



HARNETT HEALTH

Harnett Health System

2022 Community Health Needs Assessment

**A comprehensive assessment of the health needs of Harnett County
residents**

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EXECUTIVE SUMMARY

Overview and Background

Provisions of the Patient Protection and Affordable Care Act (ACA) require all non-profit hospital facilities in the United States to conduct community health needs assessments and adopt an implementation strategy to meet the identified community health needs. In executing a community health needs assessment, all non-profit hospitals must consider input from individuals who represent a broad interest of the community, including those with exceptional knowledge and expertise in public health. Harnett Health System conducted community health needs assessment to evaluate the community's health, identify high priority health needs, and develop strategies to address the community's needs.

Data Collection and Analysis

The 2022 Harnett Health System Community Health Needs Assessment represents a combination of quantitative and qualitative information from reputable statistical sources, a community survey, a community forum, and feedback from community partners. Primary data included qualitative information from a community health survey and a focus group, including a broad spectrum of community members. Secondary data included public data on demographics, health and healthcare resources, behavioral health surveys, county rankings, disease trends, and emergency services. The results of the 2022 Community Health Needs Assessment are summarized in this Report. In addition, a comprehensive implementation plan will be developed based on the 2022 Community Health Needs Assessment results.

Inquiries regarding the 2022 Harnett Health System Harnett Community Health Needs Assessment should be directed to:

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METHODOLOGY

Overview

The assessment process included data collection from primary and secondary sources. Valuable input from community survey respondents provided primary data for the assessment. Secondary data sources included the 2020 U.S. Census Data, the North Carolina State Center for Health Statistics, and county-level data from Harnett Health System and Harnett County Department of Health.

Harnett Health System was an integral part of the Community Health Assessment Team (CHAT) established to analyze the community health needs of Harnett County. The CHAT reviewed the primary and secondary data and discussed community health needs that the Harnett Health System may address. The Community Health Needs Assessment utilized the following seven-step process:

Step 1: Establishing the Assessment Infrastructure

The CHAT participants included representatives from Harnett Health System, Harnett County Health Department, Cape Fear Valley Health System, the Healthy Harnett Coalition, and the Department of Public Health at Campbell University. Attendees provided input regarding community health strengths and concerns and identified the top health concerns in Harnett County. Those individuals representing diverse groups in Harnett County were chosen to participate in the CHAT because of their insights into the community's health needs.

Community Health Needs Assessment Team (CHAT)

Harnett County Assessment Team

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

Harnett County Public Health Advisory Group (Healthy Harnett Coalition)

- Georgia Anthony, Project Access
- Terri Farmer, Project Access
- Debra Hawkins, Harnett County Health Department
- Belinda Rayner, Harnett County Health Department
- Kayla Shamaly, Harnett County Health Department
- Melinda McDonald, Alcohol and Drug Services

- Debra Vaughn, Harnett County Division on Aging
- Frances Harrington, Lillington Star Church

Harnett County Assessment Team and Harnett County Public Health Advisory Assessment Team were co-facilitators of the Community Health Needs Assessment process.

Harnett Health System, Harnett County Department of Health, and Campbell University Public Health Program shared these roles and responsibilities:

- Coordinate the overall Community Health Needs Assessment process
- Provide the meeting space
- Motivate other community organizations to participate
- Conduct a community survey to collect primary data
- Collect and organize secondary data
- Identify priority issues
- Develop and implement initiatives to address priority issues.

Partner organizations, contributions, and roles:

- Provide participants and input.

Key factors in developing and maintaining partnerships:

- Maintaining mutual respect and common language.
- Following through on commitments.

Step 2: Defining Purpose and Scope (Defining the Community)

The purpose of the Community Health Needs Assessment was to evaluate the community's health needs and identify resources to meet those needs and significant gaps between the two. The CHAT developed a Community Health Needs Assessment Survey (CHNA Survey). CHAT participants disbursed the CHNA Survey to residents of Harnett County. Data from the CHNA Survey were analyzed by the CHAT and are included in this Report. The CHNA data will be used to develop an action plan to bridge the gap and better meet the community's health needs.

Step 3: Collecting and Analyzing Data (Assess the Community's Health Needs)

The Community Health Survey for Harnett County was conducted in Spring-Summer 2022. A total of 568 individuals were surveyed. After data cleaning (including listwise deletion of incomplete survey responses), the final dataset included 469 responses. Surveys were collected using a combination of household canvassing using addresses randomly selected and online, self-administered convenience sampling. Much of the data loss from the cleaning process is attributed to surveys started by non-residents

and in which participants completed less than 5% of the online survey.

With the Community Health Survey, there was a substantial underrepresentation of the African American community. A community health forum took place at an AME Zion church within the county and Dr. David Tillman from Campbell University facilitated the session with 23 participants. The qualitative data from the forum was incorporated into the interpretation of survey data and the prioritization of community health needs.

Secondary data was collected through several sources, including U.S. Census Data and the North Carolina State Center for Health Statistics.

Step 4: Selecting Priorities

The CHAT reviewed the primary and secondary data and discussed the health needs that Harnett Health System should address. The CHAT determined that it was best to focus on services that impact the community versus patient-specific services.

Step 5: Documenting and Communicating Results

The CHAT meetings were recorded for future reference, and the input results were tallied to determine the community's strengths/values, barriers/concerns, and the top three health needs. Those results will be presented to the Harnett Health System's Senior Leadership Team for approval.

Step 6: Planning for Action and Monitoring Progress

After completing the 2022 Community Health Needs Assessment Report, an Implementation Plan will be created to meet the applicable identified needs. The Implementation Plan will be presented to the Harnett Health System's Board of Trustees for review and approval. Efforts will be measured appropriately, and progress will be reported regularly.

Step 7: Make CHNA widely available to the public

After completing the 2022 Community Health Needs Assessment Report and Implementation Plan, Harnett Health System will post the assessment on its website.

PRIMARY DATA: Community Health Survey Document and Partners

Harnett Health System and the Harnett County Department of Health held meetings for CHAT participants. At first, the CHAT participants reviewed the Community Health Needs Assessment process, primary and secondary data collection methods, and the required community survey. Additionally, results from the previous Community Health Needs Assessment Implementation Plan were shared with the group. Finally, each participant was encouraged to share the following ideas: strengths and values of the community; and concerns and barriers of the community.

Results of the CHNA Survey were analyzed at the second meeting. In addition, attendees provided input regarding community health strengths and concerns and top health concerns seen throughout the Harnett County area.

Community Health Needs Assessment Findings

CHAT participants were asked to share the community's perceived strengths and values to identify potential resources to assist in addressing the community's top health needs. The principal strengths and values identified include:

- Collaboration between community organizations
- Ongoing Community Health Activities
- Caring professionals
- Quality clinical care
- Strong local government

The CHAT participants were then asked to share their perceived barriers and concerns within the community to identify potential community health needs. The top barriers and concerns are:

Emerging health issues that have not changed much since the health department's last assessment:

- Diabetes
- Cancer
- Heart Disease
- Awareness and education to empower residents to take charge of their health
- Obesity
- Safety concerns

The CHAT reviewed the primary data and identified the community's barriers and concerns. The CHAT continued to research community health needs by utilizing various secondary data. The Harnett Health System's senior leadership teams will share recommendations and data.

SECONDARY DATA: County Overview

Harnett County is a landlocked county located in central North Carolina. Wake County borders it to the northeast, Johnston County to the east, Sampson County to the southeast, Cumberland County to the south, Moore County to the southwest, Lee County to the northwest, and Chatham County to the north-northwest. Harnett County encompasses a land area of approximately 595 square miles and a water area of six square miles. The county is divided geopolitically into thirteen townships: Anderson Creek, Averagesboro, Barbecue, Black River, Buckhorn, Duke, Grove, Hectors Creek, Johnsonville, Lillington, Neill's Creek, Stewards Creek, and Upper Little River townships (Figure 1). The Town of Lillington (Lillington Township) is the county seat. Other municipalities recognized as "cities" or "towns" by the U.S. Census Bureau include Angier (Black River Township), Coats (Grove Township), Dunn (Averagesboro Township), and Erwin (Duke Township). County geopolitical divisions also include 22 unincorporated communities.

Harnett County is a growing yet still predominantly rural county linked by proximity to the economic and cultural opportunities in its more populous surrounding counties, especially Wake County, home to Raleigh, the state's capital city. As a result, Harnett County is not a major tourist destination; it is favored instead by residents seeking the greater affordability of housing and a quieter lifestyle possible within striking distance of significant employment, healthcare, and military centers.

Only one Interstate Highway traverses Harnett County: Interstate 95 runs from the northeast to the southeast along the easternmost edge of the county, through the City of Dunn. Three major US routes serve the county: US 301 parallels I-95 just to its west; US 401 runs north-south through the county, and US 421 runs east-west. The southwest corner of the county is served by NC 87, and the north and eastern parts of the county are served by NC 55.

North Carolina Map – Harnett County Highlighted in Dark Blue



SECONDARY DATA: Demographics

Population Growth and Age Distribution

According to the U.S. Census Bureau, Harnett County had an approximate population of 119,763 persons in 2013 and was estimated to have a population of 135,966 persons in 2021. Therefore, the population of Harnett County increased by 13.5% between 2013 and 2021.

Age Distribution, Harnett County (2021)

| Age Range | 2013 | | 2021 | |
|-------------------|---------|---------|---------|---------|
| | Number | Percent | Number | Percent |
| < 5 years | 9,441 | 7.9% | 9,518 | 7.0% |
| 5-18 years | 27,141 | 22.8% | 34,671 | 25.5% |
| 18-65 years | 65,215 | 54.1% | 73,694 | 54.2% |
| 65 years and over | 17,996 | 15.2% | 18,083 | 13.3% |
| Total | 119,793 | 100% | 135,966 | 100% |

Source: U.S. Census Bureau, American Factfinder, based upon 2020 American Community Survey 5-Year Estimates

As indicated by these data, population growth in Harnett County increased at an annual rate of 1.14% from 2010 to 2021. In addition, as reported in the table below, the gender distribution of Harnett County is similar to the state.

Gender, Harnett County and North Carolina (2017-2021, 5-year estimates)

| Gender | Harnett | Percent | NC | Percent |
|--------|---------|---------|------------|---------|
| Female | 68,391 | 50.3% | 5,391,643 | 51.1% |
| Male | 67,575 | 49.7% | 5,159,518 | 48.9% |
| Total | 135,966 | 100% | 10,551,161 | 100% |

Source: U.S. Census Bureau, American Factfinder, based upon 2020 American Community Survey 5-Year Estimates

Race and Ethnicity

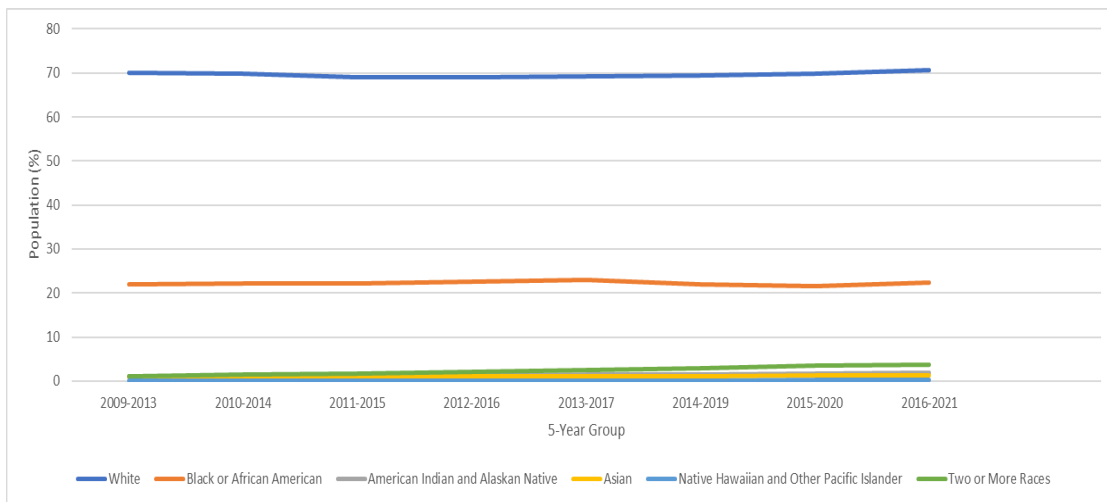
According to the U.S. Census Bureau, the racial composition of Harnett County residents is predominately White (70.6%) and African American (22.4%), with 29.4% representing racial or ethnic minority groups. As shown in the following table, the race distribution in Harnett County is slightly more diverse than that of North Carolina. The figure below shows that these racial distributions have been relatively stable in five-year estimates since 2009.

Race and Ethnicity, Harnett County and North Carolina (2017-2021, 5-year estimates)

| Race | Harnett County | | North Carolina | |
|--|----------------|---------|----------------|---------|
| | Number | Percent | Number | Percent |
| White | 95,856 | 70.6% | 7,396,366 | 70.1% |
| Black or African American | 30,456 | 22.4% | 2,352,909 | 22.3% |
| American Indian and Alaska Native | 2,447 | 1.8% | 168,818 | 1.6% |
| Asian | 1,768 | 1.3% | 358,739 | 3.4% |
| Native Hawaiian and Other Pacific Islander | 408 | 0.3% | 10,551 | 0.1% |
| Two or More Races | 5,031 | 3.6% | 263,779 | 2.5% |
| Total | 135,966 | 100% | 10,551,162 | 100% |

Source: U.S. Census Bureau, American Factfinder, based upon 2013-2021 American Community Survey 5-Year Estimates

Race, Harnett County 2009-2021 (5-year Group and Population Percentage)



Source: U.S. Census Bureau, American Factfinder, based upon 2009-2021 American Community Survey 5-Year Estimates

SECONDARY DATA: Socioeconomic Factors

Employment, Household Income, and Poverty

Harnett County has a heritage of agriculture but began the transition to manufacturing in the early 1920s. Some of the areas' major private employers include Harnett Health System, Food Lion, Campbell University, Edwards Brothers, Wal-Mart, and Rooms To Go. Public employers include Harnett County Public Schools and Harnett County Government.

The U.S. Census Bureau reports Harnett County's median income of \$54,565 (in 2021), which is almost identical to the median household income in North Carolina (\$56,642). The per capita income is \$24,693 for Harnett County and \$31,993 for North Carolina.

Harnett County's lower per capita income accompanies a relatively high unemployment rate of 4.1% in Harnett County compared to 3.6% for the state of North Carolina, according to the Bureau of Labor Statistics (May 2022).

Household Income and Benefit Dollars, Harnett County and North Carolina (2021)

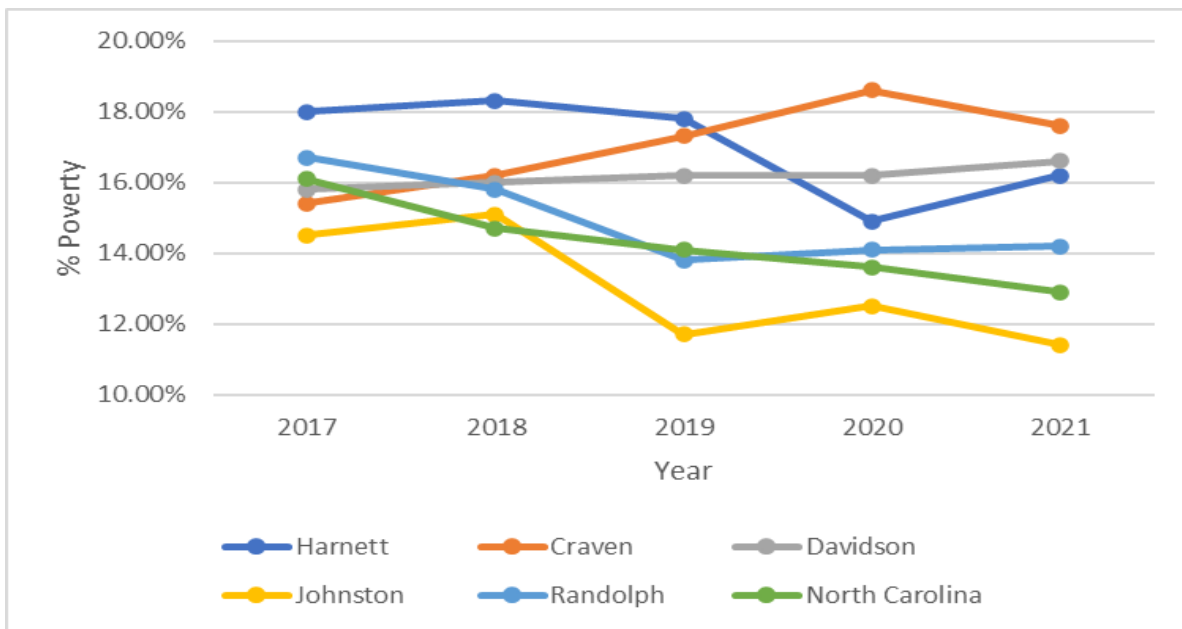
| Income Level | Harnett County | North Carolina |
|-------------------------|----------------|----------------|
| Below \$10,000 | 7.3% | 6.2% |
| \$10,000 – \$24,999 | 15.3% | 14.5% |
| \$25,000 – \$49,999 | 22.7% | 23.6% |
| \$50,000 - \$99,999 | 34.4% | 30.6% |
| \$100,000 - \$199,999 | 17.3% | 19.1% |
| \$200,000 or more | 3.0% | 6.0% |
| Median Household Income | \$54,565 | \$56,642 |
| Per Capita Income | \$24,693 | \$31,993 |

Source: U.S. Census Bureau, American Factfinder, based upon 2009-2021 American Community Survey 5-Year Estimates

As shown in the previous table, almost half (45.3%) of Harnett County households report an annual household income (including benefit dollars) of under \$50,000. In 2021, 16.2% of Harnett County residents lived below the poverty level compared to 12.9% of state residents. Unlike some peer counties and the state, Harnett County has not experienced a significant trend of decreasing percentages of people living in poverty in recent years.

Residents Living in Poverty

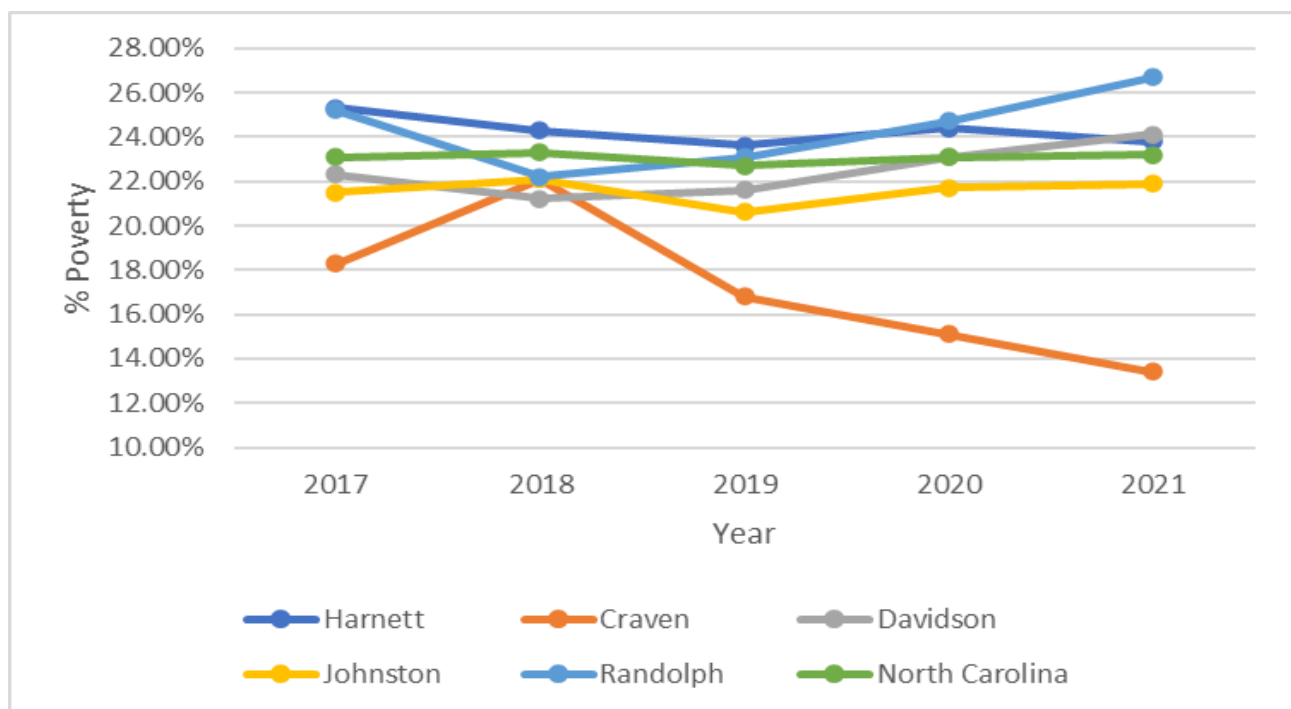
| County | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|-------|-------|-------|-------|-------|
| Harnett County | 18.0% | 18.3% | 17.8% | 14.9% | 16.2% |
| Craven | 15.4% | 16.2% | 17.3% | 18.6% | 17.6% |
| Davidson | 15.8% | 16.0% | 16.2% | 16.2% | 16.6% |
| Johnston | 14.5% | 15.1% | 11.7% | 12.5% | 11.4% |
| Randolph | 16.7% | 15.8% | 13.8% | 14.1% | 14.2% |
| North Carolina | 16.1% | 14.7% | 14.1% | 13.6% | 12.9% |



Source: U.S. Census Bureau, American Factfinder, based upon 2009-2021 American Community Survey 5-Year Estimates

Percentage of Children Living in Poverty

| County | 2017 | 2018 | 2019 | 2020 | 2021 |
|----------------|-------|-------|-------|-------|-------|
| Harnett County | 25.3% | 24.3% | 23.6% | 24.4% | 23.8% |
| Craven | 18.3% | 22.1% | 16.8% | 15.1% | 13.4% |
| Davidson | 22.3% | 21.2% | 21.6% | 23.1% | 24.1% |
| Johnston | 21.5% | 22.1% | 20.6% | 21.7% | 21.9% |
| Randolph | 25.2% | 22.2% | 23.1% | 24.7% | 26.7% |
| North Carolina | 23.1% | 23.3% | 22.7% | 23.1% | 23.2% |



Source: U.S. Census Bureau, American Factfinder, based upon 2009-2021 American Community Survey 5-Year Estimates

Housing and Cost of Living

Homeownership was one of the most significant wealth-building opportunities for families living in America. In addition, home equity was one of the most effective means of obtaining wealth for middle-class Americans. Unfortunately, recession and foreclosures have harmed financial institutions, homeowners, and the community.

The table below shows the values of owner-occupied homes in Harnett County and the state. Median home values in Harnett County (\$160,700) are approximately 11.8% less than the median home value for North Carolina (\$182,100). In addition, only 33.2% of homes in Harnett County are valued at or above \$200,000, while 45.1% of homes in North Carolina are valued at or above the same price point, as shown in the following table.

Values of Owner-Occupied Homes, Harnett County and North Carolina

| Factor | Harnett County | North Carolina |
|--------------|----------------|----------------|
| Housing Unit | 66.2% | 65.7% |
| Median | \$160,700 | \$182,100 |

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

In 2020, Harnett County had 53,906 occupied housing units, with 66.2% of the units owner-occupied and the remainder of rental units paying a median gross rent of \$1,282.

SECONDARY DATA: Health Status and Behavior

North Carolina Statewide and Harnett County Trends in Key Health Indicators

The following section reviews a broad range of Harnett County-specific data that provide insight into residents' health status and health-related behavior. Publicly reported data is based on statistics of actual occurrences, such as the incidence of certain diseases, as well as on interviews of individuals about their health condition and health concerns from the Behavioral Risk Factor Surveillance System (BRFSS) consolidated through the www.countyhealthrankings.com website.

As shown in the following table, Harnett County ranks 36th out of 100 for health outcomes in 2022, up from 53rd in 2013 but unchanged from 2016. In addition, Harnett County ranks 69th out of 100 for health factors and 62nd in Health Behaviors among North Carolina counties. Harnett County rankings reflect mortality and morbidity

more significant than the state average. Compared with the state, the county has substantially different health behavior rankings related to physical activity and access to exercise opportunities. In addition, Harnett County ranks 85th in the physical environment (primarily associated with data on long commutes). Social and economic factors were in line with the North Carolina comparing favorably in some areas and worse in others.

The poorest performance area is the Clinical Care indicators, where Harnett County ranks 89th. These factors include uninsured population, preventable hospital stays, and diabetic and mammography screening, but provider ratios are much worse than the average statewide. In addition, access to care across health care provider types is poor in Harnett County, with only one primary care physician for 3,490 people, one dentist for 2,110 people, and one mental health provider for 1,140 people.

County Health Rankings 2022 – Health Outcomes, Factors, Behaviors, & Clinical

| | Harnett County | Top U.S. Performers | North Carolina | Rank (of 100) |
|----------------------------------|-------------------|------------------------|-------------------|------------------|
| Health Outcomes | | | | 36 |
| Length of Life | | | | 41 |
| Premature death | 8,600 | 5,600 | 7,600 | |
| Quality of Life | | | | 66 |
| Poor or fair health | 21% | 15% | 18% | |
| Poor physical health days | 4.1 | 3.4 | 3.7 | |
| Poor mental health days | 4.6 | 4.0 | 4.4 | |
| Low birthweight | 9% | 6% | 9% | |
| Health Factors | | | | 69 |
| Health Behaviors | | | | 62 |
| Adult smoking | 20% | 15% | 19% | |
| Adult obesity | 37% | 30% | 34% | |
| Food environment index | 7.5 | 8.8 | 6.60 | |
| Physical inactivity | 28% | 23% | 26% | |
| Access to exercise opportunities | 45% | 86% | 68% | |
| Excessive drinking | 16% | 15% | 17% | |
| Alcohol-impaired driving deaths | 23% | 10% | 26% | |
| Sexually transmitted infections | 572.9 | 161.8 | 669.9 | |
| Teen births | 22 | 11 | 21 | |
| Clinical Care | | | | 89 |
| Uninsured | 15% | 6% | 13% | |
| Primary care physicians | 3,490:1 | 1,010:1 | 1,400:1 | |
| Dentists | 2,110:1 | 1,2100:1 | 1,710:1 | |
| Mental health providers | 1,140:1 | 250:1 | 360:1 | |
| Preventable hospital stays | 5131 | 2233 | 4096 | |
| Mammography screening | 0.39 | 0.52 | 0.48 | |
| Flu vaccinations | 0.50 | 0.55 | 0.53 | |

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

County Health Rankings 2022 – Social/Economic Factors and Physical Environment

| | Harnett County | Top U.S. Performers | North Carolina | Rank (of 100) |
|--------------------------------------|----------------|---------------------|----------------|---------------|
| Social & Economic Factors | | | | 53 |
| High school graduation | 86% | 94% | 89% | |
| Some college | 65% | 74% | 68% | |
| Unemployment | 7.5% | 4.0% | 7.3% | |
| Children in poverty | 20% | 9% | 18% | |
| Income inequality | 4.5 | 3.7 | 4.7 | |
| Children in single-parent households | 26% | 14% | 27% | |
| Social associations | 7.5 | 18.1 | 11.3 | |
| Violent crime | 243 | 63 | 351 | |
| Injury deaths | 85 | 61 | 82 | |
| Physical Environment | | | | 81 |
| Air pollution - particulate matter | 8.2 | 5.9 | 7.5 | |
| Severe housing problems | 14% | 9% | 15% | |
| Driving alone to work | 85% | 72% | 79% | |
| Long commute - driving alone | 51% | 16% | 34% | |

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

Harnett County Leading Causes of Death

Data regarding the leading causes of death in Harnett County are provided in the following charts and graphs in the order of severity, and trends are reported 2013-2019. Information sources include:

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

Top Ten Leading Causes of Death in Harnett County

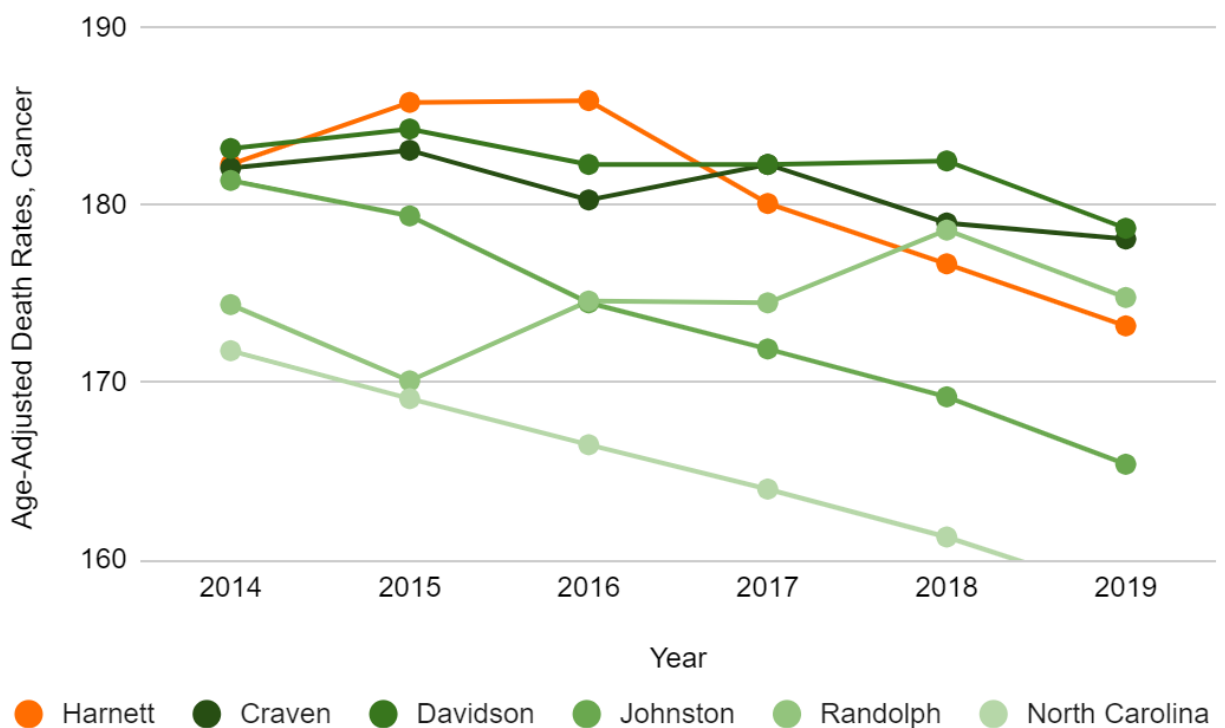
| 2021 MORTALITY - CAUSE OF DEATH | |
|--|--|
| | TOTAL DEATHS --- ALL CAUSES |
| 1 | Cancer - All Sites |
| 2 | Diseases of the heart |
| 3 | Other Unintentional Injuries |
| 4 | Chronic Lower Respiratory Disease |
| 5 | Cerebrovascular Disease |
| 6 | Diabetes Mellitus |
| 7 | Alzheimer's Disease |
| 8 | Motor Vehicle Injuries |
| 9 | Nephritis, Nephrotic Syndrome, & Nephrosis |
| 10 | COVID-19 |

Cancer

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

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

| County/State | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|----------------|-------|-------|-------|-------|-------|-------|
| Harnett | 182.3 | 185.8 | 185.9 | 180.1 | 176.7 | 173.2 |
| Craven | 182.1 | 183.1 | 180.3 | 182.3 | 179.0 | 178.1 |
| Davidson | 183.2 | 184.3 | 182.3 | 182.3 | 182.5 | 178.7 |
| Johnston | 181.4 | 179.4 | 174.5 | 171.9 | 169.2 | 165.4 |
| Randolph | 174.4 | 170.1 | 174.6 | 174.5 | 178.6 | 174.8 |
| North Carolina | 171.8 | 169.1 | 166.5 | 164.0 | 161.3 | 158.0 |

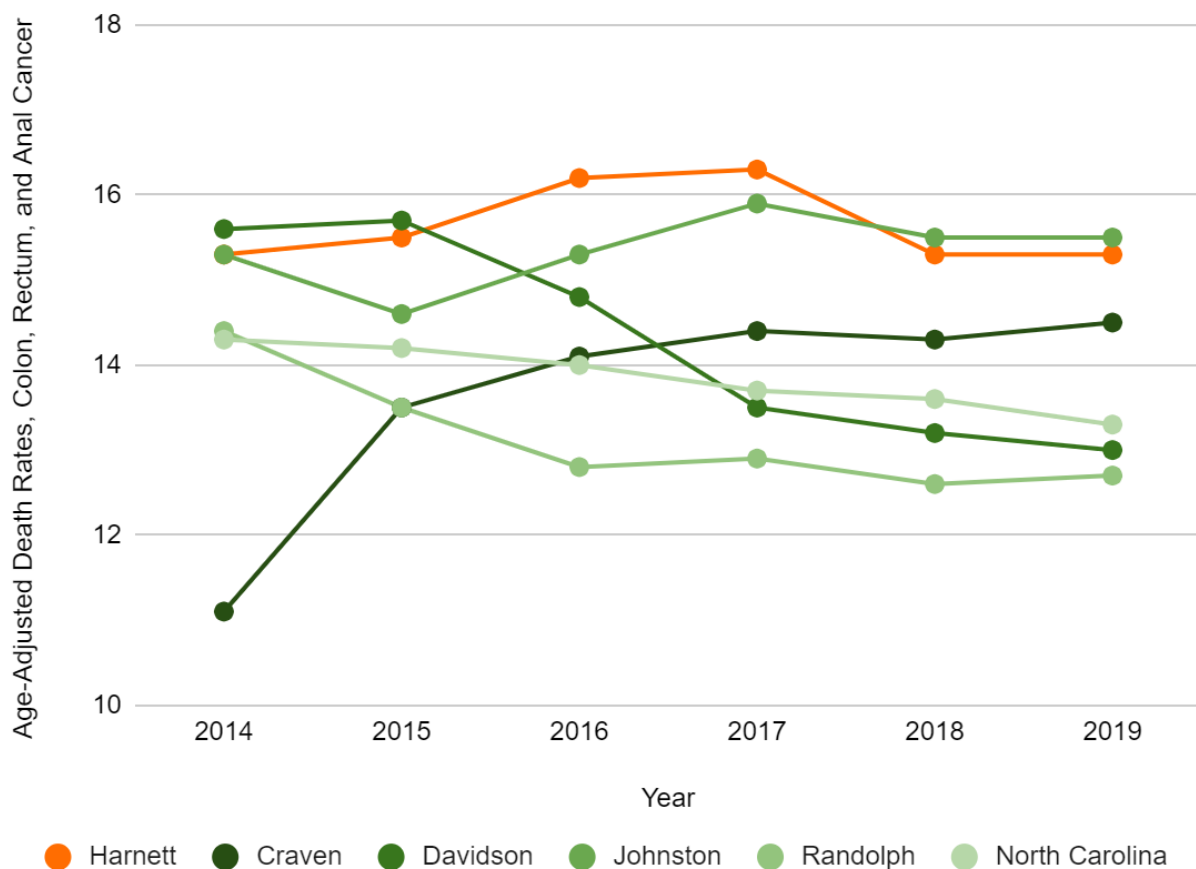


Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

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

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

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

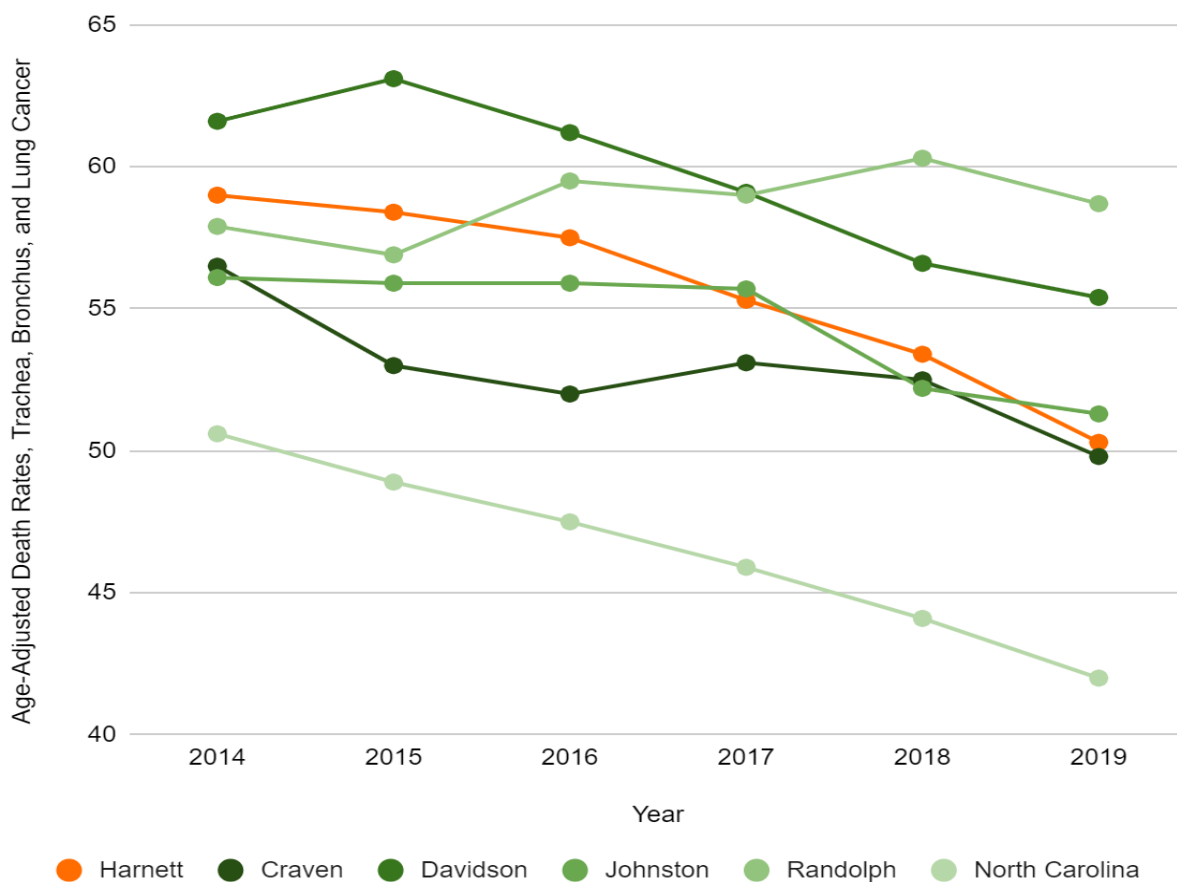


Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

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

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

| County/State | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|----------------|------|------|------|------|------|------|
| Harnett | 59.0 | 58.4 | 57.5 | 55.3 | 53.4 | 50.3 |
| Craven | 56.5 | 53.0 | 52.0 | 53.1 | 52.5 | 49.8 |
| Davidson | 61.6 | 63.1 | 61.2 | 59.1 | 56.6 | 55.4 |
| Johnston | 56.1 | 55.9 | 55.9 | 55.7 | 52.2 | 51.3 |
| Randolph | 57.9 | 56.9 | 59.5 | 59.0 | 60.3 | 58.7 |
| North Carolina | 50.6 | 48.9 | 47.5 | 45.9 | 44.1 | 42.0 |

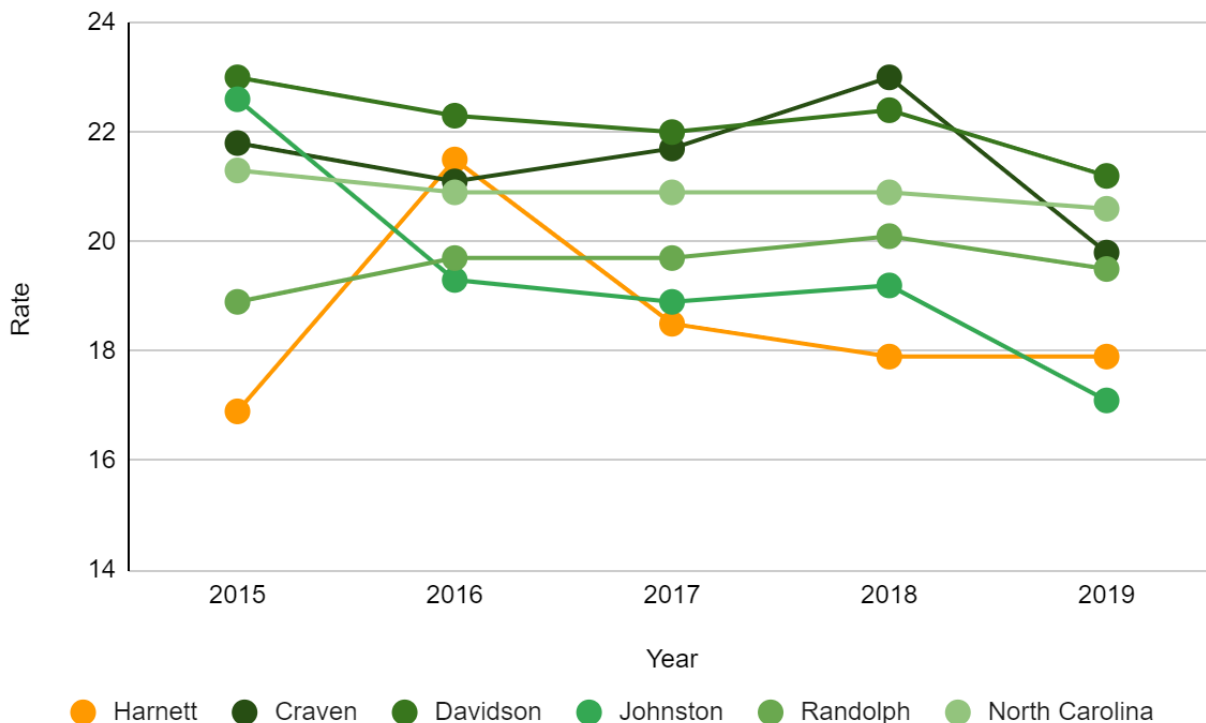


Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

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

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

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

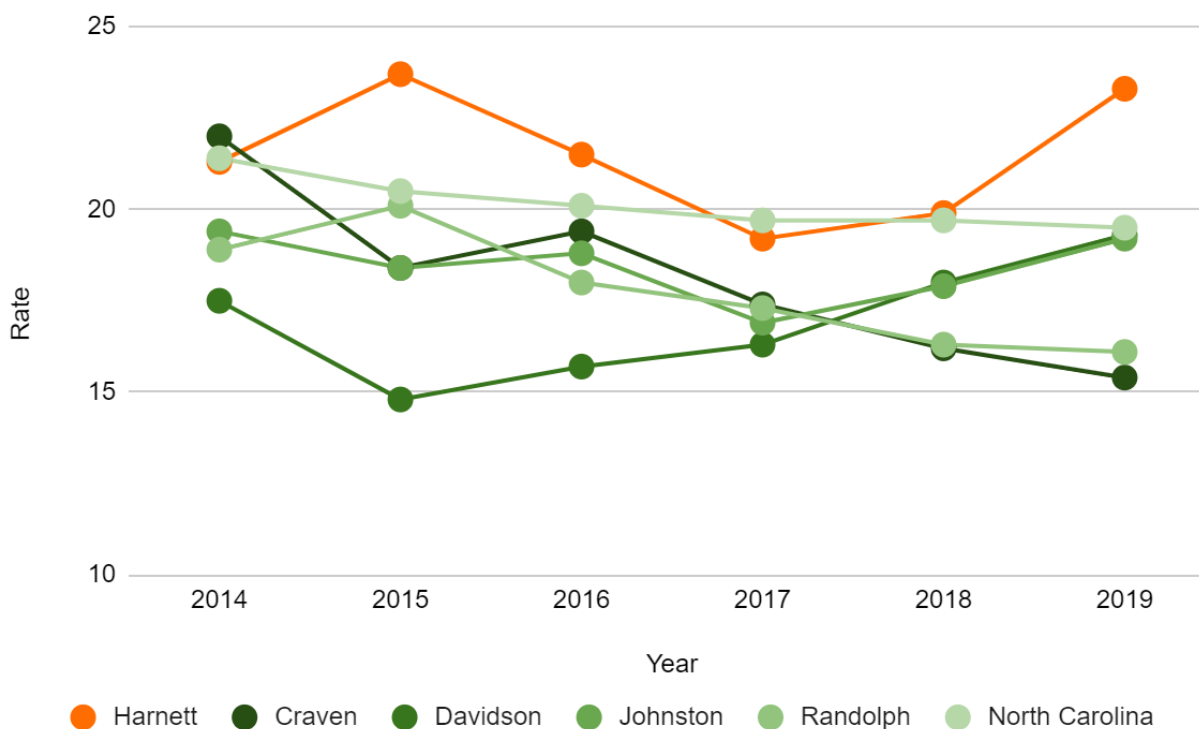


Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

The age-adjusted death rate for Prostate Cancer in Harnett County has had much more variation when compared to the North Carolina rate since 2000, partly due to the low numbers of annual deaths in many of the data-collection years. Low numbers of deaths make interpretation and comparison of derived rates difficult. Even so, Harnett County's rate for Prostate Cancer tends to be higher than the state and higher than peer counties.

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

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



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

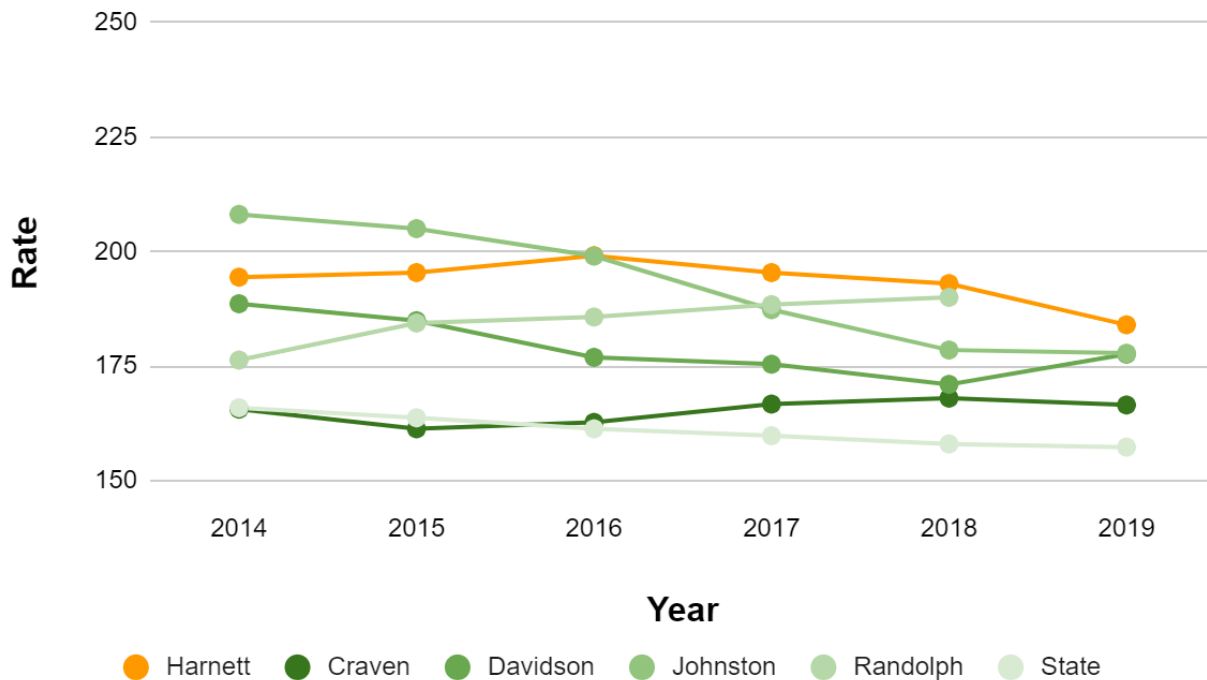
*Death rates with <50 deaths should be interpreted with caution (see table above)

Heart Disease

Heart Disease is the second leading cause of death (age-adjusted) in Harnett County. The number of deaths from heart disease continues to be consistently higher than North Carolina. Between 2013 and 2019, Harnett County's heart disease age-adjusted death rate decreased slightly, while the heart disease age-adjusted death rate for the state continued a long-term downward trend and decreased by 7.6% over that timeframe.

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

| County/State | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|----------------|-------|-------|-------|-------|-------|-------|-------|
| Harnett | 195.5 | 194.4 | 195.4 | 199.1 | 195.4 | 193.0 | 184.0 |
| Craven | 164.8 | 165.6 | 161.3 | 162.7 | 166.7 | 168.0 | 166.5 |
| Davidson | 197.7 | 188.6 | 184.9 | 176.9 | 175.4 | 171.0 | 177.6 |
| Johnston | 226.0 | 208.1 | 205.0 | 199.0 | 187.3 | 178.5 | 177.8 |
| Randolph | 175.7 | 176.3 | 184.4 | 185.7 | 188.4 | 190.0 | - |
| North Carolina | 170.0 | 165.9 | 163.7 | 161.3 | 159.8 | 158.0 | 157.3 |



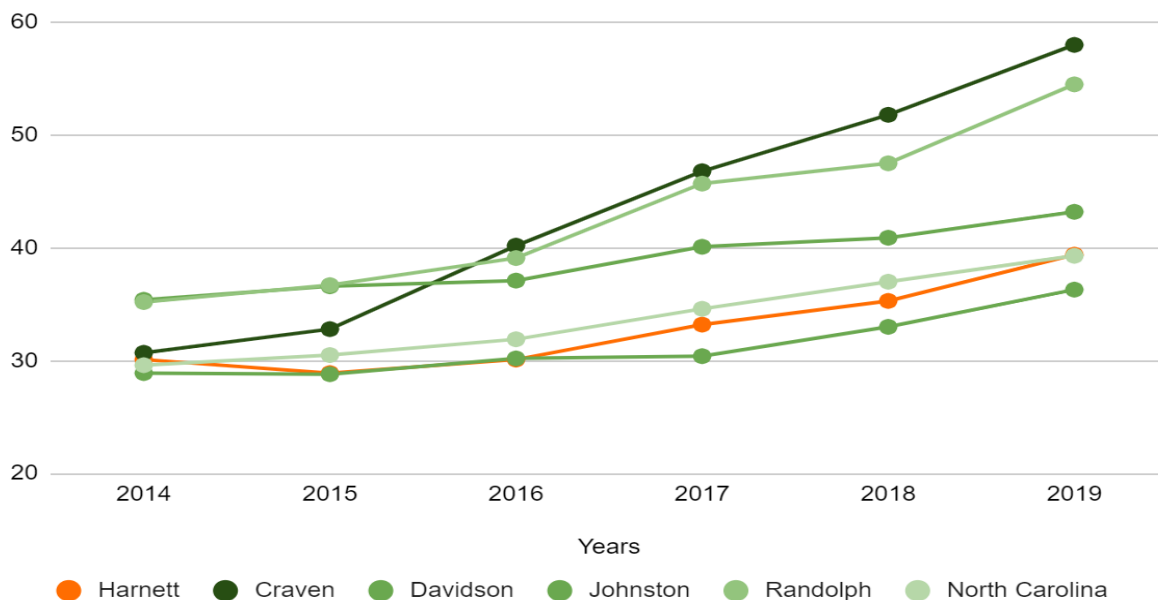
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

Other Unintentional Injuries

Other Unintentional Injuries is the 3rd leading cause of death (age-adjusted) in Harnett County. As shown in the following chart, the number of deaths from unintentional injuries in Harnett County has increased comparably to the North Carolina average from 2013 to 2019. Over the past 20 years, both Harnett County and North Carolina have experienced significant increases in unintentional injury deaths. Unintentional injuries include poisoning deaths and overdoses.

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

| County/State | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|----------------|------|------|------|------|------|------|
| Harnett | 30.1 | 28.9 | 30.1 | 33.2 | 35.3 | 39.4 |
| Craven | 30.7 | 32.8 | 40.2 | 46.8 | 51.8 | 58.0 |
| Davidson | 35.4 | 36.6 | 37.1 | 40.1 | 40.9 | 43.2 |
| Johnston | 28.9 | 28.8 | 30.2 | 30.4 | 33.0 | 36.3 |
| Randolph | 35.2 | 36.7 | 39.1 | 45.7 | 47.5 | 54.5 |
| North Carolina | 9.6 | 30.5 | 31.9 | 34.6 | 37.0 | 39.3 |



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

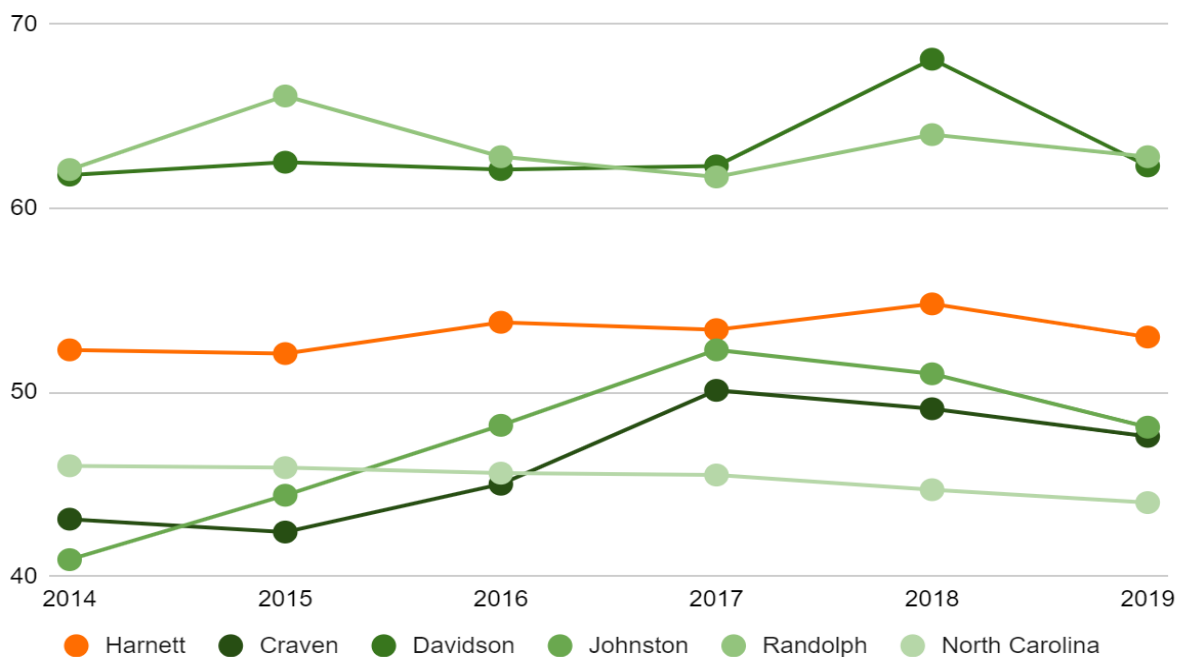
Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease is the 4th leading cause of death (age-adjusted) in both Harnett County and North Carolina.

When adjusted for age, Harnett County's mortality rate for Chronic Lower Respiratory Disease (53.4) is greater than the NC rate (44). The rate for Harnett County has slightly increased (4.3%) since 2013 versus the state rate which has slightly decreased (4.5%).

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

| County/State | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|----------------|------|------|------|------|------|------|------|
| Harnett | 51.2 | 52.3 | 52.1 | 53.8 | 53.4 | 54.8 | 53.4 |
| Craven | 43.0 | 43.1 | 42.4 | 45.0 | 50.1 | 49.1 | 47.6 |
| Davidson | 62.1 | 61.8 | 62.5 | 62.1 | 62.3 | 68.1 | 62.3 |
| Johnston | 39.7 | 40.9 | 44.4 | 48.2 | 52.3 | 51.0 | 48.1 |
| Randolph | 62.4 | 62.1 | 66.1 | 62.8 | 61.7 | 64.0 | 62.8 |
| North Carolina | 46.1 | 46.0 | 45.9 | 45.6 | 45.5 | 44.7 | 44.0 |



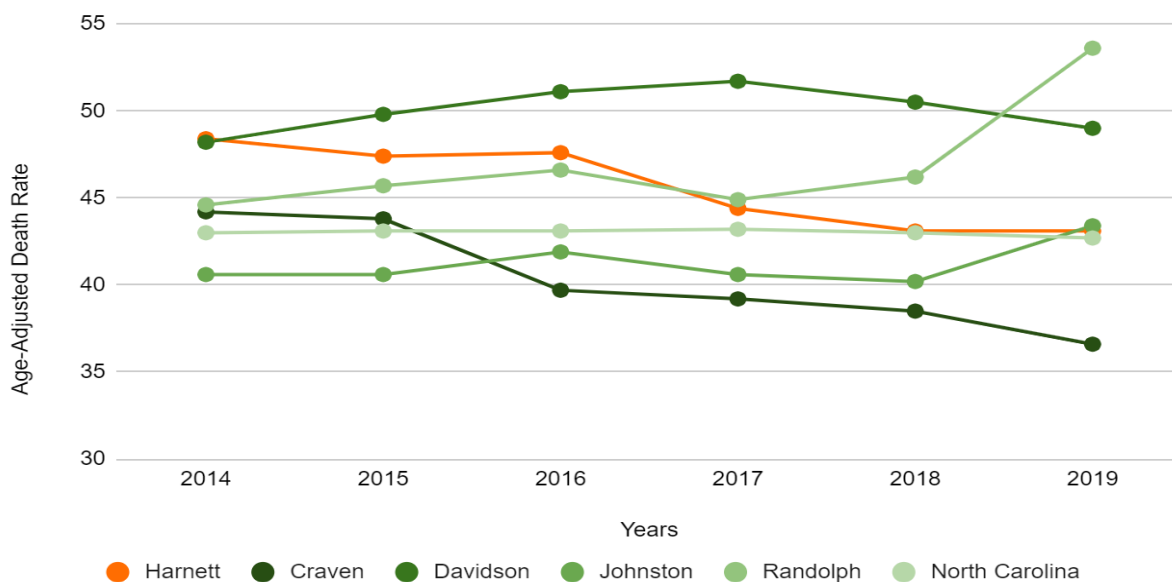
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

Cerebrovascular Disease

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

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

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



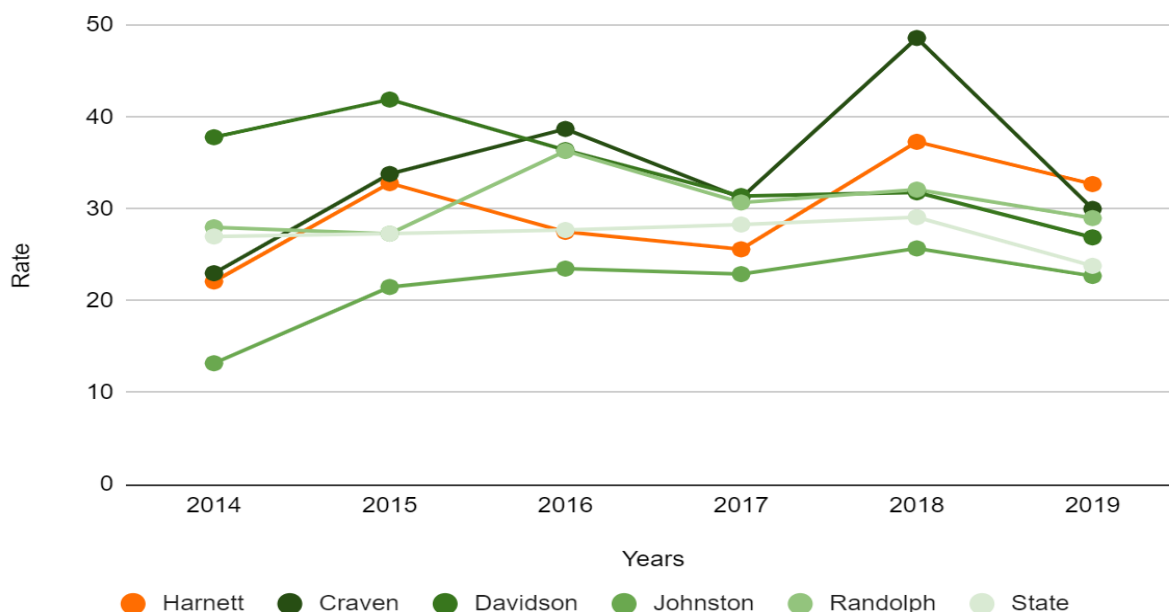
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

Diabetes

Diabetes is the 6th leading cause of death (age-adjusted) in Harnett County, while it is the 7th leading cause of death in North Carolina. As shown in the following chart, the number of deaths from diabetes in Harnett County has been consistently higher than North Carolina and also the highest among peer counties. Since 2014, Harnett County's rate also slightly increased from 22.1 to 32.7 (or 48%). Over that same time period, North Carolina's death rate decreased from 27 to 23.8 (or 11.9%). While diabetes is reflected as the 6th leading cause of death, it is also often a secondary and a complicating factor that co-exists with heart disease, renal disease, and obesity.

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

| County/State | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|----------------|------|------|------|------|------|------|
| Harnett | 22.1 | 32.8 | 27.5 | 25.6 | 37.3 | 32.7 |
| Craven | 23.0 | 33.8 | 38.7 | 31.2 | 48.6 | 30.0 |
| Davidson | 37.8 | 41.9 | 36.4 | 31.4 | 31.8 | 26.9 |
| Johnston | 13.2 | 21.5 | 23.5 | 22.9 | 25.7 | 22.7 |
| Randolph | 28.0 | 27.3 | 36.3 | 30.7 | 32.1 | 29.0 |
| North Carolina | 27.0 | 27.3 | 27.7 | 28.3 | 29.1 | 23.8 |



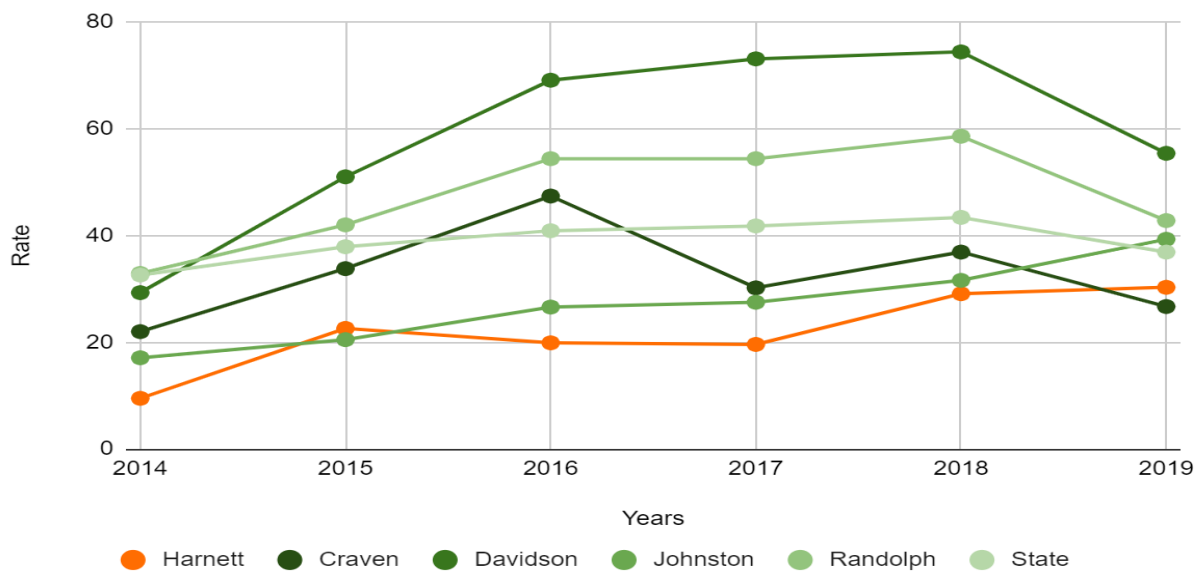
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

Alzheimer's Disease

Alzheimer's is the 7th leading cause of death (age-adjusted) in Harnett County. As shown in the following chart, Harnett County's deaths from Alzheimer's is below the average rate for North Carolina. From 2014 to 2019, Harnett County's age adjusted death rate is consistently lower than the state of North Carolina; however, it did increase from 9.5 to 30.3 (or 219%). During that same period, the rate for North Carolina increased from 32.6 to 36.9 (or 13.2%).

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

| County/State | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|----------------|------|------|------|------|------|------|
| Harnett | 9.5 | 22.6 | 19.9 | 19.6 | 29.1 | 30.3 |
| Craven | 22.0 | 33.8 | 47.4 | 30.2 | 36.9 | 26.7 |
| Davidson | 29.3 | 51.0 | 69.1 | 73.1 | 74.4 | 55.4 |
| Johnston | 17.1 | 20.5 | 26.6 | 27.5 | 31.6 | 39.3 |
| Randolph | 32.9 | 42.0 | 54.4 | 54.4 | 58.6 | 42.8 |
| North Carolina | 32.6 | 37.9 | 40.9 | 41.8 | 43.4 | 36.9 |



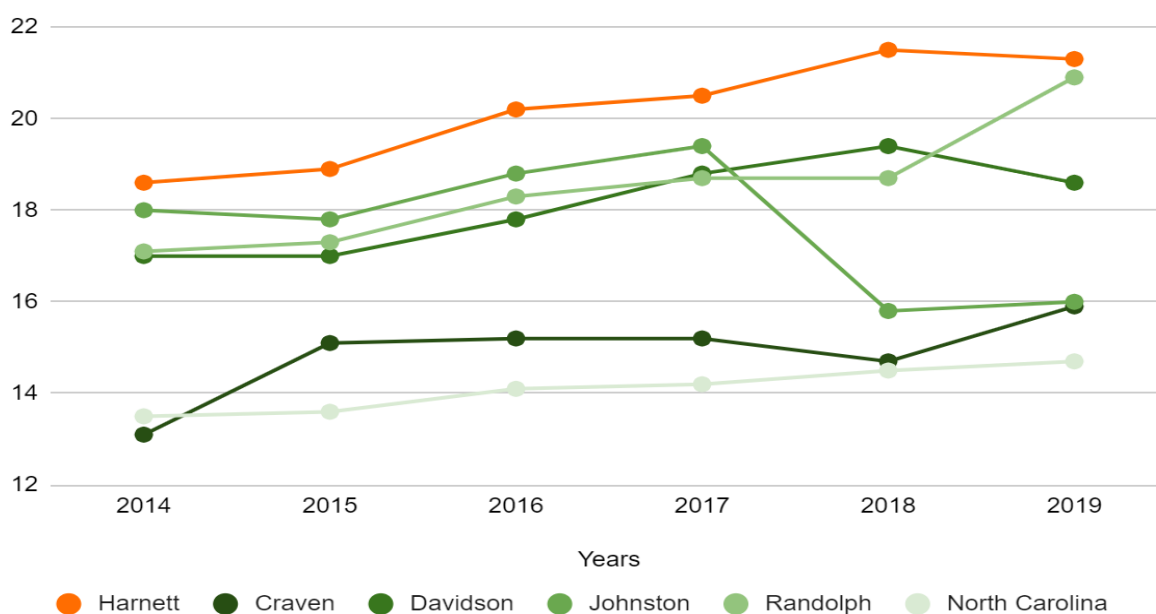
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

Unintentional Motor Vehicle Injuries

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

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

| County/State | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 |
|----------------|------|------|------|------|------|------|
| Harnett | 18.6 | 18.9 | 20.2 | 20.5 | 21.5 | 21.3 |
| Craven | 13.1 | 15.1 | 15.2 | 15.2 | 14.7 | 15.9 |
| Davidson | 17.0 | 17.0 | 17.8 | 18.8 | 19.4 | 18.6 |
| Johnston | 18.0 | 17.8 | 18.8 | 19.4 | 15.8 | 16.0 |
| Randolph | 17.1 | 17.3 | 18.3 | 18.7 | 18.7 | 20.9 |
| North Carolina | 13.5 | 13.6 | 14.1 | 14.2 | 14.5 | 14.7 |



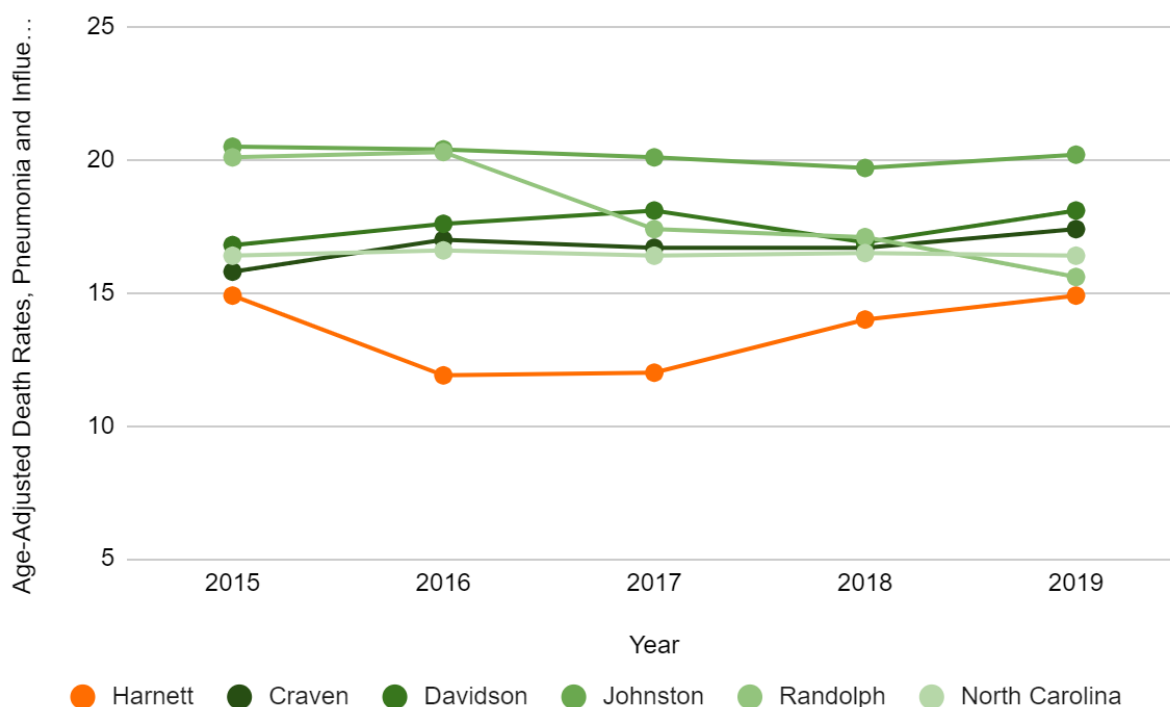
Source: North Carolina Center of Health Statistics. <https://schs.dph.ncdhhs.gov/data/vital/cd/2017>

Nephritis, Nephrosis, and Nephritic Syndromes

Nephritis, nephrosis, and nephritic syndromes are the 9th leading cause of death (age-adjusted) in Harnett County. In the previous CHNA cycle, nephritic diseases were not among the ten leading causes of death in Harnett County. From 2014 to 2019, Harnett County's kidney-related mortality rate remained all peer counties and the state. North Carolina's rate remained relatively stable over that period.

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

| County/State | 2015 | 2016 | 2017 | 2018 | 2019 |
|----------------|------|------|------|------|------|
| Harnett | 14.9 | 11.9 | 12.0 | 14.0 | 14.9 |
| Craven | 15.8 | 17.0 | 16.7 | 16.7 | 17.4 |
| Davidson | 16.8 | 17.6 | 18.1 | 16.9 | 18.1 |
| Johnston | 20.5 | 20.4 | 20.1 | 19.7 | 20.2 |
| Randolph | 20.1 | 20.3 | 17.4 | 17.1 | 15.6 |
| North Carolina | 16.4 | 16.6 | 16.4 | 16.5 | 16.4 |



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

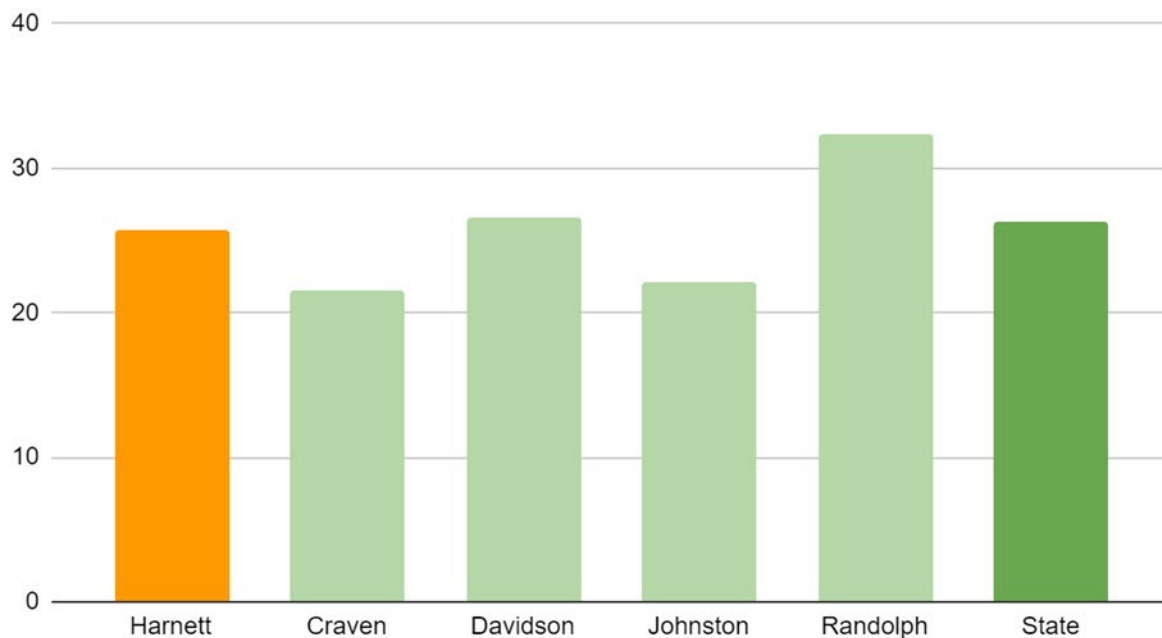
COVID-19

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

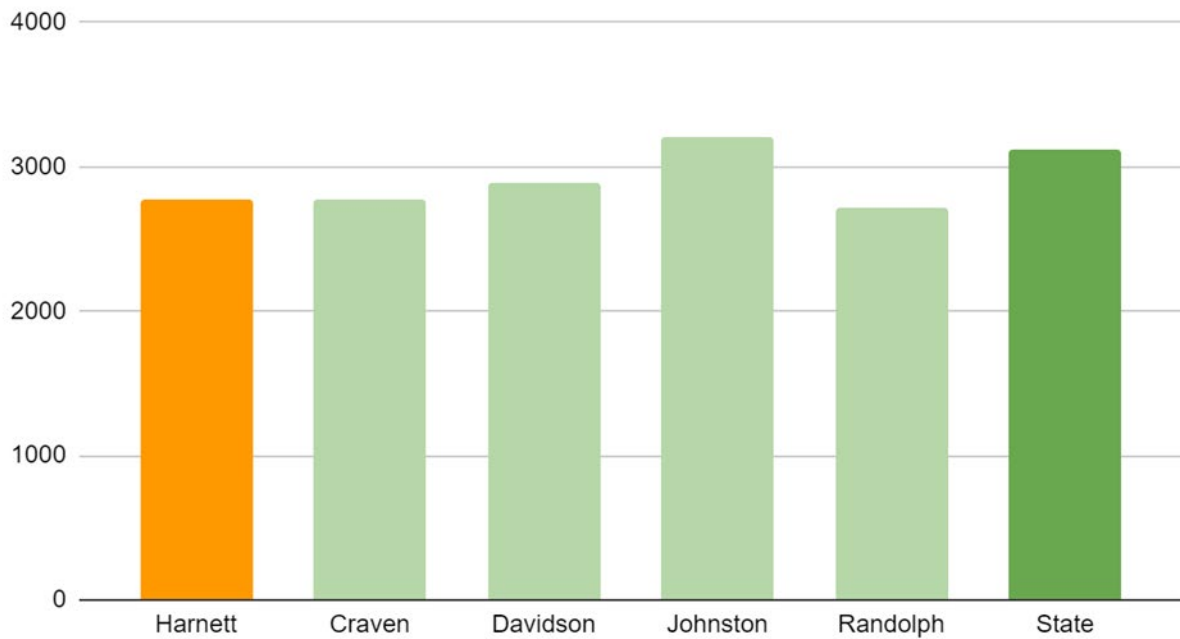
**Total Cases and Total Deaths from COVID-19
(Harnett, Peer Counties, and North Carolina, March 2020-August 2022)**

| | Harnett | Craven | Davidson | Johnston | Randolph | State |
|--------------|---------|--------|----------|----------|----------|-----------|
| Total Cases | 37,715 | 28,300 | 48,312 | 67,182 | 39,072 | 3,047,625 |
| Total Deaths | 349 | 220 | 445 | 464 | 465 | 25,724 |

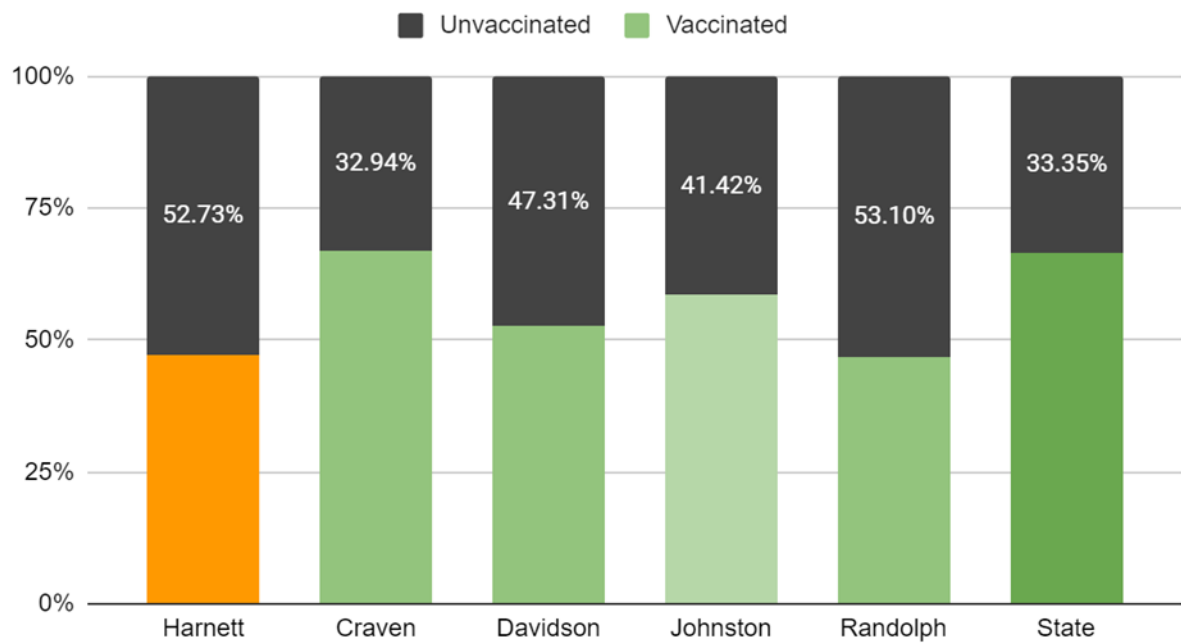
COVID-19 Deaths (per 10000 Residents)



COVID-19 Cases (per 10000 Residents)



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



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

SECONDARY DATA: Existing Healthcare Facilities and Resources

The following section describes the healthcare landscape in Harnett County, including the available healthcare facilities and services and the need for additional healthcare facilities and services as identified by North Carolina.

Hospital Services

Harnett Health System

Harnett Health is a private, not-for-profit healthcare organization based in Harnett County, N.C. The healthcare system encompasses a network of facilities and physician offices throughout Harnett County and surrounding communities and has more than 250 credentialed providers.

Harnett Health has a long history of service in Harnett County. Betsy Johnson Hospital in Dunn, N.C., was founded in 1937 and continues to provide quality healthcare to the residents of Harnett County and surrounding communities. Central Harnett Hospital in Lillington, which opened on January 18, 2013, expanded Harnett Health's commitment to the residents of Harnett County to meet the healthcare needs of the fast-growing population in Angier and Lillington throughout Harnett County.

Services offered through Betsy Johnson Hospital include emergency services; outpatient surgery; diagnostic imaging, birthing center; 87-bed inpatient nursing care with hospitalists for critical care, medical-surgical care, and pediatrics; inpatient dialysis; breast care; rehabilitation services with physical, occupational, and speech therapies, and cardiac and pulmonary rehab. Services at Central Harnett include emergency services, outpatient surgery, cardiac catheterization lab, Cancer Center, diagnostic imaging, critical care, and inpatient nursing with 44 private inpatient rooms.

Inpatient and outpatient services at Harnett Health have long included caring for cardiac patients, providing diagnostic services, and inpatient acute and outpatient care. Both Central Harnett and Betsy Johnson give a variety of cardiac services. Cardiac Catheterization services were added at Central Harnett Hospital in 2018. In addition, outpatient Cardiac Testing (Cardiopulmonary Services) is available at several locations in Harnett County, including:

Central Harnett Hospital | 215 Brightwater Drive, Lillington
Betsy Johnson Hospital | 800 Tilghman Drive, Dunn

➤ Harnett Health System

- Betsy Johnson
 - 87 Acute Care beds
- Central Harnett Hospital
 - 44 Acute Care beds

Harnett Health System (HHS) is a member of Cape Fear Valley Health System (CFVHS). CFVHS operates a variety of health care facilities from its headquarters in Fayetteville, North Carolina, including a tertiary acute care hospital, a long-term acute care hospital, a critical access hospital, an inpatient rehabilitation facility, county emergency medical services, an outpatient psychiatric facility, a detoxification facility, a wellness center, 32 primary care clinics, 29 specialty care clinics, four walk-in clinics, and Health Pavilion North, an outpatient complex.

Relationships with Other Health Care Providers

Betsy Johnson established a relationship with the Cape Fear Valley Health Medical Oncology department over five years ago to facilitate services for Medical Oncology. As a result, the Cancer Center at Central Harnett opened in July 2019.

HEALTH NEEDS, PRIORITIZATION PROCESS, AND RESULTS

The final portion of the CHNA includes a summary of the priority health needs identified. Although many potential needs have been discussed, it is simply not feasible for Harnett Health System to apply significant resources to every area of need. Therefore, to determine which conditions are priorities, Harnett Health System reviewed outcomes and findings from the CHAT Survey and utilized an objective approach to estimate which areas of need are of most significant concern. The process and associated results are as follows:

Prioritization Process

Each section of the CHAT Survey has been incorporated to measure and estimate the level of health needs for Harnett County residents and highlight key factors and conditions expected to have the most significant impact on those needs as we advance. Those sections included the following:

- Demographics
- Quality of Life Indicators
- Community Priorities
- Health Care Utilization
- Health Status & Health Behaviors
- Emergency Preparedness

Leveraging the analyses and findings from those sections and based upon our community survey and review of secondary data, Harnett Health System has condensed its list to select areas that it believes to be the priorities for Harnett County. The health issues in Harnett County include:

- Heart Disease
- Cancer
- Diabetes
- Access to Health Services
- Mental Health
- Fitness and Nutrition

Results

After the prioritization process, Harnett Health System identified seven health needs as the critical areas for action. These areas of concern impact utilization at Betsy Johnson and Central Harnett Hospital. The five priority health needs are:

- Chronic Disease Prevention & Management (*relevant for multiple leading causes of death, including cardiovascular disease and diabetes*)
- Access to Health Services (*relevant for multiple leading causes of death, including cancer, cardiovascular disease, Alzheimer's disease, nephrosis, and diabetes*)
- COVID-19 Pandemic Response (*Major concern per community survey and the 9th leading cause of death*)
- Behavioral Health (*Major concern per community survey, health rankings, and state; related to overdose deaths, the 5th leading cause of death*)
- Fitness and Nutrition Education (*Major concern per community survey and state*)

Of the five priority health needs mentioned above, Harnett Health System will work with the Harnett County Health Department and the Healthy Harnett Coalition to address those needs, but can best impact the following:

- Access to Health Services
- Mental Health/Substance Abuse
- Chronic Disease Management

Harnett Health will continue to work with the representatives from the Harnett County Health Department, Cape Fear Valley Health System, the Healthy Harnett Coalition, Campbell University School of Medicine, and the Department of Public Health at Campbell University to address these needs and improve population health. In particular, Harnett Health will develop an implementation plan to address continuing efforts associated with managing chronic diseases in Harnett County, particularly heart disease, cancer, diabetes, and fitness/nutrition.

Appendix: PRIMARY DATA - Community Health Survey Results

The Community Health Survey for Harnett County was conducted in Spring-Summer 2022. A total of 568 individuals were surveyed. After data cleaning (including listwise deletion of incomplete survey responses), the final dataset included 469 responses. Surveys were collected using a combination of household canvassing using addresses randomly selected and online, self-administered convenience sampling. Much of the data loss from the cleaning process is attributed to surveys started by non-residents and in which participants completed less than 5% of the online survey.

The Community Health Survey for Harnett County is a collaboration between Harnett Health, the Harnett County Health Department, the Healthy Harnett Coalition, and the Department of Public Health at Campbell University.

Demographics

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

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

| Are you a person living with a disability? | | | Is English the primary language spoken in your home? | | |
|--|------------------|----------------|--|------------------|----------------|
| Response Options | Response Percent | Response Count | Response Options | Response Percent | Response Count |
| Yes | 16.7% | 68 | Yes | 95.8% | 387 |
| No | 79.6% | 323 | No | 4.2% | 17 |
| Prefer not to respond | 3.7% | 15 | | | |
| Total Number of Responses | | 406 | Total Number of Responses | | 404 |
| Skipped Question | | 43 | Skipped Question | | 45 |

| What is your marital status? | | | How many people live in your household? | | |
|------------------------------|------------------|----------------|---|------------------|----------------|
| Response Options | Response Percent | Response Count | Response Options | Response Percent | Response Count |
| Never married / Single | 13.1% | 53 | I live alone | 13.6% | 54 |
| Married | 66.5% | 270 | 2-3 People | 57.0% | 227 |
| Unmarried partner | 2.5% | 10 | 4-5 People | 24.6% | 98 |
| Divorced | 11.3% | 46 | 6-7 People | 3.8% | 15 |
| Widowed | 3.4% | 14 | 8-9 People | 0.5% | 2 |
| Seperated | 3.2% | 13 | 10 People | 0.3% | 1 |
| | | | More than 10 | 0.3% | 1 |
| Total Number of Responses | | 406 | Total Number of Responses | | 398 |
| Skipped Question | | 43 | Skipped Question | | 51 |

| What type of internet access do you have at your home? | | |
|--|------------------|----------------|
| Response Options | Response Percent | Response Count |
| Dial up | 3.7% | 15 |
| Broadband / High-Speed | 28.8% | 116 |
| Wi-Fi | 60.5% | 244 |
| Cellular or Hotspot | 5.2% | 21 |
| None | 1.7% | 7 |
| Total Number of Responses | | 403 |
| Skipped Question | | 46 |

Quality of Life Indicators

| | Strongly Disagree | | Disagree | | Neutral | | Agree | | Strongly Agree | |
|---|-------------------|------------------|----------------|------------------|----------------|------------------|----------------|------------------|----------------|------------------|
| Response Options | Response Count | Response Percent | Response Count | Response Percent | Response Count | Response Percent | Response Count | Response Percent | Response Count | Response Percent |
| There is good healthcare in Harnett County | 31 | 7.0% | 94 | 21.1% | 144 | 32.4% | 153 | 34.4% | 23 | 5.2% |
| Harnett County is a good place to raise children | 16 | 3.6% | 39 | 8.8% | 111 | 25.1% | 218 | 49.3% | 58 | 13.1% |
| Harnett County is a good place to grow old | 21 | 4.7% | 55 | 12.4% | 102 | 23.0% | 210 | 47.3% | 56 | 12.6% |
| There is plenty of economic opportunity in Harnett County | 50 | 11.2% | 143 | 32.1% | 143 | 32.1% | 92 | 20.7% | 17 | 3.8% |
| Harnett County is a safe place to live | 15 | 3.4% | 35 | 7.8% | 127 | 28.5% | 231 | 51.8% | 38 | 8.5% |
| There is plenty of help for people during times of need in Harnett County | 36 | 8.1% | 93 | 21.0% | 147 | 33.2% | 144 | 32.5% | 23 | 5.2% |
| There is affordable housing that meets the needs in Harnett County | 59 | 13.4% | 126 | 28.6% | 137 | 31.1% | 102 | 23.1% | 17 | 3.9% |
| There are good parks and recreation facilities in Harnett County | 30 | 6.8% | 71 | 16.0% | 113 | 25.5% | 185 | 41.7% | 45 | 10.1% |
| It is easy to buy healthy foods in Harnett County | 47 | 10.6% | 95 | 21.3% | 105 | 23.6% | 172 | 38.7% | 26 | 5.8% |

Community Priorities

| Services that Need the Most Improvement in Your Community | | |
|--|------------------|----------------|
| Response Options | Response Percent | Response Count |
| Animal control | 9.0% | 44 |
| Child care options | 10.2% | 50 |
| Elder care options | 18.8% | 92 |
| Services for disabled people | 8.6% | 42 |
| More affordable health services | 13.5% | 66 |
| Better/More healthy food choices | 15.7% | 77 |
| Number of healthcare providers | 14.3% | 70 |
| Culturally appropriate health services | 3.5% | 17 |
| Counseling / mental and behavioral health / support groups | 23.7% | 116 |
| Better / more recreational facilities (parks, trails, community centers) | 21.5% | 105 |
| Substance Misuse Services / Recovery Support | 15.7% | 77 |
| Positive teen activities | 18.8% | 92 |
| Transportation options | 12.1% | 59 |
| Availability of employment | 7.6% | 37 |
| Higher paying employment | 26.6% | 130 |
| Road maintenance | 10.8% | 53 |
| Pedestrian and cyclist road safety | 4.5% | 22 |
| Healthy family activities | 6.7% | 33 |
| None | 1.6% | 8 |
| Other | 1.6% | 9 |
| Total Number of Response | | 489 |
| Skipped Question | | 8 |

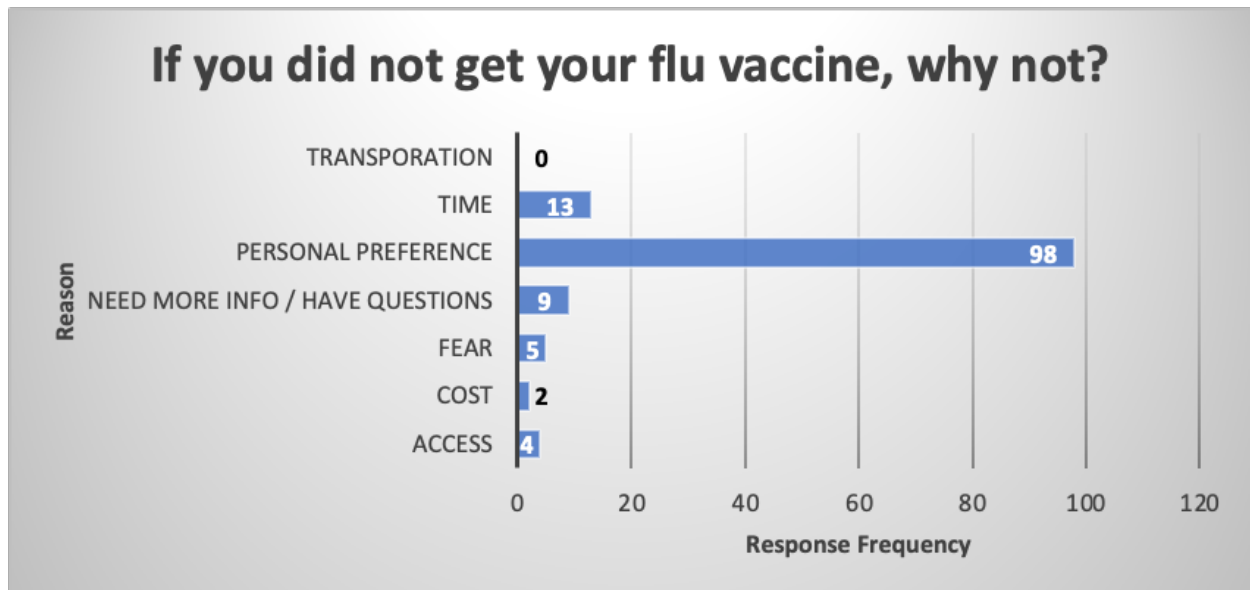
| Aeas Where COVID-19 Have Had a Severe/Significant Impact | | |
|--|------------------|----------------|
| Response Options | Response Percent | Response Count |
| Employment Loss of Job | 18.1% | 82 |
| Access to food | 10.8% | 49 |
| Access to safe housing | 2.9% | 13 |
| Transportation | 7.3% | 33 |
| Education | 12.8% | 58 |
| Physical Health | 18.8% | 85 |
| Mental/Behavioral Health | 31.4% | 142 |
| Substance Misuse | 4.2% | 19 |
| Stress and anxiety | 54.9% | 248 |
| Economic Resources | 15.0% | 68 |
| Ability to seek medical care | 7.7% | 35 |
| Social isolation | 38.9% | 176 |
| Grief from loss of loved one | 8.8% | 40 |
| Access to medication | 2.4% | 11 |
| Lack of comfort in seeking medical care | 9.5% | 43 |
| Spiritual Health/Well-being | 13.3% | 60 |
| Child care | 6.4% | 29 |
| Other | 7.3% | 33 |
| Total Number of Responses | | 452 |
| Skipped Question | | 39 |

Health Care Utilization

| Where do you get most of your health-related information? | | |
|---|------------------|----------------|
| Response Options | Response Percent | Response Count |
| Friends and Family | 32.3% | 142 |
| Internet | 59.0% | 259 |
| Social Media | 18.9% | 83 |
| Employer | 12.5% | 55 |
| Television | 12.8% | 56 |
| Radio | 4.3% | 19 |
| Doctor / Nurse | 61.5% | 270 |
| My child's school | 0.5% | 2 |
| Help lines | 1.4% | 6 |
| Pharmacist | 17.1% | 75 |
| Hospital | 9.3% | 41 |
| Books / magazines | 10.3% | 45 |
| Church | 2.5% | 11 |
| Health department | 15.3% | 67 |
| Community health worker | 1.8% | 8 |
| Newspapers | 1.6% | 7 |
| Other | 4.1% | 18 |
| Total Number of Responses | | 439 |
| Skipped Question | | 28 |

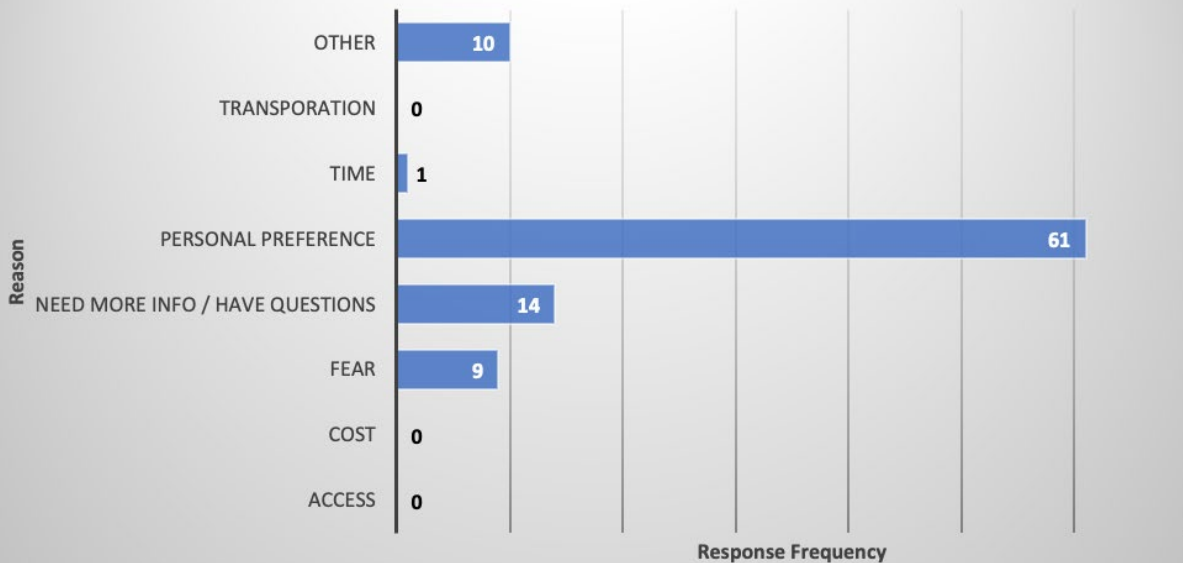
| Which of the following preventative services have you had in the past 12 months? | | |
|--|------------------|----------------|
| Response Options | Response Percent | Response Count |
| Mammogram | 37.2% | 159 |
| Prostate cancer screening | 5.4% | 23 |
| Colon / Rectal exam | 11.7% | 50 |
| Blood sugar check | 42.4% | 181 |
| Cholesterol | 47.5% | 203 |
| Hearing Screening | 10.3% | 44 |
| Bone density test | 8.2% | 35 |
| Physical Exam | 54.3% | 232 |
| Pap Smear | 27.6% | 118 |
| Flu Shot | 48.0% | 205 |
| Blood pressure check | 65.3% | 279 |
| Skin cancer screening | 15.0% | 64 |
| Cardiovascular screening | 17.8% | 76 |
| Dental cleaning / x-rays | 52.5% | 224 |
| None of the above | 5.9% | 25 |
| Total Number of Responses | | 427 |
| Skipped Question | | 37 |

| 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? | | |
|--|------------------|----------------|
| Response Options | Response Percent | Response Count |
| Flu shot | 65.5% | 270 |
| Flu mist | 0.5% | 2 |
| No | 33.0% | 136 |
| Don't know or not sure | 1.0% | 4 |
| Total Number of Response | | 412 |
| Skipped Question | | 37 |



| Have you had a COVID-19 vaccine? | | |
|----------------------------------|------------------|----------------|
| Response Options | Response Percent | Response Count |
| Yes | 78.5% | 322 |
| No | 20.2% | 83 |
| Don't know or not sure | 1.2% | 5 |
| Total Number of Responses | | 410 |
| Skipped Question | | 39 |

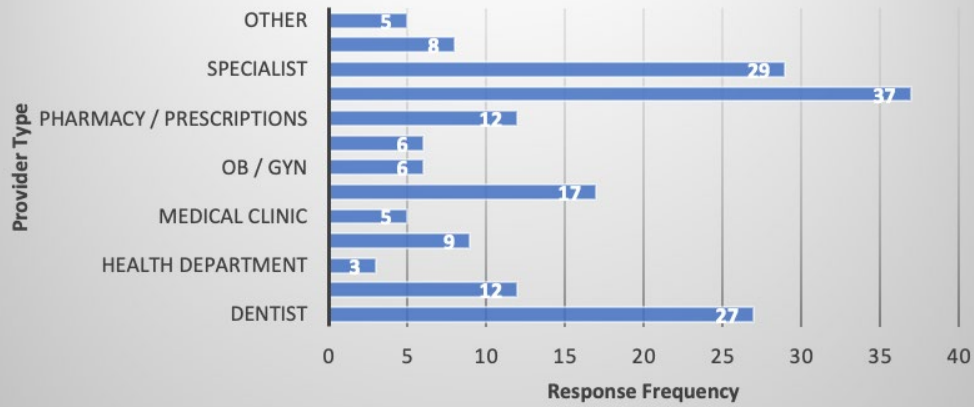
If you did not get your COVID-19 vaccine, why not?



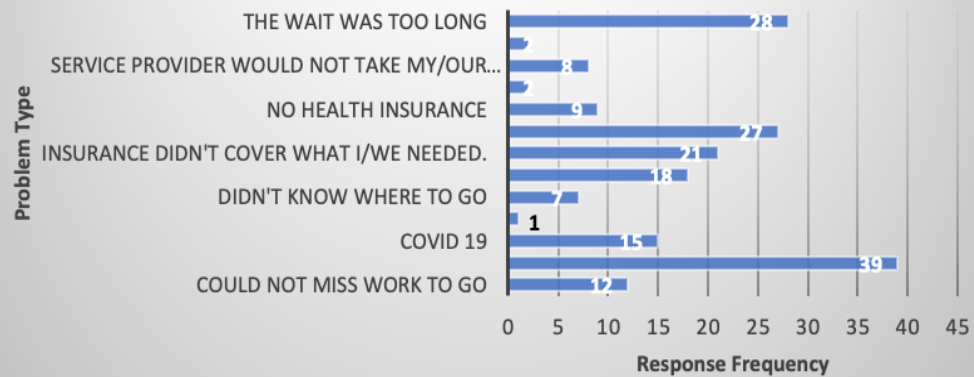
In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility?

| Response Options | Response Percent | Response Count |
|---------------------------|------------------|----------------|
| Yes | 21.4% | 87 |
| No | 77.6% | 316 |
| Don't know or not sure | 1.0% | 4 |
| Total Number of Responses | | 407 |
| Skipped Question | | 42 |

If yes, what type of provider or facility did you have trouble getting health care from?

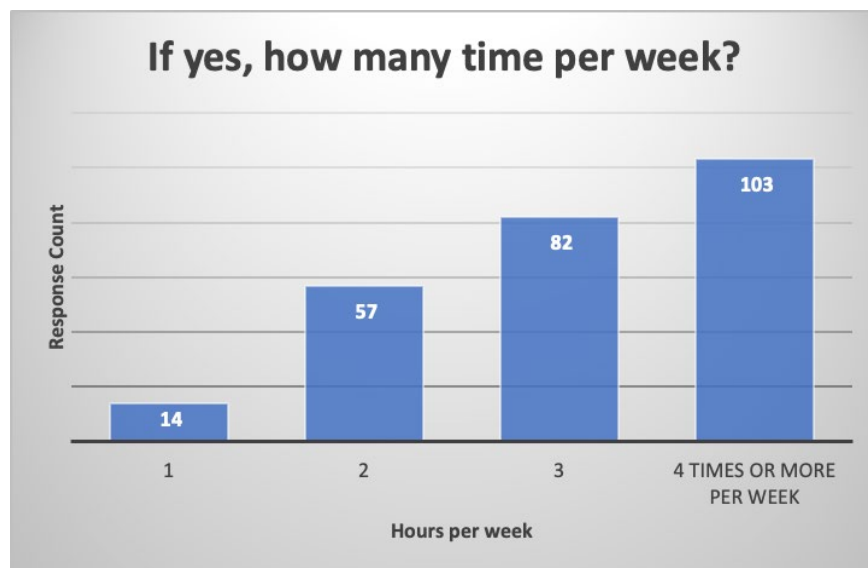


Which of these problems prevented you from getting the necessary health care?



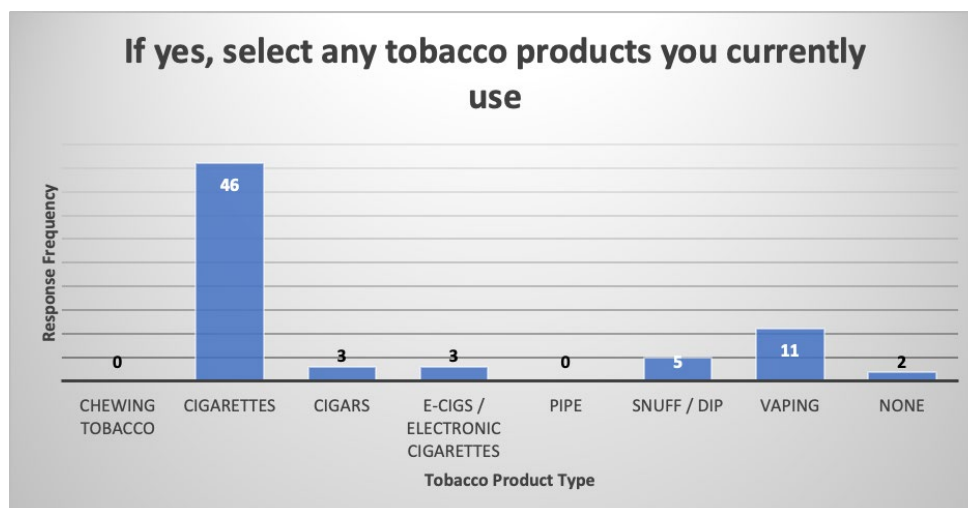
Health Behaviors

| 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? | | |
|--|------------------|----------------|
| Response Options | Response Percent | Response Count |
| Yes | 64.4% | 264 |
| No | 31.5% | 129 |
| Don't know or not sure | 4.1% | 17 |
| Total Number of Responses | | 410 |
| Skipped Question | | 36 |





| Do you currently use any tobacco products? | | |
|--|------------------|----------------|
| Response Options | Response Percent | Response Count |
| Yes | 15.1% | 59 |
| No | 89.7% | 350 |
| Prefer not to respond | 1.3% | 5 |
| Total Number of Responses | | 414 |
| Skipped Question | | 35 |

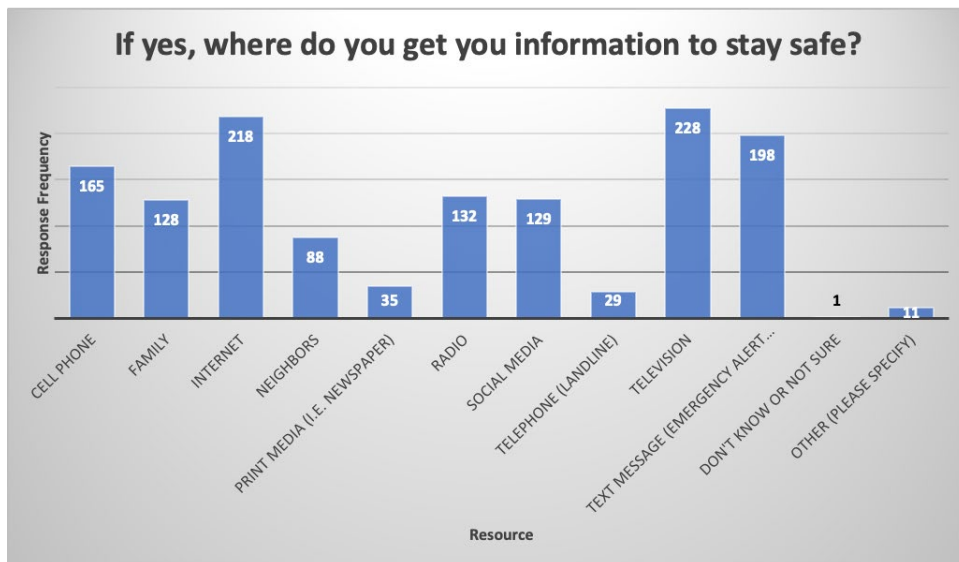


Where would you go for help if you wanted to quit?



Emergency Preparedness

| 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? | | |
|--|------------------|----------------|
| Response Options | Response Percent | Response Count |
| Yes | 77.3% | 316 |
| No | 16.6% | 68 |
| Don't know or not sure | 6.1% | 25 |
| Total Number of Responses | | 409 |
| Skipped Question | | 40 |



| 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? | | |
|---|------------------|----------------|
| Response Options | Response Percent | Response Count |
| Yes | 19.6% | 75 |
| No | 83.8% | 320 |
| Don't know or not sure | 2.9% | 11 |
| Total Number of Responses | | 382 |
| Skipped Question | | 43 |

Appendix 2: Harnett Health Community Outreach Programs

The following list summarizes Community Outreach Programs provided by Harnett Health System since the 2019 CHNA Report. These Community Outreach Programs took place between 2019 -2021.

| Activity Name | Purpose |
|--|---|
| Wellness Fairs | Community Education Specifically Targeted for Cardiac and Women's Health |
| Project Access Participant | Provide Access to Health Care for Low-Income, Uninsured County Residents |
| Community Paramedic Program | Expansion of EMS Personnel to Meet the Needs of the Community, Specifically Those in Rural Areas of the County |
| Collaboration with Campbell University | Educate Residents and Students About Healthcare in our Community |
| Medical Directorship for Harnett Count Health Department | Administration and Coordination of Healthcare, Clinical Guidance and Oversight for the Harnett County Health Department |
| Yearly Physicals for County Schools | Provide Services for Yearly Physicals for Students and Faculty Within the Harnett County School System |
| Medical Care for Falcon Children's Home | Routine Healthcare, Vaccinations, and Health Education for the Children and Staff at Falcon Children's Home |
| COVID-19 Vaccine Clinics | Hosted Many Vaccine Clinics for Members of the Community to get Vaccinated against COVID-19 |

REFERENCES

Harnett County Health Department. 2011 Community Health Needs Assessment <http://www.ecu.edu/cs-dhs/healthaccess/upload/Harnett-County-Health-Department-CHNA-2011.pdf>

Office of State Budget and Management
<http://www.osbm.state.nc.us/>

North Carolina State Center for Health Statistics
<http://www.schs.state.nc.us/SCHS/>

County Health Rankings
<http://www.countyhealthrankings.org/app/#!/north-carolina/2022/rankings/harnett/county/outcomes/overall/snapshot>

U.S. Census Bureau
www.census.gov/2020census

N.C. Census (uses U.S. Census Bureau)
<http://quickfacts.census.gov/qfd/states/37000.html>

Bureau of Labor Statistics
<http://data.bls.gov>

Harnett County Economic Development Council website <http://www.harnettedc.org/major-employers.asp>

American Fact Finder Community Facts
http://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml