

Cumberland County Community Health Assessment-2016



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Special thanks to senior groups that help to prioritize the health issues.

Executive Summary

The Cumberland County Department of Public Health and Cape Fear Valley Health Systems launched a comprehensive community health assessment and planning process collaborating with a wide range of community partners on January 28, 2016.

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

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

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

<http://publichealth.nc.gov/lhd/cha/about.htm>

The Department of Public Health and Cape Fear Valley Health Systems decided to collaborate on the CHA since both agencies were required to conduct an assessment. This collaboration created a broad-range of partners (Human Service Agencies, Institutions of Higher Learning, and Non-Profits etc.) to complete a comprehensive overview of the county's health.

Data Collection:

Primary data was collected through distribution of Community Health Assessment (CHA) Opinion Surveys. The purpose of the survey was to gather information about the health and quality of life of the community. The survey measured perceptions and attitudes of Cumberland County residents toward a variety of health and allied health issues that impact their lives. Survey results can be found in the appendix. **Appendix C**

Secondary Data was collected from a variety of sources, including the North Carolina State Center for Health Statistics, U S Census Bureau, the Shep Center and other data sources for comparison with State data. Once all of the data was collected and analyzed the CHA work

group, advisory group and community members selected the top four priority health concerns/issues.

Health Priorities:

After the CHA team reviewed and discussed the data obtained from the surveys and local and state agencies the following health problems were identified: Obesity, Heart Disease, Cancer, Fitness and Nutrition, Diabetes, Chronic Lower Respiratory Diseases, Stroke, Substance Abuse, Sexually Transmitted infections and AIDS, Teenage unwanted pregnancy. The CHA team and community residents provided feedback on the data to help determine the major health issues. Participants were given a list of the health concerns identified and asked to rank them as to what problem they wanted to see changed first, second, etc. Participants were given a health problem work sheet with a short summary of the data findings and the criteria for rating the health problems: (1) Magnitude, (2) Seriousness of the Consequences, (3) Feasibility of Correcting, (4) Community and Financial Resources and (5) Existing Partnerships. The participants were asked to score each problem one to ten with ten being the highest. The scores were tallied and the health problem with the highest number was selected by descending order. The following health problems were selected:

- Chronic diseases including: Heart Disease, Cancer, Diabetes/Obesity
- Sexually Transmitted Infections (STIs), AIDS, and Adolescent unwanted pregnancy
- Substance/Opioid Abuse

During the period, 2011-2015, heart disease was the leading cause of age-adjusted death and cancer (all sites) was the second leading cause of age-adjusted death. Heart disease and cancer were selected due to the number of people affected and the effectiveness and feasibility of interventions to address them. Diabetes death rate moved from fifth to sixth leading cause of death in Cumberland County, it appears that the efforts at prevention may be working. Diabetes affects every part of the body and may cause many complications that have an impact on the quality of life. Obesity goes hand in hand with preventing diabetes and promoting increased physical activity and healthy eating.

During the period 2011-2015, Sexually Transmitted Infections and AIDS remain higher than peer counties. Cumberland County's Syphilis, Gonorrhea, Newly Diagnosed HIV infection and AIDs rates remained higher than the state's and peer counties' rates. In 2015, Cumberland County's total teen pregnancy rate was higher than the state and peer counties rates. When an adolescent faces an unwanted pregnancy, her life becomes disrupted as she might quit school and expose herself and her unborn child to poverty and various other socio-economic and health disparities.

Cumberland County Demographics-2015

Population: 323,838

Race/Ethnicity:

White-Non-Hispanic 44.6 %

African American 37.9%

Hispanic 11.3%

Gender:

Male 48.9%

Female 51.1%

Age:

5 years and below 8.2%

18 years and below 25.6%

65 years and above 11.3%

19-64 years 63.1%

Unemployment: 2016

Cumberland County-6.1%

State- 4.9%

Residents living in poverty (2011-2015)

Cumberland County-18.8%

State- 16.4%

Children living in poverty- 2011:

Cumberland County- 27.4%

State-25.1%

Demographic and Population Characteristics:

- In 2015, there were 323,838 people living in Cumberland County.
- Cumberland County has a young population. The median age is 31 years.
- In 2015, Cumberland County is a diverse county: White, non-Hispanic, 44.6%, African-American, 37.9% and Hispanic/Latino, 11.3%

Socio-Economic Characteristics:

- In 2016, Cumberland County unemployment rate was 6.1%, higher than the State's unemployment rate of 4.9%.
- During the period 2011-2015, the percentage of Cumberland County families living in poverty was slightly higher (18.8%) than the State (16.4%) and the percentage of Cumberland County children living in poverty (27.4%) was slightly higher than the State (25.1%).
- During the period 2011-2015, Cumberland County's median household income (\$44,171) was lower than the State's median household income (\$46,868).
- When asked what issues most affect the quality of life in Cumberland County, 40.9% stated low income/poverty and 26.3% stated violent crime.

Chronic Diseases create a heavy burden on health and health care.

Heart Disease, Cancer (all sites) and death rates exceeded the State.

According to the 2016 community health assessment (CHA) survey, when asked what would you like to see more of available in the community, diabetes/obesity/nutrition/fitness ranked first, heart disease ranked second, and cancer ranked third

According to the 2016 CHA survey, when asked if they had ever been told by a doctor or health care professional if they had any health condition, 422 reported discussing overweight/obesity with their doctor and 363 reported discussing hypertension with their doctor.

Sources:

2016 Community Health Assessment Survey.

www.schs.state.nc.us/SCHS/data/databook, 2017

Health Priorities

Chronic Diseases: Chronic diseases, such as heart disease, stroke, cancer and diabetes, are among the leading causes of age-adjusted death and are among the most common, costly, and preventable of all health problems in Cumberland County. Chronic diseases create a heavy burden on health and healthcare.

Heart Disease: During the period 2011-2015, Cumberland County's total heart disease death rate of 193.5 was higher than the State's heart disease death rate of 163.7. Some of the contributing factors for heart disease are:

- High Blood Pressure
- High blood cholesterol
- Diabetes
- Tobacco use
- Physical inactivity
- Poor nutrition
- Obesity

Cancer: During the period 2011-2015 Cumberland County's Cancer (all sites) death rate of 181.3 was higher than the State's cancer (all sites) death rate of 169.1. Some of the contributing factors for cancer are:

- Environmental carcinogens
- Tobacco
- Diet
- Obesity
- Sedentary lifestyle
- Family history

Diabetes/Obesity: The diabetes death rate of 29.2 moved from fifth to sixth leading cause of age-adjusted death in Cumberland County, and was higher than the state's diabetes age-adjusted death rate of 29.2. The community residents who responded to the community health survey ranked the need for "diabetes information" as number one. Obesity goes hand-in-hand with preventing diabetes and promoting increased physical activity and healthy eating.

Section 1: Background and Process

By providing the basis for discussion and action, the Community Health Assessment (CHA) is the foundation for improving and promoting the health of community members. The role of the community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors.

Through collaborative efforts forged among community leaders, public health agencies, businesses, hospitals, private practitioners, and academic centers, a community assessment team works to identify, collect, analyze, and disseminate information on community assets, strengths, resources, and needs. A CHA usually culminates in a report or a presentation that includes information about the health of the community as it is today and about the community's capacity to improve the lives of residents.

Cumberland County initiated the CHA process on January 11, 2016 when invitation letters signed by the Director of the Department of Public Health and the CEO of Cape Fear Valley Health Systems (CFVHS) were mailed to approximately fifteen community agencies. The first CHA meeting was held on January 28, 2016 with ten agency representatives present.

A review of the CHA process and requirements for Health Departments and Nonprofit Hospitals was presented to the group. A CHA team was created to help guide the process. The CHA team was composed of an advisory group and a work group.

The advisory group consisted of those in a leadership role; the work group was composed of representatives from three community agencies and four staff members from the Department of Public Health.

The work group had approximately five meetings and numerous email correspondences. The work group was responsible for: developing and distributing the CHA survey tool, coordinating survey analysis and interpretation with Methodist University and setting criteria for prioritizing health problems. Also, members from the work group were assigned a section of the CHA to complete i.e. Socio-economic, Education etc. The health education staff was responsible for secondary data collection. After examining the results of the CHA survey (primary data) and secondary health data the CHA team selected three health priorities for 2017: Heart Disease, Cancer and Diabetes/Obesity.

The CHA team will continue to meet and prepare for development of the community action plans to address the selected priority health problems.

The Community Health Assessment Team

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Section 2: Historical and Geographic Overview

Cumberland County is located in the southeastern section of the State and is bounded by Sampson, Bladen, Robeson, Hoke, Harnett and Moore counties. The present land area is 652.32 square miles. Cumberland County was named in honor of William Augustus, Duke of Cumberland, and third son of King George II. Cumberland was the commander of the English Army at the Battle of Culloden, in which the Scotch Highlanders were defeated in 1746. Many of them came to America, and their principal settlement was in Cumberland County. Cumberland was changed to Fayette County in early 1784, but the act was repealed at the next General Assembly, which met in November 1784.

The county seat was first called Cumberland Court House. In 1762, Campbellton was established at Cross Creek with provisions for the public buildings. In 1778, Cross Creek and Campbellton were joined and the courthouse was ordered to be erected in that part of the town known as Cross Creek. In 1783, Campbellton was changed to Fayetteville in honor of Lafayette. Currently, Fayetteville is the County's seat and its largest municipality. Other municipalities in Cumberland County are Eastover, Falcon, Godwin, Hope Mills, Linden, Spring Lake, Stedman and Wade.

Cumberland County consists of 664 square miles located in the upper coastal plain section of the State. The area is better known as the "Sandhills". Elevations in Cumberland County range from 40 to 486 feet above sea level. Cumberland County has progressed from its beginnings as a river front distribution center to a highly commercialized area offering a variety of services to its citizens. Fayetteville is located in the Coastal Plain at the foot of North Carolina's Piedmont plateau. The city, located next to the Cape Fear River, is 107 feet above sea level.

Climate

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

Although hurricanes do occur along the coast of North Carolina, and can wreak damage far inland, only 8 hurricanes in the past 50 years have had a significant impact on Cumberland County. Fayetteville is 90 miles from the closest point on the NC coast, and the effect of storms is usually limited to water damage caused by heavy rains.

Cumberland County gets 47 inches of rain per year. Snowfall is 3 inches. The number of days with any measurable precipitation is 106. On average, there are 217 sunny days per year in Cumberland County. The July high is around 91 degrees. The January low is 31. Our comfort index, which is based on humidity during the hot months, is a 32 out of 100, where higher is more comfortable. www.bestplaces.net/climate/county/north_carolina/cumberland

Fort Bragg is one of the U.S. Army's largest installations in the world. The installation covers about 161,000 acres, or 251 square miles, stretching into six counties.

Fort Bragg underwent significant change in the 1990s. From the removal of wooden barracks to building construction/renovation through expansion of training areas into the newly purchased Overhills site, Fort Bragg greeted the new century with a fresh appearance.

Since 2000, Fort Bragg Soldiers have participated in combat and humanitarian operations in countries around the world. Fort Bragg responded to provide support to those impacted by Hurricane Katrina in 2005 and in Haiti after the 2010 earthquake. Fort Bragg serves a vital role in the war on terror, deploying and supporting more troops than any other post, in support of Operations Enduring Freedom, Iraqi Freedom and New Dawn.

Fort Bragg continues to invest to modernize and expand facilities. The 82nd Airborne Division's 1955 barracks complex was replaced with modern buildings. Office buildings and barracks have also been constructed for units recently added to the division. A new headquarters building was constructed on Knox and Randolph Streets for the U.S. Army Forces Command (FORSCOM) and the U.S. Army Reserve Command. These two major commands moved to Fort Bragg in 2011 when Fort Macpherson, Georgia, was closed under the Base Realignment and Closure (BRAC) legislation. BRAC moves also resulted in the 7th Special Forces Group completing their relocation from Fort Bragg to Eglin Air Force Base, Florida.

Today Fort Bragg, "the Home of the Airborne and Special Operations," with approximately 57,000 military personnel, 11,000 civilian employees and 23,000 family members is one of the largest military complexes in the world. <http://www.bragg.army.mil/index.php/about/fort-bragg-history>-Retrieved on Oct. 20,2016

Cumberland County Government

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

The Board of Commissioners meets twice a month, the first Monday of each month at 9 a.m. and the third Monday of the month at 7 p.m. The board holds special meetings, when necessary. The meetings are advertised in advance. The meetings are open to the public and are held in the Commissioners' meeting room on the first floor of the County Courthouse located on Dick Street. The agenda for each regular scheduled Board meeting is normally available on the Thursday prior to the Monday meeting on the county web site; www.co.cumberland.nc.us. The County Manager is appointed by, and serves at the pleasure of the Board of Commissioners. The County Manager is the Chief Executive Officer and has the responsible for implementing policies and procedures of the Board, delivery of services, managing daily operations and appointment of subordinate department managers. Source: 2013 Community Health Assessment.

Population Characteristics: Cumberland County

In 2015, Cumberland County had an estimated population of 323,838 persons with a population density of 496 persons per square mile. A population percent change of 1.4 % occurred from April 1, 2010 (319,431) to July 1, 2015 (323,838). Eighty-seven percent (87%) of the population was urban and thirteen percent (13%) was rural.

Gender:

Cumberland County's female population of 51.1% was slightly higher the male population of 48.9%.

Race:

In 2015, the racial composition of Cumberland County was more diverse than the State, with Whites representing 44.6% vs. 63.8% Statewide, Black/African Americans comprising 37.9% of the population vs.22.1% Statewide and Hispanic/Latinos representing 11.3% of the population vs. 9.1% statewide.

- The White, Non-Hispanic people made up 44.6% of the County's population.
- The Black/African American people made up 37.9% of the County's population.
- The Hispanic/Latino people made up 11.3% of the County's population.

Age:

In 2015, Cumberland County had a younger population than the state overall, with 8.2% of the population under the age of 5 vs. 6.0% in NC, 25.6% under 18 years vs. 22, 8% in NC.

- Persons under 5 years of age made up 8.2% of Cumberland County's population.
- Persons under 18 years of age made up 25.6% of Cumberland County's population.
- Persons 65 and older made up 11.3% of Cumberland County's population.

Cumberland County is a young county; the median age is 31 years of age.

Population Characteristics: North Carolina

In 2015, North Carolina had an estimated population of 10,042,802, with a population density of 196.1 persons per square mile. A population percent change of 5.3 % occurred from April 1, 2010 (9,535,475) to July 1, 2015 (10,042,802). 66 % of the population was urban and 34 % was rural.

Gender:

North Carolina's female population of 51.3% was slightly higher than the male population of 48.7% and similar to the gender characteristics in Cumberland County.

Race:

In 2015, the racial composition of North Carolina was less diverse than Cumberland County, with Whites representing 63.8% vs. 44.6% in Cumberland County, Black/African Americans comprising 22.1% of the population vs. 37.9% in Cumberland County and Hispanic/Latinos representing 9.1% of the population vs. 11.3% in Cumberland County.

- White, Non-Hispanic people made up 63.8% of North Carolina's population.
- Black/African American people made up 22.1% of North Carolina's population.
- Hispanic/Latino people made up 9.1% of the North Carolina's population.
- Other: 5%

Age:

In 2015, North Carolina had a slightly older population than Cumberland County, with 6.0% of the population under the age of 5 vs. 8.2% in Cumberland County, 22.8% under 18 years vs. 25.6% in Cumberland County.

- Persons under five years of age made up 6.0% of North Carolina's population.
- Persons under eighteen years of age made up 22.8% of North Carolina's population.
- Persons sixty-five and older made up 15.1% of North Carolina's population.

The median age for North Carolina is 38 years of age.

Appendix-A-1 (www.census.gov/quickfacts/)- Retrieved on 11/15/2016

Section 3: Health Data Collection Process:

Primary and secondary data were collected and analyzed as part of the Community Health Assessment (CHA) process.

Primary Data:

A community survey to assess the health of the population was conducted jointly by the Cumberland County Department of Public Health and the Cape Fear Valley Health System. The purpose of the assessment was to gather information about the health and quality of the community. The information from the surveys was used to develop a CHA Report that will be published and available for the community to review. The survey measures perceptions and attitudes of Cumberland County residents towards a variety of health and allied health issues that impact their lives.

Methodology:

Primary data regarding community health and health perceptions was collected using web-based surveys. Upon finalizing the survey questions to be included in the 2016 Community Health Assessment, the questions were entered into the web-based survey software “Survey Monkey”. The link to the survey was extensively distributed at the Cape Fear Valley Health System among the employees; to patients at the satellite clinics, to visitors and patients at the Cumberland County Health Department and staff at the Health Department. A target group list was developed to which the survey link would be distributed. This target group included the following agencies:

1. Better Health for Cumberland County
2. Care Clinic
3. Carolina Collaborative Community Care (4C)
4. Cape Fear Valley Health System Clinic Patients & Employees
5. City of Fayetteville
6. County Emergency Services
7. Cumberland County Department of Health Clinics and Staff
8. Cumberland County Department of Social Services Staff
9. Cumberland County Government/Public Library/Schools/Sheriff’s Office
10. Fayetteville City Police Department
11. Fayetteville Fire Department and Emergency Management
12. Fayetteville State University
13. Fayetteville Technical Community College Staff/Students Public Works Commission (Fayetteville)
14. Southern Regional AHEC Family Medicine Center Patients
15. Staff Emergency Management

An email with a link to the survey was emailed to the respondents on April 29, 2016 and it contained the following information “The Cumberland County Department of Public Health and Cape Fear Valley Health System are currently collaborating with several other community agencies and organizations to complete the 2016 Community Needs Health Assessment. The purpose of the survey is to gather information about the health and quality of the Cumberland County community. The information will be used to identify needs, concerns and health problems per community opinion. A community health needs assessment report and action plans will be developed based on the survey data and additional data pulled from state databases. Please distribute the link within your organization and request survey participation by May 20, 2016”.

In instances where web-based surveys could not be used, the CHA team distributed paper copies of the questionnaire and the responses were manually entered into the web based software. Approximately 1,028 respondents responded to the survey. An advertisement was also placed in the newspaper and on the radio.

The survey results can be found in **Appendix C**.

Secondary Data Collection and Analysis:

The primary source of health data for this report was the North Carolina State Center for Health Statistics (NC SCHS), including Health Stats for North Carolina, County Health Data Books, Behavioral Risk Factor Surveillance System (BRFSS), and the Cancer Registry. Other health data sources included: National Center for Health Statistics; Log into North Carolina (LINC), North Carolina Department of Medical Assistance, Health Indicator Warehouse, and North Carolina Action for Children, Kids Count Data Center, and UNC Cecil G. Sheps Center for Health Services Research. Secondary data was compared to the state and peer counties by calculating percentages differences and trend using the excel calculation sheets.

Section 4: Health Data Results

This section provides a summary of the social, economic and health data that was used to gain an understanding of the health concerns and social/economic factors that can impact health. Also, an overview of the health data will assist the community health assessment team in prioritizing health issues to address in an action plan. In most cases, current Cumberland County data is compared to the State, peer counties and data from previous years. For reference, Cumberland County's peer counties are: Durham, Forsyth, Guilford, Mecklenburg and Wake. Most of the data charts and/or graphs referenced throughout this section can be found in the appendices.

Economic Indicators:

Having enough income allows individuals and families to live a quality life and provides options for a healthy lifestyle. Individuals and families that are poor find it more difficult to have access to healthy food choices, safe neighborhoods, adequate housing and ultimate health care. During the period 2011-2015, Cumberland County's per capita income and median household income was in most cases lower than the State and its peer counties. **See Appendix A-2**

Per Capita Income (2015 dollars) - 2011-2015

Per capita personal income is the income that is received by persons from all sources. From 2011 – 2015 the per capita personal income for Cumberland County was \$22,932, compared to the State's per capita personal income of \$25,920. Cumberland County's per capita income was lower than all of its peer counties: Durham (\$30,268), Forsyth (\$26,674), Guilford (\$26,762), Mecklenburg (\$33,169), and Wake (\$34,202). Source: <http://www.census.gov/quickfacts-2015>

Poverty Rates - 2011-2015

During the period 2011-2015, 18.8% of Cumberland County residents lived in poverty compared to 16.4% of North Carolina residents. Cumberland County had a higher percent of residents that lived in poverty than all of its peer counties: Durham (17.1%), Forsyth (18.1%), Guilford (15.7%), Mecklenburg (14.3%), and Wake (11.1%).

The percentage of children in Cumberland County living in poverty during 2013 was 27.4%., matching peer county Guilford. Cumberland County's percentage of children living in poverty was higher than the State (25.1%) and peer counties Durham (22.4%), Mecklenburg (20.5%), Wake (14.5%) and was lower than peer county Forsyth (30.4%).

<http://www.census.gov/quickfacts-2015>

Other key indicators of poverty levels are the number of children who receive free and reduced lunch. Families must be at or below 130 percent of the federal poverty level to be enrolled in the

free school lunch program. During the period 2011-2012 51.1% of Cumberland County's children were enrolled in the free and reduced lunch program compared to 56.0% of children Statewide. Cumberland County's percentage of children enrolled in free and reduced lunch was lower than Durham County (63.6%), Forsyth (55.1%), Guilford (58.7%), and Mecklenburg (54.0%), and higher than Wake County (38.6%). Source:

<http://www.datacenter.kidscount.org/data/tables/2239->

40.9% of survey respondents stated that low income/poverty is one issue that most affects the quality of life in Cumberland County.

Median Household Income 2011-2015: (In 2015 dollars)

Median household income is the middle income of all households, half of the households earn more and half earn less. Household income is the total income of all income earners over age 15 living in a household. During the period 2011-2015, the median household income for Cumberland County was \$44,171 compared to \$46,868 for North Carolina. Cumberland County's median household income was lower than peer counties Durham (\$52,503), Forsyth (\$45,471), Guilford (\$45,651), Mecklenburg (\$56,854) and Wake (\$67,309) which may explain why Cumberland County had a higher percentage of residents living in poverty during the period 2011-2015. Source: <http://www.census.gov/quickfacts-2015>

Housing

Whether renting or owning a home, housing is probably the largest single monthly expenditure for many families and individuals. Everyone cannot afford quality housing and those with low incomes are more likely to live in unsafe housing conditions. Historically, homeownership has been a major way to build wealth for middle class Americans; however many families continue to struggle to keep their homes or purchase a home.

As of July 1, 2015, Cumberland County had a total of 144,426 housing units compared to a statewide total of 4,490,948 housing units. During the period 2011-2015 Cumberland County's owner-occupied housing unit rate of 52.6% was lower than North Carolina (65.1%) and peer counties Durham (53.7%), Forsyth (62.1%), Guilford (59.6%), Mecklenburg (57.5%) and Wake (64.2%).

The median amount of gross rent paid for renting a dwelling in Cumberland County was \$869, higher than peer counties Forsyth (\$732), Guilford (\$771), North Carolina (\$797) and lower than peer counties Durham (\$895), Mecklenburg (\$938) and Wake (\$948). Source:

<http://www.census.gov/quickfacts-2015>

Homelessness

The problem of homelessness is linked to housing. According to the U.S. Department of Housing and Urban Development (HUD), a person is considered homeless if they reside in a place not meant for human habitation such as a car, street, or abandoned building, an emergency shelter, transitional housing or supportive housing for homeless persons who originally came from the streets. Homelessness is a problem in Cumberland County. According to the Point-in-Time Count conducted January 27, 2016 by Continuum of Care, Cumberland County had a total of 515 individuals who were homeless. Adults in families with children made up 11%, veterans made up 9% and adults with mental illness made up 12%.

When asked what issue most affected the quality of life in Cumberland County, 16.0% of the respondents cited homelessness.

<http://www.nceeh.org/files/7975> Continuum of Care: Homeless County Jan. 27, 2016, Retrieved 12/08/16

Employment (As of December 31, 2016)

The state of the economy often has an impact on employment. Employment is one of the major sources of income and can provide benefits like medical insurance and wellness programs that support a healthy lifestyle. However, unemployment can have an overall negative impact on individuals, families and communities.

22% of survey respondents stated that Cumberland County need higher paying employment

Cumberland County's unemployment rate of 6.1% exceeded the state rate of 4.9% and all of its peer counties: Durham (4.3%), Forsyth (4.7%), Guilford (4.9%), Mecklenburg (4.6%), and Wake (4.0%). Unemployment rates declined for North Carolina by 1% in the past year and in each of the peer counties. Cumberland County's unemployment remained the same. This statistic warrants some discussion as to what factors are contributing to higher unemployment in Cumberland County. Source: <http://d4nccommercecom/LausSelection.aspx> updated on 2-16-16

Fort Bragg and Pope Army Airfield are the backbone of the county's economy, pouring billions a year into the region's economy. Cumberland County has a heritage of agriculture but began the transition to manufacturing in early 1920's. Using the agriculture base, many commodities were packaged and shipped throughout North America. These companies were soon joined by chemical, textile, and furniture operations. Existing industry lists include bio-

tech/pharmaceutical (gelatin), automotive (tires and filters), plastics (resins and films); call centers (in-bound/out-bound), and major distribution centers for Wal-Mart. Military contractors use the areas veteran population to provide research and development, information technology, logistics and many other services to the military worldwide.

Top Employers for Cumberland County residents

Company Name	Industry	# of Employees
Department of Defense	Public Administration	1,000+
Cumberland County Board of Education	Education & Health Services	1,000+
Cape Fear Valley Health Systems	Education & Health Services	1,000+
Wal-Mart Associates, Inc.	Trade, Transportation & Utilities	1,000+
Goodyear Tire & Rubber, Inc.	Manufacturing	1,000+
County of Cumberland	Public Administration	1,000+
City of Fayetteville	Public Administration	1,000+
Fayetteville Technical Community College	Education & Health Services	1,000+
Veterans Administration	Public Administration	1,000+
Non-Appropriated Fund Activity-Army	Leisure & Hospitality	1,000+
Fayetteville State University (18321)	Education & Health Services	1,000+
Army & Air Force Exchange Service	Public Administration	500-999
Food Lion, Inc.	Trade, Transportation & Utilities	500-999
U.S. Postal Service	Trade, Transportation & Utilities	500-999
Purolator Filters, Na, LLC	Manufacturing	500-999
Eaton Corporation	Manufacturing	500-999
Public Works Commission	Public Administration	500-999
ITT Systems Corporation	Other Services	500-999
Lowes Home Centers, Inc.	Trade, Transportation & Utilities	500-999
Worldwide Language Resources, Inc.	Professional & Business Services	500-999
E.I. DuPont De Nemours & Co., Inc.	Professional & Business Services	250-499
Methodist University (Branch)	Education & Health Services	250-499
Linc Government Services, LLC	Construction	250-499
AT&T Services, Inc.	Information	250-499
L3 National Security Solutions, Inc.	Professional & Business Services	250-499

www.thencalliance.com/wp-content/uploads/2013/02/Top-Employers.pdf

Education

The Cumberland County School System is the fourth largest in the state with a student population of 51,846. There are eighty-seven (87) public schools. See School Profile below.

Schools:

Total Number of Schools	87
Elementary Schools	52
Middle Schools	18
High Schools	17

Enrollment:

Total enrollment (not including pre-K)	51,846
Pre-K Students	907
Elementary School Students	23,541
Middle School Students	11,488
High School Students	15,910
Dropout Rate*	2.55%

*Source: <http://www.dpi.state.nc.us/docs/research/discipline/reports/consolidated/2015-2016/consolidated-report.pdf>

Employees:

Total Employed (Full Time)	6,314
Certified Teachers	3,339
National Board Certified Teachers	225
Student Support Staff	1,305
Other	1,670

Transportation:

Total Number of Yellow School Buses	444
Bus Routes Traveled Daily	1,794
Total Number of Students Transported Daily	26,754

Student Demographics (Ethnicity)

Black	45.41%
White	31.52%
Hispanic	11.89%
Asian	1.82%
Native American	1.86%
Other	7.02%
Military/Federally Connect Students (14,041)	27.12%

Special Services:

Students receiving free or reduced lunch	62.11%
Students receiving exceptional children's services	14.58%
Students enrolled in AIG programs	10.14%

Graduates (class of 2015)

Total Number of Graduates	3,579
Graduates Pursuing Higher Education	2,949
Graduates Entering the Military	343
Military Academy Appointments	8
Graduates Awarded Military Scholarships to Attend the University of Their Choice	86
Total Amount of Scholarship Dollars Awarded (academic, athletic, and military)	\$64,888,865.90

SAT Scores-2016

Approximately 1345 (40.2%) of Cumberland County students took the SAT exam with an average score of 1397. Fifty-four thousand, six –hundred and sixty-three (58.2%) students took the test statewide with an average score of 1485. Compared to its peer counties Durham (54.5%), Forsyth (52.3%), Guilford (64.1%), Mecklenburg (53.6%) and Wake (62.0%) Cumberland County falls below its peer counties in percent of students taking the SAT exam.

See Appendix- A- 3

<http://www.ncpublicschools.org/docs/accountability/reporting/sat/2016/satreport2016.pdf>

Educational Attainment (25 years and older) 2010-2014:

About 89.4% of Cumberland County residents 25 years and older attained a high school diploma or higher. Only 22.9% attained at least a Bachelor's degree. Cumberland County exceeded high school or higher compared to Durham (87.4%), Forsyth (86.8%) and Guilford (88.2%) counties. On the contrary, the five peer counties and the state exceeded Cumberland County on the percent of individuals who attain a Bachelor's Degree or higher. **See Appendix A-3**

<http://www.cwnsus.gov/quickfacts/2015>

**4-Year Cohort Graduation Rate Report
2009-10 Entering 9th Graders Graduating in 2012-13 or Earlier
Cumberland County Schools
LEA Code: 260**

The four year cohort graduation rate reflects the percentage of ninth graders who graduate from high school four years later. Overall the graduation rate for Cumberland County was 81.7%. Females have a higher graduation rate at 86.5% compared to males at 77.0%. Asian students continue to have the highest graduation rate at 92.4%. Two or more racial/ethnic students ranked second at 84.7%, Hispanic students ranked third at 84.6%, White students ranked fourth (82.9%) followed by Black students at 80.0%. American Indian students ranked last at 72.2%. These figures show a shift from the prior 2013 report where Hispanic students ranked second and American Indian students ranked fifth. **See Appendix A-3**
<http://accrpt.ncpublicschools.org/app/2013/cgr/>

Higher Education

Cumberland County residents wishing to matriculate to a school of higher education have many choices:

Fayetteville State University
Information: www.unctsu.edu
Phone: (910) 672-1474

Methodist University
Information: www.methodist.edu
Phone: (910) 630-7000

Fayetteville Technical Community College
Information: www.faytechcc.edu
Phone: (910) 678-8400

Campbell University
Information: www.campbell.edu
Phone: (800) 949-8627

University of North Carolina at Pembroke
Information: www.uncp.edu
Phone: (910) 521-6000

Miller-Motte College
Information: www.miller-motte.edu
Phone: (866) -297-0267

Troy University
Information: www.troy.edu
(910) 484-6839

University of Phoenix

Information: www.phoenix.edu
(910) 485-9000

Local Transportation

Thousands of Cumberland County residents travel in their own vehicles to various destinations across the city and county. They rely on their own independence to get to work, the doctor's office or even the grocery store. However, some residents try to manage daily with the reality of not having any means of transportation. Many of those without vehicles get from place to place using public transportation. <http://www.co.cumberland.nc.us/planning/ctp.aspx> Retrieved 11/15/16

Passenger Rail Service

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

FAST

Fayetteville Area System of Transit (FAST) is the City of Fayetteville's public transportation system. FAST operates a fleet of 27 fixed-route buses on 19 routes to provide service Monday through Friday from 5:30 AM to 10:30 PM, and on Saturday from 7:30 AM to 10:30 PM. In addition, 16 FASTTRAC! Vehicles provide paratransit service to disabled clients that are unable to use the fixed-route system.

FAST began in 1976 when the City of Fayetteville assumed operations from a private transportation system operated by the Cape Fear Transit Bus Company. Cape Fear Transit provided service in Fayetteville, as well as Little Rockfish in Hope Mills. It operated seven days a week, from 5:30 AM to midnight, with a fleet size of 23 buses and 20 bus operators.

Today, the services provided are more efficient, with FAST completing close to 1.6 million passenger trips annually. As a result, citizens of Fayetteville have better access to jobs, medical facilities, shopping and recreation opportunities. FAST provides a critical link to economic development and a better quality of life in Fayetteville. One thing that has not changed is FAST's mission and commitment to providing safe and affordable transportation services to more than 6,000 daily passengers. Source: <http://fayettevillenc.gov/government/city-departmen> retrieved on 11-16-16

For some people, riding public transportation can be challenging because of physical, financial or other issues. To assist with these transportation challenges, the North Carolina has enacted the [Rural Operating Assistance Program Grant](http://www.co.cumberland.nc.us/planning/ctp/rural_grant.aspx). (www.co.cumberland.nc.us/planning/ctp/rural_grant.aspx)

With this grant, the Community Transportation Program provides transportation assistance for several different types of riders, including the elderly and disabled, those needing assistance for job access, and the general public. It consists of three main funding parts: the Elderly and Disabled Transportation Assistance Program, as well as the Urban Employment and Rural General Public allotments. <http://www.co.cumberland.nc.us/planning/ctp.aspx> Retrieved 11/15/16

Crime

The fear of crime in any society is as damaging as the act of crime itself. It is emotionally taxing for the people who live in fear in high-crime communities. The fear of crime can negatively affect the residents' behavior, reduce community organization and deter new businesses from wanting to open in the area for fear of being robbed. This adds to the economic woes of an area heavy with crime. Source: <http://www.reference.com/worldview/> Retrieved on 11/15/16

The North Carolina Uniform Crime Reporting (UCR) Program is part of a nationwide, cooperative statistical effort administered by the Federal Bureau of Investigation. While the program's primary objective is to generate a reliable set of criminal statistics for use in law enforcement administration, operation, and management, its data have over the years become one the country's leading social indicators. <http://crimereporting.ncdoj.gov/Introduction.aspx>

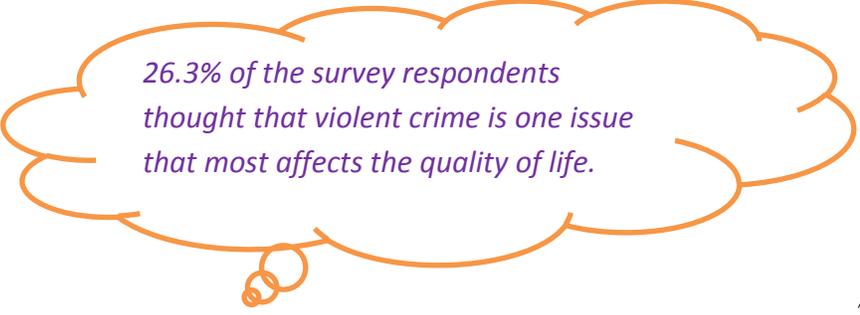
According to the N.C. Department of Justice, the crime index rate includes the total number of violent crimes (murder, rape, robbery and aggravated assault) and property crimes (Burglary, larceny and motor vehicle theft). Violent crimes are defined in the Uniform Crime reporting (UCR) program as those offenses which involve force or threat of force.

Index Crime Rates:

During the period 2015, Cumberland County's index crime rate of 5,105.9 was higher than the State's index crime rate of 3,169.3 and peer counties Durham (4,923.4), Guilford (3,498.4), Mecklenburg (4,277.3) and Wake (2,236.8). Forsyth County index crime rate of (5,131.6) was higher than Cumberland County.

Violent Crime Rates

During the period 2015, Cumberland County's violent crime rate of 553.6 was higher than the State's violent crime rate of 355.8 and peer



26.3% of the survey respondents thought that violent crime is one issue that most affects the quality of life.

counties Guilford (484.4) and Wake (246.5) and Cumberland County's violent crime rate was lower than peer counties Durham (785.0), Forsyth (597.2) and Mecklenburg (614.0).

Property Crime Rates:

During the period 2015, Cumberland County's property crime rate of 4,552.3 was higher than the State's property crime rate of 2,813.5 and peer counties Durham (4,138.4), Forsyth (4,534.4), Guilford (3,014.0), Mecklenburg (3,663.4) and Wake (1,990.3). **See Appendix A-4**

Environmental Health

Cumberland County Department of Public Health's Environmental Health Division works to protect county residents by preventing morbidity and mortality from environmental contamination. This is accomplished through public health education, inspections and active enforcement of county and state rules and regulations.

The Environmental Health Division is grouped into the following two sections:

Food, Lodging, Solid Waste and Vector Management: Food Handling Establishments, Childhood Lead Investigations, Sanitation for Food Service Personnel Classes, Rest Home Inspections, and Hospital Inspections.

Onsite Wastewater and Private Water Supplies: Onsite Wastewater Systems, Individual Water Supplies and Public Swimming Pools, Rabies Clinics, Solid Waste, and Tattoo Establishments.

Each section is responsible for routine inspections as well as inquiries and complaints regarding their areas of expertise. User fees are in effect for many of the services provided by the Environmental Health Division. <http://www.co.cumberland.nc.us/health/services/environmental.aspx>

Air Quality: Overview of Air Quality in Cumberland County

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

The NCDAQ monitors levels of all criteria pollutants in Cumberland County and reports these levels to the EPA. According to the most recent data, Cumberland County is meeting NAAQS for all of the pollutants. Federal enforcement of the ozone NAAQS is based on a 3-year monitor "design value". The design value for each monitor is obtained by averaging the annual fourth

highest daily maximum 8-hour ozone values over three consecutive years. If a monitor design value exceeds the NAAQS, that monitor is in violation of the standard. The EPA may designate part or all of the metropolitan statistical area (MSA) as nonattainment even if only one monitor in the MSA violates the NAAQS. There are two ozone monitors in Cumberland County. One of the monitors is located northeast of Fayetteville (**Wade**) and the other was formerly located in Golfview but switched to a new location southeast of Fayetteville (**Honeycutt**) in Spring 2015 (March/April). www.fampo.org/airquality Retrieved on 11/15/16

Indoor Air Quality:

Poor indoor air quality can cause serious health problems such as asthma, respiratory and pulmonary disease, chronic bronchitis, cancer, and a general decrease in feelings of wellness. Asthma is the leading cause of serious illness among children nation-wide and the most common reason for student absenteeism. <http://www.cehn.org/education/airquality> Retrieved on 11/15/16

Secondhand Smoke

Secondhand smoke is a mixture of the smoke given off by the burning end of a cigarette, pipe, or cigar, and the smoke exhaled by smokers. Secondhand smoke is also called environmental tobacco smoke (ETS) and exposure to secondhand smoke is sometimes called involuntary or passive smoking. Secondhand smoke contains more than 4,000 substances, several of which are known to cause cancer in humans or animals.

50% of survey respondents reported to being exposed to second hand smoke in the past year, 52.5% were exposed at work or at home.

- EPA has concluded that exposure to secondhand smoke can cause lung cancer in adults who do not smoke. EPA estimates that exposure to secondhand smoke causes approximately 3,000 lung cancer deaths per year in nonsmokers.
- Exposure to secondhand smoke has also been shown in a number of studies to increase the risk of heart disease. (www.epa.gov/smokefree/healtheffects.html) Retrieved on 11/11/15

Serious Health Risks to Children

Children are particularly vulnerable to the effects of secondhand smoke because they are still developing physically, have higher breathing rates than adults, and have little control over their indoor environments. Children exposed to high doses of secondhand smoke, such as those whose mothers smoke, run the greatest relative risk of experiencing damaging health effects. (www.epa.gov) Retrieved on 11/11/15

Childhood Lead

Approximately 500,000 U.S. children aged 1-5 years with blood lead levels above 5 micrograms of lead per deciliter of blood, the reference level at which CDC (Centers for Disease Control) recommends public health actions are initiated. Lead poisoning can affect nearly every system in the body. Because lead poisoning often occurs with no obvious symptoms, it frequently goes unrecognized. Lead poisoning can cause learning disabilities, behavioral problems, and, at very high levels, seizures, coma, and even death.

CDC's Childhood Lead Poisoning Prevention Program is committed to the Healthy People goal of eliminating elevated blood lead levels in children by 2020. CDC continues to assist state and local childhood lead poisoning prevention programs, to provide a scientific basis for policy decisions, and to ensure that health issues are addressed in decisions about housing and the environment. <http://www.cdc.gov/lead> Retrieved on 11/12/16.

The childhood Lead Poisoning Prevention Program (CLPPP) tracks the number and rate of children in the target populations who are required to be screened for blood lead levels.

In 2014, 1.7% of children ages one and two in Cumberland County tested positive for lead greater than five micrograms compared to 1.3% statewide. Cumberland County was higher than its peer counties, Durham (0.6%), Forsyth (1.2%), Guilford (1.3%), Mecklenburg (1.3%) and Wake (0.8%). CDC (Centers for Disease Control) recommends public health actions for children that test positive for lead greater than five micrograms of lead per deciliter of blood.

See Appendix A-5 <http://ehs.ncpublichealth.com/hhcehb/cehu/lead> updated on 2-09-17

Water Quality:

Water Quality Standards are the foundation of the water quality-based pollution control program mandated by the Clean Water Act. Water Quality Standards define the goals for a water body by designating its uses, setting criteria to protect those uses, and establishing provisions such as anti-degradation policies to protect water bodies from pollutants.

<http://www.water.epa.gov/scitech/swguidance/standards/index.cfm> Retrieved on 11/12/16/

Since 1972, the Clean Water Act has protected our health and environment by reducing the pollution in streams, lakes, rivers, wetlands and other waterways.

<http://www.water.epa.gov/lawsregs/guidance/wetlands/CWAwaters.cfm> Retrieved on 11/12/16/

Cumberland County has two resources of water for human consumption:

- (1) Public Works Commissions, known as a Public Water System and
- (2) private wells.

All of the water treated by PWC is surface water. The water processed at the P.O. Hoffer Water Treatment Facility comes from the Cape Fear River. Water processed at the Glenville Lake

Facility comes from the Cape Fear River, Big Cross Creek, and the Little Cross Creek Watershed, which contains four bodies of water used for water storage – Bonnie Doone Lake, Kornbow Lake, Mintz Pond, and Glenville Lake. Both of the treatment facilities provide water to the general distribution system, so the water that residents drink is a blend of water processed from all sources.

PWC uses the disinfection method chlorination, which uses both ammonia and chlorine. Ammonia is added to the water at a carefully controlled level, and the chlorine and ammonia react chemically to produce chloramines. Chlorinated drinking water is perfectly safe for drinking, cooking, bathing and other daily water uses. There are, however, two groups of people who need to take special care with chlorinated water: customers who use drinking water for kidney dialysis machines and fish owners. For more information on chlorination, including special precautions these special groups should take, contact PWC. As an extra measure of safety, the North Carolina Department of Environmental Quality requires all water systems using chlorination to suspend the addition of ammonia for a one-month period each year. We do this each March to ensure control of any biological growth that may have occurred in the water distribution system. <http://www.faypwc.com/wp-content/uploads/2016/04/water-quality-report-2015.pdf>.

The Department of Public Health's Environmental Health Division is committed to protecting drinking water wells by following well regulations, issuing county permits and inspecting drinking water wells. This includes finding suitable sites that wells can be drilled and making sure that wells are located the proper distance from sources of contamination. Well inspections are conducted pre-installation to ensure that drilling is done at the proper area and post-installation to ensure that pumps, seals, and the cement grouts are properly installed. Effective 1 July 2008, the State of North Carolina requires all new wells drinking water be sampled for: arsenic, barium, cadmium, chromium, copper, fluoride, lead, iron, magnesium, manganese, mercury, nitrates, nitrites, selenium, silver, sodium, zinc, pH and bacterial indicators. Water testing is included in the cost of the well permit and will be conducted by the health department. <http://www.co.cumberland.nc.us/safewater/> Retrieved 11/12/16

Public Health Preparedness and Response

Because of its unique abilities to respond to infectious, occupational, or environmental incidents that affect the public's health, Centers for Disease Control (CDC) plays a pivotal role in ensuring that state and local public health departments are prepared for public health emergencies. CDC's Office of Public Health Preparedness and Response, Division of State and Local Readiness, administers funds for preparedness activities to state and local public health systems through the Public Health Emergency Preparedness (PHEP) cooperative agreement. Through the PHEP, CDC helps public health departments strengthen their abilities to respond to all types of public health incidents and build more resilient communities. (www.cdc.gov/phpr). Retrieved on 11/12/16

Public health plays a vital role in emergency preparedness. After major disasters, public health workers are often called upon to participate in a coordinated response and to protect residents from disease outbreaks and other hazards due to contaminated food and water, chemical releases, insect-borne diseases, and unmet medical needs. (www.cdc.gov/phpr). Retrieved on 11/12/16

The Preparedness Coordinator at the Department of Public Health plans for public health responses to public health emergencies both natural and manmade and works in collaboration with internal and external partners to ensure that emergency plans are current, practiced, and

43.5% of survey respondents have a basic emergency supply kit.

81% of survey respondents said they would evacuate for a large scale disaster.

implemented to assure readiness to events that affect the health of the community.

Pregnancy and Live Birth

Pregnancy and childbirth have a huge impact on the physical, mental, emotional, and socioeconomic health of women and their families. Pregnancy-related health outcomes are influenced by a woman's health and other factors like race, ethnicity, age, and income. Common barriers to a healthy pregnancy and birth include lack of access to appropriate health care before and during pregnancy. In addition, environmental factors can shape a woman's overall health status before, during, and after pregnancy by affecting her health directly and/or by affecting her ability to engage in healthy behaviors. The goal is to help ensure that all women have a safe and healthy pregnancy. Source: healthypeople.gov/2020/ and www.cdc.gov/reproductivehealth/maternalinfanthealth

2015 PREGNANCY RATES PER 1,000 POPULATIONS FOR GIRLS 15-19

In 2015, Cumberland County total teen pregnancy rate of 42.7 was 41.4% higher than the State rate of 30.2. When comparing Cumberland County teen pregnancy rate to peer counties, Cumberland County's total teen pregnancy rate was:

- 42.8% higher than Durham County
- 41.4% higher than Forsyth County
- 72.9% higher than Guilford County
- 42.8% higher than Mecklenburg County
- 115.7% higher than Wake County

By Race/Ethnicity:

White pregnancy rate of 36.8 was:

- 24.3% lower than Cumberland County's African American pregnancy rate.
- 72.8% higher than the State
- Durham County's White pregnancy rate was not reportable (Fewer than 20 cases are unstable and not reported)
- 131.4% higher than Forsyth County
- 185.3% higher than Guilford County
- 287.4% higher than Mecklenburg County
- 377.9% higher than Wake County

African American pregnancy rate of 48.6 was:

- 32.1% higher than Cumberland County's White pregnancy rate.
- 18.2% higher than the State
- 47.7% higher than Durham County
- 30.3% higher than Forsyth County
- 46.8% higher than Guilford County
- 20.0% higher than Mecklenburg County
- 32.8% higher than Wake County

American Indian pregnancy rate was not able to be calculated because there were fewer than 20 cases

Hispanic pregnancy rate of 37.4 was:

- 1.6% higher than Cumberland County's White pregnancy rate.
- 23.8% lower than the State
- 49.5% lower than Durham County
- 38.7% lower than Forsyth County
- 12.0% lower than Guilford County
- 30.5% lower than Mecklenburg County
- 18.2% lower than Wake County

When comparing the year 2015 to 2014 the total pregnancy rate among this age group decreased by 9.0% in Cumberland County and decreased by 6.5% in the State.

See Appendix A-6

2015 PREGNANCY RATES PER 1,000 POPULATION FOR FEMALES 15-44

In 2015, Cumberland County total pregnancy rate for females ages 15-44 was 97.1, 33.7% higher than the State rate of 72.6. When comparing Cumberland County to the peer counties, Cumberland County was:

- 31.8% higher than Durham County
- 36.6% higher than Forsyth County
- 38.9% higher than Guilford County
- 22.9% higher than Mecklenburg County
- 37.9% higher than Wake County

By Race/Ethnicity:

White pregnancy rate of 96.4 was:

- 0.7% lower than Cumberland County's African American pregnancy rate
- 52.1% higher than the State
- 51.8% higher than Durham County
- 58.0% higher than Forsyth County
- 74.0% higher than Guilford County
- 53.5% higher than Mecklenburg County
- 59.9% higher than Wake County

African American pregnancy rate of 97.1 was:

- 0.7% higher than Cumberland County's African American pregnancy rate
- 19.4% higher than the State
- 35.4% higher than Durham County
- 27.1% higher than Forsyth County
- 24.0% higher than Guilford County
- 16.8% higher than Mecklenburg County
- 19.0% higher than Wake County

American Indian (Non-Hispanic) pregnancy rate of 82.1 was:

- 14.8% lower than Cumberland County's White pregnancy rate
- 10.5% higher than the State
- Durham County- Data was not reportable (Rates based on small numbers (fewer than 20 cases) are not reported.)
- Forsyth County- Data was not reportable (Rates based on small numbers (fewer than 20 cases) are not reported.)
- 19.0% higher than Guilford County
- 15.8% higher than Mecklenburg County
- 14.7% higher than Wake County

Other (Non-Hispanic) pregnancy rate of 94.6 was:

- 1.9% lower than Cumberland County's White pregnancy rate
- 18.7% higher than the State
- 50.4% higher than Durham County

- 42.7% higher than Forsyth County
- 7.9% higher than Guilford County
- 2.4% lower than Mecklenburg County
- 25.8% higher than Wake County

Hispanic pregnancy rate of 97.4 was:

- 1.0% higher than Cumberland County’s White pregnancy rate
- 1.0% lower than the State
- 4.0% higher than Durham County
- 1.6% higher than Forsyth County
- 6.7% higher than Guilford County
- 10.6% lower than Mecklenburg County
- 5.4% higher than Wake County

Note: When comparing Cumberland County data to the State and Peer Counties, the calculations represent percentage differences. **See Appendix A-6**

Initiatives and Resources in Cumberland County

Family Planning Services at Cumberland County Department of Public Health – Full Family planning medical services (including contraceptives, STD screening, prevention and treatment) are offered daily to adult women as well as to youth ages 12-19. The Teen Wellness Clinic operates daily and on Tuesday evenings. Health Education classes are Tuesdays from 12 noon-1pm. The Family Planning Health Educators educate the clients on contraceptive methods, male and female anatomy, abstinence, breast health, immunizations, signs and symptoms of sexually transmitted diseases (STD’s) and pelvic/pap exams. A Pre & Post test is given to the clients during the class and an evaluation is given at the end of class. Educational brochures and condoms are also passed out in the class.

School-Based Family Planning Classes - The Cumberland County Department of Public Health markets the family planning services available for teens by partnering with Cumberland County Schools. The Family Planning Health Educator visits local high schools to educate teens on family planning methods and services provided by the health department. The school-based classes educate teens on abstinence, contraceptive methods, STD’s, breast health, and testicular exams, and more.

Teen Pregnancy Prevention Month - May is Teen Pregnancy Prevention Month. In order to promote this campaign, the Family Planning Health Educator from Cumberland County Department of Public Health visits local high schools and coordinates a tee shirt design contest. Students design creative abstinence slogans that are judged by community members, then the chosen slogans are displayed on tee shirts to market the abstinence message. Cumberland County Department of Public Health partnered with radio station Foxy 99 and Cumberland County Schools to promote the campaign.

Planned Parenthood of Central NC - Planned Parenthood has several educational programs available to community youth. These include **Teen Connections, Smart Girls, Wise Guy, and Man-Up**. Teen Connections uses the Becoming a Responsible Teen (BART) curriculum to teach youth about topics such as healthy relationships, reproductive anatomy, contraceptive options, HIV/AIDs and STD prevention, sexual violence, substance abuse, mental health, leadership, activism, and higher education. This is a 12 week peer education program. To address sexual health disparities, Wise Guy and Man-Up were implemented in an effort to adequately reach out to the male population.

Teen Wellness Task Force - The main focus is on teen health and pregnancy prevention. The Teen Wellness Task Force sponsored its first Teen Pregnancy Prevention Campaign at a local high school raising awareness to teen pregnancy and the impact it has on families and the community at large. The next campaign is scheduled for the spring of 2017.

Community Health Intervention- Community Health Intervention provides a wide array of HIV prevention services. Staff conducts health education, with a focus on risk-reduction, at various community locations. Their health education curriculum is based on evidence-based programs such as Real AIDS. Additionally, they provide evening HIV testing hours (i.e. 6:00-9:00 pm) for those individuals who are not able to attend regular business hours.

Infant Death 2011-2015

Infant death is death occurring within the first year of life.

Contributing factors to infant death include:

- Preterm Birth
- Low Birth weight
- Late access to prenatal care
- Teen Pregnancy
- Tobacco and Drug use.

During the period of 2011-2015, Cumberland County's total infant death rate of 8.8 was 22.2% higher than the State's total infant death rate. When comparing peer counties, Cumberland County's total infant death rate was:

- 25.7% higher than Durham County
- 4.8% higher than Forsyth County
- 11.4% higher than Guilford County
- 46.7% higher than Mecklenburg County
- 49.2% higher than Wake County

Race/Ethnicity:

White:

Cumberland County's White infant death rate of 6.3 was 52.6% lower than Cumberland County's African American death rate and was 14.5% higher than the State's White infant death rate. When comparing peer counties, Cumberland County's White infant death rate was:

- 61.5% higher than Durham County
- 4.5% lower than Forsyth County
- 18.9% higher than Guilford County
- 57.5% higher than Mecklenburg County
- 57.5% higher than Wake County

African American:

Cumberland County's African American infant death rate of 13.3 was 111.1% higher than Cumberland County's White infant death rate and 3.1% higher than the State's infant death rate.

When comparing peer counties, Cumberland County's African American infant death rate was:

- 4.3% lower than Durham County
- 7.3% higher than Forsyth County
- 12.7% higher than Guilford County
- 34.3% higher than Mecklenburg County
- 9.0% higher than Wake County

Other Race (Non-Hispanic):

Cumberland County's other race (Non-Hispanic) infant death rate was not reportable (Fewer than 20 cases are unstable and are not reported)

Hispanic:

Cumberland County's Hispanic infant death rate of 6.9 was 9.5% higher than Cumberland County's White infant death rate and 38.0% higher than the State's infant death rate. When comparing peer counties, Cumberland County's infant death rate was:

- Durham County- Infant death rate was not reportable (Fewer than 20 cases are unstable and not reported)
- 2.8% lower than Forsyth County
- 21.1% higher than Guilford County
- 50.0% higher than Mecklenburg County
- 53.3% higher than Wake County

Note: When comparing Cumberland County data to the State and Peer Counties, the calculations represent percentage differences.

*Rates based on small numbers (Fewer than 20 cases) are unstable and are not reported.

See Appendix A-7

Racial disparity ratio between Whites and African Americans:

The African American infant death rate was more twice the rate of Whites. Some contributing factors for the disparity are low socio-economic status and delayed prenatal care services.

See Appendix A-7

Conclusion:

Infant mortality is one of the most important indicators of the health of a nation, as it is associated with a variety of factors such as maternal health, quality and access to medical care, socioeconomic conditions, and public health practices.

The NC Healthy 2020 Objectives include to reduce the infant mortality racial disparity between whites and African Americans to 1.92%. During the period 2011-2015, Cumberland County's infant mortality disparity between white and African Americans was 2.18 disparity ratios. Cumberland' ratio of 2.11 does not meet the 2020 target.

Reduce the infant mortality rate (per 1,000 live births) to 6.3.

<http://www.schs.state.nc.us/data/vital/pregnancies/2015/> and

<http://www.schs.state.nc.us/databook/2016>

Child Health

Obesity and overweight rates:

During the period 2015, 12.3% of the county's children ages 2-18 years of age were overweight. When comparing peer counties and the State, Cumberland had lower percentages of overweight children ages 2-18 years of age. Cumberland County percentage of children ages 2-18 years of age overweight was:

- 15.8% lower than the State.
- 12.8% lower than Durham Co.
- 17.4% lower than Forsyth Co.
- 18.5% lower than Guilford Co.
- 14.0% lower than Mecklenburg Co.
- 17.4% lower than Wake Co.

During 2015, 9.9% of the county's children 2-18 years of age were obese. When comparing peer counties and the State, Cumberland had lower percentages of obese children ages 2-18 years of age. Cumberland County percentage of children ages 2-18 years of age obese was:

- 32.2% lower than the State.
- 40.7% lower than Durham Co.
- 27.2% lower than Forsyth Co.
- 30.8% lower than Guilford Co.
- 22.7% lower than Mecklenburg Co.

- 23.8% lower than Wake Co.

Note: When comparing Cumberland County data to the State and Peer Counties, the calculations represent percentage differences. **See Appendix A-7**

Source: NC-NESS, 2015. <http://www.eatsmartmovemorenc.com/Data/ChildAndYouthData.html>

Cumberland County Child Deaths (By Causes)

During the 2011-2015, there were 370 deaths in children ages birth to 17 years. 149 of the deaths were due to perinatal conditions, birth defects, SIDS, illness, motor vehicle, bicycle, suffocation/choking/strangulation, drowning, other injuries, homicide, suicide, poisoning and all others. **See Appendix A-7**

Dental Health:

The percent of Medicaid eligible children (ages 1-20) receiving dental services increased from 2010 to 2011 for Cumberland County, Statewide, peer counties Forsyth, Guilford, Mecklenburg, and Wake.

The percent of Medicaid eligible children receiving dental services decrease from 2010 to 2011 for Durham County. **See Appendix A-7**

Children's Annual Preventative Health Check

During 2012, 58.7% of children living in Cumberland County enrolled in Medicaid received preventative care, whereas 59.2% of children statewide enrolled in Medicaid received preventative care. Cumberland County had a lower percentage of children enrolled in Medicaid who received preventative care. **See Appendix A-7**

Source: <http://www.ncchild.org/what-we-do/data/kids-count-data-center/>

Mortality

Age-Adjusted Death Rates per 100,000 Populations: During 2011-2015, Cumberland County's total death rate of 864.2 was 10.4% higher than the state's total death rate of 783.1.

Leading Causes of Death

The five leading causes of deaths during the period 2011-2015 in Cumberland County were Heart Disease, Cancer (all sites), Chronic Lower Respiratory Diseases, Stroke and All Other Unintentional Injuries.

Cumberland County's death rates for heart disease (193.5), cancer-all sites (181.3), chronic lower respiratory diseases (52.2) and all unintentional injuries (32.4) were higher than the State death rates for heart disease (163.7), cancer-all sites (169.1), chronic lower respiratory diseases (45.9) and all unintentional injuries (30.5).

Cumberland County's death rate for stroke (41.5) was slightly lower than the State's death rate for stroke (43.1) **See Appendix A- 8**

Cumberland County's leading causes of death from 2011-2015 compared to 2006-2010

- The heart disease death rate was 6.1% lower from 2011-2015 than from 2006-2010 .
- The total cancer death rate was 6.3% lower from 2011-2015 than from 2006-2010 .
- The chronic lower respiratory disease death rate was 0.8% higher from 2011-2015 than from 2006-2010 .
- The stroke death rate was 9.4% lower from 2011-2015 than from 2006-2010 .
- The all unintentional injuries death rate was 24.1% higher from 2011-2015 than from 2006-2010 .

See Appendix A-8

Health Disparities:

Differences in death rates by race and gender have been observed for many years. Among the race – gender groups:

- Higher death rates for White males due to chronic lower respiratory disease and all other unintentional injuries.
- Higher death rates for African-American males due to heart disease, cancer (all sites) and stroke.
- Higher death rates for African American females due to heart disease and stroke than white females.
- Higher death rates for White females due to cancer (all sites), chronic lower respiratory disease and all other unintentional injuries than African American females.
- Higher death rates for African American females due to heart disease, stroke and chronic lower respiratory diseases than White females. **See Appendix A-8**

When compared with the State and peer counties, Cumberland County's total death rate (864.2) were:

- 10.4% higher than the state (783.1)
- 24.2% higher than Durham (695.9)
- 9.5% higher than Forsyth (788.9)
- 16.0% higher than Guilford (745.2)

- 27.2% higher than Mecklenburg (679.3)
- 36.7% higher than Wake (632.4)

When compared with the state and peer counties, Cumberland County's heart disease rate (193.5) were:

- 18.2% higher than the state (163.7)
- 47.9% higher than Durham (130.8)
- 33.3% higher than Forsyth (145.2)
- 35.2% higher than Guilford (143.1)
- 46.6% higher than Mecklenburg (132.0)
- 54.8% higher than Wake (125.0)

When compared with the state and peer counties, Cumberland County's total cancer death rate (181.3) were:

- 7.2% higher than the state (169.1)
- 8.6% higher than Durham (167.0)
- 3.7% higher than Forsyth (174.9)
- 12.8% higher than Guilford (160.7)
- 20.8% higher than Mecklenburg (150.1)
- 20.1% higher than Wake (151.0)

When compared with the state and peer counties, Cumberland County's chronic lower respiratory disease death rate (52.2) were:

- 13.7% higher than the state (45.9)
- 79.4% higher than Durham (29.1)
- 9.7% higher than Forsyth (47.6)
- 37.0% higher than Guilford (38.1)
- 72.3% higher than Mecklenburg (30.3)
- 74.0% higher than Wake (30.0)

When compared with the state and peer counties, Cumberland County's stroke death rate (41.5) were:

- 3.7% lower than the state (43.1)
- 12.2% higher than Durham (37.0)
- 3.0% lower than Forsyth (42.8)
- 0.2% lower than Guilford (41.6)

- 7.2% higher than Mecklenburg (38.7)
- 6.10% higher than Wake (39.1)

When compared with the state and peer counties, Cumberland County's all other unintentional injuries death rate (29.2) was:

- 6.2% lower than the state (30.5)
- 42.7% higher than Durham (22.7)
- 1.9% lower than Forsyth (31.8)
- 4.5% lower than Guilford (31.0)
- 53.6% higher than Mecklenburg (21.1)
- 54.3% higher than Wake (21.0)

Note: When comparing Cumberland County data to the State and Peer Counties, the calculations represent percentage differences. **See Appendix A-8**

www.schs.state.nc.us/SCHS/data/databook: 2017 click on mortality

Trends:

The age-adjusted heart disease death rate was 9.9% lower from 2011-2015 than from 2006-2010.

The age-adjusted stroke death rate was 16.0% lower from 2011-2015 than from 2006-2010.

The age-adjusted unintentional injuries death rate was 41.5% higher from 2011-2015 than from 2006-2010.

The age-adjusted diabetes death rate was 17.0 % lower from 2011-2015 than from 2006-2010.

The Teen birth rate per 10000 for ages 15-19 was 31.8% lower from 2011-2015 than from 2006-2010.

Infants deaths rate per 1000 births was 9.3% lower from 2011-2015 than from 2006-2010.

See Appendix A-9

www.schs.state.nc.us/SCHS/data/databook: 2017 click on other data, trends

Morbidity

Sexually Transmitted Diseases

Sexually Transmitted Infections (STIs) commonly recognized as Sexually Transmitted Diseases (STDs) include more than 35 infectious organisms that are transmitted mainly through sexual activity. STIs can lead to harmful medical conditions, including poor reproductive health and an increased risk of HIV infection.

Chlamydia: During 2011-2015, Cumberland County's Chlamydia rate of 1051.8 was 94.2% higher than the State's rate of 541.5. When comparing Cumberland County to its peer counties, Cumberland County was:

- 43.9% higher than Durham County (730.7).
- 49.4% higher than Forsyth County (704.0)
- 37.2% higher than Guilford County (766.6)
- 57.8% higher than Mecklenburg County (666.5).
- 123.4% higher than Wake County (470.9).

Healthy NC 2020 Objectives for Chlamydia: Reduce the percentage of positive results among individuals aged 15 to 24 by 8.7%.

Gonorrhea: During 2011-2015, Cumberland County's Gonorrhea rate of 364.0 was 114.5% higher than the State's rate of 169.7. When comparing Cumberland County to peer counties, Cumberland County was:

- 42.2% higher than Durham County (256.0).
- 55.9% higher than Forsyth County (233.5).
- 25.7% higher than Guilford County (289.5)
- 74.8% higher than Mecklenburg County (280.0)
- 171.6% higher than Wake County (134).

Syphilis: Syphilis is an STI that can have very serious complications and different stages of severity when left untreated. Syphilis can be prevented and cured with the right treatment.

During 2011-2015, Cumberland County's Syphilis rate of 9.3 was 27.4% higher than the State's rate of 7.3. When comparing Cumberland County to peer counties, Cumberland County was:

- 9.7 % lower than Durham County (10.3).
- 29.2% higher than Forsyth County (7.2).
- 5.1% lower than Guilford County (9.8).
- 17.7% lower than Mecklenburg County (11.3).
- 32.9% higher than Wake County (7.0).

AIDS: Several factors contribute to the increase of HIV/AIDS such as economics, substance use, education, discrimination, incarceration, sexual behavior and sexual networks, to name a few.

During 2011-2015, Cumberland County's AIDS rate of 11.8 was 49.4% higher than the State's rate of 7.9. When comparing Cumberland County to peer counties, Cumberland County was:

- 6.3% higher than Durham County (11.1).
- 22.9% higher than Forsyth County (9.6).
- 53.2% higher than Guilford County (7.7).
- 35.5% lower than Mecklenburg County (18.3).
- 61.6% higher than Wake County (7.3).

Newly Diagnosed HIV Infection: HIV stands for Human Immunodeficiency Virus. The virus can lead to Acquired Immunodeficiency Syndrome (AIDS), the last stage of HIV infections, if

not treated. HIV is spread through body fluids from sexual contact, sharing needles to injecting drugs, or can be passed from mother to baby during pregnancy or birth. Newly released information for the Division of Public Health Communicable Disease Branch an estimated 36,800 people live with HIV in North Carolina and approximately 3,400 people are unaware of their infection. The highest number of new cases of HIV is among young gay and bisexual men of color who do not report injecting drugs. The estimated rate of new HIV diagnoses among gay and bisexual African American men is over 600 times that of men who report sex with women.

During 2011-2015, Cumberland County's Newly Diagnosed HIV Infection rate of 24.0 was 75.2% higher than the State's rate of 13.7. When comparing Cumberland County to peer counties, Cumberland County was:

- 4.8% higher than Durham County (22.9)
- 44.6% higher than Forsyth County (16.6)
- 9.1% higher than Guilford County (22.0)
- 67.8% higher than Mecklenburg County (14.3)
- 61.1% higher than Wake County (14.9)

In summary, STIs and HIV/AIDS remain a significant public health problem even though there have been major developments in helping people understand the benefits of taking PReP (Pre-exposure Prophylaxis) drugs and PEP (Post Exposure Prophylaxis) treating and caring for people who are infected with STIs and HIV.

Note: When comparing Cumberland County data to the State and Peer Counties, the calculations represent percentage differences. **See Appendix A 10**

2014 Inpatient Hospital Discharge Rate Per 1,000 Populations

- The County's total inpatient hospital days stay rate of 578.5 remained the same for 2011, 2012 and 2014. However, it was higher than the State rate of 489.8, 479.4 and 470.2 respectively.
- In 2013 the county's inpatient hospital days stay rate reduced to 564.7 however, it was still higher than the State rate of 474.2.
- The County's total inpatient hospital discharge rate keeps fluctuating annually; in 2011 the county recorded 95.7 which were slightly lower than the State rate of 100.3. However in 2012 and 2011 the County's rate increased to 97.4 and later decreased to 95.0 which were still slightly lower than that of 98.3 and 95.6 respectively but the State's rate had rather decreased from 100.3 in 2011 to 95.6 in 2013.
- In 2014, the County's total inpatient hospital discharge rate increased to 97.2 which was higher than the State rate of 94.0

- The County's total inpatient hospital average charge of \$37,818 per case was higher than the State average charge of \$27,683 in 2011. This amount kept increasing at both County and State level.
- In 2012, 2013 and 2014, the County's total inpatient hospital average charge moved to \$39,691, \$44,307 and \$42,830 respectively which were all higher than the \$29,282, \$36,752 and \$33,085 which was also recorded by the State in 2012, 2013 and 2014 respectively
www.schs.state.nc.us/SCHS/data/databook:2017 **See Appendix -A-11**

Summary of 2016 Community Health Opinion Survey:

When asked which behavior people in your community need more information about, 12.3% stated eating well/nutrition.

When asked what issues most affect the quality of life in Cumberland County, 40.9% stated low income/poverty and 26.3% stated violent crime.

When asked what would you like to see more of available in the community diabetes/nutrition ranked first, heart disease ranked 2nd, mental health ranked 3rd, nutrition/fitness ranked fourth and cancer ranked fifth.

When asked which topic you think your child/children need more information, 45.6% stated nutrition.

When asked about their personal health, 91% of the respondents considered themselves in good health.

When asked if they had ever been told by a doctor or health care professional if they had any health condition, 422 reported discussing overweight/obesity with their doctor and 363 reported discussing hypertension with their doctor.

When asked if "in the past 30 days have there been any days when feeling sad or worried kept you from going about your normal business, 21.3% responded yes.

When asked do you engage in any physical activity or exercise that lasts at least half an hour, 63% reported yes.

When asked where they perform their physical fitness, 60.6% reported at home in comparison to 29.5% of individuals who reported at public parks or recreation centers.

Population without Insurance: Uninsured Estimates 2010-2011

It is more difficult to get health care without health insurance. Lack of insurance usually means either delayed health care or no health care, which basically means that the health condition worsens by the time an uninsured person receives health care for their illness or health condition. According to the 2016 community health opinion survey, 57.3% of the respondents had health insurance.

The percentage of Cumberland County residents under age 65 (0-64 years) who did not have health insurance was 18.4% (58,000 residents). During 2010-2011, 18.4% of Cumberland County residents were uninsured compared to 18.9% of the State. Cumberland County’s uninsured rate of 18.4% was slightly higher than peer counties Durham (18.1%), Forsyth (16.9%), Guilford (16.9%), Mecklenburg (17.5), and Wake (16.2%).

Among Cumberland County residents ages 0-18 years, 8.6 % (9,000 residents) did not have health insurance and ages 19-64 years 22.8% (50,000) of did not have health insurance.

Health Care Resources:

2014 Active Health Professionals.

Cumberland County reported 601 non-federal physicians, 207 federal physicians, 2,997 registered nurses, 157 dentists and 187 dental hygienists that were active in their profession. There were 18.2 physicians per 10,000 populations.

Physicians-Non-Federal	Physicians-Federal	Registered Nurses	Dentists	Dental Hygienists
601	207	2,997	157	187

Source: 2016 UNC Sheps Center for Health Services Research

2011-2013 Active Health Professionals

Cumberland County reported 544 non-federal physicians, 203 federal physicians, 2,895 registered nurses, 136 dentists and 189 dental hygienists that were active in their profession. There were 16.6 physicians per 10,000 populations.

Physicians-Non-Federal	Physicians-Federal	Registered Nurses	Dentists	Dental Hygienists
544	203	2,895	136	189

Cumberland saw an increase in health professional in 2014 compared to 2011. In 2014 there were 18.2 Physicians per 10,000 populations whereas in 2011 there were 16.6 Physicians per 10,000 populations.

According to the 2016 community health opinion survey, 31.3% of the respondents stated that not having insurance prevented them from getting medical care.

According to the 2016 community health opinion survey, 65.7% of the respondents stated that when they are sick they go to their doctor to receive care.

According to the 2016 community health opinion survey, 2% of the respondents stated that when they are sick they would seek treatment at the Health Department.

Populations at Risk:

Health problems affect individuals and families on multiple levels. After collecting and examining primary and secondary data, the Community Health Assessment team identified several at-risk sub-populations in Cumberland County. These sub-populations are listed below:

- Minorities: Minorities had higher rates of preventable chronic diseases that caused deaths.
- Low income individuals and families: Low income individuals are less likely to have access to medical care, transportation and healthy foods.
- Elderly: the prevalence of chronic diseases is often higher in the elderly population.

Access to Health Care:

Cumberland County has a strong health care community that includes an accredited hospital and health department, a federally qualifies health center and various medical practices. In spite of these resources, residents report problems accessing health care services due to inadequate transportation systems in the county.

Cumberland County Assets and Resources

There are several programs in Cumberland County that address the built environment and its efforts to improve the health of the residents and/or communities.

Physical Activity Initiatives:

Bicycle/Pedestrian Program: The Fayetteville Area Metropolitan Planning Organization (FAMPO) created a framework for a Bicycle/Pedestrian program in Fayetteville area. The plan presents a guideline for Cumberland County to provide a safe and attractive environment needed to promote bicycling and walking as a transportation mode. Also, bicycle and walking paths can lead to increased physical activity which will address obesity, heart disease and diabetes. Having

sidewalks in neighborhoods and urban areas can influence a person's level of physical activity. The City of Fayetteville now allows bikers to use the sidewalks and there have been numerous subdivisions built in the area with sidewalks. (fampo.org).

Walking Trails: Fayetteville and Cumberland County have a number of walking paths within their parks through-out the community. A comprehensive list of parks with walking trails can be found in the Parks and Recreation section under amenities.

Smoke-Free/Tobacco-Free Initiatives:

Smoke-Free Restaurants and Bars: On January 2, 2010, the State enacted the Smoke-Free Restaurants and Bars Law, which bans smoking in almost all restaurants, bars, and in at least 80% of guest rooms in lodging establishments.

Tobacco-Free Communities:

Cumberland County approved a policy prohibiting smoking on the grounds of the Department of Social Services (DSS), the grounds of any county building where the Department of Public Health services are provided, and county buildings where library services are provided. The policy became effective January 2014. Cumberland County Department of Public Health distributed signage around the campus of the health department promoting a Tobacco Free Campus.

The Town of Spring Lake adopted a tobacco-free policy for government buildings, vehicles and out-doors public places, such as playgrounds and parks.

Healthy Eating Initiatives:

The Healthy Communities Program: The Cumberland County Department of Public Health implemented the "Healthy Communities" program, a state-funded program that addresses the risk factors of physical inactivity and poor nutrition. According to research, implementing policy, systems, and environmental changes can influence positive behavior changes that improve health outcomes. (cdc.gov/healthycommunitiesprogram/) . For example, one strategy used to bring affordable, healthy food options to our communities is to utilize farmers markets in urban and low-income areas.

The Department of Public Health conducted an assessment of farmers markets in the county and identified ten markets. Each market had unique characteristics to attract shoppers. For instance, some may accept food assistance programs like WIC and/or the Supplement Nutrition Assistance Program (SNAP).

See Appendix B-1 for Community Resources

Social Determinants of Health

Social determinants of health are economic and social conditions that influence the health of people and communities. These conditions are shaped by the amount of money, power, and resources that people have, all of which, are influenced by policy choices. Social determinants of health affect factors that are related to health outcomes which include:

- How a person develops during the first few years of life (early childhood development)
- How much education a person obtains
- Being able to get and keep a job
- What kind of work a person does
- Having food or being able to get food (food security)
- Having access to health services and the quality of those services
- Housing status
- How much money a person earns
- Discrimination and social support

Determinants of health (and how are they related to social determinants of health)

Determinants of health are factors that contribute to a person's current state of health. These factors may be biological, socioeconomic, psychosocial, behavioral, or social in nature. Scientists generally recognize five determinants of health of a population:

- Genes and biology: for example, sex and age
- Health behaviors: for example, alcohol use, injection drug use (needles), unprotected sex, and smoking
- Social environment or social characteristics: for example, discrimination, income, and gender
- Physical environment or total ecology: for example, where a person lives and crowding conditions
- Health services or medical care: for example, access to quality health care and having or not having insurance

Other factors that could be included are culture, social status, and healthy child development.

Addressing social determinants of health is a primary approach to achieving health equity. Health equity is "when everyone has the opportunity to 'attain their full health potential' and no one is 'disadvantaged from achieving this potential because of their social position or other socially determined circumstance'". (Centers for Disease Control and Prevention).

(www.cdc.gov/socialdeterminants/FAQ.html)

Section 5: Prevention and Health Promotion

The health issues most relevant to Cumberland County are similar to the 2013 community health assessment. Health issues that were prioritized to be addressed in the next three years were: heart disease, cancer, and diabetes/obesity.

There is a move to educate the community residents about overdosing and prescription drugs since prescription drug use/and abuse has been on the increase in our community.

The health department continues to operate clinics that offer screenings HIV/sexually transmitted diseases, adult and child health services, and provide women's health services and family planning. More information on each of these clinics and their services are provided below.

The Adult Health Primary Care Clinic provides comprehensive medical care for patients that have acute and chronic diseases. A sliding fee scale service is available to patients who financially qualify and Cumberland County Department of Public Health is contracted with Medicaid, Medicare, and Blue Cross Blue Shield. For patients that did not meet the sliding scale qualifications or have insurance with a company listed above, a \$10.00 fee per visit per client was charged. During 2016, the Adult Health Primary Care Clinic provided 11,031 services to include office visits, labs, nurse triage visits, and blood pressure checks to 1,155 residents of Cumberland County.

The Child Health Clinic provides medical screenings for children from birth to 18 years of age. Services include primary care (including sick children); physical examinations that include a developmental screening; dental, hearing and vision screenings; preventive education; nutrition and laboratory screening.

Maternity Clinic provides early and continuous prenatal care to any low risk pregnant female in Cumberland County. The goal is to reduce maternal and infant morbidity and mortality. Prenatal services include complete prenatal care with appropriate gestational age education. Also offered are ultrasounds, laboratory services and nutrition services. Resource referrals are made based on the patient's educational, social and healthcare needs. All of these services are provided by licensed healthcare professionals.

The Family Planning Clinic serves women of child bearing age desiring to plan and space births by providing contraceptives and preconception counseling. One of the goals of the clinic is to reduce infant mortality and morbidity by decreasing unintended pregnancies. The clinic offers many forms of birth control to accomplish this goal, including long-acting reversible contraceptives (LARC) such as Mirena and Paragard Intrauterine devices, and the subdermal implant Nexplanon. The Family Planning Clinic served 3,057 patients and provided over 20,551 services during 2016.

The North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) provides free or low-cost breast and cervical cancer screenings and follow up to eligible women in North Carolina. Breast and Cervical Cancer Medicaid (BCCM) provides funding for cancer treatment to NC BCCCP-enrolled patients who are diagnosed with breast or cervical cancer and meet additional requirements. A woman must be enrolled in the Breast and Cervical Cancer Control Program prior to a cancer diagnosis to be eligible for Breast and Cervical Cancer Medicaid. The program served 307 patients in 2016.

The Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN) Project provides cardiovascular disease screening, intervention, counseling and referral services to BCCCP enrolled women. WISEWOMAN provides low-income, underinsured, or uninsured 40- to 64-year old women with the knowledge, skills, and opportunities to improve their diet, physical activity, and other life habits to prevent, delay, or control cardiovascular and other chronic diseases. The NC WISEWOMAN project began provides services for eligible women in the BCCCP clinic. The program served 108 women that received diabetes and cholesterol screenings during 2016.

The Teen Wellness Clinic is a clinic designed specifically for teens between the ages of 12-19 years of age. At the TWC, teens receive high – quality, friendly health care they need, all in one place. The TWC offers a multitude of services from birth control, pregnancy testing, sexually transmitted infection (STI) testing and treatment, prenatal care and more. All in which are confidential. In North Carolina, minors (anyone under the age of 18) do not need a parent/guardians permission to receive any services that are provided at any health care facility. By law, no health care provider can tell a teen’s parents or anyone else about the birth control or sexually transmitted infection (STI) services the individual receives. The Teen Wellness Clinic provides Teen Health Advocates, who are caring professionals who will work one- on- one with teens to answer any sexual health questions or birth control options. Teen Health Advocates also provide in clinic and community evidence- based curriculums, which offer teens education on sexually transmitted infection (STI) prevention, HIV awareness, condom negotiation, decision making skills and pregnancy prevention programs.

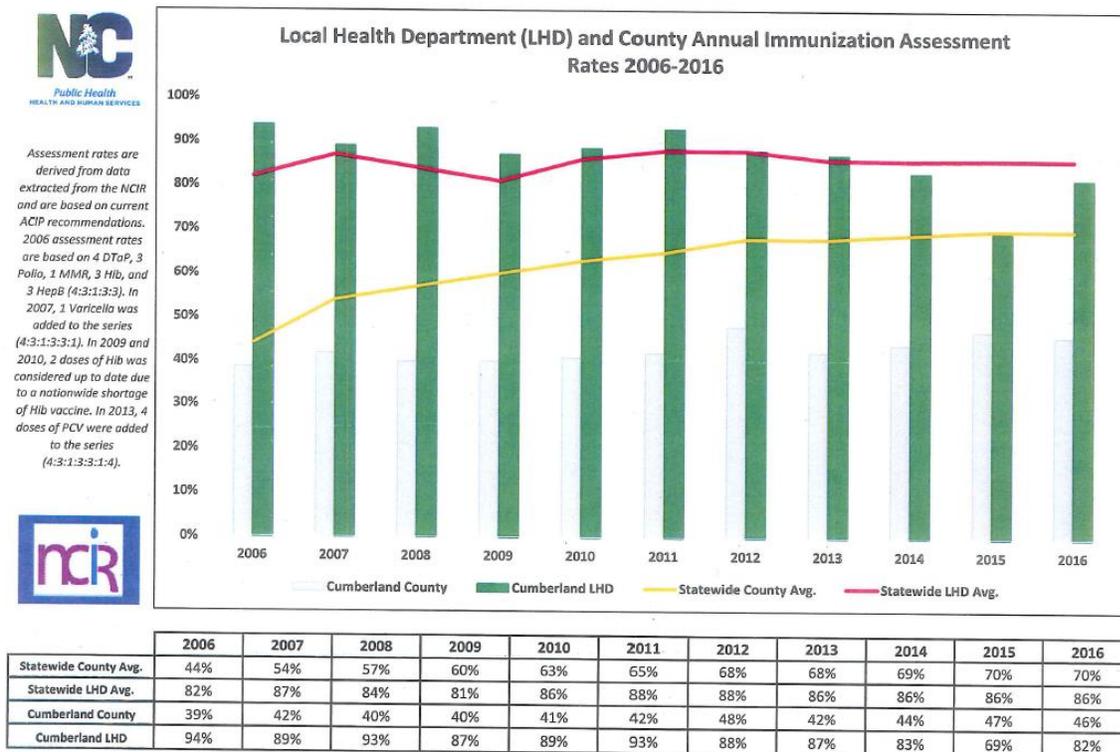
The sexually transmitted disease clinic (STD) provides screenings, diagnosis, treatment and counseling for Chlamydia, Gonorrhea, Syphilis, Trichomoniasis, Candidiasis, Genital Warts, Genital Herpes, Bacterial Vaginosis and HIV. The purpose of the STD program is to reduce the incidence of STDs in Cumberland County by providing preventive and therapeutic treatment for all reported cases and contacts. Over 56,980 services were provided in the STD Clinic during 2016. This includes exams, labs, treatments, and counseling. Our Communicable Disease Control Specialists (CDCS) increase awareness of high-risk behaviors by utilizing education and community outreach to inform Cumberland County residents.

This Immunization Clinic serves the population of Cumberland County as well as surrounding counties by providing both required and recommended vaccinations to all ages. The Immunizations Clinic provides a regional service by offering many travel vaccines. The Immunizations Clinic offers TB skin tests for employment and schools. The clinic works closely with the school health team to ensure that students attending the schools meet the NC Law with regards to required school immunizations. The nurses in the Immunizations Clinic gave 793 influenza vaccinations in 2016. Overall, the clinic saw over 3300 patients and gave over 7400 vaccinations during 2016.

The graph illustrates the immunization compliance rate, which refers to the percentage of children who have documentation of being up-to-date (UTD) by 24 months of age with the recommended vaccinations. The vaccines included in the assessment are: DTap, Polio, MMR, Hib, Hep B, Var and PCV (pneumonia).

In 2016, the Cumberland County Department of Public Health had 82% of children in this age group in compliance.

2016 Annual Immunization Assessment: Local Health Department and County Trends (2006-2016)



The Cumberland County Department of Public Health's high-risk care management programs provide services to the women and children of Cumberland County. These services are provided by public health Social Workers and Nurses. The programs continue to work diligently toward achieving positive birth and health outcomes for the women, children and families of Cumberland County by providing excellent quality care. These services are provided at no charge.

Pregnancy Care Management provides services to the Medicaid population to improve and promote healthy pregnancies, births and post-partum care. Pregnancy Care Management encourages early and continuous prenatal care, postpartum follow up care and continuation of primary medical care for health promotion and disease prevention. Assistance with linking to a Pregnancy Medical Home as well as supportive services for chronic medical, behavioral health and social conditions are provided.

Care Coordination for Children services are provided to infants and children ages birth to five years of age with special healthcare needs such as long term medical conditions, long term stressful situations, developmental, behavioral and or emotional problems. Priority focus is to improve the health of the child by educating, supporting and linking caregivers to effective, efficient services that will meet the needs of the child and family.

The Women, Infants, and Children (WIC) Program is a supplemental food and nutrition program that has been operating in Cumberland County since 1978. The Cumberland County WIC Program is the third largest WIC program in the state. Services are provided daily at the Public Health Center and two full-service satellite clinics in Hope Mills and Spring Lake.

The WIC program's goal is to promote healthful lifestyle behaviors and provide current, sound nutrition guidance to all eligible pregnant, post-partum and breastfeeding women, as well as infants and children up to age 5, by offering a combination of nutrition education and supplemental foods. In most recent years, the food packages have been expanded to include fruits, vegetables, whole grains, 1% low-fat milk and low-fat yogurt. The program strives to provide a warm and friendly environment for WIC Program clients. There is a lactation room where mothers can have a comfortable setting to breastfeed infants in private, if desired, while attending clinic appointments.

The Epidemiology Clinic investigates communicable diseases in Cumberland County. There are 74 communicable diseases that are reportable to the state for which the clinic is responsible. The reportable diseases include Foodborne, Vectorborne, Vaccine preventable diseases, and Tuberculosis. The clinic staff is responsible for Directly Observed Therapy to residents that have active tuberculosis disease.

The Cumberland County school system is served by approximately 25 RNs to provide services for the more than 50,000 students. Some of the services provided include screenings for vision and hearing. Nurses also provide education to students, school staff and parents on topics that include allergies, diabetes, infection prevention and health careers. The school nurses audit medication administration in the schools and also manage over 2800 emergency medications to include the stock epipens in each school. Nurses assist parents, school staff and students for more than 3700 students diagnosed with management of chronic health conditions. Students, who saw a school nurse during the school day, may be sent back to class, sent home or may need to have emergency services called. Nurses sent over 10,000 students back to class last year. Staffing includes 22 nurses for the 86 schools. There are 3 team leaders and 1 supervisor.

Community Health Intervention/Operation Sickle Inc. offer community education similar to programs offered by the health department which offers a platform for sharing expertise, and resources. Currently the health department partners with community-based organizations to provide diabetes education, falls prevention programs and teen pregnancy prevention.

Section 6: Health Priorities

Health Priorities:

After the CHA work and advisory groups reviewed and discussed the data obtained from the surveys, local and state agencies, a large number of potential needs and health concerns were discussed since it wasn't feasible to apply significant resources to each and every area of need. To determine which health concerns are priorities, the CHA team and community partners reviewed outcomes and findings from the CHA Surveys and utilized an objective approach to estimate which areas of need are of greatest concern. The process and associated results are as follows:

Prioritization Process

The team highlighted key factors and conditions that will have a great impact on the health of the community from each section of the CHA Survey. Those sections included the following:

- Quality of Life
- Community Improvement
- Health Information
- Personal Health
- Access to Care/Family Health
- Emergency Preparedness
- Demographic Questions
- Interviews/Community Feedback.

Examining the analyses and findings from those sections and based upon our community survey and review of secondary data, the CHA team shortened the list by rankings. Participants were given a list of health concerns identified, and asked to rank them again as to what problem they wanted to see changed first, second, etc. Participants were given a health problem work sheet with a short summary of the data findings and the criteria for the rating the health problems: (1) Magnitude, (2) Seriousness of the Consequences, (3) Feasibility of Correcting, (4) Community and Financial Resources and (5) Existing Partnerships. To start the prioritizing process, a brief summary of the assessment findings was presented to the advisory groups and community members. The participants were asked to score each problem one to ten with ten being the highest. The scores were tallied and the health problem with the highest number was selected by descending order. The following health problems were selected during the first ranking:

- Heart Disease (*1st leading cause of death*)
- Cancer (*2nd leading cause of death*)
- Diabetes (*5th leading cause of death*)

- Stroke (*4th leading cause of death*)
- Obesity
- Chronic Respiratory Disease (*3rd leading cause of death*)
- Fitness and Nutrition
- Substance Abuse
- Sexually Transmitted Infections (STIs) and AIDS
- Adolescent unwanted pregnancy

Results

At the conclusion of the prioritization process, the CHA team identified three health needs as the key areas for action.

- Chronic diseases including: Heart Disease, Cancer, Diabetes/Obesity
- Sexually Transmitted Infections (STIs) and AIDS
- Adolescent unwanted pregnancy

Next Steps:

Distribution Plan

A final copy of the CHA document will be forwarded to the NC Community Health Assessment, Local Technical Assistance and Training Branch. Copies of the final CHA report will be distributed to the following:

- Health Director, Leadership and Senior Management Team
- The Board of Health
- County Manager
- Advisory Committee
- CHA Work Group
- Cumberland County Main Library
- Internet (the complete CHA report will be posted on the Cumberland County Health Department website)
- Media (A press release of the CHA findings will be sent to the local media, and the website will be listed to get a copy of the full CHA report)

Early in 2017, the CHA work group will begin work on action plans to address health problems that were selected.

APPENDIX A

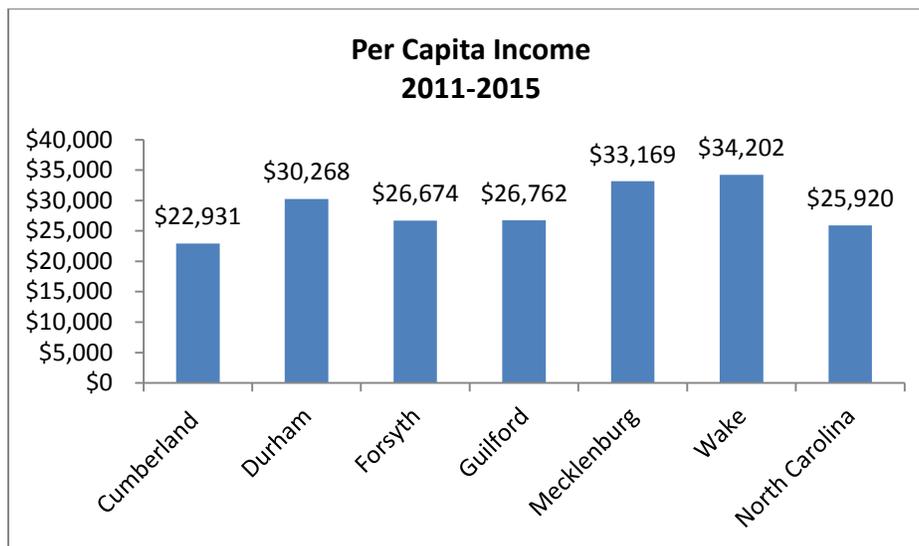
Population Demographics, 2015

<http://www.census.gov/quickfacts-2015>

Per Capita Income 2011-2015

Cumberland	\$22,888
Durham	\$27,988
Forsyth	\$26,424
Guilford	\$26,644
Mecklenburg	\$32,506
Wake	\$33,161
North Carolina	\$25,256

Indicator	Cumberland County	North Carolina
Total Population	323,88	10,042,802
Female (%)	51.1%	51.3%
Male (%)	48.9%	48.7%
Under 5 Years Old (%)	8.2%	6.0%
Under 18 years Old (%)	25.6%	22.8%
65 Years and Older (%)	11.3%	15.1%
White, Non-Hispanic (%)	44.6%	63.8%
African American (%)	37.9%	22.1%
Hispanic/Latino (%)	11.3%	9.1%

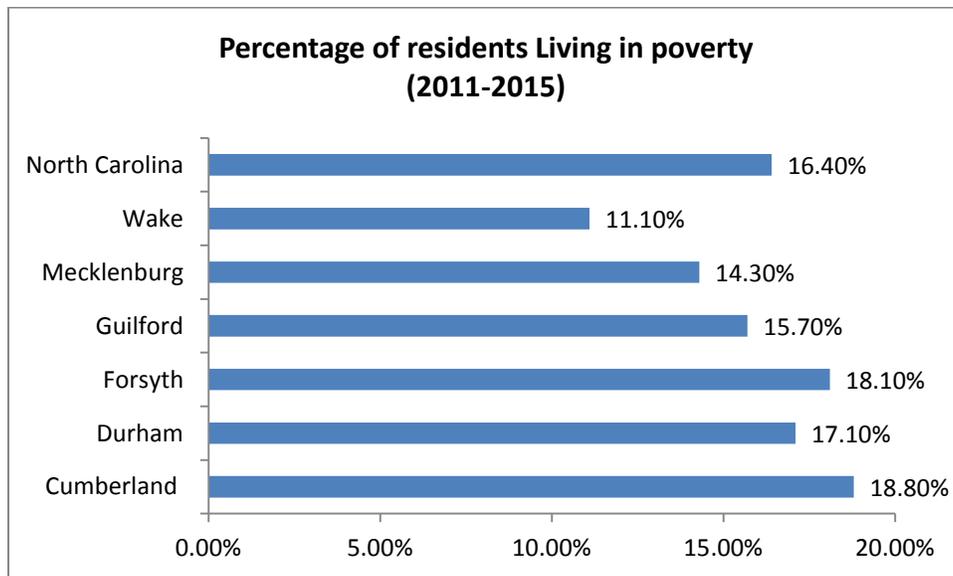


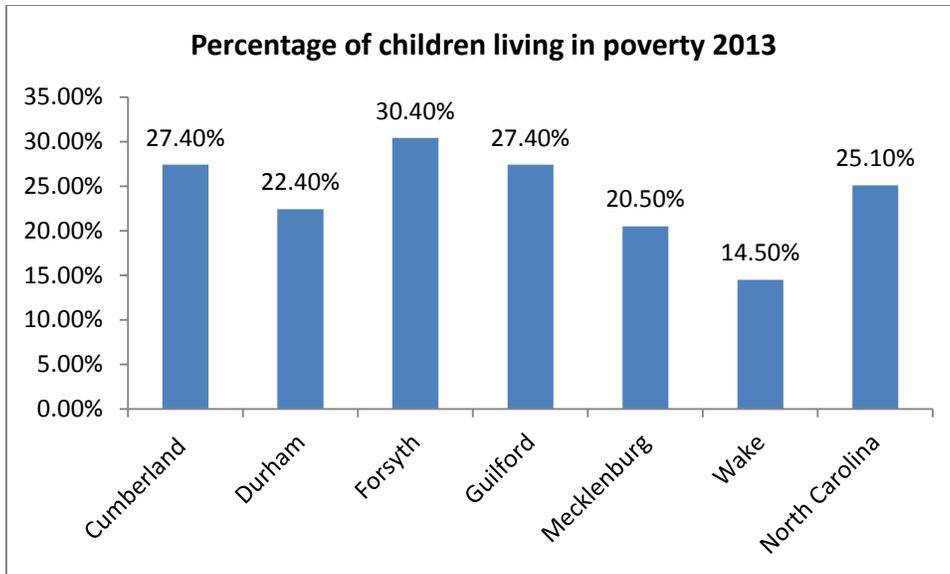
Appendices A-2

Poverty Rates

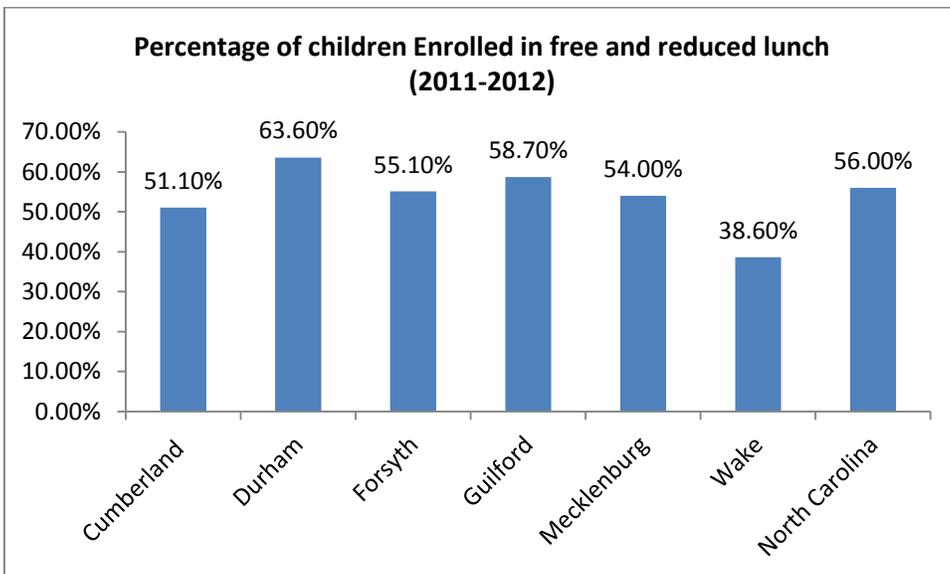
2011-2015

	Percentage of Residents Living in poverty (2011-2015)	Percentage of children living in poverty (2013)
Cumberland	18.8%	27.4% (22,818 children)
Durham	17.1%	22.4% (13,990 children)
Forsyth	18.1%	30.4% (25,757 children)
Guilford	15.7%	27.4% (31,208 children)
Mecklenburg	14.3%	20.5% (49,559 children)
Wake	11.1%	14.5% (35,170 children)
North Carolina	16.4%	25.1% (63,572 children)





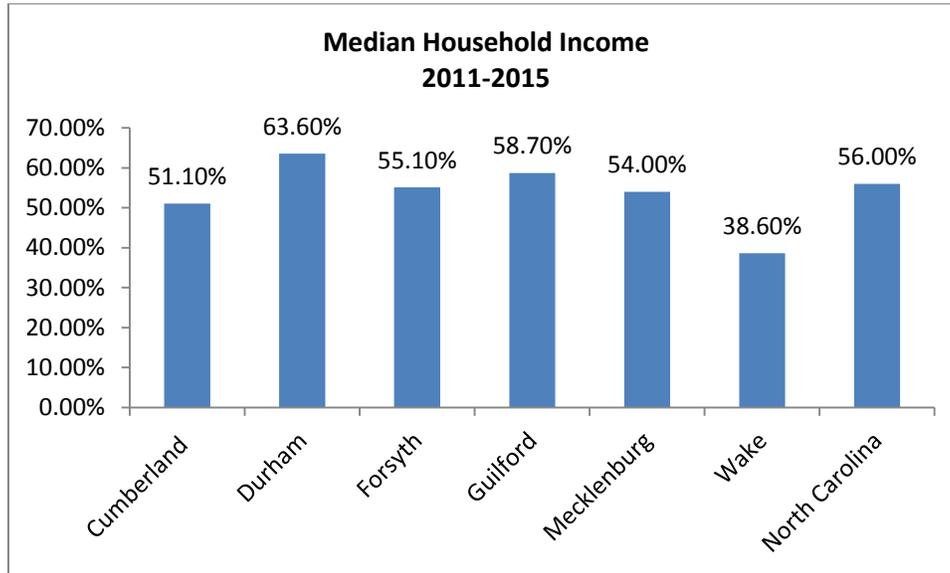
	Percentage of children Enrolled in free and reduced lunch (2011-2012)
Cumberland	51.1%
Durham	63.6%
Forsyth	55.1%
Guilford	58.7%
Mecklenburg	54.0%
Wake	38.6%
North Carolina	56.0%



**Median Household Income (in 2015 dollars)
2011-2015**

	Median Household Income
Cumberland	51.1%
Durham	63.6%
Forsyth	55.1%
Guilford	58.7%
Mecklenburg	54.0%
Wake	38.6%
North Carolina	56.0%

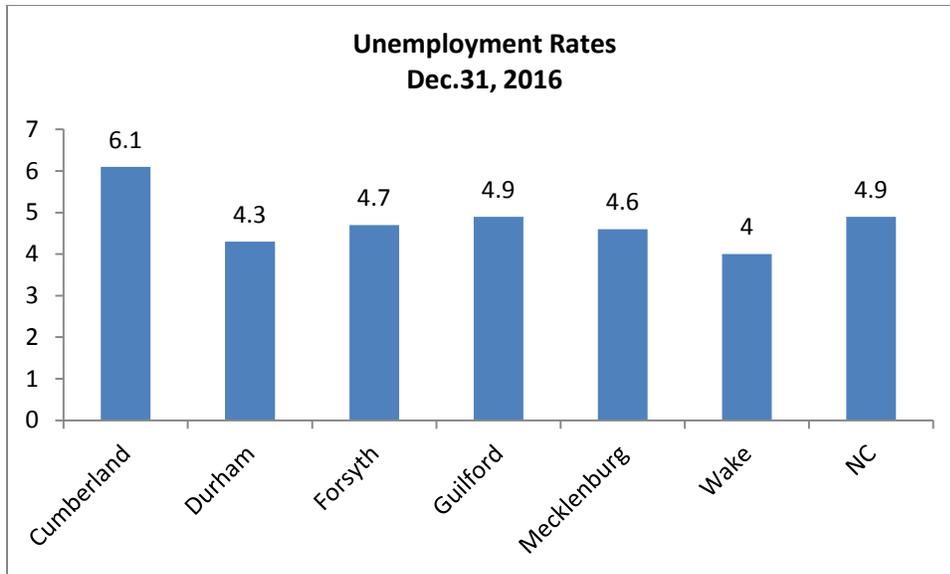
<http://www.census.gov/quickfacts-2-15>; 2011-2015



Work force as of December 31, 2016

	Cumberland	Durham	Forsyth	Guilford	Mecklenburg	Wake	NC
Labor Force	130,206	163,447	183,070	265,041	584,679	565,601	4,901,041
Employed	122,246	150,492	174,536	252,053	557,884	542,717	4,661,550
Unemployed	7,960	6,955	8,534	12,988	26,795	22,884	239,491
Unemployment Rate	6.1	4.3	4.7	4.9	4.6	4.0	4.9

<http://www.d4ncommercecom/LausSelection.aspx> -updated on 2-16-16



Housing Units-As of July, 1, 2015

2011-2015	Cumberland	Durham	Forsyth	Guilford	Mecklenburg	Wake	North Carolina
Total housing units	144,426	130,230	161,895	225,123	427,826	411,435	4,490,948
Owner-occupied housing units	52.6%	53.7%	62.1%	59.6%	57.5%	64.2%	65.1%
Median Gross Rent	\$869	\$895	\$732	\$771	\$938	\$948	\$797

<http://www.census.gov/quickfacts-2015>; 2011-2015

SAT Scores- 2016

	Scores	Number of Students Tested	Percentage of Students Tested
Cumberland	1397	1345	40.2%
Durham	1387	1164	54.5%
Forsyth	1470	1902	52.3%
Guilford	1446	3324	64.1%
Mecklenburg	1475	4872	53.6%
Wake	1570	6360	62.0%
North Carolina	1485	54,663	58.2%

<http://www.ncpublicschools.org/docs/accountability/reporting/sat/2016/satreport2016.pdf>

Appendices A-3

Educational Attainment (25 years and older)

2011-2015

	High School Diploma or Higher	Bachelor's Degree or Higher
Cumberland	90.0%	23.3%
Durham	87.5%	45.8%
Forsyth	87.3%	32.9%
Guilford	88.2%	34.1%
Mecklenburg	89.4%	42.3%
Wake	91.9%	49.0%
North Carolina	85.8%	28.4%

<http://www.census.gov/quickfacts-2015>; 2011-2015

**4-Year Cohort Graduation Rate Report
2009-10 Entering 9th Graders Graduating in 2012-13 or Earlier**

**Cumberland County Schools
LEA Code: 260**

Subgroup	Denominator	Numerator	Percent
All Students	3864	3157	81.7
Male	1942	1495	77.0
Female	1922	1662	86.5
American Indian	72	52	72.2
Asian	66	61	92.4
Black	1832	1465	80.0
Hispanic	389	329	84.6
Two or More Races	176	149	84.7
White	1316	1091	82.9
Economically Disadvantaged	1893	1451	76.7
Limited English Proficient	26	16	61.5
Students With Disabilities	443	242	54.6

<http://accrpt.ncpublicschools.org/app/2013/cgr/>

Appendix-A-4

**Statewide and Selected County Crime Index Rates per 100,000 Persons
2015**

Counties/State	Year	Index Crime Rate	Violent Crime Rate	Property Crime Rate
Cumberland	2015	5,105.9	553.6	4,552.3
Durham	2015	4,923.4	785.0	4,138.4
Forsyth	2015	5,131.6	597.2	4,534.4
Guilford	2015	3,498.4	484.4	3,014.0
Mecklenburg	2015	4,277.3	614.0	3,663.4
Wake	2015	2,236.8	246.5	1,990.3
State	2015	3,169.3	355.8	2,813.5

<http://crimereporting.ncdoj.gov/Introduction.aspx>

Index Crime Rates: During the period 2015, Cumberland County’s index crime rate was higher than the State and Durham, Guilford, Mecklenburg and Wake counties.

Violent Crime Rates: During the period 2015, Cumberland County’s violent crime rate was higher than the State and peer counties Guilford and Wake.

Property Crime Rates: During the period 2015, Cumberland County’s property crime rate was higher than the State and peer counties.

OFFENSE DEFINITIONS

The Crime Index includes the total number of murders, rapes, robberies, aggravated assaults, burglaries, larcenies, and motor vehicle thefts.

While arson is considered an Index Crime, the number of arsons is not included in the Crime Index tables.

Violent Crime includes the offenses of murder, rape and robbery.

Property Crime includes the offenses of burglary, larceny, and motor vehicle theft.

NOTE: Information in this report represents data submitted by law enforcement agencies to the Uniform Crime Reporting Program (www.ncdoj.gov/about-doj/state-bureau-of-investigation.aspx).

Appendix-A-5

**2014 North Carolina Childhood Blood Lead
Ages 1 and 2 years tested for Lead Poisoning**

County	Target population*	Number Tested	Percent Tested	Lead ≥ 5	Percent ≥ 5
Cumberland	11,225	4,117	61.9	68	1.7
Durham	8,513	3,995	46.9	25	0.6
Forsyth	9,146	5,902	64.5	68	1.2
Guilford	12,333	8,749	70.9	113	1.3
Mecklenburg	27,668	8,097	29.3	108	1.3
Wake	24,748	10,536	42.6	82	0.8
NC	238,750	122,481	51.3	1,643	1.3

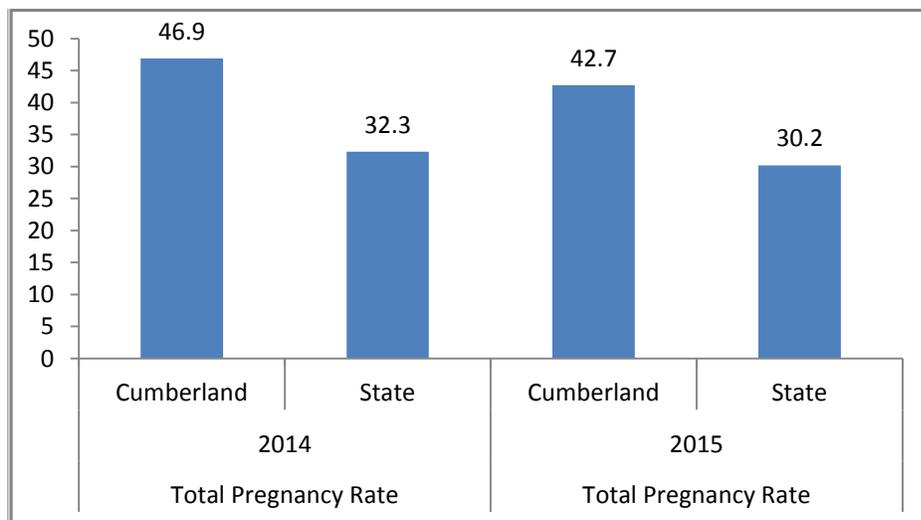
<http://ehs.ncpublivhealth.com/hhccehb/cehu/lead>

Appendices-A-6

2015 PREGNANCY RATES PER 1,000 POPULATIONS FOR GIRLS 15-19

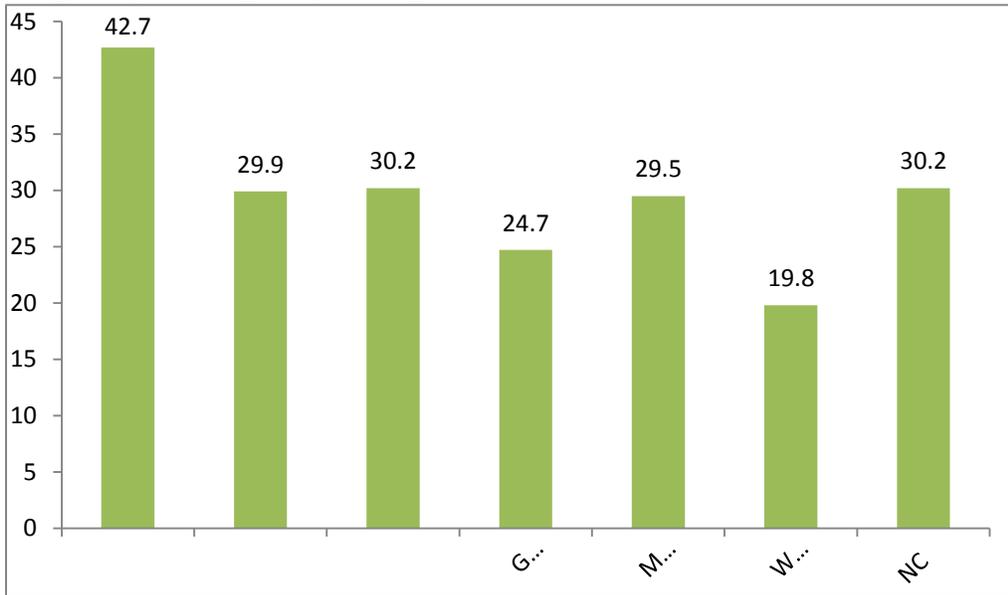
Residence	Total Pregnancies	Rate	White	Rate	African-American	Rate	Am. Ind. (Non-Hispanic)	Rate	Other Non-Hispanic	Rate	Hispanic	Rate
North Carolina	9,802	30.2	3,982	21.3	3,500	41.1	224	49.1	174	17.5	1,868	49.1
Cumberland	444	42.7	139	36.8	233	48.6	12	*	10	*	49	37.4
Durham	278	29.9	17	*	155	32.9	0	*	3	*	103	74.0
Forsyth	396	30.2	101	15.9	157	37.3	1	*	6	*	129	61.0
Guilford	477	24.7	110	12.9	265	33.1	3	*	24	24.9	73	42.5
Mecklenburg	976	29.5	126	9.5	517	40.5	4	*	45	30.1	270	53.8
Wake	694	19.8	152	7.7	324	36.6	3	*	13	*	196	45.7

When comparing the year 2015 to 2014 the total pregnancy rate among this age group decreased by 9.0% in Cumberland County and decreased by 6.5% in the State. (See Chart below).



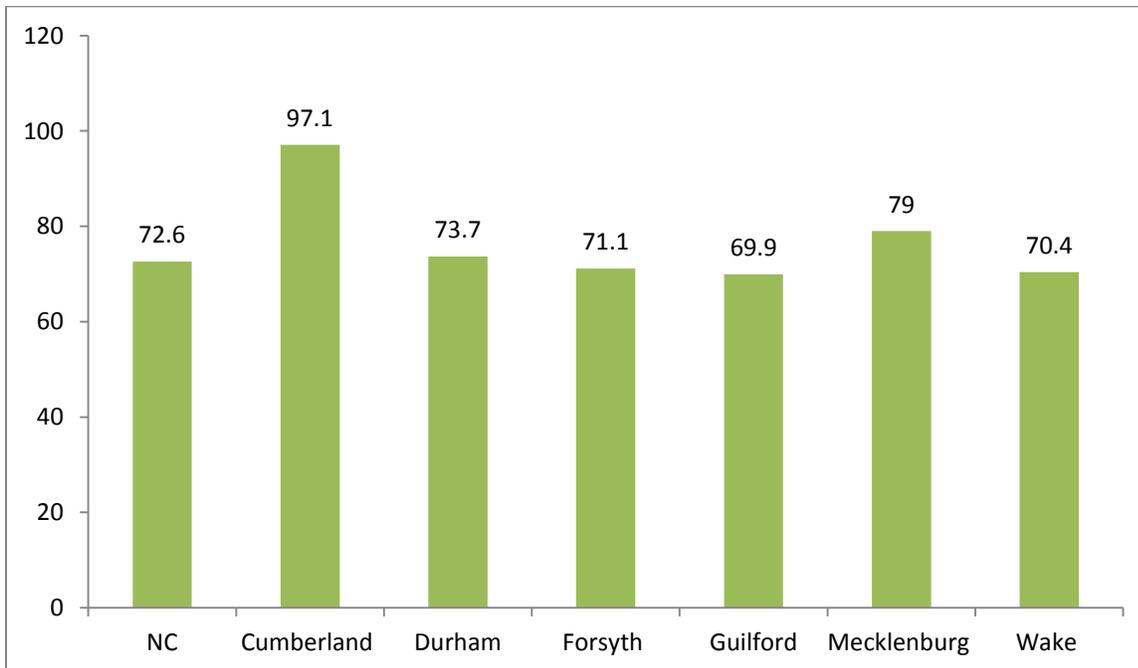
<http://www.schs.state.nc.us/data/vital/pregnancies/2015/>

Pregnancy Rates per 1,000 Populations for Girls 15-19



<http://www.schs.state.nc.us/data/vital/pregnancies/2015/>

2015 Pregnancy Rates for 1,000 Population: Females ages 15-44



<http://www.schs.state.nc.us/data/vital/pregnancies/2015/>

Live Birth Rates per 1,000 Populations, 2011-2015

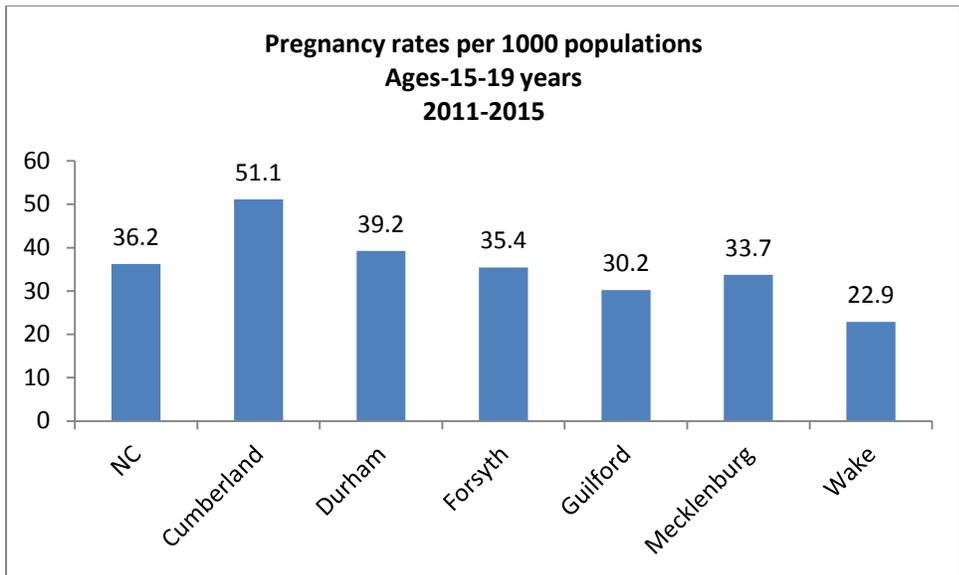
Residence	Total	Rate	White	Rate	African-American	Rate	Other (Non-Hispanic)	Rate	Hispanic	Rate
North Carolina	600,927	12.2	335,127	10.4	143,455	13.3	32,809	16.9	89,536	20.6
Cumberland	28,409	17.5	13,289	17.4	9,866	16.2	1,474	19.1	3,780	21.8
Durham	21,478	14.9	8,146	13.2	7,216	13.0	1,452	18.8	4,664	24.1
Forsyth	22,615	12.5	10,541	9.9	6,536	13.8	727	15.3	4,811	21.5
Guilford	30,562	12.1	12,169	9.0	12,172	14.2	2,350	18.2	3,871	20.3
Mecklenburg	70,662	14.3	28,721	11.6	22,550	14.5	6,054	20.7	13,337	21.5
Wake	62,708	12.8	33,452	11.0	14,194	13.8	5,360	16.3	9,702	20.0

<http://www.schs.state.nc.us/data/vital/pregnancies/2015/>

2011-2015- PREGNANCY RATES PER 1,000 POPULATIONS FOR GIRLS 15-19

Residence	Total Pregnancies	Rate	White	Rate	African-American	Rate	Other Race	Rate	Hispanic	Rate
North Carolina	57,752	36.2	23,766	25.6	21,516	50.2	2,157	31.7	10,071	58.2
Cumberland	2,706	51.1	880	45.3	1,380	55.4	127	53.4	301	48.5
Durham	1,794	39.2	145	11.1	1,090	46.5	28	9.5	521	80.8
Forsyth	2,253	35.4	581	18.7	979	46.3	41	20.2	632	67.6
Guilford	2,842	30.2	625	14.7	1,667	42.8	145	29.3	399	51.4
Mecklenburg	5,265	33.7	765	11.9	2,928	47.2	181	23.9	1,345	59.6
Wake	3,820	22.9	858	9.1	1,873	43.5	83	8.4	985	50.0

<http://www.schs.state.nc.us/SCHS/data/databook> -2017



Appendices A-7

Infant Death Rates: 2011-2015

Residence	Total	Rate	White	Rate	African Am.	Rate	Other Race	Rate	Hispanic	Rate
North Carolina	4,325	7.2	1,834	5.5	1,851	12.9	194	5.9	449	5.0
Cumberland	250	8.8	84	6.3	131	13.3	9	*	26	6.9
Durham	151	7.0	32	3.9	100	13.9	3	*	16	*
Forsyth	190	8.4	70	6.6	81	12.4	5	*	34	7.1
Guilford	241	7.9	65	5.3	144	11.8	10	*	22	5.7
Mecklenburg	422	6.0	114	4.0	224	9.9	22	3.6	62	4.6
Wake	373	5.9	135	4.0	173	12.2	21	3.9	44	4.5

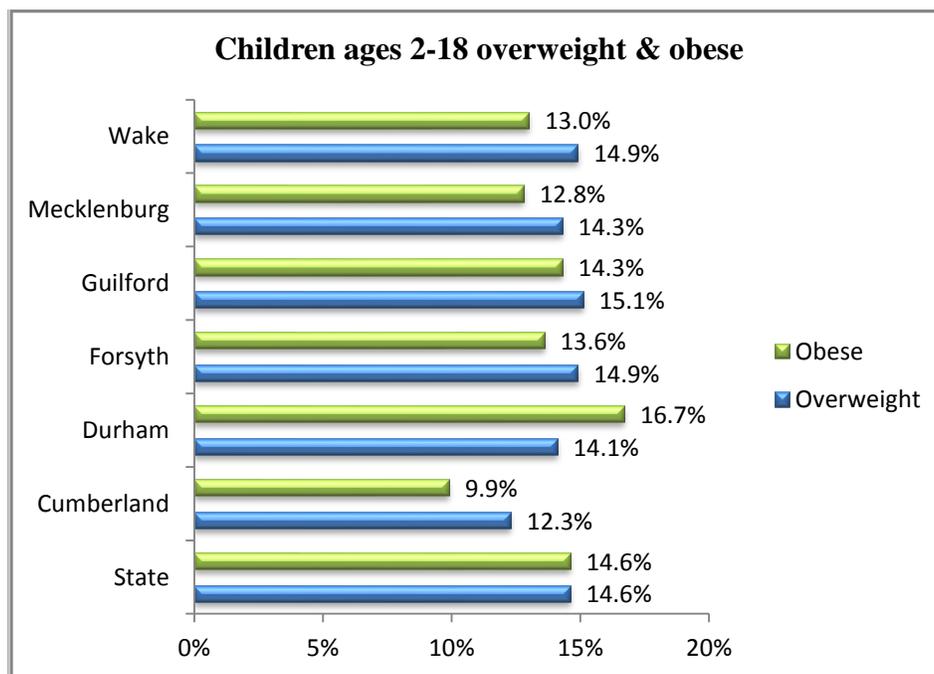
*Rates based on small numbers (Fewer than 20 cases) are unstable and are not reported.

Racial Disparity Ratio Between Whites and African Americans:

Residence	White Rate	African Am. Rate	Disparity Ratio
North Carolina	5.5	12.9	2.35
Cumberland	6.3	13.3	2.11
Durham	3.9	13.9	3.56
Forsyth	6.6	12.4	1.88
Guilford	5.3	11.8	2.23
Mecklenburg	4.0	9.9	2.48
Wake	4.0	12.2	3.05

Source: <http://www.schs.state.nc.us/data/databook/>

Childhood Obesity Ages 2-18



Source: (NC-NESS), 2015 <http://www.eatsmartmovemorenc.com/Data/ChildAndYouthData.html>

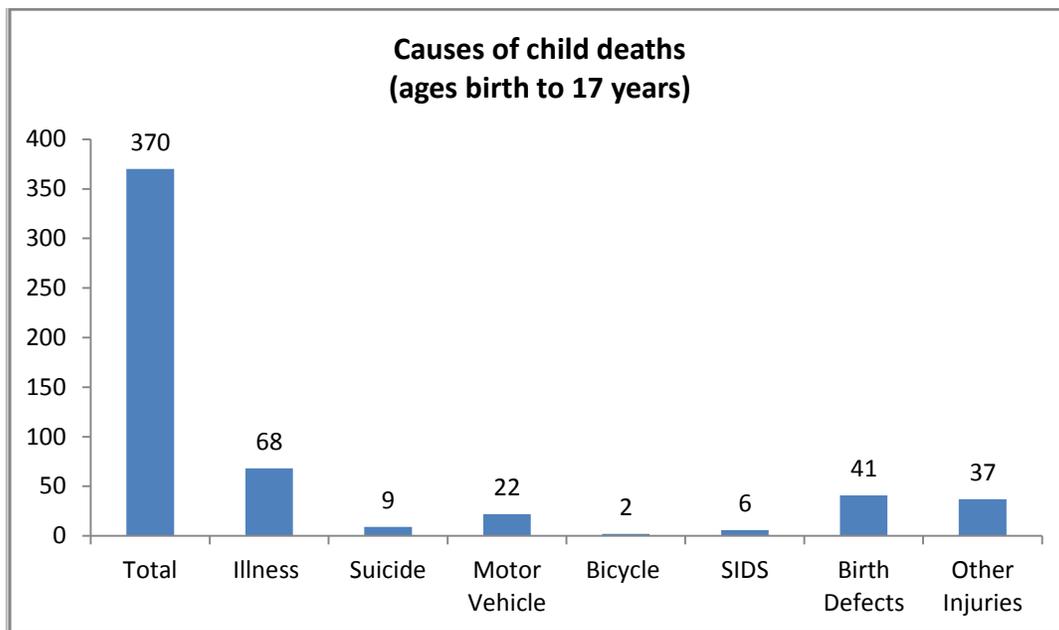
Cumberland County Child Deaths (By Causes) 2011-2015

Cause of Death	Number of Deaths
Birth Defects	41
Perinatal Conditions	149
SIDS	6
Illness	68
Motor Vehicle	22
Bicycle	2
Suffocation/Choking/Strangulation	6
Drowning	8

Other Injuries	9
Homicide	12
Suicide	9
Poisoning	1
All Others	37
Total	370

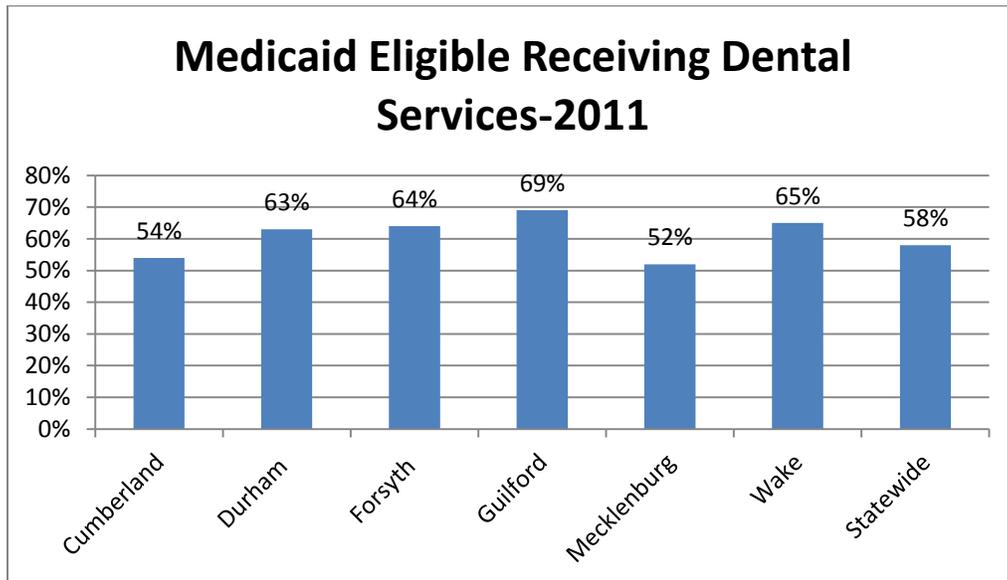
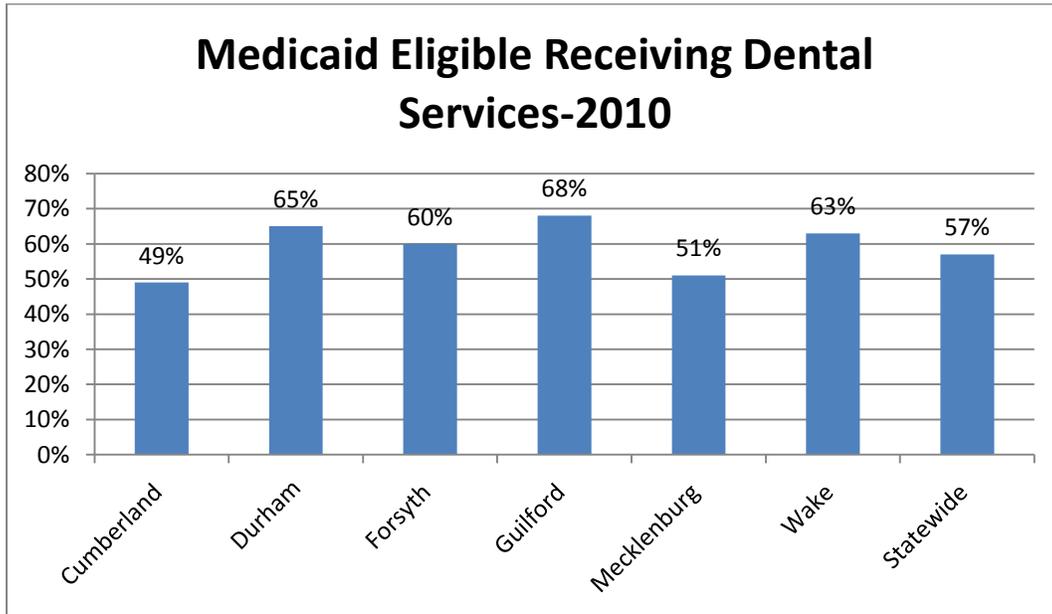
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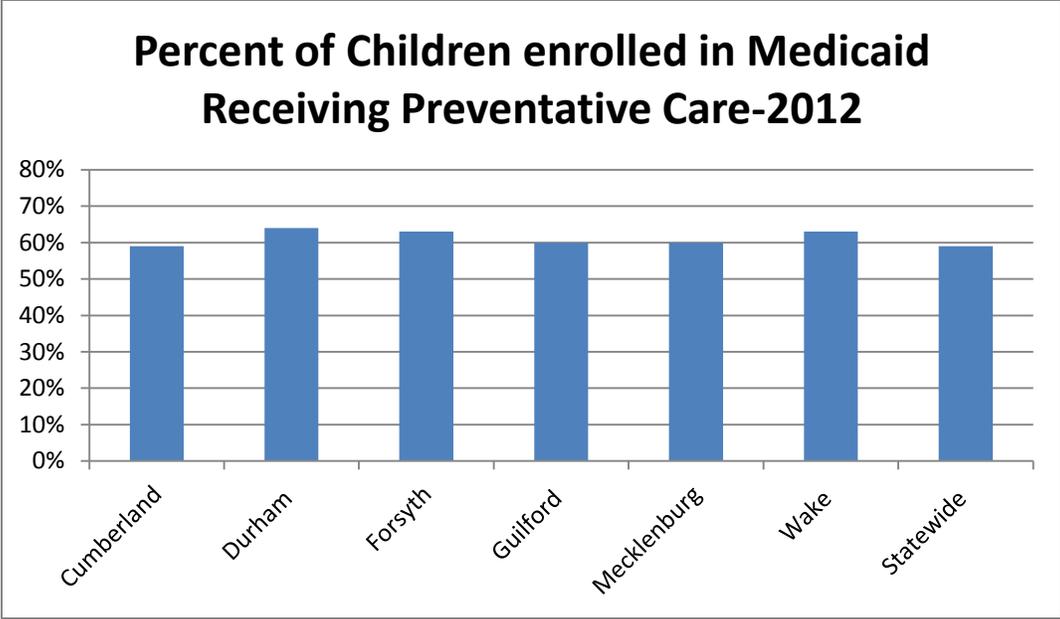
Causes of child deaths (ages birth to 17 years)



Source: <http://www.schs.state.nc.us/data/vital/cd/2015/>

Dental Health (Medicaid Eligible Receiving Dental Services)

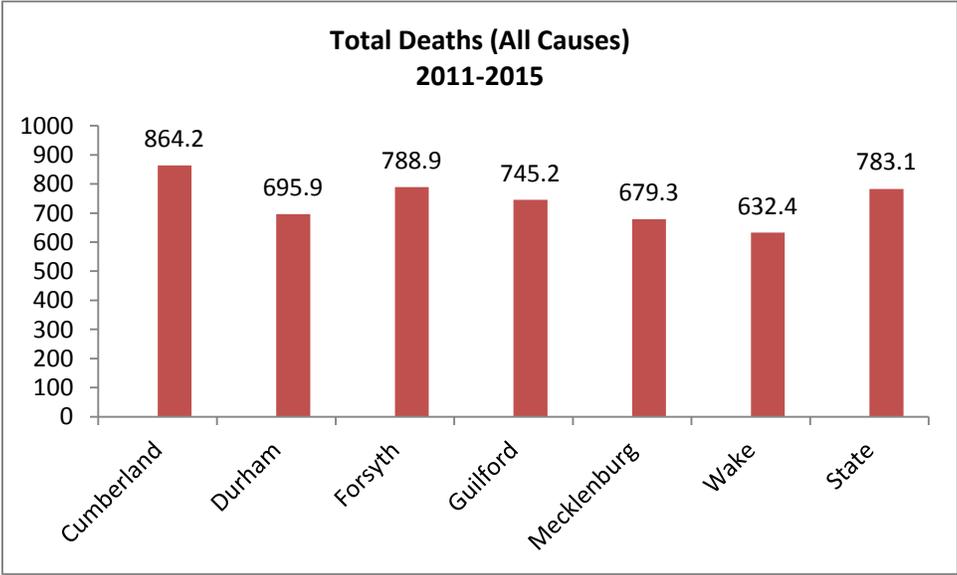




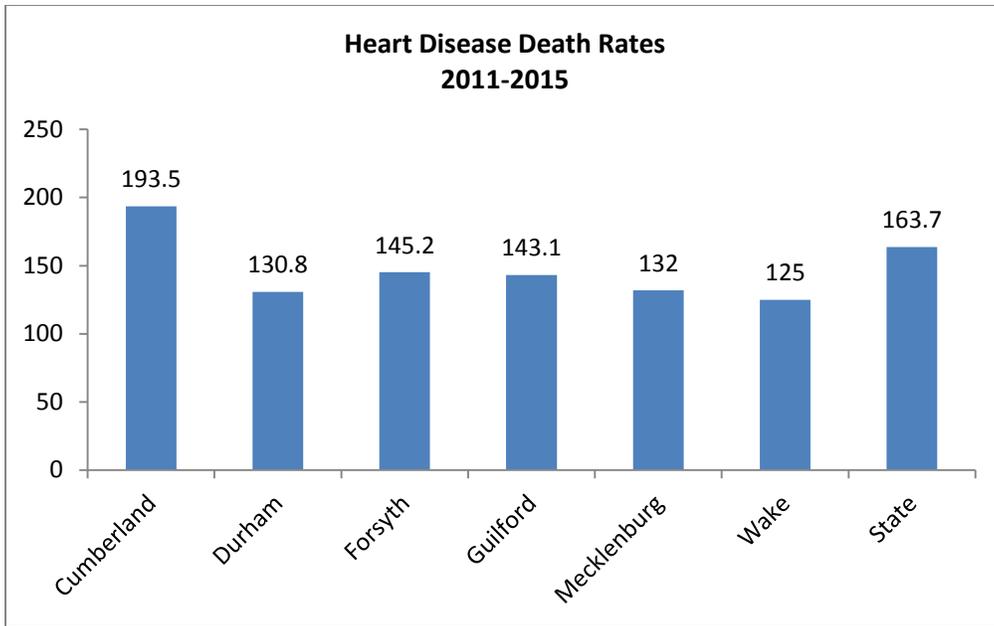
Source: <http://www.ncchild.org/what-we-do/data/kids-count-data-center/>

Appendices A-8

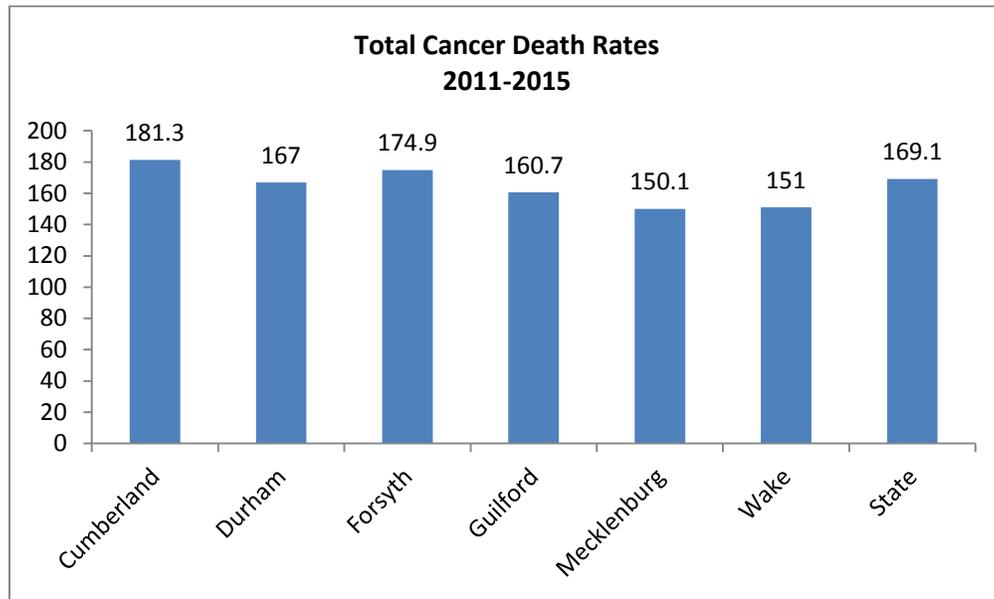
Mortality



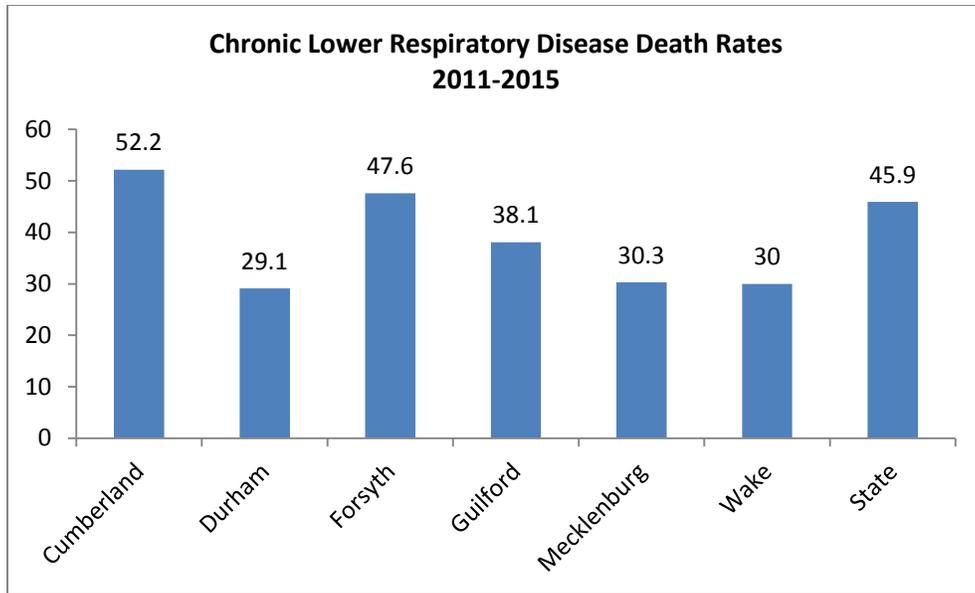
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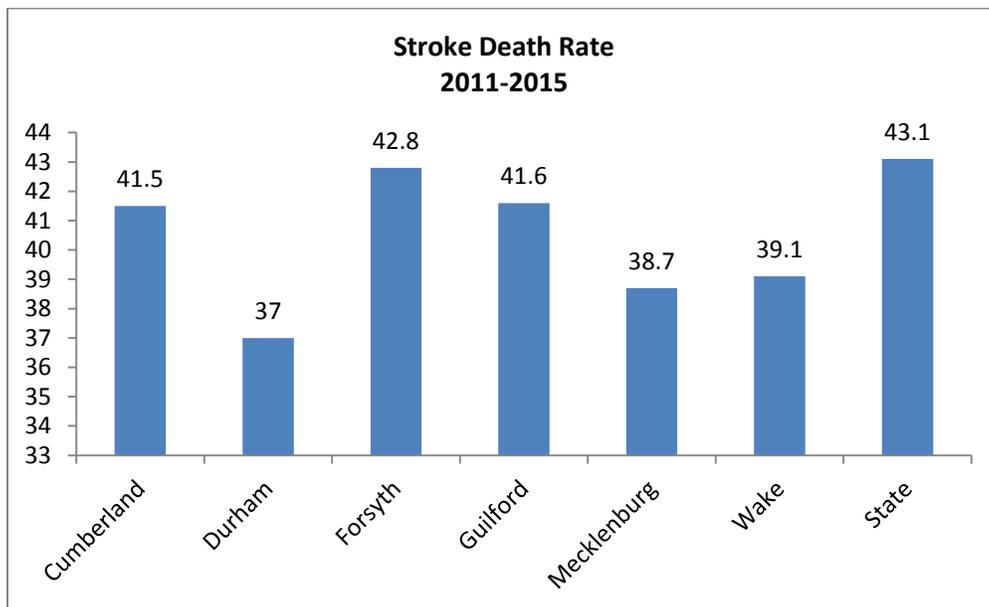
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Source: www.schs.state.nc.us/SCHS/data/databook: 2017

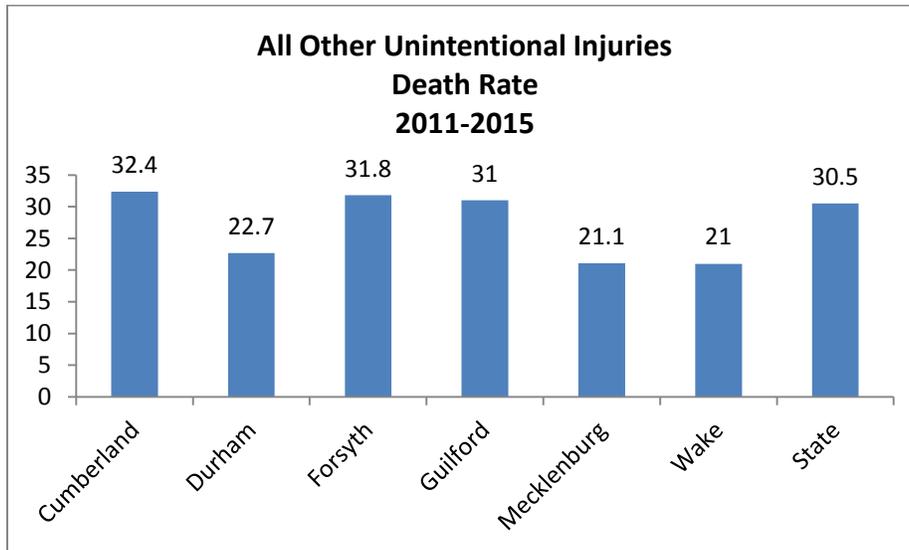


Source: www.schs.state.nc.us/SCHS/data/databook: 2017



Source: www.schs.state.nc.us/SCHS/data/databook: 2017

Residence	Total deaths (all causes)		Diseases of the Heart		Total Cancer		Chronic Lower Respiratory Diseases		Stroke		All Other Unintentional Injuries	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Cumberland	11,845	864	2,588	194	2,567	181	680	52.2	531	41.5	485	32.4
Durham	9,185	696	1,721	131	2,194	167	365	29.1	476	37	317	22.7
Forsyth	15,284	789	2,947	145	3,566	175	954	47.6	868	42.8	612	31.8
Guilford	20,281	745	3,935	143	4,412	161	1,025	38.1	1,138	41.6	820	31
Mecklenburg	27,709	679	5,292	132	6,277	150	1,151	30.3	1,513	38.7	949	21.1
Wake	24,268	632	4,704	125	6,016	151	1,074	30	1,412	39.1	890	21
State	419,137	783	88,076	164	93,838	169	24,773	45.9	22,863	43.1	15,499	30.5



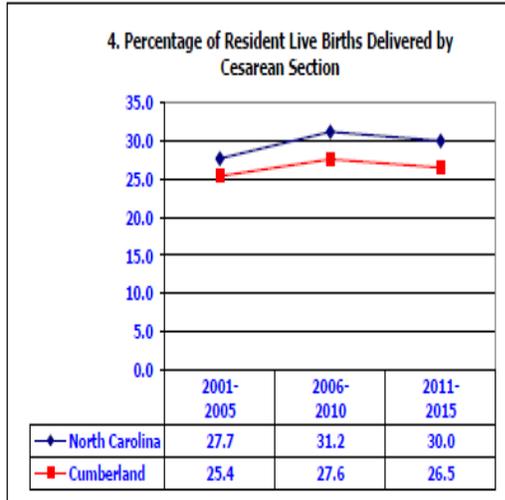
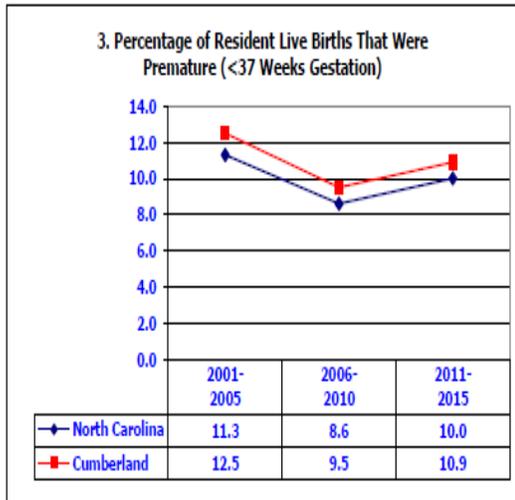
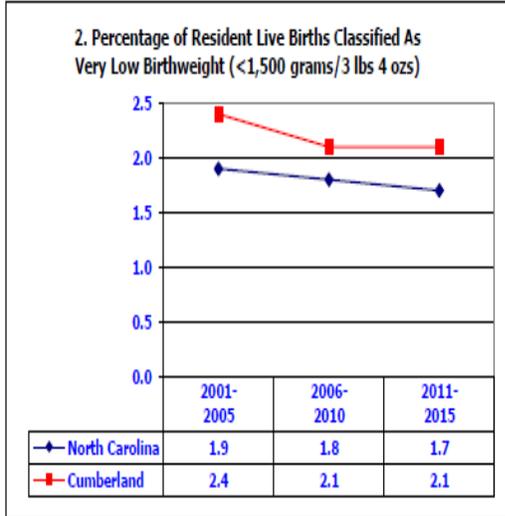
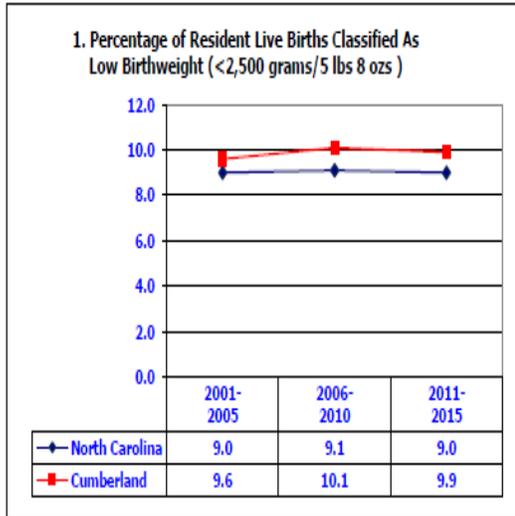
Cumberland County's leading causes of deaths compared from 2011-2015 to 2007-2011

Leading Cause of Death	Cumberland		% differences
	2007-2011	2011-2015	
Heart Disease death rate	206.0	193.5	-6.1%
Cancer-(all sites) death rate	193.4	181.3	-6.3%
Chronic Lower Respiratory Disease death rate	51.8	52.2	0.8%
Stroke death rate	45.8	41.5	-9.4 %
All other unintentional injuries	26.1	32.4	24.1 %

Appendices-A-9

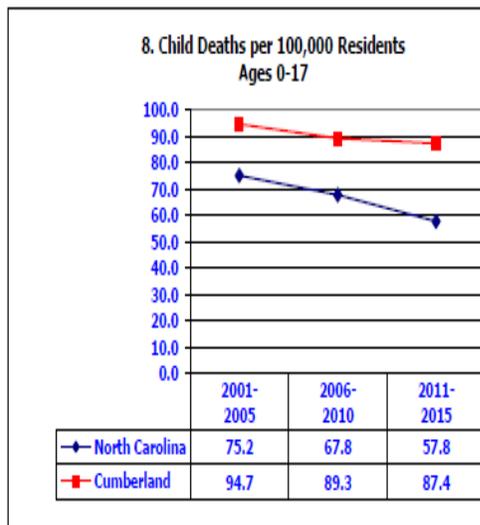
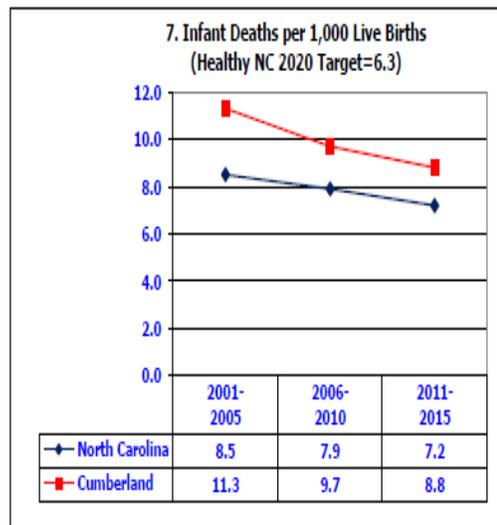
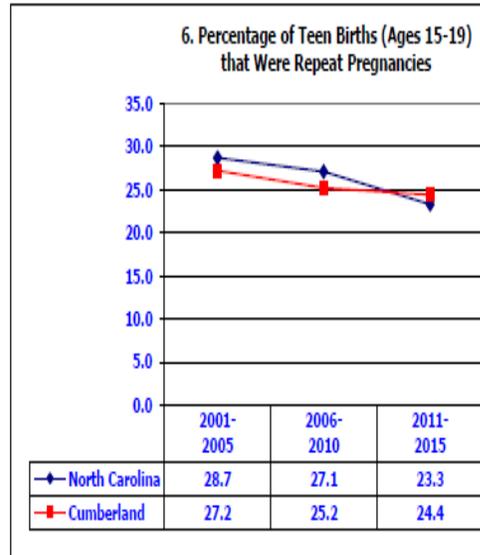
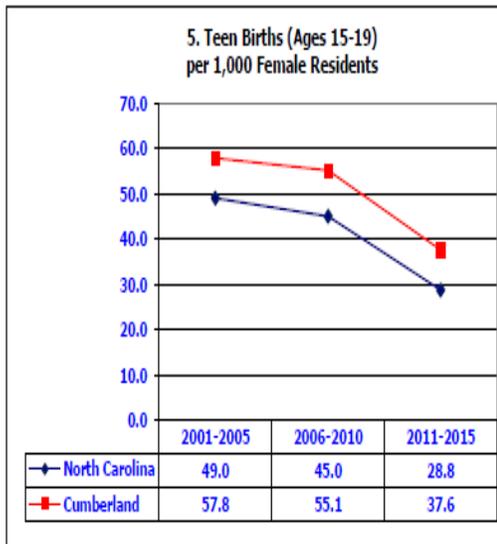
Trends

NORTH CAROLINA STATEWIDE AND COUNTY TRENDS IN KEY HEALTH INDICATORS: CUMBERLAND COUNTY

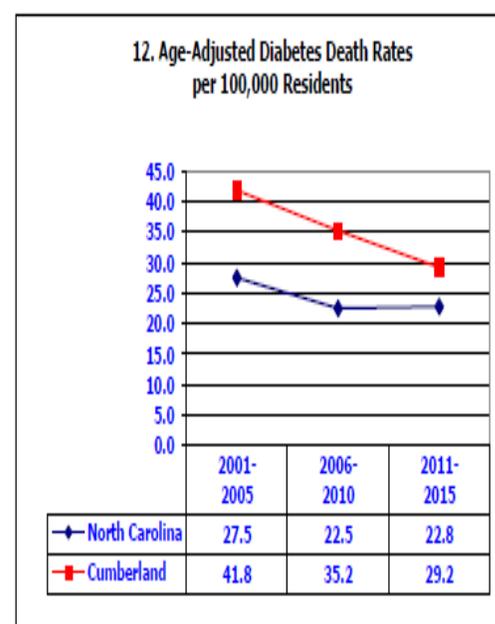
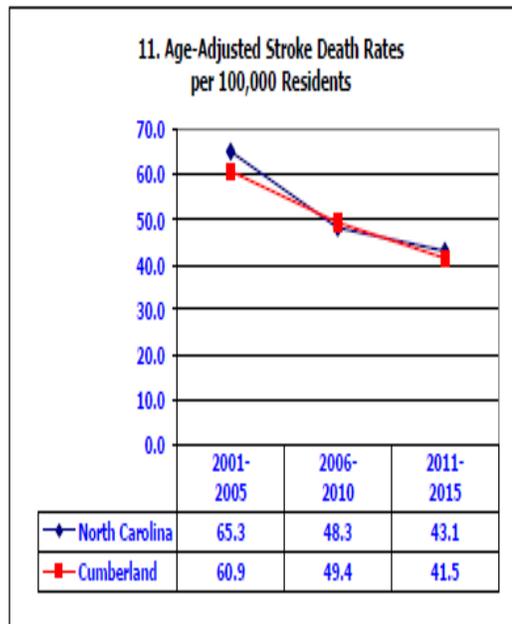
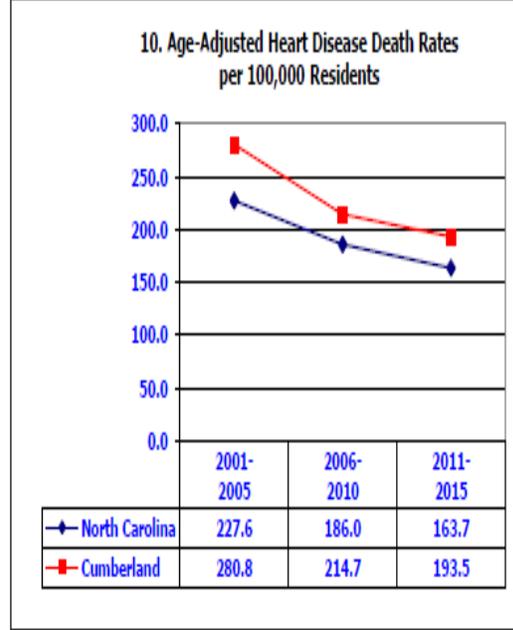
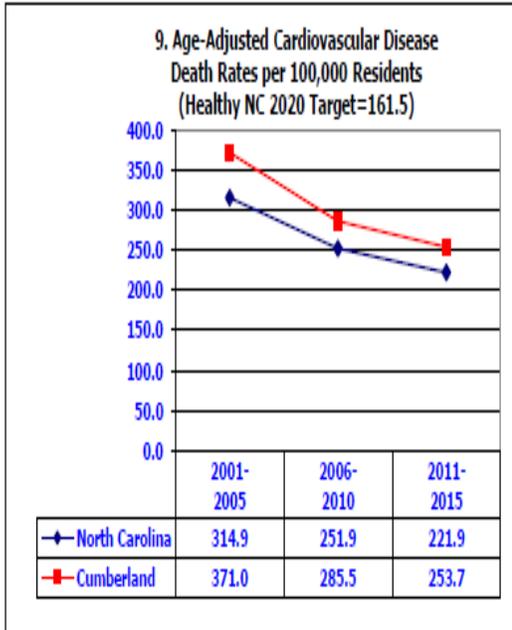


2015 County Population	% Ages 0-17:	% Ages 65+:	% NH White:	% NH Af.Am.:	% NH Other:	% Hispanic:
323,838	25.6%	11.3%	45.9%	38.0%	4.9%	11.3%

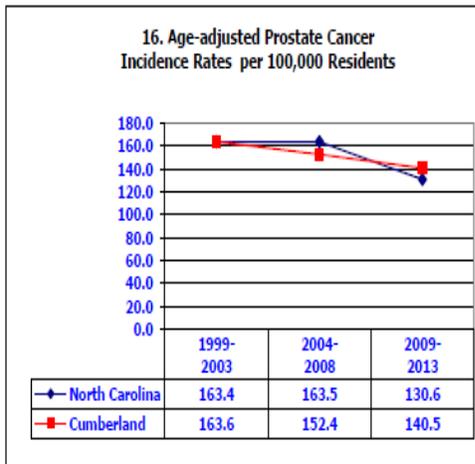
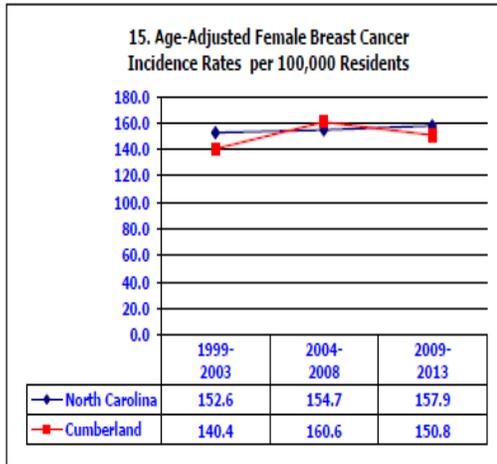
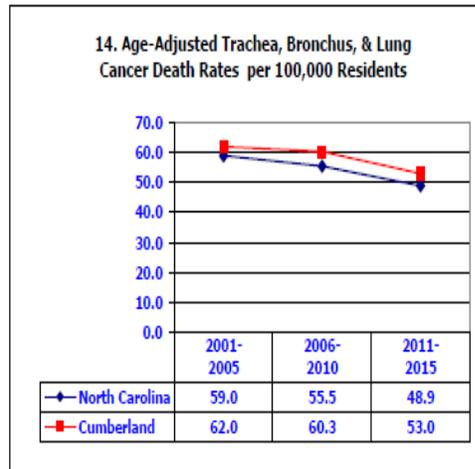
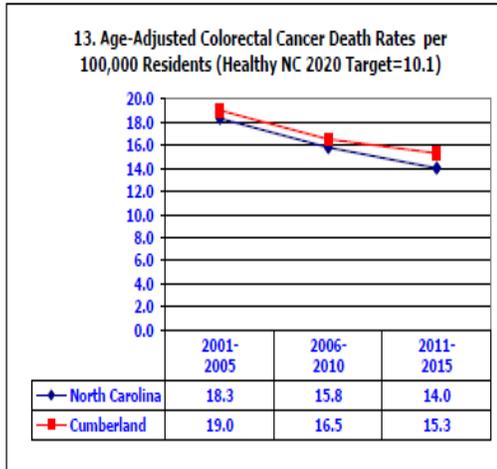
**NORTH CAROLINA STATEWIDE AND COUNTY TRENDS IN KEY HEALTH INDICATORS:
CUMBERLAND COUNTY**



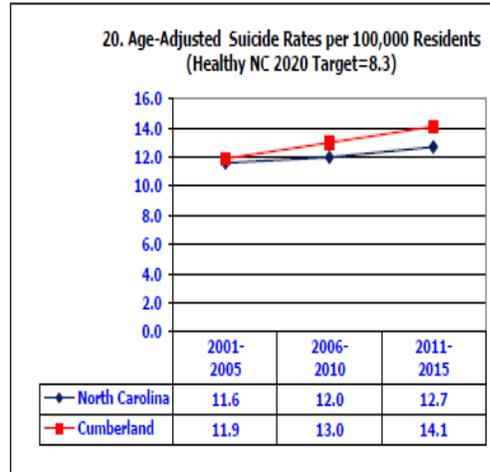
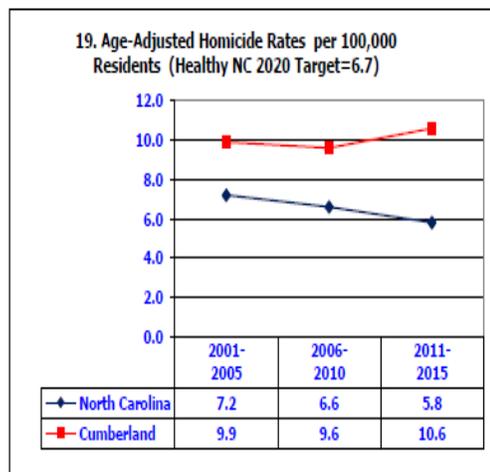
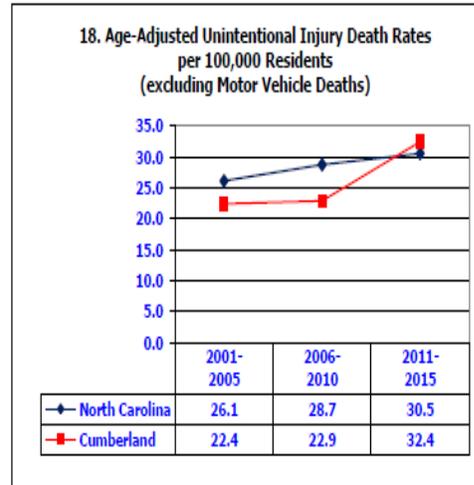
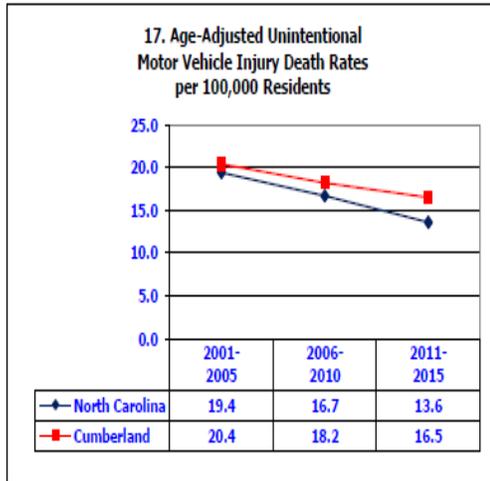
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CUMBERLAND COUNTY**



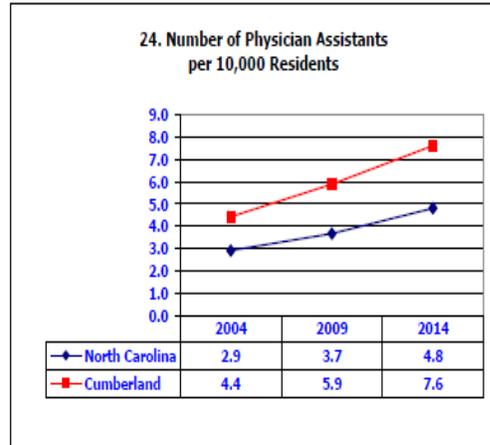
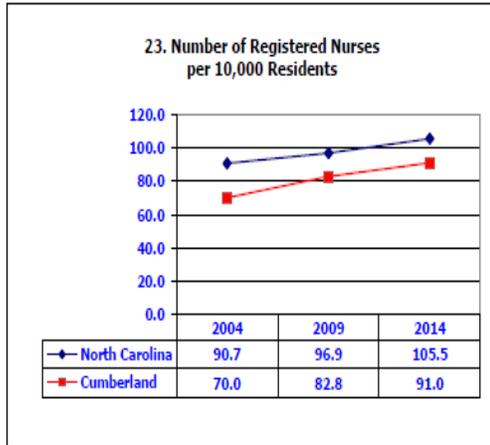
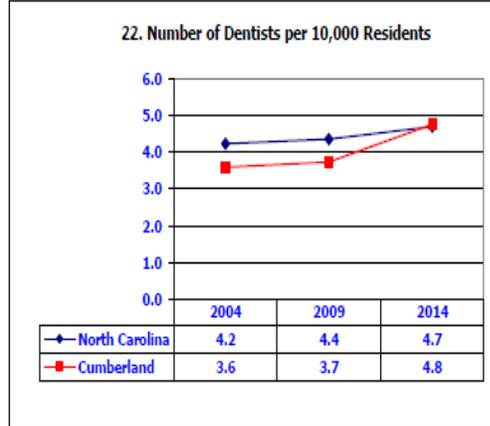
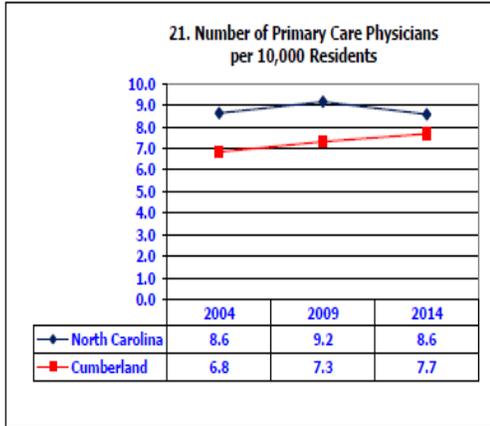
**NORTH CAROLINA STATEWIDE AND COUNTY TRENDS IN KEY HEALTH INDICATORS:
CUMBERLAND COUNTY**



**NORTH CAROLINA STATEWIDE AND COUNTY TRENDS IN KEY HEALTH INDICATORS:
CUMBERLAND COUNTY**



**NORTH CAROLINA STATEWIDE AND COUNTY TRENDS IN KEY HEALTH INDICATORS:
CUMBERLAND COUNTY**

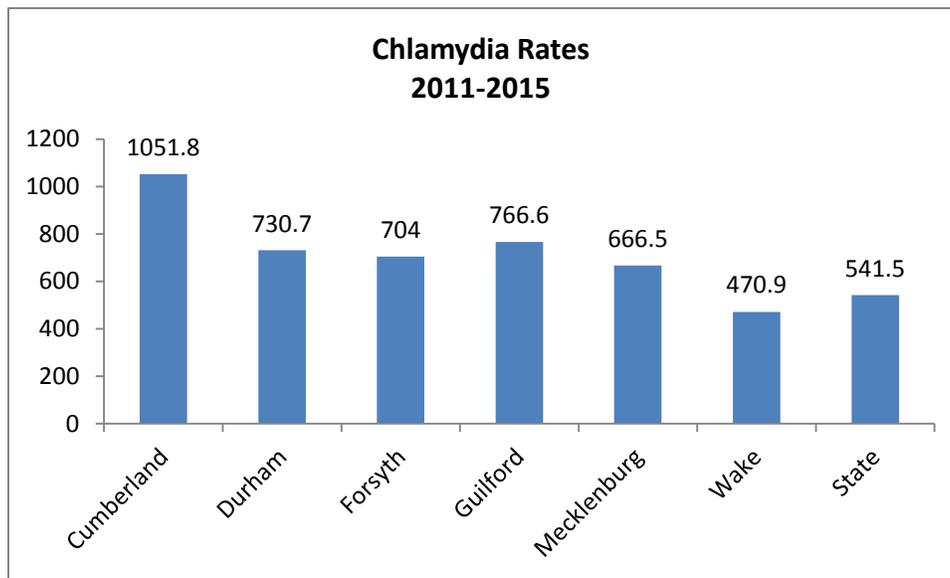


Appendices A-10

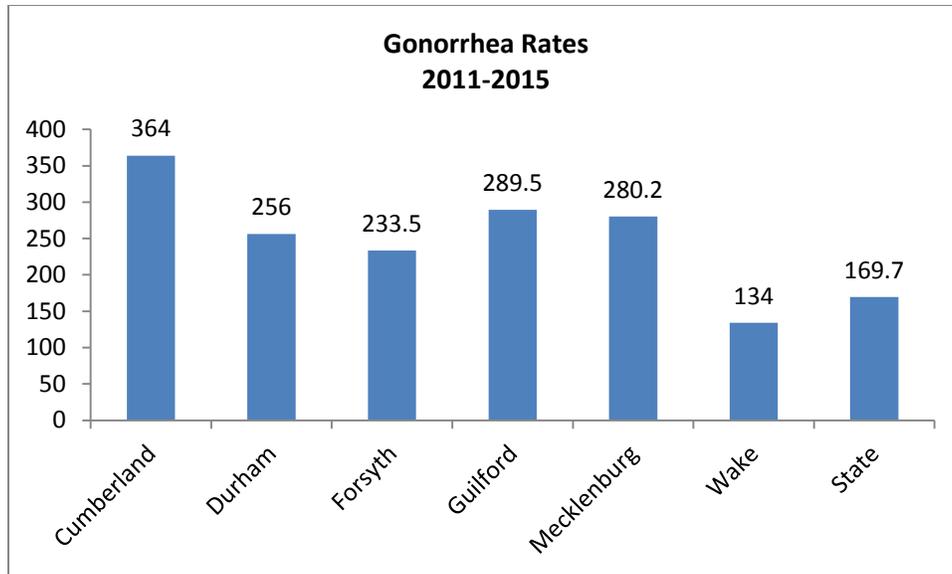
Communicable Disease Rates per 100,000 Populations 2011-2015

Residence	Chlamydia	Gonorrhea	Syphilis	AIDS
Cumberland	1051.8	364.0	9.3	11.7
Durham	730.7	256.0	10.3	11.1
Forsyth	704.0	233.5	7.2	9.4
Guilford	766.6	289.5	9.8	7.7
Mecklenburg	666.5	280.2	11.3	18.3
Wake	470.9	134.0	7.0	7.3
State	541.5	169.7	7.3	7.3

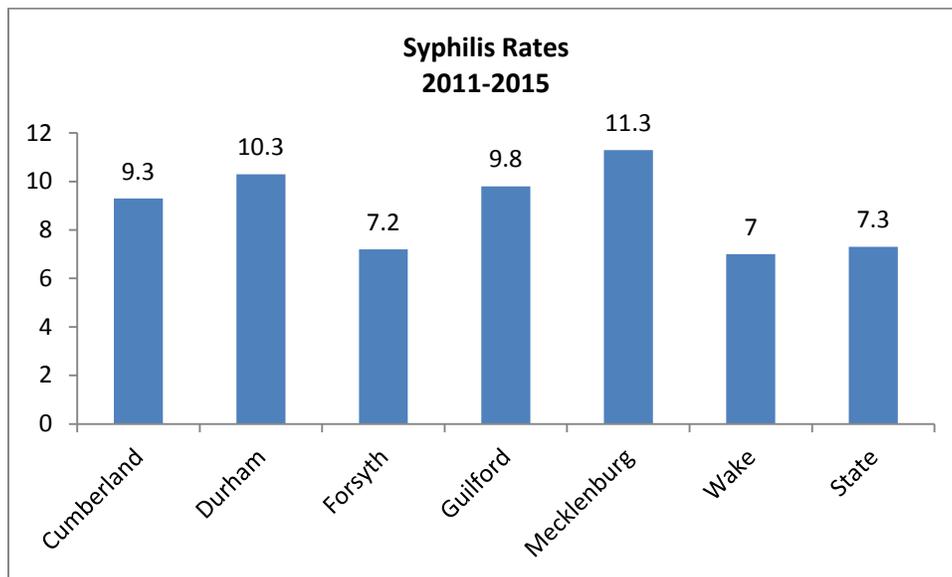
Source: <http://epi.publichealth.nc.gov/cd/stds/figures/std15rpt>



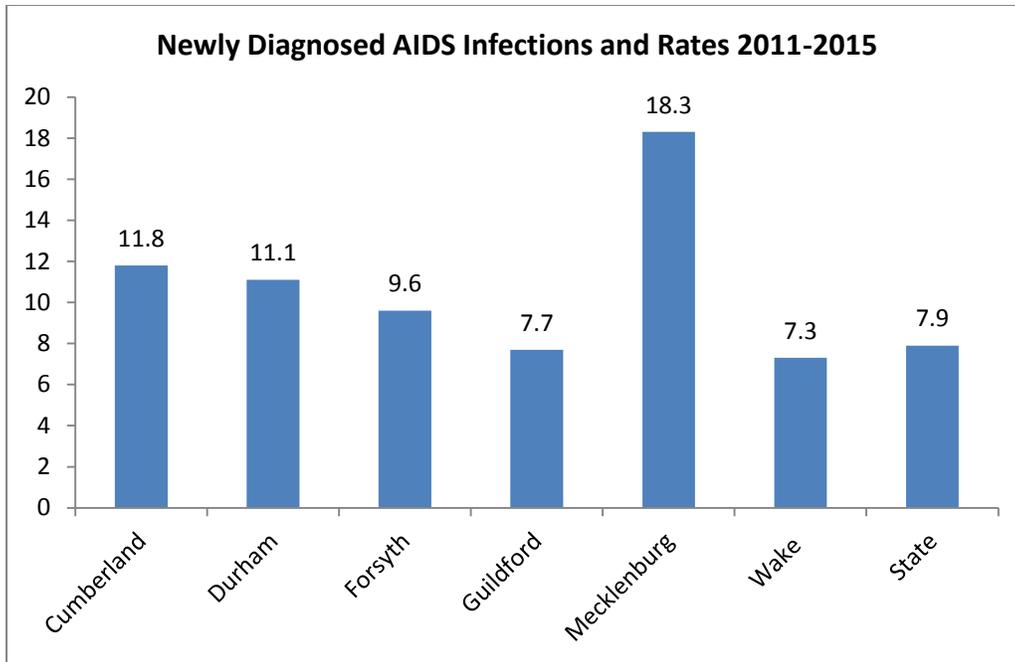
Source: <https://ncedss.ncpublichealth.com/>; HIV/STD Surveillance Unit- Communicable Disease Branch



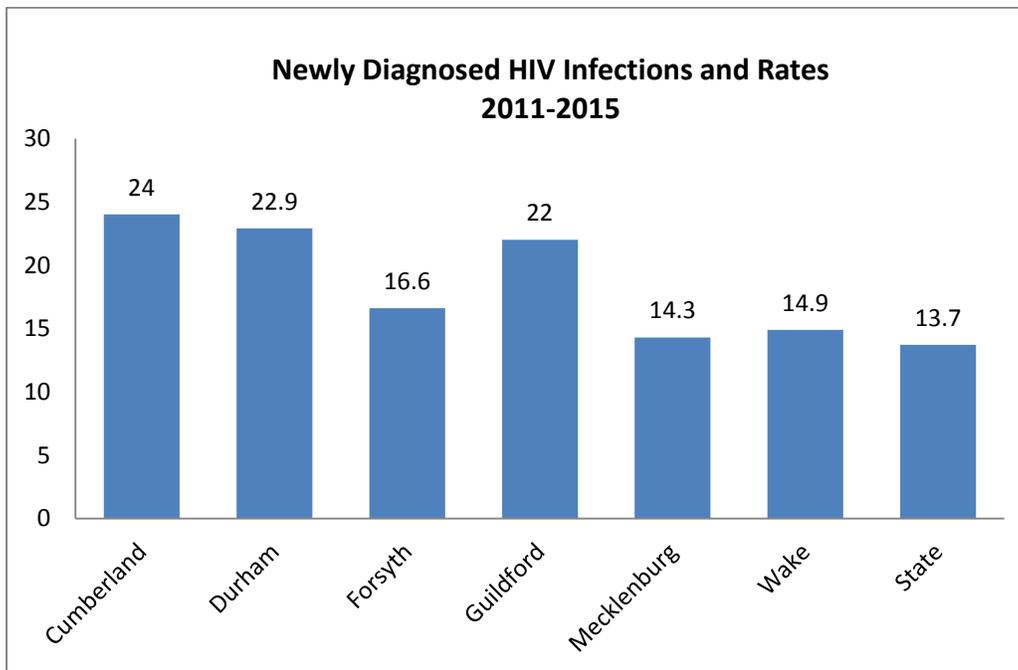
Source: <https://ncedss.ncpublichealth.com/>; HIV/STD Surveillance Unit- Communicable Disease Branch



Source: <https://ncedss.ncpublichealth.com/>; HIV/STD Surveillance Unit- Communicable Disease Branch



Source: <https://ncedss.ncpublichealth.com/>; HIV/STD Surveillance Unit- Communicable Disease Branch



Source: <https://ncedss.ncpublichealth.com/>; HIV/STD Surveillance Unit- Communicable Disease Branch

Appendices A-11

SUMMARY OF INPATIENT HOSPITAL DISCHARGE RATE PER 1,000

POPULATIONS FROM 2011-2014 DAYS STAY RATE

	2011	2012	2013	2014
Cumberland	578.5	578.5	564.7	578.5
Durham	427	415.8	416.2	44.7
Forsyth	595.6	555.4	570.5	548.4
Guilford	507	485	468.2	464.3
Mecklenburg	387.7	383	359.9	354.7
Wake	370	361.7	365.2	362.6
North Carolina	489.8	479.4	474.2	470.2

DISCHARGE RATE

	2011	2012	2013	2014
Cumberland	95.7	97.4	95	97.2
Durham	86.7	82.9	81	80.7
Forsyth	110	106.7	106.8	103.8
Guilford	103.9	99.2	96.3	96.8
Mecklenburg	78.8	78.6	76.4	76.1
Wake	76	74.1	71.6	70
North Carolina	100.3	98.3	95.6	94

AVERAGE CHARGE PER CASE

	2011	2012	2013	2014
Cumberland	\$37,818	\$39,691	\$44,307	\$42,830
Durham	\$31,706	\$33,228	\$39,825	\$39,525
Forsyth	\$25,731	\$26,329	\$29,986	\$30,367
Guilford	\$21,810	\$22,889	\$25,874	\$25,746
Mecklenburg	\$29,108	\$31,434	\$33,710	\$34,329
Wake	\$30,578	\$31,823	\$72,701	\$34,521
North Carolina	\$27,683	\$29,282	\$36,752	\$33,085

2014 INPATIENT HOSPITAL DISCHARGE RATE PER 1,000 POPULATIONS

DIAGNOSTIC CATEGORY	TOTAL CASES	DISCHARGE RATE (PER 1,000 POP)	AVERAGE DAYS STAY	DAYS STAY RATE (PER 1,000 POP)	TOTAL CHARGES	AVERAGE CHARGE PER DAY	AVERAGE CHARGE PER CASE
INFECTIOUS & PARASITIC DISEASES	2,724	8.3	9.6	79.8	\$185,046,806	\$7,108	\$67,932
-- Septicemia	2,232	6.8	10.1	69.4	\$164,957,218	\$7,288	\$73,906
-- AIDS	70	0.2	11.2	2.4	\$5,090,608	\$6,493	\$72,723
MALIGNANT NEOPLASMS	855	2.6	8.1	21.3	\$53,660,538	\$7,730	\$62,761
-- Colon, Rectum, Anus	86	0.3	7.8	2.1	\$5,193,546	\$7,763	\$60,390
-- Trachea, Bronchus, Lung	152	0.5	7.8	3.6	\$9,649,820	\$8,102	\$63,486
-- Female Breast	18	0.1	11.6	0.6	\$1,366,700	\$6,539	\$75,928
-- ProState	56	0.2	2.5	0.4	\$1,666,323	\$11,988	\$29,756
BENIGN, UNCERTAIN & OTHER NEOPLASMS	261	0.8	4.2	3.4	\$10,132,674	\$9,137	\$38,823
ENDOCRINE, METABOLIC & NUTRIT. DISEASES	1,377	4.2	5.8	24.7	\$51,766,343	\$6,434	\$37,594
-- Diabetes	803	2.5	6.9	16.9	\$35,000,753	\$6,360	\$43,587
BLOOD & HEMOPOETIC TISSUE DISEASES	604	1.9	4.5	8.3	\$17,618,338	\$6,513	\$29,169
NERVOUS SYSTEM & SENSE ORGAN DISEASES	676	2.1	6.4	13.2	\$27,907,206	\$6,496	\$41,283
CARDIOVASCULAR & CIRCULATORY DISEASES	5,530	16.9	5.7	96.4	\$311,689,608	\$9,907	\$56,374
-- Heart Disease	3,669	11.2	5.6	63.2	\$220,783,186	\$10,710	\$60,192
-- Cerobrovascular Disease	886	2.7	6.9	18.7	\$48,239,112	\$7,898	\$54,446
RESPIRATORY DISEASES	3,023	9.3	6.0	55.4	\$129,172,975	\$7,143	\$42,730
-- Pneumonia/Influenza	757	2.3	6.0	13.9	\$30,859,437	\$6,821	\$40,765
-- Chronic Obstructive Pulmonary Disease (excl. Asthma)	608	1.9	4.3	7.9	\$16,448,252	\$6,343	\$27,053
-- Asthma	530	1.6	2.7	4.4	\$9,735,800	\$6,851	\$18,369
DIGESTIVE SYSTEM DISEASES	2,659	8.1	5.1	41.5	\$95,988,408	\$7,096	\$36,099
-- Chronic Liver Disease/Cirrhosis	82	0.3	5.3	1.3	\$3,031,860	\$6,922	\$36,974
GENITOURINARY DISEASES	1,576	4.8	4.9	23.8	\$46,142,597	\$5,939	\$29,278
-- Nephritis, Nephrosis, Nephrotic Synd.	715	2.2	5.7	12.4	\$23,304,930	\$5,753	\$32,594
PREGNANCY & CHILDBIRTH	4,163	12.8	2.9	37.6	\$79,248,280	\$6,464	\$19,036
SKIN & SUBCUTANEOUS TISSUE DISEASES	573	1.8	6.9	12.2	\$19,970,630	\$5,015	\$34,853
MUSCULOSKELETAL SYSTEM DISEASES	1,491	4.6	4.0	18.1	\$83,486,366	\$14,162	\$55,994
-- Arthropathies and Related Disorders	834	2.6	2.9	7.4	\$39,464,608	\$16,437	\$47,320
CONGENITAL MALFORMATIONS	140	0.4	9.1	3.9	\$12,964,345	\$10,168	\$92,602
PERINATAL COMPLICATIONS	143	0.4	11.4	5.0	\$9,452,355	\$5,795	\$66,100
SYMPTOMS, SIGNS & ILL-DEFINED CONDITIONS	850	2.6	3.2	8.3	\$20,594,524	\$7,569	\$24,229
INJURIES & POISONING	2,273	7.0	6.5	45.1	\$121,669,544	\$8,264	\$53,528
OTHER DIAGNOSES (INCL. MENTAL DISORDERS)	2,798	8.6	9.4	80.7	\$81,831,937	\$3,108	\$29,247
ALL CONDITIONS	31,716	97.2	6.0	578.5	\$1,358,343,472	\$7,195	\$42,830

Appendix-B

Community Resources

Medical and Dental

Agape Pregnancy Support Services: 710 E. Russell St., 485-0055, Provides information and referrals for medical care, adoptions, housing assistance, social services, counseling, abstinence education, abortion effects/alternatives, birthing classes, free pregnancy tests, maternity clothing and equipment, postpartum and prenatal care, pregnancy information, and support groups.

Alliance Behavioral Healthcare: 711 Executive Pl., 491-4816, 24-hour Access and Information Line at 800-510-9132. Staff will assist with finding a service provider to suit your behavioral health needs.

Alms House: 3909 Ellison St, 425-0902, Tuesday, Wednesday and Friday 9-11:30 a.m. for assisting people in and around the HPMs area with medicine needs when funds are available.

Army Community Service Family Advocacy Program: 396-5521, committed to the prevention & treatment of family violence

Better Health of Cumberland County: 1422 Bragg Blvd., 483-7534, Emergency medical/prescription assistance and dental extractions, income qualification required. Diabetes services is free to all Cumberland County residents. Medical equipment loans, free of charge for 3-6 months, depending on availability. Information and referral assistance. All services for Cumberland County residents only.

Cape Fear Regional Bureau for Community Action, Inc.: 483-9177, Offers standard STI screening for Chlamydia, gonorrhea, HIV, and syphilis.

Care Center for Domestic Violence, County Department of Social Services: 1225 Ramsey St. ground floor, 677-2532, Referrals for victims of domestic violence, provides emergency shelter if needed.

Care Clinic: 239 Robeson St., 485-0555, Basic medical care for adults, simple dental extractions, basic chiropractic care, and clinic ordered laboratory/radiological tests/referrals. Call Monday-Thursday 9-2 for medical, Friday at 9 for dental. Does **NOT** take walk-ins. Provides free health care to eligible uninsured, low income adult residents of Cumberland County. Proof of household income and photo ID required.

Community Connections Healthcare Services: 690 North Reilly Rd, 879-6102, Provides clinical assessments, psychiatric evaluations, medication evaluations, and individual and family therapy.

psychiatric evaluations, medication evaluations, and individual and family therapy.

[Community Health Intervention Sickle Cell Agency, Inc:](#) 2409 Murchison Rd., 488-6118, Provides free HIV / Sickle Cell / Diabetes / Glucose / Syphilis testing. 8-5, Monday-Friday (stops taking clinics at 4:30)

Community Mental Health Adult/Children's Services at Cape Fear Valley: 1724 Roxie Ave., 615-3333, Outpatient services for behavioral health issues. Adults 2nd floor, children 4th floor. Managed by Alliance Behavioral Healthcare.

Cumberland County Department of Public Health: 1235 Ramsey St., 433-3600, Adult health clinic, child health clinic, communicable disease clinic, epidemiology clinic, women's preventative services, and more. Monday-Thursday 8-5, Friday 8-12.

Cumberland County Department of Social Services: 1225 Ramsey St., 677-2316. Medicaid program, provides no cost transportation for medical appointments both within and outside the county (with proper paperwork). If there is room in the out of county van, others may get a ride for \$10.

Cumberland County MAP Pharmacy: 1235 Ramsey St., first floor of the CC Health Department; 433-3602, Assists low-income residents with no prescription coverage. Monday-Thursday 8:30-noon & 1-4:30; Friday, 8:30-12.

Goshen Medical Center: 3613 Cape Center Dr., 354-1720. Sliding scale program. Basic medical and dental services. Call for information.

Greater Image Healthcare Corp. 401 Robeson St., 910-321-0069: Provide clinical assessment, psychiatric evaluations, medication management, mobile crisis, assertive engagement and peer support, also outpatient therapy..

LIFE St. Joseph of the Pines: 4900 Raeford Rd., 483-4911. Non-profit, faith based, all inclusive care for the elderly. A federally and state regulated program.

Myrover Reese Fellowship Homes Inc.: 779-1306, Ashton Lily, recovering women substance abuse users. Pat Reese & Quality Recovery, recovering men substance abuse users. NOTE: There is a charge.

National Alliance on Mental Illness: 709-6685, Offer an array of education & training programs & support for those suffering with a brain disorder.

Operation Blessing: 1337 Ramsey St., 483-1119, Monday-Thursday 9-3, intake process cut-off 2:30 (closed 12-1) and Friday 9-12, intake process cut-off 11:30, bring any household bills as well as picture ID, Social Security card, and proof of household income.

Operation Blessing: 1337 Ramsey St., 483-3119, Crisis pregnancy center with free pregnancy tests, emotional support, prenatal and parenting classes, & abortion alternatives. All services require picture ID, Social Security card, and proof of household income.

Oxford Houses: Clean and sober housing options for individuals in recover. Apply directly to the Oxford House of your choice. There is a charge. For **men: 1) 778-8109 2) 568-5199 3) 779-0928 4) 323-1273 5) 425-8221 6) 491-3676 7) 673-1042.** For **women: 1) 673-1042 2) 433-9123.**

Planned Parenthood: 4551 Yadkin Rd., 866-942-7762, Comprehensive reproductive healthcare, family planning, and STI prevention. Call for costs and availability of services. Limited same day appointments. Tuesday 9-3, Wednesday and Thursday 1-6, Friday 11-4, Saturday 9-3. Closed Sunday and Monday.

Prescription Discount Card: 877-321-2652, Available to any county resident with or without prescription coverage, cannot be combined with other insurance. Discounts vary based on prescription. Click [here](#) for a list of participating pharmacies.

Projects for Assistance in Transition from Homelessness: 707 Executive Pl., 323-6112 or 323-6148, Assists the homeless who have mental health issues.

Rape Crisis Center: 515 Ramsey St., 485-7273. 24 hour crisis hotline, 24 hour emergency room responders. Offers counseling and support groups.

Roxie Detox & Crisis Stabilization Center: 1724 Roxie Ave 615-3370, Substance abuse treatment

Stedman Family Dental Center: 6540 Clinton Rd., Stedman, 483-3150, Primary and preventative dental care: root canal therapy, cleaning, restoration, extractions, and x-rays. Discount program if qualified.

VA Medical Center: 2300 Ramsey Street, 488-2120, Health care for homeless veterans.

Vision Resource Center: 1600 Purdue Dr., 483-2719, Offers a variety of programs and services along with advocacy for visually impaired adults and children in the Cape Fear Region. Services include transportation to & from the center, braille classes, and the Gift of Sight program.

Wade Family Medical Center--Downtown: 2409B Murchison Rd., 488-4525, Comprehensive primary and preventative medical care. Discount program if qualified.

Wade Family Medical Center: 7118 Main St., Wade, 483-6694, Comprehensive primary and preventative medical care. Discount program if qualified..

Transportation

Alms House: 3909 Ellison St., HPM 425-0902. Assists resides in and around the HPM area with occasional transportation needs.

Community Transportation Program of Cumberland County: 678-7600 office, Free transportation assistance to medical appointments and pharmacy pickups within Cumberland County for elderly/disabled (678-7619) (but mobile) residents. Urban Employment Transportation and Rural General Public Transportation, 678-7675, provides rides to county residents who reside in an urban or rural area as determined by the 2000 Census, trips Monday-Friday 5am-8pm for a cost of \$2.25 per one way trip.

Cumberland County Schools Transportation Department: 678-2593, Assist in transportation needs of homeless children. Parent first needs to go to the nearest school and talk to the school social worker who will give them further information.

Fayetteville Area System of Transit: 433-1747 or 433-1232 (ADA), Provides rides, discounted fare for elderly/disabled/veterans residents. Relay North Carolina allows FAST customers to access telephone services during normal operating hours, this free service allows hearing callers to communicate with text-telephone (TTY) users and vice versa through specially trained operators, to use this service dial 711 on your telephone, it also provides full telephone accessibility to people who are deaf or otherwise hearing or speech impaired.

Fayetteville Urban Ministry: 701 Whitfield St., 483-5944, Assists resides with occasional transportation needs.

Homeless Project Officer: 433-1846. Bus passes.

Food Pantries

Abney Chapel Community Service Center: 330 Old Wilmington Rd., 483-4384, Community is served through government commodities once a month. Call for the date, as it changes monthly.

Alms House: 3909 Ellison St., Hope Mills, 425-0902, Food items; first time and yearly clients must have a referral from the Supplemental Nutrition Assistance Program from Department of Social Services. Kids Assistance Program for HPM area school kids are regulated by school social works in HPMs area schools.

Beatitude House: SPL, 496-0925, Food pantry, must have a form signed by a pastor. Pick up forms and food Thursday and Friday 10:30-12 and 1-3.

Catholic Charities: 590 Cedar Creek Rd., Ste. 110, 424-2020, Emergency food assistance, Monday-Friday 9-12, clients must bring photo ID proof of income & a referral.

Cedar Creek Church of God: 4010 Cedar Creek Rd., 483-6895, Food pantry Wednesday and Thursday 8:30-11:30. Need picture ID and proof of address. Closed on holidays.

Christ United Methodist Church: 3101 Raeford Rd., 484-3340, Food pantry Tuesday and Thursday 10-12. Must have a Fayetteville, Hope Mills, or Spring Lake address and a picture ID. Available every 3 months.

City Rescue Mission: 331 Adam St., 323-0446, Food boxes with referral from DSS on Wednesday 1-2.

Cliffdale Christian Ctr-GTO: 6427 Cliffdale Rd., 864-4911, Food pantry Thursday 9-11. Need picture ID with address.

Cumberland County Department of Social Services: 1224 Ramsey St., 323-1540, Monday-Friday 7:30-4:30, Supplemental Nutrition Assistance Program.

Epicenter Church: 2512 Fort Bragg Rd., 485-8855, Food pantry Tuesday and Thursday 10-2, individuals may go once every 30 days.

Fayetteville Dream Center: 336 Ray Ave., 568-3897, Food pantry Thursdays 10-11.

Fayetteville Urban Ministry: 701 Whitfield St., 483-5944, Food pantry available Monday-Friday 9-1:30 for families facing an immediate crisis, must be receiving SNAP benefits and have a referral from DSS.

First Baptist Church: 201 Anderson St., 483-0477, Snack packs available Monday-Friday 8:30-5.

First Baptist Church: 302 Moore St., 483-6505, Food bags on 3rd Wednesday at 10.

Fresh Touch Ministries: 342 Moore St., 829-7424, Groceries Monday, Thursday, and Friday, 12 pm.

Gray's Creek Christian Center: 3028 School Rd., Hope Mills, 485-3005, Must have a referral from Gray's Creek area church or school. Monday, Wednesday, and Friday, 9-12.

Harry Hosier United Methodist: 6201 Milford Rd., 864-6019, Food pantry, first and third Friday, 10-12, Picture ID with address.

House of Prayer Christian: 5204 Hodge St., 670-4417, Tuesday, Wednesday, Thursday, first come basis. Need picture ID with address.

Mt. Olive Missionary Baptist: 5006 Patton St., 864-8400, Food pantry Tuesday, Wednesday, Thursday 10-12.

Open Arms Christian Fellowship: 483-1329, Emergency food, call the church, leave name and telephone number, and a church member will get back to you to arrange a time to meet.

Operation Blessing: 1337 Ramsey St., 483-1119, Non perishable food available Monday-Thursday 9-3 (closed 12-1) and Friday 9-12. Intake process uc off 2:30 & 11:30. All services require photo ID, Social Security card, and proof of household income.

Person Street United Methodist Church: 509 Person St., 483-4714, Small food pantry 1st and 3rd Saturdays from 10-12:30.

Praise Fellowship Church of God: 533 Adam St., 483-6500, Call for availability.

Second Harvest Food Bank: 406 Deep Creek Rd., 485-8809, Call for information.

SHARE - Heart of the Carolinas: 485-6923, Provides \$25-30 worth of groceries in exchange for \$15 cash or food stamps PLUS two hours of community service in Cumberland County.

Simon Temple AME Zion Church: 5760 Yadkin Rd., 867-6228, Food pantry Tuesday and Thursday 9-3. Need picture ID with address.

St. Matthews United Methodist Church: 202 Hope Mills Rd., 425-0401, Food pantry Tuesday at 10.

True Vine Ministries: 5401 Morganton Rd., 867-6762, Tuesday and Thursday 11:30 -1:30.

Veterans Empowering Veterans: 325 B St., 223-3213, Food pantry assistance.

Meals:

Alms House: 3909 Ellison St., Hope Mills, 425-0902, Monday-Saturday 12-12:30 and 5-5:30, Sunday 5. Serves people in and around the HPM area.

City Rescue Mission: 331 Adam St., 323-0446, Monday-Friday 11-12, Saturday 12-1, Sunday 4:30-5:30.

Cumberland County Coordinating Council on Older Adults: 339 Devers St., 484-0111, Home delivered meals 8-4:30.

Different Ministries: Person St., near Greyhound Station, Hot meals Friday 7pm.

Epicenter Church: 2512 Fort Bragg Rd., 485-8855, Dinner 6-7 on the 4th Tuesday of the month.

Evans AME Church: 301 N. Cool Springs St., 483-2862, Hot Meals Wednesday 10. If Wednesday is a holiday, they are closed.

First Place Hand Wash & Auto (Mike's Car Wash): 325 N Eastern Blvd., 223-9744, Meal schedule posted on board outside **Minor House** (550 Minor St.).

Fresh Touch Ministries: 342 Moore St., 829-7424, Meals Monday, Thursday, and Friday 12.

Loaves & Fishes-Feeding the Multitudes: 220 Johnson St., Monday-Friday 12-1, and special holidays.

Open Arms Christian Fellowship: 483-1329, Bread house on Adam St. Beige with white trim, offers meals 2nd and 4th Saturdays at 12.

Operation Inasmuch: 531 Hillsboro St., 433-2161, Breakfast Monday-Friday 7:30.

Person St. United Methodist Church (Martha's Table): 509 Person St., 483-4714, Lunch 1st and 3rd Saturdays 11-1.

Salvation Army: 245 Alexander St., 485-8026, Lunch at 12, dinner at 5 daily.

Simon Temple AME Zion Church: 5760 Yadkin Rd., 867-1182, Breakfast Saturday 7, goes out into the downtown community with 100 plates.

St. Matthews United Methodist Church: 202 Hope Mills Rd., 425-0401, Breakfast 2nd Saturday 8:30, lunch last Wednesday 11.

Shelters/Homes

Women and children

City Rescue Mission: 301 Adams Street, 323-0446, Shelter for single women.

Domestic Violence & Child Abuse Assistance & Prevention: Soldier Support Center - 3rd Floor, Normandy Dr., Fort Bragg, 322-3418 (24/7 Hotline) 396-5521 (Family Advocacy Program), Provides emergency housing for women and children suffering abuse or neglect

Hope Center: 913 Person St., 364-2981 or 483-1974. Emergency shelter for women on a first come, first served basis each night.

Salvation Army: 245 Alexander St., 485-8026, Emergency, transitional, & permanent housing for men, women, and families. Shelter is on a first come, first serve basis and opens at 4. White flag nights when temperatures drop below 32 degrees.

Teague's Home for Women: 333 Hawley Ln., 483-5044, Shelter for approximately 10 women.

True Vine Ministries: (910) 867-6762 (910) 867-3611, Also a shelter on white flag nights.

Families

Cumberland Interfaith Hospitality Network, Inc.: 101 Stein St., 826-2454, Transitional and emergency housing/shelter for homeless families.

Salvation Army: 245 Alexander St., 485-8026, Emergency, transitional, & permanent housing for men, women, and families. Shelter is on a first come, first serve basis and opens at 4. White flag nights when temperatures drop below 32 degrees.

True Vine Ministries: (910) 867-6762 (910) 867-3611, Also a shelter on white flag nights.

Men

New Life Mission: 303 Maloney Ave., 864-4678, Homeless shelter for men.

Salvation Army: 245 Alexander St., 485-8026, Emergency, transitional, and permanent housing for men, women, and families. Shelter is on a first come, first serve basis and opens at 4. White flag nights when temperatures drop below 32 degrees.

True Vine Ministries: (910) 867-6762 (910) 867-3611, Also a shelter on white flag nights.

Men and women

Salvation Army: 245 Alexander St., 485-8026 or 483-8119, Emergency, transitional, and permanent housing for men, women, and families. Shelter is on a first come, first serve basis and opens at 4. White flag nights when temperatures drop below 32 degrees.

True Vine Ministries: (910) 867-6762 (910) 867-3611, Also a shelter on white flag nights.

URL: <http://cumberland.lib.nc.libguides.com/communityresources-retrieved> on 9-23-16

Cumberland County Health Needs Assessment



A COMPREHENSIVE STUDY OF HEALTH NEEDS FOR CUMBERLAND COUNTY

Artimisha Campbell-Williams

Miranda Chang

Dr. McDonald

16 July 2016

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INTRODUCTION

Cape Fear Valley Medical Center and the Cumberland County Health Department participated in a Community Health Needs Assessment, with several other community agencies to conduct a survey for the county. The purpose of the survey is to learn more about the health and quality of life in Cumberland County. The survey results will be used to help address the major health and community issues in the county. A community health assessment report and action plans will be developed based on the survey data.

METHODOLOGY

Overview

The assessment process included data collection from a combination of primary and secondary sources. Valuable input from community survey respondents provided primary data for the assessment. Secondary data sources included the 2015 U.S. Census Data and the North Carolina

and Cumberland County Department of Health. Cape Fear Valley Medical Center was an integral part of the Community Health Assessment Team (CHAT) established to analyze the community health needs of Cumberland County. The CHAT reviewed the primary and secondary data, and discussed community health needs that may be addressed by the Cape Fear Valley Medical Center. The Community Health Needs Assessment utilized the following six step process:

Step 1: Establishing the Assessment Infrastructure

The CHAT participants included representatives from Cape Fear Valley Medical Center, Cumberland County Department of Health. Attendees provided input regarding community health strengths and concerns, as well as identified the top health concerns in Cumberland County. Those individuals, representing diverse groups in Cumberland County were chosen to participate in the CHAT because of their insights about the community's health needs.

Cape Fear Valley Health System and Cumberland County Department of Health were co-facilitators of the Community Health Needs Assessment process.

Cape Fear Valley Health System and Cumberland County Department of Health roles and responsibilities:

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

- Partner organizations, contributions, and roles:
- Provide participants and input.
- Key factors in developing and maintaining partnerships:
- Maintaining mutual respect and a common language
- Following through on commitments

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

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

Step 3: Collecting and Analyzing Data

Primary data was collected during 2016 using the CHNA Survey. CHAT partners distributed the CHNA Survey to the community at various community locations. CHAT partners reviewed the data and provided input regarding community health strengths and concerns. From that data and input, the top health concerns in Cumberland County were identified.

SUMMARY

Provisions of the Patient Protection and Affordable Care Act (ACA) require all non-profit hospital facilities in the United States to conduct a community health needs assessment and adopt an implementation strategy to meet the identified community health needs. These assessments are in the form of a survey. In the process of conducting a community health needs assessment, all non-profit hospitals are required to take into account input from individuals who represent a broad interest of the community served, including those individuals with special knowledge and/or expertise in public health. Cape Fear Valley Medical Center conducted a community health needs assessment to evaluate the health of the community, identify high priority health needs, and address the needs of the community. The survey was conducted within the community through various demographics. The results of the 2016 Community Health Needs Assessment are summarized in this report. A comprehensive implementation plan will be developed based on the results.

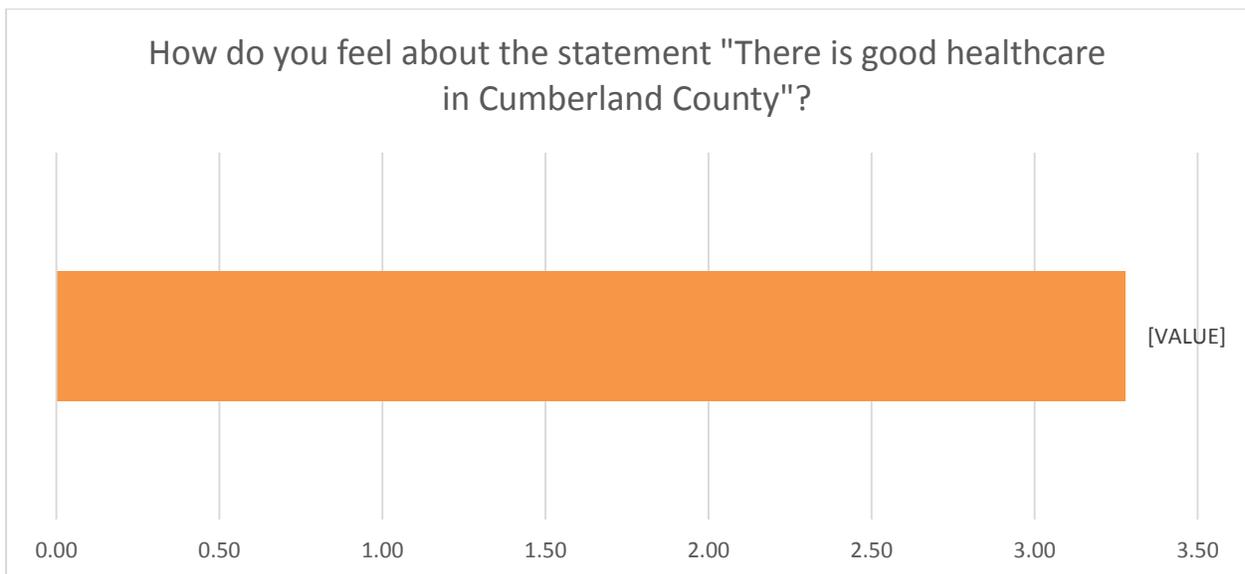
2016 Community Health Needs Assessment - Feedback

Quality of Life

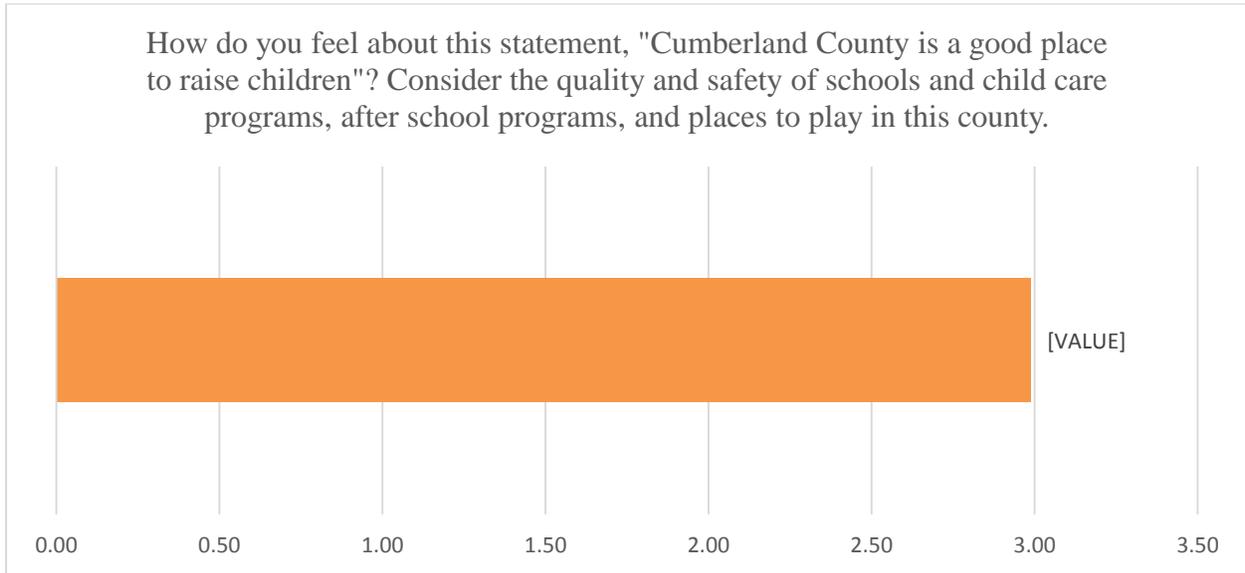
The Community Health Needs Assessment (CHNA) submitted by respondents asked a series of questions based on the respondent's opinion of the quality of life in their community, the current status of healthcare within their community, and how they view the safety of their community within Cumberland County.

The following graph shows respondents opinion about healthcare in Cumberland County. An average score of 3.28/5.0 was given based on 1,028 responses. Resulting in a "Neutral" but positive result. 40.6% of respondents agreed with the statement "there is good healthcare in Cumberland County".

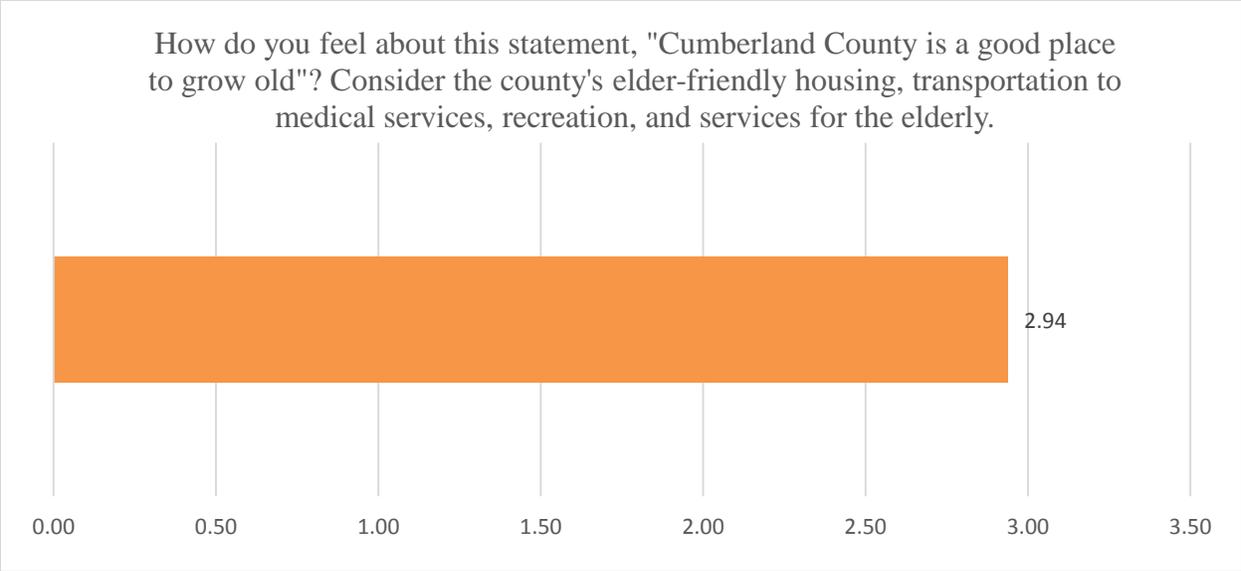
- Strongly Disagree – 60, 5.8%
- Disagree – 177, 17.2%
- Neutral – 288, 28.0%
- Agree – 417, 40.6%
- Strongly Agree – 86, 8.4%



The following chart shows the respondents opinion of Cumberland County being a safe place to raise children. 1,028 responses were calculated and 30.3% of respondents had a neutral opinion of Cumberland County. Only 35.7% agreed or strongly agreed that the community was good for raising children.



When asked "In your opinion is Cumberland County a good place to grow old?", 1,023 respondents answered 332 (32.5%) agreed or strongly agreed, 322 (31.5%) were neutral in their opinion, and 378 (36.0%) of people disagreed. The results calculated indicated a score of 2.94/5.0 for Cumberland County.

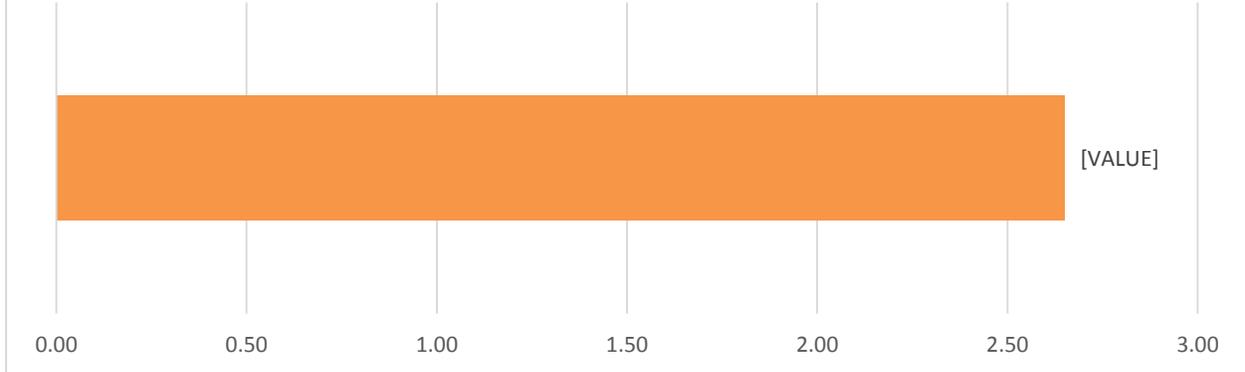


The following chart indicates the results of respondent's opinion on economic growth in Cumberland County.

- Strongly Disagree – 122 (11.8%)
- Disagree – 392 (38.2%)
- Neutral – 271 (26.5%)
- Agree – 211 (20.5%)
- Strongly Agree – 31 (3.0%)

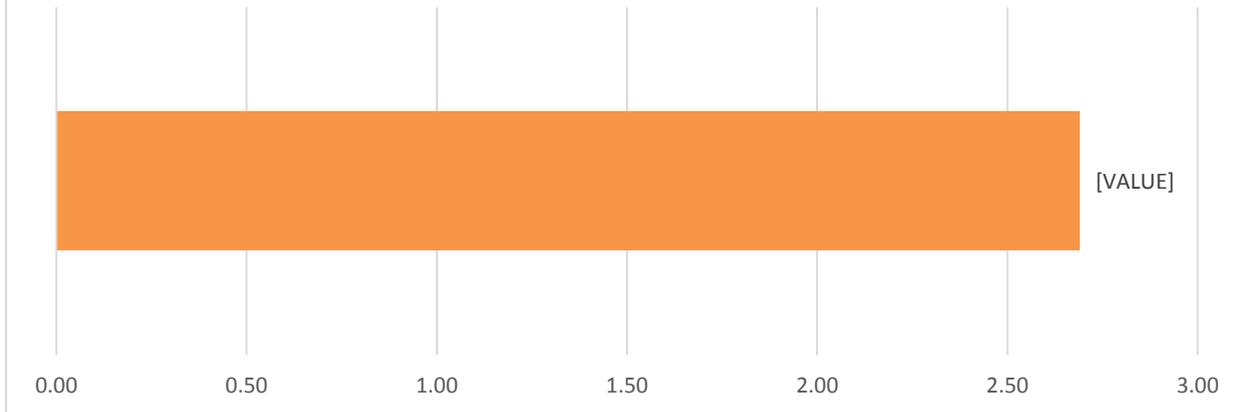
The overall result was a 2.65/5.0 for the 1,027 responses received.

How do you feel about this statement, "There is plenty of economic opportunity in Cumberland County"? Consider the number and quality of jobs, job training/higher education opportunities, and availability of affordable housing in the county.

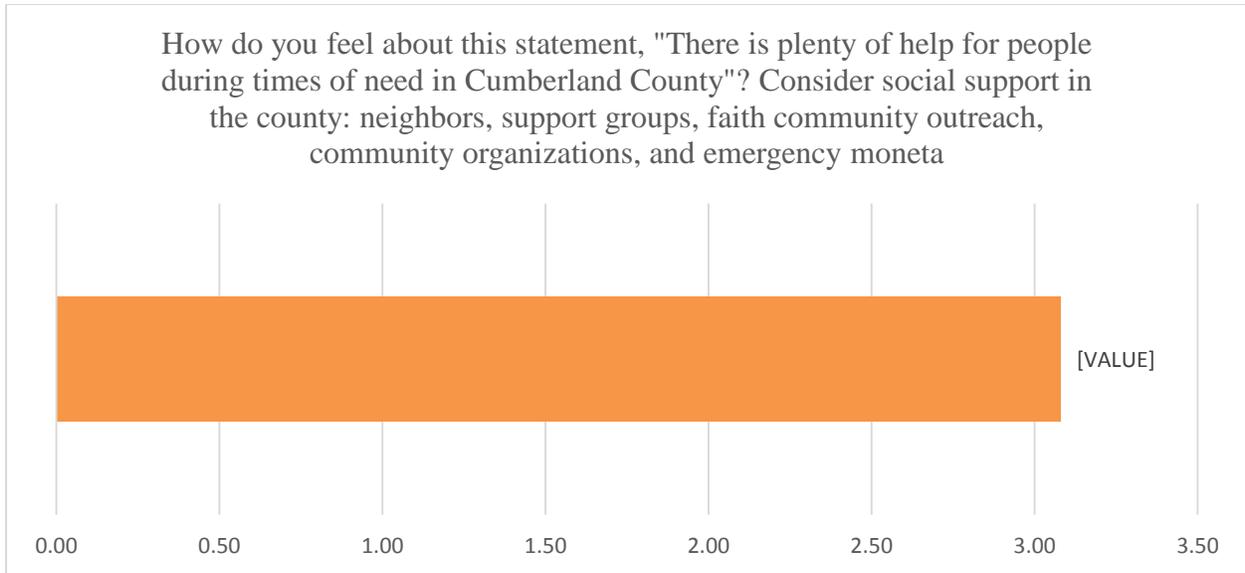


The chart below depicts the overall opinion of respondents when asked "Cumberland County is a safe place to live", 1,027 respondents answered, and 257 (25.1%) agreed or strongly agreed, giving the result of 2.69 out of a possible 5.0.

How do you feel about this statement, "Cumberland County is a safe place to live"? Consider how safe you feel at home, in the workplace, in schools, at playgrounds, parks and shopping centers in the county.



The final question of the survey regarding "Quality of life" is represented below. 1,027 respondents answered and 406 (39.5%) agreed or strongly agreed that Cumberland County provides plenty of help to people in times of need. According to the results the respondent's opinion is neutral to positive, and the graph below indicates the results were 3.08 out of a possible 5.0.



Community Improvement

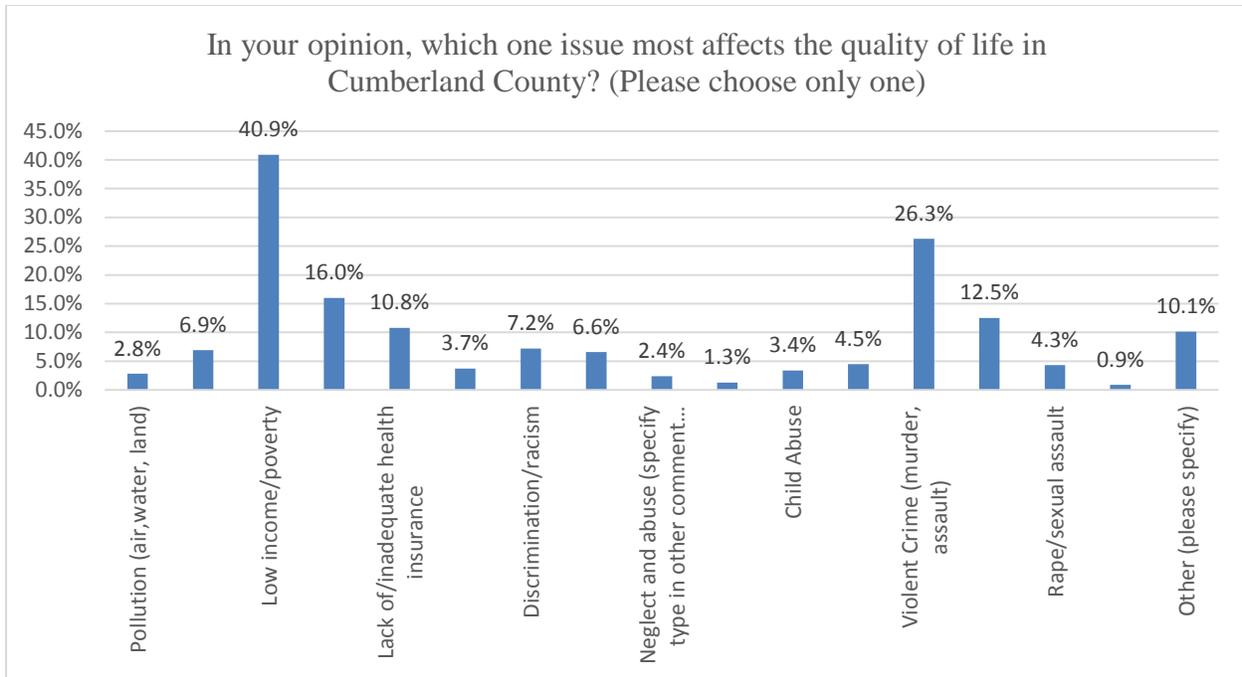
The following two charts show respondent's opinion of circumstances effecting the quality of life in Cumberland County, and the areas in need of improvement according to survey results.

When asked what issue most effected the quality of life in Cumberland County, 1,004 respondents answered rendering the following results:

- Pollution: 28 (2.8%)
- Dropping out of School: 69 (6.9%)
- Low Income/ Poverty: 411 (40.9%)
- Homelessness: 161 (16.0%)

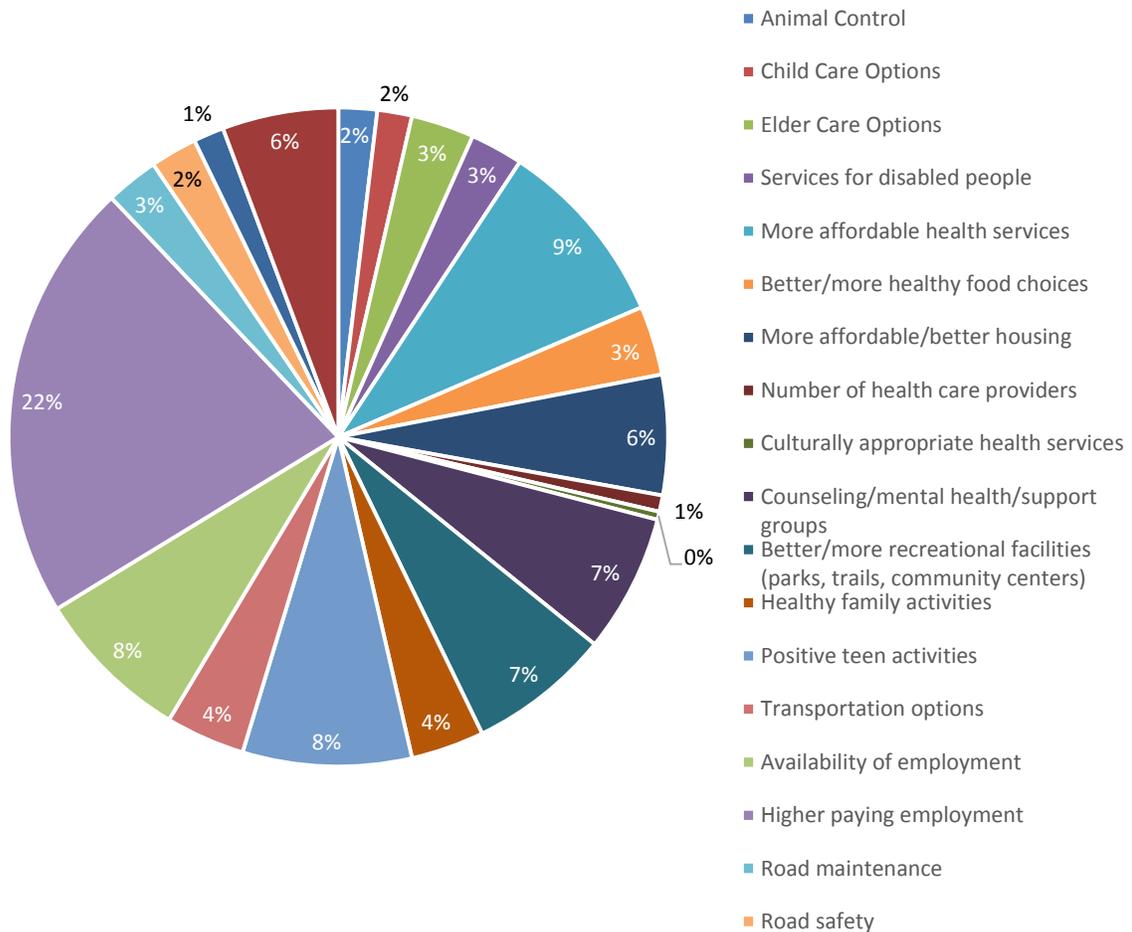
- Lack of/ Inadequate health Insurance: 108 (10.8%)
- Hopelessness: 37 (3.7%)
- Discrimination: 72 (7.2%)
- Lack of Community Support: 24 (2.4%)
- Elder Abuse: 13 (1.3%)
- Child Abuse: 34 (3.4%)
- Domestic Violence: 45 (4.5%)
- Violent Crime (Murder, Assault): 264 (26.3%)
- Theft: 126 (12.5%)
- Rape/Sexual Assault: 43 (4.3%)
- None: 9 (0.9%)
- Other: 101 (10.1%)

The results yielded that the largest concern for quality of life amongst respondents was poverty with 40.9% followed by violent crime at 26.3%.



The second chart in the community improvement section was in regards to service improvement, and what the respondents viewed as most in need of improvement within Cumberland County. Out of the 1,003 respondents who answered the question 21.7% stated that higher paying employment was the most in need of improvement in Cumberland County, and more affordable health services was the second highest with 9.3% of respondent's stating that it was most in need of improvement within Cumberland County. The chart below will show the other areas the respondents felt were in need of improvement within the community.

In your opinion, which one of the following services needs the most improvement in your neighborhood or community?

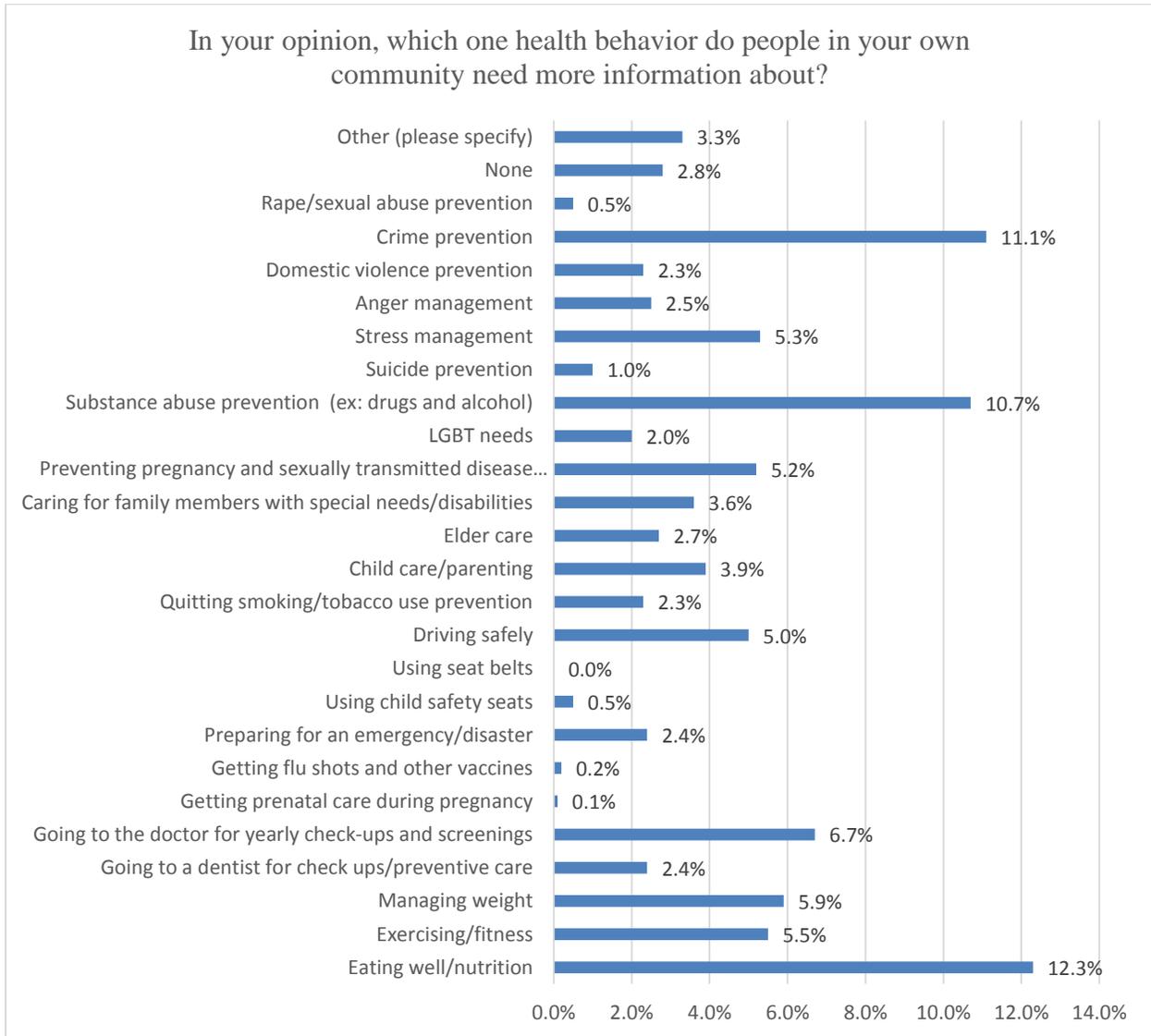


Health Information

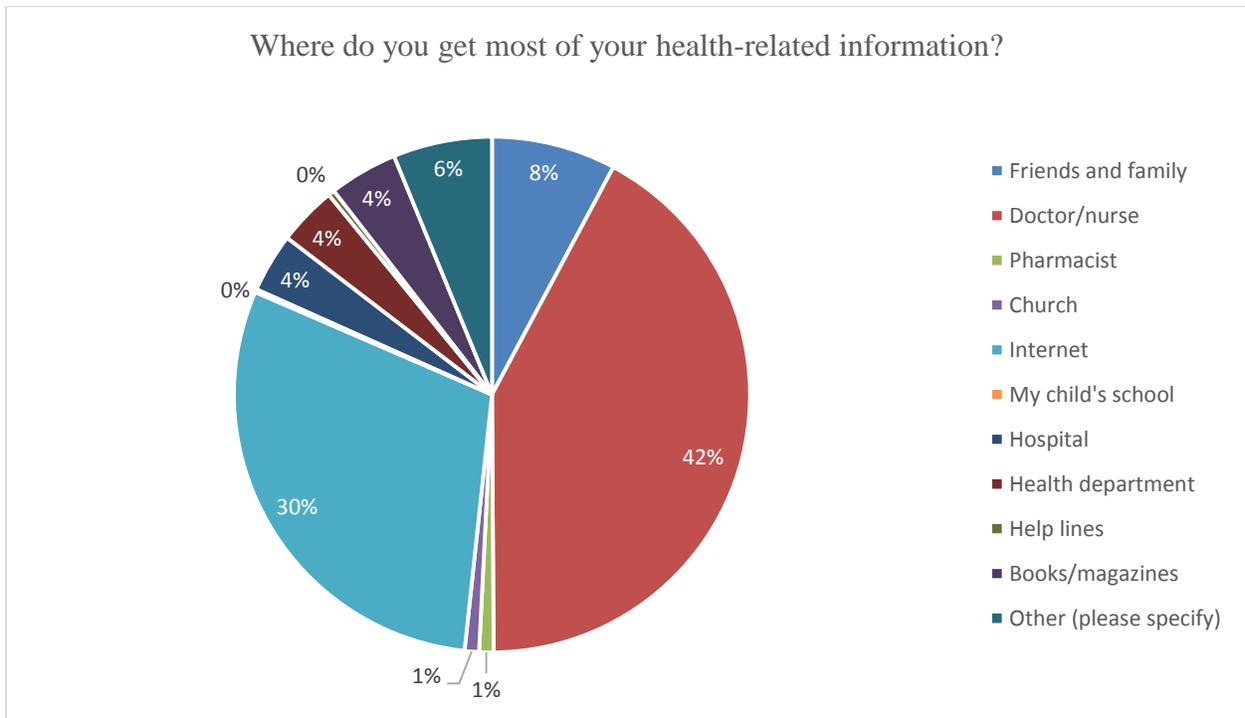
The next series of charts and diagrams was associated with health information, how it is obtained, and what respondent’s view as important topics within the community, and what they would like to receive more information on in the future.

The first graph in the series depicts respondent’s opinion on what health information and behavior should be made more available to the community. According to the data collected from 977 respondents, Eating Well/Nutrition ranked highest with 12.3% (120) of the respondents finding this to

be the most important, crime prevention was ranked at 11.1% (108), and substance abuse prevention was third highest with 10.7% (105) of respondent's stating this was an important subject within the community.



The next chart in the series asked respondent's where they obtain their health related information. 979 answered the question and 42.1% if the people who responded stated they receive most of their health related information, the internet completed the top two with 29>8% of respondent's stating they use internet access to obtain healthcare information.



430 surveyors gave input on what information they would like to see more available in the community. Majority of respondents found that diabetic information was the most important. Weight management, nutrition, and fitness also took priority among respondents.

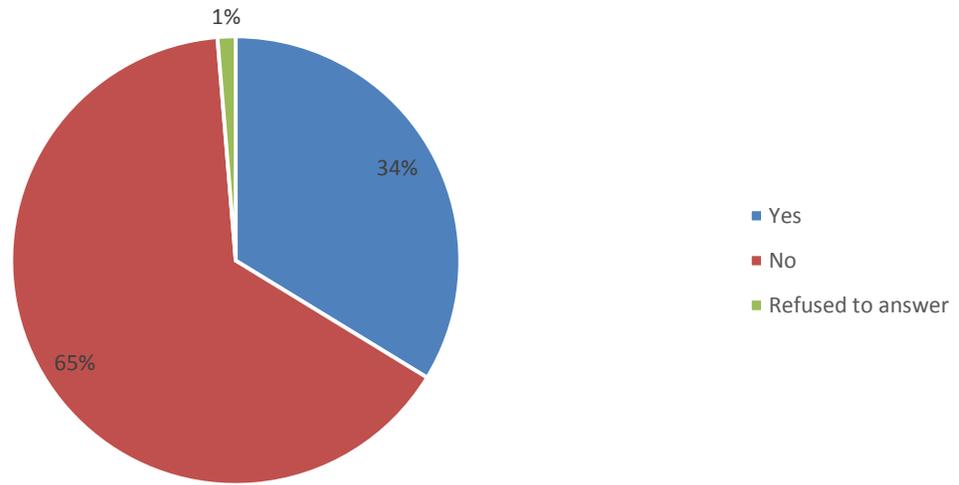
Ranking	Health Information Interests	Total
1.)	Diabetic Health/ Nutrition	76
2.)	Heart Disease/ Heart Health	58
3.)	Mental Health	56

4.)	Nutrition and Fitness	48
5.)	Cancer	37
6.)	Weight Management/ Obesity	32
7.)	Sexual health/ STD's	23
8.)	Alcohol/ Substance Abuse	14
9.)	Women's Health/ Fertility	14
10.)	Bone/ Joint health	12
11.)	No Response/ Refused to Answer	45
12.)	Other	151

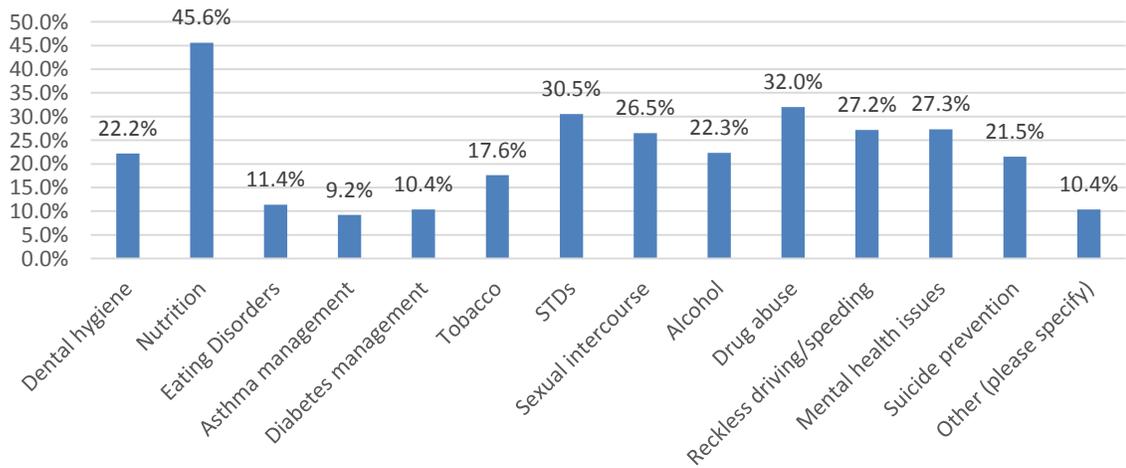
The following two charts discuss children in Cumberland County. The first chart discusses children age 9-19 which the respondents are the caretaker for. 65% of the people surveyed reported they did not have children in their care while only 34% of respondents said that they did.

The second chart discusses the health information respondents would like to see more available to their children. 699 surveyors answered this question and 45.6% of the respondents showed desire for more nutrition information for children, while 57% wanted to see more information about sexual intercourse and STDs provided to their children.

Do you have children between the ages of 9 and 19 for which you are the caretaker? (Includes step-children, grandchildren, or other relatives)



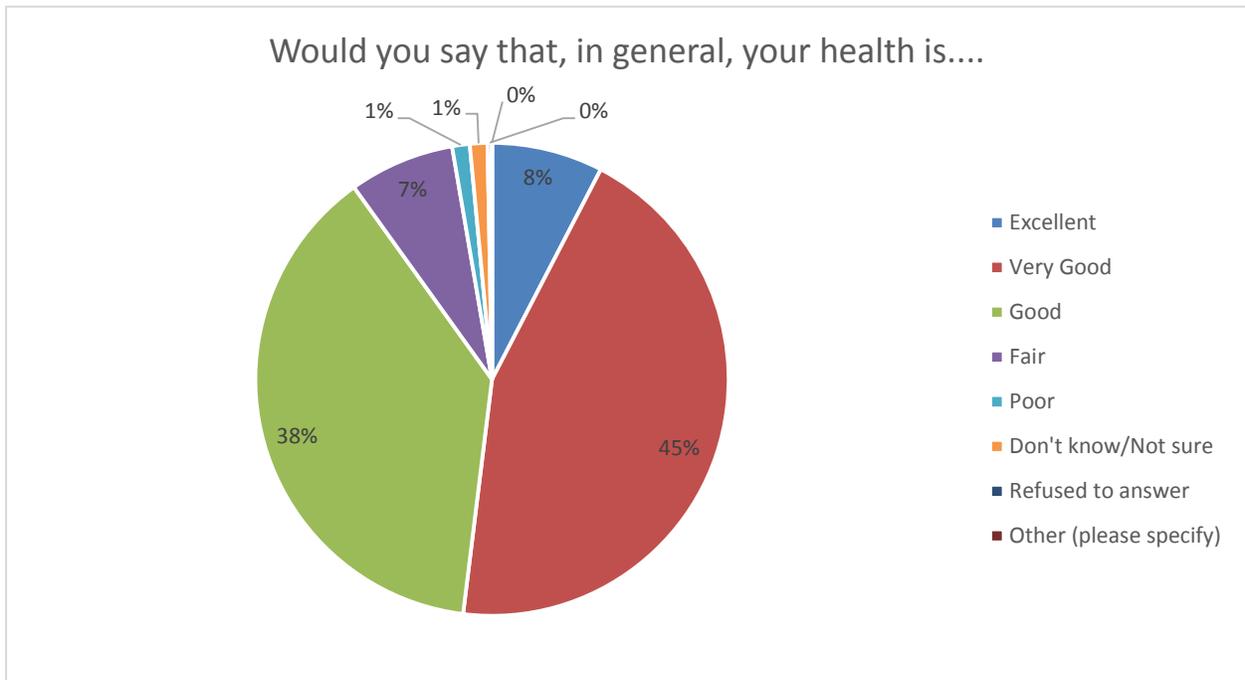
Which of the following health topics do you think your child/children need(s) more information about? (Select all that apply)



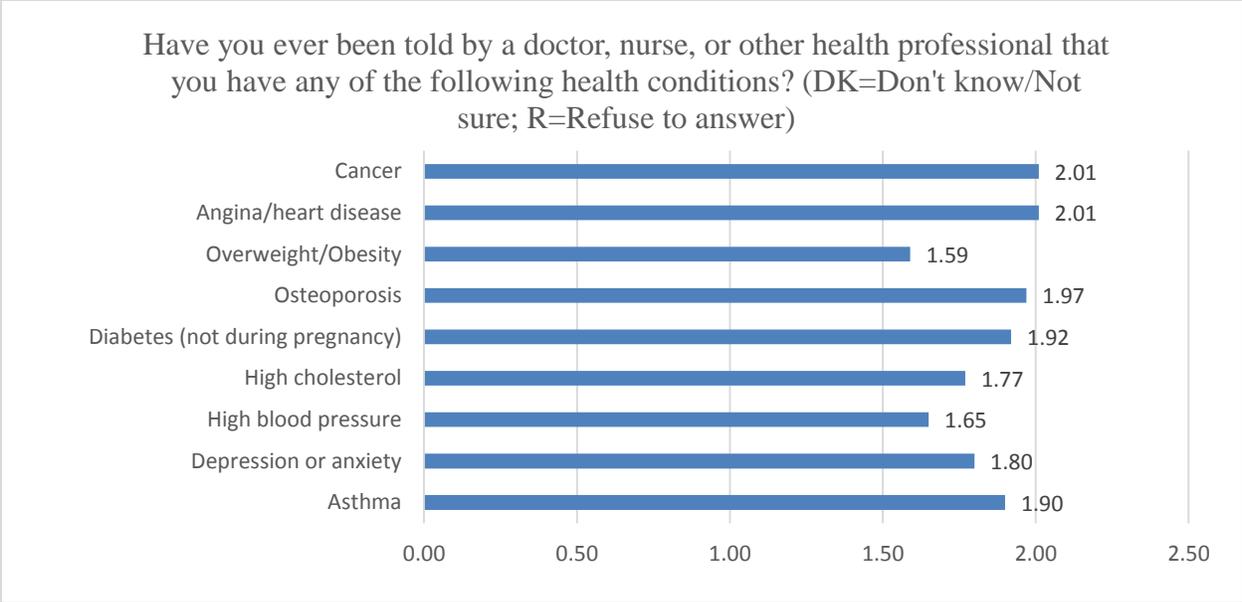
Personal Health

The CHNA was primarily centered around personal health in Cumberland County. A majority of the questionnaire handed out consisted of questions designed to gain a basic idea of the health of the individuals living in Cumberland County.

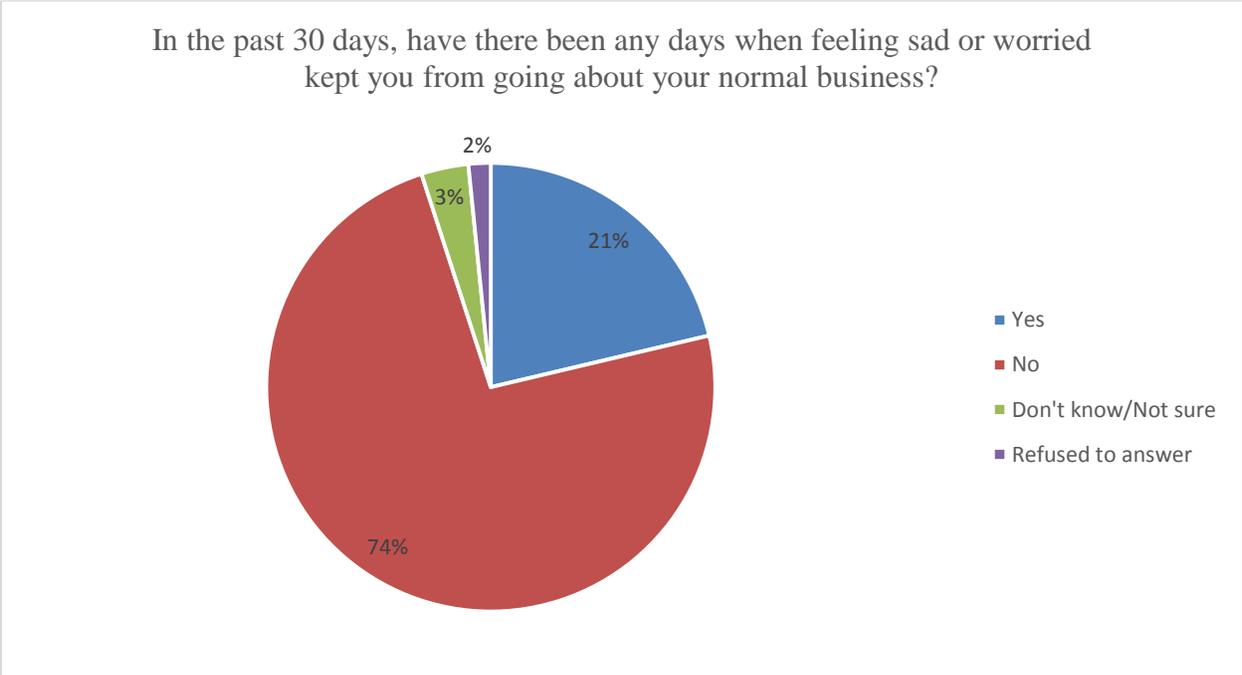
When looking at the following chart you can see that 91% of the individuals surveyed considered themselves in good to excellent health, while only 8% rated themselves from fair to poor.



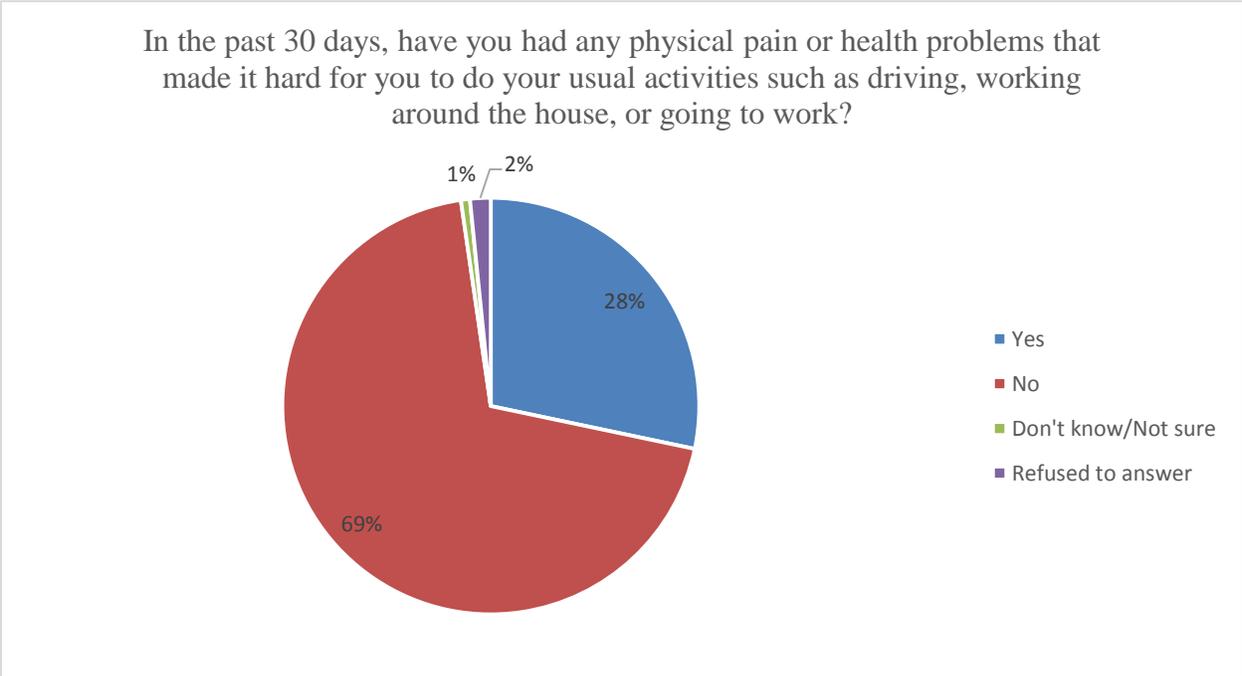
Individuals surveyed were asked if they had ever been told by a doctor or health care professional if they had suffered from or had had any of the conditions listed in the chart below. Of the 964 respondents who answered 422 reported discussing overweight/obesity with their healthcare professional and 363 reported discussing high blood pressure, and 253 individuals reported discussing depression or anxiety.



According to the CHNA data completed 963 individuals responded to the following question: “In the past 30 days have there been any days when feeling sad or worried kept you from going about your normal business?”. 205 (21.3%) responded that they did in fact suffer from these feelings. Only 48 (5%) of the individuals questioned did not know or refused to answer.

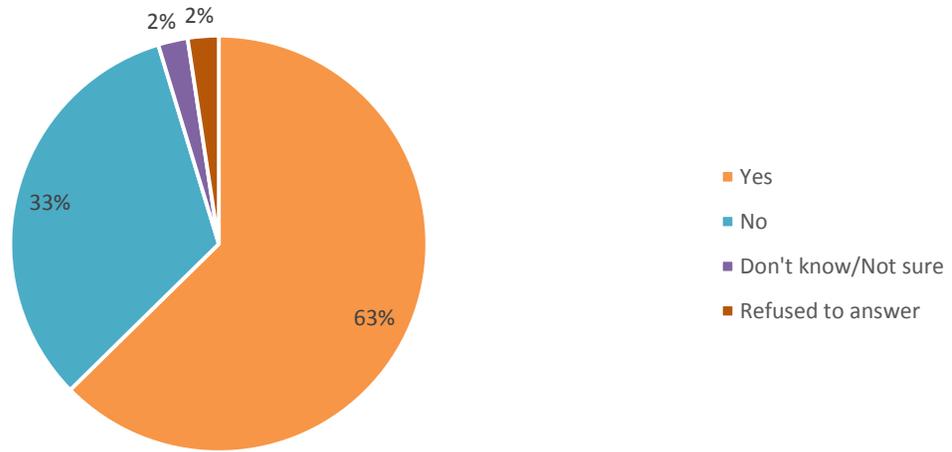


The following chart illustrates the number of individuals surveyed who reported having pain or health problems preventing them from performing activities. 28% of the 967 respondents reported having some form of pain or health complication preventing them from performing routine activities.



The following chart and table is in regards to fitness. 63% of respondent's reported performing physical activity and exercise during a normal week.

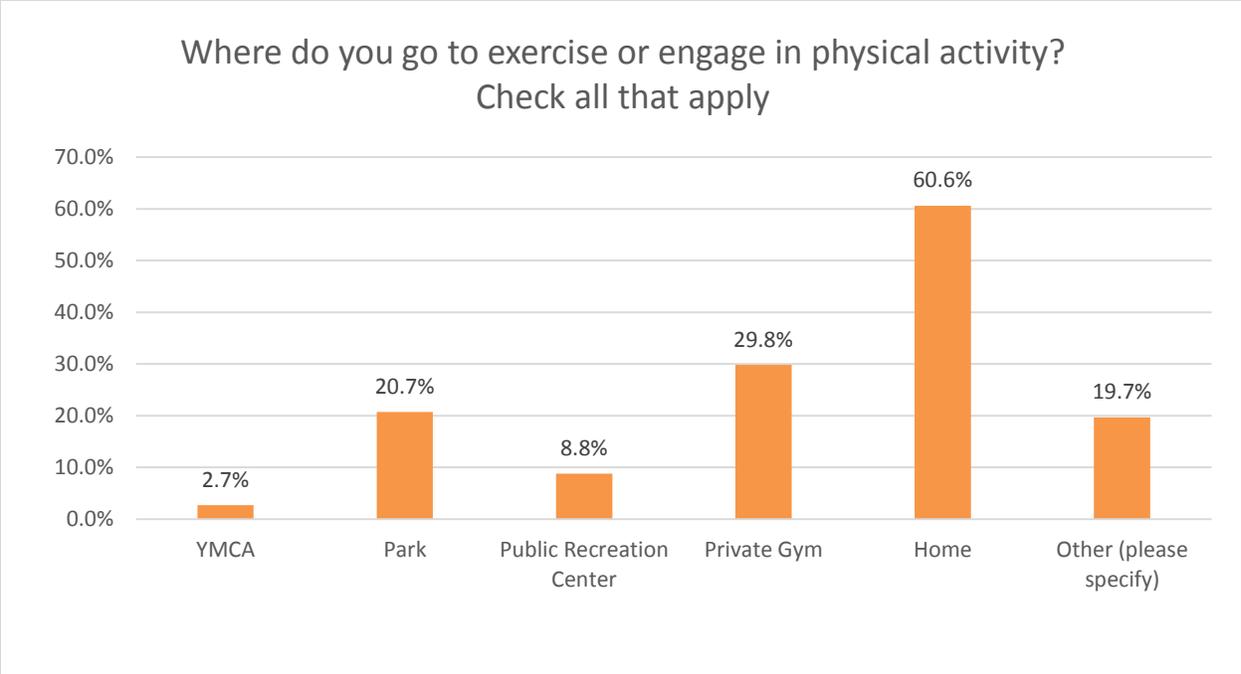
This question is about your fitness. During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least half an hour?



The following table shows the number of days' respondents reported performing routine physical activity and exercise 609 individuals responded, and 505 reported performing physical activity for at least 1 day per week.

No.	Number of days per week fitness and exercise are performed.	Total number of respondents
1.)	Did not specify/ Refused to answer.	81
2.)	Performed exercise 0-3 days per week on average.	262
3.)	Performed exercise 3-5 days per week on average.	163
4.)	Performed exercise 5 or more days per week on average.	80
5.)	Other.	17

776 individuals responded in regards to where they perform their physical fitness. A majority of respondents 60.6% (470) reported performing their physical fitness at home in comparison to the 29.5% (229) of individuals who reported performing physical fitness at a public park or public recreation center. 32.5% (252) reported utilizing a private gym or YMCA for their fitness needs.

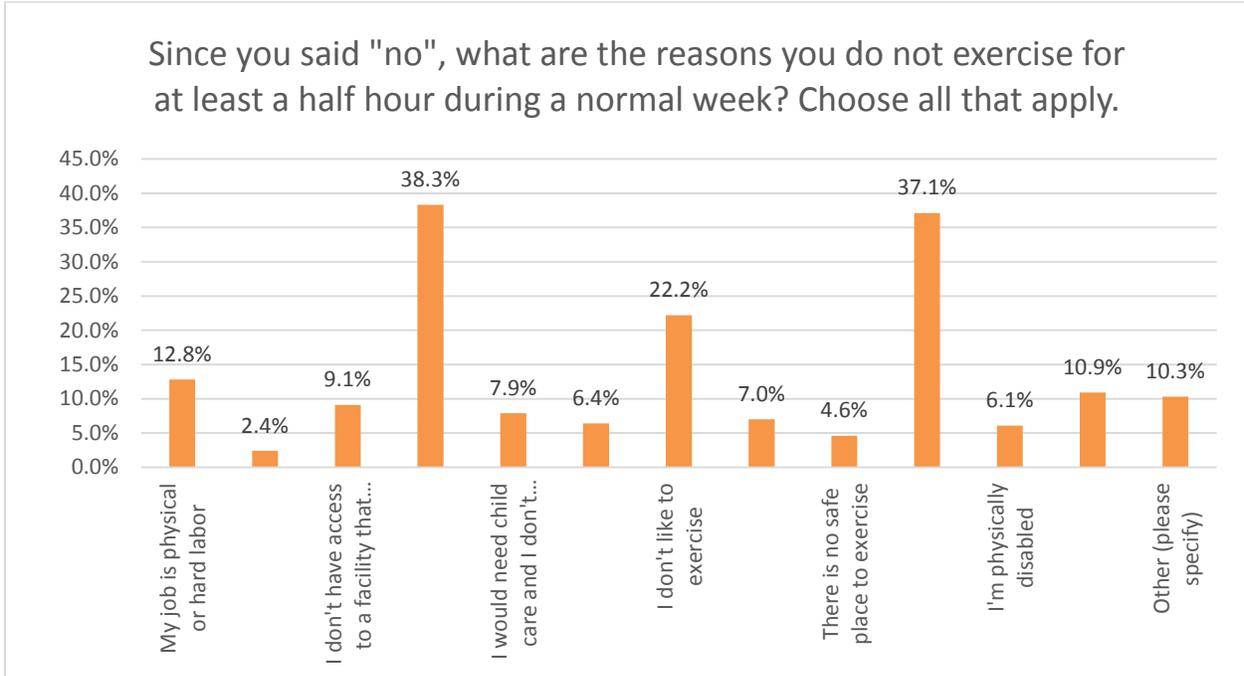


32.7% (316) individuals reported not performing exercise in a previous chart. The reasons for not performing physical fitness are broken down in the following chart.

- My job is physical or hard labor – 12.8%
- Exercise is not important – 2.4%
- I do not have access to a facility that has the things I need – 9.1%
- I don't have enough time to exercise – 38.3%
- I would need childcare and don't have it – 7.9%
- I don't know how to find exercise partners – 6.4%
- I don't like to exercise – 22.2%
- It costs too much to exercise – 7.0%
- There is no safe place to exercise – 4.6%
- I'm too tired to exercise – 37.1%
- I'm physically disabled – 6.1%

- I don't know – 10.9%
- Other – 10.3%

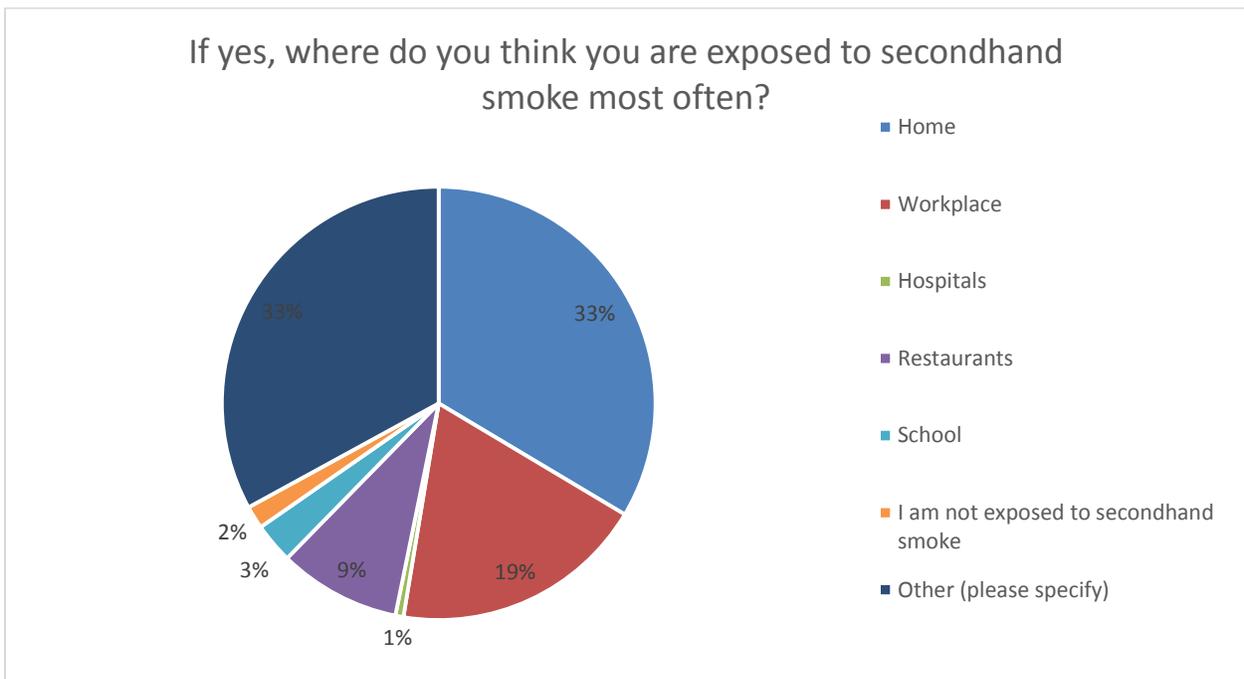
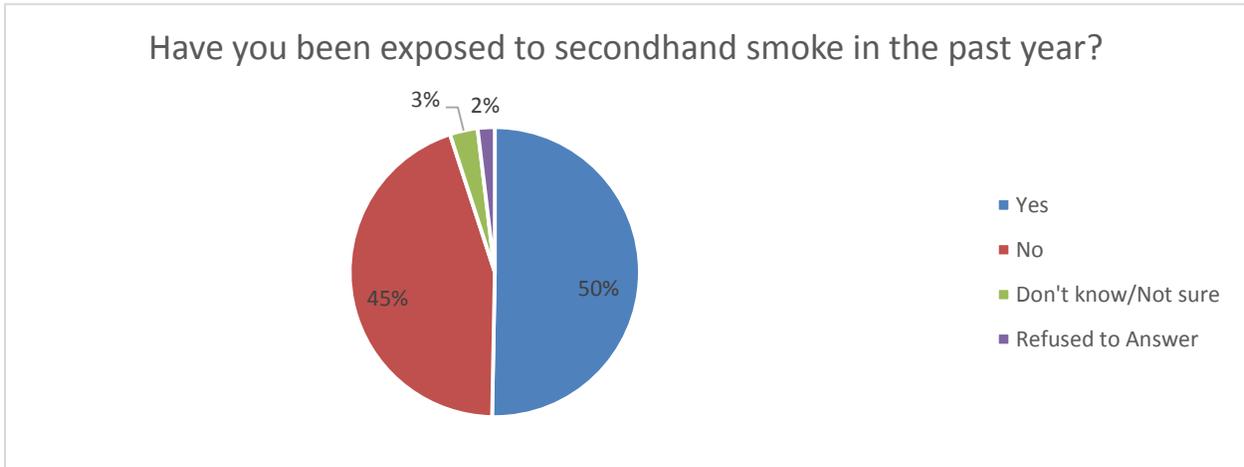
Majority of respondents reported not having enough time to exercise during the day. The second highest reason for not exercising was that respondents reported being too tired.



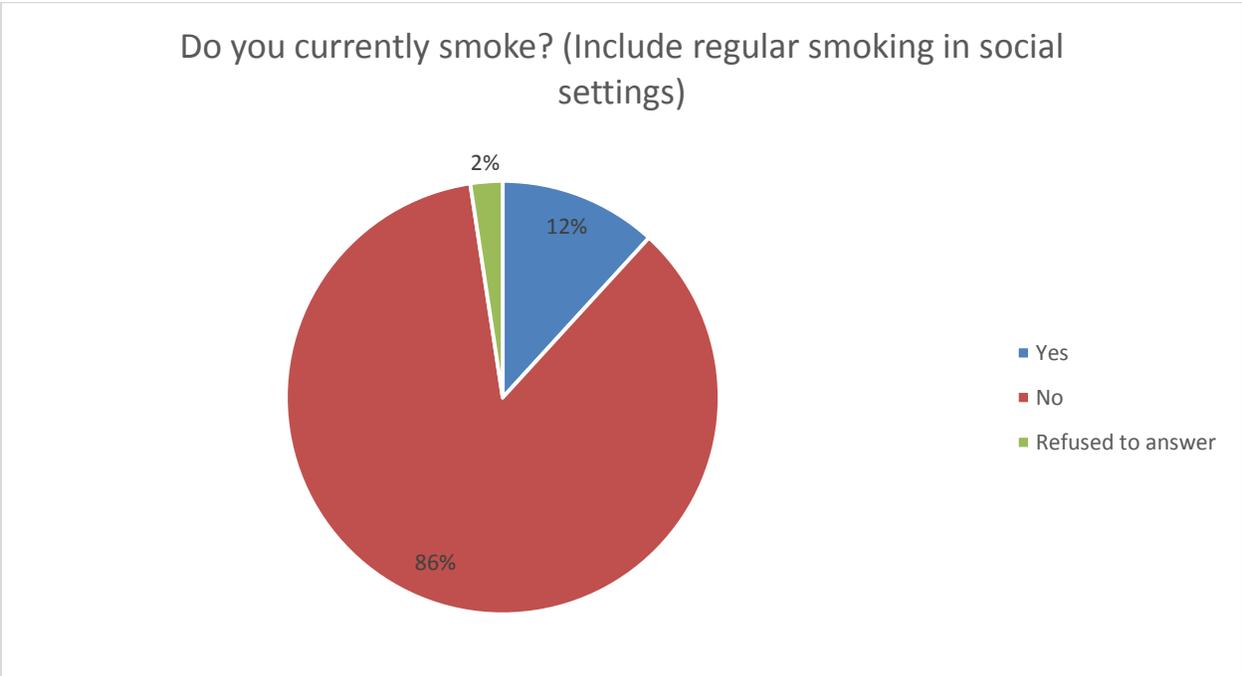
The following table shows the average number of cups of fruit and vegetables eaten weekly by the respondents. 932 individuals answered the survey question and the numbers have been broken down in the table based on individual response.

Intake Frequency	Fruit per Week	Vegetables per Week	100% Juice per Week
None/ Refused To Answer	132	174	366
1-3 Cups per Week	303	251	227
4-7 Cups per Week	283	352	101
8+ Cups per Week	129	179	19

The charts below describe the number of respondents who reported being exposed to second hand smoke and where the exposure occurred most often. 50.3% (472) of the individuals surveyed expressed that they have been exposed to second hand smoke in the past year, and 52.5% (243) of individuals reported their exposure was primarily at work or at home. 12.7% (59) individuals reported exposure occurred at Hospitals, restaurants, or at school.

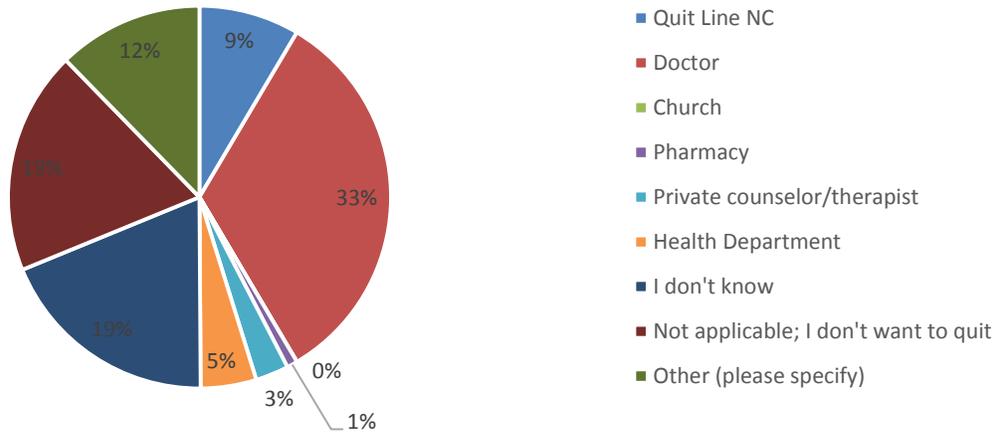


The following chart depicts data collected from respondents on their tobacco use. 935 respondents answered and 11.8% (110) confirmed that they did in fact smoke tobacco products. These results indicate a decrease by 1.0% of tobacco users from the last CHNA survey completed.



According to the chart, a majority of the respondents, (86.0%) stated that they would not seek out their doctor to help quit smoking, while 12.0% of respondents said the question was not applicable or that they did not want to quit.

If yes, where would you go for help if you wanted to quit?



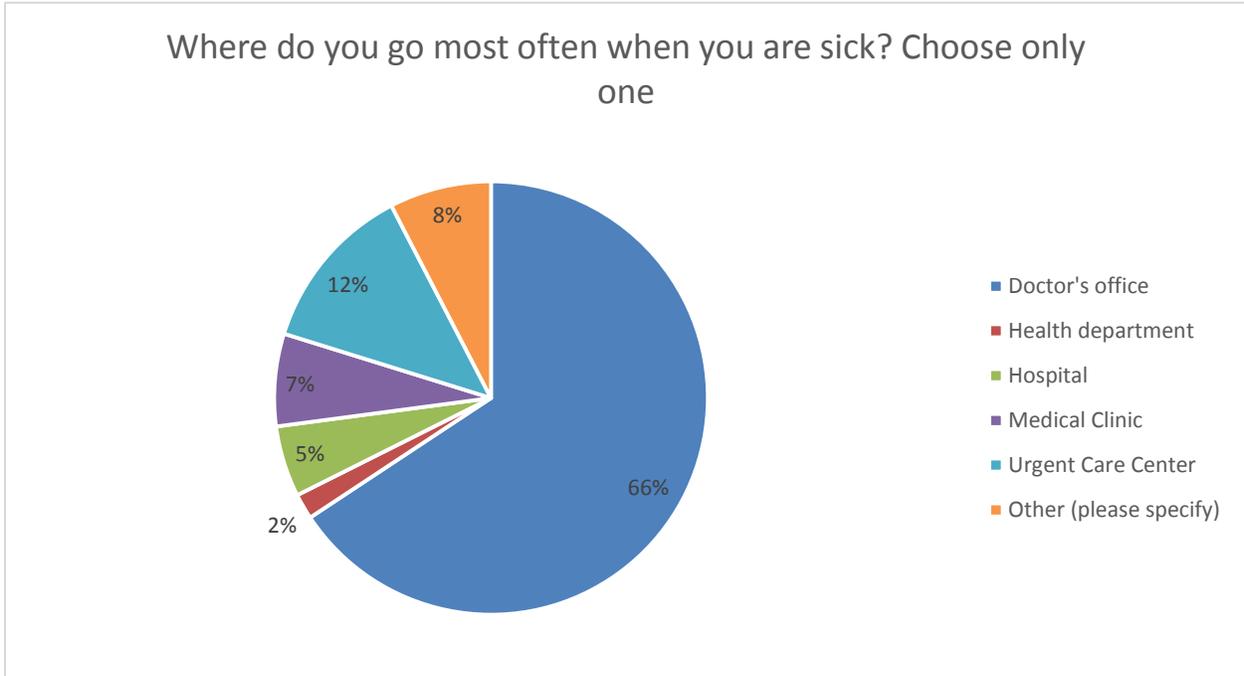
63.% (591) respondents reported receiving a flu shot and 1.0% (3) respondents reported receiving flu spray during the year. Comparing the data to the last CHNA survey the percentage of people receiving the flu shot showed marginal change from the previous survey.

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



Access to care/ Family Health

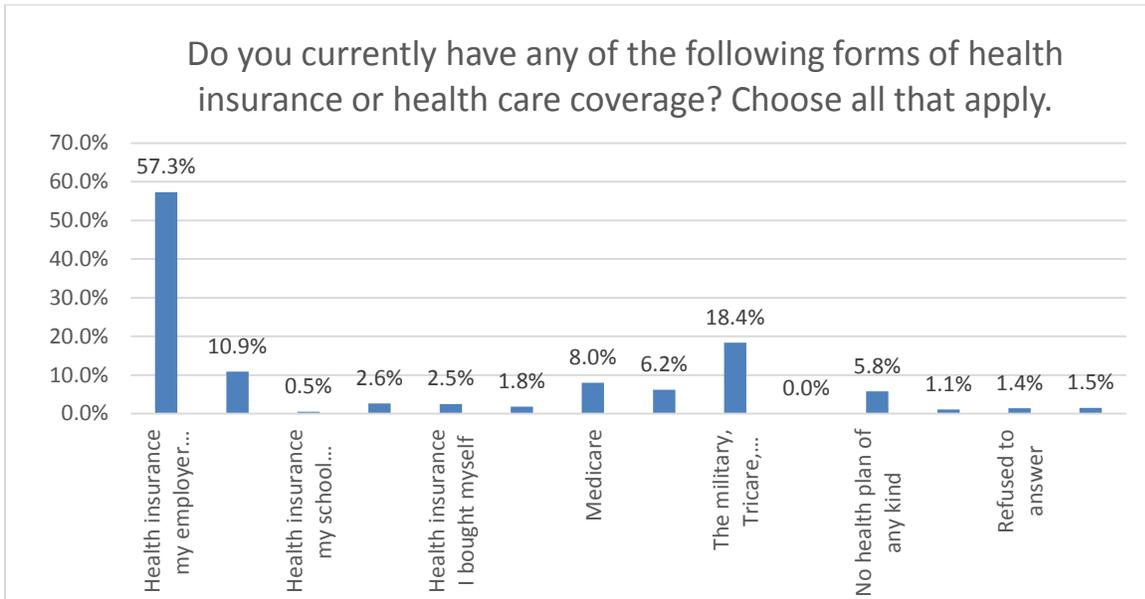
When asked where respondents go to receive care when they are sick a majority of the 935 individuals who answered (65.7%) stated that they would go to their local Doctor's office to receive treatment, while only 2% of individuals stated they would seek treatment at their Health Department.



929 individuals responded to the survey regarding health insurance. The following chart shows the results regarding health insurance coverage.

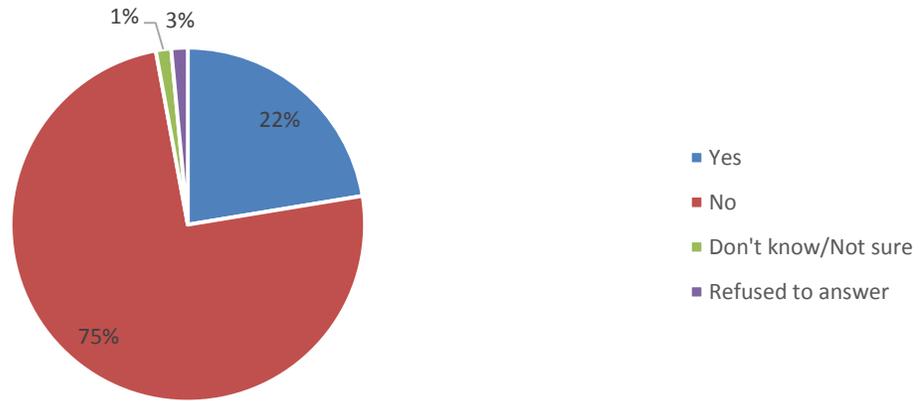
- Health insurance my employer provides – 57.3%
- Health insurance my spouse's employer provides – 10.9%
- Health insurance my school provides – 0.5%
- Health insurance my parents or parent's employer provides – 2.6%
- Health insurance I bought myself – 2.5%
- Health insurance through Health insurance marketplace (Obamacare) – 1.8%
- Medicare – 8.0%
- Medicaid or Carolina Access or Health Choice 55 – 6.2%

- The military, Tricare, CHAMPUS, or the VA – 18.4%
- The Indian Health Service – 0%
- No health plan of any kind – 5.8%
- Don't know/ not sure – 1.1%
- Refused to answer – 1.4%
- Other – 1.5%



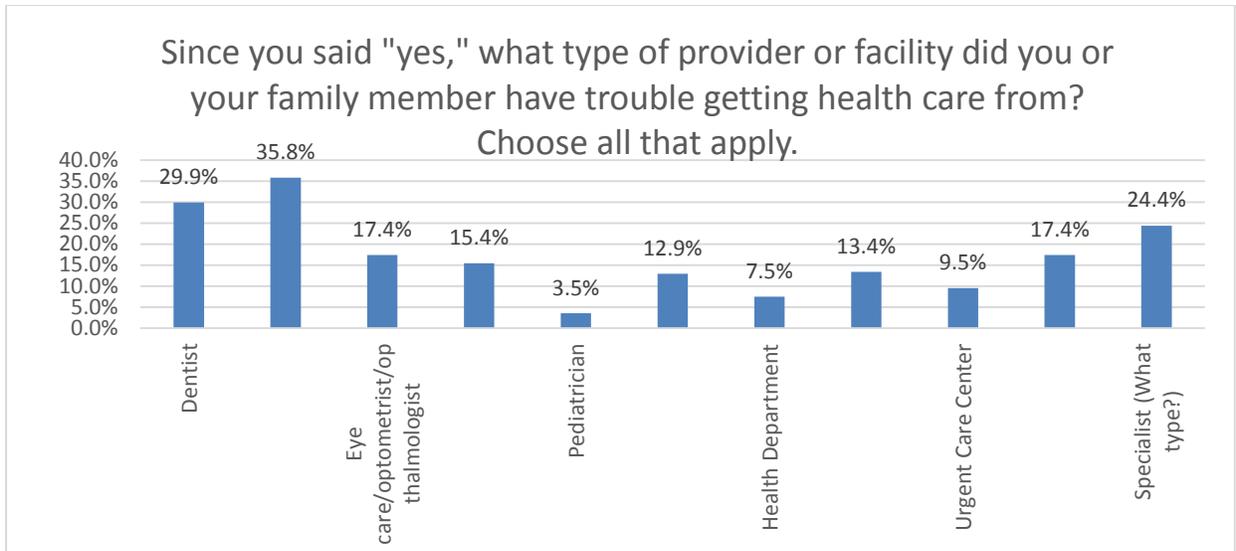
In the following chart, 22% of respondents reported having trouble getting access to healthcare for themselves or a family member.

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?



The majority (35.8%) of respondents who said they had trouble receiving care stated that their general practitioner was the area they had the most trouble receiving care. The results are as follows.

- Dentist – 29.9%
- General Practitioner – 35.8%
- Eye care/ Optometrist/ Ophthalmologist – 17.4%
- Pharmacy/ Prescriptions – 15.4%
- Pediatrician – 3.5%
- OB/GYN – 12.9%
- Health Department – 7.5%
- Hospital – 13.4%
- Urgent Care Center – 9.5%
- Medical Clinic – 17.4%
- Specialist – 24.4%

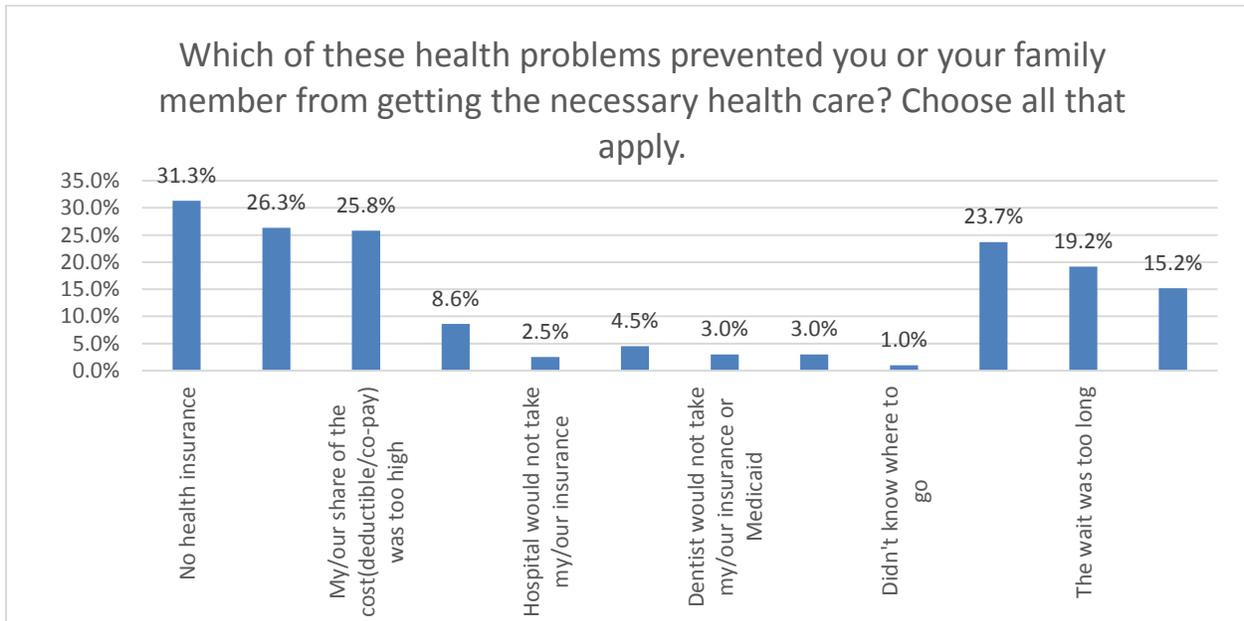


The health problems reported by respondents that prevented either themselves or a family member from receiving care are listing in the following chart.

- No health insurance – 31.3%
- Insurance didn't cover what I/we needed – 26.3%
- My/Our share of the cost (deductible/copay) was too high – 25.8%
- Doctor would not take my/our insurance or Medicaid – 8.6%
- Hospital would not take my/our insurance – 2.5%
- Pharmacy would not take my/our insurance or Medicaid – 4.5%
- Dentist would not take my/our insurance or Medicaid – 3.0%
- No way to get there – 3.0%
- Didn't know where to go – 1.0%
- Couldn't get an appointment – 23.7%
- The wait was too long – 19.2%
- Other (please specify) – 15.2%

Inability to pay or high cost was a major factor in why individuals stated they didn't receive care.

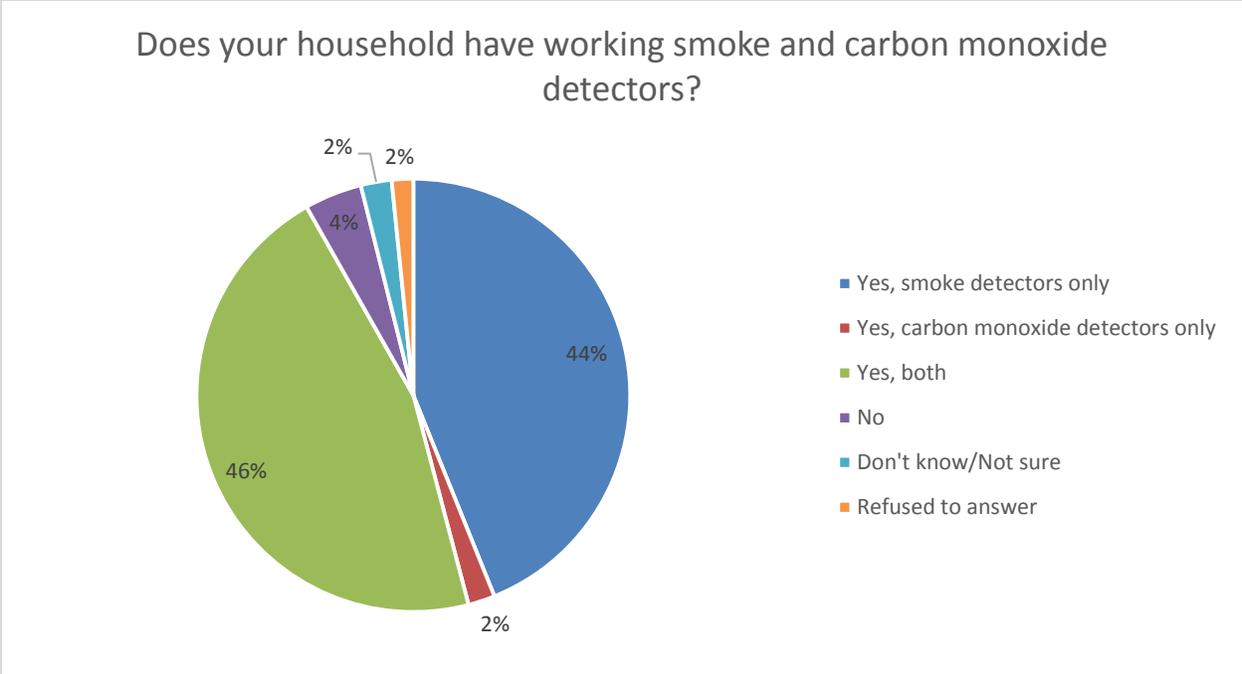
However, when compared to the previous survey data it has decreased in ranking amongst people for being a reason they couldn't get care.



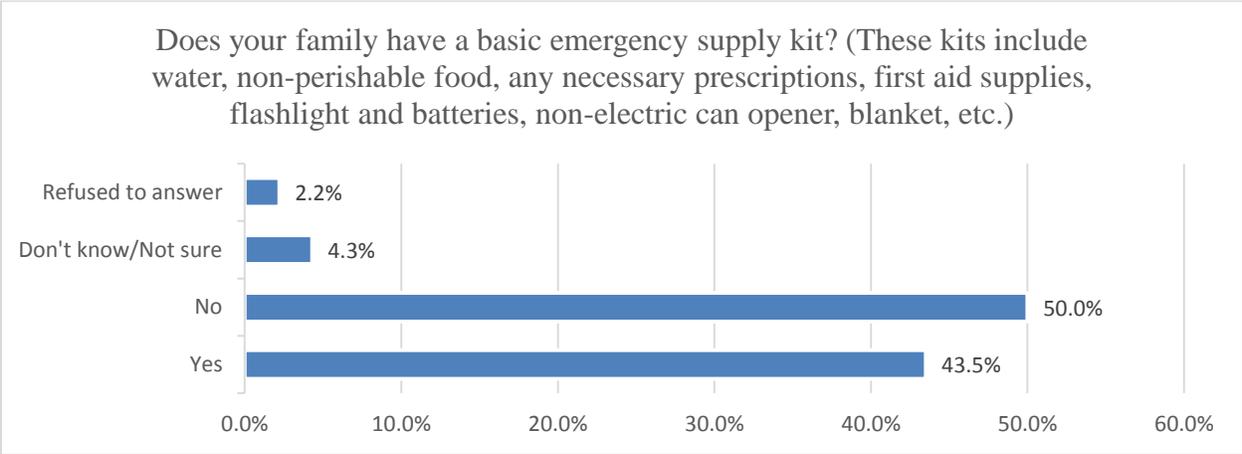
According to the following chart 34% of respondents stated they would recommend a friend or family member to a counselor or therapist. However, Doctor was the second highest with 28%.

Emergency Preparedness

45.9% of respondents answered that they did have both carbon monoxide and smoke detectors in their home, while only 43.9% stated having only a smoke detector. 91.8% of individuals use some sort of smoke or gas detection device in their home, leaving only 8.2% of individuals unsure or refusing to answer.



920 individuals responded about having an emergency supply kit. Out of the individuals that responded, 54.3% responded that they were unsure or did not have emergency supplies.

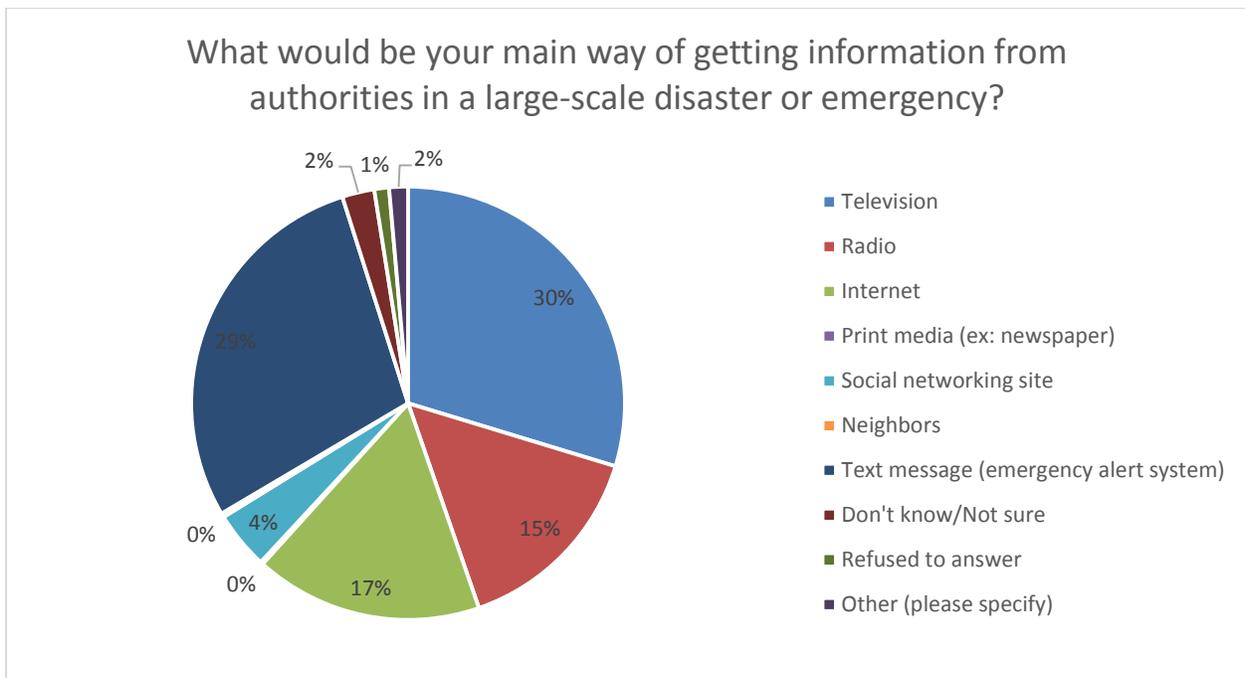


When asked how many days' respondents had supplies for 323 individuals answered. Majority of respondents (125) had enough supplies to last at least 4-7 days.

No.	Number of days of emergency supplies	Total
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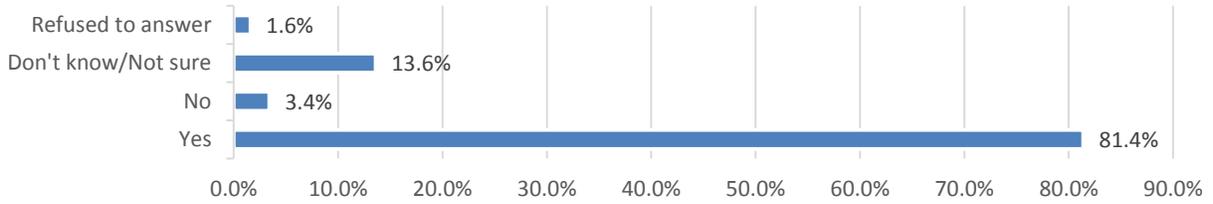
1.)	1-3 days Emergency Supplies	81
2.)	4-7 days Emergency Supplies	125
3.)	7-14 days Emergency Supplies	39
4.)	14-30 days Emergency Supplies	37
5.)	30 or more days Emergency Supplies	6
6.)	Other	10
7.)	Refused to Answer/ Unsure	25

According to the following graph majority of respondents stated that television was the main way of receiving emergency and disaster information. Social media was very close in number of respondents who stated that was their main source of information. A total of 59% of respondents utilized social media or television for their information needs.

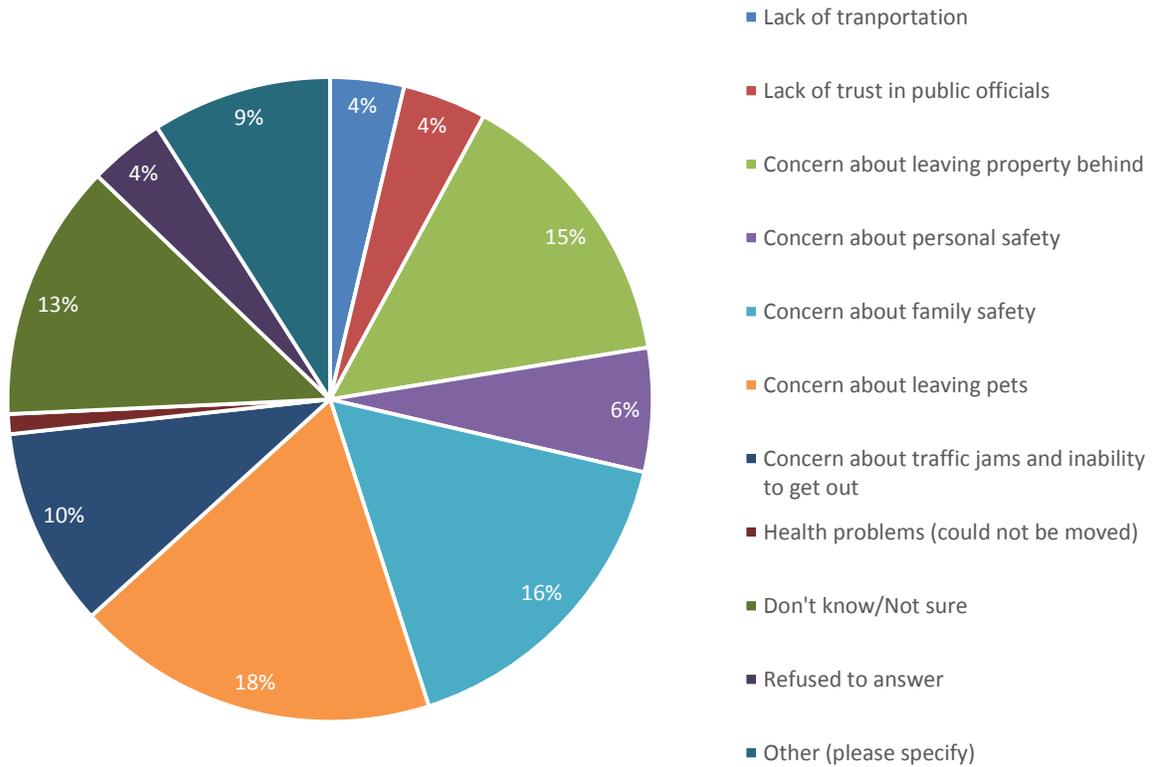


The following two charts show results of respondent's survey answers for evacuation. 81% of respondents said that they would evacuate for a large scale disaster. However, 34% stated that they would be hesitant to evacuate over concerns of family safety and pets.

If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?

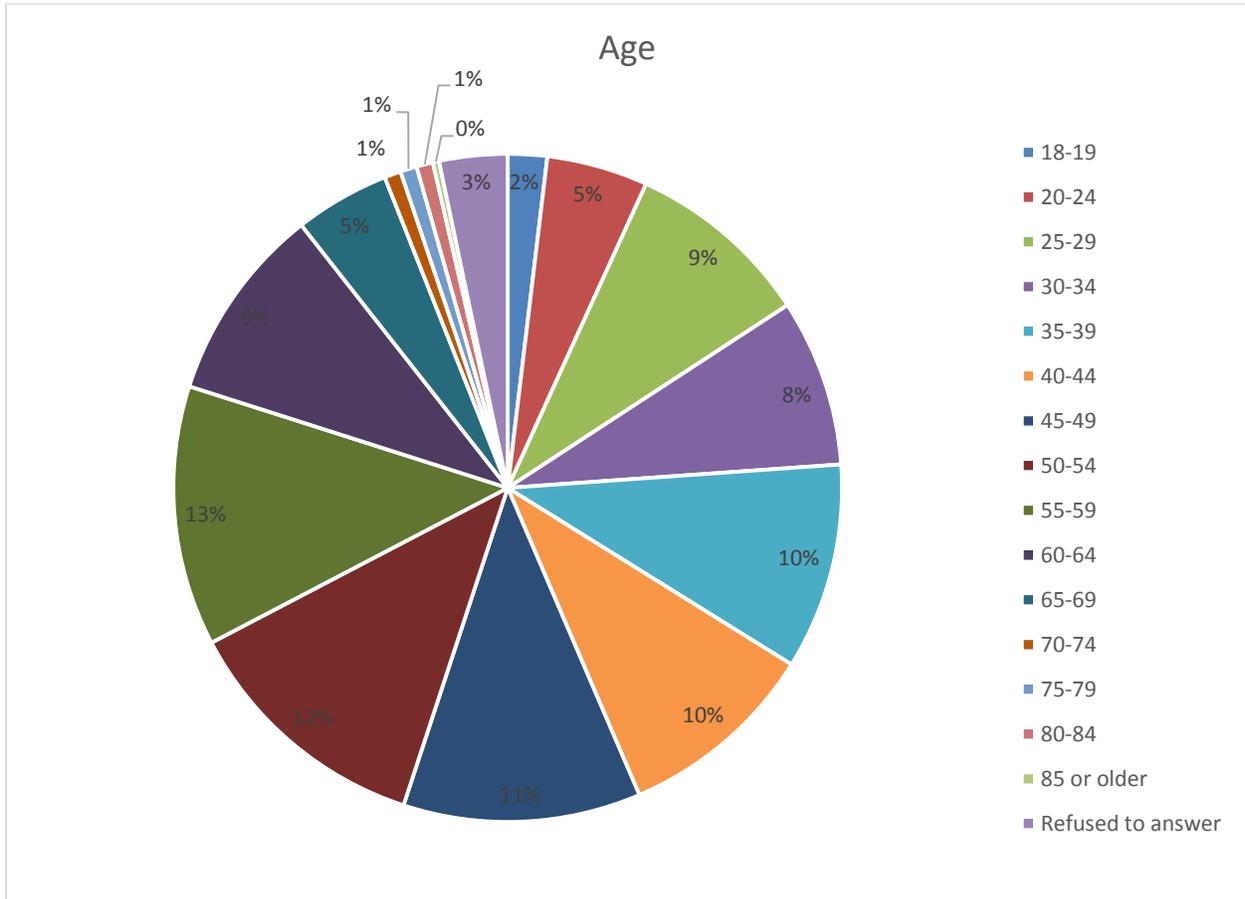


What would be the main reason you might not evacuate if asked to do so?



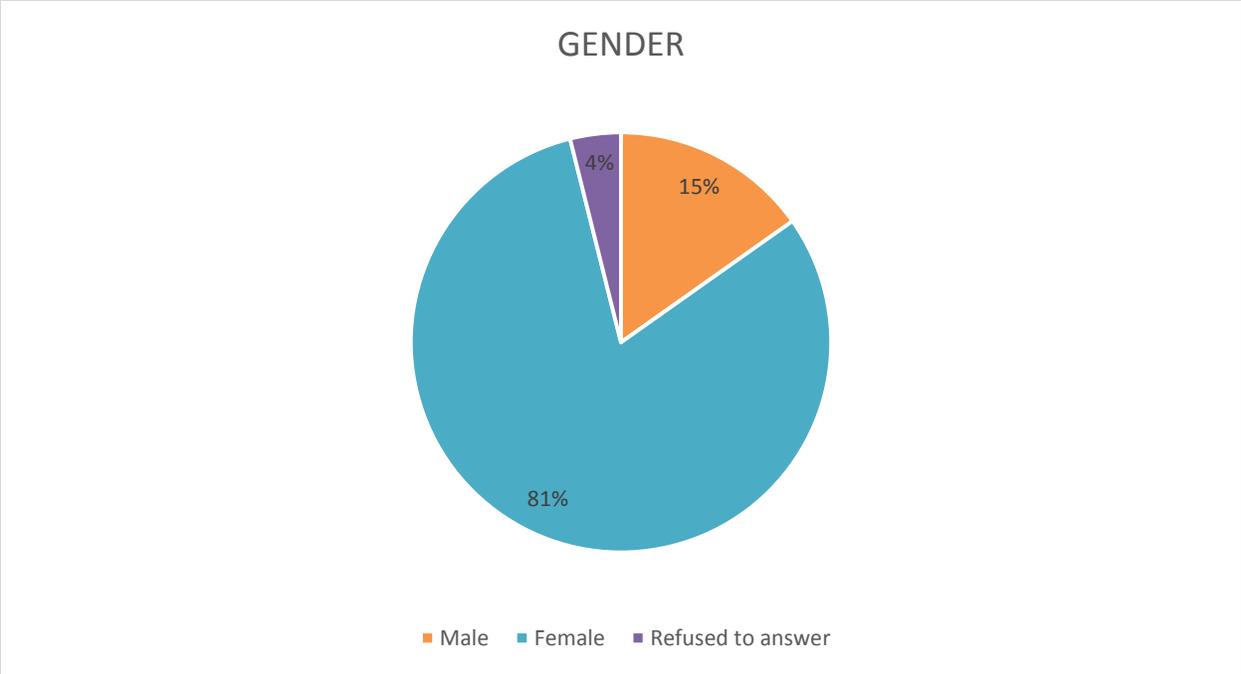
Demographic Questions

CHNA surveys were completed by respondents of different ages. The majority of respondents were age 55-59 (13%). In comparison to the previous CHNA the majority age of respondents was 45-54 (28%). The data shows that the age increased by about 10 years of respondents from previous survey, while respondents age 25-35 was comparable at 17%.

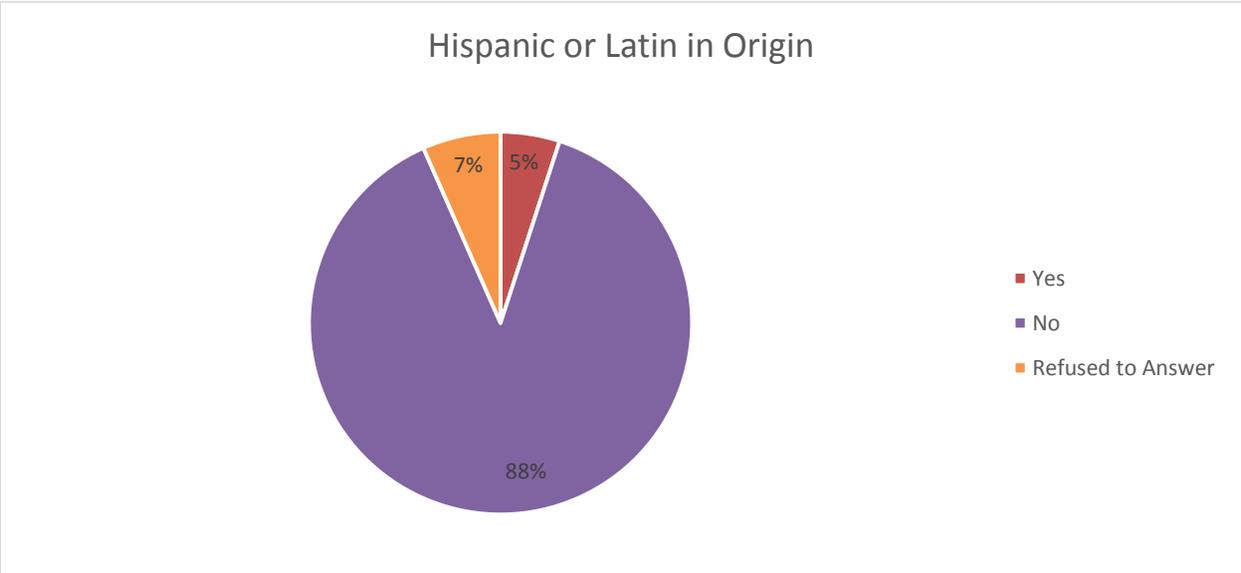


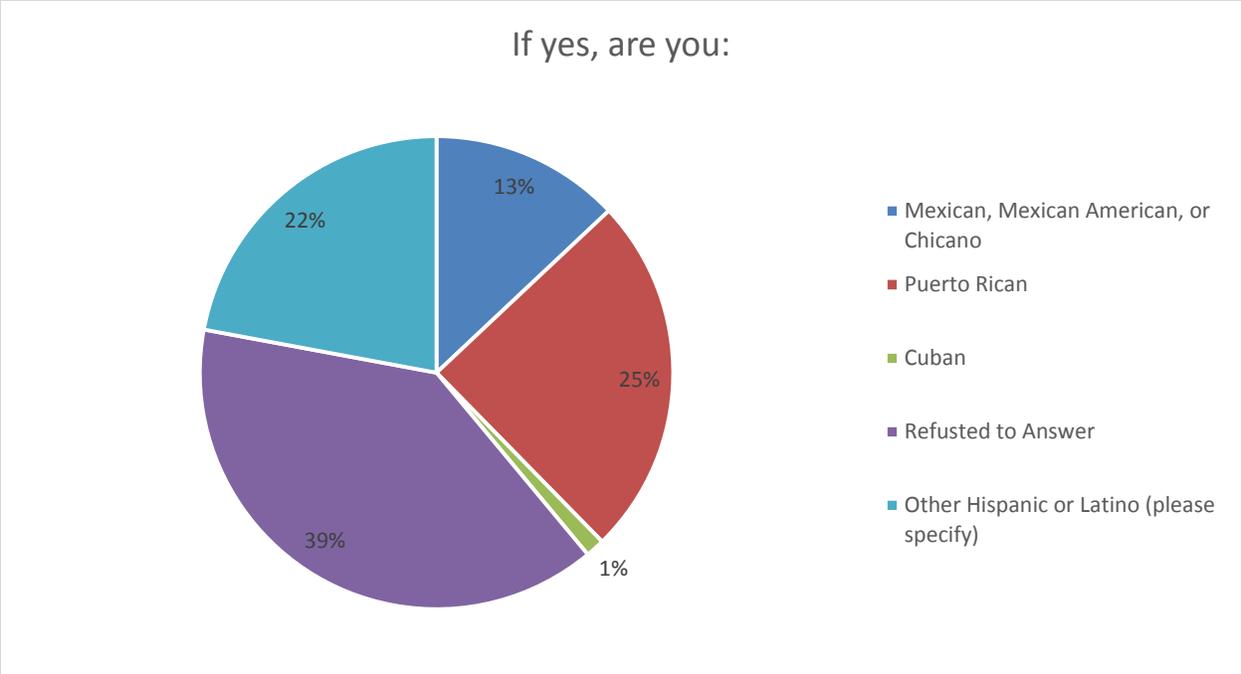
1,029 Community Health Needs Assessment (CHNA) surveys were returned: Majority of respondents were female at 80.9%, while 15.2% were male, and 3.9% refused to answer. As such, the total number of respondents does not match the total number of CHNA surveys returned.

- Females: 742
- Males: 139
- Refused to Answer: 36



The following graph shows the percentage of respondents who identified as being Latin or Hispanic in origin. The 5% who stated being of Latin or Hispanic origin 25% of those respondents reported being of Puerto Rican heritage.

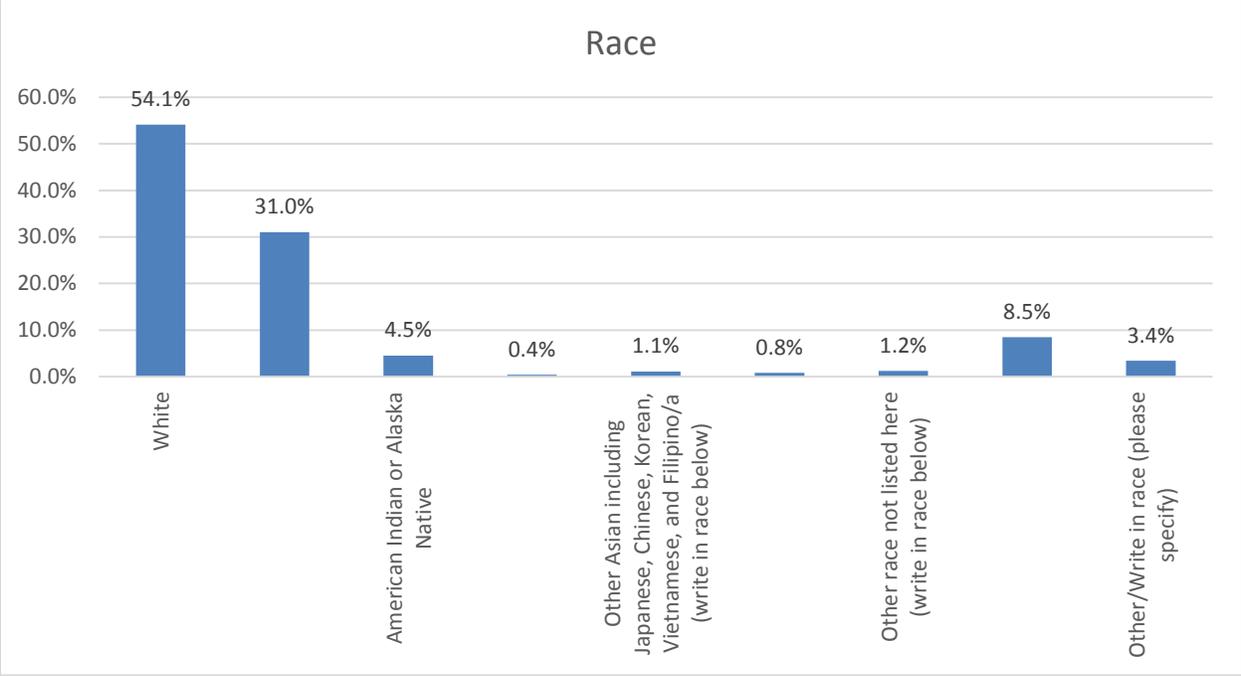




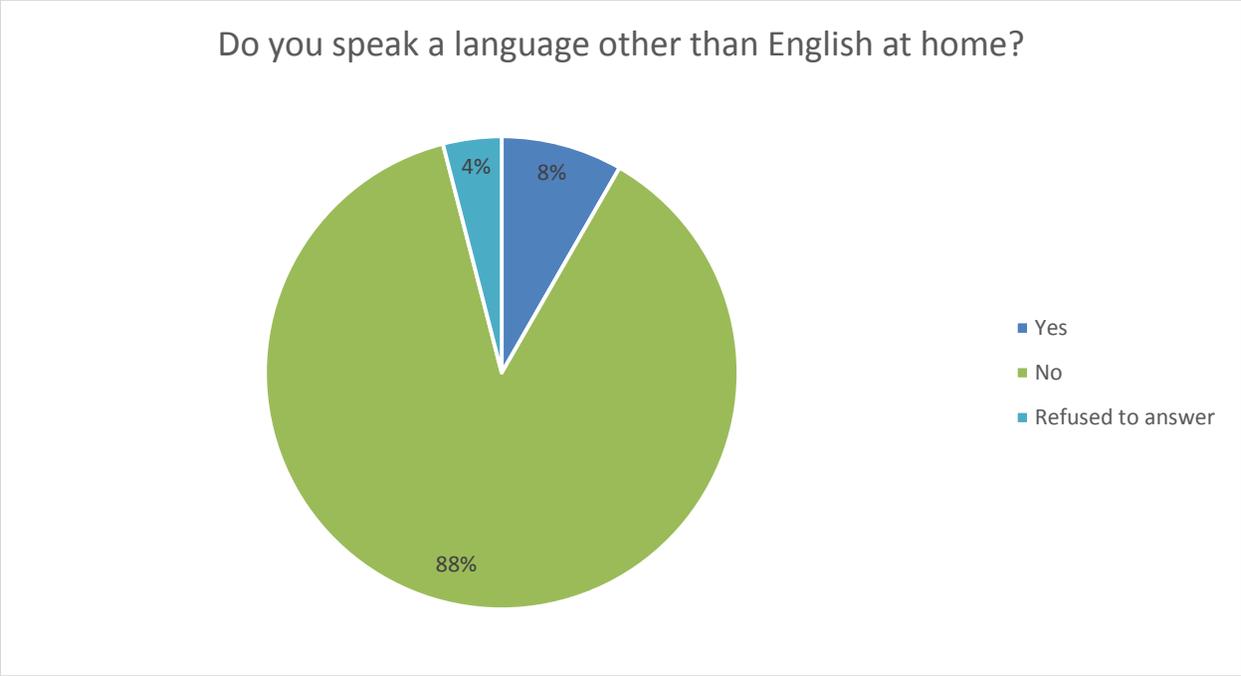
CHNA surveys were distributed throughout the county to represent each community within Cumberland County. A link to Survey Monkey was provided for those wishing to utilize electronic participation.

The following graph shows race and ethnicity of respondents to the CHNA survey.

- White – 54.1%
- African American – 31.0%
- American Indian or Alaskan Native – 4.5%
- Asian Indian – 0.4%
- Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino/a – 1.1%
- Pacific Islander including Native Hawaiian, Samoan – 0.8%
- Other race not listed – 1.2%
- Refused to Answer – 8.5%
- Other/ Write in race – 3.4



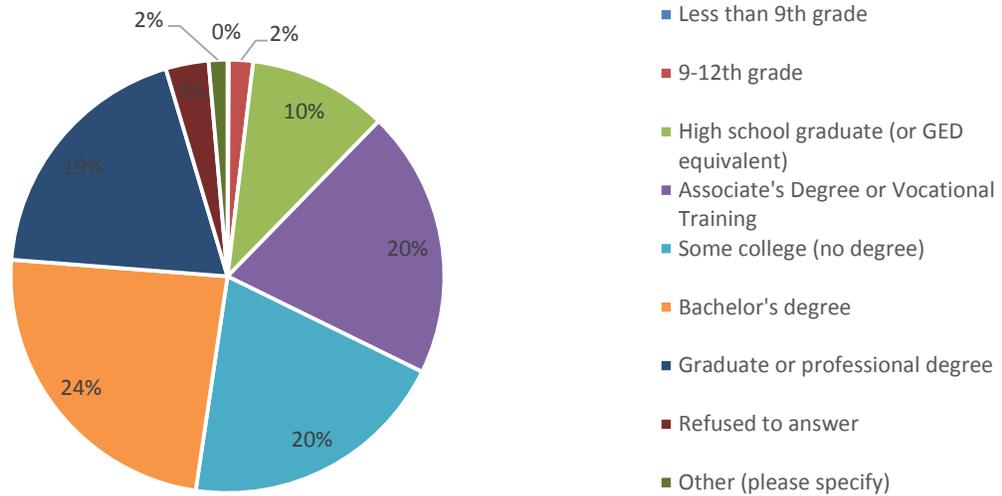
8% of respondents reported speaking another language at home besides English. 21 families reported speaking Spanish and 1 family reported speaking Esperanto which is a rare language currently only spoken by about two million people worldwide.



Ranking	Language	Total
1.)	Spanish	21
2.)	German	4
3.)	Greek	2
4.)	Italian	2
5.)	Portuguese	1
6.)	Hindi	1
7.)	Esperanto	1
8.)	French	1
9.)	Bilingual	2
10.)	Trilingual	3
11.)	Other	5

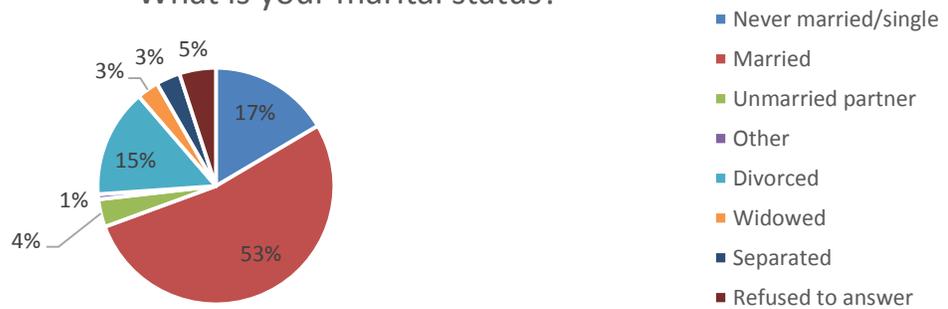
The following graph shows the highest level of education completed according to the respondent's data. 93% of respondents reported having at least a high school diploma or higher, and 63% reported having an Associate's degree or higher. Respondents with less than high school only counted for 2% of the data collected.

What is the highest level of school, college, or vocational training that you have finished?



Based on survey response 53% of people who took the survey were married, and only 31% were single or divorced.

What is your marital status?

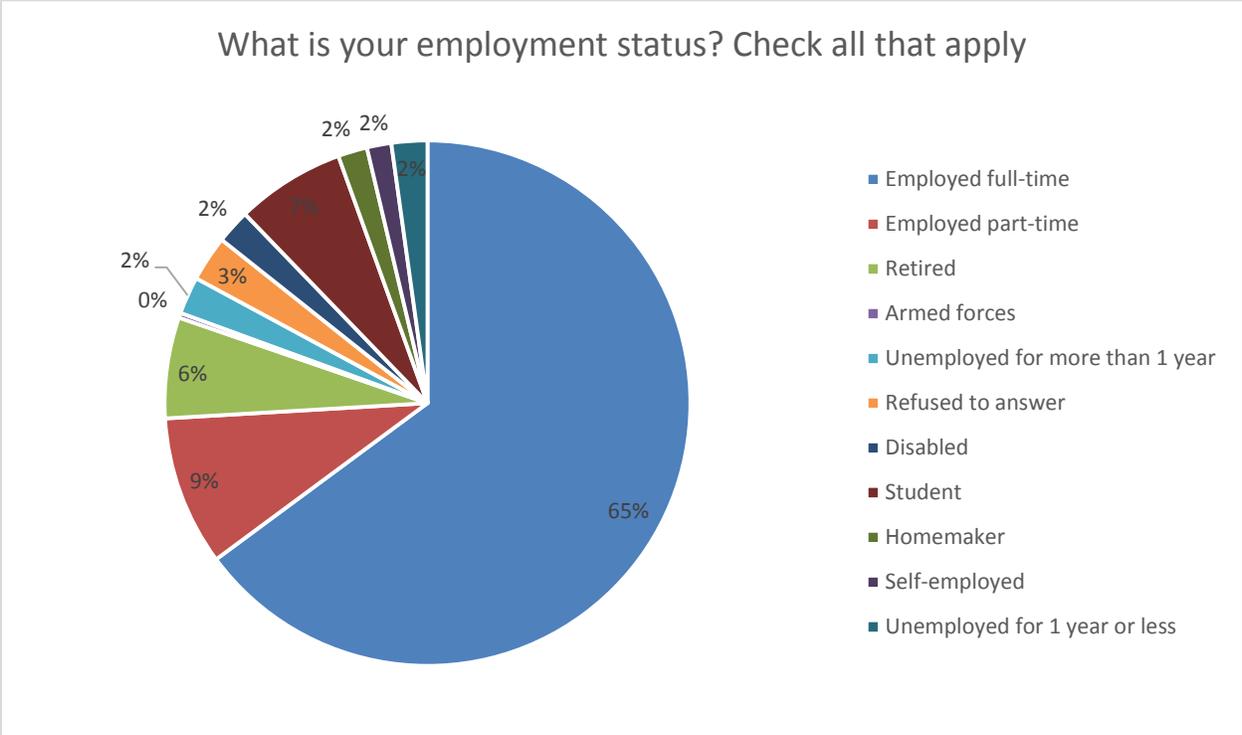


The total household income for respondents is depicted in the following chart. In comparison to previous surveys there was a significant similarity in respondents whose income was \$50,000 - \$74,999.

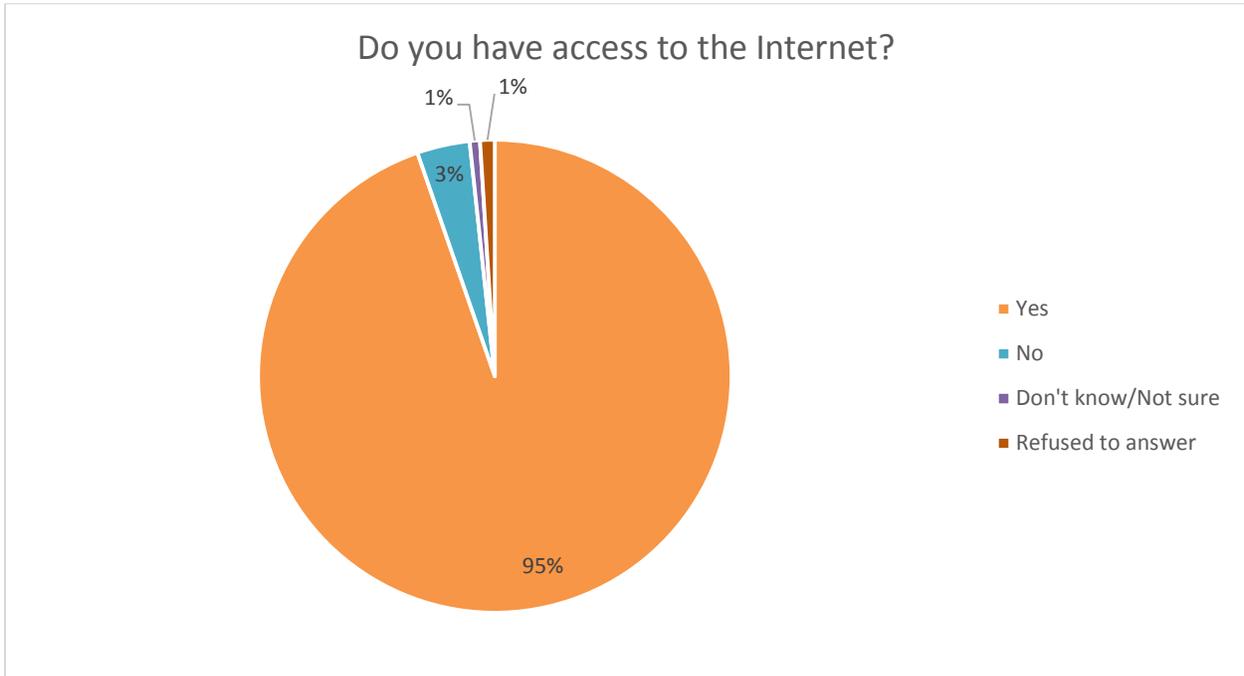
The number of people the income supports in comparison to the 2015 census shows that the average number of occupants in the home in North Carolina was 2.54. Respondents reported supporting two people the most with 262 people answering the survey.

	Number Of People Income Supports	Total
1.)	1 person or less	124
2.)	2 people	262
3.)	3 people	157
4.)	4 people	130
5.)	5 people	44
6.)	6 or More people	29

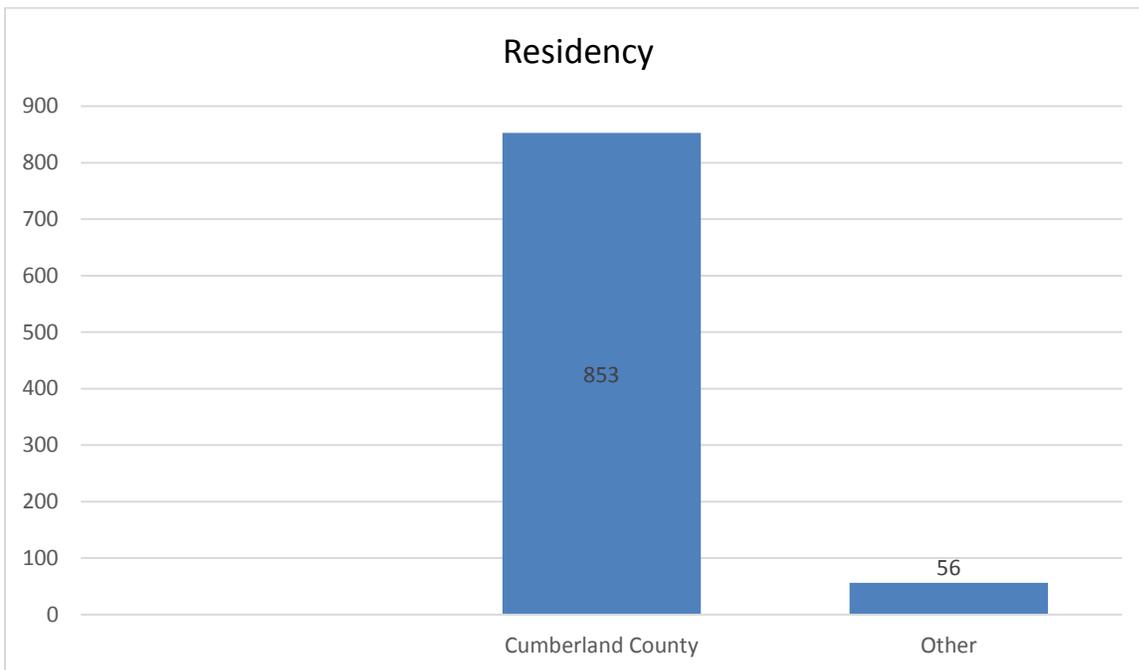
The majority of respondents reported being employed full time (65%), the previous CHNA survey had 90% of respondents employed which when compared to this year’s survey was almost 15% higher.



The following chart shows how many people reported having access to the internet in Cumberland County.



Majority of respondents who completed the CHNA survey live in Cumberland County as shown by the following chart.



Conclusion

In conclusion this year's survey had a lower number of respondent from the previous survey. However, the information provided gave a much more descriptive image into what Cumberland County looks like. Comparing the data to the Census and previous surveys a number of things became clear. According to this year's data when compared to last surveys data there was a 1% drop in people who reported smoking, and the average income was comparable at \$50,000 - \$74,999. Overall, the data tables were reliable and very descriptive in the healthcare needs and concerns of the population in Cumberland County. This data should give a clear picture of where the facilities and needs should begin to focus in the years to come to better suit the needs of the community the healthcare system serves.

References

Cape Fear Valley Medical Center 2013-2015 Community health Needs Assessment (pp. 56-89, Rep.). (2015). Fayetteville, NC.

Persons per household, 2010-2014. (n.d.). Retrieved July 26, 2016, from <http://www.census.gov/quickfacts/table/HSD310214/37>