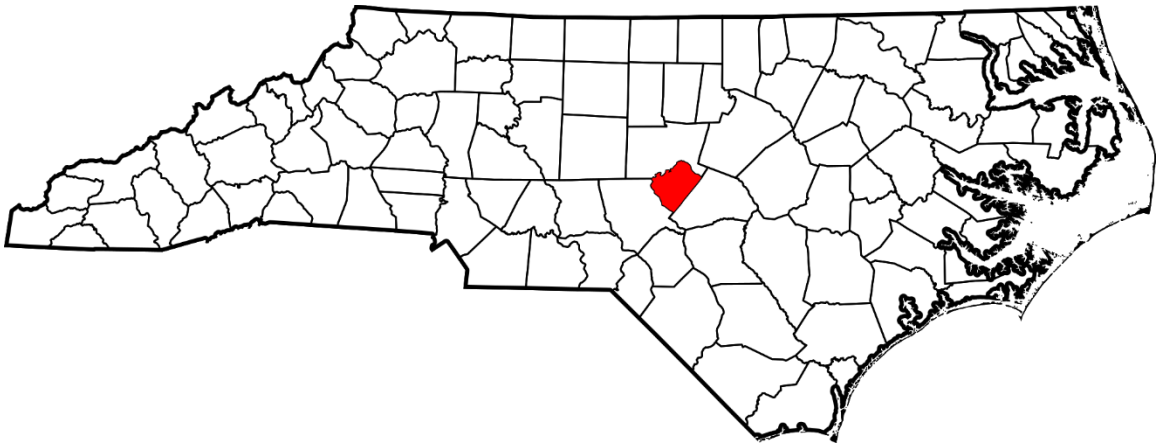
2014
COMMUNITY HEALTH ASSESSMENT



LEE COUNTY, NORTH CAROLINA

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The 2014 Community Health Assessment report was prepared by the Lee County Public Health Assessment Team and LeeCAN “A Healthy Carolinians Partnership”.

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Thank you to all of the Lee County residents, LeeCAN members and member agencies that helped to complete the community health assessment for 2014.

LEECAN PARTNERS

Advance Behavioral Center, Inc.

Cameron Grove AME Zion Church

Central Carolina Hospital

Coalition for Families

Crossroads Ministries/Parish Nurse

Daymark Recovery

Fair Promise AME Zion Church

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EXECUTIVE SUMMARY

What is a Community Health Needs Assessment?

A community health needs assessment is a process that helps to identify factors affecting our county, determine resources needed to address these factors, and develop a plan of action to address community needs. This is accomplished by identifying and collecting information that identifies the community's strengths, resources, and needs.

Primary data was collected from community residents through administering Community Health Opinion surveys and conducting focus groups. Secondary health data was gathered primarily from the NC State Center for Health Statistics.

During the 2010 Community Health Assessment (CHA) five health priorities were identified which included obesity, teen pregnancy, access to mental health, oral health and sexually transmitted diseases. Three health priorities were identified through the 2014 CHA.

Obesity was identified as the number one health priority by community residents for 2014. Obesity has been a top priority for the past three community health assessments. Unfortunately, the obesity rate for Lee County has continued to increase. From 2007-2010 adult obesity rates for Lee County and N.C. exceeded the adult obesity rate for the United States. The obesity rate for Lee County is in alignment with the obesity rate for the state overall at 29%.

Teen pregnancy also remains at the top of the county's health priorities for 2014. Since the last Community Health Assessment Lee County has experienced a decrease in teen pregnancy. In the year 2010 Lee County was ranked eighth in the state of NC for teen pregnancy rates. Lee County experienced an 11.3% decrease in teen pregnancy from 2011 to 2013. As a result, Lee County currently ranks 22nd in the state. There is still much work to be done to continue the decrease in teen pregnancy for Lee County.

The third and final health priority identified through the 2014 CHA was Mental Health/Substance Abuse. The Healthy NC 2020 Objective is to decrease the average number of poor mental health days among adults in the past 30 days to 2.8. Lee County residents currently are reported to experience an average of 4.0 poor mental health days per month.

Twenty-two percent of Community Health Opinion survey respondents indicated in the past 30 days there have been days when feeling sad or worried kept them from going about their normal business.

In addition, twenty four percent of the Community Health Opinion survey respondents reported being told by a doctor, nurse, or other health professional that they have depression or anxiety.

One emerging topic that was identified as a major issue in Lee County was substance abuse. This was often pared with gang activity/violent crime, and was seen as a threat to Lee County residents, especially children and teens. Law enforcement has already

established drop-off receptacles at the Sanford Police Department, as well as the Sheriff's Department to receive unwanted medications in an attempt to lessen the availability and abuse of prescription drugs. Project Lazarus has recently been established in Lee County to address the growing issue of prescription drug abuse, misuse and overdose in the community. Furthermore, a taskforce of community agencies, government, and law enforcement has been established to implement further efforts to tackle substance abuse issues with in the community. Despite these efforts, residents communicated that tighter regulation on prescription medications, stricter sentences for violations, and increases in police enforcement could help to reduce both violent crime and substance abuse issues within the community. Substance Abuse (paired with mental health) remains one of the top three priority areas for community action in Lee County.

The next steps will be to develop community action plans, which will identify strategies to be utilized to address health priorities identified by the community health assessment process.

CHAPTER ONE – BACKGROUND AND INTRODUCTION

The three core functions of public health are assessment, policy development and assurance. Community Health Assessments (CHAs) provide an opportunity to identify problems and assets in the community along with policy formulation, implementation, and evaluation. CHAs help to measure how well a public health system is fulfilling its assurance function.

The state of North Carolina requires local health departments to submit a Community Health Assessment document every four years. The Community Health Assessment also meets several accreditation requirements for local health departments.

The primary purpose of the community health assessment is to:

- Evaluate the health status of each county in relation to the State's health objectives as well as peer counties;
- Identify and prioritize health issues that may pose a threat to the health of the community;
- Develop strategies to address priority community health concerns

Community action plans are developed at the end of the process. These action plans guide the work of the health department and community partners/taskforces.

The Community Health Assessment team was comprised of LeeCAN members and Health Department employees. Many of the LeeCAN members who were very active with the completion of the 2010 CHA assisted with the 2014 CHA, which was a big advantage. The Health Department was also fortunate to have the assistance of several nursing student interns from UNC Chapel Hill to assist with going out into the community and gathering resident input through administering the community health opinion survey.

Lee Community Action Network, LeeCAN, 'A Healthy Carolinians Partnership' was established in1997. Although Healthy Carolinians no longer exists, LeeCAN continues to work as a group of community stakeholders to address health priorities in the community.

CHAPTER TWO – COMMUNITY PROFILE

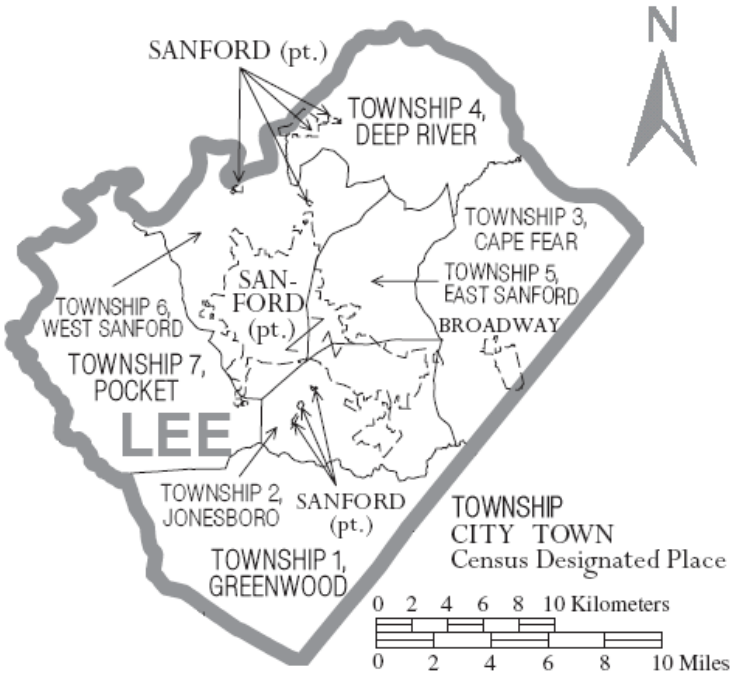
COUNTY GEOGRAPHY

Lee County is situated in the geographic center of North Carolina, dividing the Piedmont and the Coastal Plain. The county seat is Sanford. The motto of the city of Sanford is 'well centered'. According to the U.S. Census Bureau, the county has a total area of 259 square miles, of which 255 square miles is land and 4.1 square miles is water.

Lee County is bordered by Chatham County on the North, Harnett County on the Southeast and Moore County on the Southwest. The county sits in the middle of the Triassic Basin and has the state's most concentrated reserves of oil and natural gas. Lee County is the epicenter for future horizontal drilling in North Carolina.

The county is divided into eight townships: Greenwood, Jonesboro, Cape Fear, Deep River, East Sanford, West Sanford, Pocket and Tramway.

Several major highways run through the county including US Highway 1, US Highway 421, NC 42, NC 87 and NC 15-501.



LEE COUNTY HISTORY

Lee County was the 98th county formed in North Carolina.

The county was formed in 1907 from parts of Chatham County, Moore County and Harnett County. It was named for the Confederate hero Robert E. Lee who fought during the American Civil War.

The county has historically been one of the leading brick manufacturing areas in the United States. Cotton and Tobacco are leading crops in the county.

LEE COUNTY DEMOGRAPHICS

The following table shows the population of Lee County compared to North Carolina as a whole. These numbers are based on the U.S. Census 2013 estimates. The total population for Lee County was estimated to be 60,266 for the year 2013. Lee County experienced a 4% increase in its total population since the 2010 CHA was completed.

Lee County has a higher percentage of Hispanic/Latinos comprising the population than the state as a whole. The percentage of the Hispanic/Latino population has more than doubled since the last Community Health Assessment.

Table 1: Lee County population compared to North Carolina 2013

	Lee County	North Carolina
Population	60,266	9,848,060
Percent of Females	51	51.3
Percent of Males	49	51
Percent Under 5 Years of Age	7.1	6.2
Percent Under 18 Years of Age	26.0	23.2
Percent of 65 Years of Age and Older	14.4	14.3
Percent of Whites	75.5	71.7
Percent of African Americans	20.0	22.0
Percent of American Indian and Alaskan Native alone	1.4	1.6
Percent of Asian alone	1.1	2.6
Percent of Native Hawaiian and Other Pacific Islander alone	0.1	0.1
Two or More Races	1.9	2.0
Hispanic or Latino	19.9	8.9

Source: US Census, 2013 Estimates

CHAPTER THREE – DATA COLLECTION PROCESS

METHODOLOGY

The Community Health Assessment process is accomplished by collecting, compiling and analyzing health data from primary and secondary sources. Primary data was collected through a Community Health Opinion Survey and by conducting focus groups with community members. The surveys and focus groups were designed to gauge community issues and concerns from county residents.

The Community Health Opinion surveys asked community residents approximately 50 questions including which issues affect quality of life in the community and which services need the most improvement.

The main source of secondary data for this report was the North Carolina State Center for Health Statistics, including Health Stats for North Carolina, County Health Data Books, Behavioral Risk Factor Surveillance System (BRFSS), Vital Statistics, and the Cancer Registry. Other data sources included the U.S. Census, NC Department of Medical Assistance, and UNC Cecil G. Sheps Center for Health Services.

DATA COLLECTION & ANALYSIS

A total of ten focus groups were conducted. An average of ten participants participated per focus group. Focus groups were conducted with the following populations:

- Homeless
- Teen mothers
- Developmentally disabled
- Older adults
- Hispanic
- County leaders
- School personnel

Over 500 paper surveys were distributed throughout the community. Paper copies of the community health opinion survey were left along with drop boxes at public libraries, the post office and the health department.

Volunteers also administered surveys with residents in the community at various locations including Helping Hands Clinic, churches and a local food bank.

Surveys were also made available online through SurveyGizmo. Surveys were available in English and Spanish. A total of 366 surveys were completed; 184 were completed online, 192 were completed on paper. Forty-three of the surveys returned were ineligible due to not being a resident of Lee County or other factors.

CHAPTER FOUR – HEALTH ASSESSMENT RESULTS

Once primary and secondary data was collected, data from Lee County was compared to data from peer counties and with rates for the state of N.C. overall. Lee County's peer counties include Burke, Caldwell, Rockingham, Surry and Wilkes Counties.

Peer counties are determined by Health Stats, which is North Carolina's interactive health statistics website. This site provides statistical numerical data as well as contextual information on the health status of North Carolinians and the state of North Carolina's health care system.

Peer counties were selected based on (1) population size (2) number of individuals living below the poverty level (3) population under 18 years of age (4) population 65 years of age and older and (5) population density.

LEADING CAUSES OF DEATH IN LEE COUNTY

Eight of the top ten causes of death for Lee County remain the same from the 2010 CHA. Heart disease remains the number one cause of death for Lee County with a death rate of 185.8 per 100,000 population for 2009-2013 followed very closely by a cancer death rate of 181.1 per 100,000. The number one cause of death for the state of North Carolina is cancer.

Table 2: 2009-2013 Death Rates for the Leading Causes of Death for Lee County vs. North Carolina

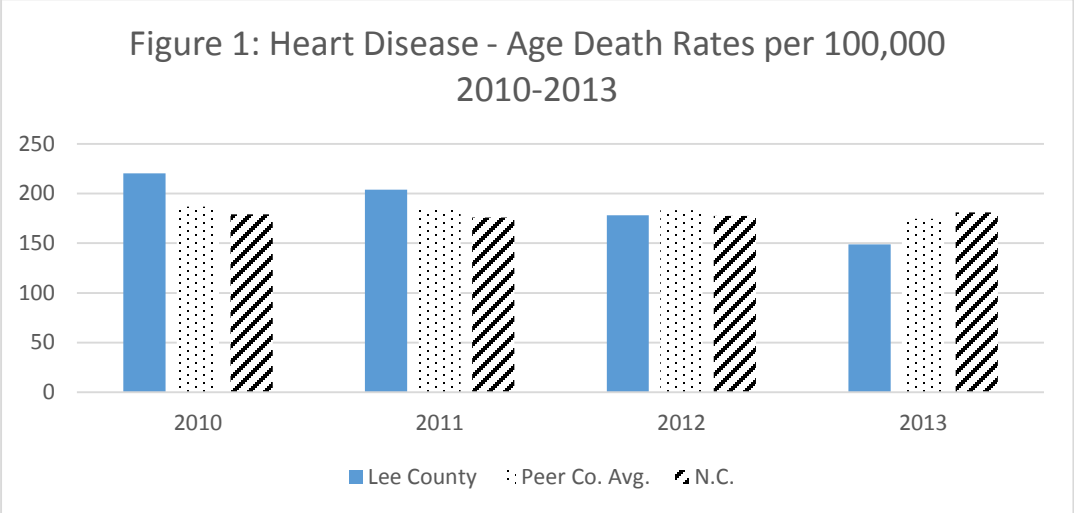
Cause of Death	Deaths	Lee County Death Rate	NC Death Rate
Diseases of the heart	599	185.8	170
Cancer – all sites	594	181.1	173.3
Chronic Lower Respiratory Disease	149	46.6	46.1
Cerebrovascular Disease	148	45.6	43.7
Diabetes Mellitus	88	27.4	21.7
Other Unintentional Injuries	86	28.8	29.3
Motor Vehicle Injuries	68	23.9	13.7
Alzheimer's Disease	66	20.9	28.9
Nephritic Syndrome	52	16	17.6
Pneumonia & Influenza	44	13.9	17.9

Source: 2015 NC County Health Data Book Rates are per 100,000 population

HEART DISEASE

Heart disease, such as coronary heart disease, heart attack, congestive heart failure, and congenital heart disease, is the leading cause of death for men and women in the United States. Prevention includes quitting smoking, lowering cholesterol, controlling high blood pressure, maintaining a healthy weight, and exercising.

Lee County heart disease death rates decreased each year, from 220.4 per 100,000 in 2010 to 148.9 per 100,000 in 2013. Although the number of heart disease deaths for Lee County residents is declining, it still remains the number one cause of death for county residents.



Source: NC State Center for Health Statistics, County Health Data Book

The heart disease death rate for males is much higher than females for both races in Lee County and for the state. African American males and females both experience higher rates of death from heart disease when compared to Whites.

Table 3: Heart Disease Death Rates by Sex and Race for 2009-2013

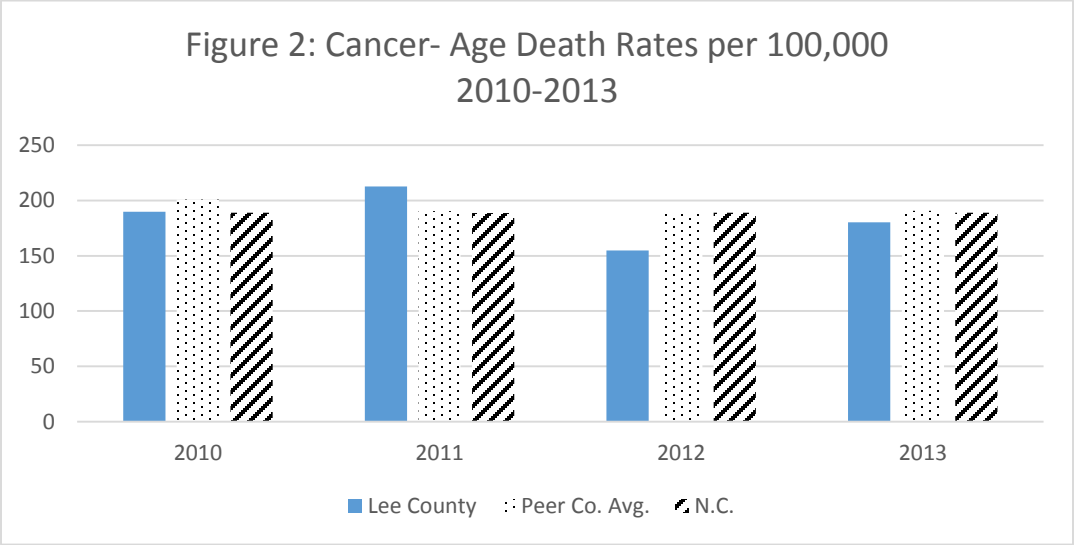
	White				African American				Hispanic			
	Male		Female		Male		Female		Male		Female	
	Death	Rate	Death	Rate	Death	Rate	Death	Rate	Death	Rate	Death	Rate
Lee	238	236.3	224	143.2	60	260.2	67	197.4	6	NA	2	NA
N.C.	35,613	215.1	32,054	131.2	8,758	252.3	8,168	153.2	299	58.7	203	43.1

Source: NC State Center for Health Statistics

CANCER

Cancer is the name given to a collection of related diseases. In all types of cancer, some of the body's cells begin to divide without stopping and spread into surrounding tissues.

Cancer continues to be the second leading cause of death for Lee County residents. The cancer death rates for Lee County for 2010-2013 was 181.1 per 100,000 compared to the rate for N.C., which was 173.3 per 100,000.



Source: NC State Center for Health Statistics, County Health Data Book

The cancer death rate for both White and African American males was significantly higher for Lee County residents and the state of N.C. overall.

Table 4: Cancer Death Rates by Sex and Race for 2009-2013

	White				African American			
	Male		Female		Male		Female	
	Death	Rate	Death	Rate	Death	Rate	Death	Rate
Lee	270	253.6	191	130.7	64	267.2	54	160.6
N.C.	37,551	212.3	32,492	142.4	9,781	274	8,734	159.5

Source: NC State Center for Health Statistics

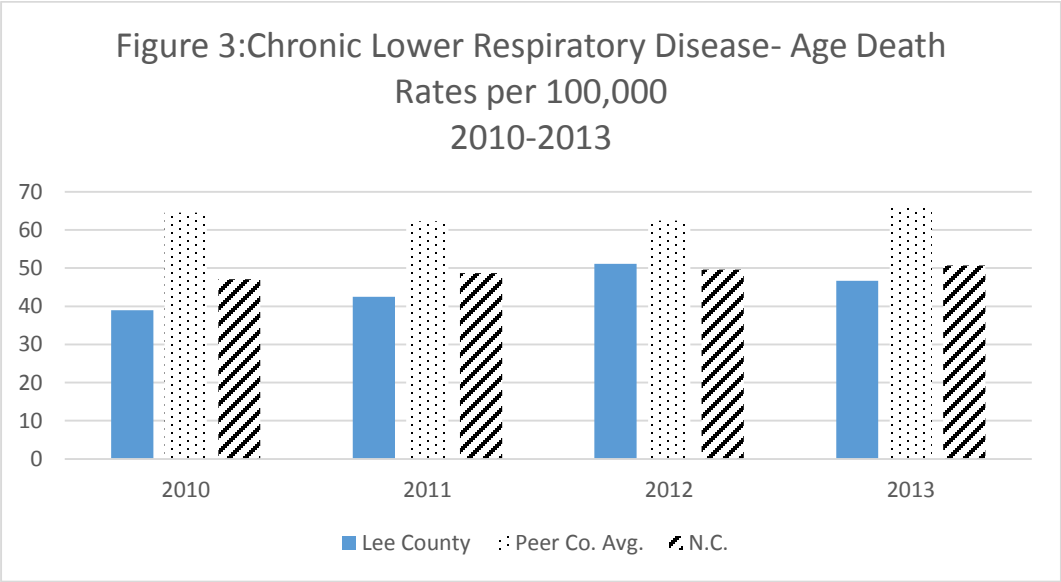
CHRONIC LOWER RESPIRATORY DISEASE

In the United States, tobacco smoke is a key factor in the development and progression of COPD, although exposure to air pollutants in the home and workplace, genetic factors, and respiratory infections also play a role.

The following populations are more at risk for Chronic Lower Respiratory Disease:

- People aged 65–74 years
- Non-Hispanic whites
- Women
- Individuals who were unemployed, retired, or unable to work
- Individuals with less than a high school education
- People with lower incomes
- Individuals who were divorced, widowed, or separated
- Current or former smokers
- Those with a history of asthma

Lee County death rates for Chronic Lower Respiratory Disease remain consistently lower than its peer counties and slightly lower than overall rates for N.C. An estimated 20% of Lee County residents smoke according to the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is the nation's premier system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Approximately 40% of the Community Health Opinion survey respondents reported being exposed to secondhand smoke in the past year.



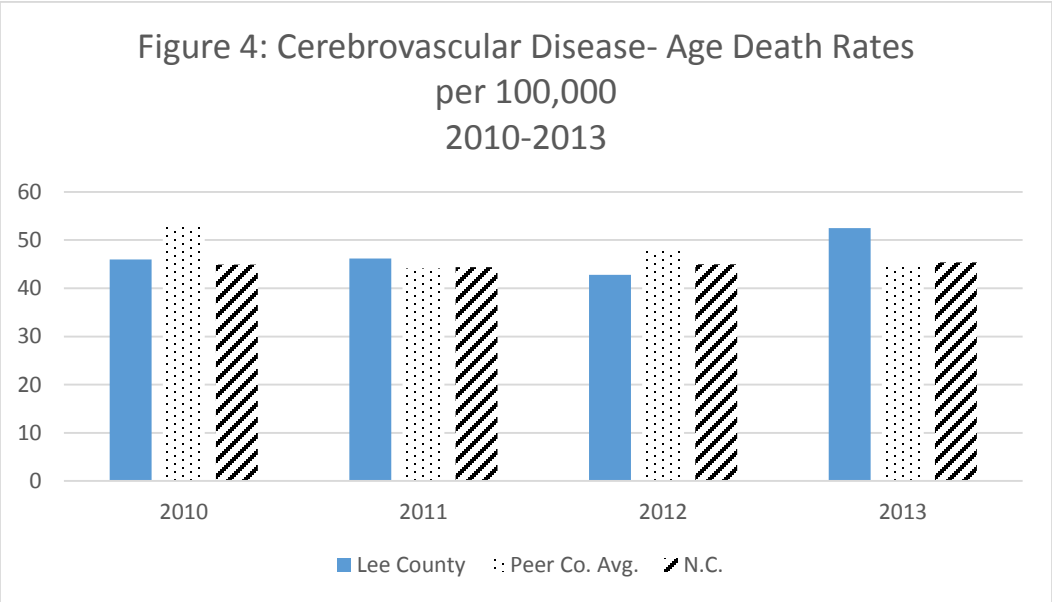
Source: NC State Center for Health Statistics, County Health Data Book

CEREBROVASCULAR DISEASE

Cerebrovascular disease (stroke) is a group of brain dysfunctions related to disease of the blood vessels supplying the brain. Stroke is the fifth cause of death in the United States and the number one cause of adult disability.

Stroke is the fourth leading cause of death in Lee County. Between, 2009-2013, 148 Lee County residents died due to a stroke. Up to 80 percent of all strokes are preventable by making lifestyle changes such as controlling 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 disability and an economically burdensome condition.

At the time of the completion of the 2010 CHA cerebrovascular disease was the third leading cause of death. Cerebrovascular disease death rates have remained consistent in Lee County since the 2010 CHA.



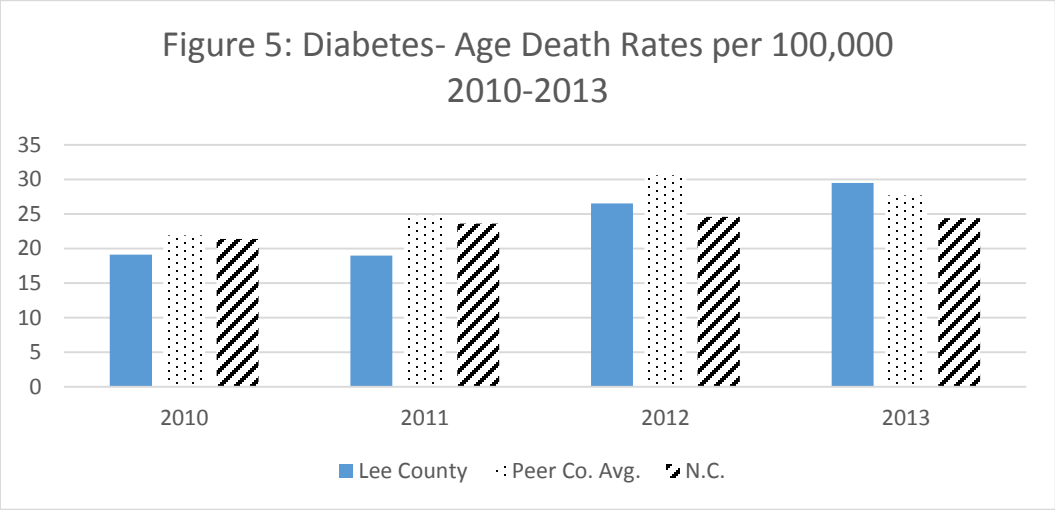
Source: NC State Center for Health Statistics, County Health Data Book

DIABETES

Diabetes is a serious and costly disease that has reached epidemic proportions in the United States in the past decade. Those at highest risk include African Americans, Hispanics, Native Americans and Alaska Natives, Asian Americans and Pacific Islanders, women with a history of gestational diabetes and older adults.

According to the National Institutes of Health, diabetes prevalence is greatest among adults with the least education and the lowest socioeconomic background. Regardless of income and education levels, the proportions of African Americans and Native Americans in North Carolina who have diabetes are greater than the proportion among whites.

The incidence and prevalence of diabetes have increased dramatically during the past 15 years. North Carolina has the 13th highest prevalence of diabetes in the country. Diabetes is an area for much concern for Lee County residents. The mortality rate for Diabetes has increased from 19.1 deaths per 100,000 in 2010 to 29.5 deaths per 100,000 population in 2013.



Source: NC State Center for Health Statistics, County Health Data Book

Table 5: Diabetes Death Rates by Race/Sex – 2009-2013

	White Males		White Females		African American Males		African American Females	
	Deaths	Rate	Deaths	Rate	Deaths	Rate	Deaths	Rate
Lee	29	27	25	16.1	13	NA	19	NA
NC	3,782	21.6	3,261	14	1,788	50.2	2,047	38.5

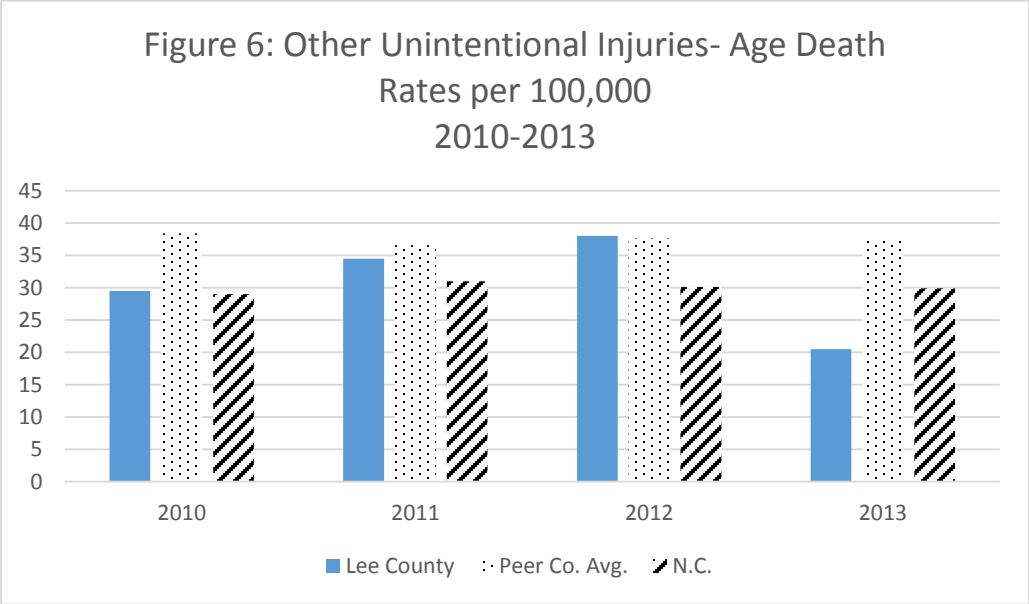
Note: Rates based on fewer than 20 cases (indicated by NA) are unstable and have been suppressed.

Source: NC State Center for Health Statistics, County Health Data Book

OTHER UNINTENTIONAL INJURIES

Deaths from other unintentional injuries was the sixth leading cause of death for Lee County residents. Deaths from unintentional injuries includes deaths from falls, fires and burns, drownings, suffocation and poisonings. The number of deaths from unintentional poisonings in NC has increased by nearly 300 percent since 1999 according to the NC Injury and Violence Prevention Branch. Poisoning is the second leading cause of unintentional deaths. The majority of unintentional poisonings deaths are drug or drug related. Opioid deaths involving medications such as methadone, oxycodone and hydrocodone have increased significantly.

At the time of the 2010 CHA other unintentional injuries was not included in the top ten causes of death for residents. The Lee County Death rate for other unintentional injuries was 28.8 per 100,000 population, which was about the same or slightly lower than its peer counties for the 2009-2013 time period. There were 39 poisoning deaths in Lee County from 2010-2013. Out of those thirty-nine deaths, 24 were due to opiate poisoning.

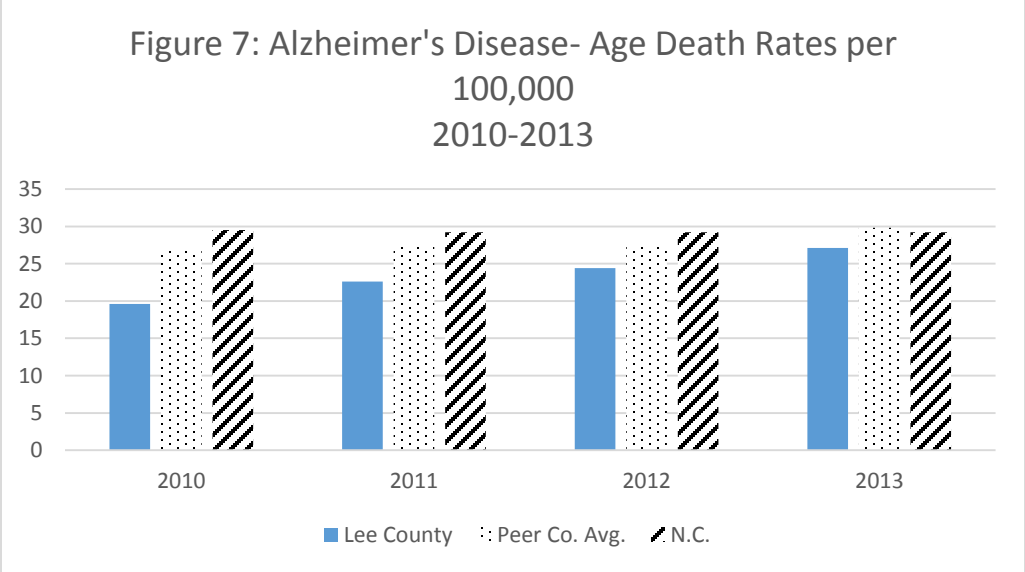


Source: NC State Center for Health Statistics, County Health Data Book

ALZHEIMER'S DISEASE

Alzheimer's disease is the most common cause of dementia among older people. In most people with Alzheimer's, symptoms first appear after age 65. According to the National Institute on Aging, estimates vary, but experts suggest that as many as 5 million Americans age 65 and older may have Alzheimer's disease.

There has been an increase in the Alzheimer's disease death rate in Lee County from 2010-2013. The Lee County rate still remains lower than its peer counties and NC overall.



Source: NC State Center for Health Statistics, County Health Data Book

Alzheimer's disease has affected more than twice the number of females versus males in Lee County and statewide. White males and females are disproportionately affected by Alzheimer's disease.

Table 6: Number of Alzheimer's disease deaths per Race/Sex 2009-2013

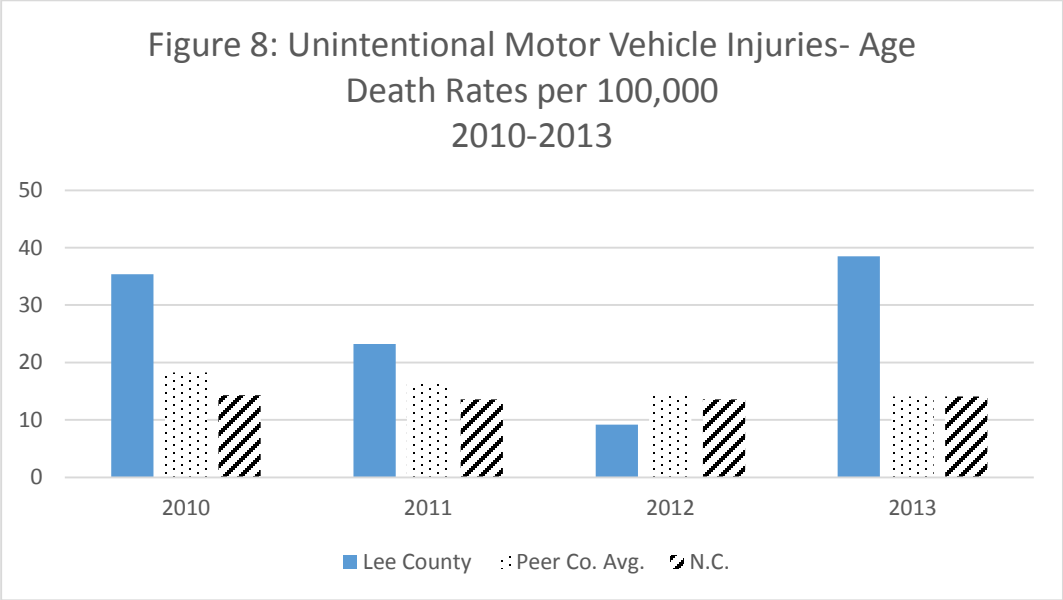
	White Males	White Females	African American Males	African American Females
Lee	14	39	5	7
N.C.	3,386	8,740	503	1,429

Source: NC State Center for Health Statistics

MOTOR VEHICLE INJURIES

Motor vehicle-related injuries are a leading cause of death for people in the United States as well as worldwide. According to the Centers for Disease Control (CDC), road traffic crashes are the leading cause of death in the first three decades of life.

Deaths from unintentional motor vehicle injuries remain in the top ten causes of death for Lee County, changing in rank from the sixth leading cause of death for the 2010 CHA to the eighth cause of death for 2010-2013 with 23.9 deaths per 100,000 population. The N.C. death rate for the same time period was 13.7 per 100,000.



Source: NC State Center for Health Statistics, County Health Data Book

There has been an average of sixteen motor vehicle deaths in Lee County from 2002-2012. The death rate for motor vehicle injuries in Lee County has exceeded the rate for the state of N.C. For the year 2012 there were 299 crashes involving teens in Lee County, resulting in1 fatality and 77 injuries.

Table 7: Lee County Motor Vehicle Deaths: 10 Year Trend

2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	10 Year Average	2012
16	17	15	15	20	22	20	4	17	14	16	4

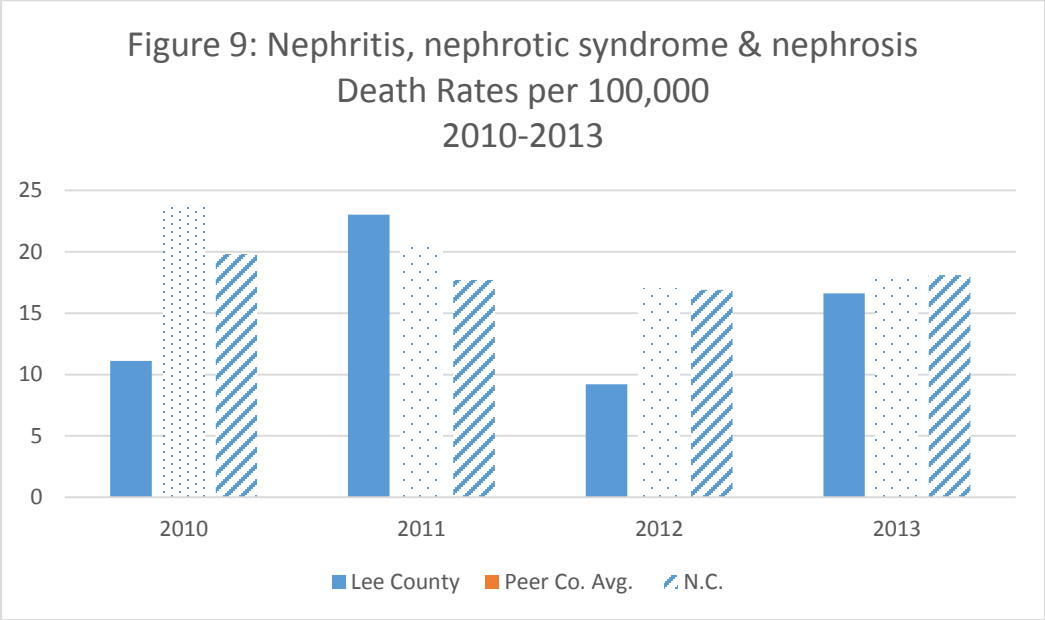
Source: NC Division of Motor Vehicles

NEPHROTIC SYNDROME

Nephritis, nephrotic syndrome and nephrosis are renal (kidney) disorders. Nephritis is any inflammation of the kidneys, while nephrotic syndrome (also known as nephrosis) is a kidney disease resulting from damage to the blood vessels that filter waste from the blood. These conditions can result from infections, drug exposure, malignancy, hereditary disorders, immune disorders, or diseases that affect multiple body systems (e.g., diabetes and lupus)

According to the CDC, nephrotic syndrome is the ninth leading cause of death for the United States resulting in 14.9 deaths per 100,000 population.

This complex of kidney disorders represented the ninth leading cause of death in Lee County from 2009-2013. The death rate for Lee County for 2009-2013 was 16 deaths per 100,000 population.



Source: NC State Center for Health Statistics, County Health Data Book

PNEUMONIA AND INFLUENZA

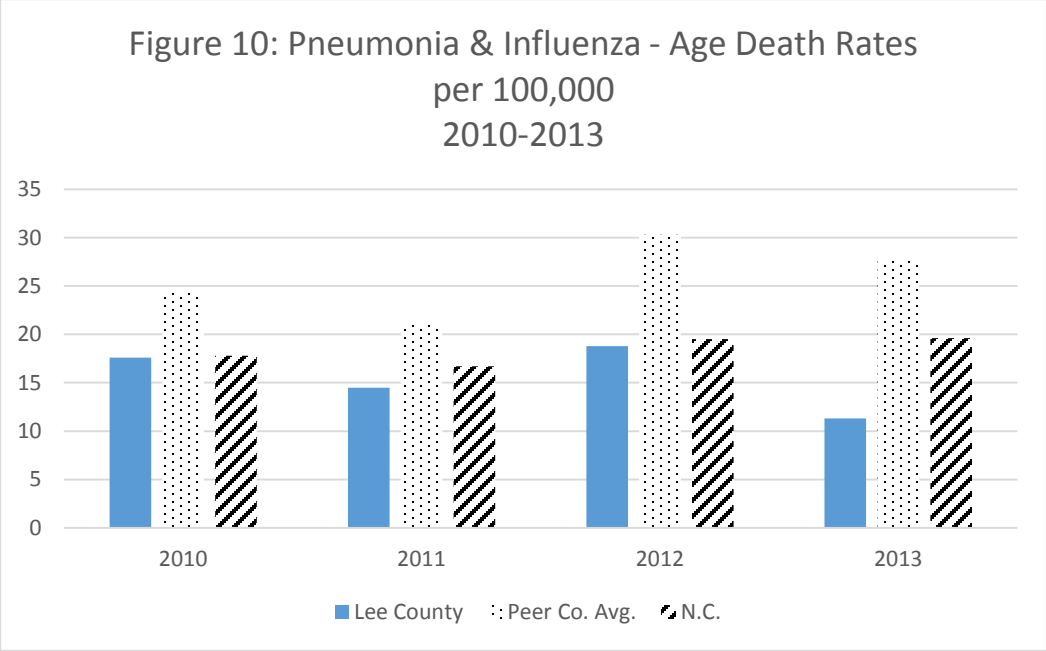
Pneumonia, an infection of the lungs, can cause illness ranging from mild to severe in people of all ages.

According to the CDC, each year in the United States, about 1 million people are hospitalized with pneumonia, and about 50,000 people die from the disease. Most of the hospitalizations and deaths from pneumonia in the United States are in adults rather than in young children.

Influenza (flu) is a contagious respiratory illness caused by influenza viruses.

Flu can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with certain health conditions, are at high risk for serious flu complications. The best way to prevent the flu is by getting vaccinated each year.

Pneumonia and Influenza were the tenth leading cause of death for Lee County for 2009-2013.



Source: NC State Center for Health Statistics, County Health Data Book

INFANT MORTALITY

The infant mortality rate for 2009-2013 for Lee County was 9.9 deaths per 1,000 live births. The rate for the same time period for the state of N.C.was 7.3. The infant disparity measure was 2.3 for Lee County and 2.5 for the state. This is the ratio of African American infant mortality rate to the White infant mortality rate.

Table 8: 2009-2013 Infant Mortality Rates for Lee County, Peer Counties and N.C.

	Deaths	Rate
Burke	32	7.3
Caldwell	38	9.4
Lee	41	9.9
Rockingham	51	10.7
Surry	28	7.1
Wilkes	30	8.8
NC	4,441	7.3

Source: State Center for Health Statistics

LIFE EXPECTANCY

Life expectancy rates in Lee County and for the state of N.C. is higher for females with regards to sex. As far as race is concerned, Whites have a higher life expectancy when compared to African Americans. Lee County life expectancy rates are slightly lower than the state overall for both sexes and races.

Table 9: 2013 State of North Carolina and 2011-2013 County Life Expectancy at Birth

			Sex				Race			
			Male		Female		White		African American	
	L.E	C.I. (95%)	L.E.	C.I.(95%)	L.E.	C.I.(95%)	L.E.	C.I. (95%)	L.E.	C.I. (95%)
NC	78.3	78.2-78.4	75.8	75.6-75.9	80.7	80.6-80.9	78.9	78.8-79.0	75.9	75.7-76.1
Lee	77.1	76.3-77.8	73.6	72.5-74.7	80.6	79.6-81.5	78.1	77.3-78.9	73.3	71.4-75.2

Source: NC State Center for Health Statistics: Life Expectancy: State and County

Life expectancy rates for Whites have increased by approximately four years from 1990-2013. Blacks experienced an almost five year increase during this time period.

Table 10: Lee County Life Expectancy Rates by Race over Time

Race	Year 1990-1992	Year 2006-2008	Year 2011-2013
White	74.8 years	78.5	78.1
Black	68.7	74.7	73.3

MORBIDITY

CHRONIC DISEASE RATES

CANCER

Female breast cancer is the type of cancer with the highest rates for Lee County with an incidence of 137.2 cases per 100,000 population, followed by prostate cancer at a rate of 100.2 cases per 100,000.

Table 11: 2008-2012 Cancer Incidence Rates for Selected Sites per 100,000 Population

	Colon/Rectum		Lung/Bronchus		Female Breast		Prostate	
	Case	Rate	Case	Rate	Case	Rate	Case	Rate
Lee	147	44.6	260	76.8	251	137.2	161	100.2
N.C.	20,343	39.8	37,215	71.9	43,740	157	34,064	139.4

Source: NC State Center for Health Statistics

DIABETES

Approximately 16% of the Community Health Opinion survey respondents reported being told by a doctor, nurse, or other health professional that they have diabetes.

In Lee County for the year 2013 there were 156 cases of diabetes hospitalizations.

According to the Robert Woods Johnson Foundation's County Health Rankings the number of diabetic screenings for Lee County is on the increase. For the year 2014 there were 620 reported diabetics in Lee County and 87% received HbA1c screening.

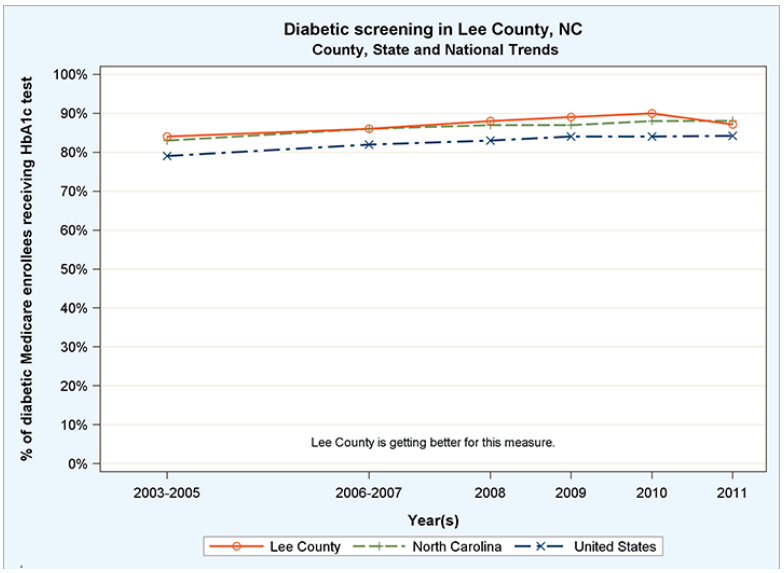


Figure 11: Diabetic Screening Trends (Source: Robert Wood Johnson Foundation)

INFECTIOUS DISEASES

INFLUENZA/PNEUMONIA

The Healthy NC 2020 target is to reduce the pneumonia and influenza mortality rate (per 100,000 population) to 13.5. Lee County's mortality rate for 2009-2013 was 13.9.

There were a total of 222 influenza/pneumonia cases diagnosed at the local hospital. The average length of stay was 4.5 days and the average charge per day was $6,431.00.

INJURIES

Injury is a leading cause of death and disability in North Carolina. Injury is the leading cause of death among people aged 1 to 49 years, and homicide in particular is the second leading cause of death for people aged 15 to 24 years. Homicide was one of the leading causes of death in Lee County identified by the 2010 CHA. Homicide is no longer in the top ten causes of death for Lee County residents. However, other unintentional injuries were the sixth leading cause of death for Lee County residents for the years 2009-2013. Deaths classified under unintentional injuries include drownings, falls, poisonings and suffocation. The death rate for Lee County for other unintentional injuries was 28.8 per 100,000 which was slightly lower than the state rate of 29.3 deaths per 100,000 population.

ORAL HEALTH

The last year for which dental screening data is available from the NC Division of Public Health's Oral Health Section is school year 2009-2010. For school year 2009-2010 79% or 583 Kindergarteners received dental screening. Twelve percent of those screened were found to have unreated dental decay. Eighty-seven percent, 689, of fifth graders were screened. Three percent of fifth graders were found to have untreated dental decay. Fifty-four percent of fifth graders had preventive sealants.

Funding for the Lee County dental hygienist was eliminated in the fall of 2013. Lee County has experienced a nearly complete deficit with regards to dental screenings amongst elementary school aged children. Lack of a dental clinic that serves low income and uninsured populations was a significant issue raised by community members. Dental health was one of the top five priorities listed in the 2010 CHA. In Lee County, partners come together to hold an annual event during National Children's Dental Health Month in February called "Give Kids a Smile!". This event provides dental and health services to uninsured children ages one to thirteen years. While dental health was not chosen as one of the top three health priorities for the next four year community action plan, it remains an issue that the Lee County Health Department and LeeCAN are dedicated to working on with an array of community partners.

RESPIRATORY DISEASE/ILLNESS

TUBERCULOSIS

There were three cases of Tuberculosis reported in Lee County for the years 2011-2013.

Table 12: Tuberculosis Cases and Rates for Lee County and N.C. 2011-2013

	2011		2012		2013	
	Case	Rate	Case	Rate	Case	Rate
Lee	2	3.2	0	0	1	1.7
NC	244	2.5	211	2.2	216	2.2

Source: N.C. Division of Public Health; Tuberculosis Control Program

ASTHMA

Asthma is a long term lung disease that inflames and narrows the airways. Asthma causes recurring periods of wheezing, chest tightness, shortness of breath and couching. Asthma affects people of all ages, but most often starts in childhood. In the United States, more than 25 million people are known to have asthma according to the National Lung, Heart and Blood Institute. About 7 of the 25 million are children.

Lee County had the second highest rates for hospital discharges with a primary diagnosis of asthma for the year 2012 with a significantly higher number of cases in individuals aged 0-14 years.

Table 13: N.C. Hospital Discharges with a Primary Diagnosis of Asthma for the year 2012

All Ages and Ages 0-14

Residence	Total Number	Total Rate	Number Ages 0-14	Rate Ages 0-14
Burke	43	47.5	10	63.8
Caldwell	48	58.6	14	95.9
Lee	65	108.9	23	177.5
Rockingham	129	139.1	29	178.7
Surry	77	104.7	17	123.4
Wilkes	57	82.2	8	65

Numbers and Rates per 100,000 population

STDS/HIV

Lee County consistently maintained a higher rate of Chlamydia cases compared to its peer counties from 2009-2013. The rate of Chlamydia for Lee County also increased each year from 380.3 per 100,000 in 2009 to 522.5 in 2013, exceeding the state rate for that year.

Table 14: Chlamydia Case Rates per 100,000 population

County	2009	2010	2011	2012	2013
Burke	306	276.6	230	248.6	249.7
Caldwell	221.5	201.2	323.4	238	216
Lee	380.3	390.3	469.2	470.6	522.5
Rockingham	362.1	289.4	433.7	409.8	328.9
Surry	144.8	180.4	229.6	217.5	206.6
Wilkes	231.4	203.5	196.5	230.9	151.5
N.C.	466.2	441.1	558	519.1	496.5

Source: NC HIV/STD Surveillance Report

Gonorrhea rates for Lee County were extremely high, exceeding the rates for the state of NC for 2011-2013. The gonorrhea rate for Lee County quadrupled its peer counties' rates in some instances.

Table 15: Gonorrhea Case Rates per 100,000 population

County	2009	2010	2011	2012	2013
Burke	63.7	89.3	86.9	77.3	36.5
Caldwell	41.3	43.4	75.4	53.7	53.7
Lee	82.7	133	215	162.4	142.3
Rockingham	99.7	89.7	176.1	130.5	101.4
Surry	33.1	21.7	25.8	25.8	20.4
Wilkes	24	18.8	20.2	17.3	15.9
N.C.	157.9	148	177.8	146.9	140.1

Source: NC HIV/STD Surveillance Report

Lee County had lower syphilis rates than NC overall and there were zero syphilis cases for Lee County for years 2012-2013.

Table 16: Primary and Secondary Syphilis Case Rates per 100,000 population

County	2009	2010	2011	2012	2013
Burke	2.2	0	2.2	0	2.2
Caldwell	0	0	0	0	0
Lee	5	0	3.4	0	0
Rockingham	0	3.2	1.1	5.4	7.5
Surry	0	0	1.4	1.4	0
Wilkes	0	0	0	0	0
N.C.	5.7	4.1	4.1	3.4	4.3

Source: NC HIV/STD Surveillance Report

Lee County was ranked thirty-eighth out of all NC counties for new HIV infection cases based on the three-year average rate for 2011-2013. The three-year average rate for new HIV infection cases for Lee County from 2011-2013 was 10.1 per 100,000 population. The three-year average rate for new HIV infection cases for the state of NC was 15.0 per 100,000 population. While the rate for new HIV infections for Lee County did not exceed the overall state rate, the total number of HIV cases for Lee County for 2009-2013 was higher than the number of cases in all of the peer counties.

Table 17: New HIV Infection Cases by County 2009-2013

County	2009	2010	2011	2012	2013
Burke	4	2	1	3	3
Caldwell	2	2	1	6	2
Lee	2	14	9	4	5
Rockingham	6	3	11	5	2
Surry	6	2	0	4	5
Wilkes	0	3	2	5	4

Source: NC HIV/STD Surveillance Report

MATERNAL AND CHILD HEALTH

Lee County Resident Births for 2013 – Quick Facts

- 55.5% of women began receiving prenatal care in the first trimester
- 77.1% infants were reported as being breastfed at discharge
- For infants born during the year 2013, 19% of Whites smoked, 16.2 of African Americans and 1.4% of Hispanics.
- According to the County Health Data Book from the NC State Center for Health Statistics, 77.1% of infants were breastfed at duscharge during 2013.

The total pregnancy rate for Lee County from 2009-2013 exceeded the rate for the entire state. The pregnancy rate for Hispanics was the highest at 113.1 per 1,000 population, followed by African Americans and then Whites.

Table 18: 2009-13 Lee County and NC Pregnancy Rates per 1,000 Population:

Females ages 15-44 by Race

	Total Pregnancies	Rate	White Non-Hispanic	Rate	Af. Am. Non-Hispanic	Rate	Other Non-Hispanic	Rate	Hispanic Pregnancies	Rate
Lee	4,965	88.1	2,259	74.5	1,164	95.3	90	79.2	1,438	113.1
N.C.	727,346	74.3	384,850	65.2	198,451	83.1	36,267	81	104,799	109.3

Source: NC State Center for Health Statistics; County Health Data Book

Lee County experienced higher rates of low and very low birth rates than the state of N.C. overall. The rateof low birth weights for African Americans was nearly twice the rate as the White rate.

Table 19: 2009-2013 Number and Percent of Low (≤ = 2500 grams) and Very Low (≤ = 1500 grams) Weight Births by Race and Ethnicity for Lee County and N.C.

				Non-Hispanic									
		Total		Total		White		Black		Other		Hispanic	
County of Residence	Birth Wt.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.	Births	Pct.
NC	Low	54,666	9.0	48,547	9.4	25,462	7.5	20,172	13.9	2,912	9.3	6,119	6.6
	Very Low	10,686	1.8	9,573	1.9	4,372	1.3	4,737	3.3	464	1.5	1,113	1.2
Lee	Low	423	10.2	319	11.1	169	8.7	141	16.6	9	13.2	104	8.1
	Very Low	74	1.8	58	2.0	29	1.5	28	3.3	1	1.5	16	1.2

Source: NC State Center for Health Statistics

TEEN PREGNANCY

The Coalition for Families teen pregnancy prevention efforts have expanded greatly since 2010. In 2011, the Coalition received additional funding though a federal PREP grant to expand primary prevention services to Southern Lee High School and San Lee Middle School. These additional funds allow the Coalition to serve approximately 80-100 more participants each year, with over half of those participants being Hispanic. In 2012, the Coalition began offering an afterschool Smart Girls group to approximately 30 female participants at East Lee Middle School. Another area where the Coalition has strengthened it efforts is with increasing parental involvement through parent nights at each of the schools.

The Teen Council (formerly the Positive Behavior Taskforce) continues to meet quarterly with partners from the community to address teen pregnancy prevention strategies. All of these efforts have contributed to the decrease in the incidence and prevalence of teen pregnancy in Lee County, especially in the Hispanic/Latino population.

In the 2010 Community Health Assessment, Lee County was ranked eighth in the state for teen pregnancy. Lee County experienced an 11.3% decrease in teen pregnancy from 2011 to 2013. Lee County currently ranks 22nd in the state.

Table 20: 2013 Lee County Teen Pregnancies

Number of pregnancies among 15-19 year-old girls	92
Teen pregnancy rate per 1,000 15-19 year-old girls	48.0
Teen pregnancy rates by race/ethnicity	
African American	64.0
Hispanic	56.4
White	34.6
Teen pregnancy rates by age	
15-17 year-olds	19.2
18-19 year-olds	102.3
Number of pregnancies among 15-17 year-old girls	24
Number of pregnancies among 18-19 year-old girls	68
Percent of repeat pregnancies	31.5
Teen birth rate per 1,000 15-19 year-old girls	37.5
NC County Ranking (out of 100 counties)	22
Change since 2011	-11.3%

Source: NC State Center for Health Statistics

LEAD POISONING

Children can be exposed to lead in many ways. Kids can ingest lead by mouth or through breathing lead dust. They can get dust and paint chips on their hands and then put their hands in their mouths.

Water that comes from pipes with lead soldering can contain lead, too. Some pottery and ceramic dishes, home remedies, vending machine trinkets, and costume jewelry contain lead. Even many new, imported toys contain lead paint

Table 21: 2011 N.C. Childhood Blood Lead Surveillance Data

County	Target Population*	Number Tested	Percent Tested	Tested Among Medicaid**	Lead ≥ 10	Percent ≥ 10
Burke	1,837	1,393	75.8	90	8	0.6
Caldwell	1,655	1,225	74	89.1	2	0.2
Lee	1,725	1,191	69	84.5	3	0.3
Rockingham	1,991	1,051	52.8	78.5	3	0.3
Surry	1,672	1,148	68.7	82.4	7	0.6
Wilkes	1,377	615	44.7	78.6	6	1.0
N.C.	249,087	129,558	52	80.7	461	0.4

*Target population is based on the number of live births in 2009 and 2010 **Includes ages 9-11 months

Source: Children's Environmental Health Unit, N.C. State Center for Health Statistics

MENTAL HEALTH

The number of poor mental health days within the past 30 days is used as one measurement of a person's health-related quality of life. Poor mental health includes stress, depression, and other emotional problems and can prevent a person from successfully engaging in daily activities, such as selfcare, school, work, and recreation.

The Healthy NC 2020 Objective is to decrease the average number of poor mental health days among adults in the past 30 days to 2.8. According to the Robert Wood Johnson Foundation Lee County residents experienced an average of 4.0 poor mental health days per month.

When asked if in the past 30 days, there have there been any days when feeling sad or worried kept you from going about your normal business, twenty-two percent of survey respondents answered yes.

Twenty four percent of the Community Health Opinion survey respondents reported being told by a doctor, nurse, or other health professional that they have depression or anxiety.

LeeCAN's Mental Health Partners, have worked to address the stigma associated with mental illness and to increase access to mental health care. Access to Mental Health was identified as a health priority for the 2010 CHA.

In 2013 LeeCAN Mental Health Partners developed a brochure consisting of mental health services available in Lee County. The brochure was developed to improve access

to mental health care by educating the community on mental health and substance abuse services available locally and aid in reducing the stigma associated with mental illnesses. The Lee County Mental Health Services brochure has been circulated in community health fairs, Lee County Schools, Lee County Sheriff's Dept., The Sanford Police Department and Broadway Police Department. NAMI Cumberland Harnett & Lee affiliate have partnered in this effort and have provided assistance with the professional publication of the brochure.

LeeCAN Mental Health Partners were successful in bringing forth an intervention targeting training procedures in regards to crisis intervention, referral procedures, and incidence of response to mental health crises within the community. In response to this effort the NC Crisis Intervention Team of Lee County was established from a subcommittee derived from this group, to bring the nationally recognized evidence based Crisis Intervention Team (CIT) training program to Lee County. CIT is a specialized curriculum that encompasses a 40 hour training program designed to support law enforcement officers in mental health crisis situations, to prevent unnecessary incarceration and get people who need mental health treatment the help they need.

The NC Crisis Intervention Team consists of LeeCAN Mental Health Partners, representatives of Central Carolina Community College, Lee County Public Health Department, Sandhills LME/MCO, Sanford Police Department, Lee County Sheriff's Office, Broadway Police Department, Central Carolina Hospital, Lee Harnett Family Support and the National Alliance on Mental Health (NAMI) of Cumberland, Harnett and Lee counties and local mental health providers.

Through this collaborative effort, CIT training has been provided in Lee County for the last three consecutive years. Collectively, 35 local law enforcement officers have completed the training. The goal is to extend the training to 911 Operators, magistrates, and emergency personnel hopefully in during 2015 or future CIT trainings.

HEALTH CARE

UNINSURED RATES

Lee County is ranked 'High' for the number of uninsured children with 9.4 percent of children aged 0-18 being uninsured. Twenty-two percent of adults aged 19-64 are uninsured.

Health insurance was a major issue identified by community residents. For many residents, a barrier to receiving health services throughout the community is the necessity to have health insurance. For the elderly population, the cost of health insurance was of great concern.

Table 22: Uninsured Number, Percent and Rank for Lee County and NC by Age

	Children (0-18 years)	Adults (19-64)	Total (0-64 years)
	Number/Percent/Rank	Number/Percent/Rank	Number/Percent/Rank
Lee County	2,000 9.4 High	8,000 22.2 Mid-High	10,000 18.2 Mid-High
North Carolina	214,000	1,341,000	1,562,000

Source: NC Institute of Medicine

Numbers of uninsured have been rounded to the nearest thousands. Counties ranked as "Low" are among the 25 counties with the lowest rate, "Mid-Low" are the next 25 lowest rates, 'Mid-High" are the next 25 and "High" are the remaining 25.

HOSPITAL USE

Central Carolina Hospital in Sanford is the only hospital in Lee County. CCH is an acute care private hospital providing emergency medicine, diagnostic imaging, physical rehabilitation and cardiopulmonary services.

The chart below contains data on hospital utilization and charges by principal diagnosis for the year 2013.

Table 23: Lee County Inpatient Hospital Utilization and Charges by Principal Diagnosis for 2013

DIAGNOSTIC CATEGORY	TOTAL CASES	DISCHARGE RATE (PER 1,000 POP)	AVERAGE DAYS STAY	DAYS STAY RATE (PER 1,000 POP)	TOTAL CHARGES	AVERAGE CHARGE PER DAY	AVERAGE CHARGE PER CASE
INFECTIOUS & PARASITIC DISEASES	390	6.5	6.4	41.7	$17,383,701	$6,923	$44,574
-- Septicemia	265	4.4	7.4	32.4	$13,986,436	$7,165	$52,779
-- AIDS	3	0.0	16.3	0.8	$345,437	$7,050	$115,146
MALIGNANT NEOPLASMS	215	3.6	7.8	27.9	$13,555,747	$8,064	$63,050
-- Colon, Rectum, Anus	26	0.4	9.4	4.0	$2,274,674	$9,322	$87,487
-- Trachea, Bronchus, Lung	31	0.5	6.2	3.2	$1,718,500	$8,951	$55,435
-- Female Breast	10	0.2	2.7	0.4	$406,325	$15,049	$40,633
-- Prostate	13	0.2	1.3	0.3	$350,772	$20,634	$26,982
BENIGN, UNCERTAIN & OTHER NEOPLASMS	26	0.4	4.0	1.7	$1,027,528	$9,976	$39,520
ENDOCRINE, METABOLIC & NUTRIT. DISEASES	359	6.0	3.9	23.1	$10,372,335	$7,457	$28,892
-- Diabetes	156	2.6	4.1	10.6	$4,372,180	$6,864	$28,027
BLOOD & HEMOPOETIC TISSUE DISEASES	151	2.5	3.0	7.6	$3,257,768	$7,144	$21,575
NERVOUS SYSTEM & SENSE ORGAN DISEASES	143	2.4	3.9	9.3	$4,338,276	$7,733	$30,338
CARDIOVASCULAR & CIRCULATORY DISEASES	1,184	19.6	4.4	86.0	$49,187,651	$9,492	$41,544
-- Heart Disease	802	13.3	4.5	60.4	$36,730,028	$10,085	$45,798
-- Cerobrovascular Disease	220	3.7	4.2	15.4	$6,980,543	$7,530	$31,730
RESPIRATORY DISEASES	743	12.3	4.5	55.9	$22,769,981	$6,765	$30,646
-- Pneumonia/Influenza	222	3.7	4.5	16.4	$6,354,187	$6,431	$28,622
-- Chronic Obstructive Pulmonary Disease (excl. Asthma)	178	3.0	4.1	12.1	$4,752,557	$6,519	$26,700
-- Asthma	71	1.2	2.6	3.1	$1,155,145	$6,244	$16,270
DIGESTIVE SYSTEM DISEASES	685	11.4	4.4	49.9	$24,600,500	$8,178	$35,913
-- Chronic Liver Disease/Cirrhosis	21	0.3	5.5	1.9	$843,186	$7,269	$40,152
GENITOURINARY DISEASES	355	5.9	4.3	25.3	$10,176,298	$6,673	$28,666
-- Nephritis, Nephrosis, Nephrotic Synd.	135	2.2	5.0	11.3	$4,102,575	$6,033	$30,389
PREGNANCY & CHILDBIRTH	998	16.6	2.4	39.9	$17,254,436	$7,168	$17,289
SKIN & SUBCUTANEOUS TISSUE DISEASES	148	2.5	4.2	10.3	$3,123,272	$5,038	$21,103
MUSCULOSKELETAL SYSTEM DISEASES	475	7.9	3.4	26.7	$22,499,211	$13,957	$47,367
-- Arthropathies and Related Disorders	296	4.9	3.3	16.1	$12,891,966	$13,318	$43,554
CONGENITAL MALFORMATIONS	29	0.5	9.2	4.4	$2,141,266	$7,990	$73,837
PERINATAL COMPLICATIONS	33	0.5	8.2	4.5	$1,185,481	$4,358	$35,924
SYMPTOMS, SIGNS & ILL-DEFINED CONDITIONS	260	4.3	2.6	11.3	$5,437,079	$7,949	$20,912
INJURIES & POISONING	693	11.5	5.3	60.4	$32,519,732	$8,934	$46,994
OTHER DIAGNOSES (INCL. MENTAL DISORDERS)	633	10.5	6.8	71.3	$65,480,491	$15,246	$103,445
ALL CONDITIONS	7,520	124.8	4.5	557.2	$306,310,751	$9,121	$40,738

DETERMINANTS OF HEALTH

SOCIAL ENVIRONMENT

According to 2011 U.S. Census Bureau, 70.9% of residents in Lee County are high school graduates or higher. Approximately 20.2% of Lee County residents have earned a bachelor's degree or higher, compared to 28.4% statewide.

Table 24: Lee County Educational Attainment Levels

Group	Population	Percentage
Population 25 Years and Older	38,364	
Less than 9th Grade	3,750	9.7
9th – 12th Grade, no diploma	3,889	10.1
High School Graduate (includes equivalency)	10,522	27.2
Some College or Associate Degree	9,072	23.5
Bachelor's Degree	5,698	14.7
Master's, Professional or Doctorate Degree	2,118	5.5

Source: U.S. Census Bureau, 2009-2013 5-Year American Community Survey

Lee Couny School system is governed by a seven member board and oversees two traditional high schools, one early college high school, three middle schools, six traditional elementary schools and one year round elementary school. Lee County Schools also includes one alternative school and one exceptional education school.

Table 25: Student Enrollment/Student Diversity

Enrollment 2013-2014	
Number of Students in K-12	10,006
Kindergarten – Grade 5	4,806
Grades 6 – 8	2,264
Grades 9 – 12	2,936
Pre – K	199
Student Diversity	
American Indian	4%
Asian	0.7%
African American	21.3%
Hispanic	31.8%
White	42%

Source: Lee County Schools

Eighty percent of graduating seniors in 2014 planned to continue their education through either a two or four year program.

Table 26: Students' Continuing Education in 2014

Seniors accepting scholarships	181
Amount of scholarships accepted	$2,879,378
Overall Grade Point Average of graduating seniors (unweighted)	2.61
North Carolina Academic Scholars	124
Future Plans	
Percent of students planning to continue their education in a two year program	54%
Percent of students planning to continue their education in a four year program	26%
Percent of students planning to enter the military	5%

Source: Lee County Schools

Overall, Lee County SAT scores were slightly lower than SAT test scores for NC students overall.

Table 27: Lee County SAT (Scholastic Aptitude Test) Scores 2011-2013

	Math	Critical Reading	Writing	Math + Critical Reading
2011	497	476	448	973
2012	493	470	445	963
2013	490	479	459	969
All NC Students	495	506	478	1001

Source: Lee County Schools

Adequate Yearly Progress (AYP) is a series of targets that schools, school districts, and states must meet each year. The ultimate goal is for 100% of students to score proficient in reading and mathematics. The ABCs of Public Education plan focuses on strong Accountability, teaching the Basics, and maximum local Control.

Table 28: AYP/ABC Comparison Results

District	% Making Growth	% Meeting AYP Goals
Lee	53.8	63.7
Chatham	94	73.2
Harnett	62.3	66.7
Moore	65.2	73.4
Wake	80	75.2

Source: Lee County Schools

The percentage of dropouts in Lee County has decreased significantly from 7.2% in 2004-05 to 2.9% in 2013-2014.

Table 29: Percentage of Lee County Dropouts from 2005-05 to 2013-2014 School Years

2004-05	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14
7.2%	7.8%	5.8%	4.9%	5.6%	4.9%	4.7%	3.6%	3.1%	2.9%

Source: Lee County Schools

CRIME

The table below shows the rates for “index crime”, which consists of violent crime (murder, rape, robbery, and aggravated assault) plus property crime (burglary, larceny, and motor vehicle theft).

Table 30: Crime and Selected Indicators for Lee County 2004-2013

Offense Category	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Murder	3	6	3	6	9	6	3	4	5	8
Rape	13	14	16	12	8	5	5	3	4	2
Robbery	75	68	72	66	64	57	55	43	37	51
AA*	115	76	60	72	85	77	54	71	61	74
Burglary	779	595	655	699	580	585	459	381	393	335
Larceny	1,489	1,441	1,418	1,205	1,144	1,106	1,078	1,115	929	972
MV T*	176	170	176	153	166	103	102	116	76	62
Total	2,650	2,370	2,400	2,213	2,056	1,939	1,756	1,733	1,505	1,504

Source: NC Department of Justice http://crimereporting.ncdoj.gov/Reports.aspx

When asked which one issue affects the quality of life in Lee County Community 10% of survey respondents cited violent crime as being one of their top concerns. The total number of overall crime has decreased over the past decade.

FINANCIAL/ECONOMIC FACTORS

INCOME

The majority of households in Lee County have an income of less than $50,000. The median household income for 2011-2013 was $44,641. When survey respondents were asked which one issue most affects the quality of life in Lee County, the greatest percentage of respondents (32%) chose low income/poverty.

Table 31: Lee County Income Levels, 2011-2013

Income Level	Households	% of Households
Less than $25,000	6,085	28.8
$25,000 to $49,999	5,568	26.3
$50,000 to $74,999	4,116	19.5
$75,000 to $99,999	2,901	13.7
$100,000 to $200,000	2,211	10.5
$200,000 or More	264	1.2
Median Household Income	$44,641	

Source: US Census, American Community Survey

Average weekly wages for Lee County for 2010-2011 were $193.00 lower than wages for the Research Triangle Region.

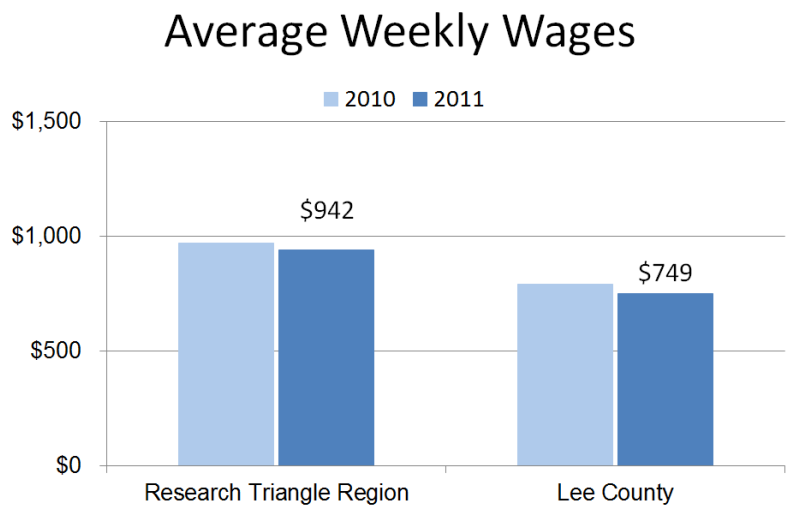


Figure 12: Average Weekly Rates for Lee County vs. Research Triangle Region
(Source: NC Department of Commerce's Division of Employment Services)

POVERTY RATE

The poverty rate is the percent of the population (both individuals and families) whose money income (which includes job earnings, unemployment compensation, social security income, public assistance, pension/retirement, royalties, child support, etc.) is below the threshold established by the Census Bureau.

According to the US Census, homeownership rate for Lee County for 2009-2013 was 69.1% compared to 66.4% for the state of NC.

Table 32: Lee County Poverty Rates, 2011-2013

Group	# of Persons	% of Persons
All Individuals	10,588	17.5
Under 18 Years of Age	4,105	24.9
Related Children Under 5 Years	2,084	29.1
Related Children 5 to 17 Years	2,585	22.9
18 to 64 Years of Age	3,361	16.3
65 Years of Age and Older	5,919	10.0

Source: US Census, American Community Survey

The percentage of school age children receiving free and reduced lunch has increased from 54% in 2006 to 57% in 2009 and has remained around 65% for the past four years.

Table 33: Lee County School Age Children Poverty Level

Year	Free and Reduced Lunch Percentages
2011	63.32
2012	64.66
2013	65.38
2014	65.79

Source: LCS Free and Reduced Lunch Report

ECONOMY

The unemployment rate for Lee County as of November 2014 was 7.0% compared to 9.0% for November 2013. This is according to the NC Department of Commerce, Division of Employment Security.

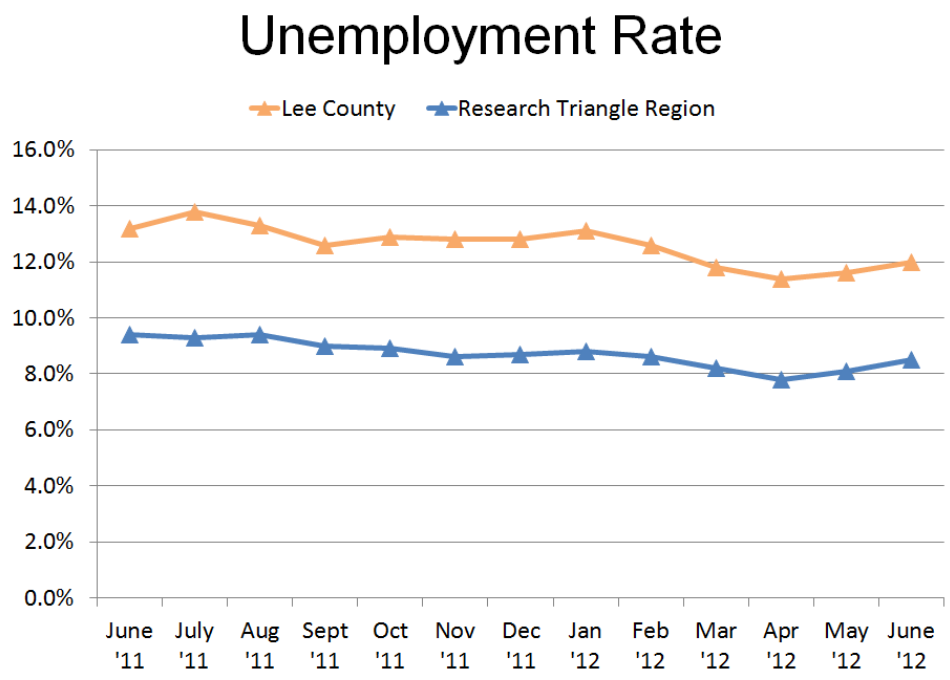


Figure 13: Unemployment Rate Lee County vs. Research Triangle Region
(Source: NC Department of Commerce's Division of Employment Services)

Table 34: Top Employers in Lee County by Number of Employees

Lee County Schools	1,000+
Static Control Components Inc.	500-999
Pilgrims Pride Corporation	500-999
Coty Llc	500-999
Amisub of North Carolina Inc.	500-999
Caterpillar Inc.	500-999
Pentair Pool Products Inc.	500-999
County of Lee	500-999
Frontier Spinning Mills Inc.	250-499
Central Carolina Community College	250-499

Source: NC Commerce, Labor and Economic Analysis Division, Top 25 Employers by NC County

INDIVIDUAL BEHAVIOR

TOBACCO USE

North Carolina has the 14th highest smoking prevalence in the nation. Although overall smoking rates among adults in the state have dropped in the past decade, North Carolina still lags behind the national average.

According to the BRFSS an estimated 20% of Lee County residents are smokers. 12% of survey respondents reported smoking. Forty percent of respondents reported being exposed to secondhand smoke.

The Healthy NC 2020 Objective is to decrease the percentage of adults who are current smokers to 13%.

SUBSTANCE USE

As of July 2013 the total estimated number of adults in Lee County with substance abuse issues was 3,092. The number of youth (ages 12-17) estimated to have substance abuse issues was 337.

Table 35: Estimated Number of Persons with Substance Abuse Issues in Lee County and NC as of July 2013

	Estimated Youth (Ages 12-17)	Estimated Adults (Ages 18-25)	Estimated Adults (age 26+)	Total Estimated Adults	Prevalence Rate for Adults (ages 18+)	Estimated Youth & Adults (ages 12+)	Prevalence Rate for Youth & Adults (ages 12+)
Lee	337	1,020	2,072	3,092	6.91%	3,429	6.89%
NC	51,905	193,822	344,700	538,521	7.11%	580,426	7.07%

Source: SAMHSA, Office of Applied Studies and National Surveys on Drug Use and Health

OVERWEIGHT/OBESITY RATES

Obesity is often the end result of an overall energy imbalance due to poor diet and limited physical activity. Obesity increases the risk for health conditions such as coronary heart disease, type 2 diabetes, cancer, hypertension, high cholesterol, stroke, liver and gallbladder disease, sleep apnea and respiratory problems, and osteoarthritis.

The following data on obesity and physical inactivity were obtained from The National Diabetes Surveillance System. The estimates are based on data from the CDC's Behavioral Risk Factor Surveillance System (BRFSS) and data from the U.S. Census Bureau's Population Estimates Program.

Unfortunately, the obesity rate for Lee County continues to increase. From 2007-2010 adult obesity rates for Lee County and N.C. exceed the adult obesity rate for the United States. The obesity rate for Lee County is in alignment with the obesity rate for the state of N.C. overall at 29%

Obesity was identified as the number one health priority by community residents. Obesity has been a top priority for the past three community health assessments.

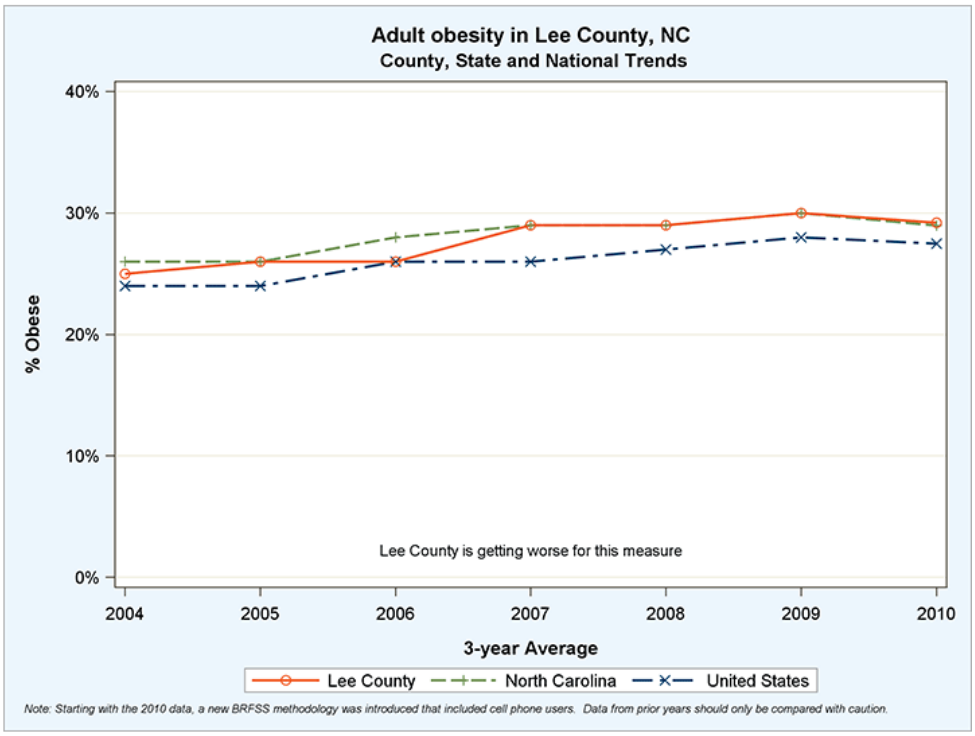


Figure14: Obesity Trends (Source: Robert Wood Johnson Foundation)

PHYSICAL ACTIVITY

Physical activity is an important factor affecting overall health as well as body weight. Regular physical activity reduces the risk of heart disease, stroke, hypertension, and type 2 diabetes. Regular physical activity also reduces risk for certain cancers, strengthens bones and muscles, and improves mental health.

The Healthy Carolina 2020 Objective for physical activity is to Increase the percentage of adults getting the recommended amount of physical activity to 60.6%.

According to the BRFSS Lee County rates of physical inactivity have remained fairly consistent from 2004-2010 with the average rate being 26% for the population.

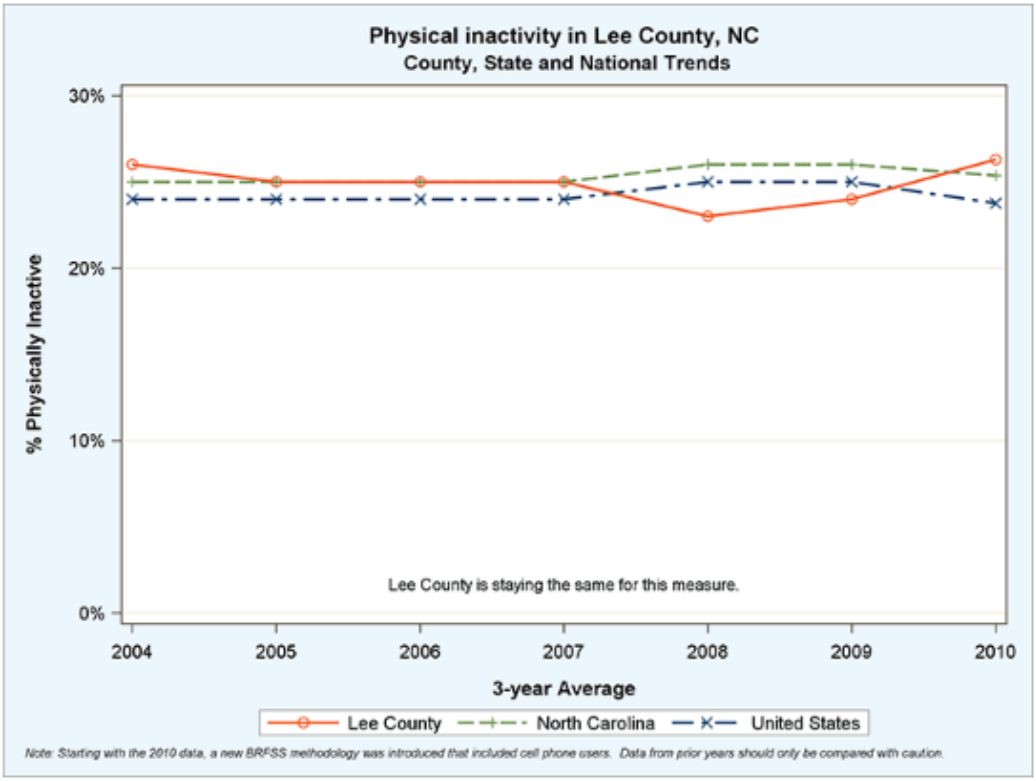


Figure 15: Physical Inactivity Trends (Source: Robert Wood Johnson Foundation)

PHYSICAL ENVIRONMENT

AIR QUALITY

The North Carolina Division of Air Quality monitors the condition of outdoor air tracking. Air Quality is the measurement of the condition of the air which is necessary for life to exist. Air Quality matter such as pollutants and pollen also identifies risk. Air Quality measures how clean the air quality is and the health effects that are concerned. According to the Air Quality Index Report for Lee County there were 57 days where air quality was measured and those days fell into the 'Good' range. The NC Division of Air Quality recently established a new air monitoring station in Lee County. The monitoring station was put into place to establish baseline air quality conditions in the area in anticipation of shale gas exploration, development and production.

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.

The Department of Social Services, Senior Services, Central Carolina Hospital, Sandhills Center for Mental Health, Central Carolina Community College and other agencies/organizations contract with COLTS to provide transportation services for their customers.

COLTS vehicles travel daily Monday through Friday throughout Lee County. There is a nominal fee for service.

The Raleigh Exec Jetport, formerly known as Sanford-Lee County airport is located approximately seven miles northeast of Sanford via Highway U.S. 1. The airport opened in 2000. Raleigh Exec Jetports was recently renovated and includes a 6,500-by-100-foot runway with parallel taxiway with a weight capacity of 100,000 pounds. As a Federal Aviation Administration testing center, Raleigh Exec Jetport offers licensure and certification testing services for scores of federal agencies and professional associations using LaserGrade.

Transportation was reported more often in the focus groups as a barrier and major issue in Lee County than any other issue identified. While the COLTS exists, county residents did not identify it as a regularly utilized form of transportation. Though it is difficult to infer whether residents believe the transportation system has limitations with the program (ex. Fees, limited areas and times of coverage), or whether the lack of transportation perception is attributable to low levels of awareness of COLTS, this issue remains something that Lee County must address.

RECREATION

Lee County Parks and Recreation provides a broad range of recreational and leisure opportunities to Community residents. There are eleven miles of trails and 314 local park acres in Lee County. The Parks and Recreation Department also offers outdoor educational programs, summer camps, recreational activities, aquatics and sports for all ages.

LEAD

In 2012, one child was reported for confirmed elevated blood lead levels (≥ 20ug/dl). 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.

In 2013, one child reported an elevated blood lead level (≥ 10ug/dl) in April and resolved in January 2014 after the Child Health Nurse had provided educational materials to parents/guardians.

In 2014, two children (siblings) reported in November with elevated blood lead levels. Child Health Nurse has provided educational materials and children will be retested in early 2015.

PUBLIC HEALTH PREPAREDNESS

The Lee County Health Department has a division dedicated to protecting the well-being of Lee County residents in the event of a man-made or natural disaster. Public Health Preparedness (PHP) collaborates with Emergency Management to mitigate, prepare, respond and recover from potential events which may occur in Lee County. Multi-agency participation is key for the integration of sound public health preparedness strategies.

The current pressing issue among PHP is Ebola. Ebola all-partner calls, along with mitigation and preparedness planning have been occurring since the potential epidemic began. Community partners from many agencies have collaborated on concern such as personal protective equipment, Isolation and Quarantine orders, and contact tracing. PHP recently modified its Pandemic Flu Plan to include Isolation and Quarantine Orders, as well as including a Continuity of Operations annex.

Public Health Preparedness has also conducted meetings with local businesses to integrate effective measures to allow local businesses to dispense medical countermeasures. A Closed Point of Distribution (POD) exercise will be held in 2015. These partnerships allow individuals to pick up medications, at their place of employment, for themselves and their families. This arrangement reduces the load on distributing medications at public health distribution points. PHP's objective in developing these partnerships is to ensure the well-being of as many individuals as possible efficiently. This is all part of the Strategic National Stockpiles (SNS) plan and is updated annually.

CHAPTER FIVE – INVENTORY OF EXISTING HEALTH RESOURCES

HEALTH PROFESSIONALS INVENTORY

As in years past, access to care continues to be a priority health issue for Lee County residents. The information provided in this section gives a brief overview of health care professionals currently in the county as compared to peer counties and, the State of North Carolina.

This is followed by a listing of key resources related to CHA priority findings. It not a comprehensive listing of resources, but 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 the availability of health professionals in Lee County as compared to its peer counties, and between the most recent four years of available data specific to Lee County. The data is quite comprehensive; therefore, only specific items were selected that were more in line with the Community Health Assessment findings.

Table 36: 2012 North Carolina Health Professionals per 10,000 Population

Health Professionals	Lee	Chatham	Harnett	Moore*	State
Physicians	15.2	8.3	6.2	33.0	22.3
Primary Care Providers	7.4	4.4	3.6	9.7	7.6
Dentists	3.9	2.7	1.9	6.6	4.5
Dental Hygienists	7.1	6.5	5.8	6.8	5.6
Pharmacists	6.9	6.2	8.3	10.7	10.1
Registered Nurses	63.4	35.3	32.7	150.3	99.6
Licensed Practical Nurses	25.9	12.5	12.5	36.7	18.5
Physician Assistants	3.6	0.3	3.9	5.7	4.1
Psychologists	0.5	1.2	0.3	1.5	2.2
Psychological Associates	0	1.4	0.7	0.8	0.9
Population	59,111	66,545	121,264	90,707	9,765,229

***A greater number of health professionals exist in Moore County due to the presence of a regional hospital and specialty practices found within the county. Source: www.shepscenter.unc.edu**

In comparing the population of Lee County with its surrounding counties, Lee County has the smallest total population. However, Lee County has a higher number of physicians, primary care providers, dentists, dental hygienists, registered nurses, licensed practical nurses, and physician assistants per 10,000 population than Chatham or Harnett Counties. This suggests that Lee County is better equipped to meet the needs of their residents in these areas.

With the exception of dental hygienists, Moore County boasts higher numbers of health professionals than Lee County. However, it is important to note that Moore County has a major regional hospital that has attracted a vast number of health professionals (physicians, registered nurses) to the area.

Likewise, Lee County's rates fall below that of the State of North Carolina in every category with the exception of dental hygienists and licensed practical nurses. While this is a statistical trend observed in the 2008 data provided in the 2010 Lee County Health Assessment, dental health was not identified as one of the top three priority areas for this four-year cycle. However, the Lee Community Action Network (LeeCAN) remains dedicated to partnering and participating in positive dental health initiatives taking place throughout the county.

The 2012 statistics show that Lee County has a lower rate of mental health professionals than the State of North Carolina, Chatham County, and Moore County with 0.5 psychologists per 10,000 residents, and no psychological associates present. This supports feedback received from Lee County residents that identifies a lack of mental health services being a major issue in the county. Just as in the 2010 Lee County Community Health Assessment, Mental Health (combined with Substance Abuse) continues to be a top priority area for the county.

Table 37: 2012 North Carolina Health Professionals per 10,000 Population
Lee and Comparable Counties

Health Professionals	Lee	Burke	Caldwell	Rockingham	Surry	Wilkes	State
Physicians	15.2	20.8	9.8	11.5	17.6	11.9	22.3
Primary Care Providers	7.4	6.7	5.1	4.7	8.1	5.9	7.6
Dentists	3.9	4.0	2.4	2.7	3.3	2.6	4.5
Dental Hygienists	7.1	4.2	5.0	6.8	7.5	6.0	5.6
Pharmacists	6.9	8.6	6.8	8.6	8.6	5.7	10.1
Registered Nurses	63.4	110.7	51.9	43.1	87.9	62.9	99.6
Licensed Practical Nurses	25.9	18.2	8.7	18.4	22.7	8.8	18.5
Physician Assistants	3.6	2.7	1.1	2.6	3.9	1.9	4.1
Psychologists	0.5	2.8	0.4	0.4	0.1	0	2.2
Psychological Associates	0	3.6	0.7	0.1	0.3	0.7	0.9
Population	59,111	89,977	82,605	92,873	73,718	69,755	9,765,229

Source: www.shepscenter.unc.edu

In comparing Lee County with its peer counties, Lee County again has the smallest population. Despite this, Lee County falls in the middle of the range of rates between the counties for every category except for licensed practical nurses and psychological associates. This suggests that Lee County is above the standard for meeting the needs of its residents where nursing care is concerned, and is well below the standard for meeting the needs of care from psychological associates as compared to its peer counties. Mental health, as stated previously, is still a major issue and top priority in Lee County.

Table 38: 2009-2012 North Carolina health Professionals per 10,000 Population for Lee County

Health Professionals	2009	2010	2011	2012
Physicians	15.0	15.3	15.1	15.2
Primary Care Providers	8.4	8.8	8.2	7.4
Dentists	3.9	3.9	3.8	3.9
Dental Hygienists	6.7	6.3	7.0	7.1
Registered Nurses	64.5	65.7	66.4	63.4
Licensed Practical Nurses	26.0	25.8	26.0	25.9
Physician Assistants	3.1	3.1	3.4	3.6
Psychologists	0.3	0.5	0.5	0.5
Psychological Associates	0	0	0	0
Population	58,574	58,574	58,574	59,111

Source: www.shepscenter.unc.edu

When reviewing rates for Lee County for the 2009-2012 data periods, the number of physicians, dentists, registered nurses, licensed practical nurses and psychologists per 10,000 residents has remained consistent. There has been a slight decrease in the number of primary care providers per 10,000 residents. Due to the small amount of change between the rates, it cannot be said that this change is enough to create a lack of services for Lee County residents in this field. Likewise, slight increases in the number of dental hygienists and physician assistants per 10,000 residents from 2009-2012 are not significant enough to definitely state that the needs of Lee County residents are being exceeded in those fields. The lack of psychological associate services continues to be an area of great need for the county.

Although consistent rates during these periods could be considered a positive outcome, Lee County's lack of significant growth could be considered a negative when compared to the increasing population within the area.

Health Facilities Inventory

Please see Appendix C for an inventory of the existing health facilities located in Lee County.

CHAPTER SIX – COMMUNITY CONCERNS

PRIORITY RESULTS

On January 29, 2015 a community forum was held at the Cooperative Extension Office at 6:00 p.m. This community forum was publicized in the local paper. Community outreach was also conducted. All members of the Lee County Health Department's community partnerships were notified of the meeting

At the community forum, a brief presentation on key findings from the Community Health Opinion Survey were shared. Key findings from the focus groups were also shared with the group. A discussion was held after the presentation, and the top five health priorities from the community survey and the focus group were tallied and presented to the group.

A secret ballot voting system was then used to narrow down identified community issues to the three in most need of action. Community members were asked to choose their top three health priorities and rank them from 1 to 3, with 1 being equal to the highest priority.

Priority health concerns identified for Lee County were as follows:

1. Obesity
2. Substance Abuse/Mental Health
3. Teen Pregnancy/STDs

As presented above, the top three health priorities for the next four-year action cycle are obesity, substance abuse, and teen pregnancy/STDs. The Mental Health taskforce (established through LeeCAN) also works on substance abuse related issues, and will continue to do so for the next four years. In the coming months, LeeCAN and the Lee County Health Department will work on creating community action plans that will be focused on creating solutions to address obesity, substance abuse, and teen pregnancy/STD issues in Lee County.

CHAPTER SEVEN – COMMUNITY HEALTH ASSESSMENT DISSEMINATION

Accreditation Activity 1.3 requires local health departments to disseminate the results of the Community Health Assessment (CHA) to local health department stakeholders, community partners and the general population. The 2014 Community Health Assessment will be disseminated through the community through a variety of methods.

Media

- Publish the document in both a hard copy form and a digital form for that can be accessed by online users.
- Develop a press release and Public Service Announcement (PSA) to be distributed to local media.
- An Executive Summary and PowerPoint will be created and published that will briefly highlight key findings from the Community Health Assessment. The Executive Summary will be published in English and Spanish.

Presentations

- The press release and public service announcement will be included in any presentations given to selected/key public officials.
- A newspaper article in the Sanford Herald will present the key findings of the Community Health Assessment with thanks given to all community members who participated in the process.
- Community presentations will be conducted to various groups, including:
    - The Lee County Board of Health
    - The Lee Community Action Network (LeeCAN)
    - The Lee County School Health Advisory Council
    - The Lee County Board of Commissioners
    - Local Civic Groups
    - Other groups and businesses (upon request)

Dissemination

- Hard copies of the document will be distributed to the Lee County Board of Health, the Lee County Health Department, the Chamber of Commerce, Central Carolina Hospital, the offices of the Mayor of Sanford and the Mayor of Broadway, the District Office of Lee County Public Schools, NC House and Senate Representatives from this area, local public library branches, and other locations upon request.
- The press release and public service announcement will be disseminated to outlets throughout the county.
- The complete report will be available to be downloaded on the Lee County Government website, and at least three hard copies (English and Spanish) will be available for check out from the Community Health Education Department at the Lee County Government Center.
- An electronic version of the Community Health Assessment will be given to the city, county, and Chamber of Commerce for dissemination via their websites.

- The Executive Summary will be mailed to all community leaders, local agencies, and organizations, and given to all LeeCAN partners and Health Department staff.
- The Executive Summary and other documents (as feasible) will be translated into Spanish – Lee County's second most widely spoken language.

APPENDIX A – COMMUNITY HEALTH OPINION SURVEY

2014 Lee County Community Health Opinion Survey Results

PART 1: Quality of Life Statements

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. How do you feel about this statement, "There is good healthcare in Lee County"? Consider the cost and quality, number of options, and availability of healthcare in the county.	**6.1%**	**14.4**	**36.2**	**36.1**	**7.3**
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.	**1.3 %**	**10**	**28.1**	**45.4**	**13.2**
3. How do you feel about this statement, "Lee County is a good place to grow old"? Consider the county's elder-friendly housing, transportation to medical services, recreation, and services for the elderly.	**4.4%**	**8.3**	**30.1**	**41.1**	**16.3**
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 the county**.**	**12.7%**	**30.7**	**31.1**	**23.7**	**3**
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 the county.	**3.3%**	**17.3**	**33.7**	**38.6**	**6.6**
6. How do you feel about this statement, "There is plenty of help for people during times of need in Lee County"? Consider social support in this county: neighbors, support groups, faith community outreach, community organizations, and emergency monetary assistance.	**7.1%**	**16.2**	**27**	**39.1**	**11**

PART 2: Community Improvement

7. Which one issue most affects the quality of life in Lee County? (Please choose only one.)

Pollution (air, water, land	2.4%	Elder abuse	0.7%
Dropping out of school	5.2%	Child abuse	1.2%
Low income/poverty	32.2%	Domestic Violence	2.7%
Homelessness	5.9%	Violent crime (murder, assault)	10.9%
Lack of / inadequate health insurance	8.2%	Theft	4.7%
Hopelessness	2.2%	Rape / sexual assault	2.2%
Discrimination / racism	4.2%	Other	7.2%
Lack of community support	6.7%	None	1.7%
Neglect and abuse	1.7%		

8. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (Please choose only one)

Animal Control	2.5%	Better/more recreational facilities	5.7%
Child care options	1.2%	Healthy family activities	4.7%
Elder care options	4.7%	Positive teen activities	11.5%
Services for disabled people	1.8%	Transportation options	7.2%
More affordable health services	5.7%	Availability of employment	16.6%
Better/more healthy food choices	7.9%	Higher paying employment	15.3%
More affordable/better housing	3.1%	Road maintenance	1.2%
Number of health care providers	2.1%	Road safety	0.3%
Culturally appropriate health services	1.2%	Other	0.6%
Counseling/mental health/support groups	0.9%	None	4.7%

Part 3. Health Information

9. In your opinion, which one health behavior do people in your own community need more information about?

Eating well/nutrition	15.1%	Using child safety seats	1.4%	Substance abuse prevention	15.7%
Exercising/fitness	8.6	Using seat belts	0	Suicide prevention	0.3
Managing weight	10.2	Driving safely	1.2	Stress management	2.4
Going to a dentist for check-ups	3.4	Quitting smoking/tobacco use prevention	2.7	Anger management	1.8
Going to the doctor for yearly check-ups and screenings	7.7	Child care/parenting	3	Domestic violence	1.5
Getting prenatal care during pregnancy	0	Elder care	1.5	Crime prevention	5.5
Getting flu shots and other vaccines	0.3	Caring for family members with special needs/disabilities	2.7	Rape/sexual abuse prevention	1.2
Preparing for an emergency/disaster	2.4	Preventing pregnancy and STD's	7.1	Other	3.7

10. Where do <u>you</u> get most of your health-related information? Please choose only one.

Friends and Family	14.3%	Hospital	3.5%
Doctor/Nurse	39.6	Health Department	1.8
Pharmacist	3.7	Help lines	0.6
Church	2.1	Books/magazines	4.6
Internet	23.2	Other	5.5
My child's school	0.9		

11. What health topic(s)/ disease(s) would <u>you</u> like to learn more about?

_____

12. Do you have children between the ages of 9 and 19 for which you are the caretaker?

(Includes step-children, grandchildren, or other relatives.)

28% Yes 72% No

13. Which of the following health topics do you think your child/children need(s) more information about?

8.5	Dental hygiene	5.0%	Tobacco	10.5%	Drug Abuse
16	Nutrition	5.8	STDs	8.5	Reckless driving/speeding
5.8	Eating Disorders	9.7	Sexual intercourse	7.4	Mental health issues
3.5	Asthma management	7.8	Alcohol	5.6	Suicide prevention
3.9	Diabetes management			1.5	Other

PART 4: Personal Health

14. Would you say that, in general, your health is…

Excellent	2.9%	Very Good	33%
Good	34.8	Fair	14.6
Poor	2.9	IDK	2.4

15. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions?

Health Condition	Yes	No	IDK
Asthma	11.4%	73.6%	1.3%
Depression or anxiety	24.5%	73.6%	1.8%
High blood pressure	37.7%	61.4%	0.9%
High cholesterol	33.6%	65%	1.8%
Diabetes (not during pregnancy)	15.9%	82.7%	1.8%
Osteoporosis	7.3%	90%	2.7%
Overweight/Obesity	32.7%	66.8%	1.4%
Angina/heart disease	12.7%	85.9%	1.8%
Cancer	10.5%	88.6%	1.4%

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

Yes 22.8% No 72.2% IDK/not sure 4%

17. In the past 30 days, have you had any physical pain or health problems that made it hard for you to do your usual activities such as driving, working around the house, or going to work?

Yes 28.7% No 68.4% IDK/not sure 1.5%

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

Yes 64% No 34% 1.8 DK/Not sure 1.8%

19. Since you said yes, how many times do you exercise or engage in physical activity during a normal week? _____

(If you exercise more than once a day, count each separate physical activity that lasts for at least a half hour to be one "time.")

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

YMCA	3.7%	Private gym	0.1%
Park	18.2%	Home	40.3%
Public Recreation Center	5.5%	Other	22%

21. 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.

My job is physical or hard labor	8.2%	There is no safe place to exercise	2.5
Exercise is not important to me	3.5%	I'm too tired to exercise	14.3
I don't have access to a facility that has the things I need i.e. pool, track	4.6%	It costs too much to exercise	5.6
I don't have enough time to exercise	18.4	I'm physically disabled	5.6
I would need child care and I don't have it	5.6	I don't know	7.1
I don't know how to find exercise partners	3.5	Other	7.1
I don't like to exercise	14.3		

22. Not counting lettuce salad or potato products, think about how often you eat fruits and vegetables in an average week. <u>How many cups per week of fruits and vegetables would you say you eat?</u>

One apple or 12 baby carrots equal one cup.

Number of cups of fruit	4.91 Average
Number of cups of vegetables	6.08 Average
Number of cups of 100% fruit juice	2.16 average

23. Have you been exposed to secondhand smoke in the past year?

Yes 40.5% No 56.6% IDK/not sure 2.7%

24. If yes, where do you think you are exposed to secondhand smoke most often? *(Check only one place)*

Home	35.6%	Worksite	15.9%
Hospitals	3	Restaurants	7.5
School	1.5	Other	6.3

25. Do you currently smoke? (Include regular smoking in social settings.)

Yes 12.3% No 87.6%

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

6.7%	Quit Line NC	10%	Health Department
23.3%	Doctor	33.3%	I don't know
0	Church	20%	Other: _____
3.3%	Pharmacy	33.3%	Not applicable; I don't want to quit
0	Private counselor/therapist		

27. Now I will ask you questions about your personal flu vaccines. An influenza/flu vaccine can be a "flu shot" injected into your arm or spray like "Flu Mist" which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine?

57.8%	Yes, flu shot	38.9%	No
1.2%	Yes, flu spray	1.2%	Don't know/Not sure
0.9%	Yes, both		

Part 5. Access to Care/ Family Health

28. Where do you go most often when you are sick? Choose only one please.)

66.2% Doctor's office

0.9 Health department

6.8 Hospital

8.9 Medical Clinic

7.7 Urgent Care Center

7.1 Other: Moncure Clinic, VA Hospital, Nowhere, home remedies, chiropractor

29. What is your primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills? (Please choose only one.)

10%	State Employee Health Plan
32.7	Blue Cross and Blue Shield of NC
10.5	Other private health insurance plan purchased from employer or workplace
5.2	Other private health insurance plan purchased directly from an insurance company
20.1	Medicare
8	Medicaid or Carolina ACCESS or Health Choice
1.6	The military, Tricare, CHAMPUS, or the VA
0	The Indian Health Service
0.9	Other (government plan)
9.7	No health plan of any kind
1.3	Don't know/Not sure

30. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility?

Yes 19.5 No 78.6 Don't know/ Not sure 1.8

31. Since you said "yes," what type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to.

19.1 %	Dentist	22.7%	General practitioner
14.7	Pediatrician	8	Pharmacy/Prescriptions
3.6	Health Department	5.1	OB/GYN
5.1	Urgent Care Center	5.1	Hospital
5.1	Urgent Care Center	4.4	Medical Clinic
6.6	Specialist: Neurologist (2), Orthopedics, hearing, back, arm/hand		

32. Which of these problems prevented you or your family member from getting the necessary health care?

27.7%	No health insurance
8.8	Insurance didn't cover what I/we needed
6.7	My/our share of the cost (deductible/co-pay) was too high
5.8	Doctor would not take my/our insurance or Medicaid
3.7	Hospital would not take my/our insurance
3.7	Pharmacy would not take my/our insurance
8.3	Dentist would not take my/our insurance or Medicaid
8.3	No way to get there
7.8	Didn't know where to go
6.1	Couldn't get an appointment
8.4	The wait was too long
4.7	Other: no dental insurance, apt. several months out, Dr. did not follow up after initial appt., Dr. I wanted to see wasn't accepting new patients

33. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to? Please choose only one.

Private counselor or therapist	24.7%	Doctor	26.3%
Support group (i.e. AA, Al-Anon)	9.5%	Minister/religious official	17.6%
School counselor	2.1%	Other	4.6%
Don't know	14.8%		

Part 6. Emergency Preparedness

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

Smoke Detector Only	40.2%	Carbon Monoxide Detector Only	0.6%
Both	48.2	No	9.4
IDK/not sure	1.5		

35. Does your family have a basic emergency supply kit?

Yes 41.1% No 53.1% Don't know/Not sure 5.7%

36. If yes, how many days do you have supplies for?

27 people reported having supplies for 3 days
7 people reported having supplies for 20 days
12 people reported having supplies for 30 days

37. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (Check only one)

46.7% Television	0 Print media (ex. Newspaper)
27.8 Radio	7.8 Social networking site
10.6 Internet	6.7 Neighbors

38. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?

Yes 79.2% No 12.6% IDK/not sure 8.1%

39. What would be the main reason you might not evacuate if asked to do so? (Check only one.)

22.4%	Lack of transportation
4.7%	Lack of trust in public officials
15.3%	Concern about leaving property behind
4.5%	Concern about personal safety
18.8%	Concern about family safety
8.3%	Concern about leaving pets
4.7%	Concern about traffic jams and inability to get out
0%	Health problems (could not be moved)
11.7%	Other
9.3%	Don’t know/Not sure

APPENDIX B – SUPPORTIVE SERVICES INVENTORY

Supportive Services Inventory

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.

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 South Third Street

Sanford, NC 27330

Fax: (919) 774-7593

Directions: On South Third Street between Horner Boulevard and Courtland Avenue

Website: www.leecountync.gov/ec

Description:

The Enrichment Center is a public facility housing Lee County Senior Services, County of Lee Transit System and Veterans Services. The Center is a focal point in the community where patrons access services and engage in activities. Programming at the Center is intergenerational with an emphasis on community betterment through involvement. They offer a variety of innovative programs: educational, entertaining, fitness, health and wellness.

Programs

Service description: The Enrichment Center of Lee County is a North Carolina Senior Center of Excellence. 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, health and wellness opportunities, and various classes. The class topics

include financial planning, insurance, drivers' refresher courses, art classes, current events, cooking classes, dancing, fitness, crafts, and computers.

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.

Powerful Tools Training for Family Caregivers

Service description: The Powerful Tools Training for Family Caregivers 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, and 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/Departments/Colts

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.

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

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

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 in April, and Tuesdays from 10:00 a.m.-12:00 p.m. at the Lee County Enrichment Center. The Sanford Farmers' Market usually runs through 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/Departments/ParksRecreation

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.

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: Barbara Flagg, Executive Director

Phone: (919) 898-2923 (Gulf) and (919) 777-0236 (Sanford)

Email: reachoutcpc@embarqmail.com

Located: 507 N. Steele St. Rm 306 (Arts and Community Center)

Sanford, NC 27330 and

1565 Gulf Road, Suite B

Gulf, NC 27256

Mailing address: 507 North Steele Street
Suite 306

Sanford, NC 27330

Fax: (919) 898-2924

Service Description: Pregnancy testing, options education (Abortion, Adoption, Parenting), referrals/resource list for medical care, housing, social services and legal aid, prenatal, parenting and child development education through the Earn While You Learn Curriculum - Parenting Program, Maternity and baby items (through participating in EWYL, One Time Emergency Help also available), STD/SDI information, post-abortion support/help through our Surrendering the Secret Bible Study (for info about the study go to www.surrenderingthesecret.com), and free limited ultrasound - (by appointment only). They have a licensed professional providing our ultrasound service.

Referrals: childbirth classes, professional counseling, educational and career counseling, government assistance programs, maternity housing, and adoption services.

Material support: disposable diapers, baby hygiene products, baby furniture & equipment: Pak n' Play, bassinet, car seat, etc. (as available), newborn/toddler shoes, outfits, clothes (0-12 mos.), maternity clothing**.**

Fees: All services are free for the client.

Social Services

Lee County Department of Social Services

Contact: Brenda B. Potts, Director

Phone: (919) 718-4690

Located: 530 Carthage Street

Sanford, NC 27330

Mailing address: 530 Carthage Street

P.O. Box 1066

Sanford, NC 27330

Fax: (919) 718-4634

Hours of Operation: Monday – Friday: 8:00 AM – 5:00 PM

Service Description:
Financial:

Work First Family Assistance - Temporary assistance for needy families (WFFA). Eligible families get a monthly check or a one-time payment when the family has children (under 18 or expected to graduate prior to turning 19) that meet a certain degree of relationship to the adults applying. Consideration given to countable income, that must be at or less than a certain percent of the poverty level and resources/liquid assets must be below certain levels. This program also provides Medicaid that assists with medical care to those family members.

Medical Assistance (Medicaid) - This program helps families or individuals (disabled/aged) with medical bills (doctor fees, prescription drugs, hospital charges, nursing home care, etc.). All programs have an income limit and some coverage programs have resource limits. If eligible, Medicaid can also cover unpaid medical bills for the three months prior to your month of application. N.C. Health Choice - Health insurance coverage for the children who do not qualify for Medicaid and whose family income is under 200% of poverty. This program requires a yearly $50 enrollment fee for a family with 1 child or $100 for 2 or more when the family income is over 150% of poverty. There is a small co-payment for some of the services provided by N.C. Health Choice.

Food and Nutrition Services - Supplements low income families/individuals to buy adequate food for proper diets. Households must pass an income and resource test. Allotments are computed based on income, certain household expenses, living arrangements and household size. Eligible households receive an EBT card (electronic debit card) that they use to purchase food. The EBT card can be swiped at grocery merchants similar to a credit card.

State-County Special Assistance for Adults- A cash supplement to help low-income individuals residing in adult care homes (such as rest homes) pay for their care. Adult care homes are unlike nursing homes in that medical care is not provided by home staff. Designated staff may administer medications and provide personal care services such as assistance with bathing, eating, and dressing.

Child Support Enforcement - This program seeks to establish paternity, establish child support orders, enforce orders, collect payments, and obtain medical insurance from absent parents.

Crisis Intervention Program - This program is for low-income households in a heating or cooling-related life-threatening emergency. This program has limited funding but normally the allocation last most of the year unless there are extreme low and high temperatures.

Low Income Energy Assistance Program - This program provides assistance to low-income households to help with the cost of heating. Applications are taken on a staggered period beginning in December for households with elderly or certain type members served first and remaining households beginning in January, if funds still available. Payments are made directly to the heating source vendor.

Energy Neighbor Energy and CEMC Project Share - This program is for households in a heating or cooling related emergency when service is provided by Energy Neighbor and Central Electric Membership Corporation. These programs have income limits and authorization is based on funding availability.

Jim Garner Fuel Fund for the Elderly - A program run strictly on contributions from the community. These funds are used to provide heating or cooling for the elderly that are living on fixed incomes. The program is expanded, when contributions allow, assisting this same elderly group with prescriptions.

Child Day Care - This program provides authorization for child day care expenses for low-income families that are employed, attending school, protective service's cases, and Work First Families. There are different eligibility requirements based on the reason for the need for child day care. Parents can expect to have a parent fee each month for their portion of the day care expense.

Social Services

Work First Employment Services - Purpose of this program is to assist Work First recipients in becoming self–sufficient through job training and education, with emphasis on job placement.

Child Services – Recruitment, training and licensing of foster/adoptive parents, conduct independent adoptions, supervision of adoptive placement, home studies for relative adoptions. Supervision of dependent children in foster care with the focus on return to family or other permanency situations, i.e. adoption, guardian, custody. Investigations or assessment of families where abuse/neglect/dependency has been alleged. Treatment (case management) for families where abuse/neglect/dependency has been established.

Youth Work Permits – Issue employment certificates to children under the regulations of the State Department of Labor. Forms can be picked up at Social Services or printed from the Internet. After the employer completes the form, it must be brought to Social Services. The permit must be signed by the minor in front of the social service's staff issuing permits. The minor must bring with them their birth certificate or legal picture identification.

Adult Services – Services include In-Home Aide Services, Home Management services, long term care, Adult Day Care (day care for adults), Nursing and Adult Care Home placement, respite services, case management for adults at risk for abuse, neglect or exploitation, adult protective services, Adult Care Home case management for those individuals in area facilities requiring enhanced care and supervising/monitoring adult care homes/family care homes under the licensure rules and regulations of the Division of Facility Services. Provide guardianship services for individuals found incompetent and there is no family or individual capable, suitable or willing to serve.

Community Alternative Program (CAP) - A Medicaid waiver program, which provides an alternative to nursing home placement for those eligible persons.

SA In-home- Individuals must have income below the federal poverty level, be eligible for Medicaid and otherwise eligible for Special Assistance, have an FL-2 indicating a need for Adult Care Home level of care, have an assessment and service plan that indicates the individual can live safely at home with services.

Aid to the Blind - Aid for people, who are not eligible for Medicaid, but need aid in getting eye exams and eye glasses; social work services for the blind. Appointments are necessary.

Disaster Assistance- Provide assistance to American Red Cross and Emergency Management in the event of a disaster. Functions would include registration of residents of shelters, management of the shelters and providing services to shelter residents.

Disposition of Unclaimed Bodies- When Lee County residents expire and the bodies are not claimed for burial by friends or family, social services must dispose of the bodies. This disposition does not include a funeral or burial.

Voter Registration- Register to vote all individuals applying for benefits, recertifying their benefits, or updating an address at a public assistance agency.

Fishing License Waiver- Issue Residential Subsistence Inland/Coastal Recreational Fishing License Waivers for recipients of Medicaid, Food Stamps and Work First Family Assistance

Christians United Outreach Center of Lee County (CUOC)

Contact: Teresa Dew Kelly, Executive Director

Phone: (919) 774-8485

Located: 2885 Lee Avenue

Sanford, NC 27331

Mailing address: 2885 Lee Avenue

P.O. Box 2217

Sanford, NC 27331

Fax: N/A

Thrift Store Hours of Operation: Monday: 3:00 PM – 7:00 PM
Tuesdays – Saturdays: 9:00 AM – 1:00 PM

Client Hours of Operation: Mondays: 4:30 PM – 6:00 PM
Wednesdays: 12:30 PM – 2:00 PM
Fridays: 12:30 PM – 2:00 PM

Service Description:

Food Pantry: Distribution of perishable and non-perishable items to supplement the nutritional needs of families in crisis.

Thrift Shop: Where people in emergency situations can receive free clothing and other household items (items are also for sale and sale of such items help finance the other services offered by CUOCLC).

Financial Assistance: Emergency assistance pledged toward electric bills, etc., as funds allow.

Medical Equipment: Available equipment loaned for as long as client-need exists.

Second-Chance Gowns: Prom gowns provided at no cost to girls who otherwise would not be able to afford one.

Pastoral Care: During client hours, pastors from various ministries are present to lend a listening ear.

Conclusions Drawn:

Lee County provides a myriad of services within the community. Despite these efforts, obesity, teen pregnancy, and a lack of mental health/substance abuse services remain areas of greatest concern for the residents of Lee County. The creation of community care centers, rural health clinics, and in-patient mental health substance abuse centers would help to address some of the concerns in the county. This creation, in turn, could motivate more psychologist and psychological associates to set up practices in the area.