

Community Health Needs Assessment 2021



**Cumberland County
Department of Public Health**



Health ENC

Working Together for a Healthier Eastern North Carolina

Contact Information

Printed copies of the 2021 Community Health Needs Assessment (CHNA) 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 this report, please contact the Cumberland County Department of Public Health's Health Education Division at 910-433-3890.

An electronic version of this document will be accessible via the Department of Public Health's Reports and Plans page. To access the report, please visit <https://www.cumberlandcountync.gov/departments/public-health-group/public-health/about-us/reports-and-plans>. It will also be available on Cape Fear Valley Health System's website at www.capefearvalley.com. Additionally, an electronic copy of this report is available at www.HealthENC.org.

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Acknowledgements

The 2021 Cumberland County Community Health Needs Assessment was developed through a partnership between the Cumberland County Department of Public Health, Cape Fear Valley Health System and Health ENC.

Special acknowledgements go to the Cumberland County Center of NC Cooperative Extension and Fayetteville Technical Community College for their support in identifying priority populations, survey distribution and focus group participation.

Additional acknowledgements to key community stakeholders who contributed to priority selection and assessment review:

- Cool Spring Downtown District
- Cumberland County Emergency Management
- Cumberland HealthNET
- Fayetteville Fire Department
- Piedmont Health Services and Sickle Cell Agency
- Stedman-Wade Health Services
- Town of Linden
- Town of Stedman

We also would like to thank the many individuals who responded to the 2021 Cumberland County Community Health Needs Assessment and participated in focus groups. Our goal was to gather the opinions of our residents and take this perspective into consideration when choosing health priorities and using statistical data to develop our Community Health Improvement Plan.

Executive Summary

Vision Statement

The Cumberland County Community Health Needs Assessment (CHNA) is done on a regional schedule in collaboration with Health ENC, the local health department and local hospitals. The process is designed to provide perspective on quality of life, resources and health outcomes of the community.

Its purpose is to identify social determinants of health through surveys, focus groups and secondary data to learn about the community. This assessment is the foundation for selecting health priorities that will be used in the Community Health Improvement Plan (CHIP) and to develop programs and strategies to improve the overall well-being of our citizens.

This data is informed by state and national evidence and summarizes strengths, weaknesses, opportunities and threats.

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 Mr. Mike 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

The joint effort of the 2021 CHNA consisted of multiple community partners to include:

| |
|---|
| Alliance Health |
| Cape Fear Valley Health System |
| City of Fayetteville |
| Cumberland Community Collaborative |
| Cumberland County Department of Public Health |
| Cumberland County Department of Social Services |
| Cumberland County Emergency Management |
| Cumberland County Public Libraries |
| Cumberland County Veterans Services |
| Cumberland Crisis Collaborative |
| Cumberland HealthNet |

| |
|---|
| Cumberland NC Cooperative Extension |
| Fayetteville Cumberland Parks & Recreation |
| Fayetteville Economic Development Corporation |
| Fayetteville Murchison Road Choice Neighborhood Project |
| Fayetteville Technical Community College |
| Fayetteville Urban Ministries |
| Region 6 Tobacco Prevention Collaborative |
| Stedman-Wade Health Services |

Regional/Contracted Services

Health ENC, a multi-county collaborative of local health departments and hospitals in eastern North Carolina, provided support for the CHNA process. Data and survey results were facilitated by the assessment team and the steering committee.

This data collection was intended to:

- Identify and address key health needs
- Plan health and disease prevention services
- Combine efforts to improve the quality and use of population health data across eastern NC
- Maintain local control and decision-making about choice of health priorities and interventions
- Improve health, partnerships and communication

No specific theoretical model was utilized for the 2021 Cumberland County CHNA. The process did however support a community health improvement framework that will be used to develop the Community Health Improvement Plan (CHIP) with Results-Based Accountability guiding the tracking. Focus group considerations consisted of thematic analysis; categorizing data of repeated themes found in the interviews and prioritized the viewpoints of participants.

Collaborative Process Summary

The 2021 CHNA was a strategic collaborative process that took on the following action timeline:

| Date | Action Step |
|-------------------------|--|
| March 2021 | Reviewed data sources and survey development |
| April 2021 - June 2021 | Began survey distribution |
| June 2021 - August 2021 | Health ENC analysis of data |

**CUMBERLAND
COUNTY**

2021-2022 Community Health Needs Assessment

| | |
|-----------------------------|--|
| September 2021 | County specific findings shared with collaborative |
| October 2021 -November 2021 | Key Stakeholder convening for priority selection |
| January 2022 | Report drafted |
| June 2022 | Finalized report submitted to North Carolina Department of Health and Human Services (NC DHHS) Division of Public Health |

Key Findings

CHNA findings from secondary data were derived from more than 100 indicators of state and national data sources. These sources indicated that Cumberland County citizens have a few unmet needs. Based on Robert Wood Johnson Foundation’s County Health Rankings indicators and state data, this data set found that areas of strength were indicators such as primary physician ratio to the population size and educational attainment. Despite this, the Cumberland community has areas that need further exploration such as socioeconomic factors (employment, poverty and violence).

Primary data was derived from community leaders, health professionals, vulnerable populations and subpopulations in need of health support. This data indicated that areas of primary concern from respondents were consistent with identified health priorities of key stakeholders. Key areas examined in survey questions were:

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

In Cumberland County, survey respondents indicated there is high educational attainment, a demographically versatile population, opportunities for chronic disease management and access to health services; however, there are still significant health needs in areas of substance use/misuse, mental health providers and other health behaviors.

Key themes that emerged from the focus group discussions with priority populations were as follows:

| Focus Group | Key Themes |
|------------------------------|---|
| College Students (age 18-22) | <ul style="list-style-type: none"> • Did not receive or access enough health care services • Challenges to affording healthcare • Challenges to affording healthier lifestyle choices (foods, gym, etc.) |
| Migrant Farmworkers | <ul style="list-style-type: none"> • Need more pharmacies near where they live and work |

| | |
|--|---|
| | <ul style="list-style-type: none">• Do not have enough food options/accessible store in proximity of residence while working in County• Limited access to health information |
|--|---|

Consideration of these findings lead to health priority selection with key community stakeholders.

Health Priorities

After receiving the survey results and finding key themes from focus groups completed in the CHNA process, key stakeholders were organized to identify top priorities. The stakeholders consisted of representatives from human service agencies, Cape Fear Valley Health System, behavioral health professionals, institutes of higher education, emergency management/preparedness groups, Hispanic-serving agencies, faith-based institutions and the public health agency.

Through primary survey data, focus groups and synthesis of secondary data, key stakeholders identified top health priorities for Cumberland County. Stakeholders selected the following health priorities to focus on in the next three years:

- Economy (employment access, affordable housing, food security and low income/poverty)
- Substance Abuse (drugs, alcohol and opioid misuse)
- Public Safety (violent crime; including murder and assault)
- Mental Health

These priorities align with the Cumberland County Health Department’s current [2021-2022 Strategic Plan](#) and have been identified as significant by the Board of Health moving forward with the 2023-2027 Health Department strategic plan.

Next Steps

The 2021 Cumberland CHNA will contribute to the development of the Cumberland Community Health Improvement Plan (CHIP). The CHIP will be developed in 2022 and will involve the stakeholder committee, local health department and the local hospital. The plan will utilize results-based accountability to evaluate what we are doing, who are the partners and what our action is to improve the health of the community and our chosen priorities. The Cumberland County Department of Public Health will submit the CHIP using the Scorecard format on Clear Impact. The data from the Scorecard will align with the priorities, indicators and performance measures. The prioritization of the identified significant health needs will guide community health improvement efforts of Cumberland County.

Chapter 1 Introduction

Description of County

Cumberland County began as a settlement in the Upper Cape Fear Valley between 1729 and 1736 by European migrants known as Highland Scots. The area became a vital transportation link to other major settlements. A receiving and distribution center was established in 1730 on the Cape Fear River. This settlement was known as Campbellton.

The Colonial Legislature passed an Act in 1754 which resulted in the political division of Bladen County, thus forming Cumberland County. It was named after the Duke of Cumberland (William Augustus) who commanded the English Army. Campbellton was named the County seat during 1778. In 1783 Campbellton was renamed Fayetteville in honor of Marquis De La Fayette, a French general that served in the American Colonies Revolutionary Army.

Fayetteville's growth was set back by a devastating fire in 1831 and by the invasion of General Sherman in 1865. One of the principal factors that boosted the slow recovery of the area was the opening of Camp Bragg as an artillery and temporary training facility in 1918. The base was closed in 1921 and later reopened as a permanent army post and renamed Fort Bragg. Cumberland County is in the southeastern section of North Carolina and is bordered by Sampson, Bladen, Robeson, Hoke, Harnett and Moore counties. Presently, Cumberland County has a population close to 319,431 and encompasses approximately 661 square miles. The area is known as the "Sandhills Region." Cumberland County has progressed from its beginnings as a riverfront distribution center to a highly commercialized area offering a variety of services to its citizens. [Source: <https://www.cumberlandcountync.gov/departments/non-departmental-group/county-history>]

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

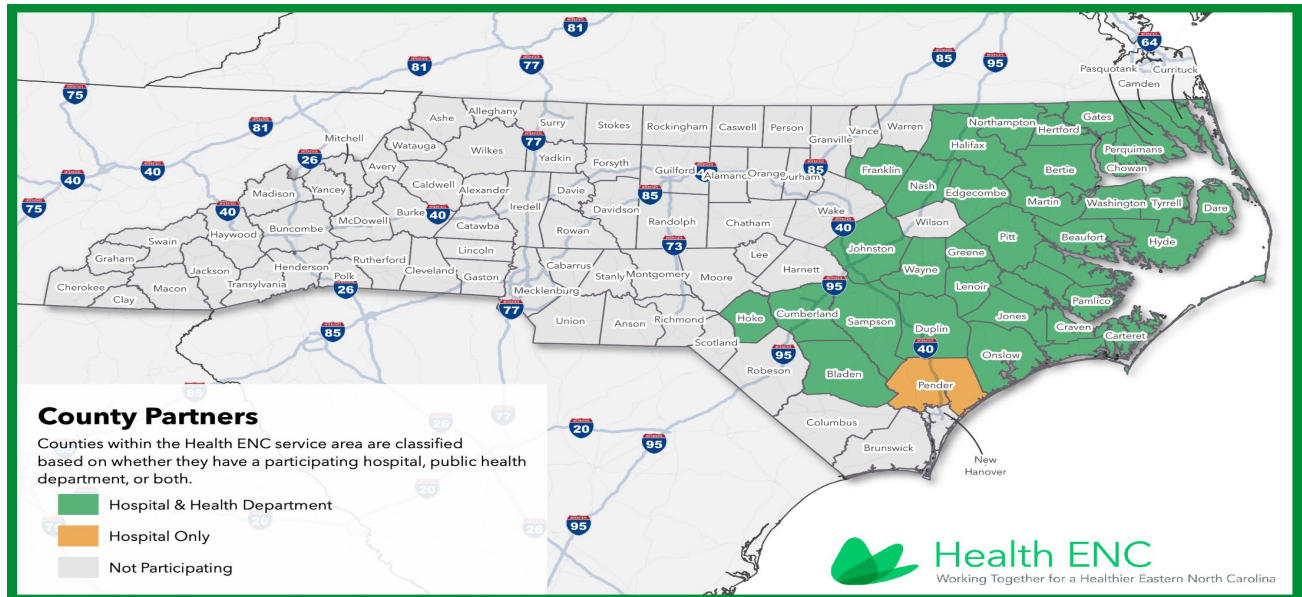
The Community Health Needs Assessment Process gathers population health data that county health departments, hospitals and community groups can use to:

- Identify key health needs/issues in eastern North Carolina communities
- Develop strategies and action plans based upon data 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

Figure 1.1

County Partners of Health ENC:



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

The community health assessment process began with an announcement from the Cumberland County Public Information Office inviting citizens to participate in primary data collection through a community survey process. The goal was to gather as many responses as possible to merge the opinions of the public and community stakeholders with secondary data and indicator rankings. That information then guided the development of a list of priorities to be worked on in the community for the next three years via the community strategic planning process.

Primary Data- Community Survey and Focus Group 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 Assessment 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 require focus groups for the 2021-2022 Community Health Needs Assessments due to the social distancing guidelines during 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. One virtual and one outdoor focus group were held in Cumberland County.

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. 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 ensure the survey only contained questions where community input was needed to guide health priority selection and strategic action planning.

The final survey (online and paper) included 48-questions available in both English and Spanish consisting of demographics and follow up questions regarding COVID-19 and climate change. Response options were on a Likert scale. Redcap was used to distribute and collect responses from the community survey.

Once the survey questions were finalized, the Steering Committee decided on targets for each county. Because the survey was a convenient 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.

Survey Distribution

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. Collected paper surveys were entered into the Redcap tool. 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. In the Health ENC counties, 16,661 English surveys and 502 Spanish surveys were completed by citizens in all participating counties of the collaborative.

The CHNA survey was distributed at community organizations with key leaders of human services agencies to gather representation from diverse sectors of the community.

The survey was distributed to all community partners and stakeholder organizations, including:

- Cape Fear Valley Health System
- Cumberland County Public Libraries
- Cumberland County Schools
- Cumberland County workforce
- Department of Social Services
- Faith-based organizations
- Fayetteville State University
- Fayetteville-Cumberland Parks and Recreation

- Homeless care and support organizations
- Mental health advocacy groups
- Methodist University
- NC Cooperative Extension
- Senior support groups

Each organization was provided the electronic link to allow electronic opportunity to participate in the survey with their staff and citizens they serve, issued paper survey copies upon request, and was asked to distribute palm cards advertising the survey to their respective communities served. QR codes were provided on palm cards to allow participants to take the survey immediately or later via smart devices and opportunities to take the survey on an iPad were made available to Cumberland County Health Department patrons. The survey was advertised using Cumberland County Public Information Office-via the Cumberland County website, websites of collaborating agencies and a press release to involve citizens.

Paper copies of the survey were provided in English and Spanish at local libraries and veterans centers. In addition, the health education staff distributed the survey at Mass COVID-19 Vaccination clinics on three occasions. During the post vaccination waiting period, health educators issued surveys to willing participants via paper or QR code in preferred language. Students and faculty at local colleges and universities were provided the online survey link and QR codes were developed to invite individuals at outreach vaccination clinics to complete during their waiting period. The survey link was also provided at multiple coalitions and collaborative group meetings from representatives of the health department and local hospital.

Survey responses and demographic focused outreach for survey distribution were increased following discussions with the Health ENC steering committee, Cape Fear Valley Health System and Cumberland County Department of Public Health staff. Municipalities within Cumberland County were invited to make the survey available at physical location in their respective Town Halls during the Mayor's Coalition Meeting on May 7, 2021.

A total of 1,545 English surveys were collected in Cumberland County for this CHNA cycle. At the conclusion of the survey period, tableau indicated a total of 36 Spanish paper surveys collected from migrant worker and Spanish-speaking populations in Cumberland County. However, approximately 200 surveys indicated an alternate county of residence, despite collection in Cumberland. These surveys were entered into REDcap and marked for the appropriate county as indicated by the participant and excluded from the Cumberland County analysis.

There were no incentives provided for participating in the survey.

Focus Groups

Two focus groups were conducted with two identified priority groups. Priority populations chosen were college students and Spanish speaking migrant farm workers. The groups were selected based on previous assessment data and demographics showing considerably lower response rates from these groups. These dialogues were crafted to invite priority populations to discuss issues affecting them based on significant needs indicated by secondary data. Both groups were asked the same eight (8) recommended focus group questions from Health ENC. A list of the questions is available in Appendix A. Both groups were issued a \$10 prepaid incentive for their participation at the conclusion of the session. Funding to support this effort was brought by the Healthiest Cities and Counties Challenge through the Aetna Foundation.

The student focus group consisted of three (3) participants and staff members from Cumberland County Department of Public Health served as the moderator, notetaker and observer. This group was conducted virtually on May 12, 2021. Participant's self-reported physical residence of Cumberland and Hoke Counties; and do work, go to school and access resources in Cumberland.

The Spanish-speaking focus group was conducted with migrant farm workers, in partnership with NC Cooperative Extension. This group consisted of eleven (11) participants and was conducted outdoors on May 27, 2021. Two Spanish-speaking interviewers, a Spanish-speaking observer and two English-speaking observers from the Health Department participated. The focus group was conducted fully in Spanish. Participants all self-reported residing and accessing resources in Cumberland.

Secondary Data Sources

The community health/community health needs assessment should provide a comprehensive source of the best available data to improve the lives of people. With a simple search from a smartphone one can access powerful data from reputable sources. The internet and broad-band connectivity have become essential tools for acquiring information and staying informed.

All data starts with a good data source and paying attention to the data sources is a critical factor in the decisions we make using data. Reputable data sources provide original data or complete transparency about the original source. The data source provides enough information about the data to provide context so that the data may be interpreted. The best data sources are current and reliable. Even if the data lag and perhaps older than a year or more, data trends are often just as important for decision making as a single data point. Changes in definitions and methodology are documented and easily found with the data.

This assessment relies largely on data that are available from the following sources:

- Healthy North Carolina 2030 (HNC 2030) - <https://schs.dph.ncdhhs.gov/units/ldas/hnc.htm>
- NC State Center for Health Statistics - <https://schs.dph.ncdhhs.gov/>
- U.S. Census Bureau - <https://www.census.gov/>
- County Health Rankings and Roadmaps - <https://www.countyhealthrankings.org/>

Additional data/data sources that were reviewed for this assessment can be found in the Appendices.

Limitations

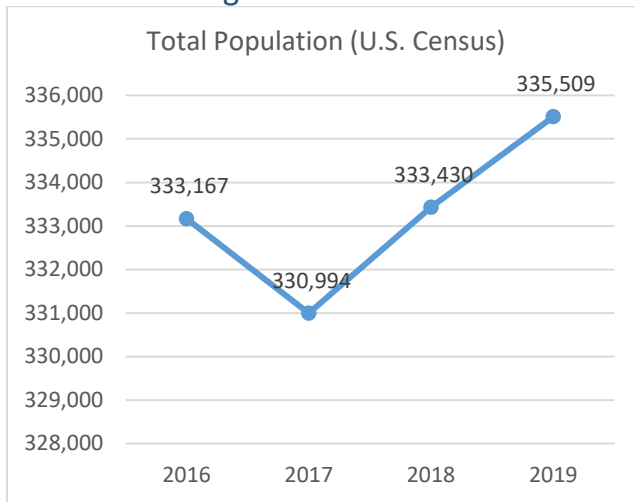
- The data presented represents a snapshot of the population, economic and the leading health and wellness issues in eastern NC communities. Trend data is presented, where available.
- Most counties did not have an equally distributed response to surveys to represent their entire county's population. 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 ensure many of their clients' health needs were considered.
- Other health issues, data and resources may be available that were not listed here that communities may wish to consider when establishing health priorities.
- A convenient sample was used by collected surveys at mass vaccination sites during COVID-19 management due to societal restrictions of in person gatherings and county employee travel. The results related to COVID-19 vaccine uptake may be skewed higher than the general population.

- While the Cumberland County collaborators and key stakeholders did make considerations for high priority issues, the effect of social determinants of health, health equity, access to services and prior CHNA priorities were examined in the final selection process.
- The stakeholder group was limited by the number of representatives present for the final vote at the second stakeholder meeting
- Focus groups were limited by number of respondents and challenges to participant engagement
- Focus group participation was limited due to virtual-meeting burnout and students' willingness to participate.
- Although significant to the needs of the community and current demographic profile, the stakeholder group was limited by the number of representatives present for the final vote at the second stakeholder meeting. All invited were not in attendance. Virtual meetings were the best method to relay this information to the group and receive input on priority selection, while following social distancing standards within Centers for Disease Control and Prevention recommendations. This method made it difficult to engage and had limitations regarding the individual user knowledge of the platform used, virtual meeting-burnout amidst the pandemic, and less authentic interaction than would be presented within in-person meetings.

Chapter 2 Demographic Profile

Total Population

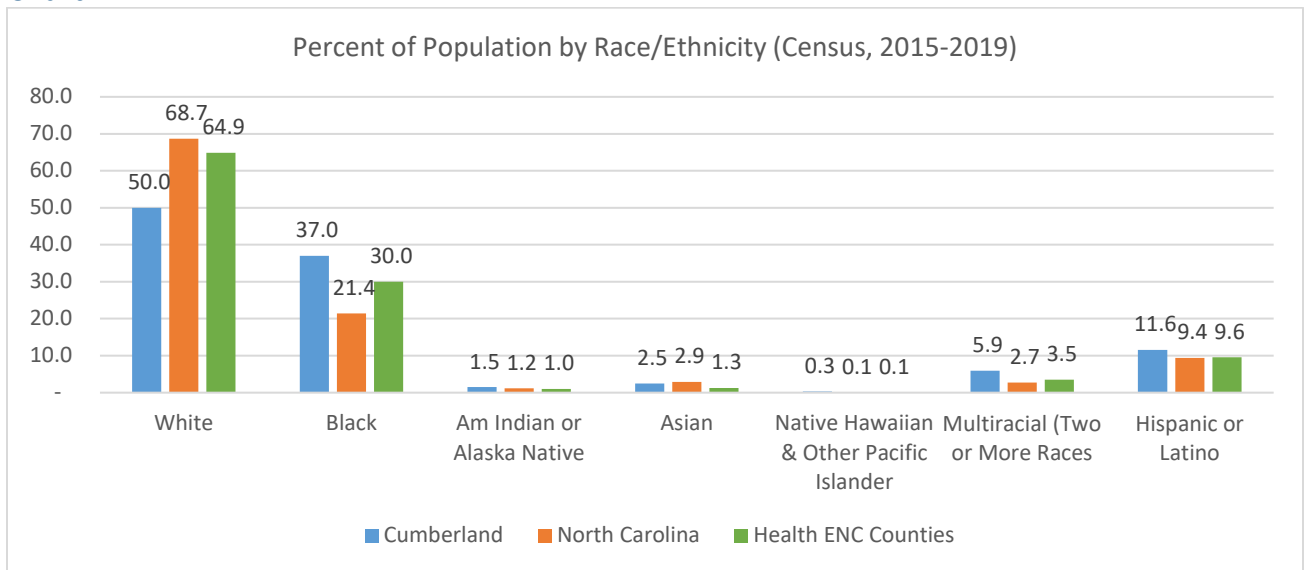
Figure 2.1



• In 2019, Cumberland County had a population estimate of 335,509

Minority Populations

Chart 2.1



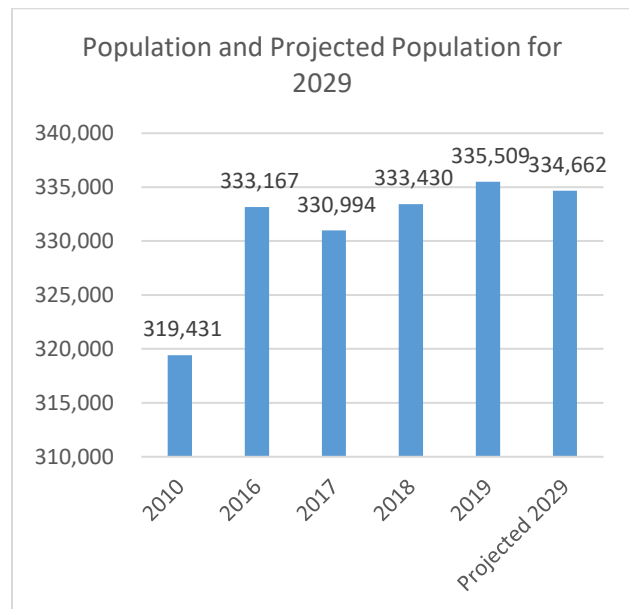
The White population accounts for 50.0% of the total population in Cumberland County, with the Black or African American population accounting for 37.0% of the total population. The White population in Cumberland County (50.0%) is lower than the White population in North Carolina (68.7%) and lower than 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 Health ENC County Region (9.6%)

Population Estimate

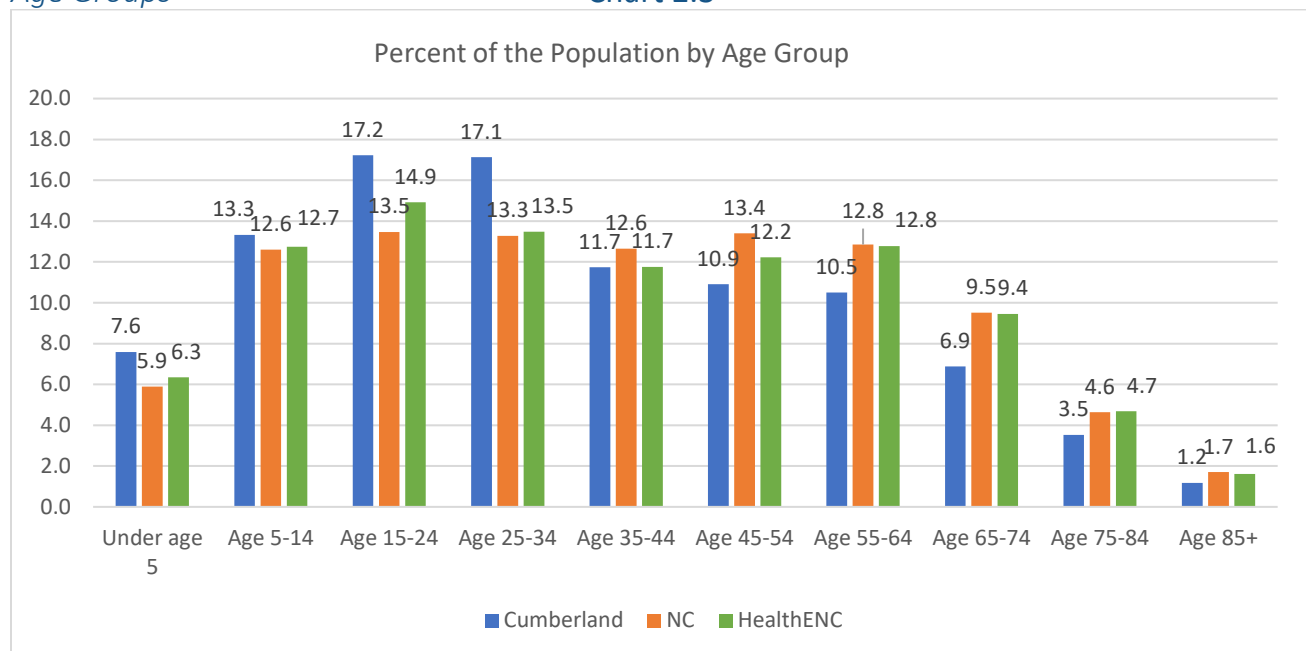
- The projected population for Cumberland County for 2029 is estimated at 334,662 persons
- From 2010 to 2019, the total population of Cumberland County has increased by an overall 5.0%

Chart 2.2



Age Groups

Chart 2.3

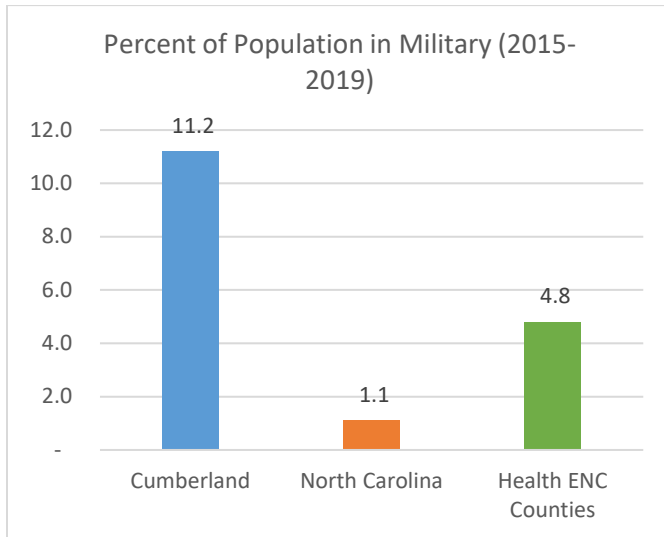


In Cumberland County, the percentage of people between the ages of 15-24 was higher (17.2%) than the Health ENC Counties (14.9%) and NC (13.5%). The percentage of those 65 years of age or older were lower in Cumberland County compared to Health ENC County Region and NC.

Military/Veteran Populations

Military Population

Chart 2.4



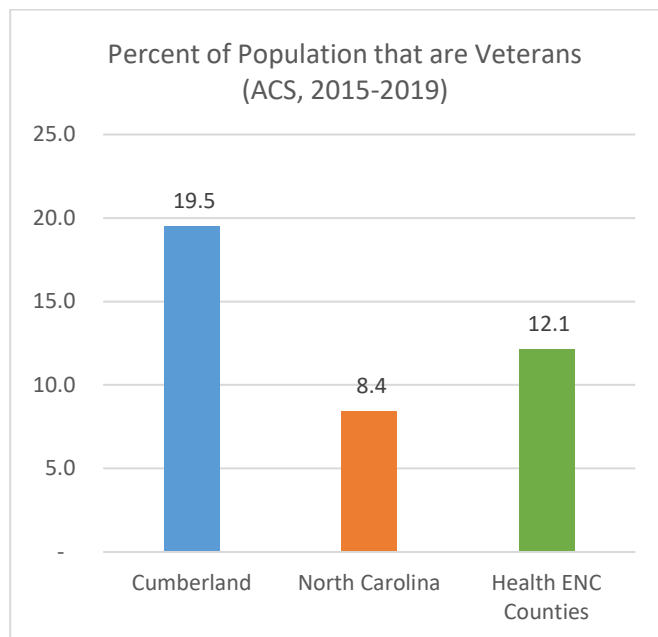
The percent of the military population in Cumberland County is 11.2% compared to the counties in Health ENC (4.8%) and North Carolina (1.1%).

Veteran Population

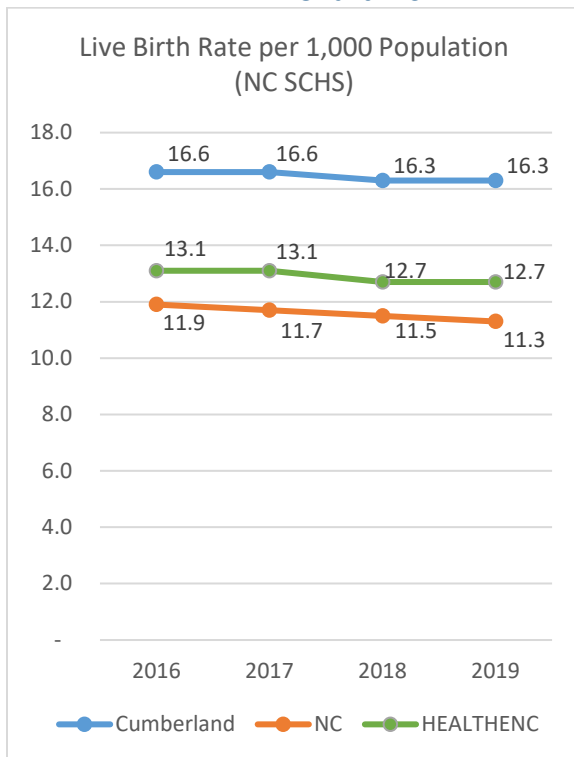
The veteran population is given as a percent of the civilian population aged 18 years and older. This data is often used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities.

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.

Chart 2.5



Birth Rates **Chart 2.6**



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.

This figure illustrates that the live birth rate in Cumberland County was much higher when compared with the Health ENC Counties and NC.

Further, birth rates have decreased slightly over the past three measurement periods across Cumberland County, Health ENC Counties and NC.

- Overall, between 2016 and 2019 Cumberland County had an overall higher live birth rate than the Health ENC Region and N.C. but shared a similar decline in the live birth rate.

Analysis of Demographic Data

The demographics of Cumberland County, which is made up of nine municipalities, indicate an increase in population which is significant for the transient status of its residents. Growth and transient status could be attributed to the military profile of the area which is significantly higher than the state average and that of Health ENC due to Fort Bragg Army Base being mostly situated within Cumberland County. However, population growth is expected to decline by 2029.

Fort Bragg, “the Home of the Airborne and Special Operations,” with approximately over 300,000 residents, 57,000 military personnel, 11,000 civilian employees and 23,000 family members is one of the largest military complexes in the world. With a portion of Fort Bragg being located within Cumberland County, this contributes to the military population being 11.2% of our total residents compared to 1.1% across the state. This also contributes to our 19.5% veteran population, which is significantly larger than the state at 8.4% and region at 12.1%. Availability of veteran services located in Cumberland County can also contribute to the large veteran population.

The 2020 Census Total Population (Chart 2.1) for Cumberland County indicates a 0.5% annual growth rate and that trend is followed through 2019. Though growth between 2010 and 2019 has increased overall by 5.0%, the projected population for 2029 shows an estimated decline at 334,662. Population growth and decline can be impacted by different factors such as aging of population, immigration levels, disease burden and birth rates.

Birth rates are significant to population health measures and contribute to community growth or decline. The current live birth rate in Cumberland is much higher than the Health ENC region and the state

compared. Although this rate of 16.3 per 1,000 population is comparatively higher, the decline of birth rates is consistent and seen similarly across the state. See Chart 2.2.

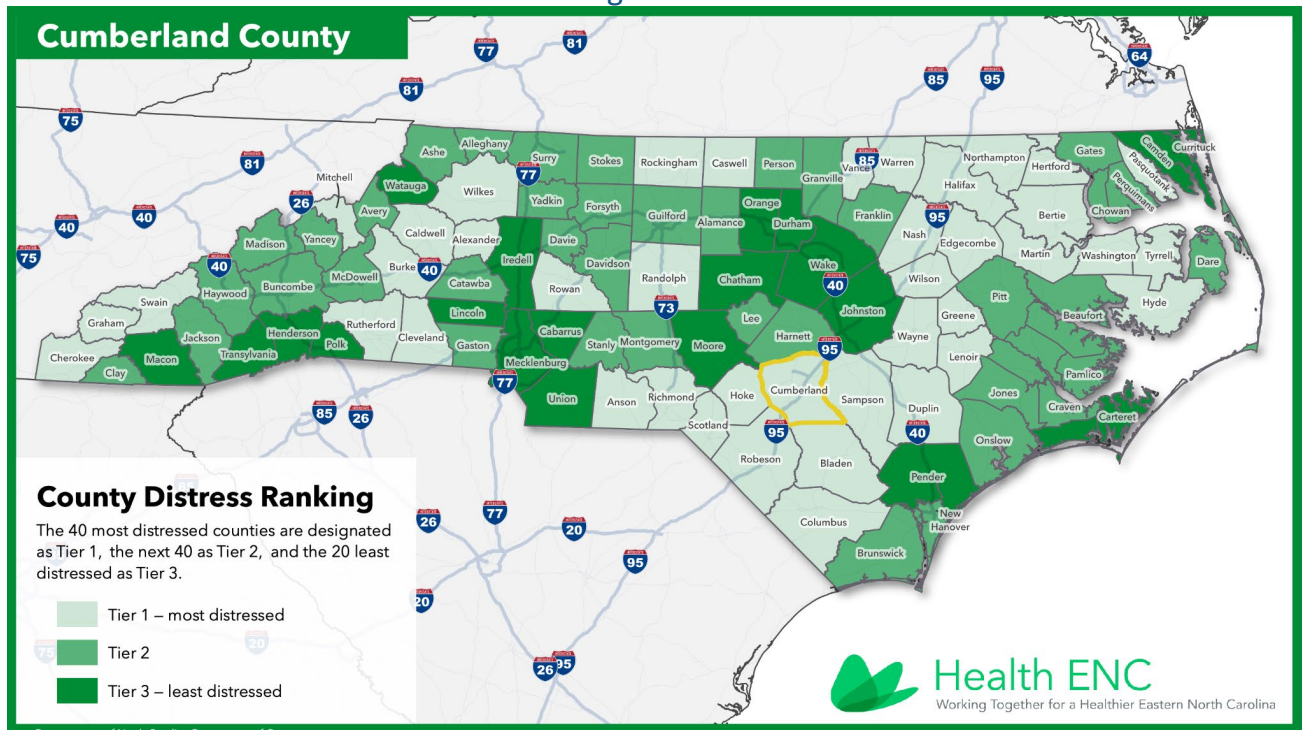
Age groups in populations are another factor that contributes to the birth rates in Cumberland County. The data shown in Chart 2.4 reflects that most of the population in Cumberland County is adolescent to middle aged. Ages 15-24 and 25-45 have the highest percentage of the population at 17.2%, higher than the Health ENC and state average. Although typically this age group contributes to a higher rate of birth, individuals are waiting longer to have children or deciding not to have them, which contributes to future population decline. The Cumberland County senior population is lower compared to the region; this being the 65 years of age or older group.

Half of the Cumberland County total population are people of White race. Black and other racial groups make up less than half of the community, and this percentage is still more than the state average (see Chart 2.2). Cumberland also has a higher percentage of the population identifying as Hispanic or Latino. This is important to consider in identifying socio-economic factors that influence ethnic groups or cultural needs throughout the community and developing programs that address specific disparities that affect marginalized groups.

Chapter 3 Socioeconomic Profile

NC Department of Commerce Tier Designation

Figure 3.1



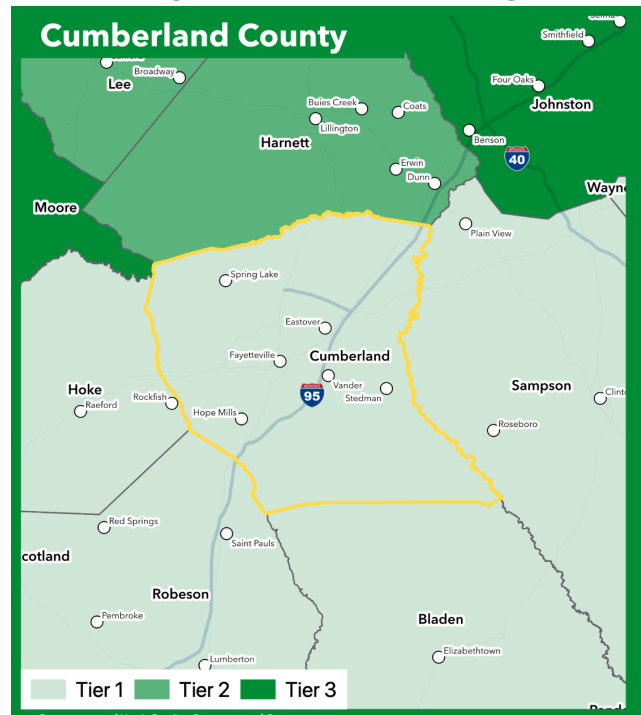
Each year, the North Carolina Department of Commerce annually ranks the state’s 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. In 2021, Cumberland County 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

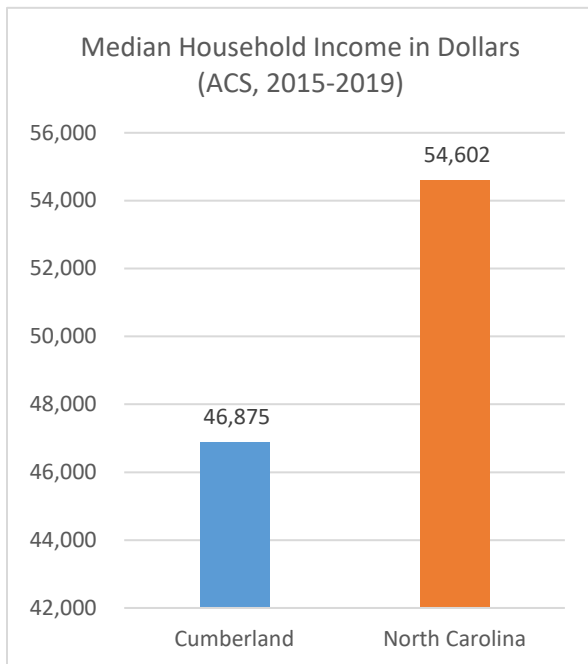
This map shows Cumberland County and surrounding counties and Tier designations.

In 2021, Cumberland County was given a Tier 1 designation.

Figure 3.2
Surrounding Counties and Tier designations



Household Income
Chart 3.1



Median household income reflects the relative affluence and prosperity of an area.

Areas with higher median household incomes are more likely to have a greater share of college educated residents and lower unemployment rates and better health.

- The median household income in Cumberland County (\$46,875), which is lower than the median household income in North Carolina (\$54,602).

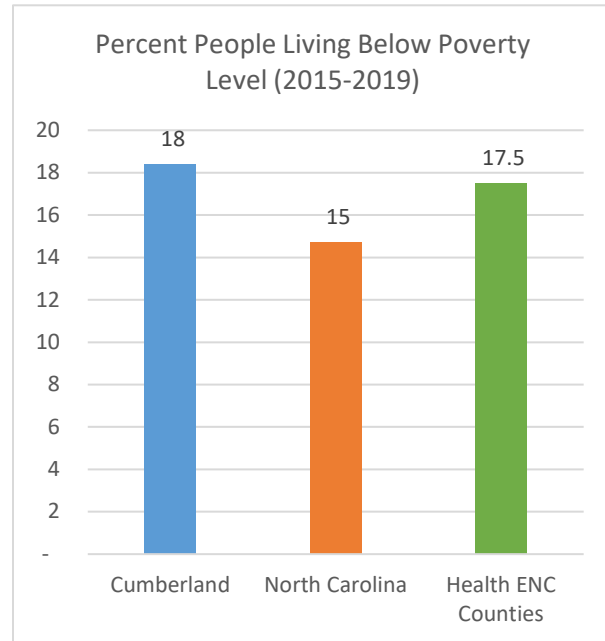
Poverty

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 can be a consequence of poor economic conditions.

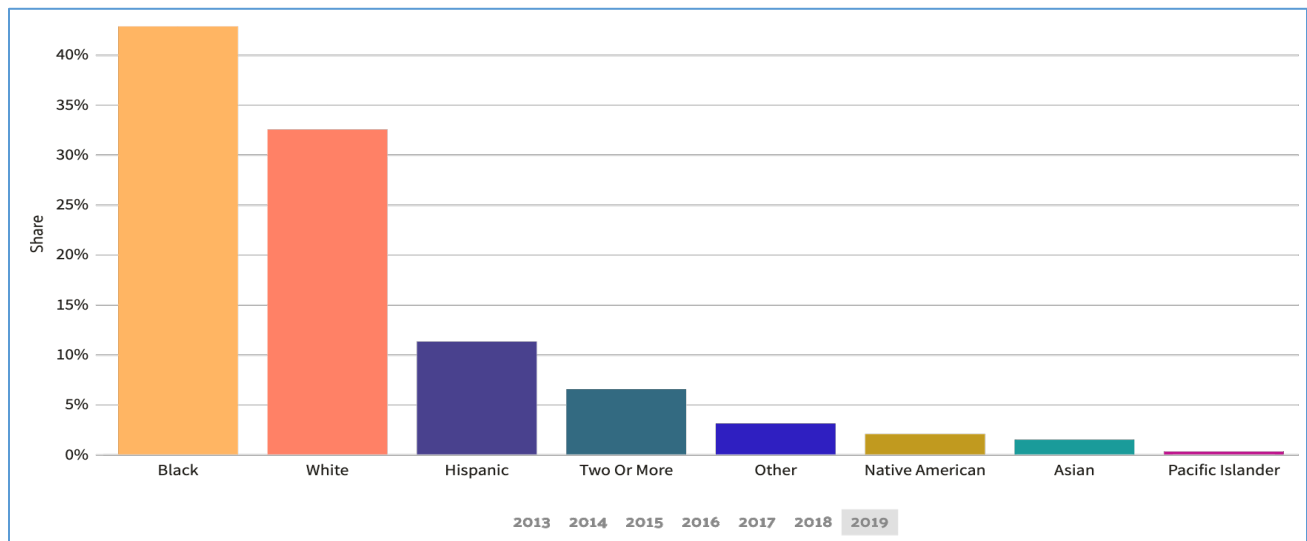
As seen in this Chart, 18.0% of the population in Cumberland County lives below the poverty level, which is a higher than the average for North Carolina (15.0% of the population) and the Health ENC County Region (17.5%).

Chart 3.2



Poverty by Race and Ethnicity

Chart 3.3



Source: U.S. Census Bureau ACS 5-year Estimate

<https://datausa.io/profile/geo/cumberland-county-nc#economy>

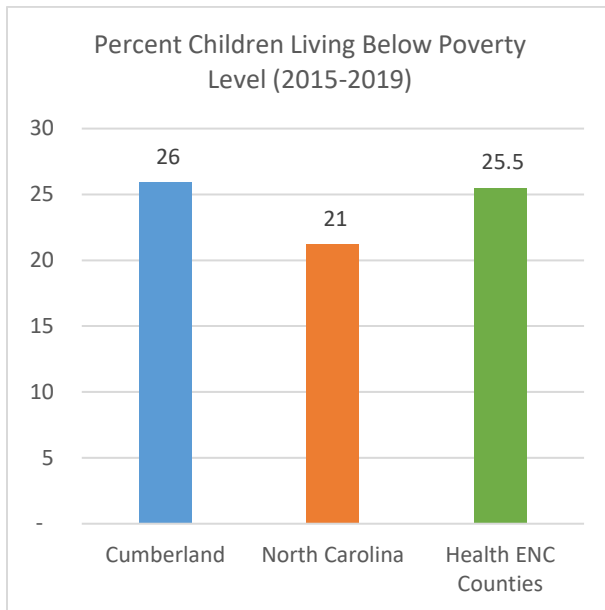
The most common racial or ethnic group living below the poverty line in Cumberland County, NC is Black, followed by White and Hispanic.

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, then that family and every individual in it is considered to be living in poverty.

*Data from [the Census Bureau ACS 5-year Estimate](#).

Children in Poverty

Chart 3.4



Data from the American Community Survey (part of the US Census) indicated during the 2015-2019 period, the percent of children living in poverty level was higher in Cumberland County (26.0%) compared to the average percent of those living in poverty in NC (21.0%) and than Health ENC Counties (25.5%).

Children living in poverty are more likely to have physical health problems, behavioral problems and emotional problems.

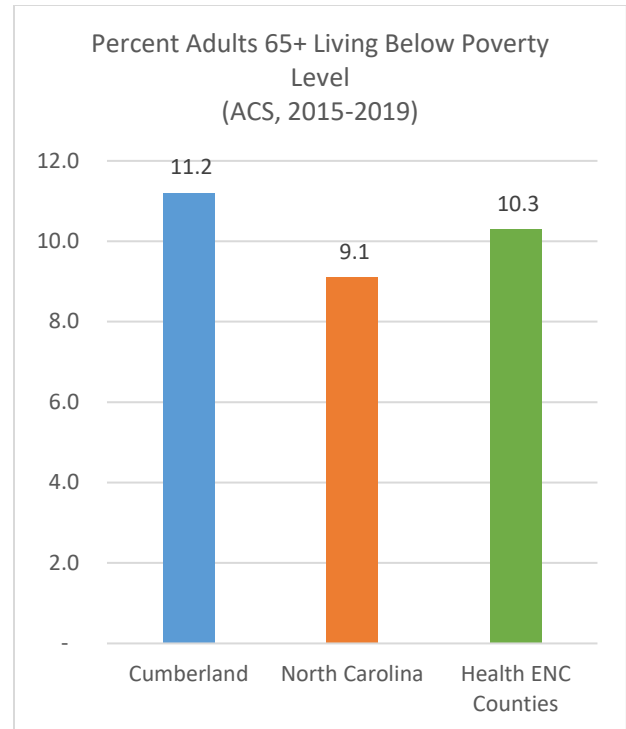
The percent of children living in poverty was 0.5% higher in Cumberland County when compared with the average percent of children living in poverty in Health ENC Counties and 4.0% higher than the average of children living in poverty in NC

Older Adults in Poverty

Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation.

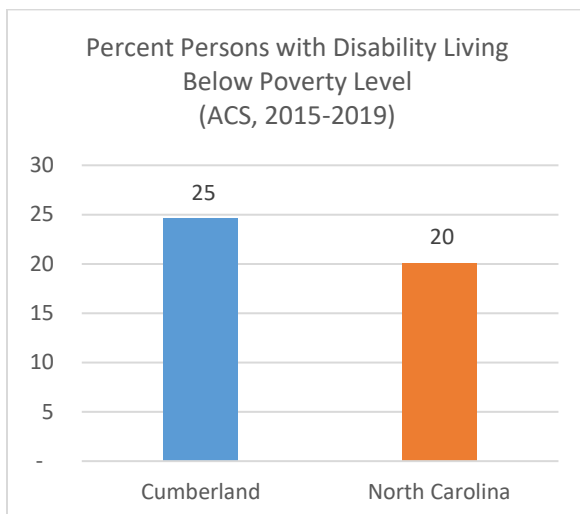
- The percent of adults 65 years of age and older living in poverty was 2.1% higher in Cumberland County when compared with NC and 0.9% higher than Health ENC counties.

Chart 3.5



Disabled People in Poverty

Chart 3.6



- The percent of persons with a disability living in poverty in Cumberland County was 5.0% higher when compared to NC in 2015-2019 period (25.0% vs. 20.0%)

Housing

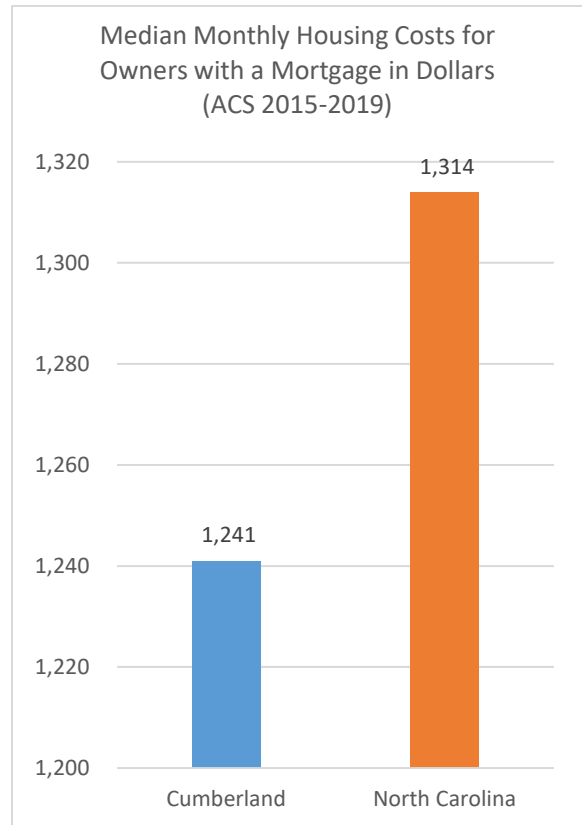
Housing – Median Monthly Housing Costs

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 value of 2.57 people per household (owners) but slightly lower for renters (2.43 people per household).

High costs of homeownership with a mortgage can strain both homeowners and the local housing market. This chart shows mortgaged owners median monthly household costs were lower in Cumberland County, than the median housing costs for NC. homeowners with a mortgage.

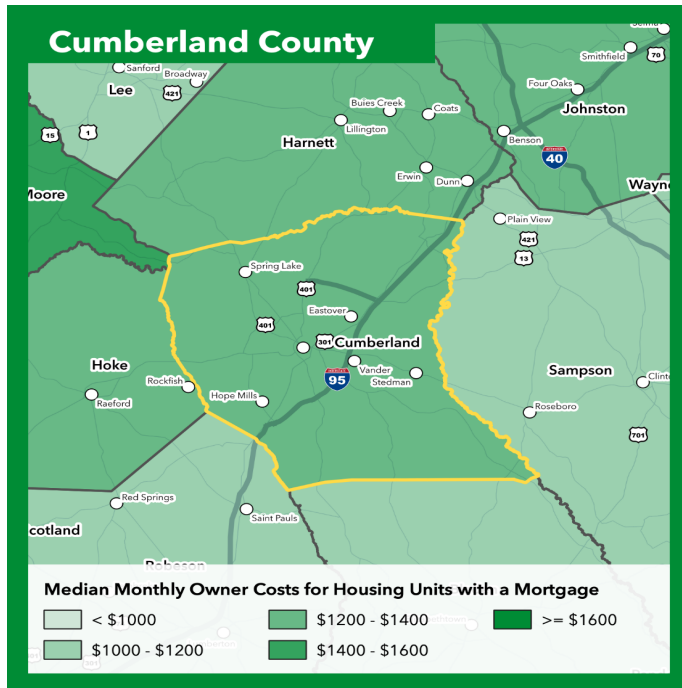
- In Cumberland County, the median housing costs for homeowners with a mortgage is \$1,241, which is lower than the NC median \$1,314 costs.

Chart 3.7



Median Monthly Household Costs in Cumberland County and Surrounding Counties

Figure 3.3



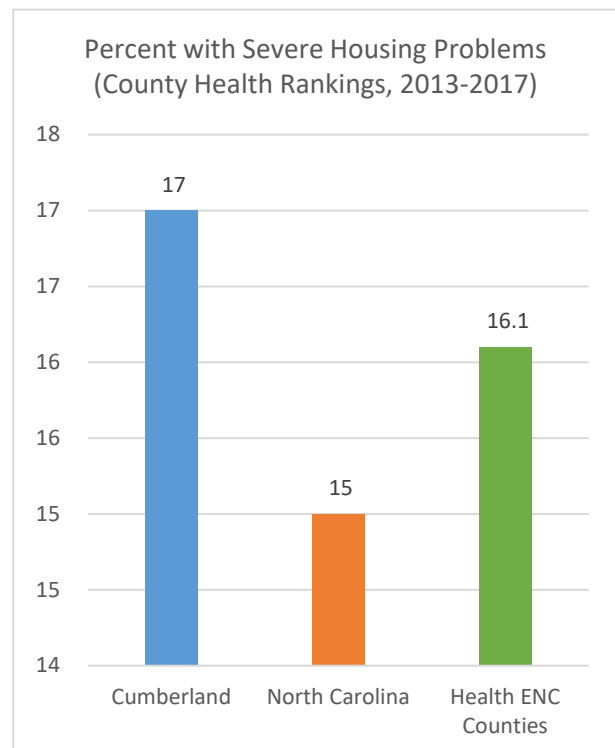
This figure provides a snapshot of median monthly owner costs for housing units with a mortgage for Cumberland and surrounding counties.

Severe Housing Problems

Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread.

- Housing problems can influence health
- Severe housing problems include overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities
- According to the 2013-2017 County Health Rankings, 17.0% of households in Cumberland County had severe housing problems, compared to 15.0% in North Carolina and 16.1% in Health ENC Counties.

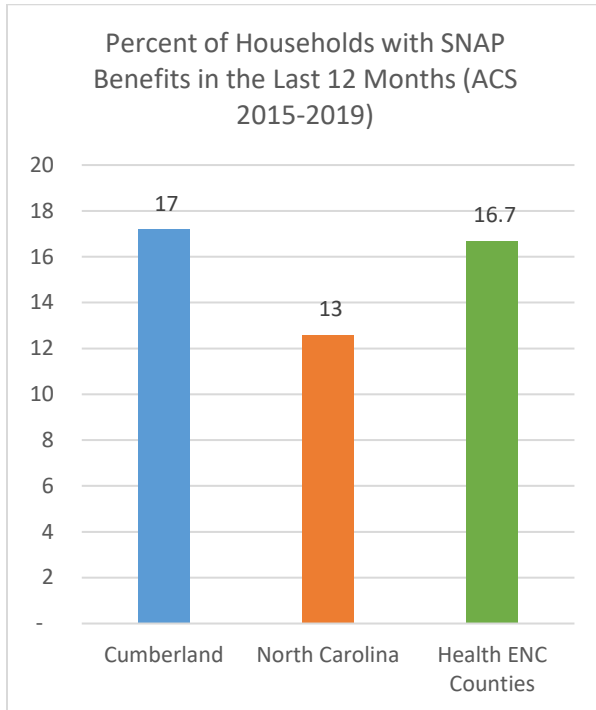
Chart 3.8



Food Insecurity

Households with SNAP Benefits

Chart 3.9



The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with benefits that can be used to purchase food using Electronic Benefits Transfer (EBT). The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.

This chart shows the percent of households with children that participate in SNAP. The percent for Cumberland County, 17.0%, is higher than the state value of 13.0% and the Health ENC region (16.7%).

- The percent of households with SNAP benefits in Cumberland County during this period was 17.0%, which was 4.0% higher than the state (13.0%) and 0.3% higher than the Health ENC County Region (16.7%).

Education

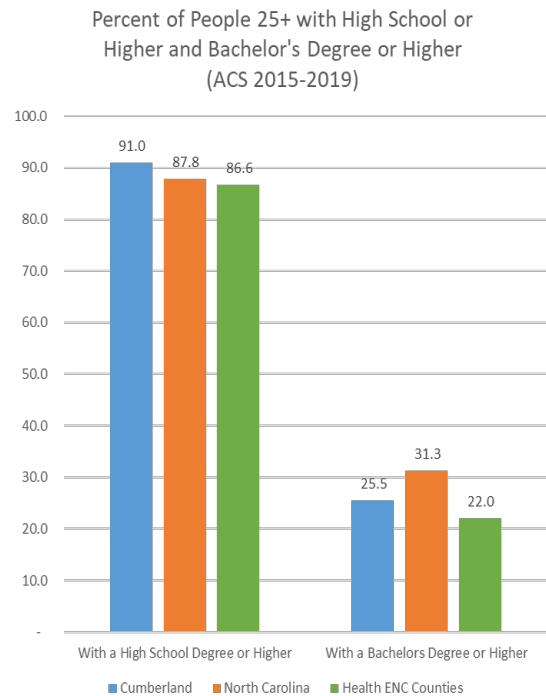
Educational Attainment

Graduating from high school is an important personal achievement and 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 career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs.

Countywide, the percent of residents 25 or older with a high school degree or higher (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.

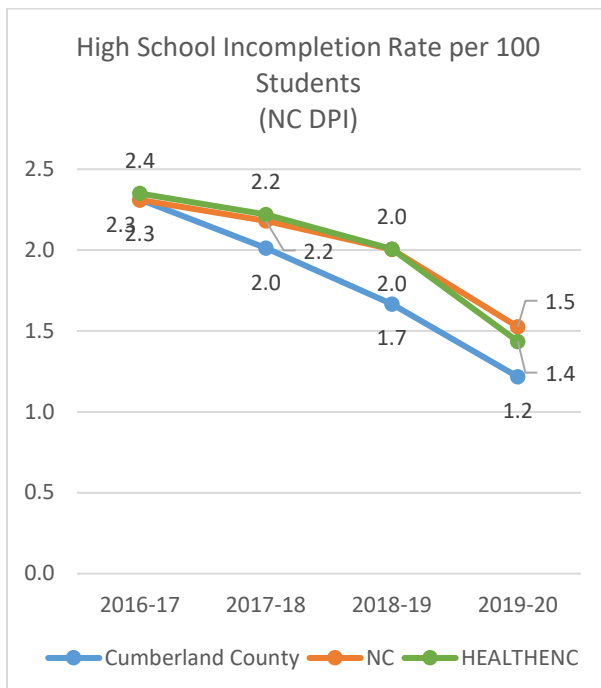
While 31.3% of residents 25 and older have a bachelor’s degree or higher in North Carolina, only 22.0% of residents 25 and older have a bachelor’s degree or higher in the Health ENC counties and 25.5% in Cumberland County.

Chart 3.10



High School Incompletion Rate

Chart 3.11



Students who do not complete high school earn less income than high school and college graduates and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing a community’s economic, social, and civic health.

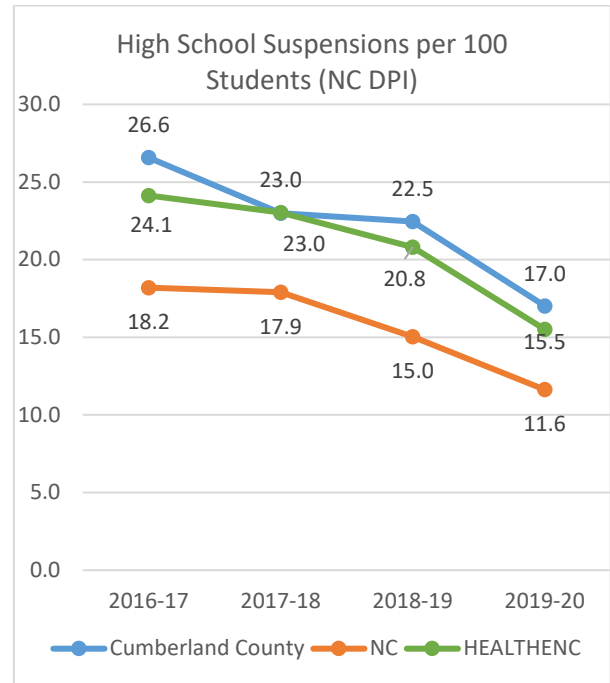
- Cumberland County’s high school incompletion rate was 1.2% in 2019-2020, which was slightly lower than the rate in North Carolina (1.5%) and the Health ENC region (1.4%)
- Cumberland County’s high school incompletion rate has decreased from 2.3% in 2016-2017 to 1.2% in 2019-2020

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. Children of color are disproportionately punished through mechanisms like short-term suspension from school. These negative educational outcomes can have lifelong impacts on health

- Overall, the High School Suspension rate is decreasing in Cumberland County.
- In 2019-2020, the H.S. suspension rate was 17 per 100 students and remains higher than NC (11.6) and the Health ENC region (15.5).

Chart 3.12



Transportation

Chart 3.13

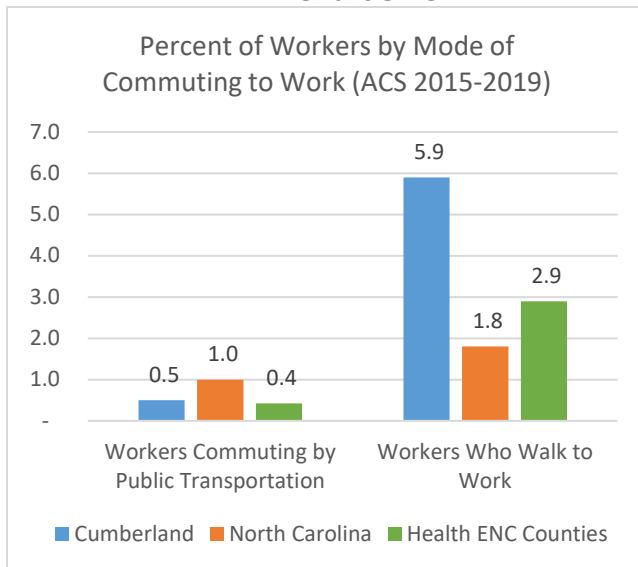
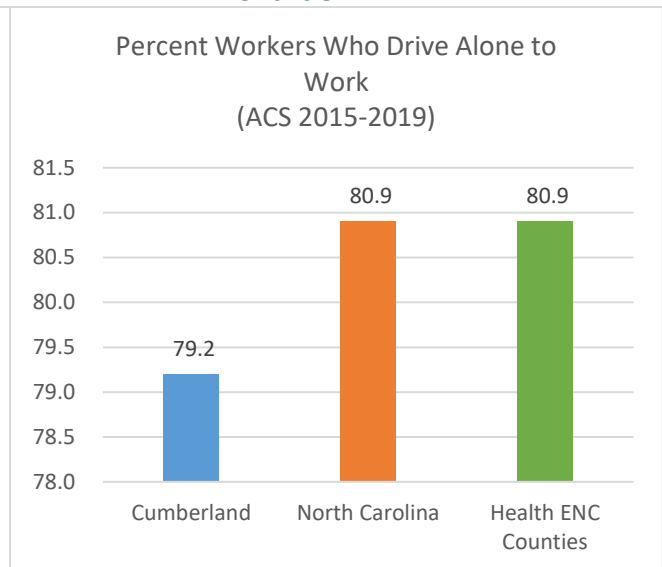


Chart 3.14



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, an estimated 0.5% of workers commute to work by public transportation, compared to the state value of 1.0%.
- Approximately 5.9% of resident's workers walked to work, higher than the state value of 1.8% and Health ENC counties.
- An estimated 79.2% of workers 16 and older drove alone to work, compared to 80.9% in NC and the Health ENC region.

Crime and Safety

Chart 3.15

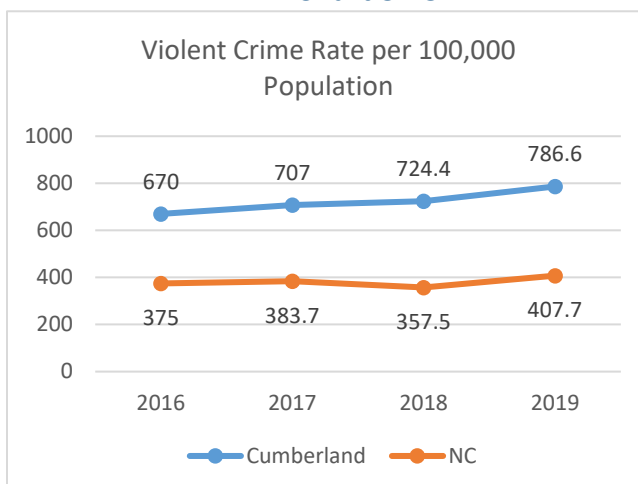
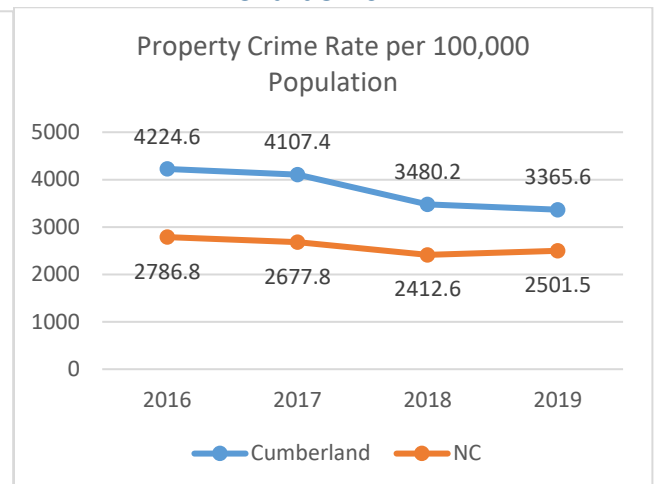


Chart 3.16



CUMBERLAND COUNTY

2021-2022 Community Health Needs Assessment

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.

- From 2016 to 2019, the violent crime rate in Cumberland County has increased from 670 to 786.6 (per 100,000 pop.).
- Overall, during the same period, the property crime rate has decreased from 4224.6 to 3365.6 (per 100,000 pop.) but remains higher than the NC rate.

Juvenile Crime

Chart 3.17

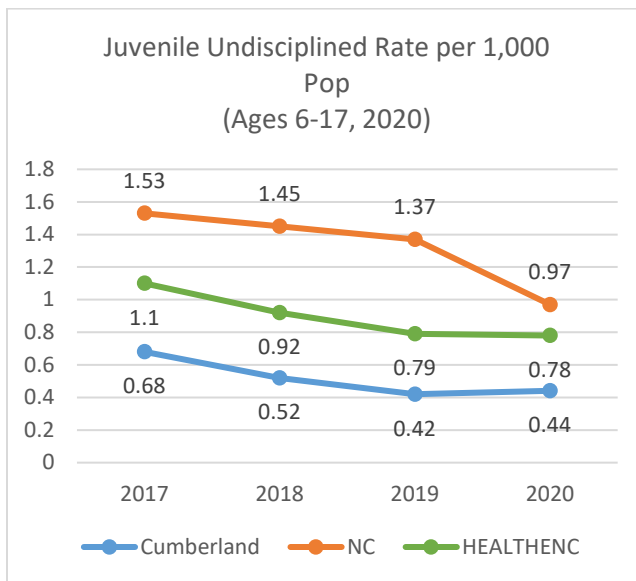
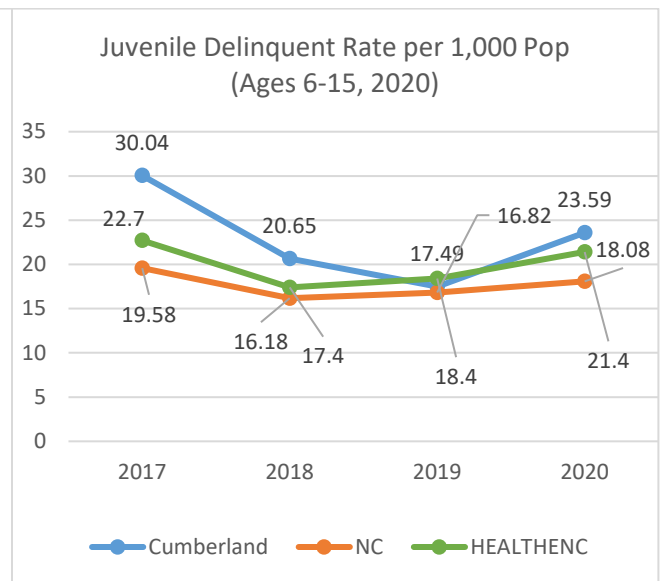


Chart 3.18



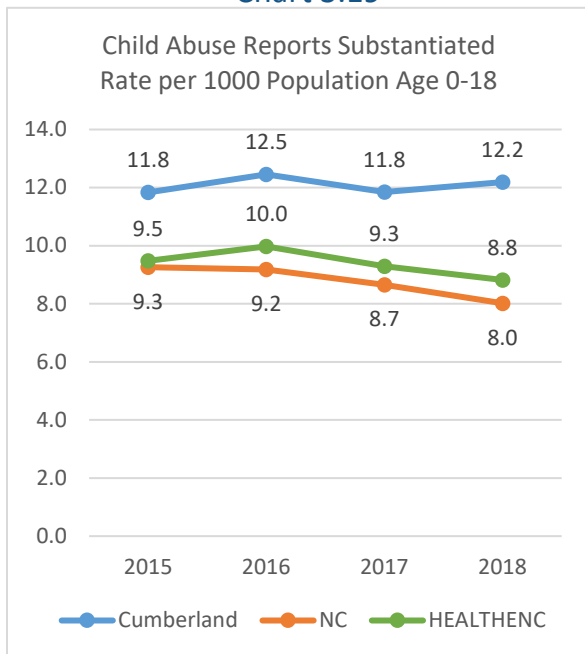
Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims to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

The 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.

- In 2020, the juvenile undisciplined rate in Cumberland County (0.44) was lower than the rate in North Carolina (0.97) and the Health ENC region (0.78)
- In 2020, the juvenile delinquent rate for Cumberland County was higher (23.59) than NC (18.08) and the Health ENC region (21.4)

Child Abuse

Chart 3.19



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.

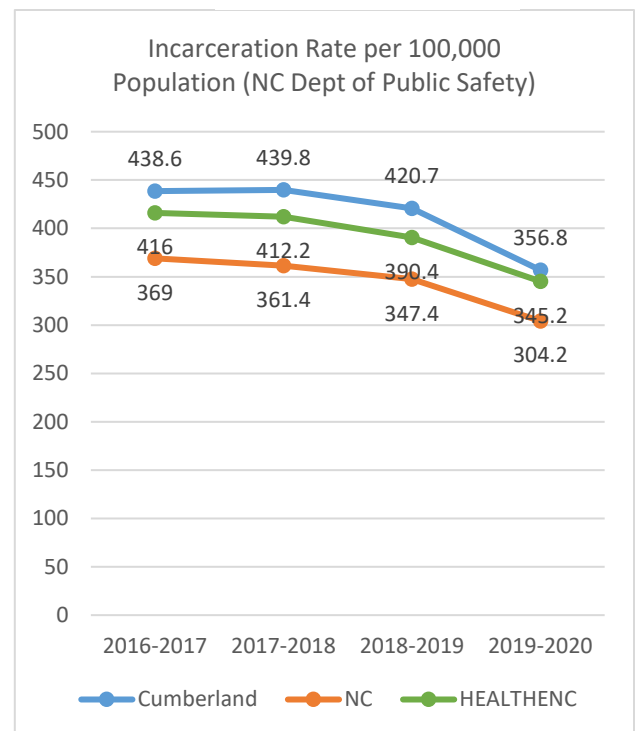
- The 2018 child abuse rate in Cumberland County was higher (12.2 per 1,000 pop. of children) than NC (8.0) and the Health ENC region (8.8).

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.

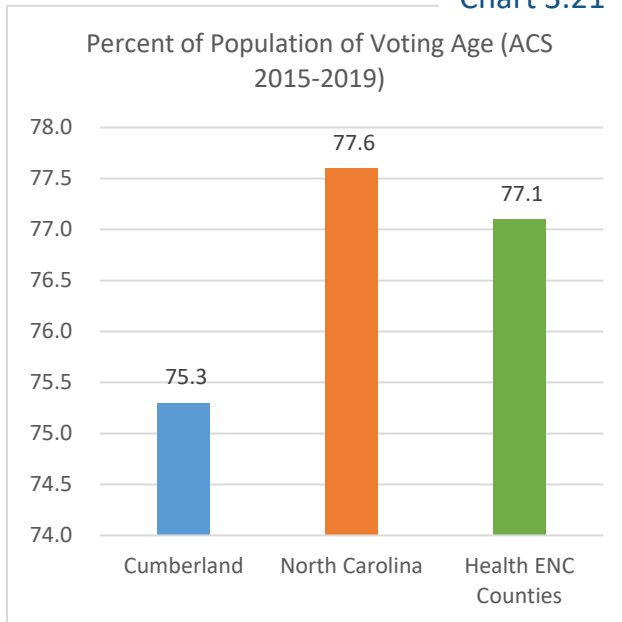
- Over the past four measurement periods, the incarceration rate in Cumberland County has decreased.
- In 2019-2020, the incarceration rate in Cumberland County was higher (356.8 per 100,000 population) than NC (304.2) and the Health ENC region (345.2)

Chart 3.20



Civic/Political Engagement

Chart 3.21



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.

- 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%)

Analysis of Socioeconomic Profile

The socioeconomic profile for Cumberland County impacts how residents live, work and prosper. It is important to think on the timing of the information in this assessment for this Cumberland County. Primary data was collected during the COVID-19 pandemic and may not fully represent the impact of the pandemic on resident wellness overall. The CHNA survey included questions on the seriousness of COVID-19 and asked participants to rate their interest in vaccination during the pandemic. Secondary data was collected pre-pandemic and does not reflect the large impact COVID-19 had on income, housing and other factors for Cumberland County citizens. Considering the CHNA survey was issued during the COVID-19 pandemic, it is understood that there are additional health determinants that impact health that were not considered during this process. Further analysis of these socioeconomic factors and how they impact the community could provide additional insight. In many areas Cumberland County fares worse than the state average and the Health ENC region and that fact impacted the health priority selection with stakeholders. Improvement plans will identify ways to turn the curve and decrease levels of poverty, crime and inequities while continuing to see a decline in incarceration and school suspensions. Cumberland County ranks in Tier 1; in the top 40 most distressed counties. This tier considers factors of average unemployment rate, median household income, percentage of growth in the population and adjusted property tax base per capita.

The average household income for Cumberland County is \$46,875. This total income for most households is less than what people earn across North Carolina. Cumberland County's economic status indicates a need for more programs and plans to help people become more financially secure. Areas where citizens make more money tend to have lower unemployment and more people who go to school beyond high school.

How much money a household makes, how many people live in that household and how old each person is how the Census Bureau tracks poverty levels. Areas where there is more poverty usually have more economic issues (homelessness, medical needs, etc.). In Cumberland County 26.0% of children live below the poverty level. North Carolina's average percentage of children living in poverty is 21.0% and Health ENC counties are 25.0%. Older adults who suffer from poverty are at a higher risk of physical limits, medical needs and loneliness. Persons with disabilities may have less access to basic care needs and additional expenses, making it difficult to live independently. The weaknesses of these groups are increased if individuals live in rural areas of Cumberland, creating difficulty accessing their needs. This was seen also during the pandemic with access to food, transportation and access to medical care (testing and treatment). In 2019, the NC Department of Commerce expected that there would be more than 18.0% of Cumberland County residents living in poverty. More than 40.0% of the population that is Black in Cumberland is living below the poverty line. According to the US Census Bureau, the next two groups living under in poverty are White and then Hispanic.

Owning a home in Cumberland is more expensive than it is across the state; it's slightly lower for renters. The cost of owning a home can cause stress on individuals and the housing market. Currently, the average housing costs in Cumberland County (mortgages) is \$1,241. Nearly 17.0% of households have problems such as overcrowding, high housing costs, lack of kitchen and/or lack of plumbing. Safe and affordable housing is an important part of healthy communities in cost burdened households that spend more than 30% of their income on housing, are less likely to have money for utilities, transportation, food, medical care and prescribed medicines.

The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program providing lower income families with electronic benefits to purchase food. The goal is to increase food security and reduce hunger by increasing access to nutritious foods. In Cumberland County between 2015 and 2019 17.0% of households participate in SNAP, which is higher than the state. It is also important to consider the geography of Cumberland County; while the area is large, the city of Fayetteville and other towns are sprawled out, with many rural parts. Transportation and access to food can be a huge issue. CCDPH works to limit this barrier by providing the WIC program in several areas across the county and participating in the Food Policy Council. This issue was also addressed during COVID by offering outreach clinics across the county to give residents access to testing and vaccination.

Getting an education is a personal achievement that can improve a person's life. Cumberland County is home to Fayetteville State University (a historically black college), Methodist University and Fayetteville Technical Community College. As such, across Cumberland County, graduation rates for residents 25 or older are 91.0%; higher than the state and Health ENC region. Even though many of Cumberland's citizens go to college, fewer individuals are looking to further their education. In Cumberland County, 25.5% of residents 25 or older have a bachelor's degree or higher. The number of those who drop out of high school is an important way to measure how stable the community is as well; it directly relates to the number of people in prison and increased criminal activity. In Cumberland, the rate of criminal activity and high school dropouts for 2016-2017 was 2.3% higher than years before. Local schools use suspension as a form of discipline due to violations of school conduct or code. In the past, this rate was measured based on zip code. The current rate of suspension is going down overall in Cumberland. In 2019-2020, the high school suspension rate was 17 per 100 students. This is important to the Cumberland community because individuals who drop out of high school may experience more financial hurdles and can experience additional social, physical and mental health challenges. Discipline behaviors are important to consider when analyzing education in this community as more violations usually lead to more education violations and more cost per student, as well as predictions on future involvement in the juvenile criminal justice system.

Public transportation can help lessen the financial strains of having a car and driving to work, health services and other places. In Cumberland County, about 0.5% of residents use public transportation. Fayetteville, the most urbanized city in Cumberland, has the Fayetteville Area System of Transit (FAST), the City of Fayetteville's public transportation system and FASTTRAC!, a transit service for disabled persons. FAST and FASTTRAC! does not provide service outside of Fayetteville and other towns do not independently operate public transportation systems. Other towns being rural also influence the number of people who drive to work as many jobs are in Fayetteville.

How much violence there is within a community is an important factor in its citizens' safety and likelihood to keep living in the area. Excessive violence reduces productivity, property value and increases the need for social services. Cumberland has 786.6 violent crimes per 100,000 population which is higher than the state average and an increase from 2018. For property crime the rate is 3365.6 per 100,000 population in 2019; also higher than the state's 2501.5 rate, but a decrease from 2018.

The arrest risk for undisciplined juveniles increases because of adverse experiences including abuse and home life problems. There were more juveniles who were unlawfully absent from school in Cumberland County than for the state and Health ENC regional average.

In 2018, the Cumberland County child abuse rate was higher than NC and the Heath ENC region. While any type of child abuse can have traumatic and lasting effects on children, in this assessment, child abuse includes physical, sexual and emotional abuse. The causes of child abuse and neglect are complex and call for a multi-sector approach and solutions. Factors that increase the likelihood of child abuse and neglect include intergeneration trauma, families struggling with socioeconomic factors (poverty, housing, unemployment) and substance abuse, among other factors. Child abuse impacts community services but also how children can thrive in their environment. Promoting protective factors like social and emotional competence, (knowledge of parenting and child development, resilience, connectedness and concrete support) can foster community and family support

Incarceration rates in Cumberland County have consistently declined over the past four assessment periods. For 2019-2020 the rate was 356.8 per 1,000 population, higher than the state and regional averages, but an improvement overall. To slow the spread of COVID-19 in detention centers, many facilities across the state reduced their overall census.

Community members can exercise voting rights and choose elected officials while holding them accountable. Voting exercises their right to voice opinions on civic, financial (tax) and policy issues. For individuals 18 years old or older, Cumberland has a lower percentage of residents who take advantage of this liberty and vote. Fewer residents participating in exercising their voting rights means individuals are not taking the opportunity to voice their opinions and influence policies such as crime and housing.

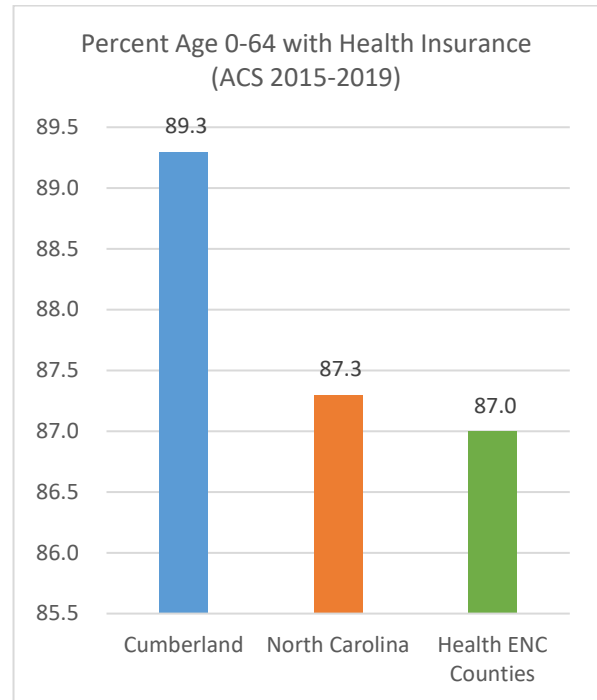
Chapter 4 Clinical Care Profile

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 checkups and screenings, so if they do become ill, they may not seek treatment until the condition is more advanced, and therefore more difficult and costly to treat.

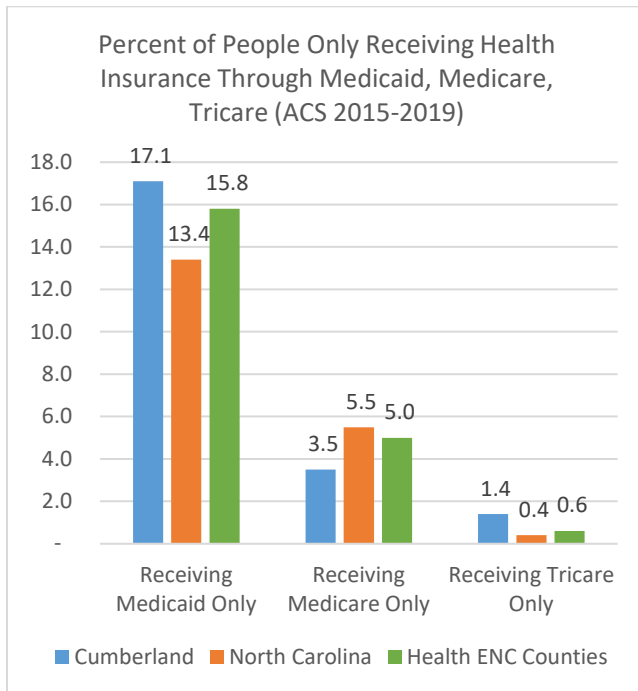
- Approximately 11% of the population 0-64 years of age in Cumberland County are uninsured.
- In Cumberland County, the percent of individuals 0-64 years old that have health insurance coverage is 89.3%, which is higher than NC (87.3%) and the Health ENC region (87.0%).

Chart 4.1



Government Health Insurance Only Coverage: Medicaid, Medicare, Tricare

Chart 4.2



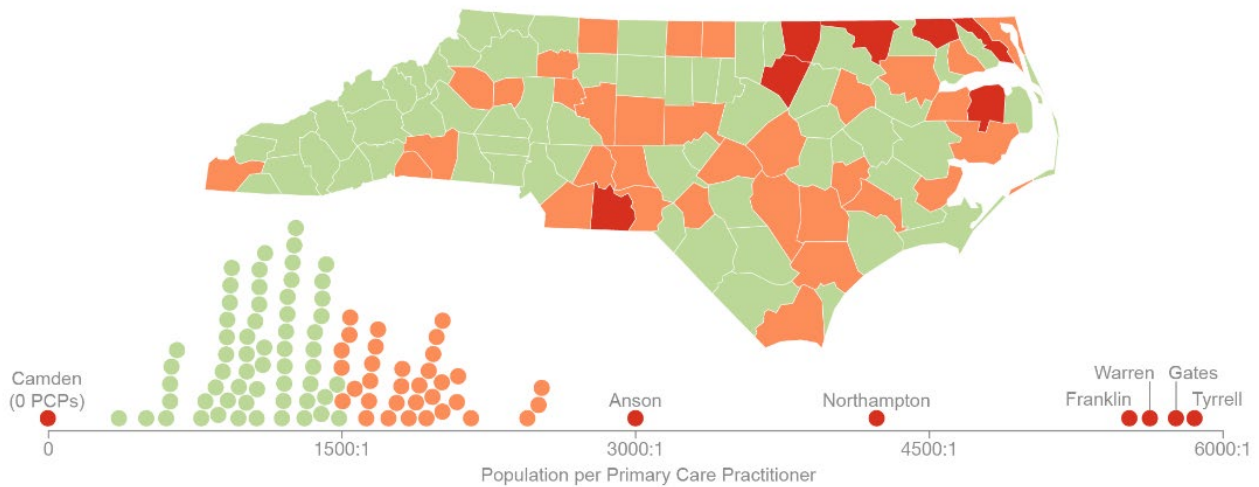
This chart shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE).

- In 2015-2019, the U.S. Census reported 17.1% of the population in Cumberland County received health insurance coverage through Medicaid, 3.5% through Medicare and 1.4% through Tricare.

Primary Care Practitioners

Figure 4.1

Population per Primary Care Practitioner, North Carolina, 2017



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.



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

CUMBERLAND COUNTY

2021-2022 Community Health Needs Assessment

Access to primary care is necessary to improve 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 is shaded green.

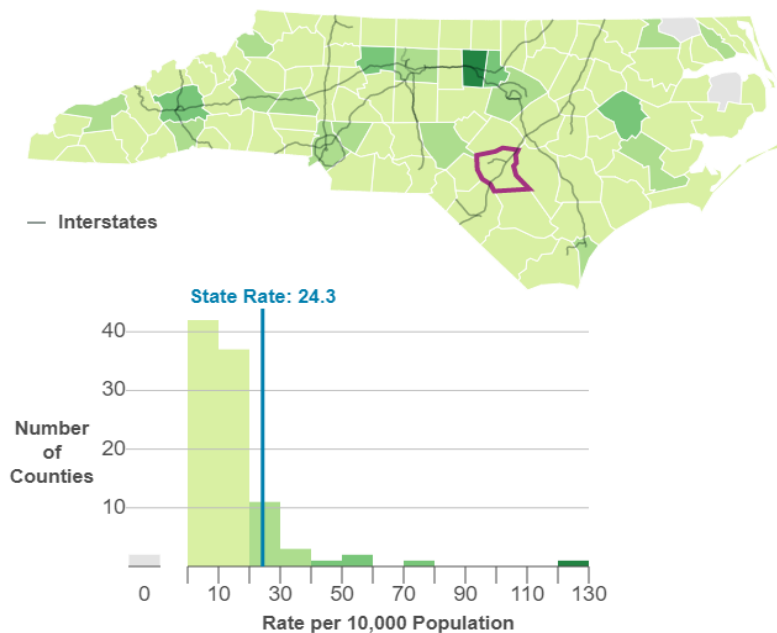
Currently, 60% of NC’s 100 counties meet the NCIOM’s target. As shown in this Figure 4.1, seven counties were substantially below target: Anson, **Northampton**, **Franklin**, **Warren**, **Gates**, **Tyrrell** and **Camden**. **Camden** has a population of just over 10,000 and no primary care providers.

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

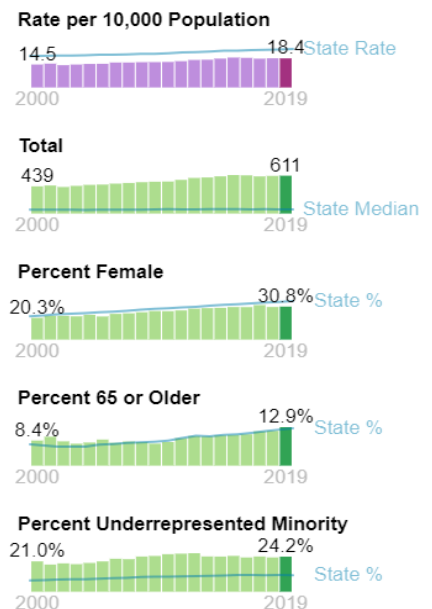
https://nhealthworkforce.unc.edu/blog/primary_care_nc/

Figure 4.2

Physicians per 10,000 Population by County, North Carolina, 2019



Profession Demographics for Cumberland County



SHEPS HEALTH WORKFORCE NC

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, Ceoil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill. Created August 29, 2021 at <https://nhealthworkforce.unc.edu/interactive/supply/>.

<https://nhealthworkforce.unc.edu/interactive/supply/>

As shown in this Figure 4.2, 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://nhealthworkforce.unc.edu/interactive/supply/>.

Analysis of Clinical Care Profile

Health insurance coverage-costs for medical care in the nation are very high. The same can be said for the state average medical care cost and for that of Cumberland County's citizens. The ACS for 2015-2019 indicates that approximately 11.0% of the population 0-64 years of age are uninsured in Cumberland. The percentage of those having insurance (89.3%) is higher than the state average (87.3%) which may be attributed to the income levels of working adults. Those receiving Medicaid only make up 17.1% of the population according to the Census Bureau, while those receiving Medicare only is 3.5% and receiving Tricare only is 1.4%. Most residents in Cumberland County have Tricare that in other Health ENC counties due to the close proximity of Ft. Bragg and the strong veteran presence. Access to primary care is a critical indicator of health. Minimizing the disparity of available health care providers has been improved from 14.5 per 10,000 population in 2000 to 18.4 in 2019, but that is still less than the state rate of 24.3 per 10,000. Health insurance is associated with improved access to healthcare services, improved health outcomes and more appropriate use of the healthcare system. A lack of health care coverage impacts public safety as individuals without coverage may be limited in their ability to receive needed mental health and substance use disorder treatment.

Chapter 5 Chronic and Communicable Disease Profile

Leading Causes of Death

Table 5.1

| 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 | 4546 | 210.2 |
| 2 | Cancer | 535 | 159.46 | 2 | Heart Disease | 19,661 | 187.46 | 2 | Cancer | 4345 | 200.91 |
| 3 | Chronic Lower Respiratory Diseases | 150 | 44.71 | 3 | Chronic Lower Respiratory Diseases | 5,411 | 51.59 | 3 | Cerebrovascular Disease | 1215 | 56.18 |
| 4 | Other Unintentional Injuries | 149 | 44.41 | 4 | Cerebrovascular Disease | 5,203 | 49.61 | 4 | Chronic Lower Respiratory Diseases | 1114 | 51.51 |
| 5 | Alzheimer's Disease | 131 | 39.05 | 5 | Other Unintentional Injuries | 4,683 | 44.65 | 5 | Other Unintentional Injuries | 1006 | 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.

Table 5.1 shows the top 10 leading causes of death or mortality in Cumberland County, North Carolina and Health ENC Counties in **2019**.

Note that Cumberland County death rates were lower for all 10 causes of death than NC and the Health ENC County Region.

Leading Causes of Injury Death, Hospitalizations and Emergency Department visits

Table 5.2

| 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 |

Table 5.3

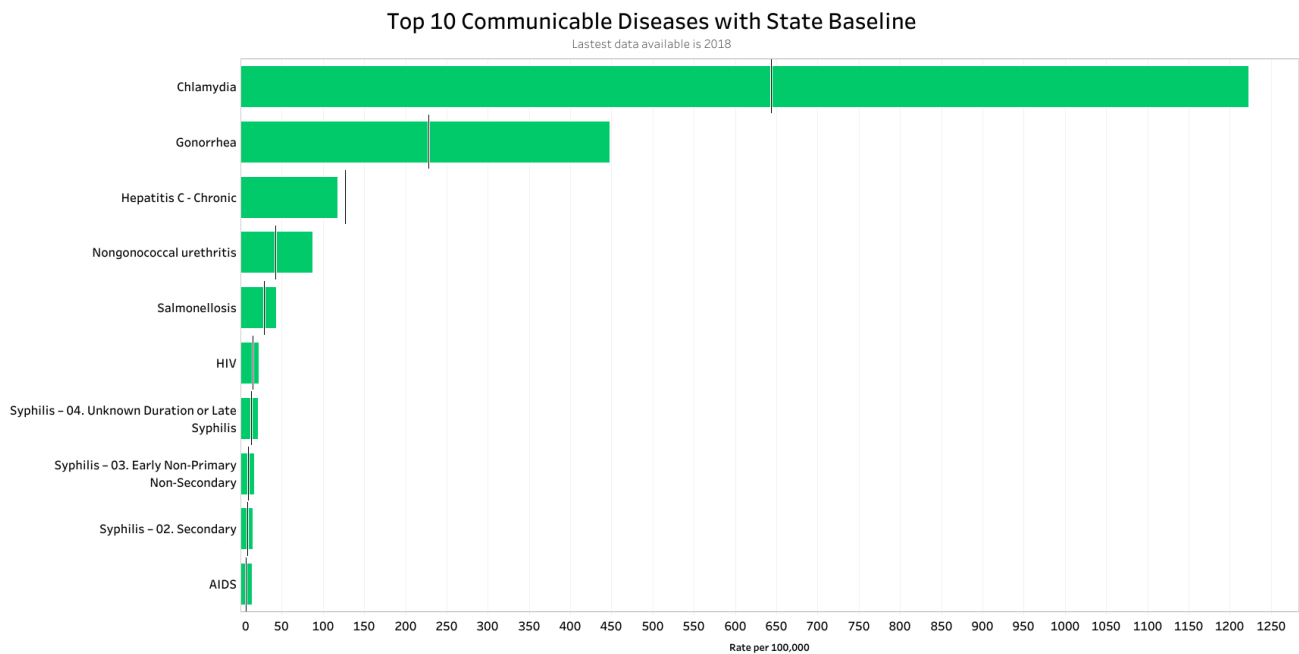
| Leading Causes of Injury Hospitalization 2016 to 2019 CUMBERLAND | | |
|--|----------------------------|--------------|
| Rank | Cause | # |
| 1 | Fall - Unintentional | 2,292 |
| 2 | Poisoning - Unintentional | 1,016 |
| 3 | MVT - Unintentional | 890 |
| 4 | Poisoning - Self-Inflicted | 462 |
| 5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

Table 5.4

| 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 |

Note: MVT indicates Motor Vehicle Traffic Deaths

Chart 5.1 Top Ten Reportable Communicable Diseases



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 communities.

The top communicable diseases as reported by the NC DHHS in Cumberland County in 2018 are chlamydia, gonorrhea, chronic hepatitis C, nongonococcal urethritis, salmonellosis, HIV, late syphilis, early syphilis, secondary syphilis and AIDS.

Chlamydia ranked highest among percent of cases reported. Chlamydia is a common Sexually Transmitted Disease (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 cause of death for Cumberland and for most Health ENC counties the leading cause was heart disease, while for the state the leading cause was cancer. These mortality indicators are ranked from vital statistic data and show the burden of preventable conditions across the region. Leading causes of injury deaths were poisoning and unintentional conditions, such as falls and Motor Vehicle Traffic (MVT) across the geographies. Although these leading causes of death are accurate for 2016-2018, this data is pre-pandemic response to COVID-19 and challenges of high incidence and transmission rates. There have been increases in hospitalizations and emergency department visits within the reporting period that are also significant.

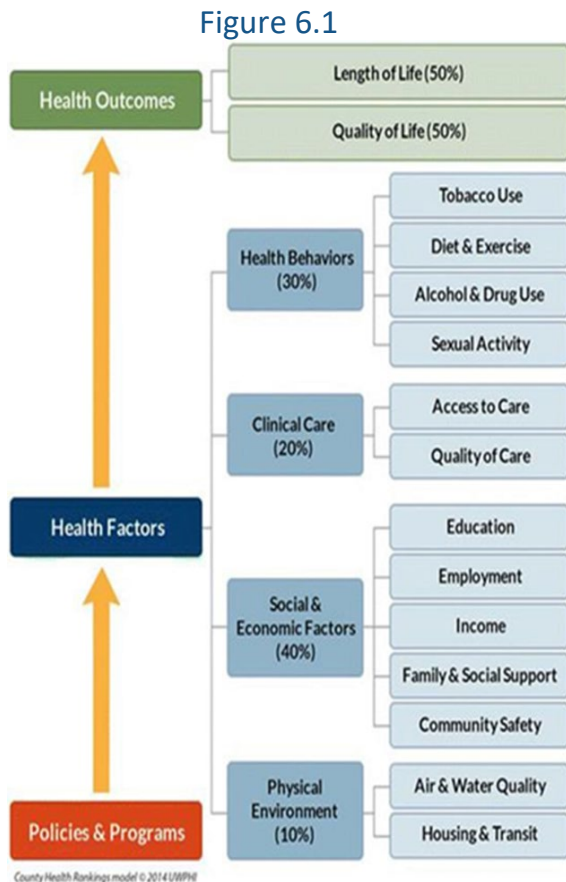
The response to COVID-19 from the local health department and Cape Fear Valley health system has been at the forefront of work across the county. The pandemic has burdened emergency departments and overcrowded hospitals. COVID-19 may severely affect the lower respiratory system (chronic lower respiratory disease was the third leading cause of death in Cumberland prior to COVID). Though county level data for 2020 is not yet available, COVID-19 is expected to impact the leading causes of death. Provisional leading cause-of-death rankings for 2020 indicate that COVID-19 was the third leading cause of death in the US behind heart disease and cancer.

Chlamydia, gonorrhea and hepatitis C are the highest among reported cases of STDs in Cumberland. High The spread of STDs in Cumberland County is impacted by social, economic and behavioral factors including unstable housing, poverty, substance abuse, lack of medical insurance and access to treatment, stigma and fear of discrimination, among other factors. Increases in Hepatitis are consistent with national and statewide increases of Hepatitis. Beginning in 2009, North Carolina observed a marked increase in acute hepatitis C cases followed by increases in acute hepatitis B beginning in 2012 and then a prolonged outbreak of hepatitis A beginning in 2018 among men who have sex with men (MSM), people who use drugs (PWUD) and people experiencing homelessness. Secondary STD and HIV data were collected prior to the COVID-19 pandemic. The pandemic likely reduced the availability of testing and, in some settings, the availability of treatment and case services.

Efforts to prevent and control communicable diseases are a top priority of the local health department and the Cumberland County Board of Health. Through surveillance, screening and treatment, Cumberland has continued to champion multiple campaigns to reduce occurrence among the community.

Chapter 6 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

- There are many factors that influence how well and how long people live.
- The *County Health Rankings* model (right) 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.

Table 6.1

| Indicators / Measures | Cumberland | NC |
|---|------------|-------|
| Health Outcomes | | |
| Premature Death (Years of Potential Life Lost Rate) | 9,300 | 7,600 |
| Low Birthweight | 10.0% | 9.0% |
| Health Factors | | |
| Health Behaviors | | |
| Adult Smoking (%) | 19.0% | 18.0% |
| Adult Obesity (%) | 32.0% | 32.0% |
| Sexual Transmitted Infections (Rate per 100,000) | 1217.0 | 647.8 |
| Teen Births (Rate per 1,000) | 30 | 22 |
| Clinical Care | | |
| Uninsured (%) | 11.0% | 13.0% |

**CUMBERLAND
COUNTY**

2021-2022 Community Health Needs Assessment

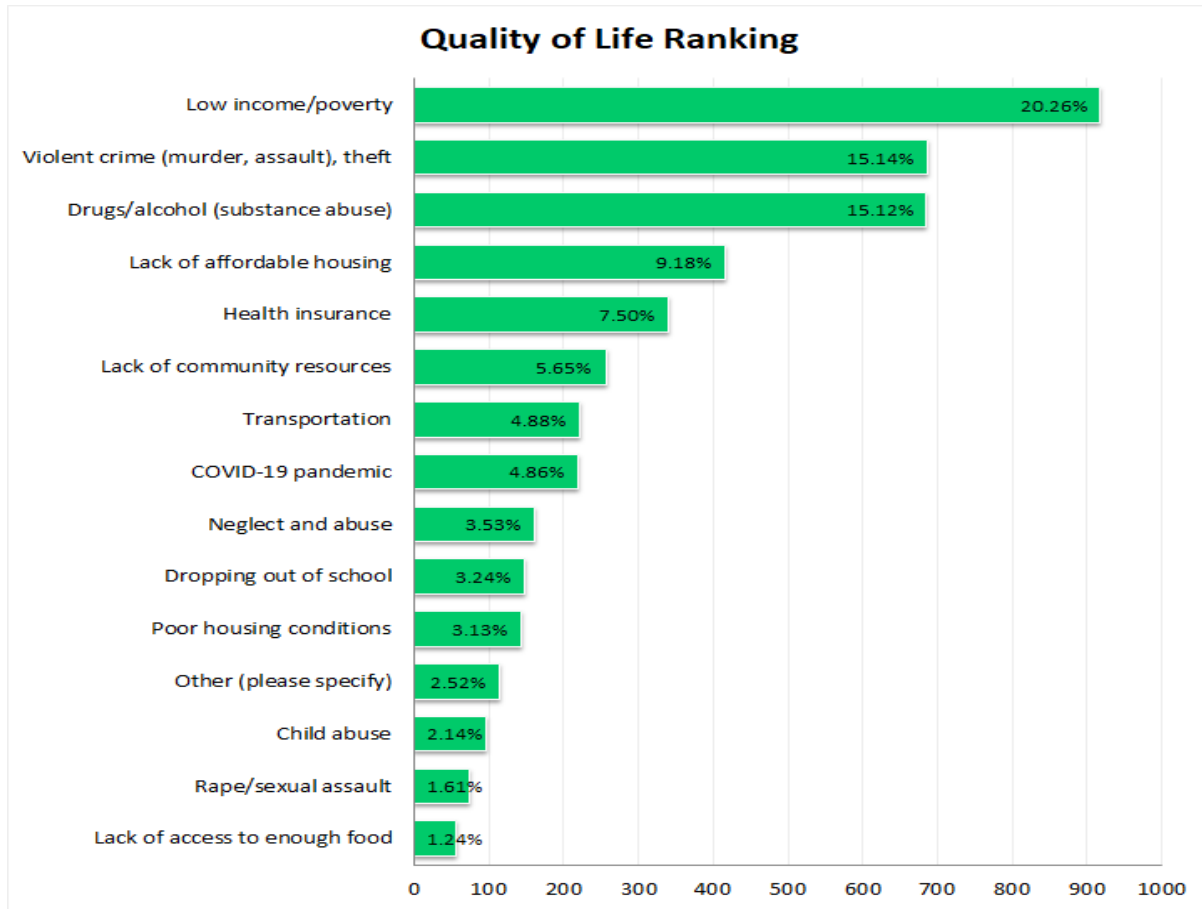
| | | |
|---|-----------|-----------|
| Ratio of Primary Care Physicians to Population | 1240 to 1 | 1400 to 1 |
| Ratio of Dentists to Population | 950 to 1 | 1720 to 1 |
| Ratio of Mental Health Providers to Population | 290 to 1 | 390 to 1 |
| Preventable Hospital Stays (Rate per 100,000) | 5,934 | 4,539 |
| Mammography Screening (%) | 39.0% | 46.0% |
| Flu Vaccinations (%) | 41.0% | 52.0% |
| Social & Economic Factors | | |
| High School Completion (%) | 91.0% | 88.0% |
| Some College (%) | 71.0% | 67.0% |
| Unemployment (%) | 5.1% | 3.9% |
| Children in Poverty (%) | 26.0% | 19.0% |
| Children in Single Parent Households (%) | 36.0% | 28.0% |
| Violent crimes (Number per 100,000) | 548 | 351 |
| Physical Environment | | |
| Air Pollution – (Average fine particulate matter in micrograms per cubic meter) | 8.6 | 8.5 |

Areas to Explore
Areas of Strength

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

Chapter 7 Survey Findings

Chart 7.1



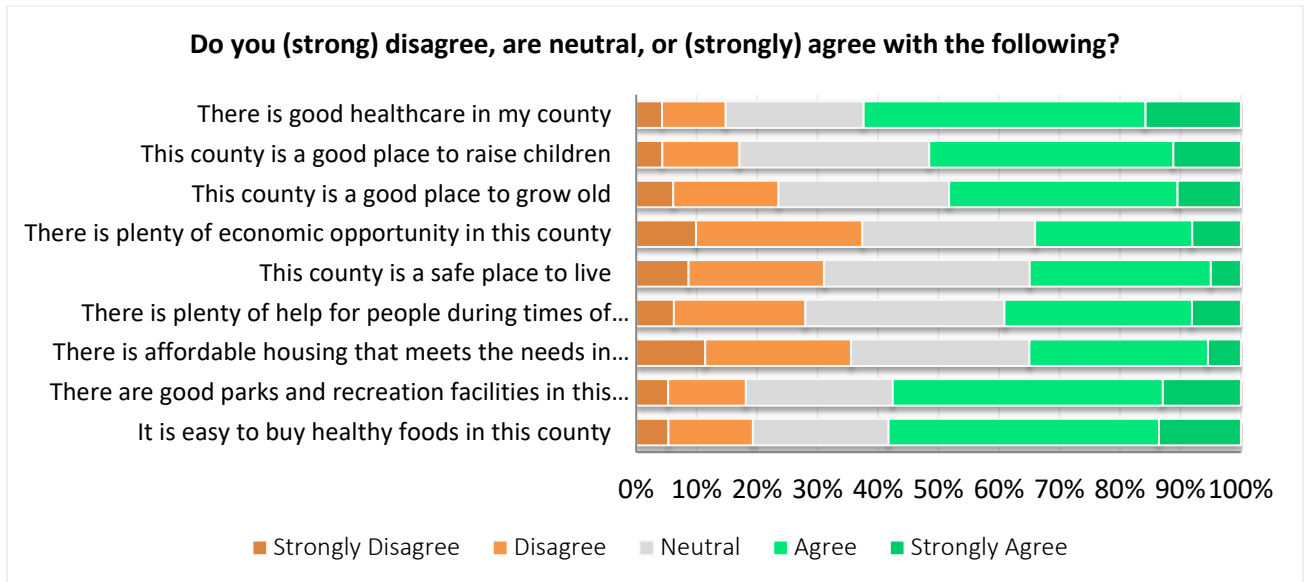
To see the results to all community survey questions, please click below and select your county;
https://public.tableau.com/app/profile/ray.hylock/viz/CHNA_16192013031540/CountiesMap

Respondents to the community survey were asked to identify the top three Quality of Life Issues. This chart shows how people responded.

- 20.3% (918) responded Low income/Poverty
- 15.1% (686) responded Violent crime (murder, assault), theft and,
- 15.1% (685) responded Drugs/alcohol (substance abuse)

Chart 7.2

Quality of Life Population Survey



To see the results of 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.

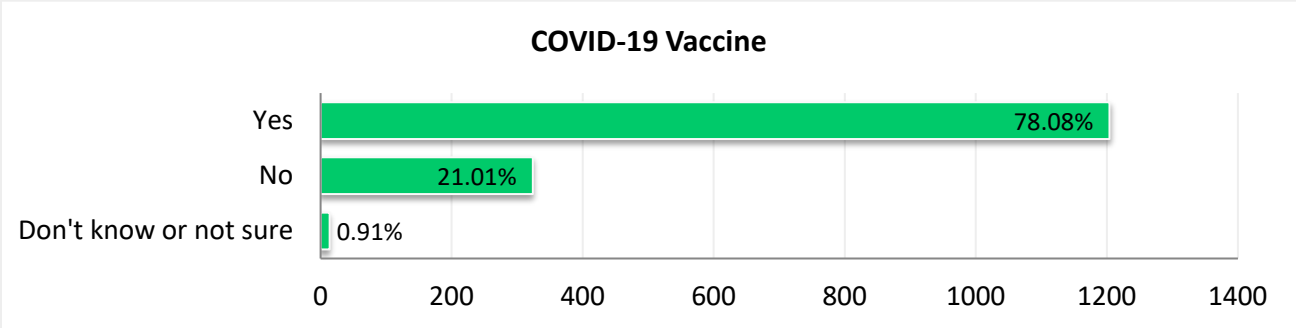
For example, in the first question, when asked, “there is good healthcare in my county,” less than 20% of people either strongly disagreed or disagreed, while more than 60% agreed and strongly agreed. Overall, far more people agreed than disagreed that Cumberland County “is a good place to raise children.”

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.

Nearly 80% of respondents reported receiving their COVID-19 vaccination. Convenient sampling was conducted for survey distribution at COVID-19 mass vaccination clinics, which contributes to this trend.

Chart 7.3



To see the results of 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 8 Inventory of Resources

Figure 8.1

| Economy (employment access, affordable housing, food security and low income/poverty) |
|--|
| Action Pathways |
| Alms House |
| Beatitude House |
| Catholic Charities |
| Center for Economic Empowerment & Development (CEED) |
| Christ United Methodist Church |
| Cliffdale Christian Center |
| Community Emergency Response Team (CERT) |
| Connections of Cumberland County |
| Cumberland County Department of Social Services |
| Cumberland County Employment |
| Cumberland County NC Works Career Center |
| Cumberland/Fort Bragg Food Policy Council |
| Epicenter Church |
| Fayetteville Area Operation InAsMuch |
| Fayetteville City Human Resources/Employment |
| Fayetteville Dream Center |
| Fayetteville Urban Ministry |
| First Baptist Church |
| Grays Creek Christian Center |
| Harry Hosier United Methodist |
| Labor Finders |
| Meals4Kids |
| Mt. Olive Missionary Baptist Church |

**CUMBERLAND
COUNTY**

2021-2022 Community Health Needs Assessment

| |
|--|
| NextGen |
| North Carolina State Employment |
| North Carolina's P-EBT program |
| Operation Blessing |
| Pathways for Prosperity |
| Person Street United Methodist Church |
| Praise Fellowship Church of God |
| Second Harvest Food Bank |
| Senior Community Services Employment Program |
| Service Source |
| Seth's Wish |
| Simon Temple AME Zion Church |
| St. Matthews United Methodist Church |
| The Church @ Cedar Creek |
| Trojan Labor |
| True Vine Ministries |
| Veterans Empowering Veterans |
| Vocational Rehabilitation Services |
| Substance Abuse (drugs, alcohol and opioid misuse) |
| Carolina Treatment Center |
| Cumberland-Fayetteville Opioid Response Team (CFORT) |
| Cumberland Recovery Response Center/RI International |
| Public Safety (Violent crime; including murder and assault) |
| Army Community Service Family Advocacy Program |
| Child Advocacy Center |
| Connections of Cumberland County |
| Cumberland County Crime Prevention Unit |

| |
|--|
| Cumberland County Sherriff's Office (CCSO) |
| Mental Health |
| Alliance Health |
| Cumberland County Veterans Services |

Chapter 9 **Community Prioritization Process**

Upon receiving data from the Community Health Needs Assessment surveys and focus groups, local health department and local hospital members met to determine the next steps and plan for stakeholder invitation. Key stakeholders were identified via previous Community Coalition listserv, consulting with the Cumberland members of the Health ENC team, and suggestions from public health leaders. Stakeholders were invited to convene on October 20, 2021, to review the data and discuss the findings.

Stakeholders included community leaders, staff of the Cumberland County Health Department, private practitioners, behavioral health providers, staff of the Cape Fear Valley Health System and County leaders.

During this virtual round table participants reviewed key factors impacting health of Cumberland citizens per secondary data provided from Health ENC, as well as survey responses and determined which areas of need proved greatest concern. Based on Healthy North Carolina 2030 indicator rankings, 2021 Health Outcomes and Factors, stakeholders reviewed areas to explore and areas of strength and evaluated these rankings as they discussed preliminary priority selection. The group also considered community survey results on quality-of-life issues.

Stakeholders were then invited to further review the data independently and submit a vote on top priorities via SurveyMonkey following the initial meeting.

The prioritization process identified the highest areas of concern including employment access, affordable housing, food security, low income/poverty, drugs, alcohol, opioid misuse and violent crime (including murder and assault).

Stakeholders gathered again November 4, 2021, to discuss the results of indicator/priority votes from the SurveyMonkey and solidify priority selection.

OBJ:

At this time multiple members of the group agreed to add Mental Health to the primary priorities as it is a multidisciplinary issue that impacts social determinants of health and wellbeing. Stakeholders then agreed to adopt the top four primary areas of concern.

- Economy (employment access, affordable housing, food security, & low income/poverty)
- Substance abuse (drugs, alcohol and opioid misuse)
- Public safety (violent crime; including murder and assault)
- Mental health

At the conclusion of the second meeting, stakeholders agreed to contribute to evidence-based interventions and strategies that could be assessed through Results-Based Accountability to determine how well programs and services impacted members of the community and if anyone was better off by these efforts.

COVID-19 transmission, death rates and economic impact played a part in the Cumberland CHNA profile. At the time of secondary data sources, rates had not yet been identified because of the pandemic. The snapshot provided in this report considered primary data from the surveys and focus groups in tandem with the population, economic and leading health/wellness issues across the eastern North Carolina region.

Other health issues, data and resources that relate to the impact of COVID-19 could be considered in the future when developing sustainable programs to impact the economy, public safety, prevention of substance abuse and mental health of our residents.

Chapter 10 Conclusions and Next Steps

The CHNA utilized a comprehensive set of secondary data sources to measure the health and quality of life needs for Cumberland County. The assessment was further informed by 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 the following health needs: economy, exercise, public safety, substance abuse, mental health, access to Care, communicable diseases, vaccinations, school health nurse ratio, heart disease and premature death. The prioritization process identified focus areas:

- Economy (employment access, affordable housing, food security, & low income/poverty)
- Substance abuse (drugs, alcohol and opioid misuse)
- Public safety (violent crime; including murder and assault)
- Mental health

The 2021 Cumberland CHNA will contribute to the development of the Cumberland Community Health Improvement Plan (CHIP). Health outcomes are impacted involve complex and multiple risk factors that increase a person's chance of developing a disease or contribute to health problem. Setting public health priorities and developing a CHIP to address health issues is critical to achieve wellness and requires collaboration among multi-sector partners and stakeholders. The CHIP will be developed in 2022 and will involve the stakeholder committee, Cumberland County Department of Public Health and Cape Fear Valley Health System. The plan will utilize results-based accountability (RBA) as a disciplined way of thinking and acting to improve entrenched and complex social problems. It can be used by organizations to improve the effectiveness of their programs and services. RBA helps to evaluate what we are doing, who are the partners and what our action is to improve the health of the community and our chosen priorities.

The Cumberland County Department of Public Health will submit the CHIP using online Clear Impact platform. A Scorecard format will be used for each priority to highlight

- 1) A Result statement, a picture of where we would like to be
- 2) Important local indicators or measures of how we are doing linked to Healthy NC2030 indicators
- 3) Select local program and activities related to the priority
- 4) Key Performance Measures that show how those programs are making an impact

The results of the CHNA will be a primary source of information for the development of the Health Department's strategic plan, guiding the implementation of new programs and services and in developing annual budgets. The results of the Cumberland CHNA can also be used by community partners and agencies to further existing community programs and solidify new partnerships to improve efforts towards wellness and health for Cumberland County citizens. Health priority selections and the CHIP will guide equitable programming throughout the community for the next three years.

This report will be made available on the Cumberland County website at

<https://www.cumberlandcountync.gov/departments/public-health-group/public-health/about-us/reports-and-plans>

CCDPH staff will update the CHNA “State of the County’s Health Report (SOTCH) annually to track identified priority issues, emerging issues and any new initiatives. SOTCH reports will be available on the:

<https://www.cumberlandcountync.gov/departments/public-health-group/public-health/about-us/reports-and-plans>.

CHNA References

Figure 11.1

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) | NC Dept of Public Instruction | 2016-2020 |
| High School suspension rate (% suspension per 100 students) | NC 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) | NC Department of Commerce | 2021 |
| Community and Safety Factors | Source | Years |
| Crime and Safety | NC 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) | NC 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.

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Appendices to the 2021 Community Health Needs Assessment

Appendix A: Community Health Needs Assessment Survey (Health ENC 2021) and Focus Group Questions

Copies of Focus Group Transcripts can be made available upon request by contacting the Cumberland County Health Department's Health Education Division at 910-433-3890.

Community Health Needs Assessment

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

Section I.

Please take a moment to think about the county you live in and tell us how you feel about each of the following;

| | Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| There is good healthcare in my county. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This county is a good place to raise children. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This county is a good place to grow old. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There is plenty of economic opportunity in this county. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| This county is a safe place to live | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There is plenty of help for people during times of need in this county. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There is affordable housing that meets the needs in this county | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| There are good parks and recreation facilities in this county. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| It is easy to buy healthy foods in this county. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Section II.

Please answer the questions below regarding impacts on quality of life, services that need the most improvement and health behaviors that people in your community need information about.

Please select the top 3 issues which have the highest impact on quality of life in this county.

- Low income/poverty
- Dropping out of school
- Poor housing conditions
- Lack of affordable housing
- Lack of community resources
- Violent crime (murder, assault) Theft
- Drugs/Alcohol (Substance Use)
- Rape/Sexual Assault
- Neglect and Abuse
- Transportation
- Child Abuse
- health insurance
- Lack of access to enough food
- COVID-19 pandemic
- Other (please specify)

Other _____

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

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

Other _____

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

- Eating well/nutrition
- Using child safety car seats
- Exercising/fitness
- Managing weight
- Using seat belts
- Suicide prevention
- Driving safely
- Mental/Behavioral Health
- Domestic violence prevention
- Crime prevention
- Elder care
- Child care/parenting
- Rape/sexual abuse prevention
- COVID-19
- Going to a dentist for check-ups/preventive care
- Quitting smoking/tobacco use prevention
- Substance misuse prevention
- Harm reduction
- Breastfeeding
- Going to the doctor for yearly check-ups and screenings
- Getting prenatal care during pregnancy
- Getting flu shots and other vaccines
- Preparing for an emergency/disaster
- Caring for family members with special needs / disabilities
- Preventing pregnancy and sexually transmitted diseases (safe sex)
- None
- Other (please specify)

Other _____

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

- Employment/Loss of Job
- Access to food
- Access to safe housing
- Transportation
- Education
- Physical Health
- Mental/Behavioral Health
- Substance Misuse
- Stress and anxiety
- Economic Resources
- Ability to seek medical care
- Social isolation
- Grief from loss of loved one
- Access to medication
- Lack of comfort in seeking medical care
- Spiritual Health/Well-being
- Child care
- Other

Other _____

Section III.

Please answer the questions below regarding health information in your community and exercise.

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

- Friends and family
- Internet
- Social Media
- Employer
- Television
- Radio
- Doctor / Nurse
- My child's school
- Help lines
- Pharmacist
- Hospital
- Books / magazines
- Church
- Health department
- Community health worker
- Newspaper
- Other (please specify)

Other _____

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

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

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)

- Yes How many times per week?
- No
- Don't know /not sure

How many times per week?

- 1
- 2
- 3
- 4 times or more per week

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)

- My job is physical or hard labor.
- Exercise is not important to me.
- It costs too much to exercise.
- There is no safe place to exercise.
- I don't have enough time to exercise.
- I'm too tired to exercise.
- I would need child care and I don't have it.
- I'm physically disabled.
- I don't know how to find exercise partners.
- I don't know how to safely
- I would need transportation and I don't have it.
- I don't like to exercise.
- I don't have access to a facility that has the things I need, like a pool, golf course, or a track.
- Facilities closed due to COVID 19
- Low self-image
- Other (please specify)

Other _____

Section IV.

Please answer the following questions about any tobacco products you currently use, whether you have had a flu shot and/or covid vaccine or problems getting health care in your community.

Please select any tobacco product you currently use,

- Cigarettes
- E-cigs / electronic cigarettes
- Chewing Tobacco
- Vaping
- Pipe
- Cigars
- Snuff / Dip
- please list:
- None

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

- Quit Line NC
- Doctor
- Pharmacy
- Health Dept
- Private counselor / therapist
- I don't know
- N/A, I don't want to quit
- Other (please share more)

Other _____

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 shot
- flu mist
- No
- Don't know or not sure

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

- cost
- transportation
- access
- time
- fear
- need more info / have questions
- personal preference

Have you had a COVID-19 vaccine?

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

If you did not get your COVID-19 vaccine, why not? Please check any barriers.

- cost
- transportation
- access
- time
- fear
- need more info / have questions
- personal preference
- other

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)

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

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

- Dentist
- Primary Care Doctor
- Pediatrician
- OB / GYN
- Urgent care center
- Medical clinic
- Hospital
- Health department
- Specialist
- Eye care / optometrist / ophthalmologist
- Pharmacy / prescriptions
- Mental/Behavioral Health Providers
- Other (please share more)

Other

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

- No health insurance
- Insurance didn't cover what I / we needed.
- My / our share of the cost (deductible / co-pay) was too high.
- Service provider would not take my / our insurance or Medicaid.
- No way to get there.
- Didn't know where to go
- Couldn't get an appointment
- The wait was too long
- Did not speak my language
- Could not miss work to go
- Hours did not work with my availability
- COVID 19
- The provider denied me care or treated me in a discriminatory manner because of a protected status (age, race, sexual preference, disease, etc.)

Section V.

Please answer the questions below regarding finding information about natural disasters, staying safe, having enough food and any other thing you would like for us to know about your community.

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

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

If so, where do you get your information to stay safe?

- television
- radio
- internet
- telephone (landline)
- cell phone
- print media (i.e.. newspaper)
- social media
- neighbors
- family
- text message (emergency alert system)
- Don't know / not sure
- Other (please specify)

Other _____

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)

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

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

Part II. Demographics

Please answer questions so we can see how people in the community feel about local health issues.

How would you describe yourself?

- Woman
- Man
- Non binary
- Not listed, please share more: _____
- Prefer not to answer

How old are you?

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

How do you describe your race/ethnicity?

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

Is English the primary language spoken in your home?

- Yes
- No

If no, please share which primary language

- Spanish
- Creole
- French
- Chinese
- Other

What is your marital status?

- Never married/Single
- Married
- Unmarried partner
- Divorced
- Widowed
- Separated
- please share more

What is the highest level of education you have completed?

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

Please share more

How is your current job best described?

- Agriculture
 - Business / Industry
 - Retail
 - Homemaker
 - Government
 - Healthcare
 - Student
 - Education
 - Food Service
 - please share more
-

Please share more

What is your total household income?

- Less than \$10,000
 - \$10,000 to \$14,999
 - \$15,000 to \$24,999
 - \$25,000 to \$34,999
 - \$35,000 to \$49,999
 - \$50,000 to \$74,999
 - \$75,000 to \$99,999
 - \$100,000 or more
-

How many people live in your household?

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

What is your employment status? Please check all that apply.

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

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

- Dial up
- Broadband
- Wi-Fi
- Cellular or Hotspot
- None
- please share more

Other _____

Which county do you live in?

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

Other _____

Thank you for completing the above survey questions. If you have time and are interested, there are a few additional questions about COVID-19 and Climate Change that East Carolina University would like to ask you if you choose to complete.

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

- I don't plan to get a vaccine.
- I'm worried that the COVID-19 vaccine isn't safe.
- I would rather take the risk of getting sick with COVID-19.
- I'm worried the COVID-19 vaccine may be harmful or have side effects.
- I'm worried there may be a cost associated with receiving the COVID-19 vaccine.
- I have already had COVID-19 so I don't believe a vaccine is necessary.
- I don't trust the distribution process of the COVID-19 vaccine.
- I'm worried the COVID-19 vaccine has not been distributed fairly.
- I'm worried that the location of the COVID-19 vaccine will be difficult to travel to.
- I'm concerned that I won't have time to get the COVID-19 vaccine.
- With multiple vaccines becoming available, I'm concerned about knowing which one is best for me.
- I don't have any concerns about getting the COVID-19 vaccine.
- Other (please specify)

Other

Since COVID-19, how easy or difficult would you say it has been able to do the following,

| | Very Difficult | Somewhat Difficult | Moderate | Somewhat Easy | Very Easy |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Find the information you need related to COVID-19? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Find out where to go to get a COVID-19 vaccine? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Understand information about what to do if you think you have COVID-19? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Trust if the information about COVID-19 in the media is reliable? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Next, please tell us about your personal choices and practices related to COVID-19.

| | Not at all | Somewhat | Very much |
|---|-----------------------|---------------------------|-----------------------------------|
| I know how to protect myself from coronavirus. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | difficult to avoid | unsure about how to avoid | easy to avoid (I have no problem) |
| For me avoiding an infection with COVID-19 in the current situation is... | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Global warming refers to the idea that the world's average temperature has been increasing over the past 150 years may be increasing more in the future, and that the world's climate may change as a result. How do you feel about the following?

Do you think that global warming is happening? Yes
 No
 Don't know or unsure

Assuming global warming is happening, do you think it is... ? Caused mostly by human activities
 Caused mostly by natural changes in the environment
 None of the above because global warming isn't happening
 Other
 Don't know

How worried are you about global warming? Very worried Somewhat worried Not very worried Not at all worried

How much do you think global warming will harm you personally? Not at all Only a little A moderate amount A great deal Don't know

When do you think global warming will start to harm people in the United States? They are being harmed right now, In 10 years, In 25 years, In 50 years In 100 years, Never

Do you think the government and politicians in your county should be doing more or less to address global warming? More Less Don't know or not sure

How often do you discuss global warming with your friends and family? Often Occasionally Rarely Never

How often do you hear about global warming in the media? At least once a week At least once a month Several times a year Once a year or less often Never

Thank you for your participation! Please feel free to include any additional comments in the box below.

2021-2022 Evaluación de las Necesidades de Salud de la Comunidad

Sección I

Piense en el condado en el que vive. Díganos cómo se siente con respecto a cada una de las siguientes afirmaciones.

Se permite una selección por columna

| | Totalmente En Desacuerdo | En Desacuerdo | Neutral | De Acuerdo | Totalmente En Acuerdo |
|--|-----------------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| Hay buena atención médica en mi condado | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Este condado es un buen lugar para criar niños. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Este condado es un buen lugar para envejecer. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hay muchas oportunidades económicas en este condado. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Este condado es un lugar seguro para vivir. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hay mucha ayuda para las personas en tiempos de necesidad en este condado. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hay viviendas asequibles que satisfacen las necesidades de este condado. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hay buenos parques e instalaciones recreativas en este condado. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Es fácil comprar alimentos saludables en este condado. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Sección II

Responda las preguntas a continuación sobre los impactos en la calidad de vida, los servicios que necesitan más mejoras y los comportamientos de salud sobre los que las personas de su comunidad necesitan información.

Por favor, seleccione los 3 problemas principales que tienen el mayor impacto en la calidad de vida en este condado.

- bajos ingresos/pobreza
- abandonar la escuela
- malas condiciones de vivienda
- falta de viviendas económicas
- falta de recursos comunitarios
- crimen violento (asesinato, asalto) robo
- drogas/alcohol (abuso de sustancias)
- violación/agresión sexual
- negligencia y abuso
- transporte
- abuso infantil
- falta de o insuficiente seguro médico
- falta de acceso a suficientes alimentos
- pandemia de COVID-19
- otra

por favor especifique

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

- control de animal
- opciones de cuidado de niños
- opciones de cuidado de ancianos
- servicios para personas discapacitadas
- servicios de salud más económicos
- opciones de alimentos mejores/más saludables
- vivienda más económicas /mejor
- número de proveedores de atención médica
- servicios de salud culturalmente apropiados
- asesoramiento/salud mental y conductual/grupos de apoyo
- mejores/más instalaciones recreativas (parques, senderos, centros comunitarios)
- servicios de abuso de sustancia /apoyo para la recuperación
- actividades positivas para adolescentes
- opciones de transporte
- disponibilidad de empleo
- empleo mejor remunerado
- mantenimiento de carreteras
- seguridad vial peatonal y ciclista
- actividades familiares saludables
- ninguno
- otro

por favor especifique

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

- comer bien/nutrición
- ir al dentista para chequeos/cuidados preventivos
- uso de asientos de seguridad para niños
- dejar de fumar/prevención del consumo de tabaco
- ejercicio/fitness
- prevención del uso indebido de sustancias
- controlar el peso
- reducción de daños
- usar cinturones de seguridad
- amamantamiento
- prevención del suicidio
- ir al doctor para chequeos anuales y exámenes
- conduciendo con seguridad
- recibir atención prenatal durante el embarazo
- salud mental/conductual
- recibir vacunas contra la gripe y otras vacunas
- prevención de la violencia doméstica
- prepararse para una emergencia/desastre
- prevención del crimen
- cuidado de ancianos
- cuidado de niños/crianza de los hijos
- prevención de violación/abuso sexual
- COVID-19
- cuidar a miembros de la familia con necesidades especiales/discapacidades
- prevenir el embarazo y las enfermedades de transmisión sexual (sexo seguro)
- ninguno
- otro

por favor especifique

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

- empleo/pérdida de trabajo
- estrés y ansiedad
- acceso a la comida
- recursos económicos
- acceso a una vivienda segura
- capacidad para buscar atención médica
- transporte
- aislamiento social
- educación
- dolor por la pérdida de un ser querido
- salud física
- acceso a medicación
- salud mental/conductual
- falta de comodidad al buscar atención médica
- mal uso de sustancia
- salud/bienestar espiritual
- cuidado de los niños
- otro

por favor especifique

Sección III**Por favor responda las siguientes preguntas sobre la información médica en su comunidad y ejercicio físico**

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

- amigos y familia
- farmacéutico
- internet
- hospital
- redes sociales
- libros/revistas
- empleador
- iglesia
- televisión
- departamento de salud
- radio
- trabajador comunitario de salud
- doctor/enfermera
- periódico
- la escuela de mi hijo
- líneas de ayuda
- otro

por favor especifique _____

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

- mamografía
- prueba de Papanicolaou
- detección de cáncer de próstata
- vacuna contra la gripe
- examen de colon/recto
- control de la presión arterial
- control de azúcar en sangre
- detección de cáncer de piel
- colesterol
- examen de la vista
- examen de audición
- detección cardiovascular
- prueba de densidad ósea
- limpieza dental/radiografías
- examen físico
- ninguna de las anteriores

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)

- Sí
- No
- No sé/No estoy seguro(a)

¿Cuántas veces por semana?

- 1
- 2
- 3
- 4 veces o más por semana

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)

- mi trabajo es físico o duro
- no sé cómo hacer ejercicio de forma segura
- el ejercicio no es importante para mi
- necesitaría transporte y no lo tengo
- cuesta demasiado hacer ejercicio
- no me gusta hacer ejercicio
- no hay un lugar seguro para hacer ejercicio
- no tengo suficiente tiempo para hacer ejercicio
- estoy demasiado cansado(a) para hacer ejercicio
- instalaciones cerradas debido a COVID-19
- baja autoimagen
- estoy físicamente discapacitado
- necesitaría cuidado de niños y no lo tengo
- no sé cómo encontrar compañeros de ejercicio
- no tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista.
- otra

por favor especifique

Sección IV

Seleccione cualquier producto de tabaco que actualmente usa, si ha recibido una vacuna contra la gripe y/o la vacuna contra COVID y también si ha tenido problemas para obtener atención médica en su comunidad.

Seleccione cualquier producto de tabaco que utilice actualmente.

- cigarrillos
- puros
- e-cigs/cigarrillos electrónicos
- rapé
- mascando tabaco
- vapear
- fumar en pipa
- ninguno
- otro

por favor especifique

¿A dónde iría en busca de ayuda si quisiera dejar de fumar?

- Quit Line NC (línea para dejar de fumar)
- consejero/terapeuta privado
- doctor
- no sé
- farmacia
- departamento de salud
- N/A, no quiero renunciar

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)

- Sí, vacuna inyectada contra la gripe
- Sí, vacuna intranasal contra la gripe
- No
- No se/No estoy seguro(a)

Si no recibió la vacuna contra la gripe, ¿por qué no? (marque todas las opciones que correspondan)

- costo
- miedo
- falta de transporte
- necesita más información/tiene preguntas
- acceso
- preferencia personal
- no tengo tiempo
- otra

por favor especifique

¿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?

- Sí
- No
- No se/No estoy seguro(a)

¿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?

- Sí
- No
- No se/No estoy seguro(a)

¿De qué tipo de proveedor o centro tuvo problemas para obtener atención médica? (marque todas las opciones que correspondan)

- médico de atención primaria
- dentista
- departamento de salud
- pediatra
- especialista
- obstetra/ginecóloga
- cuidado de los ojos/optometrista/oftalmólogo
- centro de atención urgente
- farmacia/recetas
- clinica medica
- hospital
- proveedores de salud mental/conductual
- otra

por favor especifique

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

- sin seguro médico
- no pude conseguir una cita
- el seguro no cubría lo que necesitaba/necesitábamos
- la espera fue demasiado larga
- mi o nuestra parte del costo era demasiado alta (copago/deducible)
- no hablaban mi idioma
- no podía faltar al trabajo para ir
- las horas no funcionaron con mi disponibilidad
- COVID-19
- no tengo transporte para ir al médico
- no sabía a donde ir
- el proveedor de servicios no aceptaron mi/nuestro seguro ni Medicaid
- el proveedor me negó la atención o me trató de manera discriminatoria debido a un estado de protección (edad, raza, preferencia sexual, enfermedad, etc.)

Sección V

Responda las siguientes preguntas sobre cómo encontrar información sobre desastres naturales, cómo mantenerse seguro, tener suficiente comida y cualquier otra inquietud que le gustaría que conozcamos sobre su comunidad.

En un desastre natural (huracán, inundación, tornado, etc.), ¿siente que sabe cómo acceder o encontrar la información que necesita para mantenerse a salvo?

- Sí
- No
- No se/No estoy seguro(a)

Si es así, ¿de dónde obtiene su información para mantenerse a salvo?

- televisión
- redes sociales
- radio
- vecinos
- internet
- familia
- teléfono (fijo)
- mensaje de texto, (sistema de alerta de emergencia)
- teléfono móvil
- medios impresos (periódicos, etc.)
- No se/No estoy seguro(a)
- otra

por favor especifique

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?

- Sí
- No
- No se/No estoy seguro(a)

¿Hay algo más que le gustaría que supiéramos sobre su comunidad?

Información Demográfica

Por favor, responda las preguntas para saber como las personas en la comunidad piensan acerca de los problemas de salud

¿Cómo se describe usted?

- Mujer
- Hombre
- No binario(a)
- No en la lista
- Prefiero no responder

por favor comparta más

¿Cuántos años tiene?

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

¿Cómo describe su origen étnico? (marque todas las opciones que correspondan)

- Asiático
- Blanco/Caucásico
- Negro/Afroamericano
- Hispano/Latinx
- Nativo Americano
- Isleño del Pacífico
- Más de una raza
- No en la lista
- Prefiero no responder

¿Es el Inglés el idioma principal en su hogar?

- Sí
- No

por favor comparta su idioma principal

Cuál es su estado civil?

- Nunca Casado(a)/Soltero(a)
- Viudo(a)
- Casado(a)
- Separado(a)
- Pareja Soltera
- Divorciado(a)
- Otro

por favor comparta más

¿Cuál es el nivel más alto de educación que ha completado?

- Menos de Noveno Grado
 - Algo de Universidad (no graduado)
 - Novena a Duodécimo Grado (sin diploma)
 - Licenciatura
 - Diploma de Escuela Secundaria o Equivalente GED
 - Título de Posgrado o Profesional
 - Título Asociado o Formación Profesional
 - Otra
-

por favor comparta más

¿Cómo se describe mejor su trabajo actual?

- Agricultura
 - Ventas
 - Ama De Casa
 - Gobierno
 - Salud
 - Estudiante
 - Educación
 - Servicio de Alimentos
 - Por Favor mencione más
 - Otros
-

Especifique

¿Cuál es el ingreso familiar en casa?

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

¿Cuántas personas viven en su casa?

- vivo solo (a)
 - 2
 - 3-4
 - 5-6
 - 7-8
 - 9-10
 - Más de 10
-

¿Cuál describe mejor su trabajo actual?

- Empleado de tiempo completo
- Empleado a tiempo parcial
- Discapacitado(a)
- Estudiante
- Empleado en múltiples trabajos
- Ama de casa
- Trabajador estacional/Temporario
- Trabajadores por cuenta propia
- Retirado(a)
- Desempleado durante 1 año o menos
- Fuerzas Armadas
- Desempleado por más de 1 año

¿Qué tipo de acceso a Internet tiene en tu casa?

- marcar internet
- celular o punto de acceso
- WiFi
- banda ancha
- ninguno, no tengo acceso a internet
- otra

por favor especifique

¿En que condado vive?

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

por favor especifica

Gracias por completar las preguntas de la encuesta anteriores. Si tiene tiempo y está interesado, hay algunas preguntas adicionales sobre COVID-19 y el cambio climático que la Universidad de Carolina del Este le gustaría hacerle si decide completar.

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

- Me preocupa que la vacuna COVID-19 no sea segura.
- Prefiero correr el riesgo de enfermarme con COVID-19.
- Me preocupa que la vacuna COVID-19 pueda ser dañina o tener efectos secundarios.
- Me preocupa que pueda haber un costo asociado con recibir la vacuna COVID-19.
- Ya he tenido COVID-19, por lo que no creo que sea necesaria una vacuna.
- No confío en el proceso de distribución de la vacuna COVID-19.
- Me preocupa que la vacuna COVID-19 no se haya distribuido de manera justa.
- Me preocupa que sea difícil viajar a la ubicación de la vacuna COVID-19.
- Me preocupa no tener tiempo para ponerme la vacuna COVID-19.
- Con múltiples vacunas disponibles, me preocupa saber cuál es la mejor para mí.
- No me preocupa recibir la vacuna COVID-19.
- No planeo ponerme una vacuna.
- otra razon

por favor especifique _____

Desde COVID-19, ¿qué tan fácil o difícil diría que es? Ha sido capaz de hacer lo siguiente,

| | Muy Difícil | Algo Difícil | Algo | Algo Fácil | Muy Fácil |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| ¿Encuentra la información que necesita relacionada con COVID-19? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ¿Averigüe adónde ir para recibir la vacuna COVID-19? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ¿Comprende información sobre qué hacer si cree que tiene COVID-19? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ¿Confiar si la información sobre COVID-19 en los medios es confiable? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

A continuación, cuéntenos sobre sus elecciones y prácticas personales relacionadas con COVID-19.

| | para nada | un poco | mucho |
|-------------------------------------|-----------------------|-----------------------|-----------------------|
| Sé cómo protegerme del coronavirus. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Para mí evitar una infección por COVID-19 en la situación actual es ...

- Extremadamente Difícil
- Algo
- Extremadamente Fácil

El calentamiento global se refiere a la idea de que la temperatura media mundial ha aumentado durante los últimos 150 años y que, como resultado, el clima mundial puede cambiar más. ¿Cómo se siente acerca de lo siguiente?

¿Crees que se está produciendo un calentamiento global?

- Sí
 No
 No estoy seguro

Suponiendo que se esté produciendo un calentamiento global, ¿crees que es ...

- ¿Causado principalmente por actividades humanas ...?
 ¿Causado principalmente por cambios naturales en el medio ambiente?
 Ninguno de los anteriores porque el calentamiento global no está sucediendo.
 Otro
 No se

¿Qué tan preocupado estás por el calentamiento global?

- Muy preocupado
 Algo preocupado
 No muy preocupado
 Nada preocupado

¿Cuánto crees que te dañará personalmente el calentamiento global?

- Para nada
 Solo un poco
 Una cantidad moderada
 Mucho
 No se

¿Cuándo cree que el calentamiento global comenzará a dañar a las personas en los Estados Unidos?

- Están siendo lastimados ahora mismo
 En 10 años
 En 25 años
 En 50 años
 En 100 años
 Nunca

¿Cree que el gobierno y los políticos de su condado deberían hacer más o menos para abordar el calentamiento global?

- Más
 Menos
 No lo sé o no estoy seguro

¿Con qué frecuencia discute sobre el calentamiento global con sus amigos y familiares?

- A menudo
 De vez en cuando
 Casi nunca
 Nunca
 Al menos una vez por semana
 Al menos una vez al mes
 Varias veces al año
 Una vez al año o con menos frecuencia
 Nunca

¿Con qué frecuencia oye hablar del calentamiento global en los medios de comunicación?

- Al menos una vez por semana
 Al menos una vez al mes
 Varias veces al año
 Una vez al año o con menos frecuencia
 Nunca

¡Gracias por su participación! No dude en incluir comentarios adicionales en el cuadro a continuación.

Community Health Needs Assessment 2021

PID 1535

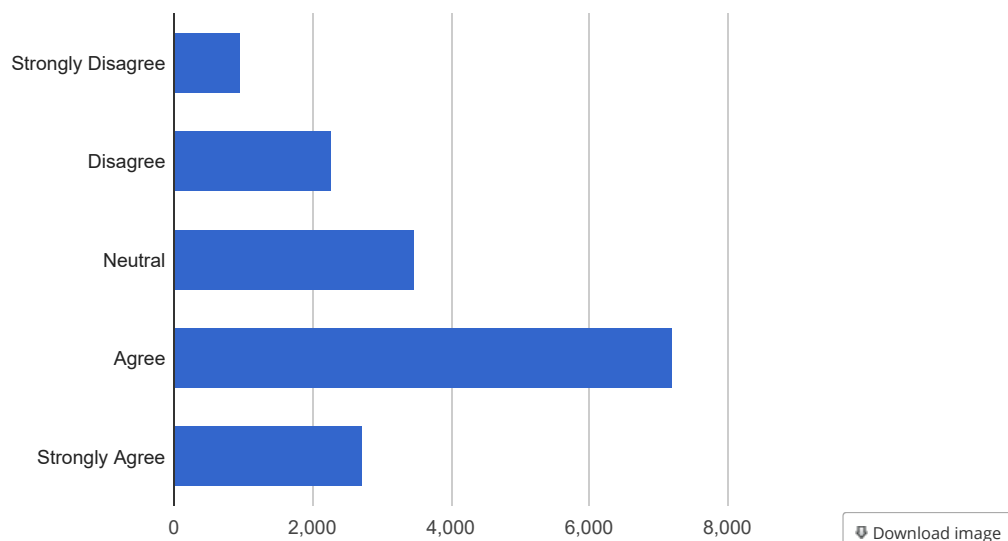
Data Exports, Reports, and Stats

Cumberland County

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

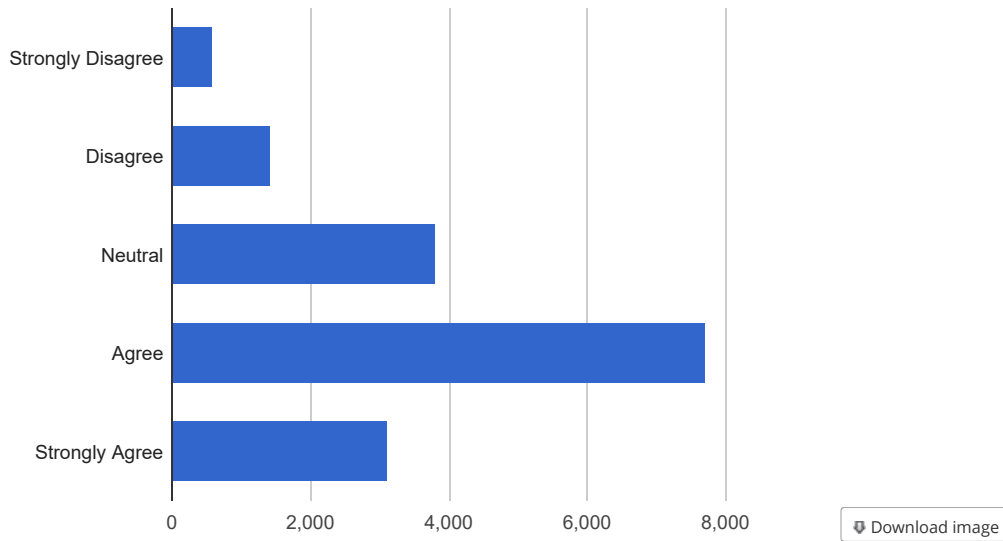
| Total Count (N) | Missing* | Unique |
|-----------------|--------------------------|--------|
| 1,542 | 3 (0.2%) | 5 |

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 |

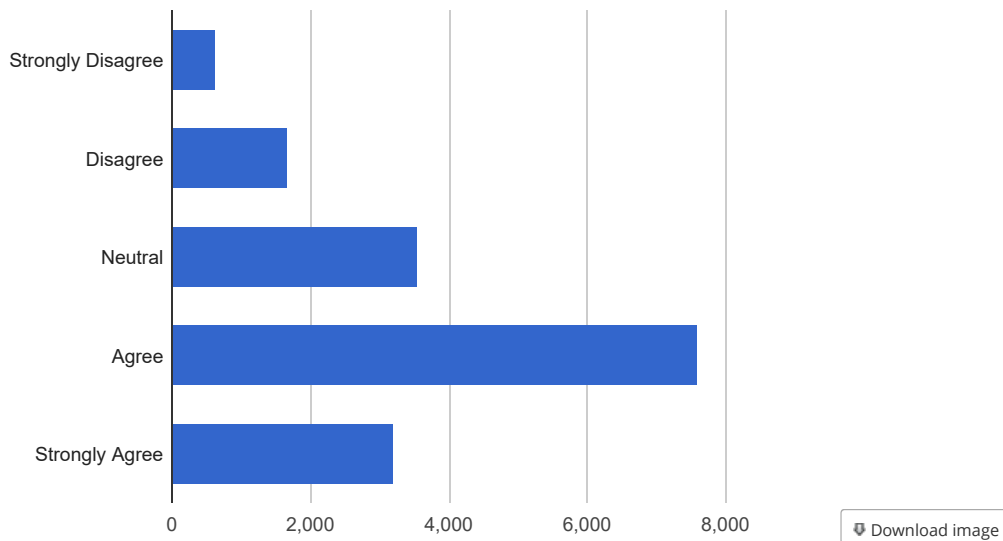
Counts/frequency: Strongly Disagree (67, 4.3%), Disagree (197, 12.8%), Neutral (484, 31.3%), Agree (624, 40.4%), Strongly Agree (172, 11.1%)



This county is a good place to grow old. (*grow_old*)

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

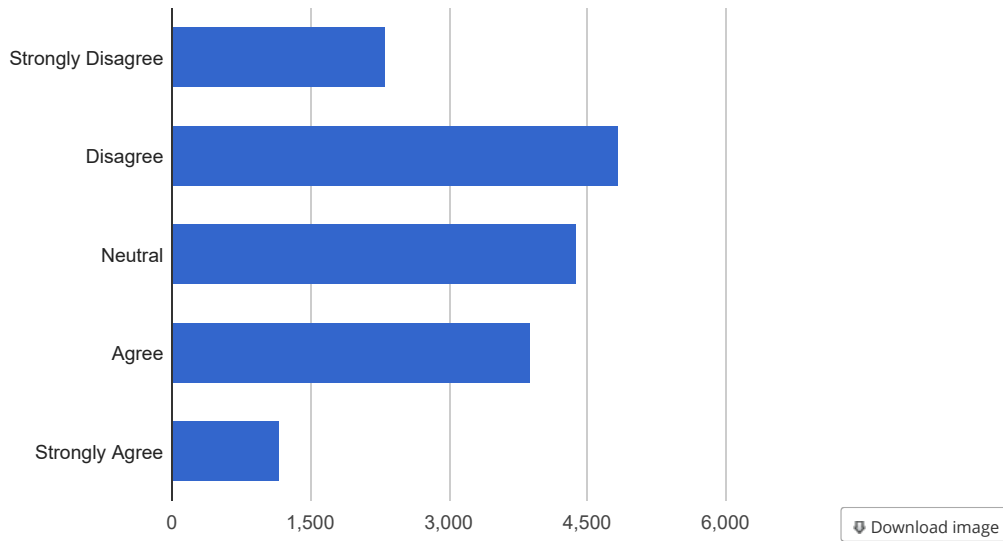
Counts/frequency: Strongly Disagree (94, 6.1%), Disagree (269, 17.5%), Neutral (434, 28.2%), Agree (583, 37.8%), Strongly Agree (161, 10.4%)



There is plenty of economic opportunity in this county. (*econ_opp*)

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

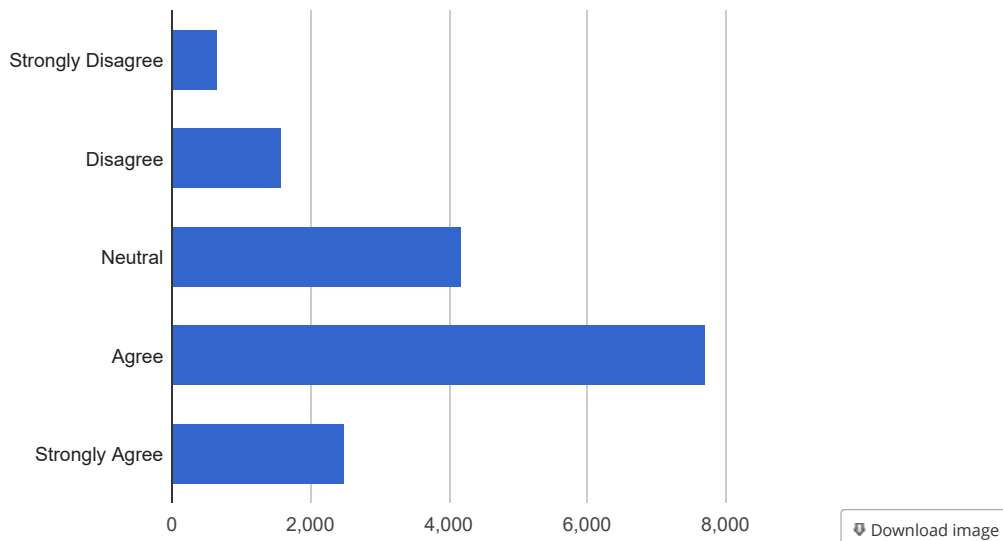
Counts/frequency: Strongly Disagree (152, 9.9%), Disagree (424, 27.5%), Neutral (441, 28.6%), Agree (400, 26.0%), Strongly Agree (124, 8.0%)



This county is a safe place to live *(safe)*

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

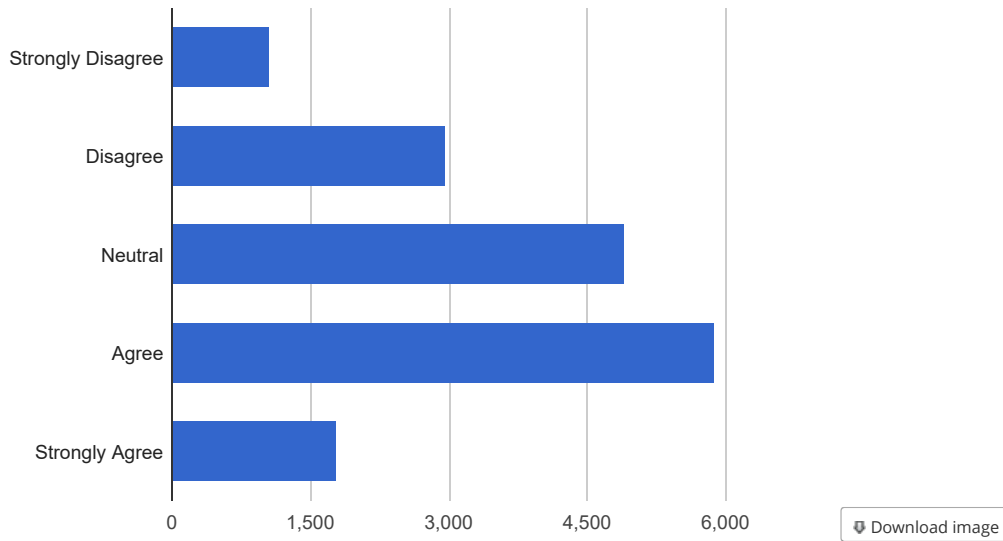
Counts/frequency: Strongly Disagree (134, 8.7%), Disagree (345, 22.3%), Neutral (526, 34.1%), Agree (462, 29.9%), Strongly Agree (77, 5.0%)



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 |

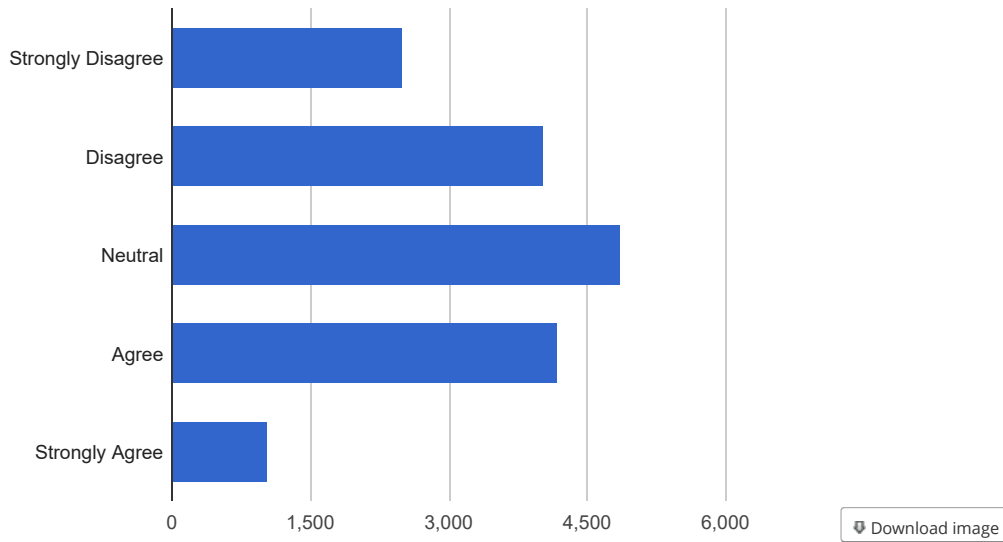
Counts/frequency: Strongly Disagree (96, 6.2%), Disagree (335, 21.8%), Neutral (507, 32.9%), Agree (477, 31.0%), Strongly Agree (125, 8.1%)



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

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

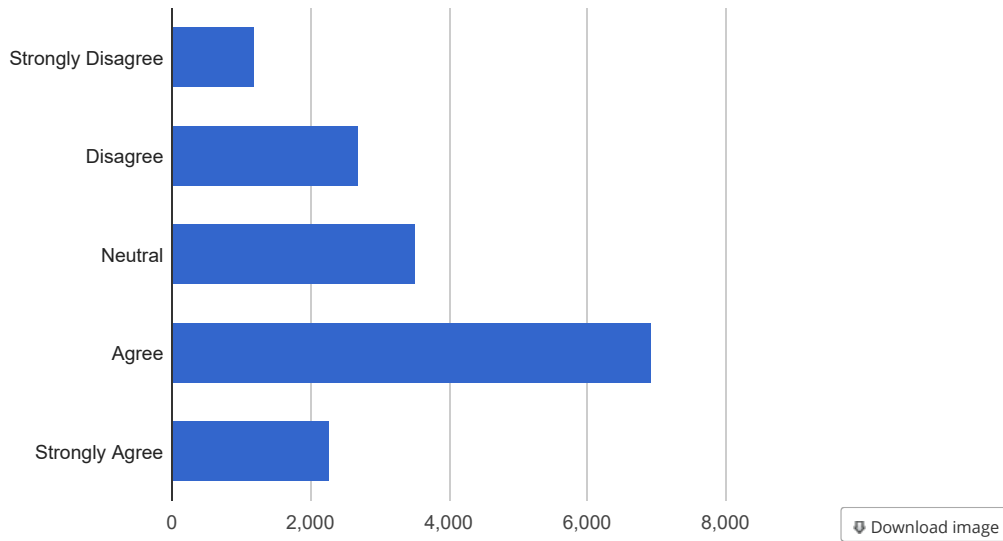
Counts/frequency: Strongly Disagree (176, 11.4%), Disagree (371, 24.1%), Neutral (454, 29.5%), Agree (454, 29.5%), Strongly Agree (84, 5.5%)



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

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

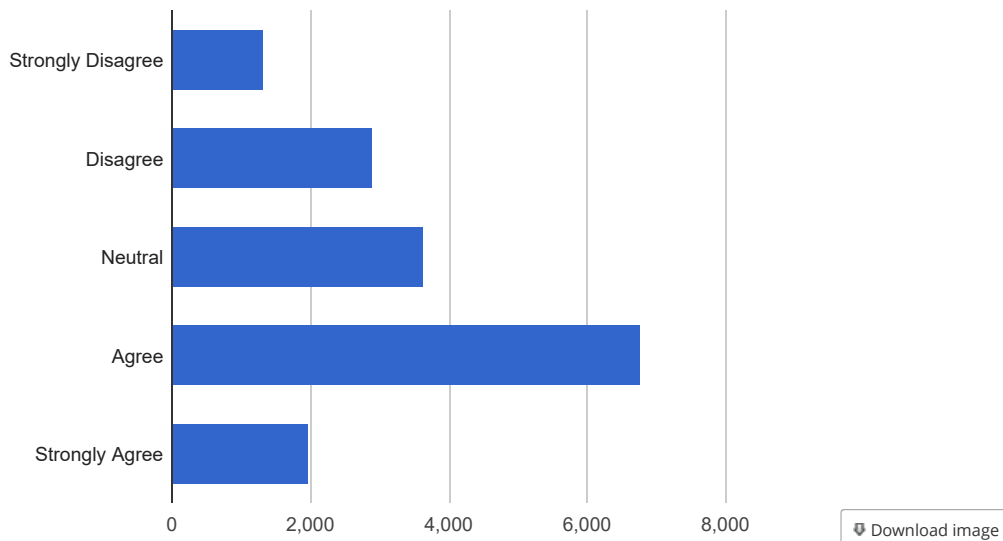
Counts/frequency: Strongly Disagree (81, 5.3%), Disagree (199, 12.9%), Neutral (374, 24.3%), Agree (689, 44.7%), Strongly Agree (199, 12.9%)



It is easy to buy healthy foods in this county. *(healthyfood)*

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

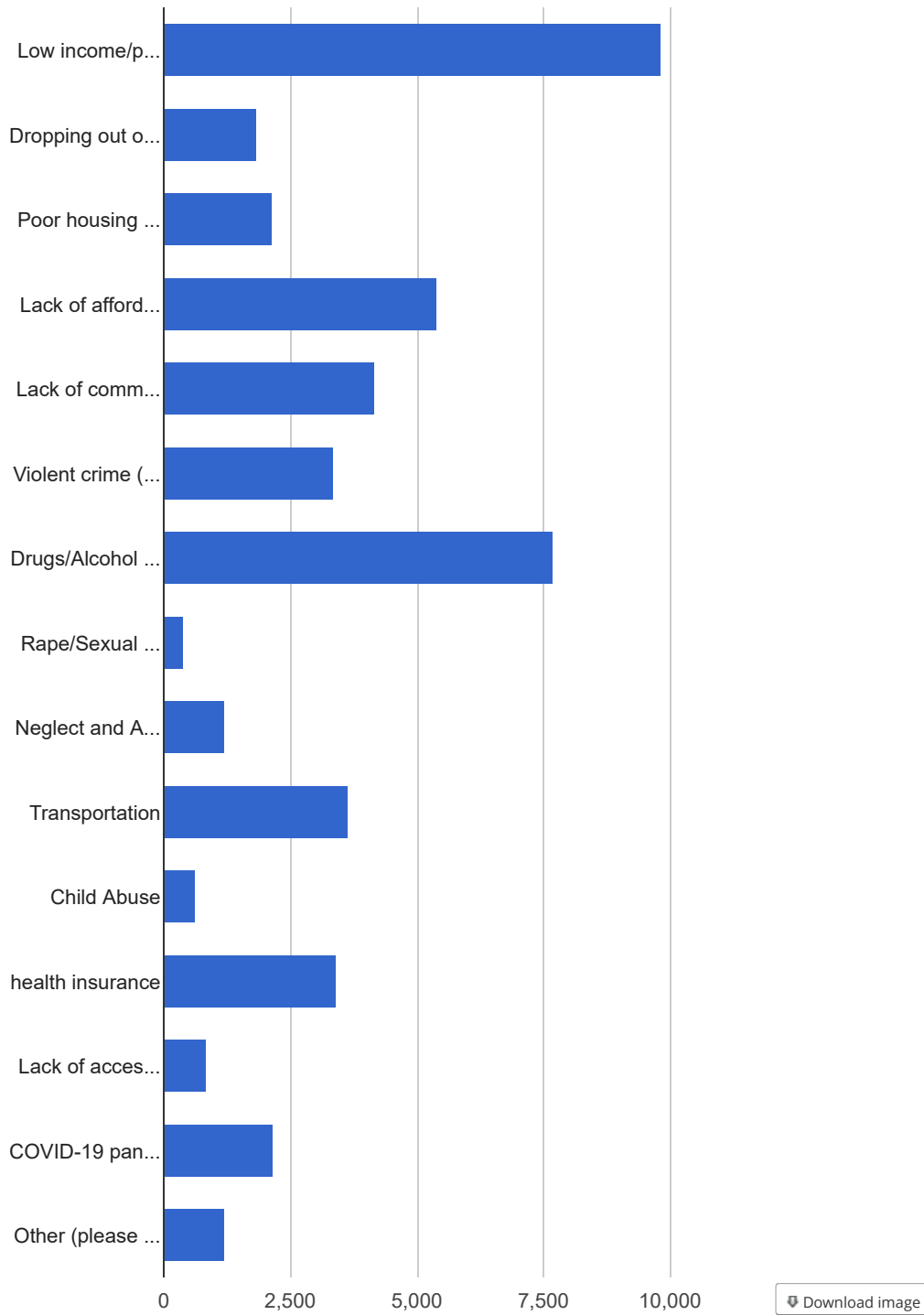
Counts/frequency: Strongly Disagree (82, 5.3%), Disagree (216, 14.0%), Neutral (346, 22.4%), Agree (689, 44.7%), Strongly Agree (209, 13.6%)



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%)



[Download image](#)

Other (*topthreeother1*)

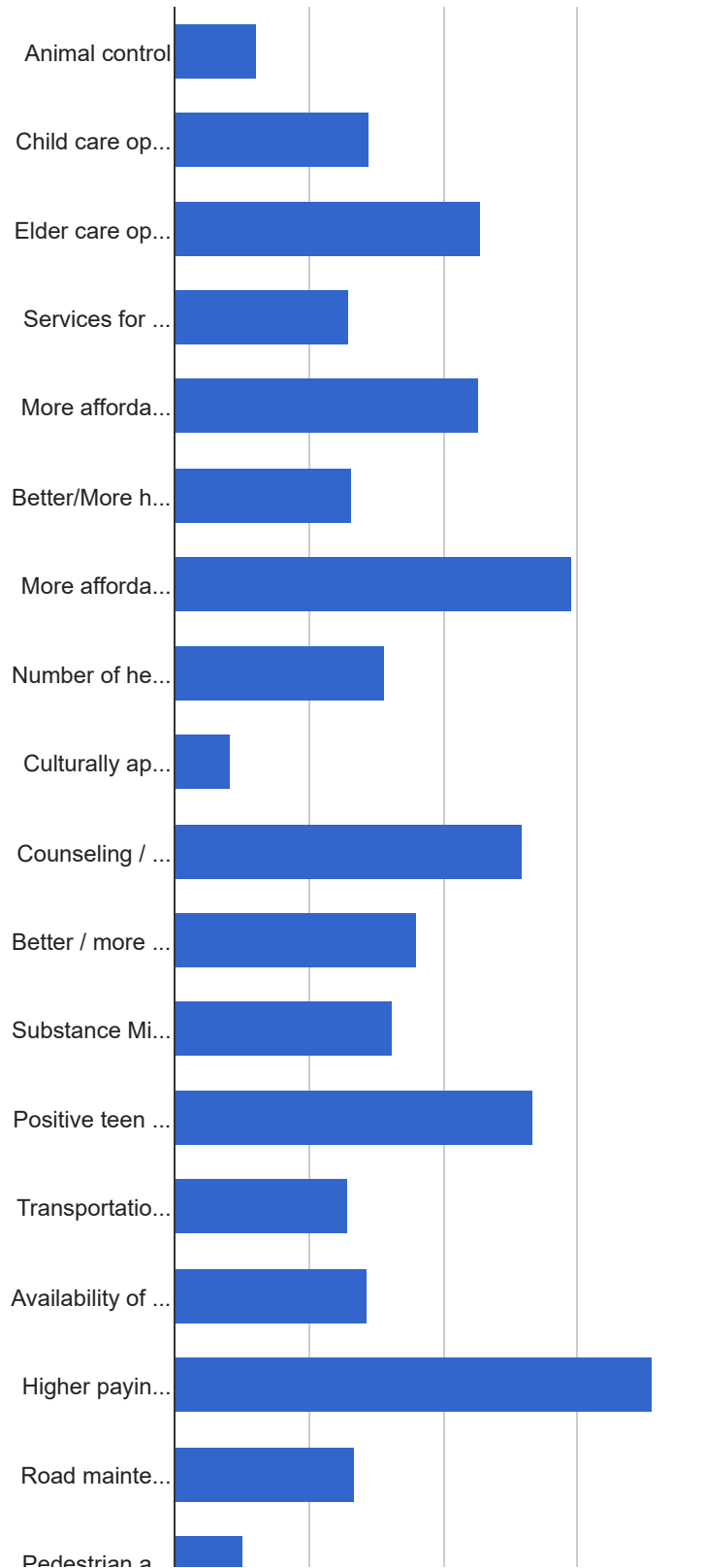
| Total Count (N) | Missing* |
|-----------------|--------------|
| 109 | 1436 (92.9%) |

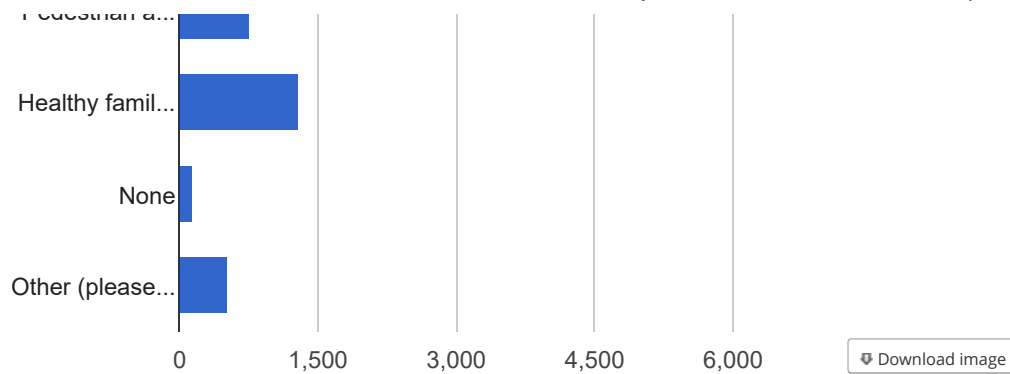
Please select what you feel are the top 3 services that need the most improvement in your community. (*improvements*)

| Total Count (N) | Missing* | Unique |
|-----------------|----------|--------|
| | | |

| | | |
|-------|--------------------------|----|
| 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%)





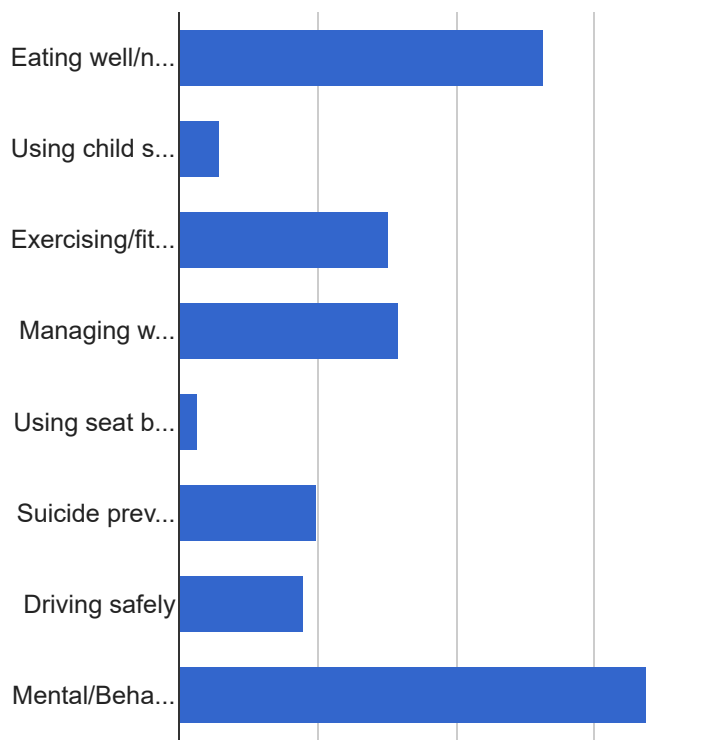
Other (*improvement_other*)

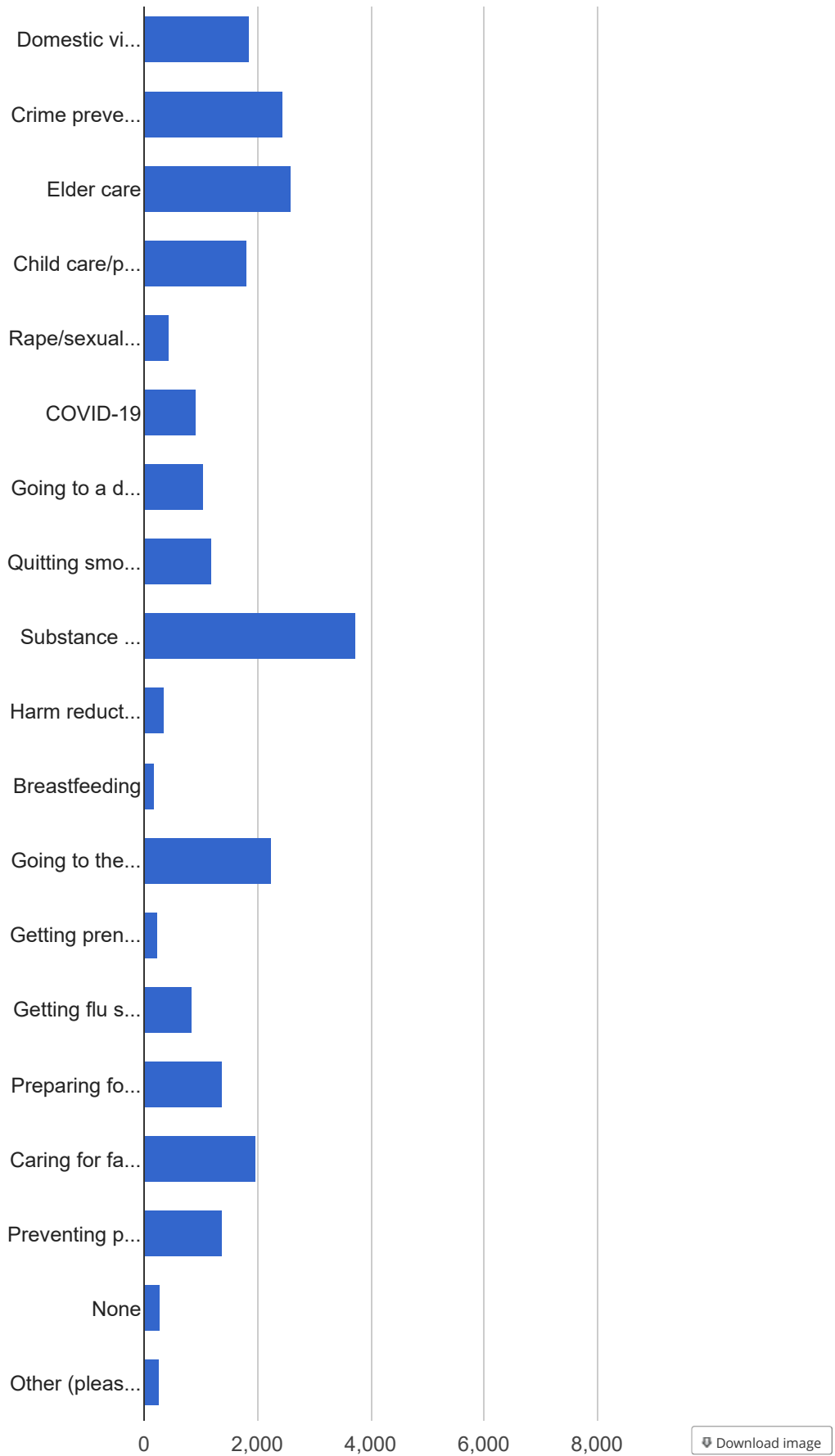
| Total Count (N) | Missing* |
|-----------------|--------------|
| 68 | 1477 (95.6%) |

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

| 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%)





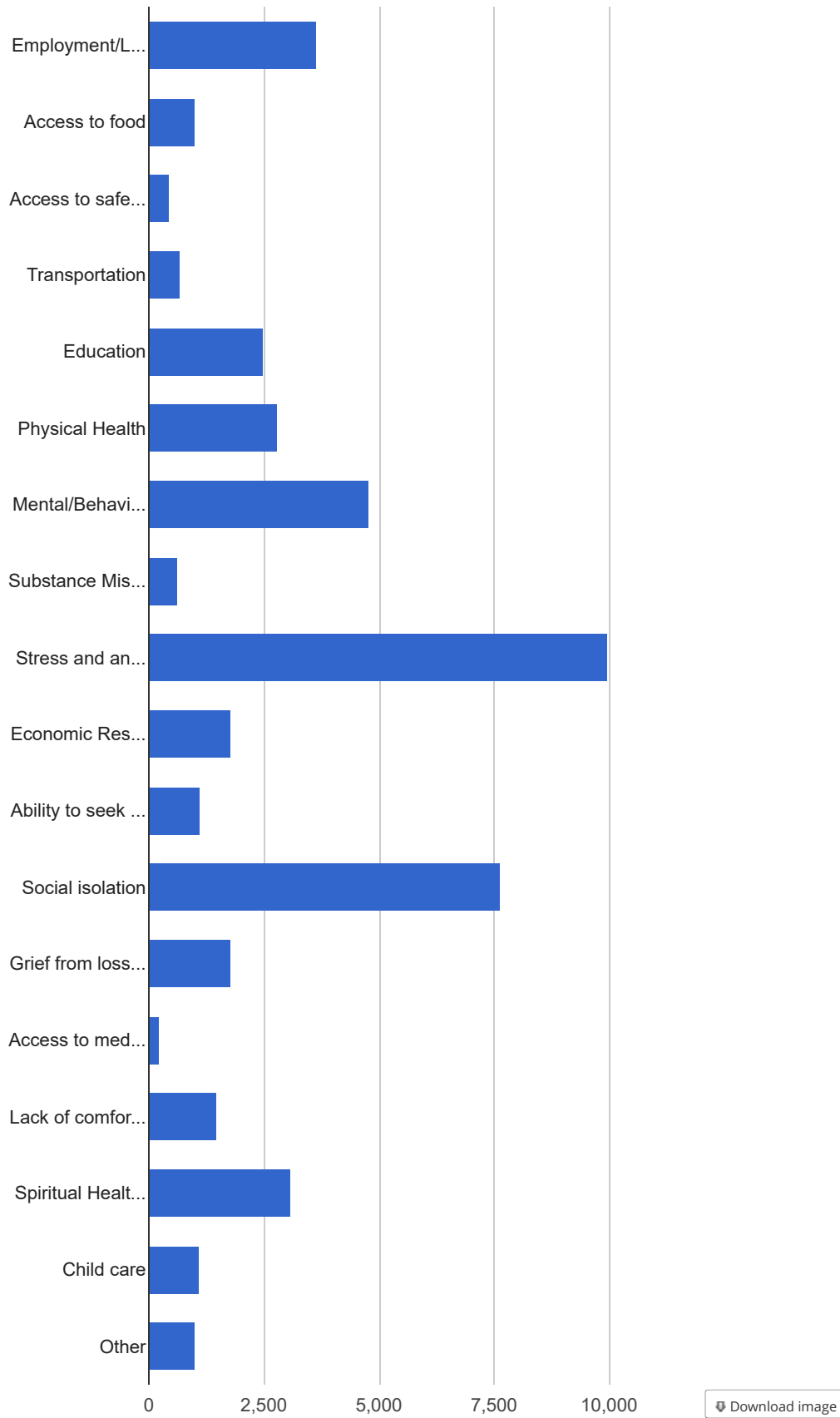
Other (*heath_behavin_other*)

| 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%)



[Download image](#)

Other (*other_covid*)

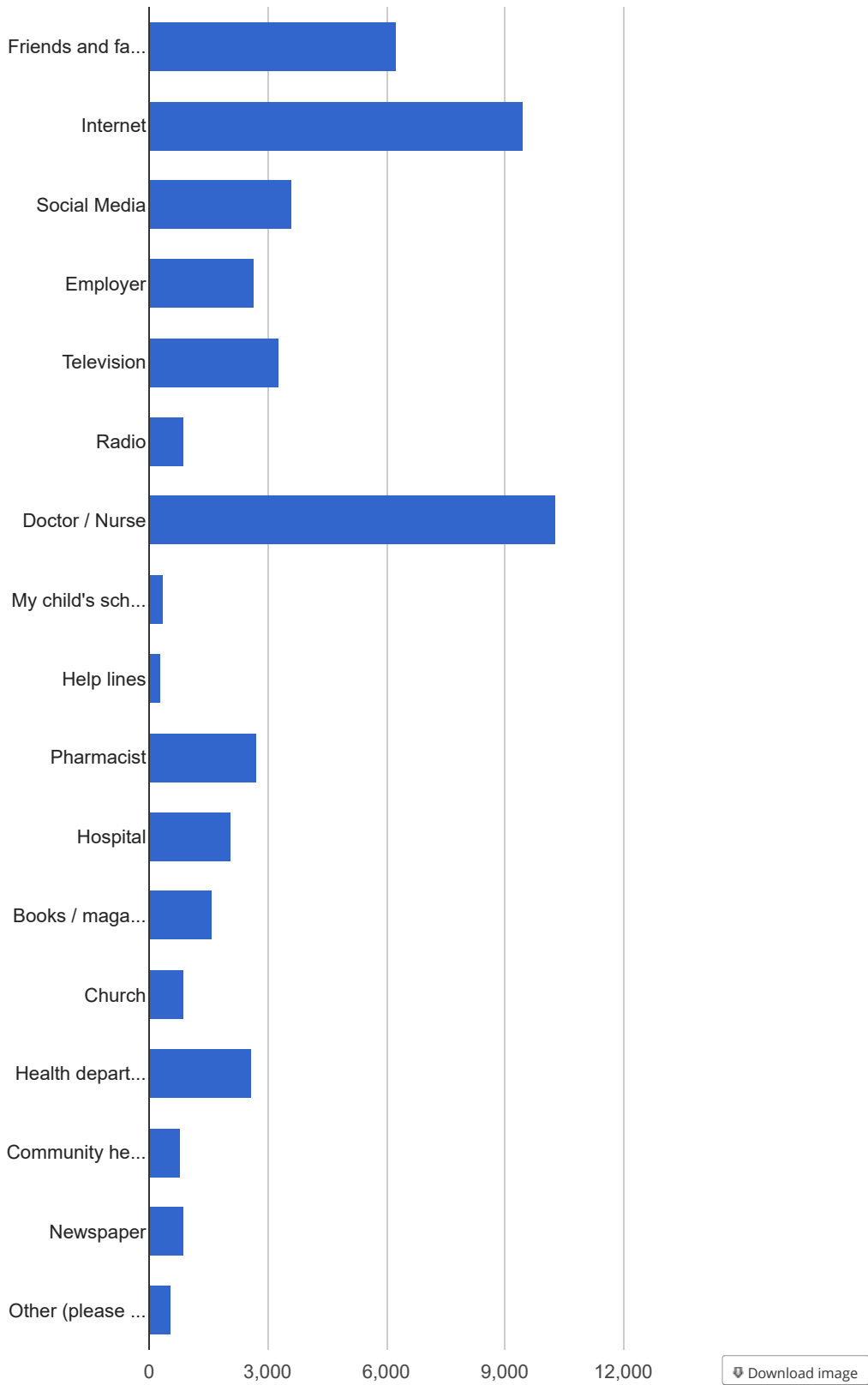
| Total Count (N) | Missing* |
|-----------------|--------------|
| 94 | 1451 (93.9%) |

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

(health_info)

| Total Count (N) | Missing* | Unique |
|-----------------|-----------------|--------|
| 1,543 | <u>2</u> (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%)



[Download image](#)

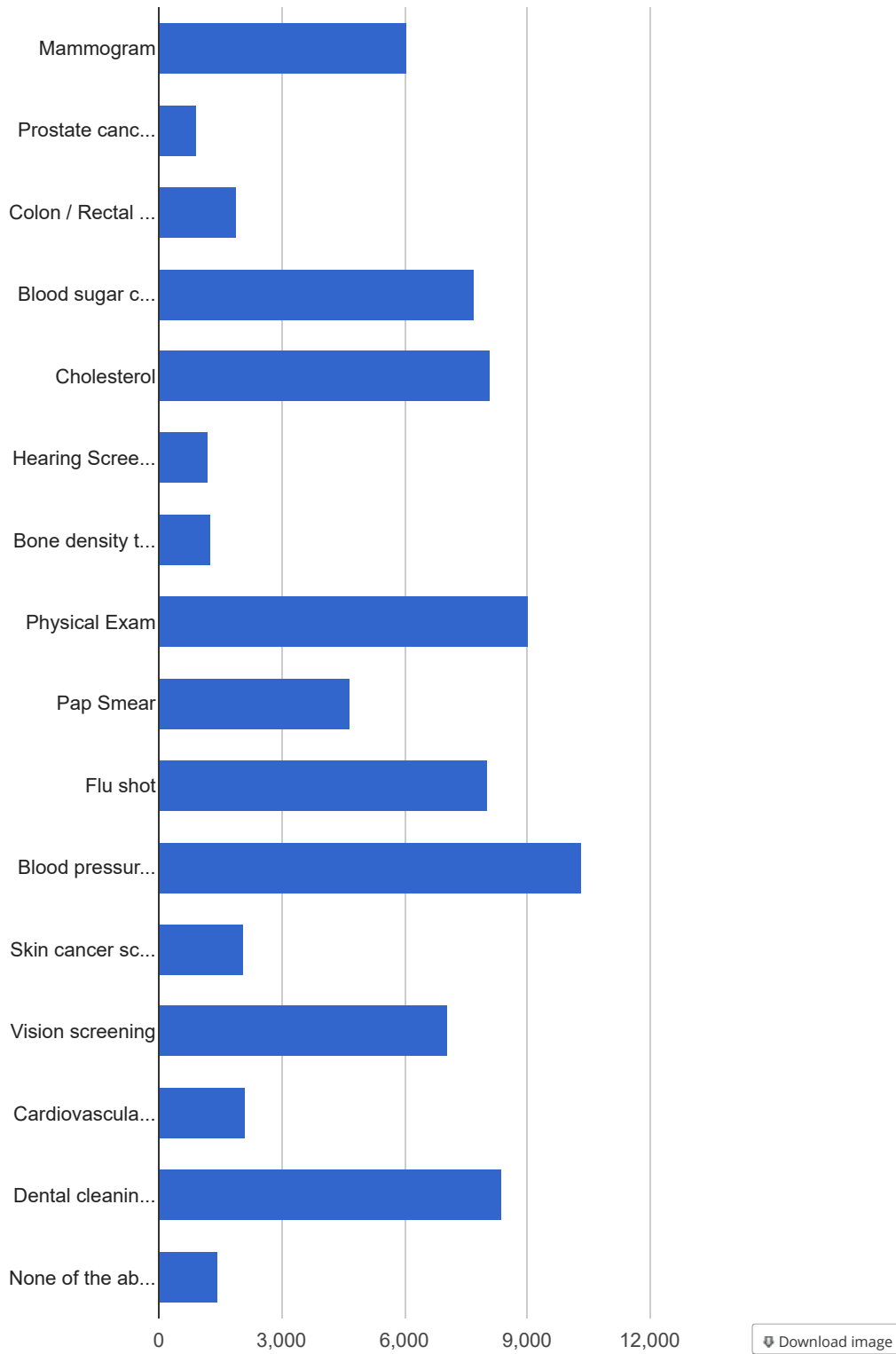
Other (*health_info_other*)

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

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 |

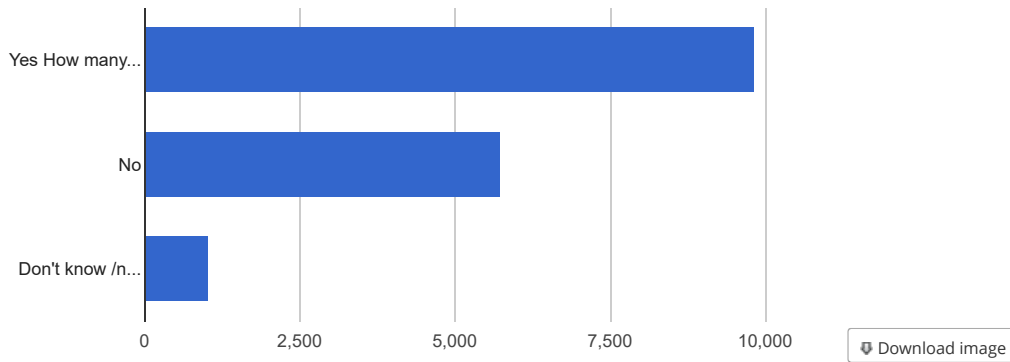
Counts/frequency: Mammogram (607, 39.4%), Prostate cancer screening (60, 3.9%), Colon / Rectal exam (151, 9.8%), Blood sugar check (715, 46.4%), Cholesterol (762, 49.4%), Hearing Screening (118, 7.7%), Bone density test (125, 8.1%), Physical Exam (877, 56.9%), Pap Smear (552, 35.8%), Flu shot (824, 53.5%), 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%)



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 |

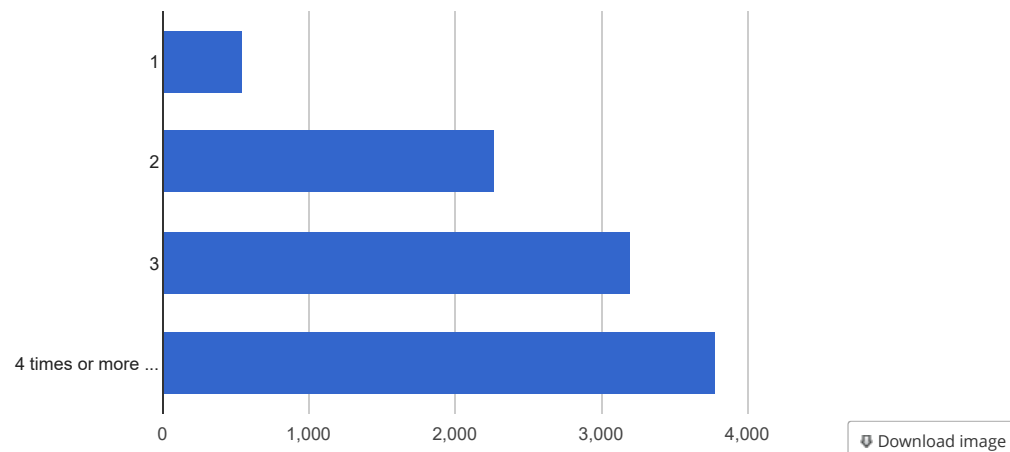
Counts/frequency: Yes How many times per week? (879, 57.0%), No (564, 36.6%), Don't know /not sure (99, 6.4%)



How many times per week? (*exercisetimesweek*)

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

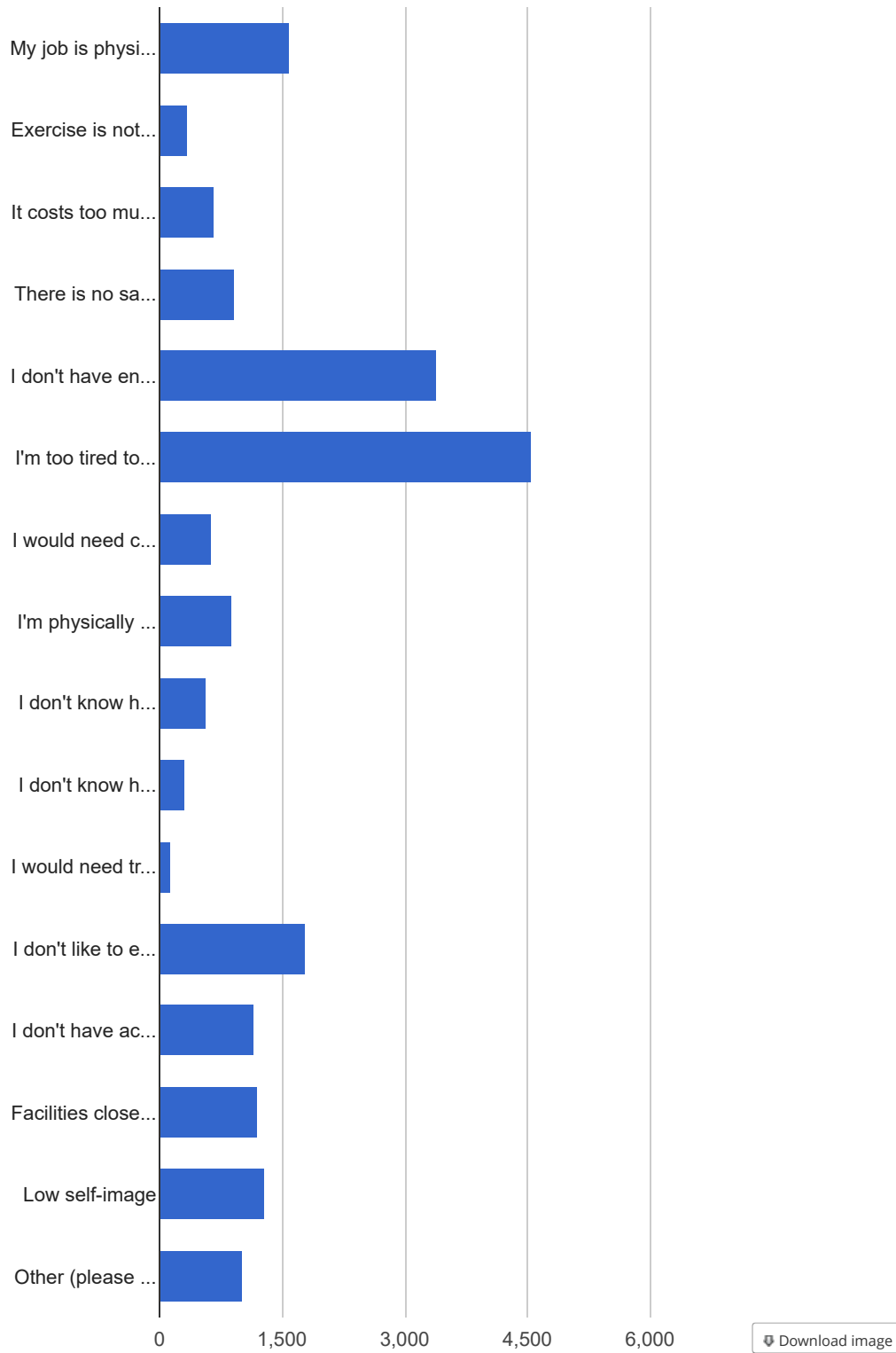
Counts/frequency: 1 (63, 7.2%), 2 (201, 22.9%), 3 (309, 35.2%), 4 times or more per week (306, 34.8%)



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%)



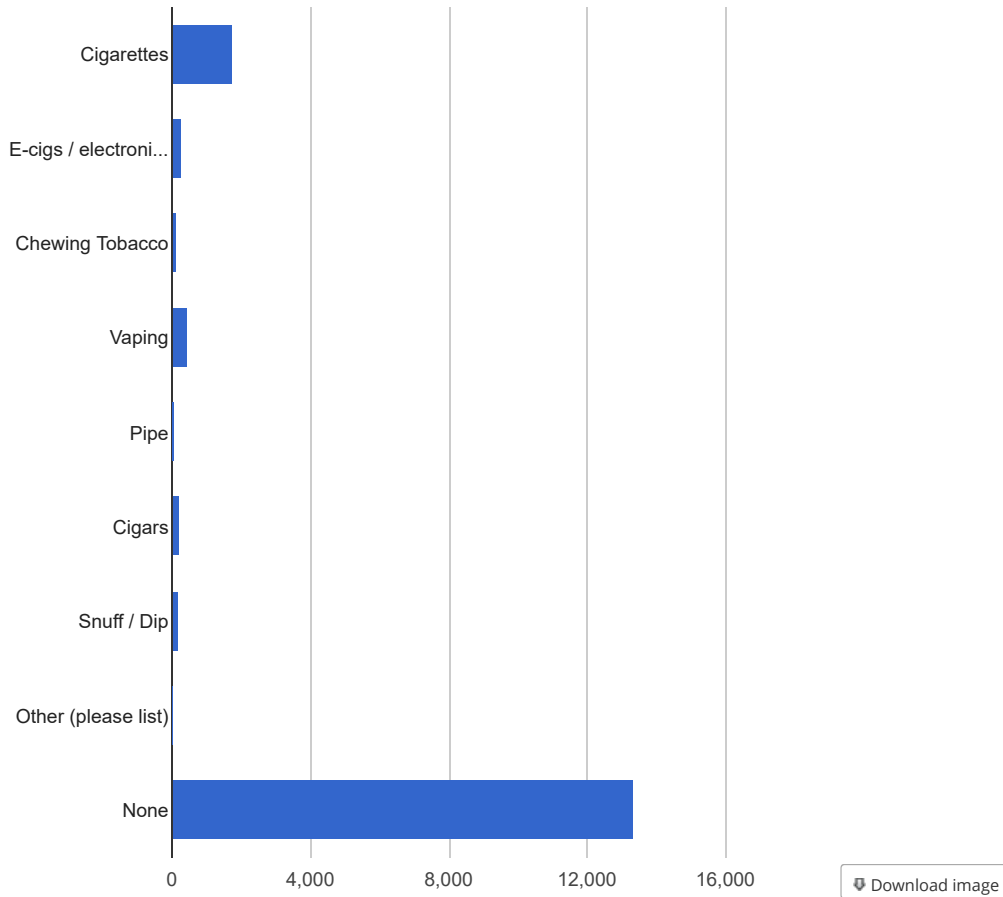
Other (*exercise_other*)

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

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

| 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%)



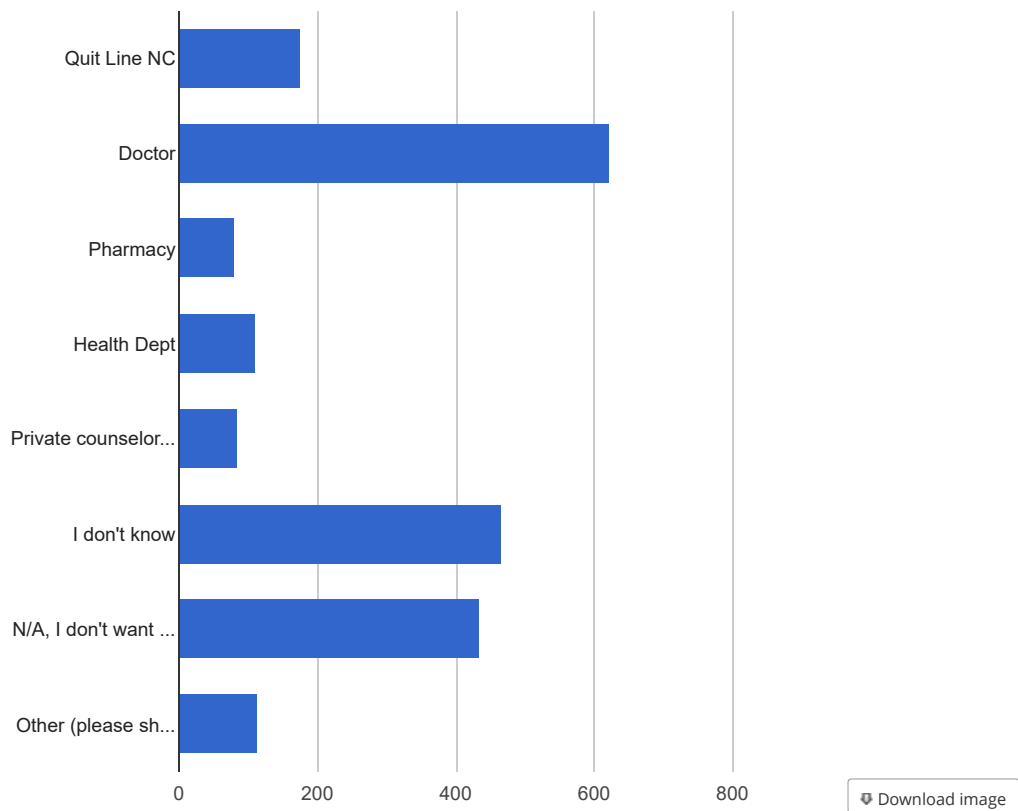
Other (please list) *(other_please_list)*

| 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%)



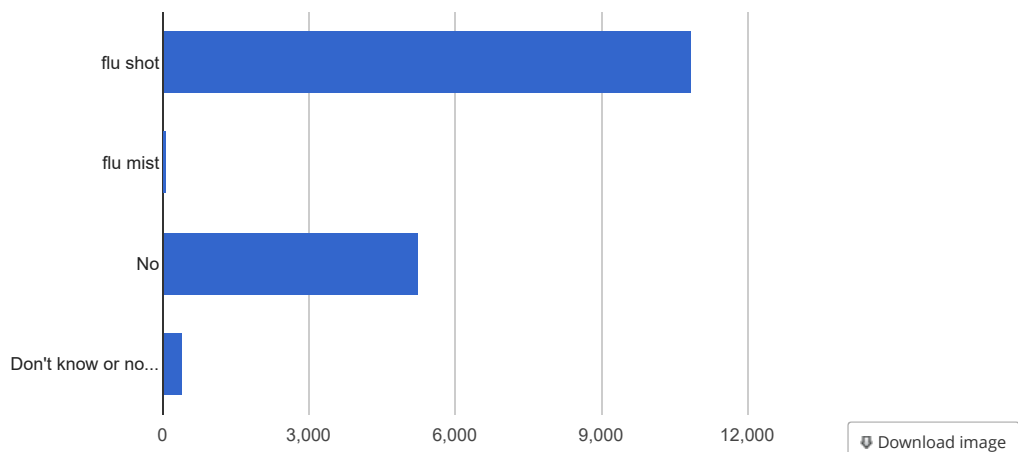
Other: (*quit_other*)

| 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 |

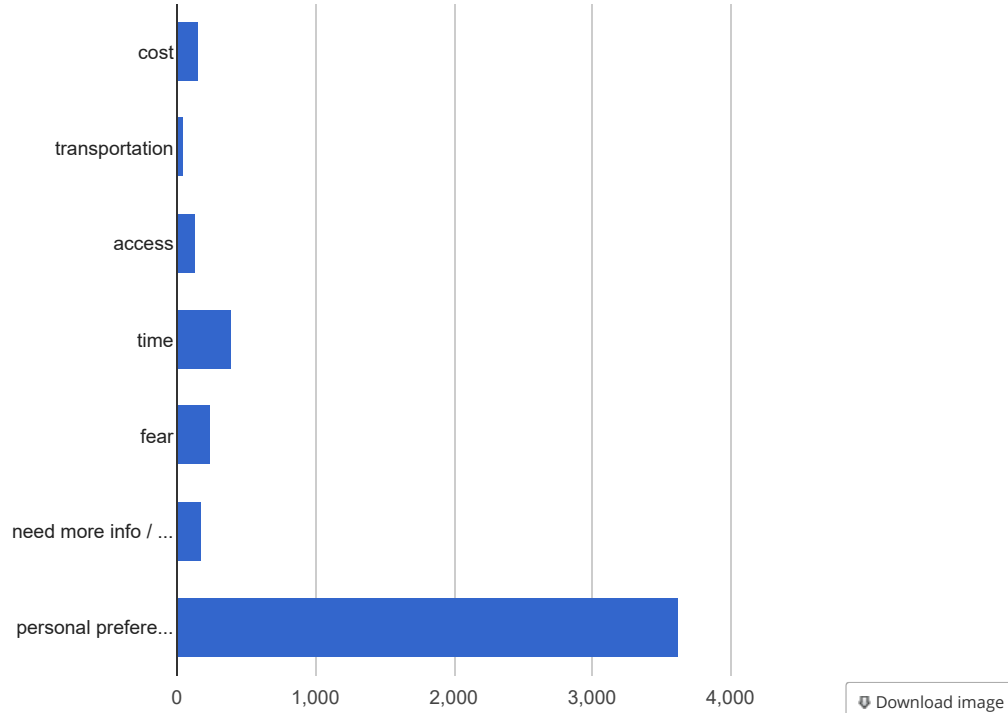
Counts/frequency: flu shot (1073, 69.6%), flu mist (6, 0.4%), No (444, 28.8%), Don't know or not sure (19, 1.2%)



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 |

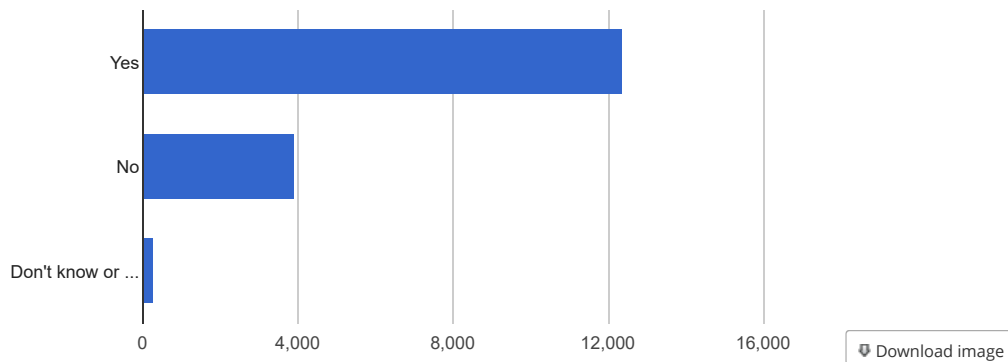
Counts/frequency: cost (6, 1.4%), transportation (4, 0.9%), access (10, 2.3%), time (40, 9.3%), fear (18, 4.2%), need more info / have questions (13, 3.0%), personal preference (337, 78.7%)



Have you had a COVID-19 vaccine? (covidshot)

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

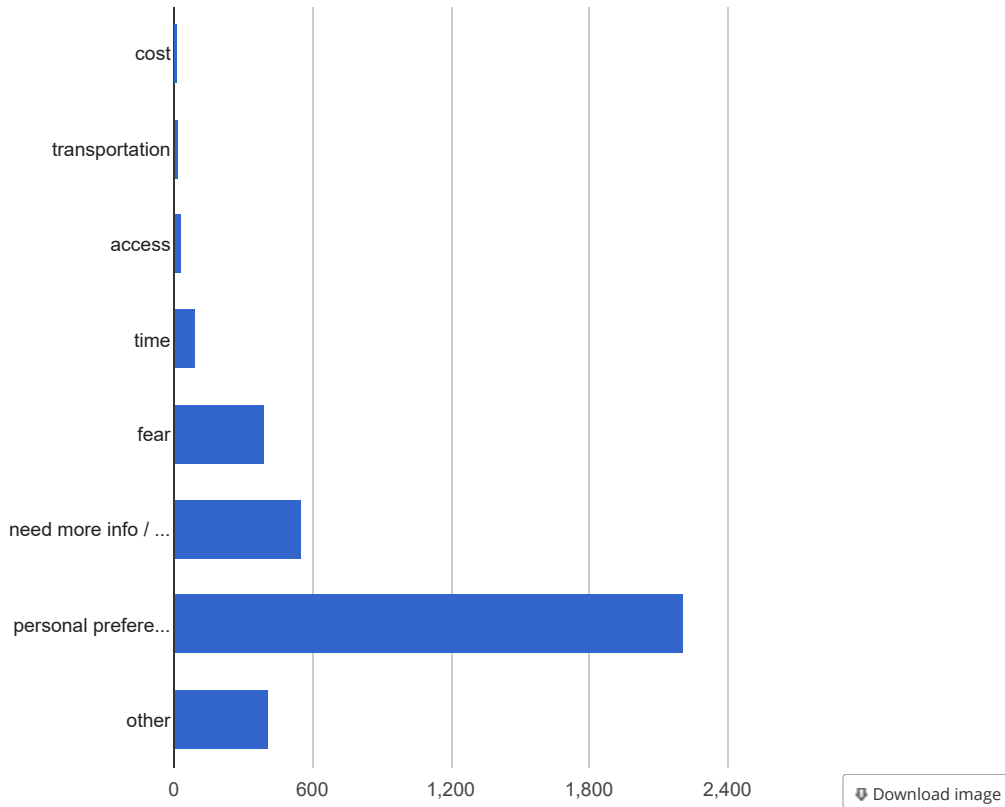
Counts/frequency: Yes (1204, 78.1%), No (324, 21.0%), Don't know or not sure (14, 0.9%)



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 |

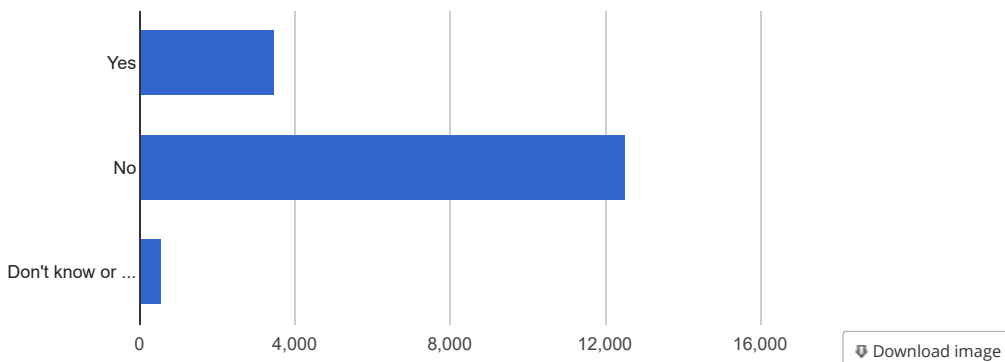
Counts/frequency: cost (0, 0.0%), transportation (2, 0.6%), access (2, 0.6%), time (9, 2.9%), fear (26, 8.3%), need more info / have questions (50, 15.9%), personal preference (187, 59.6%), other (38, 12.1%)



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 |

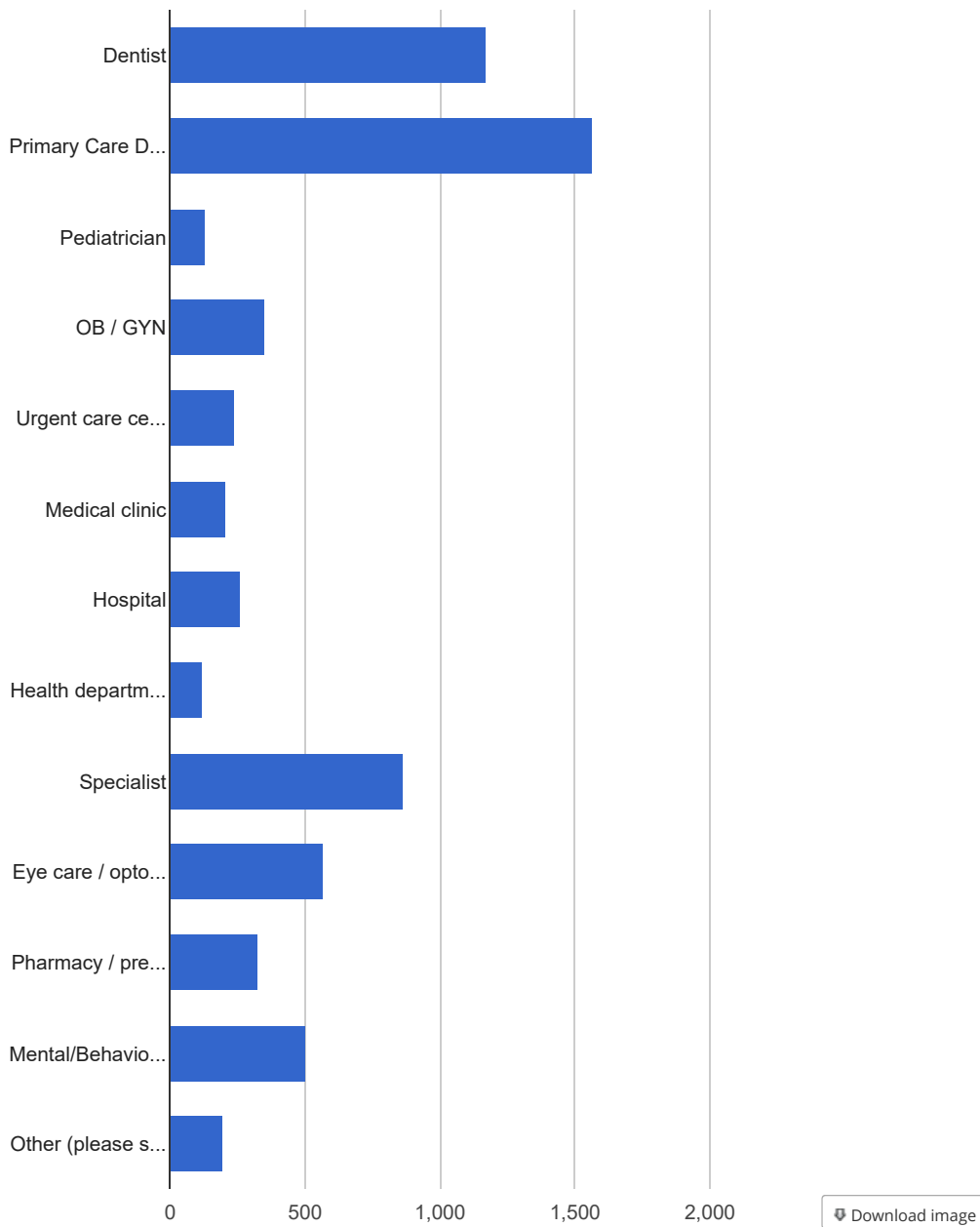
Counts/frequency: Yes (334, 21.6%), No (1181, 76.5%), Don't know or not sure (29, 1.9%)



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 |

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 / ophthalmologist (52, 16.0%), Pharmacy / prescriptions (37, 11.4%), Mental/Behavioral Health Providers (61, 18.8%), Other (please share more) (28, 8.6%)



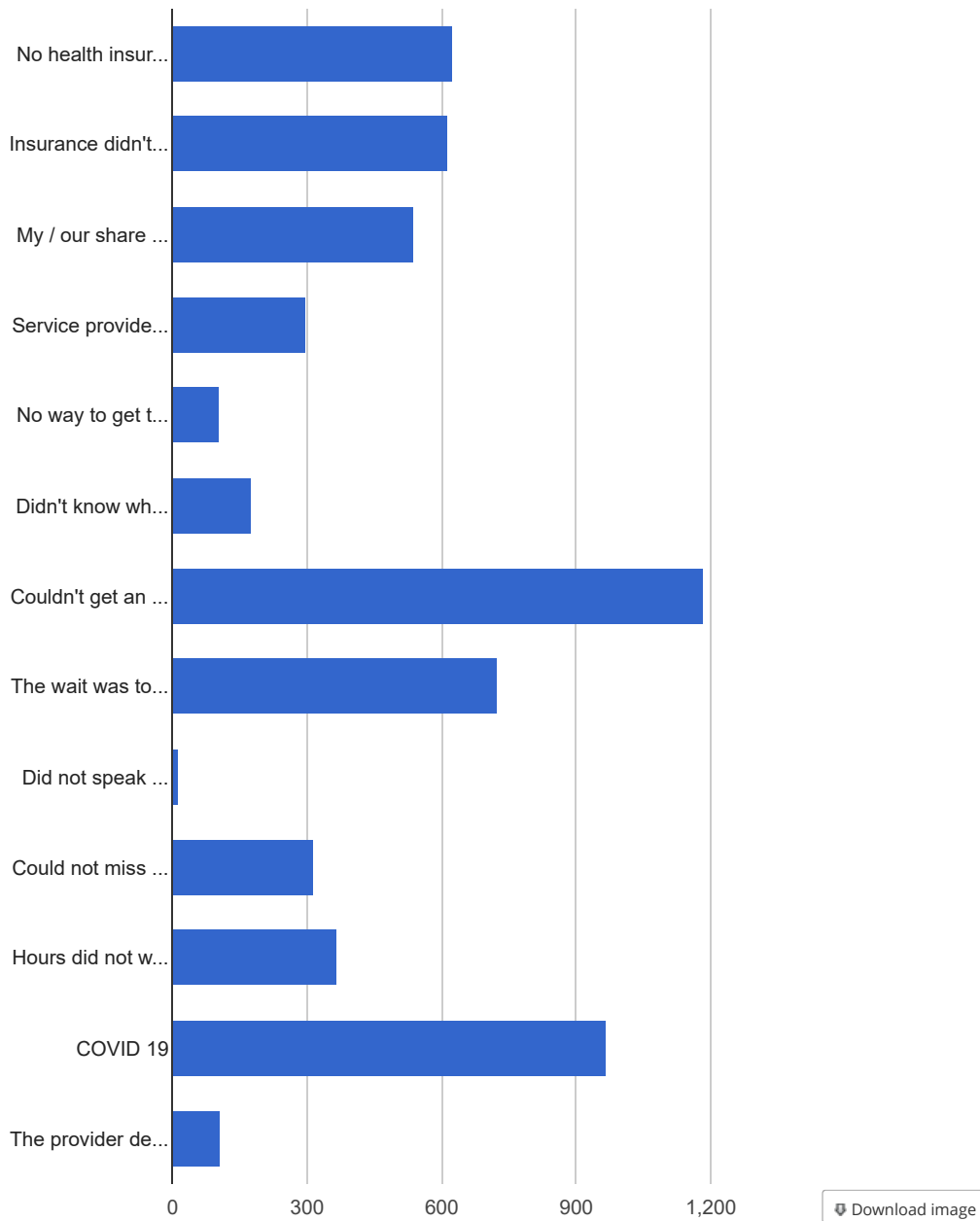
Other (*healthcareprovider_other*)

| 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 |

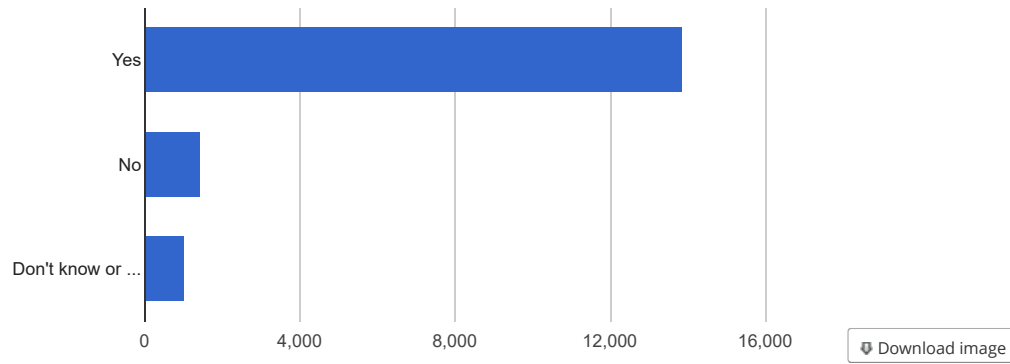
Counts/frequency: No health insurance (54, 16.9%), Insurance didn't cover what I / we needed. (77, 24.1%), My / our share of the cost (deductible / co-pay) was too high. (58, 18.2%), Service provider would not take my / our insurance or Medicaid. (29, 9.1%), No way to get there. (6, 1.9%), Didn't know 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 |

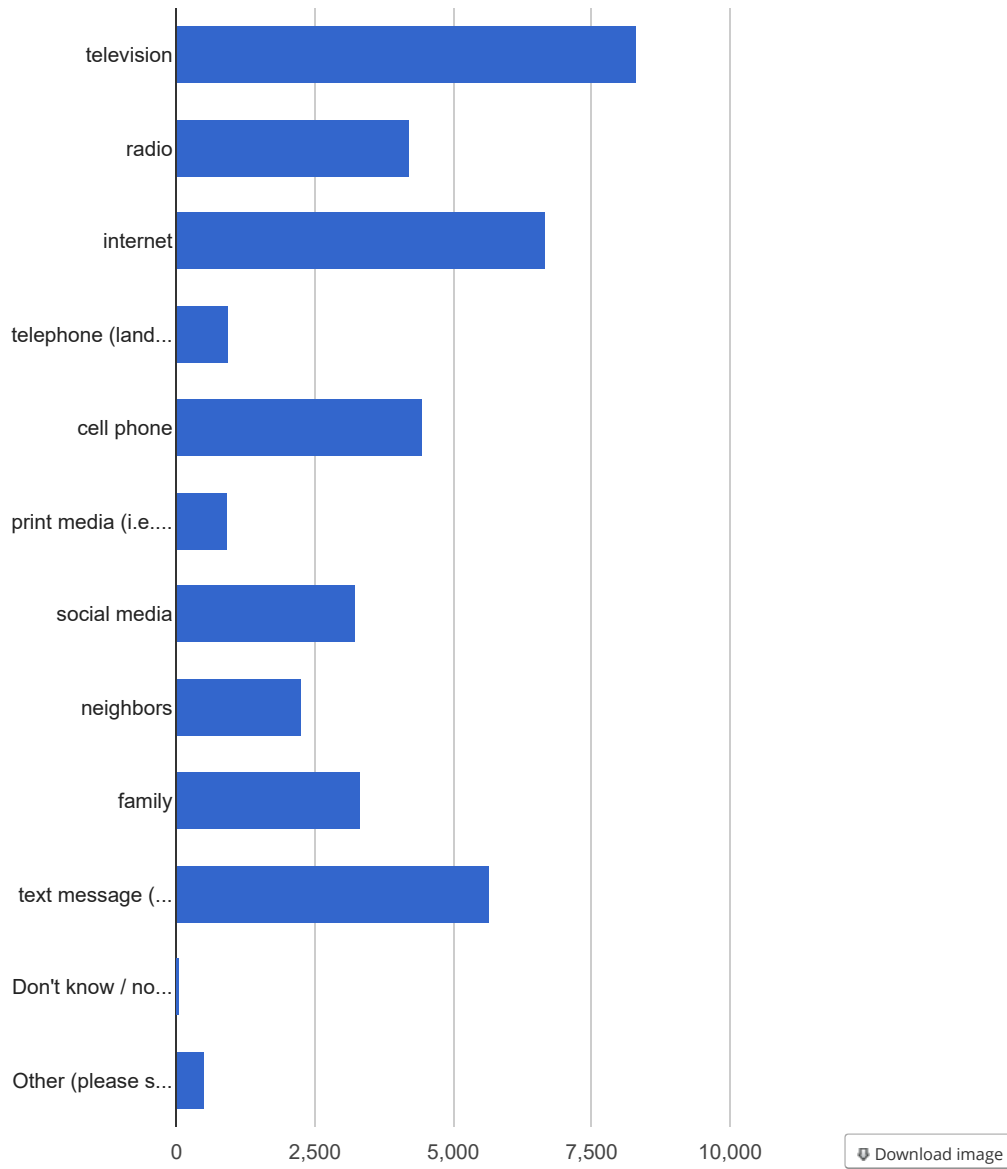
Counts/frequency: Yes (1258, 82.4%), No (168, 11.0%), Don't know or not sure (100, 6.6%)



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%)



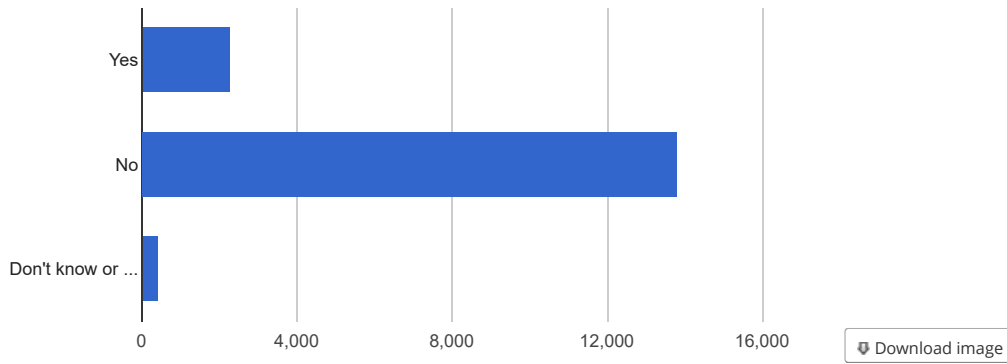
Other (*natural_disaster_other*)

| 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%)



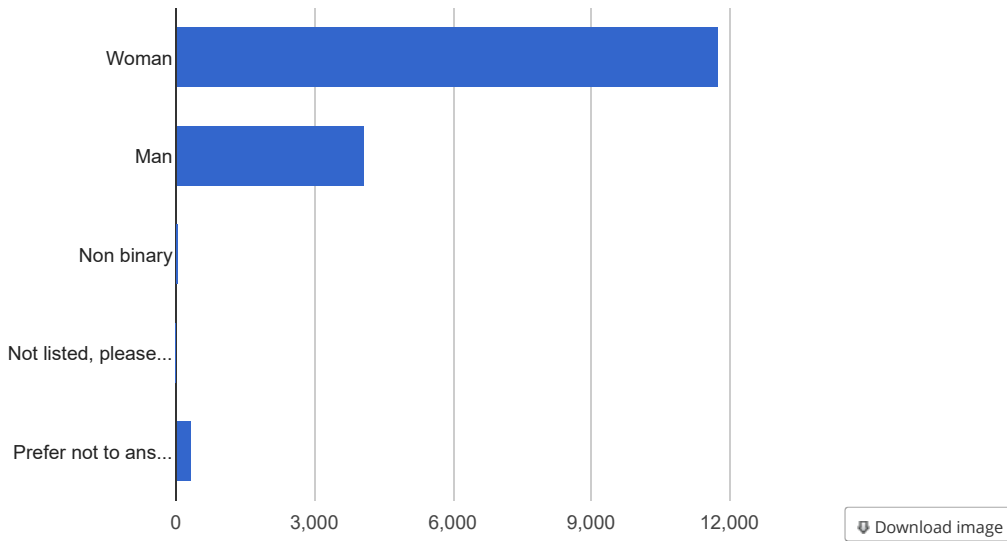
Is there anything else you would like for us to know about your community? *(anythingelse)*

| 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%)



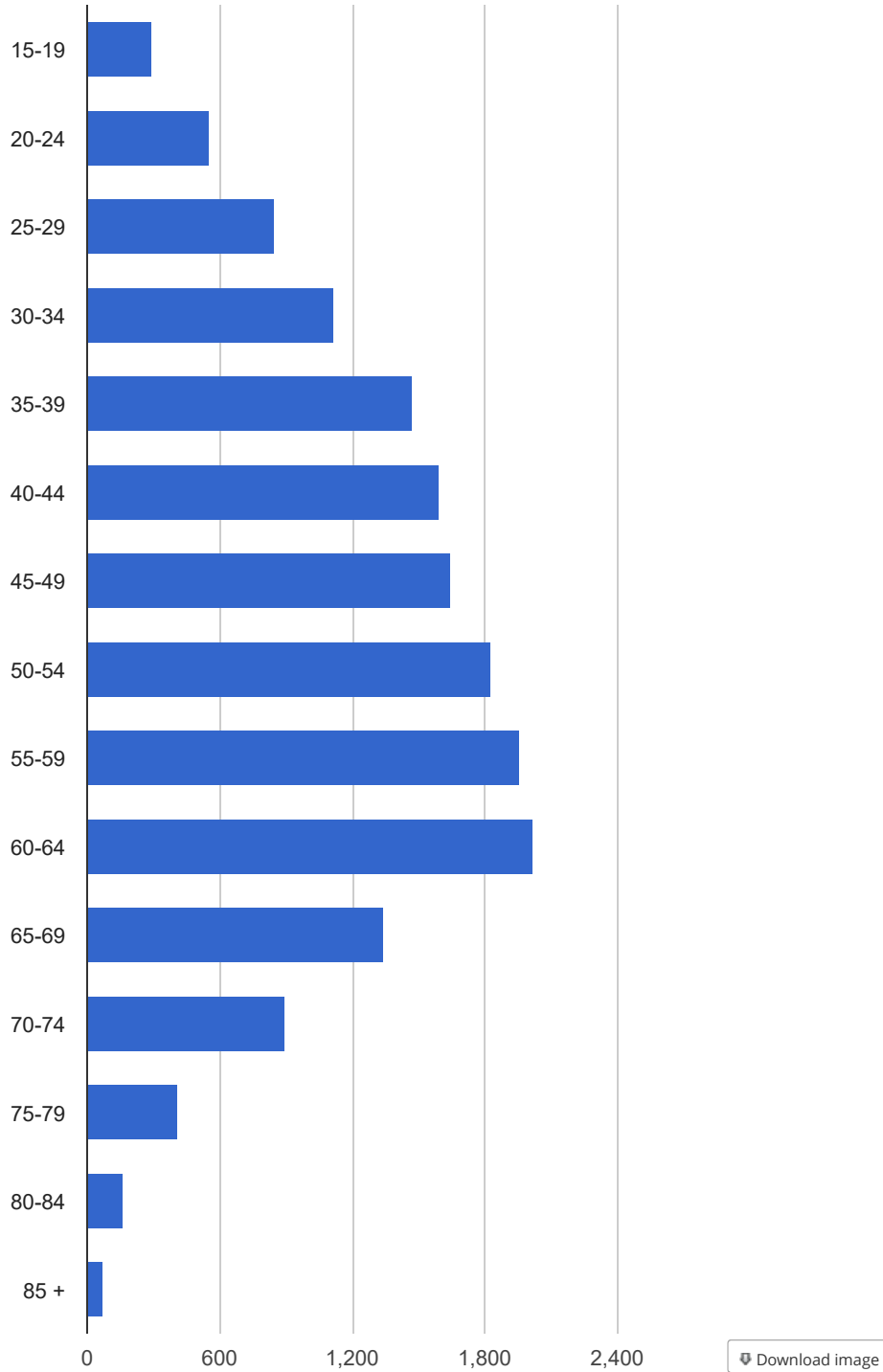
Please share more. *(gender_other)*

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

How old are you? *(age)*

| 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%)

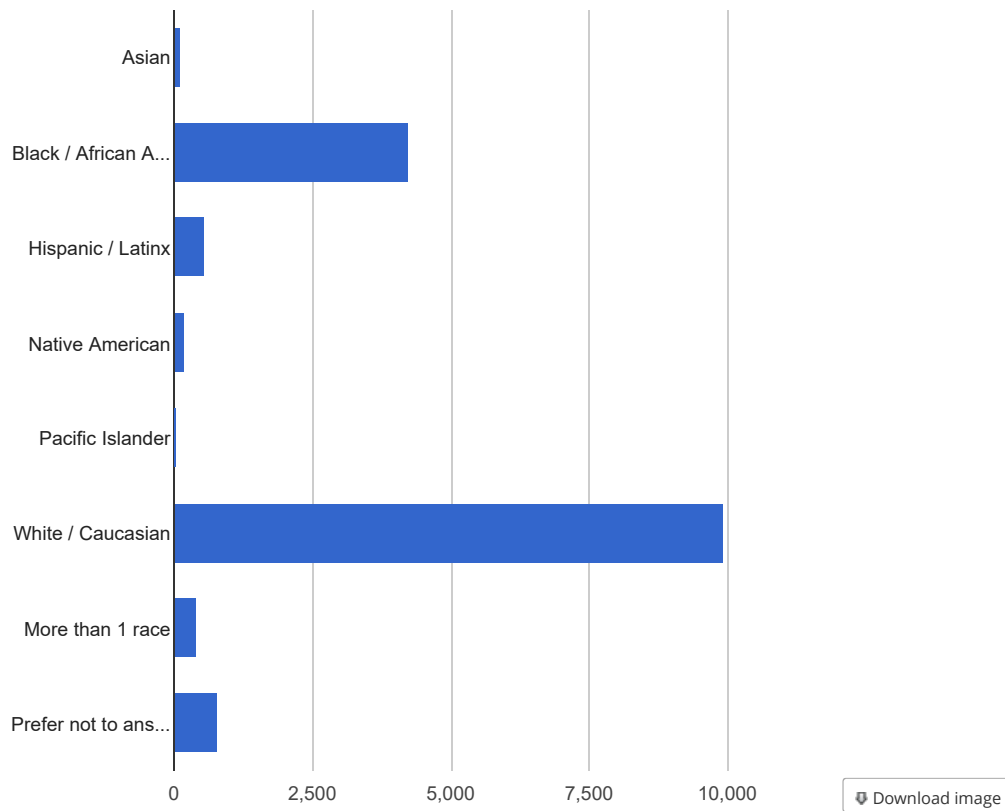


[Download image](#)

How do you describe your race/ethnicity? (*raceethnicity*)

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

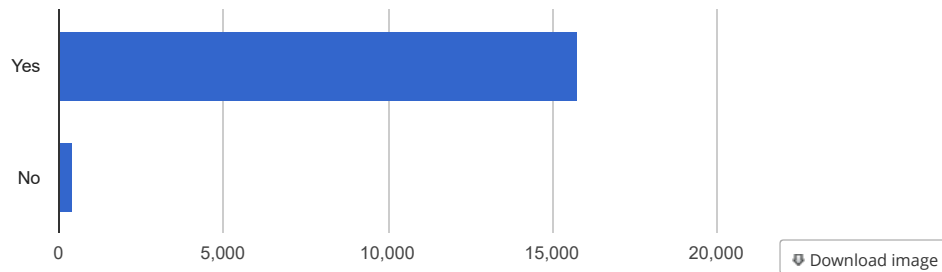
Counts/frequency: Asian (22, 1.4%), Black / African American (448, 29.3%), Hispanic / Latinx (72, 4.7%), Native American (15, 1.0%), Pacific Islander (6, 0.4%), White / Caucasian (791, 51.7%), More than 1 race (59, 3.9%), Prefer not to answer (117, 7.6%)



Is English the primary language spoken in your home? *(language)*

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

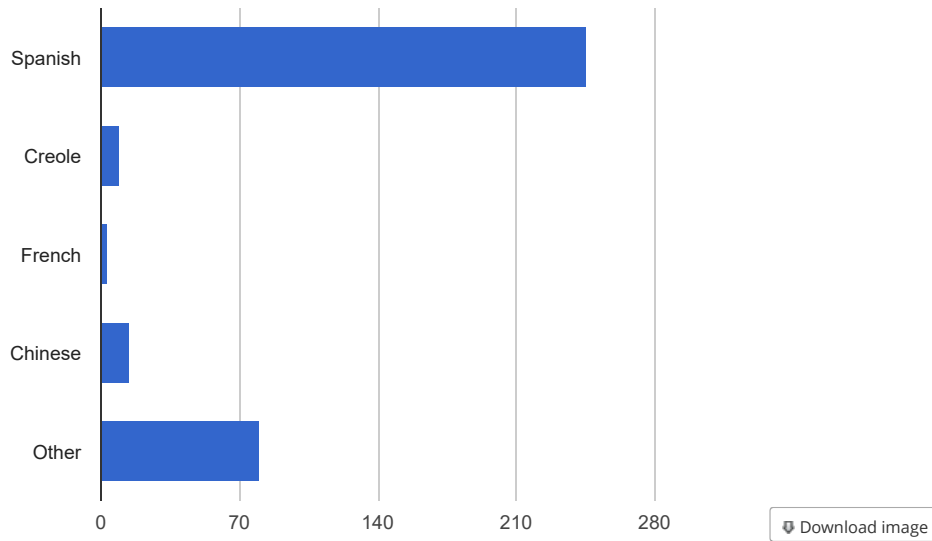
Counts/frequency: Yes (1472, 96.9%), No (47, 3.1%)



If no, please share which primary language *(languageno)*

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

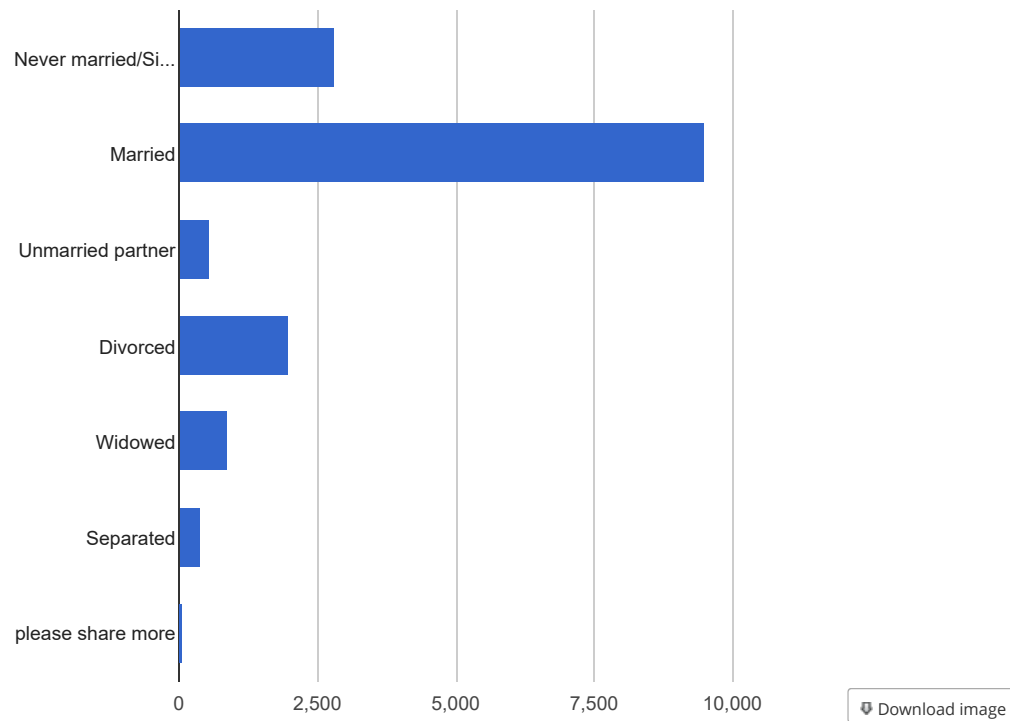
Counts/frequency: Spanish (21, 48.8%), Creole (0, 0.0%), French (1, 2.3%), Chinese (0, 0.0%), Other (21, 48.8%)



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%)



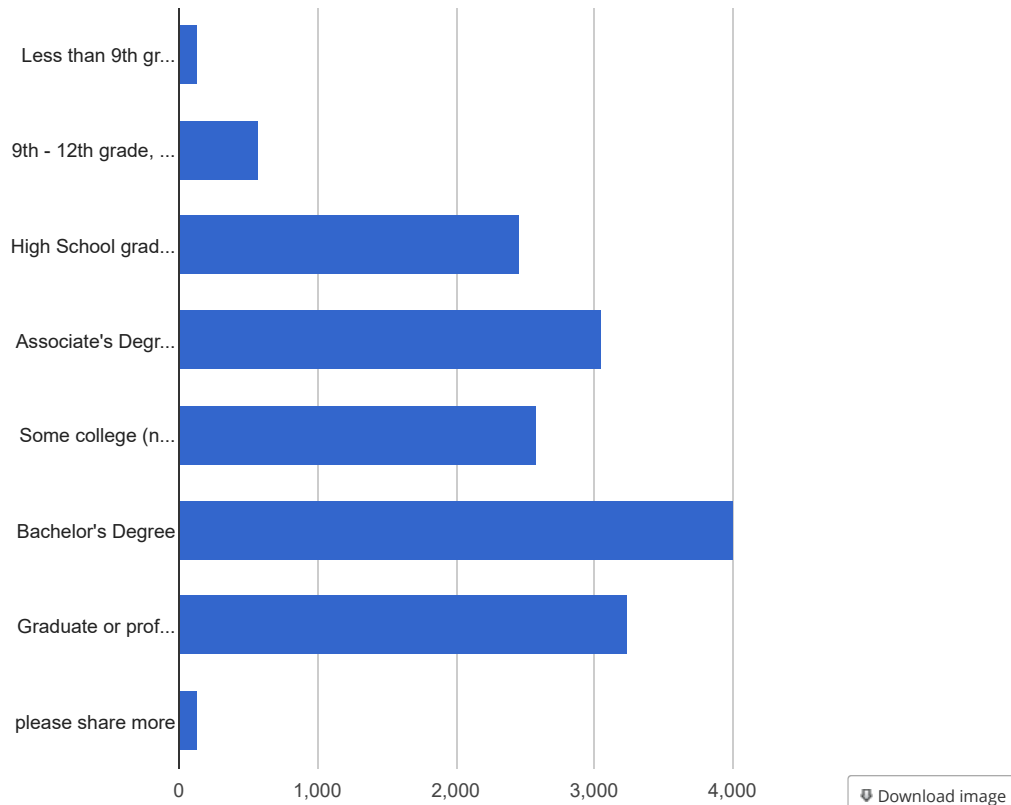
please share more. (*marital_other*)

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

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%)



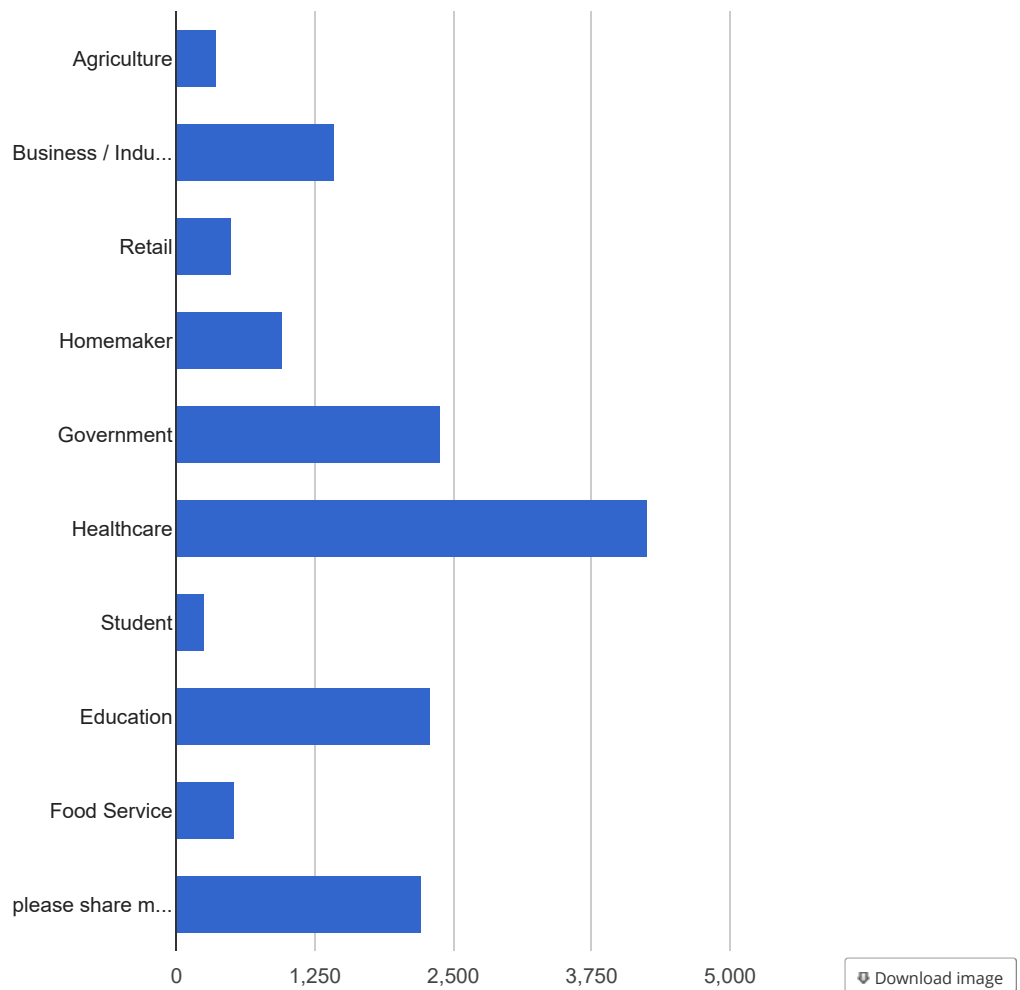
Please share more *(please_share_more)*

| 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%)



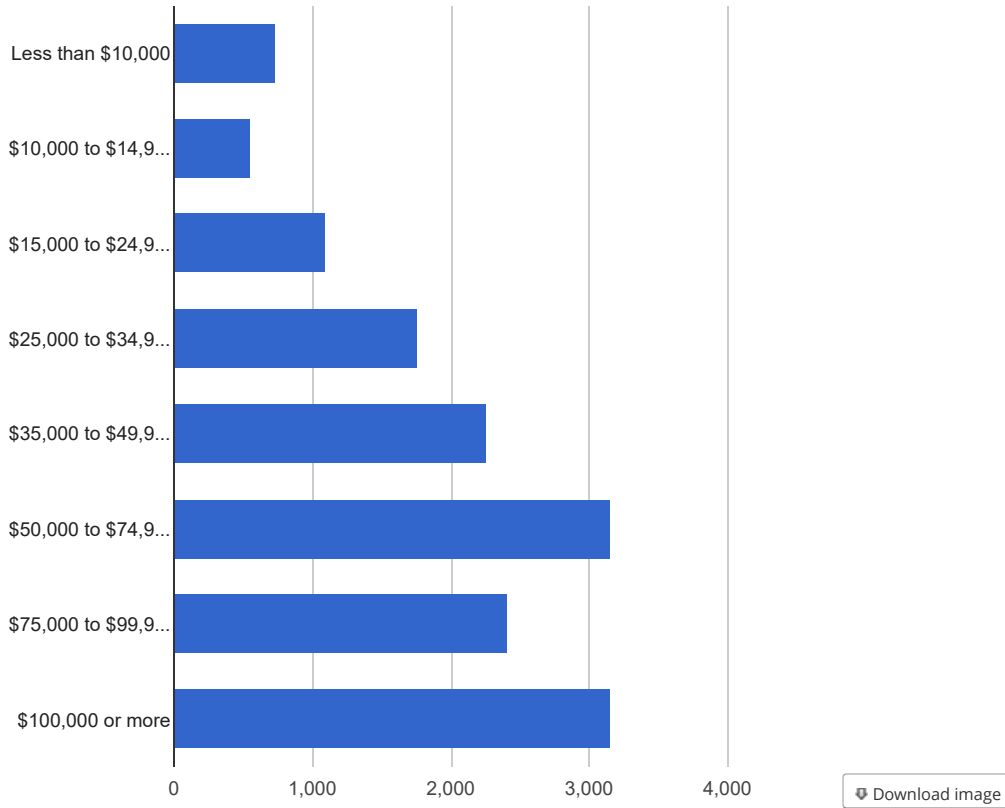
Please share more (*job_other*)

| 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 |

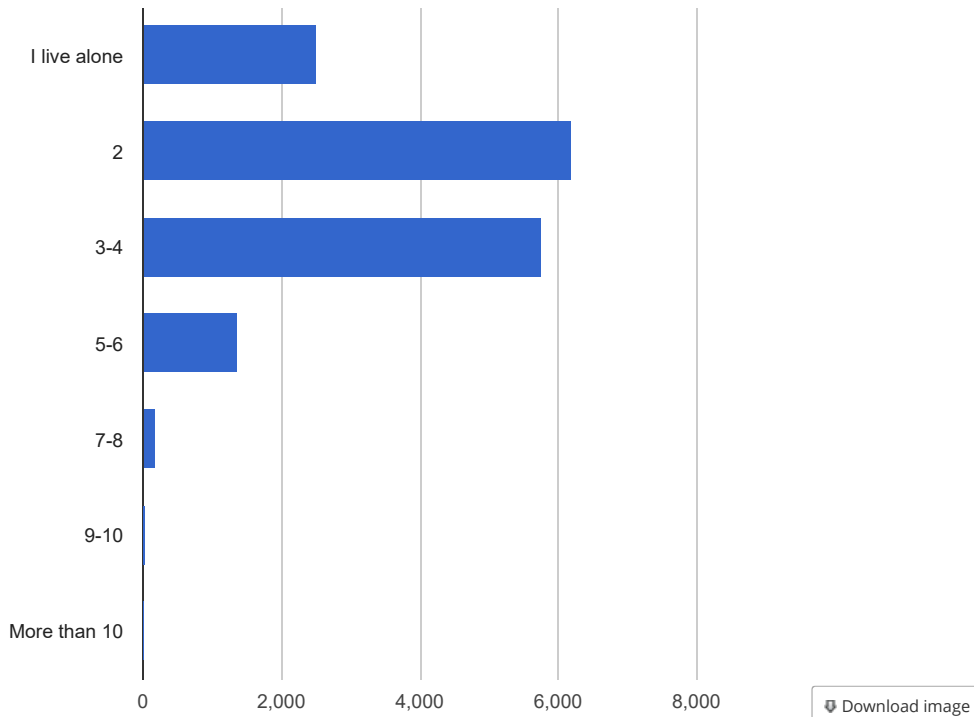
Counts/frequency: Less than \$10,000 (62, 4.2%), \$10,000 to \$14,999 (42, 2.8%), \$15,000 to \$24,999 (90, 6.1%), \$25,000 to \$34,999 (188, 12.8%), \$35,000 to \$49,999 (216, 14.7%), \$50,000 to \$74,999 (307, 20.8%), \$75,000 to \$99,999 (260, 17.6%), \$100,000 or more (309, 21.0%)



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

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

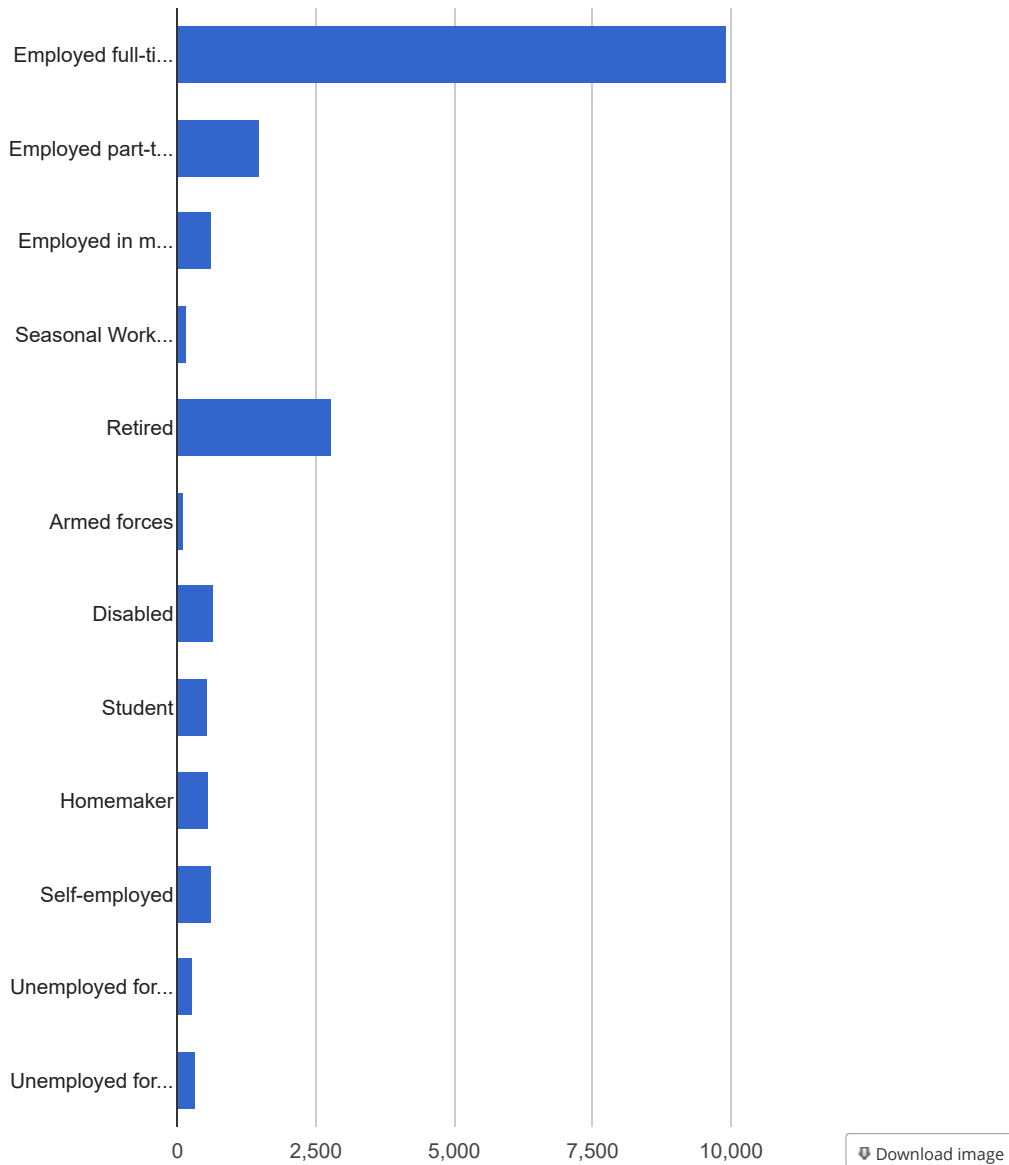
Counts/frequency: **1** live alone (216, 14.2%), **2** (581, 38.1%), **3-4** (569, 37.3%), **5-6** (143, 9.4%), **7-8** (12, 0.8%), **9-10** (4, 0.3%), **More than 10** (1, 0.1%)



What is your employment status? Please check all that apply. (*employment*)

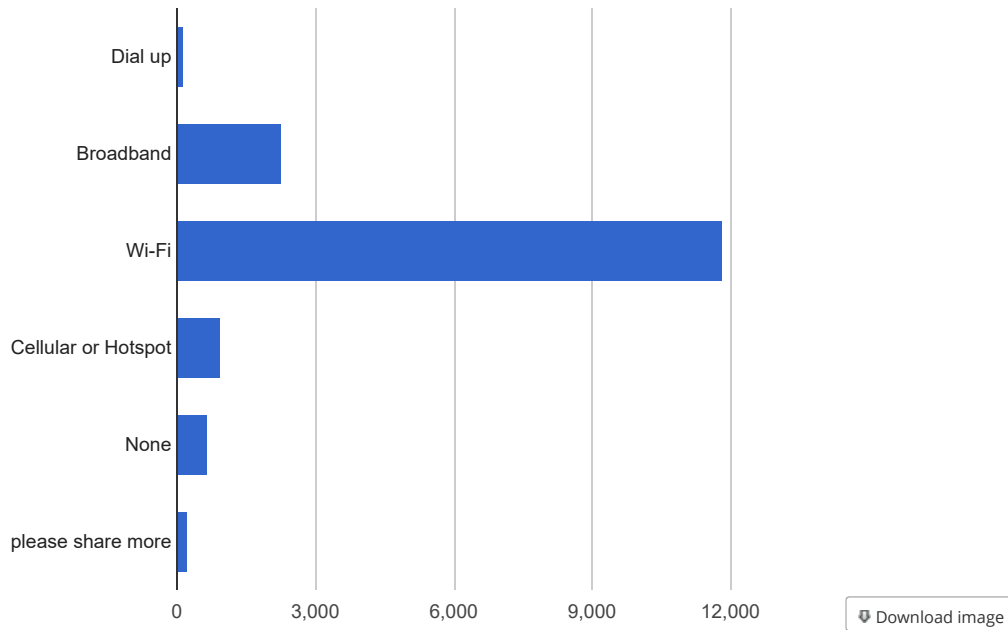
| Total Count (N) | Missing* | Unique |
|-----------------|---------------------------|--------|
| 1,526 | 19 (1.2%) | 12 |

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%)



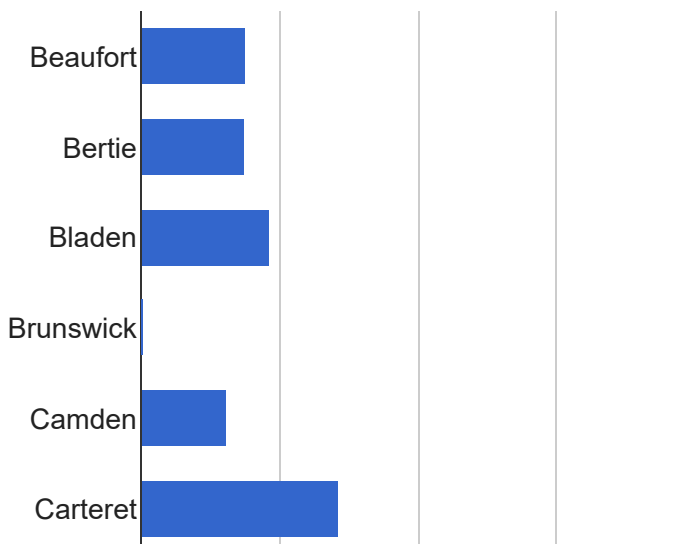
Other (*internet_or_wifi_other*)

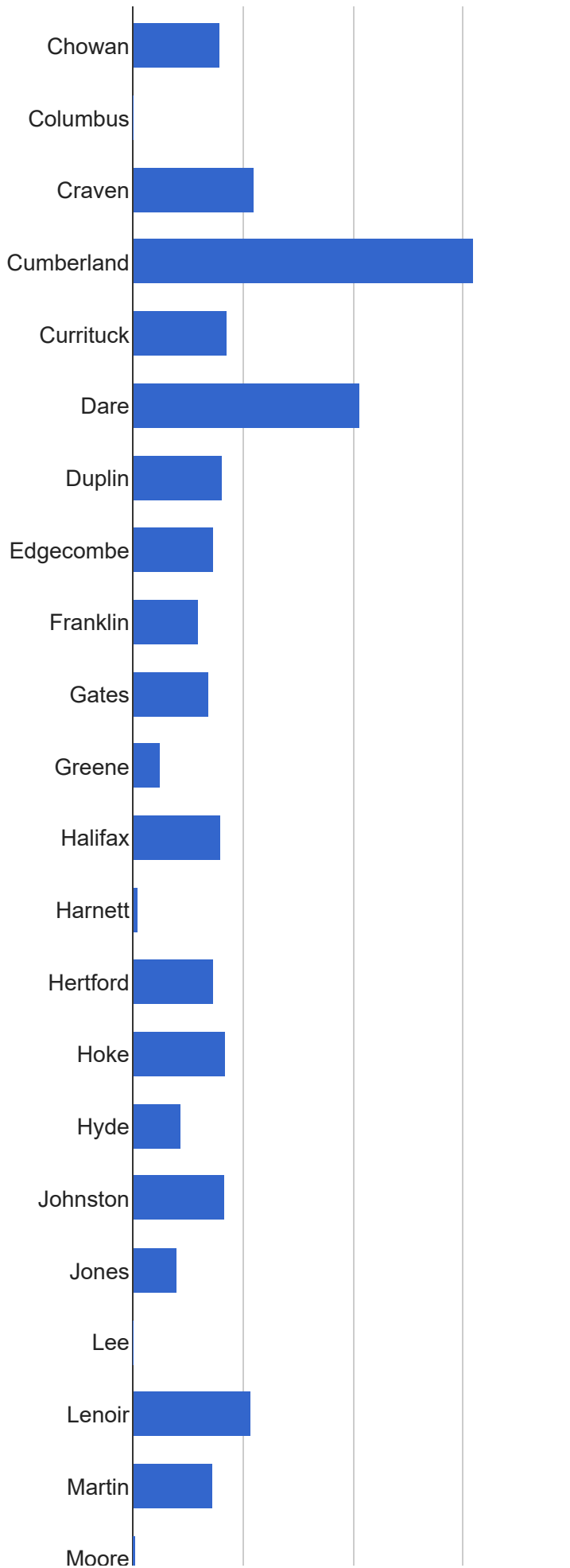
| Total Count (N) | Missing* |
|-----------------|--------------|
| 10 | 1535 (99.4%) |

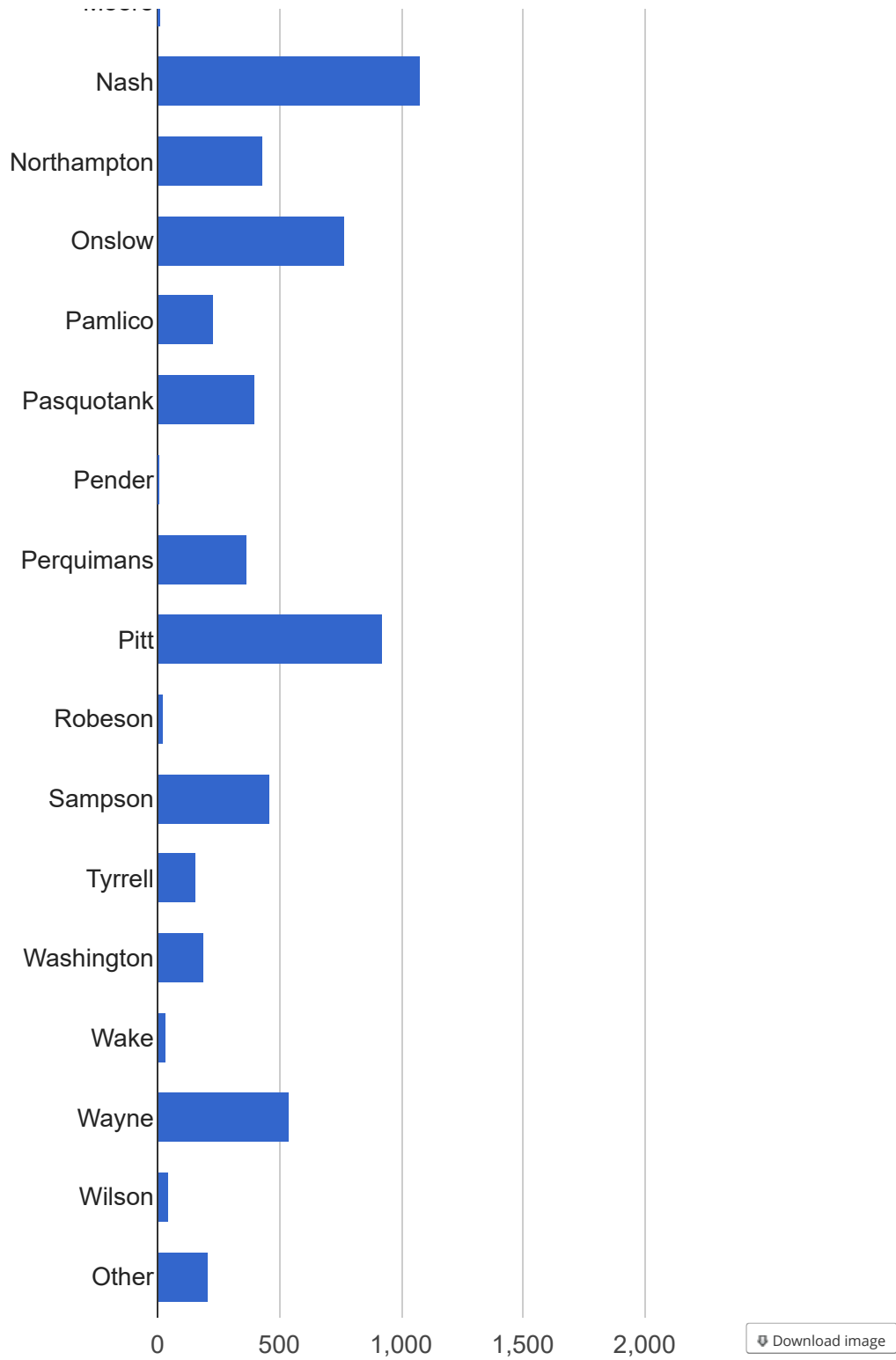
Which county do you live in? (*county*)

| 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%)







Other (county_other)

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

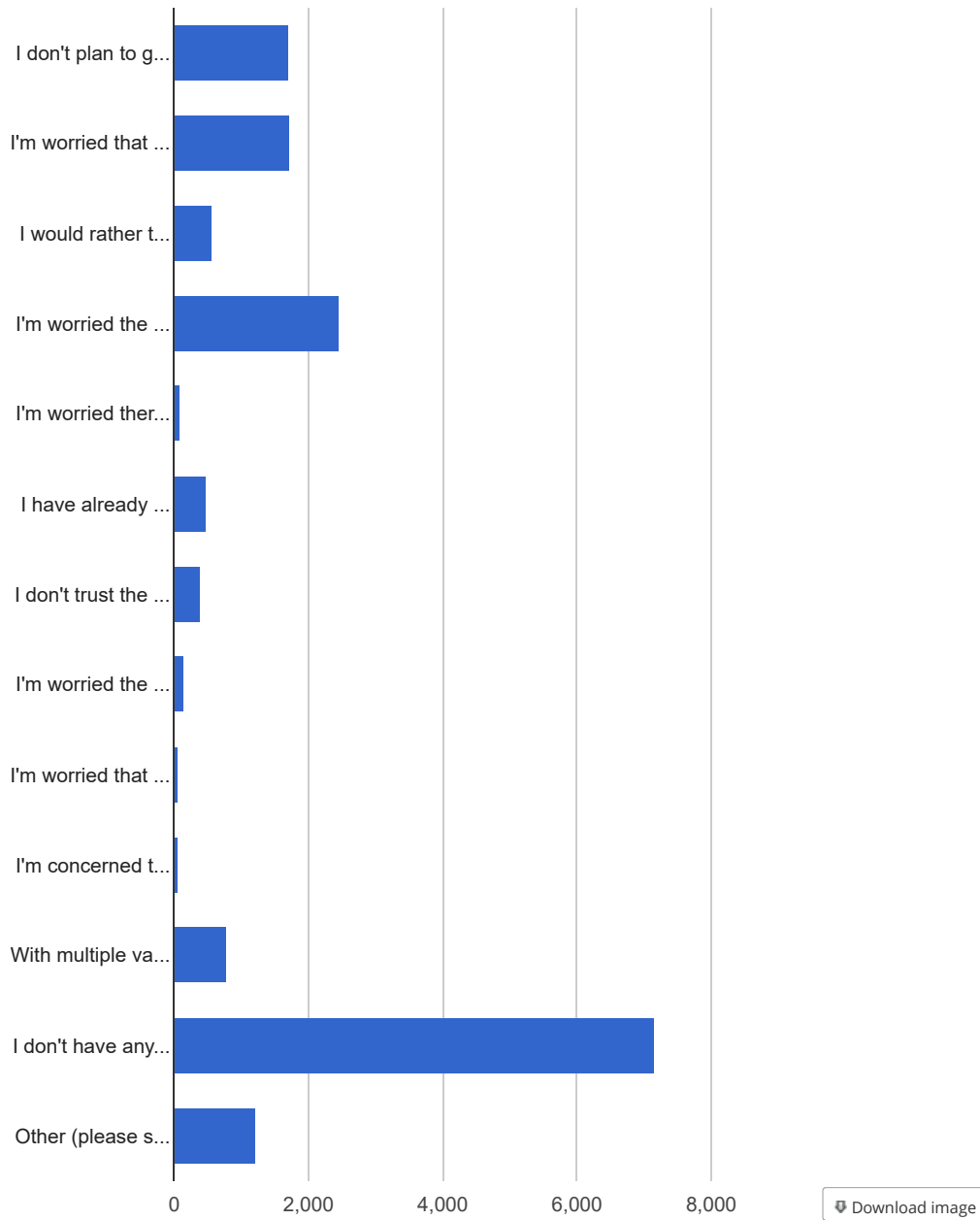
What is your 5 digit zip code? (zip_code)

| 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%)



[Download image](#)

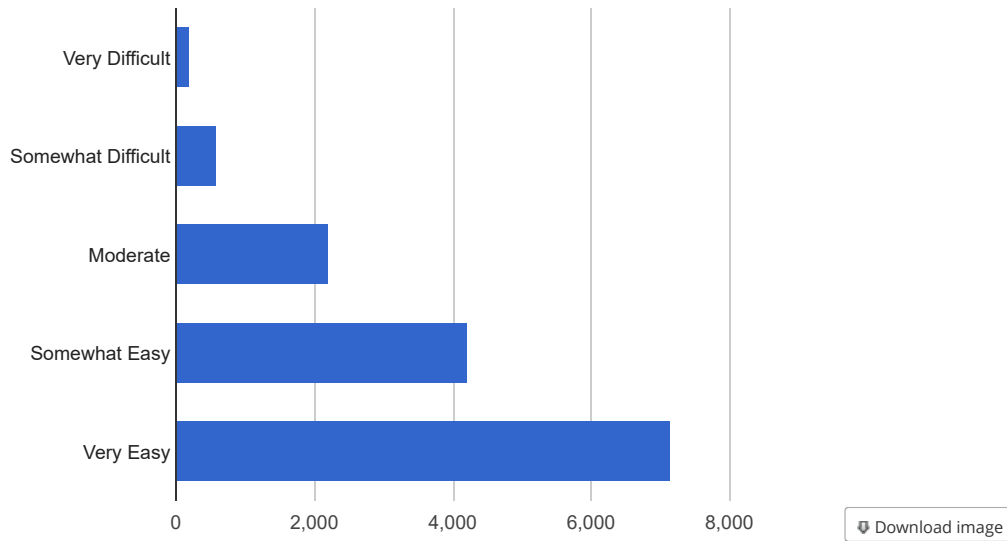
Other (*covid_concerns_other*)

| 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 |

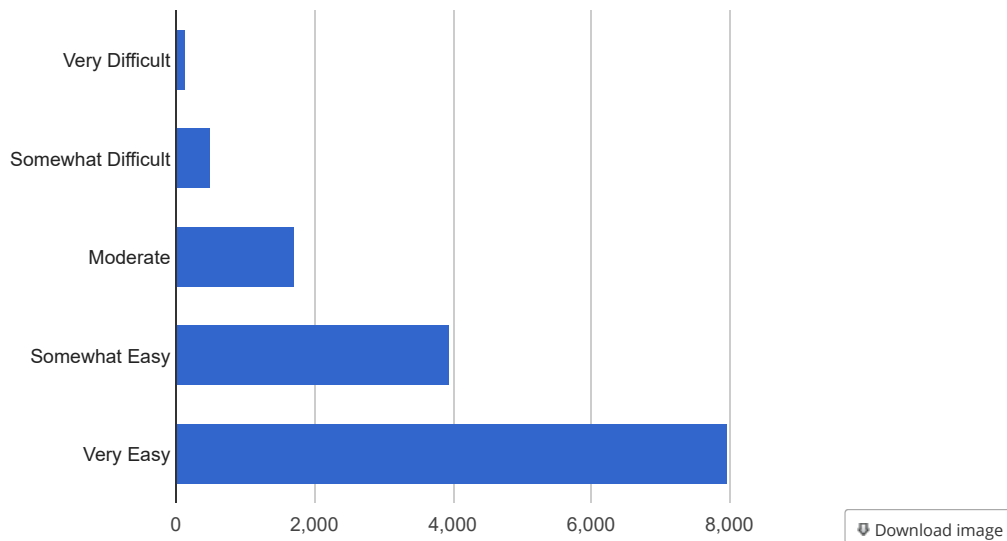
Counts/frequency: **Very Difficult** (17, 1.2%), **Somewhat Difficult** (44, 3.0%), **Moderate** (245, 16.6%), **Somewhat Easy** (354, 24.0%), **Very Easy** (813, 55.2%)



Find out where to go to get a COVID-19 vaccine? (*covidwhere*)

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

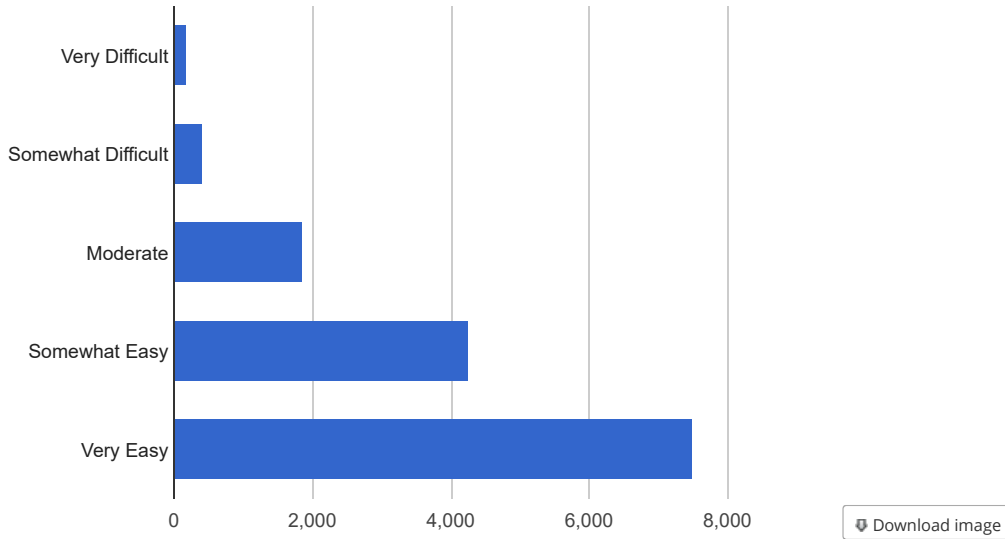
Counts/frequency: *Very Difficult* (10, 0.7%), *Somewhat Difficult* (38, 2.6%), *Moderate* (161, 11.0%), *Somewhat Easy* (311, 21.3%), *Very Easy* (942, 64.4%)



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 |

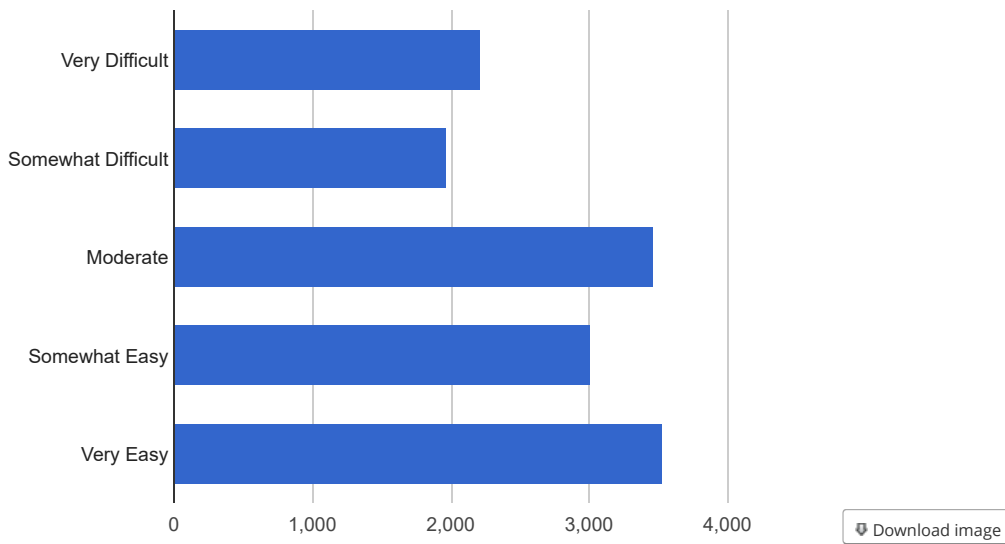
Counts/frequency: *Very Difficult* (17, 1.2%), *Somewhat Difficult* (42, 2.9%), *Moderate* (189, 12.9%), *Somewhat Easy* (367, 25.1%), *Very Easy* (845, 57.9%)



Trust if the information about COVID-19 in the media is reliable? (covidtrust)

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

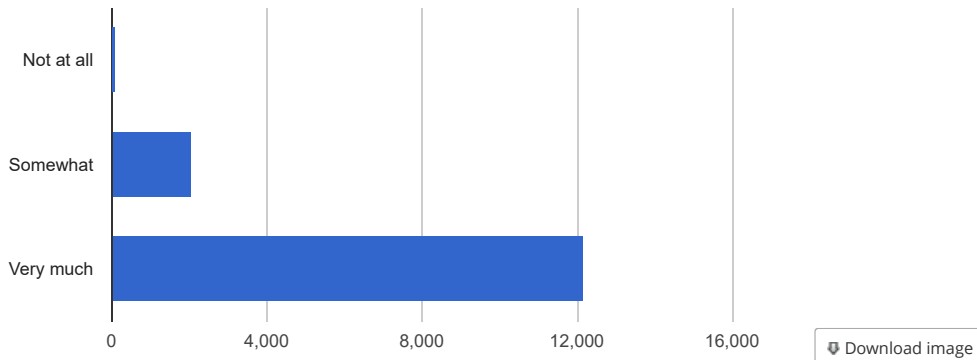
Counts/frequency: Very Difficult (219, 15.0%), Somewhat Difficult (191, 13.1%), Moderate (360, 24.7%), Somewhat Easy (271, 18.6%), Very Easy (417, 28.6%)



I know how to protect myself from coronavirus. (covidprotect)

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

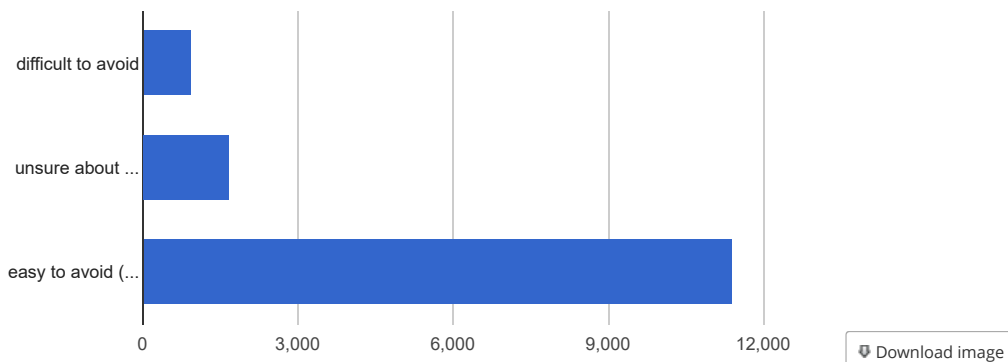
Counts/frequency: Not at all (4, 0.3%), Somewhat (159, 10.9%), Very much (1292, 88.8%)



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 |

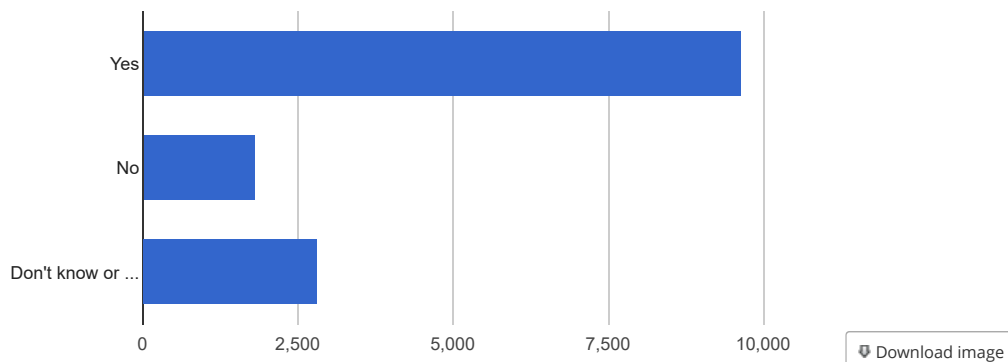
Counts/frequency: difficult to avoid (115, 7.9%), unsure about how to avoid (130, 8.9%), easy to avoid (I have no problem) (1214, 83.2%)



Do you think that global warming is happening? (*warmingyesno*)

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

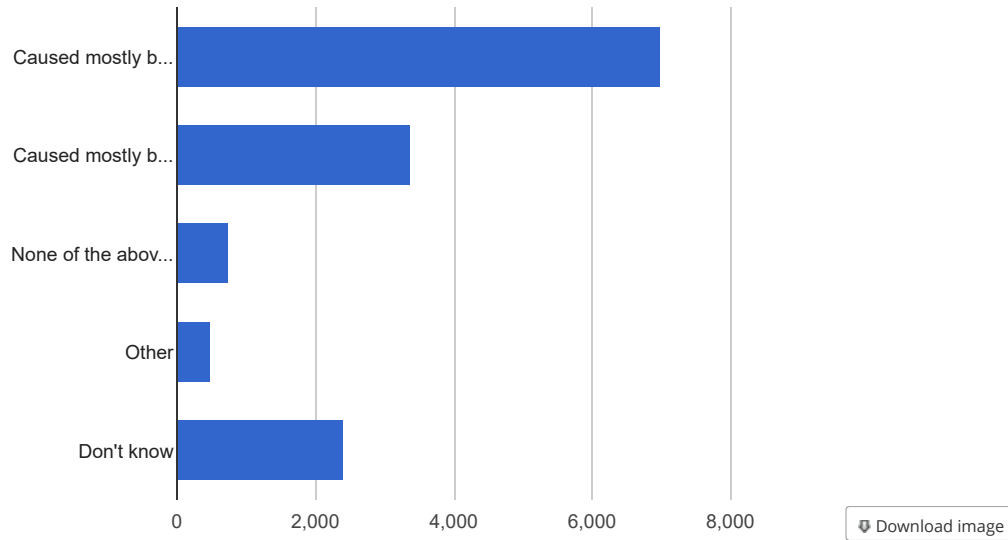
Counts/frequency: Yes (1102, 74.7%), No (142, 9.6%), Don't know or unsure (231, 15.7%)



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

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

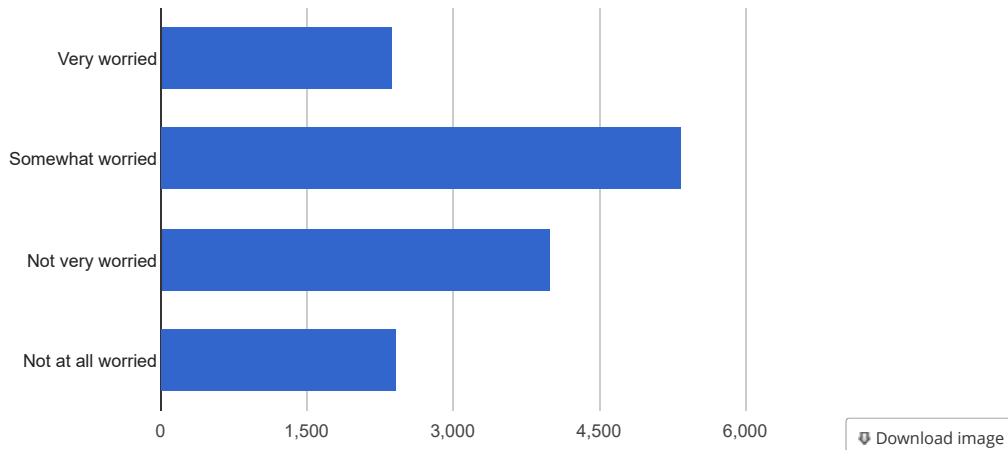
Counts/frequency: Caused mostly by human activities (836, 57.1%), Caused mostly by natural changes in the environment (331, 22.6%), None of the above because global warming isn't happening (64, 4.4%), Other (49, 3.3%), Don't know (185, 12.6%)



How worried are you about global warming? (*warmingworried*)

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

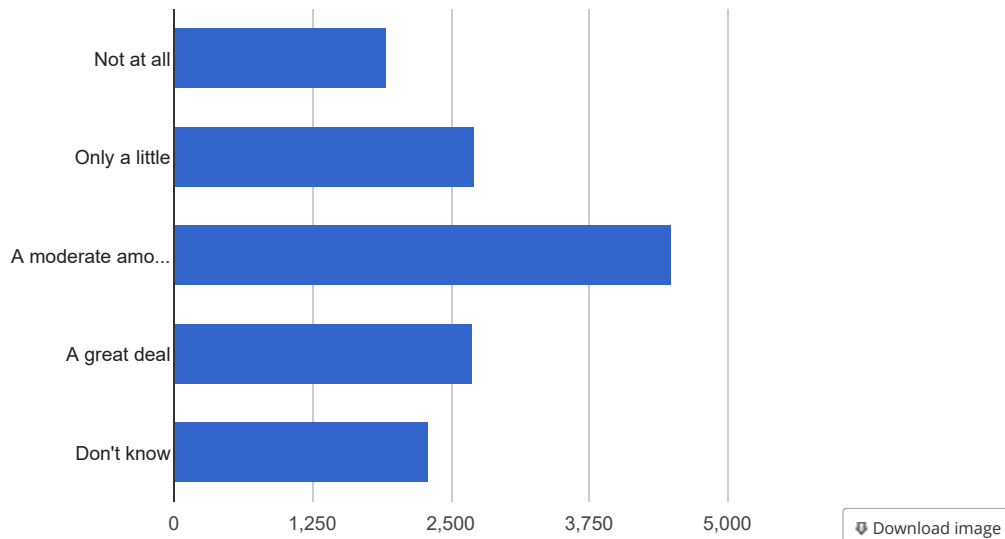
Counts/frequency: Very worried (287, 19.6%), Somewhat worried (612, 41.7%), Not very worried (381, 26.0%), Not at all worried (188, 12.8%)



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%)

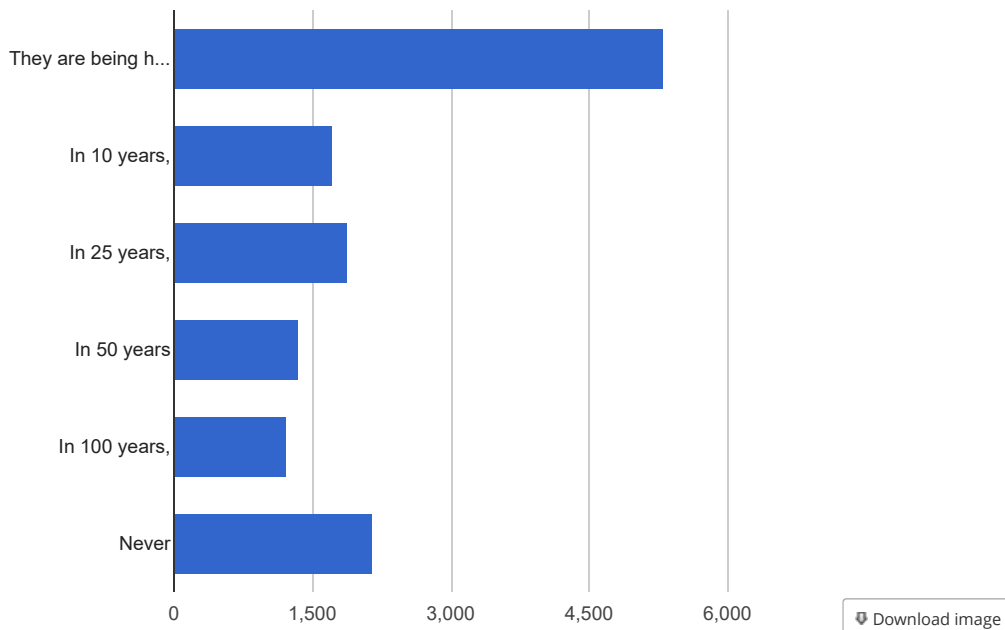


When do you think global warming will start to harm people in the United States?

(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%)

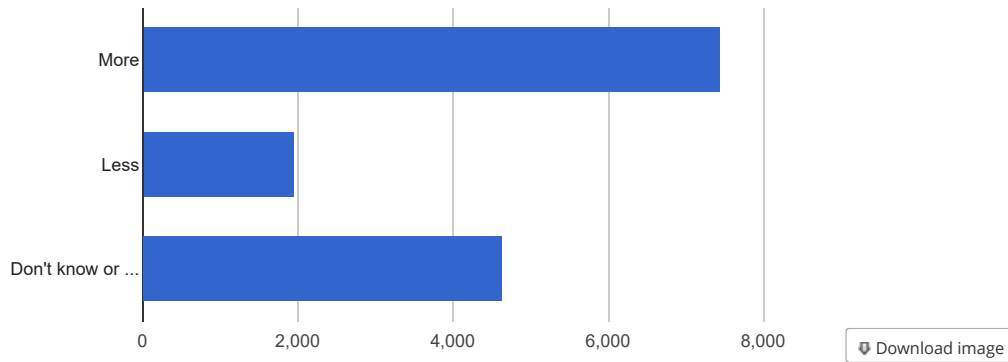


Do you think the government and politicians in your county should be doing more or less to address global warming?

(warminggovt)

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

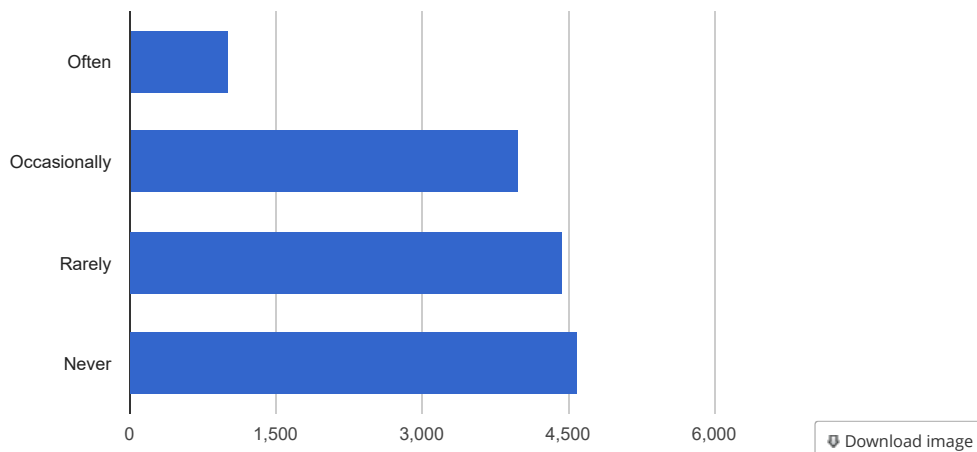
Counts/frequency: More (902, 61.7%), Less (158, 10.8%), Don't know or not sure (403, 27.5%)



How often do you discuss global warming with your friends and family? (*warmingfriends*)

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

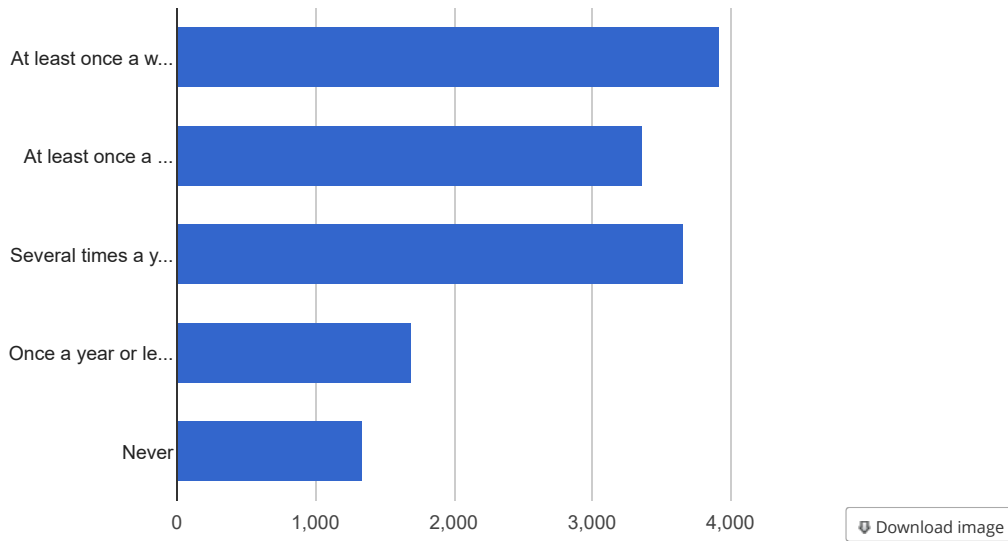
Counts/frequency: **Often** (115, 7.9%), **Occasionally** (454, 31.0%), **Rarely** (500, 34.2%), **Never** (395, 27.0%)



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%)



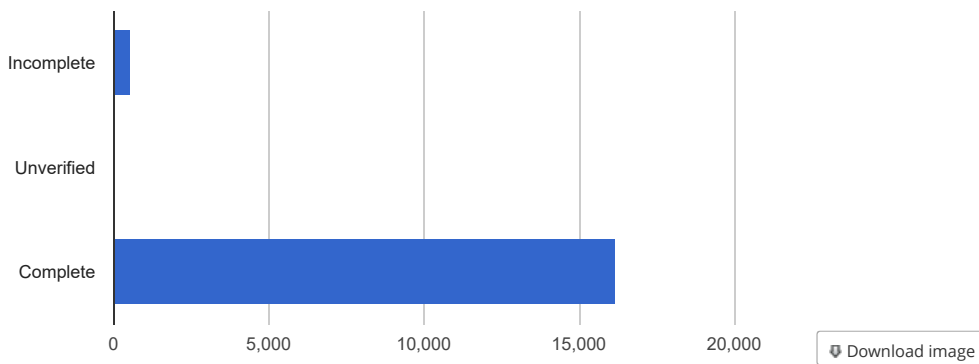
Thank you for your participation! Please feel free to include any additional comments in the box below. *(thankyou)*

| 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).

Appendix B

HNC 2030 County/State 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 as Level 3 or higher | DPI unable to provide update to SCHS | 56.8% (2018-2019) | 80.0% |

Notes for social and economic factor data:

*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) 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.

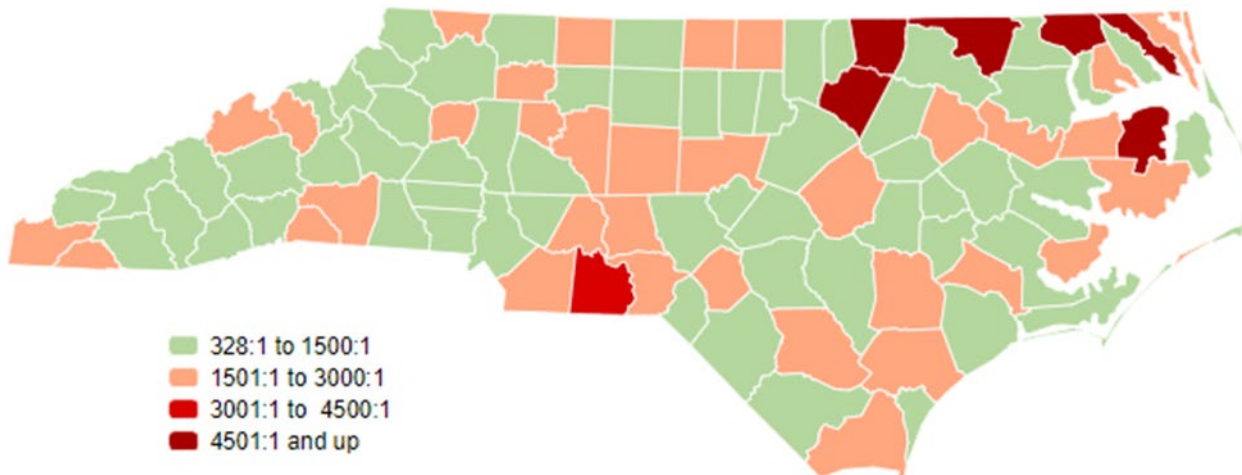
| Health Outcomes | | | | | |
|--------------------------------|--|---|--------------------------|-----------------------|-----------------------------------|
| Health Indicator | Desired Result | Definition | Cumberland County | North Carolina | HNC 2030 Target |
| Infant Mortality | All babies in North 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.ncdhs.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 provider to 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 |



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County Data Tables (Spring 2021)

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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 9 th 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=ACST5Y2019.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=ACSST5Y2019.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 | | |

| 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>

| 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>

| | | Non-Hispanic | | | | | | | | | | | |
|---------------------|--------------|--------------|------|--------|------|--------|------|--------|------|--------|------|----------|------|
| | | Total | | Total | | White | | Black | | Other | | Hispanic | |
| County of Residence | Birth Weight | 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 | | | | | | | | | | | | | | | | |
|--|---------------------|-------|--------------------------------|-------|-------------------------------|---------|---------------------------|-------|----------|-------|--------|---------|--------|-------|---------|-------|
| Cause of Death: | White, non-Hispanic | | African American, non-Hispanic | | American Indian, non-Hispanic | | Other Races, non-Hispanic | | Hispanic | | Male | | Female | | Overall | |
| | 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 | | | 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 |

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfrenc.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 | | | 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 | Suffocation - Unintentional; Drowning/Submersion - Unintentional | 5 | 1 | Fall - Unintentional | 107 | 1 | Fall - Unintentional | 5,768 |
| 2 | MVT - Unintentional | 4 | 2 | Fire/Burn - Unintentional | 88 | 2 | Unspecified - Unintentional | 3,586 |
| 3 | Unspecified - Assault; Other Specified/Classifiable - Assault | 3 | 3 | Poisoning - Unintentional | 73 | 3 | Struck By/Against - Unintentional | 3,369 |
| 4 | Unspecified - Undetermined; Firearm - Self-Inflicted | 2 | 4 | Other Specified/Classifiable - Assault; MVT - Unintentional | 48 | 4 | Natural/Environmental - Unintentional | 2,260 |
| 5 | Suffocation - Self-Inflicted; Suffocation - Assault; Other Specified/NEC - Self- Inflicted; Firearm - Unintentional; Firearm - Assault; Cut/Pierce - Assault | 1 | 5 | Unspecified - Unintentional | 40 | 5 | Other Specified/Classifiable - Unintentional | 1,628 |
| TOTAL | | 30 | TOTAL | | 508 | TOTAL | | 24,628 |

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfrenc.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 | | | 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 | 143 | 1 | MVT - Unintentional | 341 | 1 | MVT - Unintentional | 7,538 |
| 2 | MVT - Unintentional | 99 | 2 | Poisoning - Unintentional | 199 | 2 | Unspecified - Unintentional | 4,758 |
| 3 | Firearm - Assault | 59 | 3 | Poisoning - Self-Inflicted | 195 | 3 | Fall - Unintentional | 3,474 |
| 4 | Firearm - Self-Inflicted | 51 | 4 | Fire/Burn - Unintentional | 83 | 4 | Struck By/Against - Unintentional | 2,837 |
| 5 | Suffocation - Self-Inflicted | 19 | 5 | Fall - Unintentional | 80 | 5 | Struck By/Against - Assault | 1,829 |
| TOTAL | | 406 | TOTAL | | 1,304 | TOTAL | | 37,411 |

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfrenc.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 | | | 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 | 188 | 1 | Poisoning - Unintentional | 579 | 1 | Fall - Unintentional | 6,528 |
| 2 | MVT - Unintentional | 85 | 2 | Fall - Unintentional | 520 | 2 | MVT - Unintentional | 6,313 |
| 3 | Firearm - Self-Inflicted | 40 | 3 | MVT - Unintentional | 368 | 3 | Unspecified - Unintentional | 4,698 |
| 4 | Firearm - Assault | 35 | 4 | Poisoning - Self-Inflicted | 204 | 4 | Struck By/Against - Unintentional | 1,902 |
| 5 | Suffocation - Self-Inflicted | 21 | 5 | Fire/Burn - Unintentional | 91 | 5 | Poisoning - Unintentional | 1,549 |
| TOTAL | | 481 | TOTAL | | 2,258 | 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 | | | 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 | Fall - Unintentional | 84 | 1 | Fall - Unintentional | 1,585 | 1 | Fall - Unintentional | 7,643 |
| 2 | Firearm - Self-Inflicted | 33 | 2 | Poisoning - Unintentional | 165 | 2 | Unspecified - Unintentional; MVT - Unintentional | 1,153 |
| 3 | MVT - Unintentional | 30 | 3 | MVT - Unintentional | 133 | 3 | Struck By/Against - Unintentional | 524 |
| 4 | Unspecified - Unintentional | 12 | 4 | Unspecified - Unintentional | 63 | 4 | Natural/Environmental - Unintentional | 338 |
| 5 | Suffocation - Unintentional | 9 | 5 | Struck By/Against - Unintentional | 53 | 5 | Poisoning - Unintentional | 322 |
| TOTAL | | 208 | TOTAL | | 2,194 | TOTAL | | 14,713 |

Source: N.C. Injury & Violence Prevention Branch.

https://www.injuryfreenc.ncdhhs.gov/DataSurveillance/Top5TablesByCounty2016_2019_ages65upFinal.pdf

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