



# State of the County's Health Report

CUMBERLAND COUNTY



## **Mission Statement**

To build and maintain excellence in public health throughout this diverse community by delivering optimal health care services, maintaining a quality environment, and ensuring efficient, responsible and ethical operations.

## **Introduction**

The purpose of the State-of-the County's Health Report is to relate current information on the health status of the county. It will serve as a yearly update of health concerns and the actions taken to address them. This report includes a review of morbidity and mortality data for the county, a review of the health concerns selected as priorities from the 2006 community health assessment and progress made in the last year (July 1 2008 – June 30 2009). This report will be distributed to the county board of health, county government officials, area libraries, and the local community will have web access.

## **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° F and 79° F in July. The average rainfall is 47 inches

## **Population**

In 2008, the total population of Cumberland County was estimated to be 316,914. The county's population increased 4.6% from April 2000 (population 302,962) to July 2008 (population 316,914) with a net migration of -4.7 %.

In 2008, the population was 55.6 % white and 44.3 % minority. Males made up 49.7 % of the county population and females made up 50.2 %. The county is fairly young with the median age thirty-one (31).

<http://www.demog.state.nc.us/demog>, [www.schs.state.nc.us/SCHS/data/databook](http://www.schs.state.nc.us/SCHS/data/databook), click on population

## **Income, Workforce and Poverty**

In 2007, the per capita income for Cumberland County was \$36,548.<sup>1</sup> In 2007, the median household income was \$ 42,683.<sup>2</sup> In 2007, 17.2 per cent of Cumberland County residents lived below poverty.<sup>3</sup> Individuals living in poverty often have higher rates of chronic diseases and undesired health outcomes.

Source: 1. UNC Sheps Center for Health Services research  
2, 3. [www.quickfacts.census.gov/qfd/states](http://www.quickfacts.census.gov/qfd/states)

In 2008, Cumberland County had a total of 132,649 individuals in the labor force, 124,338 individuals were employed, and 8,311 individuals were unemployed. The unemployment rate was 6.3.

Source: UNC Ships Center for Health Services Research, 2008

## **Health Care Resources**

**2008**

Cumberland County reported 1,014 physicians and 2,506 registered nurses who were active within their profession in 2008. There were 118 active dentists and 175 active dental hygienists. There were 16.1 physicians per 10,000 populations.

Source: UNC Sheps Center for Health Services research, 2008

## **Population without Insurance**

**2006**

In 2006, 21.0 % or 60,000 of the county population ages 0-64 years were uninsured, ranking the county mid-high in the state. For ages 0-18 years, 14.8 % or 15,000 of the county population were uninsured, ranking the county high in the state and 24.3 % or 45,000 of the county's population ages 19-64 years were uninsured, ranking the county mid-high in the state.

Source: NC Institute of Medicine, [www.nciom.org](http://www.nciom.org)

## **Education**

The Cumberland County School District (fourth largest in the state) consists of 87 schools with approximately 53,162 students and 6,952 employees. There are 51 elementary schools, 15 middle schools, 14 high schools, five special needs schools and one year round classical school.

Source: [www.ccs.k12.nc.us](http://www.ccs.k12.nc.us): Select facts and figures

Cumberland County has three schools of higher education. Fayetteville Technical Community College (FTCC), the state's second –largest community college. FTCC offers certificates, diplomas and associate degrees in more than 112 programs.

Source: [www.faytechcc.edu](http://www.faytechcc.edu)

Fayetteville State University (FSU), a part of the University of North Carolina System has a diverse campus community and offers a variety of degree programs.

Source: [www.uncfsu.edu](http://www.uncfsu.edu)

Methodist University, a private liberal arts college offers a wide variety of degree programs.

Source: [www.methodist.edu](http://www.methodist.edu)

## Mortality 2004 - 2008

### Infant Mortality (Infant death rates per 1000 Live births)

Indicator	Cumberland total cases	Cumberland Rates	NC total cases	NC Rates
Total infant deaths	299	10.8	5333	8.4
White infant deaths	119	7.3	2818	6.2
Minority infant deaths	180	15.9	2515	14.3

(<1 year) Death rates per 1,000 Live Births, [www.schs.state.us/SCHS/data/databook](http://www.schs.state.us/SCHS/data/databook) click on mortality-infants

The County's total infant death rate was slightly higher than the state. Also, the minority infant death rates more than doubled for both the county and the state in comparison to the white infant death rates. 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 an unfavorable environment.

Heart Disease, Cancer (all sites), Chronic Lower Respiratory Disease and Stroke were among the County's leading causes of death from 2004-2008. Risk factors such as genetics, age, sex, and race can predispose certain individuals to chronic diseases such as heart disease, stroke, and cancer. However, lifestyle behaviors such as physical inactivity, poor dietary habits and being sedentary are controllable factors that have a greater impact on mortality rates. Heart disease, cancer, chronic lower respiratory disease, diabetes, nephritis and motor vehicle death rates exceeded the state death rates. (See Chart below).

### Leading Causes of Mortality Age-Adjusted Death Rate 2004 –2008 (Per 100,000 Population)

Leading Cause of Death	Cumberland	NC
Heart Disease	228.5	202.2
Cancer – All Sites	203.7	192.5
Stroke	51.5	54.4
Chronic Lower Respiratory Disease	55.2	47.8
Diabetes Mellitus	39.0	25.2
Pneumonia and Influenza	19.5	20.3
Nephritis	25.8	18.8
Other unintentional injuries	23.5	28.4
Alzheimer's Disease	23.6	28.7
Motor Vehicle Injuries	20.5	18.6

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

## **Morbidity 2003 - 2007**

Cumberland County continues to battle against sexually transmitted diseases. Sexually transmitted diseases left untreated can contribute to complications in pregnancy, infertility and chronic disease. The cost of health care is also a concern for individuals who tested positive for HIV and for individuals who suffer from the complications of sexually transmitted infections.

The county's rates for AIDS, gonorrhea and syphilis exceeded the state rates. People with HIV infection are living longer due to treatment with anti-retroviral drugs. The need for housing, transportation, affordable medicines, and health care providers who specialize in treating HIV disease continues to be a challenge for the clients. Epidemiological studies provide strong evidence that infections with gonorrhea and/or syphilis can facilitate HIV transmission by two to five folds.

The county's cancer (all sites) rate was lower than the state cancer rate. Cancer is a significant burden to any community in terms of morbidity, years of life lost and economic cost. However, that burden can be prevented or reduced by developing and implementing culturally appropriate intervention strategies directed at specific populations. See Chart below

### **Communicable Disease Rates per 100,000 2003 -2007**

<b>INDICATOR</b>	<b>CUMBERLAND</b>	<b>NC</b>
AIDS	16.6	12.0
Gonorrhea	335.2	181.9
Syphilis (1)	3.4	2.9
Tuberculosis (2)	3.0	4.0
Cancer (3)	470.9	477.0

Source: [www.schs.state.nc.us/SCHS/data/databook](http://www.schs.state.nc.us/SCHS/data/databook) Click on morbidity

1. Primary and Secondary
2. N.C. Health Statistics pocket guide-2007
3. 2002-2006 per 100,000 population – NC Central Cancer Registry

## **2006 Community Health Assessment Five Priority Areas**

The Cumberland County Department of Public Health formed a partnership with local agencies in 2006 to gather health data, determine priority health issues, identify resources and plan community health programs.

The partnership identified five health priority areas to be addressed in the Community Health Action Plan:

- (1) Heart Disease
- (2) Cancer
- (3) Diabetes
- (4) Teenage Pregnancy
- (5) HIV/AIDS

Results from a health opinion survey and secondary state data were used to identify priority areas. The partners (Department of Public Health and local agencies) completed a community action plan to address health issues identified as priority through the assessment process

**Progress Made In the Last Year on Priorities**  
**July 2008 – June 30, 2009**

<b>Health Priorities</b>	<b>Progress</b>
<p>1. <b>Heart Disease:</b> Objective- By 2011, to reduce by 3 % the heart disease death rate among minority males and females ages 40-60 years.</p>	<ul style="list-style-type: none"> <li>• Ten African -American churches established healthy eating and/or physical activity policies in their church to reduce obesity/overweight and encourage eating healthy foods among the congregations. A total of 30 AA Churches have established healthy eating/physical activity policies since 2004.</li> <li>• Ten nutrition programs focusing on healthy eating (increasing fruits and vegetables) and portion size were conducted in local community/agencies.</li> <li>• Twelve community nutrition education booths were implemented in worksites, community/government organizations and churches.</li> </ul>
<p>2. <b>Cancer:</b> Objective- By 2011. To reduce by 5 % the overall cancer death rate in adults ages 40-64 years.</p>	<ul style="list-style-type: none"> <li>• Ten churches established healthy eating policies to encourage low-fat cooking and increasing fruit and vegetables in the diet.</li> <li>• Ten churches established physical activity policies to encourage moving more/exercise among congregation.</li> <li>• Public Health partnered with a local breast cancer prevention foundation to provide breast cancer prevention education and mammograms. Six breast cancer prevention out-reach programs were conducted in the local community.</li> </ul>
<p>3. <b>Diabetes:</b> Objective- By 2011, to reduce by 5 % the diabetes death rates among minority men and women ages 40 – 60 years.</p>	<ul style="list-style-type: none"> <li>• Better Health provided a diabetes management class to clients twice per week.</li> <li>• Public health provided screening and education to clinic patients.</li> <li>• Public Health referred clients to Better Health and marketed the diabetes support group, and class schedule to clients seen at the Department of Public Health.</li> <li>• Better Health and Cape Fear Valley Health System implemented “Follow our foot steps” diabetes program to targeted African-Am. Churches.</li> </ul>

<p>4. <b>Teenage pregnancy:</b> Objective- By 2011, to reduce by 10 % the rate of unintended pregnancies among female's ages 15-19 years.</p>	<ul style="list-style-type: none"> <li>• Public Health provided 68 family planning classes reaching 261 teens ages 13 – 19.</li> <li>• Public Health and the Cumberland County Teen-age Pregnancy Prevention Coalition hosted an annual teen/parent community day, reaching over 100 participants.</li> <li>• Public Health and Cumberland Co. schools sponsored a tee shirt contest for Teen Pregnancy Prevention month. The theme was centered on abstinence.</li> <li>• Public Health, Planned Parenthood, and Cumberland Co. Schools partnered to participate on a radio-talk show focusing on teen pregnancy prevention. Teens from Teen Connection developed PSAs* to air on the radio, reaching 10,000 plus teens.</li> <li>• Public Health conducted contraception classes in six high schools, reaching approximately 332 students.</li> <li>• Public Health conducted six dorm-based contraception classes at the local university, reaching 195 students.</li> <li>• Public Health and Cumberland Co. Schools marketed clinic services via paid PSA. High school students developed the PSA's.</li> </ul>
<p>5. <b>HIV/AIDS:</b> Objective- By 2011, to reduce by 5 % the HIV infection rate among minority men and women ages 13-49.</p>	<ul style="list-style-type: none"> <li>• Public Health conducted 54 HIV/STI programs to youths, reaching 1,064 adolescents.</li> <li>• SISTA* project was implemented in two public Housing area, reaching 36 women.</li> <li>• Public Health provided clinical services to clients Monday- Friday.</li> <li>• Public Health partnered with the Cumberland Co. HIV Task Force to host a candlelight vigil for World AIDS day.</li> <li>• Cumberland County has two satellite HIV testing sites.</li> <li>• Public Health partnered with local agencies and CBO's to provide HIV/STI prevention education.</li> </ul>

\*PSA (Public Service Announcement)

\*SISTA (Sisters Informing Sisters on Topic About AIDS)

## **Changes in Data That Guided Selection of These Priorities**

The “partners” (Cumberland County Department of Public Health and local agencies) developed health priorities by using secondary state data, reviewing previous health trends, and the community health opinion survey. Currently, no significant changes have been reported to require reprioritization.

### **Other Changes That Affect Health Concerns:**

- We continue to deal with an enormous economic downfall that’s having a major impact on state and county government. Local and state agencies are asked to reduce or cut funds, which will impact health services provided to our communities further down the road.
- Health disparities, access to health care (uninsured and underinsured), lack of transportation and medication needs affect the health concerns for the county.

### **New and Emerging Issues That Affect Health:**

Previously we heard about West Nile Virus, SARS, and now H1N1 Flu pandemic. When new diseases appear are public health officials prepared to meet the medical and financial challenges? What impact does a pandemic have on society and commerce? Although not new, Poverty continues to have a great impact on health. Poor people have less access to health care and affordable housing. They become sick more often and suffer more from complications of chronic diseases like diabetes, hypertension and heart disease. Currently our congress is attempting to re-structure our health care system so that everyone will have health insurance and access to medical care. How will this re-structuring affect future healthcare and cost? Medical and government officials must come together to find answers to these pressing questions.

### **Ways Community Members Can Get Involved**

Community members can get involved by participating in community coalitions and alliances to empower communities to create supportive healthy environments.

### **Conclusion**

Although budgetary constraints and depleting resources offers some challenges for the county, through collaborative efforts with partners and local agencies the county continues to provide a quality service to the community.

The basis to addressing the challenges and opportunities ahead is to understand problems of the past, to anticipate emerging issues (bioterrorism, obesity, ect.) and to respond effectively through preparation, communication, prevention and public health policy.