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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 being a leader in raising standards for excellence in care delivery.

In the spring of 2019, Columbus Regional Healthcare System staff in collaboration with stakeholders in Columbus County convened a Community Health Assessment Task Force and 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. The assembled task force met to discuss questions to be included on the survey and how the survey should be disseminated across the county.

Data Collection and Process.

The CHNA was incorporated into a Survey Monkey and pen and paper surveys were prepared in both English and Spanish. A listing of possible agencies that should be included in the dissemination of surveys was developed. These sites included, but were not limited to:

- Columbus Regional Healthcare Staff
- Columbus County and Whiteville City Schools
- Southeastern Community College Faculty, Staff and Students
- Local Public Libraries
- Physician Offices
- Behavioral Health Centers
- Department of Aging Sites
- Civic Groups such as Rotary and Columbus Children, Youth and Families
- Hispanic Outreach Programs
- Support Groups such as Parkinson’s Meetings.
- Columbus Baptist Fellowship
- Columbus Ministerial Association through CRHS Chaplain’s Office
- Waccamaw Siouan Development Office

Our intent was to distribute surveys throughout the county and utilize those listed above to obtain responses that reflect the entire community. Whiteville, being the largest township in the county, was expected to have the greatest return and that was reflected in our response rate. An effort was made to reach what the group considered to be underserved areas of the county and members of the committee were asked to reach out to identified individuals in these areas.
In addition to the Community Health Needs Assessment (CHNA) Survey developed for this assessment cycle (https://www.surveymonkey.com/r/VWVZVKB), we also utilized a survey completed in late 2016 by the YMCA of Southeastern North Carolina in conjunction with Columbus Regional Healthcare system who has been a primary partner in the Columbus County YMCA initiative. This survey http://www.crhealthcare.org/wp-content/uploads/Needs-assessment_8.5.16.pdf had the highest rate of return responses of any YMCA survey completed across the United States and questions/comments gathered during this process tend to validate issues identified with the CHNA.

Key findings through the CHNA, as they did is 2015, indicate that residents note there is a lack of access to health care and the funds to pay for medical services, chronic diseases (heart disease, stroke, cancer and diabetes), issues with obesity and impact on individuals dealing with weight management, illegal drug and prescription drug abuse, safe places for recreation and exercise and lack of facilities for this purpose. The YMCA survey identified similar issues surrounding nutrition, weight management, exercise, and safe recreational spaces for the entire family.

The Columbus County YMCA Steering Committee has begun three programs in response to the results of the survey conducted by the YMCA of Southeastern North Carolina and Columbus Regional Healthcare System. Two private pools within the County were converted to public YMCA pools. Swim for Life Safety Programs, free and private swim lessons have been offered at these locations during 2018 and 2019. Approximately 20 individuals have been employed as lifeguards and fundraising for this project has exceeds $50,000.00. Girls and the Run (GOTR) and STRIDE, two nationally recognized programs emphasizing exercise and leadership have been in operation for two years in the county and city school systems with over 200 students participating. Volunteer teachers have helped to make these programs a great success and each season ends with family members completing a 5k race with the student. We are researching a Pedal for Parkinson’s program and meet monthly with a support group of those affected by this disease. Finally, in the spring 2020 we will begin a new diabetes education program in the county with funding secured by the YMCA of SENC, BCBS and North Carolina State University. Classes will be conducted for those who are at risk for developing diabetes and options will be offered to delay onset or prevent progress of the disease. These opportunities together will address many of the concerns/needs that were identified through the two surveys. The Columbus County YMCA Steering Committee supported the Columbus County Parks and Recreation Department as they worked to find matching funds to complete a specialized outdoor training facility adjacent to the Columbus County Farmer’s Market. They were able to secure funding from the Kate B. Reynolds Foundation after a presentation at a steering committee meeting where representatives from the Foundation were present.
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, CRHS staff visited sites throughout the county, distributed surveys to identified individuals, groups and healthcare related professionals, utilized feedback from the Columbus County YMCA Steering Committee and other community members to identify priorities and discuss 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

As noted in the previous Community Health Needs Assessment, residents indicated heart disease is the number one leading cause of death in Columbus County attributing to 209 deaths or 27.9% in Columbus County while cerebrovascular occurrence is approximately 1% lower than the state average (NCSCHS, 2017). Respondents on the county survey indicated Stoke and Cerebrovascular Disease was the third highest cause of death but according to statewide data, Columbus County ranks fourth in cause of death with the same ranking as the statewide statistics. (NCSHS, 2017). While high blood pressure, smoking and physical inactivity are considered four major risk factors, other factors such as obesity and diabetes are also considered as risk factors.

2. Cancer

Cancer was identified by residents as the second highest cause of death in Columbus County with 23.19% responding to this question. The N.C. Division of Public Health reports cancer as the second highest cause of death in Columbus County at 17.8% and 133 deaths. These statistics are from the NCSCHS 2017 Leading Causes of Death in Columbus County statistics. Cancer continues to be the leading cause of death in North Carolina with a percentage of 20.9&% of the 19,474 deaths. Lung cancer is the leading cause of cancer deaths in Columbus County with 205 reported deaths between 2013 and 2017. (2017 State Center for Health Statistics).
3. **Diabetes**

The prevalence of diabetes continues to be high in Columbus County and is tied with cerebrovascular disease for the fourth leading cause of death (NCSHSC, 2017). Diabetes is also a major cause of death and disability in North Carolina and across 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 American males with a rate of 55.2% compared to White males with a rate of 26.1%. (Columbus County 2019 Health Data Book).

Respondents in our survey indicated their second highest health issue or concern in our county is Chronic Disease at 25.15%. This response includes, Cancer, Diabetes, Heart or Vascular Disease. The responses relate to the 2019 Health Rankings which places Columbus County 94 out of 100 in health outcomes and 90 out of 100 in health factors which will be covered in later portions of this document.

When asked about the biggest health concern or issue in the community, respondents indicated illegal drug use ranked highest among their concerns at 32.19%. This response correlates with data included in the County Health Rankings and Roadmaps 2019 rankings for Columbus County. This data indicated higher than state average for drug overdoses in Columbus County in addition to higher numbers of violent crime which could be attributed to illegal drug use by residents. Our county rates are higher than the state average in motor vehicle deaths, and lack of mental health providers. Healthcare organizations are focusing on overprescribing and law enforcement is more diligent in targeted areas of county to decrease drug trafficking.

- Community assets related to these needs have been identified in the *Identified Priority Health Needs & Related Assets* section of this report.

- 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 Strategies and is reported annually to the IRS on Form 990.

- The 2019 CHNA report will be made available to the public and 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, various local businesses public and private non-profits, public officials and private citizens. 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 The 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 84.7% of Columbus Regional’s inpatient, outpatient and emergency room discharges were from residents of Columbus County.

Research methods were conducted in an 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) data 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 2013-2019. 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

2) Collection of qualitative data through a community health assessment survey was distributed throughout Columbus County via web link, survey monkey, email and pen and paper hard copies in English and Spanish in addition to personal visits and presentations across the county.

Community Served – Columbus County

The geographic service area and focus of the Columbus Regional Healthcare System’s CHNA is Columbus County as approximately 84.7% Columbus Regional’s inpatient, outpatient and emergency room discharges were from those who reside in Columbus County.

Population Growth
Columbus County, North Carolina’s estimated population if 55,987 with a growth rate of -0.52% in the past year according to the most recent United States Census Data. Columbus County, North Carolina is the 51st largest county in North Carolina. The county decreased in population from 56,279 in 2016.
Race
Using the source cited above the racial makeup of Columbus County is as follows:

<table>
<thead>
<tr>
<th>Race</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>34,810</td>
</tr>
<tr>
<td>Black or African American</td>
<td>17,479</td>
</tr>
<tr>
<td>American Indian</td>
<td>2,099</td>
</tr>
<tr>
<td>Another Race</td>
<td>1,395</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>551</td>
</tr>
<tr>
<td>Asian</td>
<td>247</td>
</tr>
<tr>
<td>Native Hawaiian or Pacific Islander</td>
<td>8</td>
</tr>
</tbody>
</table>

Education
Columbus County is below the state average for high school graduates at 84% which is reflected in the survey which referred to lack of job opportunities directly related to less than desired skilled workforce. Unemployment is above the state average at 5.6% in addition to income inequality at 5.6%. all these combined with number of children living in poverty, and low median household income contribute to low educational attainment and well-trained workforce. (County Health Rankings and Roadmap, 2019)

Income and Poverty
The economy of Columbus County, NC employs 20.5k people. The largest industries in Columbus County, NC are Health Care & Social Assistance (3,809 people), Manufacturing (2,512 people), and Retail Trade (2,389 people), and the highest paying industries are Utilities ($62,716), Transportation & Warehousing, & Utilities ($48,654), and Transportation & Warehousing ($41,144).

Median household income in Columbus County, NC is $37,600. This is less than the median US income at $60,336. Males in Columbus County, NC have an average income that is 1.34 times higher than the average income of females, which is $44,729. Median income of the residents of North Carolina is $52,800.

Unemployment
According to the Columbus County Health Rankings and Roadmaps, 2019, unemployment in Columbus County is 5.6%. According to the Bureau of Labor Statistics, unemployment in NC as of July 2019 is 4.2%
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 23.3% when compared to the state’s poverty level of 16.1%.

<table>
<thead>
<tr>
<th>City</th>
<th>Poverty Rate</th>
<th>Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chadbourn</td>
<td>41.2%</td>
<td>2,101</td>
</tr>
<tr>
<td>Lake Waccamaw</td>
<td>22.3%</td>
<td>1,304</td>
</tr>
<tr>
<td>Tabor City</td>
<td>40.8%</td>
<td>2,403</td>
</tr>
<tr>
<td>Whiteville</td>
<td>35.8%</td>
<td>5,187</td>
</tr>
</tbody>
</table>

https://www.welfareinfo.org/poverty-rate/north-carolina/columbus-county
General State of our Community’s Health

Summary of Findings

General Social Characteristics

- Columbus County’s population has experienced a decline since 2011, with 2019 population estimates being 55,987 according to the U.S. Census Bureau.
- Educational attainment stands at 6.33% below ninth grade, and 33% no higher than a high school education. The highest graduation rates are among the Asian population with a rate of 100%.
- Columbus County continues to reflect a more diverse population than the state and nation with more females than males, a difference between 39.9% and 43.7%. Of our 44,150 adults, 10,484 are considered senior citizens.
- 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 and is now 23.62% and higher among females. The average wage earned in Columbus county is $29,739.
- Unemployment remains higher that the state and national average.
- Spanish is the only language spoken by 4.69% of the population.

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). As of health rankings released for 2019, Columbus County ranked 94th in the state in Health outcomes and 90th in Health 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, 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. Survey respondents stated the economy is their biggest concern and they feel the lack of job opportunities and insufficient funds to pay for everyday necessities are two main reasons our county continues to be ranked low in the state for health factors and outcomes.
Health Risk Factors

- Prevalence of diabetes continues to be high and Columbus County has a higher rate than both the state and nationally.
- Infant mortality and preterm births are higher than the state average in addition to 43 compared to 27 at the state level.
- Columbus County in the 2019 Health Rankings and Roadmaps indicated Columbus County had 550 premature age-related mortality as compared to 370 at the state level with less than the state average life expectancy of 74.0 years.
- 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 were the number one leading cause of death in Columbus County in 2017 attributing to 209 deaths.
- Cancer is the second leading cause of death in adults in Columbus County in 2017 attributing to 133 deaths.

Mental Health

- Columbus is now served by Trillium (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 including Bridgepoint and Advanced Behavioral Services in addition to on-going classes for those who have been referred by the local courts.
- Feedback from the community indicates that there is a growing concern regarding mental health services related to substance abuse including prescription and illegal drug use. Of the 28,710 patients receiving services in the ED during 2018, 265 were referred for mental health services.

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. In 2017, Columbus County had 5.4 primary care physicians per 10,000 residents as compared to 7.0 at the state level.
- Columbus County has improved and fares comparable to the state and nation in preventive clinical services such as diabetes screenings, but mammography screenings are lower than the state average of 41%. Our CHNA indicated most females responding having had a mammogram within the last twelve months.
- 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 co-pays and prescriptions.
Hospital data indicate total number of patients seen in our ER in 2018 totaled 25,114. With 2,546 being residents of Columbus County.

Perceptions from the Community Health Assessment Surveys included:

- Issues with access to care
- Lack of insurance,
- Appointments not available when needed
- Transportation
- 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 additional need for health screenings and assistance for individuals with mental health needs and resources to combat illegal drug use and abuse of prescription drugs

Children’s Health

Obesity is a condition affecting many residents in Columbus County and is the number one health problem in children. In North Carolina in 2014, 15% of children, ages 2-4, receiving WIC services, were considered obese. In 2017, 13.1% percent of children ages 10-17 were considered obese and 15.4% of high school students were obese. North Carolina ranks 19th in the nation for the number of individuals diagnosed as obese. More children eligible for free lunch, lack of exercise and lack of choices for health foods contribute to this health issue. Asthma discharges from hospitals in Columbus County have decreased in the last four years.

https://www.stateofobesity.org/states/nc/

https://datacenter.kidscout.org
COUNTY HEALTH RANKINGS

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. Visit the website listed below to view the full document.

https://www.countyhealthrankings.org/rankings/data/nc

Columbus County ranked 94 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 94 out of 100 counties among the health outcomes ratings and 90 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.
Differences in Health Factors within States by Place and Racial/Ethnic Groups

How Do Counties Rank for Health Factors?
Health factors in the County Health Rankings represent the focus areas that drive how long and how well we live, including health behaviors (tobacco use, diet & exercise, alcohol & drug use, sexual activity), clinical care (access to care, quality of care), social and economic factors (education, employment, income, family & social support, community safety), and the physical environment (air & water quality, housing & transit).

The blue map above shows the distribution of North Carolina's health factors based on weighted scores for health behaviors, clinical care, social and economic factors, and the physical environment. Detailed information on the underlying measures is available at www.countyhealthrankings.org. The map is divided into four quartiles with less color intensity indicating better performance in the respective summary rankings. Specific county ranks can be found in the table on page 10.

What are the Factors That Drive Health and Health Equity and How Does Housing Play a Role?
Health is influenced by a range of factors. Social and economic factors, like connected and supportive communities, good schools, stable jobs, and safe neighborhoods, are foundational to achieving long and healthy lives. These social and economic factors also interact with other important drivers of health and health equity. For example, housing that is unaffordable or unstable can either result from poverty or exacerbate it. When our homes are near high performing schools and good jobs, it's easier to get a quality education and earn a living wage. When people live near grocery stores where fresh food is available or close to green spaces and parks, eating healthy and being active is easier. When things like lead, mold, smoke, and other toxins are inside our homes, they can make us sick. And when so much of a paycheck goes toward the rent or mortgage, it makes it hard to afford to go to the doctor, cover the utility bills, or maintain reliable transportation to work or school.
Health Environment

Columbus ranks approximately the same as the state average for particulate matter and air pollution. The county average is 9.7% while the state average is 9.8%. The county is not listed as having any drinking water violations and ranks approximately the same for housing problems. We do face higher than state averages for those individuals who drive alone to work or drive alone and have long distance commutes. The county does have higher home ownership rates that the state average.

Health Risk Factors

<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>21.0%</td>
<td>24.4%</td>
<td>18%</td>
<td>25%</td>
<td>12%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>16.0%</td>
<td>14.6%</td>
<td>11.0%</td>
<td>8.3%</td>
<td>25.30%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>32.70%</td>
<td>32%</td>
<td>29.5%</td>
<td>29.9%</td>
<td>26.90%</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>10.4%</td>
<td>17.9%</td>
<td>7.2%</td>
<td>7%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Sources: National Health Indicators Warehouse (HIW), Healthy People 2020

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.
### Health Outcomes – Mortality and Morbidity

#### Leading Causes of Death in North Carolina @ 2017

**Location:** COLUMBUS  
**Race:** all  
**Gender:** both all (Hispanic, Non-Hispanic, and Hispanic Origin: Unknown)  
**Age:** 0 - 99 years  
**Note:** Age 99 indicates age 99 years or older.

<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>209</td>
<td>27.9</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>133</td>
<td>17.8</td>
</tr>
<tr>
<td>3</td>
<td>Chronic lower respiratory diseases</td>
<td>46</td>
<td>6.1</td>
</tr>
<tr>
<td>4</td>
<td>Cerebrovascular diseases</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Diabetes mellitus</td>
<td>36</td>
<td>4.8</td>
</tr>
<tr>
<td>6</td>
<td>Motor vehicle injuries</td>
<td>25</td>
<td>3.3</td>
</tr>
<tr>
<td>7</td>
<td>Alzheimer's disease</td>
<td>24</td>
<td>3.2</td>
</tr>
<tr>
<td>8</td>
<td>All other unintentional injuries</td>
<td>21</td>
<td>2.8</td>
</tr>
<tr>
<td>9</td>
<td>Essential (primary) hypertension and hypertensive renal disease</td>
<td>16</td>
<td>2.1</td>
</tr>
<tr>
<td>10</td>
<td>Nephritis, nephrotic syndrome and nephrosis</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>All other causes (Residual)</td>
<td>187</td>
<td>25.2</td>
</tr>
<tr>
<td></td>
<td><strong>Total Deaths All Causes</strong></td>
<td>748</td>
<td>100</td>
</tr>
</tbody>
</table>

**Source:** State Center for Health Statistics, North Carolina
Leading Causes of Death in North Carolina@ 2017

Location: ALL COUNTIES
Race: all
Gender: both all (Hispanic, Non-Hispanic, and Hispanic Origin: Unknown)
Age: 0 - 99 years
Note: Age 99 indicates age 99 years or older.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cancer</td>
<td>19474</td>
<td>20.9</td>
</tr>
<tr>
<td>2</td>
<td>Diseases of the Heart</td>
<td>18840</td>
<td>20.2</td>
</tr>
<tr>
<td>3</td>
<td>Chronic lower respiratory diseases</td>
<td>5545</td>
<td>5.9</td>
</tr>
<tr>
<td>4</td>
<td>Cerebrovascular diseases</td>
<td>5100</td>
<td>5.5</td>
</tr>
<tr>
<td>5</td>
<td>All Other Intentional Injuries</td>
<td>4526</td>
<td>4.9</td>
</tr>
<tr>
<td>6</td>
<td>Alzheimer’s Disease</td>
<td>4291</td>
<td>4.6</td>
</tr>
<tr>
<td>7</td>
<td>Diabetes Mellitus</td>
<td>2908</td>
<td>3.1</td>
</tr>
<tr>
<td>8</td>
<td>Influenza and Pneumonia</td>
<td>2079</td>
<td>2.2</td>
</tr>
<tr>
<td>9</td>
<td>Nephritis, nephrotic syndrome and nephrosis</td>
<td>2041</td>
<td>2.2</td>
</tr>
<tr>
<td>10</td>
<td>Intentional Self-Harm (Suicide)</td>
<td>1527</td>
<td>1.6</td>
</tr>
<tr>
<td></td>
<td>All other causes (Residual)</td>
<td>26871</td>
<td>28.9</td>
</tr>
<tr>
<td></td>
<td>Total Deaths All Causes</td>
<td>93202</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: State Center for Health Statistics, North Carolina
Cancer
The N.C. Division of Public Health reports that cancer is now the leading cause of death in North Carolina surpassing heart disease. In Columbus County, the cancer rate is 17.8% compared to the state rate of 20.9%. Lung cancer is the leading cause of cancer death in Columbus County (2010 State Center for Health Statistics).

<table>
<thead>
<tr>
<th>Cancer Deaths 2013-2017</th>
<th>Columbus County</th>
<th>North Carolina</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lung/Bronchus</td>
<td>205</td>
<td>27,449</td>
</tr>
<tr>
<td>Colon/Rectum</td>
<td>56</td>
<td>7,942</td>
</tr>
<tr>
<td>Female Breast</td>
<td>54</td>
<td>6,728</td>
</tr>
<tr>
<td>Prostate</td>
<td>26</td>
<td>4,477</td>
</tr>
<tr>
<td>Pancreas</td>
<td>40</td>
<td>1450</td>
</tr>
</tbody>
</table>

Source: 2013-2017 Years of Potential Life Lost in Total, 2019 County Health Data Book

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. In Columbus, diseases of the heart mortality rate are 27.9% compared to the state rate of 20.2%.


Charts included on the following two pages indicate statewide and county trends in key health indicators and include comparisons to Columbus County for Colorectal Cancer, Trachea, Bronchus and Lung Cancer, Female Breast Cancer and Prostate Cancer, Cardiovascular, Heart, Stroke and Diabetes death rates per 100,000 residents.
NORTH CAROLINA STATEWIDE AND COUNTY TRENDS IN KEY HEALTH INDICATORS:
COLUMBUS COUNTY

13. Age-Adjusted Colorectal Cancer Death Rates per 100,000 Residents (Healthy NC 2020 Target=10.1)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>North Carolina</td>
<td>17.3</td>
<td>14.8</td>
<td>13.4</td>
</tr>
<tr>
<td>Columbus</td>
<td>15.1</td>
<td>12.0</td>
<td>14.7</td>
</tr>
</tbody>
</table>

14. Age-Adjusted Trachea, Bronchus, & Lung Cancer Death Rates per 100,000 Residents

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>North Carolina</td>
<td>58.0</td>
<td>52.9</td>
<td>45.9</td>
</tr>
<tr>
<td>Columbus</td>
<td>62.7</td>
<td>61.8</td>
<td>51.2</td>
</tr>
</tbody>
</table>

15. Age-Adjusted Female Breast Cancer Incidence Rates per 100,000 Residents

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>North Carolina</td>
<td>151.2</td>
<td>159.8</td>
<td>161.8</td>
</tr>
<tr>
<td>Columbus</td>
<td>135.1</td>
<td>137.2</td>
<td>132.8</td>
</tr>
</tbody>
</table>

16. Age-adjusted Prostate Cancer Incidence Rates per 100,000 Residents

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>North Carolina</td>
<td>163.1</td>
<td>156.6</td>
<td>115.9</td>
</tr>
<tr>
<td>Columbus</td>
<td>165.0</td>
<td>147.8</td>
<td>120.8</td>
</tr>
</tbody>
</table>
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 19.0%, Columbus County has one of the highest rates of uninsured adults age 19 and over. Additionally, 5% of our children ages 0-18 lack health insurance coverage, which is in line with the state average of 5%. (2019 County Rankings and Roadmaps). Our Medicaid population is at 31% compared to the state average of 21.2% We have fewer health care physicians per 10,000 residents compared to the state level, few dentists and birth attendants. Access to Psychiatrists and Psychologists is 0.2 per 10,000 as compared to 3.5 per 10,000 residents at the state level. Mental health providers in Columbus County see an average of 843 patients per year which represents a .0355% decrease from the previous year. This has been changing over time in Columbus County, NC in comparison to neighboring states. Data provided by The County Health Rankings and Roadmap, 2019.

http://nciom.org/nc-health-data/nc-data/
https://www.countyhealthrankings.org/rankings/data/nc
Community Survey-A Community Survey

Community Survey
Qualitative data was gathered by conducting a community survey with a total of 500 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.
1. How do you rate your own health?

The bar graph above indicates the number and percentage of the population surveyed who rated their personal health. As shown, 38.96% of the community rated their personal health. The next highest rating was for those individuals (36.95%), who indicated they were in very good health while a combined rating of 14.86 combined to place respondents as viewing their health status as fair or poor. There was an increase in the percentage of those respondents who rated their health status as excellent compared to the health assessment conducted in 2016 and a very slight improvement for those who were not sure how to measure their health status.
2. Have you ever been told by a doctor, nurse, or health care professional that you have any of the following?

The bar graph indicates the health conditions that have been shared with respondents by a health professional. There was a total of 405 respondents to this question on the assessment. The health condition reported most frequent was related to obesity and a tendency to be overweight. This correlates with other questions on the assessment related to education about health and the need to have activities for individual to become involved with address weight related health concerns. This same indicator appeared in the survey completed in late 2016 by the Columbus County YMCA as respondents in that survey indicated the need for exercise related activities in the county to address health concerns Issues such as high cholesterol and high blood pressure can be related to issues with obesity and the tendency to become overweight.
3. Which of these problems prevented you or your family from getting necessary health care?

This bar graph indicates respondents’ answers to whether they had been prevented from receiving necessary health care. In the previous health assessment respondents indicated lack of insurance and unable to pay for doctor visits as the main reason they did not seek medical care. A surprise in this survey is the 55.10% who responded none of the responses within the question was a reason for not seeking care. Later in this survey, we found that many of the respondents had insurance or were in the age bracket where Medicare was their primary health provider. Lack of funding did rank as the second highest at 29.3% reason for not seeking health care.
4. What has affected the quality of the health care you received?

The bar graph above addresses what has affected the quality of health care received by residents responding to the survey. Most respondents (80.21%) indicated this question was not applicable for them. However, the next highest response (16.67%) did indicate that socioeconomic status of residents or lack of insurance played a role in the quality of health care they received. This is markedly different from the 2016 assessment where they majority of respondent (84%) indicated lack of insurance or low economic status most affected the quality of health care they received. This could also be a result of the age of respondents and majority having health care or eligible for Medicare services.
5. Where do you and your family get most of your health information?

Responses for this question were consistent with those provided in the 2016 assessment. Individuals in 2019 (77.46%) indicated they received their health information from a doctor or health professional with the second highest response (48.29%) that of an internet search. Number of respondents increased in each of these categories from 315 to 385 and 206 to 240. Family and friend moved to third place ahead of television in the 2019 survey. There was a total of 497 responses to this question.
6. What do you think most people die from in your community?

According to residents who responded to the survey, Heart Disease (41.94%) and Cancer remain at the top as the two leading causes of death in our county. Stroke and Cerebrovascular Disease follow with 12.50% and 9.48%. Motor Vehicle Deaths and other followed in causes of death. The two highest response categories fall in line with the North Carolina State Center for Health Statistics for 2013-2017 in Columbus County published in the 2019 County Health Data Book.
7. What is the biggest health issue or concern in your community?

The above graph illustrates the percentage of 497 responses of the population surveyed who feel the stated issues are the biggest health concerns for our community. According to the community Illegal Drug Use (32.19%) has surpassed other concerns since the last survey in 2013. Chronic Disease which was listed as the greatest concern at that time has now dropped to number two with our citizens with a (25.15%) response rate. The third highest concern related to Prescription Drug Use which has surpassed Alcohol Abuse and was not included in the previous health survey but has been on the rise in Columbus County. The 2019 County Health Rankings and Roadmaps for Columbus County indicate we had 22 drug overdoses reported as compared to 9 for the state.
8. Which one of the following most affects the quality of life in your county?

The above graph represents the percentages from 497 responses indicating which factors most affect the quality of life for citizens of Columbus County. Low Income/Poverty was the factor most individuals (281 responses) felt affected the quality of life in our county. It surpassed the second highest ranking factor by a margin of 215. Columbus County ranks higher than the state in the number of children living in poverty, unemployment, median household income and income inequality according to the County Health Rankings and Roadmaps for 2019. Within this report Columbus County has over twice the state level of uninsured residents.
9. What does your community need to improve the health of your family, friends and neighbors?

The bar graph above indicated how residents responded to ways to improve the health of family friends and neighbors in Columbus County. This requested garnered a response rate of 499 out of 500 residents who participated in the health assessment survey. Job opportunities was by far the highest-ranking response (57.31%) or 286 individuals indicating this was targeted as the greatest need. Mental Health Services was second in the survey with 34.07% or 170 responses. Of note, is the need that was indicated for additional Substance Abuse Rehabilitation Services as also indicated as needs/concerns in previous questions. Healthier Food Choices was third and correlates with the concern with obesity and issues identified with weight control in the survey. County Health Ranking and Roadmaps for 2019 also indicate a higher ratio of patients to mental health providers than the state level in addition to a higher number of poor mental health days and evidence of obesity. The findings for safe recreational facilities, nutrition needs, healthier food choices like those indicated in the community survey conducted by the YMCA in Columbus county in 2016.
10. Which of the following preventative screenings have you had in the last twelve months.

The bar graph above indicates the preventative screenings residents have received during the past year. Blood pressure checks were the most utilized screening in the County with 371 out of 499 respondents indicating they had this screening as part of their medical care. Majority of respondents were female and that correlated with mammograms receiving a response rate of 47.90% or 239 of the 499 who participated in the survey had a mammogram as part of their medical care. Of special note is the number of individuals who receive dental cleanings or x-rays during the year especially since our ratio of dentist to the population if 4300:1, much higher than the state level. The survey did not ask where they received the screenings so they may have sought dental services through the Columbus County Health Department. Individuals participating in the survey indicated 54.51% received cholesterol screening which correlates with the leading cause of death in the County and 55.31% have participated in blood sugar checks. Survey responses in 2012 indicated residents thought Blood Pressure/Cholesterol and Diabetes screenings were needed. Survey results indicate more residents received cancer screenings than in 2012 including mammograms, pap smears, colon, prostrate and skin cancer. Over 320 received an annual physical exam. Physical activity was indicated as a needed service in 2012 and appeared as well in the YMCA survey. That need has been addressed and is highlighted in other sections of this report.
11. Which of the following health issues have you received information on in the past 12 months?

CHECK ALL THAT APPLY

This bar graph above indicates which issues have been reviewed with residents through the past year. Blood pressure again is indicated as a health issue that is part of resident’s health care services along with nutrition and physical activity. Each of these relate to county statistics on health issues and leading causes of death and rise in diseases such as diabetes due to lack of activity and poor diets. There were 494 respondents to this question. A surprising statistic is the lack of information on Substance Abuse when this issue received higher scores in previous questions.
12. Do you feel people in your community lack the funds for any of the following?

This bar graph illustrates the percentage of the population surveyed who feel that people in their community lack the funds for the stated resources. There were 492 out of 500 who responded to this question. Health Insurance remained at the top of the list again with 87.20% or 429 individuals who saw this as the greatest need as they did in 2012. Medicine and Health Care ranked second and third among those who responded to the survey. Uninsured children and adults in Columbus County are at 23% compared to 9% in the County Health Rankings and Roadmaps. Each of the responses except for utilities scored over the 50% percentile.
13. Other than your regular job, how many days per week do you engage in physical activity for at least 30 minutes that makes you “break a sweat”? 

Lack of continuous exercise is noted in the bar graph illustrated above. Less than half respondents indicated they exercised for at least thirty minutes more than twice a week. These statistics validate the responses received in previous questions for cause of death, leading cause of disease and prevalence of obesity in Columbus County. The YMCA survey completed in 2016 listing a need to have a place for recreation and exercise for all ages as the top two priorities. Programs to address these issues are included elsewhere in the Community Health Assessment.
The bar graph above illustrates the frequency with which residents consume fruits and vegetables. There were 496 out of 500 responses to this question. Resident reported (35.28%) reported eating fruits and vegetables at least once a day with 22.98% or 115 individuals reported several times per day. The remainder of respondents indicated only one a week, once a month with the third highest response (31.45%) stated they ate fruits and vegetables several times a week. These responses correlate with previous questions where individuals indicated a need for education on nutrition and had been advised by health professionals to address issues with obesity and the diseases related to weight. Activities to address this issue is included in another portion of the Community Health Assessment.
15. 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.)

The graph above indicates the percentage of the population surveyed that indicated whether their families have a basic emergency supply kit. Of those surveyed, 61.17% answered yes and 35.41% answered no. This is an increase from 2012 when only 49% indicated they had an emergency supply kit. This may be due to Columbus County experiencing damage from two hurricanes, Matthew and Florence, which resulted in mass evacuations due to flooding and road closures. Columbus Regional Healthcare has responded to these needs and has addressed the resulting actions in another section of the Community Health Needs Assessment.
**16. What would be your main way of getting information from authorities in a large-scale disaster or emergency?**

The graph above shows the number and percentage of the population surveyed that indicated the primary means of obtaining information in a large-scale-disaster or emergency will be from the stated resources. As in 2012 the highest response category was television with 158 (31.85%) indicating that their primary source would be television. Again, text message received the second highest number of responses at 24.40% or 121 individuals, and this is usually in the form of an Emergency Alert System. We did not experience an increase in the number who stated they would seek information from Internet sources even though there has been greater access to high speed internet across the county since 2012.
17. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?

This bar graph indicates the percentage of the population who would be willing to evacuate from their homes/neighborhoods/communities due to a mandatory evacuation ordered by public authorities during a large-scale disaster or emergency. Of those surveyed 74.14% indicated they would evacuate. This is an increase from 51% in 2012, probably due to two significant weather events since 2016. In 2012 45% indicated they were not sure they would evacuate, and that number has decrease by 50% for this year. Those indicating they would not leave has remained stable.
18. What would be the main reason you might not evacuate if asked to do so?

The graph above indicated the percentage of the respondents surveyed that indicated what reason might cause them to not evacuate if public authorities announced a mandatory evacuation from their neighborhood/community due to a large-scale disaster or emergency. Of the 486 who responded 97 stated they would not leave due to concern about leaving property behind. The second highest response was Not Applicable with 87 responses which meant they would evacuate regardless of the concerns listed. These two combined are slightly less than 40% who stated they would evacuate in 2012.
Female was the highest respondents in the survey with 82.49% or 410 out of 497 individuals answering the question. Males accounted for 17.30% or 86 out of 497 individuals answering the question. These response rates were like those in 2012.
20. My age is:

The graph above indicates the percentage of respondents age. Age ranges with the highest participation were 26.72% between 45-54 and 25.10% between 55-64. The next highest categories were 21.05% between 35-44 and 10.93% between 25-34. The age range of respondents reflects approximately the same data as indicated in the same chart in the 2012 survey.
21. What is your zip code?

<table>
<thead>
<tr>
<th>TOWNSHIP</th>
<th>NUMBER OF SURVEYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolton</td>
<td>15</td>
</tr>
<tr>
<td>Brunswick</td>
<td>2</td>
</tr>
<tr>
<td>Cerro Gordo</td>
<td>13</td>
</tr>
<tr>
<td>Clarendon</td>
<td>11</td>
</tr>
<tr>
<td>Chadbourn</td>
<td>61</td>
</tr>
<tr>
<td>Delco</td>
<td>1</td>
</tr>
<tr>
<td>Evergreen</td>
<td>10</td>
</tr>
<tr>
<td>Fair Bluff</td>
<td>1</td>
</tr>
<tr>
<td>Hallsboro</td>
<td>11</td>
</tr>
<tr>
<td>Lake Waccamaw</td>
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</tr>
<tr>
<td>Nakina</td>
<td>10</td>
</tr>
<tr>
<td>Riegelwood</td>
<td>3</td>
</tr>
<tr>
<td>Tabor City</td>
<td>23</td>
</tr>
<tr>
<td>Whiteville</td>
<td>231</td>
</tr>
<tr>
<td>Other/Unknown/Did Not Respond</td>
<td></td>
</tr>
</tbody>
</table>
22. My race is:

As in 2012 most respondents were White/Caucasian (81.78%). There were fewer Black/African American respondents (9.92%). We did experience a slight increase in the percentage of Native American/Alaskan Native who responded in addition to Asian respondents. A new category was added for the 2019 Community Health Assessment and we saw a response rate of 2.23% as listing race as Two or more races. There was an increase in those who responded Other.
23. Are you of Hispanic, Latino or Spanish origin?

The above graph indicates a 98.19% percent responding they were not of Hispanic, Spanish or Latino origin. After the survey was closed and percentages had been completed, we received 22 responses from a Latino outreach program at a local church. We determined that we would accept the written survey responses, summarize them and include in a later section of the 2019 Community Health Assessment so their needs could be addressed in the planning process. Copies of the written assessments will be shared with the team working out of the Columbus County Health Department so they may use them in the analysis of the assessment to be completed prior to March 2020.
24. Do you currently have health insurance?

We have experienced an increase in the number of respondents who indicated they do have health insurance since the 2012 assessment. Of the 498 that responded 94.58% indicated they do have health insurance. This is an increase over the 84% who indicated in 2012 they had insurance. There is a decrease in 2019 for those who indicated they did not have insurance.
25. Do you live or work in Columbus County?

Six individuals answered the questionnaire stating they neither lived nor worked in Columbus County. These individuals answered through Survey Monkey and we determined it was too few to research and pull those answers. We have looked at the question and considered that it might be ambiguous and should have just asked if they lived in Columbus County?
26. When seeking care, what hospital do you visit first? (Check only one)

There was an increase in the percentage of respondents who stated that Columbus Regional Healthcare System would be their first choice as hospital. In 2012 65% stated they would use CRHS compared to 69.84% in 2019. All other medical facilities experienced a decline in percentages from the 2012 assessment.
27. Where do you go most often when you are sick?

This question was not asked on the 2012 assessment, so we have no data to analyze based on prior responses. The greatest percentage of respondents stated they would visit their doctor if they were sick. Columbus Regional Healthcare System recently closed their own Urgent Care due to financial issues, however this information will be utilized in the strategic planning process as we address other issues/concerns/findings from the current Community Health Needs Assessment. There are two privately operated Urgent Care Centers in the vicinity that individuals may have utilized and answered this question with that option in mind.
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 1,115 deaths in Columbus County and 90,942 deaths in North Carolina between 2013 and 2017 (NCSCHS, 2017). 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**

   Between 2013-2017, 96,225 people in North Carolina died from cancer, 658 died in that same time period in Columbus County making it the second leading cause of death compared to the number one ranking statewide. 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 most 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 5th leading cause of death in 2017. 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 number of diabetes related deaths in Columbus County from 2013-107 was 92 and 13,549 deaths statewide.

Implementation Strategies

After identification of health care priorities, additional planning meetings will be facilitated with Columbus Regional Healthcare System leaders and the Community Health Assessment Committee to develop strategic initiatives to address the health care need priorities.

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 tracking number of referrals to cardiac rehabilitation services at CRHS, continue to partnership with outside physicians specializing in cardiology and vascular issues.
   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. CRHS has initiated participation in local health fairs in conjunction with the Columbus County Farmer’s Market, G&G Healthcare, community screenings at churches and within the hospital. There have been various screenings for vascular and hernia during the past year.
   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. Stroke is not an acronym; it is really a diagnosis. Columbus Regional Healthcare System is now a fully certified Acute Stroke Ready Hospital. The Emergency Department Staff nurses and physicians are prepared to diagnose and treat a stroke patient immediately. There is a stroke coordinator and team of staff nurses prepared to provide additional education for groups throughout the
community. They use the F.A.S.T. educational program to train individuals; the sooner an individual receives treatment, the better the outcomes.

e. Expanded relationship with Cape Fear Heart Associates, a cardiology physician group from New Hanover County, to provide efficient, convenient cardiac care to the citizens of Columbus County. A helicopter is now located full-time at CRHS to transport critical care patients to New Hanover Regional Healthcare for immediate intervention particularly as is relates to cardiac care and stroke.

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) Donayre Care Cancer Center (DCCC), partnering with Levine Cancer Institute in Charlotte are providing services with the hospital.

B) DCCC now offers free screenings on-site and throughout the county for prostate, colon and anal cancers, free mammograms and two staff have now received national certification as specialized nurses who can provide breast exams out in the community. Code 911 is a project where staff is working with local emergency responders to educate them on the dangers of developing certain types of cancer due to exposure to hazardous materials. Screenings prostate have been held for two years in conjunction with local urologists.

C) The Donayre Cancer Care Center (DCCC) 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 can receive new treatment in this area. Patient will also receive the benefit of having a nutrition educator on site in addition to a social worker. Financial assistance will continue to be provided for prescription drug needs and transportation cost to and from DCCCC. Plans for the future include pursuing accreditation through the Commission on Cancer

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 dietitian 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 the spring 2020 the YMCA of Southeastern North Carolina will be working with Columbus County to offer diabetes education classes and related services to identified individuals who are predisposed to developing Type I or Type II diabetes. This program will be offered at no cost to approved participants.
      E) Columbus Regional will work in conjunction with the YMCA of Southeastern North Carolina to implement diabetes classes in Columbus County beginning in January of 2020. These classes will be offered for cycles during the year and will offer weight management support, exercise, diet and medication options. The target group will be identified by testing throughout the county to review A1C
levels and concentrate on those that are diagnosed as pre-diabetic but in danger of developing Type I or Type II diabetes.

4. Columbus Regional Healthcare will continue to work as a partner with the Columbus County YMCA Steering Committee and the YMCA of Southeastern North Carolina to offer programs such as GOTR and STRIDE for students in our elementary and middle grades. We will also work to support two public pools that offer SWIM for LIFE and public swimming lessons in addition to supporting our EMS personnel as they work towards their deep-water rescue certification. Our Parkinson’s Support will continue to meet monthly at the hospital with guest speakers sponsored by CRHS.

5. Illegal use of prescription drugs remains a high priority in our county. CRHS has implemented a MedSafe program where specialized containers are placed in the main lobby for community residents to dispose of unused medication safely and help protest the environment. Overuse and illegal use of prescription drugs has been addressed by our ER and CME on prescribing pain medication to patients has been offered twice this year to area physicians. Policies are in place for individuals coming into the emergency room for treatment and for patients discharging from the hospital related to number of pills, refills and referrals to primary care providers. Policies are housed on the hospital website, “escoop”, and addresses procedures updated and reviewed in 2016 specifying assessment and intervention activities, patient and staff education requirements and performance improvement activities related to Patient Pain Management. *(Pain Management and Re-assessment in the Emergency Department, 2016)*

6. General Health Initiatives will continue to be a significant factor in our community outreach efforts. We will continue to sponsor general health fairs throughout the county and partner with other public agencies and physicians to offered health screenings. Our CRHS Chaplain will continue outreach with local churches and arrange for presentations related to health issues identified by these partners. Stop the Bleed is another in-house program that is coordinated by our Environmental Health and Safety Division and will begin around the county fall, 2019. CRHS will continue to operate a Hurricane Command Center within the hospital during periods of tropical disturbances. CRHS applied for and received funds from the Golden Leaf Foundation to establish a private water access system to address concerns over loss of water during Hurricane Florence when the city supply line was damaged. CRHS will continue to build on the relationship with the Columbus County Health Department and work together to address health concerns identified in our 2019 Community Health Needs Assessment. CRHS continues to fund an Employee Emergency Care Fund through the CRHS Foundation and employee contributions to assist those employees who have suffered loss due to natural disaster. Funds dispersed and collected are documented in our Form 990 each year.
2019 Community Health Needs Assessment

CRHS is conducting a Community Health Needs Assessment (CHNA) survey to better understand the health concerns and needs of our community. Information obtained from the CHNA will be used in the development of an action plan to improve the health of the community. If you are at least 18 years of age and a resident of Columbus County, please complete the following survey. Only one per household. All survey respondents will remain anonymous. Do not include your name or other identifiers.

1. (Check only one) How do you rate your own health? __Excellent __ Very Good __Good __Fair __Poor __ Don’t know/Not sure

2. (Check all that apply) Have you ever been told by a doctor, nurse, or health care professional that you have any of the following? __Diabetes __High Cholesterol __Depression ____Osteoporosis __Heart Disease/Angina __Cancer __Asthma __Dementia __Overweight/Obesity __Lung Disease __High Blood Pressure __Arthritis __ Domestic Violence ______ Parkinson’s ___ Other (please specify)____________

3. (Check all that apply) Which of these problems prevented you or your family from getting necessary health care? __Cultural/Health Beliefs __No appointments available __Lack of understanding the need ___Lack of insurance __Transportation ___Fear (not ready to face health problem) __Unable to pay/can’t afford ___ Not important ___ Other (please specify)____________

4. (Check only one) What has affected the quality of the health care you received? __Ability to read & write/Education __Race __Not Applicable __Language Barrier/Interpreter/Translator __Economic (low income, no insurance, etc.)

5. (Check all that apply) Where do you and your family get most of your health information? __Health Education Center __Internet Search __Television __Hospital Newsletter __Radio __Family or Friends __Doctor/Health Professional __Newspaper/Magazine ___Health Department __Church __School __Help lines

6. (Check only one) What do you think most people die from in your community? __Asthma/Lung Disease __Stroke/Cerebrovascular Disease __Homicide/Violence __Heart Disease __Diabetes __Motor Vehicle Deaths __Cancer __Suicide __HIV/AIDS __Other (please specify) _____________

7. (Check only one) What is the biggest health issue or concern in your community? __Alcohol Abuse __Teen Pregnancy __Illegal Drug Use __Child Abuse __Obesity __Vehicle Crashes __Prescription Drug Abuse __Gangs/Violence __Mental Health __Asthma __Nicotine Use (Vaping, Cigarettes) __Dental Health __Chronic Disease (Cancer, Diabetes, Heart or Lung Disease) ___ Sexual Transmitted Infections (syphilis, gonorrhea, chlamydia) Other (please specify)__________

8. (Check only one) Which one of the following most affects the quality of life in your county? __Pollution (air, water, land) ___Dropping out of school __Low income/poverty __Homelessness ___Lack of/inadequate health insurance ___ Lack of hope ___Discrimination/racism ___Lack of community support ___ Neglect and abuse ___Domestic Violence ___Crime (murder, assault, theft, rape/sexual assault) ___ None ___ Other (please specify)____________
9. (Check only three) What does your community need to improve the health of your family, friends and neighbors? __Access to Food __Mental Health Services __Healthier Food Choices __Job Opportunities __Services for the Disabled __Recreation Facilities __Safe places to Walk/Play __After-School Programs __Wellness Services __Transportation __Programs for the Elderly __Specialty Physicians __Additional Health Services __Substance Abuse Rehabilitation Service __Other (please specify) __________

10. (Check all that apply) Which of the following preventative screenings have you had in the past 12 months? __Mammogram (if woman) __Prostate cancer screening (if man) __Colon/rectal exam __Blood sugar check __Cholesterol screening __Hearing screening __Bone density test __Physical exam __Pap smear (if woman) __Flu shot __Blood pressure check __Skin cancer screening __HIV/Sexually Transmitted Infections __Vision screening __Cardiovascular screening __Dental cleaning/X-rays __None of the above __Other (please specify) __________

11. (Check all that apply) Which of the following health issues have you received information on in the past 12 months? __Blood Pressure __Mental Health __Substance Abuse __Cholesterol __Emergency Preparedness __Nutrition __Distracted driving/Seatbelts/Child Car Seats __HIV/Sexually Transmitted Infections __Family Planning __Oral Health __Vaccinations/Immunizations __Cancer __Diabetes __Physical Activity __Prenatal education __None of the above __Other (please specify) __________

12. (Check all that apply) Do you feel people in your community lack the funds for any of the following? __Food __Home/Shelter __Medicine __Health Insurance __Transportation __Affordable Healthcare/Co-Pay/Deductible __Utilities __Other (please specify) __________

13. (Check only one) Other than your regular job, how many days per week do you engage in physical activity for at least 30 minutes that makes you “break a sweat”? __Zero days __One to two (1-2) days a week __Three to four (3-4) days a week __Five (5) or more days a week

14. (Check only one) On average, how often do you eat fruits or vegetables? __Once a day __Once a week __Once a month __Several times a day __Several times a week __Never

15. (Check only one) 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

16. (Check only one) What would be your main way of getting information from authorities in a large-scale disaster or emergency? __Television __Text Message __Social network site __Neighbor __Radio __Print Media (ex: newspaper) __Internet __Other (please specify) __________

17. (Check only one) If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate? __Yes __No __Don’t know/not sure

18. (Check only one) What would be the main reason you might not evacuate if asked to do so? __Not applicable __Concern about family safety __Health problems (could not be moved) __Concern about personal safety __Lack of transportation __Don’t know __Concern about traffic/inability to get out __Concern about leaving property behind __Lack of trust in public officials __Concern about leaving pets __Work __Other (please specify) __________

Demographic Information
19. I am: ___Male ___Female ___ Transgender _____ Gender-Non-Conforming

20. My age is ___ 19-24 _____ 25-34 _____ 35-44 _____ 45-54 _____ 55-64 _____ 65-74 _____ 75+

21. What is your zip code? ____________?

22. My race is ___ White/Caucasian ___ Native America/Alaskan Native ___ Pacific Islander ___ Black/African American ___ Asian ----- Two or more races ___ Other (please specify) ____________

23. Are you of Hispanic, Latino or Spanish origin ____ Yes _____ No?

24. Do you currently have health insurance ____ Yes ____ No _____ did at earlier job?

25. Do you live or work in Columbus County ____ Both ____ Live _____ Work ____ Neither?

26. When seeking care, what hospital do you visit first? (Check only one) ____ Columbus Regional Healthcare System ____ Bladen County Hospital ____ Southeastern Regional Medical Center ______ Brunswick County Hospital ____ New Hanover Regional ____ Other (please specify) __________

27. Where do you go most often when you are sick? (Check only one)? ___ Emergency Room, _____ Home Remedies _____ Health Department ____ Urgent Care ____ Doctor’s Office ____ Pharmacy _______ Other (please specify) __________
2019 Evaluación de Necesidades de Salud Comunitaria

CRHS está llevando a cabo un encuesta de Evaluación de necesidades de salud comunitaria (CHNA) para comprender mejor las preocupaciones y necesidades de salud de nuestra comunidad. La información obtenida de CHNA se utilizará en el desarrollo de un plan de acción para mejorar la salud de la comunidad. Si tiene al menos 18 años y es residente del condado de Columbus, complete la siguiente encuesta. Solo uno por hogar. Todos los encuestados permanecerán anónimos. No incluya su nombre u otros identificadores.

1. (Marque solo uno) ¿Cómo califica su propia salud? __Excelente__Muy buena__Buena__Feliz__Pobre__No sé / No estoy seguro

2. (Marque todo lo que corresponda) ¿Alguna vez le ha dicho un médico, enfermera o profesional de la salud que tiene alguno de los siguientes? __Diabetes__Colesterol alto__Depresión__Osteoporosis__Enfermedad cardíaca / Angina__Cáncer__Asma__Demencia__Sobrepeso / Obesidad__Enfermedad Pulmonar__Presión arterial alta__Artritis__Violencia doméstica__Parkinson__Otro (especifique)

3. (Marque todo lo que corresponda) ¿Cuál de estos problemas le impidió a usted o su familia obtener la atención médica necesaria? __Cultural / Creencias de salud__No hay citas disponibles__Falta de comprensión de la necesidad__Falta de seguro__Transporte__Miedo (no está listo para enfrentar un problema de salud)__Incapaz de pagar / costo / no puede pagar__NO importante__Ninguno__Otro (especifique)

4. (Marque solo uno) ¿Qué ha afectado la calidad de la atención médica que recibió? __Capacidad de leer y escribir / Educación__Raza__No aplicable__Barrera / intérprete / traductor de idiomas__Económico (bajos ingresos, sin seguro, etc.)

5. (Marque todo lo que corresponda) ¿Dónde obtienen usted y su familia la mayor parte de su información médica? __Centro de educación en salud__Búsqueda de internet__Televisión__Hospital__Hoja informativa__Radio__Familia o Amigos__Doctor / Profesional de salud__Periódico__Revistas__Departamento de Salud__Iglesia__Escuela__Líneas de ayuda

6. (Marque solo uno) ¿De qué cree que muere la mayoría de las personas en su comunidad? __Asma / Enfermedad Pulmonar__Accidente Cerebrovascular / Enfermedad Cerebrovascular__Homicidio / Violencia__Enfermedad Cardíaca__Diabetes__Muertes de Vehículos de Motor__Cáncer__Suicidio__HIV/SIDA__Otro (por favor especifique)

7. (Marque solo uno) ¿Cuál es el mayor problema o preocupación de salud en su comunidad? __Abuso de alcohol en adolescentes__Embarazo__Uso ilegal de drogas__Abuso infantil__Obesidad__Vehículos se bloquea__Prescripción Abuso de drogas__Pandillas / Violencia__Mental__Salud__Asma__Uso de Nicotina Use (vaporizadores, cigarrillos)__Salud Dental__Clamidia__Otros (especifique)

8. (Marque solo uno) ¿Cuál de las siguientes opciones afecta más la calidad de vida en su condado?__Contaminación (aire, agua, tierra)__Salir de la escuela__Bajos ingresos / pobreza__Falta de vivienda__Falta de seguro médico inadecuado__Falta de esperanza__Discriminación / racismo__
Falta de apoyo comunitario _Negligencia y abuso _Violencia doméstica _Crimen (asesinato, asalto, robo, violación / agresión sexual) _Ninguno _Otros (especifique)

9. (Marque solo tres) ¿Qué necesita su comunidad para mejorar la salud de su familia, amigos y vecinos? Acceso a la comida Servicios de salud mental Opciones de alimentos más saludables Oportunidades laborales Servicios para discapacitados _Instalaciones de recreación _Lugares seguros para caminar _jugar _Programas después de la escuela Servicios de bienestar _Transporte _Programas para personas mayores _Médicos especializados _Servicios de salud complementarios _Rehabilitación _Servicios de salud _Rehabilitación

10. (Marque todo lo que corresponda) ¿Cuál de las siguientes pruebas preventivas ha tenido en los últimos 12 meses?
_Mamografía (si es mujer) _Examen de detección de cáncer de próstata (si es hombre) _Examen de colon / rectal _Control de azúcar en sangre _Examen de colesterol _Examen de audición Prueba de densidad ósea _Examen físico _Frotis de papila (si es mujer) _Gripe _Control de presión sanguínea _Examen de cáncer de piel _Examen de VIH _Examen de detección cardiovascular _Limpieza dental / rayos X _ Ninguno de los anteriores _Otros (especifique).

11. (Marque todo lo que corresponda) ¿De cuáles de los siguientes problemas de salud ha recibido información en los últimos 12 meses? _Presión Arterial _Salud Mental _Abuso de sustancias _Colesterol _Emergencia Preparaciones _Nutrición _Distracciones / cinturones de seguridad / asientos de seguridad para niños _HIV / Infecciones de transmisión sexual _Salud Familiar _Vacunas _Inmunizaciones _Cáncer _de

12. (Marque todo lo que corresponda) ¿Siente que las personas en su comunidad carecen de los fondos para alguno de los siguientes? _Comida _Hogar / Refugio _Medicina _Seguro de salud _Transporte _Asistencia médica asequible / Copago / Deducible _Utilidades _Otros (especifique)

13. (Marque solo uno) Aparte de su trabajo habitual, ¿cuántos días a la semana realiza actividad física durante al menos 30 minutos que le hacen “sudar”? _Cero días _Uno a dos (1-2) días a la semana _Tres a cuatro (3-4) días a la semana _Cinco (5) o más días a la semana

14. (Marque solo uno) En promedio, ¿con qué frecuencia come frutas o verduras? _Una vez al día _Una vez a la semana _Una vez al mes _Varias veces al día _Varias veces a la semana _Nunca

15. (Marque solo uno) ¿Tiene su familia un botiquín básico de suministros de emergencia? (Estos botiquines incluyen agua, alimentos no perecederos, cualquier receta necesaria, suministros de primeros auxilios, linternas y baterías, abrelatas, mantas, etc. no eléctricos) _Sí _No _No sé / No estoy seguro

16. (Marque solo uno) ¿Cuál sería su forma principal de obtener información de las autoridades en un desastre o emergencia a gran escala? _Televisión _ Mensaje de texto _Sitio de red social _Vecinos _Radio _Medios impresos (ej.: periódico) _Internet _Otros (por favor especifique)

17. (Marque solo uno) Si las autoridades públicas anunciaran una evacuación obligatoria de su vecindario o comunidad debido a un desastre o emergencia a gran escala, ¿evacuaría? _Sí _No
No sé/no estoy seguro

18. (Marque solo uno) ¿Cuál sería la razón principal por la que no podría evacuar si se le pide que lo haga? ___ No aplicable ___ Preocupación por la seguridad familiar. Problemas de salud (no se pudo trasladar) ___ Preocupación por la seguridad personal ___ Falta de transporte ___ No sé ___ Preocupación por el tráfico/incapacidad para salir. Preocupación por dejar la propiedad atrás ___ Falta de confianza en los funcionarios públicos ___ Preocupación por dejar a las mascotas ___ Otro (Por favor especificar).

Información demográfica

19. Soy: ___ Masculino ___ Femenino ___ Transgénero ___ Género no conforme

20. Mi edad es ___ 19-24 ___ 25-34 ___ 35-44 ___ 45-54 ___ 55-64 ___ 65-74 ___ 75+ 21 ¿Cuál es su código postal?

22. Mi raza es: Blanca/Caucásica ___ Nativo Americano ___ Nativo de Alaska ___ Islas del Pacífico ___ Negra/Afroamericana ___ Asiática ___ Dos o más razas ___ Otra (por favor especifique)

23. ¿Es usted de origen hispano, latino o español? ___ Sí ___ No?

24. ¿Tiene actualmente seguro de salud? ___ Sí ___ No ___ Tenía en un trabajo anterior?

25. ¿Vive o trabaja en el condado de Columbus? ___ Ambos ___ Vive ___ Trabaja ___ Ninguno?

26. Cuando busca atención, ¿en qué hospital visita primero? (Marque solo uno) ___ Columbus Regional Healthcare System ___ Bladen County Hospital ___ Southeastern Regional Medical Center ___ Brunswick County Hospital ___ New Hanover Regional ___ Otro (especifique)

27. ¿A dónde vas con más frecuencia cuandoEstás enfermo? (Marque solo uno) ___ Sala de emergencias, _____ Remedios caseros ___ Departamento de salud ___ Atención de urgencia ___ Consultorio médico ___ Farmacia ___ Otros (especificar) _______
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ACKNOWLEDGEMENTS TO THOSE WHO ASSISTED IN THE DEVELOPMENT OF OUR 2019 COMMUNITY HEALTH NEEDS ASSESSMENT

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Columbus County, NC
DIRECTORY OF RESOURCES FOR COLUMBUS COUNTY

Copies of Columbus County Resource Guides can be found by clicking on the links below.

https://www.ncworks.gov/admin/gsipub/htmlarea/uploads/CRAG/Columbus_County.pdf

http://www2.columbusco.org/health/healthier/resourcguide.pdf

http://columbusco.org/Departments/Health-Department/Healthier-Columbus


http://www.nchrc.org/

http://www.communitycpr.org/

http://www.crhealthcare.org/