancer death in Columbus County (2010 State Center for Health Statistics).

<table>
<thead>
<tr>
<th>Cancer Deaths 2013</th>
<th>Columbus County</th>
<th>North Carolina</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung/Bronchus</td>
<td>306</td>
<td>7,753</td>
</tr>
<tr>
<td>Colon/Rectum</td>
<td>131</td>
<td>4,031</td>
</tr>
<tr>
<td>Female Breast</td>
<td>50</td>
<td>9,320</td>
</tr>
<tr>
<td>Prostate</td>
<td>45</td>
<td>5,891</td>
</tr>
<tr>
<td>Pancreas</td>
<td>7</td>
<td>1,439</td>
</tr>
</tbody>
</table>

Heart Disease
Heart Disease is the second leading cause of death for men and women in North Carolina. The risk for heart disease increases as a person’s age increases. In addition to behavioral risk factors, obesity, high blood pressure, high cholesterol and diabetes are other known risk factors for heart disease. (North Carolina Institute of Medicine. Healthy North Carolina 2020: A Better State of Health.

The Columbus County disease of the heart mortality rate is nearly double that of the state rate at 259.8 per 100,000 population with the state rate being 184.9.
Health Services – Preventive Clinical and Access

Due to the lower-income status of the county, the United States Census designates Columbus County as “rural”. Columbus has an unemployment rate of 12.6% (2012) and is considered a Tier 1 county, which means it is economically depressed by the State Department of Commerce and ranks 100 out of 100 for health outcomes in North Carolina.

Clinical Preventive Services
Screenings
Columbus County screening rates for some of the most widely recommended screenings are better than the state and national rates. Various events are held throughout the year where free screenings are provided to the public for regular cholesterol, blood pressure and bone density checks.

Health Care Access
At 18.6%, Columbus County has one of the highest rates of uninsured adults age 19 and over. Additionally, 10.4% of our children ages 0-18 lack health insurance coverage, which is right above the state’s average of 10.3%

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Columbus</th>
<th>NC</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of Adults (age 18+) That Do Not Have any kind of Health Care</td>
<td>18.6%</td>
<td>18.1%</td>
</tr>
<tr>
<td>% Estimate of uninsured Age 0-18</td>
<td>10.4%</td>
<td>10.3%</td>
</tr>
<tr>
<td>% of Adults 18+ Who Needed to see a Dr. in past 12 mo. But couldn’t due to cost</td>
<td>18.2%</td>
<td>17.5%</td>
</tr>
</tbody>
</table>
Community Survey
Qualitative data was gathered by conducting a community survey with a total of 1,241 responses from community members. The prioritization process included review and analysis of this primary, qualitative community feedback to determine priorities for healthcare interventions within Columbus County.

Community Health Survey questions and results are listed on the following pages.
Primary Data - Questions and Responses from the Community Health Assessment Survey (results are combination of paper and pen surveys and Survey Monkey responses)

Question 1: In your opinion, what do most people die from in your Community?

According to the community, Heart Disease (40%) and Cancer (38%) are the top two leading causes of death. Stroke/Cerebrovascular Disease and Motor Vehicle Deaths follow with 6% as well as Diabetes with 5%. 2% of the community chose Homicide/Violence while 1% felt HIV/AIDS, Asthma/Lung Disease, or other health issues were what people suffered from.

Using the same survey in 2012, we found that 43.1% of people felt that heart disease was the leading cause of death, followed by cancer at 33.6%, and stroke at 8.22% (caution; 865 surveys were collected in 2016 versus 1200 in 2012).
Question 2: In your opinion, what is the biggest health issue of concern in your community? (Check only one)

The above graph illustrates the number and percentage of the population surveyed who feel that the stated issues are the biggest health concerns in their community. According to the community, Chronic Disease (i.e. Cancer, Diabetes, Heart Disease/Stroke) is the most concerning health issue with 43%. Drug/Alcohol Abuse and Obesity are the next biggest health issue of concern with 21%. 4% of the community feels Gangs/Violence is the biggest health issue of concern while 3% feel it is Teen Pregnancy. 2% of the community feel Dental Health and Mental Health are the biggest concerning health issues while 1% feels Child Abuse, Tobacco Use, Vehicle Crashes, or other health issues are the biggest concerns. This is similar to 2012 results when 46% of people cited chronic diseases as the biggest issue, followed by drug and alcohol abuse, at 21.3% and obesity at 12.5%.
Question 3: In your opinion, what do you think is the main reason that keeps people in your community from seeking medical treatment? (Check only one)

The above graph illustrates the number and percentage of the population surveyed who feel that the stated issues are the main reasons people in the community do not seek medical treatment. According to the community, 67% feel Lack of insurance/Unable to pay for doctor’s visit is the main reason keeping people in the community from seeking medical treatment. 10% of the community feels Lack of knowledge/Understanding of the need is the main reason, while 9% of the community feels it is Fear (not ready to face health problem) that keeps people from seeking medical treatment. 6% of the community feel No appointments available at doctor when needed/Have to wait too long at doctor’s office is the main reason that keeps people from seeking medical treatment. 3% of the community said None/No Barriers while 2% feel It Is Not Important. 1% of the community feel Health services are too far away, transportation, or other reasons are what keep people from seeking medical treatment. In 2012, 66% residents reported that lack of insurance was the main reason that kept people from accessing health care.
Question 4: Which factor do you feel most affects the quality of the health care you or people in your community receive? (Check only one)

- Economic (Low Income, No Insurance, etc.) 84%
- Age 5%
- Language Barrier/Interpreter/Translator 1%
- Race 2%
- Sex/Gender 1%
- Other 0%
- No Answer Given/Left Blank 0%
- Ability to read & write/Education 7%

84% of residents cited that economic factors are what affects people’s quality of life, followed by education/the ability to read at 7%. In 2012, 75% reported economic reasons affecting people’s quality of life, followed by education at 8%.
Question 5: In your opinion, do you feel people in your community lack the funds for any of the following: (Check all that apply)

The above graph illustrates the number and percentage of the population surveyed who feel that people in their community lack the funds for the stated resources. According to the community, 360 (n=860) or 41% of those surveyed reported they feel people in their community lack the funds for Health Insurance, and 298 feel people in their community lack funds for Medicine (33%). 212 of those surveyed feel people in their community lack funds for Utilities (i.e. Electricity, Fuel, Water), and 201 feel people in their community lack funds for Food. 188 of those surveyed feel people in their community lack funds for Transportation and 141 feel people lack funds for Home/Shelter. 8 of those surveyed feel people in their community lack funds for other resources. In 2012, 26% of residents reported that health insurance was the first reason that people had the lack of funds.
Question 6: How do you rate your own health? (Check only one)

The graph above shows the number and percentage of the population surveyed who rated their personal health. As shown, 42% of the community rated their personal health as good. 31% of the community rated their personal health as very good while 17% rated their personal health as fair. 7% of the community rated their personal health as excellent while 2% rated their personal health as Poor. 1% answered Don't Know/Not Sure. In 2012, 38% reported their health as good, followed by very good at 31%.
Question 7: What does your community need to improve the health of your family, friends, and neighbors? (Check all that apply)

The graph above shows the percentage of those surveyed who feel that the stated resources are needed to improve the health of their family, friends, and neighbors. 279 (32%) of those surveyed feel job opportunities are needed and 183 feel safe places to walk/play are needed to improve the health of the community. 166 of those surveyed feel additional health services are needed, 165 feel wellness services are needed, and 164 feel healthier food choices are needed to improve the health of their family, friends, and neighbors. 150 of those surveyed feel substance abuse rehabilitation services are needed and 139 feel recreation facilities are needed to improve the health of the community. 130 of those surveyed feel after-school programs are needed, 123 feel mental health services are needed, and 106 feel transportation is needed to improve the health of the community. 77 of those surveyed feel specialty practices are needed. In 2012, 18% cited job opportunities as most needed to improve health of family, friends, and neighbors.
Question 8: What health screenings or education/information services are needed in your community? (Check all that apply)

The graph above shows the number and percentage of the population surveyed who feel that the stated health screenings or educational/informational services are needed in their community. 269 of those surveyed feel cholesterol/blood pressure/diabetes health screenings or educational/informational services are needed in their community (31%). 231 (27%) of those surveyed feel cancer and 214 feel substance abuse health screenings or educational/informational services are needed in their community. 199 of those surveyed feel nutrition and 191 feel physical activity health screenings or educational/informational services are needed in their community. 181 feel dental screenings are needed in their community and 169 feel mental health screenings or educational/informational services are needed in their community. 147 of those surveyed feel teen pregnancy prevention programs are needed, followed by literacy (139) and HIV/Sexually Transmitted Diseases (114). 105 of those surveyed feel reckless driving/seatbelts/child car seats educational/informational services are needed in their community and 93 feel eating disorder health screenings or educational/informational services are needed. 83 of those surveyed feel emergency preparedness educational/informational services are needed in their community. Vaccinations (82) followed by disease outbreak screenings (63) were the reported by residents as least needed in their community. In 2012, 11% of respondents felt that cholesterol/blood pressure/diabetes screenings were needed, followed by cancer at 10%.
Of those surveyed, 315 (37%) get most of their health information from doctors/health professionals. 206 of those surveyed get their health information from the internet (24%). 97 of those surveyed get most of their health information from television and 93 get their information from family or friends. 62 of those surveyed get their health information from newspaper/magazines, 55 get their information from the health department, 23 get their information from the hospital newsletter, and 22 get their health information from the health education center. 19 of those surveyed get their health information from the radio and 14 get their information from the library. In 2012, 32% reported receiving their information from a doctor, while 18% indicated the internet.
Question 10: Does your family have a basic emergency supply kit? (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlights and batteries, non-electric can opener, blankets, etc.)

The graph above shows the percentage of the population surveyed that indicated whether their families have a basic emergency supply kit. Of those surveyed, 49% said yes and 48% said no. 3% of those surveyed reported don’t know/not sure. In 2012, 49% surveyed that they had a basic emergency supply kit.
Question 11: What would be your main way of getting information from authorities in a large-scale disaster or emergency? (Check only one)

The graph above shows the number and percentage of the population surveyed that indicated the primary means of obtaining information from authorities in a large-scale disaster or emergency will be from the stated resources: 37% of those surveyed will obtain information from authorities from the television, 24% will obtain information from text message (Emergency Alert System), 13% will obtain information from the Internet, and 12% will obtain information from the Radio. Of those surveyed, 6% will obtain information from authorities through social networking site, 4% said they were did not know/unsure of how they will obtain information, and 2% said they will obtain information from neighbors or print media (ex: newspaper). In 2012, 42% reported that they would obtain information from TV, followed by radio at 22% and text messaging at 10%.
Question 12: If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate? (Check only one)

The graph above shows the percentage of the population surveyed who would be willing to evacuate from their neighborhood/community due to a mandatory evacuation ordered by public authorities during a large-scale disaster or emergency. Of those surveyed, 51% of the respondents indicated yes, they would evacuate. 45% of those surveyed indicated they did not know/not sure if they would evacuate from their neighborhood/community, while 4% indicated that they would not evacuate. In 2012, 74% responded that they would evacuate, followed by not sure at 16%.
Question 13: What would be your main reason you might not evacuate if asked to do so? (Check only one)

The graph above shows the percentage of the population surveyed that indicated what reason might cause them to not evacuate if public authorities announced a mandatory evacuation from their neighborhood or community due to a large-scale disaster or emergency. Of those surveyed, 43% of the respondents indicated it is not applicable, they would evacuate. 13% of those surveyed would not evacuate due to concern about leaving property behind, 11% don’t know/not sure if they would evacuate, and 9% of the respondents would not evacuate due to concern about family safety or concern about leaving pets. 4% of respondents indicated they would not evacuate due to concern about traffic jams and inability to get out or due to lack of transportation. 2012 results indicated that 40% of persons would evacuate.
Respondents Age

The above graph shows the percentages of respondent’s age. 25% of those surveyed are 35-44 years of age, 20% of those surveyed are 45-54 years of age, and 18% of those surveyed are 55-64 years of age. 13% of respondents are 65-74 or 25-34 years of age. 7% of respondents are 75+ years of age and 4% of respondents are under 25 years of age. Our county’s population is comprised of 54.5% of people ages 18-64, and 80% of surveys were collected from these age ranges combined.

The majority of survey responses were females.
The above graph shows respondents race. 72% of those surveyed are White/Caucasian, 24% are Black/African American, 3% are Native American/Alaskan Native, and 1% chose other. Please see secondary data for the county's racial make-up (64% are White, 30% are African American, and 5% are Hispanic/Latino, and 3% are Native American/Alaskan).
Are you Hispanic, Latino, or Spanish origin?

- Yes: 10
- No: 90%

<table>
<thead>
<tr>
<th>Location</th>
<th># of Surveys Distributed and Returned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolton</td>
<td>75/35</td>
</tr>
<tr>
<td>Brunswick</td>
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<tr>
<td>Cerro Gordo</td>
<td>50/15</td>
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<td>Chadburn</td>
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<td>80/40</td>
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<td>100/50</td>
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<tr>
<td>Riegelwood</td>
<td>100/50</td>
</tr>
<tr>
<td>Tabor City</td>
<td>300/150</td>
</tr>
<tr>
<td>Whiteville</td>
<td>500/250</td>
</tr>
</tbody>
</table>

When the Community Health Assessment team came together, we used the same number of surveys needed that we developed for the 2012 Community Health Assessment as a guide (the county’s population from 2012 to 2016 has not increased significantly). Our goal was to distribute 10% of each town’s population and to have a 5% return. We met this goal and the total number of surveys collected was 865 for the 2016 health assessment.

Whiteville, which is the county’s seat, has the largest population compared to the other towns in the county, followed by Tabor City, and then Chadburn.
Do you currently have Health Insurance?

In 2012, 76% reported that they had insurance coverage, and in 2016 85% reported that they had health insurance coverage.

![Pie chart showing health insurance status]

- Yes: 85%
- No: 12%
- No, but I did at an earlier time/previous job: 3%
- No Answer Given/Left Blank: 0%
Focus Group Information

Focus groups were conducted in Chadbourn and Bolton, and at the December 2015 Board of Health/Board of Commissioner meeting. The responses are grouped and categorized together. Questions 5 and 6 were not posed to the Board of Health and Board of Commissioners, since our task force felt that these questions were better suited for those that were not in elected positions, or holding a position on a board(such as the Board of Health).

Focus Group Questions/Responses

1. What do you feel the county’s biggest health concerns are?
   Lack of economic opportunities/Lack of money/little or no income/ to get what is needed for health, people on drugs/substance abuse issues, diabetes, lack of education among residents of health; Chronic diseases (diabetes, heart disease), substance abuse, nutrition/healthy eating, lack of physical activity, teen pregnancy, poverty

2. What conditions/factors do you believe influence the health of our residents?
   No jobs (which equates to bad health), no education, lack of money required to buy healthier food,/ join gyms, young people selling and using drugs, prescription drug abuse, no in-county mental health/substance abuse rehabilitation services, poor Poverty, substance abuse, lack of jobs, changing traditions/adopting healthier habits (eating healthier, more physical activity)

3. What kinds of things would you like to see happen to improve the health of residents?
   More education provided, specialized physicians and better health clinics, better recreational facilities including walking trails, better nutrition (teaching residents how to eat healthier, growing their own gardens, growing school gardens), programs for young people/mentoring programs, Wellness center, more jobs, increase in the number of residents who have health insurance, access /creation of physical activity facilities

4. What do you and others do to stay healthy?
   Go to the doctor, exercise, eating healthier foods (less sugar, less calories), eating healthier, physical activity, compliance with healthcare advice and getting regular health check-ups, following state laws such as seatbelts, motorcycle helmets

5. Do you feel that Columbus County Health Department hours of operation are based on community need?
   Hours are fine-ok, WIC (Women Infants, Children) hours be extended, possibly extend an hour or two during week in evenings to accommodate those who work later hours, offer appointments at later times if needed/requested by customers

6. How can we improve health services?
   Cut greeting on phone/make it shorter, educate residents about all the services the health department offers, update website to be more user friendly
Identified Priority Health Needs & Related Health Assets

To select priorities and related strategies, the following criteria were considered:

- Data from the Community Health Assessment Survey indicated the issue as an important community need.
- Columbus Regional Healthcare System has the capacity to impact the issue.
- Addressing a selected issue holds the potential to affect other key health conditions, therefore creating a multiplying effect.
- Strategies selected align with and support Columbus Regional Healthcare System's mission and strategic direction.
- Strategies selected take in consideration current assets in both the community and within Columbus Regional Healthcare System.

In considering the above, the following priorities were selected:

1. **Heart Disease and Stroke**
   
   Cardiovascular disease includes the second and fourth leading cause of death in North Carolina – heart disease and stroke- and account for nearly 26% of all deaths in North Carolina.
   
   Heart disease is the number one leading cause of death in Columbus County attributing to 224 deaths in Columbus County and 17,547 deaths in North Carolina (NCSCHS, 2014). While high blood pressure, smoking and physical inactivity are considered four major risk factors, other factors such as obesity and diabetes are also considered risk factors.

2. **Cancer**
   
   In 2014, 19,301 people in North Carolina died from cancer, 696 in Columbus County making it the second leading cause of death with a rate of 189.9 (per 100,000 population) compared to the rate of 171.1 for North Carolina. Lung cancer is the leading cause of cancer death in Columbus County accounting for 239 of the county cancer deaths.
   
   It is generally recognized that the majority of cancers are related to personal lifestyle or environmental factors (smoking and diet). Other factors (age, gender, family history of a specific cancer) are also associated with the development of cancer and aid in the identification of people at high risk.

3. **Diabetes**
   
   The prevalence of diabetes continues to be high in Columbus County as the 9th leading cause of death in 2014. Diabetes is also a major cause of death and disability in North Carolina and the nation. With a greater prevalence of obesity and an increasing elderly population, diabetes is approaching epidemic proportions in North Carolina. The mortality rate for diabetes in Columbus is 21.7 which are above the state rate at 22.8 per 100,000.
After identification of health care priorities, additional planning meetings were facilitated with Columbus Regional Healthcare System leaders and the Community Health Assessment Committee to develop strategic initiatives to address the health care need priorities.

Implementation strategies were identified for Columbus Regional Healthcare System.

Columbus Regional Healthcare System’s Implementation Strategies include:

1. **Heart disease and stroke** - To address heart disease and stroke, Columbus Regional Healthcare System will focus on:
   1) Community education and efforts to increase early heart disease/stroke awareness and detection
   2) Increase at risk population screenings for heart disease

   More specifically, initiatives include:
   
   a. Offer community education programs on topics related to heart disease and stroke awareness including cholesterol screenings, blood pressure checks and education related to preventative measures such as physical exercise and weight loss. Continue inclusion of screenings and education into current community programs, health fairs and community outreach events.
   
   b. Ongoing focus to increase heart disease education and early detection through a partnership with Columbus County Health Department and Columbus County Healthy Carolinians, whose mission is to coordinate and facilitate county-wide health initiatives that create an environment supporting total health.
   
   c. Columbus Regional Healthcare System employees are offered an annual wellness program that includes wellness labs, immunization compliance and identification of hypertension and other chronic illnesses.
   
   d. **CODE STROKE initiative**
   
   e. **Expanded relationship with Cape Fear Heart Associates**, cardiology physician group from New Hanover County, to provide efficient, convenient cardiac care to the citizens of Columbus County.
   
   f. The Care Transitions program is funded through the Duke Endowment and will provide staff to collaborate with patients and their healthcare team upon discharge from CRHS to improve health outcomes and reduce readmissions. The Care Transitions Team will expand upon current work being done with patients following discharge from the hospital. A software solution to further assist Care Managers and the Transitions team will also be included in the grant.
g. Columbus Regional in a partnership with the Columbus County Farmers Market provides a satellite location for an on-campus Farmers Market each Thursday through the growing season. This arrangement provides access to fresh fruits and vegetables for the community and for our hospital staff in a convenient location. Farmer’s market vouchers are available in the hospital gift shop to make shopping at the market easier for visitors and staff.

2. Cancer- To address Cancer, Columbus Regional will focus on the following:
   1) Increasing education to the community
   2) Implement cancer screening programs into current community benefit related activities
      Initiatives include:
      A) Relocation of DCCC and partnership with LCI
      B) Think Pink Project – Komen Grant
         The Donayre Cancer Care Center launched the Think PINK Columbus program in April of 2016. This program aims to reduce disparities of breast cancer diagnosis and mortality rates among minority women living in Columbus County, North Carolina. Think PINK provides an outreach program that will focus on educating minority women on the importance of early detection through breast self-examination, clinical breast exams, routine screening mammograms and connecting women with breast health services.
      C) The Donayre Cancer Care Center facilitates the Columbus Cancer Champions Support group for all cancer patients. Attendees meet monthly and hear from various speakers including, Providers, Dieticians, Physical Therapy and others. The Caring for the Caregiver is another Support Group that is sponsored by DCCC and is led by the Columbus Regional Healthcare System Chaplain.
      D) Because of the partnership with Levine Cancer Institute, Donayre Cancer Care Center has access to Clinical Trials. These research studies are designed to answer questions about new ways to diagnose, treat and prevent cancer. Clinical trial participants have the opportunity to receive new research treatments before they are widely available. This is a first for patients receiving treatment in this area.

3. Diabetes- Columbus Regional Healthcare System will address Diabetes by:
   1) Increasing education
   2) Participate and offer community events to provide free screenings for patients at risk for this chronic disease while offering resources for management and treatment options.
A) For hospitalized patients at Columbus Regional Healthcare, a diabetes educator with advanced diabetes management certification, is available to help educate and manage their diabetes during their hospital stay.

B) Columbus Regional Healthcare System increases community awareness through education of diabetes signs and symptoms, treatment options and preventative measures at monthly support group meetings. Provides space and financial support including group leader and program speakers.

C) The Diabetes Education Program at CRHS is recognized by the American Diabetes Association as meeting the National Standards for Diabetes Self-Management Education. The program provides group classes and individual diabetes education sessions and self-management through dietician nutritional counseling. Education is provided by a multidisciplinary staff including a certified diabetes educator nurse, certified diabetes educator dietitian, podiatrists, exercise physiologists and pharmacists. Participants are offered both day and night options for classes.

D) Columbus Regional Healthcare System annually sponsors a Diabetes Awareness Day which features various screenings and education opportunities for the community. Participants are offered examinations by a local podiatrist who screens for diabetic neuropathy. In 2012 more than 50 individuals received blood pressure checks, stroke screening assessments and a monofilament test.
Appendix A- Copy of the Community Health Survey

Columbus County Health Department

1. In your opinion, what do most people die from in your community? (Check only one)
   - Asthma/Lung Disease
   - Cancer
   - Diabetes
   - Suicide
   - HIV/AIDS
   - Heart Disease
   - Stroke/Cerebrovascular Disease
   - Homicide/Violence
   - Motor Vehicle Deaths
   - Other (please specify) ____________________________

2. In your opinion, what is the biggest health issue of concern in your community? (Check only one)
   - Asthma/Lung Disease
   - Chronic Disease (i.e. Cancer, Diabetes, Heart Disease/Stroke)
   - Child Abuse
   - Dental Health
   - Drug/Alcohol Abuse
   - Gangs/Violence
   - Mental Health
   - Obesity
   - Teen Pregnancy
   - Tobacco Use
   - Vehicle Crashes
   - Other (please specify) ____________________________

3. In your opinion, what do you think is the main reason that keeps people in your community from seeking medical treatment? (Check only one)
   - Cultural/Health Beliefs
   - Fear (not ready to face health problem)
   - Health services too far away
   - Lack of insurance/Unable to pay for doctor’s visit
   - Lack of knowledge/understanding of the need
   - None/No Barriers
   - Not Important
   - Transportation
   - No appointments available at doctor when needed
   - Have to wait too long at doctor’s office
   - Other (please specify) ____________________________

4. Which factor do you feel most affects the quality of the health care you or people in your community receive? (Check only one)
   - Ability to read & write/Education
   - Age
   - Economic (Low Income, No Insurance, etc.)
   - Language Barrier/Interpreter/Translator
   - Race
   - Sex/Gender
   - Other (please specify) ____________________________

5. In your opinion, do you feel people in your community lack the funds for any of the following: (Check all that apply)
   - Food
   - Health Insurance
   - Home/Shelter
   - Utilities (i.e. Electricity, Fuel, Water)
   - Medicine
   - Transportation
   - Other (please specify) ____________________________

6. How do you rate your own health? (Check only one)
   - Excellent
   - Very Good
   - Good
   - Fair
   - Poor
   - Don’t Know/Not Sure

7. What does your community need to improve the health of your family, friends, and neighbors? (Check all that apply)
   - Additional Health Services
   - After-School Programs
   - Education Opportunities
   - Mental Health Services
   - Recreation Facilities
   - Transportation
   - Wellness Services
   - Safe places to walk/play
   - Substance Abuse Treatment
   - Substance Abuse Rehabilitation Services
   - Specialty Physicians (Type? ________________)
   - Other (please specify) ____________________________

8. What health screenings or education/information services are needed in your community? (Check all that apply)
   - Cancer
   - Cholesterol/Blood Pressure/Diabetes
   - Dental Screenings
   - Disease Outbreaks
   - Substance Abuse
   - Nutrition
   - Emergency Preparedness
   - Eating Disorders
   - Pregnancy Prevention
   - Physical Activity
   - Literacy
   - HIV/Sexually Transmitted Diseases
   - Mental Health (including depression/anxiety)
   - Reckless Driving/Seatbelts/Child Car Seats
   - Vaccinations/Immunizations
   - Other (please specify) ____________________________
9. Where do you and your family get most of your health information? (Check all that apply)
   - Health Education Center
   - Family or Friends
   - Internet
   - Doctor/Health Professional
   - Television
   - Hospital Newsletter
   - Newspaper/Magazines
   - Library
   - Health Department
   - Radio
   - Social Networking site
   - Neighbors
   - Text Message (Emergency Alert System)
   - Other (describe) ____________
   - Don’t Know/Not Sure

10. Does your family have a basic emergency supply kit? (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlights and batteries, non-electric can opener, blanket, etc.)
    - Yes
    - No
    - Don’t Know/Not Sure

11. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (Check only one)
    - Television
    - Radio
    - Internet
    - Print Media (ex newspaper)
    - Social Networking site
    - Neighbors
    - Text Message (Emergency Alert System)
    - Other (describe) ____________
    - Don’t Know/Not Sure

12. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate? (Check only one)
    - Yes
    - No
    - Don’t Know/Not Sure

13. What would be the main reason you might not evacuate if asked to do so? (Check only one)
    - Not applicable, I would evacuate
    - Leaving property behind
    - Concern about personal safety
    - Concern about family safety
    - Concern about leaving pets
    - Concern about traffic jams and inability to get out
    - Lack of Transportation
    - Health problems
    - Other (describe) ____________
    - Don’t Know/Not Sure

For Statistical Purposes Only, Please Complete the Following:

I am:  □ Male  □ Female.
□ 75+
What is your zip code? ____________
My race is:  □ White/Caucasian  □ Black/African American  □ Native American/Alaskan Native  □ Asian  □ Pacific Islander  □ Other ____________
Are you of Hispanic, Latino, or Spanish origin?  □ Yes  □ No
If yes, are you □ Mexican, □ Mexican American,□ Chicano □ Puerto Rican □ Cuban □ Other Hispanic or Latino (please specify) ____________
Do you currently have Health Insurance?  □ Yes  □ No, but did at an earlier time/previous job
I completed this survey in ______ County:  □ Bladen □ Brunswick □ Columbus □ Duplin □ New Hanover □ Pender □ Robeson □ Sampson □ Scotland
Do you live or work in the county where you completed this survey?  □ Both □ Live □ Work □ Neither
When seeking care, what hospital do you visit first? (Check only one)
□ Bladen County Hospital □ Cape Fear Hospital □ Columbus Regional Healthcare System □ Doshier Memorial Hospital □ Duplin General Hospital □ New Hanover Regional Medical Center □ Pender Memorial Hospital □ Sampson Regional Medical Center □ Southeastern Regional Medical Center □ Other ____________

Zip Code ____________

1. En su opinión, de que muere la mayoría de las personas en su comunidad? (Marca solo una)
   □ Asma/Enfermedad de los pulmones □ Cancer □ Diabetes □ Suicidio □ Virus del sida/SIDA □ Enfermedad del corazón □ Embolia/Enfermedad cerebrovascular □ Homicidio/Violencia □ Muertes por accidente de vehículo
   □ Otra enfermedad (favor de especificar) ____________

2. En su opinión, que es la preocupación de salud mas grande en su comunidad? (Marca solo una)
   □ Asma/Enfermedad de los pulmones □ Enfermedades crónicas (como cancer, diabetes, enfermedad del corazón/embolía) □ Abuso de ninos □ salud Dental □ Abuso de drogas/bebidas alcohólicas □ Bandas/Violencia □ Salud Mental □ Obesidad □ Embarazo de jóvenes □ Uso de tabaco □ Accidentes de vehiculo □ Otra cosa (favor de
3. En su opinión, qué prohibe a las personas en su comunidad buscar tratamiento médico? (Marque solo una)
☐ Creencias culturales/de salud ○ Miedo (no están listos para enfrentar sus problemas de salud) ○ Los servicios de salud están muy lejos
☐ Falta de seguro médico/no puede pagar la visita con el médico ○ Falta de conocimiento/entendimiento de la necesidad
☐ Niño/niña hay obstáculos ○ No es importante ○ Falta de transporte
☐ No hay citas disponibles con el médico cuando las necesitan/Tienen que esperar mucho tiempo en la oficina del médico
☐ Otra razón (favor de especificar) ____________

4. En su opinión, qué factor incluido abajo afecta más la calidad de los servicios médicos que recibe usted o las personas en su comunidad?
(Marque solo una)
☐ Capacidad de leer y escribir/educación ○ Edad ○ Económico (falta de dinero o de seguro médico)
☐ Obstáculo de idioma/no interprete/no traductor ○ Raza ○ El sexo de la persona ○ Otra (favor de especificar) ____________

5. En su opinión, piensa usted que las personas en su comunidad les faltan dinero para algunas de las siguientes cosas?
(Marque todas las cajas que aplican)
☐ Comida ○ Seguro de salud ○ Casa/Refugio ○ Empresas de servicios públicos (como electricidad, combustible, agua)
☐ Medicina ○ Transporte ○ Otra cosa (favor de especificar) ____________

6. Como evaluaría usted su propia salud? (Marque solo una)
☐ Excelente ○ Muy bien ○ Bueno ○ Mediano ○ Pobre ○ No soy/No estoy seguro

7. Que necesita su comunidad para mejorar la salud de su familia, sus amigos, y sus vecinos? (Marque todas las cajas que aplican)
☐ Mas servicios de salud ○ Programas para niños después de la escuela ○ Selecciona de comidas mas saludables
☐ Oportunidades para trabajar ○ Servicios de Salud Mental ○ Centros de Recreo ○ Transporte
☐ Servicios de Bienestar ○ Lugares seguros para caminar/jugar ○ Servicios de rehabilitacion para los que abusan de las substancias
☐ Especialistas médicos (que tipo? ____________) ○ Otra cosa (favor de especificar) ____________

8. Que exámenes de salud o educación/servicios de información son necesitados en su comunidad? (Marque todas las cajas que aplican)
☐ Cancer ○ Colesterol/Presión arterial/Diabetes ○ Exámenes dentales ○ Brote de enfermedad ○ Abuso de substancia (drogas o alcohol)
☐ Nutrición ○ Preparación para emergencias ○ Trastornos de comer ○ Prevención de embarazo ○ Actividad física
☐ Alfabetización ○ HIV/SIDA/Enfermedades sexuales transmisiones ○ Salud mental (incluyendo depresión/anxiety)
☐ Manejando sin cuidado/Cinturones de seguridad/Sillas de carros para niños ○ Vacunaciones/Inmunizaciones ○ Otra (favor de especificar): ____________

9. De donde recibe usted y su familia la mayoría de su información de salud? (Marque todas las cajas que aplican)
☐ Centro de educación de salud ○ Familia o Amigos ○ Internet ○ Médico/Profesional de salud
☐ Televisión ○ Boletín informativo del hospital ○ Periodico/Revistas ○ Biblioteca ○ Departamento de Salud
☐ Radio

10. Tiene su familia un botiquín básico de provisiones para emergencias? (Estos botiquines incluyen agua, comida no perecedera, sus medicinas y recetas necesarias, provisiones de primeros auxilios, linternas y pilas, abrelatas no electricas, cobijas, y más)
☐ Sí ○ No ○ No se/No estoy seguro

11. Que sería su manera principal de conseguir información de las autoridades en un desastre de gran escala o en una emergencia?
(Marque solo una)
☐ Televisión ○ Radio ○ Internet ○ Medios impresos de comunicación (como el periódico) ○ Sitio de red social y comunicaciones
☐ Vecinos ○ Mensajes de texto (Sistema de alertas para emergencias) ○ Otra: (describe) ____________ ○ No
12. Si las autoridades publicas anunciaron una evacuacion obligatoria de su vecindario o comunidad por desastre de gran escala o de una emergencia, evacuana usted? (Marca solo una) □ Sí □ No □ No se/No estoy seguro

13. Que sera la razon principal por la que usted no evacuaría si ellos le pidieron hacerlo? (Marca solo una)
□ No aplicable, yo evacuaría. □ Falta de confianza en los oficiales publicos □ Preocupacion de dejar la propiedad deudas □ Preocupacion de seguridad personal □ Preocupacion de seguridad de la familia □ Preocupacion de dejar animales domesticos □ Preocupacion de ser parado en trafico y incapacidad de salir □ Falta de transporte □ Problemas de salud (no puede ser movido)
□ Otra (describela): ____________________________ □ No se/No estoy seguro

Favor de contestar las preguntas abajo para propósitos estadisticos solamente

<table>
<thead>
<tr>
<th>Yo soy: □ Hombre □ Mujer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mi edad es: □ menor de 25 □ 25-34 □ 35-44 □ 45-54 □ 55-64 □ 65-74 □ 75 o más</td>
</tr>
<tr>
<td>Mi código postal es: ____________________________</td>
</tr>
<tr>
<td>Mi raza es □ Blanco/Caucasian □ Negro/Afroamericano □ Americano Nativo/Nativo de Alaska □ Asiatico □ Isleno Pacifico □ Otra: ________</td>
</tr>
<tr>
<td>Es usted de origen hispano, latino, o espanol? □ Sí □ No</td>
</tr>
<tr>
<td>Si su contesta es si, es usted □ Mexicano/AMerican Mexicano, o Chicano □ Puertorriqueño □ Cubano □ Otro hispano o latino (favor de especificar): ____________________________</td>
</tr>
<tr>
<td>Tiene usted ahora mismo alguna tipo de seguro de salud? □ Sí □ No □ No, pero antes o en el trabajo anterior, si, yo tenía seguro médico</td>
</tr>
<tr>
<td>Yo completo este sondeo en el condado de □ Bladen □ Brunswick □ Columbus □ Duplin □ New Hanover □ Pender □ Robeson □ Sampson □ Scotland</td>
</tr>
<tr>
<td>Vive o trabaja usted en el condado donde completo este sondeo? □ Los dos □ Vivo □ Trabajo □ Ninguno de los dos</td>
</tr>
<tr>
<td>Cuando usted esta buscando cuidado medico, que hospital visita usted primero? (Marca solo una)</td>
</tr>
<tr>
<td>□ Hospital del Condado de Bladen □ Hospital de Cape Fear □ Sistema del cuidado de salud de la region de Columbus □ Hospital de Doshier Memorial □ Hospital General de Duplin □ Centro Medico de la Region de New Hanover □ Hospital de Pender Memorial □ Centro Medico de la region de Sampson □ Sistema del Cuidado de Salud de Scotland</td>
</tr>
</tbody>
</table>
Health Care Resources

Alzheimer’s Association 400 Oberlin Road, Suite #220 Raleigh, North Carolina 27605 (919) 832-3732

(800) 228-8738 – Toll Free
Alzheimer’s Support
(800) 2288738

American Cancer Society 3131 Wrightsville Avenue Wilmington, North Carolina 28403
(910) 641-0222

American Diabetes Association (800) 342-2383

American Red Cross Cape Fear Chapter Columbus Service Delivery Unit
704 North Thompson Street
Whiteville, North Carolina 28472
(910) 642-3364
(910) 642-2026 – FAX

Description of Services: This agency provides health and safety training; disaster relief services, and community relations volunteer training. This program also provides services to individuals interested in gaining skills as lifeguards, swimmers, or youth babysitters. HIV/AIDS education courses also are offered. These programs are open to individuals who have experienced a natural disaster, fire, or emergency need.

Asbury Homes, Inc.
11337 Joe Brown Highway South Tabor City, North Carolina 28463 (910) 653-5050

Cancer Hotline
(800) 422-6237

Cancer Registry
(919) 715-4556

Care-Line, Office of Information (800) 662-7030
www.careline.org
Children’s Special Health Services (800) 737-3028

Columbus County CAP Program Department of Aging

827 Washington Street
Whiteville, North Carolina 28472
(910) 640-6602
(910) 640-6646 – FAX

www.dhhs.state.nc.us/aging

Description of Services: This agency offers In-Home Services, personal care services, Community Alternatives Program (CAP/DA & CAP/C), and private pay insurance. Senior Centers provide community involvement and opportunities for older adults to become physically active, mentally challenged, emotionally supported, and socially involved. Exercise equipment and medical equipment is available for loan to seniors. Congregate meals and home delivered meals are offered to seniors. The Minor Home Repair program assists persons 60 years or older with minor repairs to their homes to remedy conditions that are a risk to their health and safety. Transportation is available to the nutrition sites.

Columbus County Community Health Center

Whiteville, North Carolina 28472
(910) 641-0202
(910) 641-0208 – FAX

Description of Services: This center provides treatment of acute and chronic illnesses, information on women’s health issues, children’s health care and immunizations, adolescent health care, school employment and sports physical health screenings, drug testing, diagnostic laboratory, health education and counseling. The Medical Assistance Program (MAP) caters to low-income and unemployed residents of Columbus County. The Patient Assistance Program helps to acquire medications, in most cases, free of charge.

Columbus County Department of Aging 827 Washington Street

Whiteville, North Carolina 28472
(910) 640-6602
(910) 640-6646 – FAX

Description of Services: This agency coordinates In-Home Aide services, Community Alternatives Program for adults and children. Senior Centers provide community involvement and opportunities for older adults to become physically active, mentally challenged, emotionally supported, and socially involved. Exercise equipment and medical equipment is available
for loan to seniors. Congregate meals and home delivered meals are offered to seniors. The Minor Home Repair program assists persons 60 years or older with minor repairs to their homes to remedy conditions that are a risk to their health and safety. Transportation is available to the nutrition sites.

Columbus County
Department of Social Services
P.O. Box 397
40 Government Complex Road
Whiteville, North Carolina 28472
(910) 642-2800 or (910) 640-6631
(910) 641-3970 – FAX
(919) 733-4622 – Children Services
(800) 992-9457 – Child Support
(919) 733-7831 – Child Welfare

Columbus County DREAM Center
P.O. Box 1757
403 S. Martin Luther King Jr. Avenue Whiteville, North Carolina 28472
(910) 642-0633
(910) 642-0712 – FAX

Description of Services: Programs include A Matter of Life (prostate cancer awareness, prevention and treatment); Adolescent Health Education Risk Reduction (outreach resiliency training for HIV/STD & substance abuse prevention); Columbus County Family Champions Family Resource Center (helping families meet needs); Columbus County IMPACT (outreach, non-traditional HIV/STD counseling, testing, referrals, as well as substance abuse prevention & counseling); Columbus County Governor’s One-on-One Volunteer Program (mentoring for at-risk youth); Community Development (community empowerment, economic development, and home ownership counseling and training); Community Technology Center (computer lab with free Internet access for adults and youth); Safe Haven After School Tutoring and Summer Enrichment (Grades 1-8), Job Readiness and Workforce Development (training for unemployed
Columbus County Health Department P.O. Box 397

304 Jefferson Street
Whiteville, North Carolina 28472

(910) 640-6615
(910) 640-1088 – FAX

Description of Services: This agency offers family planning information, a prenatal clinic, a pediatric clinic, an adult health clinic, free immunizations, and the WIC program. Screenings, assessment, physical therapy referral, childcare referral, child service coordination, speech/language therapy referral, orthopedic clinic, dental clinic, communicable and infectious disease clinics, family/parent education, training, consultation, child development, occupational therapy, and medical care and treatment also are offered.

Columbus County Home Health P.O. Box 810

706 North Thompson Street
Whiteville, North Carolina 28472 (910) 642-0147

(910) 640-3859 – FAX

Columbus Regional Healthcare System 500 Jefferson Street

Whiteville, North Carolina 28472

(910) 642-8011
(910) 642-9305 – FAX

Description of Services: This 166-bed, not-for-profit organization is accredited by the Joint Commission on Accreditation of Healthcare Organizations. Governed by a local board of trustees.

Columbus Regional Healthcare System Breast Feeding & Parenting Classes

500 Jefferson Street
Whiteville, North Carolina 28472

(910) 642-9323
Division of Services for the Deaf and Hard of Hearing

(919) 773-2970

Dial-A-Hearing Screening Test (800) 345-3277

Disability Hotline (Social Security) (919) 733-4427

(800) 772-1213 – Toll Free

Division of Aging

(919) 733-3983

www.dhhs.state.nc.us/aging

Eldercare Locator

(800) 677-1116

Expanded Foods & Nutrition Education Program (EFNEP) 45 Government Complex Road Whiteville, North Carolina 28472 (910) 641-3996

(910) 642-6315 – FAX

www.ces.ncsu.edu/columbus/EFNEPHomepage  Description of Services: This nutrition program targets low-income families with children and teaches the value of proper nutrition, how to better utilize food budgets, and food safety.

Families First, Inc.
P.O. Box 1776

809 Washington Street

Whiteville, North Carolina 284725

(910) 642-5996

(910) 641-0444 – Crisis

(910) 641-0253 – FAX

(800) 348-5068 – Victim Assistance

(800) 826-6200 – Victim Compensation
Family Champions

P.O. Box 694
109 North Main Street

Four County Community Services, Inc. P.O. Box 337
425 South Lee Street
Whiteville, North Carolina 28472
(910) 642-8381
(910) 642-5407 – FAX

Description of Services: Through a community services block grant, this agency works with families to provide job training and employment assistance, educational and social programs, emergency assistance when funds are available, volunteer income tax preparation, USDA food, and transitional housing. Other programs include Head Start and weatherization.

Health & Human Services
(919) 733-4534

Health & Human Services Citizen Help (919) 733-4261

Home Health Agency Hotline (800) 624-3004

Hospitality House of Wilmington
1613 Medical Center Drive
Wilmington, North Carolina 28401
(910) 763-2130

Description of Services: This facility provides support services to patients and their families while they are experiencing a medical crisis.

Library for Blind & Physically Handicapped (888) 388-2460

Lion’s Club

P.O. Box 743
Whiteville, North Carolina 28472
(910) 640-3604
(910) 234-5888
Lower Cape Fear Hospice, Inc.
P.O. Box 636
121 West Main Street
Whiteville, North Carolina 28472
(910) 642-9051
(910) 642-0223 — FAX

www.hospicelowercapefear.org

Description of Services: This agency offers bereavement support services and counseling, skilled nursing care, medical social services, medications, personal care, chaplains, and volunteer assistance.

Southeastern Regional Mental Health Area Program NOW “VistaPointe”

450 Country Club Rd.
Lumberton, North Carolina 28360
910-738-5261 (M-F 8 a.m. - 5 p.m.)
24 Hour Crisis Services: 800-672-8255
Access Line: 800-670-6871
Customer Services: 800-760-1238
TTY: 866-315-7368

Social Security Administration 204 S. Lee St.
Whiteville, North Carolina 28472
(910) 642-7182
(800) 772-1213 — Toll Free

Soil & Water
(919) 715-2302
Acknowledgments

We would like to thank the Health Assessment Task Force members and Healthy Columbus members. Without their contributions, this undertaking would be impossible.

Columbus County 2016 Community Health Assessment Task Force Members:

Terrie Priest, Columbus Regional Healthcare System
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Vickie Palt, Families First
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Sherry Shepard- Columbus Regional Healthcare System
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Carol Caldwell, Columbus County DREAM Center
Gabriella Maggiolo, Columbus County Health Department
Kim Smith, Columbus County Health Department
Sarah Gray, Columbus County Health Department

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