Columbus County North Carolina

2013 Edition

State of the County Health Report

What is the State of the County Health Report?

The 2013 Columbus County State of the County Health Report is a supplemental report of the Columbus County Community Health Assessment. The health assessment is conducted every four years (2012 was the last assessment). The State of the County Health Report is distributed every year in between the assessment to provide updates and information on our county's health priority areas.

Our county's priority for the next four years is to focus on chronic disease prevention. Chronic diseases include heart disease, cancer, stroke, and diabetes. These four diseases are in the top ten leading causes of death in our county.

If you would like to view the chronic disease prevention action plan, please contact the Columbus County Health Department at 910-640-6615.

In the 2012 Community Health Assessment, the following were identified as the three biggest health issues of concern in Columbus:

Chronic Disease (46.3% of respondents)

Drug/Alcohol Abuse 21.35%

Obesity 12.56%

The full 2012 health assessment and the previous state of the county reports can be viewed at www.columbusco.org/dotnetnuke_2/health.

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.

Columbus County Health Fast Facts

Population: Columbus County grew from 54,212 people to 58,098 according to the 2010 US Census Data. 65% are Caucasian, 30.4% are African American, 3.3% are American Indian, and 3.6% are Hispanic and/or Latino.

Columbus County is a **Tier 1 County** (NC Department of Commerce) which means we are one of the most economically distressed counties in the state. 21.1% of Columbus residents have no health insurance. An estimated 21.9% of Columbus residents live below the poverty line.

The leading causes of death in our county (in order) are: heart disease, cancer, stroke, chronic lower respiratory diseases, and unintentional injuries. Alzheimer's, influenza and pneumonia are tied for sixth and seventh leading causes of death. Motor vehicles is the eighth leading cause, diabetes the ninth, and intentional injuries the tenth (NC State Center for Health Statistics, 2011).

Other Fast Facts(NC State Center for Health Statistics and Robert Wood Johnson Foundation)
- Total cancer rates in Columbus County remain slightly higher than the NC rate; however Columbus County minority males demonstrated the highest rate, followed by white males.
- Colon, Rectal, Anus cancer deaths were higher among African Americans with a rate of 13.3 compared to whites at 6.4.
- Diabetes deaths are higher among African Americans with a rate of 46.2 compared to 30.8 among whites.
- Heart Disease deaths among African Americans were higher at 328.6 compared to whites at 231.9.
- Columbus County has ranked <u>last</u> in the state of North Carolina for health outcomes for the past four years (Robert Woods Johnson Foundation, 2009-13).
- Life expectancy is 73.2, compared to the national average of 76.5.
- 25% of residents reporting that they smoke
- 34% are obese
- 50% of all residents either classify as overweight or obese
- 21% have no health insurance
- 29% report having no physical activity
- 41% of children live in poverty

**EMERGING ISSUES (Issues that are "hot topics" currently in our county)**
- Environmental (water quality) concerns at Lake Waccamaw; community partners are working together to address these concerns
- Increasing HIV cases in our county is another issue that community partners have recognized, and are currently collaborating on strategies to address this issue

Columbus County Trend Data

The graphs below depict trend data for selected diseases/conditions, 1997-2011, NC State Center Health Statistics

Infant Deaths per 1,000 Live Births

	1997-2001	2002-2006	2007-2011
North Carolina	8.9	8.4	7.8
Columbus	10.4	11.2	12.1
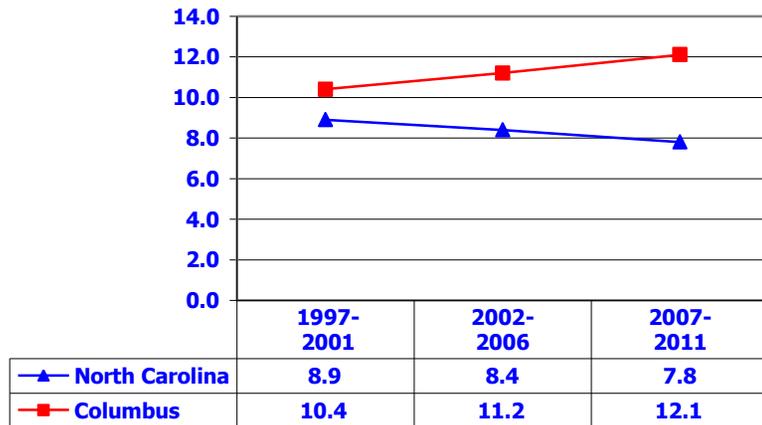
Child Death Rates per 100,000 Residents Ages 0-17

	1997-2001	2002-2006	2007-2011
North Carolina	82.5	74.5	64.8
Columbus	107.2	110.5	104.1
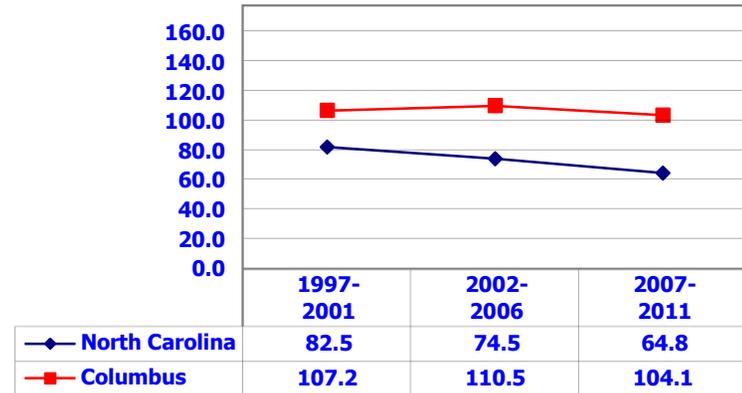
Age-Adjusted Heart Disease Death Rates per 100,000 Residents

	1997-2001	2002-2006	2007-2011
North Carolina	261.4	216.5	179.3
Columbus	385.0	321.4	250.2
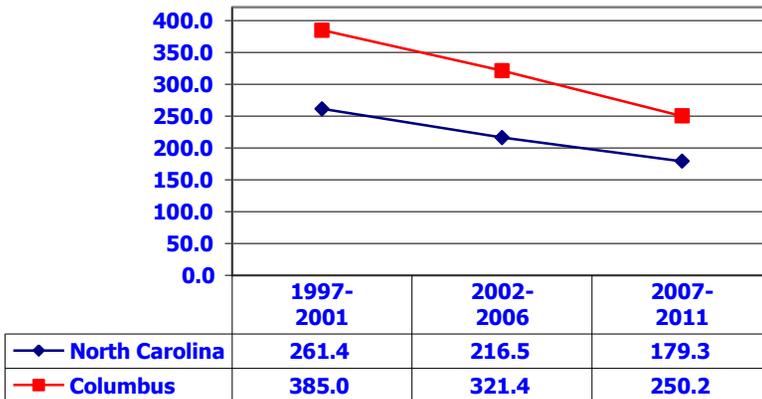
Age-Adjusted Stroke Death Rates per 100,000 Residents

	1997-2001	2002-2006	2007-2011
North Carolina	75.6	60.9	46.0
Columbus	88.8	62.9	65.0

2013
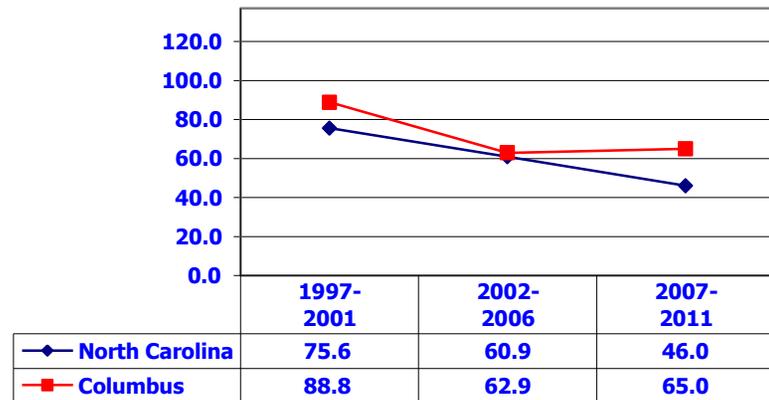
Age-Adjusted Total Cancer Death Rates per 100,000 Residents

	1997-2001	2002-2006	2007-2011
North Carolina	204.3	193.6	179.7
Columbus	212.2	206.0	198.4
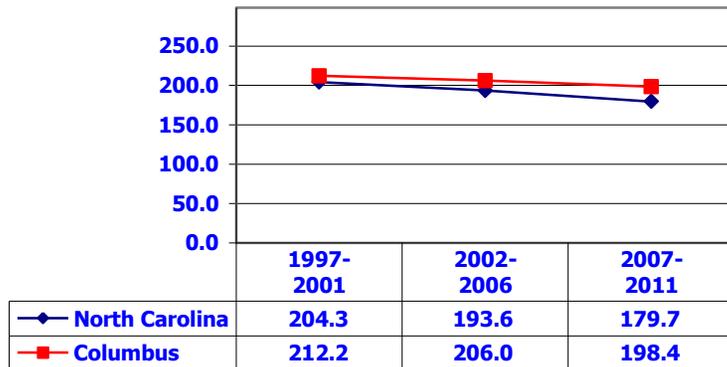
Age-Adjusted Colon, Rectum, Anus Cancer Death Rates per 100,000 Residents

	1997-2001	2002-2006	2007-2011
North Carolina	20.1	17.9	15.5
Columbus	19.0	18.3	9.8
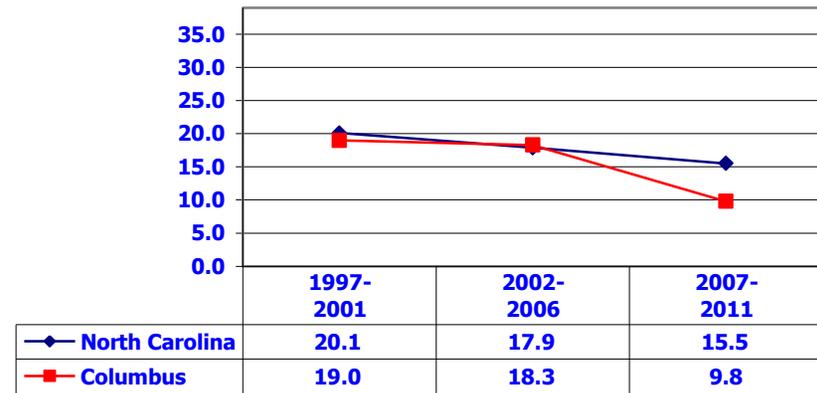
Age-Adjusted Trachea, Bronchus, & Lung Cancer Death Rates per 100,000 Residents

	1997-2001	2002-2006	2007-2011
North Carolina	61.5	58.8	54.5
Columbus	67.6	64.2	64.9
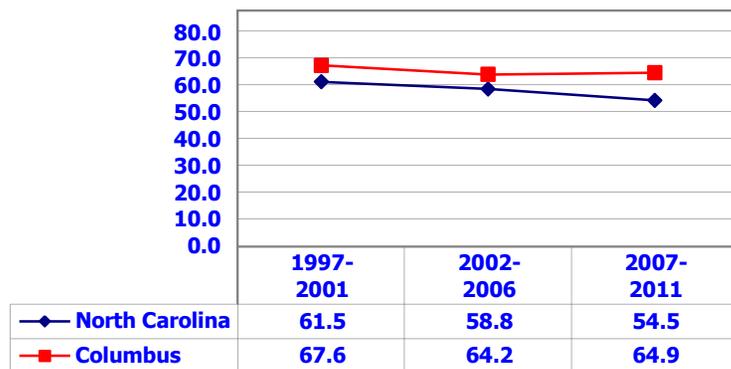
Age-Adjusted Female Breast Cancer Incidence Rates per 100,000 Residents

	1996-2000	2001-2005	2006-2010
North Carolina	147.2	149.7	155.9
Columbus	112.6	132.5	128.8

2013
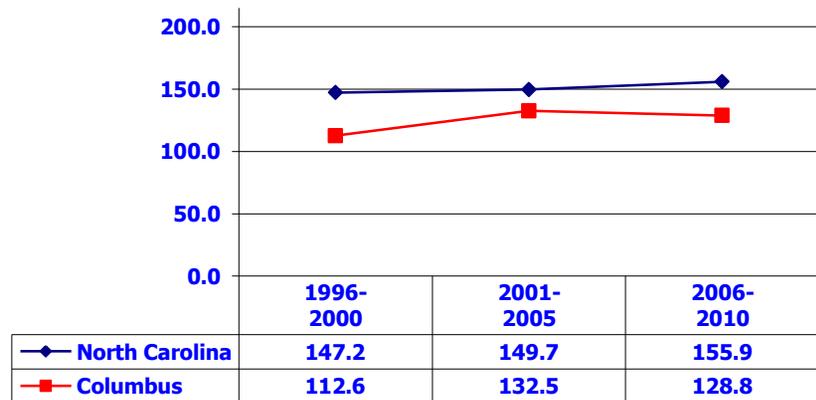
Age-adjusted Prostate Cancer Incidence Rates per 100,000 Residents

	1996-2000	2001-2005	2006-2010
North Carolina	154.5	162.1	153.7
Columbus	135.9	171.5	116.8
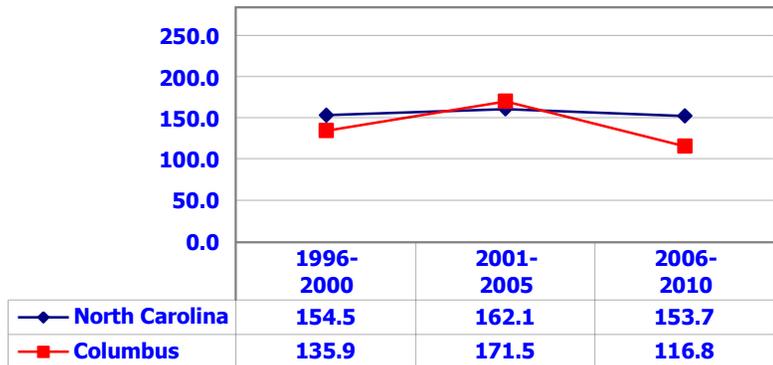
Age-Adjusted Diabetes Death Rates per 100,000 Residents

	1997-2001	2002-2006	2007-2011
North Carolina	26.7	26.8	22.0
Columbus	29.2	27.5	31.3
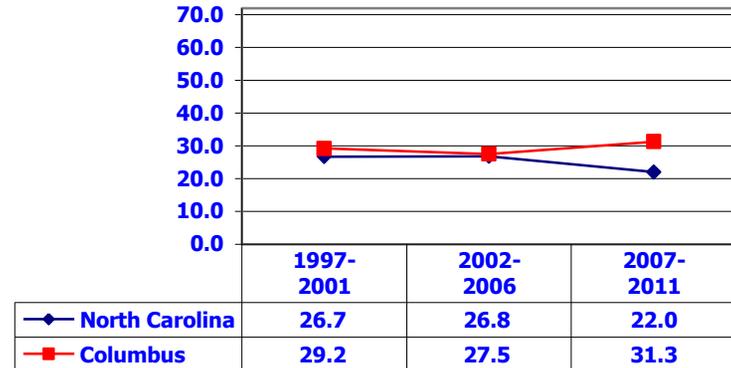
Age-Adjusted Unintentional Motor Vehicle Injury Death Rates per 100,000 Residents

	1997-2001	2002-2006	2007-2011
North Carolina	19.9	19.2	15.5
Columbus	42.7	44.7	36.1
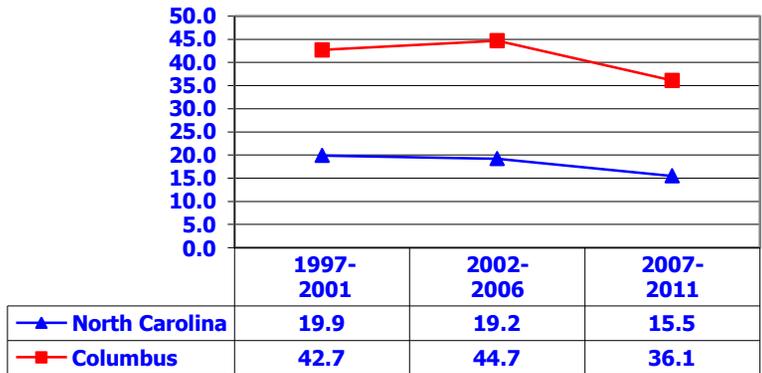
Age-Adjusted Unintentional Injury Death Rates per 100,000 Residents (excluding Motor Vehicle Deaths)

	1997-2001	2002-2006	2007-2011
North Carolina	22.0	27.0	29.2
Columbus	29.8	39.6	40.7

2013
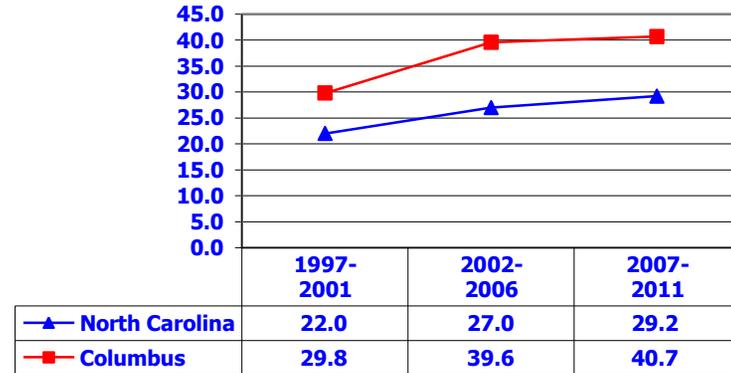
Age-Adjusted Homicide Rates per 100,000 Residents

	1997-2001	2002-2006	2007-2011
North Carolina	7.9	7.2	6.3
Columbus	16.6	16.8	12.2
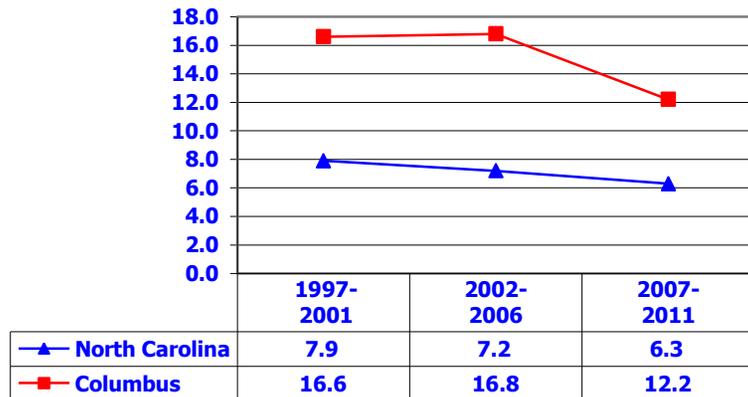
Age-Adjusted Suicide Rates per 100,000 Residents

	1997-2001	2002-2006	2007-2011
North Carolina	11.4	11.6	12.1
Columbus	11.7	10.8	16.2
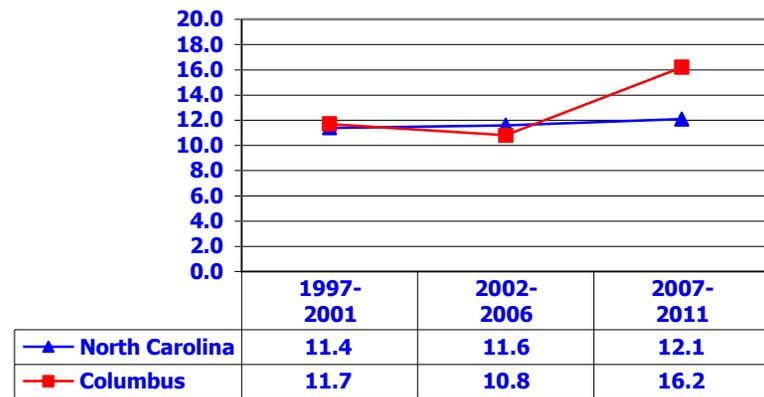
Number of Primary Care Physicians per 10,000 Residents

	2001	2006	2011
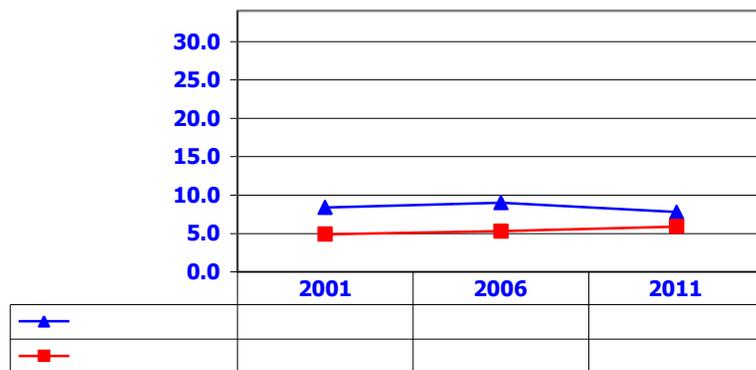
Number of Dentists per 10,000 Residents

|	2001	2006	2011
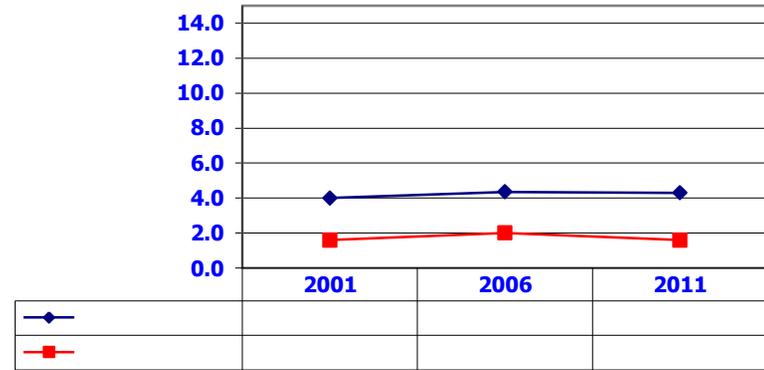
2013

Chronic Diseases and Identifying Populations at Risk

In 2013, Columbus County Health Department, with other community partners, decided to utilize GIS technology to map out chronic disease "hot spots" in our county. This map will allow us to focus our chronic disease prevention efforts to specific areas of our county.

This is a map depicting areas of our county with the highest vulnerability to chronic diseases. The areas in red have high vulnerability and the areas in green have low vulnerability. In essence, these are areas in our county where at-risk populations reside, excluding race/ethnicity.
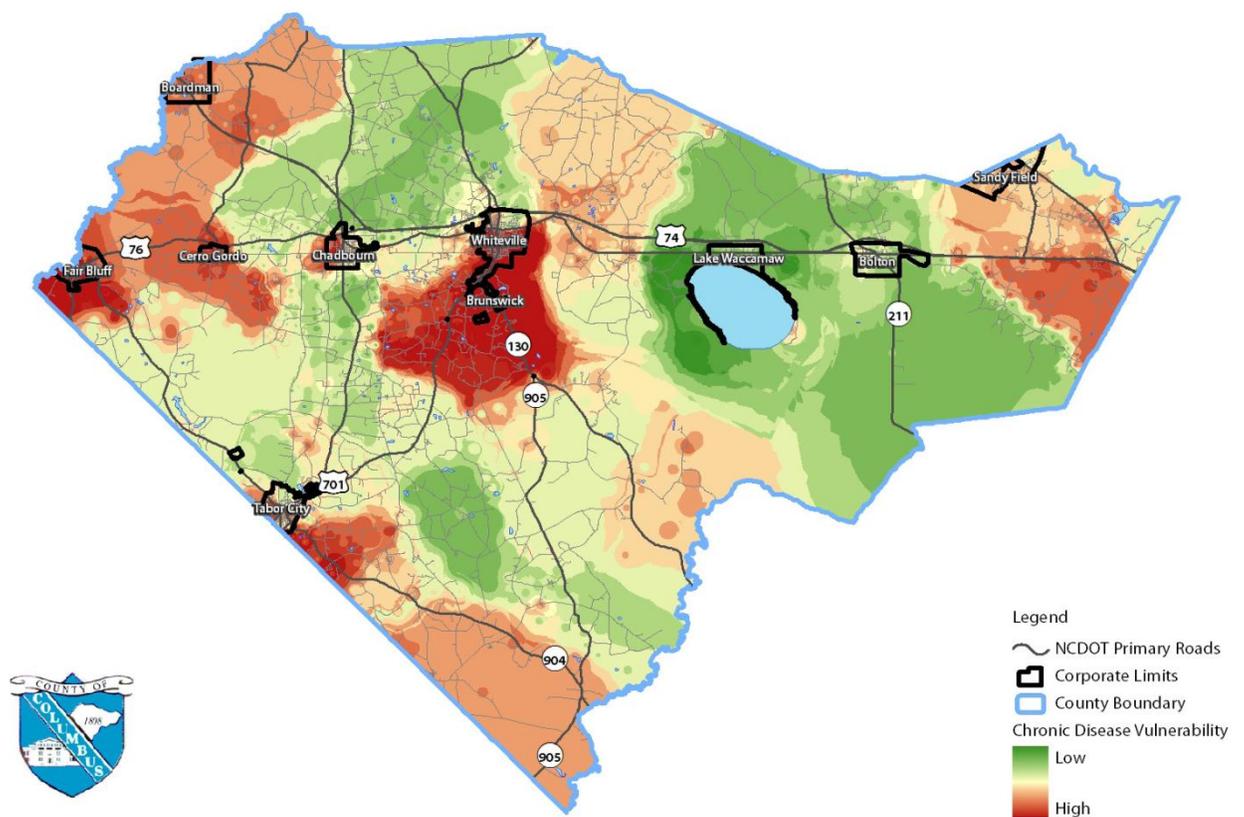
Map produced by Holland Consulting Planners, 2013

Columbus County and Peer Counties

As determined by the State Center for Health Statitics, Columbus County's peer counties are Duplin, Halifax, and Sampson. Peer counties are similar in population and demographics.

Please view the table below to see how Columbus compares to our peers for the selected leading causes of death and other social determinents of health.
These causes of death and social deterimients of health were selected because they relfected the health issues of concern for Columbus residents in the 2012 Communtiy Health Assessment. Heart disease, cancer, stroke and diabetes percentages are provided by NC Department of Health Statistics(2011). All others are provided by Robert Woods Johnson Foundation County Health Rankings(2013).

Factor	Columbus	Duplin	Halifax	Sampson
Heart Disease Deaths	25%	23.2%	22.2%	21.3%
Cancer Deaths	23%	20.7%	22.8%	19.6%
Stroke Deaths	5.4%	4.6%	5.4%	6.6%
Diabetes Deaths	2.6%	3.5%	5.5%	4.7%
Drug Alcohol Abuse(Excessive Drinking)	6%	9%	8%	11%
Adult Obesity	34%	35%	39%	36%
Gangs/Violence Violent Crime RATE	523	306	609	292
Teen Pregnancy/Teen Birth RATE	63	65	65	65

Chronic Disease Intervention Efforts

As noted in the 2012 Community Health Assessment, chronic disease prevention was selected by the health assessment task force members to address for the next four years, with an emphasis on implementing evidenced based programming, such as Stanford University's Chronic Disease Self-Management and Diabetes Self-Management Programs.

Other Health Topics and Programs that might be of interest are:

- Minority Health (LIGHT Project); this is a faith based program which encourages faith communities to adopt healthy eating and physical activity policy and/or environmental changes. This program also offers screening and Chronic Disease Self-Management and Diabetes Self-Management Programs. The LIGHT Project is based in Columbus County, but covers Robeson County as well.
- Teen Pregnancy Prevention: The Columbus County Health Department, along with the Columbus County DREAM Center, have implemented TOP (Teen Outreach Program) at three county middle schools to address teen pregnancy prevention.
- Columbus County Schools and the Columbus County Health Department have implemented the TEEN PEP program at West Columbus High School in efforts to decrease teen pregnancy rates.
- Nurse-Family Partnership (based out of Robeson)- The Nurse Family Partnership allows health department nurses to "provide maternal and early childhood health programs to families most in need."
- The Columbus County Dream Center offers HIV testing and counseling, as well as the Columbus County Health Department.
- The Columbus County Partnership for Children is working to address the issue of non-compliance among parents and guardians for children's well child check-ups. A special task force has been meeting to plan and implement strategies.
- Families First, a local nonprofit, provides anti-bullying, Safe Dates, and other programs to decrease domestic violence and sexual assault.

**For a more extensive overview of community programs, please call the health department at 910-640-6615.

For information about Columbus County Healthy Carolinians Task Force (a community based effort to collectively address health issues/concerns that was formerly housed at Columbus Regional Healthcare System) please email sarah.gray@columbusco.org. We are currently restructuring this task force and will have a task force meeting in January 2014 to discuss this restructuring effort.

We appreciate your interest in your county's health. We welcome your feedback and concerns regarding the 2013 State of the County Health Report.