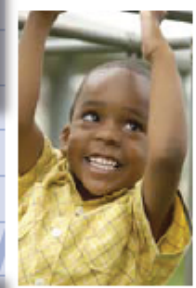
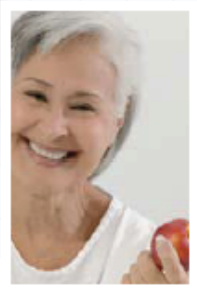


2011



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 2010 community health assessment and progress made in the last year (FY 2011). 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 2010, the total population for Cumberland County was 319,431. A population percent change of 5.4% occurred from April 2000 (population 302,963) to July 2010 (population 319,431). The primary races were white (47.2%), Black/African-Americans (36.7%), and Hispanic/ Latino (9.5%) Males made up 48.3 % of the county population and females made up 51.7 %. The county's median age was twenty-nine (29) years.

Race	Number	Percent
White	150,749	47.2 %
Black/African-American	117,117	36.7 %
Hispanic/Latino	30,190	9.5

To see other races go to: <http://quickfacts.census.gov/qfd/states>, select Cumberland County

Income, Workforce and Poverty

The per capita income for Cumberland County was \$21,728 (in 2009 inflation-adjusted dollars). The median household income was \$ 41,163(2009). Seven-teen percent (17%) of Cumberland County residents lived below the poverty level (2009). The child poverty rate was 24.4% and the elderly poverty rate was 10% (2005-2009). Individuals living in poverty often have higher rates of chronic diseases and undesired health outcomes.

Source: www.quickfacts.census.gov/qfd/states/37/37051.html
www.ncruralcenter.org/databank/CountyPrint.php?cpounty=Cumberland

In 2010, Cumberland County had a total of 135,068 individuals in the labor force, 122,575 individuals were employed, and 12,493 individuals were unemployed. The unemployment rate was 9.2%

Source: www.ncruralcenter.org/databank/CountyPrint.php?county=Cumberland

Health Care Resources (2010 Active Health Professionals)

Cumberland County reported 713 physicians, 2,790 registered nurses, 116 dentists and 192 dental hygienists that were active in their profession. There were 16.1 physicians per 10,000 populations.

Source: UNC Sheps Center for Health Services Research, 2010

Population without Insurance Uninsured estimates 2008-2009

The percentage of county residents under age sixty-five (0-64 years) who did not have health insurance was 20.3% or 57,986 residents. For ages 0-18 years, 11.5 % or 10,426 residents did not have health insurance and 24.5 % or 47,561 of county residents' ages 19-64 years did not have health insurance.

Source: NC Institute of Medicine, www.nciom.org

Education

The Cumberland County School District (fourth largest out of 115 in the state) consists of 85 schools with approximately 53,361 students and 6,807 employees. There are 53 elementary schools, 15 middle schools, 14 high schools, two special schools and one year round classical school. Source: www.ccs.k12.nc.us: Select facts and figures

Cumberland County has several schools of higher education. See list below.

Campbell University

143 Main St. Buies Creek, NC 27506
(910) 893-1219

Fayetteville State University (FSU)

1200 Murchison Rd. Fayetteville, NC 28301
(910) 672-1141

Fayetteville, Technical Community College (FTCC)

2201 Hull Rd. Fayetteville, NC 28303
(910) 678-8321

Methodist University

5400 Ramsey St. Fayetteville, NC 28311
(910) 630-7005

Miller-Motte College

3725 Ramsey St. Fayetteville, NC 28311
(910) 354-1990

Troy University

2620 Bragg Blvd. Fayetteville, NC 28303
(910) 484-6839

University of Phoenix

639 Executive Pl Fayetteville, NC 28305
(910) 988-5331

Mortality 2005 - 2009

Infant Mortality (Infant death rates per 1000 Live births)

Indicator	Cumberland total cases	Cumberland Rates	NC total cases	NC Rates
Total infant deaths	302	10.5	5,289	8.3
White infant deaths	126	7.4	2,764	6.0
Minority infant deaths	176	15.0	2,525	14.0

(<1 year) Death rates per 1,000 Live Births, 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 2005-2009. 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. The county exceeded the state death rates in all five leading causes of death.

Leading Causes of Mortality Age-Adjusted Death Rate 2005 –2009 (Per 100,000 Population)

Leading Cause of Death	Cumberland	NC
Heart Disease	218.8	191.7
Cancer – All Sites	198.6	185.6
Chronic Lower Respiratory Disease	52.6	50.5
Stroke	49.6	47.0
Diabetes Mellitus	37.4	23.6

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

Morbidity 2005 - 2009

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 and gonorrhea exceeded the state rates. The county's gonorrhea rate was substantially higher than the state. People with HIV infection are living longer due to treatment with anti-retroviral drugs. The county's rates for syphilis, tuberculosis and cancer (all sites) were slightly lower than the state rates. Epidemiological studies provide strong evidence that infections with gonorrhea and/or syphilis can facilitate HIV transmission by two to five folds. 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 2005 -2009

INDICATOR	CUMBERLAND	NC
AIDS	9.1	6.8
Gonorrhea	338.3	174.2
Syphilis (1)	3.8	3.9
Tuberculosis (2)	2.5	3.5
Cancer (3)	485.8	495.2

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

1. Primary and Secondary
2. N.C. Health Statistics pocket guide-2009
3. 2004 -2008 per 100,000 population – NC Central Cancer Registry,2/2011

**Pregnancy Rates per 1000 Population (Ages 15-19)
Year 2010**

In 2010, a total of 768 young ladies between the ages of 15-19 got pregnant, 186 less pregnancies in 2010 than in 2009 (954 pregnancies). The total pregnancy rate for young ladies ages 15-19 was 68.0, showing a 17.6% change from 2009. The county had 198 (25.8%) repeat pregnancies (girls who have been pregnant before), which was lower than repeat pregnancies that occurred in 2009 (266 or 27.9%). Although the county’s total pregnancy rate has decreased, overall county pregnancy rates continues to exceed the state’s rate. The Cumberland County Department of Public Health offers comprehensive education, including information about abstinence, contraceptives and disease prevention. The agency is working on strategies to address barriers such as transportation to clinic, accessing appointments, referral to family planning clinic classes and agency hours that might contribute to whether or not a teen receives needed services. The social and economic cost of teen pregnancy and birth often has a long-term impact on teen girls, their babies and the community. Reducing teen pregnancy will improve the health, education and social well-being of young ladies and benefit the social and economic costs for local communities.

2010 Pregnancy Rates per 1,000 populations for females ages 15-19

Indicator	Number of Pregnancies		Rates		Number of Repeat Pregnancies		Repeat Pregnancy Rates	
	County	NC	County	NC	County	NC	County	NC
Total*	768	15,957	68.0	49.5	198	4,305	25.8	27.0
White	261	6,525	58.5	34.4	No data ➡			
Black	411	6,292	77.5	70.2	No data ➡			
Hispanic	72	2,456	63.5	82.7	No data ➡			

www.appcnc.org search for data *Rates per 1,000 population, * the total number in the chart above includes “unknown” races.

2009 Pregnancy Rates per 1,000 populations for females ages 15-19

Indicator	Number of Pregnancies		Rates		Number of Repeat Pregnancies		% Repeat Pregnancies	
	County	NC	County	NC	County	NC	County	NC
Total	954	18,142	80.0	56.0	266	5,192	27.9	28.6
White	438	9,941	78.6	45.4	No data ➡			
Black	462	7,156	86.6	80.2	No data ➡			
Hispanic *	105	2,865	113.8	118.4	No data ➡			

www.appcnc.org Search for data * rates are per 1,000 populations for girls ages 15-19, Note:

Note: The total number “105” for the Hispanic category is composed of three racial groups: Hispanic-white, Hispanic-black and Hispanic- other races. 51 were distributed between the whites (Hispanic-white group) and blacks (Hispanic-black group) the remaining “54” numbers represent the Hispanic-“other races”. The same for the state, the total number “2,865” for the Hispanic category is composed of three racial groups: Hispanic-white, Hispanic-black and Hispanic- other races. 1,820 were distributed between the whites (Hispanic-white group) and blacks (Hispanic-black group) the remaining “1,045” numbers represent the Hispanic “other races”. For additional information contact: efinley@appcnc.org .

2010 Community Health Assessment Five Priority Areas

The Community Health Assessment process identified nine health indicators that stood out for Cumberland County. These were health indicators that exceeded the State rates and/or were cited as “perceived” health problems in the community via of the community health opinion survey. The “perceived” health problems cited from the community survey were supported by secondary data.

Five community health priorities were selected from a list of nine health indicators. Advisory committee members, work group members and community members scored each of the nine health indicators. Average scores were calculated and each health indicator was selected based on the rank in descending order. Health priorities selected to be addressed in the action plan were:

- (1) Heart Disease
- (2) Obesity
- (3) Teenage Pregnancy Prevention
- (4) Cancer
- (5) Diabetes

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 2010– June 30, 2011**

Health Priorities	Progress
<p>1. Heart Disease: Objective- By 2015, to reduce by 5 % the heart disease death rate among men and women ages 40-60 years.</p>	<ul style="list-style-type: none"> • Eat Smart Move More Weigh Less (ESMMWL) was implemented at three worksites: Town of Hope Mills, Fayetteville Observer Newspaper and DSS. Healthy eating programs were conducted at six (6) recreation centers, five (5) churches, six (6) community agencies and two (2) local government agencies.
<p>2. Obesity: Objective- By 2015, to increase by 60 % the percentage of adults getting the recommended amount of physical activity.</p>	<ul style="list-style-type: none"> • Eat Smart Move More Weigh Less (ESMMWL) was implemented at two worksites: Town of Hope Mills and DSS. An evaluation survey completed by the participants showed that most participants either maintained or lost weight. Most participants at the Town of Hope Mills lost between 2-10 pounds. Most participants at DSS lost between 5-20 pounds. Several participants reported that they increased their physical activity regime, ate smaller portion sizes and watched calorie consumption. Physical Activity programs were conducted at one (1) local government agency and one (1) church. A walking trail was implemented at one (1) worksite. Two elementary schools and eight recreation centers developed and implemented physical activity policies.
<p>3. Teenage pregnancy: Objective- By 2015, to reduce by 5 % the rate of unintended pregnancies among female’s ages 15-19 years.</p>	<ul style="list-style-type: none"> • Public Health provided 46 family planning classes reaching 140 teens ages 13 – 19. • Public Health and Cumberland Co. Schools sponsored a tee shirt contest for Teen Pregnancy Prevention month. The theme was centered on abstinence. Three high schools participated. • Public Health and Cumberland Co. Schools partnered to participate on a radio-talk show focusing on teen pregnancy prevention. Teens from three high schools developed PSAs* to air on the radio, reaching 10,000 plus teens. • Public Health conducted contraception classes in four high schools and one middle school reaching approximately 498 students. • Public Health conducted six dorm-based contraception classes at the local university, reaching 267 students. • Public Health and Cumberland Co. Schools marketed clinic services via paid PSA. High school students developed the PSA’s.

<p>4. Cancer: Objective- By 2015, to reduce the overall cancer death rate per 100,000 populations by 3%.</p>	<ul style="list-style-type: none"> • Public Health partnered with local breast cancer prevention foundation (Sherri Arnold Graham) Fitness Center (Curves-three sites), Cape Fear Diagnostic Center and local churches to provide breast cancer prevention education and mammograms. Five (5) breast cancer prevention out-reach programs were conducted in the local community, 10 mammograms via Rex Mobile Van and 10 mammograms Cape fear Diagnostic Center (Partnership with Sherri Arnold Graham Foundation).
<p>5. Diabetes: Objective- By 2015, to reduce the diabetes death rate by 7%.</p>	<ul style="list-style-type: none"> • Health promotion Coordinator conducted five diabetes education programs in the community. • Public Health • is in the planning phase to create a diabetes self-management program for clients and out-side medical referrals. • Better Health of Cumberland County conducted diabetes self- management education. Blood glucose/insulin classes were offered approx. four times per month. Exercise classes were offered four times per week, carb counting classes were offered two times per month and cooking classes two times per month.

*PSA (Public Service Announcement)

Changes in Data That Guided Selection of These Priorities

The “partners” (Cumberland County Department of Public Health, CHA Advisory group and community) 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:

The economy has made a tremendous impact on public health. State budget restraints have caused some gaps in the public health workforce, which is a major component of the public health infrastructure. State and local governments must acknowledge that they might not be able to finance public health and entitlement programs in the near future and begin to look for community partners who are involved in the development, implementation and evaluation of programs/projects aimed at preventing chronic and communicable diseases. Also, public health must continue to work on eliminating health disparities. Studies indicate that minorities, individuals with lower incomes and people with less education receive poorer quality healthcare.

Access to health care (uninsured and underinsured), lack of transportation and medication needs continues to affect the health concerns for the county.

New and Emerging Issues That Affect Health:

The Affordable Care Act (ACA), enacted March 2010, requires not-for-profit hospitals to conduct a community health needs assessment and adopt an implementation strategy to meet the community health needs identified through such assessment. This requirement will provide opportunities for the Department of Public Health to work in collaboration with the local hospital and community partners to address health issues and ensure a healthy community. Public health and the hospital working together can identify innovative strategies to promote health promotion and disease prevention. The common goal of both is to have a healthy community. The Department of Public Health is attempting to broaden its partnership with community-based organizations and churches. Currently, the Department of Public Health will partner with a Cumberland County cancer prevention project. If funded, the project will combine health and jobs intervention for county residents who are unemployed/underemployed by offering health risk appraisals, feedback, information and referrals to local health resources.

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 and to respond effectively through preparation, communication, prevention and public health policy.

Note: To obtain more information or to make a comment please contact Cumberland County Department of Public Health at (910) 433-3893 or (910) 433-3890.