

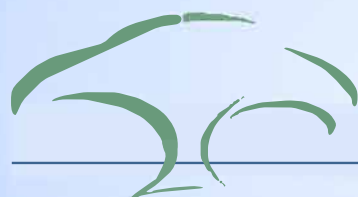
HARNETT COUNTY

DEPARTMENT OF PUBLIC HEALTH

COMMUNITY
HEALTH
ASSESSMENT

2025

Strong Roots. New Growth.



Harnett
C O U N T Y
HEALTH DEPARTMENT

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Executive Summary

Vision

On May 1, 2025, Harnett County Health Department convened a virtual Community Health Visioning meeting with community stakeholders and members of the CHA Advisory Group to shape a guiding vision for a healthier Harnett County by 2030. Through facilitated discussion and polling, participants identified community strengths and concerns, including rapid population growth, uncertainty in public policy, and questions about access to food and affordable housing. The group adopted the following vision:

By 2030, Harnett County's Community Health Assessment will guide a county that grows with intention, where data informs decisions, emerging needs are met before they become crises, and every resident has access to the conditions necessary to thrive. As one of North Carolina's fastest-growing counties, Harnett will use this assessment process to ensure that growth strengthens rather than strains the health and well-being of all who call this community home.

CHA Leadership

The CHA was conducted using the traditional leadership model, with Harnett County Health Department taking the primary role in convening critical stakeholders and collaborating partners. Designees of the local health director led the process, ensuring that community health assessments were grounded in established public health practices. This approach provided a clear and unified direction for the assessment, leveraging the expertise and experience of public health staff while engaging key partners across the community.

Harnett County Community Health Assessment Leadership Team:

- Ainsley Johnson, Director, Harnett County Health Department
- Belinda Rayner, Public Health Administrator
- David Tillman, Chair, Campbell University Department of Public Health

Harnett County Board of Health:

- Dr. Brandon Washington, DDS – Public Member
- Michelle Pleasant, RN – Registered Nurse
- Dr. Amanda Langdon, DVM – Veterinarian
- Betty Goodwin – Public Member
- Dr. Kim Fowler, PhD – Professional Engineer
- Stacie Hogan, RPH – Pharmacist

- Barbara McKoy – Commissioner
- Amy Brown – Public Member
- Dr. Lori Langdon, MD – Physician, Vice Chair
- Dr. Laura Smith – Optometrist, Chair
- Dr. Catherine Evans, DDS – Dentist

Harnett County Public Health Advisory Group:

- Alisha F. Carwise
- Barry Blevins
- Asia Boyd
- Treston Clark-LaRue
- Janet Johnson
- Ruth Dorriellan
- Samantha Patrick
- Kittrane Sanders
- Mary Jane Sauls
- Chance Torain
- Lura J. Wade
- Brandon Washington
- Rosa Marie Smith Williams
- Marge Moreton

Partnerships/Collaborations

TYPES OF PARTNERSHIP REPRESENTED ON THE ADVISORY COMMITTEE	NUMBER OF PARTNERS
Public Health Agency	4
Hospital/Health Care System	1
Healthcare Providers (Not BH)	1
Behavioral Healthcare Providers	2
Dental Providers	1
Managed Care Organization	1
Transportation	2
Cooperative Extension	1
Community Orgs	2
Faith Communities	1
Educational Institutions – colleges/universities	1
Public/Private/Charter School Systems	1
Business	1
Public Members	4

Regional/Contracted Services

The CHA did not use a private contractor but partnered with Campbell University's Department of Public Health for data collection and community engagement support. Dr. David Tillman, Chair of the department, authored substantial portions of this document as part of that collaboration.

Theoretical Framework/Model

The Harnett County Community Health Assessment (CHA) was guided by an adapted version of MAPP 2.0, a framework developed by the National Association of County and City Health Officials (NACCHO) to support community health improvement planning. MAPP 2.0 was selected for its emphasis on resident participation and data-driven assessment, and the process was tailored to reflect Harnett County's specific context while preserving the model's core structure. The assessment also incorporated practical methods from participatory rural appraisal, including windshield surveys, community asset mapping, and facilitated listening sessions designed to elicit local knowledge and observations. Together, these tools produced a layered picture of Harnett County's resources, health conditions, and residents' experiences, which was then used to inform a structured, participatory prioritization process.

Collaborative Processes

The collaborative process for the Harnett County Health Department's Community Health Assessment was structured to ensure broad stakeholder engagement and data-driven decision-making. Beginning in April 2025, the Advisory Group convened monthly, laying the groundwork for shared vision and strategic planning. In May 2025, the virtual visioning meeting described above aligned community values and priorities, setting the stage for the data collection and review that followed. A comprehensive Primary Data Review took place in October 2025, followed by a Secondary Data Review in November 2025, both critical for informing the assessment. Participatory Prioritization occurred in December 2025, actively engaging community members in identifying key health issues. Finally, in January 2026, additional meetings with the Board of Health provided final insights, resulting in the completion of the assessment.

Methods

The 2025 Harnett County Community Health Assessment was guided by an adapted version of MAPP 2.0, emphasizing community engagement and data-driven decision-making. The process unfolded in three phases: a visioning phase to establish shared direction; a "Tell the Community Story" phase that combined a Community Status Assessment, Community Context Assessment, and Community Partners Assessment; and a synthesis and prioritization phase in which findings were brought back to the community for review.

Secondary data were drawn from the U.S. Census Bureau, the NC State Center for Health Statistics, County Health Rankings and Roadmaps, and other state and national sources, with comparisons to a peer group of Alamance, Davidson, Johnston, and Randolph counties. Primary data included a Community Health Survey completed by 407 residents and six community listening sessions—five general sessions across the county and one targeted session with families of individuals with intellectual and developmental disabilities—supported by windshield surveys and asset mapping conducted by Campbell University graduate students.

Key Findings

The assessment highlights a rapidly growing yet still predominantly rural county where health outcomes are shaped by access to care, economic conditions, transportation, and opportunities for connection. Harnett County has significant shortages in primary care and mental health providers, higher-than-average preventable hospital stays, and patterns of residents traveling out of county for health services. Food insecurity affects an estimated 15.7% of residents, with geographic and transportation barriers contributing to multiple food deserts and elevated rates of diet-related chronic disease.

Behavioral health needs are substantial: residents report more poor mental health days than the state average, suicide and overdose remain critical concerns, and provider shortages and stigma limit access to care. Economic pressures include poverty and wage levels that lag behind the cost of housing, long commute times, and a large daily outflow of workers to jobs in neighboring counties. Residents report limited recreational and social infrastructure, especially for youth, older adults, and people with disabilities, contributing to isolation and missed opportunities for healthy community life.

Priority Health Issues

Through a structured, participatory prioritization process that considered community impact, achievability, and the county's positioning to act, stakeholders identified three top health priorities for Harnett County:

1. **Access to Food and Nutrition** – addressing food insecurity, food deserts, and related chronic disease.
2. **Mental and Behavioral Health** – improving access to mental health and substance use services and strengthening prevention and recovery supports.
3. **Recreation and Community Connection** – expanding access to parks, programs, and social infrastructure that support physical activity and reduce isolation.

Use of the CHA

This Community Health Assessment will guide the development of Harnett County's Community Health Improvement Plan, with strategies that address prevention, treatment, and the social and economic conditions that shape health. Findings will inform local policy discussions, program planning, grant development, and annual State of the County Health reporting, ensuring that rapid growth strengthens rather than strains the health and well-being of all residents

Process

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 2025 Community Health Assessment for Harnett County updates information from the previous CHA completed in 2022, presents new primary data collected through a community health survey and listening sessions conducted across the county, and synthesizes data analysis and community perspectives to identify health priorities for Harnett County in the years ahead.

North Carolina local health departments are required to complete a comprehensive Community Health Assessment on a regular cycle under the Consolidated Agreement with the NC Division of Public Health and as part of the NC Local Health Department Accreditation program. The 2025 Harnett County Community Health Assessment fulfills this requirement for the current cycle and provides the foundation for ongoing community health improvement planning and annual State of the County Health reporting.

County Overview

Harnett County is a fast growing, primarily rural county in central North Carolina, located between the Triangle and Fayetteville regions and encompassing about 595 square miles across 13 townships and five municipalities. In 2024 the county's population reached roughly 146,000, a 27% increase since 2010, with a relatively young age profile and a growing share of older adults.

The county is racially and ethnically diverse: about 58% of residents identify as White, 20% as Black or African American, and 14% as Hispanic or Latino, a higher share than the state overall. Educational attainment and incomes generally track peer rural counties but lag state averages for bachelor's degrees and higher wage employment, with many residents commuting to jobs in neighboring counties.

The CHA Process

The 2025 Harnett County Community Health Assessment was guided by an adapted version of MAPP 2.0, a framework developed by the National Association of County and City Health Officials to support community health improvement planning. MAPP 2.0 was selected for its emphasis on community engagement and data-driven assessment, and the process was tailored to reflect Harnett County's specific context while preserving the model's core structure.

The assessment unfolded in three phases. The first centered on a May 2025 virtual visioning session that established a shared foundation for the work that followed. Stakeholders and community partners came together to articulate a collective vision for Harnett County's health future and to identify the county's most significant strengths and assets, grounding the entire assessment process in local values and community voice. That vision, drawn from the Harnett County 2032 Strategic Plan, describes Harnett County as “a unified, safe, healthy, and engaged community that is culturally vibrant, well-planned with a thriving economy and a high-quality educational system, in harmony with its environment and beautiful natural resources, and with strong leadership ensuring equitable services so that all citizens will prosper.”

The second phase, structured around MAPP 2.0's "Tell the Community Story" component, involved three parallel assessments: the Community Partners Assessment, the Community Status Assessment, and the Community Context Assessment. A distinguishing feature of this phase was the direct involvement of graduate students from Campbell University, who conducted windshield surveys, developed asset maps using a community capacity inventory, and facilitated listening sessions across Harnett County. Four general community listening sessions were held across the county, and one targeted session was convened specifically with families of individuals with intellectual and developmental disabilities, co-sponsored by Special Olympics Harnett and the Arc of Harnett. This partnership extended the reach of the assessment into neighborhoods and communities that might otherwise have been underrepresented, while also generating ground-level observations that quantitative data alone could not capture. Together these tools produced a layered picture of Harnett County's resources, health conditions, and the lived experiences of residents navigating a fast-growing community in a period of broader uncertainty.

In the third phase, findings from across all three assessments were synthesized and brought back to the community through a participatory prioritization process. This approach ensured that the health priorities emerging from the CHA were both grounded in data and validated by the people most affected by them.

residents. They also identified rapid population growth as a defining condition shaping the county's health landscape — and raised questions about whether that growth has been matched by adequate access to food and affordable housing. These themes grounded the group's discussion of what a healthier Harnett County would need to look like by 2030.

Through facilitated discussion and polling, participants identified priority themes and worked toward a shared vision statement. The session concluded with the following:

By 2030, Harnett County's Community Health Assessment will guide a county that grows with intention, where data informs decisions, emerging needs are met before they become crises, and every resident has access to the conditions necessary to thrive. As one of North Carolina's fastest-growing counties, Harnett will use this assessment process to ensure that growth strengthens rather than strains the health and well-being of all who call this community home.

Data Gathering and Reporting

The CHA was conducted through a process that reviewed secondary data, primary quantitative survey data, primary qualitative data through community listening session, and participatory methods (e.g., windshield surveys, asset mapping, etc.). The assessment team drew on secondary data from the US Census, the NC State Center for Health Statistics, County Health Rankings and Roadmaps, and a range of additional state and national sources. For this assessment, data were updated to reflect the most current available figures for the 2019 to 2023 period.

For most of the secondary data reporting, Harnett county is compared to four peer counties—Alamance, Davidson, Johnston, and Randolph Counties based on shared characteristics including population size, poverty rates, age distribution, and population density. In most cases, this report presents either the peer county average or individual peer county data alongside Harnett County figures for comparison.

Community Health Survey

The Community Health Survey was administered from August through November 2025 in both English and Spanish. A total of 407 residents completed the survey. Surveys were collected using a combination of household canvassing and online convenience sampling. The survey was adapted from the model provided by the NC Division of Public Health and refined through collaboration between Harnett County Department of Public Health and Campbell University faculty and students. Graduate students did field cognitive testing of survey items. Minor wording changes were based on their feedback.

Survey respondents were somewhat more likely to be white and female compared to the overall county population, as reflected in comparison with 2022 American Community Survey estimates. This demographic skew is noted where relevant in the interpretation of survey findings, particularly where results may understate conditions experienced by lower income residents or groups that are harder to reach through surveys.

Additional Primary Data

To complement the Community Health Survey, several additional methods of collecting primary data were conducted. Listening sessions were facilitated conversations held in different parts of the county, including one targeted session with families of individuals with intellectual and developmental disabilities, while windshield surveys and asset mapping combined direct observation with resident input to produce mixed methods information on local strengths and challenges.

Authentic Community Engagement

Community members were involved at each stage of the Harnett County Community Health Assessment. The CHA Advisory Group included faith leaders, representatives from different areas of the county, community members from a range of racial and ethnic backgrounds, and participants from multiple age groups. This mix helped ensure that the assessment reflected perspectives from across Harnett County's communities and life stages.

Residents first participated in a virtual visioning session in May 2025, where stakeholders and community members worked together to describe a healthier future for Harnett County and to identify the county's most important strengths and concerns. Community members then took part in four general listening sessions held in different parts of the county and one targeted session with families of individuals with intellectual and developmental disabilities, co sponsored by Special Olympics Harnett and the Arc of Harnett. In November 2025, preliminary findings from the assessment were shared at the Harnett County Community Leader Summit at Campbell University, where business, education, nonprofit, social service, ministry, and local government leaders reviewed the data and provided feedback on challenges and possible solutions.

Community participation continued through the prioritization phase. Findings from the survey, listening sessions, and other assessments were brought back to residents and stakeholders in December 2025 for structured, small group discussions. Participants reviewed the data, discussed which problems had the greatest impact and where progress seemed most achievable, and then scored and ranked the issues. This process ensured that the final health priorities emerged from both the data and the lived experiences of people who live and work in Harnett County.

Community Health Status & Context

Detailed Community Profile

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 functions primarily as a residential community linked to larger employment and tourism centers in the region, with many residents drawn by comparatively affordable housing and a quieter lifestyle within commuting distance of major job hubs.

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

According to the US Census Bureau's Annual Population Estimates, the county's population reached approximately 146,096 in 2024. That represents a 9% increase from the 2020 Census base of approximately 133,571, and a 27% increase from the 2010 Census count of approximately 114,678.

According to the 2024 American Community Survey 5-Year Estimates, the median age in Harnett County is 35.6 years, reflecting a relatively young population compared to the state median. Approximately 22% of residents are under age 15, and approximately 13.5% are aged 65 and over, a share that has grown modestly over the past decade as the population ages. Adults aged 25 to 44 represent approximately 28% of the population, consistent with the county's profile as a community attracting working-age families, many of whom commute to employment centers in surrounding counties.

The share of residents aged 65 and over has increased from 12.2% in 2022 to approximately 13.5% in 2024, reflecting both natural aging of the existing population and the broader statewide trend of an aging demographic. This shift has implications for healthcare demand, transportation needs, and social service capacity in the years ahead.

Age Range Comparison 2013 to 2024

Age Range	2013		2024	
	Number	Percent	Number	Percent
0-19	37860	26.6	40374	27.6
20-24	8702	6.1	8743	5.9
25-34	36102	25.4	20200	13.8
35-44	17291	12.2	21656	14.8
45-54	16243	11.4	18000	12.3
55-64	12670	8.9	16400	11.2
65 years and older	13410	9.5	20723	14.2

Race and Ethnicity

According to the US Census Bureau, the racial and ethnic composition of Harnett County has continued to diversify. As shown in the table below, White alone residents represent 58.3% of the county population, a decline from 61% reported in the previous CHA and from 67.5% in the CHA prior to that. Black or African American residents represent 20% of the population, closely mirroring the statewide share of 20.2%. The Hispanic or Latino population represents 14.1% of county residents, notably higher than the statewide share of 10.7%, and reflecting continued growth in this population since the last assessment. Residents identifying as two or more races represent 5% of the county population, compared to 3.9% statewide.

Taken together, residents identifying as a racial or ethnic minority group represent approximately 42% of the total county population. Harnett County's racial and ethnic composition is broadly similar to North Carolina as a whole, with the notable exception of the Hispanic or Latino population, which is proportionally larger in Harnett County than statewide.

Racial & Ethnic Group Comparisons, Harnett and NC

Race	Harnett County		North Carolina	
	Number	Percent	Number	Percent
White Alone	77,876	58.3	6,312,148	60.5
Black or African American Alone	26,769	20.04	2,107,526	20.2
American Indian and Alaska Native alone	978	.73	100,886	1
Asian alone	1,408	1.1	340,059	3.3
Native Hawaiian and other pacific islander alone	242	.2	6,980	0.1
Some other race alone	707	.5	46,340	0.4
Population of two or more races	6,689	5	406,853	3.9
Hispanic or Latino	18,899	14.14	1,118,596	10.7

Peer County Selection

To provide meaningful context and actionable insights, this Community Health Assessment uses Alamance, Davidson, Johnston, and Randolph counties as peer comparisons for Harnett County. These counties were selected based on demographic, socioeconomic, geographic, and health-related similarities that make comparisons relevant and findings transferable.

Demographic Similarities

Harnett and its peer counties share comparable population sizes and densities, each containing a mix of incorporated towns and expansive rural areas. This rural-urban composition produces common challenges, including disparities in access to care, transportation barriers, and uneven distribution of health resources across communities. Harnett and Johnston counties have both experienced rapid growth in their Hispanic/Latino populations, creating shared interest in understanding health disparities and developing culturally responsive interventions.

Socioeconomic Comparability

The socioeconomic profiles of all five counties align closely. Median household incomes and poverty rates fall near or slightly below the state average, and the economies of each county are rooted in manufacturing, agriculture, and small business. Educational attainment levels are also comparable, influencing health literacy and access to economic opportunity. These shared conditions support deeper analysis of how social determinants of health shape community well-being in Harnett and its peer counties.

Shared Health Challenges

All five counties experience elevated rates of chronic disease, including diabetes, heart disease, and obesity, reflecting common health behaviors and risk factors. Access to care remains a persistent concern, as rural areas across these counties face primary care shortages and significant barriers to specialty services. Behavioral health needs, particularly those related to substance use disorders and mental health, are growing throughout the region, consistent with the broader impact of the behavioral health crises on semi-rural communities.

Geographic and Regional Context

Harnett County sits between the Research Triangle to the north and the Sandhills region to the south. Its peer counties occupy similar positions relative to major urban and regional centers, producing comparable patterns of access to tertiary care, employment, and public health infrastructure. All five counties also face similar environmental and infrastructure pressures, including population growth concerns, limited transportation networks, and housing availability constraints.

Education

According to the organizational vision statement in the Harnett County Schools strategic plan, the district aims to be the North Carolina model for developing globally competitive and highly productive citizens. Educational attainment data from the American Community Survey show that Harnett County residents are largely on par with peer counties on several measures, though the county trails the state average on bachelor's degree attainment and graduate or professional degree completion. Approximately 91.1% of Harnett County adults have a high school diploma or equivalent, exceeding the statewide rate of 90.9% and placing the county in the middle of its peer group. However, 26.3% of adults hold a bachelor's degree or higher, compared to 37.1% statewide, a gap of nearly 11 percentage points. Among peer counties, only Randolph County has a lower rate of bachelor's degree attainment at 17.1%. Johnston and Alamance Counties both exceed Harnett County on this measure at 30.6% and 31% respectively.

The county has a notably higher share of residents with some college but no degree at 25.4%, compared to 18.7% statewide, suggesting a population that has pursued post-secondary education but has not completed a credential. This pattern is consistent with a workforce that includes a significant share of military-affiliated residents and working adults whose educational pathways have been interrupted.

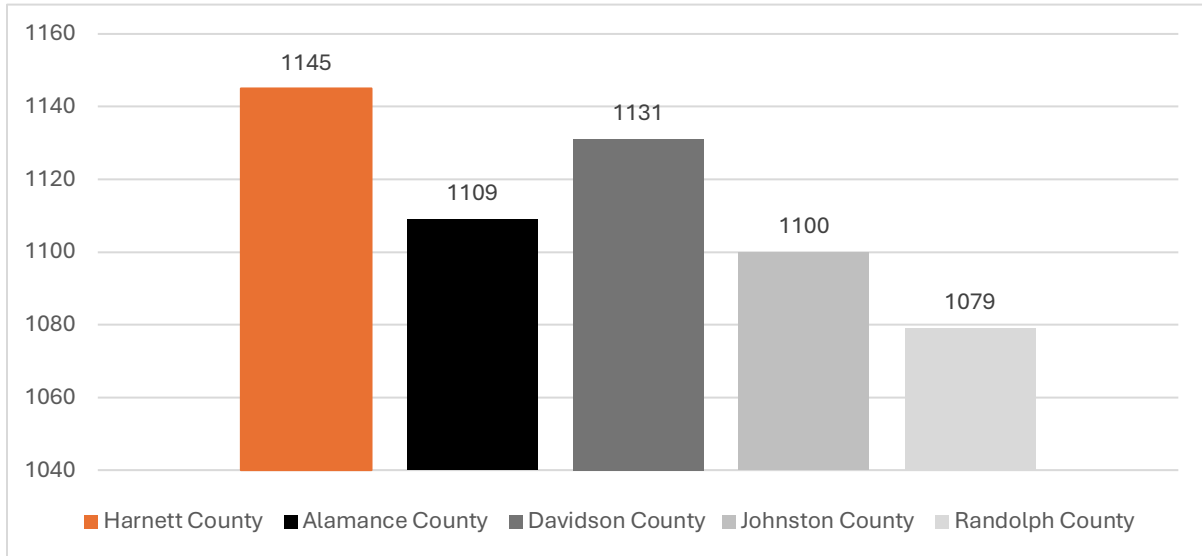
On the 2023-2024 SAT, Harnett County students who tested achieved an average total score of 1,145, above all four peer counties and below the state average of 1,166. It is worth noting that Harnett County's testing rate of 3.4% was the lowest among peer counties and well below the statewide rate of 18.1%, meaning these scores reflect a smaller and potentially more select group of test-takers than in comparison jurisdictions. This limits direct comparison and should be interpreted with caution.

Education Breakdown for ages 25 and over for Harnett County, Peer Counties and North Carolina

Education Level	Harnett County	Alamance County	Davidson County	Johnston County	Randolph County	North Carolina
Less than 9th grade	2.30%	3%	2.80%	3.30%	5.20%	3.50%
9th to 12th grade, no diploma	6.60%	7%	7.10%	4.30%	10%	5.60%
High school graduate (includes equivalency)	27.00%	26%	33.90%	27.00%	36.50%	24.70%
Some college, no degree	25.40%	21%	21.70%	21.10%	18.20%	18.70%
Associate's degree	12.40%	12%	10.60%	13.70%	13%	10.20%
Bachelor's degree	17.80%	20%	16%	21.20%	12.30%	22.60%
Graduate or professional degree	8.50%	11%	7.90%	9.40%	4.80%	14.50%
High school graduate or higher	91.10%	89.3%	90.10%	92.30%	84.80%	90.90%
Bachelor's degree or higher	26.30%	31%	23.90%	30.60%	17.10%	37.10%

Source: U.S. Census Bureau, American Community Survey 2024 1-year estimates, table S1501 (Educational Attainment), adults ages 25 and over.

2023–2024 SAT scores for Harnett County Schools and Peer Districts (Average Total Score)



Source: North Carolina Department of Public Instruction. SAT Performance, 2023–24 (district-level results). Retrieved from SAT 2023–24 data file.

Employment, Household Income, and Poverty

Harnett County has a heritage of agriculture but began transitioning to manufacturing in the early twentieth century. Major employers include Food Lion, Campbell University, Harnett Health System, and Walmart. Public sector employers include Harnett County Schools and Harnett County Government. The county's workforce is also significantly shaped by its proximity to Fort Bragg, which contributes a substantial military and civilian federal employment base to the region.

The median household income in Harnett County is approximately \$69,012, slightly below the statewide median of \$69,917 for 2019–2023. According to ACS 2020–2024 estimates, the per capita income for Harnett County is approximately \$33,463, below the statewide per capita income of \$41,385, reflecting a workforce in which many residents earn mid-range wages and often commute to higher-paying employment centers in surrounding counties. Approximately 13.7% of Harnett County residents live below the federal poverty line, compared to 13.2% statewide.

The household income distribution data show that Harnett County has a higher share of households in the middle income ranges than the state as a whole. Households earning between \$50,000 and \$99,999 represent approximately 35% of county households, compared to 30% statewide. At the upper end, households earning \$200,000 or more represent 7.4% of county households compared to 11.1% statewide, consistent with a county where high-income earners are less concentrated than in the broader state economy. At the lower end, income distributions are broadly similar between the county and the state.

The county's unemployment rate was approximately 3.5% in 2024, slightly above the previous rate of 2.9% reported in the prior assessment but consistent with statewide and national trends following the post-pandemic labor market normalization.

Household Income and Benefits, Harnett County and North Carolina (2024)

Income level	North Carolina	Harnett County
Less than \$10,000	5.20%	5.20%
\$10,000 to \$14,999	3.50%	4.40%
\$15,000 to \$24,999	6.60%	5.40%
\$25,000 to \$34,999	7.00%	7.80%
\$35,000 to \$49,999	11.10%	9.70%
\$50,000 to \$74,999	17.10%	19.10%
\$75,000 to \$99,999	12.90%	16.00%
\$100,000 to \$149,999	17.00%	15.30%
\$150,000 to \$199,999	8.40%	9.80%
\$200,000 or more	11.10%	7.40%

Primary Data

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 were collected for the 2025 Community Health Assessment is through the Community Health Survey.

The survey instrument was again based largely on 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 2025 survey included questions organized into the following areas: Quality of Life Statements, Community Improvement Priorities, Health Behaviors, Access to Care, Emergency Preparedness, and Demographics.

The sampling methodology followed a similar mixed approach design as in prior CHAs, beginning with online convenience sampling promoted via social media, email lists, and partner organizations. A total of 405 responses were recorded in the dashboard export, of which 398 indicated that they were Harnett County residents and were therefore eligible to complete the survey. As in 2022, convenience sampling was supplemented by deliberate outreach to neighborhoods with historically under represented populations, including in person administration of surveys by trained public health graduate students from Campbell University.

Demographic Comparison of Survey Respondents and Population

The resultant sample of 2025 survey respondents does not closely mirror the demographic profile of Harnett County residents as described by recent American Community Survey (ACS) estimates. In particular, the 2025 dataset over represents women, non Hispanic White adults, English speaking households, and people with higher levels of formal education, while under representing Hispanic/Latino residents and adults with lower educational attainment.

With respect to race and ethnicity, approximately 72.7% of 2025 survey respondents who reported race identified as White, compared with about 62% of the county population in ACS data. Black or African American residents constitute 16.7% of survey respondents but about 20.2% of the county population, and Hispanic/Latino residents make up only 2.3% of respondents compared with roughly 14% of county residents. Smaller proportions of respondents identified as American Indian/Native American, Asian, or more than one race, with each of these groups comprising similar or slightly lower percentages than ACS estimates. Nearly all respondents reported English as the primary language spoken in their home, and only a very small number identified Spanish or another language as the primary household language,

further underscoring the under representation of Hispanic/Latino and other linguistically diverse residents.

Educational attainment among survey respondents is substantially higher than countywide ACS estimates. Among respondents who reported education, nearly all had at least a high school diploma or GED (about 99.7%), compared with approximately 86–87% of adults 25 and older in Harnett County. More than half of survey respondents (about 54.8%) reported a bachelor’s degree or higher, whereas ACS data suggest that only about 22–23% of Harnett County adults hold a bachelor’s degree or higher. Full time employment was the most commonly reported work status, followed by part time work, retirement, and self employment, with smaller numbers indicating disability, student status, or unemployment. Taken together, these comparisons indicate that the 2025 survey sample is skewed toward more socioeconomically advantaged households relative to the county as a whole, and the interpretation of survey findings should explicitly account for this limitation.

Perceptions of Limited Economic Opportunity

Respondents were asked to rate a series of statements about quality of life in Harnett County using a five point Likert scale from “strongly disagree” to “strongly agree.” As a group, 2025 respondents continued to express general agreement or neutrality with statements emphasizing community strengths, including that Harnett County is a good place to raise children, a good place to grow old, and a safe place to live, as well as that there is good healthcare and good parks and recreation facilities in the county.

At the same time, perceptions of economic opportunity and housing affordability remained areas of concern. Average scores for the statement “There are plenty of job opportunities in Harnett County” were notably lower than for other positive community statements, reflecting a concentration of disagreement and neutrality among respondents. Likewise, ratings for “There is affordable housing that meets the community’s needs in Harnett County” skewed toward disagreement, indicating that many respondents do not perceive housing as affordable or sufficient to meet local needs. These concerns about job opportunities and housing affordability are particularly noteworthy given the over representation of highly educated and employed respondents within the sample.

Community Priorities

To better understand residents’ views about the most pressing issues affecting quality of life and service needs, respondents were asked to select their top three choices from pre specified lists. When asked which issues have the highest impact on quality of life in Harnett County, respondents most frequently selected low income/poverty, drugs/alcohol/substance use, and housing related concerns (including poor housing conditions and lack of affordable housing). Education related concerns, such as dropping out of school and under resourced schools, also appeared prominently among the most frequently selected quality of life issues.

When asked which services most need improvement in their community, the most common responses were higher paying employment, counseling and mental/behavioral health support, more affordable and

better housing, and improved education/schooling and positive teen activities. Respondents also frequently identified the need for more affordable health services, additional healthcare providers, and expanded substance misuse services and recovery supports.

In a third question, respondents were asked to identify the top three health behaviors for which people in the community need more information. Mental and behavioral health consistently emerged as the leading priority, followed by substance misuse prevention and information on managing weight, exercising/fitness, and eating well/nutrition. Together, these priority patterns reinforce a clear focus on socioeconomic conditions (employment, poverty, housing), mental health and substance use, and youth and education as central to community well being.

Health Care Utilization

A set of items in the survey examined respondents' experiences accessing and using healthcare services in the past 12 months. Most respondents reported at least one primary care encounter, and many also reported visits with specialists, dentists, and mental health providers during the past year. The majority indicated that their primary healthcare provider is located outside Harnett County, suggesting ongoing dependence on neighboring counties for significant portions of routine and specialty care.

When asked whether they had experienced any problems getting needed healthcare (including medical, dental, pharmacy, or other care) for themselves or a family member in the prior 12 months, most respondents reported no difficulty, but a substantial minority did report problems accessing care. Among those who experienced access problems, the most frequently cited provider types included primary care, dentists, specialists, and hospital or clinic services. The most common reasons reported for difficulty obtaining needed care were cost related barriers (including high deductibles and co pays), insurance coverage limitations, provider capacity issues (difficulty getting an appointment, long waits), and distance or transportation challenges. These findings are again notable in light of the survey's higher income, higher education respondent profile, suggesting that access barriers may be even more pronounced among lower income and uninsured residents who are under represented in the sample.

Health Behaviors

Respondents were asked about physical activity, preventive care, tobacco use, and influenza vaccination. During a typical week, other than in their regular job, a majority of respondents reported engaging in at least some physical activity or exercise lasting at least 30 minutes, with participation spread across one to seven days per week. A smaller group reported no days of 30 minute physical activity, and among those who did not exercise most days, the most commonly cited reasons were lack of time, feeling too tired to exercise, health issues or physical limitations, and barriers such as cost, lack of facilities, or unsafe places to exercise.

Use of preventive services in the past 12 months was relatively high among respondents. Many reported having a recent physical exam, blood pressure check, dental cleaning, and vision screening, and substantial numbers had received screening tests such as mammograms, prostate cancer screening, colon/rectal exams, blood sugar and cholesterol checks, and Pap smears where clinically appropriate. Regarding influenza vaccination, a majority of respondents indicated that they had received a seasonal flu shot or flu mist in the past year, while a sizeable minority had not. Among those who did not receive a flu vaccine, the most frequently cited reasons were personal preference and the perception of not needing the vaccine, with smaller numbers indicating concerns about cost, fear, or the need for more information.

Current use of tobacco or vaping products was reported by a minority of respondents, with most indicating that they did not use any such products. Among those who did report tobacco or vaping use, cigarettes were the most commonly used product, followed by much lower levels of use of e cigarettes, vape pens, cigars, snuff, or dip. These self reported health behavior patterns suggest opportunities to further promote physical activity, tobacco cessation, and vaccination, while also continuing to support access to preventive screenings.

Preparedness

The final section of the survey addressed aspects of personal and household preparedness for natural disasters such as hurricanes, flooding, and tornadoes. Most respondents indicated that they felt they knew how to access information needed to stay safe during a natural disaster, though a smaller group reported that they did not know where to get such information or were unsure.

Among those who felt confident in knowing where to get emergency information, the most commonly reported sources included television, the internet, social media, text message emergency alert systems, and family and neighbors, with smaller numbers citing radio, print media, and telephone calls as sources. Some respondents also mentioned receiving information through their workplaces, healthcare providers (such as dialysis centers), the health department, Cooperative Extension, or county government communications. These findings suggest that while overall confidence in accessing emergency information is high, preparedness efforts can continue to emphasize multiple communication channels and ensure reach to residents who may be less connected to digital platforms.

Leading Causes of Death

The Leading Causes of Death provide an in-depth view of the conditions that most strongly affect a community’s health and longevity. Within a Community Health Assessment, examining these causes of death offers a clear indication of where resources and attention are most needed. High mortality rates point to areas where early detection, preventive measures, and better access to healthcare could significantly reduce avoidable deaths. By looking not just at raw numbers but also at trends over time, decision-makers can see whether certain causes of death are rising or falling, leading to more focused interventions.

In addition, comparing local mortality data with peer counties and statewide averages reveals how issues facing one community align—or differ—from those elsewhere. This broader perspective helps to highlight which problems might benefit from regional collaboration or targeted advocacy. Ultimately, understanding the leading causes of death allows communities to set priorities and develop initiatives that match their most urgent public health needs. By zeroing in on these areas, a well-informed Community Health Assessment paves the way for meaningful improvements in overall health outcomes.

Top Ten Leading Causes of Death in Harnett County, 2019-2023

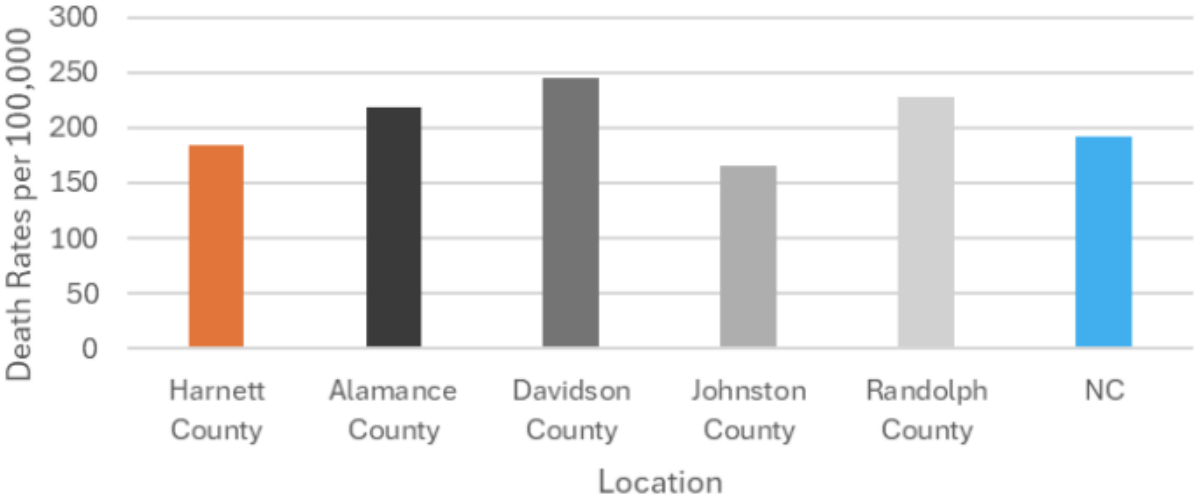
Rank	Cause of Death	# OF DEATHS	DEATH RATE
1	Cancer - All Sites	1,265	184.6
2	Diseases of the heart	1,173	171.2
3	Other Unintentional injuries	452	66.0
4	COVID-19	375	54.7
5	Chronic lower respiratory diseases	314	45.8
6	Cerebrovascular disease	307	44.8
7	Diabetes mellitus	236	34.4
8	Alzheimer's disease	195	28.5
9	Motor vehicle injuries	160	23.3
10	Nephritis, nephrotic syndrome, & nephrosis	119	17.4

Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

Cancer (all sites) remained the leading cause of death in Harnett County, accounting for 1,265 deaths and a rate of 184.6 deaths per 100,000 residents. Diseases of the heart ranked second, with 1,173 deaths and a rate of 171.2 per 100,000. "Other unintentional injuries" emerged as the third leading cause of death (452 deaths; 66.0 per 100,000), followed by COVID-19 in fourth place (375 deaths; 54.7 per 100,000) and chronic lower respiratory diseases in fifth (314 deaths; 45.8 per 100,000). Cerebrovascular disease ranked sixth (307 deaths; 44.8 per 100,000), diabetes mellitus seventh (236 deaths; 34.4 per 100,000), and Alzheimer's disease eighth (195 deaths; 28.5 per 100,000). Motor vehicle injuries and nephritis (including nephrotic syndrome and nephrosis) rounded out the top ten as the ninth and tenth leading causes of death, with 160 and 119 deaths, respectively (23.3 and 17.4 per 100,000).

Cancer

2019-2023 CANCER- ALL SITES: UNADJUSTED DEATH RATES PER 100,000 POPULATION

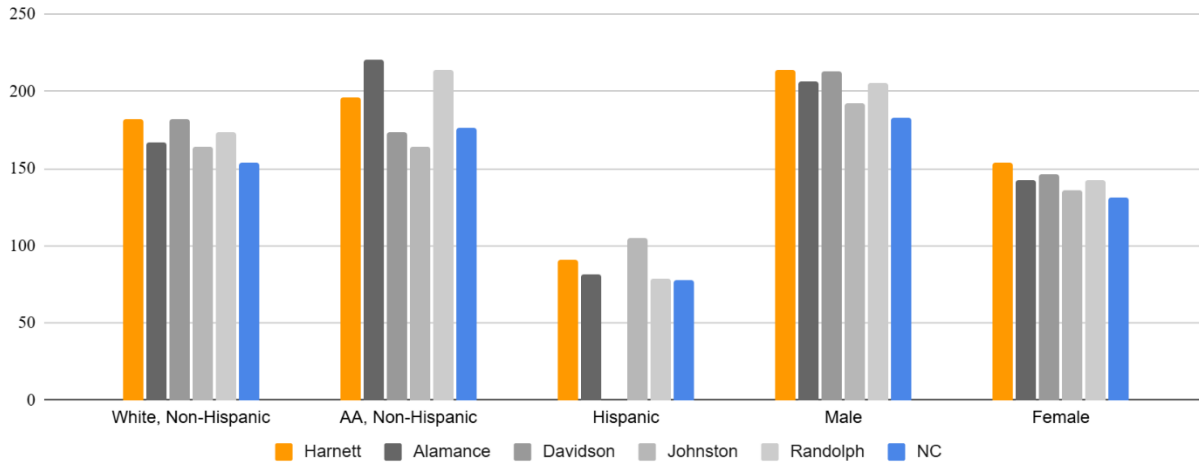


Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

Cancer is the leading cause of death in Harnett County, encompassing a range of malignant tumors that can affect organs such as the lungs, colon, breast, and prostate. The figures presented here reflect all cancer-related fatalities and the corresponding unadjusted death rate per 100,000 population for the period 2019 to 2023.

In Harnett County, cancer accounted for 1,265 deaths, with an unadjusted death rate of 184.6 per 100,000 population, slightly below the statewide rate of 191.4. Among peer counties, Harnett's rate is the lowest in the group. Davidson County had the highest cancer death rate at 245.2, followed by Randolph County at 227.1 and Alamance County at 218.9. Johnston County's rate of 165.3 was the only peer county below Harnett's. These comparisons indicate that while cancer remains the second leading cause of death in Harnett County, the county's cancer mortality rate is somewhat more favorable than most of its peers, though the overall burden of cancer-related death remains substantial.

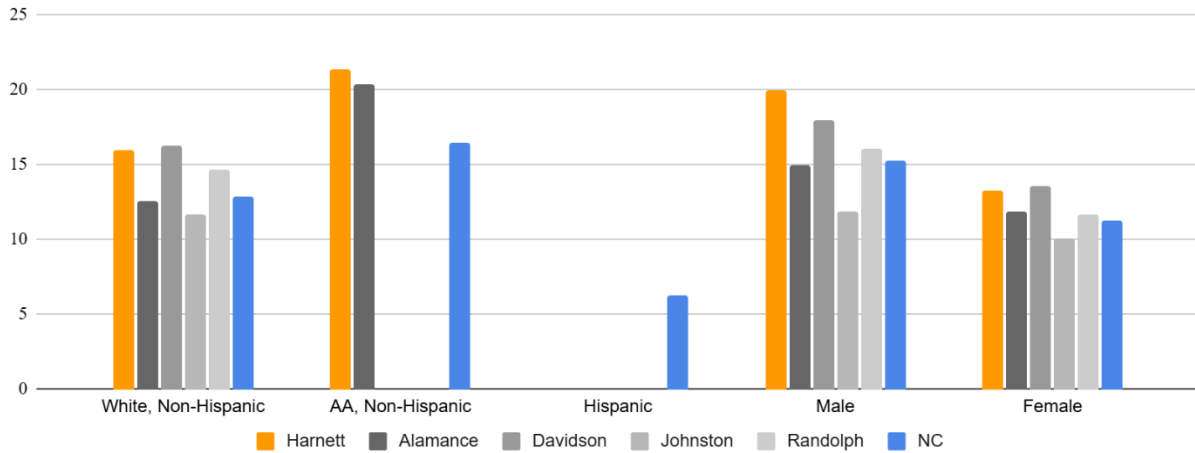
2019-2023 CANCER (ALL): RACE/ETHNICITY AND SEX-SPECIFIC AGE-ADJUSTED DEATH RATES



Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

Among Harnett County residents, African American, Non-Hispanic individuals have the highest cancer mortality rate at 195.8 per 100,000, above the statewide figure of 176.3 for that group and above Davidson County (173.2) and Johnston County (164.5), though below Alamance County (220.7) and Randolph County (214.2). White, Non-Hispanic residents in Harnett have a cancer mortality rate of 181.6, which exceeds the statewide rate of 153.5 and is comparable to Davidson County (181.5) while above Alamance (166.7), Johnston (164.2), and Randolph (173.1). Hispanic residents in Harnett have a rate of 90.9, above the statewide rate of 77.4. By sex, Harnett males have a cancer mortality rate of 213.6 compared to 183.0 statewide, and Harnett females have a rate of 153.7 compared to 131.1 statewide. Rates for American Indian, Asian, and multiracial residents are not reported for Harnett due to small numbers. Across all groups, male cancer mortality rates substantially exceed female rates, and disparities by race and ethnicity persist across the region.

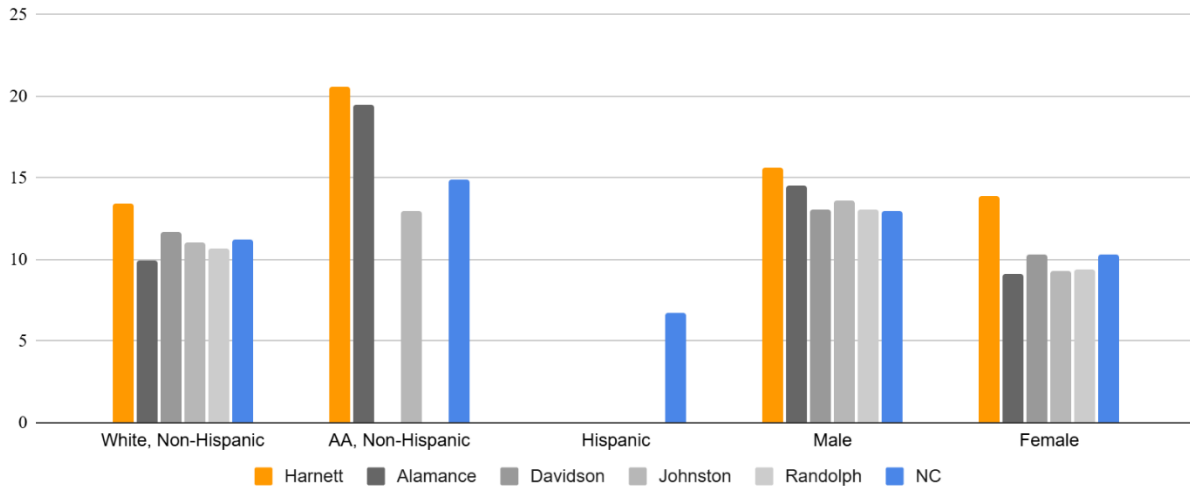
2019-2023 CANCER (COLON, RECTUM, ANUS): RACE/ETHNICITY AND SEX-SPECIFIC AGE-ADJUSTED DEATH RATES



Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

Among Harnett County residents, White, Non-Hispanic males have an age-adjusted colorectal cancer mortality rate of 16.0 per 100,000, above the statewide rate of 12.9. African American, Non-Hispanic males in Harnett have a rate of 21.4, above both the statewide AA rate of 16.5 and the White Non-Hispanic male rate within the county. By sex, Harnett males overall have a rate of 20.0 compared to 15.3 statewide, and Harnett females have a rate of 13.3 compared to 11.3 statewide. Rates for AA females and most other racial groups are not reported for Harnett due to small numbers. Colorectal cancer mortality in Harnett County exceeds the statewide average across all reported groups, with African American residents bearing a disproportionately higher burden than White residents within the county.

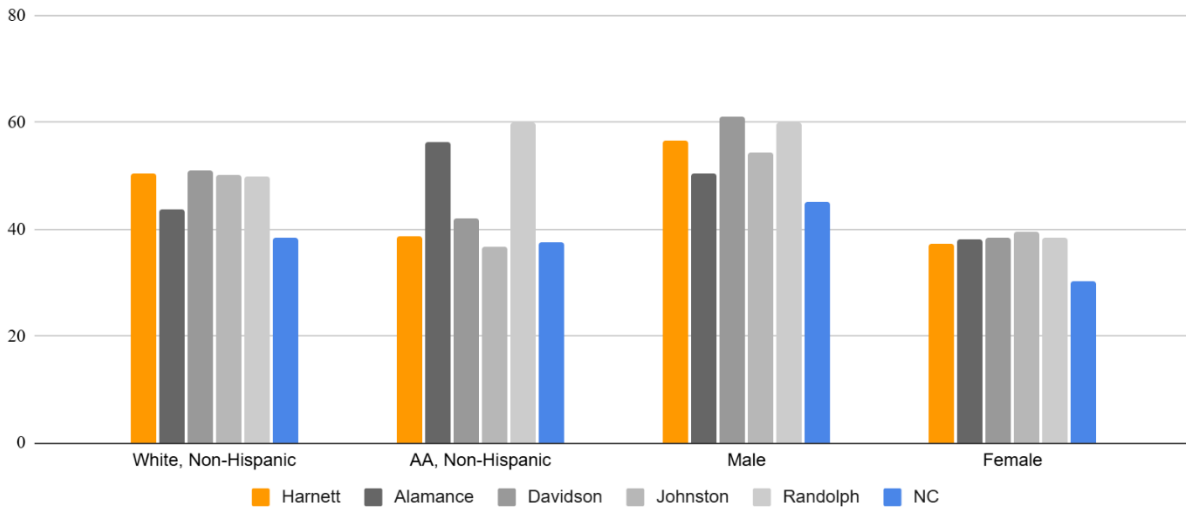
2019-2023 CANCER (PANCREAS): RACE/ETHNICITY AND SEX-SPECIFIC AGE-ADJUSTED DEATH RATES



Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

For White, Non-Hispanic residents in Harnett County, the age-adjusted pancreatic cancer mortality rate is 13.4 per 100,000, above the statewide rate of 11.2 and above all four peer counties, which range from 9.9 in Alamance to 11.7 in Davidson. African American, Non-Hispanic residents in Harnett have a rate of 20.6, above the statewide AA rate of 14.9 and above Alamance County (19.5) and Johnston County (13.0); rates for this group are not reported for Davidson or Randolph due to small numbers. By sex, Harnett males have a pancreatic cancer mortality rate of 15.6, above the statewide male rate of 13.0, and Harnett females have a rate of 13.9, above the statewide female rate of 10.3. Across all reported groups, Harnett County's pancreatic cancer mortality exceeds both the statewide average and peer county rates, with African American residents carrying a substantially higher burden than White residents within the county.

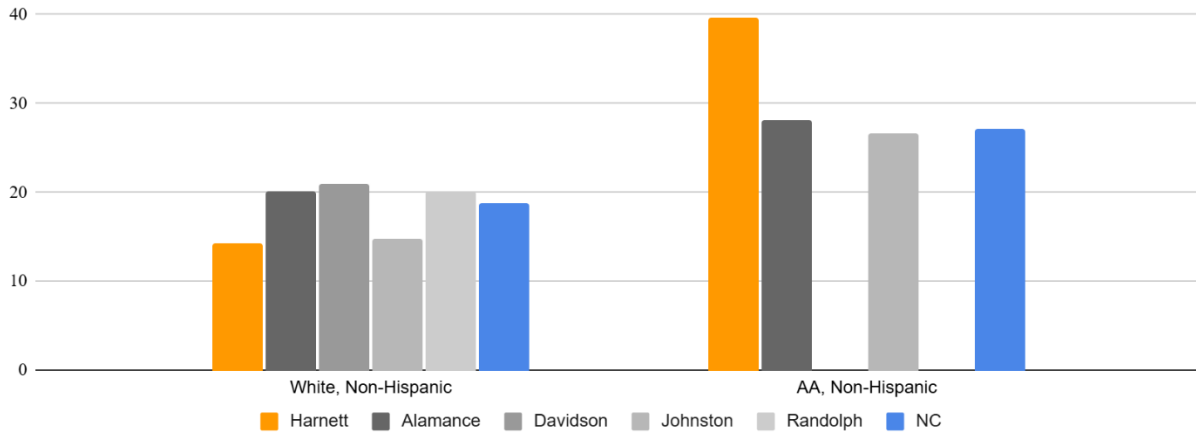
2019-2023 CANCER (TRACHEAS, BRONCHUS, LUNG): RACE/ETHNICITY AND SEX-SPECIFIC AGE-ADJUSTED DEATH RATES



Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

In Harnett County, the age-adjusted lung and bronchus cancer mortality rate for White, Non-Hispanic residents is 50.4 per 100,000, above the statewide rate of 38.3 and comparable to Davidson County (50.9) and Johnston County (50.2), while above Alamance County (43.8) and Randolph County (49.8). African American, Non-Hispanic residents in Harnett have a rate of 38.7, slightly above the statewide AA rate of 37.5 and below Alamance County (56.3), Davidson County (42.1), and Randolph County (59.9), while above Johnston County (36.6). By sex, Harnett males have an overall lung cancer mortality rate of 56.5, above the statewide male rate of 45.1, and Harnett females have a rate of 37.4, above the statewide female rate of 30.3. Rates for other racial and ethnic groups are not reported for Harnett due to small numbers. Lung cancer mortality in Harnett County exceeds statewide rates across all reported groups, with male rates substantially higher than female rates within the county.

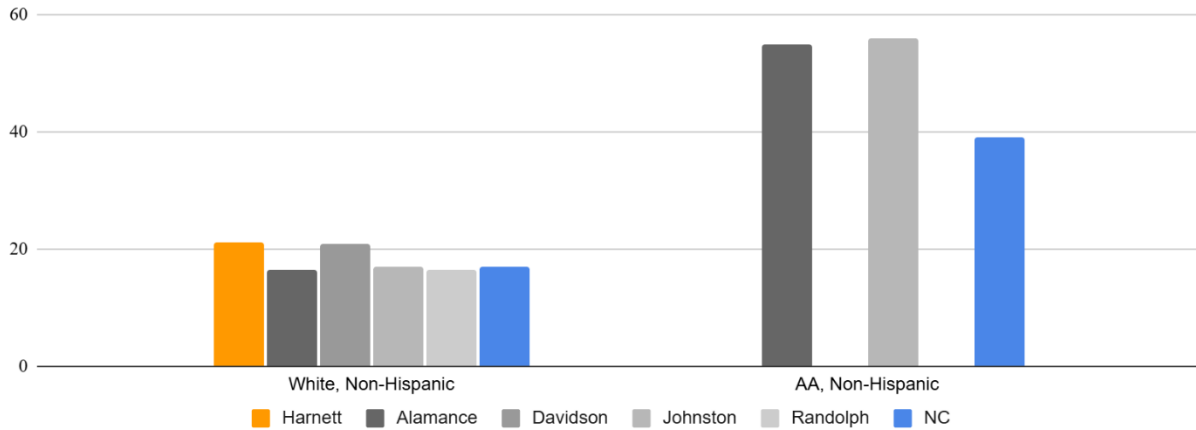
2019-2023 CANCER (BREAST): RACE/ETHNICITY SPECIFIC AGE-ADJUSTED DEATH RATES



Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

Among White, Non-Hispanic females in Harnett County, the age-adjusted breast cancer mortality rate is 14.2 per 100,000, below the statewide rate of 18.8 and below all four peer counties, which range from 14.7 in Johnston to 20.9 in Davidson. African American, Non-Hispanic females in Harnett have a rate of 39.7, substantially above the statewide AA female rate of 27.1 and above Alamance County (28.1) and Johnston County (26.6); rates for this group are not reported for Davidson or Randolph due to small numbers. The overall female breast cancer mortality rate in Harnett is 19.0, essentially at the statewide female rate of 19.8. Rates for other groups are not reported for Harnett due to small numbers. These figures indicate that while White, Non-Hispanic females in Harnett experience lower breast cancer mortality than their counterparts statewide and in peer counties, African American, Non-Hispanic females carry a disproportionately higher burden, a disparity that warrants focused attention in prevention and early detection efforts.

2019-2023 CANCER (PROSTATE): RACE/ETHNICITY SPECIFIC AGE-ADJUSTED DEATH RATES

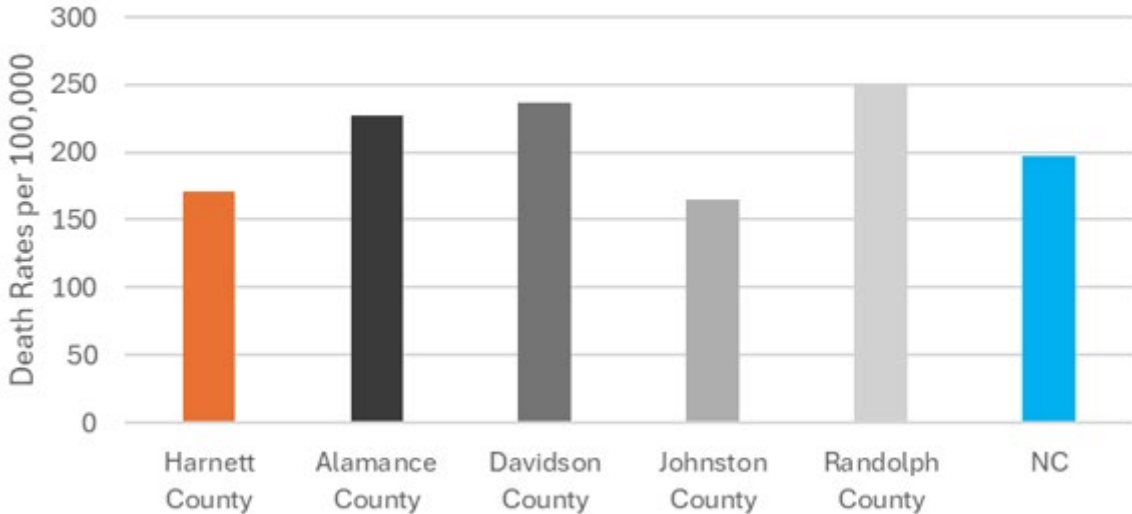


Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

Among White, Non-Hispanic males in Harnett County, the age-adjusted prostate cancer mortality rate is 21.1 per 100,000, above the statewide rate of 17.1 and above Alamance County (16.4), Johnston County (17.0), and Randolph County (16.5), while comparable to Davidson County (20.9). The African American, Non-Hispanic male prostate cancer mortality rate is not reported for Harnett County due to small numbers; however, the statewide rate for this group is 39.0, and peer counties where rates are reported show substantially higher rates among African American males, with Alamance County at 54.9 and Johnston County at 55.9. The overall male prostate cancer mortality rate in Harnett is 22.0, above the statewide male rate of 20.0. These figures suggest that while Harnett's White, Non-Hispanic male prostate cancer mortality exceeds statewide and most peer county rates, the absence of a reportable rate for African American males in Harnett limits direct county-level assessment of what is likely a significant disparity, given the patterns observed statewide and among peers.

Diseases of the Heart

2019-2023 DISEASES OF THE HEART: UNADJUSTED DEATH RATES PER 100,000 POPULATION

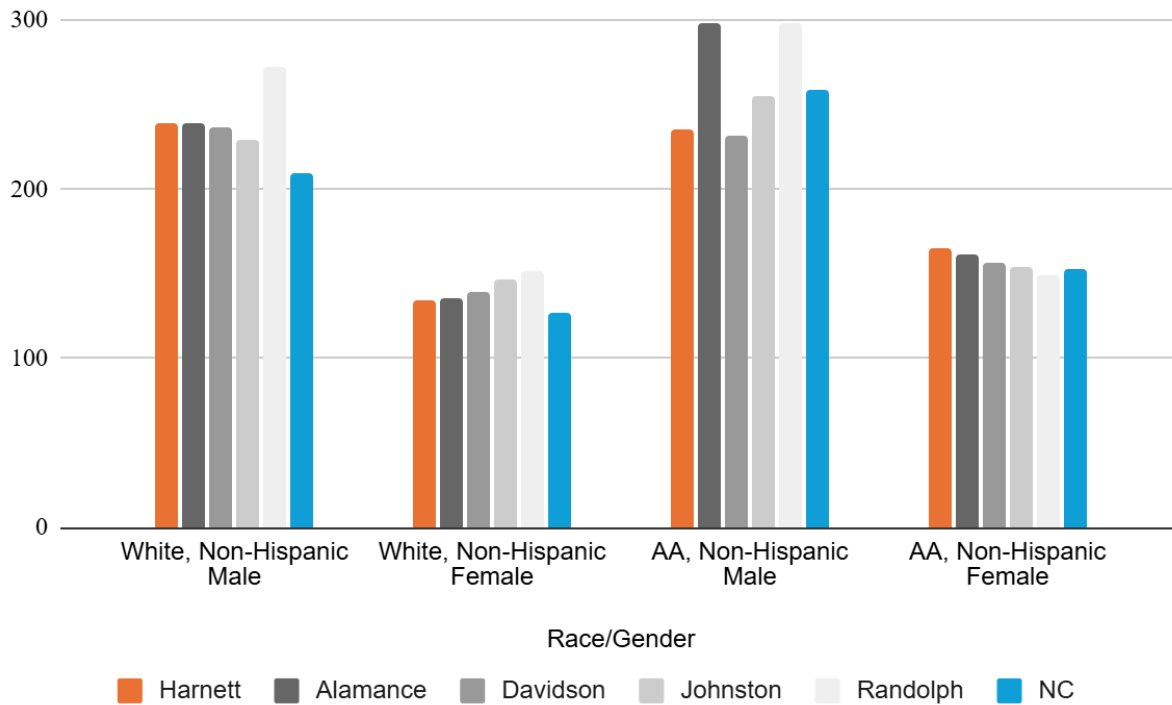


Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

Heart disease is the second leading cause of death in Harnett County, encompassing conditions such as coronary artery disease, heart failure, and arrhythmias. The figures presented here reflect the total number of deaths from heart-related illnesses and the corresponding age-adjusted death rate per 100,000 population for the period 2019 to 2023.

In Harnett County, heart disease resulted in 1,173 deaths over this period, with an age-adjusted death rate of 177.3 per 100,000 population, compared to the North Carolina rate of 165.2. Harnett's rate is approximately 7% above the statewide average. Among peer counties, Harnett's rate is comparable to Johnston County (177.4) and Davidson County (179.8), and slightly below Alamance County (181.1). Randolph County had the highest rate among the peer group at 198.4. These comparisons indicate that Harnett County's heart disease mortality burden is consistent with most of its peers but remains above the statewide rate, underscoring the continued importance of cardiovascular disease prevention and management in the county.

2019-2023 DISEASES OF THE HEART: RACE/ETHNICITY AND SEX-SPECIFIC AGE-ADJUSTED DEATH RATES

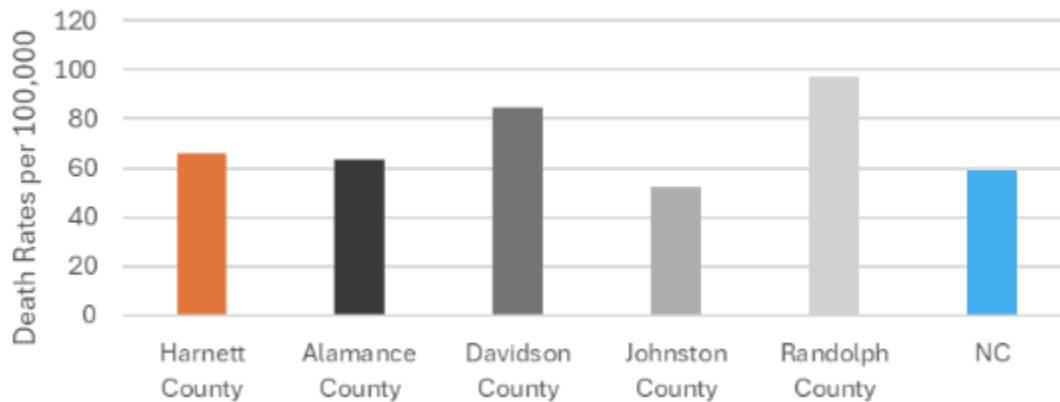


Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

Among the reported figures for Harnett County, White, Non-Hispanic males have the highest heart disease death rate at 239.6 per 100,000, exceeding the statewide rate of 209.3 for that demographic. African American, Non-Hispanic males follow at 235.5 per 100,000, also above the North Carolina figure of 259.2 for that group, though notably Harnett's AA male rate falls below the statewide AA male rate, suggesting somewhat lower cardiovascular mortality in this population relative to peers statewide. White, Non-Hispanic females in Harnett County have a rate of 134.2, above the statewide figure of 126.6. African American, Non-Hispanic females in Harnett have a rate of 165.1, above the statewide figure of 153.5. Hispanic residents in Harnett County have an age-adjusted rate of 79.9, well below all other reported groups and below the statewide Hispanic rate of 66.8. Rates for American Indian, Asian, and multiracial residents are not reported for Harnett County due to small numbers. Across all groups, male rates substantially exceed female rates, consistent with broader patterns of cardiovascular disease mortality by sex.

Other Unintentional Injuries

2019-2023 OTHER UNINTENTIONAL INJURIES: UNADJUSTED DEATH RATES PER 100,000 POPULATION

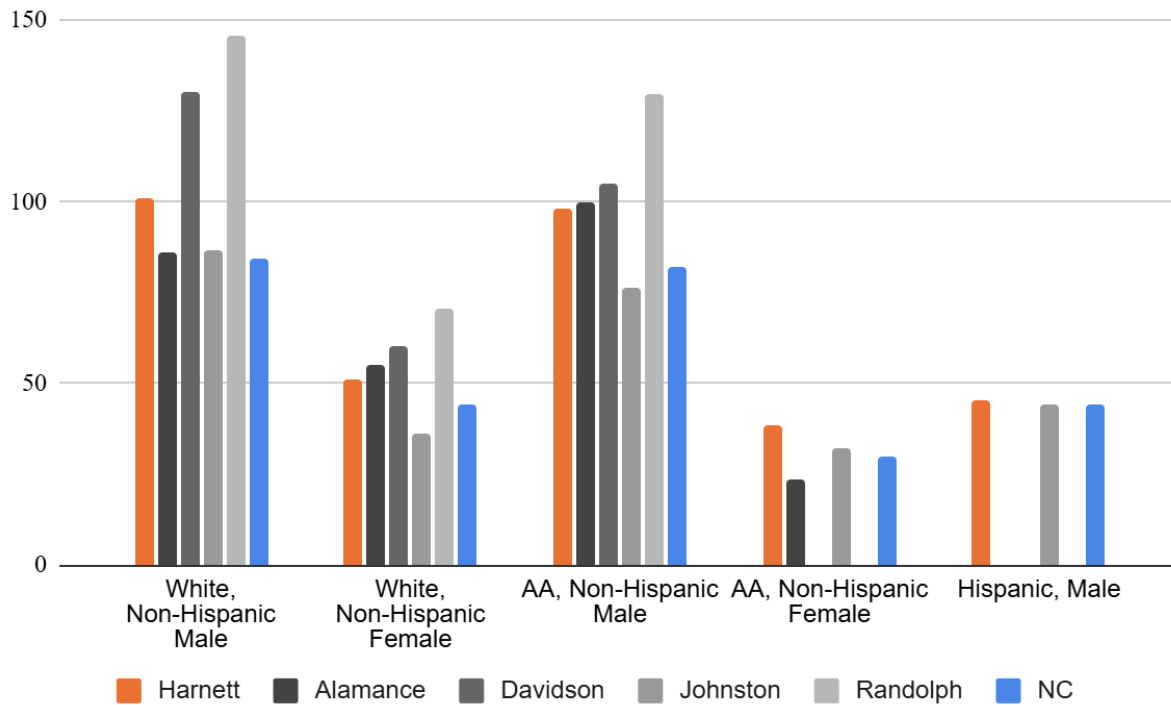


Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

Other unintentional injuries, which include overdose fatalities, have risen in ranking over the past five reporting cycles in Harnett County, moving from sixth to third. This increase is largely driven by an uptick in overdose deaths, highlighting the growing impact of substance misuse on overall mortality rates.

In the 2019-2023 period, Harnett County recorded 452 deaths from other unintentional injuries, with an age-adjusted death rate of 67.7 per 100,000 residents, above the statewide rate of 57.4. Among peer counties, Harnett's rate falls below Davidson County (84.7) and Randolph County (95.4) but exceeds Alamance County (59.7) and Johnston County (55.6). By sex, Harnett males have a rate of 93.4 compared to 78.6 statewide, and Harnett females have a rate of 43.6 compared to 37.7 statewide. These figures illustrate how unintentional injury mortality, particularly from overdoses, varies across the region and underscores the significance of this cause of death in Harnett County.

2019-2023 OTHER UNINTENTIONAL INJURIES: RACE/ETHNICITY AND SEX-SPECIFIC AGE-ADJUSTED DEATH RATES

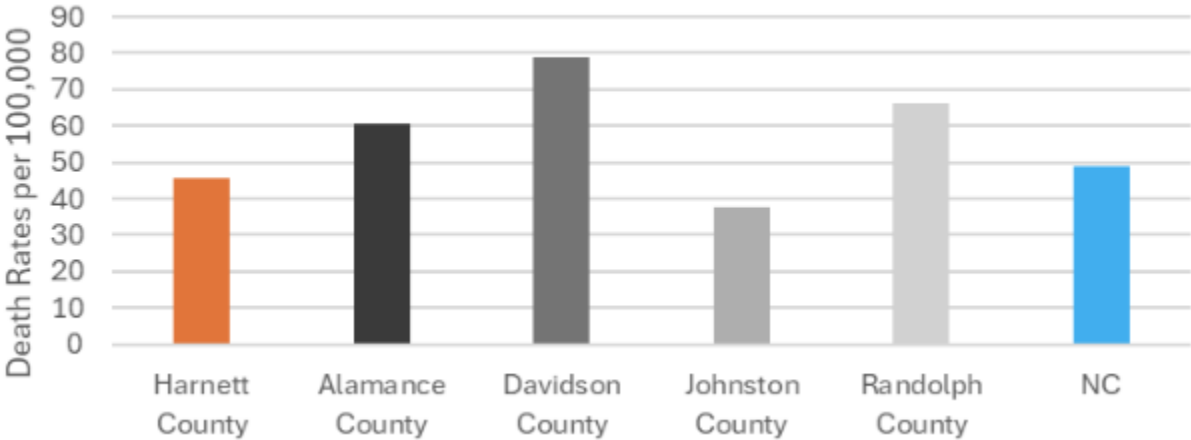


Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

Among the reported figures for Harnett County, White, Non-Hispanic males have an age-adjusted other unintentional injury mortality rate of 100.9 per 100,000, above the statewide rate of 84.4 and above Alamance County (85.8) and Johnston County (86.7), while below Davidson County (130.1) and Randolph County (145.7). White, Non-Hispanic females in Harnett have a rate of 51.2, above the statewide rate of 44.2 and above Johnston County (36.4), while below Alamance County (55.2), Davidson County (60.0), and Randolph County (70.8). African American, Non-Hispanic males in Harnett have a rate of 98.4, above the statewide rate of 82.2 and above Johnston County (76.3), while comparable to Alamance County (99.6) and below Davidson County (104.8) and Randolph County (129.4). African American, Non-Hispanic females in Harnett have a rate of 38.6, above the statewide rate of 29.8 and above Alamance County (23.4) and Johnston County (32.1); rates for this group are not reported for Davidson or Randolph due to small numbers. Hispanic males in Harnett have a rate of 45.6, comparable to the statewide Hispanic male rate of 44.2. Rates for American Indian, Asian, and multiracial residents are not reported for Harnett due to small numbers. Across all reported groups, Harnett County's other unintentional injury mortality exceeds statewide rates, with male rates substantially higher than female rates within each racial group.

Chronic Lower Respiratory Diseases

2019-2023 CHRONIC LOWER RESPIRATORY DISEASES: UNADJUSTED DEATH RATES PER 100,000 POPULATION

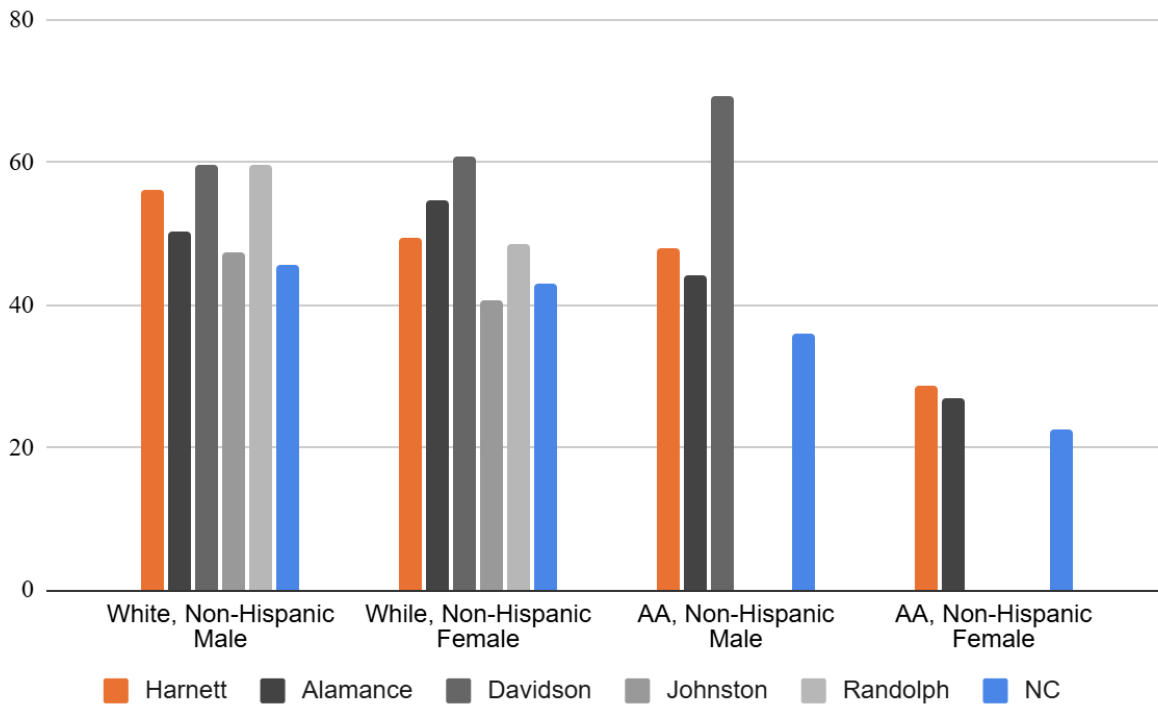


Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

Chronic lower respiratory diseases (CLRD) are the fourth leading cause of death in Harnett County. CLRD include conditions that affect the lungs and airways, such as chronic obstructive pulmonary disease (COPD), emphysema, chronic bronchitis, and, in some cases, severe asthma. These illnesses can make it difficult for individuals to breathe and perform daily activities, often requiring ongoing medical management and, in advanced stages, specialized care.

In Harnett County, CLRD led to 314 deaths over the 2019-2023 period, with an unadjusted death rate of 45.8 per 100,000 residents, slightly below the statewide rate of 48.8. Among peer counties, Harnett's rate is the lowest in the group. Davidson County had the highest CLRD death rate at 78.6, followed by Randolph County at 66.3 and Alamance County at 60.5. Johnston County had a rate of 37.8, the only peer county below Harnett. These figures suggest variation in CLRD mortality across the region, with Harnett County's rate falling near the statewide average and well below most of its peers, though the underlying burden of chronic respiratory illness remains significant for affected residents.

2019-2023 CHRONIC LOWER RESPIRATORY DISEASES: RACE/ETHNICITY AND SEX-SPECIFIC AGE-ADJUSTED DEATH RATES

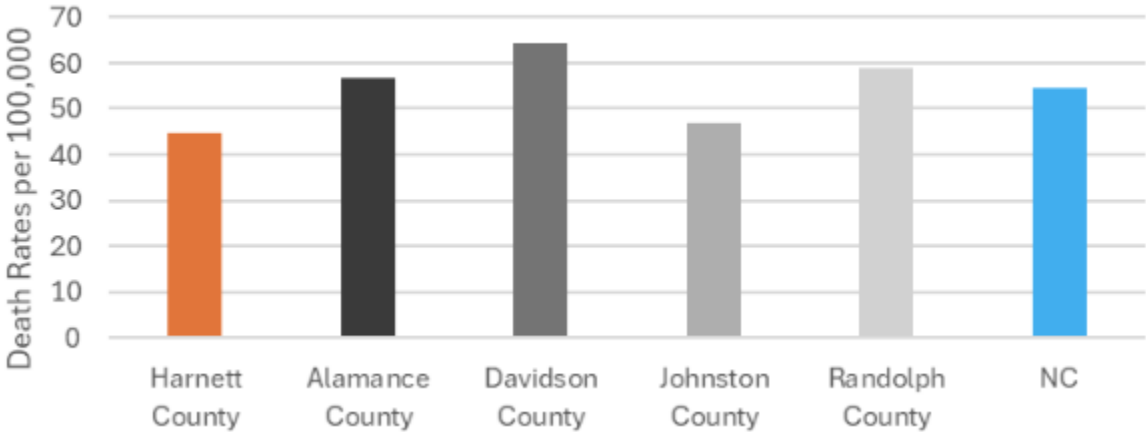


Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

Among the reported figures for Harnett County, White, Non-Hispanic males have an age-adjusted CLRD mortality rate of 56.1 per 100,000, above the statewide rate of 45.6 and above Johnston County (47.4) and Alamance County (50.4), while below Davidson County (59.8) and Randolph County (59.7). White, Non-Hispanic females in Harnett have a rate of 49.5, above the statewide rate of 43.1 and above Johnston County (40.6) and Randolph County (48.7), while below Alamance County (54.7) and Davidson County (61.0). African American, Non-Hispanic males in Harnett have a rate of 48.1, above the statewide rate of 35.9 and above Alamance County (44.3), while below Davidson County (69.3); rates for this group are not reported for Johnston or Randolph due to small numbers. African American, Non-Hispanic females in Harnett have a rate of 28.8, above the statewide rate of 22.4 and above Alamance County (26.9); rates for this group are not reported for Davidson, Johnston, or Randolph due to small numbers. Rates for Hispanic, American Indian, Asian, and multiracial residents are not reported for Harnett due to small numbers. Across all reported groups, Harnett County's CLRD mortality exceeds statewide rates, with the pattern of elevated rates consistent across both racial groups and both sexes reported for the county.

Cerebrovascular Diseases

2019-2023 CEREBROVASCULAR DISEASES: UNADJUSTED DEATH RATES PER 100,000 POPULATION

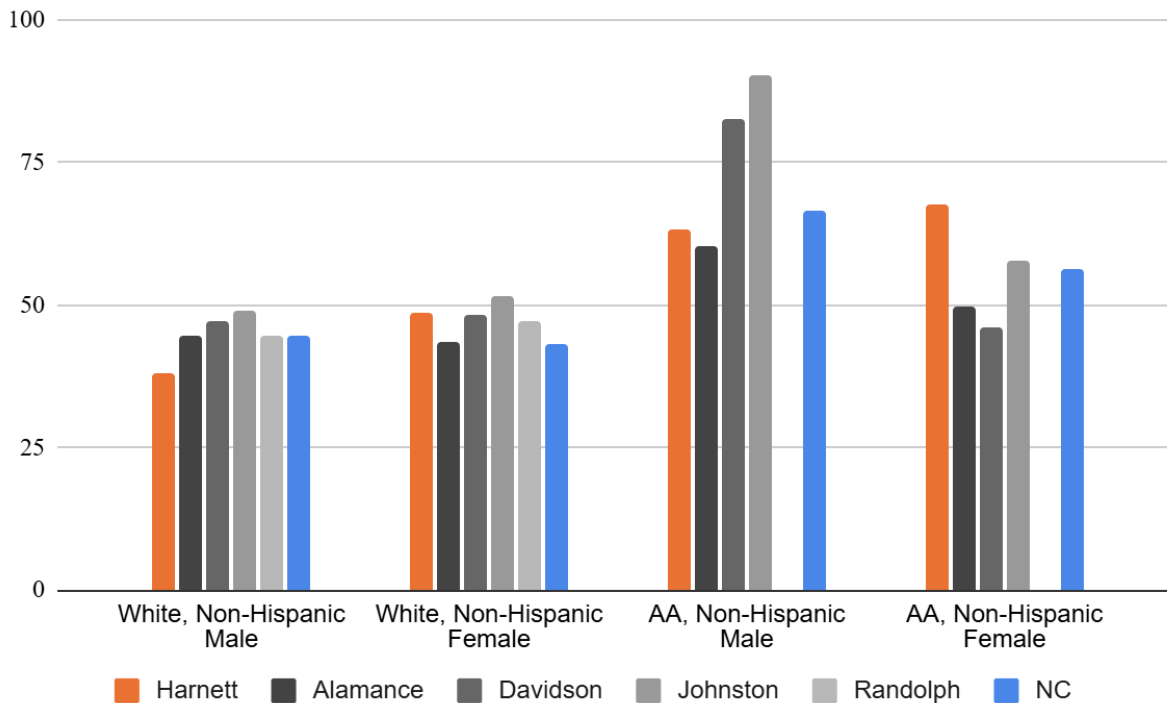


Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

Cerebrovascular diseases are the fifth leading cause of death in Harnett County. These conditions affect blood flow and vessels in the brain, including strokes, transient ischemic attacks (often called "mini-strokes"), and aneurysms. When blood supply to the brain is interrupted or a blood vessel ruptures, serious complications can occur, such as long-term disability or life-threatening events.

In Harnett County, cerebrovascular disease led to 307 deaths over the 2019-2023 period, with an unadjusted death rate of 44.8 per 100,000 residents, below the statewide rate of 54.6. Among peer counties, Harnett's rate is the lowest in the group. Davidson County had the highest cerebrovascular death rate at 64.3, followed by Randolph County at 58.9, Alamance County at 56.6, and Johnston County at 46.9. These figures indicate that Harnett County's cerebrovascular disease mortality is somewhat more favorable than both the statewide average and all four peer counties, though stroke and related conditions remain a significant cause of death and disability in the community.

2019-2023 CEREBROVASCULAR DISEASE: RACE/ETHNICITY AND SEX-SPECIFIC AGE-ADJUSTED DEATH RATES

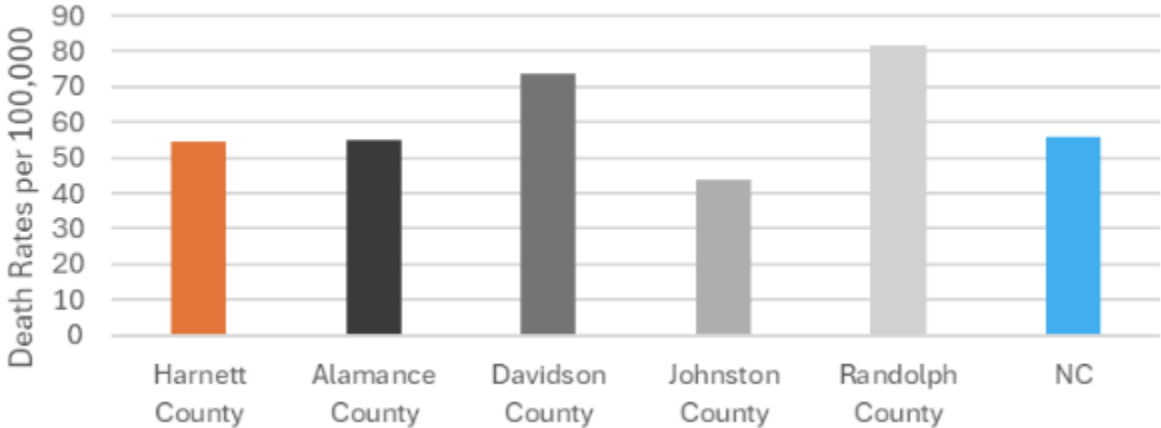


Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

Among the reported figures for Harnett County, White, Non-Hispanic males have an age-adjusted cerebrovascular disease mortality rate of 38.0 per 100,000, below the statewide rate of 44.8 and below all four peer counties, which range from 44.6 in Alamance and Randolph to 49.0 in Johnston. White, Non-Hispanic females in Harnett have a rate of 48.5, above the statewide rate of 43.0 and above Alamance County (43.4), while comparable to Davidson County (48.3) and below Johnston County (51.7) and Randolph County (47.1). African American, Non-Hispanic males in Harnett have a rate of 63.2, below the statewide rate of 66.7, Davidson County (82.5), and Johnston County (90.3); rates for this group are not reported for Randolph due to small numbers. African American, Non-Hispanic females in Harnett have a rate of 67.8, above the statewide rate of 56.3 and above Alamance County (49.8) and Davidson County (46.0) and Johnston County (57.9); rates for this group are not reported for Randolph due to small numbers. Rates for Hispanic, American Indian, Asian, and multiracial residents are not reported for Harnett due to small numbers. Notably, African American residents in Harnett County bear a substantially higher cerebrovascular disease mortality burden than White residents, consistent with patterns observed statewide and among peer counties.

COVID-19

2019-2023 COVID-19: UNADJUSTED DEATH RATES PER 100,000 POPULATION

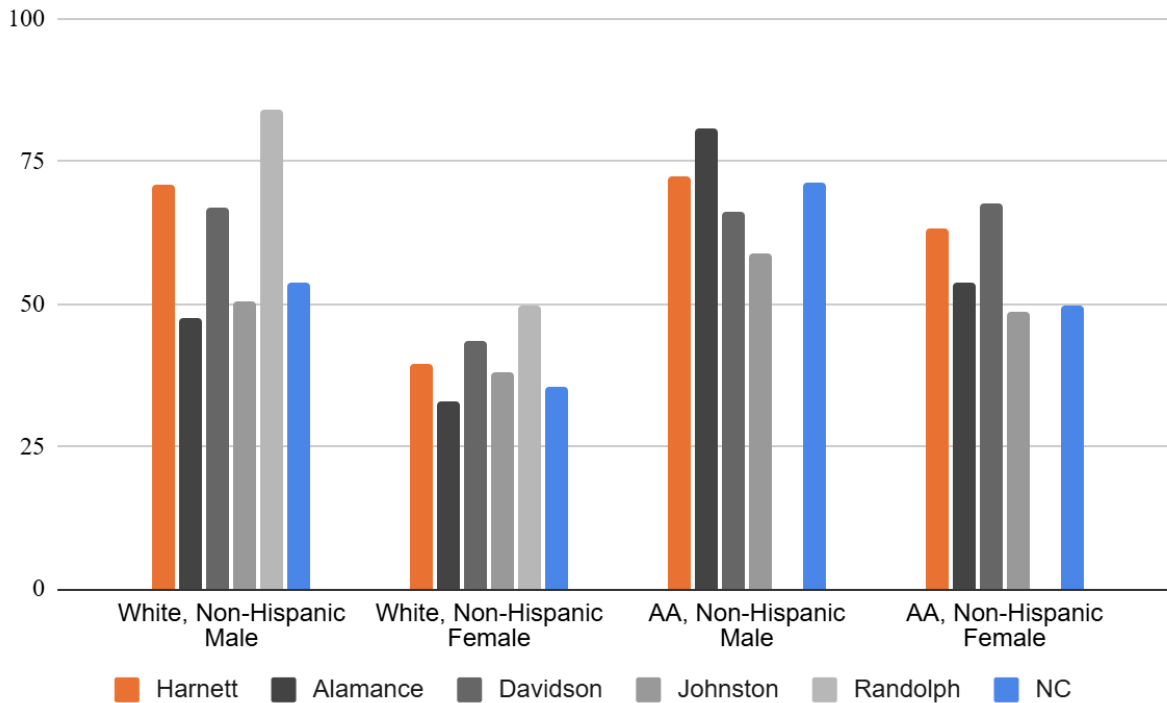


Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

COVID-19 is the sixth leading cause of death in Harnett County. This infectious disease emerged as a global pandemic in 2020, leading to significant illness and, for some people, severe respiratory complications or multi-organ failure. Vaccines and public health measures have helped reduce transmission and severe outcomes, but COVID-19 still contributes notably to mortality rates across communities.

In Harnett County, COVID-19 claimed 375 lives over the 2019-2023 period, with an unadjusted death rate of 54.7 per 100,000 residents, close to the statewide rate of 55.7. Among peer counties, Harnett's rate is below Davidson County (73.7) and Randolph County (81.4) and comparable to Alamance County (55.1), while above Johnston County (43.8). These figures reflect that COVID-19 mortality in Harnett County tracks near the statewide average, with peer counties showing considerably more variation, from Johnston's relatively lower rate to Randolph's substantially higher burden.

2019-2023 COVID-19: RACE/ETHNICITY AND SEX-SPECIFIC AGE-ADJUSTED DEATH RATES

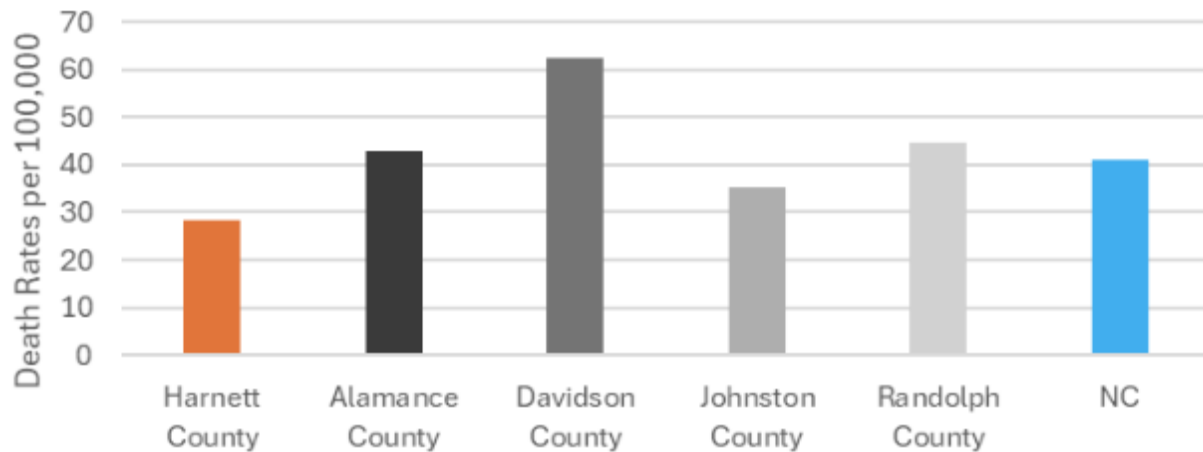


Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhs.gov/data/databook/>

Among the reported figures for Harnett County, White, Non-Hispanic males have an age-adjusted COVID-19 mortality rate of 71.0 per 100,000, above the statewide rate of 53.6 and above Alamance County (47.5) and Johnston County (50.5), while above Davidson County (66.8) and below Randolph County (84.2). White, Non-Hispanic females in Harnett have a rate of 39.5, above the statewide rate of 35.5 and above Alamance County (32.9) and Johnston County (38.1), while below Davidson County (43.4) and Randolph County (49.8). African American, Non-Hispanic males in Harnett have a rate of 72.4, slightly above the statewide rate of 71.4 and above Johnston County (59.0) and Davidson County (66.1), while below Alamance County (81.0); rates for this group are not reported for Randolph due to small numbers. African American, Non-Hispanic females in Harnett have a rate of 63.1, above the statewide rate of 49.7 and above Alamance County (53.7) and Johnston County (48.8), but below Davidson County (67.7); rates for this group are not reported for Randolph due to small numbers. Hispanic males in Harnett are not reported due to small numbers, though Johnston County records a Hispanic male rate of 74.0 and the statewide Hispanic male rate is 62.3. Rates for American Indian, Asian, and multiracial residents are not reported for Harnett due to small numbers. Across all reported groups, COVID-19 mortality in Harnett County generally exceeds statewide rates, with African American females showing a particularly elevated burden relative to the state figure.

Alzheimer's Disease

2019-2023 ALZHEIMER'S DISEASE: UNADJUSTED DEATH RATES PER 100,000 POPULATION

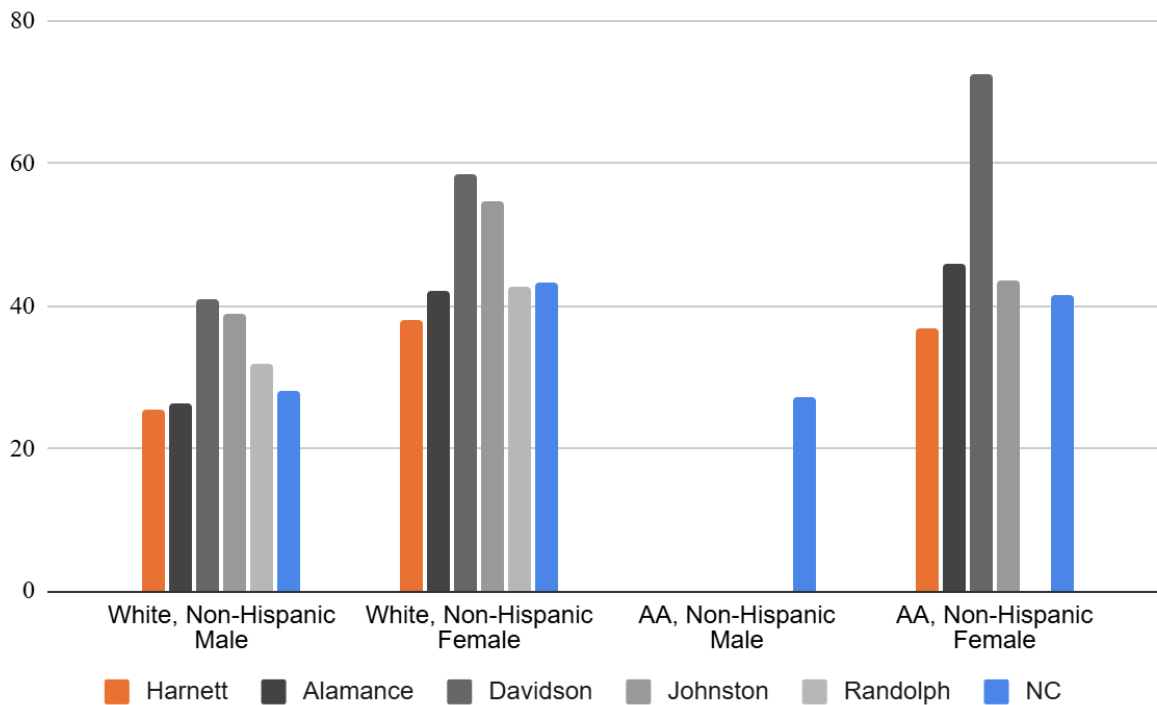


Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

Alzheimer's disease is the seventh leading cause of death in Harnett County. This condition is a progressive brain disorder that gradually impairs memory and thinking skills, often leading to severe cognitive decline and difficulties performing everyday tasks. It is the most common form of dementia among older adults, and its impact typically increases with age.

In Harnett County, Alzheimer's disease accounted for 195 deaths over the 2019-2023 period, with an unadjusted death rate of 28.5 per 100,000 residents, below the statewide rate of 41.1. Among peer counties, Harnett's rate is the lowest in the group. Davidson County had the highest Alzheimer's death rate at 62.4, followed by Randolph County at 44.7, Alamance County at 42.8, and Johnston County at 35.4. These figures indicate that Harnett County's Alzheimer's disease mortality is more favorable than both the statewide average and all four peer counties, though the growing proportion of older adults in the county's population suggests that the burden of Alzheimer's disease and related dementias will likely increase in coming years.

2019-2023 ALZHEIMER'S: RACE/ETHNICITY AND SEX-SPECIFIC AGE-ADJUSTED DEATH RATES

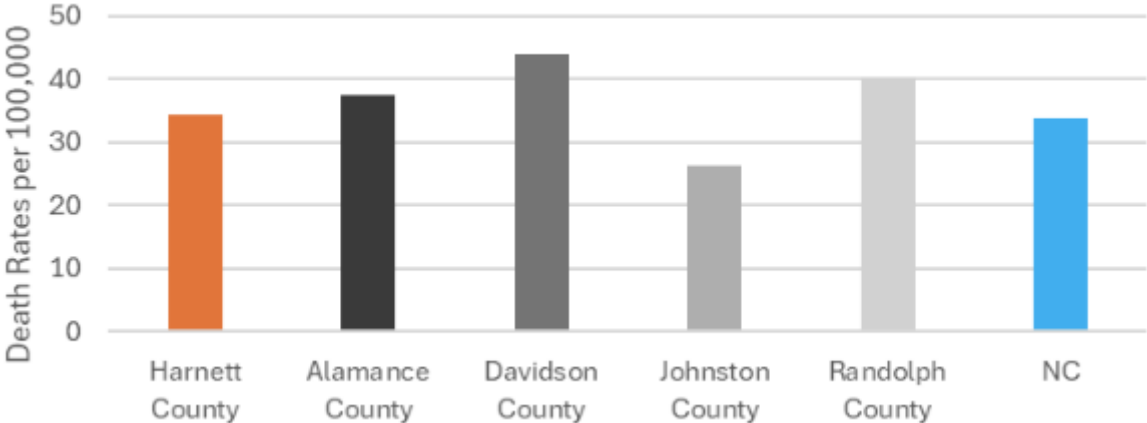


Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

Among the reported figures for Harnett County, White, Non-Hispanic males have an age-adjusted Alzheimer's disease mortality rate of 25.5 per 100,000, below the statewide rate of 28.0 and below all four peer counties, which range from 26.3 in Alamance to 40.9 in Davidson. White, Non-Hispanic females in Harnett have a rate of 38.1, below the statewide rate of 43.3 and below Alamance County (42.2), Davidson County (58.7), Johnston County (54.8), and Randolph County (42.8). African American, Non-Hispanic male rates are not reported for Harnett due to small numbers, though the statewide rate for this group is 27.3. African American, Non-Hispanic females in Harnett have a rate of 36.9, below the statewide rate of 41.6 and below Alamance County (45.8), Davidson County (60.6), and Johnston County (43.7); rates for this group are not reported for Randolph due to small numbers. Rates for Hispanic, American Indian, Asian, and multiracial residents are not reported for Harnett due to small numbers. Across all reported groups, Harnett County's Alzheimer's disease mortality is below statewide rates and peer county rates, though the county's aging population makes continued monitoring of this cause of death essential.

Diabetes Mellitus

2019-2023 DIABETES MELLITUS: UNADJUSTED DEATH RATES PER 100,000 POPULATION

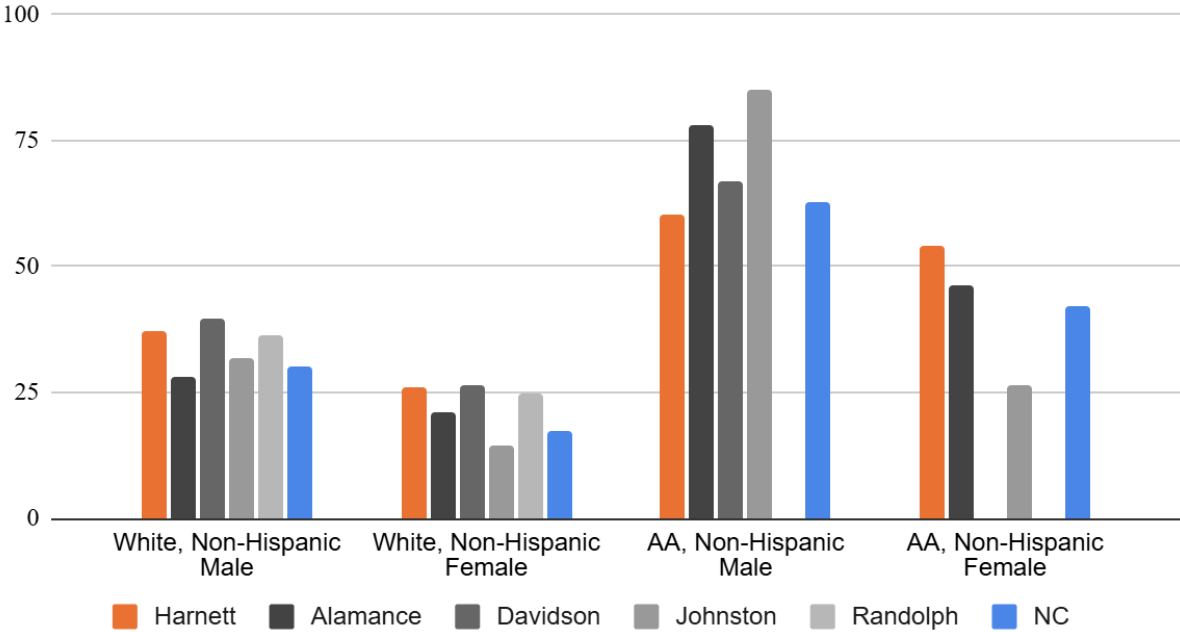


Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

Diabetes mellitus is the eighth leading cause of death in Harnett County. This condition results from the body's inability to produce or use insulin effectively, leading to high blood sugar levels that can damage organs, blood vessels, and nerves over time. It includes both Type 1 (often diagnosed in childhood) and Type 2 (commonly linked to lifestyle factors), though the causes and risk factors vary between individuals.

In Harnett County, 236 residents died from diabetes mellitus over the 2019-2023 period, with an unadjusted death rate of 34.4 per 100,000 population, slightly above the statewide rate of 33.8. Among peer counties, Harnett's rate falls in the middle of the group. Davidson County had the highest diabetes death rate at 43.8, followed by Randolph County at 40.2 and Alamance County at 37.5, all above Harnett's rate. Johnston County had the lowest rate at 26.4. These figures indicate that while Harnett County's diabetes mortality is near the statewide average, the variation among peer counties reflects meaningful differences in population health, chronic disease burden, and access to ongoing disease management across the region.

2019-2023 DIABETES MELLITUS: RACE/ETHNICITY AND SEX-SPECIFIC AGE-ADJUSTED DEATH RATES



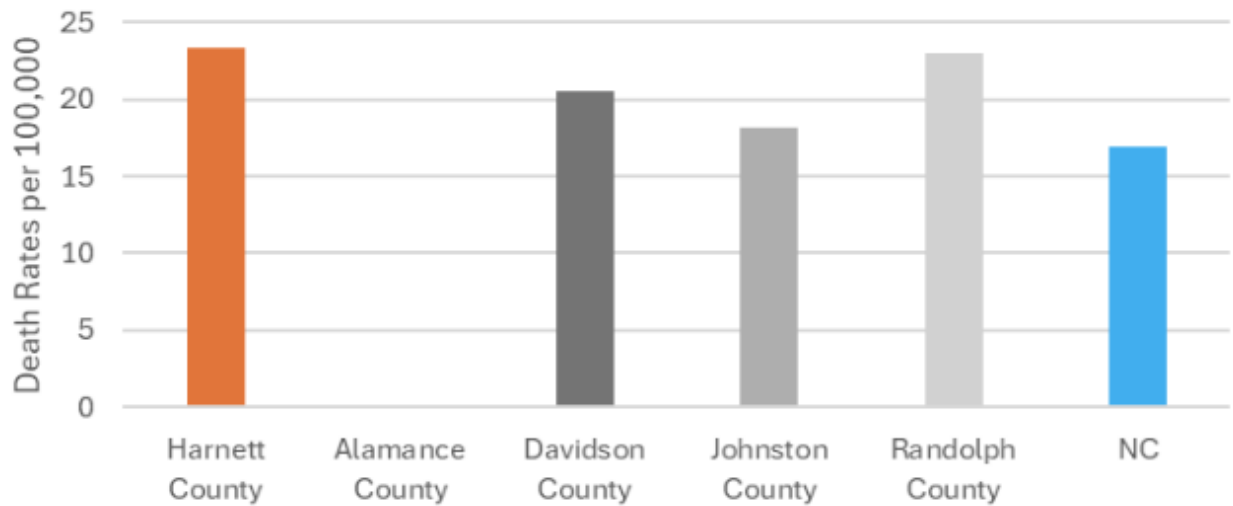
Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

Diabetes death rates in Harnett County reveal substantial differences between racial groups. African American, Non-Hispanic males in Harnett have an age-adjusted diabetes mortality rate of 60.2 per 100,000, slightly below the statewide rate of 62.2 for that and below Alamance County (77.9), Davidson County (67.0), and Johnston County (85.1). White, Non-Hispanic males in Harnett have a rate of 37.0, above the statewide rate of 30.1 and above Alamance County (28.3) and Johnston County (31.9), while comparable to Randolph County (36.4) and below Davidson County (39.8). The gap between African American and White male rates within Harnett is substantial, with African American males experiencing a rate approximately 63 percent higher than White males, consistent with disparities observed statewide and across peer counties.

Among females, African American, Non-Hispanic females in Harnett have a rate of 54.2, above the statewide rate of 42.3 and above Alamance County (46.1) and Johnston County (26.5); rates for this group are not reported for Davidson or Randolph due to small numbers. White, Non-Hispanic females in Harnett have a rate of 26.1, above the statewide rate of 17.3 and above all four peer counties, which range from 14.6 in Johnston to 26.4 in Davidson. The racial disparity among females mirrors the pattern seen among males, with African American females experiencing substantially higher diabetes mortality than White females both within Harnett County and across the region.

Motor Vehicle Injuries

2019-2023 MOTOR VEHICLE INJURIES: UNADJUSTED DEATH RATES PER 100,000 POPULATION



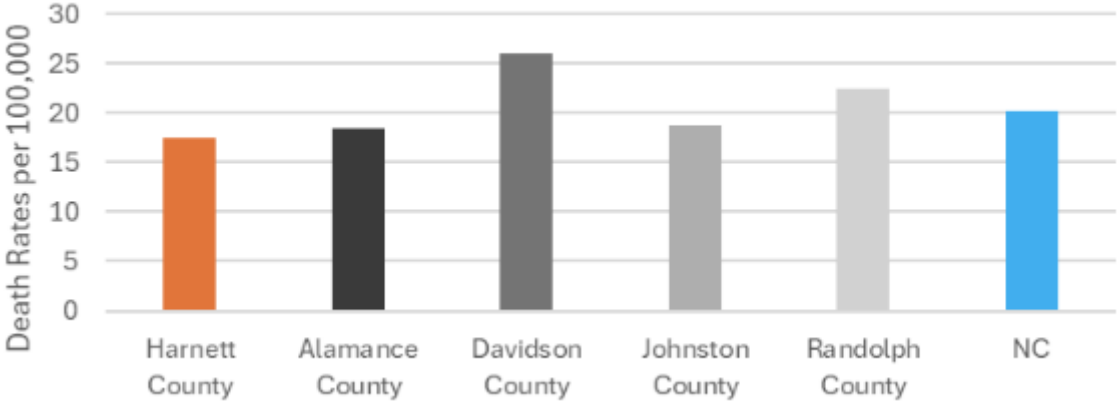
Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

Motor vehicle injuries are the ninth leading cause of death in Harnett County. These deaths result from crashes involving cars, trucks, motorcycles, and other vehicles, and are influenced by factors such as road conditions, speed, seatbelt use, impaired driving, and access to emergency medical services. Rural counties often face heightened risk due to higher speed limits, longer distances from trauma centers, and greater reliance on personal vehicles for transportation.

In Harnett County, motor vehicle injuries claimed 160 lives over the 2019-2023 period, with an unadjusted death rate of 23.3 per 100,000 residents, approximately 38 percent above the statewide rate of 16.9. As shown in the figure above, Harnett's rate is the highest among the counties displayed, exceeding Randolph County (23.0), Davidson County (20.5), and Johnston County (18.1). Data for Alamance County are not reported, as motor vehicle injuries did not rank among that county's ten leading causes of death during this period. Harnett County's elevated motor vehicle injury death rate reflects both the rural character of much of the county and the transportation patterns associated with a dispersed population, underscoring the importance of traffic safety initiatives, improved emergency response infrastructure, and continued investment in road safety across the county.

Nephritis, Nephrotic Syndrome, & Nephrosis

2019-2023 NEPHRITIS, NEPHROTIC SYNDROME, & NEPHROSIS: UNADJUSTED DEATH RATES PER 100,000 POPULATION

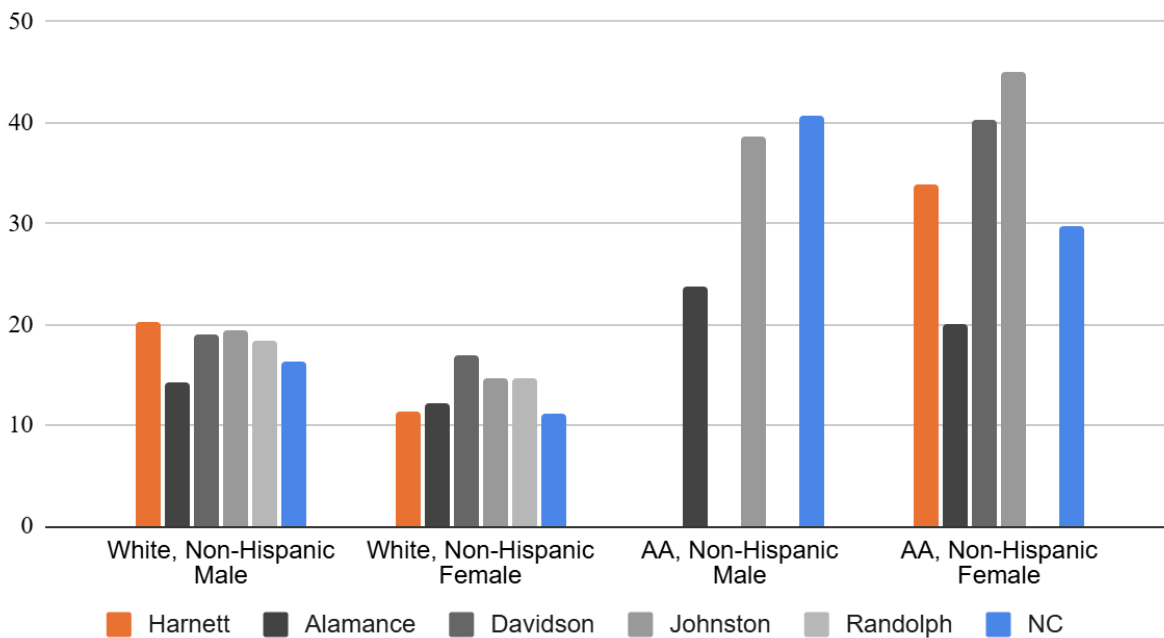


Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

Nephritis, nephrotic syndrome, and nephrosis is the tenth leading cause of death in Harnett County. These conditions involve kidney inflammation or damage to the tiny filtering units within the kidneys, which can lead to chronic kidney disease and potentially progress to kidney failure over time.

In Harnett County, these kidney-related disorders claimed 119 lives over the 2019-2023 period, with an unadjusted death rate of 17.4 per 100,000 residents, below the statewide rate of 20.2. Among peer counties, Harnett's rate is the lowest in the group. Davidson County had the highest rate at 26.0, followed by Randolph County at 22.4, Johnston County at 18.7, and Alamance County at 18.5, all above Harnett's rate. These figures indicate that Harnett County's kidney disease mortality is somewhat more favorable than both the statewide average and all four peer counties, though kidney conditions remain a significant contributor to mortality and chronic illness burden in the community.

2019-2023 NEPHRITIS, NEPHROTIC SYNDROME, & NEPHROSIS: RACE/ETHNICITY AND SEX-SPECIFIC AGE-ADJUSTED DEATH RATES



Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

In Harnett County, kidney disease mortality rates vary by race and sex among reported groups. White, Non-Hispanic males have an age-adjusted rate of 20.2 per 100,000, above the statewide rate of 16.3 and above Alamance County (14.2), while comparable to Davidson County (18.9), Johnston County (19.5), and Randolph County (18.4). White, Non-Hispanic females in Harnett have a rate of 11.4, essentially at the statewide rate of 11.1 and below Alamance County (12.1), Davidson County (16.9), Johnston County (14.7), and Randolph County (14.7). African American, Non-Hispanic male rates are not reported for Harnett due to small numbers, though the statewide rate for this group is 40.6, and peer counties where rates are reported show substantially elevated rates, including Alamance County (23.8) and Johnston County (38.6). African American, Non-Hispanic females in Harnett have a rate of 33.8, above the statewide rate of 29.8 and above Alamance County (20.1), while below Davidson County (40.2) and Johnston County (45.0); rates for this group are not reported for Randolph due to small numbers. Rates for Hispanic, American Indian, Asian, and multiracial residents are not reported for Harnett due to small numbers. The data available for Harnett County indicate that African American females bear a substantially higher kidney disease mortality burden than White females, consistent with disparities observed statewide and among peer counties.

County Health Rankings

Introduction to County Health Rankings

The County Health Rankings, produced annually by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, provide a comprehensive overview of health outcomes and health factors for counties across the United States. These rankings serve as a tool for understanding the multifaceted influences on community health, from clinical care to socioeconomic conditions and physical environments. By comparing counties within states and across the nation, the rankings aim to identify strengths and challenges, guiding local initiatives to improve health outcomes and promote health equity.

Population Health and Well-being

Health outcomes, a key component of the County Health Rankings, reflect how long people live (length of life) and how healthy people feel while alive (quality of life). This category includes metrics such as premature death rates, self-reported health status, and rates of low birthweight.

In 2025, Harnett County's overall population health and well-being score is slightly better than the average county in North Carolina and slightly better than the average county in the United States, placing it in the healthier half of counties nationally while still leaving room for improvement relative to the very healthiest counties.



Harnett County Population Health and Well-being - 2025

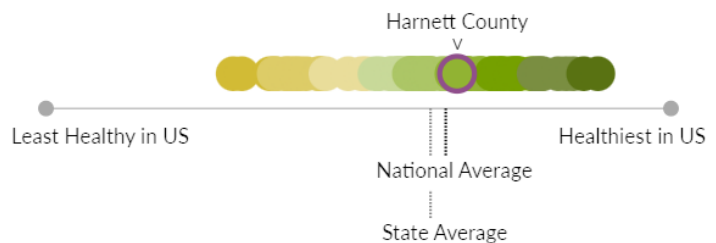


Diagram summarizes data released on 03/19/2025

Harnett County is faring slightly better than the average county in North Carolina for Population Health and Well-being, and slightly better than the average county in the nation.

Community Conditions



Harnett County Community Conditions - 2025

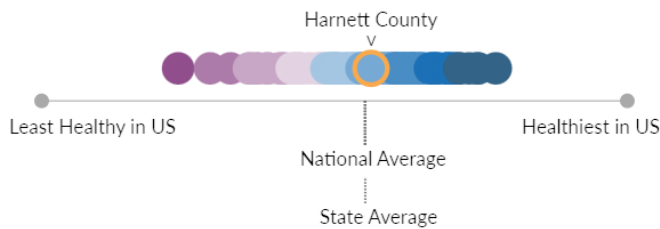


Diagram summarizes data released on 03/19/2025

Harnett County is faring about the same as the average county in North Carolina for Community Conditions, and about the same as the average county in the nation.

Health factors assess the conditions that influence health outcomes, including health behaviors, clinical care, social and economic factors, and the physical environment. This category captures metrics such as access to care, educational attainment, employment, and housing stability.

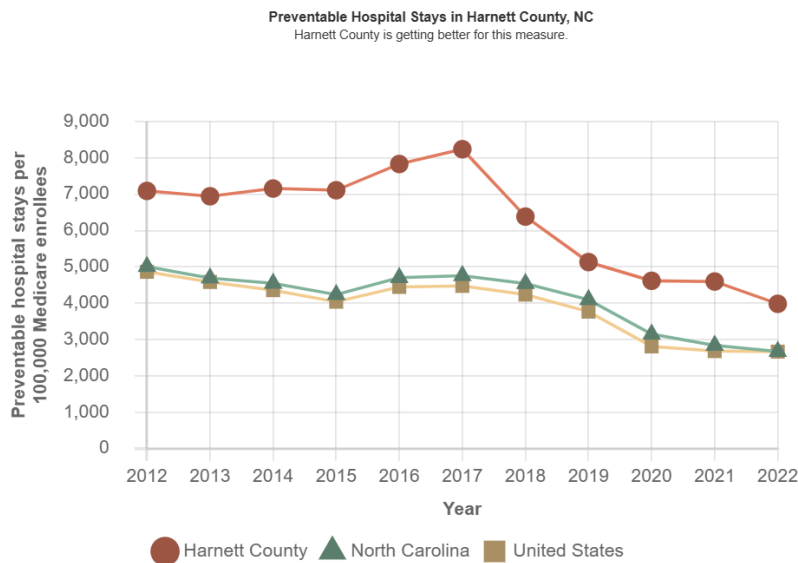
In 2025, Harnett County's overall score for community conditions is about the same as the average county in North Carolina and about the same as the average county in the United States, indicating typical performance on these underlying drivers of health when compared with state and national peers.

Exploring Trends

A deeper look at the data reveals trends in which Harnett County has shown improvement over time and areas where the county is facing new or worsening challenges.

Improving Trends

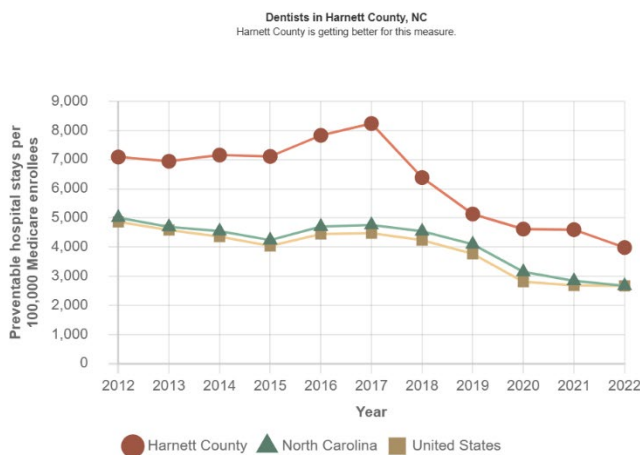
- 1. Preventable Hospital Stays:** Preventable hospital stays among Medicare enrollees in Harnett County have declined steadily since peaking around 2017–2018, falling from over 8,000 stays per 100,000 enrollees to under 4,000 by 2022, and narrowing (though not closing) the gap with state and national rates.



Find [health data/methodology-and-sources/data-documentation](#) trend data and documentation.

Learn more about [measuring progress and using trends](#).

- 2. Access to Dental Providers:** The ratio of residents to dentists in Harnett County has gradually improved over the past decade, moving closer to the North Carolina and U.S. averages and indicating incremental gains in local access to dental care.

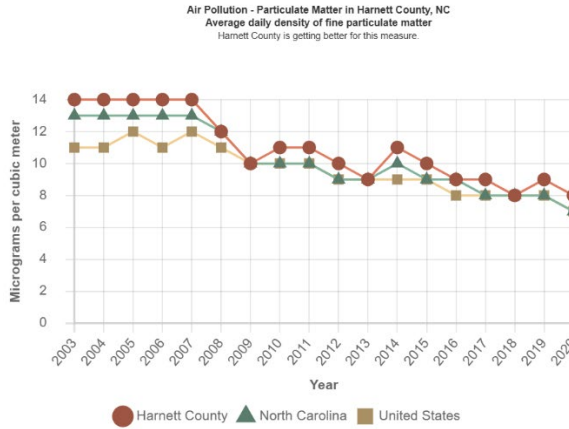


The data in this table reflect the average population served by a single dentist.

Find [health data/methodology-and-sources/data-documentation](#) trend data and documentation.

Learn more about [measuring progress and using trends](#).

- 3. Air Quality: Particulate Matter:** Average daily fine particulate matter levels in Harnett County have trended downward from the mid 2000s to 2020, with concentrations falling from about 14 micrograms per cubic meter to around 8, now tracking closely with or slightly above state and national levels.



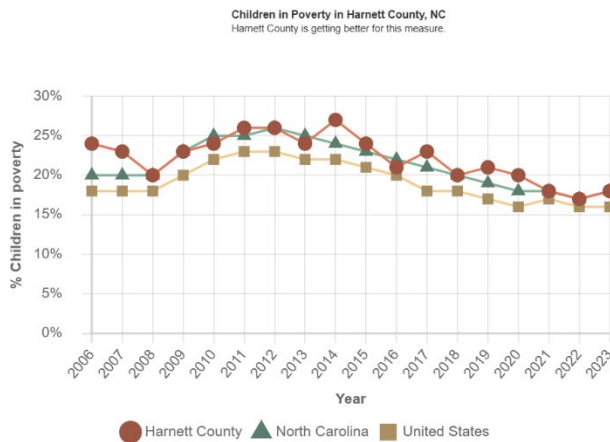
County Health Rankings & Roadmaps

Data in this trend graph are from the Environmental Public Health Tracking Network, and will not match data used in the 2014-2016 County Health Snapshots.

Find [data and documentation](#).

Learn more about [measuring progress and using trends](#).

- 4. Children in Poverty:** The share of children living in poverty in Harnett County has decreased from mid 20 percent levels in the early 2010s to the high teens in recent years, roughly paralleling declines in child poverty at the state and national levels while remaining slightly higher than both.



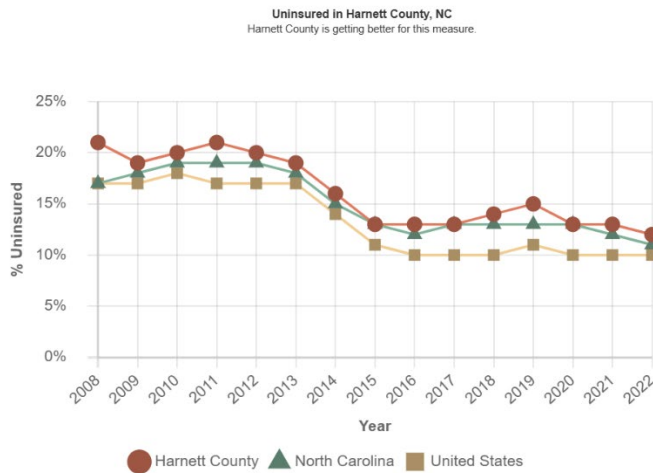
County Health Rankings & Roadmaps

Prior to 2005, Children in poverty was based on the Current Population Survey, beginning in 2005, it was based on the American Community Survey.

Find [data and documentation](#).

Learn more about [measuring progress and using trends](#).

- 5. Uninsured Population:** The percentage of residents without health insurance in Harnett County has declined from around 20–21 percent in the late 2000s to about 12 percent in recent years, roughly tracking statewide improvements while remaining slightly higher than the U.S. average.



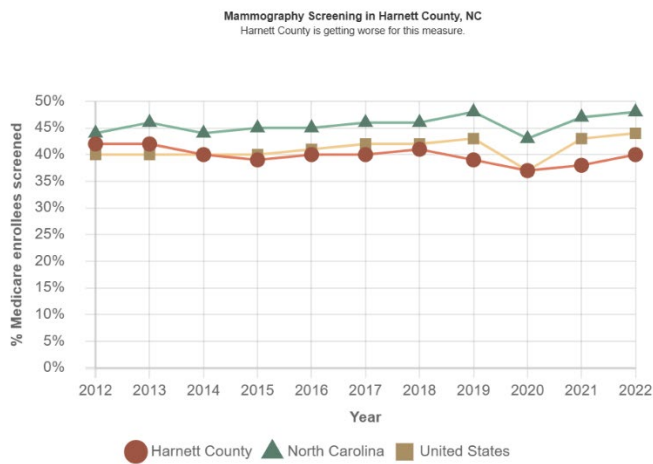
County Health Rankings & Roadmaps

Find [health data/methodology-and-sources/data-documentation](#) trend data and documentation.

Learn more about [measuring progress and using trends](#).

Worsening Trends

- Mammography Screening:** Mammography screening among Medicare enrollees in Harnett County has remained in the low 40 percent range over the past decade and has not kept pace with gains seen in North Carolina and the United States, widening the gap between local and state/national screening rates.

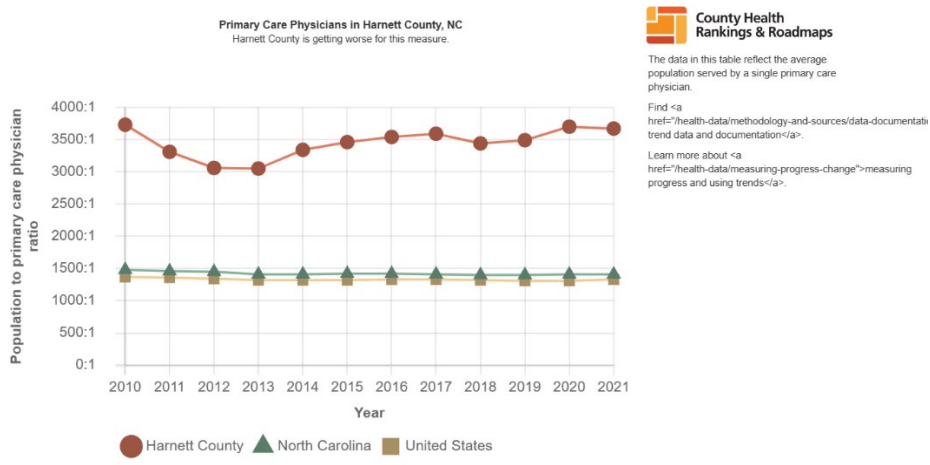


County Health Rankings & Roadmaps

Find [health data/methodology-and-sources/data-documentation](#) trend data and documentation.

Learn more about [measuring progress and using trends](#).

- Primary Care Physician Supply:** Harnett County has long had an unusually high population to primary care physician ratio, roughly 3,000 to 3,700 residents per provider over the past decade, more than twice the state and national ratios of about 1,300 to 1,500 to 1, and this already large deficit has inched further away from state and national norms in recent years.



The County Health Rankings provide a valuable aggregation of secondary data, offering one lens through which to frame community health priorities and opportunities for improvement. While not exhaustive, the data suggest potential areas of focus for Harnett County, including improving access to primary care physicians, addressing rising rates of sexually transmitted infections, and continuing progress in reducing preventable hospital stays and enhancing access to dental providers. These insights, while helpful, should be complemented by a broader assessment of other secondary data sources and health indicators to ensure a comprehensive understanding of community needs.

Priorities

Health Problems Identified Through Review of Secondary and Primary Data

The following key findings represent the major health problems identified through the Harnett County Community Health Assessment process. Each priority was identified through a structured review of three types of data: quantitative data drawn from state and national health databases, community health survey data collected from 407 Harnett County residents, and qualitative data gathered through five community listening sessions conducted across the county by Campbell University graduate students.

The data for each emerging priority were compiled, analyzed, and presented to the CHA Advisory Group and community stakeholders for review. The Advisory Group used a structured prioritization process to evaluate each area based on its potential community impact, the achievability of making progress with available resources and partnerships, and the county's current positioning to address the issue given its urgency and the consequences of inaction. The seven priority areas presented in this section reflect that process.

Limited Access to Health Care

According to the 2022 County Health Rankings measure updated in September 2025, Harnett County has one primary care physician for every 2,480 residents, compared with 1,410:1 in North Carolina and 1,310:1 nationally. Over the past decade, the county's ratio has typically ranged between 3,000:1 and 3,700:1, indicating an ongoing but slightly improving primary care shortage. For dental care, the county has one dentist for every 2,080 residents, compared to 1,610:1 statewide, a gap of 29%. Harnett County's primary care provider ratio is substantially higher (worse) than the state and national ratios, indicating an ongoing shortage of primary care access, even as the county's population has grown.

According to County Health Rankings, Harnett County records 3,982 preventable hospital stays per 100,000 Medicare enrollees. That rate is 49% higher than the state rate of 2,670 and 49% higher than the national rate of 2,666. County Health Rankings defines preventable hospital stays as hospitalizations for ambulatory care sensitive conditions that effective and timely outpatient care can often avoid.

Only 40% of survey respondents reported having a healthcare provider located in Harnett County. Listening sessions reflected this finding. Residents described traveling outside the county for primary care, specialist visits, cancer treatment, and therapy services including physical,

occupational, and speech therapy. Families reported waiting months for children's therapy appointments. Working residents described losing income when out-of-county care required time away from work. One participant noted that for a serious diagnosis, no local option was identifiable. Provider shortages are most acute in rural southern and western townships, where residents must travel farther for primary and specialty care and are more likely to rely on emergency departments for preventable conditions.

Mental health provider availability follows a similar pattern. Harnett County has one mental health provider for every 840 residents, compared to 290:1 statewide. That means the county has nearly three times fewer mental health providers per person than the state average. This finding is addressed in detail in the behavioral health section of this report.

Access to Food and Nutrition

According to Feeding America, Harnett County's food insecurity rate was 15.7% in 2023, which is higher than the comparable statewide rate of 15.0%.

Community survey data reinforce this finding. The survey reached a respondent pool that skewed toward groups less likely to experience food insecurity. Even so, 18% of respondents, nearly one in five, reported worrying in the past year that their family's food would run out before they had money to buy more. Given that the survey overrepresented more economically stable residents, the actual rate of food insecurity in the broader county population is likely higher than survey responses indicate. When asked to identify the top three health behaviors their community needed more information about, residents ranked eating well and nutrition second. More respondents disagreed than agreed with the statement that it is easy to buy healthy food in Harnett County.

Food access in Harnett County is shaped by geography, income, and transportation. Several areas of the county meet federal criteria for food deserts, where residents live far from a grocery store and have limited access to fresh produce. Eighty percent of county residents drive alone to work, and public transportation options are limited. Residents without a car face the greatest difficulty reaching stores that carry fresh food. When healthy food is not nearby or reachable, convenience stores and fast food become the most accessible options.

Food insecurity is linked to higher rates of diet-related chronic conditions including diabetes, hypertension, and obesity, all of which are elevated in Harnett County. It is also connected to mental health, as ongoing uncertainty about food access creates measurable household stress. For children, inadequate nutrition affects physical development and school performance.

Fourteen percent of Harnett County residents receive SNAP nutrition assistance, slightly above the statewide rate of 13%, indicating that a significant share of the population meets the income threshold for federal food support.

High Behavioral Health Needs and Limited Access to Services

Harnett County has one mental health provider for every 840 residents. The state ratio is 290:1, meaning the county has nearly three times fewer mental health providers per person than the state average. This shortage was raised in all five community listening sessions conducted as part of this assessment.

Residents report more poor mental health days than the state average. The county average is 5.4 poor mental health days per month, compared to 4.9 statewide. Eighteen percent of county residents experience frequent mental distress, defined as 14 or more poor mental health days per month. The county's suicide rate is 15 per 100,000 residents, compared to 13 per 100,000 statewide. Insufficient sleep, which is closely linked to mental health, affects 38% of Harnett County residents compared to 35% statewide.

Listening sessions identified several consistent barriers to mental health care. Residents reported long wait times for therapy, limited knowledge of available services, and stigma around seeking help. The stigma barrier was raised most often in connection with military-affiliated residents, who described a cultural expectation to manage difficulties without outside support. Overdose incidents visible in public settings were also reported across multiple sessions.

Listening session participants highlighted particularly high needs among youth, military affiliated families, and residents with lower incomes, who face the greatest combination of stigma, cost, and transportation barriers to care. The county's proximity to Fort Liberty contributes to a significant veteran population with documented behavioral health needs.

As of February 2024, Harnett County transitioned from Sandhills Center to Alliance Health as its Medicaid managed care organization for mental health, intellectual and developmental disabilities, and substance use services. The impact of that transition on service access and continuity of care is still developing.

Economic Hardship and Housing Cost Burden

Economic conditions were identified as a leading barrier to health and quality of life in Harnett County across both survey data and community listening sessions. When residents ranked the issues with the greatest impact on their quality of life, low income and poverty ranked first and lack of affordable housing ranked second. When asked which services most needed improvement, affordable housing and higher-paying employment both appeared in the top three.

Approximately 14% of Harnett County residents live below the federal poverty line, compared to 13% statewide. Child poverty is higher, with roughly 19% of children living in poverty. A broader measure shows that 34% of residents are considered low-income, defined as earning less than approximately \$59,900 annually for a family of four. According to ACS data, the county's median household income is approximately \$69,012, below the state median of approximately \$73,958 in 2024. Median worker earnings of \$43,200 represent only 78% of what the NC Budget & Tax Center's Living Income Standard estimates a single adult with two children needs to cover basic expenses in Harnett County.

The gap between wages and housing costs is a particular pressure point. Forty-two percent of renters spend more than 30% of their income on rent, which is the standard definition of cost burden. That rate is 13% lower than the statewide rate of 48%, but it reflects a county where wages are also lower than the state average. Twenty percent of renters spend more than half their income on housing. At the county's fair market rent of approximately \$1,130 per month for a two-bedroom home, a worker earning the federal minimum wage would need to work roughly 119 hours per week to afford that rent without being cost-burdened, compared to 139 hours statewide. The burden of housing cost and low wages falls disproportionately on renters, single parent households, and Hispanic and Black residents, who are overrepresented among low income and cost burdened households.

Income inequality within the county is significant. According to the NC Budget & Tax Center's 2024 Harnett County Economic Snapshot, the wealthiest 5% of households earn approximately 21 times more than the poorest 20%. Fourteen percent of residents receive SNAP nutrition assistance, slightly above the statewide rate of 13%. Eleven percent of residents lack health insurance, matching the state average.

Residents described these conditions in listening sessions. Population growth has brought new development and increased demand for services, but wages and public infrastructure have not kept pace for many residents.

Rapid, Uneven Growth Straining Infrastructure and Services

Harnett County is one of the fastest-growing counties in North Carolina and in the United States, with recent OSBM estimates placing it in the state's top five for population growth between 2023 and 2024. According to Census projections, the county's 2024 population was approximately 146,096, a 27% increase since 2010. According to the North Carolina Association of County Commissioners, Harnett County was the nation's 72nd fastest growing county between 2023 and 2024, and one of five North Carolina counties ranked among the 75 fastest growing counties in the United States. According to projections from the NC Office of State Budget and Management, Harnett County's population is expected to grow by about 16% between 2020 and 2030, compared with about 10% statewide, indicating substantially faster growth than North Carolina as a whole.

Growth has not been evenly distributed across the county. The population of Harnett County's northwestern area has grown by 56% since 2000, according to the county's Northwest Area Plan, and county planning documents note that growth in this area has been influenced by development spreading south from Fuquay Varina and other fast growing communities in Wake County.

Survey and listening session data indicate that residents are aware of this growth and concerned about its effects. Every listening session included discussion of growth as a factor shaping health, services, and quality of life. Residents described a pattern in which new housing developments are approved while roads, schools, and community services remain the same. One resident described the situation as getting the worst of both worlds, with more traffic and more development but none of the public services or community amenities that growth should produce.

Transportation data support this. Fifty-one percent of Harnett County residents commute 30 minutes or more to work, compared to 35% statewide, a rate 46% higher than the state average. According to Harnett County's Horizons 2040 comprehensive plan, roughly 39,000 residents travel outside the county for employment, and commuting statistics from Lightcast indicate a substantial net daily outflow of workers. This pattern indicates that Harnett County functions in part as a residential community for workers employed elsewhere, particularly in the Triangle and Fayetteville metro areas.

County leadership has responded to these pressures. The Harnett Horizons 2040 Comprehensive Plan was adopted in April 2025 and establishes a framework for land use, housing, transportation, and infrastructure investment through 2040. In early 2025, the county was also selected as one of 22 counties to participate in a UNC Chapel Hill initiative focused on building local capacity to address affordable housing.

Limited Recreation Options and Social Connection

Harnett County residents have less access to exercise opportunities than most comparable counties and the state as a whole. The county's access to exercise opportunities score is 70%, compared to 78% statewide. Among five peer counties, only Harnett and Randolph scored below the state average. The county's social association score, which measures the number of membership organizations per 10,000 residents, is 7.6, compared to 11.3 statewide, a rate 33% below the state average.

Listening sessions reflected these numbers. Residents described limited options for gathering outside of church or family settings. Youth recreational opportunities were identified as particularly lacking, with no public recreation centers available in several parts of the county. Residents with disabilities reported few programs or spaces designed to include them. Several participants noted that the absence of places to gather contributes to isolation, especially for people who are not connected to a military or religious community.

The county's geographic size and rural character contribute to uneven access across regions. Some residents described feeling cut off not only from surrounding areas but from other parts of Harnett County itself. This isolation was linked in multiple sessions to substance use, cycles of poverty, and young people leaving the county after finishing school.

Harnett County Parks and Recreation currently operates several parks, trails, and community centers, and in 2025 launched a countywide survey to gather resident input on future programming and facilities. A comprehensive Parks and Recreation Master Plan has also been developed to guide investment through 2030, with a focus on equitable access across the county's rural areas.

Transportation Barriers to Care, Work, and Daily Life

Transportation was raised in all five community listening sessions as a barrier to healthcare, employment, education, and daily life. No other issue appeared as consistently across sessions.

Eighty percent of Harnett County residents drive alone to work, compared to 73% statewide. Fifty-one percent of residents have a commute of 30 minutes or more, compared to 35% statewide, a rate 46% higher than the state average. Commute data show a net daily outflow of approximately 39,000 workers leaving the county for employment each day.

The county's public transit system, the Harnett Area Rural Transit System (HARTS), operates as a demand-response paratransit service. Reservations must be made at least two business days in advance. Trips are scheduled based on vehicle and seat availability. Out-of-county travel is limited to medical appointments on designated days. These scheduling requirements were identified by residents as a significant barrier. Participants described needing to leave home two to three hours before an appointment to accommodate routing. Others noted that the advance booking requirement makes the service difficult to use for employment or time-sensitive needs.

Residents without personal vehicles described transportation as a compounding problem. When a vehicle breaks down, the inability to get to work results in lost hours and lost pay. Residents caring for family members with disabilities described particular difficulty arranging reliable transportation for medical and other essential trips.

Harnett County's commute data, combined with the limitations of current public transit, indicate that residents who depend on transportation options other than a personal vehicle face significant barriers to accessing healthcare, employment, and services both within and outside the county.

Uneven Burden

Across these health problems, impacts are not distributed evenly. Residents with low incomes, people living in more rural parts of the county, Hispanic and Black residents, people with disabilities, and military affiliated families experience higher barriers to care, higher levels of food and housing insecurity, and fewer options for transportation and recreation. These differences reflect income, geography, race and ethnicity, disability status, and historical patterns of investment and will guide the selection and targeting of future community health improvement strategies. Taken together, the data show that these health problems do not affect all residents equally.

Inventory of Health Resources

Harnett County has a range of health care, public health, educational, social service, and community resources that support residents' health and well-being. This inventory organizes those resources by category and concludes with an analysis of adequacy and gaps. A detailed resource directory is provided in the appendices (Harnett County Resource Guide). This inventory was compiled to support resource navigation and to inform the CHA's assessment of service availability and gaps. Community members as well as community organizations participated in compiling those resources.

Health Care Facilities and Providers

Hospitals:

- Cape Fear Valley Betsy Johnson Hospital (Dunn)
- Cape Fear Valley Central Harnett Hospital (Lillington)
- Good Hope Psychiatric Hospital (Erwin) – adult inpatient psychiatric beds

Primary Care:

- Multiple Cape Fear Valley primary care clinics (Angier, Coats, Dunn, Erwin, Lillington)
- First Choice Community Health Centers (3 locations: Lillington, Angier, Cameron) – FQHC offering sliding-fee-scale services
- Goshen Medical Center (Dunn), CommWell Health (Dunn), Campbell University Community Care Clinic (Dunn)

Pediatrics:

- Multiple pediatric practices (ABC Pediatrics, Bloom Pediatric Partners, KidzCare, Kidz Pediatrics, Cape Fear Valley Pediatric Care)
- Harnett County Health Department provides primary care for children birth through age 21

Dental:

- ECU School of Dental Medicine Community Service Learning Center (Lillington)
- Lane Associates (3 locations: Angier, Dunn, Lillington)
- Carolina Lakes Family Dental (Cameron)

Behavioral Health:

- Daymark Recovery Services (2 locations: Lillington, Erwin including Behavioral Health Urgent Care)
- Good Hope Psychiatric Hospital (Erwin)

- Multiple outpatient counseling and medication management providers (Dunn Psychological Associates, Harnett Counseling Services, Greater Image, Life Bridge Healthcare, Primary Health Choice, The Carter Clinic, TriCare Counseling)
- Substance use treatment: Aspiration and Miracles, Morse Clinic, Oxford House
- 988 Lifeline and Alliance Health Crisis Line (24/7 support)

Urgent Care:

- AFC Urgent Care (Dunn), Carolina QuickCare (Lillington), Edgewater Medical Center (Lillington), Med Fast (Dunn), Main Street Family Care (Cameron)

Public Health and Social Services

- Harnett County Health Department – immunizations, family planning, prenatal care, communicable disease services, WIC, child health services
- Harnett County Department of Social Services – food and nutrition services (SNAP/EBT), child care assistance, energy assistance (LIEAP/CIP), adult protective services
- Harnett County Department on Aging – in-home aide, nutrition programs, caregiver support, senior volunteer programs, Medicare counseling, CAP-DA services
- Alliance Health – managed care organization (LME-MCO) for behavioral health and I/DD services

Educational Institutions

- Harnett County Schools – K-12 public education with school health services including school nurses
- Campbell University – private four-year university with health professions programs and community partnerships
- Central Carolina Community College – community college offering high school equivalency, workforce development, continuing education
- Harnett Advanced Technology Training Center and NCWorks Career Centers – job training and workforce development

Faith Communities and Community Organizations

- Multiple faith-based organizations operating food pantries and community support programs
- Special Olympics Harnett County
- SAFE of Harnett County – sexual assault and domestic violence support
- Partnership for Children – early childhood support and NC Pre-K

Physical and Recreational Assets

- Harnett County Parks and Recreation – parks, trails, athletic facilities, after-school programs
- Raven Rock State Park – hiking, camping, outdoor recreation
- Town recreation departments (Lillington, Angier, Coats, Dunn)
- Western Harnett Youth Recreation – youth athletics

Transportation

- Harnett Area Rural Transit System (HARTS) – community transportation for medical, personal, employment, and education trips
- ModivCare – non-emergency medical transportation for Alliance Health Medicaid members
- Medicaid Transportation – transportation services for Medicaid recipients

Food and Nutrition Resources

- 19 food pantries across the county serving various townships and communities
- WIC Program (Harnett County Health Department)
- Meals on Wheels (Department on Aging)
- Summer Nutrition Programs for children

Housing and Support Services

- Habitat for Harnett County, Dunn Housing Authority, Harnett County Housing HUD Office, Beacon Rescue Mission, Hope for Life Transitional Housing
- Legal Aid of North Carolina – free civil legal assistance

Analysis of Resource Adequacy and Gaps

Harnett County's health resource inventory reveals significant capacity in some areas and important gaps in others.

Areas of relative strength include a network of primary care and urgent care sites distributed across the county, strong community partnerships through faith-based organizations and nonprofit groups that operate food pantries and support programs, and educational institutions that support workforce development and community engagement.

Significant resource gaps are evident in three priority areas. First, behavioral health provider capacity remains insufficient to meet demand. While the county has multiple outpatient counseling providers and two Daymark locations, provider shortages (particularly psychiatrists and licensed clinical staff) limit access, and wait times for appointments remain long. The availability of

of crisis services and inpatient psychiatric beds (limited to Good Hope Hospital in Erwin) does not fully meet community need, especially for adolescents and children.

Second, geographic access barriers affect rural residents across all service categories. While the county has urban nodes in Dunn and Lillington with relatively dense provider networks, residents in western and southern townships face longer travel distances to health care, limited public transportation options through HARTS, and difficulty accessing specialty care. Food deserts in rural areas compound these challenges, with 19 food pantries spread across the county but with varying hours and eligibility requirements that do not fully address transportation and scheduling barriers for working families.

Third, recreational and social infrastructure for youth, older adults, and people with disabilities is limited. While county and town recreation departments offer programming, facilities and structured activities remain concentrated in incorporated areas, leaving gaps in rural communities. Accessible programming for individuals with disabilities is especially limited outside of Special Olympics.

The inventory also highlights the critical role of safety-net providers—particularly FQHCs, the Health Department, and the Beacon Mission—in serving uninsured and underinsured residents, and underscores the need to sustain and expand these services as the county continues to grow rapidly.

Prioritization Process

The seven emerging priority areas were brought to a participatory prioritization session that included members of the CHA Advisory Group. To select the final priority health issues, Harnett County used an adapted Hanlon style prioritization method that scored each of the seven identified health problems on three parameters: community impact, achievability, and the county's current positioning to act. Participants first scored each priority area individually using three parameters: community impact, defined as the potential positive effect that addressing the issue could have on Harnett County residents; achievability, defined as the realistic ability to make progress using current resources and partnerships; and positioning, defined as how well the county is currently situated to act on the issue given its urgency and the consequences of inaction.

Following individual scoring, participants gathered in small groups to rank the priorities collaboratively using the same three parameters. Three separate small group discussions were held, two in person and one virtual. All three groups independently identified the same three priorities: Access to Food and Nutrition, Behavioral Health, and Recreation and Community Connection.

Following this session, the process and priorities were presented to both the Board of Health and the Harnett County Health Departments' management team. Both groups supported the priorities.

The consistency of this outcome across all three groups, regardless of format or composition, reflects a strong level of agreement among community stakeholders about where Harnett County's most pressing and addressable health needs currently lie. These three priorities form the basis for the Community Health Improvement Plan that follows.

CHA Health Priorities

Access to Food and Nutrition

Food insecurity in Harnett County is shaped by several factors that often occur together: low incomes, limited grocery store access, lack of reliable transportation, and geographic distance from fresh food sources. Several areas of the county meet federal criteria for food deserts. Residents without a personal vehicle or with limited income often rely on convenience stores and fast food, which offer fewer nutritious options. This contributes to higher rates of diet-related conditions including obesity, diabetes, and heart disease.

Food insecurity does not exist in isolation. Families managing housing instability often face difficult choices between paying rent and buying food. Low wages reduce purchasing power for fresh and healthy food. These pressures intersect with transportation barriers and limited access to healthcare, creating compounding challenges for many households. For families caring for members with disabilities or complex health needs, the logistical and financial demands of food access can be especially difficult to manage alongside other caregiving responsibilities.

The health consequences of food insecurity extend beyond nutrition. Children without consistent access to adequate food face challenges with learning and development. Adults managing food insecurity report higher levels of stress, which is linked to mental health conditions. These effects also place greater demand on healthcare systems and contribute to school and work absenteeism.

Several strategies have shown effectiveness in similar communities. Healthy corner store initiatives, which provide incentives for small retailers to stock fresh produce and staple items, can expand food access in neighborhoods without grocery stores. Targeted outreach to increase enrollment in SNAP and WIC can connect more eligible residents with existing federal nutrition support. Partnerships with local farmers and schools through farm-to-school programs can improve nutrition for children while supporting the local agricultural economy. Mobile food markets have also been used effectively to reach rural and underserved areas.

Mental and Behavioral Health

Mental and behavioral health conditions in Harnett County are influenced by several social and economic factors, including poverty, unemployment, housing instability, and limited access to care. These conditions create barriers to seeking and receiving treatment and contribute to the prevalence of anxiety, depression, and other mental health disorders across the county.

Mental health does not exist separately from other health issues. Poor mental health is linked to higher rates of chronic disease, increased use of emergency services, and reduced ability to maintain employment. It also intersects with substance use, housing insecurity, and food insecurity. Addressing mental health in Harnett County requires approaches that account for these connections. For people with intellectual and developmental disabilities and their families, access to behavioral health support is often more limited and more urgently needed, as this population experiences higher rates of anxiety and depression and faces additional barriers to care.

The effects on youth are a particular concern. High school students in the county report increasing rates of hopelessness, and youth mental health trends in Harnett County are consistent with a statewide pattern that has prompted significant public investment in school-based services. Early intervention and school-based support systems are recognized as effective strategies for reducing long-term mental health burden.

Substance use and overdose represent a significant dimension of the county's behavioral health profile. In 2022, Harnett County recorded 58 fentanyl-positive deaths, placing it among the highest-rate counties in North Carolina. Beginning in late 2022, the Harnett County Opioid Task Force launched the SOLVE Approach, a comprehensive overdose prevention strategy developed through nine months of community dialogue, key informant interviews, and task force planning. SOLVE is organized around five commitments: reducing stigma, sharing ownership across community systems, maintaining continuous learning, grounding responses in community values, and ensuring all the people of Harnett County benefit from this work. The approach organizes its work

across three goals: preventing harmful substance use, supporting treatment and recovery, and reducing harm through naloxone access, syringe services, and community safety initiatives.

The results of this work were measurable. Fentanyl-positive deaths fell from 58 in 2022 to 45 in 2023 and then to 16 in 2024, a 64% reduction from 2023 and a 72% reduction from the 2022 peak. Harnett County's rate of decline in fentanyl-positive deaths significantly outpaced both the state and peer counties during this period. Overdose emergency department visits declined by 42% in Harnett County compared to 32% statewide and 27% among peer counties. By 2023, North Carolina's projected overdose death rate map showed Harnett County had moved from the highest tier to the low tier, one of only a handful of counties to do so.

Provisional data through November 2025 show 20 fentanyl-positive deaths year to date, a 25% increase compared to the same period in 2024. This trend warrants close monitoring. The SOLVE framework and the infrastructure built by the Opioid Task Force position the county to respond, but the 2025 data indicate that continued investment in harm reduction, treatment access, and recovery support remains necessary.

Several approaches have demonstrated effectiveness in communities with similar provider shortages and access barriers. Expanding telehealth services can reduce the impact of transportation barriers and provider shortages. Training primary care providers to screen for mental health conditions and offer brief interventions can increase early identification and treatment. Peer support networks and community-based crisis resources can provide lower-cost options for residents who need immediate support. Reducing stigma through public education has been shown to increase utilization of mental health care, particularly among populations where help-seeking carries cultural or social cost.

Recreation and Community Connection

Access to recreational opportunities and community connection reflects more than the presence or absence of parks and programs. In Harnett County, the deficit in both areas is rooted in patterns of growth, investment, and geography that have left significant portions of the county without the infrastructure that supports healthy community life. Rural areas have not received the same level of development as the county's growing northwestern corridor, and public investment in gathering spaces, recreational facilities, and organized programming has not kept pace with population growth in any part of the county.

The consequences of this deficit extend across multiple dimensions of health. Social isolation is associated with higher rates of depression, anxiety, cardiovascular disease, and premature death. For older adults and people with disabilities, the absence of accessible programs compounds existing health risks and limits pathways to independent, engaged community life. For children and adolescents, recreational opportunities outside of school provide structured environments that support physical development, emotional regulation, and positive peer relationships. When those opportunities are absent, young people are more likely to disengage from community life entirely, a pattern that residents in listening sessions linked directly to substance use and to the broader trend of young adults leaving Harnett County after finishing school.

The low social association score documented in the Key Findings section reflects a community where the formal structures that connect people to one another are less developed than in comparable counties. Membership organizations, civic groups, and community programs serve as connective tissue in healthy communities. Their relative absence in Harnett County means that residents who are not connected to a military installation, a faith community, or an employer with strong social infrastructure have fewer natural entry points into community life.

Residents with intellectual and developmental differences face particular barriers. Harnett County has limited programming designed to support their full participation in community recreation and social life, and families described in listening sessions the difficulty of finding inclusive spaces for their loved ones. Inclusion in community recreation is not only a matter of access. It shapes whether people with disabilities are understood as full members of the community or remain on its margins.

Harnett County also has significant assets to build on. The county's agricultural heritage, its natural landscapes, its faith communities, and its history of rural self-reliance represent a foundation that new residents can be welcomed into rather than simply passing through. As the county grows, one of its most important health-related opportunities is the intentional development of local identity and belonging. Communities with a strong sense of place retain residents, attract investment in local amenities, and generate the kind of civic participation that sustains public health over time. Growth that produces only new housing without local gathering places, local employers, local institutions, and local culture tends to produce communities where residents are present but not rooted.

Including the county's adopted Bicycle, Pedestrian, & Greenway Plan strengthens this priority by documenting a concrete framework for expanding safe, accessible opportunities for physical activity, social connection, and outdoor recreation across Harnett County. The plan's guiding principles emphasize safety, accessibility for all ages and abilities, and connections among neighborhoods, parks, schools, downtowns, and natural areas, aligning directly with community goals to improve recreation options and social support. Partnerships between Parks and Recreation, the school system, faith communities, and local nonprofits can extend reach and reduce duplication. Inclusive program design, in which people with disabilities participate alongside their neighbors rather than in separate settings, benefits the whole community by building relationships across difference. Investments that connect new residents to Harnett County's land, history, and existing community life are among the most durable strategies available for strengthening social connection across a growing and increasingly diverse population.

Next Steps

Completion of the community health assessment and the selection of three priority areas, Access to Food and Nutrition, Mental and Behavioral Health, and Recreation and Community Connection, mark the transition into the community health improvement plan phase. In this next stage, local stakeholders, community members, and organizational partners will collaborate to design and implement strategies that address each priority at multiple levels. This includes primary prevention through public education, community development, and policy initiatives; secondary prevention through screening, early intervention, and expanded access to services; and tertiary prevention through treatment, recovery support, and long-term care coordination.

Building on the findings of this assessment, the community health improvement plan will also address the social and economic conditions that shape these priorities, recognizing that income stability, housing security, transportation access, and community connection play critical roles in achieving lasting progress. Through shared planning and community decision-making, Harnett County will work to ensure that interventions not only address immediate health needs but also strengthen the conditions that support long-term community health and resilience.

In alignment with the North Carolina Community Health Assessment process, this CHA fulfills current requirements under the Consolidated Agreement with the NC Division of Public Health and the NC Local Health Department Accreditation program. For each of the three priority areas, Harnett County Health Department will develop a Community Health Improvement Plan (CHIP) in Clear Impact Scorecard, including population and performance measures, baseline data, annual targets, and strategies. CHIPs will be submitted to the Division of Public Health by the required early-September deadline in non-CHA years and updated annually. Progress on these CHIP measures will be reported through the State of the County Health (SOTCH) report, also completed in Clear Impact Scorecard and submitted to the state each March, ensuring an ongoing cycle of assessment, planning, implementation, and monitoring.

Dissemination Plan

The findings of the Harnett County Community Health Assessment will be shared through targeted distribution efforts designed to reach key stakeholders, service providers, and community residents across the county.

The full report will be available on the Harnett County Health Department's website and promoted through partner organizations including Campbell University, Harnett Health, Central Carolina Community College, and the Harnett County Department of Social Services. Community partners across the health, education, faith, and social service sectors will assist in distributing the report to their networks and constituencies. The assessment will also be shared directly with local healthcare providers, nonprofits, and social service agencies to support program development,

grant applications, and policy initiatives at the local and regional level. Progress updates on the alignment between the community health assessment findings and the community health improvement plan will be provided annually through the Harnett County Health Department.

Evaluation of the CHA Process

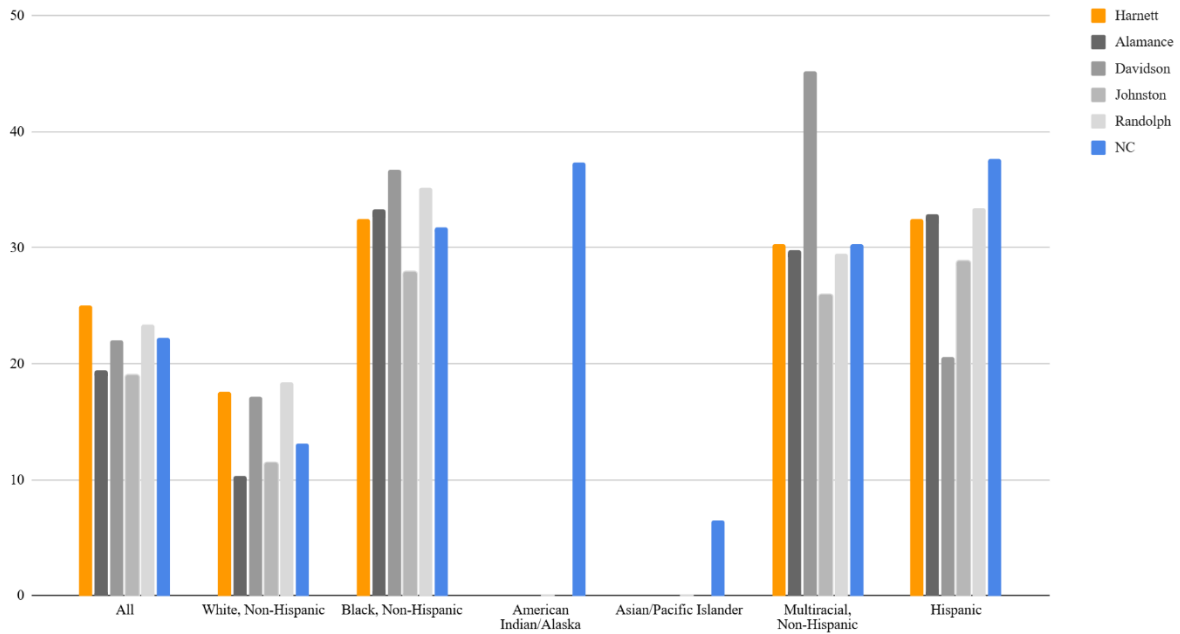
Following submission of this Community Health Assessment, Harnett County Health Department will evaluate the CHA process by gathering feedback from the internal CHA Leadership Team, the Public Health Advisory Group, community representatives, and key partners such as Campbell University. A brief electronic survey and debrief meetings will examine preparation and timeline, advisory and community engagement, primary and secondary data methods, the prioritization process, and the design and dissemination of the final report. Lessons learned will be documented and used to refine the timeline, strengthen equity-focused engagement strategies, and adjust data collection approaches for the next CHA cycle, ensuring continuous improvement of the assessment process.

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**2019-2023 NC RESIDENT PREGNANCY RATES PER 1,000 POPULATION: FEMALES 15-44
BY RACE/ETHNICITY, PERINATAL CARE REGIONS, AND COUNTY OF RESIDENCE**

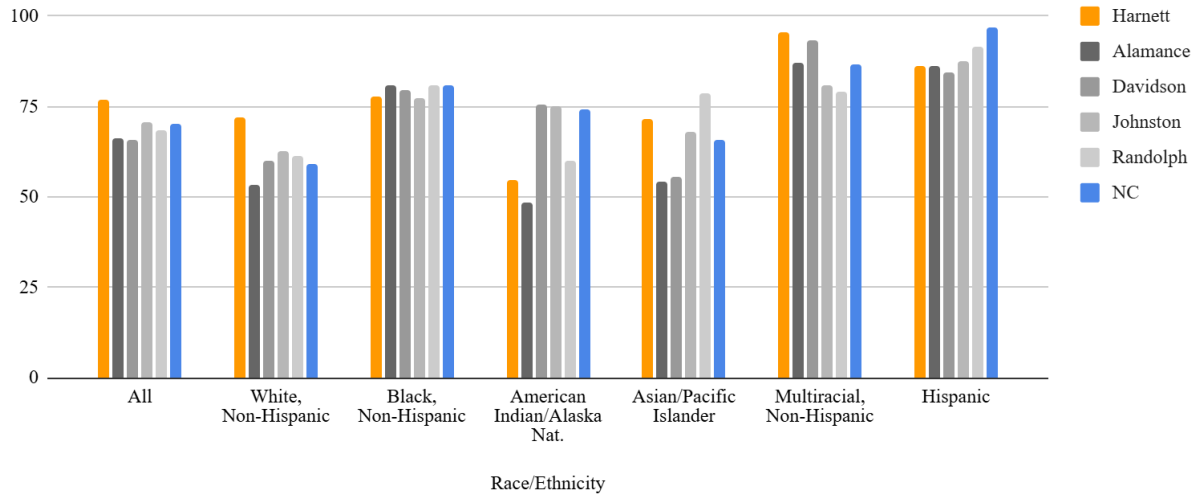
2019-2023 FEMALES 15-44 BY RACE/ETHNICITY, PERINATAL CARE REGIONS, AND COUNTY OF RESIDENCE



Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

**2019-2023 NC RESIDENT PREGNANCY RATES PER 1,000 POPULATION: FEMALES 15-44
BY RACE/ETHNICITY, PERINATAL CARE REGIONS, AND COUNTY OF RESIDENCE**

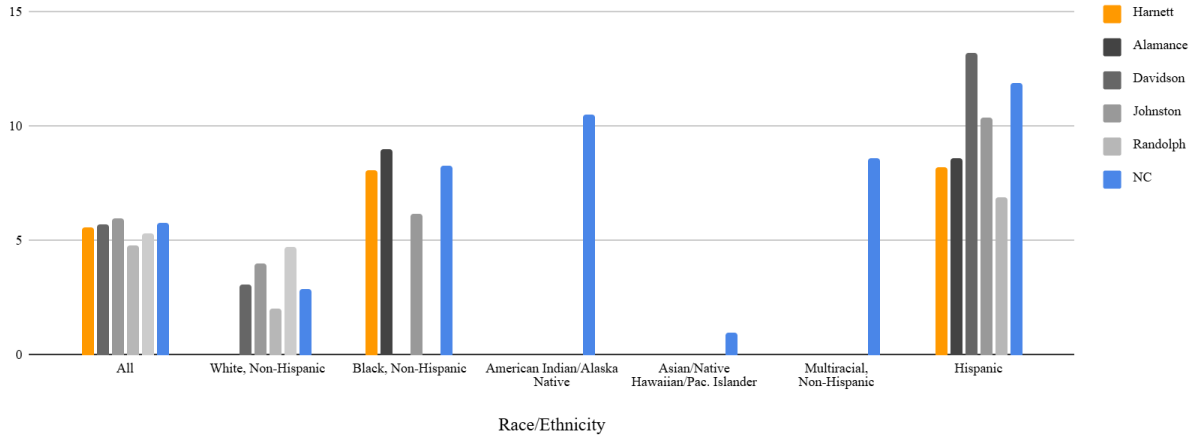
2019-2023 NC RESIDENT PREGNANCY RATES PER 1,000 POPULATION:
FEMALES 15-44 BY RACE/ETHNICITY, PERINATAL CARE REGIONS, AND
COUNTY OF RESIDENCE



Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

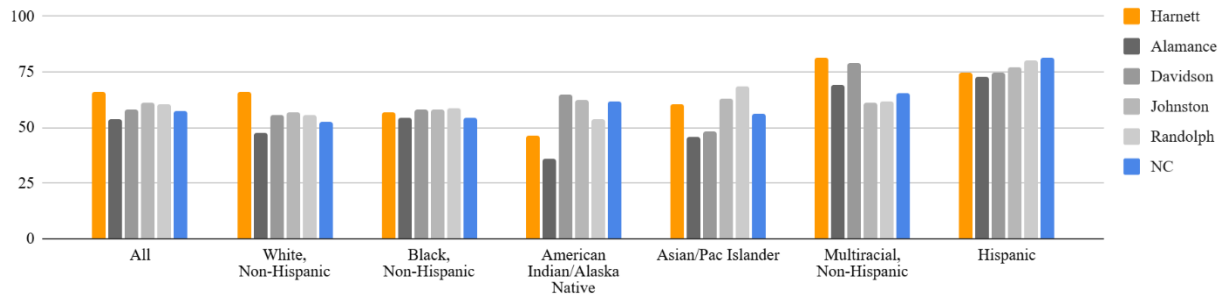
**2019-2023 NC RESIDENT FERTILITY RATES PER 1,000 POPULATION: FEMALES 15-17
BY RACE/ETHNICITY, PERINATAL CARE REGIONS, AND COUNTY OF RESIDENCE**

2019-2023 NC RESIDENT FERTILITY RATES PER 1,000 POPULATION: FEMALES 15-17
BY RACE/ETHNICITY, PERINATAL CARE REGIONS, AND COUNTY OF RESIDENCE



Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

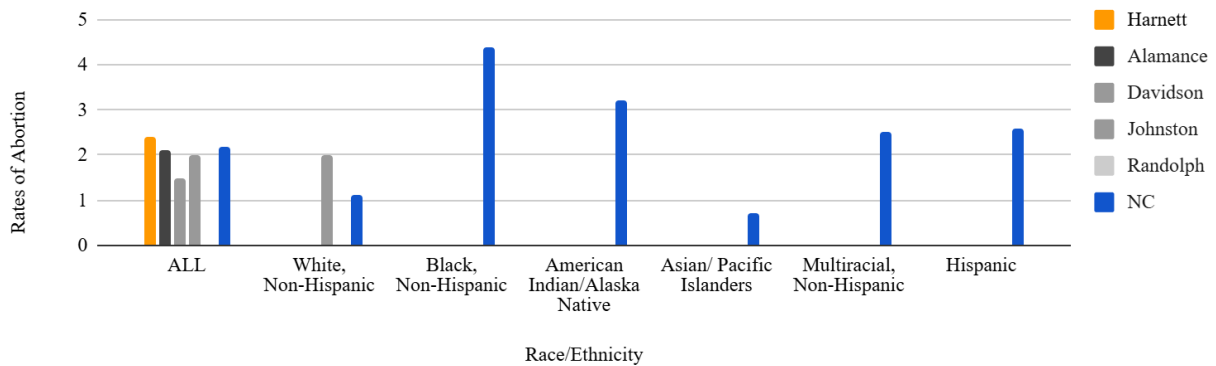
2019-2023 NC RESIDENT FERTILITY RATES PER 1,000 POPULATION: FEMALES 15-44 BY RACE/ETHNICITY, PERINATAL CARE REGIONS, AND COUNTY OF RESIDENCE



Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

2019-2023 NC RESIDENT ABORTION RATES PER 1,000 POPULATION: FEMALES 15-17 BY RACE/ETHNICITY, PERINATAL CARE REGIONS, AND COUNTY OF RESIDENCE

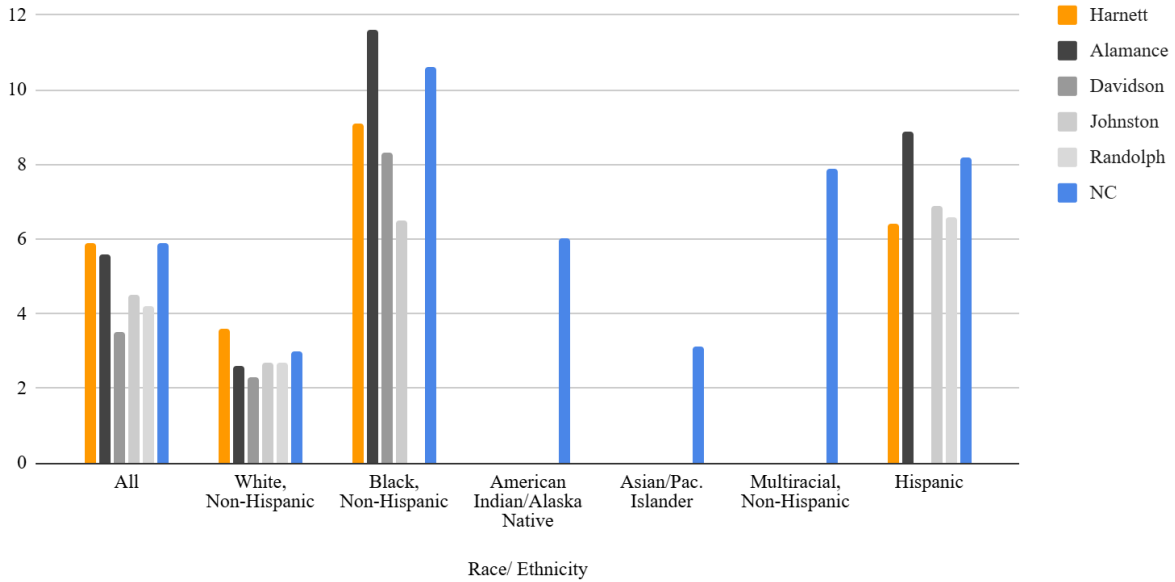
2019-2023 NC RESIDENT ABORTION RATES PER 1,000 POPULATION: FEMALES 15-17



Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

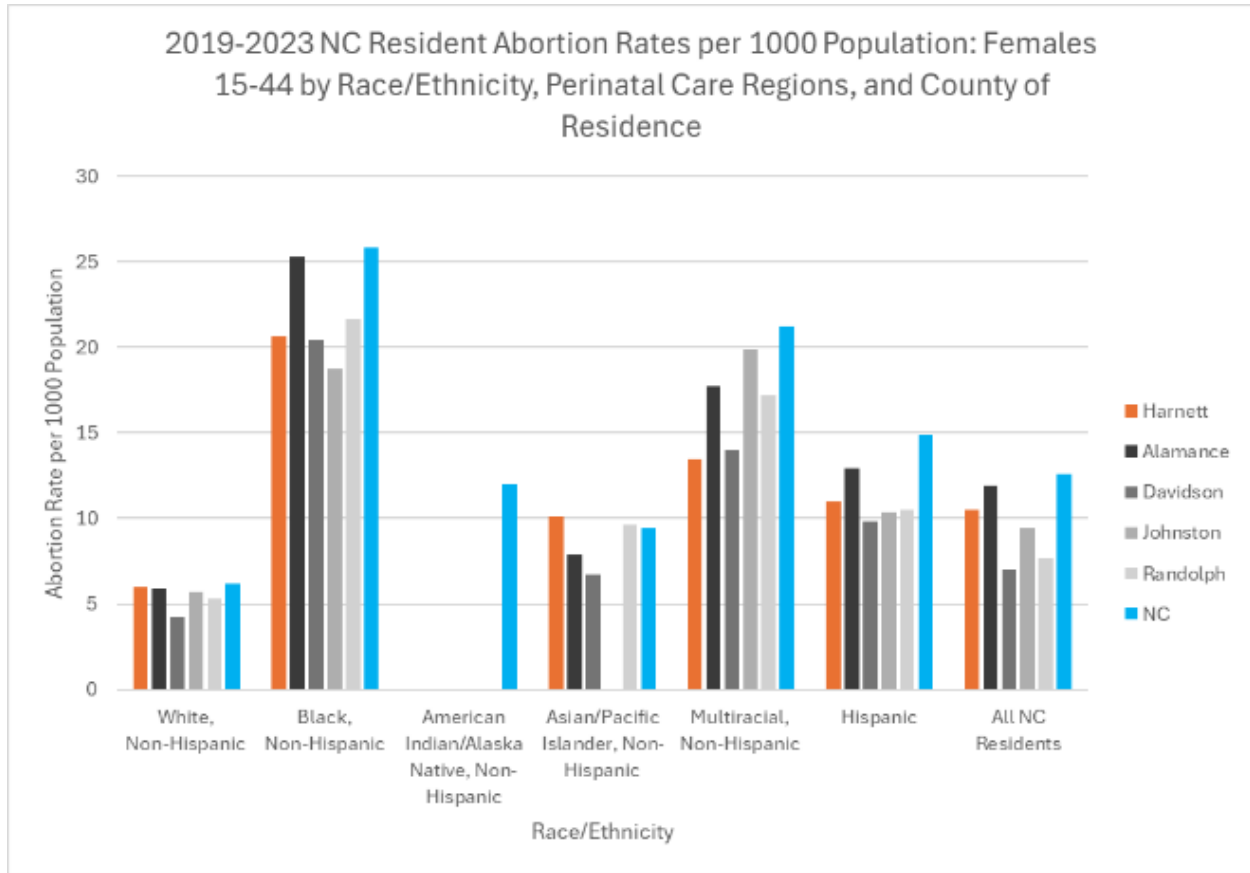
2019-2023 NC RESIDENT ABORTION RATES PER 1,000 POPULATION: FEMALES 15-19 BY RACE/ETHNICITY, PERINATAL CARE REGIONS, AND COUNTY OF RESIDENCE

2019-2023 NC RESIDENT ABORTION RATES PER 1,000 POPULATION: FEMALES 15-19 BY RACE/ETHNICITY, PERINATAL CARE REGIONS, AND COUNTY OF RESIDENCE



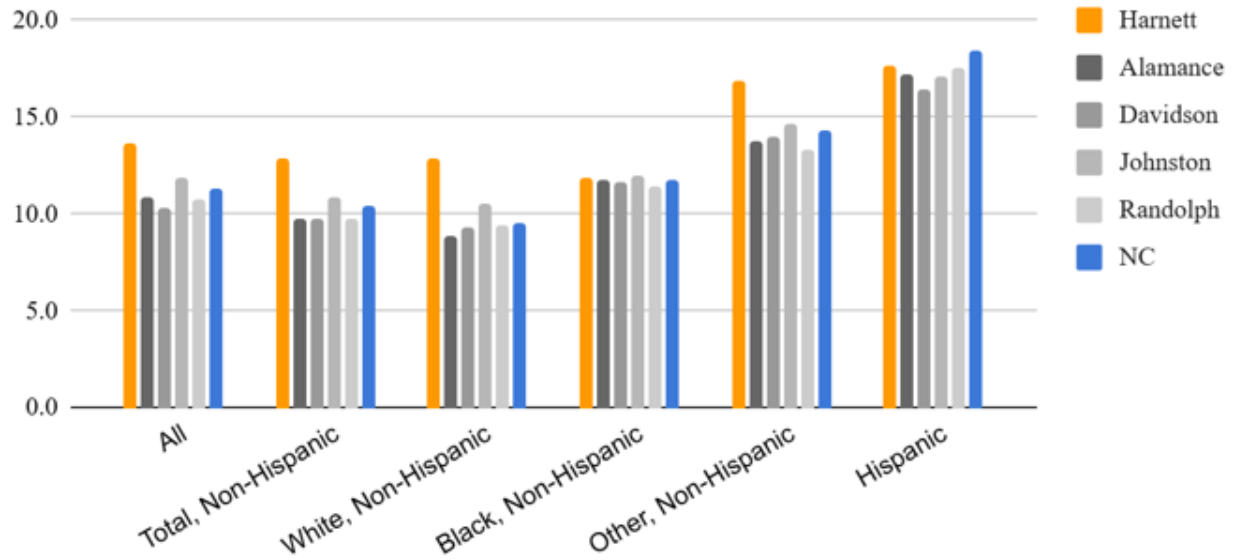
Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

2019-2023 NC RESIDENT ABORTION RATES PER 1,000 POPULATION: FEMALES 15-44 BY RACE/ETHNICITY, PERINATAL CARE REGIONS, AND COUNTY OF RESIDENCE



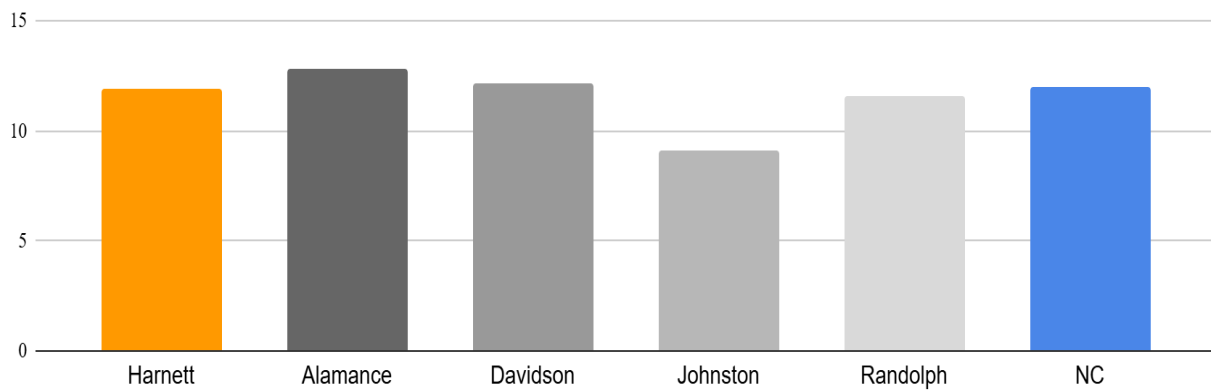
Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

NORTH CAROLINA RESIDENT LIVE BIRTH RATES PER 1,000 POPULATION, 2018-2022



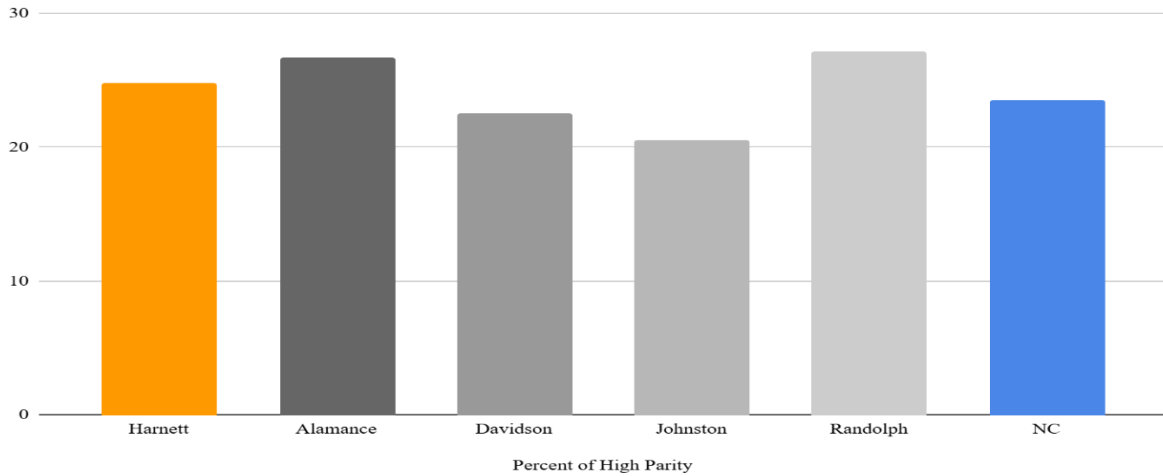
Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

2019-2023 N.C. RESIDENT LIVE BIRTHS WITH AGE OF MOTHER UNDER 30 BY COUNTY OF RESIDENCE: NUMBER AT RISK DUE TO HIGH PARITY AND PERCENT OF ALL BIRTHS WITH AGE OF MOTHER LESS THAN 30



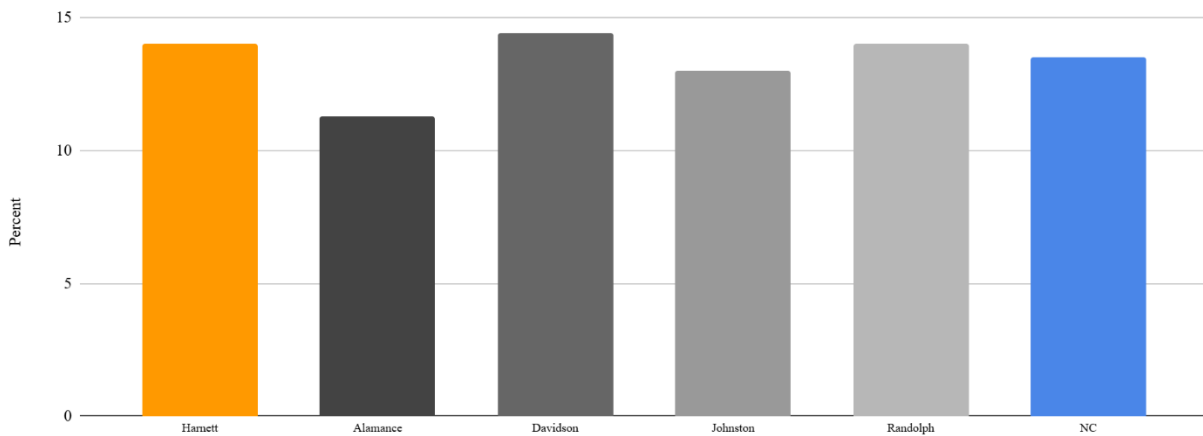
Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

2019-2023 N.C. RESIDENT LIVE BIRTHS WITH AGE OF MOTHER 30 or MORE BY COUNTY OF RESIDENCE: NUMBER AT RISK DUE TO HIGH PARITY AND PERCENT OF ALL BIRTHS WITH AGE OF MOTHER 30 OR MORE



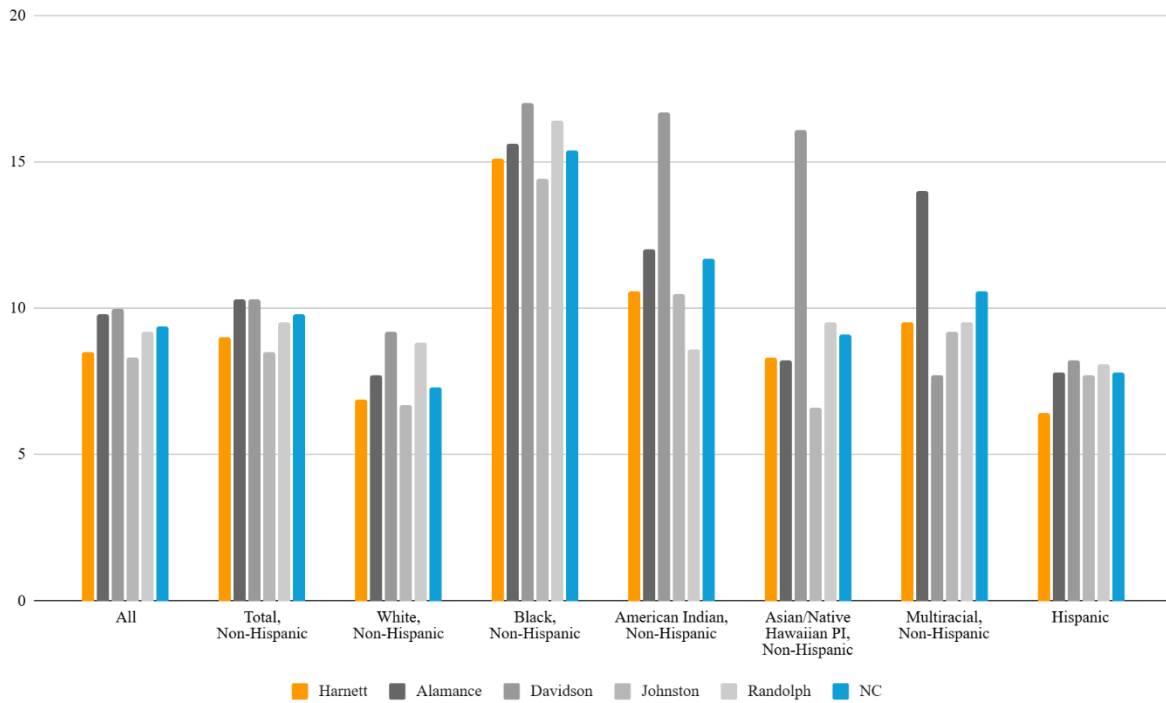
Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

2019-2023 N.C. LIVE BIRTHS BY COUNTY OF RESIDENCE NUMBER WITH INTERVAL FROM LAST DELIVERY TO CONCEPTION OF SIX MONTHS OR LESS AND PERCENT OF ALL BIRTHS EXCLUDING 1ST PREGNANCIES



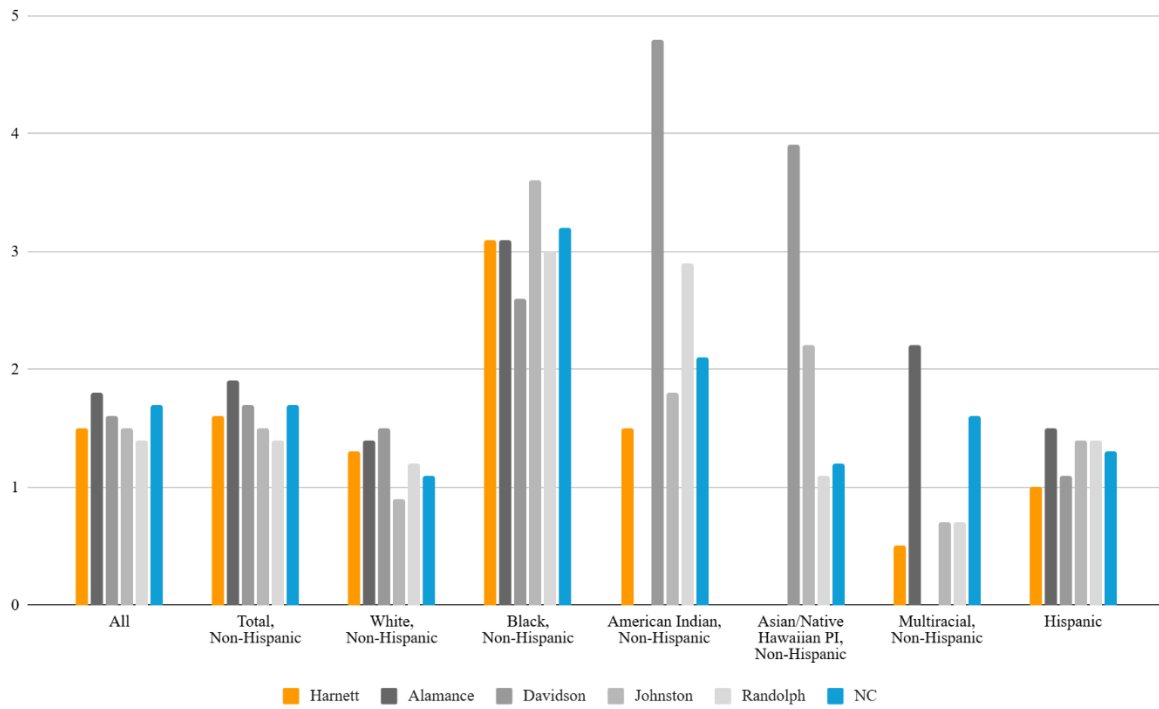
Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

2019-2023 NORTH CAROLINA LIVE BIRTHS BY COUNTY OF RESIDENCE: NUMBER AND PERCENT LOW (<2500 GRAMS) WEIGHT BIRTHS BY RACE AND ETHNICITY



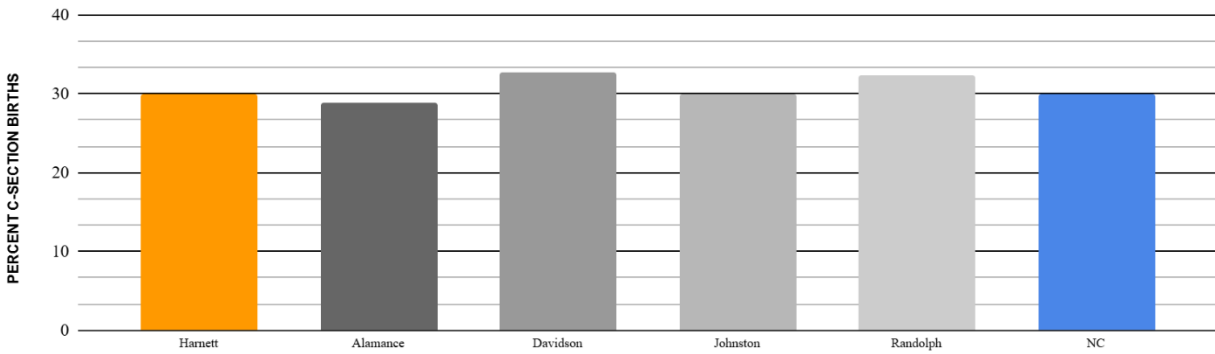
Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

2019-2023 NORTH CAROLINA LIVE BIRTHS BY COUNTY OF RESIDENCE: NUMBER AND PERCENT VERY LOW (<1500 GRAMS) WEIGHT BIRTHS BY RACE AND ETHNICITY



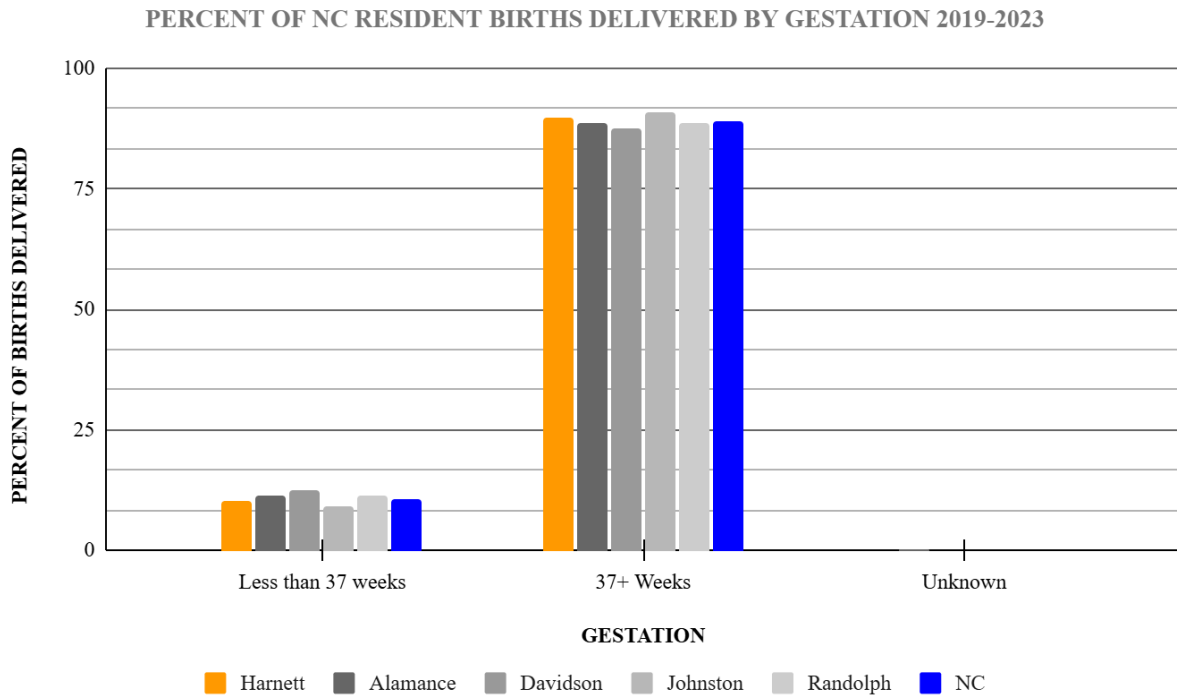
Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

PERCENT OF NC RESIDENT BIRTHS DELIVERED BY CESAREAN SECTION 2018-2022



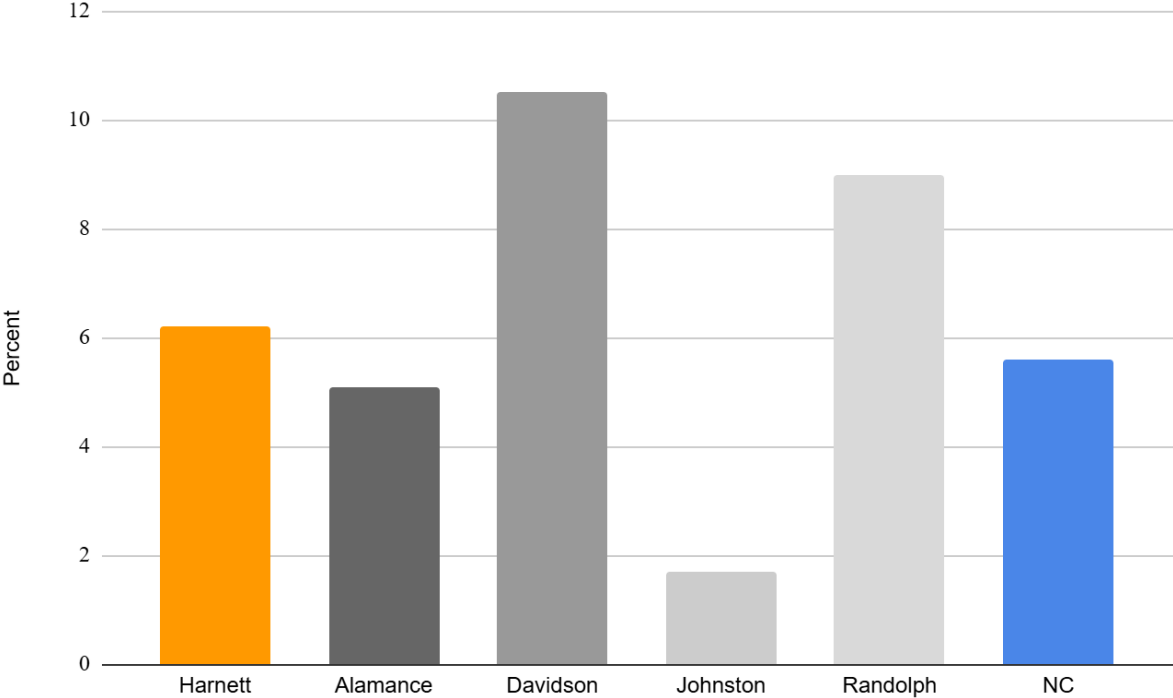
Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

PERCENT OF NC RESIDENT BIRTHS DELIVERED BY GESTATION 2018-2022



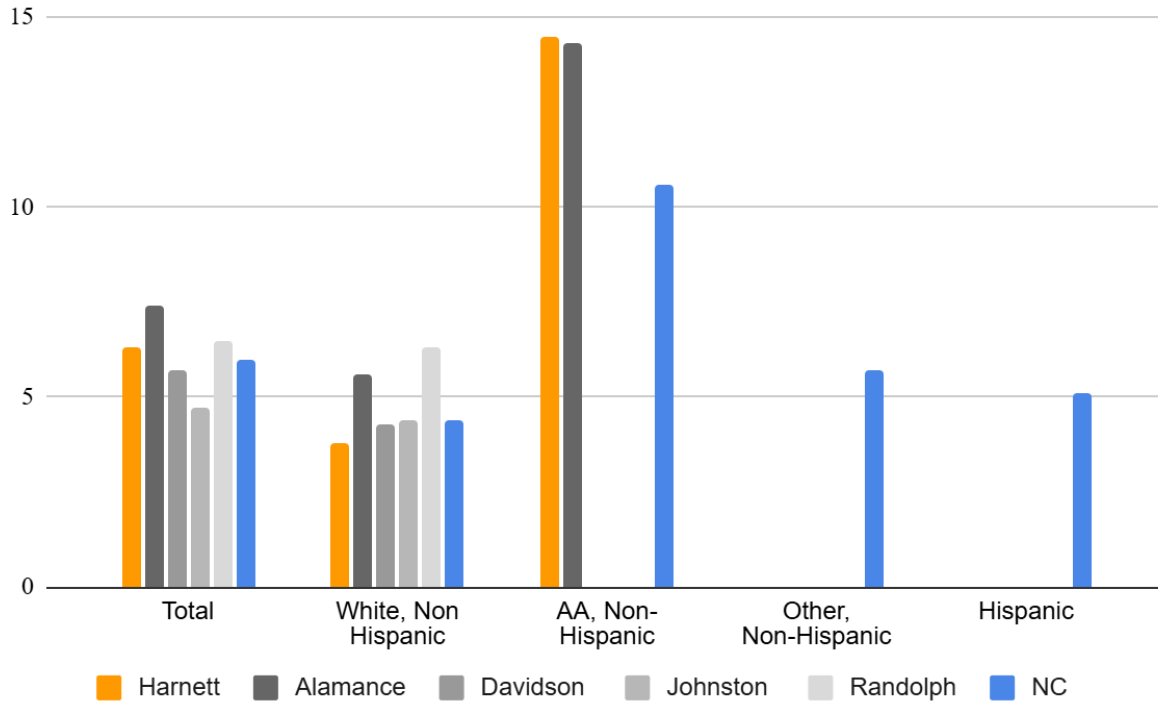
Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

PERCENT OF NC RESIDENT BIRTHS WHERE MOTHER SMOKED DURING PREGNANCY 2018-2022



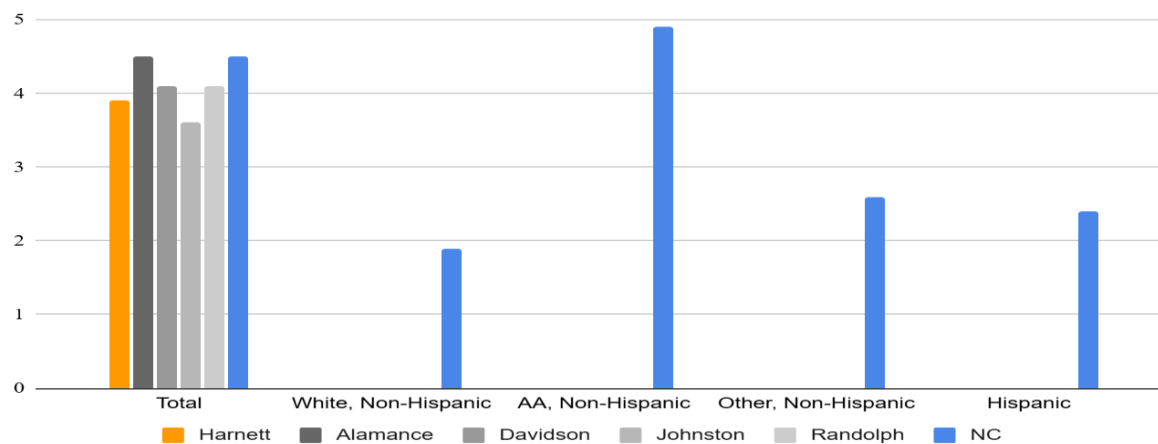
Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

NC RESIDENT FETAL DEATH RATES PER 1,000 DELIVERIES, 2018-2022



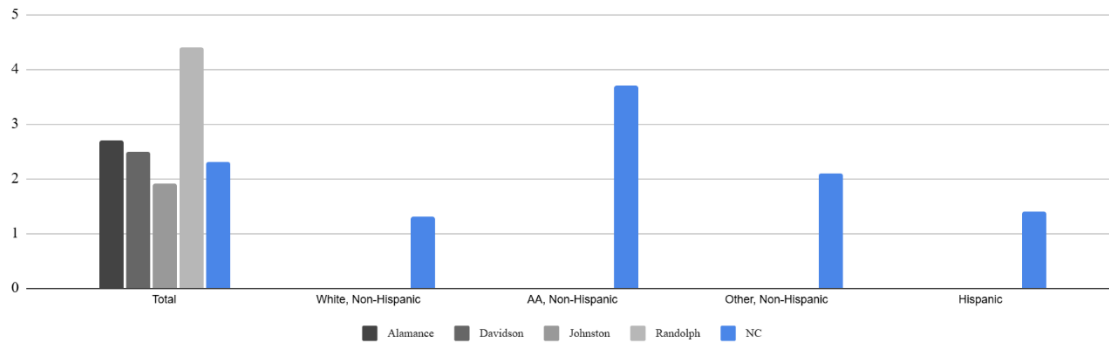
Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

NC RESIDENT NEONATAL (<28 DAYS) DEATH RATES PER 1,000 LIVE BIRTHS, 2018-2022



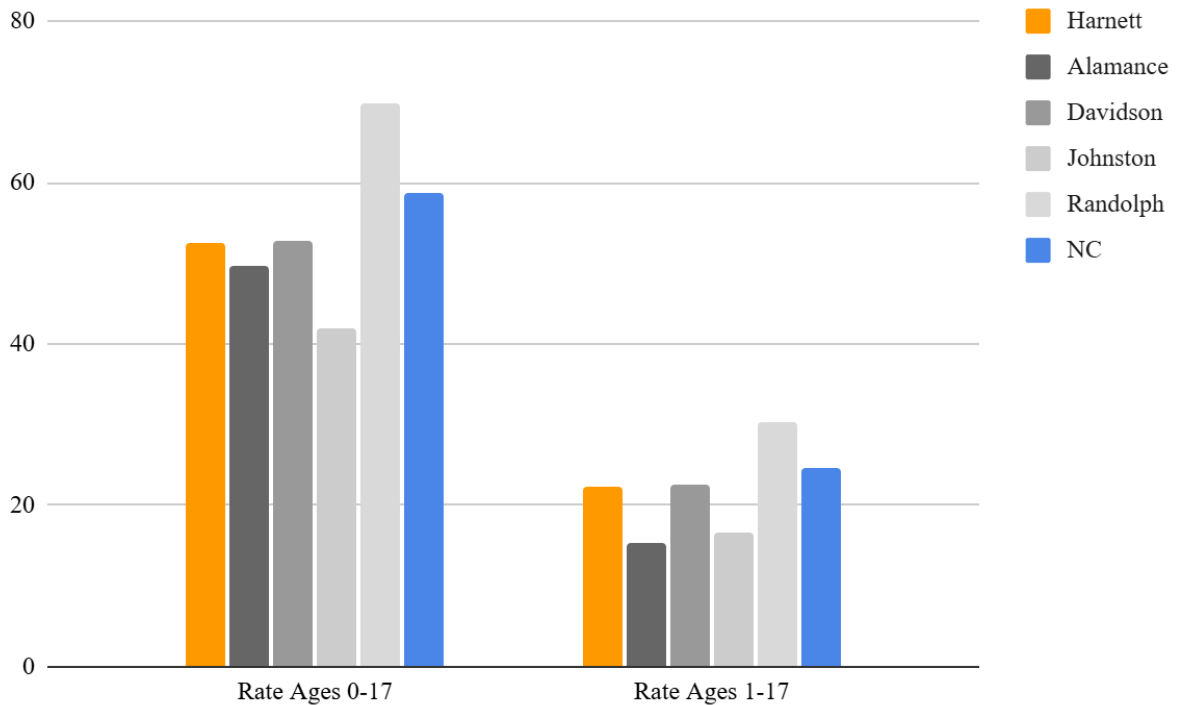
Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

NC RESIDENT POSTNEONATAL (28 DAYS- 1 YEAR) DEATH RATES, 2018-2022



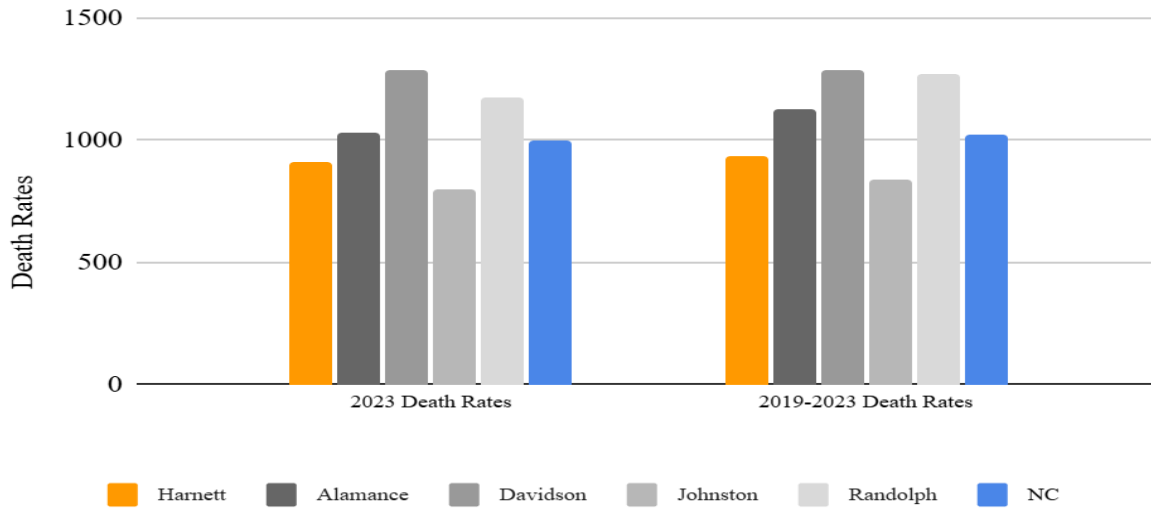
Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

UNADJUSTED CHILD DEATH RATES PER 100,000 POPULATION, 2019-2023 AGES 0-17 AND AGES 1-17



Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

UNADJUSTED DEATH RATES PER 100,000 POPULATION 2022 AND 2018-2022



Source: North Carolina Department of Health and Human Services, State Center for Health Statistics. (2025). North Carolina health statistics data book. Retrieved Nov 12, 2025, from <https://schs.dph.ncdhhs.gov/data/databook/>

Community Health Needs Assessment

Hello, please take a few minutes to complete the survey below. The purpose of this survey is to get your opinion about community health issues. Once we have gathered all of the surveys, we plan to compile this information and use it to develop a community health improvement plan with our community public health partners in the area. Thank you for taking time to help identify our most pressing health problems and issues to make our community a better and healthier place to live!

Please take a moment to think about living in Harnett County and tell us how you feel about each of the following;

There is good healthcare in Harnett County

- Strongly Disagree Disagree Neutral Agree Strongly Agree

Harnett County is a good place to raise children.

- Strongly Disagree Disagree Neutral Agree Strongly Agree

Harnett County is a good place to grow old.

- Strongly Disagree Disagree Neutral Agree Strongly Agree

There are plenty of job opportunities in Harnett County.

- Strongly Disagree Disagree Neutral Agree Strongly Agree

Harnett County is a safe place to live.

- Strongly Disagree Disagree Neutral Agree Strongly Agree

There is plenty of help for people during times of need in Harnett County.

- Strongly Disagree Disagree Neutral Agree Strongly Agree

There is affordable housing that meets the community's needs in Harnett County.

- Strongly Disagree Disagree Neutral Agree Strongly Agree

There are good parks and recreation facilities in Harnett County.

- Strongly Disagree Disagree Neutral Agree Strongly Agree

It is easy to buy healthy foods in Harnett County.

- Strongly Disagree Disagree Neutral Agree Strongly Agree

1. Please select the top 3 issues which have the **highest impact on quality of life** in this county. **(Select only 3 responses.)**

- | | |
|--|--|
| <input type="radio"/> Low income/poverty | <input type="radio"/> Rape/Sexual Assault |
| <input type="radio"/> Dropping out of school | <input type="radio"/> Neglect and abuse |
| <input type="radio"/> Poor housing conditions | <input type="radio"/> Drugs/Alcohol (substance use) |
| <input type="radio"/> Lack of affordable housing | <input type="radio"/> Transportation |
| <input type="radio"/> Lack of community resources | <input type="radio"/> Health Insurance |
| <input type="radio"/> Violent crime (murder, assault, theft) | <input type="radio"/> Lack of access to enough healthy & high-quality food |
| | <input type="radio"/> Other: |

2. Please select the top 3 services that **need the most improvement** in your community. **(Select only 3 responses.)**

- | | |
|--|--|
| <input type="radio"/> Education/Schooling | <input type="radio"/> More affordable / better housing |
| <input type="radio"/> Child care options | <input type="radio"/> Better/More recreational facilities (parks, trails, community centers) |
| <input type="radio"/> Elder care options | <input type="radio"/> Substance Misuse Services/Recovery Support |
| <input type="radio"/> Services for disabled people | <input type="radio"/> Positive teen activities |
| <input type="radio"/> More affordable health services | <input type="radio"/> Transportation options |
| <input type="radio"/> Number of healthcare providers | <input type="radio"/> Availability of employment |
| <input type="radio"/> Culturally appropriate health services | <input type="radio"/> Higher paying employment |
| <input type="radio"/> Better/More healthy food choices | <input type="radio"/> None of the above |
| <input type="radio"/> Counseling / mental and behavioral health / support groups | <input type="radio"/> Other: |

3. Please select the top 3 health behaviors that you feel **people in your community need more information about.**

(Select only 3 responses.)

- | | |
|---|---|
| <input type="radio"/> Eating well/nutrition | <input type="radio"/> Child care/parenting |
| <input type="radio"/> Using child safety car seats | <input type="radio"/> Quitting smoking / tobacco use prevention |
| <input type="radio"/> Using seat belts | <input type="radio"/> Substance misuse prevention |
| <input type="radio"/> Driving safely | <input type="radio"/> Breastfeeding |
| <input type="radio"/> Preparing for an emergency disaster | <input type="radio"/> Preventing pregnancy and sexually transmitted diseases (safe sex) |
| <input type="radio"/> Exercising/fitness | <input type="radio"/> Going to a dentist for check-ups and screenings |
| <input type="radio"/> Managing weight | <input type="radio"/> Going to a doctor for yearly check-ups and screenings |
| <input type="radio"/> Suicide prevention | <input type="radio"/> Caring for family members with special needs/disabilities |
| <input type="radio"/> Mental/Behavioral Health | <input type="radio"/> Elder care |
| <input type="radio"/> Harm reduction | <input type="radio"/> None of the above |
| <input type="radio"/> Domestic violence prevention | <input type="radio"/> Other: |
| <input type="radio"/> Crime prevention | |
| <input type="radio"/> Rape/sexual abuse prevention | |

4. Where do you get most of your **health-related information**? Please select only **one** answer.

- | | |
|--|---|
| <input type="radio"/> Friends and family | <input type="radio"/> Help Lines |
| <input type="radio"/> Internet | <input type="radio"/> Pharmacist |
| <input type="radio"/> Social Media | <input type="radio"/> Books/magazines |
| <input type="radio"/> Employer | <input type="radio"/> Church |
| <input type="radio"/> Television | <input type="radio"/> Health department |
| <input type="radio"/> Radio | <input type="radio"/> Community health worker |
| <input type="radio"/> Doctor/Nurse | <input type="radio"/> Newspaper |
| <input type="radio"/> My child's school | <input type="radio"/> Other: |

5. During a normal week, other than in your regular job, how many days in the week do you engage in any physical activity or exercise that lasts at least a half an hour (30 minutes)?

- | | |
|-------------------------|--|
| <input type="radio"/> 1 | <input type="radio"/> 5 |
| <input type="radio"/> 2 | <input type="radio"/> 6 |
| <input type="radio"/> 3 | <input type="radio"/> 7 |
| <input type="radio"/> 4 | <input type="radio"/> Don't know or not sure |

If you answered **1, 2, 3, or Don't know or not sure**, please answer question **5.1**.

If you answered **4, 5, 6, or 7**, please skip to question 6.

5.1 If you do not exercise at least a half hour most days each week, please select the reasons why you do not exercise? (Check all that apply.)

- | | |
|--|---|
| <input type="radio"/> My job is physical or hard labor. | <input type="radio"/> I don't know how to find exercise partners. |
| <input type="radio"/> Exercise is not important to me. | <input type="radio"/> I don't know how to safely. |
| <input type="radio"/> It costs too much to exercise. | <input type="radio"/> I would need transportation, and I don't have it. |
| <input type="radio"/> There is no safe place to exercise. | <input type="radio"/> I don't like to exercise. |
| <input type="radio"/> I don't have enough time to exercise. | <input type="radio"/> I don't have access to a facility that has the things I need, like a pool, golf course, or a track. |
| <input type="radio"/> I'm too tired to exercise. | <input type="radio"/> Low self-image. |
| <input type="radio"/> I would need child care and I don't have it. | <input type="radio"/> Other: |
| <input type="radio"/> I'm physically disabled. | |

6. Which of the following preventative services have you had in the past 12 months? (Check all that apply.)

- Mammogram
- Prostate cancer screening
- Colon/Rectal exam
- Blood sugar check
- Cholesterol
- Hearing screening
- Bone density test
- Physical Exam
- Pap Smear
- Flu Shot
- Blood pressure check
- Skin cancer screening
- Vision screening
- Cardiovascular screening
- Dental cleaning / x-rays
- None of the above

7. An influenza / flu vaccine can be a "flu shot" injected into your arm or a spray like "Flu Mist" which is sprayed into your nose. During the past 12 months, have you received a **seasonal flu vaccine**?

- Yes
- No
- Don't know or not sure

If you answered **No or Don't know or not sure**, please answer question **7.1**.

If you answered **Yes**, please skip to question 8.

7.1 If you did not get your flu vaccine, why not? (Check all that apply.)

- Cost
- Transportation
- Access
- Time
- Fear
- Need more info/have question
- Personal preference

8. Do you currently use any **tobacco or vaping products**?

- Yes
- No
- Prefer not to say.

If you answered **Yes**, please answer question **8.1**.

If you answered **No or Prefer not to say**, please skip to question 9.

8.1 Select any tobacco or vaping products you currently use. (Check all that apply.)

- Cigarettes
- E-cigs/electronic cigarettes
- Chewing Tobacco
- Vape Pen
- Pipe
- Cigars
- Snuff/Dip
- None of the above

9. In the last 12 months, have you had a clinical appointment with any of these providers? (Check all that apply.)

- Well check or annual visit with primary care
- Sick visit with primary care
- Visit with specialist (endocrinologist, cardiologist, etc.)
- Prenatal or obstetric care
- Mental health provider
- Dentist
- None of the above

10. Do you or anyone in your household have a chronic disabling condition or special health care need, diagnosed or undiagnosed (medical, physical, developmental, intellectual, emotional or behavioral)?

- Yes, a child (age 1 to 17)
- Yes, an adult (age 18 and older)
- No

If you answered **Yes, a child (age 1 to 17)**, please answer question **10.1**.

If you answered **Yes, an adult (age 18 and older)**, please answer question **10.2**.

If you answered **No**, please skip to question 11.

10.1. You indicated that a child in your household (age 0 to 17) has a chronic or disabling condition. Please select all of the following that apply to their condition(s):

- They are deaf or have serious difficulty hearing.
- They are blind or have serious difficulty seeing, even when wearing glasses.
- Because of a physical, mental, or emotional condition, they have serious difficulty concentrating, remembering, or making decisions.
- They have serious difficulty walking or climbing stairs.
- They have difficulty dressing or bathing.
- Because of a physical, mental, or emotional condition, they have difficulty doing errands alone such as visiting a doctor's office or shopping.

10.2. You indicated that you or another adult in your household (age 18 and older) has a chronic or disabling condition. Please select all of the following that apply to their condition(s):

- They are deaf or have serious difficulty hearing.
- They are blind or have serious difficulty seeing, even when wearing glasses.
- Because of a physical, mental, or emotional condition, they have serious difficulty concentrating, remembering, or making decisions.
- They have serious difficulty walking or climbing stairs.
- They have difficulty dressing or bathing.
- Because of a physical, mental, or emotional condition, they have difficulty doing errands alone such as visiting a doctor's office or shopping.

11. In your personal or professional life, have you ever known someone who has been affected by **opioid** misuse.

- Yes
- No
- Prefer not to say

12. Is your primary healthcare provider located in Harnett County?

- Yes
- No
- Don't know or not sure

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

- Yes
- No
- Don't know or not sure

If you answered **Yes**, please answer question **13.1** and **13.2** on the following page.

If you answered **No or Don't know or not sure**, please skip to question 14.

If you answered **Yes**, to question 7 please answer questions **13.1** and **13.2**.

If you answered **No or Don't know or not sure**, please skip to question 14.

13.1. What type of provider or facility did you have trouble getting healthcare from? (Check all that apply.)

- | | |
|--|--|
| <input type="radio"/> Dentist | <input type="radio"/> Health department |
| <input type="radio"/> Primary Care Doctor | <input type="radio"/> Specialist |
| <input type="radio"/> Pediatrician | <input type="radio"/> Eye care / optometrist / ophthalmologist |
| <input type="radio"/> OB/GYN (or Labor & Delivery) | <input type="radio"/> Pharmacy / prescriptions |
| <input type="radio"/> Urgent care center | <input type="radio"/> Mental/Behavioral Health Providers |
| <input type="radio"/> Medical clinic | <input type="radio"/> Other: |
| <input type="radio"/> Hospital | |

13.2. Which of these problems prevented you from getting the necessary health care? (Check all that apply.)

- | | |
|--|--|
| <input type="radio"/> No health insurance | <input type="radio"/> Couldn't get an appointment |
| <input type="radio"/> Insurance didn't cover what I/we needed | <input type="radio"/> The wait was too long |
| <input type="radio"/> Service provider would not take my/our insurance or Medicaid | <input type="radio"/> Did not speak my language |
| <input type="radio"/> No way to get there | <input type="radio"/> Could not miss work to go |
| <input type="radio"/> The location was too far | <input type="radio"/> Hours did not work with my availability |
| <input type="radio"/> Didn't know where to go | <input type="radio"/> The provider denied me care or treated me in a discriminatory manner because of a protected status (age, race, sexual preference, disease, etc.) |

14. In a natural disaster (hurricane, flooding, tornado, etc.), do you feel like you know how to access or find the information you need to stay safe?

- Yes
- No
- Don't know or not sure

If you answered **Yes**, please answer questions **14.1**.

If you answered **No or Don't know or not sure**, please skip to question 15.

14.1. Where do you get your information to stay safe? (Check all that apply.)

- | | |
|--|---|
| <input type="radio"/> Television | <input type="radio"/> Social media |
| <input type="radio"/> Radio | <input type="radio"/> Neighbors |
| <input type="radio"/> Internet | <input type="radio"/> Family |
| <input type="radio"/> Telephone (landline) | <input type="radio"/> Text message (emergency alert system) |
| <input type="radio"/> Cell phone | <input type="radio"/> Don't know or not sure |
| <input type="radio"/> Print media (i.e. newspaper) | <input type="radio"/> Other: |

15. In the past 12 months, were you ever worried about whether your family's food would run out before you got money to buy more?

- Yes
- No
- Prefer not to answer

16. Have you ever experienced homelessness in Harnett County? (ex: had to stay in a shelter, car, abandoned building, tent, or temporarily with others because you had nowhere else to go.)

- Yes
- No
- Prefer not to answer

Demographics - Please answer the following questions so we can know a little more about you.

1. Which of the following best characterizes your gender identity?

- Woman
- Man
- Not Listed:
- Prefer not to answer

2. How old are you? _____

3. How do you describe your race/ethnicity?

- Asian
- Black / African American
- Hispanic / Latinx
- Native American
- Pacific Islander
- White / Caucasian
- More than 1 race
- Prefer not to answer

4. Is English the primary language spoken in your home?

- Yes
- No

If you answered **No**, please share which primary language is spoken in your home.

- Spanish
- Creole / Kreyol
- Arabic
- French
- Mandarin (Chinese)
- Other:

5. What is your marital status?

- Never married / single
- Married
- Unmarried partner
- Divorced
- Widowed
- Separated

6. What is the highest level of education you have completed?

- Less than 9th grade
- 8th - 12th grade, no diploma
- High School Graduate (or GED/equivalent)
- Associate's degree or Vocational Training
- Some college (no degree)
- Bachelor's Degree
- Graduate or professional degree

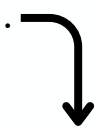
7. What is your employment status?

- Employed full-time
- Employed part-time
- Employed in multiple jobs
- Seasonal worker/Temporary
- Retired
- Armed forces
- Disabled
- Student
- Homemaker
- Self-employed
- Unemployed for 1 year or less
- Unemployed for more than 1 year

If you answered **Employed full-time, Employed part-time, Employed in multiple jobs, Seasonal worker/Temporary, or Self-employed** please answer question **7.1** on the following page. Otherwise, please skip to question 8.

If you answered **Yes**, to question 7 please answer questions **7.1**.

If you answered **No**, please skip to question 8.



7.1 How is your current job best described?

- Agriculture
- Business / Industry
- Retail
- Homemaker
- Government
- Healthcare
- Student
- Education
- Food Service
- Other:

8. What is your household income?

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 or more
- Prefer not to answer

9. How many people live in your household?

- I live alone
- 2 - 3
- 4 - 5
- 6 - 7
- 8 - 9
- 10
- More than 10

10. What type of internet access do you have at your home?

- Dial up
- Broadband / High-speed
- Wi-Fi
- Cellular or Hotspot
- None of the above

ADDITIONAL COMMENTS / CONCERNS

Is there anything else you would like for us to know about your community?



Harnett County CHA Listening Session/Focus Group Guide – Sept/Oct 2025

Key Question	Follow-ups (probes used in-session)
<p>1. What is it like to live in this community right now?</p>	<ul style="list-style-type: none"> • What feels easy vs. hard? • What stands out day-to-day? • What’s changed over time?
<p>2. What are the biggest challenges people here face in their daily lives?</p>	<ul style="list-style-type: none"> • Can you walk me through a recent example? • Who is most affected? • What happens when that challenge isn’t addressed?
<p>3. Tell me about a time you or someone you know needed help— what happened?</p>	<ul style="list-style-type: none"> • Where did you go (healthcare, services, etc.)? • What worked or didn’t? • What did it cost (time, money, stress)?
<p>4. What makes it easier or harder for people to get where they need to go or do what they need to do?</p>	<ul style="list-style-type: none"> • What happens if transportation or access falls through? • How does this affect work, healthcare, or family life? • What options exist if things go wrong?
<p>5. If you could change one thing to improve life in this community, what would it be?</p>	<ul style="list-style-type: none"> • Why that issue? • Who would it impact most? • What would improvement look like in real life?

Harnett County Resource Guide

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Harnett County DSS-Food and Nutrition Services https://www.harnett.org/dss/?btid=2&bid=410	311 W Cornelius Harnett Blvd, Lillington, NC 27546	910-893-7550	Food and Nutrition Services (FNS)
Harnett County Health Department WIC Program https://www.harnett.org/health/women-infants-children-wic.asp	307 W Cornelius Harnett Blvd Lillington, NC 27546 *Fridays Only: Dunn United Ministries Association (DUMA) 323 East Broad St, Dunn, NC 28334	910-893-7570	Supplemental Nutrition program for women, infants and children up to 5 years of age
Meals on Wheels https://www.harnett.org/aging/?btid=2&bid=1035	309 W Cornelius Harnett Blvd	910-814-6265	At home meal deliveries
Summer Nutrition Programs https://www.dpi.nc.gov/districts-schools/district-operations/office-school-nutrition		866-348-6479 (English) 877-842-6273 (Spanish) Text "FoodNC" or "COMIDA" (Spanish) to 877-877 Email: summernutritionprogram@dpi.nc.gov	Providing free meals and snacks to low income/at risk children during summer break from school
Food Pantries			
Name	Address	Phone Number	Services
Anderson Creek Community Church	219 Maple Ave Sanford, NC 27335	910-436-0548	Thursdays 10:00 am-1:30 pm; Photo ID required each visit; Proof of address required after 1st visit; Limited to 3 visits per year; Referral not needed

			for 1st visit, required for 2nd
Angier Area Food Pantry	455 W. Depot St, Angier, NC 27501	919-639-4683	Tuesdays & Thursdays 10:30-11:30 am; Proof of address required; Angier residents only; Must provide name, address & household size
Bread of Life	219 Maple Ave, Sanford, NC 27335		Thursdays 12:00-4:00 pm; Every 2 weeks
Buies Creek First Baptist Church	118 Main Street, Buies Creek, NC 27506	910-893-4280	
Coats Church of God of Prophecy	7819 NC 27 W, Coats, NC 27521		2nd Saturdays 9:00-11:00 am; Photo ID required for 1st visit; Open to all
Deliverance Church	3328 Old Stage Rd, Angier, NC 27501	919-261-6711	Wednesdays 3:00-5:00 pm
Dunn United Ministries Association (DUMA)	323 East Broad St, Dunn, NC 28334	910-891-1633	2nd & 4th Tuesday 10:30 am-2:00 pm
Erwin Churches Helping Others (ECHO)	200 N. 13th St, Erwin, NC 28339		3rd Mondays 2:30 pm-Until; Photo ID & proof of address required; Harnett County residents only; Once per month
Five N Two Pantry	17247 NC 27 W, Sanford, NC 27335	919-343-3000	Mondays 1:00-4:00 pm; Wed & Fri 12:00-3:00 pm; Photo ID & proof of address required; Weekly (Harnett)
Fuquay Varina Emergency Pantry	216 W Academy St, Fuquay Varina, NC 27526	919-552-7720	Tuesdays 9:00-11:45 am; Thursdays 3:00-5:45 pm; Serves Fuquay Varina, Willow Springs, parts of Holly Springs & Angier and Harnett County; Once every 28 days
Grace Chapel Church	1359 Red Hill Church Rd, Dunn, NC 28334	910-897-4849	1st Fridays 9:00 am-1:00 pm; Proof of address required; Once per month
Harnett Food Pantry	413 West Old Rd, Lillington, NC 27546	910-985-7787	Mon 4:00-6:30 pm; Tues 1:00-4:00 pm; Thurs 10:00

			am-1:00 pm; Harnett County residents only
Holly Springs Food Cupboard	621 W Holly Springs Rd, Holly Springs, NC 27540	919-577-2210	Thursdays 2:00-5:00 pm; Photo ID required; Once every 30 days
Kipling United Methodist Church	55 Kipling Church Rd, Kipling, NC 27543	919-552-2124	Thursdays 4:30-5:30 pm; Photo ID required; Once every 30 days
Loft Assistance Center	62 Joint Rd, Spring Lake, NC 28390	919-493-1415	Tuesdays & Thursdays 10:00 am-2:00 pm; Photo ID & proof of address required; Harnett & Cumberland County residents; Every 2 weeks
New Hope Baptist Church	293 Bethel Baptist Rd, Spring Lake, NC 28390	910-497-1033	1st Thursdays 2:00-3:00 pm
Recruiters for Christ	931 Red Hill Church Rd, Erwin, NC 28339	910-897-3020	Wednesdays 3:00-6:00 pm
Rising Sun Church of Christ	2021 US 401 S, Lillington, NC 27546	919-552-8596	Wednesdays 12:00-3:00 pm & 7:00-7:30 pm
Sharing Hope Food Pantry	2212 Nursery Rd, Lillington, NC 27546	919-499-5989	2nd Wednesdays 5:00-7:00 pm; Last Saturdays 9:00-11:00 am
White Oak Foundation	1624 White Oak Church Rd, Apex, NC 27523	919-362-6768	Wednesdays & Fridays 12:00-2:00 pm; 2nd Saturdays 11:00 am-1:00 pm; Photo ID required

Harnett County Government

Name	Address	Phone Number	Services
Animal Services https://harnett.org/animalservices/	PO Box 940 1100 McKay Place Lillington, NC 27546	910-814-2952	Protect the health and safety of citizens, advocate animal protection / welfare and promote the humane treatment of all animals.
Board of Commissioners https://harnett.org/boc/	P. O. Box 759 455 McKinney Parkway	910-893-7555	Governing body for the entire county. Responsibilities include overseeing the budget,

https://goshenmedical.org/locations/dunn/			uninsured patients. For those who qualify, services are available on a sliding fee scale based on family size and income.
CommWell Health https://commwellhealth.org/	1508 Maple Grove Rd Dunn, NC	(877) 935-5255	primary and preventive care to low-income uninsured populations. Services are offered on a sliding fee scale based on family size and income.
Campbell University Community Care Clinic https://medicine.campbell.edu/about/community-engagement/community-care-clinic/	323 E. Broad Street, Dunn NC 28334 (DUMA building)	910-505-0435	Uninsured patients. Open Tuesdays 5pm-8:30pm
Hospitals			
Name	Address	Phone Number	Services
Cape Fear Valley Betsy Johnson www.capefearvalley.com/locations/cape-fear-valley-betsy-johnson-hospital	800 Tilghman Drive Dunn, NC 28834	910-892-1000	
Cape Fear Valley Central Harnett Hospital www.capefearvalley.com/locations/cape-fear-valley-central-harnett-hospital	215 Brightwater Dr Lillington, NC 27546	910-892-1000	
Good Hope Psychiatric Hospital https://daymarkrecovery.org/locations/good-hope-psychiatric-hospital	410 Denim Dr., Erwin	(910) 230-4011	adult psychiatric beds to assist in behavioral health recovery journey
Pediatrics			
Name	Address	Phone Number	Services
ABC Pediatrics https://abcpediatrics.org/	104 Tilghman Dr, Dunn, NC 28334	(910) 892-1333	health care to infants, children and adolescents from birth to age 21.
Bloom Pediatric Partners https://www.bloompediatricsnc.com/	612 N Broad St E, Angier, NC 27501	(984) 999-3957	health care to infants, children and adolescents from birth to age 21.
Cape Fear Valley Pediatric Care-Lillington www.capefearvalley.com/locations/cape-fear-valley-pediatric-care-lillington	716 S 10th Street Lillington, NC 27546	(910) 892-4248	health care to infants, children and adolescents from birth to age 21.
Harnett County Health Department www.harnett.org/health	307 W Cornelius Harnett Blvd	(910) 893-7550	Local Health Department. Offers primary care for children birth-21 years of age.

	Lillington, NC 27546		
KidzCare Pediatrics – Lillington	1406 S Main St, Lillington, NC 27546	(910) 984-8229	health care to infants, children and adolescents from birth to age 21.
KidzCare Pediatrics-Dunn	100 S 10th St Suite B Lillington, NC 27546	910-984-8229	health care to infants, children and adolescents from birth to age 21.
Kidz Pediatrics	285 W Dora St Angier, NC 27501	919-639-9995	health care to infants, children and adolescents from birth to age 21.
Mental and Behavioral Health			
988 Lifeline		988	24/7 suicide & crisis lifeline
Advance Behavior Center	109 E Divine St., Dunn, NC 28334	910-777-0214	Medication Management and counseling services.
Alliance Health Crisis Line		(877) 223-4617	24/7 behavioral health crisis line to evaluate needs and connect to services
Aspiration and Miracles https://yourfirststep.org/treatment-center/aspirations-and-miracles-community-support-llc-dunn-nc/	701 E. Broad St., Dunn, NC 28334	910-892-0000	Recovery, Substance Abuse Intensive Outpatient, Substance Abuse Comprehensive Outpatient Treatment, Psychosocial Rehabilitation
Daymark Recovery Services www.daymarkrecovery.org	5841 U.S. Hwy 421 S., Lillington	(910) 893-5727	Psychiatric Medication Management, Counseling, Substance Abuse Intensive Outpatient Program, Child and Adolescent Day Treatment, Intensive in- home Treatment.
Daymark Recovery Services https://daymarkrecovery.org/locations/harnett-county-bhuc	410 Denim Dr Erwin	910-517-8408	Behavioral Health Urgent Care Services
Dunn Psychological Associates	102 Tilghman Dr. Dunn, NC 28334	(910) 892-5839	Counseling and Medication Management
Good Hope Psychiatric Hospital https://daymarkrecovery.org/locations/good-hope-psychiatric-hospital	410 Denim Dr., Erwin	(910) 230-4011	Adult psychiatric beds to assist in behavioral health recovery journey

Greater Image	608 A West Broad St., Dunn	(910) 491-1000	Outpatient therapy, psychiatric services, medication management, individual and group therapy, innovations waiver, ACTT services and residential service
Harnett Counseling Services	1186 N. Main St., Lillington	(910) 814-0909	services to children, adolescents, adults, couples and families
Life Bridge Healthcare	2281 Ray Rd., Spring Lake	(910) 738-7880	mental health and substance abuse treatment, med management, therapy, SAIO and SACO
Life Net Services https://www.lifenetservices.org/	1014 Hay St., Fayetteville, NC	910-745-8895	Medication management, psychotherapy, medication assisted treatment, Intensive Outpatient Program, DWI Services, Home Care Services
Morse Clinic https://www.morseclinics.com/our-locations/dunn	596 E Jackson Blvd Erwin, NC 28339	910-897-2008	Opioid Treatment Program
Oxford House https://transitionalhousing.com/oxford-house-dunn	600 South Fayetteville Ave Dunn, NC 28334	910-292-3059	transitional housing for men recovering from substance use disorders
Primary Health Choice	219 W. Broad St., Dunn	910-865-3500	Child/Adolescent Day Treatment, Intensive In-Home, CST Community Support Team, Psychosocial Rehabilitation, Medication Management, Comprehensive Clinical Assessments Outpatient Therapy, NC Innovations, Developmental Therapy, Psychiatric Services, Psychological Evaluations, IQ Testing, Diagnostic Assessments.
The Carter Clinic https://www.thecarterclinic.com/	305 Tilghman Dr., Suite B, Dunn, NC 28334	910-207-0830	treat a variety of mental health and addiction concerns

TriCare Counseling	731 Tilghman Dr., Dunn	910-249-4219	Mental Health Assessment, Individual Therapy, Family Therapy, Couples Therapy, Psychological Evaluations, Psychiatric Evaluations and Medication Management
Primary Care			
Name	Address	Phone Number	Services
Cape Fear Valley Primary Care-Angier	1535 N. Raleigh Street Angier, NC 27501	919-331-2477	Medical Clinic
Cape Fear Valley Family Medicine Continuity Clinic – Coats www.capefearvalley.com/locations/cape-fear-valley-family-medicine-continuity-clinic-coats	25 Johnson Street Suite N Coats, NC 27521	910-897-6423	Medical Clinic
Cape Fear Valley Primary Care-Dunn	803 Tilghman Drive Suite 100 Dunn, NC 28334	910-892-1091	Medical Clinic
Cape Fear Valley Primary Care-Erwin	518 East H. St. Erwin, NC 28339	910-897-5591	Medical Clinic
Cape Fear Valley Primary Care – Lillington www.capefearvalley.com/locations/cape-fear-valley-primary-care-lillington	7 E Duncan Street Lillington, NC 27546	910-814-1212	Medical Clinic
Edgewater Medical Center	100 S 10th St Lillington, NC 27546	910-893-2866	Medical Clinic
Maria Medical Center	800 Susan Tart Road Dunn, NC 28334	910-892-8892	Medical Clinic
Urgent Care			
Name	Address	Phone Number	Services
AFC Urgent Care (910) 304-0112 www.afcurgentcare.com/dunn-nc/?utm_source=gmb&utm_medium=	2100 W Cumberland St Dunn, NC 28334	910-304-0112	Urgent Care

	Lillington, NC 27546		
Western Harnett Youth Recreation https://www.whyrec.org/	10891 NC 27 W, Lillington, NC 27546	919-499-9948	Athletic programs for youth ages 4-15

Support Groups

Name	Address	Phone Number	Services
Harnett County Department on Aging https://www.harnett.org/aging/	309 W Cornelius Harnett Blvd Lillington, NC 27546	910-893-7578	Caregiver Support Group Grandparents Raising Grandchild Support Group
Partnership for Children https://harnettsmartstart.org	170 Pine State St, Lillington, NC 27546	910-893-2344	Support for families
SAFE or Harnett County https://www.safeofhc.org/	1210 South Main St, Lillington, NC 27546	910-893-7233	Support for sexual assault and domestic violence victims

Transportation

Name	Address	Phone Number	Services
Harnett Area Rural Transportation System (HARTS) https://www.harnett.org/harts	250 Alexander Drive, Lillington, NC 27546	910-814-4019	Transportation to medical, dental, mental health appointments, grocery store, employment, and education. Free or reduced rides available.
ModivCare www.mydivcare.com/members/nc/		855-759-9600	Non-emergency medical transportation for Alliance Health members only
Medicaid Transportation https://medicaid.ncdhhs.gov/nemt		888-245-0179	Transportation services for Medicaid recipients
Harnett County Department of Social Services (DSS)	311 Cornelius Harnett Blvd, Lillington, NC 27546	910-893-7500	Transportation assistance and referrals for eligible individuals

Veterans/Military Resources

Name	Address	Phone Number	Services
Veterans Crisis Line https://www.veteranscrisisline.net		988 (Press 1) / Text 838255	24/7 mental health crisis support for veterans and

			service members; chat, call, or text
Harnett County Veterans Services https://www.harnett.org/veterans	455 McKinney Parkway, Suite 108, Lillington, NC 27546	910-893-7574	Assistance for veterans and service members; benefits navigation; local veteran support services
Veterans Affairs – Regional Office https://www.va.gov	251 N Main Street, Winston-Salem, NC 27155	800-827-1000	Federal VA services, benefits, and claims
Veterans of Foreign Wars (VFW) https://www.vfw.org		910-643-6993	Veteran advocacy, resources, and support programs
Exceptional Family Member Program (EFMP)		910-643-6993	Support for military families with special needs; assistance with medical, educational, emotional, and developmental services