2019 Columbus County Community Health Assessment

Presented by: Columbus County Health Department
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Executive Summary

The community health assessment is conducted every four years and the last assessment was conducted in 2015. The Community Health Assessment process is designed to allow us to gather information from our community members (primary data) to gauge the health of the county, while comparing this data with health statistics (secondary data). The Columbus County Health Department in collaboration with the Community Health Assessment Team, comprised of county residents and representatives from numerous county organizations and agencies met three times (this does not include numerous other individual meetings with community members and partners). The Columbus County Health Assessment Team approved the survey questions that were asked of residents in 2019. The collection of primary data was a joint effort between the Columbus County Health Department and Columbus Regional Healthcare System.

Data Collection and Process of Data Collection

We made every effort to ensure that as many community members as possible took part in the survey; we had both paper and pen surveys, online surveys, and focus groups. Community Health Assessment Team members agreed to distribute surveys to organizations and residents within their own communities, thus allowing us to create opportunities to glean responses collected that reflect those of the entire county. There was an increased effort to distribute survey throughout the county – Whiteville, Tabor City, and Chadbourn being the larger towns as well as smaller municipalities and townships. A list of possible agencies and organizations to be included in the dissemination of surveys was created to aid in the collection of surveys. These agencies and organizations were included but not limited to:

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

**Community Responses and Findings**

Key findings, as they did is 2015, indicate that residents note there is a lack of access to health care and the funds to pay for medical services, chronic diseases (heart disease, stroke, cancer and diabetes), issues with obesity and impact on individuals dealing with weight management, illegal drug use and prescription drug abuse, and a lack of safe places for recreation and exercise.

**Future Plans**

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

- Submitted to the NC Division of Public Health – March 2020
- Presented to Columbus County Board of Health, Board of Commissioners, and press – April-May 2020
- Disseminated to the local community – April-May 2020

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

- Developed by the Community Health Assessment Team – April 2020
- Submitted to the NC Division of Public Health – September 2020

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

- March 2021
- March 2022
- March 2023
Acknowledgments

We would like to thank the Health Assessment Team members. Without their contributions, this undertaking would be impossible.

*Columbus County 2019 Community Health Assessment Team Members:*

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Letter from the Health Director

It is my pleasure to present the 2019 Columbus County Community Health Assessment. I hope that this document will serve as a catalyst for change in our communities, especially with our county being identified as one of North Carolina’s least healthy counties for the last 10 years.

I would also like to express my sincere gratitude to our community partners, and the role that they played as we planned for and collected information for the 2019 Community Health Assessment. Without these strong allies, our health assessment would not have been distributed and collected throughout our county. Their time and commitment is invaluable.

If you have questions about the health assessment, I encourage you to contact the health department at the number below.

In health,

Kimberly L. Smith

Kimberly L. Smith
Health Director
Columbus County Health Department
910-640-6615
Columbus County Geographical Features and Brief History

Columbus County can be found a short distance from the Atlantic Ocean, in the fertile lowlands of the coastal plain. This almost 1,000 square-mile expense of land occupies one of the most Southeastern sections of North Carolina. Columbus County borders Horry County, South Carolina to the south, Brunswick County to the east, and Robeson County to the west. Bladen and Pender counties border Columbus County on the north.

Many geographical features have shaped Columbus County’s land and its heritage. Lake Waccamaw, the largest natural lake from New York to Florida, was the site of Indian habitation long before Europeans arrived. The Waccamaw River, which flows from Lake Waccamaw, has linked the most southeastern section of Columbus County to South Carolina and its coastal ports. The swift, dark waters of the Lumber River define the county’s western limits. 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 comprised of 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 North Carolina.
• Clarendon - The town of Clarendon has a land area of 38.1 square miles.

• Delco - The town of Delco is formerly known as Brinkley and Pershing.

• 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.

• 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, Tatum, Welch Creek, Western Prong and Williams.
**Explanation of Information and Appendices**

**Primary Data – Community Health Survey**

Qualitative data was gathered by conducting a community health survey with 500 responses from community members. The prioritization process included review and analysis of this primary, qualitative community feedback to determine priorities. **Survey questions and responses are listed on the following pages.**

**Secondary Data – Demographic data, health data, etc.**

The utilized national, state, regional and local levels-key data sources include the County Health Rankings, National Health Indicators Warehouse, CDC, and more. Additional secondary data can also be found in the databook appendix.

**Appendix A – Additional Secondary Data/Databook**

**Appendix B – Copy of Community Health Assessment survey – English and Spanish**

**Appendix C – Directory of Resources for Columbus County**
Primary Data

Question 1.

How do you rate your own health?

The bar graph above indicates the number and percentage of the population surveyed who rated their personal health. As shown, 38.96% of the community rated their personal health as good. The next highest rating was for those individuals (36.95%), who indicated they were in very good health while a combined rating of 14.86 combined to place respondents as viewing their health status as fair or poor.
Question 2.

Have you ever been told by a doctor, nurse, or health care professional that you have any of the following?

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

Which of these problems prevented you or your family from getting necessary health care?

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

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

Where do you and your family get most of your health information?

Responses for this question were consistent with those provided in the 2016 assessment. Individuals in 2019 (77.465) indicated they received their health information from a doctor or health professional with the second highest response (48.29%) that of an internet search. Number of respondents increased in each of these categories from 315 to 385 and 206 to 240. Family and friend moved to third place ahead of television in the 2019 survey. There was a total of 497 responses to this question.
Question 6.

What do you think most people die from in your community?

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

What is the biggest health issue or concern in your community?

The above graph illustrates the percentage of 497 responses of the population surveyed who feel the stated issues are the biggest health concerns for our community. According to the community Illegal Drug Use (32.19%) has surpassed other concerns since the last survey in 2015. Chronic Disease which was listed as the greatest concern at that time has now dropped to number two with our citizens with a (25.15%) response rate. The third highest concern related to Prescription Drug Use which has surpassed Alcohol Abuse and was not included in the previous health survey but has been on the rise in Columbus County. The 2019 County Health Rankings and Roadmaps for Columbus County indicate we had 22 drug overdoses reported as compared to 9 for the state.
Question 8.

Which one of the following most affects the quality of life in your county?

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

What does your community need to improve the health of your family, friends and neighbors?

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

Which of the following preventative screenings have you had in the last twelve months.

The bar graph above indicates the preventative screenings residents have received during the past year. Blood pressure checks were the most utilized screening in the County with 371 out of 499 respondents indicating they had this screening as part of their medical care. Majority of respondents were female and that correlated with mammograms receiving a response rate of 47.90% or 239 of the 499 who participated in the survey had a mammogram as part of their medical care. Of special note is the number of individuals who receive dental cleanings or x-rays during the year especially since our ratio of dentist to the population if 4300:1, much higher than the state level. The survey did not ask where they received the screenings so they may have sought dental services through the Columbus County Health Department. Individuals participating in the survey indicated 54.51% received cholesterol screening which correlates with the leading cause of death in the County and 55.31% have participated in blood sugar checks.
Question 11.

Which of the following health issues have you received information on in the past 12 months? Check all that apply.

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

Do you feel people in your community lack the funds for any of the following?

This bar graph illustrates the percentage of the population surveyed who feel that people in their community lack the funds for the stated resources. There were 492 out of 500 who responded to this question. Health Insurance remained at the top of the list again with 87.20% or 429 individuals who saw this as the greatest need as they did in 2015. Medicine and Health Care ranked second and third among those who responded to the survey. Uninsured children and adults in Columbus County are at 23% compared to 9% in the County Health Rankings and Roadmaps. Each of the responses except for utilities scored over the 50% percentile.
Question 13.

Other than your regular job, how many days per week do you engage in physical activity for at least 30 minutes that makes you “break a sweat”?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero days</td>
<td>18.88%</td>
</tr>
<tr>
<td>One to two (1-2) days a week</td>
<td>45.58%</td>
</tr>
<tr>
<td>Three to four (3-4) days a week</td>
<td>23.49%</td>
</tr>
<tr>
<td>Five (5) or more days a week</td>
<td>12.05%</td>
</tr>
</tbody>
</table>

Lack of continuous exercise is noted in the bar graph illustrated above. Less than half respondents indicated they exercised for at least thirty minutes more than twice a week. These statistics validate the responses received in previous questions for cause of death, leading cause of disease and prevalence of obesity in Columbus County. The YMCA survey completed in 2016 noted a need to have a place for recreation and exercise for all ages as the top two priorities.
Question 14.

On average, how often do you eat fruits or vegetables?

The bar graph above illustrates the frequency with which residents consume fruits and vegetables. There were 496 out of 500 responses to this question. Resident reported (35.28%) reported eating fruits and vegetables at least once a day with 22.98% or 115 individuals reported several times per day. The remainder of respondents indicated only once a week, once a month with the third highest response (31.45%) stated they ate fruits and vegetables several times a week. These responses correlate with previous questions where individuals indicated a need for education on nutrition and had been advised by health professionals to address issues with obesity and the diseases related to weight.
Question 15.

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

The graph above indicates the percentage of the population surveyed that indicated whether their families have a basic emergency supply kit. Of those surveyed, 61.17% answered yes and 35.41% answered no. This is an increase from 2015 when only 49% indicated they had an emergency supply kit. This may be due to Columbus County experiencing damage from two hurricanes, Matthew and Florence, which resulted in mass evacuations due to flooding and road closures.
Question 16.

What would be your main way of getting information from authorities in a large-scale disaster or emergency?

The graph above shows the number and percentage of the population surveyed that indicated the primary means of obtaining information in a large-scale-disaster or emergency will be from the stated resources. As in 2015, the highest response category was television with 158 (31.85%) indicating that their primary source would be television. Again, text message received the second highest number of responses at 24.40% or 121 individuals, and this is usually in the form of an Emergency Alert System. We did not experience an increase in the number who stated they would seek information from Internet sources even though there has been greater access to high-speed internet across the county since 2015.
Question 17.

If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?

This bar graph indicates the percentage of the population who would be willing to evacuate from their homes/neighborhoods/communities due to a mandatory evacuation ordered by public authorities during a large-scale disaster or emergency. Of those surveyed 74.14% indicated they would evacuate. This is an increase from 51% in 2015, probably due to two significant weather events since 2015. In 2015, 45% indicated they were not sure they would evacuate, and that number has decreased by 50% for this year. Those indicating they would not leave has remained stable.
Question 18.

What would be the main reason you might not evacuate if asked to do so?

The graph above indicated the percentage of the respondents surveyed that indicated what reason might cause them to not evacuate if public authorities announced a mandatory evacuation from their neighborhood/community due to a large-scale disaster or emergency. Of the 486 who responded 97 stated they would not leave due to concern about leaving property behind. The second highest response was Not Applicable with 87 responses, which meant they would evacuate regardless of the concerns listed. These two combined are slightly less than 40% who stated they would evacuate in 2015.
Question 19.

I am:

Female was the highest respondents in the survey with 82.49% or 410 out of 497 individuals answering the question. Males accounted for 17.30% or 86 out of 497 individuals answering the question. These response rates were like those in 2015.
Question 20.

My age is:

The graph above indicates the percentage of respondent’s age. Age ranges with the highest participation were 26.72% between 45-54 and 25.10% between 55-64. The next highest categories were 21.05% between 35-44 and 10.93% between 25-34. The age range of respondents reflects approximately the same data as indicated in the same chart in the 2015 survey.
Question 21.

What is your Zip Code?

<table>
<thead>
<tr>
<th>TOWNSHIP</th>
<th>NUMBER OF SURVEYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bolton</td>
<td>15</td>
</tr>
<tr>
<td>Brunswick</td>
<td>2</td>
</tr>
<tr>
<td>Cerro Gordo</td>
<td>13</td>
</tr>
<tr>
<td>Clarendon</td>
<td>11</td>
</tr>
<tr>
<td>Chadbourn</td>
<td>61</td>
</tr>
<tr>
<td>Delco</td>
<td>1</td>
</tr>
<tr>
<td>Evergreen</td>
<td>10</td>
</tr>
<tr>
<td>Fair Bluff</td>
<td>1</td>
</tr>
<tr>
<td>Hallsboro</td>
<td>11</td>
</tr>
<tr>
<td>Lake Waccamaw</td>
<td>28</td>
</tr>
<tr>
<td>Nakina</td>
<td>10</td>
</tr>
<tr>
<td>Riegelwood</td>
<td>3</td>
</tr>
<tr>
<td>Tabor City</td>
<td>23</td>
</tr>
<tr>
<td>Whiteville</td>
<td>231</td>
</tr>
<tr>
<td>Other/Unknown/Did Not Respond</td>
<td></td>
</tr>
</tbody>
</table>
Question 22.

My race is:

As in 2015, most respondents were White/Caucasian (81.78%). There were fewer Black/African American respondents (9.92%). We did experience a slight increase in the percentage of Native American/Alaskan Native who responded in addition to Asian respondents. A new category was added for the 2019 Community Health Assessment and we saw a response rate of 2.23% as listing race as two or more races. There was an increase in those who responded other.
Question 23.

Are you of Hispanic, Latino or Spanish origin?

The above graph indicates a 98.19% percent responding they were not of Hispanic, Spanish or Latino origin.
Question 24.

Do you currently have health insurance?

We have experienced an increase in the number of respondents who indicated they do have health insurance since the 2015 assessment. Of the 498 that responded, 94.58% indicated they do have health insurance. This is an increase over the 84% who indicated that in 2015 they had insurance. There is a decrease in 2019 for those who indicated they did not have insurance.
Question 25.

Do you live or work in Columbus County?

Six individuals answered the questionnaire stating they neither lived nor worked in Columbus County. These individuals answered through Survey Monkey and we determined it was too few to research and pull those answers. We have looked at the question and considered that it might be ambiguous and should have just asked if they lived in Columbus County.
Question 26.

When seeking care, what hospital do you visit first? (Check only one)

There was an increase in the percentage of respondents who stated that Columbus Regional Healthcare System would be their first choice as hospital. In 2015, 65% stated they would use CRHS compared to 69.84% in 2019. All other medical facilities experienced a decline in percentages from the 2015 assessment.
Question 27.

Where do you go most often when you are sick?

This question was not asked on the 2015 assessment, so we have no data to analyze based on prior responses. The greatest percentage of respondents stated they would visit their doctor if they were sick. Columbus Regional Healthcare System recently closed their own Urgent Care due to financial issues. There are two privately operated Urgent Care Centers in the vicinity that individuals may have utilized and answered this question with that option in mind.
Secondary Data

*Please refer to the secondary data appendix for additional secondary data.

Demographic Data

Columbus County, North Carolina’s estimated population if 55,987 with a growth rate of -0.52% in the past year according to the most recent United States Census Data. Columbus County, North Carolina is the 51st largest county in North Carolina. The county decreased in population from 56,279 in 2016. (http://www.census.gov/data/databases/2017/demo/popest.counties-total.html)

Race

Using the source cited above the racial makeup of Columbus County is as follows:

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

Education

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

Income and Poverty

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

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

https://datausa.io/profile/geo/columbus-county-nc/#economy
Unemployment
According to the Columbus County Health Rankings and Roadmaps, 2019, unemployment in Columbus County is 5.6%. According to the Bureau of Labor Statistics, unemployment in NC as of July 2019 is 4.2%
https://www.bls.gov/eag/eag.nc.htm

With the downturn in the economy over the past several years, poverty rates have climbed at an alarming rate; they are much higher than the nation’s 14.3% poverty rate. Columbus County’s poverty rate has increased to 23.3% when compared to the state’s poverty level of 16.1%

North Carolina County Average Resident Percent in Poverty in 2016

City Poverty Rate Respondents
Chadbourn 41.2% 2,101
Lake Waccamaw 22.3% 1,304
Tabor City 40.8% 2,403
Whiteville 35.8% 5,187

https://www.welfareinfo.org/poverty-rate/north-carolina/columbus-county

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

General Health Rankings
• Columbus County was ranked as the least healthy county in the state of North Carolina for the years 2009 – 2014 ranking 100 out of 100. In 2015, some improvement to the overall rank was achieved with a score of 96 out of 100. The health outcomes ratings (morbidity, mortality) was 96 and was 88 among the health factors ratings (social, economic, environment, health behavior factors). As of health rankings released for 2019, Columbus County ranked 94th in the state in Health outcomes and 90th in Health Factors.

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

Health Risk Factors
• Prevalence of diabetes continues to be high and Columbus County has a higher rate than both the state and country.
• Infant mortality and preterm births are higher than the state average in addition to 43 compared to 27 at the state level.
• Columbus County in the 2019 Health Rankings and Roadmaps indicated Columbus County had 550 premature age-related mortality as compared to 370 at the state level with less than the state average life expectancy of 74.0 years.
• Hypertension rates continue to increase.
• Community Perceptions: The community health assessment surveys consistently reported that obesity, chronic disease and drug/alcohol use were the number one health problems in Columbus County.
Health Outcomes - Morbidity and Mortality

• Diseases of the heart were the number one leading cause of death in Columbus County in 2017 attributing to 209 deaths.
• Cancer is the second leading cause of death in adults in Columbus County in 2017 attributing to 133 deaths.

Mental Health

• Trillium (LME) now serves Columbus County. There are several private providers (for-profit and non-profit) endorsed by them to provide at least one service related to mental health, developmental disabilities, and substance abuse including Bridgepoint and Advanced Behavioral Services in addition to on-going classes for those who have been referred by the local courts.
• Feedback from the community indicates that there is a growing concern regarding mental health services related to substance abuse including prescription and illegal drug use. Of the 28,710 patients receiving services in the local hospital’s Emergency Department during 2018, 265 were referred for mental health services.

Health Services

• Due to the lower-income status of Columbus County, it is designated as medically indigent with a Health Professional Shortage Area (HPSA) Score of 19 in primary care. In 2017, Columbus County had 5.4 primary care physicians per 10,000 residents as compared to 7.0 at the state level.
• Columbus County has improved and fares comparable to the state and nation in preventive clinical services such as diabetes screenings, but mammography screenings are lower than the state average of 41%. Our survey indicated most females responding having had a mammogram within the last twelve months.
• With increases in unemployment in Columbus County, the community reports that access to care remains an issue, due mostly to lack of insurance and inability to pay for medical co-pays and prescriptions.

Children’s Health

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

https://www.stateofobesity.org/states/nc/
https://datacenter.kidscount.org
Health Care Access
At 19.0%, Columbus County has one of the highest rates of uninsured adults age 19 and over. Additionally, 5% of our children ages 0-18 lack health insurance coverage, which is in line with the state average of 5%. (2019 County Rankings and Roadmaps). Our Medicaid population is at 31% compared to the state average of 21.2%. We have fewer health care physicians per 10,000 residents compared to the state level, few dentists and birth attendants. Access to Psychiatrists and Psychologists is 0.2 per 10,000 as compared to 3.5 per 10,000 residents at the state level. Mental health providers in Columbus County see an average of 843 patients per year, which represents a .0355% decrease from the previous year.

http://nciom.org/nc-health-data/nc-data/
https://www.countyhealthrankings.org/rankings/data/nc
Prevention and Health Promotion Needs and Resources

The Columbus County Health Department, along with the support and participation from community agencies, offers the following health promotion resources (* Indicates evidenced based programs or programs that have been shown to be effective by researchers):

- Chronic Disease Self-Management Program and Chronic Pain Self-Management Program (Stanford) - programs designed to help those with Chronic conditions and chronic pain to improve management of their condition(s)*
- Faithful Families- a program designed for faith based communities, with emphasis on healthier eating, physical activity, and policy or environmental changes that can promote better health among congregation members*
- Teen Pregnancy Prevention- Making Proud Choices- a program designed for middle and high school youth which focuses on adolescent pregnancy prevention, as well as making better decisions to improve the health of youth*
- Diabetes and High Blood pressure screenings*
- Body Mass Index screenings*
- Improving worksite health by the adoption of polices and environmental changes*
- Drug Abuse Prevention- working with community members, organizations, and other county entities to address substance abuse through implementation community forums and also with healthcare organizations to decrease the prescribing of narcotics, including pain medications
- The Columbus County Health Department also provides additional health education services, attendance at health fairs/community events, as requested by residents on other topics.
- Some of our community partners are working to address HIV/STD screenings, infant mortality prevention/reduction, community screenings, diabetes management, establishing improved community parks, recreation facilities, improve community design to improve and construct new pathways for bicycling and walking, working with physicians to improve management of chronic conditions and reduce prescriptions for narcotics, and improving economic prosperity.
While this is not a complete list, it does serve as an overview of current community initiatives.

**Health Priorities/ Concerns**

The Columbus County Community Health Assessment Team will begin to look at our residents’ concerns and we will focus on chronic disease prevention, drug abuse prevention, and obesity, respectively. We felt that we had the capacity to address these issues as a group, due to the current undertakings of community agencies and organizations to address these health topics. Furthermore, our efforts to address these concerns will be a continuation of efforts from the previous assessments in 2012 and 2015. Action plans for the aforementioned health concerns will be developed in the spring and summer of 2020.

*Below are the important 2020 Community Health Assessment information findings:*

- In the 2020 Community Health Assessment, we found that the biggest health issues or concerns are **chronic diseases (cancer, diabetes, heart disease, stroke)**, followed by **drug abuse and obesity**. Chronic diseases and obesity continue to be the leading causes of death in Columbus County. While drug abuse is not a leading cause of death, it is possible that it is linked with unintentional injuries, another leading cause of death. These are the 3 areas that we will develop action plans for to address in the next four years. Our community identified these issues as problems and the data concurs that these issues are the biggest health issues and concerns in the county. As we address these issues, we will be working to achieve the following Healthy North Carolina 2030 desired results (North Carolina Department of Health and Human Services): 1. Chronic Disease and Obesity: Increase physical activity; Improve access to healthy foods; Reduce overweight and obesity. 2. Drug Abuse: Decrease drug overdose deaths; Improve access and treatment for mental health needs.

- **Chronic Diseases and Obesity** are still a top concern of residents and have been since 2012. Efforts include community outreach events and workshops such as the Stanford Chronic Disease Self-Management Program, and a partnership with East Carolina University’s Office of Healthy Aging Research, Education, and Services to increase our ability to offer chronic disease prevention to rural communities.
• **Drug Abuse** is also still a top concern for our communities. Since 2015, we have collaborated with the county’s school systems, the county Sheriff’s office, and other agencies and organizations to host multiple opioid awareness forums throughout Columbus County.

We hope that residents will find the information contained in this document as a resource, and as a tool for change in our county. Furthermore, we are grateful to all residents who took their time to participate in this process.

*We encourage residents to contact the Columbus County Health Department with questions or concerns:*
Daniel Buck
Columbus County Health Department
304 Jefferson Street
Whiteville, NC 28472
910-640-6615 ext. 7026
Daniel.Buck@columbusco.org
Facebook: @columbuscountyhealth

Please visit us on Facebook for up-to-date health information and notices regarding public health programs and events that are offered by the Columbus County Health Department and community partners.
Appendix A

Secondary Data/Databook

COUNTY HEALTH RANKINGS
The County Health Rankings rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor’s office. Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the Rankings help counties understand what influences how healthy residents are and how long they will live. The Rankings confirm the critical role that factors such as education, jobs, income, and environment play in influencing health. The Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity and teen births. The Rankings, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. Visit the website listed below to view the full document.

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

Columbus County ranked 94 out of 100 counties for having the least favorable health outcomes.

Based on the County Health Rankings, Columbus County ranks in the highest tier in the state among unhealthy outcomes. It ranks 94 out of 100 counties among the health outcomes ratings and 90 out of 100 among the health factors ratings. Columbus County was ranked at 100 for the 6 years in a row until improving to 96 for 2016 year.
The summary health factor rankings are based on weighted scores of four types of factors: behavioral, clinical, social and economic, and environmental. The weights for the factors (shown in parentheses in the figure) are based upon a review of the literature and expert input and represent just one way of combining these factors.

Differences in Health Factors within States by Place and Racial/Ethnic Groups
How Do Counties Rank for Health Factors?

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

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

What are the Factors That Drive Health and Health Equity and How Does Housing Play a Role?

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

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

**Health Risk Factors**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Columbus County Current</th>
<th>Columbus Past</th>
<th>North Carolina</th>
<th>Nation</th>
<th>Healthy People 2020 Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoking (adults age 18+)</td>
<td>21.0%</td>
<td>24.4%</td>
<td>18%</td>
<td>25%</td>
<td>12%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>16.0%</td>
<td>14.6%</td>
<td>11.0%</td>
<td>8.3%</td>
<td>25.30%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>32.70%</td>
<td>32%</td>
<td>29.5%</td>
<td>29.9%</td>
<td>26.90%</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>10.4%</td>
<td>17.9%</td>
<td>7.2%</td>
<td>7%</td>
<td>6%</td>
</tr>
</tbody>
</table>

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

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

Leading Causes of Death in North Carolina® 2017
Location: COLUMBUS
Race: all
Gender: both all (Hispanic, Non-Hispanic, and Hispanic Origin: Unknown)
Age: 0 - 99 years
Note: Age 99 indicates age 99 years or older.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>Number</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Diseases of heart</td>
<td>209</td>
<td>27.9</td>
</tr>
<tr>
<td>2</td>
<td>Cancer</td>
<td>133</td>
<td>17.8</td>
</tr>
<tr>
<td>3</td>
<td>Chronic lower respiratory diseases</td>
<td>46</td>
<td>6.1</td>
</tr>
<tr>
<td>4</td>
<td>Cerebrovascular diseases</td>
<td>36</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Diabetes mellitus</td>
<td>36</td>
<td>4.8</td>
</tr>
<tr>
<td>6</td>
<td>Motor vehicle injuries</td>
<td>25</td>
<td>3.3</td>
</tr>
<tr>
<td>7</td>
<td>Alzheimer's disease</td>
<td>24</td>
<td>3.2</td>
</tr>
<tr>
<td>8</td>
<td>All other unintentional injuries</td>
<td>21</td>
<td>2.8</td>
</tr>
<tr>
<td>9</td>
<td>Essential (primary) hypertension and hypertensive renal disease</td>
<td>16</td>
<td>2.1</td>
</tr>
<tr>
<td>10</td>
<td>Nephritis, nephrotic syndrome and nephrosis</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>All other causes (Residual)</td>
<td>187</td>
<td>25.2</td>
</tr>
<tr>
<td></td>
<td>Total Deaths All Causes</td>
<td>748</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: State Center for Health Statistics, North Carolina
Leading Causes of Death in North Carolina® 2017
Location: ALL COUNTIES
Race: all
Gender: both all (Hispanic, Non-Hispanic, and Hispanic Origin: Unknown)
Age: 0 - 99 years
Note: Age 99 indicates age 99 years or older.

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>Number</th>
<th>0/0</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cancer</td>
<td>19474</td>
<td>20.9</td>
</tr>
<tr>
<td>2</td>
<td>Diseases of the Heart</td>
<td>18840</td>
<td>20.2</td>
</tr>
<tr>
<td>3</td>
<td>Chronic lower respiratory diseases</td>
<td>5545</td>
<td>5.9</td>
</tr>
<tr>
<td>4</td>
<td>Cerebrovascular diseases</td>
<td>5100</td>
<td>5.5</td>
</tr>
<tr>
<td>5</td>
<td>All Other Intentional Injuries</td>
<td>4526</td>
<td>4.9</td>
</tr>
<tr>
<td>6</td>
<td>Alzheimer’s Disease</td>
<td>4291</td>
<td>4.6</td>
</tr>
<tr>
<td>7</td>
<td>Diabetes Mellitus</td>
<td>2908</td>
<td>3.1</td>
</tr>
<tr>
<td>8</td>
<td>Influenza and Pneumonia</td>
<td>2079</td>
<td>2.2</td>
</tr>
<tr>
<td>9</td>
<td>Nephritis, nephrotic syndrome and nephrosis</td>
<td>2041</td>
<td>2.2</td>
</tr>
<tr>
<td>10</td>
<td>Intentional Self-Harm (Suicide)</td>
<td>1527</td>
<td>1.6</td>
</tr>
<tr>
<td></td>
<td>All other causes (Residual)</td>
<td>26871</td>
<td>28.9</td>
</tr>
<tr>
<td></td>
<td>Total Deaths All Causes</td>
<td>93202</td>
<td>100.0</td>
</tr>
</tbody>
</table>

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

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

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

Heart Disease
Heart Disease is the second leading cause of death for men and women in North Carolina. The risk for heart disease increases as a person’s age increases. In addition to behavioral risk factors, obesity, high blood pressure, high cholesterol and diabetes are other known risk factors for heart disease In Columbus, diseases of the heart mortality rate are 27.9% compared to the state rate of 20.2%.

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

9. Age-Adjusted Cardiovascular Disease
Death Rates per 100,000 Residents
(Healthy NC 2020 Target = 161.5)

10. Age-Adjusted Heart Disease Death Rates
per 100,000 Residents

11. Age-Adjusted Stroke Death Rates
per 100,000 Residents

12. Age-Adjusted Diabetes Death Rates
per 100,000 Residents

North Carolina Department of Health and Human Services
Division of Public Health/State Center for Health Statistics

North Carolina County Trends Reports
February 2019
Appendix B

Copy of Community Health Assessment survey – English and Spanish

2019 Community Health Assessment

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

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

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

3. (Check all that apply) Which of these problems prevented you or your family from getting necessary health care? __Cultural/Health Beliefs ___No appointments available ___Lack of understanding the need ___Lack of insurance ___Transportation ___Fear (not ready to face health problem) ___Unable to pay/cost/can’t afford ___ Not important ___ None ___ Other (please specify)____________

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

5. (Check all that apply) Where do you and your family get most of your health information? __Health Education Center ___Internet Search __Television ___Hospital Newsletter ___Radio ___Family or Friends ___Doctor/Health Professional ___Newspaper/Magazine ___Health Department ___Church ___School ___Help lines

6. (Check only one) What do you think most people die from in your community? __Asthma/Lung Disease __Stroke/Cerebrovascular Disease ___Homicide/Violence ___Heart Disease ___Diabetes ___Motor Vehicle Deaths ___Cancer ___Suicide ___HIV/AIDS ___Other (please specify) ____________

7. (Check only one) What is the biggest health issue or concern in your community? __Alcohol Abuse ___Teen Pregnancy ___Illegal Drug Use ___Child Abuse ___Obesity ___Vehicle Crashes ___Prescription Drug Abuse ___Gangs/Violence ___Mental Health ___Asthma ___Nicotine Use (Vaping, Cigarettes) ___Dental Health ___Chronic Disease (Cancer, Diabetes, Heart or Lung Disease) ___ Sexual Transmitted Infections (syphilis, gonorrhea, chlamydia) ___Other (please specify)__________

8. (Check only one) Which one of the following most affects the quality of life in your county? __Pollution (air, water, land) ___Dropping out of school ___Low income/poverty ___Homelessness ___Lack of/inadequate health insurance ___ Lack of hope ___Discrimination/racism ___Lack of community support
Neglect and abuse __Domestic Violence __Crime (murder, assault, theft, rape/sexual assault) __None __Other (please specify)____________

9. (Check only three) What does your community need to improve the health of your family, friends and neighbors? __Access to Food __Mental Health Services __Healthier Food Choices __Job Opportunities __Services for the Disabled __Recreation Facilities __Safe places to Walk/Play __After-School Programs __Wellness Services __Transportation __Programs for the Elderly __Specialty Physicians __Additional Health Services __Substance Abuse Rehabilitation Service __Other (please specify)____________

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

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

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

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

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

15. (Check only one) Does your family have a basic emergency supply kit? (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, headlights and batteries, non-electric can opener, blanket, etc.) __Yes __No __Don’t know/Not sure

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

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

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

Demographic Information

19. I am: ____Male ____Female ____ Transgender _____ Gender-Non-Conforming
20. My age is ____ 19-24_____ 25-34_____ 35-44_____ 45-54_____ 55_64_____ 65-74_____ 75+
21 What is your zip code? ________________
22. My race is ___White/Caucasian ___Native America/Alaskan Native ___Pacific Islander _____Black/African American___ Asian ----- Two or more races ___ Other (please specify) ________________
23. Are you of Hispanic, Latino or Spanish origin ____ Yes _____ No?
24. Do you currently have health insurance _____ Yes ____ No _____ did at earlier job?
25. Do you live or work in Columbus County ____ Both ____Live _____ Work ____ Neither?
26. When seeking care, what hospital do you visit first? (Check only one) _____Columbus Regional Healthcare System_____ Bladen County Hospital _____ Southeastern Regional Medical Center _______ Brunswick County Hospital _____ New Hanover Regional ____ Other(please specify) ________________
27. Where do you go most often when you are sick? (Check only one)? ___Emergency Room, _____Home Remedies _____Health Department ____ Urgent Care ____ Doctor’s Office ____Pharmacy ________Other (please specify) ________________

1. (Marque solo uno) ¿Cómo califica su propia salud? _Excelente__Muy buena __Buena __Feliz ___Pobre _No sé / No estoy seguro

2. (Marque todo lo que corresponda) ¿Alguna vez le ha dicho un médico, enfermera o profesional de la salud que tiene alguno de los siguientes? ___Diabetes__Colesterol alto ___Depresión __Osteoporosis __Enfermedad cardíaca / Angina__Cáncer __Asma ___Demencia ___Sobrepeso / Obesidad __Enfermedad Pulmonar__Presión arterial alta __Artritis__ __Violencia doméstica__Parkinson__Otro (especifique)

3. (Marque todo lo que corresponda) ¿Cuál de estos problemas le impidió a usted o su familia obtener la atención médica necesaria? ___Cultural / Creencias de salud ___No hay citas disponibles__ Falta de comprensión de la necesidad __Falta de seguro _Transporte__Miedo (no está listo para enfrentar un problema de salud) __Incapaz de pagar / costo / no puede pagar ___NO importante ___Ninguno ____Otro (especifique)

4. (Marque solo uno) ¿Qué ha afectado la calidad de la atención médica que recibió? ___Capacidad de leer y escribir / Educación ___Raza _No aplicable __Barrera / intérprete / traductor de idiomas _Económico (bajos ingresos, sin seguro, etc.)
5. (Marque todo lo que corresponda) ¿Dónde obtienen usted y su familia la mayor parte de su información médica? __ Centro de educación en salud __ Búsqueda de internet __ Televisión __ Hospital __ Hoja informativa __ Radio Familia o Amigos __ Doctor / Profesional de salud __ Periódico __/ Revistas __ Departamento de Salud __ Iglesia __ Escuela __ Líneas de ayuda

6. (Marque solo uno) ¿De qué cree que muere la mayoría de las personas en su comunidad? __ Asma / Enfermedad Pulmonar / Accidente Cerebrovascular / Enfermedad Cerebrovascular __ Homicidio / Violencia __ Enfermedad Cardíaca __ Diabetes __ Muertes de Vehículos de Motor __ Cáncer __ Suicidio __ HIV / SIDA __ Otro (por favor especifique)

7. (Marque solo uno) ¿Cuál es el mayor problema o preocupación de salud en su comunidad? __ Abuso de alcohol en adolescentes __ Embarazo __ Uso ilegal de drogas __ Abuso infantil __ Obesidad __ Vehículos se bloquea __ Prescripción Abuso de drogas __ Pandillas / Violencia __ Mental __ Salud __ Asma __ Uso de Nicotina __ Use (vaporizadores, cigarrillos) __ Salud Dental __ Clamidia __ Otros (especifique)

8. (Marque solo uno) ¿Cuál de las siguientes opciones afecta más la calidad de vida en su condado? __ Contaminación (aire, agua, tierra) __ Salir de la escuela __ Bajos ingresos / pobreza __ Falta de vivienda __ Falta de seguro médico __ Inadecuado Falta de esperanza __ Discriminación / racismo __ Falta de apoyo comunitario __ Negligencia y abuso __ Violencia doméstica __ Crimen (asesinato, asalto, robo, violación / agresión sexual) __ Ninguno __ Otros (especifique)

9. (Marque solo tres) ¿Qué necesita su comunidad para mejorar la salud de su familia, amigos y vecinos? Acceso a la comida __ Servicios de salud mental __ Opciones de alimentos más saludables __ Oportunidades laborales __ Servicios para discapacitados __ Instalaciones de recreación __ Lugares seguros para caminar / jugar __ Programas después de la escuela __ Servicios de bienestar __ Transporte __ Programas para personas mayores __ Médicos especializados __ Servicios de salud complementarios __ Rehabilitación __ Servicios de salud __ Rehabilitación

10. (Marque todo lo que corresponda) ¿Cuál de las siguientes pruebas preventivas ha tenido en los últimos 12 meses? __ Mamografía (si es mujer) __ Examen de detección de cáncer de próstata (si es hombre) __ Examen de colon / rectal __ Control de azúcar en sangre __ Examen de colesterol __ Examen de audición __ Prueba de densidad ósea __ Examen físico __ Frotis de papilla (si es mujer) __ Grippe __ Control de presión sanguínea __ Examen de cáncer de piel __ Examen de VIH __ Examen de detección cardiovascular __ Limpieza dental / rayos X __ Ninguno __ Otros (especifique)

11. (Marque todo lo que corresponda) ¿De cuáles de los siguientes problemas de salud ha recibido información en los últimos 12 meses? __ Presión Arterial __ Salud Mental __ Abuso de sustancias __ Colesterol __ Emergencia Preparaciones __ Nutrición __ Distracciones / cinturones de seguridad / asientos de seguridad para niños __ HIV / Infecciones de transmisión sexual __ Salud Familiar __ Vacunas / Inmunizaciones __ Cáncer __ de
12. (Marque todo lo que corresponda) ¿Siente que las personas en su comunidad carecen de los fondos para alguno de los siguientes? ___ Comida ___ Hogar/Refugio ___ Medicina ___ Seguro de salud ___ Transporte ___ Asistencia médica asequible / Copago / Deducible ___ Utilidades ___ Otros (especifique)

13. (Marque solo uno) Aparte de su trabajo habitual, ¿cuántos días a la semana realiza actividad física durante al menos 30 minutos que le hacen "sudar"? ___ Cero días ___ Uno a dos (1-2) días a la semana ___ Tres a cuatro (3-4) días a la semana ___ Cinco (5) o más días a la semana

14. (Marque solo uno) En promedio, ¿con qué frecuencia come frutas o verduras? ___ Una vez al día ___ Una vez a la semana ___ Una vez al mes ___ Varias veces al día ___ Varias veces a la semana ___ Nunca

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

16. (Marque solo uno) ¿Cuál sería su forma principal de obtener información de las autoridades en un desastre o emergencia a gran escala? ___ Televisión ___ Mensaje de texto ___ Sitio de red social ___ Vecinos ___ Radio ___ Medios impresos (ej.: periódico) ___ Internet ___ Otros (por favor especifique)

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

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

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

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

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

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

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

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

26. Cuando busca atención, ¿en qué hospital visita primero? (Marque solo uno) ___ Columbus Regional Healthcare System ___ Bladen County Hospital ___ Southeastern Regional Medical Center ___ Brunswick County Hospital ___ New Hanover Regional ___ Otro (especifique)
27. ¿A dónde vas con más frecuencia cuando estás enfermo? (Marque solo uno) ___ Sala de emergencias, _____ Remedios caseros _____ Departamento de salud _____ Atención de urgencia _____ Consultorio médico _____ Farmacia

_______ Otros (especificar) _________
Appendix C

DIRECTORY OF RESOURCES FOR COLUMBUS COUNTY

Copies of Columbus County Resource Guides can be found at the web addresses below:

http://www2.columbusco.org/Resources.pdf

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

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