



2006

COMMUNITY HEALTH ASSESSMENT

CUMBERLAND COUNTY
DEPARTMENT OF PUBLIC HEALTH

E. Newton Smith Public Health Center
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Fayetteville, NC 28301
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www.co.cumberland.nc.us

Foreword

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 Community Health Assessment (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.

This report opens with an overview of the County that contains brief descriptions of location, employment, economy, education, transportation, housing and recreation. The CHA is comprised of core indicators determined by the State that assess the community in terms of leading causes of mortality and morbidity. The State Center for Health Statistics is largely the source of this data. Local data was compared with the State and measured by the Healthy People 2010 goals.

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Fayetteville Community Development
Cumberland Co. Business Council
Carolina Collaboration Community Care
Cumberland Co. Schools
Operation Sickle Cell
Mid-Carolina Area agency on Aging

County Overview

Cumberland County, located in the eastern part of the state, is 65 miles south of Raleigh in an area often referred to as the Sandhills. Fayetteville is Cumberland County's largest town and the county seat. Cumberland County has a total area of 658.11 square miles, with 652.43 square miles of land area. The county's average temperature in January is 40 degrees and 79 degrees in July. The average rainfall is 47 inches.

Cumberland County began as a settlement in the Upper Cape Fear Valley between 1729 and 1736 by European migrants known as Highland Scots. The area became a vital transportation link to other major settlements. A receiving and distribution center was established in 1730 on the Cape Fear River. This settlement was known as Campbellton. The Colonial Legislature passed an act in 1754 which resulted in the political division of Bladen County, creating Cumberland County. Cumberland County was named after the Duke of Cumberland (William Augustus), who commanded the English Army. The county grew and prospered as the Scotch-Irish, Germans and Moravians also entered the area. In 1778 Campbellton was named the county seat. In 1783, Campbellton was renamed Fayetteville in honor of Marquis de La Fayette, a French general that served in the American Colonies Revolutionary Army.

In 1918, the army purchased land in northwest Cumberland County and opened camp Bragg as an artillery and temporary training facility. Later the camp became a permanent army post and renamed to Fort Bragg, after Confederate general Braxton Bragg, a North Carolina native. Today Fort Bragg plays a vital role in the economy of the County as the base occupies approximately 43,000 acres of the County land area. ¹

Source: 1 - www.co.cumberland.nc.us

Fort Bragg

Fayetteville's biggest neighbor is something we're proud of. Yes, we brag about Fort Bragg. We are proud that our county is the site of the largest military installation in the world.

From the giant statue of "Iron Mike," monument to all American paratroopers to the desolate drop zones far to the west, Fort Bragg offers a fascinating insight into our nation's state of military readiness.

Twelve miles northwest of the city, Fort Bragg has its own highly specialized role in America's modern military arsenals. The base and its companion base, Pope AFB has an overwhelming economic impact on Fayetteville and Cumberland County. Fort Bragg brings 175,000 employees and dependents and an economic impact of nearly \$4 billion annually. Fort Bragg is similar to a city because it has its own mall, schools, hospitals, homes, utility works and entertainment facilities

Fort Bragg, established as a field artillery base in 1918 with a congressional allotment of \$14.5 million, had fewer than 5,000 people when the United States geared up for entry into World War II. Between 1940 and 1942, the population exploded to more than 100,000.

Today, Fort Bragg is headquarters of the XVIII Airborne Corps and the home of America's "Guard of Honor," the 82nd Airborne Division. It is also home of the U.S. Army Special Operations Command Headquarters and the Army's Golden Knights.

The post's real importance surfaced during World War II when it served as a training ground for all five Airborne Divisions. Through Vietnam, Grenada, Panama, and Operation Desert Storm, its disciplined soldiers have defended the interests of the United States proudly and bravely.

Pope Air Force Base

Pope Air Force Base, adjacent to Fort Bragg and Fayetteville, has a twofold mission: to provide the essential airlift capacity to the armed forces and to conduct humanitarian airlift missions anywhere they are needed in the world.

On March 27, 1919, Pope AFB used both balloons and handmade single-engine biplanes to photograph terrains for mapping, to spot for the artillery, to report forest fires and to carry some of the first airmail. Pope AFB provides the global reach and global power of the United States Air Force - capable of deploying a self-sustaining war fighting package anywhere in the world at a moment's notice, to form our nation's premier forced-entry capability with the U.S. Army. The 43rd Wing can rapidly deploy a highly trained composite force, and successfully plan and execute air operations in any theater, region, or contingency area as part of any joint or allied force, in support of national and military objectives. The 43rd Airlift Wing operates two squadrons of C-130 Hercules.

In terms of manpower, Pope has more than 5,000 active duty members assigned and over 300 civilian employees, and supports more than 6,500 dependents, civilians, and retirees.

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Source: 2 www.co.cumberland.nc.us ; <http://www.fayetteville.net/ftbragg.htm>
<http://www.fayetteville.net/pope.htm>

Environment

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 the 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 of Cumberland County is comparable to other communities in the Carolinas. Generally, these areas are known for their long, pleasant spring and fall seasons; a short and mild winter season; and a hot summer season.

It is not unusual for temperatures to reach 80 degrees during any month of the year. Normally temperatures drop to the freezing point only at isolated times during the months December through February.

Precipitation averages 42 inches a year. In spring and summer, rainfall usually comes in the form of heavy showers, lasting for short periods. In the fall and winter, rain tends to fall slowly and steadily over 24 to 48 hours time spans. Normally, snow and sleet occur in trace amounts, once or twice in a winter season and freezing rain is rare. An accumulated total of snow or sleet during a winter season averages less than 2 ½ inches.

The 'Air Quality Index' score is based on data gathered from the EPA, USGS, and local authorities. Although no city in the US ranked a score of poor or worst, there is still a wide spectrum of air quality index scores. Please note the score is only an estimate --- weather, the seasons, and local conditions can radically affect the air quality anytime during the year.³ Sources 3: EPA, USGS, and Synergos Technologies, Inc.

<http://www.ersys.com/usa/37/3722920/air.htm> , Cumberland County Business Council

AIR QUALITY

Cumberland County joined other parties in signing the Early Action Compact. The EAC is an agreement between the North Carolina Department of Environment and Natural Resources (NCDENR), local government and organizations, and the United States Environmental Protection Agency Region 4 (EPA) office. The EAC is intended to address the new 8-hour ozone standard and how Cumberland County will attain this new standard. Cumberland County was previously designated attainment for the 1-hour ozone standard, however, when EPA set the new standard, Cumberland County was in danger of becoming non-attainment for the 8-hour ozone standard. This agreement is a commitment from Cumberland County to reduce ground level ozone sooner than EPA

regulates. While Cumberland County has this agreement it is designated "non-attainment deferred".

Cumberland County submits a Bi-Annual Progress Report of its Early Action Compact strategies to EPA and NCDENR every June and December. These strategies include activities and accomplishments demonstrated by all parts of the community, including local government and businesses. Some examples of those strategies would be the organization of our Air Quality Technical and Stakeholders committee which is composed of citizens, local government officials, community leaders and environmental personnel; the retrofitting of Diesel School Buses on Fort Bragg; the revision of the Landscape Ordinance and the Enhance Mass Transit System of Fayetteville Area System of Transit. Cumberland County is continuously working to educate the community on air quality and its effect on health and economics.⁴

4- Source: Cumberland County Business Council
Cumberland County Planning & Inspections department,
www.co.cumberland.nc.us

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 the 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.

Although the governments of the City and County are separate, many local government agencies serve the residents of both, including the Schools, Libraries, Health Department, Mental Health and Department of Social Services. Commissioners serve on the Board of Health, Board of Mental Health, Board of Department of Social Services and Cape Fear Valley Health System's Hospital Board.

The board of commissioners meets twice a month, the first Monday of each month at 9:00 a.m. and the third Monday of the month at 7:00 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.

Economy

Fort Bragg and Pope Air Force are by far the county's largest employers. Fort Bragg has about 175,000 employees and dependents and an economic impact of nearly \$4 billion annually.

The County, beginning as a riverfront distribution center has grown to a commercialized business region. The major employers are listed below. 5

Major Private Employers

Company	Employees
Cape Fear Valley Health System	4,200
Wal-Mart	3,837
The Goodyear Tire & Rubber	2,650
Cingular Wireless	1,000
Purolator Filters NA	825
M.J. Soffee	721
Eaton Corp.	569
DuPont	520
Fayetteville Publishing Co.	450
Maidenform	300

Largest Corporate Taxpayers

Company	Property assessment	Total Tax Bill
Embarq Corp.	\$200,082,870	\$1,508,585.25
Goodyear Tire & Rubber	\$129,295,164	\$1,139,922.39
Cross Creek Mall LLC	\$85,195,939	\$1,127,794.34
Wal-mart	\$101,926,292	\$1,074,595.77
Centurion Aviation Services	\$50,800,000	\$716,280.00
Progress Energy	\$84,409,753	\$683,193.60
Piedmont Natural gas Co.	\$86,595,311	\$644,674.34
UDRT of North Carolina	\$40,752,400	\$574,608.84
Black & Decker	\$59,058,181	\$519,711.89
Purolator products NA Inc.	\$57,665,214	\$507,453.88

Major Public Employers

Company	Employees
Cumberland Co. Schools	6,447
U.S. Department of Defense	4,431
U.S. Department of defense (non-appropriated and contracts)	4,426
Cumberland County	2,500
City of Fayetteville	1,429
U.S. Postal Services	1,312
Fayetteville Technical Community College	1,250
Fayetteville State University	819

⁵ Source: Cumberland County Business Council, www.discoverfayetteville.com

Economic Indicators

Per Capita Personal Income:

Per capita personal income is the income that is received by persons from all sources. Cumberland County's per capita personal in 2004 was \$29,425. The State's per capita personal income was slightly higher than the County except for the year 2004.⁶

Per Capita Personal Income 2000-2004

	2000	2001	2002	2003	2004
Cumberland	\$23,901	\$24,709	\$26,138	\$27,511	\$29,425
NC	\$27,068	\$27,493	\$27,510	\$27,859	\$29,322
Fayetteville	\$23,234	\$23,947	\$25,227	\$26,495	\$28,224

⁶ Sources <http://www.cbusinesscouncil.org/relocationinformation/demographics/economy.php>
<http://www.bea.gov/bea/regional/reis/drill.cfm?catable>

Poverty Rates:

Cumberland County had a higher percentage of persons living in poverty than the State. In 2003, 16.6 percent of Cumberland County residents lived in poverty compared to 13.4 percent of North Carolina residents. Individuals living in poverty often have a higher rate of illness and undesired health outcomes. ⁷

Poverty Rates 2003

	All ages in poverty		Age 0-17 in poverty	
	Number	Per cent	Number	Percent
Cumberland County	47,848	16.6	20,681	22.9
North Carolina	1,118,214	13.4	402,462	16.8

⁷ Source: <http://www.census.gov>

Median Household Income:

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. The median household income for Cumberland was \$37,342 in 2003. North Carolina was slightly higher, at \$39,438. ⁸

⁸ Sources: US Census Bureau, 2000

Median Household Income, in dollars, 2003

Cumberland	\$37,342
North Carolina	\$39,438

Work Force:

In 2005, Cumberland County's work force was 129,684. 122,345 individuals were employed and 7,339 individuals were unemployed. The unemployment rate was 5.7%. Over a five year period the employment rate fluctuated from a high of 7.0% in year 2002 to a low of 5.5% in year 2004. The average rate was around 6.1% for years 2001-2005. ⁹ See chart below

Civilian Work Force Estimates Cumberland County

	2001	2002	2003	2004	2005
Labor Force	118,685	120,766	122,322	123,533	129,684
Employed	111,390	112,333	114,420	116,702	122,345
Unemployed	7295	8433	7902	6831	7339
Rate %	6.1 %	7.0 %	6.5%	5.5 %	5.7 %

⁹ Source: <http://eslmi40.esc.state.nc.us/ThematicLAUS/clfasp/CLFSAAYResults.asp>

Housing

In 2004 Cumberland County had a total of 126,000 housing units, 8 percent of which were vacant. Of the total housing units, 70 percent were single-unit structures, 17 percent were in multi-unit structures and 13 percent were mobile homes. Thirty-two percent of the housing units were built since 1990. ¹⁰

City of Fayetteville and Cumberland County Housing Units, 2000

	City	Percent	County	Percent
Total Housing Units	53,565	100.00	118,425	100.00
Occupied Housing Units	48,414	90.38	107,358	90.65
Owner-Occupied Housing Unites	25,815	53.32	63,736	59.40
Renter-Occupied Housing Unites	22,599	46.68	43,622	40.60
Vacant Housing Units	5,151	9.62	11,067	9.35
Homeowner Vacancy Rate		2.80		2.70
Rental Vacancy Rate		10.40		10.10

¹⁰ Source: US Census 2000, <http://fayettevillenc.areaconnect.com/statistic>

Education

Cumberland County School's mission emphasizes safety in all schools and caring and student achievement will continually increase with no differences among subgroups.

BOLD GOALS

In 2003, through a partnership between the Stupski Foundation and the Board of Education, the CCS Leadership team acknowledged the need to focus on achieving bold goals that would result in great schools. Reaching these goals by 2008 will require breakthrough achievements of each school.

- 95% of all students entering high school will be proficient in reading and math as measured by the NC End-of-Grade (EOG) Assessments. Students will score at 95% at grades 3, 5 and 8 and every school will achieve high growth.
- Students will achieve a composite score of at least 85% proficiency in all NC End-of-Course (EOC) Assessments and all high schools will achieve high growth.
- We will close the current achievement gap from 14% (2003) to no more than 5% in grades 3 through 8 in reading and math as measured by the End-of-Grade (EOG) Assessments.
- SAT/ACT scores will meet or exceed national averages while participation rates increase. 11

Average Student/Teacher Ratio: 1:20			
Per Pupil Expenditure: Fayetteville: \$6,647.77 * North Carolina: \$6,741.60 * United States: \$8,019			
FACILITES		STUDENTS	
Elementary Schools	53	African American	47.47%
Middle Schools	15	American Indian	1.83%
High Schools	13	Asian	1.76%
Year Round Classical Schools	1	Hispanic	6.34%
Evening Academies	1	White	38.65%
Web Academies	1	Other	3.95%
Special Schools	4		
TOTAL NUMBER OF SCHOOLS	88	EMPLOYEES (FULL-TIME)	
CHOICE HIGH SCHOOLS		Teachers	3,418
Academy of Arts Education		Other Student/Support Staff	1,618
Classical Studies		Administrative/Office Staff	1,607
Early College		Total Number of Employees	6,643
Academy of Engineering Technologies		TRANSPORTATION	
Evening Academy		Total Number of Buses	492

Academy of Finance		Students Transported Daily	26,088
Ford Partnership for Advanced Studies		Miles Traveled Daily	24,036
Academy of Global Studies		Number of Routes	1,507
Cumberland Health & Life Sciences High School		FOOD SERVICES	
Academy of Health Sciences		Breakfasts Served Daily	14,158
Academy of Information Technology		Lunches Served Daily	37,845
Academy of Integrated Systems Technology		TOTAL OPERATING BUDGET	\$369,868,816
International Baccalaureate Academy		Local	\$75,389,516
Academy of Math & Science		State	\$236,798,607
Academy of Natural Sciences		Federal	\$41,337,992
Web Academy		Federally-Connected Students	16,494
Year Round Classical		DROP OUT RATE	2.56%
STUDENT ENROLLMENT			
Pre-K Students	833	GRADUATES (CLASS OF 2005)	
Elementary School Students (K-5)	24,153	Total Number of Graduates	3,153
Middle School Students (6-8)	12,171	Students Continuing their Education	2,738
High School Students (9-12)	16,241	Military Academy Appointments	12
TOTAL NUMBER OF STUDENTS	53,403	Scholarship Totaling	\$22,861,891

**Cumberland County SAT Scores
2004 – 2006**

In 2004, 53.3% of county students took the SAT with an average score of 962. In 2005, 57.4% of county students took the SAT with an average score of 956. The percentage was reduced slightly in 2006, 54.0% of county students took the SAT with an average score of 959.

Source: The North Carolina SAT Report-2004-2006

PRIVATE SCHOOLS

Stud. = # Students, S.T. = School Type, G.O. = Grades Offered

City	School Name	# Stud.	S.T.	G.O.
Fayetteville	Abney Chapel Christian School	11	Co-ed	PK-7
Fayetteville	Berean Baptist Academy	258	Co-ed	PK-12
Fayetteville	College Lakes Christian Academy	42	Co-ed	PK-12
Fayetteville	Cornerstone Christian School	154	Co-ed	PK-12
Fayetteville	Cumberland Academy	23	Co-ed	7-12
Fayetteville	Fayetteville Academy	385	Co-ed	PK-12
Fayetteville	Fayetteville Christian School	740	Co-ed	PK-12
Fayetteville	First Adventure Day Care Ctr	10	Co-ed	KG-KG
Fayetteville	Flaming Sword Academy	14	Co-ed	KG-KG
Fayetteville	Guy Schools Inc.	105	Co-ed	PK-5
Fayetteville	Holy Trinity Preschool	81	Co-ed	PK-KG
Fayetteville	Kinder Care Learning Center	24	Co-ed	PK-KG
Fayetteville	Liberty Christian Academy	181	Co-ed	PK-10
Fayetteville	Montessori School of Fayetteville	12	Co-ed	PK-K
Fayetteville	New Hope Christian Academy	20	Co-ed	KG-12
Fayetteville	Northwood Temple Academy	372	Co-ed	PK-12
Fayetteville	Snyder Child Care Center	28	Co-ed	PK-K

Fayetteville	St Ann Elementary School	142	Co-ed	KG-8
Fayetteville	St Patrick School	271	Co-ed	PK-8
Fayetteville	Trinity Christian School	207	Co-ed	KG-10
Fayetteville	Victorious Academy	6	Co-ed	7-12
Fayetteville	Village Christian Academy	344	Co-ed	KG-9
2. Hope Mills	Breezewood Christian School	85	Co-ed	KG-6
Hope Mills	Breezewood Christian School	92	Co-ed	KG-6
3. Spring Lake	Children's World Creative School	27	Co-ed	PK-3

11 Source: www.privateschoolreview.com/nearby_schools.php
www.cumberlandcountybusinesscouncil.org

Higher Education:

Fayetteville State University
Chancellor: Dr. Bryan
Enrollment: 6,080
Information: www.uncfsu.edu
Phone: (910) 672-1474

Methodist College
President: Dr. M. Elton Hendricks
Enrollment: 2,147
Information: www.methodist.edu
Phone: (910) 630-7000

Fayetteville Technical Community College
President: Dr. Larry Norris
Enrollment: 2004-2005 14,400 college credit and 24,533 continuing education students.
Information: www.faytechcc.edu
Phone: (910) 768-8400

Campbell University
President: Dr. Jerry M. Wallace
Enrollment: 6,865
Information: www.campbell.edu Phone: (800) 949-8627

Local Transportation

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.

Fayetteville Area System of Transit - FAST

Fayetteville's public transportation system, FAST, is a community-wide bus system linking places of interest within the urban area, including shopping centers, hospitals, schools, institutions of higher learning, industrial parks, office parks, businesses and Fort Bragg.

FAST operates ten bus routes and two shuttle routes between the hours of 5:45 am - 7:30 pm. Most routes begin and end at the Transfer Center located at 147 Old Wilmington Road, Fayetteville.

In addition to the fixed-route buses, FAST operates a complimentary Paratransit service for those qualifying under the Americans with Disabilities Act. This service operates the same time and in the same area as the fixed-route system. Individuals desiring to use this service must be certified in accordance with the ADA provisions.

The Fayetteville Area System of Transit also operates a coordinated transportation system. Transportation is provided to those human services agencies that have entered into a contract with the City of Fayetteville for those services. Transportation is provided to all areas of Cumberland County. ¹²

12- Source: <http://www.ccbusinesscouncil.org>

Fayetteville Taxi/Limousine/Shuttle Service

28 taxicab companies, 4 airport shuttle companies & 9 limousine companies serve in and around Cumberland County. ¹³

Taxi, Limousine & Shuttle Services	
Name	Phone Number
A Beep-Beep Taxi	910-850-8368
A-Class Taxi	910-223-2999
B & S Taxi	910-273-1980
C & B Taxi	910-867-7536
C & D Taxi	910-323-8831
Lm Taxi & Shuttle Service	910-237-1499
Old Army Taxi	910-485-2333
Yellow & Checker Cab	910-488-5555
On Time Taxi	910-484-0110
Platinum Limousine Service	910-860-4566
Real Limousine Service	910-263-0889
Class Limousine Service	910-438-0970
Crown Limo Service	910-483-5135
Diamond Limousine Service	910-630-1220
Imperial Limousine Service	910-867-0344

¹³ Source: <http://www.ccbusinesscouncil.org>

Recreation

FAYETTEVILLE-CUMBERLAND PARKS & RECREATION DEPARTMENT

Fayetteville city parks contain over 1,100 acres. From regional parks to small neighborhood play areas, the city develops and maintains a wide variety of recreational facilities. One of the city residents' favorites is Rowan Park, the site of many concerts and large gatherings. It boasts a bandstand situated in a natural amphitheater, an ideal location for music festivals. Another highly visited park is Mazarick; with picnic shelters, playgrounds, tennis courts, softball fields and a pier for lake fishing. To learn more about the various parks and recreation centers in and around Fayetteville, visit www.cityoffayetteville.org.

Fayetteville-Cumberland Parks & Recreation Department offers a wide variety of leisure activities, programs and facilities. The department serves the county's unincorporated area with a diverse population and programs activities for all ages. These include youth and adult athletics, youth sports lessons, recreational classes for youth and adult, youth summer program, youth cheerleading program, and an organized Senior Citizen program. The Parks and Recreation Department's Administrative Offices are located at Arnette Park, 2165 Wilmington Highway, 1 mile off Martin Luther King Expressway (Highway 87) exit 100 or visit www.co.cumberland.nc.us to learn more. ¹⁴

FAYETTEVILLE CITY PARKS & RECREATION CENTERS

27 Parks	7 Parks with Recreations Centers
49 Schools Recreation Centers with Parks	2 Recreation Centers

FAYETTEVILLE REGIONAL PARKS

J. Bayard Clark Park	Rowan Park
Cape Fear Botanical Gardens	Arsenal Park
Cross Creek Park	Milton E. Mazarick Park

FAYETTEVILLE NEIGHBORHOOD PARKS

Honeycutt Park	Myers Park
Christina S. Smith Park	Glen Reilly Park
Massey Hill Park	Tokay Park
General Lee Park	Seabrook Park
North Street Park	Martin Luther King, Jr. Park
Woodrow Park	

CUMBERLAND COUNTY PARKS & RECREATION CENTERS

1 Cape Fear River Trail	6 Nature Sites
39 Tennis Courts	1 Botanical Garden
1 Swimming Pool	

CUMBERLAND COUNTY PARKS AND RECREATION CENTERS

Arnette Park	Lake Rim Park
Lake Rim Recreation Center	Pine Forest Recreation Center
Stedman Recreation Center	Stoney Point Recreation Center
Gray's Creek Recreation Center	

PUBLIC AND PRIVATE FACILITIES

9 Swimming Pools & Water Parks	10 Public & Private Tennis Centers
2 Ice Skating Rinks	2 Roller & In-line Skating Rinks
1 Skateboard Park	1 Skateboard & Roller-blading Complex
1 Soccer Complex (eight grass fields)	1 Indoor Soccer Complex
1 Natural Habitat Zoo	1 Planetarium (Fayetteville State University)
4 Bowling Lanes	8 Amusement Places
18 Fishing Lakes (open to public)	12 Equestrian Facilities
6 Movie Multi-plexes (with 50 theatres)	1 YMCA
3 Gymnastic Schools	2 Country Clubs
8 Health Club	

GOLF COURSES

9 Public Golf Courses
1 Par 3 Golf Course

1 Private Golf Courses
5 Driving Range

OTHER ATHLETIC FACILITIES

Douglas Byrd Complex:

Located behind the Douglas Byrd Schools, this 40-acre complex is the site of a variety of youth sports and community use. Five baseball fields and four multi-purpose fields offer the opportunity for plenty of fun. The multi-purpose fields are used for youth soccer and practice sites for soccer and football. A concession stand/restroom facility is available. A walking path around the park makes this a terrific place to exercise.

Veterans Park Softball Complex:

This outstanding athletic facility is the site of many tournaments as well as league play in the spring and fall. Three well-maintained fields attract tournament organizers from across the state. There is a concession stand with restrooms, a picnic shelter and playground that make Veterans Park a wonderful place to spend the day or evening while catching some great softball action.

Westover/Ponderosa Athletic Complex:

The Westover Schools and Ponderosa Elementary School are adjoining facilities with athletic sites built, maintained, or improved by Parks & Recreation for use by both the schools and the community. Youth baseball fields, concession stand and playground are located behind Ponderosa. The tennis courts, open spaces, gymnasiums, outdoor basketball courts and fitness room are open to the community during non-school hours. These facilities are scheduled and monitored by city staff for use by residents. In addition to these, several schools have athletic facilities open for use by the public:

- E.E. Smith High School
- Nick Jeralds Middle School
- Reid Ross Classical School
- Terry Sanford High School

- Max Abbott Middle School
- Seventy-First High School
- Anne Chesnutt Middle School
- Alger B. Wilkins Elementary School

14 Source: <http://www.ccbusinesscouncil.org> ; www.cityoffayetteville.org ;

www.co.cumberland.nc.us

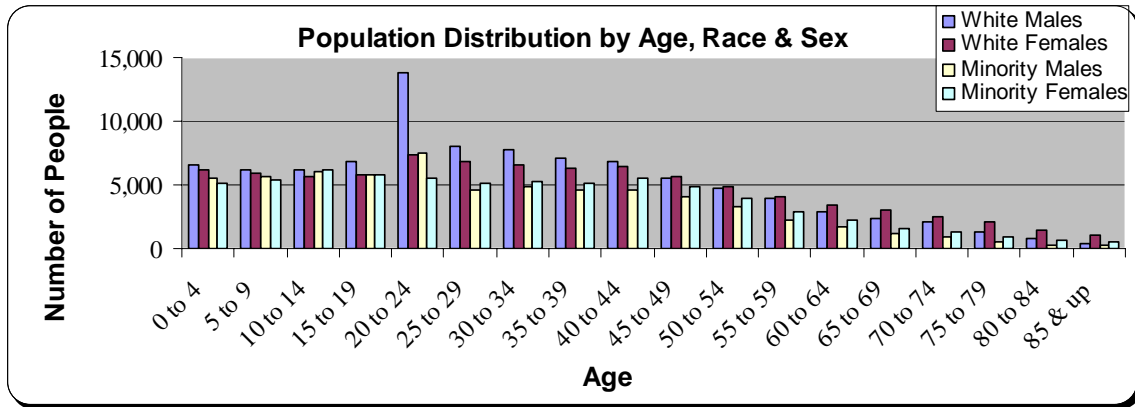
**July 1, 2004 POPULATION ESTIMATES
Projected from the April 1, 2000 Census**

The 2004 population estimate for Cumberland County was 310, 850, projected to reach 322,416 by 2015. In 2004, the population was 57.5% white and 42.4% minority. In 2004, Cumberland County males made up 50.6% of the population and females 49.3 %. About 22.7% of the County's population was under age 15. The population 65- plus made up about 8.1% of the County. In 2004, the county's population was 30.1% white male, 27.4 % white female, 20.4% minority male and 21.9 % minority female. Cumberland County's population was fairly young with a median age of 30.31. The five largest age groups in descending order for Cumberland County were:

20-24 years	34,225
25-29 years	24,726
30-34 years	24,427
15-19 years	24,293
10-14 years	24,000

Population Distribution by Age, Race and Sex

Age	White		Minority		Total
	Male	Female	Male	Female	
0 to 4	6,555	6,238	5,498	5,193	23,484
5 to 9	6,180	5,942	5,718	5,407	2,327
10 to 14	6,129	5,712	6,020	6,139	2,400
15 to 19	6,893	5,791	5,840	5,769	24,293
20 to 24	13,805	7,370	7,483	5,567	34,225
25 to 29	8,014	6,902	4,616	5,194	24,726
30 to 34	7,784	6,523	4,914	5,206	24,427
35 to 39	7,135	6,294	4,603	5,112	23,144
40 to 44	6,875	6,438	4,567	5,466	23,346
45 to 49	5,550	5,722	4,119	4,911	20,302
50 to 54	4,758	4,834	3,238	3,970	16,800
55 to 59	4,007	4,123	2,255	2,954	13,339
60 to 64	2,897	3,435	1,652	2,181	10,165
65 to 69	2,409	2,997	1,208	1,643	8,257
70 to 74	2,092	2,485	913	1,343	6,833
75 to 79	1,363	2,083	552	905	4,903
80 to 84	759	1,440	288	607	3,094
85 & up	412	1,044	235	574	2,265



Source: <http://www.schs.state.nc.us/SCHS/data/databook> Click on Population

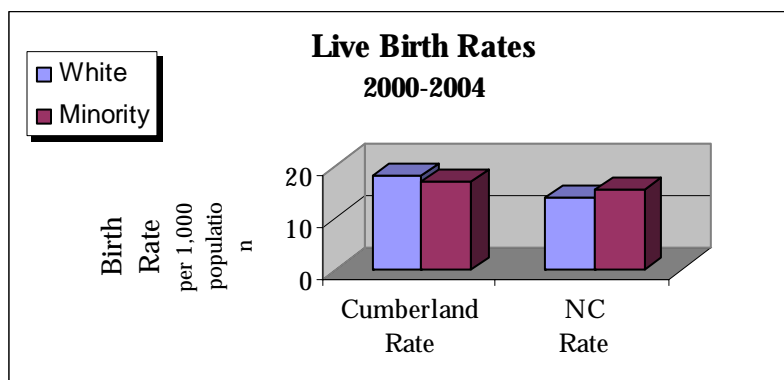
Pregnancies and Births 2000-2004

Observations:

- The County's total, white and minority birth rates were higher than the State rate.
- The County's total live birth rate of 17.6 was slightly higher than the State's total live birth rate of 14.3.
- The County's white live birth rate of 18.0 was slightly higher than the State's white live birth rate of 13.9.
- The County's minority live birth rate of 17.0 was higher than the State's minority live birth rate of 15.5.

Live Birth Rates per 1,000 population 2000-2004				
Indicator	# Cases Cumberland	# Cases NC	Cumberland Rate	NC Rate
Total	26913	593731	17.6	14.3
White	15964	430152	18	13.9
Minority	10949	163579	17	15.5

<http://www.schs.state.nc.us/SCHS/data/databook> click
Live Births.



Pregnancy, Fertility and Abortion Rates (Ages 15-44) 2000-2004

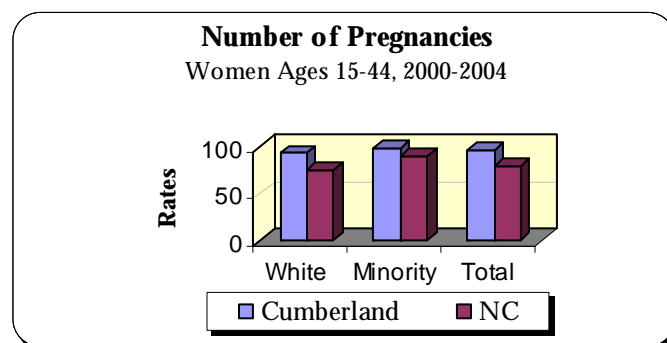
Observations:

- The County's total pregnancy rate of 97.6 was much higher than the State's total pregnancy rate of 80.7
- The County's total, white and minority fertility and abortion rates were higher than the State.
- Fertility rates were higher for whites compared to minorities in both the County and the state.
- The County's total abortion rate was significantly higher (21.4) than the State's rate 14.5, which demonstrates a large number of unwanted pregnancies. Also, minority abortion rates were higher than whites for the County and the State.

Indicator	Number of Pregnancies		Rates	
	Cumberland	NC	Cumberland	NC
White	18,517	490,262	94.7	75.9
Minority	15,848	213,451	99.5	90.8
Total	34,633	726,853	97.6	80.7

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

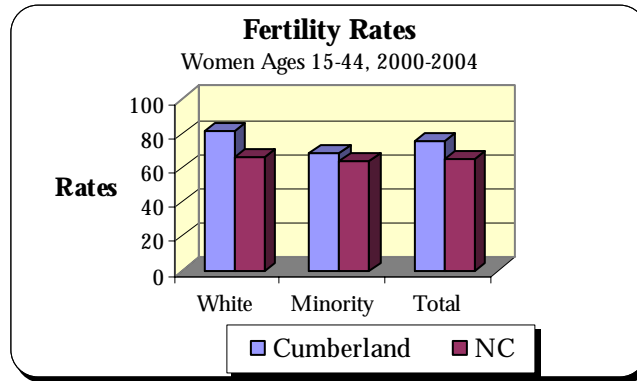
Click on: Pregnancies



Indicator	Fertility Cases		Rates	
	Cumberland	NC	Cumberland	NC
White	15,940	429,208	81.5	66.4
Minority	10,887	162,586	68.4	63.8
Total	26,827	591,794	75.6	65.7

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

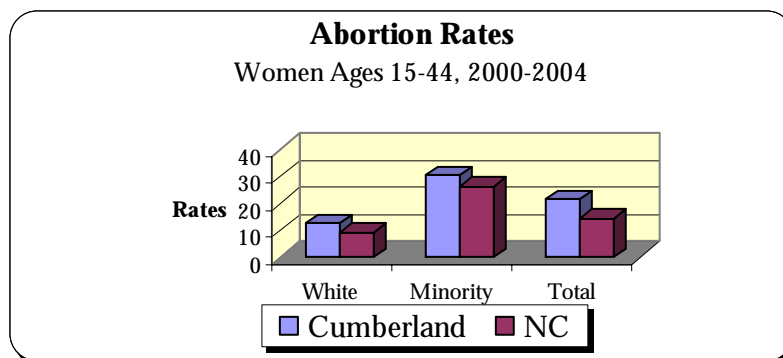
Click on: Pregnancies



Indicator	Abortion Cases		Rates	
	Cumberland	NC	Cumberland	NC
White	2,482	58,720	12.7	9.1
Minority	4,841	66,990	30.4	26.3
Total	7,591	130,842	21.4	14.5

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

Click on: Pregnancies



Teenage Pregnancy (Ages 15-19) 2000-2004

Observations:

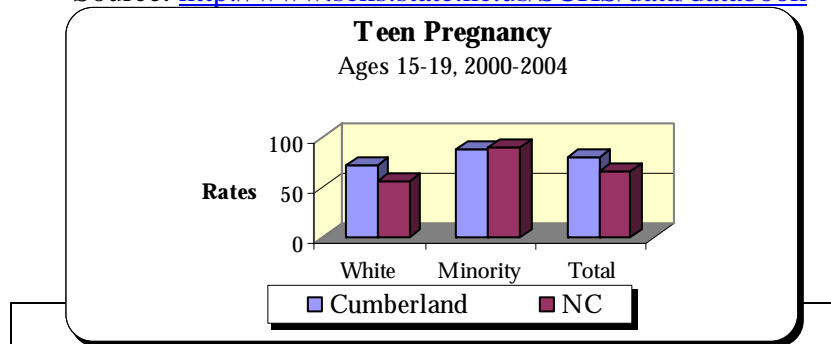
- The County's total teen pregnancy rate of 80.8 was significantly higher than the State's rate of 66.4.
- Minority teen pregnancy rates were higher than white teen pregnancy rates for both the County and the State.
- The County's total fertility rate of 58.8 was slightly higher than the State's total fertility rate of 50.4. The County's minority fertility rate of 60.8 was slightly lower than the State's minority fertility rate of 65.2.
- The County's total abortion rate of 21.5 was much higher than the State's total abortion rate of 15.5. Minority abortion rates were much higher for the County and State.

Cumberland County's family planning services are an on-going necessity to support the prevention/reduction of the County's teen pregnancy rates, birth rates and abortion rates. Our efforts will also support the following Healthy People 2010 objectives:

- To reach 50.8 percent of adolescents grades 9 through 12, to increase the proportion of adolescents who abstain from sexual intercourse.
- Increase the proportion of adolescents who use condoms, if currently sexually active and reduce the rate of unplanned pregnancies in adolescent female ages 10 to 19 by 36 percent.

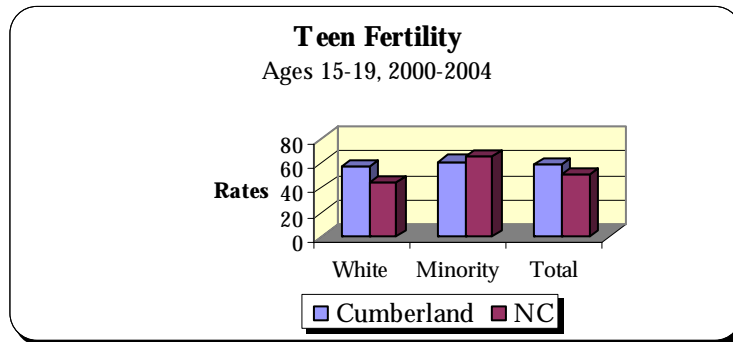
Indicator	Number of Pregnancies		Rates	
	Cumberland	NC	Cumberland	NC
White	2,011	53,465	71.9	55.5
Minority	2,387	38,321	88.4	89.5
Total	4,442	92,369	80.8	66.4

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



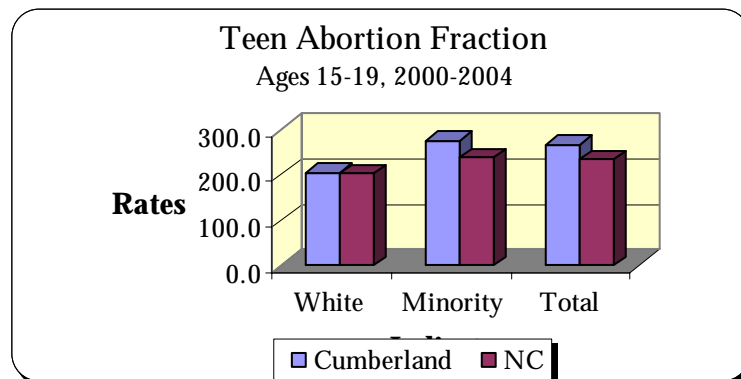
Indicator	Cumberland	NC	Cumberland	NC
White	1,593	42,256	56.9	43.9
Minority	1,640	27,894	60.8	65.2
Total	3,233	70,150	58.8	50.4

Source: <http://www.schs.state.nc.us/SCHS/data/databook>
Click on Pregnancy & Births



Indicator	Abortion Cases		Rates	
	Cumberland	NC	Cumberland	NC
White	411	10,931	14.7	11.3
Minority	728	10,931	27	23.6
Total	1,183	21,620	21.5	15.5

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



Indicators for Family Planning Services 2000-2004

Observation:

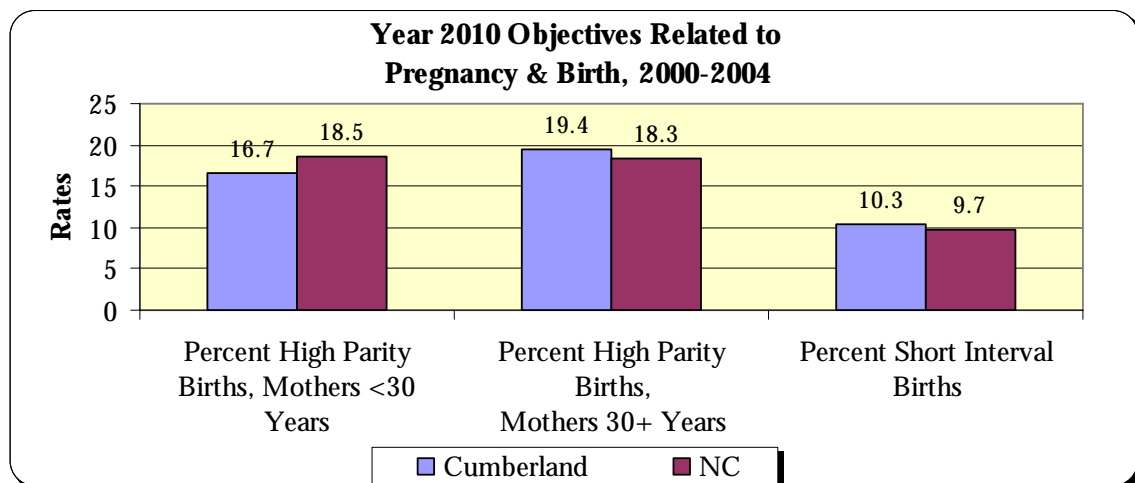
- The County's rate for high parity (mothers 30 years or younger) was 16.7, slightly lower than the State rate 18.5.
- The County's percent of mothers who have short birth intervals was 10.3 compared to 9.7 for the State. (See chart)

Shorter birth intervals have a direct impact on the mother's health and also the baby. Spacing children is necessary in the overall health and care of both the mother and baby.

Year 2010 Objectives Related to Pregnancy & Births, 2000-2004

Indicator	Cases		Rates	
	Cumberland	NC	Cumberland	NC
Percent High Parity Births, Mothers <30 Years	3,384	72,555	16.7	18.5
Percent High Parity Births, Mothers 30+ Years	1,301	36,890	19.4	18.3
Percent Short Interval Births	1,804	38,337	10.3	9.7

Source: <http://www.schs.state.us/SCHS/data/databook> Click on: pregnancy-Parity



Low Birth Weight Births by Race
2000-2004

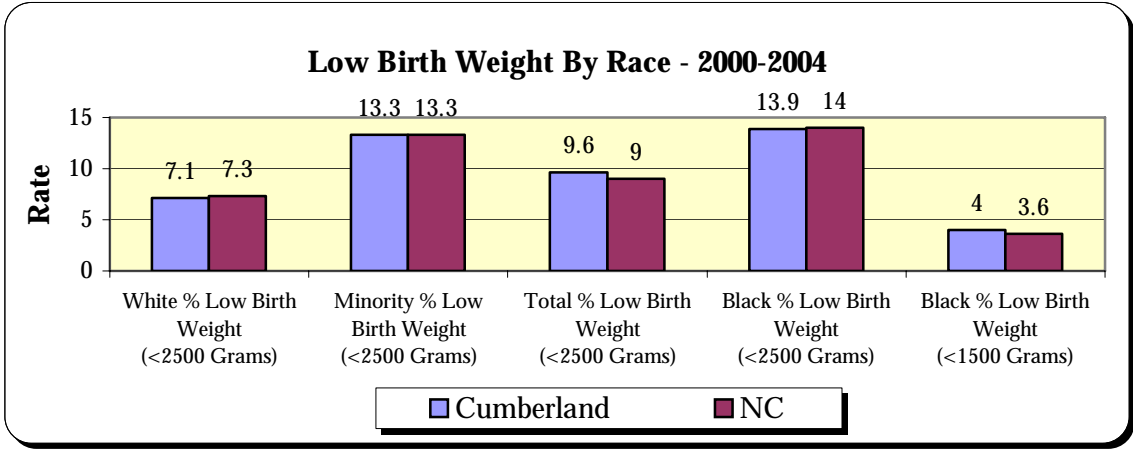
Observations:

- The County's total low birth weight rate of 9.6% was slightly above the State's total low birth weight rate of 9.0%.
- The minority low birth weight rate of 13.3% was the same for the County and the State.
- The County's black low birth weight rate of 13.9% was slightly lower than the State's black low birth weight rate of 14.0%.
- The County's black very low birth weight rate of 4.0 was slightly higher than the State's black very low birth weight rate of 3.6%.
- The County had a total of 87.7% of clients who received care in the first trimester compared to 83.7% for the State.
- 82.6% of the County's Black women received care in the first trimester compared to 75.4% of the State's Black women.
- 84.3% of the County's Native American women received care in the first trimester compared to 78.6% of the State's Native American women.
- The County had 24.0% of births delivered by cesarean section compared to 26.4% of births delivered by cesarean section in the State.
- The County had 12.3% births to mothers who smoked compared to 13.2% births to mothers who smoked in the State.

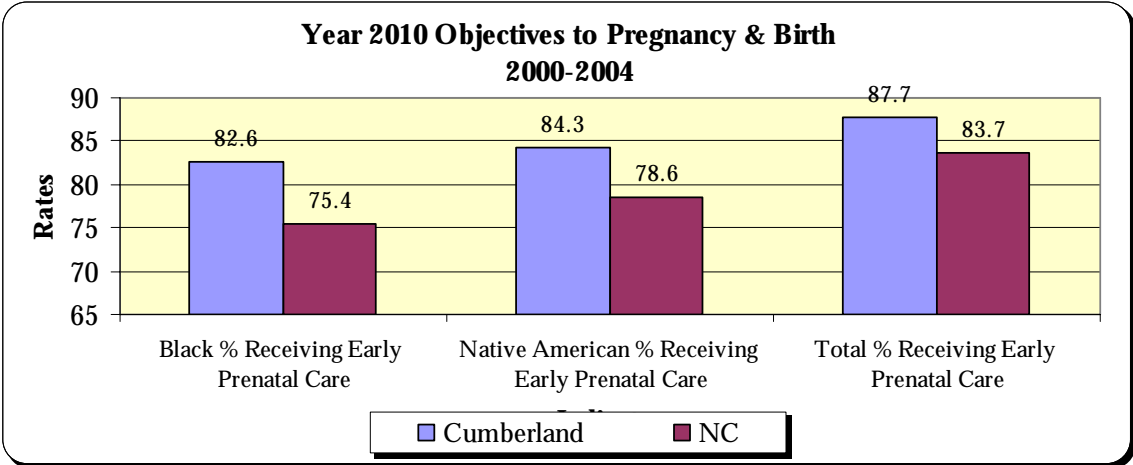
Low birth weight, late access to prenatal care and mothers who smoke are contributing factors to infant mortality. See chart.

Indicator	Cumberland	NC	Rate Cumberland	Rate NC
White % Low Birth Weight (<2500 Grams)	1,136	31,490	7.1	7.3
Minority % Low Birth Weight (<2500 Grams)	1,460	21,704	13.3	13.3
Total % Low Birth Weight (<2500 Grams)	2,596	53,194	9.6	9.0
Black % Low Birth Weight (<2500 Grams)	1,331	19,578	13.9	14
Black % Very Low Birth Weight (<1500 Grams)	382	4,993	4.0	3.6

Source: <http://www.schs.state.nc.us/SCHS/data/databook> click under pregnancies /births.



Indicator	Events		Rates	
	Cumberland	NC	Cumberland	NC
Black % Receiving Early Prenatal Care	7,911	105,469	82.6	75.4
Native American % Receiving Early Prenatal Care	409	6,506	84.3	78.6
Total % Receiving Early Prenatal Care	23,602	497,167	87.7	83.7



Source: <http://www.schs.state.nc.us/SCHS/data/databook> -Pregnancy & Births

Indicator	Events		Rates	
	Cumberland	NC	Cumberland	NC
% Births Delivered by Cesarean Section	6,464	156,842	24	26.4
% of Births to Mothers Who Smoke	3,310	78,659	12.3	13.2

Source: <http://www.schs.state.nc.us/SCHS/data/databook> click under pregnancies & birth

- 9.6 % of infants in the County were born weighing less than 2500 grams, higher than the N C 2010 objective to reduce the incidence of low birth weight to 7.0 % of live births.
- 87.7 % of pregnant women in the County received prenatal care in the first trimester, which is slightly lower than the N C 2010 objective to increase the proportion of pregnant women who receive prenatal care in the first trimester to 90%.
- 12.3 % of women smoked while pregnant in the County, which is much higher than the N C 2010 objective to reduce cigarette smoking among pregnant women to 7.0 %.

Mortality 2000-2004

Infant mortality (deaths per 1,000 Live Births) is the death of a live born child before one year of age. The infant mortality rate of a community paints a vivid picture of the general health and well being of that community. Contributing factors to infant mortality are preterm births, low birth weight, late access to care, teen pregnancy, tobacco/alcohol and drug use and poverty.

Observations:

- The County's total fetal, neonatal, post neonatal and infant death rates were higher than the State.
- The County's total fetal death rate 8.0 was slightly higher than the State rate 7.2.
- The minority fetal death rate was higher in both the County and State.
- The County's total neonatal death rate 8.3 was higher than the State rate 5.9.

- Neonatal death rates were higher in minorities for both the County and the State. The neonatal death rate for whites in the County was 5.2 compared to 12.9 for minorities in the County.

Factors that might contribute to the neonatal death rates are the maternal age of more than 35 years and less than 18 years of age and low birth-weights of less than 1500 grams.

- The County’s total infant death rate of 11.0 was about 30% higher than the State’s rate of 8.4.
- There was a major difference between rates for whites and minorities for both the County and State. The infant death rate for whites in the County was 6.9 compared to 16.9 for minorities in the County.
- In order to attain the N C Healthy 2010 objective of 7.4 per 1000 live births, the County’s total infant death rate of 11.0 will need great improvement.

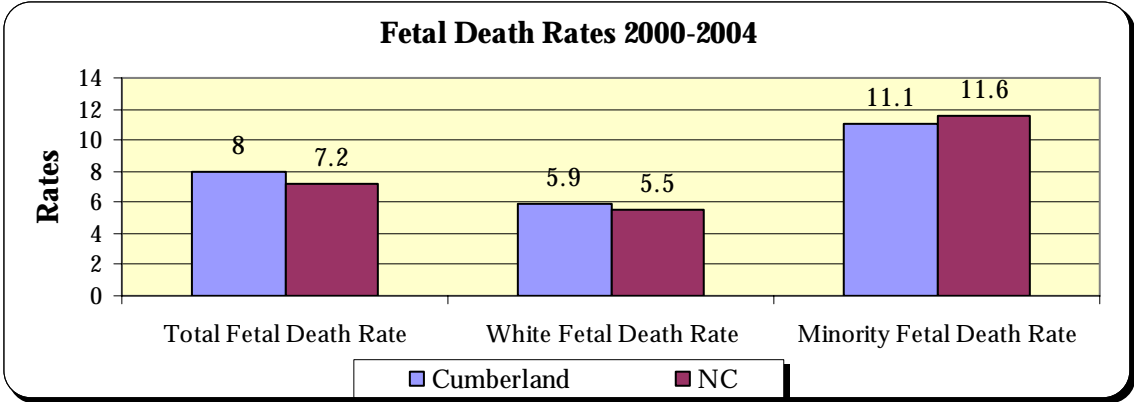
The infant death rate usually reflects the general health and well being of the community. A high infant death rate may indicate unmet health, nutrition, and medical needs as well as unfavorable environmental and economic conditions within the community.

Charts and Graphs

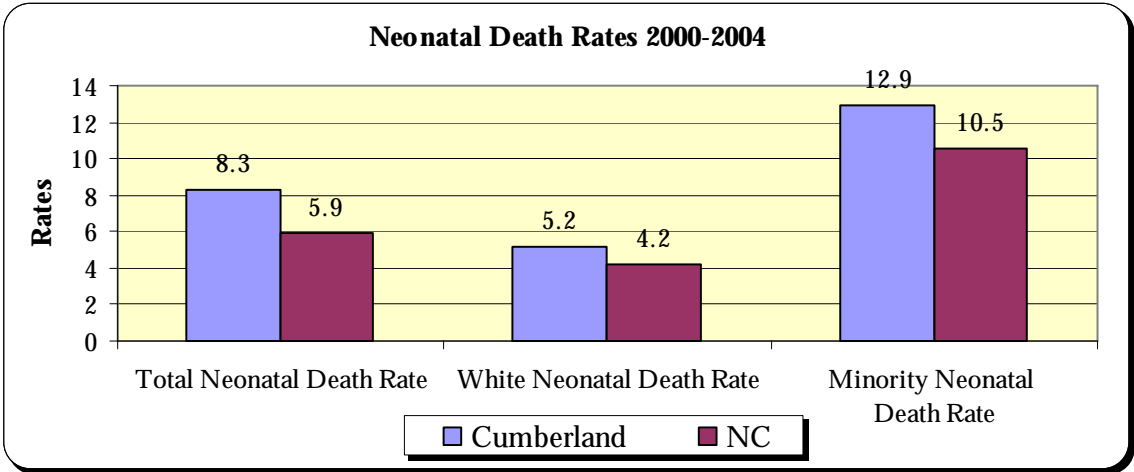
Fetal, Neonatal, Post neonatal & Infant Death Rates 2000-2004

Indicator	Cases		Rates	
	Cumberland	NC	Cumberland	NC
Total Fetal Death Rate	218	4,308	8	7.2
White Fetal Death Rate	95	2,376	5.9	5.5
Minority Fetal Death Rate	123	1,923	11.1	11.6

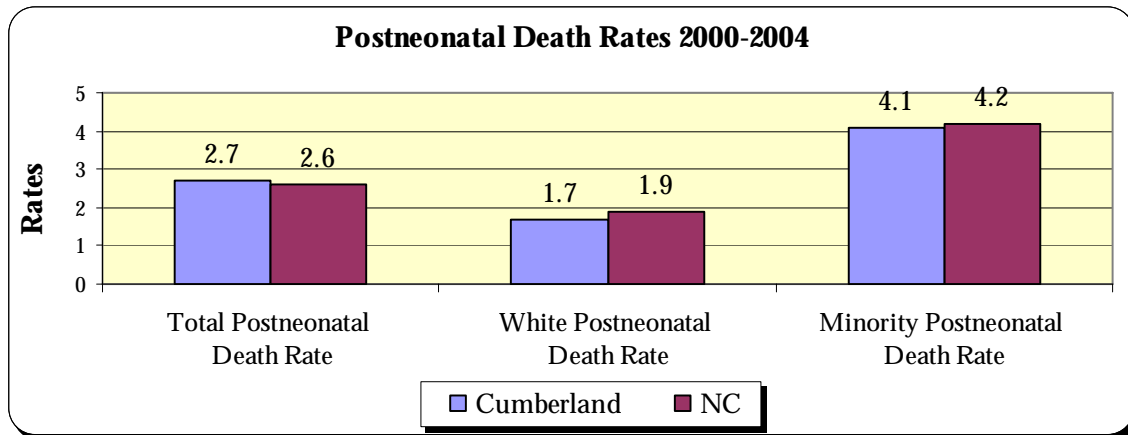
Source: <http://www.schs.state.us/SCHS/data/databook> click under mortality-infants



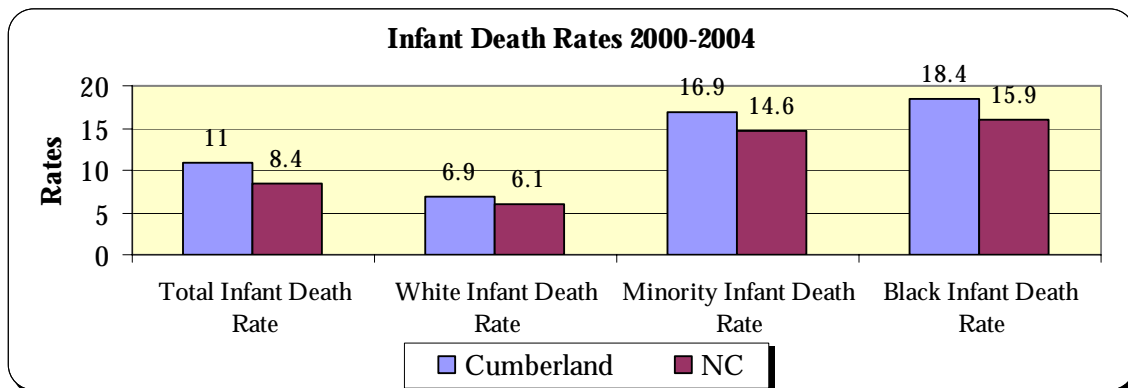
Indicator	Cases		Rates	
	Cumberland	NC	Cumberland	NC
Total Neonatal Death Rate	224	3,500	8.3	5.9
White Neonatal Death Rate	83	1,786	5.2	4.2
Minority Neonatal Death Rate	141	1,711	12.9	10.5



Indicator	Cases		Rates	
	Cumberland	NC	Cumberland	NC
Total Post neonatal Death Rate	71	1,513	2.7	2.6
White Post neonatal Death Rate	27	832	1.7	1.9
Minority Post neonatal Death Rate	44	680	4.1	4.2



Indicator	Cases		Rates	
	Cumberland	NC	Cumberland	NC
Total Infant Death Rate	295	5,013	11	8.4
White Infant Death Rate	110	2,618	6.9	6.1
Minority Infant Death Rate	185	2,391	16.9	14.6
Black Infant Death Rate	176	2,223	18.4	15.9



Source: <http://www.schs.state.us/SCHS/data/databook> click under mortality-infants

Age-Adjusted Death Rates per 100,000 Populations 2000-2004

In the last five years, 2000 – 2004, the five leading causes of death for Cumberland County were Heart Disease, Cancer, Stroke, Chronic Lower Respiratory Disease, and Diabetes; accounting for approximately 64% of all deaths in the County.

Observations:

Heart Disease was the leading cause of death in Cumberland County, with 2,686 deaths. Risk factors were elevated blood cholesterol, hypertension, stroke, diabetes, overweight/obesity, physical in-activity, high fat diet, high sodium in-take and tobacco use.

- The County's heart disease death rate of 293.1 was substantially higher than the State rate of 233.9.
- Males in the County and State heart disease death rates were higher than females in the County and State.
- Minorities in the County and State heart disease death rates were higher than whites in the County and State.
- Minorities in the County heart disease death rates were higher than minorities in the State.
- Minority male's heart disease death rates were higher than minority female's heart disease death rates in the County and State.
- In order to accomplish the N C 2010 health objective to reduce heart disease rates to 219.8 deaths per 100,000, the County's rate 293.1 will need great improvements.

The second leading cause of death in Cumberland County was Cancer, which resulted in 2,141 deaths. The lung, bronchus, prostate, female breast were the most common sites. The burden of cancer can be prevented or reduced with early detection and access to health care.

- The County's cancer death rate of 204.2 was slightly higher than the State rate of 197.4.
- Cancer death rates were significantly higher in males in the County and State than in females in the County and State.

- White cancer death rates were slightly higher than minority cancer death rates in the County.
- Minorities' cancer death rates were higher than white cancer death rates in the State.
- Minority male cancer death rates were much higher than minority females' cancer death rates in the County and State.
- In order to accomplish the NC 2010 health objective to reduce the overall cancer death rate to 166.2 per 100,000 populations, the County's total cancer death rate of 204.2 will need vast improvement.
- In order to accomplish the NC 2010 health objective to reduce breast cancer death rates to 22.6 per 100,000 populations, the County's total breast cancer death rate of 30.1 and the minority breast cancer death rate of 33.6 will need great improvement.

The third leading cause of death in Cumberland County was Cerebrovascular Disease (Stroke) with 543 deaths. Stroke is one of the leading causes of serious long-term disability.

- The County's Stroke death rate of 60.8 was slightly lower than the State Stroke death rate of 67.4.
- The County's female stroke death rate of 61.0 was slightly higher than the County's male stroke death rate of 57.5.
- There was great disparity in stroke death rates between whites and minorities in the County and State.
- The County's minority female stroke death rate of 71.9 was higher than the County's minority male stroke death rate of 62.8.
- The County's total stroke death rate of 60.8 was slightly lower than N.C. 2010 objective to: reduce stroke death rates to 61.0 deaths per 100,000 populations.
- The County's minority stroke death rate of 70.1 was higher than the N.C 2010 objective to reduce minority stroke death rate to 61.0 deaths per 100,000 populations. The County will need to develop and implement strategies to improve the minority stroke death rate to the N.C. 2010 standard.

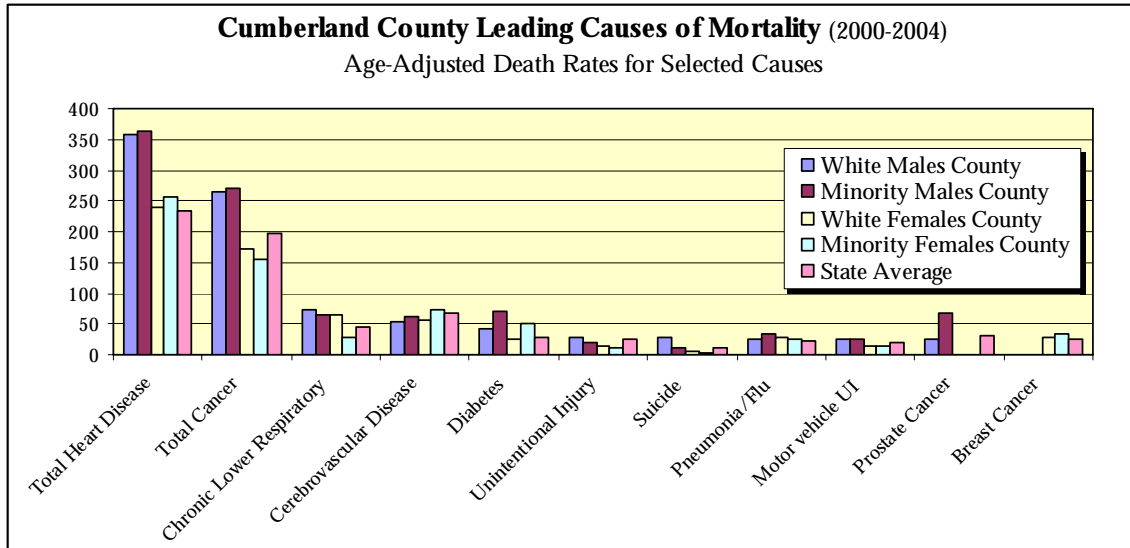
Chronic lower respiratory disease is the fourth leading cause of death in Cumberland County, accounting for 562 deaths. The County had a significantly higher chronic lower respiratory disease death rate of 59.1 compared with the State rate of 46.0.

- Males in the County and State had a much higher death rate from chronic lower respiratory disease than females in the County and State.
- Whites in the County and State had a much higher death rate from chronic lower respiratory disease than minorities in the County and State.

Diabetes is the fifth leading cause of death in Cumberland County, accounting for 410 deaths. The County's diabetes death rate of 41.2 was much higher than the State rate of 27.5.

- Males in the County and State had a higher death rate from diabetes than females in the County and State.
- Minorities in the County and State had a significantly higher death rate due to diabetes than whites in the County and State.
- There was great disparity in diabetes death rates between whites and minorities in the County and State.
- The County's total diabetes death rate of 41.2 was lower than the N.C. 2010 objective to: reduce diabetes death rates to 67.4 per 100,000 populations.
- The County's minority male diabetes death rate of 70.0 was higher than the N.C. 2010 objective to: reduce diabetes deaths to 67.4 per 100,000 populations.

Diabetes is a major cause of death and disability in Cumberland County and the State. As the prevalence of obesity continues to increase, diabetes will approach epidemic proportions in the County. Diabetes is also a main contributor to the other causes of death, such as heart disease, stroke, and kidney failure. Diabetes is the leading cause for blindness and non-traumatic amputation.



	White Males	Minority Males	White Females	Minority Females	State Rate	Total Events (County)
	County	County	County	County		
Total Heart Disease	357.1	362	238.6	255.8	233.9	2,686
Total Cancer	263.7	270.4	171.8	156.3	197.4	2,141
Chronic Lower Respiratory	71.9	64.8	64.7	28.6	46	562
Cerebrovascular Disease	54.6	62.8	55.4	71.9	67.4	543
Diabetes	41.9	70	26.6	49.8	27.5	410
Unintentional Injury	29.1	19	13.6	11.9	24.8	220
Suicide	27.7	11.6	5.8	2.2	11.6	189
Pneumonia/Flu	26.6	35	29.4	24.5	23.8	249
Motor vehicle UI	26	25.3	13.7	13.2	19.6	281
Prostate Cancer	25.8	67			31.6	121
Breast Cancer			26.8	33.6	25.4	192

Source: <http://www.schs.state.nc.us/SCHS/data/databook> Click on Mortality

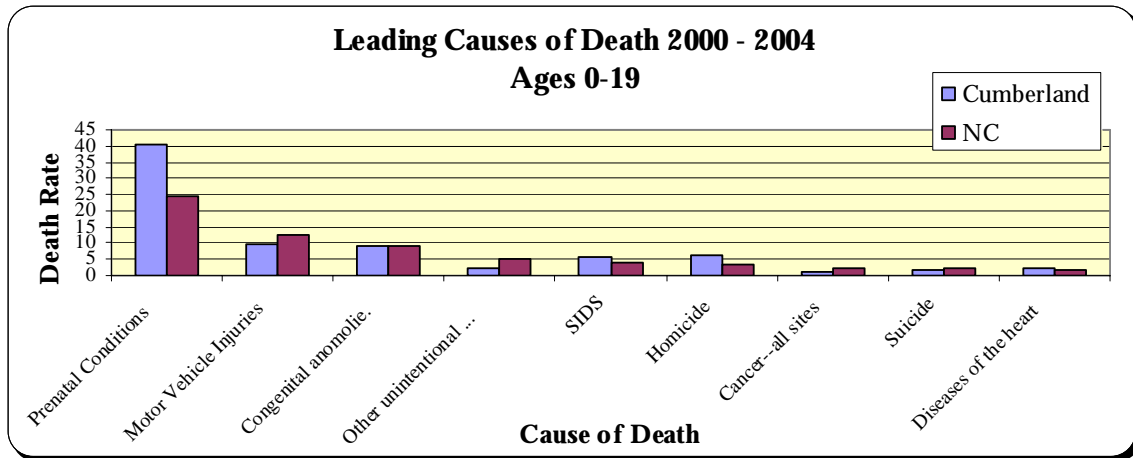
Leading Causes of Deaths 2000 – 2004

Ages 00-19		
Cause of Death	Death Rate	
	Cumberland	NC
Prenatal Conditions	40.3	24.5
Motor Vehicle Injuries	9.5	12.3
Congenital anomalies (Birth defects)	9	9.3
Other unintentional injuries	2.5	5.4
SIDS	5.5	4.2
Homicide	6.3	3.6
Cancer--all sites	1.3	2.5
Suicide	1.7	2.2
Diseases of the heart	2.3	1.9

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

Observations:

- A condition originating in the perinatal period was the leading cause of death in ages 00-19 years in the County and the State, followed by Motor vehicle injuries and Congenital anomalies (birth defects). See graph.



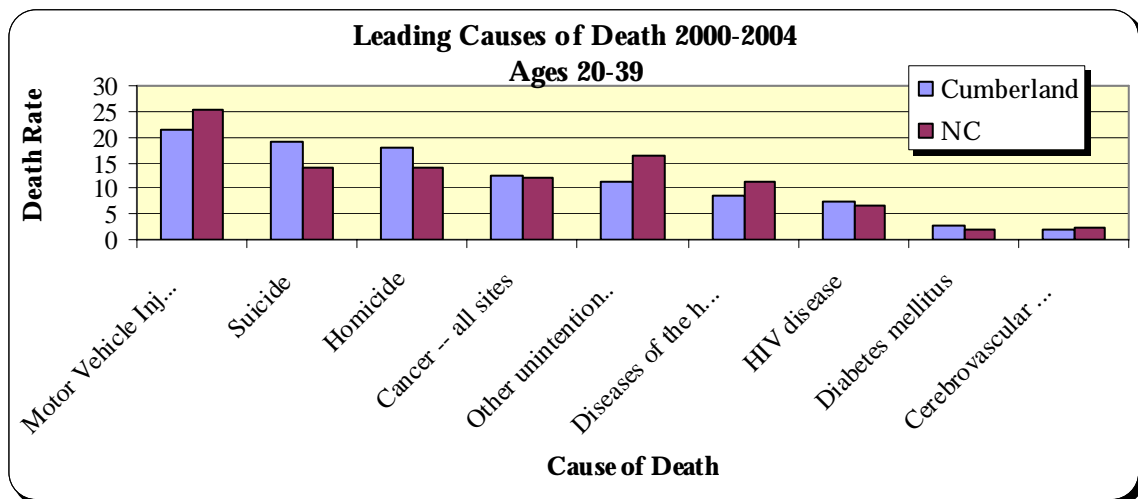
Leading Causes of Deaths 2000-2004

Ages 20-39		
Cause of Death	Death Rate	
	Cumberland	NC
Motor Vehicle Injuries	21.3	25.3
Suicide	18.9	14.1
Homicide	17.8	13.9
Cancer -- all sites	12.5	12.2
Other unintentional injuries	11.4	16.5
Diseases of the heart	8.6	11.2
HIV disease	7.5	6.7
Diabetes mellitus	2.6	2
Cerebrovascular disease	1.9	2.2

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

Observations:

- Motor vehicle injuries were the leading cause of death in ages 20 -39 years in the County, followed by suicide and homicide. Whereas, motor vehicle injuries were the leading cause of death in the State, followed by other unintentional injuries and suicide. (See graph)



Leading Causes of Deaths 2000 – 2004

Ages 40-64

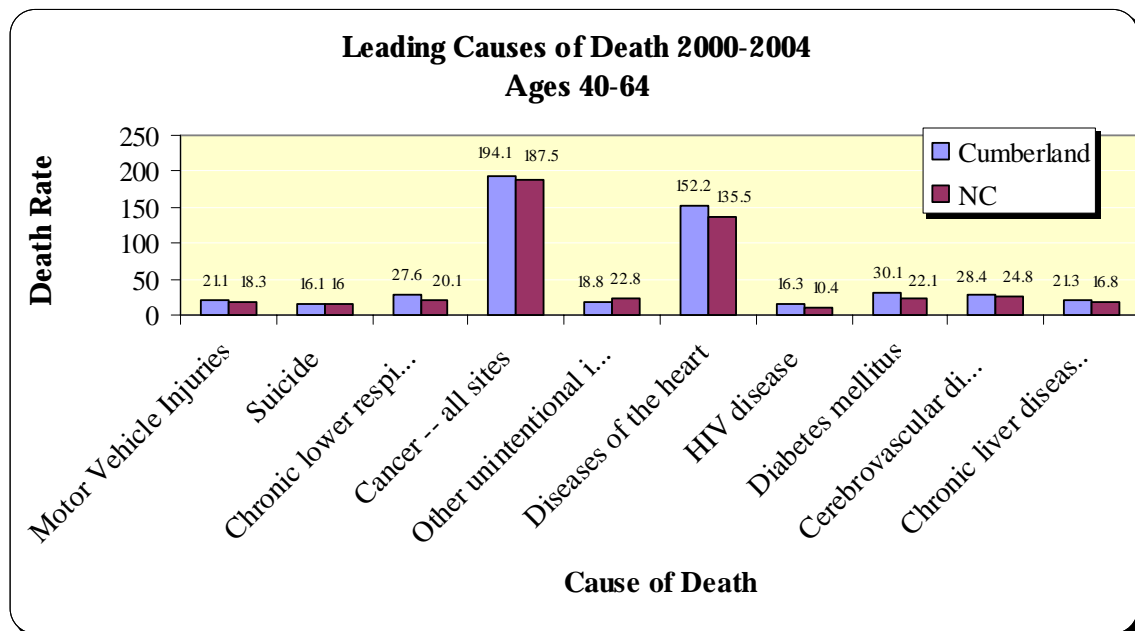
Cause of Death	Death Rate	
	Cumberland	NC
Cancer -- all sites	194.1	187.5
Heart Disease	152.2	135.5
Diabetes Mellitus	30.1	22.1
Cerebrovascular Disease	28.4	24.8
Chronic lower respiratory disease	27.6	20.1
Chronic liver disease & cirrhosis	21.3	16.8
Motor vehicle injuries	21.1	18.3
Other unintentional injuries	18.8	22.8
HIV Disease	16.3	10.4
Suicide	16.1	16

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

Click on: Mortality- death by age group

Observations:

- Cancer was the leading cause of death in ages 40 -64 in the County and the State.
- Heart Disease was the second leading cause of death in ages 40 -60 in the County and State.
- Diabetes was the third leading cause of death in ages 40 -64 in the County, whereas, Stroke was the third leading cause of death in ages 40-64 in the State.

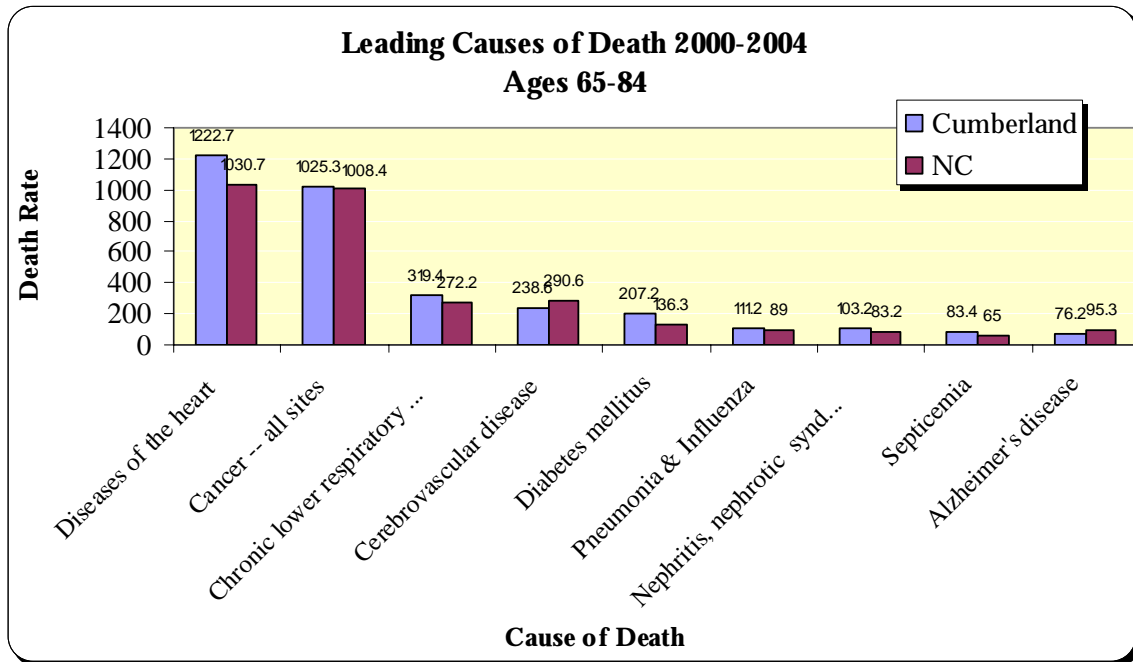


Leading Causes of Deaths 2000 – 2004

Ages 65-84		
Cause of Death	Death Rate	
	Cumberland	NC
Diseases of the Heart	1222.7	1030.7
Cancer -- all sites	1025.3	1008.4
Chronic Lower Respiratory Diseases	319.4	272.2
Cerebrovascular Disease	238.6	290.6
Diabetes Mellitus	207.2	136.3
Pneumonia & Influenza	111.2	89
Nephritis, Nephrotic syndrome & Nephrosis	103.2	83.2
Septicemia	83.4	65
Alzheimer's Disease	76.2	95.3

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

Click on Mortality-deaths by age



Observations:

- Heart Disease was the leading cause of death in ages 65-84 in the County and State.
- Cancer was the second leading cause of death in ages 65-84 in the County and State.

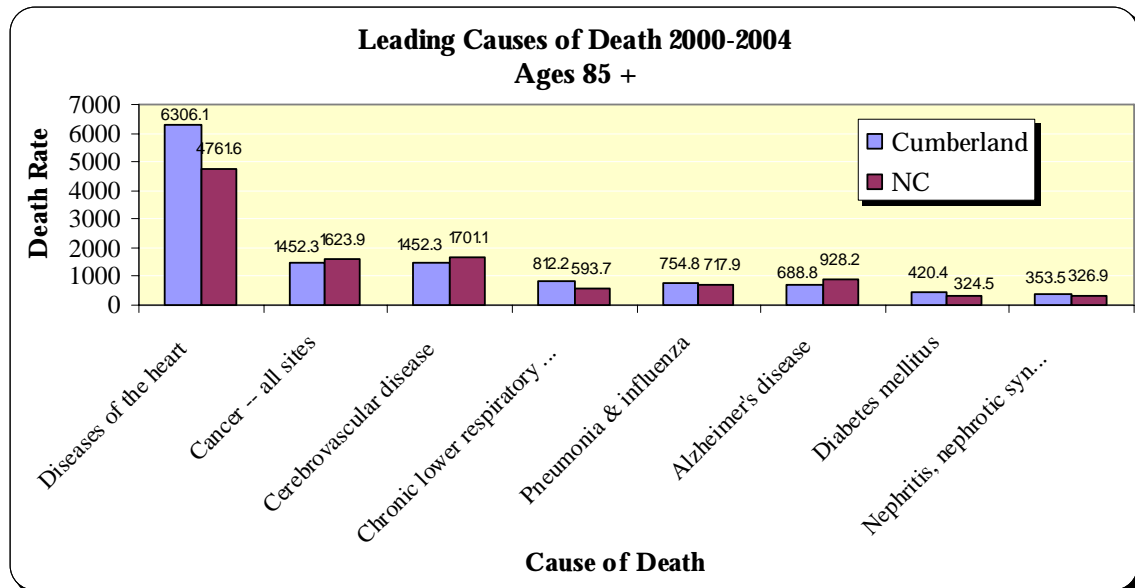
- Chronic Lower Respiratory Diseases was the third leading cause of death in ages 65-84 in the County, whereas, Stroke was the third leading cause of death in ages 65-84 in the State...
- Diabetes was the fifth leading cause of death in ages 65-84 in the County and the State.

Leading Causes of Deaths 2000 -2004

Ages 85 + Years		
Cause of Death	Death Rate	
	Cumberland	NC
Diseases of the Heart	6306.1	4761.6
Cancer -- all sites	1452.3	1623.9
Cerebrovascular Disease	1452.3	1701.1
Chronic Lower Respiratory Diseases	812.2	593.7
Pneumonia & Influenza	754.8	717.9
Alzheimer's Disease	688.8	928.2
Diabetes Mellitus	420.4	324.5
Nephritis, Nephrotic syndrome & Nephrosis	353.5	326.9

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

Click on Mortality-death by age group



Observation:

- Heart Disease was the leading cause of death, followed by Cancer (all sites), and Stroke in ages 85 + in the County and State.
- Pneumonia & Influenza was the fifth leading cause of death in the age group 85 + group.
- Alzheimer's disease was the sixth leading cause of death in the age group 85 + group.

County Trends in Key Health Indicators**Observations:**

- Over the past 15 years, the County's death rates for heart disease, cancer and diabetes exceeded the State death rates for heart disease, cancer and diabetes.

Heart Disease, Cancer and Diabetes can be prevented or controlled by making lifestyle changes. A high percent of deaths from chronic disease are associated with a high - fat diet, low-fat fiber diet and physical in-activity. Incorporating moderate activity for 30 minutes or more at least five days a week and eating healthy foods will enhance the quality of life for many people and prevent/reduce many illnesses and deaths. (See charts below).

According to the 2005 Behavioral Risk Factor Surveillance System:

80.9% of 453 County adult respondents consumed less than 5 servings of fruits/vegetables per day.

22.4% of 456 County adult respondents had no leisure-time activity in the past month, 56.0% of 433 County adult respondents did not get the recommended physical activity time.

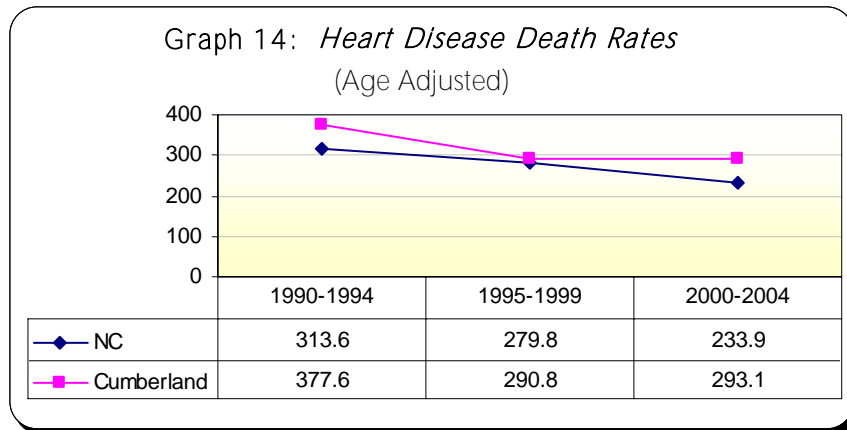
31.7% of 455 County adult respondents reported having high blood pressure (hypertension).

7.9% of 450 County adult respondents had a history of coronary heart disease or stroke.

31.6% of 363 County adult respondents reported being diagnosed with high blood cholesterol.

Graph 14: Age Adjusted Heart Disease Death Rates

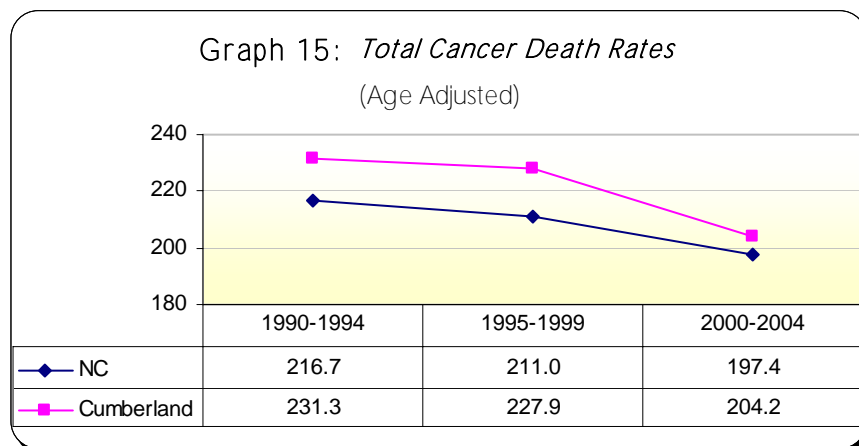
	<u>1990-1994</u>	<u>1995-1999</u>	<u>2000-2004</u>
<i>NC</i>	313.6	279.8	233.9
<i>Cumberland</i>	377.6	290.8	293.1



<http://www.schs.state.nc.us/SCHS/data/trends/pdf/index.ht>

Graph 15: Age Adjusted Total Cancer Death Rates

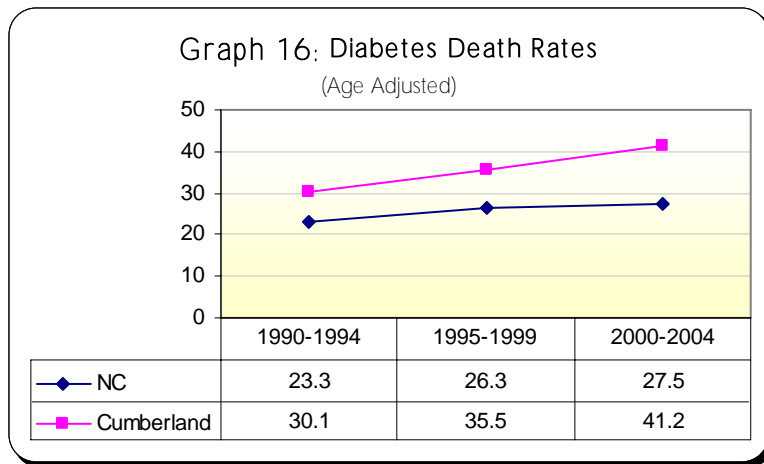
	<u>1990-1994</u>	<u>1995-1999</u>	<u>2000-2004</u>
<i>NC</i>	216.7	211.0	197.4
<i>Cumberland</i>	231.3	227.9	204.2



Source: <http://www.schs.state.nc.us/SCHS/data/trends/pdf/index.ht>

Graph 16: Age Adjusted Diabetes Death Rates

	<u>1990-1994</u>	<u>1995-1999</u>	<u>2000-2004</u>
<i>NC</i>	23.3	26.3	27.5
<i>Cumberland</i>	30.1	35.5	41.2



Source: <http://www.schs.state.nc.us/SCHS/data/trends/pdf/index.ht>

Morbidity

Advances in scientific knowledge and technology continue to provide public health with concise sources of information on how to intervene most effectively to prevent and minimize the risk of contracting diseases. This means recognizing when there is a disease outbreak, understanding how it's spread in the community and the knowledge of the best way to manage the cases and the public to reduce morbidity and mortality.

Cumberland County Department of Public Health reports diagnosis of certain communicable diseases, including sexually transmitted diseases (STDs) to the state. The state reports and provides statewide statistics about disease trends. Based on data and trends, Cumberland County continues to battle against sexually transmitted and other diseases. The rates for AIDS, Gonorrhea and Syphilis were higher than the State's rates.

Our County is at a critical point in the HIV/STD new infections. Cumberland County usually ranks between fifth and sixth place out of one hundred counties. The Department of Public Health's DIS (Disease Intervention Specialist) staff collaborates with the HIV/STD Health Educator on intervention strategies to prevent/reduce HIV/STDs.

The Health Department offers confidential HIV antibody testing and makes referrals to local HIV case managers. Resources for HIV patients are limited in this county. The Department of Public Health currently collaborates with three community-based AIDS service organizations to promote HIV/STD prevention/risk reduction education as well as enhancing more accessible testing at the community level.

Observations:

The County's rate for AIDS (13.8) cases was higher than the State's rate for AIDS (11.4). People with HIV infection are living longer due to treatment with anti-retroviral drugs. The need for housing, transportation, and more affordable medicines continue to be a challenge for the patients

- The County's rate for gonorrhea (348.6) and syphilis (4.9) exceeded the State rate for gonorrhea (193.2) and for syphilis (3.7). Infection due to gonorrhea remains a major threat of pelvic inflammatory disease, tubal infertility and ectopic pregnancy. Epidemiological studies provide strong evidence that gonococcal infections facilitate HIV transmission. The cost associated with the treatment and follow up of gonorrhea is also a great concern.
- While syphilis was not as prevalent as gonorrhea, it had a significant impact on health. Infection with syphilis can facilitate HIV transmission, by 2 to 5, fold and cause congenital syphilis in newborns.

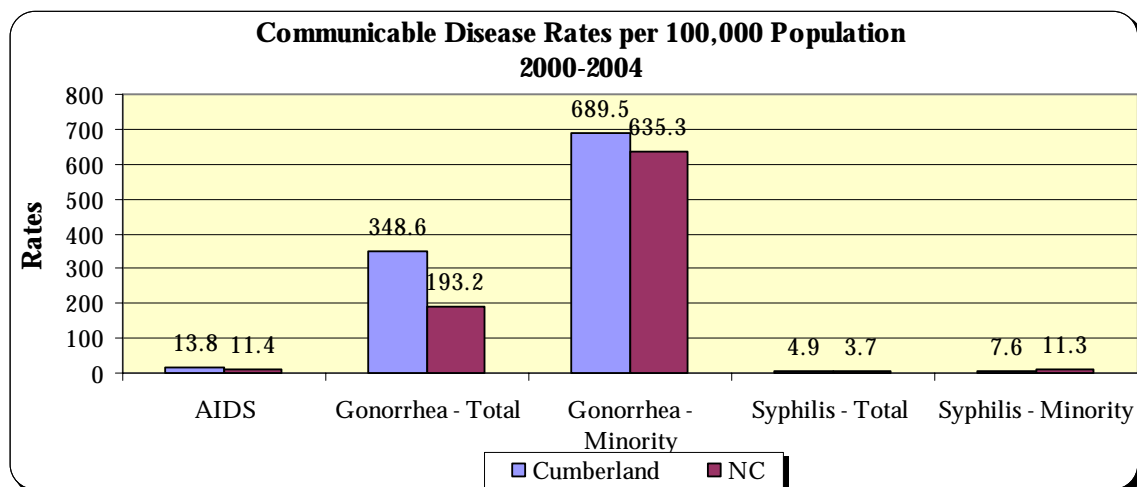
- In order to accomplish the NC 2010 health objective to reduce the rate of HIV infection to 14.7 per 100,000 populations, the County's rate of 13.8 per 100,000 populations will need to improve greatly.
- In order to accomplish the NC 2010 health objective to reduce the rate of gonorrhea to 191 per 100,000 populations, the County's rate of 348.6 per 100,000 populations will need to improve significantly.
- In order to accomplish the NC 2010 health objective to reduce the number of new cases of primary and secondary syphilis to 0.25 per 100,000 populations, the County's 75 primary and secondary syphilis cases per 100,000 populations will need vast improvement.

Sexually transmitted diseases are of great concern to county health officials due to the myriad problems that are frequently associated with the disease. They are linked to complications in pregnancy, infertility, and chronic disease. The cost of health care is also a concern for patients who tested positive for HIV. Most of the clients who test HIV positive have no health insurance but remain major consumers of health resources.

Communicable Disease Rates per 100,000 Population 2000-2004

Indicator	Cases		Rates	
	Cumberland	NC	Cumberland	NC
AIDS	212	4,729	13.8	11.4
Gonorrhea - Total	5,337	80,309	348.6	193.2
Gonorrhea - Minority	4,442	67,033	689.5	635.3
Syphilis - Total	75	1,549	4.9	3.7
Syphilis - Minority	49	1,196	7.6	11.3

Source: <http://www.schs.state.nc.us/SCHS/data/databook> Click on morbidity



Communicable Disease Cases 2000-2004

Hepatitis A is an infection of the liver caused by the Hepatitis A virus (HAV). HAV is spread fecal orally. This means the disease is spread by putting something in the mouth that has been contaminated with the stool of an infected person. It can also spread when a person eats food or drinks beverages, which have been handled by a person infected with HAV and not subsequently cooked. HAV is vaccine-preventable.

Hepatitis B is an infection of the liver caused by the Hepatitis B virus (HBV). This virus is completely different from Hepatitis A. However, HBV is a much more serious infection. Death from cirrhosis or liver cancer occurs in 15% to 25% of persons with chronic infection. HBV is most commonly spread by sharing contaminated needles during intravenous drug use, infected mothers to newborn infants through blood exposure at birth, through sexual intercourse and through exposure of cuts or mucous membranes with contaminated blood. HBV is vaccine-preventable

Rocky Mountain Spotted Fever is a disease passed on to humans through the bite of an infected tick. It cannot be spread from one person to another. Most cases occur in the spring and summer months.

Salmonella are bacteria often found in the digestive tract of a variety of animals as well as humans. Persons with salmonella infection often experience fever, stomach cramps, nausea and vomiting in addition to diarrhea. Salmonella is present in the feces of ill and recently recovered persons, and infections may be spread from person to person. Most people acquire their infection from contaminated food. Food handlers may also contaminate food if they are infected and do not practice good hygiene in preparing food. Hand washing is one of the most important steps to take in reducing the spread of salmonella.

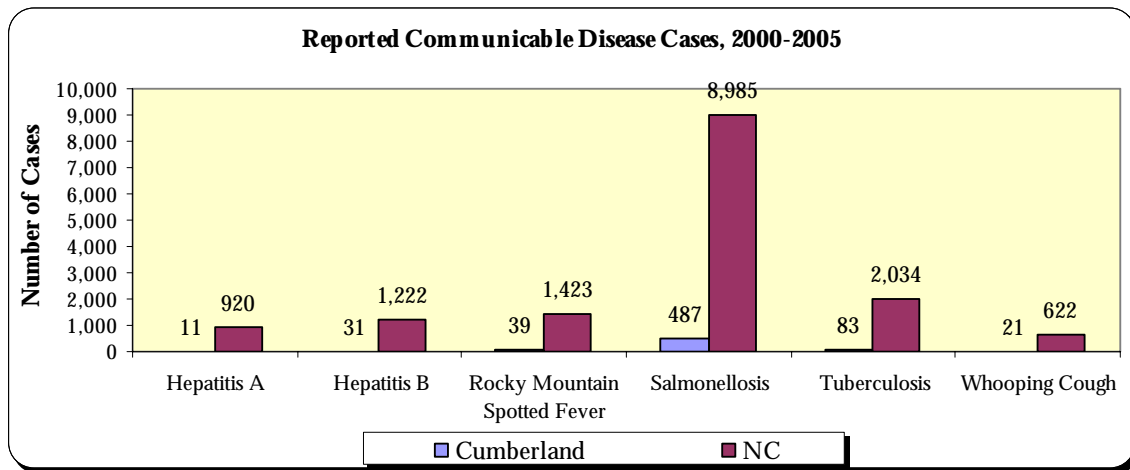
Tuberculosis (TB) is a disease caused by bacteria called *Mycobacterium tuberculosis*. These bacteria are spread from one person to others through the air when a person with TB disease coughs, sneezes or yells. TB can be serious for anyone, but is especially serious for children younger than five years old and for any persons who have weakened immune systems, such as those with HIV infection or AIDS.

Whooping Cough is a very contagious infection of the respiratory tract caused by the bacterium *Bordetella pertussis*. Symptoms generally include those of a cold, such as runny nose and a cough that gradually worsens. Whooping Cough (Pertussis) is spread from person to person through the air through droplet inhalation. Whooping cough is vaccine preventable.

Reported Communicable Disease Cases 2000 - 2005

Hepatitis A	11	920
Hepatitis B	31	1,222
Rocky Mountain Spotted Fever	39	1,423
Salmonellosis	487	8,985
Tuberculosis	83	2,034
Whooping Cough	21	622

Source: General Communicable Disease Control Branch,
Epidemiology Section



Cancer

Cancer is a significant burden to any community in terms of morbidity, years of life lost and economic cost. Research, however indicates that the burden of cancer can be prevented or reduced by developing and implementing culturally appropriate intervention strategies directed at specific populations. Cancer screening for early detection can provide a framework for treatment and rehabilitation services. Some factors that contribute to cancer are (1) exposure to tobacco and other carcinogenic substances, (2) diet/nutrition, and (3) biological factors. The County's total Cancer rate of 456.1 was higher than the State's total Cancer rate of 446.5.

Colorectal cancer is cancer that begins in either the colon or the rectum. Risk factors associated with colorectal cancer are age, diet, polyps, personal and family history and ulcerative colitis. Having one or more of these risk factors does not guarantee that a person will develop colorectal cancer, yet it may increase the chances. The County's Colorectal Cancer rate of 52.9 was higher than the State's Colorectal Cancer rate of 48.2.

Over the past several years, the Department of Public Health has collaborated with several church initiatives that focus on eating more fruits and vegetables to reduce cancer.

Lung cancer claims the lives of more men and women than any other cancer. The greatest tragedy of lung cancer is that it is almost totally preventable, yet it still kills so many each year. People who smoke are at the greatest risk of getting lung cancer. Lung cancer can be prevented because smoking causes most of it. The County's Lung Cancer rate of 76.2 was higher than the State's Lung Cancer rate of 69.3. The best defense is not to smoke. The Department of Public Health is working with other agencies on offering more smoking cessation classes for the general public.

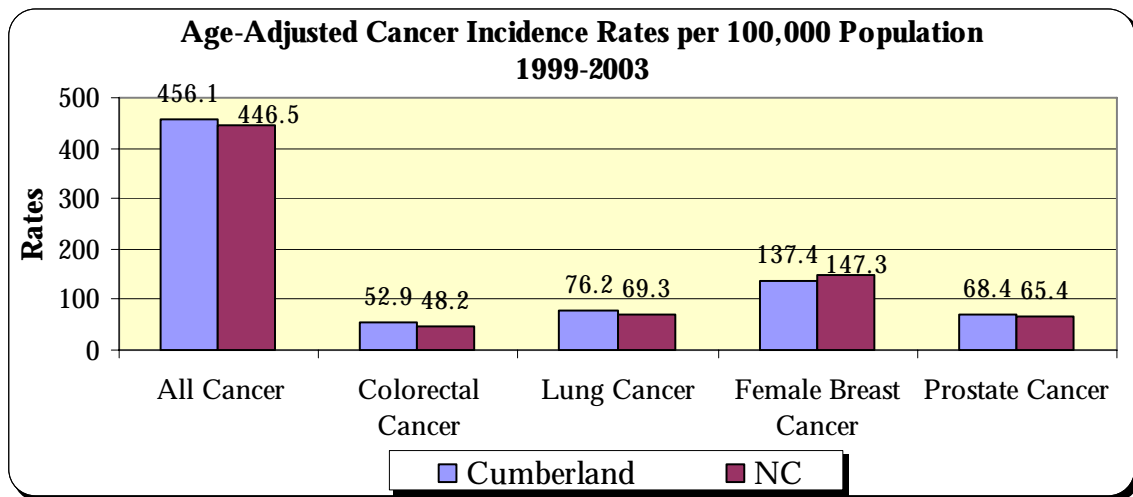
Other than skin cancer, breast cancer is the most common type of cancer among women in the United States. It is clear that early detection can reduce the mortality and morbidity due to breast cancer earlier. Presently, mammograms are the most effective tool we have to detect breast cancer. Through research, doctors are seeking to find more effective ways to treat breast cancer. The County's Breast Cancer rate of 137.4 was lower than the State's breast cancer rate of 147.3. The Department of Public Health participates in the State's Breast and Cervical Cancer program. This program offers low cost or no cost exams for eligible women ages 50 to 64. Breast cancer can occur at any age, but it becomes more common as a woman gets older.

Prostate cancer is the most common type of cancer in men in the United States (other than skin cancer). Although researchers know several risk factors for prostate cancer, they still are not sure why one man develops the cancer and another doesn't. A man's lifestyle may affect his chances of developing prostate cancer. For example, some evidence suggests there is a link between diet and prostate cancer. Some studies show that prostate cancer is more common in men that consume a high fat (particularly animal fat) diet and in men that have diets lacking certain nutrients. Men with a family history of prostate cancer who are concerned about an inherited risk for this cancer should talk with their doctor or a local health care provider. The County's Prostate Cancer rate of 68.4 was higher than the State's Prostate Cancer rate of 65.4.

Health officials continue to express concern over the number of people who do not take advantage of the screenings that clinics provide which would assist in early identification, treatment and follow-up of individuals identified with cancer. However, there are several factors that may restrict access to cancer screening, early detection, treatment and rehabilitation. Availability, access and compliance with cancer control services are affected by employment status and type/extent of medical coverage. Those who are unemployed, underinsured or uninsured are less likely to seek quality health care, to include taking advantage of cancer screenings.

Indicator	Cases		Rates	
	Cumberland	NC	Cumberland	NC
All Cancer	5,083	181,505	456.1	446.5
Colorectal Cancer	569	19,394	52.9	48.2
Lung Cancer	816	28,086	76.2	69.3
Female Breast Cancer	879	32,889	137.4	147.3
Prostate Cancer	758	26,794	68.4	65.4

Source: <http://www.schs.state.nc.us/SCHS/data/databook> Click on Morbidity
1999-2003 NC Cancer Incidence rates



According to the 2005 Behavioral Risk Factor surveillance System:

24.1% of 182 adult county respondents age 50+ had never been advised by a health professional to be tested for colon or rectal cancer.

35.7% of 101 adult county respondents (males) age 40+ had never had a prostate-specific antigen (PSA) test.

**Inpatient Hospital Utilization and Charges by Principal Diagnosis
2004**

Indicator	Average Days Stay in Your County	Your County Rate	State Average	State Average Days
Septicemia	9.6	17.6	11.1	8.4
AIDS	9.7	2.3	1.9	8.1
Malignant Neoplasm's (Total Cancer)	7.6	18.9	28.2	7.1
Colon, Rectum, and Anus Cancer	8.7	3.1	4.2	8.8
Trachea, Bronchus, Lung Cancer	8.3	3.2	4.3	7.5
Female Breast Cancer	3.9	0.5	0.6	2.9
Prostate Cancer	3.1	0.5	3.4	1.0
Diabetes	5.8	10.1	9.0	5.2
Heart Disease	5.7	53.6	64.5	4.8
Cerebrovascular Disease	5.2	13.2	17.7	5.4
Pneumonia and Influenza	6.5	13.3	22.4	6.0
Chronic Obstructive Pulmonary Disease	3.7	9.9	14.6	4.5
Chronic Liver Disease and Cirrhosis	7.0	1.8	2.0	6.6
Nephritis, Nephrosis, and Neph. Syndrome	7.5	5.4	6.9	6.8
Injuries and Poisoning	6.3	35.3	48.3	5.7
All Conditions	5.4	442.0	540.7	5.0

Note: Because these data include only NC residents served in NC hospitals, these numbers and rates may be smaller than the actual usage in counties that border other states.

**Inpatient Hospital Discharge rate per 1,000 Population
2004**

Indicator	Total Cases in Your County	Your County Rate	State Rate	State Total Cases
Septicemia	569	1.8	1.3	11,263
AIDS	74	0.2	0.2	2,045
Malignant Neoplasm's (Total Cancer)	774	2.5	4.0	33,940
Colon, Rectum, and Anus Cancer	111	0.4	0.5	4,084
Trachea, Bronchus, Lung Cancer	119	0.4	0.6	4,879
Female Breast Cancer	42	0.1	0.2	1,899
Prostate Cancer	52	0.2	0.3	2,511
Diabetes	539	1.7	1.7	14,941
Heart Disease	2,945	9.5	13.6	115,895
Cerebrovascular Disease	795	2.6	3.3	27,796
Pneumonia and Influenza	639	2.1	3.7	32,015
Chronic Obstructive Pulmonary Disease	827	2.7	3.2	27,683
Chronic Liver Disease and Cirrhosis	82	0.3	0.3	2,578
Nephritis, Nephrosis, and Neph. Syndrome	223	0.7	1.0	8,691
Injuries and Poisoning	1,734	5.6	8.5	72,753
All Conditions	25,343	81.5	108.8	929,088

**Inpatient Hospital Average Charge per Case
2004**

Indicator	County Total Charges	County Average Charge per Case	State Average Charge per Case	State Total Charges
Septicemia	18,007,739	31,648	26,404	297,358,281
AIDS	2,404,226	32,490	22,494	45,976,922
Malignant Neoplasm (Total Cancer)	24,003,305	31,012	24,525	831,942,228
Colon, Rectum, and Anus Cancer	3,591,465	32,356	28,961	118,217,952
Trachea, Bronchus, Lung Cancer	4,488,264	37,717	24,176	117,908,634
Female Breast Cancer	610,753	14,542	13,198	24,996,405
Prostate Cancer	870,022	16,731	15,310	38,428,952
Diabetes	9,271,759	17,202	13,149	196,420,054
Heart Disease	108,319,713	36,781	25,479	2,952,249,438
Cerebrovascular Disease	21,763,064	27,375	17,856	496,181,760
Pneumonia and Influenza	13,314,886	20,837	15,116	483,844,632
Chronic Obstructive Pulmonary Disease	9,342,861	11,297	10,824	299,589,155
Chronic Liver Disease and Cirrhosis	2,440,031	29,756	21,124	54,458,503
Nephritis, Nephrosis, and Neph. Syndrome	4,999,150	22,418	17,962	156,033,803
Injuries and Poisoning	50,163,009	28,929	22,496	1,635,853,166
All Conditions	533,513,794	21,053	16,462	15,289,525,862

Source: <http://www.schs.state.nc.us/SCHS/data/databook> Click on; Morbidity-Inpatient Hospital Utilization.

Observations:

- The County's total inpatient hospital days stay rate of 442.0 was lower than the State's total inpatient hospital day's rate of 540.7.
- The County's inpatient hospital days stay rate for Septicemia, AIDS and Diabetes were slightly higher than the State's inpatient hospital day's rate for the same diagnoses.
- The County's total inpatient hospital discharge rate of 81.5 per 1,000 populations was lower than the State's total inpatient hospital discharge rate of 108.8 per 1,000 populations. The inpatient hospitalization is broken down by major diagnostic categories.
- The County's total inpatient hospital average charge of \$21,053 per case was higher than the State's total inpatient hospital average charge of \$16,462 per case. The county inpatient costs for indicator diagnoses were uniformly higher than the state average for the same diagnoses.

Asthma Hospitalization

Asthma is a chronic breathing disorder and is the most common chronic health problem among children. Children with asthma have recurrent episodes of coughing, wheezing, and shortness of breath, which may be very serious or even life threatening.

The school health nurses provide asthma education to elementary students from third to fifth grade level that have been diagnosed with asthma. They target the children with inhalers first, because they need to know about their condition. The cost for admission, treatment, follow-up and medications for asthmatic sufferers is expensive when one considers the lost days from work or school due to asthma related illness for the patient or family member.

Observations:

- The County's asthma hospitalization rate of 140.9 for total population was much higher than the State's rate of 125.9.
- The County's asthma hospitalization rate of 292.7 for ages 0-14 years was significantly higher than the State rate of 180.2.

Asthma Hospitalization 2004

Indicator	Number of Events in Your County	Your County Rate	State Rate	State Number of Events
Asthma Hospitalization Rate – Total Population	438	140.9	125.9	10,753
Asthma Hospitalization Rate – Ages 0-14 Years	207	292.7	180.2	3,121

Health Resources/Programs

In, 2005, Cumberland County had 209 Primary Care Physicians, 147 Physician Assistants, 119 Dentists, 151 Dental Hygienists, 2,222 Registered Nurses, 77, Nurse Practitioners, 8 Certified Nurse Midwives. In 2005 there were 15.0 Physicians per 10,000 population, 6.7 Primary Care Physicians per 10,000 populations.

Source: 2006 UNC Sheps Center for Health Services Research.

2005 ACTIVE HEALTH PROFESSIONALS*

Physicians

Non-Federal Physicians 470
Primary Care Physicians 209
Family Practice 66
General Practice 6
Internal Medicine 66
Obstetrics/Gynecology 28
Pediatrics 43
Physician Assistants 147
Federal Physicians 156
Other Specialists 261
Physicians per 10,000 Populations 15.0
Primary Care Physicians
per 10,000 Population
6.7
Dentists 119
Dental Hygienists 151
Registered Nurses 2,222
Nurse practitioners 77
Certified Midwives 8
Licensed Practical Nurse 886
Chiropractors 25
Optometrists 28
Pharmacists 200
Physical Therapists 94
Physical Therapist Assistants 85
Podiatrists 9
Practicing Psychologists 38
Psychological Associates 25
Respiratory Therapists 122

**Pregnancy Nutrition Surveillance
2002 - 2004**

Indicator Nutritional and Health Care Profile	# of cases in County	# of cases in State	County rate	State rate
Mothers who smoked 3 months prior to pregnancy	7,264	132,946	29.1%	27.1%
Mothers who smoked last 3 months of pregnancy	9,210	160,549	15.2%	18.8%
Mothers who quit smoking by first prenatal visit and stayed off cigarettes	2,011	33,582	45.4%	29.1%
Mothers who breastfed	8,797	143,594	56.4%	55.4%
Mothers with underweight body mass index (BMI)	7,109	123,960	12.7%	13.3%
Mothers with overweight BMI	7,109	123,960	41.9%	45.7%
Mothers with low hemoglobin or low hematocrit During 3 rd trimester	1,831	22,186	37.9%	31.9%

Source: <http://www.nutritionnc.com/nutrsurv.htm>

Observation:

- 29.1% of the County's mothers smoked 3 months prior to pregnancy compared to 27.1% of the State's mothers.
- 15.2% of the County's mothers smoked the last 3 months of pregnancy compared to 18.8% of the State's mothers.
- 45.4% of the County's mothers quit smoking by the first prenatal visit compared to 29.1% of the State's mothers.

**Population without Health Insurance
2004**

In 2004, 18.6% or 52,482 of the County population ages 0-64 years were uninsured, ranking the County 35th in the State. 11.5% or 10,494 of the County population ages 0-17 years were uninsured, ranking the County 25th in the State and 22.0% or 41,988 of the County's population ages 18-64 years were uninsured, ranking the County 47th in the State.

According to the 2005 Behavior Risk factor Surveillance System:

16.9% of 455 adult County respondents had no current health insurance and 29.7% of 456 adult County respondents did not have a personal doctor.

**Medicaid
FY 2005**

In 2005, Cumberland County had 57,442 individuals eligible for Medicaid. The County's total expenditures were \$221,582,195, spending \$3,857 per eligible individual. The County's per capita expenditure was \$713.00, ranking the County 88th in the State. The County had 185 eligible individuals per 1,000 population and 18.48% of individuals were eligible for Medicaid based on the County's population in 2004.

2003 NC Childhood Lead Screening

Indicator	# of Events	County Rate	# of Events	State Rate
1- and 2- year olds % screened	2,345	21.8%	87,993	37.4 %
1 – and 2-year olds% > or = 10 ug/dl	41	1.7	1,716	2.0%

Source: NC Childhood Lead Screening Data by County

Observation:

- 1.7% of the County's children had a lead level \geq 10 micrograms compared to 2.0% of the State's children with a lead level \geq 10 micrograms. The data suggest that 1 and 2 years are not being screened adequately in the County.

**Dental Screening for Kindergarten and Fifth grade Children
2004-2005**

Kindergarten

Indicator	County	State
% Children Screened	84%	77%
% Children Cavity Free	57%	59%
% Children with untreated decay	23%	22%

Source: NC Division of Public Health, Oral health Section

Fifth Grade

Indicator	County	State
% Children Screened	81%	74%
% Children Cavity Free	74%	77%
% Children with Untreated Decay	4%	5%
% With Sealants	36%	43%

Observations:

- 84% of Kindergartens were screened in the County compared to 77% Kindergartens screened in the State.
- 81% of fifth graders were screened in the County compared to 74% of fifth graders in the State.

The Cumberland County Department of Public Health continues to strive to meet the needs of the children. The dental clinic provides services to children age birth to fourteen. Oral health education and dental screenings are conducted in the elementary schools along with the fluoride mouth rinse program.

**Child Health Data
2002 – 2004**

Observations:

- 71.5 % of County Medicaid eligible children birth to 21 years of age received health check preventive services compared to 69.7% of State Medicaid eligible children birth to 21 years of age who received health check preventive services.
- 23.1% of all children one through two years of age living in the County received a direct blood test for lead compared to 37.5 % of all children one through two years of age living in the State.
- 68.2 % of County infants that were served in the child health clinic received WIC program services compared to 87.4 % of State infants that were served in the child health clinic that received WIC program services.
- 75.6 % of County children one to five years of age that are served in the Child health clinic who received WIC program services compared to 79.9 % of State children one to five years of age that were served in the child health clinic that received WIC program services.
- 85.1 % of County children two to four years of age who received services from the Department of Public Health had a BMI below the 95th percentile but above the 5th percentile compared to 81.2 % of State children two to four years of age who had a BMI below the 95th percentile but above the 5th percentile.
- 78.4 % of County children five to eleven years of age who received services from the Department of Public Health had a BMI below the 95th percentile but above the 5th percentile compared to 73.7% of State children five to eleven years of age who had a BMI below the 95th percentile but above the 5th percentile.

Indicator	County Rate	State Rate
Health Check	71.5	69.7
Lead screen	23.1	37.5
Infant WIC	68.2	87.4
Child WIC	75.6	79.9
Normal Weight 2 to 4	85.1	81.2
Normal weight 5 to 11	78.4	73.7

Source: North Carolina Division of Public Health

Community Health

Observations:

- The County's index, violent and property crime rates were much higher than the State for years 2004 and 2005.
- 7.0% of the children in the County were in DSS custody (per 1,000) compared to 4.7% of the children in the State.
- 70.1% of the child maltreatment reports in the County were investigated (per 1,000) compared to 53.6% of the child maltreatment reports in the State.
- 15.2% of the child maltreatment reports filed in the County was substantiated compared to 9.8% of the child maltreatment reports filed in the State. (See chart)

Community Health 2005

Indicator	County Rate	State Rate	Number of Events in the County	Number of Events in the State
Index Crime Rate, 2005	6,868.6	4,617.9		
Index Crime Rate, 2004	6,731.9	4,641.7		
Violet Crime Rate, 2005	659.5	478.1		
Violet Crime Rate, 2004	675.7	460.9		
Property Crime Rate, 2005	6,209.2	4,139.7		
Property Crime Rate, 2004	6,056.2	4,180.7		
Juvenile with complaints approved for court			636	12,119
Number of Children in DSS Custody per 1,000	7.0	4.7		
Juveniles in Youth Development Centers			23	473
Child maltreatment Reports Investigated per 1,000	70.1	53.6		
Maltreatment Reports Substantiated per 1,000	15.2	9.8		

Source: <http://sbi.jus.state.nc.us> and Action for Children, www.ncchild.org – Cumberland County

Public Health Programs

The E. Newton Smith Public Health Center is one of the larger health departments in the State. The Health Department offers an array of services to the citizens that include:

CHILD SERVICE COORDINATION PROGRAM (CSC)

Child Service Coordination is a voluntary home visitation program that provides free services to children age's birth to 5 years of age. Children are eligible based on development, growth, health or social concerns. A Child Service Coordinator is a special nurse or social worker trained to teach parenting and provide services such as developmental screens and stimulation activities. The goal is to ensure that all children get a safe and healthy start in life.

MATERNITY CARE COORDINATION PROGRAM (MCC)

Maternity Care Coordination is a voluntary program that assists pregnant women in getting prenatal care and community resources to meet their needs. All pregnant women in Cumberland County are eligible regardless of income. Maternity Care Coordinators are highly skilled nurses and social workers. Services are free and include prenatal education, blood pressure checks, referrals to services such as housing, WIC, Medicaid, prenatal classes, etc. Women enrolled in the program receive a **Postpartum-Newborn Home Visit** to ensure that both mom and baby are doing well.

WOMEN'S PREVENTIVE HEALTH SERVICES

Breast & Cervical Cancer Control Program

The Breast and Cervical Cancer Control Program is designed to reduce death and disability among women caused by breast and cervical cancer. Public awareness, education, early diagnosis and treatment are key elements in reducing the effects caused by breast and cervical cancer. This program focuses on low-income women 50-64 years of age. Women enrolled in the program, receive a pap smear, and mammogram screening. Women are also offered screening for high blood pressure, diabetes, osteoporosis, and preventive education.

Family Planning Clinic

Family Planning clinic provides services to all women who desire to postpone or space their pregnancy. The program provides pre-pregnancy counseling, education, physical examination, birth control counseling, and supplies. All services are strictly confidential. Pregnancy testing is available Monday through Thursday from 8:00 a.m. – 9:00 a.m. Appointments are required for all other services except pregnancy testing. Fees for service are based on family size and income.

Maternity Clinic

Maternity clinic offers complete prenatal care and delivery services. Care is provided by Cape Fear Valley Medical Center, Duke OB-GYN doctors and licensed professional nurses. Care is provided for low risk and high-risk pregnancies. Resource referrals are made based on the patient's educational and social needs. Fees for service are based on family size and income

CHILD HEALTH CLINIC

Child Health Clinic provides medical screening services for children birth to 18 years of age. Services include physical examinations, developmental screening, dental screening, hearing and vision screening, preventive education, and laboratory screening. The Child Health Clinic is a Carolina Access provider. Fees for service are based on family size and income.

DENTAL CLINIC

The Dental Clinic impacts the citizens of Cumberland County in a number of areas. Clinical services are provided for children ages birth to 14 years of age. Care is also provided for the inmates at the County Jail. During the school year, dental screenings are done for public school children attending pre-K, kindergarten, second grade, exceptional children, and fifth grade classes. The dental clinic also serves as an externship site for dental, dental hygienist, and dental assistances. As time permits, oral health education is provided at various sites. The dental clinic staff coordinates and sponsors a third grade poster contest during Children's Dental Health Month.

ENVIRONMENTAL HEALTH

The Environmental Health Division works to prevent morbidity and mortality from environmental contamination. This is accomplished through public health education, inspections and active enforcement of county and state rules and regulations.

This division is grouped into the following four sections:

- ❖ Food & Lodging: Food Handling Establishments, Lodging Establishments and Childhood Lead Investigations.

- ❖ Sewage: Onsite Wastewater Systems, Individual Water Supplies and Tattoo Establishments.

- ❖ Mobile Home Parks/Swimming Pools: Manufactured Housing, Public Swimming Pools, Residential Cares/Group Homes, Large Septic Tank Systems and Communicable Diseases.

- ❖ Vector: Vector Control/Public Health Nuisances, Rabies, Solid Waste and Mosquito Control.

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 rendered by the Environmental Health Division.

COMMUNICABLE DISEASE CONTROL

Immunization Clinic

The immunization clinic provides all required childhood and adult immunizations. Immunization ("shot") records are available and may be requested at any time during normal business hours. Vaccines for international travel are available. Clinic hours are Monday-Friday 8:00 a.m.-4:00 p.m. Contact the clinic regarding schedule changes.

Epi Clinic

The Epidemiology clinic provides screenings for reportable communicable diseases. Services include medication for prevention and treatment of tuberculosis and other communicable diseases, investigation of cases, education to patients and community upon request, and screening for refugees who settle in this country.

Sexually Transmitted Diseases (STD/HIV)

The STD clinic provides services to anyone who is suspected of having a sexually transmitted disease. Services include screening, diagnosis, treatment counseling, education and case finding. HIV/AIDS testing and counseling is also available and free of charge. Services are confidential. Clinic services are available daily on a walk-in, first-come, first serve basis (contact clinic regarding schedule changes).

HEALTH EDUCATION

The Health Education Division provides innovative educational programs that promote the physical, emotional, and social well being of individuals and communities. Health Education is responsible for planning, organizing, and implementing programs for clinic patients, community groups, civic organizations, private agencies, worksites, and schools. Other services include developing and marketing health promotion and risk reduction activities; consulting with other health professionals; and collaborating with other agencies to implement policy and environmental changes within the community.

ADULT HEALTH

The Adult Health Clinic provides comprehensive medical care for health maintenance and care of those with acute and chronic disease. The primary care services are open to Cumberland County residents and individuals designated by Carolina Access Insurance coverage. A sliding scale service is available to those who financially qualify and Third party insurance is accepted. Appointments and walk-in services are available.

MEDICAL/ENVIRONMENTAL LABORATORY

The Medical Laboratory is nationally certified by **Clinical Laboratory Improvement Amendment** (CLIA) and enrolled in a proficiency program through the College of American Pathologist (CAP). The NC State Laboratory inspects the lab yearly for certification in the Water Program, which the lab performs for the Environmental Health Division. All lab staff members are certified through the American Society of Clinical Pathologists (ASCP). Testing is performed in all areas of the medical laboratory to include: Chemistry, Hematology, Urinalysis, Serology, Immunology, and Microbiology.

SCHOOL HEALTH PROGRAM

The school health program is staff by school health nurses. The nurses are responsible for providing the following services: vision and hearing screenings, making referrals, responding to communicable disease concerns, offering medical expertise to teacher/staff and monitoring students with routine and special health concerns.

VITAL RECORDS

The Vital Records Department ensures that all birth and death certificates for Cumberland County are filed according to the Vital Statistics laws of North Carolina. A copy is forwarded to the Register of Deeds at the Cumberland County Courthouse where certified copies are available to the public (for certified copies, please call 678-7794). The Health Department records are not open to the public and are maintained for only two years in compliance with the state guideline. Other services include:

- Information to the general public concerning the guidelines and regulations of the NC Vital Statistic Laws that may pertain to a particular situation.
- Assistance in providing information to obtain certificates from other states and countries.

Assistance is provided to local hospitals and funeral homes on proper registration

NUTRITION DEPARTMENT
WOMEN, INFANT, AND CHILDREN (WIC)

The Nutrition Division provides the federally funded Women, Infants, and Children Program (WIC). WIC program services are provided at five sites in Cumberland County: Department of Public Health, Ft. Bragg Soldier Support Center, Hope Mills at Millview Place on Hope Mills Road, Spring Lake Family Resource Center, and Cape Fear Valley Medical Center. The WIC program provides nutrition education and healthy foods to pregnant, postpartum, and breastfeeding women, infants, and children up to age five. Participants must meet residency, income, and medical/nutritional risk eligibility requirements. WIC staff members also make referrals to community agencies and medical providers. Breastfeeding education is provided to each expecting mother on the program. The Nutrition Division also has Registered Dietitians (RD) on staff that provides nutrition counseling to clients referred from the health department maternity and child health clinics. The division also participates in some community events and at times may provide other community education services.

CAPE FEAR VALLEY HEALTH SYSTEM

Fayetteville is home to the eleventh largest hospital system in the state. Cape Fear Valley Health System is comprised of four main healthcare facilities:

- Cape Fear Valley Medical Center, a 426-bed hospital that includes The Heart Center and The Cancer Center.
- Behavioral Health Care (BHC) offers inpatient and outpatient psychiatric care as well as substance abuse treatment.
- Southeastern Regional Rehabilitation (SRRC), a 78-bed rehabilitation hospital.
- Highsmith-Rainey Memorial Hospital, a 112-bed acute-care hospital.

CAPE FEAR VALLEY MEDICAL CENTER

Cape Fear Valley Medical Center specializes in heart care, cancer treatment and surgical services. A full-service Family Birth Center as well as a Level-III Neonatal Intensive Care Unit (NICU) to care for the tiniest members of the community is also available. Cape Fear Valley is considered one of the states top 10 hospitals for its care of patients with cardiovascular disease.

HIGHSMITH-RAINEY MEMORIAL HOSPITAL

Highsmith-Rainey Memorial Hospital provides continuing acute care as well as a 24-hour urgent care facility. In 1983, the new hospital opened its current location on Robeson Street, with state-of-the-art medical capabilities and all private rooms.

On June 1, 2004, Highsmith-Rainey began a new chapter in its proud history, opening additional continuing acute-care beds for a total of 112, including a four-bed Intensive Care Unit. Continuing acute care is highly complex acute care for patients who are usually very sick and require electronic monitoring and bedside care by nurses with advanced clinical skills.

At the same time, Highsmith-Rainey's Emergency Department became ExpressCare, Fayetteville's first 24-hour urgent care center.

Highsmith-Rainey is also set to open its new 8-bed Palliative Care unit, the first inpatient unit of its kind in our area. Palliative care is an approach that improves the quality of life of patients and families facing serious life-threatening illnesses. Palliative care works to address emotional and physical issues to decrease suffering and promote comfort.

Highsmith-Rainey is accredited by the Joint Commission on Accreditation of Healthcare Organizations. The hospital remains linked to its historical past, while it embraces the future as an institution renowned for its compassionate, quality care.

The hospital remains linked to its historical past, while it embraces the future as an institution renowned for its compassionate, quality care. It is currently undergoing a \$150 million expansion and was listed in top 100 most improved hospitals in the United States.

SOUTHERN REGIONAL REHABILITATION CENTER

Located directly behind Cape Fear Valley Medical Center; SRRC is a 78-bed facility that provides inpatient stroke, neurological impairments and orthopedic injuries. Southeastern Regional has been ranked in the Top 10 percent nationally in patient outcomes. Services provided include Physical & Occupational Therapy; Therapeutic Recreation, Speech & Audiology; Sports Therapy; Psychology & Neuropsychology; Vocational Evaluation; Back to Work Industrial Rehabilitation; Spine, Joint & Hand Therapy; Rehabilitation Nursing; Vocational Rehabilitation; Wound Management; Pediatric Rehabilitation and Aquatic Therapy. For more information, please call (910) 609-6091 or 1-800-682-7005 (in North Carolina).

BEHAVIORAL HEALTH CARE

Behavioral Health Care is a comprehensive psychiatric hospital with inpatient and outpatient services for children, adolescents and adults. Behavioral Health Care offers psychiatric treatment, including evaluations, medical management, and group, family and individual therapy. Substance abuse treatment is also available. Behavioral Health Care's Outpatient Services ranked in the Top 5 percent nationally for outpatient behavioral health services in 2004.

Behavioral Health Care is accredited by the Joint Commission for the Accreditation of Healthcare Organizations (JCAHO) and licensed by the state of North Carolina. Staffed by psychiatrists, psychologists, clinical social workers, psychiatric nurses, licensed professional counselors and other mental health professionals; Behavioral Health Care of Cape Fear Valley Health System provides a team approach to mental wellness. For more information about Inpatient Services at Behavioral Health Care, please call (910) 609-3000.

HEALTH PAVILION NORTH EXPRESS CARE

Located in northern Cumberland County, on Ramsey Street, Cape Fear Valley Health Systems - Health Pavilion North is an urgent care facility for such things as ear infections, flu-like symptoms, etc. The center also offers family care, physical therapy, lab, X-rays and EKG's. Health Pavilion North also has a Cancer center. This location is convenient and accessible to Cumberland County residents

WOMACK ARMY MEDICAL CENTER

The Army Medical Center is committed to providing quality, cost-efficient care for "The Total Army Family." Womack Army Medical Center, WAMC, is proud to serve the more than 160,000 eligible beneficiaries in the region, the largest beneficiary population in the Army.

The new 153 bed facility was completed and opened for patient care in 1999 and is a total of 920,779 square feet. This new complex has increased the quality care and access to beneficiaries by bringing more medical and specialized resources to Fort Bragg. Some of the specialties added since the current facility became a medical center include

cardiology, hematology/oncology, pulmonology and obstetrics/gynecology and inpatient psychiatry/behavioral health care

VETERANS ADMINISTRATION MEDICAL CENTER

The Fayetteville VA Medical Center is a Clinical Core Level III facility, with 90 general medical, surgical and mental health beds and a 69-bed long-term care unit. Fayetteville is located in southeastern North Carolina in an area populated by more than 155,000 veterans in 21 counties.

Two of the counties served are located in northeastern South Carolina. The facility has two community-based outpatient clinics located in Jacksonville and Wilmington, North Carolina. The medical center has a full array of inpatient and outpatient services utilizing the latest medical technology. Veterans requiring specialized services not available at Fayetteville are referred to the Durham VAMC, or other VA facilities within VISN 6. A magnetic resonance imaging unit located at Ft. Bragg's Womack Army Hospital is the result of a VA/DoD agreement between Womack and Fayetteville VAMC. Additional resources are shared with Pope Air Force Base and Womack Army Hospital under VA/DoD sharing agreements to augment health care delivery.

Community Health Opinion Survey

A Community Health Opinion Survey was conducted to find out what community members think about their community. The survey was distributed to some county employees, clients/patients of the Department of Public Health, parents of children in the Head Start program, non-profit agencies etc.