

Scotland County Summary of Assessment Findings

Purpose/Overview:

Southeastern North Carolina and northeastern South Carolina is a region with large numbers of ethnic minorities, increased poverty and high risk for chronic health conditions that burden the health care system and reduce quality of life. The region is largely rural with diminished access to many services. In order to assess and prioritize the greatest needs of the community, Coastal Carolinas Health Alliance (CCHA) in conjunction with other contributing community organizations conducted a regional needs assessment. Through the use of both quantitative and qualitative data, health disparities within the region can be identified. Once the disparities are recognized, a plan of action to improve the health of the region can be formulated with focus in such areas. The assessment comprises secondary health statistics as well as primary data collected from local residents via surveys and in some areas, focus groups. This compilation of information provides vital information necessary to identify the overwhelming needs of the area's residents and develop programs to address those needs. CCHA also hopes to obtain grant funding, where appropriate, to aid in launching suitable initiatives.

Cause of Death/Health Issues:

- **The Scotland County incidence rate for AIDS cases increased 42% from 2001-2006 and exceeds the NC rate by 2% (2002-2006 data). The mortality rate for AIDS cases are above NC by 4% (2002-2006 data).**
- **The Total Asthma hospitalization rate for New Hanover increased 2% from 2003-2006 and exceeds the NC rate by 151% for 2006.**
- The Asthma hospitalization rate for children ages 0-14 decreased 25% from 2003-2006 **but is above the NC rate by 77% for 2006.**
- Total Cancer mortality rate decreased 5% from 2001-2006 **but is above the NC rate by 15% for 2006.** Minority males demonstrate the highest rates with white males second.
- Colon, Rectum and Anus cancer mortality rate decreased by 30% from 2001-2006 **but is above the NC rate by 2% (2002-2006 data).** Minority males demonstrate the highest rate with white males second.
- Breast cancer mortality rate for Scotland decreased 4% from 2001-2006 **but exceeds the NC rate by 25% (2002-2006 data).** Minority females demonstrate the highest rate.
- Prostate cancer mortality rate decreased 30% from 2001-2006 **but is above the NC rate by 23% (2002-2006 data).** Minority males demonstrate the highest rate.
- **The Lung cancer incidence rate increased by 25% from 2000-2005 and is above the statewide incidence rate (2001-2005 data). The**



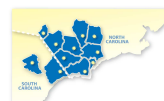
- county mortality rate for Trachea, Bronchus and Lung cancer is above the NC rate by 21% (2002-2006 data).
- **The county mortality rate for Cerebrovascular Disease (stroke) increased by 3% from 2001-2006 and is above the NC rate by 45%.** White males have the highest rate in the county with minority females second.
 - **The county mortality rate for Diabetes Mellitus increased 28% from 2001-2006 and is above the NC rate by 68% (2002-2006 data).** Minority males have the highest rate with minority females second.
 - Total Heart Disease mortality rate decreased 17% from 2001-2006 **but is above the NC rate by 24% (2002-2006 data).** Minority males demonstrate the highest rate with white males second.
 - Acute Myocardial Infarction (heart attack) mortality rate for Scotland County decreased by 32% from 2001-2006 **but is above the NC rate by 55% (2002-2006 data).**
 - **Other Ischemic Heart Disease mortality rate has increased by 2% from 2001-2006 and is above the NC rate by 18% (2002-2006 data).**
 - **Scotland County mortality rate for Homicide is above the NC rate by 64% (2002-2006 data).** Minority males demonstrate the highest rate.
 - Total Syphilis incidence rates decreased 87% from 2001-2006 in Scotland County and the county rate is below the NC rate. The Minority incidence rate decreased 81% from 2001-2006.

Lifestyle Issues:

- **The number of persons in poverty increased 34% from 1980-2000.**
- **The percent of persons in poverty increased 19% from 1980-2000 and exceeds the percentage of persons in poverty in NC by 68% (2000 data).**
- **The unemployment rate in Scotland increased 17% from 1994-2006 and remains above the NC rate (2006 data).**
- **The number of household recipients of food stamps steadily increased from 2001-2003 (trend: 2001: 2,003, 2002: 2,144, and 2003: 2,363), demonstrating an overall increase of 18%.**
- **The number of persons served in area Alcohol and Drug treatment centers increased from 2001-2006 with an overall increase of 29%.**
- The number of persons served in area mental health programs has decreased 6% from 2001-2006.
- The number of high school dropouts decreased 39% from 2001-2005.
- **Scotland County mortality rate for Motor Vehicle Accidents (MVA) is above the NC rate by 30% (2002-2006 data).**

Maternal and Infant Health:

- The rate of teen pregnancies for girls ages 15-19 has decreased from 2001-2006 with a decrease of 7%. **The rate of teen pregnancies for**



- girls ages 15-19 in Scotland is above the percent for NC by 26% (2006 data).
- The rate of teen pregnancies for minority girls ages 15-19 for Scotland exceeds the percent of teen pregnancies in white girls by 45% (2006 data).
 - The percentage of low birth weight births increased 9% from 2001-2006. The Scotland County rate is above of the NC rate by 30% (2006 data).
 - The percent of births to mothers who smoke increased 34% from 2001-2006. The County percentage exceeds NC by 69% (2002-2006 data).

Community Survey Results:

- Based on community survey results, **heart disease/stroke** was strongly felt to be the greatest cause of death, which correlates well with secondary data results discussed above. Cancer was second.
- When asked what the biggest health issue of concern within the community is, the majority reported **drug/alcohol abuse**. Obesity was second.
- **Lack of health insurance and/or unable to pay for doctor's visits** were reported as the major factor which keeps people in the community from seeking medical treatment. No appointments available at doctor when needed/Have to wait too long at doctor's office was second.
- **Income** was strongly felt to be the biggest factor affecting the health care of people in the community. Age was second.
- It was felt that people in the community lack funds for **health insurance**. Medicine was second.
- Community members would like to see more: **1) job opportunities**; 2) wellness screens; and 3) safe places to walk/play within the community to help improve the health of family, friends and neighbors.
- Community members would like to see more: **1) cholesterol/blood pressure/diabetes**; 2) breast cancer; and 3) family planning screenings or classes in the community.
- **66%** of participants in this study support all public places/buildings being tobacco-free. 25% support, but not in or at all public places/buildings. 9% do not support tobacco-free public places/buildings.

