

2022

HARNETT COUNTY

COMMUNITY
HEALTH
ASSESSMENT



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Executive Summary

Every three years, Harnett County Department of Public Health is required to conduct a Community Health Assessment (CHA). Through this assessment process, the local public health department works with other crucial partners and stakeholders in comprehensively reviewing the health status of the community as well as collecting information about perceptions of health and quality of life in the county. The Community Health Assessment document summarizes these assessment efforts and provides the foundation for community health improvement planning over the next three years.

The vision for the community health assessment process is “synthesizing health data with the voices in our community to chart a course toward a health community for all in Harnett County.”

Leadership for the community health assessment process is largely a bi-sectoral process—between Harnett Health (the hospital and related clinical care system) and the local health department. The process was facilitated by the academic public health department at Campbell University, including more than a dozen graduate students and the primary authorship and direction of Dr. David Tillman. The full leadership team details are below.

Community Health Assessment Team (CHAT)

Harnett County Assessment Leadership Team:

- John Rouse, Director, Harnett County Health Department
- Sandy Godwin, Vice President for Planning, Cape Fear Valley Health
- David Tillman, Chair, Campbell University Department of Public Health

Harnett County Public Health Advisory Group (Healthy Harnett Coalition):

- Georgia Anthony, Project Access
- Terri Farmer, Project Access
- Debra Hawkins, Harnett County Health Department
- Belinda Rayner, Harnett County Health Department
- Kayla Shamaly, Harnett County Health Department
- Melinda McDonald, Alcohol and Drug Services
- Debra Vaughn, Harnett County Division on Aging
- Frances Harrington, Lillington Star Church
- Kittrane Sanders, Cooperative Extension
- Natalia Solera, Poe Center
- Katie Trotta, Campbell University

Community Health Assessment Components

The 2023 Harnett County Community Health Assessment includes the following components:

- A community profile providing overall information on community demographics and socioeconomic factors, including context regarding social determinants of health.
- An analysis of leading causes of death in Harnett County and other secondary health outcomes data
- An overview of the survey data collection process and results
- A description of the health priority determination process, including summaries of important data related to key community health concerns which were presented to stakeholders in multiple community meetings
- Information regarding county demographics, health behaviors & outcomes, and the results from the Community Health Survey

The Community Health Assessment Process

The CHA process began in January 2022 with the initial meeting of the Community Health Assessment Team (CHAT). Once again, under the direction of the team from Campbell University, the theoretical framework for the community health assessment process is a local adaptation of the features from the MAPP process. In February, the CHAT met with stakeholders to revise and approve the survey to be used in primary data collection. In March survey data collection began and preliminary reports were shared with stakeholders throughout the summer. Concurrently, members of the CHAT began aggregating and analyzing secondary data. A full version of the report was first made available in the CHNA submitted by Harnett Health in September 2022. Draft versions of the complete CHA document were circulated to key stakeholders—including members of the Healthy Harnett partnership, members of the Harnett County Board of Health, and staff members through Harnett County Department of Public Health. In January 2023 through a series of meetings, highlights from the report were shared with specific stakeholders and three specific health priorities were identified. In these meetings, stakeholder groups were able to contribute assessment of the “Forces of Change” in conjunction with the analysis of the public health system assets and the community health indicators. The drafts of the summary CHA document were finalized for approval in February 2023 and submitted to conclude the community health assessment process in March 2023.

Community Health Assessment Partnerships

Partnerships	Number of Partners
Harnett County Health Department-Public Health	1
Healthy Harnett Partnership-Community Organization	1
Population Health Workgroup at Campbell University	1
Harnett Health-Hospitals Health Care System	1

Harnett County Health Priorities

Through the community health assessment process, the team identified six potential priority areas. These areas are listed in the table below.

Potential Priority Areas
Behavioral Health
Chronic Disease
Motor Vehicle Injuries
Pandemic Response
Physical Activity
Economic Opportunity

Harnett County's CHA health priorities are (1) **Behavioral Health (including substance use disorder and overdose prevention)**, (2) **Chronic Disease** and (3) **Motor Vehicle Injuries**. Community members have rated these concerns as significant with regard to the urgency, severity, and feasibility of improvement efforts.

Next Steps

As this report is now completed, several next steps are needed to move the CHA from assessment to action:

1. Results from the 2023 Community Health Assessment will be disseminated to the community via online access, community organizations, media, and promotion through partnerships.
2. Action plans outlining evidence-based strategies to address the county's health priorities will be developed and submitted to the state.
3. An annual State of the County's Health (SOTCH) Report will be compiled and released to provide timely updates on health indicators related to our community and the work surrounding our health priorities.

Introduction

Assessment is one of the core functions of public health. Periodically, local health departments are expected to comprehensively assess the health of the community and make recommendations regarding actions and programs that will prevent diseases and injuries, promote active and healthy living, and develop health-related policies for the greatest benefit to the public. The 2023 Community Health Assessment (CHA) for Harnett County updates information from the previous CHA (2019), presents new primary data that was collected through a survey of citizens throughout the county, and synthesizes the data analysis and perspectives of a variety of stakeholders on the health priorities for Harnett County in the next four years.

The CHA Process

The 2023 Harnett County CHA began with a series of meetings in December 2021. Core members of the Community Health Assessment Team (CHAT)—including representatives from Healthy Harnett (a community coalition), Harnett Health, Harnett County Department of Public Health, Cape Fear Valley Health Systems, and Campbell University Department of Public Health—outlined a series of activities for collecting secondary and primary data throughout 2022. As a result of that planning, dozens of individuals became involved in survey data collection throughout the county, key leaders in health, government, and the community-at-large provided perspectives on the needs and assets of the county, and preliminary data reports were shared at a variety of meetings throughout the year. Since the local health department and local hospital system aligned the assessment cycles, some of the data was officially reported in the Community Health Needs Assessment (CHNA) by Harnett Health, which was made publicly available in September 2022. In comparison, the CHA provides a more extensive data reporting than was required for the CHNA, with detailed information regarding demographic and socioeconomic data, health assets, health outcomes and mortality data, and results from the community health survey. Additionally, the CHA is more broadly focused than the CHNA and offers insight into health strategies for Harnett County that go well beyond the clinical care systems.

Data Gathering and Reporting

Starting in February 2022, staff members from Harnett Health and Harnett County Department of Public Health along with faculty and students from Campbell University Department of Public Health began reviewing the available data from US Census, NC State Center for Health Statistics, The Log Into North Carolina (LINC) database, NC Department of Public Instruction, the Bureau of Labor Statistics, and a variety of other sources.

The NC Division of Public Health organizes the counties of North Carolina into groups of five “Health Stats Peer Counties” for comparison during the CHA process. Historically, Harnett County was included with Group C, which also includes Craven, Davidson, Johnston, and Randolph Counties. In the interest of comparing data to previous CHAs, this set of peer counties was maintained. These counties were grouped together as a result of sharing the following attributes:

- Population size: 103,505-168,878
- Individuals living below poverty level: 16.1%-18.1%
- Population under 18 years: 23%-28%
- Population 65 years and over: 10%-15%
- Population density (people per square mile): 146-295

When collecting data, it was important for the assessment team to gather not only the information for Harnett County, but also data for each of the peer counties and for the state as a whole. In most cases, the assessment team reports either the average for peer counties as comparison data for Harnett County or all of the peer counties individually alongside the data from Harnett County. In the appendices of the CHA, nearly 100 tables of data on Harnett County, the peer counties, and the State of NC are presented on topics ranging from educational attainment to pregnancy outcomes to motor vehicle fatalities.

In all cases, the primary sources of information are noted at the bottom of data tables and, where possible, direct hyperlinks are provided to facilitate further investigation of the data.

Community Health Survey

The Community Health Survey for Harnett County was adapted from the model survey provided by the North Carolina Division of Public Health. The survey was initially amended to include specific questions of relevance to the CHNA process for Harnett Health as well as to include specific questions of interest by Harnett County Department of Public Health. Additionally, students from Campbell University Department of Public Health utilized a cognitive interviewing process with more than thirty community volunteers to refine the format and content of the survey. The final version of the survey was approved for distribution by Harnett Health, Harnett County Department of Public Health, and the Healthy Harnett partnership in February 2022.

The distribution of the Community Health Survey for Harnett County was conducted in March-June 2022. A total of 568 individuals were surveyed. After data cleaning (including listwise deletion of incomplete survey responses), the final dataset included 449 responses. Surveys were collected using a combination of household canvassing and online, self-administered convenience sampling. Much of the data loss from the cleaning process is attributed to surveys started by non-residents and surveys in which participants completed less than 5% of the online survey.

County Description

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, Averagesboro, 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 (Averagesboro 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



Population Growth and Age Distribution

In 2010, Harnett County had an approximate population of 114,678 persons. In July 2021, Harnett County was estimated to have a population of 135,966 persons according to the U.S. Census Bureau. The population of Harnett County increased by 1.8% between 2020 and 2022, with a 29.1% of individuals under the age of 19 and 12.2% of persons aged 65 and over.

Age Distribution, Harnett County (2013 & 2022)

Age Range	2013		2022	
	Number	Percent	Number	Percent
0-19 years	36,582	30.7	38,580	29.1
20-24 years	8,350	7.0	8,144	6.2
25-34 years	17,183	14.5	20,799	15.7
35-44 years	16,849	14.2	18,008	13.5
45-54 years	15,271	12.9	16,372	12.4
55-64 years	***	***	14,291	10.8
65 years and over	***	***	16,089	12.2

Source: U.S. Census Bureau, American FactFinder, based upon 2013 American Community Survey 5-Year Estimates and NC Department of Commerce May 2022 County Profile of Harnett County

As indicated by these data, population growth in Harnett County increased at an annual rate of 1.96% from 2013 to 2022.

Race and Ethnicity

According to the U.S. Census Bureau, the racial composition of Harnett County residents is predominately White (61%) and African American (21%), with 49% representing racial or ethnic minority groups. As shown in the following table, the racial/ethnic distribution in Harnett County very similar to that of North Carolina. Since the last CHA document, the percentage of the population identifying as “White alone” dropped from 67.5% to 61%.

Race and Ethnicity, Harnett County and North Carolina (2020)

Race	Harnett County		North Carolina	
	Number	Percent	Number	Percent
White alone	81,867	61%	6,488,459	62%
Black or African American alone	27,417	21%	2,140,217	21%
American Indian and Alaska Native alone	1,423	1%	130,032	1%
Asian alone	1,494	1%	343,051	3%
Native Hawaiian and Other Pacific Islander alone	274	0%	8,518	0%
Some Other Race alone	9,481	7%	617,390	6%
Population of two or more races	11,612	9%	711,721	7%
Hispanic/Latino	19,964	14%	1,118,596	10%

Source: U.S. Census Bureau, <https://data.census.gov/table?q=harnett+county&tid=DECENNIALPL2020.P1>

Education

According to the organizational vision statement in the current strategic plan, Harnett County Schools “will be the North Carolina model for developing globally competitive and highly productive citizens.” However, as compared with the state averages and peer counties in the tables and figures below, Harnett County performs slightly below the educational achievement of peer counties. With SAT scores for example, the performance of Harnett County was at the bottom of the group of peer counties and significantly lower than the state average.

Education Breakdown for ages 25 and over for Harnett County, Peer Counties, & North Carolina (2021 1-Year Estimate)

Factor	Harnett County	Craven County	Davidson County	Johnston County	Randolph County	North Carolina
High School Graduate or Higher	88.5%	91.9%	87.6%	89.1%	85.2%	86.7%
Less than 9 th Grade	5.2%	3.1%	4.1%	4.8%	4.4%	4.0%
High School, No Diploma	6.4%	5.0%	8.3%	6.1%	10.4%	6.3%
High School Graduate or Equivalency	28.8%	24.1%	35.3%	29.9%	33.0%	24.9%
Some College, No Degree	21.8%	27.6%	22.0%	19.4%	24.7%	19.8%
Associate’s Degree	13.7%	11.3%	10.4%	12.3%	11.1%	10.1%
Bachelor’s Degree	15.7%	17.3%	15.0%	18.7%	12.1%	21.7%
Graduate or Professional Degree	8.4%	11.6%	4.9%	8.8%	4.4%	13.2%

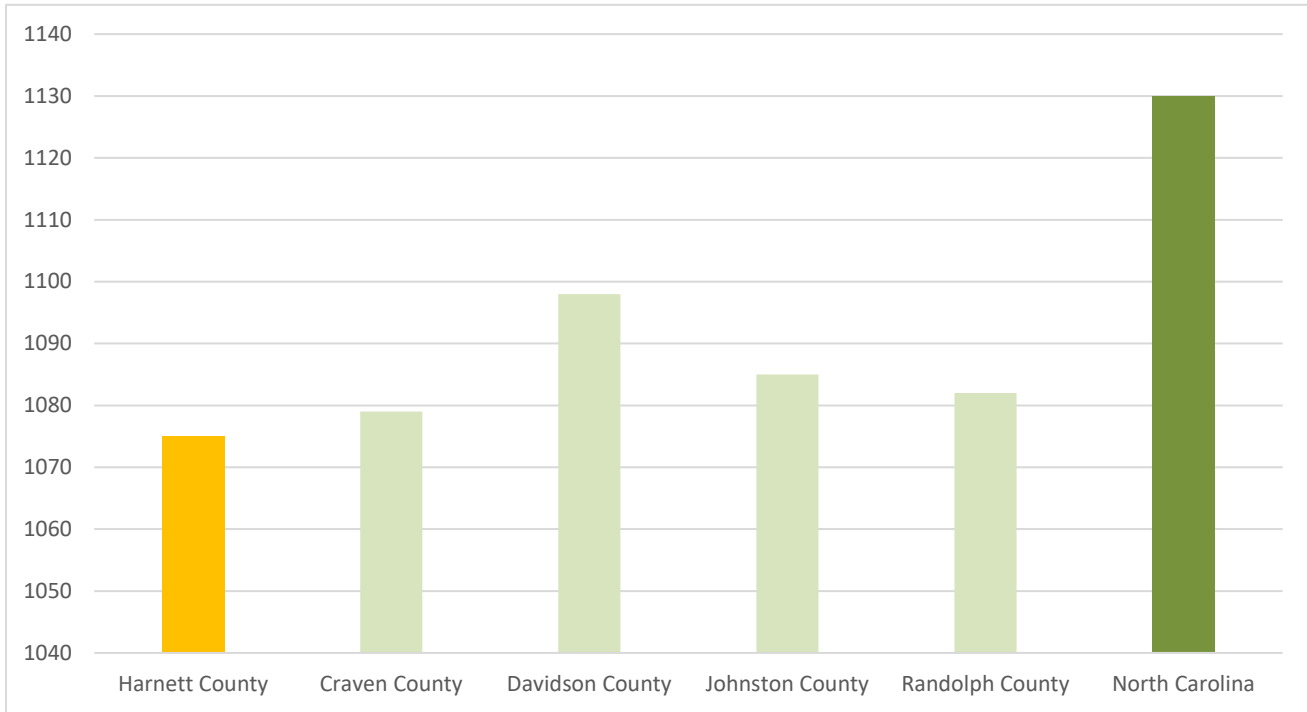
Source: U.S. Census Bureau, 2021 American Community Survey 1-Year Estimates, <https://data.census.gov>

2022 SAT Scores for Harnett County Public Schools and Peer Counties)

County	SAT Scores				
	# Tested	% Tested	Average Total Score	Average ERW Subtest Score	Average Math Subtest Score
Harnett County	82	7.3	1075	551	524
Craven County	88	11.2	1079	546	533
Davidson County	202	16.2	1098	552	545
Johnston County	352	14.1	1085	549	536
Randolph County	85	8.5	1082	553	529
North Carolina	23,378	25.1	1130	569	561

Source: Public Schools of North Carolina. <https://www.dpi.nc.gov/2022-sat-performance-district-and-school/download?attachment>

2022 SAT Scores for Harnett County Public Schools and Peer Counties (Average Total Score)



Source: Public Schools of North Carolina. <https://www.dpi.nc.gov/2022-sat-performance-district-and-school/download?attachment>

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 area's major private employers include Food Lion, Campbell University, Harnett Health System, and Wal-Mart. Public employers include Harnett County Public Schools and Harnett County Government.

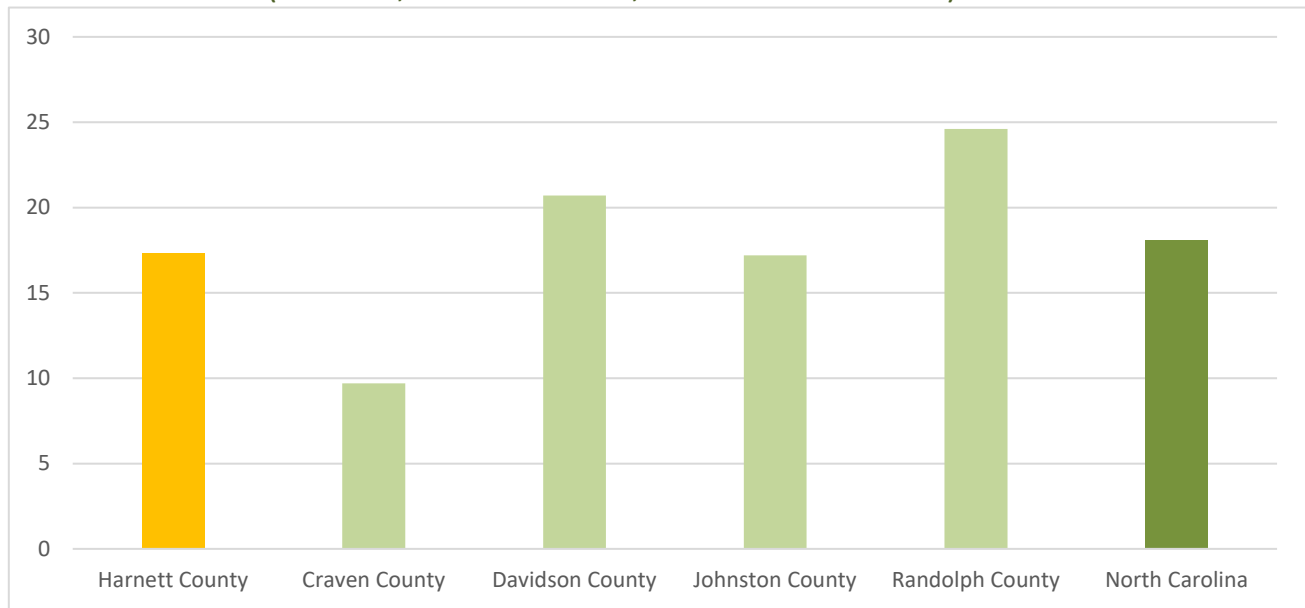
The U.S. Census Bureau reports Harnett County's median income of \$62,478 (in 2021 dollars), which is similar to the median household income in North Carolina (\$61,972). However, the mean household income for North Carolina (\$86,804) is much higher than Harnett County (\$76,706) suggesting that the distribution of income is less skewed toward higher incomes in the county. The per capita income for Harnett County is \$28,452 as compared to \$35,254 for North Carolina. In 2017, 12.8% of Harnett County residents lived below the poverty level compared to 13.4% of state residents. Harnett County's lower per capita income accompanies a relatively low unemployment rate in Harnett County (2.9%) compared to 3.5% for the state of North Carolina. Poverty rates for children in Harnett County are similar to peers and the state.

Household Income and Benefits, Harnett County and North Carolina (2021)

Income Level	Harnett County	North Carolina
Less than \$10,000	4.9%	6.4%
\$10,000 to \$14,999	4.7%	4.4%
\$15,000 to \$24,999	8.5%	8.6%
\$25,000 to \$34,999	10.5%	8.9%
\$35,000 to \$49,999	11.6%	12.5%
\$50,000 to \$74,999	18.4%	17.8%
\$75,000 to \$99,999	17.3%	12.7%
\$100,000 to \$149,999	15.5%	14.7%
\$150,000 to \$199,999	3.8%	6.5%
\$200,000 or more	4.8%	7.4%
Median Household Income	\$62,478	\$61,972
Mean Household Income	\$76,706	\$86,804

Source: U.S. Census Bureau, American Community Survey 1-Year Estimates 2021

Percentage of Children Living in Poverty (Harnett, Peer Counties, and North Carolina)



Source: U.S. Census Bureau, American Community Survey 1-Year Estimates 2021

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, homeowners, 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 (\$190,000) are approximately 19.8% less than the median home value for North Carolina (\$236,900). Only 19.2% of homes in Harnett County are valued at or above \$300,000, while 36.5% 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 (2021)

Factor	Harnett County	North Carolina
Less than %50,000	8.7	6.8
\$50,000 - \$99,000	10.3	9.4
\$100,000 - \$149,999	15.8	11.3
\$150,000 - \$199,999	18.4	13.8
\$200,000 - \$299,999	27.7	22.2
\$300,000 - \$499,999	16.1	23.8
\$500,000 - \$999,999	3.0	10.8
\$1,000,000 or more	0.1	1.9
Median	\$190,000	\$236,900

Source: U.S. Census Bureau, 2021 American Community Survey 1-Year Estimate

In 2018, Harnett County had 53,902 occupied housing units, with 60.1% of the units owner-occupied and the remainder of rental units paying a median gross rent of \$997.

Collecting Primary Data

Secondary data analysis and expert opinion both provide important information for assessing the health of the community. However, additional assessment effort must be directed at the collection of data regarding the perspectives, knowledge, and opinions of community members about health, health behaviors, and the opportunities for wellness in the county. The primary way in which community members' data was collected for the 2022 CHA is through the Community Health Survey.

The survey was based largely from the model survey published by the NC Division of Public Health and adapted for local use by members of the Community Health Assessment Team. The final version of the survey contained 54 questions. The survey questions were organized into the following areas:

- Quality of Life Statements
- Community Improvement Priorities
- Health Behaviors
- Access to Care
- Emergency Preparedness
- Demographics

The sampling methodology started with convenience sampling through promotion through social media, email lists, and posted flyers in public spaces. In addition, over a four-week period, surveys were conducted using face-to-face interviewing in priority neighborhoods with concentrations of traditionally under-sampled populations. Teams of public health graduate students from Campbell University travelled to the selected residences and administered the survey.

Demographic Comparison of Survey Respondents & Population

The resultant sample of 449 residents does not approximate the projected demographics of the county precisely. Due to the use of online convenience sampling, a predictable oversampling of women, higher income, white, and educated respondents occurred.

2022 Community Health Survey Demographic Comparisons

	2022 CHA Survey		2019 ACS (Projections)		2020 Census	
Sample Size (N)	449		132,283		133,568	
Gender						
Male	92	20.49%	65,571	49.57%	66,383	49.70%
Female	299	66.59%	66,712	50.43%	67,185	50.30%
Non binary	2	0.45%	-	-	-	-
Not listed	2	0.45%	-	-	-	-
Prefer not to answer	12	2.67%	-	-	-	-
Skipped Question	42	9.35%	-	-	-	-
Age						
Median	**50-54		34		34.7	
Under 5 years	-	-	9,852	7.45%	9,350	7.00%
5 to 9 years	-	-	9,823	7.43%	34,060	25.50%
10-14 years	-	-	9,874	7.46%		
15-19 years	2	0.45%	9,031	6.83%		
20-24 years	18	4.01%	8,144	6.16%		
25-29 years	33	7.35%	10,144	7.67%	72,394	54.20%
30-34 years	25	5.57%	10,655	8.05%		
35-39 years	31	6.90%	9,270	7.01%		
40-44 years	38	8.46%	8,738	6.61%		
45-49 years	37	8.24%	8,325	6.29%		
50-54 years	43	9.58%	8,047	6.08%		
55-59 years	61	13.59%	7,571	5.72%		
60-64 years	35	7.80%	6,720	5.08%	17,764	13.30%
65-69 years	37	8.24%	5,618	4.25%		
70-74 years	27	6.01%	4,192	3.17%		
75-79 years	12	2.67%	2,901	2.19%		
80-84 year	5	1.11%	1,942	1.47%		
85 years and over	2	0.45%	1,436	1.09%	-	-
Skipped Question	43	9.58%	-	-	-	-

¹ = 2019 Projections, American Community Survey, US Census Bureau.

2022 Community Health Survey Demographic Comparisons (cont'd)

	2022 CHA Survey		2019 ACS (projections)		2020 Census	
Race						
White / Caucasian	274	61.02%	81,138	61.34%	79,607	59.60%
Black / African American	46	10.24%	27,536	20.82%	29,919	22.40%
Native American	5	1.11%	1,278	0.97%	2,404	1.80%
Asian	4	0.89%	1,490	1.13%	1,736	1.30%
Pacific Islander	0	0.00%	362	0.27%	401	0.30%
Hispanic / Latinx	51	11.36%	16,889	12.77%	18,700	14.00%
More than 1 race	3	0.67%	4,875	3.69%	4,942	3.70%
Prefer not to answer	24	5.35%	-	-	-	-
Skipped Question	42	9.35%	-	-	-	-
Education						
Less than 9th grade	20	4.45%	10,720	12.53%	-	-
9th - 12th grade, no diploma	6	1.34%			-	-
High school graduate (or GED/equivalent)	43	9.58%	25,577	29.89%	-	-
Associate's Degree or Vocational Training	99	22.05%	9,562	11.18%	-	-
Some college (no degree)	68	15.14%	20,998	24.54%	-	-
Bachelor's Degree	96	21.38%	12,581	14.70%	-	-
Graduate or professional degree	74	16.48%	6,121	7.15%	-	-
Skipped Question	43	9.58%	-	-	-	-
Household Income						
Sample Size (N)	449		132,283		133,568	
Median household	**\$50,000 to \$74,999		\$53,554		\$54,565	
Less than \$10,000	25	5.57%	-	-	-	-
\$10,000 to \$14,999	11	2.45%	-	-	-	-
\$15,000 to \$24,999	24	5.35%	-	-	-	-
\$25,000 to \$34,999	36	8.02%	-	-	-	-
\$35,000 to \$49,999	55	12.25%	-	-	-	-
\$50,000 to \$74,999	71	15.81%	-	-	-	-
\$75,000 to \$99,999	66	14.70%	-	-	-	-
\$100,000 or more	96	21.38%	-	-	-	-
Skipped Question	65	14.48%	-		-	
*** 2019 ACS (Projections) only accounts for a Total Population 25 Years and over (85,559)						

Perceptions of Limited Economic Opportunity

As a group, survey respondents expressed general agreement (using “strongly agree,” “agree,” or “neutral”) with the following statements:

- There is good healthcare in Harnett County (72%)
- Harnett County is a good place to raise children (88%)
- Harnett County is a good place to grow old (84%)
- Harnett County is a safe place to live (89%)
- There is plenty of help for people during times of need in Harnett County (71%)
- There are good parks and recreation facilities in Harnett County (77%)

However, many respondents (43%) actually disagreed or strongly disagreed with the statement that “There is plenty of economic opportunity in Harnett County.” Responses to this quality of life statement were substantially similar across demographic categories. In addition, there were many respondents (42%) who disagreed or strongly disagreed with the statement that “There is affordable housing that meets the needs in Harnett County.” These perceptions of limited economic opportunity are especially remarkable given the oversampling of individuals with high educational attainment and higher household income.

Community Priorities

In an effort to assess the community’s perceptions of the greatest health needs, a series of questions were asked in which respondents were required to provide the three highest priority responses to the question. Rather than rating each possible item (as had been done in the 2013 Community Health Survey), the forced choice better clarifies the priorities of the respondents. The following table presents the most popular responses to these questions.

Top Community Priorities

Question	Response	Frequency
Which health behavior do you think the community needs more information about?	Mental/Behavioral Health	213
	Substance Misuse Prevention	118
Which one issue most affects the quality of life for the people who live in Harnett County?	Low Income/Poverty	244
	Drugs/Alcohol/Substance Use	223
Which one of the following services needs the most improvement in your neighborhood or community?	Higher Paying employment	136
	Counseling/mental health/support groups	117

In the priorities that emerged from these questions, there are clear socioeconomic concerns with regard to income, employment, and poverty as well as concern about adolescents and school completion. In addition, key areas of relevance to public health programming were also highlighted—particularly related to mental health and substance misuse prevention.

Health Care Utilization

A series of questions in the survey asked respondents about their preferences and capabilities with regard to seeking health care. On the whole, most respondents indicated that they had not experienced difficulties getting health care (67%). For those who indicated having trouble accessing care (20%), nearly half of those respondents (42%) reported that the difficulty was related to access primary care. As pointed out in previous sections, these access to care issues are especially remarkable given the oversampling of highly educated and high-income households.

Health Behaviors

Most survey respondents (60%) reported exercising at least once a week for 30 minutes; however, few respondents reported exercising daily. While there are some differences between subgroups of respondents with regard to exercise, none of the differences were significant.

Smoking is a key factor in preventable disease. Survey respondents were also asked to report smoking behavior. Twelve percent (13%) of respondents reported themselves to be current users of tobacco products.

Influenza is a significant illness and a leading cause of death in Harnett County and across North Carolina. Most cases of influenza can be prevented with the seasonal flu vaccine. Only 60% of survey respondents indicated that they had received the seasonal flu vaccine. While this rate—if true of the Harnett County population as a whole—is not surprisingly low compared to other districts, the seasonal flu vaccine is a low-cost, widely accessible long-lasting protective intervention that offers benefit to many people who reported not availing themselves of the vaccine.

Preparedness

The final section of the survey addressed aspects of personal preparedness. Respondents were asked about sources of information in an emergency. The majority of respondents (69%) reported that confidence in knowing where to get information in the event of a natural disaster. The top sources of information for staying safe during a natural disaster were reported to be television (51%), internet (47%), and text massaging alerts (45%).

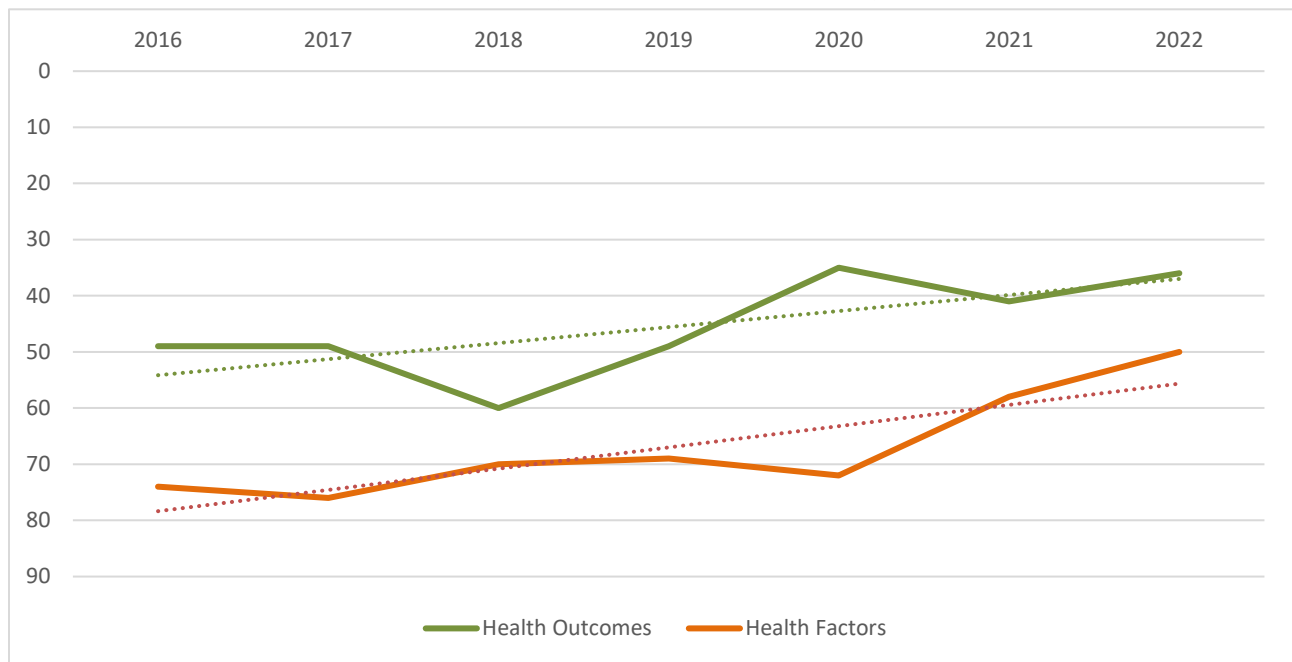
Secondary Health Data

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 has significantly improved its position in the County Health Rankings and now sits at #36 of the 100 counties of North Carolina. More specifically, Harnett County ranks 36th out of 100 for health outcomes in 2022 and 50th out of 100 for health factors, among North Carolina counties. The chart below shows the improvement Harnett County has made since 2016 on both domains of the County Health Rankings.

County Health Rankings for Harnett County (2016-2022)



Source: County Health Rankings (<https://www.countyhealthrankings.org>)

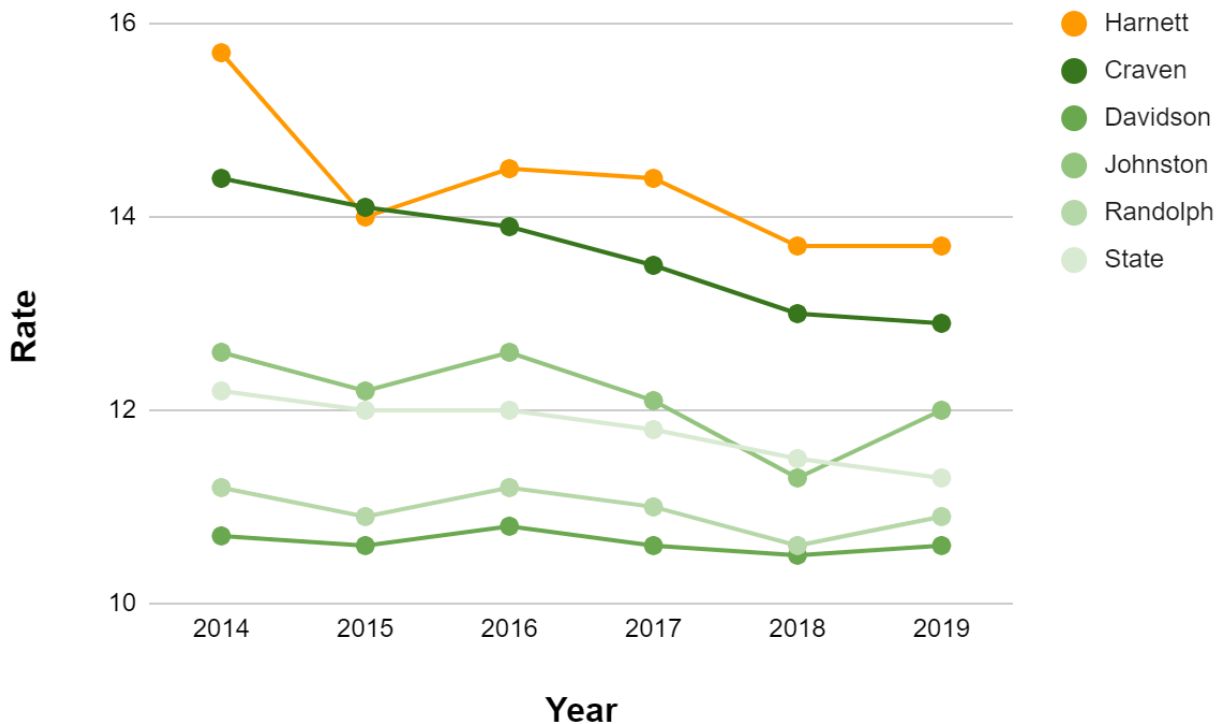
SECONDARY DATA: Mortality and Morbidity

Live Births

The birth rate in Harnett County is higher than the North Carolina average and all peer counties, which is consistent with the growing, younger population in the County. However, it should be noted that the live birth rate is decreasing over time.

Live Birth Rates for Harnett County and Peer Counties, 2014-2019

	2014	2015	2016	2017	2018	2019
Harnett	15.7	14	14.5	14.4	13.7	13.7
Craven	14.4	14.1	13.9	13.5	13	12.9
Davidson	10.7	10.6	10.8	10.6	10.5	10.6
Johnston	12.6	12.2	12.6	12.1	11.3	12
Randolph	11.2	10.9	11.2	11	10.6	10.9
State	12.2	12	12	11.8	11.5	11.3

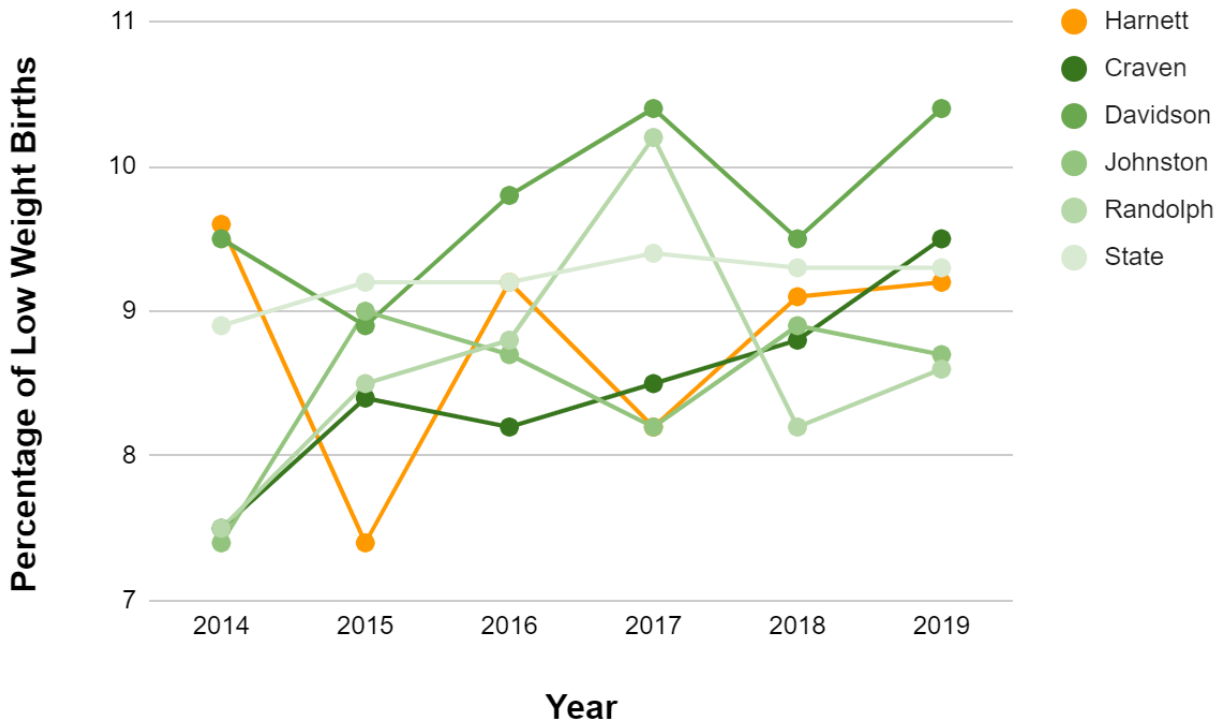


Low Birth Weight

For Harnett County, as shown in the following table, the percentage of low birth weight babies in Harnett County is similar to the percentage for peer counties and the state of North Carolina. This represents some improvement over time.

Low Birth Weight for Harnett County and Peer Counties, 2014-2019

	2014	2015	2016	2017	2018	2019
Harnett	9.6	7.4	9.2	8.2	9.1	9.2
Craven	7.5	8.4	8.2	8.5	8.8	9.5
Davidson	9.5	8.9	9.8	10.4	9.5	10.4
Johnston	7.4	9	8.7	8.2	8.9	8.7
Randolph	7.5	8.5	8.8	10.2	8.2	8.6
State	8.9	9.2	9.2	9.4	9.3	9.3



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 trends are reported 2013-2019. Information sources include:

- NC State Center for Health Statistics
- Behavioral Risk Factor Surveillance System (“BRFSS”)
- NC Cancer Central Cancer Registry
- Other databases as noted.

Top Ten Leading Causes of Death in Harnett County

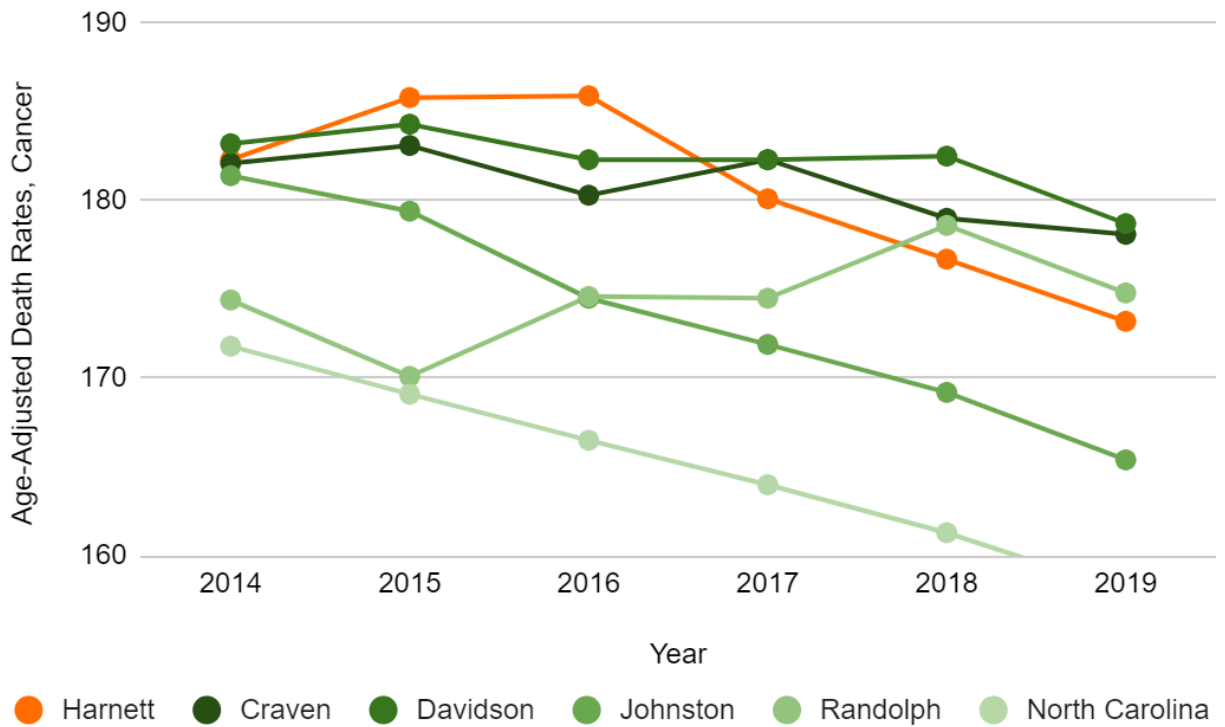
	CAUSE OF DEATH	# OF DEATHS	DEATH RATE
	TOTAL DEATHS --- ALL CAUSES	5,366	799.4
1	Cancer - All Sites	1,126	167.7
2	Diseases of the heart	1,071	159.5
3	Chronic lower respiratory diseases	316	47.1
4	Other Unintentional injuries	298	44.4
5	Cerebrovascular disease	280	41.7
6	Diabetes mellitus	208	31.0
7	Alzheimer's disease	169	25.2
8	Motor vehicle injuries	138	20.6
9	COVID-19	97	14.4
10	Nephritis, nephrotic syndrome, & nephrosis	94	14.0

Cancer

Cancer is the leading cause of death (age-adjusted) in Harnett County for the most current reporting year (2021). The number of deaths from cancer is slightly larger than North Carolina's rate. Between 2014 and 2019, Harnett County's all-cause cancer rate has decreased by 5% while the rate for North Carolina has decreased by 8%.

Age-Adjusted Cancer Death Rates per 100,000 Residents
(Harnett, Peer Counties, and North Carolina, 2014-2019)

	2014	2015	2016	2017	2018	2019
Harnett	182.3	185.8	185.9	180.1	176.7	173.2
Craven	182.1	183.1	180.3	182.3	179.0	178.1
Davidson	183.2	184.3	182.3	182.3	182.5	178.7
Johnston	181.4	179.4	174.5	171.9	169.2	165.4
Randolph	174.4	170.1	174.6	174.5	178.6	174.8
North Carolina	171.8	169.1	166.5	164.0	161.3	158



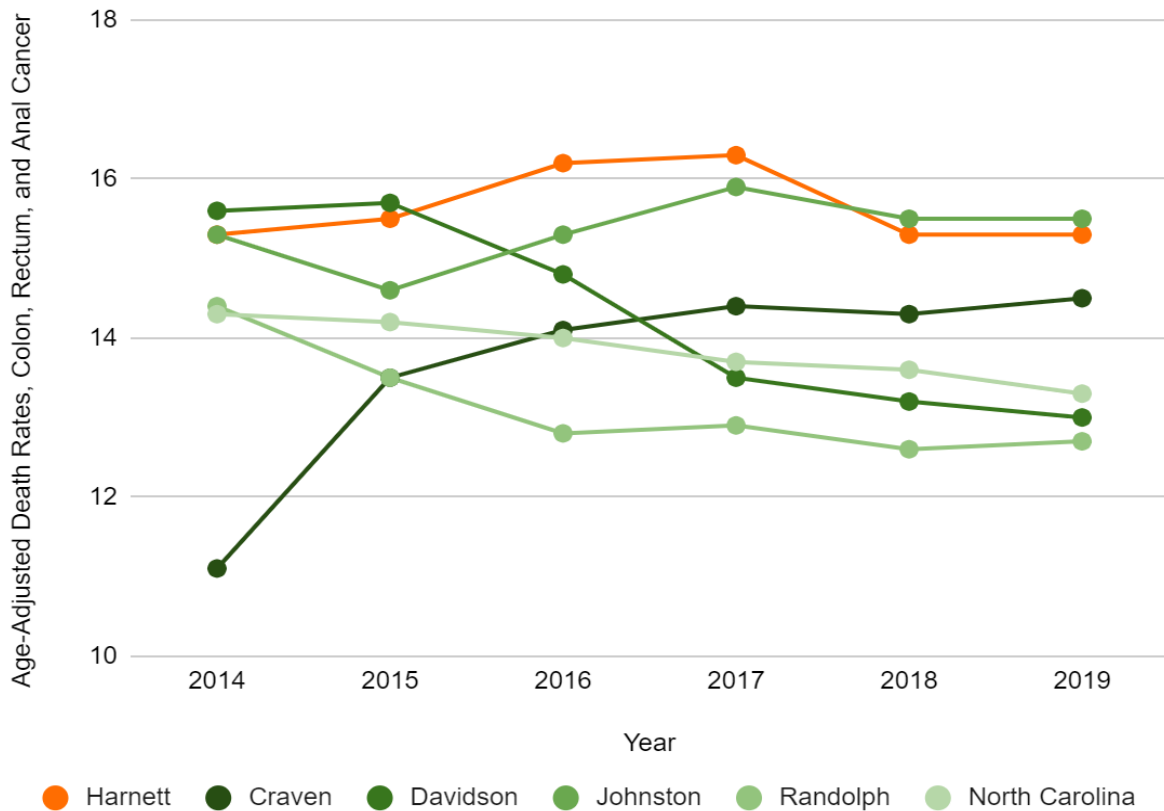
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

Colon, Rectum, Anus Cancers

The number of deaths from Colon, Rectum, and Anus Cancer for Harnett County is currently slightly higher than the North Carolina age adjusted death rate. Between 2014 and 2019, Harnett’s death rate for Colon, Rectum, Anus Cancer remained essentially constant, while the North Carolina death rate decreased from 14.3 to 13.3 for a decrease of 7%. Harnett County’s rate is currently the third highest among peer counties.

Age-Adjusted Colon, Rectum, and Anal Cancer Death Rates per 100,000 Residents (Harnett, Peer Counties, and North Carolina, 2014-2019)

	2014	2015	2016	2017	2018	2019
Harnett	15.3	15.5	16.2	16.3	15.3	15.3
Craven	11.1	13.5	14.1	14.4	14.3	14.5
Davidson	15.6	15.7	14.8	13.5	13.2	13.0
Johnston	15.3	14.6	15.3	15.9	15.5	15.5
Randolph	14.4	13.5	12.8	12.9	12.6	12.7
North Carolina	14.3	14.2	14.0	13.7	13.6	13.3



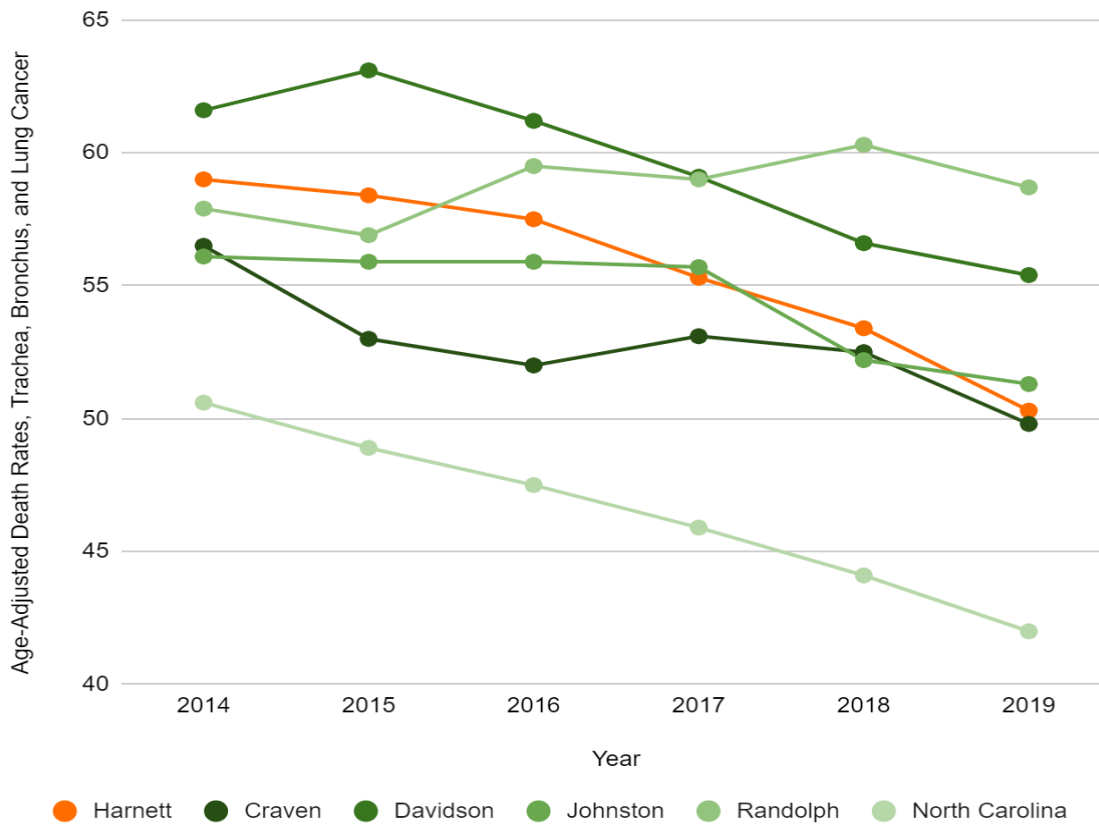
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhs.gov/data/>

Trachea, Bronchus, & Lung Cancer

The number of deaths from Trachea, Bronchus, & Lung Cancer is consistently higher than the North Carolina mortality rate. Between 2014 and 2019, Harnett’s death rate for Trachea, Bronchus, & Lung Cancer decreased from 59.0 to 50.3 or 14.7% and the North Carolina death rate decreased from 50.6 to 42 or 17%.

Age-Adjusted Trachea, Bronchus, and Lung Cancer Death Rates per 100,000 Residents (Harnett, Peer Counties, and North Carolina, 2014-2019)

	2014	2015	2016	2017	2018	2019
Harnett	59.0	58.4	57.5	55.3	53.4	50.3
Craven	56.5	53.0	52.0	53.1	52.5	49.8
Davidson	61.6	63.1	61.2	59.1	56.6	55.4
Johnston	56.1	55.9	55.9	55.7	52.2	51.3
Randolph	57.9	56.9	59.5	59.0	60.3	58.7
North Carolina	50.6	48.9	47.5	45.9	44.1	42



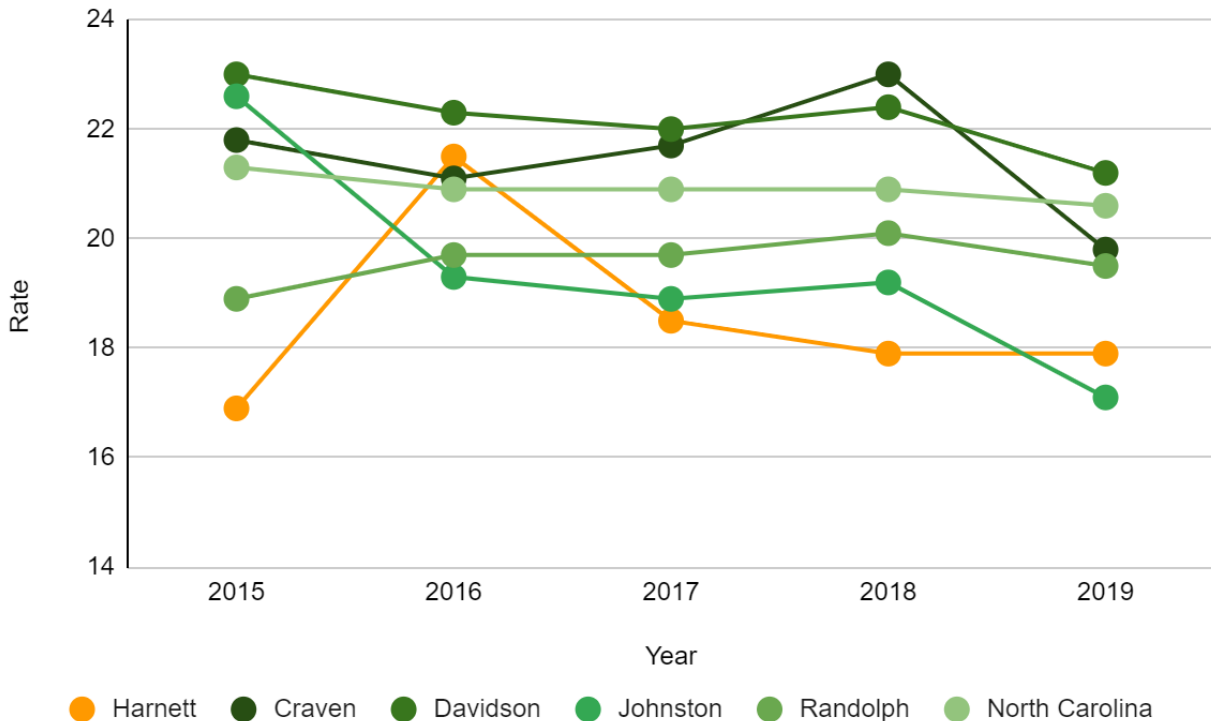
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/>

Female Breast Cancer

The mortality rate for Female Breast Cancer has decreased since 2000. Early detection and testing has improved over the last two decades, which has increased awareness and vigilance. Harnett’s mortality rate for Female Breast Cancer decreased since 2014 by 7.3%, while the North Carolina rate has only decreased by 4.6% over the same time frame. Harnett County’s rate is lower than the state rate and is currently the second lowest among peer counties.

Age-Adjusted Female Breast Cancer Death Rates per 100,000 Residents
(Harnett, Peer Counties, and North Carolina, 2014-2019)

	2014	2015	2016	2017	2018	2019
Harnett	19.3	16.9	18.1	18.5	17.9	17.9
Craven	24.0	21.8	21.1	21.7	23.0	19.8
Davidson	21.8	23.0	22.3	22.0	22.4	21.2
Johnston	21.5	22.6	19.3	18.9	19.2	17.1
Randolph	20.3	18.9	19.7	19.7	20.1	19.5
North Carolina	21.6	21.3	20.9	20.9	20.9	20.6



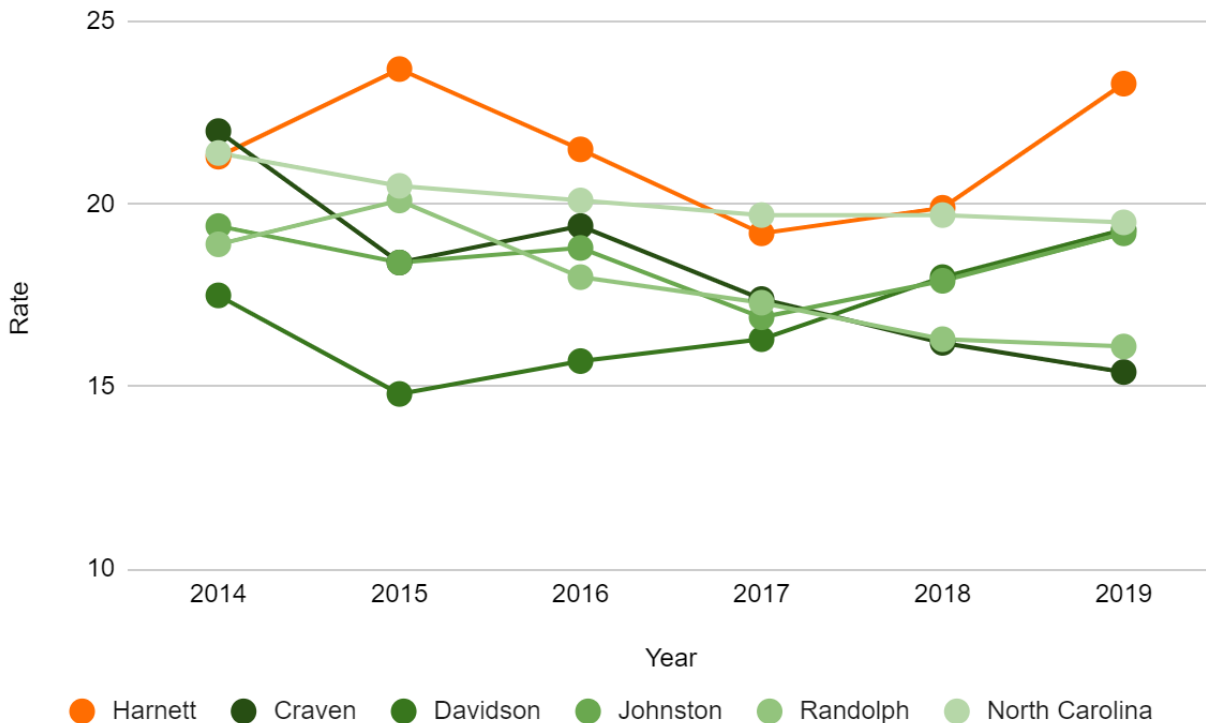
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/>

Prostate Cancer

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, partly due to the low numbers of annual deaths in many of the data-collection years. Low numbers of deaths make interpretation and comparison of derived rates difficult. Even so, Harnett County's rate for Prostate Cancer tends to be higher than the state and higher than peer counties.

Age-Adjusted Prostate Cancer Death Rates per 100,000 Residents
(Harnett, Peer Counties, and North Carolina, 2014-2019)

	2014	2015	2016	2017	2018	2019
Harnett	21.3*	23.7*	21.5*	19.2	19.9	23.3
Craven	22.0	18.4	19.4	17.4*	16.2	15.4
Davidson	17.5	14.8	15.7	16.3	18.0	19.3
Johnston	19.4	18.4	18.8	16.9	17.9	19.2
Randolph	18.9	20.1	18.0	17.3	16.3	16.1
North Carolina	21.4	20.5	20.1	19.7	19.7	19.5



Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhs.gov/data/>

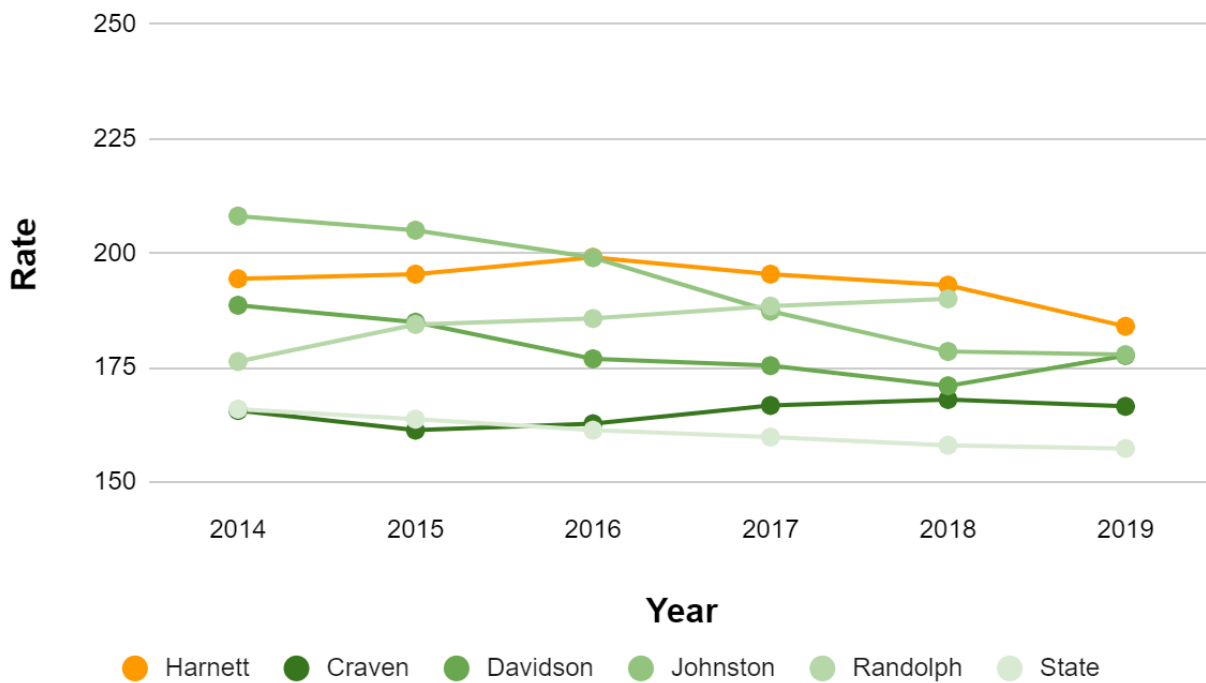
*Death rates with <50 deaths should be interpreted with caution (see table above)

Heart Disease

Heart Disease is the second 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 2013 and 2019, Harnett County's heart disease age-adjusted death rate decreased slightly, while the heart disease age-adjusted death rate for the state continued a long-term downward trend and decreased by 7.6% over that timeframe.

Age-Adjusted Heart Disease Death Rates per 100,000 Residents
(Harnett, Peer Counties, and North Carolina, 2013-2019)

	2013	2014	2015	2016	2017	2018	2019
Harnett	195.5	194.4	195.4	199.1	195.4	193	184
Craven	164.8	165.6	161.3	162.7	166.7	168	166.5
Davidson	197.7	188.6	184.9	176.9	175.4	171	177.6
Johnston	226.0	208.1	205.0	199.0	187.3	178.5	177.8
Randolph	175.7	176.3	184.4	185.7	188.4	190	
North Carolina	170.0	165.9	163.7	161.3	159.8	158	157.3

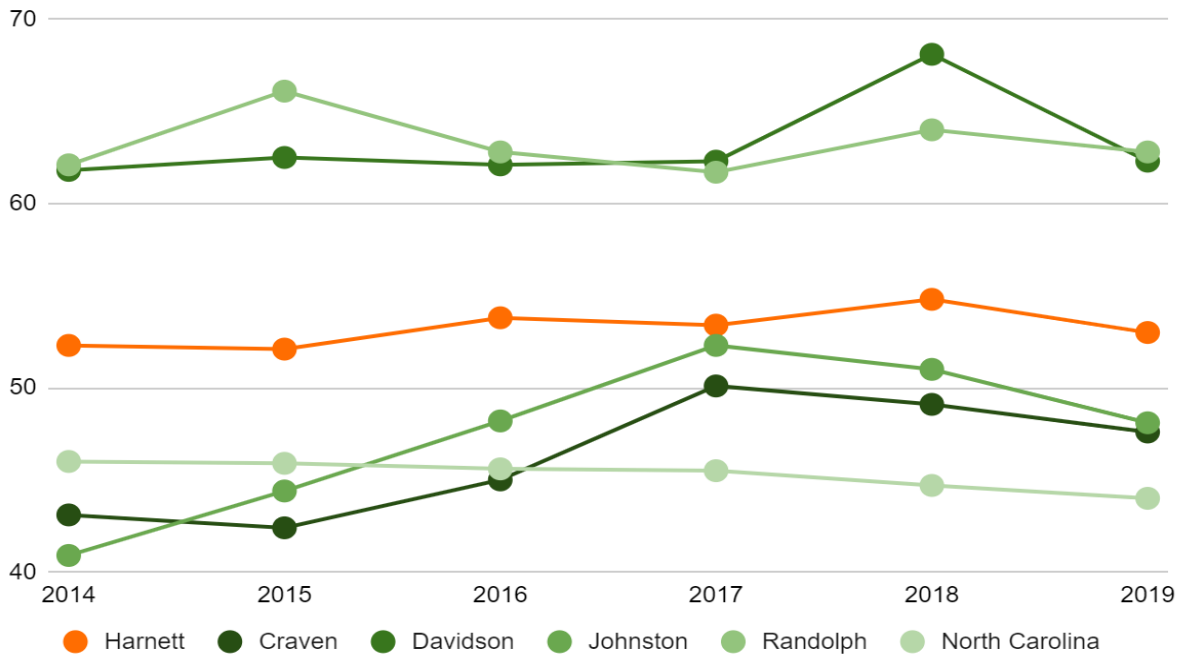


Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease is the 3rd leading cause of death (age-adjusted) in both Harnett County and North Carolina. When adjusted for age, Harnett County's mortality rate for Chronic Lower Respiratory Disease (53.4) is greater than the NC rate (44). The rate for Harnett County has slightly increased (4.3%) since 2013 versus the state rate which has slightly decreased (4.3%).

Age-Adjusted Chronic Lower Respiratory Disease Death Rates per 100,000 Residents (Harnett, Peer Counties, and North Carolina, 2013-2019)

	2013	2014	2015	2016	2017	2018	2019
Harnett	51.2	52.3	52.1	53.8	53.4	54.8	53
Craven	43.0	43.1	42.4	45.0	50.1	49.1	47.6
Davidson	62.1	61.8	62.5	62.1	62.3	68.1	62.3
Johnston	39.7	40.9	44.4	48.2	52.3	51	48.1
Randolph	62.4	62.1	66.1	62.8	61.7	64	62.8
North Carolina	46.1	46.0	45.9	45.6	45.5	44.7	44



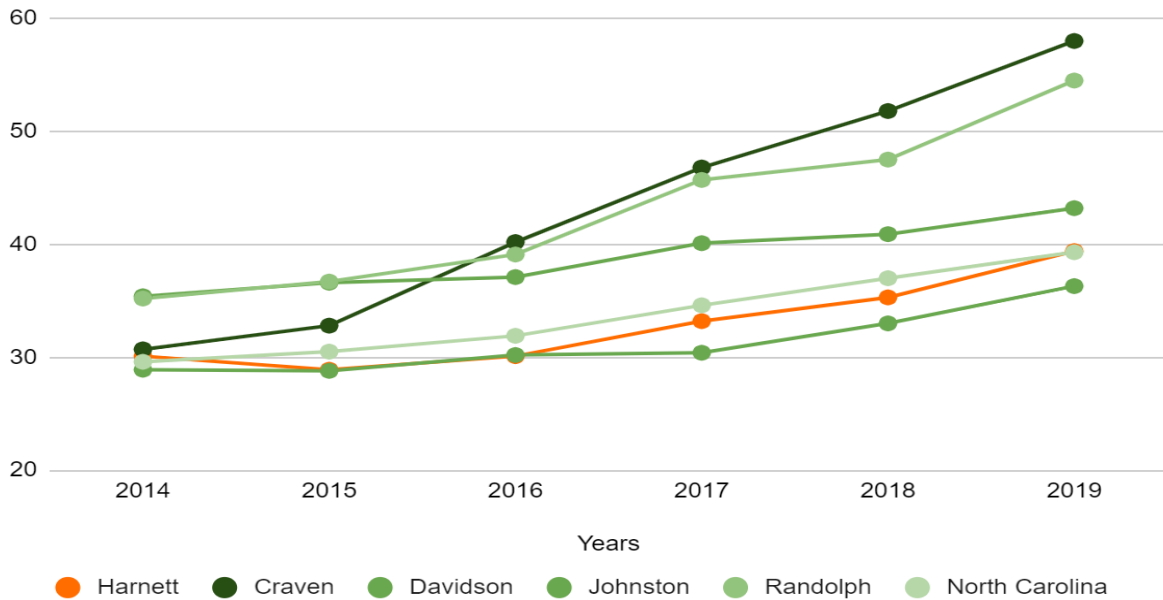
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhs.gov/data/>

Other Unintentional Injuries

Other Unintentional Injuries is the 4th leading cause of death (age-adjusted) in Harnett County. As shown in the following chart, the number of deaths from unintentional injuries in Harnett County has increased comparably to the North Carolina average from 2013 to 2019. Over the past 20 years, both Harnett County and North Carolina have experienced significant increases in unintentional injury deaths. Unintentional injuries include poisoning deaths and overdoses.

Age-Adjusted Other Unintentional Injuries Death Rates per 100,000 Residents
(Harnett, Peer Counties, and North Carolina, 2014-2019)

	2014	2015	2016	2017	2018	2019
Harnett	30.1	28.9	30.1	33.2	35.3	39.4
Craven	30.7	32.8	40.2	46.8	51.8	58
Davidson	35.4	36.6	37.1	40.1	40.9	43.2
Johnston	28.9	28.8	30.2	30.4	33	36.3
Randolph	35.2	36.7	39.1	45.7	47.5	54.5
North Carolina	9.6	30.5	31.9	34.6	37	39.3



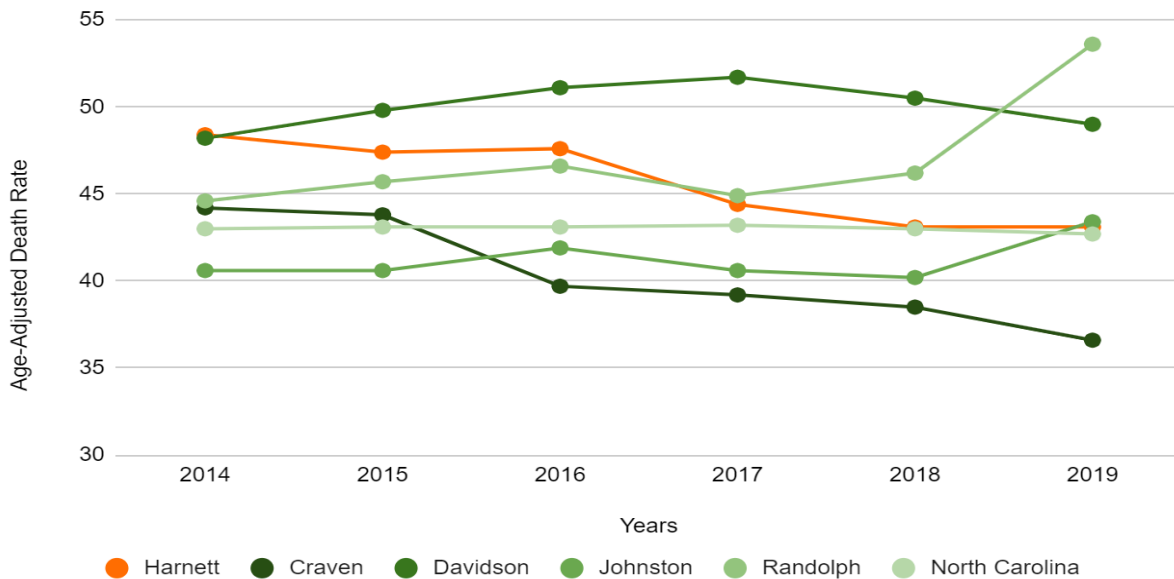
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhs.gov/data>

Cerebrovascular Disease

Cerebrovascular Disease (stroke) is the 5th leading cause of death (age-adjusted) in both Harnett County and North Carolina. As shown in the following chart, Harnett County's number of deaths from cerebrovascular disease is slightly greater than the North Carolina average. Since 2014, Harnett County's rate decreased from 48.4 to 43.1 (or 11.0%). North Carolina's rate over that time has remained essentially constant. Significant improvement has been made in preventing, diagnosing, and treating cerebrovascular disease.

Age-Adjusted Cerebrovascular Disease Death Rates per 100,000 Residents
(Harnett, Peer Counties, and North Carolina, 2014-2019)

	2014	2015	2016	2017	2018	2019
Harnett	48.4	47.4	47.6	44.4	43.1	43.1
Craven	44.2	43.8	39.7	39.2	38.5	36.6
Davidson	48.2	49.8	51.1	51.7	50.5	49.0
Johnston	40.6	40.6	41.9	40.6	40.2	43.4
Randolph	44.6	45.7	46.6	44.9	46.2	53.6
North Carolina	43	43.1	43.1	43.2	43	42.7



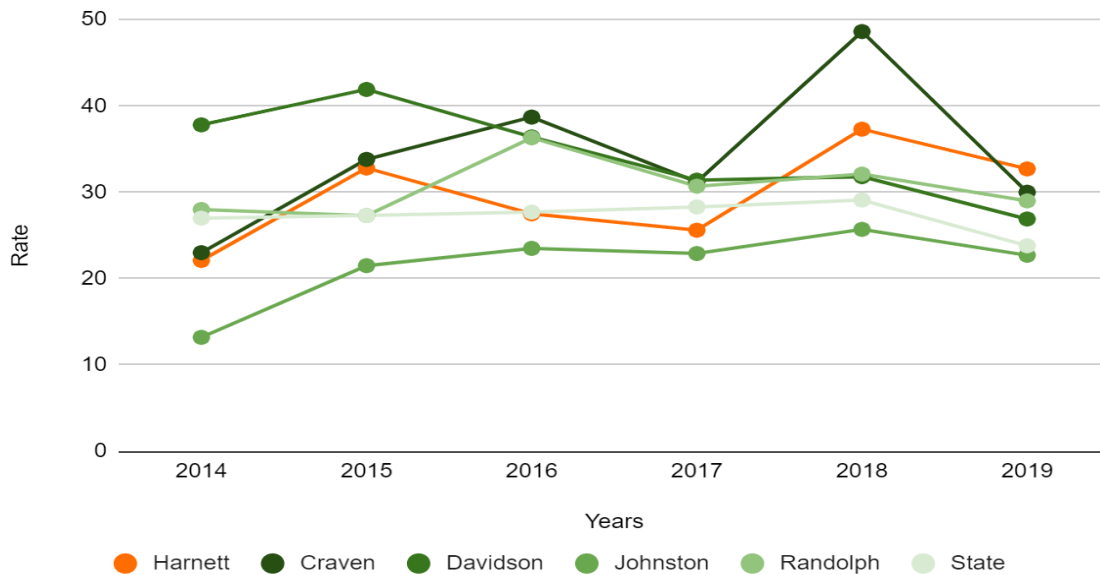
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhs.gov/data>

Diabetes

Diabetes is the 6th leading cause of death (age-adjusted) in Harnett County, while it is the 7th leading cause of death in North Carolina. As shown in the following chart, the number of deaths from diabetes in Harnett County has been consistently higher than North Carolina and also the highest among peer counties. Since 2014, Harnett County's rate also slightly increased from 22.1 to 32.7 (or 10.6%). Over that same time period, North Carolina's death rate decreased from 27 to 23.8 (or 11.9%). While diabetes is reflected as the 6th leading cause of death, it is also often a secondary and a complicating factor that co-exists with heart disease, renal disease, and obesity.

Age-Adjusted Diabetes Mellitus Disease Related Death Rates per 100,000 Residents (Harnett, Peer Counties, and North Carolina, 2014-2019)

	2014	2015	2016	2017	2018	2019
Harnett	22.1	32.8	27.5	25.6	37.3	32.7
Craven	23	33.8	38.7	31.2	48.6	30.0
Davidson	37.8	41.9	36.4	31.4	31.8	26.9
Johnston	13.2	21.5	23.5	22.9	25.7	22.7
Randolph	28	27.3	36.3	30.7	32.1	29
North Carolina	27	27.3	27.7	28.3	29.1	23.8



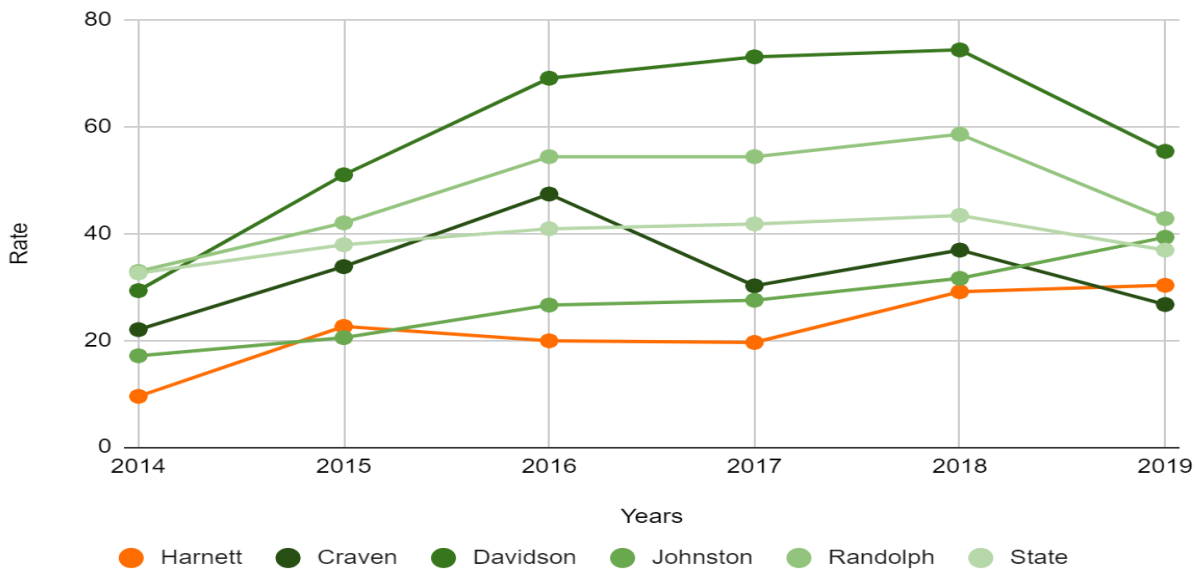
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhs.gov/data/>

Alzheimer's Disease

Alzheimer's is the 7th leading cause of death (age-adjusted) in Harnett County. As shown in the following chart, Harnett County's deaths from Alzheimers is below the average rate for North Carolina. From 2014 to 2019, Harnett County's age adjusted death rate is consistently lower than the state of North Carolina; however, it did increase from 9.5 to 30.3 (or 20.8%). During that same period, the rate for North Carolina increased from 32.6 to 36.9 (or 4.3%).

Age-Adjusted Alzheimer's Disease Death Rates per 100,000 Residents
(Harnett, Peer Counties, and North Carolina, 2014-2019)

	2014	2015	2016	2017	2018	2019
Harnett	9.5	22.6	19.9	19.6	29.1	30.3
Craven	22	33.8	47.4	30.2	36.9	26.7
Davidson	29.3	51	69.1	73.1	74.4	55.4
Johnston	17.1	20.5	26.6	27.5	31.6	39.3
Randolph	32.9	42	54.4	54.4	58.6	42.8
North Carolina	32.6	37.9	40.9	41.8	43.4	36.9



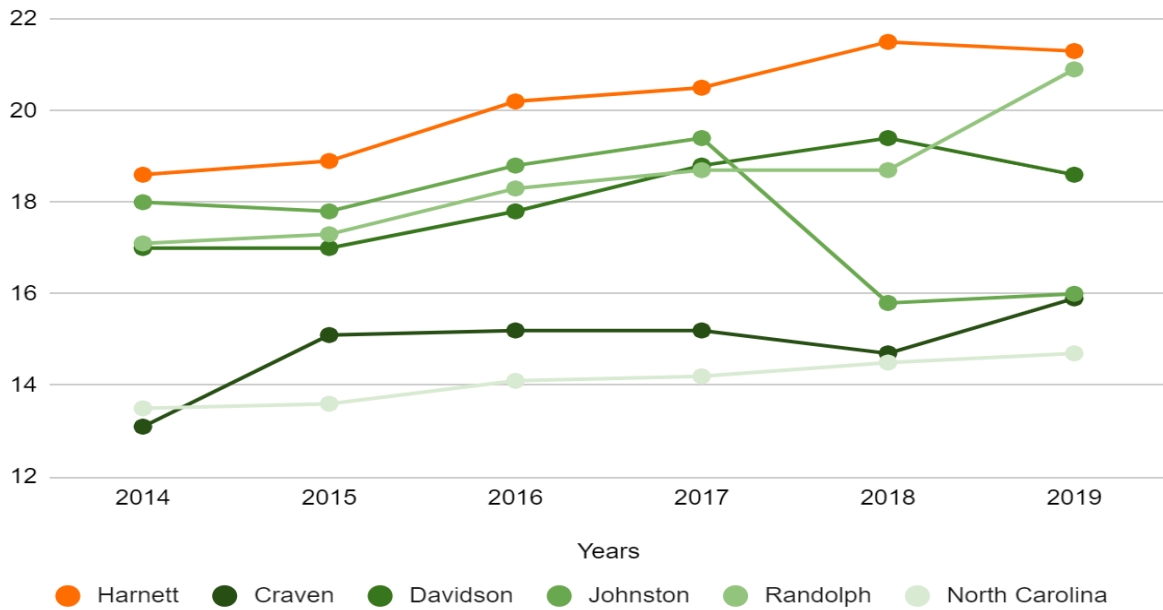
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/>

Unintentional Motor Vehicle Injuries

Unintentional Motor Vehicle Injuries are the 8th leading cause of death (age-adjusted) in Harnett County. From 2014 to 2019, Harnett County’s motor vehicle injury age-adjusted mortality rate slightly increased from 18.6 to 21.3 per 100,000 population (or 14.5%). North Carolina’s rate also increased from 13.5 to 14.7 per 100,000 population (or 8.9%). Harnett County’s rate is much higher than the state and the highest among peer counties.

Age-Adjusted Unintentional Motor Vehicle Injury Death Rates per 100,000 Residents (Harnett, Peer Counties, and North Carolina, 2014-2019)

	2014	2015	2016	2017	2018	2019
Harnett	18.6	18.9	20.2	20.5	21.5	21.3
Craven	13.1	15.1	15.2	15.2	14.7	15.9
Davidson	17	17	17.8	18.8	19.4	18.6
Johnston	18	17.8	18.8	19.4	15.8	16
Randolph	17.1	17.3	18.3	18.7	18.7	20.9
North Carolina	13.5	13.6	14.1	14.2	14.5	14.7



Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/>

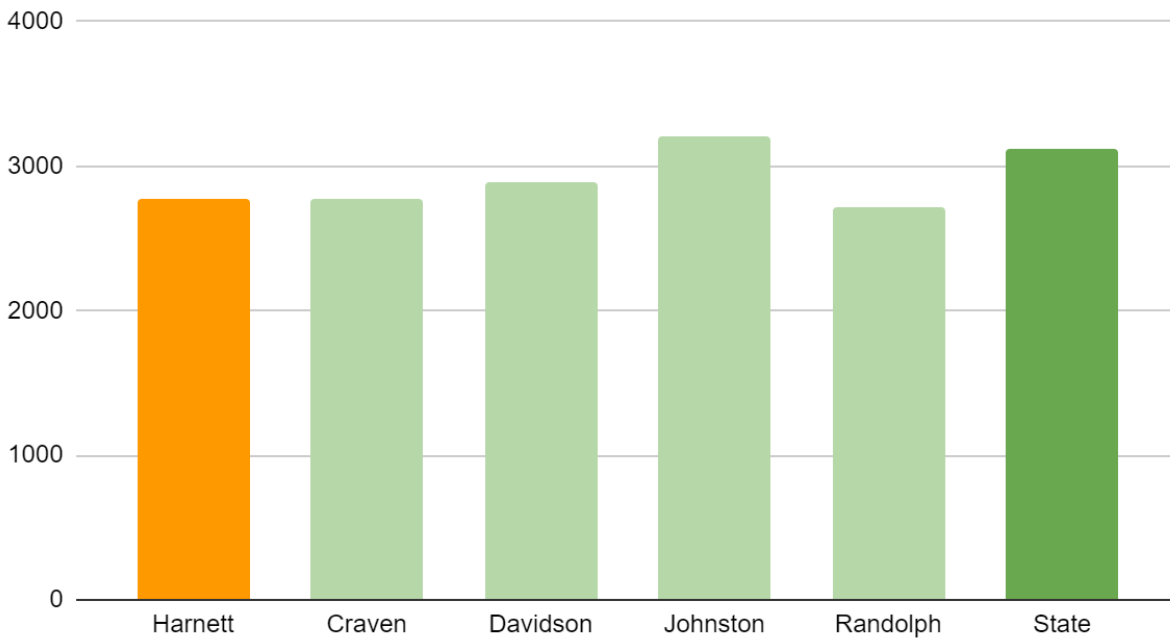
COVID-19

In March 2020, Harnett County's citizens began to be affected by the global COVID-19 pandemic. In the pandemic period, COVID-19 became the ninth leading cause of death in Harnett County. The case rate and death rate from COVID-19 is not substantially different from peer counties and the state. However, the COVID-19 vaccinated rate in Harnett County is lower than most peer counties and the state.

Total Cases and Total Deaths from COVID-19
(Harnett, Peer Counties, and North Carolina, March 2020-August 2022)

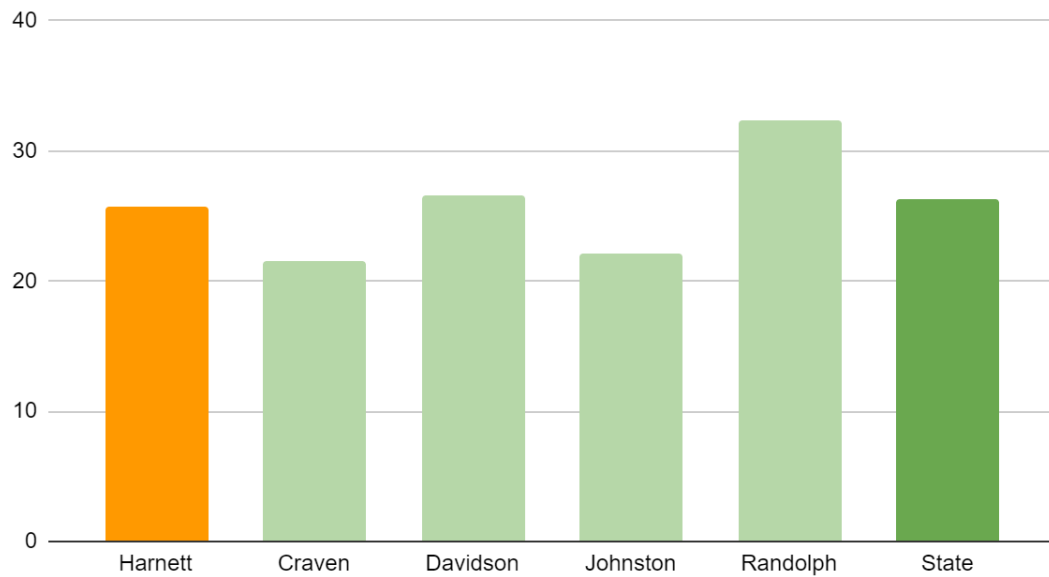
	Harnett	Craven	Davidson	Johnston	Randolph	State
Total Cases	37,715	28,300	48,312	67,182	39,072	3,047,625
Total Deaths	349	220	445	464	465	25724

COVID-19 Cases (per 10000 Residents)



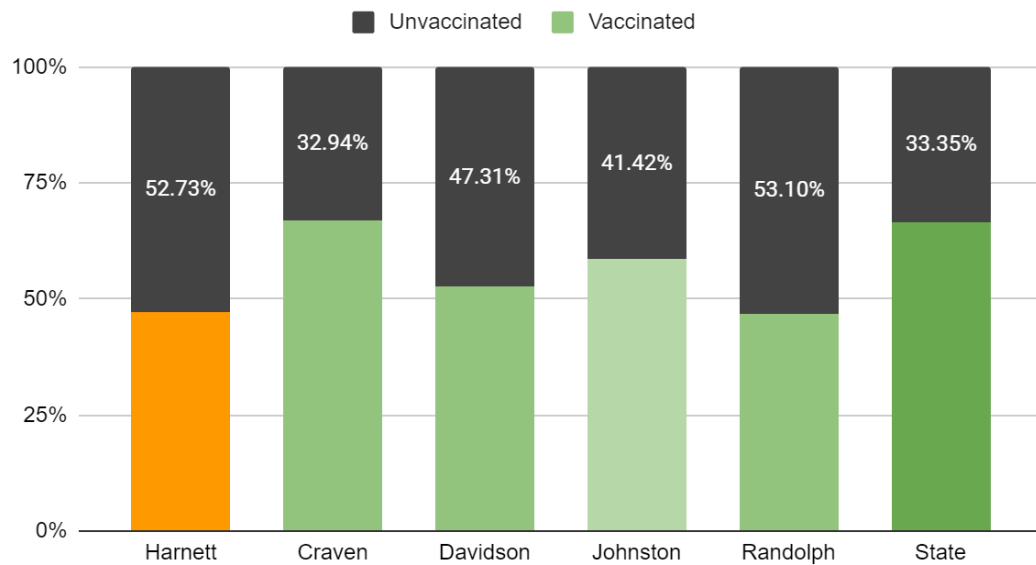
Source: North Carolina DHHS COVID-19 Dashboard. <https://covid19.ncdhhs.gov/dashboard/>

COVID-19 Deaths (per 10000 Residents)



Source: North Carolina DHHS COVID-19 Dashboard. <https://covid19.ncdhhs.gov/dashboard/>

Percent Vaccinated Against COVID-19 (at least one dose)



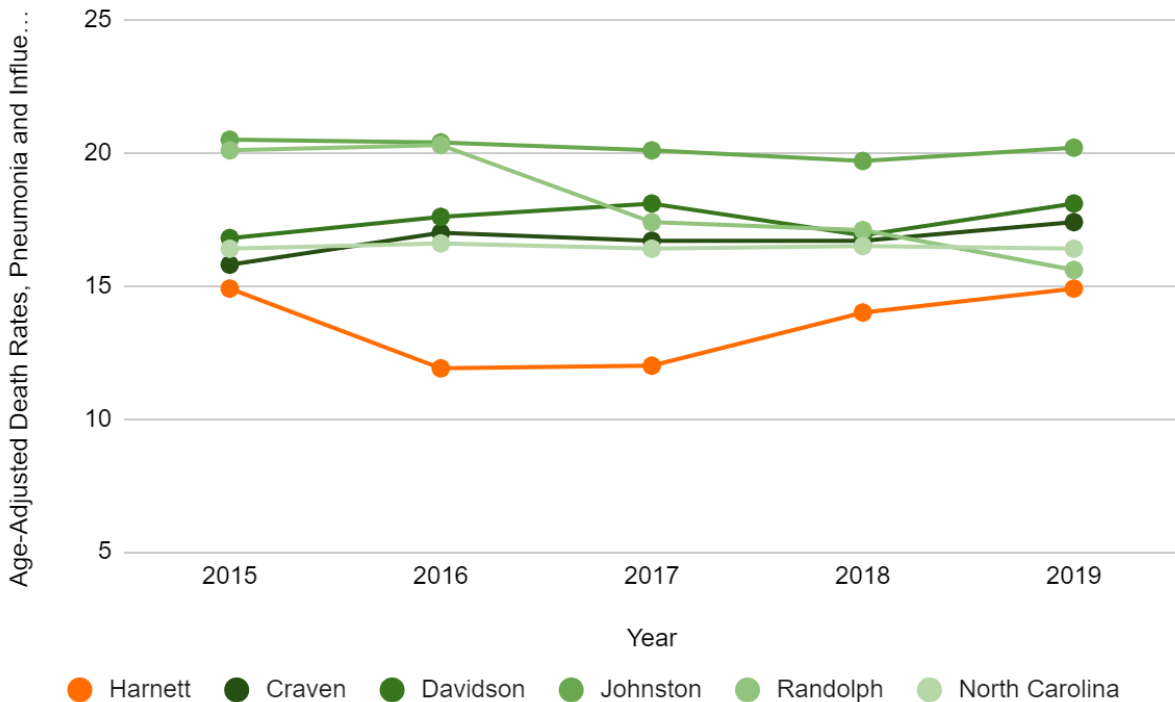
Source: North Carolina DHHS COVID-19 Dashboard. <https://covid19.ncdhhs.gov/dashboard/vaccinations>

Nephritis, Nephrosis, and Nephritic Syndromes

Nephritis, nephrosis, and nephritic syndromes are the 10th leading cause of death (age-adjusted) in Harnett County. In the previous CHNA cycle, nephritic diseases were not among the ten leading causes of death in Harnett County. From 2014 to 2019, Harnett County’s kidney-related mortality rate remained all peer counties and the state. North Carolina’s rate remained relatively stable over that period.

Age-Adjusted Nephritis & Nephrosis Death Rates per 100,000 Residents
(Harnett, Peer Counties, and North Carolina, 2015-2019)

	2015	2016	2017	2018	2019
Harnett	14.9	11.9	12	14	14.9
Craven	15.8	17	16.7	16.7	17.4
Davidson	16.8	17.6	18.1	16.9	18.1
Johnston	20.5	20.4	20.1	19.7	20.2
Randolph	20.1	20.3	17.4	17.1	15.6
North Carolina	16.4	16.6	16.4	16.5	16.4



Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhs.gov/data/>

Key Community Health Concerns

At the conclusion of drafting reports that outline the secondary data analysis and the survey data for the county, the community health assessment process concluded with a series of presentations to community members regarding prominent issues that emerged from the preliminary data analysis. Presentations took place at a meeting of the community health coalition, Healthy Harnett, at a meeting of the Board of Health, and at a meeting of the management team from the Harnett County Department of Public Health. The groups reviewed the draft documents and focused on the following data with regard to key issues:

Economic Opportunity – While growing at a rate faster than the average for peer counties or the State of NC, respondents to the Community Health Survey rated among the highest rated community problem affecting the quality of life in the county “Low Income/Poverty.” Additionally, Harnett County has a much lower per capita income than the average state of North Carolina.

Chronic Disease – The leading cause of death in Harnett County is cancer. The total cancer (all cancers) age-adjusted mortality rate for Harnett County is 10% higher than the comparable rate for the state. Specific cancers have mortality rates in which Harnett County is even more disparate. While heart disease is the second leading cause of death in all counties in NC and across the nation, the age-adjusted mortality rates for heart disease in Harnett County is 17% higher than the state average and the highest among the peer counties. The age-adjusted diabetes mortality rate for Harnett County is 37% higher than the state average and is the highest among peer counties. This death rate is also trending upward since 2013.

Motor Vehicle Injuries – Mortality rates from unintentional motor vehicle injuries is the eighth leading cause of death in Harnett County. Rates of death from motor vehicle injuries in Harnett County is higher than all peer counties and 45% higher than the rate for the state as a whole.

Behavioral Health – Respondents to the Community Health Survey named Substance Abuse Prevention and Mental/Behavioral Health as the top two “health behaviors that the community needs more information about.” Additionally, when asked about the issues that most affects the quality of life for the people who live in Harnett County, the second overall response (behind only “Low Income/Poverty”) was “Drugs/Alcohol/Substance Use.” Additionally, when asked about the services most in need of improvement in the county, respondents to the Community Health Survey identified “Counseling/mental health/support groups” as one of the top priorities.

Physical Activity – When asked about which community service “needs the most improvement,” respondents to the Community Health Survey identified “Better/More Recreational Facilities” among the key concerns. More than a quarter of respondents (26.5%) reported doing no physical activity or exercise at all in a typical week.

Pandemic Response – At the end of January 2023, Harnett County had experienced 374 deaths due to COVID-19 since the start of the pandemic. Harnett County residents have a low vaccination rate when compared to both peer counties and the state of NC, with more than half of eligible residents remaining completely unvaccinated. According to the Community Health Survey, the enduring affects of the pandemic center around behavioral health issues, with “Stress/Anxiety,” “Social Isolation,” and “Mental/Behavioral Health” identified as the most significant impacts of COVID-19 on the community.

Priority Populations

Across the six areas of concern identified above, racial and ethnic minorities fare worse than white counterparts on nearly every measure. As a health equity feature of the action planning steps in response to the community health assessment process, specific attention should be given to improving the health of racial/ethnic minorities.

Additionally, Harnett County experiences access to care challenges that push the county into the lowest resourced quartile in the state. These provider ratios somewhat defy the demographic predictors and are difficult to explain. A reasonable hypothesis for the low numbers of rural providers is Harnett County’s proximity to the Triangle and Cumberland County. This urban adjacency might allow socio-economically privileged residents to travel to neighboring counties for care, which depresses demand for local services. Unfortunately, this would have a particularly detrimental impact on individuals with lower resources and transportation challenges. Therefore, the action planning process for community health improvement should give specific attention to low income residents and people with disabilities in relationship to both the Behavioral Health and Chronic Disease priority areas.

Rating & Identification of Key Priorities

After presenting the key focus areas at each of the aforementioned stakeholder meetings, participants were invited to rate each of the six areas with regard to prioritization in the upcoming community health improvement planning process. The ranking of each leadership group for each focus area are reported in the table below.

Ranking of Health Priorities, by Leadership Group

	Board of Health	Healthy Harnett	Management Team
Economic Opportunities	3	2	4
Motor Vehicle Injuries	4	4	1
Pandemic Response	6	6	6
Behavioral Health	1	1	3
Chronic Disease	1	3	2
Physical Activity	5	6	4

Community Health Priorities

After reviewing the stakeholder ratings of key community health concerns and all of the additional data in the report, the Community Health Assessment Team settled on the following three priorities: Harnett County's health priorities are (1) **Behavioral Health (Including substance misuse and overdose prevention)**, (2) **Chronic Disease** and (3) **Motor Vehicle Injuries**.

Behavioral Health

A key aspect of the post-pandemic community health work in Harnett County will be addressing the behavioral health needs of the population. On the Community Health Survey, respondents highlighted stress/anxiety, social isolation, and mental health as the most severe impacts of the pandemic on their own health.

Additionally, while Harnett County has made great strides in many aspects of the County Health Rankings, access to mental health providers continues to be an area in which Harnett County performs poorly when compared to peer counties, the state of North Carolina, and top performing counties in the United States. The mental health provider ratio for Harnett County in 2022 was 1038:1, which ranks #76 out of 100 counties. Behavioral health issues often fall to primary care, but similarly Harnett County has a primary care physician ratio of 3,487:1, which ranks even lower—putting Harnett County at #80 of 100 counties on this measure. The access to care issues which put Harnett County in the lowest quartile of North Carolina's counties present a specific challenge in meeting the substantial behavioral health needs of the post-pandemic reality.

Meanwhile, even prior to the COVID-19 pandemic, a separate substance use and overdose epidemic was affecting the county. According to the NCDHHS Opioid and Substance Use Action Plan Data Dashboard, in 2021, 76 residents of Harnett County died as the result of an overdose. That is, Harnett County had a drug overdose fatality rate of 52.2 (per 100,000 residents) which is 36% higher than the comparable rate for the state (38.5). Similarly, Harnett County had a drug overdose emergency department visit rate of 203.0 (per 100,000 residents, which is 35% higher than the comparable rate for the state (150.8).

Harnett County is embarking on a collective impact approach to substance misuse and overdose prevention that will include multi-sectoral collaboration. Prioritizing behavioral health in the Community Health Assessment and Community Health Improvement Planning addresses a key community health concern in a moment in which synergies can be leveraged over multiple strategic planning processes.

Chronic Disease Prevention

Leading causes of death—including diabetes, cancer, and heart disease—result from community health challenges in managing chronic disease. Chronic disease is relevant for all populations in the county,

however, for many chronic diseases, racial/ethnic minority communities bear a disproportionate burden of disability and death.

Over the past two decades, the age-adjusted death rates for diabetes in Harnett County has diverged from the NC average—while the state rate decreased slightly, the rate for Harnett County increased by 10%. With regard to the priority population of racial/ethnic minorities, the age-adjusted death rate for diabetes in African American residents (47.3) in Harnett County is 58% higher than the comparable rate for White (non-Hispanic) residents, which is 29.9.

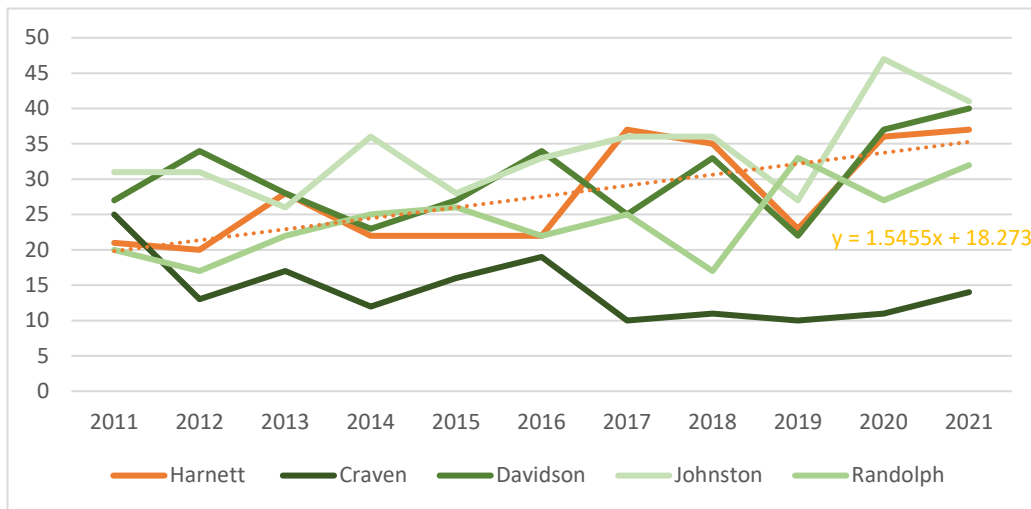
As with nearly all counties in the United States, heart disease is a leading cause of death in Harnett County. Since 2003, age-adjusted heart disease rates in Harnett County have trended similarly to the state average, while remaining consistently and substantially higher than the state average. In Harnett County, racial/ethnic disparity analyses indicate again that there is a 9% elevated fatality rate for African-American residents (192.5) as compared with their White (non-Hispanic) counterparts (176.0).

By focusing on chronic disease prevention, the Community Health Improvement Plan can help to align clinical care systems with prevention efforts in the community, as this is a shared goal with Harnett Health.

Motor Vehicle Injuries

In Harnett County, motor vehicle deaths over the past decade have climbed steadily. Motor vehicle deaths in Harnett County are 45% higher than the state average and age-adjusted death rates exceed those of peer counties. Even crude crash death rates can be seen to climb in comparison to peer counties.

Motor Vehicle Crash Fatalities, Harnett County and Peer Counties (2011-2021)



Source: NC Department of Transportation Statistics,
<https://connect.ncdot.gov/business/DMV/CrashFactsDocuments/2021%20Crash%20Facts.pdf>

Harnett County has a particularly high rate of fatalities and costs per miles traveled. Harnett County ranks in the top ten worst counties for fatalities per 100 motor vehicle miles traveled (2.49 and 7th/100 counties) and average crash cost per 100 motor vehicle miles traveled (\$43.54 and 6th/100 counties).

With regard to priority populations, specific attention should be given to the disparities for fatalities among males. While the age-adjusted death rates for females is 10.7, the comparable rate for males is three times higher at 31.5.

Harnett County, as an urban-adjacent rural county, has a high percentage (42%) of workers who commute long distances (>30 minutes) to work each day. According to the County Health Rankings, this ranks in the lowest quartile of counties in the state.

Community health improvement planning can address motor vehicle accidents and fatalities through a combination of health promotion/education, built environment, and systems-level initiatives aimed at decreasing distracted driving, addressing crash “hot spots,” and proactively addressing increasing traffic congestion with the population growth of the county.