

**Holly Springs
Wake County**

**A Community Assessment including
Secondary Data Analysis and
Qualitative Data Collection**

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TABLE OF CONTENTS

List of Tables	3
List of Figures	4
Executive Summary	5
Chapter One: Methodology.....	11
Chapter Two: History, Geography and Economic Outlook.....	16
Chapter Three: Community Profile from Secondary Data	22
Population	22
Households.....	24
Education	26
Chapter Four: Health Profile from Secondary Data	31
Mortality	31
Morbidity	33
Public Safety	35
Behavioral Risk Factors.....	36
Health Care	38
Maternal and Child Health.....	44
Environmental Health.....	47
<i>Chapters According to Themes:</i>	
Chapter Five: Growth	56
Chapter Six: Health.....	62
Chapter Seven: Transportation	71
Chapter Eight: Senior Services	75
Chapter Nine: Youth Development	77
Chapter Ten: Schools.....	82
Chapter Eleven: Conclusions.....	86
References.....	90
Appendix A: Phone Numbers in Wake County	94
Appendix B: Fact Sheet	96
Appendix C: Community Members Interview Guide.....	97
Appendix D: Service Providers Interview Guide	100
Appendix E: Table of Interviewees	102
Appendix F: Community Forum Report and Materials.....	103

LIST OF TABLES

1. Table 4.1: Leading Mortality Rates per 100,000 Persons for North Carolina, Wake County and Zip Code 27540 compared with Healthy People 2000 Goals	32
2. Table 4.2: Leading Morbidity Rates per 100,000 Persons in North Carolina, Wake County and Zip Code 27540.....	34
3. Table 4.3: Call Volume for Public Safety Departments	36
4. Table 4.4: 1997 Population per Health Profession	42
5. Table 4.5: Daily Insurance Coverage, 1994.....	44
6. Table 4.6: Annual Medically Indigent “At Risk”, 1994	44

LIST OF FIGURES

1. Figure 3.1: Percent of African American and Whites across Community, County and State Levels.....	24
2. Figure 3.2: 1990 Per Capita Income	29
3. Figure 4.1: Percentage of Crimes Reported in 1997.....	36
4. Figure 4.2: Percent Difference in Alcohol-Related Crashes and Injuries, 1993 and 1997	38
5. Figure 4.3: 1997 Infant Mortality Rates per 1,000 Live Births	45
6. Figure 4.4: 1997 Percentages of Infants Weighing <2,500 Grams at Birth.....	46
7. Figure 4.5: 1997 Percentages of Mothers with One or More Risk Factors Giving Birth.....	46

EXECUTIVE SUMMARY

Community Diagnosis

Community diagnosis is a process that is conducted to provide a comprehensive assessment of the strengths and needs of a particular community. This assessment analyzes the ability of the community to identify its available resources to respond to conditions and situations that affect the general health and wellness of its residents. A team of first-year Master's students in the Department of Health Behavior and Health Education of the School of Public Health at the University of North Carolina at Chapel Hill performs this diagnosis as part of a two-semester course requirement. The team collects data from written documents (quantitative or secondary data), personal interviews (qualitative or primary data), and interaction with residents at various community gatherings. Topics of investigation include any information that illuminates how living in the community affects the physical health, prosperity, and outlook of those who reside there. The compiled data are returned to the community so that it may better direct any efforts it wishes to make in reacting to challenges that it faces both now and in the future.

The present community diagnosis was conducted in the town of Holly Springs, North Carolina. Team members Kim Brown, Adam Buchanan, Gina Febbraro, Yalonda Lewis, and Ana Validzic collected and analyzed data from September 1998 to March 1999. Residents responded to the assessment findings in a Town Meeting held at the end of this period.

Methodology

Sources of information include population and economic reports, statistics provided by government agencies, town and local documents, newspapers, and personal interviews with

community members and service providers. In particular, secondary data were gathered during the fall semester from the 1990 U.S. Census, a special 1998 Census of Holly Springs, the North Carolina State Center for Health Statistics, Wake County Health Department, Wake County Human Services, Holly Springs Human Services, and Holly Springs Town Hall. When compared with statistics for Wake County and for North Carolina, these Holly Springs data give a numerical picture of the overall health status of the town.

Primary data were collected in a series of interviews conducted with eighteen community members and twelve local service providers during the fall and spring semesters. These interviews sought to add personal insight to the secondary data already compiled. The open-ended questions of the interviews were devised to elicit the individual stories and perspectives of those living in, or providing services for, Holly Springs. Questions to community members covered such topics as the assets and needs of the town, change and growth, the different populations within Holly Springs and how these groups interact, and the health of the community. Service providers were interviewed regarding particular groups who use their services, barriers to providing or receiving the service, and the strengths and needs of the community.

Potential interviewees were referred by community leaders, other interviewees and through informal discussions with community members. The community assessment team intentionally tried to interview residents who would represent the rich diversity of Holly Springs. Two team members were present at each interview to conduct the interview and take notes. The interviews were audiotaped for future reference in identifying salient themes from the interviews.

The information gained from the quantitative and qualitative assessments was presented to the community at a Town Meeting on March 18, 1999. This meeting gave community

members the opportunity to digest and discuss the major themes that had been identified throughout the community diagnosis process. The presence of a few service providers at the meeting also fostered discussion on how these organizations can better serve the residents of Holly Springs.

Limitations

Realizing the limitations involved in this community diagnosis process helps one understand the data in a more accurate context. One major limitation of the quantitative data collection is that the special census conducted in June 1998 does not cover the full scope of information included in the 1990 U.S. Census. Thus, much of the data that was drawn from the 1990 census may no longer give an true picture of life in Holly Springs. Given the dramatic growth in Holly Springs and Wake County since 1990, extra care should be taken when drawing conclusions from these data.

Many of the morbidity and mortality health statistics were collected for the zip code 27540, which includes Holly Springs and a portion of the surrounding area. This represents another quantitative data limitation, as these data may have been influenced by those living outside the Holly Springs town limits. Thus, the information may not give a completely valid representation of the salient health problems of the town.

The selection of interview candidates is a decided limitation of the qualitative data collection process. The referral method used to identify these candidates kept the sample from being a random representation of the community. Although care was taken to interview residents from all major groups living in Holly Springs, this convenience sampling method tended to lead residents to refer those with similar experiences and views. Thus, some of the themes identified as important by interviewees may not be considered so by residents from

groups that the team was unable to contact. This non-representative referral method is in part a product of the relatively short amount of time allotted for data collection due to academic process. Conducting the data collection over a longer time period without the requirements of an academic process would allow investigators to spend more time in the community, thus giving a more accurate portrayal of the essence of life in Holly Springs and decreasing the potential for selection bias presented here. Still, there is much to be gained from examining the available findings.

Quantitative Findings

Growth was the predominant theme present in both secondary and primary data. What was a quiet, rural, primarily poor community throughout the late 1800s and most of the twentieth century has undergone incredible expansion in the last decade. The explosion has been primarily residential, as the town has grown from 920 persons in 1990 to 6,658 persons in June 1998 (U.S. Census Bureau, 1990 & 1998). This 723% population increase has also been accompanied by a dramatic shift in the racial composition of the community. Whereas the 1990 Census showed a town that was made up of 76% African Americans and 24% Whites (U.S. Census Bureau, 1990), the 1998 Census demonstrated a marked demographic change. Currently, Holly Springs is approximately 74% White, 22% African American, 2.4% Latino, 1.2% Asian/Pacific Islander, and 0.4% Native American (U.S. Census Bureau, 1998). Additionally, many of the individuals moving into the town are younger families. These demographic changes highlight the importance of involving the long-term residents as the town evolves to meet the specific needs of its newer, younger residents.

Further examination of the secondary data reveals that the town of Holly Springs is already working to respond to the various needs associated with its continued growth. The

establishment of a police and fire department in 1992 and 1995, respectively, has resulted in quicker response times to emergency calls and a substantial decrease in the occurrence of severe crimes. Holly Springs Human Services now offers a variety of programs aimed at addressing the health and social needs of the town. County officials hope to avert some of the traffic that tends to bottleneck on NC Highway 55 into Holly Springs by building a bypass around Holly Springs and widening the road north of the town.

Still, while there are efforts to plan accordingly for the continued growth of Holly Springs, some unrealized services and controversial conditions deserve special attention. There is currently no medical doctor within town limits. Additionally, transportation to county health care facilities is not always available to many residents. Other noted concerns include the building of the proposed South Wake Sanitary Landfill on the northwestern town border and the storage of spent fuel rods at the Shearon Harris Nuclear Plant south of Holly Springs. Furthermore, some town officials believe that the town's current water and sewer systems may be inadequate to accommodate additional growth. Thus, the secondary data reveal directions for future work to continue to address the changing needs of the Holly Springs community.

Qualitative Findings

There is a sense of excitement about the future of Holly Springs that pervades the personal interviews. Residents suggested numerous issues that should receive priority in the next few years in Holly Springs. Many mention the maintenance of the small-town feel of the community as important. Some of these individuals refer to plans for a major overhaul and rebuilding of the downtown area as a means of perpetuating this feeling. Many residents feel that building a middle and high school solely for Holly Springs' youth would also contribute to this small-town nature.

Residents list many other wishes and concerns for their community during the primary data collection. The recreational, educational, and mentoring needs of adolescent youth are discussed frequently. Some service providers and community members note that substance abuse is a problem, especially among young people. Discussions during the Town Meeting reveal a variety of community resources that the youth could draw on to help them reach their potential. In addition to youth needs, many residents mention the demand for a physician or clinic in town. Some residents also show concern for the elderly and low-income populations of Holly Springs. Access to services is the primary issue noted for these populations. Just as with the youth development, residents are quick to recognize existing community organizations that are working to improve the wellness of the elderly and low-income community members.

Conclusions

Holly Springs is described by many residents as a great place to live. Both the quantitative and qualitative data support this assertion. The town has already shown promise in responding to the various needs raised due to the tremendous growth it has undergone over the last few years. New and greater challenges will surely arise as the town grows and becomes more diverse. Tapping into the resources, assets, and experiences of the native residents as well as the newcomers will help strengthen the entire town in addressing these challenges. Residents are aware of many areas on which they would like to focus energy for improvement. Service providers within Holly Springs and Wake County express a willingness to work with the community to strengthen and maintain the social, environmental, and personal health of the residents of the town. Together, these groups are in the enviable position of being able to direct the future of their community.

CHAPTER ONE: METHODOLOGY

Introduction

Information is collected from various sources during the process of assessing Holly Springs and its residents. These sources include population and economic reports, statistics provided by government agencies, the *Holly Springs Ten Year Comprehensive Growth Plan*, the *Raleigh News and Observer*, and personal interviews with community members and service providers. The following section explains the process used to collect and analyze the data. Also presented is a discussion of the development of the interview questions, an explanation of the identification of persons interviewed, the process used to code and analyze the data gained from the interviews, as well as limitations of the data.

Quantitative Assessment

Secondary data is gathered from the 1990 U.S. Census, a special 1998 Census of Holly Springs, the North Carolina State Center for Health Statistics, the Wake County Health Department, Wake County Human Services, Holly Springs Human Services, and the town of Holly Springs itself. The analysis of the data focus on demographic information, economic markers, educational achievement, and the overall health of Holly Springs. Statistics for Holly Springs are compared with statistics for Wake County and for North Carolina.

There are two major limitations of the secondary data. Primarily, the special census completed for Holly Springs in June of 1998 does not cover the full range of topics covered by the 1990 Census. This is important given the population growth in the past eight years. For example, income and education levels are not included in the special census. Therefore, the data do not present an accurate picture of the current community. When comparisons are made with

the statistics for Wake County and North Carolina, data from 1990 are used for the County and the State. Furthermore, Wake County, like Holly Springs, has experienced rapid growth during this decade. Comparisons made using the outdated information may not be completely accurate.

Secondly, for many of the statistics concerning health, (e.g., mortality and morbidity rates), data are collected for the zip code area 27540. This zip code is larger than the actual town limits of Holly Springs. Data specific to Holly Springs are not available; therefore, the data presented may not be completely representative of the town's health status.

Qualitative Assessment

Two interview guides are developed for the purpose of further understanding the perspectives, strengths, and concerns, of those living in, or providing services for, Holly Springs. The interview guide for community members (see Appendix C) cover such topics as the assets and needs of Holly Springs, the different populations within Holly Springs and how these groups interact, change and growth, community involvement, the health of the community, resources, and hopes for the future. The interview guide for service providers (see Appendix D) includes such topics as an overview of the services provided, identification of the groups who use this particular service, the barriers to providing or receiving the service, and the strengths and the needs of the community. The questions are open-ended with the purpose of eliciting the individual stories and opinions of each person interviewed.

A fact sheet for community members and service providers is also included (see Appendix B). The fact sheet provides the interviewees with an overview of the project, explained the purpose of the interview, and gave a phone number to call for further information. Both interview guides and the fact sheet are approved by the School of Public Health's Institutional Review Board.

In order to choose potential interviewees, the team attended community activities and introduced the community diagnosis process to the residents. The team members explained that they would interview community members and service providers as part of this process, and subsequently asked for volunteers. In addition, the team members asked for referrals for other potential interviewees at the end of each interview. The team intentionally tried to interview residents who would represent the diversity of Holly Springs.

Phone calls were made to request interviews and to set up a time and place for the interviews. Team members repeated the explanation of the community diagnosis process and the purpose of the interview during the phone call. The majority of community members were interviewed in their homes and service providers were interviewed at their workplace. Two team members attended each interview, one to conduct the interview and one to take notes. At the beginning of the interview, an explanation of the project and the purpose of the interview was repeated and the interviewee was given an opportunity to ask questions for clarification. Furthermore, interviewers stated that the interviews were confidential. Interviewers also asked if notes could be taken and if the interview could be taped. It was made clear that the tape could be stopped at any time. A total of thirty interviews were completed. Eighteen of these interviews were with community members and twelve with service providers. (For a detailed breakdown of interviewee characteristics, see Appendix E.)

When quotes from the interviewees are used in this document, names and occupations are not identified to protect confidentiality. Occasionally, reference to race or age is used. Interviewees may also be identified with a classification of “service provider” or “community member.”

To analyze the qualitative data obtained from the interviews, the notes taken at each interview were typed. The tapes for each interview were then listened to and compared with the typed notes. At that time, quotes were identified and any relevant information missing from the notes was added to the written interviews. This was done to ensure the completeness of the written notes. Three of the team members then read all of the typed interviews and independently identified recurring themes. Following this, the three team members met and came to a consensus on identified themes. Six major themes emerged – growth of the community, health concerns, transportation, services for the elderly, youth development and schools. Using these themes, the team members reread the typed interviews and categorized each comment. Quotes taken from the interviews were representative of each theme.

There are limitations to this process. The sample of residents interviewed was not randomly selected due to the referral process used to select interviewees. People tended to refer friends or those who had similar experiences and views. Although an attempt was made to interview residents from all major groups living in Holly Springs, some of these groups were hard to reach. For example, most of the African Americans interviewed were elderly. The team was not able to obtain interviews from young and middle-aged African American families. Time constraints also made it difficult to reach representatives from all of the groups residing in Holly Springs. Tapes broke during some of the interviews; therefore, the notes for those interviews were incomplete. Another limitation was that the team was unable to find quantitative data to coincide with the qualitative data on behavioral risk factors, such as substance abuse.

Although there are limitations to both the secondary and primary data, the team is confident that the major themes relevant to the residents of Holly Springs were identified through

this process. This was confirmed at the Town Meeting (see Appendix F), where community members and service providers together discussed their hopes and concerns for Holly Springs.

CHAPTER TWO: HISTORY, GEOGRAPHY AND ECONOMIC OUTLOOK

History of Holly Springs

Holly Springs dates its beginnings back to the early 1800s, when some of the first families came and settled in the region. The town grew at "the intersection of major trading routes for the eastern Piedmont" (Town of Holly Springs, 1997a, p.2). Many of the early settlers were farmers. The community received its name because of two 40-foot holly trees that grew near one of the many springs in the area.

In 1817, Archibald Leslie moved to Holly Springs and opened a general mercantile store and a tailoring service. He became a prominent member of the community and under his influence, Holly Springs was able to attract other business owners and their families. In 1822, a Baptist Church was established; and by 1860, the town had a Masonic Lodge, a post office, and five stores. The Masonic Lodge housed two schools. Holly Springs Academy opened in 1854. Its purpose was to prepare young men for admission to Wake Forest College. In 1856, a second school was opened so that the young women of the town could also receive an education. This was a time of prosperity for Holly Springs, which ended abruptly with the onset of the Civil War (Holly Springs Area Chamber of Commerce, 1997).

Many of the men of Holly Springs were killed in "Pickett's Charge" during the Battle of Gettysburg. With the men gone, "both schools closed and Holly Springs became a virtual ghost town between the years of 1861 and 1865" (Holly Springs Area Chamber of Commerce, 1997, p.4). Towards the end of the war, as the Union army returned to the North, one regiment occupied the town for awhile. Bands of robbers raided area farms and homesteads taking food, supplies, and anything else of value. On April 16, 1865, an officer of the Union Army wrote in

his journal that Holly Springs "was a small country town of no ancient or modern note" (Gearino, 1998). During the first decade after the war, with the town struggling economically, many of the residents moved away to areas offering better opportunities and more jobs.

This trend changed in 1875, when Colonel George Alford moved into town. He became a prominent influence in the post Civil War development of Holly Springs. He bought a mansion that had been built by Archibald Leslie and opened a general store, bringing business back into the area. Prosperity returned, resulting in the incorporation of the town on January 2, 1877, by an act of the General Assembly (Holleman, 1979). Attempts were made to reopen the Holly Springs Academy during this time after the war, but they were unsuccessful. Children were taught in private homes until the Masons later opened the first co-educational school. In 1906, the town purchased 10 acres of land in order to build a larger facility to house the school. It was officially opened in 1908 (Holly Springs Area Chamber of Commerce, 1997). This period of prosperity ended with the Great Depression.

During the Depression, Holly Springs suffered along with the rest of the country. World War II brought about a revival of industry across the nation. However, Holly Springs did not experience this change, causing residents to again move away to look for jobs. The school in Holly Springs closed in 1958. Children of the remaining families were bused to other towns to attend school. The town of Holly Springs remained a quiet, slow growing, predominantly poor community until the early 1990s. Since then, it has been experiencing a period of rapid growth and change.

Geography

Holly Springs is located on NC Highway 55 in the southwestern part of Wake County. In 1989, the land area was only one square mile whereas it currently comprises seven square miles

(M. Williams, personal communication, September 3, 1998), accounting for 0.2% of the land area in Wake County (North Carolina State Data Center, 1998c). Cary is 2.44 miles north, Apex lies 2 miles north and Fuquay-Varina is 1.2 miles south of Holly Springs (M. Williams, personal communication, September 25, 1998). Sunset Lake Road bounds Holly Springs to the north and to the west (Town of Holly Springs, 1998c).

The most striking aspect of Holly Springs is the duality of the old and the new. Older housing is predominantly located in the central and western sections of town. New homes are constructed at a rate of 40-50 a month, mostly in the southeastern sector (Bonner, 1997; Town of Holly Springs, 1998c). Currently, there are 23 housing subdivisions (Town of Holly Springs, 1998c) and more are in the planning stages (D. Mizelle, personal communication, September 3, 1998). Sunset Lake and Bass Lake border the Sunset Ridge subdivision to the southeast (Town of Holly Springs, 1998c).

Of much debate in the town is the Wake County firing range and the proposed Wake County landfill (see Environmental Health in Chapter 4). The firing range, in the northeastern section of Holly Springs, is due to open in the spring of 1999 (Bonner, 1997). The final location of the landfill is yet to be determined, but the proposed site encapsulates 480 acres just south of the firing range (M. Williams, personal communication, September 25, 1998; Town of Holly Springs, 1998c).

Economic Outlook

The rapid growth of Holly Springs reflects that of the entire Triangle area, as it seeks to accommodate the massive influx of newcomers to the region. Holly Springs is the fastest growing town in Wake County, having expanded 374% through annexation and new construction from 1990 to 1996 (Bonner, 1997). The housing boom during this period has been

extraordinary. Census data reported 330 total housing units inside town limits in 1990 (North Carolina State Data Center, 1998e). Permits for residential building have been awarded at an ever increasing rate since then, from 60 in 1991 to 400 in 1995 (North Carolina State Data Center, 1998b) to 532 in 1997 (Gearino, 1998). The majority of these new homes have been built in subdivisions in which prices often exceed half a million dollars (Gearino, 1998). The expansion of such neighborhoods is reflected in yearly increases in property tax levies and property values (North Carolina State Data Center, 1998d).

Despite this residential explosion, however, Holly Springs has been slow to see the economic benefits that its close neighbors, Apex and Fuquay-Varina, have experienced for some time (Gearino, 1998). Unlike these two towns, Holly Springs has no single large-scale commercial operation (Gearino, 1998). As of December 1996, the town had only one bank (Town of Holly Springs, 1997d). A community center recently opened to town residents is the only public property owned by the town (M. Williams, personal communication, September 3, 1998). Furthermore, non-residential building lags behind its counterpart. There has been modest growth in the construction of offices and industrial buildings, with three of each being issued a permit between 1991 and 1995 (North Carolina State Data Center, 1998b). Additionally, aside from a Food Lion supermarket that was built in late 1995, there are few retail stores in the town. Between 1991 and 1995, there were no permits issued to build stores in the community (North Carolina State Data Center, 1998b). Thus, with few local stores and little industry to support these stores, residents of Holly Springs tend to spend their money outside of the town in nearby places such as Cary (Gearino, 1998).

Still, there are signs that Holly Springs is beginning to respond to its growing population to make strides in advancing the local economy. Town government spending on economic and

physical development has risen from \$262,532 in 1990 to \$2,184,000 in 1995, an increase of 732% (North Carolina State Data Center, 1998a). There are preliminary plans for a major overhaul and rebuilding of the downtown area (M. Williams, personal communication, September 3, 1998). The development will include a new town hall, small shops, offices, and an outdoor community theater (Bonner, 1997). This is compelling evidence that town leaders are steering the economy toward catching up with the residential growth that Holly Springs is experiencing.

Local employers have also expanded in recent years, so that more residents are able to work where they live and put money back into the town economy. The Food Lion employed 61 people at the end of 1996 (Town of Holly Springs, 1997d). Warp Technology, a polyester yarn manufacturer, was the biggest local employer at that time, employing 145 residents (Town of Holly Springs, 1997d). At the beginning of September 1998, the town itself employed 79 people (M. Williams, personal communication, September 3, 1998). A number of smaller businesses have also moved into the community in the last five years. Holly Springs Elementary School, which opened its doors to students in the fall of 1996, is also among the top ten local employers (M. Williams, personal communication, September 3, 1998). Additionally, there are two local industrial sites, the 440-acre Southwest Industrial Park and the eight acre Omni Industrial Park (Town of Holly Springs, 1997d).

Holly Springs is experiencing a period of outstanding residential growth. As the town continues to build on its history and expand its boundaries, it faces many challenges. An immediate challenge for the town is to continue to nurture its fledgling economic development so that residents are able to spend their money within the community instead of its neighboring

towns. Doing so will help Holly Springs maintain its autonomy as a community unto itself in the midst of the expanding suburbs around it.

CHAPTER THREE: COMMUNITY PROFILE

Introduction

The purpose of this chapter is to describe the community of Holly Springs by presentation of sociodemographic and economic data. These data include the distribution of the population in terms of age, sex, race, economic status, and educational attainment of the residents of the community. Unless otherwise noted, the data were collected from the 1990 U.S. Census at the state, county, and place level and from a special census conducted in Holly Springs on June 5, 1998. Access to current community data via the special 1998 census is valuable for accurate representation of the rapidly growing community of Holly Springs. However, the special census does not cover the full range of topics covered by the decennial census (e.g., income and education levels); therefore, a complete picture of the current community is unavailable.

Comparisons among Holly Springs, Wake County, and the state of North Carolina as a whole are discussed. However, these comparisons may not be completely accurate in that a majority of the county and state level data were collected from the 1990 Census. These data are likely to be outdated, especially in light of the exponential growth in Wake County since the census. It is expected that qualitative data collection via interviews with community members and service providers will add to the picture presented here.

Population

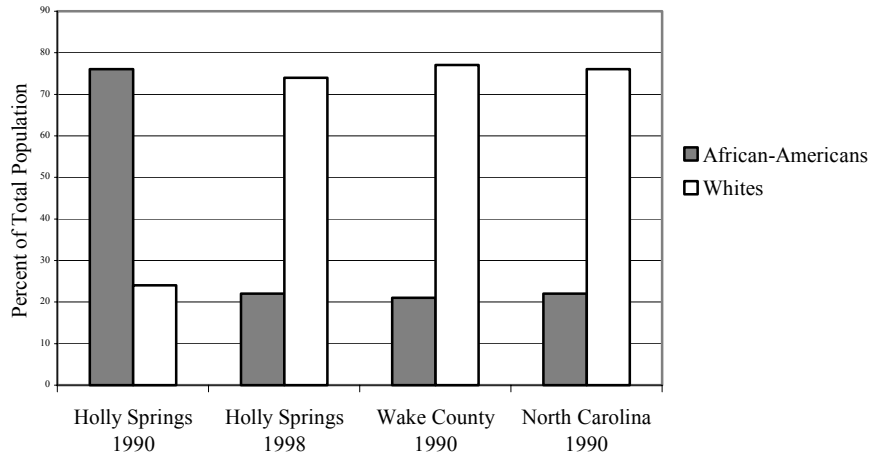
The increasing size of the overall population is one of the most significant changes occurring in Holly Springs. While a relatively small community in 1990 with a total population of 920 persons, Holly Springs currently holds a total population of 6,658 persons (U.S. Census Bureau, 1990 & 1998). This is a 723% increase in population size. This growth in size alone

creates concern for the quantity and quality of services available to the residents of Holly Springs (M. Williams, personal communication, September 3, 1998).

The proportion of males and females in the community, however, remains similar. In 1990, the population was 50% male and 50% female; in 1998, it is comprised of 49% males and 51% females (U.S. Census Bureau, 1990 & 1998). These proportions are echoed at the county and state level (U.S. Census Bureau, 1990 & 1998).

The racial composition of the Holly Springs community has changed dramatically from 1990 to 1998. In 1998, Holly Springs resembles Wake County and North Carolina much more than it did in 1990. The total population of Holly Springs in 1990 consisted solely of African Americans (76%) and Whites (24%) (U.S. Census Bureau, 1990). The 1998 Census reported the population to be 22% African American, 74% White, 1.2% Asian/Pacific Islander, 2.4% of Hispanic origin and 0.4% Native American/Eskimo (U.S. Census Bureau, 1998). The shift in the racial composition of Holly Springs shows a 208% increase in the proportion of Whites and a 71% decrease in the proportion of African Americans. Additionally, it is evident that persons of other origins, Hispanics for example, are establishing themselves as residents in the community. This demographic change occurring in Holly Springs raises issues of common interest, future direction, and needed services for the community as a whole. As shown in Figure 3.1, Wake County in 1990 had a population of 77% White, 21% African American, 2% Asian/Pacific Islander, and 0.3% Native American/Eskimo, not specifying the Hispanic population (U.S. Census Bureau, 1990). Similarly North Carolina's population was 76% White, 22% African American, 1.2% Native American/Eskimo, and 0.08% Asian/Pacific Islander, also not specifying the Hispanic population (U.S. Census Bureau, 1990).

Figure 3.1: Percent of African-Americans and Whites Across Community, County, and State Levels.



Source: U.S. Bureau of the Census, 1990 & 1998.

The age of the overall population of Holly Springs is also changing, but more gradually than size and race. From 1990 to 1998, there was a 4% increase in the proportion of children ages 1-14, an 11% decrease in the proportion of persons ages 15-24, a 14% increase in the proportion of persons ages 25-64, and a 9% decrease in the proportion of seniors in the community ages 65 and over (U.S. Census Bureau, 1990). This implies a trend of young families migrating into the area while it appears older individuals (65+) are not moving into the community. A comparable distribution is seen at the county level, with the greatest proportion of persons being between the ages of 1-14 (18%) and 25-64 (56%) (U.S. Census Bureau, 1990).

Households

Regarding the families that comprise the Holly Springs community, there are a significant number of female householders compared to Wake County and the state of North Carolina. In both 1990 and 1998, 16.4% and 35% of single heads of households in Holly Springs were female, respectively (U.S. Census Bureau, 1990 & 1998). In Wake County and North Carolina, only 8% and 9% of single householders were women, respectively (U.S. Census

Bureau, 1990). Therefore, the availability of state and county assistance offered to Holly Springs' residents, whether financial or health-related, warrants attention because of the number of single mothers in the community.

While the population of Holly Springs is growing and changing, household size remains relatively the same. A majority of households, approximately 70%, contain three or fewer individuals in 1990 and 1998 (U.S. Census Bureau, 1990 & 1998). In comparison, 79% of Wake County households and 77% of North Carolina households contain three or fewer persons (U.S. Census Bureau, 1990). The proportion of 4-5 person households continues to lie above the county and state figures of 20% and 21%, respectively (U.S. Census Bureau, 1990). In fact, the proportion of households this size has increased from 24% in 1990 to 28% in 1998 (U.S. Census Bureau, 1990 & 1998). Since 1990, the percentage of larger households (six or more persons) has decreased by half from 6.2% to 3.1% (U.S. Census Bureau, 1990 & 1998). In Wake County and North Carolina, 2% of households contain six or more individuals (U.S. Census Bureau, 1990).

Whereas household size is similar between Holly Springs, Wake County, and North Carolina, home ownership is most prevalent among the Holly Springs' residents. Seventy-two percent of households in Holly Springs in 1990 owned their homes, compared to 61% of households in Wake County (U.S. Census Bureau, 1990). The percentage of households in the community that own their homes in 1998 (89%) denotes an increase of almost 25% over the 1990 community percentage and a 46% increase above the 1990 county figure (U.S. Census Bureau, 1998).

When tenure (the condition of owning or renting one's home) is segmented by race, it becomes apparent that this marked increase in home ownership is due to a rise in the proportion

of White households that own their homes. The White segment of the community has experienced an increase in home ownership from 83% in 1990 to 96% in 1998 (U.S. Census Bureau, 1990 & 1998). The percentage is significantly higher than that of White households in Wake County, which is 61% (U.S. Census Bureau, 1990). The rate of home ownership among African American households dropped two percentage points in the eight year interval from 68% to 66% (U.S. Census Bureau, 1990 & 1998). It is important to note, however, that the proportion of African American households in Holly Springs that own their homes is 1.6 times the percentage of African American households in Wake County that own their homes (40%) (U.S. Census Bureau, 1990).

Education

When addressing education statistics, excluding drop-out rates, it should be noted that the data presented were collected in 1990, and may not accurately represent Holly Springs. Furthermore, Wake County may not be representative of the true population of North Carolina. This bias may be attributed to the high number of professionals in the area as a result of the State Capitol in Raleigh, Research Triangle Park, and the universities in the area. Additionally, the following numbers are based on persons ages 25 and older.

Given this information, Holly Springs has fewer college-educated residents, as well as fewer residents who have completed high school, than Wake County. Forty-three percent of residents in Holly Springs have less than twelfth grade education compared to 15% of Wake County residents (U.S. Census Bureau, 1990). Thirty-five percent of Holly Springs' residents graduated high school without advancing to college compared to 21% of Wake County residents (U.S. Census Bureau, 1990). Two times as many residents in Wake County have completed

some college or an Associate's degree compared to Holly Springs' residents, while four times as many residents in Wake County hold a Bachelor's degree (U.S. Census Bureau, 1990).

The difference in educational attainment between Whites and African Americans is similar across the community and county levels according to 1990 data. A larger proportion of African Americans (50%) than Whites (22%) did not graduate high school (U.S. Census Bureau, 1990). There is also a smaller number of African Americans who attended college (14%) compared to Whites (44%) (U.S. Census Bureau, 1990). These differences may represent the availability of resources or lack of educational opportunities available to each race.

Holly Springs' youth attend both Apex High School and Fuquay-Varina High School. Dropout information specific to Holly Springs is not available. Therefore, when gathering dropout rate information, it is important to take this limitation into consideration. Also, slightly different rates are presented at the federal and state level. The dropout rates presented here are those used at the state level.

The dropout rates for Apex High School and Fuquay-Varina High School for the 1996-1997 school year are 3.27% and 4.37%, respectively (Wake County Public School System, Evaluation Office, 1998). These rates are slightly higher than Wake County's dropout rates of 2.61% for the 1996-1997 school year. Dropout rates for Apex and Fuquay-Varina High Schools are comparable to North Carolina's dropout rate of 3.44% (Public Schools of North Carolina, 1997). Holly Springs' residents may require additional services compared to the rest of Wake County because of higher dropout rates.

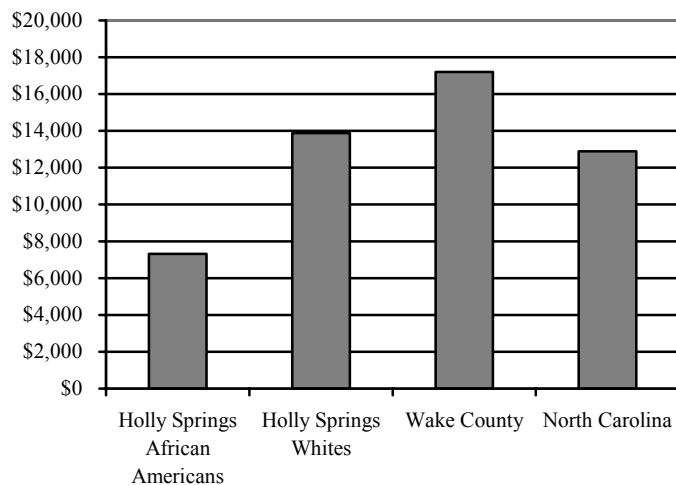
Unemployment and Income

A possible association may exist between educational attainment of Holly Springs' residents and unemployment rates. As stated in the previous section, unemployment and income

data were only collected in the 1990 Census. The overall unemployment rates for Holly Springs and Wake County, 4% (U.S. Census Bureau, 1990) and 1.5% (Employment Security Commission of North Carolina, 1998), respectively, are similar. However, when segmented by gender, there are apparent differences. The rate for Holly Springs' men 16 years and older is 5.2%, and for women is 7.3% (U.S. Census Bureau, 1990). Rates for both genders are significantly higher than those for the county (3.0% of men and 3.8% of women) (U.S. Census Bureau, 1990). Women in Holly Springs are two times more likely than Wake County women to be unemployed. It may be important to observe how these unemployment rates among women affect the needs of the single female heads of households in the community.

According to 1990 Census data, the median income for Holly Springs' families is \$26,667 (U.S. Census Bureau, 1990). The Wake County median family income of \$44,302 exceeds the Holly Springs' amount by more than \$17,000; however, the community's families are earning only \$5,000 less than the North Carolina median of \$31,584 (U.S. Census Bureau, 1990). Further, the percent of persons in Holly Springs living in poverty is approximately 26%, compared to 8.4% of Wake County residents and 13% of persons in the state (U.S. Census Bureau, 1990).

Figure 3.2: 1990 Per Capita Income



Source: U.S. Bureau of the Census, 1990.

It is important to note the difference in income levels between White and African American residents. As shown in Figure 3.2, the per capita income of African Americans (\$7,324) in Holly Springs is only 53% of the per capita income of White residents (\$13,870) and far less than half of the Wake County figure (\$17,195) (U.S. Census Bureau, 1990). The percent of African Americans living in poverty (29.5%) is more than two times the percent of White persons (14%) (U.S. Census Bureau, 1990). It is evident that a disparity in income levels exists between African American and White members of the community.

Summary

It appears that over the past ten years, Holly Springs has become more similar, demographically, to Wake County and North Carolina. Home ownership data also follows this trend. A disparity, however, still appears to exist between the unemployment and income levels of Holly Springs and those of Wake County and North Carolina residents. Yet, these data were not collected from a 1998 data source. Therefore, the information presented may not be an accurate

representation of the Holly Springs community as it stands now. It is important to take this limitation into consideration when using this document for assessment purposes.

CHAPTER FOUR: HEALTH PROFILE

Introduction

The rapid growth of Holly Springs has had a decided impact on the health status of the community. The overall wellness of the growing town can be assessed through a diverse array of measures. The following section is a discussion of some of these health indicators, including recent mortality and morbidity rates, available public safety services, and access to health care facilities and providers. Other health assessment measures that are explored are the prevalence of certain behavioral risk factors, the health status of women and children, and salient environmental health issues. These indicators provide a fuller picture of the health concerns on which the expanding community can focus its attention.

Leading Causes of Mortality

Comparing the rates of major causes of death in Holly Springs with those rates of Wake County and North Carolina serves as an indicator of the general health status of the community. However, there are two reasons to use caution when interpreting the available statistics from Holly Springs. First, the data are from postal code 27540, which covers slightly more area than the Holly Springs town limits. Mortality rates within this zone may not be representative of Holly Springs. Second, the small number of deaths in the community (39 in 1997) could lead to unstable rates (Wake County Human Services, 1998c). Therefore, each case could have a disproportionately large effect on an overall or cause-specific mortality rate. Still, there is utility in examining these rates as compared to county and state data.

Table 4.1: Leading Mortality Rates per 100,000 Persons for North Carolina, Wake County, and Zip Code 27540 compared with Healthy People 2000 Goals

Cause	North Carolina (1997)	Wake County (1997)	Zip Code 27540 (1997)	Healthy People 2000
Diseases of the Heart	259.2	142.2	178.7	100.0
Cancers	191.2	120.7	107.2	130.0
Cerebrovascular Disease	70.2	43.1	53.6	20.0
Unintentional Injuries	40.5	26.7	53.6	29.3
Chronic Obstructive Pulmonary Disease	43.0	18.4	17.9	---
Pneumonia & Influenza	33.1	17.2	17.9	---
Diabetes Mellitus	24.7	17.4	17.9	34.0
Suicide	12.1	7.5	0.0	10.5
AIDS	6.5	6.8	35.7	---

Sources: Wake County Human Services, 1998c; McLawhorn, 1998.

The leading causes of mortality within the Holly Springs postal code area are similar to those especially of Wake County, but also to North Carolina mortality rates (see Table 4.1). Just as in the county and state, diseases of the heart and cancers are the two leading causes of death in the community. The mortality rate due to diseases of the heart (178.7 deaths per 100,000 persons) is closer to the rate of Wake County (142.2) than it is to that of North Carolina (259.2). The cancer mortality rate (107.2) is considerably lower than county (120.7) and state (191.2) rates. The only other community mortality rate that differs substantially from Wake County and North Carolina rates is the AIDS death rate. It should be noted, however, that this rate represents only two cases and is therefore highly unstable (Wake County Human Services, 1998c).

The mortality rates of the Holly Springs postal code area can also be compared to the national goals set for *Healthy People 2000* in addition to comparing them to county and state rates. These are specific health objectives set by the United States Public Health Service in order to give guidance and direction for improving the health of the nation's citizens (McLawhorn,

1997). Diseases of the heart are a cause of concern, as the Holly Springs rate (178.7) is still significantly higher than the *Healthy People 2000* goal of 100.0 deaths per 100,000 persons. Encouragingly, cancer, diabetes mellitus, and suicide mortality rates are already lower than the corresponding national goals. Still, unintentional injuries and cerebrovascular disease deserve attention, as their corresponding rates (53.6 and 53.6, respectively) are well above these goals (29.3 and 20.0, respectively). While the local emergency services have an excellent response time (3.82 minutes), the heightened mortality rate due to unintentional injuries may be a result of a lack of extensive emergency care in Holly Springs (C. Parker, personal communication, October 29, 1998). The excess mortality rates of diseases of the heart and cerebrovascular disease may be addressed in the future by alleviating high blood pressure and obesity through eating more healthily and exercising more (North Carolina State Center for Health Statistics, 1998).

Leading Causes of Morbidity

Morbidity rates are another tool for assessing the health status of Holly Springs. They may also suggest areas of focus for future health programs. Again, the low number of cases should be kept in mind when interpreting these statistics. Additionally, Holly Springs postal code data are only available for four communicable diseases, gonorrhea, chlamydia, salmonellosis, and syphilis (Wake County Human Services, 1998d). Thus, much of the following discussion is a comparison between the leading morbidity rates for Wake County and North Carolina.

Table 4.2: Leading Morbidity Rates per 100,000 Persons in North Carolina, Wake County, and Zip Code 27540

Cause	North Carolina (1997)	Wake County (1997)	Zip Code 27540 (1997)
Gonorrhea	230.2	246.0	196.5
Chlamydia	227.2	186.8	446.7
Salmonellosis	16.5	19.4	35.7
Syphilis	20.0	17.1	17.9
AIDS	10.7	13.6	---
Tuberculosis	7.0	7.5	---
Hepatitis B	8.6	9.3	---
Shigellosis	3.0	4.1	---
Hepatitis A	3.0	3.4	---
Haemophilus Influenza	---	0.4	---

Sources: Wake County Human Services, 1998d.

In general, Wake County leading morbidity rates are higher than those of North Carolina (Table 4.2). The only exceptions to this trend are the rates for gonorrhea and syphilis. The difference in the AIDS rates between county and state (13.6 and 10.7, respectively) is notable. The higher prevalence of AIDS cases in Wake County suggests a need for programming that focuses on decreasing risk factors commonly associated with the disease. Such factors include sharing intravenous needles and having unprotected sex with infected persons. The remaining communicable disease rates, while slightly higher in Wake County, do not represent a large difference from state rates.

As previously mentioned, the only available Holly Springs area morbidity data represent three sexually transmitted diseases (STDs) and salmonellosis. While the salmonellosis rate (35.7 cases per 100,000 persons) is higher than county and state rates (19.4 and 16.5, respectively), this rate represents only two cases and is therefore rather unstable. The chlamydia rate (446.7), on the other hand, is disturbingly high as compared to the North Carolina rate of 227.2. Furthermore, of the 25 cases reported in 1997, 23 of them were among African American

individuals (Wake County Human Services, 1998d). Twelve of these 23 cases were African American females between the ages of 15 and 19 (Wake County Human Services, 1998d). These data, along with the presence of other STDs in the Holly Springs area, suggest that more must be done to target all young community members when offering sexuality education and services.

Public Safety

Prior to the early 1990s, the population of Holly Springs was too small and did not have sufficient funding to warrant its own fire, police and emergency medical services (Town of Holly Springs, 1998b). However, with the exponential residential growth, the town established its own police department in 1992 and a fire department in 1995 (Town of Holly Springs, 1998b). Presently, the Holly Springs Public Safety Department employs 26 full-time staff as well as part-time workers and volunteers in the areas of emergency medical services, fire, and police protection (Town of Holly Springs, 1998b). The town also has its own dispatchers, allowing for quicker response times to emergencies.

The North Carolina Fire Insurance Office issues Insurance Service Organization (ISO) ratings for fire departments statewide. Ratings are based on water supply, level of staff training, equipment, and method of operation. The Holly Springs Fire Department received an ISO rating of nine for rural services and six for municipal services (one being the best and ten the worst) (Town of Holly Springs, 1998b). The low rating for rural services is attributed to the limited water supply in rural areas.

As expected with residential growth, there has been a substantial increase in calls to both the fire and police departments over the past five years (Table 4.3). However, the number of severe crimes has decreased with the presence of a 24-hour police force. As seen in Figure 4.1,

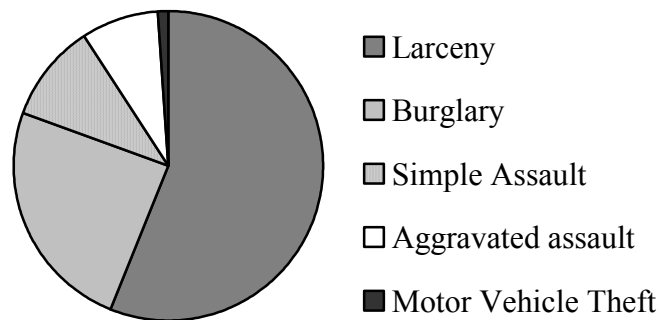
larceny and burglary (80%) were the vast majority of reported offenses in Holly Springs, whereas violent crimes (i.e., murder, rape, robbery and aggravated assault) accounted for only 9% in 1997 (Town of Holly Springs, 1998b). Thus, it can be inferred that Holly Springs is a relatively safe place to live.

Table 4.3: Call Volume for Public Safety Departments

Year	Fire Department	Police Department
1993	78	1,260
1994	212	2,500
1995	242	6,000
1996	485	7,500
1997	520	10,000

Source: Town of Holly Springs, 1998b.

Figure 4.1: Percentages of Crimes Reported in 1997



Source: Town of Holly Springs, 1998b

Behavioral Risk Factors

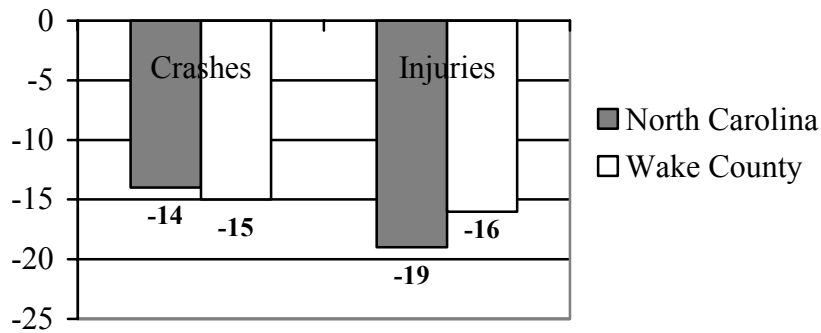
Health behaviors such as substance abuse and drunk driving are indicators of the health status of a community. Unfortunately, limited data exist on the state and county level and almost no data are available on the town level. Hence, precautions should be taken in regards to assumptions inferred from this data.

Substance abuse appears to be a health issue in Holly Springs. In the past, there was known to be drug activity in the town, mainly in dealings of crack cocaine (personal communication, October 29 & November 10, 1998). However, with the creation of the police force, the drug problem was nearly eradicated although some pockets of crack cocaine use and dealings remain (personal communication, November 10, 1998). Both the police department and concerned citizens have expressed a firm desire to continue attempts to combat substance abuse (personal communication, November 10, 1998). Other efforts in the county and state to prevent substance abuse include area programs as well as drug and alcohol treatment centers. Over three thousand Wake County residents were treated in state hospitals for substance abuse during fiscal year 1997, accounting for only four percent of the total population served (Division of Mental Health, Developmental Disabilities and Substance Abuse Services, 1997a). Furthermore, only 7.4 people per 100,000 from Wake County were served in the state's three alcohol and drug abuse treatment centers (Division of Mental Health, Developmental Disabilities and Substance Abuse Services, 1997b). Although the previous figures suggest that substance abuse may not currently be a serious problem for the county or state, further attention may be warranted by the town.

Drunk driving has also been targeted by local, county, and state authorities. The Holly Springs Police Department arrested 28 people in 1997 for driving while intoxicated (Holly Springs Police Department, 1998). In Wake County, there were 761 alcohol-related crashes and 749 injuries related to these crashes in 1997 (Division of Motor Vehicles, 1998). Nevertheless, the percentage of alcohol-related crashes and injuries have dropped dramatically for both Wake County and North Carolina in the past five years (Figure 4.2). Percentages of alcohol-related crashes declined from 6.4% in 1993 to 5.5% in 1997. Likewise, percentages of injuries resulting

from alcohol-related crashes fell from 9.6% in 1993 to 7.8% in 1997. Given the decline in alcohol-related crashes, a positive trend seems to be emerging regarding traffic safety behaviors.

Figure 4.2: Percent Difference in Alcohol-Related Crashes and Injuries, 1993 & 1997



Source: Division of Motor Vehicles, 1998.

Health Care

Government and Health

Wake County Human Services, instituted in December 1996, assumes the leading governmental role for health policy and services in Wake County (Wake County Human Services [WCHS], 1998b). It was formed by combining the Departments of Public Health, Mental Health, and Social Services into one agency (WCHS, 1998a). The Human Services Board of Directors is made up of 25 county citizens who are appointed by the County Commissioners. Part of the mission and objectives of Human Services is to build partnerships with communities and organizations to promote a healthy and safe environment for Wake County residents (Wake County Human Services, 1998b). For a list of services and phone numbers, see Appendix A.

Holly Springs' Human Services is the division of the town government that provides services and programs to promote the health of the community. On March 7, 1998, Human

Services and the Wake County Substance Abuse Free Family Environment (S.A.F.E.) Prevention Coalition hosted Holly Springs' First Annual Community Health Fair (P. Garrett, personal communication, November 3, 1998). Participants were offered free blood pressure checks, cholesterol screenings, eye examinations, and examinations for spinal alignment. Information on a variety of subjects, including substance abuse, was provided. Two hundred fifty community members participated (P. Garrett, personal communication, November 3, 1998).

As part of a partnership with the S.A.F.E. Prevention Coalition, Human Services is planning a Drug Awareness Day and a Merchant Education Program to combat substance abuse and tobacco use among the community's youth. An objective of the Merchant Education Program is to prevent selling of tobacco to underage persons and advertising of tobacco products near schools (M. Williams, personal communication, October 29, 1998).

Holly Springs' Human Services also offers an Adolescent Pregnancy Prevention (APP) Program called T.E.E.N.S., an acronym for Teaching Enriching Empowering Networking Surviving (Holly Springs Human Services, 1998). This program is available free-of-charge to girls ages 10-14. It provides a supportive learning environment where participants discuss teen pregnancy, drug use, and peer pressure, among other salient issues (P. Garrett, personal communication, November 3, 1998). The mission of the T.E.E.N.S. program is to provide "enrichment activities that allow teens to make healthy decisions, to collaborate, and [to] help each other survive peer pressure" (Holly Springs Human Services, 1998). Activities include community service, field trips, cooking projects, arts and crafts, and educational workshops.

The Human Services department is working to address the health needs of other members of the community as well. A survey of area senior citizens was conducted in the spring of 1998 (M. Williams, personal communication, October 29, 1998). Although the number of respondents

was limited to 17, the results provided an assessment of seniors' living arrangements and physical health needs. The survey also assessed social health concerns, such as social support and availability of activities geared toward their age group (M. Williams, personal communication, October 29, 1998). Senior Check-Up Day, held for the first time in November 1998, was designed to reach out to the senior citizens of Holly Springs.

As the community grows and becomes more diverse, greater and more complex health needs may evolve. Human Services is an asset to Holly Springs in that it is active in assessing and addressing the needs of the community to help residents maintain their health and well-being.

Health Care Facilities

There are several hospitals in Wake County. Among them are Wake Medical Center (WakeMed), Rex HealthCare, and Columbia Raleigh Community Hospital in Raleigh. WakeMed, a 739-bed teaching hospital in eastern Raleigh, is the city's only public hospital. Western Wake, a division of WakeMed, is a full-service, primary care facility with 80 patient beds (Greater Raleigh Chamber of Commerce, 1998). Located about 10 miles from Holly Springs, it is the health care facility most utilized by Holly Springs' residents (personal communication, November 9 and 10, 1998).

The Wake County Southern Regional Center, administered through Wake County Human Services, offers a broad range of services to southern Wake County residents, including clinical health services, mental health services, and non-health related assistance. The clinical health services rendered are child health, perinatal care, women's health, Special Supplemental Nutrition for Women Infants & Children (WIC), migrant care, HIV/STD testing and counseling, immunizations, adult primary care clinical services, and laboratory services. Mental health

services include child, adolescent, family, and adult intake assessments; outpatient treatment; referrals for more intensive treatment; and DWI classes. The center provides outreach services, such as pre- and post-natal preventive services, substance abuse services, maternity care coordination, and child service coordination. Among the other programs offered are crisis intervention, economic assistance, employment services, and environmental health services (including well and on-site wastewater programs).

The number of residents within the Holly Springs' postal code 27540 who visited the Southern Regional Clinic (SRC) from June 1997 to July 1998 was 330 (J. Goldcamp, personal communication, November 6, 1998). In addition, 240 residents within that postal code visited the main county clinic in Raleigh (J. Goldcamp, personal communication, November 6, 1998). These numbers may be higher than those for Holly Springs' residents alone since the data was collected for a postal code that includes areas just outside of the town limits. It is a concern that some of the residents of Holly Springs are unaware that this county clinic exists and are traveling farther to the main clinic in Raleigh (M. Williams, personal communication, October 29, 1998). Holly Springs Human Services is working to make more residents aware of the clinic (M. Williams, personal communication, October 29, 1998).

Health Care Providers

There are no medical doctors practicing in Holly Springs. However, there is one dental practice and one chiropractor's office in the town. Public Safety is equipped for emergency medical service (EMS) with two ambulances, eight licensed emergency medical technicians, and a paramedic provided by the county (J. Herring, personal communication, November 10, 1998).

The average response time for the Holly Springs EMS is 3.82 minutes, "the fastest response time in Wake County" (C. Parker, personal communication, October 29, 1998). When

ambulances from Fuquay-Varina and Apex were answering Holly Springs' calls, the average response time was ten minutes (Bonner, 1998). In the first 6 months of operation since April 1, 1998, EMS received 343 calls (C. Parker, personal communication, October 29, 1998), an average of 57 calls per month. Ninety percent of the patients are transported to Western Wake Medical Center in Cary (C. Parker, personal communication, October 29, 1998).

The ratios of population to health professional for Wake County and North Carolina are presented in Table 4.4. There are more health professionals per person in the county (except physician's assistants) than there are per person in the state as a whole. Availability of health care providers can be an important indicator of community health. The physician's assistant and nurse practitioner ratios are important because these health professionals provide effective medical care at a fraction of the cost of physicians.

Table 4.4: 1997 Population per Health Profession

Population per:	North Carolina (total population 7,428,194)	Wake County (total pop. 556,853)
Physician	517	455
Primary Care Physician	1,262	1,031
Dentist	2,494	1,746
Registered Nurse	113	99
Physician's Assistant	5,794	6,791
Nurse Practitioner	6,704	5,513

Source: Cecil G. Sheps Center for Health Services Research, 1998.

Barriers to Health Care

Transportation to and from the medical facilities in nearby communities may pose problems for some Holly Springs' residents (M. Williams, personal communication, October 29, 1998). Wake Coordinated Transportation Service (WCTS) and the Triangle Transit Authority (TTA) provide limited public transportation to Holly Springs' residents. WCTS provides subscription and dial-a-ride transportation for residents of the county (North Carolina Department of Transportation [NCDOT], 1998). This service is provided free-of-charge to

clients of the county’s human service agencies. Limited seats are available for general public use and must be paid for by the customer.

The Triangle Transit Authority offers a buspool that operates during peak commuting hours and connects Fuquay-Varina, Holly Springs, Apex, and RTP (Triangle Transit Authority, 1998). Occasional riders pay \$2.00 for a one-way trip. In July 1998, Wake County began providing a fixed-route service called TRACS that connects Fuquay-Varina, Holly Springs, Apex, and Cary during daytime hours. Six hundred passengers rode the bus during October 1998 (personal communication, November 11, 1998). By acting as a link between the business centers, medical facilities, and neighborhoods of these towns, this bus route can help the residents overcome a significant barrier to accessing health care and other services.

Health insurance coverage may be another barrier to health care access. Wake County rankings in relation to the 99 other counties in North Carolina are presented in Tables 4.5 and 4.6 (North Carolina Health Planning Commission, 1995). Data for Holly Springs is unavailable. The county stands out as having the highest proportion of residents who are covered by private insurance only. Wake County also ranks high for poor people with private coverage only. Meanwhile, the rankings for the proportion of the population with Medicaid and Medicare are relatively low. There are fewer uninsured poor per 1,000 residents in Wake County than in the state. The percentage of the population of Wake County termed medically indigent “at risk” (25.3%) is less than the state percentage (28.2%). However, concern for the health care needs of the uninsured and underinsured is valid.

Table 4.5: Daily Insurance Coverage, 1994

	<i>North Carolina</i>	<i>Wake County</i>	<i>County Rank*</i>
<i>Total Population</i>			
Private Coverage Only	63.8%	74.0%	100
Medicaid	10.2%	5.5%	3
Medicare	14.1%	9.6%	5
Uninsured	14.3%	12.5%	19

<i>Population below Poverty</i>			
Private Coverage Only	15.6%	26.3%	92
Medicaid	49.5%	40.9%	14
Medicare	22.1%	16.2%	9
Uninsured	26.6%	28.9%	73
Uninsured Poor (per 1000)	37	26	10

*100 is the largest; 1 is the smallest

Source: North Carolina Health Planning Commission, 1995

Table 4.6: Annual Medically Indigent “At Risk”, 1994

	<i>North Carolina</i>	<i>Wake County</i>	<i>County Rank*</i>
Uninsured All Year	9.9%	8.6%	19
Underinsured Private	4.9%	5.7%	91
Underinsured Medicare	4.4%	2.8%	4
Total “At Risk”	28.2%	25.3%	

*Individuals with more than a 5% risk of spending more than 10% of their family income on out-of-pocket medical costs.

++These persons do not have any other source of coverage.

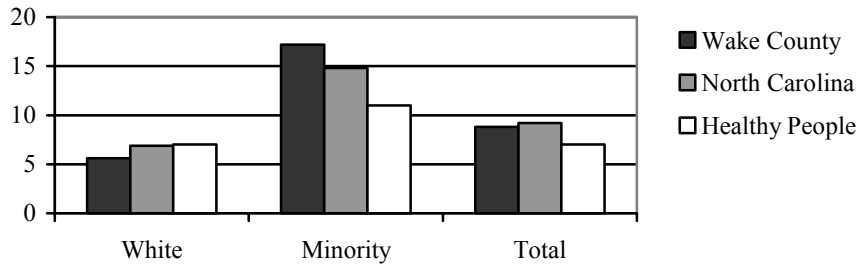
Source: North Carolina Health Planning Commission, 1995

Maternal and Child Health

The health status of women and children is another indicator of the health of a community. Many determinants are used in order to assess this status. Data in this section are presented for three geographical areas: the town of Holly Springs, Wake County, and North Carolina. The data for Holly Springs from postal code 27540, as stated earlier, covers an area slightly larger than Holly Springs itself. Total data and data for White and Minority women and children are presented. These data are also compared to the *Healthy People 2000* objectives.

Infant mortality rates are the primary statistic used to assess the health of mothers and their infants. The 1997 infant mortality rates for Wake County and North Carolina are presented in Figure 4.3. There were only two deaths of infants in Holly Springs in 1997. Both of these deaths were of African American children (Wake County Human Services, 1998c). A rate based on only two deaths would be unstable, so Holly Springs data are not shown in the chart.

Figure 4.3: 1997 Infant Mortality Rates per 1,000 Live Births

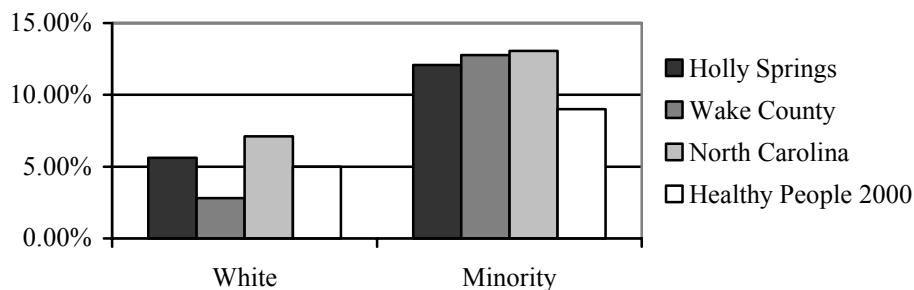


Source: State of North Carolina Department of Health and Human Services, 1998.

The infant mortality rate for Minorities is more than double that for Whites in both the county and the state. This rate remains far above the *Healthy People 2000* objective.

Birth weight is a common measure used in assessing the health of an infant. Low birth weight is the leading risk factor for infant mortality and is defined as infants weighing less than 2,500 grams at birth (North Carolina Department of Environment, Health, and Natural Resources [DEHNR], 1998). Figure 4.4 depicts the percentage of low birth weight infants born in 1997.

Figure 4.4: 1997 Percentages of Infants Weighing <2500 Grams at Birth

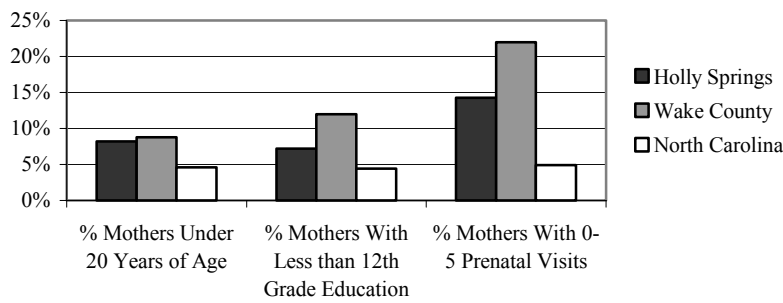


Source: State of North Carolina Department of Health and Human Services, 1998.

Holly Springs has a higher percentage of White infants weighing less than 2,500 grams at birth than the county. This percentage, however, represents only four births. The percentages of Minority low birth weight infants are similar at all three geographical levels and do not meet the *Healthy People 2000* goal.

Factors which put the mother at risk for giving birth to an infant with low birth weight

Figure 3.5: 1997 Percentages of Mothers with One or More Risk Factors Giving Birth



Source: State of North Carolina Department of Health and Human Services, 1998.

include maternal age under 18 and over 34 years; educational level less than twelfth grade; unmarried; four or more pregnancies; and a previous fetal death (North Carolina State Center for Health Statistics, 1998). Adequate prenatal care is also an important factor in maternal health. These factors may all contribute to low birth weight infants. Figure 4.5 depicts the percentage of births to women for three of these risk factors.

In 1997, there were a total of 194 births to women living in Holly Springs. Sixteen were births to women nineteen years of age or younger. Seventeen women had not completed high school. Holly Springs reflects Wake County in that there were fewer births to mothers under twenty and fewer births to mothers with less than a high school education than there were in the

state. There were four women who gave birth during 1997 who had no prenatal care at all. Most of the women from Holly Springs were able to access prenatal care and received it on a regular basis. Ninety-four percent of women giving birth in Holly Springs had ten or more prenatal visits (Wake County Human Services, 1998e).

Most of the data presented in this section show that Holly Springs is similar to the rest of Wake County. The presence of major medical and research facilities contribute to the fact that Wake County has a better record than does the state for several of the determinants used to assess maternal and child health. The difference between the health status of White and Minority women is evident at all three geographical levels. Equal access to quality care for women and children of color is an issue that must be addressed as Holly Springs plans for future services to meet the needs of its rapid growth.

Environmental Health

This section describes the environmental factors in Holly Springs which may affect the residents' health and quality of life. The information presented here was collected through a variety of sources including community members, Wake County public officials, and published materials. Several of the topics addressed, such as the Proposed South Wake Sanitary Landfill, the Education and Firearms Recreation Center, and the development of the Highway 55 Bypass, are of primary concern to some residents in the community (personal communication, October 8, 1998). Other issues, such as air quality, water quality, and sewage, which are not currently of popular concern, are also addressed, simply because they are important influences on health and quality of life.

Proposed South Wake Sanitary Landfill

The North Wake Sanitary Landfill is projected to reach its capacity in the year 2003 (Wake County Solid Waste Management [WC SWM], 1998b). Wake County intends to build the South Wake Sanitary Landfill to replace the closing North Wake Landfill. The proposed landfill is a controversial topic involving many Holly Springs' residents, Wake County, and the State of North Carolina. Allegations have been made by all involved parties that information published regarding the proposed landfill is not entirely accurate (Citizen's Action Committee, 1998). The information presented here addresses issues as objectively as possible with the information available. Also, since there is an overabundance of information on this issue, the main focus in this section is on the possible negative health effects of the proposed South Wake Sanitary Landfill. It is important to mention that Holly Springs' residents are aware and responsive to what is taking place in their community. Some community members have attended meetings and voiced their concerns about the landfill (personal communication, October 8, 1998). The Citizens' Action Committee is a group that has been active in gathering and disseminating information about the controversy (Citizen's Action Committee, 1998).

The plan is to build the South Wake Sanitary Landfill off Highway 55 South near the town of Holly Springs. The landfill is bordered by the closed Feltonville Sanitary Landfill to the north; the 55 Bypass and Easton Acres Subdivision to the east; Wake County property to the west; Carolina Power and Light Company to the southwest; and Oak Hall Subdivision to the southeast (WC SWM, 1998b). The landfill is projected to open in July of 2003 and close in 2027 after reaching its capacity of 13.7 million tons of municipal solid waste. After the closing of the North Wake Sanitary Landfill, the South Wake Landfill will be the primary solid waste disposal site in the county (personal communication, November 5, 1998).

Landfill-related health concerns identified by some residents of Holly Springs include: odor, noise, and visual pollution; water leakage; increased risk of cancer; low birth weight and an increased number of birth defects among infants (Citizen's Action Committee, 1998).

The landfill is expected to grow to a height of 260 feet after 24 years (WC SWM, 1998b). This may cause visual pollution and reduce the quality of life in Holly Springs. The noise of the refuse trucks, earthmovers, and trash compaction equipment, in addition to the odor of the garbage, is of concern to residents. Not only will there be noise and odor at the site of the landfill, but the increased number of refuse trucks transporting waste through Holly Springs will add noise and odor to the environment (Citizen's Action Committee, 1998).

Water leakage is another health threat that could result from having a landfill in the community. The landfill is designed to incorporate a liner and leachate collection system as required by Federal and State Subtitle D Regulations (WC SWM, 1998b). The leachate (water that has come in contact with garbage) is captured through collection pipes and then eventually drained to be treated at the Holly Springs wastewater treatment plant (WC SWM, 1998b). Although this current design has been implemented at other sites, the system has not been monitored for a significant period of time. Therefore, the effectiveness of this system's protection from leachate contamination of the environment is unknown (WC SWM, 1998a). It is calculated to take 30 years after the closing of the landfill for the leachate to flow through the liner. The environment surrounding Holly Springs will be monitored by county officials for a minimum of 30 years (WC SWM, 1998a). The contamination of water sources, plant life and animal life could impose adverse effects on the health of individuals in Holly Springs.

In addition to the concern of water leakage, methane, a naturally-occurring gas, poses another threat to health. Methane is a byproduct of waste decomposition. Studies have shown

that methane has been associated with increased chances of bladder cancer and leukemia in women (Citizen's Action Committee, 1998). The Sanitary Landfill Gas Control Plan includes 26 gas monitoring wells around the perimeter of the facility to address this issue (WC SWM, 1998a).

The Citizen's Action Committee cites studies that show low birth weight in infants and an increased number of birth defects are other health issues related to living near a landfill (Citizen's Action Committee, 1998). In these studies, living in close proximity to a landfill was the only specific factor identified as a possible cause to these health outcomes.

It is obvious that there are a myriad of health issues related to the Proposed South Wake Sanitary Landfill. Some community members have been persistent in voicing their concerns to the County, and the County seems to be addressing these concerns. Given the controversy surrounding the landfill, it is rather evident that the community of Holly Springs does not want any more health risks contributing to their environment. No matter what precautions are taken, the Proposed South Wake Sanitary Landfill may, in fact, create potential health risks for the residents of Holly Springs.

Highway Development

Highway 55 is a two lane road that runs through the center of Holly Springs' downtown area. North Carolina's Transportation Improvement Plan is a seven year program responsible for highway improvement, railroad crossing improvement, and bridge replacement. As part of this plan, Bypass 55 is being built through Holly Springs (D. Mizelle, personal communication, October 21, 1998). This alternate route is necessary because of increased traffic flow in the area, possibly due to commuters driving to Research Triangle Park (S. Blevins, personal communication, October 28, 1998). The current Highway 55 that runs through Holly Springs

could not be widened for reasons of historic preservation. The bypass is intended to redirect traffic away from downtown Holly Springs (S. Blevins, personal communication, 1998). Bypass 55 will begin south of Ralph Stevens Road in the southern part of Holly Springs, crossing Holly Springs Road, Old Smithville Road, and Technology Drive (with a traffic light at each of these intersections) and continue on to north of Bobbit Road.

Another plan is simultaneously underway to widen Highway 55 to five lanes north of Holly Springs. This five lane road will stretch from north of Bobbit Road to north of South Hughes Road, or U.S. Route 1, which is just south of Apex and north of Holly Springs (A. Mayhew, personal communication, October 28, 1998). This is the same area where the interchange of Bypass 55 will be located (A. Mayhew, personal communication, October 28, 1998). This development is intended to help traffic flow better through this area, but is not intended to increase traffic volume (A. Mayhew, personal communication, October 28, 1998).

Some Holly Springs residents are concerned with safety issues related to the possibility of increased traffic volume due to improved highway conditions. Higher chances of automobile crashes and pedestrian injuries are feared (personal communications, October 8, 1998). There is also a concern that emergency vehicles may have a problem driving through the Bypass 55 Interchange area during high traffic times (personal communication, October 8, 1998).

Firing Range

The Education and Firearm Recreation Center is currently being constructed 2.5 miles northwest of the town of Holly Springs. The evolution of this firing range is another excellent example of how the community of Holly Springs takes an active role in responding to situations that could impact their health and environment. Initially, the firing range was proposed as an outdoor skeet and trap facility, in addition to serving as a rifle and pistol firing range (M. Aull,

personal communication, November 2, 1998). However, as a result of community concern regarding safety, noise, and proximity to the Holly Springs Elementary School, the firing range is now going to be an enclosed (indoor) range without the skeet and trap facility (M. Aull, personal communication, November 2, 1998). The firing range is a Wake County project intended to provide public education, a place for recreational use of firearms, and a place for law enforcement training (M. Aull, personal communication, November 2, 1998). It is expected to be completed by August of 1999 (M. Aull, personal communication, November 2, 1998). Given the revision of the firing range plans, fewer potential health hazards are expected.

Shearon Harris Nuclear Plant

The Shearon Harris Nuclear Plant is located adjacent to Holly Springs. Spent fuel rods, in addition to low radiation waste, are stored at the facility (personal communication, October 29, 1998). Although the plant is federally regulated by the Nuclear Regulatory Commission, there are still questions regarding the possible adverse health effects on Holly Springs' residents (personal communication, October 29, 1998).

Air Quality

Holly Springs has no point source for air quality concern, such as a factory polluting the air (Town of Holly Springs, 1998b). However, the increase in automobile traffic and deforestation, as a result of the growth of Holly Springs, may contribute to the town's concerns surrounding air quality. Additionally, Wake County has poor air quality compared to the rest of North Carolina (Vogt, 1998).

In 1991, Wake County did not meet Environmental Protection Agency (EPA) standards in the areas of carbon monoxide and ozone levels (Vogt, 1995). In 1994, Wake County did meet

EPA ozone level standards, but still did not pass carbon monoxide standards (Vogt, 1995).

Currently, Wake County meets EPA standards in both areas. Ozone levels, however, are increasing again (North Carolina [NC] Air Awareness, 1998). North Carolina Air Awareness is a program that was developed in reaction to the air pollution concerns in North Carolina. The organization is intended to increase knowledge about air pollution in addition to promoting Ozone Action Days (NC Air Awareness, 1998).

The adverse health effects associated with increased ozone levels include: irritation of lung tissue and respiratory functions, impairment of the normal function of the lung, chest tightness, coughing, and wheezing (North Carolina Department of Environment, Health, and Natural Resources [NCDEHNR], 1991). The adverse health effects associated with increased carbon monoxide levels include: depriving the body of vital oxygen; affecting mental function, vision and alertness (at low levels); increasing fatigue; and impacting fetal development (at high levels) (NCDEHNR, 1991).

Water System and Quality

Holly Springs is currently supplied water from two sources. The City of Raleigh and Jordan Lake (through the towns of Apex and Cary) supply 1.25 million gallons of water per day to Holly Springs (Town of Holly Springs, 1998b). This is enough water to support a population of 8,000. However, the projected growth of Holly Springs by the year 2000 is 9,652 (Town of Holly Springs, 1998b). Therefore, a water line is being constructed from Raleigh to deliver an additional 1.2 million gallons per day. This project has a completion date of March 1999 (Town of Holly Springs, 1998b).

The water quality in Holly Springs has improved since switching from a community well system in 1986 to its current system (personal communication, October 29, 1998). Yet, there was an incident in June of 1997 in which the North Carolina Department of Environmental Health and Natural Resources found total coliform, a bacteria, in routine water samples. Residents were warned to boil their water as a precautionary measure (Williams, 1997). No cases of illness were reported (Williams, 1997). Another situation took place in November of 1997 on the outskirts of Holly Springs in a low-income neighborhood just outside Holly Springs (personal communication, October 29, 1998). A failed septic tank contaminated the drinking wells of the neighborhood (Shiffer, 1997). Although this neighborhood is outside the town's jurisdiction, Holly Springs is looking to improve and expand both water and sewage systems. This expansion would work to include neighboring communities in the town's system as well as to avoid health problems in the future (personal communication, October 29, 1998).

Sewer System

Along with the water system, both the sewer system and wastewater treatment plant on Utley Creek were installed in 1986. This installation of a sanitary sewer system was a catalyst for the explosive growth Holly Springs has since experienced (Town of Holly Springs, 1998b). Fifteen years ago, sanitation of sewage was a primary concern of the community (personal communication, October 29, 1998). As of October 1998, everyone within the town limits of Holly Springs has indoor plumbing and is part of the town's sewage system (Town of Holly Springs, 1998b). No residents within the town limits are still using septic tanks. The waste is treated at the wastewater treatment plant on Utley Creek. The town's sewage system has positive implications for the health of the community (personal communication, October 29, 1998).

Conclusion

The information presented in this chapter helps to form a complete portrayal of the health status of Holly Springs. Expansion of town programs, such as the Holly Springs Human Services Department, indicates that the town is working to address health needs associated with its continued growth. There are many foci on which the community can concentrate its efforts to further improve the wellness of the town. Mortality rates for heart disease, cerebrovascular disease, and unintentional injuries are still above the national *Healthy People 2000* goals. Chlamydia prevalence is disturbingly high among teenage Minority women. While public safety appears to be strong within the community, attention to the increasing utilization of fire and police services is warranted. Consideration for improving access to health care providers is also merited, as there are no medical doctors in Holly Springs and few residents are aware of existing forms of transportation to county medical facilities. Additionally, the community can diversify access by providing quality prenatal and perinatal care to both White and Minority residents. Finally, it is important to continue to assess the potential health effects of environmental determinants, such as the proposed Wake County Sanitary Landfill, the new Highway 55 bypass, and air quality in Wake County.

CHAPTER FIVE: GROWTH

As stated previously, Holly Springs is the “fastest growing town in Wake County” (Bonner, 1998) (see Community Profile for specific data). Both concern and excitement about this growth are expressed in the interviews of residents and service providers. Their concerns include the desire to control the growth so that the community will become what the residents want it to be, relationships between the old and the new residents, the need for resources and infrastructure, and the provision of affordable housing and jobs for all residents.

All interviewees mention growth when describing Holly Springs. One of the residents states,

Holly Springs is a growing community. There are many people who are energized by change, and if you are looking for that, Holly Springs is changing.

It is changing weekly, monthly. It is a community in transition. We must plan for growth. We have choices now. Do we embrace change?

Another resident echoes similar thoughts when he says, “Holly Springs is young in its growth. It is in the formative stages. We have the opportunity to do it right, to make a difference. That is exciting! An individual’s concerns can be heard.”

Small Town Feel

Many residents express that they like “the small town feel of Holly Springs.” One resident says, “Holly Springs has a small town atmosphere. The Town Hall is approachable, so is the mayor. There is a friendly, community feel to the town.” Others see that the small town, community atmosphere is in danger of being lost unless growth is planned carefully. A resident says,

I am concerned about the development of the town. I want to see the town have a village-like atmosphere. We are bringing in many new people and planning for the development of the town, but we want to do that in the right way. It is a long process, we want to meet certain standards. It would be nice to bring shops into the downtown area, but it is a concern as to how to implement that. I want the town to grow, but we are all working to keep it an organized growth.

Change

Some of the residents who have lived in Holly Springs for many years express that with growth and subsequent change comes a sense of loss over the way things used to be. One older man says, “Change may be good, or maybe not. I do not know. I have to wait and see. I know that it will never be like it was before.” Another long-term resident states, “Holly Springs used to have subdivisions or different parts of town – West Holly Springs, Prince Town, and Utley Town, for example. Everyone got along and knew each other though. People communicated. All that is gone now.”

Concern is expressed over whether or not the long-term residents would get lost in all of the growth. A service provider asks,

Holly Springs is really growing. I get concerned sometimes that there are all these 150,000 to 200,000 dollar homes being built, and then there are all these small rural homes. Will these people get squeezed out so that no one can hear their voice? All the other people will be voicing their opinions. Will anyone speak up for the long time residents?

Another resident expresses a similar concern,

There are people moving in from all different parts of the state and they have different thoughts and ideas about how they want to do things. They do not consider the people who have been in this town for a long time and actually know more about it than they do.

A service provider sums it up by saying, “Change is bad if the leaders [of the town] fail to communicate with the people who are here [long term residents].”

Many people recognized this division and some talked of a solution. One resident states,

Holly Springs is both an old and a new community. We must learn to live together. To be a community, we must be responsible and accountable to one another. I would like to see us become a community that is concerned about one another’s lives. To be able to work together in a community, we must be able to trust each other. There are some that must earn the trust of other people, and others that must learn to trust. People are waiting to see if the new people in the community are ‘for real’, and if the ones that are still in the community are willing to change. As time goes on we will see the community emerge.

Another resident says,

The long time residents are being ‘diluted’ [by the growth in Holly Springs]. We need to build bridges before they become a ‘nonentity.’ We can not leave the older residents behind in all of our plans for growth. They are the founders of the town and they need a voice. They should be sought out.

The necessity of dialogue between the old and new residents was also discussed during the Town Meeting held on March 18th. Concern was expressed that there was no representation

of the long-term residents at the meeting. The group discussing this matter states that in the future they should make personal invitations to members of that group, use public service announcements, and should communicate with long-term residents to elicit their opinions. They state that the faith community has successfully included old and new residents as they work together to meet the needs of those in crisis. This is seen as a positive model. They said that they liked the diversity within their town and needed planned inclusion to ensure that all voices are heard.

Housing

There is also concern about the need for low to medium priced housing options within the town. When asked what are some of the needs of Holly Springs, one service provider answers, “Holly Springs needs to maintain some affordable housing and apartments; it also needs to remodel and revitalize the homes of the poor. The county has some assistance for that.”

Another service provider states, “The town is working with a private developer to provide some assistance for closing costs on homes. But these homes will probably be around \$100,000. A person of lower income could not afford to pay those prices.” Some residents and service providers express concern that with an increase in taxes, housing may no longer be affordable for some of the long-term residents.

Services and Infrastructure

Residents also point out that with growth comes the need for more resources and infrastructure. One resident states, “I see Holly Springs becoming a ‘mini-Cary’. The town is extending, new homes are being built all the time, and yet we have no schools or infrastructure to handle all of the new homes”. A service provider says, “I see Holly Springs as a bedroom community. It does not have a strong infrastructure of its own.” Desired infrastructure most

often mentioned is the need for a middle school and high school, a water supply, a library, shops, parks, recreational facilities, and industry that would provide jobs.

One resident echoes the words of many when she says, “There is no water system here. We must buy it from another community. Sometimes it is cut off. There are restrictions on its use in the summer. I wish the town could do something about the water system.” Many residents talk of going to Cary, Apex, or Fuquay-Varina for shopping. However, shopping is difficult for the elderly or inconvenient for those who need just one item. There is, though, much pride in the services that are present. Many residents praise the police and fire departments, mentioning their positive input on the town.

Services for other ethnic minorities, especially Latinos, is another concern created by the growth and increasing cultural diversity within Holly Springs. A service provider states,

This whole area has just boomed with the Spanish speaking population. Wake County is not ready for the influx of Spanish speaking people. We are trying to find bilingual staff. We want to hire an interpreter. The front desk staff is trying to learn some Spanish phrases. We also try to be aware of the different cultures. We have a cultural diversity class. We have a migrant clinic from June until September.

Holly Springs Elementary School also provides education for the staff on cultural sensitivity. Spanish is taught to all of the students in the elementary school and one parent says that she thinks the children have good exposure to other ethnic groups through the school. She hopes that this will “help the children learn to interact with others from different backgrounds.” The Head Start Program is also aware of the need to provide services for the Latino population and has

plans to begin an English as a Second Language (ESL) program for their students and a program to teach their teachers Spanish.

Assets

Even though some concern is expressed over the growth of Holly Springs and the potential problems that growth could cause, there is also a sense of excitement over the possibilities for the future. There is a strong sense that the people of Holly Springs are among the town's strongest assets. One long-term resident talks about Save Our Town, an organization of African Americans who reach out to those who need help within the community. The group helps neighbors who can not do things for themselves or can not afford to hire someone else for such things as plumbing, repairs, buying food and yard work. The resident goes on to say, "Save Our Town is a group that gives back to the community. The group members are special, they have not forgotten where they came from."

As the community of Holly Springs continues to grow and diversify, the challenges facing the community will also grow. The community, its residents and its service providers are aware of these challenges. They are also aware of the community's resources and assets, which include its residents, both old and new. The community is aware of the challenges but also aware of the resources that they have in each other. They know that they must work together in order to bring about the type of community that they all want to live in.

CHAPTER SIX: HEALTH

Many residents interviewed have similar concerns related to the topic of health in Holly Springs. Numerous and varied comments are made about three subject areas that seem to be of most importance to the residents: safety, access to health care services, and the water supply. Besides safety and water, other environmental health concerns discussed during the interviews include the proposed county landfill and the Shearon-Harris spent fuel rod storage facility. Furthermore, substance use among Holly Springs' residents is a topic that is of growing concern.

Safety Concerns

"I feel very safe living in Holly Springs," one community member asserts. This sentiment is shared by a large majority of residents interviewed. Several interviewees attribute this feeling of safety to the low level of crime within the community. One service provider and a few residents refer to the effectiveness of the Public Safety Department in minimizing crime within the town limits. (The Public Safety Department provides 24-hour police, fire and EMS protection. See Public Safety in Health Profile section.) The prevalence of crime has decreased since this department was formed. "A police presence means more than anything else in keeping crime down," says a local service provider. More than one community member speaks positively about having a police presence at Holly Springs Elementary School. "They [the Public Safety Department] have someone at the school everyday, every time the children are moving about." One resident comments, "we have a good police force here" and further expresses her trust that any emergency situation would be handled well. Another declares that Holly Springs must have the "sharpest police force I've ever seen."

Although residents do not feel threatened by crime in Holly Springs, many are concerned about road and traffic safety. A number of community members express a need for an increase in the number of intersections with stoplights. Moreover, residents indicate concern about bad road conditions and a lack of sidewalks. “There are no sidewalks. This is a safety problem. Kids cannot walk to school because there are no sidewalks,” remarks a community member. Additionally, traffic jams along Highway 55 are a major concern, especially since it is the only major thoroughfare connecting Holly Springs to the surrounding towns where people must go for work, shopping, recreation, and health care. Some words that individuals use to describe the traffic are “overwhelming,” “horrible,” and “terrible.” One resident talks about the recent improvement in traffic control that she’s observed. “Traffic is a little better since turning lanes have been put in on 55.” Many expect that creating a by-pass and widening the highway (both upcoming modifications) will help alleviate the traffic problem (see Environmental Health in the Health Profile section).

Water Issues

The lack of a water supply and an adequate sewer system in the community are frequent responses to questions regarding the needs of Holly Springs. “The water supply and the availability of sewers are things that we are struggling with now,” one resident discloses with concern. A long-time community member and leader recalls the history of the sewer system, which was installed in 1984-85. He reports that ten years ago, 40% of Holly Springs’ residents had outdoor toilets, wells, bad sanitation, and no indoor plumbing (see Environmental Health in the Health Profile section). It was after the installation of the sewer system that the growth of the town began. Many residents recognize the strain that the recent growth is placing upon these systems. “The growth is too fast for the water supply to accommodate,” one resident remarks.

Another explains, “There is no water system here. We must buy it from another community...I wish the town could do something about the water system.” Yet another community member notes that some communities in Holly Springs still use septic tanks and wells. Overall, the interviews reveal growing concern about the need for Holly Springs to have its own water supply and improved wastewater management.

Health Care Services

A number of people interviewed express concern about access to primary health care services in Holly Springs. Some residents talk about the clinic that used to be in the community. One woman says that she got her first physical exam in years there. “I wouldn’t have been aware of it if it hadn’t been right here in Holly Springs and I probably wouldn’t have gotten a physical.” When asked where community members go for health care, the responses include Cary, Fuquay-Varina, and Raleigh. Western Wake Hospital and other physician groups are located in Cary. Fuquay-Varina is home to the Southern Regional Center (SRC) provided by Wake County Human Services (WCHS). WCHS has its main office in Raleigh where there are also other clinics, Wake Med (a tertiary care center), and other physician groups.

Interviews were conducted with several health professionals. An administrator from Wake Med describes the services available at Western Wake Hospital in Cary:

Western Wake is a part of us [Wake Med]. [It] is the only full service hospital in the western part of Wake County. It is an 80-bed hospital with 24-hour emergency services. There are surgical services, as well as outpatient, radiology, and x-ray departments and day surgery. It is the only place to have a baby in western Wake County. There is an eight bed birthing unit. There are intensive

care services. There is community outreach, educational programs, volunteer, and employment opportunities.

She gives further details about the hospital's philosophy, "Wake Med's mission is to care for all residents of Wake County regardless of their ability to pay...Last year we did almost 30 million dollars in charity care."

A service provider at the Southern Regional Center talks about some of the services that are provided by teams made up of nurses, social workers and maternal outreach workers:

We make home visits. We visit newborns, postpartum women, pregnant teenagers, and women who have high-risk pregnancies. We also provide child service coordination. We visit families and children who are at risk for developmental delays. These could be babies born prematurely, babies born to teenage mothers, and families and babies with social or medical problems. Some parents may call us because they are concerned. We do development screening and make referrals if problems are found. We sometimes refer to preschool programs or work with the parent at home. In the home, we can show the parents how to stimulate the child and how to interact with the children [Parent as Teachers Program].

The provider adds that any resident of Wake County can receive the home visits described and that payment is on a sliding scale according to family size and income. An additional provider interviewed at the SRC describes other services available at the Center:

The main goal of Service Intake is to assess and provide assistance to individuals and families in emergency situations that threaten their ability to meet basic needs. This assistance may be counseling, information and/or referral as well as

crisis intervention. Financial assistance may be given if the client qualifies for that assistance. Other services provided are information and/or referrals for eye care, housing, food, furniture and clothes.

The consolidation of clinical and social services into one center for the entire southern region of Wake County has both positive and negative impacts on Holly Springs' residents. It is beneficial that people do not have to travel the distance to Raleigh to obtain social services and assistance. However, a number of residents express discontent with the removal of the clinic from Holly Springs to Fuquay-Varina. "[We] should have a clinic here so people wouldn't have to travel far," says a community member.

Some non-native residents mention that access is not a problem; that it is "easy to get to Cary and Fuquay." Other community members remain hopeful of having primary care choices within the community. One person, after discussing the need for a "medical doctor" in town, adds, "Office space is available already. We are beginning to get some professionals in Holly Springs, such as a dentist, two veterinarians, and a chiropractor. Another dentist will be coming soon."

Holly Springs Human Services has made efforts to provide some clinical services within the town. As mentioned in the Health Profile section, a health fair is held annually in collaboration with the town Head Start program, the Southern Regional Center, and other health-related organizations in Wake County. According to a local service provider, the purpose of the fair is to provide "general health promotion." The first health fair offered cholesterol, blood sugar, and blood pressure screenings as well as eye and ear exams. If a screening revealed a problem, referrals were made. Education about breast exams, diet, and exercise was also provided. The provider further reports that 300 people attended the fair, a majority of which

were senior adults. The health fair was helpful to the residents because some “are not seeing doctors on a regular basis,” the provider states. Further health care access services provided in Holly Springs include assistance from Head Start for families to make physical exam appointments for their children and for them to obtain immunizations and dental services. During an interview of a senior adult resident, she notes that for seniors who live at Dorothy Nixon Allen Manor, “a county nurse comes and takes vitals.”

Environmental Health

Environmental health concerns among Holly Springs’ community members include the South Wake Sanitary Landfill and the Shearon Harris Nuclear Plant (see Health Profile section). Although the landfill has been a significant bone of contention between many Holly Springs’ residents and Wake County officials, it is only mentioned in passing in the interviews. Some express concern about the people who live near the planned location for the landfill. “All that garbage coming in can’t be healthy,” comments one concerned citizen. A native resident reports that the town commissioners accepted the landfill proposal from the county “so that we could get money to put in sewers...The county explained what they could do to keep it safe for the residents of Holly Springs.” Upon consideration of the Shearon-Harris plant, many who speak of it refer to the precautions that have been taken to ensure the safety of community members. “They’re good and very careful,” one satisfied resident said. Expansion of the storage facility appear to be of potential concern and residents plan to maintain awareness of plant activity.

Substance Use

Substance use is a topic that several community members are reticent to discuss. However, the topic is broached more extensively during interviews with service providers whose professions place them in contact, either directly or indirectly, with individuals who use illegal

substances. Although there is hesitation among some to discuss this issue, interviews reveal that this is a growing area of concern.

Several service providers indicate a need within the community for services targeting substance abuse. “Even in Holly Springs, many people would think that they would not have a substance abuse problem because it is a rural area. But Holly Springs does have a drug problem,” comments one service provider. She further describes her knowledge of the problem:

I know because of some of the clients that we have. I do not have any statistics.

But I know from the families that we serve, there may be a mother who delivers a baby and she is positive for cocaine. The mother and the baby both are positive.

That is how I know. Maybe it has been a couple of years now since we have had a case. I'm just going on the clients that we see. It is not everybody, but one or two cases. It is not necessarily your teenagers. It is the young adults, the 20 year-olds.

An additional service provider states, "the age of the kids who use [drugs] is 11 and up." The provider describes the aspects of the problem that she has encountered in her work. In her experience with the youth who use drugs, she finds that those who go to high school in Cary, a majority of which are of the newer, more affluent families, use marijuana, LSD, and mushrooms, while mostly marijuana and crack cocaine is found among the African American and native youth. She reports that kids have been suspended from Fuquay High School for drugs, but have not been charged, so there is no record of the problems. She explains that youth purchase drugs, alcohol, and cigarettes with ease at Club Rhythm located off of New Hill Road and at "liquor and cigarette houses" within the town.

One community member says that even though he is not aware of any statistics on the subject, he believes that drug use is an ongoing problem in Holly Springs. From his perspective, the prevalence of drug use is highest among the youth and exists at all levels of socioeconomic status. In response to questions about social and health concerns in Holly Springs, one community member says there are “a few drugs, but not like other places.” Another resident includes “drug problem” in his list of concerns and mentions that the sheriff has “cracked down on the problem in the last few years.” Likewise, one other community member remarks that he has heard that there have been some drug-related arrests. He explains, “Melvin [Williams] is trying to reach the young people before the drug problem becomes too bad. I really do not think that it’s that bad right now.”

The interviews reveal an awareness among some Holly Springs’ residents that illegal drugs are being sold as well as used within the town. One community member discusses his involvement in ministry in a local mobile home park. “I go there in the evenings sometimes and see older teenagers dealing with drugs, one or two may have a gun.” An additional resident comments about his awareness of three or four pockets of drug dealers whom he thinks are selling cocaine. He further supposes that most of the buyers are coming from areas outside of Holly Springs.

One service provider is concerned that there is no local treatment or assessment facility to address the problem. In an interview with another provider, she mentions that neither Wake Med nor Western Wake provide services for substance abuse. They do not have a substance abuse or psychiatric unit. The county-run facility, Holly Hill Behavioral Center, which is located in Raleigh, provides those services. Access to this service may be challenging for individuals with limited transportation resources.

Substance abuse is a common problem within virtually every American city and town across all socioeconomic levels, education levels, ages, races, and backgrounds. Therefore, it may not be alarming to many that the issue has affected Holly Springs as well. Moreover, it is understandable that residents may be hesitant to discuss such a serious concern with outsiders. Raising awareness within the community is a first step towards mobilization around the issue.

As the town grows and becomes more diverse, it will surely face new and greater challenges. Tapping into the resources, assets, and experiences of the native residents as well as the newcomers will help strengthen the entire town in addressing these important health concerns. Service providers within Holly Springs and Wake County express a willingness to work with the community to strengthen and maintain the social, environmental, and personal health of the residents of Holly Springs. Furthermore, residents are aware of the concerns and mobilizing into groups like Save Our Town, the Interfaith Council, and the Citizen's Action Committee to work together to bolster and sustain their community's health.

CHAPTER SEVEN: TRANSPORTATION

In many of the interviews, both the residents of Holly Springs and service providers express concern about transportation. Lack of adequate transportation makes access to jobs, shopping, and medical care difficult. It also limits the involvement of parents in the activities at their children's schools and of students in after-school activities. Inadequate public transportation is of special concern for the elderly and the low-income, long-term residents of Holly Springs who are not able to drive or can not afford their own cars.

As mentioned in Chapter Six, there are no doctors within Holly Springs. Residents must go outside of the town to receive medical care. Low-income residents often go to the Southern Regional Center in Fuquay-Varina or to Wake Medical Center in Raleigh for such care. Service providers in both of these centers identified transportation as a barrier for the residents of Holly Springs. One service provider even called it "the primary barrier." Likewise, some community members state that there is "no public transportation and we have to rely on family and friends." This is especially difficult for those who do not have family members in town.

In July 1998, Wake County began providing a fixed-route service called TRACS that connects Fuquay-Varina, Holly Springs, Apex, and Cary during daytime hours. According to one service provider,

We do have TRACS which runs on a fixed route. It will deviate from that route for those who qualify. However, there are people who live in outlying areas who can not get to that fixed route. We get calls from them and they really need help.

Another problem identified with TRACS is the stigma that some residents have associated with the TRACS bus, identifying it with those needing social services. A service provider stated that, “They have fixed the buses [changed them so they no longer look like vans provided by the Wake Coordinated Transportation Services which transport clients to social agencies]. The people will now know that it is a community thing, not just a bus taking you to social services. We want to get rid of the stigma.” Understanding how to use the bus is also a problem for some. According to another service provider,

People in that area don’t understand a bus. A lot of people there have always lived in a rural area and they’ve never ridden a bus and they are afraid of it.

People call and need reassurance of how to catch it and we’ve offered to go to the person’s house and help them flag the bus down, show them where to catch the bus, where to put the money. It’s a training issue.

Others mention that “barriers to getting parents involved in the Head Start Program include transportation,” and that “transportation is always a barrier” for the patients coming to Wake Medical Center. However, transportation does not seem to be a problem for the higher-income residents because they own automobiles. One of these community members said, “People have to drive to get places, but that’s fine because Americans are used to that.”

Service providers are aware of the transportation problem and are responsive to the needs of the residents who need public transportation. TRACS acts as a link between business and shopping centers, medical facilities, and neighborhoods in Holly Springs, Fuquay-Varina, Apex, and Cary. This can help to reduce the barriers to accessing health care and other services when the residents use it. Cost is sometimes an issue, but one which community centers are addressing.

It only cost a dollar, two dollars round trip. But if you are coming here for medical care, or if you have Medicaid, then we can give you a ticket and you do not have to pay. There is a number that they can call. They need five days notice and then we can mail out the tickets. We have brochures that show the routes.

Another service provider points out that, “I believe that we have forums whenever changes have been made to ask their [community members] input. The most recent one has been about transportation. They changed the route slightly. The public was invited to those meetings.” Another service provider says, “We’re making some changes to the route to see where we might be missing or able to pick up more people.” Another barrier is the “communication gap between the Hispanic people” and TRACS. To address this, schedules have recently been printed in Spanish. A community member said, “The elderly need transportation for medical care.” TRACS will take senior citizens shopping and to the Meals on Wheels program in Apex. It also picks up those living in group homes, many who have mental disabilities, and takes them to shopping areas for food and clothing. This service allows these two portions of the population to maintain some independence.

Wake Coordinated Transportation Service (WCTS) and the Triangle Transit Authority (TTA) also provide limited public transportation for the residents of Holly Springs. WCTS provides subscription and dial-a-ride transportation to clients of various county human service agencies. This service is provided free of charge. The Triangle Transit Authority offers a commuter buspool that connects Fuquay-Varina, Holly Springs, Apex, and Research Triangle Park. The limitation to this service is that the TTA buses leave Holly Springs between 6:30 and 7:00 A.M. and do not return until 5:00 P.M., forcing riders to be away from home all day.

Transportation is a concern for the low-income and elderly population of Holly Springs. TRACS and other service providers are aware of the problems caused by the lack of adequate public transportation and have attempted to be responsive to those needs. One senior citizen expressed her gratitude by stating, “Transportation is provided for doctor visits. I have ridden the TRACS bus and love the independence that it allows me to exercise.”

CHAPTER EIGHT: SENIOR SERVICES

Holly Springs' senior residents received considerable attention throughout the interview process. Various services are available to Holly Springs' seniors outside of Holly Springs. Residents are concerned, however, over the lack of proximal resources accessible to older residents. One community member reported transportation as a barrier to services. Transportation is explored further in Chapter Seven.

Among the town's assets, several programs are available to the older adults living in Holly Springs. A senior center, recently relocated from Holly Springs to Fuquay-Varina, offers quilting and aerobics classes, according to one senior resident. The Meals on Wheels program, also housed in the senior center, supports elderly residents through the provision of daily meals, explains one resident. Bus transportation to Fuquay-Varina is provided to participants, one town official comments. One citizen expressed dissatisfaction with this relocation in saying, "[Meals on Wheels is] not as convenient for my people here, some have dropped out."

Dorothy Nixon Manor is another senior service that exists in Holly Springs. The Manor is an assisted-living facility with seventeen units, reports one service provider. Clients must be 62 years or older with low-income status. Currently, four or five of the residents living in the manor are Holly Springs' natives. Many of the other residents are related to people moving into the area.

Another asset to Holly Springs' elderly is Save Our Town (SOT), a community volunteer organization. According to one community member, SOT volunteers help repair and maintain seniors' homes. They also help with transportation and other needs that older Holly Springs' residents may have. Other community groups' volunteers also serve the elderly by taking them meals on holidays, comments one resident.

Although there are some services available to Holly Springs' senior residents, community members and service providers voiced concern consistently throughout interviewing. One

service provider states, “The needs of the elderly are unmet in Holly Springs.” In regard to medical care, one citizen replies, “The elderly need transportation for medical care.” One service provider adds, “Another barrier is access to meds [medication]. Many elderly do not have the resources to buy their drugs.” Another resident commented, “The town should be doing more for their senior citizens.”

In response to the need for increased senior services in Holly Springs, the Human Services Department is developing the Gatekeepers Program, says one service provider. The program will train the town’s water meter readers to check on the elderly or disabled residents living in Holly Springs. They will be trained in First Aid and CPR, in recognizing danger signs, and in knowing the appropriate channels to take if there are any problems. The development of the Gatekeepers Program demonstrates the town's eagerness in responding to the needs of its residents.

CHAPTER NINE: YOUTH DEVELOPMENT

Holly Springs' youth were repeatedly discussed during interviews with residents and service providers. A number of services are available to Holly Springs' younger children. However, there is concern surrounding the lack of activities and programs available for adolescents, several residents comment.

The numerous services offered to Holly Springs youth are among the town's assets. SAFEchild, a child abuse prevention organization in Raleigh, provides several youth programs, explains one service provider. Motherread/Fatherread, a program held at the Holly Springs Hunt Community Center, aims to develop empathy between parents and children through the reading of stories. The Nurturing Program provides support for parents and abused children through weekly classes designed to examine issues surrounding child abuse. Participants must be referred to the Nurturing Program by the Department of Social Services, adds the service provider.

Another service available to the younger members of Holly Springs is Head Start. Holly Springs Head Start, a federally-funded program, provides teaching to three to five year olds from Holly Springs, Fuquay-Varina and Apex, explains one service provider. To be eligible, families must meet federal income guidelines or have a child with a handicap or disability. Holly Springs Head Start is also housed in the Hunt Community Center.

Residents repeatedly comment during interviews on the different programs available to younger children through the Holly Springs Human Service Department. Soccer, baseball, and basketball programs are available for six to eleven year olds in Holly Springs. Citizens also state that Human Services offers before and after-school programs, GED classes, and computer classes at the Hunt Community Center.

Holly Springs' Parks and Recreation Department sponsors a summer camp and "gives financial assistance to families who cannot afford to send their children," says one resident.

There is excitement surrounding the construction of the Parrish Womble park that will provide fields for baseball and soccer, as well as a swimming pool, for the town. In regard to the number of resources and youth programs the town is working to establish, one resident exclaims, “there are so many irons in the fire to work with.”

Although there are various services available for youth, residents feel there is a lack of awareness, as mentioned at the Town Meeting. One community member states, “the town is offering all these services, but no one knows about them.” There is a need to communicate more to families, says one citizen. Newspapers, churches, e-mail and the Internet are all recommended by meeting participants as means of communication. A lack of parental support for the town’s programs is also an area of concern expressed at the Town Meeting. The kids want to participate in activities but they need their parents’ support, says one town member. The importance of supporting youth programs and services offered by the Town of Holly Springs is emphasized. Community support would enable more extensive services to be developed.

Despite the many services offered to the younger children in Holly Springs, a majority of the residents interviewed express dissatisfaction with the number of recreational activities and job opportunities available to older youth. Some of the resources community members advocate in interviews include sports programs, a YMCA, a boys’ and girls’ club, a mentoring program, and a teen center. One town official supports the establishment of a recreational center for adolescents by saying,

The community needs to understand what is going on with youth. The twelve to sixteen-year olds are at a crossroads in their life. I’m worried about those with no sense of belonging, those who need a place to go. They need a recreational center for structured activities.

One resident explains the need for a mentoring program by saying,

We need more interaction between the youth and the older people. The elderly can teach a whole new way of living to the youth [through a mentoring program].

The youth can learn, and the elderly will have a purpose through teaching. The youth and the elderly both feel that they have no purpose.

Residents feel there is a need for adolescent and teenage services in Holly Springs because of the difficulties many youth are experiencing, one community member suggests. A service provider expresses concern about the Holly Springs youth who are part of Wake County's juvenile justice system. The provider says,

The self-esteem of some of the native Holly Springs kids is lowering as more affluent families move into the area. African American males over the age of thirteen and Hispanic boys and girls are most in need of delinquency prevention services such as 4-H Cooperative Extension, Brother-to-Brother [offered by Wake County Human Services], Boy Scouts of America, and Youth Enrichment Mentors [offered by Wake County Juvenile Justice system].

A concerned community member comments, "Crime [involving youth] is on the rise. There is shop lifting, vandalism, drugs, and even guns [in Holly Springs]." Another service provider recognized youth alcohol abuse by saying,

People are missing the point of how much the kids are drinking. And that is across the board. Poor and rich, every color, the kids are drinking. You can buy it [alcohol] everywhere.

Further information on substance abuse in Holly Springs can be found in Chapter Six.

Youth problems were addressed at the Town Meeting. Together, community members and service providers discuss future action steps. Currently, Holly Springs Human Services is developing the Buddy Alert program, aimed at helping youth avoid truancy, reported one town official. Additionally, a Wake County Initiative, in conjunction with the Duke Endowment Fund, has chosen Holly Springs as a demonstration community in which to implement the Assets Model developed by the Search Institute, says one resident. This model guides communities in the support of their youth. A grant offered to Holly Springs through this program will enable

community members to develop more programs for adolescents and teens as determined by the needs of the town.

4-H Cooperative Extension Services is one organization working hard to deliver more services to Holly Springs adolescents, according to one service provider. Currently, the School-Age Care Initiative, implemented at Fuquay-Varina Middle School, offers a comprehensive after-school program targeting academics, participation in elective activities, and prevention of juvenile delinquency and other adolescent issues. Work force development is also a focus of Cooperative Extension Services, adds the organization's representative. JTPA, a summer youth employment training program, Workforce 2000, and the new Workforce Investment Act, are programs training youth for their future. However, transportation hinders Holly Springs youth's involvement in these activities, says one service provider. Other popular 4-H programs are volunteer-led community based projects such as the livestock club, horse club, and horticulture club. There are at least three of these clubs in the Southern Wake County. Lastly, according to the representative, Cooperative Extension runs the Summer of Service program, an IBM funded summer day camp for middle school age kids.

S.A.F.E. Prevention Coalition is another organization interested in developing more extensive services for Holly Springs' youth, according to one service provider. S.A.F.E. Prevention Coalition works toward the prevention of substance abuse. At the Town Meeting, a tobacco merchant education program was discussed. This program is available to the town of Holly Springs to prevent the illegal sale of tobacco to minors, reports the organization's representative.

It is evident from the interviews and the Town Meeting that there are numerous services available to the younger children in Holly Springs. These services are regarded as assets of the town. However, as a result of the difficulty many Holly Springs adolescents and teenagers are experiencing, residents see a need for increased recreational and extra-curricular programming. The town is working towards this vision using the Developmental Assets Model in conjunction

with Wake County and Duke University. The town hall is also working to expand their services to accommodate the needs of the town, according to one town official. All in all, Holly Springs youth are greatly valued by the residents of the community.

CHAPTER TEN: SCHOOLS

One highly recognized asset in Holly Springs is the new elementary school built three years ago. Many residents like Holly Springs Elementary School because it is a neighborhood school. According to one service provider, “it is the only true community school in Wake County” because nearly all the children attending come from the surrounding community. “It brings people together,” comments one resident. “The school is a very positive place,” says another community member.

Many residents are satisfied with the numerous resources Holly Springs Elementary offers to its students and to the community. Programs include Drug Awareness Resistance Education (DARE), fire education and prevention, character education, Parent/Teacher Association (PTA), classroom parent volunteer program, and a pre-kindergarten and afterschool program. The principal of the school, Claude Willie, is applauded in several Holly Springs residents’ interviews. “He is a great asset to the school and the community” proclaims one community member. “The principal is fair and consistent. All the children love him!” adds another resident.

However, despite residents’ support of Holly Springs Elementary, the school is already too small for all the new children moving into the town, according to one citizen. Behind the school, trailers are used as classrooms to accommodate the number of children attending the school.

The excitement and appreciation of having a community school has sparked an interest among Holly Springs residents in the establishment of a middle and high school in the

community. One resident hopes that “a middle and high school is built in the next five years so that small-town feel [of Holly Springs] can be maintained.” One service provider stated that a new middle school is currently being built for Holly Springs youth off of Highway 55 only three to four miles from Holly Springs.

Problems experienced by the youth of Holly Springs are often attributed to the absence of a neighborhood middle or high school. Children are bused to school because the middle and high schools are in Fuquay-Varina and Apex. One long-term resident says while growing up in Holly Springs, busing was seen as normal. Now, the resident mentions, there are enough residents in the town to have neighborhood schools. A community member comments that busing requires children “to be picked up an hour before school begins.” In addition, children have a more difficult time participating in extra-curricular activities when they live so far from their school. One service provider adds,

They cannot stay to be involved in after-school activities like clubs and sports. There is an activity bus provided three times a week, but if you are on sports team you must practice every afternoon. Also, some students must go home to take care of younger siblings.

Throughout the interview process, individuals voiced concerns about the issues Holly Springs youth experience as a result of busing. One resident claims that “taking kids out of their environment to another school is not effective. It takes them out of their element.” Service providers attribute truancy and behavior problems to busing.

North Carolina state laws requiring school quotas challenge the establishment of community schools in Holly Springs. Schools must meet a minority composition quota in order to qualify for certain funding opportunities, according to one service provider. Therefore, even

though a school may be located in a specific town, students from surrounding areas may be bused to that school for the purpose of meeting the quota. Likewise, students, living in a town with a school may be bused elsewhere to fulfill another school's quota. This is especially true for minority students and has been a source of controversy for many years among educators and communities.

Holly Springs Elementary School is successful in remaining a true "community school" because of the diversity of the town. As noted in the community profile section, 74% of the population of Holly Springs is Caucasian, 22% African American, 2.4% of Hispanic origin, 1.2% Asian/Pacific Islander and 0.4% Native American/Eskimo (U.S. Census Bureau, 1998). The elementary school meets its quota because, according to one service provider, 32% of the children attending the school are African American, Hispanic, or Native American, while 68% are Caucasian. Community members recognize the diversity of the elementary school as a positive characteristic during the interviews. One citizen adds, "the diversity helps the children to learn to interact with others that have different backgrounds." It was mentioned that Holly Springs Elementary School accommodates this diversity by educating staff on cultural sensitivity. Children also had access to an English as a Second Language (ESL) program until this year. "The ESL program was moved to a school with a larger Latino population" stated one community member.

Residents and service providers do not view the diversity within the middle and high schools attended by Holly Springs youth as positively as within the elementary school. Apex High School has a 15-18% drop-out rate among minority students. Apex High School is required to have a proportionate number of minority teachers compared to students, in addition to a minority administrator. Unfortunately, there is no compliance with these policies. "The

minority students are [therefore] not encouraged to do well nor take advantage of the opportunities available to them," according to one service provider. The same provider explains that issues facing minority students in the middle and high schools include low grades, low self-esteem, absenteeism, low expectations, and teachers' stereotypes of these students.

Interviews of Holly Springs residents reveal a strong interest in the issues surrounding schools. The new elementary school is a source of excitement and pride in the town; however, a desire for a neighborhood middle and high school is expressed by residents. There are several key leaders working towards this goal. The negative implications of busing students are repeatedly identified by community members. The diversity within the elementary, middle and high schools is also addressed by many residents. Holly Springs citizens openly discussed issues surrounding schools throughout the interview process and offered valuable input about possible future directions of the town.

CONCLUSIONS

The purpose of a community diagnosis is to assess the extent to which a community utilizes available assets and resources to identify and address particular needs. A thorough examination of the social, economic, and health care systems of Holly Springs reveals a nucleus of individuals who are working to develop solutions to current and future demands associated with the changing size and demographic composition of the town. This nucleus exhibits a cooperative spirit that is beginning to unite the diverse groups of Holly Springs residents and service providers in the pursuit of greater wellness for members of the community.

The quantitative and qualitative data collected during the nine-month assessment process provide support for this assertion. Quantitative data were compiled from government agencies, population and economic reports, newspapers, and town and local documents. Personal interviews with community members and service providers constituted the qualitative data. These interviews were then coded in a manner that identified themes heard throughout the discussions. Examples of community and service provider cooperation to improve life in Holly Springs can be found in each of the six major themes that were identified by the assessment team. These themes are growth, health, transportation, senior services, youth development, and schools.

The issue of growth brings with it a host of related priorities for the town of Holly Springs to accomplish. The town has grown from 920 residents in 1990 (U.S. Census Bureau, 1990) to 6,658 residents in June 1998 (U.S. Census Bureau, 1998), thus expanding the town limits from 1 square mile to 7 square miles (M. Williams, personal communication, September 3, 1998). New homes are currently being built at the rate of 40-50 a month (Bonner, 1997). A dramatic change in the racial composition of Holly Springs has accompanied this tremendous growth, as the town has gone from a predominantly African American to a mostly White community. Some of the priorities related to this growth and demographic shift include

improving communication between both long-term and new residents, providing comprehensive health care for community members, and developing a strong infrastructure in Holly Springs. The work of town leaders, community members, and service providers to address a variety of growth-related issues is evident in each chapter of this document. The Interfaith Council is a particular example of an organization that works to bring diverse community groups together for the help of others. All town groups must continue to cooperate and find new ways to pool resources for the town of Holly Springs to fully realize its potential.

The decrease in emergency response times and severe crime caused by the establishment of a public safety department in the early 1990s is an example of the positive effects of the town working to address the needs of an expanding community. Holly Springs Human Services also provides a variety of health services to the town. The innovative spirit expressed by the Public Safety Department and Human Services could prove instrumental in responding to other health needs expressed by community members. The presence of a physician or clinic in town limits, traffic safety, access to health care services, and substance abuse are examples of needs that were mentioned frequently. Several suggestions for addressing these issues were offered. Many residents recommended installing more stoplights and sidewalks along NC Highway 55. Better communication between health care providers in Wake County and Holly Springs was called for to increase awareness of the various services these institutions provide. Finally, some residents and service providers who acknowledged the sale and use of illicit substances in Holly Springs advocated the establishment of a local treatment facility.

As Holly Springs has gone from a rural, isolated community to a booming residential center, the need for transportation to resources has been magnified. Special concern is noted for elderly and low-income populations in the community. The establishment and expansion of Wake County transportation services through the town is helping to alleviate transportation barriers to accessing services. TRACS is a fixed-route service begun by Wake County in 1998 that acts as a link between businesses, medical facilities, and neighborhoods in Holly Springs,

Fuquay-Varina, Apex, and Cary. Wake Coordinated Transportation Service (WCTS) and Triangle Transit Authority (TTA) also provide limited public transportation for Holly Springs' residents on referral from county agencies.

The provision of senior services demonstrates the coordination of community resources in Holly Springs. While the senior center and Meals on Wheels program are no longer centered in Holly Springs, other town initiatives address some of the needs of seniors. For instance, Save Our Town (SOT) is a community volunteer organization that helps with such services as home repair and maintenance and transportation. Still, many service providers and community members feel that some senior needs are not adequately met. Some cite the lack of activities within town limits as a detriment to the quality of life for elderly individuals. Others list access to medical care as an unmet need for many seniors. It is encouraging that the town is responding to some of these needs through the implementation of an annual health fair and development of a Gatekeepers Program, through which town water meter readers will offer support for local seniors by periodically checking up on elderly or disabled residents.

The frequent and often impassioned discussion of the development of the youth of Holly Springs highlights the value of this group to many community members and service providers. While interviews and the Town Meeting show evidence of numerous services for the younger children of the community, many individuals are concerned about the lack of activities and programs available for adolescents. Recommendations for additional resources include sports programs, a boys' and girls' club, a mentoring and job placement program, and a teen center. Lack of awareness of existing programs is also noted as a concern. While there is still much to be done to support youth as they mature, community members can gain encouragement from the implementation of the Assets Model. This youth support model is a product of a Wake County Initiative in conjunction with the Duke Endowment Fund.

Just as many Holly Springs residents are interested in the development of town youth, so too are they concerned with issues surrounding schools. While the new elementary school that

opened in the fall of 1996 is a source of community pride, residents express a strong desire for neighborhood middle and high schools. Several key leaders are working toward this goal. A few community members address the negative implications of busing students to middle and high schools. Recent experience has shown that younger, diverse families will likely continue to move into Holly Springs. As the ethnic composition of the elementary school continues to change, care should be taken to ensure that school curricula and services reflect this diversity.

The people of Holly Springs are among the town's strongest assets. As the town expands during the next few years these people will be called upon to direct this growth so that the diverse needs of its many residents can be addressed. One community leader states this responsibility by saying, "If you take care of the old and the young, everything else will fall into place." Holly Springs is subject to the same growing pains and social ills that are present in many American towns. For the town to overcome these obstacles to reach its true healthy potential, representatives from all community groups must develop active lines of communication. This will allow challenges to be resolved in a manner in which all community members profit. Any service provider seeking to help the residents of Holly Springs would do well to work through this network and utilize the complementary strengths of these residents.

As with any work, this community assessment is not free from limitation. However, there is abundant evidence throughout the report to show that the community of Holly Springs has a wealth of diverse skills and experiences that, if properly focused, can maintain and improve its health for years to come.

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APPENDIX A: PHONE NUMBERS IN WAKE COUNTY

Emergency Numbers

Adult Abuse & Neglect Reports	212-7264
Weekends and after working hours	911
Child Abuse & Neglect Reports	212-7430
Weekends and after working hours	911
Communicable Disease Reports	250-4462
Emergency Financial Assistance	212-7370
Mental Health & Substance Abuse Emergencies (Child and Adult)	
(24 hrs)	250-3133
TDD (Deaf/Hard of Hearing)	250-1499

General Information Numbers

General Information & Referral	212-7000
Birth & Death Certificates, 10 Sunnybrook Rd	250-3860
Consumer Rights/Complaints	212-7155
Cornerstone (Homeless Services), 220 Snow Ave	508-0777
Developmental Disabilities Intake & Information	856-6400
Drug Abuse/Substance Abuse Services, 3000 Falstaff Rd	250-1500
DUI Assessment & Treatment (Court Services), 3001 Falstaff	250-1122
Eastern Wake Human Services Center, Shepard School Rd., Zebulon	
Health Clinic	404-3600
JobLink Career Center, 220 Swinburne St	250-3770
Mental Health & Substance Abuse Evaluations (Adult), 3000 Falstaff Rd	250-3133
Northern Wake Human Services Center, 247 S. Allen Rd., Wake Forest	
Health Clinic	554-8490
Mental Health Clinic	554-8497
Southern Regional Center, 1216 E. Academy Dr., Fuquay-Varina	557-2501
Speakers Bureau	212-7072
Volunteer Hot Line	212-7084
Warmth for Wake & other volunteer donations	212-7084
Western Wake Human Services Center, 219 E. Chatham St., Cary	
Mental Health Clinic	460-3366
Work Permits, 220 Swinburne St	212-7303

Service Numbers

Adult Rest Home & Nursing Home Placement	212-7500
AIDS Case Management	250-4510
Alcoholism Treatment Center, 3000 Falstaff Rd	250-1500
Baby Love/Maternity Care Coordination	2504640
Child Care Subsidy Information	212-7250
Child Mental Health & Substance Abuse Evaluations, 10 Sunnybrook Rd	212-8405
Children's After-School & Summer Programs	250-1087
Child Support Enforcement	856-6630
Child Sexual Abuse Treatment, 3010 Falstaff Rd	250-3100

Community Health Promotion	250-4541
Cooperative Extension (4-H Youth Development)	250-1109
Deaf/Hard of Hearing TDD - Mental Health	250-1499
Diabetes - Project DIRECT, 219 S. East St	856-6540
DUI Assessment & Treatment (Court Services), 3001 Falstaff Rd	250-1122

Service Numbers, continued

Drug Abuse/Substance Abuse Services, 3000 Falstaff Rd	250-1500
Employment Services Information, 220 Swinburne St	856-7575
Food Stamps (Older & Disabled Adults), 220 Swinburne St	212-7541
Food Stamps (Family & Children), 220 Swinburne St	212-7650
Foster Care Services	212-7435
Foster Parent Recruitment	212-7474
Health Clinics:	
Child Health Clinic, 1 0 Sunnybrook Rd	250-4570
Communicable Disease	250-3900
Crosby Clinic, 568 E. Lenoir St	856-5900
Dental, 1 0 Sunnybrook Rd	250-4610
Eastern Wake Health Clinic, Shepard School Rd., Zebulon.	404-3600
H IV Counseling and Testing, 1 0 Sunnybrook Rd	250-3950
Immunizations, 1 0 Sunnybrook Rd	250-3900
N. Wake Health Clinic, 247 S. Allen Rd., Wake Forest	554-8490
Prenatal Clinic, 10 Sunnybrook Rd	250-4700
Sexually Transmitted Disease, 10 Sunnybrook Rd	250-4410
Southern Regional Center Health Clinic, 1216 E. Academy Dr., Fuquay-Varina	557-2501
TB (Tuberculosis), 10 Sunnybrook Rd	250-3900
Women and Adolescents, IO Sunnybrook Rd	250-3912
Homeless Services (Cornerstone), 220 Snow Ave	508-0777
Housing and Community Revitalization (outside Raleigh)	856-5689
Inner City Mental Health Clinic, 567 E. Hargett St	856-5288
JobLink Career Center, 220 Swinburne St	250-3770
Jobs for the Homeless, 136 E. Morgan St., Suite 120	856-6055
Medicaid (Older & Disabled Adults), 220 Swinburne St	212-7541
Medicaid (Family & Children), 220 Swinburne St	212-7650
Mental Health Clinic, 3010 Falstaff Rd	250-3100
Mental Health Emergencies & Evaluation (24-hr.) TDD (Deaf/Hard of Hearing)	250-3133 250-1499
Ready to Learn Centers	250-1153
Save Our Sisters (breast cancer prevention/education)	250-1078
Services for the Blind	212-7505
Smoking Cessation (ASSIST)	856-7320
Substance Abuse Prevention (S.A.F.E. Coalition), 219 S. East St	856-7320
Supportive Employment (mental health services consumers)	212-7104
Transportation	212-7005
Veterans Service Officer, 220 Swinburne St	212-7450
WIC (Women, Infant & Child Nutrition), 1 0 Sunnybrook Rd	250-4720
Work First, 220 Swinburne St	212-7048
Work First & Family & Children's Medicaid & Food Stamps (Recorded Instructions & Information), 220 Swinburne St.	212-7333
Youth After-School & Summer Programs	250-1087
Youth Employment Services	856-6053

Human Services Web Site

<http://www.co.wake.nc.us/humnserv/>

APPENDIX B: FACT SHEET

September 17, 1998

We are graduate students in the UNC Chapel Hill School of Public Health in the department of Health Behavior and Health Education. One of our degree requirements is that we conduct a Community Diagnosis. A Community Diagnosis is a type of research project in which we assess the strengths and weaknesses of, and help identify future directions for a community. The community to which we have been assigned is Holly Springs.

We will be conducting interviews with individuals who reside or attend church in the Holly Springs community. We will also be interviewing service providers for their input into the assets and needs of those in Holly Springs. After conducting these interviews, we will summarize our findings about the strengths and weaknesses of the community, and present them (both written and verbally) to Holly Springs community members.

We would greatly appreciate your participation in our interviews, since you are very familiar with the Holly Springs community, including its assets and needs. Participation in the interviews is entirely voluntary and you are not required to give your name or to reveal any personal information. You have the right to refuse to answer any question or stop the audio taping at any time without penalty. All information collected will remain confidential. This interview should last 30-40 minutes.

If you have questions or concerns about this project, or about your rights as a research participant, please do not hesitate to contact one of us, our project preceptor, or our faculty advisor. Our names and contact information are listed below.

Yalonda R. Lewis, UNC Graduate Student Contact	(919) 490-8095
Karen H. Morant, Preceptor S.A.F.E. Coalition, Raleigh NC	(919) 856-7324
Sandra Quinn, Ph.D., Faculty Advisor UNC School of Public Health	(919) 966-3915

Thank you for your time. We appreciate your participation!

Yalonda R. Lewis
Group Contact for Kimberly Brown, Adam Buchanan, Gina Febbraro and Ana Validzic

APPENDIX C: COMMUNITY MEMBER INTERVIEW GUIDE

1. Opening

- *Thank you* for taking the time to meet with me/us. We recognize that your time is valuable and we appreciate your participation.
- We are *graduate students from UNC School of Public Health*. A requirement of our graduate program is that we work with a community in NC to conduct a community diagnosis. This means that we help the community to identify its strengths, weaknesses, and future directions. Our community is Holly Springs. The information we gather will be summarized and shared with the community. In addition, we will present our results to the community at a forum that will be held in the spring.
- The *purpose* of speaking with you today is to find out about your thoughts and experiences (having lived/having worked in/being familiar with) Holly Springs. We are interested in your opinions. There are no right or wrong answers.
- *Time*: This interview should last 30 to 40 minutes. We would like to give you the opportunity to tell us as much as you would like, but (mention if you have limited time/ ask if they do).

2. Confidentiality

- Your comments will remain confidential. We will be reporting summaries of the comments made by community members but will not identify who said what, nor will we identify the names of the individuals we interview.
- We would like to take notes and tape record this interview. Your input is important and we want to make sure that we accurately record what you tell us. Feel free to not respond to any question we ask, or hit the “Stop” button on the tape recorder at any time. After we are finished using the tapes for this class, the cassettes will be recycled or destroyed. Is this okay with you?

3. Ground Rules

- *Right to refuse*: if at any time while we’re talking you don’t want to answer a question, you do not feel comfortable, or you would like to end the interview, please feel free to let me/us know.

Do you have any questions about anything I’ve said so far?

4. Self and Family

- How long have you lived in this area?
- Who do you live with?
- Who else of your family lives in Holly Springs?
- What kind of work do you do? Members of your family?
- What activities in the community are you involved in?

5. Assessment of Community

- About how many people would you say live in Holly Springs?
- If someone were considering moving to Holly Springs, what would you tell them about the area to convince them to move here? Probe: What are other strengths or good things about Holly Springs?
- What are your concerns about Holly Springs? Probe: What additional concerns do you have?
- How has Holly Springs changed since you've been here?
- What do you think about these changes? Probe: Are they something that you consider to be good or bad?
- What different ethnic groups live here? Probe: What are some other divisions within the community?
- How do these groups that you mentioned interact?
- How well would you say people know their neighbors?
- If you needed help for some reason, who would you turn to?
- What problems have arisen within the community in the past? Probe: What was done to resolve these problems?
- What are some factors that hold your community together?

6. Community Activities

- What organizations are in the Holly Springs community?
- Who are the important leaders in the community for getting things done? Probe: Who are the formal/informal community leaders, etc.?
- What groups of people are involved in community activities? Probe: Are there groups in the community that are not involved in these activities?

7. Employment/Economics

- Where would you say that most people in Holly Springs work?
- What do you think of these job opportunities? (Are they "good" jobs, "bad" jobs, etc.?)

8. Health

- What are the main health problems of people in Holly Spring? Probe: What health problems have you had to deal with? Your family?
- What do most people do when they have health problems? (i.e. do they seek care?)
- What are some environmental health concerns in the community?
- What are some safety concerns in the community?
- Would you consider Holly Springs to be a healthy community? Probe: What makes it so (or not so)?

9. Resources

- Where do people in the community go for health care?
- Where do people in the community go to school?
- Where do people in the community exercise?
- Where do people in the community do their banking?
- Where do people in the community go for food/clothing?
- Where do people in the community go for recreation/fun?

- Where do people in the community go to church?
- How do they get to these places? Probe: What services are provided for those who are unable to get to these places?
- What are some resources that are provided specifically for youths/elderly?
- What resources would you like to see in Holly Springs that are not here?

10. Perceptions of the Future

- How do you think Holly Springs will change over the next 5 years?
- What do you hope to see happen in Holly Springs in the next 5 years?

11. Closing

- Is there anything else I have not asked about that is important for me to know about Holly Springs?
- Can you think of some other people in the Holly Springs community whom we should speak to about Holly Springs?
- What suggestions do you have for us as we continue to interview others in the community?

Thank you again for your participation!

APPENDIX D: SERVICE PROVIDER INTERVIEW GUIDE

1. Opening

- *Thank you* for taking the time to meet with me/us. We recognize that your time is valuable and we appreciate your participation.
- We are *graduate students from UNC School of Public Health*. A requirement of our graduate program is that we work with a community in NC to conduct a community diagnosis. This means that we help the community to identify its strengths, weaknesses, and future directions. Our community is Holly Springs. The information we gather will be summarized and shared with the community. In addition, we will present our results to the community at a forum that will be held in the spring.
- The *purpose* of speaking with you today is to find out about your thoughts and experiences (having lived/having worked in/being familiar with) Holly Springs. We are interested in your opinions. There are no right or wrong answers.
- *Time*: This interview should last 30 to 40 minutes. We would like to give you the opportunity to tell us as much as you would like, but (mention if you have limited time/ ask if they do).

2. Confidentiality

- Your comments will remain confidential. We will be reporting summaries of the comments made by community members but will not identify who said what, nor will we identify the names of the individuals we interview.
- We would like to take notes and tape record this interview. Your input is important and we want to make sure that we accurately record what you tell us. Feel free to not respond to any question we ask, or hit the “Stop” button on the tape recorder at any time. After we are finished using the tapes for this class, the cassettes will be recycled or destroyed. Is this okay with you?

3. Ground Rules

- *Right to refuse*: if at any time while we’re talking you don’t want to answer a question, you do not feel comfortable, or you would like to end the interview, please feel free to let me/us know.

Do you have any questions about anything I’ve said so far?

4. Overview of Services

- Could you please provide me/us with an overview of the services your agency provides?
- What is your source of funding - public or private?
- What services does your agency provide for the residents of Holly Springs?
- What kind of contact do you have with residents of Holly Springs? Probe: Which groups? How often?
- What special criteria must people meet in order to be eligible for your services?

- What Holly Springs groups use your services most?
 - What Holly Springs groups tend to be most in need of your services?
 - What barriers do you encounter in trying to reach Holly Springs residents? (geographic, transportation, etc.)
 - What other organizations provide similar services to Holly Springs residents?
 - How does your agency meet the cultural and language needs of the various groups of Holly Springs?
5. Community
- What would you say are the strengths of the Holly Springs community?
 - What would you say are the greatest needs of the Holly Springs community?
 - What kinds of community projects have been undertaken in Holly Springs during your time of working with community residents? Probe: How would you explain their success or lack thereof?
 - Who would you say are the key community leaders in Holly Springs?
 - If you were going to try to implement some type of community health project in Holly Springs, who from the Holly Springs community would you try to involve to ensure success?
 - What community needs are not met by your agency or other organizations in the area?
 - How is the community involved in determining the services that you provide?
6. General
- Is there anything else you can tell me/us about the Holly Springs community?
 - Is there anything else that you think I/we should know about?
7. Documents
- Does your agency have any documents (e.g. annual reports, funding applications, etc.) that we can either look at or have copies of?
8. Referrals
- Who else would you recommend that we talk to about the needs and assets of Holly Springs? Probe: Would you be willing for us to mention your name when we contact them?

Thank you for your time!

APPENDIX E: TABLE OF INTERVIEWEES

ID	Race	Age	Community Member Or Service Provider
1.	Caucasian	30s	Community Member
2.	Caucasian	81	Community Member
3.	Caucasian/Latino	30s	Community Member
4.	-----	-----	Service Provider, Headstart
5.	Caucasian	50s	Community Member
6.	-----	-----	Service Provider, Juvenile Court
7.	Caucasian	30s	Community Member
8.	Caucasian	30/40s	Community Member
9.	African American	70s	Community Member
10.	Caucasian	30s	Community Member
11.	Caucasian	40s	Community Member
12.	Caucasian	60s	Community Member
13.	-----	-----	Service Provider, Safe Child
14.	Caucasian	40s	Community Member
15.	African American	74	Community Member
16.	African American	53	Community Member
17.	-----	-----	Service Provider, Guidance Counselor
18.	African American	70s	Community Member
19.	-----	-----	Service Provider, Public Safety
20.	Caucasian	20s	Community Member
21.	Caucasian	30/40s	Community Member
22.	African American	50s	Community Member
23.	-----	-----	Service Provider
24.	-----	-----	Service Provider
25.	-----	-----	Service Provider, Southern Regional Center
26.	-----	-----	Service Provider, 4-H
27.	-----	-----	Service Provider, Hs Human Services
28.	-----	-----	Service Provider, Principal
29.	African American	60s	Community Member
30.	-----	-----	Service Provider, Southern Regional Center

APPENDIX F: TOWN MEETING REPORT

The Holly Springs Town Meeting, entitled “Dessert & Discussion: The Past, Present, and Future of Holly Springs,” was held on Thursday March 18, 1999 in the auditorium of the Holly Springs Elementary School. The purpose of the meeting was to: 1) present a summary of the primary data (from interviews) and secondary data (from government reports) gathered as a result of the community assessment process and 2) provide an opportunity for Holly Springs’ residents to discuss the issues of importance to them and determine action steps for handling those issues.

A Town Meeting planning committee met on February 18, 1999 to plan the logistics of the meeting, such as location, time, and the overall agenda. The committee consisted of four residents, a recent Town Commissioner, and three members of the Community Assessment team.

In order to inform Holly Springs’ residents of the Town Meeting, flyers were posted at places of business throughout the town. They were also distributed at an Interfaith Council meeting to be posted within the local churches. In addition, a reporter with the Holly Springs Sun interviewed a community assessment team member about the upcoming event. As a demonstration of appreciation to the residents and service providers who were interviewed by the team, each was sent a thank you note and invitation to the Town Meeting. Service providers were offered an opportunity to set up display tables at the meeting so that they could inform residents about their services. Representatives from the S.A.F.E. Prevention Coalition, 4-H Cooperative Extension, and the Southern Regional Center set up information tables. A representative of Wake Coordinated Transportation Service brought TRACS bus schedules for

people to take home with them. Overall, there were fifteen community members and ten service providers in attendance.

A registration table was set up at the auditorium entrance. Attendees were greeted by members of the community assessment team and asked to sign in. On the table were blank envelopes on which individuals were invited to write their names and mailing information if they wanted to receive a copy of the Town Meeting report.

The first half-hour of the meeting was allotted for attendees to read about the six most salient themes drawn from the interviews that the team had conducted with community members and service providers as part of the community assessment process. The themes, which were Growth, Health, Transportation, Senior Services, Youth Development, and Schools, were each posted on a sheet of newsprint on a wall in the auditorium. Select interviewees' quotes about each theme were also presented on the sheets of newsprint. As Holly Springs' residents entered the auditorium, they were handed colored dots that had adhesive backing. They were then instructed to place one or more of the dots on the themes that they felt were most important. The result of this exercise was a visual demonstration of how members of the community prioritized these issues. The theme with the most dots was Growth (21 dots), followed by Youth Development (17), Health (9), Senior Services (8), Schools (7), and Transportation (7).

Following the issue prioritization activity, the community assessment team began its presentation with a welcome, an overview of the agenda and a description of the community assessment process. The six themes were then presented on overheads, along with relevant interview quotes and data from state and local government reports. Next, everyone was divided into three smaller discussion groups according to each individual's birth month (e.g., everyone born between January and April was in the same group). Each small group member was given a

list of the six themes and asked to first place a check next to the theme he/she would like to discuss and then return the list to the small group facilitator. As discussion facilitators, three members of the community assessment team tallied the votes for the small groups and each informed a group of the topic that received the most votes. Discussion was prompted by the facilitator asking the following questions that had been formulated by the Town Meeting planning committee:

1. What are the main concerns about this topic?
2. What is happening to deal with these concerns?
3. What would you like to see happen to address these concerns in the future?
4. What can you personally do to make these things happen?

At the request of the facilitator, a person from each small group volunteered to write notes about the discussion on transparencies and present the main points of the discussion back to the large group. Two small groups chose to discuss the theme of Youth Development and the other group chose two topics -- Growth and Youth Development. Service providers were invited to participate in the group discussions with community members so that both perspectives could be expressed. The variety and innovation within the group reports is evidence of the rich interaction that occurred within the group discussions. The notes from each are attached. Topic sheets for each of the six themes were made available, and attendees were encouraged to sign up if they were interested in becoming involved with issues pertaining to each topic.

The final agenda items were awarding of door prizes and a presentation of appreciation to Melvin Williams, Holly Springs Human Services Director, for all his assistance in the successful completion of the Holly Springs Community Assessment and Town Meeting.

**Small Group Discussion Summary
GROWTH AND YOUTH DEVELOPMENT**

Concerns

- ❖ Dead animals on the road
- ❖ Trees being cut for growth
- ❖ Are ordinances the answer?
- ❖ Land-use plan is needed – there’s still time
- ❖ Concerned about the “original” 900 people
- ❖ We like the diversity and planned inclusion
- ❖ Very unfortunate that old-timers aren’t in our group tonight
- ❖ Faith community has successfully included old and new
- ❖ High taxes in Holly Springs have driven people out
- ❖ Need a bigger library
- ❖ Can we use the old elementary school for more things? Is there another site near Piney Grove that we could develop?
- ❖ Big schools aren’t necessarily the problem
- ❖ Kids need programs that motivate them!
- ❖ Kids say they want to be acknowledged and involved

What are we doing now?

- ❖ Applying for grants (Duke Endowment) to help everyone. March 23rd meeting
- ❖ What we want to see:
- ❖ Not all growth is bad...a good grocery store and better roads would be nice.

What can we do?

- ❖ GET OTHERS OUT WITH US [to meetings like this one]!

- ❖ Personal invitations
 - ❖ Public service announcements
 - ❖ Communicate and engage others
 - ❖ Invest in programs for our kids – get their input so kids like it and go
 - ❖ Have community events more frequently – government or groups of people can start them
-

Small Group Discussion Summary YOUTH

Concerns

- ★ What are the upcoming facilities for youth recreation?
- ★ How does the town meet the needs and expectations of residents who have come from larger places?
- ★ How do we encourage parents to use our town's recreation programs?
- ★ Charges for after-hours use of school are disincentive
- ★ Why isn't the Hunt Center used more?
- ★ Residents are fully aware of 4-H programs offered here
- ★ Our new county commissioners should be approached about the school use of fees

Things to Do

- ★ Community awareness of 4-H partnership
- ★ Officer in the Hunt building at night
- ★ Continue to personally make the effort to be a caring neighbor
- ★ Facilitate intergenerational learning

**Small Group Discussion Summary
YOUTH**

Concerns

- ❖ Lack of awareness of recreational opportunities
 - Soccer, basketball, t-ball
 - Playgrounds?
- ❖ Need community middle or high school
- ❖ Kids seem disenfranchised and have a hard time connecting to one another
- ❖ Communication through churches, newspapers, and email/internet for those who have access
- ❖ March 23, Hunt Center Rm 11 – Community leaders and organizations are invited to participate in a Partnership for Children and Families Wake County Initiative
- ❖ Need to not just get info from kids, but need to get parents involved. Need parent support!
- ❖ Substance Abuse
 - S.A.F.E. Prevention Coalition educated merchants about selling tobacco to minors
 - Used to be a place of excessive substance use and distribution
 - The police chief and force have helped a tremendous amount
 - Still have problems in certain areas of town with homelessness, hunger, and substance abuse

What's being done?

- ❖ Asset model of youth development involving parents and the community
- ❖ Wake County Human Services is reaching out to Holly Springs (positive change)

What can be done?

- ❖ Mentoring; have to make a sustainable difference!
- ❖ Involve parents and community members