2010

Lee County
North Carolina
Access to the World
Community Health Assessment
Acknowledgements

The 2010 Community Health Assessment report was prepared by Lee County Public Health Assessment Team and LeeCAN “A Healthy Carolinians Partnership”

Lee County Public Health Assessment Team
Sandra Boyd, Health Education Supervisor
Linda Higgins, LeeCAN Coordinator
Pamela Glover, Health Education Specialist
Elsie Ramsey, Public Health Educator Intern
Wendy Seymore, NC Dental Hygienist assigned to Lee County
Howard Surface, Health Department Director

LeeCAN “A Healthy Carolinians Partnership” Assessment Team
Charles Sutherland, LeeCAN Co-Chairperson, Concerned Citizen
Sandra Coombs, LeeCAN Co-Chairperson, Parish Nurse Crossroads Ministries
Brandi Phillips, LeeCAN Secretary, Lee County Parks and Recreation
Pam Glover, LeeCAN Teen Pregnancy Task Force Chairperson, Health Educator
Lee County Public Health Department
Brittany McBryde, LeeCAN Teen Pregnancy Task Force, Coalition for Families in Lee County
Marilyn Gilliam, LeeCAN Access to Mental Health Task Force Chairperson, VC & Associates
Laura Biediger, LeeCAN Obesity Task Force Chairperson, Communities In Schools
Bill Stone, LeeCAN Obesity Task Force, NC Cooperative Extension
Community Health Assessment Listening Session Moderators/Facilitators

Annie Lanier McIver, Cameron Grove AME Zion
Mary B. Oates, Lee County Schools
Laura Biediger, Communities In Schools
Kate Nelson, Lee County Schools Student Intern
Josie Ceves, Lee County Schools Student Intern
Marvin Morris, Concerned Citizen
Karen Brown, Karen Brown ERA Realty
Brandi Phillips, Lee County Parks and Recreation
Marilyn Gilliam, VC & Associates
Jan Hayes, United Way of Lee County
Michele Bullard, United Way of Lee County
Pamela Glover, Lee County Public Health
Elsie Ramsey, Lee County Public Health Intern
Sandra Boyd, Lee County Public Health

We would like to thank Elsie Ramsey, Public Health Educator Intern and other faculty with the University of North Carolina at Greensboro who assisted with the 2010 Community Health Assessment Survey and Listening Session data collection and analysis.

Special thanks to Emily Tyler, retired Health Educator and Pam Patterson, retired Lee County Schools Director for their diligent proofing of the document.

Thank you to the residents of Lee County, LeeCAN Assessment Committee, the Healthy Carolinians partners and member agencies who helped to guide this process.

Photos by Sanford Herald Newspaper, Jimmy Haire Photography, Central Carolina Hospital, Lee County Parks and Recreation, Temple Theatre, Lee County Pottery Festival, Lee County Instruction Technology Department, and Lee County Economic Development
LeeCAN Partners

Cameron Grove AME Zion Church
Center for Behavioral Healthcare
Central Carolina Community College
    Central Carolina Hospital
    Church of New Deliverance
    Coalition for Families
Communities In Schools (CIS)
    Concerned Citizens
Crossroads Ministries/Parish Nurse
    DayMark Recovery
    ERA Strother Realty
ESquare Community Service
Fair Promise AME Zion Church
    Family Connexions
    Haven
HomeTown News Magazine
    Honor1spirit
    Kaleidoscope
Lee County Department of Social Services
    Lee County Industries, Inc.
    Lee County Parks & Recreation
Lee County Partnership for Children
Lee County Public Health & LeeCAN
Lee County Schools
Lee County Senior Services
Lee County Sheriff’s Office
NC Department of Cooperative Extension
NC Division of Public Health/ Oral Health Section
Project Reclamation
Reach Out Crisis Center
Sandhills Center LME Family Support
Sanford City Government
Sanford City Police
Sanford City Public Works
Sanford Herald
Sanford Housing Authority
Stevens Center
The Family Doc Counseling Center
United Way of Lee County
VC & Associates
WFJA/WWGP 105.5FM/1050AM
WLHC 103.1 FM
WXKL 1290 AM
YMCA
2010 Lee County Community Health Assessment

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INTRODUCTION

The Lee County Health Department and Lee Community Action Network (LeeCAN) “A Healthy Carolinians Partnership” are pleased to present the 2010 Community Health Assessment. The State of North Carolina requires local health departments and local Healthy Carolinians Partnerships to submit a Community Health Assessment document every four years.

A Community Health Assessment (CHA) is a process by which community members gain an understanding of the health concerns and health-care systems of the community by identifying, collecting, analyzing, and disseminating information on community assets, strengths, resources, and needs. This is accomplished by using a compilation of state and local statistical data (primary sources) collected through a community health survey and “Listening Sessions.” Other information sources, i.e., secondary sources, also were used. It is our hope that the information outlined in this report accurately represents the county’s strengths and needs.

Lee County supports Lee Community Action Network (LeeCAN) “A Healthy Carolinians Partnership” that has been in existence for thirteen years. Healthy Carolinians is a “network of public-private partnerships across North Carolina that share the common goal of creating environments that promote healthy life styles for all North Carolinians.” The local partnership consists of members of the public as well as representatives from agencies and organizations that serve the health and human service needs of the local community, businesses, faith-based organizations, schools, and civic groups. LeeCAN has been instrumental in assisting with the Community Health Assessment by handing out surveys, participating in and facilitating Listening Sessions, determining health priorities, and researching community needs. For more information about LeeCAN or NC Office of Healthily Carolinians, please visit the following websites:

www.leecountync.gov or http://www.healthycarolinians.org/.

Accreditation Standards

This report insures The Lee County Health Department is meeting one of the key assessment standards instituted as a part of the North Carolina Local Public Health Accreditation Program.

This program was established to develop a mandatory, standard-based accrediting system for local health departments across the state.

The Local Public Health Accreditation Program is a collaboration of the North Carolina Division of Public Health, the North Carolina Association of Local Health Directors and The North Carolina Institute for Public Health. Lee County will seek its Accreditation status in the year 2012.

Essential Function: Assessment

Essential Services:
* Monitor health status to identify community health problems.
* Inform, educate, and empower people about health issues.
* Mobilize community partnerships to identify and solve health problems.
* Research for new insights and innovative solutions to health problems.

Standard 1:
Conduct and disseminate results of regular community health assessments to monitor progress
Methodology

Efforts to compile the 2010 Lee County Community Health Assessment (CHA) began in October 2009 with the formation of the CHA steering committee which included co-chairs of LeeCAN; co-chairs of the LeeCAN subcommittees; members of the partnerships recruited as moderators, facilitators, and recorders; and representatives from Lee County Public Health. The members of the partnerships and the assessment team gathered and analyzed information from multiple sources to insure that the issues and needs identified in this document represent the citizens of Lee County. The sources of information used were 1) Community Health Assessment Survey and 2) Listening Sessions.

Data Collection & Analysis

Listening Sessions are designed to allow participants to collectively communicate opinions and feelings, thus enabling observers to understand the attitudes and beliefs that influence behaviors, and to gather data about the environmental and policy factors that affect health. The questions were designed to determine perceptions about county health issues that affect the quality of life for senior citizens and youth; the state of environmental health; crime and safety; and overall strengths, weaknesses, obstacles, and needs.

Listening Session participants usually are familiar with one another and already comprise a group. CHA members were recruited from organizations and agencies. Thirteen of those volunteers received training as facilitators, moderators, and recorders, and conducted eight Listening Sessions which targeted a total of ninety people. These approximately one-hour sessions were held in February, 2010 and centered on several specific, open-ended questions. In each Listening Session there was one moderator and two recorders. (See Chapter Four.)

The survey was used to identify what community members think about their health status and their community. The Community Health Assessment survey was developed by the NC Office of Healthy Carolinians. The Lee County Community Health Assessment team was able to edit, format, and translate the document into Spanish. The survey was composed of 44 questions and was distributed throughout the month of January, 2010. The survey was divided into five general areas designed to gather a comprehensive picture of community health in Lee County. These areas included quality of life in Lee County, community problems and issues, personal health, emergency preparedness, and demographics.

Over 600 surveys were distributed in English and Spanish. Participants were asked to return the surveys by February 28, 2010. The collected surveys were then entered into the Statistical Package for the Social Sciences (SPSS) data collection system and analyzed. SPSS allows the analyst to examine statistics and data management in depth, including case selection, file reshaping, creating derived data, and data documentation, and to analyze, display, and predict trends and correlations. SPSS was used to analyze all the data from the CHA surveys and to create graphs and tables included in the Health Assessment.
Data Limitation

Most of the health statistics in this report were obtained from the State Center for Health Statistics, NC CATCH (Comprehensive Assessment for Tracking Community Health), US Census, 2000 Census, and 2005 and 2006 American Community Surveys. When data from Lee County and the state of North Carolina are compared, the 2003-2008 years were used because data from the County Health Data Book is comparable in periods, age adjusted, and in consecutive years. Comparable morbidity data were found in the 2003 - 2008 periods and were therefore used.

The State Center for Health Statistics states the following about its data:

Rates presented here utilized population estimates from the North Carolina State Demographer’s Office. Population estimates are periodically modified based on the best available information. Therefore, rates presented in this report may vary over time as revised population estimates become available. Data may include revisions and therefore may differ from data previously published in this report and other publications.

There may be participant bias regarding qualitative data obtained during the Listening Sessions. The responders may have answered questions in a way that he or she thought would sound better or in a way that the interviewer would view as favorable.

The Community Health Assessment Survey may have a response bias. Those who answered the survey may have characteristics such as motivation, educational background, or concern for the community different from the characteristics of those who did not respond. This data report should be viewed with the errors and limitations kept in mind.
CHAPTER ONE
Community Profile

Geographical
Lee County, the 98th county established in NC, is situated in the geographic center of the state dividing the Piedmont and the Coastal Plain. According to the US Census Bureau Lee County has a total area of 259 square miles of which 257 are land and two are water. Lee County is comprised of eight townships: Greenwood, Jonesboro, Cape Fear, Deep River, East Sanford, West Sanford and Pocket. The only incorporated towns, Sanford and Broadway, are found within the townships of Sanford and Cape Fear respectively. Lee County was established in 1907 from portions of Moore and Chatham Counties. Lee County is adjacent to Chatham County on the north, Harnett County on the southeast and Moore County on the southwest. Lee County was named for Robert E. Lee, commanding general of the Confederate forces during the American Civil War.

Lee County is located at the base of the Research Triangle Region (Raleigh, Durham, and Chapel Hill). Other cities in close proximity include Greensboro, Winston-Salem, High Point, Salisbury, Albemarle, Pinehurst, Fayetteville, and the Fort Bragg community. Fort Bragg is a huge asset to Lee County because of its geographic location.
Demographics
The following table shows the population of Lee County based on 2009 Census estimates. The county has a greater proportion of younger and older populations than the state overall and a much larger percentage of Hispanic/Latinos.

Table 1: Lee County population compared with the state, 2009

<table>
<thead>
<tr>
<th></th>
<th>North Carolina</th>
<th>Lee County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>9,380,884</td>
<td>60,477</td>
</tr>
<tr>
<td>Percent of Females</td>
<td>51.1%</td>
<td>50.5%</td>
</tr>
<tr>
<td>Percent of Males</td>
<td>48.9%</td>
<td>49.5%</td>
</tr>
<tr>
<td>Percent Under 5 Years of Age</td>
<td>7.0%</td>
<td>7.9%</td>
</tr>
<tr>
<td>Percent Under 18 Years of Age</td>
<td>20.2%</td>
<td>21.0%</td>
</tr>
<tr>
<td>Percent of 65 Years of Age and Older</td>
<td>12.2%</td>
<td>14.0%</td>
</tr>
<tr>
<td>Percent of Whites</td>
<td>70.3%</td>
<td>66.1%</td>
</tr>
<tr>
<td>Percent of African Americans</td>
<td>21.2%</td>
<td>20.0%</td>
</tr>
<tr>
<td>Percent of Asian/Pacific Islanders</td>
<td>2.3%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Percent of Hispanic/Latinos*</td>
<td>7.0%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Percent of Native Americans</td>
<td>1.1%</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

Source: US Census, 2009 Estimates  *Included in other races

Table 2: Lee County Income Levels, 2006-2008

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Households</th>
<th>% of Households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $25,000</td>
<td>5,874</td>
<td>27.8%</td>
</tr>
<tr>
<td>$25,000 to $50,000</td>
<td>5,944</td>
<td>28.2%</td>
</tr>
<tr>
<td>$50,000 to $79,000</td>
<td>4,066</td>
<td>19.3%</td>
</tr>
<tr>
<td>$75,000 to $99,000</td>
<td>2,479</td>
<td>11.7%</td>
</tr>
<tr>
<td>$100,000 to 200,000</td>
<td>2,617</td>
<td>12.4%</td>
</tr>
<tr>
<td>$200,000 or More</td>
<td>124</td>
<td>0.6%</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$43,046</td>
<td></td>
</tr>
</tbody>
</table>

Source: US Census 2006-2008, American Community Survey

Table 3: Lee County Poverty Rates, 2006-2008

<table>
<thead>
<tr>
<th>Group</th>
<th># of Persons</th>
<th>% of Persons</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Individuals</td>
<td>8,171</td>
<td>14.3%</td>
</tr>
<tr>
<td>Under 18 Years of Age</td>
<td>2,979</td>
<td>5.2%</td>
</tr>
<tr>
<td>Related Children Under 5 Years</td>
<td>905</td>
<td>1.6%</td>
</tr>
<tr>
<td>Related Children 5 to 17 Years</td>
<td>2,074</td>
<td>3.6%</td>
</tr>
<tr>
<td>18 to 64 Years</td>
<td>4,399</td>
<td>7.7%</td>
</tr>
<tr>
<td>65 Years and Over</td>
<td>466</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

Source: US Census 2006-2008, American Community Survey, 3 year Estimates
Table 4: School Age Children Poverty Level

<table>
<thead>
<tr>
<th>Year</th>
<th>Free and Reduced Lunch Percentages</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>54.94%</td>
</tr>
<tr>
<td>2007</td>
<td>55.81%</td>
</tr>
<tr>
<td>2008</td>
<td>55.39%</td>
</tr>
<tr>
<td>2009</td>
<td>57.90%</td>
</tr>
</tbody>
</table>

Source: LCS Free and Reduced Lunch Report  
*As of 5/2010 the percentage of free and reduced lunch is 60.25% and that figure changes as the school system receives applications or students transfer, enter, or withdraw.

Child Care

Programs for child care in Lee County are administered through the collaborative efforts of the Lee County Partnership for Children (LCPFC) and the Coalition for Families Child Care Resource and Referral (CCR&R). CCR&R offers information to parents searching for child care and provides technical assistance and training for child care providers. LCPFC offers assistance with professional development, quality enhancement grants, and the More at Four program as well as providing technical assistance to child care providers. For Lee County there are 77 licensed child care facilities, which employ approximately 344 teachers (in 39 family child care homes & 38 child care centers).

For Lee County parents seeking child care, affordability of child care services is the main problem they face. As of May 2010, there were 200 families on a waiting list for the child care assistance program administered by the Department of Social Services; however, the number changes from week to week. Many parents working at lower-wage jobs may be paying one third to one half their incomes to cover child care costs. Lee County’s double-digit unemployment rate has caused many parents to take their children out of child care to save money.

CHILD CARE QUICK FACTS ABOUT LEE COUNTY

- Average weekly cost of child care in centers: $134
- Average weekly cost of child care in Family Child Care Homes: $110
- Average starting pay for assistant teachers: $7/hr
- Average starting pay for lead teachers: $8/hr
- Average starting pay for lead teachers with 2 yr. degree: $9/hr
- Average starting pay for administrators: $10/hr
- Yearly income for family home providers: $22,000

Source: Child Care Resource & Referral (CCR&R) – Coalition for Families in Lee County 2010

Crime and Selected Indicators

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Murder</td>
<td>7</td>
<td>2</td>
<td>3</td>
<td>8</td>
<td>6</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Rape</td>
<td>16</td>
<td>13</td>
<td>15</td>
<td>15</td>
<td>23</td>
<td>13</td>
<td>14</td>
<td>16</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Robbery</td>
<td>72</td>
<td>57</td>
<td>68</td>
<td>89</td>
<td>101</td>
<td>75</td>
<td>68</td>
<td>72</td>
<td>66</td>
<td>64</td>
</tr>
<tr>
<td>AA*</td>
<td>132</td>
<td>82</td>
<td>108</td>
<td>109</td>
<td>95</td>
<td>115</td>
<td>76</td>
<td>60</td>
<td>72</td>
<td>85</td>
</tr>
<tr>
<td>Burglary</td>
<td>844</td>
<td>620</td>
<td>891</td>
<td>982</td>
<td>834</td>
<td>779</td>
<td>595</td>
<td>655</td>
<td>699</td>
<td>581</td>
</tr>
<tr>
<td>Larceny</td>
<td>1,990</td>
<td>1,280</td>
<td>2,127</td>
<td>2,098</td>
<td>1,924</td>
<td>1,489</td>
<td>1,441</td>
<td>1,418</td>
<td>1,205</td>
<td>1,144</td>
</tr>
<tr>
<td>MV T*</td>
<td>171</td>
<td>132</td>
<td>116</td>
<td>182</td>
<td>152</td>
<td>176</td>
<td>170</td>
<td>176</td>
<td>153</td>
<td>166</td>
</tr>
<tr>
<td>Total</td>
<td>3,232</td>
<td>2,186</td>
<td>3,328</td>
<td>3,483</td>
<td>3,135</td>
<td>2,650</td>
<td>2,370</td>
<td>2,400</td>
<td>2,213</td>
<td>2,057</td>
</tr>
</tbody>
</table>

Source: [http://www.sbi.jus.state.nc.us/crp/public](http://www.sbi.jus.state.nc.us/crp/public)  
*Rates are based on per 100,000 (*Aggravated Assault; *Motor Vehicle Theft)*
Economy
Lee County is geographically located at the southern base of the Research Triangle Region, including the cities of Raleigh, Durham, and Chapel Hill. Major industries, including ten Fortune 500 companies, are located within the government’s boundaries or in close proximity. These include manufacturers of pharmaceuticals, automobile components, cosmetics, plumbing fixtures, electronics, and brick making.

Through the combined efforts of excellent county and city leadership and organizations such as the Lee County Economic Development Corporation, the Lee County Committee of 100, and the Sanford Area Chamber of Commerce, the county’s economic base continues to expand.

Red Wolf, a contract manufacturer, recently received a new contract and is expanding their operations. American Energy Power On Demand (EPOD) and Cameron Testing Services each received a $75,000 grant for the USDA Rural Center. Frontier Spinning Mills is adding new equipment to their yarn spinning plant. Score Energy is adding additional space and jobs.

The retail and service industry continues to grow along with our population. Our hotels and restaurants enjoy the influx of people visiting Lee County during the annual pottery festival and other downtown festivals. The City of Sanford is becoming a destination for the pottery industry and other artists in jewelry, stained glass, woodworking and painting. New showrooms are open in the downtown area, all with art created in Lee County. Lee County boasts a golf course called Tobacco Road which was designed by Mike Strantz and is ranked eighth in the country according to the GolfLink Top 100 United States Golf Courses. There are also two Robert Trent Jones, Jr. courses at Carolina Trace.

Top Manufacturers by Number of Employees

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilgrim’s Pride (poultry processing)</td>
<td>1,100</td>
</tr>
<tr>
<td>Pfizer (pediatric vaccines)</td>
<td>880</td>
</tr>
<tr>
<td>Coty Inc. (cosmetics &amp; perfume)</td>
<td>875</td>
</tr>
<tr>
<td>Static Control (electronics &amp; industrial equipment)</td>
<td>850</td>
</tr>
<tr>
<td>Tyson Foods (Mexican food products)</td>
<td>520</td>
</tr>
<tr>
<td>Moen Inc. (plumbing fixtures)</td>
<td>430</td>
</tr>
<tr>
<td>Pentair Water, Pool &amp; Spa (filters &amp; pumps)</td>
<td>420</td>
</tr>
<tr>
<td>Arden (components for outdoor furniture)</td>
<td>384</td>
</tr>
<tr>
<td>Caterpillar (compact construction machines)</td>
<td>336</td>
</tr>
<tr>
<td>Frontier (yarn)</td>
<td>300</td>
</tr>
</tbody>
</table>

Education
Lee County Schools is governed by an elected seven-member board overseeing 16 schools pre-K through 12th grade with approximately 9661 students. There are six traditional elementary schools; one year-round choice elementary school, three middle schools, two traditional high schools, one early college high school, one alternative school, one exceptional education school, and one child development center. Lee County Schools is supported by 1307 employees and an $85 million budget. In addition, Lee County also has three private K-12 schools and one Montessori school.
### Student Enrollment/Student Diversity

<table>
<thead>
<tr>
<th>Enrollment 2009-2010</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Students in K-12</td>
<td>9,661</td>
</tr>
<tr>
<td>Kindergarten – Grade 5</td>
<td>4,647</td>
</tr>
<tr>
<td>Grades 6-8</td>
<td>2,153</td>
</tr>
<tr>
<td>Grades 9-12</td>
<td>2,861</td>
</tr>
<tr>
<td>Pre-Kindergarten</td>
<td>226 (not in total)</td>
</tr>
</tbody>
</table>

#### Diversity Among the Students

- American Indian/Multi racial: 5.1%
- Asian: <1%
- African-American: 22.6%
- Hispanic: 26.4%
- White: 45%

Native languages spoken by students: 24

Source: Lee County Schools

In comparison to the ethnic makeup of the county, the racial composition of the district's full-time personnel is 13% African-American; 83% White; and 4% Hispanic. Personnel composition of Lee County Schools (full time) is not reflective of the composition of its students. This disparity has long been an issue for the county, and targeted efforts are being made to recruit minority personnel.

### Students’ Continuing Education in 2009

| Seniors accepting scholarships to further their education in college | 154 |
| Amount of scholarships accepted | $2,416,936 |
| Overall Grade Point Average of graduating seniors | 2.81 |
| North Carolina Academic Scholars | 69 |

#### Future Plans

- Percent of students planning to continue their education in college: 81.29%
- Percent of students planning to enter military: 5.32%
- Percent of students planning to enter the workforce: 11.82%

Source: Lee County Schools

The 2009 classes of Lee Senior High School and Southern Lee High School graduated 594 students, many of whom attained notable achievements during their high school careers.

### AYP/ABC Comparison Results 2008-2009

<table>
<thead>
<tr>
<th>District</th>
<th>% Making Growth</th>
<th>% Meeting AYP Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lee</td>
<td>92.8</td>
<td>73.3</td>
</tr>
<tr>
<td>Chatham</td>
<td>87.5</td>
<td>69.8</td>
</tr>
<tr>
<td>Harnett</td>
<td>82.6</td>
<td>53.8</td>
</tr>
<tr>
<td>Moore</td>
<td>87.5</td>
<td>71.5</td>
</tr>
<tr>
<td>Wake</td>
<td>87.9</td>
<td>62.8</td>
</tr>
<tr>
<td>State</td>
<td>67.1</td>
<td>71.0</td>
</tr>
</tbody>
</table>

Source: Lee County Schools
Lee County Schools continues to rank the highest of the neighboring counties in the percent of students who are making growth on the End of Grade/End of Course tests (state ABC Accountability) which are given to students in grades 3-12. Lee County Schools also ranks first compared to neighboring counties in meeting federal Adequate Yearly Progress (AYP) indicators. The elementary students are doing well on these instruments, and multiple initiatives are in place to improve the performance of secondary students.

2008-2009 SAT (Scholastic Aptitude Test)

<table>
<thead>
<tr>
<th></th>
<th>Math</th>
<th>Critical Reading</th>
<th>Writing</th>
<th>Math + Critical Reading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lee County High School</td>
<td>511</td>
<td>490</td>
<td>474</td>
<td>1001</td>
</tr>
<tr>
<td>Southern Lee High School</td>
<td>496</td>
<td>477</td>
<td>452</td>
<td>973</td>
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<tr>
<td>Lee County Schools</td>
<td>505</td>
<td>485</td>
<td>465</td>
<td>990</td>
</tr>
<tr>
<td>All NC Students</td>
<td>511</td>
<td>495</td>
<td>480</td>
<td>1006</td>
</tr>
</tbody>
</table>

Source: Lee County Schools

Lee County Schools are below the state in the composite score for SAT. Improvement plans are evolving to help boost scores.

Lee County Educational Attainment Levels, 2006-2008

<table>
<thead>
<tr>
<th>Group</th>
<th>Population</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population 25 Years and Older</td>
<td>37,769</td>
<td>100%</td>
</tr>
<tr>
<td>Less than 9th Grade</td>
<td>3,449</td>
<td>9.1%</td>
</tr>
<tr>
<td>9th-12th Grade, no diploma</td>
<td>4,981</td>
<td>13.2%</td>
</tr>
<tr>
<td>High School graduate (includes equivalency)</td>
<td>11,718</td>
<td>31.0%</td>
</tr>
<tr>
<td>Some college or associate degree</td>
<td>11,674</td>
<td>30.9%</td>
</tr>
<tr>
<td>Bachelor’s Degree</td>
<td>4,229</td>
<td>11.2%</td>
</tr>
<tr>
<td>Master’s, professional or doctoral degree</td>
<td>1,718</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

Source: US Census 2006-2008, American Community Survey

Demographic data reflect a decade-long trend illustrating a growing student population, increasing student diversity, and greater numbers of students receiving free and reduced lunch benefits. Student membership has increased from 8831 students during the 2000-2001 school year to 9661 students during the current school year. The greatest demographic change since 2000 has been the increase in the Hispanic student population from 11.9% of student membership to 26.4% of student membership. Approximately 10% of the students qualify for Exceptional Children services.

Dropout Rate

A total of 148 students, 4.97%, in grades 9 through 12 dropped out of school in 2007-08. In 2008-09, 172 students, 5.83%, dropped out. In 2009 Lee County was recognized for being one of five counties with the largest three-year change in dropout rates with a reduction of 82 students since the 2005-06 school year. Lee County’s dropout rate equals the state’s rate which saw the first decrease in three years.

Lee County Schools is among 66 of North Carolina’s 115 school districts reporting a decrease in dropouts. This year’s dropout rate of 4.97 % gives Lee County Schools a ranking in the top half of school districts in the state. This rate continues a positive trend from three years ago when
Lee County had the third worst dropout rate in the state at 7.8%. The 2009-2010 dropout rate is unavailable at this time.

In Lee County, male students make up the highest percentage of dropouts with 63.5% of the total number, compared to a female percentage of 36.5. When analyzing ethnicity, white students account for the highest percentage of the dropout count at 53.4%; black students account for 22.3%; and Hispanics students account for 20.3%. The percentage of black and Hispanic dropouts fell in 2007-08, with the percentage of the total dropout count for black students falling by 11.4 percentage points. Over two years, the white dropout rate has been reduced by 29%, the black dropout rate has been reduced by 43%, and the Hispanic dropout rate has been reduced by over 56%.

**Academic Initiatives**
Lee County Schools is committed to providing students with 21st century education and positioning them for success. Lee County Schools is expanding the Science, Technology, Engineering, and Math programs for middle and high schools. An emphasis on technology has provided state-of-the-art teaching tools for the classrooms. E-Lee Academy, a distance learning program, offers students the opportunity to gain college credit as they work toward high school graduation. There is also an active Communities In Schools program.

**Higher Education**
There are numerous opportunities for Lee County residents to further their education. Lee County is fortunate to have the main campus of Central Carolina Community College (CCCC) located in Sanford. Additional CCCC sites are in Pittsboro and Siler City in Chatham County and Lillington in Harnett County. CCCC’s main campus is located on a 41-acre site on Kelly Drive off Nash Street near U.S. Highway 421 (east), Sanford, and has 177,000 square feet of class room, shop, and laboratory space. Ample equipment, a large Learning Resource Center, and an efficient staff provide optimum training in a variety of adult programs.

**Civic Center**
The Dennis A. Wicker Civic Center opened in May of 1991 with an award-winning design. It was named for local resident Dennis A. Wicker whose family has a history of political service to the county and state. He held several political positions and is a former state Lieutenant Governor. Proud of its namesake, the facility is host to a variety of educational, social, and civic events throughout the year.

Strategically located in Sanford, the heart of North Carolina as well as Lee County, the Center is accessible by major highways in all directions. In addition to meeting and conference rooms, the Center has an exhibition hall that dominates the facility. With a seating capacity of over 1,400 and a large stage, the area is suitable for concerts, pageants, speakers, and conventions. Divided into four meeting quadrants, the area may be used for workshops and planning sessions or for smaller banquets, social gatherings, annual dinners, and award presentations.
College and Universities
There are several four-year colleges and universities located within 100 miles of the county.

- Bennett College
- Campbell University
- Duke University
- Fayetteville State University
- Guilford College
- High Point University
- Meredith College
- Methodist University
- NC A & T State University
- North Carolina Central University
- North Carolina State University
- Peace College
- Pembroke State University
- Shaw University
- St. Augustine’s College
- University of North Carolina-Chapel Hill
- University of North Carolina-Greensboro

Environmental Health
Water Quality
The City of Sanford built the water treatment plant in 1970. The plant capacity of six million gallons per day was reached in 1991 and required an upgrade to the current capacity of twelve million gallons per day to accommodate the growth experienced in Sanford and Lee County.

The water treatment plant serves the City of Sanford, Lee County including Carolina Trace and the Town of Broadway, and sections of Chatham County, including the Town of Goldston/Gulf. Customers are fortunate to have an abundant water supply from a single-surface water source, the Cape Fear River. Water is pumped from the Cape Fear River into a sixty-million gallon reservoir. The reservoir holds a ten-day supply of water, and provides presettling resulting in higher water quality, reducing chemical and energy costs.

The plant houses a state-certified laboratory that conducts hundreds of tests daily for water quality. In addition to testing the water at different stages through the process, laboratory personnel test the water at fifty sites monthly throughout the distribution system. The plant affords an abundant and reliable supply of drinking water for our customers.

Air Quality
State and local air quality programs issue air quality forecasts for ozone from April through October in the Asheville, Charlotte, Fayetteville, Hickory, Triad and Triangle, and Rocky Mount metropolitan areas. Sanford falls within the Triangle and Fayetteville areas. Air quality in Sanford tends to be better because usually the larger metropolitan areas have more industry, cars and trucks which increase emissions in the air and affects the ozone levels.

Ozone is a highly reactive form of oxygen and can be unhealthy to breathe, particularly for children, people with respiratory problems or heart disease, and even healthy adults who work or exercise outdoors. Exposure to high ozone levels may cause previously healthy individuals to develop asthma over time. The ozone levels are (1) green indicates good; no health effects are expected; (2) yellow indicates moderate; usually sensitive people should consider limiting
prolonged outdoor exertion; (3) orange indicates unhealthy; sensitive groups, active children and adults with respiratory disease, such as asthma, should limit prolonged outdoor exertion; (4) red indicates unhealthy; active children and adults and people with respiratory disease, such as asthma, should avoid all outdoor exertion; everyone else, especially children, should limit prolonged exertion, and (5) purple indicates very unhealthy; active children and adults and people with respiratory disease such as asthma, should avoid all outdoor exertion; everyone else, especially children, should avoid prolonged outdoor exertion.

The ozone in Sanford/Lee County is usually good to moderate; however, Chronic Lower Respiration disease is listed as the fourth leading cause of death for Lee County in 2008. Therefore, persons at risk need to be aware and take precaution as necessary.

**Lead Poisoning**
In 2008, one child was reported for elevated blood lead levels (≥ 10ug/dL). There was no reported confirmed elevated blood lead levels ≥ 20ug/dl for 2008. Investigations are required for confirmed cases of elevated blood lead levels in children by the North Carolina Division of Child Health, but the parent/guardian can refuse to cooperate. The Child Health Nurse and Environmental Health staff offer educational materials to parents/guardians of children with elevated blood lead levels and provide content concerning dietary needs, hand washing, and good meal time and snack time practices.

**Faith-Based Organizations**
Faith and spirituality play a significant role in the health and well-being of many Lee County individuals and families. There are over one hundred Christian churches of all denominations in Lee County. Faith-based organizations are involved in numerous ministries that include after school programs, child care centers, food pantry, mentor programs, parish nursing as well as health ministries.

**Health Services**
For detailed information on the Health Services in Lee County see Chapter Four, Inventory of Existing Heath Resources.

**Public Health Preparedness**
The Lee County Health Department has a section dedicated to the protection and well-being of the residents of Lee County. The Public Health Preparedness Section assists emergency response departments with specialized needs and provides detailed planning procedures for incidents requiring multi-agency participation. Below are some of the issues that the Lee County Public Health Preparedness Section is currently addressing.

The H1N1 Pandemic was and still is the pressing issue for many citizens of Lee County, and the Public Health Preparedness Section worked diligently with the state and local partners to insure the H1N1 vaccine was available in as many areas as possible in the county. Lee County partnered with 27 different businesses in the county. The Lee County Health Department and local businesses were able to immunize or have the vaccine available to all Lee County citizens. It was and is still a tremendous cooperative agreement among our many partners.

Currently, the Lee County Preparedness Section is rewriting the Pandemic Flu Plan. It was originally written in 2007. After the H1N1 Pandemic began, Lee County realized the Pandemic Flu Plan needed to be revised. It has been completed and is being reviewed by this section and will be printed in the near future.
The Lee County Public Health Preparedness Section also dealt with the possible repatriation of Haitians to this area after the earthquake in Haiti. Many hours were spent discussing the matter with the state and other states as well and trying to understand the diseases prevalent in third world countries and what the Standard Operating Procedures for the state and other states may be. Meetings were held in Lee County with the Health Department staff to discuss the possible scenarios, along with what vaccines the county would need for immunizations. At this point, no Haitians have been repatriated to this county, but the Lee County Public Health Preparedness Section is prepared should this occur.

The Strategic National Stockpiles (SNS) plan has been rewritten in the last few months. This plan enables the Centers for Disease Control (CDC) to work hand-in-hand with the state and local authorities to insure that Lee County receives the medicines, antidotes, and medical supplies needed to respond to a wide range of unexpected problems or scenarios. The main objective of the SNS plan is to describe how Lee County will request, receive, manage, repackage, and distribute the SNS to those county residents who need it.

Senior Services
The mission of Lee County Senior Services is to provide a comprehensive assessment of the needs and opportunities associated with older adults and to fashion an achievable vision of successful aging in Lee County. Lee County Senior Services' mission statement is facilitated by the Enrichment Center, a building which serves as a focal point in the community where older adults meet to participate in activities and enhance their involvement in the community. The Center was developed for the purpose of providing an activity center for older adults who can function independently. It is a visible reminder in Lee County of the value and contributions of older citizens. For more information see Chapter Four, Inventory of Existing Health Resources.

Services for Special Populations
Lee County is comprised of several agencies and facilities focusing solely on the care, development, and well-being of individuals with mental, behavioral, and physical disabilities. The day programs are staffed with well-trained individuals able to work one-on-one or in group settings with clients on educational, work, and social skills. Along with day centers, there are many residential homes staffed with trained personnel equipped to work with mentally and physically disabled children, youth, and adults in personal care, work and social skills, and home and money management with hopes of independent living in society.

Transportation
The County of Lee Transit System (COLTS) is a coordinated transit system that provides transportation services for the general public and human service agencies in Lee County. Passengers who are customers of a human service agency may contact the sponsoring agency to reserve their ride. Qualifications vary among agencies in Lee County. For additional information on the challenges of transportation as the demographics changes, see Chapter Four under Emerging Issues.

The Raleigh Executive Jetport (formerly Sanford Airport) located in Sanford/Lee County is conveniently located 35 miles from the Research Triangle Park. Located on more than 700 acres off U.S. 1 at exit 76 (Farrell Road), the jetport is about 20 miles from Cary along a four-lane stretch of highway. When the Triangle Parkway phase of I-540 is completed in 2012, Raleigh Executive Jetport will be 15 miles from the Interstate and Raleigh's outer beltline, providing even easier access to the capital city, Durham, and the Research Triangle Park.
Raleigh Executive Jetport serves corporate pilots from the rich manufacturing base in Sanford as well as Triangle-area pilots wanting an easier, less-crowded alternative to Raleigh-Durham International. Pilots enjoy a 6,500-by-100-foot runway with parallel taxiway and a weight capacity of 80,000 pounds. The airport has full lighting, signage and an automatic weather observation system (AWOS), instrument landing system (ILS), non-directional beacon (NDB), ground communicator outlet (GCO), and automatic dependent surveillance-broadcast system (ADS-B). With the ADS-B located on the airport grounds, pilots are able to monitor traffic on the ground as well as in the air. The airport features full services by FBO Sanford Aircraft Services, including Jet A and 100LL aircraft fuel, complete aircraft maintenance, avionics repair, pilot weather services, a flight school, all FAA written tests by computer, secure hangars with limited-access gates, courtesy and rental automobiles, and catering. It also has a variety of amenities for users of the airport.

Community Assets

BRAC

BRAC stands for Base Realignment and Closure, the congressionally authorized process of the Department of Defense (DoD) to reorganize its base structure to more efficiently and effectively support our forces, increase operational readiness, and facilitate new ways of doing business.

In 2005, the BRAC Commission’s recommendations were approved by the President and became law on November 9, 2005. BRAC formed a Regional Task Force which is a partnership of governments working with the 11 counties (Bladen, Cumberland, Harnett, Hoke, Lee, Moore, Montgomery, Richmond, Robeson, Sampson, and Scotland) and 73 municipalities surrounding Fort Bragg and Pope Air Force Base. Their mission is to coordinate the planning and to identify community impacts as United States Air Force Commands and United States Army Reserve Commands move to Fort Bragg in 2011.

The BRAC move will impact the Fort Bragg region with availability of thousands of employment opportunities from construction trades, to civilian employment with the government, to hospitality. The BRAC Regional Task Force projects the following:

- Population growth: projecting 35,000 additional people
- Challenges: creates a shortage of schools, classrooms, and teachers and impacts housing, roads, airports, workforce, infrastructure, public safety, medical and quality of life
- Opportunities: Additional jobs and, with a four-star headquarters, defense-related companies are moving to our region
- 16,200 jobs will be created as a result of growth at Fort Bragg
  - 4,024 active-duty military jobs; 2,146 military civilian jobs; 1,972 embedded contractor jobs; 1,000 private defense contractors; plus
  - 10,044 jobs will be created in the local economy to support increased population and military spending
- Higher skilled workforce is needed to meet the needs of high tech, defense-related emerging industries
Boys and Girls Club of Sanford/Lee County
Boys & Girls Clubs of Sanford/Lee County is a unique organization consisting of two Club facilities. Their goal is to provide every child with the essential tools needed for a successful and bright future. Since 1995, the vision of Boys & Girls Clubs has grown and changed with the needs of the children; as the needs of the children and their families continue to change, so will the dynamics of the programs and services.

The mission of the Boys & Girls Clubs of Sanford/Lee County is to improve each child's life by promoting self-esteem, courage, and positive values through all of the educational programs that are offered. The youth that attend the club receive tutoring, computer training, sports education, homework assistance, and mentoring. The youth gain confidence by developing a sense of usefulness and belonging.

Carolina Trace
Carolina Trace is a nationally recognized, award-winning, mastered-planned, gated golf and country club community developed on 2,500 acres. Located in Lee County, Carolina Trace offers an enhanced suburban lifestyle with convenient big city access to art, theatre, shopping, world-class medical facilities, and universities within 45 minutes of the gated community.

Carolina Trace was developed in 1959 for residents to enjoy an environmentally-focused community featuring 315-acre Lake Trace, many ponds and creeks, walking trails, rolling hills, hardwoods, and pine forests within the gated community providing 24-hour security.

Private club members of Carolina Trace Country Club enjoy an active, vibrant social and recreational lifestyle. Legendary golf course architect Robert Trent Jones, Sr. designed the Lake Course in 1971 and the Creek Course in 1979. Both championship courses provide a world-class golf experience.

Depot Park
Depot Park is a true urban park representing the cultural, communal, and economic center of downtown. The park includes a brick bandstand, a lawn seating area that accommodates approximately 750 people, brick-banded sidewalks, decorative lighting, ornamental fencing, and benches. There is an interactive splash fountain with a large landscaped open area surrounding it, public restrooms designed to conform architecturally to the rest of the park, continuation of the ornamental fencing, an information kiosk, decorative lighting, a landscaped parking area, and streetscape along Carthage Street bordering the park. Included in the park is an historic locomotive popular with children of all ages and the Railroad House, Lee County's historical museum.

Today, the park serves as a gathering place for scheduled events such as concerts, patriotic rallies and leisure activities. Many times during the day people can be found in the park eating lunch, playing in the fountain, or reading a book.

Golfing
Lee County is home to several beautiful golf courses which attract people from all over the area. With 43 of NC's finest golf courses within a 15-mile radius, golfers and non-golfers alike come to the Lee County region for both its fairways and fun. Lee County is a prime location for golfers from all over the country, not just because of its proximity to prime golf courses in Southern Pines, Pinehurst, Cary, and other surrounding counties, but because of its own master-crafted courses. One such course is Tobacco Road located in Sanford which has recently been
awarded four and a half stars by Golf Digest Magazine and has been named one of “Americas Top Ten Hardest Courses.”

Lee County Arts and Community Center
Lee County Arts and Community Center (LCACC) is housed in a well-known downtown building that had its beginnings as Sanford High School. It first opened its doors to students in 1925 and for many years provided public school education to junior high school and high school students. In 1975 the school closed and fell into disrepair; however, a few dedicated local residents began an initiative to restore the building. Ultimately, this 85 year old building became the Lee County Arts and Community Center which is home to several health and human services agencies and nonprofit organizations and is available for performing arts groups.

Established in 1996, the LCACC Foundation, through its Board of Directors, oversees the restoration and upkeep of the Lee County Arts and Community Center, as well as all fundraising efforts for the center. The Foundation is a nonprofit, tax exempt, 501(c) (3) corporation. Over the past 24 years, the Lee County Arts and Community Center has played a significant role in the lives of many citizens in Lee County.

Martin Luther King, Jr. Memorial Park
The Martin Luther King, Jr., Memorial Park was built to honor the slain civil rights leader and provides a public space for citizens to reflect upon his work and its significance to our country. The park is located in a beautiful green space at Horner Boulevard and Washington Avenue, the memorial is visible to the traveling public, as well as to local citizens.

Once the memorial park is completed, it will include a brick memorial wall with Dr. Martin Luther King’s image, decorative lighting, flag poles, benches and planters. Donors and contributors to this park can have their names or other text placed on the bricks placed in the walkway leading up to the column. With a $50.00 tax deductible contribution, a brick will be placed at the memorial with a personalized inscription.

North Carolina Cooperative Extension
The Ernest and Ruby McSwain Extension Education and Agriculture Center is a governmental facility designed to accommodate North Carolina Cooperative Extension, Farm Service Agency, Rural Development Agency, Natural Resources Conservation Service, and the Lee County Soil and Water Conservation District.

It opened July 10, 2000 and has over 17,000 square feet. North Carolina Cooperative Extension occupies 7,000 square feet. The USDA agencies located in the facility occupy over 5,000 square feet. The meeting room has over 4,000 square feet with 1,200 square feet of common areas. These areas may be used for workshops and planning sessions or for smaller banquets, social gatherings, annual dinners and award presentations.

North Carolina Veterans Memorial
The North Carolina Veterans Memorial was built to recognize the continuity of sacrifice between generations and to provide space for names from each succeeding generation to appear together on the same wall as members of the same brotherhood, as brothers and sisters of the same family. The memorial demonstrates the heritage of valor, the honor of sacrifice and the imperative of individual duty. This Memorial Pavilion is located
in Broadway Park in the town of Broadway, NC. The memorial was built solely from contributions.

**Ole Gilliam Mill**
Stephen Henley built the original mill in 1850 and ran it until 1870. In 1870 he sold the mill to Alexander McIver. Howell, John and Jessie Gilliam leased the mill for many years. In 1890, they bought the mill and around 500 acres of land from McIver. The Gilliams owned the mill until 1928 when it was washed away by a flood.

The present mill was completed in 1979 up the creek from the original site. It is a faithful reproduction of the original Gilliam Mill. The reproduction of the Gilliam Mill was constructed by Worth Pickard on weekends and holidays, with the help of Eddie Paschal, Bill Freeman, Bill Nielsen, and George Pickard. All working parts were obtained from old mills throughout the southeast.

The proprietors, Nancy and Worth Pickard, in the year 2000, donated the mill, 15 acres of land, existing buildings and relics to the Ole Gilliam Mill Park. The park is run by a Board of Directors and is a nonprofit organization. The park is used for the Ole Mill Crank-Up, church groups, motorcycle clubs, weddings, family reunions and for people to walk around. The Old Mill Crank-Up is a festival honoring the history of Lee County and the spirit of those who relied on the mill for their way of life more than one hundred years ago.

**Parks and Recreation**
Lee County Parks and Recreation is dedicated to enhancing the quality of life of all Lee County citizens and fostering a sense of community. This vision is facilitated by providing a broad range of recreational and leisure opportunities to the diverse groups within our community. The activities offered include family parks, walking and bike trails, outdoor education programs, camps, adult and youth recreational activities, aquatics classes, and sports for all ages. For more information see Chapter Five, Inventory of Existing Health Resources.

**Pottery Festival**
The goal of the Sanford Pottery Festival (SPF) is to support the visual arts program in the local schools, to promote the arts in education creatively, to lead by example, and to encourage through advocacy so that children all over NC will benefit eventually. This event has received statewide attention and awards due to the emphasis on art education. The SPF is held each year during the first weekend before Mother’s Day at the Dennis Wicker Civic Center in Sanford.

**Temple Theatre**
Temple Theatre was built in 1925 by Mr. Robert Ingram, Sr. (owner of Sanford Coca-Cola Bottling), at a time when Sanford had a population of only 3,500. Located half a block from the railroad station, Temple was a frequent stop for the shows and the stars of vaudeville. For several decades it served as Lee County’s principal form of entertainment. After the death of vaudeville, Temple showed its versatility by becoming a touring house for the road shows of the 1930s (including a bit of burlesque) and later a movie theater. The Sanford Little Theatre and The Footlight Players used the Temple for its community productions during the 1960s, but in 1965, Temple Theatre closed its doors for fifteen years.

The rebirth of the Temple Theatre began in 1981 when Mr. Robert Ingram, Jr., the son of the theatre’s original owner, donated the building to the citizens of Lee County. Led by Mr. Sam Bass, the building was designated a National Historic Site in 1983 and given a large challenge
grant by the NC Legislature. Lee County citizens and businesses matched the grant, along with a generous grant from the Z. Smith Reynolds Foundation. Through the efforts of many, the gutted and vandalized shell of Temple Theatre was refurbished with both the comfort of the theatre patron and the performer in mind. It reopened in 1984.

**W.B. (William Bartell) Wicker School**
The W.B. Wicker School was built originally as a historically black school and was home to the first through twelfth grades from 1929 to 1969. In 1969 the school became an integrated elementary school until the mid 1980’s when it was abandoned. The school was purchased by a private citizen and was donated to Brick Capitol Community Development Corporation, which received the North Carolina Small Cities Community Development grant in 2001 to restore the school.

The restored W. B. Wicker Business Campus is home to the Lee-Harnett-Haven Housing, W.B. Wicker Business Campus, Small Business Center/Sanford Business Suites, Excel Tutoring and Personal Development, STOP-N-DROP Academic Center, Central Carolina Community College Dental Hygiene Programs, and a Community Computer Center.

**Young Men’s Christian Association (YMCA)**
The Lee County YMCA opened its doors December 2009. The mission of the YMCA is “to put Christian principles into practice through programs that build a healthy spirit, mind, and body for all.” The YMCA offers a variety of programs for children, youth, and adults in the areas of traditional afterschool programs, year-round afterschool programs, day camp, summer camps, and fitness and wellness classes to meet the needs of the individual.
CHAPTER TWO

CHANGES SINCE 2006

COMMUNITY HEALTH ASSESSMENT
CHAPTER TWO
Changes Since the Previous Community Health Assessment (2006)

LeeCAN - “A Healthy Carolinians” Update
Over the past four years, LeeCAN (Lee Community Action Network – “A Healthy Carolinians Partnership”) and the Lee County Public Health Department have worked to address the priority issues identified in the 2006 Community Health Assessment (CHA). Many changes have occurred since that assessment. Some of those changes have been positive, and others not so positive. In the 2006 CHA the most pressing priority health issues centered on the following three:

- Access to Mental Health Care
- Obesity in Children and Adults
- Teen Pregnancy

Three committees were established under the umbrella of LeeCAN to address each of these priority health issues. Community partnerships were formed. These partnerships consisted of community leaders, concerned individuals, profit and nonprofit organizations, businesses, and faith-based groups.

With the release of the 2006 Community Health Assessment, LeeCAN developed and implemented a community-wide communication plan, sharing the report with municipal and county governments, the Board of Education, health and human service agencies, business leaders, economic development committees, the faith community, the Chamber of Commerce, civic groups and many others.

Each year as part of the State of the County Health (SOTCH) report, information was shared with various groups such as the Board of Health, the Board of Education, political officials, Chamber of Commerce, and many groups and individuals concerning the efforts and results of the three committees and the state of health overall in the County.

The partnership, the committees’ activities, and overall membership waned due to a variety of circumstances and lack of continuous direction of a coordinator. In 2009, a new direction and focus for LeeCAN was launched as part of the Sustainability Plan. A key training, using the Seven Strategies for Community Change, was conducted by the Healthy Carolinians Director from a very successful Healthy Carolinians Partnership in another county. Key community leaders and LeeCAN leadership participated. Current objectives and activities were evaluated based on the seven strategies, and a new vision and direction for LeeCAN evolved. Throughout the efforts since the 2006 CHA, the local newspapers, The Sanford Herald and Hometown News, along with the local radio stations, have been supportive of LeeCAN.

The following information reveals progress has been made on each of the 2006 priorities; however, there is more work to be done.

Access to Mental Health
The LeeCAN Mental Health Committee was formed to provide Lee County residents with information about mental health services that are available in Lee County. The committee is comprised of mental health providers, community agencies, and local concerned citizens. The overall goal of this committee currently is to “Reduce the Stigma Attached to Mental Health.” It has not been fully functioning as long as the other two committees.
Since the 2006 CHA, the committee has accomplished the following:

- Developed and distributed a two-sided one-page fact sheet sharing information describing good mental health and signs that indicate help is needed. The other side lists providers.
- Shared information with county and city law offices’ concerning law officer training on crisis intervention geared toward understanding mental illness, developmental disabilities, and substance abuse issues.
- Wrote and published a Health Matters column on mental health issues in the local paper.
- Increased committee membership with a broad representation of the County including schools, police, faith groups and concerned citizens.
- Shared information at local and state events such as Lee Regional Fair, health fairs, and state Healthy Carolinians Conference.

Results
Committee membership has increased by over 50%. At least one local law enforcement officer is on the committee and has been trained in the Crisis Intervention program. One of the major hurdles continues to be the constant change in mental health policies and procedures. Mental Illness continues to be a top health priority. A detailed action plan is evolving as we prepare for the next cycle.

LeeCAN, through the efforts of the committee members (now called Task Force), is being recognized as a viable and valuable asset in the community.

Obesity
Obesity is a major concern at the county, state, and national level. The current economy and American lifestyle make it even more difficult to address. To raise the awareness of the issue, the Obesity Committee focused on two areas: (1) to increase the awareness of Lee County residents of the obesity problem and to suggest ways to change it; (2) to assist in the development of programs aimed at educating and informing the community about healthy eating and moving lifestyles.

To accomplish these goals the committee focused on the following:

- Provided information to the public about obesity and solutions:
  - A media blitz was launched that included the local TV station, local radio stations, and the local newspaper
- Worked with the schools and community through the NC Eat Smart Move More (ESMM) programs:
  - Eat Smart Move More school and community garden projects
  - Move and Groove as part of the ESMM school initiative
  - ESMM Faithful Families
  - African-American churches ESMM program
  - ESMM program offered through the NC Cooperative Extension county office
  - ESMM programs offered to local business such as Caterpillar and the City of Sanford employees
  - Offered the ESMM Holiday Challenge
  - Conducted the first-ever Lee County Biggest Loser/Healthiest Winner Contest where the goal was for everyone to become a winner by losing. Fourteen contestants from all areas and economic levels of the county participated, and the local newspaper chronicled this and more in the “Healthy Me Healthy You” weekly section donated to LeeCAN. This included a half or full page spread each
week of the twelve-week program. The challenge incorporated the tenets of ESMM along with a fitness and counseling component.

- Sought designation as a Fit Community partnering with the City of Sanford and currently are seeking funding through this designation process.
- Developed a Walking Trail for the one small town in the county through collaboration with the town, local churches, and Project Play.

Results
The objective in the 2006 Health Action Plan states a peer county baseline of 17.4% and to increase the amount of physical activity of overweight and obese children by 15%. Unfortunately, with the change in leadership and other changes, the baseline has not been established. Two major obstacles are that no documentation of obesity specific to Lee County has been formulated, and different ways to measure have been used in reporting information that is gathered on both the state and county level. Lee County results are included as a part of a multi-county reporting number.

The results of the final 13 who stayed with the Biggest Loser/Healthiest Winner showed a composite total of 185 lbs. lost by the participants. Also, they made positive changes in their physical activity, purchasing, and eating habits. Sustainability is a key part, and follow up will be conducted to determine if they have maintained their losses.

This committee has just begun their effort. Taking the North Carolina Institute of Medicine “Prevention for the Health of NC” Prevention Action Plan and the direction of the state Healthy Carolinians, the LeeCAN Obesity Committee has become the Obesity Prevention Task Force and is developing action plans based on the divisions of the community-at-large, schools, and clinical care. One major objective is to assist the school district in gathering and analyzing Body Mass Index (BMI) on students and also the amount of actual physical fitness activities they are provided through classroom work and physical fitness teachers.

The Obesity Committee also is keeping abreast of the President’s newly formed Childhood Obesity Task Force which now has an action plan, the First Lady’s Let’s Move! program and the National Physical Activity Plan which will be administered at the state level under ESMM.

Teen Pregnancy
The Teen Pregnancy Prevention committee has remained the most stable with the excellent direction of the Health Department’s Community Health Education and Promotion Section and the mainstay partnership of the Coalition for Families in Lee County. The Coalition for Families is a not-for-profit organization made up of county leaders and concerned citizens. Priority areas for them are the prevention of teen pregnancy and the reduction of infant mortality as well as parental and family support. Under teen pregnancy the Coalition offers the “Teen Outreach Program.”

Many activities and initiatives have taken place over the past four years. Unfortunately, the County continues to rank high in teen pregnancy compared with the state and surrounding counties. In 2007, the county ranking was 13th in teen pregnancies in the state and this moved to eight in 2008. The committee realized more had to be done, and it needed more involvement of the community.

To further address the underlying cause and seek solutions, the Teen Pregnancy Committee partnered with the Business Department of the local community college and set in motion the following:
- June 2008 - LeeCAN partnered with Frank Theatres in Lee County and posted teen pregnancy statistics and prevention information in the lobby of the movie theatre and as announcements on the screens. These activities reached 67,000 persons from June through September.
- July 2008 - Developed a teen pregnancy brochure which also was translated into Spanish.
- March 2009 - Key Stakeholder Focus Groups - the focus groups discussed teen pregnancy and identified several factors that may be leading causes of teen pregnancy.
- May 2009 – Teen Pregnancy Community Forum – a host of Lee County’s residents, business owners, and public officials attended. A panel that included a student discussed the issues and results of the March focus groups. An audience question and answer period also was provided.
- January 2010 – Lee CAN worked closely with the Family Planning staff of the Lee County Health Department and created and posted three billboards throughout the county educating about birth control availability at the health department.
- Collaborated with Lee County Schools to distribute flyers about birth control availability at the high schools.
- Posted Birth Control Availability flyers in many of the low-income housing areas and businesses throughout Lee County.
- Continued to seek input of teenagers and also to collaborate with faith-based organizations in the county. The focus of this effort is to empower students to make proud choices including (1) Goal Setting and Dream Making, (2) Refusal and Negotiation Skills, (3) Sexually Transmitted Infections and HIV, and (4) Teen Pregnancy.
- Collaborated with the local school district in the training and implementation of the new state health education curriculum.
- Continued support of the Coalition for Families Teen Pregnancy Programs and the need for continued funding of these.
- Began researching and reviewing what is working to reduce teen pregnancy in other counties in North Carolina and the nation.

Results
The distressing news is that, while the Coalition’s programs are seeing excellent results, the county rates have moved Lee County from thirteen highest in the state in teen pregnancy to ninth and now eighth position in the state. The Coalition can reach only a limited number of teenagers. Frank conversations, more input from the population involved, and a concerted effort must be sought.

The remainder of this document will address the 2010 Community Health Assessment, the results and areas needing to be addressed.
Chapter three

Top Leading Causes of Death in Lee County
CHAPTER THREE
Local, Regional, and State Health Data Comparison

Leading Causes of Death- “What’s Killing Us?”
This chapter is to inform the public about deaths in Lee County, each cause of death is
accompanied with an overview and statistical data showing the actual number of deaths
in Lee County and North Carolina. Additional charts compare the data with peer county
averages. NC-CATCH (North Carolina Comprehensive Assessment for Tracking
Community Health) has grouped Lee County Peer Counties which are: Craven,
Franklin, Harnett and Person County. The peer county is based on the following needs
or risk factors: (1) percentage of population under the age of 18, (2) percentage of
population over 64 years of age, (3) percentage of non-white population, (4) percentage
of families with children (<18) living below the poverty level, and (5) total county
population size.

The following data represents the top ten leading causes of death for Lee County during
2004-2007. The table includes a four-year total number of deaths associated with each
leading cause of death and shows the comparison of the total number of deaths for both
Lee County and North Carolina. The NC CATCH System has not been updated with
2008 mortality and morbidity data, therefore this chapter will only cover the leading

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Rate of Deaths</th>
<th>Rate of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Heart Disease</td>
<td>474</td>
<td>69,914</td>
</tr>
<tr>
<td>2. Cancer</td>
<td>423</td>
<td>67,802</td>
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<tr>
<td>3. Cerebrovascular Disease (Stroke)</td>
<td>116</td>
<td>18,681</td>
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<td>4. Chronic Lower Respiratory Disease</td>
<td>129</td>
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<td>5. Diabetes Mellitus</td>
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<td>6. Motor Vehicle Injuries</td>
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<td>7. Alzheimer’s Disease</td>
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<td>8. Nephritic Syndrome</td>
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<td>6,364</td>
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<tr>
<td>9. Assault (homicide)</td>
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<td>3,247</td>
</tr>
<tr>
<td>10. Chronic Liver Disease and Cirrhosis</td>
<td>24</td>
<td>2,541</td>
</tr>
</tbody>
</table>

Technical Note: Rates based on small numbers (fewer than 20 cases) are unstable and should be interpreted with caution.
Source: 2010 County Health Data Book, NC DHHS, Division of Public Health and State Center for Health Statistics
Heart Disease

Overview
Heart disease is the leading cause of death for both men and women. Life itself is completely dependent on the efficient operation of the heart. There are many kinds of heart disease and they can affect the heart in several ways; however, the ultimate problem with all varieties of heart disease is that, in one way or another, they can disrupt the vital pumping action of the heart.

Every year about 785,000 Americans have a first heart attack and another 470,000 who have already had one or more heart attacks have another attack. In 2010, heart disease will cost the United States $316.4 billion. This total includes the cost of health care services, medications, and lost productivity. Heart disease is the leading cause of death for people of most ethnicities in the United States, including African-Americans, American Indians or Alaska Natives, Hispanics, and Whites (Centers for Disease Control).

Lee County Data
The graph below shows and compares the rate of deaths caused by heart disease during 2004-2007 for Lee County, peer county averages, and North Carolina. In 2004, Lee County had a considerably higher heart disease death rate compared to the peer counties and NC. Overall, the peer counties’ rates have been consistent throughout the four year timeframe, while Lee County and NC’s rates have begun to decline since 2005.

Although there has been a decrease in heart disease death rates in Lee County in the previous years, this chronic illness still remains the leading cause of death for the residents in the county. Some risk factors of heart disease consist of high blood pressure and cholesterol, diabetes, obesity/overweight, smoking, and lack of physical activity. Based on these risk factors, heart disease in Lee County can be prevented by making the appropriate life style changes.

The local hospital continues to be a leader in the fight against heart disease. The hospital focuses its care on quality and has been earning national recognitions from organizations that specialize in benchmarking best practices. The hospital earned the state’s first gold award for heart failure care from the American Heart Association. This achievement means that the hospital has consistently performed at or above 85% using the organizations’ national best practices for disease processes for over 24 months. There are other resources in the county.

Heart Disease-Age Adjusted Death Rates per 100,000 Population

Source: NC CATCH
Cancer

Overview
Cancer is a class of diseases in which a group of cells display uncontrolled growth, invasion, and sometimes metastasis which means spreading to other locations in the body through lymph or blood. These three properties of cancers are singled out from benign tumors which are self-limited and do not invade or spread. Most cancers form a tumor but some, like leukemia, do not. The branch of medicine concerned with the study, diagnosis, treatment, and prevention of cancer is oncology. Cancer affects people at all ages with the risk for most types increasing with age. Cancer caused about 13% of all human deaths in 2007 (7.6 million) in the United States (World Health Association).

Cancers are caused by abnormalities in the genetic material of the transformed cells. These abnormalities may be due to the effects of tobacco smoke, radiation, chemicals, or infection. Other cancer-promoting genetic abnormalities may randomly occur through errors in DNA copying or are inherited, thus present in all cells from birth.

Lee County Data
The graph below shows and compares the rate of deaths caused by cancer during 2004-2007 for Lee County, peer county averages, and North Carolina. In 2004, Lee County and the peer counties were very close in the number of cancer death rates. In 2005, Lee County began to see a decrease in the number of cancer death rates with a dramatic decline in 2007. However, the peer counties remained consistent in 2005 and 2006 but in 2007, there was an increase in the number of cancer death rates. Overall, NC has remained stable with the rate of yearly deaths caused by cancer for 2004-2007.

Cancer is the second leading cause of death in Lee County. Although, there are many different types of cancer, prostate and breast cancer are the leading causes of cancer deaths in Lee County. According to the National Cancer Institute, avoiding the risk factors that can lead to or cause cancer and increasing the protective factors which can assist in preventing cancer should be learned and performed by all individuals. Regular exercise and eating healthy meals and snacks will increase one’s protective factors. Some risk factors can be avoided such as smoking and drinking alcohol; however, genetics cannot be altered. These life style changes can lower the risk of being diagnosed with cancer.

The local hospital offers a variety of diagnostics, surgical and treatment services for the various cancers (breast, prostate, gynecological, colon as well as other cancers). The surgical staff (general surgeons, urologists, gynecologists, and gastroenterologists) works with our oncologist/hematologist to provide an interdisciplinary approach. The hospital continues building relationships with tertiary care providers to extend services where needed.
Cancer Age-Adjusted Death Rates per 100,000 Population

Cerebrovascular Disease (Stroke)

Overview
Cerebrovascular disease is a group of brain dysfunctions related to disease of the blood vessels supplying the brain. A stroke is an interruption of the blood supply to any part of the brain. A stroke is sometimes called a "brain attack." During a stroke, blood flow to a part of the brain is interrupted because a blood vessel in the brain is blocked or bursts. If blood flow is stopped for longer than a few seconds, the brain cannot get blood and oxygen (National Stroke Association).

High blood pressure is the number one risk factor for strokes. The following also increases one’s risk for stroke: diabetes, family history of stroke, heart disease, high cholesterol, and increasing age. Men have more strokes than women, but women have a risk of stroke during pregnancy and the weeks immediately after pregnancy. The following factors can increase the risk of bleeding into the brain, which makes you more likely to have a stroke: alcohol use, bleeding disorders, cocaine use, and head injury. The most common stroke signs and symptoms are: (1) sudden numbness or weakness to the face, arm or leg, (2) sudden confusion or trouble speaking and understanding others, (3) sudden trouble seeing in one or both eyes, (4) sudden dizziness, trouble walking or loss of balance and coordination, and (5) sudden severe head ache with no known cause. Knowing what to look for and reacting quickly could save one’s life.

Lee County Data
The graph below shows and compares the rate of deaths caused by cerebrovascular disease during 2004-2007 for Lee County, peer county averages, and North Carolina. The data explains that in 2004, the peer counties had a noticeably higher rate of deaths caused by cerebrovascular disease but has been showing a decline thereafter. Lee County’s deaths caused by cerebrovascular disease have fluctuated during the four year timeframe with a high rate in 2005, a very low rate in 2006 and another slight increase in 2007. Overall, NC has seen a decline in the rate of cerebrovascular disease-related deaths for 2004-2007.

In 2007, less than 20 percent of NC adults reported that they knew signs and symptoms of a stroke. North Carolina is part of the nation’s “stroke belt,” an eight to twelve-state region in the southern part of the country where stroke death rates are much higher than the rest of the United States. More than one-third of all hospitalized stroke patients in North Carolina are under the age of 65.
In 2010, Americans will pay approximately $73.7 billion dollars for stroke-related medical care and disability (National Stroke Association).

Lee County had a total of 116 stroke-related deaths during 2004-2007, which breaks down to approximately 29 deaths per year. Up to 80 percent of all strokes are preventable by making life style changes such as controlling your high blood pressure, losing weight or maintaining a healthy weight and not smoking. By incorporating these changes into their lives, Lee County residents could prevent the likelihood of suffering from a stroke which could lead to an economically burdensome condition. (National Stroke Association)

The health of the community looks very bright as the local hospital continues to increase care by earning the American Stroke Association’s silver award for stroke care. The hospital also employees two neurologists, provides community education on stroke signs and symptoms, set a protocols in place to help intervene and provide fast care when a patient is having a stroke and continues to improve efficiencies in the emergency room.

**Cerebrovascular Disease (Stroke) Age Adjusted Death Rates per 100,000 population**

![Cerebrovascular Disease (Stroke) Age Adjusted Death Rates per 100,000 population]

Source: NC Catch

**Chronic Obstructive Lower Respiratory Disease (COPD)**

**Overview**

Chronic lower respiratory diseases refer to chronic (ongoing) diseases that affect the airway and lungs. The most common disease of the lung is Chronic Pulmonary Disease (COPD) commonly known as emphysema or chronic bronchitis. COPD is the fourth leading cause of death in the United States; however, the good news is that COPD is often preventable and treatable.

Emphysema is usually caused by smoking. Having emphysema means some of the air sacs in the lungs are damaged, making it hard for the body to get the oxygen it needs. Chronic bronchitis occurs when the cells lining the inside of the lungs’ airways are red and swollen. The airways in the lungs have become narrow and partly clogged with mucus that cannot be cleared. COPD develops over time and has no cure. At the onset, there is minimal shortness of breath, but over time, people with COPD may need oxygen treatment to help with shortness of breath. Cigarette smoking is the main cause of COPD. People who smoke are 12 times as likely to die of COPD as opposed to those who have never smoked. Emphysema and chronic bronchitis also are strongly associated with lung cancer. (American Lung Association)
According to the National Institutes of Health, approximately 12 million adults in the United States are diagnosed with COPD, and 120,000 die from it each year while an additional 12 million adults in the United States are undiagnosed.

**Lee County Data**
The graph below shows and compares the rate of deaths caused by chronic lower respiratory disease during 2004-2007 for Lee County, peer county averages, and North Carolina. The data tells that NC overall has had lower and stable rates compared to Lee County and the peer counties. However, Lee County saw a dramatically higher rate of chronic lower respiratory disease deaths in 2005 with a decline in 2006 and a moderate increase in 2007. The peer counties' rates have remained consistent throughout 2004-2007.

The NC Chronic Disease and Injury Section reported that for the years of 2003-2007, NC spent over $400 million in hospitalization charges for COPD. Approximately 38.1 percent of adults in North Carolina who are current smokers reported having COPD. Although, COPD is a preventable disease, it is still Lee County’s fourth leading cause of death with the last recordable numbers being on the rise. To prevent COPD, (1) stop or do not start smoking, (2) avoid second-hand smoke, (3) protect yourself against harmful chemicals and fumes in the home and workplace, and (4) get as much clean air as possible.

The resources offered in the county for COPD include the hospital offering a variety of respiratory diagnostic and treatment services, earning the quality respiratory care recognition from the American Association of Respiratory Care, May 2009 (approximately 15% of hospitals in the US received this award), offers education for chronic obstructive pulmonary disease (COPD), provides pulmonary function test (PFT) screenings at various events in our community and the hospital is an accredited sleep lab by the American Academy of Sleep Medicine.

**Chronic Lower Respiratory Disease (COPD) Age-Adjusted Death Rates per 100,000 Population**

![Graph showing death rates](image)

Source: NC Catch

**Diabetes**

**Overview**
Diabetes is a disease in which the body does not produce or properly use insulin. Insulin is a hormone produced in the pancreas, an organ near the stomach. Insulin is needed to turn sugar and other food into energy. When a person has diabetes, the body either does not make enough insulin or cannot use its own insulin as well as it should, or both. This causes sugars to build up too high in the blood.
Diabetes consists of two types, Type 1 and Type 2. Type 1 diabetes usually occurs in children and young adults. In Type 1, the pancreas makes little or no insulin.

Without daily injections of insulin, people with Type 1 diabetes will not survive. Type 2 diabetes is the most common form. It appears most often in middle-aged adults; however, adolescents and young adults are developing Type 2 diabetes at an alarming rate. It develops when the body does not make enough insulin and does not efficiently use the insulin it makes (American Diabetes Association).

Both forms of diabetes may be inherited in genes. A family history of diabetes can greatly increase the risk of developing diabetes. Untreated diabetes can lead to many serious medical problems such as: blindness, kidney disease, nerve disease, limb amputations, and cardiovascular disease.

Lee County Data
The graph below shows and compares the rate of deaths caused by diabetes during 2004-2007 for Lee County, peer county averages, and North Carolina. The data indicates that in 2004 and 2005, Lee County had a remarkably higher rate of diabetes-related deaths but has seen a decline since 2005. The peer counties and NC death rates related to diabetes have been stable during 2004-2007, but the peer counties' averages have been higher than that of NC overall and Lee County in 2006 and 2007.

According to the American Diabetes Association, Type 2 diabetes can be prevented by changing to a healthier diet, increasing your levels of physical activity and losing and or maintaining a healthy weight. Lee County’s diabetes related death rates are declining and can continue to decline with self-motivation and community support encouraging a positive lifestyle change.

Locally the resources in the county include the local hospital which has over 30 primary care providers and one endocrinologist to treat diabetes. The hospital lab performs A1C tests as well as other lab work specific to diabetes. Other resources offered by the hospital are community classes on a variety of diabetic related topics: managing diabetes, diabetes & eye disease, diabetes & foot health, and diabetic nutrition classes for the general population; special nutritional classes for gestational diabetes (diabetes during pregnancy); provides free glucose screenings at a variety of community events; and the Diabetes Bus, a free nonprofit patient education program (physician referral/order is needed), offers diabetic teaching at CCH on a regular basis.
Motor Vehicle Injuries

Overview
In the United States, motor vehicle-related injuries are the leading cause of death for people ages 1–34, and nearly 5 million people sustain injuries that require an emergency department visit each year. The economic impact also is notable: motor vehicle crashes cost around $230 billion in 2000 (Centers for Disease Control and Prevention). However, motor vehicle-related deaths have been declining over the past 30 years. North Carolina laws such as mandatory seat belt usage for children, front seat drivers, and passengers; 0.08 blood alcohol level; and graduated drivers’ licensing have made North Carolina roads safer for all residents. Highway safety programs have increased the enforcement of these laws such as “Booze It & Lose It” and “Click It or Ticket It,” effectively changing the cultural habits for safe driving (NC Department of Transportation).

Lee County Data
The graph below shows and compares the rate of deaths caused by motor vehicle accidents (MVA) during 2004-2007 for Lee County, peer county averages, and North Carolina. Overall, the peer counties and NC have seen a consistent number of MVA death rates for the four year timeframe. However, Lee County had a considerably higher rate of MVA deaths in 2004 and 2005 with decreases in 2006 and 2007. During 2004-2007, Lee County’s MVA death rate was higher than that of NC overall but lower than the peer county averages in 2006 and 2007.

Based on the North Carolina Department of Transportation’s 2006 Crash Report, in 2004, Lee County had 12 fatal crashes (four alcohol-related), and four nonfatal injuries, 535 crashes (40 alcohol related). In 2005, Lee County reported having 14 fatal crashes (four alcohol-related) and nonfatal injuries, 481 crashes (30 alcohol-related). In 2006, Lee County had 17 fatal crashes (seven alcohol-related) and 474 non-fatal injuries crash related (40 alcohol-related). These numbers show that alcohol usage is a major problem contributing to Lee County’s deaths by motor vehicle.
The comprehensive crash cost based on a three year average for all reported crashes in 2005 dollars showed that Lee County’s motor vehicle accidents had an average annual cost over $85 million, an annual cost per crash over $45 thousand, an average cost per person over $1,500 and average cost per vehicle was over $1,600 and the average cost per 100 miles traveled was $12.59 (North Carolina Department of Transportation).

These numbers show that alcohol usage is a major problem contributing to Lee County’s deaths by motor vehicles. This is costing the county millions of dollars annually. To offset the cost of the motor vehicle accidents in Lee County, our local sheriff’s department and police department are working closely together to patrol drivers who may be operating vehicles while under the influence. There has been and will continue to be an increase in the number of law enforcement vehicles and officers throughout Lee County insuring road safety for all.

**Motor Vehicle Accident Age Adjusted Death Rates per 100,000 Population**

![Rate Graph]

Source: NC CATCH

**Alzheimer’s disease**

**Overview**
Alzheimer’s disease is a progressive, degenerative disease of the brain, which causes thinking and memory to become seriously impaired. It is the most common form of dementia. Dementia is a condition having a number of symptoms that include loss of memory, judgment, reasoning, and changes in mood, behavior, and communication abilities. Alzheimer’s disease was first identified by Dr. Alois Alzheimer in 1906 (Alzheimer’s Association).

Alzheimer’s disease eventually affects all parts of a person's life. Since individuals respond differently, it is difficult to predict the symptoms each person will have, the order in which they will appear, or the speed of the disease’s progression. However, it has been determined that mental abilities, emotions and moods, behaviors, and physical abilities are all affected by Alzheimer’s disease.

**Lee County Data**
The graph below shows and compares the rate of deaths caused by Alzheimer’s disease during 2004-2007 for Lee County, peer county averages, and North Carolina. The data indicates that Alzheimer’s disease death rates in Lee County have fluctuated with low rates in 2004 and 2006 and a considerably higher rate in 2005 and a moderately high rate in 2007. The peer counties’ average Alzheimer’s disease death rates have been
lower than Lee County and NC during 2004-2007. NC has seen a consistent death rate with a slight increase in 2005.

According to the Centers for Disease Control, an estimated five million Americans have Alzheimer’s disease, which has doubled since 1980. By 2050, it is estimated that 13.4 million persons will be diagnosed with Alzheimer’s disease. According to the National Institute on Aging, research is being conducted on the possibility of preventing Alzheimer’s disease or the onset thereof. The key factors contributing to Alzheimer’s disease include: genetic makeup, environment, life history, and current lifestyle. Some of these risk factors cannot be controlled but studying an individual’s health, life style and environment can be a key to preventing Alzheimer’s disease.

Studies have shown that being physically active, having a healthy diet, being socially active and stimulating the brain, as well as managing pre-existing and chronic diseases throughout life and during your older years can promote a more promising aging process. There are limited resources in Lee County for Alzheimer’s disease.

The local hospital provides education through classes, articles on the website and articles in the hospital magazine.

**Alzheimer’s Disease Age-Adjusted Death Rates per 100,000 Population**

![Alzheimer's Disease Age-Adjusted Death Rates per 100,000 Population](image)

*Source: NC CATCH*

**Nephritic Syndrome**

**Overview**

Nephritic syndrome is a group of symptoms including protein in the urine (more than 3.5 grams per day), low blood protein levels, high cholesterol levels, high triglyceride levels, and swelling. Nephritic syndrome is caused by various disorders that damage the kidneys, particularly the basement membrane of the glomerulus. This immediately causes abnormal excretion of protein in the urine (National Institute of Health).

The most common cause in children is minimal change disease. Minimal change disease is a kidney disorder that can lead to nephritic syndrome. Membranous glomerulonephritis is the most common cause in adults. Membranous nephropathy is a kidney disorder which involves changes and inflammation of the structures inside the kidney that help filter waste and fluids. The inflammation leads to problems with kidney function (US National Library of Medicine).
This condition also can occur as a result of infection (such as strep throat, hepatitis, or mononucleosis), use of certain drugs, cancer, genetic disorders, immune disorders, or diseases that affect multiple body systems including diabetes. Nephritic syndrome can affect all age groups. In children, it is most common from age 2 to 6. This disorder occurs slightly more often in males than females.

Lee County Data
The graph shows and compares the rate of deaths caused by nephritic syndrome during 2004-2007 for Lee County, peer county averages, and North Carolina. The data indicates that nephritic syndrome death rates in Lee County have fluctuated with an alarming increase in 2004 but declined thereafter. NC’s overall rate has remained stable during the four year timeframe. The peer county average rates have seen changes with a noticeable increase in 2005 and again in 2007.

Studies have been unable to determine a prevention of Nephritic syndrome but there are some risk factors. The risk factors are: (1) pre-exiting medical conditions that can damage your kidneys such as diabetes and lupus, (2) non-steroid, anti-inflammatory drugs and drugs used to fight infections, and (3) certain infections such as HIV, Hepatitis B and C, and malaria. If you are diagnosed with Nephritic syndrome, the coping process can be helped by changing your diet to include decreasing the amount of fat and cholesterol, eating a low-salt diet and increasing the amount of calcium you eat daily (Mayo Foundation for Medical Education and Research). The local resources include the local hospital providing dialysis services and a neighboring hospital offering dialysis on an outpatient basis.

Nephritic Syndrome Age Adjusted Death Rates per 100,000 Population

Source: NC CATCH

Assault (Homicide)
Overview
“Violence is a serious public health problem in the United States. From infants to the elderly, it affects people in all stages of life. In 2006, more than 18,000 people were victims of homicide, and more than 33,000 took their own lives” (Centers for Disease Control and Prevention). Homicides (deaths) and assaults (nonfatal injuries) are injuries purposely inflicted by another person with intent to kill or injure. In the U.S. in 2002, homicide resulted in the deaths of 18,022 individuals of which 30 percent were young people ages 15-24. Nationally, homicide is the second leading cause of death for this age group.

For the United States in 2007, 5,764 young people ages 10 to 24 were murdered, an average of 16 each day. Homicide was the second leading cause of death for young
people ages 10 to 24 years old. Among 10 to 24 year olds, 86% (4,973) of homicide victims were male and 14% (791) were female. Among homicide victims ages 10 to 24 years-old, 84% were killed with a firearm. Across the U.S., homicide rates are dropping among all groups, but the decreases are not as dramatic among youth who already exhibit the highest rates (Centers for Disease Control and Prevention).

Lee County Data
The graph shows and compares the rate of deaths caused by homicide during 2004-2007 for Lee County, peer county averages, and North Carolina. For North Carolina, the overall homicide death rates have remained consistent with a slight increase in 2007. The peer counties’ average rates saw an increase in 2004 and 2007 with an amazing decline in 2005 and again in 2006. For Lee County, in 2004 and 2007, the homicide death rates were similar to that of the peer counties and state. However, in 2005 Lee County saw a daunting increase in the homicide death rates but welcomed a pleasant decline in 2006, to be followed by a slight increase in 2007.

Crime in Lee County is something that has been monitored for several years. The results of this monitoring have brought about several changes for the betterment of the Lee County citizens. Lee County now has a Gang Prevention Unit, an increase in organized neighborhood watch programs, more law enforcement officers policing high risk areas, an increase in the visibility of law enforcement’s mobile units, a concentrated focus on the elimination of illegal substances, and an overall sense of personal and property safety for all living and visiting Lee County.

Chronic Liver Disease and Cirrhosis
Overview
Chronic liver disease is marked by the gradual destruction of liver tissue over time. Cirrhosis is the seventh leading cause of death in the United States, according to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK). Because of chronic damage to the liver, scar tissue slowly replaces normal functioning liver tissue, progressively diminishing blood flow through the liver. As the normal liver tissue is lost, nutrients, hormones, drugs and poisons are not processed effectively by the liver. In addition, protein production and other substances produced by the liver are inhibited.

The most common cause of cirrhosis is alcohol abuse along with other causes such as hepatitis, use of certain drugs, chemical exposure, bile duct obstruction, diabetes, and
many more. Cirrhosis is a progressive liver disease, and damage sustained to the liver is irreversible. However, with proper nutrition, avoidance of certain toxins (i.e., alcohol), vitamin supplementation, and management of cirrhosis complications, further liver damage can often be delayed or stopped.

**Lee County Data**
The graph shows and compares the rate of deaths caused by chronic liver disease and cirrhosis during 2004-2007 for Lee County, peer county averages, and North Carolina. The data explain that chronic liver disease and cirrhosis death rates in Lee County have wavered with an alarming increase in 2004 and remarkable decreases to follow, especially in 2006. Overall, the peer counties’ average and NC’s death rates have remained stable with little to no change during the 2004-2007 timeframe. The local resources offered by the hospital include four gastroenterologists and one infection disease specialist on staff.

**Chronic Liver Disease and Cirrhosis Age Adjusted Death Rates per 100,000 Population**

![Chronic Liver Disease and Cirrhosis Age Adjusted Death Rates per 100,000 Population](image)

Source: NC CATCH

**Life Expectancy**

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<td>+3.7 years</td>
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<tr>
<td>Black</td>
<td>68.7 years</td>
<td>74.7 years</td>
<td>+ 6 years</td>
</tr>
</tbody>
</table>


AMT: The increase in the number of expected years to live from 1990-1992 to 2006-2008.*
## Uninsured Rates

**Lee County-Level Estimates of Non-Elderly Uninsured**

<table>
<thead>
<tr>
<th>Area</th>
<th>Children (0-18 years)</th>
<th>Adults (19-64 years)</th>
<th>Non-Elderly (0-64 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
<td>Number</td>
</tr>
<tr>
<td></td>
<td>Rank</td>
<td></td>
<td>Rank</td>
</tr>
<tr>
<td>Lee County</td>
<td>3,000</td>
<td>18.3%</td>
<td>8,000</td>
</tr>
<tr>
<td>North Carolina</td>
<td>345,000</td>
<td>11.3%</td>
<td>1,232,000</td>
</tr>
</tbody>
</table>

Source: NC Institute of Medicine

Estimates rounded to nearest 1000 Rank: “High” denotes 25 counties with the highest percent uninsured; “Mid-High” next 25 highest, “Mid-Low” next 25 highest; and “Low” denotes the 25 counties with lowest percent non-elderly uninsured.
CHAPTER FOUR

COMMUNITY HEALTH ASSESSMENT RESULTS
CHAPTER FOUR
Community Health Assessment Results

This chapter of the Community Health Assessment was designed to examine the quality of life in Lee County by conducting Listening Sessions and distributing Opinion Surveys. In the Opinion Survey participants were asked how they felt about the health care system, economic opportunity, safety, and help for individuals in times of need, as well as the quality of life for children and older adults.

The Opinion Survey was designed to assess perceived community problems and issues. Participants were asked to pick the top five health problems that have the largest impact on the community as a whole. Some examples were teen pregnancy, kidney disease, and dental health. Participants also were asked to choose the top five unhealthy behaviors: some options included alcohol abuse, drug abuse, and not using seat belts. Participants were asked to pick the top five community issues that impact the overall quality of life in Lee County; some options included racism, poverty, and homelessness.

Listening Session participants usually are familiar with one another and already comprise a group. CHA members were recruited from organizations and agencies. Thirteen of those volunteers received training as facilitators, moderators, and recorders, and conducted eight Listening Sessions which targeted a total of ninety people. These approximately one-hour sessions were held in February, 2010 and centered on several specific, open-ended questions. In each Listening Session there was one moderator and two recorders.

The following are the ten major areas of concern. Each area has an overview an analysis of the findings and the disparities.

Aging Problems

Overview
Because Americans are living longer than in previous generations, research is currently underway with new indicators for better health outcomes for older Americans. The CDC shows concerns for individuals who are 50 plus years old, and provides initiatives that aim to increase the use of clinical preventative services among these individuals. For individuals 65 years and older, the concerns are geared toward management of diseases such as Alzheimer’s disease, heart disease, and other chronic ailments.

Community Analysis
According to the community health survey, the aging population in Lee County ranked eighth among problems of greatest concern in the County. When Listening Session participants were asked to identify the most important challenges facing senior citizens in Lee County, the top three answers were lack of social support; affordability and/or access to providers; and the economy, their finances, and unemployment. Some other concerns were lack of transportation, crime and safety, lack of awareness of services, elder abuse and neglect.

The leading causes of death for senior citizens are heart disease and cancer, both of which were among the top health problems identified in Lee County. When asked for suggestions to improve the lives of senior citizens, Listening Session participants most frequently mentioned increasing volunteer programs that promote senior outreach.
Disparities
The most prominent disparity for older adults involves socioeconomic status and geographic location. Older adults with lower incomes tend to have less access to quality services, e.g., home–health aides, nursing homes, medications, and physicians. Older adults who reside in rural areas find access to resources even more limited due to inability to travel.

Cancer
Overview
Cancer is the body’s inability to control the growth and spread of abnormal cells. These cells invade, disrupt, and destroy normal cells and functions of the body. The most prominent cancers in the United States are lung, bronchus, prostate, female breast, colon, and rectum. These cancers account for almost 60% of all the cancers in North Carolina.

Community Analysis
According to the Lee County Community Health Assessment survey, cancer was the fifth among health problems of greatest concern in the county. Early diagnosis and treatment increase survival rates of individuals with cancer, but often people do not see health care providers for annual health screenings. Unhealthy behaviors that contribute to developing cancer were among the top ten unhealthy behaviors overall, e.g., alcohol abuse, smoking/tobacco use, having unsafe sex, poor eating habits, and lack of exercise.

Disparities
Some of the disparities involved with cancers are race and lack of access to health care due to socioeconomic status or location. African-Americans die of cancer 35% more often than Caucasians. Lack of access mainly affects survival rates of cancer; those who cannot afford screening usually do not get treatment early enough to improve their outcomes. Where individuals live impacts the accessibility to quality cancer treatment facilities.
Dental Health

Overview
Oral disease and conditions are among the most preventable chronic health problems in the United States. The mouth is one indicator for general health and well-being, and there is an association between oral health problems and overall health problems. Oral health problems can lead to needless pain, suffering, and complications that can devastate one’s well-being and have financial and social costs that can diminish quality of life. Tooth decay is one of the most common childhood diseases. Untreated tooth decay causes pain and infection and may lead to problems which interfere with eating, speaking, playing, and learning.

Community Analysis
Of the individuals surveyed for the Community Health Assessment, 27.5% stated they needed dental care in the past 12 months but could not get it. The two most common reasons were lack of health insurance and unaffordability of care. According to the County Level Oral Health Status Data of 2008-2009 from the North Carolina Oral Health Section, approximately 21% of Lee County children entered kindergarten with untreated dental decay compared to 17% in North Carolina.

Disparities
Disparities for dental health include socioeconomic status, age, and ethnicity. Individuals who have low income and who live in poverty suffer the most from tooth decay. The disparity is especially high for children and the elderly. Citizens who do not have insurance or the ability to pay out of pocket, who have problems with transportation, or who cannot afford to be absent from work, are most likely to suffer from oral health problems. Disabled individuals and those with existing complicated health conditions are at greater risk as well. The Hispanic population has the lowest rate of dental care of any ethnic group. The 2003-2004 North Carolina Statewide School Oral Health Survey of children showed that disparities by race and ethnicity are common, and Latino children have higher tooth decay than all other ethnicities.

![Kindergarteners With Tooth Decay](image)

Source: NC Oral Health Section
Diabetes

Overview
Diabetes occurs when the body is unable to use or produce insulin to regulate body sugar. This inability causes an imbalance which can lead to medical complications such as eye function, heart function, kidney function, and blood circulation. Diabetes is the number one cause of loss of eyesight, kidney failure, and lower limb amputations (not caused by trauma). Some of the risk factors for diabetes include obesity, lack of exercise, and living in a rural area.

Community Analysis
According to the Community Health Assessment survey, diabetes is the fourth most concerning health problem. The contributing factors for diabetes were also among high-ranking unhealthy behaviors such as poor eating habits and lack of exercise. Not going to the doctor for regular yearly screening also was an unhealthy behavior listed that contributed to some of the long term effects of diabetes.

Disparities
Some of the disparities that are involved with diabetes and diabetic complications include race, geographic location, and age. African-Americans are more likely to develop diabetes than Caucasians. Diabetes is more prominent among individuals over the age of 60 in general, and 20% of African-Americans over the age of 65 have diabetes. Hispanics are more than twice as likely than Caucasians to suffer from renal failure due to diabetes.

Heart Disease/Heart Attacks

Overview
Heart disease is the number one cause of death in the United States. Heart disease is a general term used to describe ailments that involve blood flow disruption or blockage. Some of the risk factors for heart disease include sedentary life styles, obesity, high blood pressure, cigarette smoking, high cholesterol, and diabetes. The most common type of heart disease is coronary artery disease which occurs when cholesterol builds up in the arteries and hardens. This hardening disrupts blood flow and can eventually block blood flow completely, resulting in a stroke (brain attack) or heart attack.

Community Analysis
According to the Community Health Assessment survey, heart disease was named the seventh most concerning health problem in Lee County. Some of the risk factors that contribute to heart
disease were among the top six unhealthy behaviors overall: smoking/tobacco use, poor eating habits, and lack of exercise. Obesity also was highlighted as the most concerning health problem in the survey as well as a major health care issue in Listening Sessions. It was the number one issue facing youth in the Listening Sessions.

Disparities

Some of the disparities involved in heart disease are race, geographic location, and age. Typically, African-Americans, Hispanics/Latinos, and American Indians suffer from heart disease and death related to heart disease more often than Caucasians. The southeastern part of the United States has some of the highest rates of heart disease and strokes in the nation, and North Carolina has particularly high rates with many of its counties referred to as the buckle of the stroke belt. Individuals who are 65 years and older are more likely to suffer from heart disease and death related to heart disease. This is significant to Lee County because the percentage of senior citizens in the population is higher than the rest of the state.

Hypertension/High Blood Pressure

Overview
Blood pressure is the force of blood against the walls of blood vessels as it passes through the body. When blood is having difficulty passing through blood vessels, it causes blood pressure to rise and remain high. Individuals with high blood pressure are at higher risk for developing heart disease which can lead to stroke as well as heart attack.

Community Analysis
According to the Community Health Assessment survey, high blood pressure was the sixth most concerning health problem to Lee County residents. Listening Session participants listed obesity, poor nutrition, and lack of exercise as contributing factors to high blood pressure and health care issues in Lee County. High blood pressure also contributes to heart disease and stroke.

Disparities
Disparities include race, age, sex, and geographic location. African-American and Hispanic/Latino populations have higher rates of high blood pressure than Caucasians. The older an individual is the more likely he or she is to develop high blood pressure. For age 55 and older, women are more often affected than men. People who reside in the southeastern part of the United States, especially eastern North Carolina, are more likely to be diagnosed with high blood pressure.
Mental Health

Overview
There is no universal definition of mental health. The World Health Organization describes mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.” This description of mental health allows for inclusiveness within the scope of mental health, which includes mental disorders, behavioral disorders, and substance abuse.

According to the National Institute of Mental Health (NIMH), mental disorders are very common in the United States. Approximately 26.2 percent of Americans age 18 and older, which equates to about one in four adults, suffer from a diagnosable mental health disorder in a given year. “Even through mental health disorders are widespread in the population, the main burden of mental illness is concentrated in a much smaller proportion, approximately six percent or one in 17, who suffer from a mental illness. In addition, mental health disorders are the leading cause of disability in the United States and Canada.” “In the United States, mental disorders are diagnosed based on the Diagnostic and Statistical Manual of Mental Health Disorders, fourth edition (DSM-IV).”

Community Analysis
According to the Community Health Assessment Survey, mental health was the third most concerning health issue to Lee County residents. Substance and alcohol abuse was the sixth most concerning health care issue for Listening Session participants and the first two concerning unhealthy behaviors. Twenty-eight percent of the individuals surveyed said that they had “experienced sadness or worries that kept them from their normal business within the last 30 days.” Of the individuals surveyed, 8.3% said they did not know where to go or whom to call if “a friend or family member needed counseling for a mental health or drug/alcohol abuse problem.”

Disparities
Disparities for mental health include gender, age, and socioeconomic status. Women are more likely to experience depression, eating disorders, panic, anxiety, and phobic disorders than men. Eating disorders persist into adulthood and result in the highest rate of death among all mental disorders. Older individuals are more likely to experience dementia illnesses such as Alzheimer’s.
Obesity/Overweight

Overview
Overweight and obesity are both labels for ranges of weight that are greater than what is generally considered healthy for a given height. These ranges are determined by the Body Mass Index (BMI). BMI is a calculation that involves height and weight, and for the majority of people it correlates with their amount of body fat. Adults who have BMIs over 25 are considered overweight, while BMIs over 30 are considered obese. The terms also identify ranges of weight that have been shown to increase the likelihood of certain diseases and other health problems. (http://www.cdc.gov/obesity/defining.html)
Community Analysis
According to the Community Health Assessment Survey and Listening Sessions, being obese and being overweight were considered the number one health problem in Lee County. When Listening Session participants were asked to identify the most important issues facing youth, obesity and being overweight were tied with poverty as the most frequently given response. Participants also mentioned the need for nutrition education to improve the lives of children in Lee County. When asked what community issues residents had concerns about, lack of recreational activity and availability of healthy food choices were among the top twenty.

Disparities
Common disparities that are involved with obese and overweight populations include racial and geographical locations. Hispanics/Latinos and African-Americans usually have higher rates of overweight and obese individuals. Individuals who reside in the southeastern part of the United States have higher rates of obesity and being overweight. North Carolina has a higher rate than the rest of the United States, particularly in the eastern part of the state.

Sexually Transmitted Infections (STI)
Overview
Sexually Transmitted Infections are infections that can be transmitted from person to person through sexual contact: vaginal, anal, and oral sex. The most common are: chlamydia, gonorrhea, genital herpes (HSV), syphilis, trichomoniasis (Trich), and Hepatitis B. Of these STI, chlamydia is the most commonly reported in the United States. Some STI are caused by bacteria and can be treated and cured; others are caused by a virus and cannot be cured, such as HIV and herpes. STI pose a tremendous challenge for the public. The Centers for Disease Control (CDC) estimates there are approximately 19 million new infections every year. Almost half of them occur in teenagers and young adults from the ages of 15 to 24 years of age.
Community Analysis
According to the Community Health Assessment Survey, STI were the tenth most concerning health issue to Lee County residents, and having unsafe sex was the third most concerning unhealthy behavior. When Listening Session participants were asked to identify the most important issues facing youth in Lee County, sexual health issues were the fourth most common. When asked to suggest ways to improve the lives of Lee County youth, sexual health education was among the top five.

Disparities
Health disparities exist in some groups even when behaviors are less risky; other factors such as poverty, unequal access to healthcare, lack of education, stigma, and racism also contribute and are linked to health disparities. STI studies show that although the above mentioned STI are affecting individuals across the board, the minority population are being affected the most and more specific the minority females. Opportunities to decrease health disparities consist of: providing education to all by going into the more “high risk” locations; informing the community overall about available and affordable healthcare services in the area; and working more closely with healthcare providers on how to relate and understand individuals from different cultures and backgrounds.

Teen Pregnancy
Overview
Teen pregnancy or adolescent pregnancy is pregnancy of a young woman under the age of nineteen. Teenage mothers are more likely to drop out of high school and remain single parents. Children of teen mothers are more likely to have low birth rates, be born prematurely, exhibit behavior problems in school, drop out of high school, and become teen parents.

Community Analysis
Teen pregnancy was the second most concerning health problem according to the Community Health Assessment survey, and the fourth major health care issue in Lee County according to the Listening Sessions. When participants were asked to identify the most important issue facing young people in Lee County, teen pregnancy was the third most common response. Teen pregnancy also was the eighth most frequently mentioned as one of the greatest challenges facing Lee County.
The third most concerning unhealthy behavior was having unsafe sex. Of the parents surveyed, sex was the second most frequent issue about which they believed their children needed more information. When asked what could be done to improve the lives of youth, sexual health education was the fourth most frequent suggestion mentioned in Listening Sessions.

Disparities
Based on the State Center for Health Statistics 2008 report, Lee County was ranked the eighth highest county in NC for teen pregnancy. In May 2009 during a Stakeholders’ Meeting, five key factors were revealed which may be contributing to the teen pregnancy rates in Lee County: (1) lack of Sex Education 21%, Low Self-Esteem 16%, Cultural Differences 15%, Lack of Resources for Youth 15%, and Lack of Parental Support 14%. According to the Healthy Youth Act House Bill 88, a more comprehensive sexual health education is required to be offered in the public school system; parents still need to keep the lines of communication open with their children. Also, while the need for more constructive and adolescent centered programs in Lee County are few in numbers; this is the time when faith based organizations, nonprofit organizations, and many others should collaborate together to bring about a better end result for all the youth in Lee County.

Priority Setting
On April 7, 2010 the first priority setting meeting with the Lee CAN Assessment Team took place with 36 people in attendance. The purpose of the meeting was to begin the process of prioritizing Lee County’s health issues with future intentions to develop action plans based on the state’s 2020 health objectives which include the top five priorities listed for Lee County.

The beginning of the meeting was an update and overview of the progress of the Community Health Assessment. A PowerPoint presentation featured the top ten health problems in Lee County. For each health problem, the data was analyzed by using the CHA survey data and the results of the Listening Sessions.

The secondary data demonstrated county/state comparisons of those health problems that were communicated by the participants. The respondents were given time to ask questions concerning the data collection and/or the health problem and existing resources. They were given secret ballots and asked to select the five areas that they determined to be priority issues over the next four years. The areas selected were: (1) Access to Mental Health Care, (2) Dental Health, (3) Obesity/overweight, (4) Sexually Transmitted Infections (STI) and (5) Teen Pregnancy. These priorities carry equal weight since the five areas will be addressed over the next four years. To follow the format from the state Office of Healthy Carolinians, STI and Teen Pregnancy will be considered under the same task force. The title of the Obesity Task Force will
change to be more in line with the new state 2020 goals and, because of the close link to obesity and dental health, this priority will become part of the new Obesity Task Force.

Listed below is the comparison of the 2010 and 2006 health priorities identified by the LeeCAN Assessment team. The first list contains the top ten health concerns identified by the respondents in the 2010 survey and Listening Sessions. The second list includes the health priorities from the 2006 survey and Listening Sessions. Three out of the top priorities identified in 2006 remained the same.

### Top Ten Identified Health Concerns and Community Needs*

**2010 Community Health Assessment**

1. Aging problems
2. Cancer
3. Dental health
4. Diabetes
5. Heart disease/heart attack
6. Hypertension/high blood pressure
7. Mental health
8. Obesity/overweight
9. Sexually transmitted infections
10. Teen pregnancy

*NOTE: These are in ABC order and not ranking order.

### Top Three Identified Health Concerns and Community Needs

**2006 Community Health Assessment**

1. Access to mental health
2. Obesity/overweight
3. Teen pregnancy

### Emerging Issues

**Complementary and Alternative Medicine (CAM)**

Medical care practices and products that are not considered a part of conventional medicine include deep breathing exercises, meditation, prayer, deep tissue massage, yoga, Tai chi herbal medicines, and natural treatments. Complementary medicine is usually used along with conventional medical practices. Alternative medicine is used in place of conventional medicine. Integrative medicine combines these treatments with conventional medicine and has shown to be safe and effective.

CAM treatments are used more prominently by women and individuals with higher levels of education. A study by the National Center for Conventional and Alternative Medicines showed that 38% of adults used some type of CAM treatment in the year 2007 and 11.8% of children used some type of CAM treatment.
Conditions for which adults use these treatments include back pain, neck pain, joint pain, arthritis, and anxiety. The majority of children used these treatments for conditions including back/neck pain, head/chest cold, anxiety/stress, ADHD, and insomnia.

**Opportunities**
There are many reasons why individuals seek the services of complementary and alternative medicine. The focus of this type of medicine is the well-being of an individual relies on the entire individual and his or her surroundings. There has been an increase in Lee County of providers who recognize and facilitate this type of approach to wellness as well as retailers that supply supplements. Therefore, education and information should be provided about precautions and benefits of such therapies.

**Changing Demographics**

**Older Adults**
The most important demographics to be considered in the coming years are older adults and senior citizens. These groups have the largest impact on the health-care workforce. In 2002 the average physician spent approximately 30% of patient care hours with senior citizens. In 2020 that is expected to increase by 10%. The rapid increase in the elder demographic will add pressure to private insurance and Medicare (US Department of Health and human Services, Health Resources and Services Administration).

**Opportunities**
The health and well-being of this demographic is imperative to the success of Lee County because Lee County has a slightly higher number (2% higher) of senior citizens and older adults than the rest of the state of North Carolina. The leading causes of death for this demographic include heart disease and cancer. Screenings and prevention strategies should be easily accessed and facilitated. This particular demographic presents a valuable resource to Lee County since many of the individuals who will retire in the years to come have developed a wealth of skills and talents that can be tapped as a powerful volunteer force.

**Hispanic Population**
This demographic includes any persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The Hispanic population of Lee County has risen from 12% in 2002 to 17% in 2008. The greatest demographic increase in Lee County Schools has been among the Hispanic population from 11.9% in 2000 to 26.4% in January 2010. This demographic is expected to continue to grow (Pew Hispanic Center).

**Opportunities**
The rise in the Hispanic/Latino population presents cultural and linguistic diversity that may prevent some services from being delivered due to temporarily limited ability to understand and speak English and inaccessibility to health care services. Culturally appropriate outreach should be expanded and well established to insure community inclusiveness.
Health Information Technology

Technology has asserted itself in health care. Health information technology allows for medical information to be managed and exchanged among providers rapidly and securely. The use of technology in health care has the potential to improve the delivery and quality of health care, prevent human medical errors, increase efficiency and time spent on patient care, decrease paperwork, and expand access of affordable care. Technology also enables easy access to information that has not been available in the past. It has the potential to be an innovative source and tool for education.

Lee County is in a unique position when compared to other rural counties. According to the “Comprehensive Regional Growth Plan for the Fort Bragg Region,” 92% of Lee County households have availability of access to internet. This is higher than the rest of the state. The Lee County Health Department has taken advantage of this by providing pages on Facebook and MySpace to inform individuals of their services.

Opportunities

Emerging technologies present Lee County as well as the City of Sanford with the opportunity to combine efforts to increase our access and understanding of technology. Increasing access to free wireless for the public, especially in middle and high schools, as well as the local community college, would provide lower income students with opportunities to expand their learning options.

Infectious Disease

H1N1

In 2009 the H1N1 strain of influenza was declared a potential pandemic by the World Health Organization. This virus, sometimes referred to as the swine flu, is spread from person to person, much the same way as regular seasonal influenza. The H1N1 virus has been the predominant influenza virus in circulation so far during the 2009-2010 flu season.

Lee County Health Department worked very diligently to insure that all residents were educated about the H1N1 virus as well as had access to the vaccine. The vaccine distribution process involved planning and partnerships that Lee County had not seen in many years.

Opportunities

Anticipation for the H1N1 virus created vaccine clinics and resident educational outreach. These efforts served to strengthen communication and collaboration among the Health Department, private practices, and community organizations. The continuation of these relationships creates an opportunity for quicker responses to any future outbreaks.

Transportation

Transportation within communities traditionally served the purpose of moving individuals and goods from one place to another. There is growing awareness of how transportation can impact the well-being of citizens within a community. Assuring that individuals have access to affordable public transportation is vital to the growth and productivity of a community. The lack of safe, active transportation options, such as walking and bicycling opportunities, and a lack of...
affordable access to public transportation are problematic for Lee County and other demographically similar communities (CDC, Transportation Recommendations).

**Opportunities**
Active transportation enhances the quality of life in a society by providing physical activity opportunities, increasing the sense of community, and lowering motor vehicle emissions. By supporting sidewalks, cross walks, and bike trails that connect neighborhoods to shopping areas or schools, Lee County has the opportunity to assert itself as a modern active community.

Lack of public transportation has the greatest effects on poor, elderly, and disabled citizens because it limits their access to job opportunities, social networks, and health care. Taking into consideration the current Lee County unemployment rate as well as projected older population, growth, supporting an infrastructure that promotes safe, affordable public commuting opportunities is essential to the growth and well-being of Lee County (CDC, Transportation Recommendations).

**Youth Violence and Crime**
Youth violence consists of aggressive behaviors performed by youth. These violent acts include bullying, slapping, verbal abuse, intimidation, rape, assault, and robbery. When these behaviors begin early, they often continue into young adulthood. Not only the youths performing the acts are concerning, but also those who are victims as well as witnesses can suffer emotional harm for many years. This can interfere with school performance and social interaction, and it can cause isolation and depression. Youth violence has become a cause for concern all over the United States as well as in Lee County.

**Opportunities**
Youth violence affects all levels of a community, especially the future of a community. Lee County Sheriff’s and Sanford Police Department have been proactive in forming gang units to investigate and prevent gang associated violence. Lee County is presented with the opportunity to work closely with the school system, to assess the extent of violence present, identify the risk factors that are involved, develop and execute strategies that prevent and disrupt youth violence, and work with families and the community to bring awareness to youth violence.
2010 Community Health Opinion Survey Results

We would like for you to participate in a health opinion survey for our county. The purpose of this survey is to learn more about the health and quality of life in Lee County, North Carolina. The Lee County Health Department and LeeCAN (Community Action Network) “A Healthy Carolinian Partnership” will use the results of this survey to help us to develop plans for addressing the major health and community issues in Lee County. All the information you give us will be completely confidential and will not be linked to you in any way. The survey is completely voluntary. It should take no longer than 20 minutes to complete. Thank you for your participation! Please return your completed survey to your facilitator or mail to:

Lee County Art Center, Lee County Community Health Education & Promotion
507 North Steel Street, Suite 306, Sanford, NC 27330 * A drop box is conveniently located on the inside of the Lee County Art Center on the 1st floor, please feel free to utilize.

PART 1: Lee County Life

The first questions are about how you see certain parts of Lee County life. Please tell us whether you “strongly disagree”, “disagree”, “agree” or “strongly agree” with each of the next 6 statements.

<table>
<thead>
<tr>
<th>Statements</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How do you feel about this statement, “There is a good healthcare system in Lee County”? Consider the cost and quality, number of options, and availability of healthcare in Lee County.</td>
<td>5%</td>
<td>18.3%</td>
<td>62.2%</td>
<td>14.4%</td>
</tr>
<tr>
<td>2. How do you feel about this statement, “Lee County is a good place to raise children”? Consider the quality and safety of schools and child care programs, after school programs, and places to play in this county.</td>
<td>3.5%</td>
<td>13.5%</td>
<td>63.1%</td>
<td>20.0%</td>
</tr>
<tr>
<td>3. How do you feel about this statement, “Lee County is a good place to grow old”? Consider our count’s elder-friendly housing, transportation to medical services, recreation, and services for the elderly.</td>
<td>4.6%</td>
<td>16.1%</td>
<td>61.0%</td>
<td>18.3%</td>
</tr>
<tr>
<td>4. How do you feel about this statement, “There is plenty of economic opportunity in Lee County”? Consider the number and quality of jobs, job training/higher education opportunities, and availability of affordable housing in Lee County.</td>
<td>13.0%</td>
<td>53.7%</td>
<td>29.7%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>
5. How do you feel about this statement, “Lee County is a safe place to live”? Consider how safe you feel at home, in the workplace, in schools, at playgrounds, parks, and shopping centers in Lee County. 

<table>
<thead>
<tr>
<th>Opinion</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>4.0%</td>
</tr>
<tr>
<td>Agree</td>
<td>23.3%</td>
</tr>
<tr>
<td>Neutral</td>
<td>63.5%</td>
</tr>
<tr>
<td>Disagree</td>
<td>9.2%</td>
</tr>
</tbody>
</table>

6. How do you feel about this statement, “There is plenty of help for individuals and families during times of need in Lee County”? Consider social support in Lee County: neighbors, support groups, faith community outreach, community organizations, and emergency monetary assistance.

<table>
<thead>
<tr>
<th>Opinion</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>6.5%</td>
</tr>
<tr>
<td>Agree</td>
<td>27.0%</td>
</tr>
<tr>
<td>Neutral</td>
<td>54.0%</td>
</tr>
<tr>
<td>Disagree</td>
<td>12.4%</td>
</tr>
</tbody>
</table>

PART 2: Community Problems and Issues

Health Problems

7. These next questions are about health problems that have the largest impact on the community as a whole. Please look at this list of health problems. I would like for you to pick the most important health problems in Lee County. You can choose up to 5. Remember this is your opinion and your choices will not be linked to you in any way. If you do not see a health problem you consider one of the most important, please let me know and I will add it in. I can also read these out loud as you think about them. *(Read health problems if they prefer to have them read.)*

Survey Results

<table>
<thead>
<tr>
<th>Health Problem</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity/overweight</td>
<td>10.90%</td>
</tr>
<tr>
<td>Infectious/contagious disease</td>
<td>2.30%</td>
</tr>
<tr>
<td>Teenage pregnancy</td>
<td>9.40%</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>2.30%</td>
</tr>
<tr>
<td>Mental health</td>
<td>9.10%</td>
</tr>
<tr>
<td>Lung disease</td>
<td>2.20%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>8.50%</td>
</tr>
<tr>
<td>Stroke</td>
<td>2.10%</td>
</tr>
<tr>
<td>Cancer</td>
<td>8.10%</td>
</tr>
<tr>
<td>Motor vehicle accidents</td>
<td>2.00%</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>7.40%</td>
</tr>
<tr>
<td>Infant death</td>
<td>1.30%</td>
</tr>
<tr>
<td>Heart disease/heart attacks</td>
<td>7.00%</td>
</tr>
<tr>
<td>Other injuries</td>
<td>1.00%</td>
</tr>
<tr>
<td>Aging Problems</td>
<td>6.00%</td>
</tr>
<tr>
<td>Autism</td>
<td>1.00%</td>
</tr>
<tr>
<td>Dental health</td>
<td>4.10%</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>1.00%</td>
</tr>
<tr>
<td>Sexually transmitted disease</td>
<td>3.70%</td>
</tr>
<tr>
<td>Birth defects</td>
<td>0.90%</td>
</tr>
<tr>
<td>Asthma</td>
<td>3.10%</td>
</tr>
<tr>
<td>Neurological disorders</td>
<td>0.60%</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>2.70%</td>
</tr>
<tr>
<td>Liver disease</td>
<td>0.50%</td>
</tr>
<tr>
<td>Gün-related injuries</td>
<td>2.50%</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>0.30%</td>
</tr>
</tbody>
</table>
8. These next questions are about unhealthy behaviors that some individuals do that have the largest impact on the community as a whole. Please look at this list of unhealthy behaviors. Pick top unhealthy behaviors in Lee County. Please choose up to 5. Remember this is your opinion and your choices will not be linked to you in any way.

<table>
<thead>
<tr>
<th>Survey Results</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug abuse</td>
<td>17.50%</td>
<td>Violent behavior</td>
</tr>
<tr>
<td>Alcohol abuse</td>
<td>15.60%</td>
<td>Not going to a dentist for preventative check-ups/car</td>
</tr>
<tr>
<td>Having unsafe sex</td>
<td>9.60%</td>
<td>Not using seat belts</td>
</tr>
<tr>
<td>Smoking/tobacco use</td>
<td>8.80%</td>
<td>Not using child safety seats</td>
</tr>
<tr>
<td>Poor eating habits</td>
<td>8.80%</td>
<td>Not getting prenatal care</td>
</tr>
<tr>
<td>Lack of exercise</td>
<td>7.20%</td>
<td>Not getting immunizations</td>
</tr>
<tr>
<td>Reckless/drunk driving</td>
<td>6.50%</td>
<td>Suicide</td>
</tr>
<tr>
<td>Not going to the doctor for yearly check-ups and screenings</td>
<td>6.30%</td>
<td>Other</td>
</tr>
</tbody>
</table>

9. These next questions are about community-wide issues that have the largest impact on the overall quality of life in Lee County. Please look at this list of community issues. Pick the community issues that have the greatest effect on quality of life in Lee County. Please choose up to 5. Remember this is your opinion and your choices will not be linked to you in any way.

<table>
<thead>
<tr>
<th>Survey Results</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment</td>
<td>9.60%</td>
</tr>
<tr>
<td>Dropping out of school</td>
<td>8.70%</td>
</tr>
<tr>
<td>Affordability of health services</td>
<td>7.70%</td>
</tr>
<tr>
<td>Illegal drugs</td>
<td>7.20%</td>
</tr>
<tr>
<td>Low income/Poverty</td>
<td>6.40%</td>
</tr>
<tr>
<td>Lack of/ inadequate health insurance</td>
<td>5.80%</td>
</tr>
<tr>
<td>Availability of positive teen activities</td>
<td>5.60%</td>
</tr>
<tr>
<td>Homelessness</td>
<td>4.70%</td>
</tr>
<tr>
<td>Racism</td>
<td>4.30%</td>
</tr>
<tr>
<td>Lack of transportation options</td>
<td>3.90%</td>
</tr>
<tr>
<td>Inadequate/un-affordability housing</td>
<td>3.70%</td>
</tr>
<tr>
<td>Unsafe, un-maintained roads</td>
<td>3.50%</td>
</tr>
<tr>
<td>Violent crime</td>
<td>3.30%</td>
</tr>
<tr>
<td>Unemployment</td>
<td>9.60%</td>
</tr>
<tr>
<td>Lack of recreational facilities</td>
<td>3.10%</td>
</tr>
<tr>
<td>Availability of child care</td>
<td>3.00%</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>3.00%</td>
</tr>
<tr>
<td>Neglect and Abuse</td>
<td>2.80%</td>
</tr>
<tr>
<td>Availability of healthy food choices</td>
<td>2.30%</td>
</tr>
<tr>
<td>Animal Control issues</td>
<td>2.20%</td>
</tr>
<tr>
<td>Availability of healthy family activities</td>
<td>2.20%</td>
</tr>
<tr>
<td>Other</td>
<td>1.80%</td>
</tr>
<tr>
<td>Lack of culturally appropriate health services</td>
<td>1.50%</td>
</tr>
<tr>
<td>Lack of health care providers</td>
<td>1.40%</td>
</tr>
<tr>
<td>Rape/ sexual assault</td>
<td>1.30%</td>
</tr>
<tr>
<td>Pollution</td>
<td>0.90%</td>
</tr>
<tr>
<td>Bioterrorism</td>
<td>0.10%</td>
</tr>
</tbody>
</table>
PART 3: Personal Health

Questions about your personal health. Remember, the answers you give for this survey will not be linked to you in any way.

10. How would you rate your own health? Please choose only one of the following:
   - 13.1% Very healthy
   - 45.3% Healthy
   - 32.5% Somewhat healthy
   - 7.0% Unhealthy
   - 2.1% Very unhealthy

11. Where do you get most of your health-related information? Please choose only one.
   - 56.4% Doctor/nurse/pharmacist
   - 11.0% Internet
   - 8.9% Friends and family
   - 7.1% School
   - 6.1% Books/magazines
   - 3.4% Hospital
   - 3.1% Church
   - 0.0% Help lines

12. Where do you go most often when you are sick or need advice about your health?
   - 68.9% Doctor's office
   - 9.0% Medical Clinic
   - 7.5% Urgent Care Center
   - 6.8% Health department
   - 4.0% Hospital
   - 3.7% Other

13. In the past 12 months, did you ever have a problem getting the health care you needed from any type of health care provider or facility?
   - 19.6% Yes
   - 80.4% No (now skip to question #15)

14. Since you said “yes”, which of these problems did you have? You can choose as many of these as you need to. If there was a problem you had that we do not have here, please write it in the blank provided.
   a. 58.0% I didn’t have health insurance.
   b. 8.8% My insurance didn’t cover what I needed.
   c. 16.2% My share of the cost (deductible/co-pay) was too high.
   d. 4.4% Doctor would not take my insurance or Medicaid.
   e. 0.0% Hospital would not take my insurance.
   f. 2.9% I didn’t have a way to get there.
   g. 0.0% I didn’t know where to go.
h. **1.5%** I couldn’t get an appointment.

i. **7.4%** Other: ____________________

15. In the past 12 months, did you have a problem filling a medically necessary prescription?

- **16.8%** Yes
- **83.2%** No (now skip to question #17)

16. Since you said “yes”, which of these problems did you have? You can choose as many of these as you need to. If there was a problem you had that we do not have here, please tell us and I will write it in.

- **56.9%** I didn’t have health insurance.
- **20.7%** My insurance didn’t cover what I needed.
- **13.8%** My share of the cost (deductible/co-pay) was too high.
- **0%** Pharmacy would not take my insurance or Medicaid.
- **0%** I didn’t have a way to get there.
- **1.7%** I didn’t know where to go.
- **6.9%** Other: ____________________

17. Was there a time during the past 12 months when you needed to get dental care, but could not?

- **27.5%** Yes
- **72.5%** No (now skip to question #19)

18. Since you said “yes”, why could you not get dental care? You can choose as many of these as you need to. If there was a problem you had that we do not have here, please write it in.

- **48.3%** I didn’t have dental insurance.
- **2.2%** My insurance didn’t cover what I needed.
- **32.6%** I couldn’t afford the cost.
- **5.6%** Dentist would not take my insurance or Medicaid
- **3.4%** My share of the cost (deductible/co-pay) was too high.
- **2.2%** I didn’t have a way to get there.
- **0%** I didn’t know where to go.
- **0%** I couldn’t get an appointment
- **5.6%** Other: ____________________
19. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who would you tell them to call or talk to?

   a. 38.8% Private counselor or therapist  
   b. 20.2% Support group (e.g., AA, Al-Anon)  
   c. 0.6% School counselor  
   d. 8.3% Don’t know  
   e. 18.3% Doctor  
   f. 9.0% Minister/religious official  
   g. 4.8% Other

20. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal business?

   27.9% Yes  
   72.1% No

21. During a normal week, other than in your regular job, do you engage in any exercise activity that lasts at least a half an hour?

   51.9% Yes  
   48.1% No (now skip to question #24)

22. Since you said “yes”, how many times would you say you engage in this activity during a normal week?

   a. 21.0% 0-2 times a week  
   b. 36.3% 3-4 times a week  
   c. 28.0% 5-6 times a week  
   d. 14.6% more than 6 times a week

23. Where do you go to exercise or engage in physical activity? Check all that apply.

   a. 0.4% ABC Family YMCA  
   b. 23.0% Park  
   c. 6.1% Public Recreation Center  
   d. 13.3% Private gym  
   e. 41.4% Home  
   f. 13.0% Other
24. Since you said “no”, what are the reasons you do not exercise for at least a half hour during a normal week? You can give as many of these reasons as you need to.

- **2.20%** Exercise is not important to me
- **3.60%** I am physically disabled
- **25.8%** I don't have time to exercise
- **6.20%** It cost too much to exercise
- **4.70%** I don't have access to a facility that has what I need
- **7.30%** My job is physical or hard labor
- **11.30%** I don't like to exercise
- **21.50%** I'm too tired to exercise
- **3.30%** I don't have child care
- **2.50%** I don't know how to find partners or teams
- **4.70%** I don't know
- **3.30%** Other

25. How many hours per day do you watch TV, play video games, or use the computer for recreation?

- **32.3%** 0-1 hour
- **41.9%** 2-3 hours
- **17.7%** 4-5 hours
- **8.1%** 6+ hours

26. Do you currently smoke?

- **16.7%** Yes
- **83.3%** No (skip to question 27)

27. If yes, where would you go for help if you wanted to quit?

- **1.5%** Quit now NC
- **36.9%** Doctor
- **1.5%** Church
- **1.5%** Pharmacy
- **12.3%** I don't want to quit
- **6.2%** Health Department
- **23.1%** I don't know
- **1.5%** Private counselor/therapist
- **15.4%** Other
28. Do you have children between the ages of 9 and 19?

35.8% Yes  (now go to question #29)  64.2% No  (now skip to question #32)

29. Do you think your child is engaging in any of the following high risk behaviors?

a. 5.60% Alcohol use
b. 7% Tobacco use
c. 5.60% Eating disorders
d. 64% I don't think my child is engaging in any high risk behavior
e. 9% Sexual intercourse
f. 4.90% Drug abuse
g. 3.50% Reckless driving/speeding

30. Are you comfortable talking to your child about the risky behaviors we just asked about?

92.4% Yes  7.6% No

31. Do you think your child or children need more information about the following problems?

a. 14.10% Alcohol  f. 13.90% Sexual intercourse
b. 11.70% Tobacco  g. 11.50% STD's
c. 12.00% HIV  h. 13.70% Drug abuse
d. 3.10% Other  i. 7.00% Reckless Driving/speeding
e. 7.70% Eating disorders  j. 5.10% Mental health issues

Part 4. Emergency Preparedness

32. Does your household have working smoke and carbon monoxide detectors? (Mark only one.)

64.0% Yes, smoke detectors only
28.3% Yes, both
.3% Yes, carbon monoxide detectors only
7.5% No
33. Does your household have a Family Emergency Plan?
   
   47.8% Yes  52.2% No

34. Does your family have a basic emergency supply kit? If yes, how many days do you have supplies for?
   
   63.8% No  11.9% 3 days  11.3% 1 week  5.3% 2 weeks  7.5% More than 2

Part 5. Demographic Questions

The next sets of questions are general questions about you, which will only be reported as a summary of all answers given by survey participants. Your answers will remain anonymous.

35. How old are you? (Mark age category.)

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19 years old</td>
<td>2%</td>
</tr>
<tr>
<td>20-24 years old</td>
<td>8.3%</td>
</tr>
<tr>
<td>25-34 years old</td>
<td>24.7%</td>
</tr>
<tr>
<td>35-44 years old</td>
<td>24.4%</td>
</tr>
<tr>
<td>45-54 years old</td>
<td>24.1%</td>
</tr>
<tr>
<td>55-65 years old</td>
<td>13.6%</td>
</tr>
<tr>
<td>65-74 years old</td>
<td>2.2%</td>
</tr>
<tr>
<td>75 or older</td>
<td>.6%</td>
</tr>
</tbody>
</table>

36. Are you Male or Female?

<table>
<thead>
<tr>
<th>Gender</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>21%</td>
</tr>
<tr>
<td>Female</td>
<td>71%</td>
</tr>
</tbody>
</table>

37. Are you of Hispanic origin?

<table>
<thead>
<tr>
<th>Hispanic Origin</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>20.9%</td>
</tr>
<tr>
<td>No</td>
<td>79.1%</td>
</tr>
</tbody>
</table>

38. What is your race?

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian or Pacific Islander</td>
<td>2.3%</td>
</tr>
<tr>
<td>American Indian or Alaskan Native</td>
<td>.3%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>25.6%</td>
</tr>
<tr>
<td>White</td>
<td>55.7%</td>
</tr>
<tr>
<td>Other</td>
<td>16.2%</td>
</tr>
</tbody>
</table>
39. A. Do you speak a language other than English at home? *(If no, skip to #40.)*

20.6% Yes  
79.4% No

B. If yes, what language do you speak at home?

99.6% Spanish

40. What is your marital status?

25.2% Never married/single  
4.3% Widowed  
52.6% Married  
6.5% Separated  
9.2% Divorced  
2.2% Other

41. What is the highest level of school, college or vocational training that you have finished? *(Mark only one.)*

11.5% Some high school, no diploma  
21.7% High school diploma or GED  
16.1% Associate Degree or Vocational Training  
19.3% Some college (no degree)  
13.7% Bachelor’s degree  
14.9% Graduate or professional degree  
2.8% Other

42. What was your total household income last year, before taxes? I will read out 5 categories. Let me know which you fall into.

19.9% Less than $14,999  
5.8% 000 to $49,000  
17.0% 000 to $24,999  
7.0% 000 to $74,000  
12.2% 000 to $34,999  
8.0% $75,000
43. How many people does this income support?

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0.7%</td>
<td>0</td>
<td>20.0%</td>
<td>3 people</td>
</tr>
<tr>
<td>18.0%</td>
<td>1 person</td>
<td>20.7%</td>
<td>4 people</td>
</tr>
<tr>
<td>28.2%</td>
<td>2 people</td>
<td>12.5%</td>
<td>5 or more people</td>
</tr>
</tbody>
</table>

44. What is your employment status? I will read a list of choices. Let me know which ones apply to you. Check all that apply.

- a. 57% Employed full-time
- b. 9.5% Employed part-time
- c. 2.5% Retired
- d. 0.6% Military
- e. 6.3% Disabled
- f. 1.6% Student
- g. 2.5% Homemaker
- h. 5.4% Self-employed
- i. 13.9% Unemployed
### Listening Session Summary Results

1. **Please identify the two most serious barriers to residents accessing your services?**

<table>
<thead>
<tr>
<th>Summary number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of communication/ outreach with the Hispanic population: cultural and language barriers</td>
</tr>
<tr>
<td>Lack of availability and awareness of services</td>
</tr>
<tr>
<td>Lack of resources for special needs citizens and disabled citizens</td>
</tr>
<tr>
<td>Lack of volunteers/community outreach</td>
</tr>
</tbody>
</table>

**Answers regarding services were only asked of city and county leaders**

2. **What are two major health care issues in Lee County?**

<table>
<thead>
<tr>
<th>Summary number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity and chronic related chronic illness issues</td>
</tr>
<tr>
<td>Lack of access due to poverty, unemployment or limited income</td>
</tr>
<tr>
<td>Language barriers are an obstacle to delivering services</td>
</tr>
<tr>
<td>Teen pregnancy</td>
</tr>
<tr>
<td>Senior citizen care</td>
</tr>
<tr>
<td>Drug/alcohol abuse</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

3. **What are two things that can be done to strengthen the health care system?**

<table>
<thead>
<tr>
<th>Summary number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase public health awareness</td>
</tr>
<tr>
<td>School system involvement in health issues/ more education</td>
</tr>
<tr>
<td>Access to health care services for low income individuals</td>
</tr>
<tr>
<td>Increase community involvement</td>
</tr>
<tr>
<td>Improve standards of health delivery from hospitals, clinics, doctor offices, and EMS</td>
</tr>
<tr>
<td>Infrastructure changes: sidewalks, pocket parks</td>
</tr>
<tr>
<td>City and County collaboration and cooperation</td>
</tr>
</tbody>
</table>
4. **What are the two most important issues affecting the lives of children/youth in the county?**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Summary number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer pressure; gangs; drugs</td>
<td>30</td>
</tr>
<tr>
<td>Lack of parental involvement, lack of role models, Drop out</td>
<td>14</td>
</tr>
<tr>
<td>Sexual health; teen pregnancy, STI's</td>
<td>12</td>
</tr>
<tr>
<td>Obesity, poor nutrition, lack of physical activity</td>
<td>10</td>
</tr>
<tr>
<td>Poverty, hunger, abuse</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
</tbody>
</table>

5. **What are two things that can be done to improve the quality of life for children/youth?**

<table>
<thead>
<tr>
<th>Action</th>
<th>Summary number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>More activities: Afterschool, church, recreational</td>
<td>29</td>
</tr>
<tr>
<td>Increase parental involvement/ more mentors</td>
<td>25</td>
</tr>
<tr>
<td>More School intervention/ education; school security</td>
<td>10</td>
</tr>
<tr>
<td>Increase youth involvement and job availability in the community</td>
<td>6</td>
</tr>
<tr>
<td>Sexual health education</td>
<td>5</td>
</tr>
<tr>
<td>Nutrition education</td>
<td>5</td>
</tr>
<tr>
<td>Others</td>
<td>1</td>
</tr>
</tbody>
</table>

6. **What are the two most important issues affecting the lives of senior citizens in the county?**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Summary number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of family and social support</td>
<td>18</td>
</tr>
<tr>
<td>Affordability and access to physicians, dentist, and medication</td>
<td>17</td>
</tr>
<tr>
<td>Economy, finances, unemployment</td>
<td>17</td>
</tr>
<tr>
<td>Lack of transportation/ transportation options</td>
<td>8</td>
</tr>
<tr>
<td>Crime and safety</td>
<td>7</td>
</tr>
<tr>
<td>Awareness of available services</td>
<td>4</td>
</tr>
</tbody>
</table>
7. What are two things that can be done to improve the quality of life for senior citizens?  

<table>
<thead>
<tr>
<th>Summary number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase volunteer programs that promote senior outreach</td>
</tr>
<tr>
<td>Increase senior citizen community involvement</td>
</tr>
<tr>
<td>Improve access to transportation for seniors</td>
</tr>
<tr>
<td>Increase number of and improve quality of services: hospital, clinics, doctors, and dentist</td>
</tr>
<tr>
<td>Increase awareness of available services for seniors</td>
</tr>
<tr>
<td>Lower cost for seniors: electric, gas, medication, and other needs</td>
</tr>
<tr>
<td>Others</td>
</tr>
</tbody>
</table>

8. What are the two main threats to safety for the county residents?  

<table>
<thead>
<tr>
<th>Summary number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crime: drugs, gangs, guns</td>
</tr>
<tr>
<td>Street lighting, road conditions, pedestrian safety</td>
</tr>
<tr>
<td>Lack of patrol officers, EMS, first responders</td>
</tr>
<tr>
<td>Lack of smoke detectors, carbon monoxide safety, and electrical safety</td>
</tr>
<tr>
<td>School security</td>
</tr>
<tr>
<td>Lack of enough animal control services</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

9. What are two things that can be done to make Lee County safer?  

<table>
<thead>
<tr>
<th>Summary Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase law enforcement presence/ improve relationship with the community</td>
</tr>
<tr>
<td>Public awareness and education of crimes</td>
</tr>
</tbody>
</table>
More support for law enforcement/ stricter punishment for crime 8
Traffic safety/ pedestrian safety 8
Increase safety during school/ and during afterschool activities 5
More activities and mentors for youth 4
More Jobs and financial resources 2
Other 2

10. **What are two major reasons that individuals and families at time need help because of stress and anxiety?**

<table>
<thead>
<tr>
<th>Reason</th>
<th>Summary number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial concerns/ unemployment</td>
<td>15</td>
</tr>
<tr>
<td>Illness/ poor health/ health concerns</td>
<td>8</td>
</tr>
<tr>
<td>Family stress: divorce/ separation/single parents</td>
<td>8</td>
</tr>
<tr>
<td>Drug/ alcohol abuse</td>
<td>6</td>
</tr>
</tbody>
</table>

11. **What are two things that can be done to strengthen support for households that need help with stress and anxiety?**

<table>
<thead>
<tr>
<th>Support</th>
<th>Summary Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community/ faith based involvement and counseling services</td>
<td>15</td>
</tr>
<tr>
<td>Financial education and resources</td>
<td>9</td>
</tr>
<tr>
<td>Family strengthening programs</td>
<td>7</td>
</tr>
<tr>
<td>Affordable child care and youth programs</td>
<td>4</td>
</tr>
<tr>
<td>Drug/ alcohol abuse resources</td>
<td>2</td>
</tr>
</tbody>
</table>

12. **What are the two most significant environmental health issues in the county?**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Summary number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water pollution</td>
<td>11</td>
</tr>
<tr>
<td>Smoking/ air pollution</td>
<td>10</td>
</tr>
<tr>
<td>Recycling services/ waste management</td>
<td>9</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
</tr>
</tbody>
</table>
13. **What are two ways the county can improve environmental health?**

<table>
<thead>
<tr>
<th>Summary</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community involvement/ awareness</td>
<td>8</td>
</tr>
<tr>
<td>Convenience and promotion of recycling services</td>
<td>6</td>
</tr>
<tr>
<td>Carbon monoxide and smoke detector distribution and education</td>
<td>4</td>
</tr>
<tr>
<td>Smoking cessation programs and smoking ban enforcement</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
</tr>
</tbody>
</table>

14. **What are the two most significant educational needs in the county?**

<table>
<thead>
<tr>
<th>Summary</th>
<th>Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limited resources/ programs and smaller class sizes</td>
<td>10</td>
</tr>
<tr>
<td>Teachers that care</td>
<td>5</td>
</tr>
<tr>
<td>Unorganized classes/ ineffective programs</td>
<td>5</td>
</tr>
<tr>
<td>More variety in teaching methods</td>
<td>4</td>
</tr>
<tr>
<td>More education concerning health issues: obesity and nutrition</td>
<td>3</td>
</tr>
<tr>
<td>More diversity among teachers and administration</td>
<td>3</td>
</tr>
<tr>
<td>More volunteers and community involvement</td>
<td>3</td>
</tr>
<tr>
<td>Dropout prevention</td>
<td>2</td>
</tr>
<tr>
<td>Crime and illegal activity prevention in schools</td>
<td>2</td>
</tr>
</tbody>
</table>

15. **What are two ways the county can improve education?**

<table>
<thead>
<tr>
<th>Summary</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase diversity among teaching styles</td>
<td>7</td>
</tr>
<tr>
<td>Improve access to supplies and after school programs/ smaller class sizes</td>
<td>6</td>
</tr>
<tr>
<td>Life skills/ healthy living education</td>
<td>4</td>
</tr>
<tr>
<td>Community/ volunteer involvement</td>
<td>4</td>
</tr>
<tr>
<td>More teachers/ diverse teachers/ higher teacher pay</td>
<td>4</td>
</tr>
<tr>
<td>Improve teacher/ student/ parent relationships and communication</td>
<td>4</td>
</tr>
<tr>
<td>Minority student outreach</td>
<td>2</td>
</tr>
</tbody>
</table>
### 16. What are the two greatest criminal justice concerns in the county?

<table>
<thead>
<tr>
<th>Concern</th>
<th>Summary number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence: guns/assault/sexual assault/suicide</td>
<td>12</td>
</tr>
<tr>
<td>Drug/ alcohol abuse</td>
<td>9</td>
</tr>
<tr>
<td>Burglary and robbery</td>
<td>8</td>
</tr>
<tr>
<td>Gangs</td>
<td>7</td>
</tr>
<tr>
<td>School safety</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
</tr>
</tbody>
</table>

### 17. What are two ways the county can improve criminal justice?

<table>
<thead>
<tr>
<th>Improvement</th>
<th>Summary number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community law enforcement partnership/ community watch</td>
<td>8</td>
</tr>
<tr>
<td>Increase presence of law enforcement</td>
<td>6</td>
</tr>
<tr>
<td>Education and awareness of crime</td>
<td>5</td>
</tr>
<tr>
<td>Vigilant school safety and improved school resource officer &amp; student</td>
<td>3</td>
</tr>
<tr>
<td>relationship</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
</tr>
</tbody>
</table>

### 18. Please identify two services or programs that are needed in the county that are not currently available?

<table>
<thead>
<tr>
<th>Service</th>
<th>Summary Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free/ low cost facility for physical activity</td>
<td>7</td>
</tr>
<tr>
<td>Youth center/ activities</td>
<td>6</td>
</tr>
<tr>
<td>Elderly services</td>
<td>5</td>
</tr>
<tr>
<td>Transportation</td>
<td>4</td>
</tr>
<tr>
<td>Church/ community programs</td>
<td>4</td>
</tr>
<tr>
<td>Counseling Services: drug abuse/ family</td>
<td>3</td>
</tr>
<tr>
<td>Hispanic outreach</td>
<td>3</td>
</tr>
<tr>
<td>24- hour urgent care center</td>
<td>2</td>
</tr>
</tbody>
</table>
### 19. Overall what do you consider to be the county’s greatest strengths?

<table>
<thead>
<tr>
<th>Strength</th>
<th>Summary number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community services</td>
<td>7</td>
</tr>
<tr>
<td>Convenient Location</td>
<td>7</td>
</tr>
<tr>
<td>Small town feel</td>
<td>7</td>
</tr>
<tr>
<td>Water planning</td>
<td>5</td>
</tr>
<tr>
<td>New business/ beautification</td>
<td>5</td>
</tr>
<tr>
<td>People</td>
<td>4</td>
</tr>
<tr>
<td>Church involvement</td>
<td>3</td>
</tr>
<tr>
<td>Community comes together in times of need</td>
<td>2</td>
</tr>
<tr>
<td>New schools/ school renovations</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
</tbody>
</table>

### 20. What are the two greatest challenges facing the county?

<table>
<thead>
<tr>
<th>Challenge</th>
<th>Summary Number of Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of role models and volunteers for youth</td>
<td>8</td>
</tr>
<tr>
<td>Unemployment</td>
<td>6</td>
</tr>
<tr>
<td>Economic difficulty/ lack of funding for county services and projects</td>
<td>6</td>
</tr>
<tr>
<td>Education</td>
<td>4</td>
</tr>
<tr>
<td>Lack of foresight concerning growth</td>
<td>4</td>
</tr>
<tr>
<td>Health care delivery</td>
<td>3</td>
</tr>
<tr>
<td>Traffic/ pedestrian safety</td>
<td>2</td>
</tr>
<tr>
<td>Teen pregnancy/ STI's</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>5</td>
</tr>
</tbody>
</table>
CHAPTER FIVE
COMMUNITY HEALTH RESOURCES
CHAPTER FIVE
Inventory of Existing Health Resources

Access to care continues to be a priority health issue for Lee County residents. Information provided in this section gives a brief overview of health care professionals currently available in the county compared with surrounding counties and the comparable (peer) counties of Craven, Franklin, Harnett, and Person used for Lee County in the North Carolina Comprehensive Assessment for Tracking Community Health (NC CATCH).

This is followed by a listing of key resources related to CHA priority findings. It is by no means a comprehensive listing of resources, rather a snapshot of services and resources available. A full listing can be found in the on-line Lee County 211 system on the Lee County United Way website.

Comparative Data
Information in the following tables shows how Lee County compares with the state and surrounding counties as it relates to health care providers. The data is quite comprehensive; therefore, only specific items were selected that were more in line with the CHA findings. The third chart shows Lee County 2006-2008 statistics for the same set of professionals in the other charts. This information was obtained from the Cecil G. Sheps Center for Health Services Research at UNCCH. For a variety of reasons, the population numbers may not be consistent with other sources cited in the full document.

2008 North Carolina Health Professionals per 10,000 Population
Lee and Surrounding Counties

<table>
<thead>
<tr>
<th>Health Professionals</th>
<th>Lee</th>
<th>State</th>
<th>Chatham</th>
<th>Moore*</th>
<th>Harnett</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>15.5</td>
<td>21.2</td>
<td>6.9</td>
<td>31.3</td>
<td>5.6</td>
</tr>
<tr>
<td>Primary Care Providers</td>
<td>8.3</td>
<td>9.0</td>
<td>5.4</td>
<td>10.3</td>
<td>3.8</td>
</tr>
<tr>
<td>Dentists</td>
<td>3.5</td>
<td>4.3</td>
<td>2.3</td>
<td>6.6</td>
<td>1.7</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>6.3</td>
<td>5.4</td>
<td>4.6</td>
<td>6.0</td>
<td>4.8</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>6.6</td>
<td>9.3</td>
<td>6.7</td>
<td>9.0</td>
<td>6.5</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>62.6</td>
<td>95.1</td>
<td>40.1</td>
<td>136.0</td>
<td>35.4</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>3.8</td>
<td>3.5</td>
<td>.07</td>
<td>5.3</td>
<td>2.1</td>
</tr>
<tr>
<td>Licensed Practical Nurse</td>
<td>24.0</td>
<td>19.4</td>
<td>18.1</td>
<td>33.9</td>
<td>14.9</td>
</tr>
<tr>
<td>Psychologists</td>
<td>0.3</td>
<td>2.0</td>
<td>1.3</td>
<td>0.5</td>
<td>0.3</td>
</tr>
<tr>
<td>Psychological Associates</td>
<td>0.0</td>
<td>1</td>
<td>0.7</td>
<td>0.8</td>
<td>0.8</td>
</tr>
</tbody>
</table>

Source: [www.shepscenter.unc.edu](http://www.shepscenter.unc.edu)  NOTE:*Moore County has a Regional Hospital and many specialty area doctors and services around the hospital and the county.

Populations:  State 9,227,016; Lee 57,511; Chatham 60,895; Moore 85,293; Harnett 109,659

In comparing the numbers of overall primary health providers in neighboring counties to Lee County, Lee County is below the state in most of these areas; however, it is above neighboring counties when examining the combined totals for physicians, primary-care providers, registered nurses, physician assistants, and licensed practical nurses. This appears to be a strength in Lee County. The exception in this comparison is Moore County where there is a major health complex and a vast number of more primary providers, such as doctors and registered nurses.
Lee County has a much higher rate for dental care professionals than Chatham and Moore Counties and is even higher than the state when dentists and dental hygienists are combined. Yet, this is a top priority health issue as stated in the local CHA results. More on this is discussed in Chapter 3 of this document.

The 2008 statistics show that Lee County has a lower rate of mental health professionals than the state and all surrounding counties with .3 per 10,000 while the state and other counties are at least one professional or higher per 10,000. This is definitely a weak area. Access to Mental Health was listed as one of the top five health issues for the people in Lee County.

2008 North Carolina Health Professionals per 10,000 Population

<table>
<thead>
<tr>
<th>Health Professionals</th>
<th>Lee</th>
<th>State</th>
<th>Craven*</th>
<th>Franklin</th>
<th>Harnett</th>
<th>Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>15.5</td>
<td>21.2</td>
<td>21.4</td>
<td>5.4</td>
<td>5.6</td>
<td>9.6</td>
</tr>
<tr>
<td>Primary Care Providers</td>
<td>8.3</td>
<td>9.0</td>
<td>7.8</td>
<td>3.3</td>
<td>3.8</td>
<td>5.1</td>
</tr>
<tr>
<td>Dentists</td>
<td>3.5</td>
<td>4.3</td>
<td>4.4</td>
<td>1.0</td>
<td>1.7</td>
<td>2.1</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>6.3</td>
<td>5.4</td>
<td>5.0</td>
<td>5.8</td>
<td>4.8</td>
<td>3.5</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>6.6</td>
<td>9.3</td>
<td>8.0</td>
<td>3.6</td>
<td>6.5</td>
<td>6.1</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>62.6</td>
<td>95.1</td>
<td>103.6</td>
<td>36.3</td>
<td>35.4</td>
<td>50.1</td>
</tr>
<tr>
<td>Licensed Practical Nurses</td>
<td>24.0</td>
<td>19.4</td>
<td>24.0</td>
<td>12.6</td>
<td>14.9</td>
<td>10.9</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>3.8</td>
<td>3.5</td>
<td>3.3</td>
<td>0.7</td>
<td>2.1</td>
<td>2.9</td>
</tr>
<tr>
<td>Psychologists</td>
<td>0.3</td>
<td>2.0</td>
<td>1.3</td>
<td>0.2</td>
<td>0.3</td>
<td>0</td>
</tr>
<tr>
<td>Psychological Associates</td>
<td>0.0</td>
<td>1.0</td>
<td>1.9</td>
<td>0.0</td>
<td>0.8</td>
<td>0.3</td>
</tr>
</tbody>
</table>

Source: www.shepcenter.unc.edu
*Major hospital complex

In comparing Lee County with NC CATCH peer counties, Lee County, with 114.2 per 10,000, has a higher number of health providers than the other counties with the exception of Craven where a major health care regional center is located.

Dental health provider statistics show Lee County above the state and comparable counties. When looking at dentists only, Lee County drops below the state and Craven County while remaining higher than the three other comparable counties.

Mental health provider statistics show Lee County to be third lowest of the five counties, tied with Person County, for providing these services by a professional. This, as stated earlier, is a major issue and concern of the citizens of Lee County.
2006-2008 North Carolina Health Professionals per 10,000 Population for Lee County

<table>
<thead>
<tr>
<th>Health Professionals</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>14.9</td>
<td>15.4</td>
<td>15.1</td>
<td>15.5</td>
</tr>
<tr>
<td>Primary Care Providers</td>
<td>8.3</td>
<td>8.3</td>
<td>8.5</td>
<td>8.3</td>
</tr>
<tr>
<td>Dentists</td>
<td>4.2</td>
<td>3.6</td>
<td>3.2</td>
<td>3.5</td>
</tr>
<tr>
<td>Dental Hygienists</td>
<td>N/A</td>
<td>6.7</td>
<td>6.6</td>
<td>6.3</td>
</tr>
<tr>
<td>Registered Nurses</td>
<td>72.5</td>
<td>64.6</td>
<td>64.2</td>
<td>62.6</td>
</tr>
<tr>
<td>Licensed Practical Nurses</td>
<td>N/A</td>
<td>25.0</td>
<td>24.7</td>
<td>24.0</td>
</tr>
<tr>
<td>Physician Assistants</td>
<td>2.57</td>
<td>3.4</td>
<td>3.9</td>
<td>3.8</td>
</tr>
<tr>
<td>Psychologists</td>
<td>N/A</td>
<td>0.7</td>
<td>0.5</td>
<td>0.3</td>
</tr>
<tr>
<td>Psychological Associates</td>
<td>N/A</td>
<td>0.4</td>
<td>0.2</td>
<td>0</td>
</tr>
<tr>
<td>Population</td>
<td>50,493</td>
<td>55,282</td>
<td>56,376</td>
<td>57,511</td>
</tr>
</tbody>
</table>

Source: www.shepcenter.unc.edu

Of major importance when reviewing this information is that Lee County has continued to grow over the past four years, but since 2006 the number of health professionals has not seen much growth. The number of dentists, registered nurses, and physician assistants has actually declined. This is definitely a weak area that requires attention as the county’s population is expected to increase with the proximity to areas such as Raleigh and Fayetteville with its influx related to Fort Bragg’s expansion.

The comprehensive report for the Fort Bragg Regional Growth Plan, mentioned in Chapter One, confirms this information. It draws the conclusion that based on future anticipated growth, Lee County’s most pressing future physician needs are for medical and surgical specialists.

**Health-Related Resources**

211- Get Connected. Get Answers.

www.nc211.org; www.leecountyunitedway.org

Lee County offers the state 211 Get Connected. Get Answers assistance system. This is currently the most comprehensive listing of services available to county residents. If Lee County residents need services for food, housing, employment, health care, child care, volunteer opportunities, crisis intervention, and/or legal assistance, this is the main source for assistance via a 211 call, the 211 website, or United Way of Lee County. All information is free, confidential, and available 24 hours a day. Lee County 211 is staffed with agents who speak several languages.
Primary Health Assistance

Lee County Public Health

Contact: Howard Surface, Health Director
Phone: (919) 718-4640
Email: hsurface@leecountync.gov
Located: 106 Hillcrest Drive
Sanford, NC 27330
Mailing address: P.O. Box 1528
Sanford, NC 27331
Fax: (919) 718-4632
Website: www.leecountync.gov

Clinical Services

Service description: Pregnancy tests, prenatal care, WIC Certification (Food Vouchers), Screening and Treatment for STIs, Pap Smears and Family Planning, Immunizations, TB follow-up, Child Health, Child Service Coordination, Maternity Care Coordination, and Health Education Classes.

Hours: Monday-Thursday 8:00 a.m.-5:00 p.m., Friday 8:00 a.m.-11:30 a.m.

Intake: Call for an appointment. Walk-ins accepted.

Languages: English and Spanish

Lee Primary Care

Service description: Physical exams, vaccinations, lab testing, acute care, high blood pressure and diabetes care, affordable routine health-care for the uninsured, lab and EKG services, assistance with medications for those who qualify.

Eligibility: Services for Lee County residents; no insurance accepted.

Fees: $45 for office visit and additional lab fees may apply

Hours: Monday, Tuesday, Wednesday and Friday 8:00 a.m.-4:00 p.m.
Thursday 8 a.m.-12 p.m.

Intake: Call for an appointment. Walk-ins are welcomed.

Community Health Education & Promotion

Service description: Community Health Assessment/Evaluation, Community Health Fairs, Educational Resource Department, Educational Training, Adolescent/Sexual Issues, Nutrition
and Physical Activity, Tobacco Prevention, Grant Writing, and Policy/Environmental change. Trainings and materials available upon request

**Hours**: Monday-Friday 8:00 a.m.-5:00 p.m.

**Directions**: Arts and Community Building (former School Building), Corner of Weatherspoon and Steele Street.

**Fees**: Free

**Environmental Health**

**Service description**: Inspections and permits for septic tank/well systems; inspections and permits for food, lodging, and institutional establishments, public swimming pools and tattoo parlors; lead investigations for children. Please call.

**Hours**: Monday-Friday 8:00 a.m.-5:00 p.m.

**Directions**: 900 Woodland Ave. Corner of Makepeace and Woodland Avenue.

**Lee County Animal Services/Shelters**

**Service description**: Investigates nuisance or dangerous animals, animal bites, and animal cruelty, captures and impounds stray or unwanted animals, rabies investigation, enforcement of Lee County and City of Sanford ordinances and North Carolina laws concerning animal control, public education and media contracts on animal control issues, pet adoptions.

**Hours**: Monday-Friday 8:00 a.m.-5:00 p.m., Saturday 8:00 a.m.-12:00 p.m.

**Website**: [www.leecountync.gov](http://www.leecountync.gov)

**Languages**: English and Spanish

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**Central Carolina Hospital (CCH)**

**Contact**: Doug Doris, CEO

**Phone**: (919) 774-2100 (Main hospital)

1-800-483-6385 (Physician referral)

**Address**: 1135 Carthage Street
Sanford, NC 27330

**Website**: [www.centralcarolinahosp.com](http://www.centralcarolinahosp.com)

**Directions**: At the corner of Carthage Street and Fields Drive.

**Service description**: Acute care hospital providing emergency medicine, diagnostic imaging, physical rehabilitation and cardiopulmonary services. There is a 128 acute-care bed capacity
with nine psychiatric beds.

**Hours:** Emergency room open 24 hours per day

**Fees:** Accepts Medicare, Medicaid, private insurance, self-pay. Uninsured patients, call (919) 774-2100 to speak with a case manager.

**Languages:** English, Spanish

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**Helping Hand Clinic**

**Contact:** Marilyn Green, Director

**Phone:** (919) 776-4359

**Email:** hhclinic@windstream.net

**Address:** 507 North Steele Street
Sanford, NC 27330

**Directions:** In the basement of the Lee County Arts and Community Center (old high school) on the corner of Horner Boulevard and Weatherspoon St.

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**Chronic Care Clinic**

**Service description:** Offers medical care and prescription medications to uninsured chronically ill people who are living below the poverty line.

**Fees:** No charge, donations accepted

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**Dental Program**

**Service description:** Free dental care to those in need that are low-income and without insurance.

**Eligibility:** Uninsured, low-income

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**Eye Care Program**

**Service description:** Free eye care, exams, and prescription eyewear.

**Eligibility:** Uninsured, low-income

**Fees:** No charge, donations accepted

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**Walk-In Pharmacy**

**Service description:** Fill prescriptions at on-site pharmacy, free of charge, to persons without insurance and who are low-income.

**Eligibility:** Uninsured, low-income
**Mental Health**

**Sandhills Center for Mental Health**

**Contact:** Bill Larrison, Lee County Access Unit Manager

**Phone:** 1-800-256-2452 Toll Free 365 days per year – 24 hrs. a day

**Address:** Administrative Offices
1120 Seven Lakes Drive
West End, NC 27376

**Website:** [www.sandhillscenter.org](http://www.sandhillscenter.org)

**Service Description:** It is a Local Management Entity of the NC Department of Health and Human Services. Under State Policy Sandhills Center conducts annual and on-going needs assessments and contracts for the delivery of services by private providers. They manage the providers for eight counties.

**Sandhills Center Local Management Entity**

**Contact:** Linda Swann, M Ed., NSMI NC Sandhills Programs Coordinator Lee Harnett Family Support Program

**Phone:** (910) 985-0126 Toll Free 1-877-776-6702

**Email:** yfsandhills@mindspring.com

**Contracted through:** the Mental Health Association in NC and National Alliance on Mental Illness (NAMI)

**Description:** Provide support to families of children with emotional, learning, or behavior challenges.

The family support programs empower and educate families and professionals to access the knowledge, training, and treatment options available within the community in order to receive appropriate services. They provide advocacy and support groups and a wide variety of workshops. Some examples of the workshops are: Child and Family Teams, Anger Management, Effective Parenting Skills, Medication and Children, Gang Awareness, Healthy Minds! Healthy Kids!

There are also several private providers in the county. Many of those currently serve on LeeCAN “A *Healthy Carolinian Partnership*” Access to Mental Health Task Force
Aging Services

The Enrichment Center of Lee County
Lee County Senior Services

Contact: Deborah Davidson, Director

Email: enrichment.center@leecountync.gov

Phone: (919) 776-0501

Address: 1615 S. Third Street
Sanford, NC 27330

Fax: (919) 774-7593

Directions: On S. Third Street between Horner Boulevard and Courtland Avenue, near Ham's restaurant

Website: www.leecountync.gov

Description:

Lee County Senior Services offers comprehensive services and programs for the county’s senior residents. The 211 directory describes each of these offerings in detail. Please refer to the directory for a full description of each.

Programs

Service description: The Enrichment Center of Lee County is a North Carolina Senior Center of Excellence. It is a focal point in the community where patrons access services and engage in activities. The Center collaborates with area health care professionals to offer health fairs; health education self-care seminars; healthy eating cooking classes; and disease prevention. The Enrichment Center offers a variety of educational programming, entertainment, fitness and health and wellness opportunities. The Center offers various classes from topics concerning financial planning, insurance, drivers’ refresher courses, art classes, current events, cooking classes, dancing, fitness, crafts, and computers. Evening dinner and entertainment scheduled at various times throughout the year. Thursday and Saturday evening dances at 7:00 p.m.

Advanced Directives: Health Care Power of Attorney & Living Will

Service description: Forms, witnesses, and notary: these services are provided free of charge.

Congregate and Home-Delivered Meals

Service description:

Congregate Nutrition-A nutritious lunchtime meal is provided Monday-Friday at noon to Lee County residents age 60 and older by Lee County Senior Services. Health education, social, recreation, and access to other services also are available.

Home Delivered Meals-A hot nutritious lunch is delivered by volunteers five days a week to Lee County residents who are 60 and older and homebound.
Eligibility: Lee County residents, age 60 or older

County Veterans Service Office

Service description: Advocacy assistance for veterans and their families seeking benefits from the Veterans Association.

The Ensure Program

Service description: The Ensure program is an indigent program established with Ross Laboratories. The program assists clients that are in need of a nutritional supplement to sustain life by allowing the product to be sold at a lower rate than in retail stores.

Family Caregiver Program

Service description: The Family Caregiver Program provides information and referral services, assesses needs, helps the caregivers to find solutions available in our community, offers educational services such as caregivers training, conferences, seminars, support groups, and provides respite care, allowing caregivers time to meet other responsibilities.

Fitness (EC Fitness)

Service description: Fitness classes at the Enrichment Center include yoga, low-impact aerobics/strength, water aerobics, and a chair stretch and tone.

Fitness Room (EC Fitness Room)

Service description: Fitness room is equipped with treadmills, dual action bikes, recumbent cycles, stair climber, rowing machine, health rider, small hand weights, weight station, and more.

Helping Fund

Service description: Helping Fund Policies: The Helping Fund is an emergency financial resource for indigent older adults. Assistance will be considered for the following services: electrical bills, necessary prescriptions, water bills, fuel bills (LP, natural, propane, and kerosene), wood for heating, partial rent in extreme situations (homeless), if needed for medical reasons only--basic telephone, food in emergency situations.

Housing Home Repair

Service description: An assistance program which operates on limited state funds and is used primarily to build wheelchair ramps on a first come, first serve basis to eligible Lee County homeowners who are age 60 or older.

Information and Assistance

Service description: Information and Assistance (I&A) provides information on services related to older adults and their families and assistance to older adults having difficulty navigating the numerous services available to them.
Respite Referral

Service description: The Respite Referral program was developed to help caregivers find home-care workers to assist them in caring for individuals in the home.

Senior Games and Silver Arts of Lee County

Service description: Senior Games and Silver Arts of Lee County is a year-round health promotion program. Senior Games and Silver Arts of Lee County is part of a network of 53 Local Games sanctioned by North Carolina Senior Games, Inc. and is open to all Lee County residents 55 years of age and better. Events are held each spring and are qualifying events for North Carolina Senior Games State Finals are held each fall in Raleigh and surrounding areas.

Senior Trips

Service description: To plan and conduct fun and entertaining day and overnight trips that are affordable to everyone.

Seniors Health Insurance Information Program (SHIIP)

Service description: Seniors Health Insurance Information Program (SHIIP) is a consumer information division of the North Carolina Department of Insurance that assists people with Medicare, Medicare Part D, Medicare supplements, Medicare Advantage, and long-term-care insurance questions. SHIIP also helps people recognize and prevent Medicare billing errors and possible fraud and abuse through our NCSMP Program.

Support Groups

Service description: Diabetes Support Group: This group is for the diabetic as well as caregivers and loved ones of diabetics.

Living with Vision Loss Support Group: This group was created for people with vision impairments (including Macular Degeneration) and their loved ones to discuss ways to cope with low vision.

Grancare Support Group. This group is for grandparents who are raising or assisting in raising their grandchildren.

Prostate Support Group. The group concentrates on the sharing of experiences that stimulate psychological, social, and emotional awareness to enhance quality of life. An educational component provides information on nutrition, sexuality, coping skills, and diagnosis and treatment modalities. An emphasis is placed upon outreach to men with newly diagnosed cancer of the prostate.

Alzheimer’s Support Group: Caregivers of loved ones with Alzheimer's come together and support each other through sharing of their knowledge, experiences, and advice.

Caregivers Connections Support Group: This is an opportunity to share your concerns, problems, and ideas in connection with caring for your loved one as well as learning from the knowledge of others who may be experiencing a similar situation.

Parkinson’s Disease Support Group: Support, problem solving, and education for persons with Parkinson’s disease, families, and caregivers.
Sanford Cancer Support Group: Commitment to provide information and support to anyone who has been touched by cancer.

Arthritis Support Group: An educational and mutual support group that will focus on helping people with any form of arthritis.

Parents Support Group-Living with Loss of a Child: Commitment to provide support to anyone dealing with the loss of a child.

Grief Support Group: Provides an opportunity for those persons who are grieving to come together for support and assistance with the grieving process.

Volunteer Opportunities

Service description: To screen and place interested persons in volunteer positions in the community.

County of Lee Transit System (COLTS)

Service description: COLTS is a coordinated transit system that provides transportation services for the general public and human service agencies in Lee County. Provides transportation for citizens of Lee County to work, medical appointments, shopping, Senior Services, and necessary errands. Medical transportation is available to Chapel Hill and Durham (Tuesday-Thursday) COLTS has lift vans available for physically challenged persons who are in wheelchairs or have mobility concerns. Fees: No cost for seniors over 60 for medical appointments. Website: www.leecountync.gov

Meals on Wheels of Sanford

Website: www.mowsanford.org

Service description: Delivers one meal per day, Monday through Friday, to homebound persons unable to cook or shop for themselves.

Eligibility: Anyone who lives within Sanford city limits who is homebound and unable to shop or cook for themselves.

Hours: Answering service seven days a week; response is normally same day.

On the Road Again

Service description: Volunteer program provides free rides to residents of Lee County for medically-related rides within the County and to Moncure Clinic. Car seats are not provided; you must bring and use your own.

Directions: St. Stephen Roman Catholic Church on corner of Franklin Street and Carbonton Road.

Hours: Seven days a week, 8:00 a.m.-5:00 p.m.

Intake: Call by noon two days before ride is needed.

Languages: English and Spanish.
Highway to Healing

**Directions:** Mail received and meetings held at Lee County Enrichment Center

**Service Description:** Highway to Healing is a free transportation service for Lee County cancer patients.

**Eligibility:** Must need cancer treatment and live in Lee County.

**Hours:** Monday-Friday 8:00 a.m.-5:00 p.m.

**Intake:** Telephone call to center

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**Dental Health**

Central Carolina Community College
Dental School

**Contact:** Dental School Instructor

**Phone:** (919) 775-2122

**Address:** 900 South Vance St., suite 220
Sanford, NC 27330

**Directions:** Top of the hill off of Wicker St. on the right on Vance St. (former Wicker School)

**Service Description:** This program is part of the continuing educational offerings through the local community college. It is a training program. Dental hygienist students, under the supervision of an instructor, offer basic services to the community such as dental cleaning, quadrant scaling, fluoride treatment, X-rays, and sealants. Currently services are free.

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**Public Health Dental Hygienist Serving Chatham and Lee Counties**

**Contact:** Wendy Seymore, RDH

Public Health Dental Hygienist
Department of Health and Human Services
NC Oral Health Section
Serving Chatham and Lee Counties

**Phone:** (919) 777-0225 ext. 202

**Address:** 507 N Steele Street, suite 306
Sanford, NC 27330

**Service Description:**

- The public health dental hygienist provides services in four main program areas: Dental assessments, along with follow up and referral, are provided for all K-5 students in Lee County. Data are collected on kindergarten and fifth-grade students through a calibrated
dental assessment, which looks at decayed, filled and missing teeth, additionally looking at sealant usage in fifth-grade students. These data are collected statewide as well as in Lee County. Data are collected to identify high risk schools in order to target preventive dental programs that are provided by the State of North Carolina through the North Carolina Oral Health Section.

- Dental health education is provided to any group upon request. The bulk of time is spent in Lee County elementary schools.
- Dental sealants are provided annually through “Give Kids a Smile.” This event includes screening, education, and sealant placement. The public health dental hygienist coordinates this event each year. This is a collaboration that involves Lee County Schools, Lee County Dental Society, and local volunteer dentists, hygienist, and dental assistants as well as the dental programs at Central Carolina Community College and the North Carolina Cooperative Extension.
- Fluoride mouthrinse is provided to four Lee County schools. This is a weekly topical fluoride mouthrinse provided to all first through fifth-grade students whose parents give permission. The public health dental hygienist coordinates this with the help of a school fluoride mouth rinse coordinator in each of the four schools. As funds become available through the North Carolina State Legislature, it is hoped that this program will be expanded to include all Lee County elementary schools.

**Obesity/Health Related**

**Lee County Cooperative Extension**

**Contact:** Susan C. Condlin, County Extension Director

**Phone:** (919) 775-5624

**Address:** 2420 Tramway Road
Sanford, NC 27330

**Fax:** (919) 775-1302

**Website:** [http://lee.ces.ncsu.edu](http://lee.ces.ncsu.edu)

**Service description:** Family and Consumer Science, Horticulture, Agriculture, 4-H, Farmer’s Market.

**Hours:** Monday-Friday 8:00 a.m.-5:00 p.m.

**Lee County 4-H**

**Service description:** The 4-H program is open to all young people in Lee County between the ages of 5 and 18. Through 4-H, youth can participate in a variety of programs including: 4-H Clubs, presentations, record books, school enrichment, community service, 4-H Congress, leadership events, 4-H Camp and summer fun. The main purpose of the 4-H program is to develop life skills that will help the youth be successful and productive members in their communities.

**Eligibility:** All youth ages 5-18.

**Hours:** Monday-Friday 8:00 a.m.-5:00 p.m.

**Fees:** No fee to join 4-H; minimal cost for some programs.
Sanford Farmers’ Market

Service description: Farmers’ Market featuring locally grown produce. Farmers live and grow their produce within a seventy-five mile radius of Sanford. Seasonal fruits, vegetables, meats, eggs, crafts and a variety of other products sold.

Directions: Located at Depot Park in downtown Sanford between Charlotte, Moore and Chatham streets at the railroad tracks.

Hours: Saturday 9:00 a.m.-12:00 p.m. beginning April 26. Market will be open in July on Tuesdays from 10:00 a.m.-12:00 p.m. at the Lee County Enrichment Center. Market will close in October.

Lee County Parks and Recreation

Contact: John Payne, Director

Phone: (919) 775-2107

Address: 2303 Tramway Road
Sanford, NC

Fax: (919) 775-1531

Website: www.leecountync.gov

Service description: Offers youth and adult recreation programs. Programs available are: baseball, softball, basketball, tee-ball, pee-wee baseball, volleyball, football, yoga, gymnastics, children’s dance, tiny tots, summer camps, swim lessons, and other special events throughout the year. Call office for more information.

Hours: Monday-Friday 8:00 a.m.-5:00 p.m.

There are several weight-reduction options such as the hospital programs, LeeCAN Biggest Loser/Healthiest Winner program, Eat Smart Move More programs, Overeaters Anonymous, Weight Watchers, and TOPS.

Teen Pregnancy

Coalition for Families of Lee County

Contact: Carolyn Spivey, Executive Director

Phone: (919) 774-8144

Email: csscoalition@windstream.net

Located: 507 N. Steele Street
Sanford, NC 27330

Mailing address: P.O. Box 3873
Sanford, NC 27331

Fax: (919) 774-0631
**Directions:** At the northern end of Steele Street in the Lee County Arts and Community Center Building on the 2nd floor.

Hours: Monday-Friday, 8:30 a.m.-5:00 p.m.

**Child Care Resource and Referral (CCR&R)**

**Service description:** A multi-dimensional program designed for parents and child-care providers. CCR&R provides information to parents that will help them choose affordable, quality care. They will provide unbiased referrals to all licensed child-care facilities. CCR&R also serves as a resource for all child-care providers to have access to knowledge and materials that will create a learning environment within their facilities. Training for all child-care providers is offered and credit hours are issued. A "Resource Library" is available for membership to all child-care providers and parents for a small fee.

**Languages:** English and Spanish.

**Fees:** None except for a small library membership fee.

**Parents as Teachers**

**Service description:** A home visitation program for families with children birth to five. A parent educator shares child-development information from the National Parents as Teachers curriculum and an age-appropriate activity each month. The focus of this program is to prepare children for kindergarten and to provide parent support. Parent group meetings, community activities, and developmental screenings are offered throughout the year. A learning center is also available for parent groups and individuals to use, providing children with age-appropriate learning through play materials.

**Eligibility:** Children must be between the ages of birth to five years of age. No income eligibility required.

**Coalition for Families-Sister Love**

**Service description:** An infant mortality reduction initiative for African-American women of childbearing ability. Program focus includes: health education, group support activities, incentive programs, home visitation, exercise component, and community outreach.

**Eligibility:** Must be an African-American woman of childbearing ability

**Hours:** Monday-Friday, 8:30 a.m.-5:00 p.m.

**Teen Pregnancy Prevention/Adolescent Parenting Programs**

**Service description:** *Pregnancy Prevention* - During and after-school classes are held for middle and high school students to learn about good decision making, taking responsibility, etc. Service learning and field trips also are provided. New referrals are taken each school year. *Adolescent Parenting* is for pregnant and parenting teens that are staying in school. Referrals are taken anytime. Group sessions that focus on daily life issues are held during school days. Individual home visits also are made on a monthly basis to teach parenting skills.

**Eligibility:** *Pregnancy prevention:* An at-risk teen in middle or high school.  
*Adolescent parenting:* must be pregnant or parent teens in school. (Public or private)

**Languages:** English and Spanish with some limitations.
Reach Out Crisis Pregnancy Center

Contact: Renee Haugh, Executive Director

Phone: (919) 898-2923

Email: reachoutcpc@embarqmail.com

Located: 1565 Gulf Road, Suite B
          Gulf, NC 27256

Mailing address: P.O. Box 186
                 Gulf, NC 27256

Fax: (919) 898-2924

Description: Earn While You Learn program, abstinence education, post-abortion counseling, adoption as option counseling, peer counseling, parenting information sharing, and material support.

Fees: All services are free for the client.

Conclusions Drawn:

Review of the information shows there are voids in health services for the residents of Lee County as evidenced in this section and also from information shared in chapters three and four.

Medical Resources:

Number of dentists, registered nurses and physician assistants has been declining while the population continues to increase.

Discussions with hospital administration showed that since the 2008 data was reported, the county has increased the number of surgeons and has received various awards and recognitions for the services provided.

Health Department: The number of staff in both direct services in the clinic and in health promotion is limited. Since 2006, 14 critical positions have been lost. These positions include staff such as four dental health staff while this is now listed as one of the top five priority health issues for the County. Other positions are: Public Health Preparedness Coordinator, Health Education Specialist, two nurses, one Physician Extender, two Health Check Coordinators (bilingual), an Animal Shelter Attendant, Environmental Health Specialist, and a Maternal Outreach Worker.

Health Promotions: Personnel cuts in this area are evident and limit the ability to do all the needed/requested health promotions by the Health Department staff.

Mental Health providers at the psychologist level are another area in need of discussion. While there has been a large increase of service providers since the 2008 information in this chapter, it appears the number of licensed providers needs to increase.
There is a void in services available to the population that is not served by the local hospital or health department due to economic status. Some of the needed services are primary care as well as dental care for the underserved population. These concerns were expressed in the listening sessions and supported in the number of decays identified in the charts in chapter four regarding dental care.

A concerted and unified effort towards health, fitness and nutrition is lacking but, we are moving towards making Lee County a healthier county to live, work and play. The county is engaged in a Community Vision Initiative designed to provide a framework for decision makers as our community sets a course for the future. This task was undertaken as part the Lee County Second Century Action Plan formulated in 2008. Nine subcommittees, called Vision Teams have been meeting to develop strategies. The nine Vision Teams are: economic development, public safety, public health, arts and cultures, ecosystems, growth and transportation, outreach, education and communication.

The 2010 Community Health Assessment and action plans will play a part in the formulation and implementation of this initiative. The Lee County Public Health Education Supervisor co-chairs the Public Health subcommittee along with the CEO for the hospital. LeeCAN plays an integral part in this committee’s efforts and the top five identified health priorities will become a part of the overall county effort.
CHAPTER SIX

DISSEMINATION PLAN
CHAPTER SIX

Dissemination Plan

Accreditation Activity 1.3 states that the local Health Department shall disseminate results of the most recent Community Health Assessment (CHA) to local health department stakeholders, community partners, and general populations. To that end, the Lee County Health Department and LeeCAN “A Healthy Carolinians Partnership” will disseminate the 2010 Community Health Assessment accordingly. A publicity committee comprised of health educators and LeeCAN partners has outlined the procedure to disseminate the CHA once it is completed. The plan is as follows:

Publication

- Publish the document using a variety of media formats: hard copy, CD, electronic version for websites
- Develop a press release and a Public Service Announcement (PSA)
- Prepare a PowerPoint presentation that can be posted electronically and used for presentations to multiple groups.
- Prepare and publish an Executive Summary that is a brief document highlighting key points drawn from the CHA.

Presentations

- Presentation to the Lee County Board of Health
- Share Press release and public service announcement with selected/key public officials present
- Newspaper feature article “Health Matters” column in the Sanford Herald and an article in HomeTown News
- Presentations to other groups such as:
  - LeeCAN full partnership meeting
  - Lee County Board of Education and the school district Healthy Education Advisory Council
  - Chamber of Commerce
  - Lee County Board of Commissioners
  - Local civic groups
  - Other groups and businesses, upon request
- Radio and TV shows such as local TV station’s “Alive at Nine” program

Dissemination

- Public service announcement (PSA) to local radio stations
- Hard copies of the document will be distributed to the Board of Health, Health Department, Chamber of Commerce, Central Carolina Hospital, city and town mayors’ offices, Lee County Schools district office, area NC House and Senate representatives, LeeCAN office, local public library (along with a CD version), and others as requested.
- At least three hard copies and CDs will be available for check out at the Community Health Education and LeeCAN offices.
- The complete report will be accessible for download from the Health Department’s website.
- An electronic version will be placed on the city, county, and Chamber of Commerce websites.
- The PowerPoint presentation also will be available from the county website and other locations.
- The Executive Summary, and other documents as feasible, will be translated into Spanish, Lee County’s second most spoken language.
- The Executive Summary will be widely disseminated at all LeeCAN and Health Department functions and LeeCAN/Health Department exhibits such as the local Lee Regional Fair and the State Healthy Carolinians Conference.
- The Executive Summary will be mailed to all community leaders, local agencies and organizations, and given to all LeeCAN partners, along with members of the Health Department staff.
- English/ Spanish versions will be available for clients of the Health Department.
CHAPTER
SEVEN
CONCLUSIONS
AND
NEXT STEPS
CHAPTER SEVEN
Next Steps: Community Action Planning

The Lee County Health Department and LeeCAN “A Healthy Carolinians Partnership” Community Health Assessment consisted of primary and secondary health data to identify the Healthy Carolinians Objectives of highest priority for the county. The LeeCAN Assessment Team met with 36 community leaders to begin the process of prioritizing Lee County’s health issues with future plans to develop action plans aligned with the 2020 Healthy Carolinians Health Objectives. The assessment team presented to the community leaders the top 10 Health Concerns and Community Needs that were gathered during the survey and Listening Sessions which include:

- Aging problems
- Cancer
- Dental health
- Diabetes
- Heart disease/heart attack
- Hypertension/high blood pressure
- Mental health
- Obesity/overweight
- Sexually Transmitted Infections
- Teen pregnancy

To select the top five priorities, participants were given secret ballots and asked to select the five areas that they determined to be priority issues over the next four years. The areas selected were: (1) Access to mental health, (2) Dental health, (3) Obesity/overweight, (4) Sexually Transmitted Infections and (5) Teen pregnancy. These priorities will carry the same weight since the five areas will be addressed over the next four years.

LeeCAN “A Healthy Carolinians Partnership” will continue to recruit and identify additional community partners including strong community-based representation. Once the CHA has been printed and distributed into the community, LeeCAN Partnership will begin working on the Action Plans based on the five priorities for 2011 – 2015.
Appendix A1

Lee CAN
“A Healthy Carolinians Partnership”

Community Health Assessment
Moderator/Facilitator Training for Listening Session
Lee Community Art Center
Room 314
Wednesday, January 27, 2010
11:30 am – 1:00 pm
(Lunch will be served)
Agenda

Welcome

Brief overview of the Community Health Assessment

Training

Questions & Answers
Listening Session Agenda
5:30pm-7:30pm
(Dinner provided and served at the beginning)

Welcome and Introduction

Overview of CHA

(Arrange participants in a circle)

Ground Rules and Confidentiality

Group Introductions

Begin Group Questions
(Do not share your opinion and monitor your body language.)

Ask for Additional Comments at the end

Brief on LeeCAN and the 3 current priority areas

Questions and Answers

Thank the participants
Appendix A3

Moderator “Cheat Sheet”

Introduction
Thank you so much for being a part of our listening session group for the Community Health Assessment. The information that we gather here today will be vital in helping determining and addressing health issues and community issues in Lee County.

Overview of CHA
The CHA is done every four years, in partnership with Healthy Carolinians. Basically they ask the community to evaluate their own needs, and determine what the community feels are concerns, versus someone from outside the community trying to assess the needs.

Any questions?

General Ground Rules
**The purpose of the listening session is to receive honest opinions of members of the community**
Everyone should agree that thoughts, views, opinions, and feelings shared during the focus group are confidential. We want everyone’s participation. We ask that one person speak at a time, because we want to be sure and accurately capture everyone’s responses. We want everyone to have the opportunity to be heard and to be comfortable sharing their views.

Confidentiality
Everything said during our listening session is confidential, no names will be recorded; only the responses. We expect that everyone participating respect the other participants and keep what is said in the listening session confidential.

Group Intros: Names ***Remember the Name tags; this will make it easier for you to address the participants during listening session questions and question and answering.

Begin Group Questions:
*The moderator must remember to be aware of their own body language, facial expressions, and head nodding, smiling, or nostril flaring.
• Avoid answering questions during questioning.
• Do not speak too much. Do not lead the participants.
• Try not to let anyone dominate.
• This should be done ‘round-robin style’.
• Remember: do not record names

Additional Comments

Brief sharing of LeeCAN current focus issues
Access to mental health
Obesity
Teen pregnancy

Questions and Answers
CHA Priority Meeting
April 7, 2010
AGENDA

➤ Introductions

➤ Background of CHA – Process and Timeline

➤ Purpose of the Meeting

➤ Survey, Focus Groups, and Local Data Information

➤ Discussion and Priority Selection

➤ Conclusion and Next Steps
Directions:

Please review the list of the top 10 health priorities as identified in the Community Health Assessment and the Focus Groups. These are not in a priority order.

Based on the information provided and your own thoughts, please place a check mark in what you consider the top 5 health issues we should address in our report, plans, and task force work over the next four years.

This information will be compiled and you will receive notice of the overall top 5. We appreciate your attendance and participation in this very important meeting and process.

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<thead>
<tr>
<th>Health Priority Listing</th>
<th>Your Five Selections (do not rank)</th>
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<tbody>
<tr>
<td>Aging Problems</td>
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<td>Cancer</td>
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<td>Sexually Transmitted Disease</td>
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<td>Teen Pregnancy</td>
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### CHA Stakeholders Health Priorities Meeting: April 7, 2010

*Those who actually attended.*

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<th>AREA/POSITION</th>
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<td>2. Rhi Anna Stephens*</td>
<td>DayMark Recovery</td>
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<td>4. Brittany McBayde *</td>
<td>Coalition for Families</td>
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<tr>
<td>5. Bob Stevens *</td>
<td>Broadway Town Manager</td>
<td></td>
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<tr>
<td>6. Amanda Johnson*</td>
<td>Coalition for Families</td>
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<tr>
<td>7. Dr. David Fisher</td>
<td>Dentist/Board of Health</td>
<td></td>
</tr>
<tr>
<td>8. Betty Seawell</td>
<td>HR Analyst</td>
<td></td>
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<tr>
<td>9. Mary Hawley Oates *</td>
<td>Lee County Schools/Nurse Sup.</td>
<td></td>
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<tr>
<td>10. Phyllis Watson *</td>
<td>Coalition for Families</td>
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<tr>
<td>11. Laura Biediger *</td>
<td>Communities In Schools</td>
<td></td>
</tr>
<tr>
<td>12. Jan Hayes *</td>
<td>Ex. Director United Way of Lee County</td>
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<tr>
<td>13. Fidel Hernandez*</td>
<td>Lee County Schools/Migrant Recruiter</td>
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<tr>
<td>14. Laura Spivey *</td>
<td>City of Sanford/Public Works</td>
<td></td>
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<tr>
<td>15. Linda Swann *</td>
<td>Sandhills Center LME Family Support</td>
<td></td>
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<tr>
<td>16. Marilyn Gilliam *</td>
<td>VC&amp; Associates</td>
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<tr>
<td>17. Sandra Coombs *</td>
<td>LeeCAN co-chair/faith based</td>
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<tr>
<td>18. Sandra Petty *</td>
<td>Sanford Housing Authority</td>
<td></td>
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<tr>
<td>19. Silvia Bayer *</td>
<td>Lee County Schools/coordinator</td>
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</tr>
<tr>
<td>20. Richard B. Hayes *</td>
<td>Lee County Commissioner (Chair)</td>
<td></td>
</tr>
<tr>
<td>21. Larry Oldham</td>
<td>Lee County Commissioner</td>
<td></td>
</tr>
<tr>
<td>22. Linda Kelly*</td>
<td>Board of Health</td>
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</tr>
<tr>
<td>23. Johnnie Waller*</td>
<td>Lee County Schools-Director of Students Services</td>
<td></td>
</tr>
<tr>
<td>24. Dr. Lyn Smith*</td>
<td>Dentist – Lee County Board of Education</td>
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</tr>
<tr>
<td>25. Tracy Carter(Rep. from his office)*</td>
<td>Lee County Sheriff</td>
<td></td>
</tr>
<tr>
<td>26. Regina McCoy Pullian*</td>
<td>Associate Professor – UNC-G</td>
<td></td>
</tr>
<tr>
<td>27. Pam Glover *</td>
<td>Health Department Health Educator</td>
<td></td>
</tr>
<tr>
<td>29. Howard Surface</td>
<td>Health Department Director</td>
<td></td>
</tr>
<tr>
<td>30. Wendy Seymore *</td>
<td>NC Dental Health Hygienist</td>
<td></td>
</tr>
<tr>
<td>31. Elsie Ramsey *</td>
<td>UNC-G Student Intern</td>
<td></td>
</tr>
<tr>
<td>32. Linda Higgins *</td>
<td>LeeCAN Coordinator</td>
<td></td>
</tr>
</tbody>
</table>
## 2010 Lee County Community Health Assessment Partner Involvement

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
<th>Role in CHA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandra Boyd</td>
<td>Health Education Supervisor</td>
<td>Lee County Public Health Department, LeeCAN</td>
<td>Overall Assessment Team, Listening Session Moderator</td>
</tr>
<tr>
<td>Linda Higgins</td>
<td>LeeCAN Coordinator</td>
<td>Healthy Carolinians</td>
<td>Overall Assessment Team</td>
</tr>
<tr>
<td>Pamela Glover</td>
<td>Health Education Specialist, Task Force Chair person</td>
<td>Lee County Public Health Department, LeeCAN</td>
<td>Overall Assessment Team, Listening Session Moderator</td>
</tr>
<tr>
<td>Elsie Ramsey</td>
<td>Public Health Intern</td>
<td>UNC-Greensboro</td>
<td>Overall Assessment Team, Listening Session Moderator</td>
</tr>
<tr>
<td>Wendy Seymour</td>
<td>NC Dental Hygienist</td>
<td>NC Department of Public Health, LeeCAN</td>
<td>Overall Assessment Team</td>
</tr>
<tr>
<td>Howard Surface</td>
<td>Public Health Director</td>
<td>Lee County Public Health Department, LeeCAN</td>
<td>Overall Assessment Team</td>
</tr>
<tr>
<td>Charles Sutherland</td>
<td>Concerned Citizen, LeeCAN, Co-chairperson</td>
<td>Retired Military, LeeCAN</td>
<td>LeeCAN Assessment Team</td>
</tr>
<tr>
<td>Sandra Coombs</td>
<td>Parish Nurse, LeeCAN Co-Chairperson</td>
<td>Crossroads Ministries, LeeCAN</td>
<td>LeeCAN Assessment Team</td>
</tr>
<tr>
<td>Brandi Phillips</td>
<td>Recreation Programmer, LeeCAN Secretary</td>
<td>Lee County Parks and Recreation, LeeCAN</td>
<td>LeeCAN Assessment Team, Listening Session Moderator</td>
</tr>
<tr>
<td>Brittany McBryde</td>
<td>Adolescent Pregnancy Prevention Coordinator</td>
<td>Coalition for Families in Lee County, LeeCAN</td>
<td>LeeCAN Assessment Team</td>
</tr>
<tr>
<td>Marilyn Gilliam</td>
<td>Quality Management Director, Task Force Chairperson</td>
<td>VC &amp; Associates, LeeCAN</td>
<td>LeeCAN Assessment Team, Listening Session Moderator</td>
</tr>
<tr>
<td>Laura Biediger</td>
<td>Former Program Coordinator &amp; Task Force Chairperson</td>
<td>Communities In Schools, LeeCAN</td>
<td>LeeCAN Assessment Team, Listening Session Moderator</td>
</tr>
<tr>
<td>Bill Stone</td>
<td>Extension Agent, 4-H Youth Development</td>
<td>NC Cooperative Extension, LeeCAN</td>
<td>LeeCAN Assessment Team</td>
</tr>
<tr>
<td>Annie Lanier McIver</td>
<td>Faith-based representative</td>
<td>Cameron Grove AME Zion Church, LeeCAN</td>
<td>Listening Session Moderator/Facilitator</td>
</tr>
<tr>
<td>Mary B. Oates</td>
<td>Lee County Schools Nurse Supervisor</td>
<td>Lee County Schools, LeeCAN</td>
<td>Listening Session Moderator/Facilitator</td>
</tr>
<tr>
<td>Kate Nelson</td>
<td>Nursing student intern</td>
<td>Lee County Schools</td>
<td>Listening Session Moderator/Facilitator</td>
</tr>
<tr>
<td>Josie Ceves</td>
<td>Nursing student intern</td>
<td>Lee County Schools</td>
<td>Listening Session Moderator/Facilitator</td>
</tr>
<tr>
<td>Marvin Morris</td>
<td>Concerned Citizen</td>
<td>Retired, LeeCAN</td>
<td>Listening Session Moderator/Facilitator</td>
</tr>
<tr>
<td>Karen Brown</td>
<td>Realtor</td>
<td>ERA Realty, LeeCAN</td>
<td>Listening Session Moderator/Facilitator</td>
</tr>
<tr>
<td>Jan Hayes</td>
<td>Executive Director</td>
<td>United Way of Lee County, LeeCAN</td>
<td>Listening Session Moderator/Facilitator</td>
</tr>
<tr>
<td>Michele Bullard</td>
<td>Program Services Director</td>
<td>United Way of Lee County, LeeCAN</td>
<td>Listening Session Moderator/Facilitator</td>
</tr>
<tr>
<td>Linda Holder</td>
<td>Office Assistant</td>
<td>Lee County Public Health</td>
<td>Copying, photos, general office duties for CHA</td>
</tr>
<tr>
<td>Pam Patterson</td>
<td>Director of Special Services/Programs(retired)</td>
<td>Lee County Schools</td>
<td>Proofreading</td>
</tr>
<tr>
<td>Emily Tyler</td>
<td>Health Educator</td>
<td>Retired</td>
<td>Proofreading</td>
</tr>
<tr>
<td>Margaret Minuth</td>
<td>Director of Public Affairs</td>
<td>Central Carolina Hospital</td>
<td>CHA information, research and data analysis</td>
</tr>
</tbody>
</table>