Photo Credit: visitsanfordnc.com

2022-2025

Lee County, NC

Community Health Needs Assessment

Central Carolina Hospital | 1135 Carthage St | Sanford, NC 27330 | 919.774.2100 | Central Carolina Hospital Website AND Lee County Department of Health | 106 Hillcrest Drive| Sanford, NC 27330 | 919.718.4632 | Lee County Health Department Website

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Perspective / Overview

About Central Carolina Hospital

Central Carolina Hospital is nestled in the heart of central North Carolina and is located only 40 minutes southwest of Raleigh, our state's capital, and just 40 minutes from the gates of Fort Bragg Military Base. Central Carolina Hospital has been providing quality, compassionate healthcare for the residents of Lee County and surrounding areas for decades. CCH strives to be a leader in service excellence by delivering quality services, courteously and promptly, and respecting the patient's dignity and individual needs.

Central Carolina Hospital is a 137-bed acute care hospital with over 100 physicians and more than 500 employees. The hospital offers a wide range of specialties, including cardiology, orthopedics, ophthalmology, general surgery, obstetrics, gynecology, emergency medicine, gastroenterology, hospitalist services, nephrology, hematology, urology, podiatry, pulmonary medicine, and wound care.

We also have provider networks in place for primary care, cardiology, and women's care to provide timely access to care, programs, and education.

Hospital services include an emergency room seeing over 38,000 patients a year, physical and occupational therapy, cardiac rehabilitation, diagnostic imaging and radiology, inpatient and outpatient surgery, maternity services, nutritional counseling by clinical dietitians, hyperbaric oxygen therapy, and diagnostic cardiac catheterization. We provide comprehensive care in a warm and friendly environment by a highly trained and experienced patient care team.

Mission

Making Communities Healthier®

Vision

We want to create places where:

- people choose to come for healthcare
- physicians want to practice
- employees want to work

High Five Guiding Principles

- Delivering high quality patient care
- Supporting physicians
- Creating excellent workplaces for our employees
- Taking a leadership role in our communities
- Ensuring fiscal responsibility

Duke LifePoint Promise

Duke LifePoint promises to engage with our patients and people, lead quality innovation and advance knowledge to improve health in the communities we serve.

Creating a Culture of Health in the Community

Action Cycle Source: the Robert Wood Johnson Foundation's County Health Rankings website: http://www.Countyhealthrankings.org/roadmaps/action-center

The Community Health Needs Assessment (CHNA) uses systematic, comprehensive data collection and analysis to define priorities for health improvement, creates a collaborative community environment to engage stakeholders, and an open and transparent process to listen and truly understand the health needs of Lee County, North Carolina.

The Action Cycle shows how to create healthy communities. The rankings later in the document assist in understanding what makes a healthy community.

Impact of 2019 CHNA and Implementation Plan

Impact

COVID-19 impacted implementation in 2020. Groups were unable to meet in person and services were limited in the community. However, progress was made prior to COVID.

In 2019, Central Carolina Hospital selected the following significant health needs:

1. Obesity
2. Fitness/Nutrition
3. Mental health – including alcohol and substance misuse

*The progress since 2019, included but not limited to the engagement with the community in Schools and Health Education seminars, Cooking demonstrations for healthy living, Diabetes education and awareness led by our nursing staff and Dieticians.

*Central Carolina Hospital also partnered with Lee County Health Department on the COVID Clinics that were stood up in the community during the pandemic. Central Carolina Hospital and physician practices provides over 1700 flu vaccinations annually and between 2020 -2021 the hospital provided over 2900 COVID vaccinations and boosters.

*Central Carolina Hospital partners with Meals on Wheels to help serve one warm and nutritious meal daily to the disabled, elderly and other temporary or permanently homebound persons who are unable to provide meals for themselves.

*Central Carolina hires clinical social workers to work in our ED and Inpatient units serving Mental Health and Behavioral health patients to improve access to resources and engage follow up care. The hospital Case Management Department also facilitates a quarterly Crisis Collaborative with local and regional Behavioral Health units and Outpatient services to staff high risk cases. Hospital Social Workers a provide Crisis Intervention Training for local law enforcement offices in Lee County.

*Prior to the County's decision to change EMS providers, Central Carolina EMS was instrumental on working with the community on the use of Narcan in the field to deal with increasing concerns around Substance abuse and accidental overdose.

*Central Carolina Hospital and Central Carolina Sandhill's clinic continued their partnerships with Lee County Health Department in providing OB and Primary care service in the Health Departments clinics. Central Carolina Hospital also provides Mammography and colposcopy services to patients of the Health Department.

*Central Carolina Hospital partners with the Helping Hand Clinic of Lee County that assists low income, medically uninsured clients who are chronically ill by providing diagnostic radiology services.

2022 Community Health Needs Assessment

This document is a single hospital Community Health Needs Assessment (CHNA) for Central Carolina Hospital as well as a Community Health Assessment (CHA) for the Lee County Health Department. A partnership completed the CHNA composed of:

- Central Carolina Hospital
- Lee County Department of Health

Central Carolina Hospital, as the sponsors of the assessment, engaged national leaders in community health needs assessments to assist in the project. Stratasan, a healthcare analytics and services company based out of Nashville, Tennessee, provided the analysis of community health data, facilitated the focus groups, conducted the interviews and facilitated a community health summit to receive community input into the priorities and brainstorm goals and actions the community could take to improve health.

Starting on November 30, 2022, this report is made widely available to the community via Central Carolina Hospital's website https://www.centralcarolinahosp.com/ and the health department's website https://www.leecountync.gov/departments/public_health/community_partnerships/health_reports_and_resources.php paper copies are available free of charge at:

- Central Carolina Hospital, 1135 Carthage St, Sanford, NC 27330 or by phone 919-774-2100
- Lee County Public Health, 106 Hillcrest Drive Sanford, NC 27330 or by phone (919) 718-4640

Central Carolina Hospital's board of directors approved this assessment on November 29, 2022.

PROJECT GOALS

1. To continue a formal and comprehensive community health assessment process which allows for the identification and prioritization of significant health needs of the community to assist with resource allocation, informed decision-making, and collective action that will improve health.
2. To continue a collaborative partnership between all stakeholders in the community by seeking input from persons who represent the broad interests of the community.
3. To support the existing infrastructure and utilize resources available in the community to instigate health improvement in the community.

"We initiated the Community Health Needs Assessment with the goal to assess the health and needs of the community. This process is an affirmation of what we've been doing to improve health and has jumpstarted our next implementation plan, said Chris Fensterle, CEO Central Carolina Hospital.

The information gathered both from public health data and from community stakeholders provided the insight the community needed to set priorities for significant health issues and will be used by the community to inform and support our implementation plans, added Heath Cain, Health Director, Lee County Health Department."

Community

Input and Collaboration

Data Collection and Timeline

In January 2022, Lee County Health Department and Central Carolina Hospital began a Community Health Needs Assessment for Lee County and sought input from persons who represent the broad interests of the community using several methods:

- Information gathering, using secondary public health sources, occurred in August 2022.
- Twenty-five community members participated in three focus groups for their perspectives on community health needs and issues on May 19, June 23 and August 11, 2022.
- A community survey was conducted from March 16 – August 16, 2022. 663 surveys were completed including 399 paper surveys, 218 online surveys in English and 46 online surveys in Spanish.
- Health Summit was conducted on October 27, 2022, with community stakeholders. The audience consisted of healthcare providers, government representatives,, not-for-profit organizations, and other community members.

Photo Credit: visitsandordnc.com

Information Gaps

While this assessment was quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all the community's health needs.

Participants

Approximately 700 community members collaborated to implement a comprehensive CHNA process focused on identifying and defining significant health needs, issues, and concerns of Lee County. The eight-month process centered on gathering and analyzing data, as well as receiving input from persons who represented the broad interests of the community, to provide direction for the community and hospital to create a plan to improve the health of the communities.

Participation by those Representing the Broad Interests of the Community

Participation in the focus groups and the Community Health Summit creating the Lee County Community Health Needs Assessment and Improvement Plan included:

Three focus groups were held at:

- Central Carolina Hospital on May 19
- Dennis Wicker Civic Center on June 23
- McSwain Building on August 11, 2022

25 community members participated in focus groups to share their opinions on community health status and needs.

They represented: Hospital, Mental health, Substance use, Attorneys, Children and families, Housing authority, and Community advocates

Organization	Population Represented (kids, low income, minorities, those w/o access)	How Involved
Central Carolina Community College	College age students	Summit
Central Carolina Hospital	All	Summit
Lee County Commissioner	All	Summit
Lee County Health Department	All	Summit
Lee County Health Department (COVID)	All	Summit
Lee County Health Department/Community Care of NC	All	Summit
Matthew's Voice	Drug education	Summit
NC Cooperative Extension	All	Summit
Opioid Treatment OTP	Substance Use	Summit

In many cases, several representatives from each organization participated.

Community Engagement and Transparency

Many members of the community participated in focus groups, survey, and the Summit. We are pleased to share the results of the Community Health Needs Assessment with the rest of the community in hopes of attracting more advocates and volunteers to improve the health of our communities. The following pages highlight key findings of the assessment. We hope you will take the time to review the health needs of our community as the findings impact every citizen in one way or another; and join in the improvement efforts.

Input of the Medically Underserved, Low-Income, and Minority Populations

Input of medically underserved, low-income and minority populations was received though focus groups, surveys and the community health summit. Agencies representing these population groups were intentionally invited to the focus groups and summit. The community survey was representative of the whole community – by race, ethnicity, education, and income.

Input of those with Expertise in Public Health

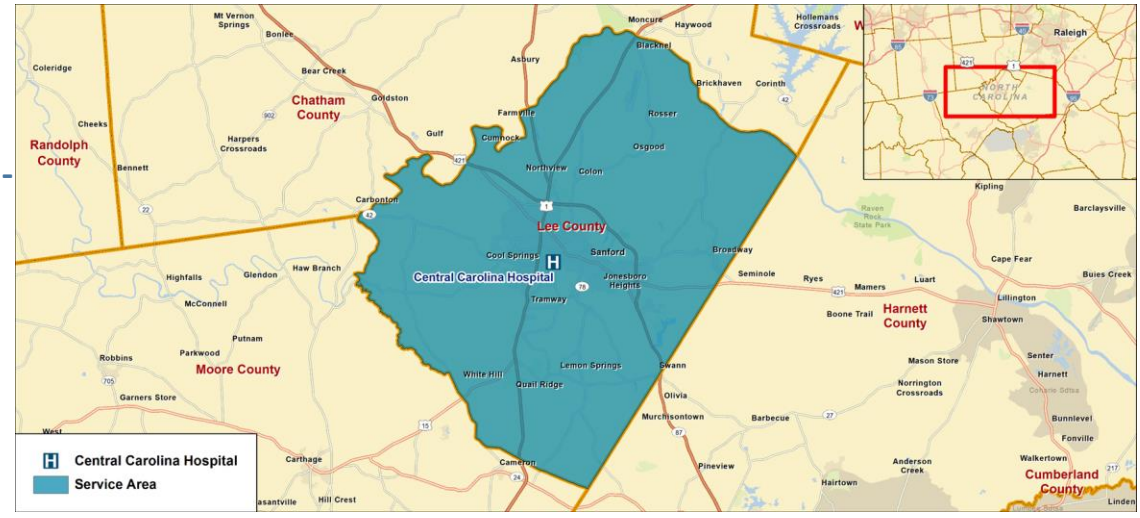
The Health Department was a member of the partnership conducting the CHNA and participated in the focus groups and in the summit. The health department participated in the prioritization of significant community health needs.

Community Selected for Assessment

Lee County was the primary focus of the CHNA due to the service area of Central Carolina Hospital. Used as the study area, Lee County provided 75% of inpatient discharges from January 1, 2021, through December 31, 2021. The community includes medically underserved, low-income, and minority populations who live in the geographic areas from which Central Carolina Hospital draws their patients.

All patients were used to determine the service area without regard to insurance coverage or eligibility for financial assistance under Central Carolina Hospital's Financial Assistance Policy.

Central Carolina Hospital Study Area - 2022



Key Findings

Community Health Assessment

Results

Based on the previous CHNA priorities, secondary data, focus groups, and surveys, the summit participants selected the following significant health needs to be the focus of the work of community over the next three years.

1. Mental health
2. Healthy eating/active living
3. Substance use disorder (tie)
4. Social determinants of health (housing, transportation, safety, education) (tie)
5. Access to care
6. Youth development and activity

Process and Methods

Both primary and secondary data sources were used in the CHNA.

Primary methods included:

- Focus groups with community members
- Community surveys
- Community Health Summit

Secondary methods included:

- Public health data – death statistics, County Health Rankings, cancer incidence
- Demographics and socioeconomics – population, poverty, uninsured, unemployment
- Psychographics – behavior measured by spending and media preferences

Photo Credit:

Description of the Communities Served

Demographics

The table below shows the demographic summary of Lee County compared to North Carolina and the U.S.

	Lee County	North Carolina	USA
Population	**64,597**	10,671,397	335,707,897
Median Age	**39.4**	39.2	38.9
Median Household Income	**$57,904**	$62,513	$72,414
Annual Pop. Growth (2022-2027)	**0.92%**	0.98%	0.57%
Household Population	**25,161**	4,262,517	128,657,669
Dominant Tapestry	**Down the Road (10D)**	Southern Satellites (10A)	Green Acres (6A)
Businesses	**2,401**	402,186	12,609,070
Employees	**28,492**	4,549,765	151,363,907
Health Care Index*	**84**	92	100
Average Health Expenditures	**$5,979**	$6,515	$7,087
Total Health Expenditures	$150.4 M	$27.8 B	$911.8 B
Racial and Ethnic Make-up			
White	**60%**	62%	61%
Black	**17%**	21%	12%
American Indian	**1%**	1%	1%
Asian/Pacific Islander	**1%**	3%	6%
Other	**12%**	6%	9%
Two or More Races	**9%**	7%	11%
Hispanic Origin	**21%**	11%	19%

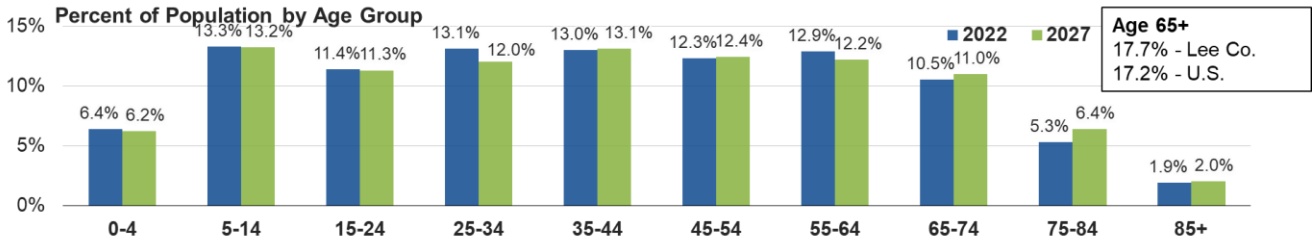
Source: Esri

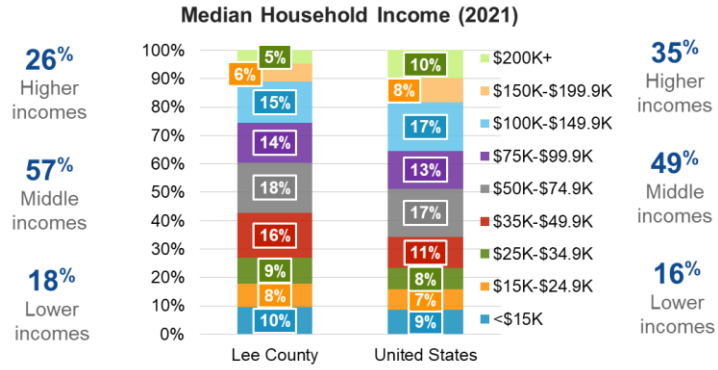
**The Health Care Index is household-based, and represents the amount spent out of pocket for medical services and insurance relative to a national index of 100.*

The median is the value at the midpoint of a frequency. There is an equal probability of falling above or below the median.

Demographics, cont.

Lee County



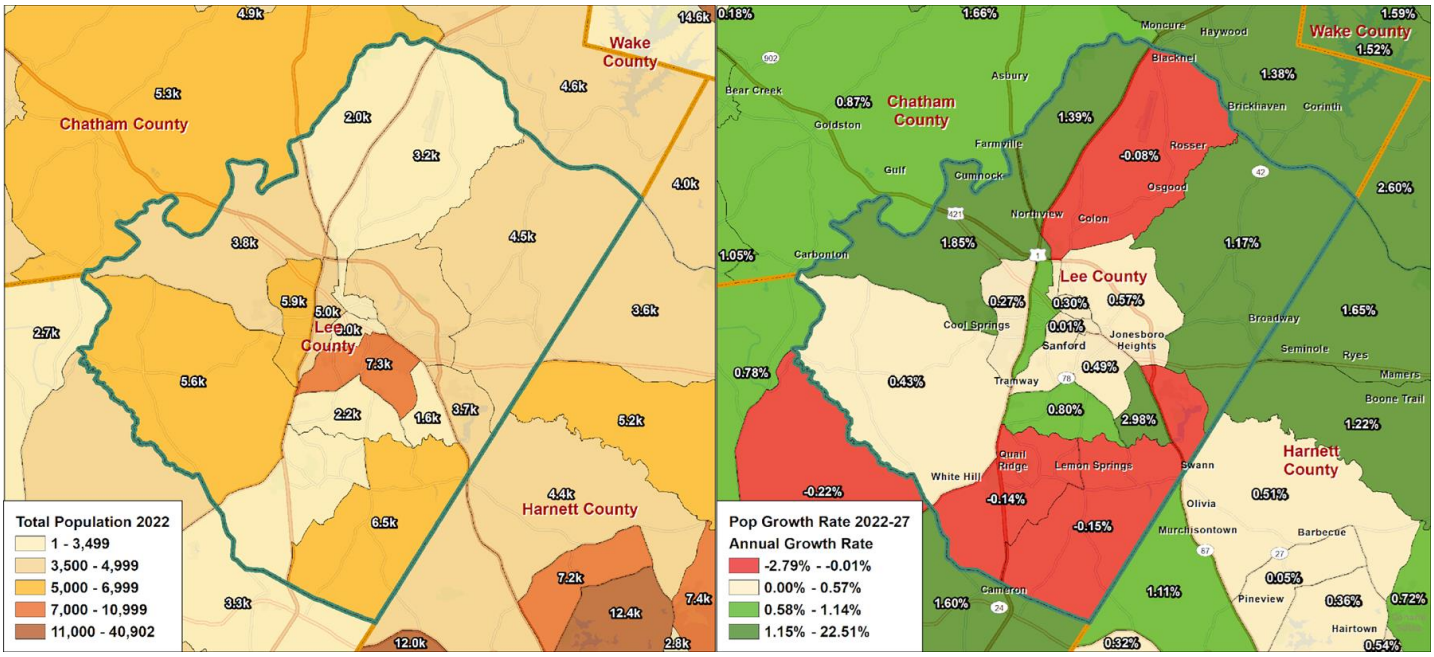


Source: Esri

- The population of Lee County is projected to increase from 2022 to 2027 (.54% per year). North Carolina is projected to increase .57% per year. The U.S. is projected to increase .25% per year.
- Lee County had a slightly higher median age (39.4 median age) than NC (39.2) and the U.S. (38.9). In Lee County the percentage of the population 65 and over was 17.7%, higher than the U.S. population 65 and over at 17.2%.
- Lee County's median household income at $57,943 was lower than NC ($62,513) and the U.S. ($72,414). The rate of poverty in Lee County was 15.4% which was higher than NC (12.9%) and the U.S. (11.9%).
- The household income distribution of Lee County was 26% higher income (over $100,000), 57% middle income, and 18% lower income (under $25,000). The largest income group is the 18% making between $50,000 and $74,999.
- The health care index measures how much the populations spent out-of-pocket on health care services including insurance premiums. The U.S. index was 100. Lee County was 84, indicating 16% less spent out of pocket than the average U.S. household on medical care (doctor's office visits, prescriptions, hospital visits) and insurance premiums.
- The racial and ethnic make-up of Lee County was 60% White, 17% Black, 21% Hispanic origin, 9% more than one race, 1% Asian/Pacific Islander, 1% American Indian, and 12% other. *(These percentages total to over 100% because Hispanic is an ethnicity, not a race.)*

Demographics, cont.

2022 Population by Census Tract and Change (2022-2027)



Source: Esri

Red is population decline
Yellow is positive up to the NC growth rate
Green is greater than the NC growth rate
Dark green is twice the NC growth rate

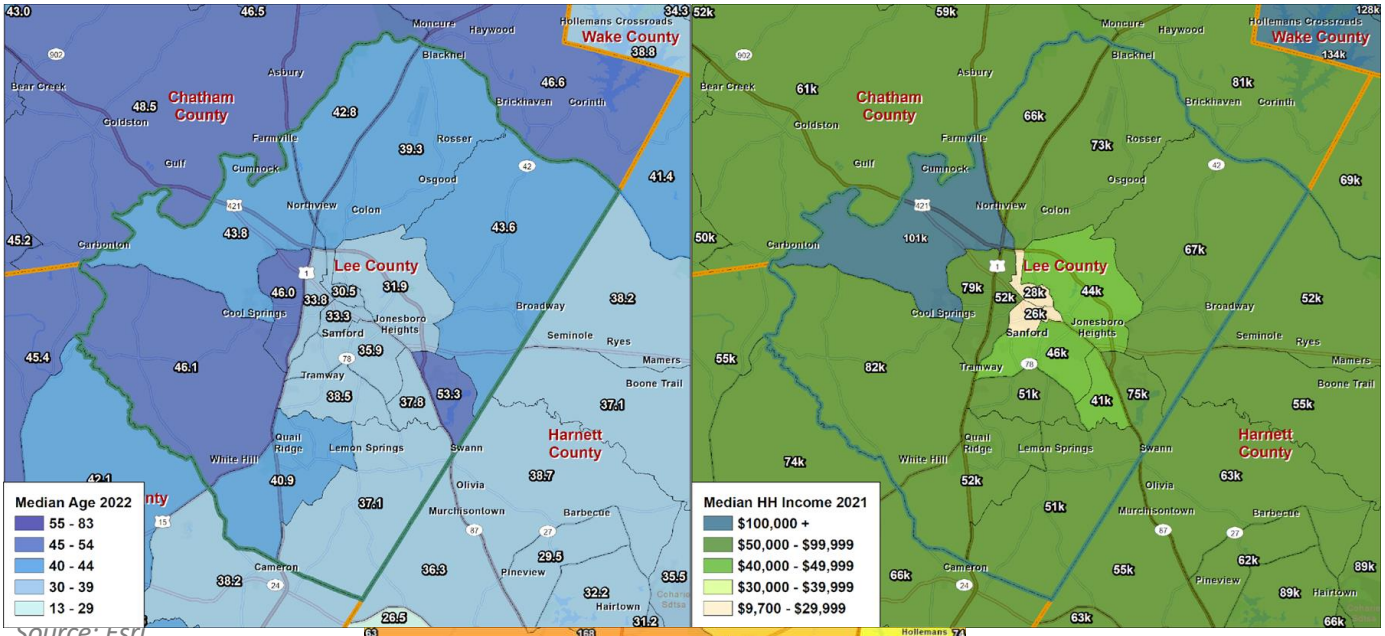
Census tracts generally have a population size between 1,200 and 8,000 people, with an optimum size of 4,000 people. The higher populated census tracts are smaller geographically and the less populated census tracts are larger in geography. The highest populated census tract contains 7,300 and is located in south Sanford.

There are three census tracts in the county projected to decline, 5 projected to increase up to the NC growth rate, two projected to grow greater than the NC growth rate and four projected to increase twice the NC growth rate.

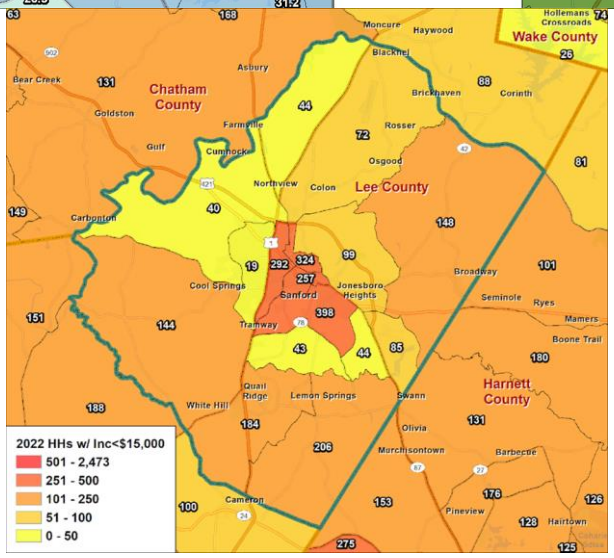
Photo Credit:

Demographics, cont.

2022 Median Age & Income



Source: Esri



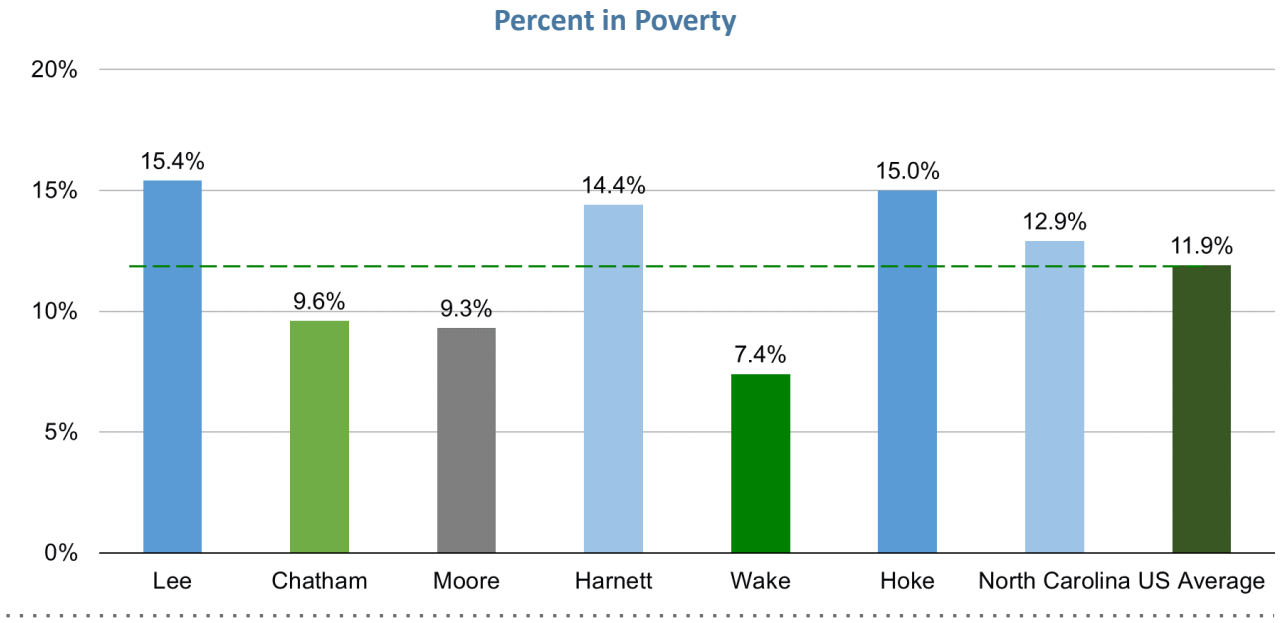
The top two maps depict median age and median income by census tract. Looking at age and income by census tract is helpful to demonstrate all areas of a county are not the same. The health needs may be very different in the census tract in Sanford with a lower median age (30.5) and the tract in the southeast of the county with a median age of 53.3.

Looking at median household income by census tract also gives insight into health status. The lower income areas may require more resources than the higher income tracts. The census tracts in Sandford with the lower median household incomes ($26K to 28K) will have very different health outcomes compared to the census tract in the northwest with $101,000 median household income.

The lower map is the number of households making less than $15,000 per year. Again, further attempting to identify those areas within the county that may have a lower health status. The census tracts around Sanford have 1,271 households earning less than $15k per year.

Demographics, cont.

Lee County's 2020 poverty percentage was 15.4% compared to North Carolina at 12.9% and the U.S. at 11.9%. The cost of living in Lee County was 10% lower than NC and 19% lower than the U.S.



Business Profile

67% percent of employees in Lee County were employed in:

- Manufacturing (18%)
- Wholesale Trade (16%)
- Retail Trade (13%)
- Health Care & Social Assistance (13%)
- Accommodation & Food Service (7%)

Source: Esri

Retail, accommodation and food service offer health insurance at a lower rate than healthcare, manufacturing, and educational services.

Lee County's May 2022 preliminary unemployment was 4.6%, compared to 3.4% for North Carolina and 4% for the U.S.

It is beneficial to contact people in groups to improve health. There are three primary places people gather during the week: work, church and school. These are three excellent places to reach people to create a culture of health.

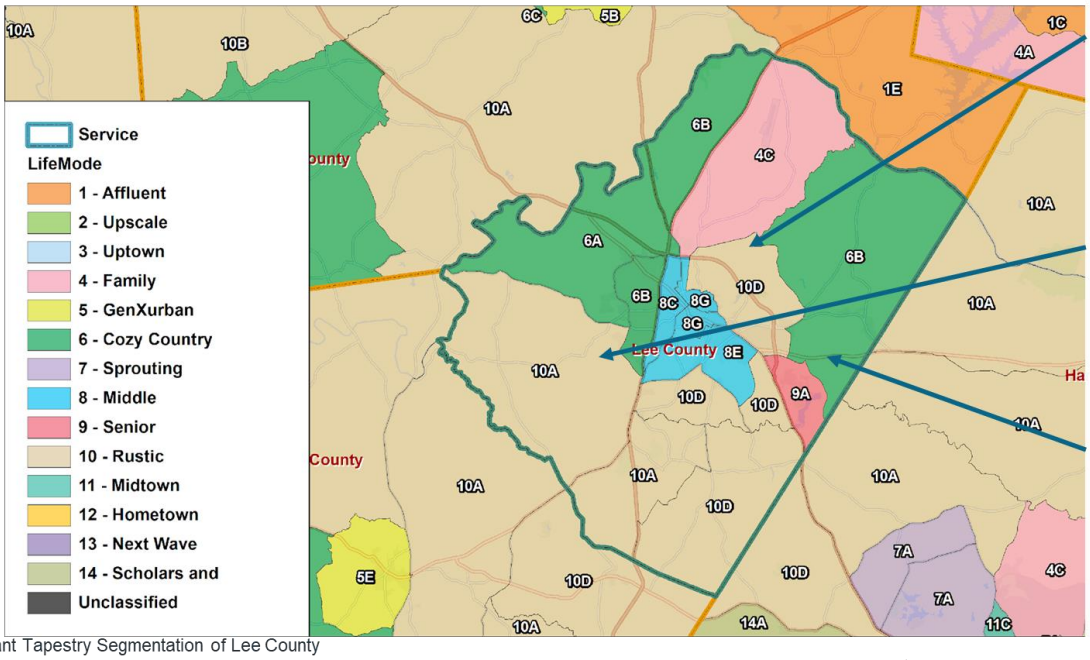
Tapestry Segmentation

Demographics are population, age, sex, and race. Psychographics are adding behavior data in the form of spending habits and survey data on top of demographics. Fifty percent of Lee County is included in three Tapestry Segments. The map below is color coded by LifeMode, which are groupings of Tapestry Segments that behave similarly. The dominant Tapestry Segment of each census tract is identified by number.

The dominant Tapestry Segments in the county were Down the Road (18%), Southern Satellites (15%), and Salt of the Earth (12%). The map below demonstrates the dominant Tapestry Segment by census tract.

There is a very brief description of the segments on the right of the map. There is much more information on Tapestry Segments, at http://doc.arcgis.com/en/Esri-demographics/data/tapestry-segmentation.htm. Analyzing the Tapestry Segments in the study area helps determine health habits and communication preferences of residents, enabling more effective communication and implementation of solutions to improve health. Tapestry Segmentation helps to communicate with people and to meet them where they are in their health journey.

Top three categories represent 45% of total households.



Dominant Tapestry Segmentation of Lee County
Arrows point to the top 3 tapestry segments within the county. Tapestry segments only appear on map if they are ranked 1st in a census tract.

Top 3 Tapestry Segments

10D | Down the Road (17.9%)
- 35.0 med. age
- $39k med. HH income
- Almost half of householders live in mobile homes
- Young, family-oriented consumers who value their traditions
- Participate in fishing and hunting
- Use the internet to stay connected with friends and play online video games.

10A | Southern Satellites (14.8%)
- 40.3 med. age
- $47.8k med. HH income
- Enjoy country living, preferring outdoor activities and DIY home projects
- More concerned about cost rather than quality or brand loyalty
- Somewhat late in adapting to technology
- They obtain a disproportionate amount of their information from TV

6B | Salt of the Earth (12.2%)
- 44.1 med age
- $56k med. HH income
- They may be experts with DIY projects, but the latest technology is not their forte. They use it when absolutely necessary, but seek face-to-face contact in their routine activities
- Last to buy the latest and greatest products
- Try to eat healthy, tracking the nutrition and ingredients in the food they purchase.

Click here for more information on Tapestry Segments

Source: Esri

Focus Group and Survey Results

Focus Groups

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in focus groups on May 19, June 23 and August 11, 2022, for their input into the community's health. Below is a summary. The full summary is included in the appendices.

The two major health issues in Lee County were:

- Diabetes
- Behavioral/mental health
- Substance use disorder
- Sexually transmitted diseases/infections
- Access to Medicare resources for older adults

The two things that can be done to strengthen health care in Lee County:

- Increase resources of services that are already available
- Someone in the community to create relationships and trust to provided services
- Strengthen transportation to rural areas, extension of County of Lee Transportation System (COLTS), and ensuring affordable transportation
- Offer evening hours for clinical services for those who work and can't take time off
- Increase access to health insurance
- Coordination of care for primary care services
- More funding for peer support programs

The most significant environmental health issues were:

- Older homes in need of repair,
- Multiple families in single family homes putting strain on individual property infrastructure like water and sewage
- Unsafe drinking water, inadequate/unsafe housing
- Rapid growth and expansion outpacing existing infrastructure

Participants were asked to identify services or programs that are needed in the county that are not currently available:

- Inpatient Drug rehab
- More capacity for sheltering the homeless
- Summer programs, an example given was the National Youth Sports Program or NYSP.
- Teen court and court-mandate compliant parenting programs for families.
- A day reporting system for reentry that provides an array of programs for incarceration-to-community reentry

Survey Results

Central Carolina Hospital, LeeCAN and the Lee County Health Department conducted community surveys via online and paper in English and Spanish. 663 surveys were completed, 399 paper surveys were completed, 46 in Spanish and 218 in English. Full survey results may be found in the appendices.

Most believe their health is good (45%) or very good (28%) with 16% indicating fair, 7% as excellent, and 2% as poor.

27% of respondents indicated they had been told by a health professional they had high blood pressure, 17% high cholesterol 14% overweight or obese, 11% depression or anxiety.

Respondents believed the issues that most affects the quality of life in Lee County were:

- Low income/poverty (39%)
- Homelessness (9%)
- Discrimination/racism (6%)
- Violent crime (6%)

The health behaviors that people in the community need more information about:

- Substance abuse prevention (13)
- Eating well/nutrition (11%)
- Going to the doctor for yearly check-ups and screenings (7%)
- Caring for family members with special needs/disabilities (7%)
- Elder care (7%)

Respondents were asked, in the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal business.

- 21% indicated yes and 76% no

They were also asked a similar question about physical pain or health problems making it hard to do usual activities.

- 25% indicated yes and 74% indicated no

Forty-one percent indicated they had a problem getting the health care they needed for them or a family member from any type of health care provider, dentist, pharmacy or other facility. 56% indicated they did not have a problem. Dental care was the most common provider from which they had trouble getting care.

Photo Credit: visitsanfordnc.com

Health Status Data, Rankings and Comparisons

Health Status Data

Based on the 2022 County Health Rankings study performed by the Robert Wood Johnson Foundation and the University of Wisconsin[2], Lee County ranked 56th for health outcomes and 53rd for health factors (1= the healthiest; 100 = unhealthiest). Health outcomes are composed of length of life and quality of life. Health factors are comprised of health behaviors, clinical care, social & environmental factors, and physical environment.

County Health Rankings suggested the areas to explore for improvement in Lee County were higher adult smoking, higher percentage of adult obesity, higher percentage of uninsured, higher preventable hospital stays, and lower high school completion. The areas of strength were higher mammography screening and flu vaccinations, and higher social associations.

When analyzing the health status data, local results were compared to North Carolina, the U.S. (where available), and the top 10% of County in the U.S. (the 90th percentile). Where Lee County's results were worse than NC and U.S., groups and individuals have an opportunity to act and improve these community measures. To become the healthiest community in North Carolina and eventually the nation, Lee County must close several lifestyle gaps. For additional perspective, North Carolina was ranked the 28th healthiest state out of the 50 states. (Source: 2020 America's Health Rankings; lower is better) North Carolina strengths were low racial disparity in high school graduation rates, high childhood immunization rate, and low percentage of housing with lead risk. The challenges for NC were high percentage of households with food insecurity, low per capita public health funding, and high prevalence of high-risk HIV behaviors.

Photo Credit: visitsanfordnc.com

Health Status Data, Rankings and Comparisons

Comparisons of Health Status

Information from County Health Rankings and America's Health Rankings was analyzed in the CHNA in addition to the previously reviewed sociodemographic information and other public health data. Other data analyzed is referenced in the bullets below, such as: causes of death, demographics, socioeconomics, consumer health spending, and focus groups. If a measure was better than North Carolina, it was identified as a strength, and where an indicator was worse than North Carolina, it was indicated as an opportunity for improvement. To prevent strengths from becoming opportunities for improvement, it's important to continually focus on them. Opportunities were denoted with red octagons, and strengths were denoted with green stars for easy interpretation. The years displayed on the County Health Rankings graphs show the year the data was released. The actual years of the data are contained in the source notes below the graphs.

[2] *The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Building on the work of America's Health Rankings, the University of Wisconsin Population Health Institute has used this model to rank the health of North Carolina's counties every year since 2003.*

Comparisons of Health Status

In most of the following graphs, Lee County will be blue, North Carolina (NC) will be red, U.S. will be grey and the 90th percentile of counties in the U.S. will be gold.

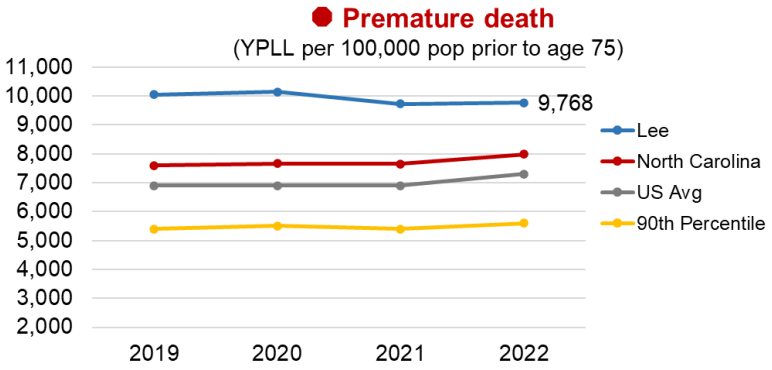
Health Outcomes (Length of Life and Quality of Life)

Health Outcomes are a combination of length of life and quality of life measures. Lee County ranked 56th in health outcomes out of 100 North Carolina Counties.

Length of Life

Length of life was measured by years of potential life lost per 100,000 population prior to age 75; here, lower is better. For example, a 25-year-old killed in an accident equates to 50 years of potential life lost prior to age 75. Lee County ranked 57th in length of life in NC. Lee County lost 9,768 years of potential life per 100,000 population respectively, which was higher than NC and the U.S.

Lee County residents can expect to live 0.7 years less than the average U.S. resident.



Premature death by race/ethnicity
(YPLL per 100,000 pop prior to age 75)

Lee County	2018-2020
American Indian & Alaska Native	NR
Asian	NR
Black	12,500
Hispanic	5,800
White	8,300

Life Expectancy
(Average number of years a person can expect to live)

	2018-2020
Lee County	76.3
North Carolina	77.7
US Avg*	77.0
90th Percentile	80.6

Lee County	2018-2020
American Indian & Alaska Native	NR
Asian	NR
Black	73.1
Hispanic	82.9
White	75.5

*U.S. = 2020 Due to impacts of COVID-19, life expectancy in the US decreased 1.8 years from 2019.

Source: County Health Rankings; National Center for Health Statistics – Mortality File 2018-2020

Leading Causes of Death: Age-Adjusted Death Rates per 100,000 Population

Cause of Death	Lee County	North Carolina	US
Heart Disease	157.2	156.2	168.2
Cancer	156.8	148.8	144.1
COVID-19*	58.4	60.4	85
Accidents (Unintentional Injuries)	70.8	67.1	57.6
Strokes	47.9	44.4	38.8
Respiratory Diseases	42.3	38.5	36.4
Alzheimer's	45.7	37.5	32.4
Diabetes	28.8	26.9	24.8
Liver Disease	17.4	12.9	13.3
Influenza and Pneumonia	11.4	14.0	13
Nephritis, nephrosis	13.6	15.9	12.7
Hypertension	7.4	9.5	10.1
Parkinson Disease	8.6	9.8	9.9
Septicemia	9.0	12.2	9.7

Age-adjusted rates per 100,000 population.
Wilson County data combined from 2019-2020. US and NC data from 2020
Rates that appear in red for a county denote a higher value compared to state data.
Age Adjustment Uses 2000 Standard Population.

Rates in red had death rates higher than NC. The leading causes of death in Lee County were heart disease, cancer, accidents, COVID-19, followed strokes, Alzheimer's Disease, and respiratory diseases.

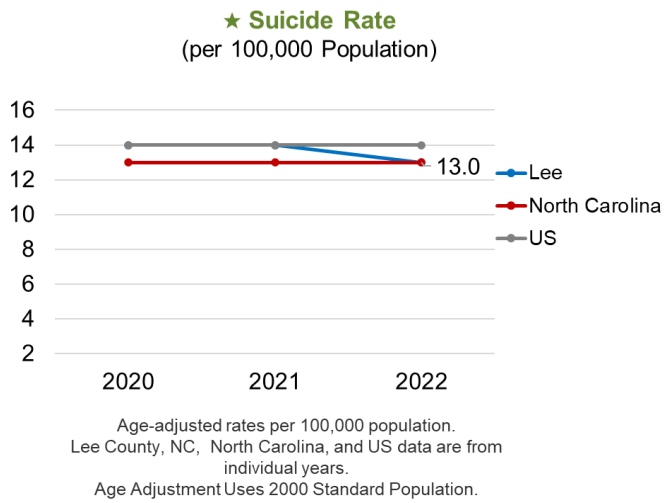
The table below shows death rates by race, ethnicity and sex. There appears to be a disparity relative to the black population having higher death rates and males having higher death rates.

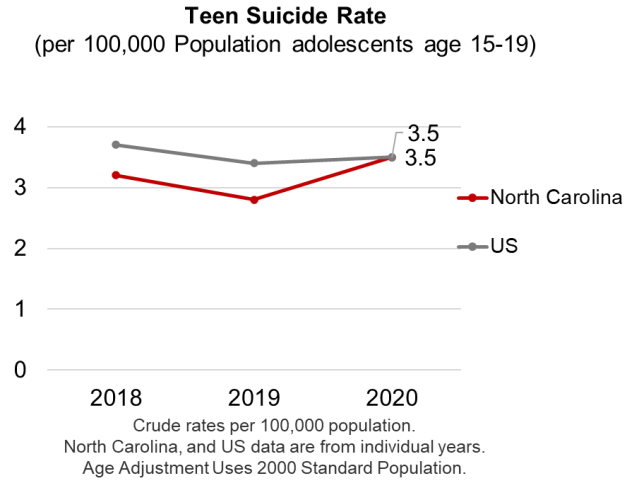
Leading Causes of Death: Age-Adjusted Death Rates per 100,000 Population by Race/Ethnicity and Sex

Cause of Death	NC Total	Lee Co Total	NC White	Lee Co White	NC Black	Lee Co Black	NC Hispanic	Lee Co Hispanic	NC Male	Lee Co Male	NC Female	Lee Co Female
Heart Disease	156.1	157.0	153.7	150.4	181.0	196.2	65.9	101.5	200.0	211.1	121.4	114.3
Cancer	152.4	164.8	153.7	154.9	176.1	209.7	81.1	N/A	187.2	209.8	131.3	130.6
Accidents (Unintentional Injuries)	58.3	71.6	64.5	72.3	50.2	77.7	32.5	44.6	80.2	105.7	38.0	39.0
Strokes	42.7	42.6	40.3	38.6	55.3	64.5	23.8	N/A	43.8	45.1	41.0	40.0
Respiratory Diseases	42.5	41.0	47.1	45.8	28.9	N/A	9.0	N/A	47.0	40.1	39.6	41.8
Alzheimer's	37.4	43.9	38.1	46.9	36.5	N/A	21.3	N/A	28.6	28.3	42.5	53.4
Diabetes	24.5	30.4	20.3	19.5	45.0	78.0	15.4	N/A	31.0	36.7	19.3	25.3
Nephritis, nephrosis	16.4	15.2	13.1	11.6	32.5	33.6	9.9	N/A	19.5	20.6	14.2	11.7
Influenza and Pneumonia	15.7	10.8	15.9	10.7	16.2	N/A	6.0	N/A	18.1	14.2	14.0	N/A
Suicide	13.4	12.7	17.1	14.2	5.9	N/A	5.5	N/A	21.5	23.0	6.0	N/A
COVID-19*	12.8	12.2	10.5	8.7	19.8	N/A	22.8	N/A	15.9	16.0	10.4	N/A
Septicemia	12.5	10.5	11.7	10.5	17.4	N/A	5.6	N/A	13.8	N/A	11.5	10.1
Liver Disease	11.1	16.2	12.5	18.4	7.7	N/A	7.9	N/A	14.8	22.4	7.9	10.6
Homicide	7.3	11.4	3.2	N/A	19.6	36.9	4.0	N/A	11.9	18.9	2.9	N/A

NC 2016-2020 & Lee County 2016-2020

Source(s): Wonder CDC.gov (2019) Age-adjusted rates per 100,000 population. Age Adjustment Uses 2000 Standard Population.





Lee County's suicide rate (13) was equal to NC (13) and less than the U.S. (14). The Teen suicide rate in NC increased in 2020.

Source(s): Wonder CDC.gov (2019) Age-adjusted rates per 100,000 population. Age Adjustment Uses 2000 Standard Population.

Length of Life STRENGTHS

- Lee County had a lower death rate due to COVID-19, influenza and pneumonia, hypertension, Parkinson's Disease and Septicemia than both NC and the U.S.

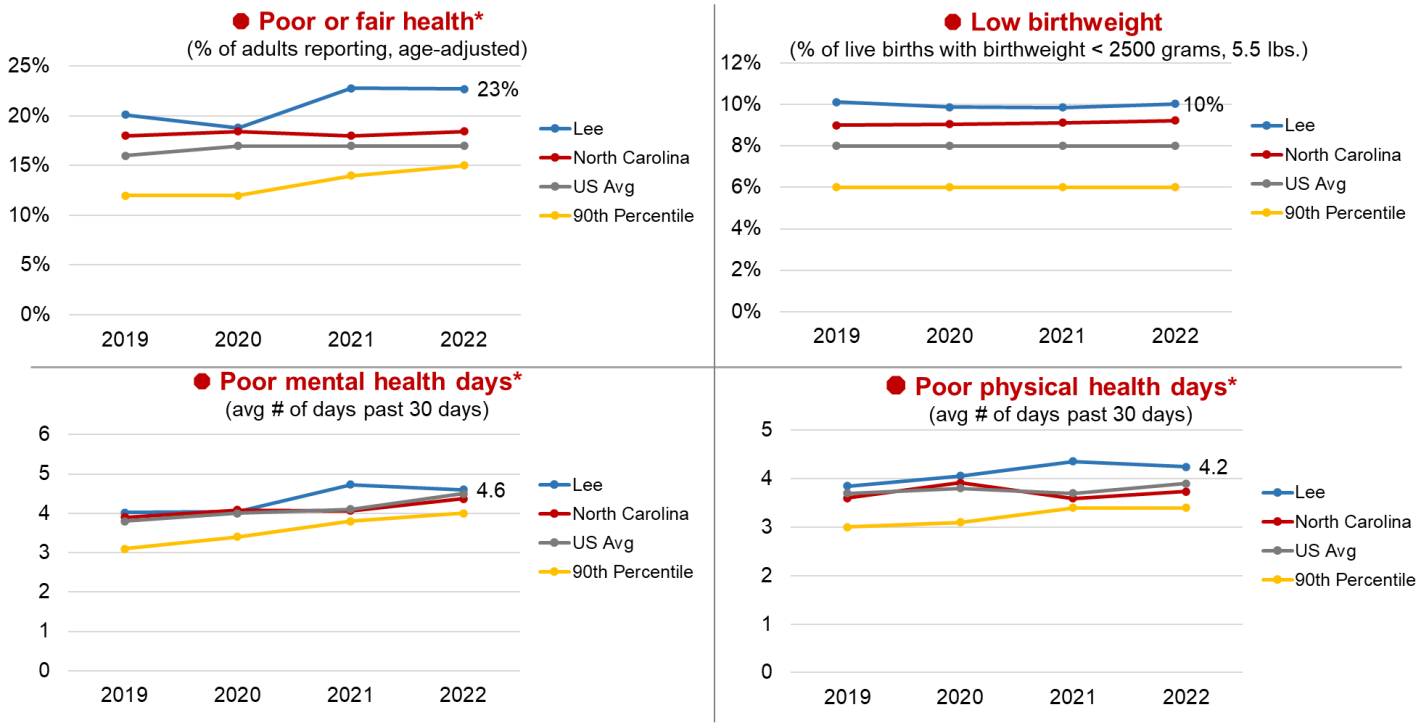
Length of Life OPPORTUNITIES

- Lee County had shorter life expectancy at 76.3 years than NC at 77.7 and the U.S. at 77.
- Lee County had higher death rates for heart disease, cancer, accidents, strokes, respiratory diseases, Alzheimer's Disease, Diabetes , liver disease, and nephritis, nephrosis than NC and the U.S.
- Lee County had higher numbers of premature deaths than both NC and the U.S.

Photo Credit: visitsanfordnc.com

Quality of Life

Quality of life was measured by: % reporting fair or poor health, the average number of poor physical health days and poor mental health days in the past 30 days, and % of live births with birthweight less than 2500 grams, or 5.5 lbs. Lee County ranked 56th in quality of life out of 100 North Carolina Counties.



Source: County Health Rankings; Behavioral Risk Factor Surveillance System (BRFSS) 2019

Source: County Health Rankings: National Center for Health Statistics – Natality files (2014-2020)

Quality of Life OPPORTUNITIES

- Lee County had a higher percentage of poor or fair health days at 23% than both NC and the U.S.
- Lee County had a higher percentage of low birthweight babies at 10% than both NC and the U.S.
- Lee County had a higher average number of poor mental health days in the last 30 days at 4.6 than NC and the U.S.
- Lee County had a higher average number of poor physical health days at 4.2 than both NC at the U.S.

Health Factors or Determinants

Health factors or determinants rankings are comprised of measures related to health behaviors (30%), clinical care (20%), social & economic factors (40%), and physical environment (10%). Lee County ranked 53rd in health factors out of 100 North Carolina Counties.

Health Behaviors

Health behaviors are made up of nine measures and account for 30% of the county rankings. Lee County ranked 39th in health behaviors out of 100 Counties in North Carolina.

● Adult obesity

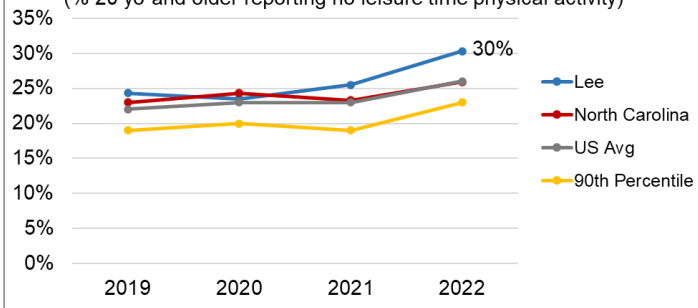
(% of adults that report a BMI of 30 or more)

	2022
Lee County	35%
North Carolina	34%
US Avg	32%
90th Percentile	30%

Beginning with 2022 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2022 released data should not be compared to prior years.

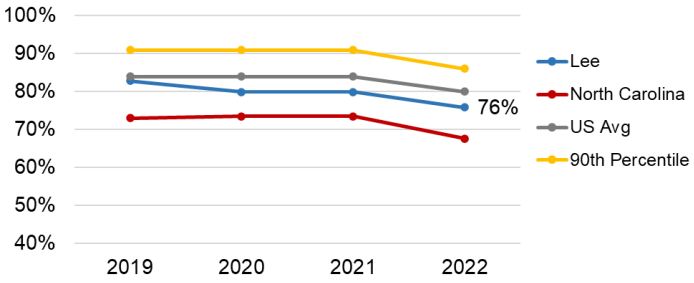
● Physical inactivity

(% 20 yo and older reporting no leisure time physical activity)



★ Access to exercise opportunities

(% of population with adequate access to locations for physical activity)



● Adult smoking

(% that report every day or "most days")

	2022
Lee County	20%
North Carolina	19%
US Avg	16%
90th Percentile	15%

In 1965, 45% of the US smoked

Beginning with 2022 CHR, the CDC has updated their modeling procedure for producing small-area estimates. 2022 released data should not be compared to prior years.

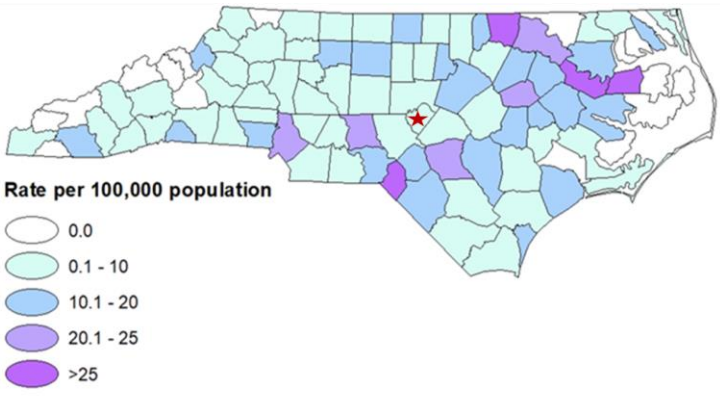
Source: Obesity & Physical Inactivity – CHR, Behavioral Risk Factor Surveillance System, 2019

Source: Access to exercise opportunities – CHR, Business Analyst, Delorme map data, Esri, & US Census Tigerline Files, 2010 and 2021. Measures the percentage of individuals in a County who live reasonably close to a location for physical activity, defined as parks or recreational facilities (local, state national parks, gyms, community centers, YMCAs, dance studios and pools based on SIC codes)

Source: Smoking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2019

Source: HIV – North Carolina HIV Surveillance Report 2020

HIV Rate (newly diagnosed by county of residence 2021)

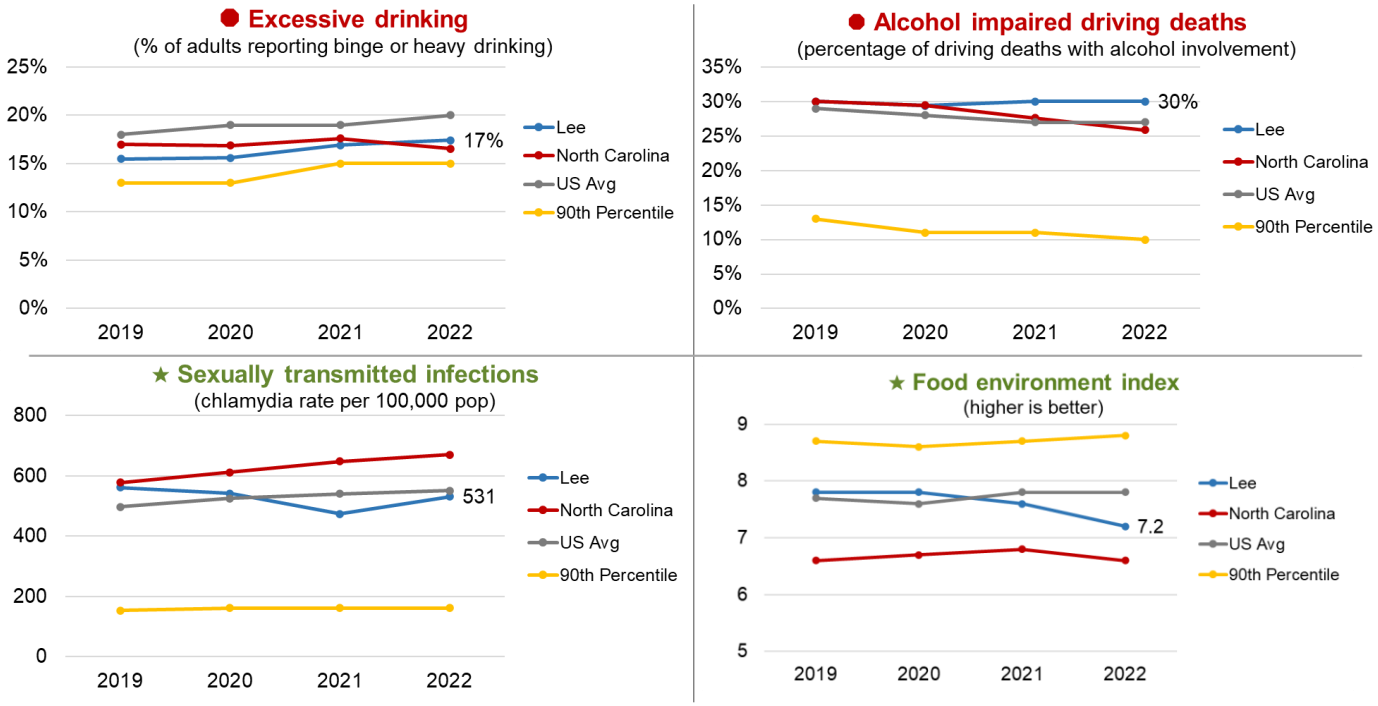


191 - # of people diagnosed with HIV in Lee County

9.7 - 2018-2020 average rate

^Note: 2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.
Data Source: enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).

Health Behaviors, Cont.



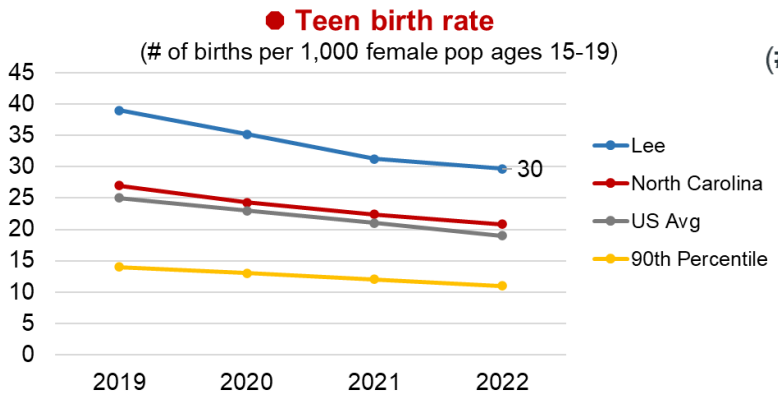
Source: Excessive drinking - CHR; Behavioral Risk Factor Surveillance System (BRFSS), 2019

Source: Alcohol-impaired driving deaths - CHR; Fatality Analysis Reporting System, 2016-2020

Source: STIs - CHR; National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2019

Source: Food environment: CHR; USDA Food Environment Atlas, Map the Meal Gap from Feeding America, 2019

The food environment index is comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.



Teen birth rate

(# of births per 1,000 female pop ages 15-19)

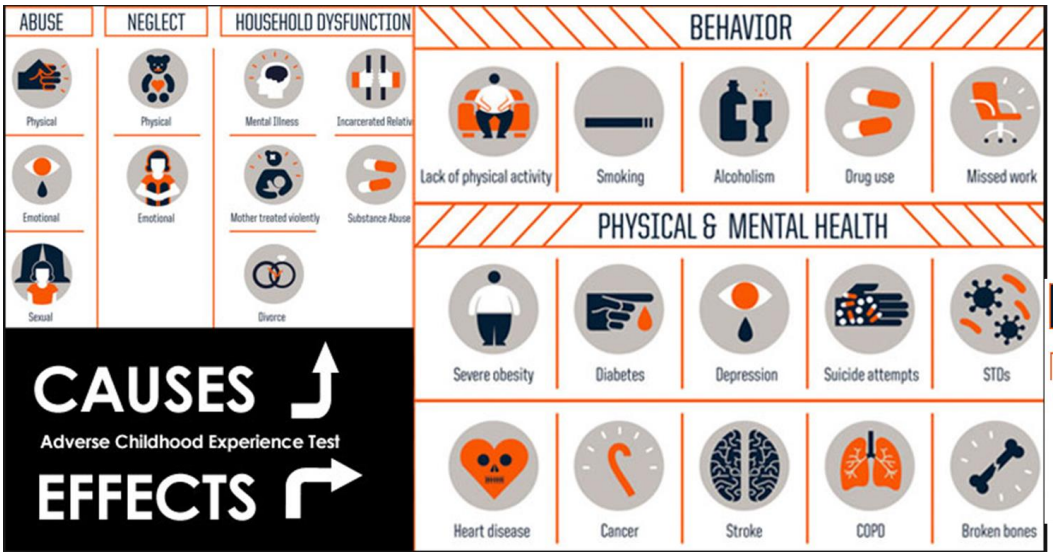
Lee County	2021
Asian	NR
Black	38
Hispanic	40
White	20

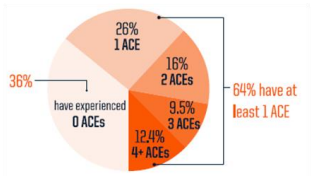
Source: Teen birth rate – CHR; National Center for Health Statistics – Natality files, 2014-2020

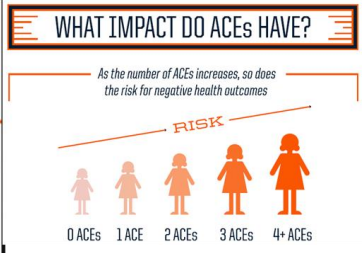
Health Behaviors, Cont.

Adverse Childhood Experiences (ACEs)

Abuse, neglect and household disfunction have the effect of poor health behaviors as well as poor physical and mental health. The more ACEs a child has the higher risk they are for poor health outcomes. According to the CDC, "Adverse Childhood Experiences have a tremendous impact on future violence victimization and perpetration, and lifelong health and opportunity." ACEs are strongly associated with social inequities. While present in all populations, females, LGBTQ+, people of color, and those experiencing income disparities are at a greater risk of experiencing multiple ACEs.







	0 ACEs	1 ACEs	2+ ACEs
United States	54%	25%	22%
North Carolina	50%	26%	24%

https://www.childhealthdata.org/browse/survey/results?q=4783&r=1&r2=35

Among children from birth through age 17, percentage reported to have had zero, one, and two or more ACEs, nationally and by state. Data Source: National Survey of Children's Health 2016, Health Resources and Services Administration, Maternal and Child Health Bureau. https://mchb.hrsa.gov/data/national-surveys. Citation: Child and Adolescent Health Measurement Initiative. 2016 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [09/15/21] from [www.childhealthdata.org].

ACEs data is not available for Lee County. However, North Carolina had a lower percentage of youth with no ACEs, and higher percentages of 1 and 2+ ACEs.

Health Behaviors STRENGTHS

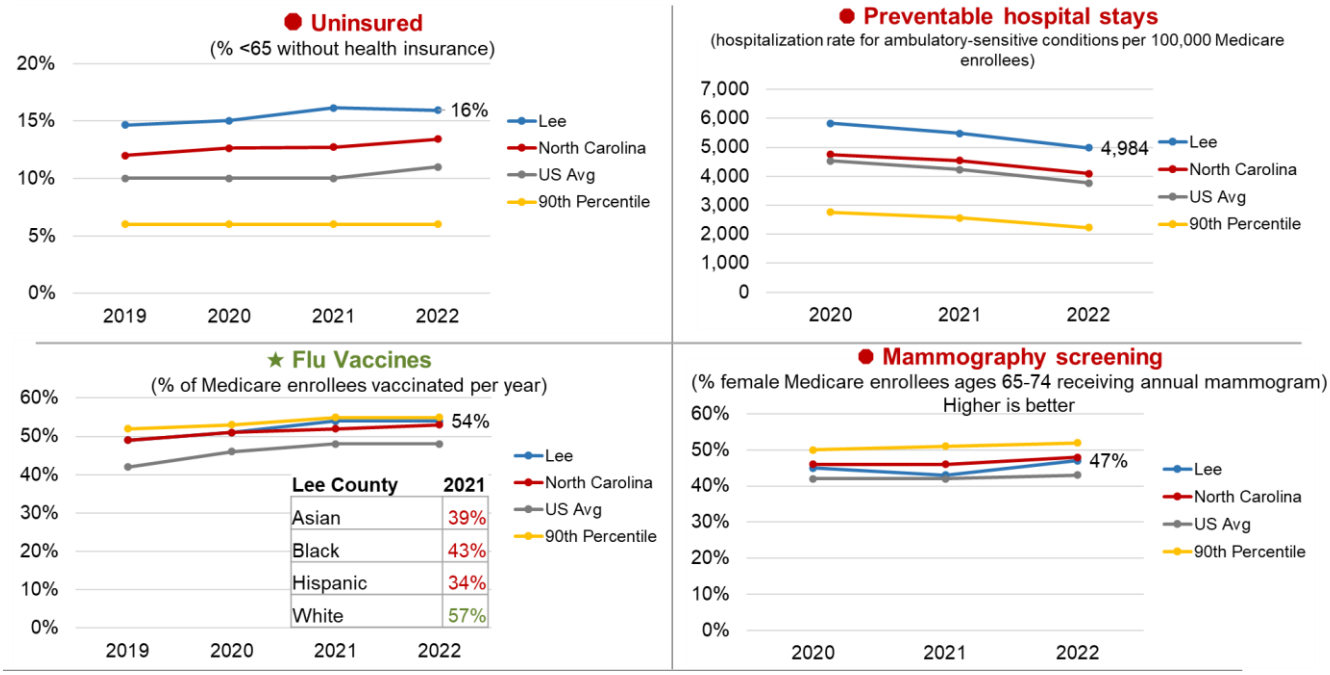
- The food environment index was higher (better) in Lee County (7.2) than NC.
- Lee County's HIV rate was lower than most other counties in NC.
- Seventy-six percent of Lee County had access to exercise opportunities which was higher than NC
- Sexually transmitted infections measured by chlamydia rate per 100,000 population were lower in Lee County at 531 than NC (670) and the U.S. (551).

Health Behaviors OPPORTUNITIES

- The drug overdose mortality rate was higher in Lee County at 55 deaths per 100,000 population than NC at 35.8 and the rates are increasing.
- Adult obesity in Lee County was 35% which was higher than NC and the U.S. Obesity puts people at increased risk of chronic diseases including diabetes, kidney disease, joint problems, hypertension, and heart disease. Obesity can cause complications in surgery and with anesthesia. It has been implicated in Alzheimer's and often leads to metabolic syndrome and type 2 diabetes.
- Physical inactivity at 30% was higher in Lee County than in NC and the U.S. and is trending up.
- Excessive drinking at 17% was higher in Lee County than NC
- Lee County had a higher percentage of adult smokers at 20% than both NC at 19% and the U.S. at 16%.
- The teen birth rate in Lee County was higher at 30 births per 1,000 females ages 15-19 than NC and the U.S. and is trending down. The teen birth rate is higher in the Black and Hispanic populations.
- The percentage of alcohol impaired driving deaths was lower in Lee County at 25% than both NC and the U.S.

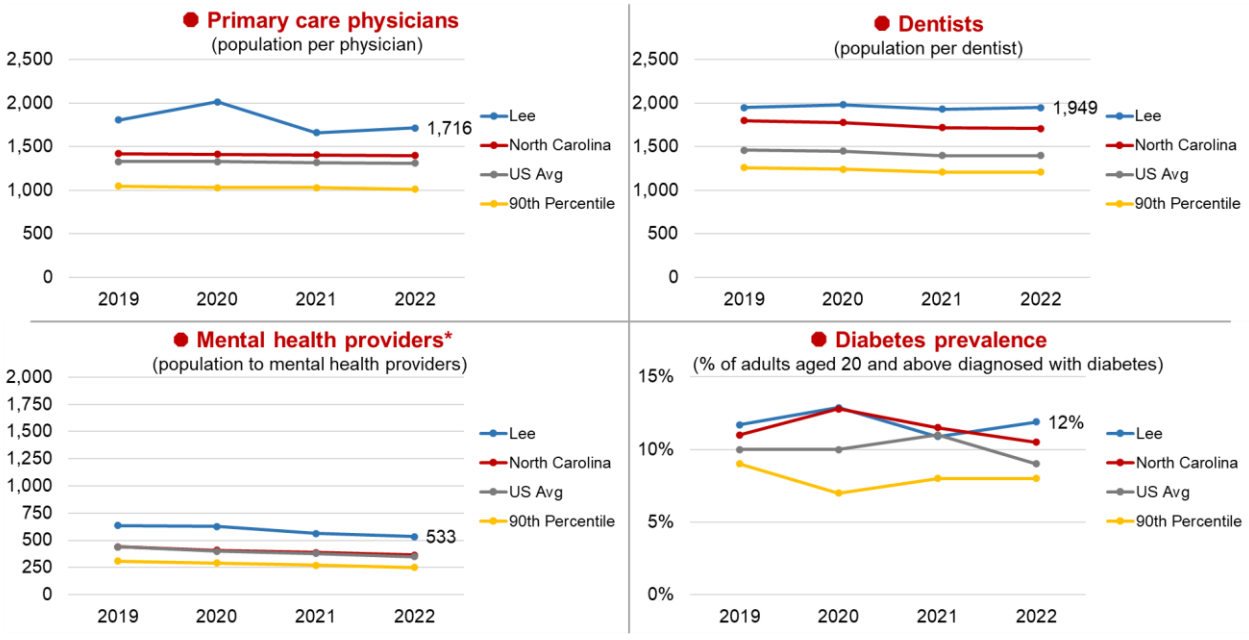
Clinical Care

Clinical care ranking is made up of seven indicators, and account for 20% of the county rankings. Lee County ranked 58th in clinical care out of 100 North Carolina Counties.



Source: Uninsured - CHR; Small Area Health Insurance Estimates, 2019

Source: Preventable hospital stays, mammography screening, flu vaccinations – CHR, CMS Mapping Medicare Disparities Tool, 2019



Source: Pop to PCP - CHR; Area Health Resource File/American Medical Association, 2019

Source: Pop to Dentists - CHR; Area Health Resource File/National Provider Identification file, 2020

Source: Pop to mental health provider (psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists and advanced practice nurses specializing in mental health) CHR; CMS, National Provider Identification, 2021

Source: Diabetes prevalence – Behavioral Risk Factor Surveillance System, 2019

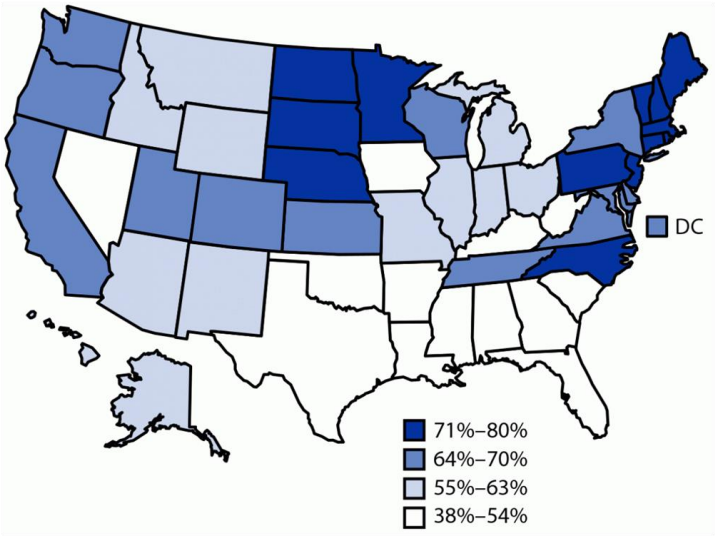
Clinical Care, cont.

NC had a lower vaccination percentage among children 24 months old than the U.S. and lower COVID-19 vaccination rates.

Vaccination Coverage Among Children and COVID-19 Vaccination Rates

Combined 7 Series Vaccination Coverage by Age 24 Months among Children Born in 2017-2018, National Immunization Survey-Child (NIS-Child), 2018-2020

62% of the total residents of Lee County are fully vaccinated for **COVID-19**.
NC = 67%
US = 70%
10/5/2022



North Carolina
75.9%

United States
70.5 %

Combined 7 vaccine series (4:3:1:3*:3:1): 4 or more doses of DTaP, 3 or more doses of Polio, 1 or more doses of MMR, Hib full series (3 or 4 doses, depending on product type received), 3 or more doses of HepB, 1 or more doses of Varicella, and 4 or more doses of PCV (In 2013 data, referred to as 4:3:1:4:3:1:4-FS)

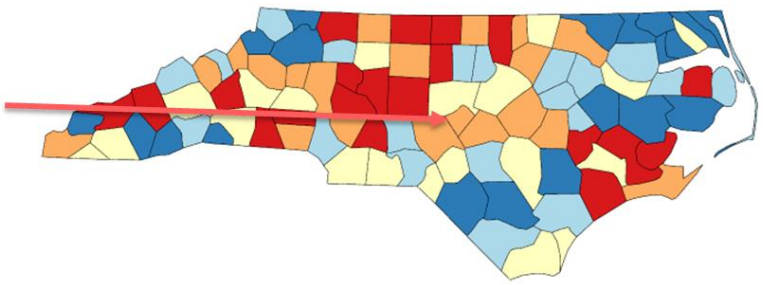
Source: CDC, National Center for Immunization and Respiratory Diseases (2018 data posted 2022)

US
448.6

North Carolina
468.9

Lee County
482.3

Incidence Rates[†] for North Carolina by County
All Cancer Sites, 2014 - 2018
All Races (includes Hispanic), Both Sexes, All Ages



Notes:
State Cancer Registries may provide more current or more local data.
Data presented on the State Cancer Profiles Web Site may differ from statistics reported by the State Cancer Registries (for more information).
† Incidence rates (cases per 100,000 population per year) are age-adjusted to the 2000 US standard population (19 age groups: <1, 1-4, 5-9, ... , 80-84, 85+). Rates are for invasive cancer only (except for bladder which is invasive and in situ) or unless otherwise specified. Rates calculated using SEER*Stat. Population counts for denominators are based on Census populations as modified by NCI. The 1969-2018 US Population Data File is used for SEER and NPCR incidence rates.
Rates are computed using cancers classified as malignant based on ICD-O-3. For more information see malignant.html
Data for the United States does not include data from Puerto Rico

Photo Credit: Lee County Fair

Clinical Care STRENGTHS

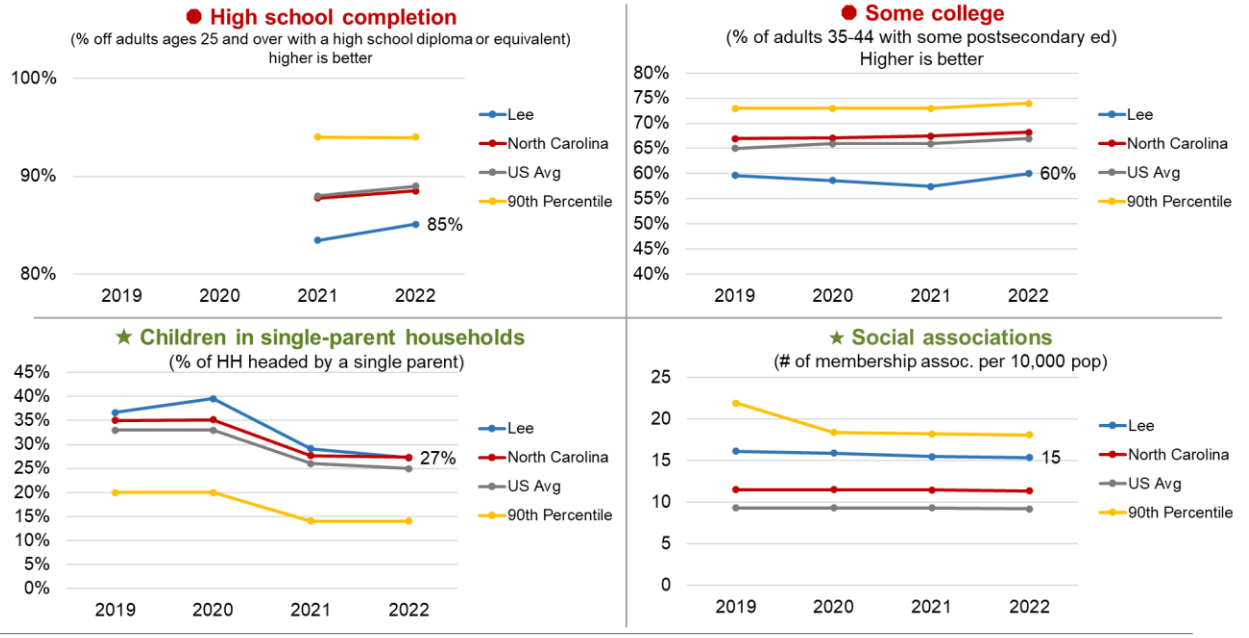
- The percent of Medicare enrollees with flu vaccines per year in Lee County at 54% was the same as NC and higher than the U.S.

Clinical Care OPPORTUNITIES

- The percent of population under sixty-five without health insurance in Lee County was 16% higher than NC the U.S.
- Preventable hospital stays in Lee County were 4,984 per 100,000 Medicare enrollees which was higher than NC (4,096) and the U.S. (3,767). Hospitalization ambulatory-care sensitive conditions, which are diagnoses treatable in outpatient settings, suggests that the quality of care provided in the outpatient setting was less than ideal. This measure may also represent a tendency to overuse hospitals as a main source of care. Preventable Hospital Stays could be classified as both a quality and access measure, as some literature describes hospitalization rates for ambulatory care-sensitive conditions primarily as a proxy for access to primary health care. Source: CHR; Brumley R, Enguidanos S, Jamison P, et al. Increased satisfaction with care and lower costs: Results of a randomized trial of in-home palliative care. J Am Geriatric Soc. 2007;55:993-1000.
- Mammography screening was lower in Lee County than NC at 47%, but higher than the U.S.
- COVID-19 vaccinations were lower in Lee County than NC at 62% than NC at 63% and the U.S. at 67%.
- The population per primary care physicians, dentists, and mental health providers was higher in Lee County than NC and the U.S.
- Diabetes prevalence was higher in Lee County at 12% than NC and the U.S.
- The cancer incidence rate was higher in Lee County at 482 cases per 100,000 population than NC and the U.S.

Social & Economic Factors

Social and economic factors account for 40% of the county rankings. There are eight measures in the social and economic factors category. Lee County ranked 58th in social and economic factors out of 100 NC Counties.

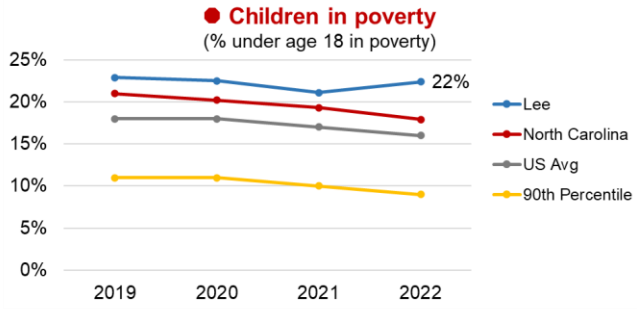


Source: High school completion– CHR, American Community Survey, 5-yr estimates, 2016-2020

Source: Some college CHR; American Community Survey, 5-year estimates, 2016-2020.

Source: Children in poverty - CHR; U.S. Census, Small area Income and Poverty Estimates, 2020

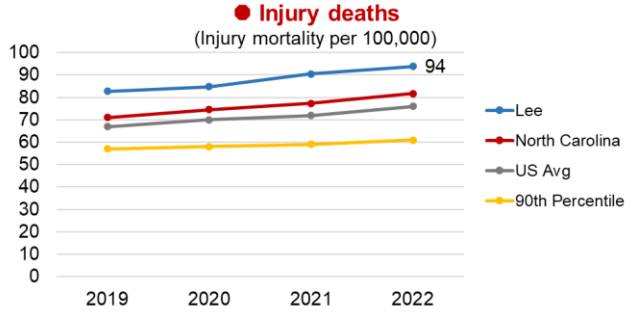
Source: Social associations - CHR; County Business Patterns, 2019



Children in poverty
(% under age 18 in poverty)

Lee County	2022
American Indian & Alaska Native	NR
Asian	NR
Black	40%
Hispanic	29%
White	14%

63% of children are eligible for free or reduced-price lunches 2020-2021, compared to 58% for NC



Injury deaths
(Injury mortality per 100,000)

Lee County	2022
American Indian & Alaska Native	NR
Asian	NR
Black	119
Hispanic	39
White	105

Source: Income inequality and children in single-parent households - CHR; American Community Survey, 5-year estimates 2016-2020

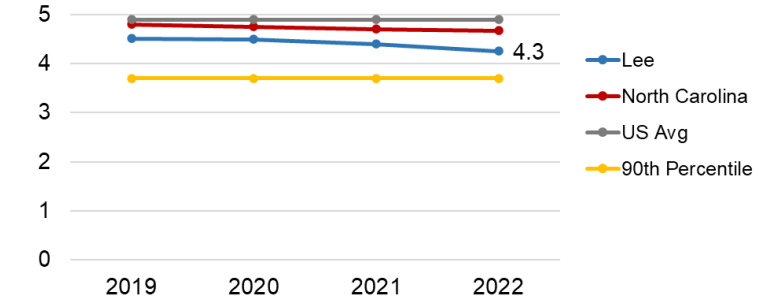
Source: Injury deaths – CHR; National Center for Health Statistics – Mortality Files, 2016-2020

Source: Crime rate – NC Sate Bureau of Investigation – October 2021

Social & Economic Factors Cont.

★ Income inequality

(ratio of HH income at the 80th percentile to income at the 20th percentile)



Crime Rates

(crime per 100,000 pop)

The Crime Index includes the total number of murders, rapes, robberies, aggravated assaults, burglaries, larcenies, and motor vehicle thefts.

2021	Index Crime Rate	Violent Crime Rate	Property Crime Rate
NC	2,586	430	2,324
Lee County	1,631	156	2,156

Crime Index offences decreased 4.5% from 2019 to 2020 and 5.6% from 2020 to 2021.

Social & Economic Factors STRENGTHS

- The number of violent and property crimes per 100,000 population was lower in Lee County than NC.
- The cost of living was lower in Lee County than NC and the US
- The percentage of children in single parent households was the same as NC with 27%
- Social associations were lower in Lee County at 11 memberships per 10,000 population than NC. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, religious organizations, political organizations, labor organizations, business organizations, and professional organizations.
- Income inequality represents the ratio of household income at the 80th percentile compared to income at the 20th percentile. Income inequality was lower in Lee County at 4.3 than NC and the U.S.

Social & Economic Factors OPPORTUNITIES

- High school completion was lower in Lee County at 85% than NC and the U.S.
- The percentage of adults with some college was lower in Lee County at 60% than NC and the U.S.
- The percentage of children in poverty at 22% was higher in Lee County than NC and the U.S. Children in poverty was higher in the Black and Hispanic populations.
- Injury deaths were higher in Lee County at 94 and 100 per 100,000 population than NC and the U.S.
- The median household income in Lee County was $57,943, lower than NC at $62,513 and the U.S. at $72,414.
- Lee County had 15.4% of the population in poverty, higher than NC and the U.S.

Physical Environment

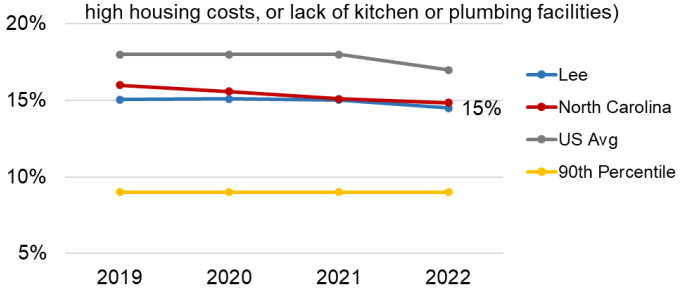
Physical environment contains four measures in the category and accounts for 10% of the county rankings. Lee County ranked 60th in physical environment out of 100 North Carolina Counties.

★ Drinking water violations

	2020	2021	2022
Lee County	No	No	No

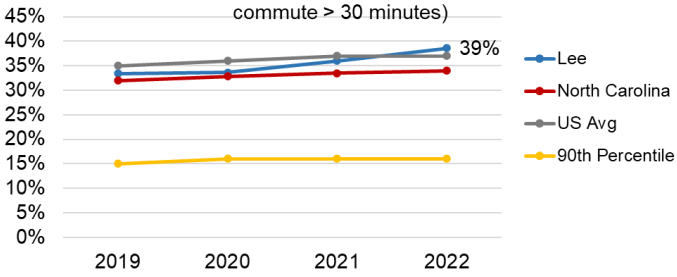
★ Severe housing problems

(% of hh with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities)



● Long commute- driving alone

(among workers who commute alone, the % that commute > 30 minutes)



● Broadband access

(% of households with broadband internet connection)

Lee County	2022
Lee County	75%
North Carolina	83%
US Avg	85%
90th Percentile	88%

Source: Drinking water violations – County Health Rankings; EPA, Safe Drinking Water Information System, 2020 Source: Severe housing problems – County Health Rankings; HUD Comprehensive Housing Affordability Strategy data, 2014-2018. Source: Driving alone to work and long commute – County Health Rankings: American Community Survey, 5-year estimates, 2016-2020. Source: Air pollution – County Health Rankings: CDC National Environmental Health Tracking Network, 2018

Source: Broadband access – CHR; American Community Survey, 5-yr estimates, 2016-2020

Physical Environment STRENGTHS

- Lee County reported no drinking water violations in each of the last three years.
- Lee County had a lower percentage of severe housing problems at 15% than NC and the U.S.

Physical Environment OPPORTUNITIES

- 39% of workers in Lee County who commute alone commute over 30 minutes which was higher than NC and the U.S.
- Broadband access was lower in Lee County at 75% than NC and the U.S. (85%).

Photo Credit: visitsanfordnc.com

The primary and secondary data sources result in the following significant health needs in the community.

Significant Community Health Issues: Identified Issues

2019 CHNA	Secondary Data	Focus Groups	Survey
• Obesity	• Adult smoking	• Diabetes	• Low Income/poverty
• Fitness/Nutrition	• Adult obesity	• Mental health	• Unhoused
• Mental Health – including Alcohol and Substance Misuse	• Uninsured	• Substance use disorder	• Mental health – depression, anxiety, stress
	• Preventable hospital stays	• STD/Is	• Diabetes
	• High school completion	• Access to Medicare resources	• Obesity - healthy eating, active living
	• Higher cancer incidence	• Unhoused population and affordable housing	• Dementia/Alzheimer's
	• Lower COVID-19 vaccination rates	• Transportation	• Cancer and prevention
		• Better nutrition	• Heart disease
		• Teen pregnancy	• High blood pressure
		• Affordable childcare	• High cholesterol
		• Internet – changing behavior and attitudes	• Dental care
		• Gun violence	• Lack of health insurance
			• Cost of care

There were Four Broad Themes that Emerged in this Process:

- Lee County needs to continue to create a "Culture of Health" which permeates throughout the towns, employers, churches, and community organizations to engender commitment to health improvement.
- There is a direct relationship between health outcomes and affluence (income and education). Those with the lowest income and education generally have the poorest health outcomes.
- While any given measure may show an overall good picture of community health, subgroups such as the lower income census tracts may experience lower health status measures.
- It takes partnerships with a wide range of organizations and citizens pooling resources to meaningfully impact the health of the community. Lee County has many assets to improve health.

Results of the CHNA:

Community Health Summit Prioritized Health Needs

Prioritization of Health Needs

Prioritization Criteria

At the Community Health Summit, the attendees reviewed the community health information and used the criteria below to prioritize the health needs in the community.

Magnitude	How big is the problem? How many individuals does the problem affect, either actually or potentially?
Seriousness of the Consequences	What would happen if the issue were not made a priority? What is the level of burden on the community (economic, social or other)?
Equity	Does this affect one group more than others?
Feasibility	Is the problem preventable? How much change can be made? What is the community's capacity to address it?

Most Significant Community Health Needs

The following needs were prioritized by attendees at the Community Health Summit. Using a nominal group technique, each attendee received three sticky notes and selected their top three health needs and posted their ideas on paper at the back of the room.

1. Mental health – 9 post-its
2. Healthy eating/Active living – 7 post-its
3. Tie substance use disorder and social determinants of health (housing, transportation, safety, education) – 6 post-its
4. Access to care – 5 post-its
5. Youth development and activity – 3 post-its

Community Health Summit Brainstorming

Community Health Goals and Actions Brainstorming

Once the stakeholders had prioritized the most significant health issues, we discussed what might be done to improve the health issue. Below are notes from the brainstorming.

Significant Health Need 1: Mental Health

Goal 1 – Provide more access for behavioral health services (Increase 25% in 3 years)

Action 1 – Create a regional substance use/mental health rehab center within the county

Action 2 – Provide mental health education through large employers (occupational health programs) , schools, medical providers and facilities

Resources/Collaborators Needed: Lee and surrounding counties, medical providers, parents (to identify and speak out about certain behaviors they observe in their children), faith-based community

Goal 2 – De-escalate behavioral health situations to prevent injury and death

Action 1 – Create a rapid response team within the police department - Provide licensed counselors when mental health is involved.

Action 2 – Provide firearm education on how to properly use and store firearms.

Resources/Collaborators Needed: County and City police departments, Local communities and firearm safety specialists.

Significant Health Need 2: Healthy Eating/Active Living

Goal 1 – Decrease obesity rates over the next three years

Action 1 – Address root causes of obesity

Action 2 – Needs based action planning support to implement behavioral changes

Action 3 – Provide resources on healthy eating and physical activity

Resources/Collaborators Needed: Hospital, CCHD, Cooperative Extension, schools, insurance companies, food banks, pantries, faith-based communities

Goal 2 – Increase access to healthy foods and provide nutrition education

Action 1 – Assess current state of nutrition education. Provide nutrition education courses and teach cooking skills to make those behavior changes

Action 2 – Ensue equitable access to healthy foods

Resources/Collaborators Needed: CCCC, schools, Cooperative Extension, food bank, housing, LCHD authorities, partnerships, early care & education, Central Carolina Hospital, faith-based communities, county government, fitness centers, enrichment center

Community Health Goals and Actions Brainstorming, Cont.

Significant Health Need 3: Substance Use Disorder

Goal 1 – Implement substance use disorders into health education at 9th grade with 24 classes per year

Action 1 – Confirm programming with county schools

Action 2 – Confirm programming with partners

Resources/Collaborators Needed: County schools, health department, nonprofits, community partners

Goal 2 – Add school counselors available 4 to 5 hours a week at each school

Action 1 – Identify, apply, and receive funding

Action 2 – Create a schedule for counseling at schools

Resources/Collaborators Needed: County schools, grant writer, grant provider, counselors, Navigation Center, Salvation Army

Significant Health Need 3: Social Determinants of Health – Housing, Transportation, Safety, Education

Goal 1 – Create affordable housing

Action 1 – Provide education on financial literacy, saving and budgeting and home-ownership responsibilities

Action 2 - Provide incentives for needs-based housing such as government incentives, tax breaks for landlords and contractors to build and rent to low-income households

Resources/Collaborators Needed: Sanford Housing Authority, Habitat for Humanity, CCCC, High Schools, PFC&F

Goal 2 – Provide safe, affordable transportation

Action 1 – Provide public transportation (besides COLTS) that is reliable and understandable

Action 2 – Accessing safety of active transportation (bikes, walking, etc.

Resources/Collaborators Needed: Local government, CCCC, City Planning, DOT

Significant Health Need 4: Access to Care

Goal 1 – Improve transportation to reduce no shows to services

Action 1 – Encourage churches/faith-based communities to spearhead this effort to provide trusted resources and transportation

Action 2 – Bring people to programs and programs to people.

Resources/Collaborators Needed: Church leaders, peer-support

Goal 2 – Increase insurance and utilization of insurance

Action 1 – Provide Medicaid/Medicare education to encourage utilization of benefits.

Action 2 – Expand Medicaid to get more people insured

Action 3 – Take advantage of other resources in the community that provide information on Medicare and Medicaid such as the enrichment center, veterans services.

Impact of 2019 CHNA and Implementation Plan

Impact

COVID-19 impacted implementation in 2020. Groups were unable to meet in person and services were limited in the community. However, progress was made prior to COVID.

Central Carolina Hospital also partnered with Lee County Health Department on the COVID Clinics that were stood up in the community during the pandemic. Central Carolina Hospital and physician practices provides over 1700 flu vaccinations annually and between 2020 -2021 the hospital provided over 2900 COVID vaccinations and boosters.

Photo Credit: visitsanfordnc.com

Appendices

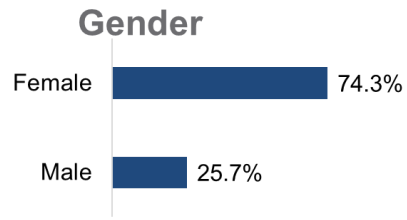
1. Community Survey
2. Focus Group Summary
3. Community Asset Inventory

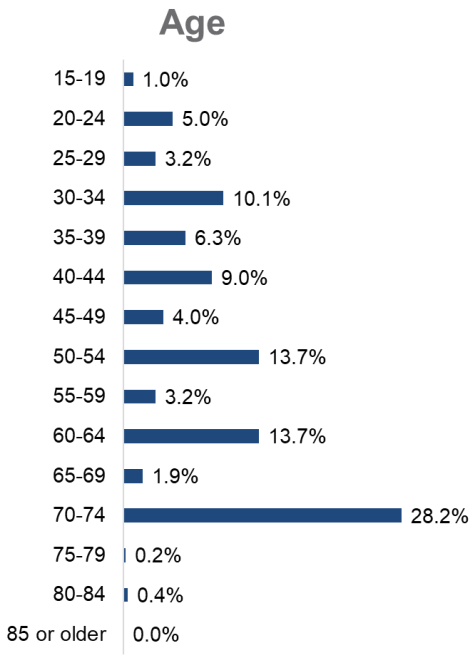
Survey Results

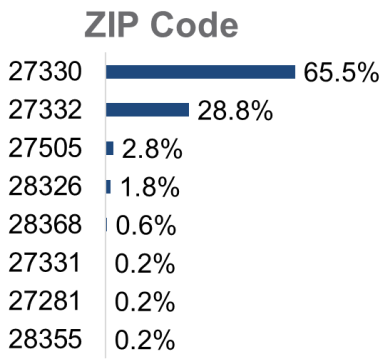
Community Survey

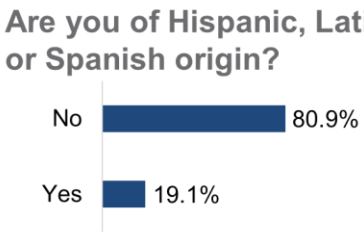
LeeCAN, Central Carolina Hospital and Lee County Health Department conducted an online and paper community survey in English and in Spanish. The survey was open March 16 through August 16, 2022. 663 completed surveys were received, 218 online surveys and 46 Spanish surveys were completed.

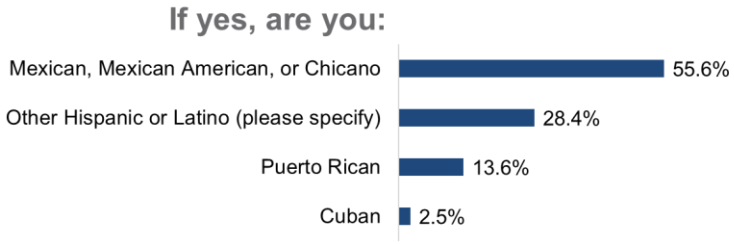
Demographics









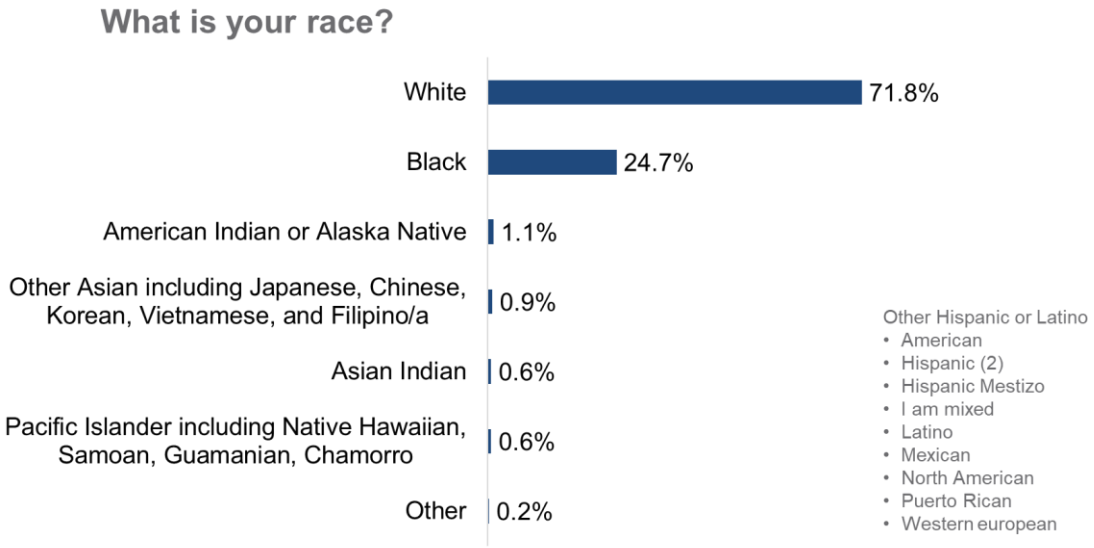


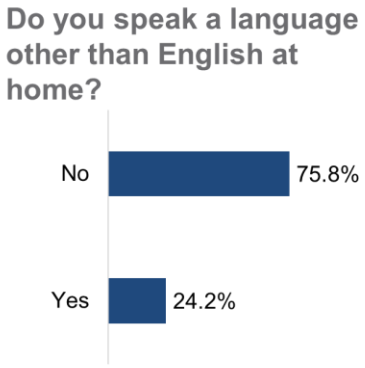
Other Hispanic or Latino
- Salvadoran 6
- Guatemalan 4
- Honduran 4
- Blank 2
- Central American
- Latino
- Venezuela
- Venezuelan-American
- Cuban
- Dominican
- Peru

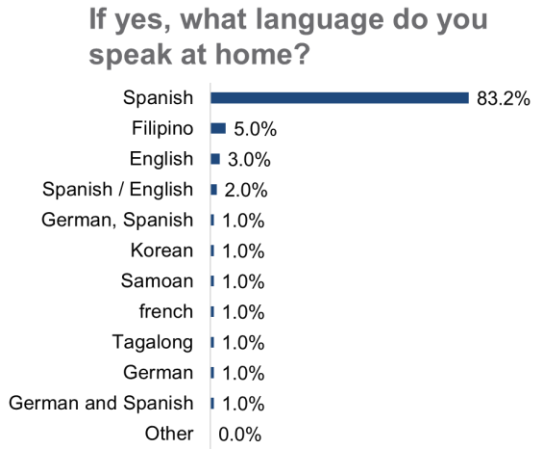
Survey Results

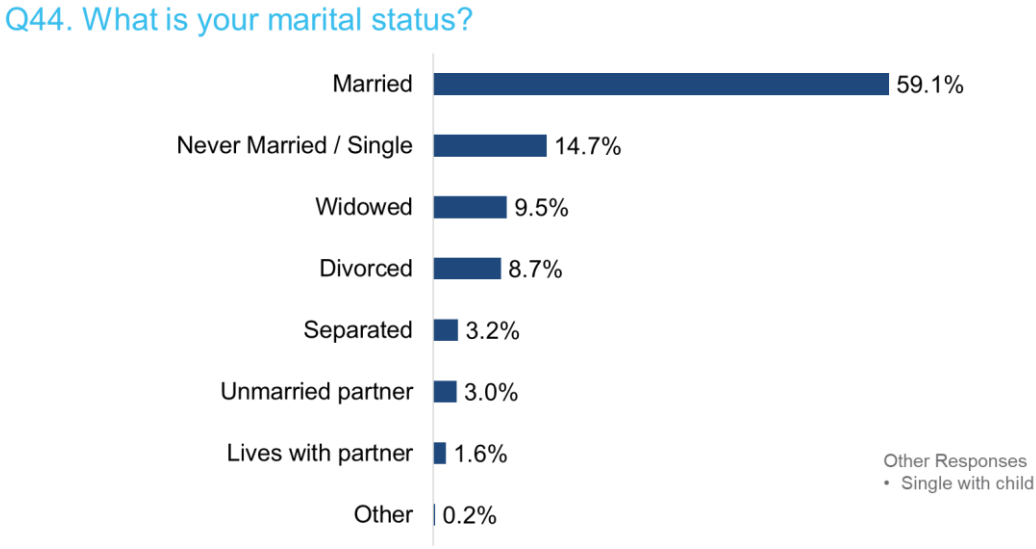
Community Survey

Demographics, cont.







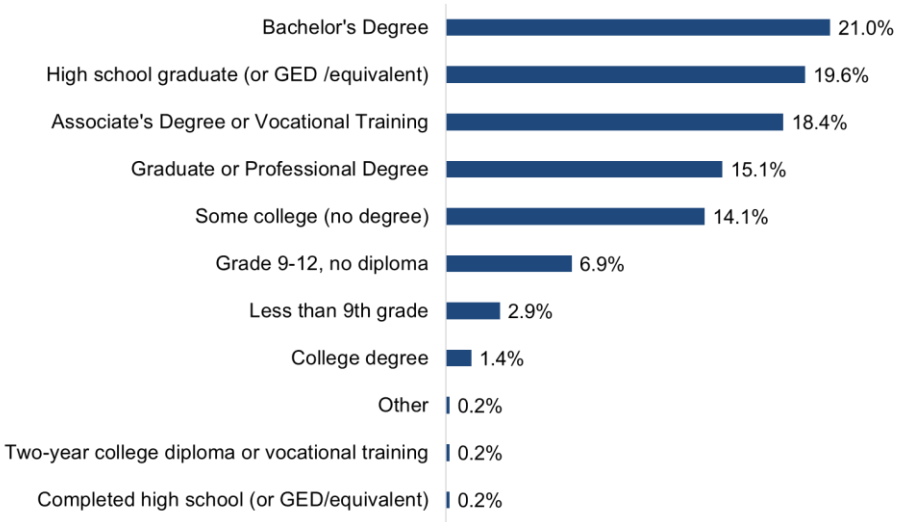


Survey Results

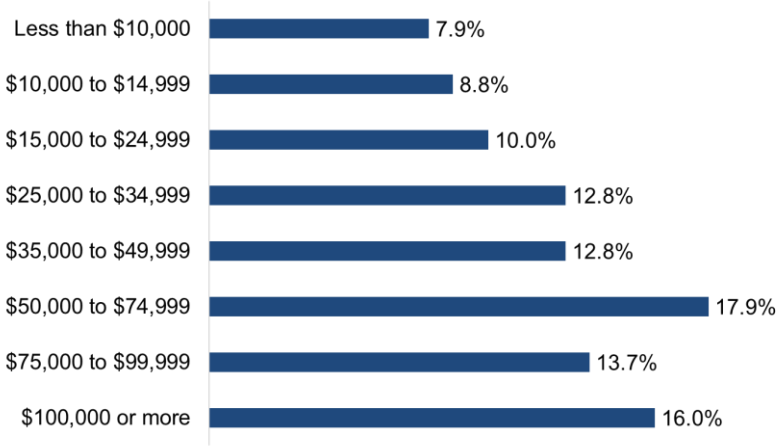
Community Survey

Demographics, cont.

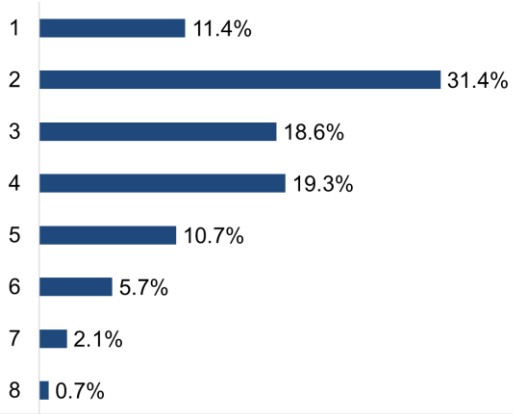
Q45. What is the highest level of school, college or vocational training that you have finished?



Q46. What was your total household income last year, before taxes?



Q46B. How many people does this income support?(if you are paying child support but your child is not living with you, this still counts as someone living on your income)

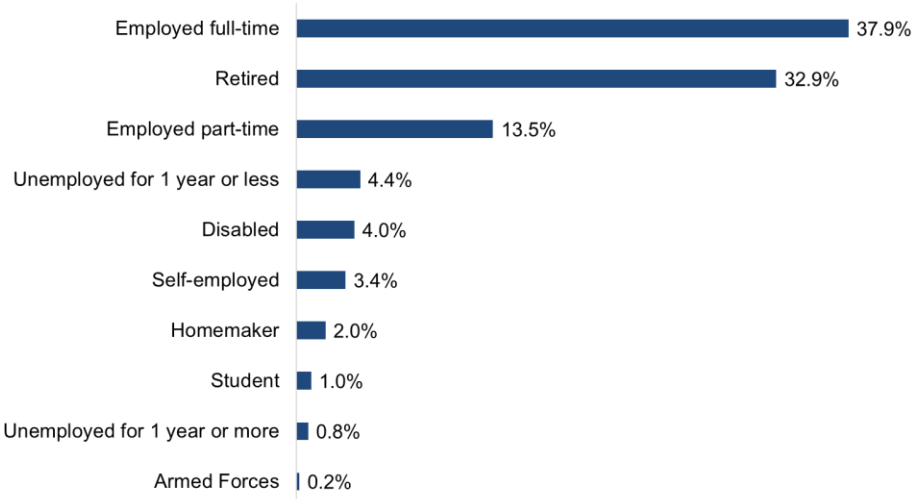


Survey Results

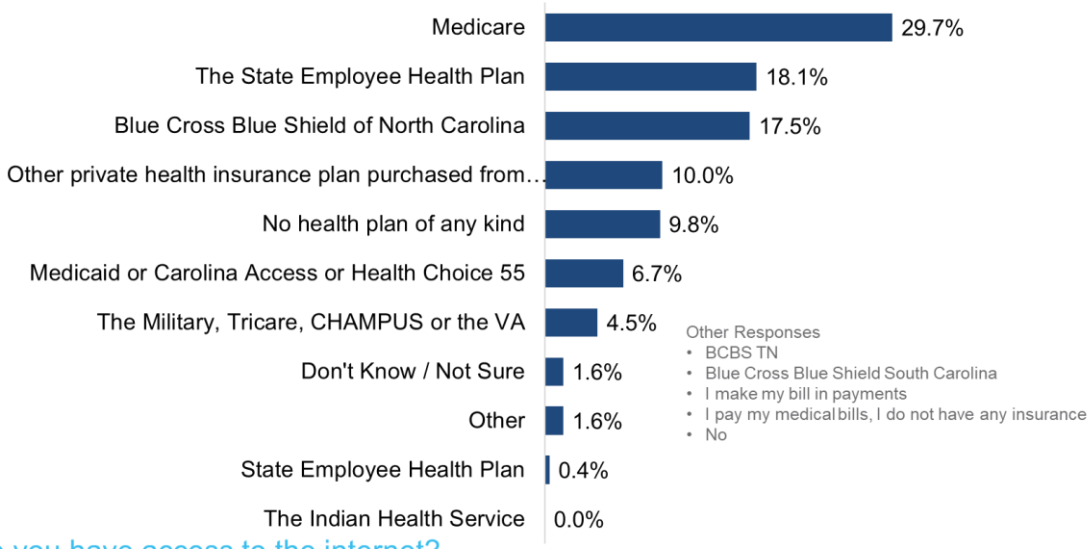
Community Survey

Demographics, cont.

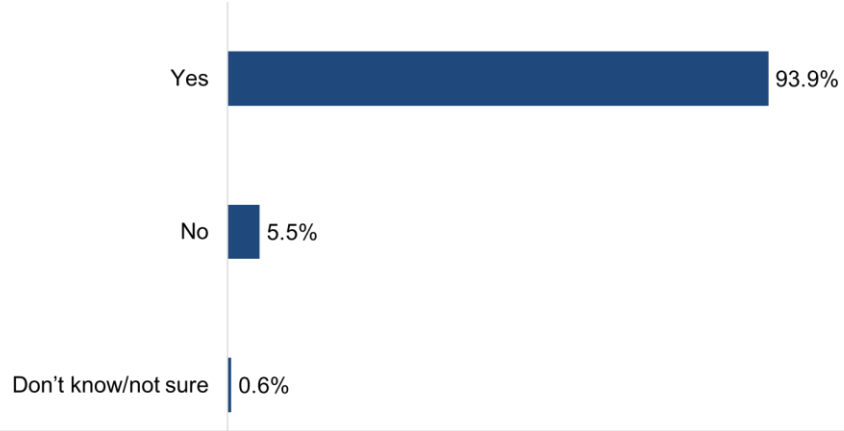
Q47. What is your employment status?



Q28. What is your primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills?



Q47. Do you have access to the internet?

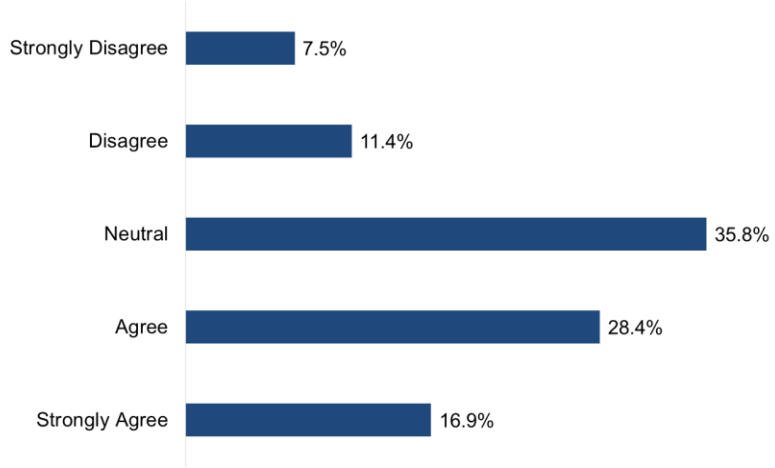


Survey Results

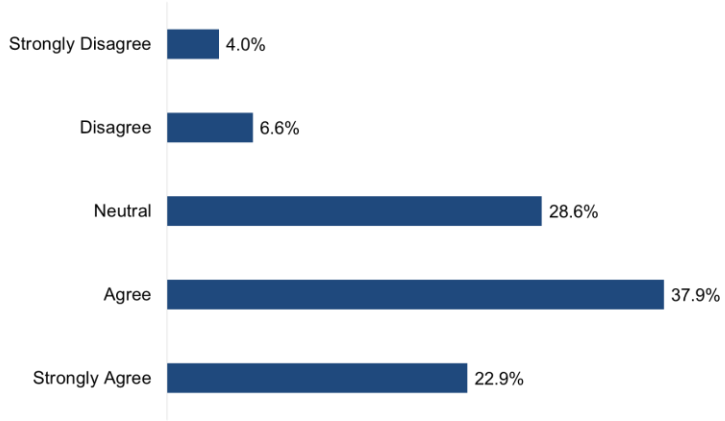
Community Survey, cont.

Results

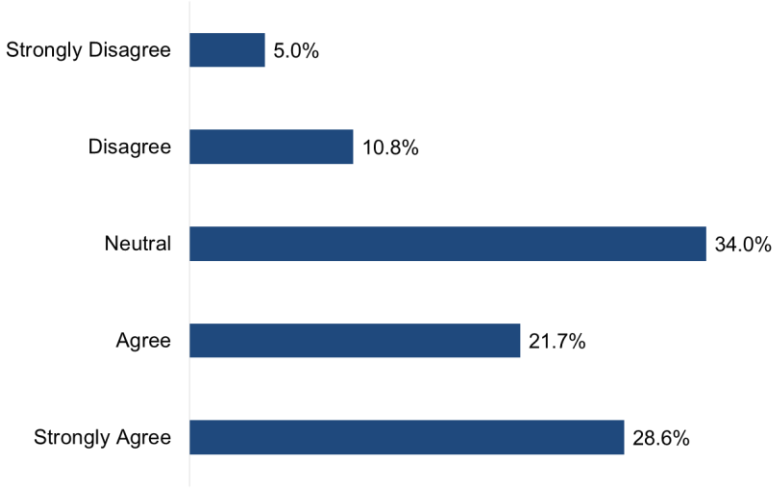
Q1. How do you feel about this statement "There is good healthcare in Lee County"?



Q2. How do you feel about this statement, "Lee County is a good place to raise children"?



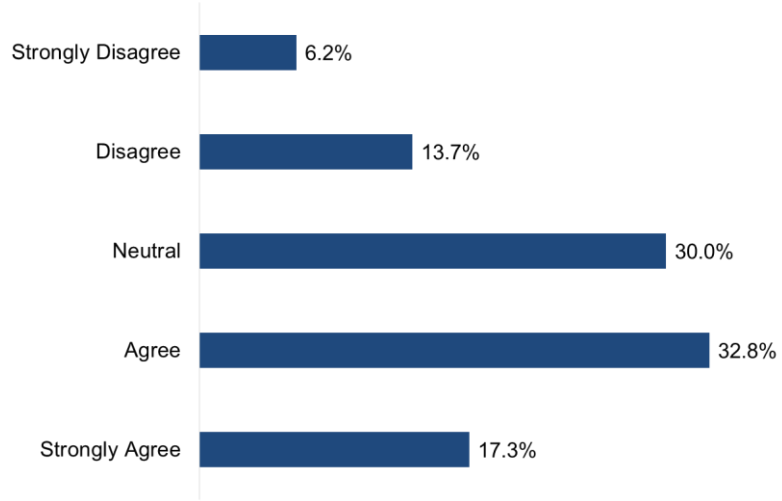
Q3. How do you feel about this statement, “Lee County is a good place to grow old”?



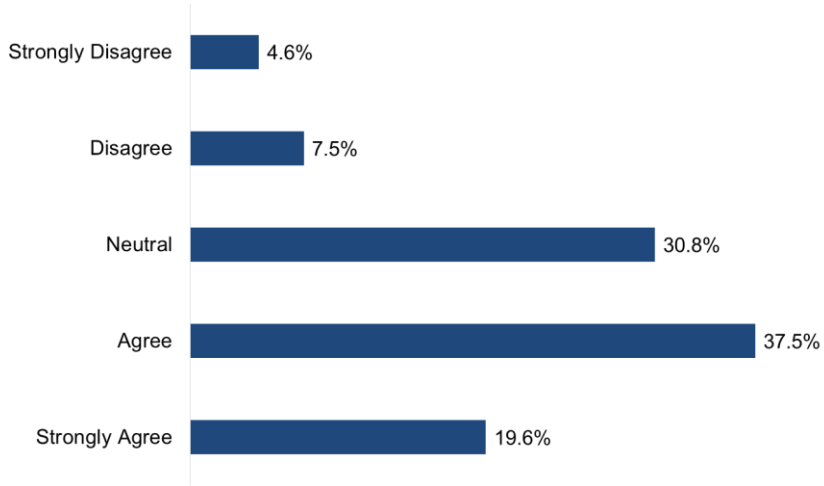
Survey Results

Community Survey, cont.

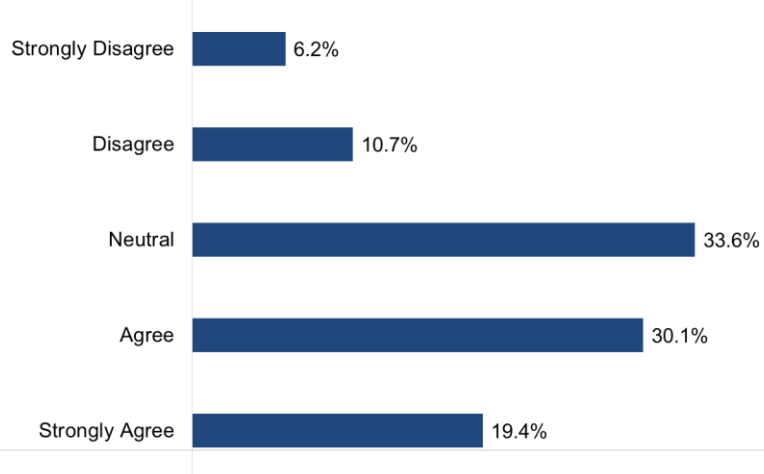
Q4. How do you feel about this statement, “There is plenty of economic opportunity in Lee County”?



Q5. How do you feel about this statement, “Lee County is a safe place to live”?



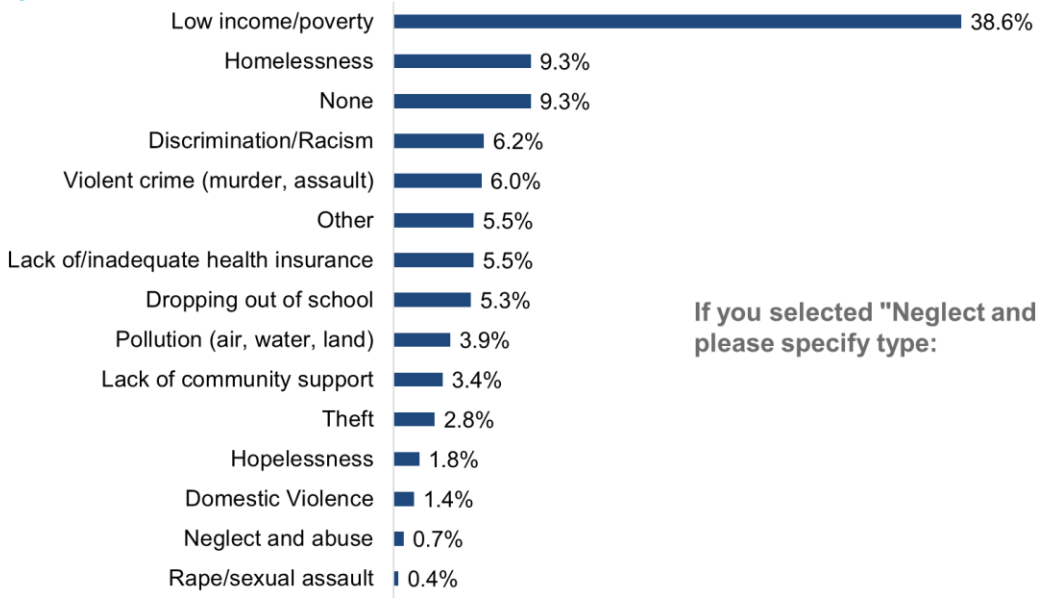
Q6. How do you feel about this statement, “There is plenty of help for people during times of need in Lee County”?



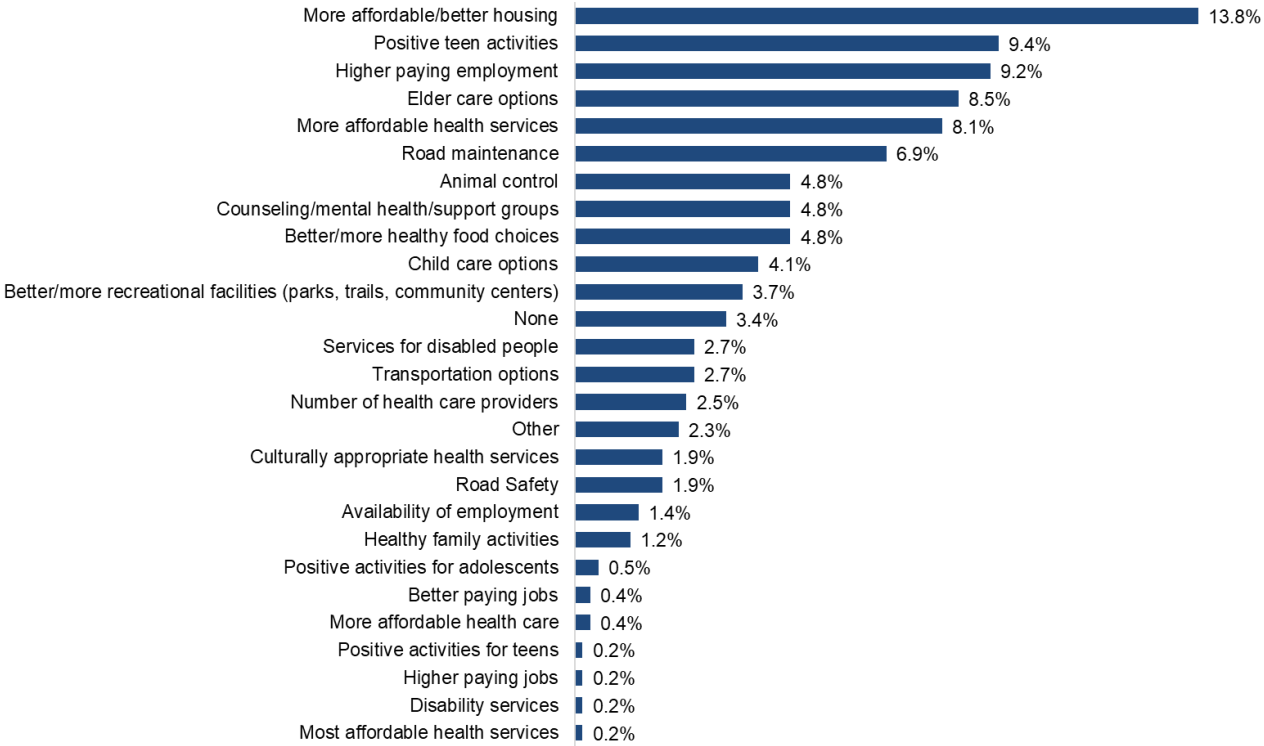
Survey Results

Community Survey, cont.

Q7. In your opinion, which one issue most affects the quality of life in Lee County?



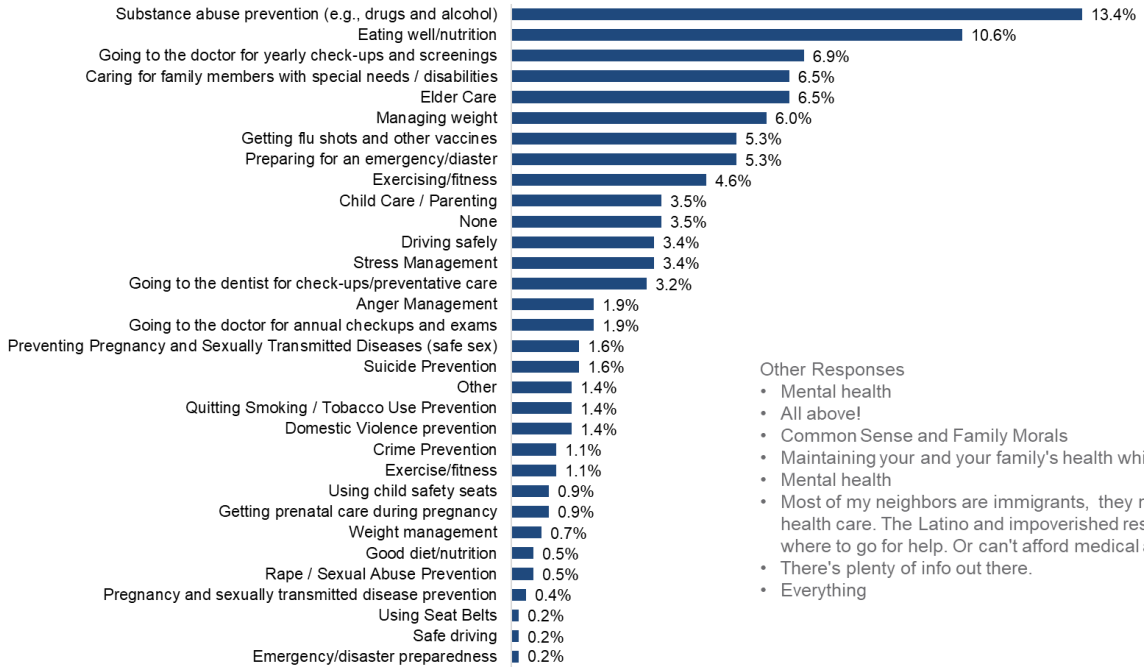
Q8 In your opinion, which one of the following services needs the most improvement in your neighborhood or community?



Survey Results

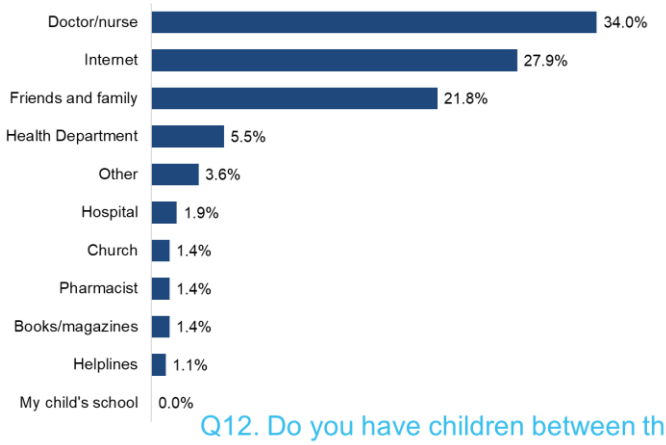
Community Survey, cont.

Q9. In your opinion, which one health behavior do people in your own community need more information about?

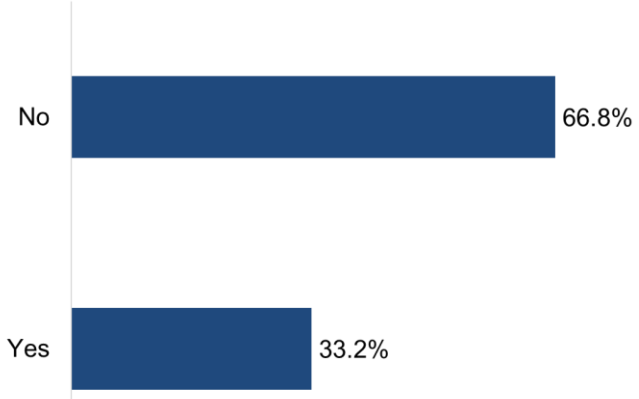


Other Responses
- Mental health
- All above!
- Common Sense and Family Morals
- Maintaining your and your family's health while living in poverty
- Mental health
- Most of my neighbors are immigrants, they need dental and health care. The Latino and impoverished residents don't know where to go for help. Or can't afford medical and dental care.
- There's plenty of info out there.
- Everything

Q10. Where do you get most of your health -related information?



Q12. Do you have children between the ages of 9 and 19 for which you are the caretaker? (Includes step-children, grandchildren, or other relative)



Survey Results

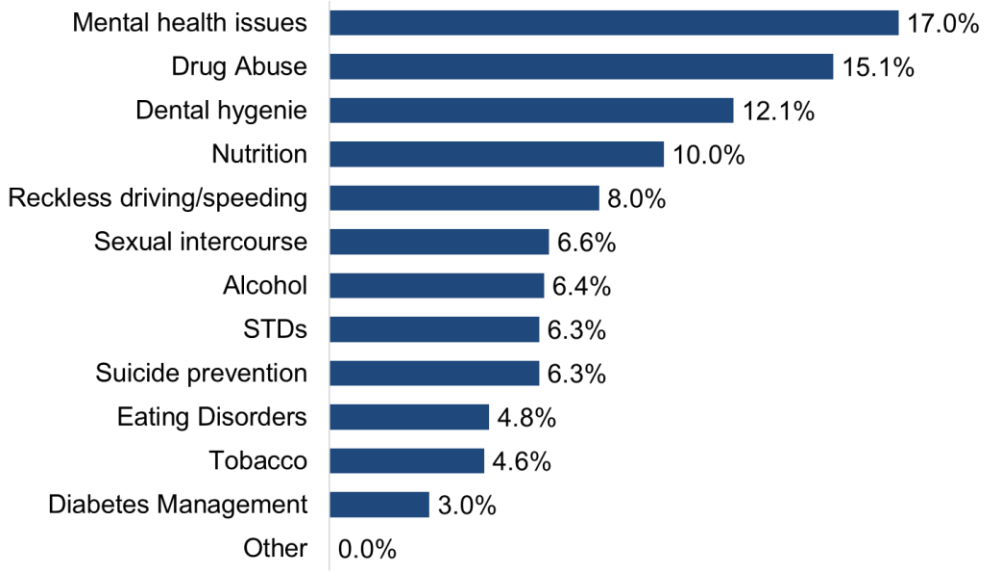
Community Survey, cont.

Q11. What health topics(s)/ disease(s) would you like to learn more about?

Topic	Mentions
Mental/behavioral health	**18**
Diabetes/Prevention/Type 1	**17**
Weight loss/obesity	**14**
Dementia/Alzheimer's Disease	9
Cancer/Preventing cancer	9
Nutrition/Healthy eating	9
Heart disease	8
Depression, anxiety, stress and stress mgt	7
High blood pressure	6
Arthritis	5
COVID/Coronavirus	5
Substance abuse treatment	3
Fitness and exercise	3
Natural and alternative medicines	3

- Asthma 2
- Heart 2
- COPD 2
- Allergies 2
- Aging/elder care 2
- Any affecting Lee County 2
- Children and adults with special needs 2

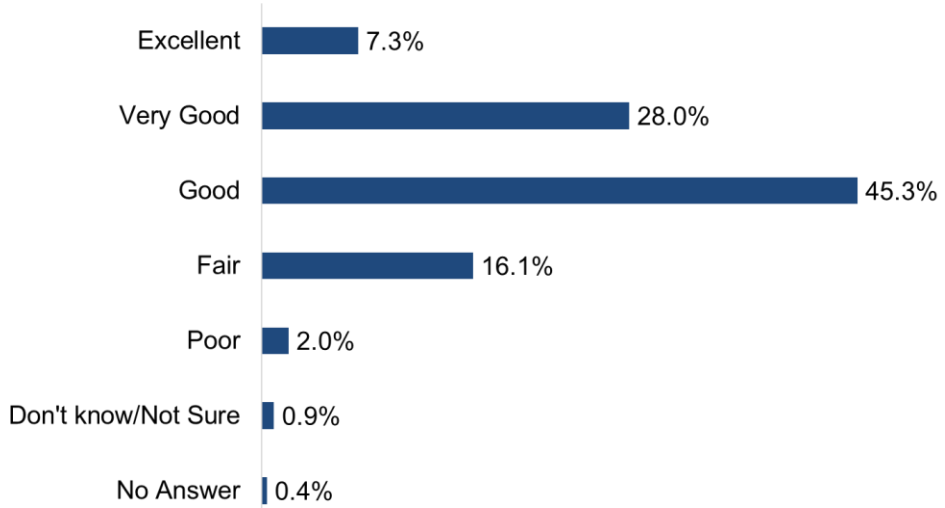
Q13. Which of the following health topics do you think your child/children need(s) more information about?



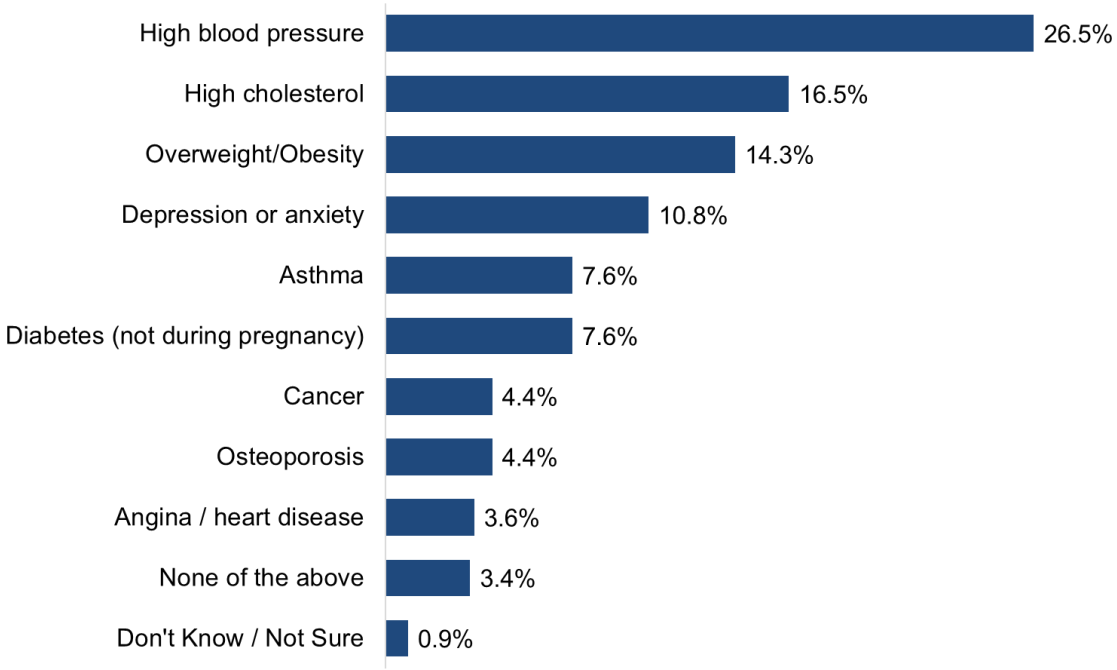
Survey Results

Community Survey, cont.

Q14. Would you say that, in general your health is....



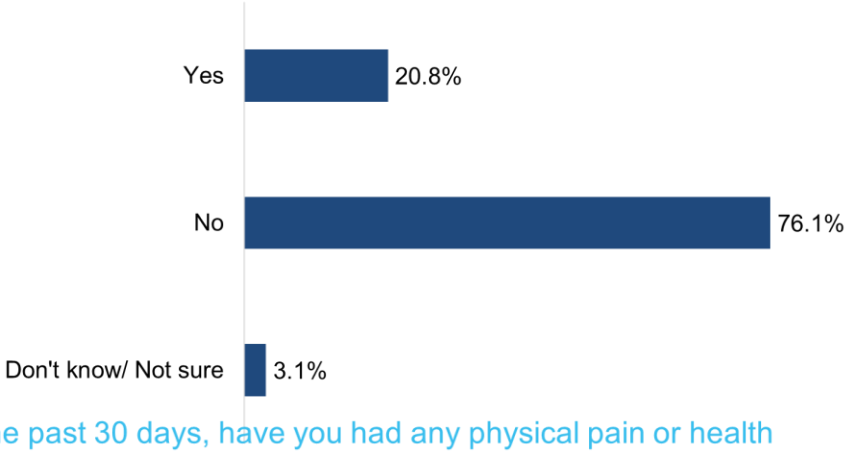
Q15. Have you ever been told by a doctor, nurse, other health professional that you have any of the following health conditions?



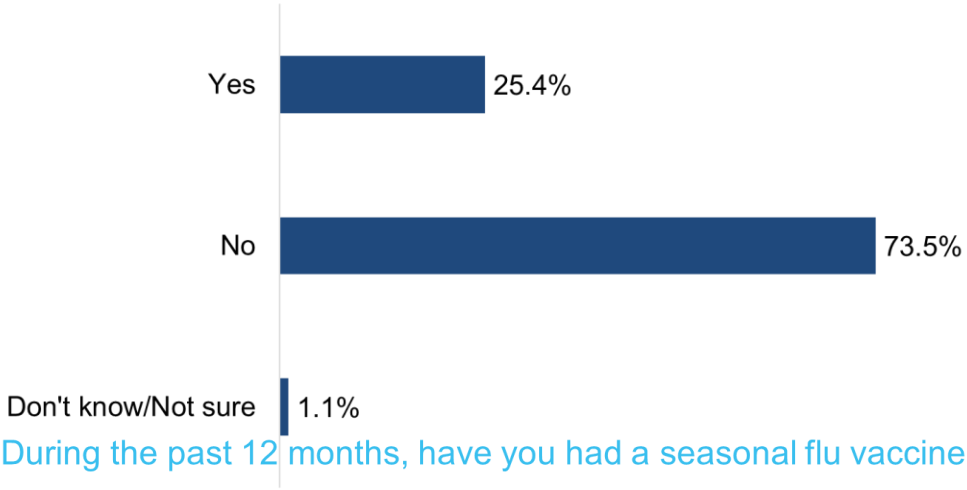
Survey Results

Community Survey, cont.

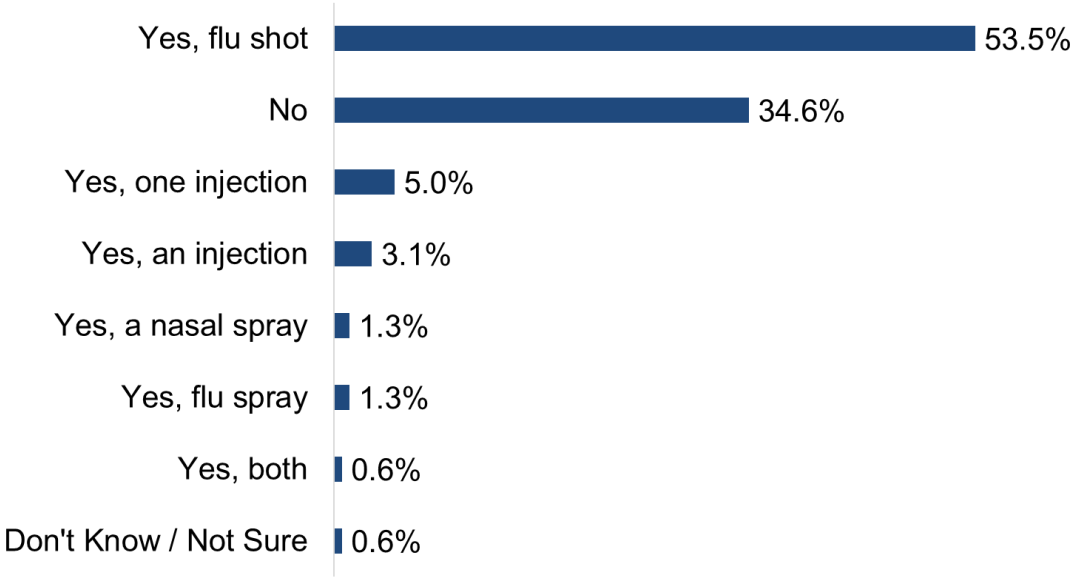
Q16. In the past 30 days, have there been any days when feeling sad or worried keeping you from going about your normal business?



Q17. 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



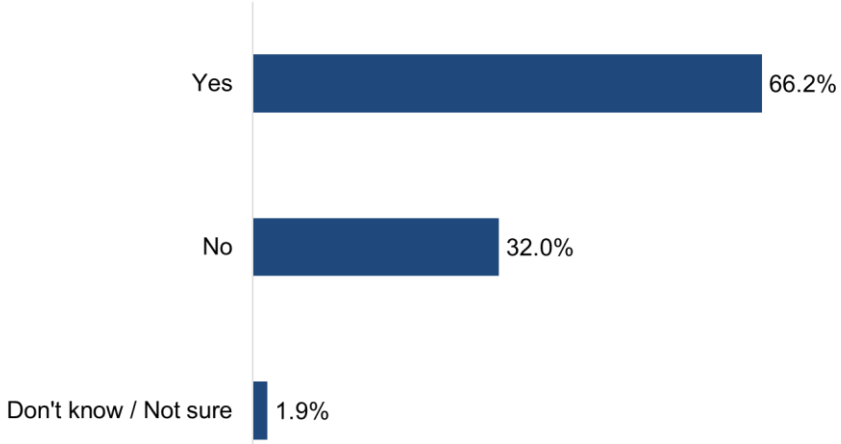
Q50. During the past 12 months, have you had a seasonal flu vaccine?



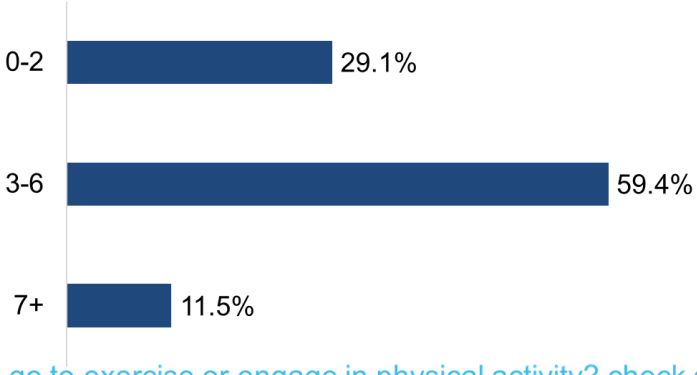
Survey Results

Community Survey, cont.

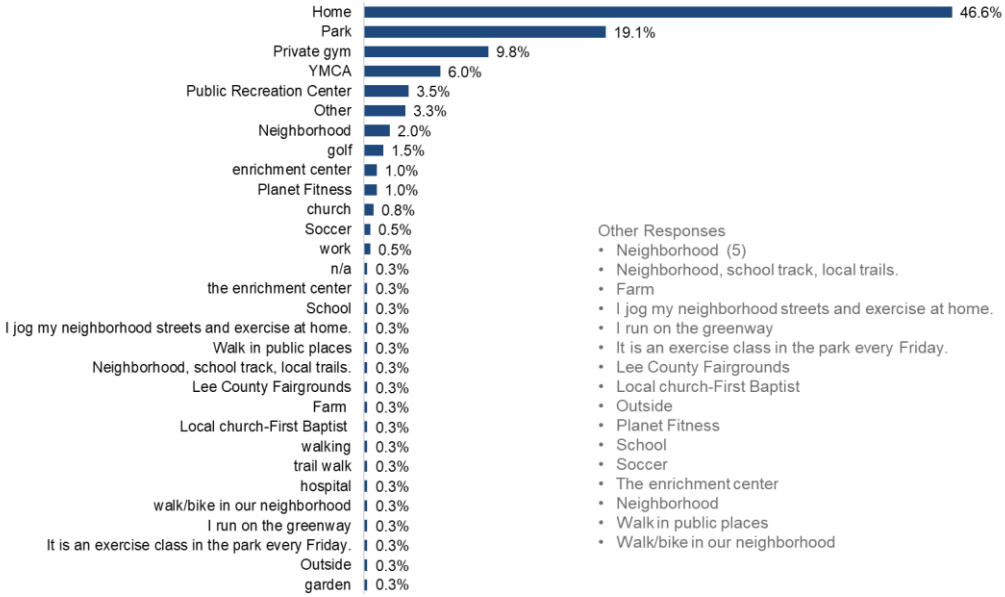
Q18. During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour?



Q19. Since you said yes, how many times do you exercise or engage in physical activity during a normal week?



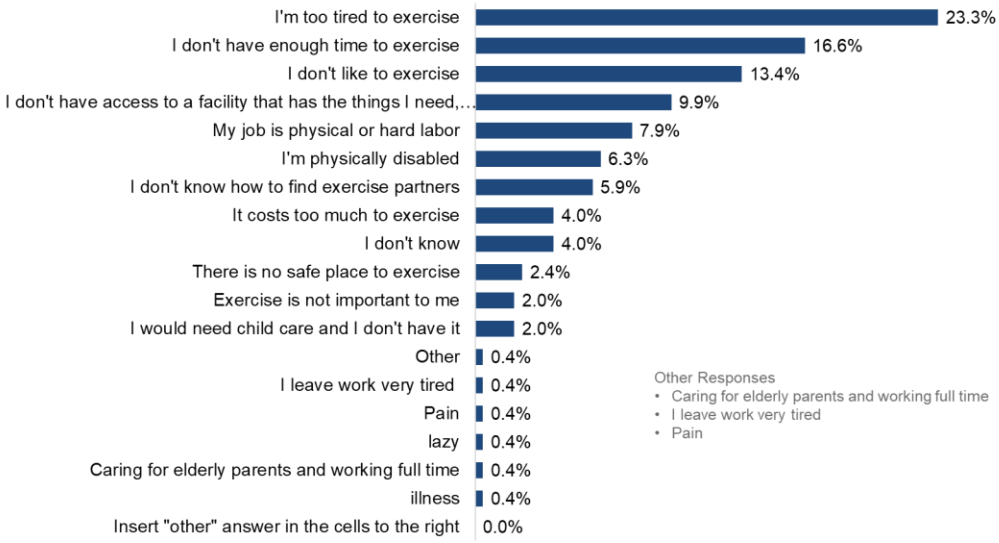
Q20. Where do you go to exercise or engage in physical activity? check all that apply



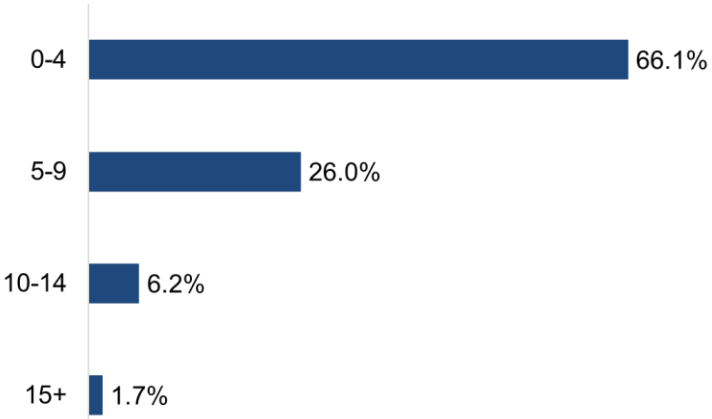
Survey Results

Community Survey, cont.

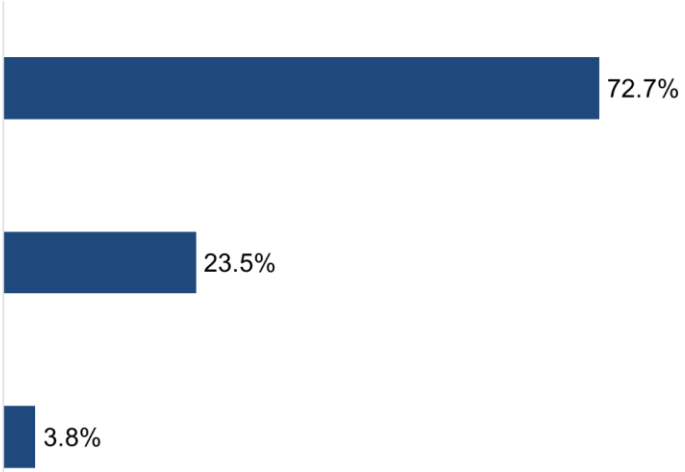
Q21. Since you said "no", what are the reasons you do not exercise for least a half hour during a normal week? Check all that apply



Q22. How many cups per week of fruits, vegetables, and 100% fruit juice would you say you eat?



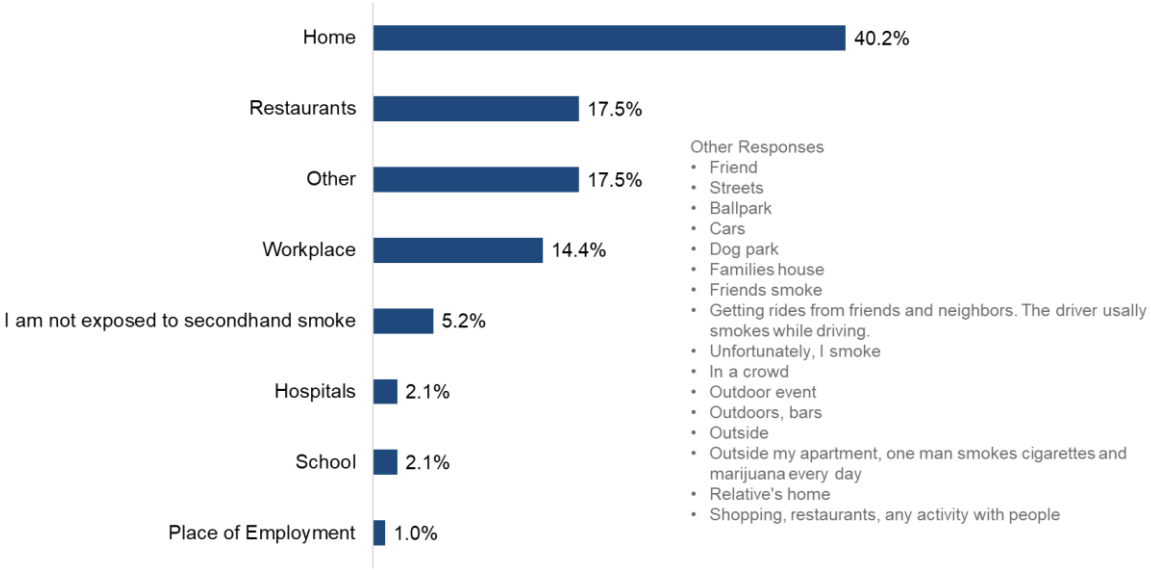
Q23. Have you been exposed to secondhand smoke in the past year?



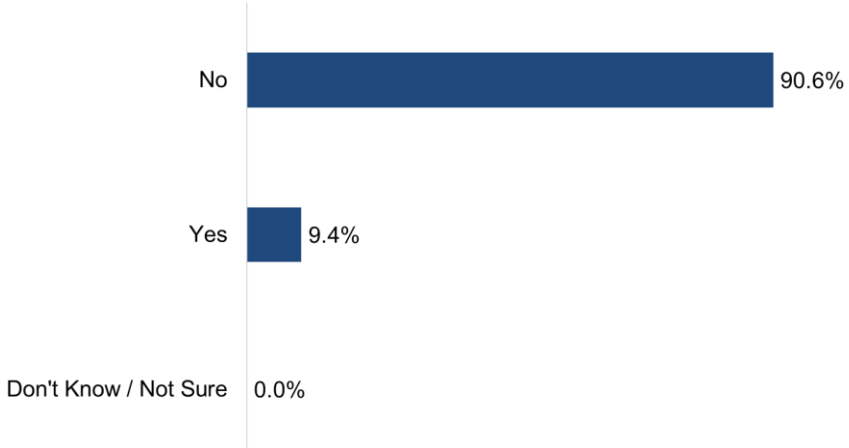
Survey Results

Community Survey, cont.

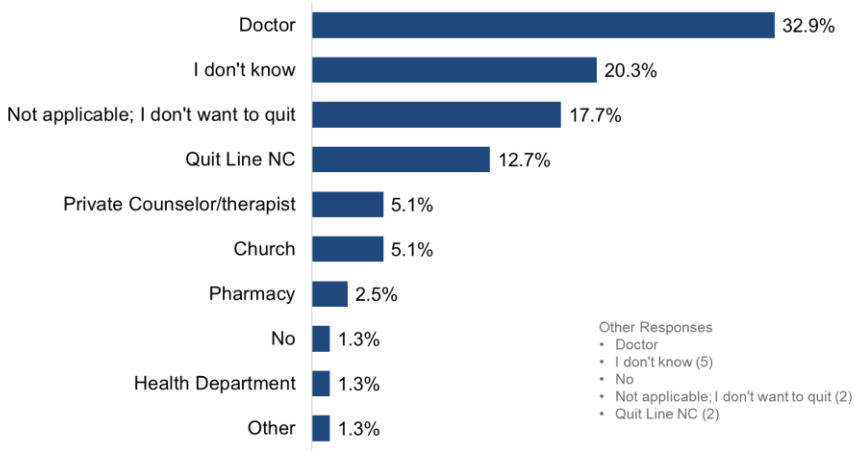
Q24. If yes, where do you think you are exposed to secondhand smoke most often?



Q25. Do you currently smoke? (Include regular smoking in social settings)



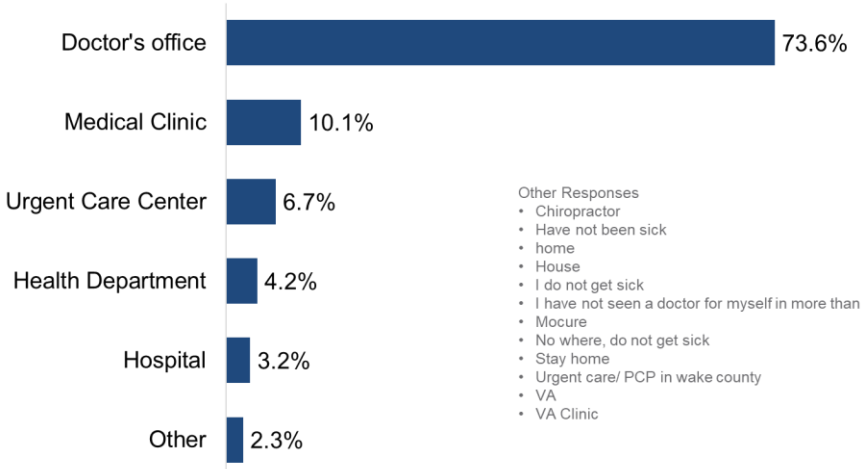
Q26. If yes, where would you go for help if you wanted to quit?



Survey Results

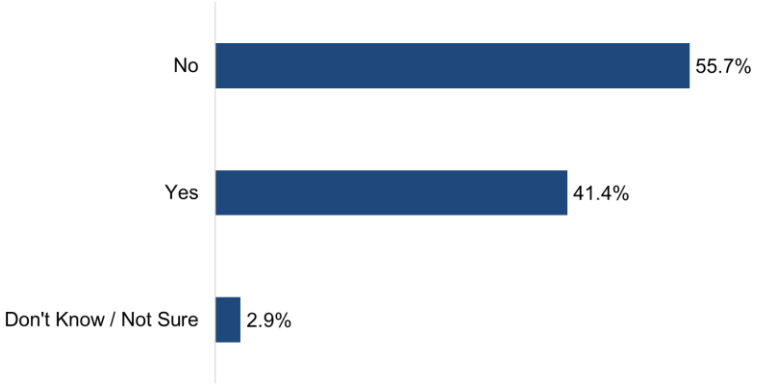
Community Survey, cont.

Q27. Where do you go most often when you are sick?

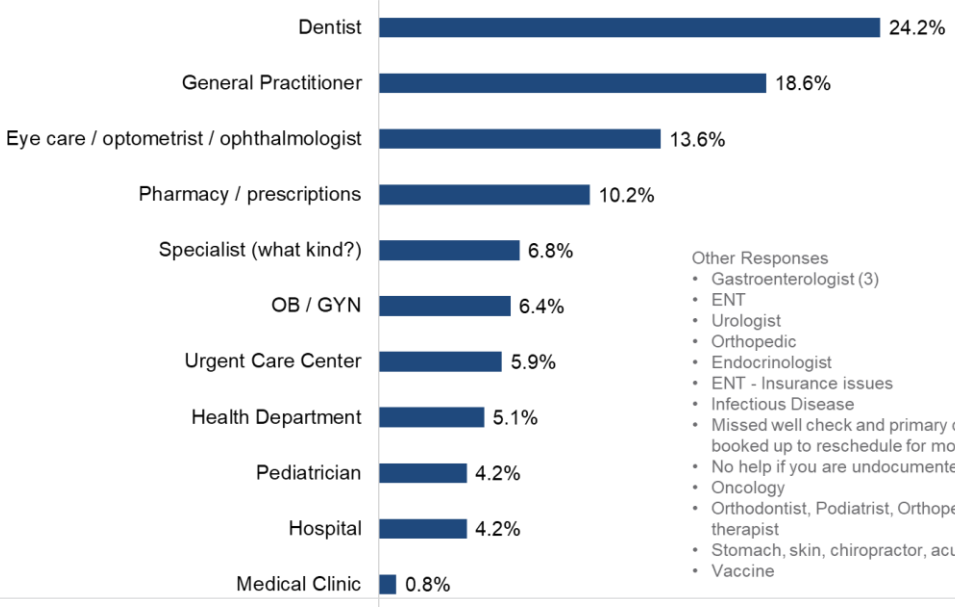


Other Responses
- Chiropractor
- Have not been sick
- home
- House
- I do not get sick
- I have not seen a doctor for myself in more than 7 years.
- Mocure
- No where, do not get sick
- Stay home
- Urgent care/ PCP in wake county
- VA
- VA Clinic

Q29. 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?



Q30. Since you said "yes", what type of provider or facility did you or your family member have trouble getting health care from?

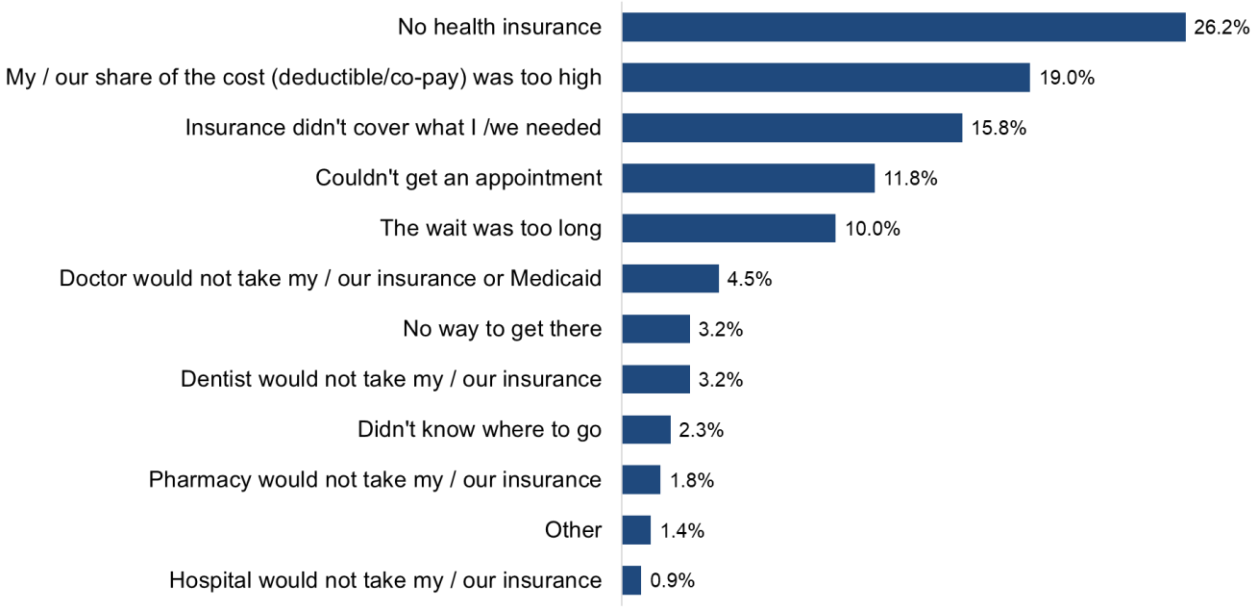


Other Responses
- Gastroenterologist (3)
- ENT
- Urologist
- Orthopedic
- Endocrinologist
- ENT - Insurance issues
- Infectious Disease
- Missed well check and primary care doctor was too booked up to reschedule for months.
- No help if you are undocumented
- Oncology
- Orthodontist, Podiatrist, Orthopedic doctors, Psychiatrist, therapist
- Stomach, skin, chiropractor, acupuncture
- Vaccine

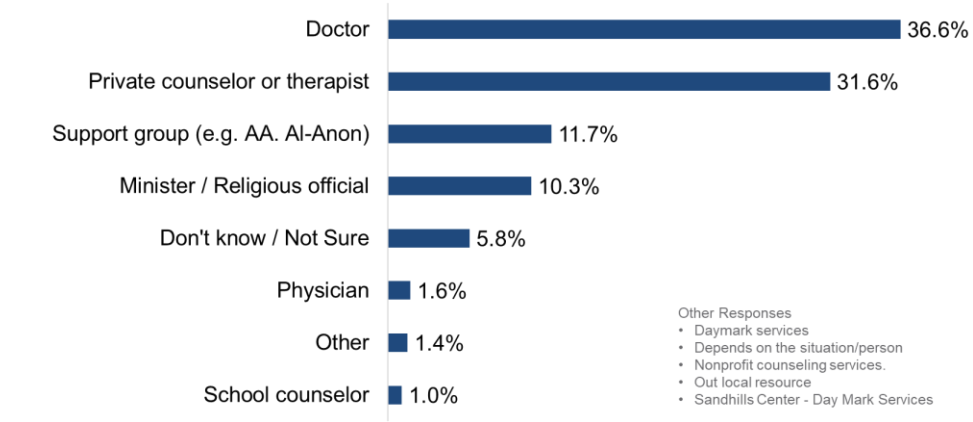
Survey Results

Community Survey, cont.

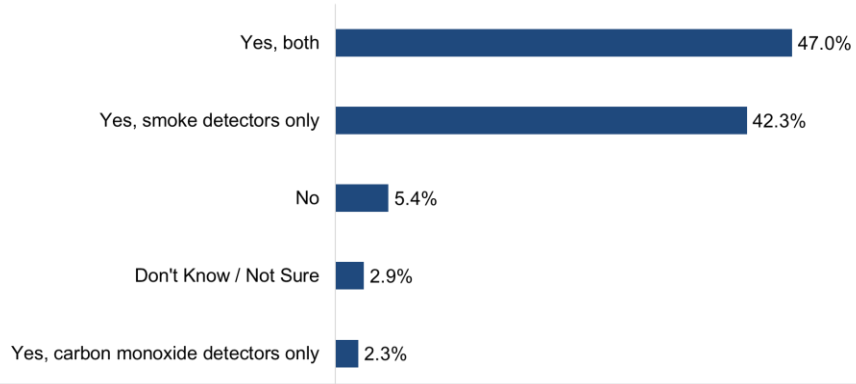
Q31. Which of these problems prevented you or your family member from getting the necessary health care?



Q32. If a friend or family member needed counseling for a mental health or drug / alcohol abuse problem, who is the first person you would tell them to talk to?



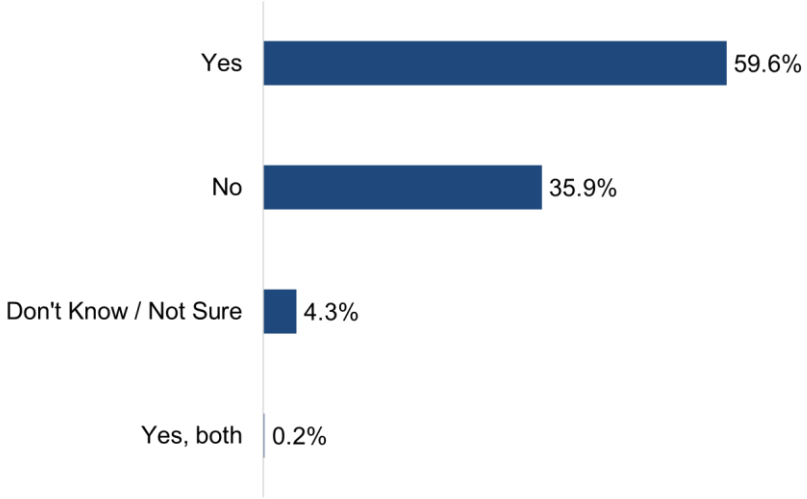
Q33. Does your household have working smoke and carbon monoxide detectors?



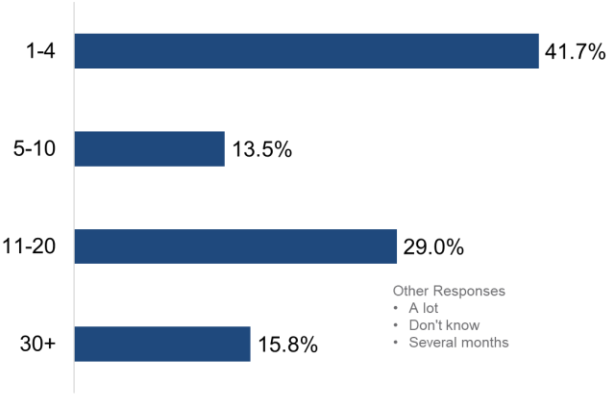
Survey Results

Community Survey, cont.

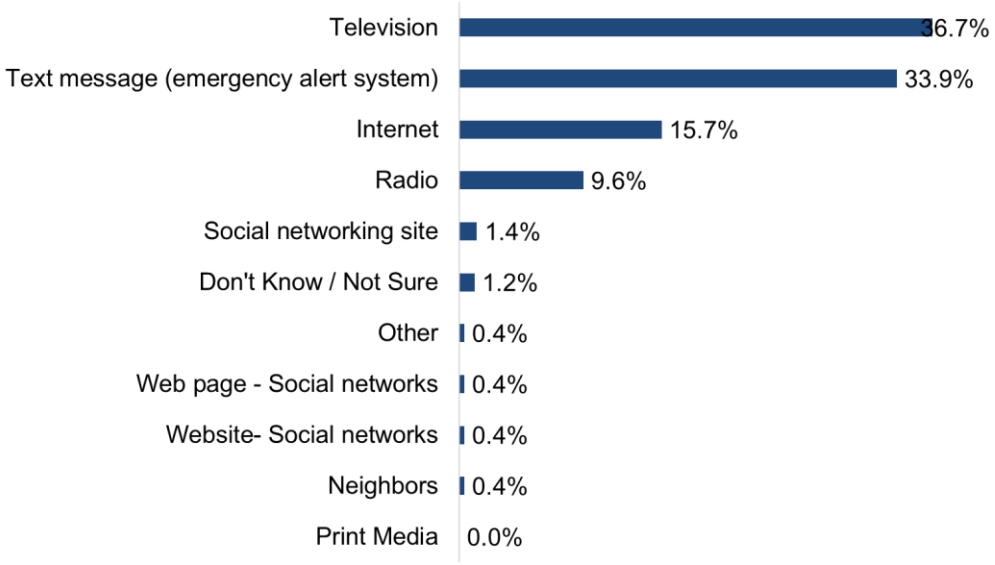
Q34. Does your family have a basic emergency supply kit?



Q35. If yes, how many days do you have supplies for? Please type the number of days



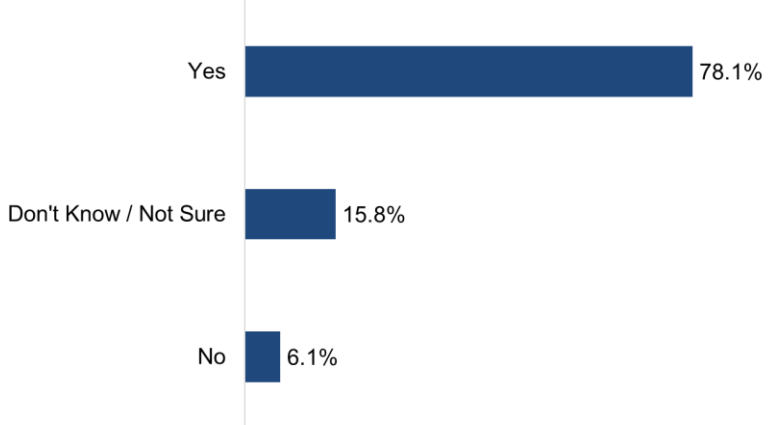
Q36. What would be your main way of getting information from authorities in a large-scale disaster or emergency?



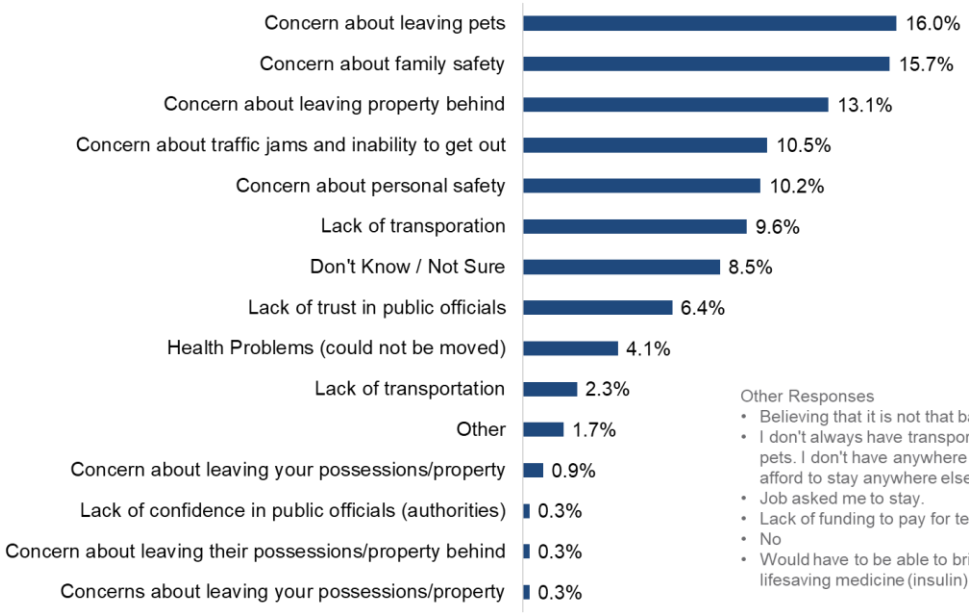
Survey Results

Community Survey, cont.

Q37. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?



Q38. What would be the main reason you might not evacuate if asked to do so?



Other Responses

- Believing that it is not that bad
- I don't always have transportation. I also have pets. I don't have anywhere to go. I'm too poor to afford to stay anywhere else.
- Job asked me to stay.
- Lack of funding to pay for temporary housing
- No
- Would have to be able to bring refrigerated lifesaving medicine (insulin)

Focus Group Results

Focus Groups

Community stakeholders representing the broad interests of the community as well as those representing low income, medically underserved, and minority populations participated in focus groups on May 19, June 23, and August 11, 2022, for their input into the community's health. Twenty-five community members participated. Below is a summary of the focus groups.

1. **Please identify the two most serious barriers for residents to access health department services.**
   - Lack of transportation-COLTS is the primary means, cost & hours. Impact to food, work, hospital access.
   - Perception of expense-real or otherwise there is a concern that the cost will limit access
   - Most commonly cited barriers were transportation and insurance.
   - Also mentioned were documentation related to residency status, awareness of services, and an unwelcoming perception and environment.
   - Transportation
   - Citizens are unaware of services provided, misinformation about services available, and lack of accessible advertising of services
2. **What are the two major health issues in Lee County-?**
   - Diabetes
   - Behavioral/Mental Health
   - Drug Use Disorder
   - STD/Is
   - Access to Medicare resources for older adults to assist with registering and obtaining benefits
3. **What are two things that can be done to strengthen the health care system in Lee County?**
   - Increase resources of services that are already available
   - Someone in the community to create relationships and trust to provided services
   - Strengthen transportation to rural areas, extension of County of Lee Transportation System (COLTS), and ensuring affordable transportation
   - Offer evening hours for clinical services for those who work and can't take time off
   - Increase access to health insurance
   - Coordination of care for primary care services
   - More funding for peer support programs
4. **What are the two most important issues affecting the lives of children/youth in Lee County?**
   - Homelessness-impact on children
   - Nutrition- Food deserts/insecurity, access to food/nutrition during non-school hours and summer break
   - Teen pregnancy
   - Drug use, alcohol abuse
   - Recreation, viable accessibility for recreation meaning accessible to all
   - Affordable childcare
   - There is nothing for children to do during summer and non-school hours which leads to boredom and illicit activities

Focus Group Results, cont.

5. **What are the two most important issues affecting the lives of senior citizens in Lee County?**
   - Inflation-Price of goods, prescription costs, services Then leads to isolation which exacerbates mental health issues
   - Transportation
   - Food deserts
   - Lack of in home and respite care
   - Lack of access to adequate housing that is structurally sound, lack of access to resources for remediating inadequate living conditions
   - Insufficient resources for connecting Seniors to Medicare coverage and services
6. **What are two things that can be done to improve the quality of life for senior citizens in Lee County?**
   - Transportation
   - Awareness of available services, such as access to the enrichment center
   - Forming a partnership with the Community College and its CNA program for additional access to in home services and quality care
   - Increase resource programs
   - Address barriers related to navigating housing insecurity/changes in housing, address affordability crisis for housing
7. **What are the two main threats to safety for county residents?**
   - Gang issue-neighboring counties, gangs are major threats
   - Internet-change in behavior and attitude
   - Drug and alcohol abuse
   - Gun violence
   - Housing insecurity, unsheltered status
   - Lack of child enrichment are also of great concern
8. **What are two things that can be done to make Lee County safer?**
   - De-escalation techniques from law enforcement
   - Events for youth, well mannered interactions with uniformed officers, establish partnerships with county departments within the community
   - Increasing sense of community and relying less on policing and more on the community to police itself;
   - Address entire family unit to address accountability
   - Substance use/trauma/mental health among parents, empower all family members to ask for help
   - Hire police who truly understand and now how to respond appropriately in situations of crisis; hire peer support staff within law enforcement

Focus Group Results, cont.

9. **What are two major reasons individuals and families need help because of stress and anxiety?**
   - COVID-19
   - The unknown
   - Unemployment, job security, finances
   - School being out
   - Inflation
   - Displacement concerns
10. **What are two things that can be done to strengthen supports for households needing help with stress and anxiety?**
   - Behavioral health in telehealth.
   - Outlet for youth aside from B&G club, activities for youth
   - Secure jobs
   - Collaborate with outside agencies and community partners to provide perception of unity
   - Offer virtual options for services to address transportation barrier
   - Make people more aware of services available
11. **What are the two most significant environmental health issues in the county?**
   - Older homes in need of repair,
   - Multiple families in single family homes putting strain on individual property infrastructure like water and sewage
   - Unsafe drinking water, inadequate/unsafe housing
   - Rapid growth and expansion outpacing existing infrastructure
12. **What are two ways the county can improve environmental health?**
   - Infrastructure for wastewater for new developments
   - Address housing insecurity and water/waste infrastructure.
   - Address the perception that the County is not currently doing anything by increasing awareness on efforts and services
13. **What are the two most significant educational needs in Lee County?**
   - Better staffing for teachers, order and better framing in classrooms to allow teaching
   - Staffing for qualified teachers and retaining staff
   - Drop out rates for students
   - Lack of access to early child education
   - Investments in continuing education
   - Choices regarding school choice and quality
   - Removing politics from school board
   - Quality of education, producing high school graduates that truly ready for the workforce, community college offers very limited number of programs, community college has waitlists for most programs

Focus Group Results, cont.

14. What are two ways the county can improve education?

- Pay teachers a living wage, increase teacher pay
- Remove politics from school board proceedings
- Increasing positive sentiment and awareness for trade school
- Investments in early child education
- Continuing education for staff
- Increase the number of qualified staff and retain existing staff
- Address inadequate staffing for new home development/growth
- Challenge students to excel
- Address home environments that do not believe in education
- Allow students to leave school environment once legally able to at 16 years old

15. What are the two biggest criminal justice needs in Lee County?

- Prevalence of misuse of guns
- Bail reform or extended detainment before trial
- Employment opportunities for those coming out
- Trauma informed outreach, mental health resources are inadequate, inaccessible, and have long waiting lists
- Substance use disorder and mental health challenges
- Lack of access to reentry programs that are holistic
- Racial disparities for crimes/sentencing, disconnect for equity at local/state/federal levels,
- Families and caretakers don't have the resources to transport/assist youth with reentry requirements

16. What are two ways Lee County can improve criminal justice?

- Recidivism
- Inpatient drug rehab
- Provide trauma informed trainings for first responders, provide mental health care via first responders
- Remove barriers to post incarceration employment.
- Dedicated staff to go inside of jails to meet with those to be released to counsel and plan for post incarceration plans

17. Please identify two services or programs that are needed in Lee County that are not currently available.

- Inpatient Drug rehab
- More capacity for sheltering the homeless
- Summer programs, an example given was the National Youth Sports Program or NYSP.
- Teen court and court-mandate compliant parenting programs for families.
- A day reporting system for reentry that provides an array of programs for incarceration-to-community reentry

Focus Group Results, cont.

15. What do you consider to be Lee County's two greatest strengths

- Lower cost of living in comparison to other cities/counties
- Strong & diverse faith community
- Community College
- Nonprofit community excels
- Manufacturing, jobs, retail, opportunities for employers to receive large tax breaks, more opportunities for revenue with increased growth

16. What are the two greatest challenges facing the county?

- Focus on regular everyday people not being left behind during expansion.
- Ensuring that young people are ready for coming industries in the area and not surpassed by the neighboring counties
- Growth
- Transportation
- Drug use
- Food insecurity up to 19%
- Rapid growth and the perception that Lee County can't keep up to accommodate demand
- No opportunity for low to middle income residents to own a home or acquire affordable housing

17. Do you feel that the Lee County Health Department provides the healthcare services needed in Lee County? If not, how do you feel the health department could improve? If so, how should the health department improve?

- Lack of offered services after or during regular hours due to staffing or other issues. Extended availability of existing hours.
- Further change in perception of what HD does.
- Continue to review needs of the community and then locate staffing & funding to care for the identified need.
- Perception is no. Issue with care not being given to certain age groups without parental consent. The LCHD seems to be doing the best job they can with very limited resources, idea that LCHD is working with nothing to make something happen

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The section contains a list of community assets and resources that can help improve the health of the community and assist with implementation of the plan accompanies this document. This asset inventory is not exhaustive and may have inadvertently omitted community resources. Please send any corrections to the hospital or health department.

Mental Health/Behavioral Health

Mental/Behavioral Health Facilities

Daymark Recovery Services
130 Carbonton Road
Sanford, NC 27330
(919) 774-6521

Solo Behavioral Health Services
345 Carthage Street
Sanford, NC 27330
(919) 774-1131

Community Mental Health INC
1600 S 3rd Street
Sanford, NC 27330
(919) 775-2926

Behavioral Healthcare Associates, LLC
319 Court Square
Sanford, NC 27330
(919) 292-1464

Monarch Psychosocial Rehabilitation (PSR)
214 McIver Street
Sanford, NC 27330
(919) 774-1485

VC & Associates INC
1740 South Horner Boulevard
Sanford, NC 27330
(919) 718-5408

RALM INC-Day Program
2517 Watson Avenue
Sanford, NC 27332
(919) 774-1800

Voca Sixth Street Group Home
201 North 6th Street
Sanford, NC 27330
(919) 775-4496

Advance Behavior Center
214 Hawkins Avenue
Sanford, NC 27330
(919) 776-9522

Primary Health Choice & A Primary Choice, INC
1518 South Horner Boulevard
Sanford, NC 27330
(919) 774-7044

Counseling Services

Carolina Counseling Services – Sanford, NC
304 North Horner Boulevard
Sanford, NC 27330
(919) 897-5111

EmPowered2Shift Counseling & Coaching Services
500 Westover Drive #13862
Sanford, NC 27330
(910) 408-2009

New Beginnings Counseling Services, PLLC
200-218 Birch Street
Sanford, NC 27330
(919) 718-1597

Meaningful Minds Counseling
607 Wicker Street
Sanford, NC 27330
(919) 292-2614

Foundation Counseling Services
3040 Hawkins Avenue
Sanford, NC 27330
(919) 777-0129

Healthy Eating/Active Living

Weight Loss Services

Medical Weight Loss Center
717 North Horner Boulevard
Sanford, NC 27330
(910) 585-8204

Food Pantries

Christians United Outreach of Lee County
2885 Lee Avenue
Sanford, NC 27332
(919) 774-8485

Bread Basket
140 East Chisholm Street
Sanford, NC 27330
(919) 774-3118

The Salvation Army of Lee County
Service Center
507 North Steele Street
Sanford, NC 27330
(919) 718-1717

Five N Two Food Pantry
17247 NC-27 West
Sanford, NC 27332
(919) 343-3000

Bread of Life Ministries
219 Maple Avenue
Sanford, NC 27330
(919) 777-7233

Iglesia La Luz Del Evangelio
646 Oakwood Avenue
Sanford, NC 27330
(919) 519-7321

Ministerios Bethel Church
622 Bragg Street
Sanford, NC 27330
(919) 718-1776

Fitness Centers

FirstHealth Fitness – Sanford
2925 Beechtree Drive
Sanford, NC 27330
(919) 258-2100

Anytime Fitness
2563 Hawkins Avenue
Sanford, NC 27330
(919) 776-0211

HiTONE Fitness
2045 South Horner Boulevard
Sanford, NC 27330
(919) 292-1300

Ingram Family YMCA
1907 K M Wicker Memorial Drive
Sanford, NC 27330
(919) 777-9622

Bob E. Hales Center
147 McIver Street
Sanford, NC 27330

Lee County Gymnastics
221 Commercial Court
Sanford, NC 27330
(919) 774-6445

Senior Activities

Lee County Senior Services
1615 South 3rd Street
Sanford, NC 27330
(919) 776-0501

Statfitafter50
500 Westover Drive #10515
Sanford, NC 27330

Substance Use Disorder

Substance Misuse Centers

Sanford Treatment Center
2800 Industrial Drive
Sanford, NC 27332
(919) 776-0711

Spectrum Recovery INC
201 Commercial Court
Sanford, NC 27330
(919) 708-5063

SOLO Behavioral Health Substance Abuse and DWI Services
345 Carthage Street
Sanford, NC 27330
(919) 774-1131

Solas Health
Spectrum Recovery
201 Commercial Court
Sanford, NC 27330
(910) 295-7246

New Beginnings Counseling Services, PLLC
200-218 Birch Street
Sanford, NC 27330
(919) 718-1597

Social Determinants of Health

Housing

Sanford Housing Authority
1000 Carthage Street
Sanford, NC 27330
(919) 776-7655

Transportation

Lee County Transit Systems (COLTS)
1615 South 3rd Street
Sanford, NC 27339
(919) 776-7201

Safety

Lee County Sheriff's Office
1401 Elm Street
Sanford, NC 27330
(919) 775-5531

Sanford Police Department
225 East Weatherspoon Street
Sanford, NC 27330
(919) 775-8268

Sanford Fire Department
512 Hawkins Avenue
Sanford, NC 27330
(919) 775-8316

HAVEN
215 Bracken Street
Sanford, NC 27330
(919) 774-8923

Outreach Mission INC OMI
705 Chatham Street
Sanford, NC 27330
(919) 776-8474

Access to Healthcare/Insurance

Health Departments

Lee County Health Department
106 Hillcrest Drive
Sanford, NC 27330
(919) 718-4640

Hospitals

Central Carolina Hospital
1135 Carthage Street
Sanford, NC 27330
(919) 774-2100

Medical Clinics

Helping Hand Clinic
507 North Steele Street
Sanford, NC 27330
(919) 776-4359

FirstHealth Convenient Care – Tramway
1602 Westover Drive
Sanford, NC 27330
(919) 897-2250

FirstHealth Convenient Care – Sanford
2919 Beechtree Drive Suite 1100
Sanford, NC 27330
(919) 897-2260

Pinehurst Medical Clinic Walk in Clinic – Sanford
555 Carthage Street
Sanford, NC 27330
(919) 774-6518

Sanford VA Clinic
3112 Tramway Road
Sanford, NC 27332
(919) 775-6160

Access to Healthcare/Insurance

Medical Clinics

Pine Ridge Primary & Urgent Care
3072 South Horner Boulevard Suite A
Sanford, NC 27332
(984) 368-5341

UNC Specialty Care at Sanford
1301 Central Drive
Sanford, NC 27330
(919) 718-9512

North Carolina Medicine
310 Court Square
Sanford, NC 27330
(919) 718-5705

Pinehurst Medical Clinic INC
110 Fields Drive
Sanford, NC 27330
(919) 777-9005

Carolina Doctors Med Care
1024 South Horner Boulevard
Sanford, NC 27330
(919) 774-3680

FastMed Urgent Care
724 South Horner Boulevard
Sanford, NC 27330
(919) 776-6767

Pinehurst Surgical Clinic - Sanford
1818 Doctors Drive
Sanford, NC 27330
(919) 895-6340

Doctors Vital Care & Screening
111 Dennis Drive #123
Sanford, NC 27330
(919) 776-7725

Access to Healthcare/Insurance

Long-Term Care and Assisted Living

Liberty Commons Nursing & Rehabilitation
Center of Lee County
310 Commerce Drive
Sanford, NC 27330
(919) 499-2206

Sanford Manor Memory Care
1115 Carthage Street
Sanford, NC 27330
(919) 774-3774

Sanford Senior Living
1107 Carthage Street
Sanford, NC 27330
(919) 774-3774

Westfield Rehabilitation & Health Center
3100 Tramway Road
Sanford, NC 27332
(919) 775-5404

Sanford Health & Rehabilitation
2702 Farrell Road
Sanford, NC 27330
(919) 776-9602

Lee County Nursing and Rehabilitation
714 Westover Drive
Sanford, NC 27330
(919) 775-5404

Bayberry Retirement Inn
2002 Woodland Avenue
Sanford, NC 27330
(919) 774-7170

TLC Home Inc
1775 Hawkins Avenue
Sanford, NC 27330
(919) 774-4355

Home Healthcare and Hospice

Community Home Care & Hospice – Sanford
1836 Doctors Drive
Sanford, NC 27330
(919) 718-5417

Liberty HomeCare & Hospice Services
1005 Carthage Street
Sanford, NC 27330
(919) 774-9522

Liberty Commons Nursing & Rehabilitation
Center of Lee County
310 Commerce Drive
Sanford, NC 27330
(919) 499-2206

First Choice Home Care, INC
506 Carthage Street
Sanford, NC 27330
(919) 775-3306

Youth Development/Youth Activity

Organizations/Clubs

United Way of Lee County INC
507 North Steele #211
Sanford, NC 27330
(919) 776-5823

Ingram Family YMCA
1907 K M Wicker Memorial Drive
Sanford, NC 27330
(919) 777-9622

Partnership for Children & Families
507 North Steele Street #10
Sanford, NC 27330
(919) 774-9496

Family Promise of Lee County
2302 Woodland Avenue
Sanford, NC 27330
(919) 718-1540

Coalition For Families
507 North Steele #307
Sanford, NC 27330
(919) 774-8144

Boys and Girls Clubs of Central Carolina O.T.
Sloan Site
1414 Bragg Street
Sanford, NC 27330
(919) 776-3525

San Lee FC Academy
145 Rand Street
Sanford, NC 27330
(919) 292-2282

San Lee FC Training Grounds
2569 Industrial Drive
Sanford, NC 27332
(919) 292-2282

Organizations/Clubs

Lee County Arts Council
Steele Street Mall
142 South Steele Street
Sanford, NC 27330
(919) 774-6139

Sources

Mental Health Services
https://www.centralcarolinahosp.com/
https://www.leecountync.gov/
https://www.leecountync.gov/news_detail_T12_R11.php
https://empowered2shift.com/

Healthy Eating/Active Living
https://www.centralcarolinahosp.com/
https://www.leecountync.gov/
https://sanfordnc.net/

Substance Misuse Center
https://www.centralcarolinahosp.com/
https://www.leecountync.gov/
https://sanfordncdrugrehab.com/
http://www.spectrum-recovery.com/

Social Determinants of Health
https://www.centralcarolinahosp.com/
https://sanfordnc.net/

Access to Healthcare or Insurance
https://www.centralcarolinahosp.com/
https://www.leecountync.gov/

Youth Development/Youth Activity
https://www.sanleefc.com/
https://sanfordnc.net/
https://www.lee.k12.nc.us/

To update or add information, complete the form below

Name of Organization: Central Carolina Hospital

Contact Name: Monica Leitz

Phone #: 919.774.2297 Fax #:919.774.2295

Email: monica.leitz@lifepointhealth.net

Web page: https://www.centralcarolinahosp.com/

Mailing Address: 1135 Carthage St.
Sanford, NC 27330

List services: Breast Center, Digestive Health Emergency Department, Heart Care, Imaging, Inpatient Dialysis, Intensive Care, Labor and Delivery, Laboratory, Medical Floor, Occupational Health, Orthopedics & Sport Medicine, Rehabilitation, Sleep Center, Surgical Services, Wound Care.

Please describe your organization's purpose, services, etc.
Mission: Making Communities Healthier®
Vision: We want to create places where:
- people choose to come for healthcare
- physicians want to practice
- employees want to work

High Five Guiding Principles:
- Delivering high quality patient care
- Supporting physicians
- Creating excellent workplaces for our employees
- Taking a leadership role in our communities
- Ensuring fiscal responsibility

Duke LifePoint Promise:
Duke LifePoint promises to engage with our patients and people, lead quality innovation and advance knowledge to improve health in the communities we serve.

Submit updated information to:
Central Carolina Hospital Marketing Department

Community Health Needs Assessment for Lee County

Completed in partnership with: