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

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.

Phase 1

Establish a Community Health Assessment Team

Phase 2

Collect Primary Data

Phase 3

Collect Secondary Data

Phase 4

Collect and Analyze Primary and Secondary Data

Phase 5

Determine Health Priorties

Phase 6

Create the Community Health Assessement Document

Phase 7

Dissiminate the Community Health Assessment findings

Phase 8

Develop Community Health Action Plans

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

In 2011, the Columbus County Health Department earned Accreditation statues 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. Maultsby, 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 expense 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

Resident Population in Columbus County, NC (NCCOLU0POP)
Source: U.S. Department of Commerce: Census Bureau

Shaded areas indicate US recessions.
2012 research.stlouisfed.org
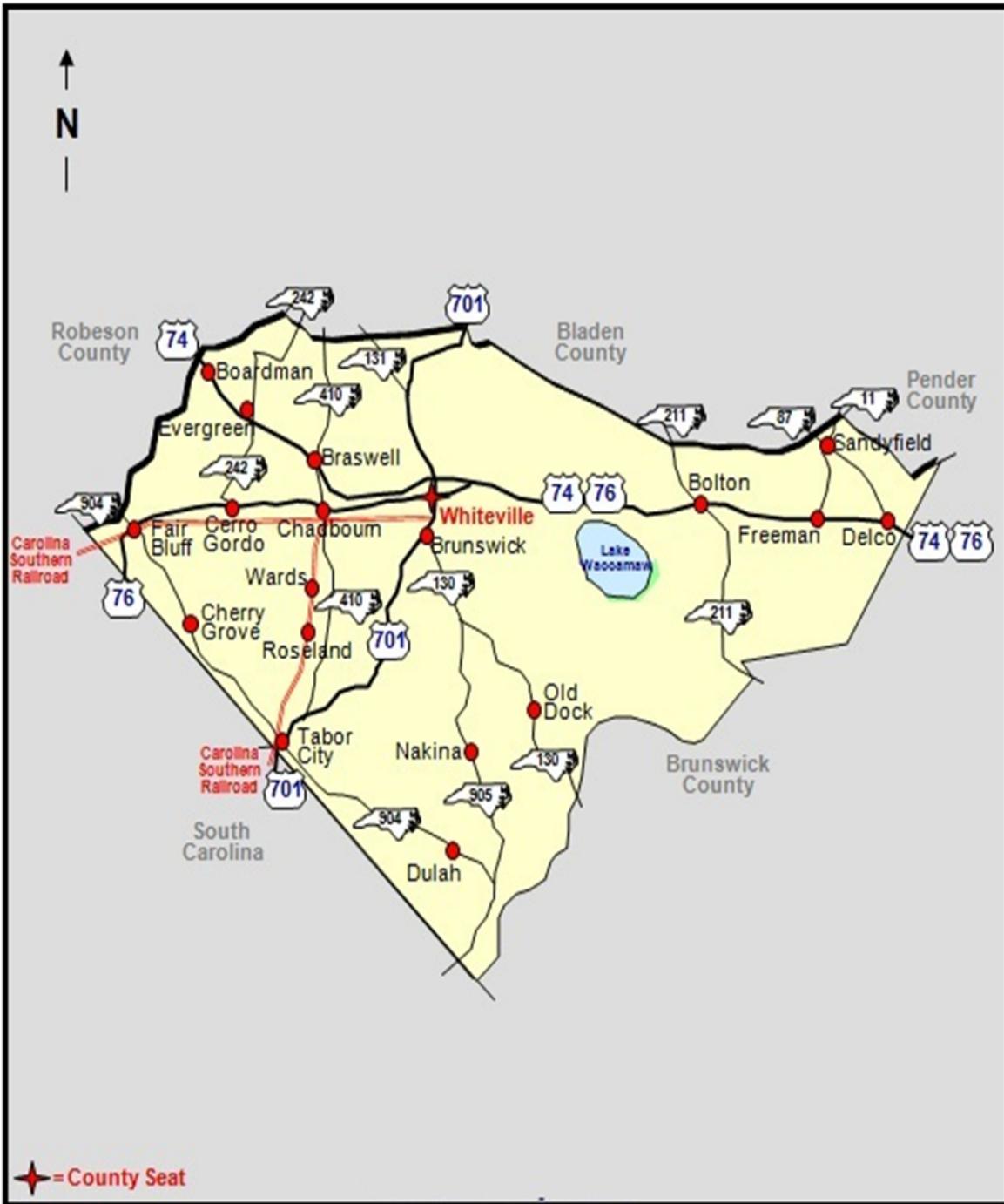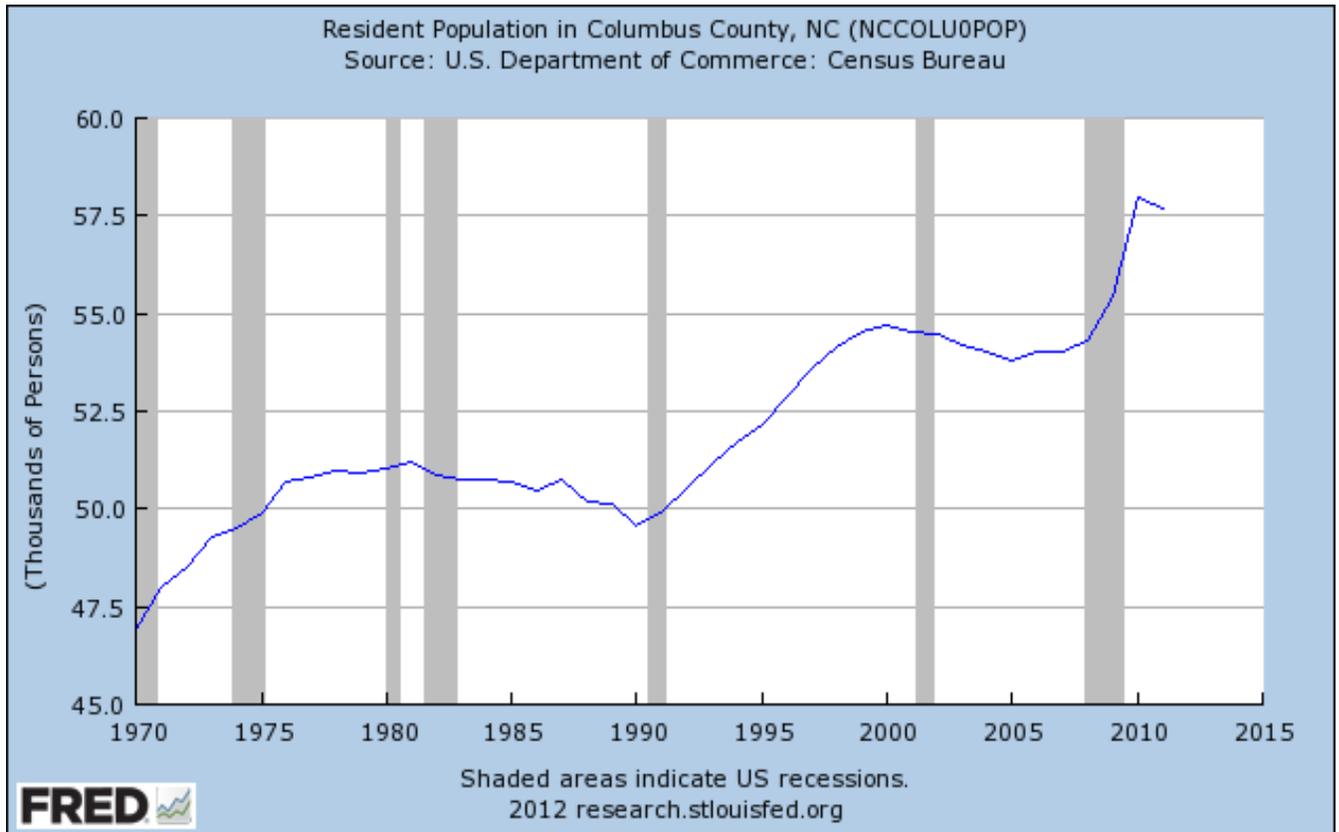
Columbus County, NC Population Growth

2000 Population	54,749
2010 Population	58,098
Population Growth	6.1%

Figures are provided by the 2010 US Census Bureau.

Columbus County NC Population Profiles

****US Census, 2012*

Under 10 Years	12.6%
10 to 19 Years	13.2%
20 to 29 Years	12.0%
30 to 39 Years	12.4%
40 to 49 Years	13.9%
50 to 59 Years	14.2%
60 to 69 Years	11.6%
Over 69 Years	10.1%
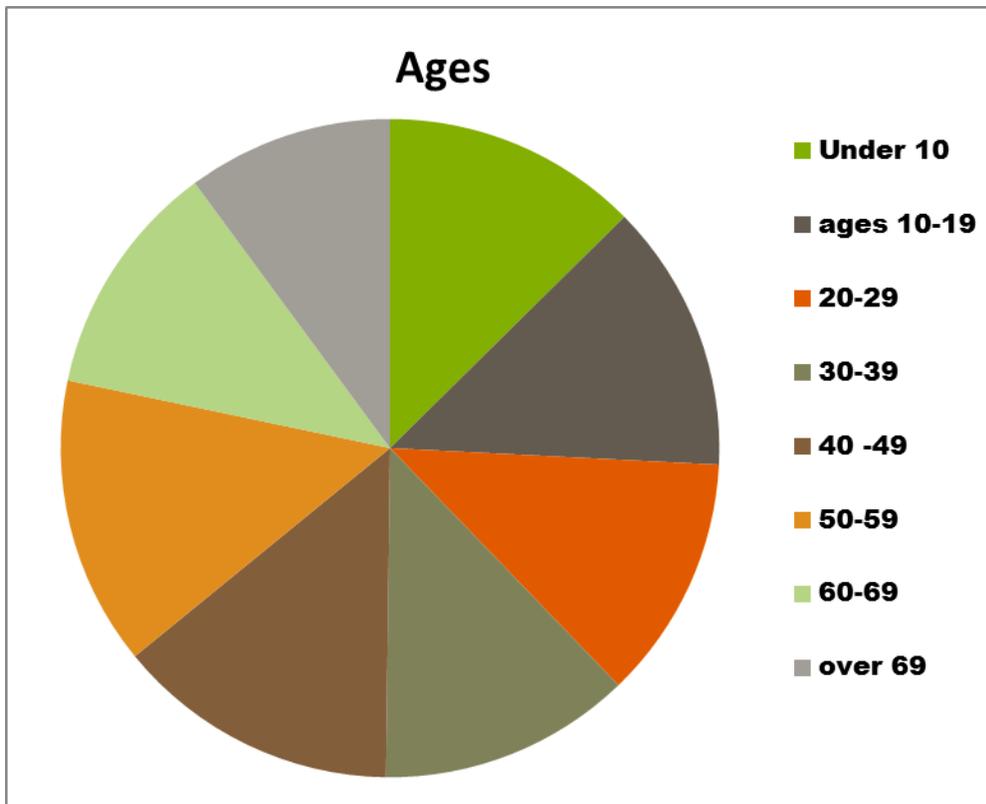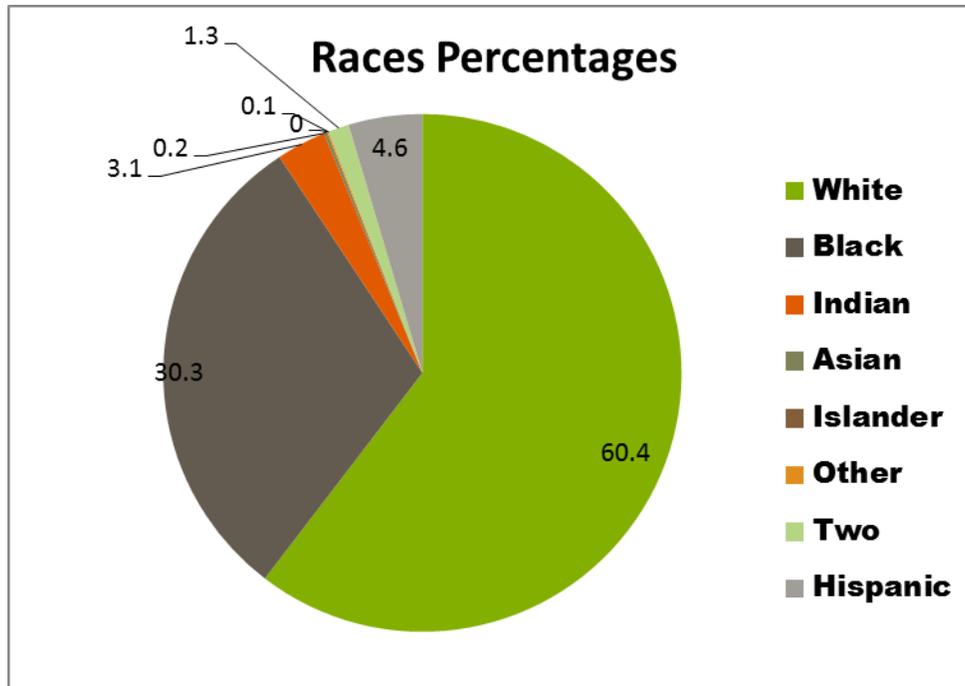
The 2010 US Census Bureau reported the above; the Hispanic population has increased slightly since the last census in 2000. Other races in our county have remained about the same.

Columbus County Employment/Unemployment Data

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

Housing Census Data

Housing Units 2010	**26,042**
Homeownership Rate 2006-2010	72.0%
Housing Units in multi-unit structures, percent 2006-2010	5.8%
Median Value of owner-occupied housing units 2006-2010	$89,000
Households, 2006-2010	21,779
Persons per household, 2006-2010	2.53
Per capita money income past 12 months 2006-2010	$18,784
Median household income, 2006-2010	$35,421
Persons below poverty level, percent, 2006-2010	21.4%
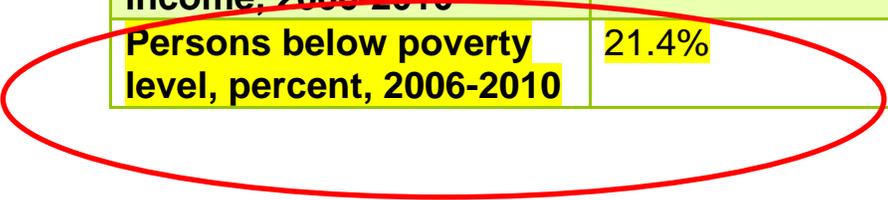
Chapter 3- Health Data Collection Process

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.

Location	# of Surveys Distributed
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
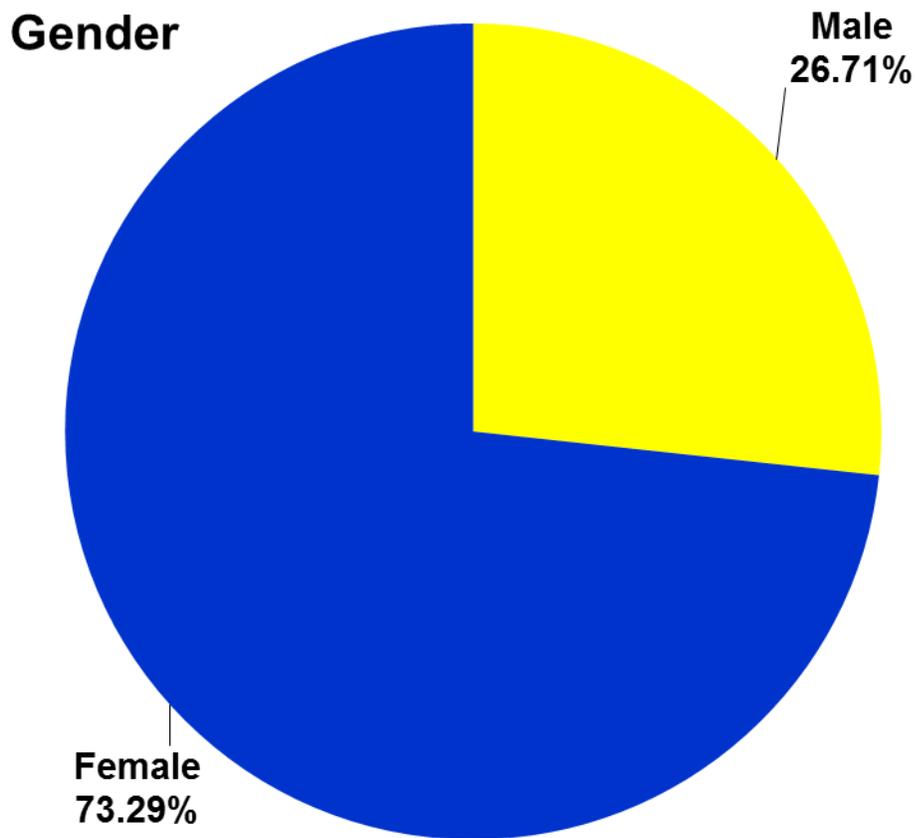
More females participated in the Columbus County Community Survey versus males.

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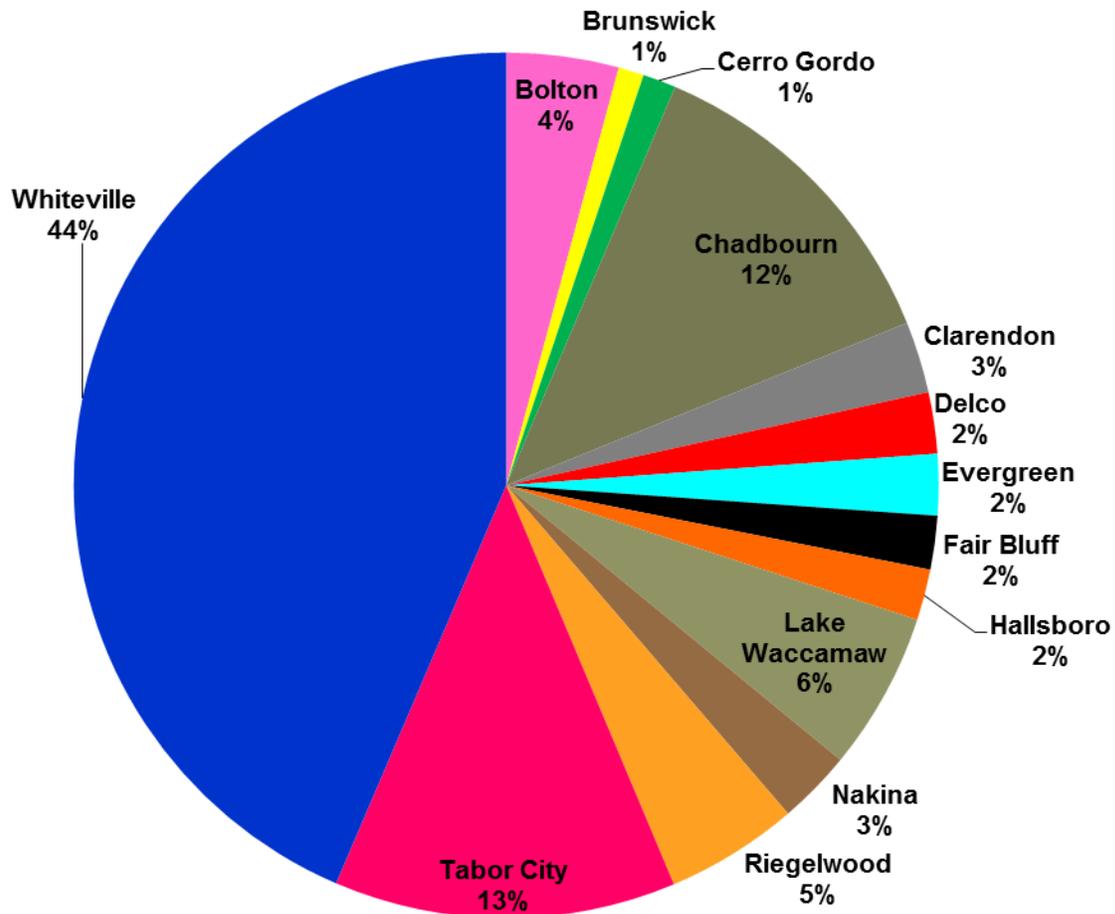
The Community Health Assessment Task Force Team distributed the surveys in the towns as listed above. The majority of Columbus residents reside in Whiteville followed by Chadbourn and Tabor City.

Columbus County Survey Respondents Racial/Ethnic Backgrounds
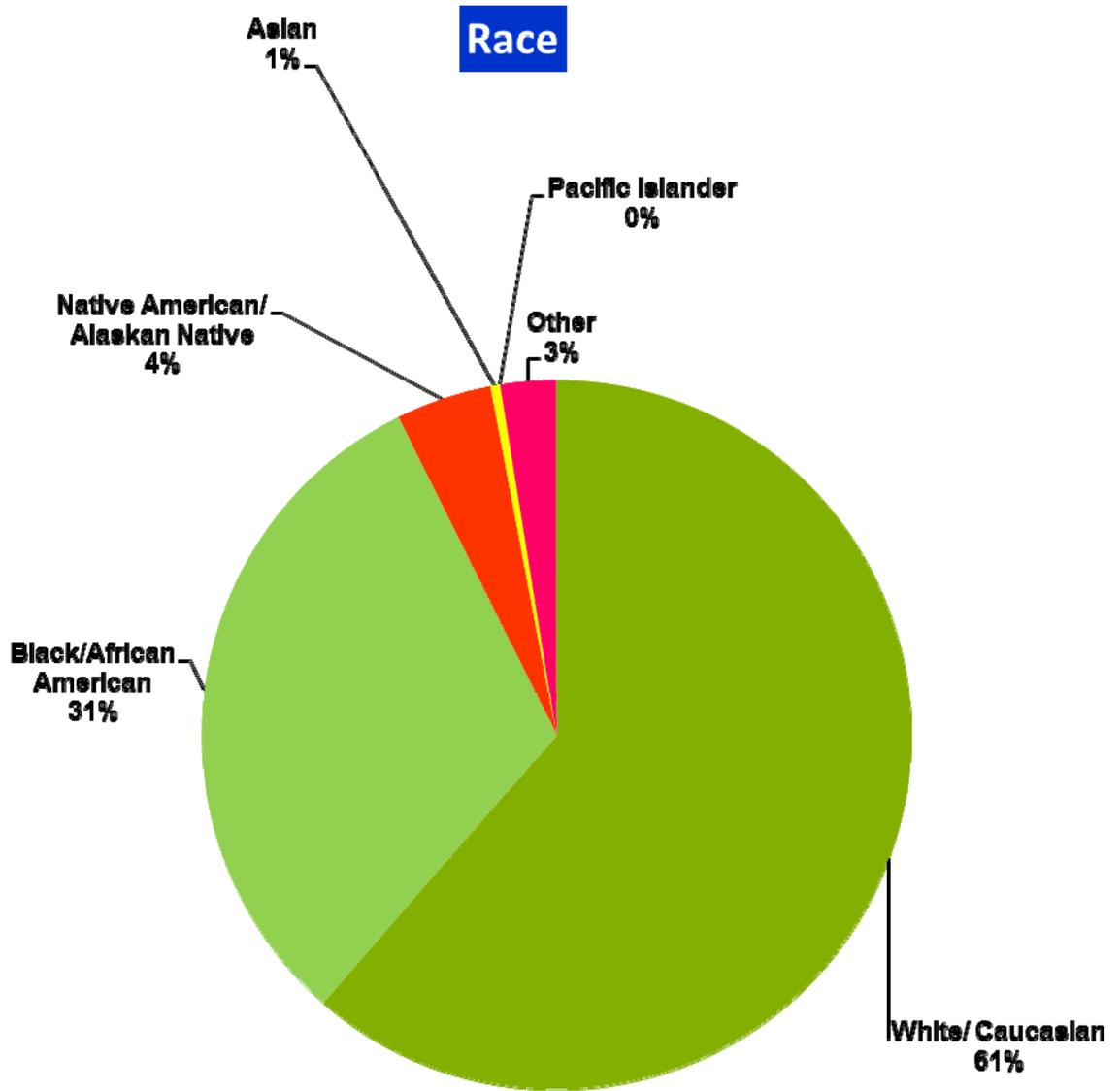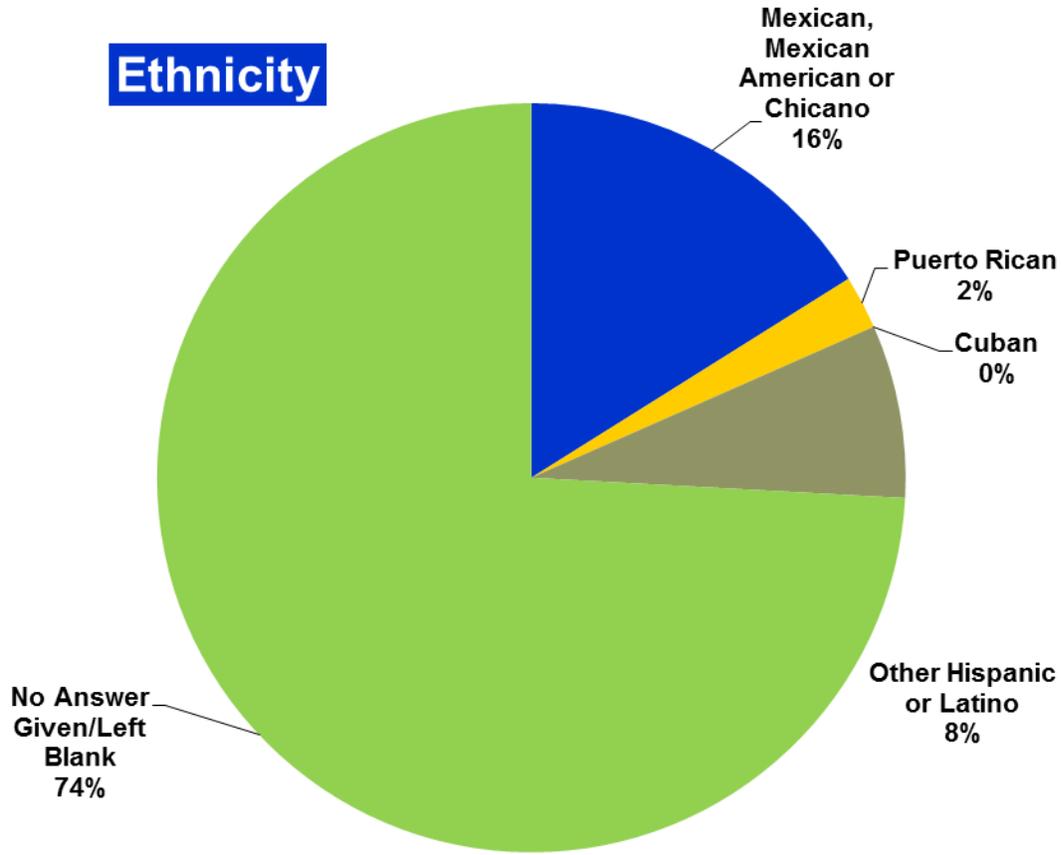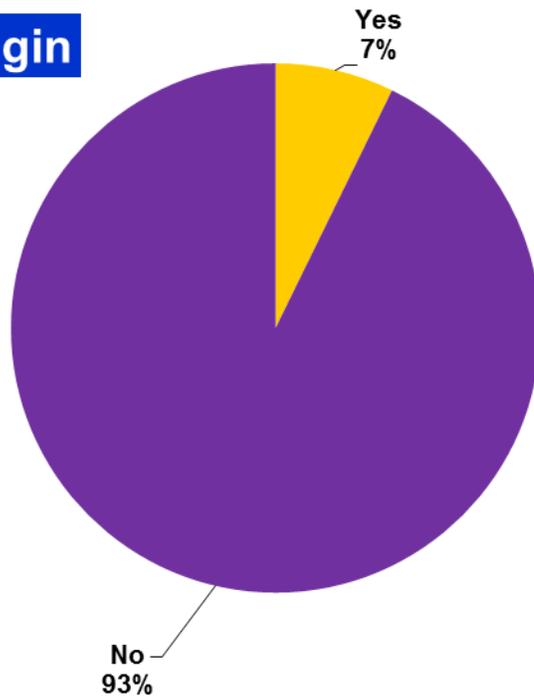
Race

Asian
1%

Pacific Islander
0%

Native American/
Alaskan Native
4%

Other
3%

Black/African
American
31%

White/ Caucasian
61%

Ethnicity

Mexican, Mexican American or Chicano 16%

Puerto Rican 2%

Cuban 0%

Other Hispanic or Latino 8%

No Answer Given/Left Blank 74%

Origin

Yes 7%

No 93%

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

Question about Insurance Coverage

No, but I did at an earlier time/previous job
8%

Yes
76%

No
16%

Live
27%

Work
7%

Neither
2%

Both
64%
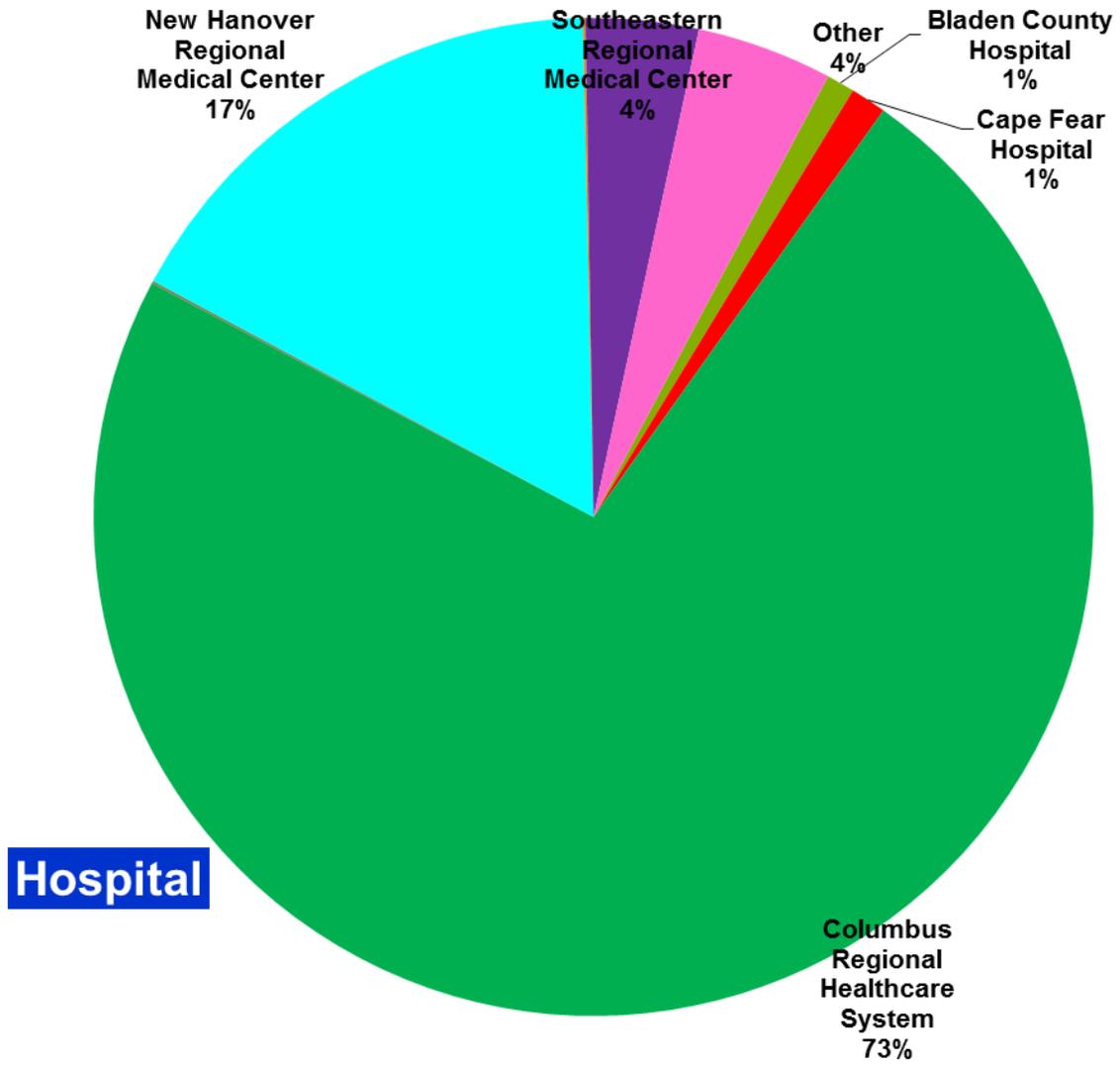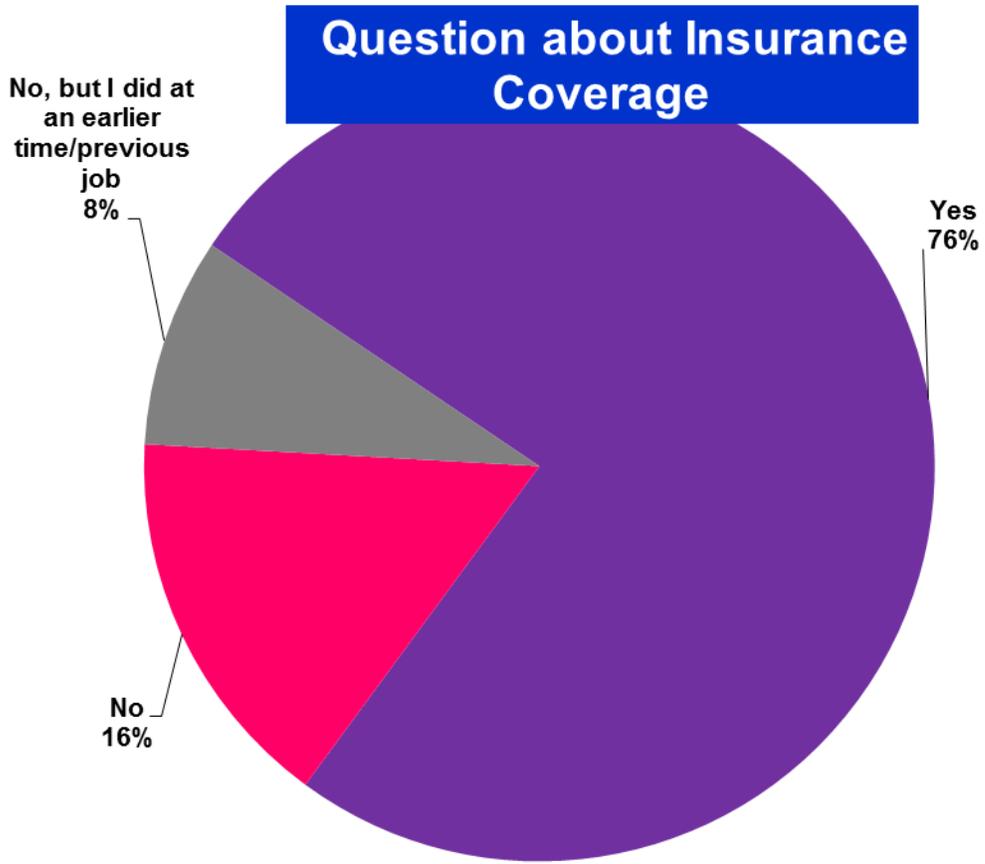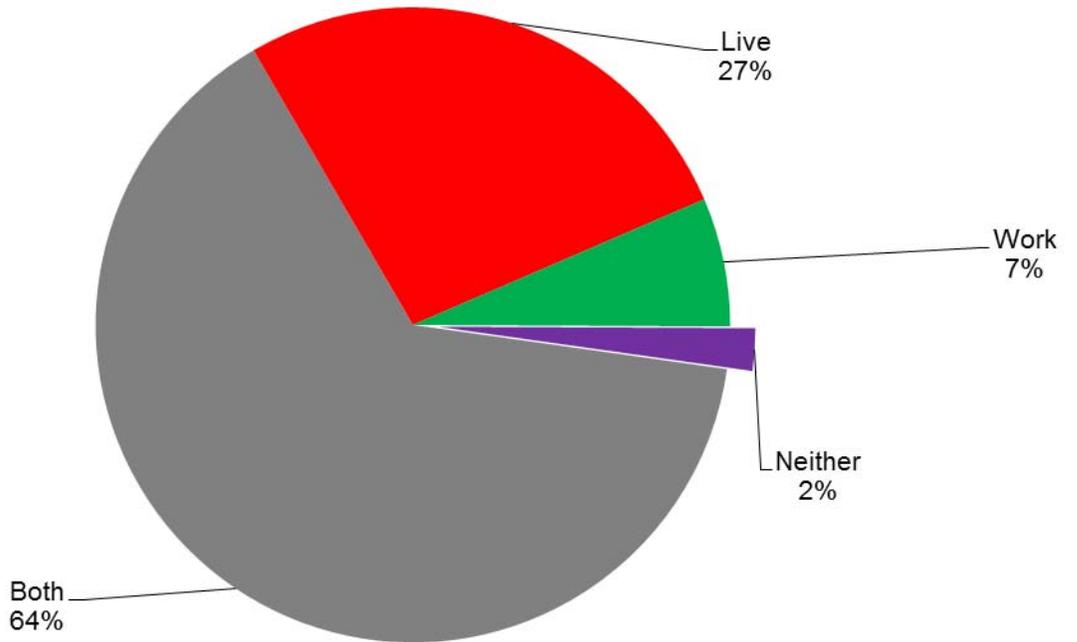
Community Opinion Survey Results

The majority of respondents live and work in Columbus County.

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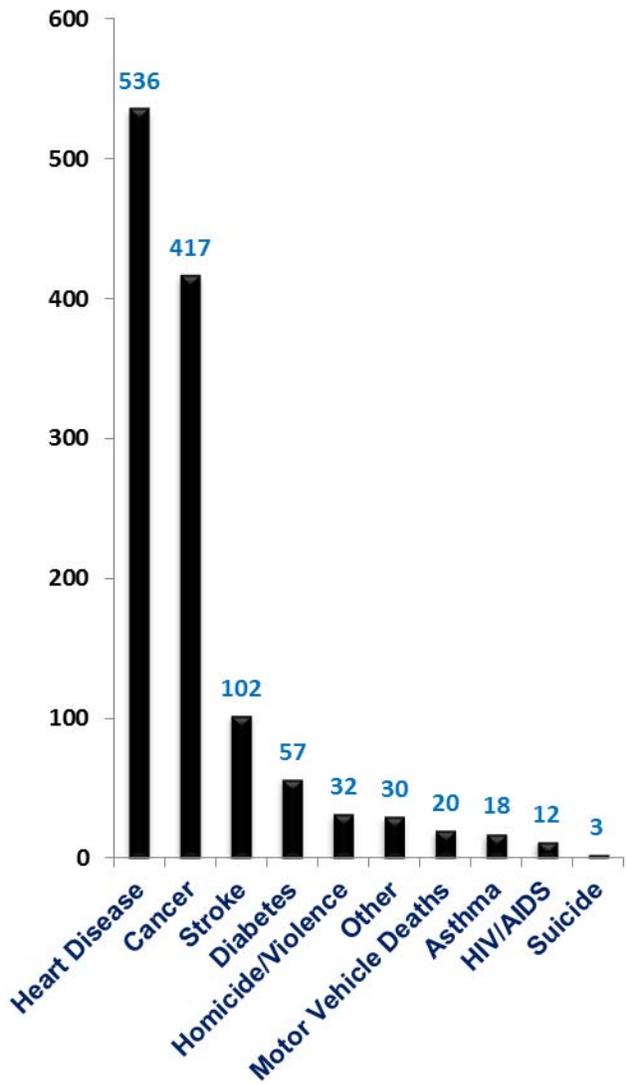
6	**Other**	**2.42%**
7	**Motor Vehicle Deaths**	**1.61%**
8	**Asthma**	**1.45%**
9	**HIV/AIDS**	**0.97%**
10	**Suicide**	**0.24%**

of concern in your community? (Check only one)

1	**Chronic Disease**	**46.63%**
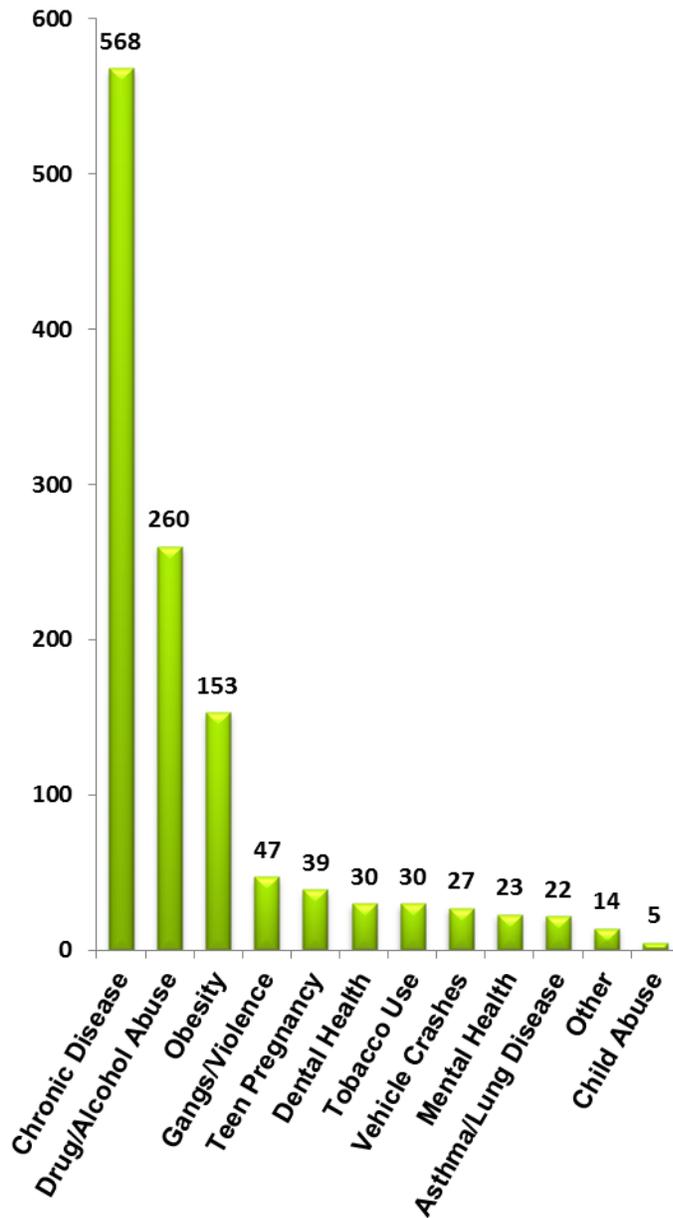
2	**Drugs/Alcohol Abuse**	**21.35%**
3	**Obesity**	**12.56%**
4	Gang/Violence	3.86%
5	Teen Pregnancy	3.20%
6	Dental Health	2.46%
7	Tobacco Use	2.46%
8	Vehicle Crashes	2.22%
9	Mental Health	1.89%
10	Asthma/Lung Disease	1.81%
11	Other	1.15%
12	Child Abuse	0.41%

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.

1	**Lack of Insurance**	**66.88%**

Question 3: In your opinion, what do you think is the main reason that keeps people in your community? (Check only one)
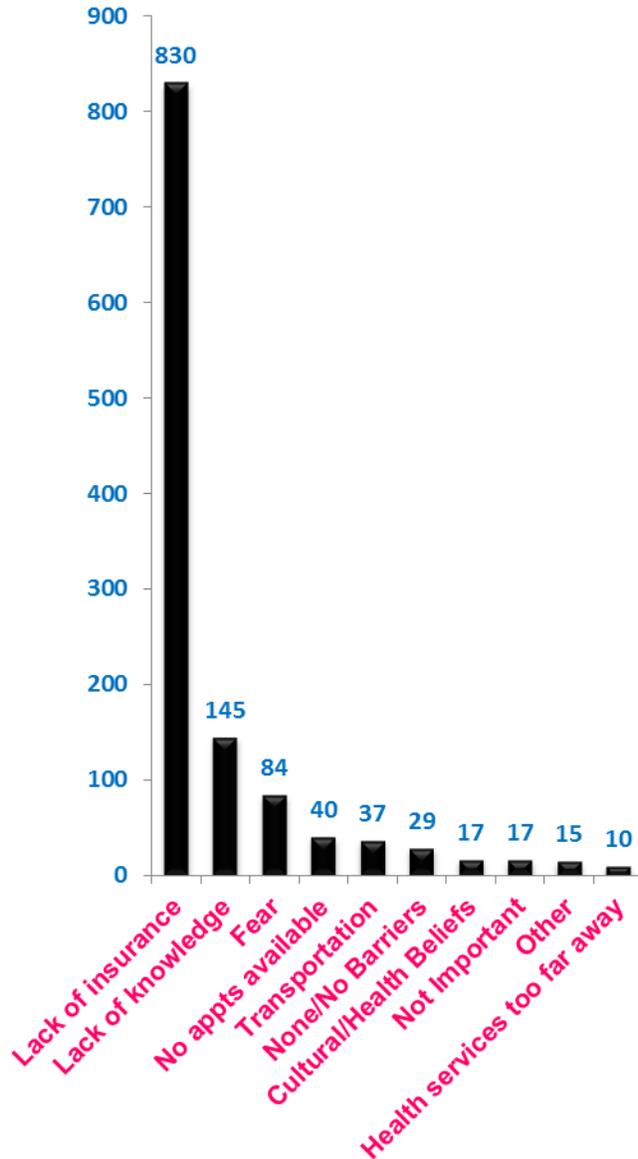
2	**Lack of Knowledge**	**11.68%**
3	**Fear**	**6.77%**
4	No Appointments Available	3.22%
5	Transportation	2.98%
6	None/No Barriers	2.34%
7	Cultural/Health Beliefs	1.37%
8	Not Important	1.37%
9	Other	1.21%
10	Health Services Too Far Away	0.81%

Bar chart values: Lack of insurance 830, Lack of knowledge 145, Fear 84, No appts available 40, Transportation 37, None/No Barriers 29, Cultural/Health Beliefs 17, Not Important 17, Other 15, Health services too far away 10.

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 no 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.
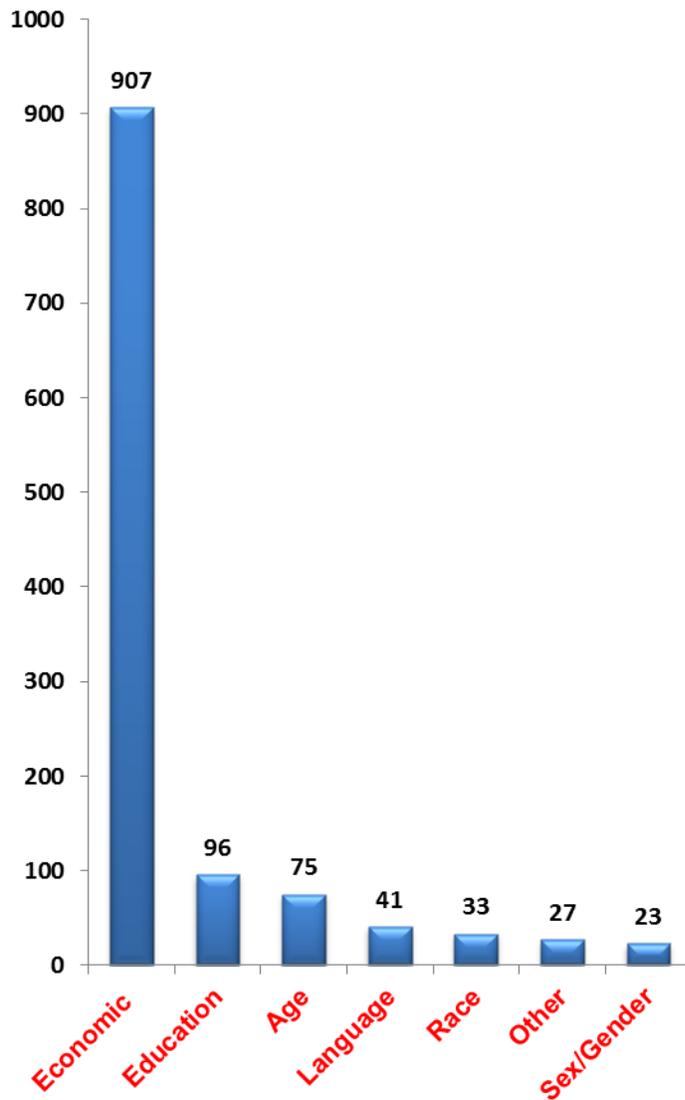
1	Economic	75.46%
2	Education	7.99%
3	Age	6.24%
4	Language	3.41%
5	Race	2.75%
6	Other	2.25%
7	Sex/Gender	1.91%

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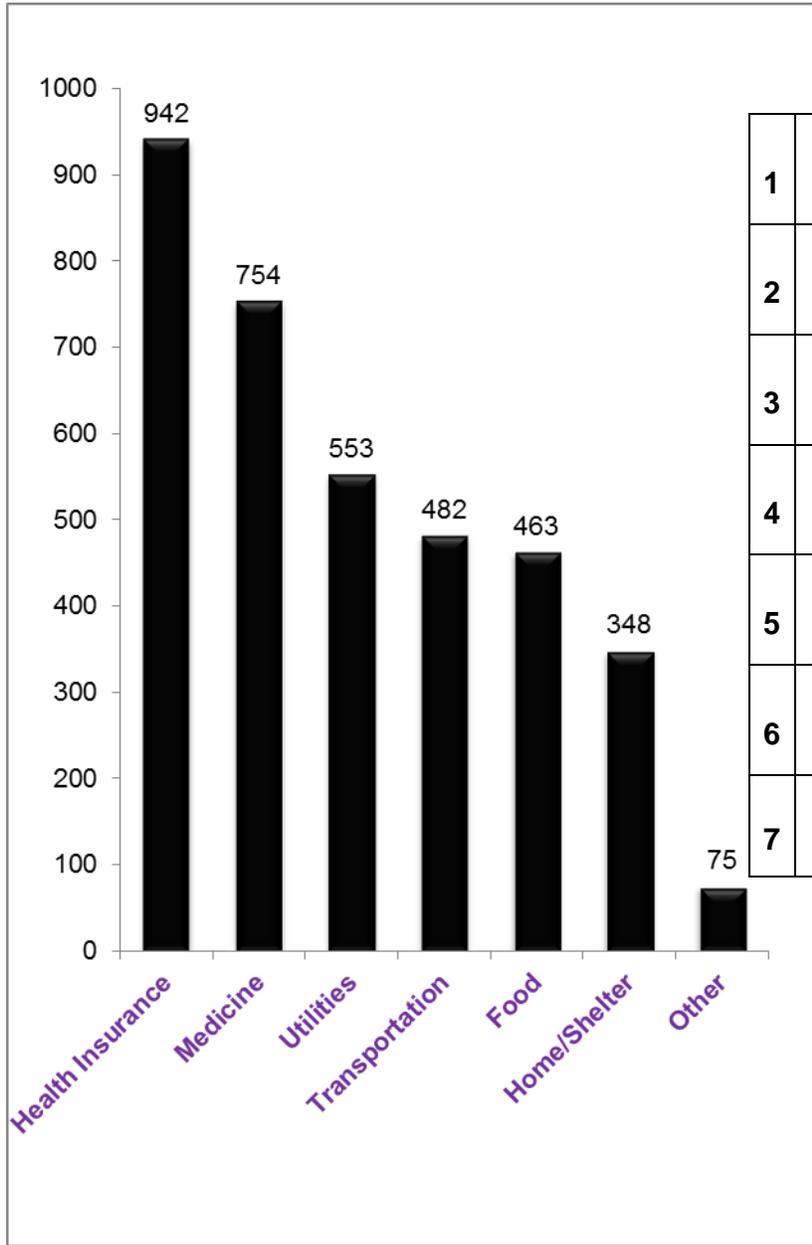
1	**Health Insurance**	**26.04%**
2	**Medicine**	**20.85%**
3	**Utilities**	**15.29%**
4	Transportation	13.33%
5	Food	12.80%
6	Home/Shelter	9.62%
7	Other	2.07%

Chart values:
- Health Insurance: 942
- Medicine: 754
- Utilities: 553
- Transportation: 482
- Food: 463
- Home/Shelter: 348
- Other: 75

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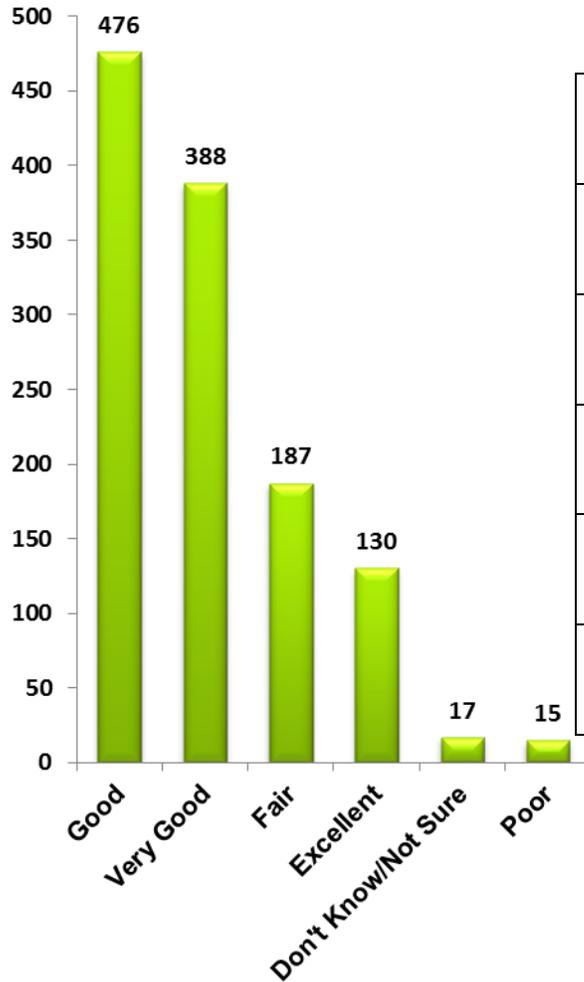
1	**Good**	**38.36%**
2	**Very Good**	**31.27%**
3	**Fair**	**15.07%**
4	**Excellent**	**10.48%**
5	**Don't Know/Not Sure**	**1.37%**
6	**Poor**	**1.21%**

Good 476, Very Good 388, Fair 187, Excellent 130, Don't Know/Not Sure 17, Poor 15

2	Healthier Food Choices	11%
3	Additional Health Services	10%
4	Transportation	9%
5	Recreational Facilities	9%
6	Wellness Services	9%
7	Substance Abuse/Rehabilitation Services	8%
8	Safe Places to Walk and Play	8%
9	Mental Health Services	7%
10	After School Programs	6%
11	Specialty Practices	4%
12	Other	1%
13	Tobacco Free Services	0%
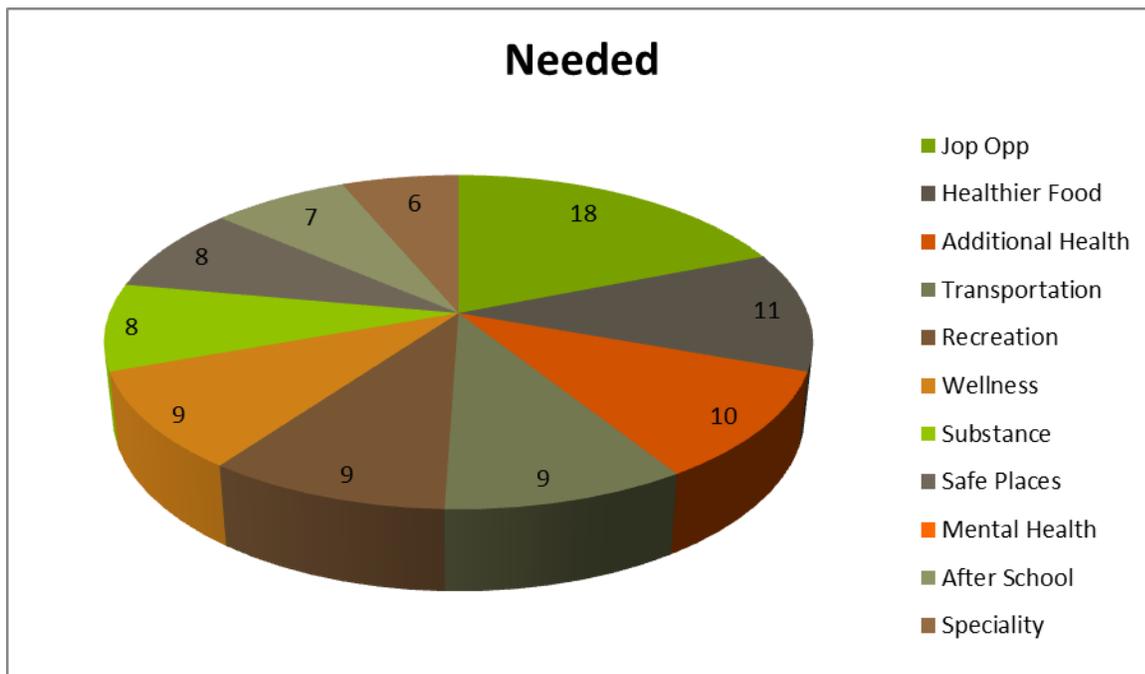
The graph and chart show the percentage of those surveyed who feel that the stated resources are needed to improve health of their friends, etc. As shown, the top four responses are: Job opportunities, healthier food choices, additional health services, and transportation. In the 2008 assessment, 30% stated that they would like more job opportunities, followed by wellness screens(21%).

1	Cholesterol/Blood Pressure/Diabetes	11%
2	Cancer	10%
3	Substance Abuse	9%
4	Nutrition	8%
5	Dental Screenings	8%
6	Pregnancy Prevention	8%
7	HIV/Sexually Transmitted Diseases	7%
8	Physical Activity	7%
9	Mental Health	6%
10	Literacy	5%
11	Reckless Driving/Seat Belts/Child Car Seats	5%
12	Eating Disorders	4%
13	Vaccinations/Immunizations	4%
14	Emergency Preparedness	4%
15	Disease Outbreaks	4%
16	Other	0%
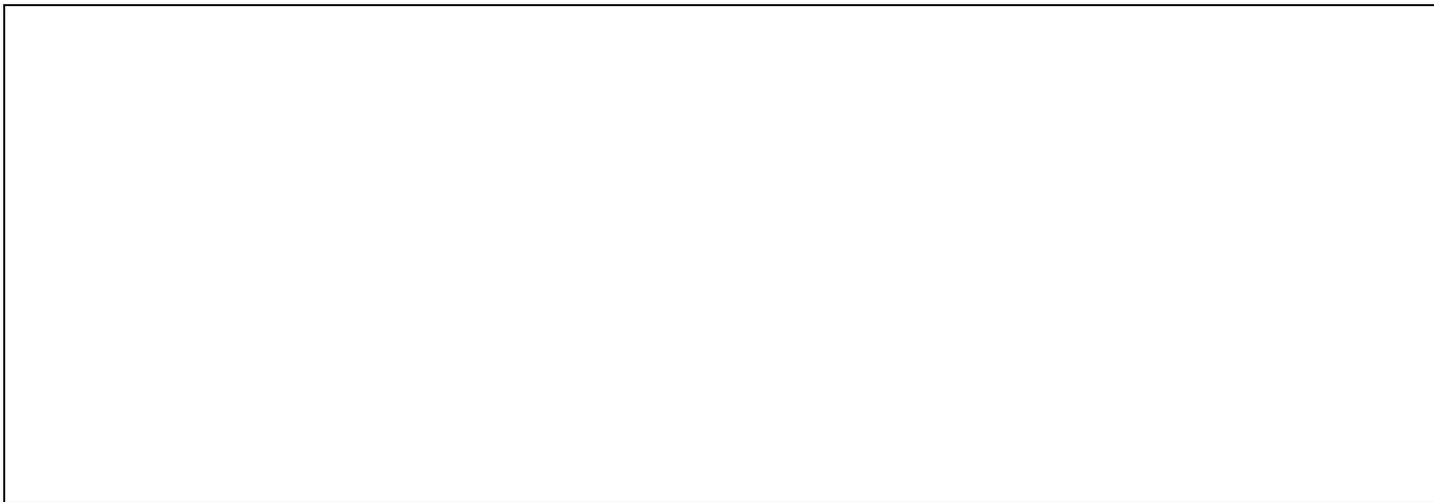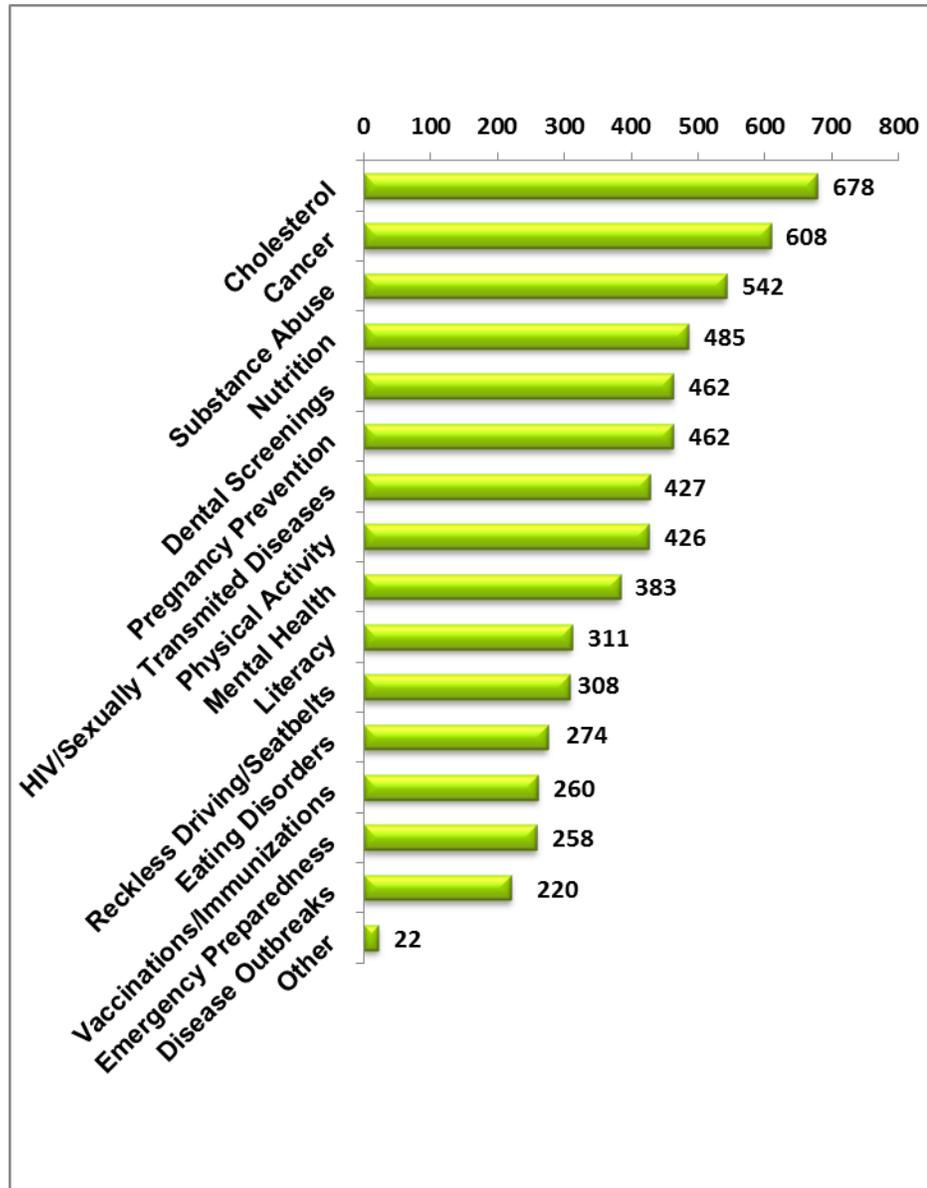
Question 9: Where do you and your family get most of your health information?
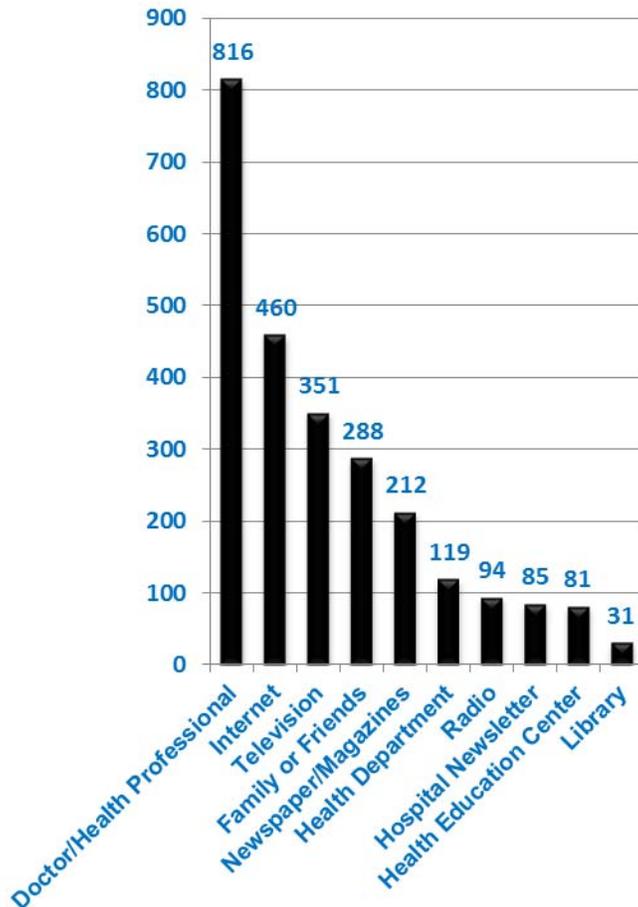
1	**Doctor/Health Professional**	**32%**
2	**Internet**	**18%**
3	**Television**	**14%**
4	Family or Friends	11%
5	Newspaper/Magazines	9%
6	Health Department	5%
7	Radio	4%
8	Hospital Newsletter	3%
9	Health Education Center	3%
10	Library	1%

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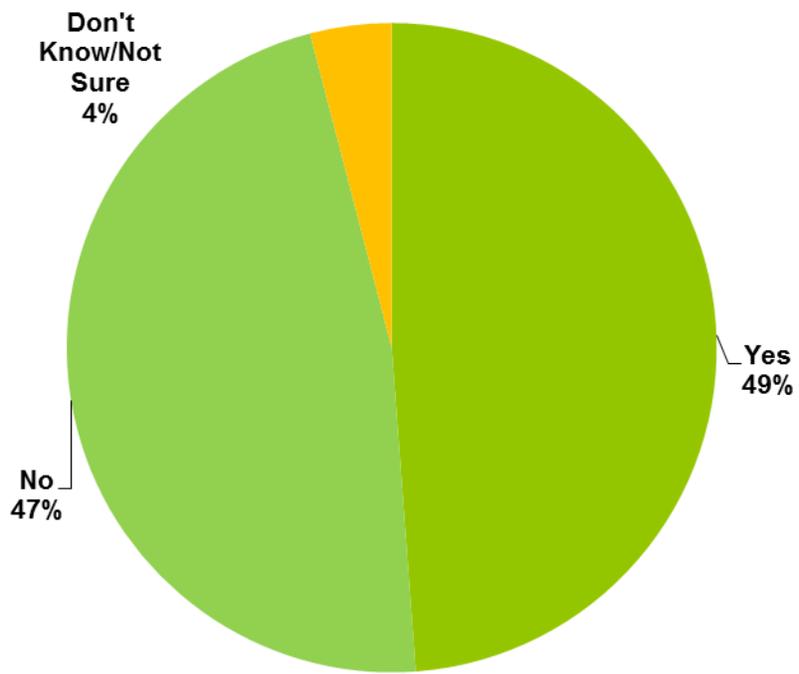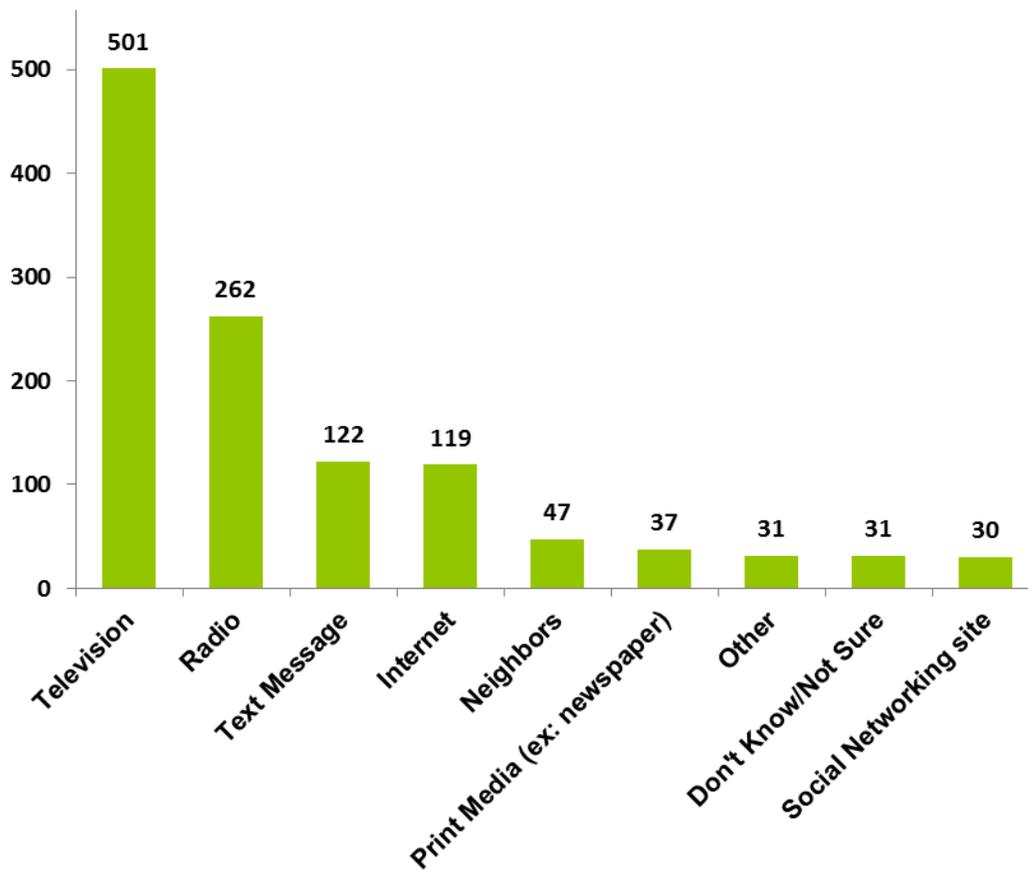
1	Television	42.46%
2	Radio	22.20%
3	Text Message	10.34%
4	Internet	10.08%
5	Neighbors	3.98%
6	Print Media (ex: newspaper)	3.14%
7	Other	2.63%
8	Don't Know/Not Sure	2.63%
9	Social Networking Site	2.54%

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)
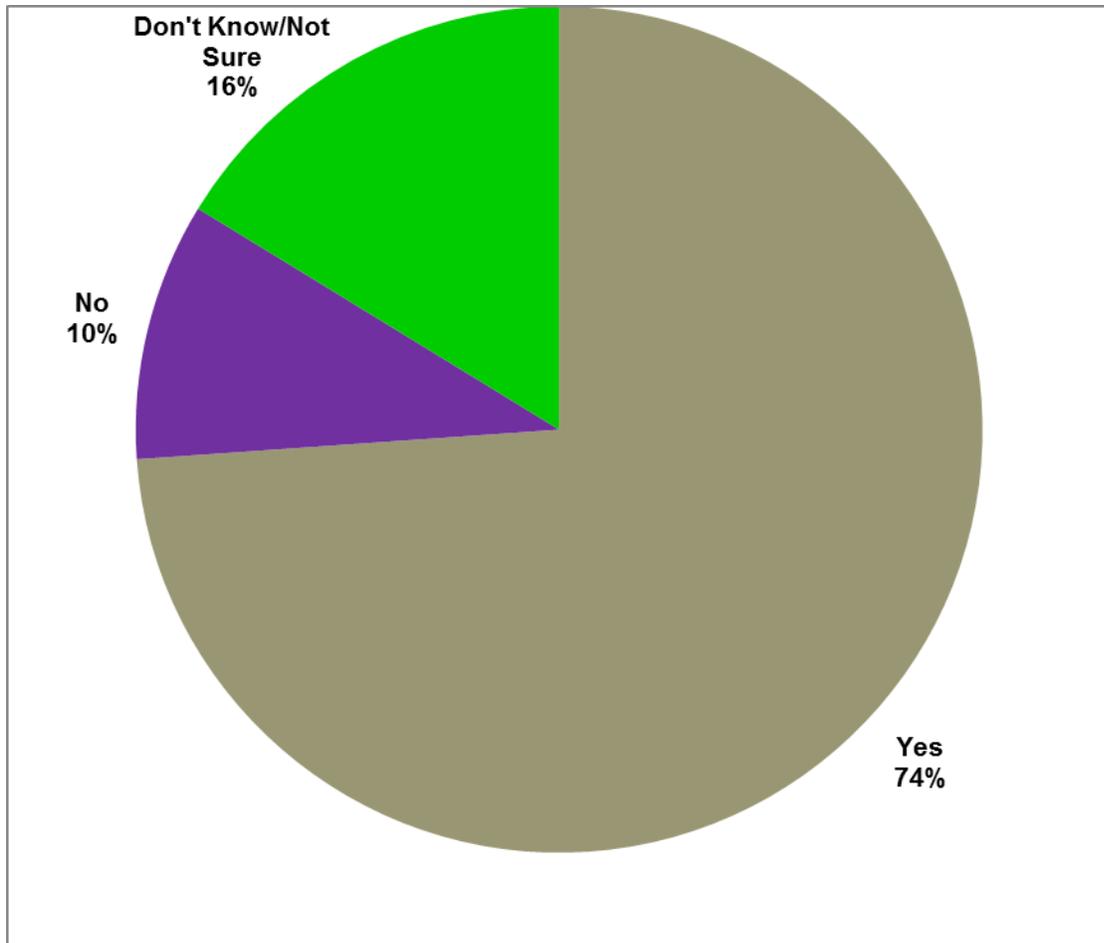
The chart above shows the percentage of the population surveyed who would be willing to evacuate from their neighborhood/community due to a mandatory evacuation ordered by public authorities during a large-scale disaster or emergency. 26% of the respondents indicated they were either uncertain or would 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.
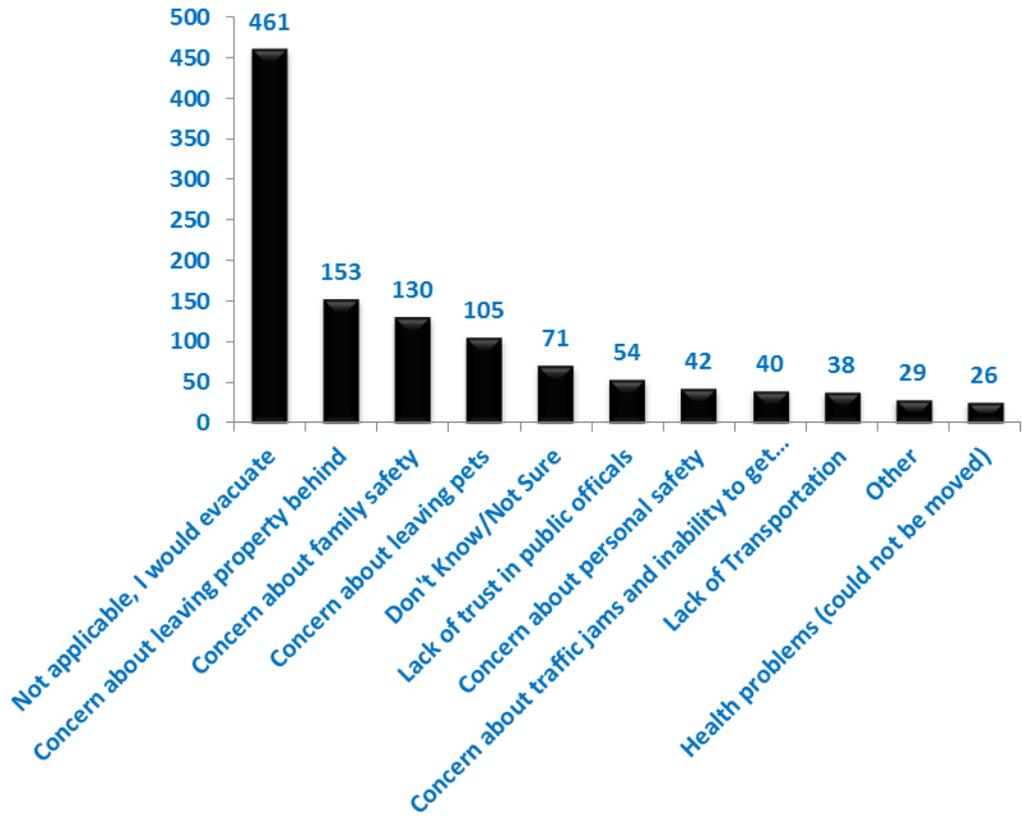
According to the State Center for Health Statistics, the ten leading causes of death for Columbus County are the following (2011)

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).

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

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.

<u>**Health Status**</u>

(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**

<u>**Healthy Days**</u>

(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?

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**

<u>**Health Care Access**</u>

(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

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, Nepthrotic Syndrome, Nephrosis	76
Unintentional Injuries	85
Pneumonia and Influenza	53
Septicemia***	73
Gonorrhea	60
Asthma(Discharges from hospital)	60

Columbus County Health Rankings

**** 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

Healthcare Access Data

Source: NC State Center for Health Statistics, Behavioral Risk Factor Surveillance Survey

| Indicator	Columbus	NC
% of Adults (age 18+) That Do Not Have any kind of Health Care	18.6%	18.1%
% Estimate of uninsured Age 0-18	10.4%	10.3%
% of Adults 18+ Who Needed to see a Dr. in past 12 mo. But couldn't due to cost	18.2%	17.5%

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	59.6	43.1

Risk Factors for Chronic Disease

Eastern
N.C.
18.7%

N.C.
22.5%

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

N.C., 18.2%

Eastern
N.C.,
18.90%
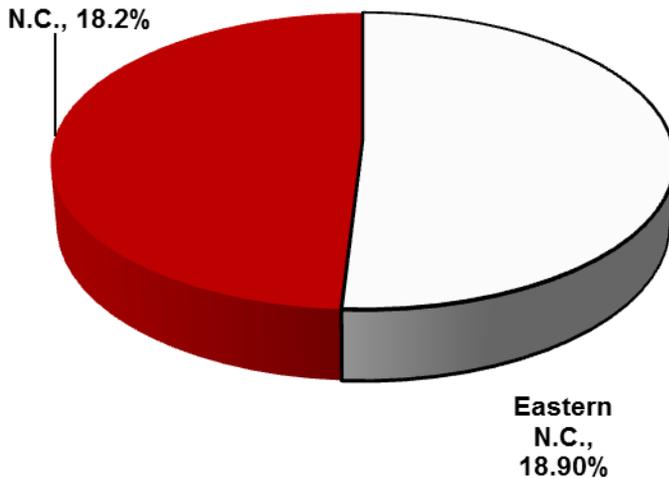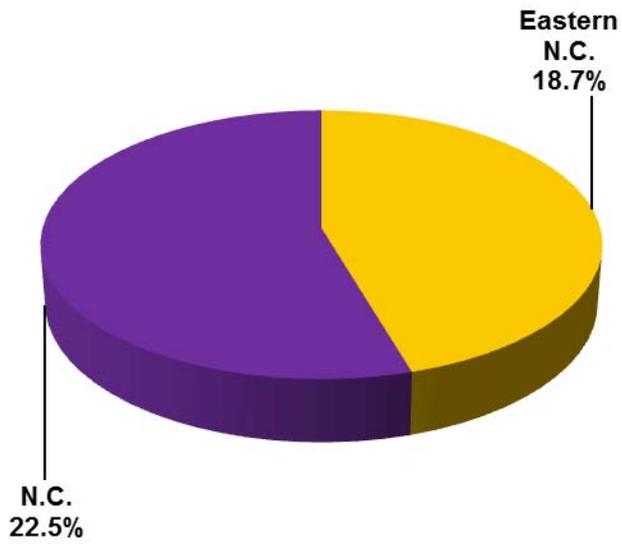
Columbus County Environmental Information

Information Provided by NC Department of Natural Resources

Air Quality Index (AQI)

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

Ozone

- Columbus County Ozone
- North Carolina Mean Ozone
- U.S. Mean Ozone
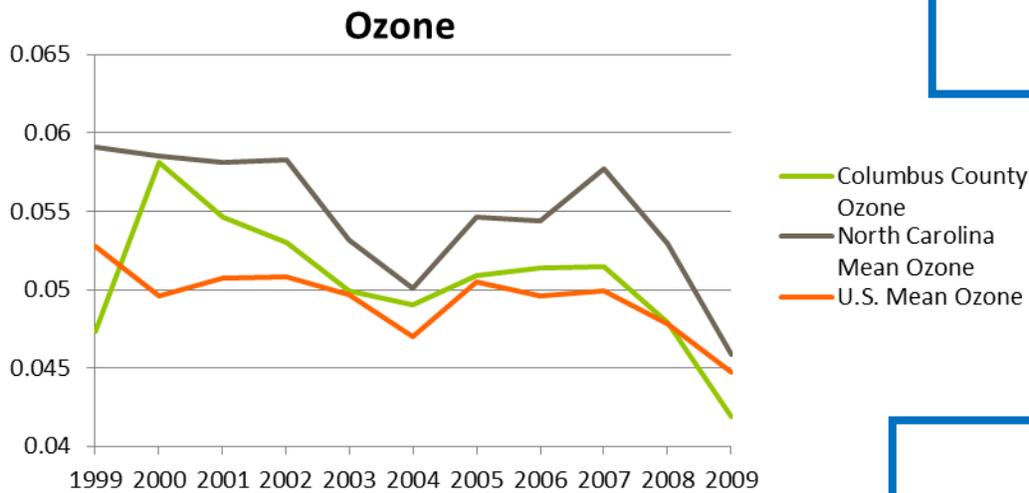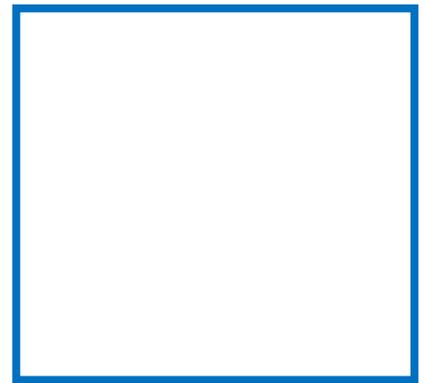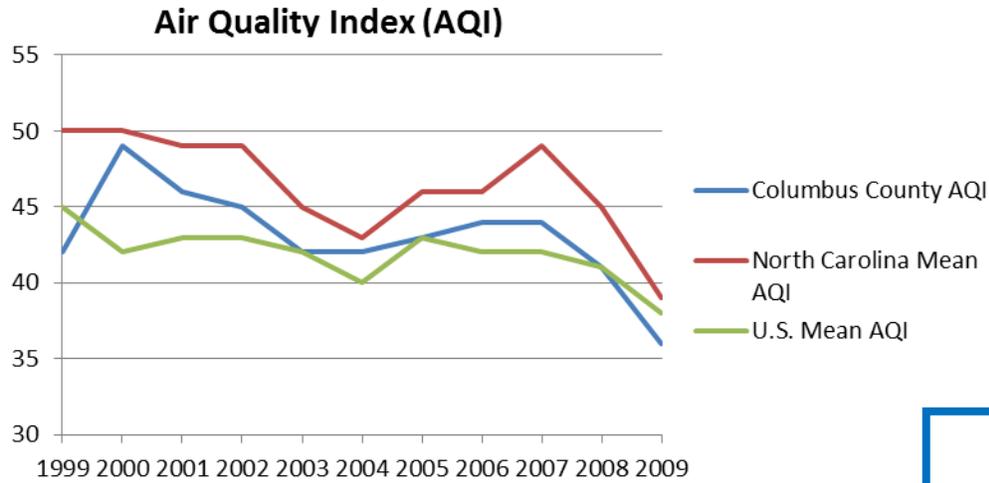
Particulate Matter (PM$_{10}$)
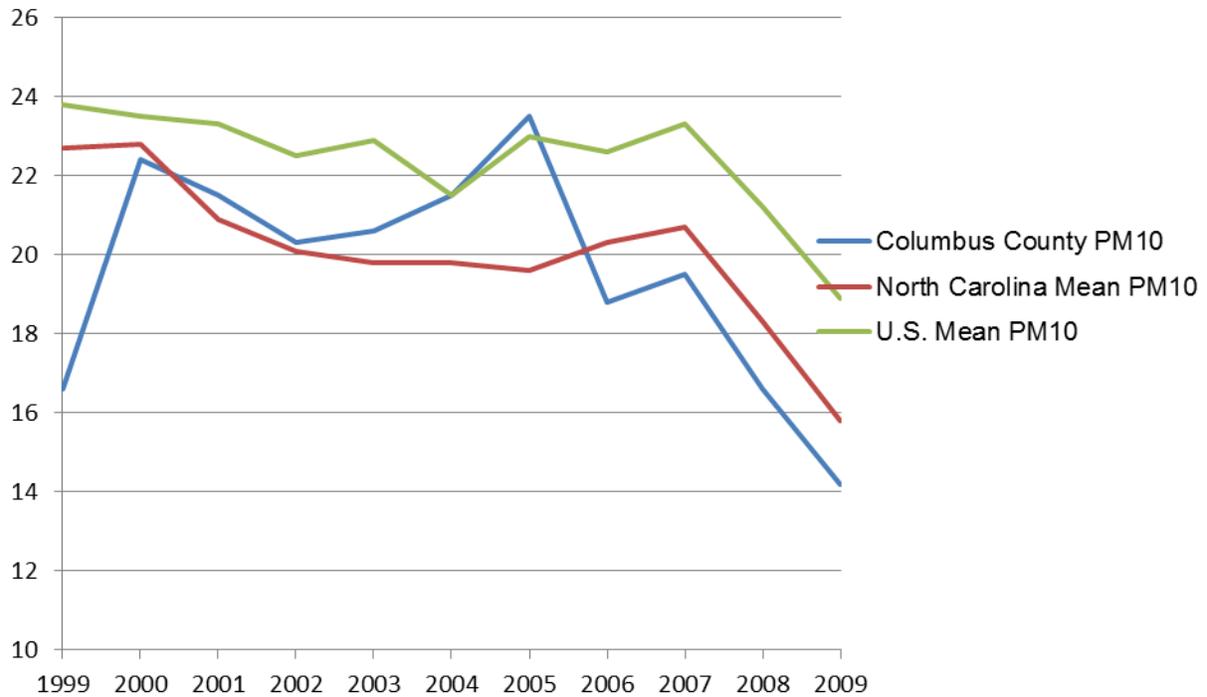
According to the graph above, Columbus County ranks below the state for particulate matter. Excessive particulate matter can negatively affect air quality.
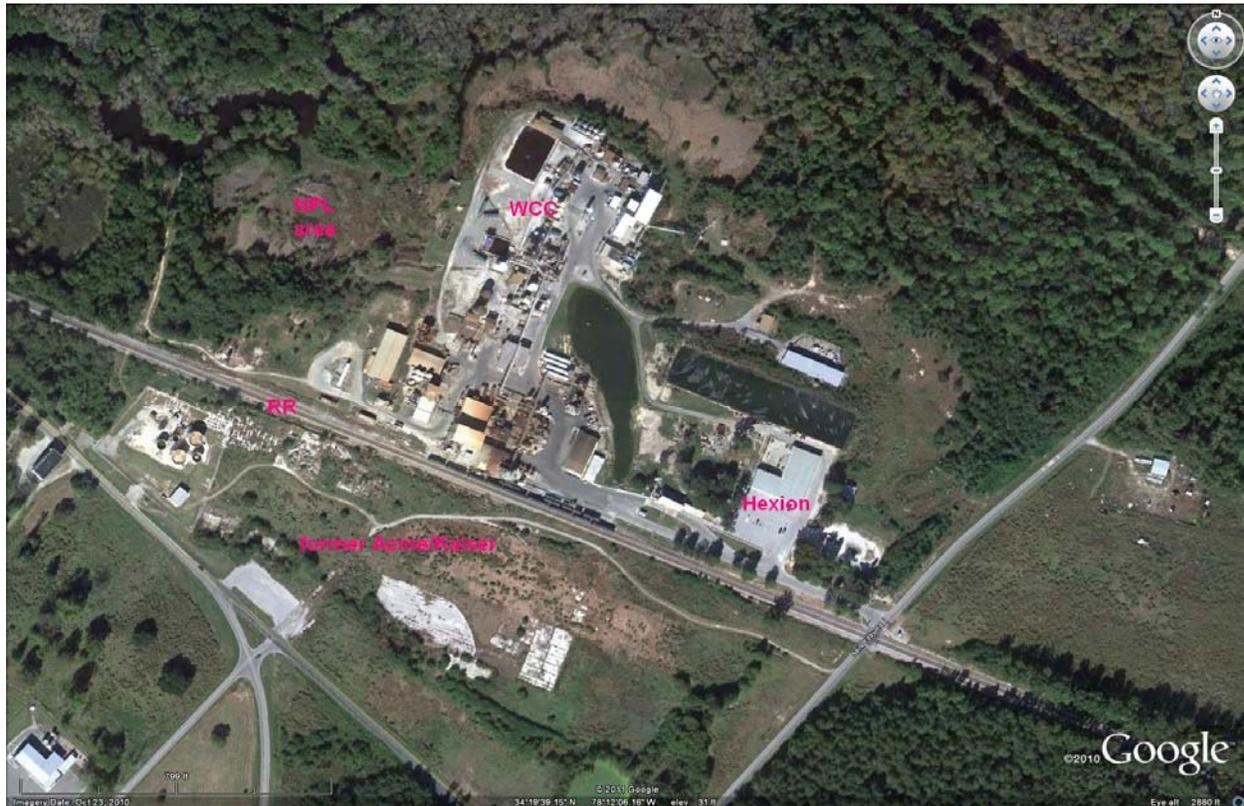
Wright Chemical Corporation- An Environmental Concern for Columbus

🞣 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 9th, 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

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

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

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

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

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

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

7. What does your community need to improve the health of your family, friends, and neighbors? *(Check all that apply)*
   ☐ Additional Health Services   ☐ After-School Programs   ☐ 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
☐ Dosher 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

Do you live or work in the county where you completed this survey? ☐ Both   ☐ Live   ☐ Work   ☐ Neither

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 mayoria de las personas en su comunidad ? (Marca solo una)
   ☐ Asma/Enfermedad de los pulmones   ☐ Cancer   ☐ Diabetes   ☐ Suicidio   ☐ Virus del sida/SIDA   ☐ Enfermedad del corazo
   ☐ 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 prohibe 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 siguentes 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 substancias
   ☐ Especialistas medicos (que tipo ? _____)   ☐ Otra cosa (favor de especificar)_____

8. Que examenes de salud o educacion/servicios de informacion son necesitados en su comunidad ? (Marca todas las cajas que aplican)

☐ Cancer   ☐ Colesterol/Presion arterial/Diabetes   ☐ Examenes 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/Enfermemdades sexuales transmitidas   ☐ Salud mental (incluyendo depresion/ansiedad)

☐ Manejando sin cuidado/Cinturones de seguridad/Sillas de carros para ninos   ☐ Vacunaciones/Inmunizaciones   ☐ Otro(favor de especificar):_____

9. De donde recibe usted y su familia la mayoria de su informacion de salud ? (Marca todas las cajas que aplican)
☐ Centro de educacion de salud   ☐ Familia o Amigos   ☐ Internet   ☐ Medico/Profesional de salud   ☐ Television
☐ Boletin informativo del hospital   ☐ Periodico/Revistas   ☐ Biblioteca   ☐ Departamento de Salud   ☐ Radio

10. Tiene su familia un botiquin basico de provisiones para emergencias ? (Estos botinquines 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 seria su manera principal de conseguir informacion de las autoridades en un desastre de gran escala o en una emergencia ?
    (Marca solo una)
☐ Television   ☐ Radio   ☐ Internet   ☐ Medios imprimidos de comunicacion (como el periodico)   ☐ 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 publicas anunciaron una evacuacion obligatoria de su vecindario o comunidad por desastre de gran escala o de una
    emergencia, evacuaria usted ?   (Marca solo una)   ☐ Si   ☐ No   ☐ No se/No estoy seguro

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

Favor de contestar las preguntas abajo para propositos estadisticos <u>solamente</u>

Yo soy: ☐ Hombre   ☐ Mujer

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

Mi codigo 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 espanol ?   ☐ Si   ☐ No

Si su contesta es si, es usted   ☐ Mexicano/Americano Mexicano, o Chicano   ☐ Puertorriqueno   ☐ Cubano
☐ Otro hispano o latino (favor de especificar): _____

Tiene usted ahora mismo algun tipo de seguro de salud ? ☐ Si ☐ No ☐ Ahora no, pero antes o en el trabajo anterior, si, yo tenia seguro medico

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 completo este sondeo ?   ☐ Los dos   ☐ Vivo   ☐ Trabajo

Health Care Resources

☐ Hospital del Condado de Bladen Columbus   ☐ Hospital de Cape Fear   ☐ Sistema del cuidado de salud de la region de
☐ Hospital de Dosher Memorial   ☐ Hospital General de Duplin   ☐ Centro Medico de la Region de New Hanover
☐ Hospital de Pender Memorial   ☐ Centro Medico de la region de Sampson   ☐ Sistema del Cuidado de Salud de Scotland
☐ Centro Medico de la Region del Sureste

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

American Diabetes Association (800) 342-2383

American Red Cross Cape Fear Chapter Columbus Service Delivery Unit

704 North Thompson Street

Whiteville, North Carolina 28472

(910) 642-3364

(910) 642-2026 – FAX

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

Asbury Homes, Inc.

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

Cancer Hotline

(800) 422-6237

Cancer Registry

(919) 715-4556

Care-Line, Office of Information (800) 662-7030

www.careline.org

Children's Special Health Services (800) 737-3028

Columbus County CAP Program Department of Aging

827 Washington Street

Whiteville, North Carolina 28472

(910) 640-6602

(910) 640-6646 – FAX

www.dhhs.state.nc.us/aging

Description of Services: This agency offers In-Home Services, personal care services, Com-munity 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, infor-mation 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

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

Columbus Regional Healthcare System Breast Feeding & Parenting Classes

500 Jefferson Street

Whiteville, North Carolina 28472

(910) 642-9323

Division of Services for the Deaf and

Hard of Hearing

(919) 773-2970

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

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

(800) 772-1213 – Toll Free

Division of Aging

(919) 733-3983

www.dhhs.state.nc.us/aging

Eldercare Locator

(800) 677-1116

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

(910) 642-6315 – FAX

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

Families First, Inc.

P.O. Box 1776

809 Washington Street

Whiteville, North Carolina 284725

(910) 642-5996

(910) 641-0444 – Crisis

(910) 641-0253 – FAX

(800) 348-5068 – Victim Assistance

(800) 826-6200 – Victim Compensation

Family Champions

P.O. Box 694

109 North Main Street

Four County Community Services, Inc. P.O. Box 337
425 South Lee Street
Whiteville, North Carolina 28472
(910) 642-8381
(910) 642-5407 – FAX
Description of Services: Through a community services block grant, this agency works with families to provide job training and employment assistance, educational and social programs, emergency assistance when funds are available, volunteer income tax preparation, USDA food, and transitional housing. Other programs include Head Start and weatherization.

Health & Human Services
(919) 733-4534

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

Home Health Agency Hotline (800) 624-3004

Hospitality House of Wilmington
1613 Medical Center Drive
Wilmington, North Carolina 28401
(910) 763-2130
Description of Services: This facility provides
support services to patients and their families
while they are experiencing a medical crisis.

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

Lion's Club

P.O. Box 743

Whiteville, North Carolina 28472

(910) 640-3604

(910) 234-5888

Lower Cape Fear Hospice, Inc.

P.O. Box 636

121 West Main Street

Whiteville, North Carolina 28472

(910) 642-9051

(910) 642-0223 – FAX

www.hospicelowercapefear.org

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

Southeastern Regional

Mental Health Area Program NOW "VistaPointe"

450 Country Club Rd.

Lumberton, North Carolina 28360

910-738-5261 (M-F 8 a.m. - 5 p.m.)

24 Hour Crisis Services: 800-672-8255

Access Line: 800-670-6871

Customer Services: 800-760-1238

TTY: 866-315-7368

**Social Security
Administration 204 S. Lee St.**

Whiteville, North Carolina 28472
(910) 642-7182

(800) 772-1213 – Toll Free

Soil & Water

(919) 715-2302

***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.