

PASSPORT *to* HEALTH

SPRING 2015

*News For and About Passport
to Health Members!*



CAPE FEAR VALLEY
PASSPORT TO HEALTH



CAPE FEAR VALLEY PASSPORT TO HEALTH

Passport To Health is a program for members ages 50 and better.

OFFICE

Passport To Health
3522 Village Drive
Phone: (910) 615-4600
Fax: (910) 615-5385

Office hours vary.
Please call before stopping by.

MAILING ADDRESS

Cape Fear Valley Health
Attn: Passport To Health
P.O. Box 2000
Fayetteville, NC 28302-2000

EDUCATIONAL TOPIC LINE

For the topic of the month to be presented at Passport To Health's monthly educational meeting and other upcoming events, please call (910) 615-4468.

This newsletter is published by the Marketing and Outreach Department of Cape Fear Valley Health System for Passport To Health members, physicians, senior centers and community agencies.

Editor: Anna Ackerman
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This educational information is provided to supplement the care provided by your physician. It is not intended to be substituted for professional medical advice. Always consult your physician with any questions you may have regarding a medical condition.



recognized as a **TOP**
PERFORMER



Choose a hospital that delivers exceptional care

If you were looking for a hospital that provided exceptional care, you could pour over graphs showing compliance with every measure of evidence-based care. Or you could do it the easy way. The Joint Commission, an independent organization that accredits and certifies more than 20,500 healthcare organizations across the nation, has done the work for you. Their Top Performer award recognizes hospitals providing exceptional care.

Cape Fear Valley has been recognized as a **TOP PERFORMER** in four areas:

HEART ATTACK :: HEART FAILURE :: PNEUMONIA :: SURGICAL CARE

Top Performer status means Cape Fear Valley Health provides the most up-to-date, scientifically based care as compared to anywhere in the country.

And it's right here in Fayetteville close to family and friends.

When you choose Cape Fear Valley, you're putting yourself in **CAPEable** hands.



CAPE FEAR VALLEY HEALTH



Dear Friends,

On May 29, my sweet little grandson will be a year old!

I can now really appreciate the old saying, “time flies when you’re having fun.” This past year has flown by and I am having so much fun being a Nana.

From the moment I laid eyes on my little grandson I was “love struck,” and instantly I became a kid all over again. The joy I feel when he’s around is just pure and simple. I’ve learned to live in the moment and appreciate every day more and more.

I was amazed at how quickly Cameron developed his own unique personality. It has been wonderful just to watch him go through so many changes. When he was first born, he looked so much like his dad and now he looks more like his mom, with some characteristics of his dad.

When he comes for a sleepover, we laugh, watch Micky Mouse Clubhouse together, play on the floor long and hard until that sweet moment when I get to rock him to sleep and sing “Jesus Loves Me.”

He tries so hard to talk and tell me what’s going on in his little head. I’m sure he’s saying “da da,” and it sounds like he also says “it’s good.” I even think I hear him saying “bottle.” If his baby talk is any indication, he’ll be a talker like his Nana.

I never imagined that being a grandmother could be so wonderful. Nobody looks forward to growing old, but the gift of grandchildren makes it well worth it. Don’t you agree?

ANNA ACKERMAN, PASSPORT TO HEALTH MANAGER

Our office is closed on Thursdays to walk-in traffic so that we may have uninterrupted time to plan workshops and programs for you. Thank you for being understanding.



Find us on
Facebook

Stop by www.facebook.com/CFVPassportToHealth and click on the “Like” button.

NOTICE:

The Passport To Health office will be closed June 23-26.

Osteoporosis

Men Can Get It, Too

As a former house painter, Stan had climbed many ladders, but he was on a small step stool in his kitchen when he fell and broke his hip. He is still in the hospital.

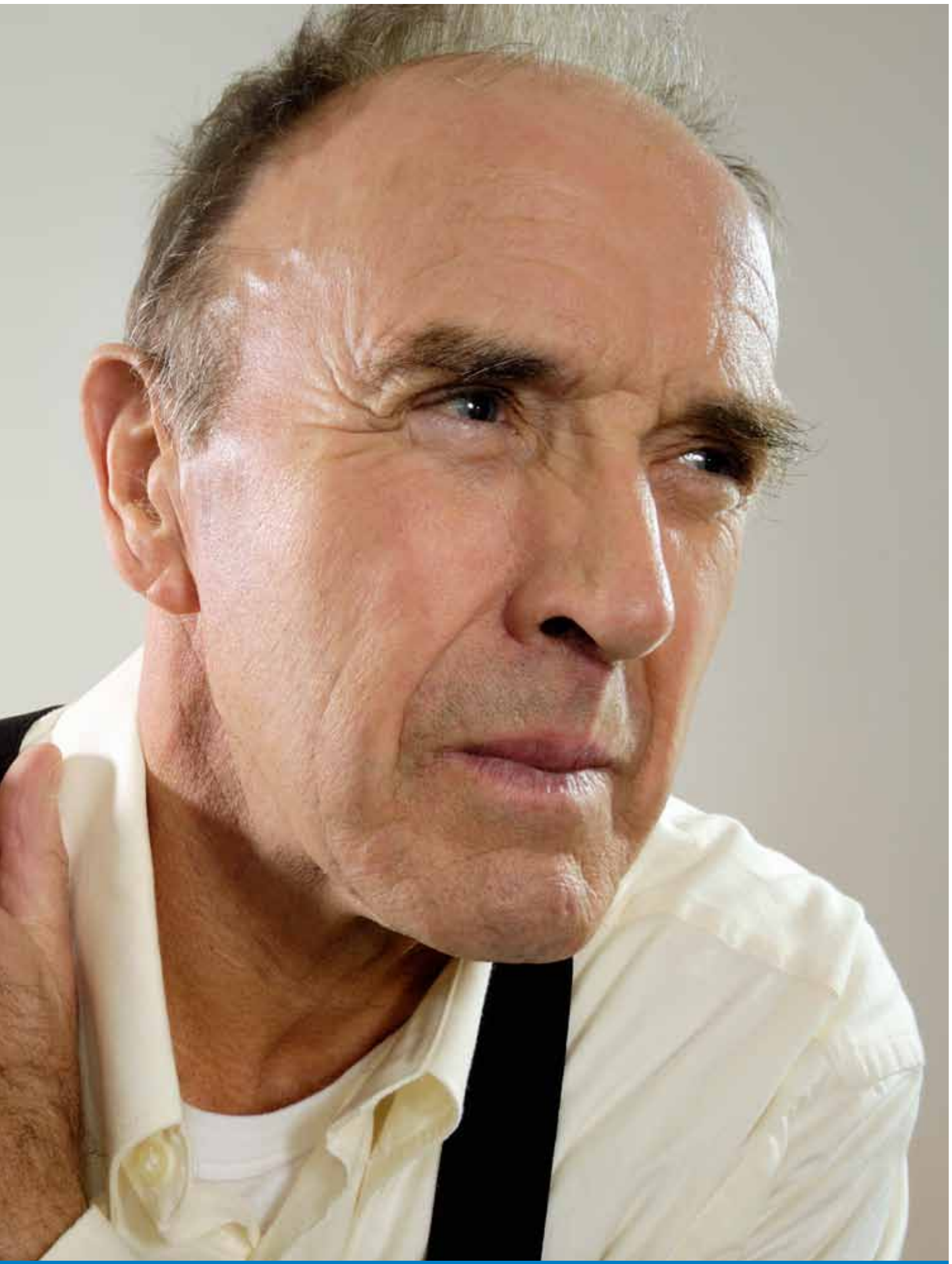
Older women are well aware of the risk posed by falls and fractures; their male counterparts are more likely to think of osteoporosis as a woman's problem. In fact, one of every five American men over age 50 will have an osteoporosis-related fracture at some time in his life. And a man who suffers a hip fracture is at greater risk of death within the first year than his female counterpart.

It's easy to forget about osteoporosis since it is a silent disease, getting gradually worse without symptoms... until suddenly a fracture occurs, often with very little stress or trauma.

The human skeleton is constantly changing as old bone is removed and replaced with new bone. During the first 30 years or so of life, this process results in a net gain; after that time, there is a gradual loss of bone mass and density, although it is rarely noticed until later life.

Some women have a more pronounced loss of bone density during menopause, brought on by changing hormone levels. This may show up in a finer bone structure, changes in posture (a curving spine and more rounded shoulders), loss of height and even some fractures. In men, these changes occur 10 to 15 years later, but by age 65 to 70, men and women are losing bone density at approximately the same rate. And, after age 70, bone loss for both accelerates.





Endocrine Society Guidelines recommend 30-40 minutes of weight-bearing physical activity at least 3-4 times a week to maintain strong bones.



WHY MEN ARE AT RISK

The nature and severity of osteoporosis is determined in part by heredity. There are also lifestyle factors that increase a man's risk:

- Use of corticosteroid medications to treat asthma, rheumatoid arthritis or other illnesses
- Chronic diseases that affect the kidneys, lungs, stomach, joints or intestines
- Hypogonadism, or abnormally low levels of sex hormones, frequently caused by one of the above diseases
- Smoking
- Excessive alcohol consumption
- An inactive lifestyle

Caucasian men have a higher risk than African Americans, Asian Americans, Hispanics or Native Americans.

One of the most common reasons for osteoporosis in a male is low testosterone. Testosterone may have a direct effect on bone density; in addition, some of the hormone is converted to estrogen, which is needed to preserve bone mass in both men and women.

Age is also a critical factor. As men live longer, they become increasingly vulnerable to the effects of low bone mineral density.

When a doctor sees signs of early bone loss, he or she can order a bone mineral density test, usually a DEXA (dual-energy x-ray absorptiometry) scan. It's similar to an x-ray but with less exposure to radiation.

The National Osteoporosis Foundation recommends bone mineral density testing for men age 70 and over and for younger men who have risk factors, have suffered one or more fractures or have lost more than 1.5 inches from their original height. In practice, though, men are far less likely than women to be tested for bone mineral density. And there is controversy regarding whether the guidelines used for diagnosis in women are appropriate for men with larger frames.

Osteoporosis is generally defined as a T score of -2.5 or less on the DEXA test. A person with this degree of bone loss is at high risk of fractures even with everyday activities. A score of -1.0 to -2.5 is defined as osteopenia. About 12 million men fall into this category, putting them at risk of more severe bone loss and fractures as they get older.

Vertebral fractures often go unnoticed, although collapsing bones in the spine are the primary reason for loss of height and changes in posture, a curving spine that can make breathing more difficult. Back pain is another symptom that may be attributed to other causes.

The frailty that becomes common in both men and women after age 80 is a combination of declining bone and muscle mass. Frailty makes falls more likely, and falls are more likely to cause a fracture.

A fracture of the wrist can cause significant short- and long-term disability. A hip fracture often leads to loss of independent living. Males account for one third of hip fractures, and 37 percent of men die in the year following a fracture. The mortality rate for men following a hip fracture is greater than that for women.

Preventing the effects of osteoporosis works best when started early and maintained throughout life. Men and women who have strong bones at age 30 have a greater reserve from which to draw. Bones and muscles work together; when muscles pull on bones, bones become stronger at the point of stress. As a result, persons who are physically active throughout life are less likely to become frail in late life.

Endocrine Society Clinical Guidelines recommend 30 to 40 minutes of weight-bearing physical activity at least three or four times a week. Men at risk of bone loss should consume 1000 to 1200 milligrams of calcium daily, preferably from diet but with supplementation if necessary. Vitamin D supplementation of 800 IU (International Units) a day is recommended for men found to be deficient in this vitamin.

Both calcium and vitamin D are absorbed less readily with advancing age, and seniors are less likely to be outside enough to get adequate vitamin D from sunshine.

Men who smoke should stop. Men who have three or more alcoholic drinks a day should reduce their intake, according to the guidelines.

Most medications to treat osteoporosis have been tested more for women than for men, but recent studies have found that bisphosphonates such as alendronate (Fosamax) and risendronate (Actonel) are effective for building bone mineral density and reducing vertebral fractures. A bisphosphonate drug may be prescribed alone or in combination with testosterone therapy.

Injections of teriparatide (recombinant human parathyroid hormone) are often used to increase new bone formation.

With early detection, changes in lifestyle and treatments that are available, it's possible for men, as well as women, to keep their bones strong and healthy.

Fractures Are Greater Risk For Men Than Prostate Cancer

If you are a male over the age of 50, your lifetime risk of suffering an osteoporosis-related fracture is 27 percent – greater than your risk of getting prostate cancer.

Although males do not suffer the rapid loss of bone density that occurs in women during and after menopause, the decline in male sex hormones that occurs after age 70 leaves men vulnerable to decreased bone density.

Deaths after fractures are greater for men than for women – particularly during the first five years after the fracture. In the first 12 months after a hip fracture, the mortality rate for males is 37 percent, compared to 20 percent for women.

Diuretics Reduce Risk

Because they decrease the amount of calcium excreted from the body through urine, thiazide diuretics are beneficial in maintaining and improving bone mineral density.

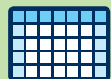
One study of 9,518 older men and women (mean age of 74) found that use of hydrochlorothiazide (12.5 or 25 milligrams a day) was associated with a 32 percent reduced risk of suffering a hip fracture. Another study found that use of hydrochlorothiazide was associated with an increase of 0.79 percent and 0.92 percent in bone mineral density compared to placebo.

Smoking Thins Bones

Although the reasons are not fully understood, men who smoke have more rapid bone loss than non-smokers.

Nicotine and the other chemicals in tobacco may exert a direct toxic effect or they could work indirectly by inhibiting absorption of calcium, vitamin D and other nutrients needed for strong bones.

Quitting will reduce the rate of bone loss and may even result in a gain.



UPCOMING *events*

Monthly Luncheon & Dinner Programs

All luncheon and dinner programs are held in the Cape Fear Valley Rehabilitation Center Auditorium, located behind Cape Fear Valley Medical Center. Free parking is available in the Employee Parking Lot, located at the corner of Melrose and Walter Reed roads, with shuttle service provided to the door.

To allow our catering staff to get ready, doors will open at 11 a.m. for the luncheons and 4:30 p.m. for the dinners. We regret we cannot allow early entry.

JUNE

Wills, Trusts & Estate Probate

Monday, June 1 • 5:00 p.m.
Registration deadline is May 25.

Tuesday, June 9 • 11:30 a.m.
Registration deadline is June 2.

Speaker: Sharon Keys
Attorney at Law

JULY

Eye Problems of the Aging Eye

Tuesday, July 21 • 11:30 a.m.
Registration deadline is July 14.

Monday, July 27 • 5:00 p.m.
Registration deadline is July 20.

Speaker: Raz Penmatcha, M.D.
Cape Fear Eye Associates

JUNE EDUCATIONAL PROGRAM REGISTRATION FORM

Member's Name: _____

Spouse's Name: _____

Phone #: _____

Cost: \$7.25 per person

___ **Dinner Session: June 1**
Registration Deadline is May 25, 2015.

___ **Luncheon Session: June 9**
Registration Deadline is June 2, 2015.

JULY EDUCATIONAL PROGRAM REGISTRATION FORM

Member's Name: _____

Spouse's Name: _____

Phone #: _____

Cost: \$7.25 per person

___ **Luncheon Session: July 21**
Registration Deadline is July 14, 2015.

___ **Dinner Session: July 27**
Registration Deadline is July 20, 2015.

NOTICE: The Passport To Health office will close daily for lunch from 12 to 1 p.m.

Make checks payable to Passport To Health. Mail your registration form and payment to:

Passport To Health
Cape Fear Valley Health System
P.O. Box 2000, Fayetteville, NC 28302-2000

To receive a refund, cancellations must be made by the reservation deadlines.

AUGUST

Aging In Place: Make Your House A Home For A Lifetime

Monday, August 3 • 5:00 p.m.
Registration deadline is July 27.

Wednesday, August 19 • 11:30 a.m.
Registration deadline is August 12.

Speaker: Jeff Stultz
Certified Aging In Place Specialist

SEPTEMBER

Hypertension & Your Kidneys

Monday, Sept. 21 • 5:00 p.m.
Registration deadline is September 14.

Monday, September 28 • 11:30 a.m.
Registration deadline is September 21.

Speaker: Sanjay Shah, M.D.
Sandhills Nephrology & Internal Medicine

NOTICE: The September Registration form in the 2015 Registration Booklet has an error. The Dinner is Sept. 21 and the Luncheon is Sept. 28.

AUGUST EDUCATIONAL PROGRAM REGISTRATION FORM

Member's Name: _____

Spouse's Name: _____

Phone #: _____

Cost: \$7.25 per person

____ **Dinner Session: August 3**
Registration Deadline is July 27, 2015.

____ **Luncheon Session: August 19**
Registration Deadline is August 12, 2015.

SEPTEMBER EDUCATIONAL PROGRAM REGISTRATION FORM

Member's Name: _____

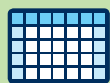
Spouse's Name: _____

Phone #: _____

Cost: \$7.25 per person

____ **Dinner Session: September 21**
Registration Deadline is Sept. 14, 2015.

____ **Luncheon Session: September 28**
Registration Deadline is Sept. 21, 2015.



UPCOMING *events*

Seminars & Workshops



Container Gardening

Wednesday, July 8

9:30 a.m.

**Cape Fear Valley Rehabilitation Center
Auditorium D**

FREE! Gardening can be an excellent way for seniors to put some activity in their day. Whether you have a large yard or just a patio, container gardening can be a great option.

**Speaker: Theresa Williams, Extension Agent
Urban Horticulture**

**North Carolina College of Agriculture and
Life Sciences**

**North Carolina Cooperative Extension,
Cumberland County**

Please call 615-4600 to register.

Including Fiber In A Tasty Way

Monday, June 1

9:30 a.m.

**Cape Fear Valley Rehabilitation Center
Auditorium D**

FREE!

**Speaker: Janelle Wiegmann, RD, LDN
Food & Nutrition Department**

Cape Fear Valley Health

To register, please call 615-4600.

How To Manage Stress In Our Life

Monday, June 22 • 9:00 a.m.

**Cape Fear Valley Rehabilitation Center
Auditorium A**

NOTICE: This is a repeat of the March luncheon and dinner program for those who were unable to attend.

As we age, our stressors may change – health problems, the death of a loved one – but they don't go away. **Honi Gluck, M.D., psychiatrist with Cape Fear Valley Behavioral Health Care**, will teach us about stress and how to manage it.

Arthritis Of The Hip And Knee

Thursday, July 30

6:30 – 7:30 p.m.

**Cape Fear Valley Education Center
3418 Village Drive**

Does arthritis cause you pain and limit your activity? An orthopedic surgeon will discuss the signs and symptoms of arthritis and available treatments.

To register, please call 615-LINK (5465).



New Guidelines For Constipation

Doctors often have one hand on the doorknob when the patient broaches the subject of constipation. It's the problem no one wants to talk about. Yet it affects more than three million Americans, many of them over age 60. And it can cause significant misery.

Everyone gets constipated from time to time. The symptoms are easy to recognize: hard, dry stools; difficult and painful bowel movements; and a bloated, sluggish, uncomfortable feeling.

Some individuals think they are constipated simply because they do not have a bowel movement every day. This isn't the case; everyone's system is different. Normal frequency of bowel movement ranges from three a day to three a week.

In most cases, constipation is temporary – often following a change of routine or diet – and not serious. Frequent constipation is another matter. Considering the brisk sales of over-the-counter remedies, the two million doctor visits each year reflect only a small percentage of those affected by this frustrating and uncomfortable condition.

Constipation is no more likely in a healthy senior than in a young person, but many illnesses and medications that are common with aging can contribute to bowel problems.

Stroke, irritable bowel syndrome, hypothyroidism, diverticulosis, diabetes, multiple sclerosis and Parkinson's disease are among the conditions that can contribute to constipation. Medications that can cause constipation include pain killers (particularly those containing codeine), antacids, calcium channel blockers, diuretics, antidepressants, anticonvulsants, antiparkinson drugs and iron supplements. Taking numerous drugs is a specific risk. Persons who have had surgery in the lower abdomen or bowels also have an increased risk.

New Treatment Guidelines

In the very recent past, persons suffering from constipation were given straightforward lifestyle advice:

- Eat more fiber
- Drink more water
- Get regular exercise

Following a review by four international experts, these recommendations were found to have no basis in research. Dramatically different guidelines were issued in the American Journal of Gastroenterology.

There's no question, however, that the old advice is good for overall health and should help a healthy individual avoid digestive and other problems.

As digested food moves through the intestine, water is absorbed through the walls, leaving behind a solid waste product to be eliminated as stool. If the muscle contractions of the colon are too slow or too much water is removed, the result can be constipation.

Even a small change in the water content can make a considerable difference in the consistency



of the stool, and dehydrated individuals often become constipated. But, according to the panel, no reliable study has shown that constipation can be treated by increasing fluid intake.

It is well established that fiber increases bulk in the stool and boosts the frequency of bowel movements. A high fiber diet may be good preventive practice and offer some help for mild constipation. But for someone with severe or frequent constipation, more fiber may actually make things worse. In one study, fewer than 50 percent of constipated patients responded to an over-the-counter fiber supplement.

Physical activity tends to speed the body's metabolism and digestive processes, but only vigorous or extended exercise (such as long distance running) has been found to significantly change bowel function, according to the review study. While severe constipation in an older person may be associated with poor mobility or extended periods of bed rest, such a patient usually requires more comprehensive therapy, focusing on cognitive function, mood, medications and diet as well as physical activity.

Although the review study found no evidence that stimulant laxatives are habit-forming or harmful to the colon if taken at recommended doses, their data indicated that these products are ineffective on their own in treating chronic constipation. High doses can lead to metabolic problems, and frequent use is associated with severe cramping, dehydration and malnutrition.

Newer drugs such as PEG 3350 and tegaserod, the reviewers noted, "appear to be beneficial."

If you're bothered by mild or occasional constipation, the

old lifestyle recommendations will do no harm and may help. Bowel function is heavily tied to routine, so try to get back to a regular, well balanced diet and a healthy exercise pattern. Set aside time for undisturbed and unrushed visits to the toilet, and don't ignore the urge to have a bowel movement because of inconvenience, embarrassment or stress.

For severe or persistent constipation or even a sudden, unexplained change in bowel habits, it's best to see a doctor and find out what's causing the problem. Decreased muscle and nerve activity can cause slowed transit of waste through the colon. The problem might also be associated with obstruction, scar tissue or tumors that are squeezing or narrowing the intestine. An abnormality in the structure of the anus and rectum can make it difficult to relax the muscles that allow stool to exit.

Straining can cause what is known as rectal prolapse, a protrusion of a portion of the intestinal lining into the anal opening. This in turn can make normal bowel movements more difficult.

Occasionally, hard stool can become packed so tightly that it is virtually impossible to expel. A doctor may soften this fecal impaction through mineral oil, taken by mouth and enemas, then break up the stool and remove the outer part by inserting one or two gloved fingers into the anus.

In addition to a physical examination, a doctor may ask the patient to keep a seven-day stool diary and a record of diet, exercise, medication and fluid intake.

Various tests can be used to evaluate the functioning of the anal sphincter muscle, the contractions and relaxation of the rectum and the speed of passage of wastes through the colon. A sigmoidoscopy or colonoscopy allows a more thorough examination of the colon to check for polyps and cancer.

Whatever you do, don't wait until the doctor's hand is on the doorknob before you discuss constipation. Better yet, make a special appointment to deal with the problem before it escalates into something worse.

Attend our workshop titled *Including Fiber In A Tasty Way* (page 10)

Do You Get Enough Fiber?

For good health, 20 to 35 grams of fiber daily are recommended, but the average American consumes only 5 to 14 grams a day. Fiber is beneficial to heart health, and is found mostly in nutrient-rich fruits, vegetables and whole grains. The average American diet leans heavily toward meat, cheese and commercial baked goods.

Although the role of fiber in treating constipation may have been over-stated in the past, those who eat a high-fiber diet are more likely to remain healthy and avoid gastrointestinal problems.

Confetti Barley Pilaf

This is a great high fiber summer recipe. Barley is high in fiber and other nutrients. Enjoy it in this colorful side dish at your next cookout. Leftovers are great served with eggs for breakfast.

Ingredients

- 1 large onion, finely chopped
- 1 teaspoon garlic powder
- 1 cup Quick Cooking barley
- 1/2 cup shredded carrot
- 1/2 cup coarsely shredded cabbage
- 1/2 cup chopped sweet red pepper
- 1/2 cup sliced mushrooms
- 1 teaspoon garlic powder
- 1 teaspoon dried basil
- 1 teaspoon dried oregano
- 2-1/2 cups low-sodium chicken broth or vegetable broth

Bring broth to a boil.

Add barley, onion, red pepper, cabbage and carrots.

Simmer for 20 minutes or until barley is fluffy.

Add remaining ingredients, cover and let steam for 5 minutes or until mushrooms are soft.

Adapted from Taste of Home recipe.

Healthy Eating

A Lifelong Concern

You've spent most of your life worrying about cholesterol, calories and grams of fat. Do you ever reach an age when you can retire from this kind of worry?

The answer is yes and no. After age 50, a healthy diet becomes even more important than earlier in life. In many cases, however, it's a matter not of denying yourself pleasure but of making sure you get enough nutrients.

Many older Americans are underweight and, according to the National Eldercare Institute on Nutrition, at least 25 percent have diets that are deficient in the foods they need for good health. The prevalence of malnutrition or under-nutrition increases with age and surpasses 60 percent in persons living in long-term care facilities.



It's true, of course, that the body's metabolism begins to slow down as early as age 30. Lean body mass declines with each decade of aging while the percentage of body fat increases – a trend that can be offset to some extent by regular exercise, particularly strength training. Generally speaking, however, even seniors who maintain the same weight have more body fat in relation to lean.

As a result of this change in metabolism, an older person burns about 600 fewer calories a day than a younger adult while having greater nutritional needs, notably for protein and calcium.

Some seniors may indeed have to struggle to control their weight, particularly those with type 2 diabetes, high blood pressure or arthritis. Yet, for one reason or another, many fail to get the calories and nutrition they need – putting themselves at risk of potentially serious consequences, including malnutrition, frailty, fatigue, hospitalization and an increased risk of falls and injuries.

Getting The Nutrition You Need

Protein, obtained from lean meat, fish, chicken or cheese, is necessary to build and maintain muscle. Active individuals require a good supply of protein, but even relatively inactive older persons require increased amounts of protein to minimize muscle loss. Physical changes related to aging, certain diseases or even emotional stress can also increase the need for protein.

According to U.S. Department of Agriculture guidelines, a male over age 60 should get about 93 grams of protein a day, a female, 78 grams. It's estimated that only about half of elderly persons living at home get that much.

Osteoporosis is most common in postmenopausal women, but both men and women require at least 1,500 milligrams of calcium a day to reduce the long-term bones loss that comes with aging.

Vitamin D is necessary for the absorption of calcium. Milk is one of several foods often fortified with vitamin D, but seniors who don't regularly use milk or low-fat dairy products are likely to be deficient in both calcium and vitamin D. Vitamin D can be obtained from eggs and from fatty fish such as cod,



mackerel and sardines, but the best source is regular exposure to sunlight – just a few minutes every day.

Vitamin C helps keep the immune system strong, and body stores of this vitamin are often depleted by chronic illnesses. The elderly may be at risk of getting too much vitamin A, since the liver becomes less efficient at clearing excesses from the body. But about 30 percent of older persons are deficient in some of the B vitamins, primarily because they don't secrete enough gastric acid.

Recent research on the benefits of vitamin E in preventing heart disease and stroke has been inconclusive, but many authorities believe that most seniors need more vitamin E than they obtain from diet. Vitamin E is abundant in nuts and vegetable oils.

To assure a plentiful supply of some vitamins and minerals, doctors may recommend supplements – or at least a daily multivitamin.

Much still remains to be learned about the nutritional needs of older persons, but based on recent research, most scientists are convinced that seniors need significantly higher levels of most nutrients than younger adults.

Retirement is certainly not a time to forget about following a healthy diet. It is a time to forget about unnecessary food fears and restrictions and a time to stay focused on the joys of eating.



CAPE FEAR VALLEY
HEALTH SYSTEMSM

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exceptional CARE | *personal ATTENTION*

You no longer have to travel long distances to get great care. Hoke Hospital brings Cape Fear Valley's nationally recognized quality to Hoke County and southwestern Cumberland County.

Hoke Hospital's Emergency Department, Medical/Surgical Unit and the Surgery Center are open.
Hoke Hospital's Birth Center is expected to begin delivering babies soon.



CAPE FEAR VALLEY
HOKE HOSPITAL

| **NOW OPEN!**

210 Medical Pavilion Drive, at US 401 & Johnson Mill Road, Raeford