

Lee County, North Carolina

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

April 24, 2000

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**Completed during 1999-2000 in partial fulfillment of requirements
for HBHE 240 and 241**

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EXECUTIVE SUMMARY

This document describes the most salient issues that exist for the residents of Lee County, North Carolina as determined through both primary and secondary data collected for a research project. This research project is called a ‘community diagnosis’ and aims to provide a thorough understanding of a community area by elucidating the assets, challenges, and future directions of the community, as defined by the community. This community diagnosis was conducted by six first-year masters 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. It was conducted at the request of the Lee County Health Department, and as a requirement of the HBHE 240/241 course at the University of North Carolina. The collection and analysis of the data occurred between September, 1999 through April, 2000, culminating with the production of this document. The document is meant to serve as an aid to community members, the health department, and service providers to address the needs of the community by drawing on the identified strengths and challenges of the community.

The Lee County community diagnosis commenced with informal talks with residents of the area, and by taking car tours of the area. Concurrently, we began gathering pre-existing or secondary data. We gathered statistics related to demographics, health status of the residents, economic conditions, as well as other social variables [such as housing] of the area. Much of these data came from sources such as LINC (Logging Into North Carolina), U.S. Census, the State Center for Health Statistics, and the Chamber of Commerce. We also researched the history of the area to provide us with a richer context in which to understand this data. All of this information combined comprises the first section of our document (Community Description, Community Profile and Health). The following is a brief summary of this first section.

Lee County is found in the geographical center of North Carolina, and spans 259.3 square miles. Lee County is comprised of eight townships: Deep River, West Sanford, East Sanford, Sanford, Pocket, Cape Fear, Jonesboro, and Greenwood. The only incorporated towns, Sanford and Broadway, are found within the townships of Sanford and Cape Fear, respectively.

Lee County was officially incorporated in 1907, building on a strong history of economic growth stemming from natural resources and natural deposits. These natural resources and natural deposits allowed people in the area to develop the mining industry, and in more recent history, agricultural development, and manufacturing. The county grew quickly as people were attracted to the new tobacco farming as well as brick production, which later put Lee on the map as the Brick Capital. Throughout the next few decades, the area continued to grow despite some trouble during the depression. Once World War II had ended, industry prospered. This trend has more or less continued to the present day.

Today Lee is a burgeoning industrial and economic center. The economy has shifted from a largely agricultural base to largely a manufacturing base. The manufacturing industry in Lee is currently very strong, accounting for 45% of the county's total employment. Manufacturing holds five of the ten positions in the Lee County's top ten employers' list (Chamber of Commerce, 1998). It is largely a result of Lee's prosperity in that so many people are attracted to and continue to move to Lee County.

The largest populated area in Lee County is Sanford, containing over one half (21,100) of the entire county population (48,813) (Chamber of Commerce, 1998). As mentioned above, Lee County has experienced tremendous growth throughout its history, which continues to the present day, much like the rest of North Carolina. There was a 59% increase in the population from 1970-1997, and it is projected that Lee will reach 51,182 in 2000. A good portion of the

population growth can be attributed to the influx of Latino/a immigrants, which has shifted the racial composition of the county. In 1990 the racial breakdown of Lee County was 75% White, 21.9% Black, 1.2 % Latino/a, 1.3% other (U.S. Census, 1990). Estimates suggest the Latino/as now make up over 10% of Lee County, with much of this growth occurring over the last decade. Additionally, many people are moving to the area from Research Triangle Park (RTP) to take advantage of Lee's growing economy. All of this growth, both with respect to population and economy, can be characterized as assets and challenges for the community.

After we completed analyzing the data from secondary sources, we went to the community members and service providers themselves to try and get a myriad of perspectives on all of the assets, challenges, and future directions of Lee County. We created three different interview guides, one for community members, one for service providers, and one for focus groups. We selected the people we interviewed based on a list provided by the health department, referrals by other interviewees and our subjective opinion about who might best represent the voices of Lee County. One of our main goals was to hear voices not generally heard. We conducted a total of 26 interviews and four focus groups, which included between five and eleven participants each. What follows is a summary of our findings from these interviews and focus groups, which we refer to as our primary data. They are presented within six major themes: growth in population, jobs/economy, growth as it impacts infrastructure and the environment, health, youth, and recreation.

The fact that Lee County is experiencing greater than average population growth surfaced in almost every interview as either or both an asset and a challenge for the community. Some were excited to see Lee evolve and change, while others feared a loss of the 'small town feel.' While Lee was considered "a great place to raise a family," concerns were raised that crime and

drug activity were on the rise. Also, there is a perception of division among racial/ethnic groups in Lee County, and that division was generally regarded as disturbing. On the same note, several people spoke of churches playing a seminal role in bringing various groups of people together. Lack of representation of various ethnic groups, as well as women and younger people, was mentioned with regard to city and county governments.

The two groups that comprise the large numbers of people migrating into the county are people from Raleigh/Cary/RTP, and Latino/as. Despite the potential of bringing greater wealth into Lee County, there are major concerns regarding the growth of the Raleigh/Cary/RTP population. First, it was feared that the new housing being built for these generally wealthier people would lead to an increase in property values, which in turn would lead to a lack of affordable homes for those with middle or low incomes. Another concern was that Lee was becoming a 'bedroom community' to RTP. A third concern was that Lee might grow too quickly and become 'the next Cary.' A further concern was heard from communities who wanted to grow with Sanford and not be left behind while other neighborhoods grew. Others concerns surfaced regarding the resulting effects on the infrastructure due to this growth including the need for emergency and transitional housing, lack of public transportation, environmental issues as they relate to both the physical and natural environment, as well as an increase in traffic.

The burgeoning Latino/a population in Lee was also viewed as both an asset and a challenge. Some spoke excitedly about a rich, new culture. They also mentioned that Latino/as help keep the economy growing with their hard work and willingness to take jobs others might not want. Some people, however, spoke about Latino/as as a strain on local services. Others spoke of the challenges that Latino/as face with regard to their quality of life in Lee County such as a lack of cultural awareness on the part of the Blacks and Whites, lack of bilingual services,

and discrimination. Other challenges include poor housing, lack of representation in the government, and transportation barriers.

With regard to jobs and economy, people stated that Lee had a strong and vibrant economy, a diverse industrial base, and a low rate of unemployment. Some challenges facing Lee County residents are the increasing cost of living, and the sentiment that the wages are too low. Finally, the influx of Latino/as was linked to employment in factories in the county.

With regard to health, the interviewees' greatest concerns were diabetes, cancer and HIV/AIDS. Community members were cognizant and generally pleased with the variety of health services. They spoke relatively highly of the Lee County Health Department, the Helping Hands Clinic, and the Central Carolina Hospital. However, they were quick to mention numerous barriers regarding accessing these services. The primary barriers were transportation, lack of bilingual services and cultural sensitivity, and lack of insurance coverage. Special mention was made of the need for increased services for the elderly, expecting mothers and their infants, and for people with substance addictions.

With regard to youth, our findings suggest that many community members are concerned about older teens in the community. Many community members and providers expressed concern with the burgeoning high school in Lee. Additionally, drug and alcohol misuse and teenage pregnancy were identified as challenges to older teens. As far as assets were concerned, community members were proud of the programs and resources developed for younger youth, and expressed responsibility of attention to youth issues.

In terms of recreation, the majority of the people interviewed felt that Lee County had good, organized youth sports opportunities, but lacked a variety of places to go for entertainment

and exercise. Some identified barriers to recreation included lack of space available and a lack of free or inexpensive opportunities.

The final component of the Lee County community diagnosis process was the Community Forum, which was held on March 4, 2000 at the Lee County Senior High School cafeteria (see Appendix E). The ultimate goal of the Forum was to share all of the findings from both the primary and secondary data with the community. It was our hope that the community members who came would then prioritize the issues most important to them and create solutions and mobilize around them. Although our turnout was lower than expected, there was vibrant discussion around the issues of health and growth, as well as additional themes born out of the discussion. The issues discussed were recreation, substance abuse, environmental issues, representative government, accurate count for the 2000 U.S. Census, and racial/ethnic barriers. It is our hope that the issues discussed at the Forum and the information presented in this document will be a helpful tool for community development in Lee County.

In our interviews and focus groups we heard perspectives on the many assets and challenges of Lee County. What follows is a brief overview of recommendations and potential ways to target some of the issues that emerged in our data. These suggestions by no means imply that these are the sole actions that the community could take to address the issues. It is important to point out that above all, we found many caring, concerned individuals in Lee County, which is what makes Lee County a strong community.

One way people in Lee could begin to address some of the challenges they face is to have each existing group, organization, or task force create assets maps, which are ostensibly a list of all the strengths each offers [such as services]. An assets map of the individual strengths of each member of each group or organization could be created as well. All of the groups could combine

their assets maps to form a collective map of all of the strengths in Lee County. This collective map could provide a very useful tool to assist the community in addressing issues.

More general suggestions are as follows: include youth in planning and discussions of the future of Lee County, address the increasing diversity in a proactive and positive way, utilize the sense of community pride to address issues of growth, and tap the already existing community organizing capabilities to further create change. Ultimately, Lee County is perceived to be a great place to live. It is our hope that our community diagnosis served to further create dialogue about what is important to the people of Lee.

METHODOLOGY

INTRODUCTION

This section describes the process of primary and secondary data collection as well as the analysis component of this community diagnosis document. The description includes our initial introduction to the county, strategies and resources used for gathering secondary data, our method of developing interview guides, and the procedure used for contacting interviewees. It also describes how we analyzed the qualitative data and the limits of the research methods used.

DATA COLLECTION

We were first introduced to Lee County by taking a windshield tour, which enabled us to familiarize ourselves geographically with the area. In three separate trips, we explored Broadway and Sanford, as well as the rural townships of Lee County. During this time, we began talking informally with community members of the county to get a better sense of the issues that may be important to them, as community members.

Concurrent with our introduction to the community, our team began to review reports and data pertaining to Lee County. These included health and crime statistics, county demographics, and service provider reports. Special attention was given to data gathered over a 10-year period in order to delineate health trends. Resources used to gather this information ranged from U.S. Census data, LINC (Logging Into North Carolina), and the State Center for Health Statistics, to the Chamber of Commerce.

After secondary data collection was complete, we began developing our plan to elicit the voices of the community. Before interviewing any community members, we sought and were granted approval from the Institutional Review Board at the University of North Carolina, Chapel Hill. We decided to conduct three different types of interviews: focus groups, service

provider interviews, and community member interviews. A separate interview guide was developed for each type (see Appendices A, B and C). Based on information we gathered through the windshield tour, informal talks with community members, and our review of secondary data, we formed ideas about the areas that we wanted to address within the interviews. Our interview questions were developed by using these ideas and integrating the format used by other community diagnosis interview guides. We were interested in providing an opportunity for interviewees to share their insights and experiences with regard to the strengths, challenges, and future directions of Lee County. The interview guides were designed to be completed in less than one hour. The service provider interview was pre-tested using a member of the Lee County Health Department.

Selection of Interviewees

Focus groups were conducted with four different community groups. These groups were chosen, in part, because we felt that their perspective was unique and their voices may not be heard otherwise. Using a list of service providers developed by the health department, we prioritized potential service providers interviewees based on our perception of how representative they were of the different segments of the population. At times we sought out lower level employees who would be more likely to have contact with community members than people in executive positions. Community members were chosen as candidates for interviews based on a variety of methods: a list from the health department, referrals by other interviewees or by being representative of specific populations within Lee County (e.g., socioeconomic status, racial/ethnic groups, and housing status). Most potential interviewees were contacted on the telephone by a member of the team. We briefly introduced ourselves as graduate students from the UNC School of Public Health and explained that we were partnering with the Lee County

Health Department to conduct a community diagnosis. The interview process was described and potential interviewees were asked if they would be willing to participate. Most interview requests were granted, and were held at various places including in homes and at businesses, as well as in public places. In total, we completed four focus groups, which included between five and eleven participants each, and 26 individual interviews. Of all individual interviews, 16 were with service providers and 10 were with community members. In total, we spoke with 32 males, and 27 females, 29 of whom were White, 21 Black, and 9 Latino/a (see Appendix D).

INTERVIEW PROCEDURES AND DATA ANALYSIS

In conducting the interviews and the focus groups, a standard protocol was followed. Interviewees were either mailed, faxed, or given a letter of introduction that explained the purpose of the community diagnosis project and the procedures that would be followed to protect their confidentiality. Permission to tape record the interviews was requested and interviewees were instructed that they could turn off the recorder at any time or skip questions that they did not feel comfortable answering. The interviews were conducted by following a structured interview guide (see Appendices A, B, and C), and had two team members present. One member interviewed while the other took notes. After the interview was completed, the note-taker reviewed the tape and amended the interview notes as needed. Before the notes were considered complete, the person who conducted the interview also reviewed the notes. Additionally, organizational literature was obtained from service providers to enhance our data.

To analyze the results of the qualitative data, three of the community diagnosis team members read over the notes from all of the interviews and focus groups. This group then identified and discussed the topics that were mentioned most frequently and the ones that seemed most important to community members and service providers. There were 22 topics or themes

that were identified, labeled, and compiled together. From these, six predominant themes were identified for future analysis: growth in population, growth as it impacts infrastructure, economy, health, recreation, and youth. A pair of at least two group members reviewed each of these themes. These pairs then produced the chapters that follow in this document. The reports include both a summary of the findings and quotes from the interviews that were considered representative and best illustrated our findings. The less predominant themes were reviewed by the group and incorporated in the subsequent findings as well.

LIMITATIONS

The primary limitation of both the quantitative and qualitative sections of the research reported in this community diagnosis document is the generalizability of the findings. The quantitative research findings are limited due to the scope of research reviewed and the general difficulties associated with secondary data. For instance, the research methodology underlying most secondary data was often unknown, which prevented the reliability and validity of measures to be assessed. Additionally, since U.S. Census data had not been collected for nine years, current data pertaining to the diversity in the population could not be adequately addressed. Specifically, the estimated growth of the Latino/a population could not be validated. Also issues of interest, such as access to health care, were often not addressed in this type of data.

We attribute the limits of the generalizability of the qualitative section mainly to our small sample size and lack of probability sampling. Although special attention was given to choosing a representative sample of the community, because of the time limitations of this project, we can not be confident that we accomplished this goal. Our criteria for choosing interviewees was based on our subjective assessment of what would be representative and on the

convenience of having a referral. We recognize that sample size of community members who were interviewed is significantly less than this project warrants.

COMMUNITY DESCRIPTION

GEOGRAPHY

Lee County, located in the geographic center of North Carolina, spans 259.3 square miles at approximately 370 feet above sea level. It rests within the surrounding counties of Chatham, Moore and Harnett. The county boundaries, from north to south, extend from the Piedmont to the Coastal Plains. The Deep River creates the natural northern border of Lee County, dividing Lee and Chatham Counties. Lee County is the smallest county in the state of North Carolina.

Lee County is made up of eight townships: Deep River, West Sanford, East Sanford, Sanford, Pocket, Cape Fear, Jonesboro, and Greenwood, with the cities of Sanford and Broadway located in the townships of Sanford and Cape Fear respectively. Although the rest of the towns found in Lee County are not incorporated, many do define themselves as communities, based on church affiliation.

The largest and most populated area of Lee County is the city of Sanford, population 21,100 (Chamber of Commerce, 1998). Sanford is considered to be the industrial and commercial center of the county and contains almost one half of the entire county population (48,813). It is one of only two incorporated municipalities in the county. A railroad, servicing various industries, runs through the center of Sanford in a north-south direction. The trains that pass through Sanford are mainly freight trains on their way to Raleigh, located 45 miles to the northeast of Sanford. Highways 1 and 15-501 connect Sanford to Raleigh, Durham, and Research Triangle Park.

Broadway, the only other incorporated town, is located near the southern border of Lee and Harnett Counties. Located approximately eight miles to the east of Sanford, Broadway is a small town whose downtown area consists of only four blocks. Although Broadway depends on

Sanford for much of its social services, it boasts its own elementary school, police station, library, and churches.

Lee County's geography has played an important role in the development of the area. Natural resources including rich deposits of shale and clay, abundant pines, coalfields, and later, farmable land, encouraged economic development and contributed to the history of the area. The Deep and Cape Fear rivers allowed for early trade and increased production. Later, the location and geography of the county proved to be an asset fueling industry and agriculture, an auspicious combination which brought Lee County the prosperity that it continues to experience today.

HISTORY AND ECONOMY

Native Americans first inhabited the area known as Lee County until the early 1700s. In the mid-eighteenth century, an influx of Highland Scots attempting to escape unfavorable conditions in their homeland began to populate the area. A small number of African-Americans were also among the first to settle in the area but it is unclear if these were free Blacks or slaves. Both groups were attracted to the fertile alluvial plains, having practiced agriculture prior to their arrival. In addition to farming, many people engaged in cattle herding, which played an important part in the future economy of Lee County.

The initial growth of the area was impeded by travel and transportation problems. Prior to the construction of plank roads in the mid-1800's, the two rivers, Cape Fear and Deep River, were the main routes of transportation and were not easy to navigate (Pezzoni, 1995). Many attempts were made to improve the transportation, system including the building of canals and channels with varying degrees of success. Eventually the hardships of alluvial transportation were overcome and many successful industries including iron, naval stores, agriculture, coal and lumber began to emerge (Pezzoni, 1995).

By the mid-1800s, transportation was emerging as an increasingly important problem with regard to the economic growth of Lee County. Railroad companies took an interest in the expanding coalfields, particularly the Deep River coalfields, and began to build tracks in order to access them. This was a turning point in the county's history. Up until this point, population growth was very slow. Although plank roads had opened the area up for industrial development, it was the construction of the railroads that catalyzed large-scale growth and made area resources vulnerable to overuse.

In 1871, the Raleigh and Augusta Air Line Railroad and the Western Railroad were built. The city of Sanford was established in 1874 at the crossing of the two railroad lines. At the time, Sanford was considered a municipality of Moore County, as Lee County had yet to become its own entity. The impact the railroads had on Lee County's history can not be overstated. Sanford, already the geographical center, soon became known as the economic and industrial center of Lee County, a title it still enjoys today. Businesses quickly established themselves in this new city, capitalizing on both the natural resources in the surrounding area and the newly available transportation services. Farmers also benefited from railroad construction, as it provided a broader market base in which to sell their goods.

Paralleling Sanford's incorporation, the area now known as Broadway quickly followed its lead. Building an economic base of its own from the vast amount of pine forest available for lumbering and turpentine, Broadway established itself in 1907. By this time the Atlantic and Western Railroads had added a stop in the new town, and by doing so greatly increased Broadway's economic partnerships with expanding companies found in the larger cities. In a relatively short period of time, Broadway had become a small but important link in the economy of what was soon to become Lee County.

At the turn of the century, citizens of Sanford, Jonesboro, and surrounding areas began to organize around the prospect of forming a new county. Logistics of travel was the reason proposed, "... wagon and buggy travel through the sands from Sanford to Carthage, the county seat of Moore, was too laborious and time-consuming for the busy people of the railway junction." (The County of Lee, no date) Coinciding with the successful lobby for establishing Lee County was the celebration of Robert E. Lee's birthday. On March 7, 1907, the county of Lee was born (Pezzoni, 1995).

For the next few decades, tremendous change and growth took place in Lee County. Paradoxically, as a result of the vast exploitation of the lumbering and turpentine industries, much of the land in Lee County was now primed for tobacco production. As the news of available fertile tobacco land spread, many people relocated to Lee in search of their own property. This mass immigration had a profound effect on the market economy of Sanford and the larger Lee County (Pezzoni, 1995).

In addition to coal mining, farming, lumbering, and naval store production, a small unincorporated town a bit north of Sanford, called Colon began to make use of the natural deposits of clay and shale found in the area for brick production. Brick making had been going on for years in Lee County. The establishment of the Sanford Brick and Tile Company in the late 1930s, caused brick production to take on a central role in the economy. The company managed to survive the Depression and flourished for decades after. After World War II, the frenetic construction that occurred all over the country fueled the brick-making industry in Lee County. In 1946, the existing Sanford Brick and Tile Company merged with a few smaller companies to create Lee Brick and Tile. By the late 1950s, Sanford was considered to be the "brick capital of the U.S.A." (Pezzoni, 1995).

Other industries did not survive as well through the Depression. The agricultural industry was hit hard across the country and farmers in Lee County were no exception. The tobacco farmers were particularly devastated. Local leaders responded to the crisis by encouraging the production of nuts and other fruits as cash crops. Together with the New Deal programs, innovative new crops, and some public construction projects, the citizens of Lee County made it through the Depression. Once World War II had ended, the county was well on its way to revitalization. In the spirit of economic growth and consolidation, Sanford and unincorporated Jonesboro merged in 1947 and retained the name of Sanford. This merger reflected the economic prosperity the area was enjoying and continues to enjoy today. The last few decades the county has enjoyed a phenomenal amount of economic growth, particularly in the city of Sanford. As industry has grown, many people have moved to the area to take advantage of the multitude of job opportunities. The manufacturing industry accounts for much of the growth, with forty-five percent of the county's total employment in this sector (Chamber of Commerce, 1998). The products manufactured in Lee County range from poultry, carburetors and cosmetics, to some of the bigger employers engaging in food production. The additional fifty-five percent of employment opportunities include education, health care, retail, government, services, and agriculture. Lee County's top ten major employers are listed in table D1.

The local economy has encouraged a recent trend in Latino/a immigration. Initially arriving for seasonal work on the farms, a great many Latino/as have decided to make Lee County their home year-round and have begun a thorough integration into the area. This is evidenced by Latino/a owned restaurants, supermarkets, and record stores. In the last few years, the Latino/a community has taken advantage of the plethora of manufacturing-related jobs. Gold

Kist, for instance, reports that 53% of its 1,100 employees are Latino/a (Choi, Clawson, Merkle, Rickard, and Wenter, 1999). These statistics mirror the general expansion trends of Lee County.

Table D1: Lee County's Top Ten Employers

Lee County Major Employers	# of Local Employees	Description
Lee County Schools	1250	Education
Coty	1121	Cosmetics and Perfumes
Gold Kist Poultry	1099	Poultry Processing
Static Control Components	730	Static Elimination Equipment
Eagle Electric	694	Electrical Wiring Devices
Tyson Foods, Inc.	650	Taco Shells and Nacho Chips
Magneti Marelli USA, Inc.	648	Carburetors and Fuel Lines
GKN Automotive, Inc.	644	Automotive Drive Shaft Components
Central Carolina Hospital	624	Health Care
Central Carolina Community College	580	Education

Source: Chamber of Commerce, 1998

CONCLUSION

Lee County is a unique area, containing both the advantages of a booming economic city as well as the amenities of quiet, rural living. However, Lee County's growth is consistent with much of the nation's development with respect to immigration, dependence on industry, and population expansion. The future directions for Lee County encompass all of the opportunities and challenges that come with an expanding economy and population.

COMMUNITY PROFILE

INTRODUCTION

Lee County, one of 100 counties in North Carolina, lies approximately 150 miles west of the Atlantic Ocean and 160 miles east of the Appalachian Mountains. The county is mostly rural with most of the urban population located in Sanford, North Carolina. This profile will assess the variation between the urban and rural populations of Lee County, as well as provide a countywide profile. Comparisons will also be made between North Carolina and Lee County to assess changes in the past three decades. U.S. Census data from the years 1970, 1980, 1990, and, when available, the most recent data for the year will be compared.

It should be noted that several limitations exist in the data. First, because the U.S. Census is conducted every ten years, the data for 1999 is actually nine years old. Demographics can shift dramatically in nine years, and Lee County is no exception. Secondly, the ways in which U.S. Census data collected in 1990, limit our ability to discuss the growing Latino/a population in Lee County since Latino/as were not counted. We utilize sources provided in the 1998 Sanford Latino/a Community Diagnosis document to discuss this important demographic change (Choi et al., 1999).

POPULATION DEMOGRAPHICS

In the past thirty years, Lee County's total population has increased from 30,467 in 1970 to 48,369 in 1997. This 59% increase in Lee's population between 1970 and 1997 is a slightly higher increase than that of the state of North Carolina which experienced a 46% increase in population during the same time period. The proportion of the population designated as urban in Lee County has fluctuated between 38.1% in 1970, 40% in 1980, 35% in 1990, and 44.5% in 1997 (LINC, 1990; Hodges-Copple, 1999). It appears that the projected population of 51,182 for

the year 2000 will be realized (Hodges-Copple, 1999). In terms of gender, Lee County, like the state of North Carolina, is comprised of 52% females and 48% males (U.S. Census, 1990).

Race/Ethnicity

Between the 1970s and the 1990s, the racial composition of Lee County changed. In 1990, Lee County's population was 73.6 % White and 26.4% non-White (22.7% Black, 1.9% Latino/a, and 1.8% other¹), mirroring the state of North Carolina whose total White population was 75.6% White and 24.2% non-White (21.9% Black, 1.2% Latino/a, and 1.3% other) (U.S. Census, 1990). Sanford was comprised of 62.3% White people, 34.9% Black people, 1.6% Latino/as, and 1.2% other in 1990 (LINC, 1990). The Latino/a population is burgeoning. Estimates of the Latino/a population, range from 10% of Lee's population (approximately 4,836) (United Way Assessment, 1997) to about 20% (approximately 10,000) (R. Scales, personal communication, September 29, 1997). This shift appears to be occurring in the state of North Carolina as a whole. Estimates for the state were as high as 300,000 Latino/as in the late 1990s compared with 76,726 Latino/as in 1990 (Choi et al., 1999; U.S. Census 1990). The difference between 1990 (900 Latino/as) and 1997 estimates (10,000 Latino/as) in Lee may have occurred for a variety of reasons: miscategorization and undercounting of Latino/as in the 1990 U.S. Census or due to Latino/as fearing deportation and the large numbers of transient migrant farm workers. Another likely reason, is that large numbers of Latino/as who had traditionally come to Lee County to work as seasonal farmers, have now come to settle permanently (Choi et al., 1999). The growth in the Latino/a population has important implications for Lee County and will be discussed further in the Growth: Population chapter.

¹ This category includes American Indian, Eskimo, Aleut, Asian, Pacific Islander or other ethnicities/races.

Age

The median age (which is defined as the point at which half the population is older and half the population is younger) of Lee County and Sanford community members has been on the rise since 1970. The median age of Lee community members in 1970 was 27.3 years while the median age in 1990 was 34.2 years. From 1970 to 1998, the percentage of persons 65 and over in Lee County increased from 7.9% to 14.5%. This is slightly higher than North Carolina's population of 65 and over which is 12.7% (LINC, 1990; North Carolina Child Advocacy Institute, 1999). The elderly population in Sanford steadily increased by approximately 1% per decade to a total of 5.29% of the city's population in 1990 (LINC, 1990). While the population of elderly has increased, the younger population of ages (0-18) in Lee County has decreased from 36.7% in 1970 to 26% in 1998 (LINC, 1990; North Carolina Child Advocacy Institute, 1999).

Housing

In Lee County, between 1970 and 1990, the number of rental units increased by 34% (LINC, 1990). In 1990, 67% (10,543) of housing was owner occupied and 33% (5,146) was renter occupied, compared with 59% (3,356) owner occupied units and 41% (2,379) renter occupied units in Sanford (LINC, 1990). The median price to rent in Lee County in 1990 was \$242. The percentage of families headed by an unmarried female householder with children under 18 years of age in Lee increased 39% between 1970 and 1990 from 7.5% of all families in 1970, to 10.4% of all families in 1990, while the total number of families in Lee increased by 49% during the same period (LINC, 1990).

ECONOMIC DEMOGRAPHICS

In 1998, the median family income (the point at which half the population makes more money and half makes less money) for Lee County and North Carolina were \$42,800 and

\$42,200 respectively (North Carolina Child Advocacy Institute, 1999). The mean family income (defined as average family income) has increased in Lee County from \$8,497 in 1970, \$20,587 in 1980, to \$35,958 in 1990 (LINC, 1990). The increases in the mean family income of Lee County, which are equivalent to the income increases of Sanford, are very consistent with state of North Carolina mean increases during those decades.

The mean or average income of White families in Lee County in 1990 was \$38,858, which is lower than North Carolina’s average for a White family income of \$41,496 (Table P1). The mean income of Black families in 1990 (\$24,281) was 38% lower than the mean of White families (\$38,858) in Lee (LINC, 1990).

Table P1: Racial breakdown of Income Levels for Sanford, Lee County, and North Carolina, 1970-1990

		Income			
Place	Year	Median Household	Mean White Families	Mean Black Families	All Families
Lee County	1970	N/A	\$ 9,237	\$ 5,324	\$ 8,497
	1980	\$14,782	\$22,398	\$12,762	\$20,587
	1990	\$26,419	\$38,858	\$24,281	\$35,958
Sanford	1970	N/A	\$ 9,078	\$ 5,511	\$ 8,444
	1980	\$12,245	\$21,599	\$11,044	\$18,902
	1990	\$21,205	\$37,480	\$21,038	\$32,489
North Carolina	1970	\$ 6,976	\$ 9,612	\$ 5,682	\$ 8,872
	1980	\$14,481	\$21,008	\$13,648	\$19,513
	1990	\$26,647	\$41,496	\$25,168	\$38,064

Source: LINC, 1990

Poverty

Poverty status is determined by income thresholds set forth by the federal government. For example, in 1990, the poverty threshold for an individual over 65 years old living alone was \$6,268; for a household with three people, two of whom are under 18, the threshold was \$10,520; for a household of nine persons, five of whom are children the threshold was \$27,842 (Bucholtz, Hopkins, Peacock, Ruffini, and Singal, 1997).

In 1990, the percentage of people living in poverty in Lee County was 14.7%, which was slightly higher than 13% found in the state overall. The percentage of people living in poverty in Sanford was 20.1%. The percentage of individuals considered impoverished has increased over the decades in Lee County, especially in Sanford, while the percentages have decreased in North Carolina (see Table P2). In Lee County, the percentage of Black people in poverty is three times greater than the percentage of impoverished White people. The percentage of the elderly living in poverty has decreased while the percentage of children 18 years or younger living in poverty has increased in Lee County (LINC, 1990). Thirty-eight percent of single parent families in Lee County live in poverty compared to 31% in North Carolina. In 1996, 1,442 children ages 0-17 received food stamps and 3,442 children were involved in Subsidized Breakfast and Lunch Programs in Lee County (North Carolina Child Advocacy Institute, 1999).

Table P2: Percentages of Persons Living in Poverty in Sanford, Lee County, and North Carolina, 1970-1990

		% of Persons in Poverty			
Place	Year	White	Black	Children	Elderly
Lee County	1970	N/A	N/A	21.68	42.01
	1980	9.03	29.02	16.80	25.03
	1990	9.56	30.66	20.36	18.48
Sanford	1970	N/A	N/A	20.80	39.57
	1980	9.35	35.00	22.28	26.81
	1990	10.93	39.04	31.13	20.06
North Carolina	1970	N/A	N/A	23.59	39.03
	1980	10.00	30.39	18.29	23.86
	1990	8.65	27.09	16.91	19.50

Source: LINC, 1990

EDUCATION

In 1996, 8,537 children ages 5-18 in Lee County were enrolled in Lee County public schools an increase from 7,133 in 1990 (LINC, 1996; U.S. Census 1990). The median number of years of school completed in Lee County in 1990 was 12.2 (LINC, 1990). In Sanford, 70.5% of the population had at least a high school education, while 14.8% attained a bachelor's degree or higher (LINC, 1990). In comparison, in Lee County 72.4% of the population were high

school graduates but only 14.3% have bachelor's degrees, while in North Carolina 70% were high school graduates and 17.4% have bachelor's degrees (U.S. Census, 1990).

As far as achievement goes, the high school retention rate (defined as the percentage of ninth grade students who graduate in four years) for the school year 1996-1997 in Lee County was 52.7%, which is slightly lower than the state retention rate of 60.6% (North Carolina Child Advocacy Institute, 1999). However, during this same time period, Lee County had a roughly equivalent drop out rate to the state (2.9% versus 3.3%), this may suggest that more students are being held back at Lee County Senior High School (LINC 1994). The percentage of teens not working and not enrolled in school in 1996 was similar between Lee (0.7%) and the state, (0.6%). The per pupil expenditure in Lee County in 1996 was \$4,684, which was less than North Carolina's (\$5,099), yet the number of students writing at grade level or above in Lee County was 64.6% which was higher than students writing at grade level or above in North Carolina (54.6%) (North Carolina Child Advocacy Institute, 1999).

CONCLUSION

In conclusion, with few exceptions, Lee County's overall demographics are not considerably different from those of the city of Sanford or North Carolina as a whole. However, Sanford, in comparison to Lee County, has a higher proportion of non-White people, exemplifying a racial and ethnic difference in the populations. Additionally, the large influx of Latino/as, creating a higher level of diversity, has changed the social landscape within Lee and Sanford.

Economically, there is a striking difference in mean income between White and Black families within Lee County. This is not unique to the county as it is also observed within the state of North Carolina. A concern with the secondary data has been the lack of updated information since the 1990 U.S. Census. The U.S. Census for the year 2000 should capture the

burgeoning Latino/a population growth in Lee and elsewhere, as well as other demographic shifts that occurred over the last ten years.

HEALTH STATISTICS

In this section, a preliminary report on the health status of Lee County will be provided through a variety of physical, social and environmental health indicators. Among the physical health indicators are causes of morbidity/mortality (illness/death), rates of communicable disease transmission and maternal/child health issues. Social health indicators include domestic violence, child abuse, drug abuse, crime, and access to care. Environmental health indicators consist of waste management and occupational safety. Additionally, specific populations within Lee County are considered. Whenever possible, Lee County statistics are compared to those of the state for the 10-year period of 1988-1998.

MORBIDITY AND MORTALITY

Morbidity is the relative incidence of disease, in other words, the rate at which people in the population develop a certain disease. Mortality is defined as the proportion of deaths in the population dying from a certain disease. Crude rates represent the number of people who either develop a disease (morbidity) or die from a disease (mortality) per 100,000 people. An adjusted rate corrects for differences in the age, race and gender composition in the comparison of Lee County to the state of North Carolina. All of the 10-year data presented in this document are crude rates. Additionally, since the Lee County morbidity and mortality rates are based on a much smaller number than the entire population of North Carolina, they will tend to fluctuate more. When 10-year data is available, comparisons between Lee County and North Carolina will be made using trends rather than comparing specific years.

The overall adjusted death rate for all causes of death in Lee County was very comparable to the death rate for the State of North Carolina (Table H1). The top five leading causes of death for Lee County in 1998, starting with the disease responsible for most deaths

were: diseases of the heart, cancer, cerebrovascular disease, pneumonia/influenza, and diabetes. Each of these diseases will be briefly described, and current rates will be reported. A brief discussion and a graph depicting data which compare the county and the State over the past 10 years, will be included, so that trends can be elucidated.

Table H1: Death Rates per 100,000 for All Causes in Lee County and North Carolina

	# of deaths 1997	Crude Death Rate	Adjusted Death Rate
Lee County	441	911.7	849.3
North Carolina	65,880	886.5	846.5

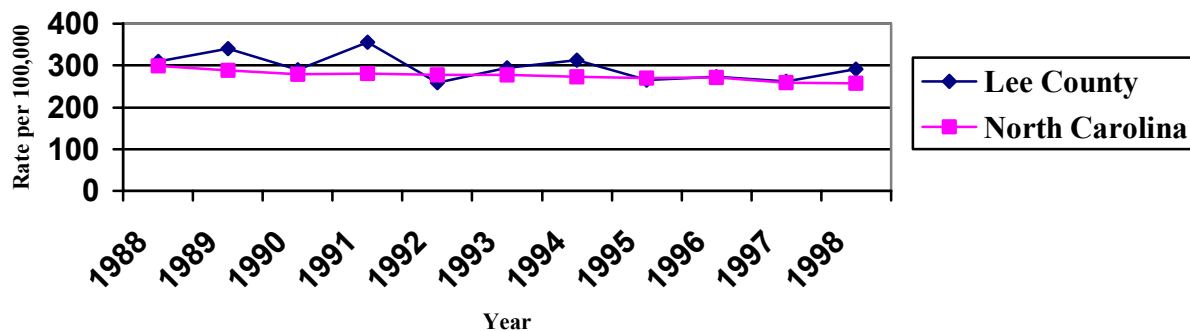
Source: State Center for Health Statistics, 1997

Heart Disease

Heart disease occurs when the heart’s blood flow is obstructed, depriving it of oxygen. Lee County’s most recently reported death rate of 291 per 100,000 persons for heart disease is substantially higher than North Carolina’s heart disease death rate of 219.5 per 100,000 persons.

The state’s heart disease death rate has been slowly yet consistently declining over the past 10 years, with a 1988 rate of 300 and a 1998 rate of 258. Meanwhile, Lee County has experienced ebbs and flows of sharp increases of heart disease death rates in comparison to the state. It appears that heart disease is a concern for the county, and it may benefit from efforts aiming to control the risk factors for the disease such as poor diet and smoking.

Table H2: Heart Disease Death Rate per 100,000 for Lee County & North Carolina, 1988-1998

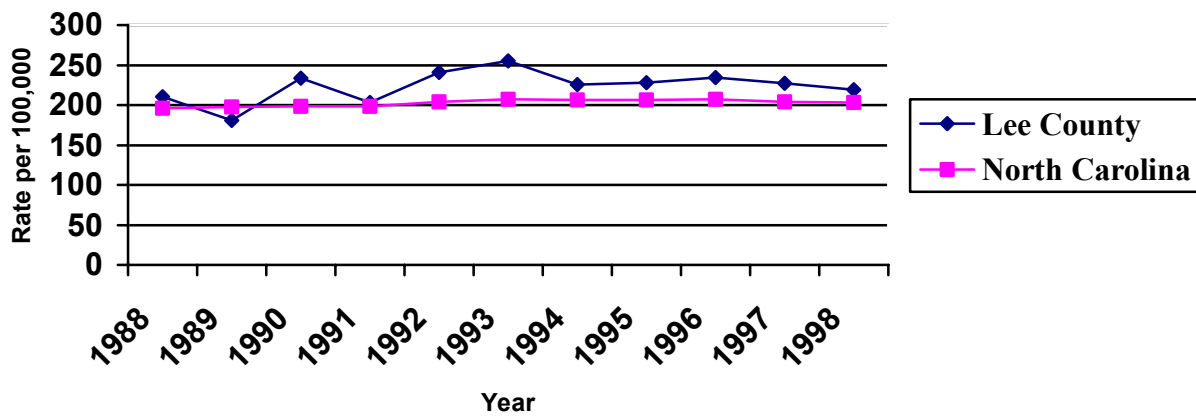


Source: State Center for Health Statistics, 1997

Cancer

Cancer is a disease that is characterized by the uncontrollable growth and spread of abnormal cells in the body. The current cancer death rate for Lee County (219.5) is slightly higher than that of the state (203).

Table H3: Cancer Death Rate per 100,000 for Lee County & North Carolina, 1988-1998



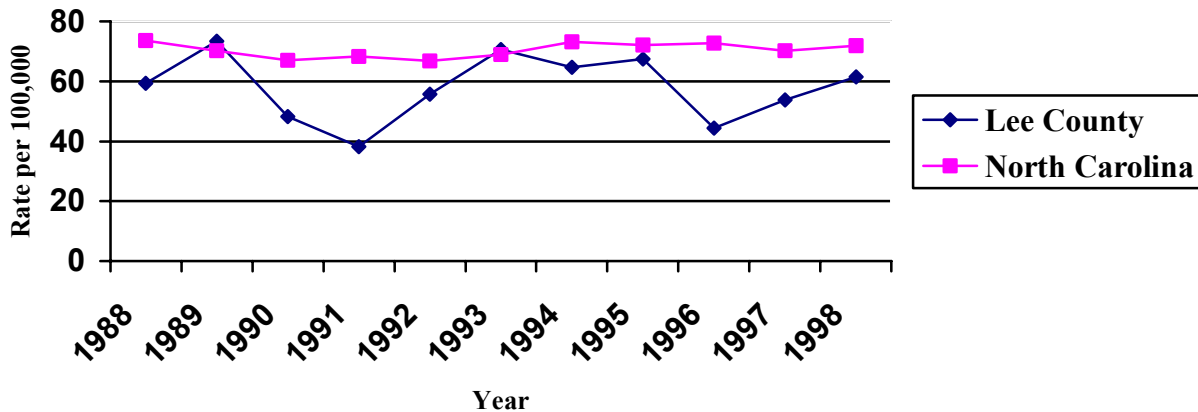
Source: State Center for Health Statistics, 1999

North Carolina's cancer death rate has remained consistent over the past 10 years. On the other hand, Lee County has experienced a slight increase in the death rate, but over the last two years the rate has been decreasing.

Cerebrovascular Disease/Stroke

Death due to Cerebrovascular Disease (stroke) occurs when there is inadequate blood flow to the brain, depriving it of oxygen. In 1998, Lee County's cerebrovascular disease death rate (62) was notably lower than North Carolina's rate (72).

Table H4: Cerebrovascular Disease Death Rate per 100,000 for Lee County & North Carolina, 1988-1998



Source: State Center for Health Statistics, 1999

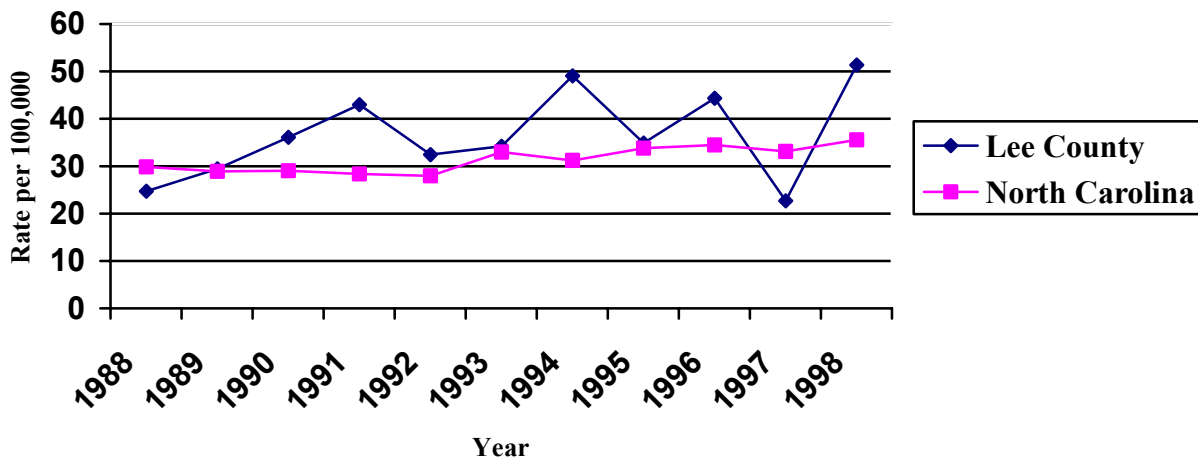
North Carolina's Cerebrovascular death rate has remained steady over the past 10 years, while Lee County has generally maintained a death rate well under that of the state. However, it is surprising that Lee County has a low Cerebrovascular death rate due to the fact that the risk factors for stroke are similar to those for other chronic diseases, including obesity, high blood pressure and smoking. It is particularly puzzling considering Lee County's high diabetes and heart disease death rates.

Pneumonia/Influenza

Pneumonia is the infection or inflammation of the lungs, causing an insufficient supply of oxygen to the blood, which results in cell death. In 1998, Lee County's death rate for Pneumonia/Influenza (51) greatly exceeds that of the state (36).

Over the past ten years, Lee County has, for the most part, had a death rate for Pneumonia/Influenza that consistently exceeds that of the state (with the exception of the years 1992 and 1997). This high death rate may indicate that there are additional unfavorable factors contributing to the high death rate in Lee County.

Table H5: Pneumonia & Influenza Disease Death Rate per 100,000 for Lee County & North Carolina, 1988-1998



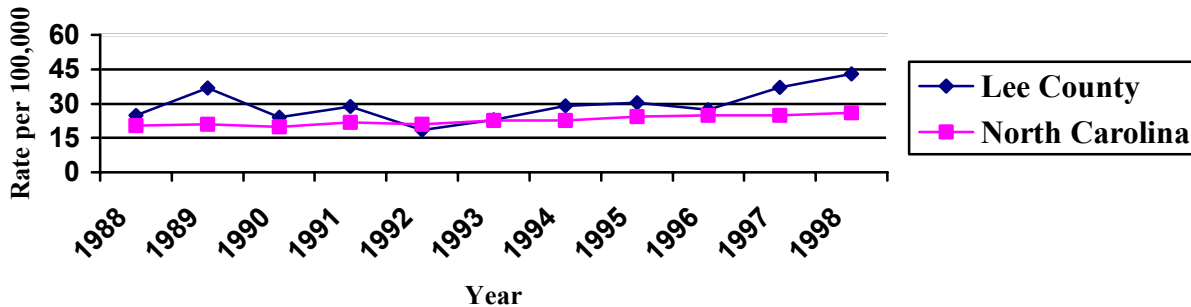
Source: State Center for Health Statistics, 1999

Diabetes

Diabetes is a condition that compromises the body’s ability to use food efficiently. It is characterized by high levels of glucose in the blood and urine, and is accompanied by extreme hunger and thirst, weakness and mood swings. The Diabetes death rate is notably higher for Lee County (43) than for the State (26).

With the exception of years 1989 and 1992, Lee County has had a diabetes death rate that consistently exceeds the rate of the state. However, the past two years indicate that the gap between the state rate and the county rate may be widening, reflecting a need for efforts aimed at diabetes prevention and management.

Table H6: Diabetes Mellitus Disease Death Rate per 100,000 for Lee County & North Carolina, 1988-1998



Source: State Center for Health Statistics, 1999

COMMUNICABLE DISEASES

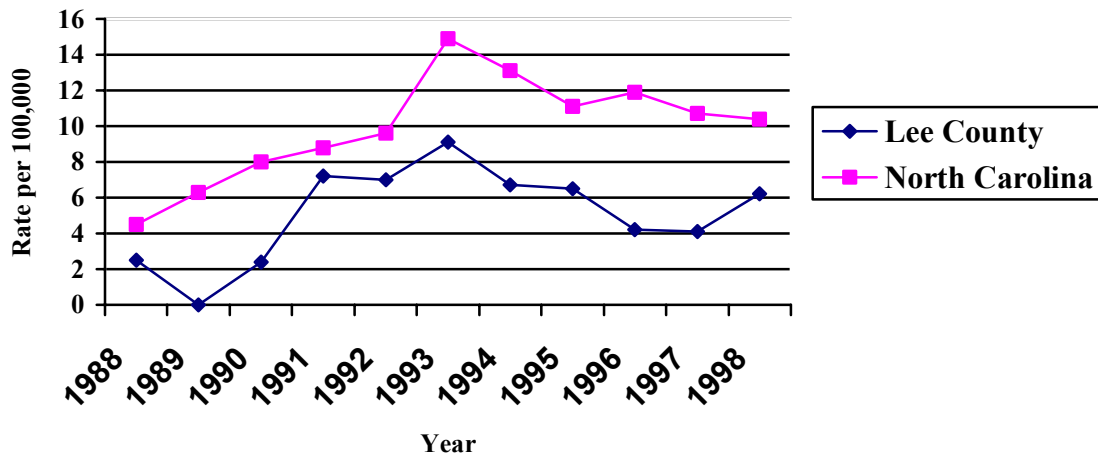
Communicable diseases are less of a health threat today than they were in the past and rates have declined substantially due to vaccines and medical advancements, but they continue to be a concern for both Lee County and North Carolina. There is a high rate of teen pregnancy and a high rate of sexually transmitted diseases (STDs) in Lee County. The rates of infection for Lee County in 1998 indicate that gonorrhea and syphilis pose a threat to the community. However, rates of chlamydia are lower in Lee County than in the state. There were four people infected with the AIDS virus in the county in 1997.

AIDS, tuberculosis, gonorrhea, syphilis, and chlamydia are the five most common communicable diseases. Each of these diseases will be briefly described and current crude rates for the county and the state will be reported. In addition, a brief discussion and a graph compare the county and the state rates over the past 10 years. As a reminder, the crude rate is the number per 100,000 people for a given disease.

AIDS

AIDS is caused by the human immunodeficiency virus (HIV). By killing or impairing cells of the immune system, HIV progressively destroys the body's ability to fight infections and diseases. HIV can be transmitted through risky behaviors such as sharing drug needles or syringes or having sexual contact without using a protective latex barrier. The 1998 AIDS rate in Lee County (6.2) is lower than that of the state (10.4).

Table H7: AIDS Rate per 100,000 for Lee County & North Carolina, 1988-1998



Source: State Center for Health Statistics, 1999

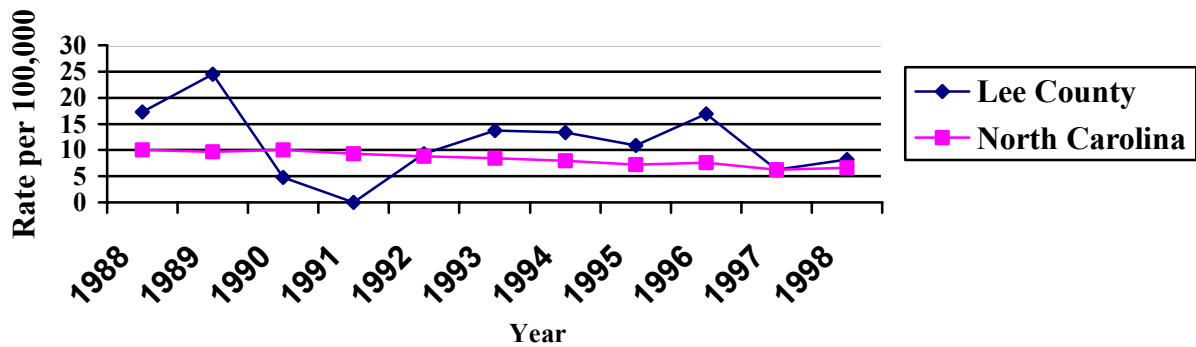
As the graph illustrates, the rate for the county has been consistently lower than the state rate over the past 10 years. It is also important to note, that the rate of AIDS is steadily on the rise for both the county and the state.

Tuberculosis

Tuberculosis is a chronic bacterial infection that can spread through the lymph nodes and bloodstream to any organ in your body, but is typically found in the lungs. The bacteria essentially eat away at the tissue of the infected organ, and can result in death. To be at risk, one must be exposed to the organisms constantly, by living or working in an environment with

someone who has the active disease, since it is transmitted through the air. In 1998, the tuberculosis rate for Lee County (8) slightly exceeds that of the state (7). Over the past 10 years, the state's rate has remained constant while the county's rate has varied from year to year, to values above and below the rates for the state.

Table H8: Tuberculosis Rate per 100,000 for Lee County & North Carolina, 1988-1998

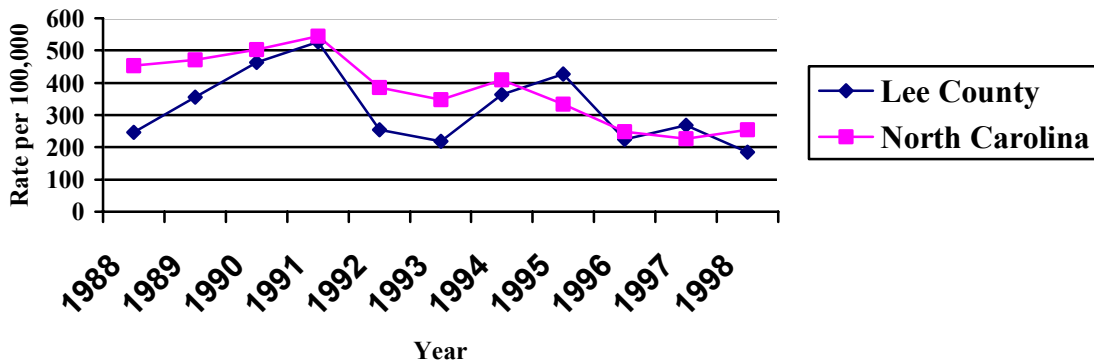


Source: State Center for Health Statistics, 1999

Gonorrhea

Gonorrhea is a sexually transmitted disease (STD) caused by the bacterium called *Neisseria gonorrhoeae*. One of the major problems associated with increasing rates has to do with the fact that the disease is often asymptomatic, thus, many people do not know that they are infected and may not practice safe sex. In 1998, the gonorrhea rate for the state (254) greatly exceeded that of the county (184).

Table H9: Gonorrhea Rate per 100,000 for Lee County & North Carolina, 1988-1998



Source: State Center for Health Statistics, 1999

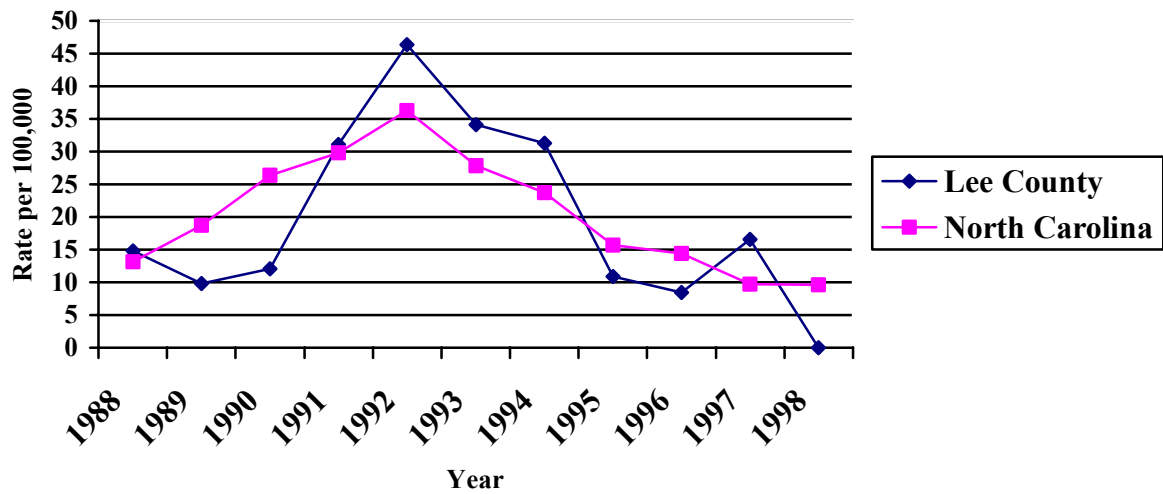
For the most part, the county has maintained lower, but parallel rates over the past 10 years in comparison to the state's rates, with the exception of two years when the county's rates greatly exceeded that of the state. It is important to note that rates for both the State and the county have decreased dramatically over the past 10 years.

Syphilis

Syphilis is a STD that is caused by the bacterium *Treponema Pallidum*. The initial infection causes an ulcer at the site of infection; however, the bacteria move throughout the body, damaging many organs over time. Syphilis can cause serious heart abnormalities, mental disorders, blindness, and death. In 1998, the syphilis rate for the county (0) was lower than that of the state (9).

For the years when the Lee County rates appear to be much higher than the state's, one must remember that Lee County has a smaller population than the state and fluctuations in the rates are more apparent. The syphilis rate for Lee County has been experiencing a general downward trend since 1992 (with the exception of 1997).

Table H10: Primary and Secondary Syphilis Rate per 100,000 for Lee County & North Carolina, 1988-1998

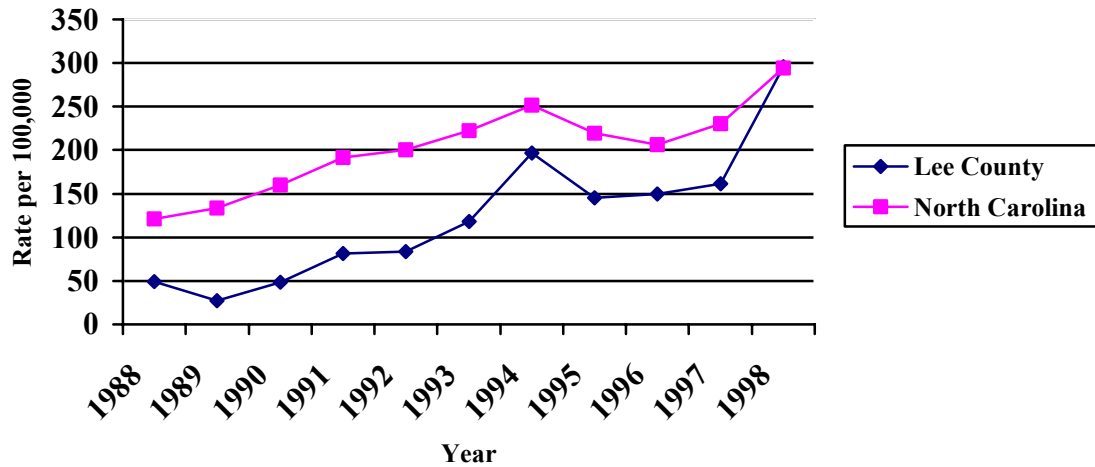


Source: State Center for Health Statistics, 1999

Chlamydia

Chlamydia is a STD caused by several bacteria. For the most part, chlamydia is asymptomatic. Untreated chlamydia can result in the life-threatening disease called Pelvic Inflammatory Disease (PID) in women, and sterility in men. Currently, Lee County's rate (295) slightly exceeds that of the state (293). Over the past 10 years, both the state's and the county's chlamydia rates have been increasing. In fact, the state rate has nearly doubled and the county rate has more than tripled.

Table H11: Chlamydia Rate per 100,000 for Lee County & North Carolina, 1988-1998



Source: State Center for Health Statistics, 1999

In summary, the graphs indicate that tuberculosis, in particular, is a disease that demands attention of the county. With the exception of gonorrhea, the communicable rates for both the State and the county have increased over the past 10 years. This may reflect a need for educational efforts aimed at communicable disease prevention. Especially because most of the aforementioned STDs are asymptomatic, the county and state may benefit from educational campaigns to increase knowledge about the spread of the diseases in the absence of identifiable symptoms as well as efforts to encourage people to get screened.

MATERNAL AND CHILD HEALTH

The infant death rates, defined as deaths under 1 year of age per 1,000 live births, for Lee County and North Carolina in 1998 were very similar (Table H12). It is important to note, however, that non-white babies die at twice the rate of White babies.

Table H12: Infant Death Rate per 1,000 for Lee County and North Carolina in 1998

	Infant Death Rate for White	Infant Death Rate for Other Races	Total Infant Death Rate
Lee County	6.4	13.7	8.3
North Carolina	6.4	16.3	9.3

Source: State Center for Health Statistics, 1998

Pregnancy data depicting the birth rate, abortion rate and pregnancy rate for Lee County and North Carolina can be found in Table H13. The birth rates are expressed as live births per 1,000 females ages 15-44, while the abortion rates are expressed as legal induced abortions per 1,000 females ages 15-44. The birth rate and abortion rate for the county and the state are somewhat comparable. However, the pregnancy rate is markedly higher for Lee County than for the state.

Table H13: Birth, Abortion and Pregnancy Rates for Lee County and North Carolina in 1998 per 1,000 females

	Birth Rate	Abortion Rate	Pregnancy Rate
Lee County	72.9	18.7	92.3
North Carolina	63.9	17.1	81.5

Source: State Center for Health Statistics, 1998

The pregnancy rates per 1,000 persons in Lee County (118.2) and North Carolina (85.4) for females ages 15-19, demonstrates an even greater disparity between the county and the state. (State Center for Health Statistics, 1998).

A birth weight of less than 2,500 grams (5 lbs. 8 oz.) is associated with an increased risk of death and is linked to a variety of infant disorders such as neurodevelopmental conditions, learning disorders, and behavior problems. In 1998, the percentage of low birth weight babies for Lee County (7.8%) was slightly lower than that for North Carolina (8.8%). The percent of pregnancies during which the unborn child received late or no prenatal care was much higher for Lee County (22.6%) than for North Carolina (16%). This indicates that Lee County may benefit from programs aimed at increasing awareness of the importance of prenatal care.

ENVIRONMENTAL HEALTH

Obtaining environmental health information specifically for a county is difficult because environmental health issues often extend beyond city and county lines and because the health department is not required to keep annual records of each environmental health issue investigated. However, water and food quality control and rabies have been identified as the principal environmental health issues that the Lee County Health Department addresses (R. Warren, personal communication, November 8, 1999).

According to the Environmental Health Supervisor with the Lee County Health Department, rabies has become a public health concern in Lee County after almost twenty years with no positive cases. There have been 37 positive rabies cases in people, dogs and cats between 1995 and 1999. Mr. Warren believes that this increase in positive cases is a serious threat, and continues to advise people suspected of having rabies to get post-exposure vaccinations. He also advises pet owners to keep their pets away from raccoons and foxes, who are thought to be the primary carriers of rabies.

The Health Department is responsible for inspecting all restaurants in the county. Mr. Warren reported that 99% of the restaurants proudly display a 'GRADE A' sign, which is a symbol of exemplary cleanliness and quality. The health department also conducts water tests on residential and commercial water wells as they are being built. Through these tests, the Department ascertains the presence or absence of certain contaminants, such as Escherichia Coli (E. Coli), an indicator bacteria which causes diarrhea and abdominal cramps, as well as levels of fecal matter. Actual percentages of the level of E. Coli and fecal matter present in Lee County were unavailable, but the Environmental Health Supervisor claims that they are congruent with those of the state, where the percentage of water samples that test positive for E. Coli is 23% and 3% for fecal matter.

OCCUPATIONAL SAFETY

In 1998, Lee County experienced three workplace fatalities. The causes of death for the two White and one Black males were a violent attack, a transportation accident, and an exposure to a harmful substance (B. Allen, personal communication, November 10, 1999).

TRAFFIC ACCIDENTS

Table H14 displays the differences between Lee County and the state of North Carolina's number of crashes and the injuries and fatalities that resulted from them.

Table H14: Number of Crashes, Fatalities and Injuries for Lee County and North Carolina in 1998

	Total Crashes	Fatal Collisions	Non-fatal Collisions	Persons Killed
Lee County	499	9	202	9
North Carolina	96,445	1,093	42,773	1,227

Source: Department of Motor Vehicles, 1998

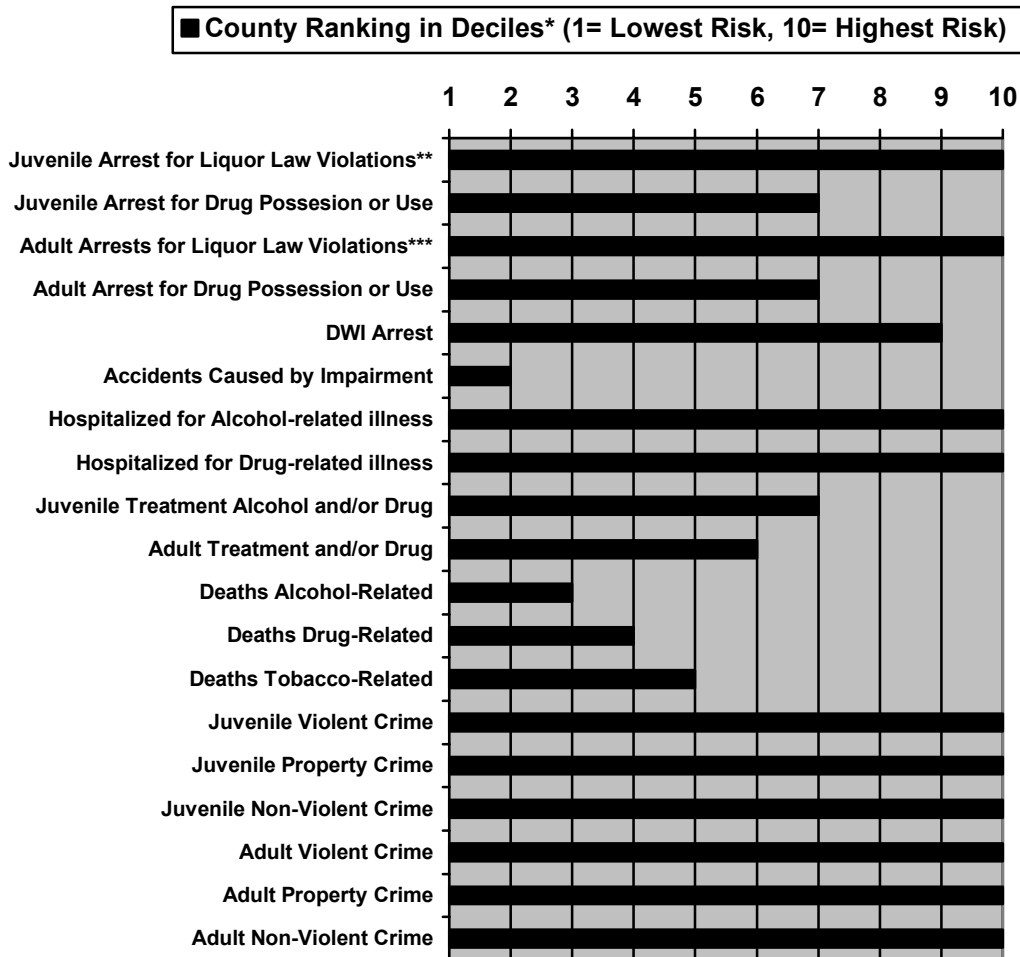
CRIME

Alcohol and Drug Related

One of the most common arrests made with regard to alcohol is Driving While Intoxicated (DWI). According to the UNC Highway Safety Research Center, DWI convictions for Lee County in the 1997-1998 fiscal year totaled 670. Of those, 598 were misdemeanor DWIs, eight were repeat DWIs, one was by a commercial driver, 19 were aiding and abetting a DWI and 44 were misdemeanors for persons under age 21 (K. Holiday, personal communication, November 17, 1999). However, the implications of drunk driving reach far beyond actual arrests. According to Eric Rodgman, senior database analyst at the UNC Highway Safety Research Center, the percentage of alcohol related crashes in Lee County has declined from 7.36% (86 out of 1169) in 1992 to 5.08% (77 out of 1516) in 1998 (NC Department of Transportation, 1992, 1998). Interestingly, when ranked against other counties in the state, Lee is

one of the counties at highest risk for juvenile arrests for liquor law violations, adult arrests for liquor law violations and hospitalization for alcohol related illness (see Table H15).

**Table H15: North Carolina Social Indicators, Years 1990-1995:
How Lee County Ranks Compared with Other Counties in North Carolina**



* A decile is a group of ten counties. There are 100 counties in North Carolina. The ten counties at the highest risk for substance abuse problems within a large population of their population are given the rank of 10.

** Juvenile Liquor Law Violations are DWI, Alcohol Law Violation, and Drunkenness.

*** Adult Liquor Law Violations are Alcohol Law Violation, and Drunkenness (except DWI).

Source: Center for Substance Abuse and Treatment-1 (CSAT-1), NC Social Indicator Study, 1995

According to the North Carolina Social Indicator Study (1995), the arrest rate for alcohol law violations for Lee County was more than 40% over the state mean of 4.68, making it between 6.55 and 47.17 per 1,000 juveniles (CSAT-1, 1995). While the percentage of drug

arrests in Lee County (5.6%) ranks below the rate for the state (8.02%), the voices of Lee County community members and the ranking of Lee County in comparison to other counties tells a different story. According to the Sanford police, 15% of arrests made at Lee County Senior High School in the 1998-1999 school year were drug related (Sanford Police Department, 1999). Additionally, as can be seen in Table H15, Lee County is one of the top ten counties in the state for hospitalization for drug related illnesses (Center for Substance Abuse Treatment-1, 1995).

Index and Property Crime

Lee County holds an index crime rate and property crime rate much higher than that of the state. The State Bureau of Investigation defines index crime as the total number of murders, rapes, robberies, aggravated assaults, burglaries, larcenies and motor vehicle thefts. In 1998, the index crime rate for the state of North Carolina was 5,427.8 per 100,000 people. During the same year, in Lee County, the rate was 7,097.5 per 100,000. Property crime rates for the state were 4,836 per 100,000 in 1998 while they were 6,650.9 for Lee County in the same year (N.C. Dept. of Justice, 1998). According to Table H14, Lee County is also one of the counties at highest risk for juvenile violent, non-violent and property crime as well as adult violent, non-violent and property crime in the state (CSAT-1, 1995).

Homicide

Although Lee County’s crude homicide rate was lower than that of North Carolina’s, once adjusted for race, age and gender, it was slightly higher than the state’s rate (Table H16).

Table H16: Homicides for Lee County and North Carolina per 100,000 persons

	#of deaths	Death Rate 1997	Adjusted Death Rates 1993-1997
Lee County	3	6.2	13.7
North Carolina	671	9	10.6

Source: State Center for Health Statistics, 1997

DOMESTIC VIOLENCE AND CHILD ABUSE

Determining the rates of domestic violence in Lee County is difficult due to the fact that the crime records do not treat this as a separate category, but as a type of aggravated assault. Also, domestic violence often goes unreported. According to the North Carolina Department of Justice, there were a total of 117 aggravated assault arrests in Lee County for 1998 (Crime in North Carolina, 1998). However, the number of victims who received services for domestic violence was much larger than this crime report suggested. In fiscal year 1998-1999, HAVEN (Helping Abuse and Violence End Now!) of Lee County reported serving 217 primary victims of domestic violence and sexual abuse. Only 98 (45%) of these cases were reported to the police (HAVEN statistics provided by Lydia Baldwin, 1999).

The reports of child abuse and neglect for Lee County appear to be less than what was found in the state overall. According to data from North Carolina Office of State Planning, the substantiated reports of child abuse and neglect per 1,000 children in 1996 were 6.9 for Lee County and 16.5 for the state. 1997 and 1998 data from the North Carolina Child Advocacy Institute indicate that the number of children reported as abused or neglected in Lee County was 482; of these there were 108 substantiated cases. Forty-six percent of the substantiated cases in 1998 were among children less than 6 years old (North Carolina Child Advocacy Institute, 1999).

MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE

In the late 1960s, a collaboration between Lee and Harnett Counties was developed to address the need for mental health services. Since its inception, this collaboration has grown and services have been expanded. Presently, it is called the Lee-Harnett Area Mental Health, Developmental Disabilities and Substance Abuse Authority. This agency serves 83,411 Harnett County and 49,456 Lee County community members (Orientation Manual, 1999). All data

related to the Area Authority includes both Harnett and Lee County community members. In the fiscal years 1997 and 1998, over 5,000 people from Lee and Harnett Counties were served by the Area Authority programs: 3,919 for mental illness, 245 for developmental disabilities and 929 for substance abuse (North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, 1998). The mental health services offered include outpatient and residential services for adults and children. Some of the specialized programs include residential services for assault and aggressive behavior in youth, a respite program for children and families, and a behavioral aide program to help children return to the community. For developmental disabilities, services range from an early childhood intervention program to residential and vocational development programs for adults. These programs are designed to enable people with developmental disabilities to live more normal and active lives within the community and their homes. The substance abuse program provides prevention, education, information, intervention, treatment and rehabilitation services to substance abusers and their families.

HEALTH RESOURCES AND USE OF HEALTH SERVICES

The number of health practitioners that work in Lee County is presented in Table H17. Although the ratio of physicians to the population appears to have improved over the last two decades, Lee County has fewer physicians for its population than the state average. In 1995, it was ranked 28th out of 100 counties for having 6.5 physicians per 10,000 people in the population (North Carolina Office of State Planning, 1999). Additionally, Lee County has substantially more youth (ages 0-18) in the population per pediatrician (2,525) than found in the state (1,838) overall (North Carolina Child Advocacy Institute, 1996).

Table H17: Lee County Health Practitioners 1998

Total Number of Non-Federal Physicians	75
Population per Non-Federal Physician	651
Non-Federal Primary Care Physicians	36
Population per Non-Federal Primary Care Physicians	1,357
Non-Federal Family Practice Physicians	16
Non-Federal General Practice Physicians	1
Non-Federal Internal Medicine Physicians	9
Non-Federal OB-GYN Physicians	6
Non-Federal Pediatric Physicians	4
Physician Assistants	9
Nurse Practitioners	6
Registered Nurses	375
Licensed Practicing Nurse	171
Practicing Psychologists	2
Psychological Associates	2

Source: Sheps Center for Health Services, 1999

The medical insurance coverage of Lee County community members is, in general, similar to that of the state overall (Table H18). The 1995 County Health Report Card indicated that there were 42 uninsured community members per 1,000 in Lee County, where as in the state overall there were 37 (North Carolina Health Planning Commission, 1995).

Table H18: Daily Insurance Coverage

Total Population	State	County	County Rank ¹
Private Coverage Only	63.8%	58.3%	55
Medicaid	10.2%	11.0%	47
Medicare	14.1%	17.1%	63
Uninsured	14.3%	16.7%	52

¹ A rank of 1 reflects the smallest proportion, 100 the largest proportion.

Source: North Carolina Health Planning Commission, 1995

Public Health Care Services

Lee County Health Department

The Lee County Health Department (LCHD) has three main components to its operation: Environmental Health, Community Health Education and Promotion (CHEP), and Clinical Services. The clinical services offered include a variety of clinics and screening programs. The costs of services are based on the type of service provided and a sliding scale based on the

individual's income (Coalition to Improve the Quality of Life in Lee County, 1999). According to Mike Hanes, Director of the Lee County Health Department, individuals are not denied services due to their inability to pay (personal communication, November 11, 1999).

The LCHD aims to provide services that are needed by the community that are not provided elsewhere or are not accessible to all community members. Dental health is an example of an area, that due to community need, the health department is trying to expand (M. Hanes, personal communication, November 11, 1999). In 1997, it was determined that close to one third (32%) of kindergartners in Lee County have untreated tooth decay which is substantially higher than the state average of 24%. Additionally, in Lee County there are a higher number of youth (ages 0-18) in the population per dentist than the state average (789 vs. 645, in 1996) (North Carolina Child Advocacy Institute, 1999). Lee County and neighboring Chatham County were recently awarded a \$250,000 grant from the Kate B. Reynolds Charitable Trust to establish a dental clinic in Sanford. The clinic, which is projected to open in July 2000, will serve primarily Medicaid and Health Choice children in both counties.

Lee County Department of Social Services

The Lee County Department of Social Services (LCDSS) is a human service agency which provides a variety of services including financial, medical, child and emergency services for the community. Two important programs administered by LCDSS are Medicaid and Health Choice. Medicaid helps uninsured families or individuals with medical bills such as doctor's fees, prescription drugs, hospital charges and nursing home care. Medicaid can also cover unpaid medical bills for the three months prior to application. North Carolina Health Choice provides health insurance for children in families that do not have health insurance and do not qualify for Medicaid, or for those families whose income is less than 200% above the poverty level. LCDSS caseworkers help individuals determine which programs are available to them (Coalition to Improve the Quality of Life in Lee County, 1999).

Helping Hands Clinic

The Helping Hands Clinic provides limited medical, dental and pharmaceutical services for those in need of immediate, acute care who have no insurance or Medicaid. The clinic, located in Sanford, is open once a week (Coalition to Improve the Quality of Life in Lee County, 1999).

County of Lee Transportation System (COLTS)

COLTS contracts with 22 service agencies in Lee County to provide transportation services 5 days a week. Additionally, COLTS provides limited public ridership service for a nominal fee. Limited transportation for medical appointments in Chapel Hill, Durham and Raleigh is also available (R. Ruffner, personal communication, December 2, 1999).

Private Health Care Services

Central Carolina Hospital

Central Carolina Hospital (CCH) is a 137-bed, acute care hospital with a staff of approximately 80 physicians. Central Carolina Hospital has inpatient and outpatient services, cardiac and pulmonary rehabilitation, physical rehabilitation, maternity care, emergency medical services, occupational health services and educational classes. The hospital offers Express Care, which treats minor illnesses and injuries through a separate process at the emergency room. This service is open in the evenings and on weekends (Coalition to Improve the Quality of Life in Lee County, 1999).

Private Practices

There are a variety of private practice offices, two medical centers and two hospice care centers that exist in Lee County. Many of these provide services for people with private health insurance, Medicaid, Health Choice and/or offer a sliding fee scale (Coalition to Improve the Quality of Life in Lee County, 1999).

SPECIFIC POPULATIONS

Latino/as

The growth of the Latino/a population in the city of Sanford has been exponential. The 1990 U.S. Census indicated that approximately 900 Latino/as lived in Sanford in 1990. It is estimated that there are now more than 10,000 Latino/as in Sanford (Choi et al., 1999). It has been estimated that among Sanford Latino/as, 90-95% are Mexican (Choi et al., 1999). This growing Latino/a population is reflected in the work force. According to the United Way Community Assessment (1998), 53% of Gold Kist, 30% of Pac-Fab, 27% of Tyson Foods and 20% of Coty employees are Latino/a.

Morbidity and mortality rates suggest that the Latino/a population is very similar to other U.S. populations. The main difference has to do with access and barriers to health care services. Prior research has indicated that residency issues, language barriers and frustrations when dealing with health care providers are the main reasons Latino/as do not apply for the financial and social assistance they need (Choi et al., 1999).

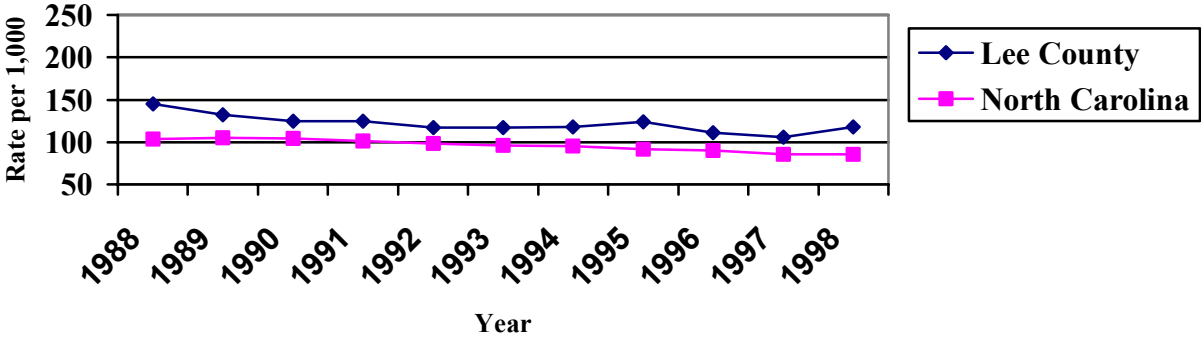
Furthermore, recent research has documented that the strengths of Latino/as in Lee County include, but are not limited to, continual support from other Latino/as and participation in church and church activities. One serious deficit experienced by Latino/as in Lee County is adequate, affordable media in Spanish, as a means of making Latino/as aware of community and health services (Choi et al., 1999).

The Hispanic Task Force is one community organization in Lee County that was established to address some of the aforementioned needs. It provides services to individuals that include information and referrals, transportation, counseling, emotional support and education (Coalition to Improve the Quality of Life in Lee County, 1999).

Youth

There are a variety of issues that impact the youth in a community and a variety of measures that can be viewed as indices of health. In addition to quantitative measures, the community's perception of need is an important factor to consider, especially with regard to the youth in the community. In 1996, the Lee County Council of Women conducted a needs assessment that surveyed 303 women. Across all age groups for the women surveyed, the "biggest or most common problem" in the community, was teenage pregnancy (cited in Devine, Luce, St. Martin & Miquiabas, 1997).

Table H19: Pregnancy Rate per 1,000 for Lee County & North Carolina, 1988-1998 All Girls Age 15-19

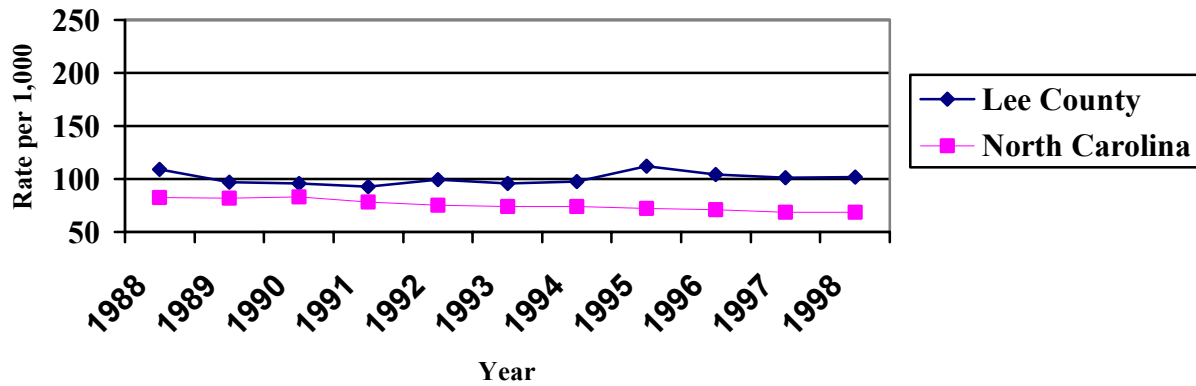


Source: State Center for Health Statistics, 1999

The community's concern about elevated rates of teen pregnancy in Lee County is strongly supported by the quantitative data provided by the State Center for Health Statistics (1999). This data shows that the pregnancy rates for teenage girls from 15 - 19 years old has consistently been higher in Lee County when compared to the state of North Carolina (see Table H19). Comparing the teen-age pregnancy rates by minority status reveals that there are different trends within this population. Although the teen-age pregnancy rate for minority girls is dramatically higher than the rate for White girls, in Lee County this rate fell steadily from 1988

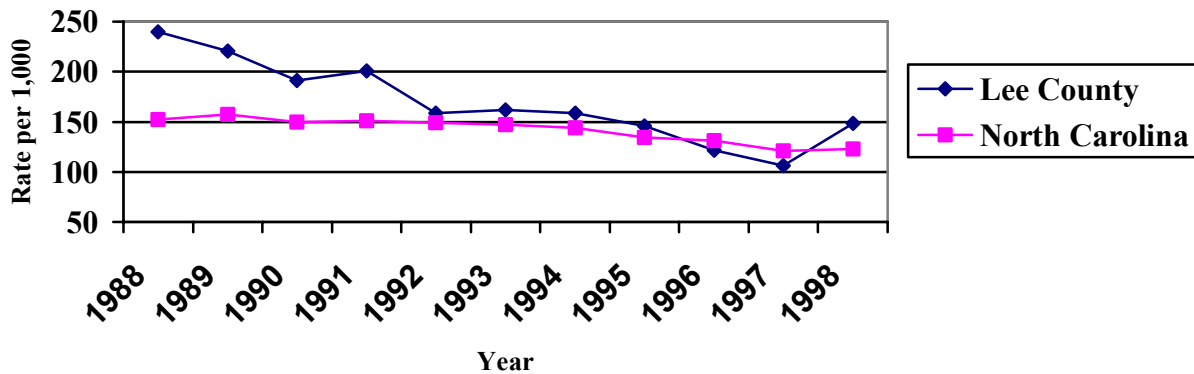
to 1997 (Table H20). In fact, in 1996 and 1997 the minority teen pregnancy rate was below the state level. It should be noted that this rate did begin to climb again in 1998. The teen-age pregnancy rate for White girls in Lee County has been relatively consistent while the state rate has been slowly decreasing (Table H21).

**Table H20: Pregnancy Rate per 1,000 for Lee County & North Carolina, 1988-1998
White Girls Age 15-19**



Source: State Center for Health Statistics, 1999

**Table H21: Pregnancy Rate per 1,000 for Lee County & North Carolina, 1988-1998
Minority Girls Age 15-19**



Source: State Center for Health Statistics, 1999

Another indicator of the health of youth in the community is their use of services. For fiscal years 1997 and 1998, 1,231 (24%) of the total clients served by the Lee-Harnett Area Authority were youth. Of these, 1,151 (94%) were treated for mental illness, 41 (3%) for developmental disabilities, and 39 (3%) for substance abuse (North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services, 1998). In 1998, there were three deaths that were classified as suicide of youths under the age of 20 (North Carolina Center for Health Statistics, 1999).

The data presented in Table H14 (see Crime section) from the 1990 - 1995 North Carolina Social Indicator Study suggest that youth substance abuse and criminal activity are very significant for Lee County. As a county, Lee had the highest decile ranking in juvenile arrests for liquor law violations, both violent and non-violent crimes, and property crimes. Its ranking for juvenile drug possession or use, and drug or alcohol treatment is moderately high when compared with other counties in the State. Yet, according to more recent data provided by Log Into North Carolina (1999), the crude number of juvenile arrests for Lee County is decreasing, while in the state, the number is increasing. There were 730 juvenile arrests in 1995, 605 in 1996 and 550 in 1997 for Lee County. According to the North Carolina Child Advocacy Institute there were only 450 juvenile arrests in 1998, although almost half (210) were for violent crimes.

HEALTHY CAROLINIANS AND THE TURNING POINT OBJECTIVES

Healthy Carolinians is a statewide initiative modeled after the national Healthy People 2000 initiative, in which community based coalitions of public/ private partners work collaboratively to identify and address their community's major health and safety challenges.

These local task forces engage community members in prioritizing local health and safety problems and in planning and applying solutions to these problems (Healthy Carolinians, 1999).

Lee County first established a Healthy Carolinians Task Force, called the Lee Community Action Network (LeeCAN) in 1997. LeeCAN is a coalition of community agencies, organizations, and individuals whose mission is to, "increase awareness and effectively address public health issues in Lee County through a collaborative community effort." Between September 1997 and March 1998, the United Way of Lee County, in conjunction with several community groups, sponsored a community-wide assessment of health and human service needs of Lee County community members. Information was collected from 5 sources: key informant surveys (N= 76 out of 150 responses), household surveys (N=374), service provider surveys, social and economic data, and focus groups (N=113).

As part of the household survey, a team of volunteers conducted a telephone survey to a random sample of community members. However, convenience samples were used in all other assessment activities (United Way Community Assessment, 1998). Seven priority issues were identified through the assessment including: shortage of recreational facilities and programs, access to affordable medical/ dental care, inadequate public transportation, drugs/ crime prevention/ delinquency, language barriers, affordable housing and shortage of child day care.

Initially, 7 task forces, or working groups, were created to address each of these issues, but due to limited staff and resources, the coalition decided to focus on the 3 most active task forces. These include: the affordable medical/ dental care task force, the drug, crime and delinquency task force, and the affordable housing task force.

Lee County's approach to the community health improvement process is a little different than most of the Healthy Carolinians' communities because of its participation in a national

initiative called "Turning Point: Collaborating for a New Century in Public Health." Lee County was one of 41 communities across the country selected to participate in this initiative, which is funded by the W.K. Kellogg and Robert Wood Johnson Foundations. Through Turning Point, LeeCAN was awarded a three-year, \$60,000 strategic planning grant to, "transform and strengthen the local public health system." (J. Horner, personal communication, November 5, 1999). Thus, the Turning Point Initiative goes a step beyond Healthy Carolinians by challenging local communities to move beyond addressing specific health issues to improving the public health system that impacts the health of the community. Although LeeCAN has working groups centered on specific health issues, those groups are working to address problems or weaknesses within the public health system that cause or affect those issues.

CONCLUSION

What has been presented in this chapter is a review of existing data on a variety of physical, social and environmental health indicators. What is forthcoming, is an analysis of qualitative data gleaned from conducting individual interviews and focus groups with service providers and community members. Through an integration of these sources, we hope to reflect the perceived needs, strengths, and future directions of Lee County.

INTRODUCTION TO PRIMARY DATA

This section describes our findings from our interviews and focus groups with community members and service providers² in Lee County. We've organized the following chapters by six major themes which emanated from our data: Growth: Population, Job/Economy, Growth: Infrastructure and Environment, Health, Youth and Recreation. In these chapters, we highlight the main points, using quotations from the interviews and focus groups to elucidate our findings. Woven throughout these chapters are the assets and challenges associated with each theme. Where appropriate, we compare what we heard in the interviews and focus groups to the secondary data presented in the first section of this document. Periodically, we compare and contrast perceptions and ideas from community members with those from service providers. The following is a brief synopsis of what the chapters in this section explore.

The first chapter, 'Growth: Population', describes the influx of two groups of people to Lee: people from Raleigh/Cary/RTP and Latino/as from a variety of Latin American countries, and the implications each has for Lee County. The second chapter, 'Jobs/Economy', discusses the current vibrant and growing industrial base, and strong economy in Lee. Specifically, it explicates the relationship between the growing number of Latino/as and the growing number of factories. The third chapter, 'Growth: Infrastructure and Environment', describes how the growth in population, which is partially due to the strong economy, is impacting things like housing, transportation and traffic in Lee. The fourth chapter, 'Health', details the primary health concerns discussed during our interviews, as well as describes the strengths and challenges surrounding the existing health care services in Lee County. The fifth chapter, 'Youth', discusses the assets

² Service providers include health care providers, educators, city/county government employees, social service providers, police personnel, etc.

and challenges faced by youth of Lee County including the strong sports leagues, the lack of leisure activities, teenage pregnancy, drug and alcohol use, and teenage crime and violence. In the sixth chapter, 'Recreation', we discuss how those interviewed felt that Lee County has some entertainment and physical activity opportunities to offer its community members, but that barriers exist for some in accessing these opportunities. Lastly, we utilize a Discussion chapter to tease out what our findings mean in the context of public health and community organizing.

It should be noted that the reader may find a small amount of redundancy across these chapters. We feel that this redundancy is necessary because we want each chapter to be able to stand alone as its own entity.

GROWTH: POPULATION

INTRODUCTION

The population of Lee County and Sanford is increasing exponentially. In 1970, the population of Lee was 30,467 while in 1997, the population had grown to an estimated 48,369 resulting in a 59% increase. This increase is 13% higher than the growth experienced by the state as a whole (Hodges-Copple, 1999; LINC, 1990). Not surprisingly, population growth figured prominently in our interviews and, in fact, not an interview passed without some reference to the population increase that both Sanford and Lee County are experiencing. Lee County is not the only area affected by this influx of new people; all of the counties in the Triangle and its surrounding regions are also experiencing greater than average population growth.

Some of the more obvious signs of the population growth are changes in the infrastructure of Lee and Sanford. Two new middle schools and three new elementary schools have been built in recent years. Highway 1 has been expanded to four lanes from Sanford to Raleigh, and plans are underway for Highways 87 and 421 to become four lanes as well. Additionally, a 13.6 million-dollar airport is scheduled to be completed in April, 2000. This airport will serve as an overflow for Raleigh Durham International airport. The impact this growth has on infrastructure, schooling, and other areas is discussed in the following chapters. This chapter will share interviewees' comments regarding the population growth in Sanford and Lee.

Assets and Challenges

The population increase was described by service providers and community members as both an asset and a challenge. Several people spoke about the strong, expanding financial and

economic bases in Lee. People involved with the business sector were especially likely to talk about growth as positive and lucrative for business owners in and around Sanford (see ‘Jobs/Economy’ chapter for further discussion). People were also proud that their relatively small town was receiving more attention. Some people felt that more people would probably mean more services and more sources of entertainment.

Concerns about growth generally centered around the fear of losing the ‘small town feel’ for which Sanford and Lee are known. Several people, service providers, and community members alike stated that Lee is a great place to raise a family, and despite the desire for growth, they wanted to maintain the small town charm. With the increase in population, however, several people voiced their concern that crime and drug activity were on the rise. One service provider stated, “There used to be 26,000 people...now there are 48,000 and Lee is growing every day. Lee is busting at the seams. More people, more problems.” Additionally, there were concerns about kids having places to play and bike without facing traffic issues, as well as the stress the increase in population has on the one county high school. These issues will be further discussed in later chapters.

Diversity

One important consequence of the increasing numbers of people in Lee is the increasing level of diversity in the population. The increase in diversity can not be substantiated with secondary data given that the most recent data on race/ethnicity is 10 years old (1990 U.S. Census data). However, the 2000 U.S. Census will provide current data on specific racial and ethnic categories. Although secondary data can not substantiate this movement toward increasing diversity, many interviewees spoke of the growing diversity, as one service provider stated, “Diversity has increased, [and] the racial mix has changed.”

Diversity was characterized as both an asset as well as a challenge in the interviews. Some people we interviewed saw the variety of cultures as rich and exciting. On the other hand, one community member noted that attention needed to be focused on this increase in diversity, “We’ve got most cultures over here now. That used to mean there would be fighting, but now it’s either we are going to do it together, or we’re not going to do it.” Several people mentioned the role of the churches in uniting the various populations. As one community member stated, “The churches are playing the role to get the various cultures to finally get together. In church, [there is] a great mix of Black, White and Hispanic.”

Others noted the division among the various cultural groups, finding the division to be unsettling and problematic. When asked how well the various groups of people in Lee interact, one community member said, “It is still segregated. When people socialize, it is within their own group. Some try to bridge the gap, but not from what I see.” Another echoed the same sentiment, “[The groups interact] pretty good. They kind of stick to themselves. Latino people are into that... The races largely stick to themselves.” One community member elaborated on how the various groups get along. He said, “I believe that these groups interact well, very well, with the exception of the Hispanic community. I don’t feel that they’ve yet joined in with the rest of Sanford. Sanford is close knit. It’ll take time, but I feel that the relationships between the Blacks and Whites are very positive.” At least three people we interviewed stated that a tension exists between Latino/as and Blacks in Lee, as evidenced by stories in the local newspaper and interactions between the local high school kids.

Another concern raised in relation to diversity is the lack of racial and ethnic representation in leadership roles in and around Lee. More specifically, several people spoke about the city and county governments as consisting primarily of White, male leaders. Several

people suggested that city and county governments, as well as the school board, were run by a ‘good ol’ boy network’ that tended to be made up of White men of an older generation. Of primary concern to both service providers and community members was the sensitivity to issues surrounding population growth and desire for innovative, smart growth strategies. This issue of representative government also arose during our Community Forum (See Appendix E for further discussion of this event).

Among these population growth issues, there were many comments about the two populations moving into Sanford: The Raleigh/Cary/RTP population, and Latino/as. Every interview was peppered with conversation regarding either one or both of these populations and the issues and implications that result from their arrival. Below we describe some of these issues and implications that arose during our interviews.

THE CHANGING FACE OF LEE

Influx of People from Raleigh/Cary/RTP

One of the biggest increases in population comes from the Triangle area (Raleigh, Durham, and Chapel Hill). The Triangle region has experienced intense growth over the last 10 years, and many areas of the Triangle are becoming overcrowded. Cary, a town bordering Raleigh to the southwest, has grown so rapidly that it recently had to put a moratorium on growth and found itself sanctioning water use last summer. The main impetus behind this growth in the Triangle (especially Cary) is the growth in business and jobs at Research Triangle Park (RTP). Not surprisingly, as people have moved into the Triangle area, the traffic has become increasingly congested and property values have increased. As these issues have grown in magnitude, people have begun to realize that Sanford and Lee’s proximity to RTP and its low property values are an appealing alternative to living in the Triangle area. Recently, Highway 1,

leading to Cary and to Highways 40 and 54 (to Raleigh and RTP), was widened from two to four lanes. The trip to Raleigh, Cary, or RTP that used to take almost an hour now takes under a half an hour. One service provider describes this new trend, “A lot of people are moving here from Wake County because they find the housing to be cheaper. Now that Highway 1 is finished, they get to Raleigh in 25 minutes rather than living in North Raleigh and trying to get to RTP in 40 minutes because of traffic. We just feel that people are headed out this way especially now that Cary just passed the moratorium on growth.” Lee is also attracting its share of retirees from the north. One service provider explained the increase of northerners as having an exponential effect, “northerners eventually bring the rest of their families.”

Individuals wanting to relocate to Sanford and Lee are not the only people expressing interest in the area. Developers of large scale, housing developments (usually targeted to high-income people) have shown quite a bit of interest in the county. Several new housing developments are underway around Sanford and Broadway that will likely be filled by both Raleigh/Cary/RTP families and northern retirees. Interestingly, one interviewee as well as the News & Observer suggested that there is talk that the western corner of what is considered the Triangle (Chapel Hill) may be changed to Sanford.

The people we interviewed expressed four concerns with regard to the influx of people from the Triangle area. First, because there are increasingly more high-end housing communities and condominiums being built in the area, there was a concern with rising property values. Additionally, some mentioned a dearth of middle income and affordable homes for those not earning high salaries. See the chapter on infrastructure issues for further discussion.

Second, there was concern that Sanford and Lee were becoming a ‘bedroom community’ to those who work RTP. That is, there is concern that while people may move to Sanford or Lee,

they would work in RTP, spend their money in RTP/Triangle, support and volunteer in civic organizations in the Triangle, as well as possibly place their kids in Triangle schools. When people spend their time, energy and money outside of Sanford or Lee, the local community loses out. One service provider stated, “We’re going to have to deal with more and more folks who see Sanford as an attractive place to live, but they won’t actually be working here. And that presents some challenges to providing to these folks without getting much revenue from them to provide those services.” The general implication is that those who work in RTP have a lot to offer economically because they tend to make middle-upper to upper class incomes.

Third, there was a concern that too many people would move to the area from Raleigh/Cary/RTP too quickly and Sanford might find itself in the same position that Cary is finding itself. Several people acknowledged Sanford and Lee as being the overflow for the Triangle and expressed concern about the influence that might have on infrastructure and on the sense of community.

Fourth, some community members were concerned with fair distribution of the money targeted for growth issues around Sanford. A couple of people noted how fast things were growing, and wanted to make sure that their communities weren’t left out of the trend. One person said, “We want something positive from all this growth. Let’s grow with it...I know the money comes, I don’t know where it goes. Growth is great, but we got to grow with it, ya know. If they improve over here, then we’ve got to be improved too. I want to grow with the rest of them; carry me along with you, straighten my area (neighborhood) out.”

Influx of Latino/as

We stated earlier in the secondary data section that the number of Latino/as in Lee has been estimated to have grown from 900 in 1990 to approximately 10,000 in 1997 (United Way

Community Assessment, 1998). Others have more conservative estimates of Latino/as being 10% of Lee's population (approximately 4,800). People we interviewed said that the Latino/as in Lee County come from all over South and Central America, various states within the U.S., and Puerto Rico, with the majority coming from Mexico. While some Latino/as may come to North Carolina with a lot of education and may be fluent in English, many Latino/as come with little education, very little money and often do not speak English. The low level of education and low English proficiency creates a host of barriers and puts Latino/as at a disadvantage.

People we interviewed had mixed reactions to the influx of Latino/as. This mixed reaction is best captured by one community member, "Some people don't like the influx of Hispanics, like 'we don't need this, it's a big drain on our services.'" Others feel, "God created all of us so we have got to learn to live together." A few people explained that there is a sense of richness that Latino/as add to Sanford and Lee. One service provider noted, "They are wonderful people; they have a very rich culture. They have an awful lot to contribute; they are contributing a lot to our economy and our culture. We don't appreciate it." Additionally, some people spoke about the influx of Latino/as as an asset to the local economy and spoke highly of the Latino/a work ethic. Many Latino/as work in factories in and around Sanford. Several people noted that Latino/as often work the jobs that no one else wants. One Latino community member explained why he and other Latino/as are drawn to North Carolina, specifically Lee, by stating, "There are a lot of opportunities that they are willing to take low pay jobs. We are hard workers, and we are willing to do what others are not willing to do because of our obligations [to our families]." The businesses in Lee clearly benefit from a ready supply of Latino/a workers, "A lot of Hispanics are laborers, construction [workers]... They work everywhere; everywhere they are hiring them cause they know they're good workers."

Others spoke of the challenges of having an increasing Latino/a population. One service provider summarized, “It is perceived that the Hispanic population is taking advantage of services and not providing anything in return; that they are draining the services in our community. And that perception is pervasive in some of the better educated groups in our community and that is disappointing to me.” One community member embodied this anti-Latino/a sentiment, “I don’t think they add to the community, they take more than they produce. They are coming into schools and not paying any taxes. Plus we have to hire translators. They take welfare.” As one can imagine, these sentiments create tension and exacerbate the feeling that Latino/as are not well integrated into Sanford and Lee.

Overall, six issues emerged in our interviews that help partially explain the lack of integration and highlight specific issues Lee’s Latino/a population faces. First, there is a general lack of cultural awareness in the community of Latino/a culture(s). Several service providers and community members talked about the cultural divide that kept them in the dark about Latino/a culture thus exacerbating the separateness between the various communities in Lee. One stated, “There’s a great lack of communication [and] cultural awareness. For instance, the Chamber of Commerce’s number one major initiative last year, the wording was atrocious, poorly worded, [was] ‘The Hispanic Problem.’ This is an excellent example of the lack of cultural awareness of our culture and their culture.” Solutions to the lack of cultural awareness that were cited in our interviews included education for both non-Latino/as about Latino/a culture, and for Latino/as about American culture. One service provider described what is needed for non-Latino/as, “...a little bit more training and education towards learning the culture, not so much the language, but the culture, I think that would help.” This solution implies that people will be open to learning about Latino/a culture. One person explained a service provider’s

reaction to an offer of free education on Latino/a culture, “I know everything...I don’t need to know more. I don’t need this. They need to learn about us, not us learn about them.”

The second issues Latino/as face is the lack of bilingual services. This was a key issue that surfaced in both Latino/a and non-Latino/a interviews. While some agencies have bilingual people on staff, several do not and this presents communication problems and ultimately affects Latino/as’ abilities to both access and receive services. Not knowing the language also means that they may not be able to stand up for their rights and advocate for themselves. When asked about the most important issue that the community should address, one service provider said, “I would say language barriers because if you don’t know the language then you don’t know your rights as a citizen.” Another service provider continued to explain, “If you knew your rights, you would call the health department or you would call the city and say this trailer is not working, it’s leaking—that’s the problem [with not knowing the language].”

Some interviewees stated that some agencies in Sanford feel that it is the responsibility of the client to bring their own translator. The lack of translators is a hot issue within the Latino/a community. The Hispanic Task Force, a seminal organization that provides a variety of services to the Latino/as in Lee, provides a translator when possible, but cannot fill the needs for all people. There were a couple of service providers that felt that they did not have to hire translators because the Hispanic Task Force is there to provide the service. Others talked about the difficulty of finding and hiring trained bilingual staff. One community member said, “A lot of places will say, ‘bring your own translator’ which is wrong. They should have a translator.” The Hispanic Task Force discussed the implications of not having access to a translator, “We’ve had clients come back that have had doctors appointments scheduled and they didn’t have a translator available so they lost their appointment, so they have to come back to our office to reschedule

the appointment to get one of us to go. So they didn't get proper medical care, they miss their doctor's appointment, or they don't go seek it because of those reasons.”

Although there were complaints that organizations such as the Department of Social Services, day care providers, city/county government, and the utilities needed to provide translators, there were some organizations named that did a good job meeting the needs of the Latino/a community. The Lee County Health Department, St. Stephen's Catholic Church, and some parts of the police department were talked about as organizations that had responded well to the influx of Latino/as in Lee. Additionally, many interviewees mentioned that the Central Carolina Community College also has responded well to the Latino/a community by providing ongoing, free English as a Second Language (ESL) classes.

Third, stories emerged during both our interviews and at our Community Forum that clearly laid out experiences of blatant discrimination against Latino/as. One way in which Latino/as felt discriminated against is that they are reportedly stopped frequently by police officers. One interviewee said, “Hispanics feel that, like the Blacks at one time, they're just being stopped because they're Spanish. As a Hispanic in that predicament, your morale gets down.” Another interviewee corroborated the experiences with discrimination and the police, “a lot of people feel that they are being discriminated against because if they just look at the face that's it--especially with the police department. If you drive a car that is a little bit too old then the police try to stop you just cause of the car you're driving, or the way you look.” Several interviewees mentioned discrimination at the Department of Motor Vehicles (DMV). One Latino community member explained, “There is a lot of prejudice at the DMV. There is this one lady that everyone talks about. She's really rude, especially with the Spanish speaking persons. I know how to defend myself, [but] others don't.” Another interviewee continued, “That's the

problem, many don't know how to communicate [to defend themselves]. She tried to do that to me, but I am not having it, and she changed [the way she treated] me.”

The fourth issue we heard about in interviews is that Latino/as face poor housing conditions. Many Latino/as live in substandard and/or overcrowded housing conditions in and around Sanford. Many live in trailer or mobile home parks where the quality of housing is poor and where drugs and crime rates are higher. This issue is described in detail in the ‘Growth: Infrastructure and Environment’ chapter.

Fifth, as mentioned earlier in the section on diversity, some interviewees felt that the government was not ethnically, racially or age representative of the people. Interviewees found this to be especially true for the Latino/a population. As one Latino community member put it, “We are part of this community, but we are not well represented in the government...it would be nice if Lee County government invited Spanish speaking people to be involved with doing more for the community.” This lack of representation has implications for getting needs met within the Latino/a community. Specifically, some people felt that the government isn't responsive to the growing Latino/a population's needs. One White service provider said, “I don't think that some of our higher ups in the county realize—they complain about it [growing population], but they don't do much about it. It's like, ‘okay, yea, just stick them over in the trailer park over there, and let's kind of forget about it.’”

Sixth, many Latino/as face transportation issues. For instance, in order to receive a driver's license, you must have a social security card. If you are undocumented and don't have a social security card, you can't drive. One community member illustrated the problem this presents, “What are they going to do? They've gotta to have a way [to get to the store] to feed their family.” Additionally, the lack of a comprehensive public transportation system weighs

heavily on those Latino/as who do not have cars. These issues concerning the lack of a public transportation system are discussed in detail in the ‘Growth: Infrastructure and Environment’ chapter in this document.

While there is no secondary data to corroborate or refute the barriers and issues Latino/as face in Lee (e.g., lack of bilingual services), there was a community diagnosis team that assessed the Latino/a population in Sanford in 1998-99 (Choi et al., 1999). They too found that Latino/as faced many issues and barriers that impact their quality of life. Perhaps the next United Way Community Assessment will further elucidate these issues.

CONCLUSION

In conclusion, Lee’s increasing population has important implications. One important consequence of the increasing numbers of people in Lee is the increasing level of diversity in the population. Although some people we interviewed were excited about the growing diversity, many people said that the various racial and ethnic groups generally kept to themselves. This division among the various cultural groups was often talked about as disturbing. Several people spoke of churches as playing a seminal role of bringing the various groups of people together. Another concern raised in relation to diversity was the lack of representation of the various racial and ethnic groups in city and county government. Some noted the absence of women and younger people in government as well.

The population growth in Lee County includes growth primarily in two different populations: The higher income, predominantly White population who work in the Triangle or RTP, and the Latino/as who come from a variety of Latin American countries and Puerto Rico, with the vast majority coming from Mexico. Each of these groups brings its own set of assets and challenges. The Raleigh/Cary/RTP population brings more money and more attention to the area,

but some are concerned that the introduction of higher income housing will increase the cost of living, and cause Sanford to grow at a rapid and uncontrolled rate which may threaten the small town feel. Some fear that Sanford or Lee will become a bedroom community where higher income people sleep, but do not work, volunteer or spend their money.

The Latino/a population brings a new rich culture to the area, but this group faces a number of barriers that impact their quality of life, and the extent to which they are integrated into Sanford and Lee. Lack of cultural awareness, lack of bilingual services and low levels of English proficiency, discrimination, lack of representation in government, and housing and transportation issues were described as key issues by the people we interviewed. While community members clearly spoke of the barriers and issues Latino/as in Lee face, there were also several non-Latino service providers who spoke eloquently about some of the issues that the Latino/a communities face in Lee. Lack of bilingual services and poor housing conditions were among them. Interestingly, interviews with those involved with the government did not mention or speak about the poor housing conditions that Latino/as face, the lack of racial/ethnic/gender/age representation in government, the transportation barriers Latino/as face, nor did they tend to mention issues around increasing diversity or language barriers. There are implications for this lack of knowledge or priority on the part of city/county government. That is, if the government does not see or recognize the needs or issues, then they are not likely to get addressed. These comments need to be prefaced with the fact that the pool of people involved with the government we interviewed at the city and county is small, and may not be considered representative.

Ultimately, the increasing numbers of both of these groups impact the quality of life of all of Sanford and Lee. The remaining chapters detail issues related to growth and the changing face

of Lee, as well as other issues unrelated to growth that emerged during our interviews and focus groups.

JOBS/ECONOMY

INTRODUCTION

“Since Sanford is Lee’s only economic center, infrastructure was put into place early on...to support industry and business...as more industries were attracted to the infrastructure that was here, more needs for services arose out of that, so it just built upon itself. So we developed a very strong and diverse economic base years ago, none of the surrounding areas were able to generate the same amount of activity so it [people and industry] kept coming to Sanford...Larger companies were looking for a labor force and our industry [which] was primarily low wage, low skill labor force grew and retail grew as a result...all of those things make us very attractive, small town feel and we have a thriving economy.”

When we asked community members and service providers about the economy and jobs in Lee County, we consistently heard that the economy is strong and vibrant, particularly in Sanford. One resident stated, “The economy in Lee is solid.” However, there were varying perspectives about what the effect of a strong economy meant for Lee County, as the economic situation is inexorably tied to the growth in the area. As a result, comments about the economy often included issues concerning infrastructure. The themes that we heard most often around the issue of economy are the strong and diverse industrial base of Lee, the low rates of unemployment, factories and their link to the Latino/a population, wage concerns and the relationship to poverty, and the increasingly high cost of living.

INDUSTRIAL BASE

Almost everyone we spoke with considered the industrial base of Lee to be an asset. Specifically, people spoke of the growing and solid industry as a valuable source of new jobs and occupations, and indicated that it made Lee a prosperous area to live and work, as one interviewee stated, “The economy is booming. There is a diverse industrial base, from textiles and cosmetics to pharmaceuticals. One service provider replied when asked about the economy in Lee, “There is a whole gamut of industry and job opportunity.” However, we heard from

various community members and service providers alike that the lack of transportation in Lee County makes it difficult for some to access the burgeoning job pool and is a source of frustration. One community member stated, “The jobs are there, we just can’t get to them.” This statement refers back to the issues of industrial growth in the county, and its relationship to existing infrastructure. Overall, the expectation in Lee, with respect to the economy, is that it will continue to grow, especially with the completion of the new bypass and airport. Many people feel that although this economic growth is primarily positive, attention must focus on how the growing economy can benefit all people in Lee.

UNEMPLOYMENT

The secondary data matches what we heard from the community, with unemployment measured at 3.9% in 1997. (Chamber of Commerce, 1993). The statistics people mentioned throughout interviews with respect to unemployment ranged from 2% to 4%. Quotes from both community members and service providers are very similar; “[The economy is] growing strong, and low unemployment rate of under 3% is a good indicator that Lee’s economy is well,” “Low unemployment rate,” “Unemployment rate is really good.” This sentiment is consistent with the idea that there are plenty of job opportunities to be had in Lee County. One community member stated, reflecting the feelings of many others in the area, “[The] job base is solid. Jobs are there for those who want to work.”

FACTORIES

Factories are a large part of Lee County’s industrial composition. The top 10 employers in Lee County, with the exception of the school system and the community college, are all factory based, primarily in the manufacturing arena. One community member stated, “ Most of Lee works in a factory.” Many people are glad that the factories are here, but we did hear some

concerns surrounding the issues of factories in Lee County. These issues were mostly about pollution, low wages, and the high employment of Latino/as in the factories. With respect to pollution, one service provider said, “We need one or two clean industries.” This is an echo of other hints we heard pertaining to the possibility of pollution coming from industry. Although no one ever stated specifically what they thought might be becoming polluted, nor were we able to find any data to support it, we did hear that there is the perception that some industries in Lee County may be contributing to pollution.

Another issue with respect to the factories in the county is the concern of low wages. Although most people agreed that factories contributed favorably to the community in providing work to diverse groups of people, many people felt that the wages offered were insufficient. Both community members and service providers voiced the same sentiment by stating, respectively, “[One] can find a job. Scale of pay needs to be improved, but [one] can find a job,” “...We have jobs but I see more minimum wage pay jobs ...not helpful for people to get started.” We heard many people express a concern about poverty in the Lee County area, citing low paying jobs as a probable cause. In general, the sentiment is such that there are job opportunities, but wages need to be increased.

Factory Population

Another issue that bridges concerns about factory, population, and growth is the tie of the Latino/a community to factory work in Lee County. When people talked about the growth of factories and factory jobs in Lee, they often spoke of the large number of Latino/a people who fill the jobs within them. Some people attribute the growth of the Latino/a population in Lee County to the availability of factory work, whereas others see the growth of the factories due in large measure to Latino/a immigration. There is the feeling among some people that the link of

the Latino/a population to the factories is a positive asset, while others view the link negatively. Regardless of the causal factor or the feelings surrounding the issue, almost all people see a direct connection between the factories and the Latino/a community. One service provider remarked when asked how the area has changed in the last five years, “[Lee] has grown by industry and population, especially Hispanic. New companies opened but major growth is Latino... Not all bad because Tyson [Chicken Processing Plant in Lee] is able to operate because Hispanics are willing to work these jobs...” There is a perception that Latino/as are hard, industrious workers, and will take any job. One reason suggested may be due to a lack of opportunity in other areas and barriers to accessing other kinds of positions. The following statement by a community member also alluded to the concern surrounding low wages. “...they don’t have [an] education so they come over here, work hard for less money, that’s why so many people are here because of the opportunities. There [are] a lot of American people who won’t work the jobs, hard work for little pay.” Overall, Latino/as have played an influential role in Lee County’s economic growth and will most likely continue to do so in the future.

COST OF LIVING

There was considerable agreement concerning the issue of the rising cost of living in Lee County, particularly with respect to the cost of housing. Most people agreed that the rising cost of living was directly related to the growth of the industry and the thriving economy in general. When asked about the cost of living in Lee as compared to other areas, one community member remarked, “[Lee] used to be a lot cheaper than Orange or Wake but it’s on the upswing. [The] housing market is very tight. Land prices are rising, too.” This sentiment was echoed fairly consistently throughout our interviewing process, both from community members and service providers.

CONCLUSION

The overall perception we heard from the community members surrounding Lee County's growing economy and wealth of job opportunities was that they are assets for the county. Nonetheless, there were important issues that arose in discussions about the economy, particularly involving low wages, access to the myriad of job opportunities, the growing Latino/a population and their link to factory employment, and the rising cost of living. All of these issues can be related back to concerns about the current infrastructure that is in place to handle the enormous growth of the economy, which we will address in the following chapter.

GROWTH: INFRASTRUCTURE AND ENVIRONMENT

INTRODUCTION

One of the themes that appeared throughout our focus groups and interviews was the growth of Lee County and its effect on the existing infrastructure. The influx of people from the Triangle area as well as newly immigrated Latino/as have created pressure on the infrastructure in Lee. Some people were vocally excited about the growth in the Sanford and Lee County area, as echoed by one community member, “It’s a growing community, people are coming in and making it their home. That to me is a healthy community.” Still, many others expressed concern about the growth in the area, particularly with respect to housing, school crowding, transportation, and the natural and physical environment. As one service provider noted, “I would really like to see [growth] slow down a little bit, but I have a feeling it’s getting ready to accelerate. More people are concerned about the infrastructure to handle the growth.” Another stated, “Need to be careful of growth in the future. [We] need to be wise in planning the development [to] make sure we don’t lose the quality of life.” The salient issues among our interviews with regards to infrastructure were housing, transportation, and environmental issues both natural and physical. The following sections describe the importance of these issues to the community members and service providers in Sanford and greater Lee County.

HOUSING

One issue that was repeatedly mentioned with respect to infrastructure was a concern about housing. Many people noted that the proximity to Research Triangle Park (RTP) makes Lee and Sanford an attractive place to live for those working in RTP and surrounding areas. The growing number of people moving into Sanford and Lee from the Triangle area (e.g., Cary and Raleigh) was concerning community members and service providers. Many of the people from

the Triangle area earn higher incomes and are interested in larger, more expensive homes. Interviews with people in at the city revealed that several high-end housing communities were being proposed and/or planned. As a result, this demand for higher housing is increasing the property values in and around Sanford, which, for some, is problematic. One interviewee stated, “[The] housing market in Sanford is ridiculous. What is driving up the prices is Research Triangle Park...It’s driven up living and housing costs. And most of us don’t work in Research Triangle Park, most of us don’t make \$80,000 per person.” Another service provider noted that middle income housing is hard to find: He stated: “You can’t find that price range of housing. It’s either \$150,000 and up or \$40,000 and down. There’s not a really section...that’s affordable. Not a lot of subdivisions for semi-middle class.” The current average cost of a house according to a realtor is \$130,000 and higher in the west-end of Lee County. Several people likened the rapid growth and developers’ interest to Cary’s experience. One service provider noted, “Sprawl—we have to ask ourselves if we want it. We are 15 years behind Cary if we don’t control our growth.” This reference to being the ‘next Cary’ was echoed by a portion of our interviewees.

Our interviews with people in city government indicated that they are attempting to proactively address the new growth. For instance, a city/county comprehensive land-use plan for 2020 was just developed, zoning laws have recently been re-vamped with input from community members, and city and county ordinances on building are in the process of being merged. Information from the city about the number of building permits issued in recent years indicates that the number issued has steadily increased since 1996, but that there were fewer building permits issued in 1999. Several providers noted building in Lee is appealing to developers and builders because Lee lacks a land-use fee. With the Deep River Forest housing development

approval (a 1,200 unit high-end housing community to be located in Deep River Township), the number of building permits issued in 2000 may indicate another upward trend.

Another salient issue for both service providers and community members with regard to housing was a lack of affordable low-income housing as well as a need for emergency and transitional housing in Sanford and Lee County. Due to the growth of lower income populations in Lee County, interviewees noted that there is an increasing demand for low-income housing. Several people noted that Brick Capital Community Development Corporation and Sanford Housing Authority were two great sources of low-income housing in Lee. While the Sanford Housing Authority has 446 units of low-cost public housing, there are barriers for some to access this housing. Specifically, newly arrived immigrants cannot take advantage of this low cost housing because the federal government mandates that tenants of public housing must be U.S. citizens. Additionally, if any applicant has a criminal record, they are rejected. The need for background checks of criminal records means a much slower application process, making public housing unable to be used in emergency or transitional situations. Several service providers and a few community members noted the need for transitional and emergency housing. Frequently, interviewees stated while there is a shelter for women and one for men, the amount of space is inadequate. It was also mentioned that Lee County needs a shelter for families. As one service provider expressed, “Emergency housing is just not where it should be. We get people and we just can’t house them.”

Several service providers and community members spoke of the poor quality of low income housing in Sanford and Lee. Both trailer parks and poorer neighborhoods were cited as having some housing that was unsafe, unlivable, or overcrowded. Several interviewees talked at length about poor living conditions in the various trailer parks in and around Sanford. According

to one service provider, an estimated 7,000 people live in trailer parks in and around Lee County. Because many Latino/as in Lee are recent immigrants and lower income, Latino/as disproportionately turn to trailer parks for low cost living. For this reason, Latino/as were especially likely to experience poor living conditions. One service provider described the challenge that Latino/as face, “We have a lot of Hispanics living under the poverty line. They’re not living in housing that is healthy. [They live in] trailer parks. The landlords are not taking care of their repairs, they’re not meeting their needs [issues like]...sewer debris, heating, roofing.” Compounding this issue is the language barrier that many recent immigrants face, making communication with landlords about problems with living conditions challenging, if not impossible. One service provider stated, “[Better] housing could be available to them, but if they can’t communicate or feel intimidated, they won’t ever approach it.”

Several service providers are working on getting non-U.S. residents with U.S. born children to be considered eligible for public housing. Currently, non-U.S. residents with U.S. born children are eligible for other government services such as WIC and Food Stamps. One service provider explains the impetus behind this effort, “They really need our services. They are moving into/living in some real...bad situations and they’re paying, you wouldn’t believe what they are paying for these places. [In public housing they could have] a decent safe and sanitary unit for probably half of what they pay now...They need a quality place to live. It’s just the right thing to do.” Interestingly, there are many openings in public housing around Sanford, but because of the barriers stated above, these units remain vacant.

TRANSPORTATION

Transportation was another key issue that community members and the service providers spoke about when discussing infrastructure in Lee County. Interviewees illuminated two

concerns: the increase in traffic due to the increase in number of cars, and the quality of the public transportation system.

Several service providers and community members spoke to the frustration with the increase in traffic. Despite the widening of Horner Boulevard and Highway 1, traffic continues to be an issue. One service provider stated, “Traffic is on the increase. It takes a long time to get through town. That affects the quality of life.” Another effect of the traffic is the danger it presents to pedestrians. Several community members noted that crossing some of the larger streets was very dangerous, and they were concerned about putting their lives in jeopardy just to cross the street.

The second concern with infrastructure in Lee County is the quality of the current transportation system. Interviewees were asked about the services they wished were available in Lee County and the resounding reply was the need and desire for a largely expanded, comprehensive public transportation system. Although COLTS (County of Lee Transportation System), is seen by some as doing a good job in meeting specific needs of specific populations (e.g., the elderly and disabled), people frequently stated that it is not accessible to many. Another concern people stated was that the hours that COLTS runs is limited, such that those who needed evening service can not get around and it is challenging to have to call a day ahead to arrange for transportation. One resident who lives outside of Lee talked of having to pay per mile, making the round-trip into Sanford total over \$15. Lee residents that rely on hospitals outside of Lee for care faced barriers as well. One interviewee spoke about the struggle of having to plan appointments at UNC Hospital on the days of the week that COLTS runs. He stated, “COLTS only goes to Chapel Hill Tuesday through Friday and it takes the entire day, so if you have other issues [such as] ill, elderly, kids at home, it’s difficult...I’ve never been able to

get a family member on COLTS.” A few individuals spoke about feeling excluded because they were not on Medicaid, thus ineligible to use COLTS. One service provider suggested that people in Sanford needed to systematically document the issues related to transportation. He warned that anecdotal stories alone will not be enough to demonstrate the need for a comprehensive public transportation system.

ENVIRONMENT

A third infrastructure issue that was heard during the interviewing process was a concern for the environment. Some of these concerns are directly related to population growth, while others preceded the recent growth. Interviewees were concerned with changes in both the natural and physical environment. For instance, some community members mentioned that they were concerned about industry policies and environmental choices made upstream that effect Lee County downstream. One community resident explained, "They are going to dam up the Randleman River... This is an issue because sewage is going into the river." Other community members mentioned the need for water and sewer systems to be completed countywide. Some community members in rural areas still use septic systems and there is concern about their contamination as exemplified in the following quote by a community member, "Because the community is growing, we are going to have a lot of pollution coming in." A few other community members mentioned the nearby nuclear power plant in New Hope as an environmental concern, but as one person said, "No one ever talks about it." It should be noted that concerns about the natural environmental are not widespread in Lee County. One community member stated, "Select groups only, have water and environmental concerns, not [the community] in general. There's a group that has become more vocal in the last five to eight years. Maybe they've been here all along, but now we hear from them."

The physical environment in Lee County was another concern community members discussed. They stated the need for more sidewalks, streetlights and for better roads. One community resident spoke of concerns for kids trying to play and get around town. They said, "[You] can't tell your kids to walk somewhere, [you] can't bike safely. I wouldn't put kids on bikes in Sanford." One community member suggested, "putting together a petition to get people to sign, to get a sidewalk [put in]." Another commented that, "The more lights you put in a community the better security you got...Drug dealers and somebody who steals don't like lights." Community members wished that the county would clean up neighborhoods, especially run down or abandoned lots. "We got places over here that need to be torn out and re-done." Overall, it was communicated that, "A lot of neighborhoods in Lee County need to be upgraded."

CONCLUSION

In conclusion, the primary issues discussed by both providers and community members include the lack of increasing transportation services, traffic, the need for emergency and transitional housing, the condition of low income housing, the availability of public housing to all low income residents, the need for more middle income housing, and the improvement of the environment. Overall, while some people were excited about the growth, many advocated for planned, smart growth that would not overwhelm or out grow Lee's infrastructure.

HEALTH

INTRODUCTION

Community members and service providers spoke of some general health concerns, but more often of specific challenges of meeting the health needs of infants/ children, the growing elderly population, low-income residents and recent immigrants. Community members generally regarded the availability of health services as an asset but illuminated numerous barriers and challenges to accessing them. A more detailed discussion of each of these issues can be found in the pages that follow. One service provider responded to the question, “What are some of the quality of life issues for Lee County?” with the answer that seemed to sum up the community response with regard to health. She said, “For the most part, it is good, but with a lot of room for improvement.”

HEALTH CONCERNS

The four health concerns that were voiced most frequently by Lee County community members and service providers were diabetes, high blood pressure, cancer and HIV/ AIDS. The interface between public perception of the health concerns of the county and the data provided by the State Center for Health Statistics (1999) is interesting. For diabetes, over the last 10 years, the death rate in Lee County has frequently been higher than North Carolina's rate (See Health Statistics chapter). What is most concerning is that in 1997 and 1998 the gap between these rates has been widening. In our interviews with community members and services providers, diabetes was often mentioned as a health issue of concern.

In the area of cancer, since 1989, the death rate has been consistently higher for Lee County than for the state (See Health Statistics chapter). Fortunately, in the last four years the gap between the county and the state death rates seem to be narrowing. In 1998, there were 220

deaths per 100,000 from cancer in Lee County as compared to 203 per 100,000 for the state (State Center for Health Statistics, 1999).

Finally, in the case of HIV/ AIDS, the AIDS rate in Lee County has been consistently lower over the last 10 years than the state rate (See Health Statistics chapter). In 1998, the AIDS rate in Lee County was 6.2 per 100,000 compared with the state rate of 10.4. Although the reported AIDS rate is lower in Lee County than the state, community members and service providers frequently voiced concern about HIV/ AIDS.

Two additional areas of concern for community members and service providers regarded the needs of infants/ children and the elderly, who comprise two of the largest segments of health care consumers. As one community member stated, “Judging from the kids I see...they’re not as healthy as they should be.” Among the health concerns specifically related to infants/ children mentioned by community members were asthma, respiratory problems, need for immunizations, colds and lice. One service provider suggested that these negative health outcomes in children are a result of the broader issue of access to care for their parents. He stated, “There appears to be a need for wellness checks, basic medical care for a small but significant proportion of our young children (expecting mom to toddler), [who] don’t have insurance, or aren’t aware insurance is available, or that services might be available for free. They’re not getting access to things that we take for granted.”

Some community members and service providers were concerned with the sheer increase of aging community members in Lee. There has been a corresponding increase of economically poor elderly, as one community member stated, “there are a lot of poor elderly in the community.” Other challenges that the elderly face include transportation, affordability of prescription medication, and elder abuse appearing most commonly in the form of neglect.

While substance use and abuse was not often mentioned in response to the question, "What are the major health concerns in Lee?", it was often cited as one of the main quality of life issues in the county. Many community members perceived that drug use and dealing was on the rise in the county and that they would like to see more services and programs for drug rehabilitation throughout Lee County. These issues were also echoed in our Community Forum (See Appendix E).

AVAILABILITY OF SERVICES

"I think we are real fortunate, [we have a] good hospital to stabilize us if [we are] in bad shape, good hospitals in short driving distance in Moore, Chapel Hill, Raleigh and Duke."

Time and again, community members cited their proximity to major medical centers as an asset of living in Lee County. While many acknowledged the limitations of Central Carolina Hospital (CCH) with regard to providing advanced medical care and the perception that it is under-funded and understaffed, the majority of community members felt that it met the community's basic needs. A few interviewees mentioned that CCH meet the needs of Lee's low-income population and spoke of the need for a public hospital. These issues were also discussed at the Community Forum. (See Appendix E)

The Helping Hands Clinic and the Lee County Health Department were the most frequently mentioned by community members as places to go for low cost or free healthcare. Helping Hands is a free clinic in Lee County that provides basic medical services to people without insurance, those who are between coverage, and those who are making too much money to receive public assistance.

The Lee County Health Department provides three types of services: environmental health, clinical services (including the Cooperative Midwifery Program) and health education

and promotion programs. One service provider stated, “Lee has a great health department that works with low income people.” Additionally, both service providers and community members report being excited about the future acquisition of a space for a Lee/Chatham County Dental Clinic. Another service noted as a community health resource is the Haywood/Moncure Health Center located in neighboring Chatham County that operates on a sliding fee scale. While providing comprehensive services and extended hours, some cited transportation as a barrier to utilizing this clinic.

BARRIERS TO ACCESSING SERVICES

The barriers to accessing services that arose consistently were listed in quick succession by one community member as “transportation, lack of bilingual services, lack of cultural sensitivity and then definitely insurance.” With regard to transportation, one community member spoke of general frustration with transportation citing a range of issues including problems getting children to recreational activities, and followed saying, “If that’s the way it is in recreation, could you imagine what it is like trying to get to more vital things, doctors and dentists. It’s scary. It really is.” The County of Lee Transportation System (COLTS) is currently the only transportation system available (as referenced in preceding chapter Growth: Infrastructure and Environment).

Of specific concern to Latino/as community members is that many agencies do not provide bilingual services and residents report a lack of cultural sensitivity on the part of service providers. While the acknowledgement was made that the Lee County Health Department employs bilingual employees and provides bilingual services, many people mentioned the need for more bilingual services within other agencies. One service provider and community resident summed up the issue stating the barriers as “not being eligible for health insurance because they

are here illegally, because they don't work, because they don't have the money, because they don't know where to go, and the barrier of 'I don't speak English'."

Insurance coverage, or lack thereof, was repeatedly reported as a barrier by community members and service providers. Another widespread concern is the lack of knowledge about free or low cost services. As one community member remarked, "If you ain't got money, honey. Then you've got to depend on the man upstairs." In summary, barriers to accessing services included transportation, lack of bilingual services, lack of cultural sensitivity, and insurance concerns.

CONCLUSION

In summary, the perception of the county's greatest health concerns corresponded to the secondary data available for diabetes and cancer but differed for HIV/AIDS. Community members were cognizant of and generally pleased with the array of health services. However, they were quick to mention numerous barriers regarding access. Chief among these barriers were transportation, lack of bilingual services and cultural sensitivity, and lack of insurance coverage.

YOUTH

INTRODUCTION

In our interviews with community members and service providers, we wanted to know how the community perceived the youth in Lee County and if there were particular issues or needs specific for youth. All interviewees had an opinion to share about the young people in the community. Youth issues covered a wide variety of topics including teenage pregnancy, recreation, family support, education, childcare, race relations, and youth services. Some of these topics are noted in other sections of this document as well, but will be discussed here as issues that affect the youth of Lee County.

CHALLENGES AND ASSETS

Overall, community members voiced concern about the youth. Many people mentioned the lack of opportunities and activities for youth. As one community member said, "We need to do a better job to engage young people in positive activities." Another said, "I think we are losing a generation." However, this concern and the challenges which youth represent may also help unite the community." Yet another said, "Our community needs to wake up to the needs of the children and I think that the children can be sort of a common ground where we can all come together."

During the interviewing process we heard interviewees mention both general and specific assets for youth in the community. In general, Lee County was portrayed as being a "good place to raise young children," because it is "nice and clean and people are friendly." Many people mentioned that there were many sports and recreational activities for young kids. These youth teams bring families together and out to the parks to watch the kids play. Additionally, because Lee County is growing rapidly, there are increasing services being offered for children that had

not existed previously. Another result of this growth has been the building of new schools. Many community members expressed a sense of pride about these new schools.

COMMUNITY RESOURCES

A common theme throughout most of the interviews was a need for more youth resources; more things to do, more places to go and more services. One community member stated, "Size wise we aren't prepared to handle the amount of people and children we have." Another said, "Youth, that's one of the problems over here. They don't have nothing to do." Frequently, in the interviews, people mentioned that what was most lacking in the community were sources of entertainment. People felt there are not enough places, such as restaurants and theaters for young people to go to. As one community member stated, "There really is nothing for the kids to do. The one movie theater we do have, I won't allow my kids to go to because of the neighborhood where it is located."

In terms of providing youth with the opportunity to be physically active, the Recreation Department, The Boys and Girls Club, and the YMCA all were portrayed as being great resources in the community. Although teens can go to the Boys and Girls Club, community members perceived that there were more resources for younger kids than for older teens. Also, some community members expressed frustration that there was a lack of places that youth could go where they did not need to pay a fee. In addition, some community members stated that because of traffic, their children could no longer play in their neighborhoods. People stated that due to the growth in the county, community members expressed, there needs to be more sidewalks, bike lanes and playgrounds for the youth to use.

Childcare was another resource which community members identified as lacking. Community members said they would like to see more affordable and quality day care in Lee

County. In particular, some interviewees expressed that there is a need for bilingual day care services.

During the interviews, we asked community members what their impressions were of the school system. The response that we heard ranged from praise, "I feel good about the schools system—good administrators, good school board", to criticism and concern. Although community members were proud of the new, state-of-the-art schools, they remarked on the high school with a tone of grave concern, "I'd hate to send my 14 year old into the environment those kids go into. It's not that it's a bad school, it's just too big." Community members and service providers alike expressed concern about the over-crowded high school. One service provider stated, "Right now we have one high school with almost 3,000 kids and it's crazy up there. We need another high school yesterday and they just keep putting it off, and putting it off. I mean it's just crazy...The high school is like a bomb waiting to go off." In addition to over-crowding, some community members voiced concern about the drop-out rate, the segmentation of students by race and ethnicity, and the need for more special education resources.

SPECIFIC YOUTH ISSUES

In terms of the experience of being a youth in Lee County, some people mentioned concerns about high levels of drug use and un-safe sexual behavior. Interestingly, community members did not blame the youth for these things. Instead, these behaviors were seen as developing out of a lack of recreational opportunities, safe-sex education, and the lack of family involvement. Youth issues are seen as the community's responsibility, and there is a feeling that much more needs to be done. One service provider explained, "There's a very real danger that we can continue to lose youth (they will become disengaged, not feel connected to the community),

if we don't reach out to them and try to get to know them better and sort of bring them back into the fold."

The community members' concern that the youth of Lee County are involved with drugs, alcohol and violence is supported by the juvenile crime statistics, which were discussed earlier in this document (see Health Statistics chapter). In 1995, as a county, Lee ranked in the top 10% in juvenile arrests for liquor law violations, both violent and non-violent crimes, and property crimes. Its ranking for juvenile drug possession or use and drug or alcohol treatment was moderately high when compared with other counties in the state.

The teenage pregnancy rate, which has been consistently higher than the state average over the past 10 years (see Health Statistics chapter), is another example of a youth issue of concern to the community. Some residents feel that the community has not done enough to address the teenage pregnancy rates. For instance, according to one interviewee, the school board continues to choose to provide only the minimum sexual education curriculum required by the state. Thus, a community member concludes, the teen pregnancy rate, "Has some to do with ignorance, and some with poor parenting." One provider noted, "Girls are getting pregnant to have someone to love but they don't even know how to love themselves."

CONCLUSION

The youth issues discussed in this section reflect many community issues, ranging from lack of youth recreational opportunities to the concerns about teenage pregnancy rates. With the continual growth in population, the demand for more resources and the need for services addressing specific youth issues are growing as well. Community members are concerned about youth issues and are committed to trying to make Lee County a stronger community for families.

As one community member remarked, addressing the needs of youth may provide a way for the community to become more united.

RECREATION

INTRODUCTION

One of the themes that emerged throughout our interviews and focus groups with community members and service providers was the recreational opportunities in Lee County. We defined recreation as both entertainment and physical activities. When we asked community members about recreation during the interview process, we were interested in finding out what people do for fun and entertainment and whether or not the Lee County environment is conducive to physical activity (for example, parks as well as bike and walking paths). Additionally, we wanted to learn more about the current facilities that have recreational opportunities. This chapter will highlight the community's perceptions of both entertainment and physical activity opportunities in the county.

Overall, people spoke positively about certain aspects of recreation, but also elucidated areas that need improvement. Specifically, we heard that there are strong sports leagues for children and many people reported participating in a variety of activities. On the other hand, we heard a need for more places to go for entertainment and more places to exercise, including safer bikeways and paths. One community member stated, "A lot of people go out of town to do stuff. There's not a lot to do here...I think it's a weakness of the community." Additionally, some community members mentioned specific barriers to recreation.

ENTERTAINMENT

When we asked community members about the opportunities for entertainment in Lee County, we heard there was a need for more resources, namely more places to go. Specifically, community members wanted to see more restaurants. One community member said, "[We] need name brand restaurants (like Applebee's and Charlies). Ham's and Sagebrush are packed."

Most community members felt that there was not a wide variety of restaurants from which to choose. One woman stated, “Restaurants are limited. There are only two to three nice ones.” Movie theatres were another source of discussion. It was mentioned repeatedly that there was a scarcity of movie theatres, though people spoke highly of the Temple Theatre (a performance arts theatre). Other community members believe that museums are needed to accommodate a “thriving arts community.” One community member stated, “I would like to see more museums. You don’t see museums up on the corner of Horner Blvd.” Finally, some members of the community would like to have “a nice mall with decent stores.” It was said that, “there is not a lot of shopping...there is Wal-Mart and Kmart type places, but no gift-shop type places.”

PHYSICAL ACTIVITY

When we asked community members about their perceptions of the opportunities for physical activity in the county, we heard both positive comments as well as some opportunities that the county is lacking. On the positive side, we heard that there is a strong sports league for children and many of the reported variety of activities community members engage in were centered around physical activities such as fishing, golfing and ice-skating. Some community members mentioned Kiwanis park as a place they go to walk or watch the weekend soccer games that are held there. The community also voiced praise of a few facilities and organizations whose efforts are aimed at recreation and exercise such as the YMCA, the Enrichment Center, and the Boys and Girls Club

On the other hand, many community members claimed that they would like to see more places to exercise. One community member stated, “more is needed for exercise.” Frequently community members mentioned that they wanted more parks, pools, gym space, and safe

sidewalks and bikeways. Moreover, some members of the community mentioned that it would be nice to have a YMCA facility which, we learned is currently in the planning stage.

Additionally, various community members illuminated some barriers to recreation. The following quotes of community members illustrate two current barriers to recreation; A lack of free or inexpensive ways to find recreation or exercise, as well as a lack of space available for recreation.

“If people don’t have money, then they can’t participate. If they have money and some degree of education, then they can access services and take part in recreation, entertainment, and exercise clubs. If you can’t pay, you can’t take part.”

“This is the first place I’ve lived with no open gymnasium. You have to reserve it. (You) can’t just go play ball.”

Furthermore, one woman stated, “My sense is that [health clubs] are mostly used by men,” and illustrates that a perception exists that there is less opportunity for women to exercise may exist.

CONCLUSION

Because there was no existing secondary data of recreational opportunities, it was difficult to assess whether or not community members’ perceptions can be substantiated. However, there was no disparity in community members’ perception of a lack of recreational opportunities in the county in comparison to comments of service providers. Overall, those interviewed felt that Lee County has some entertainment and physical activity opportunities to offer its community members. However, these opportunities are not necessarily perceived as equally available to the public as a whole. Lack of space and free or inexpensive recreation and lack of sidewalks are some current barriers to exercise. Additionally, although community members reported taking part in many activities, most people voiced concern that a vast majority of residents leave town to seek entertainment.

DISCUSSION

INTRODUCTION

As the previous chapters indicate, our interviews and focus groups yielded rich discussions about the strengths, challenges and future directions of Lee County. Now that we've presented these discussions in great detail, we will turn to asking what these findings *mean* for Lee County. Below we utilize some public health concepts such as the social ecological framework, units of identity, units of solution, and community competence to talk about our findings from the perspective of community organizing and community change. These concepts enable us to apply a critical lens to help us think about the implications they have for the future of Lee County, as well as provide some recommendations of where to go from here.

SOCIAL ECOLOGICAL FRAMEWORK

In the pages that follow, we will apply the social ecological framework (Stokols, 1996) to our analysis of some of the issues most often heard from community members. The social ecological framework is a framework for understanding health and social issues and related underlying causes or issues (determinants). Its main premise is that health is related to the nature of people's interactions with their physical and socio-cultural surroundings. There are five levels at which individuals or communities can tackle various health and social issues: intrapersonal (individual), interpersonal (between two or more individuals), organizational, community, policy levels. In Tables S1 and S2, we have illustrated the levels in which the determinants of selected community concerns fit, as well as the levels at which potential solutions could be aimed.

Table S1: Determinants of Selected Needs using the Social Ecological Framework

	Intrapersonal	Interpersonal	Organizational	Community	Policy
Health Access to services (lack of insurance coverage)			X		X
Youth Teenage pregnancy	X	X	X	X	X
Recreation Lack of recreation (aside from sports leagues)			X	X	
Growth 1.Racial/ethnic cohesion	X	X	X	X	
2. Latinos/as Immigration	X	X	X	X	X
3.Infrastructure			X	X	
Jobs/ Economy Wage issue			X		X

Table S2: Developing Solutions for Selected Needs using the Social Ecological Framework

	Intrapersonal	Interpersonal	Organizational	Community	Policy
Health Access to services (lack of insurance coverage)	Heighten awareness of reduced cost services		Increase hours in which services provided at Helping Hands clinic		Increase health coverage

Table S2: Developing Solutions for Selected Needs using the Social Ecological Framework

	Intrapersonal	Interpersonal	Organizational	Community	Policy
Youth Teenage pregnancy	Increase knowledge of birth control options through courses, and local media.		Increase the school sexuality education curriculum. Increase the availability of condoms in the schools.	Increase businesses/ employer’s involvement with community by developing community career tracks.	
Recreation Lack of recreation (aside from sports leagues)		Activities that parents do with their children	School makes activity events that include parents	Make a park committee that organizes event at Kiwanis on a monthly basis	
Growth 1.Racial/ ethnic cohesion 2. Latino/as Immigration 3.Infrastructure			1A. Lee County government sponsored cultural events 1B. Task Force on diversity. 2A. Countywide training to get recent ESL graduates to work in government agencies. 2B. Teach Spanish at work sites for English speakers.		3A. Task force on effects of growth. 3B. Research community needs around transportation.
Jobs/ Economy Wage issue		Organize to lobby for increased wages and to decrease the consequences of lower wages.		Increase wages within companies.	Raise the minimum wage.

ROLE OF HEALTH EDUCATORS

Health educators can be key agents in facilitating the creation and implementation of the solutions highlighted above. They can also play a role as community organizers, facilitate community building, and bring various groups of people together. With regard to community development, perhaps different groups, either broken out by race/ ethnicity or by geographic region, could create an assets map (McKnight and Kretzman, 1999). An assets map is a list of all the strengths, skills and talents that individuals, communities or organizations may have. Then, each of the communities could integrate their maps and develop a way to utilize their strengths collectively. They could tackle common issues like empty lots, the need for streetlights, the lack of a comprehensive transportation system, cultural sensitivity among service providers, the lack of translation services available, and the consequences of growth. Furthermore, youth need to be included as members of these communities and regarded as units of solution and change. Finally, coalition building, spear-headed by health educators around issues such as recreation, transportation and wage concerns could grow from the organization efforts of various communities within Lee County.

RECOMMENDATIONS

In the paragraphs that follow, we will illuminate some of our recommendations for residents of Lee County. First, we recommend that the increasing diversity in Lee County be proactively and positively addressed and that the contributions of people from Raleigh/ Cary/ RTP as well as Latino/as be acknowledged. For instance, as mentioned above, each group could map their assets and then join with other communities within Lee County to work together to address common issues. These asset maps could serve as a catalyst for developing agendas at community meetings. People could organize into specific action groups around some of the

concerns. Secondly, we recommend that existing services and organizations advertise what they do, who they serve and where they are located within neighborhoods and communities. We also recommend that they advertise in Spanish and hire bilingual workers. So many of the recreational opportunities and health facilities for individuals who are uninsured or low income are unknown to many community members.

Units of Identity and Units of Solution

A key to helping people to organize, is to understand how they identify the groups to which they belong (i.e., units of identity). It is our observation that people in Lee County most often identify by demographic characteristics such as age, class, ethnic group, religious affiliation, and geographic location. We found that relationships between subgroups within those units of identity are sometimes reported as tenuous. With regard to age, often youth voices are not considered when identifying community needs or community solutions. Often, decisions that affect youth are made by adults. Additionally, senior citizens use the Enrichment Center in Sanford, but its facilities at the Enrichment Center are open to all community members. Most community members don't know that they could use the gym facilities for 50 cents per day.

With regard to class, many people of middle-high income choose to live in gated communities whose services are not open to the public, and who are literally gated or separated off from the rest of the community. Similarly, people with low-income often opt to live in trailer parks which are often insulated and separated from other neighborhoods.

Relationships between Latino/a and Black communities were reported to be tension filled in some of our community interviews. Interestingly, a recent conversation with a reporter covering the impact of Latino/as on the state described the tension as stemming from a competition for services (personal communication, April 7, 2000). However, he also stated that

after a recent anti-immigrant rally in a neighboring county, Black communities are beginning to recognize that Latino/as face some of the challenges they faced in the Jim Crow South. These groups might be able to join together to address some of the similar discrimination they face in hiring practices, access to services, lack of cultural awareness and cultural competence. Other groups that could come together to create change (i.e., units of solution), include youth groups, neighborhood groups, and ethnic groups, such as the Hispanic Task Force. Church groups within the community, (e.g., the Ministerial Association that is being formed), as well as members of city and county governments that span geographic regions (e.g., County Commissioners) also contain a great deal of promise. Within each of these groups members share either common goals, common values, or both, which could facilitate group cohesion and make it easier to act on selected community concerns.

Community members stated a feeling of pride in Lee County that could be used to weave a common thread among groups and bring them together. A number of distinct groups within the community could come together through pride to work on consequences of growth that affect aesthetics and services within the county. These issues include traffic, empty lots, desire for more recreational activities, the burgeoning high school, desire for a comprehensive public transportation system, and desire for balanced growth. Additionally, vehicles of communication exist within the community, such as the Sanford Herald and a radio show hosted by one community member in which the focus is to "Stay Connected" (it's title) to the issues and activities in Sanford. The pride in Lee, common concerns about growth among diverse groups, and the availability of communication channels can all help to overcome barriers that units of identity face in collaborating together.

Community Organizing

Some examples of the community organizing efforts going on in Lee are the Coalition to Improve the Quality of Life in Lee, LeeCAN (Lee Community Action Network), and the Berkley Place neighborhood association. The goal of the Coalition to Improve the Quality of Life in Lee is to develop a handbook of self-help resources within Lee County. Unlike other organizing efforts, this group has a Board of Directors that includes a broad cross-section of people coming to solve problems. While the handbook is clear and well organized, we are uncertain of its availability to the larger community and its availability in Spanish. LeeCAN takes community identified problems (most of which surfaced in a 1997 United Way Assessment) and creates task forces to tackle each issue. Funding for solutions is provided through a grant from the W.K. Kellogg Foundation and all task force members are volunteers. Berkley Place is a neighborhood association in which the focus is on speaking out, sharing information and advocating for more resources. Members have formed not only from a shared geographic location but also through their shared Christian values.

Community, as a concept, extends far beyond geographic definitions in Lee County. When community members described what they liked most about living in Lee County, a sense of ‘a small town’, where people know their neighbors resurfaced many times. In their own words, community members defined themselves in a relational context where they both acknowledged interdependence with others and also willingness to maintain interdependence by giving and doing for others. Many residents commented that various organizations, and service agencies which were full of dedicated, active people with a high degree of community concern. In our Community Forum, people seemed to recognize their community in the context of a collective political power that was capable of reducing barriers in order to work on salient issues.

Unfortunately, the attendance at the Community Forum was too small to know whether or not that spirit resonates within the county as a whole. Therefore, Lee County is a community identified not only by locality, but as relational and as a collective political power (Heller, 1989). One recommendation we would make for the county is to raise awareness of open governmental meeting and events that all community members could take part in, to enhance participation in, and awareness of, governmental activities, policy, and procedures so that people from different ethnic and racial backgrounds can get involved.

Community Competence

Community competence is defined as the capacity of a community to assess and generate the conditions required to demand or execute change. Cottrell (1980) illuminated the components of community competence as creating consensus on goals and objectives, collaborating effectively in identifying needs and problems of the community, agreeing on ways and means to implement agreed upon goals, and collaborating effectively on required actions. The community organizing efforts listed above are evidence that Lee County has some community competence.

We believe that our Community Forum exemplified the beginnings of developing community competence. At the Community Forum, people demonstrated an impressive ability to identify which salient issues were most important to discuss. The discussion was rich and invigorating. Two topics of discussion were chosen (Growth and Health) and participants identified specific needs and problems within each topic of interest and brainstormed solutions to these problems. For instance, the need for free gym space surfaced, and participants recommended that one way to tackle this issue would be to have LeeCAN create a task force. At the end of the discussion, those interested in tackling specific concerns signed up to continue

working on these issues. While not determined by consensus, problems were identified by community members, and potential solutions discussed and commitments made to take action. All of these components of the Forum demonstrated a moderate level of community competence.

CONCLUSION

In conclusion, Lee County is comprised of a number of distinct communities and can be collectively viewed as a locality, a relational unit and a source of potential political power. While units of identity within the county can be seen as segregated at times, they have formed successful units of solution. Pride, economic and population growth, resources, and interpersonal relationships are some of the factors that aid the community in overcoming its barriers. Lee exhibits moderate degree of community competence and is rich in history, action and potential.

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APPENDIX A: COMMUNITY MEMBER INTERVIEW GUIDE

1. Assessment of Community (verbal transition: “Let’s begin by having you talk about your experience living in Lee County”)

- How long have you lived in Lee County?
- Tell me what it's like to live in Lee County.
- What are the good things about Lee County?
- What are the concerns or most pressing issues facing Lee County?
- Are there various communities within the larger Lee County community? If so, describe them.
- How has Lee County changed since you've been here?
- What do you think about these changes? Are they something you consider being good or bad?
- What different ethnic groups live here?
- How do these groups interact?
- How well would you say people know their neighbors? (if no response, probe for own neighbors)
- If you needed help for some reason or you needed to get something done, whom would you turn to?
- What problems have arisen within the community in the past? What was done to resolve them?
- What are some factors that hold your community together?

2. Community Activities (verbal transition: “Now let’s switch gears and talk broadly about Lee County”)

- What organizations are in the Lee County community?
- Who are the important people in the community for getting things done? Who are the formal/informal community leaders?
- What kinds of projects has Lee County worked on together in the last 5-10 years? How were you involved in these efforts?
- What community organizations/activities are you involved in/with?
- What groups of people are involved in community activities?
- What are the special events that bring the community together (fairs, etc.)?

3. Employment/ Economics (verbal transition: “Now let’s talk about the job market and economy in Lee County”)

- What is the job market like in Lee County?
- Where would you say that most Lee County residents work?
- What do you think of these job opportunities? (Do you consider them to be "good" or "bad" jobs?)
- How do differences in income affect the local economy?

- Compared to surrounding areas, how do you find the cost of living in Lee County? (Probe: What is affordable housing like in Lee County?)

4. Health (verbal transition: “Now let’s switch gears and talk about health issues in Lee County”)

- What health problems have you or your family had to deal with?
- What are the main health problems of people in Lee County?
- Where do you and your family get medical/health care? Where does the rest of Lee County get medical/health care?
- What do most people do when they have health problems?
- What transportation is available to get to health care providers?
- What kinds of human, social or health services have you or your family used? What was it like?
- Would you consider Lee County to be a healthy community? Why or why not?
- Is your community conducive to exercise/ healthy living? How?
- What health services are needed in Lee County that are currently not being provided?
- What environment health concerns are Lee County residents facing?

5. Resources (verbal transition: “Now let’s talk about resources in Lee County”)

- How do you feel about the school system? How do you feel about transportation to schools?
- Where do people in the community exercise?
- Where do people in the community go for food/ clothing?
- Where do people in the community go for recreation/ fun?
- How do they get to those places? What services are provided for those who are unable to get to these places?
- What are some of the resources provided for youth/ elderly?
- What resources would you like to see in the Lee County community?

6. Perceptions of the Future (verbal transition: “Let’s talk about Lee County in the future tense”)

- How do you think Lee County will change over the next 5 years?
- What would you like Lee County to be like in the next 5 years?

7. Closing (verbal transition: “I have a few wrap up questions for you”)

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

Thank you again for your participation!

APPENDIX B: SERVICE PROVIDER INTERVIEW GUIDE

1. Overview of Services (verbal transition: “Let’s begin by having you talk about your Services you provide”)

- Could you please provide me/us with an overview of the services your agency provides?
- What is your source of funding?
- Which groups of residents in Lee County do you serve? (aka ‘have contact with’)
- Which community groups use your services most often? Least often?
- What special criteria must people meet in order to be eligible for your services?
- What barriers are there in accessing your services? (Probe: What barriers does your agency face in providing services?)
- What other organizations provide similar services to community residents?
- How does your agency meet the cultural and language needs of the various groups of Lee County?
- How do community members know about your services?

2. Community (verbal transition: “Now let’s switch gears and talk about Lee County”)

- What would you say are the strengths of Lee County? (ask to elaborate if necessary)
- What would you say are the greatest needs of Lee County? (ask to elaborate if necessary)
- What kinds of community projects have been undertaken in Lee County during your time of working with community residents? Probe: How would you explain their success or lack thereof?
- If you were going to try to implement some type of community project in your community, who from the community would you try to involve to ensure success? (ask for organization name, if they list providers)
- 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?
- How has Lee County changed since you’ve been here? How do you think it will change in the next 5 years?

[Optional Check-in with interviewee]

- What are some of the quality of life issues in Lee County? (ask to elaborate if necessary)
- What are some of the health issues or concerns in Lee County? (ask to elaborate if necessary)
- Of all of the issues we have discussed today, which do you feel are the most important for the community to address?
- What would be the best way to get more community members involved in these issues?
- Is there anything else you can tell me/us about Lee County?

3. Documents

- Does your agency have any literature (e.g. annual reports, brochures, etc.) that might be useful to us?

4. Referrals

- Is there anyone who you would recommend that we talk to about the needs of Lee County?
- Would you be willing for us to mention your name when we contact them?

5. Closing

- Do you have any questions for me?
- You may contact me if there is anything that you want to add to your statements.
- As Spring approaches we will invite you attend the Community Forum at which time the findings from our study will be reviewed/ discussed.

Thank you again for your time and information.

APPENDIX C: FOCUS GROUP GUIDE

1. Opening Question (5 min.)

Let's go around the table to give everyone the opportunity to say his or her name and answer these two questions:

- How long have you lived in Lee County? Where in Lee County do you live? (if applicable)

2. Assessment of the strengths and challenges of Lee County (15 min.)

- If you knew someone that was considering moving to Lee County, what would you tell him or her about the area to convince them to move here? Probe: What are other strengths or good things about Lee County?
- What are some aspects of Lee County that could be improved?

3. Changes over time (10 min)

- How has Lee County changed over the past five years?
- How do you think Lee County will change over the next 5 years?

4. Resources/Activities (15 min)

- What kinds of projects have people in Lee County worked on together in the past five years?
- Who are the important people in the community for getting things done? Probe: If you needed help for some reason, or you needed to get something done, whom would you turn to?
- What groups are active in Lee County? Probe: *(make sure you get this information)* What sort of things are they working on?
- What resources or activities would you like to see in Lee County that are not here now?

5. Health (10 min)

- What are the main health problems of people in Lee County?
- What do people in your community do when they have health problems? Probe: Where do they seek professional care?
- Are there barriers in accessing care?
- What do you believe are the most important characteristics of a healthy community?

6. Closing (10 min)

- Is there anything else we have not asked about that is important for us to know about Lee County?
- Of all the issues we have talked about today, what issues do you think are the most important for Lee County to address?

OPTIONAL:

- What makes you most proud of your community?

Thank you very much for participating!

**APPENDIX D:
LIST OF PERSONS INTERVIEWED**

Date	Service Provider or Community Member	Gender	Race/ Ethnicity
11/3/99	Service Provider	Male	White
11/4/99	Service Provider	Male	White
11/8/99	Service Provider	Female	Black
11/10/99	Service Provider	Male	White
11/10/99	Service Provider	Female	Black
11/11/99	Service Provider	Male	White
11/15/99	Focus Group: Community Member Community Member Community Member Community Member Community Member Community Member Community Member Community Member	Female Female Female Female Female Female Male Male	Black Black Latina Black Black Black Black Black
11/16/99	Focus Group: Service Provider Service Provider Community Member Community Member Community Member Community Member Community Member Community Member Community Member Community Member Community Member Community Member Community Member	Male Female Male Male Male Male Male Male Male Male Male Male Female	Black White White White Black White Black White White Latino White Black Black
11/17/99	Service Provider	Male	Black
11/18/99	Service Provider Service Provider	Female Female	Latina Latina
11/20/99	Service Provider	Female	White
11/23/99	Service Provider	Female	White
11/24/99	Service Provider	Female	White
11/29/99	Service Provider	Female	White
11/30/99	Focus Group: Service Provider Community Member Community Member Community Member Community Member	Female Female Female Female Female	White Latina Black Black Black

Date	Service Provider or Community Member	Gender	Race/ Ethnicity
12/1/99	Service Provider	Female	White
12/2/99	Service Provider	Female	White
12/3/99	Focus group: Community Member Community Member Community Member Community Member Community Member	Male Male Male Female Female	White White White White White
1/28/00	Community Member	Male	White
2/3/00	Community Member	Male	Black
2/4/00	Community Member	Male	White
2/4/00	Service Provider	Male	White
2/7/00	Service Provider	Male	White
2/8/00	Community Member	Female	Black
2/9/00	Community Member	Male	White
2/11/00	Community Member Community Member	Male Male	Latino Latino
2/11/00	Community Member	Male	White
2/11/00	Community Member Community Member	Male Female	Latino Latina
2/15/00	Community Member	Male	White
2/15/00	Community Member	Male	Black

APPENDIX E: COMMUNITY FORUM REPORT

The Lee County Community Forum, held on March 4th 2000, was organized by a planning committee. The planning committee consisted of three students from our community diagnosis (CD) team from the School of Public Health, Gwen Morgan from the Lee County Health Department, Marcus Goodson from the Sanford Housing Authority, and Cora McIver from a neighborhood association called Berkley Place. The committee met twice before the Forum to decide collectively on details such as how to publicize, where and when to hold the event, and how to design the format to encourage community involvement. Throughout the planning process, individual members of the committee and other members of the community were consulted on these and other matters as well.

The Community Forum was publicized in numerous ways. Over 100 personal invitations were sent out to service providers and community members. These invitations included a letter and, for some, flyers (written in both English and Spanish) encouraging community members and service providers to attend. All the people who participated in the interviews and focus groups were sent an invitation. In addition, we invited employers and business leaders from a list provided to us by the Chamber of Commerce, and invitations were sent to community members who were involved with LeeCAN. Letters were also sent to many of the religious leaders in the community encouraging them to attend the Forum, as well as to publicize the event from their pulpits. A Public Service Announcement was created and sent to local community radio stations, WXKL and WFJA, so they could extend an invitation to their listeners. Finally, flyers were put up around the community announcing the event. Both the flyer and the Forum program were written in English and Spanish as an effort to encourage the attendance of all community members.

The Forum was held on Saturday, March the 4th from 10:00 AM to 1:00 PM at the Lee County Senior High School in the cafeteria. When community members arrived, a team member greeted them. After community members signed in and put on a nametag, they were encouraged to look at a series of posters that we had created. The posters were organized by the prominent themes from our interview and focus group data that we would be presenting on; they included photographs of the community and quotations from community members and providers. A list of the six themes on which we would be presenting was listed on one poster board. After perusing the posters with quotes and pictures, community members were asked to put a sticker next to the theme they would be most interested discussing during the Forum. To create a comfortable atmosphere there was background music and everyone was welcome to an assortment of drinks and breakfast snacks while waiting for the Forum to begin.

Each community member was given a Forum program when they arrived. The program outlined the original Forum agenda. This plan included a variety of presentations and activities (see attached program). A Spanish translator, Marlene Williams, was hired to translate all presentations and activities. The original agenda included an introduction by Mike Hanes, a short warm up activity, an introduction to the community diagnosis process, presentations on the prominent themes from the primary and secondary data, small group discussions on the themes and finally, a large group activity focused on developing action steps for the community to take.

Our agenda for the Forum was created with the assumption that a moderate portion of the over 200 people we had invited would attend. Although we picked a common, centrally located site and had used multiple mediums to advertise the Forum, only a total of 15 people showed up, which included the staff from the Lee County Health Department and the Hispanic Task Force

who came to help with the Forum. Due to this low turn out, we revised our agenda. Below is a discussion of the Forum's activities.

Shortly after 10:00 AM, Mike Hanes, the director of the Lee County Health Department welcomed the community members and introduced us as students from the School of Public Health (CD team). We had planned to follow Mike's introduction with a Human Bingo activity but instead, due to the low turn out, Ada Goldovsky, a CD team member, had each person in the room introduce themselves, and say one thing they really liked about living in Lee County. Next, Phil Noyes from the CD team presented an introduction to both the concept and the process of a community diagnosis. After this introduction to community diagnosis, Rachel Stevens, Colleen Carpenter, AnnMarie Lee and Pamela Marz did a semi-formal presentation of the six prominent themes that emerged from our interviews and focus groups. The themes included: Assets and Challenges, Growth (both infrastructure and population), Economy, Health, Recreation and Youth. Each of these presentations included both primary and secondary data outlined on slides. Community members from the audience were asked to read quotations from the interviews to elucidate the points that were made on the slides. Following these presentations, we took a short break where participants were invited to have refreshments. Following the break, Phil announced that we would be having a large group discussion on the themes that people had indicated were most interesting to them on the sticker board when they had arrived. He asked people to verify that these two themes were still those that most people were interested in talking about (in case our presentation of findings had spurred new interests). Everyone agreed that they were most interested in Growth and Health, so we handed out sheets with key quotes and discussion questions concerning Growth and Health which were picked from the interviews to generate discussion. Phil had the group begin by reading the quotes associated with Growth.

Three questions were posed to the group for each of the two themes chosen for discussion: What is your response to these quotes? What do they mean for the future of Lee County? And, What are the action steps the community can take to address some of these issues you have discussed? The four tables below lay out key issues discussed for each theme as well as suggested action steps for each theme.

Table A1: Growth—Issues

GROWTH—KEY ISSUES	
ISSUE	THOUGHTS AND/OR SUGGESTIONS
U.S. Census	<ul style="list-style-type: none"> • Inaccurate U.S. Census count in 1990 meant an estimated loss of over \$400,000 for Lee County. • Undocumented immigrants feel scared they’ll get caught if the Census counts them.
Immigrants	<ul style="list-style-type: none"> • Issues exist for legal and illegal immigrants, especially access to services.
Cultural Awareness	<ul style="list-style-type: none"> • Need more community events to raise cultural awareness. • Bring the government together with the Latino/as.
Inequality/Racial Barriers	<ul style="list-style-type: none"> • Need to focus on people as equals. Need to break down racial barriers, and see we are more alike than we are different. “Your baby cry cause when hungry just like my baby cries.” • Need to focus on the betterment of community. • Children are growing up going to schools with diverse kids—this is great. The kids see each other kids as ‘kids’ not as Black, White and Hispanic.
Growth	<ul style="list-style-type: none"> • Need to balance the growth. Deep River Forest is going be a new Carolina Trace. Need to be careful that it doesn’t get too expensive. • Need to be proactive about growth issues, and deal with everyday growth issues. “Where my mother was born is the back of K Mart now.” • We do have a strong set of involved proactive community members, but they are over committed. “People think their plates are too full to get involved.”
Diversity/Power	<ul style="list-style-type: none"> • Issues of control—the same people are controlling what is happening. The dominant paradigm (especially used in Washington, D.C.) doesn’t allow others in. It takes millions of dollars to run for president, and those that can pay that amount, buy the power. “Those in power, stay in power.” • It’s not good that people only see White people when they go into City and County offices—they need to see diversity so they see that they can see that they are capable of being in City and County government.
Voting	<ul style="list-style-type: none"> • Need to increase the amount of people that vote.

Action steps or solutions were then generated for these growth issues. One solution was to create a resolution or mandate that government be representative of the people. One way this might be accomplished is by creating a task force or coalition to work on getting more diversity in government. People thought that it would be good idea to learn how the County Commissioner meetings work, and use these meetings to advocate for the recreation of the proposed resolution. One way to encourage people to attend these meetings was to have churches announce the dates of the County Commissioners meetings to their congregations and urge people to go to them. By going to these meetings people could get a sense of how the process/system works so that they can use the system to advocate for a representative government. A second resolution was to address the growing diversity and subsequent division among racial and ethnic groups by building on kids diverse experiences in schools to bridge the various groups and cultures.

Table A2: Health—Issues

HEALTH—KEY ISSUES	
ISSUE	THOUGHTS AND/OR SUGGESTIONS
Funding	<ul style="list-style-type: none"> • Most health care dollars at the federal level go to services. Public health (health education and prevention) only receives 2-3% of all health care dollars.
Recreation/ Exercise	<ul style="list-style-type: none"> • There’s no place to exercise without paying. Have to pay per hour to play basketball. Having a facility to also function to bring everyone together. The Enrichment Center has gym that charges 50 cents per day and anyone can use it but people don’t know about it. Need something like this for the entire community. • All children should have access to community spaces for recreation. There are parks and buildings in public housing, but they’re just not being used. • There is a general lack of knowledge about where you can exercise. Lack of awareness of what is already there and what can be done with it. “If you don’t know, you don’t go.”
Enrichment Center	<ul style="list-style-type: none"> • Enrichment Center needs preventive health, and health education classes, and we need to publicize it.

Table A2: Health—Issues

HEALTH—KEY ISSUES	
Access to health care services	<ul style="list-style-type: none"> • There is no public hospital in Lee. The private hospital (CCH) has refused to treat people without insurance even though it is illegal to do so if the injury or illness is life threatening. • People can go to Haywood/Moncure Health Center but this is a big issue if you don't have transportation. • Lack of health insurance (if everyone had health insurance, everyone could use the private hospital).
Substance Abuse	<ul style="list-style-type: none"> • Need outreach/counseling available in neighborhoods, like a DARE program but for the community/neighborhoods. Need community education about drugs/substance abuse on a continual basis—not a one time or once in a while things. • Need treatment center for addicts, especially since substance abuse leads to other health issues, like higher rates of sexually transmitted diseases. Need to work on access to existing treatment options that already exist. Also need to get drug addiction classified as a disease so that more funds will be diverted to it. • Need transitional housing so that those who are recovering addicts can get back on fee
Environment	<ul style="list-style-type: none"> • Concern with environment—there is noise pollution, water pollution and garbage issues. These lead to various health issues.

Some action steps or solutions were proposed from the above discussions on health issues in Lee. One suggestion was to have a resource list compiled on health services, including recreational and exercise opportunities in Lee and Sanford. A second suggestion was to mobilize people to advocate for universal health care coverage. A third solution was to get the topic of free recreational space on the agenda of the Recreation Department's board of director's meeting. A fourth solution or action step would be get the Enrichment Center to offer more health promotion program and seminars, and conduct more outreach activities. Additionally, people felt that the Enrichment Center should do a better job of advertising, particularly that they have a gym that is open to the general public for 50 cents per day. A fifth solution participants made was that LeeCAN should create a task force for recreation issues. Lastly, participants were upset with the low turn out and suggested that everyone in attendance contact the newspaper to

publicize the low turn out. Some people felt that the lack of government representation at the Forum was indication that the government was not interested in community level issues..

As the discussion ended, people wanted to know where they were going to go from there. The CD team passed out sign-up sheets according to theme so that people could show their interest in continuing to work on some of the issues that emerged from our presentation and our discussion. Some people signed up to work on multiple issues. The Lee County Health Department intends on following up on these issues. Although we were disappointed with the low turn out, we were very pleased with the depth and energy of the discussion. We were also excited to hear that many people who came had an interest in continuing to dialogue about these and other issues.

LIST OF FORUM ATTENDEES

Darryl Bin
Shirley Cotten
Maribel Diaz
Carlos Gomez
Mike Hanes
Harold Harrington
Janice Horner
Monica Locklear
Cora McIver
Gwen Morgan
Mary B. Oates
Nan Pardington
Scottie Mae Rogers
R. Tiera
Marlene Williams

**APPENDIX F:
COMMUNITY FORUM FLYERS**



Come and Voice Your Opinions

**Community Meeting
Saturday, March 4, 2000 | 10am til 1pm
Lee County Senior High School Cafeteria
1708 Nash Street | Sanford, NC
Refreshments provided**

Sponsored by the Lee County Health Department
and
Students from the School of Public Health, UNC-CH

Ayuden a Mejorar el Condado de Lee



Vengan y Compartan sus Opiniones

Una reunión comunitaria
Sábado, el 4 de marzo de 2000, 10-1pm
Lee County Senior High School, en la cafetería
1708 Nash Street | Sanford, NC

Habrán refrescos/ Habrá interprete

Patrocinado por el departamento de salud del condado
de Lee
Presentado por: Estudiantes de la Escuela de Salud Pública
de UNC-CH