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COMMUNITY HEALTH
ASSESSMENT

HARNETT COUNTY

MARCH 2020

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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 summarized these assessment efforts and provides the foundation for community health improvement planning over the next three years.

The 2019 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 a 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 2019 with the initial meeting of the Community Health Assessment Team (CHAT). In February, the CHAT met with members of the Healthy Carolinians partnership Healthy Harnett, 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 2019. Draft versions of the complete CHA document were circulated to key stakeholders—including members of the Healthy Harnett partnership, members of the Population Health Workgroup at Campbell University, and staff members through Harnett County Department of Public Health. In January 2020 through a series of meetings, highlights from the report were shared with specific stakeholders and three specific health priorities were identified.

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:

Health Priorities
Diabetes/Nutrition
Heart Disease
Cancer
Education
Mental Health
Physical Activity
Economic
Motor Vehicle Accidents

Harnett County’s health priorities are (1) **Diabetes/ Nutrition**, (2) **Heart Disease** and (3) **Cancer**. 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 2019 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 2019 Community Health Assessment (CHA) for Harnett County updates information from the previous CHA (2016), 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 2019 Harnett County CHA began with a series of meetings in December 2018. 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 2019. As a result of that planning, more than thirty 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 2019. In comparison, the CHA provides a more extensive data book (Appendices A-D) 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 2019, 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. Harnett County is included with Group C, which also includes Craven, Davidson, Johnston, and Randolph Counties. 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 the average for peer counties as comparison data for Harnett County. In some cases, specific peer outliers necessitated the reporting of 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 2019.

The distribution of the Community Health Survey for Harnett County was conducted in March-June 2019. A total of 577 individuals were surveyed. After data cleaning (including list wise deletion of incomplete survey responses), the final dataset included 443 responses. Surveys were collected using a combination of household canvassing using addresses randomly selected from a Two-Stage Cluster Sampling process (122 surveys) and online, self-administered convenience sampling (321 surveys). 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, 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



Population Growth and Age Distribution

Harnett County has an approximate population of 114,678 persons in 2010 and was estimated to have a population of 132,754 persons in 2017 according to the U.S. Census Bureau. The population of Harnett County increased by 15.7% between 2010

and 2017, with a slight median age decrease from 33.5 years in 2010 to 33.4 years in 2017.

Age Distribution, Harnett County (2013 & 2017)

Age Range	2013		2017	
	Number	Percent	Number	Percent
< 5 years	9,441	7.9	9,766	7.6
5-9 years	8,948	7.5	9,589	7.4
10-14 years	9,415	7.9	10,029	7.8
15-19 years	8,778	7.4	8,897	6.9
20-24 years	8,350	7.0	8,335	6.5
25-34 years	17,183	14.5	20,042	15.6
35-44 years	16,849	14.2	17,601	13.7
45-54 years	15,271	12.9	16,138	12.5
55-59 years	6,562	5.5	7,329	5.7
60 years and over	17,996	15.2	21,027	16.4

Source: U.S. Census Bureau, American FactFinder, based upon 2013-2017 American Community Survey 5-Year Estimates

As indicated by these data, population growth in Harnett County increased at an annual rate of 1.96% from 2010 to 2017. As reported in the table below, the gender distribution of Harnett County is similar to the state.

Gender, Harnett County and North Carolina (2013-2017, 5-year estimates)

Gender	Harnett	Percent	NC	Percent
Female	65,006	50.5%	5,157,196	51.3%
Male	63,747	49.5%	4,895,368	48.7%
Total	128,753	100%	10,052,567	100%

Source: U.S. Census Bureau, American FactFinder, based upon 2013-2017 American Community Survey 5-Year Estimates

Race and Ethnicity

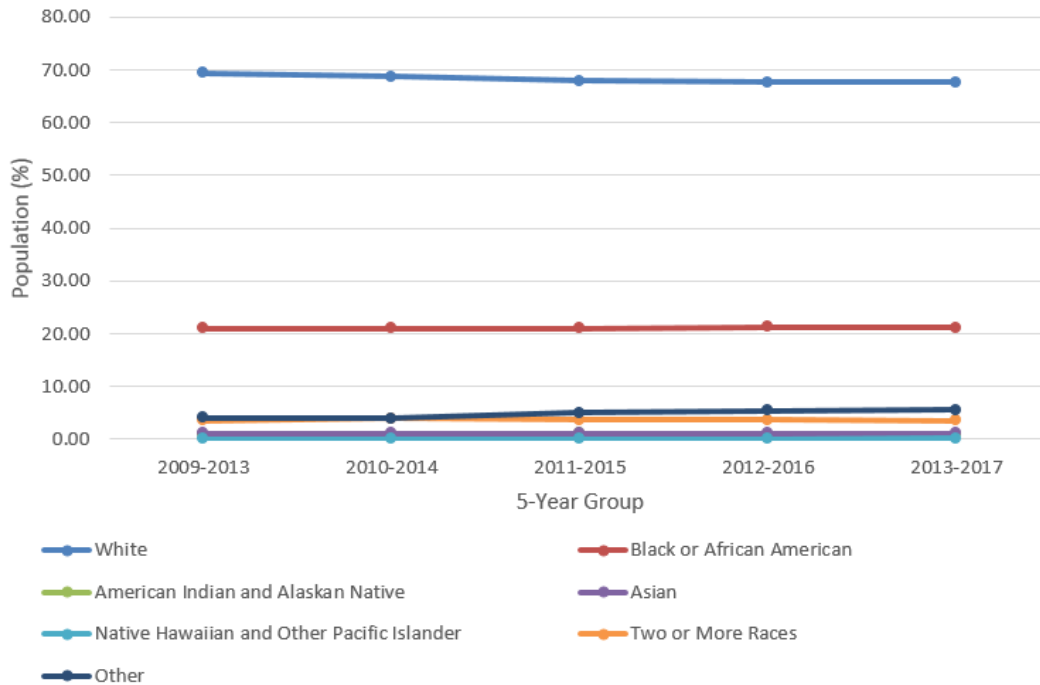
According to the U.S. Census Bureau, the racial composition of Harnett County residents is predominately White (67.5%) and African American (21.2%), with 32.5% representing racial or ethnic minority groups. As shown in the following table, the race distribution in Harnett County is slightly more diverse than that of North Carolina. The figure below shows that these racial distributions have been relatively stable in five-year estimates since 2009.

Race and Ethnicity, Harnett County and North Carolina (2013-2017, 5-year estimates)

Race	Harnett County		North Carolina	
	Number	Percent	Number	Percent
White	86,860	67.5%	9,801,368	69.0%
Black or African American	27,243	21.2%	2,159,427	21.5%
American Indian and Alaska Native	1,177	0.9%	117,998	1.2%
Asian	1,402	1.1%	269,164	2.7%
Native Hawaiian and Other Pacific Islander	222	0.2%	6,393	0.1%
Two or More Races	4,649	3.6%	251,196	2.5%
Other	7,906	6.1%	310,920	3.1%
Total	128,753	100%	10,052,567	100%

Source: U.S. Census Bureau, American FactFinder, based upon 2013-2017 American Community Survey 5-Year Estimates

Race, Harnett County 2009-2017 (5-year Group and Population Percentage)



Source: U.S. Census Bureau, American FactFinder, based upon 2009-2017 American Community Survey 5-Year Estimates

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 below the state and often performs slightly below the educational achievement of peer counties. With ACT scores in particular, the performance of Harnett County was at the bottom of the group in recent years.

Education Breakdown for ages 25 and over, Harnett County and North Carolina (2013-2017 5-Year Estimate)

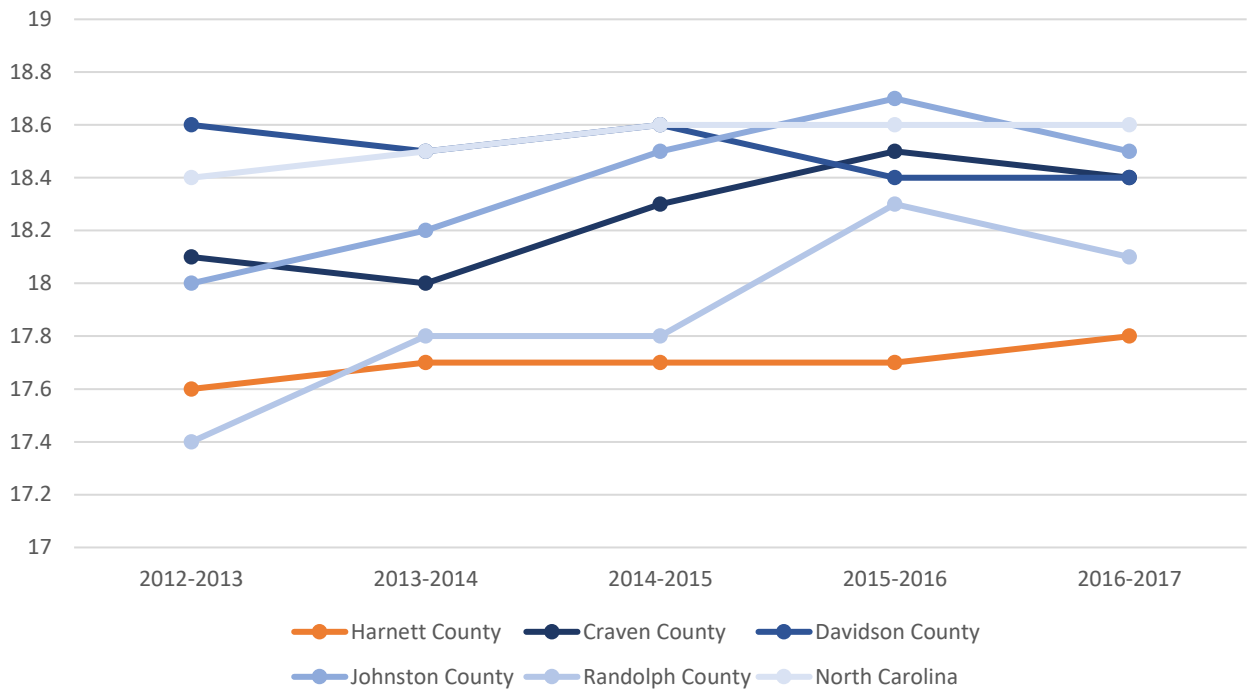
Factor	Harnett County	Craven County	Davidson County	Johnston County	Randolph County	North Carolina
High School Graduate or Higher	86.2%	87.7%	83.4%	85.6%	80.6%	86.9%
Less than 9 th Grade	4.5%	4.8%	5.8%	5.6%	6.7%	4.9%
High School, No Diploma	9.3%	7.5%	10.8%	8.8%	12.6%	8.2%
High School Graduate or Equivalency	30.4%	25.8%	33.6%	29.4%	34.4%	26.1%
Some College, No Degree	24.6%	26.5%	21.5%	22.3%	21.2%	21.7%
Associate's Degree	10.9%	11.0%	10.2%	12.2%	9.8%	9.3%
Bachelor's Degree	13.7%	15.3%	12.9%	15.6%	10.9%	19.2%
Graduate or Professional Degree	6.6%	9.0%	5.1%	6.0%	4.4%	10.6%

Source: U.S. Census Bureau, American FactFinder, based upon 2009-2017 American Community Survey 5-Year Estimates

ACT Scores for Harnett County Public Schools and Peer Counties, 2012-2017

County	ACT Scores				
	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Harnett County	17.6	17.7	17.7	17.7	17.8
Craven County	18.1	18.0	18.3	18.5	18.4
Davidson County	18.6	18.5	18.6	18.4	18.4
Johnston County	18.0	18.2	18.5	18.7	18.5
Randolph County	17.4	17.8	17.8	18.3	18.1
North Carolina	18.4	18.5	18.6	18.6	18.6

ACT Scores for Harnett County Public Schools and Peer Counties, 2012-2017



Source: Public Schools of North Carolina. ncpublicschools.org/accountability/act/

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 median income of \$50,323 (in 2017 dollars), which is almost identical to the median household income in North Carolina (\$50,320). However, the mean household income for North Carolina (\$70,523) is much higher than Harnett County (\$61,707) suggesting that the distribution of income is less skewed toward higher incomes in the county. The per capita income is \$22,351 for Harnett County and \$28,123 for North Carolina. Harnett County's lower per capita income accompanies a relatively high unemployment rate 5.1% in Harnett County compared to 3.8% for the state of North Carolina according to Bureau of Labor Statistics (January 2019).

Household Income and Benefit Dollars, Harnett County and North Carolina (2017)

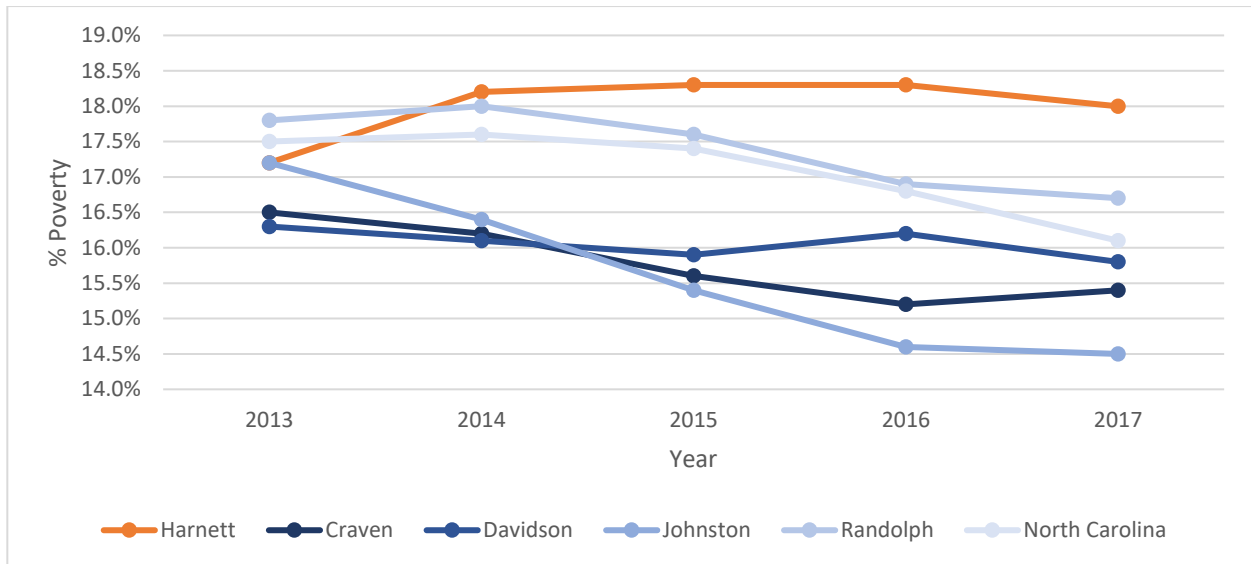
Income Level	Harnett County	North Carolina
Below \$10,000	7.9%	7.3%
\$10,000 – \$24,999	16.6%	16.9%
\$25,000 – \$49,999	25.2%	25.5%
\$50,000 - \$99,999	33.2%	29.9%
\$100,000 - \$199,999	14.9%	16.1%
\$200,000 or more	2.2%	4.3%
Median Household Income	\$50,323	\$50,320
Mean Household Income	\$61,707	\$70,523
Per Capita Income	\$22,351	\$28,123

Source: U.S. Census Bureau, American FactFinder, based upon 2009-2017 American Community Survey 5-Year Estimates

As shown in the previous table, almost half (49.7%) of Harnett County households report an annual household income (including benefit dollars) of under \$50,000. In 2017, 18% of Harnett County residents lived below the poverty level compared to 16.1% of state residents. Unlike peer counties and the state, Harnett County has not experienced a trend of decreasing percentages of people living in poverty in recent years.

% of Residents Living in Poverty, Harnett, Peer Counties, and North Carolina

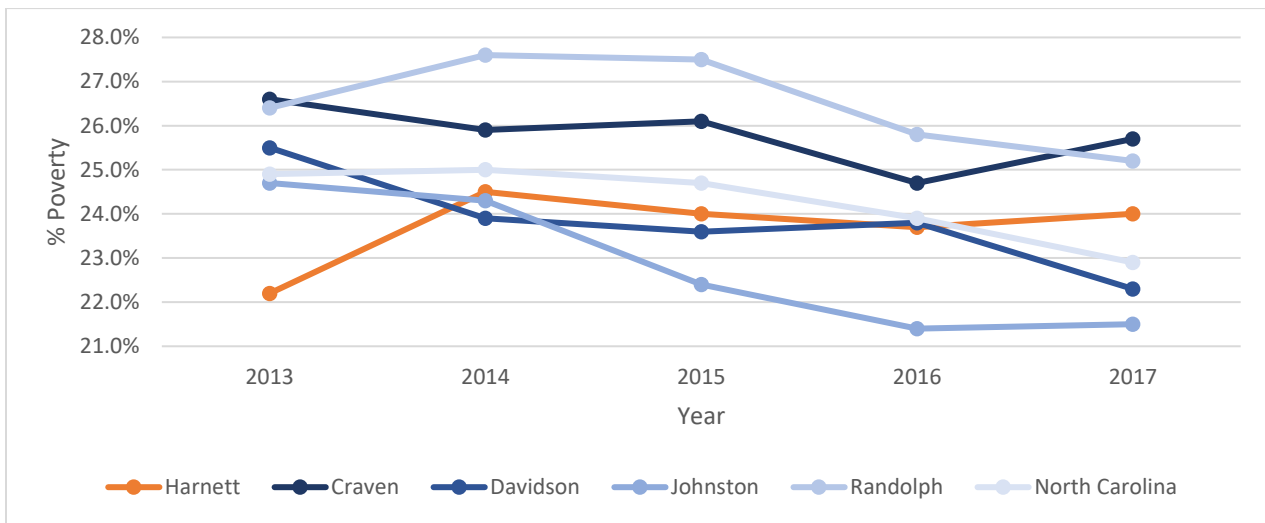
County	2013	2014	2015	2016	2017
Harnett County	17.2%	18.2%	18.3%	18.3%	18.0%
Craven	16.5%	16.2%	15.6%	15.2%	15.4%
Davidson	16.3%	16.1%	15.9%	16.2%	15.8%
Johnston	17.2%	16.4%	15.4%	14.6%	14.5%
Randolph	17.8%	18.0%	17.6%	16.9%	16.7%
North Carolina	17.5%	17.6%	17.4%	16.8%	16.1%



Source: U.S. Census Bureau, American FactFinder, based upon 2009-2017 American Community Survey 5-Year Estimates

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

County	2013	2014	2015	2016	2017
Harnett County	22.2%	24.5%	24.0%	23.7%	24.0%
Craven	26.6%	25.9%	26.1%	24.7%	25.7%
Davidson	25.5%	23.9%	23.6%	23.8%	22.3%
Johnston	24.7%	24.3%	22.4%	21.4%	21.5%
Randolph	26.4%	27.6%	27.5%	25.8%	25.2%
North Carolina	24.9%	25.0%	24.7%	23.9%	22.9%



Source: U.S. Census Bureau, American FactFinder, based upon 2009-2017 American Community Survey 5-Year Estimates

The number of Harnett County residents living in poverty is 1.9% 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 (\$144,700) are approximately 11.3% less than the median home value for North Carolina (\$161,000). Only 27.5% of homes in Harnett County are valued at or above \$200,000, while 37.3% 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

Factor	Harnett County	North Carolina
Less than %50,000	11.3%	9.3%
\$50,000 - \$99,000	19.7%	16.8%
\$100,000 - \$149,999	21.2%	19.4%
\$150,000 - \$199,999	20.3%	17.1%
\$200,000 - \$299,999	19.9%	18.5%
\$300,000 - \$499,999	5.9%	13.0%
\$500,000 - \$999,999	1.5%	4.8%
\$1,000,000 or more	0.2%	1.0%
Median	\$144,700	\$161,000

Source: U.S. Census Bureau, American FactFinder, based upon 2009-2017 American Community Survey 5-Year

In 2018, Harnett County had 52,548 occupied housing units, with 65.1 percent of the units owner-occupied and the remainder of rental units paying a median gross rent of \$836.

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 2016 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 52 questions. The survey questions were organized into the following areas:

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

The sampling methodology started with a Two-Stage Cluster Sampling approach. Using a simple random sample, thirty-three (33) of Harnett County’s census block groups were selected. Working from a sampling frame of 9-1-1 Emergency Services residential addresses by census block group, eight (8) residential addresses were randomly selected for survey distribution (again, using a simple random selection). Over a four-week period, surveys were conducted using face-to-face interviewing. Teams of public health graduate students from Campbell University travelled to the selected residences and administered the survey.

Unfortunately, nonresponses during the Two-Stage Cluster Sampling led to a suboptimal sample size (122 responses) and the survey data collection method shifted to online convenience sampling. An additional 311 survey responses were collected online.

Demographic Comparison of Survey Respondents & Population

The resultant sample of 433 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.

2019 Community Health Survey Demographic Comparisons

	2019 CHA Survey		2017 ACS (projections)		2010 Census	
Sample Size (N)	443		121,789		114,678	
Gender						
Male	112	25.3%	59,921	49.2%	56,199	49.0%
Female	309	69.8%	61,868	50.8%	58,479	51.0%
Age						
Median	48		33.4		33.5	
Under 5 years	-	-	9,766	7.60%	9,304	8.1%
5 to 9 years	-	-	9,589	7.40%	9,000	7.8%
10-14 years	-	-	10,029	7.80%	8,626	7.5%
15-19 years	6	1.6%	8,897	6.90%	8,540	7.4%
20-24 years	21	4.7%	8,335	6.50%	7,975	7.0%
25-29 years	39	8.8%	20,042	15.60%	8,080	7.0%
30-34 years	32	7.2%			8,212	7.2%
35-39 years	42	9.5%	17,601	13.70%	8,493	7.4%
40-44 years	47	10.6%			7,955	6.9%
45-49 years	30	6.8%			16,138	12.50%
50-54 years	48	10.8%	7,329	5.70%	7,207	6.3%
55-59 years	43	9.7%			6,199	5.4%
60-64 years	37	8.4%			5,410	4.7%
65-69 years	37	8.4%			6,197	4.80%
70-74 years	26	5.9%			3,002	2.6%
75-79 years	12	2.7%			2,196	1.9%

80-84 year	7	1.5%	9,116	7.10%	1,476	1.3%
85 years and over	2	0.5%	1,387	3.40%	1,212	1.1%
Race						
White	365	82.4%	83,794	68.8%	78,300	68.3%
Black or African American	42	9.5%	25,581	21.0%	23,973	20.9%
American Indian	6	1.4%	1,138	0.9%	1,392	1.2%
Asian / Asian Indian	3	0.7%	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	9	2.0%	4,910	4.0%	6,272	5.5%
Two or more races	-		4,817	4.0%	3,573	3.1%
Education						
Less than HS Diploma or GED	8	1.8%	13,365	15.1%	*16,561	*24.9%
Bachelor's Degree or Higher	173	39.1%	15,056	17.1%	*7,864	*11.8%

¹ = 2017 Projections, American Community Survey FactFinder, US Census Bureau.

For more detailed information regarding the representativeness of the survey sample, please refer to the detailed tables in Appendix D.

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. (76%)
- Harnett County is a good place to raise children. (86%)
- Harnett County is a good place to grow old. (81%)
- Harnett County is a safe place to live. (88%)
- There is plenty of help for people during times of need in Harnett County. (78%)

However, the majority of respondents (52%) 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. However, responses to this statement also demonstrated significant comparisons between groups.

In the table below, the mean rating (on a five-point Likert scale) is provided for three comparison groups of respondents. As the table demonstrates, female and Black/African-American residents were less likely to respond that there is adequate economic opportunity, as compared to male and White residents.

Differences in Perceptions of Economic Opportunity

Demographic Group	Mean Rating
Female	2.52
Male	1.81
Black/African-American	2.14
White	2.56

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 a single highest priority response 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. (Note: Response frequencies that were lower than a natural breakpoint are omitted in this table; however, complete tables are included in Appendix D).

Top Community Priorities

Question	Response	Frequency
Which health behavior do you think the community needs more information about?	Substance Abuse Prevention	96
	Eating Well/Nutrition	57
Which one issue most affects the quality of life for the people who live in Harnett County?	Low Income/Poverty	188
	Theft	28
Which one of the following services needs the most improvement in your neighborhood or community?	Higher Paying employment	54
	Better/more recreational facilities	46
	Better/more health food choices	39
	More Affordable Health Services	37
	Positive Teen Activities	36
	Counseling/mental health/support groups	28

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—including nutrition, substance abuse prevention, safe places to be active, and access to healthcare.

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 (78%), that they regularly seek sick care at a doctor's office (75%), and that they have health insurance coverage (95%).

Mental Health

When asked about mental health and/or substance abuse problems, 30 percent (30%) of respondents reported that they would recommend that a friend or family member seek the assistance of a physician and another 30% would recommend a counselor or therapist. Compared with last Community Health Survey (2016) fewer respondents (13%) indicated that they would recommend a friend or family member primarily consult a minister/religious official.

A third of respondents (33%) reported that they had been diagnosed with depression or anxiety. Twenty-eight percent (28%) of respondents indicated that in the last 30 days there had been days when “feeling sad or worried” had kept them from their daily activities. These percentages are particularly important given that the survey methodology included face-to-face interviewing for approximately one-third of respondents and some degree of social desirability response bias might be expected. That is, it would not be surprising if these percentages are underestimating the actual prevalence due to respondents' discomfort with sharing this information with the survey team.

Health Status & Health Behaviors

Respondents tended to rate their own health as “Good” (35%) to “Very Good” (35%). In fact, almost four times as many respondents rated their health as “Excellent” (10.4%) as compared with those who rated their health as “Poor” (2.7%)

Still, a third (33.7%) of survey respondents indicated that, at some point in the last 30 days, physical health problems had prevented them from doing usual activities. Thirty percent

(30%) of respondents reported having been told by a health professional that they have high cholesterol and thirty-seven percent (39%) of respondents had been told they have high blood pressure. More than a third of respondents (38.8%) reported that they had been told by a health professional that they were obese and 1 in 10 (10.8%) had been diagnosed with diabetes.

Most survey respondents (65%) 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. With regard to nutrition, most respondents reported under consuming fruit and vegetables, relative to daily recommendations of 2-3 cups of each per day for adults

Smoking is a key factor in preventable disease. Survey respondents were also asked to report smoking behavior. Twelve percent (12.6%) of respondents categorized themselves as “currently smoking.” However, a much larger percentage (42.9%) of respondents indicated that they had been exposed to secondhand smoke.

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 65.4% 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 willingness to evacuate, presence of smoke and carbon monoxide detectors, and possession of emergency supply kits. The vast majority of respondents (90.4%) reported having smoke detectors, while only 57.8% reported having carbon monoxide detectors. Sixty percent (60.9%) of respondents indicated that they have an emergency supply kit, with supplies for approximately seven days (median value). Most (76.3%) also report that they would evacuate if a mandatory evacuation order was given.

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 ranks 49th out of 100 for health outcomes in 2019 and 69th out of 100 for health factors, 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 (23% of children live in poverty, 33% of children live in single parent household were similar to state averages, while 5.1% unemployment rate and 8.2 social associations were worse than state averages) . Access to care in Harnett County is poor with only 1 primary care physician for 3,540 people.

County Health Rankings 2019 – Health Outcomes, Factors, Behaviors, & Clinical

	Harnett County	Top US Performers	North Carolina	Rank (of 100)
Health Outcomes				49
Length of Life				41
Premature death	8,200	5,400	7,600	
Quality of Life				66
Poor or fair health	21%	12%	18%	
Poor physical health days	4.2	3	3.6	
Poor mental health days	4.5	3.1	3.9	
Low birthweight	8%	6%	9%	
Health Factors				69
Health Behaviors				62
Adult smoking	19%	14%	18%	
Adult obesity	34%	26%	30%	
Food environment index	7.6	8.70	6.60	
Physical inactivity	30%	19%	23%	
Access to exercise opportunities	56%	91%	73%	
Excessive drinking	17%	13%	17%	
Alcohol-impaired driving deaths	33%	13%	30%	
Sexually transmitted infections	471.4	152.8	577.6	
Teen births	27	14	27	
Clinical Care				89
Uninsured	13%	6%	12%	
Primary care physicians	3,540:1	1,050:1	1,420:1	
Dentists	2,410:1	1,260:1	1,800:1	
Mental health providers	1,130:1	310:1	440:1	
Preventable hospital stays	7830	2765	4702	
Mammography screening	0.4	0.49	0.45	

	0.46	0.52	0.5	
	Harnett County	Top US Performers	North Carolina	Rank (of 100)
Social & Economic Factors				53
Flu vaccinations	0.46	0.52	0.5	
High school graduation	86%	96%	86%	
Some college	64%	73%	67%	
Unemployment	5.1%	2.9%	4.6%	
Children in poverty	23%	11%	21%	
Income inequality	4.4	3.7	4.8	
Children in single-parent households	33%	20%	35%	
Social associations	8.3	21.9	11.5	
Violent crime	243	63	351	
Injury deaths	73	57	71	
Physical Environment				81
Air pollution - particulate matter	10.9	6.1	9.8	
Severe housing problems	16%	9%	16%	
Driving alone to work	86%	72%	81%	
Long commute - driving alone	47%	15%	32%	

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

SECONDARY DATA: Mortality and Morbidity

County/State	Total Births	Total Rate	White, Non-Hispanic	Black, Non-Hispanic	Hispanic
Harnett	1,886	14.4	1,155	361	317
Craven	1,386	13.5	891	293	132
Davidson	1,762	10.7	1,287	195	225
Johnston	2,318	12.1	1,435	375	471
Randolph	1,576	11.0	1,129	106	304
North Carolina	120,099	11.8	65,314	28,950	18,461

North Carolina and Harnett County Birth Rates

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.

Harnett County and North Carolina Live Births, 2017

Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/volume1/2017>

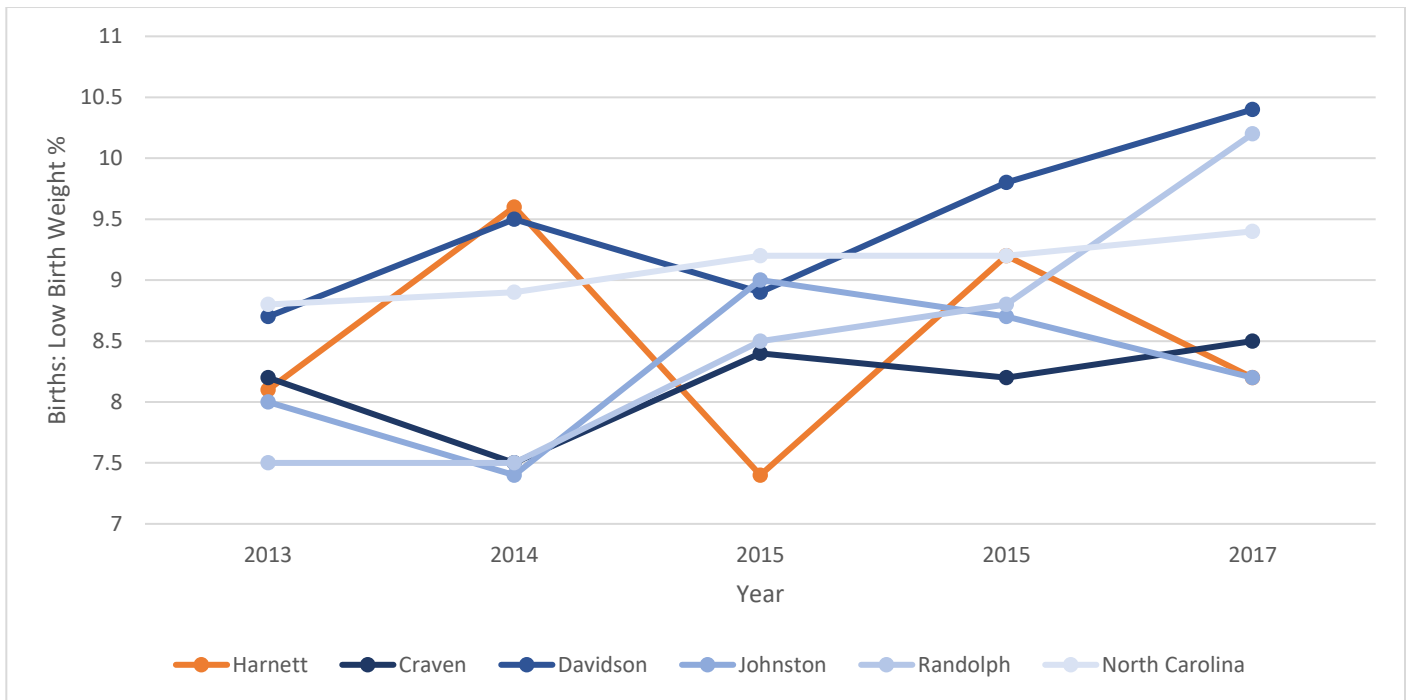
However, as shown in the following table, the percentage of low birth weight babies in Harnett County is slightly lower than the North Carolina average. This represents some improvement relative to the previous CHNA cycle, the year-to-year data for percentage of live births classified as low-birthweight fluctuates around similar value range across peer counties and in NC.

Harnett County and North Carolina Low Birth Weight, 2017

County/State	Total Low Birthweight	Total Rate	White, Non-Hispanic	White, Non-Hispanic %	Black, Non-Hispanic	Black, Non-Hispanic %	Hispanic	Hispanic %
Harnett	154	8.2	82	7.1	47	13.0	21	6.6
Craven	118	8.5	67	7.5	35	11.9	9	6.8
Davidson	184	10.4	116	9.0	42	21.5	17	7.7
Johnston	189	8.2	100	7.0	44	11.7	40	8.5
Randolph	160	10.2	107	9.5	21	19.8	27	8.9
North Carolina	11,311	9.4	5,020	7.7	4,188	14.5	1,402	7.6

Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/volume1/2017>

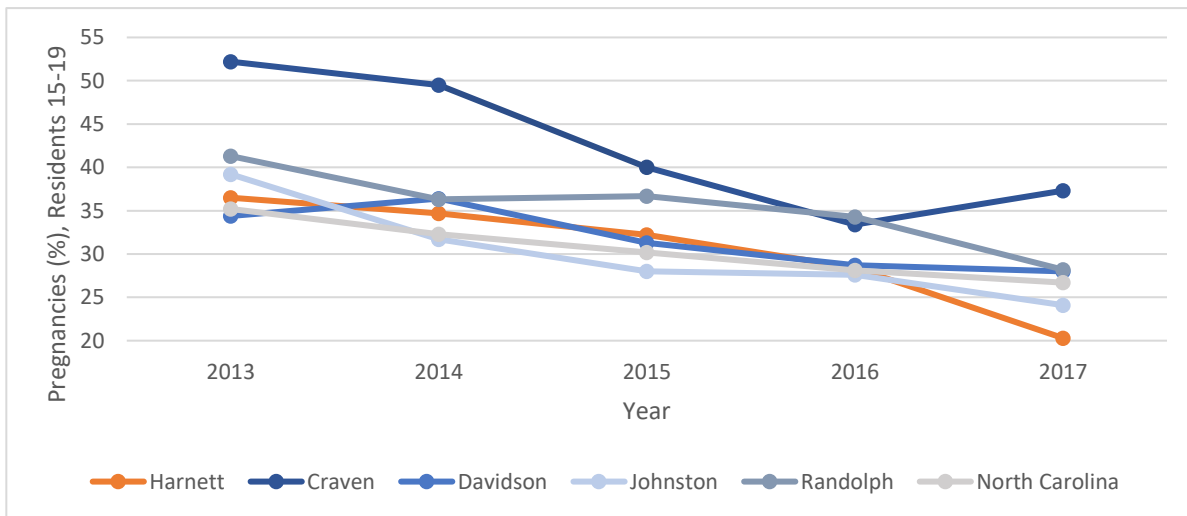
Percentage Live Births Classified as Low Birth Weight



Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/volume1/2017>

The following chart compares percentage of teen pregnancies in Harnett County to North Carolina and peer counties between 2013 and 2017. As shown in the figure, Harnett County's rate of teen pregnancies decreased considerably over these years and compares favorably to peer counties and the state.

Pregnancies (%) of Residents Ages 15-19 years old



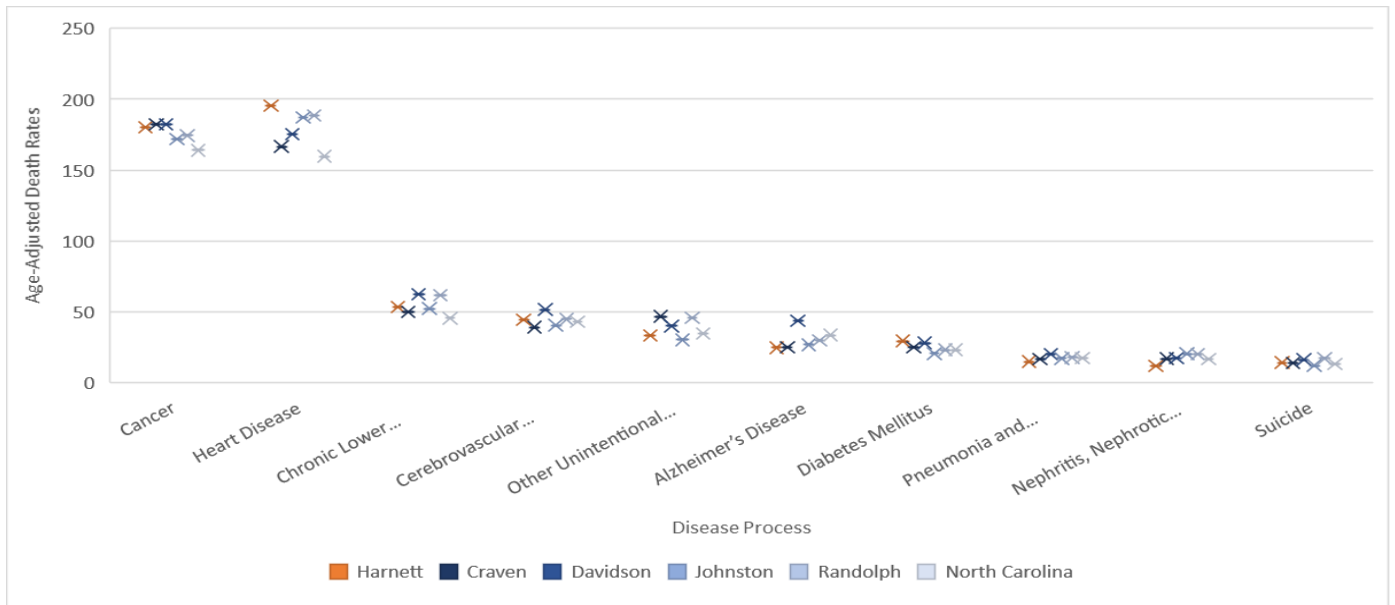
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cfm>

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, heart disease and cancer rank as the two leading causes of death in the County, peer counties, and North Carolina. For the most part, the leading causes of death in Harnett County match with the leading causes of death in the state. Those causes of death highlighted (heart disease, diabetes mellitus, motor vehicles injuries, and suicide) are ranked higher in the list for Harnett County than in the order of causes of death for North Carolina.

Age-Adjusted Death Rates for Harnett, Peer Counties, and North Carolina (2013-2017)

Cause of Death	Harnett	Craven	Davidson	Johnston	Randolph	North Carolina
<i>Overall</i>	846.9	842	883.2	802.4	872.9	782.8
Heart Disease	195.4	166.7	175.4	187.3	188.4	159.8
Cancer	180.1	182.3	182.3	171.9	174.5	164
Chronic Lower Respiratory Diseases	53.4	50.1	62.3	52.3	61.7	45.5
Cerebrovascular Disease	44.4	39.2	51.7	40.6	44.9	43.2
Other Unintentional Injury	33.2	46.8	40.1	30.4	45.7	34.6
Diabetes Mellitus	29.5	25	28	20.6	23.3	23.3
Alzheimer's Disease	24.8	25.1	43.8	26.9	30	33.7
Unintentional Motor Vehicle Injury	20.5	15.2	19.4	15.4	18.7	14.2
Pneumonia and Influenza	15	16.6	20.3	17.1	17.9	17.6
Suicide	14.2	14.1	16.3	12.1	17.2	13.3



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

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 2013-2017. Information sources include:

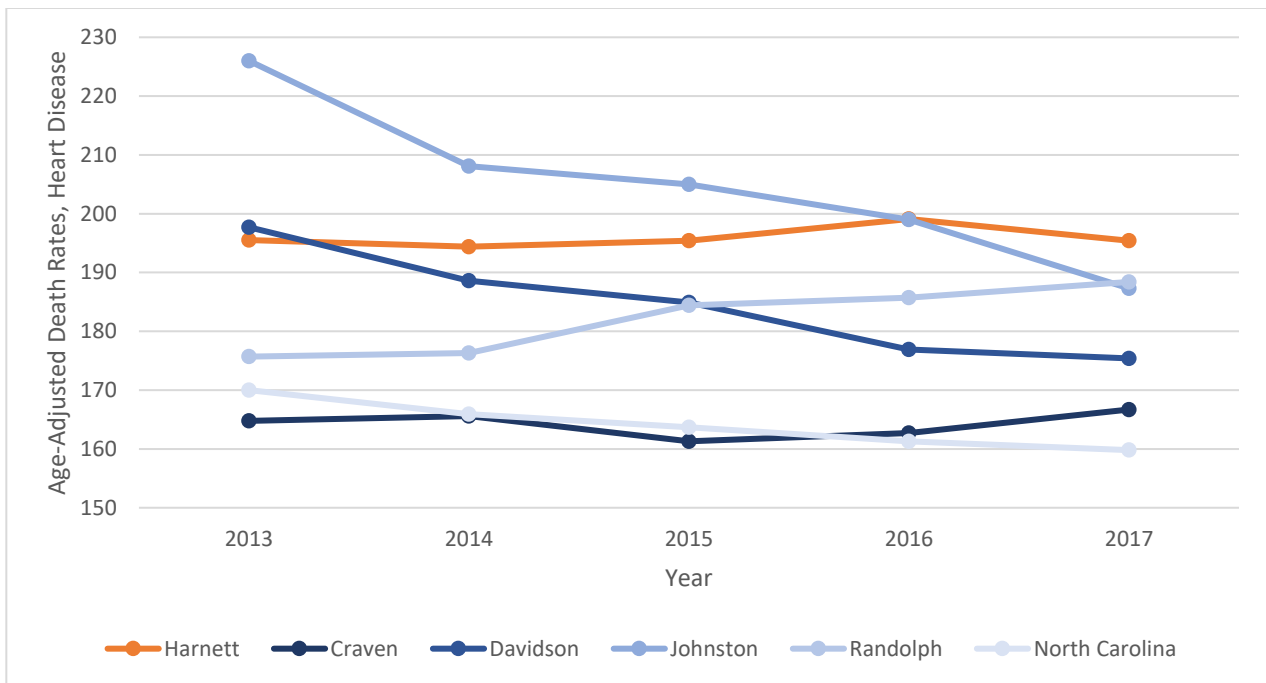
- NC State Center for Health Statistics
- Behavioral Risk Factor Surveillance System (“BRFSS”)
- NC Cancer Central Cancer Registry
- Other databases as noted.

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 2013 and 2017, Harnett County’s heart disease age-adjusted death rate remained essentially constant, while the heart disease age-adjusted death rate for the state continued a long-term downward trend and decreased by 6.4% over that timeframe.

Age-Adjusted Heart Disease Death Rates per 100,000 Residents (Harnett, Peer Counties, and North Carolina, 2013-2017)

County/State	2013	2014	2015	2016	2017
Harnett	195.5	194.4	195.4	199.1	195.4
Craven	164.8	165.6	161.3	162.7	166.7
Davidson	197.7	188.6	184.9	176.9	175.4
Johnston	226.0	208.1	205.0	199.0	187.3
Randolph	175.7	176.3	184.4	185.7	188.4
North Carolina	170.0	165.9	163.7	161.3	159.8



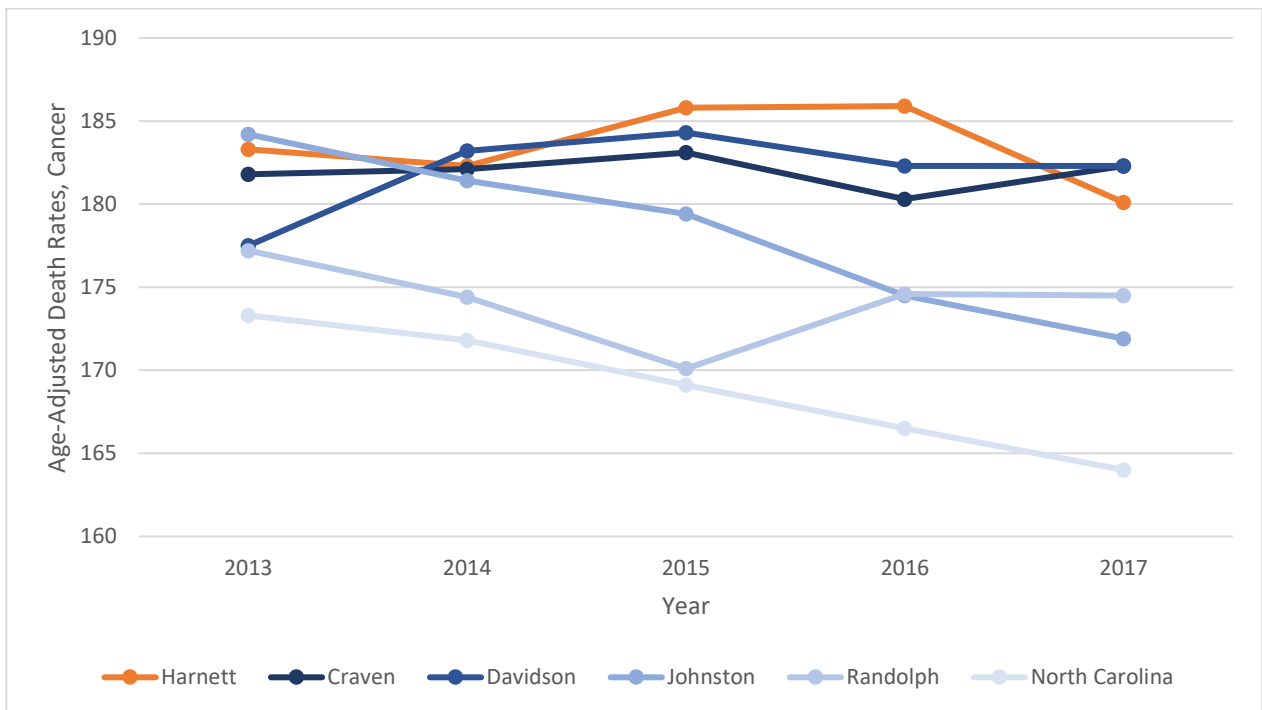
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

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 2013 and 2017, Harnett County's all-cause cancer rate has remained essentially constant while the rate for North Carolina has decreased by 5.7%.

**Age-Adjusted Cancer Death Rates per 100,000 Residents
(Harnett, Peer Counties, and North Carolina, 2013-2017)**

County/State	2013	2014	2015	2016	2017
Harnett	183.3	182.3	185.8	185.9	180.1
Craven	181.8	182.1	183.1	180.3	182.3
Davidson	177.5	183.2	184.3	182.3	182.3
Johnston	184.2	181.4	179.4	174.5	171.9
Randolph	177.2	174.4	170.1	174.6	174.5
North Carolina	173.3	171.8	169.1	166.5	164.0

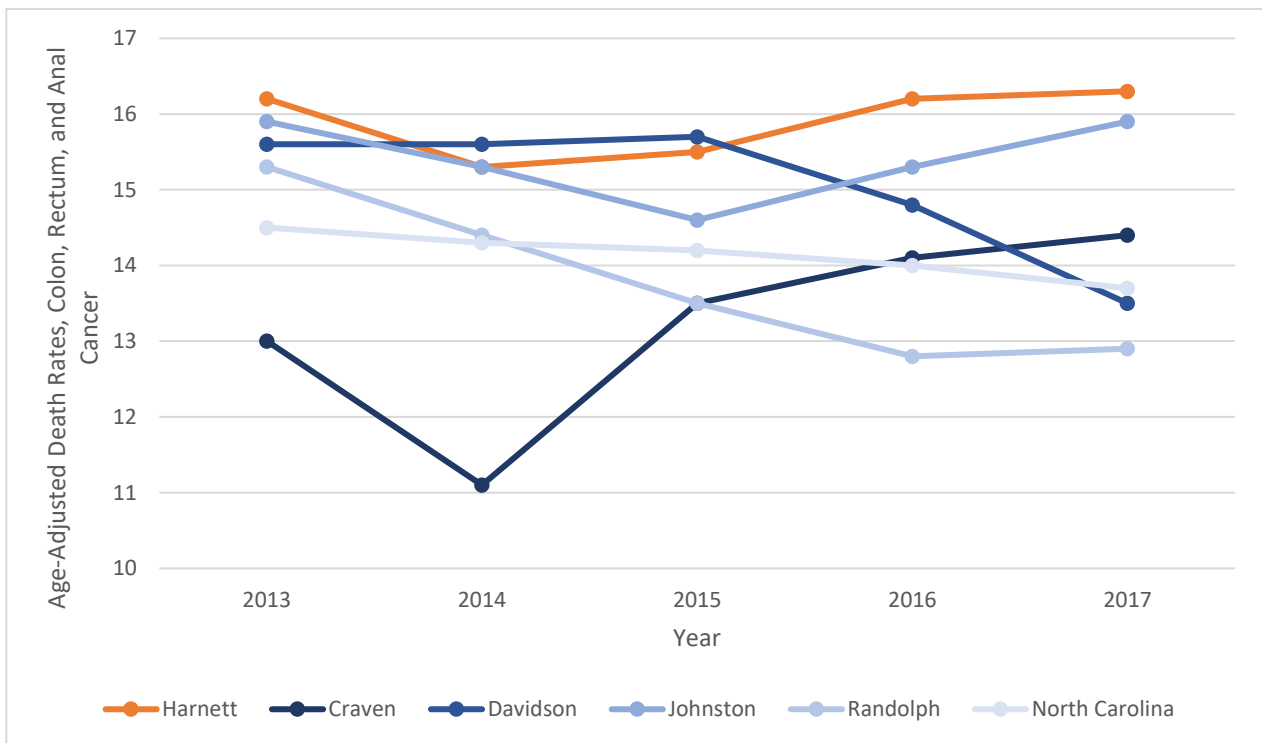


Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

The number of deaths from Colon, Rectum, Anus Cancer for Harnett County is currently slightly higher than the North Carolina age adjusted death rate. Between 2013 and 2017, Harnett's death rate for Colon, Rectum, Anus Cancer remained essentially constant, while the North Carolina death rate decreased from 14.5 to 13.7 for a decrease of 5.5%. Harnett County's rate is currently the highest among peer counties.

Age-Adjusted Colon, Rectum, and Anal Cancer Death Rates per 100,000 Residents (Harnett, Peer Counties, and North Carolina, 2013-2017)

County/State	2013	2014	2015	2016	2017
Harnett	16.2	15.3	15.5	16.2	16.3
Craven	13.0	11.1	13.5	14.1	14.4
Davidson	15.6	15.6	15.7	14.8	13.5
Johnston	15.9	15.3	14.6	15.3	15.9
Randolph	15.3	14.4	13.5	12.8	12.9
North Carolina	14.5	14.3	14.2	14.0	13.7

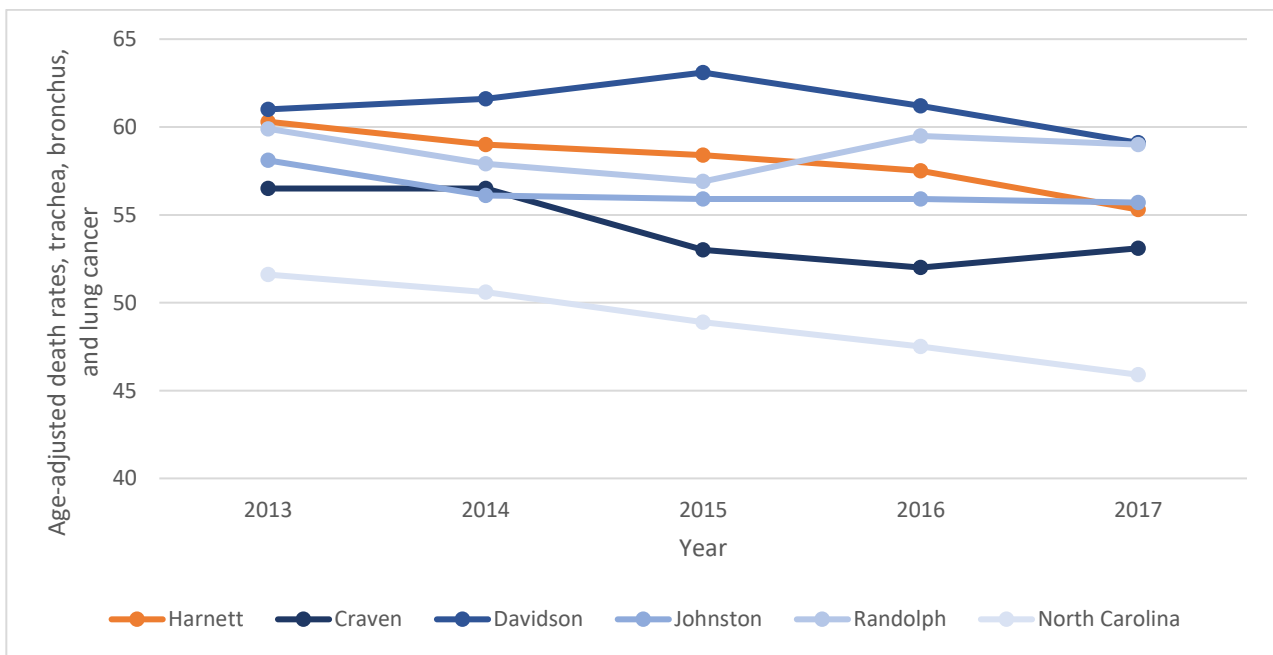


Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

The number of deaths from Trachea, Bronchus, & Lung Cancer is consistently higher than the North Carolina mortality rate. Between 2013 and 2017, Harnett’s death rate for Trachea, Bronchus, & Lung Cancer decreased from 60.3 to 55.3 or 8.3% and the North Carolina death rate decreased from 51.6 to 45.9 or 11%.

Age-Adjusted Trachea, Bronchus, and Lung Cancer Death Rates per 100,000 Residents (Harnett, Peer Counties, and North Carolina, 2013-2017)

County/State	2013	2014	2015	2016	2017
Harnett	60.3	59.0	58.4	57.5	55.3
Craven	56.5	56.5	53.0	52.0	53.1
Davidson	61.0	61.6	63.1	61.2	59.1
Johnston	58.1	56.1	55.9	55.9	55.7
Randolph	59.9	57.9	56.9	59.5	59.0
North Carolina	51.6	50.6	48.9	47.5	45.9

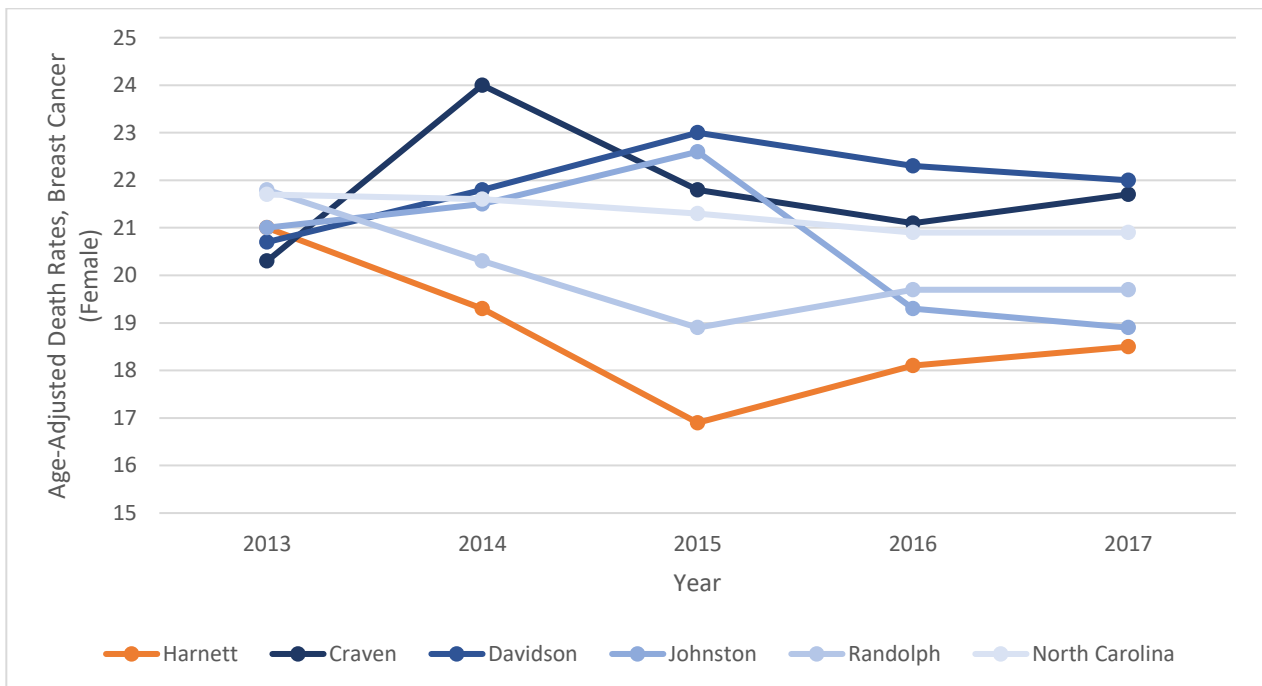


Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

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 2013 by 11.9%, while the North Carolina rate has only decreased by 3.7% over the same time frame. Harnett County’s rate is lower than the state rate and is currently the lowest among peer counties.

Age-Adjusted Female Breast Cancer Death Rates per 100,000 Residents (Harnett, Peer Counties, and North Carolina, 2013-2017)

County/State	2013	2014	2015	2016	2017
Harnett	21.0	19.3	16.9	18.1	18.5
Craven	20.3	24.0	21.8	21.1	21.7
Davidson	20.7	21.8	23.0	22.3	22.0
Johnston	21.0	21.5	22.6	19.3	18.9
Randolph	21.8	20.3	18.9	19.7	19.7
North Carolina	21.7	21.6	21.3	20.9	20.9

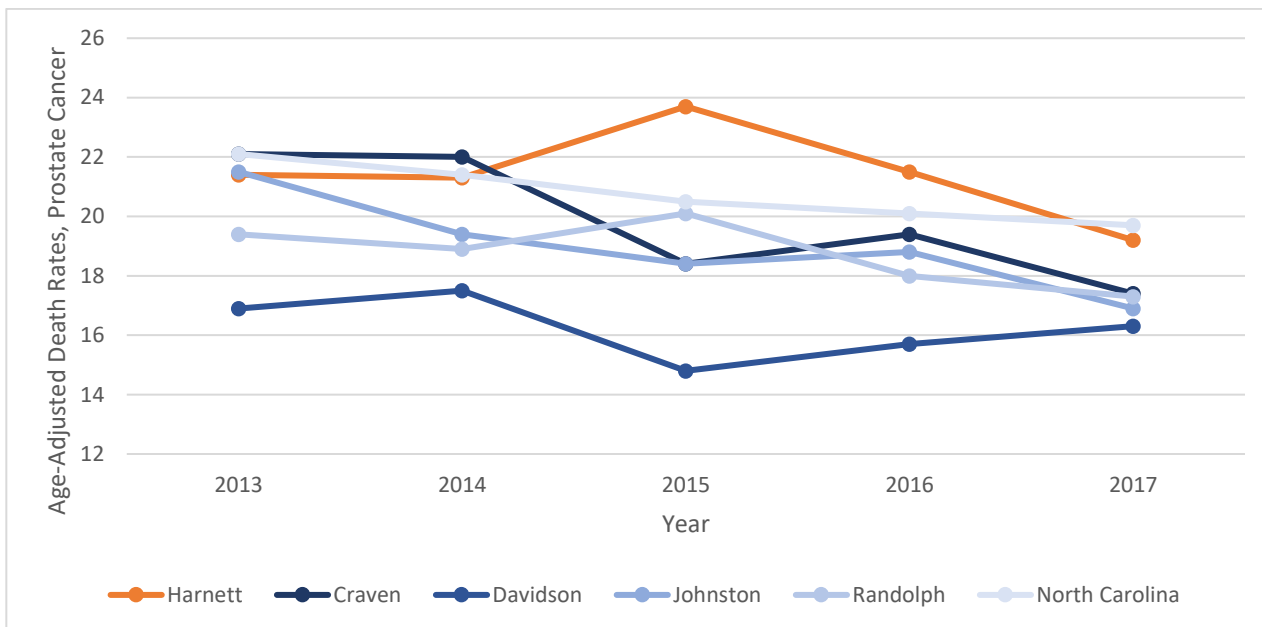


Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

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, 2013-2017)

County/State	2013	2014	2015	2016	2017
Harnett	21.4*	21.3*	23.7*	21.5*	19.2
Craven	22.1	22.0	18.4	19.4	17.4*
Davidson	16.9	17.5	14.8	15.7	16.3
Johnston	21.5	19.4	18.4	18.8	16.9
Randolph	19.4	18.9	20.1	18.0	17.3
North Carolina	22.1	21.4	20.5	20.1	19.7



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

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

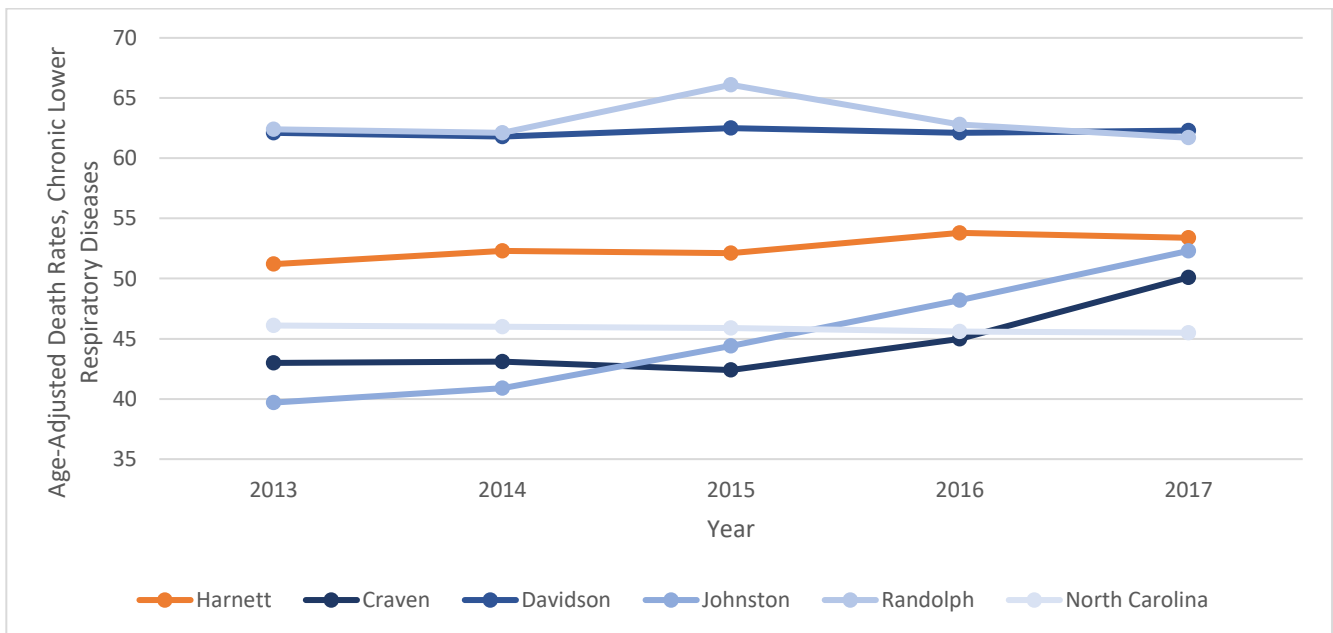
Chronic Lower Respiratory Disease

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 (45.5). The rate for Harnett County has slightly increased (4.3%) since 2013 versus the state rate which has slightly decreased (1.3%).

Age-Adjusted Chronic Lower Respiratory Disease Death Rates per 100,000 Residents (Harnett, Peer Counties, and North Carolina, 2013-2017)

County/State	2013	2014	2015	2016	2017
Harnett	51.2	52.3	52.1	53.8	53.4
Craven	43.0	43.1	42.4	45.0	50.1
Davidson	62.1	61.8	62.5	62.1	62.3
Johnston	39.7	40.9	44.4	48.2	52.3
Randolph	62.4	62.1	66.1	62.8	61.7
North Carolina	46.1	46.0	45.9	45.6	45.5



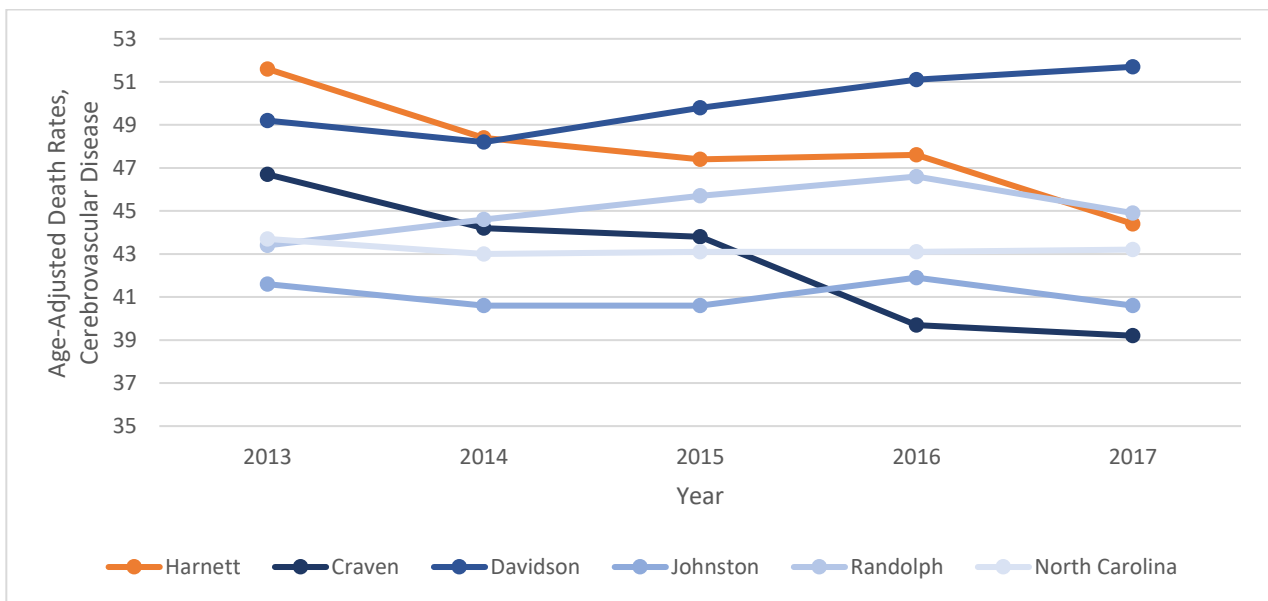
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

Cerebrovascular Disease

Cerebrovascular Disease (stroke) is the 4th 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 2013, Harnett County's rate decreased from 51.6 to 44.4 (or 14.0%). 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, 2013-2017)

County/State	2013	2014	2015	2016	2017
Harnett	51.6	48.4	47.4	47.6	44.4
Craven	46.7	44.2	43.8	39.7	39.2
Davidson	49.2	48.2	49.8	51.1	51.7
Johnston	41.6	40.6	40.6	41.9	40.6
Randolph	43.4	44.6	45.7	46.6	44.9
North Carolina	43.7	43.0	43.1	43.1	43.2



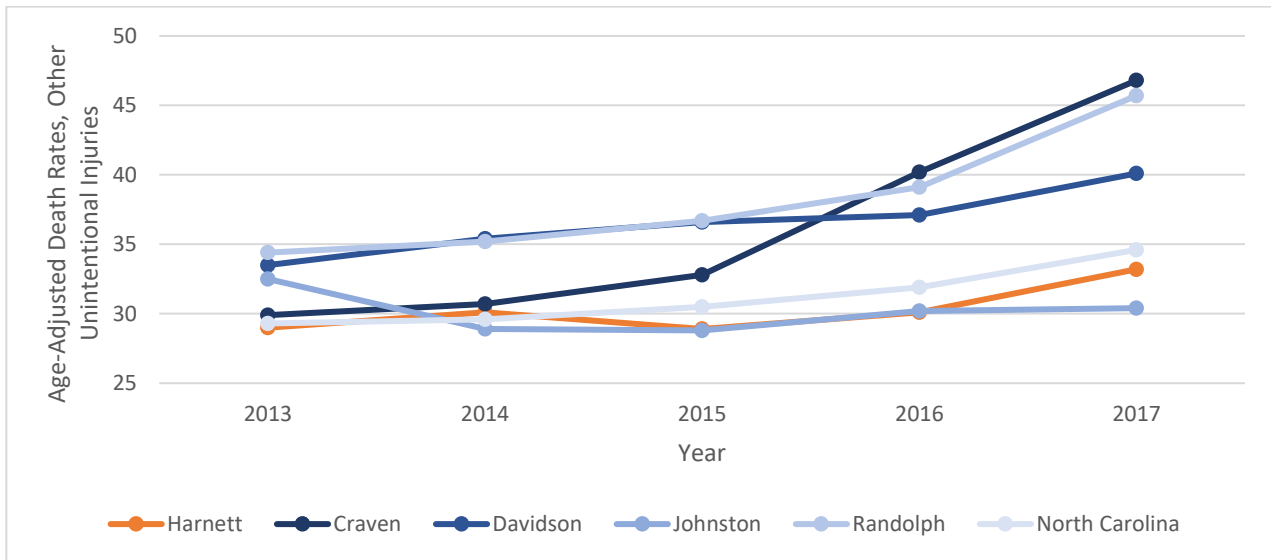
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

Other Unintentional Injuries

Other Unintentional Injuries is the 5th 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 2017. 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, 2013-2017)

County/State	2013	2014	2015	2016	2017
Harnett	29.0	30.1	28.9	30.1	33.2
Craven	29.9	30.7	32.8	40.2	46.8
Davidson	33.5	35.4	36.6	37.1	40.1
Johnston	32.5	28.9	28.8	30.2	30.4
Randolph	34.4	35.2	36.7	39.1	45.7
North Carolina	29.3	29.6	30.5	31.9	34.6



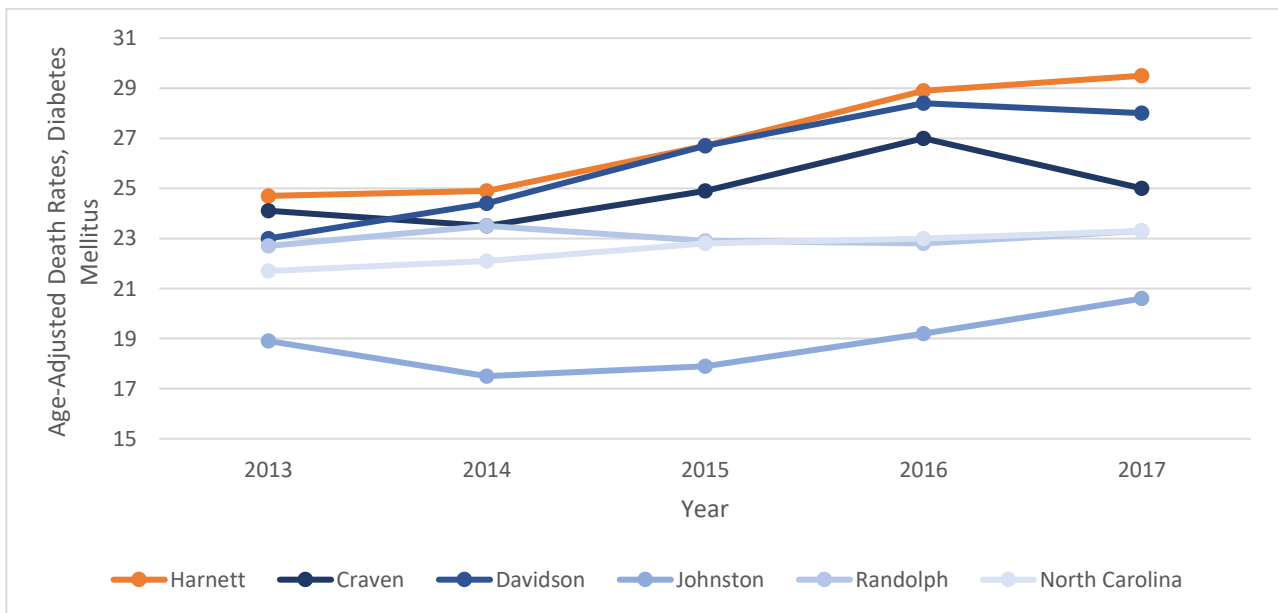
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

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 2013, Harnett County's rate also slightly increased from 21.7 to 23.3 (or 19.4%). Over that same time period, North Carolina's death rate decreased from 27.5 to 22.1 (or 7.3%). 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, 2013-2017)

County/State	2013	2014	2015	2016	2017
Harnett	24.7	24.9	26.7	28.9	29.5
Craven	24.1	23.5	24.9	27.0	25.0
Davidson	23.0	24.4	26.7	28.4	28.0
Johnston	18.9	17.5	17.9	19.2	20.6
Randolph	22.7	23.5	22.9	22.8	23.3
North Carolina	21.7	22.1	22.8	23.0	23.3



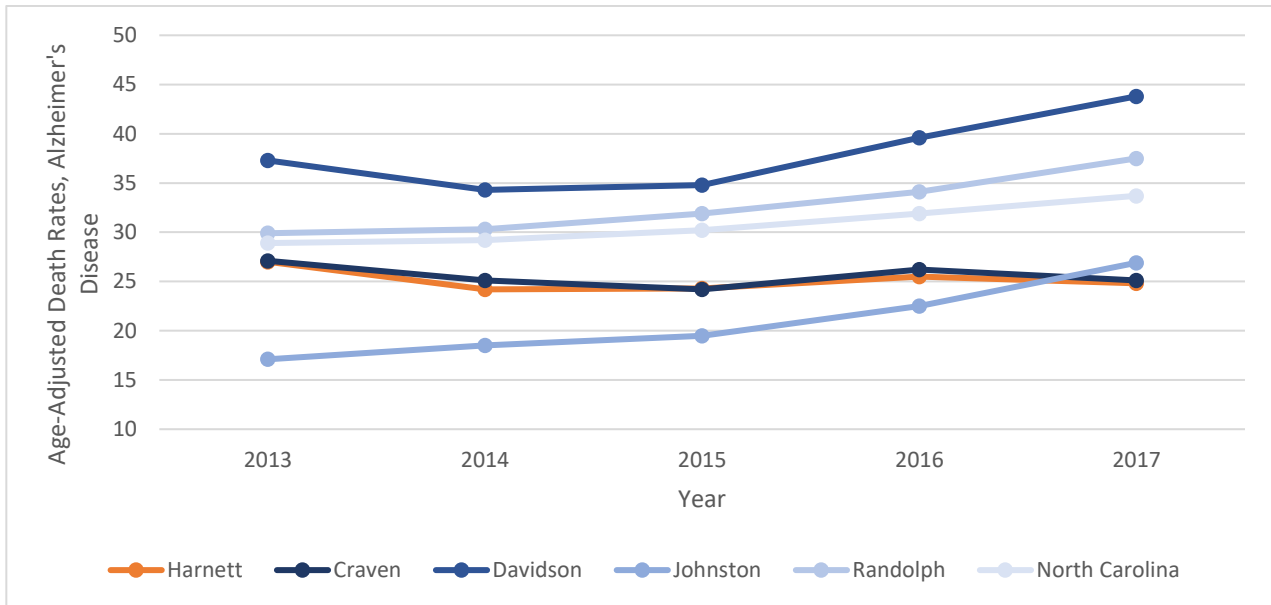
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

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 2013 to 2017, Harnett County's age adjusted death rate is consistently lower than the state of North Carolina and decreased from 27.0 to 24.8 (or 8.1%). During that same period, the rate for North Carolina increased from 28.9 to 33.7 (or 16.6%).

Age-Adjusted Alzheimer's Disease Death Rates per 100,000 Residents (Harnett, Peer Counties, and North Carolina, 2013-2017)

County/State	2013	2014	2015	2016	2017
Harnett	27.0	24.2	24.3	25.5	24.8
Craven	27.1	25.1	24.2	26.2	25.1
Davidson	37.3	34.3	34.8	39.6	43.8
Johnston	17.1	18.5	19.5	22.5	26.9
Randolph	29.9	30.3	31.9	34.1	37.5
North Carolina	28.9	29.2	30.2	31.9	33.7



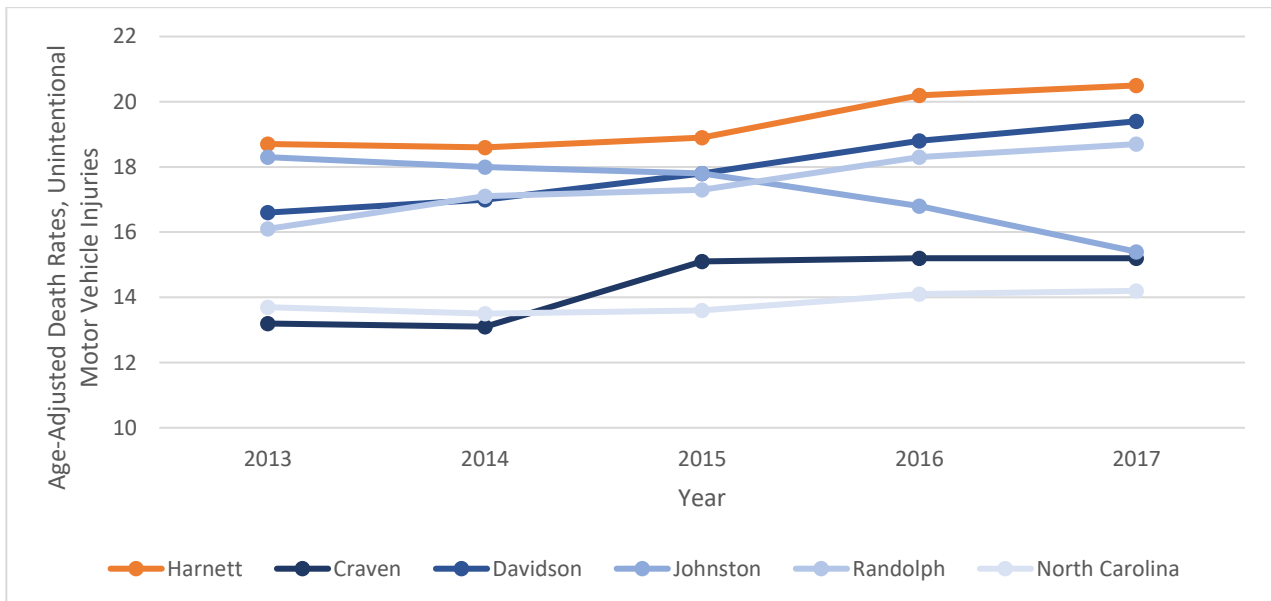
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

Unintentional Motor Vehicle Injuries

Unintentional Motor Vehicle Injuries are the 8th leading cause of death (age-adjusted) in Harnett County. From 2013 to 2017, Harnett County's motor vehicle injury age-adjusted mortality rate slightly increased from 18.7 to 20.5 per 100,000 population (or 9.6%). North Carolina's rate also increased from 13.7 to 14.2 per 100,000 population (or 3.6%). 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, 2013-2017)

County/State	2013	2014	2015	2016	2017
Harnett	18.7	18.6	18.9	20.2	20.5
Craven	13.2	13.1	15.1	15.2	15.2
Davidson	16.6	17.0	17.8	18.8	19.4
Johnston	18.3	18.0	17.8	16.8	15.4
Randolph	16.1	17.1	17.3	18.3	18.7
North Carolina	13.7	13.5	13.6	14.1	14.2



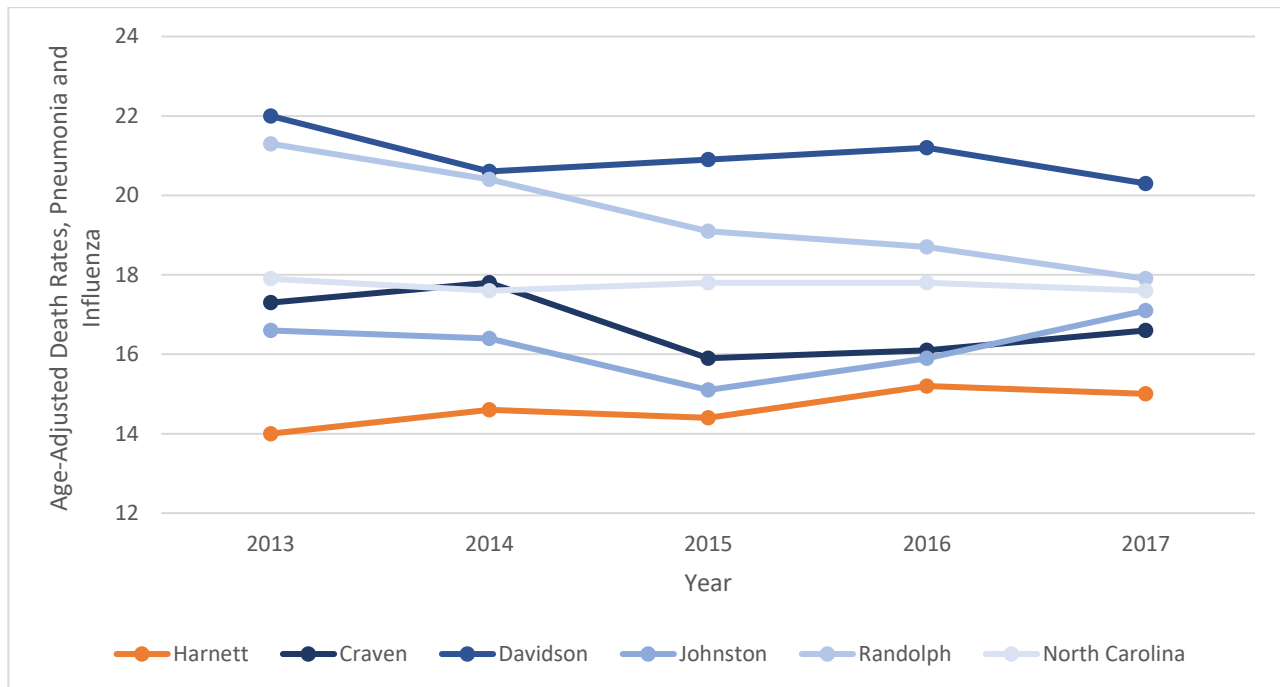
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

Pneumonia and Influenza

Pneumonia and influenza is the 9th leading cause of death (age-adjusted) in Harnett County. As shown in the following chart, the number of deaths from pneumonia and influenza in Harnett County are consistently lower than the state of North Carolina and that of peer counties. However, from 2013 to 2017, the rate for Harnett County has slightly increased.

**Age-Adjusted Pneumonia & Influenza Related Death Rates per 100,000 Residents
(Harnett, Peer Counties, and North Carolina, 2013-2017)**

County/State	2013	2014	2015	2016	2017
Harnett	14.0	14.6	14.4	15.2	15.0
Craven	17.3	17.8	15.9	16.1	16.6
Davidson	22.0	20.6	20.9	21.2	20.3
Johnston	16.6	16.4	15.1	15.9	17.1
Randolph	21.3	20.4	19.1	18.7	17.9
North Carolina	17.9	17.6	17.8	17.8	17.6



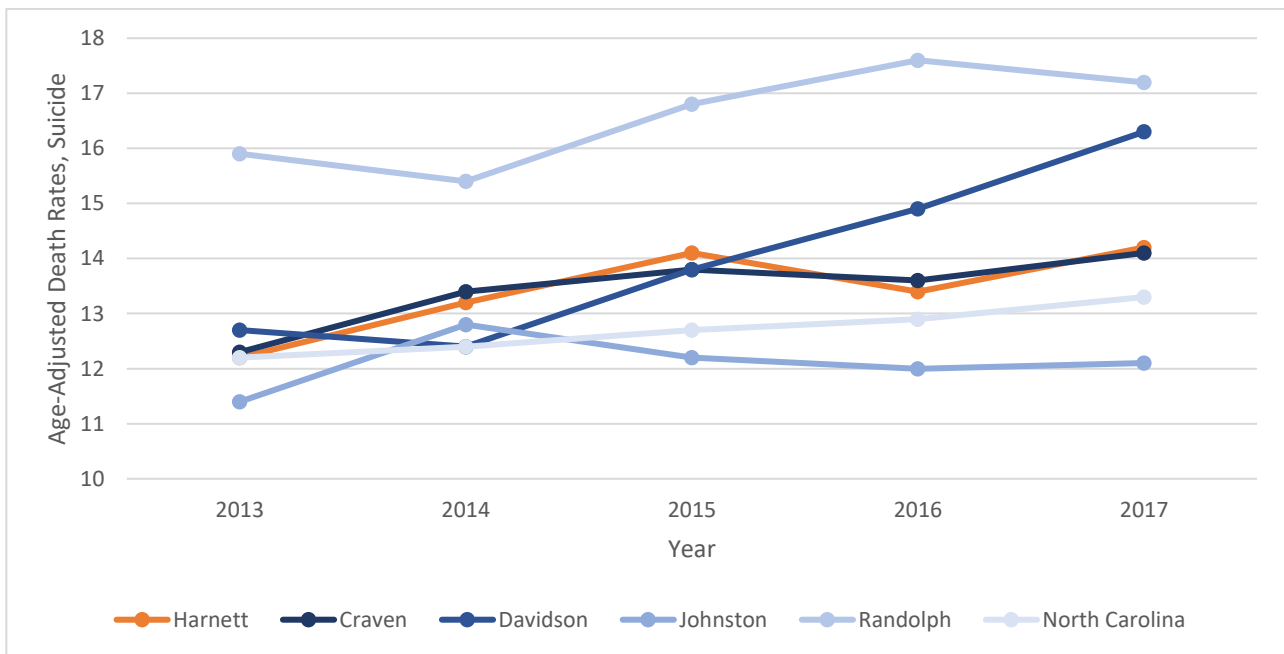
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

Suicide

Suicides are the 10th leading cause of death (age-adjusted) in Harnett County. In the previous CHNA cycle, suicide was not among the ten leading causes of death in Harnett County and is still not among the ten leading causes of death for the state of North Carolina. From 2013 to 2017, Harnett County's suicide-related mortality rate slightly increased from 12.2 to 14.2 per 100,000 population (or 16.4%). North Carolina's rate also increased from 12.2 to 13.3 per 100,000 population (or 9.0%).

**Age-Adjusted Suicide Death Rates per 100,000 Residents
(Harnett, Peer Counties, and North Carolina, 2013-2017)**

County/State	2013	2014	2015	2016	2017
Harnett	12.2	13.2	14.1	13.4	14.2
Craven	12.3	13.4	13.8	13.6	14.1
Davidson	12.7	12.4	13.8	14.9	16.3
Johnston	11.4	12.8	12.2	12.0	12.1
Randolph	15.9	15.4	16.8	17.6	17.2
North Carolina	12.2	12.4	12.7	12.9	13.3



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

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, Harnett County’s unemployment rate was higher than any of the peer counties nearly every month since 2014. The poverty rate in Harnett County is 12% higher than the state average. Additionally, in the Community Health Survey, the highest rated community problem affecting the quality of life in the county was “Low Income/Poverty.”
- **Educational Attainment** – With regard to school achievement, students in Harnett County Schools perform (on average) much lower than their counterparts in peer counties and the state as a whole. While the chart above provides the contrasts in achievement on the ACT, similar trends can be established in End-of-Grade test scores and other measures of proficiency. Educational attainment is a recognized social determinant of health.
- **Heart Disease** – While heart disease is a 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 22% higher than the state average and the highest among the peer counties.
- **Cancer** – The second 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.
- **Motor Vehicle Safety** – 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 44% higher than the rate for the state as a whole.
- **Behavioral Health** – Respondents to the Community Health Survey named Substance Abuse Prevention one of the top “health behaviors that the community needs more information about.” Notably, the unintentional injuries death rate for Harnett County is below the state average and most peer counties. However, a full third of Community Health Surveys respondents reported having been given a diagnosis of anxiety or depression.

- **Physical Activity** – When asked about which community service “needs the most improvement,” respondents to the Community Health Survey identified “Better/More Recreational Facilities” as a key concern. Thirty percent (30.5%) of Community Health Survey respondents reported doing no physical activity or exercise at all in a typical week.
- **Diabetes/Nutrition** – Across all subgroups, respondents to the Community Health Survey indicated that “Eating Well/Nutrition” was a one of the top two health behaviors about which the community needs more information. Clearly, eating well is related to the prevention of a number of the leading causes of death—specifically diabetes mellitus. The age-adjusted diabetes mortality rate for Harnett County is 28% higher than the state average and is the highest among peer counties. This death rate is also trending upward since 2013. The majority of survey respondents reporting consuming far less than the recommended intake of fruits and vegetables.

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 eight areas with regard to Urgency, Severity, and Feasibility. The average scores for each focus area are reported in the table below.

Average Ranking of Health Priorities

	Average Ranking Score
Diabetes/Nutrition	3.11
Heart Disease	3.58
Cancer	4.00
Education	4.17
Mental Health	4.35
Physical Activity	4.52
Economic	4.70
Motor Vehicle Accidents	5.64

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) **Diabetes/ Nutrition**, (2) **Heart Disease** and (3) **Cancer**.