CAPE FEAR VALLEY HEALTH

Cape Fear Valley Health System

2019 Community Health Needs Assessment

A comprehensive assessment of the health needs of

Cumberland County residents

Cumberland County

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Executive Summary

Cumberland County is pleased to present its 2019 Community Health Needs Assessment. This report provides an overview of the methods and process used to identify and prioritize significant health needs in Cumberland County.

Service Area

The service area for this report is defined as the geographical boundary of Cumberland County, North Carolina. Cumberland County is located in the center part of the state and has an area of 658 square miles, of which 652 is land and 6.1 square miles is water.

Methods for Identifying Community Health Needs

Secondary Data

Secondary data used for this assessment were collected and analyzed from Conduent HCI's community indicator database. The database, maintained by researchers and analysts at Conduent HCI, includes over 100 community indicators from various state and national data sources such as the North Carolina Department of Health and Human Services, the Centers for Disease Control and Prevention and the American Community Survey. See Appendix B for a full list of data sources used.

Indicator values for Cumberland County were compared to North Carolina counties and U.S. counties to identify relative need. Other considerations in weighing relative areas of need included comparisons to North Carolina state values, comparisons to national values, trends over time, Healthy People 2020 targets and Healthy North Carolina 2020 targets. Based on these seven different comparisons, indicators were systematically ranked from high to low need. For a detailed methodology of the analytic methods used to rank secondary data indicators see Appendix B.

Primary Data

The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (6) focus group discussions. Over 1300 Cumberland County residents contributed their input on the community's health and health-related needs, barriers, and opportunities, with special focus on the needs of vulnerable and underserved populations.

See Appendix C for all primary data collection tools used in this assessment.

Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 100 indicators from national and state data sources) and in-depth primary data from community leaders, health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs. Through a synthesis of the primary and secondary data the significant health needs were determined for Cumberland County and are displayed in Table 1.

Table 1. Significant Health Needs

Access to Health Services
Economy
Exercise, Nutrition & Weight
Immunizations & Infectious Diseases
Occupational & Environmental Health
Other Chronic Diseases
Public Safety
Respiratory Diseases
Substance Abuse

Selected Priority Areas

After receiving the completed Community Health Needs Assessment from Conduent HCI, a Cumberland County Community Coalition was organized to determine CHNA priority area. The Community Coalition invitees included community leaders, public health agencies, businesses, hospitals, private practitioners, behavioral health providers, and academic centers. After examining the results of the CHNA survey (primary data) and secondary health data, the Community Coalition selected five health priorities for the 2019 CHNA process:

- Access to Health Services;
- Economy (employment, housing, food security, and living below poverty);
- Exercise, weight, and nutrition;
- Public Safety, and
- Substance Abuse.

Conclusion

This report describes the process and findings of a comprehensive health needs assessment for the residents of Cumberland County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Cumberland County. Following this process, Cumberland County will outline how they plan to address the prioritized health needs in their implementation plan.

Introduction

Cumberland County is pleased to present the 2019 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Cumberland County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Cumberland County, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input gathered from the community.

Findings from this report will be used to identify, develop and target initiatives to provide and connect community members with resources to improve the health challenges in their communities.

The 2019 Cumberland County Community Health Needs Assessment was developed through a partnership between the Cumberland County Department of Health & Human Services, Cape Fear Valley Health System, Health ENC and Conduent Healthy Communities Institute, with Health ENC serving as the fiscal sponsor.

About Health ENC

Initiated in 2015 by the Office of Health Access at the Brody School of Medicine at East Carolina University, Health ENC grew out of conversations with health care leaders about improving the community health needs assessment (CHNA) process in eastern North Carolina. Health ENC, now a program of the Foundation for Health Leadership and Innovation (FHLI), coordinates a regional CHNA in 33 counties of eastern North Carolina. In addition, the Health ENC Program Manager works to build coalitions and partnerships that will address health issues identified through the regional CHNA process.

As part of the Affordable Care Act, not for profit and government hospitals are required to conduct CHNAs every three years. Similarly, local health departments in North Carolina are required by the Division of Public Health (DPH) in the NC Department of Health and Human Services (DHHS) to conduct periodic community health assessments as well. Local health departments have been required to submit their community health needs assessments once every four years. The particular year CHNA submissions are made by hospitals within a three-year cycle or by local health departments within a four-year cycle is not uniform across the state or region.

Additionally, although local health departments and hospitals have guidance from their respective oversight authorities on how to conduct and report the results of their CHNAs, that guidance allows for wide variations in the execution of these reports. The methodologies, specific data items gathered, the interpretation of the data as well as the general approach and scope of one CHNA may have little resemblance to a CHNA in another jurisdiction or conducted by another organization.

For these reasons, health care leaders across eastern North Carolina have partnered to standardize the CHNA process for health departments and hospitals in the region. This effort will also sync all participant organizations on to the same assessment cycle. Combining efforts of local health departments and hospitals in a regional CHNA will ultimately lead to an improvement in the quality and utility of population health data, the ability to compare and contrast information and interventions across geographic boundaries, and the reduction of costs for everyone involved, while maintaining local control

and decision-making with regard to the selection of health priorities and interventions chosen to address those priorities. Simultaneously, it will create opportunities for new and better ways to collaborate and partner with one another.

Upon receipt of generous funding support provided by The Duke Endowment, the Office of Health Access at ECU's Brody School of Medicine transferred administrative and operational responsibility for Health ENC to the Foundation for Health Leadership and Innovation in 2018. The project continues to be guided by a steering committee representing local health departments, hospitals and other stakeholders committed to improving the health of the people of eastern North Carolina.

Member Organizations

Health ENC is comprised of more than 40 organizations. Twenty-two hospitals, twenty-one health departments and two health districts participated in the regional CHNA.

Partner Organizations

- Foundation for Health Leadership & Innovation
- ECU Brody School of Medicine
- The Duke Endowment

Hospitals and Health Systems

- Cape Fear Valley Health (Cape Fear Valley Medical Center, Hoke Hospital and Bladen County Hospital)
- Carteret Health Care
- Halifax Regional Medical Center
- Johnston Health
- UNC Lenoir Health Care
- Nash Health Care System
- Onslow Memorial Hospital
- The Outer Banks Hospital
- Pender Memorial Hospital
- Sampson Regional Medical Center
- Sentara Albemarle Medical Center
- Vidant Beaufort Hospital
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Duplin Hospital
- Vidant Edgecombe Hospital
- Vidant Medical Center
- Vidant Roanoke-Chowan Hospital
- Wayne UNC Health Care
- Wilson Medical Center

Health Departments and Health Districts

- Albemarle Regional Health Services
- Beaufort County Health Department
- Bladen County Health Department

- Carteret County Health Department
- Cumberland County Health Department
- Dare County Department of Health and Human Services
- Duplin County Health Department
- Edgecombe County Health Department
- Franklin County Health Department
- Greene County Department of Public Health
- Halifax County Public Health System
- Hoke County Health Department
- Hyde County Health Department
- Johnston County Public Health Department
- Lenoir County Health Department
- Martin-Tyrrell-Washington District Health Department
- Nash County Health Department
- Onslow County Health Department
- Pamlico County Health Department
- Pitt County Health Department
- Sampson County Health Department
- Wayne County Health Department
- Wilson County Health Department

Steering Committee

Health ENC is advised by a Steering Committee whose membership is comprised of health department and hospital representatives participating in the regional CHNA, as well as other health care stakeholders from eastern North Carolina. The program manager oversees daily operations of the regional community health needs assessment and Health ENC.

Health ENC Program Manager

- Will Broughton, MA, MPH, CPH - Foundation for Health Leadership & Innovation

Health ENC Steering Committee Members

- Constance Hengel, RN, BSN, HNB-BC - Director, Community Programs and Development, UNC Lenoir Health Care
- James Madson, RN, MPH - Steering Committee Chair, Health Director, Beaufort County Health Department
- Battle Betts - Director, Albemarle Regional Health Services
- Caroline Doherty - Chief Development and Programs Officer, Roanoke Chowan Community Health Center
- Melissa Roupe, RN, MSN - Sr Administrator, Community Health Improvement, Vidant Health
- Davin Madden – Heath Director, Wayne County Health Department
- Angela Livingood – Pharmacy Manager, Pender Memorial Hospital
- Lorrie Basnight, MD, FAAP - Executive Director, Eastern AHEC, Associate Dean of CME, Brody School of Medicine
- Anne Thomas- President/CEO, Foundation for Health Leadership & Innovation

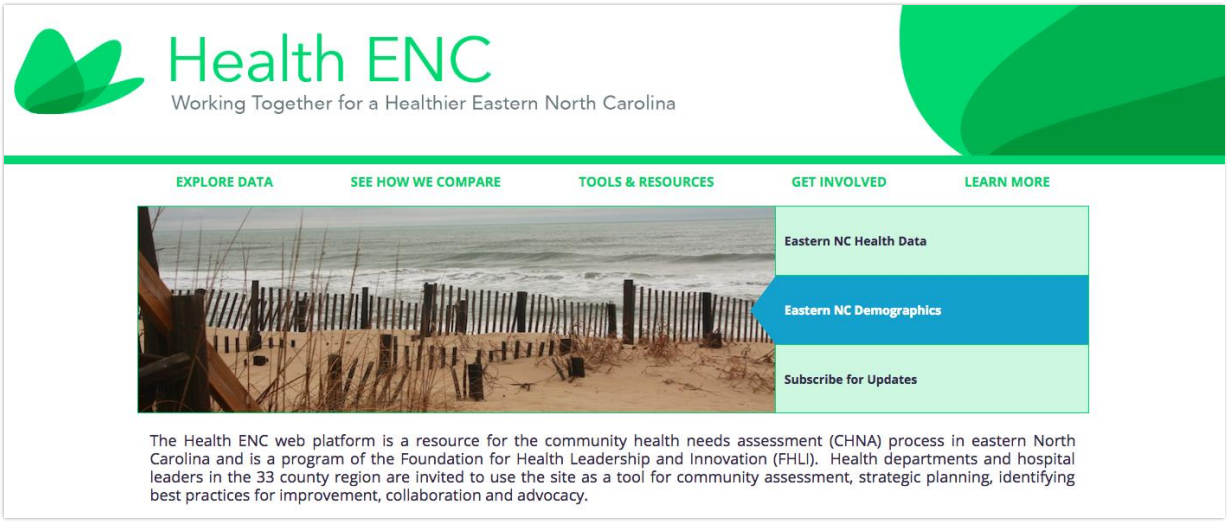
HealthENC.org

The Health ENC web platform, shown in Figure 1, is a resource for the community health needs assessment process in eastern North Carolina. The website serves as a "living" data platform, providing public access to indicator data that is continuously updated, easy to understand and includes comparisons for context. Much of the data used in this assessment is available on HealthENC.org and can be downloaded in multiple formats. Results of the 2018 Eastern North Carolina Community Health Survey can be downloaded by county or the entire Health ENC Region.

In addition to indicator data, the website serves as a repository for local county reports, funding opportunities, 2-1-1 resources and more. Health departments, hospital leaders and community health stakeholders in the 33-county region are invited to use the website as a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration and advocacy.

Visit HealthENC.org to learn more.

Figure 1. Health ENC Online Data Platform



Consultants

Health ENC commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment.

Conduent Healthy Communities Institute is a multi-disciplinary team of public health experts, including healthcare information technology veterans, academicians and former senior government officials, all committed to help health-influencing organizations be successful with their projects. Conduent HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital and community development sectors, to help them assess population health.

Conduent HCI works with clients across 38 states to drive improved community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing progress monitoring systems, and implementing performance evaluation processes. Working with diverse clients nationwide has contributed to Conduent HCI's national knowledge base of population health solutions. In addition, by engaging directly with clients and communities through the primary data collection process and final workshops, Conduent HCI works on behalf of our clients to build trust between and among organizations and their communities.

To learn more about Conduent HCI, please visit https://www.conduent.com/community-population-health/.

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Cumberland County Department Public Health / Cape Fear Valley Health Systems

The Cumberland County Department of Public Health has provided services to community residents since 1911. Funds for services the Department of Public Health offer come from Federal, State, and County tax money. Grants and fees for services also generate additional funds. The Health Department is governed by the Cumberland County Board of Health, which is composed of eleven members appointed by the Board of Commissioners.

Cape Fear Valley Health System (CFVHS) began in 1956 under the name of Cumberland County Hospital Authority offering 200 acute care beds. Within 10 years of the 1956 original bed-opening, construction began on another 195 acute care beds and 100 bassinets. Cape Fear Valley Medical Center (CFVMC) is the flag-ship of Cape Fear Valley Health System (CFVHS). CFVHS operates a variety of health care facilities from its headquarters in Fayetteville, North Carolina including a tertiary acute care hospital, a long-term acute care hospital, a critical access hospital, an inpatient rehabilitation facility, county emergency medical services, an outpatient psychiatric facility, a wellness center, 20 primary care clinics, 20 specialty care clinics, 3 walk-in clinics, and Health Pavilion North, an outpatient complex.

In 1999, Highsmith-Rainey Memorial Hospital ("HRMH"), licensed for 133 acute beds was acquired. To maximize utilization of all hospital acute care beds in Cumberland County, 67 acute care beds have been relocated from HRMH, now recognized as Highsmith-Rainey Specialty Hospital (HRSH) to CFVMC. HRSH is now a 66-bed long-term acute care (LTAC) facility currently operating at 90% occupancy.

Today, Cape Fear Valley Health System has 880 licensed and Certificate of Need approved beds in multiple counties, and provides a wide variety of health care services in Cumberland County including:

- Cape Fear Valley Medical Center, Main Campus, Owen Drive
  - 524 Acute Care Beds
  - 78 Rehabilitation Beds
  - 32 Behavioral Health Beds
- Highsmith-Rainey Specialty Hospital, Robeson Street
  - 66 Long Term Acute Care Beds
- Cape Fear Valley North
  - 65 Certificate of Need approved, not yet operational Acute Care Beds
  - Medical Office Building
    - Express Care
    - Medical and Radiation Oncology
    - Primary Care and Pediatric Services
    - Outpatient PT and OT Services
- Primary Care, Neurosurgery and General Surgery Clinics
- Services provided include:
  - Cancer Care
  - Heart and Vascular
  - Birth Center
  - Pediatrics
  - Neuroscience
  - Orthopedics

- Weight Loss Surgery
- Surgical Services
- Acute and Chronic Medical Care
- Geriatrics
- Imaging / Diagnostics
- Rehabilitation
- Outpatient Services
- Minority Health
- Infectious Diseases
- Nephrology
- Physician Practices
- Emergency Care
- Other Services

The Cumberland County Department of Public Health and Cape Fear Valley Health System work in collaboration with Health ENC to participant in a comprehensive regional community health needs assessment and planning process collaborating with a wide range of community partners on during the Spring of 2018. This collaboration created a broad-range of partners (Human Service Agencies, Institutions of Higher Learning, and Non-Profits, etc.) to complete a comprehensive overview of the county's health.

The Community Health Needs Assessment (CHNA) describes the health of the community by identifying and presenting information on the community's health status, needs, and resources. Its goal is to describe the health needs of the community and to develop strategies to address those needs. The CNHA also identifies areas where better information is needed, especially information on health disparities among various subpopulations, and the quality of health care.

The CHNA is the basis for all local public health planning, giving the local health unit the opportunity to identify and interact with key community leaders, organizations and concerned residents about health priorities and needs. This information forms the basis of improving the health status of the community through a strategic community action plan.

The CHNA is conducted every three to four years to meet requirements for the Consolidated Agreement between the NC Division of Public Health and State Accreditation of Local Health Departments. As a part of the Affordable Care Act, Non-profit Hospitals are now required to conduct a Community Health (Needs) Assessment at least every three years.

Community Health Team Structure

Cumberland County Regional Community Health Assessment Team consisted multiple organizations and stakeholders within Cumberland County representing the following areas: government, health care, civic organizations, and nonprofits. The Cumberland County Community Health Assessment Team is vital in assuring that the community has input into the collection process and review of health data/indicators, as well as the selection of the health priority areas for the County.

Distribution

The Cape Fear Valley Health System 2019 Community Health Needs Assessment for Cumberland County is available on the CFVHS website at: http://www.capefearvalley.com/hospitals/cfvmc.html OR http://www.capefearvalley.com/downloads/CHNA/Cumberland-CHNA-2019.pdf

Printed copies of the Cumberland County 2019 Community Health Needs Assessment will be made available at the local libraries, and local agencies that include the Cumberland County department of Public Health. To request a printed copy of the Cumberland County report, please contact the Cumberland County Department of Public Health's Health Education Unit at 910-433-3890. Electronic versions of this document will be available through the Cumberland County Department of Public Health's website, http://www.co.cumberland.nc.us/departments/public-health-group/public-health and Cape Fear Valley Health's website, http://www.capefearvalley.com/hospitals/cfvmc.html. In addition, an electronic copy of this report is available on HealthENC.org.

Evaluation of Progress Since Prior CHNA

The community health improvement process should be viewed as an iterative cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding community health needs assessment. By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

As part of the 2016 Community Health Needs Assessment, the CFVHS 2016-2019 Implementation Plan identified three specific areas within the identified priorities to target including:

1. Heart Disease
2. Cancer
3. Diabetes/Obesity

A detailed table describing the strategies/action steps and indicators of improvement for each priority area can be found in Appendix A.

Community Feedback on Prior CHNA

The 2016 Cumberland County Community Health Needs Assessment was made available to the public via http://www.capefearvalley.com/downloads/CHNA/Cumberland-CHNA-2016.pdf and http://www.co.cumberland.nc.us/departments/public-health-group/public-health/community-resources/reports. Community members were invited to submit feedback via contacting the Cumberland County Department of Public Health at 910-433-3600. No comments had been received on the preceding CHNA at the time this report was written.

Methodology

Overview

Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources while primary data has been collected directly as a part of this report. Each type of data is analyzed using a unique methodology, and findings are organized by health topic areas. These findings are then synthesized for a comprehensive overview of the health needs in Cumberland County.

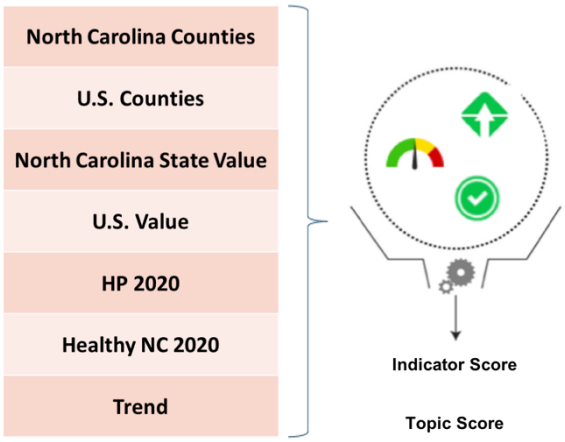
Secondary Data Sources & Analysis

The main source of the secondary data used for this assessment is HealthENC.org[1], a web-based community health platform developed by Conduent Healthy Communities Institute. The HealthENC

[1] Health ENC is an online platform that provides access to health, economic and quality of life data, evidence-based programs, funding opportunities and other resources aimed at improving community health. The platform is publicly available and can be accessed at http://www.healthenc.org/.

dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI's data scoring tool, and the results are based on the 155 health and quality of life indicators that were queried on the HealthENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Cumberland County's status, including how Cumberland County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

Figure 2. Secondary Data Scoring



Conduent HCI's data scoring tool systematically summarizes multiple comparisons to rank indicators based on highest need (Figure 2). For each indicator, the Cumberland County value is compared to a distribution of North Carolina and U.S. counties, state and national values, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over the four most recent time periods of measure. Each indicator is then given a score based on the available comparisons. The scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. The indicators are grouped into topic areas for a higher-level ranking of community health needs.

Please see Appendix B for further details on the secondary data scoring methodology.

Health and Quality of Life Topic Areas

Table 2 shows the health and quality of life topic areas into which indicators are categorized. These topic areas are broadly based on the Healthy People 2020 framework, with each topic area containing multiple indicators. The five topic areas exhibiting the most significant need as evidenced by the secondary data analysis are included for in-depth exploration in the data findings. Four topic areas specific to population subgroups, including Children's Health, Men's Health, Women's Health, and Older Adults & Aging, include indicators spanning a variety of topics. If a particular subgroup receives a high topic score, it is not highlighted independently as one of the top 5 findings but is discussed within the narrative as it relates to highly impacted populations. Three additional categories (County Health Rankings, Mortality Data, and Wellness & Lifestyle) are not considered for in-depth exploration, since all three are general categories that include indicators spanning a wide variety of topics. Topic areas with fewer than three indicators are considered to have data gaps and do not receive topic scores. These topics are indicated by an asterisk in

Table 2.

Table 2. Health and Quality of Life Topic Areas

Access to Health Services	Family Planning*	Prevention & Safety
Cancer	Food Safety*	Public Safety
Children's Health	Heart Disease & Stroke	Respiratory Diseases
County Health Rankings	Immunizations & Infectious Diseases	Social Environment
Diabetes	Maternal, Fetal & Infant Health	Substance Abuse
Disabilities*	Men's Health	Teen & Adolescent Health*
Economy	Mental Health & Mental Disorders	Transportation
Education	Mortality Data	Vision*
Environment	Older Adults & Aging	Wellness & Lifestyle
Environmental & Occupational Health	Other Chronic Diseases	Women's Health
Exercise, Nutrition, & Weight	Oral Health*	

*Topic area has fewer than 3 indicators and is considered a data gap. No topic score is provided.

Health ENC Region Comparison

When available, county-level data are compared to the state of North Carolina, as well as Health ENC Counties. The Health ENC region consists of 33 counties in eastern North Carolina participating in the regional CHNA: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Cumberland, Currituck, Cumberland, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Lenoir, Martin, Nash, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, Wayne and Wilson. Values for the Health ENC region were calculated by aggregating data from these 33 counties.

Primary Data Collection & Analysis

To expand upon the information gathered from the secondary data, Health ENC Counties collected community input. Primary data used in this assessment consists of focus groups and both an English-language and Spanish-language community survey. All community input tools are available in Appendix C.

Community Survey

Community input was collected via a 57-question online and paper survey available in both English and Spanish. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered into the Survey Monkey tool.
The community survey was distributed across Health ENC's entire survey area from April 18, 2018 – June 30, 2018.

Survey Distribution

The Cumberland County survey was distributed to all community partners and stakeholder organizations including: Fayetteville State University, Methodist University, Fayetteville Metropolitan Housing Authority, Department of Social Services, Community Health Interventions and Sickle Cell Agency, Parks and Recreation sites, Cumberland County Public Libraries, faith based organizations, senior support groups, homeless care and support organizations, Cape Fear Valley Health Services and Cumberland County Department of Public Health. Each organization provided paper and electronic opportunities to

participate in the survey and asked to distribute the survey to their respective communities served. QR Codes were given out when participants were unable to take the survey immediately, and opportunities to take the survey on a laptop were made available in the Cumberland County Department of Public Health lobby. The survey was advertised using Cumberland County Public Information Office – via the Cumberland County website, collaborating agencies website and a press release to involve citizens. There were no incentives provided for participating in the survey.
Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 1466 responses were collected from Cumberland County residents, with a survey completion rate of 87%, resulting in 1273 complete responses from Cumberland County. The survey analysis included in this CHNA report is based on complete responses.

Table 3. Survey Respondents

	Number of Respondents*		
Service Area	**English Survey**	**Spanish Survey**	**Total**
All Health ENC Counties	15,917	441	16,358
Cumberland County	1265	8	1273

*Based on complete responses

Survey participants were asked a range of questions related - but not limited - to: what populations are most negatively affected by poor health outcomes in Cumberland County, what their personal health challenges are, and what the most critical health needs are for Cumberland County. The survey instrument is available in Appendix C.

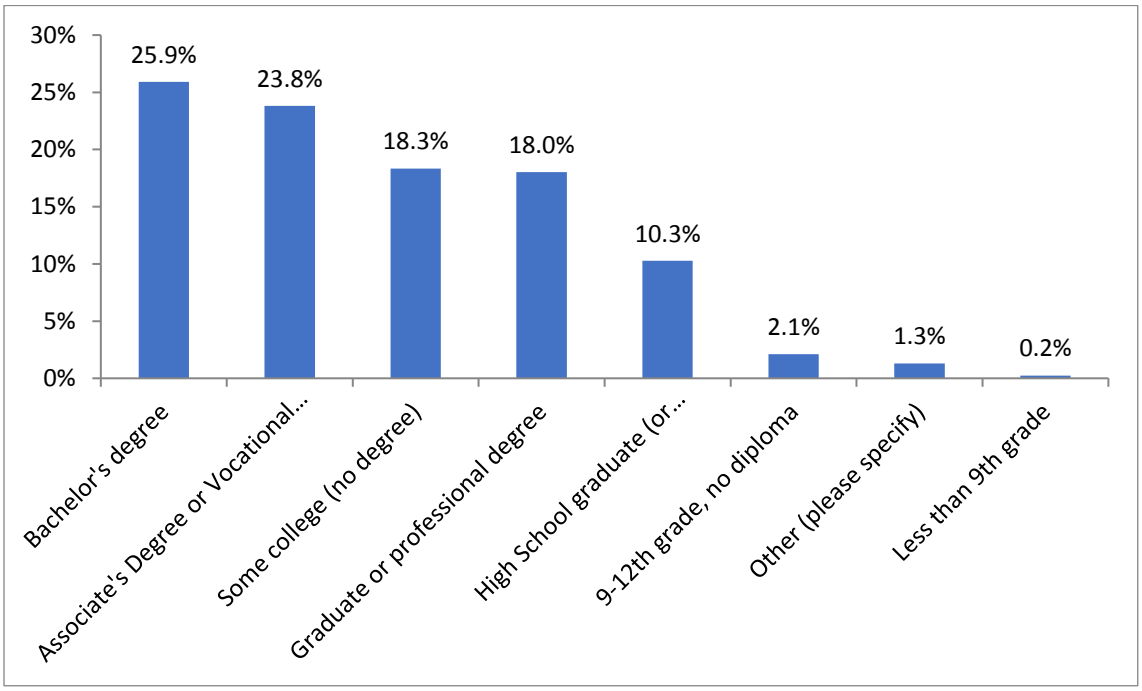
Demographics of Survey Respondents

The following charts and graphs illustrate Cumberland County demographics of the community survey respondents.

Among Cumberland County survey participants, just over half of respondents were over the age of 50, with the highest concentration of respondents (14.5%) grouped into the 55-59 age group. The majority of respondents were female (74.7%), White (77.5%), spoke English at home (98.5%), and Not Hispanic (94.6%).

Survey respondents had varying levels of education, with the highest share of respondents (25.9 %) having a bachelor's degree and the next highest share of respondents (#23.8%) having an associate's degree of vocational training (Figure 3).

Figure 3. Education of Community Survey Respondents



As shown in Figure 4, almost two thirds of the respondents were employed full-time (72.6 %) and the highest share of respondents (27.2%) had household annual incomes that totaled over $100,000 before taxes. The average household size was 2.9 individuals.

Figure 4. Employment Status of Community Survey Respondents

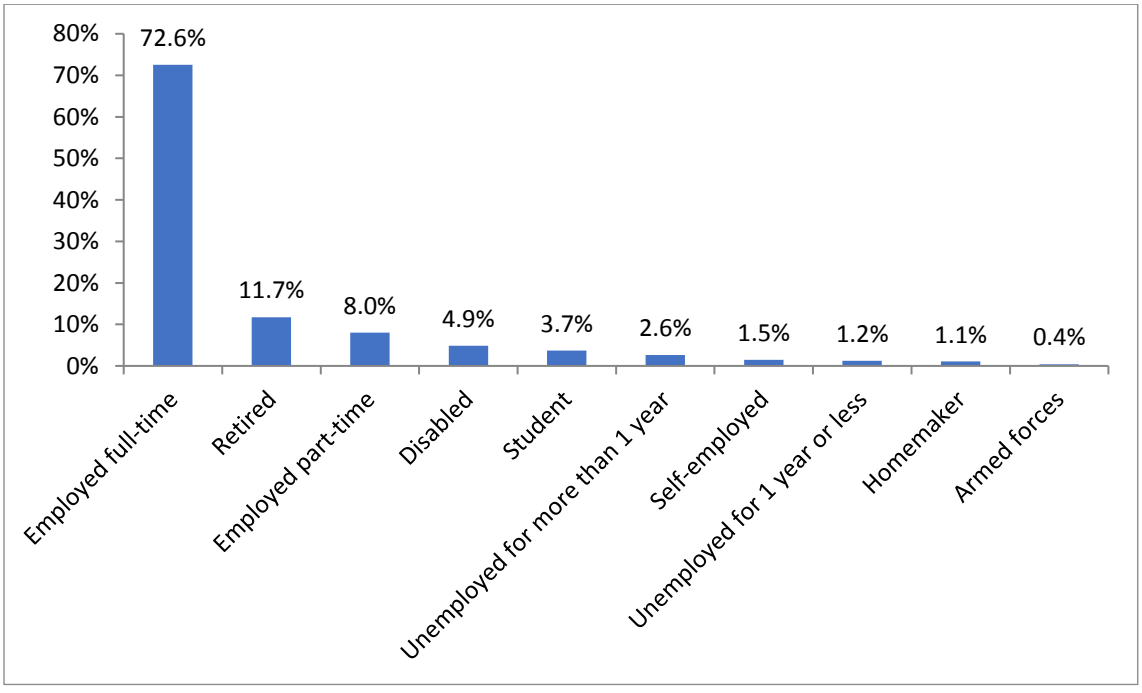
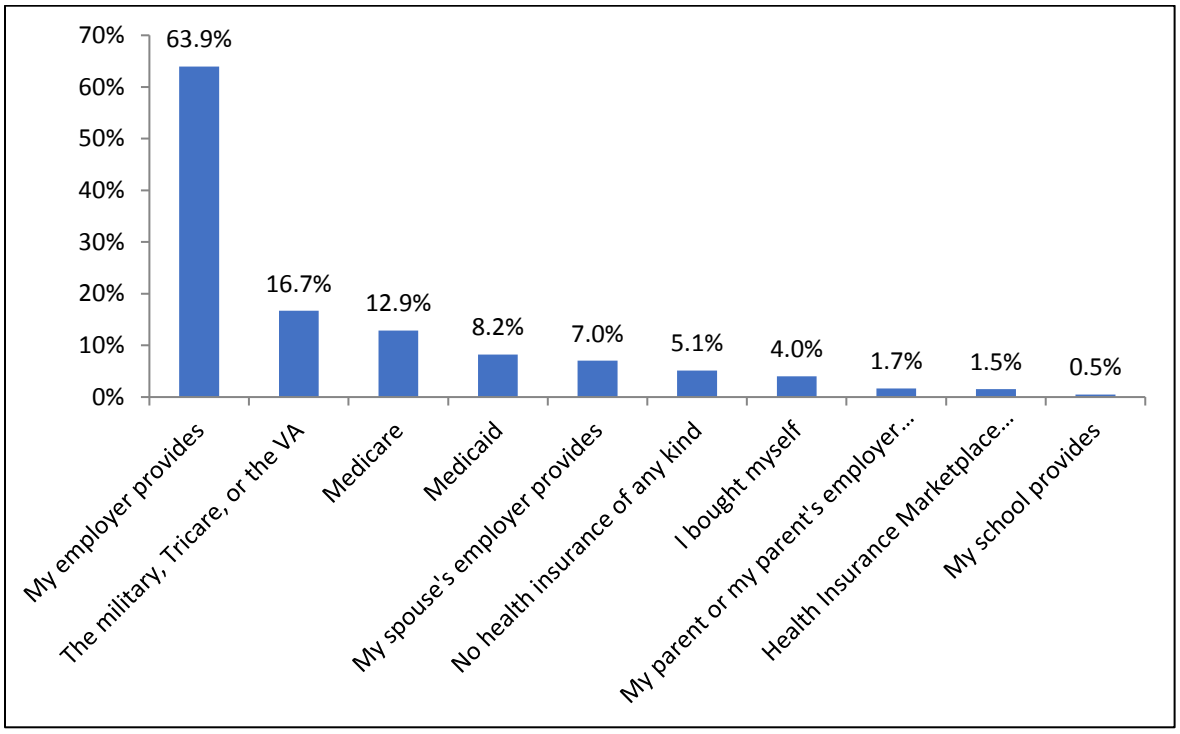


Figure 5 shows the health insurance coverage of community survey respondents. More than half of survey respondents have health insurance provided by their employer (63.9%) or the military/Tricare/VA (16.7%), while 12.9% have Medicare and 5.1% have no health insurance of any kind.

Figure 5. Health Care Coverage of Community Survey Respondents



Overall, the community survey participant population consisted of older, white women with varying levels of education and income. The survey was a convenience sample survey, and thus the results are not representative of the community population as a whole.

Key findings from select questions on the community survey are integrated into this report by theme or topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. This approach is intended to offer a meaningful understanding of health needs. A summary of full survey results (all 57 questions) is available on HealthENC.org. Full results can be downloaded by county or for the entire Health ENC Region.

Focus Group Discussions

Another form of community input was collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of people to discuss important and pressing issues. Focus groups provide community members an opportunity to engage in productive learning and sharing sessions. Focus group discussions focused on community strengths, opportunities for improvement, existing resources, health needs, and possible solutions for improving the health of Cumberland County. A list of questions asked at the focus groups is available in Appendix C.

The purpose of the focus groups for Health ENC's 2019 CHNA/CHA was to engage with a broad cross-section of individuals from each county, such as migrant worker groups, healthcare workers, or county employees, to name a few.

Conduent HCI consultants developed a Focus Group Guide and led training webinars for Health ENC members. Topics included facilitation techniques, moderator and note taker roles, as well as tips and expectations for documenting focus group discussions. The list of focus group questions was reviewed and a transcript was provided for documentation purposes.

The Cumberland County targeted specific parts of the county to participate based on geographic location from City of Fayetteville. Four townships were targeted- Spring Lake, Eastover/ Steadman/ Wade, Hope Mills and Grays Creek communities.

Focus group information was shared through collaborating agencies including: Fayetteville State University, Methodist University, Fayetteville Metropolitan Housing Authority, Department of Social Services, Community Health Interventions and Sickle Cell Agency, Parks and Recreation sites, Cumberland County Public Libraries, faith based organizations, senior support groups, homeless care and support organizations, Cape Fear Valley Health Services and Cumberland County Department of Public Health from May 1, 2019 until July 1, 2019. The focus groups were advertised using Cumberland County Public Information Office – via the Cumberland County website, collaborating agencies website and a press release to involve citizens. There were light refreshments served to participants as an incentive for participation.

Six focus group discussions were completed within Cumberland County between June 15, 2018 – July 19, 2018 with a total of 54 individuals. Participants included senior citizens, young adults, and members of the general population. Table 4 shows the date, location, population type, and number of participants for each focus group.

Table 4. List of Focus Group Discussions

Date Conducted	Focus Group Location	Population Type	Number of Participants
6/27/2018	Greys Creek Recreation Center	General Population	12
6/15/2018	Lake Rim Recreation Center	Senior Citizens	12
6/28/2018	Falling Run Baptist Church	Senior Citizens	7
7/16/2018	Spring Lake Recreation Center	Senior Citizens, Young Adults, Local Council Person	5
7/18/2018	Hope Mills Library	General Population	9
7/19/2018	Eastover Central Community Recreation Center	General Population	9

Focus group transcripts were coded and analyzed by common theme. The frequency with which a topic area was discussed in the context of needs and concerns or barriers and challenges to achieving health was used to assess the relative importance of the need in the community. Key themes that emerged from the focus group discussions are integrated into this report by topic area, with an emphasis on the

most significant needs as evidenced by both primary and secondary data. A deeper analysis of focus group findings is available on HealthENC.org.

Results of the focus group dialogues further support the results from other forms of primary data collected (the community survey) and reinforces the findings from the secondary data scoring. By synthesizing the discussions that took place at the focus groups in correlation with the responses from the community survey, the primary data collection process for Cumberland County is rich with involvement by a representative cross section of the community.

Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of data availability. In some topics there is a robust set of secondary data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators.

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population as a whole, and do not factor in the health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations. The infant mortality rate indicator was corrected after the development of the content for this report. The values have been updated here and the impact was determined to be minimal to the analysis overall.

The disparities analysis, used to analyze the secondary data, is also limited by data availability. In some instances, data sources do not provide subpopulation data for some indicators, and for other indicators, values are only available for a select number of race/ethnic groups. Due to these limitations, it is not possible to draw conclusions about subpopulation disparities for all indicators.

The breadth of primary data findings is dependent on several factors. Focus group discussion findings were limited by which community members were invited to and able to attend focus group discussions, as well as language barriers during discussion for individuals whose native language is not English. Because the survey was a convenience sample survey, results are vulnerable to selection bias, making findings less generalizable for the population as whole.

Prioritization

After receiving the completed Community Health Needs Assessment from Conduent HCI, a Cumberland County Community Coalition was convened on February 6, 2019 as the Cumberland County Department of Public Health. Twenty-six agency representatives and community partners attended the Community Coalition priority selection process meeting.

The Community Coalition invitees included community leaders, public health agencies, businesses, hospitals, private practitioners, behavioral health providers, and academic centers. Agencies invited to attend the Cumberland County Community Coalition Selection process include the following:

- Action Pathways
- Cumberland County Department of Social Services
- Cumberland County Schools
- Cumberland County Public Library
- Cumberland County Partnership for Children
- Falcon Town Management
- Fayetteville Urban Ministry
- Fayetteville City Management
- Gamma Upsilon Zeta, Inc.
- Insight North Carolina
- Manna Church, Fayetteville-Fort Bragg Region
- Planned Parenthood
- Spring Lake Town Management
- Veteran's Services

Prioritization Process

The team highlighted key factors and conditions that will have a great impact on the health of the community from each section of the CHNA Survey. To determine which health concerns are priorities, the Community Coalition reviewed outcomes and findings from the CHNA Surveys and utilized a results-based accountability approach to estimate which areas of need are of greatest concern.
Those factors and conditions included the following:

- Affordable Healthcare
- Safe Environment
- Access to available resources (and transportation)
- Sustainable wages or innovative job opportunities
- Family Supports
- Active Transportation

Community Coalition participants were given a list of health concerns identified from the CHNA, and asked to rank them again as to what problem they wanted to see changed first, second, etc.

Results

At the conclusion of the prioritization process, the Community Coalition identified five health needs as the key areas for action.

- Access to Health Services
- Economy (employment, housing, food security, and living below poverty)
- Exercise, weight, and nutrition
- Public Safety
- Substance Abuse

Furthermore, to solidify the priority selection, a public survey was used to rank the significant health needs as identified from the CHNA. The top three priorities from the public input survey included (in order of priority):

- Economy (employment, housing, food security, and living below poverty)
- Access to Health Services
- Public Safety.

In addition to working with the coalition to address the countywide priorities identified above, CFVHS has the greatest opportunity to impact Access to Health Services by addressing medical opportunities which impact access to care for specific diseases. Leveraging the analyses and findings from the community survey, the focus groups the prioritization process and review of secondary data, Cape Fear Valley Medical Center has identified its list of medical priorities in Cumberland County for which it is in a position to address. These specific medical issues in Cumberland County include:

- Heart Disease *(1st leading cause of death)*
- Cancer *(2nd leading cause of death)*
- Diabetes *(5th leading cause of death)*
- Stroke *(4th leading cause of death)*
- Obesity
- Chronic Respiratory Disease *(3rd leading cause of death)*
- Fitness and Nutrition
- Substance Abuse

Of these, Cape Fear Valley Medical Center identified four of the top priorities and identified health issues as the key areas for action. These areas of concern impact utilization at Cape Fear Valley Medical Center and to some extent Highsmith-Rainey Specialty Hospital. Both hospitals will work collaboratively on these concerns. The CFVHS 2019-2022 Implementation Plan will identify specific areas within the identified priorities to target in the next three years, such as:

1. Substance Abuse/Opioid Addiction
2. Access to Health Services
3. Chronic Disease Management
4. Cumberland Specific-Workforce Development

Overview of Cumberland County

About Cumberland County

Cumberland County, located in the southeastern part of the state, is 65 miles south of Raleigh in an area often referred to as the Sandhills. Cumberland County is bordered by Sampson, Bladen, Robeson, Hoke, Harnett and Moore counties and has a total area of 658.11 square miles, with 652.43 square miles of land area.

Fayetteville is Cumberland County's county seat and its largest municipality. Other municipalities in Cumberland County are Eastover, Falcon, Godwin, Hope Mills, Linden, Spring Lake, Stedman, and Wade.

Fayetteville has been the home of Fort Bragg since 1918 when 127,000 acres of sand hills and pine trees were designated as a U.S. army installation. Pope Air Force Base located here in 1919. It is "Home of the 82nd Airborne and Special Operations Forces." Most recently, the United States Army Forces Command and United States Army Reserve Command moved their headquarters to Fort Bragg. Pope Air Force Base became Pope Army Field in accordance with 2005 BRAC law. The strong bond between the community and Fort Bragg has served to enhance the relationship with defense and homeland security companies who support the installation's mission and the United States. Over 6,000 soldiers transitioned out of the armed forces annually and a large number stay in the area taking jobs in local companies. Highly disciplined and highly skilled, those talented individuals strengthen the existing labor pool.

Fort Bragg continues to invest to modernize and expand facilities. The 82nd Airborne Division's 1955 barracks complex was replaced with modern buildings. Office buildings and barracks have also been constructed for units recently added to the division. A new headquarters building was constructed on Knox and Randolph Streets for the U.S. Army Forces Command (FORSCOM) and the U.S. Army Reserve Command. These two major commands moved to Fort Bragg in 2011 when Fort Macpherson, Georgia, was closed under the Base Realignment and Closure (BRAC) legislation. BRAC moves also resulted in the 7th Special Forces Group completing their relocation from Fort Bragg to Eglin Air Force Base, Florida. Today Fort Bragg, "the Home of the Airborne and Special Operations," with approximately 57,000 military personnel, 11,000 civilian employees and 23,000 family members is one of the largest military complexes in the world. http://www.bragg.army.mil/index.php/about/fort-bragg-history -Retrieved on Oct. 20,2016

Cumberland County Government
The County of Cumberland functions under a Board of Commissioners – County Manager form of government. The Board of County Commissioners consists of seven members. Two members are elected from District 1 which follows the 17th House District line, three members from District 2 which follows the 18th House District line, and two members at large. Each member of the board is elected for a four-year term. The terms are staggered with two members from District 1 and two members at large elected in a biennial general election, and three members from district 2 elected two years later. The chairman and vice chairman are elected by the members on a yearly basis. The Board is the policy-making and legislative authority for Cumberland County. They are responsible for adopting the annual budget, establishing the tax rate, approving zoning and planning issues and other matters related to health, welfare and safety of citizens.

Demographic Profile

The demographics of a community significantly impact its health profile. Population growth has an influence on the county's current and future needs. Specific population subgroups, including veterans and different age, gender, race and ethnic groups, may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Cumberland County, North Carolina.

Population

According to the U.S. Census Bureau's 2016 population estimates, Cumberland County has a population of 327,127 (Figure 6). While the population of Cumberland County has decreased from 2013 to 2015, the population has increased from 2015 to 2016.

Figure 6. Total Population (U.S. Census Bureau)

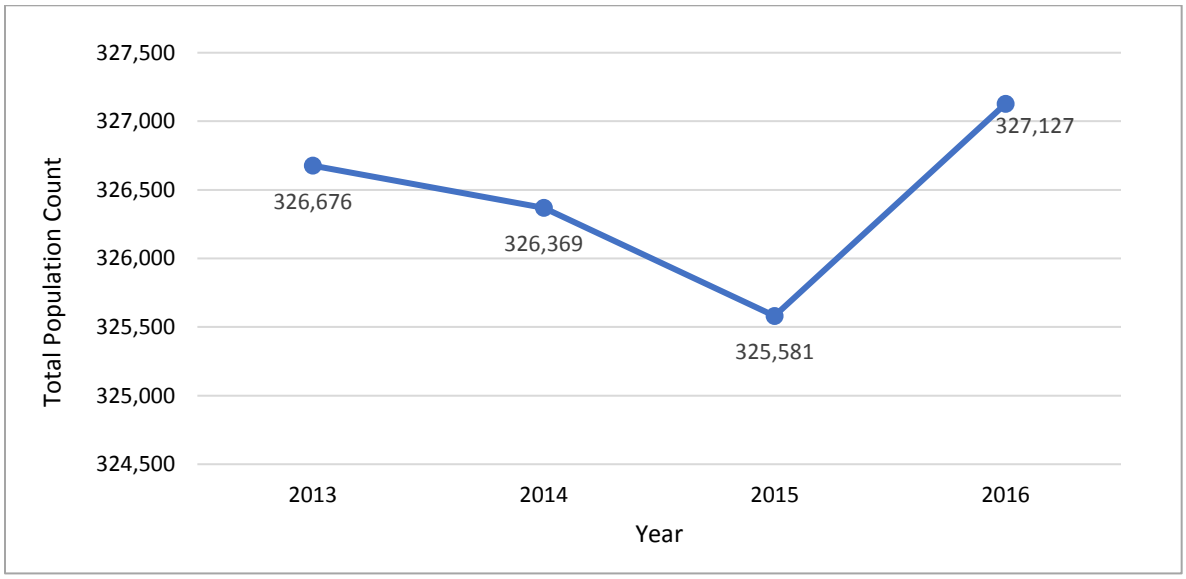
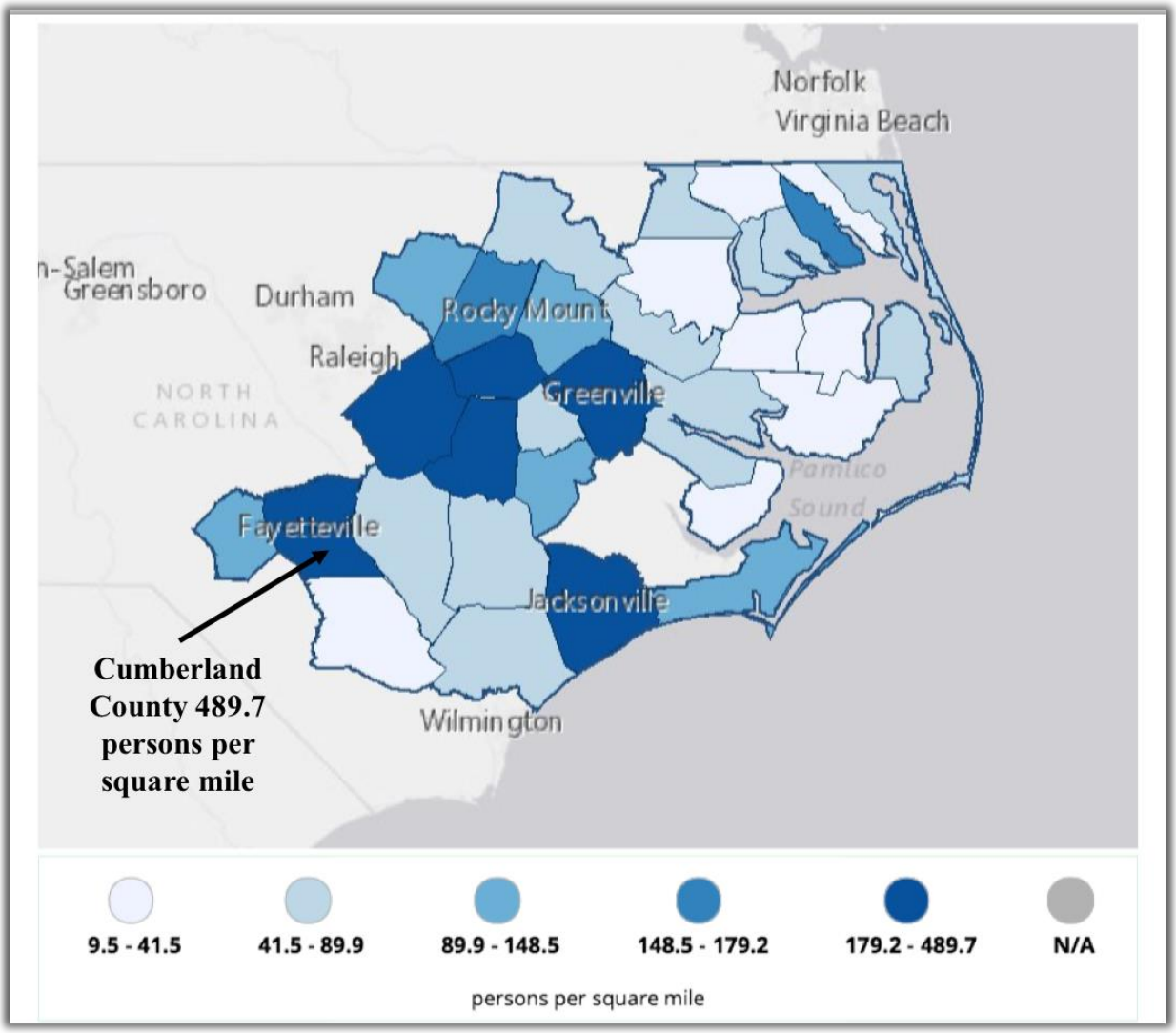


Figure 7 shows the population density of Cumberland County. Compared to all 33 counties in the Health ENC region, Cumberland County has the highest population density of 489.7 persons per square mile.

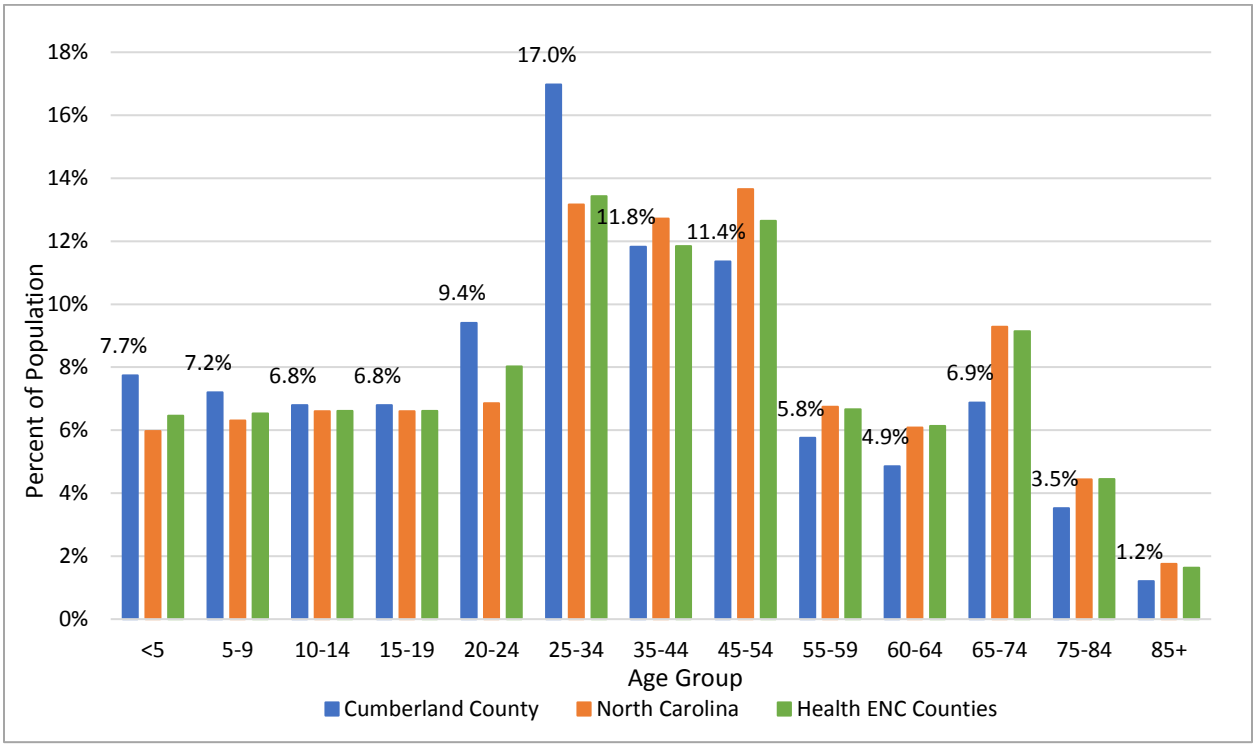
Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)



Age and Gender

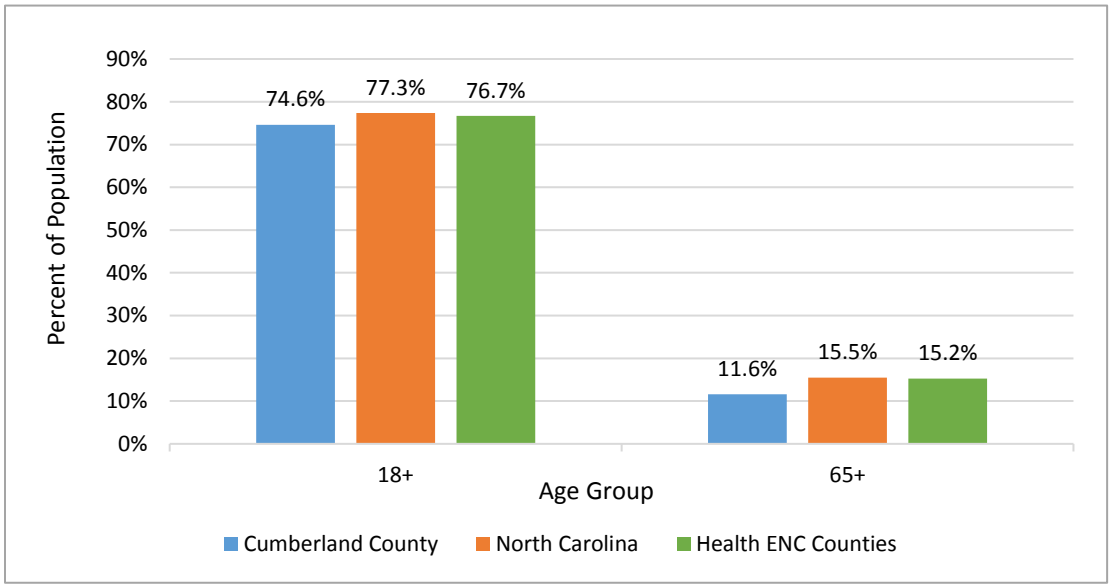
Overall, Cumberland County residents are younger than residents of North Carolina and the Health ENC region. Figure 8 shows the Cumberland County population by age group. The 25-34 age group contains the highest percent of the population at 17.0%, while the 35-44 age group contains the next highest percent of the population at 11.8%.

Figure 8. Population by Age (U.S. Census Bureau, 2016)



People 65 years and older comprise 11.6% of the Cumberland County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 9).

Figure 9. Population 18+ and 65+ (U.S. Census Bureau, 2016)



Males comprise 49.0% of the population, whereas females comprise 51.0% of the population (Table 5). The median age for males is 29.8 years, whereas the median age for females is 34.0 years. Both are noticeably lower than the North Carolina median age (37.2 years for males and 40.1 years for females).

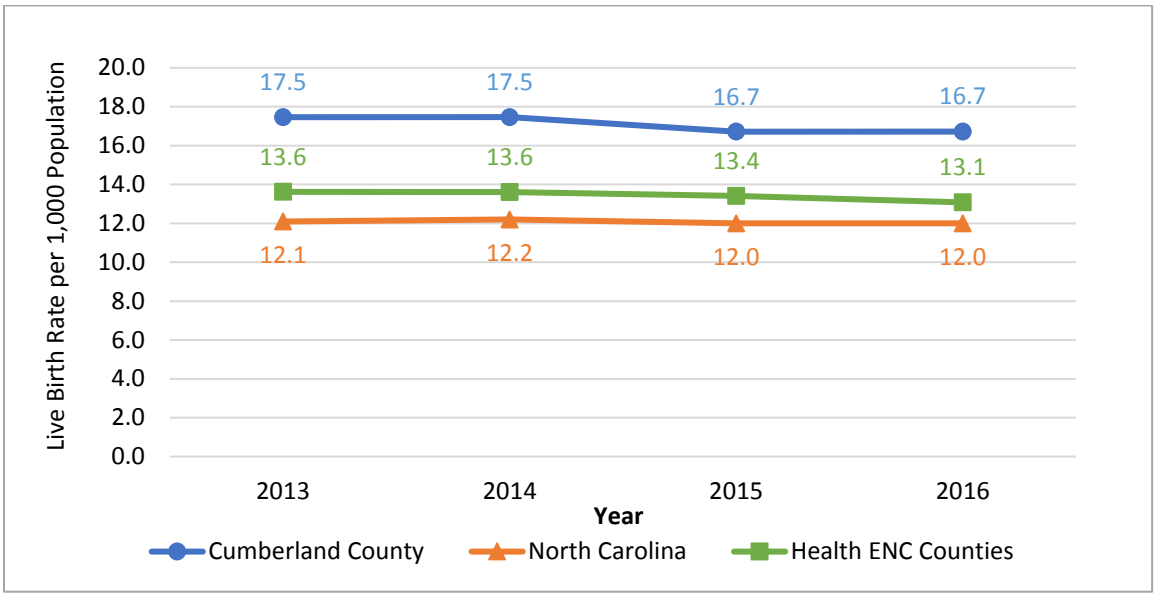
Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)

	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	**Female**	**18+**	**65+**	**18+**	**65+**	**Male**	**Female**
Cumberland County	49.0%	51.0%	73.8%	9.9%	75.4%	13.2%	29.8	34.0
North Carolina	48.6%	51.4%	76.3%	13.9%	78.4%	17.0%	37.2	40.1
Health ENC Counties	49.2%	50.8%	75.8%	13.5%	77.5%	16.9%	N/A	N/A

Birth Rate

Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 10 illustrates that the birth rate in Cumberland County (16.7 live births per 1,000 population in 2016) is higher than the birth rate in North Carolina (12.0) and Health ENC counties (13.1). Further, birth rates have decreased slightly over the past three measurement periods in all three jurisdictions.

Figure 10. Birth Rate (North Carolina State Center for Health Statistics)



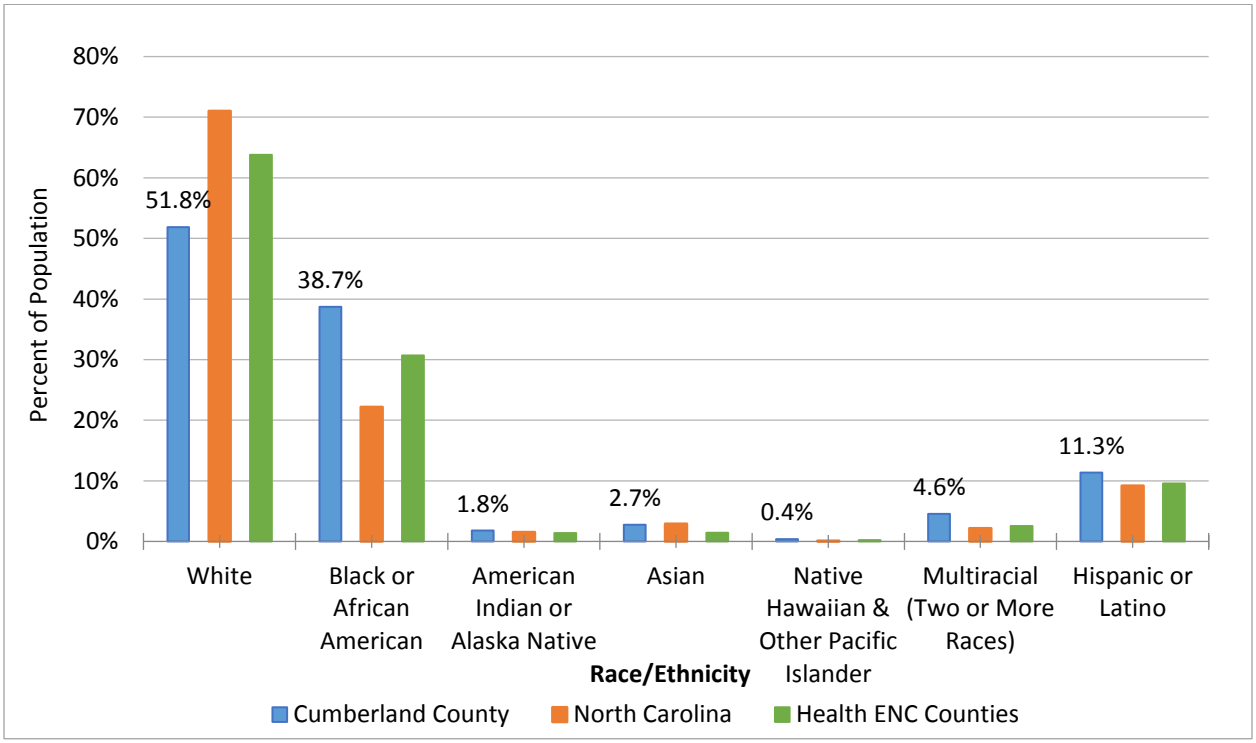
Race/Ethnicity

The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and child care. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income and poverty.

Figure 11 shows the racial and ethnic distribution of Cumberland County compared to North Carolina and Health ENC counties. The first six categories (White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian & Other Pacific Islander and Multiracial) are racial groups and may include persons that identify as Hispanic or Latino. The seventh category (Hispanic or Latino) is an ethnic group and may include individuals that identify as any race.

The proportion of residents that identify as White is smaller in Cumberland County (51.8%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Cumberland County has a larger share of residents that identify as Black or African American (38.7%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 11.3% of Cumberland County, which is a larger proportion than the Hispanic or Latino population in North Carolina (9.2%) and Health ENC counties (9.6%).

Figure 11. Population by Race/Ethnicity (U.S. Census Bureau, 2016)



Tribal Distribution of Population

The U.S. Census Bureau collects population estimates for various American Indian and Alaska Native (AIAN) tribes. While population estimates of tribal data are not available at the county level, Table 6 shows the population estimates of eight tribal areas throughout the state of North Carolina.

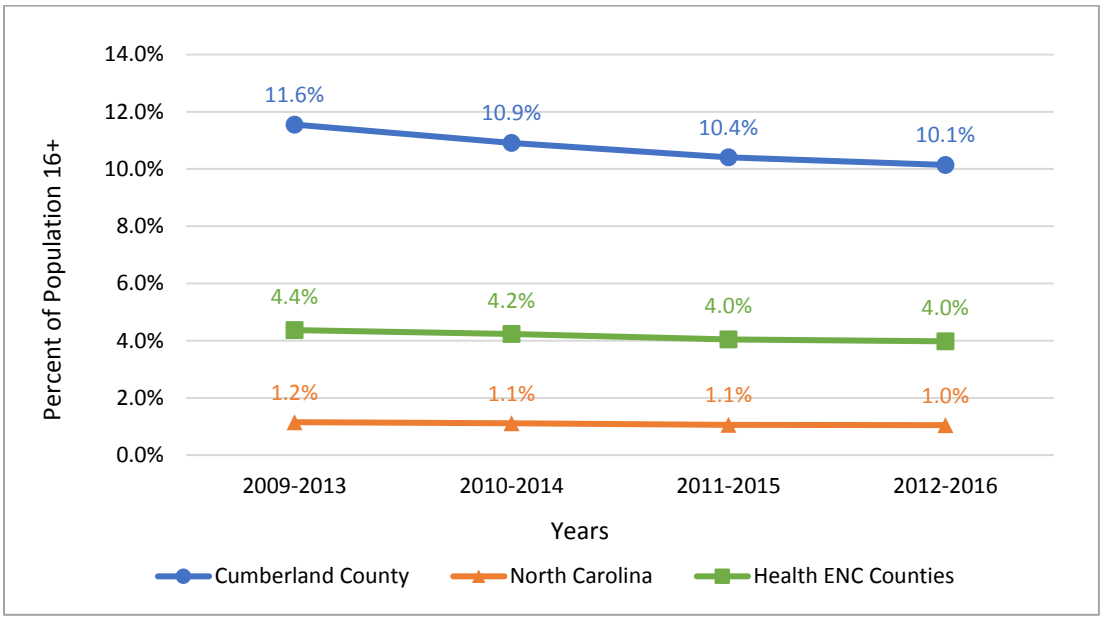
Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)

State Designated Tribal Statistical Area (SDTSA)	Total Population
Coharie SDTSA	62,160
Eastern Cherokee Reservation	9,613
Haliwa-Saponi SDTSA	8,700
Lumbee SDTSA	502,113
Meherrin SDTSA	7,782
Occaneechi-Saponi SDTSA	8,938
Sappony SDTSA	2,614
Waccamaw Siouan SDTSA	2,283

Military Population

Figure 12 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Cumberland County has a larger share of residents in the military (10.1%) compared to North Carolina (1.0%) and counties in the Health ENC region (4.0%). While the percent of the population in the military in Cumberland County has decreased over the four most recent measurement periods, it is still noticeably higher than in North Carolina and the Health ENC region across the same timeframe.

Figure 12. Population in Military / Armed Forces (American Community Survey)



Fort Bragg is one of the U.S. Army's largest installations in the world. The installation covers about 161,000 acres, or 251 square miles, stretching into six counties. Fort Bragg community members primarily live in eight different counties with 68 percent living in Cumberland County. Fort Bragg continues to invest to modernize and expand facilities. The 82nd Airborne Division's 1955 barracks complex was replaced with modern buildings. Office buildings and barracks have also been constructed for units recently added to the division.

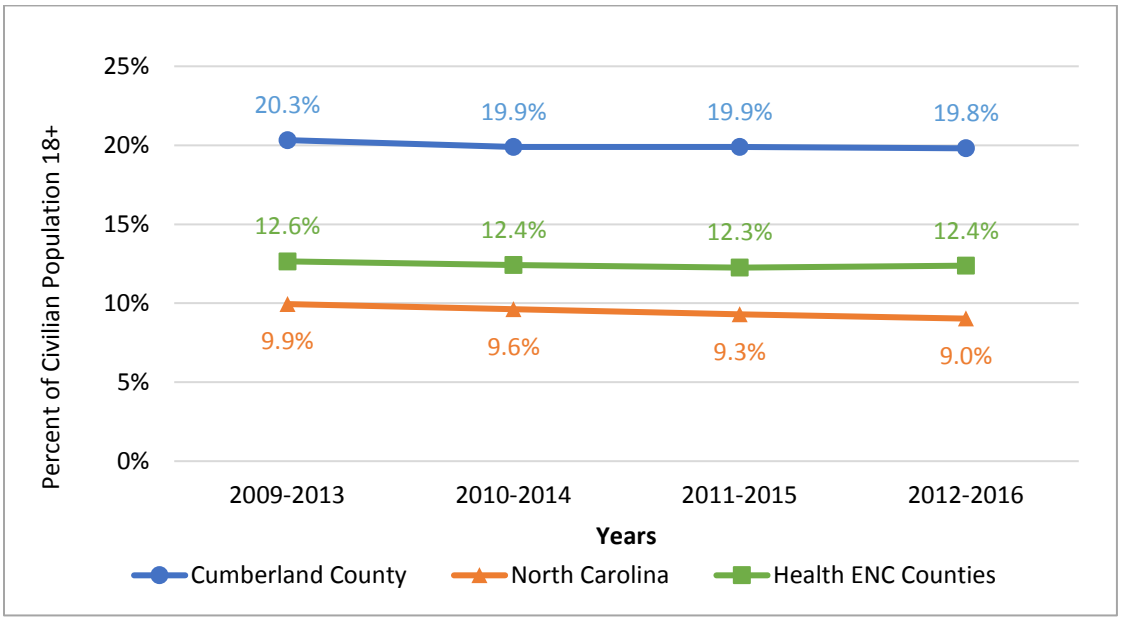
A new headquarters building was constructed on Knox and Randolph Streets for the U.S. Army Forces Command (FORSCOM) and the U.S. Army Reserve Command. These two major commands moved to Fort Bragg in 2011 when Fort Macpherson, Georgia, was closed under the Base Realignment and Closure (BRAC) legislation. BRAC moves also resulted in the 7th Special Forces Group completing their relocation from Fort Bragg to Eglin Air Force Base, Florida.

Today Fort Bragg, "the Home of the Airborne and Special Operations," has approximately 33,734 Active Duty personnel living off post (67 percent) and 16,973 Active Duty personnel living on the Fort Bragg post (33 percent) as of March 2018. There are 15,342 military dependents and 534 non-Active Duty personnel living on the Fort Bragg post. (Fort Bragg Department of Public Health Community Health Assessment -2018).

Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Cumberland County has a veteran population of 19.8% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 13). The veteran population of Cumberland County, North Carolina, and the Health ENC region is decreasing slightly across four time periods from 2009-2013 to 2012-2016.

Figure 13. Veteran Population (American Community Survey, 2012-2016)



Socioeconomic Profile

Social and economic factors are well known to be strong determinants of health outcomes – those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity and cancer. Community health improvement efforts must determine which subpopulations are most in need in order to effectively focus services and interventions.

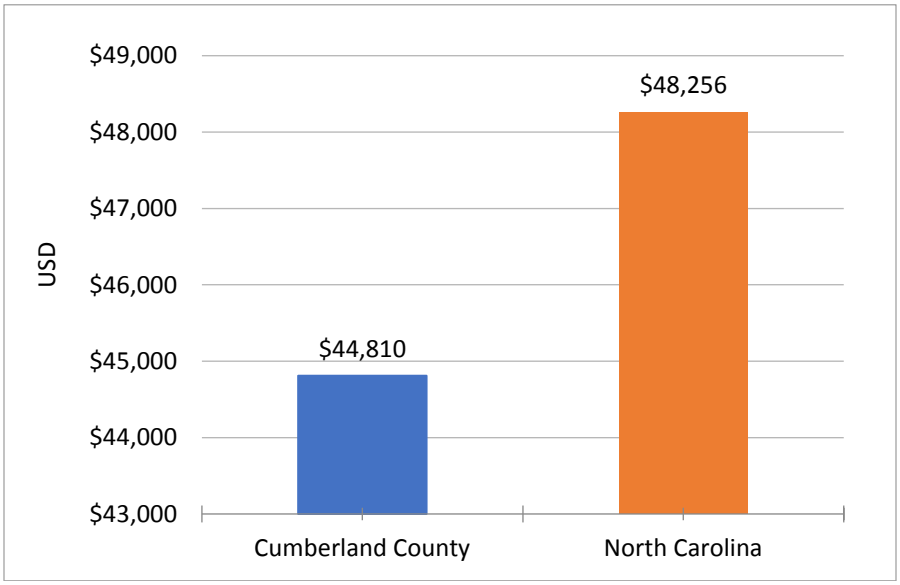
NC Department of Commerce Tier Designation

The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Cumberland County has been assigned a Tier 2 designation for 2018.

Income

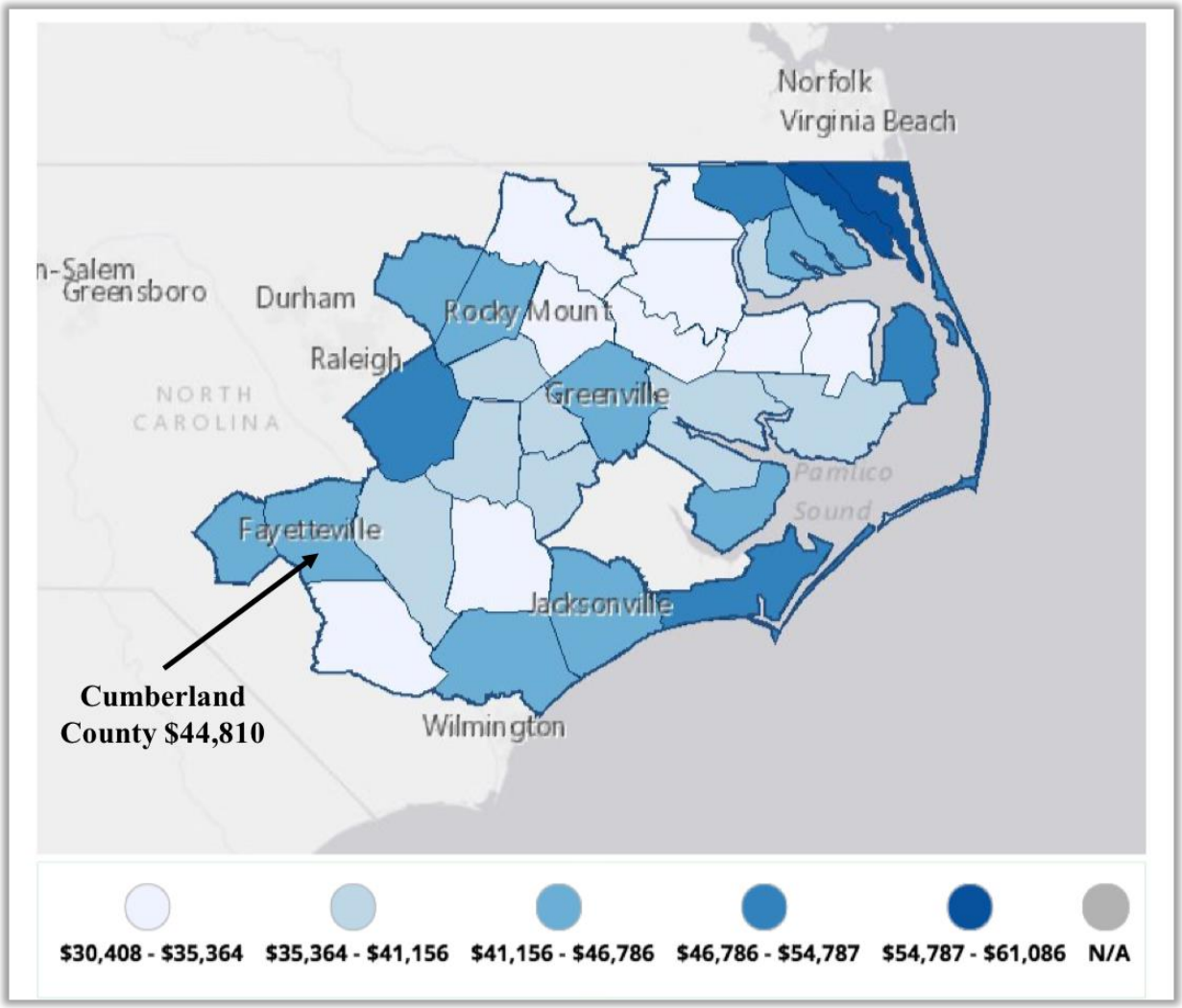
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Cumberland County ($44,810), which is lower than the median household income in North Carolina ($48,256).

Figure 14. Median Household Income (American Community Survey, 2012-2016)



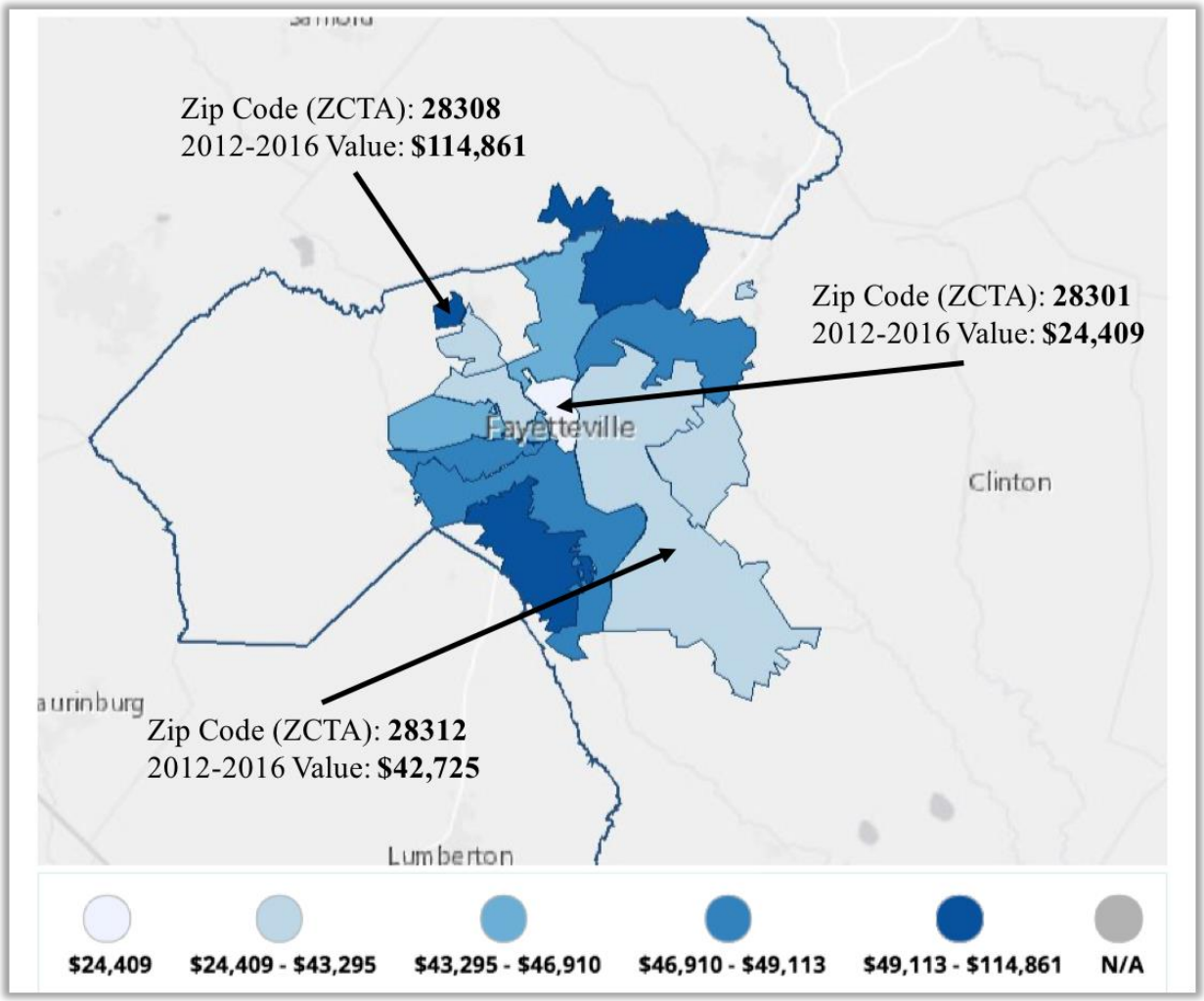
Cumberland County has a similar median household income compared to other counties in the Health ENC region (Figure 15).

Figure 15. Median Household Income of Health ENC Counties (American Community Survey, 2012-2016)



Within Cumberland County, zip code 28301 has the lowest median household income ($24,409) while zip code 28308 has the highest median household income ($114,861) (Figure 16).

Figure 16. Median Household Income by Zip Code (American Community Survey, 2012-2016)

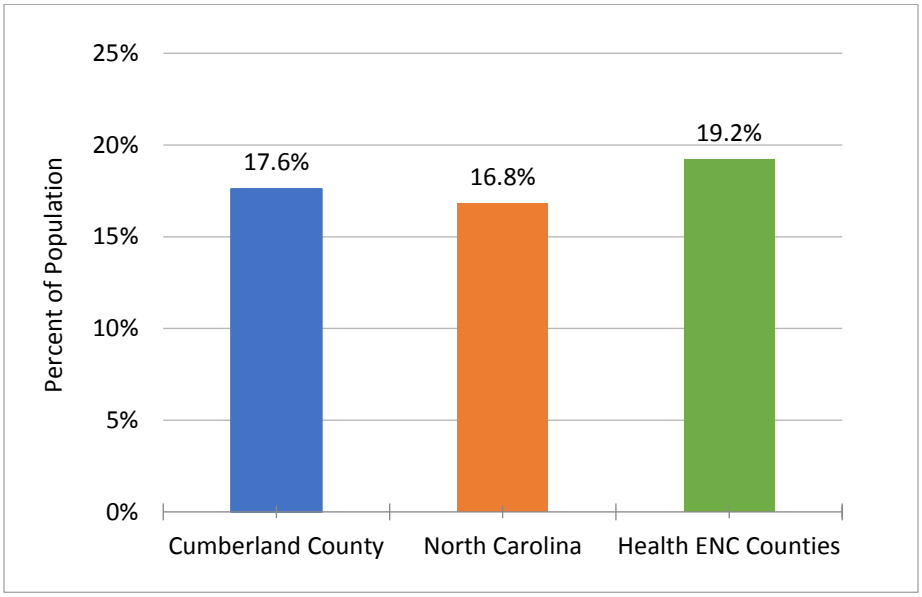


Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Children in poverty are more likely to have physical health problems, behavioral problems and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.

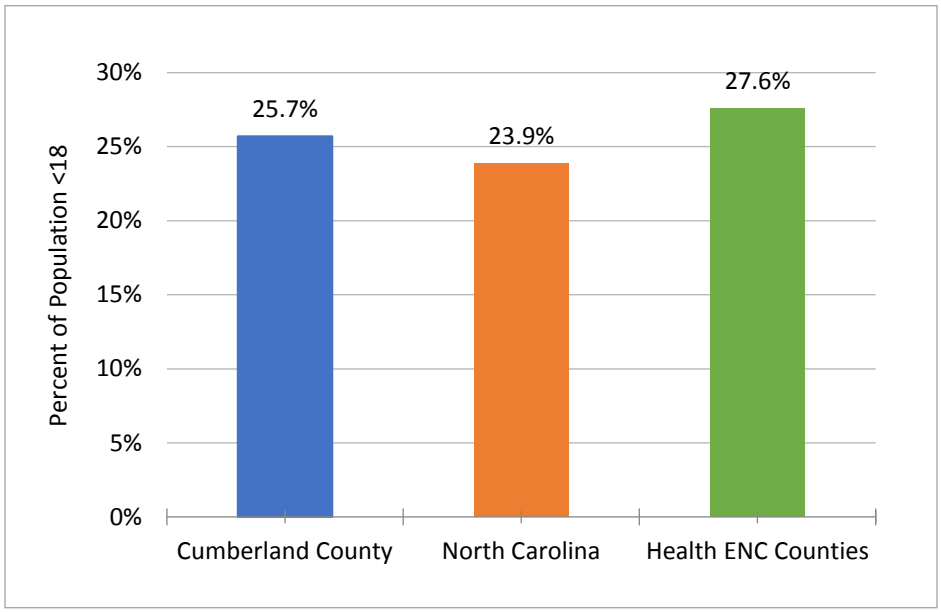
As seen in Figure 17, 17.6% percent of the population in Cumberland County lives below the poverty level, which is slightly higher than the rate for North Carolina (16.8% of the population) and slightly lower than the Health ENC region (19.2%).

Figure 17. People Living Below Poverty Level (American Community Survey, 2012-2016)



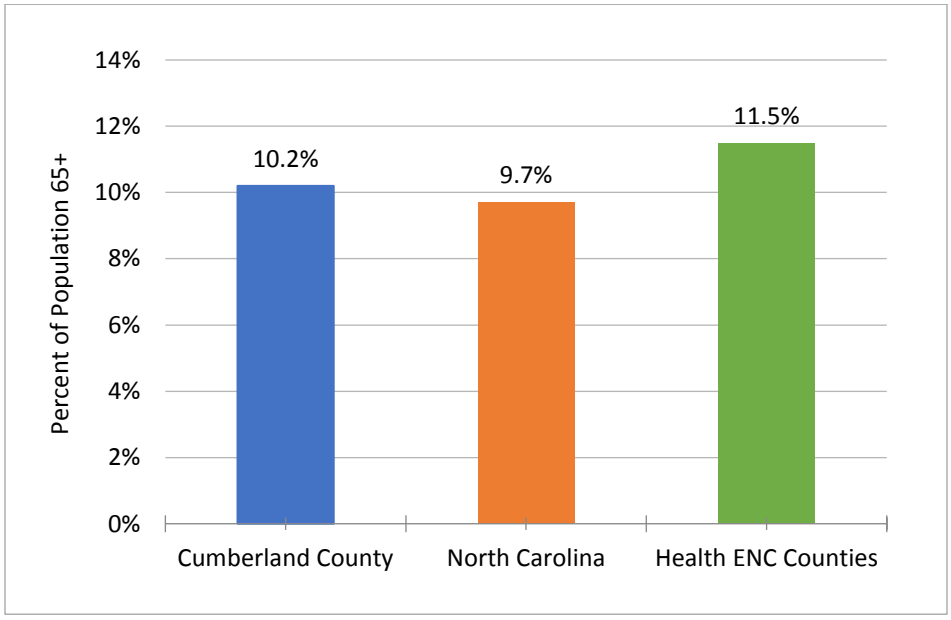
As shown in Figure 18, the rate of children living below the poverty level is also higher for Cumberland County (25.7%) when compared to North Carolina (23.9%) but lower when compared to Health ENC counties (27.6%).

Figure 18. Children Living Below Poverty Level (American Community Survey, 2012-2016)



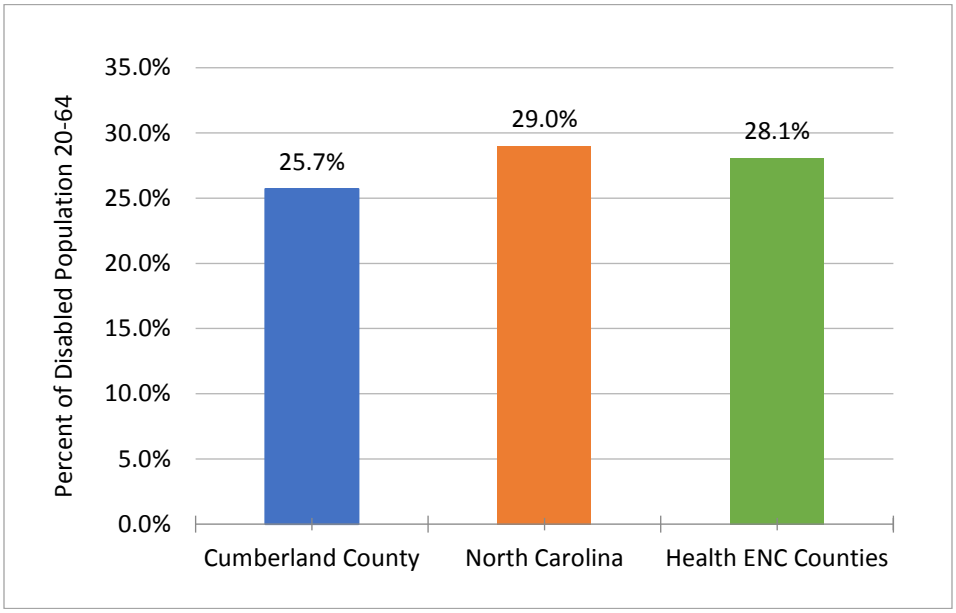
Similarly, as shown in Figure 19, the rate of older adults living below the poverty level is higher in Cumberland County (10.2%) than in North Carolina (9.7%), but lower than the Health ENC region (11.5%).

Figure 19. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)



As shown in Figure 20, the percent of disabled people living in poverty in Cumberland County (25.7%) is lower than the rate for North Carolina (29.0%) and Health ENC counties (28.1%).

Figure 20. Persons with Disability Living in Poverty (American Community Survey, 2012-2016)

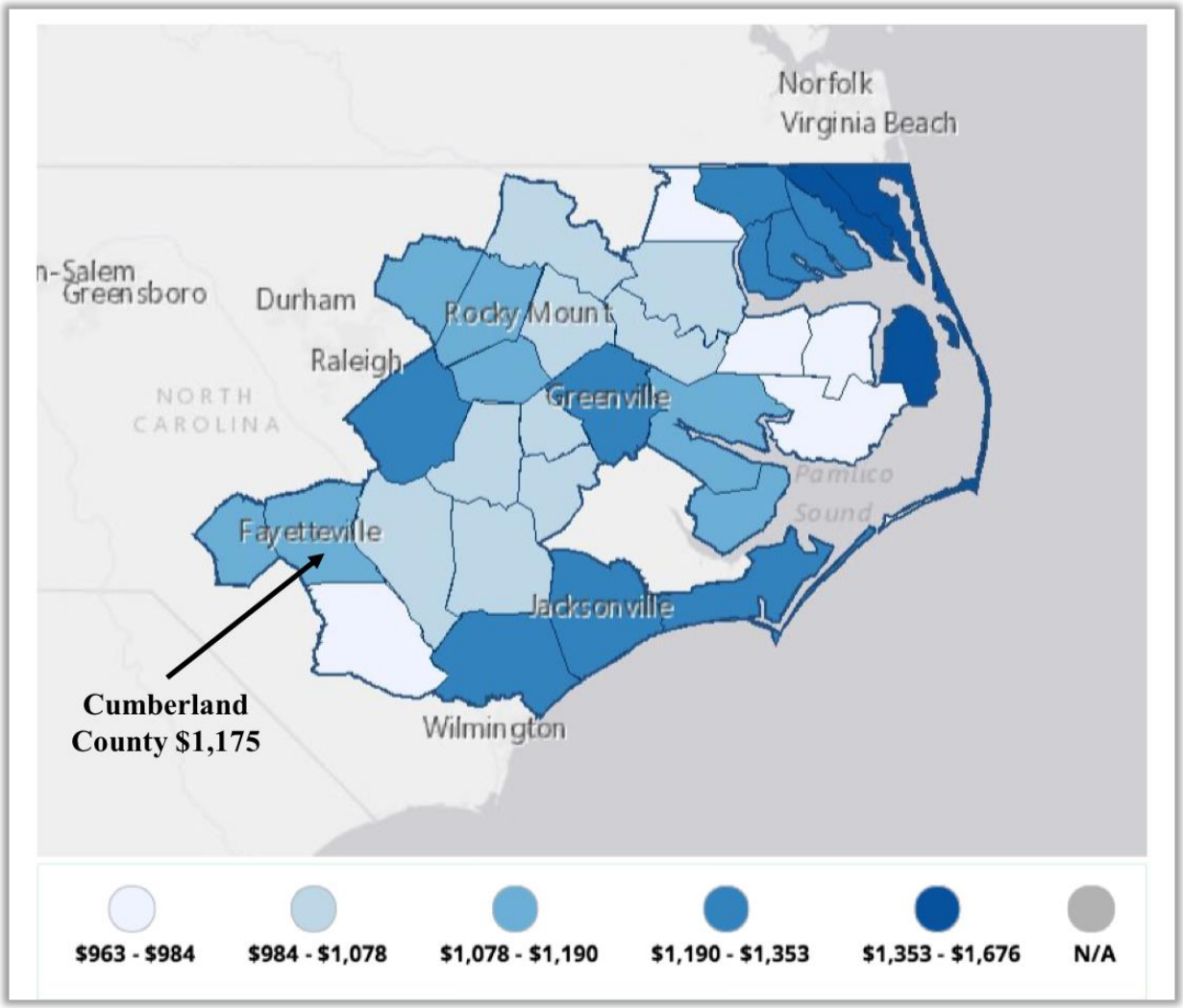


Housing

The average household size in Cumberland County is 2.6 people per household, which is similar to the North Carolina value of 2.5 people per household.

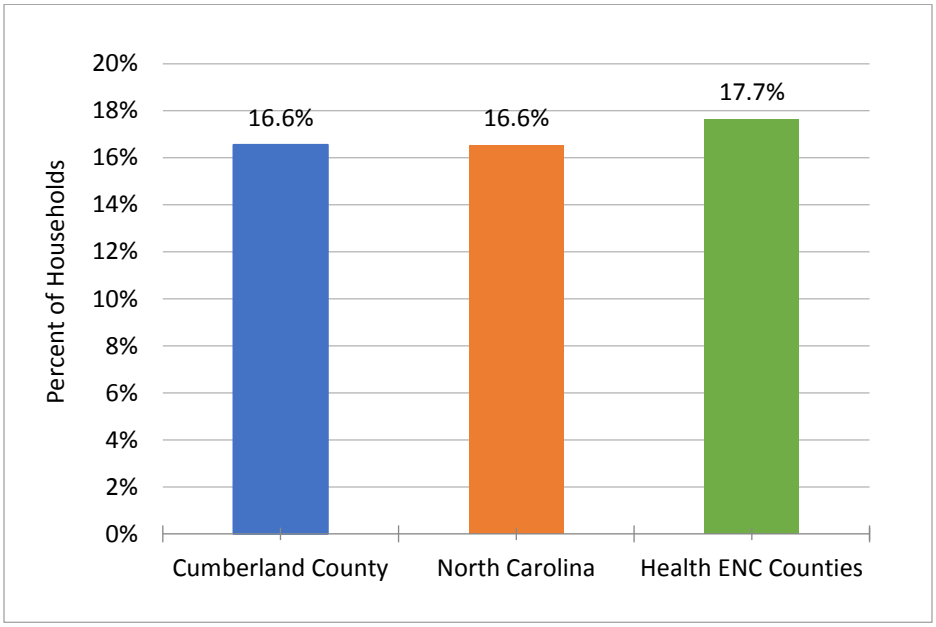
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Cumberland County, the median housing costs for homeowners with a mortgage is $1,175, which is similar to other counties in the Health ENC region.

Figure 21. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties (American Community Survey 2012-2016)



Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 22 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Countywide, 16.6% of households have severe housing problems. This is the same rate as in North Carolina (16.6% of households) and slightly lower than in Health ENC counties (17.7% of households).

Figure 22. Severe Housing Problems (County Health Rankings, 2010-2014)

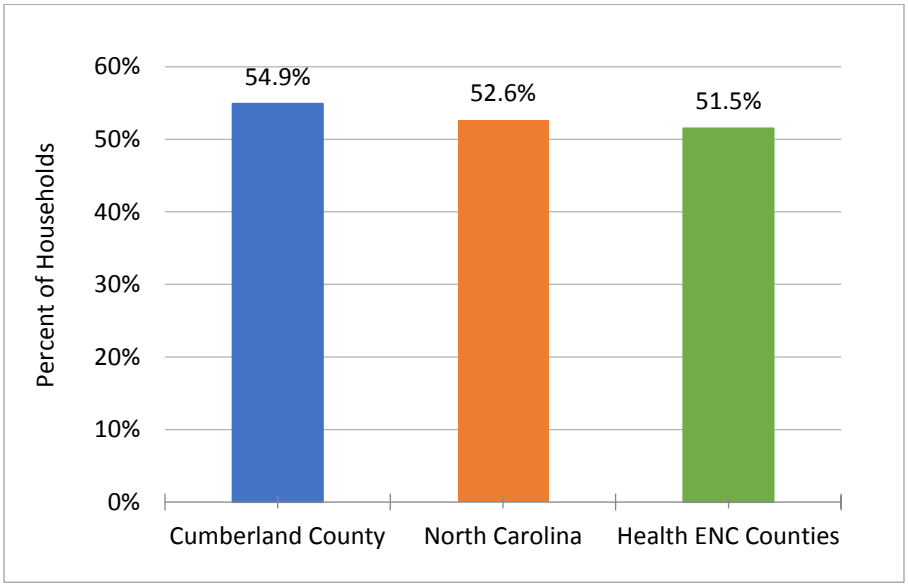


Food Insecurity

The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.

Figure 23 shows the percent of households with children that participate in SNAP. The rate for Cumberland County, 54.9%, is higher than the state value of 52.6% and the Health ENC region value of 51.5%.

Figure 23. Households with Children Receiving SNAP (American Community Survey, 2012-2016)



Employment

As of 2018, Cumberland County has over 6,200 employment establishments (US Bureau of Labor 2018). The average weekly wage for the 120,936 workers is approximately $820 (US Bureau of Labor 2018). The largest ten employers are U.S. Department of Defense – Civilians, Cape Fear Valley Health Systems, Cumberland County Schools, Wal-Mart Associates, In, Goodyear Tire and Rubber Company, Cumberland County Government, City of Fayetteville, Veterans Administration, Fayetteville Technical Community College, and Manm and Hummel (Cumberland County Finance Department 2018). These ten largest employers within Cumberland County account for 34.55% of total employment for civilians (Cumberland County Finance Department 2018).

The top five employment occupational groups include: Food Preparation and Serving related occupations (including Fast Food) (5,660); Retail Salesperson (5,460); Cashiers (3,900); Office Clerks, General (3,440); and Registered Nurses (3,290). (North Carolina Department of Commerce Labor and Economic Analysis 2017). In contrast the top five best paying occupations in Cumberland County are: Family and General Practitioners; nurse anesthetics; Dentists (General); Architects and Engineering Managers; and Optometrists (North Carolina Department of Commerce Labor and Economic Analysis 2017).

There are also approximately 10, 155 men-owned firms, 8,867 women-owned firms, 8,774 minority-owned firms (compared to 11,540 nonminority- owned), and 3,095 veteran-owned firms (compared to the 16,822 non-veteran owned firms) (U.S. Department of Commerce 2018).

The unemployment rate for Cumberland County has been slowly declining from 7.6 % in 2015 to approximately 5.0% as of December 2018, for unemployed workers in the civilian workforce (NC Commerce 2019). There are approximately 7,590 citizens unemployed as compared to 120,401 employed in the Cumberland County workforce (North Carolina Department of Commerce Labor and Economic Analysis 2017).

SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health – income, poverty, unemployment, occupation, educational attainment, and linguistic barriers – that are associated with poor health outcomes including preventable hospitalizations and premature death.

Zip codes within Cumberland County are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compare to others in the U.S. Within Cumberland County, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with populations under 300 persons are excluded. Zip code 28301, with an index value of 96.8, has the highest level of socioeconomic need within Cumberland County. This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Cumberland County are provided in Table 7.

Figure 24. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

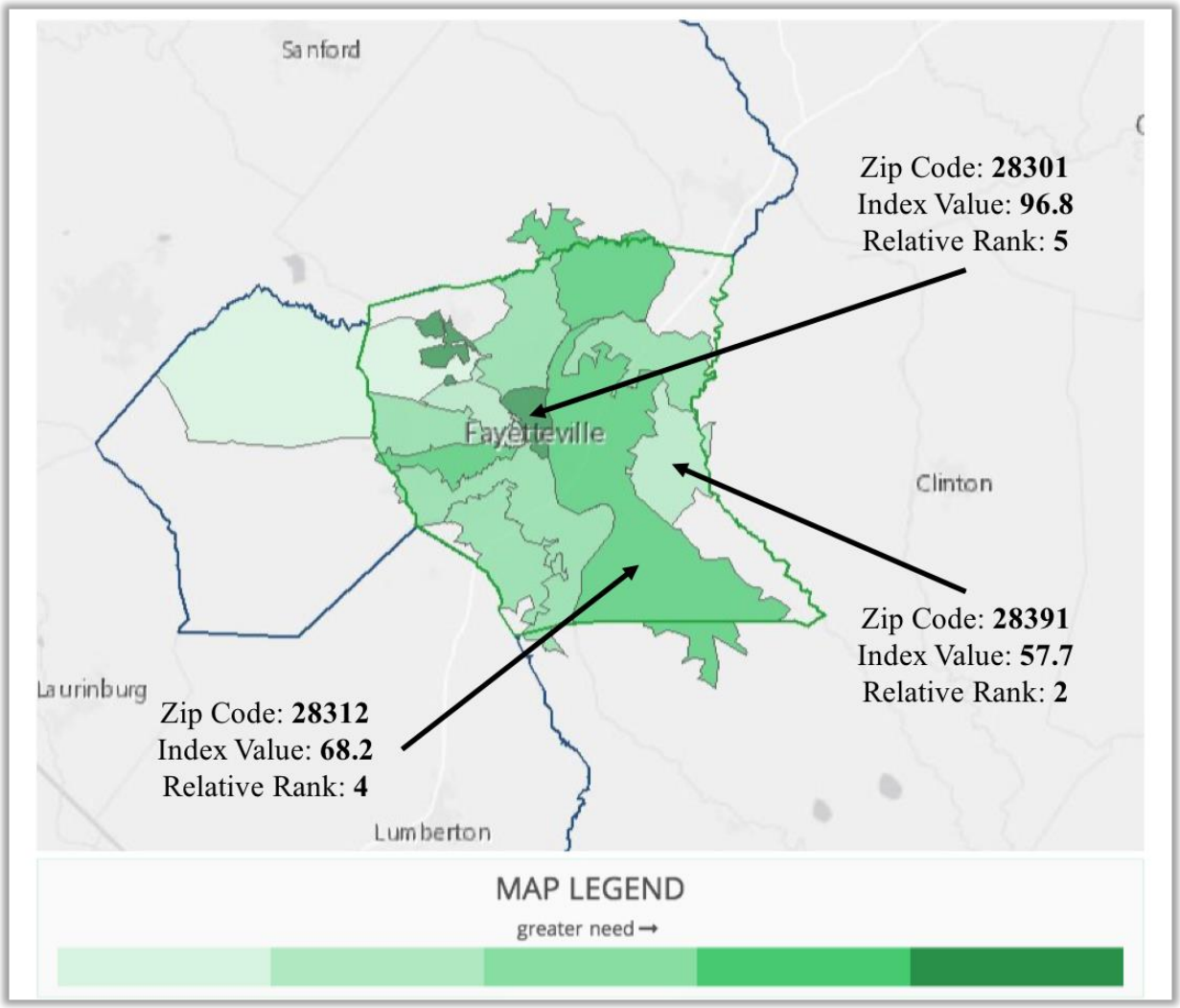


Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

Zip Code	Index Value	Relative Rank
28301	96.8	5
28307	90.8	5
28308	89.3	5
28356	69.3	4
28312	68.2	4
28304	67.9	4
28306	66.2	3
28314	65.8	3
28395	65.3	3
28348	62.9	3
28311	62.8	3
28303	60.8	2
28391	57.7	2
28305	56.4	2
28310	0.1	1

Source: http://www.healthenc.org/socioneeds

Understanding where there are communities with high socioeconomic need is critical to forming prevention and outreach activities.

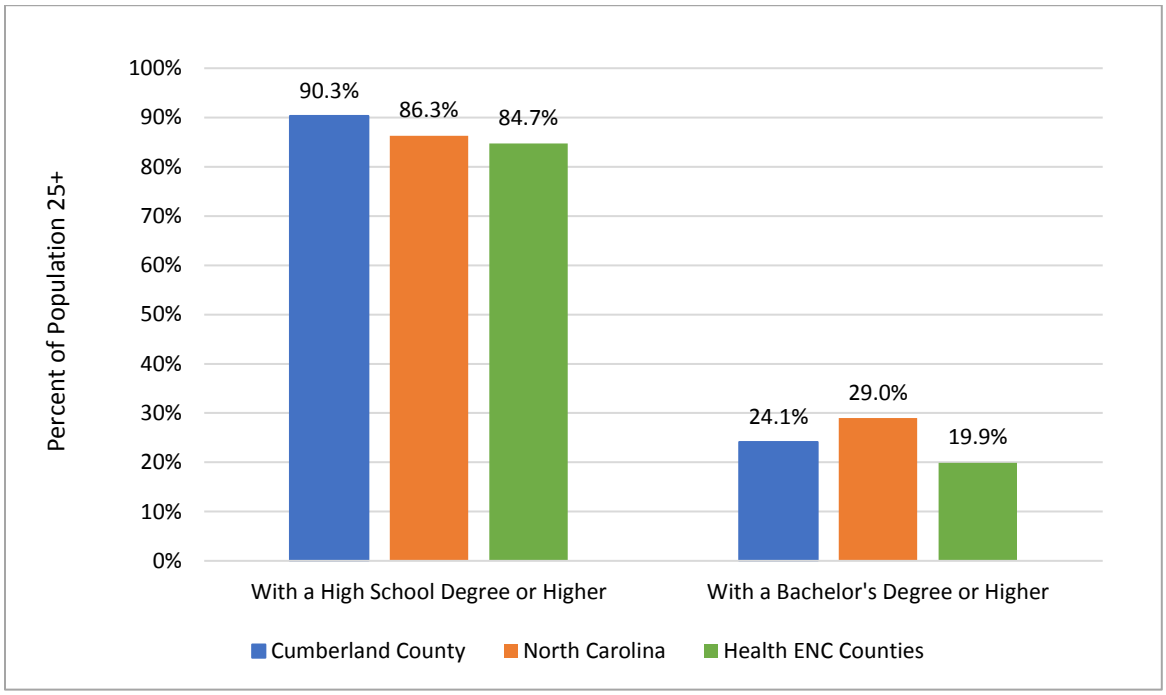
Educational Profile

Educational Attainment

Graduating from high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor's degree opens up career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs.

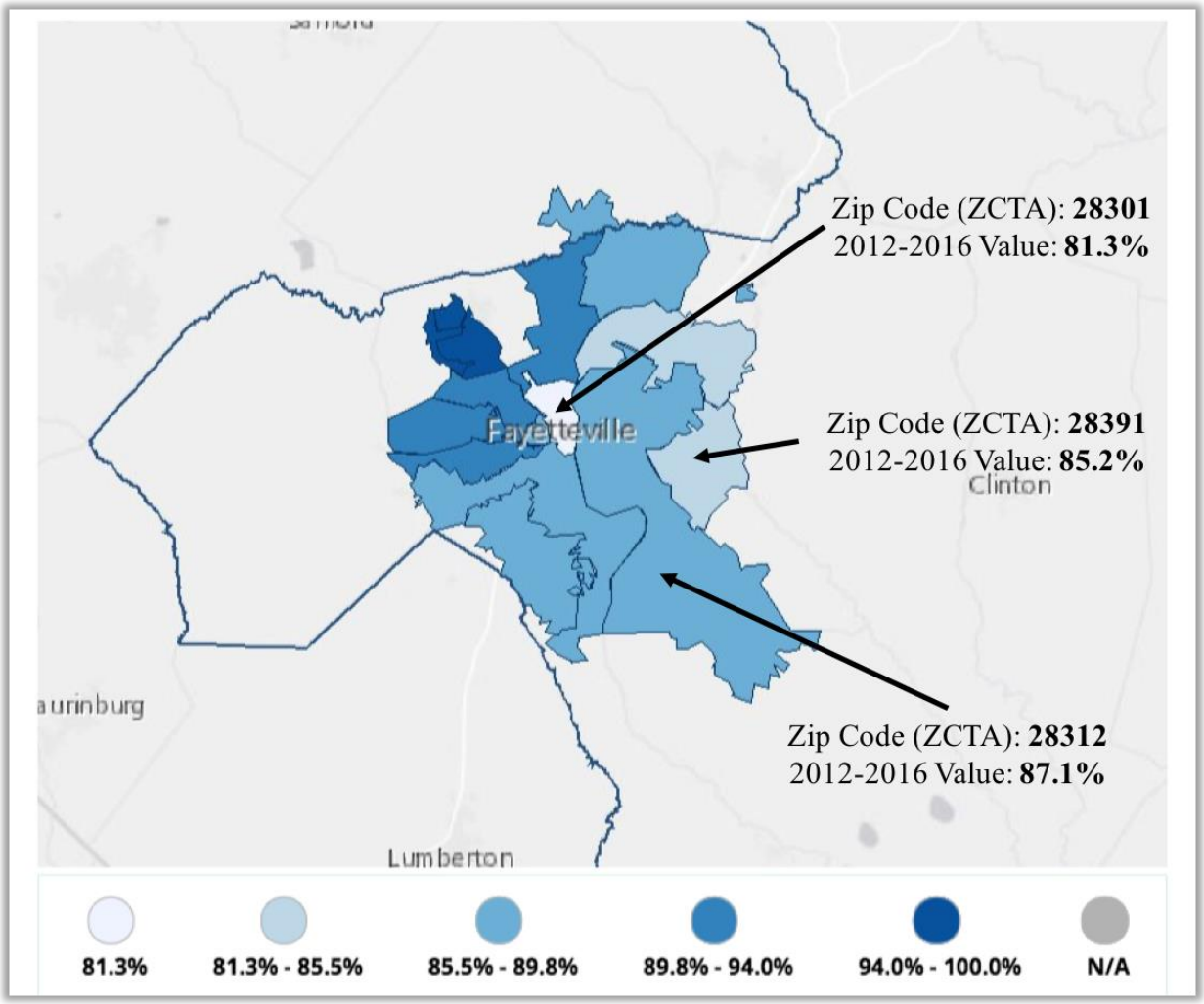
Countywide, the percent of residents 25 or older with a high school degree or higher (90.3%) is higher than the state value (86.3%) and the Health ENC region (84.7%) (Figure 25). Higher educational attainment in Cumberland County is lower than the state value but higher than the Health ENC region. In Cumberland County, 24.1% of residents 25 and older have a bachelor's degree or higher, compared to 29.0% in North Carolina and 19.9% in Health ENC counties (Figure 25).

Figure 25. People 25+ with a High School Degree or Higher and Bachelor's Degree or Higher (American Community Survey, 2012-2016)



Countywide, the high school degree attainment rate varies. For example, zip code 28301, which has a high poverty rate and high socioeconomic need (SocioNeeds Index®), has the lowest high school graduation rate in the county, at 81.3%. (Figure 26).

Figure 26. People 25+ with a High School Degree or Higher by Zip Code (American Community Survey, 2012-2016)

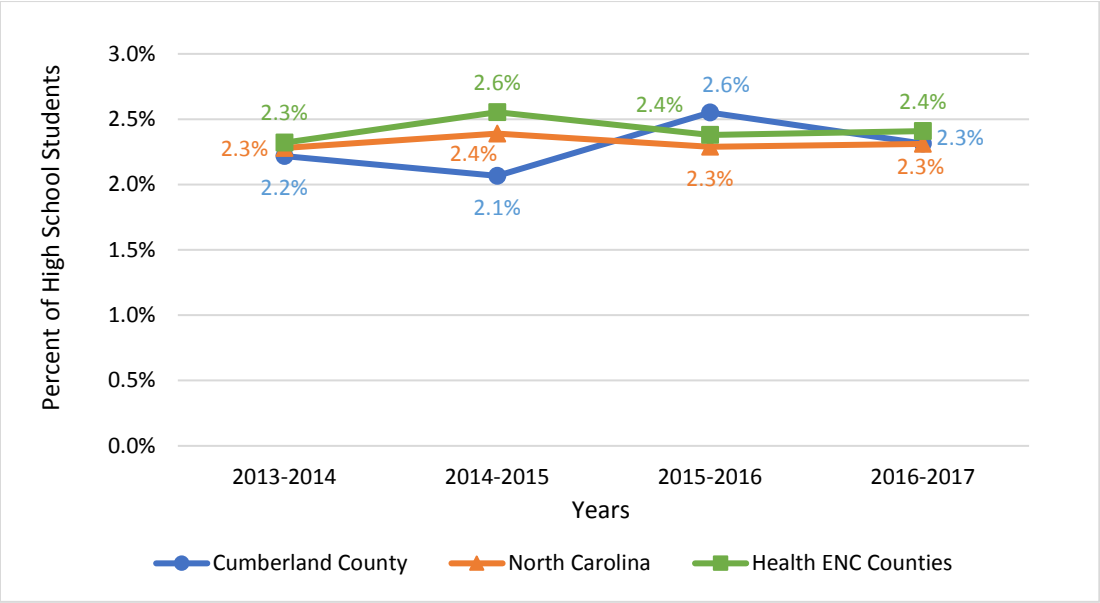


High School Dropouts

High school dropouts earn less income than high school and college graduates, and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing a community's economic, social, and civic health.

Cumberland County's high school dropout rate, given as a percent of high school students in Figure 27, is 2.3% in 2016-2017, which is similar to the rate in North Carolina (also 2.3%) and the Health ENC region (2.4%).

Figure 27. High School Dropout Rate (North Carolina Department of Public Instruction)

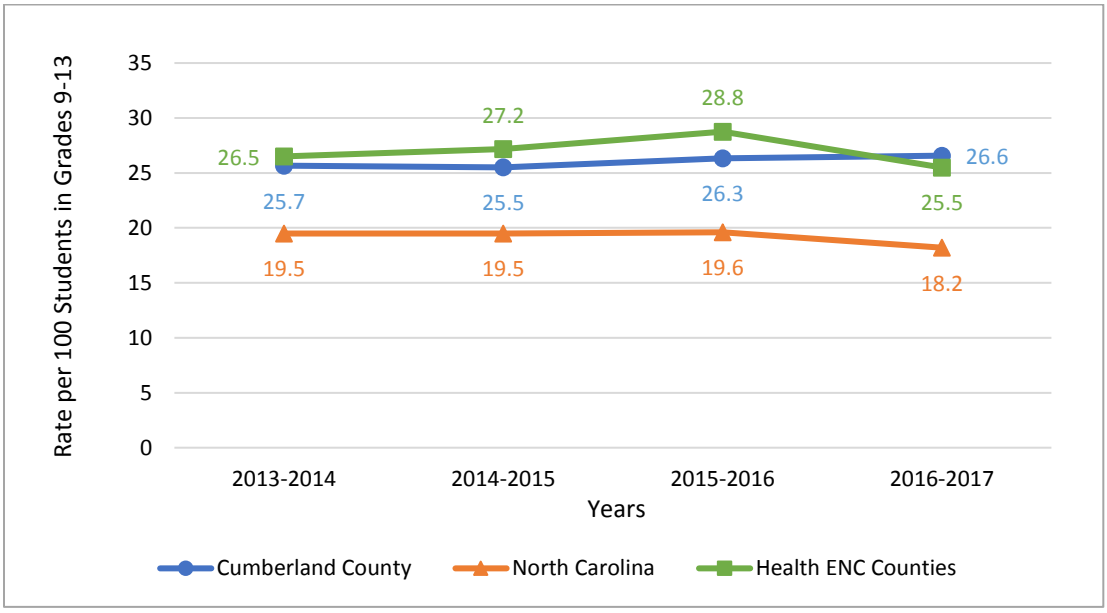


High School Suspension Rate

High school suspension is a form of discipline in which a student is temporarily removed from a classroom and/or school due to a violation of school conduct or code. Higher rates of suspension can be related to high rates of antisocial or delinquent behaviors, which may further contribute to potential future involvement in the juvenile justice system. Additionally, schools with higher suspension rates have higher rates of law or board of education violations and generally spend more money per student.

Cumberland County's rate of high school suspension (26.6 suspensions per 100 students) is higher than North Carolina's rate (18.2) but similar to the rate of Health ENC counties (25.5) in 2016-2017. As shown in Figure 28, the rates for all three geographies are fairly consistent across four time periods, with Cumberland County's values over time higher than those in North Carolina but similar to those in the Health ENC region.

Figure 28. High School Suspension Rate (North Carolina Department of Public Instruction)



Environmental Profile

Air Quality

Congress established much of the basic structure of the Clean Air Act in 1970, and made major revisions in 1977 and 1990. Dense, visible smog in many of the nation's cities and industrial centers helped to prompt passage of the 1970 legislation at the height of the national environmental movement. The subsequent revisions were designed to improve its effectiveness and to target newly recognized air pollution problems such as acid rain and damage to the stratospheric ozone layer. http://www.epa.gov/air/caa/requirements.html Retrieved 11/15/16

The NCDAQ monitors levels of all criteria pollutants in Cumberland County and reports these levels to the EPA. According to the most recent data, Cumberland County is meeting NAAQS for all of the pollutants. Federal enforcement of the ozone NAAQS is based on a 3-year monitor "design value". The design value for each monitor is obtained by averaging the annual fourth highest daily maximum 8-hour ozone values over three consecutive years. If a monitor design value exceeds the NAAQS, that monitor is in violation of the standard. The EPA may designate part or all of the metropolitan statistical area (MSA) as nonattainment even if only one monitor in the MSA violates the NAAQS. There are two ozone monitors in Cumberland County. One of the monitors is located northeast of Fayetteville (Wade) and the other was formerly located in Golfview but switched to a new location southeast of Fayetteville (Honeycutt) in Spring 2015 (March/April). www.fampo.org/airquality

Transportation Profile

Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work helps protect the environment, while also providing the benefit of daily exercise.

Countywide, 4.0% of residents walk to work, compared to the state value of 1.8% and the regional value of 2.4%. Public transportation is rare in Cumberland County, with an estimated 0.6% of residents commuting by public transportation, compared to the state value of 1.1% and the regional value of 0.4% (Figure 29). In Cumberland County, 82.1% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina and 81.4% in Health ENC counties (Figure 30).

Figure 29. Mode of Commuting to Work (American Community Survey, 2012-2016)

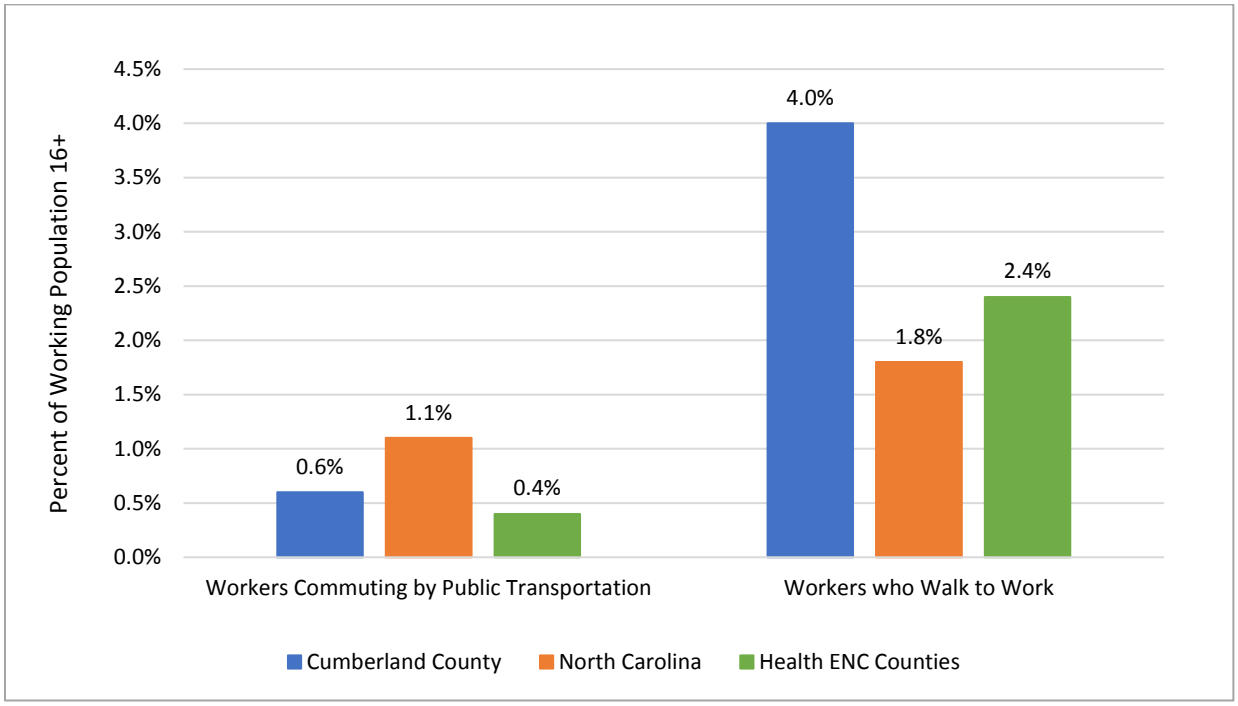
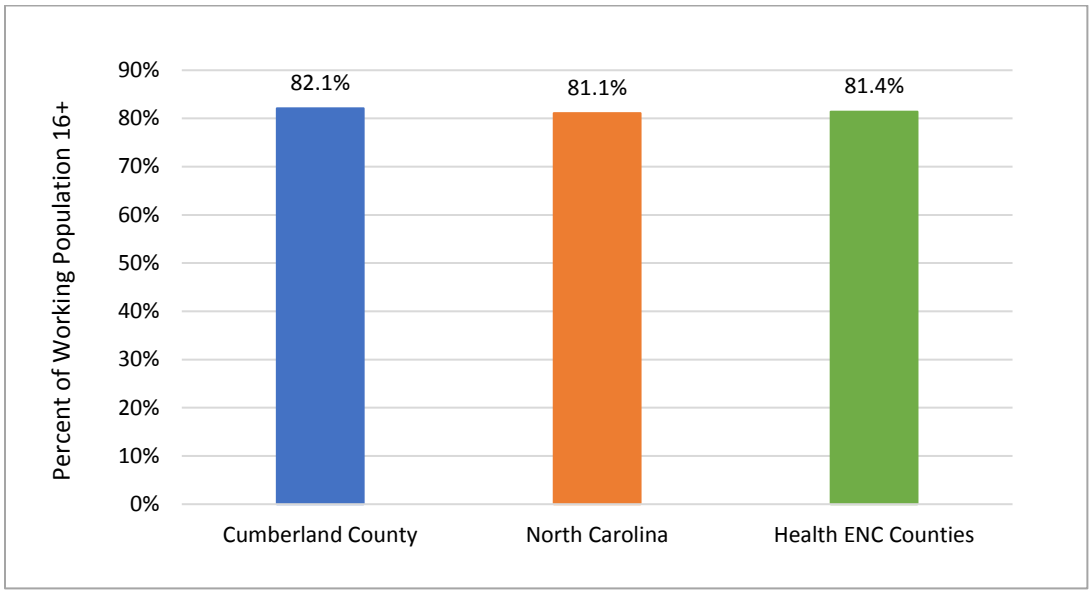


Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)



Local Transportation

Thousands of Cumberland County residents travel in their own vehicles to various destinations across the city and county. They rely on their own independence to get to work, the doctor's office or even the grocery store. However, some residents try to manage daily with the reality of not having any means of transportation. Many of those without vehicles get from place to place using public transportation. http://www.co.cumberland.nc.us/planning/ctp.aspx Retrieved 02/16/19

Passenger Rail Service

Fayetteville is served by passenger trains of the Amtrak system with four trains stopping daily in route between New York and Miami. Amtrak's Carolinian Line in Raleigh provides passenger service within North Carolina and on to Richmond and Washington.

FAST

Fayetteville Area System of Transit (FAST) is the City of Fayetteville's public transportation system. FAST operates a fleet of 27 fixed-route buses on 19 routes to provide service Monday through Friday from 5:30 AM to 10:30 PM, and on Saturday from 7:30 AM to 10:30 PM. In addition, 16 FASTTRAC! Vehicles provide paratransit service to disabled clients that are unable to use the fixed-route system.
FAST began in 1976 when the City of Fayetteville assumed operations from a private transportation system operated by the Cape Fear Transit Bus Company. Cape Fear Transit provided service in Fayetteville, as well as Little Rockfish in Hope Mills. It operated seven days a week, from 5:30 AM to midnight, with a fleet size of 23 buses and 20 bus operators. Today, the services provided are more efficient, with FAST completing close to 1.6 million passenger trips annually. As a result, citizens of Fayetteville have better access to jobs, medical facilities, shopping and recreation opportunities. FAST provides a critical link to economic development and a better quality of life in Fayetteville. One thing that has not changed is FAST's mission and commitment to providing safe and affordable transportation services to more than 6,000 daily passengers. Source: https://fayettevillenc.gov/government/city-departments/transit retrieved on 02/15/19

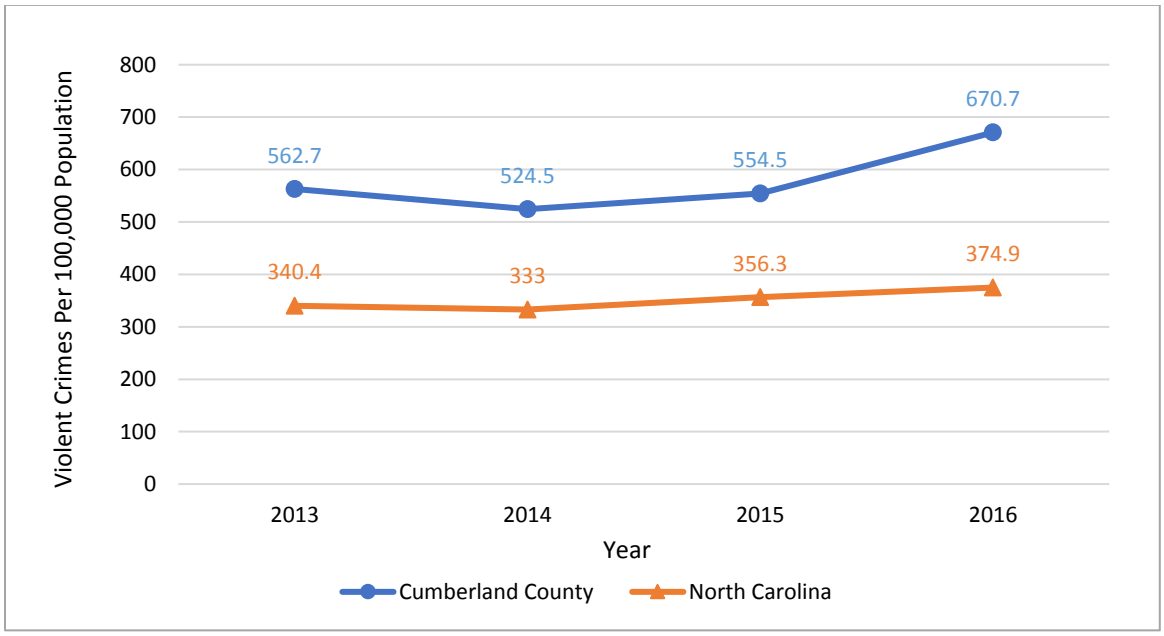
Crime and Safety

Violent Crime and Property Crime

Both violent crime and property crime are used as indicators of a community's crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson.

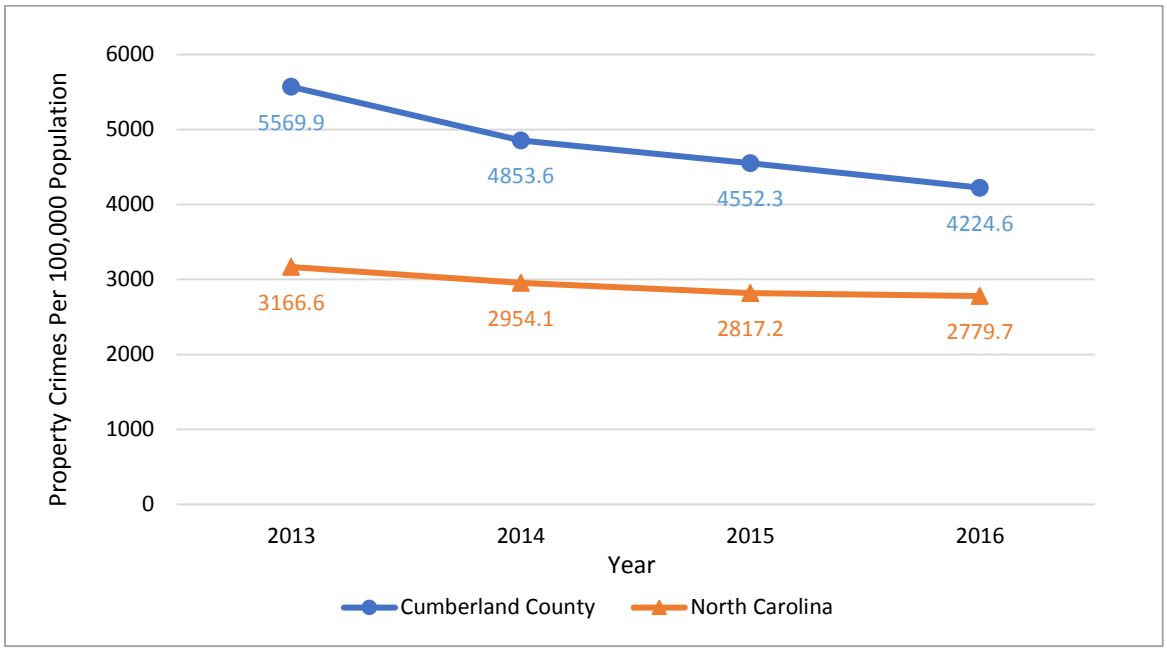
The violent crime rate in Cumberland County is 670.7 per 100,000 population, compared to 374.9 per 100,000 people in North Carolina (Figure 31). Across four measurement periods, from 2013 to 2016, the rate of violent crime in Cumberland County is consistently higher than the rate of violent crime in the state.

Figure 31. Violent Crime Rate (North Carolina Department of Justice)



The property crime rate in Cumberland County (4,224.6 per 100,000 people) is higher than the state value (2,779.7 per 100,000 people) (Figure 32). Over the past four measurement periods, the property crime rate has decreased in both the county and state.

Figure 32. Property Crime Rate (North Carolina Department of Justice)



Juvenile Crime

Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.

Figure 33 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Cumberland County (0.7) is lower than the rate in North Carolina (1.5) and the Health ENC region (1.1).

Figure 33. Juvenile Undisciplined Rate (North Carolina Department of Public Safety)

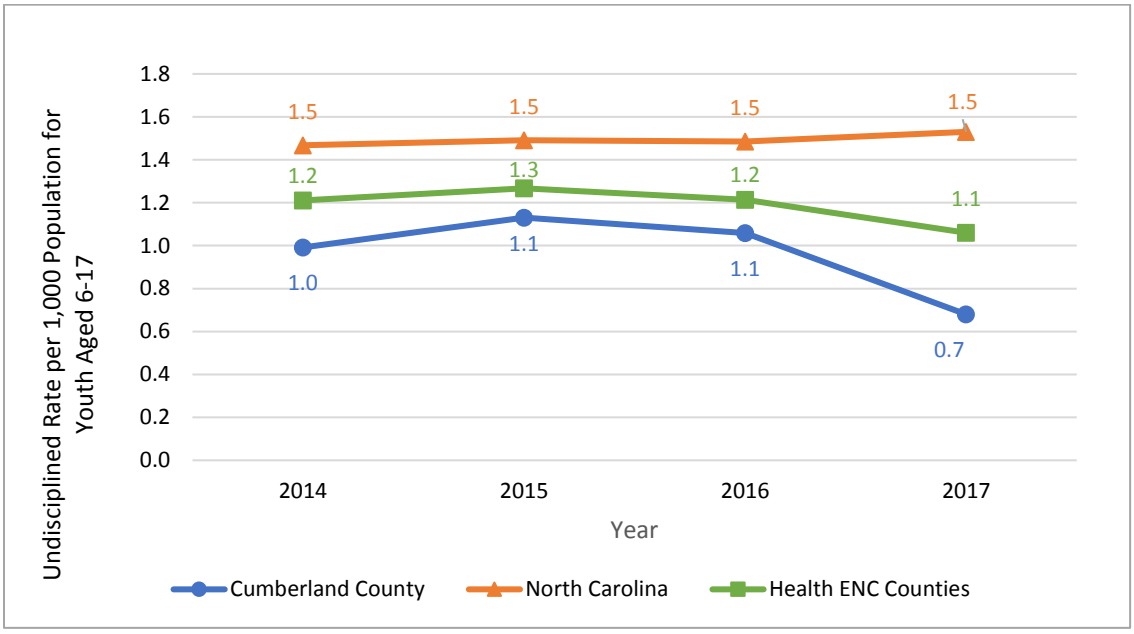
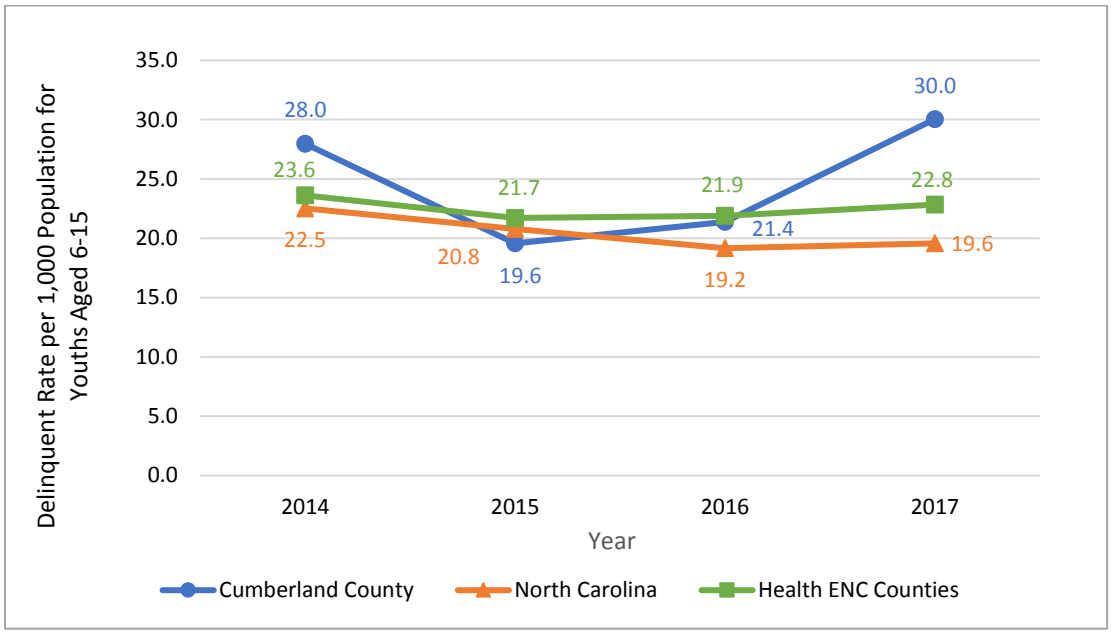


Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. While the juvenile crime rate in Cumberland County decreased from 2014 to 2015, the rate increased over the past three measurement periods. The 2017 juvenile delinquent rate for Cumberland County (30.0) is higher than North Carolina (19.6) and the Health ENC region (22.8).

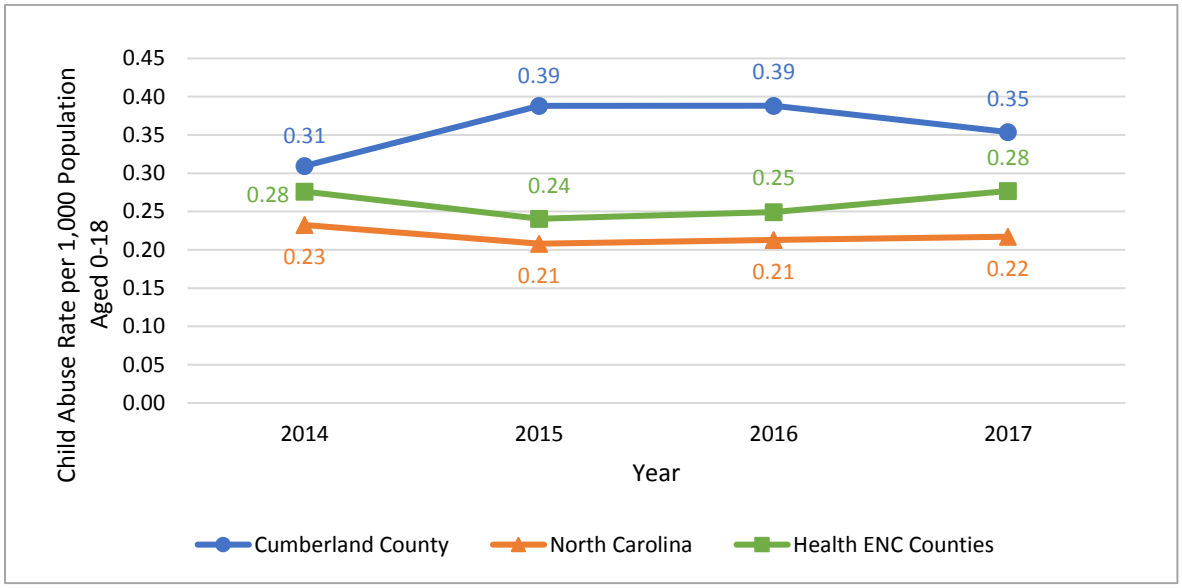
Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety)



Child Abuse

Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 35 shows the child abuse rate per 1,000 population aged 0-18. The child abuse rate in Cumberland County has remained relatively stable over the past three measurement periods, and has consistently remained higher than the state and regional rate. The 2017 child abuse rate in Cumberland County is 0.35 per 1,000 population, compared to 0.22 in North Carolina and 0.28 in the Health ENC region.

Figure 35. Child Abuse Rate
(Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families)

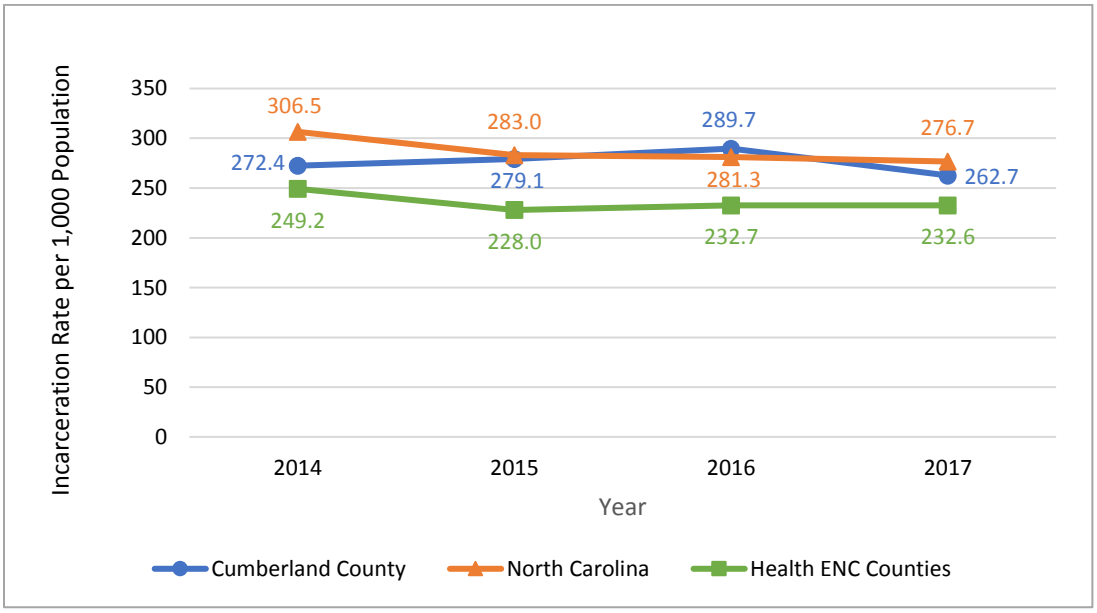


Incarceration

According to the U.S. Bureau of Justice Statistics, approximately one out of 100 adults in the U.S. are in jail or prison. Conditions in jails and prisons can lead to an increased risk of infectious diseases such as tuberculosis and hepatitis C, as well as assault from other inmates. After incarceration, individuals are likely to face a variety of social issues such as employment discrimination, disruption of family relationships and recidivism.

Figure 36 shows the incarceration rate per 1,000 population. The 2017 incarceration rate in Cumberland County (262.7 per 1,000 population) is lower than North Carolina (276.7) and higher than the Health ENC region (232.6).

Figure 36. Incarceration Rate (North Carolina Department of Public Safety)



Access to Healthcare, Insurance and Health Resources Information

Health Insurance

Medical costs in the United States are very high. People without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they may not seek treatment until the condition is more advanced, and therefore more difficult and costly to treat.

Figure 37 shows the percent of people aged 0-64 years old that have any type of health insurance coverage. The rate for Cumberland County, 89.2%, is higher than the rate for North Carolina (87.8%) and the Health ENC region (87.2%). Countywide, 10.8% of the population is uninsured, compared to 12.2% in North Carolina and 12.8% in the Health ENC region.

Figure 37. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)

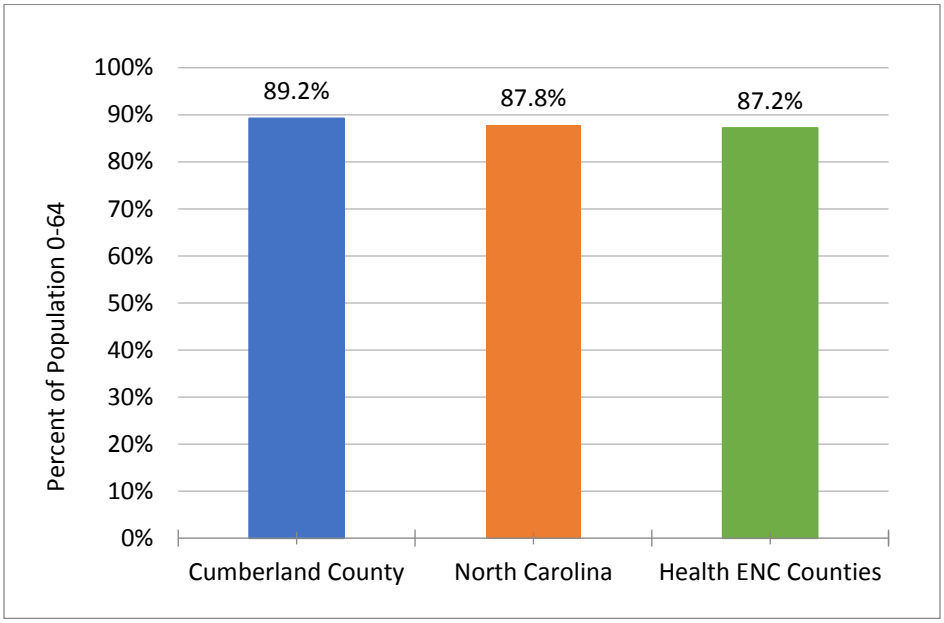
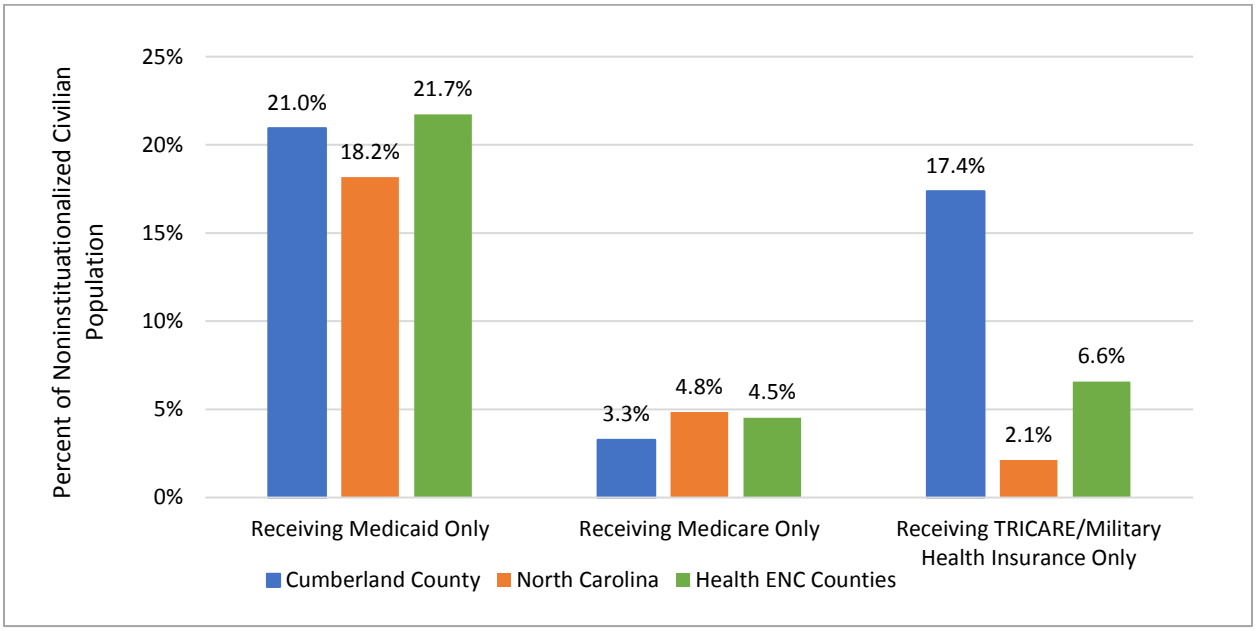


Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Cumberland County has a higher percent of people receiving Medicaid (21.0%) than North Carolina (18.2%), but a lower percent of people receiving Medicaid than Health ENC counties (21.7%). The percent of people receiving Medicare is lower in Cumberland County (3.3%) when compared to North Carolina (4.8%) and Health ENC counties (4.5%). The percent of people receiving military health insurance, however, is noticeably higher in Cumberland County (17.4%) than in North Carolina (2.1%) and Health ENC counties (6.6%).

Figure 38. Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare (American Community Survey, 2012-2016)



In Cumberland County, 10.8 % are uninsured that is lower than the state uninsured rate of 12.2% (U.S. Census Bureau 2018). In Cumberland County, there are two tribal communities- Coharie and the Lumbee (American Census Survey 2018). In figures 40 and 41 demonstrates the 6.7 % Coharie and 7.6% Lumbee tribal communities have no health insurance compared to the 11.2% civilian non-institutionalized who also have no health insurance coverage (U.S. Census Bureau, 2018). Similarly, civilians non-institutionalized with health insurance coverage are very close in rate. Tribal communities such as the Coharie has 85.1% and Lumbee has 86.8 % and Cumberland County civilians non-institutionalized have health insurance coverage of 88.8%. There is a slight disparity where tribal communities have only 57.7% of the Coharie and 57.8 % of the Lumbee have private insurance among and 65.5% of Cumberland County has private health insurance (U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates 2018). The public insurance coverage is great within the tribal communities – 48.6% Coharie and 47.8 % Lumbee and only 23.3% of Cumberland County civilians non-institutionalized (American Census Survey 2018).

Civic Activity

Political Activity

Exercising the right to vote allows a community to choose elected officials and hold them accountable. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights and foreign policy. In Cumberland County there are 196,397 citizens registered to vote. Approximately 45% affiliate with Democrat Party, 23% affiliate with Republican Party, less than 1 % affiliate with Green Party and the Constitution Parties, and 31% unaffiliated with any party. By voting, individuals shape their communities and influence the next generation of society. A high level of voter turnout indicates that citizens are involved and interested in who represents them in the political system.

Figure 39 shows the voting age population, or percent of the population aged 18 years and older. Cumberland County has a lower percent of residents of voting age (74.6%) than North Carolina (77.3%) and Health ENC counties (76.7%).

Figure 39. Voting Age Population (American Community Survey, 2012-2016)

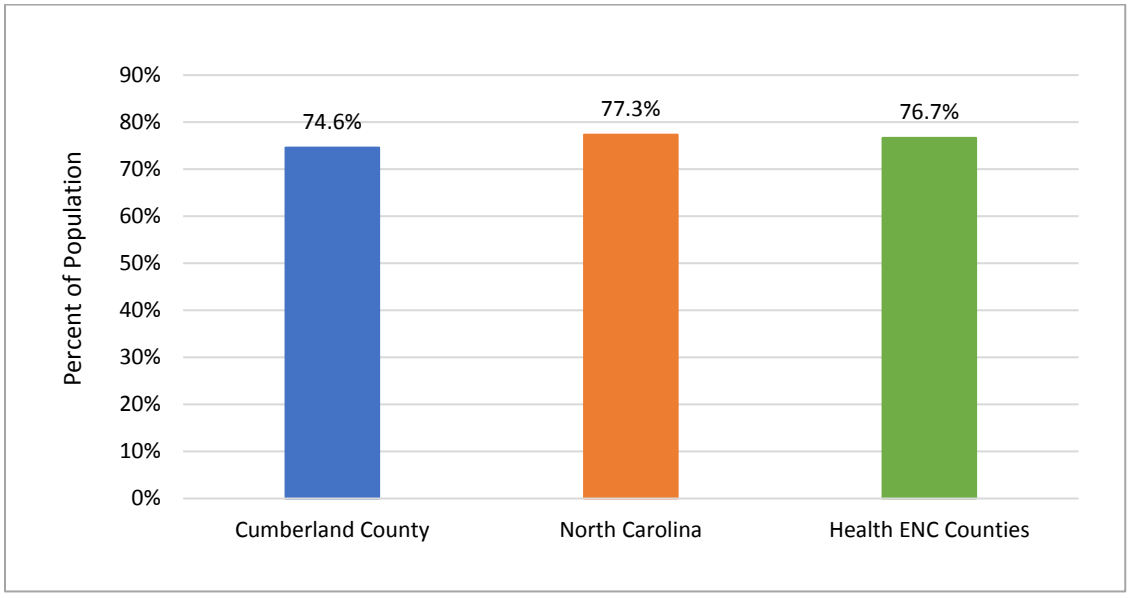
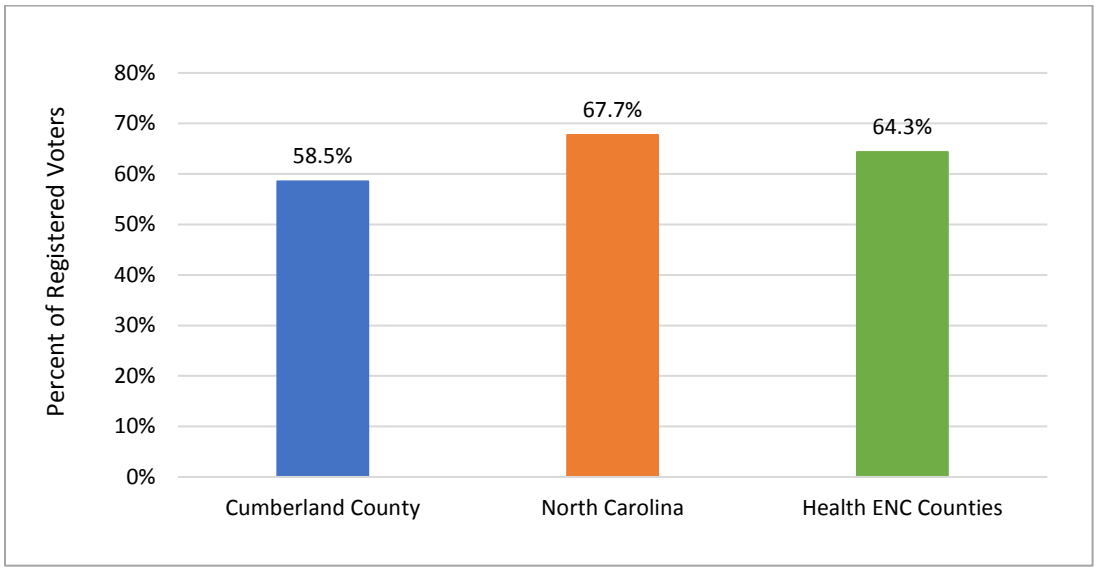


Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Cumberland County was 58.5%, which is lower than the state value (67.7%) and regional value (64.3%).

Figure 40. Voter Turnout in the Last Presidential Election (North Carolina State Board of Elections, 2016)



Civic Activity Data

County Structure

Cumberland County is located in the southeastern region of the North Carolina and is bordered by Sampson, Bladen, Robeson, Hoke, Harnett and Moore counties. The present land area is 658.37 square miles, with appropriately 489.7 people per square mile of land area (US Census Bureau 2018). Cumberland County was named in honor of William Augustus, Duke of Cumberland, and third son of King George II. Duke of Cumberland was the commander of the English Army at the Battle of Culloden, wherein the Scotch Highlanders were defeated, in 1746. As settlers came to North America, and their principal settlement was in Cumberland County, North Carolina. Cumberland County became the official name after late 1784. Cumberland County was formerly known as Fayette County in early 1784, however the name was repealed during the November 1784 General Assembly.

Cumberland County Governance

The County of Cumberland governance functions under the form of a Board of Commissioners – County Manager. Cumberland County Board of Commissioners consists of seven members. The Board of Commissioners serves as the governing board for the County. Its purpose is to maintain fiscal responsibility while providing mandated services as set out in the General Statutes and additional services as passed on to the County by State and Federal governments. It is also responsible for other services deemed appropriate and necessary by the Board.

The County of Cumberland operates under a Board of Commissioners - County Manager form of government. The Board of Commissioners consists of seven members, two elected from District One, which largely follows the 42nd and 43rd House district lines and encompasses a small part of House

district 44; three members elected from District Two, which follows the 22nd, 44th and 45th House district lines; and two members elected at-large.

Each member is elected to a four-year term. The terms are staggered, and the members elect their own Chairman and Vice Chairman annually. The Board of Commissioners meet two times each month, the first Monday of the month at 9 AM and the third Monday of the month at 6:45 PM. The meetings are held in the County Commissioners' meeting room (Room 118), on the first floor of the County Courthouse located at 117 Dick Street, Fayetteville, North Carolina. The meetings are open to the public. In addition, the meetings are broadcast live on Fayetteville/Cumberland Educational TV (FCETV), Spectrum Channel 5. The meetings are rebroadcast the following Tuesday at 7:30 p.m.

Findings

Secondary Data Scoring Results

Table 8 shows the data scoring results for Cumberland County by topic area. Topics with higher scores indicate greater need. Immunizations & Infectious Diseases is the poorest performing health topic for Cumberland County, followed by Other Chronic Diseases, Respiratory Diseases, Public Safety and Environmental & Occupational Health.

Table 8. Secondary Data Scoring Results by Topic Area

Health and Quality of Life Topics	Score
Immunizations & Infectious Diseases	**2.10**
Other Chronic Diseases	**2.07**
Respiratory Diseases	**2.04**
Public Safety	**2.02**
Environmental & Occupational Health	**2.01**

*See Appendix B for additional details on the indicators within each topic area

Primary Data

Community Survey

Figure 41 shows the list of community issues that were ranked by residents as most affecting the quality of life in Cumberland County. Low Income/poverty was the most frequently selected issue and was ranked by 27.8% of survey respondents, followed by drugs/substance abuse.

Figure 41. Top Quality of Life Issues, as Ranked by Survey Respondents

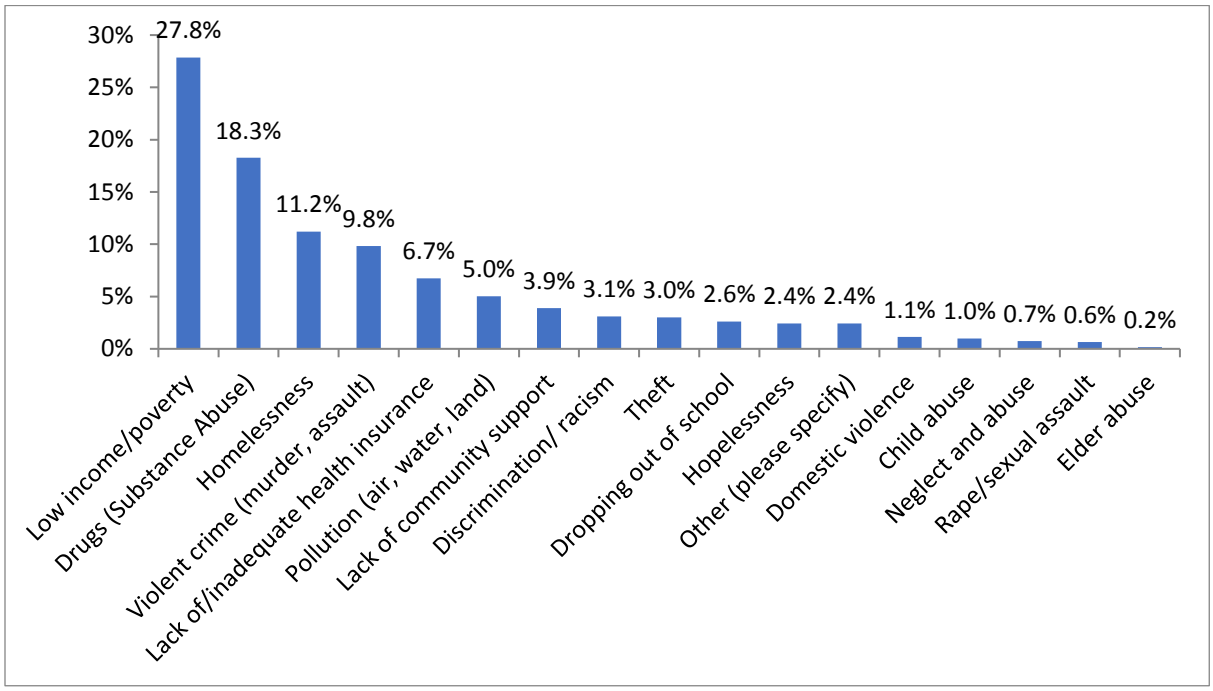


Figure 42 displays the level of agreement among Cumberland County residents in response to nine statements about their community. More than half of survey respondents agreed or strongly agreed that the county has good healthcare, is a good place to raise children, has good parks and recreation facilities and is an easy place to buy healthy foods. 40% of survey respondents either disagreed or strongly disagreed that there is plenty of economic opportunity in the county.

Figure 42. Level of Agreement Among Cumberland County Residents in Response to Nine Statements about their Community

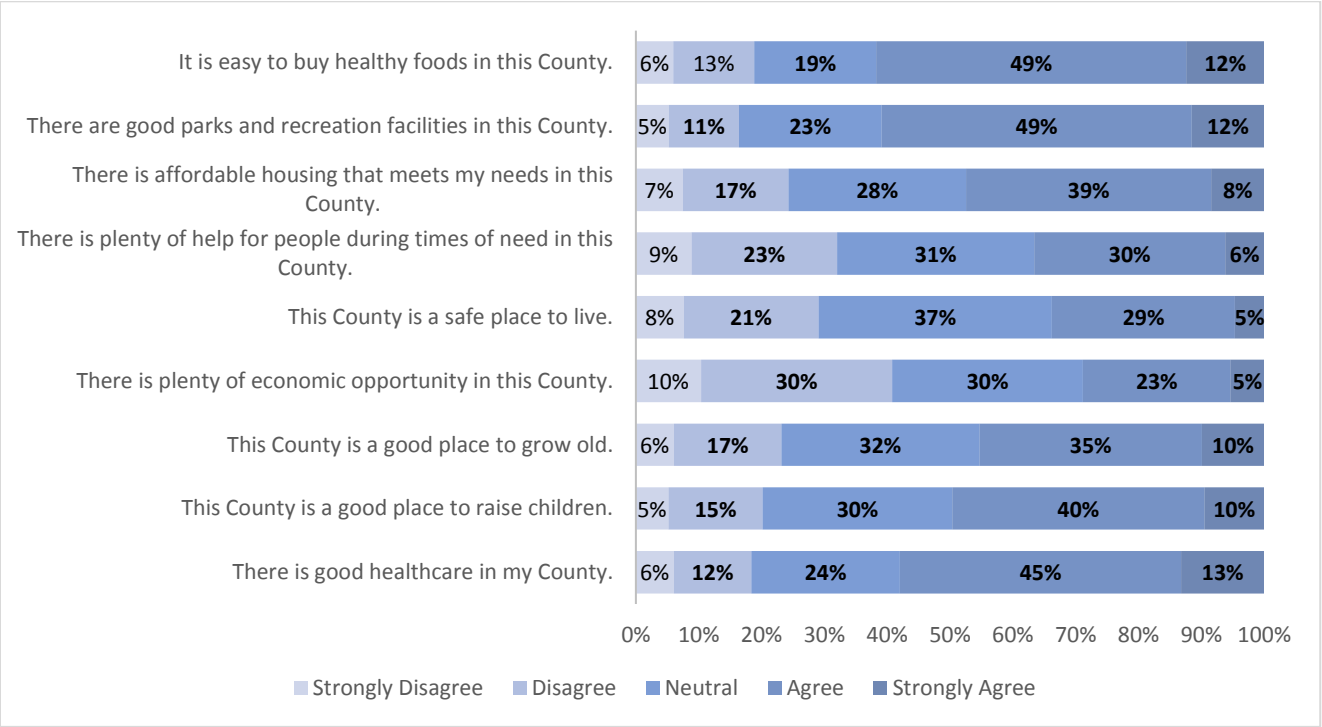


Figure 43 shows the list of services that were ranked by residents as needing the most improvement in Cumberland County. Higher paying employment was the most frequently selected issue, followed by more affordable health services, positive teen activities and counseling / mental health / support groups.

Figure 43. Services Needing the Most Improvement, as Ranked by Survey Respondents

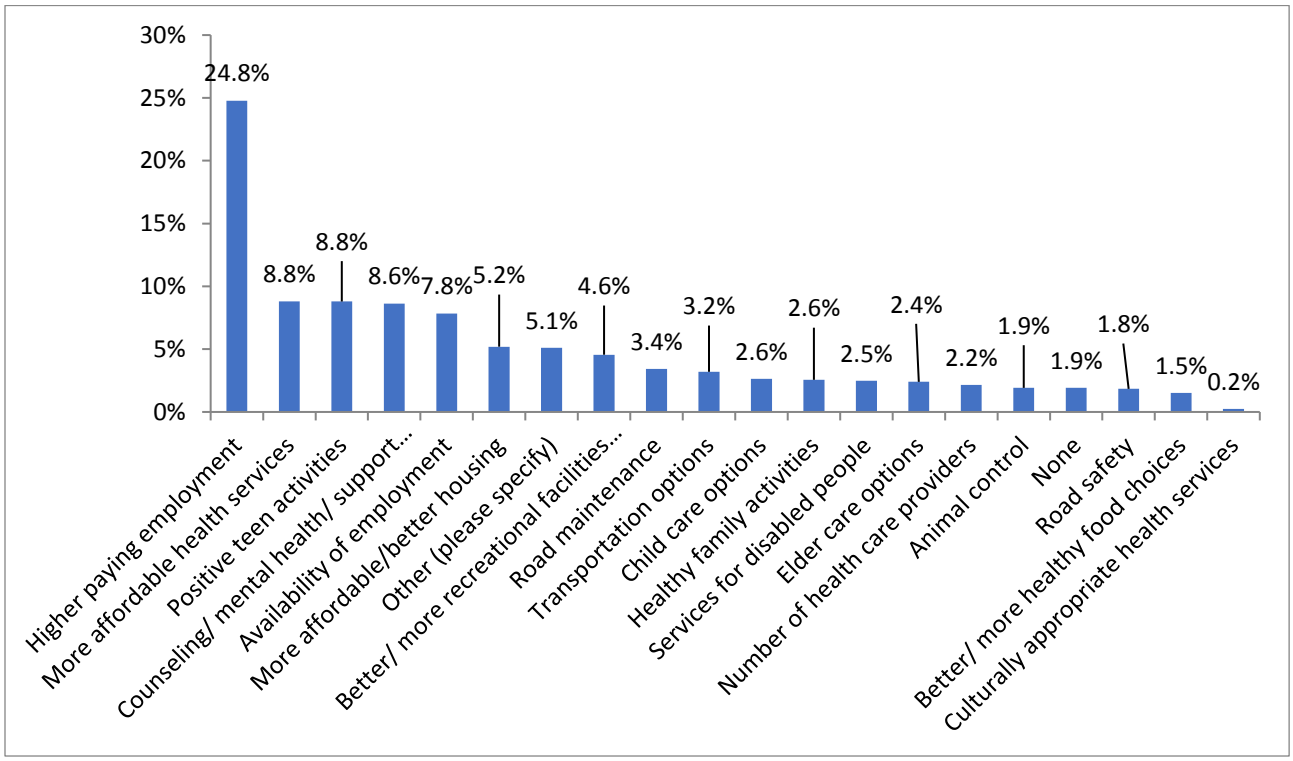
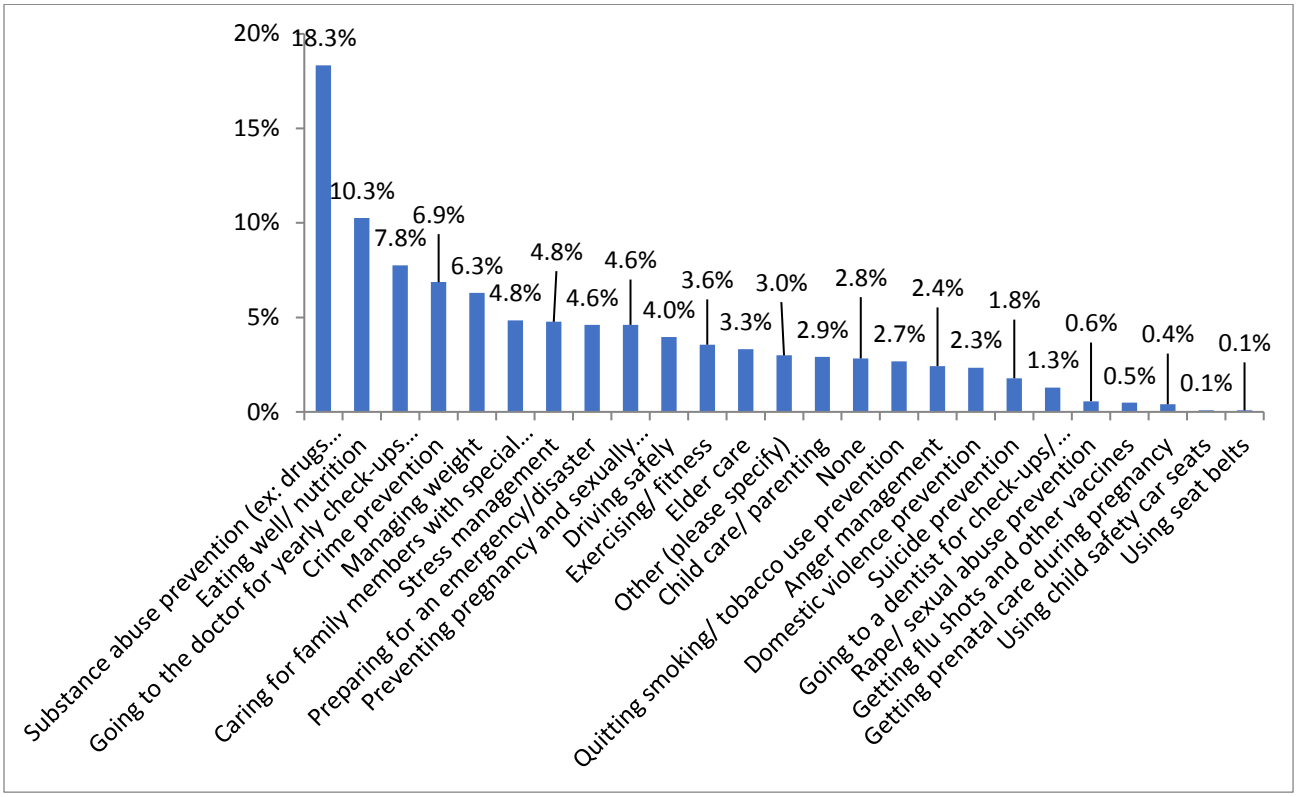


Figure 44 shows a list of health behaviors that were ranked by residents as topics that Cumberland County residents need more information about. Substance abuse prevention was the most frequently selected issue, being ranked by 18.3% of survey respondents. This was followed by other, eating well/nutrition and going to the doctor for yearly check-ups and screenings.

Figure 44. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents



Focus Group Discussions

Table 9 shows the focus group results for Cumberland County by topic area or code. Focus Group transcript text were analyzed by the Conduent HCI team using a list of codes that closely mirror the health and quality of life topics used in the data scoring and community survey processes. Text was grouped by coded excerpts, or quotes, and quantified to identify areas of the highest need per the focus group participants. All excerpts/quotes were also categorized as a strength or a barrier/need based on the context in which the participant mentioned the topic. Topics with higher frequency and mentioned in the context of needs/concerns or barriers/challenges suggests greater need in the community. Topics with a frequency more than 20 are included in the overall list of significant health needs.

Table 9. Focus Group Results by Topic Area

Topic Area (Code)	Frequency
Exercise, Nutrition & Weight	37
Access to Health Services	23
Older Adults & Aging	19
Occupational & Environmental Health	16
Low-Income/Underserved	10
Diabetes	9
Environment	9
Transportation	9

Data Synthesis

All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Cumberland County, findings from the secondary data, community survey and focus group discussions were compared and analyzed for areas of overlap. The top needs from each data source were identified using the criteria displayed in Table 10.

Table 10. Criteria for Identifying the Top Needs from each Data Source

Data Source	Criteria for Top Need
Secondary Data	Topics receiving highest data score
Community Survey	Community issues ranked by survey respondents as most affecting the quality of life*
Focus Group Discussions	Topics discussed most frequently by participants in context of needs/concerns or barriers/challenges to achieving health

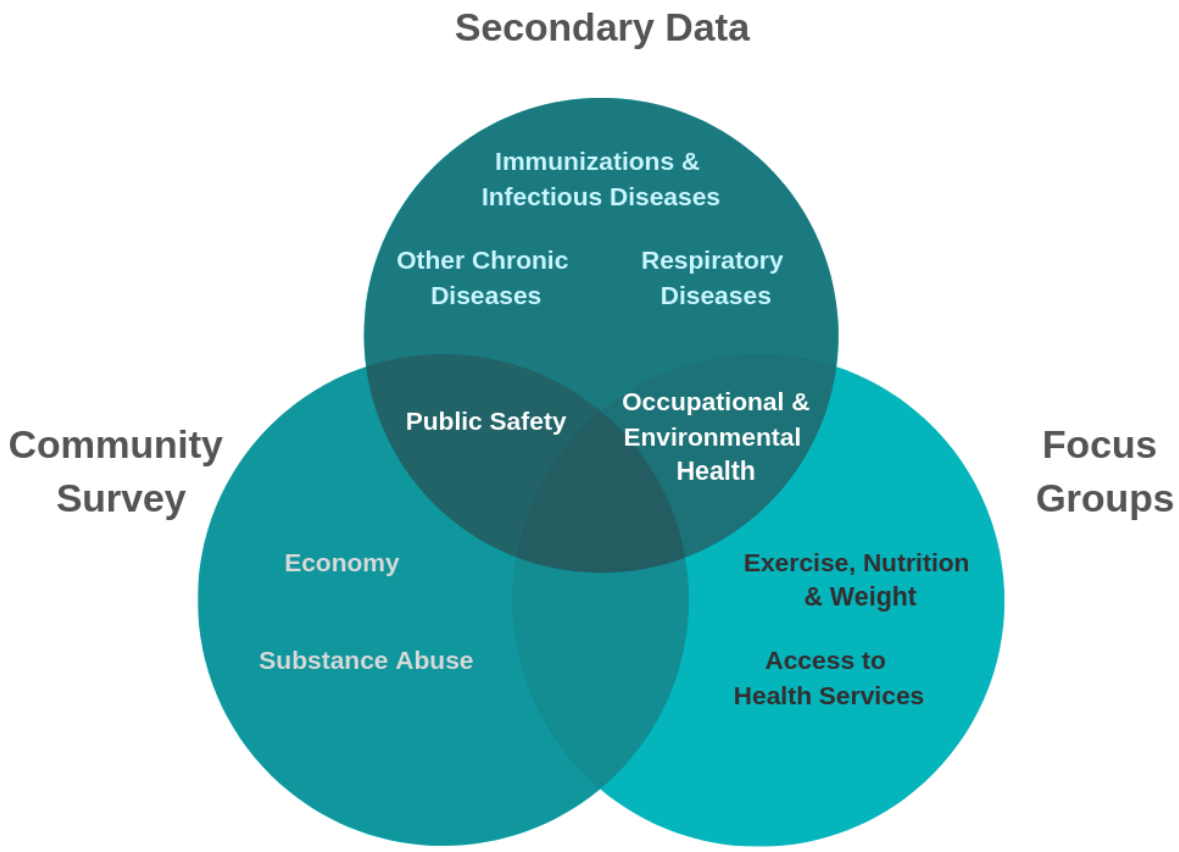
*Community Survey Q4: Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County?

The top needs from each data source were incorporated into a Venn Diagram. Community issues ranked by survey respondents were categorized to align with the health and quality of life topic areas displayed in

Table 2.

Figure 45 displays the top needs from each data source in the Venn diagram.

Figure 45. Data Synthesis



Across all three data sources, there is strong evidence of need for Occupational & Environmental Health and Public Safety. As seen in Figure 45, the survey results and focus group discussion analysis cultivated additional topics not ranked as top priorities in the secondary data findings. A mixed-methods approach is a strength when assessing a community as a whole. This process ensures robust findings through statistical analysis of health indicators and examination of constituent's perceptions of community health issues.

Topic Areas Examined in This Report

The five topic areas with the highest secondary data scores are explored in-depth in this report.

Table 11. Topic Areas Examined In-Depth in this Report

Access to Health Services
Economy
Exercise, Nutrition & Weight
Immunizations & Infectious Diseases*
Occupational & Environmental Health*
Other Chronic Diseases*
Public Safety*
Respiratory Diseases*
Substance Abuse

The five topic areas with the highest secondary data scores (starred*) are explored in-depth in the next section and include corresponding data from community participants when available. Following the five topic areas is a section called 'Other Significant Health Needs' which includes discussion of the additional topics that were identified specifically in the community survey and focus group discussions. The additional topics in 'Other Significant Health Needs' includes Access to Health Services, Economy, Exercise, Nutrition & Weight and Substance Abuse.

Navigation Within Each Topic

Findings are organized by topic area. Within each topic, key issues are summarized followed by a review of secondary and primary data findings. Special emphasis is placed on populations that are highly impacted, such as older adults, race/ethnic groups or low-income populations. Figures, tables and extracts from quantitative and qualitative data substantiate findings. Each topic includes a table with key indicators from the secondary data scoring results. The value for Cumberland County is displayed alongside relevant comparisons, gauges and icons which are color-coded with green indicating good, red indicating bad and blue indicating neutral.

Table 12 describes the gauges and icons used to evaluate the secondary data.

Table 12. Description of Gauges and Icons used in Secondary Dara Scoring

Gauge or Icon	Description
	Green represents the "best" 50th percentile.
	Yellow represents the 50th to 25th quartile
	Red represents the "worst" quartile.
	There has been a non-significant increase/decrease over time.
	There has been a significant increase/decrease over time.
	There has been neither a statistically significant increase nor decrease over time.

Immunizations & Infectious Diseases

Key Issues

- The syphilis incidence rate is a top health concerning Cumberland County and is higher than in North Carolina and the U.S. with 15.4 cases per 100,000 population
- The age-adjusted death rate due to influenza and pneumonia is significantly increasing over time and does not meet the Healthy North Carolina 2020 goal of 13.5 deaths per 100,000 population
- The HIV diagnoses rate is higher in Cumberland County than in North Carolina and does not meet the Healthy North Carolina 2020 goal of 22.2 cases per 100,000 population
- Chlamydia and Gonorrhea is higher in Cumberland County than in the state and U.S.

Secondary Data

Immunizations & Infectious Diseases has the highest data score of all topic areas, with a score of 2.10.

Table 13 highlights indicators of concern with the highest indicator scores.

Table 13. Data Scoring Results Immunizations & Infectious Diseases

Score	Indicator (Year) (Units)	Cumberland County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.5	Syphilis Incidence Rate (2016) (cases/ 100,000 population)	15.4	10.8	8.7				-	-
2.48	Age-Adjusted Death Rate due to Influenza and Pneumonia (2012-2016) (deaths/ 100,000 population)	20.9	17.8	14.8				13.5	-
2.2	HIV Diagnosis Rate (2014-2016) (cases/ 100,000 population)	28.1	16.1	-				22.2	-
2.18	Chlamydia Incidence Rate (2016) (cases/ 100,000 population)	1027.1	572.4	497.3				-	-
2.08	Gonorrhea Incidence Rate (2016) (cases/ 100,000 population)	380.9	194.4	145.8				-	-
2.03	Age-Adjusted Death Rate due to HIV (2012-2016) (deaths/ 100,000 population)	3.8	2.2	2				-	3.3

**See Appendix B for full list of indicators included in each topic area*

Primary Data

7.8% of community survey participants felt that the community needs more information about going to the doctor for yearly check-ups and screenings. Less than 1% identified getting flu shots and other vaccines was something the community needed more information about. 4.6% respondents felt that preventing pregnancy and sexually transmitted disease (safe sex) was a health behavior that the community needs more information about. 56.5% of survey participants reported that they had received a flu shot. Immunizations & Infectious Diseases was not discussed during the focus group discussions.

Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Immunizations & Infectious Diseases topic area indicators. No specific groups were identified in the primary data sources.

Other Chronic Diseases

Key Issues

- Chronic kidney disease amongst the Medicare population is higher than in North Carolina and the U.S. and is significantly increasing over time
- Rheumatoid arthritis or osteoarthritis amongst the Medicare population is higher than in North Carolina and the U.S. and is significantly increasing over time

Secondary Data

The secondary data scoring results reveal Other Chronic Diseases as a top need in Cumberland County with a score of 2.07. Additional analysis is performed to find specific indicators that contribute to this area of concern, and these indicators are identified with high indicator data scores, shown in Table 14.

Table 14. Data Scoring Results for Other Chronic Diseases

Score	Indicator (Year) (Units)	Cumberland County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.7	Chronic Kidney Disease: Medicare Population (2015) (percent)	22.4	19	18.1			
2.7	Rheumatoid Arthritis or Osteoarthritis: Medicare Population (2015) (percent)	33.8	29.1	30			

**See Appendix B for full list of indicators included in each topic area*

Primary Data

8.3% of survey respondents reported that a medical provider had diagnosed them with Osteoporosis. Community participants did not view the following services as needing the most improvement: Elder Care options (2.4%) or services for disabled people (2.5%). There were a few survey participants that selected Caring for family members with special needs/disabilities (4.9%) and elder care (3.3%) as healthy behaviors that the community needs more information.

The focus groups raise the topic of other chronic disease three times during the discussions. One participant felt that asthma and respiratory issues in general are a top health concern in the community. Two participants specifically referenced arthritis as an issue in the community and specifically for elderly farmers.

Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Other Chronic Diseases topic area indicators. The focus groups raised elderly farmers as a potential vulnerable group within this topic area

Respiratory Diseases

Key Issues

- Asthma amongst the Medicare population is a top health concern for Cumberland County and is significantly increasing over time
- The age-adjusted death rate due to influenza and pneumonia does not meet the Healthy North Carolina 2020 goal of 13.5 deaths per 100,000 population
- COPD amongst the Medicare population is significantly increasing over time
- The age-adjusted hospitalization rate due to asthma is 164.4 hospitalizations per 10,000 population

Secondary Data

Respiratory Diseases was the 4th highest scoring topic area and received a data score of 2.04. Poorly performing indicators related to the Respiratory Diseases are displayed in Table 15.

Table 15. Data Scoring Results for Respiratory Diseases

Score	Indicator (Year) (Units)	Cumberland County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.55	Asthma: Medicare Population (2015) (percent)	9.4	8.4	8.2				-	-
2.48	Age-Adjusted Death Rate due to Influenza and Pneumonia (2012-2016) (deaths/ 100,000 population)	20.9	17.8	14.8				13.5	-
2.4	COPD: Medicare Population (2015) (percent)	13.5	11.9	11.2				-	-
2.05	Age-Adjusted Hospitalization Rate due to Asthma (2014) (hospitalizations/ 10,000 population)	162.4	90.9	-				-	-

**See Appendix B for full list of indicators included in each topic area*

Primary Data

19.6% of survey participants have been told by a health professional that they have asthma. When asked what health behavior community survey participants needed more information about, 2.7% selected quitting smoking/tobacco use prevention.

14.5% of survey participants reported currently use tobacco products. Of those who reported tobacco product use, 31% would go to a doctor if they wanted to quit, 21.8% stated that they did not want to quit and 21.8% didn't know where they would go. 48.4% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 39.1% were exposed in the home and 27.3% selected 'other', mostly adding that they had been exposed in other people's homes or outside. Most participants (75%) reported that in the past 30 days, there were zero times where they drank more than 4/5 drinks on a single occasion and 8.9% had one time. Reported illicit drug use amongst survey participants in the past 30-days was low, 97.6% reported no illegal drug use and 98.5% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use (<3%) in the past 30 days, 85.2% reported marijuana use. Two participants raised Respiratory Diseases as a top health issue in the community. One person shared that their respiratory diseases were a result of smoking for 47 years.

Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Respiratory Diseases topic area indicators.

Occupational & Environmental Health

Key Issues

- Asthma amongst the Medicare population is higher than North Carolina and the U.S. and is significantly increasing over time
- The age-adjusted hospitalization rate due to asthma is 162.4 hospitalizations per 10,000 population

Secondary Data

Occupational & Environmental Health has the 5th highest data score of all topic areas, with a score of 2.01. Indicators of concern with the highest score are displayed in Table 16.

Table 16. Data Scoring Results for Occupational & Environmental Health

Score	Indicator (Year) (Units)	Cumberland County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.55	Asthma: Medicare Population (2015) (percent)	9.4	8.4	8.2			
2.05	Age-Adjusted Hospitalization Rate due to Asthma (2014) (hospitalizations/ 10,000 population)	162.4	90.9	-			

**See Appendix B for full list of indicators included in each topic area*

Primary Data

Pollution was the sixth highest ranking issue affecting quality of life in the community, with 5% of participants selecting this topic. Environmental health was referenced in the Focus Group discussions seventeen time. Participants expressed concerns with the exposure to byproducts from local industry. In particular, health effects from exposure to chemicals from spraying on crops and run off into the water supply were the primary concerns within the community. Participants were also concerned about mosquitoes in the community.

Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Occupational & Environmental Health topic area indicators. No specific groups were identified in the primary data sources.

Public Safety

Key Issues

- The age-adjusted death rate due to homicide is 11.3 deaths per 100,000 population and does not meet Healthy North Carolina 2020 or Healthy People 2020 goals
- The violent crime rate is 670.7 crimes per 100,000 population which is higher than the rate in the state and U.S.
- The age-adjusted death rate due to firearms is higher than in North Carolina and the U.S., however time trend analysis shows that this indicator is significantly decreasing over time

Secondary Data

From the secondary data scoring results, Public Safety was identified to be a top need in Cumberland County. It had the 4th highest data score of all topic areas, with a score of 2.02. Specific indicators of concern are highlighted in Table 17.

Table 17. Data Scoring Results for Public Safety

Score	Indicator (Year) (Units)	Cumberland County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.58	Age-Adjusted Death Rate due to Homicide (2012-2016) (deaths/ 100,000 population)	11.3	6.2	5.5				6.7	5.5
2.28	Violent Crime Rate (2016) (crimes/ 100,000 population)	670.7	374.9	386.3				-	-
2.25	Age-Adjusted Death Rate due to Firearms (2014-2016) (deaths/ 100,000 population)	17.7	12.7	11				-	9.3

**See Appendix B for full list of indicators included in each topic area*

Primary Data

According to survey results, Prevention & Safety ranked fourth in quality of life topics individuals in Cumberland County felt effected their lives. Specifically, 9.8% felt that violent crime was a top issue in the community. 3% selected theft and <1% selected rape/sexual assault as top issues in the community.

As stated previously, 29% strongly agreed or agreed that Cumberland County is a safe place to live and 20% strongly agreed or agreed that Cumberland County is a good place to raise children. Focus group discussion did not focus on Public Safety in depth but a few participants brought up related issues of concern in the community. A couple participants felt that there is a lack of sidewalks in the community. One participant was concerned about crime in general and that they sometimes can hear gunshots at night.

Highly Impacted Populations

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Public Safety topic area. No specific groups were identified in the primary data sources

Mortality

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. Table 18 shows the leading causes of mortality in Cumberland County, North Carolina, and Health ENC Counties in 2014-2016, where the rate is age-adjusted to the 2000 U.S. standard population and is given as an age-adjusted death rate per 100,000 population.

Table 18. Leading Causes of Mortality (2014-2016, CDC WONDER)

	Cumberland County			North Carolina			Health ENC Counties		
Rank	**Cause**	**Deaths**	**Rate***	**Cause**	**Deaths**	**Rate***	**Cause**	**Deaths**	**Rate***
1	Heart Diseases	1611	188.2	Cancer	58,187	165.1	Cancer	12,593	177.5
2	Cancer	1605	179.1	Heart Diseases	54,332	159	Heart Diseases	12,171	178.8
3	Accidental Injuries	441	46.7	Chronic Lower Respiratory Diseases	15,555	45.1	Cerebrovascular Diseases	3,247	48.5
4	Chronic Lower Respiratory Diseases	412	49.9	Accidental Injuries	15,024	48.2	Accidental Injuries	3,136	50.1
5	Cerebrovascular Diseases	347	42.4	Cerebrovascular Diseases	14,675	43.6	Chronic Lower Respiratory Diseases	3,098	44.9
6	Diabetes	262	29.7	Alzheimer’s Disease	11,202	34.2	Diabetes	2,088	29.9
7	Alzheimer's Disease	251	33.2	Diabetes	8,244	23.6	Alzheimer's Disease	1,751	27.3
8	Influenza and Pneumonia	186	22.4	Influenza and Pneumonia	5,885	17.5	Influenza and Pneumonia	1,148	17.2
9	Septicemia	181	20.8	Kidney Diseases	5,614	16.5	Kidney Diseases	1,140	16.8
10	Kidney Diseases	139	16.5	Septicemia	4,500	13.1	Septicemia	1,033	15.1

**Age-adjusted death rate per 100,000 population*

Other Significant Health Needs

Access to Health Services

Secondary Data

From the secondary data scoring results, Access to Health Services was the 26th most pressing health need in Cumberland County with a score of 0.98. Top related indicators include: Adults with Health Insurance (1.63).

Primary Data

As previously summarized, the majority of community survey respondents have health insurance through an employer (63.9%) followed by the military/Tricare/VA (16.7%). Participants were asked where they most often go to seek medical treatment, the majority sought care at a doctor's office 69.6%. The majority of participants did not report any problems getting the health care they needed in the past 12 months (83.1%). For those who reported have difficulties accessing health care services, the most common reported providers that they had trouble getting services from were a general practitioner (34.8%) dentist (29.9%), general practitioner (29%) and a specialist (27.9%). The top reasons participants reported not being able to get the necessary health care they needed were insurance didn't cover what they needed (36.9% and having no health insurance (33.9%). 94.4% of participants reported being able to see the medical provider they needed within Cumberland County.

"My neighbor doesn't have health insurance and she had an obvious problem with her feet swelling really, really large and I told her she needed to get to the doctor and she said she was waiting for a free health day in {town}. She doesn't have insurance."

Focus Group participants discussed financial barriers to accessing health services specifically with being able to afford co-pays and medications and especially for those who do not have health insurance. One participant felt that there should be more programs and services for mental health. Participants were particularly concerned for senior citizens being underinsured, veterans with limited health care options and young adults who do not have health insurance. Many people felt that there is some help for those who are low income but that more could be done such as adding urgent care and safety net clinics.

Economy

Secondary Data

From the secondary data scoring results, Economy was the 13th most pressing health need in Cumberland County with a score of 1.87. Top related indicators include: Homeownership (2.70), Students Eligible for the Free Lunch Program (2.55), Food Insecurity Rate (2.30), People Living Below Poverty Level (2.25), Total Employment Change (2.25), Families Living Below Poverty Level (2.20) and Population 16+ in Civilian Labor Force (2.20).

Primary Data
Community survey participants were asked to rank the issues most negatively impacting their community's quality of life. According to the data, both poverty and the economy were the top issues in Cumberland County that negatively impact quality of life. Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement. With the highest share of responses, higher paying employment (24.8%) and more affordable health services (8.8%).

Focus group participants also touched on key economic stressors: challenges with being able to afford healthy foods or activities and delays in seeking health care due to costs. Multiple participants brought up issues related to low wages and limited options for jobs. Other participants were concerned about employers not offering health insurance in the community.

Exercise, Nutrition & Weight

Secondary Data
From the secondary data scoring results, Exercise, Nutrition & Weight was the 16th most pressing health need in Cumberland County with a score of 1.67. Top related indicators include: Adults 20+ who are Obese (2.45), Food Insecurity Rate (2.30) and Food Environment Index (2.15).

Primary Data
Among community survey respondents, 43.3% rated their health is good and 29% rated their health as very good. However, 53% of respondents reported being told by a health professional that they were overweight and/or obese. Additionally, data from the community survey participants show that 40.1% of community members do not engage in any physical activity or exercise during the week that lasts at least 30 minutes. Among individuals that do not exercise, respondents reported being too tired to exercise (and not having enough time as the top reasons for not doing so. For those individuals that do exercise, 58.5% reported exercising or engaging in physical activity at home while 29.2% do so at a private gym.

"You just walk out your door and there are fast food places, The thing is a new restaurant comes in and it's a fast food place. When I first moved here I remember driving down {road name} and I was shocked. I have never seen that many on one place."

Exercise, Nutrition & Weight was discussed in all focus groups. Participants shared their concerns for obesity and lack of exercise amongst both young people and adults in the community. Participants shared concerns with young children staying active. Suggestions included providing more services or activities to help families stay physically active in the community. They shared that they struggled with not knowing how to eat healthy or what to select as healthy food choices when eating away from home. Many participants were concerned with the number of fast food options and limited healthy choices for eating out. To emphasize this point, when community members were asked about specific topic areas they were interested in learning more about in the community survey, managing weight and nutrition/exercise were high frequency responses.

Substance Abuse

Secondary Data
From the secondary data scoring results, Substance Abuse was the 23rd most pressing health need in Cumberland County with a score of 1.42. Top related indicators include: Alcohol-Impaired Driving Deaths (1.85) and Adults who Smoke (1.85).

Primary Data
Community survey participants ranked substance abuse (18.3%) as a top issue affecting quality of life in Cumberland County. Additionally, 18.3% of community survey respondents reported wanting to learn more about substance abuse prevention.

14.5% of survey participants reported currently use tobacco products. Of those who reported tobacco product use, 31% would go to a doctor if they wanted to quit, 21.8% stated that they did not want to quit and 21.8% didn't know where they would go. 48.4% of survey participants reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 39.1% were exposed in the home and 27.3% selected 'other', mostly adding that they had been exposed in other people's homes or outside. Most participants (75%) reported that in the past 30 days, there were zero times where they drank more than 4/5 drinks on a single occasion and 8.9% had one time. Reported illicit drug use amongst survey participants in the past 30-days was low, 97.6% reported no illegal drug use and 98.5% reported no use of prescription drugs they did not have a prescription for. Of those who reported any illegal drug use (<3%) in the past 30 days, 85.2% reported marijuana use.

Focus group discussion did not focus heavily on substance abuse, however, substance use was mentioned three times as an issue participant see as a problem that needs to be addressed in the community. Participants specifically raised opiates, heroin and alcohol abuse as issues in the community.

> *"I have to throw in there drug use. I work in the detox unit and not it's just young people, there are people in their 40's, 50's, 60's, and 70's are having addiction problems. We get a call all the time, is there a bed ready, that's a big problem. I thought it was just the big cities, but we have a problem in Cumberland County. Its opiates, heroin, alcohol."*

A Closer Look at Highly Impacted Populations

Several subpopulations emerged from the primary and secondary data for their disparities in access to care, risk factors, and health outcomes. This section focuses on these subpopulations and their unique needs.

Disparities by Age, Gender and Race/Ethnicity

Secondary data are further assessed to determine health disparities for race/ethnic, age, or gender groups. Table 19 identifies indicators in which a specific population subgroup differs significantly and negatively from the overall population in Cumberland County, with significance determined by non-overlapping confidence intervals.

Table 19. Indicators with Significant Race/Ethnic, Age, or Gender Disparities

Health Indicator	Group(s) Disparately Affected*
Prostate Cancer Incidence Rate	Black
Age-Adjusted Death Rate due to Firearms	Male
People Living Below Poverty Level	12-17, 18-24, 6-11, <6, Female, Black or African American
Families Living Below Poverty Level	American Indian or Alaska Native, Black or African American
Children Living Below Poverty Level	Black or African American
Young Children Living Below Poverty Level	Black or African American
Per Capita Income	American Indian or Alaska Native, Black or African American, Hispanic or Latino, Other, Two or More Races
Median Household Income	Black or African American, Hispanic or Latino, Other
Workers Commuting by Public Transportation	White, non-Hispanic
People 65+ Living Below Poverty Level	Female, Black or African American, Hispanic or Latino, Other
Adults with Health Insurance	25-34
Workers who Drive Alone to Work	25-44, 45-54, 55-59, 60-64, Female
Lung and Bronchus Cancer Incidence Rate	Male
Oral Cavity and Pharynx Cancer Incidence Rate	Male

People 25+ with a Bachelor's Degree or Higher	65+, American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, Other
All Cancer Incidence Rate	Male
People 25+ with a High School Degree or Higher	65+
Colorectal Cancer Incidence Rate	Male
Workers who Walk to Work	25-44, 45-54, 55-59, 60-64, Female, Black or African American
Bladder Cancer Incidence Rate	Male

**See HealthENC.org for indicator values for population subgroups*

The list of indicators with significant disparities should be interpreted with caution. Indicators beyond those displayed in Table 19 may also negatively impact a specific subgroup; however, not all data sources provide subpopulation data, so it is not possible to draw conclusions about every indicator used in the secondary data analysis.

Geographic Disparities

Geographic disparities are identified using the SocioNeeds Index®. Zip code 28301, with an index value of 96.8, has the highest socioeconomic need within Cumberland County, potentially indicating poorer health outcomes for its residents. See the SocioNeeds Index® for more details, including a map of Cumberland County zip codes and index values.

Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Cumberland County. The assessment was further informed with input from Cumberland County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified nine significant health needs: Access to Health Services, Economy, Exercise, Nutrition & Weight, Immunizations & Infectious Diseases, Occupational & Environmental Health, Other Chronic Diseases, Public Safety, Respiratory Diseases and Substance Abuse. The prioritization process identified five focus areas: (1) Access to Health Services (2) Economy (Social Determinants of Health), (3) Exercise, Nutrition &Weight, (4) Public Safety, and (5) Substance Abuse. Following this process, Cumberland County will outline how it plans to address these health needs in its implementation plan. Of these Cape Fear Valley Health System will work with the coalition to address these priorities but can best impact the following.

1. Substance Abuse/Opioid Addiction
2. Access to Health Services
3. Chronic Disease Management
4. Workforce Development

Following this process, Cape Fear Valley Health System in Cumberland County will outline how it plans to address these health needs in its implementation plan.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to Cumberland County Health Department at (910) 433-3672 or twright@co.cumberland.nc.us.

Appendix A. Impact Since Prior CHNA

Impact Since Prior CHNA: Cancer

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Cancer	Continue with education and screening of top 4 cancers at outreach events	Yes	CFVHS participated in 47 outreach events in 2016, 2017, 2018 where specific cancer screening and/or cancer education was made available. Over 9,000 residents of Cumberland County were in attendance.
	Work with Cape Fear Valley Health Foundation to raise funds for Low Dost Lung CTs for identifying those who are at risk for Lung Cancer	No	
	Continue utilizing funds from the Foundation to fund screening mammograms for those who are uninsured and underinsured	Yes	CFVHS Foundation funded 617 screening mammograms across the Cape Fear Valley Health System service area from FY 2016 to FY 2018
	Educate community at outreach events such as Thrive, Imoja, and Dogwood Festivals for the top 4 cancers: Breast, Lung, Colon, and Prostate.	Yes	CFVHS participated in 47 outreach events in 2016, 2017, 2018 where specific cancer screening and/or cancer education was made available. Over 9,000 residents of Cumberland County were in attendance.
	Track number of patients who receive low dose lung CTs so we can measure impact of program	Yes	Began tracking Lung Nodule Clinic volumes in Sept 2017. Clinic averages 30 visits per month
	Improve screening mammography rates to catch breast cancer in earlier stage	No	
	Decreased incidence in Lung Cancer	Yes	Age-Adjusted Bronchus, Trachea, and Lung Disease Death Rates have

	and/or decrease in Lung Cancer mortality rates		decreased from 59.6 deaths per 100,000 residents from 2008-2012 to 49.1 deaths per 100,000 residents from 2013-2017
	Improved screening will shift diagnosis stages to lower stages thereby keeping patients in the community for treatment	No	
	Improvement in Quality of Life for Cancer Survivors	No	Unable to measure

Impact Since Prior CHNA: Diabetes/Obesity

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Diabetes	Continue to incorporate diabetes prevention activities into all outreach events to include ways to educate patients about the risk	Yes	CFVHS participated in 18 outreach events in 2016, 2017, 2018 where specific diabetes screening and/or education was made available. Nearly 3,000 residents of Cumberland County were in attendance.
	Work with community agencies to help with the care of those who have already been diagnosed as diabetic	Yes	See Community Resource list on CFV website to highlight all CFVHS community partners
	Continue to provide educational information at Community Health Fairs	Yes	CFVHS participated in 18 outreach events in 2016, 2017, 2018 where specific diabetes screening and/or education was made available. Nearly 3,000 residents of Cumberland County were in attendance.
	Perform blood glucose checks at Community Health Fairs	Yes	CFVHS participated in 18 outreach events in 2016, 2017, 2018 where specific diabetes screening and/or education was made available. Nearly 3,000 residents of Cumberland County were in attendance.
	Refer uninsured or underinsured patients to Better Health to receive continual care if diagnosed	Yes	Better Health has been a community ally in the education of patients with diabetes
	Decrease ED utilization by persons seeking dialysis or in diabetic ketoacidosis	Yes	Patients seeking dialysis at ED decreased from 540 in FY 2016 to 313 in FY 2018
	Decrease readmissions by persons with diabetes	No	Readmissions increased from 166 in FY 2016 to 273 in FY 2018 based on Major Diagnostic Category 10
	Reduced mortality rates from Diabetes	Yes	Age-Adjusted Diabetes Disease Death Rates have decreased from 31.7 deaths per 100,000 residents from 2008-2012 to 30.8 deaths per 100,000 residents from 2013-2017

Impact Since Prior CHNA: Heart Disease

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Heart Disease	Cape Fear Valley Health System has an approved Certificate of Need for a fourth Cardiac Catheterization Laboratory to Cape Fear Valley Medical Center	Yes	New cardiac catheterization equipment became available for residents of Cumberland and surrounding counties in December 2018.
	CFVHS is opening up a Valve Clinic at the Heart Center to address those who need surgical interventions	Yes	Valve clinic opened in 2017
	Educate at risk or potential at-risk patients about the dangers of heart disease	Yes	CFVHS participated in 145 outreach events in 2016, 2017, 2018 where specific cardiac screening and/or heart health education was made available. Nearly 10,000 residents of Cumberland County were in attendance.
	At most outreach events in the community, CFVHS offers free blood pressure screenings to identify patients that can benefit from earlier intervention before patients present to the ED	Yes	CFVHS participated in 145 outreach events in 2016, 2017, 2018 where specific cardiac screening and/or heart health education was made available. Nearly 10,000 residents of Cumberland County were in attendance.
	Clinics will distribute educational information to patients about the risk of heart disease. For patients who have risk factors, clinicians will discuss treatment options and ways to prevent further development	Yes	CFVHS has approximately 30 clinics in Cumberland County that distribute educational materials to all patients for a wide variety of diseases including heart disease Providers will explain the material so patient understand risk factors plus treatment options available.
	Decrease ED utilization by persons with heart disease	Yes	Emergency Department Utilization decreased from 1,764 in FY 2016 to 1,648 in FY 2018

	Decrease inpatient admissions by persons with heart disease	Yes	Inpatient admissions decreased from 1,424 in FY 2016 to 1,236 in FY 2018
	Improved referral rates to Cardiac Rehab	No	Do not have a formal referral tracker
	Reduced mortality rates from heart disease	Yes	Age-Adjusted Heart Disease Death Rates have decreased from 206.9 deaths per 100,000 residents from 2008-2012 to 186.9 deaths per 100,000 residents from 2013-2017

Appendix B. Secondary Data Scoring

Overview

Data scoring consists of three stages, which are summarized in Figure 46:

Comparison Score

For each indicator, Cumberland County is assigned up to 7 comparison scores based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. Comparison scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

Indicator Score

Indicator scores are calculated as a weighted average of comparison scores. Indicator scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

Topic Score

Indicators are then categorized into topic areas. Topic scores are calculated by averaging all relevant indicator scores, with indicators equally weighted. Topic scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47). Indicators may be categorized into more than one topic area.

Figure 46. Secondary Data Scoring

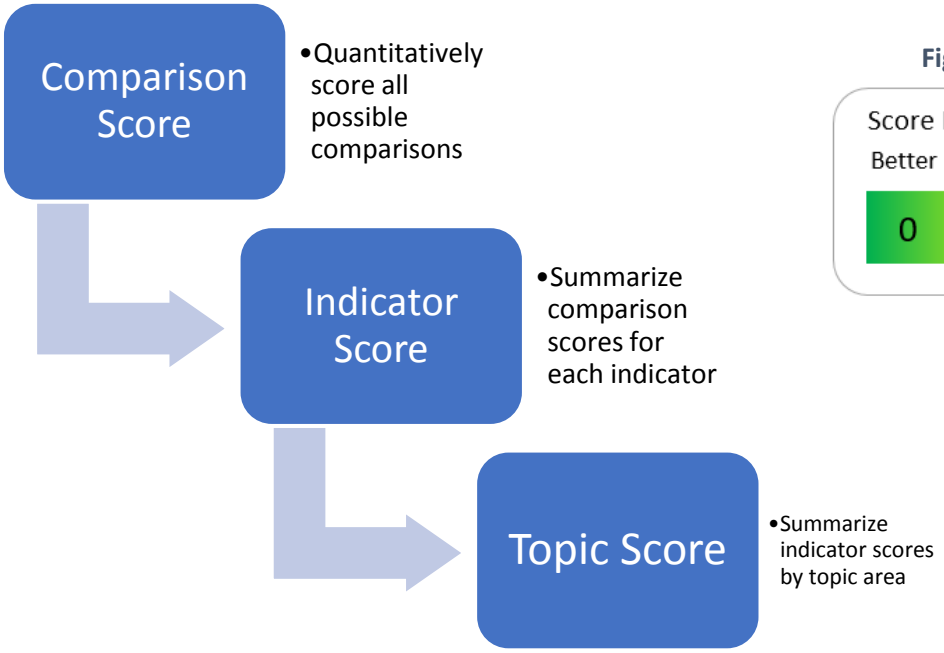
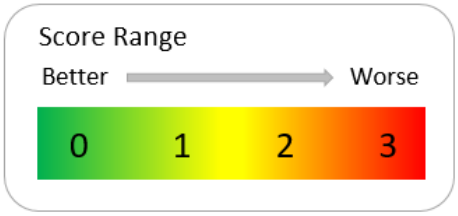


Figure 47. Score Range



Comparison Scores

Figure 48. Comparisons used in Secondary

Up to 7 comparison scores were used to assess the status of Cumberland County. The possible comparisons are shown in Figure 48 and include a comparison of Cumberland County to North Carolina counties, all U.S. counties, the North Carolina state value, the U.S. value, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The determination of comparison scores for each type of comparison is discussed in more detail below.

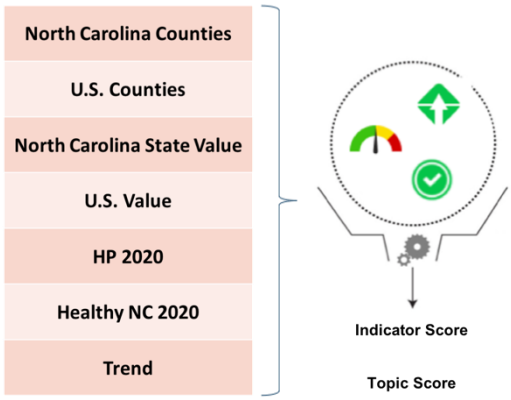


Figure 49. Compare to Distribution Indicator

Comparison to a Distribution of North Carolina Counties and U.S. Counties

For ease of interpretation and analysis, indicator data on HealthENC.org is visually represented as a green-yellow-red gauge showing how Cumberland County is faring against a distribution of counties in North Carolina or the U.S. (Figure 49).

A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into four equally sized groups based on their order (Figure 50). The comparison score is determined by how Cumberland County falls within these four groups or quartiles.

Figure 50. Distribution of County Values

Figure 51. Comparison to Single Value

Comparison to North Carolina Value and U.S. Value

As shown in Figure 51, the diamond represents how Cumberland County compares to the North Carolina state value and the national value. When comparing to a single value, the comparison score is determined by how much better or worse the county value is relative to the comparison value.

Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

Figure 52. Comparison to Target Value

As shown in Figure 52, the circle represents how Cumberland County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North Carolina 2020. Healthy People 2020[2] goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. Healthy North Carolina 2020[3] objectives provide a common set of health indicators that the state can work to improve. The North Carolina Institute of Medicine, in collaboration with the Governor's Task Force for Healthy Carolinians; the Division of Public Health, North Carolina Department of Health and Human Services (NC DHHS); the Office of Healthy Carolinians and Health Education, NC DHHS; and the State Center for Health Statistics, NC DHHS, helped lead the development of the Healthy NC 2020 objectives. When comparing to a target, the comparison score is determined by whether the target is met or unmet, and the percent difference between the indicator value and the target value.

Trend Over Time

As shown in Figure 53, the square represents the measured trend. The Mann-Kendall statistical test for trend is used to assess whether the value for Cumberland County is increasing or decreasing over time and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, a comparison score is determined by the trend's direction and its statistical significance.

Figure 53. Trend Over Time

Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If an indicator does not have data for a specific comparison type that is included for indicator score calculations, the missing comparison is substituted with a neutral score. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad and does not impact the indicator's weighted average.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

[2] For more information on Healthy People 2020, see https://www.healthypeople.gov/

[3] For more Information on Healthy North Carolina 2020, see: https://publichealth.nc.gov/hnc2020/

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Age, Gender and Race/Ethnicity Disparities

When a given indicator has data available for population subgroups – such as age, gender and race/ethnicity – and values for these subgroups include confidence intervals, we are able to determine if there is a significant difference between the subgroup's value and the overall value. A significant difference is defined as two values with non-overlapping confidence intervals. Confidence intervals are not available for all indicators. In these cases, disparities cannot be determined because there is not enough data to conclude whether two values are significantly different from each other.

Topic Scoring Table

Table 20 shows the Topic Scores for Cumberland County, with higher scores indicating a higher need.

Table 20. Topic Scores for Cumberland County

Health and Quality of Life Topics	Score
Immunizations & Infectious Diseases	2.10
Other Chronic Diseases	2.07
Respiratory Diseases	2.04
Public Safety	2.02
Environmental & Occupational Health	2.01
Men's Health	1.98
Older Adults & Aging	1.97
Heart Disease & Stroke	1.97
Diabetes	1.96
Wellness & Lifestyle	1.93
Mortality Data	1.90
Maternal, Fetal & Infant Health	1.90
Economy	1.87
Social Environment	1.80
Mental Health & Mental Disorders	1.74
Exercise, Nutrition, & Weight	1.67
Prevention & Safety	1.65
Children's Health	1.62
Women's Health	1.58
Cancer	1.55
County Health Rankings	1.51
Environment	1.48
Substance Abuse	1.42
Education	1.40
Transportation	1.06
Access to Health Services	0.98

Indicator Scoring Table

Table 21 (spanning multiple pages) presents the indicator data used in the quantitative data analysis. Indicators are grouped into topic areas and sorted by indicator score, with higher scores indicating a higher need. Cumberland County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on HealthENC.org.

Table 21. Indicator Scores by Topic Area

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.63	Adults with Health Insurance	2016	percent	85.2	84.9	88	100		25-34	1
1.38	Persons with Health Insurance	2016	percent	89.2	87.8		100	92		19
1.28	Clinical Care Ranking	2018	ranking	20						5
1.23	Children with Health Insurance	2016	percent	96.8	95.5	95.5	100			1
1.05	Preventable Hospital Stays: Medicare Population	2014	discharges/ 1,000 Medicare enrollees	49.2	49	49.9				20
0.95	Primary Care Provider Rate	2015	providers/ 100,000 population	74.1	70.6	75.5				5
0.50	Dentist Rate	2016	dentists/ 100,000 population	96.3	54.7	67.4				5
0.50	Mental Health Provider Rate	2017	providers/ 100,000 population	278.5	215.5	214.3				5
0.30	Non-Physician Primary Care Provider Rate	2017	providers/ 100,000 population	169.7	102.5	81.2				5

SCORE	CANCER	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	26.2	21.6	21.2	20.7			8
2.50	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	139.9	125	114.8			Black	8
2.43	Age-Adjusted Death Rate due to Oral Cancer	2010-2014	deaths/ 100,000 population	3.6	2.6	2.5	2.3			8
2.10	Liver and Bile Duct Cancer Incidence Rate	2010-2014	cases/ 100,000 population	8.4	7.7	7.8				8

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.80	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	184.5	172	166.1	161.4			8
1.80	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	54.3	50.7	44.7	45.5			8
1.78	Childhood Cancer Incidence Rate	2010-2014	cases/ 100,000 population 0-19	18.1	16	17.6				8
1.75	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	15.4	14.1	14.8	14.5	10.1		8
1.70	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	23.7	21.6	20.1	21.8			8
1.65	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	11.2	10.8	10.9				8
1.55	Mammography Screening: Medicare Population	2014	percent	63.2	67.9	63.1				20
1.50	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	72.5	70	61.2			Male	8
1.45	Cancer: Medicare Population	2015	percent	7.3	7.7	7.8				4
1.40	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	12.3	12.2	11.5			Male	8
1.33	Cervical Cancer Incidence Rate	2010-2014	cases/ 100,000 females	7.6	7.2	7.5	7.3			8
1.25	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	120.2	129.4	123.5				8
1.25	Pancreatic Cancer Incidence Rate	2010-2014	cases/ 100,000 population	12.4	12	12.5				8
1.20	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	446.3	457	443.6			Male	8
0.75	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	9.7	10.9	11.4				8
0.45	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	35.4	37.7	39.8	39.9		Male	8
0.30	Bladder Cancer Incidence Rate	2010-2014	cases/ 100,000 population	14.9	20.1	20.5			Male	8

SCORE	CHILDREN'S HEALTH	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.95	Children with Low Access to a Grocery Store	2015	percent	8.9						23
1.78	Childhood Cancer Incidence Rate	2010-2014	cases/ 100,000 population 0-19	18.1	16	17.6				8
1.50	Child Food Insecurity Rate	2016	percent	22.1	20.9	17.9				6

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.23	Children with Health Insurance	2016	percent	96.8	95.5	95.5	100			1

SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.58	Health Behaviors Ranking	2018	ranking	65						5
1.58	Morbidity Ranking	2018	ranking	76						5
1.58	Mortality Ranking	2018	ranking	73						5
1.58	Social and Economic Factors Ranking	2018	ranking	70						5
1.43	Physical Environment Ranking	2018	ranking	39						5
1.28	Clinical Care Ranking	2018	ranking	20						5

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Diabetes: Medicare Population	2015	percent	33.5	28.4	26.5				4
1.90	Adults 20+ with Diabetes	2014	percent	12.1	11.1	10				5
1.73	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	28.7	23	21.1				18
1.65	Diabetic Monitoring: Medicare Population	2014	percent	84.4	88.8	85.2				20

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Homeownership	2012-2016	percent	44.6	55.5	55.9				1
2.55	Students Eligible for the Free Lunch Program	2015-2016	percent	59.8	52.6	42.6				9
2.30	Food Insecurity Rate	2016	percent	19	15.4	12.9				6
2.25	People Living Below Poverty Level	2012-2016	percent	17.6	16.8	15.1		12.5	12-17, 18-24, 6-11, <6, Female, Black or African American	1
2.25	Total Employment Change	2014-2015	percent	-0.9	3.1	2.5				22
2.20	Families Living Below Poverty Level	2012-2016	percent	14.2	12.4	11			American Indian or Alaska Native, Black or African American	1

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.20	Population 16+ in Civilian Labor Force	2012-2016	percent	54.4	61.5	63.1			1
2.10	Children Living Below Poverty Level	2012-2016	percent	25.7	23.9	21.2		Black or African American	1
2.10	Unemployed Workers in Civilian Labor Force	April 2018	percent	4.8	3.7	3.7			21
2.10	Young Children Living Below Poverty Level	2012-2016	percent	28.4	27.3	23.6		Black or African American	1
2.03	Median Household Gross Rent	2012-2016	dollars	878	816	949			1
1.95	Low-Income and Low Access to a Grocery Store	2015	percent	12.8					23
1.95	Per Capita Income	2012-2016	dollars	23148	26779	29829		American Indian or Alaska Native, Black or African American, Hispanic or Latino, Other, Two or More Races	1
1.95	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	46.9	49.4	47.3	36.1		1
1.93	Median Housing Unit Value	2012-2016	dollars	129000	157100	184700			1
1.90	Households with Supplemental Security Income	2012-2016	percent	5.8	5	5.4			1
1.90	Median Household Income	2012-2016	dollars	44810	48256	55322		Black or African American, Hispanic or Latino, Other	1
1.90	People Living 200% Above Poverty Level	2012-2016	percent	58.8	62.3	66.4			1
1.88	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	410	376	462			1
1.80	Female Population 16+ in Civilian Labor Force	2012-2016	percent	55.2	57.4	58.3			1
1.65	People 65+ Living Below Poverty Level	2012-2016	percent	10.2	9.7	9.3		Female, Black or African American, Hispanic or Latino, Other	1
1.58	Social and Economic Factors Ranking	2018	ranking	70					5
1.50	Child Food Insecurity Rate	2016	percent	22.1	20.9	17.9			6
1.45	Severe Housing Problems	2010-2014	percent	16.6	16.6	18.8			5

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.40	SNAP Certified Stores	2016	stores/ 1,000 population	1						23
0.98	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1175	1243	1491				1
0.98	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	25.7	29	27.6				1
0.95	Households with Cash Public Assistance Income	2012-2016	percent	1.8	1.9	2.7				1

SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.90	High School Graduation	2016-2017	percent	81.4	86.5		87	94.6		14
1.55	4th Grade Students Proficient in Math	2016-2017	percent	57.1	58.6					14
1.50	8th Grade Students Proficient in Math	2016-2017	percent	38.5	45.8					14
1.50	Student-to-Teacher Ratio	2015-2016	students/ teacher	15.7	15.6	17.7				9
1.40	8th Grade Students Proficient in Reading	2016-2017	percent	53.2	53.7					14
1.35	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	24.1	29	30.3			65+, American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, Other	1
1.25	4th Grade Students Proficient in Reading	2016-2017	percent	60.2	57.7					14
0.75	People 25+ with a High School Degree or Higher	2012-2016	percent	90.3	86.3	87			65+	1

SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.15	Food Environment Index	2018		6	6.4	7.7				5
1.95	Children with Low Access to a Grocery Store	2015	percent	8.9						23
1.95	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.8						23
1.95	Low-Income and Low Access to a Grocery Store	2015	percent	12.8						23

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.90	Grocery Store Density	2014	stores/ 1,000 population	0.1						23
1.80	Farmers Market Density	2016	markets/ 1,000 population	0						23
1.65	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.06						23
1.60	Recognized Carcinogens Released into Air	2016	pounds	14041						24
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	1.9						23
1.45	Severe Housing Problems	2010-2014	percent	16.6	16.6	18.8				5
1.43	Physical Environment Ranking	2018	ranking	39						5
1.40	PBT Released	2016	pounds	144008						24
1.40	SNAP Certified Stores	2016	stores/ 1,000 population	1						23
1.35	Access to Exercise Opportunities	2018	percent	79.1	76.1	83.1				5
1.28	Annual Particle Pollution	2014-2016		A						2
1.28	Drinking Water Violations	FY 2013-14	percent	1.5	4			5		5
1.20	Households with No Car and Low Access to a Grocery Store	2015	percent	2.5						23
1.18	Annual Ozone Air Quality	2014-2016		A						2
0.75	Liquor Store Density	2015	stores/ 100,000 population	4	5.8	10.5				22
0.50	Houses Built Prior to 1950	2012-2016	percent	4.3	9.1	18.2				1

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Asthma: Medicare Population	2015	percent	9.4	8.4	8.2				4
2.05	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	162.4	90.9					11
1.43	Physical Environment Ranking	2018	ranking	39						5

SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.45	Adults 20+ who are Obese	2014	percent	33.4	29.6	28	30.5			5
2.30	Food Insecurity Rate	2016	percent	19	15.4	12.9				6

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.15	Food Environment Index	2018		6	6.4	7.7				5
1.95	Children with Low Access to a Grocery Store	2015	percent	8.9						23
1.95	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.8						23
1.95	Low-Income and Low Access to a Grocery Store	2015	percent	12.8						23
1.90	Grocery Store Density	2014	stores/ 1,000 population	0.1						23
1.80	Farmers Market Density	2016	markets/ 1,000 population	0						23
1.65	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.06						23
1.58	Health Behaviors Ranking	2018	ranking	65						5
1.50	Child Food Insecurity Rate	2016	percent	22.1	20.9	17.9				6
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	1.9						23
1.40	Adults 20+ who are Sedentary	2014	percent	25.4	24.3	23	32.6			5
1.40	SNAP Certified Stores	2016	stores/ 1,000 population	1						23
1.35	Access to Exercise Opportunities	2018	percent	79.1	76.1	83.1				5
1.20	Households with No Car and Low Access to a Grocery Store	2015	percent	2.5						23
0.35	Workers who Walk to Work	2012-2016	percent	4	1.8	2.8	3.1		25-44, 45-54, 55-59, 60-64, Female, Black or African American	1

SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Ischemic Heart Disease: Medicare Population	2015	percent	29.8	24	26.5				4
2.50	Hyperlipidemia: Medicare Population	2015	percent	51.8	46.3	44.6				4
2.50	Stroke: Medicare Population	2015	percent	4.7	3.9	4				4
2.20	Hypertension: Medicare Population	2015	percent	63.8	58	55				4
1.85	Heart Failure: Medicare Population	2015	percent	13.9	12.5	13.5				4
1.80	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	191.3	161.3			161.5		18

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.63	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	41.6	43.1	36.9	34.8			18
0.70	Atrial Fibrillation: Medicare Population	2015	percent	6.6	7.7	8.1				4

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Syphilis Incidence Rate	2016	cases/ 100,000 population	15.4	10.8	8.7				10
2.48	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	20.9	17.8	14.8		13.5		18
2.20	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	28.1	16.1			22.2		12
2.18	Chlamydia Incidence Rate	2016	cases/ 100,000 population	1027.1	572.4	497.3				12
2.08	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	380.9	194.4	145.8				12
2.03	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	3.8	2.2	2	3.3			18
1.85	AIDS Diagnosis Rate	2016	cases/ 100,000 population	12.4	7					12
1.48	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	2.1	2	3	1			12

SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.28	Babies with Very Low Birth Weight	2012-2016	percent	2.1	1.7	1.4	1.4			17
2.18	Preterm Births	2016	percent	11.9	10.4	9.8	9.4			17
2.13	Babies with Low Birth Weight	2012-2016	percent	9.9	9	8.1	7.8			17
1.55	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	9.3	7.2		6	6.3		18
1.35	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	17.4	15.7		36.2			18

SCORE	MEN'S HEALTH	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	139.9	125	114.8			Black	8

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.75	Life Expectancy for Males	2014	years	73.7	75.4	76.7		79.5		7
1.70	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	23.7	21.6	20.1	21.8			8

SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	10.9	9.8	9.9				4
2.43	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	14.6	12.9	13	10.2	8.3		18
2.10	Poor Mental Health: Average Number of Days	2016	days	4.3	3.9	3.8		2.8		5
1.58	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	28.2	31.9	26.6				18
1.50	Depression: Medicare Population	2015	percent	16.1	17.5	16.7				4
1.50	Frequent Mental Distress	2016	percent	13.2	12.3	15				5
0.50	Mental Health Provider Rate	2017	providers/ 100,000 population	278.5	215.5	214.3				5

SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.58	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	11.3	6.2	5.5	5.5	6.7		18
2.55	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	26.2	21.6	21.2	20.7			8
2.48	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	20.9	17.8	14.8		13.5		18
2.43	Age-Adjusted Death Rate due to Oral Cancer	2010-2014	deaths/ 100,000 population	3.6	2.6	2.5	2.3			8
2.43	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	14.6	12.9	13	10.2	8.3		18
2.25	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	17.7	12.7	11	9.3		Male	3
2.20	Premature Death	2014-2016	years/ 100,000 population	9086.8	7281.1	6658.1				5
2.03	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	3.8	2.2	2	3.3			18
1.90	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	17	14.1					18

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.85	Alcohol-Impaired Driving Deaths	2012-2016	percent	32.1	31.4	29.3		4.7		5
1.80	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	184.5	172	166.1	161.4			8
1.80	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	191.3	161.3			161.5		18
1.80	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	54.3	50.7	44.7	45.5			8
1.75	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	15.4	14.1	14.8	14.5	10.1		8
1.73	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	28.7	23	21.1				18
1.70	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	23.7	21.6	20.1	21.8			8
1.65	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	11.2	10.8	10.9				8
1.63	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	41.6	43.1	36.9	34.8			18
1.58	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	28.2	31.9	26.6				18
1.58	Mortality Ranking	2018	ranking	73						5
1.55	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	9.3	7.2		6	6.3		18
1.50	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	16.1	16.2	16.9				5
1.45	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	15.1	15.1	15.4		9.9		3
1.43	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	32.5	31.9	41.4	36.4			18

SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Chronic Kidney Disease: Medicare Population	2015	percent	22.4	19	18.1				4
2.70	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	33.8	29.1	30				4
2.55	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	10.9	9.8	9.9				4
2.55	Asthma: Medicare Population	2015	percent	9.4	8.4	8.2				4
2.55	Diabetes: Medicare Population	2015	percent	33.5	28.4	26.5				4
2.55	Ischemic Heart Disease: Medicare Population	2015	percent	29.8	24	26.5				4

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.50	Hyperlipidemia: Medicare Population	2015	percent	51.8	46.3	44.6				4
2.50	Stroke: Medicare Population	2015	percent	4.7	3.9	4				4
2.40	COPD: Medicare Population	2015	percent	13.5	11.9	11.2				4
2.20	Hypertension: Medicare Population	2015	percent	63.8	58	55				4
1.90	People 65+ Living Alone	2012-2016	percent	28.7	26.8	26.4				1
1.85	Heart Failure: Medicare Population	2015	percent	13.9	12.5	13.5				4
1.65	Diabetic Monitoring: Medicare Population	2014	percent	84.4	88.8	85.2				20
1.65	People 65+ Living Below Poverty Level	2012-2016	percent	10.2	9.7	9.3			Female, Black or African American, Hispanic or Latino, Other	1
1.58	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	28.2	31.9	26.6				18
1.55	Mammography Screening: Medicare Population	2014	percent	63.2	67.9	63.1				20
1.50	Depression: Medicare Population	2015	percent	16.1	17.5	16.7				4
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	1.9						23
1.45	Cancer: Medicare Population	2015	percent	7.3	7.7	7.8				4
0.80	Osteoporosis: Medicare Population	2015	percent	4.9	5.4	6				4
0.70	Atrial Fibrillation: Medicare Population	2015	percent	6.6	7.7	8.1				4

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Chronic Kidney Disease: Medicare Population	2015	percent	22.4	19	18.1				4
2.70	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	33.8	29.1	30				4
0.80	Osteoporosis: Medicare Population	2015	percent	4.9	5.4	6				4

SCORE	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	17.7	12.7	11	9.3		Male	3
1.90	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	17	14.1					18

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.60	Domestic Violence Deaths	2016	number	5						15
1.50	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	16.1	16.2	16.9				5
1.45	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	15.1	15.1	15.4		9.9		3
1.45	Severe Housing Problems	2010-2014	percent	16.6	16.6	18.8				5
1.43	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	32.5	31.9	41.4	36.4			18

SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.58	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	11.3	6.2	5.5	5.5	6.7		18
2.28	Violent Crime Rate	2016	crimes/ 100,000 population	670.7	374.9	386.3				13
2.25	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	17.7	12.7	11	9.3		Male	3
1.90	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	17	14.1					18
1.85	Alcohol-Impaired Driving Deaths	2012-2016	percent	32.1	31.4	29.3		4.7		5
1.65	Property Crime Rate	2016	crimes/ 100,000 population	4224.6	2779.7					13
1.60	Domestic Violence Deaths	2016	number	5						15

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Asthma: Medicare Population	2015	percent	9.4	8.4	8.2				4
2.48	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	20.9	17.8	14.8		13.5		18
2.40	COPD: Medicare Population	2015	percent	13.5	11.9	11.2				4
2.05	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	162.4	90.9					11
1.80	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	54.3	50.7	44.7	45.5			8
1.50	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	72.5	70	61.2			Male	8
1.48	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	2.1	2	3	1			12

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Homeownership	2012-2016	percent	44.6	55.5	55.9				1
2.40	Single-Parent Households	2012-2016	percent	42.5	35.7	33.6				1
2.25	People Living Below Poverty Level	2012-2016	percent	17.6	16.8	15.1		12.5	12-17, 18-24, 6-11, <6, Female, Black or African American	1
2.25	Total Employment Change	2014-2015	percent	-0.9	3.1	2.5				22
2.20	Population 16+ in Civilian Labor Force	2012-2016	percent	54.4	61.5	63.1				1
2.15	Social Associations	2015	membership associations/ 10,000 population	9.2	11.5	9.3				5
2.10	Children Living Below Poverty Level	2012-2016	percent	25.7	23.9	21.2			Black or African American	1
2.10	Young Children Living Below Poverty Level	2012-2016	percent	28.4	27.3	23.6			Black or African American	1
2.03	Median Household Gross Rent	2012-2016	dollars	878	816	949				1
1.95	Per Capita Income	2012-2016	dollars	23148	26779	29829			American Indian or Alaska Native, Black or African American, Hispanic or Latino, Other, Two or More Races	1
1.95	Voter Turnout: Presidential Election	2016	percent	58.5	67.7					16
1.93	Median Housing Unit Value	2012-2016	dollars	129000	157100	184700				1
1.90	Median Household Income	2012-2016	dollars	44810	48256	55322			Black or African American, Hispanic or Latino, Other	1
1.90	People 65+ Living Alone	2012-2016	percent	28.7	26.8	26.4				1
1.88	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	410	376	462				1
1.80	Female Population 16+ in Civilian Labor Force	2012-2016	percent	55.2	57.4	58.3				1

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.58	Social and Economic Factors Ranking	2018	ranking	70						5
1.45	Linguistic Isolation	2012-2016	percent	2.2	2.5	4.5				1
1.38	Persons with Health Insurance	2016	percent	89.2	87.8		100	92		19
1.35	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	24.1	29	30.3			65+, American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, Other	1
0.98	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1175	1243	1491				1
0.75	People 25+ with a High School Degree or Higher	2012-2016	percent	90.3	86.3	87			65+	1
0.45	Mean Travel Time to Work	2012-2016	minutes	20.8	24.1	26.1				1

SCORE	SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.85	Alcohol-Impaired Driving Deaths	2012-2016	percent	32.1	31.4	29.3		4.7		5
1.80	Adults who Smoke	2016	percent	17.8	17.9	17	12	13		5
1.58	Health Behaviors Ranking	2018	ranking	65						5
1.50	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	16.1	16.2	16.9				5
1.05	Adults who Drink Excessively	2016	percent	16.2	16.7	18	25.4			5
0.75	Liquor Store Density	2015	stores/ 100,000 population	4	5.8	10.5				22

SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.80	Workers Commuting by Public Transportation	2012-2016	percent	0.6	1.1	5.1	5.5		White, non-Hispanic	1
1.55	Workers who Drive Alone to Work	2012-2016	percent	82.1	81.1	76.4			25-44, 45-54, 55-59, 60-64, Female	1
1.45	Households without a Vehicle	2012-2016	percent	6.5	6.3	9				1

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.20	Households with No Car and Low Access to a Grocery Store	2015	percent	2.5						23
0.65	Solo Drivers with a Long Commute	2012-2016	percent	22.5	31.3	34.7				5
0.45	Mean Travel Time to Work	2012-2016	minutes	20.8	24.1	26.1				1
0.35	Workers who Walk to Work	2012-2016	percent	4	1.8	2.8	3.1		25-44, 45-54, 55-59, 60-64, Female, Black or African American	1

SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Self-Reported General Health Assessment: Poor or Fair	2016	percent	22.2	17.6	16		9.9		5
2.10	Insufficient Sleep	2016	percent	37.6	33.8	38				5
2.05	Life Expectancy for Females	2014	years	78.7	80.2	81.5		79.5		7
1.95	Poor Physical Health: Average Number of Days	2016	days	4	3.6	3.7				5
1.75	Life Expectancy for Males	2014	years	73.7	75.4	76.7		79.5		7
1.58	Morbidity Ranking	2018	ranking	76						5
1.50	Frequent Physical Distress	2016	percent	12.3	11.3	15				5

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	CUMBERLAND COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	26.2	21.6	21.2	20.7			8
2.05	Life Expectancy for Females	2014	years	78.7	80.2	81.5		79.5		7
1.60	Domestic Violence Deaths	2016	number	5						15
1.55	Mammography Screening: Medicare Population	2014	percent	63.2	67.9	63.1				20
1.33	Cervical Cancer Incidence Rate	2010-2014	cases/ 100,000 females	7.6	7.2	7.5	7.3			8
1.25	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	120.2	129.4	123.5				8
0.75	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	9.7	10.9	11.4				8

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

Sources

Table 22 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

Table 22. Indicator Sources and Corresponding Number Keys

Number Key	Source
1	American Community Survey
2	American Lung Association
3	Centers for Disease Control and Prevention
4	Centers for Medicare & Medicaid Services
5	County Health Rankings
6	Feeding America
7	Institute for Health Metrics and Evaluation
8	National Cancer Institute
9	National Center for Education Statistics
10	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
11	North Carolina Department of Health and Human Services
12	North Carolina Department of Health and Human Services, Communicable Disease Branch
13	North Carolina Department of Justice
14	North Carolina Department of Public Instruction
15	North Carolina Department of Public Safety
16	North Carolina State Board of Elections
17	North Carolina State Center for Health Statistics
18	North Carolina State Center for Health Statistics, Vital Statistics
19	Small Area Health Insurance Estimates
20	The Dartmouth Atlas of Health Care
21	U.S. Bureau of Labor Statistics
22	U.S. Census - County Business Patterns
23	U.S. Department of Agriculture - Food Environment Atlas
24	U.S. Environmental Protection Agency

Appendix C. Primary Data

Primary data used in this assessment was collected through a community survey and focus groups. The survey instruments and focus group questions are provided in this Appendix:

- English Survey
- Spanish Survey
- Focus Group Questions

English Survey

Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

We are conducting a Community Health Assessment for your county. This assessment is being undertaken by a partnership of 33 counties, hospitals, health systems, and health departments in Eastern North Carolina. It allows these partners to better understand the health status and needs of the community they serve and use the knowledge gained to implement programs that will benefit the community.

We can better understand community needs by gathering voices from the community. This survey allows community members like you to tell us about what you feel are important issues for your community. We estimate that it will take about 20 minutes to complete this ~60 question survey. Your answers to these questions will be kept confidential and anonymous.

Thank you very much for your input and your time! If you have questions about this survey, please contact Will Broughton at will.broughton@foundationhli.org.

Part 1: Quality of Life

First, tell us a little bit about yourself...

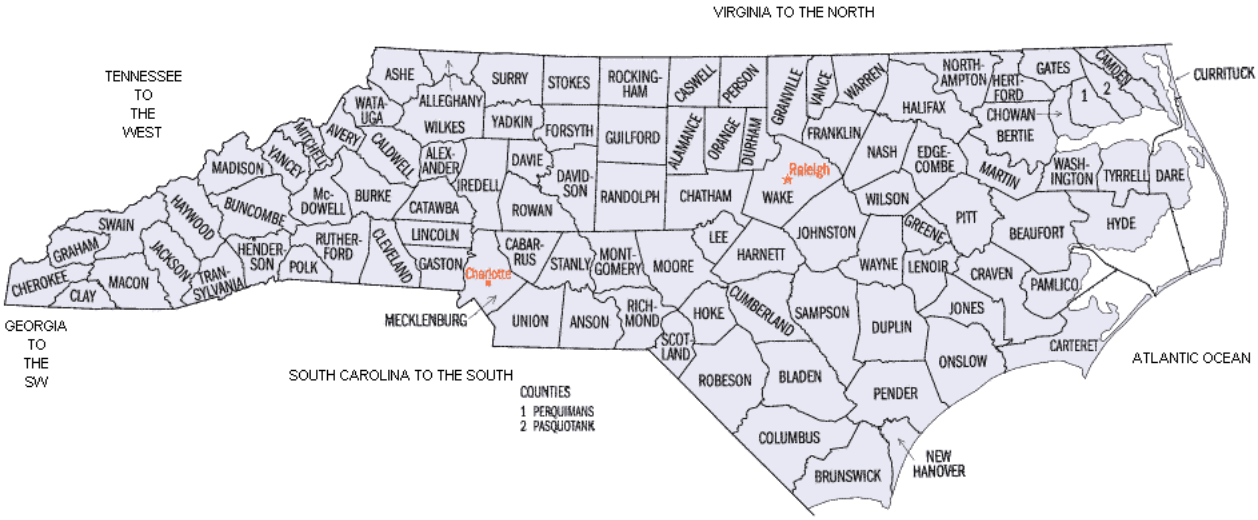
1. Where do you currently live?

ZIP/Postal Code

2. What county do you live in?

☐ Beaufort	☐ Franklin	☐ Onslow
☐ Bertie	☐ Gates	☐ Pamlico
☐ Bladen	☐ Greene	☐ Pasquotank
☐ Camden	☐ Halifax	☐ Pender
☐ Carteret	☐ Hertford	☐ Perquimans
☐ Chowan	☐ Hoke	☐ Pitt
☐ Cumberland	☐ Hyde	☐ Sampson
☐ Currituck	☐ Johnston	☐ Tyrrell
☐ Dare	☐ Lenoir	☐ Washington
☐ Duplin	☐ Martin	☐ Wayne
☐ Edgecombe	☐ Nash	☐ Wilson

North Carolina County Map



3. Think about the county that you live in. Please tell us whether you "strongly disagree", "disagree", "neutral", "agree" or "strongly agree" with each of the next 9 statements.

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There is good healthcare in my County.	☐	☐	☐	☐	☐
This County is a good place to raise children.	☐	☐	☐	☐	☐
This County is a good place to grow old.	☐	☐	☐	☐	☐
There is plenty of economic opportunity in this County.	☐	☐	☐	☐	☐
This County is a safe place to live.	☐	☐	☐	☐	☐
There is plenty of help for people during times of need in this County.	☐	☐	☐	☐	☐
There is affordable housing that meets my needs in this County.	☐	☐	☐	☐	☐
There are good parks and recreation facilities in this County.	☐	☐	☐	☐	☐
It is easy to buy healthy foods in this County.	☐	☐	☐	☐	☐

PART 2: Community Improvement

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

4. Please look at this list of community issues. In your opinion, which <u>one</u> issue most affects the quality of life in this County? *(Please choose only one.)*

- ☐ Pollution (air, water, land)
- ☐ Dropping out of school
- ☐ Low income/poverty
- ☐ Homelessness
- ☐ Lack of/inadequate health insurance
- ☐ Hopelessness
- ☐ Discrimination/ racism
- ☐ Lack of community support
- ☐ Drugs (Substance Abuse)
- ☐ Neglect and abuse
- ☐ Elder abuse
- ☐ Child abuse
- ☐ Domestic violence
- ☐ Violent crime (murder, assault)
- ☐ Theft
- ☐ Rape/sexual assault
- ☐ Other (please specify)

5. In your opinion, which <u>one</u> of the following services needs the most improvement in your neighborhood or community? *(Please choose only one.)*

- ☐ Animal control
- ☐ Child care options
- ☐ Elder care options
- ☐ Services for disabled people
- ☐ More affordable health services
- ☐ Better/ more healthy food choices
- ☐ More affordable/better housing
- ☐ Number of health care providers
- ☐ Culturally appropriate health services
- ☐ Counseling/ mental health/ support groups
- ☐ Better/ more recreational facilities (parks, trails, community centers)
- ☐ Healthy family activities
- ☐ Positive teen activities
- ☐ Transportation options
- ☐ Availability of employment
- ☐ Higher paying employment
- ☐ Road maintenance
- ☐ Road safety
- ☐ None
- ☐ Other (please specify)

PART 3: Health Information

Now we'd like to hear more about where you get health information...

6. In your opinion, which <u>one</u> health behavior do people in your own community need more information about? *(Please suggest only one.)*

- ☐ Eating well/ nutrition
- ☐ Exercising/ fitness
- ☐ Managing weight
- ☐ Going to a dentist for check-ups/ preventive care
- ☐ Going to the doctor for yearly check-ups and screenings
- ☐ Getting prenatal care during pregnancy
- ☐ Getting flu shots and other vaccines
- ☐ Preparing for an emergency/disaster
- ☐ Using child safety car seats
- ☐ Using seat belts
- ☐ Driving safely
- ☐ Quitting smoking/ tobacco use prevention
- ☐ Child care/ parenting
- ☐ Elder care
- ☐ Caring for family members with special needs/ disabilities
- ☐ Preventing pregnancy and sexually transmitted disease (safe sex)
- ☐ Substance abuse prevention (ex: drugs and alcohol)
- ☐ Suicide prevention
- ☐ Stress management
- ☐ Anger management
- ☐ Domestic violence prevention
- ☐ Crime prevention
- ☐ Rape/ sexual abuse prevention
- ☐ None
- ☐ Other (please specify)

7. Where do you get most of your health-related information? ***(Please choose only one.)***

☐ Friends and family	☐ Internet	☐ Employer
☐ Doctor/nurse	☐ My child's school	☐ Help lines
☐ Pharmacist	☐ Hospital	☐ Books/magazines
☐ Church	☐ Health department	
☐ Other (please specify)		

8. What health topic(s)/ disease(s) would you like to learn more about?

9. Do you provide care for an elderly relative at your residence or at another residence? ***(Choose only one.)***

- ☐ Yes
- ☐ No

10. Do you have children between the ages of 9 and 19 for whom you are the caretaker? (Includes step-children, grandchildren, or other relatives.) ***(Choose only one.)***

- ☐ Yes
- ☐ No ***(if No, skip to question #12)***

11. Which of the following health topics do you think your child/children need(s) more information about? ***(Check all that apply.)***

- ☐ Dental hygiene
- ☐ Nutrition
- ☐ Eating disorders
- ☐ Fitness/Exercise
- ☐ Asthma management
- ☐ Diabetes management
- ☐ Tobacco
- ☐ STDs (Sexually Transmitted Diseases)
- ☐ Sexual intercourse
- ☐ Alcohol
- ☐ Drug abuse
- ☐ Reckless driving/speeding
- ☐ Mental health issues
- ☐ Suicide prevention
- ☐ Other (please specify)

PART 4: Personal Health

These next questions are about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

12. Would you say that, in general, your health is... *(Choose only one.)*

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know/not sure

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

	Yes	No	Don't Know
Asthma	☐	☐	☐
Depression or anxiety	☐	☐	☐
High blood pressure	☐	☐	☐
High cholesterol	☐	☐	☐
Diabetes (not during pregnancy)	☐	☐	☐
Osteoporosis	☐	☐	☐
Overweight/obesity	☐	☐	☐
Angina/heart disease	☐	☐	☐
Cancer	☐	☐	☐

14. Which of the following preventive 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

15. About how long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists, such as orthodontists. ***(Choose only one.)***

- ☐ Within the past year (anytime less than 12 months ago)
- ☐ Within the past 2 years (more than 1 year but less than 2 years ago)
- ☐ Within the past 5 years (more than 2 years but less than 5 years ago)
- ☐ Don't know/not sure
- ☐ Never

16. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal activities? ***(Choose only one.)***

- ☐ Yes
- ☐ No
- ☐ Don’ t know/not sure

17. The next question is about alcohol. One drink is equivalent to a 12-ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor.

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (if male) or 4 or more drinks (if female) on an occasion?

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	

☐ Don' t know / not sure

18. Now we will ask a question about drug use. The answers that people give us about their use of drugs are important for understanding health issues in the county. We know that this information is personal, but remember your answers will be kept confidential.

Have you used any illegal drugs within the past 30 days? When we say illegal drugs this includes marijuana, cocaine, crack cocaine, heroin, or any other illegal drug substance. On about how many days have you used one of these drugs? *(Choose only one.)*

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	

☐ Don' t know / not sure

(if you responded 0, skip to question #20)

19. During the past 30 days, which illegal drug did you use? *(Check all that apply.)*

☐ Marijuana

☐ Cocaine

☐ Heroin

☐ Other (please specify)

20. During the past 30 days, have you taken any prescription drugs that you did not have a prescription for (such as Oxycontin, Percocet, Demerol, Adderall, Ritalin, or Xanax)? How many times during the past 30 days did you use a prescription drug that you did not have a prescription for? *(Choose only one.)*

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	

☐ Don’ t know / not sure

21. The next question relates to veteran's health. Have you ever served on active duty in the US Armed Forces (not including active duty only for training in the Reserves or National Guard)? *(Choose only one.)*

☐ Yes

☐ No ***(if No, skip to question #23)***

22. Has a doctor or other health professional ever told you that you have depression, anxiety, or post-traumatic stress disorder (PTSD)? *(Choose only one.)*

☐ Yes

☐ No

23. Now we'd like to know about your fitness. During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? *(Choose only one.)*

☐ Yes

☐ No ***(if No, skip to question #26)***

☐ Don’ t know/not sure ***(if Don’t know/not sure, skip to question #26)***

24. Since you said yes, how many times do you exercise or engage in physical activity during a normal week?

25. Where do you go to exercise or engage in physical activity? ***(Check all that apply.)***

- ☐ YMCA
- ☐ Park
- ☐ Public Recreation Center
- ☐ Private Gym
- ☐ Worksite/Employer
- ☐ School Facility/Grounds
- ☐ Home
- ☐ Place of Worship
- ☐ Other (please specify)

Since you responded YES to #23 (physical activity/exercise), skip to question #27.

26. Since you said "no", what are the reasons you do not exercise for at least a half hour during a normal week? You can give as many of these reasons as you need to.

- ☐ My job is physical or hard labor
- ☐ Exercise is not important to me.
- ☐ I don't have access to a facility that has the things I need, like a pool, golf course, or a track.
- ☐ I don't have enough time to exercise.
- ☐ I would need child care and I don't have it.
- ☐ I don't know how to find exercise partners.
- ☐ I don't like to exercise.
- ☐ It costs too much to exercise.
- ☐ There is no safe place to exercise.
- ☐ I would need transportation and I don't have it.
- ☐ I'm too tired to exercise.
- ☐ I'm physically disabled.
- ☐ I don't know

☐ Other (please specify)

27. <u>Not</u> counting lettuce salad or potato products such as french fries, think about how often you eat fruits and vegetables in an average week.

How many cups per week of fruits and vegetables would you say you eat? *(One apple or 12 baby carrots equal one cup.)*

Number of Cups of Fruit ☐

Number of Cups of Vegetables ☐

Number of Cups of 100% Fruit Juice ☐

28. Have you ever been exposed to secondhand smoke in the past year? *(Choose only one.)*

☐ Yes

☐ No ***(if No, skip to question #30)***

☐ Don' t know/not sure ***(if Don't know/not sure, skip to question #30)***

29. If yes, where do you think you are exposed to secondhand smoke most often? *(Check only one.)*

☐ Home

☐ Workplace

☐ Hospitals

☐ Restaurants

☐ School

☐ I am not exposed to secondhand smoke.

☐ Other (please specify)

30. Do you currently use tobacco products? (This includes cigarettes, electronic cigarettes, chewing tobacco and vaping.) *(Choose only one.)*

- ☐ Yes
- ☐ No ***(if No, skip to question #32)***

31. If yes, where would you go for help if you wanted to quit? *(Choose only one).*

- ☐ Quit Line NC
- ☐ Doctor
- ☐ Pharmacy
- ☐ Private counselor/therapist
- ☐ Other (please specify)
- ☐ Health Department
- ☐ I don't know
- ☐ Not applicable; I don't want to quit

32. Now we will ask you questions about your personal flu vaccines. An influenza/flu vaccine can be a "flu shot" injected into your arm or spray like "FluMist" which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine? *(Choose only one.)*

- ☐ Yes, flu shot

- [ ] Yes, flu spray
- [ ] Yes, both
- [ ] No
- [ ] Don’ t know/not sure

Part 5: Access to Care/Family Health

33. Where do you go <u>most often</u> when you are sick? *(Choose only one.)*

- ☐ Doctor' s office
- ☐ Medical clinic
- ☐ Health department
- ☐ Urgent care center
- ☐ Hospital
- ☐ Other (please specify)

34. Do you have any of the following types of health insurance or health care coverage? *(Choose all that apply.)*

- ☐ Health insurance my employer provides
- ☐ Health insurance my spouse's employer provides
- ☐ Health insurance my school provides
- ☐ Health insurance my parent or my parent's employer provides
- ☐ Health insurance I bought myself
- ☐ Health insurance through Health Insurance Marketplace (Obamacare)
- ☐ The military, Tricare, or the VA
- ☐ Medicaid
- ☐ Medicare
- ☐ No health insurance of any kind

35. 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? *(Choose only one.)*

- ☐ Yes
- ☐ No ***(if No, skip to question #38)***
- ☐ Don' t know/not sure

36. Since you said "yes," what type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to.

- ☐ Dentist
- ☐ General practitioner
- ☐ Eye care/ optometrist/ ophthalmologist
- ☐ Pharmacy/ prescriptions
- ☐ Pediatrician
- ☐ OB/GYN
- ☐ Health department
- ☐ Hospital
- ☐ Urgent Care Center
- ☐ Medical Clinic
- ☐ Specialist
- ☐ Other (please specify)

37. Which of these problems prevented you or your family member from getting the necessary health care? You can choose as many of these as you need to.

- ☐ No health insurance.
- ☐ Insurance didn't cover what I/we needed.

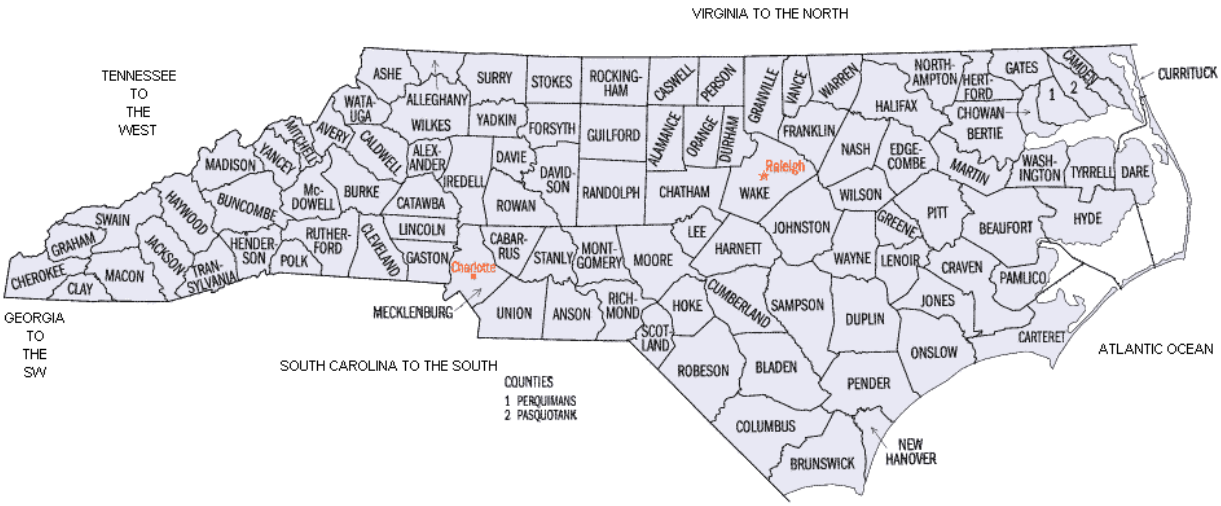
- [ ] My/our share of the cost (deductible/co-pay) was too high.
- [ ] Doctor would not take my/our insurance or Medicaid.
- [ ] Hospital would not take my/our insurance.
- [ ] Pharmacy would not take my/our insurance or Medicaid.
- [ ] Dentist would not take my/our insurance or Medicaid.
- [ ] No way to get there.
- [ ] Didn't know where to go.
- [ ] Couldn't get an appointment.
- [ ] The wait was too long.
- [ ] The provider denied me care or treated me in a discriminatory manner because of my HIV status, or because I am an LGBT individual.

38. In what county are most of the medical providers you visit located? ***(Choose only one.)***

☐ Beaufort	☐	☐ Martin	☐ Pitt
☐ Bertie	Edgecombe	☐ Moore	☐ Richmond
☐ Bladen	☐ Franklin	☐ Nash	☐ Robeson
☐ Brunswick	☐ Gates	☐ New	☐ Sampson
☐ Camden	☐ Granville	Hanover	☐ Scotland
☐ Carteret	☐ Greene	☐	☐ Tyrrell
☐ Chowan	☐ Halifax	Northampton	☐ Vance
☐ Columbus	☐ Harnett	☐ Onslow	☐ Wake
☐ Craven	☐ Hertford	☐ Pamlico	☐ Warren
☐	☐ Hoke	☐	☐ Washington
Cumberland	☐ Hyde	Pasquotank	☐ Wayne
☐ Currituck	☐ Johnston	☐ Pender	☐ Wilson
☐ Dare	☐ Jones	☐	☐ The State of
☐ Duplin	☐ Lenoir	Perquimans	Virginia

☐ Other (please specify)

North Carolina County Map


VIRGINIA TO THE NORTH
TENNESSEE TO THE WEST
GEORGIA TO THE SW
SOUTH CAROLINA TO THE SOUTH
ATLANTIC OCEAN
CURRITUCK
MECKLENBURG
Charlotte
Raleigh
NEW HANOVER
COUNTIES
1 PERQUIMANS
2 PASQUOTANK
ASHE
ALLEGHANY
SURRY
STOKES
ROCKING-HAM
CASWELL
PERSON
GRANVILLE
VANCE
WARREN
NORTH-AMPTON
HERT-FORD
GATES
CAMDEN
2
1
HALIFAX
CHOWAN
BERTIE
WATA-UGA
AVERY
MITCHELL
WILKES
YADKIN
FORSYTH
GUILFORD
ALAMANCE
ORANGE
DURHAM
FRANKLIN
NASH
EDGE-COMBE
MARTIN
WASH-INGTON
TYRRELL
DARE
MADISON
YANCEY
CALDWELL
ALEX-ANDER
DAVIE
DAVID-SON
RANDOLPH
CHATHAM
WAKE
WILSON
GREENE
PITT
BEAUFORT
HYDE
SWAIN
HAYWOOD
BUNCOMBE
Mc-DOWELL
BURKE
CATAWBA
IREDELL
ROWAN
LINCOLN
LEE
JOHNSTON
HARNETT
GRAHAM
JACKSON
HENDER-SON
RUTHER-FORD
CLEVELAND
GASTON
CABAR-RUS
STANLY
MONT-GOMERY
MOORE
WAYNE
LENOIR
CRAVEN
PAMLICO
CHEROKEE
CLAY
MACON
TRAN-SYLVANIA
POLK
UNION
ANSON
RICH-MOND
HOKE
CUMBERLAND
SAMPSON
DUPLIN
JONES
SCOT-LAND
ONSLOW
CARTERET
ROBESON
BLADEN
PENDER
COLUMBUS
BRUNSWICK

39. In the previous 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? *(Choose only one.)*

- ☐ Yes
- ☐ No
- ☐ Don’ t know/not sure

40. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to? *(Choose only one.)*

- ☐ Private counselor or therapist
- ☐ Support group (e.g., AA. Al-Anon)
- ☐ School counselor
- ☐ Other (please specify)
- ☐ Don't know
- ☐ Doctor
- ☐ Pastor/Minister/Clergy

Part 6: Emergency Preparedness

41. Does your household have working smoke and carbon monoxide detectors? *(Choose only one.)*

- ☐ Yes, smoke detectors only
- ☐ Yes, both
- ☐ Don't know/not sure
- ☐ Yes, carbon monoxide detectors only
- ☐ No

42. Does your family have a basic emergency supply kit? (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.)

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

If yes, how many days do you have supplies for? (Write number of days)

43. What would be your main way of getting information from authorities in a large-scale disaster or emergency? *(Check only one.)*

- ☐ Television
- ☐ Radio
- ☐ Internet
- ☐ Telephone (landline)
- ☐ Cell Phone
- ☐ Print media (ex: newspaper)
- ☐ Social networking site
- ☐ Neighbors
- ☐ Family
- ☐ Text message (emergency alert system)
- ☐ Don't know/not sure

☐ Other (please specify)

44. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate? ***(Check only one.)***

☐ Yes ***(if Yes, skip to question #46)***

☐ No

☐ Don’ t know/not sure

45. What would be the main reason you might not evacuate if asked to do so? ***(Check only one.)***

☐ Lack of transportation

☐ Lack of trust in public officials

☐ Concern about leaving property behind

☐ Concern about personal safety

☐ Concern about family safety

☐ Other (please specify)

☐ Concern about leaving pets

☐ Concern about traffic jams and inability to get out

☐ Health problems (could not be moved)

☐ Don't know/not sure

Part 7: Demographic Questions

The next set of questions are general questions about you, which will only be reported as a summary of all answers given by survey participants. Your answers will remain anonymous.

46. How old are you? *(Choose only one.)*

- ☐ 15-19
- ☐ 20-24
- ☐ 25-29
- ☐ 30-34
- ☐ 35-39
- ☐ 40-44
- ☐ 45-49
- ☐ 50-54
- ☐ 55-59
- ☐ 60-64
- ☐ 65-69
- ☐ 70-74
- ☐ 75-79
- ☐ 80-84
- ☐ 85 or older

47. What is your gender? *(Choose only one.)*

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Gender non-conforming
- ☐ Other

48. Are you of Hispanic, Latino, or Spanish origin? *(Choose only one).*

- ☐ I am not of Hispanic, Latino or Spanish origin
- ☐ Mexican, Mexican American, or Chicano
- ☐ Puerto Rican
- ☐ Cuban or Cuban American
- ☐ Other Hispanic or Latino (please specify)

49. What is your race? *(Choose only one).*

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino/a
- ☐ Other Pacific Islander including Native Hawaiian, Samoan, Guamanian/Chamorro
- ☐ Other race not listed here (please specify)

50. Is English the primary language spoken in your home? *(Choose only one.)*

- ☐ Yes
- ☐ No. If no, please specify the primary language spoken in your home.

51. What is your marital status? *(Choose only one.)*

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

☐ Other (please specify)

52. Select the highest level of education you have achieved. ***(Choose only one.)***

- ☐ Less than 9th grade
- ☐ 9-12th 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
- ☐ Other (please specify)

53. What was your total household income last year, before taxes? ***(Choose only one.)***

- ☐ 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

54. Enter the number of individuals in your household (including yourself).

55. What is your employment status? ***(Check all that apply.)***

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Retired
- ☐ Armed forces
- ☐ Disabled
- ☐ Student

- [ ] Homemaker
- [ ] Self-employed
- [ ] Unemployed for 1 year or less
- [ ] Unemployed for more than 1 year

56. Do you have access to the Internet at home (including broadband, Wi-Fi, dial-up or cellular data)? *(Choose only one.)*

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

57. (Optional) Is there anything else you would like us to know about your community? Please feel free to tell us below.

Thank you for your time and participation!

If you have questions about this survey, please contact us at will.broughton@foundationhli.org.

Spanish Survey

Encuesta de salud de la comunidad del Este de Carolina del Norte 2018

¡Bienvenido a la encuesta de salud comunitaria para el Este de Carolina del Norte!

Estamos llevando a cabo una evaluación de salud comunitaria para su condado. Esta evaluación está siendo realizada por una asociación de 33 condados, hospitales, sistemas de salud y departamentos de salud en el Este de Carolina del Norte. Esta evaluación les permite a estos socios comprender mejor el estado de salud y las necesidades de la comunidad a la que sirven y utilizar el conocimiento adquirido para implementar programas que beneficiarán a esta comunidad.

Podemos entender mejor las necesidades de la comunidad reuniendo las voces de los miembros de su comunidad. Esta evaluación permite que los miembros de la comunidad como usted, nos cuente sobre lo que considera son asuntos importantes para su comunidad. De ante mano le agradecemos por los 20 minutos que tomará completar esta encuesta de 57 preguntas. Sus respuestas a estas preguntas se mantendrán confidenciales y anónimas.

¡Muchas gracias por su aporte y su tiempo! Si tiene preguntas sobre esta encuesta, puede enviar un correo electrónico a Will Broughton en will.broughton@foundationhli.org.

PARTE 1: Calidad de vida

Primero, cuéntanos un poco sobre usted:

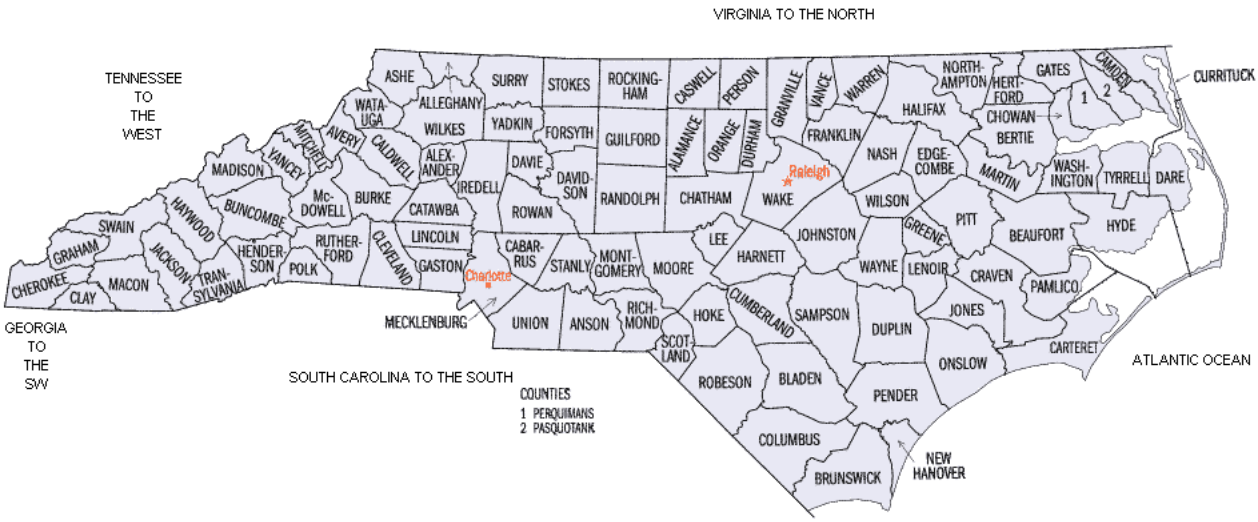
3. ¿Dónde vive actualmente?

Código postal

4. ¿En qué condado vive?

☐ Beaufort	☐ Franklin	☐ Onslow
☐ Bertie	☐ Gates	☐ Pamlico
☐ Bladen	☐ Greene	☐ Pasquotank
☐ Camden	☐ Halifax	☐ Pender
☐ Carteret	☐ Hertford	☐ Perquimans
☐ Chowan	☐ Hoke	☐ Pitt
☐ Cumberland	☐ Hyde	☐ Sampson
☐ Currituck	☐ Johnston	☐ Tyrrell
☐ Dare	☐ Lenoir	☐ Washington
☐ Duplin	☐ Martin	☐ Wayne
☐ Edgecombe	☐ Nash	☐ Wilson

Mapa del condado de Carolina del Norte



3. Piense en el condado en el que vive. Por favor díganos si está "totalmente en desacuerdo", "en desacuerdo", "neutral", "de acuerdo" o "muy de acuerdo" con cada una de las siguientes 9 declaraciones.

Declaración	Muy en desacuerdo	En desacuerdo	Neutral	De acuerdo	Muy de acuerdo
Hay una buena atención médica en mi condado	☐	☐	☐	☐	☐
Este condado es un buen lugar para criar niños	☐	☐	☐	☐	☐
Este condado es un buen lugar para envejecer.	☐	☐	☐	☐	☐
Hay buenas oportunidades económicas en este condado	☐	☐	☐	☐	☐
Este condado es un lugar seguro para vivir.	☐	☐	☐	☐	☐
Hay mucha ayuda para las personas durante los momentos de necesidad en este condado	☐	☐	☐	☐	☐
Hay viviendas accesibles que satisfacen mis necesidades en este condado	☐	☐	☐	☐	☐
Hay buenos parques e instalaciones de recreación en este condado	☐	☐	☐	☐	☐
Es fácil adquirir comidas saludables en este condado	☐	☐	☐	☐	☐

PARTE 2: Mejora de la comunidad

La siguiente serie de preguntas le preguntará sobre problemas y servicios de la comunidad que son importantes para usted. Recuerde que sus respuestas son privadas y no serán relacionadas con usted en ninguna manera.

4. Mire esta lista de problemas de la comunidad. En su opinión, ¿qué problema afecta más la calidad de vida en este condado? *(Elija solo una respuesta)*

- ☐ Contaminación (aire, agua, tierra)
- ☐ Abandono de la escuela
- ☐ Bajos ingresos / pobreza
- ☐ Falta de hogar
- ☐ Falta de un seguro de salud adecuado
- ☐ Desesperación
- ☐ Discriminación / racismo
- ☐ Falta de apoyo de la comunidad
- ☐ Drogas (Abuso de sustancias)
- ☐ Descuido y abuso
- ☐ Maltrato a personas mayores
- ☐ Abuso infantil
- ☐ Violencia doméstica
- ☐ Delito violento (asesinato, asalto)
- ☐ Robo
- ☐ Violación / agresión sexual
- ☐ Otros (especificar)

5. En su opinión, ¿cuál de los siguientes servicios necesita la mayor mejoría en su vecindario o comunidad? ***(Por favor elija solo uno)***

- ☐ Control Animal
- ☐ Opciones de cuidado infantil
- ☐ Opciones de cuidado para ancianos
- ☐ Servicios para personas con discapacidad
- ☐ Servicios de salud más accesibles
- ☐ Mejores y más opciones de alimentos saludables
- ☐ Más accesibilidad / mejores vivienda
- ☐ Número de proveedores de atención médica
- ☐ Servicios de salud apropiados de acuerdo a su cultura
- ☐ Consejería / salud mental / grupos de apoyo
- ☐ Mejores y más instalaciones recreativas (parques, senderos, centros comunitarios)
- ☐ Actividades familiares saludables
- ☐ Actividades positivas para adolescentes
- ☐ Opciones de transporte
- ☐ Disponibilidad de empleo
- ☐ Empleos mejor pagados
- ☐ Mantenimiento de carreteras
- ☐ Carreteras seguras
- ☐ Ninguna
- ☐ Otros (especificar)

PARTE 3: Información de salud

Ahora nos gustaría saber un poco más sobre dónde usted obtiene información de salud.

6. En su opinión, ¿sobre qué área de salud necesitan más información las personas de su comunidad? *(Por favor sugiera solo uno)*

- ☐ Comer bien / nutrición
- ☐ Ejercicio
- ☐ Manejo del peso
- ☐ Ir a un dentista para chequeos / cuidado preventivo
- ☐ Ir al médico para chequeos y exámenes anuales
- ☐ Obtener cuidado prenatal durante el embarazo
- ☐ Recibir vacunas contra la gripe y otras vacunas
- ☐ Prepararse para una emergencia / desastre
- ☐ Usar asientos de seguridad para niños
- ☐ Usar cinturones de seguridad
- ☐ Conducir cuidadosamente
- ☐ Dejar de fumar / prevención del uso de tabaco
- ☐ Cuidado de niños / crianza
- ☐ Cuidado de ancianos
- ☐ Cuidado de miembros de familia con necesidades especiales o discapacidades
- ☐ Prevención del embarazo y enfermedades de transmisión sexual (sexo seguro)
- ☐ Prevención del abuso de sustancias (por ejemplo, drogas y alcohol)
- ☐ Prevención del suicidio
- ☐ Manejo del estrés
- ☐ Control de la ira/enojo
- ☐ Prevención de violencia doméstica
- ☐ Prevención del crimen
- ☐ Violación / prevención de abuso sexual
- ☐ Ninguna

☐ Otros (especificar)

7. De dónde saca la mayor parte de su información relacionada con la salud? *(Por favor elija solo una respuesta)*

- ☐ Amigos y familia
- ☐ Doctor / enfermera
- ☐ Farmacéutico
- ☐ Iglesia
- ☐ Internet
- ☐ La escuela de mi hijo
- ☐ Hospital
- ☐ Departamento de salud
- ☐ Empleador
- ☐ Líneas telefónicas de ayuda
- ☐ Libros / revistas
- ☐ Otros (especificar)

8. ¿De qué temas o enfermedades de salud le gustaría aprender más?

9. ¿Cuida de un pariente anciano en su casa o en otra casa? (*Elija solo una).*

- ☐ Sí
- ☐ No

10. ¿Tiene hijos entre las edades de 9 y 19 de los cuales usted es el guardián? (Incluye hijastros, nietos u otros parientes). (*Elija solo una).*

- ☐ Sí
- ☐ No ***(Si su respuesta es No, salte a la pregunta numero 12)***

11. ¿Cuáles de los siguientes temas de salud cree que sus hijos necesitan más información? ***(Seleccione todas las opciones que corresponden).***

- ☐ Higiene dental
- ☐ Nutrición
- ☐ Trastornos de la alimentación
- ☐ Ejercicios
- ☐ Manejo del asma
- ☐ Manejo de la diabetes
- ☐ Tabaco
- ☐ ETS (enfermedades de transmisión sexual)
- ☐ Relación sexual
- ☐ Alcohol
- ☐ Abuso de drogas
- ☐ Manejo imprudente / exceso de velocidad
- ☐ Problemas de salud mental
- ☐ Prevención del suicidio
- ☐ Otros (especificar)

PARTE 4: Salud personal

Las siguientes preguntas son sobre su salud personal. Recuerde, las respuestas que brinde para esta encuesta no serán ligadas con usted de ninguna manera.

12. En general, diría que su salud es... *(Elija solo una).*

- ☐ Excelente
- ☐ Muy buena
- ☐ Buena
- ☐ Justa
- ☐ Pobre
- ☐ No sé / no estoy seguro

13. ¿Alguna vez un médico, enfermera u otro profesional de la salud le dijo que tiene alguna de las siguientes condiciones de salud?

	Sí	No	No lo sé
Asma	☐	☐	☐
Depresión o ansiedad	☐	☐	☐
Alta presión sanguínea	☐	☐	☐
Colesterol alto	☐	☐	☐
Diabetes (no durante el embarazo)	☐	☐	☐
Osteoporosis	☐	☐	☐
Sobrepeso / obesidad	☐	☐	☐
Angina / enfermedad cardíaca	☐	☐	☐
Cáncer	☐	☐	☐

14. ¿Cuál de los siguientes servicios preventivos ha tenido usted en los últimos 12 meses? *(Seleccione todas las opciones que corresponden).*

- ☐ Mamografía
- ☐ Examen de cáncer de próstata
- ☐ Examen de colon / recto
- ☐ Control de azúcar en la sangre
- ☐ Examen de Colesterol
- ☐ Examen de audición (escucha)
- ☐ Prueba de densidad de los huesos
- ☐ Examen físico
- ☐ Prueba de Papanicolaou
- ☐ Vacuna contra la gripe
- ☐ Control de la presión arterial
- ☐ Pruebas de cáncer de piel
- ☐ Examen de la vista
- ☐ Evaluación cardiovascular (el corazón)
- ☐ Limpieza dental / radiografías
- ☐ Ninguna de las anteriores

15. ¿Cuánto tiempo hace desde la última vez que visitó a un dentista o clínica dental por algún motivo? Incluya visitas a especialistas dentales, como ortodoncista. *(Elija solo una).*

- ☐ En el último año (en los últimos 12 meses)
- ☐ Hace 2 (más de un año pero menos de dos años)
- ☐ Hace más de 5 años (más de 2 años pero menos de 5 años)
- ☐ No sé / no estoy seguro
- ☐ Nunca

16. En los últimos 30 días, ¿ha habido algún día que se ha sentido triste o preocupado y le haya impedido realizar sus actividades normales? *(Elija solo una).*

- ☐ Sí

- [ ] No
- [ ] No sé / no estoy seguro

17. La siguiente pregunta es sobre el alcohol. Un trago es equivalente a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor.

Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días tomó 5 o más bebidas (si es hombre) o 4 o más bebidas (si es mujer) en una ocasión?

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	

☐ No sé / no estoy seguro

18. Ahora le vamos a hacer una pregunta sobre el uso de drogas. Las respuestas que nos dan las personas sobre su uso de drogas son importantes para comprender los problemas de salud en el condado. Sabemos que esta información es personal, pero recuerde que sus respuestas se mantendrán confidenciales.

¿Has usado alguna droga ilegal en los últimos 30 días? Cuando decimos drogas, incluimos marihuana, cocaína, crack, heroína o cualquier otra sustancia ilegal. ¿Aproximadamente cuántos días has usado una de estas drogas ilegales? *(Elija solo una).*

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	

☐ No sé / no estoy seguro

(Si su respuesta es 0, salte a la pregunta numero 20)

19. Durante los últimos 30 días, ¿qué droga ilegal ha usado? *(Marque todas las que corresponden).*

☐ Mariguana

☐ Cocaína

☐ Heroína

☐ Otros (especificar)

20. Durante los últimos 30 días, ¿ha tomado algún medicamento recetado para el que no tenía una receta (por ejemplo, Oxycontin, Percocet, Demerol, Adderall, Ritalin o Xanax)? ¿Cuántas veces durante los últimos 30 días usó un medicamento recetado para el cual no tenía una receta? *(Elija solo una).*

☐ 0	☐ 4	☐ 8	☐ 12	☐ 16	☐ 20	☐ 24	☐ 28
☐ 1	☐ 5	☐ 9	☐ 13	☐ 17	☐ 21	☐ 25	☐ 29
☐ 2	☐ 6	☐ 10	☐ 14	☐ 18	☐ 22	☐ 26	☐ 30
☐ 3	☐ 7	☐ 11	☐ 15	☐ 19	☐ 23	☐ 27	

☐ No sé / no estoy seguro

21. La siguiente pregunta se relaciona con la salud de una persona que ha servido en las fuerzas Armadas. ¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los Estados Unidos (Sin incluir el servicio activo de solo entrenamientos en las Reservas o la Guardia Nacional)? *(Elija solo una).*

☐ Sí

☐ No ***(Si su respuesta es No, salte a la pregunta numero 23)***

22. ¿Alguna vez un médico u otro profesional de la salud le ha dicho que tiene depresión, ansiedad o trastorno por estrés postraumático (TEPT)? *(Elija solo una).*

☐ Sí

☐ No

23. Ahora nos gustaría saber sobre su estado físico. Durante una semana normal, aparte de su trabajo habitual, ¿realiza alguna actividad física o ejercicio que dure al menos media hora? ***(Elija solo una).***

☐ Sí

☐ No ***(Si su respuesta es No, salte a la pregunta numero 26)***

☐ No sé / no estoy seguro ***(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 26)***

24. Como dijo que sí, ¿cuántas veces hace ejercicio o se involucra en alguna actividad física durante una semana normal?

25. ¿A dónde va a hacer ejercicio o participa en actividad físicas? *(Marque todas las que corresponden).*

- ☐ YMCA
- ☐ Parque
- ☐ Centro de Recreación Pública
- ☐ Gimnasio privado
- ☐ Otros (especificar)
- ☐ Sitio de trabajo / Empleador
- ☐ Terrenos escolares / instalaciones
- ☐ Casa
- ☐ Iglesia

Como su respuesta fue Si a la pregunta 23 (actividad física / ejercicio), salte a la pregunta numero 27

26. Ya que dijo "no", ¿cuáles son las razones por las que no hace ejercicio por media hora durante una semana normal? Puedes dar tantos de estos motivos como necesite.

- ☐ Mi trabajo es trabajo físico o trabajo duro
- ☐ El ejercicio no es importante para mí.
- ☐ No tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista.
- ☐ No tengo suficiente tiempo para hacer ejercicio.
- ☐ Necesitaría cuidado de niños y no lo tengo.
- ☐ No sé cómo encontrar compañeros de ejercicio.
- ☐ No me gusta hacer ejercicio
- ☐ Me cuesta mucho hacer ejercicio.
- ☐ No hay un lugar seguro para hacer ejercicio.

☐ Necesito transporte y no lo tengo.

☐ Estoy demasiado cansado para hacer ejercicio.

☐ Estoy físicamente deshabilitado.

☐ No lo sé.

☐ Otros (especificar)

27. Sin contar ensalada de lechuga o productos de papa como papas fritas, piense en la frecuencia con la que come frutas y verduras en una semana normal.

¿Cuántas tazas por semana de frutas y vegetales dirías que comes? ***(Una manzana o 12 zanahorias pequeñas equivalen a una taza).***

Cantidad de tazas de fruta	
Número de tazas de verduras	
Cantidad de tazas de jugo de fruta 100%	

28. ¿Alguna vez estuvo expuesto al humo del cigarro de alguien que fumó cerca de usted durante el último año? ***(Elija solo una).***

☐ Sí

☐ No ***(Si su respuesta es No, salte a la pregunta numero 30)***

☐ No sé / no estoy seguro ***(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 30)***

29. En caso afirmativo, ¿dónde cree que está expuesto al humo de segunda mano con mayor frecuencia? ***(Marque solo uno)***

☐ Casa

☐ Lugar de trabajo

☐ Hospitales

☐ Restaurantes

☐ Colegio

☐ No estoy expuesto al humo de segunda mano.

☐ Otros (especificar)

30. ¿Actualmente usa algún producto que contiene tabaco? (Esto incluye cigarros, cigarros electrónicos, masticar tabaco o cigarro de vapor.) *(Elija solo una).*

- ☐ Sí
- ☐ No ***(Si su respuesta es No, salte a la pregunta numero 32)***

31. En caso afirmativo, ¿a dónde iría en busca de ayuda si quisiera dejar de fumar? *(Elija solo una).*

- ☐ QUITLINE NC (ayuda por teléfono)
- ☐ Doctor
- ☐ Farmacia
- ☐ Consejero / terapeuta privado
- ☐ Otros (especificar)
- ☐ Departamento de salud
- ☐ No lo sé
- ☐ No aplica; No quiero renunciar

32. Ahora le haremos preguntas sobre sus vacunas personales contra la gripe. Una vacuna contra la influenza / gripe puede ser una "inyección contra la gripe" inyectada en su brazo o también el espray "FluMist" que se rocía en su nariz. Durante los últimos 12 meses, ¿se vacunó contra la gripe o se puso el espray "FluMist? *(Elija solo una).*

- ☐ Sí, vacuna contra la gripe
- ☐ Sí, FluMist

- [ ] Si ambos
- [ ] No
- [ ] No sé / no estoy seguro

PARTE 5: Acceso a la atención / Salud familiar

33. ¿A dónde va más a menudo cuando está enfermo? *(Elija solo uno)*

- ☐ Oficina del doctor
- ☐ Clínica Médica
- ☐ Departamento de salud
- ☐ Centro de cuidado urgente
- ☐ Hospital
- ☐ Otros (especificar)

34. ¿Tiene alguno de los siguientes tipos de seguro de salud o cobertura de atención médica? *(Elija todos los que aplique)*

- ☐ Seguro de salud que mi empleador proporciona
- ☐ Seguro de salud que proporciona el empleador de mi cónyuge
- ☐ Seguro de salud que mi escuela proporciona
- ☐ Seguro de salud que proporciona mi padre o el empleador de mis padres
- ☐ Seguro de salud que compré
- ☐ Seguro de salud a través del Mercado de Seguros Médicos (Obamacare)
- ☐ Seguro Militar, Tricare o él VA
- ☐ Seguro de enfermedad
- ☐ Seguro médico del estado
- ☐ Sin plan de salud de ningún tipo

35. En los últimos 12 meses, ¿tuvo problemas para obtener la atención médica que necesitaba para usted o para un familiar de cualquier tipo de proveedor de atención médica, dentista, farmacia u otro centro? *(Elija solo uno)*

- ☐ Sí
- ☐ No ***(Si su respuesta es No, salte a la pregunta numero 38)***
- ☐ No sé / no estoy seguro

36. Dado que usted dijo "sí", ¿Con cual tipo de proveedor o institución tuvo problemas para obtener atención médica? Puede elegir tantos de estos como necesite.

- ☐ Dentista
- ☐ Médico general
- ☐ Cuidado de los ojos / optometrista / oftalmólogo
- ☐ Farmacia / recetas médicas
- ☐ Pediatra
- ☐ Ginecologo
- ☐ Departamento de salud
- ☐ Hospital
- ☐ Centro de atención urgente
- ☐ Clínica Médica
- ☐ Especialista
- ☐ Otros (especificar)

37. ¿Cuáles de estos problemas le impidieron a usted o a su familiar obtener la atención médica necesaria? Puede elegir tantos de estos como necesite.

- ☐ No tiene seguro medico
- ☐ El seguro no cubría lo que necesitaba

☐ El costo del deducible del seguro era demasiado alto

☐ El doctor no aceptaba el seguro ni el Medicaid.

☐ El hospital no aceptaba el seguro.

☐ La farmacia no aceptaba el seguro ni el Medicaid.

☐ El dentista no aceptaba el seguro ni el Medicaid.

☐ No tengo ninguna manera de llegar allí.

☐ No sabía a dónde ir.

☐ No pude conseguir una cita.

☐ La espera fue demasiado larga.

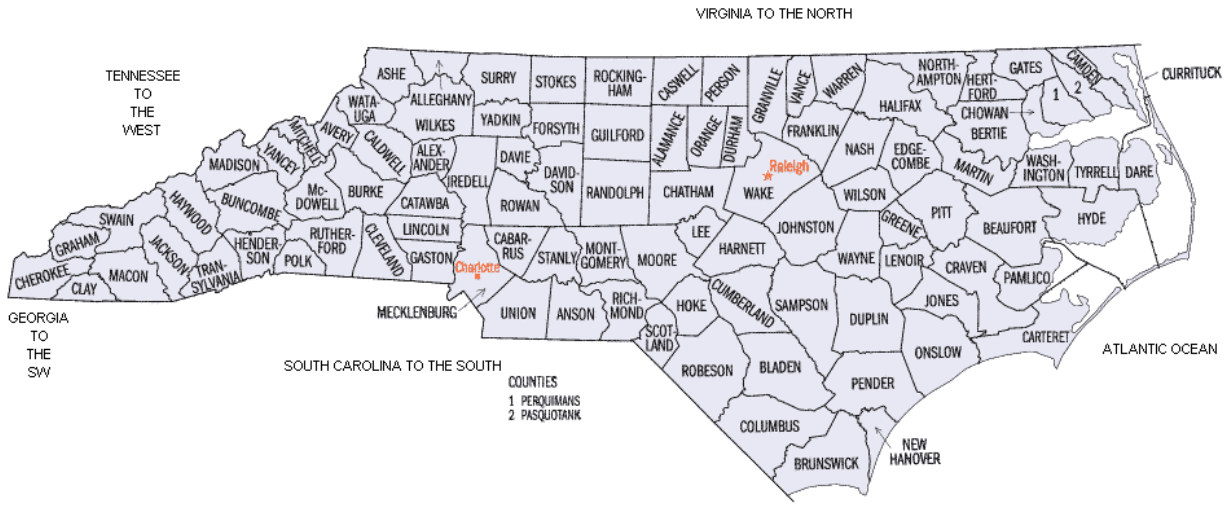
☐ El proveedor me negó atención o me trató de manera discriminatoria debido a mi estado de VIH, o porque soy lesbiana, gay, bisexual o trangenero.

38. ¿En qué condado se encuentra la mayoría de los proveedores médicos que visita? *(Elija solo uno)*

☐ Beaufort	☐	☐ Martin	☐ Pitt
☐ Bertie	Edgecombe	☐ Moore	☐ Richmond
☐ Bladen	☐ Franklin	☐ Nash	☐ Robeson
☐ Brunswick	☐ Gates	☐ New	☐ Sampson
☐ Camden	☐ Granville	Hanover	☐ Scotland
☐ Carteret	☐ Greene	☐	☐ Tyrrell
☐ Chowan	☐ Halifax	Northampton	☐ Vance
☐ Columbus	☐ Harnett	☐ Onslow	☐ Wake
☐ Craven	☐ Hertford	☐ Pamlico	☐ Warren
☐	☐ Hoke	☐	☐ Washington
Cumberland	☐ Hyde	Pasquotank	☐ Wayne
☐ Currituck	☐ Johnston	☐ Pender	☐ Wilson
☐ Dare	☐ Jones	☐	☐ El Estado de
☐ Duplin	☐ Lenoir	Perquimans	Virginia

☐ Otros (especificar)

Mapa del condado de Carolina del Norte


VIRGINIA TO THE NORTH
TENNESSEE TO THE WEST
GEORGIA TO THE SW
SOUTH CAROLINA TO THE SOUTH
ATLANTIC OCEAN
CURRITUCK
ASHE
SURRY
STOKES
ROCKING-HAM
CASWELL
PERSON
GRANVILLE
VANCE
WARREN
NORTH-AMPTON
HERT-FORD
GATES
CAMDEN
2
1
HALIFAX
CHOWAN
BERTIE
WATA-UGA
ALLEGHANY
WILKES
YADKIN
FORSYTH
GUILFORD
ALAMANCE
ORANGE
DURHAM
FRANKLIN
NASH
EDGE-COMBE
MARTIN
WASH-INGTON
TYRRELL
DARE
AVERY
MITCHELL
CALDWELL
ALEX-ANDER
DAVIE
DAVID-SON
RANDOLPH
CHATHAM
WAKE
Raleigh
WILSON
PITT
HYDE
MADISON
YANCEY
IREDELL
ROWAN
BEAUFORT
SWAIN
HAYWOOD
BUNCOMBE
Mc-DOWELL
BURKE
CATAWBA
LEE
JOHNSTON
GREENE
GRAHAM
JACKSON
HENDER-SON
RUTHER-FORD
CLEVELAND
LINCOLN
CABAR-RUS
STANLY
MONT-GOMERY
MOORE
HARNETT
WAYNE
LENOIR
CRAVEN
PAMLICO
CHEROKEE
CLAY
MACON
TRAN-SYLVANIA
POLK
GASTON
Charlotte
MECKLENBURG
UNION
ANSON
RICH-MOND
SCOT-LAND
HOKE
CUMBERLAND
SAMPSON
DUPLIN
JONES
ONSLOW
CARTERET
ROBESON
BLADEN
PENDER
COLUMBUS
BRUNSWICK
NEW HANOVER
COUNTIES
1 PERQUIMANS
2 PASQUOTANK

39. En los últimos 12 meses, ¿alguna vez le preocupó saber si la comida de su familia se agotaría antes de obtener dinero para comprar más? *(Elija solo uno)*

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

40. Si un amigo o miembro de la familia necesita asesoría para un problema de salud mental o de abuso de drogas o alcohol, ¿quién es la primera persona con la que les diría que hablen? (Elija solo uno)

- ☐ Consejero o terapeuta privado
- ☐ Grupo de apoyo
- ☐ Consejero de la escuela
- ☐ Otros (especificar)
- ☐ No sé
- ☐ Doctor
- ☐ Pastor o funcionario religioso

PARTE 6: Preparación para emergencias

41. ¿Tiene en su hogar detectores de humo y monóxido de carbono en funcionamiento? *(Elija solo uno)*

- ☐ Sí, solo detectores de humo
- ☐ Si ambos
- ☐ No sé / no estoy seguro
- ☐ Sí, sólo detectores de monóxido de carbono
- ☐ No

42. ¿Su familia tiene un kit básico de suministros de emergencia? (Estos kits incluyen agua, alimentos no perecederos, cualquier receta necesaria, suministros de primeros auxilios, linterna y baterías, abrelatas no eléctrico, cobijas, etc.)

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

En caso que sí, ¿cuántos días tiene suministros? (Escriba el número de días)

43. ¿Cuál sería su forma principal de obtener información de las autoridades en un desastre o emergencia a gran escala? *(Marque solo uno)*

- ☐ Televisión
- ☐ Radio
- ☐ Internet
- ☐ Línea de teléfono en casa
- ☐ Teléfono celular
- ☐ Medios impresos (periódico)
- ☐ Sitio de red social
- ☐ Vecinos
- ☐ Familia
- ☐ Mensaje de texto (sistema de alerta de emergencia)
- ☐ No sé / no estoy seguro
- ☐ Otros (especificar)

44. Si las autoridades públicas anunciaran una evacuación obligatoria de su vecindario o comunidad debido a un desastre a gran escala o una emergencia, ¿Ustedes evacuarían? *(Elija solo uno)*

- ☐ Sí ***(Si su respuesta es Sí, salte a la pregunta numero 46)***

- [ ] No
- [ ] No sé / no estoy seguro

45. ¿Cuál sería la razón principal por la que no evacuaría si le pidieran que lo hiciera? ***(Marque solo uno)***

- ☐ Falta de transporte
- ☐ La falta de confianza en los funcionarios públicos
- ☐ Preocupación por dejar atrás la propiedad
- ☐ Preocupación por la seguridad personal
- ☐ Preocupación por la seguridad familiar
- ☐ Preocupación por dejar mascotas
- ☐ Preocupación por los atascos de tráfico y la imposibilidad de salir
- ☐ Problemas de salud (no se pudieron mover)
- ☐ No sé / no estoy seguro
- ☐ Otros (especificar)

PARTE 7: Preguntas demográficas

La siguiente serie de preguntas son preguntas generales sobre usted, que solo se informarán como un resumen de todas las respuestas dadas por los participantes de la encuesta. Tus respuestas permanecerán en el anonimato.

46. ¿Qué edad tiene? *(Elija solo uno)*

- ☐ 15-19
- ☐ 20-24
- ☐ 25-29
- ☐ 30-34
- ☐ 35-39
- ☐ 40-44
- ☐ 45-49
- ☐ 50-54
- ☐ 55-59
- ☐ 60-64
- ☐ 65-69
- ☐ 70-74
- ☐ 75-79
- ☐ 80-84
- ☐ 85 o más

47. ¿Cuál es tu género? *(Elija solo uno)*

- ☐ Masculino
- ☐ Femenino
- ☐ Transgénero
- ☐ Género no conforme
- ☐ Otro

48. ¿Eres de origen hispano, latino o español? *(Elija solo uno)*

- ☐ No soy de origen hispano, latino o español
- ☐ Mexicano, mexicoamericano o chicano
- ☐ Puertorriqueño
- ☐ Cubano o cubano americano
- ☐ Otro - hispano o latino (por favor especifique)

49. ¿Cuál es su raza? ***(Elija solo uno)***

- ☐ Blanco
- ☐ Negro o Afroamericano
- ☐ Indio Americano o nativo de Alaska
- ☐ Indio Asiático
- ☐ Otros- Asiáticos, incluidos Japonés, Chino, Coreano, Vietnamita y Filipino
- ☐ Otros isleños del Pacífico, incluidos los nativos de Hawaii, Samoa, Guamanian / Chamorro
- ☐ Otra raza no incluida aquí (especifique)

50. ¿El inglés es el idioma principal que se habla en su hogar? ***(Elija solo uno)***

- ☐ Sí
- ☐ No. En caso negativo, especifique el idioma principal que se habla en su hogar.

51. ¿Cuál es tu estado civil? ***(Elija solo uno)***

- ☐ Nunca casado / soltero
- ☐ Casado
- ☐ Pareja- soltera
- ☐ Divorciado
- ☐ Viudo

☐ Separado

☐ Otros (especificar)

52. Seleccione el nivel más alto de educación que ha alcanzado. ***(Elija solo uno)***

- ☐ Menos de 9no grado
- ☐ 9-12 grado, sin diploma
- ☐ Graduado de secundaria (o GED / equivalente)
- ☐ Grado Asociado o Formación Profesional
- ☐ Un poco de universidad (sin título)
- ☐ Licenciatura
- ☐ Licenciado o título profesional
- ☐ Otros (especificar)

53. ¿Cuál fue el ingreso total de su hogar el año pasado, antes de impuestos? ***(Elija solo uno)***

- ☐ Menos de $10,000
- ☐ $10,000 a $14,999
- ☐ $15,000 a $24,999
- ☐ $25,000 a $34,999
- ☐ $35,000 a $49,999
- ☐ $50,000 a $74,999
- ☐ $75,000 a $99,999
- ☐ $100,000 o más

54. Ingrese el número de personas en su hogar (incluyéndose a usted)

55. ¿Cuál es su estado laboral? ***(Seleccione todas las opciones que corresponden).***

- ☐ Empleado de tiempo completo
- ☐ Empleado a tiempo parcial
- ☐ Retirado
- ☐ Fuerzas Armadas
- ☐ Discapacitado
- ☐ Estudiante

☐ Ama de casa ☐ Desempleado 1 año o menos ☐ Desempleado por más de 1 año

☐ Trabajadores por cuenta propia

56. ¿Tiene acceso al internet es su casa (Esto incluye alta velocidad, wifi, acceso telefónico o datos móviles)? *(Elija solo uno)*

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

57. (Opcional) ¿Hay algo más que le gustaría que sepamos sobre su comunidad? Por favor, siéntase libre de decirnos a continuación.

¡Gracias por su tiempo y participación!

Si tiene preguntas sobre esta encuesta, envíenos un correo electrónico a will.broughton@foundationhli.org.

Focus Group Questions

Participants' Resident County(ies):

Focus Group Name / Number:

Date Conducted:

Location:

Start Time:

End Time:

Number of Participants:

Population Type (if applicable):

Moderator Name:

Moderator Email:

Note Taker Name:

Note Taker Email:

Core Questions

1. Introduce yourself and tell us what you think is the best thing about living in this community.

2. What do people in this community do to stay healthy?
Prompt: What do you do to stay healthy?

3. In your opinion, what are the serious health related problems in your community? What are some of the causes of these problems?

4. What keeps people in your community from being healthy?
Prompt: What challenges do you face that keep you from being healthy? What barriers exist to being healthy?

5. What could be done to solve these problems?
Prompt: What could be done to make your community healthier? Additional services or changes to existing services?

6. Is there any group not receiving enough health care? If so, what group? And why?

7. Is there anything else you would like us to know?

Additional Questions

1. How do people in this community get information about health? How do you get information about health?

2. Have you or someone close to you ever experienced any challenges in trying to get healthcare services? If so, what happened?

3. What is the major environmental issue in the county?

4. Describe collaborative efforts in the community. How can we improve our level of collaboration?

5. What are the strengths related to health in your community?
Prompt: Specific strengths related to healthcare?
Prompt: Specific strengths to a healthy lifestyle?

6. If you had $100,000 to spend on a healthcare project in the county, how would you spend it?

Key Themes

Summarize the top 2-3 themes from this focus group discussion.

1.

2.

3.

Appendix D. Community Resources

Cape Fear Valley Health System provides a list of Community Resources on our website at the link below:

http://www.capefearvalley.com/patients/community-resource-list.aspx