2021-2022 COMMUNITY HEALTH NEEDS ASSESSMENT

CUMBERLAND COUNTY, NORTH CAROLINA

CAPE FEAR VALLEY HEALTH

Health ENC
Working Together for a Healthier Eastern North Carolina

Contact Information

The Cape Fear Valley Health System 2021-2022 Community Health Needs Assessment for Cumberland County is available on the CFVHS website at:

https://www.capefearvalley.com/downloads/CHNA/Cumberland-CHNA-2022.pdf

Printed copies of the Cumberland County 2022 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 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, https://www.capefearvalley.com/ .

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Acknowledgements

Cape Fear Valley Health System is pleased to present the 2021-2022 Community Health Needs Assessment (CHNA), 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.

The 2022 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.

In addition, many Cumberland County residents took the time to respond to the 2021 Cumberland County Community Health Needs Assessment survey. Our goal was to give county residents a voice in this process, and the results of the survey are included to give granularity and community perspective to the statistical data. We thank all of the individuals who responded to the survey questions and provided input into the CHNA. 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.

Executive Summary

Vision Statement

Cape Fear Valley Health System's vision statement is, "In every way, improving the quality of every life we touch," and the health system recognizes how our patients' lives are connected to and affected by the health of the overall community. Population health has a direct impact on individual health. Through working in partnership with Cumberland County, Health ENC, and other groups to identify and improve community health conditions throughout Cumberland County, we can influence and improve the health outcomes for those community members who walk through our doors as patients, as well as their neighbors. Whether that is addressing health equity issues or other social determinants of health, all the work that proceeds from this report should use the best evidence-based tactics and strategies to move toward improving the quality of life for all residents.

Leadership

The collaborative process of the 2021 Cumberland County CHNA involved the Cumberland County Department of Public Health, directed by Dr. Jennifer Green; Cape Fear Valley Health System, whose Chief Executive Officer is Michael Nagowski; and Health ENC, led by Chairperson Melissa Roupe. This process allowed for multi-county input to review systems of care, availability and access to resources, and shared goals amongst stakeholders to gather input from residents Those responses were considered, along with recent health statistics to make informed decisions in selecting priorities to focus on in the coming years.

Partnerships/Collaborations

Many different community organizations and individuals came together to contribute to the 2021-2022 Cumberland County Community Health Needs Assessment. Essential partners within the community included the following:

Partner Organizations
- Cumberland County Public Health Department
- Cumberland County Coalition
- Health Eastern North Carolina (ENC) - ECU Brody School of Medicine
- Foundation for Health Leadership & Innovation
- 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

Regional/Contracted Services

The 2021-2022 Cumberland County Community Health Needs Assessment was supported by Health ENC, a collaborative initiative of health departments and hospitals in Eastern North Carolina that provides support for community health needs assessments statewide.

Theoretical Framework/Model

There was not a single theoretical framework or model used to conduct the 2021-2022 Cumberland County Community Health Needs Assessment.

Collaborative Process Summary

The 2021-2022 Community Health Needs Assessment process was an iterative, year-long process involving several critical, strategic steps with many partners and stakeholders in the community. The Community Health Needs Assessment Process began in March 2021. The following steps were executed throughout 2021 and 2022.

DATE	CHNA ACTIVITY
March 2021	Secondary data received from state databases
April – June 2021	CHNA Survey distributed to members of the community for completion
June – August 2021	Primary and secondary data analysis completed
September 2021	Primary and secondary data ready to share
October – December 2021	Primary and secondary data shared with key stakeholders in the community and selection of health priorities for Cumberland County
February – April 2022	Finalize Cumberland County CHNA Report template
September 2022	Final CHNA Report publicly available

Key Findings

The CHNA findings were derived from analysis of an extensive set of secondary data (more than 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, vulnerable sub-populations, and segments of the community with un-met health needs. Through a synthesis of primary and secondary data, several significant health needs were identified through the Community Health Needs Assessment for Cumberland County:

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

Health Priorities

Prioritization Process

To determine which health concerns are priorities, our partners 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)
- Chronic Respiratory Disease (3rd leading cause of death)
- Other unintentional injuries (4th leading cause of death)
- Alzheimer's Disease (5th leading cause of death)
- Diabetes 6th leading cause of death)
- Stroke (7th leading cause of death)
- Motor Vehicle Accidents (8th leading cause of death)
- Pneumonia and Influenza (9th leading cause of death)
- Suicide (10th leading cause of death)
- Obesity
- Fitness and Nutrition
- Substance Abuse

Of these, Cape Fear Valley Medical Center identified three 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 2022-2025 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

Next Steps
Because many health concerns involve many risk factors, or thing(s) that increases a person's chance of developing a disease or contribute to health problems, it can be complex. Setting public health priorities and developing a Community Improvement Plan (CIP) to address health issues is critical to achieve wellness and requires collaboration among many partners and stakeholders. Identifying key community health issues and determining needs may differ by each community and available resources.

When setting our Community Improvement Plan, we considered the following:
- Focus on upstream measures, such as risk factors and behaviors, rather than disease outcomes
- Address high-priority public health issues that have a major impact on public health outcomes
- Are modifiable in the short term (through evidence-based interventions and strategies to motivate action)
- Address social determinants of health, health disparities, and health equity

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

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.

Chapter 1   Introduction

Description of 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. Elevations in Cumberland County range from 40 to 486 feet above sea level. Cumberland County has progressed from its beginnings as a river front distribution center to a highly commercialized area offering a variety of services to its citizens. Fayetteville is located in the Coastal Plain at the foot of North Carolina's Piedmont plateau. The city, located next to the Cape Fear River, is 107 feet above sea level.

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, one of the U.S. Army's largest installations in the world, since 1918 when 127,000 acres of sandhills and pine trees were designated as a U.S. Army installation. Currently, the installation covers about 161,000 acres, or 251 square miles, stretching into six counties. 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 the 2005 Base Realignment and Closure (BRAC) legislation. 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 transition out of the armed forces annually and a large number stay in the area taking jobs in local companies. Highly disciplined and highly skilled, these talented individuals strengthen the existing labor pool.

Fort Bragg underwent significant change in the 1990s. The wooden barracks were replaced with modern buildings and offices which greeted the new century with a fresh appearance. Additionally, 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.

Since 2000, Fort Bragg Soldiers have participated in combat and humanitarian operations in countries around the world. Fort Bragg responded to provide support to those impacted by Hurricane Katrina in 2005 and in Haiti after the 2010 earthquake. In 2011, two major commands moved to Fort Bragg. Fort McPherson, Georgia, was closed under the Base Realignment and Closure (BRAC) legislation. Additional impacts of BRAC resulted in the 7th Special Forces Group completing their relocation from Fort Bragg to Eglin Air Force Base, Florida.

Fort Bragg serves a vital role in the war on terror, deploying and supporting more troops than any other post, in support of Operations Enduring Freedom, Iraqi Freedom, and New Dawn. Today, Fort Bragg has approximately 10 percent of all army forces assigned to the installation, equating to 55,000 troops, 12,000 civilian employees, and 25,000 family members in one of the largest military complexes in the world (https://www.soc.mil/NewComers/FortBragg.html).

Climate

The overall climate of Cumberland County is comparable to other communities in the Carolinas, with pleasant spring and fall seasons, mild winters, and hot summers. Snow and sleet are rare and even freezing temperatures normally occur only during the months of December through February.

Although hurricanes do occur along the coast of North Carolina, and can wreak damage far inland, only 9 hurricanes in the past 50 years have had a significant impact on Cumberland County. Fayetteville is 90 miles from the closest point on the NC coast, and the effect of storms is usually limited to water damage caused by heavy rains.

Cumberland County gets an average of 46 inches of rain and 2 inches of snow per year. The number of days with any measurable precipitation is 108. On average, there are 217 sunny days per year in Cumberland County. The July high is around 91 degrees and the January low is 31 degrees. Our comfort index, which is based on humidity during the hot months, is a 7.4 out of 10, where higher is more comfortable.

Climate	Cumberland County, NC
Rainfall (inches)	45.5
Snowfall (inches)	1.4
Precipitation Days	108
Sunny Days	217
Average July High	90.6
Average July Low	31.8
Comfort Index (higher = better)	7.4
UV Index	4.7
Elevation Feet	148

Source: https://www.bestplaces.net/climate/county/north_carolina/cumberland

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.

Overview of Health ENC

Health ENC is a collaborative initiative of health departments and hospitals in eastern North Carolina. The collaborative serves 35 counties with 34 participating health departments and 31 participating hospitals. The collaborative uses a shared approach for primary and secondary data collection to produce a comprehensive Regional Community Health Needs Assessment every three years that can be used to partially satisfy requirements for North Carolina Local Health Department Accreditation and the Internal Revenue Service requirement under the Patient Protection and Affordable Care Act for charitable hospitals.

Overview of Community Health Needs Assessment Process

The Community Health Needs Assessment Process gathers population health data that county health departments, hospitals, and community groups can use to

- Identify key health needs/issues in eastern North Carolina Communities
- Develop strategies and action plans based upon data and aim to improve the quality of life
- Collaborate to maximize results by having a collective impact in the region
- Maintain local control and decision-making about the choice of health priorities and interventions, and
- Improve health, partnerships, and communication.

Participating Health ENC Counties
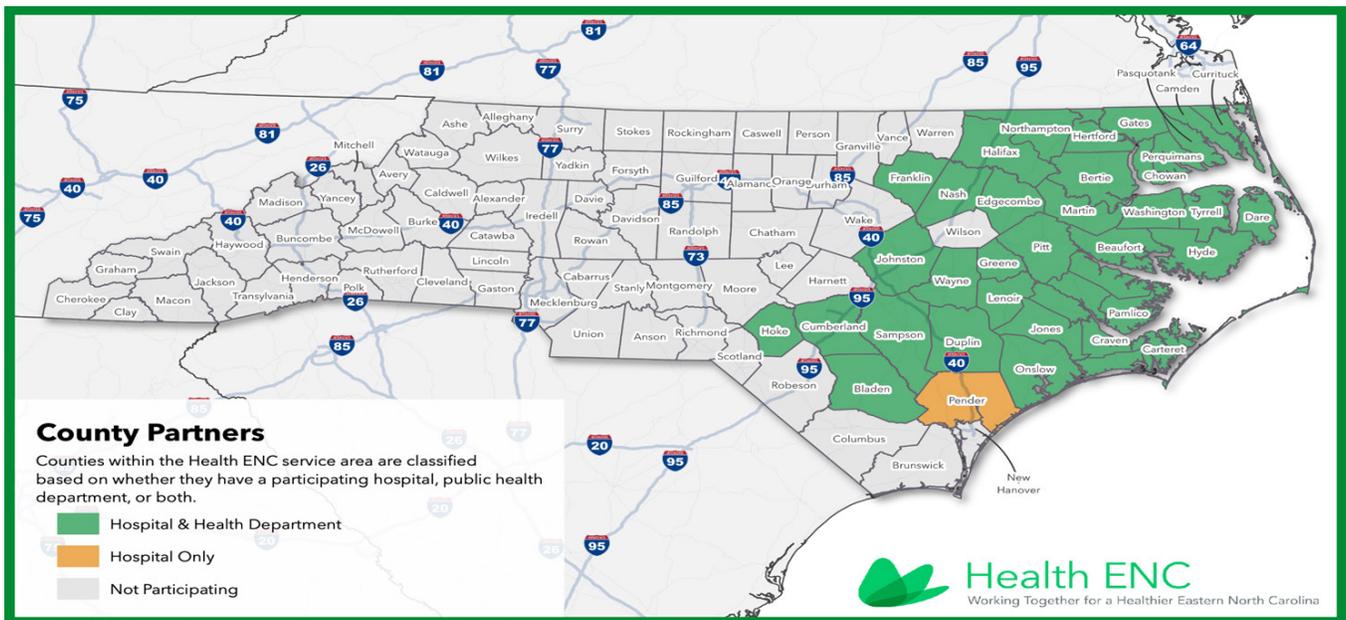
Health ENC serves the following counties: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Craven, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Jones, Lenoir, Martin, Nash, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, and Wayne Counties.

Health Data Sources
Primary Data – Community Survey

Survey Methodology/Design
The Health ENC Steering Committee structured the primary data collection for participating health departments and hospitals. The primary data used in the Community Health Needs Assessments included (1) a community survey that could be distributed online or by a paper submission and (2) focus group discussions in some counties. The Health ENC Steering Committee did not encourage focus groups for the 2021-2022 Community Health Needs Assessments because of the global COVID-19 pandemic. However, some counties were able to hold focus group discussions safely despite significant challenges in collecting enough survey responses to accurately represent their community's population.

Survey Design:

The Health ENC Steering Committee developed a primary survey to gather information from community members about their health concerns. A workgroup of Steering Committee members convened and examined survey questions utilized in the 2018-2019 Community Health Needs Assessment. The workgroup also examined data readily available from secondary data sources. The workgroup focused on developing survey questions to obtain data from community members which was not readily available in the secondary data or where secondary data was weak. In addition, workgroup members worked to combine questions where appropriate and to be more inclusive in the wording of response choices. The Steering Committee reviewed the sample survey questions and made a few additional revisions to assure the survey only contained questions where community input was needed to guide health priority selection and strategic action planning.

Once the survey questions were finalized, the Steering Committee decided on targets for each county. Because the survey was a convenience sample that was being conducted during a global pandemic (COVID-19), each county was asked to complete a minimum of 300 surveys with representation from as many community groups as possible to assure sufficient sampling to represent the full community. The target of 300 surveys per county was identified through previous work with data analysis vendors who examined each county's population and confirmed this number should provide an accurate reflection of the total county's population, if responses reflected the population demographics equally.

The surveys were made available to the public from April 1 – June 30, 2021. Surveys were made available in paper format and electronically using the REDcap software. Health ENC partners received feedback throughout the survey period on the age, gender, race/ethnicity, and language of survey respondents to assist them in promoting the surveys to various community members within their counties. At the completion of the survey period, 16,661 English surveys and 502 Spanish surveys were completed. Most counties did not have an equally distributed response to surveys to represent their entire county's population. As a result, survey responses should be considered as only one component of information utilized to select health priorities. The most

underserved populations' feedback is not adequately reflected in most surveys. Health ENC partners were encouraged to include key stakeholders, who served these populations, in the health priority selection process to assure many of their clients' health needs were considered.

The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (2) focus group discussions. Over 1,500 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.

Key Areas Examined
- Quality of life, health behaviors, health perceptions
- Preventative services, exercise, and access to care

County Responses
- 1,545 Total English (Total in ENC survey =16,661)
- 36 Total Spanish (Total in ENC survey =502)

Secondary Data Sources
- Healthy North Carolina 2030 (HNC 2030)
- NC State Center for Health Statistics
- Robert Wood Johnson County Health Rankings and Roadmaps

Limitations
- The data presented represents a snapshot of the population, economic and leading health and wellness issues in eastern NC communities
- It includes primary data gathered from community surveys and secondary data from health and other sources.
- This information can be used as a guide for helping communities identify leading health issues in the Health ENC County Region
- Other health issues, data and resources may be available that were not listed here that communities may wish to consider when establishing health priorities

Chapter 2   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 explored the demographic profile of Cumberland County, North Carolina.

Total Population

According to the U.S. Census Bureau's 2019 population estimates, Cumberland County has a population of 335,509. While the population of Cumberland County decreased from 2016 to 2017, the population has increased from 2017 to 2019. The graph noted below provides a visual for the total population in Cumberland County.

Total Population (U.S. Census)

Year	Population
2016	333,167
2017	330,994
2018	333,430
2019	335,509
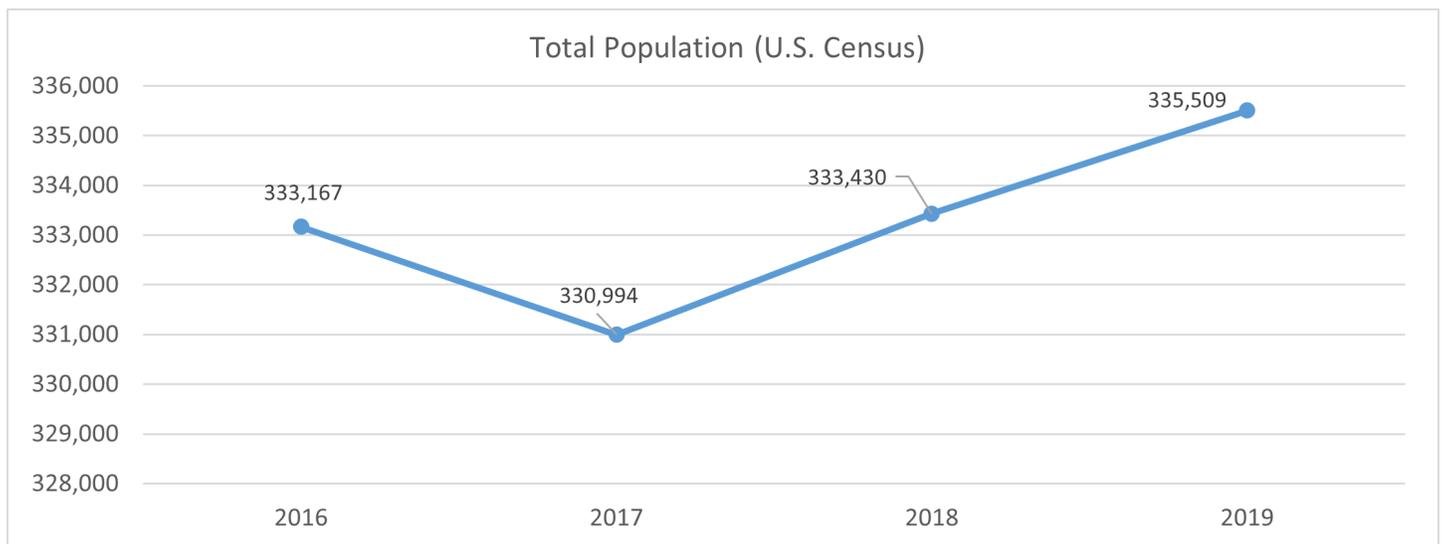
Minority Populations

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 childcare. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income, and poverty.

The graph below 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 White population accounts for 50.0% of the total population in Cumberland County, with the Black or African American population accounting for 37.0% of the total population. The White population in Cumberland County (50.0%) is lower than the White population in North Carolina (68.7%) and the Health ENC counties (64.9%). The Black or African American population in Cumberland County (37.0%) is much higher than the Black or African American population in North Carolina (21.4%).

Those that identify as either Hispanic or Latino ethnicity comprises 11.6% of Cumberland County which is higher than North Carolina (9.4%) and the Health ENC County Region (9.6%)

Percent of Population by Race/Ethnicity (Census, 2015-2019)
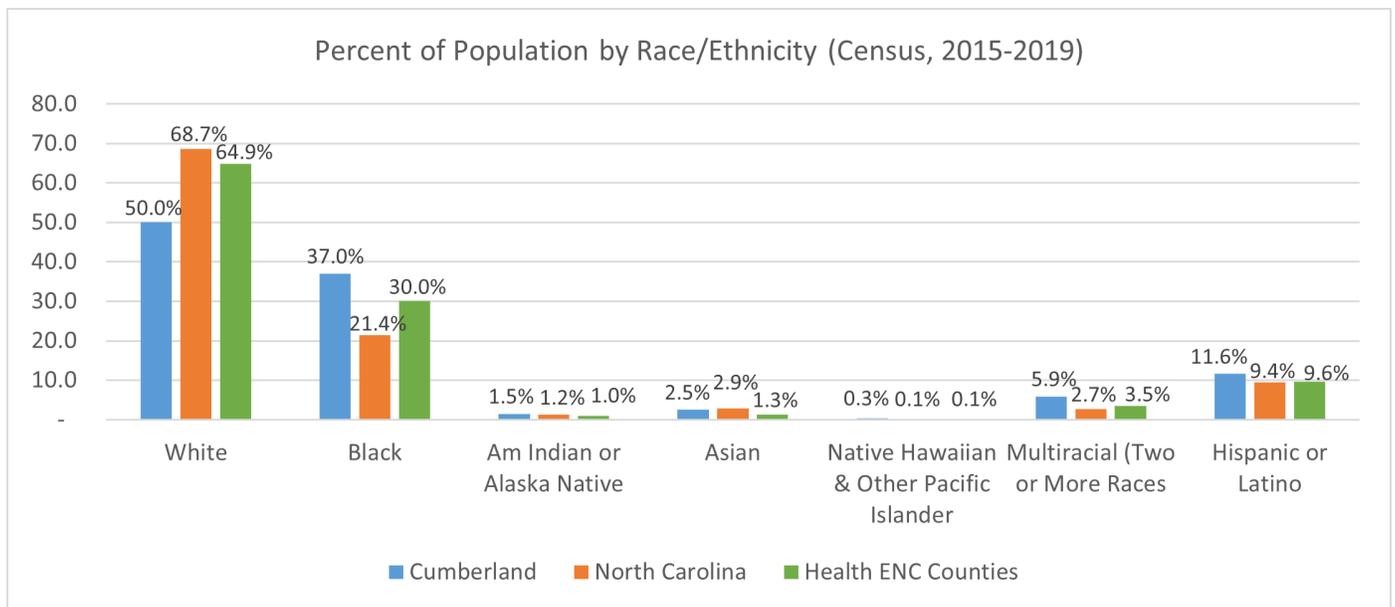
Population Growth

The projected population growth for Cumberland County for 2029 is estimated at 334,662 persons. From 2010 to 2019, the total population of Cumberland County has increased by an overall 5%. It should be noted that the population projection for 2029 comes from the NC Office of State Management and Budget Population Projections. All of the other population data is from the United States Census.

Population and Projected Population for 2029

Year	Population
2010	319,431
2016	333,167
2017	330,994
2018	333,430
2019	335,509
Projected 2029	334,662
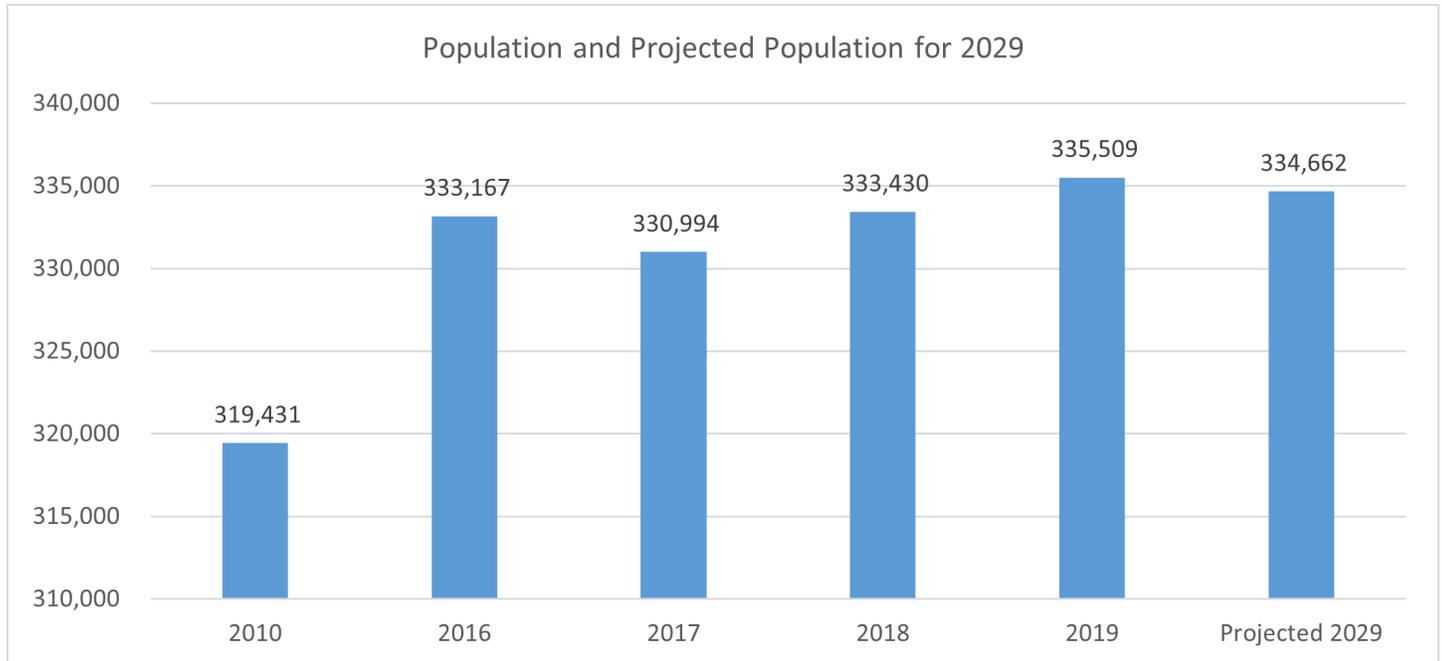
Age Groups

Overall, Cumberland County residents are younger than residents of North Carolina and the Health ENC region. The graph below shows the Cumberland County population by age group. The percentage of Cumberland County residents between the ages of 15-24 (17.2%) is higher than the Health ENC Region (14.9%) and North Carolina (13.5%). The 25-34 age group contains the highest percent of Cumberland County residents at 17.1%, which is higher than the Health ENC Region (13.5%) and North Carolina (13.3%). The percentage of the population in Cumberland County 65 years of age and older is slightly lower compared to the Health ENC Region and North Carolina.

Percent of the Population by Age Group

Legend: ■ Cumberland ■ NC ■ HealthENC

Age Group	Cumberland	NC	HealthENC
Under age 5	7.6%	5.9%	6.3%
Age 5-14	13.3%	12.6%	12.7%
Age 15-24	17.2%	13.5%	14.9%
Age 25-34	17.1%	13.3%	13.5%
Age 35-44	11.7%	12.6%	11.7%
Age 45-54	10.9%	13.4%	12.2%
Age 55-64	10.5%	12.8%	12.8%
Age 65-74	6.9%	9.5%	9.4%
Age 75-84	3.5%	4.6%	4.7%
Age 85+	1.2%	1.7%	1.6%
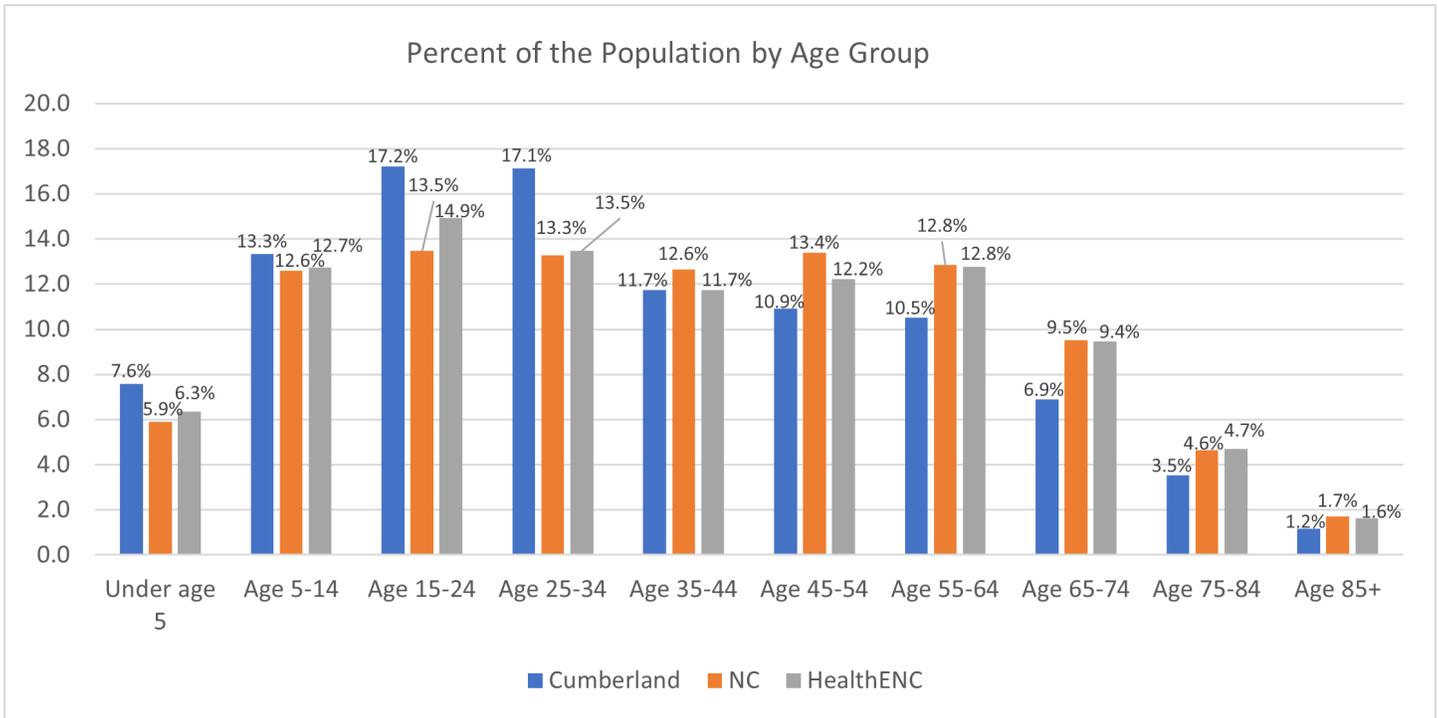
Gender

Cumberland County has a fairly equal proportion of females (50.3%) and males (49.7%). The median age of the Cumberland County population (31) is 8 years younger than the North Carolina average (39). Approximately 25.2% of males in Cumberland County are under the age of 18, which is higher than North Carolina and the Health ENC Region. Conversely, 24.3% of the females in Cumberland County are under the age of 18 which is higher than North Carolina and the Health ENC Region.

Population by Gender and Age (Census 2015-2019)									
	Percent of Total Population		Percent of Male Population			Percent of Female Population			Median Age (Years)
	Male	Female	under 18	18+	65+	under 18	18+	65+	
Cumberland County	49.7	50.3	25.2	74.8	9.8	24.3	75.7	13.3	31
North Carolina	48.7	51.3	23.5	76.5	14.2	21.3	78.7	17.4	39
Health ENC Counties	49.6	50.4	23.7	76.3	13.9	22.1	77.9	17.6	N/A

Military/Veteran Populations

Military Population

The graph below shows the percentage of the population 16 years of age and older in the military (armed forces). The percentage of the Military Population in Cumberland County is 11.2% compared to the counties in the Health ENC Region (4.8%) and North Carolina (1.1%). The large military presence in Cumberland County is due to its proximity to Fort Bragg, one of the U.S. Army's largest installations in the world.

Percent of Population in Military (2015-2019)

	Cumberland	North Carolina	Health ENC Counties
	11.2%	1.1%	4.8%
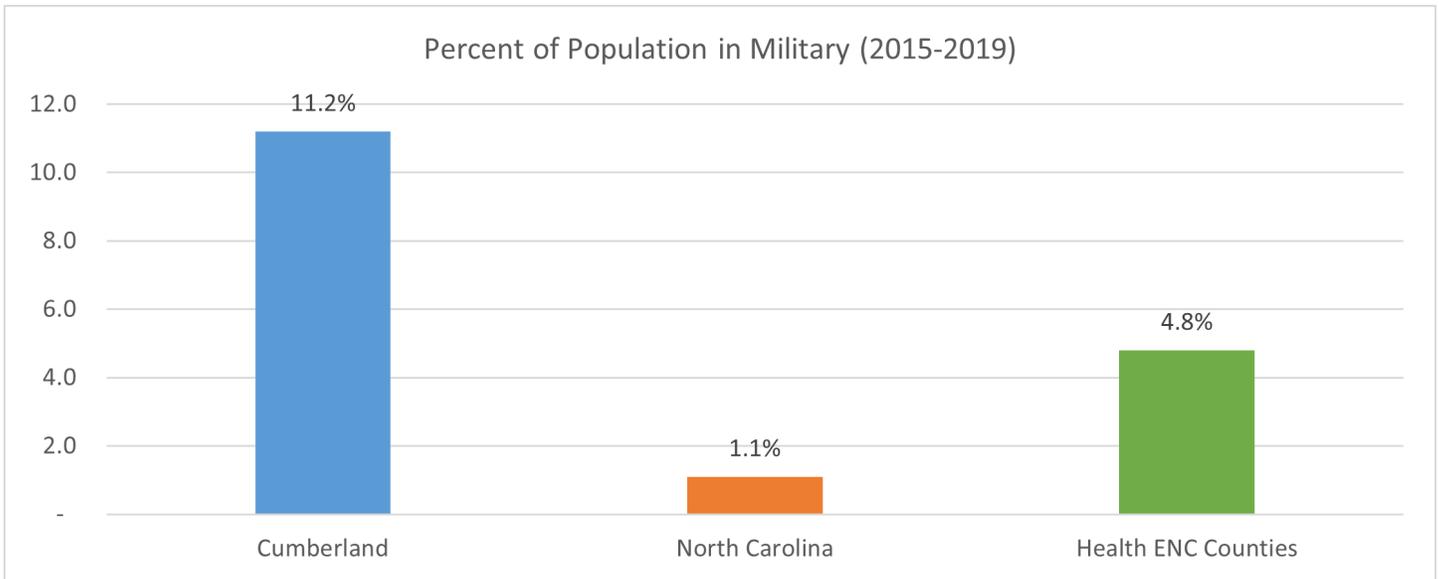
Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older. This data is often used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Cumberland County has a veteran population of 19.5% in 2015-2019 period, compared to 8.4% for North Carolina and 12.1% for Health ENC Counties.

Percent of Population that are Veterans (ACS, 2015-2019)

	Cumberland	North Carolina	Health ENC Counties
	19.5%	8.4%	12.1%
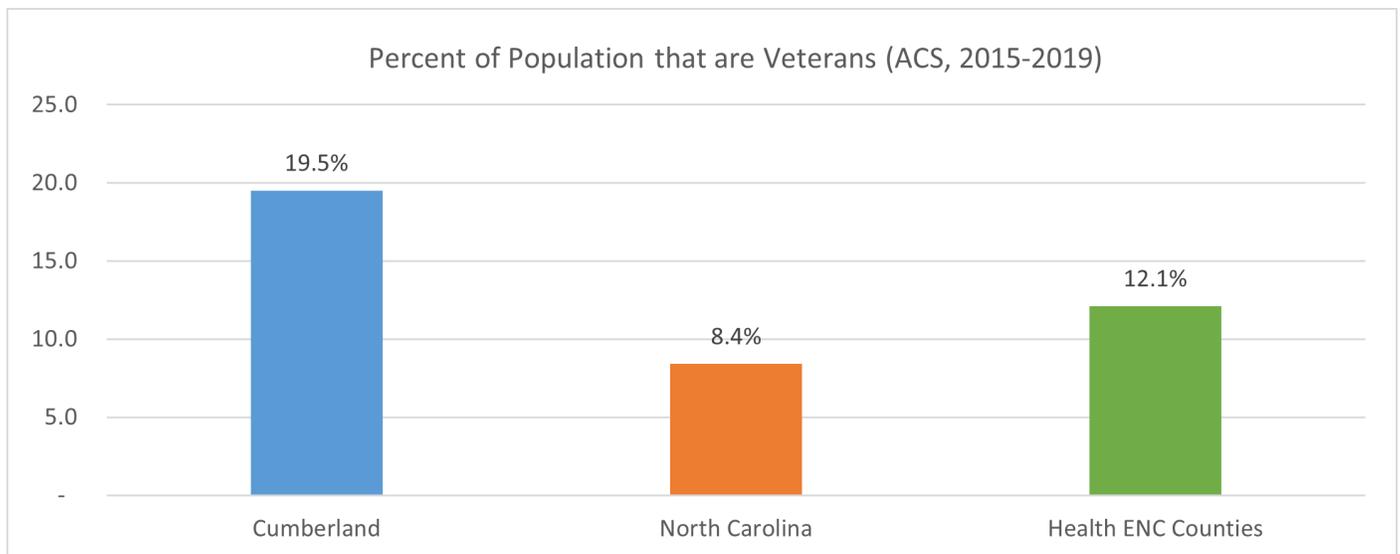
Birth Rates

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. The graph below illustrates that the live birth rate in Cumberland County (16.3 live births per 1,000 population in 2019) was much higher when compared with the live birth rate in the Health ENC Region (12.7) and North Carolina (11.3). Further, birth rates have decreased slightly over the past three measurement periods across Cumberland County, the Health ENC Region and North Carolina.

Live Birth Rate per 1,000 Population (NC SCHS)

Year	Cumberland	NC	HEALTHENC
2016	16.6	11.9	13.1
2017	16.6	11.7	13.1
2018	16.3	11.5	12.7
2019	16.3	11.3	12.7
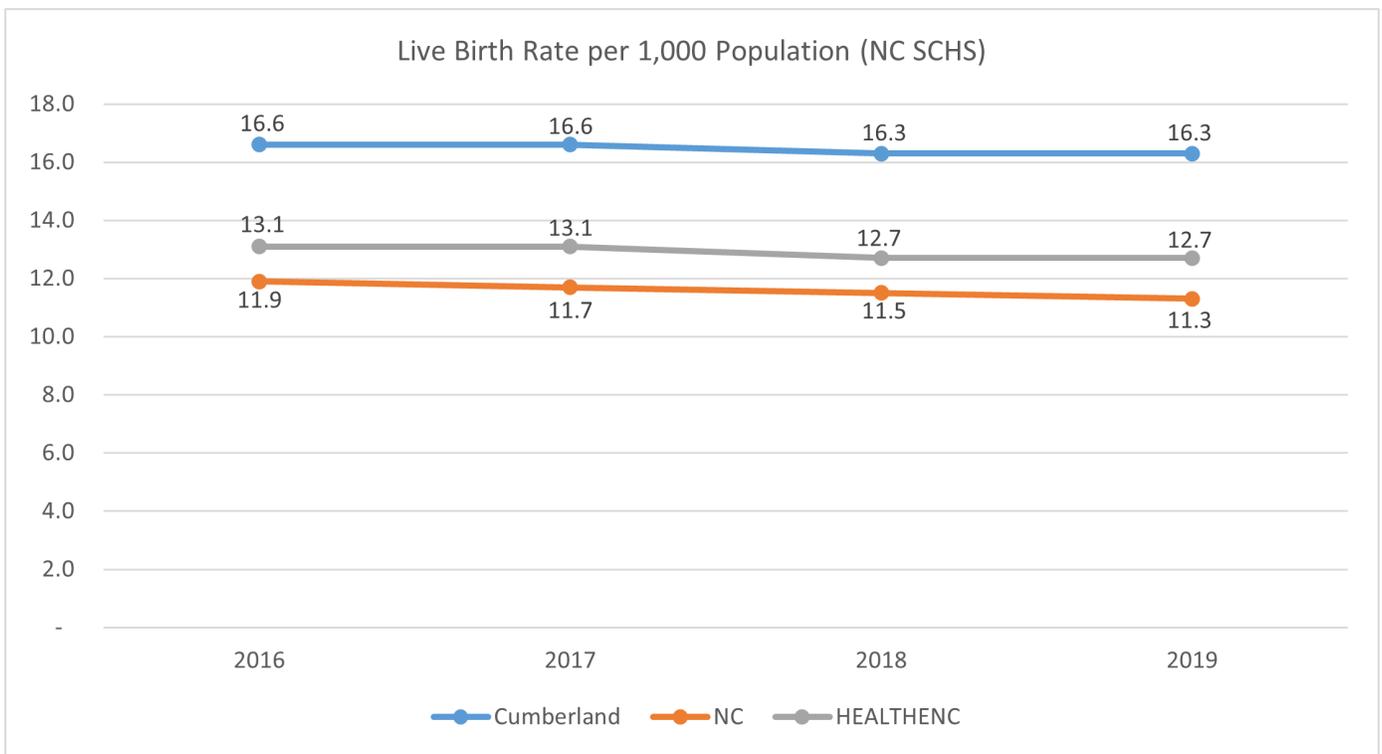
Analysis of Demographic Data

The demographic characteristics of a community have a profound impact on its health profile. For example, population growth can influence the county's current and future health, social, and economic needs. Specific subpopulations that are defined by age, gender, and race/ethnicity can have specific needs that require tailored approaches to address. Demographic characteristics of Cumberland County are discussed below.

Total Population

According to the United States Census Bureau's population estimates for Cumberland County, total population decreased from 2016 to 2017, however, there has been a steady increase in the total population in Cumberland County from 2017 to 2019.

Minority Populations

The minority composition of a community is an important factor in planning for future community needs, particularly for schools, businesses, community centers, health care facilities, and childcare facilities. Additionally, understanding data from minority populations is important for characterizing and understanding disparities in social and economic factors like housing, employment, and income.

Data provided by the United States Census Bureau characterize a community's racial makeup using six main categories: White, Black, American Indian or Alaska Native, Asian, Native Hawaiian and other Pacific Islander, and Multiracial (two or more races). Based on these categories, Cumberland County has a lower percentage of White residents (50.0%) than North Carolina (68.7%) and the Health ENC Region (64.9%). In contrast, Cumberland County has a higher percentage of residents who identify as Black (37.0%) compared with North Carolina (24.1%) and the Health ENC Region (30.0%). The percentage of Cumberland County residents identifying as Hispanic or Latino (11.6%) is higher than North Carolina (9.4%) and the Health ENC Region (9.6%).

Population Growth

According to the United States Census Bureau, the population size for Cumberland County has increased by 5% from 2010 to 2019. In 2019, the total population in Cumberland County totaled 335,509. The total population in Cumberland County is predicted to decrease slightly by 0.2% to 334,662 persons by 2029.

Population by Age Group

Data provided for the population make up by age indicates that Cumberland County has a large percentage of young residents. Residents aged 15 to 24 years old make up the largest age group for Cumberland County at 17.2%, compared to 13.5% for North Carolina and 14.9% for the Health ENC Region. The next two highest age groups in Cumberland County were residents aged 25 to 34 (17.1%) and residents aged 5 to 14 (13.3%), both representing a larger percentage of the total population than North Carolina and the Health ENC Region.

Military and Veteran Population

The percent of military persons in Cumberland County (11.2%) is significantly higher than North Carolina (1.1%) and the Health ENC Region (4.8%). Fort Bragg, one of the U.S. Army's largest installations in the world, is in Cumberland County. Pope Air Force Base, "Home of the 82nd Airborne and Special Operations Forces," is also located in Cumberland County. The military population servicing Fort Bragg and Pope Air Force Base represents a large portion of the Cumberland County's military population.

The Veteran population in Cumberland County was 19.5% from 2015 to 2019, which is higher than North Carolina (8.4%) and the Health ENC Region (12.1%).

Birth Rate

A county's birth rate is an important indicator of population health. The birth rate is usually the dominant factor in determining the rate of population growth in addition to death, immigration, and emigration. The live birth rate in Cumberland County has decreased slightly from 2016 to 2019. The 2019 live birth rate in Cumberland County (16.3%) was higher than North Carolina (11.3%) and the Health ENC Region (12.7%).

Chapter 3   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

Each year, 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.
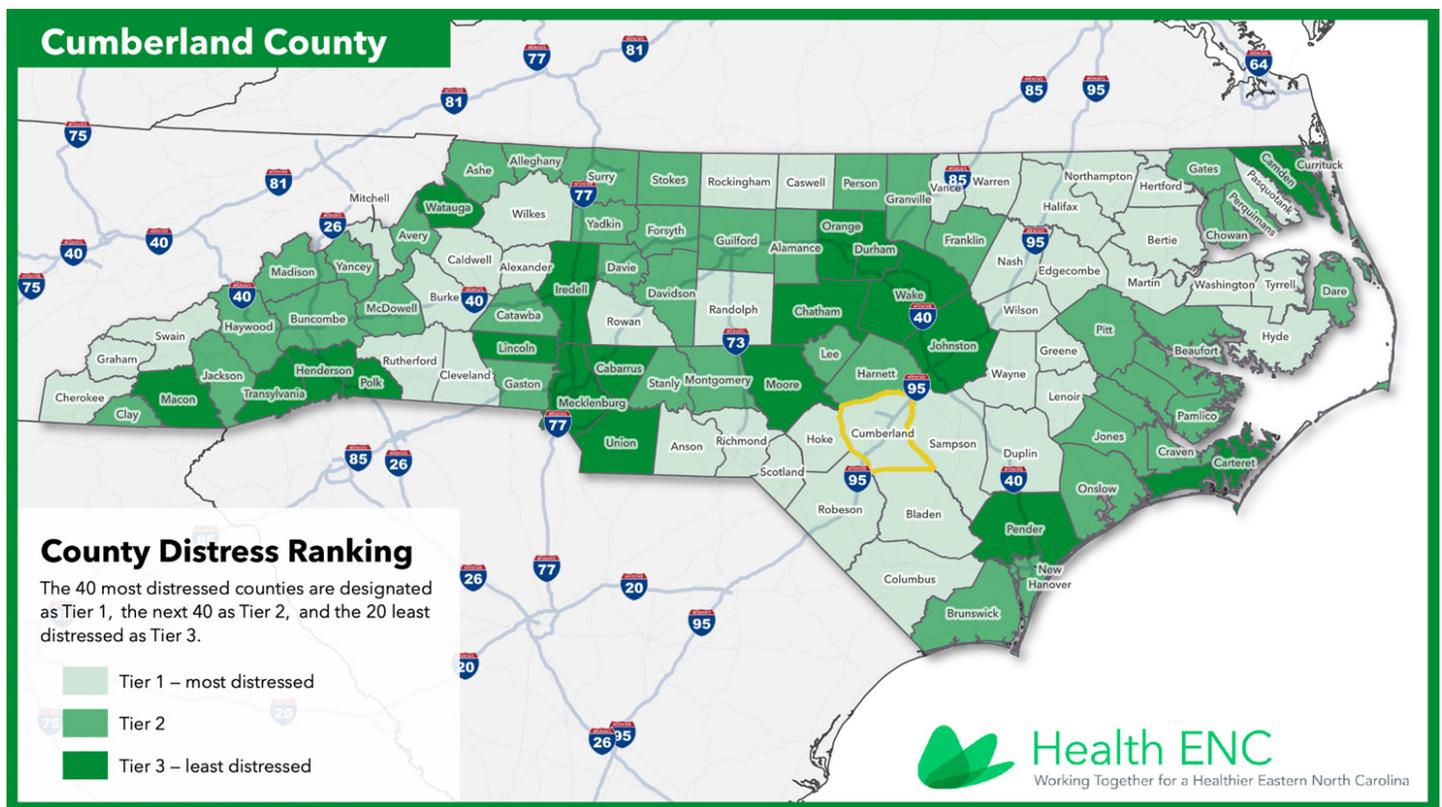

In 2021, Cumberland County was assigned a Tier 1 designation, which is considered the most distressed category.

County Tiers are calculated using four factors:

- Average unemployment rate
- Median household income
- Percentage growth in population
- Adjusted property tax base per capita

Income

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household income are likely to have a greater share of educated residents and lower unemployment rates. The graph below shows the median household income in Cumberland County ($46,875), which is lower than the median household income in North Carolina ($54,602).

Median Household Income in Dollars
(ACS, 2015-2019)

Cumberland: $46,875
North Carolina: $54,602
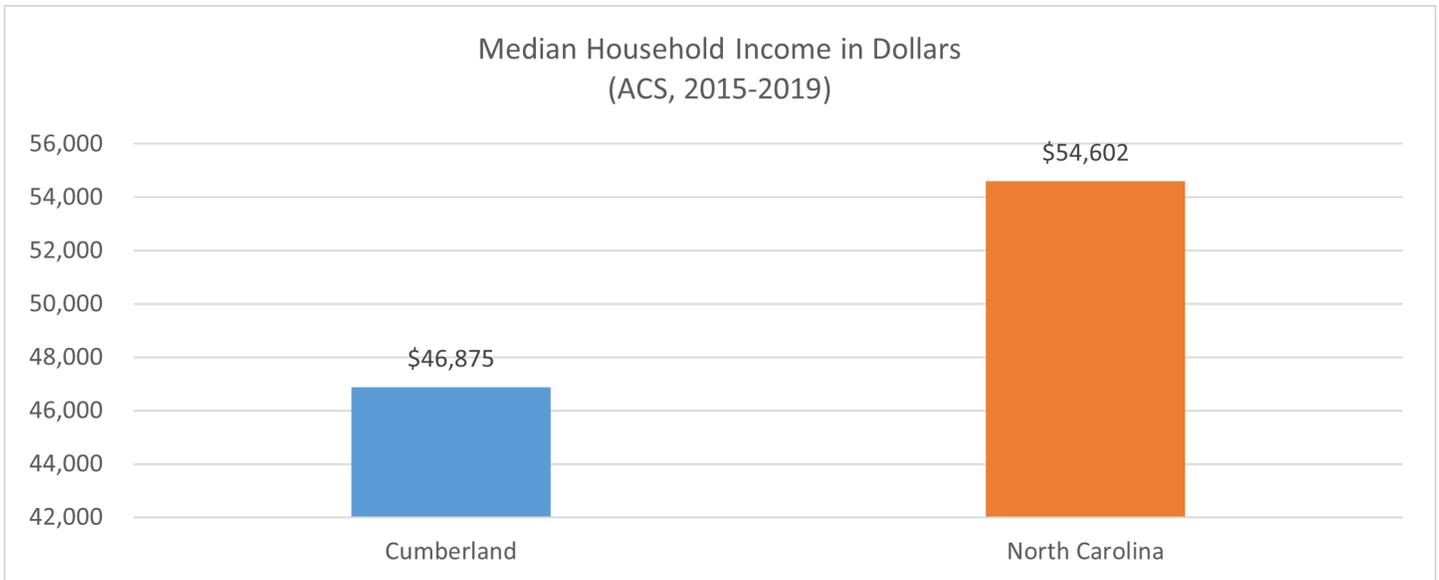
Poverty

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. As seen in the graph below, 18.0% percent of the population in Cumberland County lives below the poverty level, which is higher than the average for North Carolina (15% of the population) and the Health ENC County Region (17.5%).

Percent People Living Below Poverty Level (2015-2019)

Cumberland: 18%
North Carolina: 15%
Health ENC Counties: 17.5%
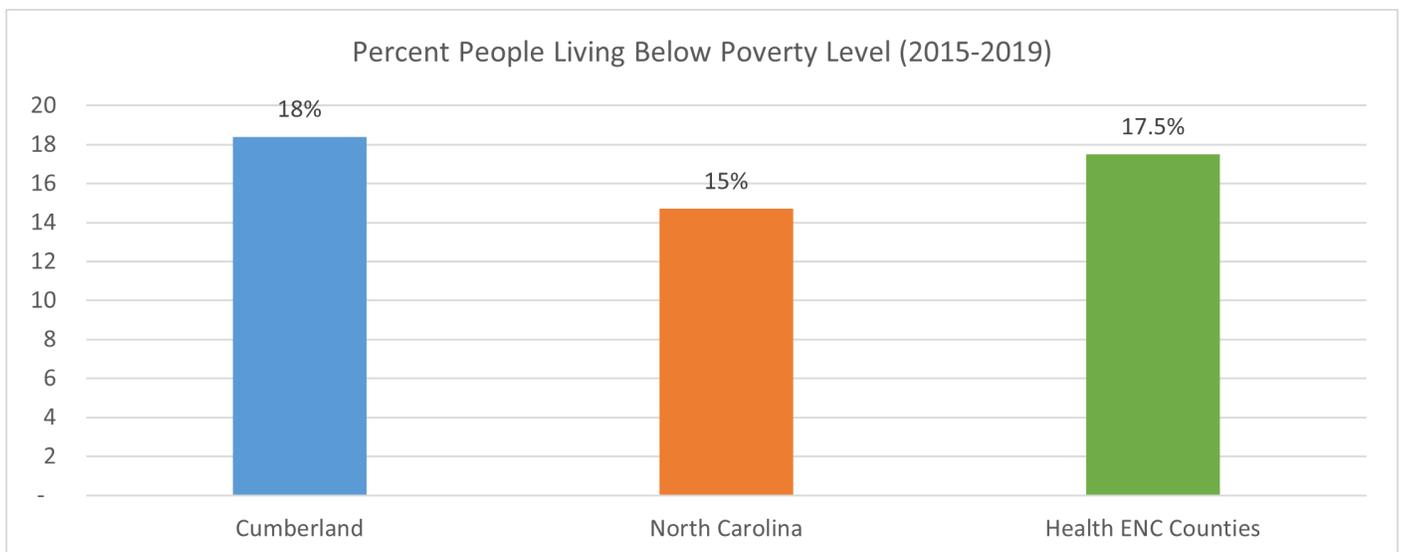
Poverty by Race and Ethnicity

The most common racial or ethnic group living below the poverty line in Cumberland County, NC is Black, followed by White and Hispanic. The Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who classifies as impoverished. If a family's total income is less than the family's threshold than that family and every individual in it is considered to be living in poverty.


Source: U.S. Census Bureau ACS 5-year Estimate
https://datausa.io/profile/geo/cumberland-county-nc#economy
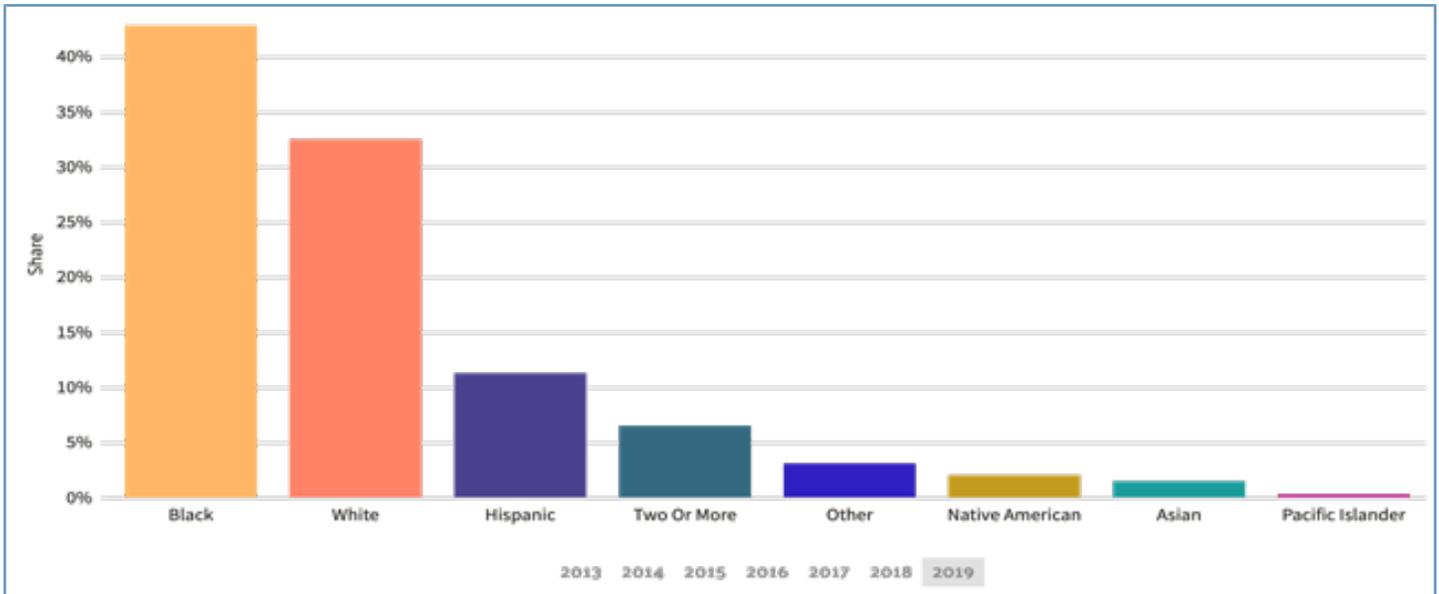
Children in Poverty

Children living in poverty are more likely to have physical health problems, behavioral problems, and emotional problems. Data from the American Community Survey (part of the US Census) indicated that the percent of children living in poverty was 0.5% higher in Cumberland County when compared with the average percent of children living in poverty in Health ENC Counties and 5% higher than the average of children living in poverty in North Carolina.

Percent Children Living Below Poverty Level (2015-2019)

	Cumberland	North Carolina	Health ENC Counties
	26%	21%	25.5%
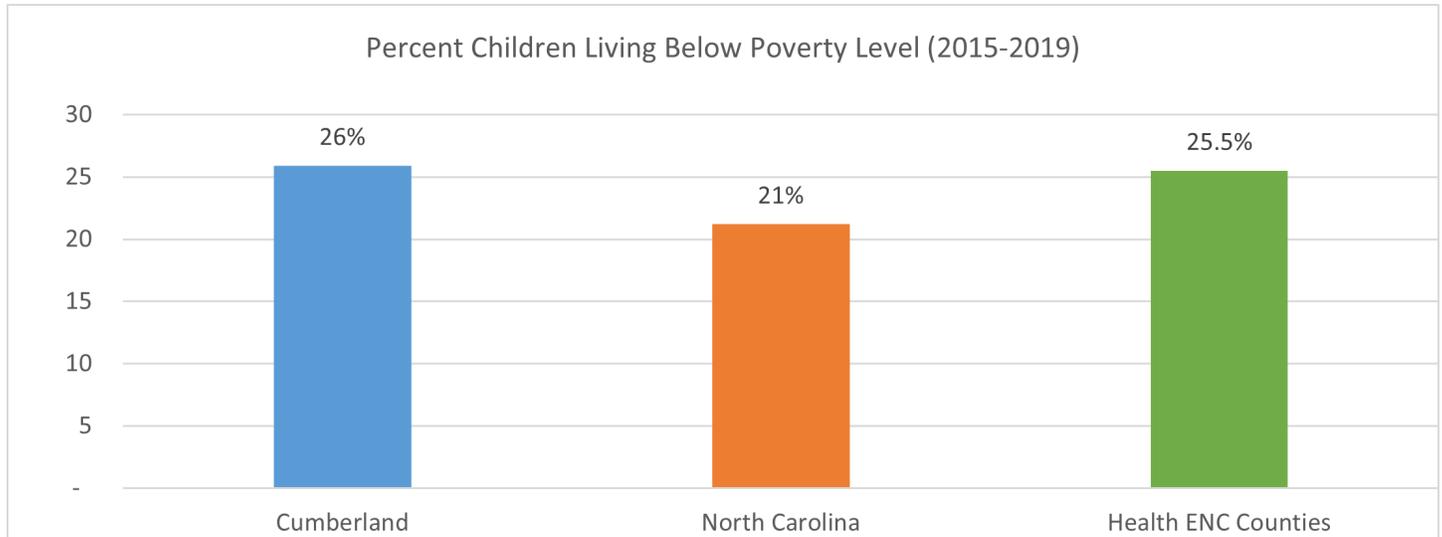
Older Adults in Poverty

Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. The percent of adults 65+ years of age and older living in poverty was 2.1% higher in Cumberland County when compared with North Carolina and 0.9% higher than Health ENC Counties.

Percent Adults 65+ Living Below Poverty Level (ACS, 2015-2019)

	Cumberland	North Carolina	Health ENC Counties
	11.2%	9.1%	10.0%
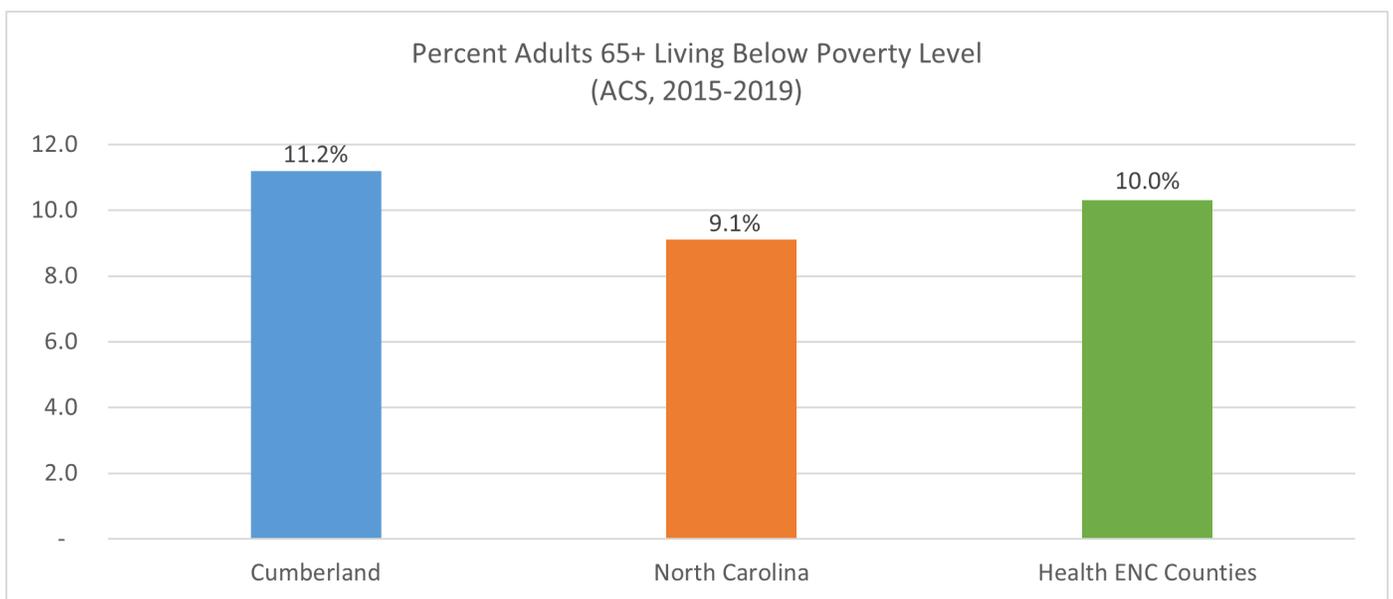
Disabled People in Poverty

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 shown in the graph below, the percent of disabled people living in poverty in Cumberland County (25.0%) was 5% higher when compared to North Carolina (20%) from 2015-2019.

Percent Persons with Disability Living Below Poverty Level
(ACS, 2015-2019)
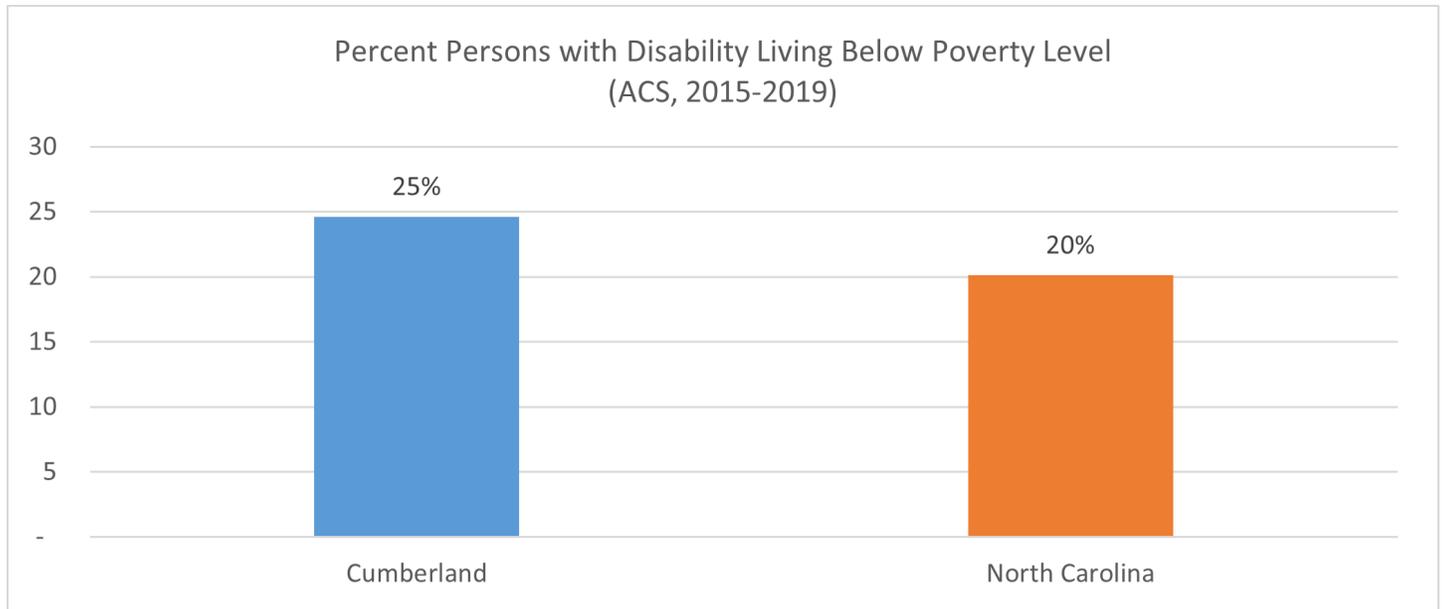
Housing

The average household size in Cumberland County is 2.63 people per household (owners) and 2.42 people per household (renters), which is slightly higher than the North Carolina average of 2.57 people per household (owners), but slightly lower for renters (2.43 people per household).

Housing – Median Monthly Housing Costs

- High costs of homeownership with a mortgage can strain both homeowners and the local housing market. The graph below shows mortgaged owners median monthly household costs were lower in Cumberland County, than the median housing costs for North Carolina homeowners with a mortgage. In Cumberland County, the median housing costs for homeowners with a mortgage is $1,241, which is lower than the North Carolina median cost of $1,314.

Median Monthly Housing Costs for Owners with a Mortgage in Dollars (ACS 2015-2019)
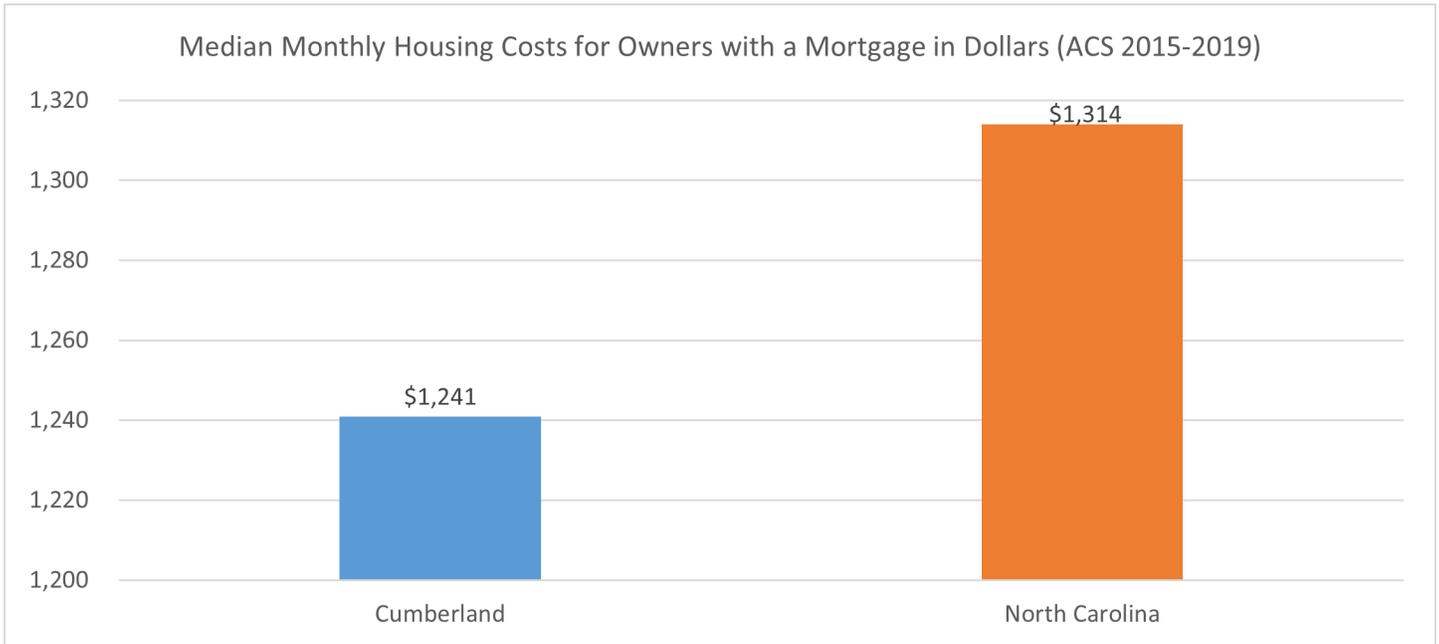
Median Monthly Household Costs in Cumberland County and Surrounding Counties

The map below provides a snapshot of median monthly owner costs for housing units with a mortgage for Cumberland and surrounding counties.
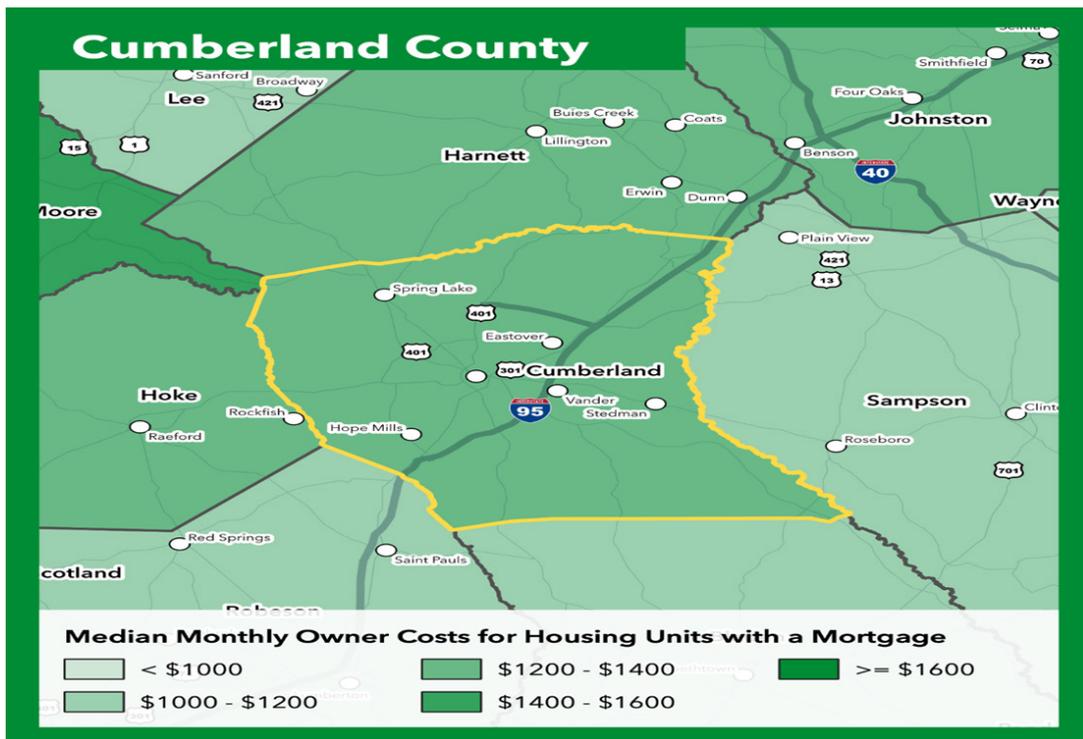
Severe Housing Problems

Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. The graph below 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. Data from the County Health Rankings for Cumberland County in 2013-2017, show that 17% of households had severe housing problems compared to 15.0% in North Carolina and 16.1% in Health ENC Counties.
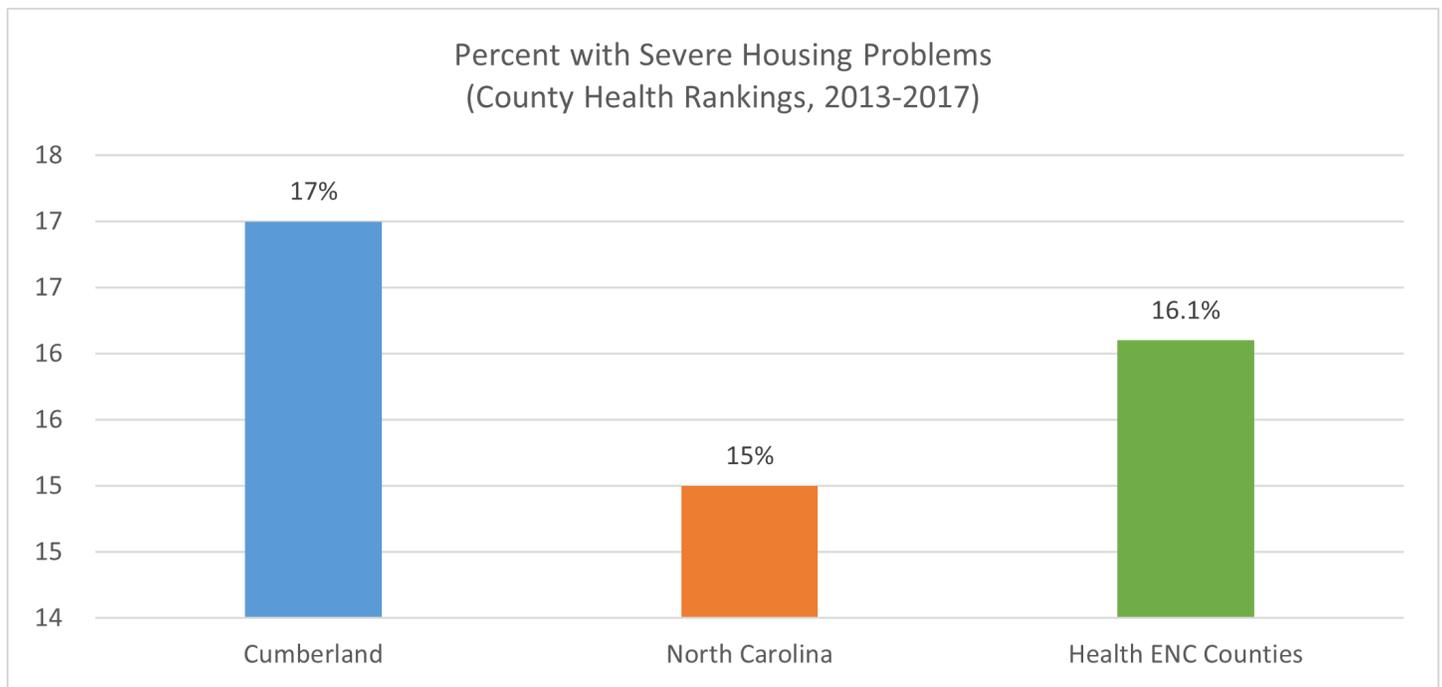
Percent with Severe Housing Problems
(County Health Rankings, 2013-2017)

Cumberland 17%	North Carolina 15%	Health ENC Counties 16.1%

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.

Households with SNAP Benefits

The graph below shows the percent of households with children that participate in SNAP. The percentage of households with children in Cumberland County with SNAP benefits during 2015-2019 was 17.0%. The Cumberland County percentage of households with SNAP Benefits was 4.0% higher than North Carolina (13.0%) and 0.3% higher than the Health ENC County Region (16.7%).

Percent of Households with SNAP Benefits in the Last 12 Months (ACS 2015-2019)

Cumberland: 17.0%
North Carolina: 13.0%
Health ENC Counties: 16.7%
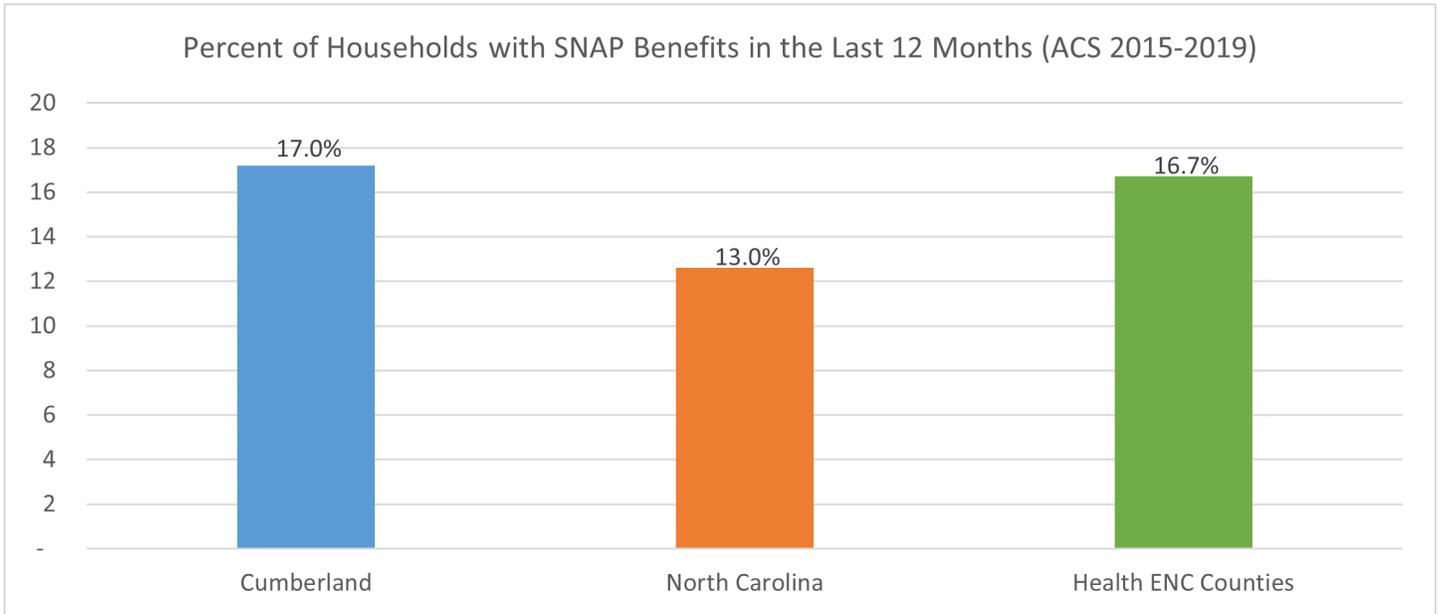
Education

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.

Educational Attainment

Countywide, the percent of residents 25 or older with a high school degree or higher (91%) is higher than the state value (87.8%) and the Health ENC region (86.6%). Higher educational attainment in Cumberland County is lower than the state value but higher than the Health ENC region.

While 31.3% of residents 25 and older have a bachelor's degree or higher in North Carolina, only 22% of residents 25 and older have a bachelor's degree or higher in the Health ENC counties and 25.5% in Cumberland County.

Percent of People 25+ with High School or Higher and Bachelor's
Degree or Higher
(ACS 2015-2019)

	With a High School Degree or Higher	With a Bachelors Degree or Higher
Cumberland	91.0%	25.5%
North Carolina	87.8%	31.3%
Health ENC Counties	86.6%	22.0%
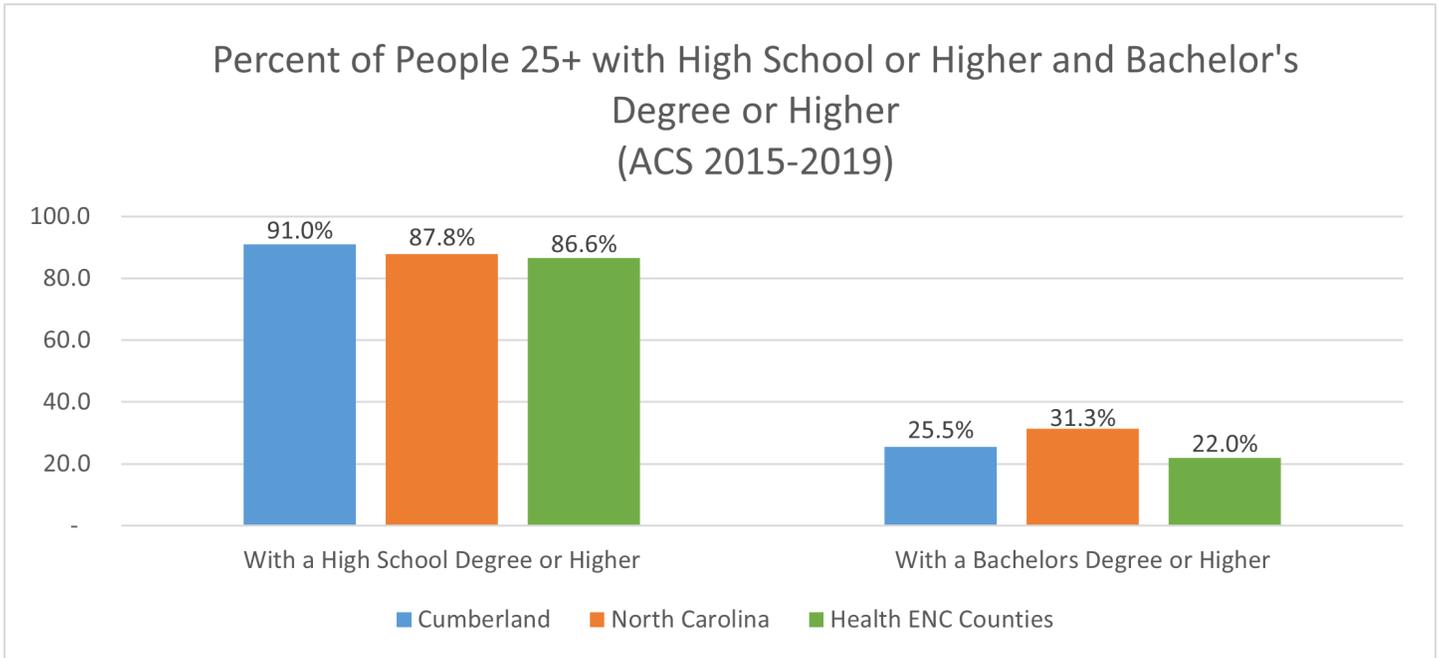
High School Drop Out Rate

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.

Based on the graph below, Cumberland County's high school dropout rate was 1.2% in 2019-2020, which was slightly lower than the rate in North Carolina (1.5%) and the Health ENC Region (1.4%).

High School Drop Outs per 100 Students
(NC DPI)

	2016-17	2017-18	2018-19	2019-20
Cumberland County	2.3	2.0	1.7	1.2
NC	2.3	2.2	2.0	1.5
HEALTHENC	2.4	2.2	2.0	1.4
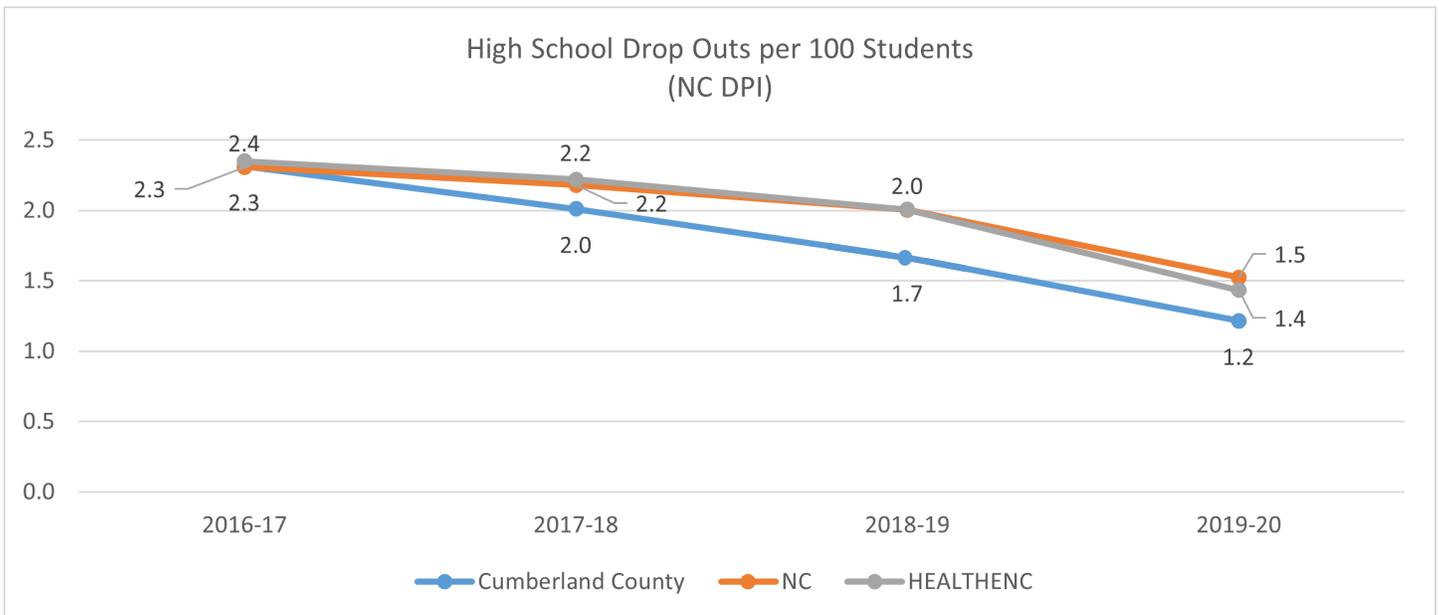
High School Suspension Rate

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 suspensions per 100 students has continued to decrease since 2016. The graph below shows that in 2019-2020, the high school suspension rate was 17 per 100 students in Cumberland County. This rate remains higher than North Carolina (11.6) and the Health ENC counties region (15.5).
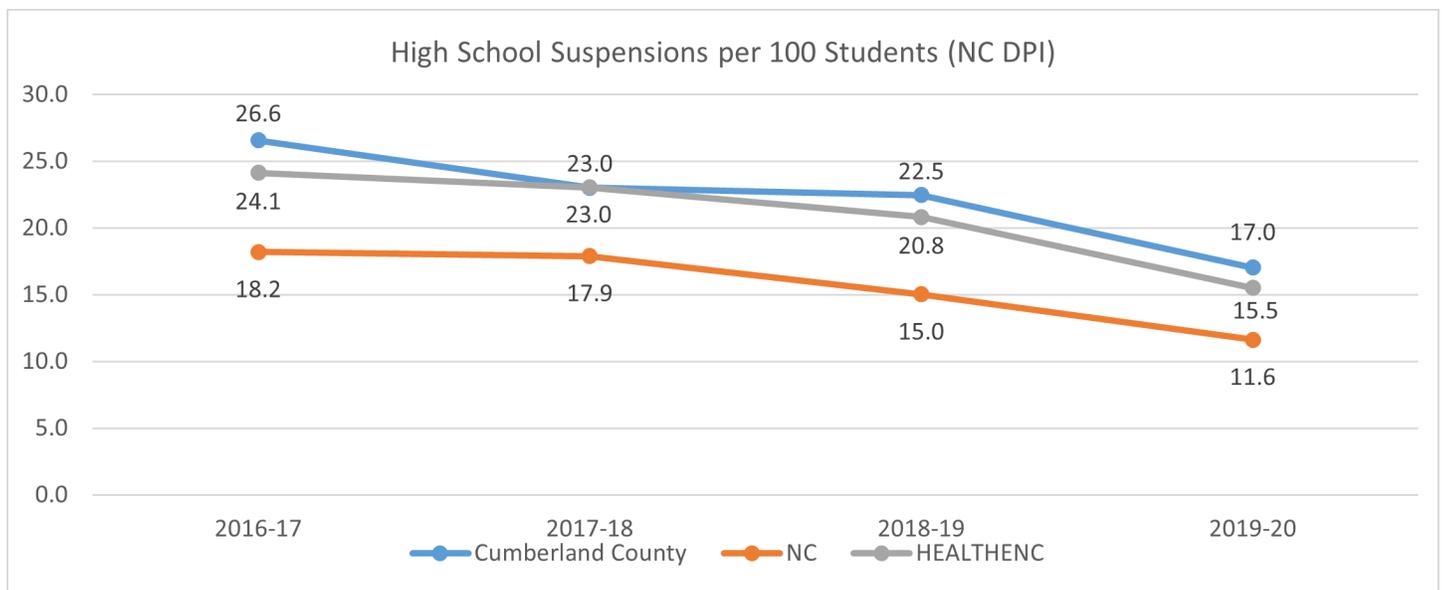
High School Suspensions per 100 Students (NC DPI)

| Year	Cumberland County	NC	HEALTHENC
2016-17	26.6	18.2	24.1
2017-18	23.0	17.9	23.0
2018-19	22.5	15.0	20.8
2019-20	17.0	11.6	15.5

Transportation

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 reduces the dependency on fossil fuels, reduces air pollution, and provides the health benefit of daily exercise.

In Cumberland County, public transportation to work is rare. An estimated 0.5% of workers commute to work by public transportation, compared to the state value of 1.0%.

Countywide, 5.9% of residents walk to work, compared to the state value of 1.8% and the regional value of 2.9%.

In Cumberland County, 79.2% of workers 16 and older drive alone to work, compared to 80.9% in North Carolina and the Health ENC County Region.

Percent of Workers by Mode of Commuting to Work (ACS 2015-2019)

	Workers Commuting by Public Transportation	Workers Who Walk to Work
Cumberland	0.5%	5.9%
North Carolina	1.0%	1.8%
Health ENC Counties	0.4%	2.9%

Percent Workers Who Drive Alone to Work (ACS 2015-2019)

Cumberland	North Carolina	Health ENC Counties
79.2%	80.9%	80.9%
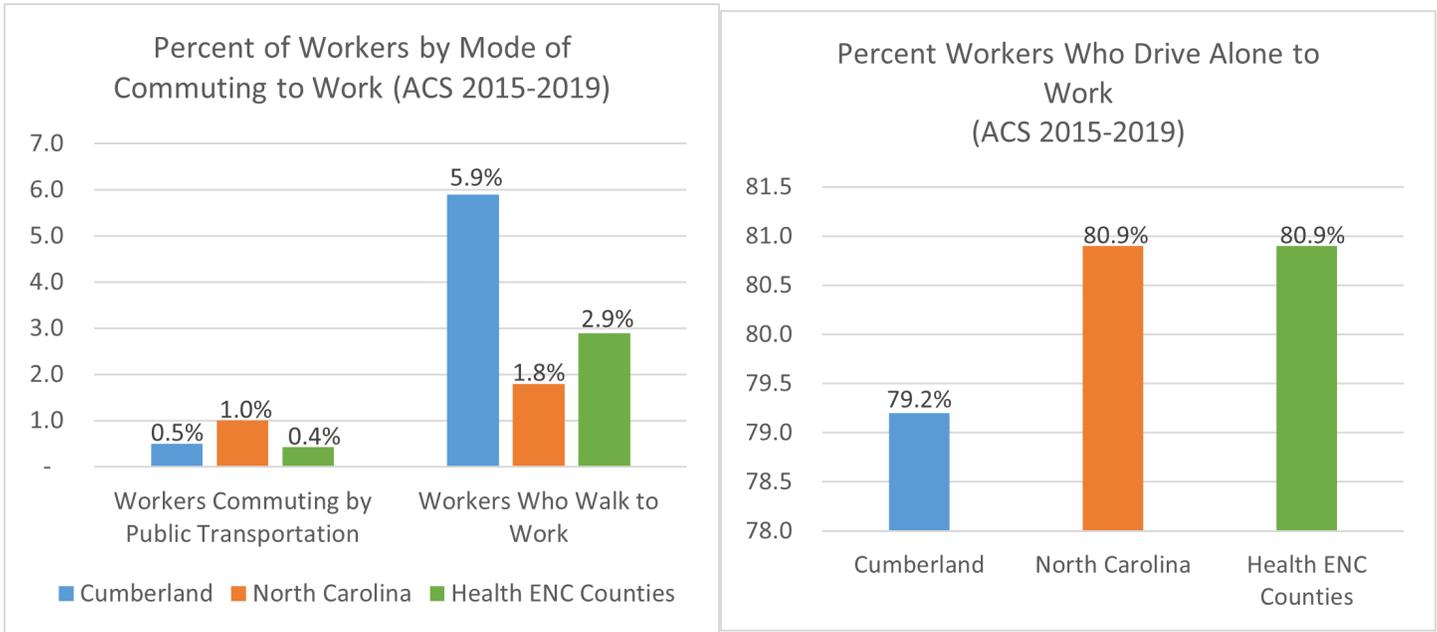
Local Transportation

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 doctors' 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/departments/planning-group/planning-and-inspections/fampo-(fayetteville-area-metropolitan-planning-organization)/ctp).

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 (https://www.fayettevillenc.gov/city-services/transit/about-fast/history).

Crime and Safety

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 786.6 per 100,000 people, compared to 407.7 per 100,000 people in North Carolina. The violent crime rate per 100,000 people has increased across four measurement periods, from 2016 to 2019, in Cumberland County.

The property crime rate per 100,000 people has decreased over the past four years in Cumberland County and North Carolina. In 2019, the property crime rate in Cumberland County was 3,365.6 per 100,000 people which was slightly higher than the North Carolina property crime rate of 2,501.5 per 100,000 people.
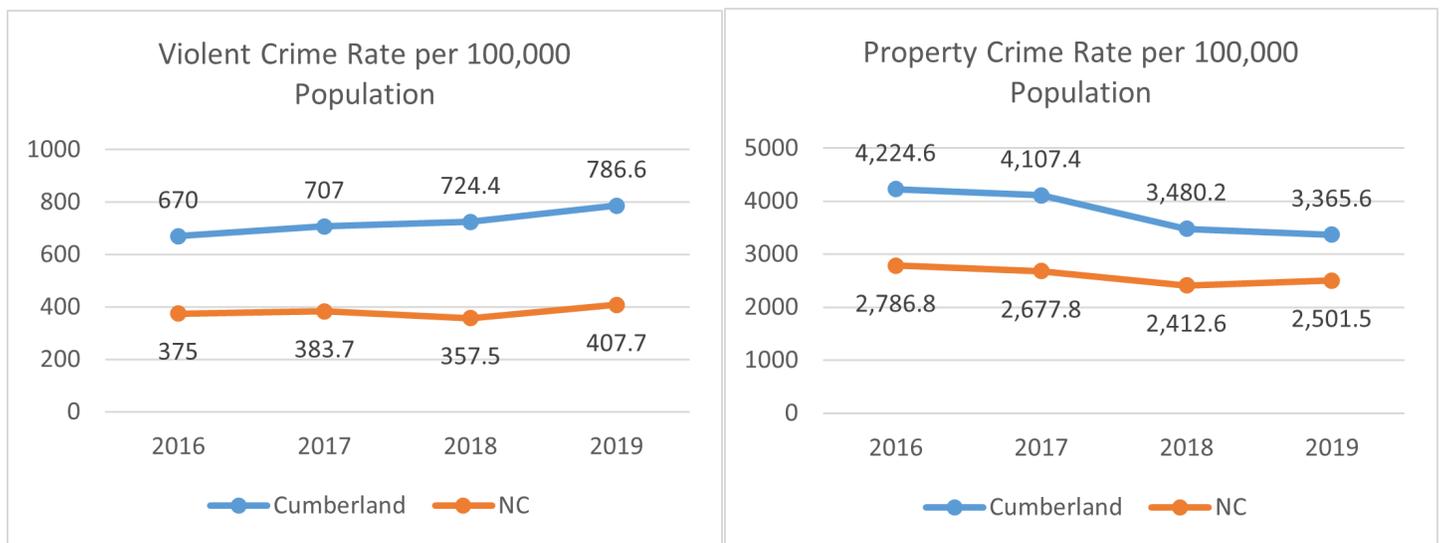
Juvenile Crime

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.

The graph below 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 2017 to 2019, the rate increased from 2019 to 2020. The 2020 juvenile delinquent rate for Cumberland County (23.6) is higher than North Carolina (21.4) and the Health ENC Region (18.1)
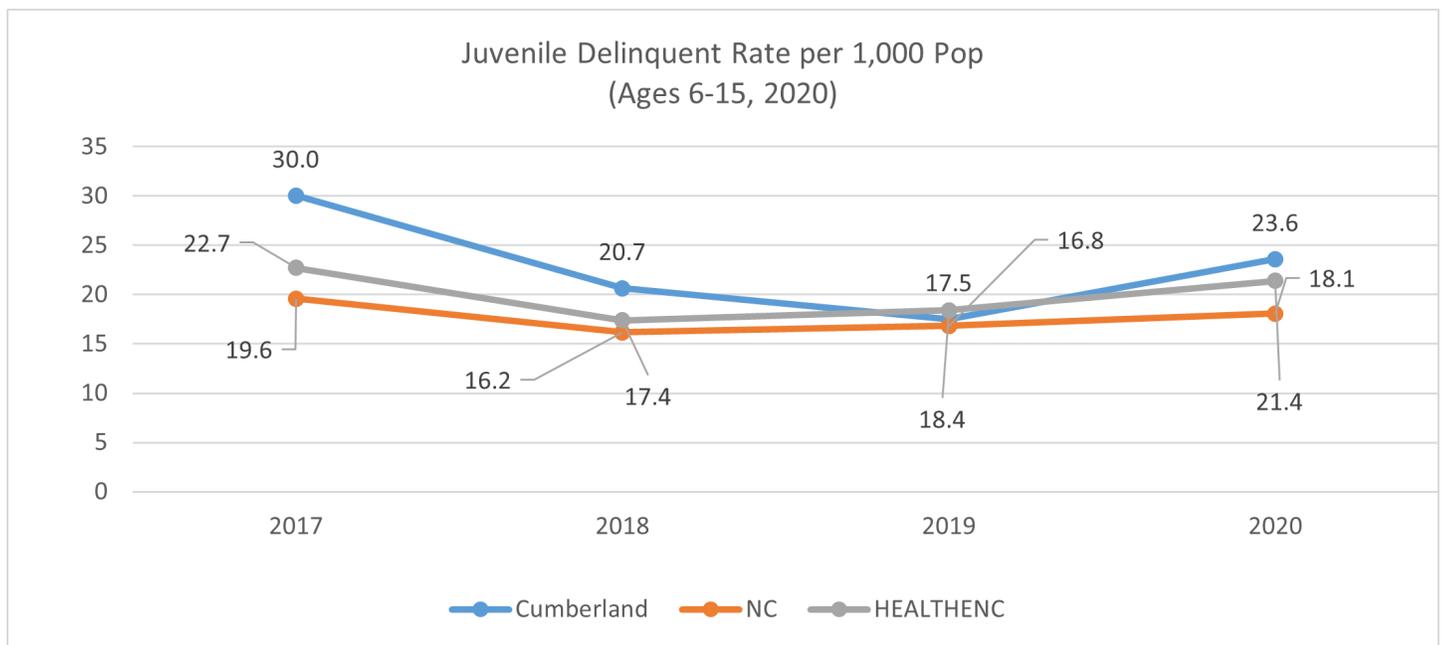
The graph below shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be or have run away from home for more than 24 hours. The juvenile undisciplined rate in Cumberland County has decreased over the past three measurement periods. The 2020 juvenile undisciplined rate in Cumberland County (0.44) is lower than the rate in North Carolina (0.97) and the Health ENC Region (0.78).

Juvenile Undisciplined Rate per 1,000 Pop
(Ages 6-17, 2020)

| Year	Cumberland	NC	HEALTHENC
2017	0.68	1.53	1.1
2018	0.52	1.45	0.92
2019	0.42	1.37	0.79
2020	0.44	0.97	0.78
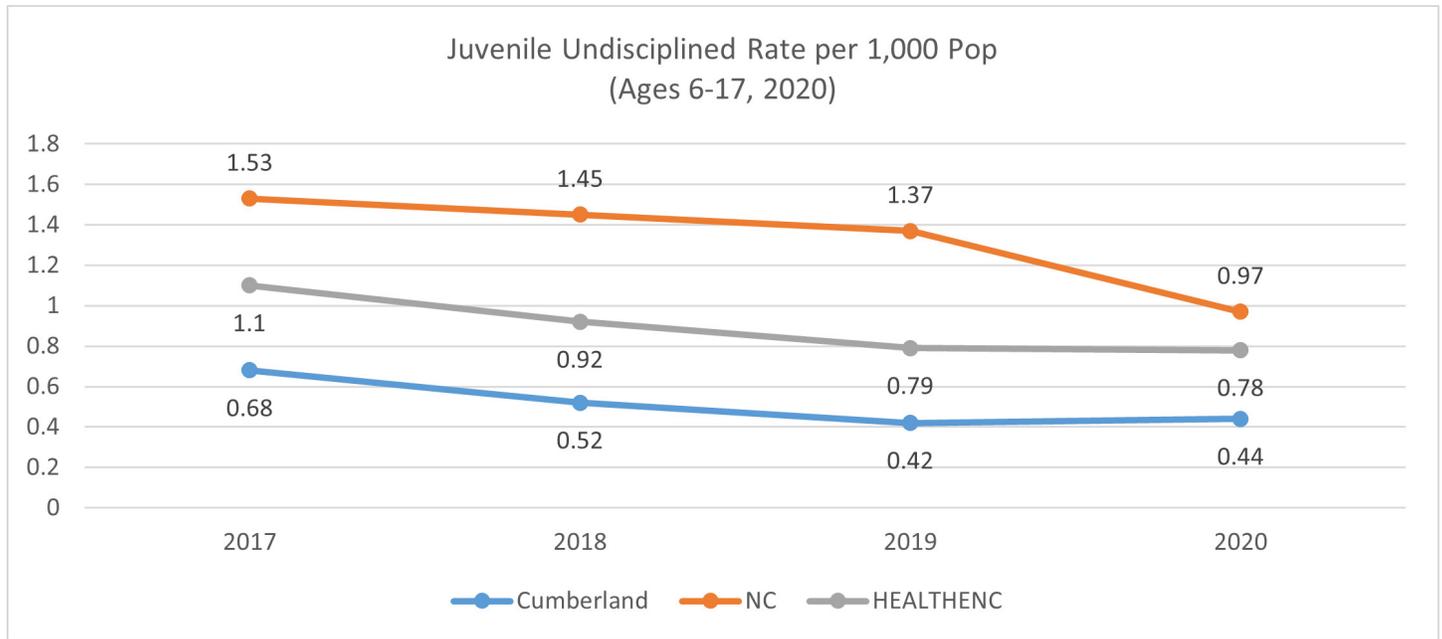
Child Abuse

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. The graph below 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 Health ENC Region. The 2018 child abuse rate in Cumberland County was higher (12.2 per 1,000 population of children agreed 0-18) than North Carolina (8.0) and the Health ENC Region (8.8).

Child Abuse Reports Substantiated Rate per 1000 Population Age 0-18
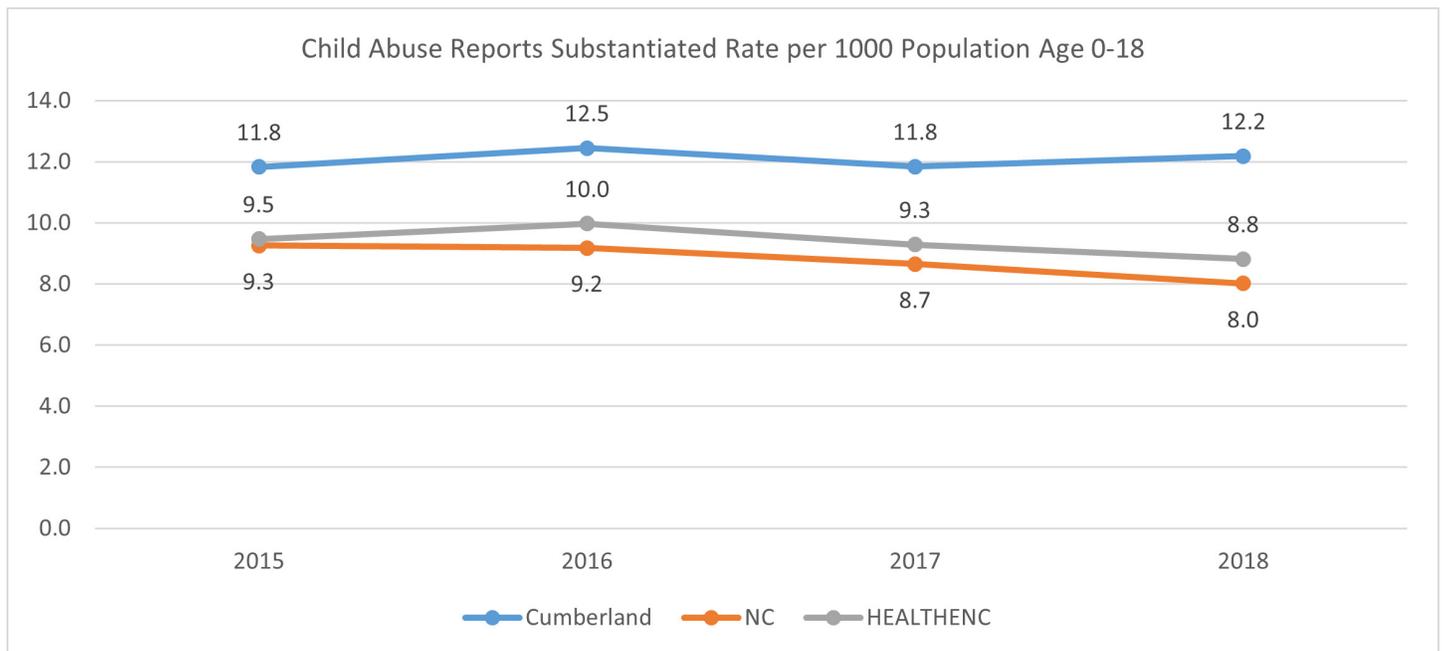
Incarceration

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.

The graph below shows that the incarceration rate in Cumberland County has decreased over the past four measurement periods. In 2019-2020, the incarceration rate in Cumberland County was higher (356.8 per 1,000 population) than North Carolina (304.2) and the Health ENC region (345.2).

Incarceration Rate per 100,000 Population (NC Dept of Public Safety)

|	2016-2017	2017-2018	2018-2019	2019-2020
Cumberland	438.6	439.8	420.7	356.8
NC	369	361.4	347.4	304.2
HEALTHENC	416	412.2	390.4	345.2
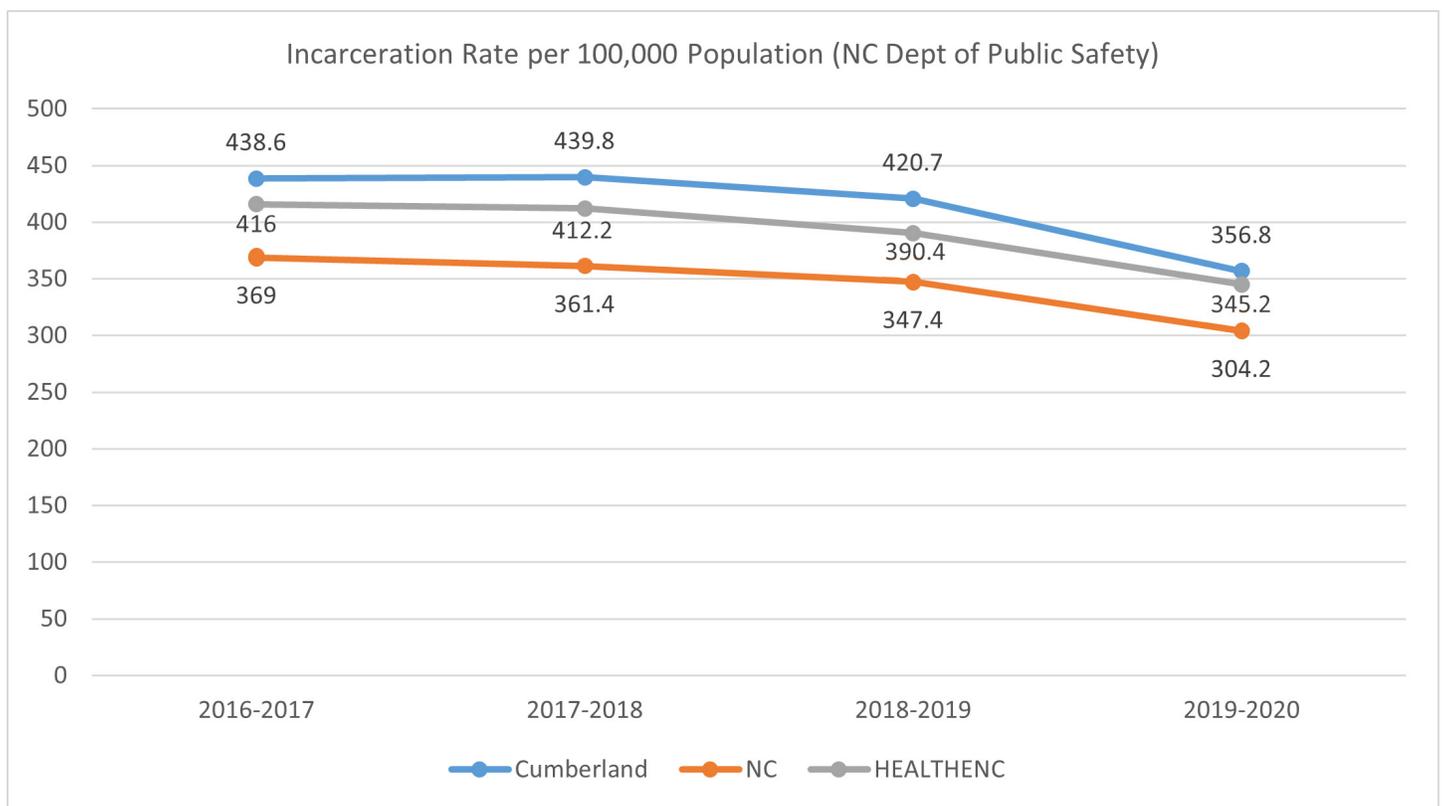
Civic/Political Engagement

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. 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.

As evidenced by the graph below, Cumberland County has a lower percent of residents of voting age (75.3%) than North Carolina (77.6%) and the Health ENC Counties (77.1%).

Percent of Population of Voting Age (ACS 2015-2019)

Cumberland	North Carolina	Health ENC Counties
75.3%	77.6%	77.1%
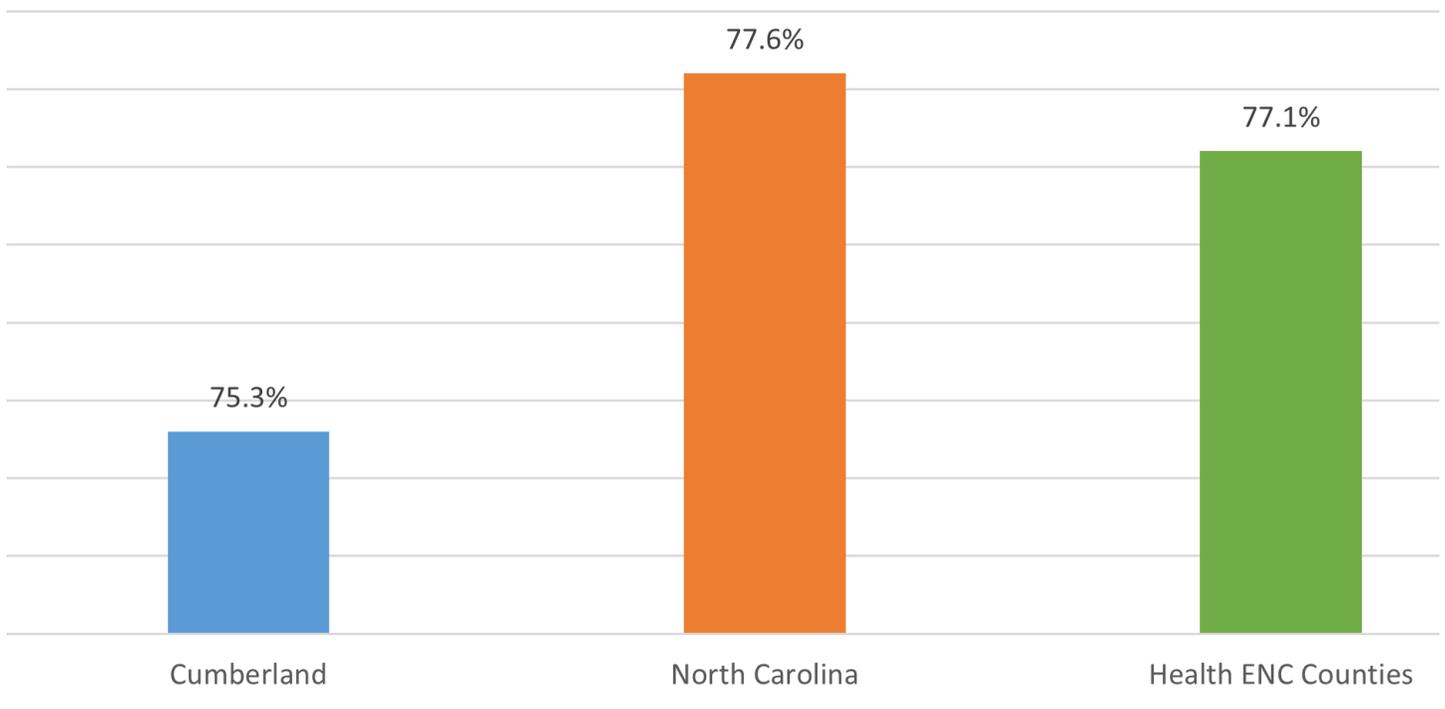
Analysis of Socioeconomic Profile

Social, economic, environmental, and political factors are well known to be strong determinants that contribute significantly to the health of individuals and the community as a whole. Those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity, and cancer. Community health improvement efforts are essential in determining which subpopulations are most in need in order to effectively take preventative efforts to address those needs.

Measure of Community Distress

The North Carolina Department of Commerce develops an annual ranking of the states' 100 counties based on economic well-being and assigns each county a Tier Designation. The 40 most distressed counties are designated as Tier 1. The next 40 counties as Tier 2, and the least 20 distressed as a Tier 3. In 2021, Cumberland County was designated as a Tier 1, the most distressed category.

Household Income

Median household income is a measure of relative affluence (wealth) and prosperity for an area. Areas with higher median household income are likely to have a greater share of educated residents and lower unemployment rates. The median household income for Cumberland County for the period from 2015 to 2019 was $46,875, which was slightly lower compared to North Carolina at $54,602.

Poverty

Federal poverty thresholds are set each year by the United States Census Bureau and vary by family size and age of family members. A high poverty rate is a consequence of poor economic conditions. Children living in poverty are more likely to have physical health problems, behavioral problems, and emotional problems. Seniors who live in poverty are particularly vulnerable due to increased physical limitations, medical needs, and social isolation. Persons living with physical disabilities 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, utilities, food, and medical and dental care.

In Cumberland County from 2015 -2019, 18% of the population was living below the federal poverty level. This rate was higher than North Carolina (15% living in poverty) and the Health ENC Region (17.5% living in poverty). When reviewing poverty in relation to race and ethnicity in Cumberland County, a greater percentage of Blacks were living below the poverty line (more than 40%) compared to Whites (33%), and Hispanics (11%). The percentage of children living below the poverty level in Cumberland County during this period was 26% compared to 21% in North Carolina and 25.5% in the Health ENC Region. A similar trend was seen for older adults living in Cumberland County: 11.2% of older adults live below the poverty line compared to 9.1% for North Carolina and 10.0% for the Health ENC Region. Lastly, the percentage of disabled persons living below the poverty level in Cumberland County was 25% compared to 20% for North Carolina.

Housing

Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Individuals who are homeless or housing insecure are more likely to experience stress and lack of physical and emotional stability. Median monthly housing costs in Cumberland County were $1,241 for homeowners with a mortgage in 2015 to 2019, compared with $1,314 in North Carolina.

Severe housing problems such as overcrowding, lack of kitchens, and lack of plumbing facilities contribute adversely to a person's health and well-being. Based on data from the County Health Rankings for Cumberland County in 2013 – 2017, 17% of households in Cumberland County had severe housing problems compared to 15.0% in North Carolina and 16.1% in the Health ENC Region.

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.

For the years from 2015-2019, Cumberland County's population had a higher percentage of households with SNAP benefits (17%) compared to North Carolina (13%) and the Health ENC Region (16.7%).

Education

Graduating from high school is an important personal achievement that can be 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. In Cumberland County, 91% of residents 25 years and older received a high school degree or higher, compared with 87.8% for North Carolina and 86.6% for the Health ENC Region. Those with a bachelor's degree or higher in Cumberland County is lower (25.5%) compared to North Carolina (31.3%) and the Health ENC Region (22.0%).

High school dropouts, on average, 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 than their more educated peers. Lastly, high school dropouts tend to be linked with heightened criminal activity and incarceration rates, thereby influencing the community's social, economic, and civic health.

Cumberland County's high school dropout rate has decreased from 2.3% in 2016-2017 to 1.2% in 2019-2020. By comparison, high school dropout rates in North Carolina were 2.3% in 2016-2017 and 1.5% in 2019-2020. The Health ENC Region had similar high school dropout rates to North Carolina, 2.4% in 2016-2017 and 1.4% in 2019-2020.

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. High school suspension rates in Cumberland County were similar to rates for the Health ENC Region for the period from 2016-2017 and 2019-2020. High school suspension rates in both Cumberland County and the Health ENC Region decreased during this period. In 2019-2020, the high school suspension rate was 17.0 per 100 students and remains higher than North Carolina (11.6 per 100 students) and the Health ENC Region (15.5 per 100 students).

Transportation

Public transportation offers mobility, particularly to people without care. Transit can help bridge the spatial divide between people, jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work reduces the dependency on fossil fuels, reduces air pollution, and provides the health benefit of daily exercise.

Cumberland County offers several means of public transportation to its residents. The Amtrak System has four trains that stop daily providing passenger service along the east coast from New York to Miami. The City of Fayetteville offers the Fayetteville Area System of Transit (FAST) to residents of Cumberland County. A fleet of 27 fixed-route buses serve 19 routes within the country, providing public transportation daily.

Additionally, FAST has 16 vehicles in operation that provide paratransit service to disabled residents that are unable to use the fixed-route bus system.

Across Cumberland County, 0.5% of workers utilize public transportation to travel to and from work, compared to 1.0% in North Carolina and 0.4% in the Health ENC Region. The percentage of workers in Cumberland County who walk to work (5.9%) is higher than the state value of 1.8% and the Health ENC Region of 2.9%. The majority of workers aged 16 and older in Cumberland County drive alone to work (79.2%), compared to 80.9% in North Carolina and the Health ENC Region.

Crime and Safety

Both violent crime and property crime are important indicators of a community's crime and safety level. Violence negatively impacts communities by reducing productivity, decreasing property values and economic development, and disrupting social services. Violent crime includes four types of 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.

Rates of violent crime increased during the period from 2016 to 2019, and the rates in 2019 (786.6 events per 100,000 population) were higher than the rates in North Carolina (407.7 events per 100,000 population). Between 2016 to 2019, property crime rates in Cumberland County decreased and rates in 2019 (3,365.6 events per 100,000 population) were higher than in North Carolina (2,501.5 events per 100,000, population).

Juvenile crime rates are an important indicator of the potential for young people in a community 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 undisciplined crime 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.

Overall, the juvenile undisciplined crime rate in Cumberland County has been declining. In 2020, the juvenile undisciplined rate in Cumberland County was .44 events per 1,000 population aged 6-17 years old. The juvenile undisciplined rate in Cumberland County was lower than North Carolina (.97 events per 1,000 population) and the Health ENC Region (.78 events per 1,000 population). The juvenile delinquent rate in 2020 for Cumberland County was 23.59 per 1,000 population in 2020, compared to North Carolina (18.08 events per 1,000 population and the Health ENC Region (21.4 events per 1,000 population).

According to the United Stated Bureau of Justice Statistics, approximately one out of 100 adults in the United States are in jail or prison. Conditions in jails and prisons can lead to 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. Overall, the incarceration rate in Cumberland County has decreased over the past four measurement periods. However, the 2019-2020 incarceration rate in Cumberland County (356.8 per 100,000 population) remained higher than North Carolina (304.2 per 100,000 population) and the Health ENC Region (345.2 per 100,000 population).

## Civic and Political Engagement

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, relatively fewer residents (75.3%) were of voting age in 2015-2019, compared to North Carolina (77.6%) and the Health ENC Region (77.1%).

Chapter 4   Clinical Care Profile

Health Insurance Coverage

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 check-ups and screening, 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.

The graph below shows the percentage of people aged 0-64 years old that have any type of health insurance coverage. The rate for Cumberland County, 89.3%, is higher than the rate for North Carolina (87.3%) and the Health ENC Region (87.0%). Approximately 11% of the population 0-64 years of age in Cumberland County are uninsured.

Percent Age 0-64 with Health Insurance (ACS 2015-2019)

|	Cumberland	North Carolina	Health ENC Counties
Percent	89.3%	87.3%	87.0%
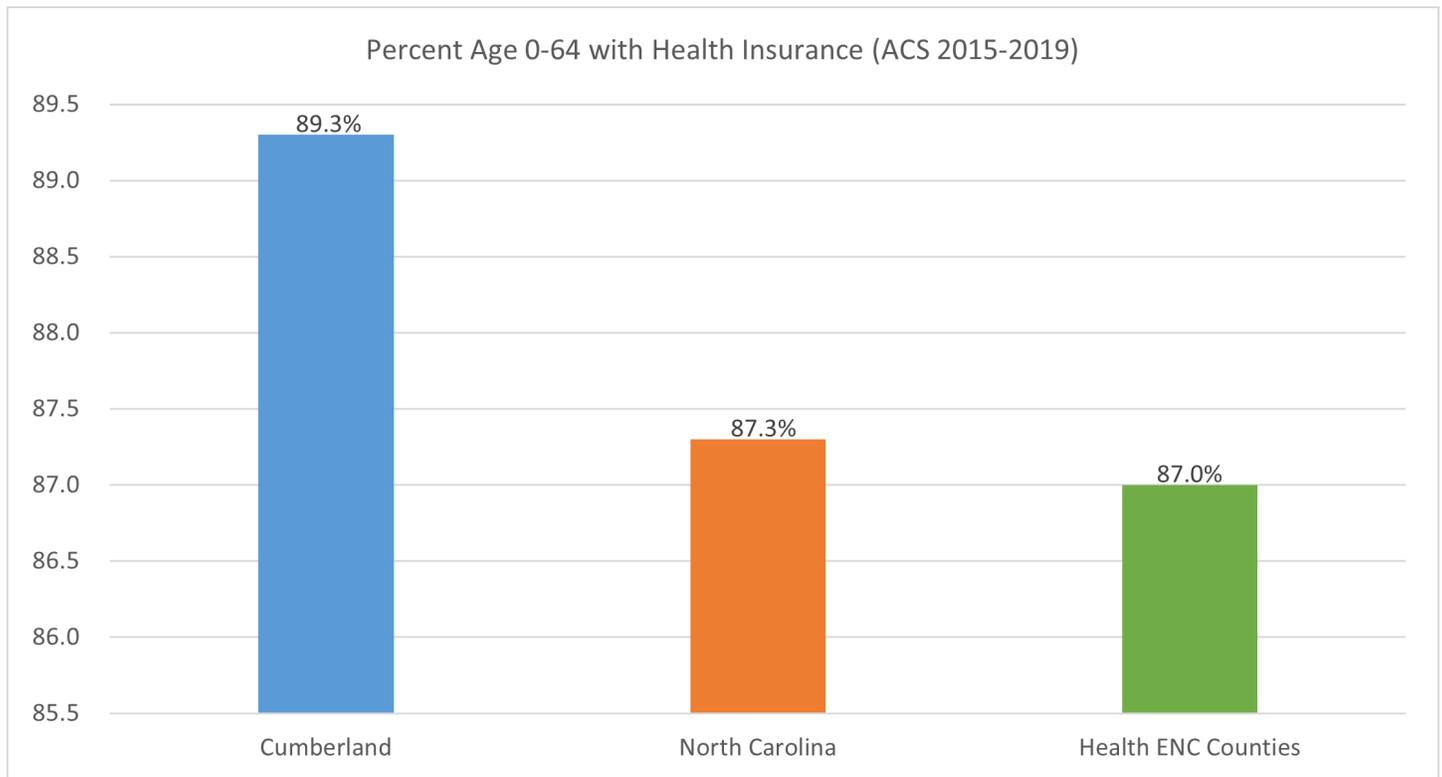
The graph below shows the percentage of the population only receiving health insurance through Medicaid, Medicare, or TRICARE (military healthcare). In 2015-2019, the U.S. Census reported 17.1% of the population in Cumberland County received health insurance coverage through Medicaid, 3.5% Medicare, and 1.4% Tricare.

Percent of People Only Receiving Health Insurance Through Medicaid, Medicare, Tricare
(ACS 2015-2019)

	Receiving Medicaid Only	Receiving Medicare Only	Receiving Tricare Only
Cumberland	17.1%	3.5%	1.4%
North Carolina	13.4%	5.5%	0.4%
Health ENC Counties	15.8%	5.0%	0.6%
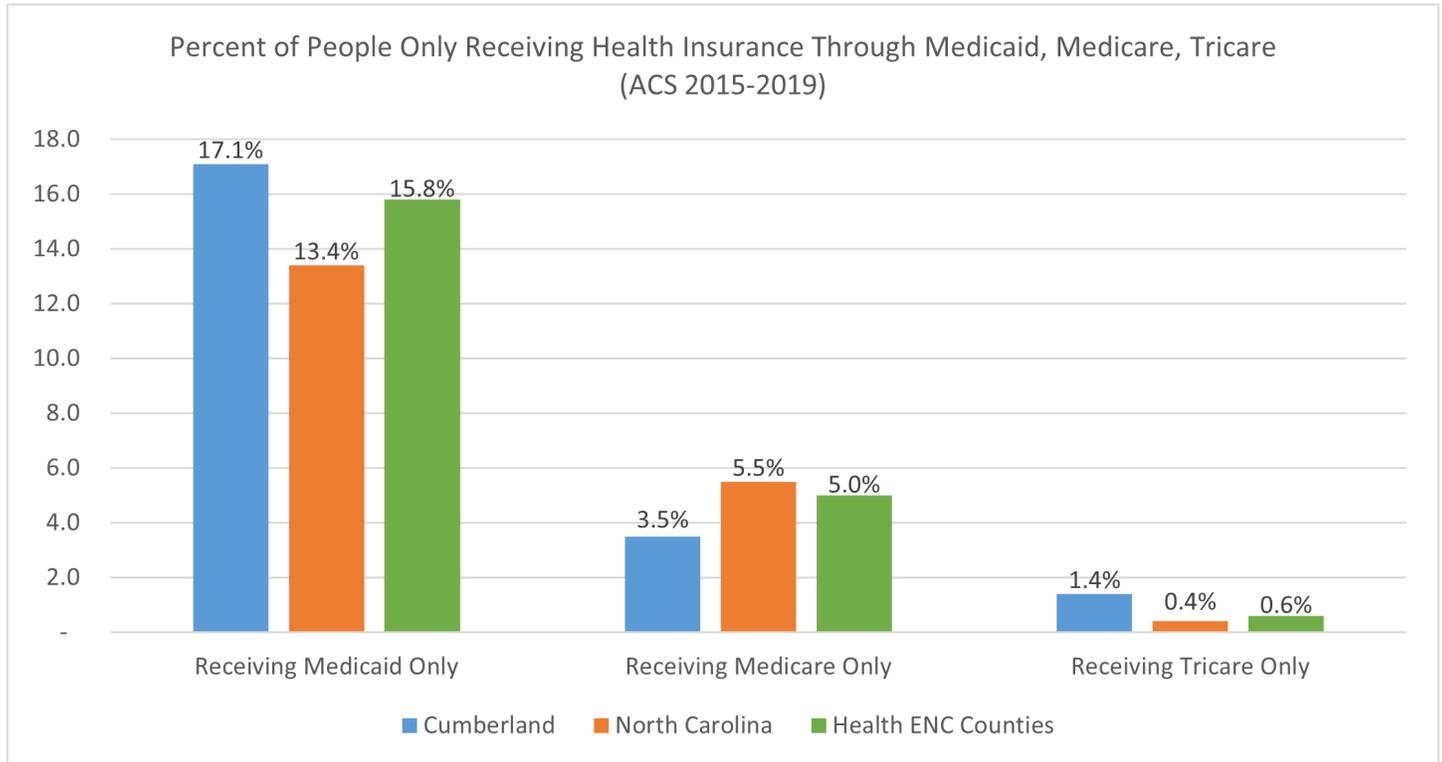
Primary Care Practitioners

Population per Primary Care Practitioner, North Carolina, 2017

Camden
(0 PCPs)

Anson   Northampton   Warren Gates
                         Franklin   Tyrrell

0   1500:1   3000:1   4500:1   6000:1

Population per Primary Care Practitioner
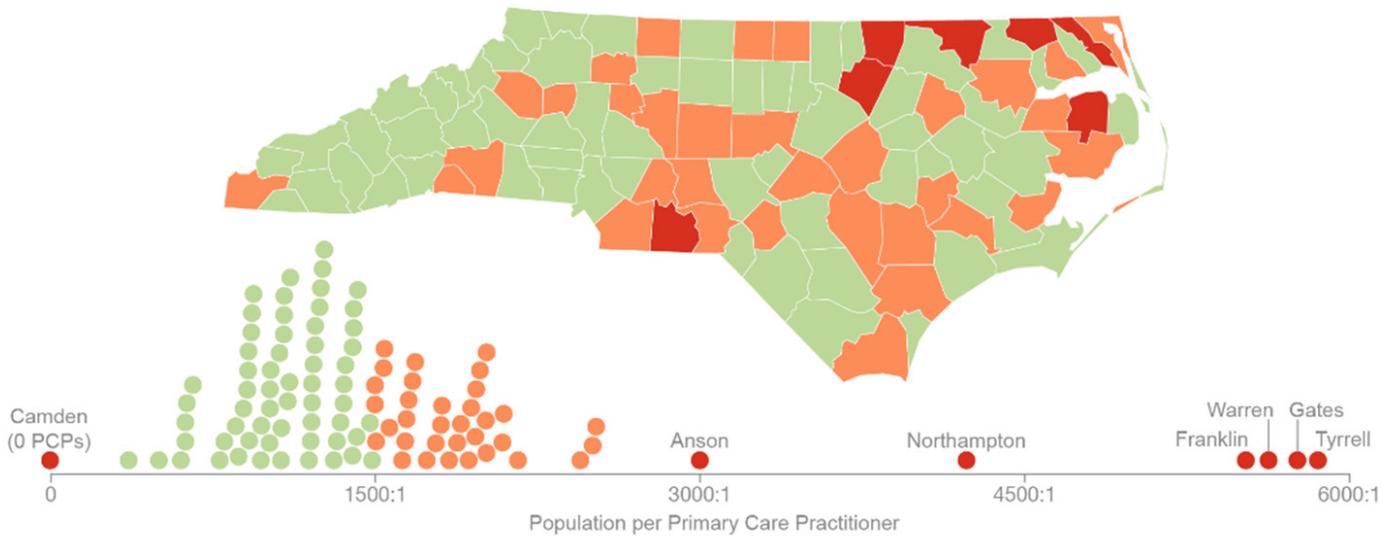
Notes: Updated March 10, 2020 to reflect adjustments to 2017 nurse practitioner data. Primary care physicians, physician assistants, and nurse practitioners are defined as in Spero, J. C., & Galloway, E. M. (2019). Running the Numbers. North Carolina Medical Journal, 80(3), 186-190. Physicians with a primary area of practice of obstetrics/gynecology were weighted as 0.25 of a full-time equivalent (FTE) primary care practitioner. All other primary care physicians were weighted as 1 FTE. Primary care physician assistants, nurse practitioners, and certified nurse midwives were weighted as 0.75 FTE. Physician and physician assistant data are derived from licensure data provided by the North Carolina Medical Board. This analysis only includes physicians who are not residents-in-training and are not employed by the Federal government. Nurse practitioner and certified nurse midwife data is derived from licensure data provided by the North Carolina Board of Nursing. Data include active, licensed practitioners in practice in North Carolina as of October 31, 2017. Practitioners are assigned to counties based on primary practice location. County populations were adjusted for age and gender according to primary care use rates described in data from the Medical Expenditure Panel Survey. The raw (unadjusted) population data was from the NC Office of State Budget and Management

SHEPS HEALTH WORKFORCE NC

Access to primary care is necessary to improving the health outcomes of communities. With the recent spread of the novel coronavirus in North Carolina, primary care is critical as an entry-point to further care. Many rural areas of North Carolina lack adequate access to primary care providers. The disparities in access between rural and metropolitan areas have continued to grow despite an overall increase of physicians in NC.

On the map above, a county shaded in green, is a color that indicates the county is meeting the NC Institute of Medicine's (NCIOM) target ratio of 1 primary care provider to every 1,500 people. Cumberland County is shaded green.

Currently, 60% of NC's 100 counties meet the NCIOM's target. As shown below, seven counties were substantially below target: Anson, Northampton, Franklin, Warren, Gates, Tyrrell, and Camden. Camden has a population of just over 10,000, and no primary care providers.

The NCIOM definition of primary care clinician includes physicians, nurse practitioners (NPs), physician assistants (PAs) and certified nurse midwives (CNMs). More on this can be viewed at:

https://nchealthworkforce.unc.edu/blog/primary_care_nc/

Physicians per 10,000 Population by County, North Carolina, 2019
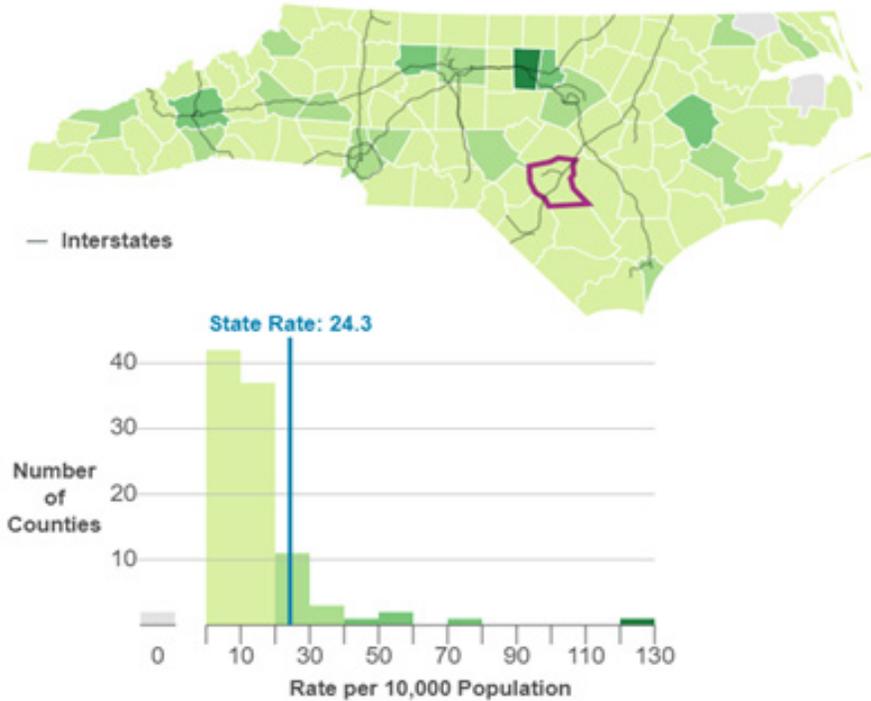
Profession Demographics for Cumberland County
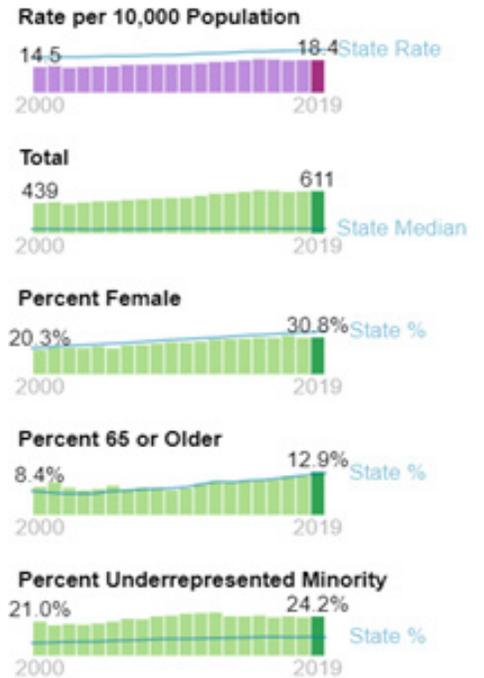
Notes: Data include active, licensed physicians in practice in North Carolina as of October 31 of each year who are not residents-in-training and are not employed by the Federal government. Physician data are derived from the North Carolina Medical Board. County estimates are based on primary practice location. Population census data and estimates are downloaded from the North Carolina Office of State Budget and Management via NC LINC and are based on US Census data. Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created August 29, 2021 at https://nchealthworkforce.unc.edu/interactive/supply/.

As shown in the figure above, the number of physicians per 10,000 population in Cumberland County has increased from 14.5 physicians in 2000 to 18.4 in 2019 which is still below the state rate of 24.3 physicians per 10,000 population.

Source: North Carolina Health Professions Data System, Program on Health Workforce Research and Policy, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created September 29, 2021 at https://nchealthworkforce.unc.edu/interactive/supply/.

Analysis of Clinical Care Profile

Health insurance costs are high across the country, state, and in Cumberland County. People who lack healthcare coverage may not be able to afford medical treatment or life-saving prescription drugs. These individuals are less likely to get routine medical checkups and screenings that could identify an emerging health issue that could otherwise be prevented. If they do become ill, they may not seek treatment until the condition is more advanced, making it more costly and difficult to treat.

In Cumberland County, 89.3% of residents aged 0-64 have health insurance. This percentage is higher than North Carolina (87.3%) and the Health ENC Region (87.0%). Nearly 11% of the population in Cumberland County is uninsured.

In regard to the availability of primary care providers, Cumberland County meets the NC Institute of Medicine's target ratio of 1 primary care provider to every 1,500 people. Likewise, the number of physicians per 10,000 people in Cumberland County has increased from 14.5 physicians in 2000 to 18.4 physicians in 2019.

Chapter 5   Chronic and Communicable Disease Profile

Leading Causes of Death

Cumberland County				North Carolina				Health ENC Counties			
Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate	Rank	Cause	Deaths	Rate
1	Heart Disease	570	169.89	1	Cancer	19,963	190.34	1	Heart Disease	4,546	210.2
2	Cancer	535	159.46	2	Heart Disease	19,661	187.46	2	Cancer	4,345	200.91
3	Chronic Lower Respiratory Diseases	150	44.71	3	Chronic Lower Respiratory Diseases	5,411	51.59	3	Cerebrovascular Disease	1,215	56.18
4	Other Unintentional Injuries	149	44.41	4	Cerebrovascular Disease	5,203	49.61	4	Chronic Lower Respiratory Diseases	1,114	51.51
5	Alzheimer's Disease	131	39.05	5	Other Unintentional Injuries	4,683	44.65	5	Other Unintentional Injuries	1,006	46.52
6	Diabetes Mellitus	125	37.26	6	Alzheimer's Disease	4,508	42.98	6	Alzheimer's Disease	918	42.45
7	Cerebrovascular Disease	113	33.68	7	Diabetes Mellitus	3,127	29.81	7	Diabetes Mellitus	838	38.75
8	Motor Vehicle Injuries	68	20.27	8	Nephritis Nephrotic Syndrome and Nephrosis	2,121	20.22	8	Nephritis Nephrotic Syndrome and Nephrosis	476	22.01
9	Pneumonia and Influenza	47	14.01	9	Pneumonia and Influenza	1,730	16.49	9	Motor Vehicle Injuries	460	21.27
10	Suicide	47	14.01	10	Motor Vehicle Injuries	1,608	15.33	10	Pneumonia and Influenza	382	17.66

Notes: Leading causes of death are calculated based on the crude number of deaths per 100,000 population in 2019.

Deaths: North Carolina State Center for Health Statistics 2019 Vital Statistics Public Use Data Files, downloaded from the Odum Institute for Research in Social Science at UNC-Chapel Hill Dataverse web site, May 2021. Population: National Center for Health Statistics 2019 Bridged-Race Population Estimates (https://www.cdc.gov/nchs/nvss/bridged_race.htm). Analysis by ECU Department of Public Health, Health Systems Research and Development.

The top leading causes of death in Cumberland County, North Carolina, and the Health ENC Region were heart disease and cancer. Chronic lower respiratory diseases and other intentional injuries rank among the top five causes of death for all three locales, which indicates chronic disease as an area of concern for Cumberland County and the state as a whole. Alzheimer's, diabetes mellitus, and motor vehicle injuries rank

higher as a leading cause of death in Cumberland County than in both North Carolina and the Health ENC Region. Cerebrovascular disease ranks lower as a leading cause of death in Cumberland County than in both North Carolina and the Health ENC Region.

Leading Causes of Injury Death

Leading Causes of Injury Death 2016 to 2019 CUMBERLAND			Leading Causes of Injury Hospitalization 2016 to 2019 CUMBERLAND			Leading Causes of Injury ED Visits 2016 to 2019 CUMBERLAND		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	336	1	Fall - Unintentional	2,292	1	Fall - Unintentional	23,413
2	MVT - Unintentional	218	2	Poisoning - Unintentional	1,016	2	MVT - Unintentional	16,321
3	Firearm - Self-Inflicted	126	3	MVT - Unintentional	890	3	Unspecified - Unintentional	14,195
4	Fall - Unintentional	104	4	Poisoning - Self-Inflicted	462	4	Struck By/Against - Unintentional	8,632
5	Firearm - Assault	102	5	Fire/Burn - Unintentional	284	5	Natural/Environmental - Unintentional	5,592
TOTAL		1,125	TOTAL		6,264	TOTAL		112,288

Leading Causes of Hospitalizations

Leading Causes of Injury Death 2016 to 2019 CUMBERLAND			Leading Causes of Injury Hospitalization 2016 to 2019 CUMBERLAND			Leading Causes of Injury ED Visits 2016 to 2019 CUMBERLAND		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	336	1	Fall - Unintentional	2,292	1	Fall - Unintentional	23,413
2	MVT - Unintentional	218	2	Poisoning - Unintentional	1,016	2	MVT - Unintentional	16,321
3	Firearm - Self-Inflicted	126	3	MVT - Unintentional	890	3	Unspecified - Unintentional	14,195
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5	Firearm - Assault	102	5	Fire/Burn - Unintentional	284	5	Natural/Environmental - Unintentional	5,592
TOTAL		1,125	TOTAL		6,264	TOTAL		112,288

Leading Causes of Emergency Department Visits

Leading Causes of Injury Death 2016 to 2019 CUMBERLAND			Leading Causes of Injury Hospitalization 2016 to 2019 CUMBERLAND			Leading Causes of Injury ED Visits 2016 to 2019 CUMBERLAND		
Rank	Cause	#	Rank	Cause	#	Rank	Cause	#
1	Poisoning - Unintentional	336	1	Fall - Unintentional	2,292	1	Fall - Unintentional	23,413
2	MVT - Unintentional	218	2	Poisoning - Unintentional	1,016	2	MVT - Unintentional	16,321
3	Firearm - Self-Inflicted	126	3	MVT - Unintentional	890	3	Unspecified - Unintentional	14,195
4	Fall - Unintentional	104	4	Poisoning - Self-Inflicted	462	4	Struck By/Against - Unintentional	8,632
5	Firearm - Assault	102	5	Fire/Burn - Unintentional	284	5	Natural/Environmental - Unintentional	5,592
TOTAL		1,125	TOTAL		6,264	TOTAL		112,288

Top Ten Reportable Communicable Diseases

Top 10 Communicable Diseases

Disease	Percentage
Chlamydia	59.26%
Gonorrhea	21.71%
Hepatitis C - Chronic	5.69%
Nongonococcal urethritis	4.25%
Salmonellosis	2.09%
Syphilis – 04. Unknown Duration or Late Syphilis	1.04%
HIV	0.88%
Syphilis – 03. Early Non-Primary Non-Secondary	0.79%
Syphilis – 02. Secondary	0.70%
Hepatitis B – Chronic Carrier	0.64%

Cases (0 500 1000 1500 2000 2500 3000 3500 4000 4500)

Note: To view and compare communicable disease rates in your county with NC State-wide rates, reported number of cases, etc., view the custom dashboard.
https://NCD3NorthCarolinaDiseaseDataDashboard

Preventing and controlling the spread of communicable diseases are a top concern among North Carolina communities.

The top communicable diseases as reported by NC DHHS in Cumberland County in 2018 are shown above.

Chlamydia ranked highest among percent of cases reported. Chlamydia is a common STD that can infect both men and women. It can cause serious, permanent damage to a woman's reproductive system.

Analysis of Chronic and Communicable Disease Profile

The leading causes of death are an important indicator of trends in the burden of disease and utilization of healthcare services for a community.

Throughout the history of public health, the leading causes of death have shifted significantly due to industrialization, technology, and modernization. In the early 1900s, the leading causes of death were infectious and communicable diseases such as smallpox and cholera. Before 2000, the leading causes shifted more towards chronic and preventable diseases such as cancer and heart diseases, as countries and regions become more industrialized. Poorer dietary and lifestyle choices contributed immensely to the rise of chronic diseases.

More recently in the 21st Century, however, there exists a duality in the leading causes of death with both communicable and chronic diseases making the list of top 10 causes of death in the state, the Health ENC Region, and Cumberland County. For example, sexually transmitted diseases (STDs) such as chlamydia and gonorrhea ranked highest amount the percentage of reportable communicable cases for Cumberland County. Chlamydia is a common STD that can infect both men and women. It can lead to serious, permanent damage to a woman's reproductive system.

Most recently, the coronavirus pandemic has been at the forefront of public health in Cumberland County, North Carolina, and the United States since the end of 2020. The pandemic has placed an unprecedented burden on health care systems already challenged with combatting high rates of chronic respiratory diseases such as asthma and obstructive pulmonary diseases. Since death rates are a lagging indicator of disease burden compared to the rate of disease occurrence, the true impact of the coronavirus pandemic on leading causes of death will likely be observed in future Community Health Needs Assessment reports.

Based on the data reported in this Community Health Needs Assessment report, the top leading causes of death in all three geographies were heart disease and cancer. Chronic lower respiratory diseases and other intentional injuries rank among the top five causes of death for Cumberland County, North Carolina and the Health ENC Region. Chronic diseases are an area of concern for Cumberland County and the state as a whole. Alzheimer's, diabetes mellitus, and motor vehicle injuries rank higher as a leading cause of death in Cumberland County than in both North Carolina and the Health ENC Region. Cerebrovascular disease ranks lower as a leading cause of death in Cumberland County than in both North Carolina and the Health ENC Region.

Chapter 6 HNC 2030 Indicator Rankings by Health ENC Regions

Indicators / Measures	Cumberland	NC
Health Outcomes		
Premature Death	9,300	7600
Low Birthweight	10%	9%
Health Factors		
Health Behaviors		
Adult Smoking	19%	18%
Adult Obesity	32%	32%
Sexual Transmitted infections	1217.00	647.80
Teen Births	30	22
Clinical Care		
Uninsured	11%	13%
Primary Care Physicians	1240 to 1	1400 to 1
Dentists	950 to 1	1720 to 1
Mental Health providers	290 to 1	390 to 1
Preventable hospital stays	5934	4539
Mammography Screening	39%	46%
Flu Vaccinations	41%	52%
Social & Economic Factors		
High School Completion	91%	88%
Some College	71.00%	67.00%
Unemployment	5.10%	3.90%
Children in Poverty	26.00%	19.00%
Children in single parent households	36.00%	28.00%
Violent crimes	548	351
Physical Environment		
Air Pollution - particulate matter	8.6	8.5

Areas to Explore	Areas of Strength

Source: County Health Rankings: https://www.countyhealthrankings.org/

Chapter 7   County Health Ranking Indicators

Population Health Model

The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors). Explore the Model to learn more about these measures and how they fit together to provide a profile of community health.

County Health Rankings model © 2014 UWPHI
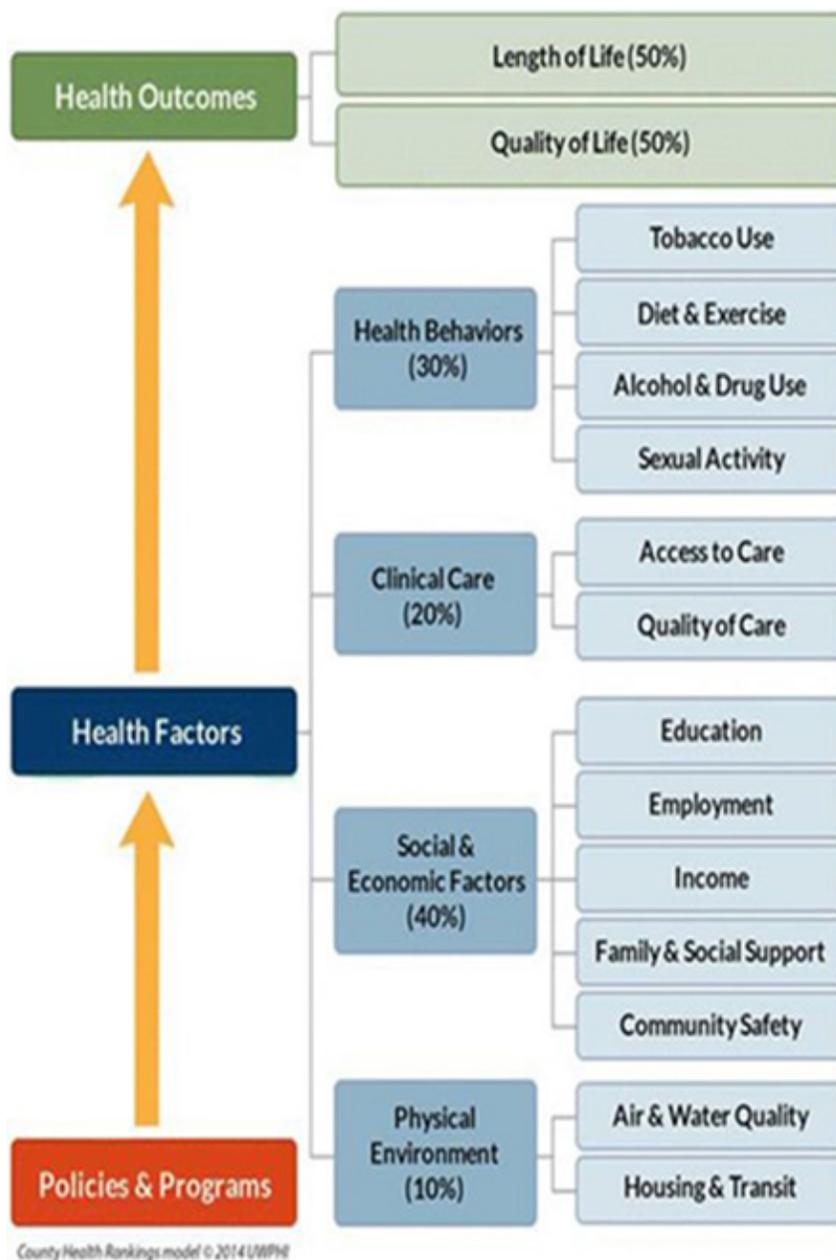
- There are many factors that influence how well and how long people live.
- The County Health Rankings model (left) is a population health model that uses data from different sources to help identify areas of concerns and strengths to help communities achieve health and wellness.
- The Rankings provides county-level data on health behavior, clinical care, social and economic and physical environment factors.

Chapter 8   Survey Findings
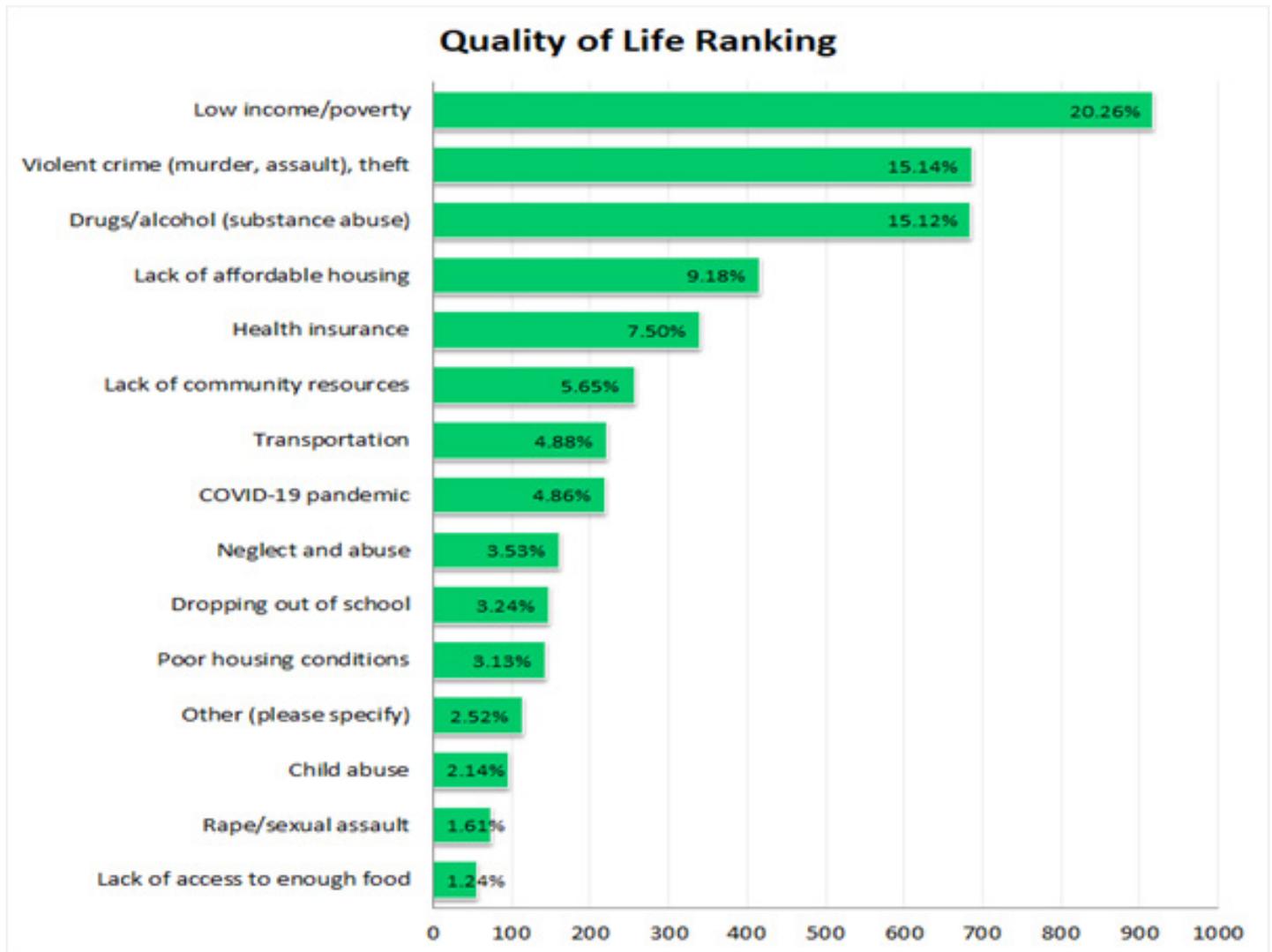
Quality of Life Ranking

Category	Percentage
Low income/poverty	20.26%
Violent crime (murder, assault), theft	15.14%
Drugs/alcohol (substance abuse)	15.12%
Lack of affordable housing	9.18%
Health insurance	7.50%
Lack of community resources	5.65%
Transportation	4.88%
COVID-19 pandemic	4.86%
Neglect and abuse	3.53%
Dropping out of school	3.24%
Poor housing conditions	3.13%
Other (please specify)	2.52%
Child abuse	2.14%
Rape/sexual assault	1.61%
Lack of access to enough food	1.24%

To see the results to all community survey questions, please click below and select your county;
https://public.tableau.com/app/profile/ray.hylock/viz/CHNA_16192013031540/CountiesMap

Top 3 Quality of Life Issues identified in community survey

- 20.26% (918) responded Low income/Poverty
- 15.14% (686) responded Violent crime (murder, assault), theft and,
- 15.12% (685) responded Drugs/alcohol (substance abuse)

Do you (strong) disagree, are neutral, or (strongly) agree with the following?

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…
There is affordable housing that meets the needs in…
There are good parks and recreation facilities in this…
It is easy to buy healthy foods in this county

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Strongly Disagree ■ Disagree ■ Neutral ■ Agree ■ Strongly Agree

To see the results to all community survey questions, please click below and select your county;
https://public.tableau.com/app/profile/ray.hylock/viz/CHNA_16192013031540/CountiesMap
This graph shows how people responded to certain questions when asked about how they feel or view issues that support a safe and healthy lifestyle in their county.

For example, in the first question, when asked, "there is good healthcare in my county," less than 20% of people either strongly disagreed or disagreed, while more than 60% agreed and strongly agreed. Overall, far more people agreed than disagreed that Cumberland County "is a good place to raise children."

In the fourth question, when asked, "there is plenty of economic opportunity in this county," nearly 40% of people surveyed either strongly disagreed or disagreed, while less than 30% agreed or strongly agreed.

Similarly, when asked "there is affordable housing that meets the needs in this county" more than 30% disagreed or strongly disagreed while more than 30% agreed or strongly agreed, a similar trend.

QUESTION: Have you had a COVID-19 vaccine?
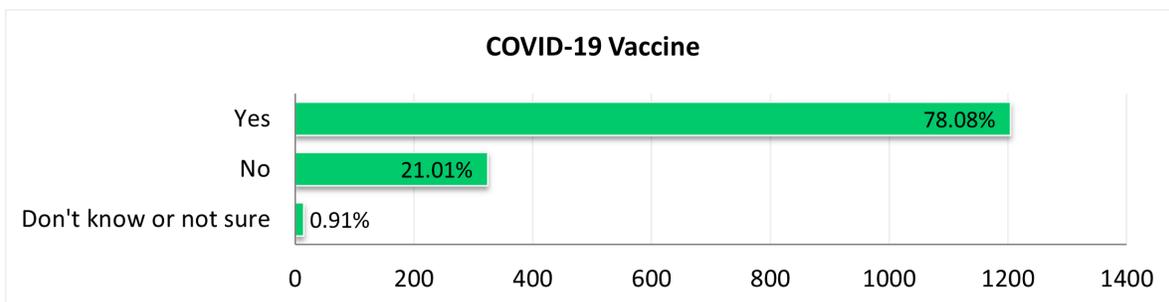
COVID-19 Vaccine

Yes — 78.08%
No — 21.01%
Don't know or not sure — 0.91%

0   200   400   600   800   1000   1200   1400

To see the results to all community survey questions, please click below and select your county;
https://public.tableau.com/app/profile/ray.hylock/viz/CHNA_16192013031540/CountiesMap
 Note: Community survey was distributed between April 1 and June 30, 2021.

Chapter 9   Inventory of Resources

An inventory of resources has been developed for each of the priority areas of need identified in the Community Health Needs Assessment. The inventory attempts to define the range and breadth of available resources and identify any gaps in those resources within Cumberland County. Resources may include human resources, organizations, institutions, and community-based organizations. The results of the inventory of resources will inform the development of the community health improvement plants.

Access to Health Services

As indicated by both community survey results and secondary data, access to health services, particularly health insurance shortfalls and inability to get an appointment, were strong perceived needs. Over 60% of survey respondents indicated that there is good healthcare in their community.

Most survey participants did not report problems getting the health care services they needed in the past 12 months (76.5%). For those who reported some difficulty accessing health care services, survey respondents reported issues with getting an appointment with their primary care provider, dentist, or specialist. Increased wait times to see a health care professional also limited access to health services for residents of Cumberland County. Additionally, survey respondents reported issues with the lack of insurance coverage for the health care services that they needed or a lack of health insurance.

Within Cumberland County, there are health care providers like Cumberland HealthNET, Goshen Medical, and the Health Department that provide a range of health services for residents regardless of their ability to pay. Despite the availability of these providers and services, barrier to health care access still exist for residents, particularly residents and families living in more rural areas of Cumberland County where public transportation may be limited. These barriers are particularly relevant for minority populations who may lack personal transportation or income to pay for transport and who are unable to take time off of work or find childcare.

Lack of affordable health insurance and comprehensive coverage are important barriers to health care access in Cumberland County. In addition, enrolling in health insurance, and retaining that coverage, may be especially challenging for residents who are non-English speaking. The Cumberland County Department of Social Services and providers such as Goshen Medical are available to assist residents with Medicaid insurance enrollment. Many residents are unaware that these services exist or are unable to access them due to language barriers, technology, or transportation. There is an immediate need to increase insurance enrollment, education, and support for Cumberland County residents in order for them to have ample access to health services.

Economy

Economies affect our daily lives in both obvious and subtle ways by influencing the decisions made about work, leisure, healthcare, and consumption. Economic influences such as inflation, increasing interest rates, and economic growth are out of an individuals' control but can have severe impacts on a person's well-being.

Over 56% of survey respondents either disagreed or were neutral in response to there being plenty of economic opportunity in Cumberland County. Factors that contribute positively and negatively to economic opportunity are employment, housing, food security, and living in poverty.

Employment

Employment opportunities within Cumberland County are endless. Many different industries are represented in Cumberland County providing a variety of employment opportunities for residents. The most common employment industries for those who live in Cumberland County are Health Care & Social Assistance (19,634 people), Retail Trade (17,772 people), and Accommodation & Food Services (13,615 people). From 2018 to 2019, employment in Cumberland County grew at a rate of 3.24%, from 126,000 employees to 130,000 employees (data derived from the Census Bureau ACS 1-year Estimate).

The majority of survey respondents (73.1%) were employed full-time. Cumberland County offers comprehensive resources to those looking for work, regardless of education level or experience. Programs like NC Works and the Workforce Development Board offer services to those looking for work such as resume building, job search assistance, and interview preparation.

Housing

Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. High costs of homeownership with a mortgage can strain both homeowners and the local housing market. In addition to the costs of home ownership, severe housing problems can influence the health of Cumberland County residents.

Survey respondents were asked if there is affordable housing that meets the needs of Cumberland County. Respondents were neutral or agreed 29.5% of the time, while 24.1% of respondents disagreed. The median monthly mortgaged housing costs in Cumberland County were $1,241 which was approximately $73 lower than the average for North Carolina. While median monthly housing costs in Cumberland County are lower than the North Carolina average, the increasing costs of home ownership is continuing to impact residents of Cumberland County. There are many resources available to those that cannot provide safe and affordable housing for their families. The Cumberland County Government provides resources to residents such as Affordable Housing Authority, Home Buyer Assistance Programs, and Housing Rehabilitation Programs.

Food Security

The lack of access to adequate food due to limited money or resources greatly impacts an individual's health and wellness. Lack of food, healthy or not, impacts people of all ages causing severe hunger and increased risk of long-term health issues. 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 foods.

Survey respondents either agreed (44.7%) or strongly agreed (13.6%) that it was easy to buy healthy foods in Cumberland County. There are many local businesses and organizations in Cumberland County that organize farmer's markets to support local farmers and provide residents access to healthy foods. Additionally, Friendship Community Gardens offers residents the opportunity to plant, grow, and harvest healthy food options for those local to the garden.

In the last 12 months, 80.7% of survey respondents were not worried about their family's food running out before they had the ability to buy more. Several community-based organizations provide food giveaways and distribution events throughout Cumberland County. Those in need of food can find help at several local food banks in Cumberland County, including, Second Harvest Food Bank, Fayetteville Urban Ministry, and many local churches.

Living Below Poverty

Federal poverty thresholds are set each year by the United States Census Bureau and vary by family size and age of family members. A high poverty rate is a consequence of poor economic conditions. Children living in poverty are more likely to have physical health problems, behavioral problems, and emotional problems. Seniors who live in poverty are particularly vulnerable due to increased physical limitations, medical needs, and social isolation. Persons living with physical disabilities 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, utilities, food, and medical and dental care.

In Cumberland County from 2015-2019, 18% of the population was living below the federal poverty level. This rate was higher than North Carolina (15% living in poverty). The percentage of children living below the poverty level in Cumberland County during this period was 26% compared to 21% in North Carolina. A similar trend was seen for older adults living in Cumberland County: 11.2% of older adults live below poverty compared to 9.1% for North Carolina. Lastly, the percentage of disabled persons living below the poverty level in Cumberland County was 25% compared to 20% for North Carolina.

The total household income reported by survey respondents was $100,000 or more (21.0%), $50,000 to $74,999 (20.8%), and %75,000 to $99,999 (17.6%). Based on the CHNA survey, 13.1% of survey respondents live below the poverty threshold of $25,000 in household income. The Cumberland County Government, local churches, and many not for profit organizations assist those living below the poverty level by providing access to clothing, food and emergency financial support.

Exercise, Nutrition, and Healthy Weight

Lack of access to exercise, nutritious food, and maintaining a healthy weight are priority needs for Cumberland County. Survey respondents report that access to parks and recreation areas and ability to buy healthy foods were not barriers to good health. Based on survey results, 57.6% of respondents agreed or strongly agreed that there are good parks and recreation facilities in Cumberland County. Additionally, 58.3% agreed or strongly agreed that it was easy to buy healthy foods in Cumberland County.

The majority of survey respondents engage in physical activity for at least thirty minutes a day, four or more time per week. Those respondents that did not engage in physical activity for at least 30 minutes per day indicated that barriers to physical activity included being too physically tired, not having enough time, and not liking to exercise. For those respondents who did engage in regular exercise, most reported that they exercised at home, a private gym, local recreation centers, or a community park. A small percentage of respondents (26%) expressed concern about the lack of ability to pay for gym memberships, not having access to exercise facilities, and not having a safe place to exercise.

Access to grocery stores and healthy foods was not expressed as a concern of survey respondents. Several community-based organizations provide food giveaways and learning opportunities for individuals and families to learn about healthy eating habits. The Junior League of Fayetteville hosts an annual Kids in the Kitchen event to teach children how to make healthy food choices and how important it is to live a healthy lifestyle.

Cumberland County offers many recreation centers for community use. These recreation centers are well loved by families and offer many events and children's activities. It is important to establish healthy practices at a young age in order to prevent future illnesses that could impact their quality of life. The Cape Fear Valley Health Foundation hosts the *Step Up for Health and Wellness Expo* in the spring to educate the community about health and wellness. Many walks and races take place in Cumberland County each year which encourages families to get active for a good cause. Outreach and education activities continue to increase community knowledge and awareness about the importance of healthy eating and regular exercise.

Public Safety

Both violent crime and property crime are indicators of public safety within a community. Violence negatively impacts communities by reducing productivity, decreasing property values, and disrupting social services. Public safety is an area of concern for residents of Cumberland County with 56.4% of survey respondents being neutral or disagreeing that Cumberland County was a safe place to live. Only 34.9% of survey respondents agreed or strongly agreed that Cumberland County was a safe place to live. Additionally, 44.5% of survey respondents noted violent crime and theft as one of the top three issues having the highest impact on quality of life in Cumberland County. Survey respondents also noted that they felt more information was needed about crime prevention in Cumberland County.

Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. The violent crime rate in Cumberland County has increased steadily from 2016 to 2019. The violent crime rate in Cumberland County in 2016 was 670 events per 100,000 population and 786.6 events per 100,000 population in 2019. The increase in violent crime within Cumberland County has led to many residents feeling unsafe within the county, whether at home or out in the community. The Cumberland County Sheriff's Office has partnered with many organizations to provide educational opportunities such as Operation Ceasefire and Project Safe Neighborhoods in order to help prevent the occurrence of violent crime in the county.

In contrast to the increase in violent crime, property crime in Cumberland County has decreased from 2016 to 2019. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson. The property crime rate in Cumberland County in 2016 was 4,224.6 events per 100,000 population and 3,365.6 events per 100,000 population in 2019. There have been many initiatives put into place in Cumberland County which has helped to reduce the property crime rate. Resident awareness of how to prevent them from being a target of a property crime is a critical part of reducing the occurrence of property crime. The Fayetteville Police Department reminds Fayetteville community members of the 9 p.m. routine every day.

This routine reminds residents to lock their doors, secure their valuables, and turn on outdoor lights, all in an attempt to deter criminals from committing a property crime. Many neighborhoods within Cumberland County have Neighborhood Watch Programs and are active on Nextdoor, both of which report crime and make residents alert of potential issues that could be affecting their area.

Substance Abuse

Substance abuse, specifically involving illicit drugs and alcohol, is a priority concern for Cumberland County. Substance abuse ranked third (44.4%) for factors impacting quality of life in Cumberland County. The consequences of substance abuse affect not only the user, but family members, friends, and even strangers.

Approximately 19.6% of survey respondents indicated that more information was needed about substance use and prevention in Cumberland County. Despite pervasive tobacco use and smoking among county residents, 85.6% of survey respondents indicated that they do not use any type of tobacco product. The percentage of community respondents who report excessive drinking was 12.7% which was lower than those that reported excessive drinking for the state of North Carolina (15.6%). Survey respondents in Cumberland County did indicate that substance use was a concern in the community and was the sixth priority needing the most improvement. Several substance use prevention programs are available to community members in Cumberland County. Behavioral healthcare providers are available throughout the county; however, community need for these services and financial limitation around insurance coverage for these services remain constant issues.

Chapter 10   Community Prioritization Process

The community health needs assessment prioritization process involved a variety of sources from secondary data, community surveys, and the results of the Healthy North Carolina 2030 Indicator Rankings. The opinions of community stakeholders and organizations were considered in the analysis of the data and prioritization process. The highest ranked topics were distilled from and compared across each source to create a shortened list of priorities representative of the Cumberland County community.

Healthy North Carolina 2030 is an action plan document developed by health leaders. The purpose of creating Healthy North Carolina 2030 was to identify a common set of goals and objectives that could help mobilize and direct state and local efforts towards improving the health and well-being of North Carolinians. The focus for Healthy North Carolina 2030 shifted from individual health topics to a population health framework. With the current focus on health equity and drivers of health outcomes. Community input sessions were held across North Carolina with representatives from different regions of the state.

Considerations set forth in the Centers for Disease Control and Preventions (CDC's) Healthy People 2030 were considered in the development of the Community Health Needs Assessment and in the selection of priority needs areas for Cumberland County. These factors include the following:
- Consideration of upstream risk factors and behaviors in addition to disease outcomes
- Address high-priority health issues that have a major impact on public health outcomes,
- Risk and contributing factors that can be modified in the short term such as through evidence-based interventions and strategies,
- Consideration of Social Determinants of Health, health disparities, and health equity, and
- Consideration of additional data sources that should be monitored annually.

Many community stakeholders and organizations participated in distributing and responding to the Community Health Needs Assessment surveys. Locations for survey distribution were selected to ensure representation by the most in-need and underrepresented segments of the community. Both English and Spanish surveys were distributed to members of the community via paper and electronic surveys.

Representatives from the Cumberland County Health Department, Cape Fear Valley Medical Center, and Health ENC shared data findings and discussed priorities with members of the community.

The entire Community Health Needs Assessment process, from data collection to the selection of priority needs to future development of the community health improvement plan, were impacted by the COVID-19 pandemic. Data collection methods used during the previous Community Health Needs Assessment had to be revised to adhere to specific regulations within the county and state in order to keep the community safe during the pandemic. There were fewer opportunities to conduct face-to-face meetings and discussion groups to gather community input and create a dialogue amongst community members. Face-to-face meetings are an important way to educate the community about the Community Health Needs Assessment process and to build excitement and enthusiasm for participation in the process.

Community residents often expressed "burn-out" with virtual meetings and online forums discussing public health during the COVID-19 pandemic. Employed community members who worked remotely during the pandemic were more likely to experience "burn-out" because their once in-person job quickly became virtual. Individuals who lost employment and their stream of income during the pandemic had additional stressors that impacted their view of health priorities within Cumberland County and the state.

The COVID-19 pandemic has changed the health landscape and the way those in the community view health and wellness. Health priorities that were identified in 2019 before the pandemic may no longer be viewed as important after the pandemic. An example is the increased awareness of, and emphasis on, communicable and respiratory diseases. Prior to COVID-19, communicable diseases were considered by many as "something that happened in other countries, but not mine." COVID-19 proved that communicable diseases are opportunistic and can affect all people, regardless of age and health. The impacts of the pandemic on social isolation and the competition for basic resources shed a light on the need for health equity as low income and minority communities were most disproportionately impacted.

The pandemic drove home the importance of social determinants of health as major contributors to health and well-being. COVID-19 gave these important concepts real and lasting context that may not have seemed so impactful without a pandemic. The effects of the COVID-19 pandemic will have a lasting impact on the way that our communities, counties, and state view health priorities for the foreseeable future.

CHNA References

Data Sources and References for ENC Health Community Health Assessment (2020-2021)

Health Outcomes	Source	Years
Life expectancy	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of death	NC-DHHS State Center for Health Statistics / CDC, NCHS	2019
Fetal deaths and fetal death rates	NC-DHHS State Center for Health Statistics	2014-2018
Leading causes of injury death, hospitalization, and ED visits	NC-DHHS, Injury & Violence Prevention Branch	2016-2019
Communicable diseases	NC-DHHS State Center for Health Statistics	2018
Clinical Care	**Source**	**Years**
Population per primary care physicians	Cecil G. Sheps, Center for Health Services Research, UNC	2017
Physicians per population by county	Cecil G. Sheps, Center for Health Services Research, UNC	2019
Health Insurance Coverage	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Government Health Insurance Only	U.S. Census Bureau ACS 5-year Estimate	
Health Behavior Factors	**Source**	**Years**
BRFSS	NC-DHHS State Center for Health Statistics	2018
Health ENC Primary Data Questions – Quality of Life, Behavior	Health ENC Report	2020-2021
Healthy NC, 2030	NCIOM / NC DHHS	2020
County Health Rankings	Robert Woods Johnson Foundation	Varies

Social and Economic Factors	Source	Years
Population	U.S. Census Bureau ACS 5-year Estimate	2015-2019
Projected Population	NC Office of State Mgmt & Budget Pop Projections and US Census	2021
General population characteristics	Census Population Estimates	2015-2019
Education	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Income	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Minority Populations	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Military Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Veteran Population	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Birth Rate	NC State Center for Health Statistics	2016-2019
Poverty (% of population with income <200% of poverty level)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Poverty by race and ethnicity	U.S. Census Bureau ACS 5-year Estimate	2013-2019
Children in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Older adults in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Disabled people in poverty	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – Median monthly costs	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Housing – median monthly costs in surrounding counties	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Employment by industries	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Food Insecurity	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Percent of population below 200% by zip code	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Educational attainment	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
High School dropout rate (% dropout per 100 students)	N.C. Dept of Public Instruction	2016-2020
High School suspension rate (% suspension per 100 students)	N.C. Dept of Public Instruction	2019-2020
Transportation (% of workers commuting; % of workers drive alone)	U.S. Census Bureau, ACS 5-year Estimate	2015-2019
Tier Designation (County Distress Ranking)	N.C. Department of Commerce	2021

Community and Safety Factors	Source	Years
Crime and Safety	N.C. State Bureau of Investigations, uniform crime report	2016-2019
Juvenile Crime (% Undisciplined and % Delinquent per 1,000)	NC. Dept. of Public Safety, juvenile justice county Databook	2017-2020
Incarceration (Rate per 100,000 population)	N.C. Dept. of Public Safety	2019-2020
Child Abuse (Reports per 1000, age 0-18 years)	Annie E. Casey Foundation Kids Count Data Center	2015-2018
Severe housing problems	Robert Woods Johnson County Health Rankings	2013-2017

Note: This list is provided as a resource for data and information and may not include all of the above references noted in the slide set.

Appendices to the 2021 Community Health Needs Assessment

Appendix A: Community Health Needs Assessment Survey (Health ENC 2021)

Cape Fear Valley Health and The Cumberland County Public Health Department worked together to encourage our community to participate in this survey.

A few examples of the methods used to reach our community:

1. Creation of cards that were digitized for scanning the survey website in both English and Spanish
2. Posted survey links on social media, the County Public Health Departments, Cape Fear Valley Health System, and local news outlets
3. Physician Clinics
4. Provided to chaplains to disperse through their clergy networks
5. Restaurants and local businesses

Community Health Assessment

Your Opinion Matters!

The **Community Health Assessment** is a health opinion survey that gathers information about the health and well-being of North Carolina residents and helps identify ways to address those needs and concerns. The survey is being conducted by your local Health Department, Cape Fear Valley Health System and other agencies.

Take the survey by June 18, 2021

English:
https://redcap.ecu.edu/
surveys/?s=4YJCCCAAEW

Spanish:
https://redcap.ecu.edu/
surveys/?s=YDLYHLEDL3

Asesoramientos de Salud Comunitaria

Su Opinión Importa !

El Asesoramiento de Salud Comunitaria es una encuesta de opinion que reúne información sobre la salud y bienestar de los residentes de Carolina del Norte para ayudar a identificar maneras para dirigirnos a los asuntos y necesidades. La encuesta es **anónima** y la información es colectada solo para propósitos de estudio el cual sirve al proveedor de salud poder servir major a la comunidad.

La encuesta está siendo llevada a cabo por el Departamento de Salud, el Sistema de Salud de Cape Fear Valley y otras agencias.

Tome la encuesta no mas tardar de Junio 18, 2021.

English:
https://redcap.ecu.edu/
surveys/?s=4YJCCCAAEW

Spanish:
https://redcap.ecu.edu/
surveys/?s=YDLYHLEDL3

Community Health Needs Assessment 2021   `PID 1535`

Data Exports, Reports, and Stats

Cumberland County

There is good healthcare in my county. *(healthcare)*

Total Count (N)	Missing*	Unique
1,542	3 (0.2%)	5

Counts/frequency: Strongly Disagree (66, 4.3%), Disagree (162, 10.5%), Neutral (352, 22.8%), Agree (719, 46.6%), Strongly Agree (243, 15.8%)
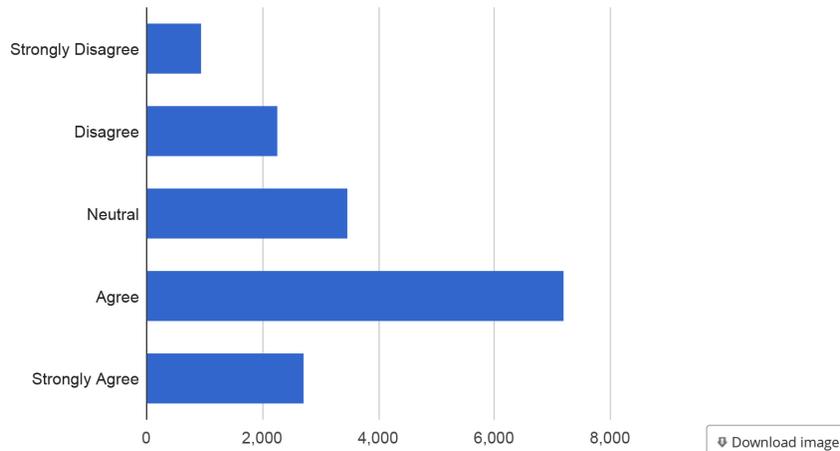

This county is a good place to raise children. *(raise_children)*

Total Count (N)	Missing*	Unique
1,544	1 (0.1%)	5

Counts/frequency: Strongly Disagree (67, 4.3%), Disagree (197, 12.8%), Neutral (484, 31.3%), Agree (624, 40.4%), Strongly Agree (172, 11.1%)

Community Health Needs Assessment 2021 | REDCap
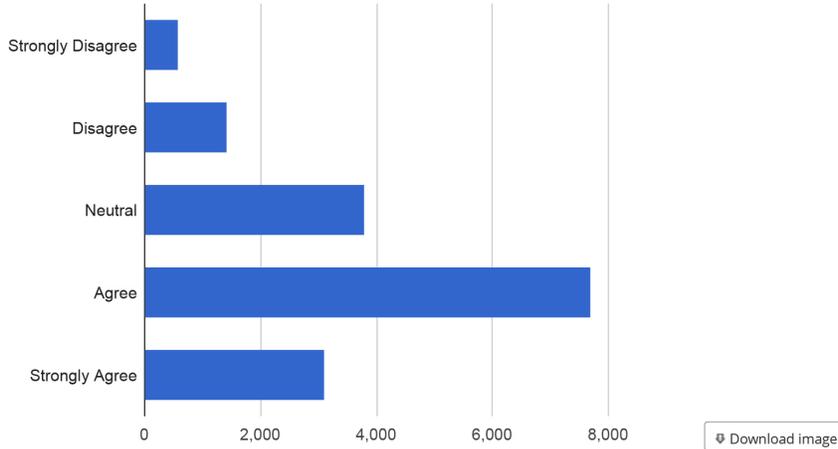
This county is a good place to grow old. *(grow_old)*

Total Count (N)	Missing*	Unique
1,541	4 (0.3%)	5

Counts/frequency: Strongly Disagree (94, 6.1%), Disagree (269, 17.5%), Neutral (434, 28.2%), Agree (583, 37.8%), Strongly Agree (161, 10.4%)
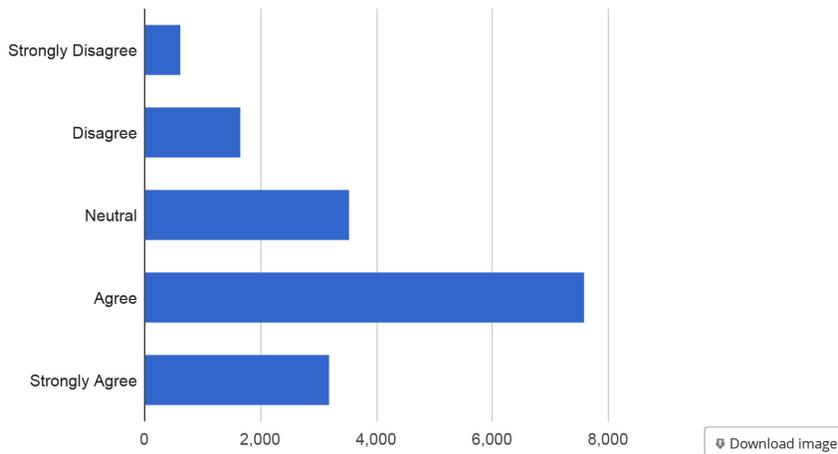
There is plenty of economic opportunity in this county. *(econ_opp)*

Total Count (N)	Missing*	Unique
1,541	4 (0.3%)	5

Counts/frequency: Strongly Disagree (152, 9.9%), Disagree (424, 27.5%), Neutral (441, 28.6%), Agree (400, 26.0%), Strongly Agree (124, 8.0%)

Community Health Needs Assessment 2021 | REDCap
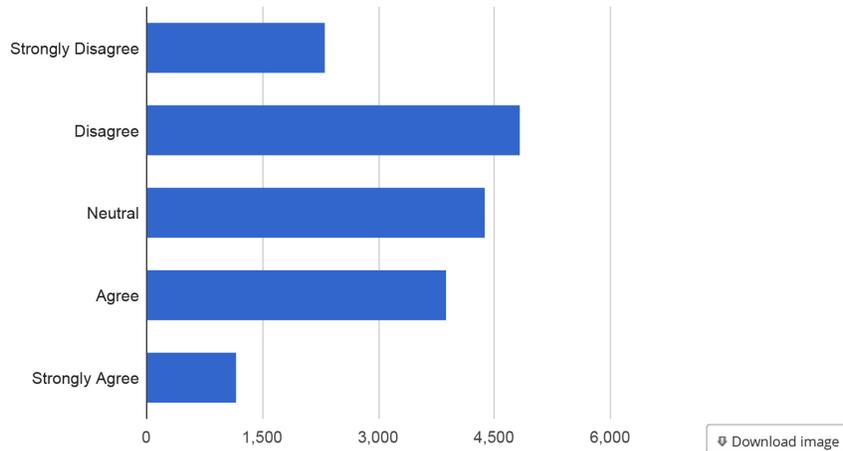
This county is a safe place to live *(safe)*

Total Count (N)	Missing*	Unique
1,544	1 (0.1%)	5

Counts/frequency: Strongly Disagree (134, 8.7%), Disagree (345, 22.3%), Neutral (526, 34.1%), Agree (462, 29.9%), Strongly Agree (77, 5.0%)
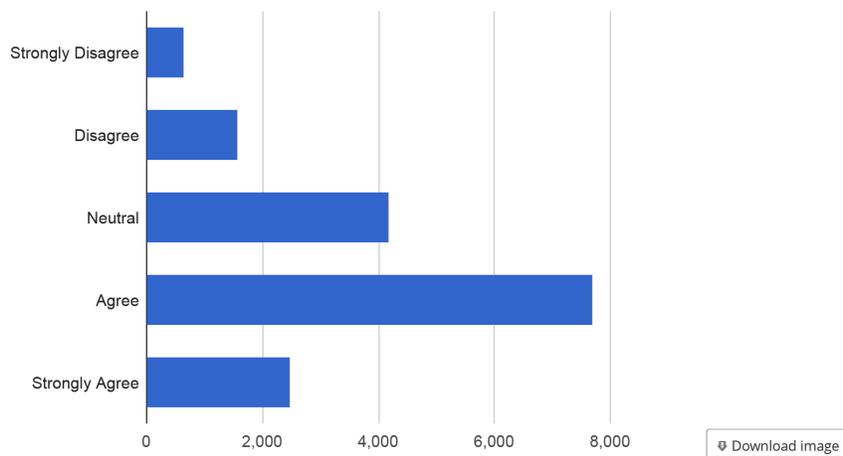
There is plenty of help for people during times of need in this county. *(help)*

Total Count (N)	Missing*	Unique
1,540	5 (0.3%)	5

Counts/frequency: Strongly Disagree (96, 6.2%), Disagree (335, 21.8%), Neutral (507, 32.9%), Agree (477, 31.0%), Strongly Agree (125, 8.1%)

Community Health Needs Assessment 2021 | REDCap

⬇ Download image
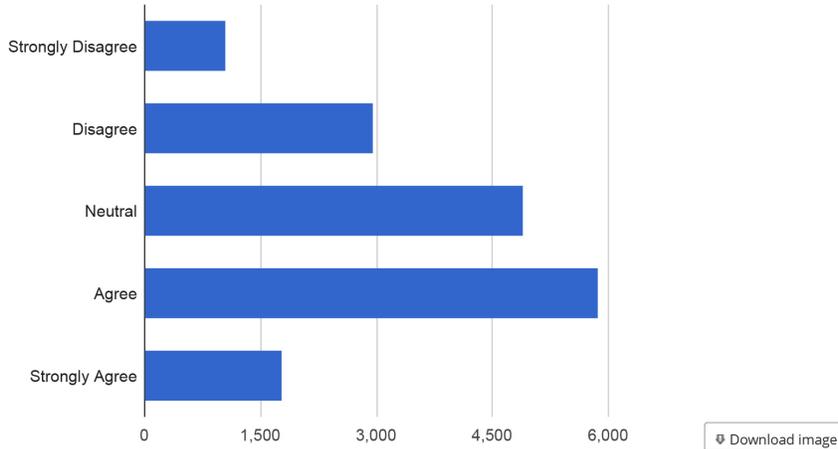
There is affordable housing that meets the needs in this county *(affordable)*

Total Count (N)	Missing*	Unique
1,539	6 (0.4%)	5

Counts/frequency: Strongly Disagree (176, 11.4%), Disagree (371, 24.1%), Neutral (454, 29.5%), Agree (454, 29.5%), Strongly Agree (84, 5.5%)

⬇ Download image
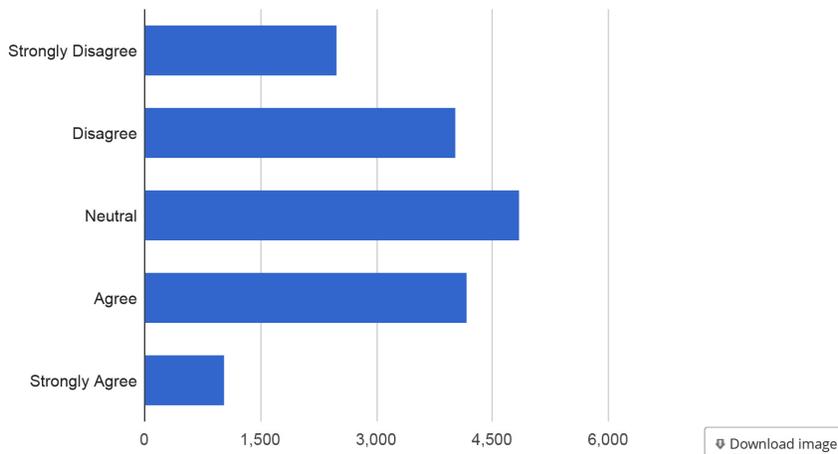
There are good parks and recreation facilities in this county. *(parks)*

Total Count (N)	Missing*	Unique
1,542	3 (0.2%)	5

Counts/frequency: Strongly Disagree (81, 5.3%), Disagree (199, 12.9%), Neutral (374, 24.3%), Agree (689, 44.7%), Strongly Agree (199, 12.9%)

Community Health Needs Assessment 2021 | REDCap
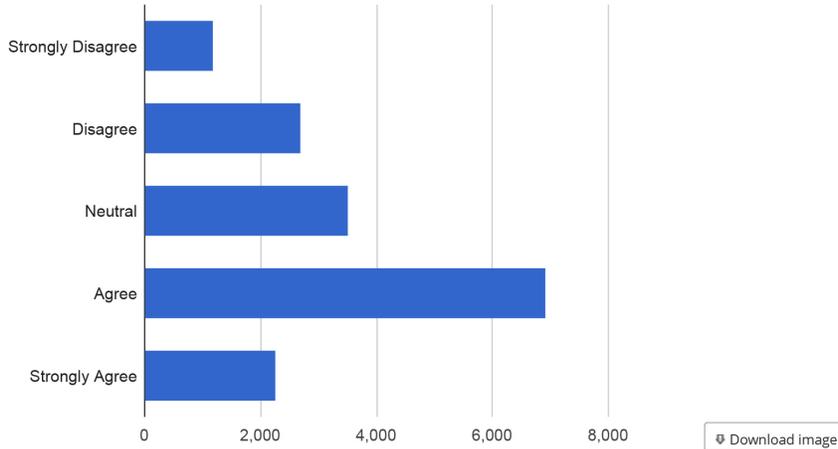
It is easy to buy healthy foods in this county. *(healthyfood)*

Total Count (N)	Missing*	Unique
1,542	3 (0.2%)	5

Counts/frequency: Strongly Disagree (82, 5.3%), Disagree (216, 14.0%), Neutral (346, 22.4%), Agree (689, 44.7%), Strongly Agree (209, 13.6%)
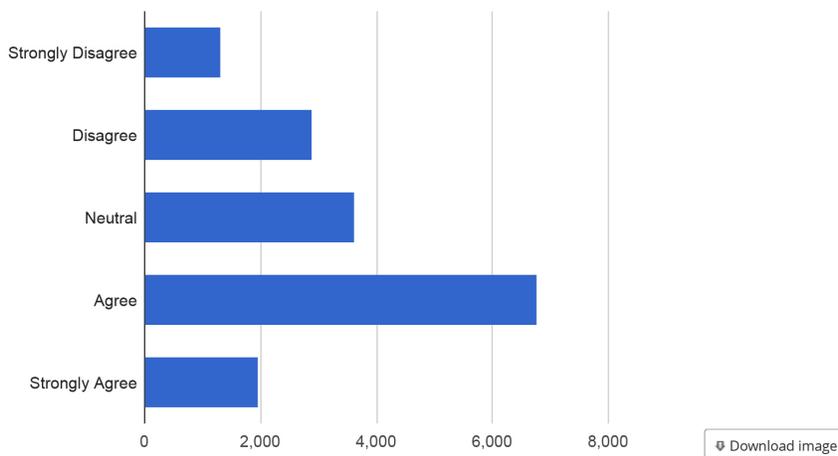
Please select the top 3 issues which have the highest impact on quality of life in this county. *(topissues)*

Total Count (N)	Missing*	Unique
1,543	2 (0.1%)	15

Counts/frequency: Low income/poverty (918, 59.5%), Dropping out of school (147, 9.5%), Poor housing conditions (142, 9.2%), Lack of affordable housing (416, 27.0%), Lack of community resources (256, 16.6%), Violent crime (murder, assault) Theft (686, 44.5%), Drugs/Alcohol (Substance Use) (685, 44.4%), Rape/Sexual Assault (73, 4.7%), Neglect and Abuse (160, 10.4%), Transportation (221, 14.3%), Child Abuse (97, 6.3%), health insurance (340, 22.0%), Lack of access to enough food (56, 3.6%), COVID-19 pandemic (220, 14.3%), Other (please specify) (114, 7.4%)

Community Health Needs Assessment 2021 | REDCap
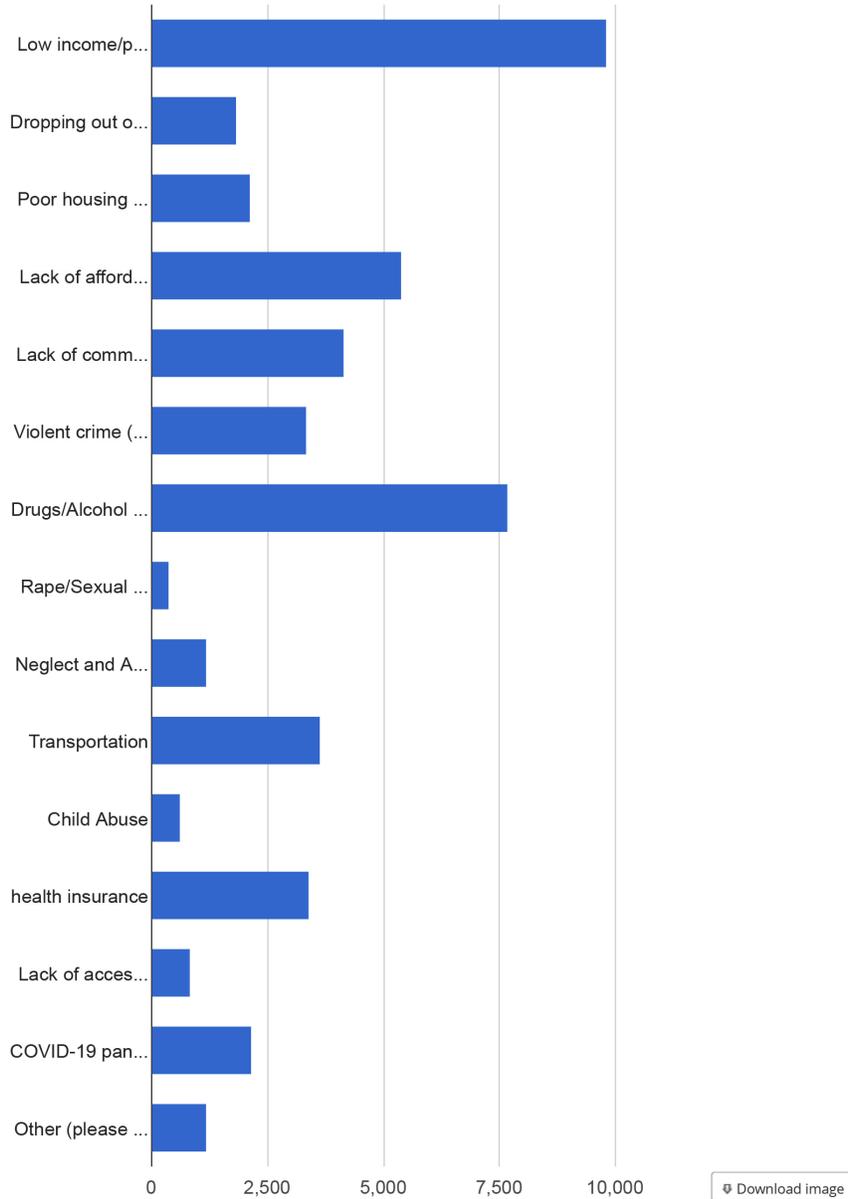
Other *(topthreeother1)*

Total Count (N)	Missing*
109	1436 (92.9%)

Please select what you feel are the top 3 services that need the most improvement in your community. *(improvements)*

Total Count (N)	Missing*	Unique

Community Health Needs Assessment 2021 | REDCap

| 1,543 | 2 (0.1%) | 21 |

Counts/frequency: Animal control (69, 4.5%), Child care options (168, 10.9%), Elder care options (291, 18.9%), Services for disabled people (187, 12.1%), More affordable health services (400, 25.9%), Better/More healthy food choices (125, 8.1%), More affordable / better housing (391, 25.3%), Number of healthcare providers (136, 8.8%), Culturally appropriate health services (63, 4.1%), Counseling / mental and behavioral health / support groups (418, 27.1%), Better / more recreational facilities (parks, trails, community centers) (248, 16.1%), Substance Misuse Services/ Recovery Support (253, 16.4%), Positive teen activities (367, 23.8%), Transportation options (126, 8.2%), Availability of employment (167, 10.8%), Higher paying employment (646, 41.9%), Road maintenance (161, 10.4%), Pedestrian and cyclist road safety (120, 7.8%), Healthy family activities (140, 9.1%), None (7, 0.5%), Other (please specify) (71, 4.6%)

Community Health Needs Assessment 2021 | REDCap
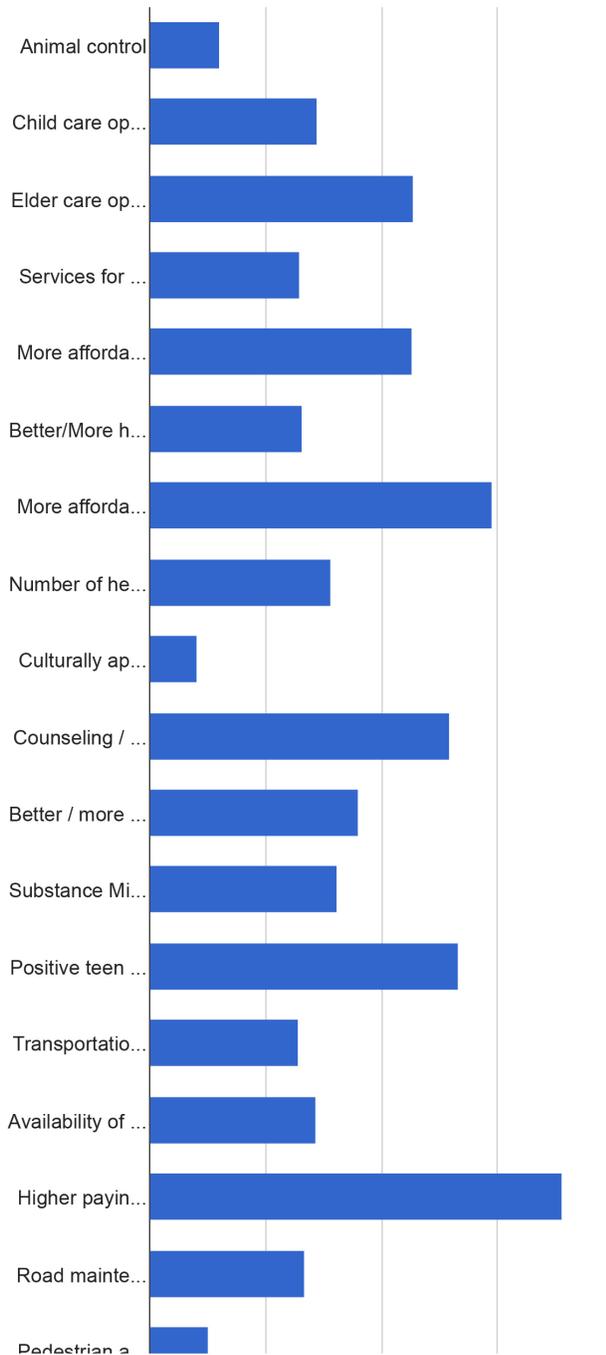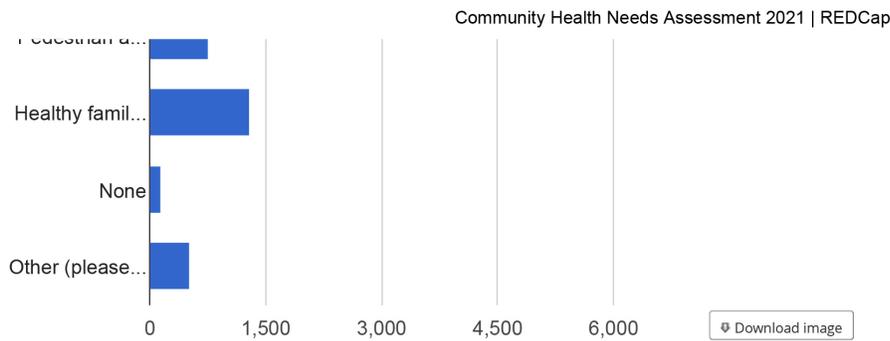
Other *(improvement_other)*

Total Count (N)	Missing*
68	1477 (95.6%)

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

Total Count (N)	Missing*	Unique
1,542	3 (0.2%)	27

Counts/frequency: Eating well/nutrition (441, 28.6%), Using child safety car seats (46, 3.0%), Exercising/fitness (222, 14.4%), Managing weight (273, 17.7%), Using seat belts (11, 0.7%), Suicide prevention (199, 12.9%), Driving safely (248, 16.1%), Mental/Behavioral Health (742, 48.1%), Domestic violence prevention (233, 15.1%), Crime prevention (364, 23.6%), Elder care (198, 12.8%), Child care/parenting (172, 11.2%), Rape/sexual abuse prevention (75, 4.9%), COVID-19 (77, 5.0%), Going to a dentist for check-ups/preventive care (63, 4.1%), Quitting smoking/tobacco use prevention (77, 5.0%), Substance misuse prevention (303, 19.6%), Harm reduction (47, 3.0%), Breastfeeding (14, 0.9%), Going to the doctor for yearly check-ups and screenings (183, 11.9%), Getting prenatal care during pregnancy (26, 1.7%), Getting flu shots and other vaccines (79, 5.1%), Preparing for an emergency/disaster (106, 6.9%), Caring for family members with special needs / disabilities (177, 11.5%), Preventing pregnancy and sexually transmitted diseases (safe sex) (130, 8.4%), None (16, 1.0%), Other (please specify) (24, 1.6%)

Community Health Needs Assessment 2021 | REDCap
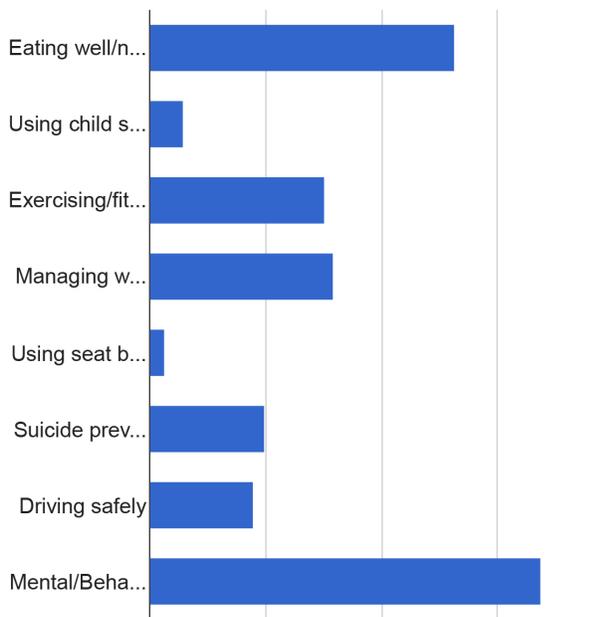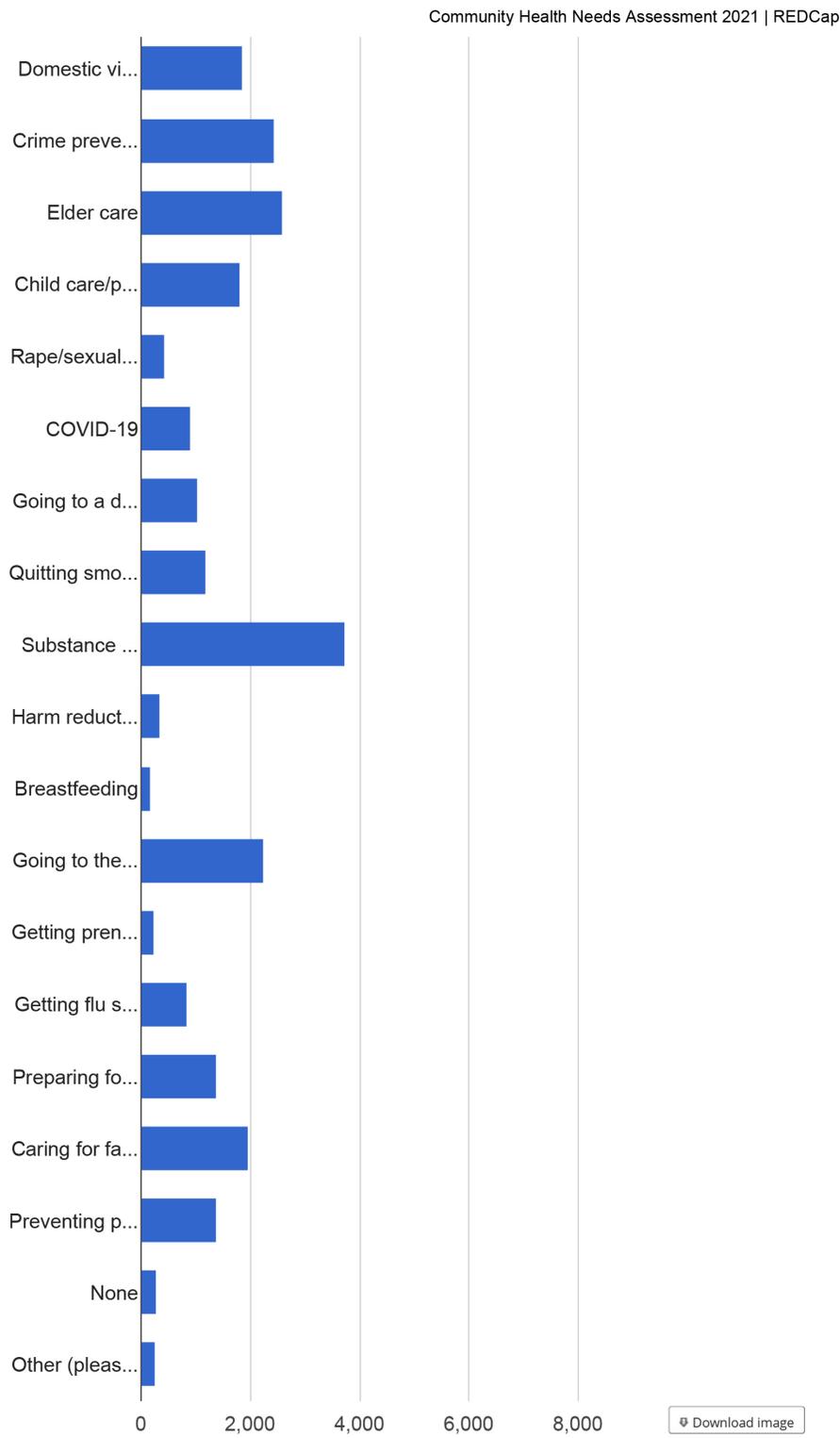
Other *(heath_behavin_other)*

Community Health Needs Assessment 2021 | REDCap

Total Count (N)	Missing*
22	1523 (98.6%)

Please select the top 3 areas where COVID-19 have impacted you most severely/significantly? *(covid)*

Total Count (N)	Missing*	Unique
1,538	7 (0.5%)	18

Counts/frequency: Employment/Loss of Job (341, 22.2%), Access to food (67, 4.4%), Access to safe housing (40, 2.6%), Transportation (46, 3.0%), Education (227, 14.8%), Physical Health (255, 16.6%), Mental/Behavioral Health (499, 32.4%), Substance Misuse (31, 2.0%), Stress and anxiety (978, 63.6%), Economic Resources (164, 10.7%), Ability to seek medical care (91, 5.9%), Social isolation (735, 47.8%), Grief from loss of loved one (153, 9.9%), Access to medication (11, 0.7%), Lack of comfort in seeking medical care (144, 9.4%), Spiritual Health/Well-being (349, 22.7%), Child care (112, 7.3%), Other (107, 7.0%)

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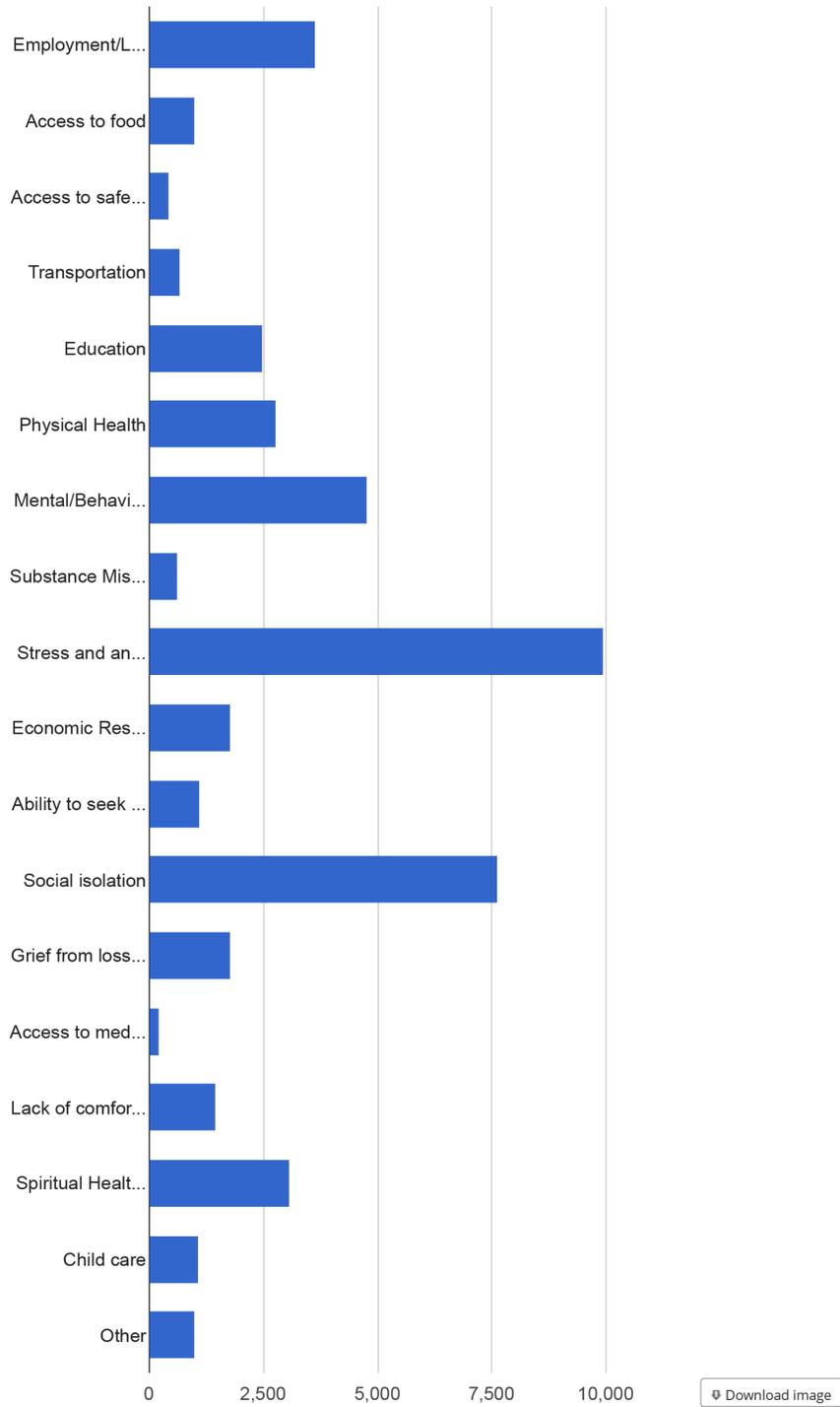
Other *(other_covid)*

Total Count (N)	Missing*
94	1451 (93.9%)

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Where do you get most of your health-related information? (Please check all that apply)
(health_info)

Total Count (N)	Missing*	Unique
1,543	2 (0.1%)	17

Counts/frequency: Friends and family (536, 34.7%), Internet (907, 58.8%), Social Media (326, 21.1%), Employer (358, 23.2%), Television (341, 22.1%), Radio (96, 6.2%), Doctor / Nurse (988, 64.0%), My child's school (35, 2.3%), Help lines (28, 1.8%), Pharmacist (245, 15.9%), Hospital (297, 19.2%), Books / magazines (172, 11.1%), Church (74, 4.8%), Health department (173, 11.2%), Community health worker (68, 4.4%), Newspaper (93, 6.0%), Other (please specify) (58, 3.8%)

Community Health Needs Assessment 2021 | REDCap
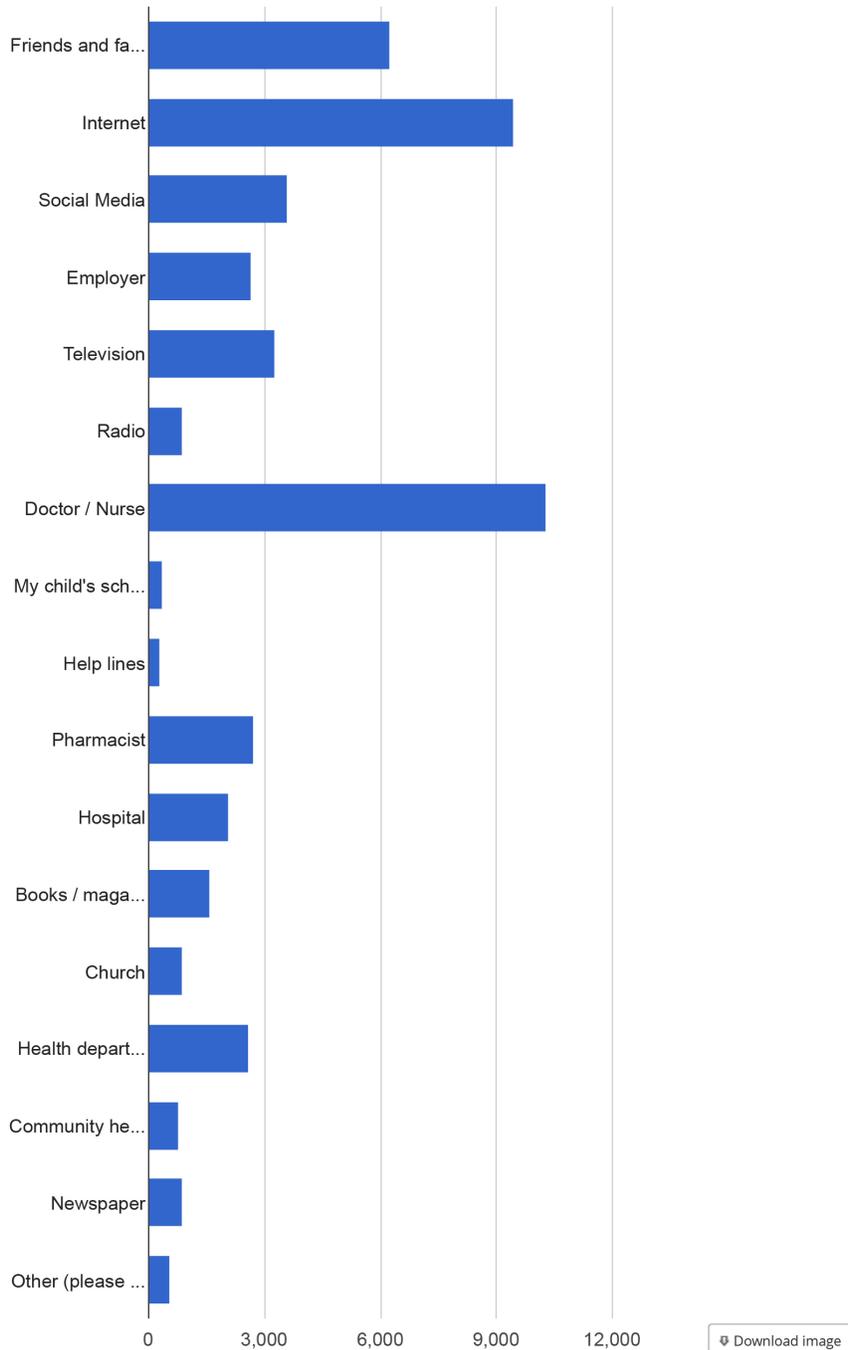
Other *(health_info_other)*

Total Count (N)	Missing*
56	1489 (96.4%)

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

Total Count (N)	Missing*	Unique
1,541	4 (0.3%)	16

Counts/frequency: Mammogram (607, 39.4%), Prostate cancer screening (60, 3.9%), Colon / Rectal exam (151, 9.8%), Blood sugar check (715, 46.4%), Cholesterol (762, 49.4%), Hearing Screening (118, 7.7%), Bone density test (125, 8.1%), Physical Exam (877, 56.9%), Pap Smear (552, 35.8%), Flu shot (824, 53.5%), Blood pressure check (1014, 65.8%), Skin cancer screening (129, 8.4%), Vision screening (695, 45.1%), Cardiovascular screening (220, 14.3%), Dental cleaning / x-rays (824, 53.5%), None of the above (104, 6.7%)

Community Health Needs Assessment 2021 | REDCap
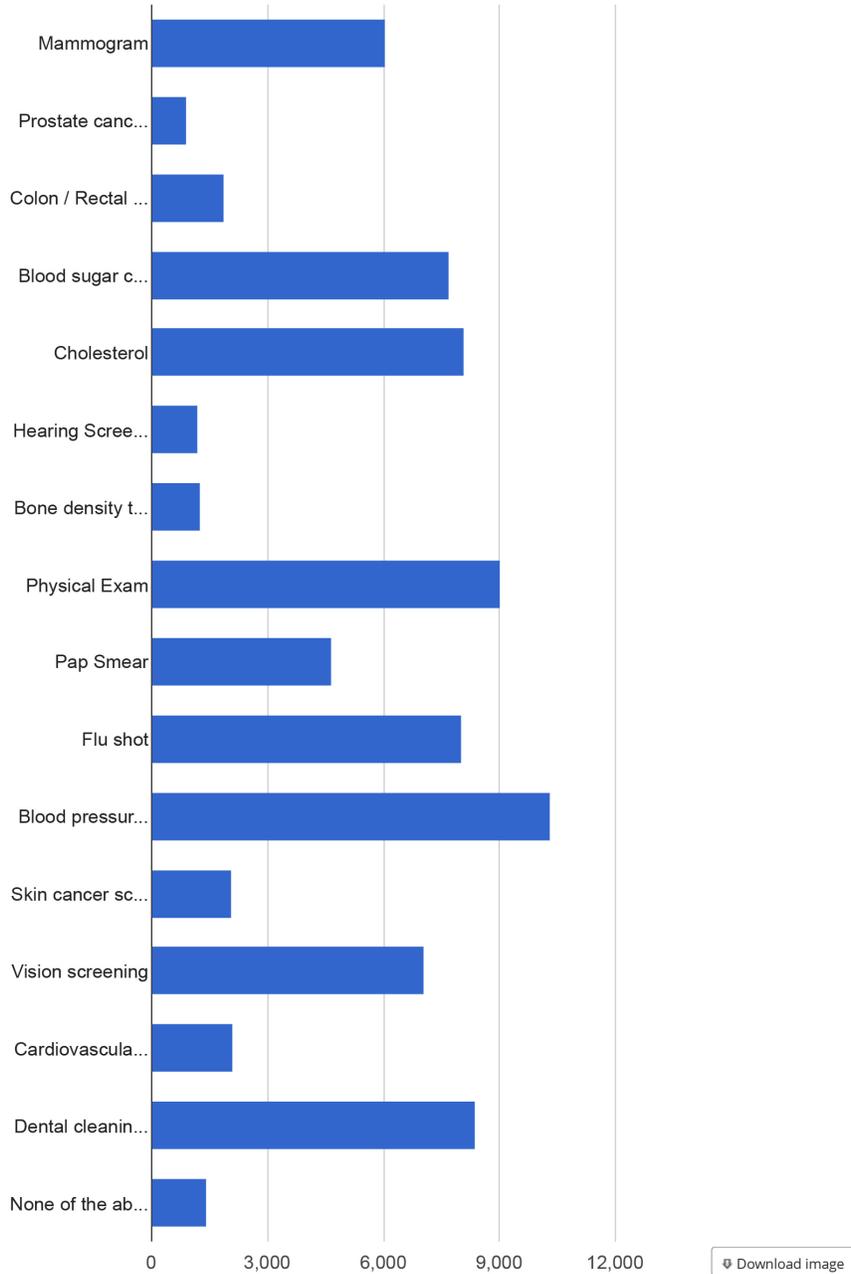
During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? (Please select only one) *(physicalactivity)*

Total Count (N)	Missing*	Unique
1,542	3 (0.2%)	3

Counts/frequency: Yes How many times per week? (879, 57.0%), No (564, 36.6%), Don't know /not sure (99, 6.4%)

Community Health Needs Assessment 2021 | REDCap
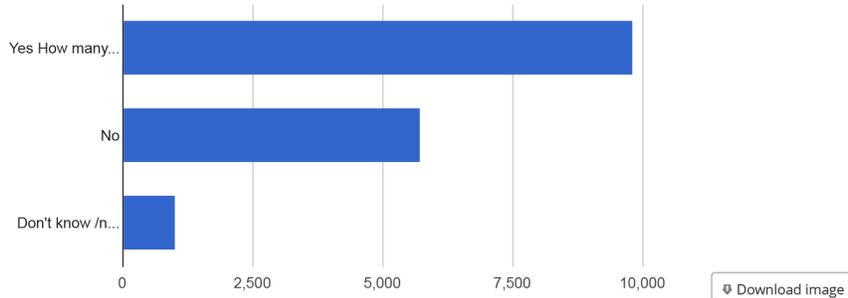
How many times per week? *(excercisetimesweek)*

Total Count (N)	Missing*	Unique
879	666 (43.1%)	4

Counts/frequency: 1 (63, 7.2%), 2 (201, 22.9%), 3 (309, 35.2%), 4 times or more per week (306, 34.8%)
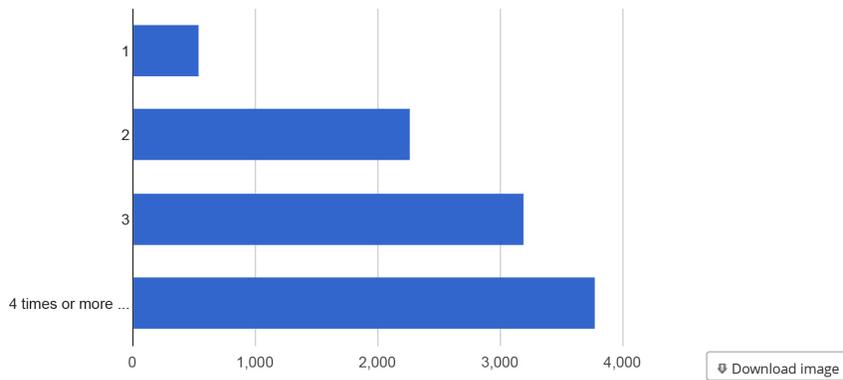
If you do not exercise at least a half hour a few days each week, please select the reasons why you do not exercise? (Please select all that apply) *(notexercise)*

Total Count (N)	Missing*	Unique
1,031	514 (33.3%)	16

Counts/frequency: My job is physical or hard labor. (177, 17.2%), Exercise is not important to me. (34, 3.3%), It costs too much to exercise. (64, 6.2%), There is no safe place to exercise. (106, 10.3%), I don't have enough time to exercise. (362, 35.1%), I'm too tired to exercise. (555, 53.8%), I would need child care and I don't have it. (61, 5.9%), I'm physically disabled. (91, 8.8%), I don't know how to find exercise partners. (62, 6.0%), I don't know how to safely (39, 3.8%), I would need transportation and I don't have it. (14, 1.4%), I don't like to exercise. (189, 18.3%), I don't have access to a facility that has the things I need, like a pool, golf course, or a track. (98, 9.5%), Facilities closed due to COVID 19 (150, 14.5%), Low self-image (161, 15.6%), Other (please specify) (107, 10.4%)

Community Health Needs Assessment 2021 | REDCap
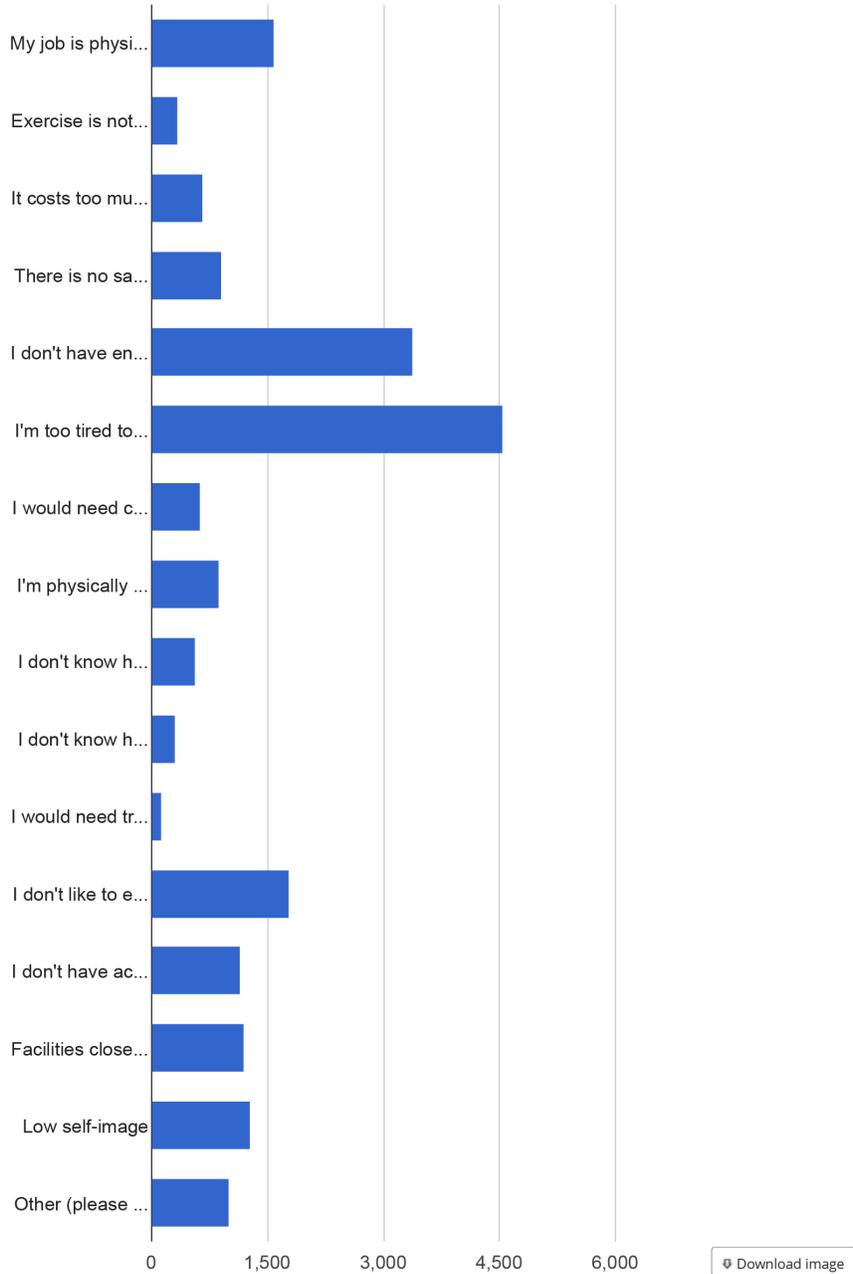
Other *(exercise_other)*

Total Count (N)	Missing*
100	1445 (93.5%)

Please select any tobacco product you currently use, *(please_select_any_tobacco)*

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Total Count (N)	Missing*	Unique
1,516	29 (1.9%)	9

Counts/frequency: Cigarettes (144, 9.5%), E-cigs / electronic cigarettes (20, 1.3%), Chewing Tobacco (4, 0.3%), Vaping (48, 3.2%), Pipe (3, 0.2%), Cigars (23, 1.5%), Snuff / Dip (7, 0.5%), Other (please list) (4, 0.3%), None (1298, 85.6%)
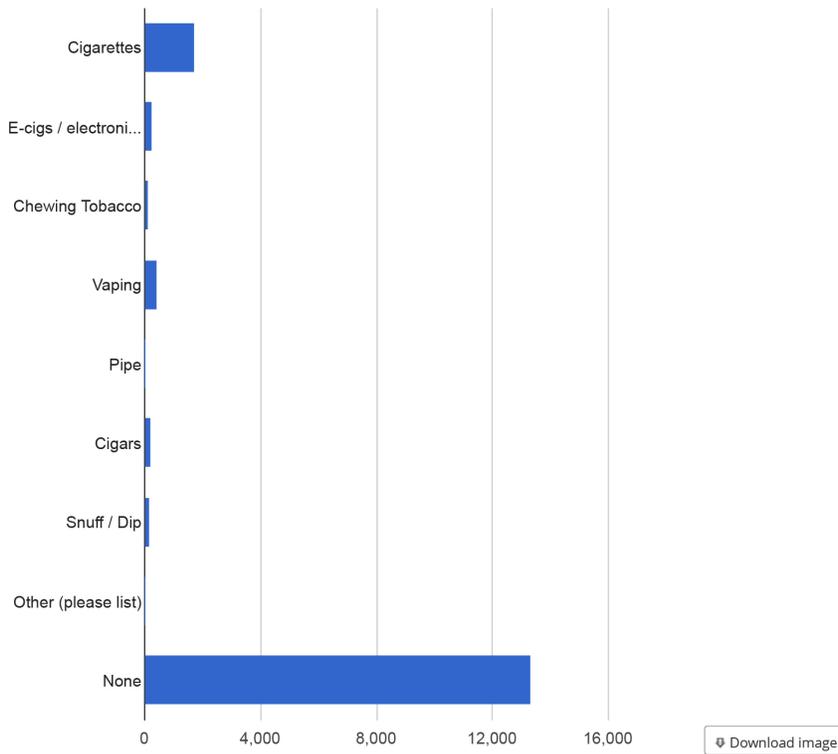
Other (please list) *(other_please_list)*

Total Count (N)	Missing*
4	1541 (99.7%)

Where would you go for help if you wanted to quit? *(quit)*

Total Count (N)	Missing*	Unique
158	1387 (89.8%)	8

Counts/frequency: Quit Line NC (8, 5.1%), Doctor (46, 29.1%), Pharmacy (4, 2.5%), Health Dept (1, 0.6%), Private counselor / therapist (5, 3.2%), I don't know (38, 24.1%), N/A, I don't want to quit (49, 31.0%), Other (please share more) (7, 4.4%)

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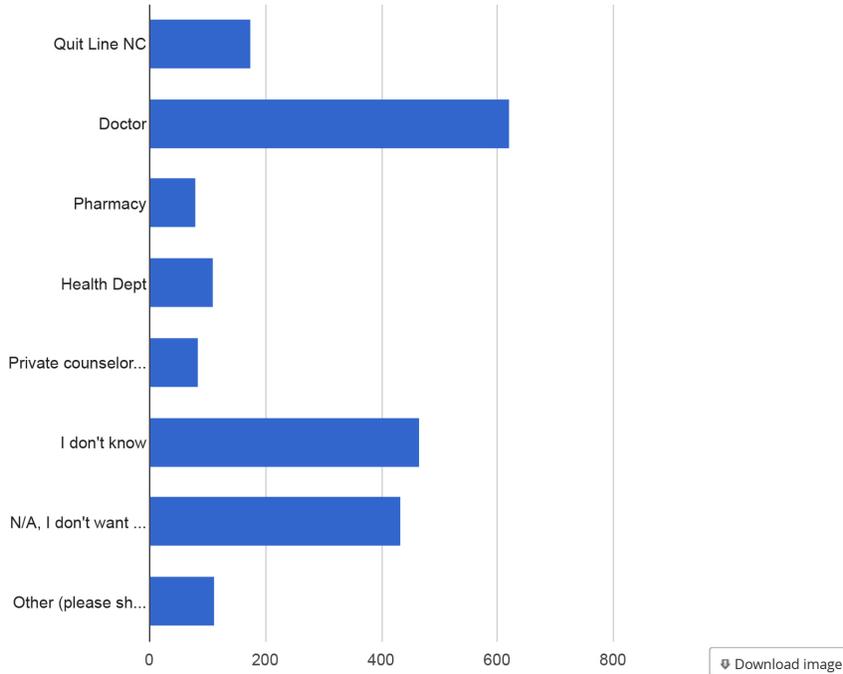
Other: *(quit_other)*

Total Count (N)	Missing*
7	1538 (99.5%)

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

Total Count (N)	Missing*	Unique
1,542	3 (0.2%)	4

Counts/frequency: flu shot (1073, 69.6%), flu mist (6, 0.4%), No (444, 28.8%), Don't know or not sure (19, 1.2%)
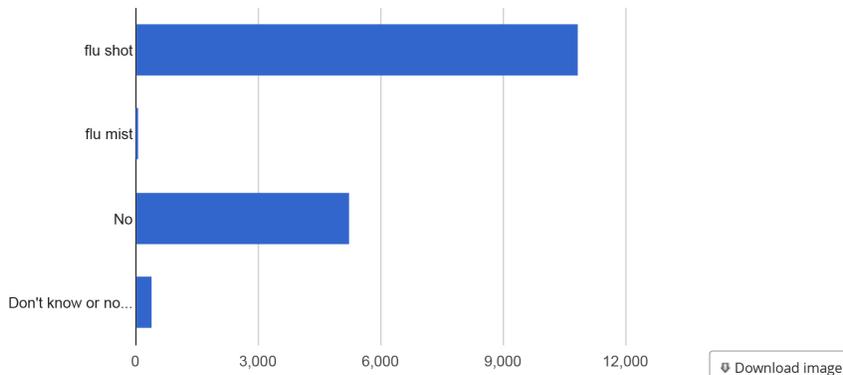
Community Health Needs Assessment 2021 | REDCap

If you did not get your flu vaccine, why not? Please check any barriers. *(flu_barriers)*

Total Count (N)	Missing*	Unique
428	1117 (72.3%)	7

Counts/frequency: cost (6, 1.4%), transportation (4, 0.9%), access (10, 2.3%), time (40, 9.3%), fear (18, 4.2%), need more info / have questions (13, 3.0%), personal preference (337, 78.7%)
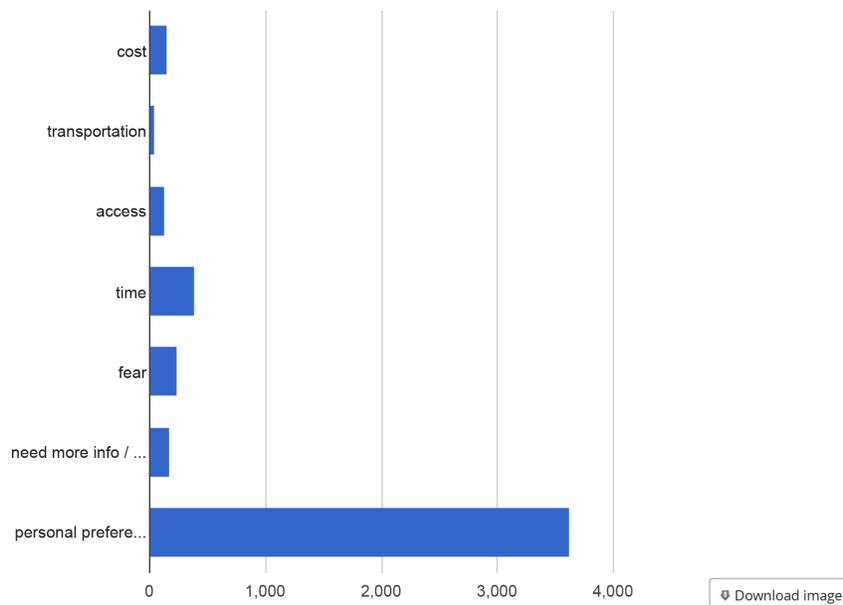
Have you had a COVID-19 vaccine? *(covidshot)*

Total Count (N)	Missing*	Unique
1,542	3 (0.2%)	3

Counts/frequency: Yes (1204, 78.1%), No (324, 21.0%), Don't know or not sure (14, 0.9%)
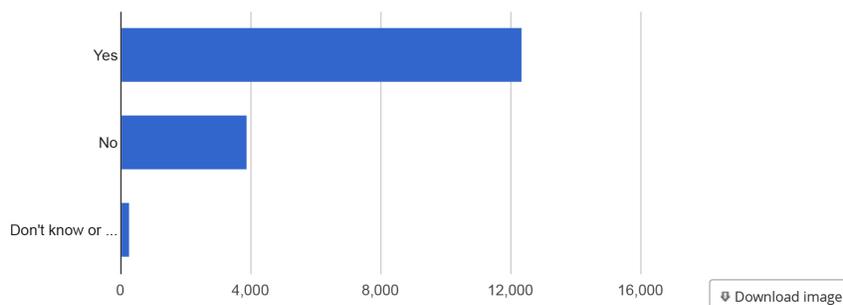
If you did not get your COVID-19 vaccine, why not? Please check any barriers. *(covidyesskip)*

Total Count (N)	Missing*	Unique
314	1231 (79.7%)	7

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Counts/frequency: cost (0, 0.0%), transportation (2, 0.6%), access (2, 0.6%), time (9, 2.9%), fear (26, 8.3%), need more info / have questions (50, 15.9%), personal preference (187, 59.6%), other (38, 12.1%)

⬇ Download image
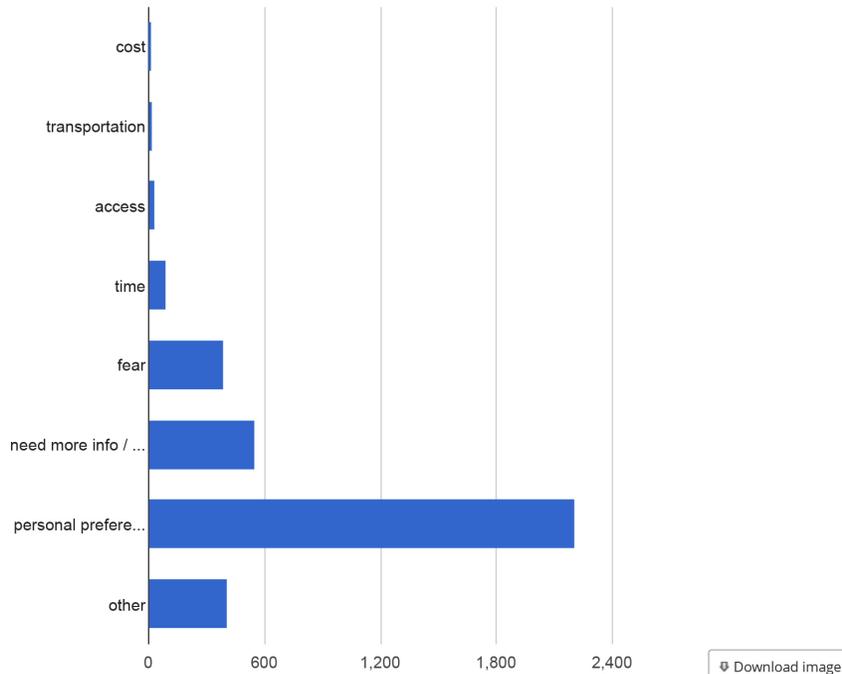
In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility? (Please choose only one) *(healthcarehelp)*

Total Count (N)	Missing*	Unique
1,544	1 (0.1%)	3

Counts/frequency: Yes (334, 21.6%), No (1181, 76.5%), Don't know or not sure (29, 1.9%)

⬇ Download image
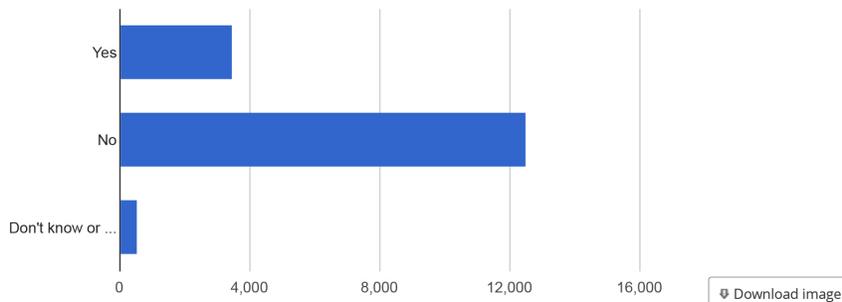
If yes, what type of provider or facility did you have trouble getting healthcare from? (Please choose all that apply) *(healthcareproviderhelp)*

Total Count (N)	Missing*	Unique
325	1220 (79.0%)	13

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Counts/frequency: Dentist (114, 35.1%), Primary Care Doctor (163, 50.2%), Pediatrician (8, 2.5%), OB / GYN (39, 12.0%), Urgent care center (38, 11.7%), Medical clinic (31, 9.5%), Hospital (30, 9.2%), Health department (11, 3.4%), Specialist (91, 28.0%), Eye care / optometrist / opthamologist (52, 16.0%), Pharmacy / prescriptions (37, 11.4%), Mental/Behavioral Health Providers (61, 18.8%), Other (please share more) (28, 8.6%)
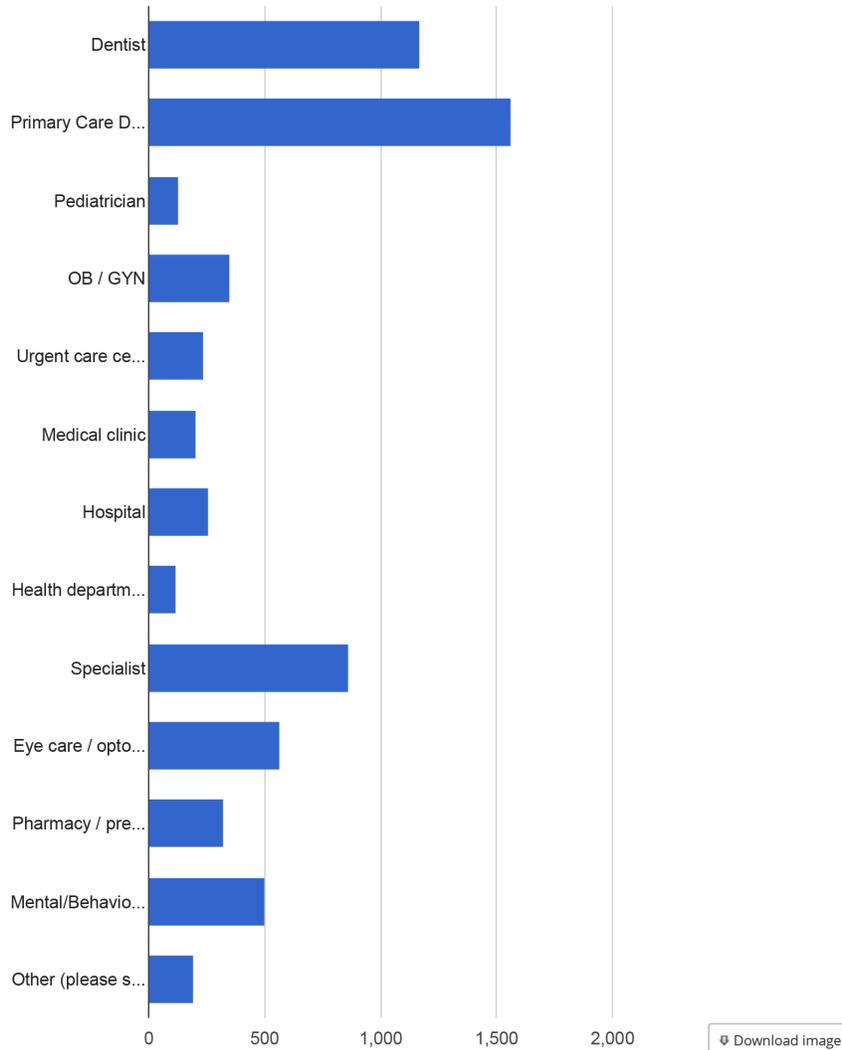
Other *(healthcareprovider_other)*

Total Count (N)	Missing*
25	1520 (98.4%)

Which of these problems prevented you from getting the necessary health care? (Please choose all that apply) *(healthcarewhichproblems)*

Total Count (N)	Missing*	Unique
319	1226 (79.4%)	13

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Counts/frequency: No health insurance (54, 16.9%), Insurance didn't cover what I / we needed. (77, 24.1%), My / our share of the cost (deductible / co-pay) was too high. (58, 18.2%), Service provider would not take my / our insurance or Medicaid. (29, 9.1%), No way to get there. (6, 1.9%), Didn't know where to go (20, 6.3%), Couldn't get an appointment (125, 39.2%), The wait was too long (80, 25.1%), Did not speak my language (1, 0.3%), Could not miss work to go (42, 13.2%), Hours did not work with my availability (50, 15.7%), COVID 19 (90, 28.2%), The provider denied me care or treated me in a discriminatory manner because of a protected status (age, race, sexual preference, disease, etc.) (9, 2.8%)
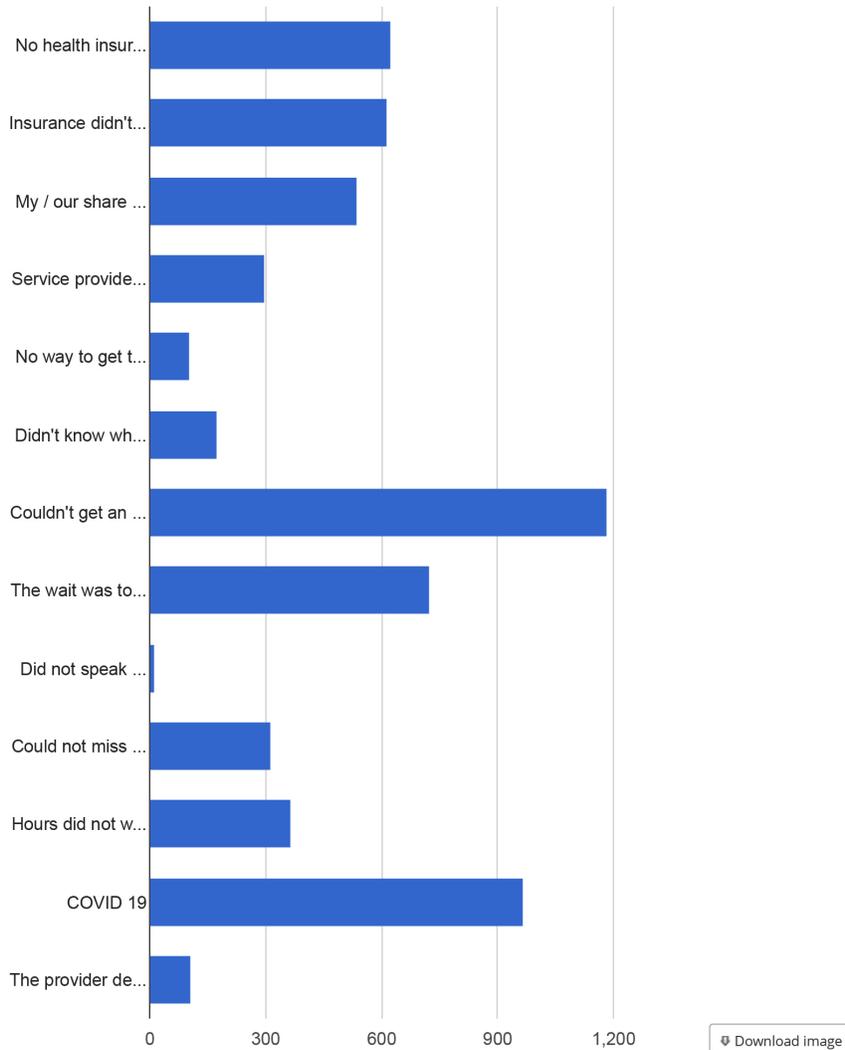
In a natural disaster (hurricane, flooding, tornado, etc.), do you feel like you know how to access or find the information you need to stay safe? *(naturaldisasteraccess)*

Total Count (N)	Missing*	Unique
1,526	19 (1.2%)	3

Counts/frequency: Yes (1258, 82.4%), No (168, 11.0%), Don't know or not sure (100, 6.6%)

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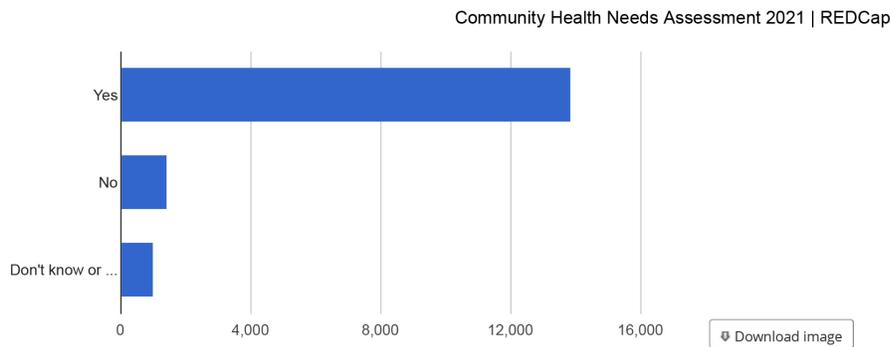
If so, where do you get your information to stay safe? *(naturaldisasterinfo)*

Total Count (N)	Missing*	Unique
1,253	292 (18.9%)	12

Counts/frequency: television (767, 61.2%), radio (439, 35.0%), internet (657, 52.4%), telephone (landline) (92, 7.3%), cell phone (480, 38.3%), print media (i.e.. newspaper) (95, 7.6%), social media (301, 24.0%), neighbors (185, 14.8%), family (313, 25.0%), text message (emergency alert system) (595, 47.5%), Don't know / not sure (3, 0.2%), Other (please specify) (47, 3.8%)

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⬇ Download image
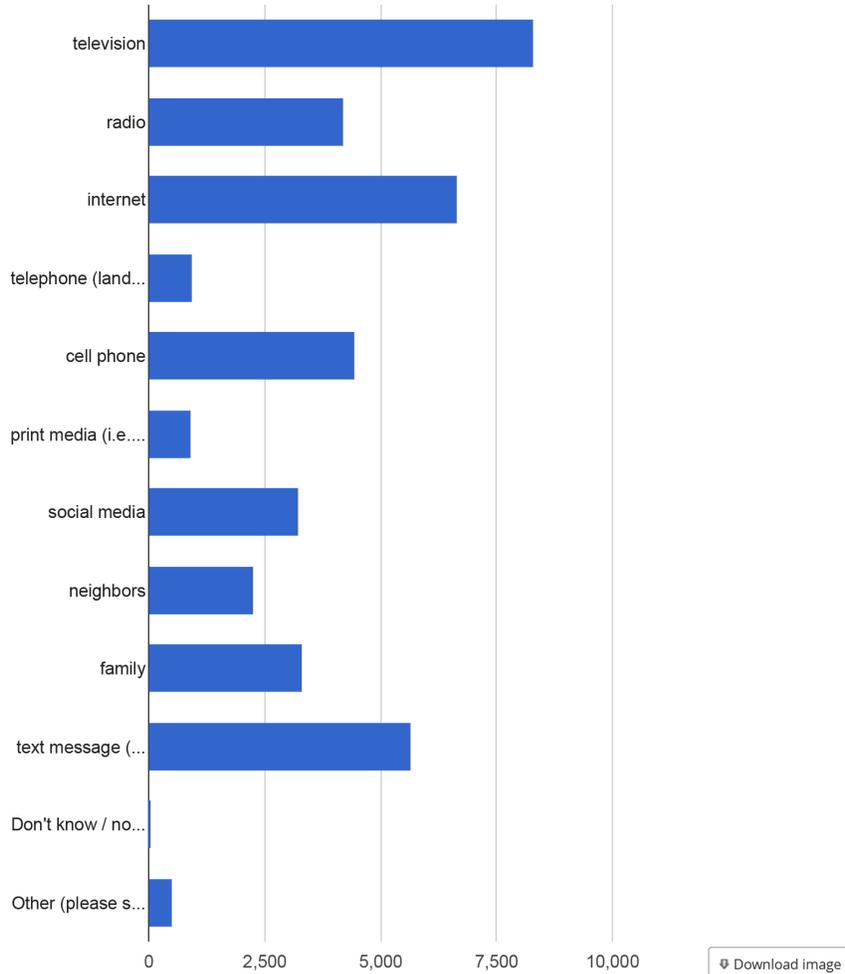
Other *(natural_disaster_other)*

Total Count (N)	Missing*
46	1499 (97.0%)

In the past 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? (Please choose only one) *(foodworried)*

Total Count (N)	Missing*	Unique
1,541	4 (0.3%)	3

Counts/frequency: Yes (274, 17.8%), No (1244, 80.7%), Don't know or not sure (23, 1.5%)

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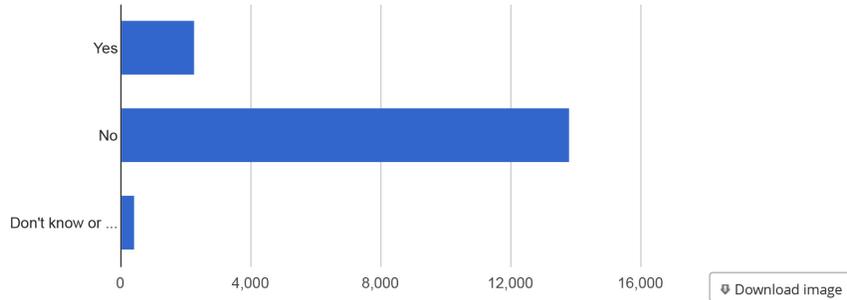
Is there anything else you would like for us to know about your community? *(anythingelse)*

Total Count (N)	Missing*
269	1276 (82.6%)

How would you describe yourself? *(gender)*

Total Count (N)	Missing*	Unique
1,531	14 (0.9%)	5

Counts/frequency: Woman (1180, 77.1%), Man (308, 20.1%), Non binary (6, 0.4%), Not listed, please share more: _____ (1, 0.1%), Prefer not to answer (36, 2.4%)
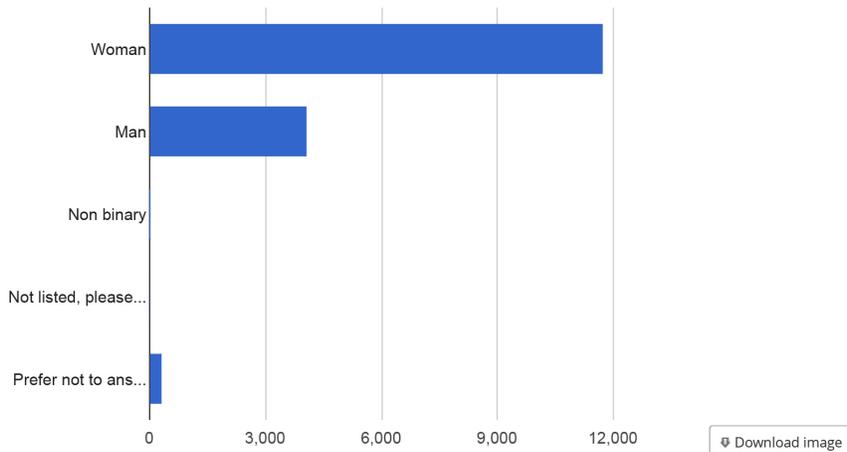
Please share more. *(gender_other)*

Total Count (N)	Missing*
1	1544 (99.9%)

How old are you? *(age)*

93

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Total Count (N)	Missing*	Unique
1,529	16 (1.0%)	15

Counts/frequency: 15-19 (12, 0.8%), 20-24 (43, 2.8%), 25-29 (79, 5.2%), 30-34 (127, 8.3%), 35-39 (164, 10.7%), 40-44 (165, 10.8%), 45-49 (185, 12.1%), 50-54 (197, 12.9%), 55-59 (197, 12.9%), 60-64 (191, 12.5%), 65-69 (80, 5.2%), 70-74 (52, 3.4%), 75-79 (27, 1.8%), 80-84 (9, 0.6%), 85 + (1, 0.1%)
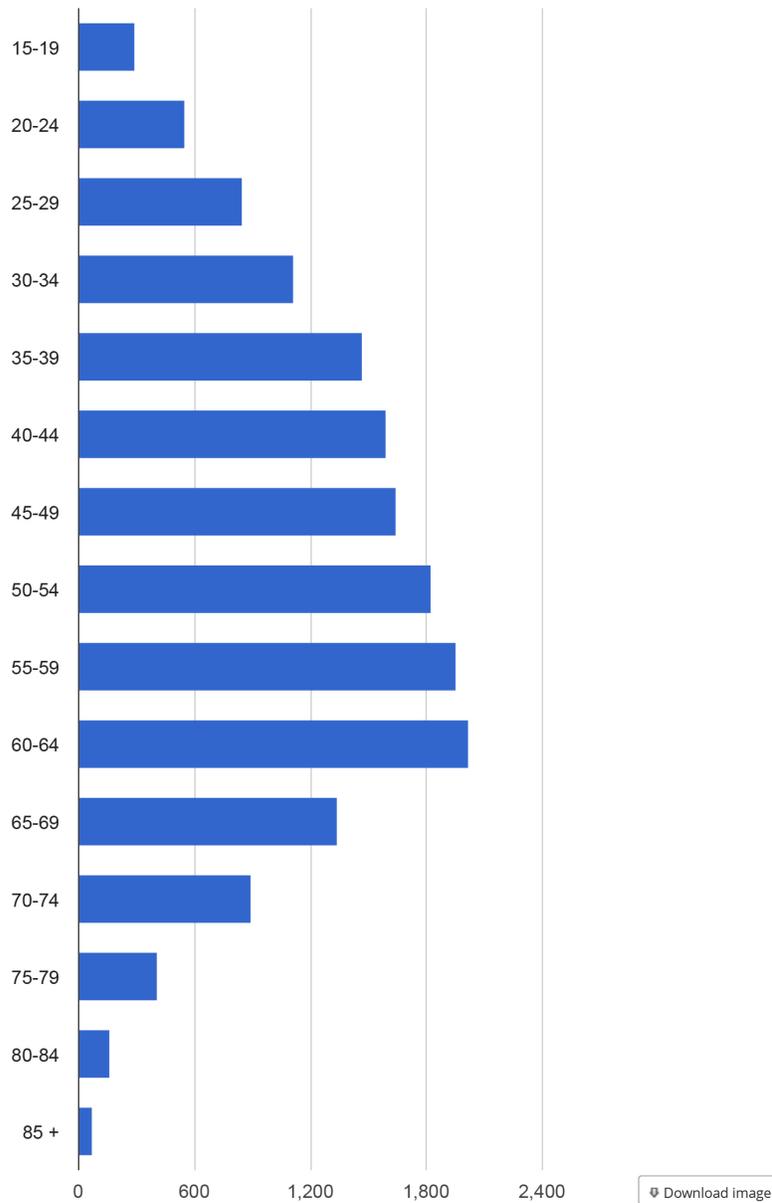
How do you describe your race/ethnicity? *(raceethnicity)*

Total Count (N)	Missing*	Unique
1,530	15 (1.0%)	8

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Counts/frequency: Asian (22, 1.4%), Black / African American (448, 29.3%), Hispanic / Latinx (72, 4.7%), Native American (15, 1.0%), Pacific Islander (6, 0.4%), White / Caucasian (791, 51.7%), More than 1 race (59, 3.9%), Prefer not to answer (117, 7.6%)
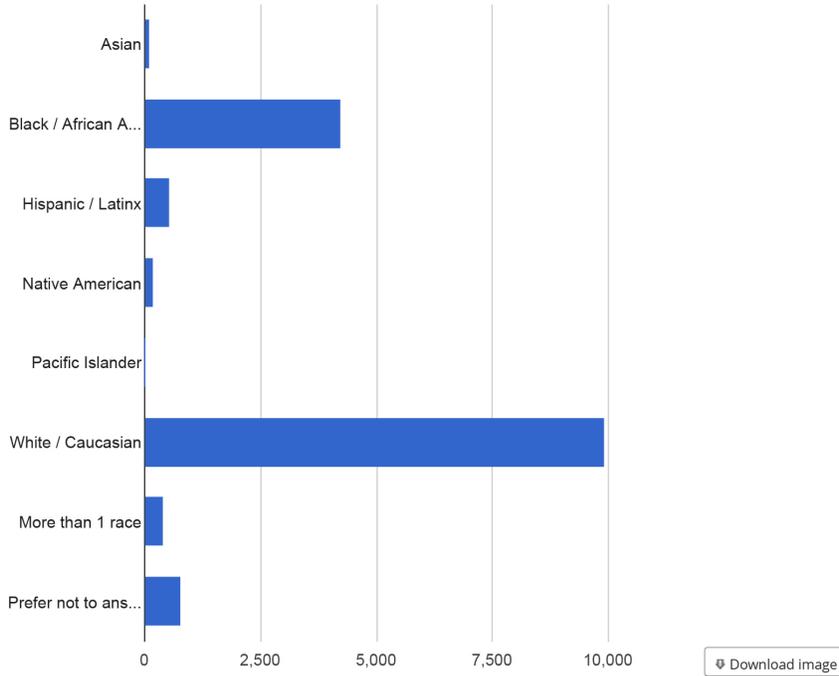
Is English the primary language spoken in your home? *(language)*

Total Count (N)	Missing*	Unique
1,519	26 (1.7%)	2

Counts/frequency: Yes (1472, 96.9%), No (47, 3.1%)
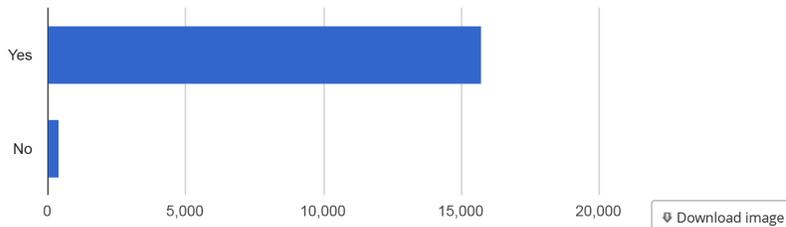
If no, please share which primary language *(languageno)*

Total Count (N)	Missing*	Unique
43	1502 (97.2%)	3

Counts/frequency: Spanish (21, 48.8%), Creole (0, 0.0%), French (1, 2.3%), Chinese (0, 0.0%), Other (21, 48.8%)

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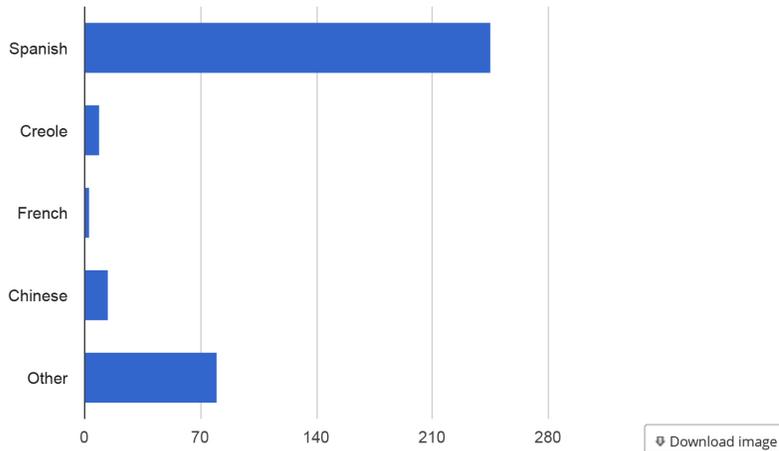
What is your marital status? *(marriagestatus)*

Total Count (N)	Missing*	Unique
1,524	21 (1.4%)	7

Counts/frequency: Never married/Single (256, 16.8%), Married (839, 55.1%), Unmarried partner (61, 4.0%), Divorced (260, 17.1%), Widowed (57, 3.7%), Separated (41, 2.7%), please share more (10, 0.7%)
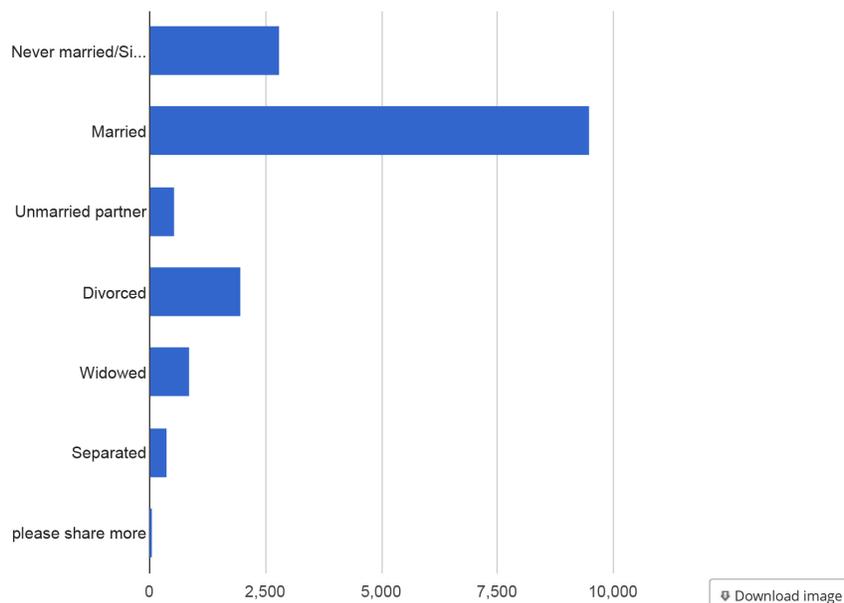

please share more. *(marital_other)*

Total Count (N)	Missing*
9	1536 (99.4%)

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What is the highest level of education you have completed? *(education)*

Total Count (N)	Missing*	Unique
1,527	18 (1.2%)	8

Counts/frequency: Less than 9th grade (4, 0.3%), 9th - 12th grade, no diploma (25, 1.6%), High School graduate (or GED/equivalent) (150, 9.8%), Associate's Degree or Vocational Training (298, 19.5%), Some college (no degree) (234, 15.3%), Bachelor's Degree (434, 28.4%), Graduate or professional degree (368, 24.1%), please share more (14, 0.9%)
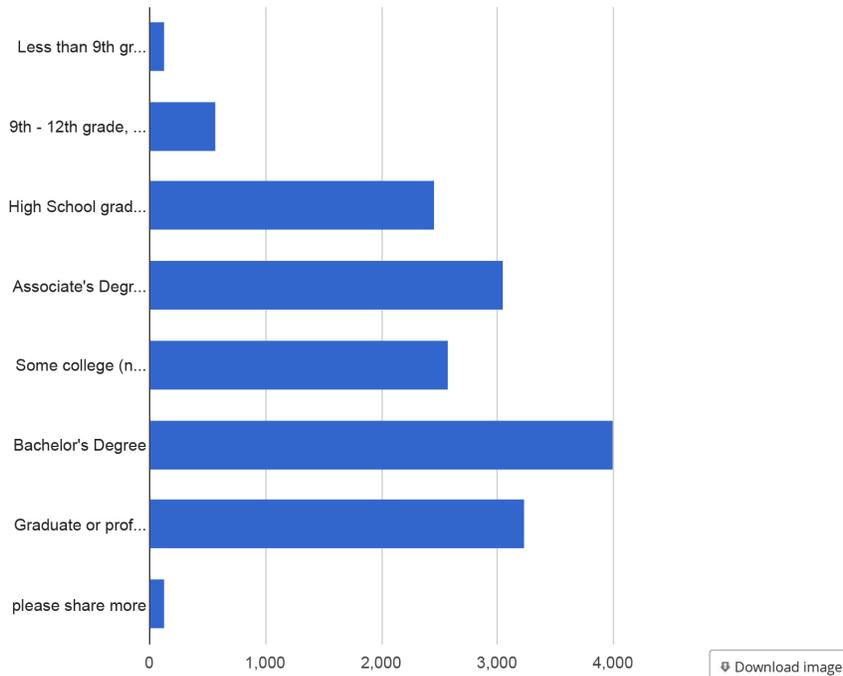
Please share more *(please_share_more)*

Total Count (N)	Missing*
12	1533 (99.2%)

How is your current job best described? *(job)*

Total Count (N)	Missing*	Unique
1,496	49 (3.2%)	10

Counts/frequency: Agriculture (15, 1.0%), Business / Industry (74, 4.9%), Retail (44, 2.9%), Homemaker (64, 4.3%), Government (215, 14.4%), Healthcare (557, 37.2%), Student (18, 1.2%), Education (321, 21.5%), Food Service (26, 1.7%), please share more (162, 10.8%)

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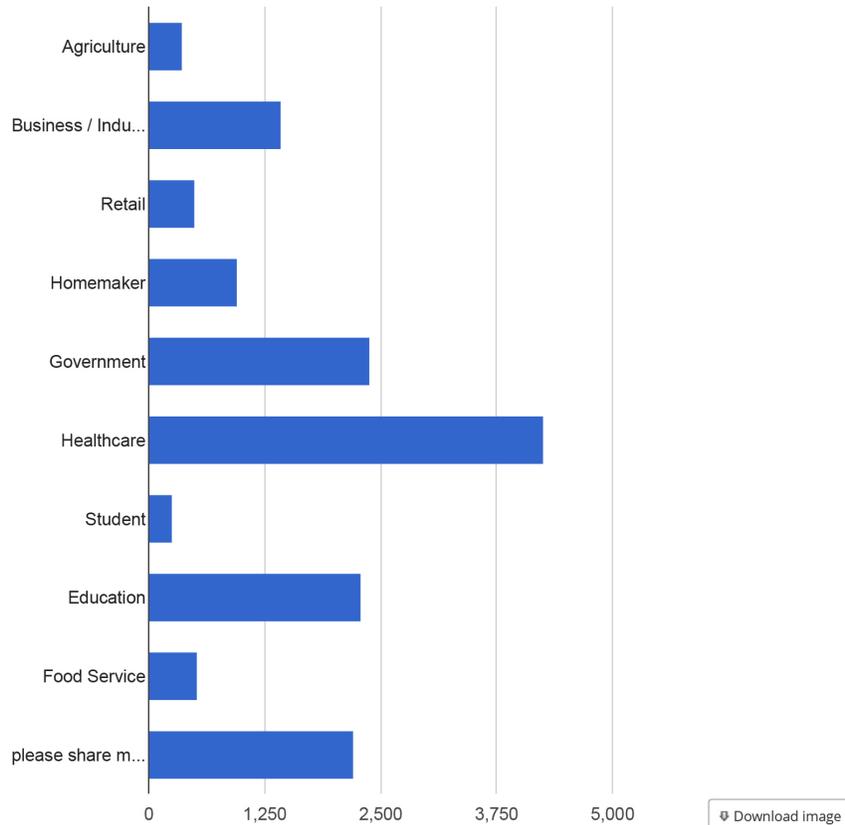

Please share more *(job_other)*

Total Count (N)	Missing*
151	1394 (90.2%)

What is your total household income? *(income)*

Total Count (N)	Missing*	Unique
1,474	71 (4.6%)	8

Counts/frequency: Less than $10,000 (62, 4.2%), $10,000 to $14,999 (42, 2.8%), $15,000 to $24,999 (90, 6.1%), $25,000 to $34,999 (188, 12.8%), $35,000 to $49,999 (216, 14.7%), $50,000 to $74,999 (307, 20.8%), $75,000 to $99,999 (260, 17.6%), $100,000 or more (309, 21.0%)

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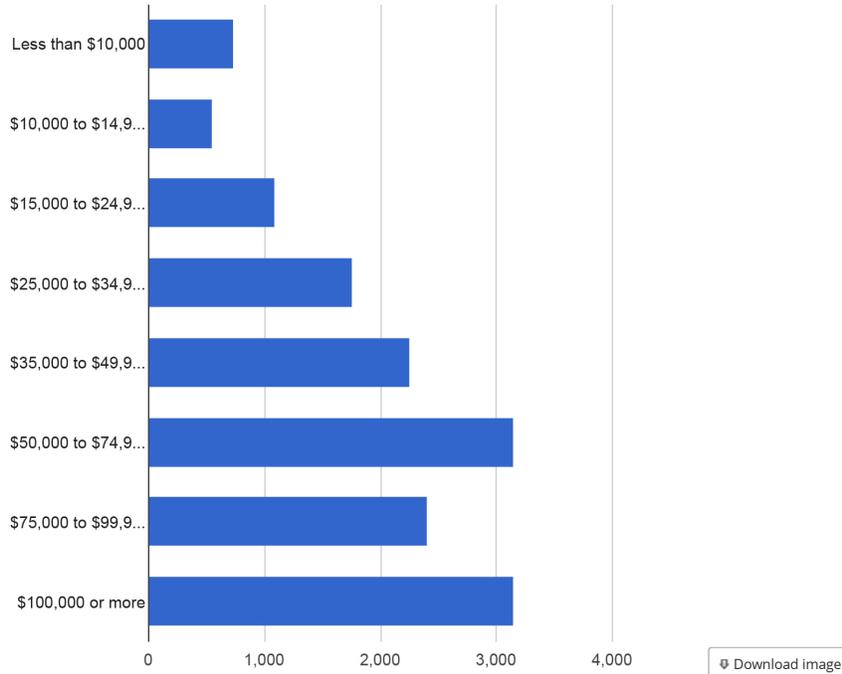
How many people live in your household? *(householdnumber)*

Total Count (N)	Missing*	Unique
1,526	19 (1.2%)	7

Counts/frequency: I live alone (216, 14.2%), 2 (581, 38.1%), 3-4 (569, 37.3%), 5-6 (143, 9.4%), 7-8 (12, 0.8%), 9-10 (4, 0.3%), More than 10 (1, 0.1%)
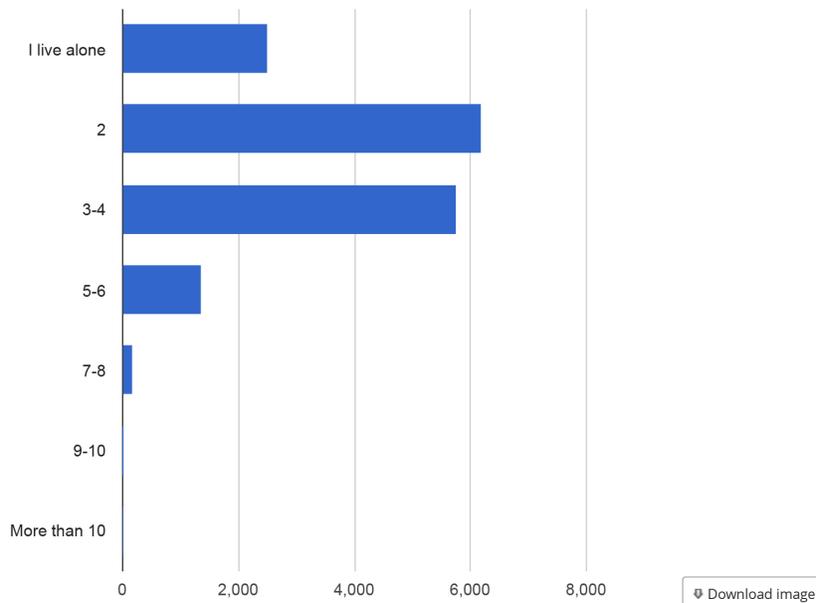
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What is your employment status? Please check all that apply. *(employment)*

Total Count (N)	Missing*	Unique
1,526	19 (1.2%)	12

Counts/frequency: Employed full-time (1116, 73.1%), Employed part-time (139, 9.1%), Employed in multiple jobs (40, 2.6%), Seasonal Worker/Temporary (8, 0.5%), Retired (166, 10.9%), Armed forces (14, 0.9%), Disabled (72, 4.7%), Student (64, 4.2%), Homemaker (56, 3.7%), Self-employed (52, 3.4%), Unemployed for 1 year or less (29, 1.9%), Unemployed for more than 1 year (27, 1.8%)
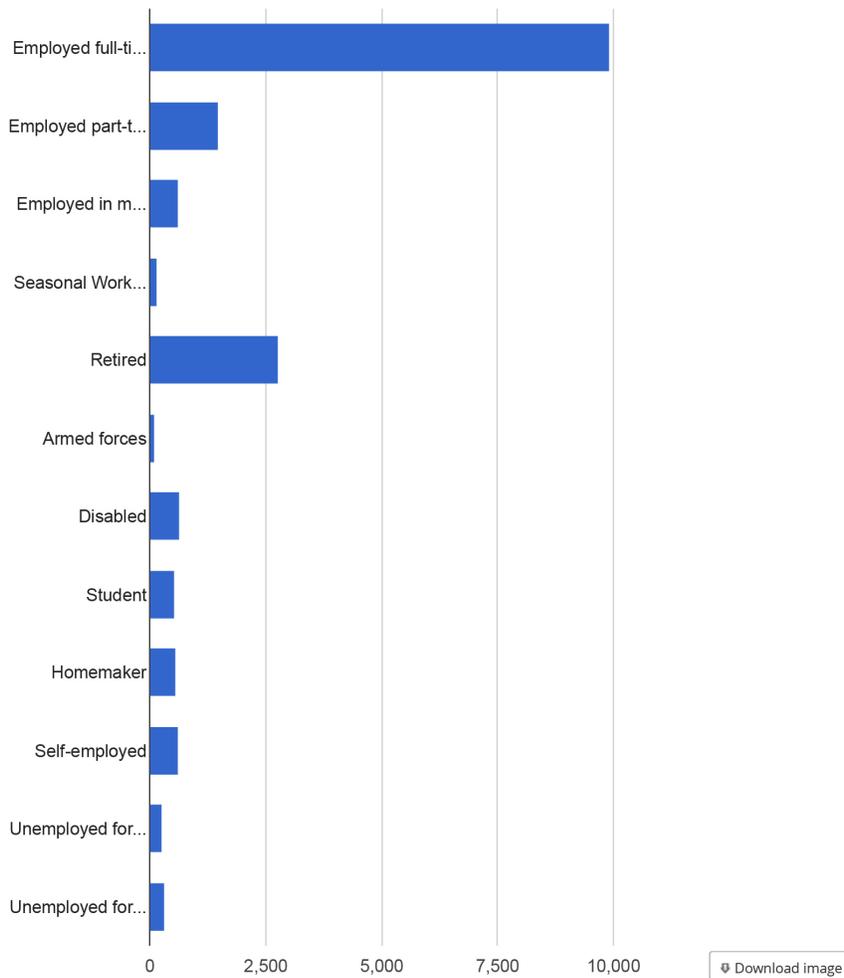
What type of internet access do you have at your home? *(internet_or_wifi)*

Total Count (N)	Missing*	Unique
1,526	19 (1.2%)	6

Counts/frequency: Dial up (9, 0.6%), Broadband (263, 17.2%), Wi-Fi (1182, 77.5%), Cellular or Hotspot (43, 2.8%), None (19, 1.2%), please share more (10, 0.7%)

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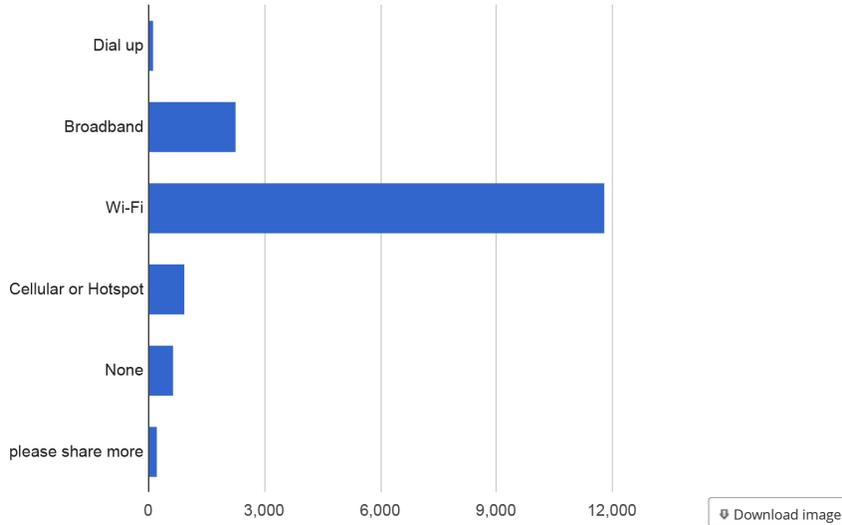

### Other *(internet_or_wifi_other)*

Total Count (N)	Missing*
10	1535 (99.4%)

Which county do you live in? *(county)*

Total Count (N)	Missing*	Unique
1,545	0 (0.0%)	1

Counts/frequency: Beaufort (0, 0.0%), Bertie (0, 0.0%), Bladen (0, 0.0%), Brunswick (0, 0.0%), Camden (0, 0.0%), Carteret (0, 0.0%), Chowan (0, 0.0%), Columbus (0, 0.0%), Craven (0, 0.0%), Cumberland (1545, 100.0%), Currituck (0, 0.0%), Dare (0, 0.0%), Duplin (0, 0.0%), Edgecombe (0, 0.0%), Franklin (0, 0.0%), Gates (0, 0.0%), Greene (0, 0.0%), Halifax (0, 0.0%), Harnett (0, 0.0%), Hertford (0, 0.0%), Hoke (0, 0.0%), Hyde (0, 0.0%), Johnston (0, 0.0%), Jones (0, 0.0%), Lee (0, 0.0%), Lenoir (0, 0.0%), Martin (0, 0.0%), Moore (0, 0.0%), Nash (0, 0.0%), Northampton (0, 0.0%), Onslow (0, 0.0%), Pamlico (0, 0.0%), Pasquotank (0, 0.0%), Pender (0, 0.0%), Perquimans (0, 0.0%), Pender (0, 0.0%), Pitt (0, 0.0%), Robeson (0, 0.0%), Sampson (0, 0.0%), Tyrrell (0, 0.0%), Washington (0, 0.0%), Wake (0, 0.0%), Wayne (0, 0.0%), Wilson (0, 0.0%), Other (0, 0.0%)

Community Health Needs Assessment 2021 | REDCap
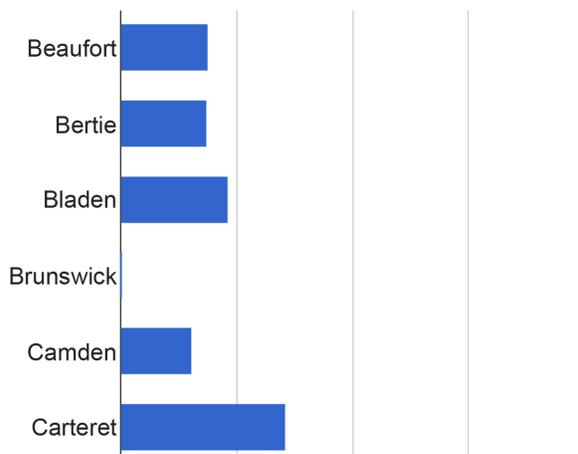
Community Health Needs Assessment 2021 | REDCap
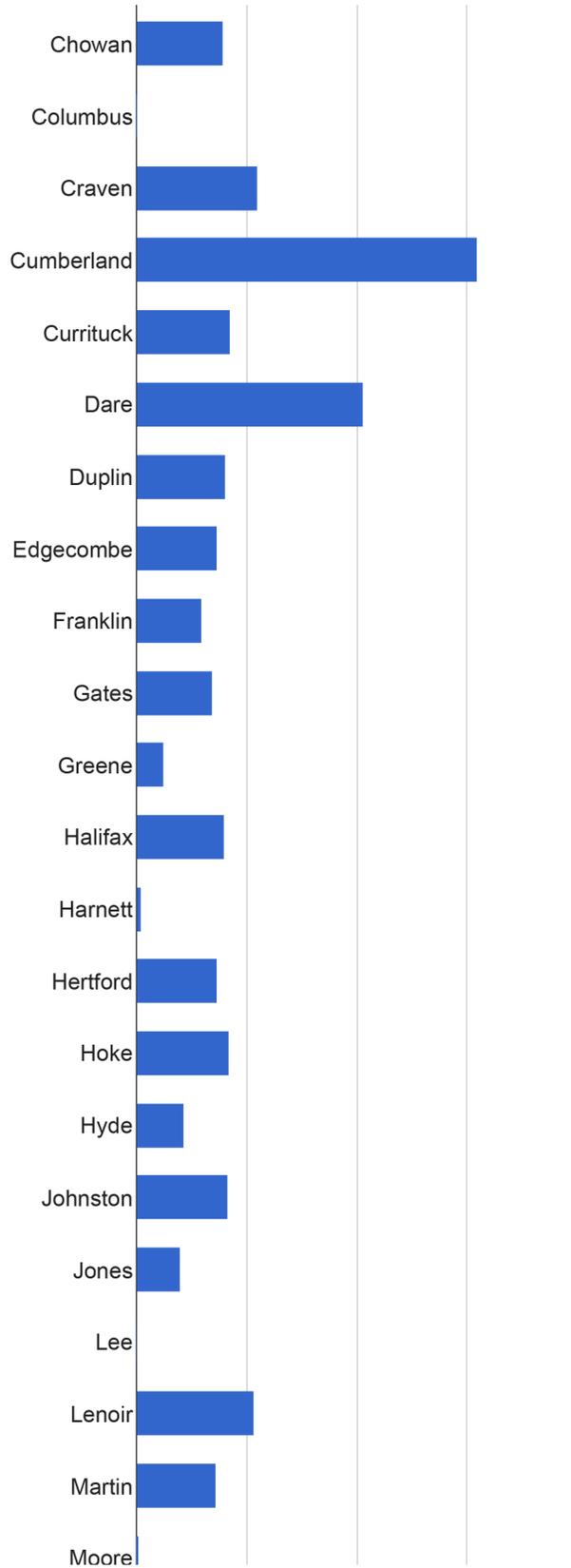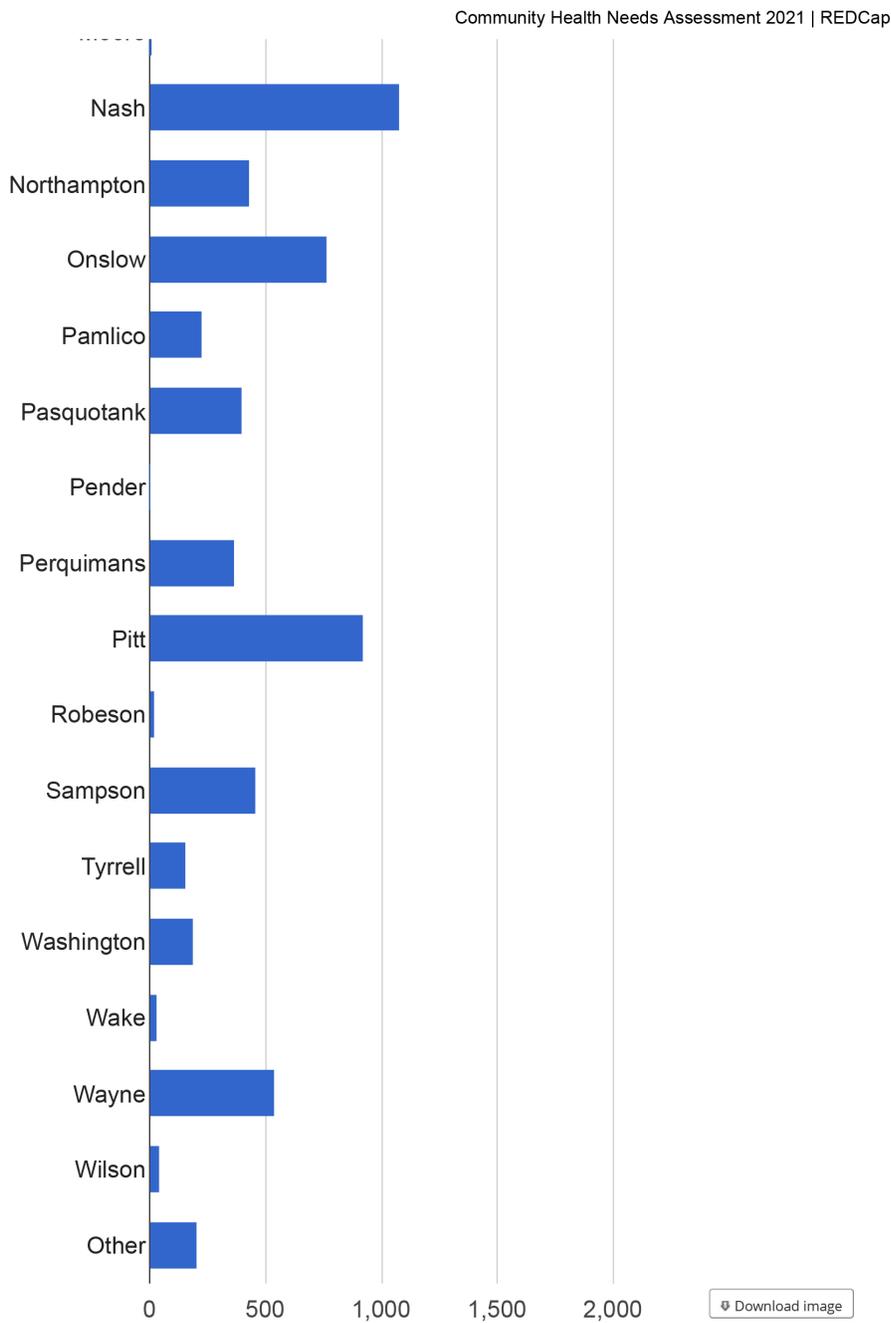
Other *(county_other)*

Total Count (N)	Missing*
0	1545 (100.0%)

What is your 5 digit zip code? *(zip_code)*

Community Health Needs Assessment 2021 | REDCap

Total Count (N)	Missing*
1,095	450 (29.1%)

Which of the following concerns do you have, if any, about receiving a COVID-19 vaccine? (Please select all that apply) *(covidconcerns)*

Total Count (N)	Missing*	Unique
1,328	217 (14.0%)	13

Counts/frequency: I don't plan to get a vaccine. (155, 11.7%), I'm worried that the COVID-19 vaccine isn't safe. (185, 13.9%), I would rather take the risk of getting sick with COVID-19. (43, 3.2%), I'm worried the COVID-19 vaccine may be harmful or have side effects. (258, 19.4%), I'm worried there may be a cost associated with receiving the COVID-19 vaccine. (10, 0.8%), I have already had COVID-19 so I don't believe a vaccine is necessary. (48, 3.6%), I don't trust the distribution process of the COVID-19 vaccine. (50, 3.8%), I'm worried the COVID-19 vaccine has not been distributed fairly. (14, 1.1%), I'm worried that the location of the COVID-19 vaccine will be difficult to travel to. (4, 0.3%), I'm concerned that I won't have time to get the COVID-19 vaccine. (5, 0.4%), With multiple vaccines becoming available, I'm concerned about knowing which one is best for me. (104, 7.8%), I don't have any concerns about getting the COVID-19 vaccine. (806, 60.7%), Other (please specify) (136, 10.2%)

Community Health Needs Assessment 2021 | REDCap
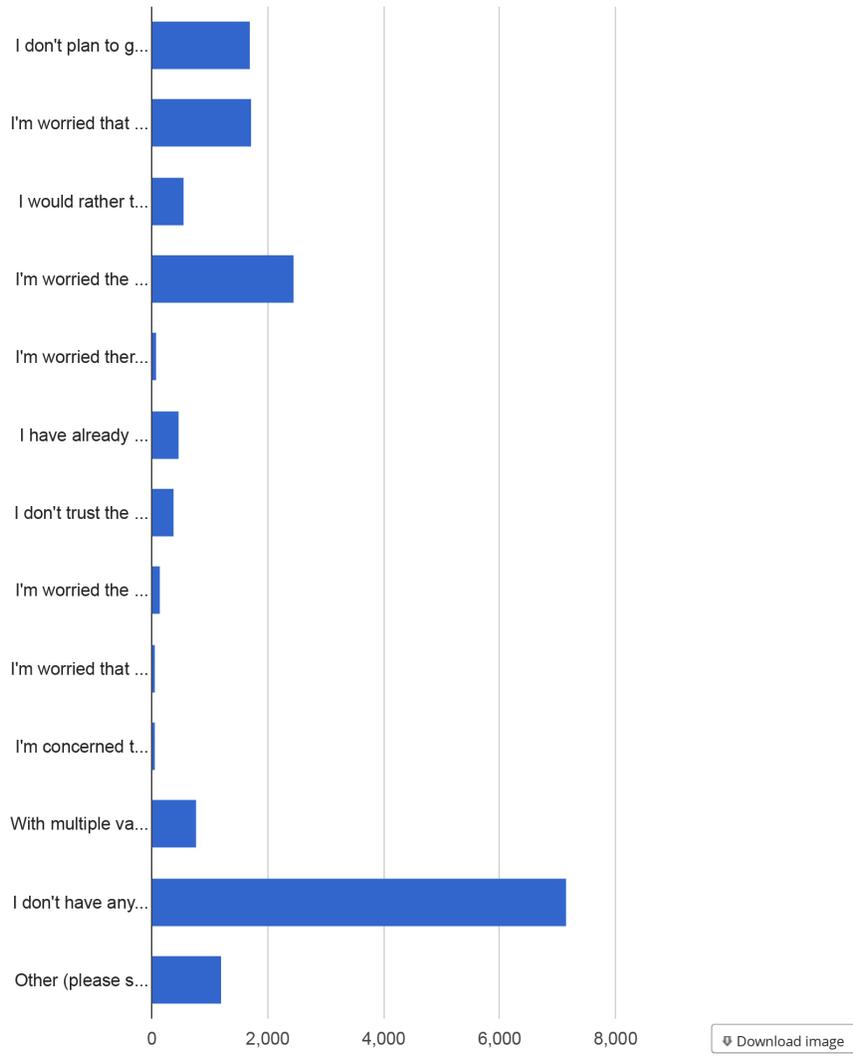

Other *(covid_concerns_other)*

Total Count (N)	Missing*
125	1420 (91.9%)

Find the information you need related to COVID-19? *(covideasy)*

Total Count (N)	Missing*	Unique
1,473	72 (4.7%)	5

Counts/frequency: Very Difficult (17, 1.2%), Somewhat Difficult (44, 3.0%), Moderate (245, 16.6%), Somewhat Easy (354, 24.0%), Very Easy (813, 55.2%)

Community Health Needs Assessment 2021 | REDCap
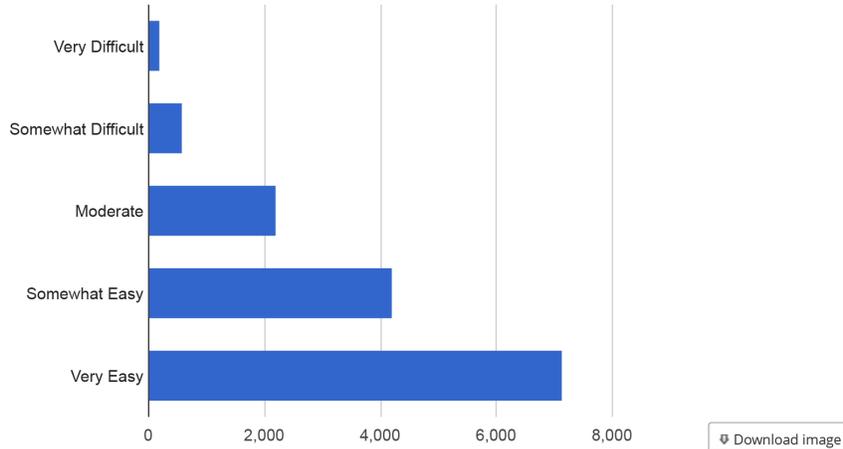
Find out where to go to get a COVID-19 vaccine? *(covidwhere)*

Total Count (N)	Missing*	Unique
1,462	83 (5.4%)	5

Counts/frequency: Very Difficult (10, 0.7%), Somewhat Difficult (38, 2.6%), Moderate (161, 11.0%), Somewhat Easy (311, 21.3%), Very Easy (942, 64.4%)
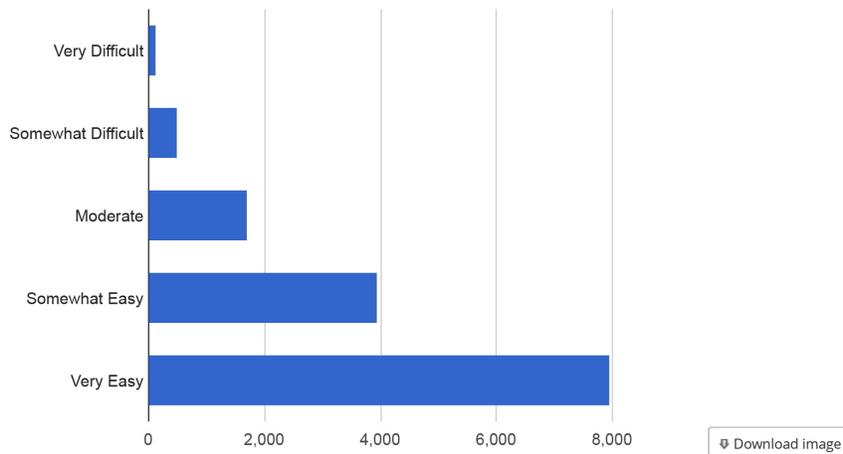

Understand information about what to do if you think you have COVID-19? *(covidunderstand)*

Total Count (N)	Missing*	Unique
1,460	85 (5.5%)	5

Counts/frequency: Very Difficult (17, 1.2%), Somewhat Difficult (42, 2.9%), Moderate (189, 12.9%), Somewhat Easy (367, 25.1%), Very Easy (845, 57.9%)

Community Health Needs Assessment 2021 | REDCap
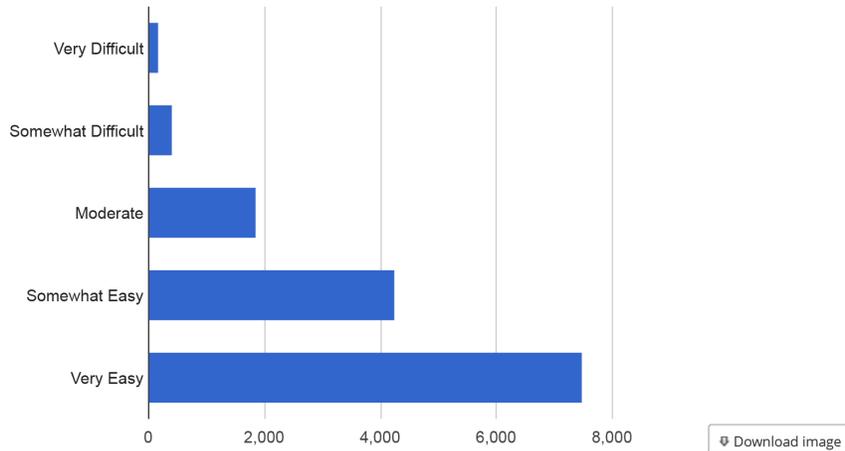
Trust if the information about COVID-19 in the media is reliable? *(covidtrust)*

Total Count (N)	Missing*	Unique
1,458	87 (5.6%)	5

Counts/frequency: Very Difficult (219, 15.0%), Somewhat Difficult (191, 13.1%), Moderate (360, 24.7%), Somewhat Easy (271, 18.6%), Very Easy (417, 28.6%)
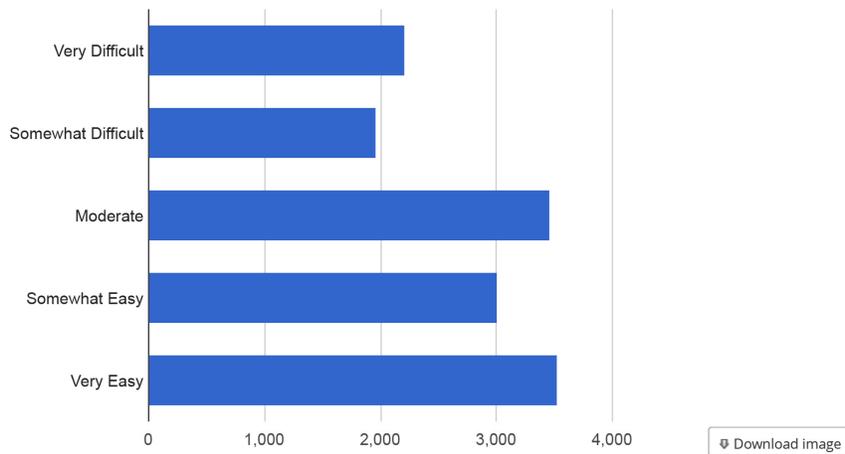
## I know how to protect myself from coronavirus. *(covidprotect)*

Total Count (N)	Missing*	Unique
1,455	90 (5.8%)	3

Counts/frequency: Not at all (4, 0.3%), Somewhat (159, 10.9%), Very much (1292, 88.8%)

CUMBERLAND
COUNTY

2021-2022 COMMUNITY HEALTH NEEDS ASSESSMENT

Community Health Needs Assessment 2021 | REDCap
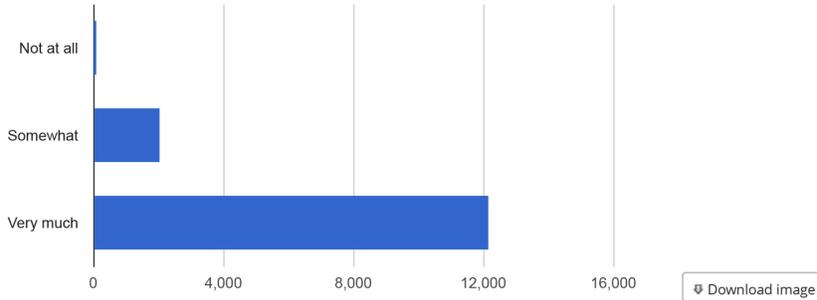
For me avoiding an infection with COVID-19 in the current situation is... *(covidavoid)*

| Total Count (N)	Missing*	Unique
1,459	86 (5.6%)	3

Counts/frequency: difficult to avoid (115, 7.9%), unsure about how to avoid (130, 8.9%), easy to avoid (I have no problem) (1214, 83.2%)
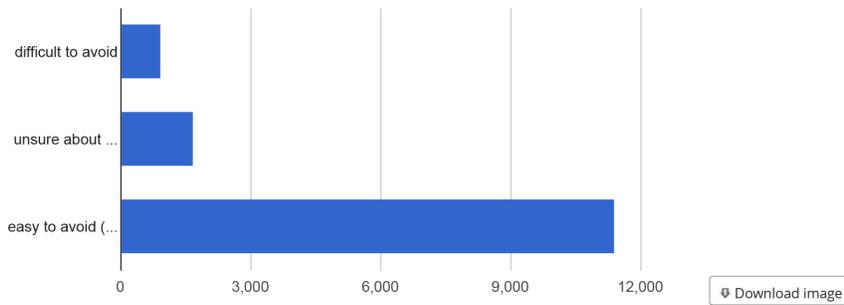
Do you think that global warming is happening? *(warmingyesno)*

Total Count (N)	Missing*	Unique
1,475	70 (4.5%)	3

Counts/frequency: Yes (1102, 74.7%), No (142, 9.6%), Don't know or unsure (231, 15.7%)
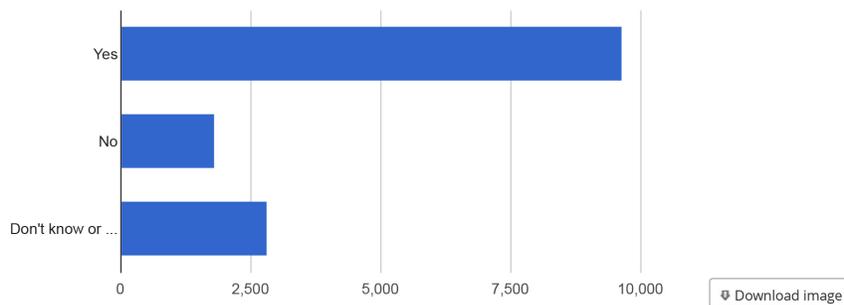

Assuming global warming is happening, do you think it is... ? *(warmingdoyouthink)*

108

Community Health Needs Assessment 2021 | REDCap

| Total Count (N)	Missing*	Unique
1,465	80 (5.2%)	5

Counts/frequency: Caused mostly by human activities (836, 57.1%), Caused mostly by natural changes in the environment (331, 22.6%), None of the above because global warming isn't happening (64, 4.4%), Other (49, 3.3%), Don't know (185, 12.6%)
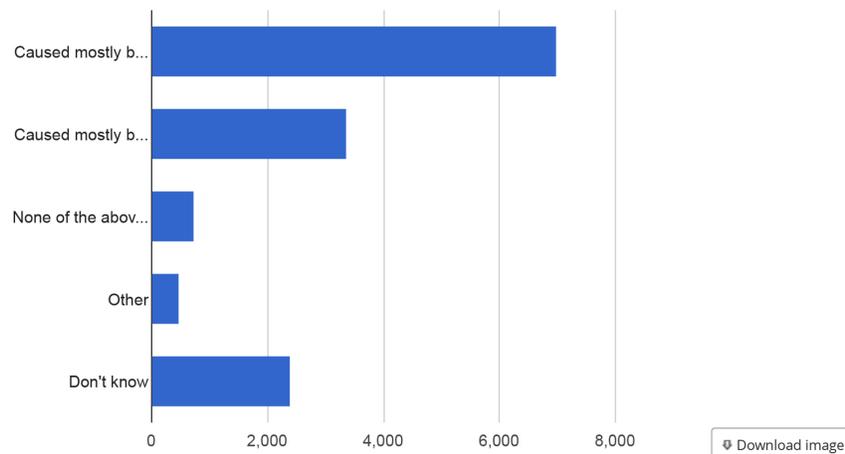
How worried are you about global warming? *(warmingworried)*

Total Count (N)	Missing*	Unique
1,468	77 (5.0%)	4

Counts/frequency: Very worried (287, 19.6%), Somewhat worried (612, 41.7%), Not very worried (381, 26.0%), Not at all worried (188, 12.8%)
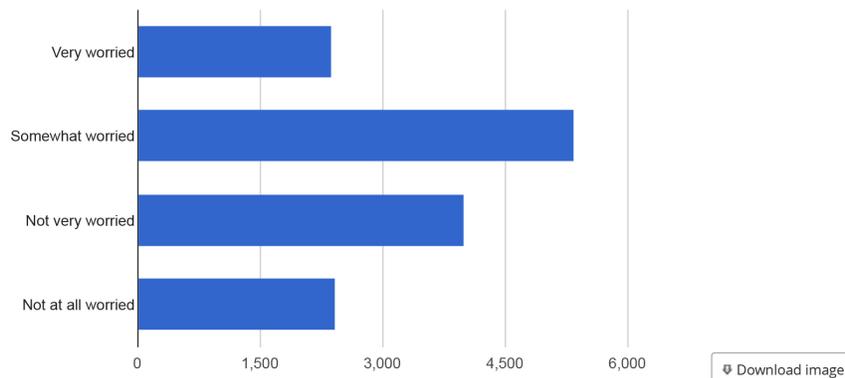
How much do you think global warming will harm you personally? *(warmingharm)*

Total Count (N)	Missing*	Unique
1,468	77 (5.0%)	5

Counts/frequency: Not at all (174, 11.9%), Only a little (270, 18.4%), A moderate amount (497, 33.9%), A great deal (343, 23.4%), Don't know (184, 12.5%)

Community Health Needs Assessment 2021 | REDCap
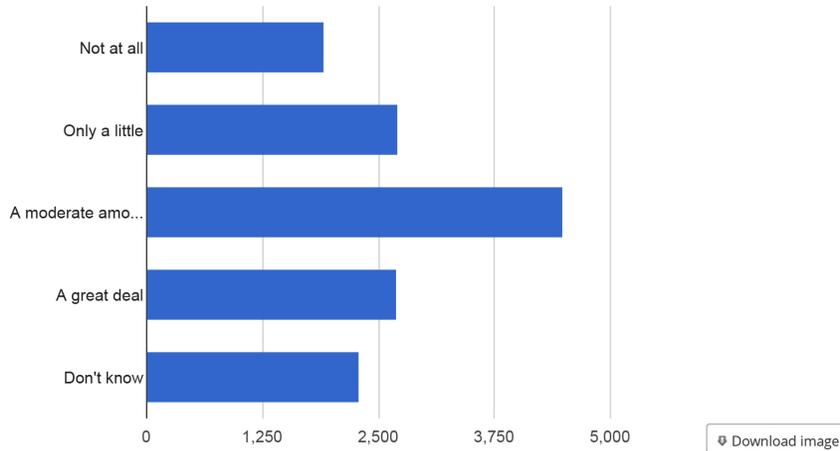
When do you think global warming will start to harm people in the United States?
(warmingwhenharm)

Total Count (N)	Missing*	Unique
1,439	106 (6.9%)	6

Counts/frequency: They are being harmed right now, (636, 44.2%), In 10 years, (202, 14.0%), In 25 years, (183, 12.7%), In 50 years (140, 9.7%), In 100 years, (96, 6.7%), Never (182, 12.6%)
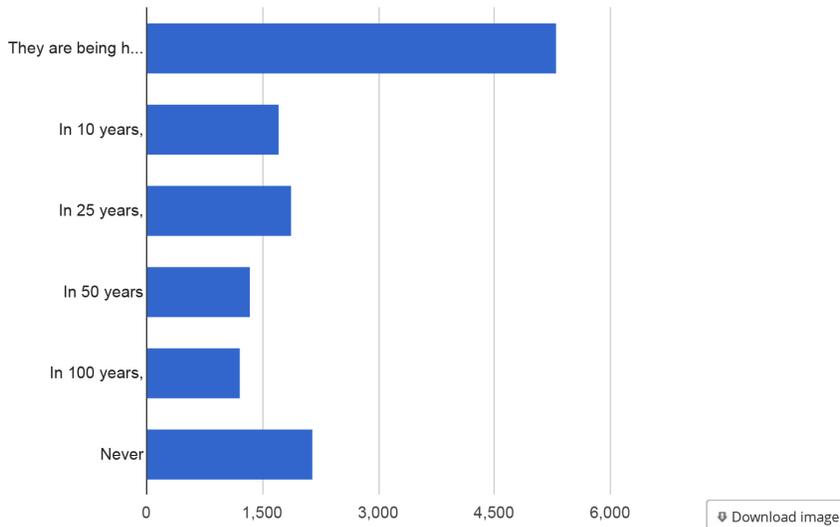
## Do you think the government and politicians in your county should be doing more or less to address global warming? *(warminggovt)*

Total Count (N)	Missing*	Unique
1,463	82 (5.3%)	3

Counts/frequency: More (902, 61.7%), Less (158, 10.8%), Don't know or not sure (403, 27.5%)

Community Health Needs Assessment 2021 | REDCap
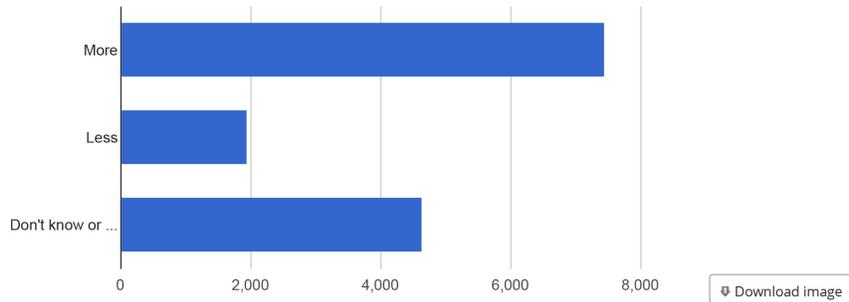
How often do you discuss global warming with your friends and family? *(warmingfriends)*

Total Count (N)	Missing*	Unique
1,464	81 (5.2%)	4

Counts/frequency: Often (115, 7.9%), Occasionally (454, 31.0%), Rarely (500, 34.2%), Never (395, 27.0%)
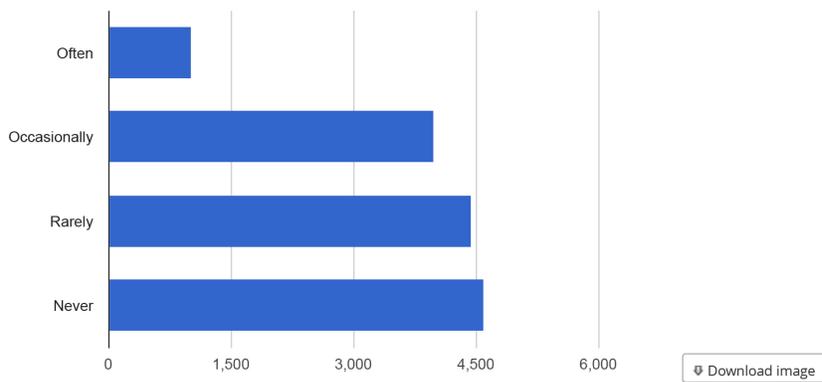
How often do you hear about global warming in the media? *(warmingmedia)*

Total Count (N)	Missing*	Unique
1,458	87 (5.6%)	5

Counts/frequency: At least once a week (392, 26.9%), At least once a month (370, 25.4%), Several times a year (399, 27.4%), Once a year or less often (191, 13.1%), Never (106, 7.3%)

Community Health Needs Assessment 2021 | REDCap
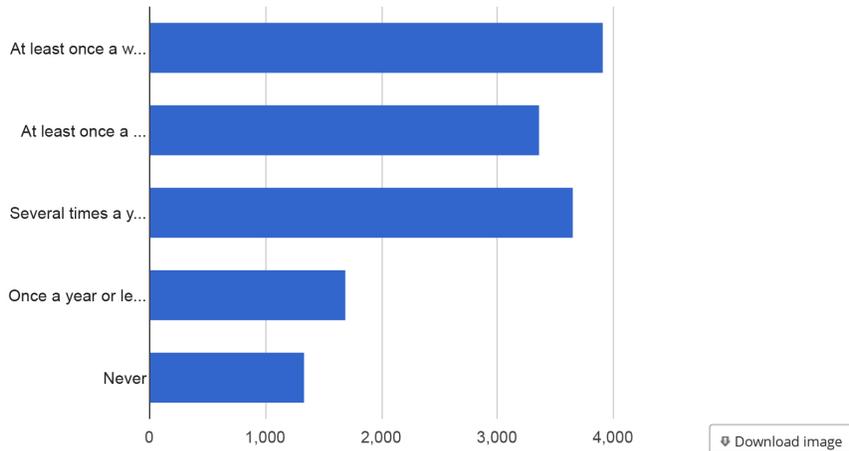
Thank you for your participation! Please feel free to include any additional comments in the box below. *(thankyou)*

Total Count (N)	Missing*
121	1424 (92.2%)

Complete? *(form_1_complete)*

Total Count (N)	Missing*	Unique
1,545	0 (0.0%)	2

Counts/frequency: Incomplete (35, 2.3%), Unverified (0, 0.0%), Complete (1510, 97.7%)
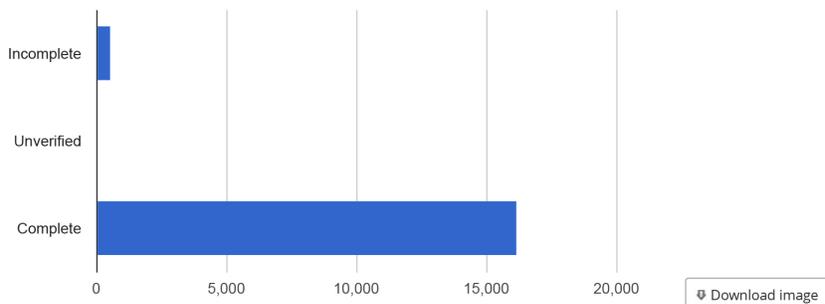
* Note: Values listed as 'Missing' may include records with a Missing Data Code (if Missing Data Codes are defined).

Community Health Needs Assessment 2021 - Spanish | REDCap

Community Health Needs Assessment 2021 - Spanish   `PID 1578`

Data Exports, Reports, and Stats

Cumberland County_Spanish

Hay buena atención médica en mi condado *(good_hlthcare)*

Total Count (N)	Missing*	Unique
35	1 (2.8%)	5

Counts/frequency: Totalmente En Desacuerdo (4, 11.4%), En Desacuerdo (1, 2.9%), Neutral (10, 28.6%), De Acuerdo (14, 40.0%), Totalmente En Acuerdo (6, 17.1%)
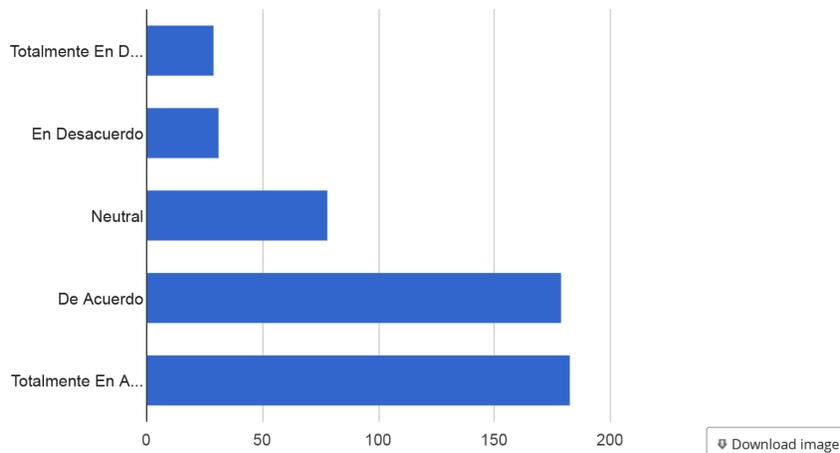
Este condado es un buen lugar para criar niños. *(good_children)*

Total Count (N)	Missing*	Unique
36	0 (0.0%)	5

Counts/frequency: Totalmente En Desacuerdo (1, 2.8%), En Desacuerdo (3, 8.3%), Neutral (6, 16.7%), De Acuerdo (18, 50.0%), Totalmente En Acuerdo (8, 22.2%)

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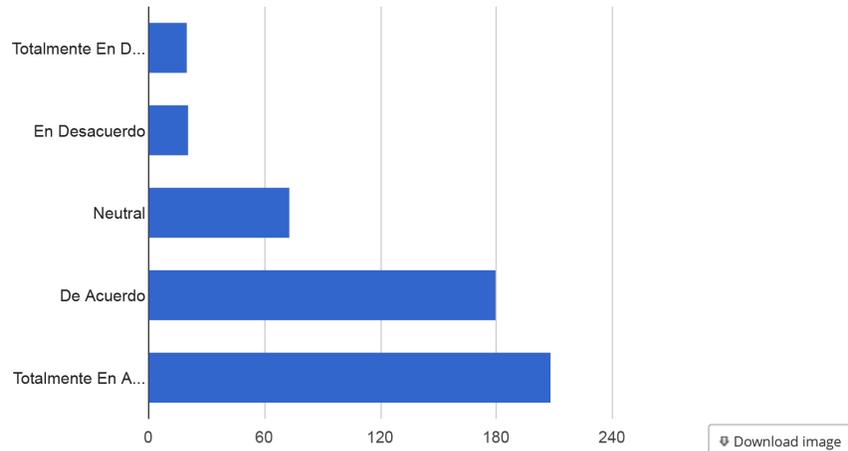
Este condado es un buen lugar para envejecer. *(good_old)*

Total Count (N)	Missing*	Unique
36	0 (0.0%)	5

Counts/frequency: Totalmente En Desacuerdo (2, 5.6%), En Desacuerdo (2, 5.6%), Neutral (11, 30.6%), De Acuerdo (13, 36.1%), Totalmente En Acuerdo (8, 22.2%)
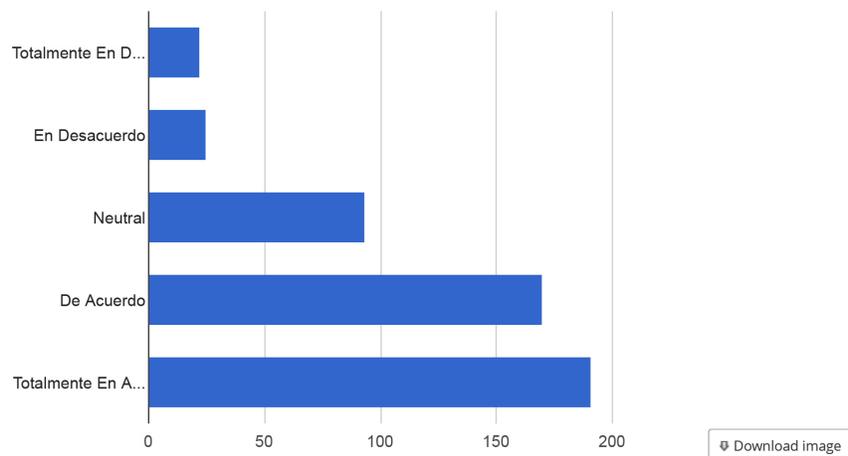
Hay muchas oportunidades económicas en este condado. *(economic_opp)*

Total Count (N)	Missing*	Unique
36	0 (0.0%)	5

Counts/frequency: Totalmente En Desacuerdo (5, 13.9%), En Desacuerdo (3, 8.3%), Neutral (15, 41.7%), De Acuerdo (9, 25.0%), Totalmente En Acuerdo (4, 11.1%)

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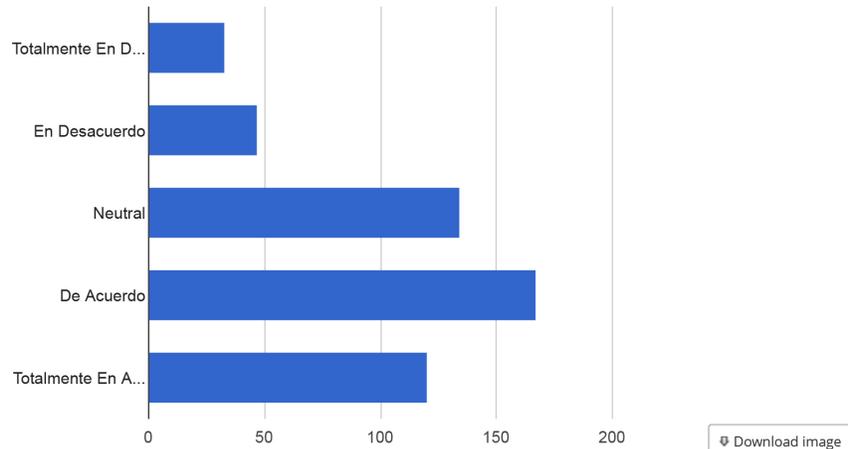
Este condado es un lugar seguro para vivir. *(safe_place)*

| Total Count (N)	Missing*	Unique
36	0 (0.0%)	5

Counts/frequency: Totalmente En Desacuerdo (2, 5.6%), En Desacuerdo (4, 11.1%), Neutral (10, 27.8%), De Acuerdo (15, 41.7%), Totalmente En Acuerdo (5, 13.9%)
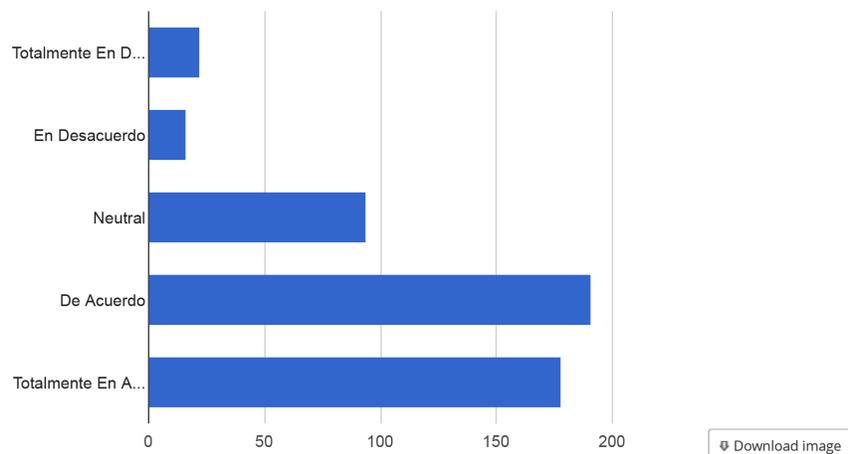
Hay mucha ayuda para las personas en tiempos de necesidad en este condado. *(help_for_ppl)*

| Total Count (N)	Missing*	Unique
36	0 (0.0%)	5

Counts/frequency: Totalmente En Desacuerdo (3, 8.3%), En Desacuerdo (3, 8.3%), Neutral (10, 27.8%), De Acuerdo (15, 41.7%), Totalmente En Acuerdo (5, 13.9%)

Community Health Needs Assessment 2021 - Spanish | REDCap
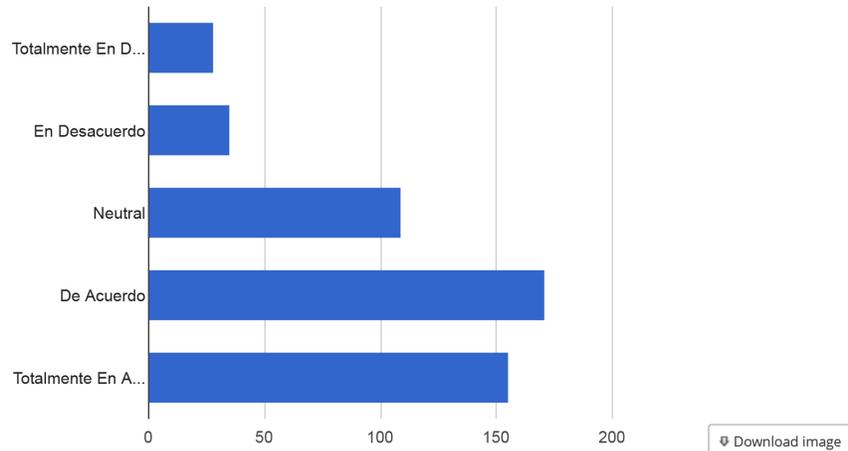
Hay viviendas asequibles que satisfacen las necesidades de este condado. *(afford_housing)*

| Total Count (N)	Missing*	Unique
36	0 (0.0%)	5

Counts/frequency: Totalmente En Desacuerdo (3, 8.3%), En Desacuerdo (7, 19.4%), Neutral (13, 36.1%), De Acuerdo (9, 25.0%), Totalmente En Acuerdo (4, 11.1%)
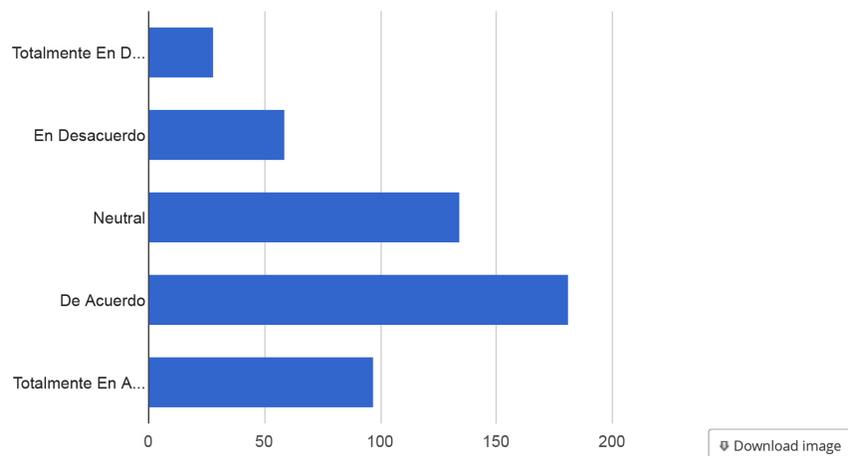
Hay buenos parques e instalaciones recreativas en este condado. *(good_parks)*

| Total Count (N)	Missing*	Unique
36	0 (0.0%)	5

Counts/frequency: Totalmente En Desacuerdo (3, 8.3%), En Desacuerdo (6, 16.7%), Neutral (11, 30.6%), De Acuerdo (11, 30.6%), Totalmente En Acuerdo (5, 13.9%)

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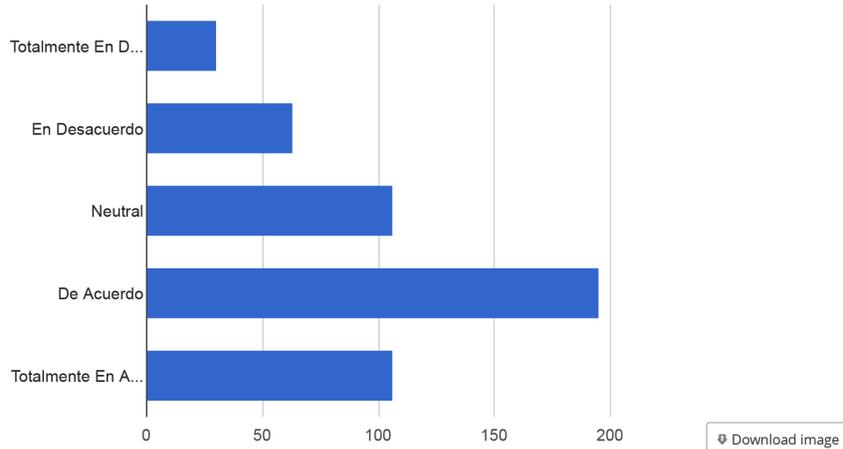
Es fácil comprar alimentos saludables en este condado. *(buy_healthy)*

| Total Count (N)	Missing*	Unique
36	0 (0.0%)	5

Counts/frequency: Totalmente En Desacuerdo (3, 8.3%), En Desacuerdo (3, 8.3%), Neutral (3, 8.3%), De Acuerdo (20, 55.6%), Totalmente En Acuerdo (7, 19.4%)
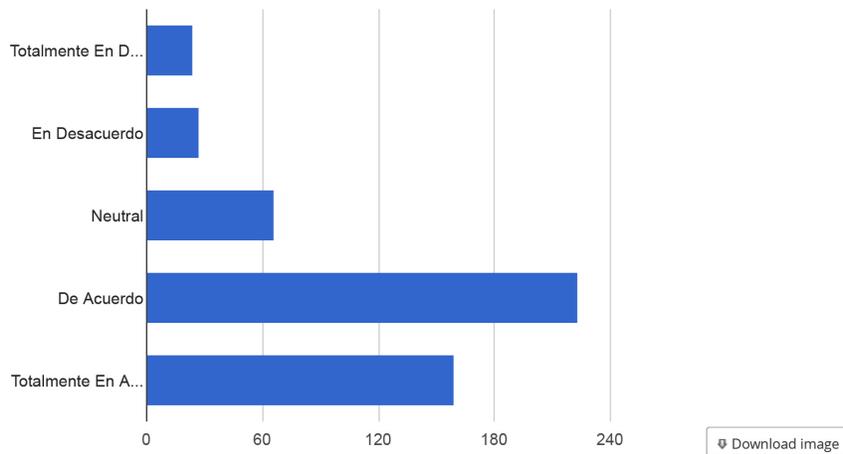
Por favor, seleccione los 3 problemas principales que tienen el mayor impacto en la calidad de vida en este condado. *(quality_life)*

Total Count (N)	Missing*	Unique
36	0 (0.0%)	15

Counts/frequency: bajos ingresos/pobreza (14, 38.9%), abandonar la escuela (7, 19.4%), malas condiciones de vivienda (3, 8.3%), falta de viviendas económicas (12, 33.3%), falta de recursos comunitarios (7, 19.4%), crimen violento (asesinato, (4, 11.1%), asalto) robo (4, 11.1%), drogas/alcohol (abuso d e sustancias) (10, 27.8%), violación/agresión sexual (1, 2.8%), negligencia y abuso (0, 0.0%), transporte (7, 19.4%), abuso infantil (2, 5.6%), falta de o insuficiente seguro médico (14, 38.9%), falta de acceso a suficientes alimentos (2, 5.6%), pandemia de COVID-19 (6, 16.7%), otra (5, 13.9%)

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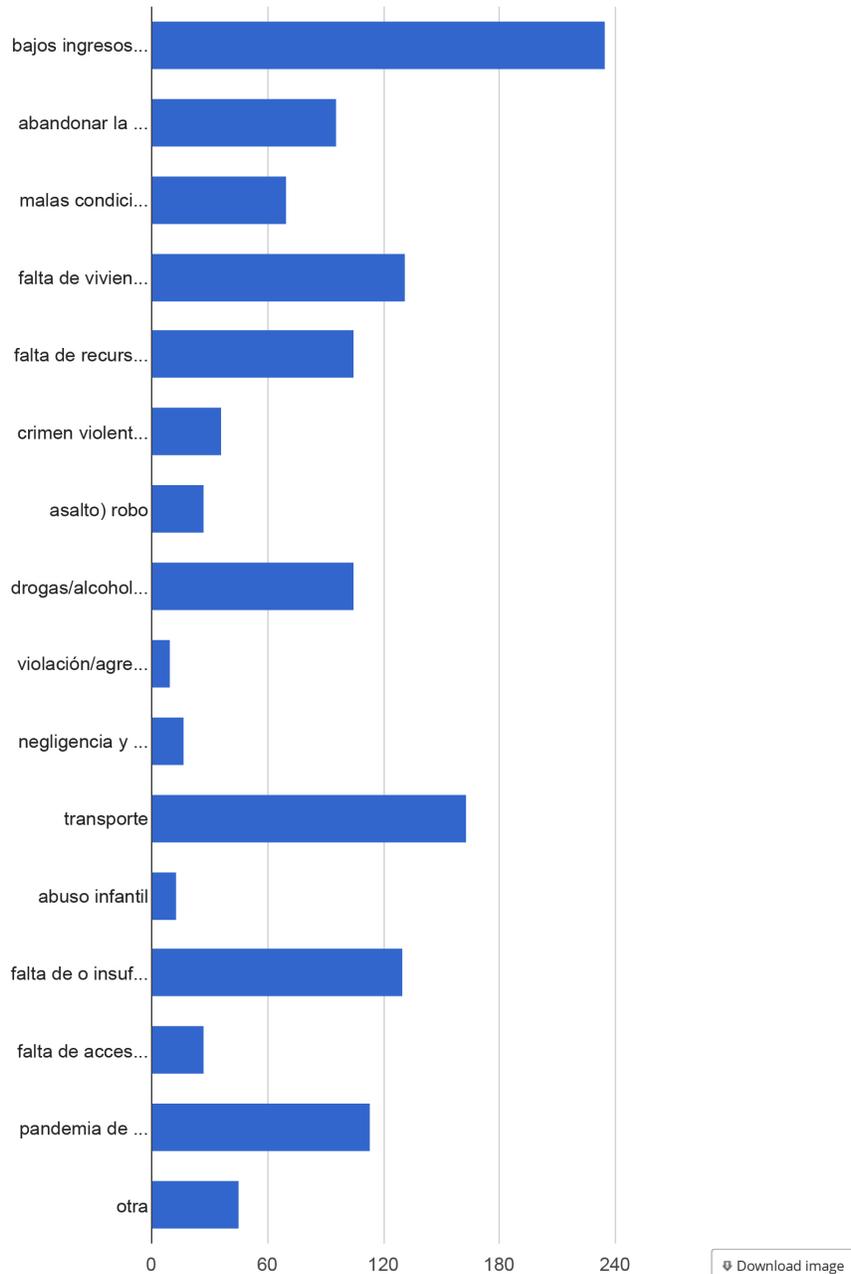
por favor especifique *(quality_life_other)*

Total Count (N)	Missing*
0	36 (100.0%)

Por favor, seleccione los que considere que son los 3 servicios principales que necesitan más mejoras en su comunidad. *(needs_improv)*

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Total Count (N)	Missing*	Unique
36	0 (0.0%)	19

Counts/frequency: control de animal (0, 0.0%), opciones de cuidado de niños (2, 5.6%), opciones de cuidado de ancianos (7, 19.4%), servicios para personas discapacitadas (4, 11.1%), servicios de salud más económicos (17, 47.2%), opciones de alimentos mejores/más saludables (3, 8.3%), vivienda más económicas /mejor (10, 27.8%), número de proveedores de atención médica (1, 2.8%), servicios de salud culturalmente apropiados (3, 8.3%), asesoramiento/salud mental y conductual/grupos de apoyo (5, 13.9%), mejores/más instalaciones recreativas (parques, senderos, centros (13, 36.1%), comunitarios) (0, 0.0%), servicios de abuso de sustancia /apoyo para la recuperación (1, 2.8%), actividades positivas para adolescentes (8, 22.2%), opciones de transporte (3, 8.3%), disponibilidad de empleo (6, 16.7%), empleo mejor remunerado (11, 30.6%), mantenimiento de carreteras (4, 11.1%), seguridad vial peatonal y ciclista (1, 2.8%), actividades familiares saludables (3, 8.3%), ninguno (1, 2.8%), otro (0, 0.0%)

Community Health Needs Assessment 2021 - Spanish | REDCap
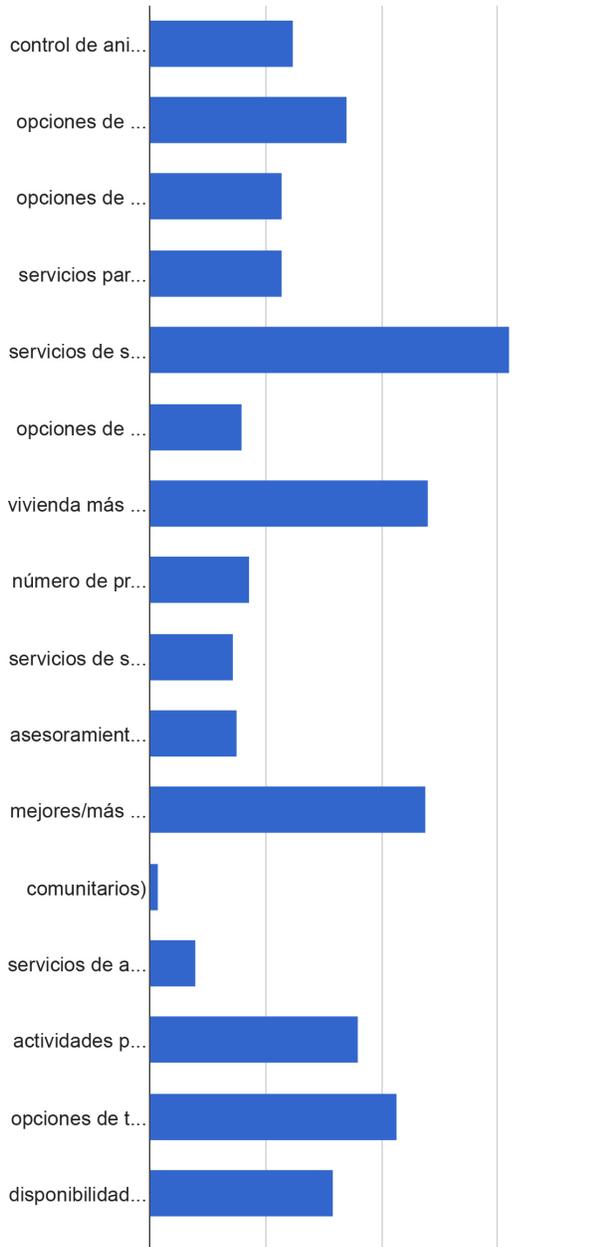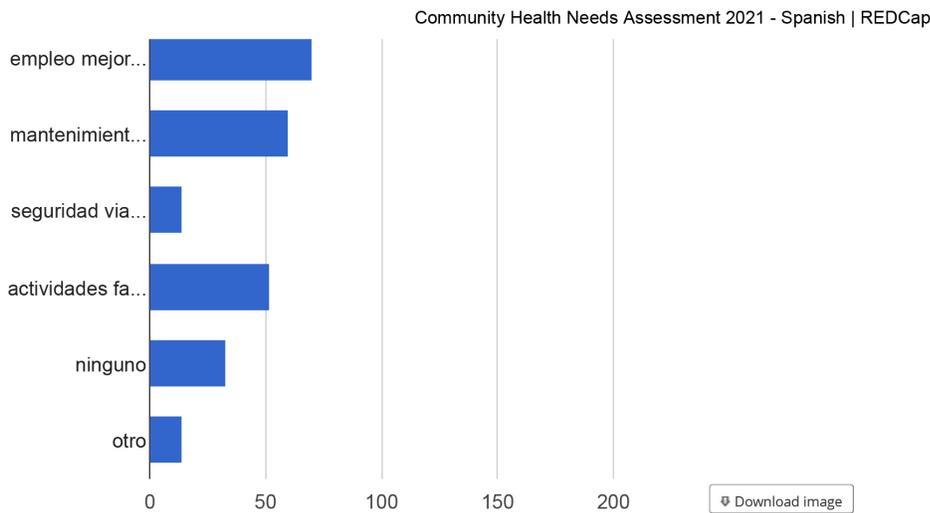
por favor especifique *(needs_improv_other)*

Total Count (N)	Missing*
0	36 (100.0%)

Por favor, seleccione los 3 comportamientos de salud principales sobre los que cree que las personas de su comunidad necesitan más información. *(more_info)*

Total Count (N)	Missing*	Unique
35	1 (2.8%)	23

Counts/frequency: comer bien/nutrición (11, 31.4%), ir al dentista para chequeos/cuidados preventivos (9, 25.7%), uso de asientos de seguridad para niños (0, 0.0%), dejar de fumar/prevención del consumo de tabaco (8, 22.9%), ejercicio/fitness (8, 22.9%), prevención del uso indebido de sustancias (7, 20.0%), controlar el peso (11, 31.4%), reducción de daños (0, 0.0%), usar cinturones de seguridad (0, 0.0%), amamantamiento (1, 2.9%), prevención del suicidio (2, 5.7%), ir al doctor para chequeos anuales y exámenes (14, 40.0%), conduciendo con seguridad (2, 5.7%), recibir atención prenatal durante el embarazo (2, 5.7%), salud mental/conductual (5, 14.3%), recibir vacunas contra la gripe y otras vacunas (4, 11.4%), prevención de la violencia doméstica (1, 2.9%), prepararse para una emergencia/desastre (4, 11.4%), prevención del crimen (2, 5.7%), cuidado de ancianos (1, 2.9%), cuidado de niños/crianza de los hijos (2, 5.7%), prevención de violación/abuso sexual (1, 2.9%), COVID-19 (3, 8.6%), cuidar a miembros de la familia con necesidades especiales/discapacidades (1, 2.9%), prevenir el embarazo y las enfermedades de transmisión sexual (sexo seguro) (1, 2.9%), ninguno (1, 2.9%), otro (0, 0.0%)

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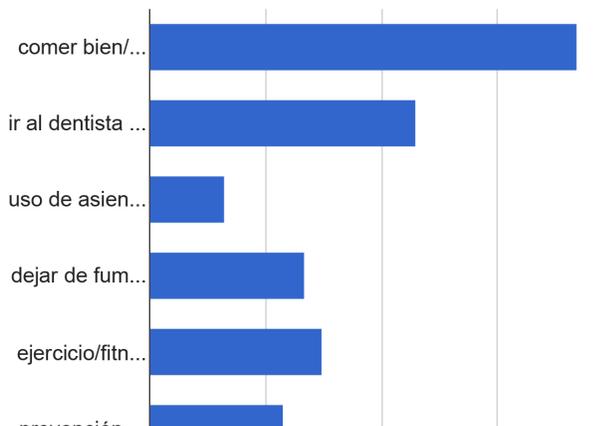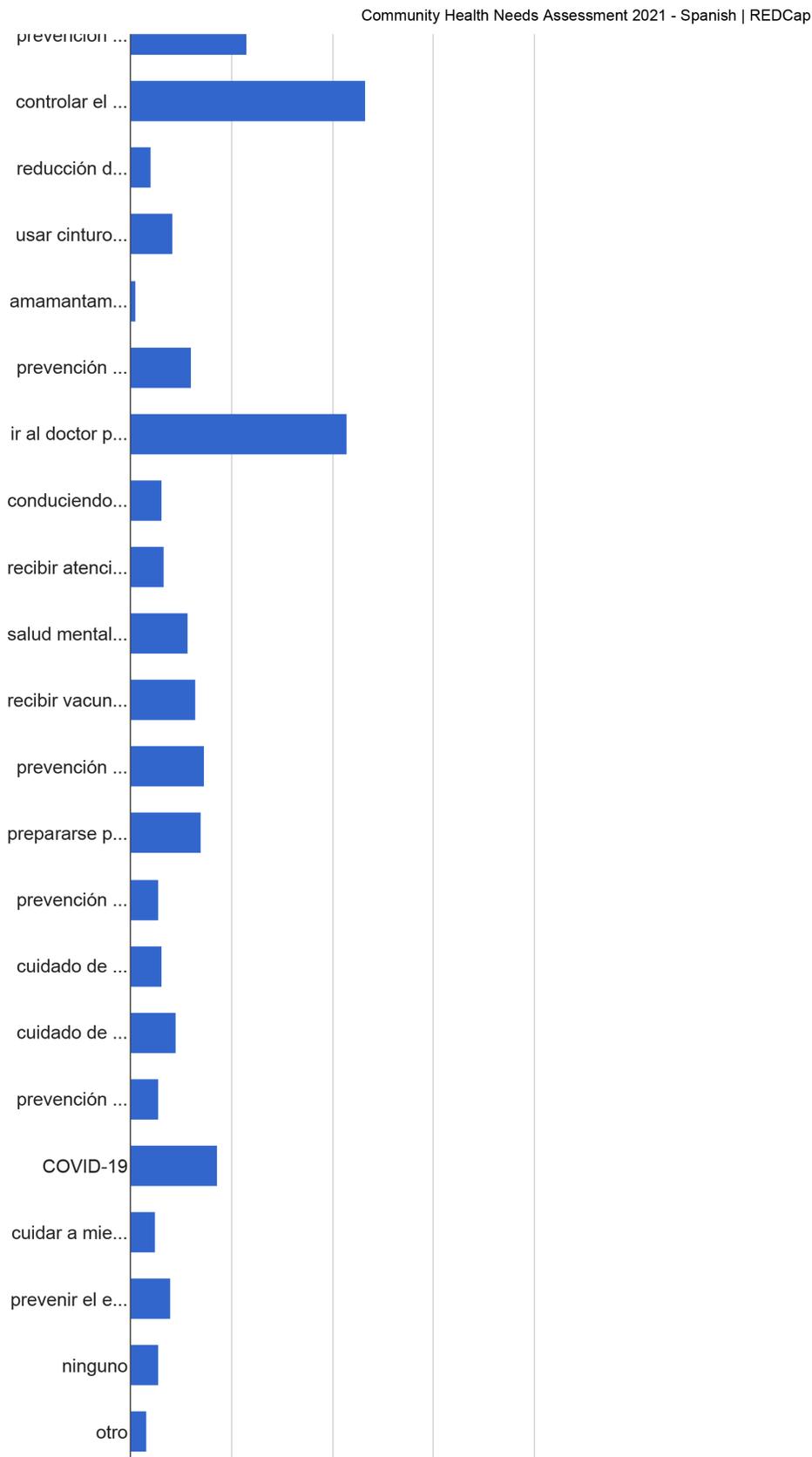
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| 0 | 60 | 120 | 180 | 240 | ⊕ Download image |

por favor especifique *(more_info_other)*

Total Count (N)	Missing*
0	36 (100.0%)

Por favor, seleccione las 3 áreas principales en las que COVID-19 lo ha afectado de manera más severa/significativa. *(covid_impact)*

Total Count (N)	Missing*	Unique
36	0 (0.0%)	16

Counts/frequency: empleo/pérdida de trabajo (13, 36.1%), estrés y ansiedad (21, 58.3%), acceso a la comida (1, 2.8%), recursos económicos (8, 22.2%), acceso a una vivienda segura (1, 2.8%), capacidad para buscar atención médica (8, 22.2%), transporte (2, 5.6%), aislamiento social (19, 52.8%), educación (2, 5.6%), dolor por la pérdida de un ser querido (9, 25.0%), salud física (4, 11.1%), acceso a medicación (2, 5.6%), salud mental/conductual (1, 2.8%), falta de comodidad al buscar atención médica (3, 8.3%), mal uso de sustancia (0, 0.0%), salud/bienestar espiritual (6, 16.7%), cuidado de los niños (0, 0.0%), otro (2, 5.6%)

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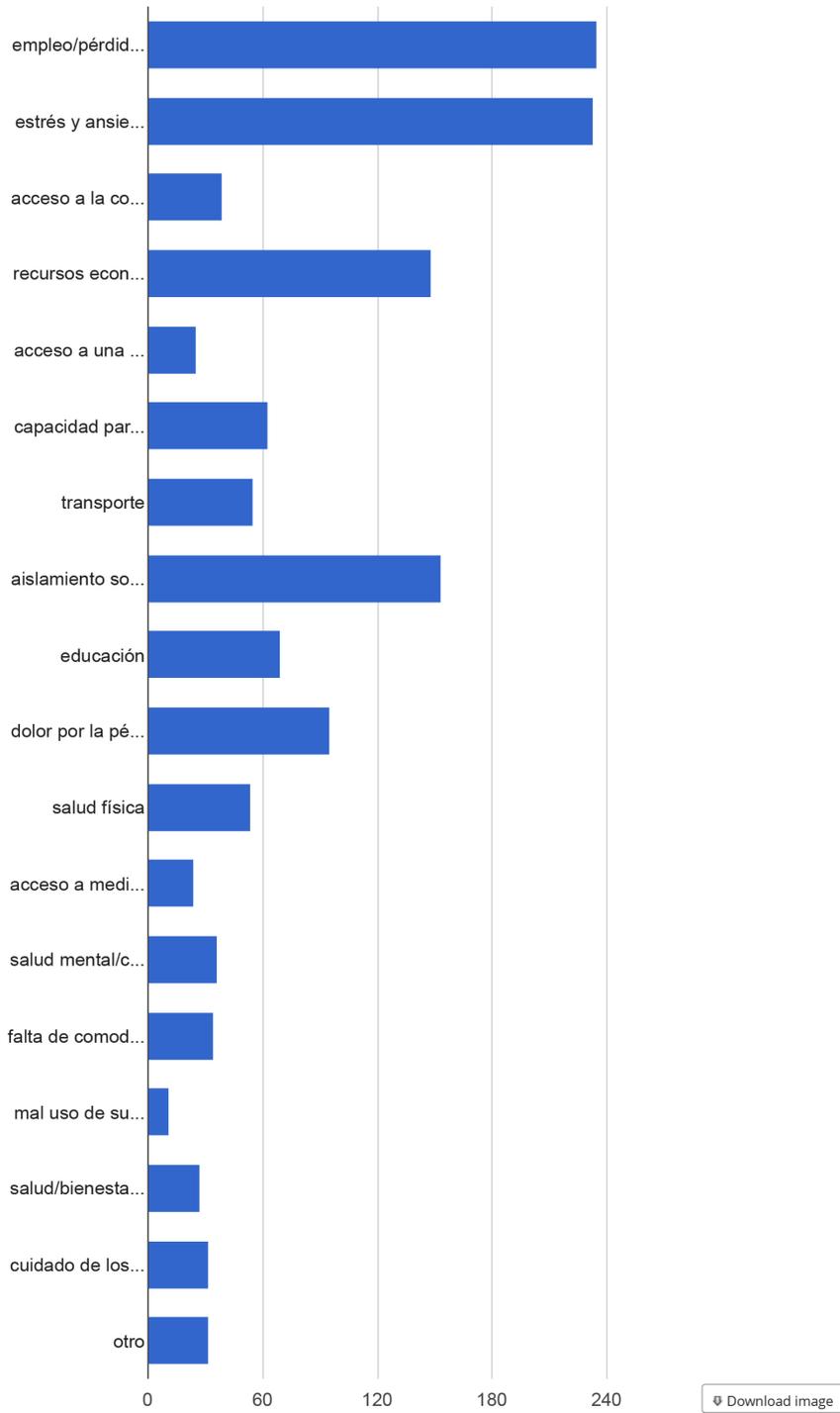
por favor especifique *(covid_impact_other)*

Total Count (N)	Missing*
2	34 (94.4%)

Community Health Needs Assessment 2021 - Spanish | REDCap

¿De dónde obtiene la mayor parte de la información relacionada con su salud? (marque todas las opciones que correspondan) *(health_info)*

Total Count (N)	Missing*	Unique
36	0 (0.0%)	16

Counts/frequency: amigos y familia (10, 27.8%), farmacéutico (7, 19.4%), internet (14, 38.9%), hospital (6, 16.7%), redes sociales (10, 27.8%), libros/revistas (4, 11.1%), empleador (6, 16.7%), iglesia (4, 11.1%), televisión (18, 50.0%), departamento de salud (8, 22.2%), radio (7, 19.4%), trabajador comunitario de salud (7, 19.4%), doctor/enfermera (15, 41.7%), periódico (3, 8.3%), la escuela de mi hijo (0, 0.0%), líneas de ayuda (3, 8.3%), otro (1, 2.8%)

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Download image
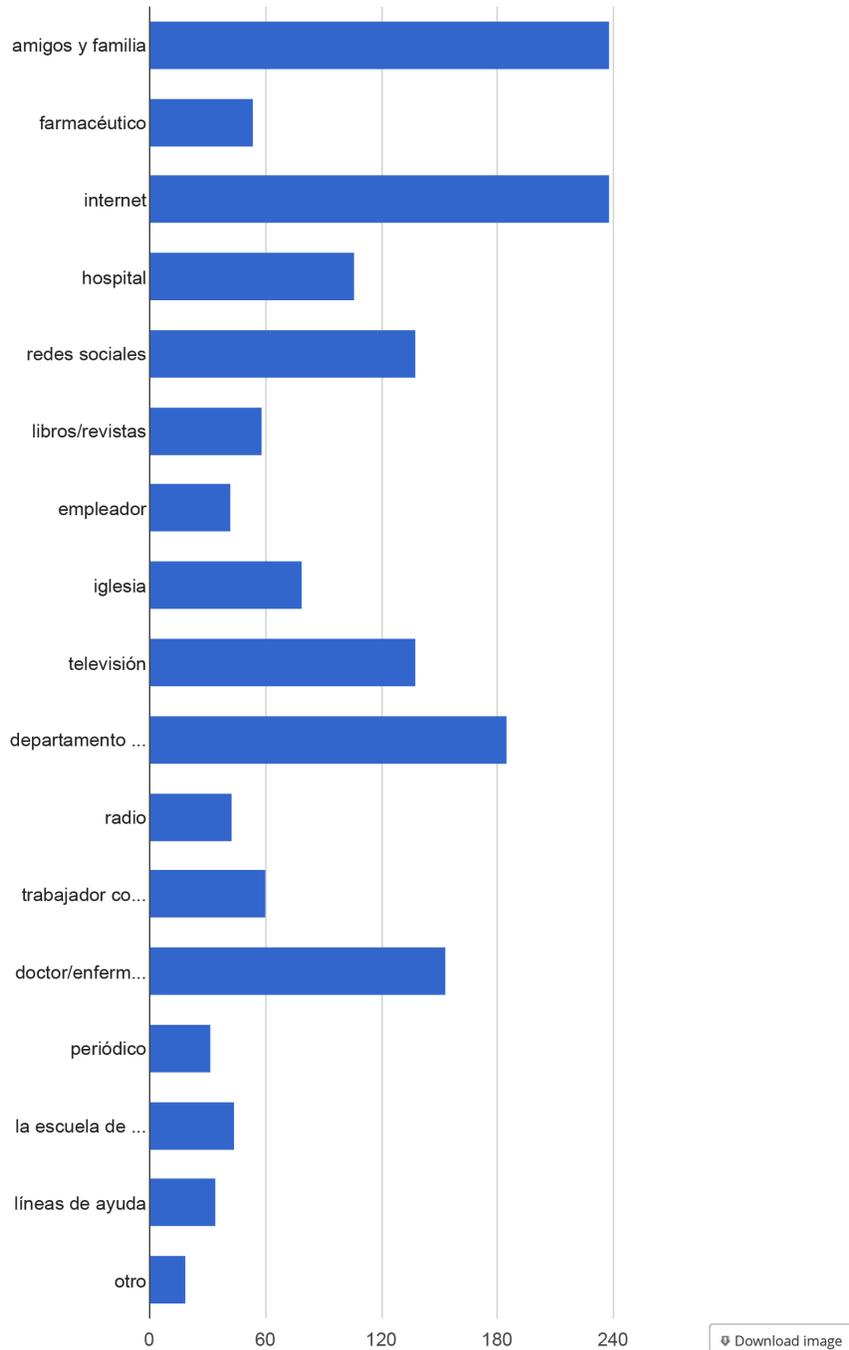
por favor especifique *(health_info_other)*

Total Count (N)	Missing*
1	35 (97.2%)

Community Health Needs Assessment 2021 - Spanish | REDCap

¿Cuál de los siguientes servicios preventivos ha recibido en los últimos 12 meses? (marque todas las opciones que correspondan) *(prevent_serv)*

Total Count (N)	Missing*	Unique
36	0 (0.0%)	16

Counts/frequency: mamografía (11, 30.6%), prueba de Papanicolaou (8, 22.2%), detección de cáncer de próstata (1, 2.8%), vacuna contra la gripe (16, 44.4%), examen de colon/recto (5, 13.9%), control de la presión arterial (10, 27.8%), control de azúcar en sangre (7, 19.4%), detección de cáncer de piel (2, 5.6%), colesterol (10, 27.8%), examen de la vista (12, 33.3%), examen de audición (1, 2.8%), detección cardiovascular (4, 11.1%), prueba de densidad ósea (2, 5.6%), limpieza dental/radiografías (11, 30.6%), examen físico (15, 41.7%), ninguna de las anteriores (10, 27.8%)

Community Health Needs Assessment 2021 - Spanish | REDCap
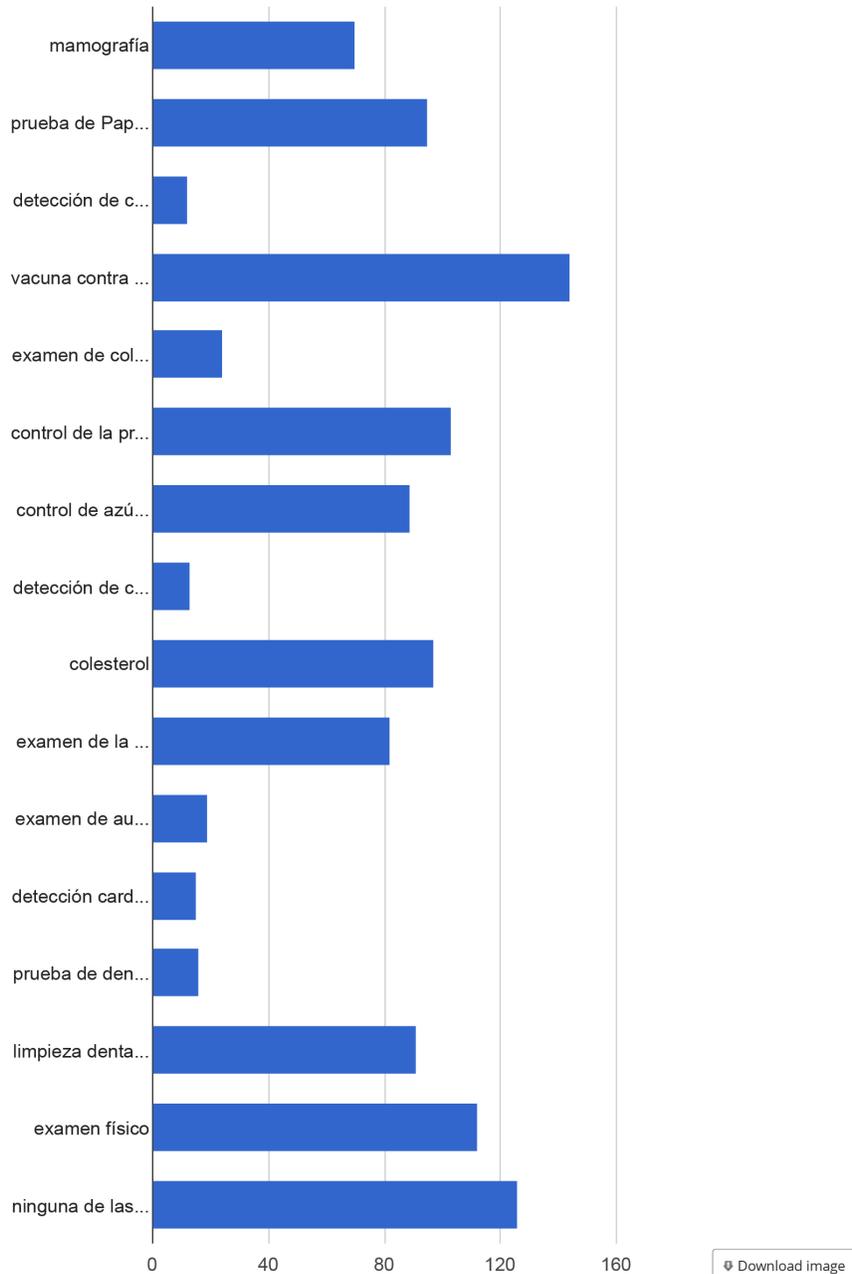
Durante una semana normal, además de en su trabajo habitual, ¿realiza alguna actividad física o ejercicio que dure al menos media hora? (por favor, seleccione solo uno) *(phys_activ)*

Total Count (N)	Missing*	Unique
36	0 (0.0%)	3

Counts/frequency: Sí (16, 44.4%), No (16, 44.4%), No sé/No estoy seguro(a) (4, 11.1%)

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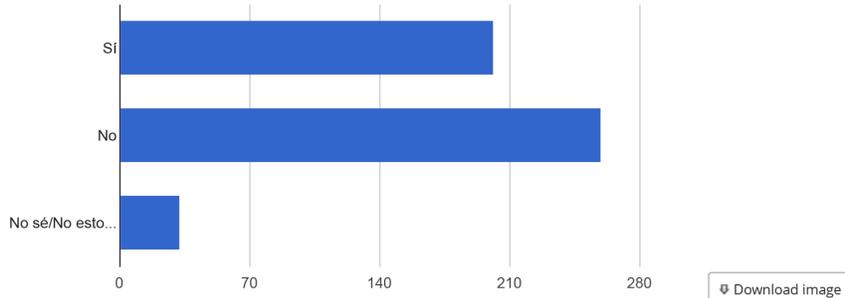
¿Cuántas veces por semana? *(yes_phys_activ)*

Total Count (N)	Missing*	Unique
15	21 (58.3%)	4

Counts/frequency: 1 (1, 6.7%), 2 (8, 53.3%), 3 (3, 20.0%), 4 veces o más por semana (3, 20.0%)
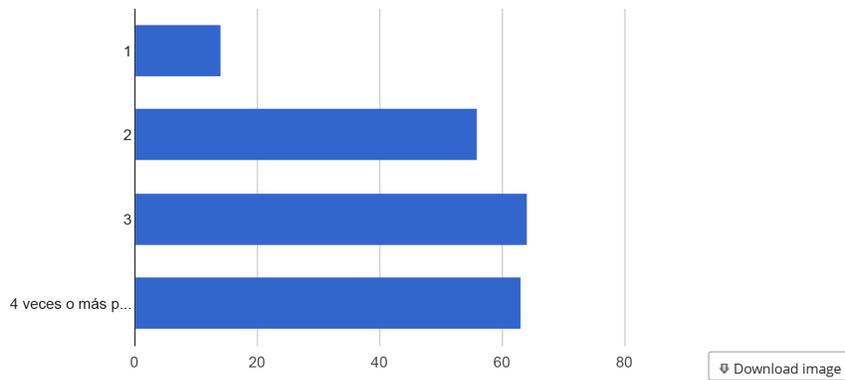
Si no hace ejercicio al menos media hora algunos días a la semana, seleccione las razones por las que no hace ejercicio. (marque todas las opciones que correspondan) *(no_phys_activ)*

Total Count (N)	Missing*	Unique
16	20 (55.6%)	14

Counts/frequency: mi trabajo es físico o duro (9, 56.3%), no sé cómo hacer ejercicio de forma segura (1, 6.3%), el ejercicio no es importante para mi (0, 0.0%), necesitaría transporte y no lo tengo (0, 0.0%), cuesta demasiado hacer ejercicio (4, 25.0%), no me gusta hacer ejercicio (3, 18.8%), no hay un lugar seguro para hacer ejercicio (2, 12.5%), no tengo suficiente tiempo para hacer ejercicio (5, 31.3%), estoy demasiado cansado(a) para hacer ejercicio (5, 31.3%), instalaciones cerradas debido a COVID-19 (1, 6.3%), baja autoimagen (1, 6.3%), estoy físicamente discapacitado (1, 6.3%), necesitaría cuidado de niños y no lo tengo (1, 6.3%), no sé cómo encontrar compañeros de ejercicio (2, 12.5%), no tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista. (2, 12.5%), otra (2, 12.5%)

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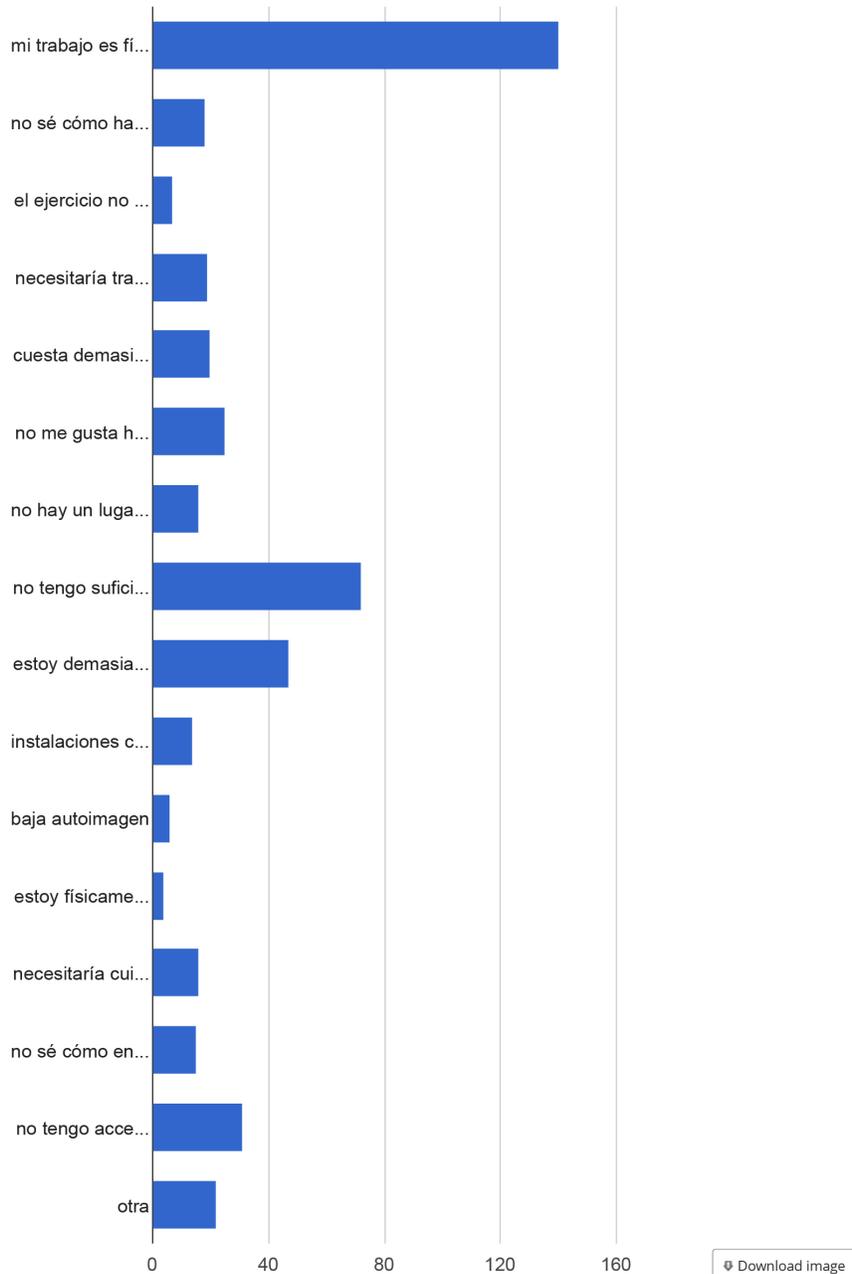
por favor especifique *(no_phys_acttiv_other)*

Total Count (N)	Missing*
1	35 (97.2%)

Seleccione cualquier producto de tabaco que utilice actualmente. *(tobacco_prod)*

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Total Count (N)	Missing*	Unique
34	2 (5.6%)	3

Counts/frequency: cigarrillos (6, 17.6%), puros (0, 0.0%), e-cigs/cigarrillos electrónicos (0, 0.0%), rapé (0, 0.0%), mascando tabaco (0, 0.0%), vapear (0, 0.0%), fumar en pipa (0, 0.0%), ninguno (25, 73.5%), otro (3, 8.8%)
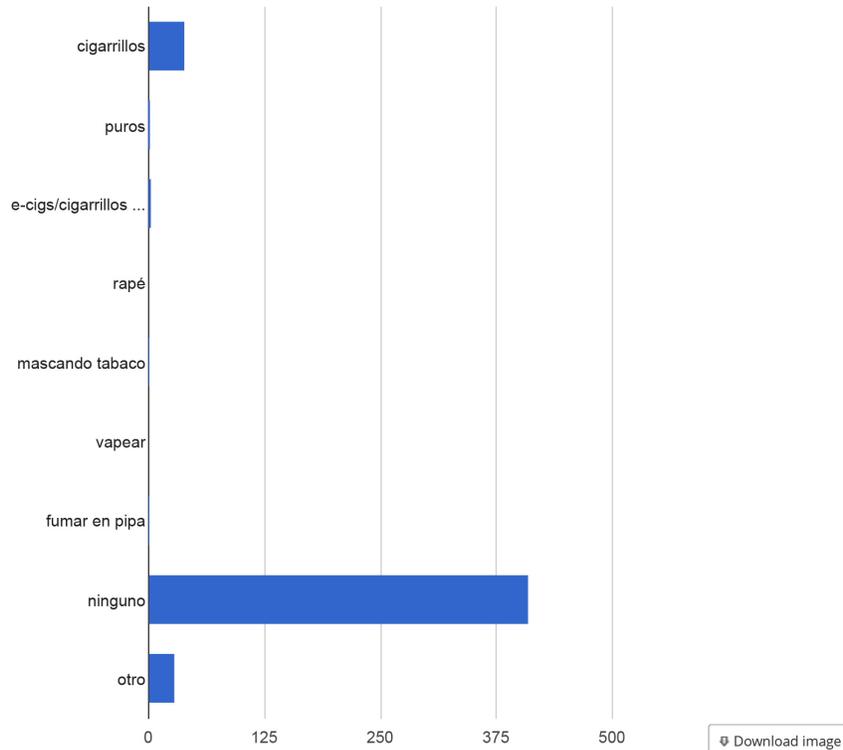
por favor especifique *(tobacco_prod_other)*

Total Count (N)	Missing*
2	34 (94.4%)

¿A dónde iría en busca de ayuda si quisiera dejar de fumar? *(help_quit)*

Total Count (N)	Missing*	Unique
28	8 (22.2%)	7

Counts/frequency: Quit Line NC (línea para dejar de fumar) (2, 7.1%), consejero/terapeuta privado (1, 3.6%), doctor (5, 17.9%), no sé (10, 35.7%), farmacia (1, 3.6%), departamento de salud (6, 21.4%), N/A, no quiero renunciar (3, 10.7%)

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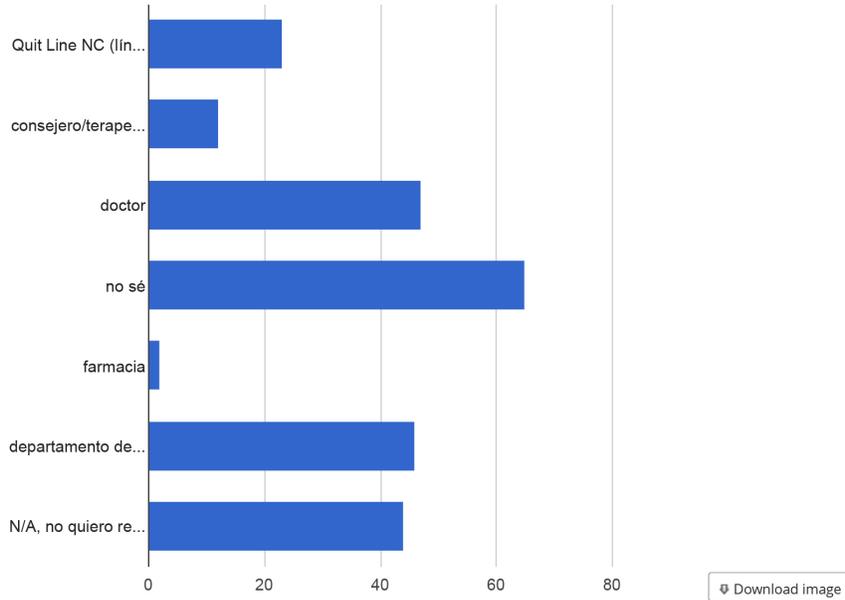
Una vacuna contra la influenza / gripe puede ser una inyección o una nebulización intranasal. Durante los últimos 12 meses, ¿ha recibido una vacuna contra la influenza estacional? (por favor, elija solo uno) *(flu_vaccine)*

Total Count (N)	Missing*	Unique
35	1 (2.8%)	3

Counts/frequency: Sí, vacuna inyectada contra la gripe (14, 40.0%), Sí, vacuna intranasal contra la gripe (0, 0.0%), No (17, 48.6%), No se/No estoy seguro(a) (4, 11.4%)
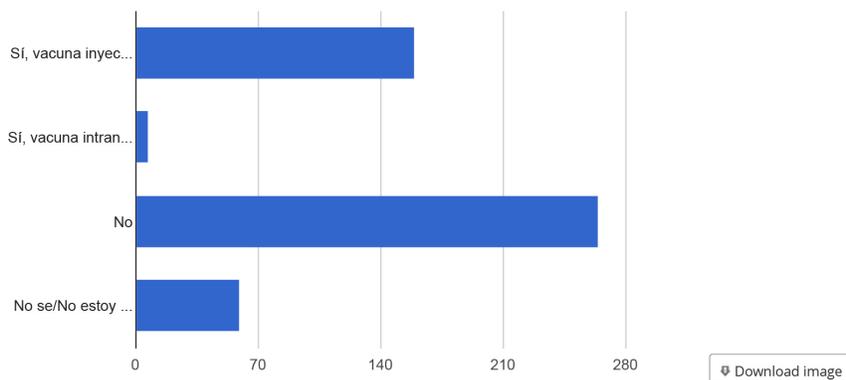
Si no recibió la vacuna contra la gripe, ¿por qué no? (marque todas las opciones que correspondan) *(no_flu_vaccine)*

Total Count (N)	Missing*	Unique
15	21 (58.3%)	6

Counts/frequency: costo (2, 13.3%), miedo (1, 6.7%), falta de transporte (0, 0.0%), necesita más información/tiene preguntas (0, 0.0%), acceso (1, 6.7%), preferencia personal (6, 40.0%), no tengo tiempo (1, 6.7%), otra (4, 26.7%)

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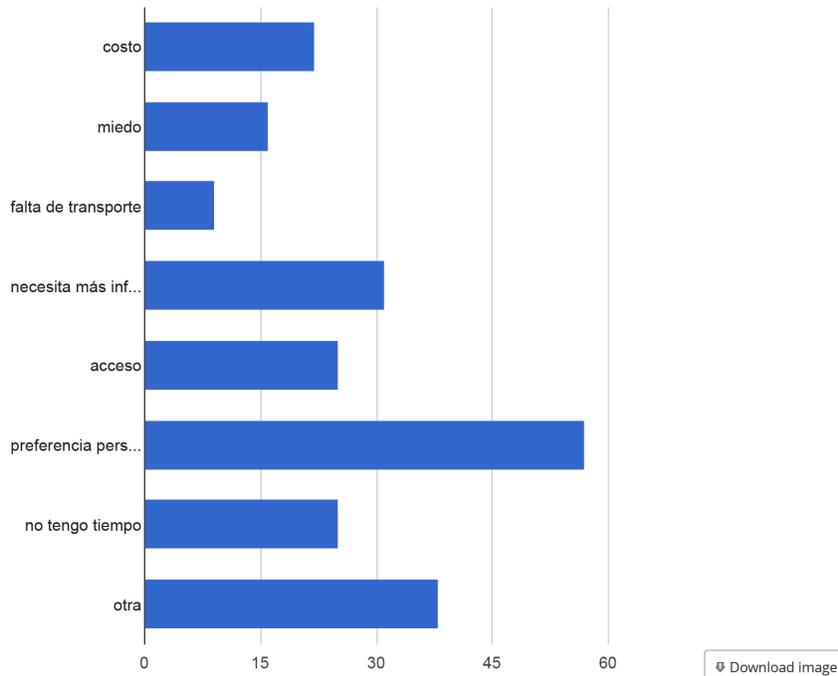
por favor especifique *(no_flu_other)*

Total Count (N)	Missing*
2	34 (94.4%)

¿Ha recibido la vacuna COVID-19? *(covidvacc)*

Total Count (N)	Missing*	Unique
19	17 (47.2%)	2

Counts/frequency: Sí (17, 89.5%), No (2, 10.5%), No se/No estoy seguro(a) (0, 0.0%)
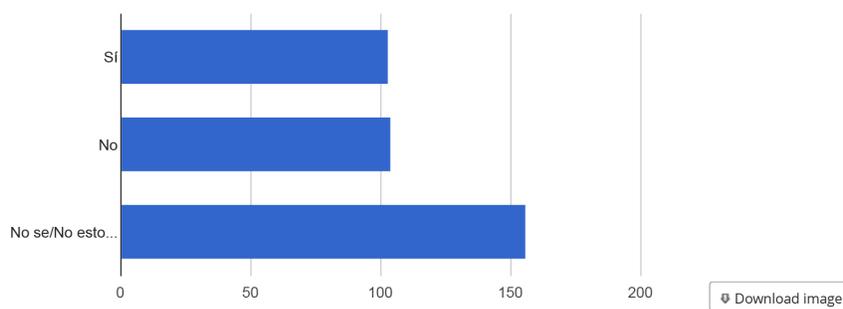
Si no recibió su vacuna COVID-19, ¿por qué no? Compruebe las barreras. *(covidvaccwhy)*

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Total Count (N)	Missing*	Unique
2	34 (94.4%)	2

Counts/frequency: costo (0, 0.0%), miedo (0, 0.0%), falta de transporte (1, 50.0%), necesita más información/tiene preguntas (0, 0.0%), acceso (0, 0.0%), preferencia personal (1, 50.0%), no tengo tiempo (0, 0.0%), otra (0, 0.0%)
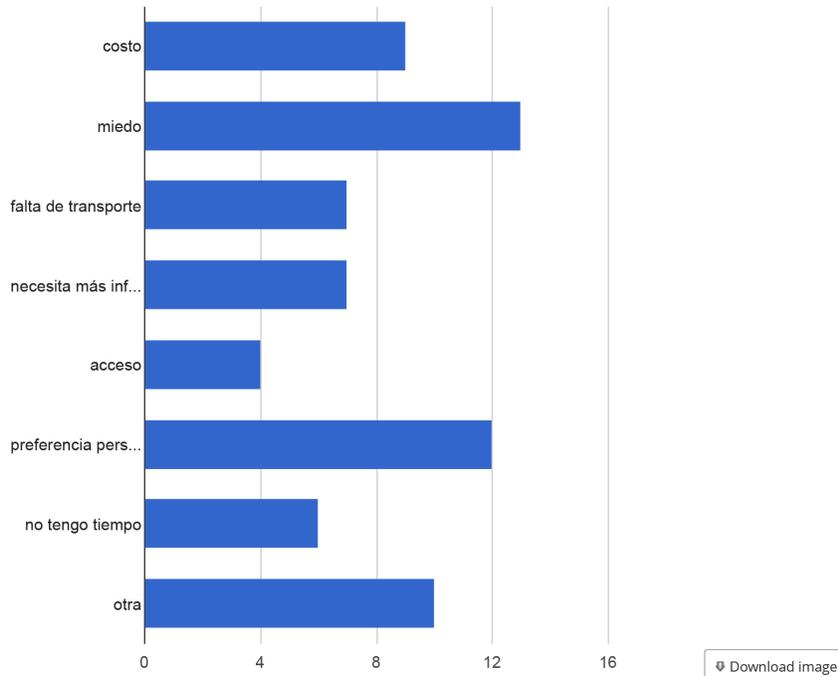
¿En los últimos 12 meses, tuvo algún problema para obtener la atención médica que necesitaba para usted o un miembro de su familia de algún proveedor o servicio de atención médica? Por ejemplo, un médico de atención primaria, un dentista, la farmacia o otro centro? *(medical_att)*

Total Count (N)	Missing*	Unique
36	0 (0.0%)	3

Counts/frequency: Sí (6, 16.7%), No (23, 63.9%), No se/No estoy seguro(a) (7, 19.4%)
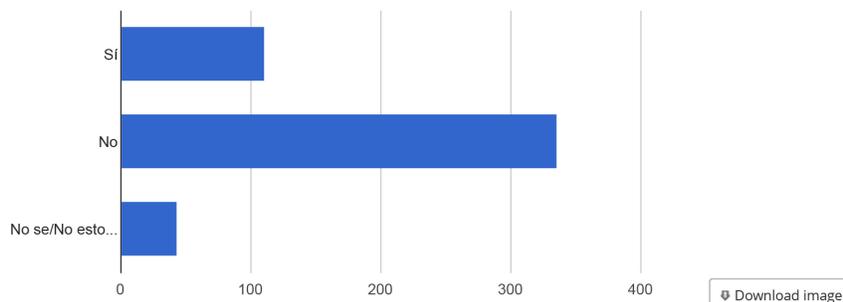
¿De qué tipo de proveedor o centro tuvo problemas para obtener atención médica? (marque todas las opciones que correspondan) *(provider_facility)*

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Total Count (N)	Missing*	Unique
6	30 (83.3%)	4

Counts/frequency: médico de atención primaria (2, 33.3%), dentista (2, 33.3%), departamento de salud (0, 0.0%), pediatra (0, 0.0%), especialista (1, 16.7%), obstetra/ginecóloga (0, 0.0%), cuidado de los ojos/optometrista/oftalmólogo (0, 0.0%), centro de atención urgente (0, 0.0%), farmacia/recetas (1, 16.7%), clinica medica (0, 0.0%), hospital (0, 0.0%), proveedores de salud mental/conductual (0, 0.0%), otra (0, 0.0%)

⬇ Download image
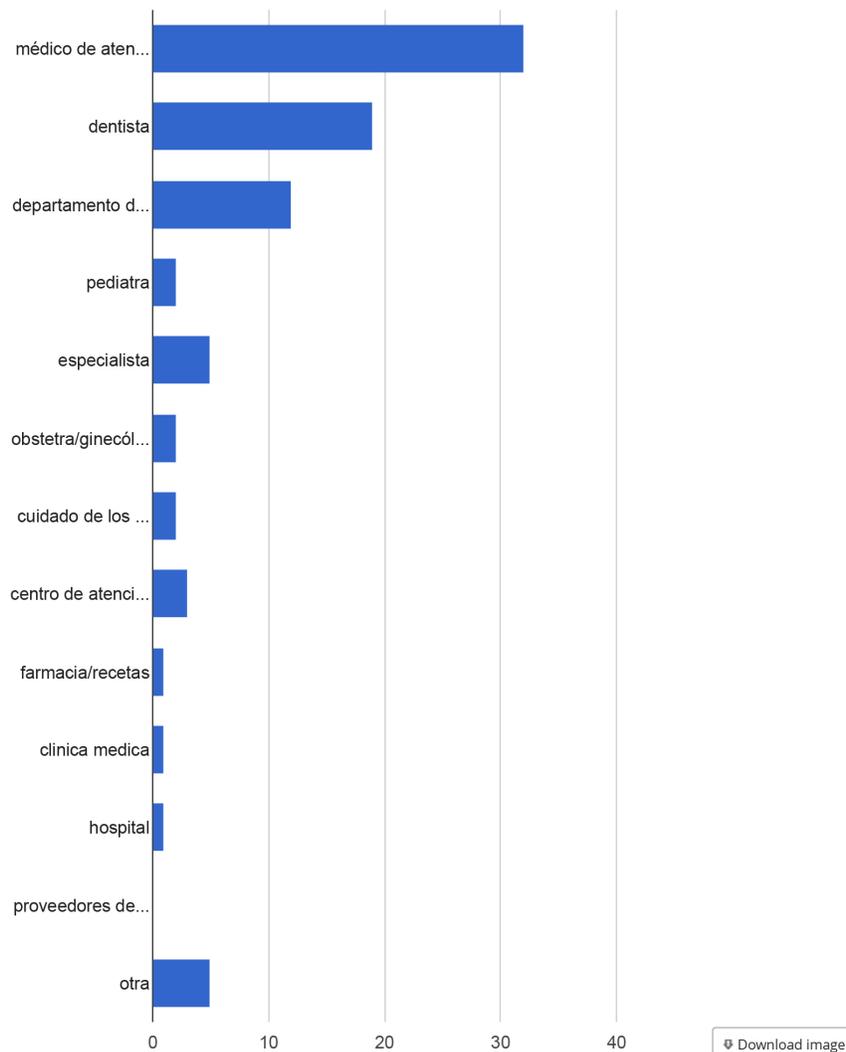
por favor especifique *(provider_facility_other)*

Total Count (N)	Missing*
0	36 (100.0%)

¿Cuál de estos problemas le impidió recibir la atención médica necesaria? (marque todas las opciones que correspondan) *(prevented_hc)*

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Total Count (N)	Missing*	Unique
6	30 (83.3%)	7

Counts/frequency: sin seguro médico (4, 66.7%), no pude conseguir una cita (0, 0.0%), el seguro no cubría lo que necesitaba/ necesitábamos (0, 0.0%), la espera fuedemasiado larga (0, 0.0%), mi o nuestra parte del costo era demasiado alta (copago/deducible) (2, 33.3%), no hablaban mi idioma (1, 16.7%), no podía faltar al trabajo para ir (1, 16.7%), las horas no funcionaron con mi disponibilidad (1, 16.7%), COVID-19 (1, 16.7%), no tengo transporte para ir al médico (0, 0.0%), no sabia a donde ir (1, 16.7%), el proveedor de servicios no aceptaron mi/nuestro seguro ni Medicaid (0, 0.0%), el proveedor me negó la atención o me trató de manera discriminatoria debido a un estado de protección (edad, raza, preferencia sexual, enfermedad, etc.) (0, 0.0%)
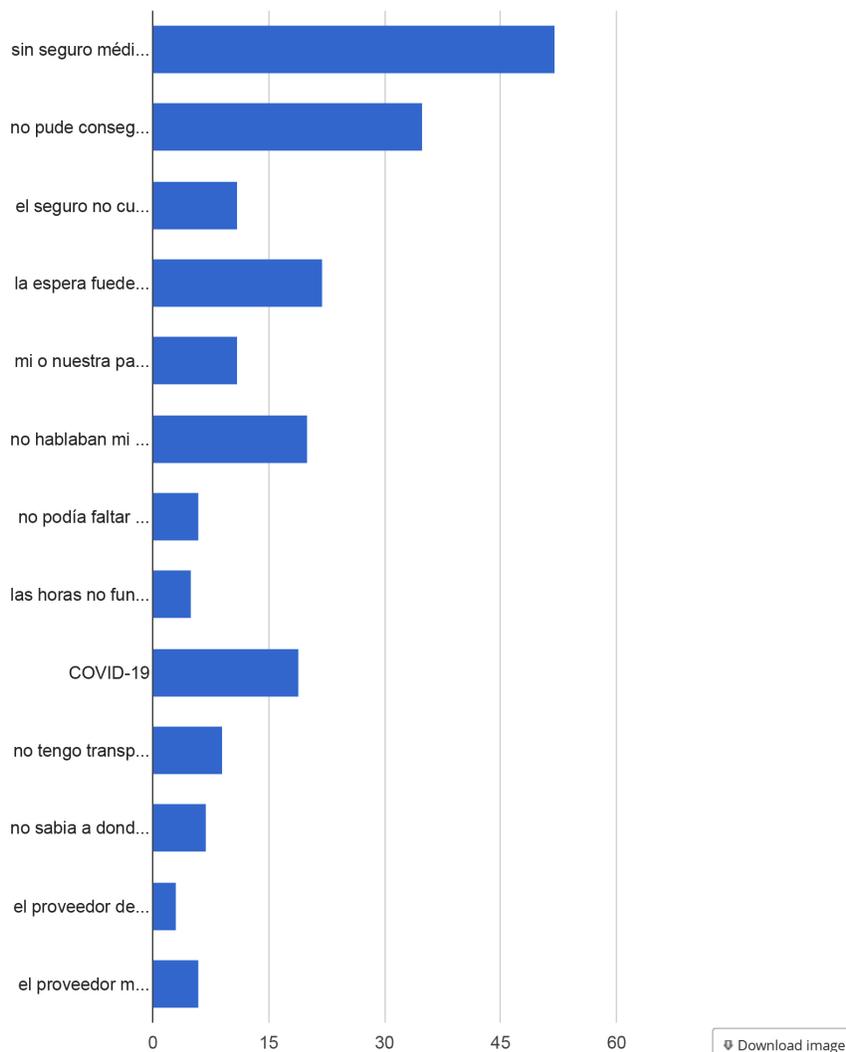
En un desastre natural (huracán, inundación, tornado, etc.), ¿siente que sabe cómo acceder o encontrar la información que necesita para mantenerse a salvo? *(disaster_info)*

Total Count (N)	Missing*	Unique
36	0 (0.0%)	3

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Counts/frequency: Sí (27, 75.0%), No (5, 13.9%), No se/No estoy seguro(a) (4, 11.1%)

⬇ Download image
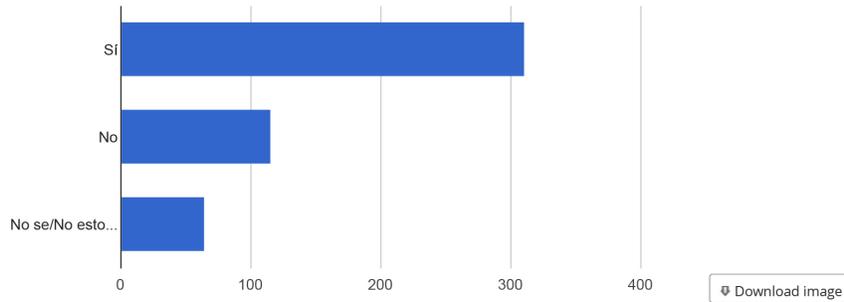
Si es así, ¿de dónde obtiene su información para mantenerse a salvo? *(y_disaster_info)*

Total Count (N)	Missing*	Unique
27	9 (25.0%)	6

Counts/frequency: televisión (15, 55.6%), redes sociales (2, 7.4%), radio (2, 7.4%), vecinos (0, 0.0%), internet (0, 0.0%), familia (1, 3.7%), teléfono (fijo) (0, 0.0%), mensaje de texto, (sistema de alerta de emergencia) (5, 18.5%), teléfono móvil (2, 7.4%), medios impresos (periódicos, etc.) (0, 0.0%), No se/No estoy seguro(a) (0, 0.0%), otra (0, 0.0%)

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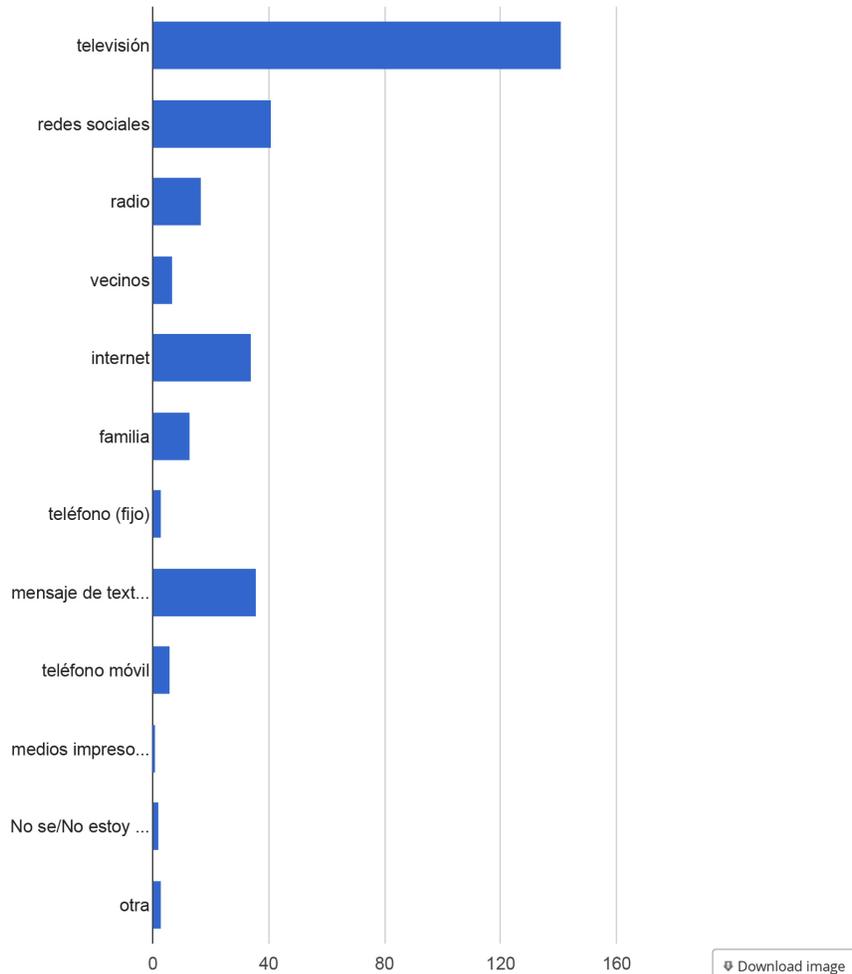
por favor especifique *(y_disaser_other)*

Total Count (N)	Missing*
0	36 (100.0%)

En los últimos 12 meses, ¿alguna vez le preocupó si se acabaría la comida de su familia antes de tener el dinero para comprar más? *(out_food)*

Total Count (N)	Missing*	Unique
35	1 (2.8%)	2

Counts/frequency: Sí (15, 42.9%), No (20, 57.1%), No se/No estoy seguro(a) (0, 0.0%)

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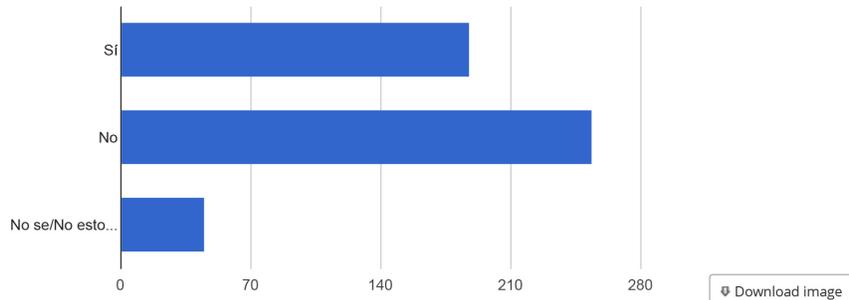
¿Hay algo más que le gustaría que supiéramos sobre su comunidad? *(anything_else)*

Total Count (N)	Missing*
12	24 (66.7%)

¿Cómo se describe usted? *(describe)*

Total Count (N)	Missing*	Unique
36	0 (0.0%)	3

Counts/frequency: Mujer (16, 44.4%), Hombre (19, 52.8%), No binario(a) (1, 2.8%), No en la lista (0, 0.0%), Prefiero no responder (0, 0.0%)
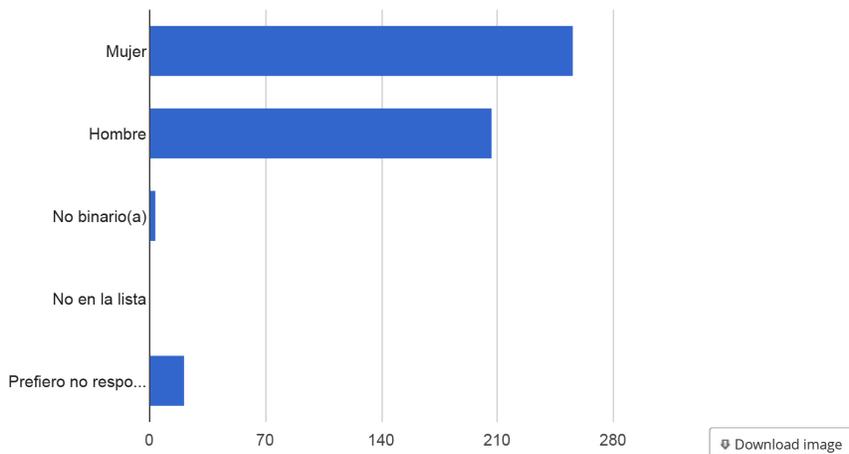
por favor comparta más *(describe_other)*

Total Count (N)	Missing*
0	36 (100.0%)

¿Cuantos años tiene? *(age)*

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Total Count (N)	Missing*	Unique
35	1 (2.8%)	10

Counts/frequency: 15 - 19 (0, 0.0%), 20 - 24 (1, 2.9%), 25 - 29 (2, 5.7%), 30 - 34 (2, 5.7%), 35 - 39 (5, 14.3%), 40 - 44 (1, 2.9%), 45 - 49 (6, 17.1%), 50 - 54 (8, 22.9%), 55 - 59 (5, 14.3%), 60 - 64 (3, 8.6%), 65 - 69 (0, 0.0%), 70 - 74 (2, 5.7%), 75 - 79 (0, 0.0%), 80 - 84 (0, 0.0%), 85+ (0, 0.0%)
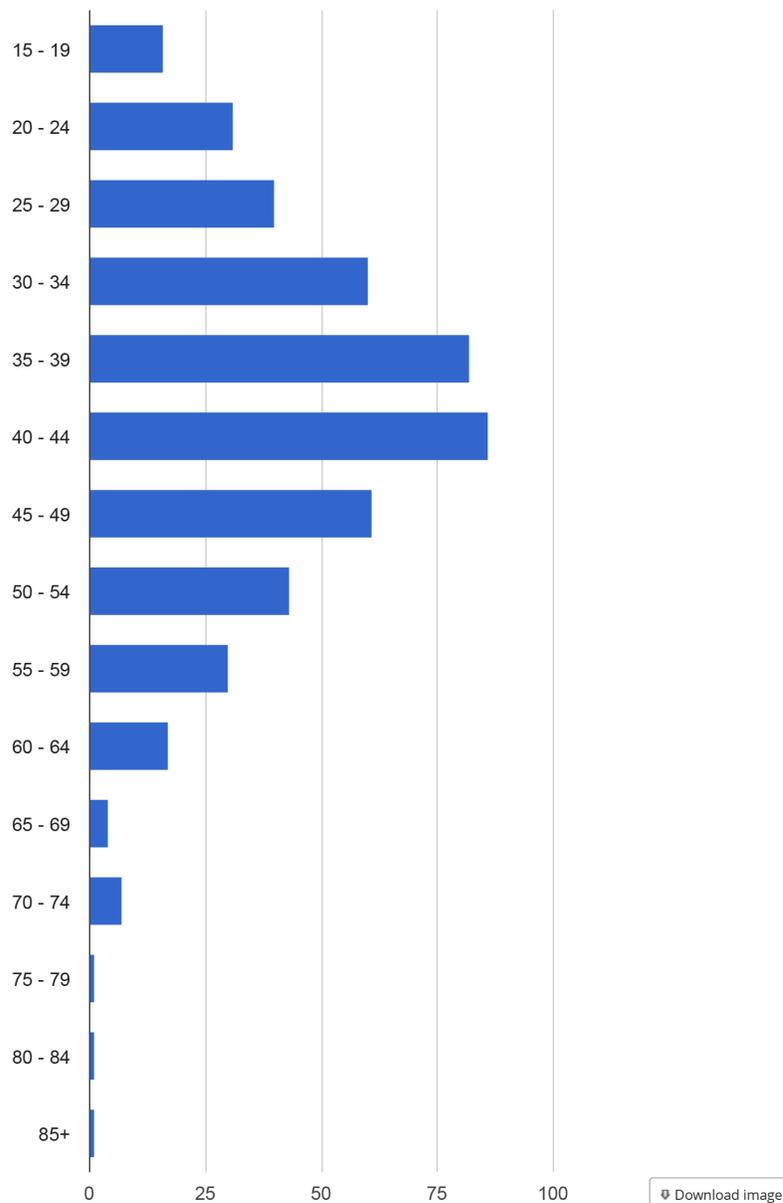
¿Cómo describe su origen étnico? (marque todas las opciones que correspondan) *(race)*

Total Count (N)	Missing*	Unique
35	1 (2.8%)	5

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Counts/frequency: Asiático (0, 0.0%), Blanco/Caucásico (7, 20.0%), Negro/Afroamericano (4, 11.4%), Hispano/Latinx (22, 62.9%), Nativo Americano (1, 2.9%), Isleño del Pacífico (0, 0.0%), Más de una raza (0, 0.0%), No en la lista (0, 0.0%), Prefiero no responder (1, 2.9%)
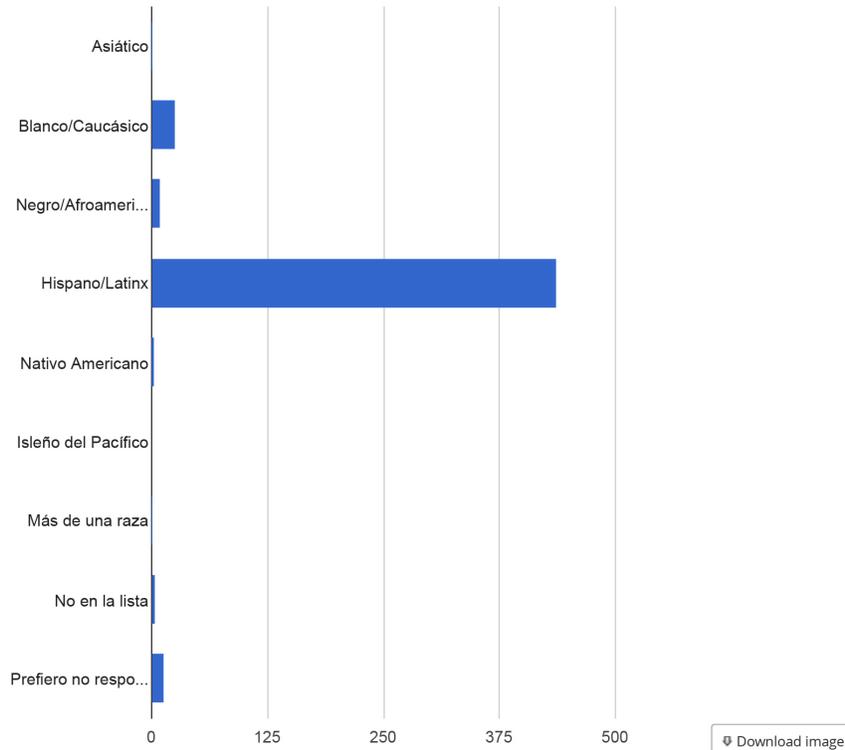
¿Es el Inglés el idioma principal en su hogar? *(language)*

Total Count (N)	Missing*	Unique
35	1 (2.8%)	2

Counts/frequency: Sí (14, 40.0%), No (21, 60.0%)
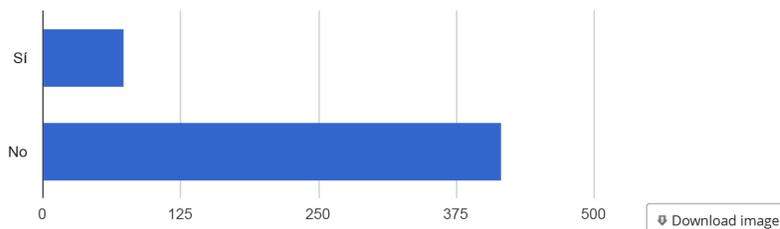
por favor comparta su idioma principal *(language_other)*

Total Count (N)	Missing*
16	20 (55.6%)

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Cuál es su estado civil? *(marital_status)*

Total Count (N)	Missing*	Unique
36	0 (0.0%)	6

Counts/frequency: Nunca Casado(a)/Soltero(a) (7, 19.4%), Viudo(a) (0, 0.0%), Casado(a) (20, 55.6%), Separado(a) (2, 5.6%), Pareja Soltera (2, 5.6%), Divorciado(a) (4, 11.1%), Otro (1, 2.8%)
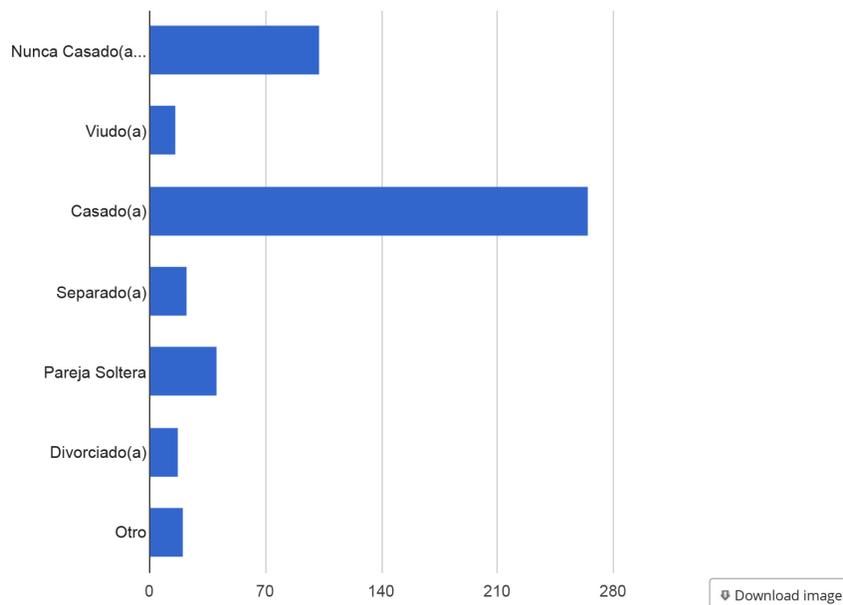
por favor comparta más *(marital_other)*

Total Count (N)	Missing*
1	35 (97.2%)

¿Cuál es el nivel más alto de educación que ha completado? *(education)*

Total Count (N)	Missing*	Unique
36	0 (0.0%)	8

Counts/frequency: Menos de Noveno Grado (5, 13.9%), Algo de Universidad (no graduado) (6, 16.7%), Novena a Duodécimo Grado (sin diploma) (2, 5.6%), Licenciatura (3, 8.3%), Diploma de Escuela Secundaria o Equivalente GED (6, 16.7%), Título de Posgrado o Profesional (9, 25.0%), Título Asociado o Formación Profesional (3, 8.3%), Otra (2, 5.6%)

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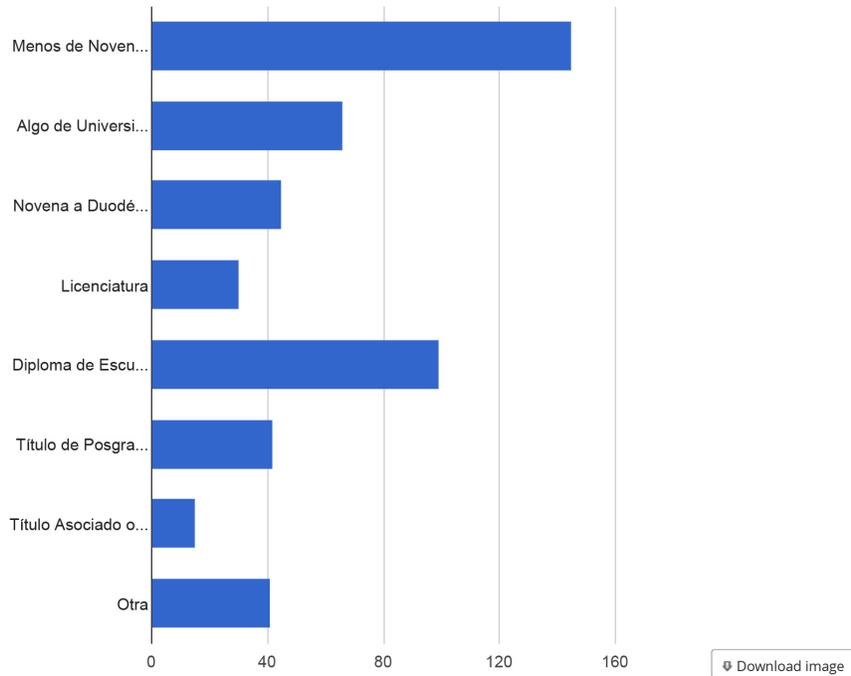
por favor comparta más *(education_other)*

Total Count (N)	Missing*
2	34 (94.4%)

¿Cómo se describe mejor su trabajo actual? *(current_job)*

Total Count (N)	Missing*	Unique
36	0 (0.0%)	8

Counts/frequency: Agricultura (14, 38.9%), Ventas (0, 0.0%), Ama De Casa (3, 8.3%), Govierno (2, 5.6%), Salud (3, 8.3%), Estudiante (0, 0.0%), Educación (9, 25.0%), Servicio de Alimentos (1, 2.8%), Por Favor mencione más (2, 5.6%), Otros (2, 5.6%)

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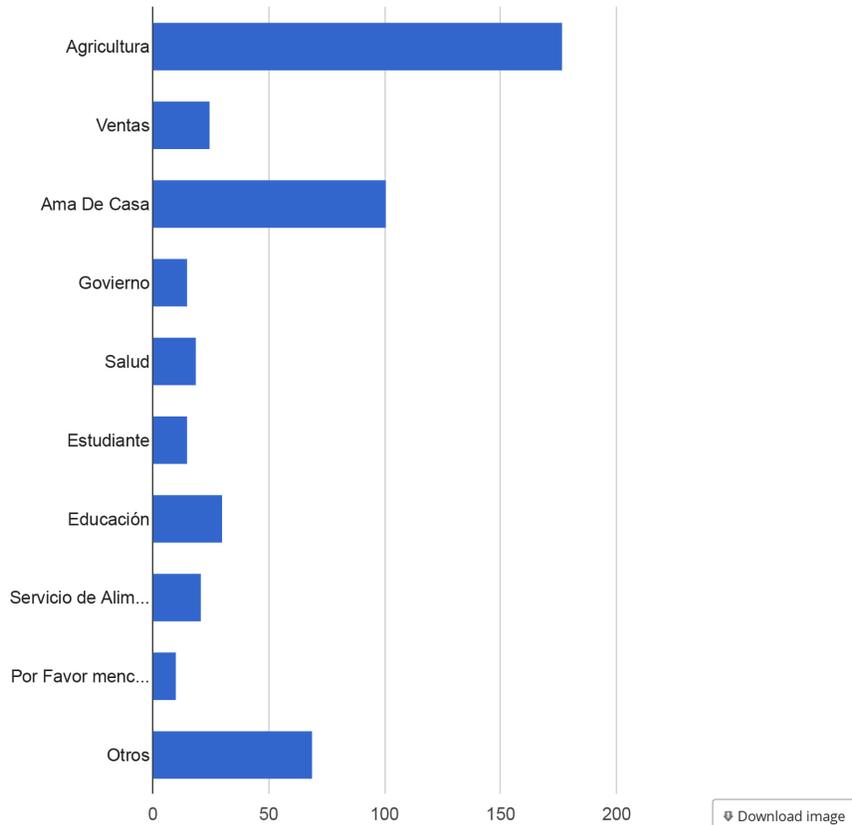
Especfique *(current_job_other)*

Total Count (N)	Missing*
2	34 (94.4%)

¿Cuál es el ingreso familiar en casa? *(income)*

Total Count (N)	Missing*	Unique
35	1 (2.8%)	8

Counts/frequency: Menos de $10,000 (8, 22.9%), $10,000 a $14,999 (2, 5.7%), $15,000 a $24,999 (8, 22.9%), $25,000 a $34,999 (3, 8.6%), $35,000 a $49,999 (2, 5.7%), $50,000 a $74,999 (8, 22.9%), $75,000 a $99,999 (2, 5.7%), $100,000 or más (2, 5.7%)

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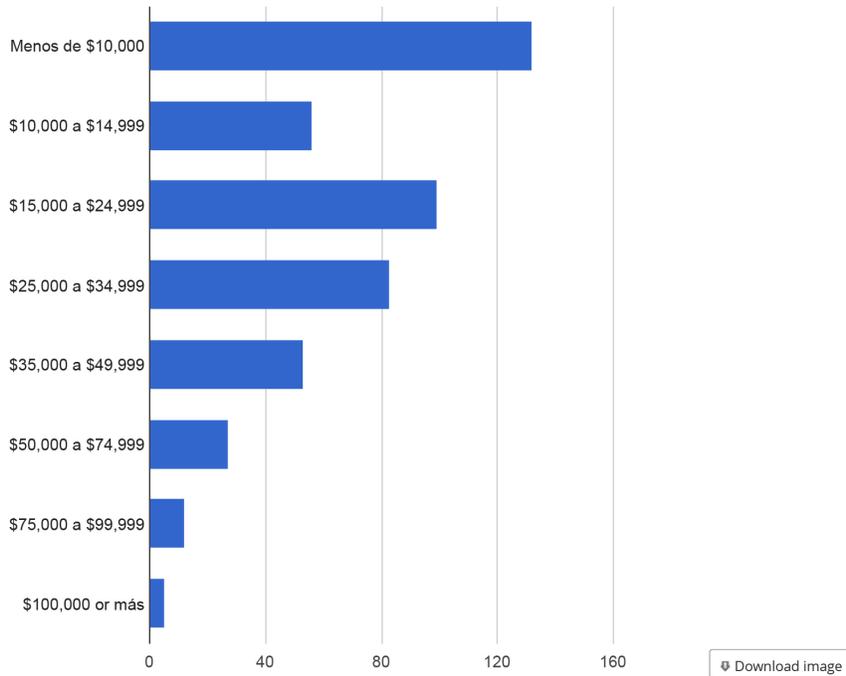
¿Cuantas personas viven en su casa? *(household)*

Total Count (N)	Missing*	Unique
35	1 (2.8%)	6

Counts/frequency: vivo solo (a) (5, 14.3%), 2 (7, 20.0%), 3-4 (12, 34.3%), 5-6 (5, 14.3%), 7-8 (5, 14.3%), 9-10 (0, 0.0%), Más de 10 (1, 2.9%)
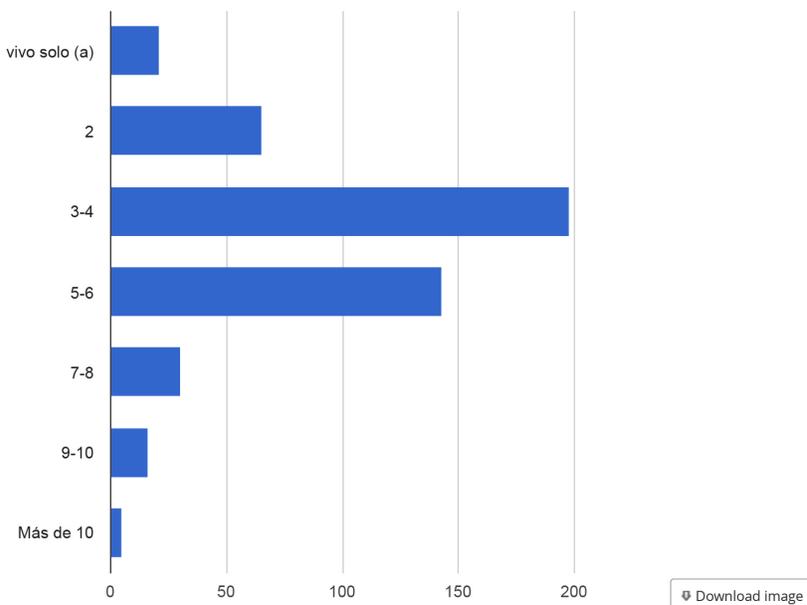
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¿Cuál describe mejor su trabajo actual? *(job)*

Total Count (N)	Missing*	Unique
36	0 (0.0%)	7

Counts/frequency: Empleado de tiempo completo (18, 50.0%), Empleado a tiempo parcial (1, 2.8%), Discapacitado(a) (1, 2.8%), Estudiante (1, 2.8%), Empleado en múltiples trabajos (0, 0.0%), Ama de casa (2, 5.6%), Trabajador estacional/Temporario (11, 30.6%), Trabajadores por cuenta propia (0, 0.0%), Retirado(a) (2, 5.6%), Desempleado durante 1 año o menos (0, 0.0%), Fuerzas Armadas (0, 0.0%), Desempleado por más de 1 año (0, 0.0%)
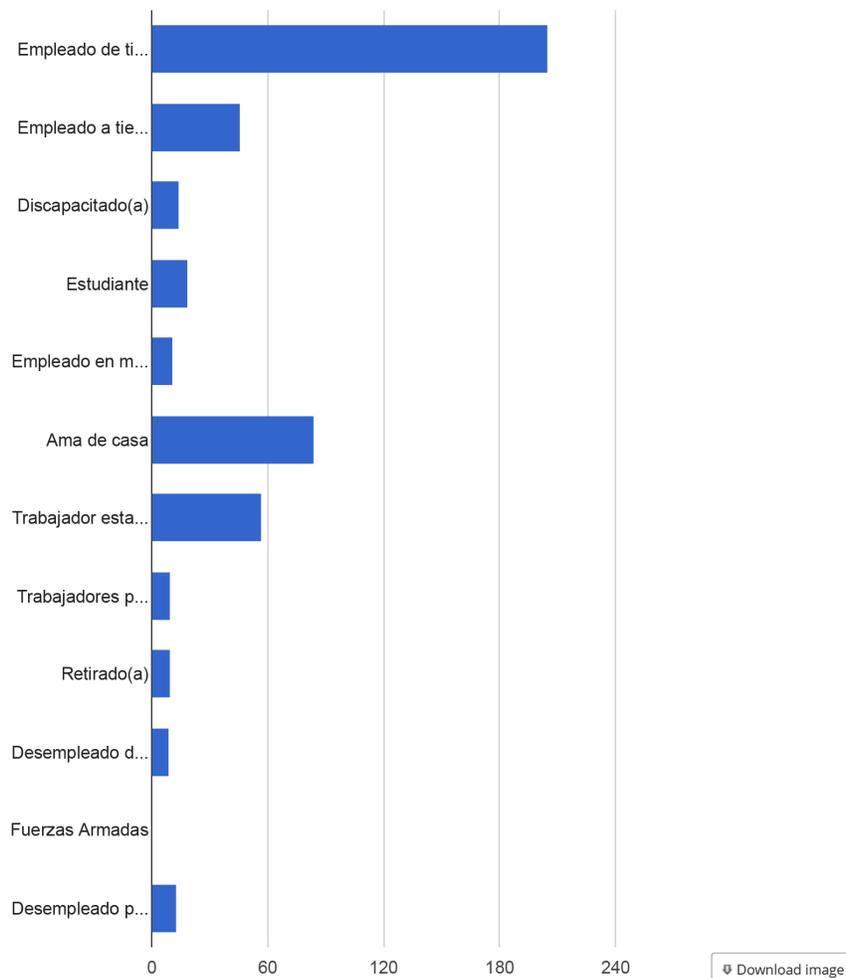
¿Qué tipo de acceso a Internet tiene en tu casa? *(internet)*

Total Count (N)	Missing*	Unique
35	1 (2.8%)	5

Counts/frequency: marcar internet (3, 8.6%), celular o punto de acceso (9, 25.7%), WiFi (20, 57.1%), banda ancha (1, 2.9%), ninguno, no tengo acceso a internet (2, 5.7%), otra (0, 0.0%)

Community Health Needs Assessment 2021 - Spanish | REDCap
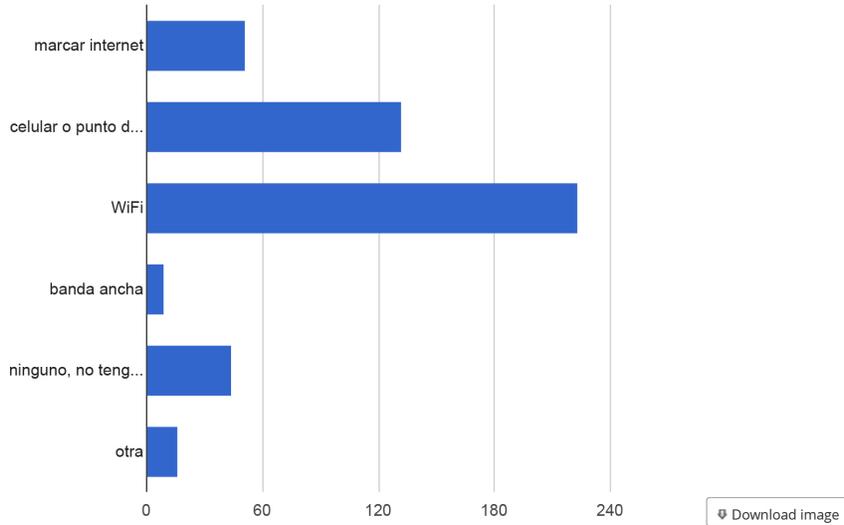
por favor especifique *(internet_other)*

Total Count (N)	Missing*
0	36 (100.0%)

¿En que condado vive? *(county)*

Total Count (N)	Missing*	Unique
36	0 (0.0%)	1

Counts/frequency: Beaufort (0, 0.0%), Bertie (0, 0.0%), Bladen (0, 0.0%), Brunswick (0, 0.0%), Camden (0, 0.0%), Carteret (0, 0.0%), Chowan (0, 0.0%), Columbus (0, 0.0%), Craven (0, 0.0%), Cumberland (36, 100.0%), Currituck (0, 0.0%), Dare (0, 0.0%), Duplin (0, 0.0%), Edgecombe (0, 0.0%), Franklin (0, 0.0%), Gates (0, 0.0%), Greene (0, 0.0%), Halifax (0, 0.0%), Harnett (0, 0.0%), Hertford (0, 0.0%), Hoke (0, 0.0%), Hyde (0, 0.0%), Johnston (0, 0.0%), Jones (0, 0.0%), Lee (0, 0.0%), Lenoir (0, 0.0%), Martin (0, 0.0%), Moore (0, 0.0%), Nash (0, 0.0%), Northampton (0, 0.0%), Onslow (0, 0.0%), Pamlico (0, 0.0%), Pasquotank (0, 0.0%), Pender (0, 0.0%), Perquimans (0, 0.0%), Pender (0, 0.0%), Pitt (0, 0.0%), Robeson (0, 0.0%), Sampson (0, 0.0%), Tyrrell (0, 0.0%), Washington (0, 0.0%), Wayne (0, 0.0%), Wilson (0, 0.0%), Otro (0, 0.0%)

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Community Health Needs Assessment 2021 - Spanish | REDCap

Community Health Needs Assessment 2021 - Spanish | REDCap
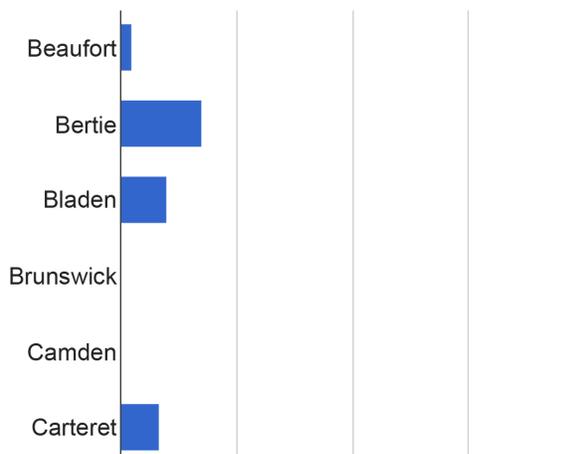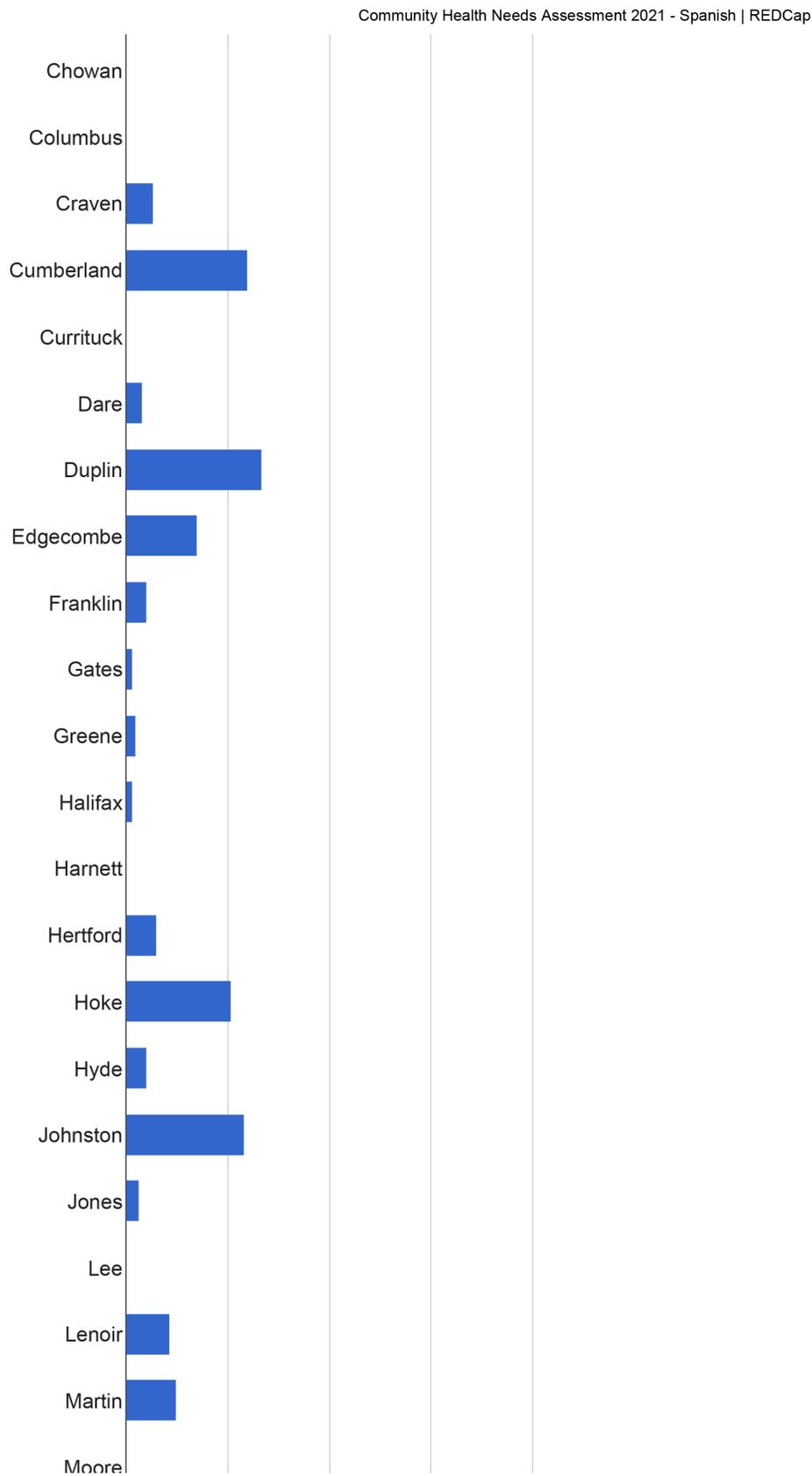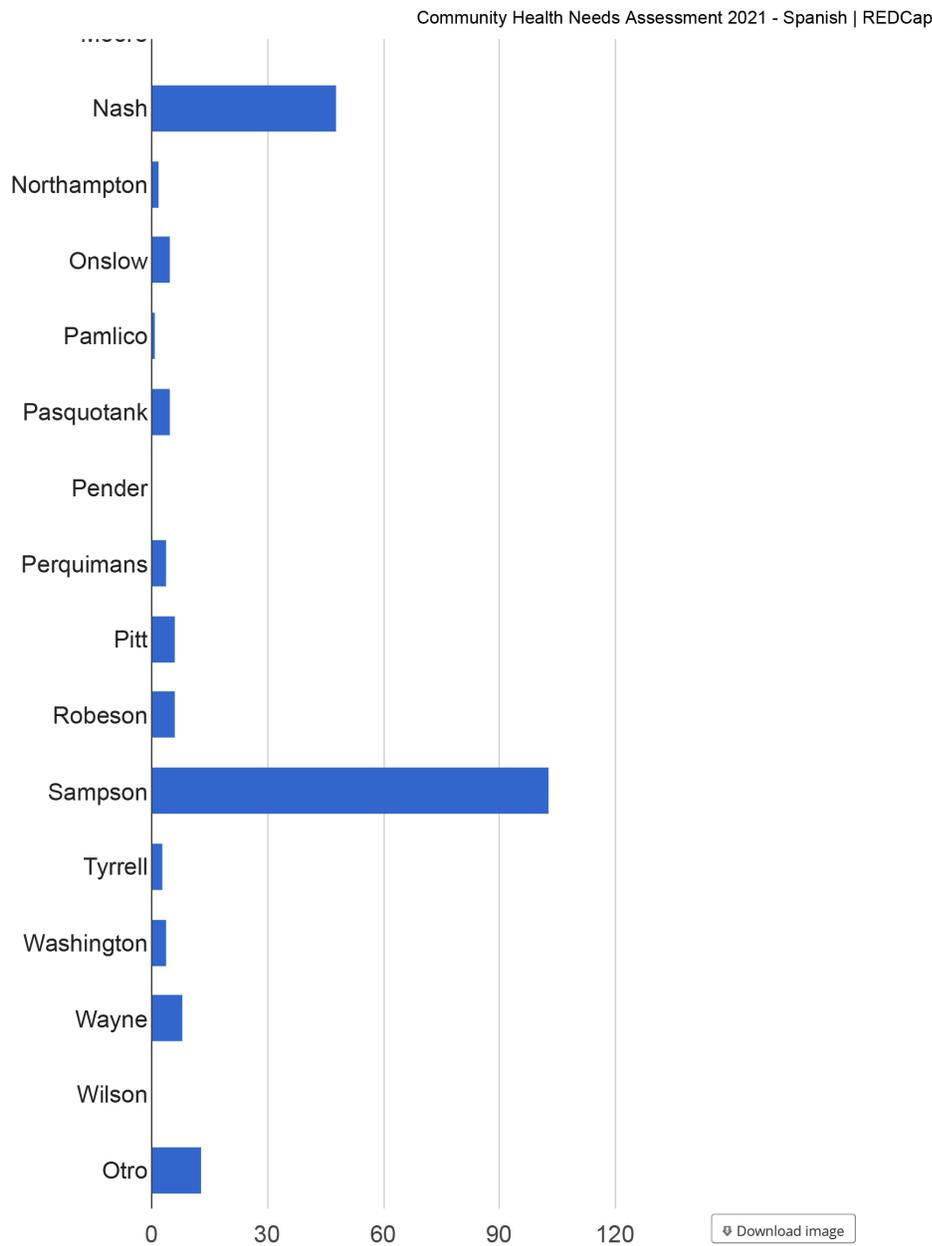
por favor especifica *(county_other)*

Total Count (N)	Missing*
0	36 (100.0%)

¿Cuál es su código postal de 5 dígitos? *(zip_code)*

Total Count (N)	Missing*
20	16 (44.4%)

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¿Cuál de las siguientes inquietudes tiene, si tiene alguna, acerca de recibir una vacuna COVID-19? (Por favor seleccione todas las respuestas válidas) *(covid_vaccine)*

Total Count (N)	Missing*	Unique
28	8 (22.2%)	10

Counts/frequency: Me preocupa que la vacuna COVID-19 no sea segura. (8, 28.6%), Prefiero correr el riesgo de enfermarme con COVID-19. (1, 3.6%), Me preocupa que la vacuna COVID-19 pueda ser dañina o tener efectos secundarios. (5, 17.9%), Me preocupa que pueda haber un costo asociado con recibir la vacuna COVID-19. (1, 3.6%), Ya he tenido COVID-19, por lo que no creo que sea necesaria una vacuna. (0, 0.0%), No confío en el proceso de distribución de la vacuna COVID-19. (2, 7.1%), Me preocupa que la vacuna COVID-19 no se haya distribuido de manera justa. (3, 10.7%), Me preocupa que sea difícil viajar a la ubicación de la vacuna COVID-19. (0, 0.0%), Me preocupa no tener tiempo para ponerme la vacuna COVID-19. (0, 0.0%), Con múltiples vacunas disponibles, me preocupa saber cuál es la mejor para mí. (1, 3.6%), No me preocupa recibir la vacuna COVID-19. (14, 50.0%), No planeo ponerme una vacuna. (3, 10.7%), otra razon (1, 3.6%)
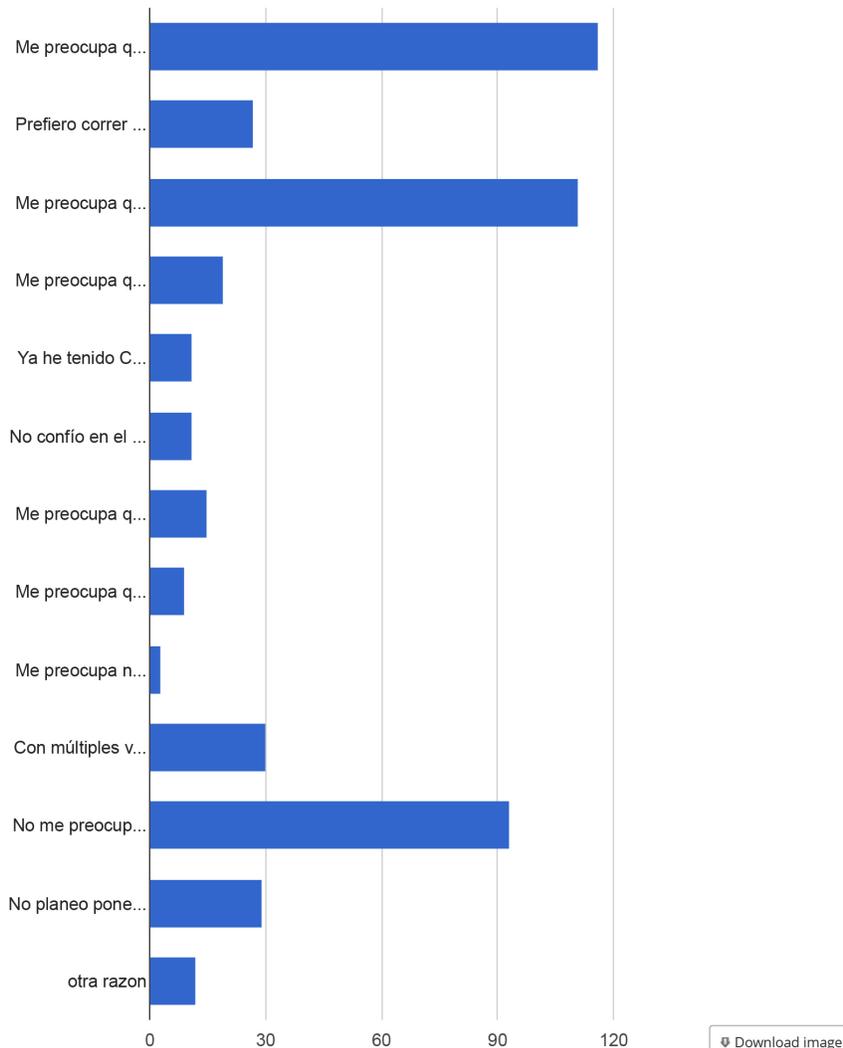
por favor especifique *(covid_vaccine_other)*

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Total Count (N)	Missing*
1	35 (97.2%)

¿Encuentra la información que necesita relacionada con COVID-19? *(find_info)*

Total Count (N)	Missing*	Unique
34	2 (5.6%)	5

Counts/frequency: Muy Dificil (2, 5.9%), Algo Dificil (3, 8.8%), Algo (6, 17.6%), Algo Fácil (10, 29.4%), Muy Fácil (13, 38.2%)
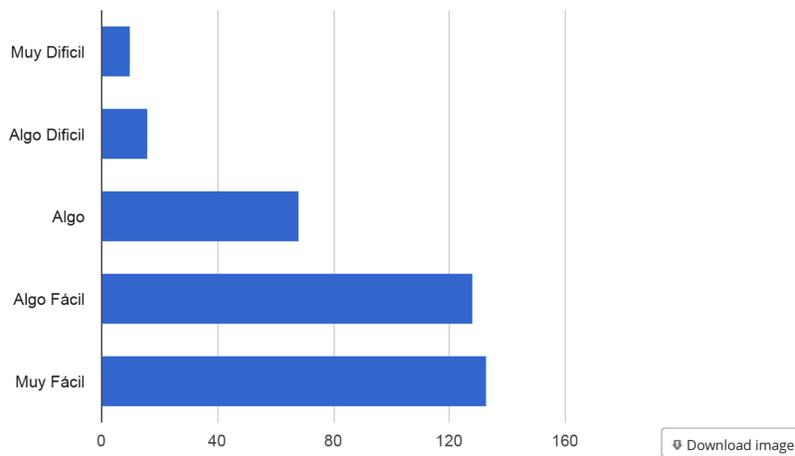
¿Averigüe adónde ir para recibir la vacuna COVID-19? *(where_cinfo)*

Total Count (N)	Missing*	Unique
30	6 (16.7%)	5

Counts/frequency: Muy Dificil (1, 3.3%), Algo Dificil (1, 3.3%), Algo (3, 10.0%), Algo Fácil (12, 40.0%), Muy Fácil (13, 43.3%)

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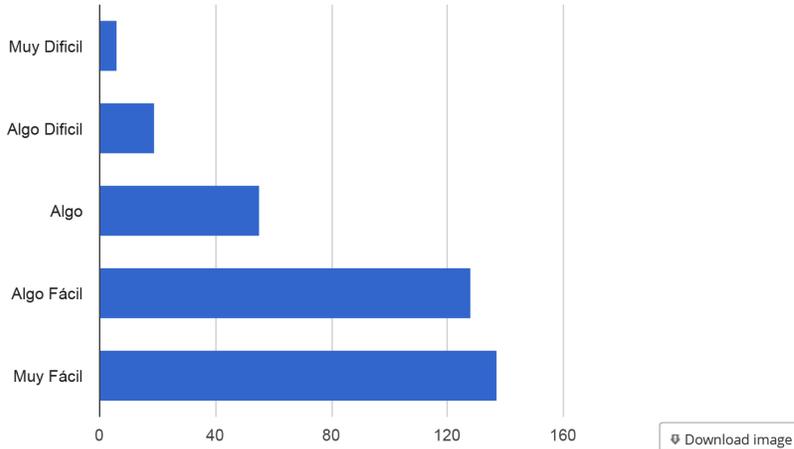
¿Comprende información sobre qué hacer si cree que tiene COVID-19? *(understand_info)*

Total Count (N)	Missing*	Unique
30	6 (16.7%)	4

Counts/frequency: Muy Dificil (1, 3.3%), Algo Dificil (0, 0.0%), Algo (6, 20.0%), Algo Fácil (11, 36.7%), Muy Fácil (12, 40.0%)
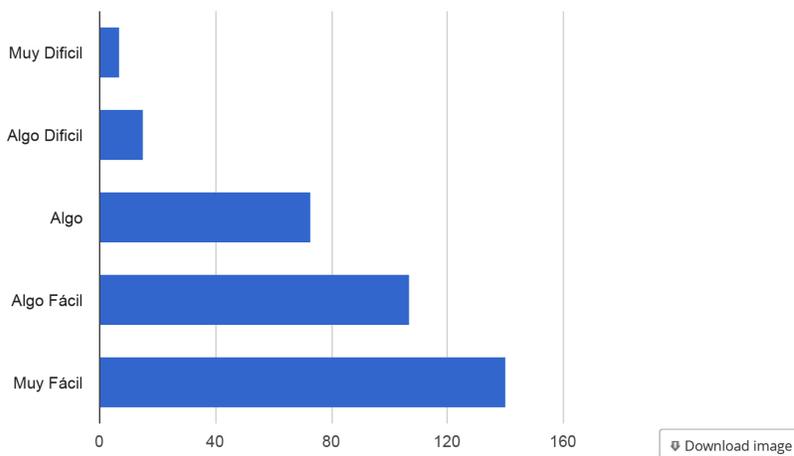
¿Confiar si la información sobre COVID-19 en los medios es confiable? *(trustinfo)*

Total Count (N)	Missing*	Unique
31	5 (13.9%)	5

Counts/frequency: Muy Dificil (4, 12.9%), Algo Dificil (1, 3.2%), Algo (10, 32.3%), Algo Fácil (10, 32.3%), Muy Fácil (6, 19.4%)

Community Health Needs Assessment 2021 - Spanish | REDCap
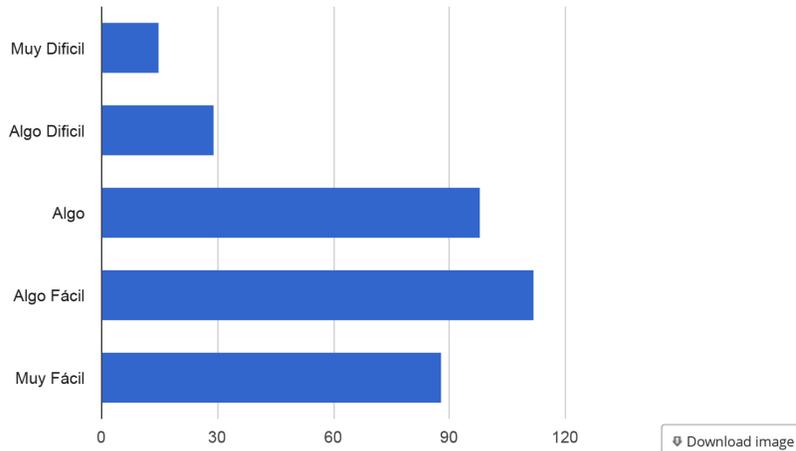
Sé cómo protegerme del coronavirus. *(covid_protect)*

Total Count (N)	Missing*	Unique
32	4 (11.1%)	2

Counts/frequency: para nada (0, 0.0%), un poco (7, 21.9%), mucho (25, 78.1%)
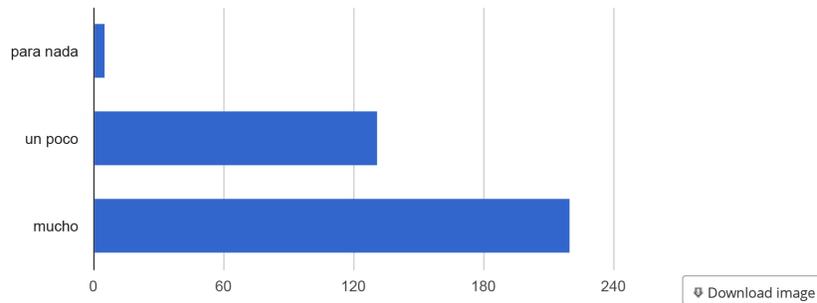
Para mí evitar una infección por COVID-19 en la situación actual es ... *(avoiding_infection)*

Total Count (N)	Missing*	Unique
32	4 (11.1%)	3

Counts/frequency: Extremadamente Difícil (2, 6.3%), Algo (16, 50.0%), Extremadamente Fácil (14, 43.8%)
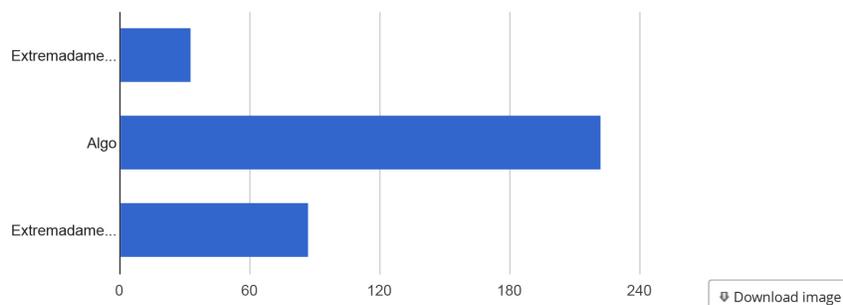
Community Health Needs Assessment 2021 - Spanish | REDCap

¿Crees que se está produciendo un calentamiento global? *(global_happening)*

Total Count (N)	Missing*	Unique
35	1 (2.8%)	3

Counts/frequency: Sí (33, 94.3%), No (1, 2.9%), No estoy seguro (1, 2.9%)
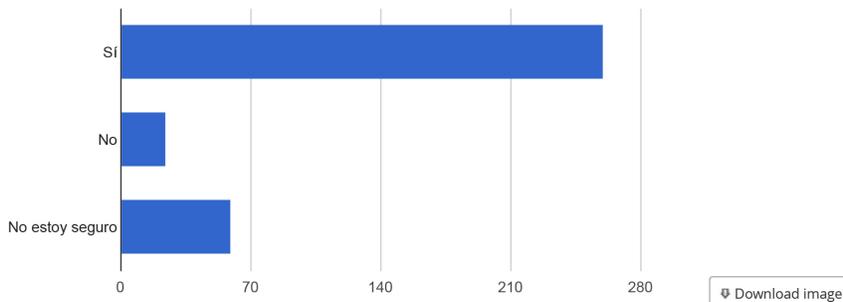
Suponiendo que se esté produciendo un calentamiento global, ¿crees que es ... *(assuming_global)*

Total Count (N)	Missing*	Unique
35	1 (2.8%)	4

Counts/frequency: ¿Causado principalmente por actividades humanas ...? (29, 82.9%), ¿Causado principalmente por cambios naturales en el medio ambiente? (4, 11.4%), Ninguno de los anteriores porque el calentamiento global no está sucediendo. (1, 2.9%), Otro (0, 0.0%), No se (1, 2.9%)
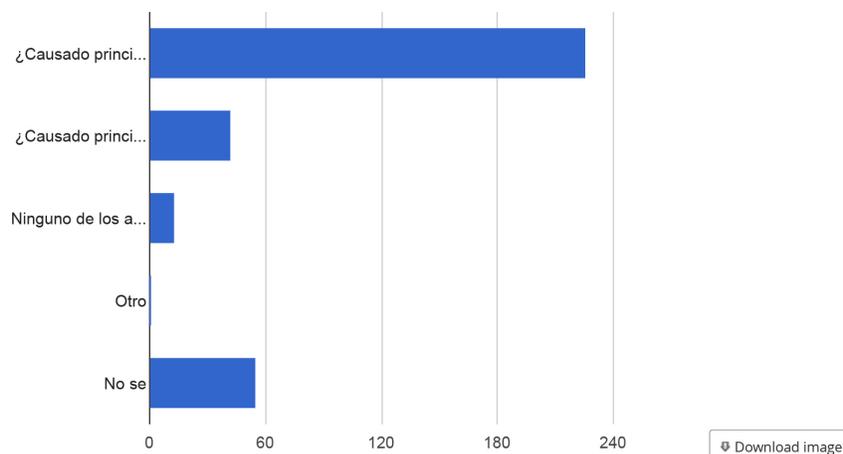
por favor especifique *(assuming_global_other)*

Total Count (N)	Missing*
0	36 (100.0%)

¿Qué tan preocupado estás por el calentamiento global? *(worried_global)*

Community Health Needs Assessment 2021 - Spanish | REDCap

Total Count (N)	Missing*	Unique
35	1 (2.8%)	3

Counts/frequency: Muy preocupado (11, 31.4%), Algo preocupado (20, 57.1%), No muy preocupado (4, 11.4%), Nada preocupado (0, 0.0%)
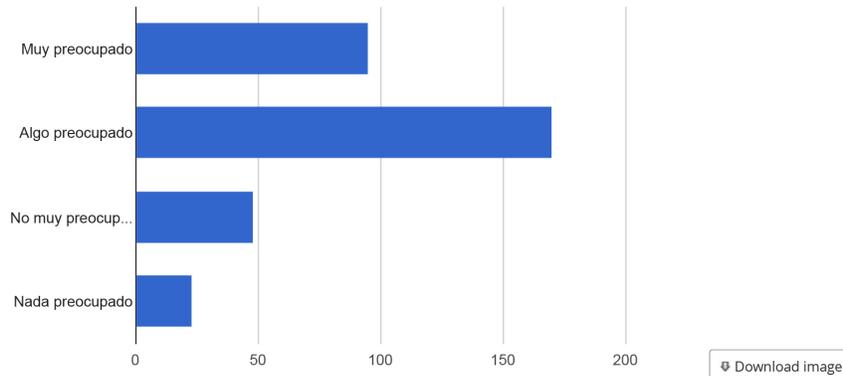
¿Cuánto crees que te dañará personalmente el calentamiento global? *(gw_harm_you)*

Total Count (N)	Missing*	Unique
34	2 (5.6%)	4

Counts/frequency: Para nada (0, 0.0%), Solo un poco (4, 11.8%), Una cantidad moderada (9, 26.5%), Mucho (17, 50.0%), No se (4, 11.8%)
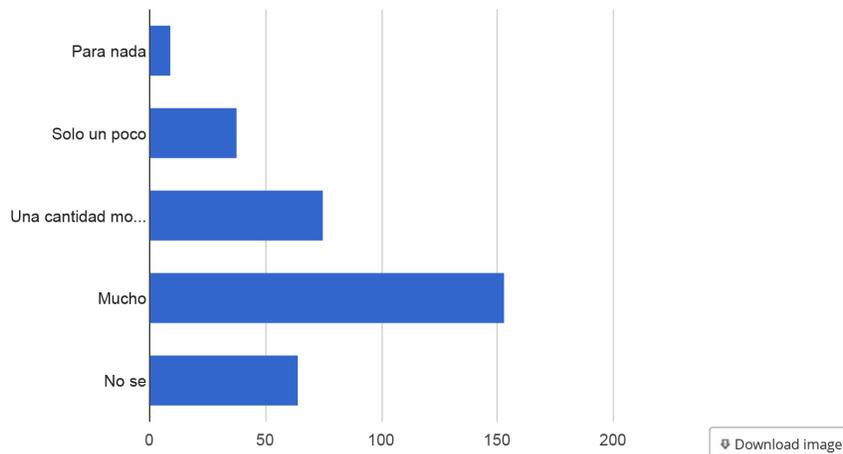
¿Cuándo cree que el calentamiento global comenzará a dañar a las personas en los Estados Unidos? *(gw_harm_people)*

Total Count (N)	Missing*	Unique
33	3 (8.3%)	5

Counts/frequency: Están siendo lastimados ahora mismo (18, 54.5%), En 10 años (7, 21.2%), En 25 años (4, 12.1%), En 50 años (0, 0.0%), En 100 años (3, 9.1%), Nunca (1, 3.0%)

Community Health Needs Assessment 2021 - Spanish | REDCap
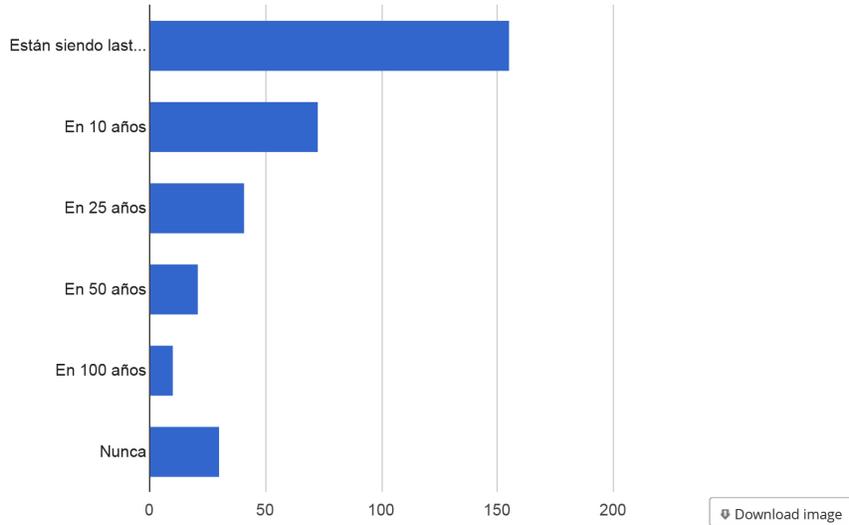
¿Cree que el gobierno y los políticos de su condado deberían hacer más o menos para abordar el calentamiento global? *(global_gov)*

Total Count (N)	Missing*	Unique
34	2 (5.6%)	3

Counts/frequency: Más (26, 76.5%), Menos (1, 2.9%), No lo sé o no estoy seguro (7, 20.6%)
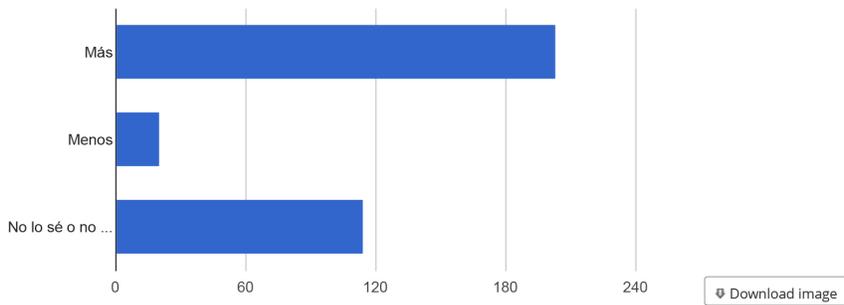
¿Con qué frecuencia discute sobre el calentamiento global con sus amigos y familiares? *(gw_friendsfam)*

Total Count (N)	Missing*	Unique
35	1 (2.8%)	7

Counts/frequency: A menudo (7, 20.0%), De vez en cuando (14, 40.0%), Casi nunca (4, 11.4%), Nunca (4, 11.4%), Al menos una vez por semana (0, 0.0%), Al menos una vez al mes (1, 2.9%), Varias veces al año (3, 8.6%), Una vez al año o con menos frecuencia (0, 0.0%), Nunca (2, 5.7%)

Community Health Needs Assessment 2021 - Spanish | REDCap
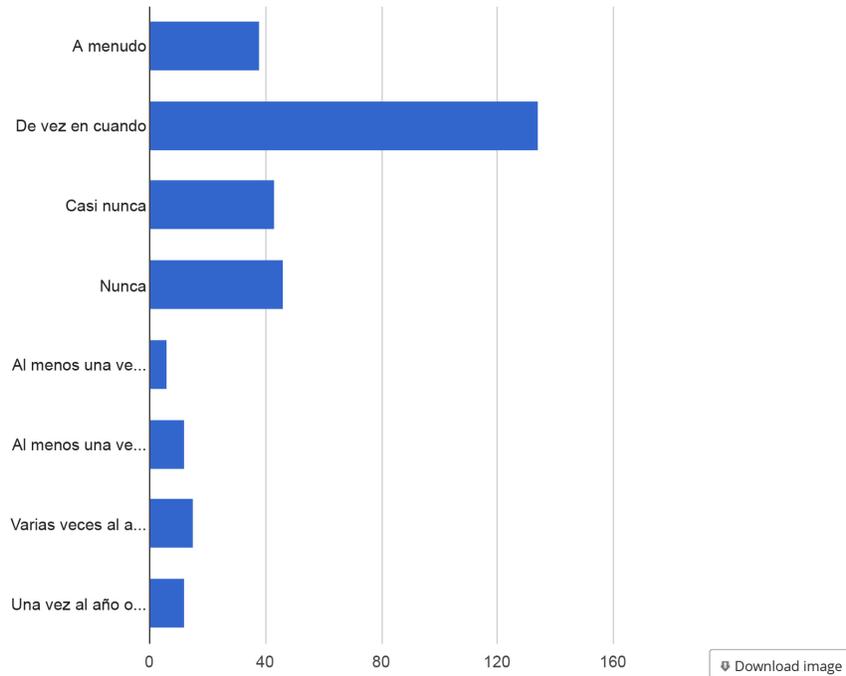
¿Con qué frecuencia oye hablar del calentamiento global en los medios de comunicación?
(gw_media)

Total Count (N)	Missing*	Unique
34	2 (5.6%)	5

Counts/frequency: Al menos una vez por semana (13, 38.2%), Al menos una vez al mes (8, 23.5%), Varias veces al año (6, 17.6%), Una vez al año o con menos frecuencia (2, 5.9%), Nunca (5, 14.7%)
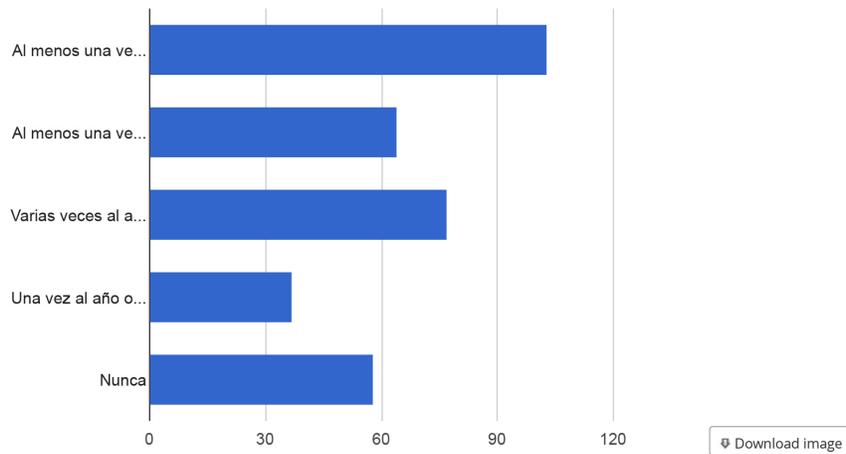
Complete? *(chna_2021_spanish_version_complete)*

Total Count (N)	Missing*	Unique

Community Health Needs Assessment 2021 - Spanish | REDCap

36	0 (0.0%)	2

Counts/frequency: Incomplete (5, 13.9%), Unverified (0, 0.0%), Complete (31, 86.1%)
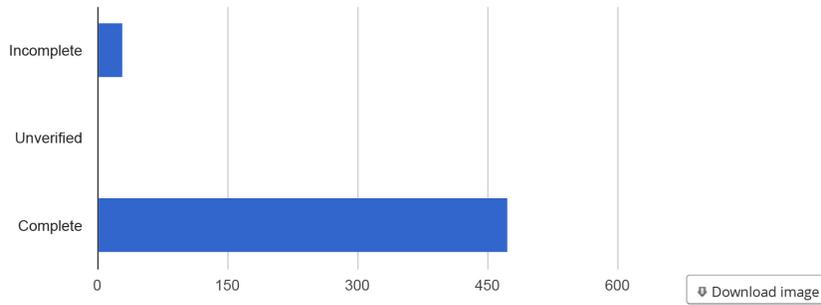
Download image

* Note: Values listed as 'Missing' may include records with a Missing Data Code (if Missing Data Codes are defined).

Appendix B:
Healthy North Carolina (HNC 2030) State and Local Data

Social and Economic Factors					
Health Indicator	Desired Result	Definition	Cumberland County	North Carolina	HNC 2030 Target
Poverty*	All people in North Carolina are financially stable and have lifetime economic prosperity.	Percent of individuals with incomes at or below 200% of the Federal Poverty Level	40.6% (2019)	31% (2020)	27.0%
Unemployment*	All people of working age in North Carolina have equitable pathway to fulfilling employment.	Percent of population aged 16 and older who are unemployed but seeking work	3.7% (2019)	6.4% (2020)	Reduce unemployment disparity ratio between white and other populations to 1.7 or lower
Short-term Suspensions	All people in North Carolina are supported by a K-12 educational system that values diversity, equity, and inclusion for its students, faculty, staff, and communities.	Number of out-of-school short-term suspensions in educational facilities for all grades per 10 students	DPI unable to provide update to SCHS	1.5 (2018-2019)	0.80
Incarceration**	North Carolina embraces a fair and equitable justice system, free from racism and bias, where safety is foundational to all aspects of a free society, and all communities are free from harm and violence.	Incarceration in North Carolina prisons per 100,000 population	334 (2020)	288 (2020)	150
Adverse Childhood Experiences	All children in North Carolina thrive in safe, stable, and nurturing environments.	Percent of children who have experienced two or more Adverse Childhood Experiences at or below 200% FPL	ACE's do not have county level data	20.9% (2019/2010)	18.0%
Third Grade Reading Proficiency	All children in North Carolina can discover the joy of reading at an early age and are supported in the home, school, and community to be lifelong readers.	Percent of children reading at a proficient level or above based on third grade End of Grade exams: Proficiency defined	DPI unable to provide update to SCHS	56.8% (2018-2019)	80.0%

*Poverty and unemployment data come from American Community Survey – one-year estimates. 2020 ACS data are considered experimental and should not be compared to prior ACS data years. ACS data can only estimate county level data for a limited number of counties due to sample size, so 2019 data is reported here at the county level. ACS releases 5-year estimates in March 2022 that will be useful for comparisons going forward.

** Incarceration data should be age adjusted, but 2020 data set is considered experimental and does not include 13 and older population. Prior 2020, the rate is per 100,00 NC population age adjusted.

Physical Environment					
Health Indicator	Desired Result	Definition	Cumberland County	North Carolina	HNC 2030 Target
Access to Exercise Opportunities	All people in North Carolina have equitable and adaptive/adaptable access to physical activity opportunities across the lifespan.	Percent of the population living half a mile from a park in any area, one mile from a recreational center in a metropolitan area, or three miles from a recreational center in a rural area	77% (2019)	74% (2019)	92.0%
Limited Access to Healthy Food*	All people in North Carolina have equitable access to affordable, nutritious, culturally appropriate foods.	Percent of people who are low-income that are not near a grocery store	13% (2015)	7% (2015)	5.0%
Food Insecurity**			17% (2018)	14% (2018)	(No target)
Severe Housing Problems	All people in North Carolina have safe, affordable, quality housing opportunities.	Percent of households with at least 1 of 4 severe housing problems	17% (2013-2017)	15% (2013-2017)	14.0%

Notes for Physical Environment data:
 * The U.S. Department of Agriculture last updated this measure in 2015.
** Food insecurity added to HNC 2030 because the data are updated annually (with a two-year delay in reporting).

Health Behaviors					
Health Indicator	Desired Result	Definition	Cumberland County	North Carolina	HNC 2030 Target
Drug Overdose Deaths	All individuals and families in North Carolina with substance use disorder receive person-centered care incorporating evidence-based behavioral and pharmacological approaches.	Number of persons who die because of drug poisoning per 100,000 population (unintentional poisoning deaths/overdose deaths)	52.80 (2020)	32.50 (2020)	18.0
Tobacco Use*	All people in North Carolina live in communities that support tobacco-free/e-cigarette-free lifestyles	Percentage of high school students reporting current use of any tobacco product		MS: 10.4% (2019)	9.0%
				HS: 27.3% (2019)	9.0%
		Percentage of adults reporting current use of any tobacco product	24.8% (2020)	22.6% (2020)	15.0%
Excessive Drinking*	All North Carolina communities support safe and responsible use of alcohol.	Percent of adults reporting binge or heavy drinking	12.7% (2020)	15.6% (2020)	12.0%

Sugar-Sweetened Beverage Consumption*	All people in North Carolina live in communities that support healthy food and beverage choices.	Percent of youth reporting consumption of one or more sugar-sweetened beverages per day	DPI unable to provide update to SCHS	30.1 % (2019)	17.0%
		Percent of adults reporting consumption of one or more sugar-sweetened beverages per day	44.7% (2019)	35.4% (2019)	20.0%
HIV Diagnosis	All people in North Carolina experience sexual health with equitable access to quality and culturally competent prevention, treatment, and management of sexually transmitted infections.	Number of new HIV diagnoses per 100,000 population	22.6 (2020)	12.0 (2020)	6.0
Teen Births	All people in North Carolina live in communities support healthy choices for family planning and have equitable access to high quality, affordable reproductive health services.	Number of births to girls aged 15-19 per 1,000 population	24.4 (2019)	18.2 (2019)	10.0

Notes for Health Behaviors data:

*Adult Tobacco Use, Adult Sugar-Sweetened Beverage Consumption, and Excessive Drinking data are only available as regional data from the Behavioral Risk Factor Surveillance System.

*BRFSS Data for Adult Smoking, Adult Sugar Sweetened Beverage Consumption, and Excessive Drinking are reported for the LHD Region, and is not county level data.

Note: HIV Diagnosis *2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.

Health Outcomes					
Health Indicator	**Desired Result**	**Definition**	**Cumberland County**	**North Carolina**	**HNC 2030 Target**
Infant Mortality	All babies in North Carolina are born healthy, thrive in caring and healthy homes, and see their first birthday.	Rate of infant deaths per 1,000 live births	9.8 (2020)	6.9 (2020)	6.0
		Disparity ratio between white non-Hispanic and African American, non-Hispanic infant deaths	2.29 (2016-2020)	76.4 (2016-2020)	Black/White disparity ratio = 1.5
Life Expectancy (years)	All people in North Carolina have long and healthy lives.	Average number of years of life remaining for persons who have attained a given age	75.7 (2020)	76.4 (2020)	82.0

Notes on Health Outcomes:

*Disparity ratio – Rates based on less than 10 deaths are unreliable and should be interpreted with caution. Source: NC Department of Health & Human Services State Center for Health Statistics, 29NOV2021. See table on website for more information.

https://schs.dph.ncdhhs.gov/data/vital/ims/2020/2020-IMR-TABLE3b.html

Clinical Care					
Health Indicator	Desired Result	Definition	Cumberland County	North Carolina	HNC 2030 Target
Uninsured	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health insurance.	Population under age 65 without insurance	13.1% (2019)	12.9% (2020)	8.0%
Early Prenatal Care	All birthing people have healthy pregnancies and maternal birth outcomes.	Percentage of women who receive pregnancy-related health care services during the first trimester of pregnancy	73.9% (2020)	73.1% (2020)	80.0%
Suicide	All people in North Carolina live in communities that foster and support positive mental health.	Age-adjusted number of deaths attributable to self- harm per 100,000 population	17.1 (2020)	13.3 (2020)	11.1
Primary Care Clinicians (Counties at or below 1:1500 providersto population)	All people in North Carolina live in communities with access to comprehensive, high quality, affordable health care.	Primary care workforce as a ration of the number of full- time equivalent primary care clinicians to county population (primary care provider to population ratio)	See map below		25% decrease for counties above 1:1500 provider to population

328:1 to 1500:1
1501:1 to 3000:1
3001:1 to 4500:1
4501:1 and up

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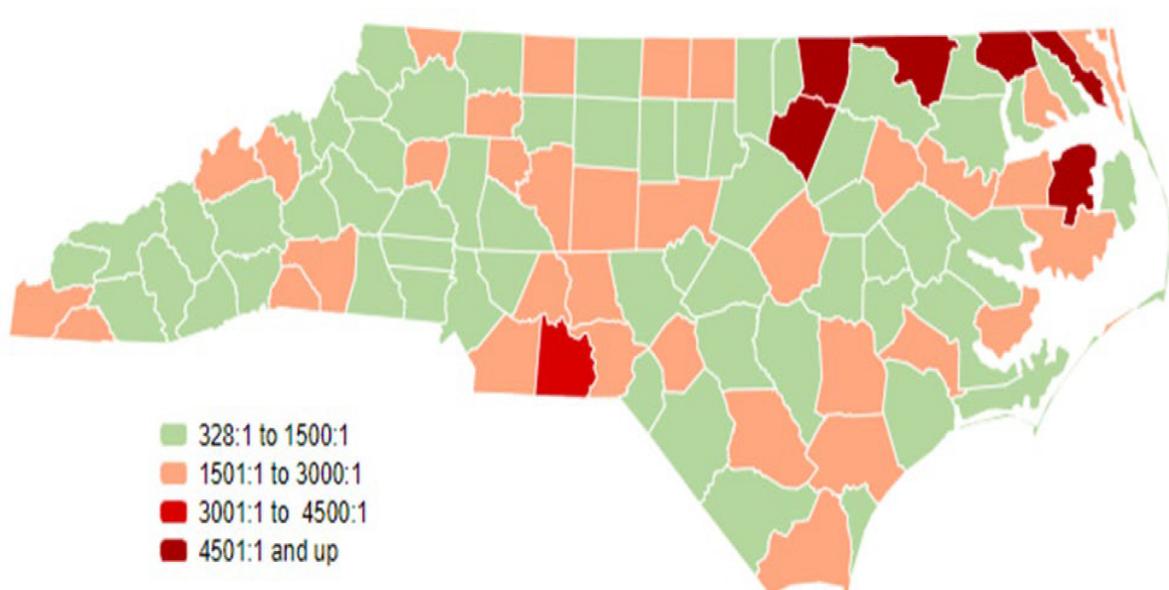
Appendix C:
Additional Secondary Data for the Community Health Assessment

Table 1. Population Estimate, Cumberland County, North Carolina, and United States (2019)

Cumberland County		North Carolina		United States	
335,509		10,488,084		328,329,523	
Estimated Percent Change April 1, 2010 to July 1, 2019	5.0%	Estimated Percent Change April 1, 2010 to July 1, 2019	10.0%	Estimated Percent Change April 1, 2010 to July 1, 2019	6.3%
Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate https://www.census.gov/quickfacts/fact/table/cumberlandcountynorthcarolina/PST045219					

Table 2. Age Distribution, Cumberland County and North Carolina (2019)

Age Group	Cumberland County (%)	North Carolina (%)
Persons under 5 years	7.5%	5.8%
Persons under 18 years	24.7%	21.9%
Persons 65 years and over	12.2%	16.7%
Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate https://www.census.gov/quickfacts/fact/table/cumberlandcountynorthcarolina/PST045219		

Table 3. Age Distribution by Age Group, Cumberland County (2015-2019)

Age Group	Estimate	Percent
Total population	332,861	100%
Under 5 years	25,245	7.6%
5 to 9 years	22,960	6.9%
10 to 14 years	21,406	6.4%
15 to 19 years	22,966	6.9%
20 to 24 years	34,376	10.3%
25 to 34 years	57,027	17.1%
35 to 44 years	39,076	11.7%
45 to 54 years	36,318	10.9%
55 to 59 years	18,778	5.6%
60 to 64 years	16,187	4.9%
65 to 74 years	22,922	6.9%
75 to 84 years	11,715	3.5%
85 years and over	3,885	1.2%
Median age (years)	31.3	
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: DP05 https://data.census.gov/cedsci/table?q=Cumberland%20county%20north%20carolina%20housing%20and%20demographics&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false		

Table 4. Population Distribution by Gender, Cumberland County and North Carolina (2019)

Gender	Cumberland (Percent)	North Carolina (Percent)
Female	50.4%	51.4%
Male	49.6%	48.6%
Source: U.S. Census Bureau Populations Estimate Program (PEP) & U.S. Census Bureau, American Community Survey (ACS) 1-Year Estimate. Sex estimates of the population are produced for the United States, states, and counties, as well as for the Commonwealth of Puerto Rico and its municipios (county-equivalents for Puerto Rico). Sex is based on the biological attributes of men and women (chromosomes, anatomy, and hormones). https://www.census.gov/quickfacts/fact/table/cumberlandcountynorthcarolina/PST045219		

Table 5. Veterans, Cumberland County (2015-2019)

	Number	Percent of population 18 years and older
Veterans	43,164	19.5%
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S2101 https://data.census.gov/cedsci/table?q=Cumberland%20County,%20North%20Carolina&text=veteran%20status&g=0500000US37051&tid=ACSST5Y2019.S2101&moe=false&hidePreview=true		

Table 6. Race/Ethnicity, Cumberland County and North Carolina (2015-2019)

Race	Cumberland County		North Carolina	
	Number	Percent	Number	Percent
White	166,394	50.0%	7,049,919	68.7%
Black or African American	123,259	37.0%	2,200,761	21.4%
American Indian and Alaska Native	4,881	1.5%	123,952	1.2%
Asian	8,267	2.5%	292,992	2.9%
Native Hawaiian and Other Pacific Islander	1,018	0.3%	7,213	0.1%
Hispanic or Latino (of any race)	38,555	11.6%	962,665	9.4%
Some other race	9,260	2.8%	316,763	3.1%
Two or more races	19,782	5.9%	273,276	2.7%
Total	332,861		10,264,876	
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: DP05 https://data.census.gov/cedsci/table?q=cumberland%20county%20north%20carolina%20demographics%20and%20housing&tid=ACSDP5Y2019.DP05&hidePreview=true				

Table 7. Hispanic or Latino Origin and Race, Cumberland County and North Carolina (2015-2019)

County/State	Race and Hispanic or Latino Origin in the past 12 months						
	White alone	Black or African American	American Indian and Alaska Native	Asian alone	Native Hawaiian and other Islander alone	Some Other race alone	Two or more races
Cumberland	43.5%	36.0%	1.3%	2.4%	0.3%	0.3%	4.7%
North Carolina	63.1%	21.1%	1.1%	2.8%	0.1%	0.2%	2.2%
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: DP05 https://data.census.gov/cedsci/table?q=cumberland%20county%20north%20carolina%20demographics%20and%20housing&tid=ACSDP5Y2019.DP05&hidePreview=true&moe=false							

Table 8. Limited English-Speaking Households, Cumberland County (2015-2019)

All households	125,427	100%
Limited English-speaking households	2,833 ± 300	2.3%
Households Speaking:	Number	Percent
Spanish	11,101 (± 494)	8.9%
Other Indo-European languages	4,178 (± 296)	3.3%
Asian and Pacific Island languages	3,369 (± 301)	2.7%
Other languages	825 (± 201)	0.7%
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S1602 https://data.census.gov/cedsci/table?q=S1602&g=0500000US37051&tid=ACSST5Y2019.S1602&hidePreview=true		

Table 9. Educational Attainment Population 25+ years, Cumberland County and North Carolina (2015-2019)

	Cumberland County	North Carolina
High School Graduate or Higher	91.0%	87.8%
Less than 9th Grade	2.8%	4.5%
High School, No Diploma	6.3%	7.7%
High School Graduate or Equivalency	25.9%	25.7%
Some College, No Degree	28.7%	21.2%
Associate Degree	10.8%	9.7%
Bachelor's Degree	16.7%	20.0%
Graduate or Professional Degree	8.8%	11.3%
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S1501 https://data.census.gov/cedsci/table?q=cumberland%20county%20north%20carolina%20educational%20attainment&tid=ACSST5Y2019.S1501&hidePreview=true&moe=false		

Table 10. SAT scores for Cumberland County Public Schools with State and National Scores (2016-2019)

	SAT Scores			
	2019	2018	2017	2016
Cumberland County	1,029	1,024	1,031	952
North Carolina	1,091	1,090	1,074	997
United States	1,039	1,049	NR	NR

Source: North Carolina School Report Cards
https://ncreports.ondemand.sas.com/src/?county=Cumberland

Table 11. ACT Scores for Cumberland County Public Schools and North Carolina (2016-2019)

	ACT Proficiency			
	2019	2018	2017	2016
Cumberland County	50.9%	52.6%	53.0%	55.4%
North Carolina	55.8%	57.9%	58.8%	59.9%

Source: North Carolina School Report Cards
https://ncreports.ondemand.sas.com/src/?county=Cumberland

Table 12. Income per Household in the Past 12 Months (Inflation-Adjusted Dollars), Cumberland County and North Carolina (2015-2019)

Income Level	Cumberland County	North Carolina
Below $10,000	8.3%	6.4%
$10,000-$14,999	5.6%	5.0%
$15,000-24,999	11.6%	10.3%
$25,000-34,999	12.0%	10.3%
$35,000-$49,999	15.6%	13.9%
$50,000-74,999	18.7%	18.0%
$75,000-99,999	11.8%	12.4%
$100,000-149,999	10.8%	13.1%
$150,000-199,999	3.3%	5.1%
$200,000 or more	2.3%	5.4%
Median household income	$46,875	$54,602

Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates
Table ID: S1901
https://data.census.gov/cedsci/table?q=cumberland%20county%20north%20carolina%20income%20&tid=ACSST5Y2019.S1901&hidePreview=true

Table 13. Poverty Status in the Past 12 Months Disaggregated by Age, Cumberland County and North Carolina (2015-2019)

County/State	Age Group					
	Under 5 years	5-17 years	18-34 years	35-64 years	60 years and over	65 years and over
Cumberland	29.1%	24.5%	20.1%	13.9%	11.9%	11.2%
North Carolina	23.8%	20.2%	18.3%	11.3%	9.8%	9.1%
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S1701 https://data.census.gov/cedsci/table?q=cumberland%20county,%20north%20carolina%20poverty%20status&tid=ACSST5Y2019.S1701&hidePreview=true&moe=false						

Table 14. Means of Transportation to Work by Age, Cumberland County (2015-2019)

Label	Estimate
Total:	153,083
Car, truck, or van:	135,553
Drove alone	121,215
Carpooled:	14,338
In 2-person carpool	11,681
In 3-person carpool	1,430
In 4-person carpool	419
In 5- or 6-person carpool	278
In 7-or-more-person carpool	530
Public transportation (excluding taxicab):	728
Bus	706
Subway or elevated rail	13
Long-distance train or commuter rail	9
Light rail, streetcar, or trolley (carro público in Puerto Rico)	0
Ferryboat	0
Taxicab	375
Motorcycle	228
Bicycle	227
Walked	8,956
Other means	1,728
Worked from home	5,288
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: B08301 https://data.census.gov/cedsci/table?q=Cumberland%20County,%20North%20Carolina&text=means%20of%20transportation&g=0500000US37051&tid=ACSDT5Y2019.B08301&hidePreview=true	

Table 15. Financial Characteristics for Housing Units with a Mortgage in Cumberland County (2015-2019)		
	Cumberland County, North Carolina	
	Owner-occupied housing units with a mortgage	**% owner-occupied housing units with a mortgage**
Owner-Occupied Housing Units with a Mortgage	42,933	
Less than $50,000	1,408	3.3%
$50,000 to $99,999	9,289	21.6%
$100,000 to $299,999	28,365	66.1%
$300,000 to $499,999	3,082	7.2%
$500,000 to $749,999	500	1.2%
$750,000 to $999,999	203	0.5%
$1,000,000 or more	86	0.2%
Median (dollars)	$149,300	$149,300
Mortgage Status		
With either a second mortgage, or home equity loan, but not both	3,998	9.3%
Second mortgage only	983	2.3%
Home equity loan only	3,015	7.0%
Both second mortgage and home equity loan	156	0.4%
No second mortgage and no home equity loan	38,779	90.3%
Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)		
Less than $10,000	1,644	3.8%
$10,000 to $24,999	3,150	7.3%
$25,000 to $34,999	3,123	7.3%
$35,000 to $49,999	5,866	13.7%
$50,000 to $74,999	8,799	20.5%
$75,000 to $99,999	7,419	17.3%
$100,000 to $149,999	8,255	19.2%
$150,000 or more	4,677	10.9%
Median household income (dollars)	$72,069	$72,069
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S2506 https://data.census.gov/cedsci/table?q=Owner-occupied%20units%20with%20a%20Mortgage&g=0500000US37051&tid=ACSST5Y2019.S2506&moe=false&hidePreview=true		

Table 16. Financial Characteristics for Housing Units without a Mortgage in Cumberland County (2015-2019)		
	Cumberland County, North Carolina	
	Owner-occupied housing units without a mortgage	**% owner-occupied housing units without a mortgage**
Owner-Occupied Housing Units with a Mortgage	20,691	
Less than $50,000	3,297	15.9%
$50,000 to $99,999	6,136	29.7%
$100,000 to $199,999	7,600	36.7%
$200,000 to $299,999	2,430	11.7%
$300,000 to $499,999	820	4.0%
$500,000 to $749,999	220	1.1%
$750,000 to 999,999	62	0.3%
$1,000,000 or more	126	0.6%
Median (dollars)	$108,300	$108,300
Household Income in the Past 12 Months (in 2019 inflation-adjusted dollars)		
Less than $10,000	1,508	7.3%
$10,000 to $24,999	3,932	19.0%
$25,000 to $34,999	2,419	11.7%
$35,000 to $49,999	2,941	14.2%
$50,000 to $74,999	3,913	18.9%
$75,000 to $99,999	2,566	12.4%
$100,000 to $149,999	2,245	10.9%
$150,000 or more	1,167	5.6%
Median household income (dollars)	$47,546	$47,546
Source: U.S. Census Bureau, American Community Survey (ACS), 5-Year Estimates Table ID: S2507 https://data.census.gov/cedsci/table?q=without%20a%20Mortgage&g=0500000US37051&tid=ACSST5Y2019.S2507&moe=false&hidePreview=true		

Table 17. Live Births, Cumberland County and North Carolina (2018)

County/State	Total Births	Total Rate	White-non-Hispanic number	White non-Hispanic rate	Black, non-Hispanic number	Black non-Hispanic rate	Hispanic number	Hispanic rate
Cumberland County	5,402	16.3	2,171	14.8	2,131	16.4	787	20.0
North Carolina	118,957	11.5	64,637	9.8	28,719	12.5	18,359	18.4

Source: N.C. State Center for Health Statistics.
https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/cumberland.html

Table 18. Live Births by Sex, Cumberland County (2018)

County/State	Total	Total Rate	White, Non-Hispanic	White, Non-Hispanic rate	Black, non-Hispanic	Black, non-Hispanic rate	Hispanic	Hispanic rate
Male	2,754	8.3	1,129	7.7	1,076	8.3	404	10.2
Females	2,648	8.0	1,042	7.1	1,055	8.1	383	9.7

Source: N.C. State Center for Health Statistics.
https://schs.dph.ncdhhs.gov/data/vital/volume1/2018/cumberland.html

Table 19. Cumberland County and North Carolina Low Birth Weight, Cumberland County and North Carolina (2018)

| County of Residence | Birth Weight | Total | | Non-Hispanic | | | | | | | | Hispanic | |
| | | | | Total | | White | | Black | | Other | | | |
		Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.
North Carolina	Low	55,413	9.2	48,847	9.6	25,047	7.6	20,450	14.2	3,350	9.4	6,566	7.2
	Very Low	10,222	1.7	9,080	1.8	4,011	1.2	4,591	3.2	478	1.3	1,142	1.3
Cumberland	Low	2,786	10.1	2,477	10.5	863	7.3	1,494	14.6	120	7.9	309	8.0
	Very Low	609	2.2	563	2.4	152	1.3	390	3.8	21	1.4	46	1.2

Source: N.C. State Center for Health Statistics.
https://schs.dph.ncdhhs.gov/data/databook/CD6A-B%20LBW%20&%20VLBW%20by%20race.html

Table 20. Fetal Death Rates per 1,000 Deliveries, Cumberland County and North Carolina (2014-2018)

	Total fetal deaths	Total fetal death rate	White non-Hispanic fetal deaths	White non-Hispanic fetal death rate	Af. Am. Non-Hispanic fetal deaths	Af. Am. Non-Hispanic fetal death rate	Other non-Hispanic fetal deaths	Other non-Hispanic fetal death rate	Hispanic fetal deaths	Hispanic fetal death rate
North Carolina	4,166	6.9	1,764	5.3	1,682	11.6	194	5.4	526	5.7
Cumberland	224	8.1	83	6.9	107	10.4	9	*	25	6.5

Source: N.C. State Center for Health Statistics.
https://schs.dph.ncdhhs.gov/data/databook/CD8%20fetal%20death%20rates.rtf

Table 21. Cancer Incidence Rates for selected sites per 100,000 population age adjusted to the 2000 U.S. Census, Cumberland County and North Carolina, (2012-2016)

County	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate		All Cancers	
	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate	Cases	Rate
North Carolina	21,168	37.1	40,216	68.8	49,457	161.8	35,584	115.9	277,277	481.9
Cumberland	472	32.1	1,085	72.7	1,268	152.2	916	131.3	7,068	467.9

Source: N.C. State Center for Health Statistics.
https://schs.dph.ncdhhs.gov/data/databook/CD13A%20leadingcancers.xlsx

Table 22. Neonatal (<28 Days) Death Rates, Cumberland County and North Carolina (2014-2018)

	Total neonatal deaths	Total neonatal death rate	White non-Hispanic neonatal deaths	White non-Hispanic neonatal death rate	Af. Am. Non-Hispanic neonatal deaths	Af. Am. Non-Hispanic neonatal death rate	Other non-Hispanic neonatal deaths	Other non-Hispanic neonatal death rate	Hispanic neonatal deaths	Hispanic neonatal death rate
North Carolina	2,865	4.8	1,092	3.3	1,247	8.7	160	4.5	366	4.0
Cumberland	191	7.0	55	4.6	109	10.7	10	*	17	*

Source: N.C. State Center for Health Statistics.
https://schs.dph.ncdhhs.gov/data/databook/CD9A%20neonatal%20death%20rates.rtf

Table 23. Age-Adjusted Death Rates, Cumberland County (2014-2018)																
Residence=Cumberland																
	White, non-Hispanic		African American, non-Hispanic		American Indian, non-Hispanic		Other Races, non-Hispanic		Hispanic		Male		Female		Overall	
Cause of Death:	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
All Causes	7,045	893.4	4,806	901.1	209	1,041.9	253	523.3	369	439.7	6,534	1,048.8	6,148	727.4	12,682	865.0
Diseases of Heart	1,486	187.9	1,056	202.5	35	177.4	41	90.4	61	81.7	1,473	245.4	1,206	142.9	2,679	185.9
Acute Myocardial Infarction	259	32.8	153	31.3	3	N/A	6	N/A	12	N/A	203	35.3	230	27.2	433	30.8
Other Ischemic Heart Disease	688	86.7	416	79.5	20	111.1	21	43.8	21	27.3	707	118.2	459	54.1	1,166	80.6
Cerebrovascular Disease	317	40.5	217	44.2	8	N/A	18	N/A	9	N/A	244	42.8	325	38.9	569	40.9
Cancer	1,451	179.3	1,028	184.5	45	187.8	72	143.6	69	92.3	1,357	212.4	1,308	151.9	2,665	176.4
Colon, Rectum, and Anus	108	13.6	87	15.4	2	N/A	2	N/A	6	N/A	110	16.9	95	11.3	205	13.6
Pancreas	85	10.4	85	15.1	1	N/A	4	N/A	4	N/A	84	12.3	95	11.2	179	11.8
Trachea, Bronchus, and Lung	460	55.6	253	44.3	12	N/A	16	N/A	11	N/A	417	63.4	335	38.1	752	48.8
Breast	101	23.7	99	29.8	4	N/A	3	N/A	9	N/A	0	N/A	216	24.9	216	24.9
Prostate	48	16.2	66	35.2	1	N/A	1	N/A	3	N/A	119	22.1	0	N/A	119	22.1
Diabetes Mellitus	244	30.7	223	42.5	8	N/A	14	N/A	13	N/A	282	45.9	220	25.7	502	34.0
Pneumonia and Influenza	181	23.3	91	18.4	7	N/A	7	N/A	10	N/A	144	25.6	152	18.2	296	21.2
Chronic Lower Respiratory Diseases	548	68.9	148	28.4	16	N/A	5	N/A	12	N/A	332	57.0	397	47.1	729	51.3
Chronic Liver Disease and Cirrhosis	112	13.7	46	7.4	7	N/A	4	N/A	7	N/A	113	15.7	63	7.3	176	10.9
Septicemia	129	16.2	108	20.1	4	N/A	7	N/A	8	N/A	110	18.1	146	17.0	256	17.4
Nephritis, Nephrotic Syndrome, and Nephrosis	90	11.3	121	23.5	1	N/A	4	N/A	8	N/A	119	20.3	105	12.5	224	15.6
Unintentional Motor Vehicle Injuries	104	13.5	107	17.0	6	N/A	8	N/A	22	11.7	183	22.5	64	7.8	247	14.9
All Other Unintentional Injuries	378	48.9	150	25.5	15	N/A	9	N/A	24	19.7	336	45.7	240	28.6	576	36.7
Suicide	167	21.7	53	8.0	6	N/A	10	N/A	16	N/A	191	24.2	61	7.5	252	15.3
Homicide	34	4.3	131	20.1	6	N/A	2	N/A	7	N/A	141	16.9	39	4.6	180	10.6
Alzheimer's disease	327	42.9	143	34.2	5	N/A	7	N/A	12	N/A	169	36.9	325	39.3	494	38.5
Acquired Immune Deficiency Syndrome	10	N/A	47	7.8	2	N/A	0	N/A	3	N/A	37	5.1	25	3.1	62	4.0

Source: N.C. State Center for Health Statistics.
https://schs.dph.ncdhhs.gov/data/databook/CD12B%20racespecific%20and%20sexspecific%20rates.rtf

Table 24. North Carolina Newly Diagnosed Chlamydia, Gonorrhea, and Early Syphilis (Primary, Secondary and Early Latent) Infections by Residence at Time of Diagnosis Cumberland County (2018-2020)

County	Chlamydia			Gonorrhea			P. & S. Syphilis			E. L. Syphilis		
	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar	2018 Jan-Mar	2019 Jan-Mar	2020 Jan-Mar
Cumberland	986	1,100	858	351	403	343	7	9	9	14	16	19

Source: N.C. Division of Health and Human Services Communicable Disease Branch
https://epi.dph.ncdhhs.gov/cd/stds/figures/vol20no1.pdf

Table 25. All Other Unintentional Injuries Death Rates per 100,000 Residents, Cumberland Count, and North Carolina (2018) and (2014-2018)

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Cumberland	135	40.6	576	34.7	36.7
North Carolina	4,478	43.1	19,576	38.6	37.0

Source: N.C. State Center for Health Statistics.
https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/otherinjuries.html

Table 26. Age-Adjusted Unintentional Motor Vehicle Injury Death Rates per 100,000 Residents, Cumberland County and North Carolina (2018) and (2014-2018)

County/State	Number of Deaths 2018	Death Rate 2018	Number of Deaths 2014-2018	Death Rate 2014-2018	Age-Adjusted Death Rate 2014-2018
Cumberland	58	17.5	247	14.9	14.9
North Carolina	1,591	15.3	7,553	14.9	14.5

Source: N.C. State Center for Health Statistics.
https://schs.dph.ncdhhs.gov/data/vital/lcd/2018/motorvehicle.html

Table 27. Crime Rate per 100,000 persons, Cumberland County and North Carolina (2018)

County/State	Violent Crime Rate				Property Crime Rate		
	Murder	Rape	Robbery	Agg Assault	Burglary	Larceny	MVT
North Carolina	356.6				2,406.6		
	5.8	23.7	77.1	250.0	577.4	1,667.2	162.0
Cumberland County	724.0				3,478.9		

Source: N.C. Bureau of Investigation
'-' indicates missing data for full 12-month period for over 50 percent of the county population for 2017 and 2018
http://ncsbi.gov/Services/SBI-Statistics/SBI-Uniform-Crime-Reports/2018-Annual-Summary.aspx

Table 28. Poisoning Mortality Rates per 100,000 North Carolina Resident Deaths, Cumberland County and North Carolina (2015-2019)			
County of Residence	**Total Deaths**	**Crude Rate**	**Age-Adjusted Rate**
North Carolina	9,367	18.25	18.80
Cumberland County	318	19.15	19.40
Source: N.C. State Center for Health Statistics. (2015-2019). Poisoning Mortality Rates (per 100,000) 2015-2019 North Carolina Resident Deaths.			

Table 29. Poisoning Mortality Rates by Race/Ethnicity per 100,000 North Carolina Resident Deaths (2019)				
Race/Ethnicity	**Total Deaths**	**Population Estimate**	**Crude Rate**	**Age-Adjusted Rate**
White, Non-Hispanic	1,667	6,668,532	25.00	26.60
Black, Non-Hispanic	349	2,320,112	15.04	15.20
American Indian, Non-Hispanic	55	124,642	44.13	47.10
Other, Non-Hispanic	15	348,968	4.30	3.90
Hispanic	62	1,025,830	6.04	6.50
North Carolina Total	2,148	10,488,084	20.48	21.20
Source: N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Race/Ethnicity 2019 North Carolina Resident Deaths.				

Table 30. Poisoning Mortality Rates by Sex 2019 per 100,000 North Carolina Resident Deaths (2019)				
Gender	**Total Deaths**	**Population Estimate**	**Crude Rate**	**Age-Adjusted Rate**
Male	1,485	5,100,264	29.12	30.00
Female	663	5,387,820	12.31	12.70
North Carolina Total	2,148	10,488,084	20.48	21.20
Source: N.C. State Center for Health Statistics. (2019). Poisoning Mortality Rates (per 100,000) by Sex 2019 North Carolina Resident Deaths.				

Image 1. 2019 BRFSS Survey Results: North Carolina Regions Hypertension Awareness: Adults who have been told they have high blood pressure by a doctor, nurse, or other health professional (CDC calculated variable)

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,266	1,674	35.1	33.5-36.8	2,592	64.9	63.2-66.5
Medicaid Region 5	549	241	39.3	34.6-44.3	308	60.7	55.7-65.4
GENDER							
Male	218	92	40.4	33.0-48.3	126	59.6	51.7-67.0
Female	331	149	38.3	32.5-44.5	182	61.7	55.5-67.5
RACE							
Non-Hispanic White	259	105	37.2	30.8-44.0	154	62.8	56.0-69.2
Non-Hispanic Black	156	86	49.0	39.8-58.3	70	51.0	41.7-60.2
Other	134	50	32.8	24.6-42.0	84	67.2	58.0-75.4
AGE							
18-44	206	40	17.1	12.0-23.7	166	82.9	76.3-88.0
45-64	187	98	50.1	41.8-58.5	89	49.9	41.5-58.2
65+	150	100	68.3	58.6-76.7	50	31.7	23.3-41.4

Source: N.C. State Center for Health Statistics
https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region5/_RFHYPE.html

Image 2. 2019 BRFSS Survey Results: North Carolina Regions Chronic Health Conditions: History of any cardiovascular diseases

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,250	495	9.7	8.8-10.8	3,755	90.3	89.2-91.2
Medicaid Region 5	544	75	11.6	8.9-15.1	469	88.4	84.9-91.1
GENDER							
Male	217	34	13.1	8.8-18.9	183	86.9	81.1-91.2
Female	327	41	10.3	7.1-14.7	286	89.7	85.3-92.9
RACE							
Non-Hispanic White	258	40	12.8	9.0-18.1	218	87.2	81.9-91.0
Non-Hispanic Black	153	20	9.5	5.8-15.3	133	90.5	84.7-94.2
Other	133	15	9.8	5.7-16.4	118	90.2	83.6-94.3
AGE							
18-44	206	***	***	***	196	95.3	90.4-97.8
45-64	186	30	15.6	10.5-22.4	156	84.4	77.6-89.5
65+	145	35	21.5	14.2-31.0	110	78.5	69.0-85.8

Source: N.C. State Center for Health Statistics
https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region5/cvdhist.html

Image 3. 2019 BRFSS Survey Results: North Carolina Regions Healthy Days: Frequent Mental Distress (within the past 30 days)

	Total Respond.^	Yes			No		
		N	%	C.I.(95%)	N	%	C.I.(95%)
North Carolina	4,214	532	13.8	12.5-15.1	3,682	86.2	84.9-87.5
Medicaid Region 5	543	83	14.9	11.7-18.8	460	85.1	81.2-88.3
GENDER							
Male	216	26	11.7	7.6-17.4	190	88.3	82.6-92.4
Female	327	57	17.8	13.3-23.4	270	82.2	76.6-86.7
RACE							
Non-Hispanic White	258	40	15.6	11.2-21.2	218	84.4	78.8-88.8
Non-Hispanic Black	152	21	11.0	6.7-17.5	131	89.0	82.5-93.3
Other	133	22	18.1	11.6-27.3	111	81.9	72.7-88.4
AGE							
18-44	205	34	17.4	12.1-24.3	171	82.6	75.7-87.9
45-64	183	33	16.1	10.9-23.0	150	83.9	77.0-89.1
65+	148	16	9.5	5.3-16.3	132	90.5	83.7-94.7

Source: North Carolina State Center for Health Statistics
https://schs.dph.ncdhhs.gov/data/brfss/2019/Medicaid/region5/FMD.html

Image 4. All ages: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Cumberland County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 CUMBERLAND		
Rank	Cause	#
1	Poisoning - Unintentional	336
2	MVT - Unintentional	218
3	Firearm - Self-Inflicted	126
4	Fall - Unintentional	104
5	Firearm - Assault	102
TOTAL		1,125

Leading Causes of Injury Hospitalization 2016 to 2019 CUMBERLAND		
Rank	Cause	#
1	Fall - Unintentional	2,292
2	Poisoning - Unintentional	1,016
3	MVT - Unintentional	890
4	Poisoning - Self-Inflicted	462
5	Fire/Burn - Unintentional	284
TOTAL		6,264

Leading Causes of Injury ED Visits 2016 to 2019 CUMBERLAND		
Rank	Cause	#
1	Fall - Unintentional	23,413
2	MVT - Unintentional	16,321
3	Unspecified - Unintentional	14,195
4	Struck By/Against - Unintentional	8,632
5	Natural/Environmental - Unintentional	5,592
TOTAL		112,288

Source: N.C. Injury & Violence Prevention Branch.
https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019Final.pdf

Image 5. Ages 0-14: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Cumberland County (2016-2019).

Leading Causes of Injury Death 2016 to 2019 CUMBERLAND		
Rank	Cause	#
1	Suffocation - Unintentional; Drowning/Submersion - Unintentional	5
2	MVT - Unintentional	4
3	Unspecified - Assault; Other Specified/Classifiable - Assault	3
4	Unspecified - Undetermined; Firearm - Self-Inflicted	2
5	Suffocation - Self-Inflicted; Suffocation - Assault; Other Specified/NEC - Self-Inflicted; Firearm - Unintentional; Firearm - Assault; Cut/Pierce - Assault	1
TOTAL		30

Leading Causes of Injury Hospitalization 2016 to 2019 CUMBERLAND		
Rank	Cause	#
1	Fall - Unintentional	107
2	Fire/Burn - Unintentional	88
3	Poisoning - Unintentional	73
4	Other Specified/Classifiable - Assault; MVT - Unintentional	48
5	Unspecified - Unintentional	40
TOTAL		508

Leading Causes of Injury ED Visits 2016 to 2019 CUMBERLAND		
Rank	Cause	#
1	Fall - Unintentional	5,768
2	Unspecified - Unintentional	3,586
3	Struck By/Against - Unintentional	3,369
4	Natural/Environmental - Unintentional	2,260
5	Other Specified/Classifiable - Unintentional	1,628
TOTAL		24,628

Source: N.C. Injury & Violence Prevention Branch.
https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages0-14Final.pdf

Image 6. Ages 15-34: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Cumberland County (2016-2019).

Leading Causes of Injury Death 2016 to 2019 CUMBERLAND		
Rank	Cause	#
1	Poisoning - Unintentional	143
2	MVT - Unintentional	99
3	Firearm - Assault	59
4	Firearm - Self-Inflicted	51
5	Suffocation - Self-Inflicted	19
TOTAL		406

Leading Causes of Injury Hospitalization 2016 to 2019 CUMBERLAND		
Rank	Cause	#
1	MVT - Unintentional	341
2	Poisoning - Unintentional	199
3	Poisoning - Self-Inflicted	195
4	Fire/Burn - Unintentional	83
5	Fall - Unintentional	80
TOTAL		1,304

Leading Causes of Injury ED Visits 2016 to 2019 CUMBERLAND		
Rank	Cause	#
1	MVT - Unintentional	7,538
2	Unspecified - Unintentional	4,758
3	Fall - Unintentional	3,474
4	Struck By/Against - Unintentional	2,837
5	Struck By/Against - Assault	1,829
TOTAL		37,411

Source: N.C. Injury & Violence Prevention Branch.
https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages15-34Final.pdf

Image 7. Ages 35-64: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Cumberland County (2016-2019)

Leading Causes of Injury Death 2016 to 2019 CUMBERLAND		
Rank	Cause	#
1	Poisoning - Unintentional	188
2	MVT - Unintentional	85
3	Firearm - Self-Inflicted	40
4	Firearm - Assault	35
5	Suffocation - Self-Inflicted	21
TOTAL		481

Leading Causes of Injury Hospitalization 2016 to 2019 CUMBERLAND		
Rank	Cause	#
1	Poisoning - Unintentional	579
2	Fall - Unintentional	520
3	MVT - Unintentional	368
4	Poisoning - Self-Inflicted	204
5	Fire/Burn - Unintentional	91
TOTAL		2,258

Leading Causes of Injury ED Visits 2016 to 2019 CUMBERLAND		
Rank	Cause	#
1	Fall - Unintentional	6,528
2	MVT - Unintentional	6,313
3	Unspecified - Unintentional	4,698
4	Struck By/Against - Unintentional	1,902
5	Poisoning - Unintentional	1,549
TOTAL		35,536

Source: N.C. Injury & Violence Prevention Branch.
https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages35-64Final.pdf

Image 8. Ages 65+: Leading Causes of Injury Death, Hospitalization, and Emergency Department Visits by County, Cumberland County (2016-2019).

Leading Causes of Injury Death 2016 to 2019 CUMBERLAND		
Rank	Cause	#
1	Fall - Unintentional	84
2	Firearm - Self-Inflicted	33
3	MVT - Unintentional	30
4	Unspecified - Unintentional	12
5	Suffocation - Unintentional	9
TOTAL		208

Leading Causes of Injury Hospitalization 2016 to 2019 CUMBERLAND		
Rank	Cause	#
1	Fall - Unintentional	1,585
2	Poisoning - Unintentional	165
3	MVT - Unintentional	133
4	Unspecified - Unintentional	63
5	Struck By/Against - Unintentional	53
TOTAL		2,194

Leading Causes of Injury ED Visits 2016 to 2019 CUMBERLAND		
Rank	Cause	#
1	Fall - Unintentional	7,643
2	Unspecified - Unintentional; MVT - Unintentional	1,153
3	Struck By/Against - Unintentional	524
4	Natural/Environmental - Unintentional	338
5	Poisoning - Unintentional	322
TOTAL		14,713

Source: N.C. Injury & Violence Prevention Branch.
https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages65upFinal.pdf

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