

State of the County Health Report

2019 Report



Cumberland County Department of Public Health

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co.cumberland.nc.us/public-health

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Board of Health

Cumberland County Department of Public Health is governed by the Cumberland County Board of Health, which is composed of up to eleven 11 members appointed by the Board of Commissioners.

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Cumberland State of the County Report & Overview Demographics Data - 2019

North Carolina requires local health departments to conduct a Community Health Assessment (CHA) every four years as part of their consolidated contract and accreditation.

During the years between health assessments, health departments submit an abbreviated State of the County Health (SOTCH) report.

Cumberland County's report includes an overview of selected health indicators, information on demographics, maternal and child health and leading causes of morbidity and mortality.

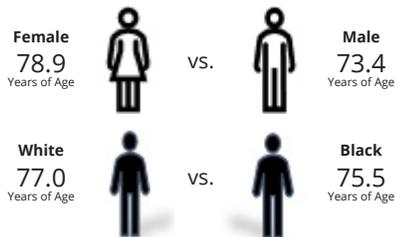
Local programs and initiatives highlight progress in addressing the top five health issues as identified by Cumberland County residents.

2019 Racial/Ethnicity Distribution

	North Carolina	Cumberland County
White	70.6%	51.1%
Hispanic/Latinx	9.6%	11.9%
African American	22.2%	39%
Asian	3.2%	2.8%
Native Hawaiian/Pacific Islander	0.1%	0.4%
American Indian	1.6%	1.8%
Two or More Races	2.3%	4.8%
White alone, not Hispanic or Latino, percent	62.8%	42.6%

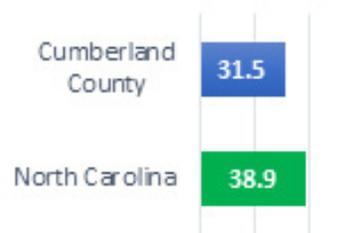
Life Expectancy ³

The life expectancy of people in Cumberland County is **less than** in NC.



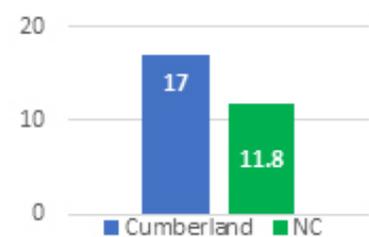
2019 Age ²

The median age in Cumberland is **younger** than in NC.



2019 Poverty ²

The percent of people living in poverty in Cumberland is **higher** than in NC.



Median Household Income ¹

Median household income is **lower** in Cumberland than NC.

Cumberland County
\$45,716

North Carolina
\$52,413

Percent Uninsured ¹

Lower percent of uninsured live in Cumberland.

Cumberland County
10.7%

North Carolina
12.7%

Unemployment ⁴

Unemployment rate is **higher** than NC.

Cumberland County
5.1%

North Carolina
3.9%

Veteran Status ²

Cumberland has more than **double** the rate of veterans in NC.

Cumberland County
20.9%

North Carolina
8.3%

Educational Attainment ¹

Cumberland has a **higher** attainment of high school graduation.

Cumberland County
90.7%

North Carolina
87.4%

Vulnerable Populations in Cumberland County

Includes groups that have been well integrated into the health care systems due to cultural, economic, geographic or health characteristics.

These populations may be at higher risk during disasters.

Vulnerable Populations ⁵	% of Population
Persons with Disabilities	13.2%
Income Below Poverty	17.0%
Persons 65 years and older	11.2%
Persons 0 to 19 years old	27.9%
Renters paying 30% or more on Rent	46.9%
No access to a vehicle	6.5%

Social Determinants of Health (SDOH)

Living in neighborhoods with limited access to nutritious foods and safe places to exercise leads to an increase in advertisements of tobacco, alcohol and high-calorie foods.

High disparity communities may also be exposed to risk factors that increase their chances for chronic diseases later in life, poor quality of life and or shortened life expectancy.

Cumberland County has six census tracts that are indicated with the dark red on the map as high values of high disparities.

The SDOH were evaluated in three domains:

- Economics
- Housing and Transportation
- Social and neighborhood

Each domain has an established set of indicators used as an indicator of poor health outcomes.

Census tract 24.01 has the **highest disparity** being impacted in all three domains and every indicator.

Learn more about the tract 24.01 by visiting <https://arcg.is/0KOn9v>.

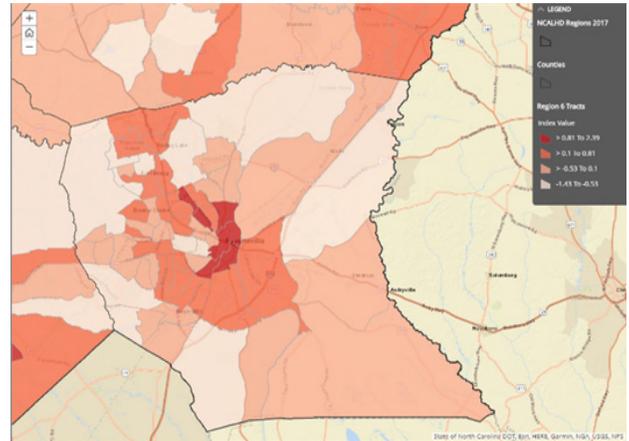
What is Cumberland County doing about the SDOH?

Cumberland County Department of Public Health is hosts and/or participates in a myriad variety of programs and work groups to address the underlying causes to address that contribute to SDOH.

These workgroups include:

- Racial Equity Institute Groundwater Training April 2019
- Community Collaborative
- Cumberland Family Advisory Committee for Disabilities (CFAC)
- Fayetteville Cumberland Reentry Taskforce
- HIV Taskforce
- Sheltered/Unsheltered Homeless Coalition

Cumberland County SDOH Map



1

Priority 1: Access to Care

Access to care is defined by the Institute of Medicine as “the timely use of personal health services to achieve the best health outcomes.” Access to health care not only affects physical, social, and mental health, but also affects quality of life. It is important to increase the access of the population to comprehensive and quality health care services to promote and maintain good health and to prevent and manage disease.

Local Community Objective

All individuals and families will receive appropriate health care regardless of ability to pay.

NC Healthy People 2030 Goal

Decrease the uninsured population under age 65 without health insurance from 12.7% to 8%.

Cumberland Baseline

Uninsured population under age 65 without health insurance is 10.7%.¹

Strategy 1: Increase the number of innovative programs and or research techniques used to improve access to health care.

Strategy 2: Expand safe, high-quality healthcare options, and encourage innovation and competition.

Turning the Curve in Cumberland County

- Cumberland County Department of Public Health is working with Cumberland County Department of Social Services (DSS) to embed a DSS Medicaid Eligibility Specialist in-house at the Health Department, as of October 2019.
- DSS Medicaid Eligibility Specialists are in place at the Women’s Health Clinic as of October 2019.
- Cumberland County is actively engaged in NCCare360 which connects people to community

NC Healthy People 2030 Goal

Increase the primary care workforce for 62 counties to 100 or decrease the primary care provider to patient ratio by 25% (ratio is 1:1,500).

Cumberland Baseline

In Cumberland County, primary care physician to patient ratio is 1:1,349.⁷

Strategy 1: Conduct monitoring, data collection and analysis and general research on the healthcare workforce.

Strategy 2: Strengthen and expand the healthcare workforce to meet the County’s diverse needs.

Turning the Curve in Cumberland County

- The Cumberland County Healthcare Next Generation Partnership, also known as the Greater Cumberland Health Sector Partnership, the first initiative of its kind in North Carolina, met in Fayetteville on June 14, 2018. The Cumberland County Workforce Development Board, Fayetteville Cumberland County Economic Development Corporation, and other partners brought together more than 20 representatives from Cape Fear Valley Health, the Womack Army Medical Center (WAMC), private providers, and healthcare-related businesses.
- The Partnership has three primary workgroups: preventing obesity, integrating, and coordinating care in the community, and building a stronger talent pipeline. A survey was developed to understand employer needs, employer pipeline, and deficits in training and education programs. **Survey results have been used to apply for a Golden Leaf Grant to begin working on identified needs.**

Did you know?

In Cumberland County

- There are an estimated **82,870 children** (*).¹
- Among children, **5.6% are without health insurance**.⁶
- There are an estimated **252,638 adults**.¹
- Among adults 19-64 years old, **13.8% are without health insurance**.

* Children used in this data includes children aged 0 to 18 years old.

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Priority 2: Economy

Poverty is connected to poor health outcomes. Income is vital to connect people to their basic needs including safe and affordable housing, healthy foods, education, healthcare and services, and transportation. Adults with family incomes below and near poverty experience more stress, particularly financial stress, which is detrimental to their overall health and well-being.

The North Carolina Department of Commerce annually ranks the state’s 100 counties based on economic well-being and assigns each a tier designation. This tier system is incorporated into various state programs to encourage economic activity in the less prosperous areas of the state. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. **Cumberland County was ranked in 2020 as Tier 1.** In Cumberland County, the median household income in 2019 was **\$45,716** and in North Carolina the median household income was **\$52,413.**¹

Local Community Objective

Promote economic and social well-being for individuals, families, and communities.

Poverty in Cumberland County

18.2% of females live below the poverty level

29.8% of American Indian and Alaska Native families live in poverty

There are **290** 15 - 17 year olds living below poverty

17% of the community live in poverty

14.8% unemployed

37.8% who work live below poverty level

23% of children are growing up with adverse childhood experiences ⁸

NC Healthy People 2030 Goal

Decrease the number of people living in poverty* from 36.8% to 27%.

Cumberland Baseline

Decrease the number of people living in poverty from 17% to 10%.

** Poverty is percentage of individuals with incomes at or below 200% of the federal poverty level*

Strategy 1: Help Strengthen Communities

Strategy 2: Leverage the Affordable Care Act (ACA) to improve health care and human services access for vulnerable children and families

Turning the Curve in Cumberland County

Cumberland County Department of Public Health

- Uses Community Services Block Grant (CSBG) funds to create organizational standing for performance management system.
- Engages in efforts through NCCARES 360 and other agencies to initiate and complete an overall ACF plan for ACA outreach, education and preparation for enrollment.
- Supports and regularly engages in efforts to provide access of low-income parents and children to health care coverage through medical child support policies, outreach, and technical assistance efforts and continues to align medical child support policies with the ACA.
- Promotes intimate partner violence healthcare screening and counseling through training, technical assistance and linkages with domestic violence service providers.
- Works to expand transit options in rural and low-income communities. Fayetteville Metropolitan Planning Organization (FAMPO) will have an updated plan in June 2020.
- Works to revitalize and create jobs in one of the communities greatest impacted by social determinants of health. Plans to uplift and support the community will be updated in May 2020.

3

Priority 3: Exercise, Nutrition and Weight

Physical Activity activity is positively linked to mental, physical, and population outcomes.⁵ Neighborhoods with greater opportunities for exercise are healthier and have decreased risks for chronic conditions that lead to poor quality of life and or death.⁵

Local Community Objective:

Increase physical activity opportunities and improve access to healthy foods.

Cumberland County					
22.1%	20%	6	23.6%	94.5 per 100,000	339.4 per 100,000
North Carolina					
20.9%	16%	7.5	30.7%	68.2 per 100,000	210.7 per 100,000
Percent of children ages 0–17 who are food insecure in Cumberland County, 2016. ⁹	Percentage of residents who lack constant access to a reliable food supply , including, but not solely focused on, fruits and vegetables, in Cumberland County, 2018. ⁸	Food Environment Index Score (0 to 10) that equally weighs two indicators: Percentage of people with limited access to healthy foods, and percentage of people with food insecurity in Cumberland County, 2018. ⁸	Percent of children ages 2–4 who receive WIC and are classified as either overweight or obese in Cumberland County, 2017. ⁹	Number of motor vehicle crashes involving a bicyclist in Cumberland County, 2015. ⁸	Number of motor vehicle crashes involving a pedestrian in Cumberland County, 2015. ⁸

NC Healthy People 2030 Goal

Decrease the percentage of people who are low-income that are not near a grocery store from 7% to 5%.

Cumberland Baseline

In Cumberland County, 13% of low-income residents** do not live close*** to a grocery store.⁸

** 200% or less of the federal poverty threshold for the family size

*** more than 10 miles away in rural areas, or over one mile away in nonrural areas

Strategy 1: Increase access to healthy foods in childcare, schools, churches, workplaces, and other community-based settings.

Strategy 2: Increase the number of community or small retail venues providing access to healthy foods.

Turning the Curve in Cumberland County

- Since June 2019, the Cumberland County Department of Public Health has completed two (2) small retail stores that have completed assessments in communities identified as food deserts.
- Two Cumberland County Department of Public Health staff members trained in Go NAPSACC to assist childcare centers with build healthy eating and physical activity habits in children through our easy-to-use online tools.

NC Healthy People 2030 Goal

Increase the NC access to exercise opportunities 73% to 92%.

Cumberland Baseline

In Cumberland County, 25% of adults who are physically inactive.⁷

Strategy 1: Increase access to evidenced-based and informed interventions that support physical activity in childcare, schools, churches, workplaces, and other community-based settings.

Strategy 2: Promote active transportation through walkability assessments, educational and/or media campaigns, way-finding signage, or jurisdiction-wide plans.

Turning the Curve in Cumberland County

- In March 2020, Cumberland County Department of Public Health and 20 vendors participated in the Building a Better Block Murchison Road, active transportation activity planned with FAMPO
- Between January 2015 – March 2020, Cumberland County held more than 27 evidence-based workshops to promote physical activity through EatSmartMoveMore, Tai Chi for Arthritis and Falls Prevention, and A Matter of Balance at churches, community-based settings, and senior centers.

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Priority 4: Public Safety

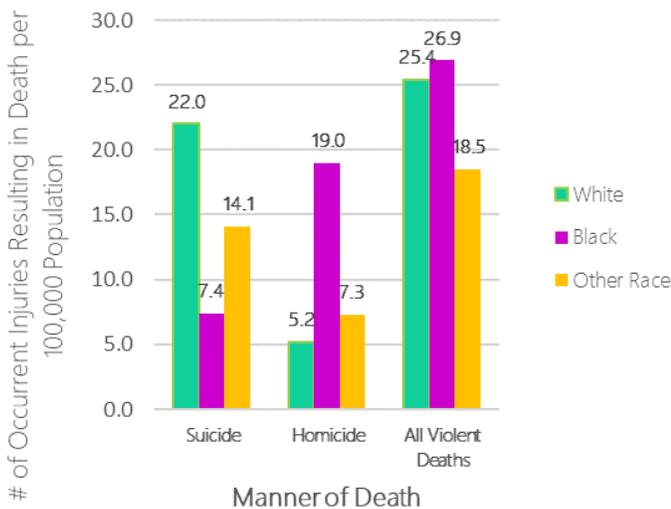
“The disparities we often see in health outcomes for people of color are rooted in the historical and continued structural racism found in our society that have resulted in inequitable opportunities for healthy lives”.⁵ A person’s health can be affected by access to financial and community resources, educational system, safety, and “interpersonal relationships.”¹⁰

Child maltreatment is defined as abuse and neglect of a child younger than age 18 by a parent, guardian, or caregiver.⁹ Factors that can contribute to child maltreatment include the presence of adults facing substance use disorders, mental illness (notably maternal depression) and intimate partner violence.⁹ Young children are especially vulnerable for experiencing maltreatment.⁹

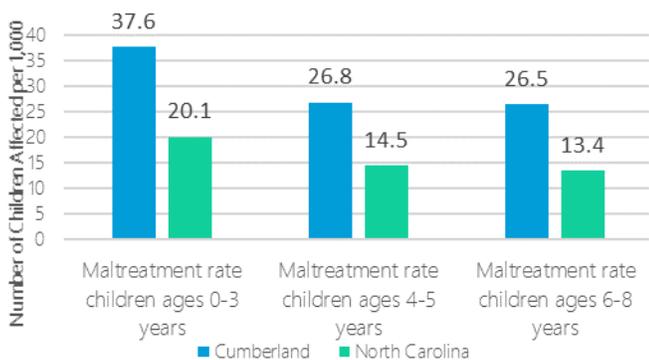
Local Community Objective

Dismantle structural racism as a method to improve public safety and improve child safety.

Manner of Death by Race: Cumberland, 2006–2015¹¹



Maltreatment Rates per 1,000, 2017



NC Healthy People 2020 Goal

Decrease the age-adjusted death rate due to homicide is 6.2 deaths per 100,000.

Cumberland Baseline

In Cumberland County, the age-adjusted death rate due to homicide 11.1.¹²

Strategy 1: Improve conditions and programs in jails and prisons to reduce harmful impact and foster successful reintegration into community.

Strategy 2: Improve access to treatment for substance use disorders, physical illnesses, and mental illnesses

Turning the Curve in Cumberland County

- Since June 2018, serves on the Fayetteville Cumberland Reentry Council Safer Communities to provide coordinated assistance and care for persons being reintegrated into the community.
- Participates in more than four re-entry fairs to assist newly released community members with services including physical illness and referrals to substance use disorder services.
- Hosts Operation CeaseFire, an opportunity for law enforcement, neighbors and youth to have fun and build relationships. This program has reached more than 700 people.
- Lead agency in Positive Parenting Program (Triple P). Triple P is an evidence-based program geared towards encouraging parents and caregivers to be the best parents using skill-based techniques proven to work. More than 80 trained practitioners in level three, more than 400 children and 200 parents served, and six counties utilize the program.
- Member of the Strengths in Overcoming Adversity thru Resiliency (SOAR) Community Coalition. Led 5,000 individuals to understand Adverse Childhood Events (ACEs) through: “The Biology of Stress and The Science of Hope” to increase the understanding of the impact of ACEs was completed by November 20, 2018. This was to prevent child maltreatment.

5

Priority 5: Substance Misuse

Substance misuse is the use of harmful or hazardous psychoactive substances and has major impacts on individuals, families and communities. Substance misuse contributes to public health problems in social, physical and mental wellbeing. The reduction of substance misuse should be addressed to protect the health, safety and quality of life for the population.

Substances includes the use of medications and drugs like heroin, natural opioid analgesics and semisynthetic opioids, methadone, other synthetic opioid analgesics, benzodiazepines, cocaine, and psychostimulants.

Local Community Objective

Decrease drug overdose deaths.

NC Healthy People 2030 Goal

Number of persons who die because of drug poisoning per 100,000 population from 20.4 per 100,000 to 18.0 per 100,000.

Cumberland Baseline

In Cumberland County, there were 74 opioid poisoning deaths in 2018.

Strategy 1: Avert future opioid addiction by supporting youth and families

Strategy 2: Improve access to drug treatment programs, including medication-assisted treatment

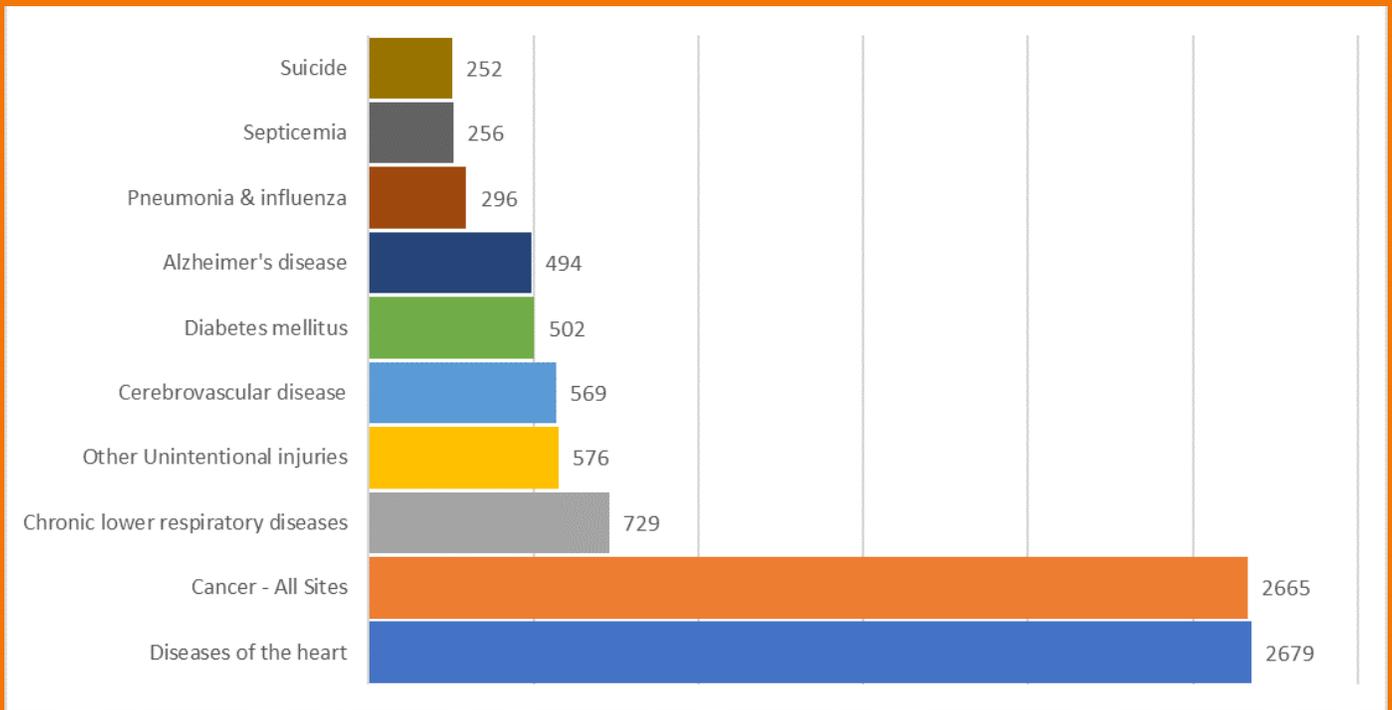
Turning the Curve in Cumberland County

- Cumberland-Fayetteville Opioid Response Team (C-FORT) is dedicated to improving the opioid response in our community through a collaborative effort among local government and community stakeholders. C-FORT members meet once per month with North Carolina Harm Reduction as the organization that manages the CDC grant. This group includes law enforcement, clergy, higher education, Fort Bragg, treatment centers, municipal leaders, health educators and County departments.
- May 2019 - December 2019: Rx Awareness Campaign. Advertising campaign targeting local movie theatres, bus wraps, social media and television using printed materials and videos from the CDC. Rx Awareness materials featuring C-FORT logo, AllianceHealth number and website. There were 207,670 impressions people impacted byfrom the Spectrum Television Ad Campaign, 12 YouTube views, 150 brochures, 6,000 impacted by the impressions from the bus ads and 7,400 impressions by the movie theatre ads.
- The Health Education Division offered its first Falls Prevention Awareness Day 2019 at Smith Recreation Center for AARP Fayetteville Chapter, Mid Carolina Council on Governments and The Loyal Seniors.
 - Discussion on the effects of opioids and falls
 - Demonstrations
 - Tai-chi
 - Medicine Drop Off
- Methodist University has started its first collegiate community for recovery in January 2020.



Leading Causes of Death

2014-2018 Leading Causes of Death in Cumberland County¹⁵



2014-2018 Leading Causes of Death by Race in Cumberland County¹⁶

White

1. Heart diseases
2. Cancer
3. Chronic lower respiratory diseases
4. All Other unintentional Injuries
5. Alzheimer's disease

Minority Population

1. Heart diseases
2. Cancer
3. Diabetes mellitus
4. Cerebrovascular disease
5. Alzheimer's disease

2014-2018 Leading Causes of Death by Age in Cumberland County¹⁵

Ages 0-19

Conditions originating in the perinatal period

Congenital anomalies (birth defects)

Motor vehicle injuries

Ages 22-39

Other unintentional injuries

Motor vehicle injuries

Suicide

Ages 40-64

Cancer - All Sites

Diseases of the heart

Other Unintentional injuries

Ages 65-84

Cancer - All Sites

Diseases of the heart

Chronic lower respiratory diseases

Ages 85 and older

Heart diseases

Cancer - All Sites

Alzheimer's disease

Health Behaviors and Highlights

Live Births	Cumberland County ¹⁷	North Carolina ¹⁸
2018 Cumberland County Live Births	5,402	118,957
Live birth rate (per 1,000 population) ¹⁵	16.3	11.5
Infant mortality (per 1,000 live births)	6.3	6.7 ¹⁶

Live Births by Race (per 1,000 population)	
White Non Hispanic	14.8
Black Non Hispanic	16.4
Hispanic	20.0

Birth Outcomes ¹⁷		
	Births	% of Births
Low Birth Weight (<= 2500 mg)	536	9.92%
Total C-Section	1,411	26.11%

Births to Mothers with Chronic Conditions During Pregnancy ¹⁹		
	Births	% of Births
Gestational Diabetes	296	5.48%
Gestational Hypertension	376	6.96%

2018 Cumberland County Live Births by Age of Mother ¹⁹		
Age of Mother	Births	% of Births
40 and older	98	1.81%
30 – 39	1,658	30.7%
20 – 29	3,063	56.7%
Teens < 20	299	5.53%
Teens 10-14	2	0.04%
Teens 15-17	54	1%
Teens 18-19	228	4.22%

Maternal Risk Factor		
Births by Pre-Pregnancy BMI (kg/m ²)	Births	% of Births
Underweight (<18.5)	184	3.4%
Normal Weight (18.5-24.9)	2,160	40%
Overweight/Obese (>=25)	3,040	56.3%
Unknown	18	0.3%

Communicable Diseases			
	2016(n)	2017(n)	2018(n)
Salmonellosis	137	113	143
Pertussis	300	429	388
Shigellosis	660	296	301
Tuberculosis	219	213	196

Rates of Sexually Transmitted Infections (STIs) (per 1,000 population)			
	2016 (n)	2017 (n)	2018 (n)
AIDS ¹	33	24	37
Chlamydia ²	3,360	3,656	4,062
Gonorrhea ³	1,249	1,485	1,488
Syphilis ⁴	27	32	54
HIV ⁵	65	69	60

1 AIDS, Newly Diagnosed (Stage 3) Rates among Adults and Adolescents
 2 Newly Diagnosed Annual Rates
 3 Newly Diagnosed Annual Rates
 4 Newly Diagnosed (non-primary, non-secondary) Annual Rates
 5 Newly Diagnosed HIV Rates among Adults and Adolescents

New Initiatives and Emerging Trends



Baby Store

The Baby Store connects clients to services at the Health Department and additional resources with partnering agencies. Some of those services include access to healthy foods and nutrition education, breastfeeding support, and maternity support. The Baby Store is an incentive program that awards “Baby Bucks” to patients who attend scheduled clinic appointments and participate in educational programs designed to reduce infant mortality and increase safe parenting. Clients can then spend their bucks in the baby store on a variety of baby items.

The Baby Store is an initiative to combat infant deaths. North Carolina Department of Health and Human Services (NC DHHS) State Health Director and Chief Medical Officer, Dr. Betsey Tilson, attended the ribbon cutting for the baby store and applauded the initiative to tackle infant and maternal mortality. “I am so excited to be here because this is the kind of work that really makes a difference,” Tilson said.

The Baby Store helps connect clients to clinics & services within the Health Department and to additional resources with partnering agencies. Some of those services include access to healthy foods & nutrition education, breastfeeding support, and maternity support. The Baby Store is an incentive program that awards “Baby Bucks” to patients who attend scheduled clinic appointments and participate in educational programs designed to reduce infant mortality and increase safe parenting.

The “Baby Bucks” program has reached over 2,000 people since reopening in April 2019. In 2017, Cumberland County, there were 52 infant deaths and has decreased to 34 deaths in 2018.¹⁵

ICO MCH

Sandhills Collaborative

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Improving Child Outcomes for Maternal and Child Health (ICO4MCH) - Sandhills Collaborative

Improving Community Outcomes for Maternal and Child Health (ICO4MCH) is a multi-faceted, population-level maternal and child health initiative which works to address three areas: improve birth outcomes, reduce infant mortality and improve the health status of children ages 0-5.

ICO4MCH works to improve birth outcomes through the application of the Reproductive Justice Framework to increase utilization of reproductive life planning and access to long acting reversible contraceptives. The program has three coordinators for reproductive life planning, breastfeeding, and Clinical Effort Against Secondhand Smoke Exposure (CEASE).

The community became advocates and partnered events for maternal and child health needs. Events include:

- Partnered with Regional Coordinators for Health Fairs, Program Events and Regional Calls
- Participated in Regional Data Collection for Breastfeeding, Reproductive Life Planning and C.E.A.S.E., Regional Meetings, Statewide Trainings, and Program Evaluation
- Smoking Cessation Events: <https://youtu.be/acnjwMJU0-k>
- CEASE Resources and Video: <https://www.youtube.com/watch?v=XN7b3ju6JtM&feature=youtu.be>
- Referrals to FreshStart Program from Child Health
- Revitalized QuitlineNC and Child Health brochures for CCDPH
- Racial Equity Institute Training at CCDPH
- Sister Song Training for Regional Collaborative

New Initiatives and Emerging Trends



1-800-QUIT-NOW
1 - 8 0 0 - 7 8 4 - 8 6 6 9

Results Based Accountability (RBA) Training

In November 2018, an assistant county manager, board of health member, and key stakeholders were trained in Results Based Accountability (RBA). The RBA framework designed to help develop capacity to impact community health improvement, track organizational implementation quality and community, the quality of work and its impact.

RBA Training facilitated the opportunity for five major plans to compliment the community health assessment (CHA) and plan development.

The four major outcomes of the training were:

1. Use RBA training tools at meetings to communicate.
2. Advocate for community partners to go through RBA training.
3. Keep in contact with Dr. Rebecca Reeve, RBA trainer.
4. Work to have RBA Scorecard to track feedback in real time.

Regional Smoking and Vaping Prevention

In Fall of 2019, the Cumberland County Board of Health signed two resolutions: One in support of Vape Shop Zoning Ordinances in all Cumberland County municipalities and one that supports the idea of tobacco free government grounds, vehicles, indoor public places including electronic devices. No action has been taken at this time by Cumberland County Commissioners in either of these areas.

Multiple media campaigns have been done in Cumberland County around tobacco control and prevention. The most recent was in partnership with Fort Bragg and UNC Lineberger Cancer Center.

Additional Efforts:

- Training for youth and adult leaders such as Yes! Adult Leader Training for Tobacco Prevention, in March 2018 and refresher training, in Spring 2019.
- Quarterly regional trainings and networking meeting for local stakeholders for implementation of tobacco free strategies, 5As/5Rs and best practices for policy adoption.

Community Health Assessment

The Community Health Assessment (CHA) offers a comprehensive picture of health in Cumberland County, but it cannot capture the work or emergent issues that take place between assessments. Public health, in collaboration with our many community partners, works diligently to take advantage of opportunities to improve health as well as strategize on how to proactively address pressing concerns that may arise.

What is the CHA?

While the SOTCH is conducted on an annual basis, the CHA is conducted every four years and provides a detailed picture of the overall health of our community. The most recent CHA took place in 2019. This 2020 SOTCH report provides an update of the information provided in that assessment.

What type of data is included in the CHA?

The CHA includes health indicator data such as access to care, communicable diseases, health behaviors, maternal and child health, mental health, leading causes of death, substance misuse, and a wide range of other health topics. The CHA also includes a community opinion survey, a community priority setting activity and action plan development.

Why do we conduct the CHA?

The CHA is a valuable resource used by the Health Department and other partners for strategic planning and to develop or support collaborative community action addressing identified priority issues. The CHA also meets requirements for state accreditation and funding.

Cumberland County also participated in the first Eastern Regional Community Health Assessment (ERCHA). The ERCHA was done in collaboration with 33 Eastern counties. The regional assessment process is governed by Health Eastern North Carolina (Health ENC) Steering Committee.

How were the Five Priority Areas chosen?

Gathering community input on the priorities is a key part of the CHA process. Input was gathered in three ways:

1. A community health opinion survey
2. A series of presentations to established community groups
3. A half-day community priority setting event.

Combined, these methods reached just over 1,265 community members.

Previous Community Health Assessments and outcomes

Go to: <http://www.co.cumberland.nc.us/departments/public-health-group/public-health>

This report was prepared by the Cumberland County Department of Public Health. The community coalition is a coalition of agencies and community members working together to improve the physical, mental, and social health and wellbeing of Cumberland County residents. This report will be available on the Cumberland County Department of Public Health website. Cumberland County Department of Public Health sponsored the printing of this report.

For more information about this report, to obtain copies or find the schedule for Cumberland County Department of Public Health: Health Education Division meetings or call (910) 433-3890.

Priority Areas for Cumberland County

1. Access to Care
2. Economy
3. Exercise, Nutrition and Weight
4. Public Safety
5. Substance Misuse

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