

# Lee County 2025 *Community Health Needs Assessment*

-Lee County, North Carolina

CENTRAL CAROLINA  
HOSPITAL  

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A Duke LifePoint Hospital



Adopted by Central Carolina Hospital Board of Trustees 11.19.2025

Adopted by Consolidated Human Services Agency Board 12.3.2025

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# Overview

Central Carolina Hospital, the sponsor of the assessment, participated in a partnership with other community organizations to complete the CHNA. Members of the partnership include the Lee County Health Department and LeeCAN. Throughout the document, they will be designated as “The Partnership”.

The Community Health Needs Assessment (CHNA) defines 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 the community served by The Partnership (Lee County, NC).

This document will serve as a single hospital Community Health Needs Assessment (CHNA) for Central Carolina Hospital as well as a Community Health Assessment (CHA) for Lee County Health Department.

Paper copies of this document may be obtained at:

1. Central Carolina Hospital: 1135 Carthage Street, Sanford, NC 27330
  - Phone 919-774-2100 or [centralcarolinahosp.com](http://centralcarolinahosp.com)
2. Lee County Health Department: 106 Hillcrest Drive, Sanford, NC 27330
  - Phone 919-718-4688 or [leecountync.gov/departments/public\\_health/index.php](http://leecountync.gov/departments/public_health/index.php)
3. LeeCAN: 106 Hillcrest Drive, Gordon Wicker Room, Sanford, NC 27330, Phone 919-718-4640
  - [leecountync.gov/departments/public\\_health/community\\_action\\_network\\_leecan.php](http://leecountync.gov/departments/public_health/community_action_network_leecan.php)

# Letter to the Community From Central Carolina Hospital

Dear Community,

The mission of Central Carolina Hospital (Central Carolina) is *making communities healthier*. Our patients can expect quality health care with a personal touch, and we continually work to expand services to better meet the needs of patients and local residents.

Every three years, we conduct a community health needs assessment to gain insight and feedback from those we serve. This allows us to understand how our efforts have impacted local residents and what changes are needed to continue progress toward a healthier community.

The 2025 community health needs assessment not only highlights local health needs but also provides an action plan outlining how Central Carolina will respond. We believe it is of utmost importance that people are able to access as much care as possible without having to leave their community. Through expanded service offerings, telemedicine and partnerships with other organizations we strive to be your hub for healthcare in Lee County. Our implementation strategy outlines the need, the overview of how we will address the need and the measures we will use to gauge success.

At Central Carolina, we are committed to working with our local governments, nonprofits and other key stakeholders to address larger community issues such as affordable housing, access to affordable childcare and other social determinants that often have an adverse effect on people's health and wellbeing.

Central Carolina is a diverse facility that strives to create places where people who choose to come for healthcare, physicians and providers want to practice, and employees want to work. I am committed to leading your health system to continue improving and growing to meet your healthcare needs. We all enjoy this wonderful community and, together, we can make our community healthier for all.

Sincerely,

**Dave Santoemma**

**CEO | Central Carolina Hospital**

# Letter to the Community

## From Lee County Health Department

Dear Community,

The Lee County Health Department is committed to providing an inclusive, respectful and welcoming environment for all members of the community, clients, employees and applicants seeking employment.

One method of ensuring this commitment is by working with our community partners every three years to complete a Community Health Needs assessment (CHNA). The CHNA allows us to understand services we need to strengthen to continue to meet the needs of our residents so Lee County can become a healthier community.

The 2025 CHNA not only highlights local health needs but also provides an action plan outlining how the Lee County Health Department, Central Carolina Hospital and LeeCAN will respond. We believe it is of utmost importance people receive needed care locally. Recent CHNAs have allowed the health department to expand our services, one being the implementation of our new telehealth services through Lee Primary Care. Our implementation strategies for the 2025 CHNA outline the needs, provide an overview of how we will address the needs, and define the measures we will use to gauge success.

The Lee County Health Department works daily to promote our services as well as provide many valuable services to all who are need. We will continue to strive, together with our community partners, to meet the needs of all who seek our services.

Sincerely,

**William Heath Cain**

**Director of Public Health** | Lee County Health Department



# Community Health Needs Assessment (CHNA) Overview

In 2025, The Partnership performed a Community Health Needs Assessment (CHNA) in partnership with Strata Decision Technology (“Strata”) to determine the health needs of the local community and develop an accompanying implementation plan to address the identified health needs of the community.

## CHNA Purpose

A CHNA is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act for 501(c)(3) hospitals. It uses systematic, comprehensive data collection and analysis to provide information about the community including health status, needs, and disparities. The CHNA also offers a targeted action plan to address areas of need and allows the hospital to truly understand the health needs of the community it serves.

## CHNA Facility Benefits



- Identify health disparities and social determinants to inform future initiatives, programs, and outreach strategies
- Identify gaps in healthcare
- Develop an understanding of perceptions and ideas among community members
- Form collaborations with community organizations to address local health needs

## The core elements of a CHNA include:

- a definition and description of the community served
- a description of the process and methods used to conduct the CHNA
- a description of how the hospital facility solicited and took into account input received from community members
- a description of the identified significant health needs of the community, including selection process and criteria
- a description of resources available to address the significant health needs
- an evaluation of the impact of any actions that were taken to address the significant health needs identified in the immediately preceding CHNA

# Community Health Needs Assessment (CHNA) Overview

## The CHNA Process

The process to conduct the CHNA included the following:



Lee County’s health priorities identified through the 2025 process are:

- 1 Access to Care
- 2 Mental Wellness
- 3 Nutrition & Access to Healthy Food

This report was approved by the Central Carolina Hospital Board of Trustees on 11.19.25

This report was approved by the Consolidated Human Services Agency Board on 12.3.25

# Process and Methods used to Conduct the Assessment

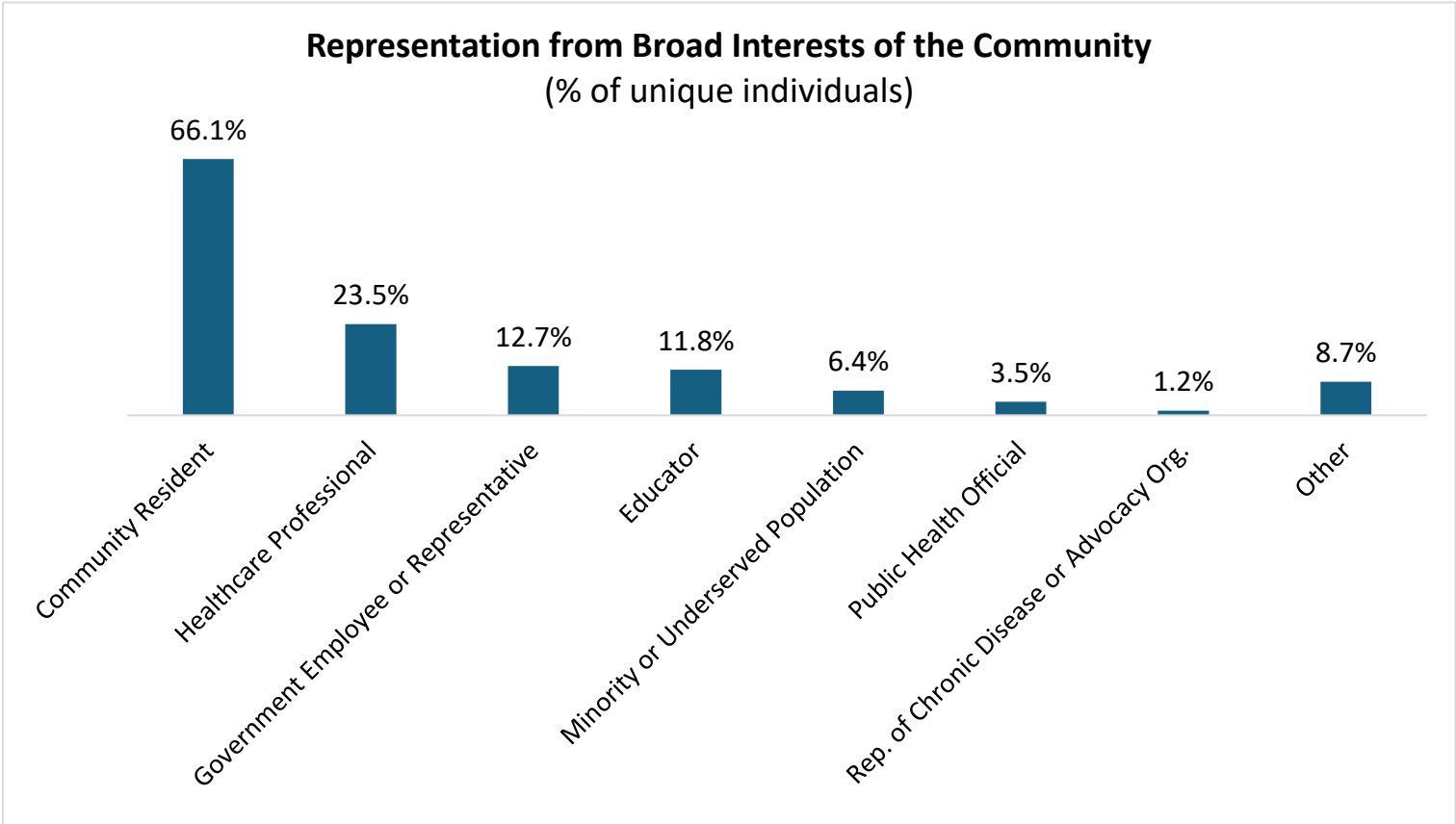
To assess the health needs of the community, a comprehensive approach was utilized. This included collecting community health data via secondary sources and a survey of community members to assess healthcare needs. A community summit was then held to review these inputs with community stakeholders to prioritize the health needs of the community and create action plans.

## Community Health Data Collection and Analysis

The Partnership relied on secondary source data to define and assess the community. This data was sourced at the county level from available public sources, including [www.countyhealthrankings.org](http://www.countyhealthrankings.org) and ESRI.

A community survey was deployed by The Partnership to gain input on local health needs, including those of priority populations such as the medically underserved, low-income, and minority populations. The survey received feedback from 494 community members. The survey was open from February 3, 2025 to August 1, 2025 and distributed digitally. The Community Summit was held on September 19, 2025 and had 25 participants.

Survey respondents and summit participants represented the stakeholder groups below:





# About Central Carolina Hospital

Nestled in the heart of central North Carolina, Central Carolina Hospital is a 137-bed acute care hospital, with nearly 200 providers and 550 employees.

Central Carolina Hospital has been providing quality, compassionate healthcare for the residents of Lee County at its current location since 1981. But our roots run much deeper than that, dating all the way to 1909, when the first Central Carolina Hospital opened its doors. We are neighbors caring for our neighbors, friends and family members, and we deliver personalized, compassionate care with a hometown touch.

At the same time, we offer a high degree of medical expertise usually found only in larger cities. As a Duke LifePoint Hospital, we have the experience and commitment to strengthen care at home.

CCH offers a wide range of specialties, including cardiology, orthopedics, ophthalmology, general surgery, obstetrics, gynecology, emergency medicine, gastroenterology, hospitalist services, intensivists, nephrology, hematology, urology, podiatry, pulmonary medicine and wound care.

CCH's Emergency Department sees more than 26,000 patients each year. We have more than 2,500 inpatients and more than 26,000 outpatient visits annually, with 375 births.

We are certified by the Joint Commission as a Primary Stroke Center and by the American College of Cardiology as a Chest Pain Center. We have also earned Heart Failure Accreditation from the American College of Cardiology. In 2024, we received the American Heart Association's Get With The Guidelines Stroke Rural Recognition Silver Award.

## Mission

*Making communities healthier®*

## Vision

We want to create places where people choose to come for healthcare, physicians and providers want to practice, and employees want to work.

## Values



Champion  
Patient Care



Do the  
Right Thing



Embrace  
Individuality



Act with  
Kindness



Make a  
Difference  
Together

# About Lee County Health Department

## Mission

Promoting better health and a safe environment for all Lee County residents. Since its origins in 1907, Lee County is estimated to have grown to house almost 68,000 residents. The Lee County Health Department is based in the county seat, Sanford, North Carolina. Over the years, the department has included five divisions to cover community needs: Clinical Services, Environmental Health, Community Health Education and Promotion, Women, Infants, and Children, and Public Health Preparedness. Each of these serve county residents in some way through daily duties and community event engagement.

## Vision

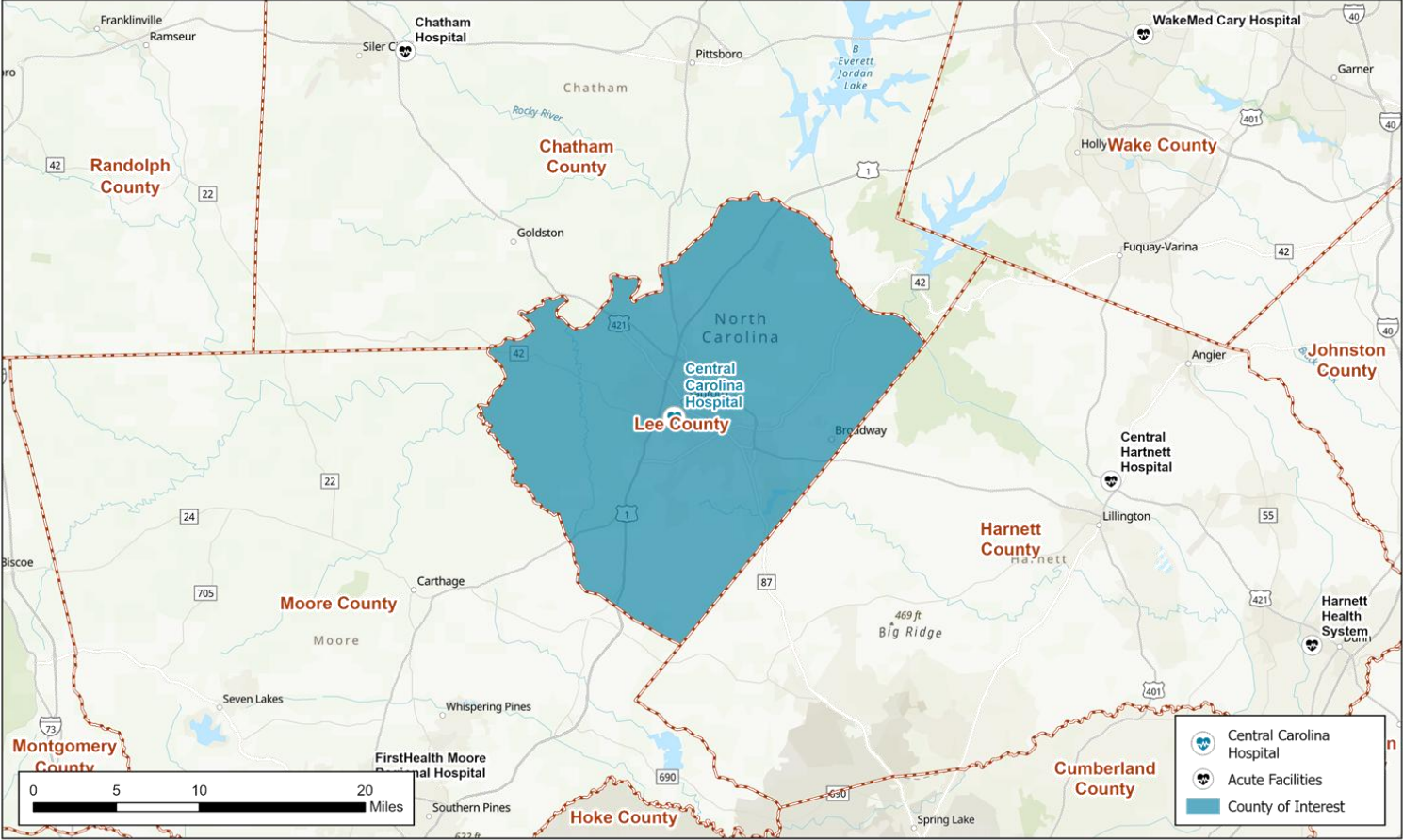
The Community Health Needs Assessment identifies priority health concerns of Lee County, as well as gives insight into the current assets that are in place throughout the county. The surveys included questions about community perceptions concerning safety, community health interests, education, poverty, income, employment, mental health, success to care, housing, and more. For 2026, the Lee County Health Department partnered with long-term partners LeeCAN, and Central Carolina Hospital.

## Values

The Lee County Health Department is committed to providing an inclusive, respectful, and welcoming environment for all members of the community, clients, employees, and applicants seeking employment.

# Community Served

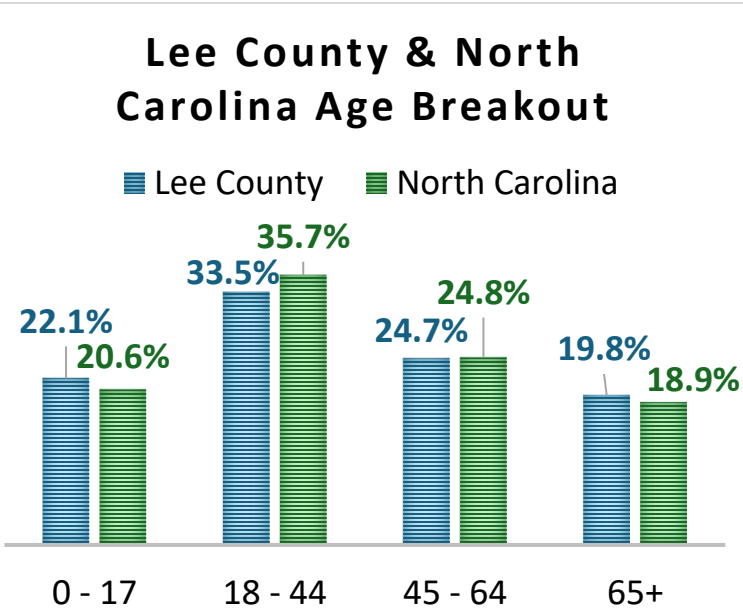
For the purpose of this study, The Partnership defines its service area as Lee County, North Carolina.



**2025 Total Lee County Population: 65,654**  
**2030 Projected Total Lee County Population: 70,033**

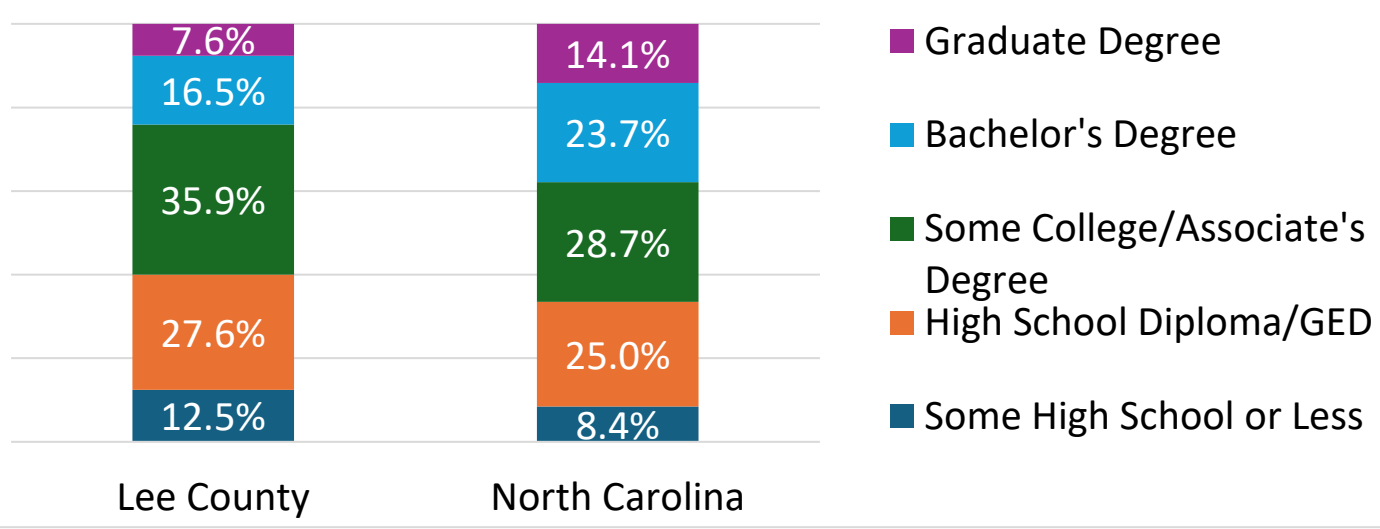
**1.3%**  
**change**  
**per year**

Race & Ethnicity		
	Lee County	North Carolina
White	59.4%	60.7%
Black	16.9%	20.5%
American Indian	0.9%	1.2%
Asian/Pacific Islander	1.3%	3.8%
Other Race	12.6%	6.4%
Two or More Races	9.0%	7.3%
Hispanic Origin	22.2%	11.6%

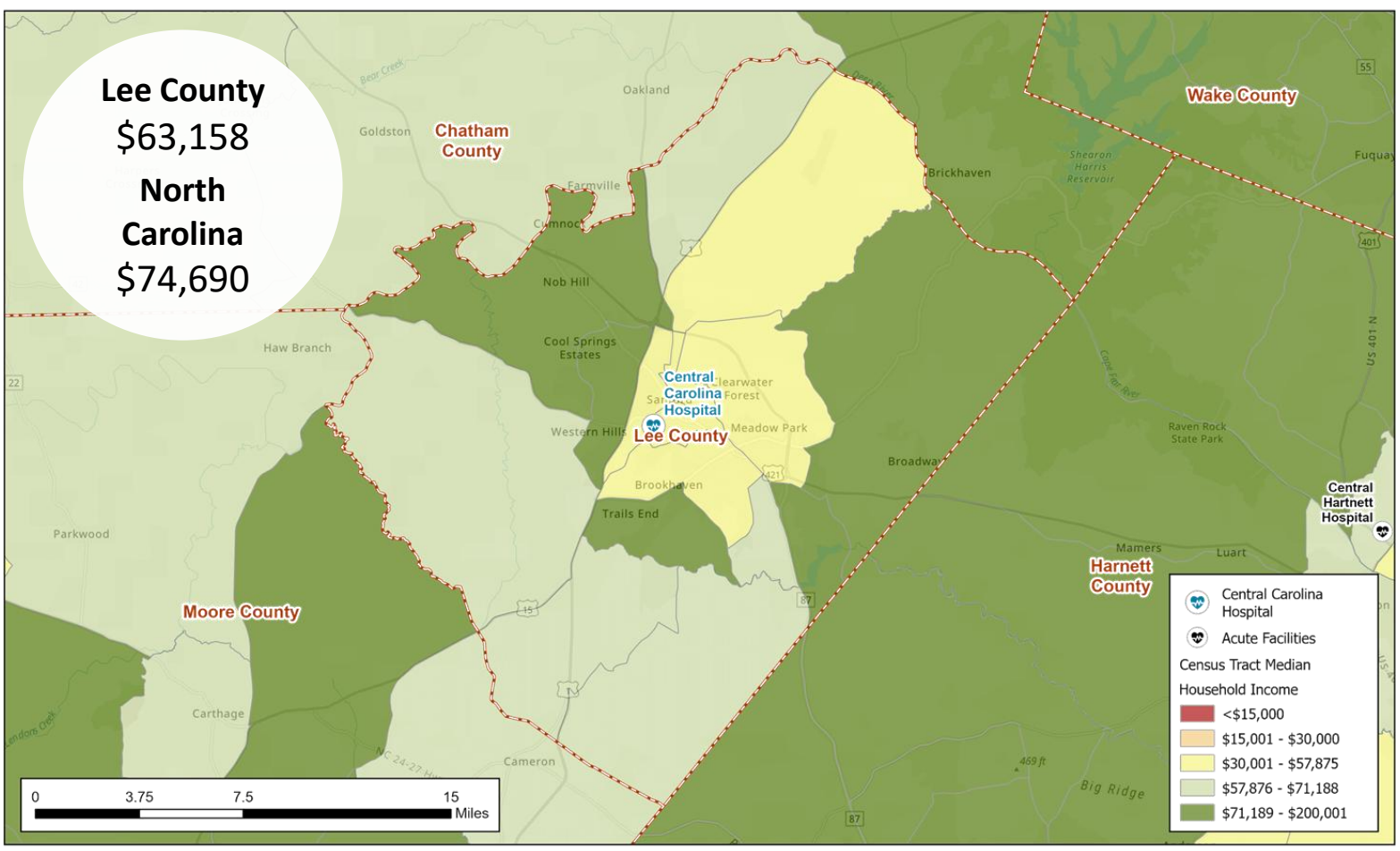


# Community Served

Lee County & North Carolina Education Breakout



2025 Median Household Income {by Census Tract}



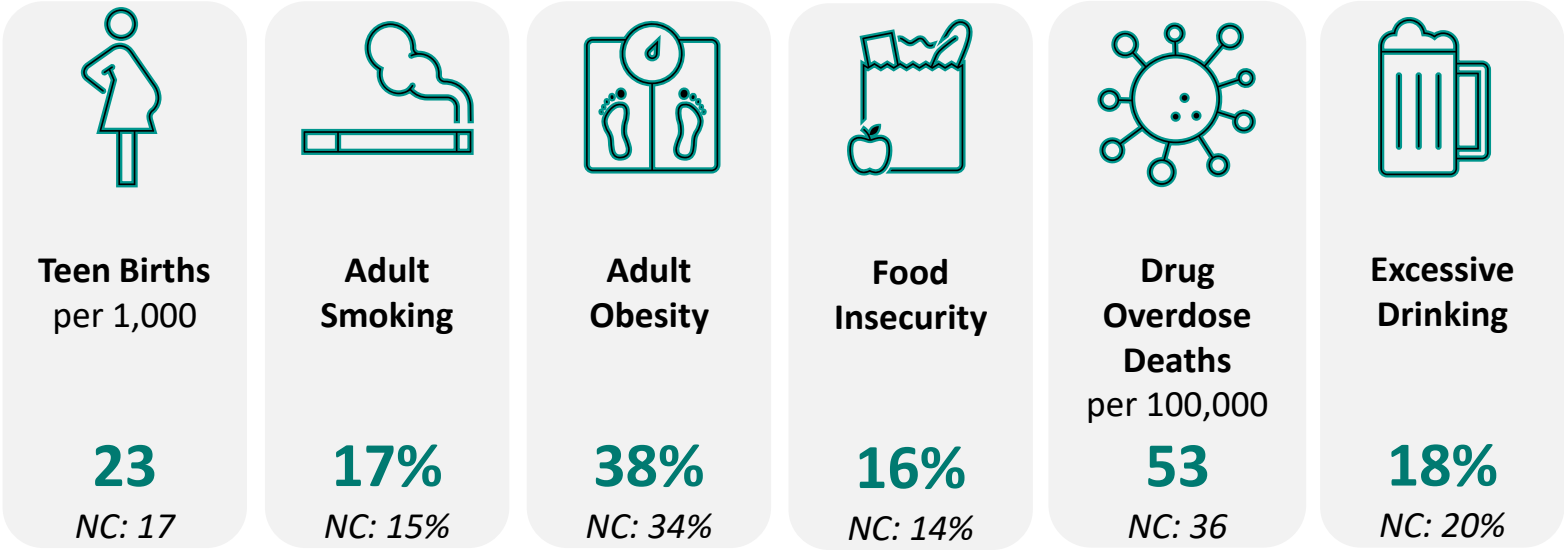
Census Tract: small, relatively permanent statistical subdivisions of a county uniquely numbered; average about 4,000 inhabitants

# Lee County Community Health Characteristics

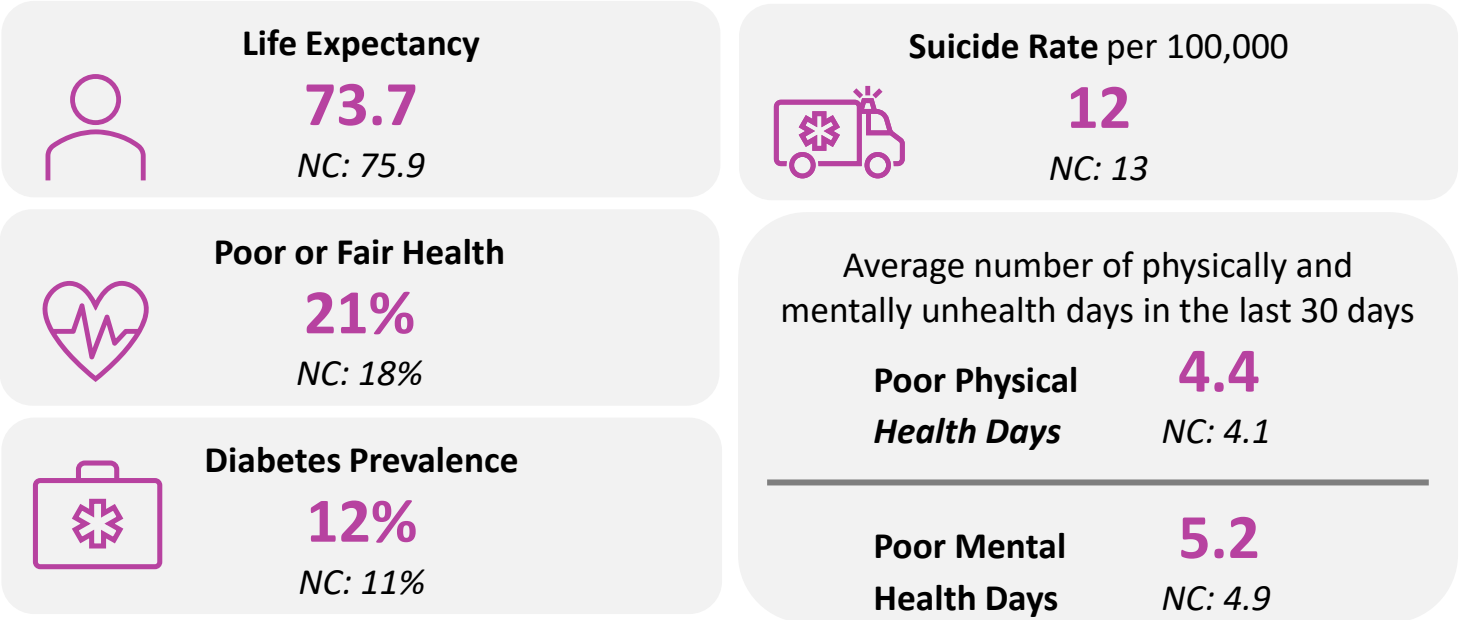
The data below provides an overview of Lee County’s community health including health behaviors, quality of life, socioeconomic factors, access to health and physical environment. For detailed descriptions and dates for each measure, please visit <https://www.countyhealthrankings.org/app/north-carolina/2025/overview>. Each indicator impacts the health of the entire community.

## Health Status Indicators

### Health Behaviors



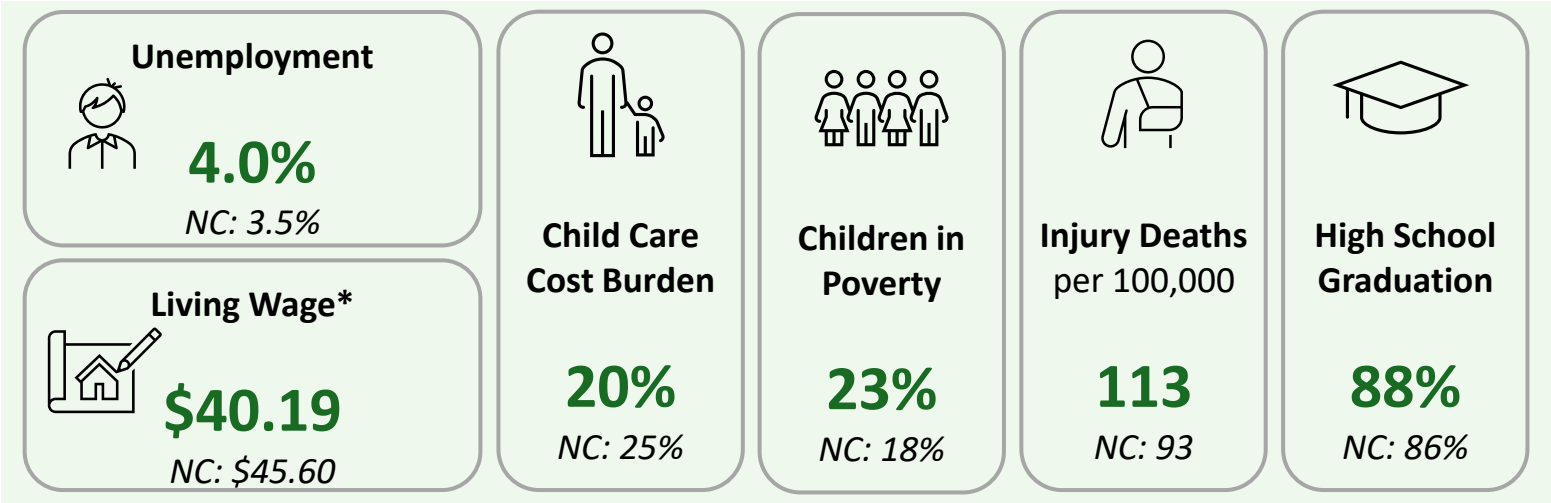
### Quality of Life



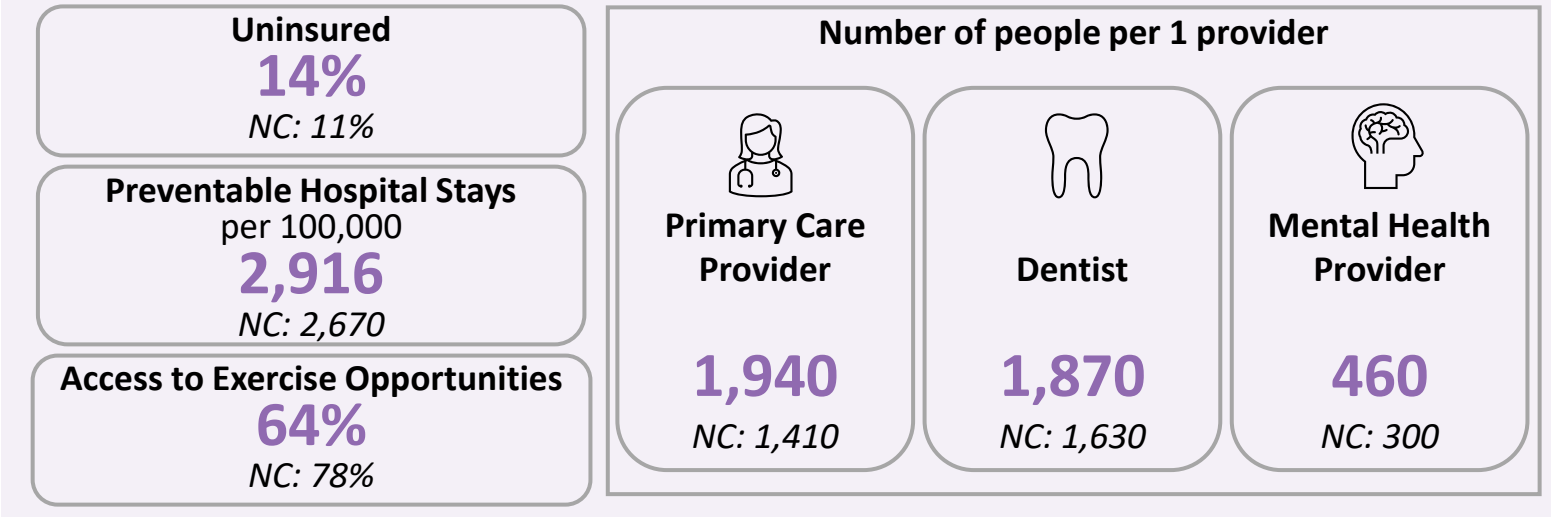


# Lee County Community Health Characteristics

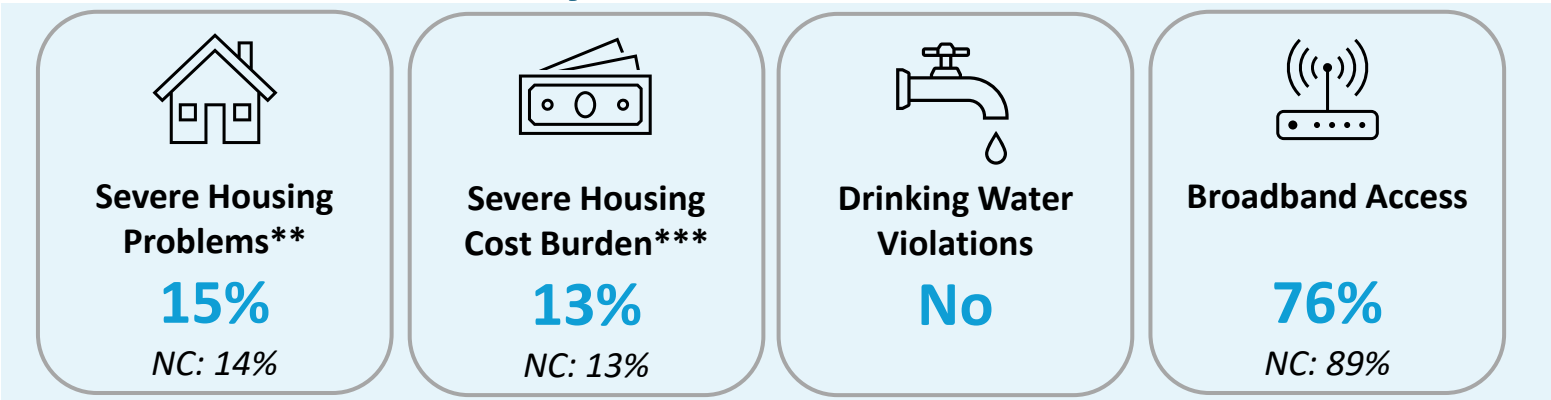
## Socioeconomic Factors



## Access to Health



## Physical Environment



\*The hourly wage needed to cover basic household expenses plus all relevant taxes for a household of one adult and two children.  
\*\*% of households with at least 1/4 of problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities  
\*\*\*% of households that spend 50% or more of their household income on housing



## Impact Since Last CHNA

The IRS requires there to be an evaluation of the impact of any actions that were taken to address the significant health needs identified in the immediately preceding CHNA. The health priorities identified in the 2022 CHNA are listed below.



Written comments and insights were gained from community members through the Lee County Community Survey regarding the 2022 identified health priorities and implementation plan. Details of the comments and actions Central Carolina Hospital and its community partners have taken to address the identified health priorities can be found on the next three pages.

# Impact Since Last CHNA

## Mental Health

1. Emergency department renovations
2. Partnership with law enforcement- training and community education
3. Utilization of licenses clinical social workers

### Themes from Community Survey Comments (57 responses)\*:

1. Partnership with law enforcement (12)
  - ☐ Training support (7)
  - ☐ Mixed trust/concerns (5)
2. ED renovations (11)
  - ☐ Visibility, but unclear impact (6)
  - ☐ Criticism/surface-level fix (5)
3. Community education and awareness (16)
  - ☐ Positive feedback (10)
  - ☐ Skepticism (6)
4. Utilization of licensed clinical social workers (9)
5. Systemic gaps in mental health care (7)
6. Broader system frustration (5)
  - ☐ Medication and societal causes
7. Staffing shortages & LCSW retention (3)

# Impact Since Last CHNA

## Healthy Eating/Active Living

1. Nutrition education
2. Education regarding heart health and CPR
3. Partnership with the Health Task Force

### Themes from Community Survey Comments (48 responses)\*:

1. Nutrition education and healthy eating initiatives (19)
  - ☐ Nutrition education efforts (14)
  - ☐ Barriers to healthy eating – cost & time (5)
2. Health education, CPR, and support resources (13)
  - ☐ Visible health promotion in the community (7)
  - ☐ Availability of CPR and health classes (6)
3. Physical activity & public space improvements (10)
  - ☐ Positive feedback on parks & recreation (6)
  - ☐ Suggestions for more community events in parks (4)
4. General awareness and communication (9)
  - ☐ Unawareness of what's being offered (5)
  - ☐ Acknowledgement of other agencies leading (4)

# Impact Since Last CHNA

## Substance Abuse & Social Determinants of Health

1. Support programs and provide resources for community organizations
2. Community Coalition quarterly meetings to discuss resources and continuity of care
3. Smoking cessation resources

### Themes from Community Survey Comments (64 responses)\*:

1. Narcan access and harm reduction (22)
  - ☐ Harm reduction criticism or concern (12)
  - ☐ Widespread awareness and access to Narcan (10)
2. Community education, awareness, and support (20)
  - ☐ Health department and partner outreach (9)
  - ☐ Efforts by community and faith-based groups (6)
  - ☐ Need better public campaigns and coordination (5)
3. Mental health and substance use treatment gaps (12)
  - ☐ Lack of local services for treatment (8)
  - ☐ Delayed access or long waits (4)
4. Social determinants of health and broader concerns (9)
  - ☐ Need more treatment, less enablement (6)
  - ☐ Mental health impact of socioeconomic factors (3)

# Methods of Identifying Health Needs

## Analysis of existing data

Utilization of secondary data sources to gain analytical insights of the community  
*Data source: County Health Rankings*

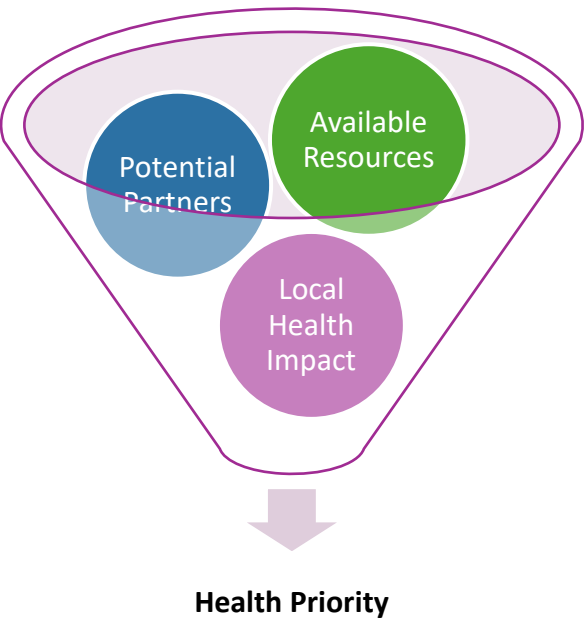
## Collection of new data



## Evaluate indicators and responses on below criteria



## Select priority health needs for implementation plan



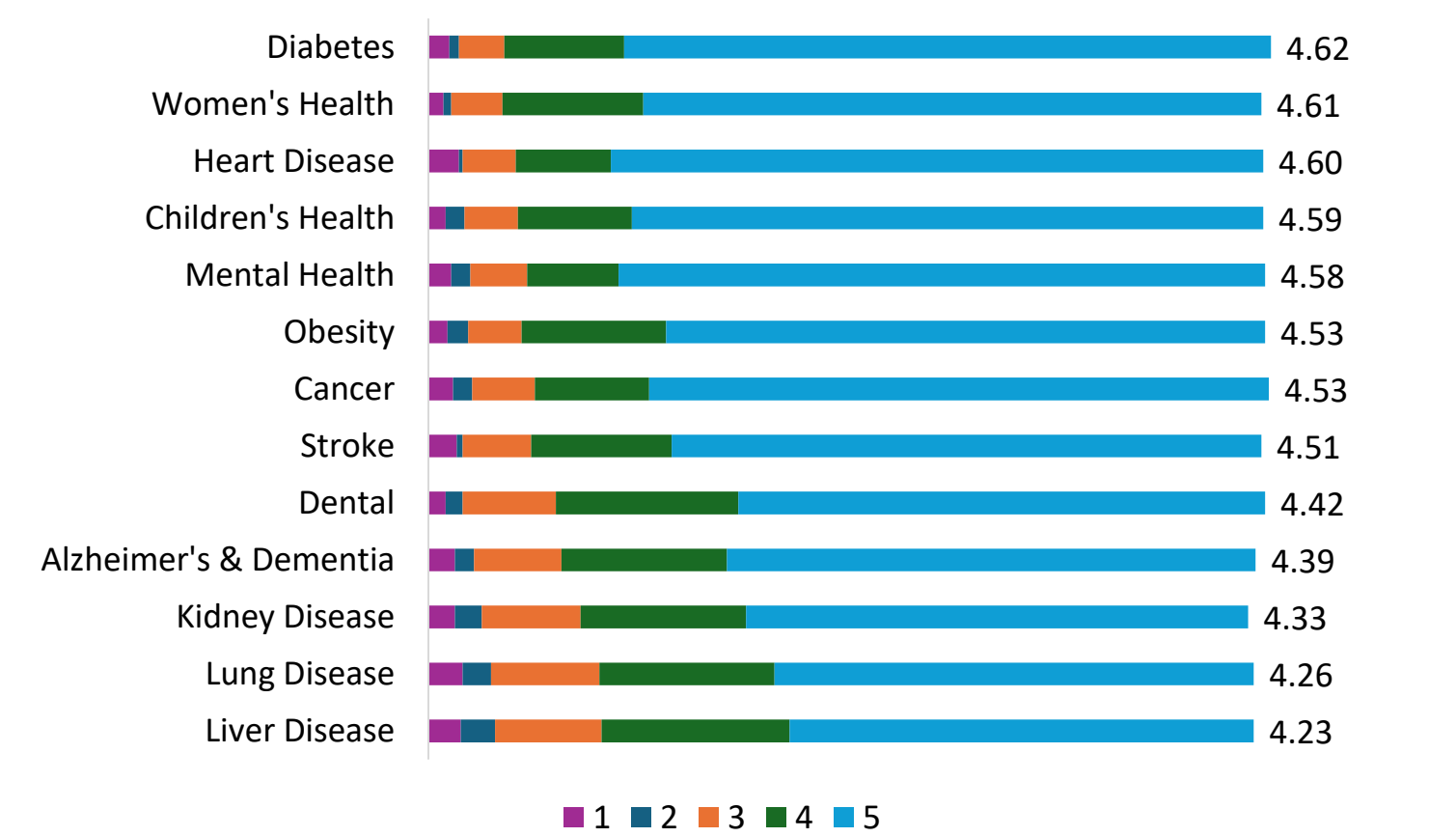
# Community Survey Data

The health needs of the community include requisites for the improvement and maintenance of health status both in the community at large and in particular parts of the community, such as particular neighborhoods or populations experiencing health disparities. The community survey asked questions regarding health factors, lifestyle and personal factors, and community and healthcare services factors to better understand the local needs for the health status including groups with the highest health needs.

Health factors addressed areas such as chronic conditions, health conditions, and physical health. Lifestyle and personal factors addressed areas that affect the individual's health outcomes such as physical inactivity and substance abuse. Community and healthcare services factors addressed social determinants that influence community health, such as access to care, safety, and affordability.

In our community survey, respondents had the opportunity to rate the importance of addressing different components of each factor. Results of the rankings are below.

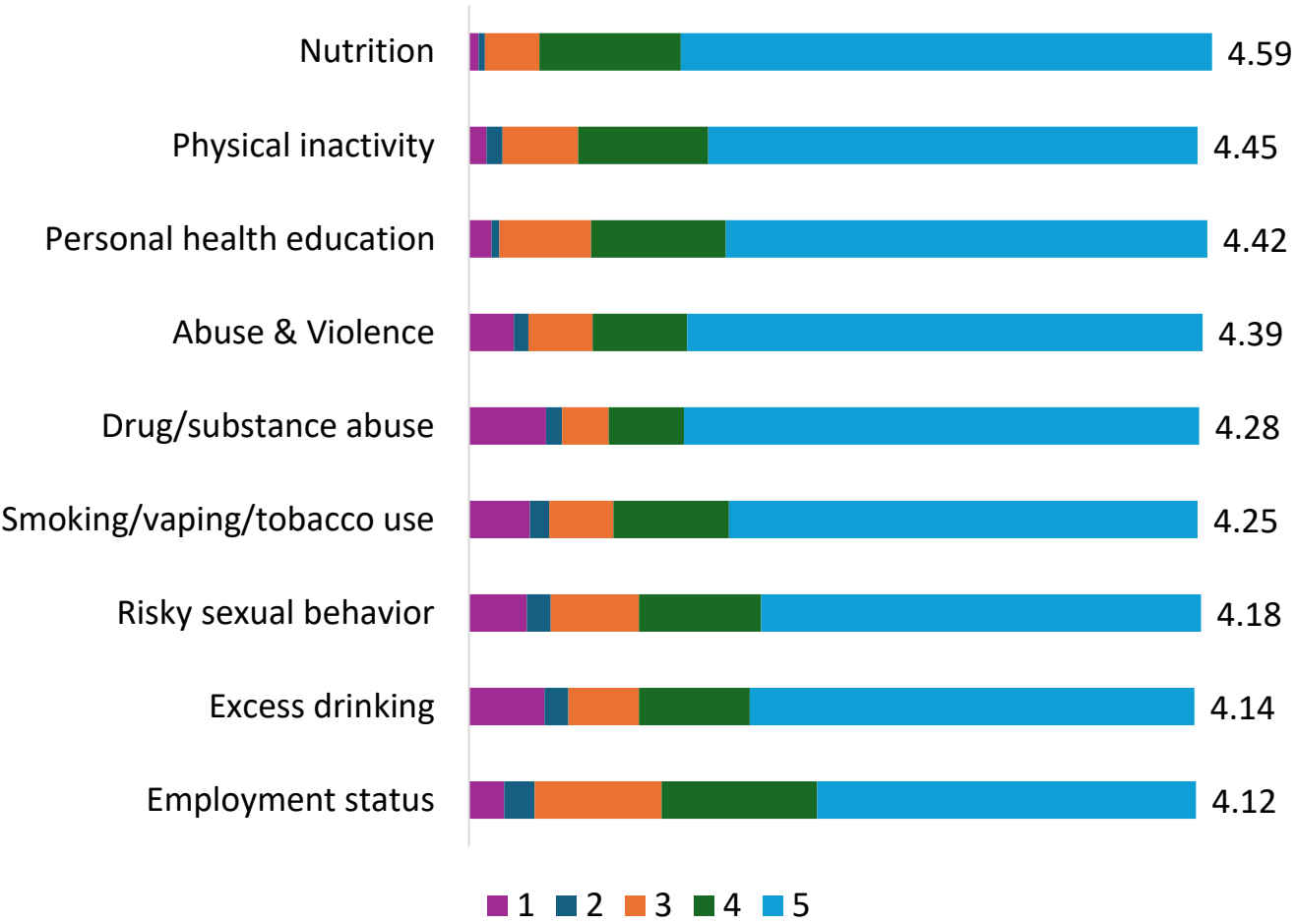
**Survey Question:** Please rate the importance of addressing each Health Factor on a scale of 1 (not important) to 5 (very important).





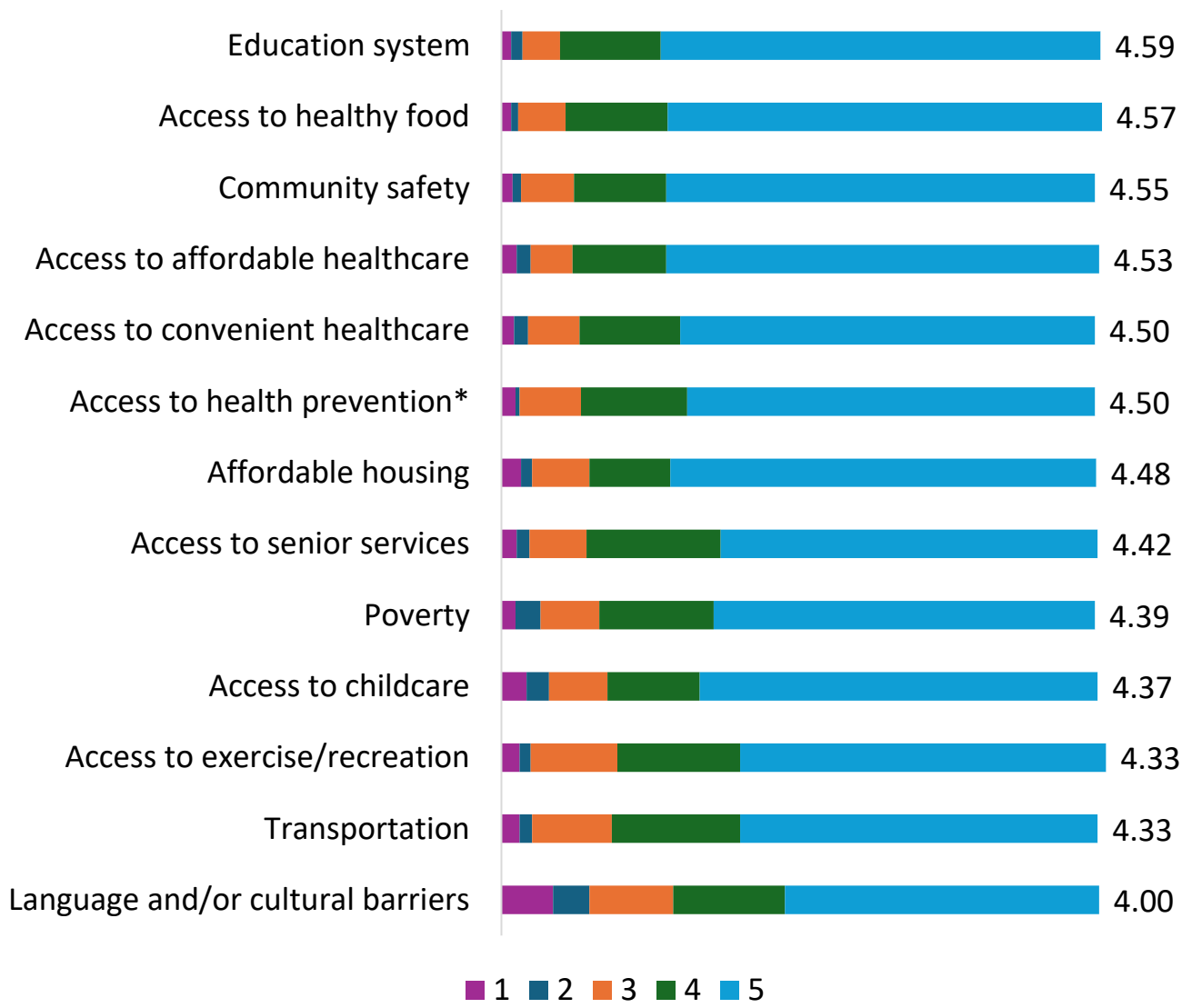
# Community Survey Data

**Survey Question:** Please rate the importance of addressing each Lifestyle & Personal Factor on a scale of 1 (not important) to 5 (very important).



# Community Survey Data

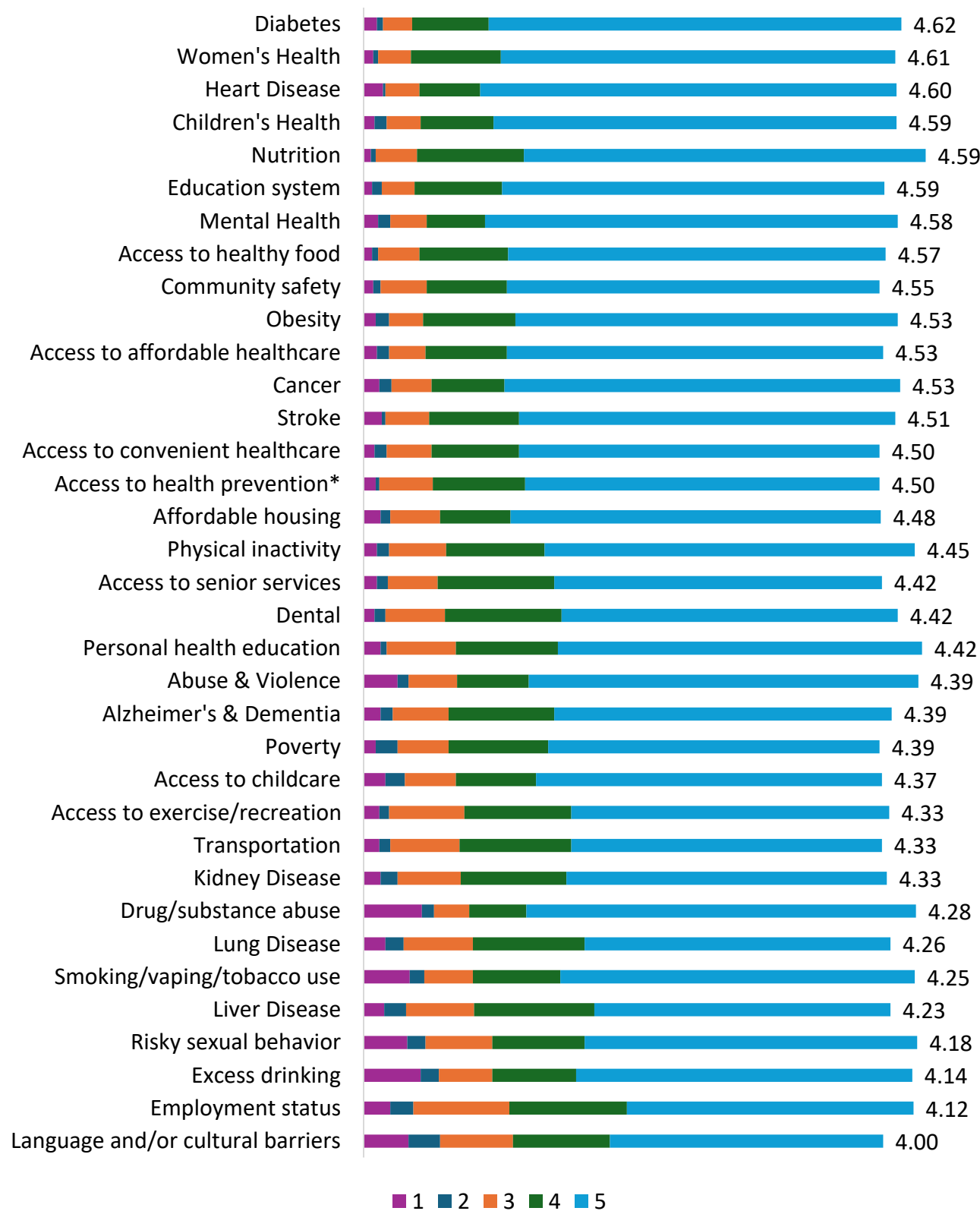
**Survey Question:** Please rate the importance of addressing each Community & Healthcare Services Factor on a scale of 1 (not important) to 5 (very important).



*\*Access to health prevention & education services*

# Community Survey Data

## Overall Health Priority Ranking (includes all three factor categories)



# Community Summit

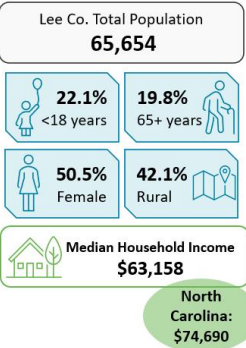
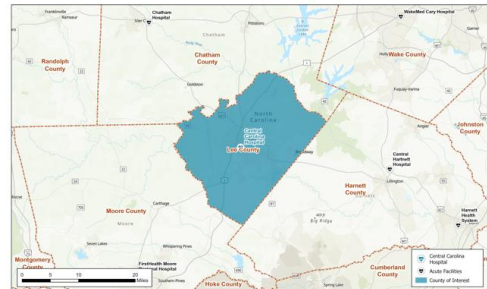
The Partnership held a Community Summit on September 19, 2025.

Below are topics of discussion and key takeaways.

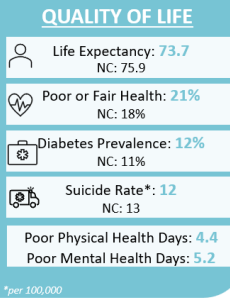
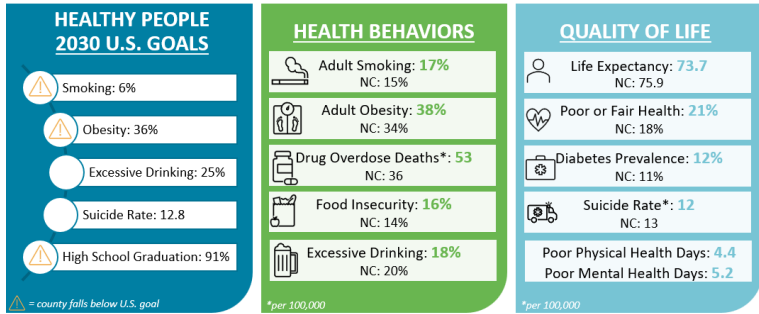
## Demographics\*

Slide examples

For the purpose of this CHNA, Central Carolina & partners define the service area as Lee County, North Carolina.



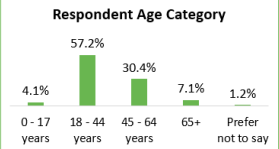
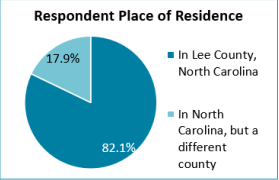
Community Analysis: Lee County, North Carolina



## Survey Analysis\*\*

Slide examples

### Demographics



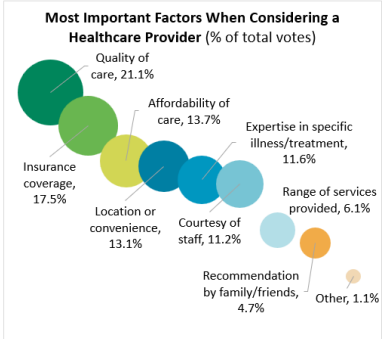
Respondent Community Role	% of Respondents
Community Resident	79.2%
Healthcare Professional	25.3%
Educator	13.8%
Government Employee or Representative	13.1%
Minority or Underserved Population	7.5%
Public Health Official	3.5%
Rep. of Chronic Disease Group or Advocacy Organization	1.4%
Other*	10.1%

\*Other – Business Owner, Community Outreach Worker, Director, Executive Director of non-profit, free clinic, Food service, grand parents, grandmother, Health Department Finance (2), Lead Caterpillar, Local Business Owner, Manufacturing, Mom of a child, Non-Profit ED, Non-Profit Organization, Parent, Provider, Restaurant manager, Retired, Stay at Home Mom, Teacher assistant, Work in Lee County



Services Utilized for Basic Health Needs	% of Total Votes
My primary care doctor or family physician	38.1%
Urgent care center	18.4%
Hospital (including ER)	11.3%
Retail clinic (CVS, Walgreens, etc.)	10.1%
Health department	7.4%
Alternative healthcare providers (chiropractors, etc.)	5.7%
Free clinic	3.7%
School/university nurse	1.7%
I do not have a healthcare provider	2.0%
Other*	1.5%

\*Other – specialists, OB/GYN, behavioral health, telehealth, work clinic, wellness clinic



## Prioritizing Health Needs

Focus areas for identified health needs

Health Need	% of Votes
Mental Health	56.5%
Nutrition	56.5%
Women's Health	52.2%
Access to Healthy Food	34.8%
Diabetes	34.8%
Children's Health	26.1%
Heart Disease	21.7%
Obesity	13.0%
Primary Care	4.3%

## Addressing Health Needs

Participant created goals

- ☐ **Access to Care:** Improving access to healthcare for all regardless of access to transportation, employment, insurance status, background
- ☐ **Mental Health:** Access/awareness to mental health services in Lee County
- ☐ **Nutrition & Access to Healthy Food:** Establish collaborative program between community & hospital to increase awareness and access to nutritious options to new and underserved populations. Decrease food insecurity by a certain percentage within 3 years.

\*Demographics can be seen on pages 8-11

\*\*Survey results can be found in the Appendix

# Community Summit: Participants

During the community summit, prioritized health needs were assigned to breakout groups. Each group was tasked with developing action plans to address their assigned health issue. Participants were able to draw on their existing knowledge of the community as well as the information presented during the summit, including impacts from the prior CHNA, community demographics and social determinants of health data, and community survey results.

Participation in the community summit included:

Organization	Population(s) Represented
Lee County	Government Employee or Representative
Lee County Senior Services	Government Employee or Representative, Racial/Ethnic/Cultural Minority
Helping Hands Clinic	Community Resident, Healthcare Professional
First Health	Healthcare Professional
NC Cooperative Extension	Government Employee or Representative, Educator
Community Support Services	Government Employee or Representative
Cameron Grove A.M.E. Zion Church	Community Resident
LeeCAN	Community Resident, Healthcare Professional, Public Health Official
The Sanford Herald	Other - Newspaper
Lee County Health Department	Government Employee or Representative, Educator, Public Health Official
Central Carolina Hospital	Community Resident, Healthcare Professional, Government Employee or Representative, Other

Input of medically underserved, low-income, and minority populations was received through both the community survey and summit.

# Evaluation & Selection Process

Severity or urgency of health need

Health need has a higher severity, urgency, or burden and if addressed, could be positively impacted

Feasibility and effectiveness

Pressing health needs where hospital interventions are feasible and impactful

Impact on health disparities

Priority population health needs that have the ability to be positively impacted if addressed

Importance identified by community

Health needs with online survey higher rankings or frequently mentioned by community members

## Lee County Health Need Evaluation

	Severity or urgency	Feasibility and effectiveness	Impact on health disparities	Importance identified by community
Diabetes	✓	✓	✓	✓
Women’s Health	✓	✓	✓	✓
Heart Disease	✓	✓	✓	✓
Children’s Health	✓	✓	✓	✓
Nutrition	✓	✓	✓	✓
Education System			✓	✓
Mental Health	✓	✓	✓	✓
Access to Healthy Food		✓	✓	✓
Community Safety	✓		✓	
Obesity	✓	✓	✓	



# Overview of Priorities

## Access to Care

While access to care was not directly ranked, related needs such as diabetes, women's health, children's health, and obesity ranked in the top 10.

The following data points provide insight regarding access to primary care in Lee County, North Carolina.

- In 2022, access to primary care was 2,050 people per primary care physician compared to North Carolina at 1,410 people per primary care physician.
- In 2025, access to other primary care providers was 670 people per a primary care provider other than a physician compared to North Carolina at 560 people per a non-physician provider.

## Mental Health

Mental health was the seventh highest ranked health need in the community with a ranking of 4.58, as well as one of the highest ranked needs during the summit.

The following data points provide insight regarding mental health in Lee County, North Carolina.

- In 2025, access to mental health was 420 people per mental health provider compared to North Carolina at 290 people per mental health provider.
- Between 2018-2022, the suicide rate was 12 deaths by suicide per 100,000 people compared to North Carolina at 13 deaths per 100,000 people.
- In 2022, poor mental health days was 5.2 days of the previous 30 days compared to North Carolina at 4.9 days.
- In 2022, 18% of adults reported experiencing poor mental health for 14 or more of the last 30 days compared to North Carolina at 16%.

## Nutrition & Access to Healthy Food

Nutrition was the fifth highest ranked health need in the community with a ranking of 4.59 and access to healthy food was the eighth highest ranked health need with a ranking of 4.57.

The following data points provide insight regarding nutrition and access to healthy food in Lee County, North Carolina.

- In 2019, 8% of people had low incomes and did not live close to a grocery store, limiting their ability to access health foods compared to North Carolina also at 8%.
- In 2022, 16% of people did not have a reliable food source compared to North Carolina at 14%.

# Overview of Priorities

## Not Selected Health Priorities

The Partnership understands the need to address all health needs and is committed to making impacts across the community where possible. For the purpose of this CHNA, The Partnership decided to focus efforts toward the previous three health priorities.

The health priorities not selected are:

- ☐ **Diabetes** - This is not addressed directly but has the potential to be indirectly impacted by the efforts of our other initiatives.
- ☐ **Women's Health** - This is not addressed directly but has the potential to be indirectly impacted by the efforts of our other initiatives.
- ☐ **Heart Disease**- This is not addressed directly but has the potential to be indirectly impacted by the efforts of our other initiatives.
- ☐ **Children's Health** - This is not addressed directly but has the potential to be indirectly impacted by the efforts of our other initiatives.
- ☐ **Education System** - While we recognize the importance of this need, it is outside the scope of services Central Carolina Hospital, Lee County Health Department, and LeeCAN provide.
- ☐ **Community Safety** - While we recognize the importance of this need, it is outside the scope of services Central Carolina Hospital, Lee County Health Department, and LeeCAN provide.
- ☐ **Obesity**- This is not addressed directly but has the potential to be indirectly impacted by the efforts of our other initiatives.

# Implementation Plan Framework

The Partnership including Central Carolina Hospital’s executive leadership and Lee County Health Department leaders gathered to discuss plans to address the identified health priorities. The leaders grouped health needs related to Primary Care and selected two of the identified significant health needs to create action plans to make positive community impacts. The next three pages outline the implementation plan for each identified health need seen below.

Lee County Health Need Evaluation

	Severity or urgency	Feasibility and effectiveness	Impact on health disparities	Importance identified by community
Access to Care	✓	✓	✓	✓
Mental Health	✓	✓	✓	✓
Nutrition & Access to Healthy Food	✓	✓	✓	✓

This implementation plan was approved by the Central Carolina Hospital Board of Trustees on 11.19.25

# Implementation Plan: Access to Care

**Initiative:** Primary Care

**Goal:** Increase number of primary care providers

Strategies Actions facility plans to implement	Goal Completion Date	Accountable Organization/Team	Community Resources & Partnerships
<b>Strategy 1:</b> Continue recruiting providers specifically for Primary Care	Ongoing	➤ Central Carolina Hospital Physician Recruiting Team	➤ Local Real Estate ➤ Downtown Sanford Inc.
<b>Strategy 2:</b> Continue participating in community events to promote local services	Annually	➤ Central Carolina Hospital Marketing ➤ Lee County Health Department	➤ Sanford Area Growth Alliance (SAGA) ➤ Downtown Sanford Inc. ➤ El Refugio
<b>Strategy 3:</b> Continue marketing new providers at Central Carolina Hospital	Ongoing	➤ Central Carolina Hospital Marketing	➤ Local newspapers ➤ Local radio
<b>Strategy 4:</b> Continue educating community on Health Department Services	Ongoing	➤ Lee County Health Department Community Outreach Team	➤ Christian United Outreach Center of Lee County (CUOC) ➤ Helping Hand Clinic ➤ Partnership for Children and Families ➤ El Refugio
<b>Strategy 5:</b> Utilizing grant funding to better serve underserved populations	Ongoing	➤ Lee County Health Department Preparedness Coordinator	➤ Office of Rural Health ➤ Helping Hand Clinic
<b>Strategy 6:</b> Explore partnership opportunity with Buzz Line	Ongoing	➤ Central Carolina Hospital Executive Leadership	➤ El Refugio
<b>Strategy 7:</b> Strengthen partnership with Lee County Enrichment Center	Quarterly	➤ Central Carolina Hospital Marketing ➤ Lee County Health Department	➤ Lee County Enrichment Center

## Anticipated Impact:

- Improved patient-to-provider ratio for Lee County
- Decreased outmigration from Lee County for healthcare services

# Implementation Plan: Mental Wellness

**Initiative:** Awareness and access

**Goal:** Improve awareness and access to mental health services

Strategies Actions facility plans to implement	Goal Completion Date	Accountable Organization/Team	Community Resources & Partnerships
<b>Strategy 1:</b> Explore opportunity for Community Mental Health Collaborative	Ongoing	➤ Central Carolina Hospital	➤ Trillium ➤ Daymark ➤ Meaningful Minds ➤ Other outpatient providers ➤ Lee County Health Department
<b>Strategy 2:</b> Market and educate community on renovated Emergency Department with added rooms for treatment of mental health crisis patients	Quarter 2, 2026	➤ Central Carolina Hospital Marketing	
<b>Strategy 3:</b> Explore partnership opportunity with Daymark	Quarter 1, 2027	➤ Lee County Health Department	➤ Daymark

**Anticipated Impact:**

- Increased awareness of mental health services
- Increased access to mental health services

# Implementation Plan: Nutrition & Access to Healthy Food

**Initiative:** Education and access

**Goal:** Improve community's nutritional health

Strategies Actions facility plans to implement	Goal Completion Date	Accountable Organization/Team	Community Resources & Partnerships
<b>Strategy 1:</b> Community education campaign	Quarterly 2026 – 2028	➤ Lee County Health Department	➤ Local food banks ➤ El Refugio
<b>Strategy 2:</b> Explore opportunity for partnership with Farmers Market in accepting SNAP	Ongoing	➤ Lee County Health Department	➤ Local farmers' market ➤ Lee County Cooperative Extension Service
<b>Strategy 3:</b> Conduct local food drives to gather healthy foods to donate to local food banks (i.e. diabetic or heart disease safe foods)	Annually	➤ Central Carolina Hospital Marketing & Nutrition Team ➤ Lee County Health Department	➤ Local churches ➤ Christian United Outreach Center of Lee County (CUOC) ➤ El Refugio
<b>Strategy 4:</b> Continue local cooking classes and explore partnership opportunity with Sanford Farmers' Market	Ongoing	➤ Lee County Health Department	➤ Lee County Cooperative Extension Service ➤ Lee County Enrichment Center
<b>Strategy 5:</b> Add Nutrition as an offered service on the Central Carolina Hospital website with media packet regarding nutritional information	Q1 2026	➤ Central Carolina Hospital Marketing & Nutrition Team	➤ Lee County Health Department ➤ Lee County Cooperative Extension Service

## Anticipated Impact:

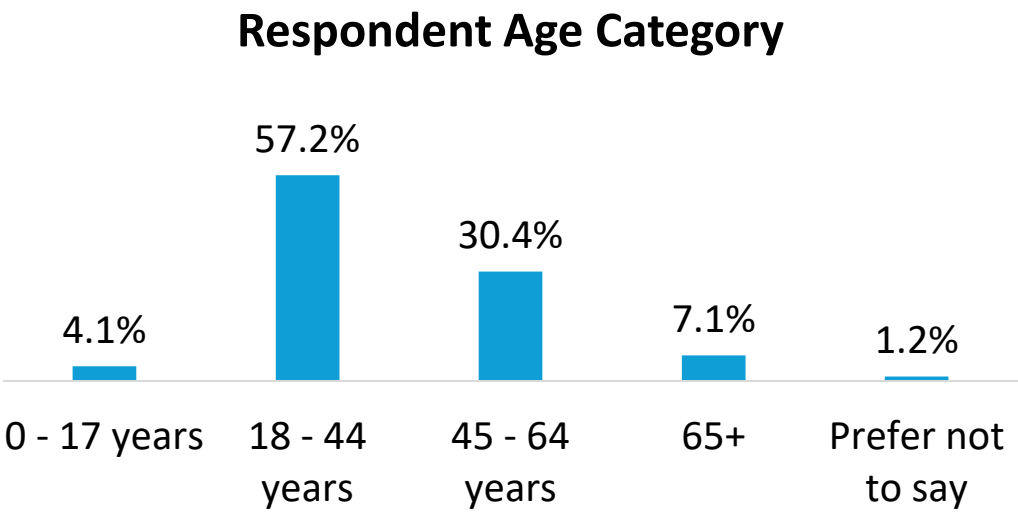
- Improved nutritional health
- Decreased food insecurity
- Improved mental health



# Appendix: Survey Results

# Survey Results

## Survey Question 1: Please provide your age.



## Survey Question 2: Please select which roles apply to you. [Check all that apply]

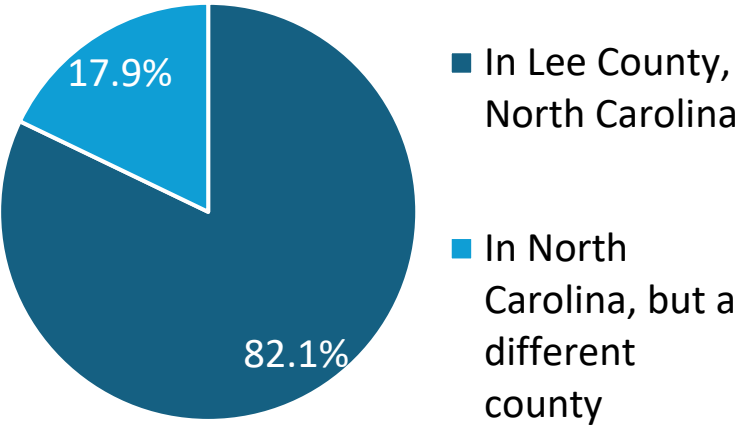
Respondent Community Role	% of Respondents
Community Resident	68.4%
Healthcare Professional	21.9%
Educator	11.9%
Government Employee or Representative	11.3%
Minority or Underserved Population	6.5%
Public Health Official	3.0%
Rep. of Chronic Disease Group or Advocacy Organization	1.2%
Other^	8.7%

*^Other – Business Owner, Community Outreach Worker, Director, Executive Director of non-profit free clinic, Food service, grand parents, grandmother, Health Department Finance (2), Lead Caterpillar, Local Business Owner, Manufacturing , Mom of a child , Non-Profit ED, Non-Profit Organization, Parent, Provider, Restaurant manager, Retired, Stay at Home Mom, Teacher assistant, Work in Lee County*

# Survey Results

## Survey Question 3: Where is your primary residence?

Respondent Place of Residence



## Survey Question 4: How would you describe your health? (1 star = Poor; 5 stars = Excellent)



## Survey Question 5: How would you describe the overall health of your community? (1 star = Poor; 5 stars = Excellent)



# Survey Results

**Survey Question 6:** Please rate the importance of addressing each Health Factor on a scale of 1 (not important) to 5 (very important).

Weighted average of votes	
Diabetes	4.62
Women's Health	4.61
Heart Disease	4.60
Children's Health	4.59
Mental Health	4.58
Obesity	4.53
Cancer	4.53
Stroke	4.51
Dental	4.42
Alzheimer's & Dementia	4.39
Kidney Disease	4.33
Lung Disease	4.26
Liver Disease	4.23

Factor is in the overall top 10

**Survey Question 7:** If there is another Health Factor that needs addressing, please specify

- Men's health including mental health (8)
  - Substance abuse (8)
  - Autoimmune diseases including lupus and thyroid disease (6)
  - Nutritional health and education (5)
  - Women's health including education (4)
  - (Sickle-cell) Anemia (2)
  - Allergy (2)
  - Autism/special needs care and education (2)
  - Care accessibility (2)
  - COVID/Flu (2)
  - Gastroenterology including gut health (2)
- Physical fitness (2)
  - STDs (2)
  - Vision (2)
  - Alternative health
  - Bone disease
  - Cardiology
  - Caregiver support
  - Cheaper fresh foods
  - Chronic pain
  - COPD
  - Dementia
  - DNA testing
  - Emergency/urgent care
  - Healthy living habits and self esteem for teenagers
  - Hearing
- Medication affordability
  - Migraines
  - More mental health providers and support especially for new moms
  - Natural medications
  - Orthopedics
  - Pediatrics
  - Prevention and education
  - Programs for veterans
  - PTSD
  - Rabies pre-exposure shot
  - Reappearance of once-eradicated diseases like measles & polio
  - Sports medicine
  - Vascular
  - Young adult health

# Survey Results

**Survey Question 8:** Please rate the importance of addressing each Lifestyle & Personal Factor on a scale of 1 (not important) to 5 (very important).

## Weighted average of votes

<b>Nutrition</b>	<b>4.59</b>
Physical inactivity	4.45
Personal health education	4.42
Abuse & Violence	4.39
Drug/substance abuse	4.28
Smoking/vaping/tobacco use	4.25
Risky sexual behavior	4.18
Excess drinking	4.14
Employment status	4.12

Factor is in the overall top 10

**Survey Question 9:** If there is another Lifestyle & Personal Factor that needs addressing, please specify

- Making healthy foods affordable (4)
- Shorter work hours without losing benefits to allow time for mental health, physical health, and errands (3)
- Affordable housing (2)
- Health care accessibility (2)
- Health education including on prevention (2)
- Unhoused (2)
- Access to gyms
- Activities for teens
- Cost of services
- Dietary restrictions/lifestyle diets
- Excessive gaming/gaming addiction
- Gun/weapon possession and use
- Lifestyle and career coaching
- Mental health
- Money management
- More free recreational activities for county residents
- Need more jobs
- Over population, crowded housing, lack of resources to support growing population
- People Group-importance of family, friends, faith, belonging
- Personal accountability
- Preventative care
- Relaxation/meditation
- Resistance to vaccines & misinformation
- STDs
- Texting while driving
- Wages

# Survey Results

**Survey Question 10:** Please rate the importance of addressing each Community & Healthcare Services Factor on a scale of 1 (not important) to 5 (very important).

Weighted average of votes	
Education system	4.59
Access to healthy food	4.57
Community safety	4.55
Access to affordable healthcare	4.53
Access to convenient healthcare	4.50
Access to health prevention & education services	4.50
Affordable housing	4.48
Access to senior services	4.42
Poverty	4.39
Access to childcare	4.37
Access to exercise/recreation	4.33
Transportation	4.33
Language and/or cultural barriers	4.00

Factor is in the overall top 10

**Survey Question 11:** If there is another Community & Healthcare Services Factor that needs addressing, please specify

- Access to healthier food (2)
  - Affordable and quality childcare (2)
  - Affordable housing without government assistance including for single parents (2)
  - People need the time to exercise - commutes and working hours get in the way (2)
  - Educating the public to services available
  - Help for homeless
  - Higher wages to help balance child care cost burden with stay-at-home moms
  - More affordable spay/neuter for stray animals and help catching them
- More mental health services
  - More physicians
  - More safe childcare, especially for those with autism
  - More things to do for kids in school
  - Public education
  - Quality of care
  - Staffing in senior & residential facilities
  - Teaching healthcare advocacy and literacy

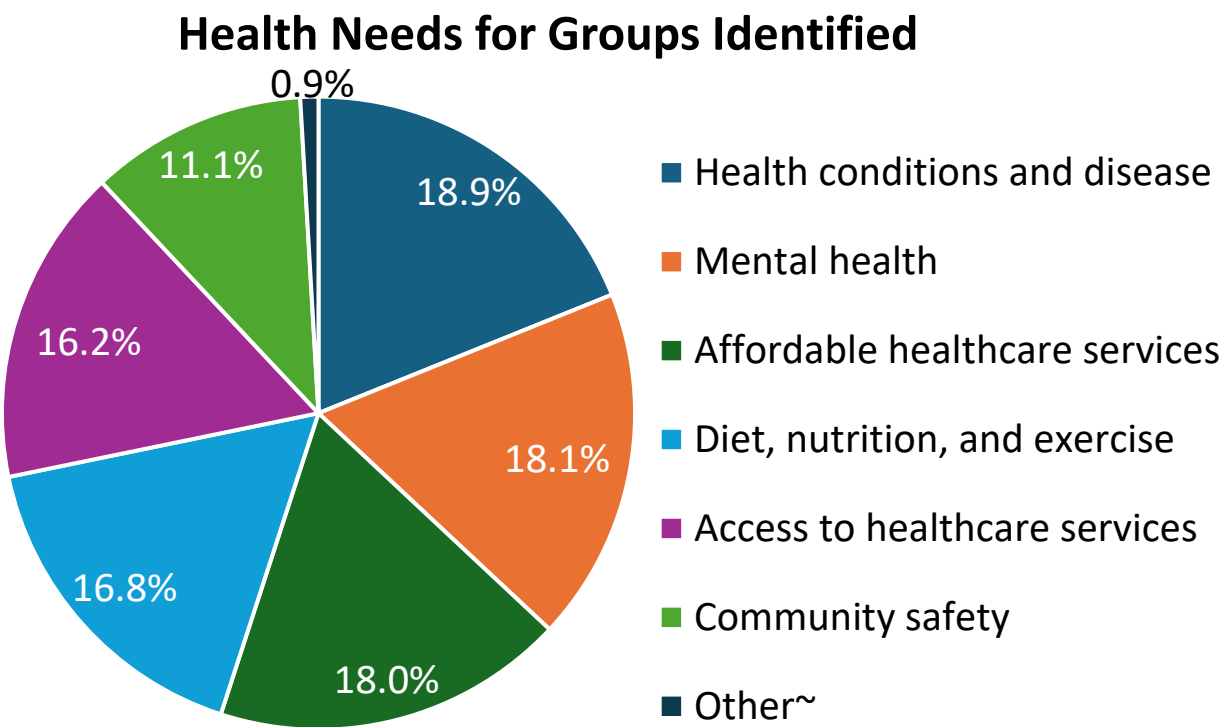
# Survey Results

**Survey Question 12:** Which groups have the highest health needs in your community? (Select all that apply)

Groups with Highest Health Needs	% of Total Votes
Low-income groups	22.4%
Older adults	19.1%
Children	15.1%
Women	13.3%
Individuals requiring additional health support	12.3%
Racial and ethnic minority groups	10.9%
LGBTQIA+	5.0%
Other^	1.9%

^Other- Underinsured/privately insured but struggling, low-income/middle class financial struggles, uninsured/lack of access, gender-specific especially men, aging and middle-aged adults, obese, racial ethnic minority young males, people in general

**Survey Question 13:** What are the health needs, if any, for the group(s) selected above? (Select all that apply)



~Other- Substance abuse treatment, affordable transportation, affordable food, affordability for bills, dental and vision needs, assistance and resources for family care givers

# Survey Results

**Survey Question 14:** How would you rate the quality of healthcare services in your community? (1 star = Poor; 5 stars = Excellent)



**Survey Question 15:** How would you rate the convenience of healthcare services in your community? (1 star = Poor; 5 stars = Excellent)



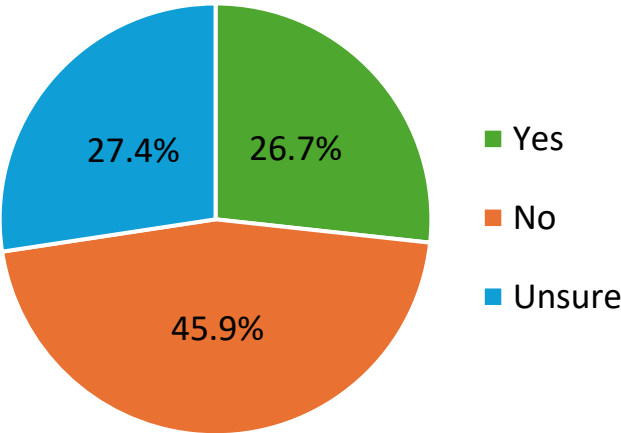
**Survey Question 16:** How would you rate the affordability of healthcare services in your community? (1 star = Poor; 5 stars = Excellent)





# Survey Results

**Survey Question 17:** Are you aware of efforts to address Mental Health in your community in the last 3 years?



**Survey Question 18:** If yes, please share comments or observations about the positive changes you have seen in the community.

**Themes from Comments (57 responses):**

- 1. Partnership with law enforcement (12)
  - ☐ Training support (7)
  - ☐ Mixed trust/concerns (5)
- 2. ED renovations (11)
  - ☐ Visibility, but unclear impact (6)
  - ☐ Criticism/surface-level fix (5)
- 3. Community education and awareness (16)
  - ☐ Positive feedback (10)
  - ☐ Skepticism (6)
- 4. Utilization of licensed clinical social workers (9)
- 5. Systemic gaps in mental health care (7)
- 6. Broader system frustration (5)
  - ☐ Medication and societal causes
- 7. Staffing shortages & LCSW retention (3)

# Survey Results

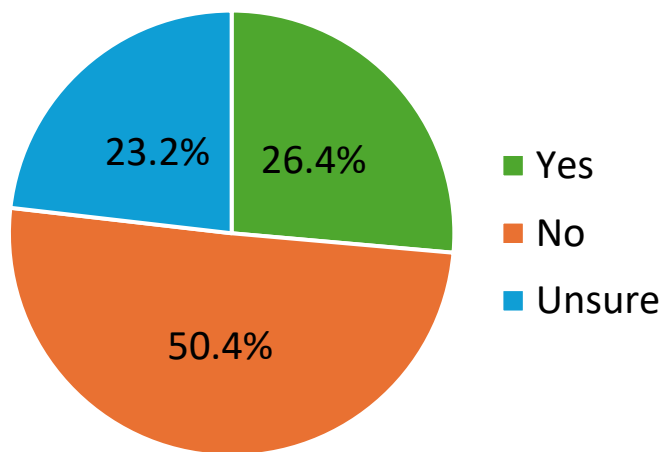
**Survey Question 18:** If yes, please share comments or observations about the positive changes you have seen in the community (continued).

## Additional Comments:

1. Partnership with law enforcement (12)
  - ☐ Training support (7)
    - Highlights of the importance of continued training for law enforcement and the need to expand community education efforts
  - ☐ Mixed trust/concerns (5)
    - Some noted appreciation of law enforcement visibility, while other expressed distrust or concern about giving “bad staff” more authority
2. ED renovations (11)
  - ☐ Visibility, but unclear impact(6)
    - Acknowledgement that ED renovations are visible, but many unsure if they’ve improved mental health care
  - ☐ Criticism/surface-level fix (5)
    - Some felt renovations were superficial and did not address deeper mental health service issues
3. Community education and awareness (10)
  - ☐ Positive feedback (10)
    - Many appreciated community campaigns, health department outreach, and visible education efforts
  - ☐ Skepticism (6)
    - Few were skeptical about education’s effectiveness without tangible services and resources
4. Utilization of licensed clinical social workers (9)
  - ☐ Several praised the inclusion of clinical social workers, particularly in ED and schools, and advocated for more licensed therapists
5. Systemic gaps in mental health care (7)
  - ☐ Comments point to issues like limited hours, lack of inpatient options, or quick discharge of involuntary commitment patients
6. Broader system frustration (5)
  - ☐ Medication and societal causes
    - Few criticized the mental health system for being overly dependent on medication or not addressing root causes like cost of living or drug addiction
7. Staffing shortages & LCSW retention (3)
  - ☐ Concerns about losing LCSWs to higher-paying jobs and lack of consistency in coverage

# Survey Results

**Survey Question 19:** Are you aware of efforts to address Healthy Eating/Active Living in your community in the last 3 years?



**Survey Question 20:** If yes, please share comments or observations about the positive changes you have seen in the community.

**Themes from Comments (48 responses):**

- 1. Nutrition education and healthy eating initiatives (19)
  - ☐ Nutrition education efforts (14)
  - ☐ Barriers to healthy eating – cost & time (5)
- 2. Health education, CPR, and support resources (13)
  - ☐ Visible health promotion in the community (7)
  - ☐ Availability of CPR and health classes (6)
- 3. Physical activity & public space improvements (10)
  - ☐ Positive feedback on parks & recreation (6)
  - ☐ Suggestions for more community events in parks (4)
- 4. General awareness and communication (9)
  - ☐ Unawareness of what’s being offered (5)
  - ☐ Acknowledgement of other agencies leading (4)

# Survey Results

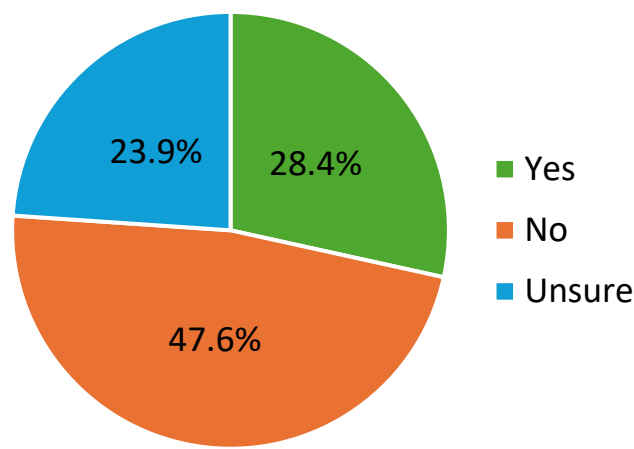
**Survey Question 20:** If yes, please share comments or observations about the positive changes you have seen in the community (continued).

## Additional Comments:

1. Nutrition education and healthy eating initiatives (19)
  - ☐ Nutrition education efforts (14)
    - Many referenced nutrition education being provided through the health department, senior centers, pregnancy support programs, and cooking demos
  - ☐ Barriers to healthy eating – cost & time (5)
    - Recurring theme was that healthy food is too expensive, and busy work schedules leave little time to cook or shop for nutritious meals
2. Health education, CPR, and support resources (13)
  - ☐ Visible health promotion in the community (7)
    - Mentions of frequently seeing flyers, Facebook posts, or brochures about health resources and events at places like the health department, CUOC, and extension offices
  - ☐ Availability of CPR and health classes (6)
    - Acknowledgement of CPR trainings, heart health education, and other public classes as being available and helpful
3. Physical activity & public space improvements (10)
  - ☐ Positive feedback on parks & recreation (6)
    - Several noted updates to parks and the desire to use them for community wellness events
  - ☐ Suggestions for more community events in parks (4)
    - Participants expressed interest in advertised group fitness or healthy living events in public spaces
4. General awareness and communication (9)
  - ☐ Unawareness of what's being offered (5)
    - Several mentioned they were unaware of programs or that communication about them could be improved
  - ☐ Acknowledgement of other agencies leading (4)
    - Few mentioned that non-hospital groups (like the extension office or county health department) were more visible in this work than the hospital

# Survey Results

**Survey Question 21:** Are you aware of efforts to address Substance Use Disorder and Social Determinants of Health in your community in the last 3 years?



**Survey Question 22:** If yes, please share comments or observations about the positive changes you have seen in the community.

**Themes from Comments (64 responses):**

- 1. Narcan access and harm reduction (22)
  - ☐ Harm reduction criticism or concern (12)
  - ☐ Widespread awareness and access to Narcan (10)
- 2. Community education, awareness, and support (20)
  - ☐ Health department and partner outreach (9)
  - ☐ Efforts by community and faith-based groups (6)
  - ☐ Need better public campaigns and coordination (5)
- 3. Mental health and substance use treatment gaps (12)
  - ☐ Lack of local services for treatment (8)
  - ☐ Delayed access or long waits (4)
- 4. Social determinants of health and broader concerns (9)
  - ☐ Need more treatment, less enablement (6)
  - ☐ Mental health impact of socioeconomic factors (3)

# Survey Results

**Survey Question 22:** If yes, please share comments or observations about the positive changes you have seen in the community (continued).

## Additional Comments:

1. Narcan access and harm reduction (22)
  - ☐ Harm reduction criticism or concern (12)
    - Significant number expressed frustration or moral opposition to handing out Narcan, free needles, or allowing individuals to remain untreated while addicted. Many felt mandatory treatment or live-in facilities would be more effective
  - ☐ Widespread awareness and access to Narcan (10)
    - Many referenced free Narcan, pharmacy availability, or billboards as key harm reduction efforts
2. Community education, awareness, and support (20)
  - ☐ Health department and partner outreach (9)
    - Numerous acknowledged the health department's role in education, including vaping, Narcan, and forums at civic centers
  - ☐ Efforts by community and faith-based groups (6)
    - Several mentioned churches, volunteers, or nonprofits actively working in this space
  - ☐ Need better public campaigns and coordination (5)
    - Some felt efforts were fragmented, or not visible enough unless accessed through work or specific affiliations
3. Mental health and substance use treatment gaps (12)
  - ☐ Lack of local services for treatment (8)
    - Many noted that Lee County lacks inpatient or residential substance abuse and mental health treatment options, forcing referrals to other counties
  - ☐ Delayed access or long waits (4)
    - Some commented that referrals take too long, or that organizations have significant waitlists
4. Social determinants of health and broader concerns (9)
  - ☐ Need more treatment, less enablement (6)
    - Several urged a “tough love” approach or policies mandating treatment, expressing concern that current models prioritize choice over recovery
  - ☐ Mental health impact of socioeconomic factors (3)
    - Few mentioned long working hours, low income, and lack of time as root causes of poor mental health and substance abuse

# Survey Results

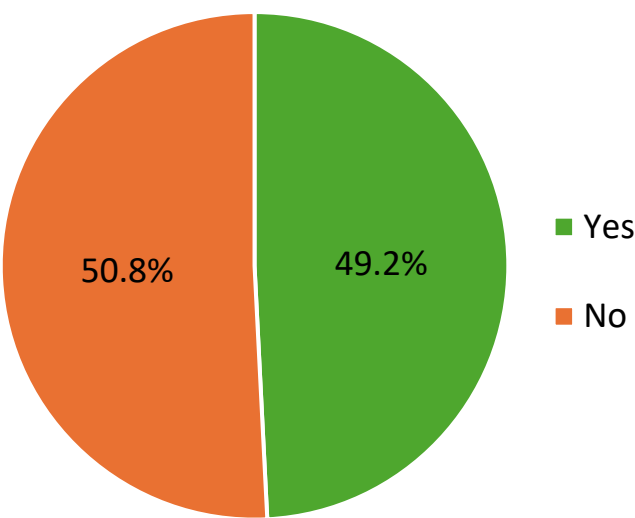
**Survey Question 23:** Which services do you use for basic health needs? (Select all that apply)

Services Utilized for Basic Health Needs	% of Total Votes
My primary care doctor or family physician	38.1%
Urgent care center	18.4%
Hospital (including ER)	11.3%
Retail clinic (CVS, Walgreens, etc.)	10.1%
Health department	7.4%
Alternative healthcare providers (chiropractors, etc.)	5.7%
Free clinic	3.7%
School/university nurse	1.7%
I do not have a healthcare provider	2.0%
Other*	1.5%

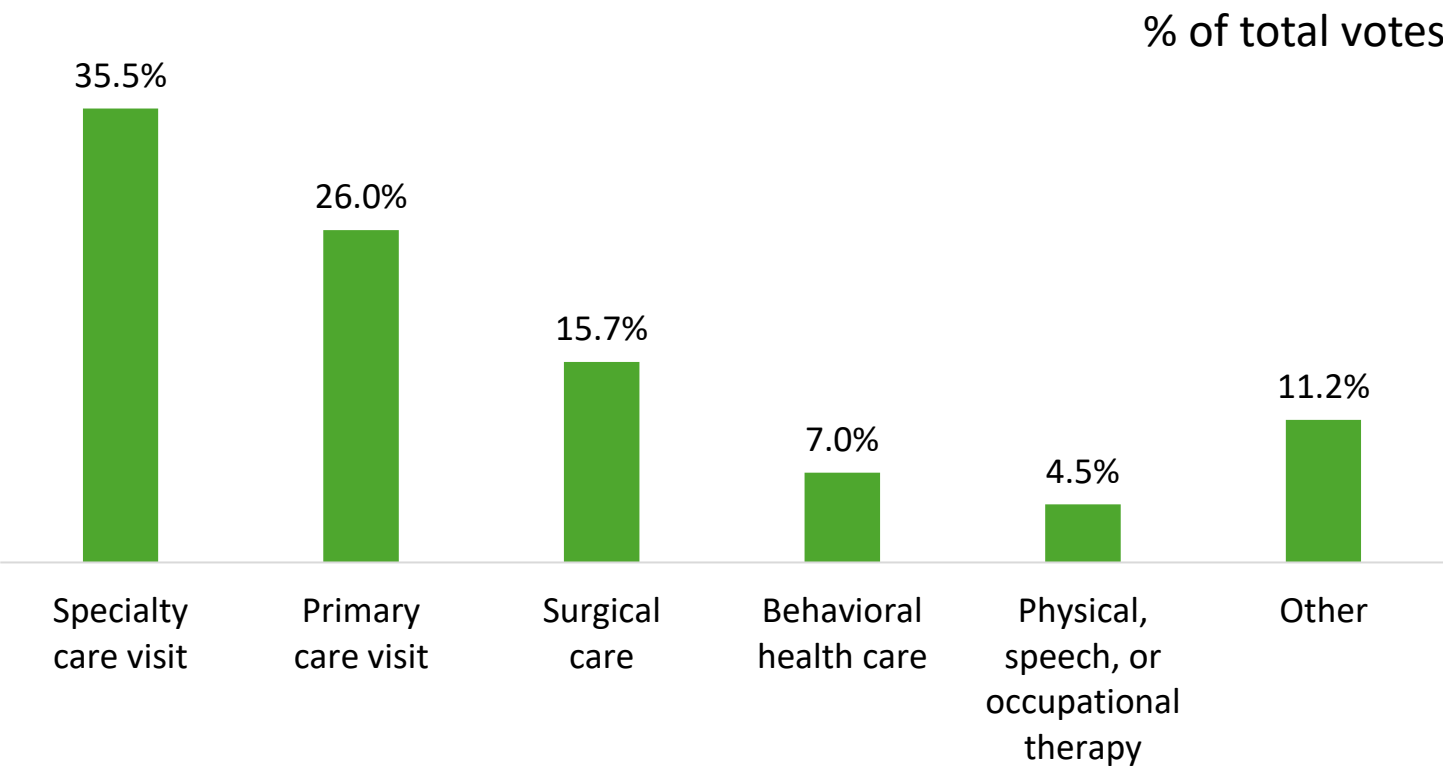
*\*Other – specialists, OB/GYN, behavioral health, telehealth, work clinic, wellness clinic*

# Survey Results

**Survey Question 24:** In the last 12 months, have you received healthcare outside of your community?



**Survey Question 25:** Which of the following services did you receive outside the community? (Select all that apply)

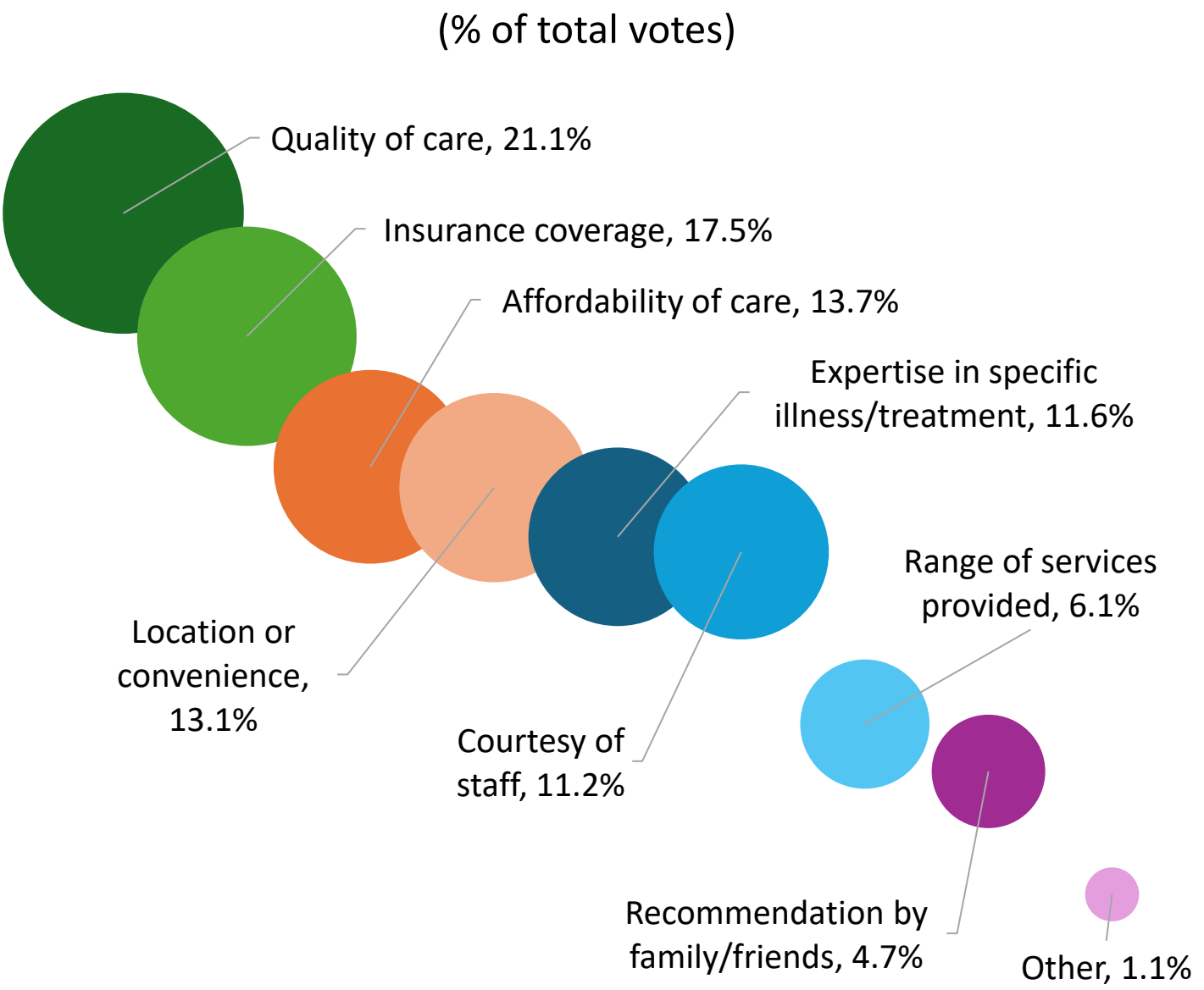


*Other = inpatient care, chiropractor, massage therapy, emergency services, prenatal care, labs, dental, allergy, asthma, GI, neurology*



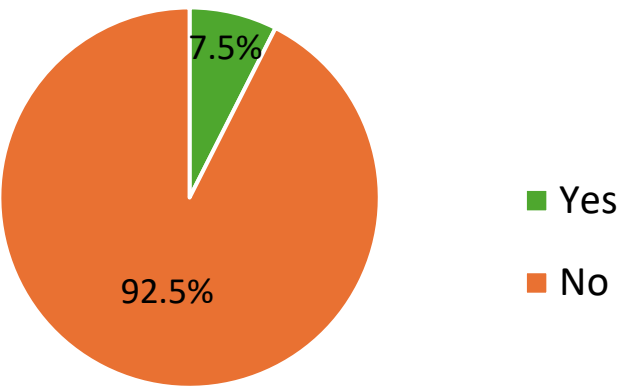
# Survey Results

**Survey Question 26:** What do you consider to be the most important when considering a healthcare provider? (Select all that apply)

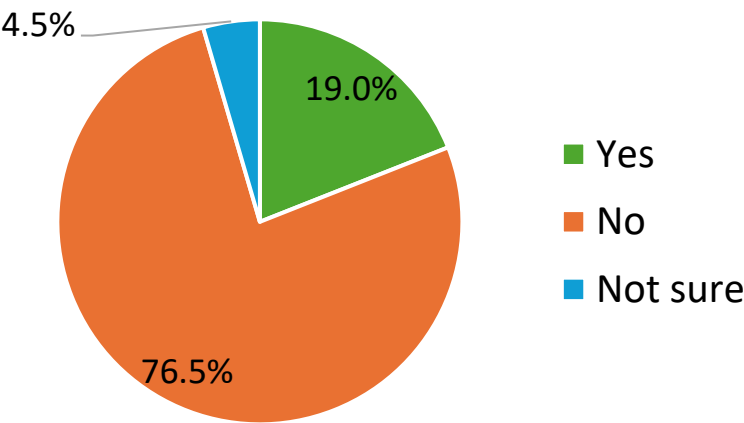


# Survey Results

**Survey Question 27:** Do you use tobacco products? (includes vaping, e-cigarettes, nicotine pouches, chewing tobacco, etc.)



**Survey Question 28:** In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal business?



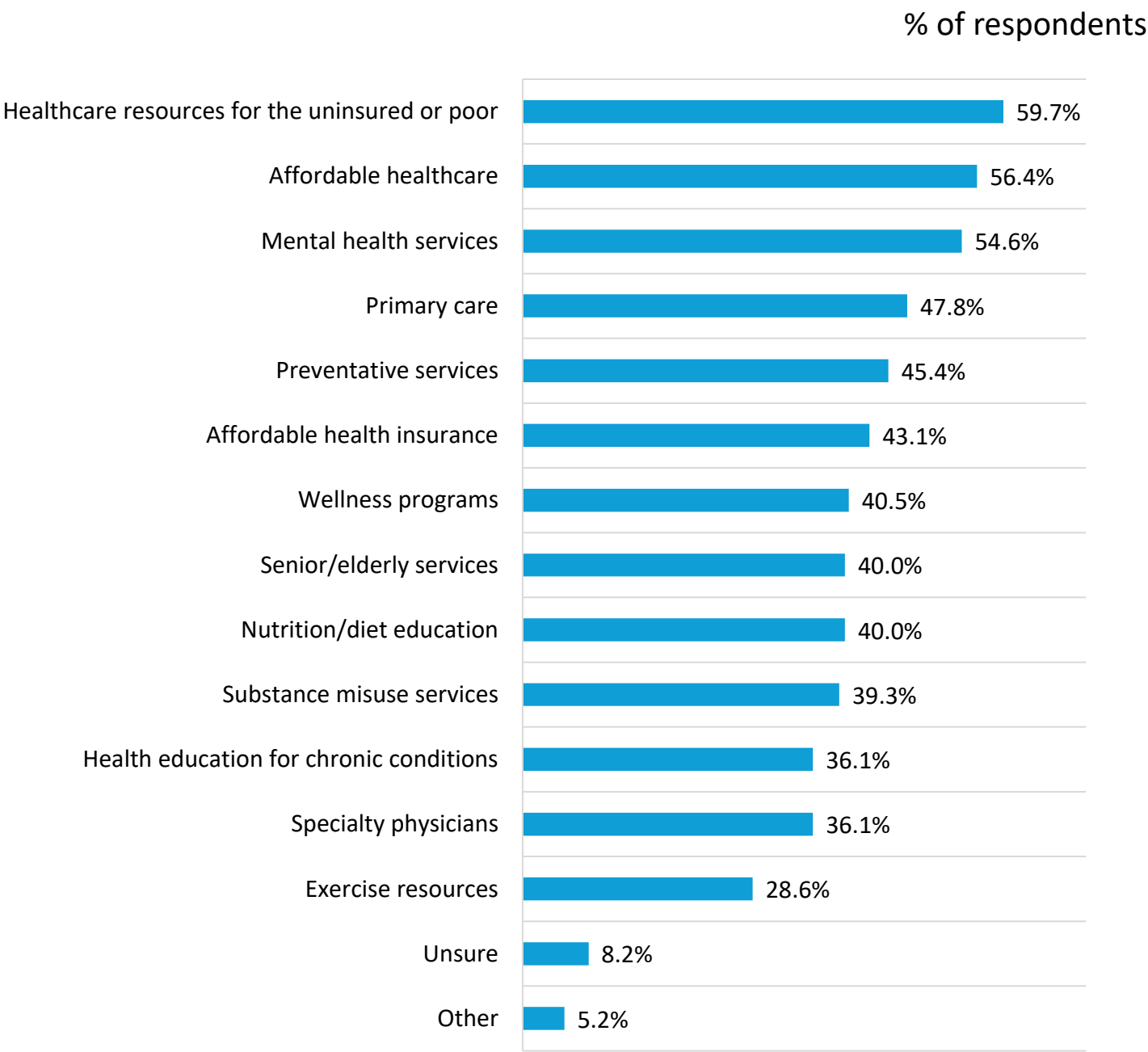
**Survey Question 29:** If a friend or family member needed counseling for a mental health or drug/alcohol abuse problem, who is the first person you would tell them to talk to?

First resource to talk to	% of Total Votes
Private counselor or therapist	40.1%
Doctor	26.7%
Support group	11.8%
Minister/religious leader	11.8%
School counselor	0.9%
Other*	8.6%

*\*Other – Life Springs Dream Center, Day Mark, other/trusted family or friends, parents, EAP counselor at work, roommates, professional services seem to be lacking in the area, negative context associated with school counselors*

# Survey Results

**Survey Question 30:** Which of the following public health services should Central Carolina Hospital and its community partners focus on improving? (Select all that apply)



# Survey Results

**Survey Question 31:** Where do you get most of your health-related information on a scale of 1-5 with 1 being your first source(s) and 5 being your last source(s)?

Health-Relation Information Source	Rating
	<i>Lower = first resource</i>
Doctor/nurse	2.8
Pharmacist	2.9
Internet	3.0
Health Department	3.0
Friends and family	3.1
Central Carolina Hospital	3.1
Books/magazines	3.1
Church leader	3.2
My child's school	3.2
Help lines	3.2
TV	3.2

**Survey Question 32:** If there is another place you get most of your health-related information, please specify.

- CDC/WHO/Cleveland Clinic/PubMed (4)
- Research including on providers and scrutinize the resources/Research articles (4)
- Facebook/TikTok/Social media (3)
- Google/Internet (2)
- Doctors/specialists outside county (2)
- Colleagues (2)
- Insurance customer service (back of card) (2)
- Health podcasts including those with focus on nondrug solutions (2)
- Carefully selected social media news sources
- Chiropractor and natural health resources
- First Health Pinehurst, NC
- H3
- Healthcare professionals I know
- In-person and internet classes outside county
- Lee County wellness clinic
- National organizations
- Parents
- Personal doctor, nutritionist, strength coach
- Therapist
- TV for drug information
- University

# Survey Results

**Survey Question 33:** In your opinion, which health behavior do people in your own community need more information about?

Health Behavior	% of Total Votes
Eating well/nutrition	16.0%
Weight management	11.1%
Substance abuse prevention	8.6%
Stress management	8.1%
Going to the doctor for yearly check-ups and screenings	7.2%
Childcare/parenting	5.8%
Caring for family members with special needs/disabilities	5.6%
Going to a dentist for check-ups/preventative care	4.6%
Getting flu shots and other vaccines	4.2%
Elder care	3.9%
Exercise/fitness	3.7%
Preparing for an emergency/disaster	3.0%
Suicide prevention	3.0%
Quitting smoking/tobacco use prevention	2.5%
Getting prenatal care during pregnancy	1.9%
Driving safely	1.9%
Domestic violence	1.9%
Using child safety seats	1.6%
Preventing unwanted pregnancy & STD/STIs	1.2%
Anger management	0.9%
Other	3.5%