

Stewart Manor  
Lee County, North Carolina

An Action-Oriented Community Diagnosis:  
Findings and Next Steps of Action

May 6, 2004

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Completed during 2003-2004 in partial fulfillment of requirements for HBHE 241  
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### **Dedication**

The Stewart Manor Action-Oriented Community Diagnosis team would like to dedicate this document to the memory of Winston Martin, Martha Nicholson, and Janie Pearson.

### **Acknowledgements**

The Stewart Manor Action-Oriented Community Diagnosis team would like to thank everyone who helped make this project a success. We would like to thank the Stewart Manor residents for welcoming us into your community. The information that you provided was invaluable. We would also like to thank the Sanford Housing Authority; our preceptor, Ms. Sandra Petty; our forum planning committee; our teaching team for the course: Geni Eng, Karen Strazza Moore, Mondie Mason, Erica Childs, and Julia Philpott; all of the service providers who completed interviews with us; and the volunteers from our class who assisted at the forum. We would like to thank the local businesses who donated various items for the forum. These businesses include Piggly Wiggly, Winn-Dixie, KFC, Jersey Mike's, Pizza Inn, Papa Johns, Carolyn's Creations, Wal-Mart, and Dairy Queen.

## Executive Summary

This document details the steps in an Action Oriented Community Diagnosis (AOCD), as implemented in a public housing apartment complex, Stewart Manor, located in Sanford, North Carolina. A group of five students from the University of North Carolina—Chapel Hill, School of Public Health’s Department of Health Behavior and Health Education, in conjunction with residents and service providers of Stewart Manor, carried out the AOCD process.

This document begins with the definition, overview, and goals of the AOCD process. The next section includes the methods used throughout this AOCD, including an account of the steps taken by those involved in the AOCD process, from entry into the Stewart Manor community to data collection and analysis. Following this section, background information on Lee County, Sanford, and Stewart Manor is included, such as health statistics, demographic data, and historical information.

The next major section of this paper includes a discussion of the themes that emerged from interviews with both residents of Stewart Manor and those who provide services to Stewart Manor. These themes are discussed in detail and their respective sections in the paper include the perspectives of residents, service providers, and AOCD student team members. A community forum was held to address many of these themes, and the next section of the paper covers the progression of the community forum, as well as the action steps identified by each individual group. This document then concludes with recommendations the AOCD student team developed for residents of Stewart Manor. The AOCD student team members hope that the residents of Stewart Manor and service providers can use these recommendations, as well as other information presented in this document, as they progress toward positive change for the entire community.

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## Introduction

An Action-Oriented Community Diagnosis (AOCD) explores different aspects of community including culture, values, norms, leadership, helping patterns, and history (Steckler *et al.*, 1993). An AOCD should illustrate what it is like to live in a community, what the important health problems are, what interventions are most likely to be successful, and how the program would be best evaluated (Steckler *et al.*, 1993). The goal of an AOCD is to begin to see the world from the perspective of the community and those involved in the community. Through the review of secondary data, such as census information and newspaper articles, observation, and interviews with service providers and community members, an AOCD explores the various perspectives and unique factors that work together to define a community. By bringing these different realities together in an AOCD, one can collaborate more effectively with all community stakeholders to create change and to improve overall health and quality of life. An AOCD will be most successful if partnerships are formed within the community and if everyone shares common goals.

### *Defining Community*

To begin to understand the perspective of a community, one must first gain an understanding of what defines that community. Community can be defined as a group of people who form a social unit based on common location, interest, identification, culture, and/or common activities (Fellin, 1995). Thus community can be organized into two main categories: by common locality or place, or by interest and identification. In addition, communities of interest and identification can exist within communities of common locality or place.

Stewart Manor is operated by the Sanford Housing Authority and was built to house “the elderly 62 years old or older or those qualifying by being disabled” (Mitchell, 1976). Stewart

Manor is one of seven public housing facilities in Sanford, and one of two buildings designated specifically for elderly and persons with disabilities. When the team began the AOCD process, they defined their community, Stewart Manor, as a geographically bound public housing high rise for the elderly and persons with disabilities. Their challenge was to determine if that community of common locality possessed characteristics of a community of interest and identification.

The first step in an AOCD is to identify a community and to determine its components using social and demographic characteristics that may identify similarities among groups of people (Eng & Blanchard, 1991). Ideally, a community will come to a health practitioner and request assistance during this step. This results in a more effective process because community members will initiate the process, and will take a more active role from the beginning.

Beginning in October 2003, this AOCD team was given the opportunity to work with the Stewart Manor community. In this situation, the Sanford Housing Authority (SHA) invited the team to do the community assessment. The team was connected with two community preceptors who served as liaisons between the team and the community. Ms. Petty is a former SHA employee who worked at Stewart Manor and Miss Bettie Pearson was a resident of Stewart Manor and the former president of the Residents' Association. The team began the AOCD process by talking with the two preceptors to gain general knowledge about Stewart Manor.

### **Methods**

#### *Windshield tour and gaining entrée*

One important step in the AOCD process is to conduct a windshield tour by driving through the community and taking note of living conditions, resources, and evidence of problems. It is important to pay special attention to housing, private and public services,

condition of roads, and maintenance of buildings and yards (Eng & Blanchard, 1991). This team conducted several windshield tours. During the first tour, the five-member team drove down Horner Boulevard through Sanford and around Stewart Manor. Realizing that they had only viewed a small part of Sanford, the team returned to make additional observations. During the remaining tours, the team drove around the Stewart Manor building, the surrounding area, and downtown Sanford. The observations noted by the team will be included in the themes section.

Gaining entrée is an important part of a community diagnosis and is a continuous process. The goal of gaining entrée is to introduce the team to the community and to begin to make connections. When done properly, an AOCD team should be able to connect with community members and service providers and become an unobtrusive presence in their community. The Stewart Manor AOCD team began to gain entrée simply by going to Stewart Manor and spending time there. The team played bingo with some residents on Friday afternoons and attended one Residents' Association meeting. During those visits, the preceptors introduced the team to the community and gave them an overview of what the team would be doing. The team began to spend more time at Stewart Manor as they became more familiar with the community and its members.

### *Secondary Data*

#### Data Collection

The AOCD process relies on the collection of secondary data, which provides support for, and insight into, the themes that emerge from primary data collection. Secondary data were collected through various sources, including the UNC libraries system, census web pages, Lee County organizations, and newspaper archives. Data collected through the UNC libraries system were obtained through literature searches pertaining to Sanford and Lee County health statistics.



Internet research focused on Sanford and Lee County vital statistics, including local demographics, health-related statistics, and crime statistics.

Secondary data were also collected from Sanford and Lee County organizations, such as the Lee County Health Department, Sanford Housing Authority, Area Agency on Aging, LeeCAN, and the Sanford Herald. As a supplement to statistical data, historical information was collected in order to provide greater insight into the progression of Sanford, and how Stewart Manor has developed within the larger Sanford area.

#### Analysis of Data

Secondary data were collected and organized based on categories that emerged after being reviewed by the team (Appendix A). The categories identified include Older Adults in Lee County, Housing and Urban Development (HUD) and Sanford Housing Authority (SHA), History of Stewart Manor, and Stewart Manor Today. Information on Lee County, demographic information and health statistics on older adults, and history and background information on HUD, SHA, and Stewart Manor are included in the background section.

#### *Primary Data*

The AOCD process also involves the collection of primary data from individual interviews and focus groups with Stewart Manor residents and local service providers, as well as field note observations recorded by the team. A total of 36 individual community members and service providers participated in interviews and a focus group (Appendix B). Prior to conducting any interviews or focus groups, the team received IRB approval number 03-2151 (Appendix C). In order to receive approval, a panel of experts composing an Institutional Review Board at the School of Public Health reviewed this project and determined that the rights and welfare of

participating individuals would be protected. Copies of fact sheets used to obtain consent, as well as interview guides, can be found in Appendix D.

#### Development of Interview and Focus Group Guides

The interview and focus group guides used by the team were adapted from guides used in past AOCD projects. The team revised the guides to investigate specific key areas they identified related to Stewart Manor. For Stewart Manor residents, questions addressed the strengths and challenges of Stewart Manor and issues residents feel impact them the greatest. The guides were designed to make residents feel comfortable in the interview process, and to allow them to speak freely about a particular subject. The interviewers also probed as needed, asking questions that were not on the guides. The interviewees could refuse to answer any questions.

The interview and focus group guides for service providers were developed in a similar manner to the interview guides for Stewart Manor residents. The guides were also based on guides used in past AOCDs, and were revised to investigate specific topics related to Stewart Manor. In addition to questions regarding the strengths and challenges of Stewart Manor, the questions in the service provider guides were developed to address the role service providers play in those strengths and challenges. The questions for service providers were also designed to allow them to feel comfortable in the interview process. The team pre-tested both the resident and service provider guides with one of the preceptors, Ms. Petty, and modified the questions based on her feedback.

#### Recruitment of Residents and Service Providers

Residents and service providers were initially chosen with the assistance of the preceptors. Ms. Petty provided the team with a list of recommended contacts for individual

interviews. Before contacting residents of Stewart Manor, Ms. Petty introduced the team to each potential resident interviewee. The team then contacted those residents who expressed interest to set up an interview. At the end of each interview, residents were asked if they could recommend additional interviewees. If the resident suggested a contact, the team asked the resident to contact that individual, in order to gain permission for the team to interview him or her.

Service providers were contacted by a team member, given a description of the AOCD process, inquired of their familiarity with Stewart Manor, and were asked to participate in an interview regarding the services they provide. If a service provider agreed to an interview, then an interview time and day were established. After completing an interview with a service provider, the team asked the service provider for potential interviewees with whom it would be beneficial for the team members to speak. Those recommended service providers were then contacted in the same manner.

For the focus group, the team recruited ten residents to participate by asking the preceptor to identify several residents who would be interested and comfortable voicing their opinions in a group setting. The team then contacted the individuals, and informed them of the time and date of the focus group.

### Data Collection

After residents and service providers were recruited, two team members, an interviewer and a note taker met with each individual to conduct the interview. During the interview, the interviewee was given a fact sheet approved by IRB describing the interview process, the purpose of the interview, and the risks and benefits associated with involvement in an interview; the interviewee was then asked if he or she agreed to participate. The interviewee was also asked if the team could tape-record the conversation to ensure accuracy of data collection. The fact

sheet was read aloud to the interviewee, who was given a personal copy of the fact sheet. The fact sheet included a confidentiality clause. Once the fact sheet was completed, the tape recorder was turned on, and the interview began. The interview guide consisted of twenty questions, and took approximately one hour to complete.

A focus group was also conducted with Stewart Manor residents. During the focus group, the interviewer read the fact sheet aloud, and gained permission from each member to proceed. The interviewer then moderated discussion among participants. The focus group lasted approximately one-and-a-half hours.

A note taker was present during each individual and focus group interview, and took notes throughout the process. The notes taken during the interviews and focus groups were used as an additional source of information in the event that the tape recorder failed to operate or the interviewee refused to be tape-recorded. They were also used as a means to record body language and gauge the comfort level of the interviewees, as well as a guide for transcription.

### Analysis of Data

After the individual and focus group interviews were conducted, the information recorded on the tapes was transcribed, coded, and then analyzed. Each taped interview was transcribed onto a Word document, and the tape was stored in a secure file cabinet to later be erased. Codes were developed to organize the information provided by the interviewees in each interview or focus group into specific themes. The team read the first six interviews and individually created codes. They later compared and condensed the codes and sub-codes into a codebook. After that, the transcribed interviews were read by two team members, and coded according to the codebook (Appendix E). For example, a main code “maintenance” was established, and the sub-codes “sanitation” and “plumbing” were included within that main code. The purpose of this

system was to assist in identifying the major themes identified by the interviewees. The team compiled the coded excerpts from the interviews into an Excel file and used this document to examine how frequently the codes were observed. They also considered their own perspectives based on observations from their field notes. Eleven themes emerged from the data after analysis and discussion (Appendix E).

### *Planning the Community Forum*

One of the final steps of the AOCD process is to hold a community forum. The goal of the forum is to present the themes that emerge from the interviews to the community and to facilitate discussion among community members and service providers about taking action to create change. To plan for the forum, the team involved both Stewart Manor residents and service providers.

At the end of each interview, the team asked individuals for advice regarding where and when to hold the forum and if they were willing to help plan it. In March, the team then formed a planning committee comprised of seven residents, two service providers, and Ms. Petty. The planning committee prioritized five of the eleven themes based on importance and changeability. The committee also advised the team about where to have the forum, suggesting the Stewart Manor auditorium as the most convenient location for residents. The committee decided that having the forum at 3:00 p.m. during the week would be the most convenient time for service providers and residents. They brainstormed a list of individuals to invite to the forum as well.

The team and planning committee met three times at 3:00 p.m. on Fridays at Stewart Manor. On the Monday before the forum, the residents on the planning committee organized a resident meeting to inform other residents about the forum. They talked about the five themes

that would be presented and encouraged everyone to attend and to participate in discussion. Planning committee members also advertised the forum by inviting friends and family members.

The team advertised the forum by hanging flyers on each apartment door at Stewart Manor, as well as on bulletin boards and main doors. In addition, the team sent personal invitations to the service providers they interviewed and to others identified by the committee. Finally, the team solicited donations from local businesses for the forum.

### *Limitations*

The Stewart Manor AOCD team identified several limitations of the methodology used to complete this process. First, the secondary data that the team collected were not always specific to Stewart Manor. In many documents, the data represented individuals in Sanford or Lee County instead of Stewart Manor residents. Additionally, recruitment and interviews of key informants could provide a biased perspective of Stewart Manor. The key informants were supposed to be individuals who could represent the views of the Stewart Manor community as a whole. Because we only interviewed these individuals—in many cases, the most vocal residents—the views may not be generalizable to other residents of Stewart Manor.

In this document, the team combines their own perspectives with those of Stewart Manor residents and service providers. The team attempted to accurately portray the views of all perspectives represented in this document. Since they created the interview and focus group guides, and collected and analyzed data, their personal perceptions and assumptions had an impact on the outcome of the process. In addition, as a result of the nature of the AOCD academic exercise, the team had concerns about whether or not they were completing the process as it should ideally be done. Time constraints limited the number of interviews they could do, the data they could collect, and the amount of assistance they could provide for community

organizing to Stewart Manor. The team and community invested a significant amount of time in this process and hopefully, as a result of the forum, residents and service providers will enact changes in their community to improve quality of life.

### **Background**

The following sections will describe the secondary data gathered by the team including general information on Lee County, Sanford, older adults, Housing and Urban Development (HUD), Sanford Housing Authority (SHA), and Stewart Manor.

Lee County is located in central North Carolina. It is bordered by Chatham, Moore, and Harnett Counties, and was established in 1907 from portions of Moore and Chatham counties. Lee County is relatively young compared to other counties in North Carolina; it was the 98<sup>th</sup> county out of 100 in the state. The entire county stretches across 255 square miles, which makes it one of the smallest counties in the state. The city of Sanford is located in Lee County, and serves as the county seat.

#### *Older Adults in Lee County*

Lee County's composition of older adults and those with disabilities is similar to the state of North Carolina as a whole. According to the North Carolina Division of Aging (2002), Lee County comprises approximately 0.6 % of the population of the state of North Carolina with 49,816 residents. The population of adults age 60 and older living in Lee County (2002) is approximately 17 %, while adults age 85 and older comprise 1.4 % of the population (Table F1—see Appendix F for tables and figures). In the year 2000, members of the baby boom age cohort constituted 27.8 % of the population of Lee County, indicating a shift in the general age of the county's population toward older adults (NC Division of Aging, 2003). This implies a future need for increased services for older adults in Lee County.

According to the 2004-2008 Area Plan on Aging, Lee County's population of residents age 60 and older is comprised of fewer minorities than the statewide census numbers; in Lee County, 14.3 % of the citizens age 60 and older are minorities, compared to 17.4 % statewide (NC Division of Aging, 2003). Of these older, minority residents, 2.39 % of those in Lee County are living below the poverty line, compared to 3.3 % in the state.

The disability status of Lee County residents is also very similar to North Carolina state estimates (Table F2) (NC Division of Aging, 2003). Disability is defined by the US Census Bureau as "a long-lasting, physical, mental, or emotional condition. This condition can make it difficult for persons to do activities such as walking, climbing stairs, dressing, bathing, learning, or remembering" (NC Division of Aging, 2003).

Residents of Lee County receive various types of social insurance benefits from federal and state sources (Table F3). As of 2002, 0.7% of Medicaid-eligible adults, age 65 and older living in North Carolina were from Lee County. The Medicaid expenditures for the same age group in Lee County were \$10,307,419 out of the \$1.6 billion spent on Medicaid statewide (NC Division of Aging, 2003). In 2000, on average, beneficiaries received \$789, which is slightly more than the state average of \$786. In addition, 629 of the 66,832 clients age 60 and older who receive food stamps in North Carolina in 2001 were from Lee County. The monthly food stamp expenditure for this age group was slightly lower in Lee County than the statewide estimate; in the county, it was reported to be \$39 per client, compared to the \$49 per client for the state (NC Division of Aging, 2003).

In 1999, the median household income for people age 65 to 74 in Lee County was reported to be \$30,220, which is slightly higher than the state estimate of \$28,521 (Table F3). Similarly, the median income for households of residents age 75 and older was reported to be



\$21,584, compared to \$19,303 for North Carolina (NC Division of Aging, 2003). People age 65 and older comprised 3.6 % of the labor force of Lee County in 2000, which is close to the statewide estimate of 3.5 % of this age group (NC Division of Aging, 2003).

From 1999 to 2001, the top five leading causes of death in Lee County were heart disease, cancer, stroke, chronic obstructive pulmonary disease, and diabetes mellitus (Table F4) (LeeCAN, 2003). These causes of death varied by gender and race, with heart disease as the number one killer among all groups (Figures F1, F2, F3, and F4). In the 40 to 64 age group, the leading cause of death was cancer (Figure F5). Approximately 43% of deaths among adults age 65 and older were caused by heart disease (Figure F6). White and minority Lee County residents had three leading causes of death in common, including heart disease, cancer and stroke (Figures F1 and F2). The remaining two leading causes of death for white residents were diabetes mellitus and chronic lower respiratory disease, and for minorities, kidney disease and homicide.

The Lee Community Action Network (LeeCAN) prioritized several health initiatives for the years 2002 and 2003. In 2002, these were to increase recreational opportunities, improve race relations among residents, increase educational facilities, decrease crime, improve safety, increase affordable housing, and expand economic development and increase employment. The priority health initiatives identified for 2003 were to reduce deaths caused by chronic diseases, increase the number of organizations addressing race relations, decrease childhood and adult obesity, and increase access to health care (LeeCAN, 2003).

LeeCAN's priorities indirectly target the health concerns of older adults by attempting to improve the lifestyle behaviors in younger age groups (obesity and chronic disease prevention). However, there seems to be a lack of prioritization in Lee County for the health of older adults. Many older adults have retired or are not able to work, so their earning power decreases. Those

whose sole income is social security benefits and food stamps struggle to make ends meet. Older adults potentially face numerous health concerns that are a result of aging and poor lifestyle behaviors.

#### *Housing and Urban Development and Sanford Housing Authority*

The United States Department of Housing and Urban Development was created in November of 1965 as part of President Lyndon B. Johnson's War on Poverty. HUD's mission is “to increase homeownership, support community development, and increase access to affordable housing free from discrimination. To fulfill this mission, HUD will embrace high standards of ethics, management and accountability and forge new partnerships—particularly with faith-based and community organizations—that leverage resources and improve HUD's ability to be effective on the community level” (United States Department of Housing and Urban Development, 2004).

HUD oversees several federal programs and agencies. Its primary responsibilities include: mortgage and loan insurance through the Federal Housing Administration; administration of community development block grants; development and support of affordable housing for low-income residents; rental assistance through Section 8 certificates for low-income households; public or subsidized housing for low-income individuals and families; homeless-assistance; education about and enforcement of fair housing. HUD also supervises public housing authorities. Public housing authorities are organizations created by local governments that administer HUD's Low-Income Public Housing Program and other programs.

The Sanford Housing Authority was founded in September of 1961 as a result of a petition circulated by concerned citizens. It was the 35<sup>th</sup> housing authority in North Carolina and founded on the principle of “providing safe, sanitary, and decent housing” (SP Interview, 2004).

Today, the Sanford Housing Authority manages seven low-rent communities, encompassing 447 individual units, as well as 366 Section 8 housing units.

### *History of Stewart Manor*

In 1976, Sanford's first public housing complex for elderly, disabled, and handicapped individuals was constructed. Stewart Manor is five stories high, contains 100 units, and is bordered by Horner Boulevard, Washington Avenue, Dudley Street and Leak Street, near Highway 421 in Sanford (Mitchell, 1976). Groundbreaking ceremonies celebrating the initiation of construction for Stewart Manor took place on May 6, 1976. The Housing Authority Commission Chairman, Roy Utley, and Sanford Mayor and namesake of the building, Roy Stewart, shoveled the first bit of dirt with a gold colored shovel to commemorate the occasion (Mitchell, 1976; SP Interview, 2004). Former Executive Director of the Sanford Housing Authority, Eunice Rives, also attended the ceremony and said that the groundbreaking was the culmination of "many months of toil, sweat and frustration" (Mitchell, 1976). Prior to the ceremony, Mayor Stewart commented, "We've been waiting four years for this, so let's get going. We've done a lot of arm twisting and I've made a hundred calls to [SHA] office and I'm ready to go" (Mitchell, 1976).

There was a waiting list for all the units when the construction finished and tenants began to move into "Sanford's first high-rise for the elderly" at 8:00 a.m. on May 1, 1978 ("First few," 1978). One resident was quoted in the *Sanford Herald* saying, "I like it fine, so far. I expect I'll be here as long as I live. It's the nicest place I've been in." Another said, "I moved for the advantages of this whole building" ("First few," 1978).

When Stewart Manor was built, apartments were classified as efficiency, one bedroom, or two bedrooms. The apartments included telephone and television jacks, as well as emergency

pull chains that residents could use to alert the administration office if they needed assistance.

The building also included an auditorium, craft room, and office space on the ground floor. At that time, the rent was 25% of adjusted monthly income (“First few,” 1978).

#### *Stewart Manor Today*

Currently, the building is almost at full occupancy, with roughly 90 individuals living in the 100 apartments. Approximately 27% of the Stewart Manor residents are Caucasian, 69% are African-American, and 4% are Hispanic. In comparison, 56%, 29%, and 19% respectively, of Sanford’s population falls into the same racial categories (US Census, 2000). Residents range in age from 30 to 93 years-old, with an average age of 61.6 years-old (SHA: Project Family Listing, 2004). An estimated 47% of Stewart Manor residents are over age 62, and approximately 44% of residents are disabled. The average household income of Stewart Manor residents is \$7,538 per year and \$628 per month (SHA: Data sheet, 2004).

The 28-year-old building was most recently inspected in December 2003 by HUD for its annual assessment of public housing authorities. All properties maintained by the housing authority are inspected for the assessment. As of December 2003, SHA was deemed a “standard performer” by HUD. It scored an 85 out of 100: Physical 20/30; Financial 29/30; Management 27/30; Resident 9/10. The score is calculated by HUD and is derived from inspections of SHA’s public housing complexes, administrative work, and resident satisfaction surveys. Surveys are mailed to a random sample of residents who are encouraged to complete and return them to HUD. SHA did not know the response rate of the surveys. According to the December 2003 HUD report, residents scored the SHA 9.1 out of 10.

## Themes

In this section, the team has compiled the analyzed data from individual interviews with service providers and Stewart Manor residents, the resident focus group, and observations from the team's field notes. Eleven themes emerged from the analysis.

### **Theme 1: Residents of Stewart Manor recognize themselves as a community in which they can support one another.**

*“Well, you know, we all get along fine. You know how folks are—we have some that don't get along, but when I do come down here, everybody comes in and they speak.”*—  
Stewart Manor Resident

When asked how people residing in Stewart Manor get along, residents often described Stewart Manor as a place where people interact “like family.” When residents moved to Stewart Manor, they had to manage a transition between two different living environments. Residents expressed that although the transition was challenging at times, they “gradually began to like it” at Stewart Manor, and took comfort in knowing that another resident would be by to check in on them if they ever needed anything. One resident summed this feeling up by stating: “I don't feel alone and isolated, like when I was out there [living alone].” Residents also expressed that they have the opportunity to talk with others residing in the building if they want to, or can “keep to themselves.” Some residents mentioned the importance of “minding their own business and taking care of their own needs.” Finally, just as every family has its ups, it also has its downs; Stewart Manor is no exception. Residents recognized that every now and then people will “bicker with one another,” but that overall people get along just fine; “it's like a family.”

Service providers agreed with Stewart Manor residents and stated repeatedly that the residents of Stewart Manor are “one big community,” or “seem like one big family.” In general, service providers expressed that Stewart Manor is a “community where people can spend time together...[and] they're not alone.” They also recognized that differences arise like in any community, but for the most part, “they're like one big family.”

Over the last six months, the team began to see what service providers and residents meant by “family.” On the days the team members were in Stewart Manor, they saw residents congregating in the community rooms talking, laughing, and, occasionally, bickering. Residents watched out for one another; some were stationed at the main entrance ensuring that “outsiders” did not get into the building to create problems. During one interview with a resident, another resident knocked on the door, and put her head inside the room just to make sure that “everything was ok.” Residents also commented that if the alarm signal was blinking outside of their door, they were certain another resident would come and check on them, and notify a security guard or other SHA officials for assistance.

The team’s definition of the community changed from one of common locality to one that possessed characteristics of a community of interest and identification. Stewart Manor residents have some common interests and can relate to one another on many levels. The team feels that the manner in which residents enjoy their own privacy, engage with others socially, as well as rely on others if they need anything, indicates strong characteristics of any community or family.

**Theme 2: The location of Stewart Manor provides residents access to both local businesses and less desirable aspects of the neighborhood.**

*“Stewart Manor has a strong presence in Sanford. People want to live here because of the accessibility to many things—location.”—Service Provider*

*“Convenience. If people don’t have a way to get to the store, most of them can walk.”—Stewart Manor Resident*

Stewart Manor is located in a residential area toward the center of Sanford off Horner Boulevard (see Appendix E for a map of Sanford). In general, Stewart Manor residents like the location of Stewart Manor, because there are businesses within walking distance. Residents can walk to the Piggly Wiggly, a local grocery store, and Kerr Drug, a pharmacy, in five to ten minutes. There are also fast food establishments within walking distance: Snappy Seafood, Bojangles, KFC, and others. The residents said that the close proximity is especially a benefit

for those who do not have cars and have to find other ways to get around Sanford. Stewart Manor is also close to the Department of Social Services (DSS) where residents get their Supplemental Security Income or Social Security Disability Insurance checks and to SHA where they pay their rent. It was clear to the team that being able to access places by themselves is important to residents.

One aspect of location that some residents are concerned about is the proximity to an unsafe neighborhood. One resident said, "I don't like the community...up there [pointing to the neighborhood houses]; there's just too much illegal stuff going on in the community." Although the team listened to residents discuss the crime in the neighborhood, they never observed anything illegal while they were in the area. The team generally visited Stewart Manor in the morning or afternoon. Despite some concern about the position in this neighborhood, residents like the location of Stewart Manor.

Service providers also identify the location of Stewart Manor as an asset, saying that its central location makes it easier for residents to access services. One service provider said that Stewart Manor is "a central location for residents to be picked up to go different places." Another commented that people want to be at Stewart Manor because it is close to downtown Sanford. Service providers also say that the location can be a disadvantage to the residents because they identify the streets surrounding Stewart Manor as "kind of the projects with lots of drug and crime activity." A service provider stated that, "you've got a lot of guys that hang out on the street and drink their beer...residents calling up, saying people are selling drugs right there...a lot of drug traffic. You've got a lot of prostitution." Another service provider said that "it's getting better, but it's somewhere you do not want to be at night by yourself."

Stewart Manor residents, service providers, and the team agree that the location of Stewart Manor provides easy access to numerous services and local businesses. Unfortunately, Stewart Manor's location in this neighborhood also provides residents access to an environment in which crime, drugs, and prostitution exist. This closeness allows residents easy access to unhealthy substances and raises concerns for safety and health. Service providers seem more concerned than residents about the nearness to drug and crime activity. Because the location is convenient for residents and their reality includes dealing daily with the presence of drugs and crime, they may perceive the proximity to these things as less threatening than service providers.

**Theme 3: Residents and some service providers are dissatisfied with the physical condition of Stewart Manor facilities.**

*“She said she’s scared to cook. I asked her why. She said because when she turns her stove on to cook and she turns it off, she says that the stove comes back on. She’s had a problem with that before and I went to them and I thought that they had fixed that. It don’t need to be fixed—it needs to be thrown out and put her a new stove in there. That’s dangerous. It’s real dangerous.”—Stewart Manor Resident*

*“The electrical is in pretty good condition...but it’s just older. The cabinets are old and worn. The floors are older and worn. Things like that –just things that need to be completely rehabbed to give it a whole new look. I mean, the exterior of the building is in very good condition. It’s not something we need to tear down or nothing, but the interior’s just seen its better days.”—Service Provider*

Throughout the AOCD process, one of the most common themes among the comments of both service providers and residents was the physical condition of Stewart Manor facilities. This theme developed from expressed views about the maintenance procedures, as well as views of the condition of the building; the building was typically seen as an area in need of some change. This theme seemed more relevant for residents, however, most service providers also acknowledged these issues.

The Sanford Housing Authority employs eleven maintenance staff members to provide for the general upkeep of the building and respond to resident reports of problems. Recently, SHA assigned one to two staff members to work solely at the Stewart Manor facility. SHA



provides all residents with a number to call for reporting “work orders” when they need something repaired, and policies state that someone should come to fix the reported problem within two business days. Interviewees repeatedly commented on the following issues related to Stewart Manor’s condition: the need for re-painting and cleaner carpets in units, pests, old and uncomfortable common area furniture, stoves presenting fire hazards, plumbing problems, overflowing trash chutes and dumpsters, and sanitation.

Opinions expressed during interviews were mixed in regards to staff responsiveness to work orders. Some residents were very happy with the maintenance procedure and made comments such as, “I like the way they operate. If things go wrong, then all we’ve got to do is call the office and they’ll see that somebody comes out.” Other residents said it often took longer than two days for someone to come to their apartment or that nobody responded to calls on weekends and holidays. Some SHA staff members also acknowledged that all work orders weren’t addressed right away, and explained that this issue was the result of understaffing. It was evident to the team that the context of understaffing was not always recognized or understood by residents in the building.

In addition to apartment concerns, most residents expressed frustration with ongoing building problems, such as plumbing, trash disposal and building upkeep. Some have experienced sewage back-ups in their bathtubs and sinks. A few residents have changed units due to plumbing problems, and others have said that nothing has been done to address the issue in their apartments. SHA officials told the team that they are currently in the process of replacing all plumbing on the first floor. Additionally, residents repeatedly described building trash chutes backing-up several floors and dumpsters overflowing with trash. SHA staff re-paints the walls and cleans the carpets in units after residents move out. Service providers said

that this procedure maintains the conditions of the building; however, community members felt these things should be done on a more regular basis for all residents rather than just when someone moves out. Service providers acknowledged many of the same issues as the residents, but explained that a lack of funding prohibited them from making as many changes as they would like. One SHA official said the agency hoped to make substantial renovations in the next 5 to 10 years and “get those units back where they were in the 60’s and 70’s.”

On several occasions, residents stated that the physical conditions of Stewart Manor impact residents’ quality of life. Residents said they would spend more time outdoors and congregate in common spaces if the landscape and building were designed more appropriately. Some residents had complaints about outdoor facilities, such as no chairs on shared balconies, the rusty water fountain, and the location of outdoor benches in the direct sunlight. Many residents cannot use the benches because they take medications that require them to stay out of the sun. The team also noticed that the paved walkways on the grounds are cracked and uneven. Several residents said that the furniture in the common area was too hard for elderly adults to sit on for very long and that may contribute to residents not wanting to socialize in that space. Service providers did not discuss these issues, and it was not clear to the team whether they were aware of them.

Another important issue noted in interviews and frequently observed by the team was the way residents communicated their concerns. Many residents said they reported work orders, and a few said they took problems “straight to the head” if those work orders were not being addressed. However, more vocal residents also talked about instances in which they reported problems for neighbors who were afraid to complain themselves and said some problems often go unaddressed because people didn’t tell staff about them. Some service providers who worked

closely with residents also discussed this trend, but most service providers did not seem to be aware of the issue.

In general, community members and service providers both feel that the conditions of Stewart Manor are showing signs of deterioration as a result of its age. However, residents also blamed conditions on poor staff response, while service providers more frequently explained the reasons why problems continue. Notably, when asked what they would like to see happen in the future at Stewart Manor, residents consistently stated they would like to see the building torn down and completely rebuilt. Few service providers made such strong statements. Team members noted that their perspective was likely somewhat different from both residents and service providers since they heard experiences and explanations from both perspectives that seemed not to have been communicated to the other party, such as the tendency for unreported maintenance issues and funding limitations.

**Theme 4: Building accessibility leads to compromises in safety for Stewart Manor residents.**

*“I personally feel that most handicapped need to be on the lower floors. If the elevator shuts off, there is no way to get down the steps. Even if someone was with her, getting her down the steps would be an issue.” –Service Provider*

Stewart Manor is a five-story building that is equipped with two elevators. Residents are placed in apartments based on availability, and frequently don't have a say in whether they are placed in a first or fifth floor apartment. Several residents are confined to wheelchairs due to their disability status. Some of these chair-bound residents reside on the higher floors of the Stewart Manor facility, and rely on the elevators to carry them from floor to floor.

Some Stewart Manor residents feel that this situation may compromise their safety. If there is a fire or another emergency where the elevators cease to function, wheelchair dependent residents will be unable to use the stairs to get out of the building. This is a factor that SHA has considered and, as a result, they let the local fire department use Stewart Manor as a training

facility. The firefighters are familiar with all the exits and practice removing residents in wheelchairs from the balconies. Some residents believe that all wheelchair-bound residents should be in ground-level apartments. Residents also expressed concern that the front doors of the building were difficult for someone in a wheelchair to operate. One resident commented, “The doors are not wide enough, and I don’t understand that in a building like this. Some people use the side door to get in. I watched one guy who could never maneuver; he changed his chair, because he could never get around.” Several times, the team watched as residents using wheelchairs struggled to get through the doors or requested assistance. Residents expressed a need for more accessible doors for Stewart Manor residents who use wheelchairs.

Some service providers agreed with the residents that building accessibility leads to compromises in residents’ safety. They agreed that the residents with disabilities that restrict mobility should not be placed in upper-level apartments. SHA representatives stated that they are always trying to “rehab units for persons with disabilities.” They hope that within the next five years, they will have enough units for everyone who has a disability at Stewart Manor. Overall, few service providers brought this issue up in interviews. They said that fire safety training was available and required for all residents, but did not mention how the building accessibility may cause safety barriers for the residents.

Some Stewart Manor residents, service providers, and the team identify the lack of accessibility and mobility for some residents as a barrier to their safety. In interviews, more residents than service providers discussed this concern. Some service providers did not seem as aware of building accessibility in general, which could be a reflection of the amount of time they spend in the building.

**Theme 5: The Sanford Housing Authority has made a lot of progress in security; however, there are still some unmet needs.**

*“I think Stewart Manor is a nice building if they could get some of the things that are going on in here out of here. That would make us feel a little more secure.”*—Stewart Manor Resident

*“They decided to add security at night. So, for many years we just had a security service who came 10-6, and walk around and do reports. Then we added cameras so we could see all the floors. Then we added the doors, so nobody could just walk in. So now you got the guards, the cameras, and people have to buzz in.”*—Service Provider

Over the past few years, SHA made several improvements in the security surveillance of the Stewart Manor facility. They hired security guards to be on duty from 10 p.m. to 6 a.m. every day. Surveillance cameras were also installed in the hallways and entrances of the building; the footage from these cameras is viewable on TV monitors in the front office. The front entrance of the building is equipped with a security device that only allows residents with special cards to enter. There is also a call box at the front door where a visitor must call up to a resident’s room to get that person to come down to open the door.

The residents believe that these security advancements have improved their safety at Stewart Manor. Despite these improvements, the residents still mention several unmet security needs. Several of the residents expressed concern about “outsiders” (people who do not live in the building) coming in at night and causing problems. One resident said:

It’s a quiet place and a lot of illegal things can happen when it’s quiet, especially at night when people are sleeping, and I’m afraid if. . .we have security that come in at night, but I don’t know where he be. I know I see him sometimes here on the floor but I don’t know if he can see what I be seeing. Sometimes they’ll [outsiders] come in before he comes on duty. I think some of these doors need to be eliminated during the night time cause they can still come in. People that live here can let them in.

According to the residents, outsiders are either coming in before the security guard comes on duty, or they are being let in by other residents. Sometimes outsiders knock on first floor windows to be granted access to the building. Some residents believe that outsiders may be involved with crime, drugs, and prostitution and should therefore be kept out of the building. The team noticed that residents will let people without cards, such as volunteers and visitors, into the building. The team never had any trouble getting into the building and is unsure whether all of those residents were familiar with them. Residents also said that they let friends and family members of other residents in if they recognized them.

Service providers discussed the improvements in security that have been made over the past few years. One service provider indicated that “security used to be an issue, but they have tightened that up. You need a code to get in after a certain time.” Most service providers were aware that a guard was on duty at night and that there is a code system at the front door in order to access the building. Few service providers mentioned the problem of outsiders coming into the building and causing problems. Some did, however, mention that illegal activities may go on at night at Stewart Manor, including substance abuse and prostitution.

Residents, service providers, and the AOCD team members agree that some progress in security at Stewart Manor has been made over the years; however, there are still some unmet security needs. The main concern for residents is outsiders coming into the building at night. The service providers mentioned this less frequently, perhaps because they are not in the building at night and do not get to see first hand that these issues exist.

**Theme 6: There is a disconnect in the lines of communication between representatives of Sanford Housing Authority and Stewart Manor residents.**

*“Sometimes administration thinks they don’t have a problem—it is the residents that have the problem. No. We all got a problem and we all got to work together to fix it.”—  
Service Provider*

Overall, Stewart Manor residents feel that there is a lack of communication between SHA and themselves. In April 2003, residents formed a Residents' Association to serve as a forum to discuss resident concerns. The president of this organization gave the executive director of SHA updates and spoke for the residents. The group held a couple of meetings and then the president moved out of Stewart Manor, so the group no longer meets. Residents indicated that they are afraid to raise concerns "because they are afraid of retaliation; afraid that someone is going to tell them they got to move." The team heard from several vocal residents that they often speak for the less vocal. Residents perceive that the SHA staff doesn't care about people, and would like them to be a little more caring. "[SHA] need[s] to know how to talk to people. They don't know how to talk to people." Residents also feel like SHA is not listening to their concerns. They say that SHA talks to them to let them know what they want the residents to do, "rules and stuff." "But if you tell them about what is going on, there is nothing ever done about it."

SHA representatives agree that communication needs to be improved. When asked what major problems residents face, one service provider responded, "a positive relationship with the administration." They pointed out that residents often feel disrespected when communicating with SHA. "Their very basic complaint was courtesy. When they talk to people in the office, they feel degraded, and they should not feel that way. There is terrible communication." In contrast to what the team heard from residents, SHA staff indicated that they care about the residents. One person talked about trips SHA sponsored in the past, saying that they "take them places they have never been before. It makes me happy." Another representative said, "We have liaisons over there that keep me informed of what's going on from the tenants' perspective," indicating that SHA has systems in place to enhance communication. Ultimately, SHA representatives recognize a need to improve communication. "I think everyone in

administration—not just the key people and I mean that—because I think everyone needs to be there to hear what the residents have to say and the residents need to hear their response.”

The team identified a lack of communication between residents and SHA. They encountered problems recruiting residents for individual interviews because some were afraid that they would lose their apartments if they spoke with the team. The team heard from SHA that some programs were reduced and that some staff members were laid off as a result of funding cuts. They were not sure if this situation had been clearly communicated to the residents so that they understood why things at Stewart Manor were changing. Additionally, the team listened to many residents complain about problems at Stewart Manor. These residents were unwilling to speak with staff about their concerns because they didn’t think anyone would listen.

Stewart Manor residents, SHA staff, and the team agree that there is a lack of adequate communication between residents and staff. The staff cares about the well-being of the residents, but doesn’t always communicate that to them, so the residents feel like the staff doesn’t care about them. Staff cutbacks further exacerbate the issue. Residents are worried that if they speak up, they will be kicked out of Stewart Manor. This indicates a misunderstanding of policies or simply a fear of authority. If residents do not speak up, SHA staff is unable to respond to problems or concerns, questions go unanswered, and residents feel like no one cares about them.

**Theme 7: Understaffing at the Sanford Housing Authority leads to service inadequacies for the residents.**

*“The workload is too extreme. We only got 23 employees and most of them are in the maintenance department. So the workload is just so great and they don’t have an equal distribution so everybody is feeling overwhelmed. How can morale be anything but down?”—Service Provider*

*“The tenants are going to be the one that loses.”—Service Provider*

*“Several staff work so hard—overflowed.”—Stewart Manor Resident*



Stewart Manor residents recognize that the SHA staff with whom they interact work hard. They noted how the Resident Services Coordinator has to split time between Stewart Manor and the SHA office, and how maintenance sometimes takes awhile to respond to requests. The team had difficulty setting up interviews with staff members because they were busy working. Many SHA employees seemed overworked and sometimes stressed. Residents acknowledged recent reduction of staff: “Before the cutbacks, there was two others working here.” They miss the former employees who were very supportive, and feel like they no longer have anyone to whom they can give complaints.

Some SHA employees also recognize understaffing as a concern. They described being unable to meet the needs of residents and other housing sites, because they have to spend so much time at Stewart Manor. SHA staff does not have time to drive residents to places in the two vans or maintain recreational activities. The team observed that some programs for residents were neglected as a result of understaffing. For example, the residents were not able to play bingo every Friday or use the craft room at Stewart Manor because there was not an individual to organize and maintain the activities. One employee commented “I am really beginning to not like my job because I am not performing like I am able to.” In 2003, SHA lost approximately \$125,000 in funding from the Drug Elimination Grant. With this money, they were able to employ three Resident Services Coordinators at Stewart Manor. When HUD eliminated the funding, SHA was forced to lay off two of these employees. The team worries that as a result of understaffing, the residents do not have access to all the services that they need, such as recreational activities, assistance navigating SHA policies and social services, and social support.

Residents, SHA employees, and the team all agree that understaffing is a reality at Stewart Manor. Residents miss former employees and some of the services that they provided,

especially social support. Employees recognize that they are not able to fulfill the needs of all residents or sometimes the requirements of their job descriptions.

**Theme 8: Residents feel there is a lack of organized activities in Stewart Manor for recreational purposes.**

*“I wish they would find more things to occupy our minds here. You only tend to do drugs and alcohol when you have absolutely nothing to do. So, therefore, I think there should be more things to keep the residents involved.”—Stewart Manor Resident*

Stewart Manor residents generally talked about several main issues when asked, “What do community members do for fun?” First, they almost always referred to how people like to get together and talk, and sometimes “fuss at one another.” Next, they often mentioned that residents “have snacks, activities...watch TV in the auditorium.” Some residents discussed other available activities, such as a weekly bowling league, bingo, and weekly exercise at the Nautilus Center. However, residents stated that these activities were for residents “who are able to get around,” or for people who do not have restrictive health conditions. Another important issue was that residents expressed concern that some of the activities that previously occurred at Stewart Manor are no longer happening, or are occurring infrequently. Some of the preferred activities mentioned were trips to the hairdresser, trips to see plays or movies, and trips to the beach. Some residents connected the lack of or reduced number of activities to cutbacks in SHA staff, or possibly staff turnover. Other residents did not connect the lack of activities to a source, but still expressed concern. In general, residents would like to see more activities occurring at Stewart Manor, and for pre-existing activities to occur more frequently.

When service providers were asked what Stewart Manor residents do for fun, they generally mentioned crafts, bingo, the pool table, exercise at the Nautilus Center, or that they can watch television. One service provider mentioned that the residents have different activities going on, and that once in a while a jazz group performs for residents. Another service provider stated that residents are taken shopping periodically, have “little parties and get-togethers,” and

go to the fair annually. The service providers discussed the activities that they believed were currently in existence at Stewart Manor, as arranged by SHA.

The main difference in perspectives between the service providers and residents was whether or not there are enough recreational activities for residents. Residents believe that there is a lack of activities or some activities occur less frequently; service providers, on the other hand, did not mention either a lack of activities or that existing activities occur less often.

The team understands how both residents and service providers could arrive at their unique perspectives on the provision of recreational activities. They recognize that SHA has recently laid off staff at Stewart Manor and providing the same activities seems to be a difficult task. The team also perceives that SHA was not designed to provide activities in the way that a private care organization is. However, the team also understood the perspective of residents. The team noticed that the craft room has not been used recently, saw that bingo was cancelled on several occasions, heard that some church activities were no longer occurring, and was told that GED classes might be cancelled after this session. The team observed residents gathering and conversing, as indicated in interviews, but noticed few organized activities beyond this community gathering. Finally, the team did not witness a working relationship between residents and service providers to address these issues.

**Theme 9: Several factors have a positive effect on the health of Stewart Manor residents while other factors are detrimental to their health.**

*“They have normal health problems. Some of them might have had strokes. Most of them are on diabetes medication, heart medication, blood pressure medication. Almost everybody has a health concern in those areas.”* –Service Provider

Stewart Manor residents face several health concerns. Because the population is characterized as elderly and disabled, it has an increased potential for compromised health. Residents and service providers identified several different health issues in the community: diabetes, heart disease, hypertension, cancer, osteoporosis, lung disease, and AIDS. As a result

of barriers both within Stewart Manor and Lee County, the residents of Stewart Manor are facing several issues which compromise their quality of life.

#### *Diabetes and inappropriate food*

Many Stewart Manor residents have diabetes. Residents and the team indicated that the vending machines located in the lobby are stocked with sugary, high fat food. One resident told the team, “I don’t drink soda or eat candy. I’m a diabetic—so are a lot of others.” Additionally, food provided for the residents by service providers, such as meals at reduced cost and delivered meals, is often not appropriate for a population with diabetes. Residents with diabetes reported that emergency food supplies often contain sugary cereals and other inappropriate foods for diabetics. The team perceived diabetes to be a specific health concern for the community.

Service providers did not acknowledge these concerns; they only mentioned that diabetes is prevalent.

#### *Substance use/abuse*

*“You got an 85 year old woman who says she’s going around the corner to get a bump... I never heard of that. She said, ‘you know, cocaine, crack.’ She knows someone here who does that, who’s going to get a bump. That’s crazy. She shouldn’t have drugs in her world. I don’t like it in mine.”* –Stewart Manor Resident

Substance use was identified as a health concern by both residents and service providers. Interviewees indicated that residents frequently use tobacco, alcohol, crack, marijuana, and prescription drugs. During data collection, the team witnessed residents using alcohol and tobacco. The team also observed several residents within the building under the influence of alcohol while they visited. There seem to be differing levels of concern by residents and service providers. Some service providers suggested that SHA drive residents to Alcoholics Anonymous, and others did not mention drug use as a concern. Some residents are upset about drug use in the building, and others did not say a thing.

### *Sexual Health*

*“There’s so much sex going on in this building, it’s unreal. You wouldn’t think there would be, but because of that, who knows what kind of diseases they have. After awhile, when people don’t have to have babies anymore, people get very promiscuous. They don’t realize the dangers of that, the older generation doesn’t talk about those things.”*

–Stewart Manor Resident

According to residents and service providers, residents of Stewart Manor are sexually active. However, they indicate a lack of awareness among the residents about how to practice safe sex. Past their childbearing years, some residents are not concerned with using condoms, which are seen as a means of birth control. As a result, there is an opportunity for infections to be spread within the community. Furthermore, prostitution is a concern of both residents and service providers. They say that prostitutes are soliciting residents, especially around the first of the month when Social Security checks are issued. Prostitutes may increase the risk of sexual infections that could be spread among the residents.

### *Lack of awareness about health conditions and related considerations*

Some service providers and residents report a lack of awareness about specific health conditions of residents. It seemed that there were some services available for health care and that some of these services may be underutilized. For instance, mental health was cited as a concern by service providers. Sometimes, older adults develop memory problems or dementia. As a result of statewide funding cuts, locally many mental health services have been cut from social services. Additionally, several residents use oxygen, yet residents are allowed to smoke in the building. This presents a health and safety concern for residents using oxygen.

### *Lack of prioritization of elderly health services in Lee County*

*The biggest challenge is, “Probably lack of knowledge of what’s available in the community. I think that is one of the biggest areas. Not understanding the health care system: How things work? How do I access? Is this available to me? I didn’t know that.”* –Service Provider

Service providers expressed frustration with the lack of elderly services in Lee County. The agencies with elderly services do not have the case management capabilities to assist all the residents of Stewart Manor and address their various health issues. Without having assistance in navigating the web of social services, available services go underutilized and residents are underserved. The team perceives that the coordination of these services would be of use to all elderly in Lee County, and would be especially helpful in the Stewart Manor population due to additional barriers that have been identified within the community (lack of social support, literacy barriers, limited income).

*Strength of in-home services for those who have it*

Service providers, residents, and the team repeatedly referred to the benefits of in-home services. Both home care (personal care) and home health (personal and medical care) aides are being utilized by residents. Both residents and service providers stated that in-home aides are very valuable for those who have one. Many residents rely on their in-home aide for their personal care. The aides assist with resident's personal care in several ways: housekeeping, errands, cooking meals, transportation, food, bathing, and laundry. More residents would benefit by taking advantage of the Community Alternatives Program (CAP), which coordinates this service with Medicaid, in order to benefit from the assistance of an aide.

Both residents and service providers expressed discontent with the lack of coordination of health services for Stewart Manor residents. The team recognized that while services exist for residents, the lack of coordination of services is a problem. The availability of these services is compromised when residents are unsure of how to or are unable to apply for these services.

**Theme 10: Literacy barriers limit access to resources.**

*“We get people who come in and we ask them to fill out a form when they want to meet with us and some can’t do it. I know it is difficult to tell someone you can’t do that and that would hold back a lot of people.”—Service Provider*

Residents recognize that low literacy exists in Stewart Manor. Some residents made comments such as, “I believe that over half of [residents] are illiterate.” The ability to read is very important to some residents, and those individuals would like to see illiteracy addressed at Stewart Manor. Many residents see low literacy as a major barrier when reading important documents or letters, especially when those documents are from SHA or a doctor’s office. The team observed this challenge one day when a resident asked them to read a personal letter from a doctor. Alternately, a major strength of Stewart Manor is that residents can seek out other residents, or service providers, in the building to assist them with reading mail and documents.

Another concern some residents had was that General Equivalency Diploma (GED) classes might be cancelled at Stewart Manor, which would greatly affect the ability of some individuals to continue with their education. One resident stated that GED classes are “a good program to have here because a lot of people don’t have the cars to go.” The team noted that only a couple of residents said that they attended GED classes, and that this service seems to be underutilized. The residents would like to keep the GED classes open, even if only two people attend, because those classes make a tremendous difference in the lives of those individuals.

Service providers stated that they are available to assist residents if those individuals are having trouble reading a document. One service provider stated: “I get their mail because there are a lot of people that are illiterate. I can read their mail and help them get a better understanding.” Service providers recognize the challenge that individuals who have a low level of literacy face, and are aware that those individuals often do not have families available to assist

them with documents. Service providers do what they can to assist these individuals, but the team noticed that existing workload limited time they could spend on literacy issues.

Both Stewart Manor residents and service providers empathize with the difficulties some individuals must face as a result of literacy barriers. They agree that forms and documents are a challenge, and are often embarrassing, for individuals who are not able to read them. The major difference between the resident perspective and the service provider perspective is that residents support a more long-term approach to address the root of the literacy problem, such as maintaining GED classes, while service providers addressed the short-term approach of helping residents when they need assistance with important information.

Addressing literacy barriers requires a combination of short-term and long-term approaches. Short-term approaches, such as reading letters and documents to residents, are necessary so that no one is ever left without assistance. On the other hand, long-term approaches are necessary in order to ensure that progress will be made in eliminating literacy barriers.

**Theme 11: There is a lack of viable transportation options for residents.**

*“They don't have transportation so it makes it really difficult...You got COLTS for some services, but there are other things that they need- to be able to go to the grocery store, to be able to go get their hair done, to be able to go out to eat... I think a lot of people just walk back and forth. Some of the people may have in home aides or a chore worker from social services that come in and they might come in and run errands for them. Everyone has such different situations over there.”—Service Provider*

*“The people who are able to get around are the ones who go places. People who don't get around don't go nowhere.”—Stewart Manor Resident*

Residents, service providers, and the team recognize a need for improved public transportation in Sanford for Stewart Manor residents and the greater community. Currently, Stewart Manor residents have limited sources of transportation that include personal cars, shared rides with other residents or family members, in-home aides, County of Lee Transit System (COLTS) vans, taxi cabs, SHA vans, or walking. Many residents said that family members and



friends transport them where they need to go. Others depend on in-home aides to run their errands and take them to appointments. While some residents have cars, most residents rely on transportation to be provided by other sources. Unfortunately, not all residents have these connections and must look to public transportation for mobility.

The only form of public transportation in Sanford is COLTS, which many residents use. To ride with COLTS, one must call to schedule an appointment a day before the planned trip and pay \$1.50 one way if possible. Many residents believe that COLTS is only for medical appointments, however, it can also be used to travel to other destinations like the grocery store or hair salon. A service provider told the team that residents receiving Medicaid can arrange for DSS to contact COLTS to schedule rides to medical appointments and Medicaid pays the fare. Residents also said that they use taxi cabs. However, the fare associated with using COLTS and taxis is a barrier for many individuals. Most residents are on a limited income and spending part of it on transportation is not always an option. As one service provider stated, “If the resident cannot even pay their rent, how are they going to have the money to take a cab?”

Fortunately, Stewart Manor is located within walking distance of several local businesses. For some, walking is the solution to the lack of transportation. However, this is not an option for everyone. Many residents are unable to walk long distances, and without a ride, getting around can be very difficult. Furthermore, not all service providers are located within walking distance. Some transportation concerns could be alleviated by utilizing two SHA-owned fifteen-passenger vans to transport residents as needed, though SHA staff members expressed difficulty finding staff to drive the vans. One service provider suggested that volunteers could be recruited to drive the vans.

## Community Forum

The Stewart Manor community forum was held in the Stewart Manor auditorium from 3:00 to 5:30 p.m. on Wednesday, April 28, 2004. The purpose of the forum was to bring together Stewart Manor residents and local service providers to discuss the themes that emerged from interviews as well as to create action steps that address residents' needs. Approximately 65 people attended the forum.

On the day of the forum, the team arrived at Stewart Manor early, and met some of the planning committee members in the auditorium to set up. The group rearranged the chairs in the auditorium, hung quotations from interviews on the walls, organized rooms for the break-out sessions, put up tables in the craft room for food, and set up a sign-in table in the main lobby. As residents and service providers arrived for the forum, they were greeted by members of the planning committee, the team, and other volunteers and directed to the sign-in table. At the sign-in table, guests picked a break-out session to attend based on one of the five main themes chosen by the planning committee. The guests then received a color coded nametag that corresponded with their selected break-out session, as well as a handout (see Appendix G8) about the forum. Guests were directed to the auditorium where a resident entertained the audience with gospel songs.

Ms. Petty began the forum by giving opening remarks and introducing the team. Then a planning committee representative presented an interactive icebreaker and the team gave away some door prizes. The team moved into a description of the AOCD process and methods, a report of the positive findings about the community, and a description of the five themes for the break-out sessions. At this point, the audience split into the five small groups facilitated by a team member. Each of these 40-minute groups included a discussion among participants about

the selected theme. The groups reconvened and a representative from each shared the action steps created in the small groups. Following the reports, the team gave a brief conclusion and invited the guests to celebrate with food and door prizes.

### *Outcomes*

#### Break-out session #1, physical conditions

This group discussed several issues related to the physical condition of Stewart Manor. First, they talked about the poor condition of the stoves in apartments. Many of the stoves are broken or badly marked, which makes them difficult for residents to use. The group also discussed slow response from SHA to resident concerns as a result of understaffing, as well as the residents' fear of reporting problems. The group identified two action steps: 1) at least one participant volunteered to attend a follow up meeting that will be held two weeks after the forum; 2) voicing concerns about the building conditions at the forum report back was viewed as an action step because SHA officials were present and resident concerns would be heard.

#### Break-out session #2, security

This group discussed the current security needs at Stewart Manor and set two goals: to keep outsiders out and to improve security through the teamwork of SHA and residents. The group also created two action steps: 1) residents decided to form a security committee to address security issues; 2) form a community watch to reinforce current security measures. SHA agreed to apply for grants that will be used to improve security. They would like to have security guards on site 24 hours a day, seven days a week. Additionally, SHA wants to work closer with the police department to improve security needs at Stewart Manor.

### Break-out session #3, communication

This group discussed the need to improve communication between SHA and Stewart Manor residents. The group generated five action steps: 1) suggested that SHA implement training for employees who interact with residents, especially those who interact via phone communication, to emphasize respectful exchanges; 2) proposed having a monthly meeting between SHA and residents to keep both parties informed on what is happening at Stewart Manor; 3) requested SHA inform them about new policies or available services by posting informational signs in the building; 4) recommended that SHA implement a system to keep track of work orders to improve those services; 5) recognized that residents need to ask questions if they want answers.

### Break-out session #4, recreation

This group discussed the lack of recreational activities provided for residents at Stewart Manor. The group created an extensive list of activities they personally enjoyed, or knew currently existed and addressed the reasons why residents were not attending activities. The group identified several causes for low attendance, including lack of transportation, cost, the restrictive nature of certain health conditions, and the possibility that residents do not know what activities are occurring. The group then developed action steps to address these problems under their own recommendations to “start small.” They decided that SHA and area organizations need to put more flyers in the building, but then residents need to take responsibility for letting others know about activities. Other action steps included creating a buddy system to help people get to activities, finding more activities for those limited by health conditions, and establishing meetings to address and monitor these issues.

### Break-out session #5, health concerns

This group discussed the myriad health concerns of Stewart Manor residents. They decided to start a healthy eating support group that will teach residents how to eat healthy and manage their weight through education, cooking classes, and group exercise. The group will also teach residents about diabetes, hypertension, heart disease and other identified health concerns through the use of mailbox stuffers, flyers, and a newsletter. The group hopes to partner with the Enrichment Center for activities. They will choose a different health topic to focus on every few months and develop programming around that topic.

### **Recommendations**

The team views its role in the AOCD process as one that not only requires the reporting of findings from data analysis, but also highlights areas in which differences in perspectives exist. Throughout the process, the team recognized that perspectives on some issues differed depending on resident and service provider experiences. The lack of communication between service providers and Stewart Manor residents appeared to be the underlying source many of these identified differences.

A lack of communication between residents and service providers has many implications for Stewart Manor. First, the lack of communication between impacts nearly all eleven themes. For example, service providers consistently identified lack of funding as the reason why several programs were discontinued, while residents seemed uninformed as to why some services no longer exist. Second, some resident's needs go unmet because they fail to communicate those needs to service providers. Lastly, the lack of communication fosters frustration and negative perceptions between residents and service providers.

The team suggests that several steps be taken, in addition to action steps identified at the forum, in order to address these concerns. To increase communication between SHA and residents, **it would be beneficial to reestablish the Residents' Association.** The team suggests monthly resident meetings as well as quarterly meetings involving SHA leadership. The team recommends that the community identify a resident to serve as a liaison between the two groups. **Volunteers may also be incorporated into Stewart Manor services** to decrease staff workload and supplement services already provided. Based on the findings, the team also thinks it would be beneficial for SHA to **provide opportunities for additional staff to build grant writing skills and secure funding.** With this funding, a full time Resident Services Coordinator and full time security staff could be employed within Stewart Manor, addressing previously identified issues.

Throughout the AOCD process, the team found that residents of Stewart Manor compose a strong community, which along with service providers, is committed to making sure Stewart Manor is a more enjoyable place to live. There is strength in numbers, and residents of Stewart Manor have the ability to make change happen in their building if they work together. In addition to implementing action steps, the team hopes that residents and service providers can use this document to problem-solve and further strengthen the community.

## References

- Eng, E. & Blanchard, L. (1991). Action-oriented community diagnosis: A health education tool. *International Quarterly of Community Health Education, 11*(2), 93-110.
- Fellin, P. (1995). Understanding American communities. In J. Rothman, J. L. Erlich, J. E. Tropman, & F. Cox (Ed.), *Strategies of community intervention: Macro practice* (5<sup>th</sup> ed., pp. 114-128). Itasca, IL: R.E. Peacock Publishers, INC.
- First few tenants moving into Manor (1978, May 1). *The Sanford Herald*.
- LeeCAN. (2003). *The State of Health in Lee County*. Sanford, NC: Lee County Health Department.
- Mitchell, B. (1976, May 8). Spade turned for elderly housing. *The Sanford Herald*, pp. A1.
- NC Division of Aging (2003). *Demographics of Aging*.
- Sanford Housing Authority (2004, February 6). Data sheet. Generated by Deputy Director.
- Sanford Housing Authority (2004, February 6). Project Family Listing. Generated by Deputy Director.
- Steckler, A., Dawson, L., Israel, B., & Eng, E. (1993). Community health development: An overview of the works of Guy W. Steuart. *Health Education Quarterly, Supplement 1*, S3-S20.
- United States Census Bureau (2000). *American Factfinder: Sanford city, North Carolina (Profile of general demographic characteristics)*. Retrieved January 26, 2004 from <http://factfinder.census.gov>.
- United States Department of Housing and Urban Development (2004, February 12). *About HUD*. Retrieved February 1, 2004 from <http://www.hud.org>.

## Appendix A: List of Secondary Data Sources

The following secondary data sources were reviewed:

1. 2004-2008 Area Plan on Aging, NC Division of Aging
2. 2003 LeeCAN report
3. Archived news articles from the Sanford Herald
4. US Census, 2000
5. Project Family Listing, Sanford Housing Authority
6. Data Sheet, Sanford Housing Authority.

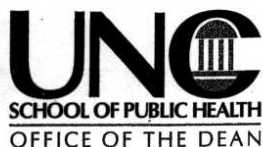
A full citation for each source can be found on the reference list on page 41.




## Appendix B: List of Interviewees

<b>Sex</b>	<b>Role in Community</b>
1. Female	Community Member
2. Female	Community Member
3. Male	Community Member
4. Female	Community Member
5. Male	Community Member
6. Female	Community Member
7. Female	Community Member
8. Female	Community Member
9. Female	Community Member
10. Female	Community Member
11. Male	Community Member
12. Male	Community Member
13. Male	Community Member
14. Female	Community Member
15. Female	Community Member
16. Female	Community Member
17. Female	Community Member
18. Female	Community Member
19. Female	Community Member
20. Female	Community Member
21. Female	Community Member
22. Female	Community Member
23. Female	Service Provider
24. Male	Service Provider
25. Male	Service Provider
26. Female	Service Provider
27. Male	Service Provider
28. Female	Service Provider
29. Male	Service Provider
30. Male	Service Provider
31. Female	Service Provider
32. Male	Service Provider
33. Male	Service Provider
34. Female	Service Provider
35. Female	Service Provider
36. Female	Service Provider

## Appendix C: IRB approval letter



**TO:** Tara Taylor  
**DEPARTMENT:** Health Behavior and Health Education  
**ADDRESS:** CB# 7440  
**DATE:** 1/28/2004  
**FROM:**   
 Andrea K. Biddle, PhD, Vice Chair  
 UNC School of Public Health **Institutional Review Board**

**IRB NUMBER:** 03-2151  
**APPROVAL PERIOD:** 1/28/2004 through 1/27/2005  
**TITLE:** Action-Oriented Community Diagnosis Stewart Manor  
**SUBJECT:** Expedited Protocol Approval Notice--New Protocol

Your research project has been reviewed under an expedited **procedure because it involves only minimal risk to human subjects. This project is approved for human subjects** research, and is valid through the expiration date above

**NOTE:**

(1) This Committee complies with the requirements found in Part 56 of the 21 Code of Federal regulations and Part 46 of the 45 Code of Federal regulations. Federalwide Assurance Number: FWA-4801, IRB No. IRB00000540.

(2) Re-review of this proposal is necessary if (a) any significant alterations or additions to the proposal are made, OR (b) you wish to continue research beyond the expiration date.

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 at Chapel Hill  
 Campus Box 7400  
 Chapel Hill, NC 27599-7400  
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Appendix D: IRB fact sheets and interview guides

Interview Fact Sheet for Stewart Manor Community Members

Interview Guide for Stewart Manor Community Members

Interview Fact Sheet for Stewart Manor Service Providers

Interview Guide for Stewart Manor Service Providers

Focus Group Fact Sheet for Stewart Manor Community Members

Focus Group Guide for Stewart Manor Community Members

## D1: Interview Fact Sheet for Stewart Manor Community Members

### **THE PURPOSE OF THIS INTERVIEW**

We are part of a team of five graduate students from the Department of Health Behavior and Health Education at the University of North Carolina at Chapel Hill. We are doing a community assessment of Stewart Manor, which is a research project we are conducting as part of our class requirement at UNC, Chapel Hill. Taking part in a community assessment allows us to better understand the lives of people living in Stewart Manor. We would like to speak with you because someone in your community identified you as a person who can represent the views of Stewart Manor as a whole. Your views are important to this process. We wish to become familiar with your way of life. We would like to learn about the things you value in your community, and the things you'd like to change.

### **WHAT YOU WILL BE ASKED TO DO**

This interview is a single meeting that will last about an hour. During that time, we would like to talk about your experiences with living and working in Stewart Manor.

Some examples of questions we might ask include:

- What are some of the things you like most about the community of Stewart Manor?
- In your opinion, what are the biggest challenges that people in the Stewart Manor community face?
- Describe what a typical day might be like for you.

Please remember that there are no wrong answers. You can skip any questions that you do not feel comfortable answering. While the information you provide is important and very helpful, we do not want you to feel uncomfortable.

We will also tape record this discussion to make sure that we do not miss any of the information that you give us. The only people who will hear that tape will be the five members of our team and our faculty advisor. The tape will later be erased. You can ask for the tape recorder to be turned off at any time during the interview. We ask that you talk in a voice at least as loud as mine. If you feel uncomfortable with this process, you can refuse to be tape-recorded.

### **WHAT WE WILL DO WITH THE INFORMATION WE GATHER?**

We will combine the information we gather from interviews with information from focus groups. Focus groups are small groups gathered to identify and discuss key issues in the community. We will present a summary of this information both written and out loud to your community.

D1: Interview Fact Sheet for Stewart Manor Community Members

### **THE RISKS AND BENEFITS OF YOUR INVOLVEMENT**

The risks associated with your involvement in this study are very small. Your name will never be attached to anything you say. We will do the best we can to protect you from any risks by keeping all data in a locked file cabinet. The cabinet is in the UNC School of Public Health

building, Rosenau Hall. It is located on the campus of UNC Chapel Hill. After we have reviewed the information from our notes and audiotapes, tapes will be erased. The notes destroyed. We would like to keep your name to invite you to the community forum. We will store the contact information separately from the interview data.

Your involvement will provide useful information that Stewart Manor can use to plan and improve community services available for its residents. After conducting these sessions, we will summarize our findings about Stewart Manor. We will present this summary both written and out loud to the Stewart Manor community. However, whether or not you participate in this interview will have no effect on the services you receive or the services that Stewart Manor residents receive.

### **COSTS OF YOUR PARTICIPATION**

Aside from the time commitment of an hour, there are no costs for taking part in this interview.

### **COMPENSATION FOR YOUR TIME**

You will not receive monetary payment for your involvement in this interview. Your involvement is completely voluntary.

### **PARTICIPANT'S RIGHTS AND CONFIDENTIALITY**

If you agree to participate in this study, please understand that you are doing so voluntarily (you do not have to do it).

- You have the right to withdraw your consent or stop your involvement at any time without punishment.
- You have the right to refuse to answer particular questions
- You may ask that we stop tape recording at any time.

To protect your privacy, your answers will remain anonymous. Your name will not be connected to anything we have said in this interview. The only people who have access to the data are our team and the faculty advisor. We would like to keep your name to invite you to the community forum. We will keep your name and address separate from the interview data that we collect.

Throughout the interview, we may ask for identifying information such as your age, ethnicity, sex, and number of years residing in or working in Stewart Manor. This information will only be used for summarizing data and will not be linked to any statement you have made. Only the five people on our team and our faculty advisor will have access to these data. You will not be identified in any report or publication of this study or its results.

## D1: Interview Fact Sheet for Stewart Manor Community Members

We would like to take notes and audiotape the interview because your information is very important to us. We want to make sure that we do not miss any important details. Notes will be made anonymously. The tapes and notes will be stored in a secure file cabinet at the UNC School of Public Health. After we have reviewed the information, the tapes will be erased. The notes will also be destroyed.

### CONTACT INFORMATION:

Principal Investigator: Tara Taylor  
 University of North Carolina at Chapel Hill  
 Dept. of Health Behavior and Health Education  
 Phone: (919) 966-5542  
 Toll Free: 1-866-610-8273

### Other Student Investigators:

Danielle Howells  
 Meredith Jarblum  
 Emilee Quinn  
 Colleen Svoboda

### Faculty Advisor:

Karen Moore  
 UNC School of Public Health  
 Dept. of Health Behavior and Health Education  
 323D Rosenau, CB#7440  
 Chapel Hill, NC 27599-7440  
 Phone: (919) 966-0057

The extra copy of this fact sheet is for you to keep. If you complete the interview, then it is understood that you agree to all of the above points unless you state otherwise.

### STATEMENTS OF AGREEMENT:

- ◆ Do you have any questions about anything that I've said so far?
- ◆ Do you agree to participate in this interview?
- ◆ Do you agree to be tape-recorded?

This study has been reviewed and approved by the UNC School of Public Health Institutional Review Board on Research on Involving Human Subjects. If you have any questions about your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact-anonymously, if you wish:

The School of Public Health Institutional Review Board  
 University of North Carolina at Chapel Hill  
 CB#7440  
 Chapel Hill, NC 27599-7440  
 Phone: (919) 966-3012  
 You may call collect.

## D2: Interview Guide for Stewart Manor Community Members

### General Information about the Stewart Manor Community

1. Please describe your role in the Stewart Manor community. (Probe: How long have you lived here? How did you come to live here?)
2. Describe Stewart Manor. (Describe the community Stewart Manor is in.)
3. What do people in Stewart Manor do for a living? (What is their source of income?)
4. How do people from Stewart Manor get around the community?
5. What do people do for fun?
6. How are people involved in politics? (voting, talking with community leaders, elections)
7. How do people of different races (ethnicities, backgrounds, cultures) interact within Stewart Manor?
8. How involved are churches in the lives of people in Stewart Manor? (attend church, participate in church groups)

### Assets and Needs of the Community

9. What are some of the best things about Stewart Manor? (resources, agencies, social gatherings/support, physical environment)
10. What do you think are the major issues/needs Stewart Manor residents face? (children, income, elderly, safety, housing, disability, health, sanitation, pests)
11. Which needs do you feel are the most important for Stewart Manor to address?
12. What do you wish could happen for Stewart Manor in the next 5-10 years?

### Problem-Solving and Decision-Making

13. What kinds of community projects have been started during your time in Stewart Manor? How would you explain their success or lack of it?
14. If you were going to try to solve a community problem, whom would you try to involve to make it a success?

### Services and Businesses

15. What services/ programs do the residents of Stewart Manor use? (Do those services come here or do residents go to them?)
16. What services/programs do residents need?
17. Where do people go to buy things like food, clothing, medicine, household items, etc?

### Recommended Individuals to Interview

18. Is there anyone else whom we should speak with about Stewart Manor? (service providers, residents) Are you willing to get permission for us to contact them?
  - Describe the specific person or organization
  - Why do you think their opinions and views would be helpful for us to hear?

### Recommendations for Community Forum

19. We plan to conduct a forum this spring to share the information we have gathered with the Stewart Manor community. Would you be interested in helping us plan this event?
20. Do you have any ideas regarding how to get people to attend? (time, place, publicity)
21. Who else do you think should help us coordinate this forum?

### Additional Information

22. Is there anything else you would like to share about Stewart Manor?

### D3: Interview Fact Sheet for Stewart Manor Service Providers

#### **THE PURPOSE OF THIS INTERVIEW**

We are part of a team of five graduate students from the Department of Health Behavior and Health Education at the University of North Carolina at Chapel Hill. We are doing a community assessment of Stewart Manor, which is a research project we are conducting as part of our class requirement at UNC, Chapel Hill. Taking part in a community assessment allows us to better understand the lives of people living in Stewart Manor. We would like to speak with you because someone in your community identified you as a person who can represent the views of Stewart Manor as a whole. Your views are important to this process and we wish to become familiar with the Stewart Manor community from the viewpoint of a service provider.

#### **WHAT YOU WILL BE ASKED TO DO**

This interview is a single meeting that will last about an hour. During that time, we would like to talk about your experiences with living and working in Stewart Manor.

Some examples of questions we might ask include:

- What are some of the things you like most about the community of Stewart Manor?
- In your opinion, what are the biggest challenges that people in the Stewart Manor community face?
- Describe what a typical day might be like for you.

Please remember that there are no wrong answers. You can skip any questions that you do not feel comfortable answering. While the information you provide is important and very helpful, we do not want you to feel uncomfortable.

We will also tape record this discussion to make sure that we do not miss any of the information that you give us. The only people who will hear that tape will be the five members of our team and our faculty advisor. The tape will later be erased. You can ask for the tape recorder to be turned off at any time during the interview. We ask that you talk in a voice at least as loud as mine. If you feel uncomfortable with this process, you can refuse to be tape-recorded.

#### **WHAT WE WILL DO WITH THE INFORMATION WE GATHER?**

We will combine the information we gather from interviews with information from focus groups. Focus groups are small groups gathered to identify and discuss key issues in the community. We will present a summary of this information both written and out loud to your community.

#### **WHAT ARE THE RISKS AND BENEFITS OF MY PARTICIPATION?**

The risks of your participation are very small. However, one potential risk may be that if you say any bad things about the community or the services you provide, and that information is released, you may be at risk for losing your job. Such information could also affect any political career you may choose to have. We will do the best we can to protect you from this risk. We will



### D3: Interview Fact Sheet for Stewart Manor Service Providers

keep all data in a locked file cabinet in the UNC School of Public Health building, Rosenau Hall. In addition, your name will never be attached to anything you say. We would like to keep your name to invite you to the community forum. We will store your contact information separately from the interview data. However, whether or not you participate in this interview will have no effect on your employment or the services the residents of Stewart Manor receive.

Your participation will provide useful information. Stewart Manor can use this information to plan and improve community services for its residents. After conducting these sessions, we will summarize our findings about Stewart Manor. We will present this summary both written and verbally to the Stewart Manor community.

### **COSTS OF YOUR PARTICIPATION**

Aside from the time commitment of an hour, there are no costs for taking part in this interview.

### **COMPENSATION FOR YOUR TIME**

You will not receive monetary payment for your involvement in this interview. Your involvement is completely voluntary.

### **PARTICIPANT'S RIGHTS AND CONFIDENTIALITY**

If you agree to participate in this study, please understand that you are doing so voluntarily (you do not have to do it).

- You have the right to withdraw your consent or stop your involvement at any time without punishment.
- You have the right to refuse to answer particular questions
- You may ask that we stop tape recording at any time.

To protect your privacy, your answers will remain anonymous. Your name will not be connected to anything we have said in this interview. The only people who have access to the data are our team and the faculty advisor. We would like to keep your name to invite you to the community forum. We will keep your name and address separate from the interview data that we collect.

Throughout the interview, we may ask for identifying information such as your age, ethnicity, sex, and number of years residing in or working in Stewart Manor. This information will only be used for summarizing data and will not be linked to any statement you have made. Only the five people on our team and our faculty advisor will have access to these data. You will not be identified in any report or publication of this study or its results.

We would like to take notes and audiotape the interview because your information is very important to us. We want to make sure that we do not miss any important details. Notes will be made anonymously. The tapes and notes will be stored in a secure file cabinet at the UNC School of Public Health. After we have reviewed the information, the tapes will be erased. The notes will also be destroyed.

### D3: Interview Fact Sheet for Stewart Manor Service Providers

#### CONTACT INFORMATION:

Principal Investigator: Tara Taylor  
University of North Carolina at Chapel Hill  
Dept. of Health Behavior and Health Education  
Phone: (919) 966-5542  
Toll Free: 1-866-610-8273

#### Other Student Investigators:

Danielle Howells  
Meredith Jarblum  
Emilee Quinn  
Colleen Svoboda

#### Faculty Advisor:

Karen Moore  
UNC School of Public Health  
Dept. of Health Behavior and Health Education  
323D Rosenau, CB#7440  
Chapel Hill, NC 27599-7440  
Phone: (919) 966-0057

The extra copy of this fact sheet is for you to keep. If you complete the interview, then it is understood that you agree to all of the above points unless you state otherwise.

#### **STATEMENTS OF AGREEMENT:**

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

Do you agree to participate in this interview?

Do you agree to be tape-recorded?

This study has been reviewed and approved by the UNC School of Public Health Institutional Review Board on Research on Involving Human Subjects. If you have any questions about your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact-anonymously, if you wish:

The School of Public Health Institutional Review Board  
University of North Carolina at Chapel Hill  
CB#7440  
Chapel Hill, NC 27599-7440  
Phone: (919) 966-3012  
You may call collect.

#### D4: Interview Guide for Stewart Manor Service Providers

##### Orientation to the Community

1. Do you live in Stewart Manor? If yes, for how long?
2. Where is Stewart Manor in Sanford?
3. Does Stewart Manor have a strong presence in Stanford?

##### Life in the Community

4. What do people living in Stewart Manor do for a living? (Where are the jobs?)
5. Is there much unemployment? What contributes to the unemployment?
6. Is there public transportation in Sanford? Does it serve Stewart Manor?
7. What do people do for fun?
8. Are people involved in politics?
9. How do people of different races (backgrounds, cultures, ethnicities) interact within Stewart Manor? Sanford?

##### Assets Found in the Community

10. What are some of the best things about Stewart Manor (resources, agencies, human interactions, and physical environment)?
11. What do you think are the major issues/problems Stewart Manor residents face (low income, elderly, safety, housing, and health)?
12. Which problems do you feel are the most important for Stewart Manor to address?

##### Problem-Solving and Decision-Making

13. What kinds of community projects have been undertaken during your time working with community residents? How would you explain their success or lack of it?
14. If you were going to try to solve a community problem, whom would you try to involve to ensure success?

##### Services and Businesses

15. How long have you worked in this community? Why did you choose to work in Sanford?
16. What is your agency's role in the community? What is your source of funding?
17. What services do you provide to residents of Stewart Manor?
18. What services are under-utilized?
19. Who in the community is in the most need for your agency's services?
20. What are your biggest barriers/challenges at work?
21. Which community needs are not met by your agency or other organizations in Sanford?

##### Roles and Responsibilities of Service Providers

22. What do you see as your organization's role in the Stewart Manor community?
23. What responsibilities do you feel you have to the Stewart Manor community?

##### Recommended Individuals to Interview

24. Are there people or organizations with which you think we should speak that you would be willing to gain permission for our team to contact?
  - a. Describe the specific person or organization.

D4: Interview Guide for Stewart Manor Service Providers

- b. Why would you think their opinions and views would be helpful for us to hear?

Recommendations for Community Forum

25. We plan to conduct a forum this spring to share the information we have gathered with the Stewart Manor community. Would you be interested in helping us plan this event?
26. Do you have any ideas regarding how to get people to attend (time, place, and publicity)?
27. Who else do you think should help us coordinate this forum?

Additional Information

28. Is there anything else you would like to share about Stewart Manor?

## D5: Focus Group Fact Sheet for Stewart Manor Community Members

### **PURPOSE OF THIS FOCUS GROUP**

We are part of a team of five graduate students from the Department of Health Behavior and Health Education at the University of North Carolina at Chapel Hill. We are doing a community assessment of Stewart Manor, which is a research project we are conducting as part of our class requirement at UNC, Chapel Hill. Taking part in a community assessment allows us to better understand the lives of people living in Stewart Manor. We would like to speak with you because someone in your community told us you were a person with a unique point of view. We believe that you can represent the views of Stewart Manor as a whole. Your views are important to this process. We wish to become familiar with your way of life. We would also like to know about the things you value in your community, and the things you'd like to change.

### **WHAT YOU WILL BE ASKED TO DO**

This focus group is a one-time meeting that will last about an hour and a half. During that time, we would like to discuss your experiences with living in Stewart Manor. We hope that you will feel free to talk about what you value about your community. We would also like to know about some of the things that you feel are difficult or need improvement. We would like to hear from each person during the discussion. However, each person does not have to answer every question.

Some examples of questions we might ask include:

- What are some of the things that people like most about living in Stewart Manor?
- What are the biggest challenges that people in your community face?
- What do people in your community do for fun?

Please remember that there are no wrong answers; we are not looking for specific answers. You can skip any questions that you do not feel comfortable answering. While the information you provide is important and very helpful, we do not want you to feel uncomfortable. We will also tape record our discussion to make sure that we do not miss any of the information that you give us. The only people who will hear that tape will be the five members of our team and our faculty advisor.

However, if any member of the focus group feels uncomfortable with this process at any point in time, he or she can refuse to have the group discussion tape-recorded.

### **WHAT WE WILL DO WITH THE INFORMATION WE GATHER**

We will combine the information we get from the focus groups with information from one-on-one interviews that we will carry out over the next few months. We will present a summary of this information both in writing and through a speaker at a community gathering.

## D5: Focus Group Fact Sheet for Stewart Manor Community Members

### **RISKS AND BENEFITS OF YOUR PARTICIPATION**

The risks of participating in this study are very small. Everything that is said within this group will remain confidential (private). Group members must promise to keep that confidentiality. Your name will never be linked to anything you say. There is the possibility that someone in the focus group might break confidentiality and repeat what you say to another person in the community. We will do the best we can to protect you from any risks. We will keep all data in a locked file cabinet in the UNC School of Public Health building, Rosenau Hall. This is located on the campus of UNC Chapel Hill. We will store the notes that we take and the audiotapes that we record in this locked cabinet. We would like to keep your name to invite you to the community forum. Your name and address will be kept separately from the interview data.

Also, some of the subjects that we discuss may be sensitive. You may feel a little uncomfortable talking about them.

Your participation will provide useful information that Stewart Manor can use to plan and improve community services available for its residents. After conducting these focus groups, we will review our findings about Stewart Manor. We will then present these findings to the Stewart Manor community both in writing and through a speaker. However, whether you participate or not in the focus group will have no effect on the services that you receive or the services that the residents of Stewart Manor receive.

### **COSTS OF YOUR PARTICIPATION**

There are no costs for participating in this focus group other than time commitment of an hour to an hour and a half and the cost associated with transportation to and from the group.

### **WILL I BE PAID?**

You will not be paid for your participation in this interview. Your participation is completely voluntary. The research team will provide light refreshments during the focus group.

### **PARTICIPANT'S RIGHTS AND CONFIDENTIALITY**

If you agree to participate in this study, please understand that you are doing so voluntarily (you do not have to do it).

- You have the right to withdraw your consent or stop your participation at any time without penalty.
- You have the right to refuse to answer any questions.
- You may ask that we stop tape recording at any time.

To protect your privacy, your replies will be anonymous. Your name will not be linked to anything we have said in this interview. The only people who have access to the data are the community assessment team and the faculty advisor. We would like to keep your name so we

#### D5: Focus Group Fact Sheet for Stewart Manor Community Members

can invite you to the community forum. We will store your contact information separately from the focus group data.

Throughout the interview, we may ask for identifying information such as your age, ethnicity, sex, and number of years living in Stewart Manor. We will use this information only for reviewing data. It will not be linked to any statement you have made. Only the five people on our community assessment team will have access to these data. You will not be identified in any report or publication of this study or its results.

We would like to take notes and audiotape the focus group discussion because your information is very important to us. We also want to make sure that we do not miss any important details. Notes will be made anonymously. Audiotapes and notes will be stored in a secure file cabinet at the UNC School of Public Health. After we have reviewed the information that they contain, tapes will be erased and notes destroyed.

***In order to participate in this group session, you must agree not to reveal (talk about) anything you learn about other participants during this group discussion or share any statements made during this discussion to anyone outside of this group.***

#### CONTACT INFORMATION:

Principal Investigator: Tara Taylor  
University of North Carolina at Chapel Hill  
Dept. of Health Behavior and Health Education  
Phone: (919) 966-5542  
Toll Free: 1-866-610-8273

Other Student Investigators:  
Danielle Howells  
Meredith Jarblum  
Emilee Quinn  
Colleen Svoboda

Faculty Advisor:  
Karen Moore  
UNC School of Public Health  
Dept. of Health Behavior and Health Education  
323D Rosenau, CB#7440  
Chapel Hill, NC 27599-7440  
Phone: (919) 966-0057

The extra copy of this fact sheet is for you to keep. If you complete the focus group, then it is understood that you agree to all of the above points unless you state otherwise.

D5: Focus Group Fact Sheet for Stewart Manor Community Members

**STATEMENTS OF AGREEMENT:**

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

Do you agree to participate in this focus group?

Do you agree to be tape-recorded?

Do you agree to maintain the confidentiality of the information discussed during this focus group and the people who participated in the discussion? In other words, do you agree not to repeat anything you heard while participating in this group session with anyone outside of the group?

This study has been reviewed and approved by the UNC School of Public Health Institutional Review Board on Research on Involving Human Subjects. If you have any questions about your rights as a study participant, or are dissatisfied at any time with any aspect of this study, you may contact-anonymously, if you wish:

The School of Public Health Institutional Review Board  
University of North Carolina at Chapel Hill  
CB#7440  
Chapel Hill, NC 27599-7440  
Phone: (919) 966-3012  
You may call collect.



## D6: Focus Group Guide for Stewart Manor Community Members

### Focus Group Ground Rules

We have a lot to cover, so we will all need to do a few things to get our jobs done:

1. Talk one at a time and in a voice at least as loud as mine.
2. We need to hear from every one of you during the discussion even though each person does not have to answer every question.
3. Feel free to respond to what has been said by talking to me or to any other member of the group. That works best when we avoid side conversations and talk one at a time.
4. There are no wrong answers, just different opinions. We are looking for different points of view. So just say what is on your mind.
5. We do have a lot to cover, so you may all be interrupted at some point in order to keep moving and to avoid running out of time.
6. We value your opinions, both positive and negative, and we hope you choose to express them during the discussion.
7. Everything you say in this group is to remain confidential. This means that we require that each one of you agree not to repeat anything talked about within this group to anyone outside of the group.

Again, this focus group is confidential. Notes will be made anonymously. Audiotapes and notes will be stored in a secure file cabinet at the UNC School of Public Health. After we have reviewed the information that they contain, tapes will be erased and notes destroyed. We ask you to respect this understanding and refrain from speaking about specifics about this group with others afterwards.

### Focus Group Questions

1. Describe Stewart Manor. (Describe the community Stewart Manor is in.)
2. What do you feel are the strengths of Stewart Manor?
3. How do you think Stewart Manor has changed in the last 5-10 years?
4. How do you think most decisions get made in Stewart Manor?
5. How would you describe the interactions between community members from different backgrounds? *Probe: those who have lived here longer vs. new and among different races (How has this changed?)*
6. What kind of services and businesses are used most by community members? *Probe: different segments of the community including ethnic groups, women, physically handicapped, the poorest.*
7. What kinds of services are not used by community members? *Probe: different segments of the community including ethnic groups, women, physically handicapped, the poorest.*
8. What kinds of services do community members wish they had for everyone? *Probe: different segments of the community including ethnic groups, women, physically handicapped, the poorest.*
9. Who provide the most services to people in Stewart Manor?
10. What are the major responsibilities of service providers? *Probe: specific provider types mentioned.*
11. If a task forces was being formed to improve things in Stewart Manor, what topics do you think they would need to address and why?

## Appendix E: Miscellaneous

Complete List of Themes

Codebook

Map of Sanford

## E1: Complete List of Themes

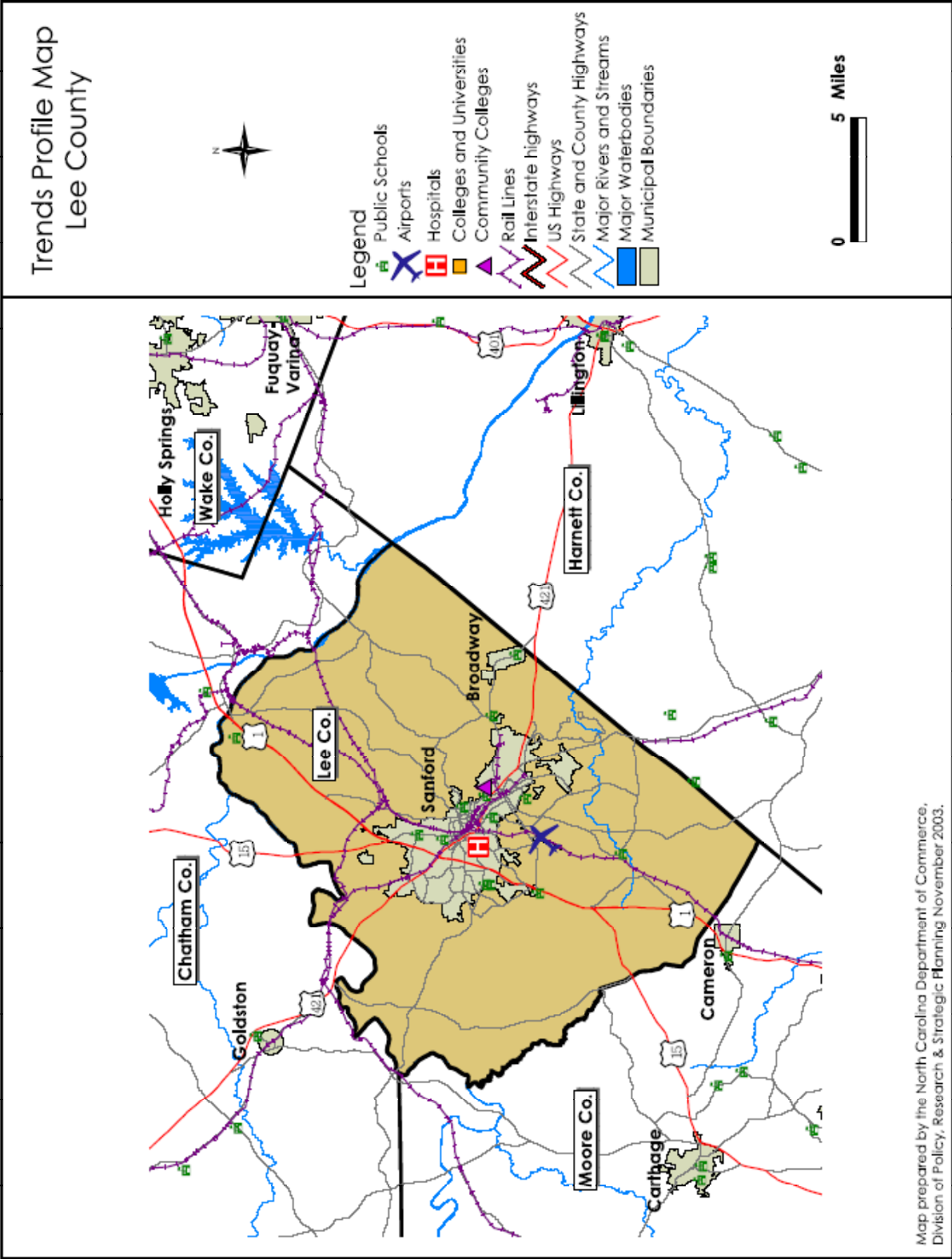
1. Residents of Stewart Manor recognize themselves as a community in which they can support one another.
2. The location of Stewart Manor provides residents access to both local businesses and less desirable aspects of the neighborhood.
3. Residents and some service providers are dissatisfied with the physical condition of Stewart Manor facilities.
4. Building accessibility leads to compromises in safety for Stewart Manor residents.
5. The Sanford Housing Authority has made a lot of progress in security; however, there are still some unmet needs.
6. There is a disconnect in the lines of communication between representatives of Sanford Housing Authority and Stewart Manor residents.
7. Understaffing at the Sanford Housing Authority leads to service inadequacies for the residents.
8. Residents feel there is a lack of organized activities in Stewart Manor for recreational purposes.
9. Several factors have a positive effect on the health of Stewart Manor residents while other factors are detrimental to their health.
10. Literacy barriers limit access to resources.
11. There is a lack of viable transportation options for residents.

## E2: Codebook

- Barriers due to age
- Community
- Community interaction with service providers
- Community projects
  - Residents' council
- Education
  - Literacy
- Employment
  - Financial situation
- Food
- Good-Bad
  - Good things
  - Needs/Priorities
  - Service Inadequacies
- Government Aid/Social Insurance
  - Government Funding
- Health Issues
  - Health availability/accessibility
- HUD
- In-home services
- Leadership
  - Problem solving
- Location
  - Residents' perception of neighborhood
- Maintenance
  - Sanitation
  - Work orders
  - Plumbing
  - Pest control
- Mobility
- Physical Environment
  - Building conditions
  - Building accessibility
  - Future of the building
  - Physical layout
  - Renovation
- Politics
- Pride
- Resident transition
- Speaking out
  - Fear of speaking out
  - Staying out of others' business
- Use of services

- Why move to Stewart Manor
  - How long in Stewart Manor
- Presence in the community
  - Role of Stewart Manor in the community
  - Perception of residents
  - Perception of elderly/disabled
  - Perception of public housing (residents/service providers)
- Race relations
  - Racism
- Safety
- Security
  - Exploitation
  - Prostitution
  - First of the month
  - Crime
  - Law enforcement
- Services in the community
  - Recreation
  - Churches
- Sanford Housing Authority
  - SHA self-perception
  - Resident perception of SHA
  - SHA response to problems
- Social support
  - Residents' families
  - Resident dynamics
- Staffing
  - Employee composition
  - Understaffed
  - Volunteers
- Substance use
- Transportation

E3: Map of Sanford



(Source: [http://cmedis.commerce.state.nc.us/countyprofiles/files/pdf/Lee\\_2003Q4.pdf](http://cmedis.commerce.state.nc.us/countyprofiles/files/pdf/Lee_2003Q4.pdf))

## Appendix F: Tables and Figures

Table F1. North Carolina and Lee County demographics of aging, 2000-2002 (Source: NC Division of Aging).

	<b>Lee County</b>	<b>North Carolina</b>
<i>Population age 60+</i>	16.9%	16.1%
<i>Population age 85+</i>	1.4%	1.4%
<i>Baby Boomers</i>	27.8%	27.8%

Table F2. Distribution of persons with disabilities in Lee County, 2000 (Source: NC Division of Aging).

	<b>Lee County</b>	<b>North Carolina</b>
<i>Persons age 65+ with 0 disabilities</i>	55.0%	54.3%
<i>Persons age 65+ with 1 disability</i>	20.1%	20.6%
<i>Persons age 65+ with 2 or more disabilities</i>	24.9%	25.1%

Table F3. Economic security of older adults living in Lee County, North Carolina, 1999-2001 (Source: NC Division of Aging).

	<b><u>County</u></b>				<b><u>NC</u></b>	
Median household income for age group 55-64, 1999	\$41,637				\$42,250	
<i>Median household income for age group 65-74, 1999</i>	\$30,220				\$28,521	
Median household income for age group 75+, 1999	\$21,584				\$19,303	
	<b><u>Age 55-64</u></b>		<b><u>Age 65-74</u></b>		<b><u>Age 75+</u></b>	
Persons below poverty (as % of age group), 1999 (NC)	10.7	9.5%	10.1	10.5%	15.2	16.9%
Persons in 100-199% of poverty ( " ), 1999 (NC)	13.2	12.9%	16.9	20.4%	25.9	27.1%
			<b><u>County</u></b>		<b><u>NC</u></b>	
Total Social Security (SS) benefits for beneficiaries age 65+, 2000			\$5.0 million		\$722 million	
<i>SS beneficiaries age 65+ (as % of age group), 2000</i>			100.0%		94.8%	
Average monthly SS amount received by beneficiaries age 65+, 2000			\$789		\$786	
<i>Medicare Part A enrollees age 65+ (as % of all enrollees), 2000</i>			77.7%		77.0%	
<i>Medicare/Medicaid dually eligible persons age 65+, 2001</i>			1,031		140,535	
<i>Persons age 45-59 in labor force* (as % of total labor force), 2000</i>			28.1%		27.7%	
Persons age 60-64 in labor force* ( " ), 2000			4.2%		3.6%	
Persons age 65+ in labor force* ( " ), 2000			3.6%		3.5%	
<i>Persons age 65+ In labor force* (as % of age group), 2000</i>			13.7%		14.4%	
Unemployed persons age 65+ (as % of population age 65+ in labor Force*), 2000			1.0%		8.3%	

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\*Include both employed and job seekers

Table F4. Number of deaths in Lee County from top 5 leading causes by race and sex, 1999-2001 (Source: LeeCAN).

		<b>All</b>	<b>White</b>	<b>Minority</b>	<b>Male</b>	<b>Female</b>
<i>Total Deaths</i>	Number	1445	1124	319	723	722
	Average Age	69.9	71.1	65.6	65.5	74.3
<i>Heart Disease</i>	Number	386	314	71	182	204
	Average Age	75.3	76.6	69.9	71.6	78.7
<i>Cancer</i>	Number	326	265	61	182	144
	Average Age	67.8	68.7	64.1	67.4	68.4
<i>Stroke</i>	Number	110	82	28	48	62
	Average Age	75.6	78.5	67.3	71.5	78.8
<i>COPD</i>	Number	77	71	6	39	38
	Average Age	75.9	75.6	79.5	74.0	77.8
<i>Diabetes Mellitus</i>	Number	47	36	11	16	31
	Average Age	70.8	70.9	70.4	67.9	72.3



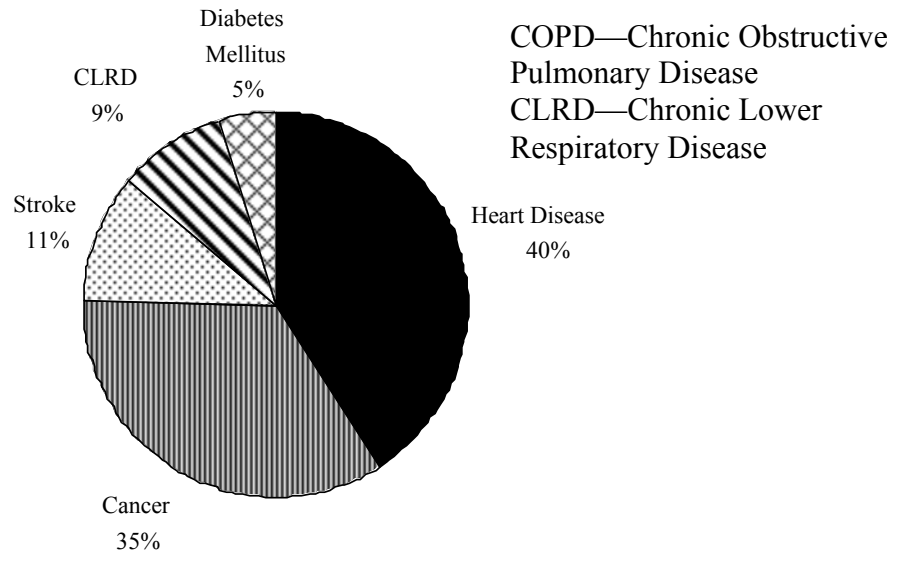


Figure F1. Top 5 Causes of death among whites, 1999-2001 (Source: LeeCAN).

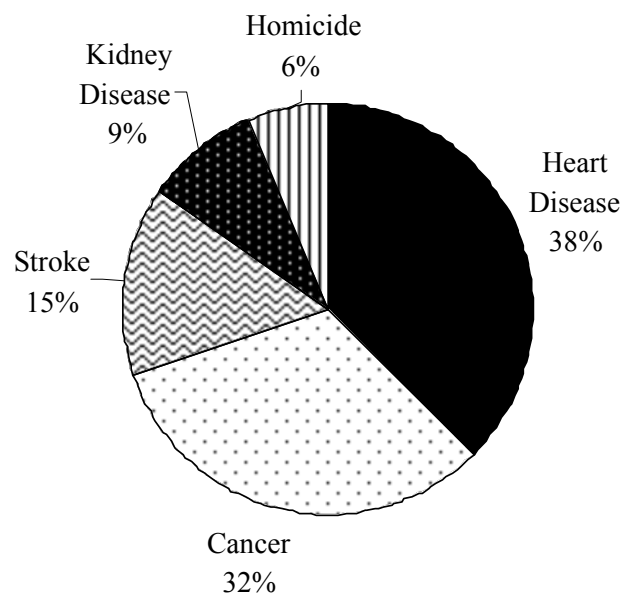


Figure F2. Top 5 causes of death among minorities, 1999-2001 (Source: LeeCAN).

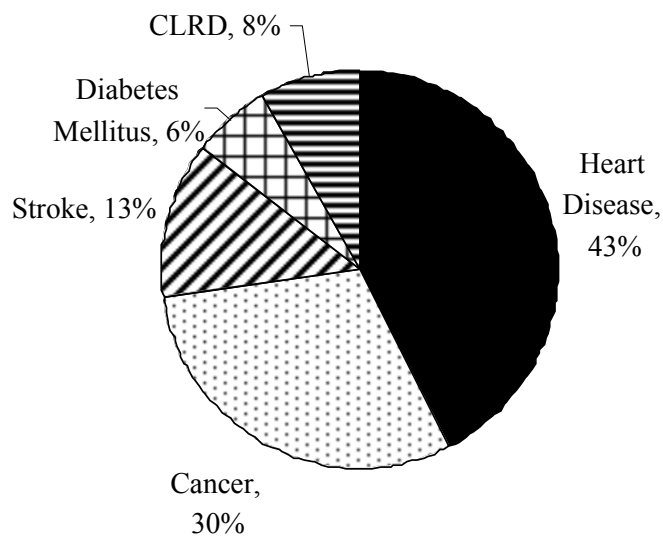


Figure F3. Top 5 causes of death among women, 1999-2001 (Source: LeeCAN).

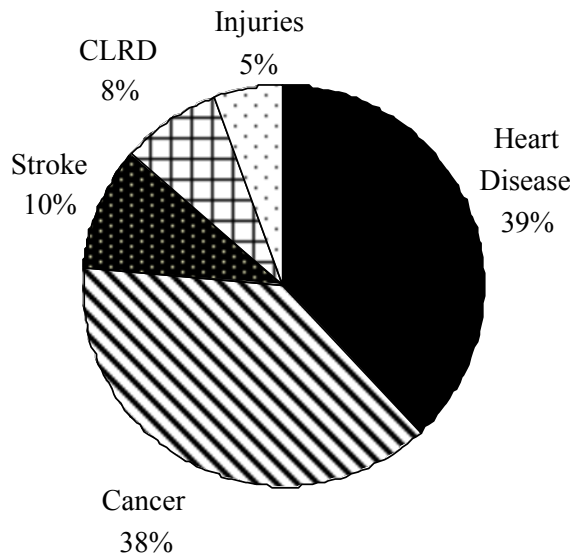


Figure F4. Top 5 leading causes of death among men, 1999-2001 (Source: LeeCAN).

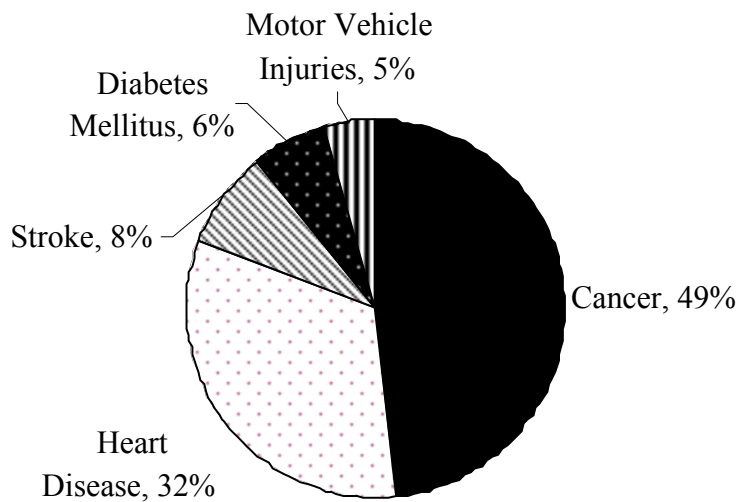


Figure F5. Number of Deaths in Lee County, NC from top 5 leading causes in 40 to 64 age group, 1999-2001 (Source: LeeCAN).

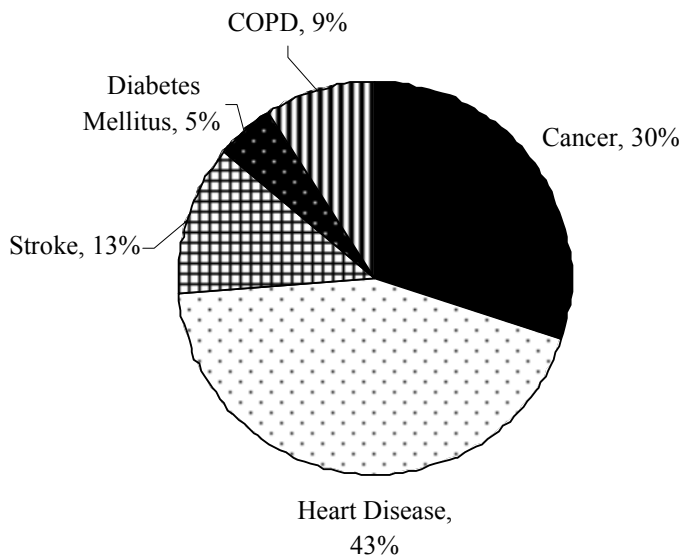


Figure F6. Number of Deaths in Lee County, NC from top 5 leading causes in 65+ age group, 1999-2001 (Source: LeeCAN).

## Appendix G: Community Forum materials

Stewart Manor Forum Planning Committee Sample Agenda

Planning Committee Talking Points for Resident Meeting

Donation Letter

Forum Invitation

Forum Flyer

Small Forum Flyers

Forum Outline

Forum Handout

## G1: Stewart Manor Forum Planning Committee Sample Agenda

## Stewart Manor Planning Committee April 23, 2004

- Resident Meeting on Monday
  - Talking Points
  
- Forum is Wednesday!
  - Please be on the first floor of Stewart Manor to greet by 2:15pm
  
- Agenda for Forum
  - Introduction (Sandra)
  - Icebreaker (Planning Committee)
  - Overview of Findings (Team)
  - Introduction of Themes (Team)
  - Breakout Groups (Team and Planning Committee)
  - Report Back (Team)
  - Process / Conclusion (Team)
  - Really big party with food and door prizes!! (Everyone!)
  
- Explanation of Breakout Groups / Discussion
  - Sign up for groups
    - Security
    - Health Issues
    - Building Conditions
    - Communication
    - Recreation
  
- Review of handouts
  
- Anything else?

## G2: Planning Committee Talking Points for Resident Meeting

## Stewart Manor Forum Small Group Topics

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- During the forum, we will be discussing important issues within Stewart Manor in small groups
- The goal of these groups is to address these issues and try to develop some type of action step in order to improve the current situation
- These topics were identified as important through interviews with both residents and service providers who work with your community. The field team listed the ideas that kept coming up and decided on the top five issues with the planning committee.
- We would like you to choose one topic to talk about at the forum

### 1. Communication between Sanford Housing Authority and Residents

*There is a disconnect in the lines of communication between Sanford Housing Authority representatives and Stewart Manor residents.*

Types of things we will talk about: fear of speaking out, funding, think service providers don't care about them, perceptions of polices, perceptions of residents

### 2. Health Conditions of Stewart Manor Residents

*Several factors have a positive effect on the health of Stewart Manor residents while other factors are detrimental to their health.*

Types of things we will talk about: Diabetes and inappropriate food, Substance use/abuse, Sexual health, Lack of awareness about health conditions and related considerations (benches in the sun, candy machines, fear of AIDS, no gloves for cleaning apartments), No elderly services in the Health Department, Strength of in-home serves for those who have it

### 3. Lack of Recreational Activities for Residents of Stewart Manor

*Residents feel there is a lack of organized activities in Stewart Manor for recreational purposes.*

Types of things we will talk about: There used to be more when there used to be more staff and funding; Who's job is it anyway?; There are activities at the Enrichment Center that people aren't using

### 4. Physical Condition of Building

*Residents and some service providers are dissatisfied with the physical condition of Stewart Manor facilities.*

Types of things we will talk about: haven't been painted, need to clean carpets, need new furniture, benches in the sun, etc.)

### 5. Security

*SHA has made a lot of progress in security, however there are still some unmet needs.*

Types of things we will talk about: Need for 24/7 security; Keep people out of building; Response to emergency; Residents themselves letting people in building (residents on lower floors getting knocks on their window, people propping doors)

G3: Donation Letter

Dear Stewart Manor Supporter,

With the assistance of University of North Carolina's department of Health Behavior and Health Education, Stewart Manor will be hosting a community forum April 28, 2004. The forum's purpose is to identify strengths and barriers within the community and try to develop action steps towards making it a more positive community.

We are asking agencies and service providers that have been identified as friends of Stewart Manor to assist with the forum through donations for the participants. The community efforts will help make the forum a success.

Without your support, we would not be able to make the forum a success. If you have any questions regarding this drive, please do not hesitate to contact the Stewart Manor Field Team at 1-866-610-8273 or by e-mail at [stewartmanor@listserv.unc.edu](mailto:stewartmanor@listserv.unc.edu). Thanks again for your interest and support. We appreciate your contribution to the Stewart Manor Forum.

Sincerely,

Danielle Howells  
Meredith Jarblum  
Emilee Quinn  
Colleen Svoboda  
Tara Taylor  
*Stewart Manor Field Team*

G4: Forum Invitation



*You are invited to the  
Stewart Manor  
Community Forum*



Please join us for the  
Stewart Manor Community Forum  
April 28, 2004 at 3:00 pm

Stewart Manor Auditorium  
500 Dudley St.  
Sanford, NC

Stewart Manor Field Team  
University of North Carolina at Chapel Hill  
Contact: Danielle Howells  
howells@email.unc.edu  
1-866-610-8273



G5: Forum Flyer

You are Invited to the

# Stewart Manor Community Forum

**Stewart Manor  
Field Team**

**University of  
North Carolina  
at Chapel Hill**

**Contact  
Danielle Howells  
with Questions**

**Phone:  
1-866-610-8273**

**Fax:  
919-966-2921**

**Email:  
stewartmanor@  
listserv.unc.edu**



**Wednesday,  
April 28, 2004 at 3pm  
Stewart Manor Auditorium**

**Please attend!**

**We want to hear your opinions!**

G6: Small Forum Flyers

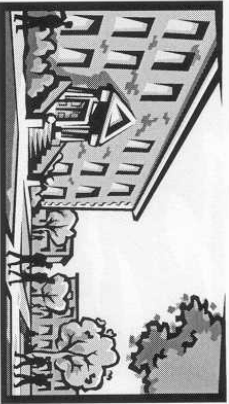
You are invited to the

**Stewart Manor  
Community Forum**

Stewart Manor Field  
Team

University of North  
Carolina

Contact Danielle  
Howells



Wednesday

April 28, 2004 at 3pm

Stewart Manor Auditorium

Phone: 1-866-610-8273  
Email: Stewartmanor@listserv.unc.edu

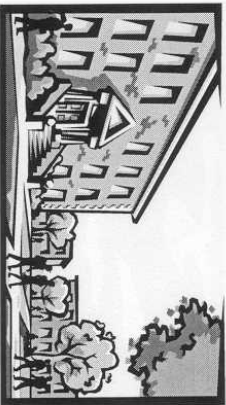
You are invited to the

**Stewart Manor  
Community Forum**

Stewart Manor Field  
Team

University of North  
Carolina

Contact Danielle  
Howells



Wednesday

April 28, 2004 at 3pm

Stewart Manor Auditorium

Phone: 1-866-610-8273  
Email: Stewartmanor@listserv.unc.edu

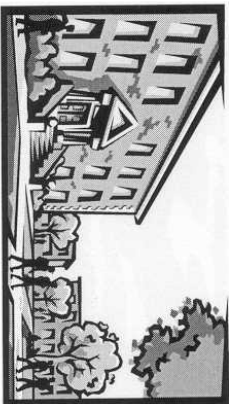
You are invited to the

**Stewart Manor  
Community Forum**

Stewart Manor Field  
Team

University of North  
Carolina

Contact Danielle  
Howells



Wednesday

April 28, 2004 at 3pm

Stewart Manor Auditorium

Phone: 1-866-610-8273  
Email: Stewartmanor@listserv.unc.edu

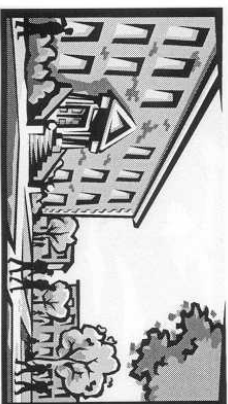
You are invited to the

**Stewart Manor  
Community Forum**

Stewart Manor Field  
Team

University of North  
Carolina

Contact Danielle  
Howells



Wednesday

April 28, 2004 at 3pm

Stewart Manor Auditorium

Phone: 1-866-610-8273  
Email: Stewartmanor@listserv.unc.edu

## G7: Forum Outline

## Stewart Manor Forum: Schedule &amp; Task List

- 10:00 am: Leave for SM  
State Car:  
Additional Cars:
- 11:30 am: Arrive in Sanford  
Set up Forum: Chairs, tables, signs, sign-in table, craft room, break out sessions, ect...
- 12:30 pm: Lunch Break / Sanity check / Additional time for whatever we forgot to schedule
- 1:30 pm: Knock on doors to remind residents *Tara and Colleen*
- 2:30 pm: Volunteers Arrive *Meredith coordinates placement*  
Greeters Arrive *Emilee coordinates placement*
- 3:00 pm: Forum Begins:  
Introduction 3:00-3:05  
Icebreaker 3:05-3:10  
Overview 3:10-3:25  
Introduction of Themes 3:25-3:35  
Breakout 3:35-4:35 (40 min discussion)  
Report Back 4:35-4:55  
Process / Conclusion 4:55-5:00  
Big Party 5:00-??

## Introduction: Sandra

- The students are from The University of North Carolina at Chapel Hill. They are studying public health.
- In order to graduate, they have to complete a class project called a 'Community Diagnosis.'
- Sandra asked the team to come to Stewart Manor and complete their project here.
- Sandra tells why she invited them- why she took this opportunity
- The team has been working in the community since December- you might have seen them at Bingo or in the halls of the building

- They spoke with several of you one-on-one in order to complete this project.
- Today's forum will discuss the results of the class project.
- Introduce team:
  - Colleen, Danielle, Emilee, Meredith and Tara

#### Description of Process: Emilee

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- Thank you to Community for cooperation / attendance
- What is AOCD?

#### Overview of Findings: Emilee and Danielle

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- Overview of 12 emerging themes
  - 1-3: Emilee
  - 4-12: Danielle

#### Introduction of Themes: Tara

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- Explanation of 5 Themes to be discussed

#### Breakout / Report Back: Meredith

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- Each group reports back

#### Process/ Conclusion: Colleen

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- What does this all mean?

G8: Forum Handout



## WELCOME TO THE STEWART MANOR COMMUNITY FORUM!

Thank you for attending the forum and for welcoming the field team into your community. We had a wonderful time getting to know all of you and it means very much to us that you shared your thoughts with

us.  
We will miss you!

Sincerely,

Colleen, Danielle, Emilee, Meredith, and Tara  
The Stewart Manor Field Team

### Why we were here...

The field team is a group of five students from the University of North Carolina at Chapel Hill. They are studying public health. The field team was asked to come to Stewart Manor by the Sanford Housing Authority for part of a class assignment. They came and interviewed many of the residents, as well as service providers in order to get an idea of all the positive and negative things about Stewart Manor. After talking with many people, the team made a list of all the things people said, and with the help of some of your residents and people working in your community, picked five things to focus on. Those five things will be discussed today and we hope you will be a part of that discussion.

### Things we will be talking about today...

#### **1. Communication between Sanford Housing Authority and Residents**

*There is an disconnect in the lines of communication between representatives of SHA and SM residents.*

Types of things we will talk about: Fear of speaking out, Funding, Residents think that Service Providers don't care about them, perceptions of polices, perceptions of residents

#### **2. Health Conditions of Stewart Manor Residents**

*Several health conditions are present among SM residents.*

Types of things we will talk about: Diabetes and inappropriate food, Substance use/abuse, Sexual health, Lack of awareness about health conditions and

related considerations (benches in the sun, candy machines, fear of AIDS, no gloves for cleaning apartments), No elderly services in the Health Department, Strength of in-home serves for those who have it

## More things we will be talking about today...

### **3. Lack of Recreational Activities for Residents of Stewart Manor**

*Residents feel there is a lack of organized activities in Stewart Manor for recreational purposes.*

Types of things we will talk about: There used to be more when there used to be more staff and funding; Who's job is it anyway?; There are activities at the Enrichment Center that people aren't using

### **4. Physical Condition of Building**

*Residents and some service providers are dissatisfied with the physical condition of SM facilities.*

Types of things we will talk about: haven't been painted, need to clean carpets, need new furniture, benches in the sun, etc.)

### **5. Security**

*SHA has made a lot of progress in security, however there are still some unmet needs.*

Types of things we will talk about: Need for 24/7 security; Keep people out of building; Response to emergency; Residents themselves letting people in building (residents on lower floors getting knocks on their window, people propping doors)

## Need help?

Resources:

COLTS

(919) 776-7201

Police Department

(919) 775-8268

Department of Social Services

Authority

(919) 718-4690

Sanford Housing

(919) 776-7655

Enrichment Center

(919) 776-0501

Health Department

(919)718-4640

## Tell us what you think...

Have an opinion for the field team? Contact us by email at [stewartmanor@listserv.unc.edu](mailto:stewartmanor@listserv.unc.edu) or phone at 1-866-610-8273.

To see the full report of the field team's findings, go to: <http://www.hsl.unc.edu/phpapers/phpapers.cfm>