

2012

# Community Health Assessment

Columbus County, NC

**Presented by: Columbus County Health  
Department**

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*Dear Columbus Residents:*

Beginning in March of 2009, our county has been ranked as the least healthy county in the state for the past three consecutive years. This ranking has left us all feeling discouraged and perplexed about our county's future health and what it will mean for future generations. However, the resiliency of our residents has been illustrated by their commitment to take positive steps to combat our poor health status.

Together, we have educated and trained over 3,000 residents in the past four years and have seen businesses, churches, and other organizations adopt policies and environmental changes to address nutrition, physical activity, and reduce tobacco usage. Moreover, a renewed interest among community members and groups to improve our county's health ranking has been astounding.

The strength of our people and all of our public health partners is a huge asset and we are committed to work together with all of you to make Columbus the best county to work, play, live, and pray.

In health,

KIMBERLY L. SMITH, RN, BSN, MSHCA, DIRECTOR

### *Acknowledgements*

The Columbus County Health Department would like to thank all the people and organizations that contributed to the successful completion of the 2012 Columbus County Community Health Assessment. Your willingness to participate and to provide your time, talents, thoughts, and ideas about the health of Columbus County is vital in determining how to best develop projects and provide solutions that will move Columbus County toward optimal health for all.

The Columbus County Health Department would like to thank our Community Health Assessment team;

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**Kim Smith- Columbus County Health Department**

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## ***Columbus County Community Health Assessment Project Summary***

The Community Health Assessment process is designed to allow us to gather information from our community members to gauge the health of the county, while comparing this data with health statistics.

The Columbus County Health Department in collaboration with the Columbus County Healthy Carolinians Task Force began to develop our community opinion survey in 2010. We made every effort to ensure that as many community members as possible took part in the survey so we had both paper and pen surveys and online surveys, through Survey Monkey.

The community responded that economics, lack of access to health care, better access to healthy foods, and prescription drug abuse are issues that we will have to address in the coming years.



*Above; Participants in the Farmer's Market Fun Run, and the 2012 flyer for our county's annual "Take the Lake."*

## ***Chapter 1-Overview of the Community Health Assessment Process***

### **What is a Community Health Assessment?**

Community health assessment is the foundation for improving and promoting the health of community members. The role of community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors. It is a "systematic collection, assembly, analysis, and dissemination of information about the health of the community".

### **Who Participates in Community Health Assessments?**

Through collaborative efforts forged among community leaders, public health agencies, businesses, hospitals, private practitioners, and academic centers, a community assessment team works to identify, collect, analyze, and disseminate information on community assets, strengths, resources, and needs. A Community Health Assessment usually culminates in a report or a presentation that includes information about the health of the community as it is today and about the community's capacity to improve the lives of residents. By providing the basis for discussion and action, Community Health Assessment is the foundation for improving and promoting the health of community members.

The eight phases of the health assessment process are as follows...

### **Phase 1: Establish a Community Health Assessment Team**

The first step is to establish a Community Health Assessment Team that will lead the community assessment process. This group should consist of motivated individuals who can act as advocates for a broad range of community members and can appropriately represent the concerns of various populations within the community.

### **Phase 2: Collect Primary Data**

In this phase, the Community Health Assessment Team will collect local data to discover the community's viewpoint and concerns about life in the community, health concerns, and other issues important to the people. Community interest goes beyond the information given in the County Health Data Books and is important in assessing the status of the community according to the people.

### **Phase 3: Collect Secondary Data**

In this phase, the Community Health Assessment Team will compare the county's health statistics with those of the state and previous years to identify possible health problems in the community. Local data that other agencies or institutions have researched can be included in the analysis. Putting this information together will give a picture of what's happening in the county.

### **Phase 4: Analyze and Interpret County Data**

In this phase, the Community Health Assessment Team will review the data from Phases 2 and 3 in detail. The text explains various data issues and guides the Team in interpreting and fitting together the health statistics with the community data. By the end of this phase, the Team will have a basic understanding of the community's major health issues.

### **Phase 5: Determine Health Priorities**

The Community Health Assessment Team will report the results of the assessment to the community and seek their input and feedback on it. This phase includes practical methods and suggestions on how to approach the community. Then, the Community

Health Assessment Team along with other community members will determine the priority health issues to be addressed.

### **Phase 6: Create the Community Health Assessment Document**

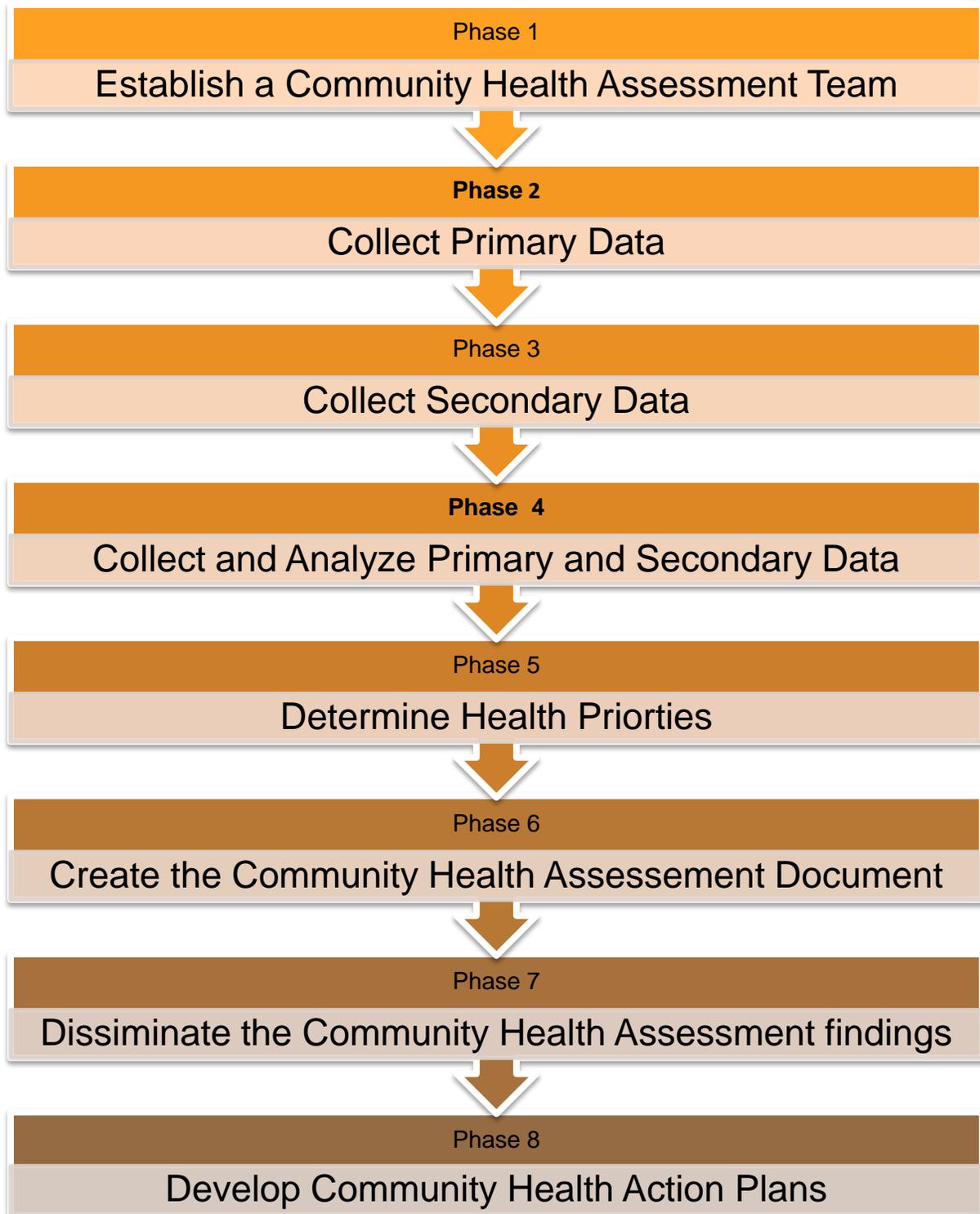
In this phase, the Community Health Assessment Team will develop a stand-alone report to document the process as well as the findings of the entire assessment effort. The purpose of this report is to share assessment results and plans with the entire community and other interested stakeholders. At the end of this phase, the community will be ready to move from assessment to action by developing the Community Health Action Plans.

### **Phase 7: Disseminate the Community Health Assessment Document**

In this phase, the Community Health Assessment Team will let the community know what the findings of the community health assessment. This chapter includes several ideas and examples about how to reach out and publicize this information throughout the area.

### **Phase 8: Develop Community Health Action Plans**

In this phase, the Community Health Assessment Team will develop a plan of action for addressing the health issues deemed as priorities in Phase 5. It includes tools for developing intervention and prevention activities.



Adapted from: <http://publichealth.nc.gov/lhd/cha/about.htm>

In 2011, the Columbus County Health Department earned Accreditation statuses from the North Carolina Public Health Accreditation Program. This program is a collaboration of the North Carolina Division of Public Health, the North Carolina Association of Local Health Directors, and the North Carolina Institute for Public Health. One of the essential functions of the accreditation process is “Assessment” which includes the following identified services; (1) Monitor health status to identify community health problems (2) Inform, educate, and empower people about health issues (3) Mobilize community partnerships to identify and solve problems (4) Mobilize community partnerships to identify and solve health problems.

Our Community Health Assessment task force consisted of over thirty individuals and a core group of six individuals to guide this process. Ten meetings were held to develop and discuss the community survey, the distribution of the survey, and members that would be responsible to conduct the surveys in various areas of the county. Their valuable assistance allowed us to gather 1,241 surveys from our residents.

## **CHAPTER 2-COUNTY DESCRIPTION**

### History

Columbus County was named in honor of what the Europeans called the “New World” and for Christopher Columbus. Formed from parts of Brunswick County and Bladen County, Columbus County started in 1808. Originally known as White’s Crossing, in 1810, the town was laid out on James B. White’s land and public buildings were ordered to be constructed there. After James B. White served as the first state senator from the county, the name was later changed to Whiteville. Since then, Whiteville has been known as the county seat. Whiteville was chartered in 1873 by J.A. Maulsby, the first mayor.

Columbus County is divided into the following towns: Bolton, Brunswick, Cerro Gordo, Chadbourn, Clarendon, Delco, Evergreen, Fair Bluff, Hallsboro, Lake Waccamaw, Nakina, Riegelwood, Tabor City, and Whiteville. There are also nine unincorporated townships within Columbus County.

Rarely mentioned in historical writing, Columbus County has experienced many major episodes of American history. These episodes include, the Indian presence, the colonial period, the Revolutionary War, the establishment of railroads, the Civil War and Reconstruction-all of which have affected the county and its citizens.

In 1749, a war broke out between the Waccamaw tribe and the State of South Carolina. After the Waccamaw and South Carolina war, the Waccamaw sought refuge in the North Carolina swamplands. It is reasonable to believe that “Waccamaw” is an English translation of a part of the phrase that told about the ball of fire that came falling into earth and created the lake known today as Lake Waccamaw. The conclusion,

which has been verified by these theories, suggests that the Waccamaw Siouan Indians are the “People of the Falling Star.” The Waccamaw Siouan Indians are one of the eight state-recognized Native American tribal nations in North Carolina. The Waccamaw Siouan tribe is predominantly located in the southeastern part of Bladen and Columbus counties, and in the communities of St. James, Buckhead, and Council. The tribal homeland is situated on the edge of the Green Swamp about thirty-seven miles west of Wilmington, North Carolina, seven miles from Lake Waccamaw, and four miles north of Bolton, North Carolina.

The railroad history is still alive in our depot museums in Chadbourn, Fair Bluff, and Lake Waccamaw. Whiteville’s Vineland Station depot was reopened in 2005. The North Carolina Museum of Forestry, located in Whiteville, celebrates the importance of the forestry, both past and present, in Columbus County.

Columbus County is the former home of some few sports figures and honorable literary figures. To name a few: former NFL player Chester McGlockton, former MLB pitcher Tommy Greene, NBA Player Chris Wilcox, golfer Maggie Will, and honorable poet A.R. Ammons.

Columbus County takes pride in the education. We are home to 19 county schools that range from elementary to high school, 4 city schools that range from elementary to high school, 1 charter school that ranges from kindergarten to eighth grade, 2 private schools, and 1 community college.

## Geographical Features

Columbus County can be found a short distance from the Atlantic Ocean, in the fertile lowlands of the coastal plain. This 959 square-mile expanse of land occupies one of the most Southeastern sections of the state. The South Carolina state line borders Columbus County, with Brunswick County to the east and Robeson County to the west. Bladen and Pender counties bound Columbus County on the north.

The land and its heritage have been shaped by many geographical features. Lake Waccamaw, the largest natural lake from New York to Florida, was the site of Indian habitation long before white men arrived. The Waccamaw River, which flows from Lake Waccamaw, has linked the most southeastern section of the county to South Carolina and its coastal ports. The county's western limits are defined by the swift, dark waters of the Lumber River. A northeastern section of the county is compromised by the Cape Fear River. Access to the Cape Fear and port city of Wilmington has been a major factor in settlement and commercial development of the county. Before roads were constructed, the Cape Fear, Lumber, and Waccamaw Rivers were the main arteries which penetrated the dense woodlands of this area.

Columbus County is divided into the following towns:

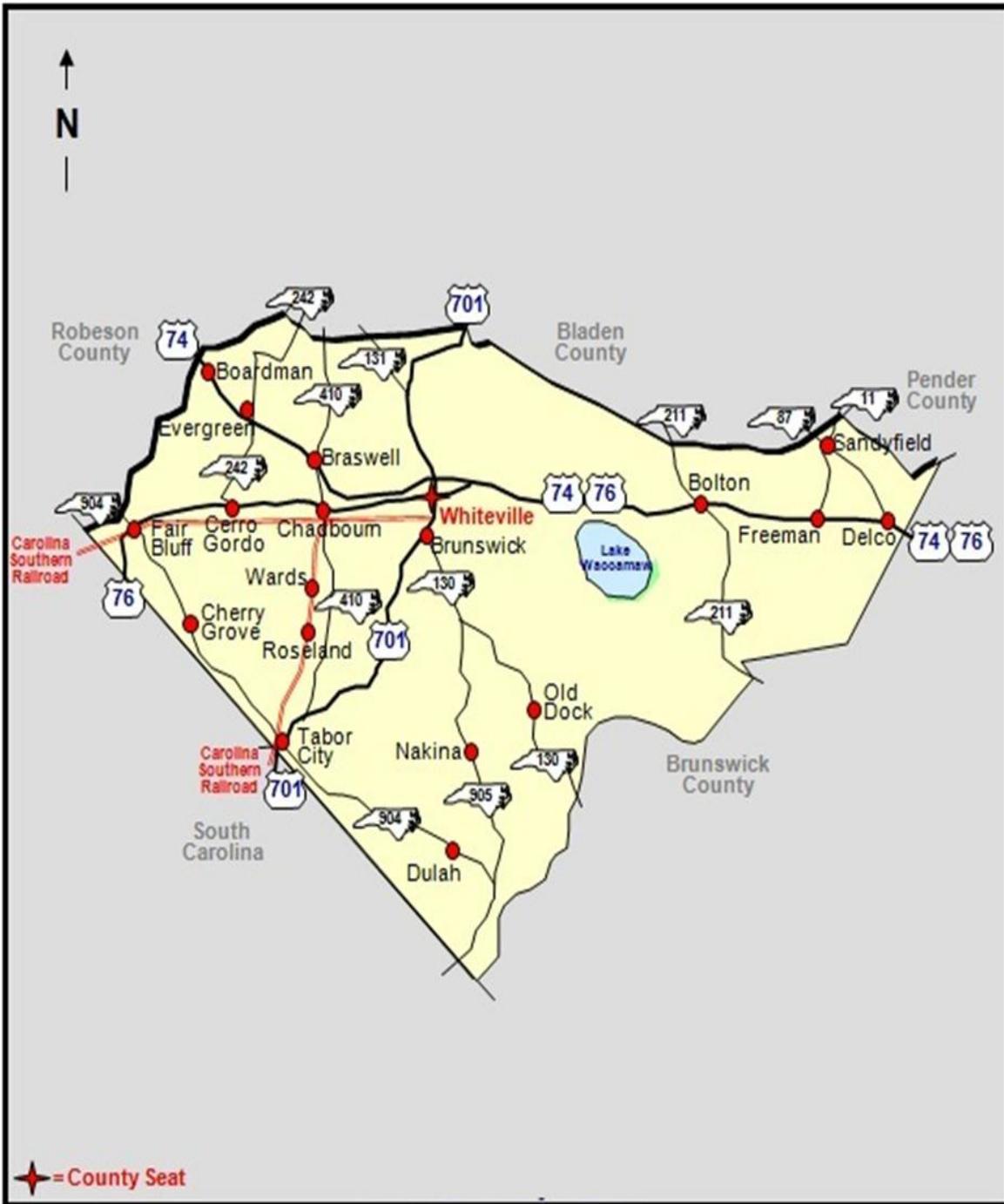
- Bolton- The town of Bolton has a total area of 3.1 square miles, all of it land.
- Brunswick- The town of Brunswick has a total area of 0.4 square miles, all of it land.
- Cerro Gordo- The town of Cerro Gordo has a total area of 0.8 square miles, all of it land.

- Chadbourn- The city of Chadbourn was started in 1882 and incorporated in 1886. The first charter stipulated that there should be no legalized sale of whiskey in the town, and Chadbourn has the distinction of never having had liquor stores in it. Nicknamed the “Sunny South Colony” in the early 1900s, Chadbourn is home to the North Carolina Strawberry Festival, the longest-running agricultural festival in the state.
- Clarendon- The town of Clarendon has a land area of 38.1 square miles.
- Delco- The town of Delco is formerly known as Brinkly and Pershing. Delco is also the home of Acme Delco Middle School, Home of the Trojans.
- Evergreen- The town of Evergreen has a land area of 3.86 square miles.
- Fair Bluff- Fair Bluff, nestled against the banks of the nationally recognized “Wild & Scenic” Lumber River, is home to the southeastern North Carolina Watermelon Festival. The Old Trading Post in Fair Bluff, probably the oldest building in Columbus County, stands on the banks of the Lumber River. Built in the late eighteenth century, people from Robeson, Bladen, and Columbus counties brought farm produce and naval goods to be sold or exchanged for other products.
- Hallsboro- The town of Hallsboro has a land area of 3.26 square miles. Hallsboro is also the home of Hallsboro Elementary and Hallsboro Middle School.
- Lake Waccamaw- From its sandy shorelines to its tree-lined natural areas, Lake Waccamaw offers peaceful surroundings, an intriguing natural history and fun in the sun. You can view one of the greatest geological mysteries of the eastern United States—the phenomenon of Carolina bays; it boasts rare plants such as

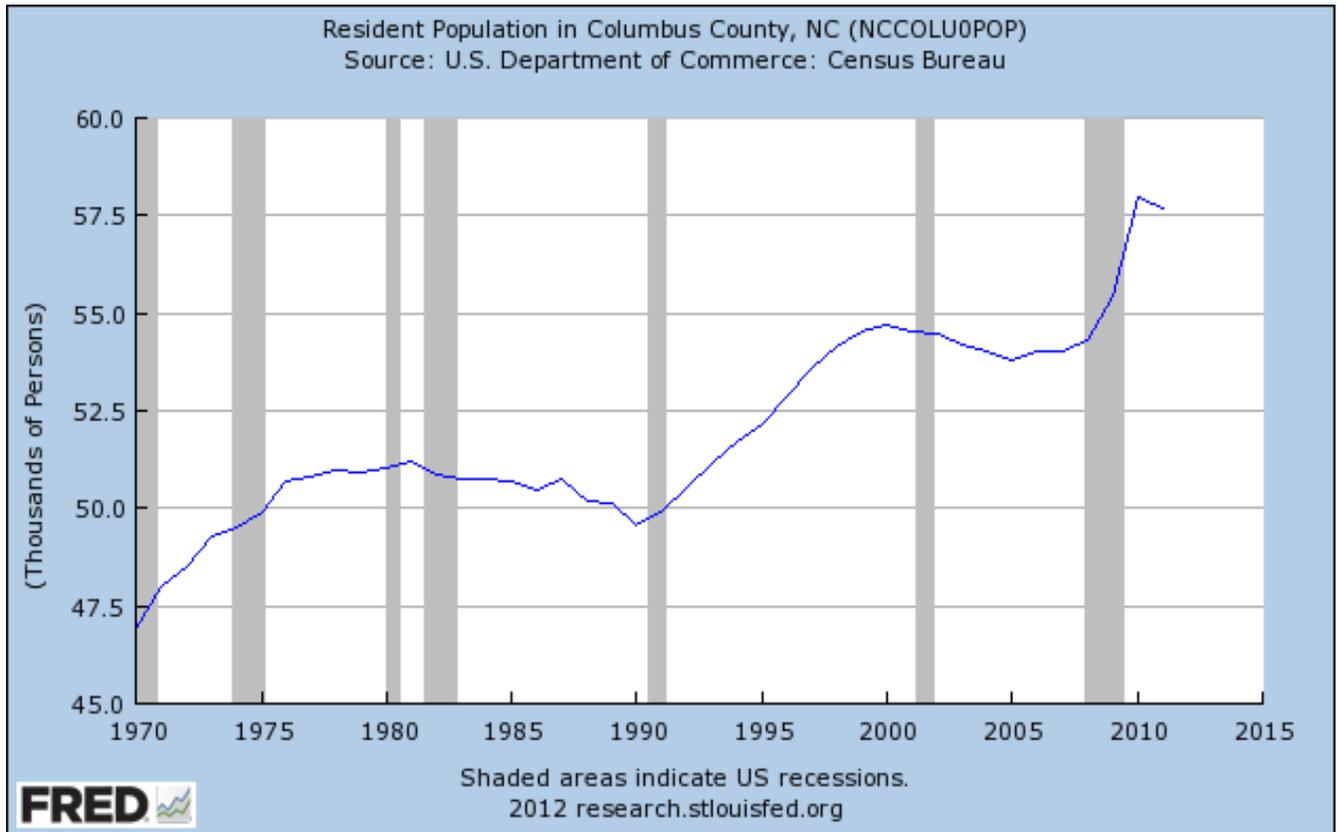
the carnivorous Venus Flytrap and several animal species found nowhere else on earth, such as the Waccamaw Killifish.

- Nakina- Nakina is a small community that lies just North of the South Carolina - North Carolina border. It was until the 1990's best known for producing very high quality flue cured tobacco.
- Riegelwood- Riegelwood is the home of International Paper Mill. The mill supports civic and non-profit groups within a 50-mile radius of the mill.
- Tabor City- Tabor City is the southernmost town in Columbus County. Once known as the "Yam Capital of the World," Tabor City pays tribute to the area's sweet potato crop with the annual North Carolina Yam Festival.
- Whiteville- Whiteville holds the role as county seat. Whiteville was chartered in 1873 and is home to many historic sites and the Harvest Days Festival.

There are also nine unincorporated townships within Columbus County which include, Bogue, Bug Hill, Lees, Ransom, South Williams, Tatums, Welch Creek, Western Prong and Williams.



[Columbus County, NC](#)



### Columbus County, NC Population Growth

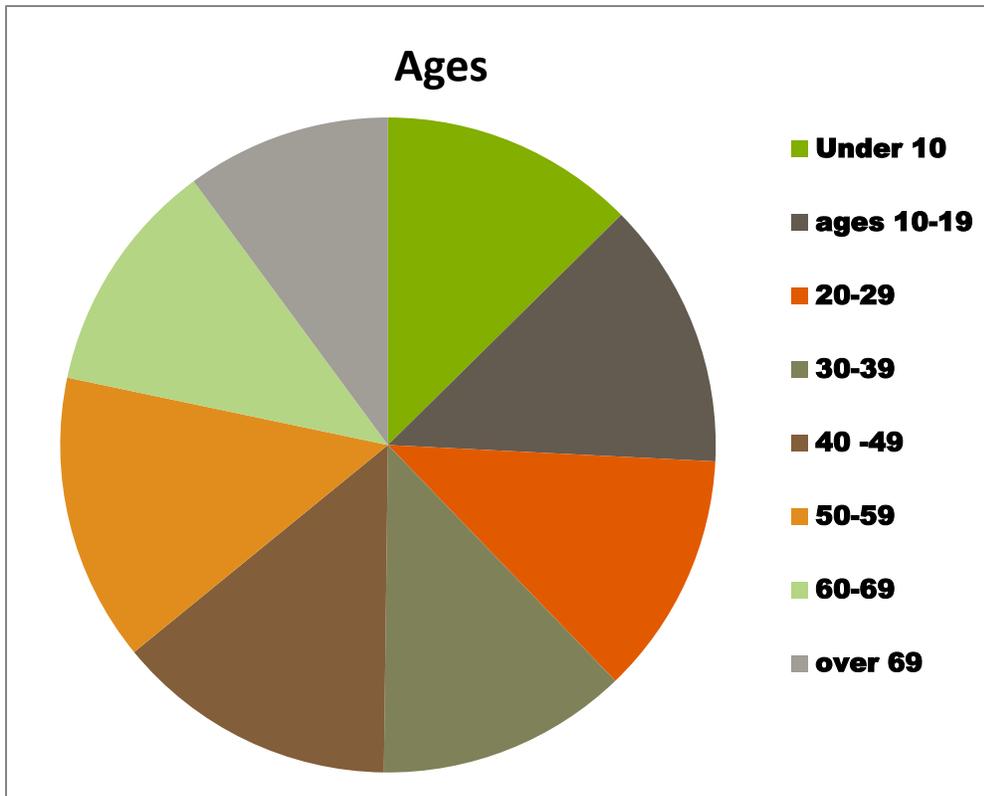
<b>2000 Population</b>	54,749
<b>2010 Population</b>	58,098
<b>Population Growth</b>	6.1%

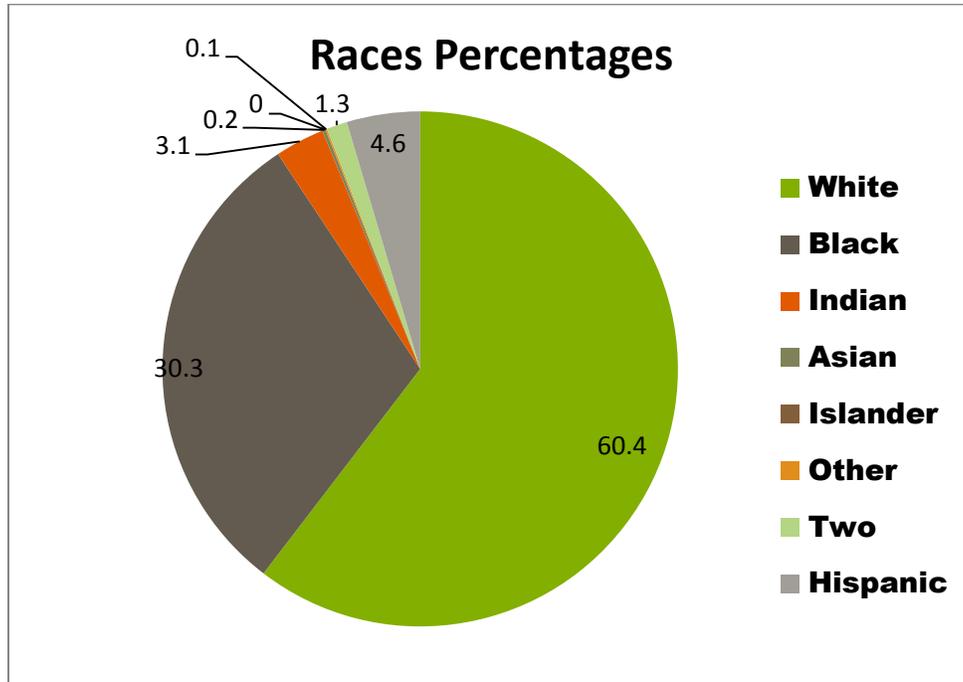
*Figures are provided by the 2010 US Census Bureau.*

**Columbus County NC Population Profiles**

**\*\*\*US Census, 2012**

<b>Under 10 Years</b>	<b>12.6%</b>
<b>10 to 19 Years</b>	<b>13.2%</b>
<b>20 to 29 Years</b>	<b>12.0%</b>
<b>30 to 39 Years</b>	<b>12.4%</b>
<b>40 to 49 Years</b>	<b>13.9%</b>
<b>50 to 59 Years</b>	<b>14.2%</b>
<b>60 to 69 Years</b>	<b>11.6%</b>
<b>Over 69 Years</b>	<b>10.1%</b>





The 2010 US Census Bureau reported the above; the Hispanic population has increased slightly since the last census in 2000. Other races in our county have remained about the same.

### ***Columbus County Employment/Unemployment Data***

<b>Employment in All Industries 2007</b>	<b>25,849</b>
<b>Employment Change 2000-2007</b>	589
<b>Civilian Labor Force 2009</b>	25,581
<b>Civilian Unemployment 2011</b>	3,173 ***unemployment for 2011

**Housing Census Data**

<b>Housing Units 2010</b>	<b>26,042</b>
<b>Homeownership Rate 2006-2010</b>	72.0%
<b>Housing Units in multi-unit structures, percent 2006-2010</b>	5.8%
<b>Median Value of owner-occupied housing units 2006-2010</b>	\$89,000
<b>Households, 2006-2010</b>	21,779
<b>Persons per household, 2006-2010</b>	2.53
<b>Per capita money income past 12 months 2006-2010</b>	\$18,784
<b>Median household income, 2006-2010</b>	\$35,421
<b>Persons below poverty level, percent, 2006-2010</b>	<b>21.4%</b>

### **Chapter 3- Health Data Collection Process**

The Community Health Survey Team was responsible for developing the assessment tool. The team worked with hospitals and health departments on a regional level to develop a survey template that could be used in each county. In Columbus, a total of 1300 surveys were distributed in the county, and a total of 1,241 were collected.

The survey included 23 questions. Of that number, 9 were relevant to health and human services, 4 pertained to preparedness and response, and 10 were designed to capture the demographic makeup of persons completing this survey. This one page assessment tool was available in both English and Spanish. Please see **Appendix A** for a copy of the survey. The race and ethnicity of respondents mirrors that of Columbus County. Columbus County's racial makeup consists of the following: Native American-3.1%, Caucasian-60.4%, African American-30.3%, and Hispanic-4.6%. Survey respondents included the following: Native American-4.37%, Caucasian-61.36%, African American-31.29%, Hispanic-7.25%, Asian, 0.44% and other (mixed races)-2.53%.

Secondary Data is information collected by someone else. This data can be collected by local groups or agencies, such as the local hospital, school systems, law enforcement, or by state agencies such as the North Carolina State Center for Health Statistics.

Secondary data for the 2012 Columbus County Community Health Assessment includes: Robert Woods Johnson Foundation and University of Wisconsin County Health Rankings Report, North Carolina CATCH; NC State Center for Health Statistics, NC Division of Public Health Epidemiology Branch, NC Division of Medical Assistance, North Carolina Office of Minority Health, Centers for Disease Control and Prevention, and Columbus County Economic Development.

<i>Location</i>	<i># of Surveys Distributed</i>
Bolton	60
Brunswick	25
Cerro Gordo	50
Chadbourn	200
Clarendon	40
Delco	50
Evergreen	40
Fair Bluff	35
Hallsboro	50
Lake Waccamaw	75
Nakina	50
Riegelwood	75
Tabor City	150
Whiteville	400

**Inventory of Health Resources**

An inventory of health resources was compiled by the Columbus County Community Health Assessment Team and includes current organizations in Columbus County that have some focus on health. Please see **Appendix B** for the resource guide.

Resources that were identified as being needed in Columbus County included economic and

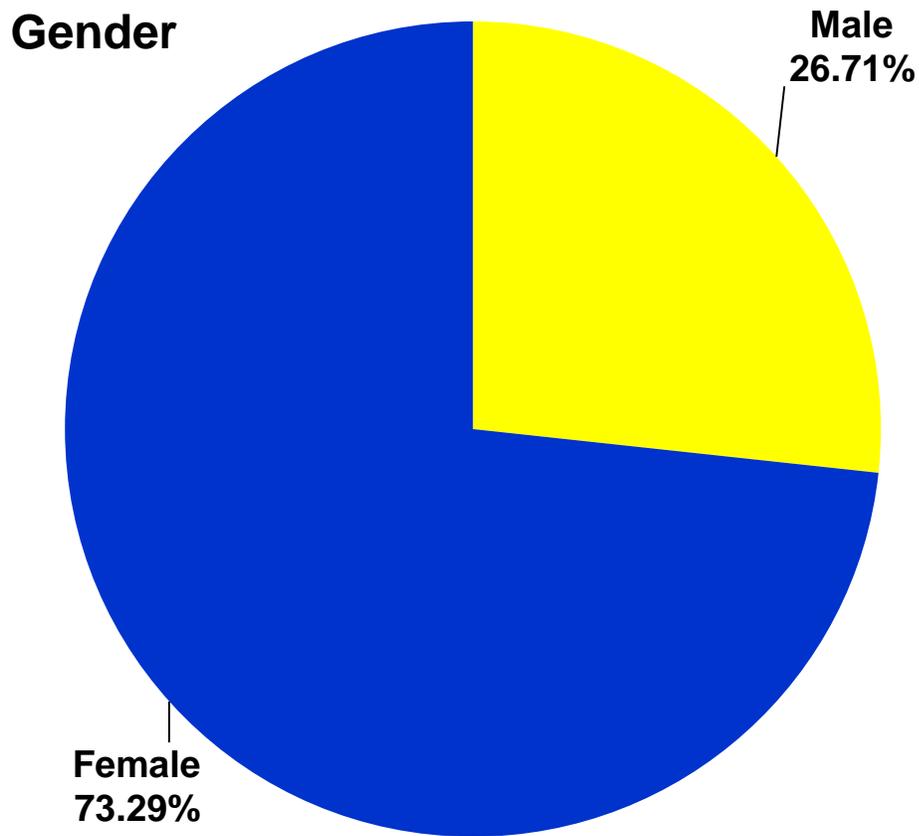
job opportunities, additional health screenings, and services for the poor. Please see responses to our community opinion surveys for more information. All of aforementioned impact our county’s health and will provide an opportunity for community leaders and residents to face the challenge of promoting health and social equity.

## ***Chapter 4- HEALTH DATA RESULTS***

This chapter uses data summarized from the community health assessment process to describe the overall health status, opinions, and needs of county residents. Results of the primary data collected using the Community Opinion Survey are included, as well as secondary data obtained from various other local and state-level resources. Mortality data pertaining to the county's leading causes of death are featured, and infant mortality rates are reviewed as well. Morbidity and substance misuse/abuse data are cited in an effort to portray the "burden of disease" among our residents' health care data illustrates the county's needs and resources and how county residents view these needs and resources. Finally, determinants of health data provide an overview of the various factors that influence the health of our county's residents.

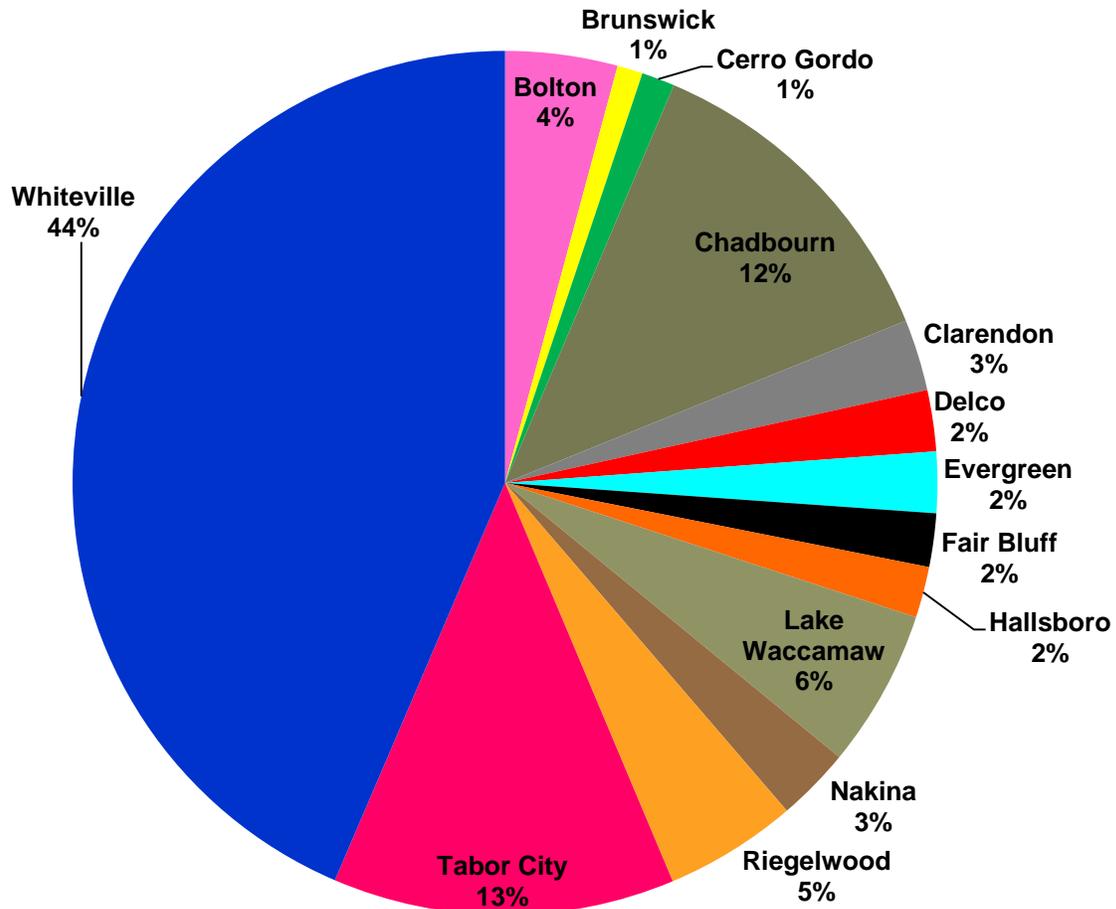
## Community Opinion Survey Results

### ***Demographics of Columbus Survey Respondents***



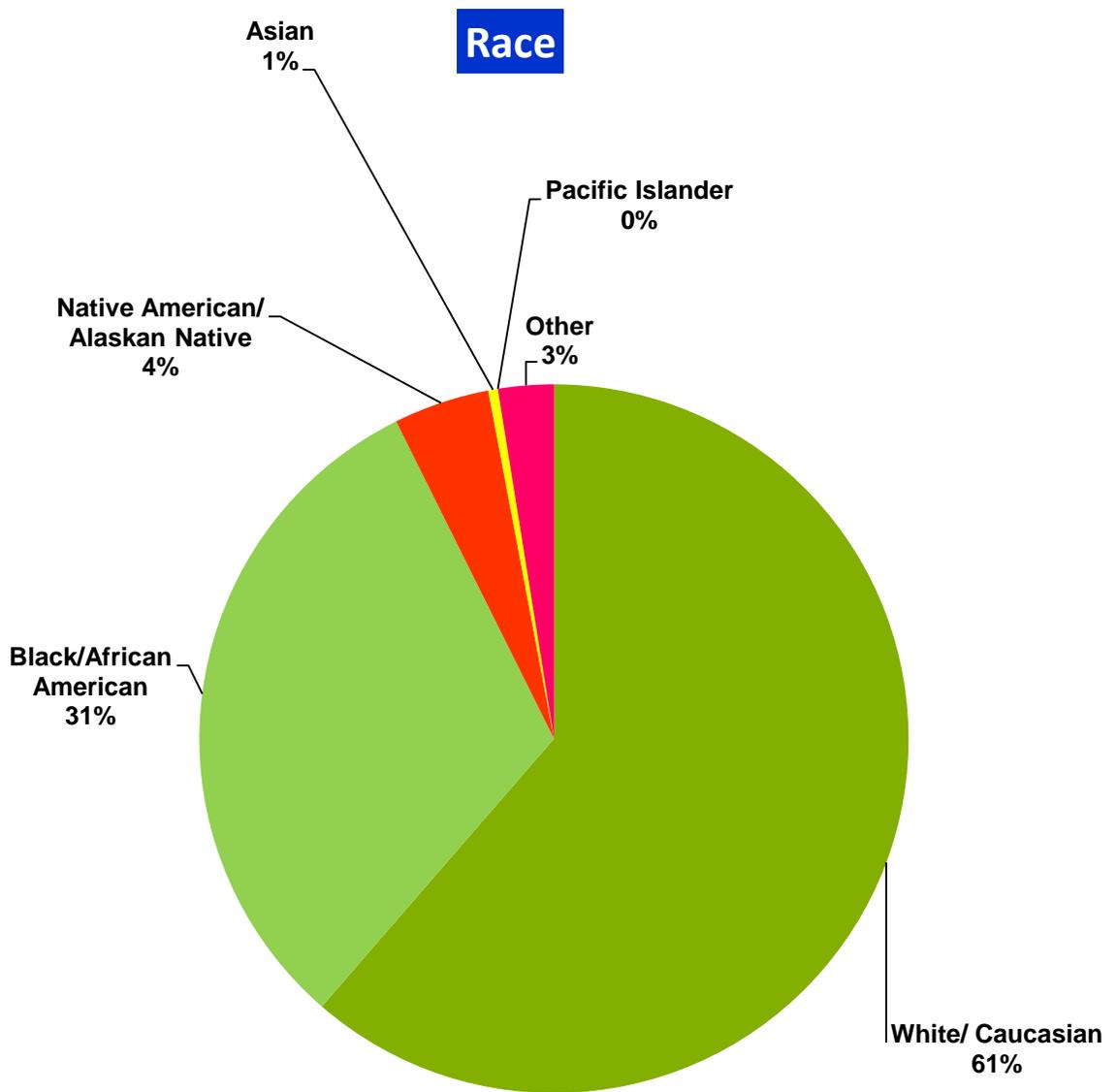
More females participated in the Columbus County Community Survey versus males.

## *Towns where respondents live*

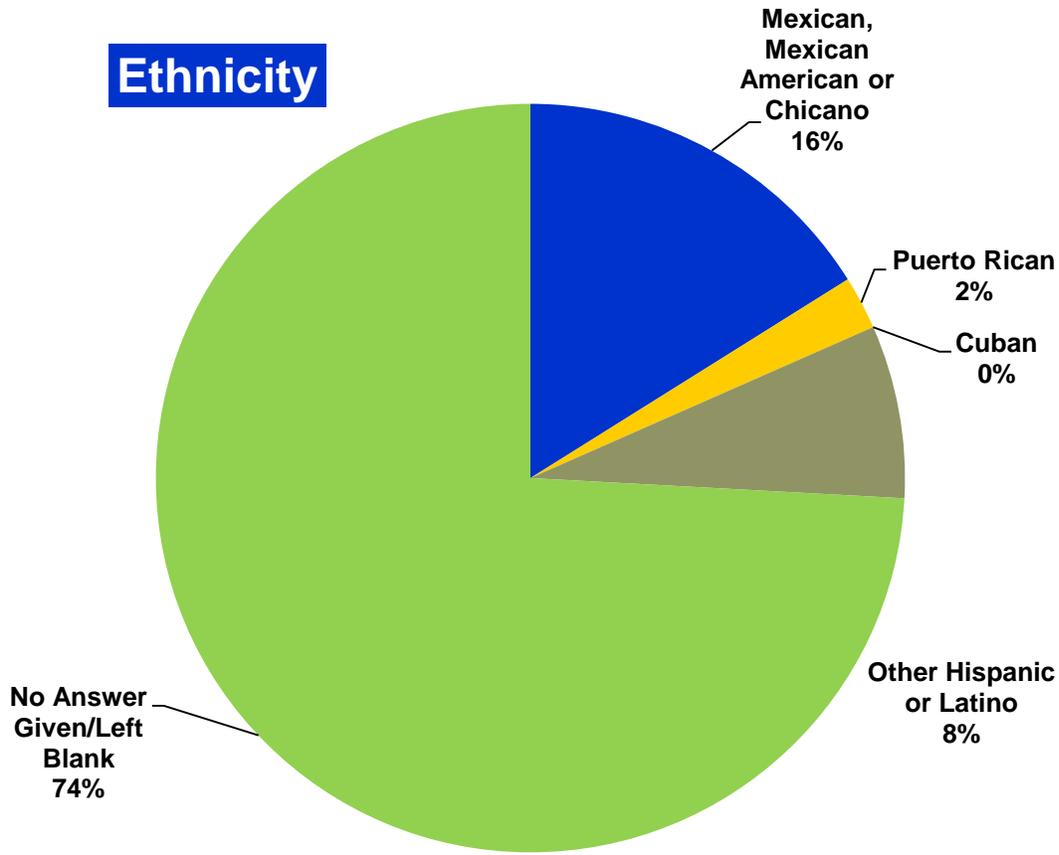


The Community Health Assessment Task Force Team distributed the surveys in the towns as listed above. The majority of Columbus residents reside in Whiteville followed by Chadbourn and Tabor City.

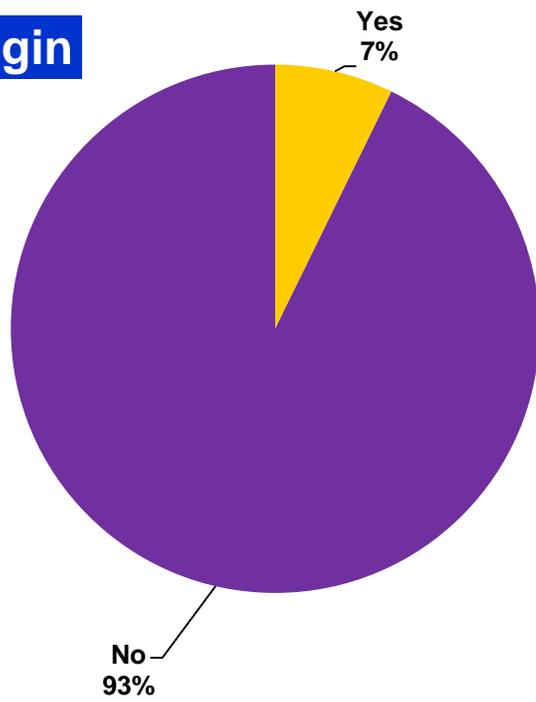
## ***Columbus County Survey Respondents Racial/Ethnic Backgrounds***



### Ethnicity



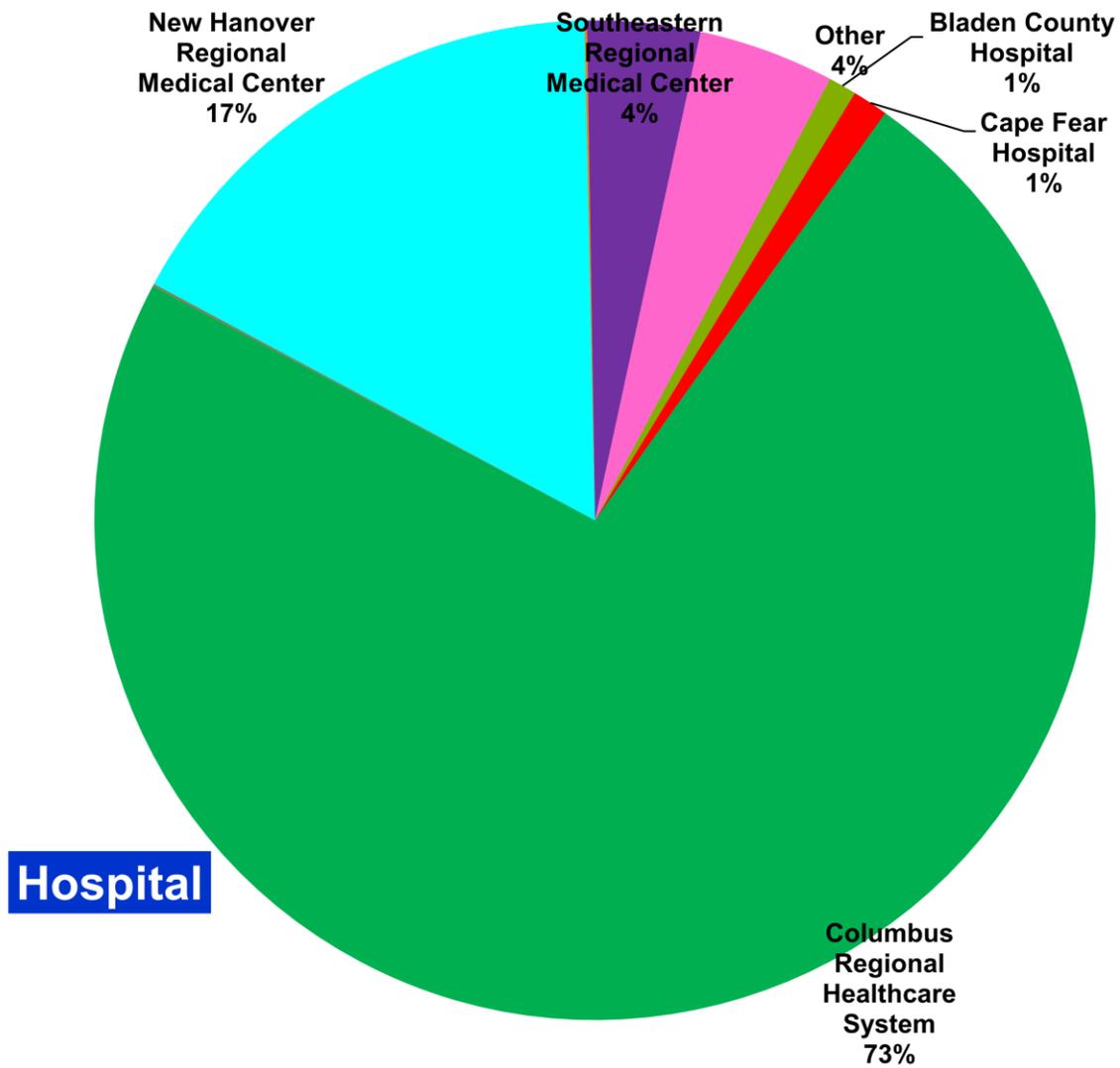
### Origin

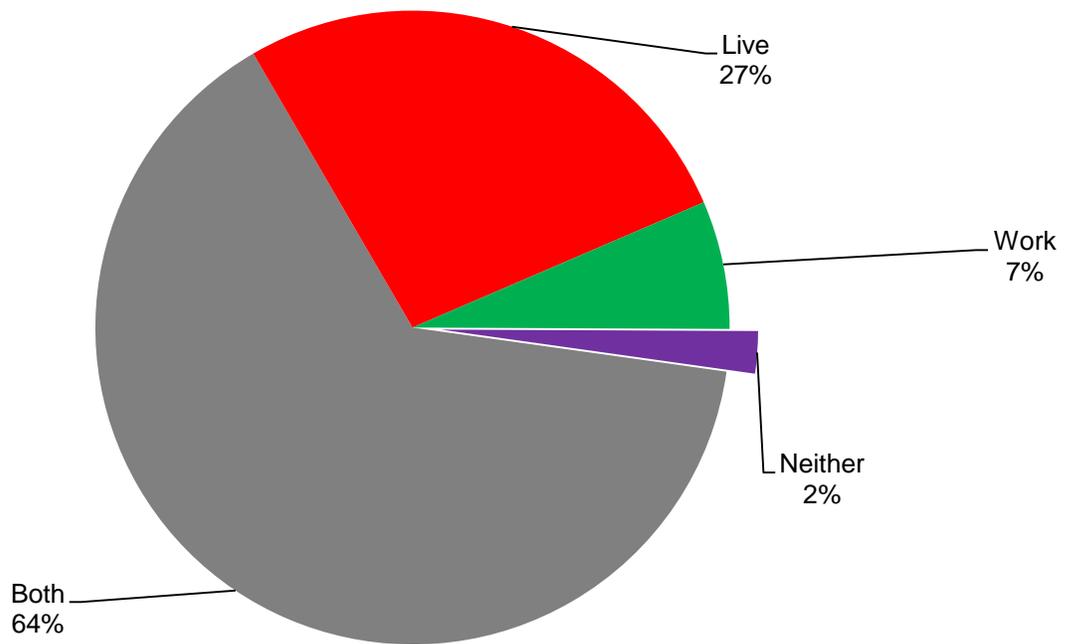
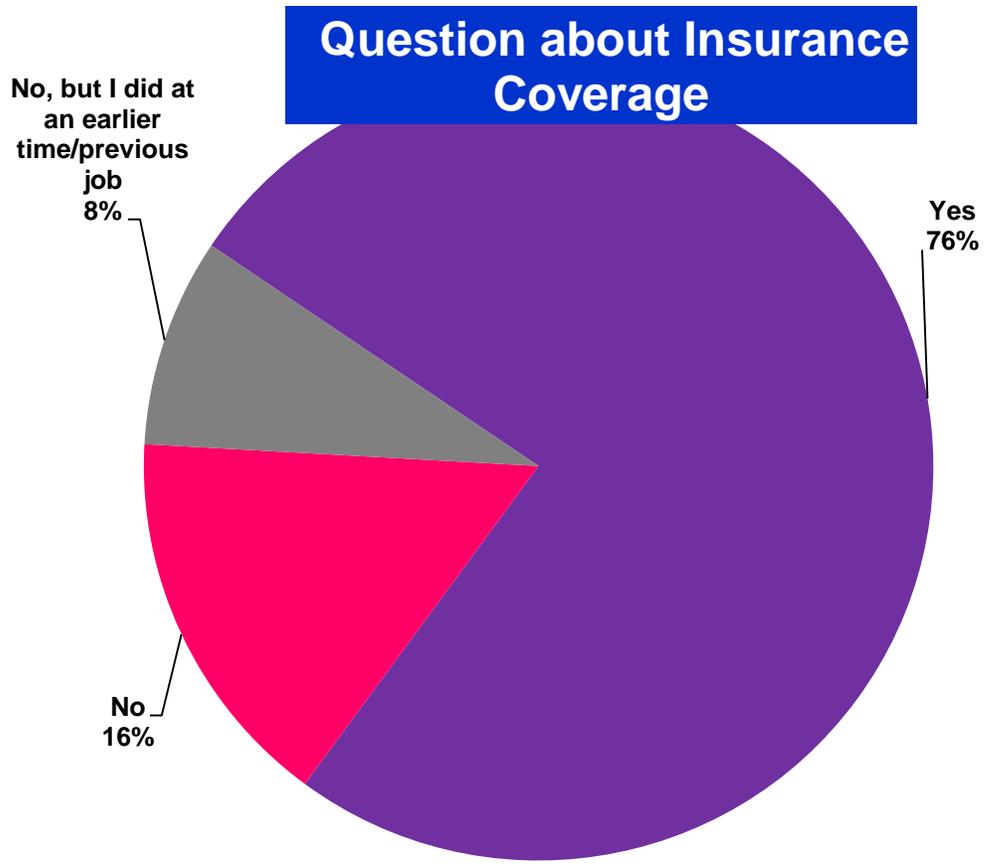


The race and ethnicity of respondents mirrors that of Columbus County. Columbus County's racial makeup consists of the following: Native American-3.1%, Caucasian-60.4%, African American-30.3%, and Hispanic-4.6%. Survey respondents included the following: Native American-4.37%, Caucasian-61.36%, African American-31.29%, Hispanic-7.25%, Asian, 0.44% and Other (mixed races)-2.53%.

## Columbus Results for Healthcare Questions

Questions were asked to determine if the respondent had health insurance, which area hospital he/she visited when seeking care and where the survey was completed. The majority of persons completing the survey live and work in Columbus County. Results indicate that 16% do not have health insurance and 27% seek hospital care outside of the county. The majority of residents responded that they seek hospital care in Columbus County.

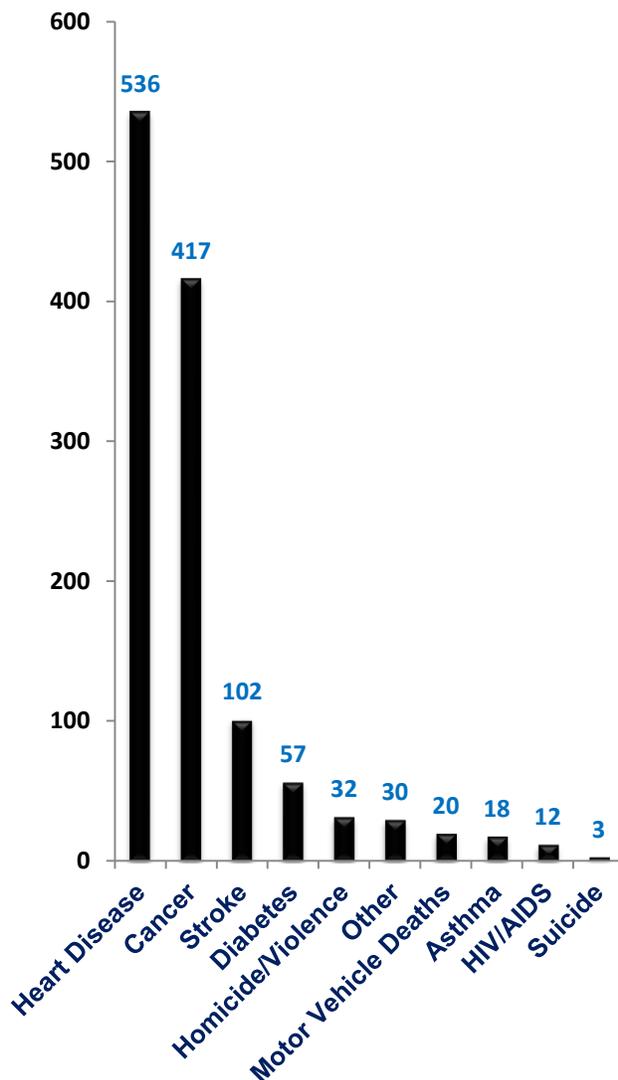




The majority of respondents live and work in Columbus County.

## Community Opinion Survey Results

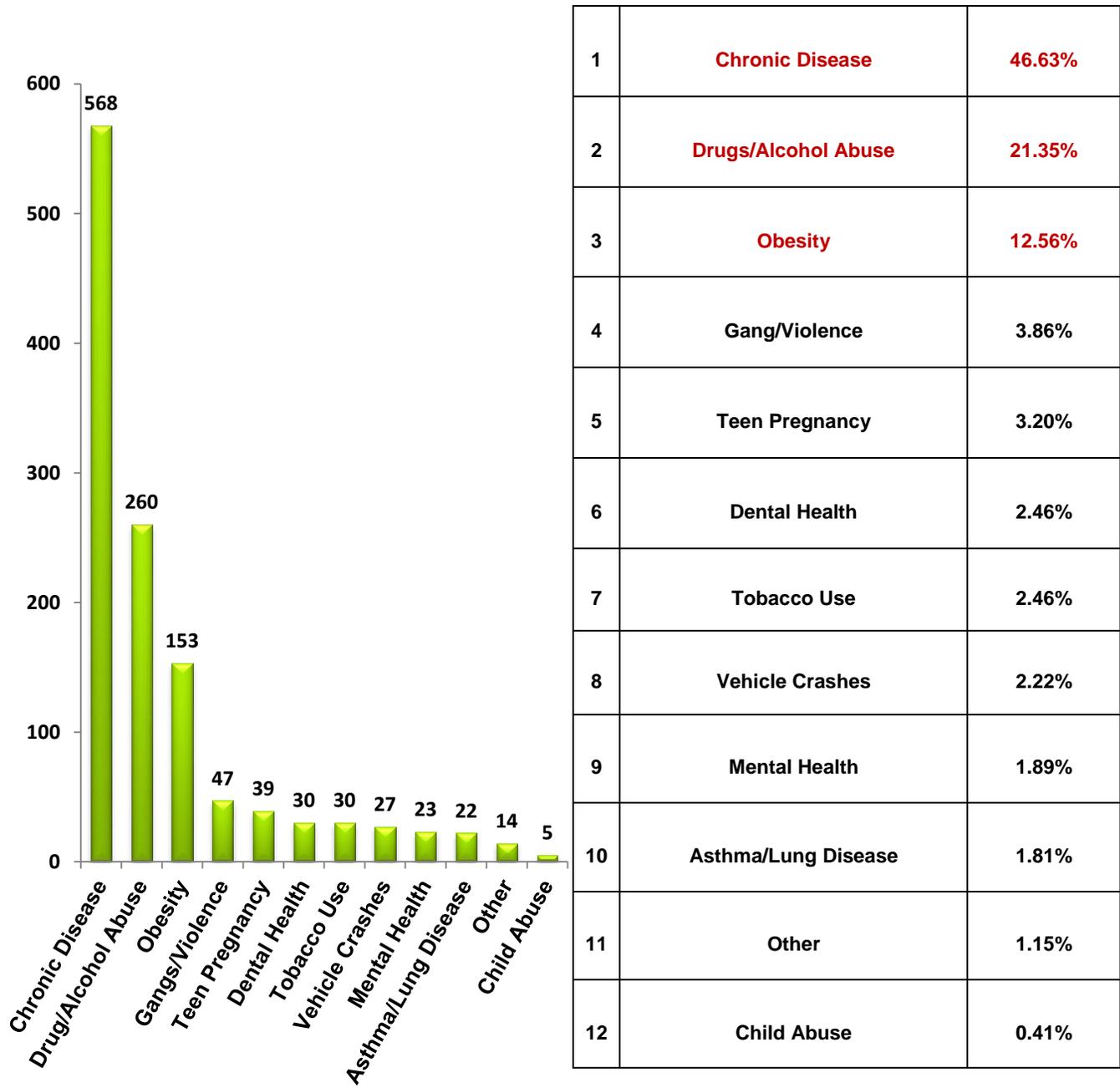
**Question 1: In your opinion, what do most people die from in your community? (Check only one)**



1	<b>Heart Disease</b>	<b>43.19%</b>
2	<b>Cancer</b>	<b>33.60%</b>
3	<b>Stroke</b>	<b>8.22%</b>
4	<b>Diabetes</b>	<b>4.59%</b>
5	<b>Homicide/Violence</b>	<b>2.58%</b>
6	<b>Other</b>	<b>2.42%</b>
7	<b>Motor Vehicle Deaths</b>	<b>1.61%</b>
8	<b>Asthma</b>	<b>1.45%</b>
9	<b>HIV/AIDS</b>	<b>0.97%</b>
10	<b>Suicide</b>	<b>0.24%</b>

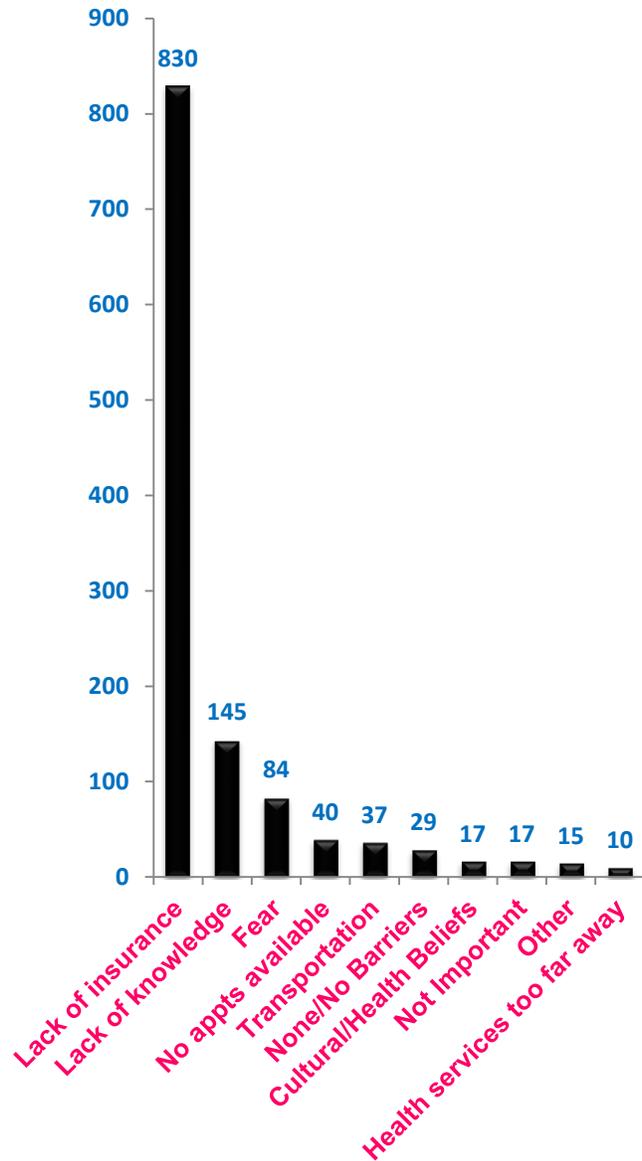
The above graph and chart illustrate the number and percentage of the population surveyed who feel that the stated issues are the leading causes of death in their community. As shown, the top three issues according to the community are: (1) Heart Disease, (2) Cancer, and (3) Stroke. The responses to this particular question helped the Assessment Team confirm that community members are quite knowledgeable of the major causes of death in the community, given their responses are supported by secondary data. According to the 2008 assessment, the top three issues were (1) Heart Disease, (2) Cancer, and (3) Diabetes.

**Question 2: In your opinion, what is the biggest health issue of concern in your community? (Check only one)**



The above graph and chart illustrate the number and the percentage of the population surveyed who feel that the stated issues are the leading causes of death in their community. As shown the top three issues are: (1) Chronic Disease, (2) Drugs/Alcohol Abuse, and (3) Obesity. According to the 2008 assessment, the top three issues were (1) Drug/Alcohol Abuse, (2) Obesity, and (3) Gangs/Violence.

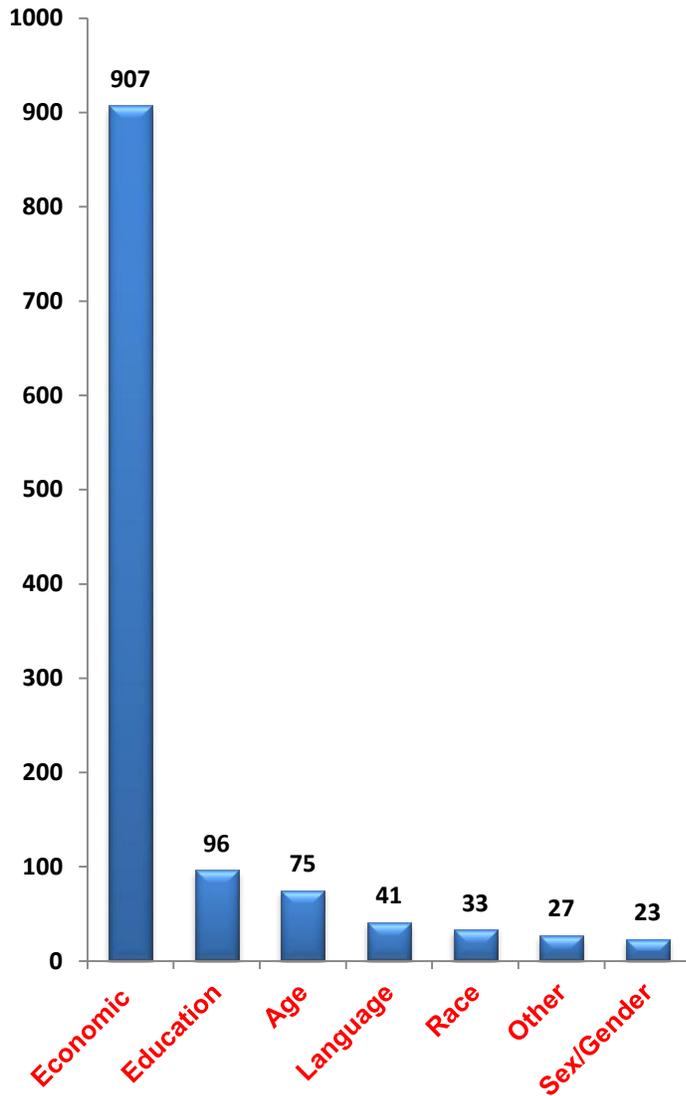
**Question 3: In your opinion, what do you think is the main reason that keeps people in your community? (Check only one)**



1	<b>Lack of Insurance</b>	<b>66.88%</b>
2	<b>Lack of Knowledge</b>	<b>11.68%</b>
3	<b>Fear</b>	<b>6.77%</b>
4	<b>No Appointments Available</b>	<b>3.22%</b>
5	<b>Transportation</b>	<b>2.98%</b>
6	<b>None/No Barriers</b>	<b>2.34%</b>
7	<b>Cultural/Health Beliefs</b>	<b>1.37%</b>
8	<b>Not Important</b>	<b>1.37%</b>
9	<b>Other</b>	<b>1.21%</b>
10	<b>Health Services Too Far Away</b>	<b>0.81%</b>

The graph and chart illustrate the number and percentage of the population surveyed who feel that the following issues are the main reason that people in their community do not seek medical treatment: (1) Lack of Insurance, (2) Lack of Knowledge, and (3) Fear. According to the 2008 assessment, the top three issues were (1) Lack of Insurance, (2) No Appointments, and (3) Other factors. Given the current economy, it was predicted that “lack of insurance” would be the top issue chosen by survey respondents. The various responses to this particular question will assist the Community Health Assessment Team in their efforts to identify and link residents to available resources, in hopes of reducing the above referenced barriers.

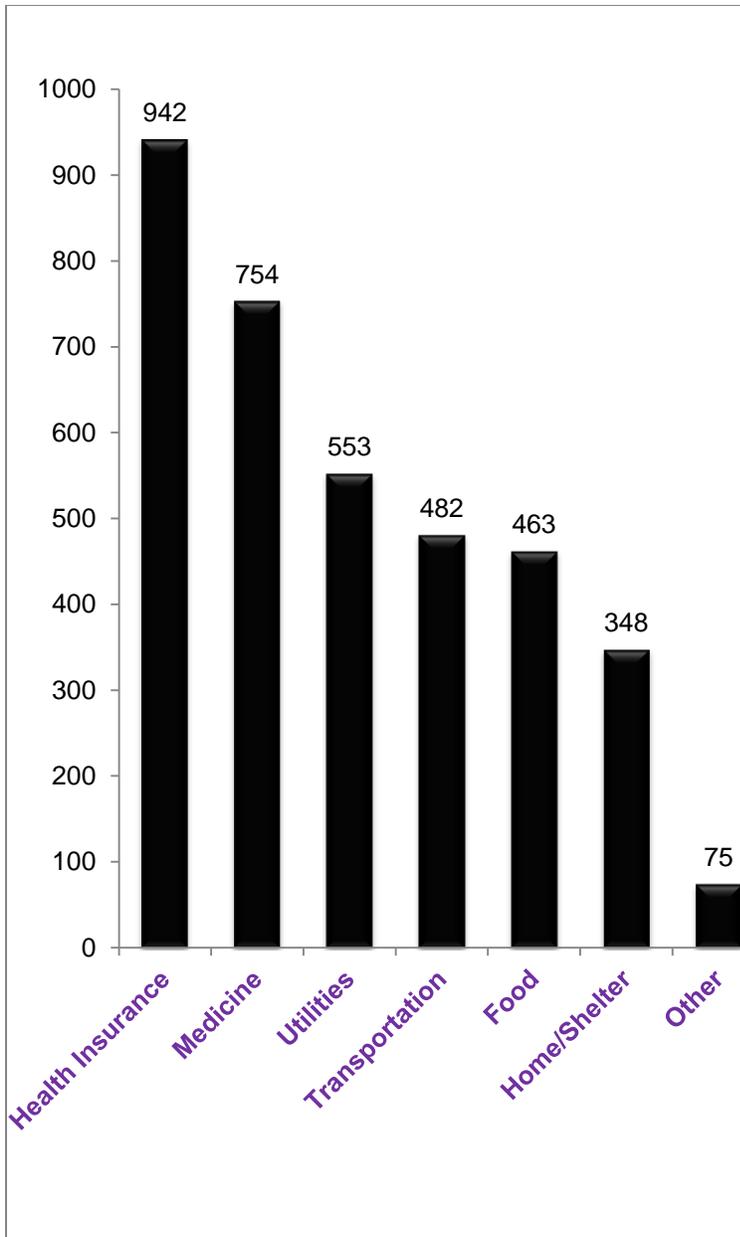
**Question 4: What factor do you feel most affects the quality of the health care you or people in your community receive? (Check only one)**



1	<b>Economic</b>	<b>75.46%</b>
2	<b>Education</b>	<b>7.99%</b>
3	<b>Age</b>	<b>6.24%</b>
4	<b>Language</b>	<b>3.41%</b>
5	<b>Race</b>	<b>2.75%</b>
6	<b>Other</b>	<b>2.25%</b>
7	<b>Sex/Gender</b>	<b>1.91%</b>

The above graph and chart illustrate the number and percentage of the population surveyed who feel that the stated factors most impact the quality of the health care received by themselves as well as their community. As shown, the top three factors are: (1) Economic, (2) Ability to Read/Education, and (3) Age. In the 2008 Columbus Health Assessment, 52% reported economics as the reason people did not seek care and this percentage increased in 2012 to 75.46%.

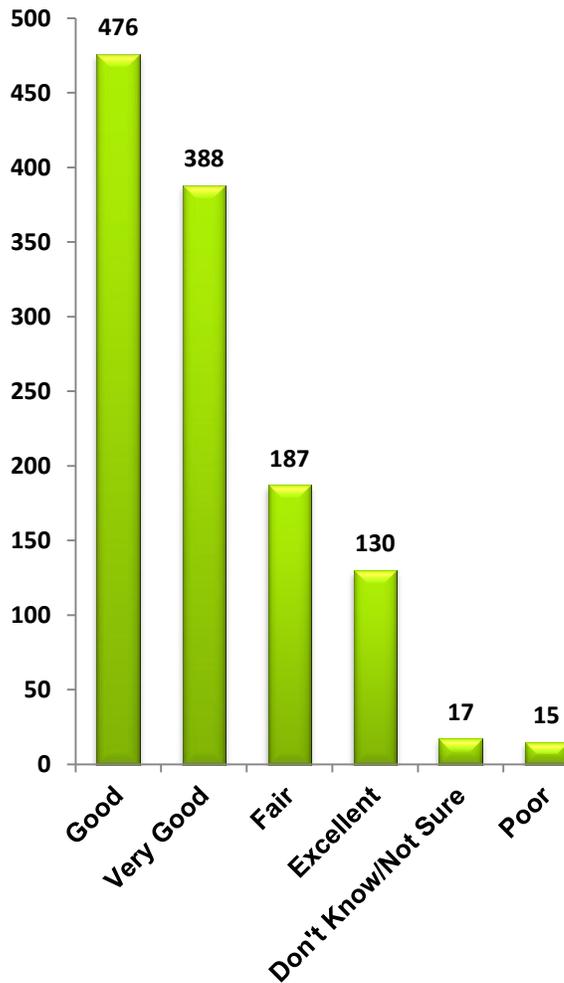
**Question 5: In your opinion, do you feel people in your community lack the funds for any of the following: (Check all that apply)**



1	<b>Health Insurance</b>	<b>26.04%</b>
2	<b>Medicine</b>	<b>20.85%</b>
3	<b>Utilities</b>	<b>15.29%</b>
4	<b>Transportation</b>	<b>13.33%</b>
5	<b>Food</b>	<b>12.80%</b>
6	<b>Home/Shelter</b>	<b>9.62%</b>
7	<b>Other</b>	<b>2.07%</b>

The above graph and chart illustrate the number and percentages of the population surveyed who feel people in their community lack the funds for the stated resources. As shown, the top three factors are: (1) Health Insurance, (2) Medicine, and (3) Utilities. In the 2008 assessment, 38% reported health insurance followed by medicine (29%) and transportation (18%) as issues that people in the community lack funds. In 2012, utilities overtook transportation as an area for lack of funds.

**Question 6: How do you rate your own health?  
(Check only one)**

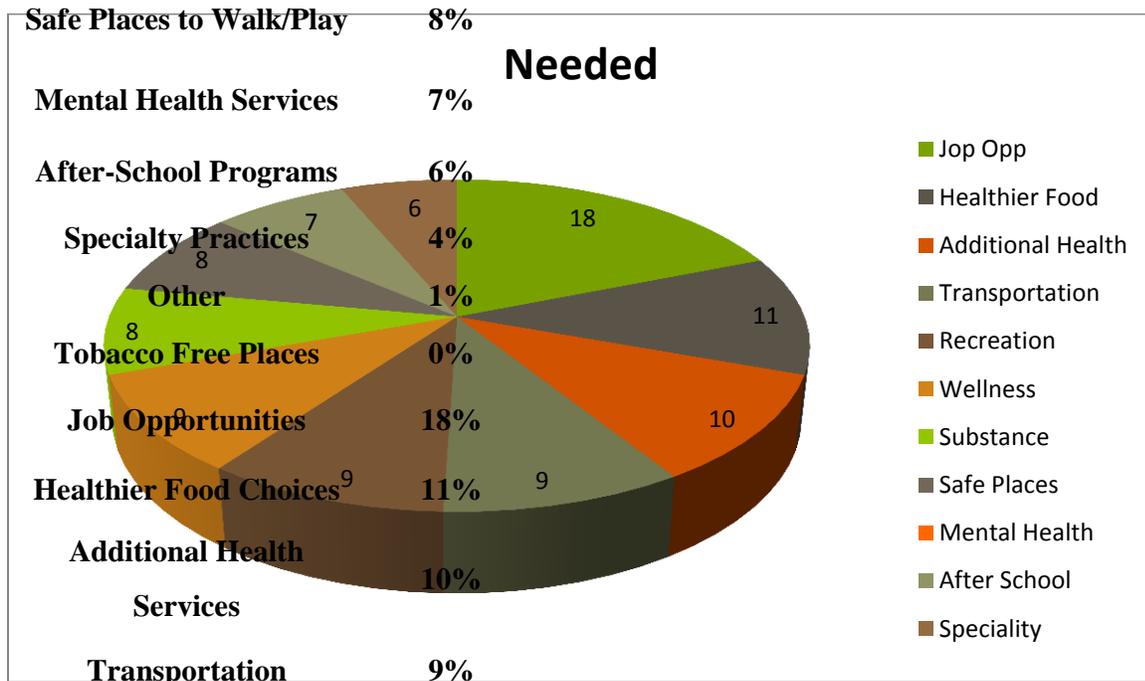


1	<b>Good</b>	<b>38.36%</b>
2	<b>Very Good</b>	<b>31.27%</b>
3	<b>Fair</b>	<b>15.07%</b>
4	<b>Excellent</b>	<b>10.48%</b>
5	<b>Don't Know/Not Sure</b>	<b>1.37%</b>
6	<b>Poor</b>	<b>1.21%</b>

The graph and chart above show the number and percentage of the population surveyed who rated their personal health. As shown, the majority of the respondents feel they are in good health. The Community Health Assessment Team asked this question to gain insight about the individual's health through completing the survey. Given that Columbus County is the unhealthiest county in the state, the Team wanted to clarify whether or not the community members had a thorough understanding of their personal health. The ratings provided by the respondents who completed the survey contradict the information given by the Robert Wood Johnson and University of Wisconsin County Health Rankings Report in 2009-2012 in which Columbus was ranked the least healthy county in the state of NC.

**Question 7: What does your community need to improve the health of your family, friends, and neighbors? (Check all that apply)**

1	1	Job Opportunities	18%
2	2	Healthier Food Choices	11%
3	3	Additional Health Services	10%
4	4	Transportation	9%
5	5	Recreational Facilities	9%
6	6	Wellness Services	9%
7	7	Substance Abuse/Rehabilitation Services	8%
8	8	Safe Places to Walk and Play	8%
9	9	Mental Health Services	7%
10	10	After School Programs	6%
11	11	Specialty Practices	4%
12	12	Other	1%
13	13	Tobacco Free Services	0%



The graph and chart show the percentage of those surveyed who feel that the stated resources are needed to improve health of their friends, etc. As shown, the top four responses are: Job opportunities, wellness services, food choices, additional health services, and transportation. In the 2008 assessment, 30% stated that they would like more job opportunities, followed by wellness screens (21%).

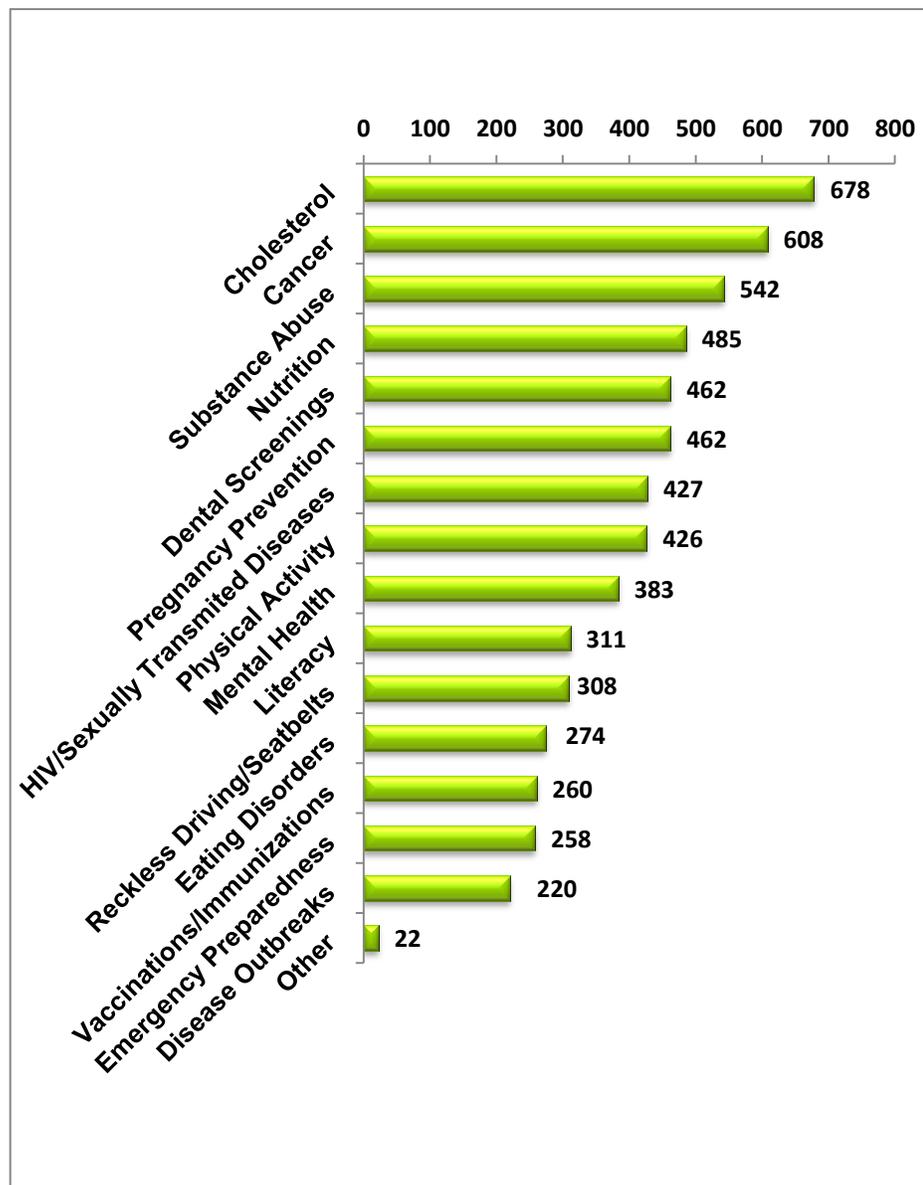
Abuse/Rehabilitation Services 8%

Safe Places to Walk/Play 8%

Mental Health Services 7%

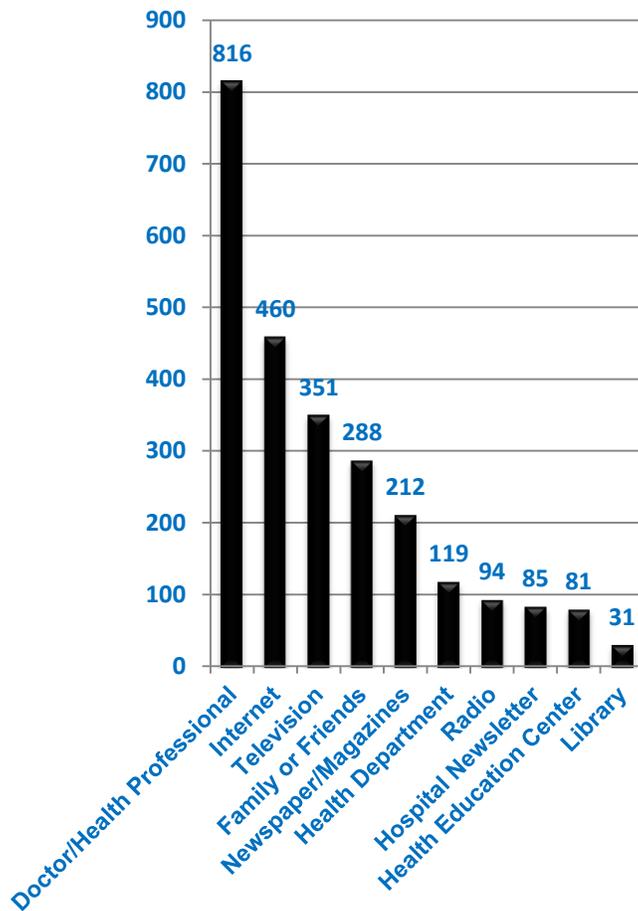
**Question 8: What health screenings or education/information services are needed in your community? (Check all that apply).**

1	<b>Cholesterol/Blood Pressure/Diabetes</b>	<b>11%</b>
2	<b>Cancer</b>	<b>10%</b>
3	<b>Substance Abuse</b>	<b>9%</b>
4	<b>Nutrition</b>	<b>8%</b>
5	<b>Dental Screenings</b>	<b>8%</b>
6	<b>Pregnancy Prevention</b>	<b>8%</b>
7	<b>HIV/Sexually Transmitted Diseases</b>	<b>7%</b>
8	<b>Physical Activity</b>	<b>7%</b>
9	<b>Mental Health</b>	<b>6%</b>
10	<b>Literacy</b>	<b>5%</b>
11	<b>Reckless Driving/Seat Belts/Child Car Seats</b>	<b>5%</b>
12	<b>Eating Disorders</b>	<b>4%</b>
13	<b>Vaccinations/Immunizations</b>	<b>4%</b>
14	<b>Emergency Preparedness</b>	<b>4%</b>
15	<b>Disease Outbreaks</b>	<b>4%</b>
16	<b>Other</b>	<b>0%</b>



The graph and chart above show the number and percentage of the population surveyed who feel that the stated the health screenings or educational/informational services are needed in their community. As shown, the top three preferences are: (1) Cholesterol/Blood Pressure/Diabetes, (2) Cancer, and (3) Substance Abuse. In 2008, respondents indicated that cholesterol, blood pressure and diabetes screenings were ranked as the top desired screening as well (29%). Columbus County Health Department, Columbus Regional Healthcare System, Columbus County DREAM Center, and other community organizations offer free community health screenings for Cholesterol/Blood Pressure/Diabetes; unfortunately these services are under-utilized by the community. The responses to this particular question confirmed to the CHA Team that our community is not fully aware of available resources; therefore enhanced community awareness is needed.

**Question 9: Where do you and your family get most of your health information?**



1	<b>Doctor/Health Professional</b>	<b>32%</b>
2	<b>Internet</b>	<b>18%</b>
3	<b>Television</b>	<b>14%</b>
4	<b>Family or Friends</b>	<b>11%</b>
5	<b>Newspaper/Magazines</b>	<b>9%</b>
6	<b>Health Department</b>	<b>5%</b>
7	<b>Radio</b>	<b>4%</b>
8	<b>Hospital Newsletter</b>	<b>3%</b>
9	<b>Health Education Center</b>	<b>3%</b>
10	<b>Library</b>	<b>1%</b>

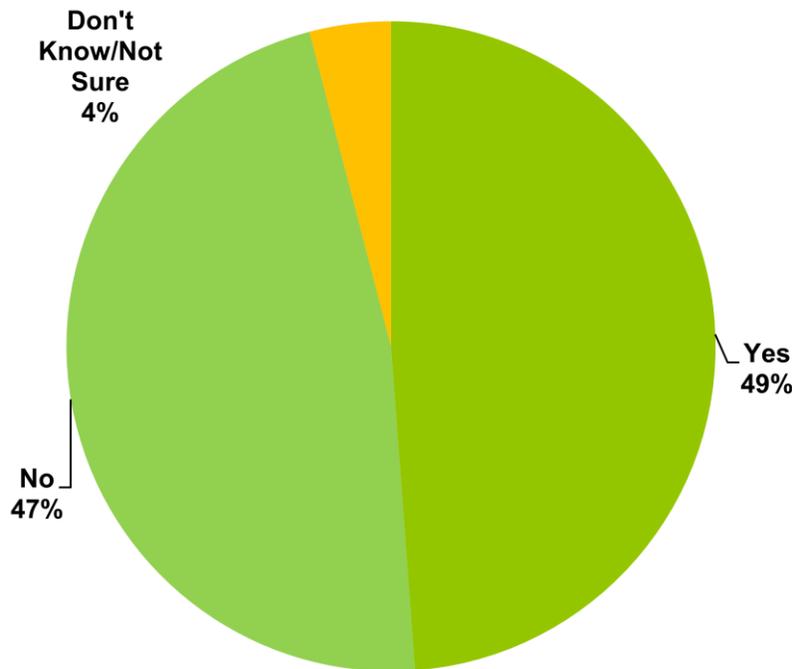
The graph and chart above show the number and percentage of the population surveyed who indicated the health information sources most commonly used by themselves, as well as their family members. As shown, the top three resources are: (1) Doctor/Health Professional, (2) Internet, and (3) Television. Responses to this question assisted the Community Health Assessment Team in determining the best method(s) of relaying health education to the community.

# Community Opinion Survey Results

## *Preparedness & Response*

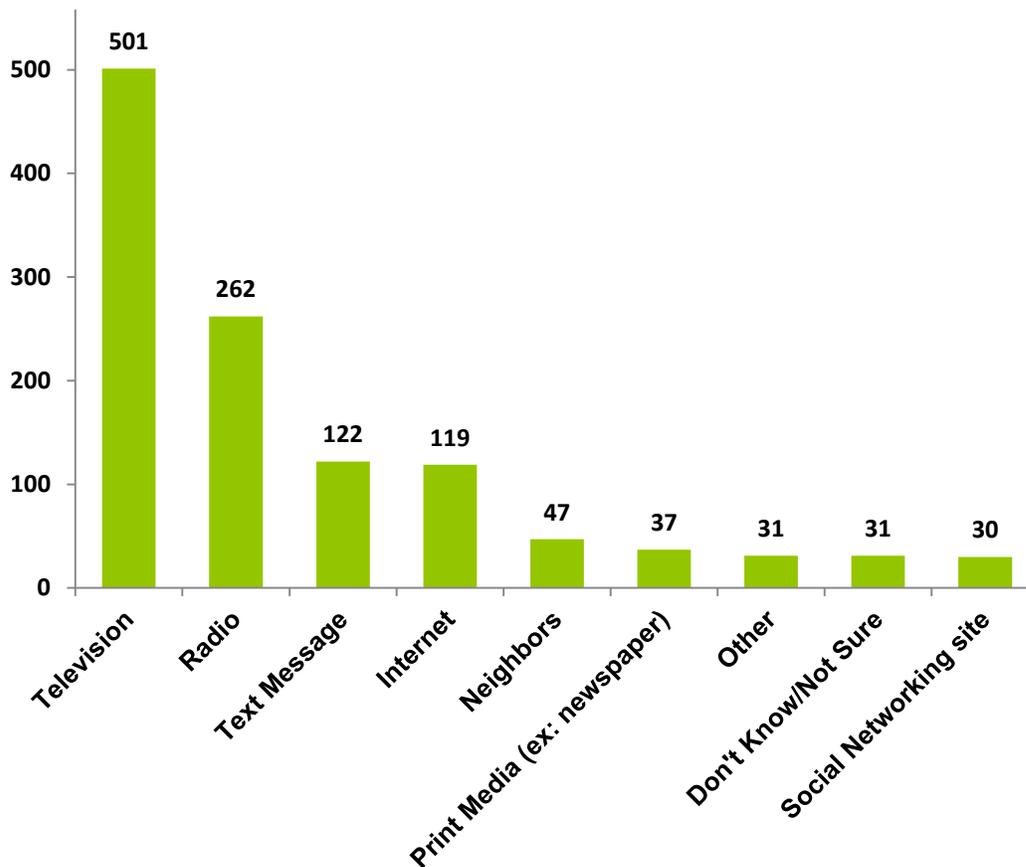
Following any type of natural disaster, emergency event or public health crisis, officials must be prepared to respond and meet the needs of the affected community. The following four questions provide useful information that allows public health officials to better serve the community in emergency situations.

Question 10: Does your family have a basic emergency supply kit? (These include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlights and batteries, non-electric can opener, blanket, etc.)



The graph above shows the percentage of the population surveyed that indicated whether their families have a basic emergency supply kit. As shown, 47% of the community indicated their family did not have an emergency kit in their home. Therefore, community education must be conducted to better inform individuals and families on the importance of maintaining an emergency supply kit. Also, essential in the educational process are comprehensive instructions as to what contents should be included.

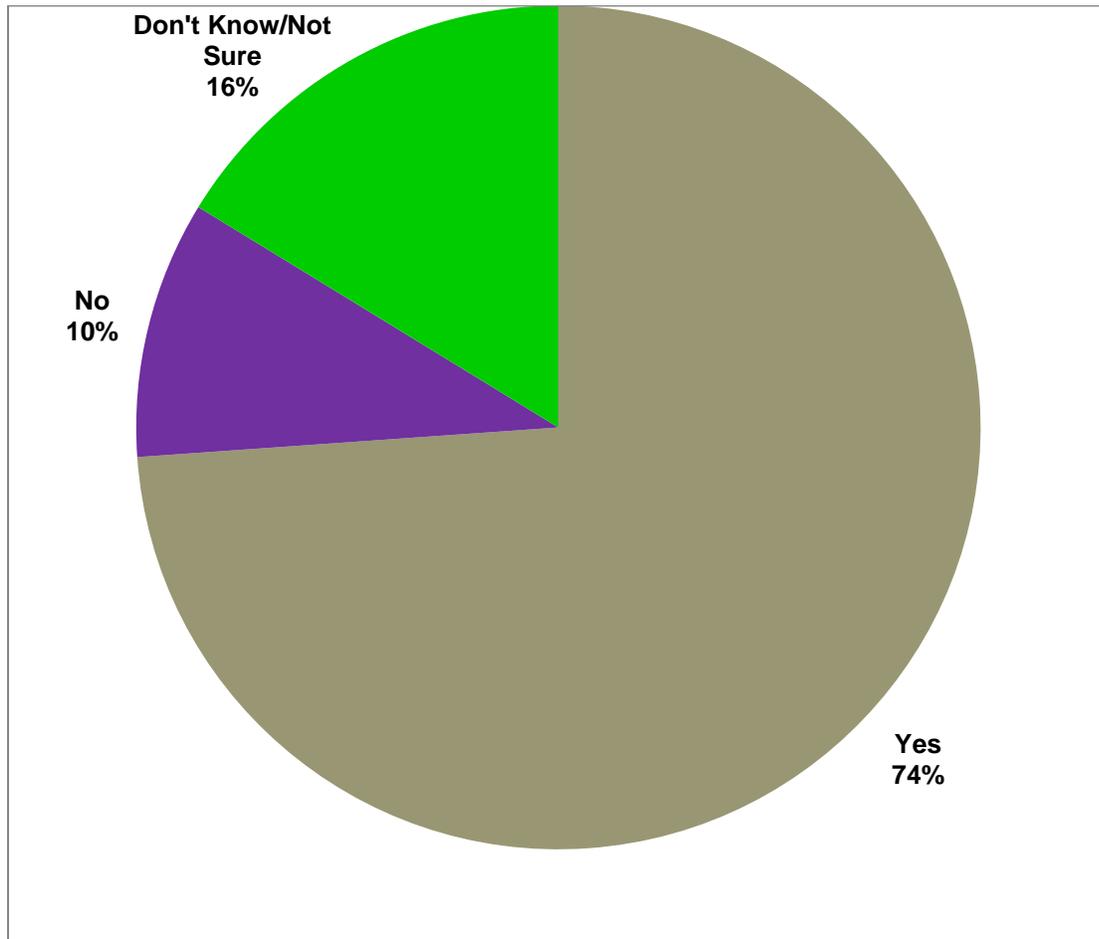
Question 11: What would be your main way of getting information from authorities in a large-scale disaster or emergency? (Check only one)



1	Television	42.46%
2	Radio	22.20%
3	Text Message	10.34%
4	Internet	10.08%
5	Neighbors	3.98%
6	Print Media (ex: newspaper)	3.14%
7	Other	2.63%
8	Don't Know/Not Sure	2.63%
9	Social Networking Site	2.54%

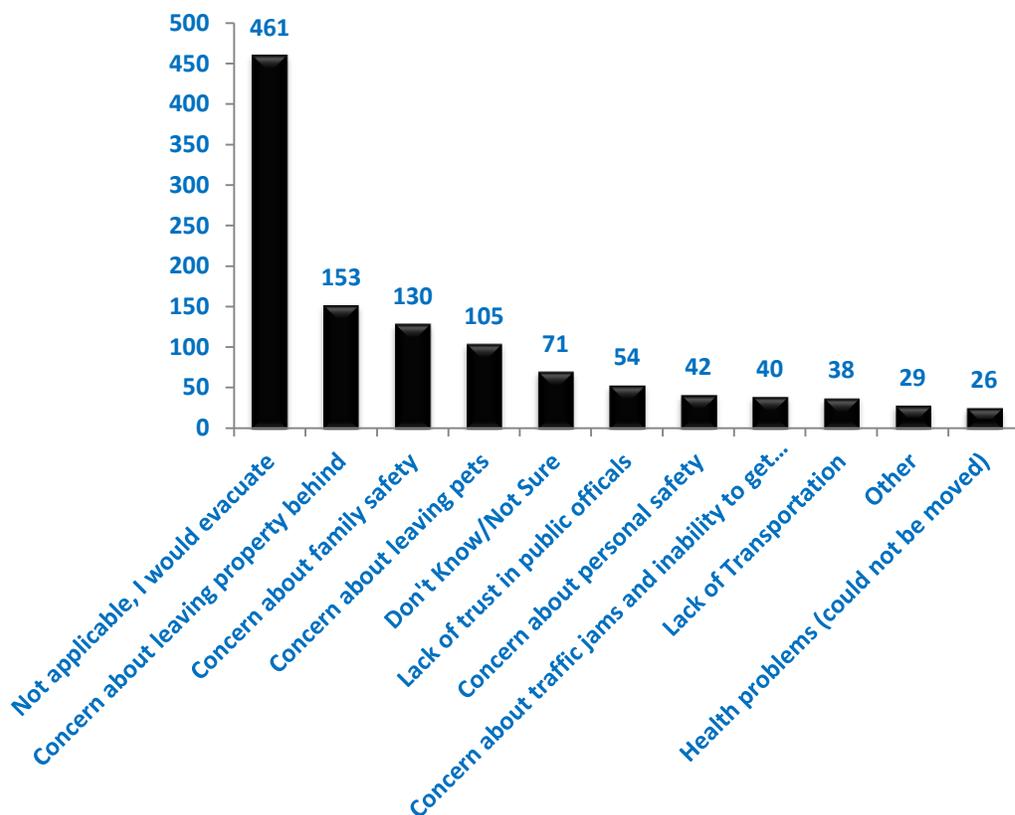
The graph and chart show the number and percentage of the population surveyed that indicated the primary means of obtaining information from authorities in a large-scale disaster or emergency will be from the stated resources. As shown, the top three resources are: (1) Television, (2) Radio, and (3) Internet. This question helped the Community Health Assessment Team identify the best avenue to deliver information to the community in emergency situations.

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 chart 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. 26% of the respondents indicated they were either uncertain or would definitely not follow a mandatory evacuation order; thus providing clarification to the Community Health Assessment Team that enhanced community education relevant to emergency preparedness and response is vital.

Question 13: What would be the main reason you might not evacuated if asked to do so? (Check only one)



The graph above shows the number and 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. As shown, more than 40% of persons surveyed felt that a mandatory evacuation would not be applicable to themselves/their families; thus, they would not opt to follow the order issued by public authorities. Nearly 24% indicated they would not comply with a mandatory evacuation order due to family safety concerns and/or fear of leaving their personal property behind. The responses to this particular survey question reiterated to the Community Assessment Health Team that enhanced public awareness efforts are critical.

According to the State Center for Health Statistics, the ten leading causes of death for Columbus County are the following (2011)

1. *Diseases of Heart*
2. *Cancer*
3. *Cerebrovascular Diseases*
4. *Chronic Lower Respiratory Diseases*
5. *All Other Unintentional Injuries*
6. *Motor Vehicle Injuries*
7. *Diabetes Mellitus*
8. *Influenza and Pneumonia*
9. *Nephritis, Nephrotic Syndrome, and Nephrosis*
10. *Septicemia*

As a whole, Columbus County's rates for the leading causes of death exceed state rates. In several instances, the rates nearly double those of the state. For example, our disease of the heart rate is 259.8 per 100,000 population and the state rate is 184.9 per 100,000. Our county Cerebrovascular Disease rate is 69.9 per 100,000 and our state rate is 47.8 per 100,000. Our Cancer rate is 204.3 per 100,000 compared to the state rate is 183.1 per 100,000. The county rate for Diabetes Mellitus is 32.4 per 100,000 and the state rate is 22.5 per 100,000. The unintentional motor vehicle rate for the county is 42.6 per 100,000 compared to the state rate 16.7 per 100,000. The last comparison is the county verse state rate for AIDS, which is 8.0 to 3.9 per 100,000. Lung cancer is the leading cause of cancer death in Columbus County (2010, State Center for Health Statistics).

	<u>Columbus County</u>	<u>North Carolina</u>
<b>Lung/Bronchus</b>	<b>49</b>	<b>7,307</b>
<b>Colon/Rectum</b>	<b>31</b>	<b>4,672</b>
<b>Female Breast</b>	<b>50</b>	<b>7,781</b>
<b>Prostate</b>	<b>45</b>	<b>6,800</b>
<b>Pancreas</b>	<b>7</b>	<b>1,077</b>

According to data from the **2009 Behavioral Risk Factor Surveillance**, Columbus County is ranked within the Eastern, NC portion of data. The charts below will explain some of the risk factors that residents of the county should consider.

### Health Status

**(1) Would you say that in general your health is?**

	North Carolina (%)	Eastern N.C. (%)
Excellent	19.2	18.6
Very Good	32.2	30.3
Good	30.5	30.3
Fair	13.3	15.4
Poor	4.8	5.4

### Healthy Days

**(2) Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?**

	North Carolina (%)	Eastern N.C. (%)
None	66.1	64.8
1-2 days	10.2	10.8
3-7 days	9.5	8.4
8-29 days	7.4	8.7
30 days	6.9	7.3

### Health Care Access

**(3) Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?**

	North Carolina (%)	Eastern N.C. (%)
Yes	81.9	81.4
No	18.1	18.6

**Exercise**

(4) During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

	North Carolina (%)	Eastern N.C. (%)
Yes	73.6	68.3
No	26.4	31.7

**Diabetes**

(5) Have you ever been told by a doctor that you have diabetes?

	North Carolina (%)	Eastern N.C. (%)
Yes	9.6	12.7
Yes, during pregnancy	0.7	0.7
No	88.7	85.7
No, borderline diabetes	1.0	0.9

**Cardiovascular Disease Prevalence**

(6) Has a doctor, nurse, or other health professional ever told you that you had a heart attack, also called a myocardial infarction?

	North Carolina (%)	Eastern N.C. (%)
Yes	4.4	5.9
No	95.6	94.1

**Tobacco Use**

(7) Current Smoker?

	North Carolina (%)	Eastern N.C. (%)
Yes	20.3	22.1
No	79.7	77.9

**Pre-Diabetes**

**(8)Have you had a test for high blood sugar or diabetes within the past three years?**

	North Carolina (%)	Eastern N.C. (%)
Yes	61.4	61.8
No	38.6	38.2

**Derived Variables and Risk Factors**

**(9)As adults who have a body mass index greater than 25.00 (Overweight or Obese)**

	North Carolina (%)	Eastern N.C. (%)
Yes	65.4	69.6
No	34.6	30.4

## 2006-2010 NC Resident Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates

Standard = Year 200 U.S. Population;

\*Rates Per 100.000 Population

Cause of Death:	White, non-Hispanic		African American, non-Hispanic		Other Races, non-Hispanic		Columbus	NC
	Male	Female	Male	Female	Male	Female	Overall	Overall
	Rate	Rate	Rate	Rate	Rate	Rate	Rate	Rate
All Causes	1270.5	847.7	1459.6	989.8	1127.5	804.2	1068.8	819.0
Diseases of Heart	326.8	187.1	396.8	239.6	N/A	N/A	259.8	184.9
Acute Myocardial Infarction	87.6	33.0	60.0	39.5	N/A	N/A	52.7	39.2
Other Ischemic Heart Disease	171.2	84.9	246.8	127.5	N/A	N/A	136.3	77.3
Cerebrovascular Disease	60.7	67.6	86.0	84.2	N/A	N/A	69.9	47.8
Cancer	282.8	146.9	328.2	163.4	N/A	N/A	204.3	183.1
Colon, Rectum, and Anus	N/A	N/A	N/A	N/A	N/A	N/A	11.3	16.0
Pancreas	N/A	N/A	N/A	N/A	N/A	N/A	12.1	10.7
Trachea, Bronchus, and Lung	97.4	39.8	100.6	N/A	N/A	N/A	60.2	55.9
Breast	N/A	20.7	N/A	39.3	N/A	N/A	27.0	23.4
Prostate	29.2	N/A	84.1	N/A	N/A	N/A	41.0	25.5
Diabetes Mellitus	29.1	21.0	N/A	52.6	N/A	N/A	32.4	22.5
Pneumonia and Influenza	26.7	21.4	N/A	N/A	N/A	N/A	21.3	18.6
Chronic Lower Respiratory Diseases	77.8	54.6	N/A	N/A	N/A	N/A	57.0	46.4
Chronic Liver Disease and Cirrhosis	N/A	N/A	N/A	N/A	N/A	N/A	13.2	9.1
Septicemia	26.2	25.1	N/A	N/A	N/A	N/A	26.2	13.7
Nephritis, Nephrotic Syndrome, and Nephrosis	27.6	16.8	N/A	49.9	N/A	N/A	27.7	18.9
Unintentional Motor Vehicle Injuries	57.4	N/A	80.7	N/A	N/A	N/A	42.6	16.7
All Other Unintentional Injuries	73.8	34.0	N/A	N/A	N/A	N/A	43.5	28.6
Suicide	27.2	N/A	N/A	N/A	N/A	N/A	12.0	12.1
Homicide	N/A	N/A	N/A	N/A	N/A	N/A	12.0	6.6
Alzheimer's disease	N/A	36.0	N/A	N/A	N/A	N/A	29.0	28.5
Acquired Immune Deficiency Syndrome	N/A	N/A	N/A	N/A	N/A	N/A	8.0	3.9

## Columbus County Health Rankings

Alzheimer's	63
Breast Cancer	62
Cancer(all sites combined)	83
Cerebrovascular	91
Colon Cancer	1
Diabetes	70
Heart Disease	96
Chronic Liver Disease and Cirrhosis	57
Chronic Lower Respiratory Diseases	76
Lung Cancer	55
Motor Vehicle Deaths***	82
Nephritis, Nephrotic Syndrome, Nephrosis	76
Unintentional Injuries	85
Pneumonia and Influenza	53
Septicemia***	73
Gonorrhea	60
Asthma(Discharges from hospital)	60

\*\*\*\* Rankings calculated using information from the 2010 North Carolina Department of Health Statistics

Above, you will find Columbus County Health Rankings for selected diseases; these rankings are based on information for the same diseases in North Carolina counties. Our rankings were provided calculated by our friends at the North Carolina Department of Health and Human Service's State Center for Health Statistics.

## Columbus County Healthcare Access

Differences in access to health care can have far-reaching consequences. Those denied access to basic health care may live more constrained and shorter lives. Access to health care is a broad concept that tries to capture accessibility to needed primary care, health care specialists, and emergency treatment. While having health insurance is a crucial step toward accessing the different aspects of the health care system, health insurance by itself does not ensure access. It is also necessary to have comprehensive coverage, providers that accept the individual's health insurance, relatively close proximity of providers to patients, and primary care providers in the community.

Additional barriers to health care access include lack of transportation to providers' offices, lack of knowledge about preventive care, long waiting times to secure an appointment, low health literacy, and inability to pay the high-deductibles of many insurance plans and/or co-pays for receiving treatment.

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%.

<b>Healthcare Access Data</b>		
<i>Source: NC State Center for Health Statistics, Behavioral Risk Factor Surveillance Survey</i>		
Indicator	Columbus	NC
<b>% of Adults (age 18+) That Do Not Have any kind of Health Care</b>	<b>18.6%</b>	<b>18.1%</b>
<b>% Estimate of uninsured Age 0-18</b>	<b>10.4%</b>	<b>10.3%</b>
<b>% of Adults 18+ Who Needed to see a Dr. in past 12 mo. But couldn't due to cost</b>	<b>18.2%</b>	<b>17.5%</b>

### ***Determinates of Health***

Poverty, education and housing are three important social determinants of health. These factors are strongly correlated with individual health. People with higher incomes, more years of education, and health and safe environment to live in tend to have better health outcomes and generally have longer life expectancies. Although these factors affect health independently, they also have interactive effects on each other and thus health. For example, people in poverty are more likely to engage in risky health behaviors, and they are also less likely to have affordable housing. In turn, families with difficulties paying rent and utilities are more likely to report barriers to accessing health care, higher use of the emergency department, and more hospitalizations. Below is a chart of the economic indicators that impact the quality of life for Columbus County residents. The unemployment rate is greater than the state's rate and the need for state and federal resources is extremely high.

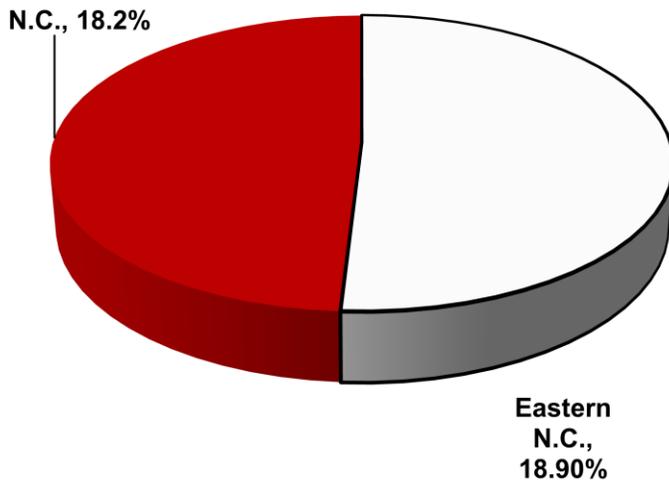
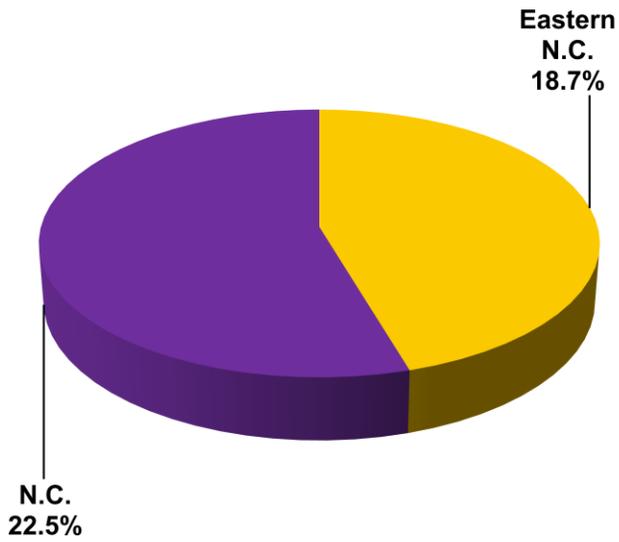
Economic Indicators		
Indicator	Columbus County	North Carolina
High school graduates, percent of persons age 25+, 2005-2009	83%	78%
Persons below poverty level, percent, 2009	25.4%	15.5%
Unemployment, September 2011	12.7%	10.6%
Median household income, 2009	\$33,024	\$45,570
% of WIC mothers	74.9%	71.6%
% of Residents Eligible for Medicaid, 2010	28%	17%
Economically Disadvantaged (Free & Reduced Lunch) Needy Percentage, 2009	75.9%	53.9%
Adolescent pregnancies among 15-19 year-olds, Rate per 1,000 girls aged 15-19 years old, <u>2011</u>	59.6	43.1

## Risk Factors for Chronic Disease

Chronic diseases such as heart disease, cancer, and diabetes are major causes of death and disability North Carolina. Although genetics and other factors contribute to the development of these chronic conditions, individual behaviors play a key role. As much as 50% of individual health can be attributed to behavior alone. Physical inactivity, unhealthy eating, and smoking are behavioral risk factors underlying much of the burden caused by chronic disease. The percentages of adults who currently smoke and are physically inactive are some of the worst in the state. Results from the 2012 Community Opinion Survey indicated that the community desires healthier food options and safer places to walk and play.

\*\*\*Columbus County is located in "Eastern N.C." for the BRFSS.

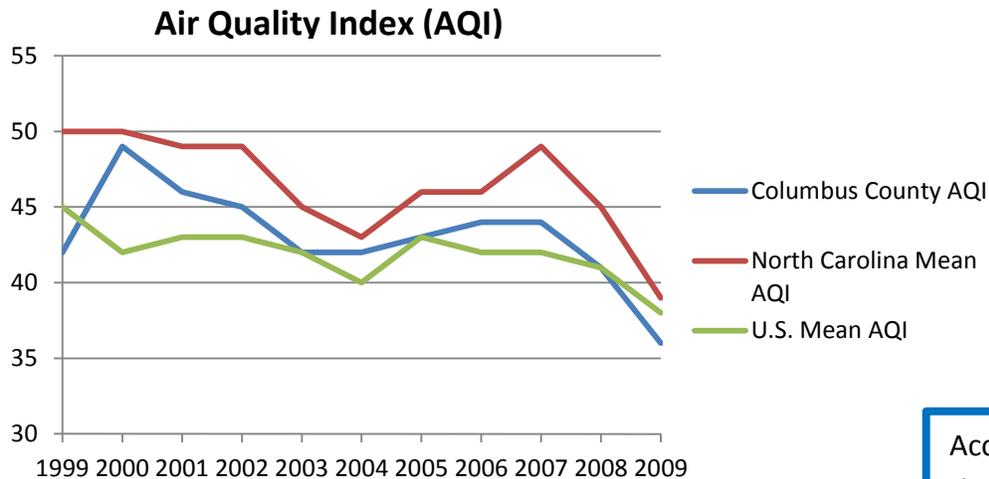
**% of Adults Who Reported Eating 5 or More Servings of Fruits or Vegetables per Day**



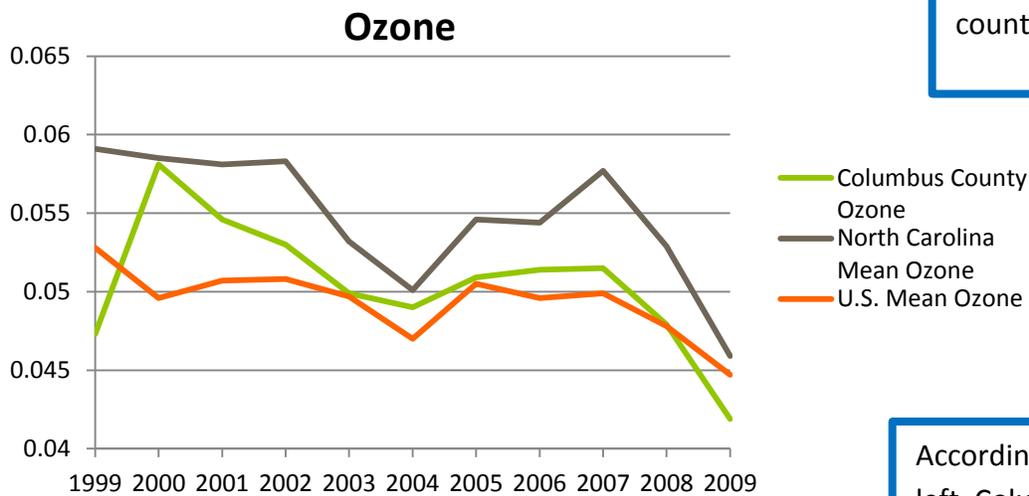
Percentage of adults who are physically inactive

## Columbus County Environmental Information

### Information Provided by NC Department of Natural Resources

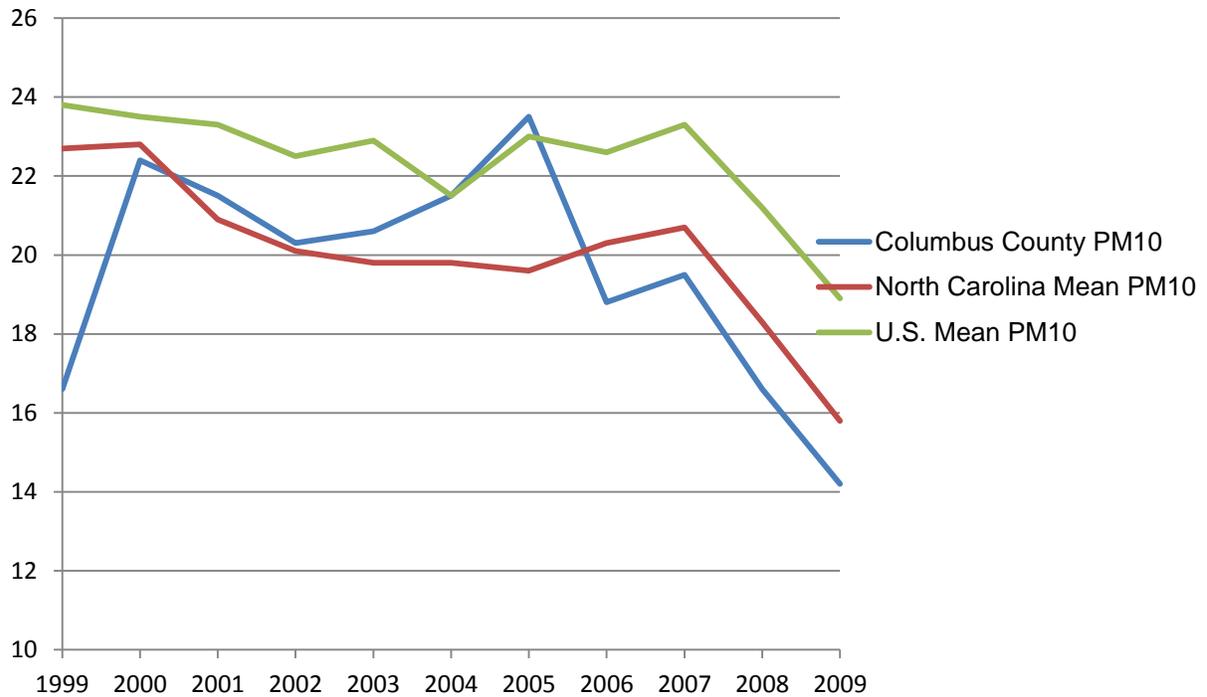


According to the graph on the left, Columbus County is below the state average for Air Quality Index. The U.S. mean average is below both the state and counties average.

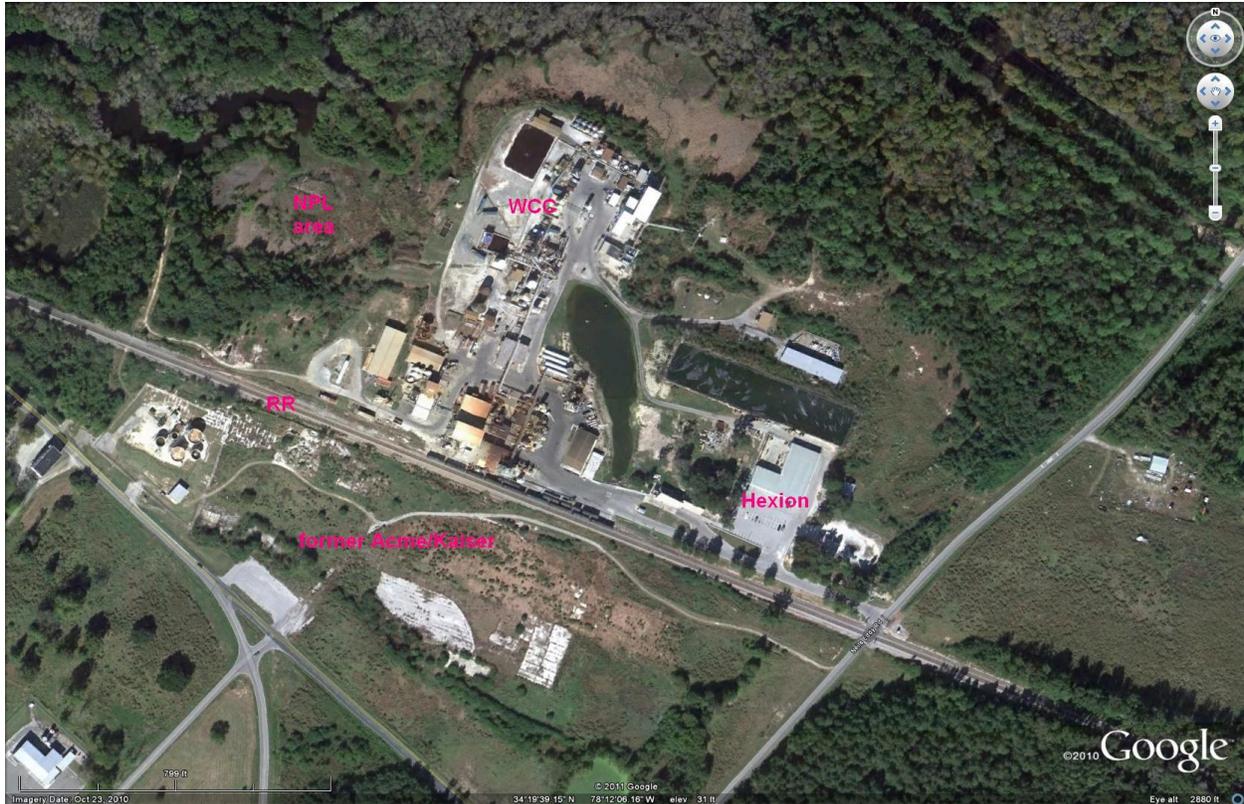


According to the graph on the left, Columbus County is below the state average for Ozone. The U.S. mean average is below both the state and counties average.

## Particulate Matter (PM<sub>10</sub>)



According to the graph above, Columbus County ranks below the state for particulate matter. Excessive particulate matter can negatively affect air quality.



### *Wright Chemical Corporation- An Environmental Concern for Columbus*

- ✚ The Wright Chemical Corporation site is located outside of the City of Riegelwood along the banks of Livingston Creek. The area of concern for the purposes of NPL listing is approximately 80 acres where fertilizer manufacturing operations formerly occurred
- ✚ From the 1880s through the 1960s, Acme Manufacturing Company operated a fertilizer manufacturing facility on the southern parcel and operated a lead chamber sulfuric acid plant across the railroad tracks on the northern parcel. Acme merged with Wright Chemical Corporation in 1968. Wright Chemical Corporation continued operation of the acid plant and constructed a second acid plant just to the east, which operated until 1991.
- ✚ Arsenic, lead, mercury, and the pesticides dieldrin and gamma-chlordane have been detected in soil between the former acid plant and a surface water pathway. De-vegetation is evident down gradient from the former acid plant due to low pH of the soils. This source area drains to Livingston Creek and the Cape Fear River approximately 2 miles from the site. Metals and pesticide

contamination is present in Livingston Creek sediments, as well as in clam and fish tissue samples.

On March 9<sup>th</sup>, 2011, 10 new hazardous sites were added. Wright Chemical Corporation was one of the 10. Superfund is a federal program that investigates and cleans up the most complex, uncontrolled or abandoned hazardous waste sites in the country.

- ✚ With all Superfund sites, EPA tries to identify and locate the parties potentially responsible for the contamination. For the newly listed sites without viable potentially responsible parties, EPA will investigate the full extent of the contamination before starting significant cleanup at the site. Therefore, it may be several years before significant cleanup funding is required for these sites.
- ✚ Sites may be placed on the list through various mechanisms:
  - ✚ Numeric ranking established by EPA's Hazard Ranking System
  - ✚ Designation by states or territories of one top-priority site
  - ✚ Meeting all three of the following requirements:
    - The Agency for Toxic Substances and Disease Registry (ATSDR) of the U.S. Department of Health and Human Services has issued a health advisory that recommends removing people from the site;
    - EPA determines the site poses a significant threat to public health; and
    - EPA anticipates it will be more cost-effective to use its remedial authority than to use its emergency removal authority to respond to the site.

*More information is expected from North Carolina Department of Natural Resources in the coming years related to this site.*

## ***Chapter 5- Prevention and Health Promotion***

**After careful consideration of community responses, the Columbus County Health Department and its partners are committed to continuing the efforts that began in 2008 to address the following (list not prioritized):**

Screenings with educational/promotional programs

- Cancer
- Cholesterol/hypertension
- Diabetes
- HIV
- Oral health
- Increasing economic prosperity

Educational/promotional programs and policies

- Nutrition and physical activity
- Tobacco cessation
- Alcohol use

*As health care expenditures continue to increase, it is important to focus on strategies that reduce the prevalence and costs of preventable diseases. Screenings help individuals identify diseases early, thus enabling earlier intervention and management in the hope to reduce mortality and suffering from a disease. Education and promotional programs are also important because they provide individuals with knowledge to understand the risk factors for chronic diseases and the behavior and lifestyle changes required to lower their risks.*

## ***Chapter 6- Community Concerns/Priorities***

After the completion of the Community Health Survey and collection of secondary data, the Columbus County Community Health Assessment Team met to determine the community's health priorities. Primary data (supported by secondary data as well) supported the following health priorities in Columbus County as identified by local community members: 1) Chronic disease; 2) Drug/alcohol; 3) Obesity; and 4) Lack of insurance.

After careful review of the primary and secondary data, the Assessment Team selected two health priorities to focus on for 2012-2016. These health priorities are Chronic Disease and Obesity with the intent of developing an action plan for the community that includes implementing strategies for healthy eating, physical activity and tobacco cessation. These health priorities also align with the county's involvement with the Region 8 Community Transformation Project that is focusing on healthy eating, physical activity and tobacco cessation in eight counties surrounding Columbus County. In addition, the current funding to reduce the burden of chronic disease prevalence among minority communities is addressing the need for an increase in healthier behaviors and linking residents to medical homes.

It was noted that the Alcohol/Drug health issue was already being addressed by local community organizations (NC Project Lazarus and NC Operation Medicine Cabinet). It was noted that the Action Plan for Columbus County would also include those strategies as being implemented through partner organizations. Also, the health priority identified by local community members regarding lack of insurance is also being addressed through the Cape Fear Health Net project and will also be reported through the State of the County report for Columbus County.

## ***Chapter 7-Future Plans***

### **Community Health Assessment (CHA) Document for Columbus County will be:**

- Submitted to the NC Division of Public Health – December 2012
- Presented to Columbus County Board of Health, Board of Commissioners, and press – December 2012
- Disseminated to the local community – January/February 2013

### **Community Health Action Plans for Columbus County will be:**

- Developed by the Assessment Team – May 2013
- Submitted to the NC Division of Public Health – June 2013

### **State of the County's Health Report (SOTCH) for Columbus County will be submitted:**

- December 2013
- December 2014
- December 2015

## Appendix A- Health Opinion Survey

### Columbus County Health Department

- 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) \_\_\_\_\_
- 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)
  - \_\_\_\_\_
- 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) \_\_\_\_\_
- 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)
  - \_\_\_\_\_
- 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) \_\_\_\_\_
- How do you rate your own health? *(Check only one)*
  - Excellent     Very Good     Good     Fair     Poor
  - Don't Know/Not Sure
- 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     Healthier Food Choices     Job Opportunities
  - Mental Health Services     Recreation Facilities     Transportation     Wellness Services
  - Safe places to walk/play     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
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       Lack of trust in public officials       Concern about 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 (could not be moved)  
 Other (describe) \_\_\_\_\_       Don't Know/Not Sure

**For Statistical Purposes Only, Please Complete the Following:**

- I am:  Male       Female.      My age is:  under 25       25-34       35-44       45-54       55-64       65-74       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, or Chicano       Puerto Rican       Cuban       Other Hispanic or Latino (please specify) \_\_\_\_\_
- Do you currently have Health Insurance?  Yes       No       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       Scotland Healthcare System  
 Southeastern Regional Medical Center  
 Zip Code \_\_\_\_\_       Other \_\_\_\_\_

*Un sondeo llevado a cabo por la Asociación del Condado de Columbus para la Salud de la Comunidad*

1. En su opinion, 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 corazon
  - Embolia/Enfermedad cerebrovascular       Homicidio/Violencia       Muertes por accidente de vehiculo
  - Otra enfermedad (favor de especificar) \_\_\_\_\_
2. En su opinion, que es la preocupacion de salud mas grande en su comunidad ? (Marca solo una)
  - Asma/Enfermedad de los pulmones       Enfermedades cronicas (como cancer, diabetes, enfermedad del corazon/embolia)       Abuso de ninos
  - Salud Dental       Abuso de drogas/Bebidas alcoholicas       Bandas/Violencia       Salud Mental
  - Obesidad
  - Embarazo de jovenes       Uso de tabaco       Accidentes de vehiculo       Otra cosa (favor de especificar) \_\_\_\_\_
3. En su opinion, que prohíbe a las personas en su comunidad buscar tratamiento medico ? (Marca solo una)
  - Creencias culturales/de salud       Miedo (no estan listos para enfrentar sus problemas de salud)       Los servicios de salud estan muy lejos
  - Falta de seguro medico/no puede pagar la visita con el medico       Falta de conocimiento/entendimiento de la necesidad
  - Nada/no hay obstaculos       No es importante       Falta de transporte
  - No hay citas disponibles con el medico cuando las necesitan/Tienen que esperar mucho tiempo en la oficina del medico
  - Otra razon (favor de especificar) \_\_\_\_\_
4. En su opinion, que factor incluido abajo afecta mas la calidad de los servicios medicos que recibe usted o las personas en su comunidad ? (Marca solo una)
  - Capacidad de leer y escribir/educacion       Edad       Economico (falta de dinero o de seguro medico)
  - Obstaculo de idioma/no interprete/no traductor       Raza       El sexo de la persona       Otra (favor de especificar) \_\_\_\_\_
5. En su opinion, piensa usted que las personas en su comunidad les faltan dinero para algunas de las siguientes cosas ? (Marca todas las cajas que aplican)
  - Comida       Seguro de salud       Casa/Refugio       Empresas de servicios publicos (como electricidad, combustible, agua)
  - Medicina       Transporte       Otra cosa (favor de especificar) \_\_\_\_\_
6. Como evaluaria usted su propia salud ? (Marca solo una)
  - Excelente       Muy bien       Bueno       Mediano       Pobre       Yo no se/No estoy seguro
7. Que necesita su comunidad para mejorar la salud de su familia, sus amigos, y sus vecinos ? (Marca todas las cajas que aplican)
  - Mas servicios de salud       Programas para ninos despues de la escuela       Selecciones 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 sustancias
  - Especialistas medicos (que tipo ? \_\_\_\_\_)       Otra cosa (favor de especificar) \_\_\_\_\_
8. Que exámenes de salud o educacion/servicios de informacion son necesitados en su comunidad ? (Marca todas las cajas que aplican)
  - Cancer       Colesterol/Presion arterial/Diabetes       Exámenes dentales       Brote de enfermedad       Abuso de substancia (drogas o alcohol)
  - Nutricion       Preparacion para emergencias       Trastornos de comer       Prevencion de embarazo
  - Actividad fisica

Alfabetizacion  HIV/SIDA/Enfermedades sexuales transmitidas  Salud mental (incluyendo depresion/ansiedad)  
 Manejando sin cuidado/Cinturones de seguridad/Sillas de carros para niños  Vacunaciones/Inmunizaciones   
 Otro(favor de especificar): \_\_\_\_\_

9. De donde recibe usted y su familia la mayoría de su información de salud ? (Marca todas las cajas que aplican)  
 Centro de educación de salud  Familia o Amigos  Internet  Medico/Profesional de salud  
 Television  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 mas)  
 Si  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 ?  
 (Marca solo una)  
 Television  Radio  Internet  Medios impresos de comunicación (como el periódico)  Sitio de red social y comunicaciones  
 Vecinos  Mensajes de textos (Sistema de alertas para emergencias)  Otra: (describela) \_\_\_\_\_  
 No se/No estoy seguro

12. Si las autoridades públicas anunciaron una evacuación obligatoria de su vecindario o comunidad por desastre de gran escala o de una emergencia, evacuaría usted ? (Marca solo una)  Si  No  No se/No estoy seguro

13. Que sería la razón 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 públicos  Preocupación de dejar la propiedad detrás  
 Preocupación de seguridad personal  Preocupación de seguridad de la familia  Preocupación de dejar animales domésticos  
 Preocupación de ser parado en tráfico 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 estadísticos solamente**

Yo soy:  Hombre  Mujer

Mi edad es :  menor de 25  25-34  35-44  45-54  55-64  65-74  75 o mas

Mi código postal es : \_\_\_\_\_

Mi raza es  Blanco/Caucasian  Negro/Afroamericano  Americano Nativo/Nativo de Alaska  Asiatico  Isleno Pacifico

Otra: \_\_\_\_\_

Es usted de origen hispano, latino, o español ?  Si  No

Si su contestación es si, es usted  Mexicano/Americano Mexicano, o Chicano  Puertorriqueño  Cubano  
 Otro hispano o latino (favor de especificar): \_\_\_\_\_

Tiene usted ahora mismo algún tipo de seguro de salud ?  Si  No  Ahora no, pero antes o en el trabajo anterior, si, yo tenía seguro médico

Yo complete este sondeo en el condado de  Bladen  Brunswick  Columbus  Duplin  New Hanover  Pender

Robeson  Sampson  Scotland

Vive o trabaja usted en el condado donde complete este sondeo ?  Los dos  Vivo  Trabajo  
 Ninguno de los dos

Cuando usted está buscando cuidado médico, que hospital visita usted primero ? (Marca solo una)

Hospital del Condado de Bladen  Hospital de Cape Fear  Sistema del cuidado de salud de la región de Columbus  
 Hospital de Doshier Memorial  Hospital General de Duplin  Centro Médico de la Región de New Hanover  
 Hospital de Pender Memorial  Centro Médico de la región de Sampson  Sistema del Cuidado de Salud de Scotland  
 Centro Médico de la Región del Sureste

## 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

(910) 763-1936 – FAX [www.cancer.gov](http://www.cancer.gov)

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](http://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](http://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

[www.cchospital.com](http://www.cchospital.com)

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](http://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/EFNEHomepage](http://www.ces.ncsu.edu/columbus/EFNEHomepage) 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](http://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

***\*\*\*Every effort was made to ensure correct information of the community health resources. Please be sure to call the numbers listed to double check current resources available.***