

Harnett Health System

2016 Community Health Needs Assessment

A comprehensive assessment of the health needs of Harnett County residents

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EXECUTIVE SUMMARY

Overview and Background

Provisions of the Patient Protection and Affordable Care Act (ACA) require all non-profit hospital facilities in the United States to conduct a community health needs assessment and adopt an implementation strategy to meet the identified community health needs. In the process of conducting a community health needs assessment, all non-profit hospitals are required to take into account input from individuals who represent a broad interest of the community served, including those individuals with special knowledge and/or expertise in public health. Harnett Health System conducted a community health needs assessment to evaluate the health of the community, identify high priority health needs, and develop strategies to address the needs of the community.

Data Collection and Analysis

The 2016 Harnett Health System Community Health Needs Assessment represents a combination of quantitative and qualitative information from reputable statistical sources, a community survey and feedback provided by community partners. Primary data included qualitative information from interviews conducted with the target population, including both community members and health service providers. Secondary data included public data on demographics, health and healthcare resources, behavioral health surveys, county rankings, and disease trends, and emergency services. The results of the 2016 Community Health Needs Assessment are summarized in this Report. A comprehensive implementation plan will be developed based on the results of the 2016 Community Health Needs Assessment.

Inquiries regarding the 2016 Harnett Health System Harnett Community Health Needs Assessment should be directed to:

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METHODOLOGY

Overview

The assessment process included data collection from a combination of primary and secondary sources. Valuable input from community survey respondents provided primary data for the assessment. Secondary data sources included the 2010 U.S. Census Data and the North Carolina State Center for Health Statistics, and county level data from Harnett Health System and Harnett County Department of Health. Harnett Health System was an integral part of the Community Health Assessment Team (CHAT) established to analyze the community health needs of Harnett County. The CHAT reviewed the primary and secondary data, and discussed community health needs that may be addressed by the Harnett Health System. The Community Health Needs Assessment utilized the following seven step process:

Step 1: Establishing the Assessment Infrastructure

The CHAT participants included representatives from Harnett Health System, Harnett County Health Department, Cape Fear Valley Health System, the Healthy Harnett Coalition, and the Department of Public Health at Campbell University.

Attendees provided input regarding community health strengths and concerns, as well as identified the top health concerns in Harnett County. Those individuals, representing diverse groups in Harnett County were chosen to participate in the CHAT because of their insights about the community's health needs.

Community Health Needs Assessment Team (CHAT)

Harnett County Assessment Team

John Rouse, Director, Harnett County Health Department
Mike Jones, Vice President, Harnett Health System
David Tillman, Professor, Campbell School of Public Health
Will Haithcock, Sr. Financial Analyst, Cape Fear Valley Health System
Debra Hawkins, Health Educator, Harnett County Health Department

Harnett County Public Health Advisory Group(Healthy Harnett Coalition)

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METHODOLOGY

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Frances Harrington, Lillington Star Church
Katie Trotta, Campbell University
Shannon Smith, Harnett Health System
Shavonda Guyton, Alcohol and Drug Services
Mary Reid, Dunn Lillington AME Zion Church
Annie McIver, Dunn Lillington AME Zion Church
Carolyn Blue, Harnett County Department of Social Services
Chris Clinton, Community Member
Goldie Pryor, Community Member
Alice Cameron, Community Member
Adrienne Leggett, Community Member

Harnett County Assessment Team and Harnett County Public Health Advisory Assessment Team were co-facilitators of the Community Health Needs Assessment process.

Harnett Health System and Harnett County Department of Health roles and responsibilities:

- Coordinate the overall Community Health Needs Assessment process
- Provide the meeting space
- Motivate other community organizations to participate
- Conduct a community survey to collect primary data
- Collect and organize secondary data

- Identify priority issues
- Develop and implement initiatives to address priority issues.

Partner organizations, contributions, and roles:

• Provide participants and input.

Key factors in developing and maintaining partnerships:

- Maintaining mutual respect and a common language
- Following through on commitments

Step 2: Defining Purpose and Scope (Defining the Community)

The purpose of the Community Health Needs Assessment was to evaluate health needs of the community, and to identify resources in place to meet those needs and major gaps between the two. The CHAT developed a Community Health Needs Assessment Survey (CHNA Survey). CHAT participants disbursed the CHNA Survey to residents of Harnett County. Data from the CHNA Survey was analyzed by the CHAT, and are included in this Report. The CHNA data will be used to develop an action plan to bridge the gap and better meet the health needs of the community.

Step 3: Collecting and Analyzing Data (Assess the Community's Health Needs)

The Community Health Survey for Harnett County was conducted in March of 2016. A total of 265 residents were surveyed using Two-Stage Cluster Sampling. Similar methodologies are used by the World Health Organization for rural immunization rate assessments, by NC Regional Surveillance Teams during rapid assessment in disaster response, and other public health contexts. Using two-stage sampling approaches, representative samples can be obtained using minimal resources and with particularly efficient timelines.

Secondary data was collected through several sources, to include the 2010 U.S. Census Data and the North Carolina State Center for Health Statistics.

Step 4: Selecting Priorities

The CHAT reviewed the primary and secondary data, and discussed the health needs that should be addressed by Harnett Health System. The CHAT determined that it was best to focus on services that impact the community as a whole versus patient-specific services.

Step 5: Documenting and Communicating Results

The CHAT meetings were recorded for future reference and results of the input were tallied to determine the community's strengths/values, barriers/concerns, and the top three health needs. Those results will be presented to the Harnett Health System's Senior Leadership Team for approval.

Step 6: Planning for Action and Monitoring Progress

Following the completion of the 2016 Community Health Needs Assessment Report, an Implementation Plan will be created to meet the applicable identified needs. The Implementation Plan will be presented to the Harnett Health System's Board of Trustees for review and approval. Efforts will be measured appropriately and progress will be reported regularly.

Step 7: Make CHNA widely available to the public

Following the completion of the 2016 Community Health Needs Assessment Report and Implementation Plan, Harnett Health System will post the assessment on its website.

PRIMARY DATA:

Community Health Survey Document and Partners

Harnett Health System and Harnett County Department of Health held meetings for CHAT participants. At the first, the CHAT participants reviewed the Community Health Needs Assessment process, primary and secondary data collection methods, and the required community survey. Additionally, results from the 2013-2015 Community Health Needs Assessment Implementation Plan were shared with the group. Each participant was encouraged to share the following ideas: strengths and values of the community; and concerns and barriers of the community.

Results of the CHNA Survey were analyzed at the second meeting. Attendees provided input regarding community health strengths and concerns, as well as top health concerns seen throughout the Harnett County area.

Community Health Needs Assessment Findings

The CHAT reviewed information and details regarding the Community Health Needs Assessment process, including primary and secondary data collection methods (Appendices 1 – 3 and references). Additionally, results from the 2013-2015 Community Health Needs Assessment Implementation Plan also were reviewed.

CHAT participants were asked to share perceived strengths and values of the community in an effort to identify potential resources to assist in addressing the community's top health needs. The top strengths and values identified include:

- ☐ Collaboration between community organizations
- Ongoing Community Health Activities
- Caring professionals
- Quality clinical care
- ☐ Strong local government

The CHAT participants were then asked to share their perceived barriers and concerns within the community in an effort to identify potential community health needs. The top barriers and concerns are:

- ☐ Emerging health issues that have not changed much since the health departments last assessment
 - Diabetes
 - Cancer



PRIMARY DATA:

Community Health Survey Document and Partner

- Heart Disease
- $\ensuremath{\mathbb{D}}$ Awareness and education to empower residents to take charge of their own health
- □ Obesity
- Mental health
- ☐ Safety concerns.

The CHAT reviewed the primary data and identified the community's barriers and concerns. The CHAT continued to research community health needs by utilizing a variety of secondary data. Recommendations and data will be shared with the Harnett Health System's senior leadership team.

SECONDARY DATA: County Overview

Harnett County is a landlocked county located in central North Carolina. It is bordered by Wake County to the northeast, Johnston County to the east, Sampson County to the southeast, Cumberland County to the south, Moore County to the southwest, Lee County to the northwest, and Chatham County to the north-northwest. Harnett County encompasses a land area of approximately 595 square miles, and a water area of six square miles. The county is divided geopolitically into 13 townships: Anderson Creek, Averasboro, Barbecue, Black River, Buckhorn, Duke, Grove, Hectors Creek, Johnsonville, Lillington, Neills Creek, Stewards Creek, and Upper Little River townships (Figure 1). The Town of Lillington (Lillington Township) is the county seat. Other municipalities recognized as "cities" or "towns" by the US Census Bureau include Angier (Black River Township), Coats (Grove Township), Dunn (Averasboro Township), and Erwin (Duke Township). County geopolitical divisions also include 22 unincorporated communities.

Harnett County is a growing yet still predominately rural county linked by proximity to the economic and cultural opportunities in its more populous surrounding counties, especially Wake County, home to Raleigh, the state's capitol city. Harnett County is not a major tourist destination; it is favored instead by residents seeking the relatively greater affordability of housing and quieter lifestyle possible within striking distance of major employment, healthcare and military centers.

Only one Interstate Highway traverses Harnett County: Interstate 95 runs from the northeast to the southeast along the easternmost edge of the county, through the City of Dunn. Three major US routes serve the county: US 301 parallels I-95 just to its west; US 401 runs north-south through the county and US 421 runs east-west. The southwest corner of the county is served by NC 87 and the north and eastern parts of the county are served by NC 55.

North Carolina Map – Harnett County Highlighted in Dark Blue



SECONDARY DATA: Demographics

Population Growth and Age Distribution

Harnett County has an approximate population of 114,678 persons in 2010 according to the U.S. Census Bureau. The population of Harnett County increased by 10.4% between 2010 and 2014, with a median age decrease from 33.5 years in 2010 to 33.4 years in 2014. Population in 2016 is estimated to be 130,243 residents by the North Carolina Office of State Budget and Management.

Age Distribution, Harnett County (2010)

Age Range	Numbe	Percen
< 5 years	9,304	8.1%
5-19 years	26,166	22.8%
20-29 years	16,055	14.0%
30-39 years	16,705	14.6%
40-49 years	15,685	13.7%
50-59 years	13,406	11.7%
60 years and older	17,357	15.1%
Total	114,67 8	100%

Source: U.S. Census Bureau, American Fact Finder

Based upon 2010 Census

Age Distribution, Harnett County (2014)

Age Range	Numbe r	Percent
< 5	9,489	7.5%
5-19 years	28,486	22.5%
20-29 years	18,038	14.2%
30-39 years	18,884	14.9%
40-49 years	16,584	13.1%
50-59 years	15,056	11.9%
60 years and older	20,129	15.9%
Total	126,66 6	100%

Source: North Carolina State Center for Health Statistics ("NC SCHS")

Based upon 2010 Census + estimated growth

As shown in the previous table, population growth in Harnett County increased at an annual rate of 2.1% from 2010 to 2014.

Age Distribution, North Carolina (2014)

Age Range	Number	Percent
< 5	607,476	6.1%
5-19 years	1,949,70 0	19.6%
20-29 years	1,372,73 6	13.8%
30-39 years	1,263,28 8	12.7%
40-49 years	1,345,61 6	13.5%
50-59 years	1,357,56 7	13.7%
60 years and older	2,047,58 1	20.6%
Total	9,943,96 4	100%

Source: North Carolina State Center for Health Statistics ("NC SCHS")
Based upon 2010 Census + estimated growth

Gender, Harnett County and North Carolina (2010)

Gender	Harnet t	Percen t	NC	Percent
Female	58,479	51.0%	4,889,99 1	51.3%
Male	56,199	49.0%	4,645,49 2	48.7%
Total	114,67 8	100%	9,535,48 3	100%

Source: US Census Bureau, American Fact Finder; North Carolina State Center for Health Statistics ("NCSCHS")

Gender, Harnett County and North Carolina (2014)

Gender	Harnett	Percent	NC	Percent
Female	63,958	50.5%	5,099,37 1	51.3%

SECONDARY DATA: Demographics

Male	62,708	49.5%	4,844,59 3	48.7%
Total	126,66 6	100%	9,943,96 4	100%

Source: US Census Bureau, American Fact Finder; North Carolina State Center for Health Statistics ("NC SCHS")

In comparison, North Carolina's mean age is 37.8 and Harnett County's population is younger at 33.4. In addition, the population of Harnett County was projected to increase by an additional 2.1%.

Race and Ethnicity

According to the U.S. Census Bureau, the racial composition of Harnett County residents is predominately White (40.8%) and African American (32.8%), with 26.4% representing racial or ethnic minority groups. As shown in the following table, the race distribution in Harnett County is more diverse than that of North Carolina.

Race and Ethnicity, Harnett County and North Carolina (2010)

Race and Ethnicity	Race and Ethnicity Harnett County		North Carolina	
White	73,707	64.3 %	6,223,995	65.3 %
Black or African American	23,591	20.6 %	2,019,854	21.2 %
American Indian and Alaska Native	991	0.9%	108,829	1.1%
Asian	983	0.9%	206,579	2.2%
Native Hawaiian and Other Pacific Islander	126	0.1%	5,259	0.1%
Two or More Races	2,719	2.4%	155,759	1.6%
Hispanic or Latino Origin	12,359	10.8 %	800,120	8.4%
Other	202	0.2%	15,088	0.2%
Total	114,678	100%	9,535,483	100%

Source: U.S. Census Bureau, American Fact Finder

Family Configuration

As evident by the population age distribution, there are more households with one or more members under the age of 18 years in Harnett County (39.7%), compared to North Carolina (33.0%). Additionally, there are fewer households with one or more-person age 65 and over in Harnett County (21.3%), compared to North Carolina (23.9%). With the average North Carolina household size of 2.48 persons, Harnett County households are slightly larger at 2.68, with a mean size of 3.16 persons per family.

Education

Harnett County School's mission is for all students to graduate college and be career ready, globally competitive and prepared for life in the 21st century. However, Harnett County has fewer people who have obtained either a bachelor's degree or graduate or professional degree as illustrated in the table below.

Education Breakdown, Harnett County and North Carolina (2014)

Factor	Harnett County	North Carolina
Less than 9th Grade	5.5%	5.6%
High School, No Diploma	9.8%	9.1%
High School Graduate (includes equivalency)	30.7%	26.9%
Some College, No Degree	25.2%	21.9%
Associate's Degree	10.0%	8.8%
Bachelor's Degree	12.9%	18.2%
Graduate or Professional Degree	6.0%	9.5%
Total	100.0%	100.0%

Source: U.S. Census Bureau, American Fact Finder

About 423 (38.8%) of Harnett County students took the SAT test with an average SAT score of 1,374. Approximately 58,022 (59.0%) of students across North Carolina took the SAT test with an average SAT score of 1,478. The North Carolina SAT scores are approximately 7.5% higher than Harnett County, as shown in the following table.

SAT Scores, Harnett County and North Carolina (2015)

Harnett County	North Carolina
1,374	1,478

Source: ncpublicschools.org

SECONDARY DATA: Socioeconomic Factors

Employment, Household Income and Poverty

Harnett County has a heritage of agriculture but began the transition to manufacturing in the early 1920s. Some of the areas' major private employers include Harnett Health System, Food Lion, Campbell University, Edwards Brothers, Wal-Mart, and Rooms To Go. Public employers include Harnett County Public Schools and Harnett County Government,

The U.S. Census Bureau reports Harnett County's mean income of \$56,723, which is \$7,832 less than the mean household income in North Carolina. The per capita income is \$20,274 for Harnett County and \$25,608 for North Carolina. Harnett County's lower mean and per capita income can be attributed to a high unemployment rate 6.7% in Harnett County compared to 5.7% for the state of North Carolina according to Bureau of Labor Statistics October 2015 figures.

Household Income and Benefit Dollars Harnett County and North Carolina (2014)

Income Level	Harnett County	North Carolina
Below \$10,000	7.6%	8.2%
\$10,000 - \$24,999	18.9%	18.2%
\$25,000 - \$49,999	28.2%	26.7%
\$50,000 - \$99,999	31.1%	29.5%
\$100,000 - \$199,999	12.7%	14.2%
\$200,000 and Above	1.5%	3.4%

Source: U.S. Census Bureau, American Fact Finder

Income Level	Harnett County	North Carolina
Median Household Income	\$44,417	\$46,693
Mean Household Income	\$56,723	\$64,555

Source: U.S. Census Bureau, American Fact Finder

Income Level	Harnett County	North Carolina
Per Capita Income	\$20,274	\$25,608

Source: U.S. Census Bureau, American Fact Finder

As shown in the previous table, over half (54.7%) Harnett County households report an annual income (including benefit dollars) of under \$50,000. In 2014, 18.2 percent of

Harnett County residents lived below the poverty level compared to 17.6 percent of state residents. Harnett County had a lower percentage (24.5%) of children in poverty compared to North Carolina's percentage of 25.0%, as shown in the following table.

Poverty Rates, Harnett County and North Carolina (2014)

County / State	% of Residents living in Poverty	% of Children living in Poverty
Harnett County	18.2%	24.5%
North Carolina	17.6%	25.0%

Source: countyhealthrankings.org & quickfactcensus.gov

The number of Harnett County residents living in poverty is 0.6% higher than the North Carolina average.

Housing and Cost of Living

Historically, one of the greatest wealth building opportunities for families living in America was home ownership. Home equity was by far one of the most effective means of obtaining wealth for middle class Americans. Recession and foreclosures have caused a negative impact on financial institutions, home-owners and the community as a whole.

The table below shows the values of owner occupied homes in Harnett County and the state. Median home values in Harnett County (\$133,400) are approximately 13.2% less than the median home value for North Carolina (\$153,600). Only 24.7% of homes in the Harnett County are valued at or above \$200,000, while 34.0% of homes in North Carolina are valued at or above the same price point, as shown in the following table

Values of Owner Occupied Homes Harnett County and North Carolina (2014)

Factor	Harnett County	North Carolina
Less than \$50,000	13.0%	10.2%
\$50,000 to \$99,999	21.8%	18.0%
\$100,000 to \$149,999	22.1%	20.3%
\$150,000 to \$199,999	18.4%	17.5%
\$200,000 to \$299,999	16.2%	17.5%
\$300,000 to \$499,999	6.4%	11.3%
\$500,000 to \$999,999	1.7%	4.3%
\$1,000,000 or more	0.4%	0.9%
Median	\$133,400	\$153,600

Source: U.S. Census Bureau, American Fact Finder

In 2014, Harnett County had 41,601 occupied housing units. 66.1 percent (27,488) of the units were owner-occupied and 33.9 percent (14,113) of the units were renter occupied.

SECONDARY DATA: Health Status and Behavior

North Carolina Statewide and Harnett County Trends in Key Health Indicators

The following section reviews a broad range of Harnett County specific data that provide insight into the health status and health-related behavior of residents. Publicly reported data is based on statistics of actual occurrences, such as the incidence of certain diseases, as well statistics based on interviews of individuals about their personal health condition and health concerns from the Behavioral Risk Factor Surveillance System (BRFSS) consolidated through www.countyhealthrankings.com website.

As shown in the following table, Harnett County ranks 49th out of 100 for health outcomes in 2016 up from 53rd in 2013 and 74th out of 100 for health factors in 2016 up one notch from 75th in 2013, among North Carolina counties. Harnett County rankings reflect mortality and morbidity greater than the state average. The county has negative rankings for health behaviors (smoking, exercise, binge drinking, and teen births), clinical care (uninsured population, preventable hospital stays, diabetic and mammography screening), and physical environment (access to healthy foods). Social and economic factors were in line with the North Carolina average due to performing better in some areas and worse in others (24% of children live in poverty, 32% of children live in single parent household were positive, and 75% high school graduation rate and 8.2 social associations were negative) . Access to care in Harnett County is poor with only 1 primary care physician for 3,053 people.

Source: www.countyhealthrankings.org

HEALTH OUTCOMES						
Focus Area	Measure	Weight	Harnett County	North Carolina	Top U.S. Performers	Harnet t Rank
Mortality	Premature Death (years of potential life lost before age 75 per 100,000 population, age-adjusted)	50%	7,700	7,200	5,200	41
	Poor or fair health (percent of adults reporting fair or poor health, age-adjusted)	10%	21%	19%	12%	
Morbidity	Poor physical health days (avg number of unhealthy days in past 30 days, age-adjusted)	10%	4.1	3.9	2.9	65
Working	Poor mental health days (avg number in past 30 days, age-adjusted)	10%	4.0	3.7	2.9	05
	Low birthweight (percent of live births with birthweight <2500 grams)	20%	9.0%	9.0%	6%	

HEALTH FACTORS/HEALTH BEHAVIORS						
Focus Area	Measure	Weight	Harnett County	North Carolina	Top U.S. Performers	Harnet t Rank
Tobacco Use	Adult smoking (percent of adults who report smoking >= 100 cigarettes and currently smoking)	10%	20%	19%	14%	
Diet and	Adult obesity (percent of adults that report a BMI >= 30	5%	33%	29%	25%	
Exercise	Physical inactivity (percent of adults who report no leisure time physical activity)	2%	28%	25%	20%	
	Excessive drinking (percent of adults who report heavy or binge drinking)	2.5%	16%	15%	12%	72
Alcohol Use	Alcohol-impaired driving deaths (percentage of driving deaths with alcohol involvement)	2.5%	36%	33%	14%	
Sexual	Sexually transmitted infections (Number of newly diagnosed chlamydia cases per 100,000					
Activity	population)	2.5%	383.2	496.5	134.1	
	Teen birth rate (per 1,000 females ages 15-19)	2.5%	40	39	19	

Source: www.countyhealthrankings.org

HEALTH FACTORS/CLINICAL CARE							
Focus Area	Measure	Weight	Harnett County	North Carolina	Top U.S. Performers	Harnet t Rank	
Access to	Uninsured (percent of population <65 without health insurance)	5.0%	19%	18%	11%		
Care	Primary Care (ratio of population to primary care physicians)	3.0%	3,050:1	1,410:1	1,040:1		
	Preventable hospital stays (rate for ambulatory sensitive conditions per 1,000 Medicare enrollees)	5.0%	79	51	38	86	
Quality of Care	Diabetic screening (percent of diabetic Medicare enrollees that receive HbA1c screening)	2.5%	87%	89%	90%		
	Mammography screening (percent of female Medicare enrollees)	2.5%	65%	68%	71%		

Source: www.countyhealthrankings.org

HEALTH FACTORS/SOCIAL AND ECONOMIC FACTORS							
Focus Area	Measure	Weight	Harnett County	North Carolina	Top U.S. Performers	Harnet t Rank	
Education	High school graduation (percent of ninth grade cohort that graduates in four years)	5.0%	77%	83%	93%		
Education	Some college (percent of adults aged 25-44 years with some post-secondary education)	5.0%	63%	65%	72%		
Employment	Unemployment rate (percent of population age 16+ unemployed)	10%	7.2%	6.1%	3.5%		
Income	Children in poverty (percent of children under 18 in poverty)	7.5%	27%	24%	13%	63	
Family and Social	Social associations (number of membership associations per 10,000 population)	2.5%	8.5	11.7	22.1		
Support	Percent of children that live in single-parent households	2.5%	33%	36%	21%		
Community Safety	Violent crime rate per 100,000 population	5.0%	301	355	59		

Source: www.countyhealthrankings.org

	HEALTH FACTORS / PHYSICAL ENVIRONMENT							
Focus Area	Measure	Weigh t	Harnett County	North Carolina	Top U.S. Performe rs	Harnett Rank		
Environmental Quality	Air pollution (Avg daily density of fine particulate matter in micrograms per cubic meter (PM2.5))	2.50%	12.2	12.3	9.5			
Housing and Transit	Severe housing problems (percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities)	2.00%	17%	17%	9%	41		
	Driving to work alone (percentage of the workforce that drives alone to work)	2.00%	84%	81%	71%			

Source: www.countyhealthrankings.org

North Carolina and Harnett County Birth Rates

The birth rate in Harnett County is higher than the North Carolina average, which is consistent with the growing, younger population in the County.

Harnett County and North Carolina Resident Live Birth Rates per 1,000 Population (2014)

County/State	Total Births	Total Rate	White Births	Minorit y Births
North Carolina	120,948	12.2	67,387	53,561
Harnett County	1,985	15.7	1,195	720

Source: North Carolina Center of Health Statistics

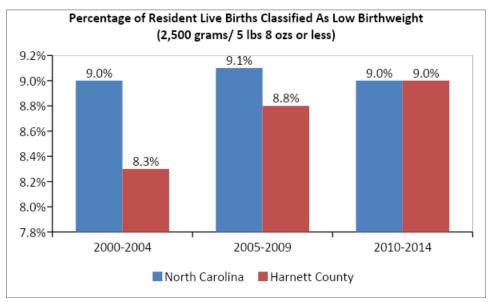
However, as shown in the following table, the percentage of low birth weight babies in Harnett County is higher than the North Carolina average. There is room for improvement when compared to NC at 8.9 percent, as well as the national benchmark of 6.0 percent. Factors influencing low birth weight are included in the Harnett County Health Rankings. Those rankings reflect a higher than normal percentage of clinical and socio economic risks to include smoking, obesity, diabetes, and shortage of primary care physicians.

Harnett County and North Carolina Resident Low Birth Weight by Race Rates per 1,000 Population (2014)

	Total		White		Minority	
County/State	Number	Percent	Numbe r	Percen t	Numbe r	Percent
North Carolina	10,808	8.9%	5,041	7.5%	5,767	10.7%
Harnett County	190	9.6%	100	8.4%	84	11.7%

Source: North Carolina Center of Health Statistics; countyhealthrankings.com

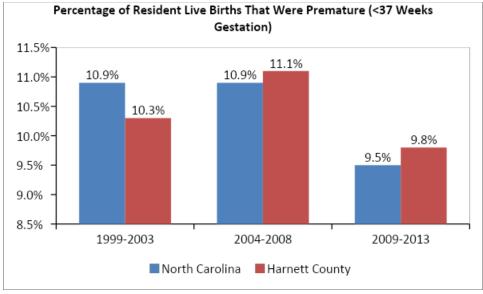
The following chart shows the percentage of live births classified as low birthweight (2,500 grams/5 lbs) for Harnett County and North Carolina, respectively, in four year increments from 2000 through 2014.



Source: North Carolina State Center of Health Statistics

As shown in the previous chart, Harnett County's percentage of live births classified as low birthweight has increased since 2000, while North Carolina's percentage has remained constant. One factor that could contribute to the growth could be the lack of access to prenatal primary care.

The following chart shows the percentage of residents with live birth that were premature (less than 37 weeks gestation) for Harnett County and North Carolina.

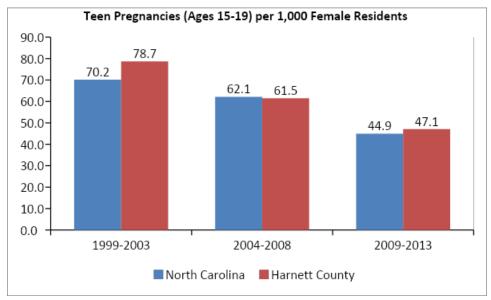


Source: North Carolina State Center of Health Statistics

As shown in the previous table, Harnett County's percentage of live births classified as premature has decreased since 2003. Harnett County's percentage remains higher

than North Carolina.

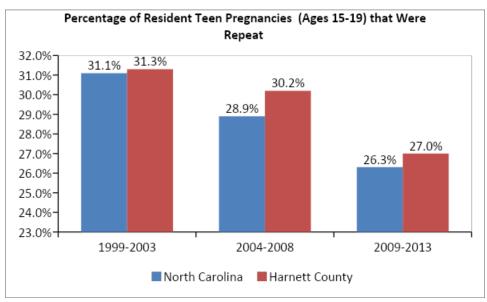
The following chart compares rate of teen pregnancy per 1,000 female residents of Harnett County to North Carolina between 1999 and 2013 in four-year increments.



Source: North Carolina State Center of Health Statistics

As shown in the previous table, Harnett County's rate of teen pregnancies decreased considerably since 1999-2013. Harnett County's rate has decreased 23.4% since 2008, compared to the NC rate of 27.6%.

The following chart compares rate of repeat teen pregnancies per 1,000 female residents of Harnett County to North Carolina between 1999 and 2013 in four-year increments.



Source: North Carolina State Center of Health Statistics

As shown in the previous chart, Harnett County's rate of repeat teen pregnancies decreased since 1999-2003, and is higher than North Carolina's rate throughout the increments. Harnett County's rate decreased 13.7% from 2003 compared to 15.4% for the state of North Carolina.

SECONDARY DATA - Mortality and Morbidity

Age Adjusted Death Rates

The following charts reflect the ten leading causes of death for Harnett County and North Carolina, respectively. As shown in the first chart, cancer and heart disease rank as the two leading causes of death in the County and North Carolina.

Harnett County and North Carolina 2010-2014 Age-Adjusted Death Rates per 100,000 Population

Cause of Death	Harnet t County	North Carolin a
Overall	852.3	785.2
Heart Disease	194.4	165.9
Cancer	182.3	171.8
Chronic Lower Respiratory Diseases	52.3	46.0
Cerebrovascular Disease	48.4	43.0
Other Unintentional Injuries	30.1	29.6
Diabetes	24.9	22.1
Alzheimer's Disease	24.2	29.2
Unintentional Motor Vehicle Injuries	18.6	13.5
Nephritis, Nephrotic Syndrome and Nephrosis	17.3	17.0
Pneumonia and Influenza	14.6	17.6

Source: North Carolina Center of Health Statistics

According to the 2010-2014 Age-Adjusted Death Rates, per 100,000 population obtained from the NC State Center for Health Statistics, the ten leading causes of death for Harnett County are:

- 1. Diseases of the heart
- 2. Cancer
- 3. Chronic Lower Respiratory Diseases
- 4. Cerebrovascular Disease
- 5. Other Unintentional Injuries
- 6. Diabetes mellitus
- 7. Alzheimer's Disease
- 8. Unintentional Motor Vehicle Injuries
- 9. Nephritis, Nephrotic Syndrome and Nephrosis
- 10. Pneumonia and Influenza

When the death rates aren't adjusted for age they look different for Harnett County as illustrated in the table below. Cancer becomes the #1 cause of death which mirrors the state overall. In fact, the top 5 causes of death are the same for Harnett County and the state of North Carolina. Motor Vehicle Injuries and Suicide are more prevalent in Harnett County than the state. Pneumonia and sepsis are the missing causes of death for the state in the table below.

Leading Causes of Death in Harnett County and North Carolina (2010-2014, not age adjusted)							
Cause of Death	Rank	Harnett County		Rank	North Carolina		
		Cases	%		Cases	%	
Cancer- All Sites	1	985	22.5%	1	92,542	22.6%	
Diseases of the Heart	2	964	22.1%	2	86,699	21.2%	
Chronic Lower Respiratory Disease	3	262	6.0%	3	24,042	5.9%	
Cerebrovascular Disease	4	233	5.3%	4	22,116	5.4%	
Other Unintentional Injuries	5	161	3.7%	5	14,791	3.6%	
Diabetes Mellitus	6	133	3.0%	7	11,798	2.9%	
Motor Vehicle Injuries	7	110	2.5%				
Alzheimer's disease	8	106	2.4%	6	14,595	3.6%	
Nephritis, Nephrotic Syndrome, & Nephrosis	9	86	2.0%	9	8,813	2.2%	
Suicide	10	80	1.8%				
All Other Causes		1,251	28.6%		133,215	32.6%	
Total Deaths – All Causes		4,371	100		408,611	100	

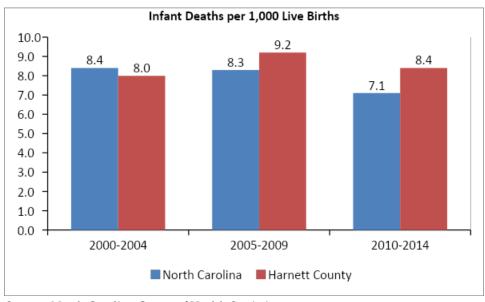
Source: North Carolina Center of Health Statistics

Infant Death Rates

As shown in the following chart, according to the State Center for Health Statistics, Harnett County's infant mortality rates have increased by 5.0% between 2000 and 2014, compared to a 15.4% decrease for the state. The following trends have been observed:

- From 2000-2004, the Harnett County infant death rate bested the North Carolina rate by 4.7%
- From 2005-2009, the Harnett County infant death rate exceeded the North Carolina rate by 10.8%.
- From 2010-2014, the Harnett County infant death rate was greater than the North Carolina rate by 18.3%.
- From 2000 to 2014, the North Carolina infant death rate decreased from 8.4 to 7.1 deaths per 1,000 live births, which equates to a 15.4% decrease in the death rate;

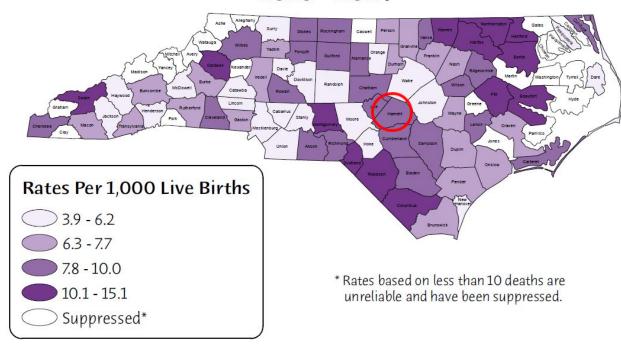
the Harnett County infant death rate increased from 8.0 to 8.4 deaths per 1,000 live births which equates to a 5% increase in the infant death rate.



Source: North Carolina Center of Health Statistics

The following map shows infant mortality rate by county for all 100 North Carolina counties in 2010-2014.

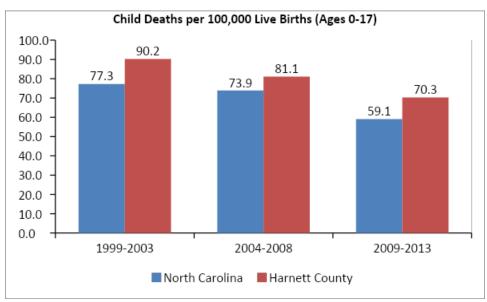
North Carolina Infant Mortality Rates by County 2010 - 2014



Source: North Carolina Center of Health Statistics

Child Death Rates

According to the State Center for Health Statistics, from 1999-2013, Harnett County's child death rates (ages 0-17) decreased 22.0%, shown in the following chart.



Source: North Carolina Center of Health Statistics

The Child Death rate for the state of North Carolina decreased by 23.5% from 2000-2013.

Harnett County Leading Causes of Death

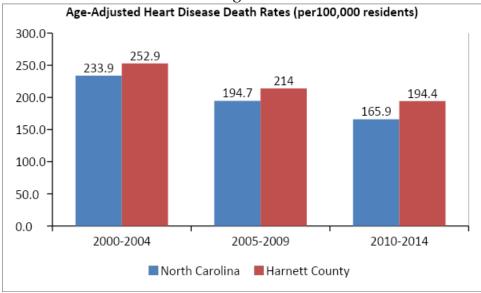
Data regarding the leading causes of death in Harnett County are provided in the following charts and graphs in the order of severity, and are trended over the past eight years. Information sources include is:

- ☐ NC State Center for Health Statistics
- ☐ Behaviorial Risk Factor Surveillance System ("BRFSS")
- □ NC Cancer Central Cancer Registry
- ☐ Other databases as noted.

• Heart Disease

Heart Disease is the leading cause of death (age-adjusted) in Harnett County. The number of deaths from heart disease continues to be consistently higher than North Carolina. Between 2000 and 2014, Harnett's heart disease age-adjusted death rate

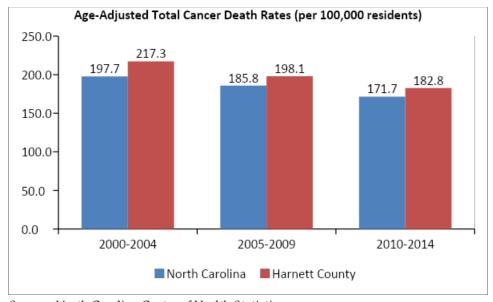
decreased from 252.9 to 194.4, a 23.1% decrease. The heart disease age-adjusted death rate for the state also decreased 29% during that same timeframe.



Source: North Carolina Center of Health Statistics

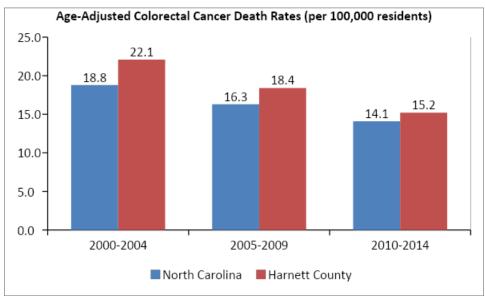
Cancer

Cancer is the second leading cause of death (age-adjusted) in Harnett County. The number of deaths from cancer is slightly larger than North Carolina's rate. Between 2000 and 2014, Harnett's rate has decreased from 217.3 to 182.8 or 15.8%. The state rate has also decreased 197.7 to 171.7 or 13.2%. Harnett County's rate decreased due to advances in screening combined with an increase in physician access.



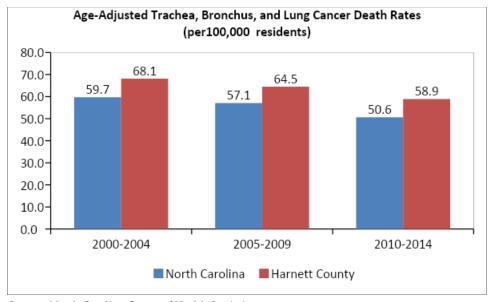
Source: North Carolina Center of Health Statistics

The number of deaths from Colon, Rectum, Anus Cancer for Harnett County is currently lower than the North Carolina age adjusted death rate. Between 2000 and 2014, Harnett's death rate for Colon, Rectum, Anus Cancer decreased from 22.1 to 15.2 or 31.2% and the North Carolina death rate decreased from 18.8 to 14.1 or 25.0%.



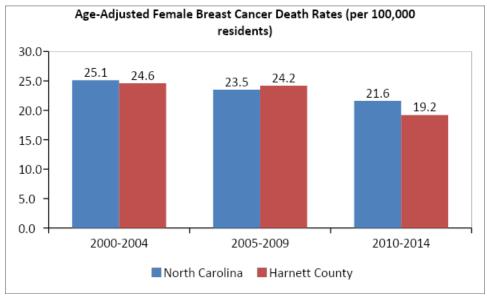
Source: North Carolina Center of Health Statistics

The number of deaths from Trachea, Bronchus, & Lung Cancer is consistently higher than the North Carolina mortality rate. Between 2000 and 2014, Harnett's death rate for Trachea, Bronchus, & Lung Cancer decreased from 68.1 to 58.9 or 13.5% and the North Carolina death rate decreased from 59.7 to 50.6 or 15.2%.



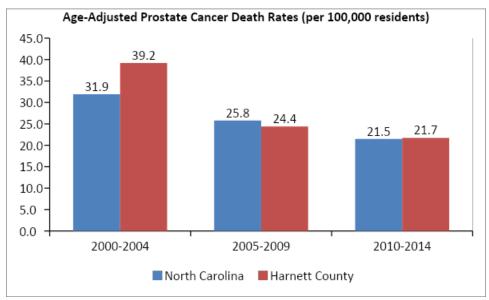
Source: North Carolina Center of Health Statistics

The mortality rate for Female Breast Cancer has decreased since 2000. Early detection and testing has improved over the last decade which has increased awareness and incidence. Evidence indicates early detection increases survival and improves quality of life. Harnett's mortality rate for Female Breast Cancer decreased since 2000 by 21.9% and the North Carolina rate has decreased by almost 14% over the same time frame. Harnett County's rate was lower than the state rate from 2010-2014.



Source: North Carolina Center of Health Statistics

The age-adjusted death rate for Prostate Cancer in Harnett County has had much more variation when compared to the North Carolina rate since 2000. Early detection and testing has improved over the last decade which has increased awareness and incidence. Evidence indicates early detection increases survival and improves quality of life. While Harnett's death rate for Prostate Cancer has favorably decreased since 2000 by 44.6%, North Carolina rate has improved by 32.6% since 2000.



Source: North Carolina Center of Health Statistics

The following table compares percent of cancer deaths for Harnett County, North Carolina, and counties of similar size to Harnett County in 2013.

Percent of Cancer Deaths

North Carolina, Harnett and Peer Counties (2013)

Harnett County	North Carolina	Craven Count y	Davidso n County	Johnsto n County	Randolp h County	
22.3%	22.3%	22.4%	22.1%	24.6%	20.9%	

Source: North Carolina Center of Health Statistics; NC Central Cancer Registry Report for Harnett County 2013; Cancer is the 2nd leading cause of death in North Carolina and in the USA

Harnett County's percent of cancer deaths in 2013 was in the middle of the pack when compared to its peer counties and in line with the state average.

The following table compares projected cancer cases per 100,000 population by site for Harnett County and North Carolina in 2015.

Projected Cancer Cases per 100,000 Population Harnett and North Carolina - 2015

Site	Harnett County	North Carolina		
Lung/Bronchus	91	8,669		
Colon/Rectum	49	4,633		
Female Breast	106	9,772		
Prostate	85	7,998		
Pancreas	15	1,391		
All Cancers	619	57,624		

Source: North Carolina Center of Health Statistics; NC Central Cancer Registry Report for Harnett County

Harnett County projected a greater total number of cancer cases in 2015 than the average number of cases among North Carolina's 100 counties (576.24), as shown in the previous table.

The following table compares cancer case incidence rates per 100,000 population by site for Harnett County and North Carolina.

2009-2013 Cancer Cases Incidence Rates per 100,000 Population Harnett and North Carolina – 2013

County/	Colon/Rectum		Lung/Bronchu s		Female Breast		Prostate		All Cancers	
State	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
North Carolina	20,240	38.5	37,831	70.9	45,146	157.9	33,11 5	130.6	256,98 9	483.4
Harnett County	213	40.4	466	86.9	464	154.7	297	115.7	2,719	496.0

Source: North Carolina Center of Health Statistics; NC Central Cancer Registry Report for Harnett County 2013

As shown in the previous table, Harnett County projected a higher incidence rate for colon/rectum, lung/bronchus and all cancers, but lower female breast and prostate cancer incidence rates than North Carolina.

The following table compares cancer case incidence rates per 100,000 population by site for Harnett County, North Carolina, and other roughly comparably-sized counties from 2009-2013.

2009-2013 Cancer Cases Incidence Rates per 100,000 Population By County for Selected Sites – 2009-2013

County/ State	Colon/Rectu m		Lung/Bronchu s		Female Breast		Prostate		All Cancers	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
North Carolina	20,240	38.5	37,831	70.9	45,14 6	157.9	33,11 5	130.6	256,98 9	483.4
Harnett County	213	40.4	466	86.9	464	154.7	297	115.7	2,719	496.0
Craven County	209	34.6	516	81.7	455	144.1	391	132.0	2,971	485.7
Davidson County	417	42.3	849	84.6	805	155.2	597	126.6	4,912	500.4
Johnston County	286	35.9	579	70.7	656	139.2	460	117.6	3,808	453.4
Randolph County	330	40.0	737	86.3	698	156.1	561	140.4	4,412	527.2

Source: North Carolina Center of Health Statistics; NC Central Cancer Registry Report for Harnett County 2013

As shown in the previous table, Harnett County projected the lowest incidence rate for prostate cancer than all comparable counties and North Carolina. Harnett County's incidence rate for lung/bronchus cancers is the highest among all comparable counties. It is around average for colon/rectum, female breast and all cancers.

The following table compares cancer case mortality rates per 100,000 population by site for Harnett County, North Carolina, and other roughly comparably-sized counties in 2009.

2010-2014 Cancer Cases Mortality Rates per 100,000 Population By County for Selected Sites – 2014

County/ State			ronchu Female Breast			Prostate		All Cancers		
County/ State	Cases	Rate	Cases	Rate	Case s	Rate	Case s	Rate	Cases	Rate
North Carolina	7,529	14.1	27,581	50.6	6,491	21.6	4,338	21.5	92,54 2	171.7
Harnett County	81	15.2	321	58.9	59	19.2	43	21.7	985	182.8
Craven County	69	10.9	368	56.5	83	24.0	58	22.0	1,162	181.2
Davidson County	153	15.2	630	61.7	118	21.9	69	17.7	1,828	182.9
Johnston County	121	15.1	470	56.4	103	21.5	54	19.5	1,480	182.2
Randolph County	120	14.5	508	58.0	94	20.2	62	18.8	1,478	174.8

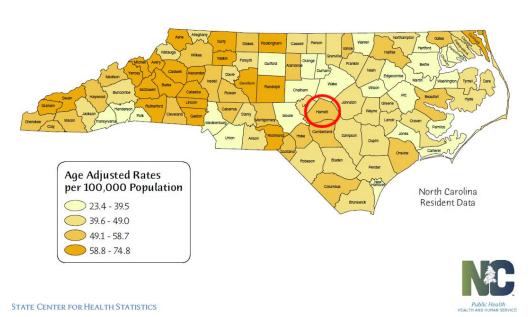
Source: North Carolina Center of Health Statistics; NC Central Cancer Registry Report for Harnett County 2014

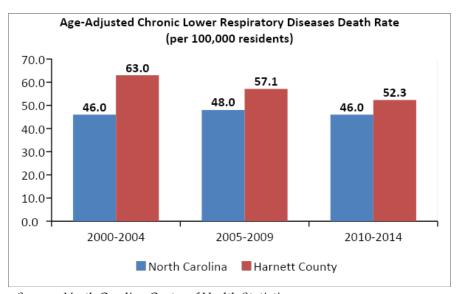
As shown in the previous table, Harnett County projected the lowest mortality rates for female breast than North Carolina and comparable counties. As it relates to its peers, overall Harnett is on the high side for mortality rates.

• Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease is the 3rd leading cause of death (age-adjusted) in Harnett County and North Carolina, respectively.

North Carolina Chronic Lower Respiratory Disease Mortality Rates 2010-2014

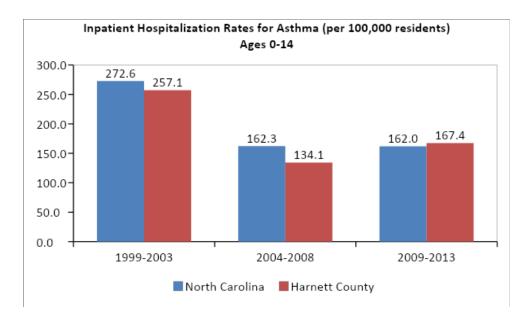


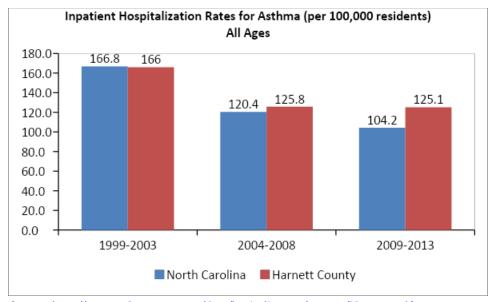


Source: North Carolina Center of Health Statistics

When adjusted for age the Harnett mortality rate for Chronic Lower Respiratory Disaease is greater than the NC rate, 52.3 versus 46.0. The rate for Harnett County has decreased 16.9% since 2004 versus the state rate which has remained constant.

Harnett County Asthma related hospital discharges is 3.3% higher than the North Carolina average for children 14 years and younger. Harnett County Asthma related hospital discharges is 20.1% higher than North Carolina average for all patients of all ages.



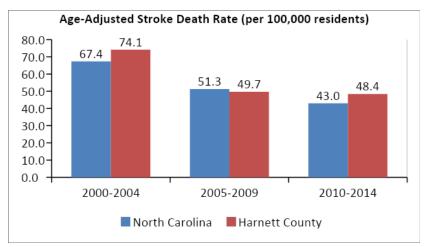


Source: http://www.schs.state.nc.us/data/keyindicators/reports/Harnett.pdf

In addition, asthma admissions for children have increased during the last four-year timeframe reported above.

• Cerebrovascular Disease

Cerebrovascular Disease (stroke) is the 4^{th} leading cause of death (age-adjusted) in Harnett County.

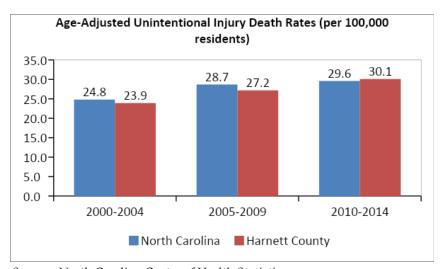


Source: North Carolina Center of Health Statistics

As shown in the previous chart, Harnett County's number of deaths from cerebrovascular disease is greater than the North Carolina average. Over the past 15 years, Harnett County's rate decreased from 74.1 to 48.4 (or 34.6%). North Carolina also decreased from 67.4 to 43.0 (or 36.2%). Significant improvement has been made in preventing, diagnosing, and treating cerebrovascular disease.

• Other Unintentional Injuries

Other Unintentional Injuries is the 5^{th} leading cause of death (age-adjusted) in Harnett County.

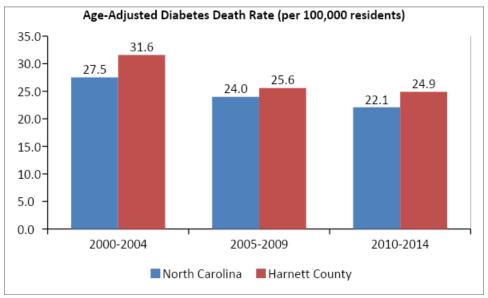


Source: North Carolina Center of Health Statistics

As shown in the previous chart, the number of deaths from unintentional injuries in Harnett Countywas historically lower than the North Carolina average from 2000-2009. However, from 2010-2014 the rates for Harnett County have surpassed North Carolina's. Over the past 15 years, Harnett County's rate increased from 23.9 to 30.1 (or 25.9%). North Carolina increased from 24.8 to 29.6 (or 19.4%.) Both Harnett County and North Carolina experience significant increases in unintentional injury deaths.

Diabetes

Diabetes is the 6th leading cause of death (age-adjusted) in Harnett County.

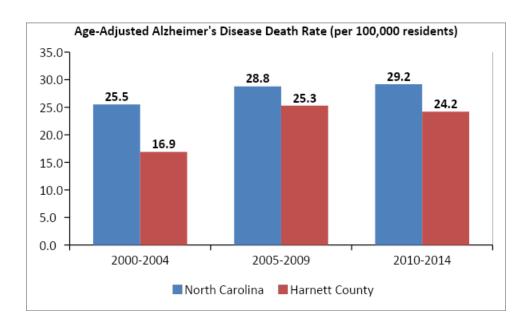


Source: North Carolina Center of Health Statistics

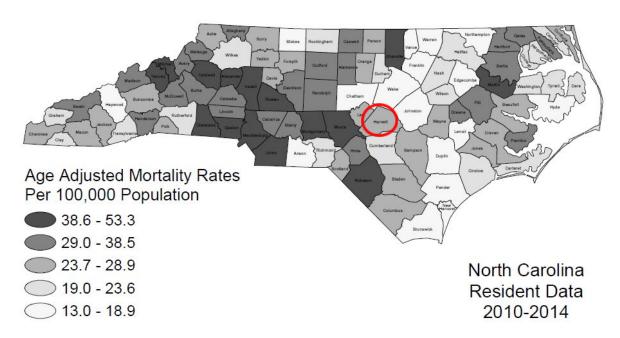
As shown in the previous chart, the number of deaths from diabetes in Harnett County has been consistently higher than North Carolina. Over the past 15 years, Harnett County's's rate decreased from 31.6 to 24.9 (or 21.2%). North Carolina's death rate decreased from 27.5 to 22.1 (or 19.6%). While diabetes is reflected as the 5th leading cause for death, it is often a secondary and a complicating factor that co-exists with heart disease, renal disease, and obesity.

• Alzheimer's Disease

Alzheimer's is the 7th leading cause of death (age-adjusted) in Harnett County.



Alzheimer's Disease

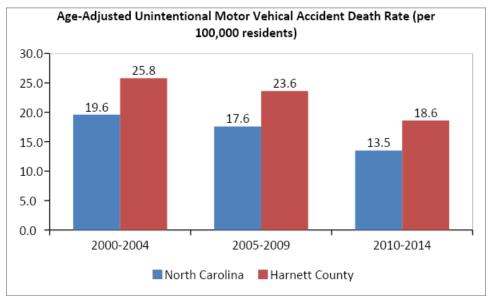


Source: North Carolina Center of Health Statistics

As shown in the previous map, Harnett County's deaths from Alzheimers is near the North Carolina median. Over the fifteen year period, Harnett County's age adjusted death rate is consistently lower than the state of North Carolina. However, the Harnett County rate has increased 43.2%(16.9 vs 24.2 deaths per 100,000 population) from 2000 to 2014 versus only 14.5%(25.5 vs 29.2) for the state.

• Unintentional Motor Vehicle Injuries

Unintentional Motor Vehicle Injuries are the 8th leading cause of death (age-adjusted) in Harnett County.

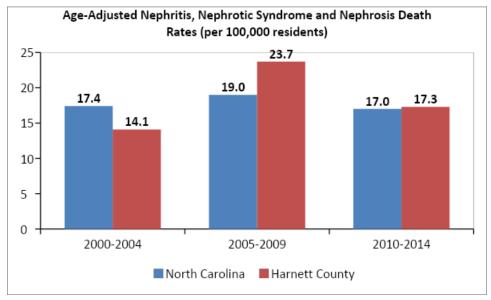


Source: North Carolina Center of Health Statistics

The number of deaths from unintentional motor vehicle injuries has historically been greater than the North Carolina average, as shown in the previous graph. Over the past 15 years, Harnett County's rate decreased from 25.8 to 18.6 per 100,000 population (or 27.9%). North Carolina's rate also decreased from 19.6 to 13.5 per 100,000 population(or 31.1%). The decrease in unintentional motor vehicle accident death rates in Harnett County are similar to the decrease experienced in North Carolina.

• Nephritis, Nephrotic Syndrome and Nephrosis

Nephritis, Nephrotic Syndrome and Nephrosis is the 9th leading cause of death (age-adjusted) in Harnett County.

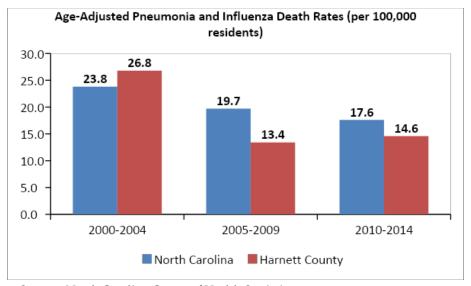


Source: North Carolina Center of Health Statistics

As shown in the previous graph, the number of deaths from Nephritis, Nephrotic Syndrome, and Nephrosis fluctuates in Harnett County when compared with the North Carolina average. The 2010-2014 rate for Harnett County is 17.3 compared to 17.0 for North Carolina. Harnett County's rate has decreased 27%(17.3 vs 23.7 deaths per 100,000 population) since 2005-2009 compared to a 10.5%(17.0 vs. 19.0) decrease for the state. This disease state is often a secondary and a complicating factor that co-exists with diabetes, heart disease, cancer and renal disease.

• Pneumonia and Influenza

Pneumonia is the 10th leading cause of death (age-adjusted) in Harnett County.

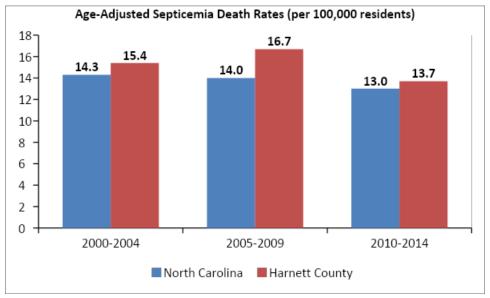


Source: North Carolina Center of Health Statistics

As shown in the graph above, the number of deaths from pneumonia and influenza are decreasing in Harnett County as well as the state of North Carolina. Harnett County has 45.5% reduction from 26.8 to 14.6 deaths per 100,000 population from 2000 to 2014. During the same time frame the state of North Carolina has experienced a 26.1% reduction from 23.8 to 17.6 pneumonia and influenza deaths per 100,000 residents.

• Septicemia

Septicemia is a leading cause of death (age-adjusted) in Harnett County but not among the top 10.



Source: North Carolina Center of Health Statistics

The number of deaths from Septicemia in Harnett County is higher than the North Carolina rate, as shown in the previous graph. The 2010-2014 rate for Harnett County is 13.7 compared to 13.0 deaths per 100,000 population for North Carolina. Harnett County had almost a 18% reduction in the time frame from 2000 to 2014.

SECONDARY DATA: Existing Healthcare Facilities and Resources

The following section provides a description of the health care landscape in Harnett County, including the available health care facilities and services, the need for additional health care facilities and services as identified by North Carolina.

Hospital Services

Harnett Health System

Harnett Health is a private, not-for-profit healthcare organization based in Harnett County, N.C. The healthcare system encompasses a network of facilities and physician offices throughout Harnett County and surrounding communities and has more than 250 credentialed providers.

Harnett Health has a long history of service in Harnett County. Betsy Johnson Hospital in Dunn, N.C. was founded in 1937 and continues to provide quality healthcare to the residents of Harnett County and surrounding communities. Central Harnett Hospital in Lillington, which opened January 18, 2013, expanded Harnett Health's commitment to the residents of Harnett County to meet the healthcare needs of fast growing population in Angier and Lillington and throughout Harnett County.

Services offered through Betsy Johnson Hospital include emergency services with ER Express; outpatient surgery; diagnostic imaging, birthing center; 101-bed inpatient nursing care with hospitalists for critical care, medical-surgical care, and pediatrics; breast care; rehabilitation services with physical, occupational, and speech therapies, aquatic therapy & exercise, and cardiac rehab. Services at Central Harnett include emergency services, outpatient surgery, diagnostic imaging, critical care and inpatient nursing with 50 private rooms.

Inpatient and outpatient services at Harnett Health have long included caring for cardiac patients, providing diagnostic services, and both inpatient acute care and outpatient care. Both Central Harnett and Betsy Johnson provide a variety of cardiac services. Outpatient Cardiac Testing (Cardiopulmonary Services) is available at several locations in Harnett County including:

Harnett Health Medical Park | 803 Tilghman Drive, Suite 500 | Dunn, NC Central Harnett Hospital | 215 Brightwater Drive, Lillington Betsy Johnson Hospital | 800 Tilghman Drive, Dunn

• Harnett County

- ☐ Harnett Health System
 - Betsy Johnson
 - ☐ 101 Acute Care beds
 - Central Harnett Hospital
 - ☐ 50 Acute Care beds

Harnett Health System (HHS) is managed by Cape Fear Valley Health System (CFVHS). CFVHS operates a variety of health care facilities from its headquarters in Fayetteville, North Carolina including a tertiary acute care hospital, a long-term acute care hospital, a critical access hospital, an inpatient rehabilitation facility, county emergency medical services, an outpatient psychiatric facility, a detoxification facility, a wellness center, 15 primary care clinics, 20 specialty care clinics, 4 walk-in clinics, and Health Pavilion North, an outpatient complex.

Relationships with Other Health Care Providers

Betsy Johnson established a relationship with the Cape Fear Valley Health Medical Oncology department over five years ago to facilitate satellite services for Medical Oncology. With the establishment of the management agreement with Cape Fear Valley Health System, Cardiologists from Fayetteville have begun seeing patients in Harnett County.

HEALTH NEEDS, PRIORITIZATION PROCESS, AND RESULTS

The final portion of the CHNA includes a summary of the priority health needs identified. Although a large number of potential needs have been discussed, it is simply not feasible for Harnett Health System to apply significant resources to each and every area of need. To determine which needs are priorities, Harnett Health System reviewed outcomes and findings from the CHAT Survey and utilized an objective approach to estimate which areas of need are of greatest concern. The process and associated results are as follows:

Prioritization Process

Each section of the CHAT Survey has been incorporated not only to measure and estimate the level of health needs for Harnett County residents, but also to highlight key factors and conditions expected to have the greatest impact on those needs going forward. Those sections included the following:

Demographics
Quality of Life Indicators
Community Priorities
Health Care Utilization
Health Status & Health Behaviors

☐ Emergency Preparedness

Leveraging the analyses and findings from those sections and based upon our community survey and review of secondary data, Harnett Health System has condensed its list to select areas which it believes to be the priorities for Harnett County. The health issues in Harnett County include:

Ц	Heart Disease
	Cancer
	Diabetes
	Stroke
	Obesity
П	Fitness and Nutrition

Results

At the conclusion of the prioritization process, Harnett Health System identified seven health needs as the key areas for action. These areas of concern impact utilization at Betsy Johnson and Central Harnett Hospital. The seven priority health needs are:

- □ Heart and Vascular Disease (1st leading cause of death)
 □ Cancer (2nd leading cause of death)
 □ Chronic Obstructive Pulmonary Disease (3rd leading cause of death)
 □ Stroke (4th leading cause of death)
 □ Diabetes (6th leading cause of death)
 □ Fitness and Nutrition Education (Major concern per community survey and state)
- ☐ Obesity (Major health issue per community survey and state)

Harnett Health will continue to work with the representatives from the Harnett County Health Department, Cape Fear Valley Health System, the Health Harnett Coalition, and the Department of Public Health at Campbell University to address these needs and improve population health. In particular, Harnett Health will develop an implementation plan to address continuing efforts associated with addressing chronic disease in Harnett County in particular heart disease, cancer, and fitness/nutrition.

Appendix 1 PRIMARY DATA:

Community Health Needs Assessment Survey Results - Feedback

The Community Health Survey for Harnett County was conducted in March of 2016. A total of 265 residents were surveyed using Two-Stage Cluster Sampling. Similar methodologies are used by the World Health Organization for rural immunization rate assessments, by NC Regional Surveillance Teams during rapid assessment in disaster response, and other public health contexts. Using two-stage sampling approaches, representative samples can be obtained using minimal resources and with particularly efficient timelines.

In this case, thirty-three (33) of Harnett County's census block groups were selected using simple random sampling. Then, within each census block group selected, eight (8) home addresses were selected using simple random selection. Over a two-week period, survey teams visited the addresses selected through the two-stage process and administered the surveys using face-to-face interviewing. The resultant sample is representative of the county as a whole across nearly every demographic category.

The Community Health Survey for Harnett County is a collaboration between Harnett Health, Harnett County Health Department, the Healthy Harnett Coalition, and the Department of Public Health at Campbell University.

Demographics

	2016 CHA Survey		2014 ACS (projections)		2010 (Census		
Sample Size (N)	26	65	121	,789	114	,678		
Gender								
Male	129	48.9%	59,921	49.2%	56,199	49.0%		
Female	132	50.4%	61,868	50.8%	58,479	51.0%		
			Age					
Median	40	-44	33.4		33.5			
Under 5 years	-	-	9,536	7.8%	9,304	8.1%		
5 to 9 years	-	-	9,457	7.8%	9,000	7.8%		
10-14 years	-	-	9,427	7.7%	8,626	7.5%		
15-19 years	13	5.0%	8,802	7.2%	8,540	7.4%		
20-24 years	20	7.6%	8,609	7.1%	7,975	7.0%		
25-29 years	29	11.1%	17,969	14.8%	8,080	7.0%		
30-34 years	28	10.7%			8,212	7.2%		
35-39 years	23	8.8%	16,962	13.9%	8,493	7.4%		
40-44 years	24	9.2%			7,955	6.9%		
45-49 years	15	5.7%	15,583	12.8%	7,730	6.7%		
50-54 years	25	9.5%			7,207	6.3%		
55-59 years	16	6.1%	7,002	5.7%	6,199	5.4%		

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60-64 years	21	8.0%	5,461	4.5%	5,410	4.7%		
65-69 years	20	7.6%	7,752	6.4%	4,061	3.5%		
70-74 years	13	5.0%			3,002	2.6%		
75-79 years	7	2.7%	3,953	3.2%	2,196	1.9%		
80-84 year	4	1.5%			1,476	1.3%		
85 years and over	3	1.1%	1,276	1.%	1,212	1.1%		
			Race					
White	170	64.4%	83,794	68.8%	78,300	68.3%		
Black or African American	69	26.1%	25,581	21.0%	23,973	20.9%		
American Indian	6	2.3%	1,138	0.9%	1,392	1.2%		
Asian / Asian Indian	5	1.8%	1,509	1.2%	1,029	0.9%		
Native Hawaiian and Other Pacific	0	0.0%	40	0.0%	139	0.1%		
Some Other Race	14	5.3%	4,910	4.0%	6,272	5.5%		
Two or more races	-		4,817	4.0%	3,573	3.1%		
		Edi	ucation					
Less than HS Diploma or GED	36	13.6%	13,365	15.1%	*16,561	*24.9%		
Bachelor's Degree or Higher	64	24.2%	15,056	17.1%	*7,864	*11.8%		
Household Income								
Sample Size (N)	26	54	41,0	601				
Median household income (dollars)	**\$50,000)-\$74,999	\$44,	417				

Mean household income (dollars)	\$50,	050	\$56,	,723	
< \$10,000	23	8.7%	3,151	7.6%	
\$10,000 - \$14,999	16	6.1%	2,897	7.0%	
\$15,000 to \$24,999	21	7.9%	4,971	11.9%	
\$25,000 to \$34,999	28	10.6%	5,611	13.5%	
\$35,000 to \$49,999	27	10.3%	6,120	14.7%	
\$50,000 to \$74,999	34	12.9%	7,544	18.1%	
\$75,000 to \$99,999	30	11.4%	5,390	13.0%	
\$100,000 or more	36	13.6%	5,916	14.2%	toinmont data waa nat

^{*} This data is from the 2000 Census, as the 2010 Educational Attainment data was not available when this analysis was run.

Quality of Life Indicators

	Qu	ality of L	ife Scores by) Demogi	raphic Cate	gory	
Car	tegory	Good Health Care System (Mean)	Good Place to Raise Children (Mean)	Good Place to Grow Old (Mean)	Plenty of Economic Opportunit y (Mean)	Safe Place to Live (Mean)	Plenty of Help for People in Times of Need(Mean)
Tota	al (261)	3.211	3.751	3.835	2.728	3.609	3.563
Race	White (170)	3.141	3.806	3.900	2.835	3.694	3.718
	African-Ame rican (69)	3.203	3.507	3.623	2.406	3.290	3.217
	Other (14)	3.929	4.071	4.000	3.000	3.857	3.214
	Native (6)	3.333	3.833	4.000	3.000	3.833	3.667
Gender	Females (127)	3.118	3.677	3.795	2.630	3.583	3.575
	Males (126)	3.302	3.833	3.865	2.913	3.643	3.603
	Refuse to Answer (1 Refuse)	2.000	3.000	4.000	1.000	3.000	1.000
Age	19 & Under	3.333	3.667	3.583	3.167	3.583	3.333
Group	20-39	3.270	3.790	3.680	2.880	3.700	3.520
	40-69	3.114	3.746	3.930	2.570	3.553	3.553
	70 & Older	3.333	3.667	4.148	3.000	3.593	4.037
Hispanic Ethnicity	Yes (26)	3.385	3.769	3.846	3.077	3.692	3.423
Etimicity	No (235)	3.191	3.749	3.834	2.689	3.600	3.579
Income Category	1. Less than \$10,000 (22)	3.739	3.864	3.773	3.227	3.727	3.773
	2. \$10,000-\$14, 999 (16)	3.000	3.437	3.812	2.875	3.375	3.063
	3.	2.857	3.571	3.714	2.571	3.571	3.286

Appendix 1: PRIMARY DATA: Community Health Survey Results - Feedback

	\$15,000-\$24, 999 (21) 4. \$25,000-\$34, 999 (28) 5. \$35,000-\$49, 999 (27) 6. \$50,000-\$74, 999 (34)	3.321 2.778 3.235	3.750 3.593 3.853	3.964 3.815 3.971	2.714 2.519 2.735	3.250 3.481 3.706	3.607 3.667 3.471
	7. \$75,000-\$99, 999 (30)	3.167	3.833	3.633	2.600	3.767	3.600
	8. \$100,000 or more (36)	3.250	3.917	3.889	2.639	3.778	3.667
	9. Refused to Answer (46)	3.348	3.696	3.804	2.804	3.587	3.609
Cat	tegory	Good Health Care System (Mean)	Good Place to Raise Children (Mean)	Good Place to Grow Old (Mean)	Plenty of Economic Opportunit y (Mean)	Safe Place to Live (Mean)	Plenty of Help for People in Times of Need (Mean)
Marital Status	Never Married/						
	Single	3.279	3.639	3.574	2.885	3.557	3.328
	Divorced	3.125	3.719	3.937	2.469	3.438	3.250
	Married	3.177	3.816	3.865	2.702	3.681	3.681
	Widowed	3.294	3.765	4.235	2.647	3.588	3.765
	Unmarried	3.000	4.000	4.250	3.250	3.750	4.250
	Separated	3.000	2.667	4.000	2.667	2.667	3.333

Appendix 1: PRIMARY DATA: Community Health Survey Results - Feedback

	Other	3.500	3.500	3.500	4.000	4.000	4.000
Exercise Status	Yes	3.230	3.230	3.230	3.230	3.230	3.230
	No	3.186	3.186	3.186	3.186	3.186	3.186
Education Status	<9 th grade	4.167	4.500	4.333	3.833	4.000	4.167
	9-12 grade, no diploma	3.533	3.867	4.033	3.033	3.667	3.467
	High school graduate or GED equivalent	2.931	3.681	3.778	2.736	3.486	3.431
	Associate's Degree	3.432	3.541	4.054	2.703	3.243	3.649
	Some college, no degree	3.057	3.849	3.698	2.679	3.755	3.491
	Bachelor's Degree	3.122	3.732	3.659	2.488	3.756	3.537
	Graduate or professional degree	3.682	3.818	3.955	2.727	3.818	3.955
	Other	1.0	1.0	1.0	1.0	1.0	1.0
Smoker/	Smoker (60)	3.017	3.683	3.833	2.617	3.433	3.433
Non-Smo ker	Non-Smoker (202)	3.292	3.782	3.837	2.777	3.663	3.594

Community Priorities

Which health behavior do you think the community needs more information about?

Health Behavior	Frequency of Response
Eating Well/Nutrition	43
Substance Abuse Prevention	41
Exercising/Fitness	18
Elder Care	11
Preventing Pregnancy and STDs (safe sex)	9
Driving Safely	8
Quitting Smoking/Tobacco Use Prevention	8
Crime Prevention	7
Managing Weight	6
Preparing for an Emergency/Disaster	6
Child Care/Parenting	6
Caring for Family Members with Special Needs/Disabilities	6
Other ¹	64
None	27
TOTAL	n=260
10thor regnances with a frequency of at least two incl	1 1 March 11 and 1 Co. 42) District C. C. H. Harlet

¹Other responses with a frequency of at least two included: Mental Health (n=13), Diabetes (n=5), Health Insurance (n=2), Going to the Dentist for Yearly Check-Ups/Preventive Care (n=4), Getting Flu Shots and Other Vaccines (n=4), Stress Management (n=4), Using Child Safety Seats (n=2), Domestic Violence Prevention (n=2), and Heart Disease (n=2). Although some "Other" responses are not considered Health Behaviors, reconsidering responses as the behavior of approaching these topics may be useful for consideration.

Which one issue most affects the quality of life for the people who live in Harnett County?

Community Issue	Frequency of Response	Percent
Low Income/Poverty	75	28.5%
Dropping Out of School	31	11.8%
Violent Crime	16	6.1%
Discrimination/Racism	15	5.7%
Theft	15	5.7%
Lack of Community Support	14	5.3%
Pollution (air, water, land)	12	4.6%
Lack of/Inadequate Insurance	9	3.4%
Domestic Violence	9	3.4%
Homelessness	6	2.3%
Hopelessness	6	2.3%
Child Abuse	3	1.1%
Elder Abuse	2	0.8%
Other	22	8.4%
None	28	10.6%
Pollution (air, water, land) Lack of/Inadequate Insurance Domestic Violence Homelessness Hopelessness Child Abuse Elder Abuse Other	12 9 9 6 6 3 2 22	4.6% 3.4% 3.4% 2.3% 2.3% 1.1% 0.8% 8.4%

Which one of the following services needs the most improvement in			
your neighborhood or community?			
Community Service	Frequency of Response	Percent	
Better more recreational facilities (parks, trails,	30	11.4%	
community centers	30	11.170	
Animal control	23	8.7%	
Positive teen activities	22	8.4%	
Availability of employment	22	8.4%	
Higher paying employment	20	7.6%	
More affordable health services	19	7.2%	
Elder care options	15	5.7%	
Better/more health food choices	13	4.9%	
Healthy family activities	12	4.6%	
Transportation options	12	4.6%	
Road maintenance	11	4.2%	
Services for disabled people	10	3.8%	
More affordable/better housing	10	3.8%	
Child care options	9	3.4%	
Counseling/mental health/support groups	7	2.7%	
Number of health care providers. [†]	5	1.9%	
No improvement needed	5	1.9%	
Road safety	4	1.5%	
Other ^{‡†}	14	5.3%	
Total respondents	263	100.0%	

^{*}No one chose this listed option: culturally appropriate health services

† Five respondents chose that the number of health care providers was the largest community/neighborhood issue. The specialties they listed as needed are the following: 3 reported primary care, 1 family doctor, and 1 reported "physician".

FF Of the 263 respondents, 15 chose to report an unlisted item under "other". They deemed the most needed services in their community/neighborhood as the following: more utility offices needed, proper waste disposal, larger gym with childcare, healthcare activities, home care, hospital, VA, while five respondents reported the school system.

Health Care Utilization

Where do you go to seek health care when you are sick?		
Response Options	Response Percent	Response Count
Doctor's Office	63.3%	167
Walk-in Medical Clinic	5.3%	14
Health Department	2.7%	7
Urgent Care Center	4.2%	11
Hospital	10.2%	27
Other	13.3%	35
Total Number of Responses		262
Skipped Question		1

The most common "Other" selected was military-centered care (e.g., VA, Ft. Bragg, military) with 17 responses (6.4%).

If you needed to go to a hospital, to which hospital would you most likely go?		
Response Options	Response Percent	Response Count
Central Harnett	13.6%	36
Betsy Johnson	16.3%	43
WakeMed or Western Wake	15.2%	40
REX	5.7%	15
Cape Fear Valley	8.0%	21
Central Carolina	10.2%	27
Johnson Health	1.9%	5

Other	28.0%	74
Total Number of Responses		264
Skipped Question		2

The two most common "Other" was Womack with 35 responses (13.3%) and Moore Regional First Health with 9 responses (3.4%).

What is your primary health insurance plan?		
Response Options	Response Percent	Response Count
Blue Cross and Blue Shield of North Carolina	22.7%	60
The military, Tricare, CHAMPUS, or the VA	19.7%	52
Medicare	14.8%	39
Other private health insurance plan purchased from employer or workplace	8.0%	21
Medicaid or Carolina ACCESS or Health Choice 55	7.6%	20
Other private health insurance plan purchased directly from an insurance company	5.3%	14
Other government plan	6.8%	18
No Health Plan of Any Kind	3.8%	10
The State Employee Health Plan	1.5%	4
Total Number of Responses		264
Skipped Question		2

In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility?

Response Options	Response Percent	Response Count
Yes	9.8%	26
No	88.3%	233
Don't Know	0.8%	2
Total Number of Responses		264
Skipped Question		2

What type of provider or facility did you or your family member have trouble getting health care from?

Response Options	Response Count
Dentist	2
General Practitioner	13
Pharmacy/Rx	6
Urgent Care Center	1
Eye Care/Ophthalmologist/Optometrist	2
OBGYN	1
Pediatrician	2
Health Department	1
Medical Clinic	3
Hospital	4

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Specialist	7
Total Number of Responses	42

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

Response Options	Response Count
No Insurance Coverage	5
High Cost	4
Insurance was not Accepted by Provider	0
Insurance was not Accepted by Hospital	0
Insurance was not Accepted by Pharmacy	2
Insurance was not Accepted by Dentist	2
Unavailable Transportation	0
Unaware of where to go	0
Could not get an appointment	5
Wait was too long	4
Other	4
Total Number of Responses	24

Other reasons included trouble getting a referral, issues with the VA, "too much running around", and provider moved without notice.

If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to?

Response Options	Response Percent	Response Count
Private counselor or therapist	20.5%	54
Doctor	27.3%	72
Support Group	4.9%	13
Minister / Religious Official	19.7%	52
School Counselor	1.1%	3
Other	8.8%	23
Don't know	11.1%	29
Total Number of Responses		264
Skipped Question		18

Health Status & Health Behaviors

Would you say that, in general, your health is		
Mean	Good to Very Good (2.75/3)	
Median	Goo	od
Response Options	Response Percent	Response Count
Excellent	14.4%	38
Very Good	27.4%	72
Good	35.7%	94
Fair	14.8%	39
Poor	6.1%	16
Don't Know	1.5%	4
Total Number of Responses		262
Skipped Question		1

Have you ever been told by a doctor, nurse, or other health professional that you have any of these health conditions?

Response Options	Response Percent	Response Count
Asthma	11.4%	30
Depression or Anxiety	19.0%	50
High Blood Pressure	36.5%	96
High Cholesterol	24.0%	63
Diabetes	14.1%	37
Osteoporosis	5.7%	15

Overweight/Obesity	29.7%	78
Angina/ Heart Disease	6.1%	16
Cancer	8.3%	22

In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal business?

Response Options	Response Percent	Response Count
Yes	17.5%	46
No	82.5%	217
I don't know	0.0%	0
Total Number of Responses		263
Skipped Question		1

In the past 30 days, have you had any physical pain or health problems that made it hard for you to do your usual activities such as driving, working around the house, or going to work?

Response Options	Response Percent	Response Count
Yes	26.2%	69
No	73.0%	192
I don't know	0.4%	1
Total Number of Responses		262
Skipped Question		2

Obese

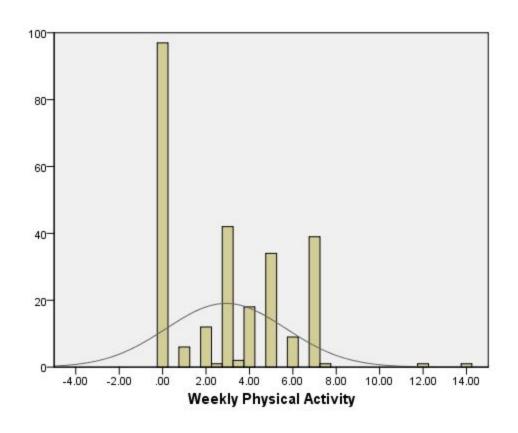
No

Comparison of Perceived Health Status by Health Conditions Condition Category Status Hypertension Yes No Asthma Yes No Osteoporosis Yes No Depression or Anxiety Yes No Having Felt Sad/Not Sad Sad Not Sad Exposure to Secondhand Yes Smoke No Overweight/ Yes

During a normal week (7 days), other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour?

Response Options	Response Percent	Response Count
Yes	63.1%	166
No	36.7%	97
Total Number of Responses		263
Skipped Question		1

Since you said yes, how many times do you exercise or engage in physical activity during a normal week (7 days)?



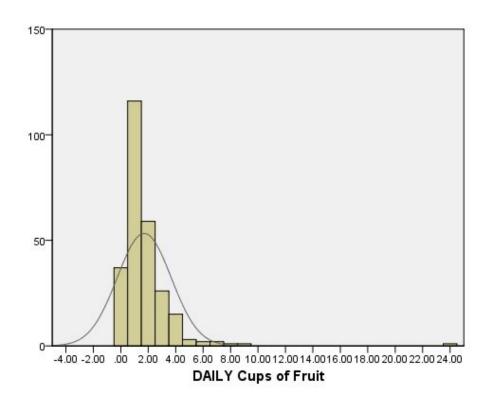
Where do you go to exercise or engage in physical activity?		
Response Options	Response Percent	Response Count
YMCA	1.7%	3
Private Gym	19.7%	34
Park	4.0%	7
Home	43.4%	75
Public Recreation Center	3.5%	6
Other	27.7%	48
Total Number of Responses		173

Most common "other" responses included" neighborhood/community, Fort Bragg, and School

What are the reasons you do not exercise for at least a half hour during a normal week?

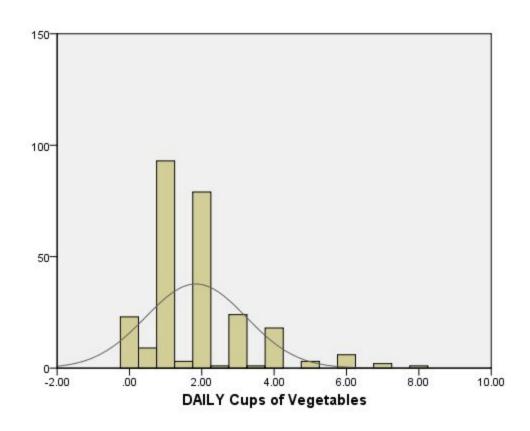
Response Options	Response Percent	Response Count
My job is physical or hard labor	6.1% / 15.2%	16
Exercise is not important to me.	1.1% / 2.9%	3
I don't have access to a facility that has the things I need, like a pool, golf course, or a track.	1.9% / 4.8%	5
I don't have enough time to exercise.	11.0% / 27.6%	29
I would need child care and I don't have it.	1.1% / 2.9%	3
I don't know how to find exercise partners.	0.4% / 1.0%	1
I don't like to exercise.	3.8% / 9.5%	10
It costs too much to exercise.	0.8% / 1.9%	2
There is no safe place to exercise.	0.8% / 1.9%	2
I'm too tired to exercise.	3.8% / 9.5%	10
I'm physically disabled.	4.9% / 12.4%	13
I don't know.	0.4% / 1.0%	1

How many cups of fruit would you say you eat in a typical day?



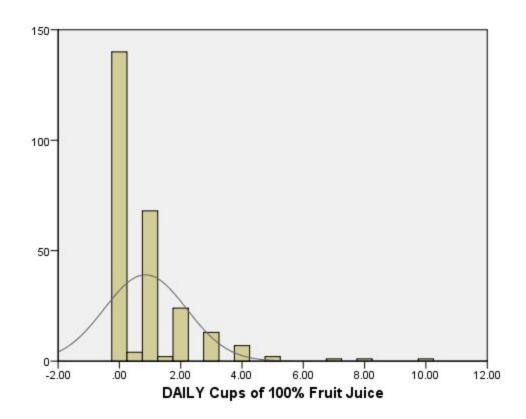
How many cups of fruit would you say you eat in a typical day?		
Mean	1.70	
Median	1.0	
Mode	1.0	

How many cups of vegetables would you say you eat in a typical day?



How many cups of vegetables would you say you eat in a typical day?	
Mean	1.83
Median	2.0
Mode	1.0

How many cups of 100% fruit juice would you say you consume in a typical day?



How many cups of vegetables would you say you consume in a typical day?		
Mean	0.85	
Median	0	
Mode	0	

Have you been exposed to secondhand smoke in the past year?		
Response Options	Response Percent	Response Count
Yes	51.3%	135
No	47.1%	124
I don't know	1.1%	3
Total Number of Responses		262
Skipped Question		2

Where do you think you are exposed to secondhand smoke most often? **Response Options Response Percent Response Count** 17.9% / 33.8% Home 47 Workplace 10.6% / 20.1% 28 Hospitals 0% 0 1.9% / 3.6% 5 Restaurants 1.1% / 2.2% School 3 18.9% / 36.0% Other 50 I am not exposed to secondhand smoke 2.3% / 4.3% 6

Most common responses for 'other' is: public places, friend's houses, and car.

Do you currently smoke?		
Response Options	Response Percent	Response Count
Yes	22.7%	60
No	76.5%	202
Refused to Answer	0.4%	1
Total Number of Responses		263
Skipped Question		1

Where would you go for help if you wanted to quit?		
Response Options	Response Percent	Response Count
Quit Line NC	0.8% / 3.4%	2
Doctor	4.2% / 19.0%	11
Church	1.1% / 5.2%	3
Pharmacy	0.4% / 1.7%	1
Private counselor/therapist	0.8% / 3.4%	2
Health Department	0.4% / 1.7%	1
I don't know	2.3% / 10.3%	6
Other	8.3% / 38.0%	22
I don't want to quit	3.8% / 17.2%	10
Total Number of Responses		58
Skipped Question		206

The most common 'other' response was self/cold-turkey (14/22).

During the past 12 months, have you had a seasonal flu vaccine? **Response Options Response Percent Response Count** Yes, flu shot 50.2% 132 Yes, flu spray 2.7% 7 Yes, both 1 0.4% No 46.8% 123 **Total Number of Responses** 263 Skipped Question 1

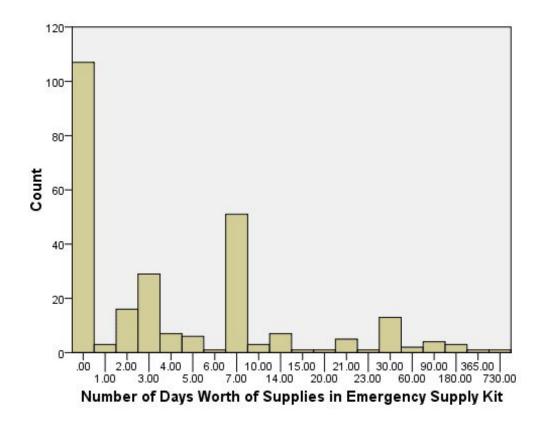
Emergency Preparedness

Does your household have working smoke and carbon monoxide detectors?

Response Options	Response Percent	Response Count
Yes, smoke detectors only	32.1%	84
Yes, carbon monoxide detectors only	0.4%	1
Yes, both	56.9%	149
No	6.5%	17
Don't Know / Not Sure	1.1%	3
Refused to Answer	3.1%	8
Total Number of Responses		262
Skipped Question		2

Does your family have a basic emergency supply kit?		
Response Options	Response Percent	Response Count
Yes	60.3%	158
No	34.7%	91
Don't Know / Not Sure	1.9%	5
Refused to Answer	3.1%	8
Total Number of Responses		262
Skipped Question		2

How many days do you have supplies for?



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

Response Options	Response Percent	Response Count
Television	28.4%	75
Radio	18.2%	48
Internet	13.3%	35
Print media (ex: newspaper)	0.4%	1
Social networking site	3.0%	8
Neighbors	1.5%	4
Text message (emergency alert system)	20.5%	54
Don't know/ Not sure	2.3%	6
Other	7.6%	20
Total Number of Responses		262
Skipped Question		2

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

Response Options	Response Percent	Response Count
Yes	79.9%	211
No	6.1%	16
Don't Know / Not Sure	10.2%	27
Refused to Answer	3.0%	8
Total Number of Responses		262

Skipped Question	2

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

Response Options	Response Percent	Response Count
Lack of transportation	0.8% / 5.7%	2
Lack of trust in public officials	3.4% / 23.0%	9
Concern about leaving property behind	1.1% / 8.6%	3
Concern about personal safety	0.8% / 5.7%	2
Concern about family safety	0.8% / 5.7%	2
Concern about leaving pets	1.5% / 11.4%	4
Concern about traffic jams and inability to get out	0.4% / 2.9%	1
Health problems (could not be moved)	0.4% / 2.9%	1
Other	2.3% / 17.1%	6
Don't know	1.9% / 14.3%	5
Total Number of Responses		35
Skipped Question		227

Profile of residents most likely to have detectors:

Characteristics		
Age	40-49	
Primary Language	English *	
Marriage Status	Married **	
Gender	Either	
Education	Associates Degree or Higher *	
Income	\$33,000 - \$47,000	
Internet	Yes	
Employment	Employed	

^{*} Was significant at alpha = .05. ** Was significant at alpha = 0.10

Profile of residents most likely to have emergency supply kits:

Charact	eristics
Age	43
Primary Language	English
Marriage Status	Married
Gender	Male*
Education	Associates Degree or Higher *
Income	\$50,000**
Internet	Yes
Employment	Employed

^{*} Was significant at alpha = .05.

Profile of residents most likely to evacuate:

eristics
43
English
Married
Female*
Associates Degree or Higher
\$40,000*в
Yes
Employed

^{*} Was significant at alpha = .05.

^{**} Was significant at alpha = 0.10

Appendix 1: PRIMARY DATA: Community Health Survey Results - Feedback

** Was significant at alpha = 0.10
B People who were willing to evacuate had significantly lower income.

<u>Click here</u> for SPSS data tables for the preparedness profiles created above.

Appendix 2: Community Health Needs Assessment Survey - English

The following pages include a complete copy of the Community Health Needs Assessment Survey in English.

COMMUNITY HEALTH SURVEY

Harnett Health Strong roots - new growth	UNIVERSIT
Community Health Survey	}
Read the following section after personalizing to each poten	tial participant:
Hello, I am and this is representing Heal	thy Harnett and Campbell
University Department of Public Health. (Show badges.) W	e are conducting a survey
of our county to learn more about the health and quality of l	ife in Harnett County.
The Harnett County Health Department, Healthy Carolinia	ns of Harnett County and
Harnett Health will use the results of this survey to help add	ress the major health and
community issues in our county.	
Your address was one of many randomly selected from our c	ounty. The survey is
completely voluntary, and it should take no longer than 20 m	iinutes to complete. Your
answers will be completely confidential. The information yo	u give us will not be linked
to you in any way.	
Would you like to participate?YesNo	•
(If no, stop the survey here and thank the person for his or her	rtime.)
Eligibility	
Do you live in Harnett County?	
No (If no, stop the survey here and thank the person	for his or her time.)
Yes How long have you lived in Harnett County?	(months or years)
(Record the number and circle the unit—i.e., mon	ths or years.)
Have you participated in this year's survey already?	
Yes NoNot sure	

(If yes or not sure, stop the survey here and thank the person for his or her time.)

Harnett County Community Health Survey

PART 1: Quality of Life Statements

Please tell us whether you "strongly disagree", "disagree", "neutral", "agree" or "strongly agree" with each of the next 6 statements.

HNC2020: SHD

Statements	Circle the number that best represents the person's opinion of each statement below.				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. How do you feel about this statement, "There is good healthcare in Harnett County"? Consider the cost and quality, number of options, and availability of healthcare in the county.	1	2	3	4	5
2. How do you feel about this statement, "Harnett County is a good place to raise children"? Consider the quality and safety of schools and child care programs, after school programs, and places to play in this county.	1	2	3	4	5
3. How do you feel about this statement, "Harnett County is a good place to grow old"? Consider the county's elder-friendly housing, transportation to medical services, recreation, and services for the elderly.	1	2	3	4	5
4. How do you feel about this statement, "There is plenty of economic opportunity in Harnett County"? Consider the number and quality of jobs, job training/higher education opportunities, and availability of a ffordable housing in the county.	1	2	3	4	5
5. How do you feel about this statement, "Harnett County is a safe place to live"? Consider how safe you feel at home, in the workplace, in schools, at playgrounds, parks, and shopping centers in the county.	1	2	3	4	5
6. How do you feel about this statement, "There is plenty of help for people during times of need in Harnett County"? Consider social support in this county: neighbors, support groups, faith community outreach, community organizations, and emergency monetary assistance.	1	2	3	4	5

PART 2: Community Improvement

Read: The next set of questions will ask about community problems, issues, and services that are important to you. Remember your choices will not be linked to you in any way.

	le who live in Harnett County? (Plea		
let m	problem that you consider the most e know and I will write it in. If you hink about them. (Read health prob	would li	ke, I can read these out loud as
	Pollution (air, water, land)		Neglect and abuse (Specify type
	Dropping out of school		Elder abuse
	Lowincome/poverty		Child abuse
	Homelessness		Domestic Violence
3/43/10/10	Lack of/inadequate health		Violent crime (murder, assaul
	insurance		Theft
f.	Hopelessness		Rape/sexual assault
g.	Discrimination/racism		Other:
	Lack of community support		None
(Plea	ces needs the most improvement in sechoose only one.) If there is a ser	your nei	tyou think needs improvement
(Plea	ces needs the most improvement in se choose only one.) If there is a ser is not on this list, please let me know	your nei vice tha and I w	ghborhood or community? tyou think needs improvement ill write it in. If you would like,
(Plea	ces needs the most improvement in se choose only one.) If there is a ser is not on this list, please let me know read these out loud as you think ab	your nei vice that and I wout then	ghborhood or community? tyou think needs improvement ill write it in. If you would like,
(Pleathat: I can	ces needs the most improvement in use choose only one.) If there is a ser is not on this list, please let me know a read these out loud as you think ab Animal control	your nei vice that and I wout then	ghborhood or community? tyou think needs improvement ill write it in. If you would like, a. (Read health problems aloud.)
(Pleathat: I can a b	ces needs the most improvement in ise choose only one.) If there is a ser is not on this list, please let me know read these out loud as you think ab Animal control Child care options	your nei vice that and I wout then	ghborhood or community? tyou think needs improvement rill write it in. If you would like, n. (Read health problems aloud.) Better/more recreational
(Pleathat: I can a b c c	ces needs the most improvement in use choose only one.) If there is a ser is not on this list, please let me know a read these out loud as you think ab Animal control Child care options Elder care options	your nei rvice tha r and I w out then k.	ghborhood or community? tyou think needs improvement ill write it in. If you would like, a. (Read health problems aloud.) Better/more recreational facilities (parks, trails, community centers) Healthy family activities
(Pleathat: I can a b c d	is ces needs the most improvement in its choose only one.) If there is a ser is not on this list, please let me know read these out loud as you think ab Animal control Child care options Elder care options Services for disabled people	your nei rvice that r and I w out then k	ghborhood or community? tyou think needs improvement ill write it in. If you would like, (Read health problems aloud.) Better/ more recreational facilities (parks, trails, community centers) Healthy family activities Positive teen activities
(Pleathat: I can a b c d	ces needs the most improvement in use choose only one.) If there is a ser is not on this list, please let me know a read these out loud as you think ab Animal control Child care options Elder care options	vour nei vice tha v and I w out then k l m n	ghborhood or community? tyou think needs improvement ill write it in. If you would like, (Read health problems aloud.) Better/ more recreational facilities (parks, trails, community centers) Healthy family activities Positive teen activities Transportation options
(Pleathat I can a b c d e e	ces needs the most improvement in use choose only one.) If there is a ser is not on this list, please let me know read these out loud as you think ab Animal control Child care options Elder care options Services for disabled people More affordable health services	vour nei vice tha v and I w out then k. l. m. n. o.	ghborhood or community? tyou think needs improvement ill write it in. If you would like, a. (Read health problems aloud.) Better/ more recreational facilities (parks, trails, community centers) Healthy family activities Positive teen activities Transportation options Availability of employment
(Pleathat) I can a b c d e f	ces needs the most improvement in itse choose only one.) If there is a ser is not on this list, please let me know read these out loud as you think ab Animal control Child care options Elder care options Services for disabled people More affordable health services Better/more healthy food choices	your neivice that and I wout then k	ghborhood or community? tyou think needs improvement rill write it in. If you would like, a. (Read health problems aloud.) Better/ more recreational facilities (parks, trails, community centers) Healthy family activities Positive teen activities Transportation options Availability of employment Higher paying employment
(Pleathat: I can a b c d e f g.	ces needs the most improvement in itse choose only one.) If there is a ser is not on this list, please let me know a read these out loud as you think ab Animal control Child care options Elder care options Services for disabled people More affordable health services Better/ more healthy food choices More affordable/better housing	your neivice that and I wout then k	ghborhood or community? tyou think needs improvement ill write it in. If you would like, a. (Read health problems aloud.) Better/ more recreational facilities (parks, trails, community centers) Healthy family activities Positive teen activities Transportation options Availability of employment Higher paying employment Road maintenance
(Pleathat: I can a b c d e f g.	ces needs the most improvement in itse choose only one.) If there is a ser is not on this list, please let me know read these out loud as you think ab Animal control Child care options Elder care options Services for disabled people More affordable health services Better/more healthy food choices	vour nei vice tha v and I w out then k. l. m. o. p. q. r.	ghborhood or community? tyou think needs improvement fill write it in. If you would like, a. (Read health problems aloud.) Better/ more recreational facilities (parks, trails, community centers) Healthy family activities Positive teen activities Transportation options Availability of employment Higher paying employment Road maintenance Road safety
(Pleathat: I can a b c d e f s What	is ces needs the most improvement in itse choose only one.) If there is a ser is not on this list, please let me know read these out loud as you think ab Animal control Child care options Elder care options Services for disabled people More affordable health services Better/ more healthy food choices More affordable/better housing Number of health care providers thind?	vour nei vice tha v and I w out then k l m o p q r s	ghborhood or community? tyou think needs improvement fill write it in. If you would like, a. (Read health problems aloud.) Better/ more recreational facilities (parks, trails, community centers) Healthy family activities Positive teen activities Transportation options Availability of employment Higher paying employment Road maintenance Road safety Other:
(Pleathat: I can a b c d e f s What	is echoose only one.) If there is a ser is not on this list, please let me know read these out loud as you think ab Animal control Child care options Elder care options Services for disabled people More affordable health services Better/ more healthy food choices More affordable/better housing Number of health care providers	vour nei vice tha v and I w out then k l m o p q r s	ghborhood or community? tyou think needs improvement fill write it in. If you would like, (Read health problems aloud.) Better/ more recreational facilities (parks, trails, community centers) Healthy family activities Positive teen activities Transportation options Availability of employment Higher paying employment Road maintenance Road safety

Part 3. Health Information

xercising/ fitness fanaging weight foing to a dentist for heck-ups/ reventive care foing to the doctor or yearly check-ups nd screenings fetting prenatal care	j. k. l. m.	seatsUsing seat beltsDriving safelyQuitting smoking/ tobaccouse prevention	r. s. t.	prevention (ex: drugs and alcohol) Suicide prevention Stress management
oing to a dentist for heck-ups/ reventive care oing to the doctor or yearly check-ups nd screenings	k. 1.	Driving safely Quitting smoking/ tobaccouse	S.	Suicide prevention Stress management
heck-ups/ reventive care oing to the doctor or yearly check-ups nd screenings	1.	Quitting smoking/ tobaccouse	S.	Stress management
reventive care soing to the doctor or yearly check-ups nd screenings	30. B	tobaccouse		
oing to the doctor or yearly check-ups nd screenings	m.		t.	A
or yearly check-ups nd screenings	m.	prevention		Anger management
nd screenings	m.	C1 11 /	u.	Domestic violence
		Child care/		prevention
etting prenatal care		parenting	V.	Crime prevention
	n.	Elder care	W.	Rape/ sexual abuse
uring pregnancy	0.	Caring for family		prevention
etting flu shots and		members with	x.	Other:
	22		y.	None
mergency/disaster	р.			
do <u>you</u> get most of yo	our hea	alth-related information?	Pleas	e choose only
	108	22 900		
A STATE OF THE STA	mily			
- 1/400 11/8 to 1				t
10 Table 10				
			gazines	
Of the state of th	72	Other	_	
fMy child's sch	iool			
	ther vaccines reparing for an mergency/disaster do you get most of you a Friends and fa b Doctor/nurse c Pharmacist d Church e Internet f My child's sch	ther vaccines reparing for an mergency/disaster p. do you get most of your hea a Friends and family b Doctor/nurse c Pharmacist d Church e Internet f My child's school	ther vaccines special needs/ reparing for an disabilities mergency/disaster p. Preventing pregnancy and sexually transmitted disease (safe sex) do you get most of your health-related information? a. Friends and family Hospital b. Doctor/nurse Health dep c. Pharmacist Help lines d. Church Books/ma e. Internet Other	ther vaccines special needs/ reparing for an disabilities y. mergency/disaster p. Preventing

No (skip to question #14)	(Do not read.) I	Refused to answer
Yes		
→		
HNC2020: PAN, SA, I,	MH, OH, STD/UP	, CD, T
Which of the following hea		
need(s) more information		Allow time for a yes or no
following each item. Check	all that apply.)	
aDental hygiene	f Tobacco	j Drug Abuse
bNutrition	gSTDs	kReckless driving/speedin
c Eating Disorders	hSex	 Mental health issues
dAsthma management	i Alcohol	m Suicide prevention
e. Diabetes management		n. Other
PAR	T 4: Personal l	Health
e next questions are about your o	wn personal health	n. Remember, the answers you give
survey will not be linked to you in	any way.	
INC2020: C	ar health is	
INC2020: C Vould you say that, in general, yo		
Vould you say that, in general, you		
Vould you say that, in general, you (Read choices and ask them to cho Excellent	ose only one.)	air
Vould you say that, in general, you (Read choices and ask them to cho Excellent Very good	ose only one.) Fa Po	oor
Vould you say that, in general, you Read choices and ask them to cho	ose only one.) 	

Appendix 2:

Community Health Needs Assessment Survey - English

	No _	DK	R
Yes	No _	DK	R
Yes	No _	DK	R
Yes	No	DK	R
Yes	No _	DK	R
Yes	No _	DK	R
Yes	No _	DK	R
Yes	No _	DK	R
Yes	No _	DK	R
en any days when fe ormal business?	eling sad	or worried	
No			
(Do not read.) R	Refused to	answer	
	- 1 - 1 al -	roblemsth	at made it hard for
any physical pain or h as driving, workin			
	Yes	YesNo	Yes No DK Yes No DK

18. HNC2020: PAN

Now I will ask about your fitness. During a normal week (7 days), other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour?

	No (skip to question #21)Don't know/ Not sure (Do not read.) Refused to answer	
(skij	p to question #21 for Don't know or Refused to a	nswer)
	Yes	
L	19. HNC2020: PAN	
	during a normal week (7 days)?	s do you exercise or engage in physical activity (Write number) nt each separate physical activity that lasts for at least a ha
	20. HNC2020: PAN	
	Where do you go to exercise or eng a YMCA	age in physical activity? Check all that apply. dPrivate gym
	bPark	eHome
	c Public Recreation Center	f Other:
	normal week? You can give as many of the	ou do not exercise for at least a half hour durings ereasons as you need to. (DO NOT read the preally can't think of one, then mark "I don't
		I doubling to accoming
	My job is physical or hard labor	gI don't like to exercise.
1	Exercise is not important to me.	
b		hIt costs too much to exercise
b	I don't have access to a facility that has	i There is no safe place to exercise.
b		i There is no safe place to exercise. j I'm too tired to exercise.
b c	I don't have access to a facility that has the things I need, like a pool, golf course, or	 i There is no safe place to exercise. j I'm too tired to exercise. k I'm physically disabled.
b c	I don't have access to a facility that has the things I need, like a pool, golf course, or a track. I don't have enough time to exercise.	i There is no safe place to exercise. j I'm too tired to exercise.

Not counting lettuce salad or potat	o products, think about how often you eat fruits and
vegetables in a normal day.	950 B
	tables would you say eat in a typical day?
One apple or 12 baby carrots equal on	
(Write number of cups in the space pr	ovided.)
a. Number of cups of fruit	(Never eat fruit)
b. Number of cups of vegetables	(Never eat vegetables)
e. Number of cups 100% fruit juice	(Never drink 100% fruit juice)
(If you get questions about lettuce salad: Lettu mixes you get at the store or fast food restaur	ce salad is the typical "house salad" with iceberg lettuce, or the salad rants, even if they have meat on top.)
(If you get questions about potato products: Po potatoes anything made from white potatoe	tato products are French fries, baked potatoes, hash browns, mashed es.)
(In case you get this question: For the purpose	es of this study, ketchup is not considered a vegetable.)
23. HNC2020: T	
Have you been exposed to secondham No (Skip to question #25)	and smoke in the past year?
Don't know/ Not sure (Skip to quest	tion #25) Yes
(Do not read.) Refused to answer	
24. HNC2020: T	
If yes, where do you think only one place)	you are exposed to secondhand smoke most often? (Check
a Home	e School
bWorkplace	fOther:
c Hospitals	gI am not exposed to secondhand smoke.
dRestaurants	
25. HNC2020: T	
	regular smoking in social settings.)
No (If no, skip to question	
(Do not read.) Refused to	answer
26. HNC2020: T	
	o for help if you wanted to quit?
(DO NOT read the options	. Choose only one.)
a QuitLine NC	f Health Department
b. Doctor	gI don't know
c Church	h Other:
dPharmacy	i Not applicable; I don't want to quit
ePrivate counse	lor/therapist
•	

Community Health Survey

27. HNC2020: ID/FI		
be a "flu shot" injected into you	ur arm or spray like	lu vaccines. An influenza/flu vaccine can "FluMist" which is sprayed into your
nose. During the past 12 month	s, have you had a se	asonal fluvaccine?
	No	
Yes, flu spray	Don't know/l	
Yes, both	Refused (Do n	otread.)
Part 5.	Access to Care/	Family Health
	nnot think of one, re	sick? <i>(DO NOT read the options. Mark</i> ad: Here are some possibilities. <i>Read</i>
Doctor's office	Walk-I	n Medical Clinic (MinuteClinic, etc.)
Health department		Care Center
Hospital		
options. Mark only the one they	say.)	ld you most likely go? (DO NOT read the
Central Harnett (Lillingto		Betsy Johnson (Dunn)
WakeMed (Raleigh) or V Cape Fear Valley (Fayett		REX (Raleigh) Central Carolina (Sanford)
Johnston Health (Smithfie		Other:
		
30. HNC2020: C What is your primary health in first or pays most of the medica		is the plan which pays the medical bills
(Please choose only one.)		
is a federal health insurance program for pe health insurance program for families and ir	ople 65 and older or som idividuals with limited fi	olina Teacher's and Employee Health Plan." Medicare e younger people with disabilities. Medicaid is a state nancial resources or special circumstances.]
a The State Employee H		
bBlue Cross and Blue S		
		ed from employer or workplace
	surance plan purchas	sed directly from an insurance company
e Medicare		
f Medicaid or Carolina		
g The military, Tricare, C		A
h The Indian Health Serv		
i Other (government pla		
j No healthplanof any l		51 2 2 2
Do not read: k I)on't know/Not sure	IRefused
Community Health Survey		9

	acility?	
	No (Skip to question #34)	
	Don't know/ Not sure Do not read.) Refused to answer Yes	
	Do not read.) Refused to all well	
	INC2020: C	
	e you said "yes," what type of provider or facility	
	e trouble getting health care from? You can choos ere was a provider that you tried to see but we do	
	and I will write it in. (Read Providers.)	not have fisted here, pieas
	Dentist	OB/GYN
	General practitioner	Pediatrician
	Pharmacy/ prescriptions	Health department
	Urgent Care Center	Medical Clinic
	Eye care/ optometrist/ ophthalmologist	Hospital
	Specialist (What type?)	
nece prol	ch of these problems prevented you or your family ssary health care? You can choose as many of the plem that we do not have written here, please tell n plems.)	se as you need to. If you h
1.	No health insurance.	
	The state of the s	
1.	No health insurance.	high.
1.).	No health insuranceInsurance didn't cover what I/we needed.	_
1.). 2.	No health insurance Insurance didn't cover what I/we needed My/our share of the cost (deductible/co-pay) was too	_
1.). :. i.	No health insurance. Insurance didn't cover what I/we needed. My/our share of the cost (deductible/co-pay) was too Doctor would not take my/our insurance or Medicaio	1.
1. 5. 2. 1.	No health insurance Insurance didn't cover what I/we needed My/our share of the cost (deductible/co-pay) was too Doctor would not take my/our insurance or Medicaid Hospital would not take my/our insurance.	l. caid.
i. o. i. i.	No health insurance. Insurance didn't cover what I/we needed. My/our share of the cost (deductible/co-pay) was too Doctor would not take my/our insurance or Medicaio Hospital would not take my/our insurance. Pharmacy would not take my/our insurance or Medicaio	l. caid.
1. 2. 1. 2.	No health insuranceInsurance didn't cover what I/we neededMy/our share of the cost (deductible/co-pay) was tooDoctor would not take my/our insurance or MedicaidHospital would not take my/our insurancePharmacy would not take my/our insurance or MedicaidDentist would not take my/our insurance or Medicaid	l. caid.
1. 5. 1. 5. 5. 5.	No health insurance. Insurance didn't cover what I/we needed. My/our share of the cost (deductible/co-pay) was too Doctor would not take my/our insurance or Medicaio Hospital would not take my/our insurance. Pharmacy would not take my/our insurance or Medicaio Dentist would not take my/our insurance or Medicaio No way to get there.	l. caid.
i. o. d. d. f. g.	No health insuranceInsurance didn't cover what I/we neededMy/our share of the cost (deductible/co-pay) was tooDoctor would not take my/our insurance or MedicaidHospital would not take my/our insurancePharmacy would not take my/our insurance or MedicaidDentist would not take my/our insurance or MedicaidNo way to get thereDidn't know where to go.	l. caid.

34. HNC2020: MH	
	nseling for a mental health or a drug/alcohol abu
	ld tell them to talk to? <i>(DO NOT read the options</i> ne possibilities. Please choose only one. <i>Read</i>
responses.)	ne possibilities. Flease choose only one. Read
responses.)	
aPrivate counselor or therapist	eDoctor
b Support group (e.g., AA. Al-Anon)	fMinister/religious official
c. School counselor	gOther:
dDon't know	
Part 6. Emer	gency Preparedness
5. Does your household have working smok	e and carbon monoxide detectors?
Mark only one.)	
Yes, smoke detectors only	Yes, carbon monoxide detectors only
Yes, both	_No
Don't know/ Not sure	(Do not read.) Refused to answer
Supplies, flashlight and batteries, non-ele No (Skip to question 38) Don't know/Not sure (Skip to question (Do not read.) Refused to answer	
Yes 37. If yes, how many (Write number of day)	y days do you have supplies for?
 What would be your main way of getting disaster or emergency? (Check only one.) 	information from authorities in a large-scale
a. Television	g. Text message (emergency alert
b. Radio c. Internet	system)
	h Other
	h. Other
d. Print media (ex: newspaper) e. Social networking site	h. Other (describe) i. Don't know/ Not sure

39. If public authorities am neighborhood or commy you evacuate?			
Yes (skip to question #41) No (go to question #40) Don't know/ Not sure (go (Do not read.) Refused t	o to question #40)		
40. What would be the main	n reason you migl	nt not evacuate if asked	to do so?
(Check only one.)		1. (D) D. C	
a. Lack of transportation		k. (Do not read.) Refus	ed to answer
b. Lack of trust in public c. Concern about leaving	nroporty babind		
d. Concern about person	g property benind		
e. Concern about family	safety		
f. Concern about leaving	pets		
g. Concern about traffic j	ams and inability t	o get out	
h. Health problems (could	dnot be moved)		
i. Other (describe)			
j. Don't know/ Not sure			
The next set of question reported as a summary will remain anonymous. 41. How old are you? (Mark	of all answers giv		
15 - 19	35 - 39	55 - 59	75 - 79
20 - 24	40 - 44	60 - 64	80-84
25 - 29	45 - 49	65 - 69	85 or older
30 - 34 (Do not read.)	50 - 54	70 - 74	
42. Are you Male or Female interviewer without of Male	e? (In most cases,		
43. a) Are you of Hispanic	,Latino, or Spani	sh origin?	
Yes (Do not read.) I	No (If no, s Refused to answer	kip to #44)	

b) If yes, are		fexican, Mexican American, or Chicano		
	Pı	uerto Rican		
		uban		
	0	ther Hispanic or Latino (please specify)		
	(Do	o not read.) Refused to answer		
4. What is your	race? (Please check	call that apply.)		
(If other, plea	se write in the person ite	n's race.)		
Bla	ck or African America	n		
An	erican Indian or Alask	r Alaska Native (List tribe(s) including Lumbee)		
Asi	an Indian			
Oth	er Asian including Jap	anese, Chinese, Korean, Vietnamese, and Filipino/a:		
(w)	rite in race)	The state of the s		
Pac	ific Islander including	Native Hawaiian, Samoan, Guamanian/ Chamorro:		
· · ·	ita in zaca)	W 780		
(W7	ne in race/	14)		
		(write in race)		
Oth		(write in race)		
Oth	ner race not listed here:	(write in race)		
Ott	ner race not listed here: not read.) Refused	(write in race)		
Ott	ner race not listed here: o not read.) Refused eak a language other	(write in race) to answer r than English at home? (If no, skip to #46.)		
Ott	ner race not listed here: o not read.) Refused eak a language other	(write in race)to answer		
Oth (De	ner race not listed here: o not read.) Refused eak a language other Yes(Do not read	to answer r than English at home? (If no, skip to #46.) NoNoNoNoNoNo		
Oth (De	ner race not listed here: o not read.) Refused eak a language other Yes(Do not read	(write in race) to answer r than English at home? (If no, skip to #46.)		
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What	020: SHD	
or i i	is the highest level of school, college	e or vocational training that you have
finishe	d? (Mark only one.) Less than 9th grade	
	9-12th grade, no diploma	
99 V	High school graduate (or GED/ equi	valent)
_	Associate's Degree or Vocational Tr	
5		ammg
-	Some college (no degree)	
	Bachelor's degree	
	Graduate or professional degree	
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	020: SHD	styeen before taxes? I at makener
	was your total household income las category you fall into. <i>(Rea<mark>d choic</mark>e</i>	
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	Less than \$10,000	\$35,000 to \$49,999
	\$10,000 to \$14,999	\$50,000 to \$74,999
	\$15,000 to \$24,999	\$75,000 to \$99,999
<u></u> -	\$25,000 to \$34,999	\$100,000 or more
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Howm	020: SHD any people does this income suppor	rt?
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Appendix 2:

Community Health Needs Assessment Survey - English

51. Do you have access to the Int	ernet?
Yes Don't know/ Not sure	No (Do not read.) Refused to answer
52. What is your zip code? (Wri	ite only the first 5 digits.)
(Read) These are all the ques the time to complete this surr	ctions that we have. Thank you so much for taking vey!
THE END	

Appendix 3: Harnett Health Community Outreach Programs

The following list itemizes the number and type of Community Outreach Programs provided by Harnett Health System.

Date	Activity Name	County	Purpose	# Served
1/15/2013	South River Electric Company	Harnett	Blood Drive	11
1/21/2013	Campbell University- Multicultural	Harnett	Blood Drive	39
4/9/2013	South River Electric Company	Harnett	Blood Drive	10
9/11/2013	Campbell University	Harnett	Blood Drive	71
9/30/2013	South River EMC	Harnett	Blood Drive	19
1/15/2014	South River EMC	Harnett	Blood Drive	20
1/20/2014	Campbell University- MLK Day	Harnett	Blood Drive	48
4/22/2014	Campbell University	Harnett	Blood Drive	23
4/24/2014	South River EMC	Harnett	Blood Drive	13
4/26/2014	Annual Community Carnival Nehemiah Building Ministries	Harnett	Breast health and early detection /mammography /breast density	100
1/22/15	Campbell University	Harnett	Blood Drive	40
2/12/15	Overhills High School	Harnett	Blood Drive	140
3/20/15	Harnett Central High School	Harnett	Blood Drive	100
	-			

Appendix 3: Harnett Health Community Outreach Programs

Date	Activity Name	County	Purpose	# Served
3/26/15	South River EMC	Harnett	Blood Drive	10
4/9/15	Heritage Bible College	Harnett	Blood Drive	24
4/18/15	Ruritan Club Health fair Anderson Creek	Harnett	EHAC/STROKE	30
4/18/15	Anderson Creek Ruritan Club	Harnett	Blood Drive	12
7/17/15	Wal-Mart (Harnett-River's Edge)	Harnett	Blood Drive	18
9/10/15	Campbell University	Harnett	Blood Drive	25
9/18/15	CFV Cancer Center @ Harnett	Harnett	Blood Drive	2
9/18/15	Wal-Mart (Harnett-River's Edge)	Harnett	Blood Drive	13
9/21/15	Central Carolina Community College	Harnett	Blood Drive	10
1/9/2016	Wal-Mart (Rivers Edge	Harnett	Blood Drive	7
2/11/2016	Campbell University	Harnett	Blood Drive	15
2/17/2016	Overhills High School	Harnett	Blood Drive	139
3/10/2016	South River EMC	Harnett	Blood Drive	11
3/11/2016	Harnett Central High School	Harnett	Blood Drive	76
3/17/2016	Betsy Johnson Hospital	Harnett	Blood Drive	19
Date	Activity Name	County	Purpose	# Served

Appendix 3: Harnett Health Community Outreach Programs

3/17/2016	Central Harnett Hospital	Harnett	Blood Drive	14
4/8/2016	Heritage Bible College	Harnett	Blood Drive	17
4/20/2016	Campbell University	Harnett	Blood Drive	15
4/28/2016	Overhills High School	Harnett	Blood Drive	106
5/19/16	Rooms-To-Go Health Fair	Harnett	Education Diabetes, Smoking Cessation, Women & Heart Disease, Advance Directives, Cancer Prevention & Blood Donation and Transfusion need	250
5/20/2016	Betsy Johnson Hospital	Harnett	Blood Drive	8
5/20/2016	Central Harnett Hospital	Harnett	Blood Drive	7

REFERENCES

Harnett County Health Department. 2011 Community Health Needs Assessment http://www.ecu.edu/cs-dhs/healthaccess/upload/Harnett-County-Health-Department-CHNA-2011.pdf

Office of State Budget and Management http://www.osbm.state.nc.us/

North Carolina State Center for Health Statistics http://www.schs.state.nc.us/SCHS/

County Health Rankings

http://www.countyhealthrankings.org/app/#!/north-carolina/2016/rankings/harnett/county/outcomes/overall/snapshot

US Census Bureau www.census.gov/2010census

NC Census (uses US Census Bureau) http://quickfacts.census.gov/qfd/states/37000.html

Bureau of Labor Statistics http://data.bls.gov

Harnett County Economic Development Council website http://www.harnettedc.org/major-employers.asp

American Fact Finder Community Facts
http://factfinder.census.gov/faces/nav/jsf/pages/community-facts.xhtml