Central Carolina Hospital
Community Health Needs Assessment (CHNA)

Lee County, NC | October 2022

Community Health Summit Agenda

9:00 a.m.	**Welcome and Why We're Here**	*Chris Fensterle, CEO Central Carolina Hospital*
	Review Agenda & Objectives	*Lee Ann Lambdin, SVP Healthcare Strategy, Stratasan*
	Progress since the 2019 CHNA	*Mandisa McAllister, Lee County Health Department*
	Community Analysis – Demographics	*Lee Ann*
	Community Health Assessment – focus groups	*Mandisa McAllister*
10 min.	***Break***	
	Community Health Analysis – Survey & Community Health Data	*Lee Ann*
	Exercise – Prioritize most significant health needs	*All*
20 min.	***Lunch***	
	Results – Most significant health needs	*Lee Ann*
	Brainstorming solutions to the health needs	*Table groups*
	Next Steps and Closing	
12:50 p.m.	**Adjourn**	

Progress since 2019 CHNA

Lee County, NC CHNA

Tobacco & Substance Use

◎ QuitlineNC

◎ The Commission on The Opioid Abuse Epidemic

◎ Sandhills Opioid Consortium

◎ Project Lazarus

◎ Narcan distribution

Teen Pregnancy & STDs

◎ Partnership for Children and Families Initiatives: Reducing the Risk & Adolescent Parenting Program (AP2)

◎ Infant Mortality Reduction- Safe Sleep Classes

Obesity

◎ LEEding Towards Wellness- Cooperative Extension Initiatives: Red Tablecloth, Virtual Walking and Wellness Challenge, A Healthy Resource Map

◎ Relationships with Community Housing partners to bring nutrition related programming directly to communities.

Mental and Behavioral Health

◎ 988 Implementation

◎ CIT Training

◎ Crisis Support Brochure

◎ Opioid Misuse & Overdose Brochure

◎ Daymark & LCHD Partnership

COVID-19

◎ Vaccination Clinics
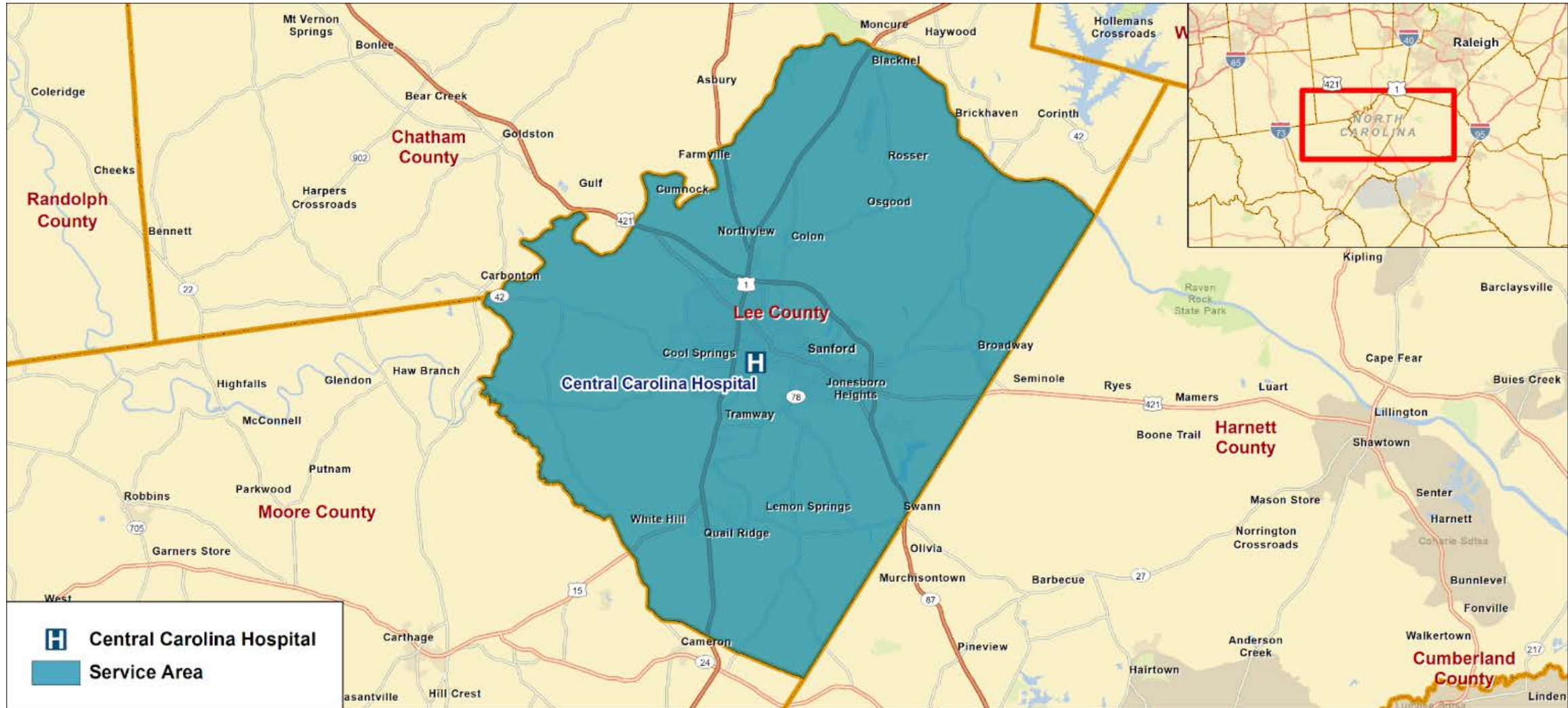
◎ Testing

◎ Kit Distribution

◎ Mask Distribution

Demographics and Socioeconomics

Lee County, NC CHNA

Source(s): Stratasan (2022)

County Demographic Summary 2022

	Lee County	North Carolina	USA
Population	64,597	10,671,397	335,707,897
Median Age	39.4	39.2	38.9
Median Household Income	$57,943	$62,513	$72,414
Annual Pop. Growth (2022-2027)	0.54%	0.57%	0.25%
Household Population	25,161	4,262,517	128,657,669
Dominant Tapestry	Down the Road (10D)	Southern Satellites (10A)	Green Acres (6A)
Businesses	2,401	402,186	12,609,070
Employees	28,492	4,549,765	151,363,907
Health Care Index*	84	92	100
Average Health Expenditures	$5,979	$6,515	$7,087
Total Health Expenditures	$150.4 M	$27.8 B	$911.7 B
Racial and Ethnic Make-up			
White	60%	62%	61%
Black	17%	21%	12%
American Indian	1%	1%	1%
Asian/Pacific Islander	1%	3%	6%
Other	12%	6%	9%
Two or More Races	9%	7%	11%
Hispanic Origin	21%	11%	19%

*The Health Care Index is household-based, and represents the amount spent out of pocket for medical services and health insurance relative to a national index of 100.
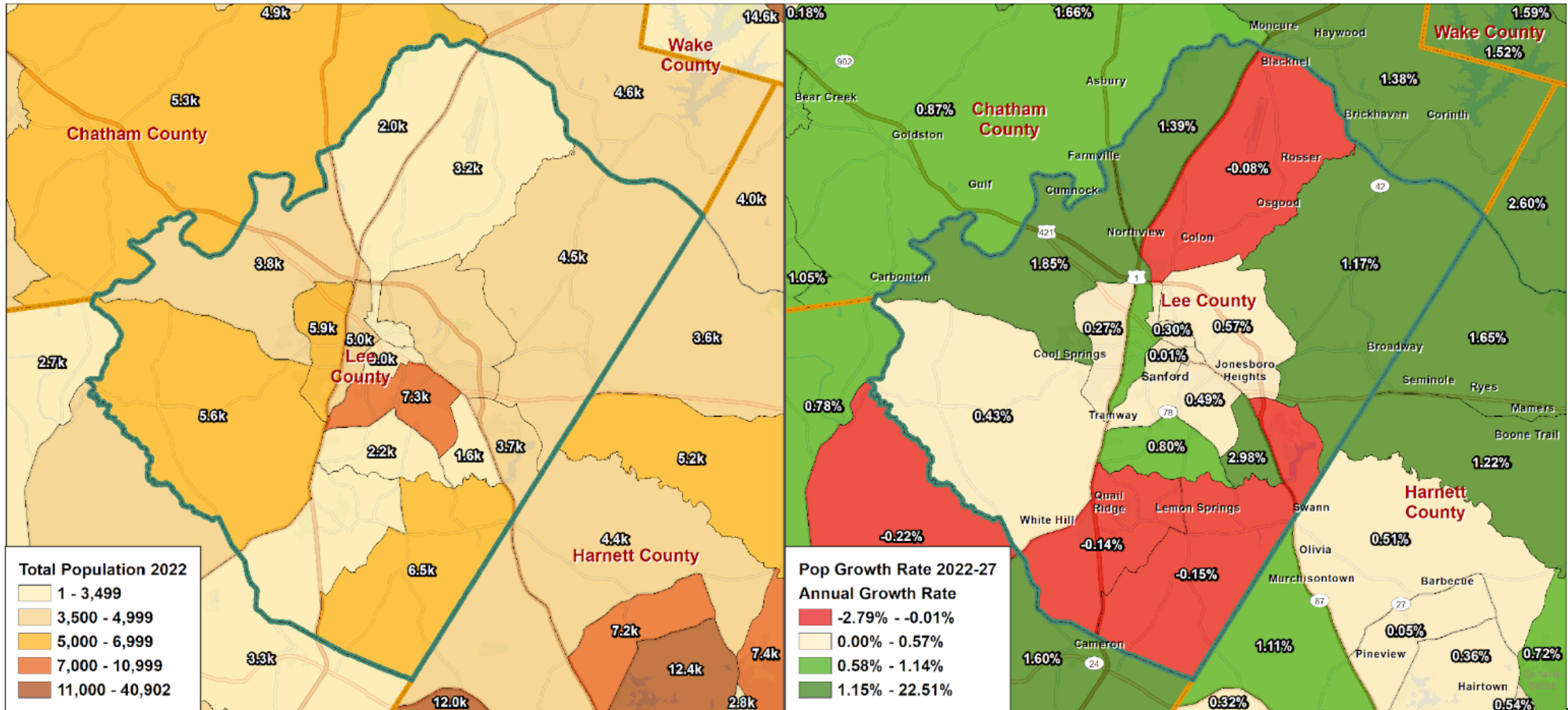
Lee County Demographics 2022
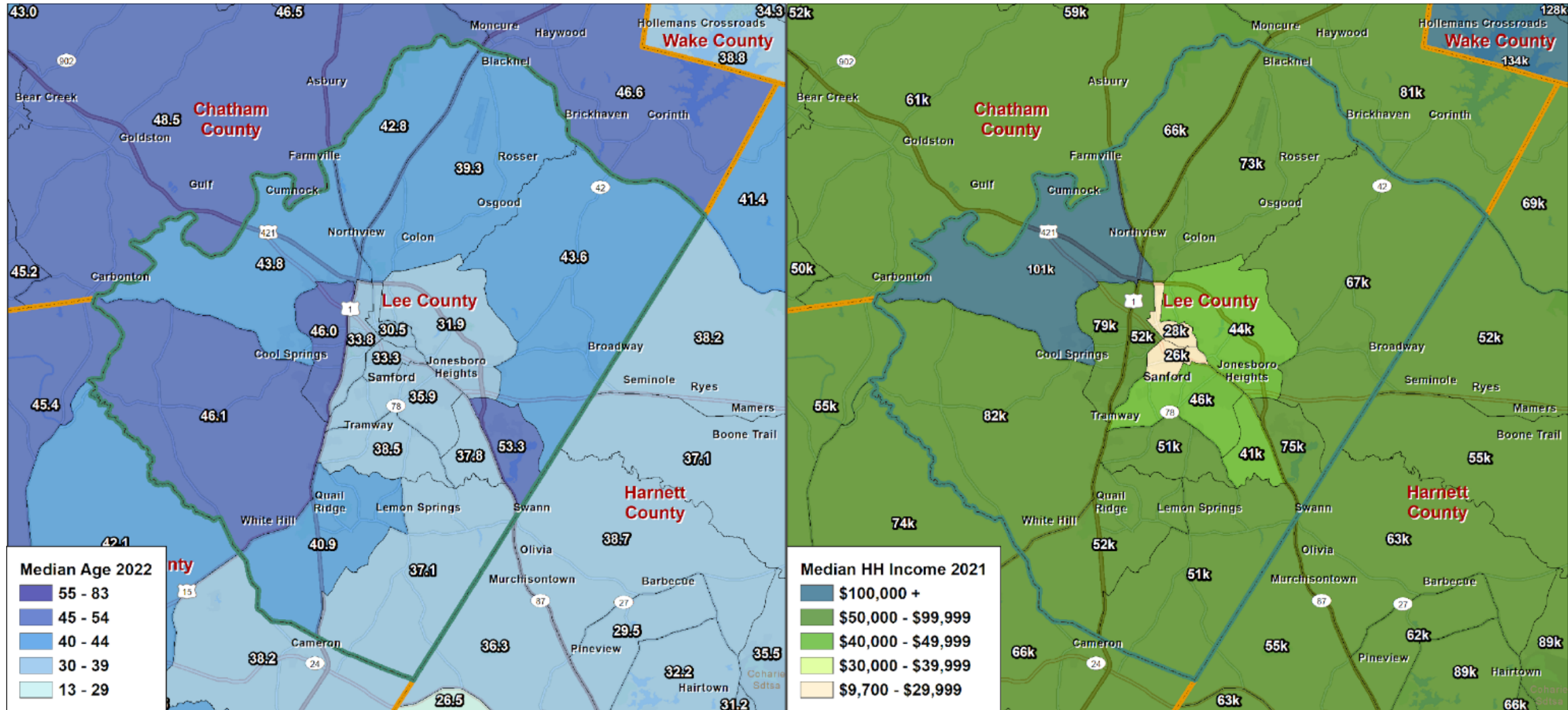
Percent of Population by Age Group

Legend: ■ 2022 ■ 2027

Age Group	2022	2027
0-4	6.4%	6.2%
5-14	13.3%	13.2%
15-24	11.4%	11.3%
25-34	13.1%	12.0%
35-44	13.0%	13.1%
45-54	12.3%	12.4%
55-64	12.9%	12.2%
65-74	10.5%	11.0%
75-84	5.3%	6.4%
85+	1.9%	2.0%

Age 65+
17.7% - Lee Co.
17.2% - U.S.

Median Household Income (2021)

Lee County
- **26%** Higher incomes
- **57%** Middle incomes
- **18%** Lower incomes

United States
- **35%** Higher incomes
- **49%** Middle incomes
- **16%** Lower incomes

Income	Lee County	United States
$200K+	5%	10%
$150K-$199.9K	6%	8%
$100K-$149.9K	15%	17%
$75K-$99.9K	14%	13%
$50K-$74.9K	18%	17%
$35K-$49.9K	16%	11%
$25K-$34.9K	9%	8%
$15K-$24.9K	8%	7%
<$15K	10%	9%

Total Population 2022
- 1 - 3,499
- 3,500 - 4,999
- 5,000 - 6,999
- 7,000 - 10,999
- 11,000 - 40,902

Pop Growth Rate 2022-27 Annual Growth Rate
- -2.79% - -0.01%
- 0.00% - 0.57%
- 0.58% - 1.14%
- 1.15% - 22.51%

Yellow is **positive up to** the NC growth rate
Green is **greater than** the NC growth rate
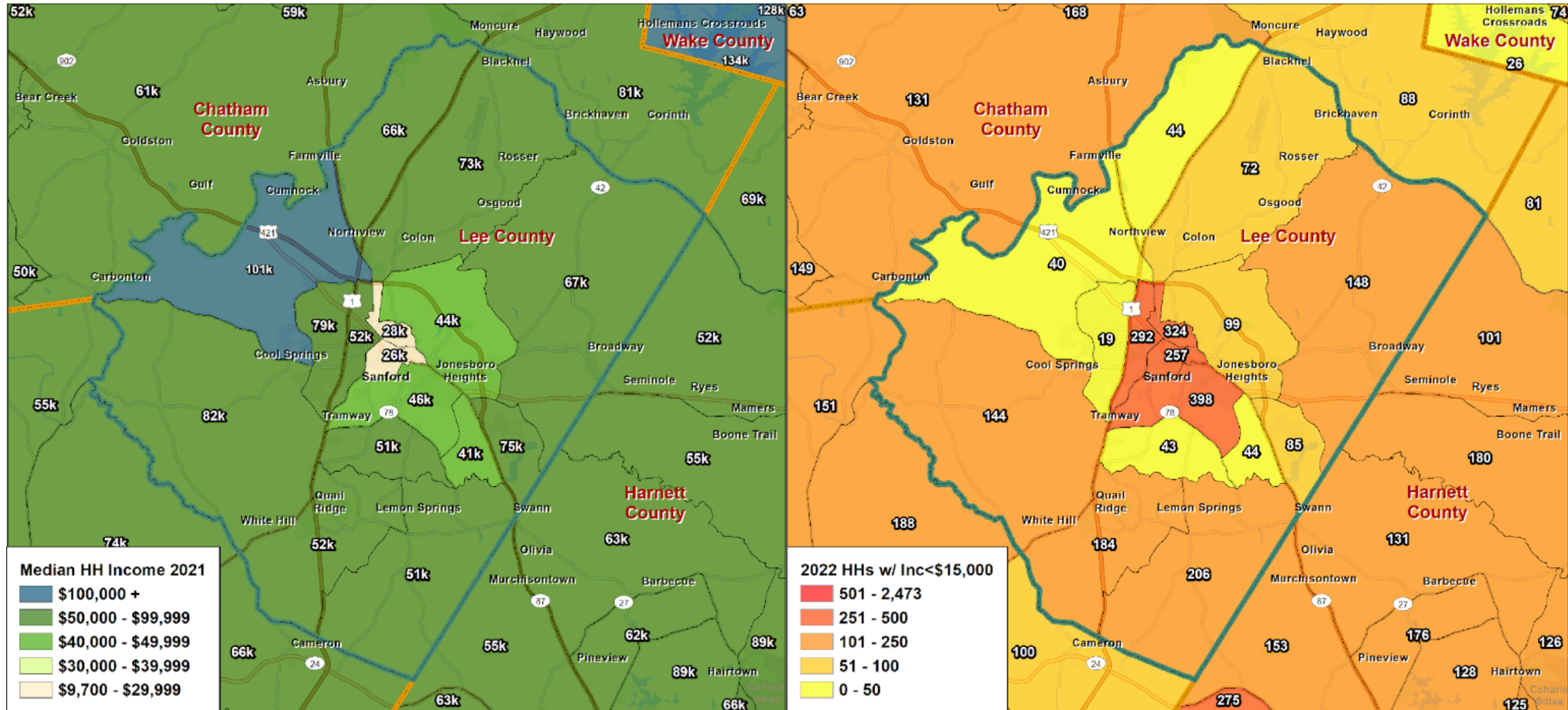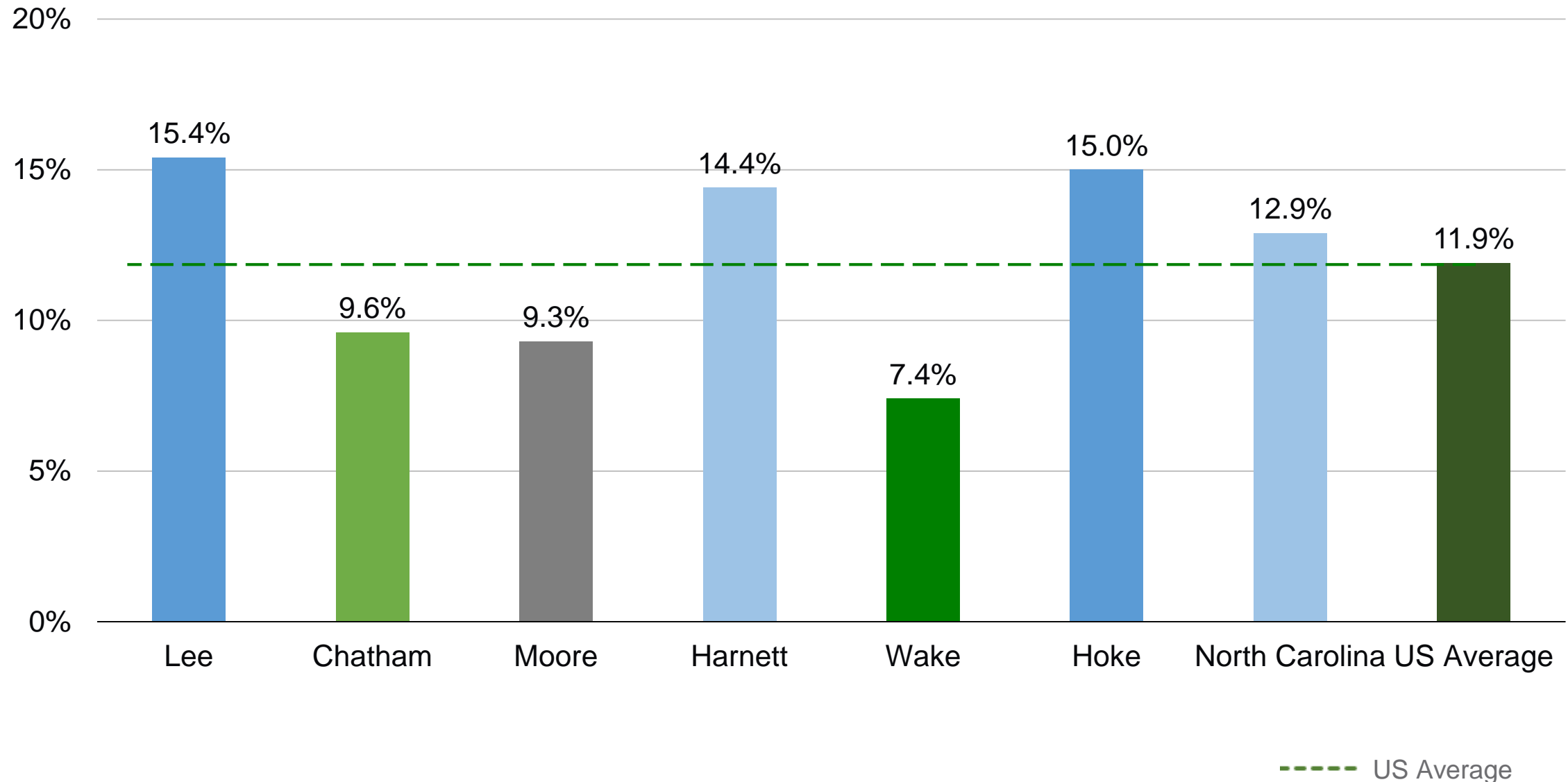Dark green is **twice** the NC growth rate

Source(s): Stratasan (2022); Esri (2022)

Median Income

Source(s): Stratasan (2022); Esri (2022)

Source(s): Stratasan (2022); Esri (2022)

Poverty Estimates 2020 for Nearby Counties, NC, and US

Bar chart showing poverty estimates for 2020:
- Lee: 15.4%
- Chatham: 9.6%
- Moore: 9.3%
- Harnett: 14.4%
- Wake: 7.4%
- Hoke: 15.0%
- North Carolina: 12.9%
- US Average: 11.9%

US Average (dashed green line) shown at 11.9%

Cost of Living

	Lee County	North Carolina	USA
Overall	81.0	91.0	100
Grocery	95.5	96.5	100
Housing	60.2	83.1	100
Median Home Cost	$175,500	$242,300	$291,700
Utilities	100.7	99.2	100
Transportation	73.6	83.9	100
Miscellaneous	88.9	89.2	100

100 index = National Average

https://www.bestplaces.net/cost_of_living/county/North Carolina/Lee

The total of all the cost-of-living categories weighted subjectively as follows: housing (30%), food and groceries (15%), transportation (10%), utilities (6%), health care (7%), and miscellaneous expenses such as clothing, services, and entertainment (32%). State and local taxes are not included in any category. The overall index for transportation costs, including gasoline, commuting, and auto insurance
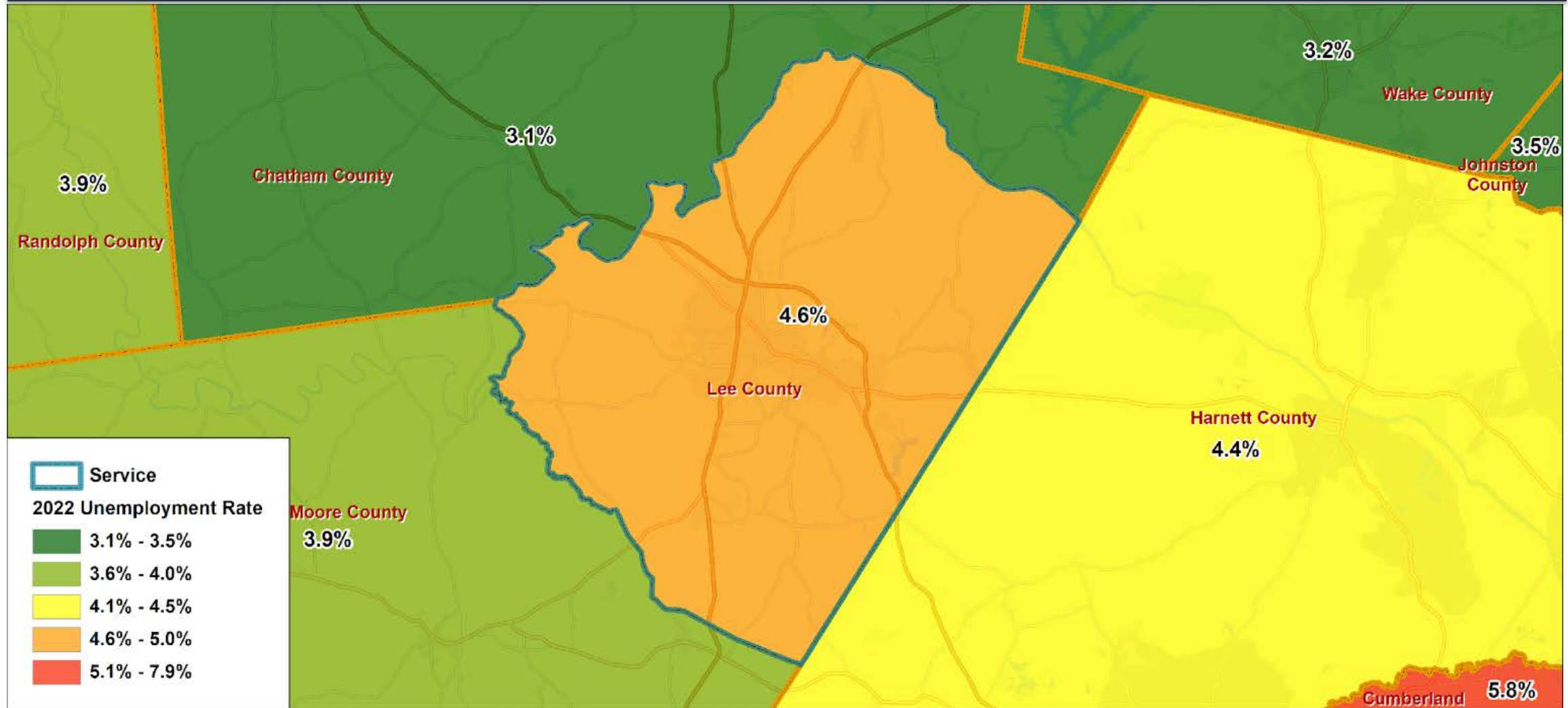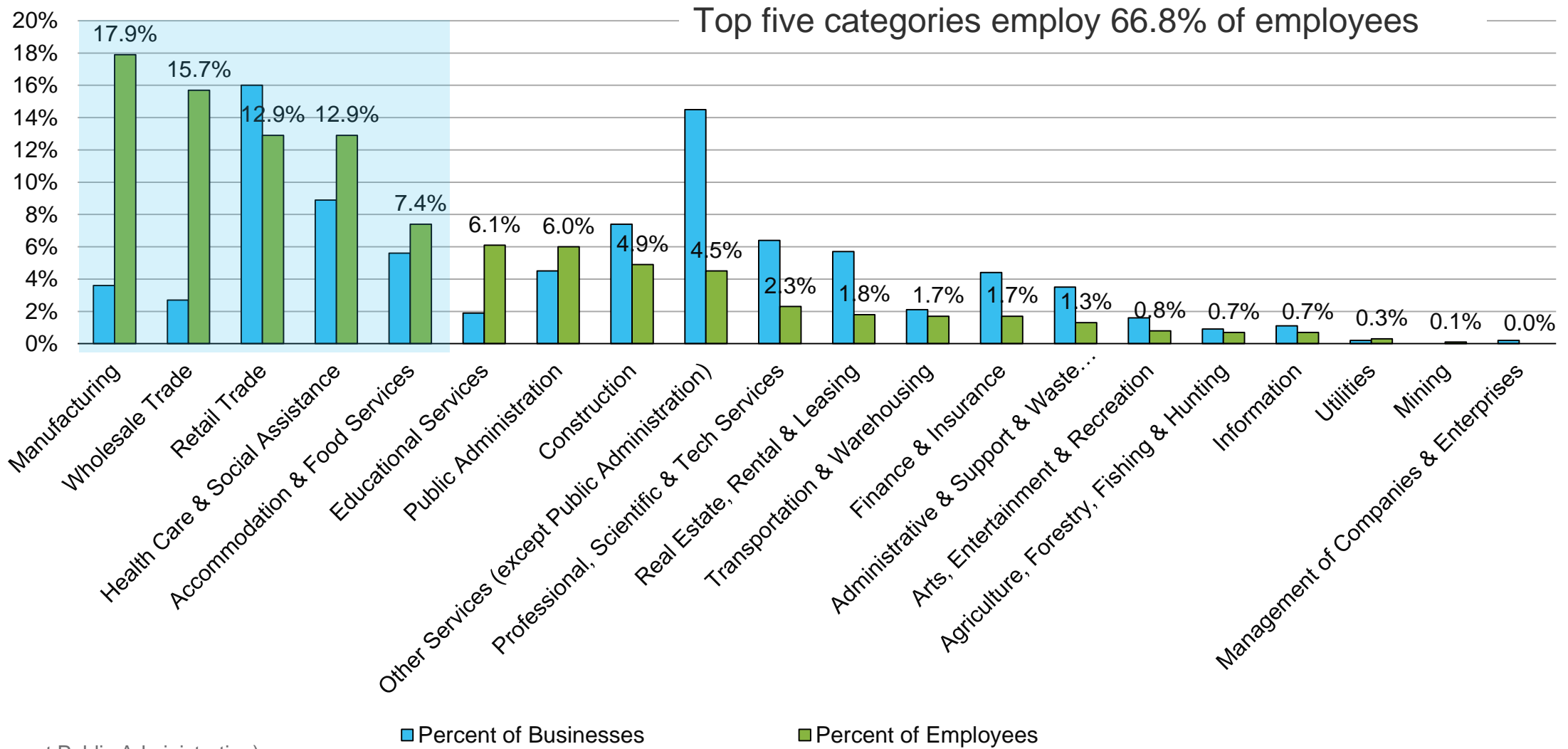
Business & Industry Environment

Lee County, NC CHNA

Unemployment by County

(2022 May Preliminary): Lee County – 4.6% | North Carolina – 3.4% | U.S. – 4.0%

3.2%

Wake County

3.1%

Chatham County

3.5%

Johnston County

3.9%

Randolph County

4.6%

Lee County

Harnett County

4.4%

Service

2022 Unemployment Rate

- 3.1% - 3.5%
- 3.6% - 4.0%
- 4.1% - 4.5%
- 4.6% - 5.0%
- 5.1% - 7.9%

Moore County

3.9%

Cumberland

5.8%

Source(s): Stratasan (2022); Internet Bureau of Labor Statistics, May 2022 preliminary, not seasonally adjusted

Lee County Business Environment 2022

Top five categories employ 66.8% of employees

Manufacturing: 17.9%
Wholesale Trade: 15.7%
Retail Trade: 12.9%
Health Care & Social Assistance: 12.9%
Accommodation & Food Services: 7.4%
Educational Services: 6.1%
Public Administration: 6.0%
Construction: 4.9%
Other Services (except Public Administration): 4.5%
Professional, Scientific & Tech Services: 2.3%
Real Estate, Rental & Leasing: 1.8%
Transportation & Warehousing: 1.7%
Finance & Insurance: 1.7%
Administrative & Support & Waste…: 1.3%
Arts, Entertainment & Recreation: 0.8%
Agriculture, Forestry, Fishing & Hunting: 0.7%
Information: 0.7%
Utilities: 0.3%
Mining: 0.1%
Management of Companies & Enterprises: 0.0%

■ Percent of Businesses   ■ Percent of Employees

Other Services (except Public Administration):
Establishments in this sector are primarily engaged in activities, such as equipment and machinery repairing, promoting or administering religious activities, grantmaking, advocacy, and providing dry-cleaning and laundry services, personal care services, death care services, pet care services, photofinishing services, temporary parking services, and dating services.

In Migration: 7,435   **Out Migration: 9,197**   **Net Flux: -1,762**

Home County
In-Migration
- 1 - 50
- 51 - 100
- 101 - 500
- 501 - 1,500
- 1,501 - 2,550

Home County
Out-Migration
- 1 - 50
- 51 - 100
- 101 - 500
- 501 - 1,500
- 1,501 - 4,022

Source(s): Stratasan (2022); US Census Bureau American Community Survey (2014-2018)
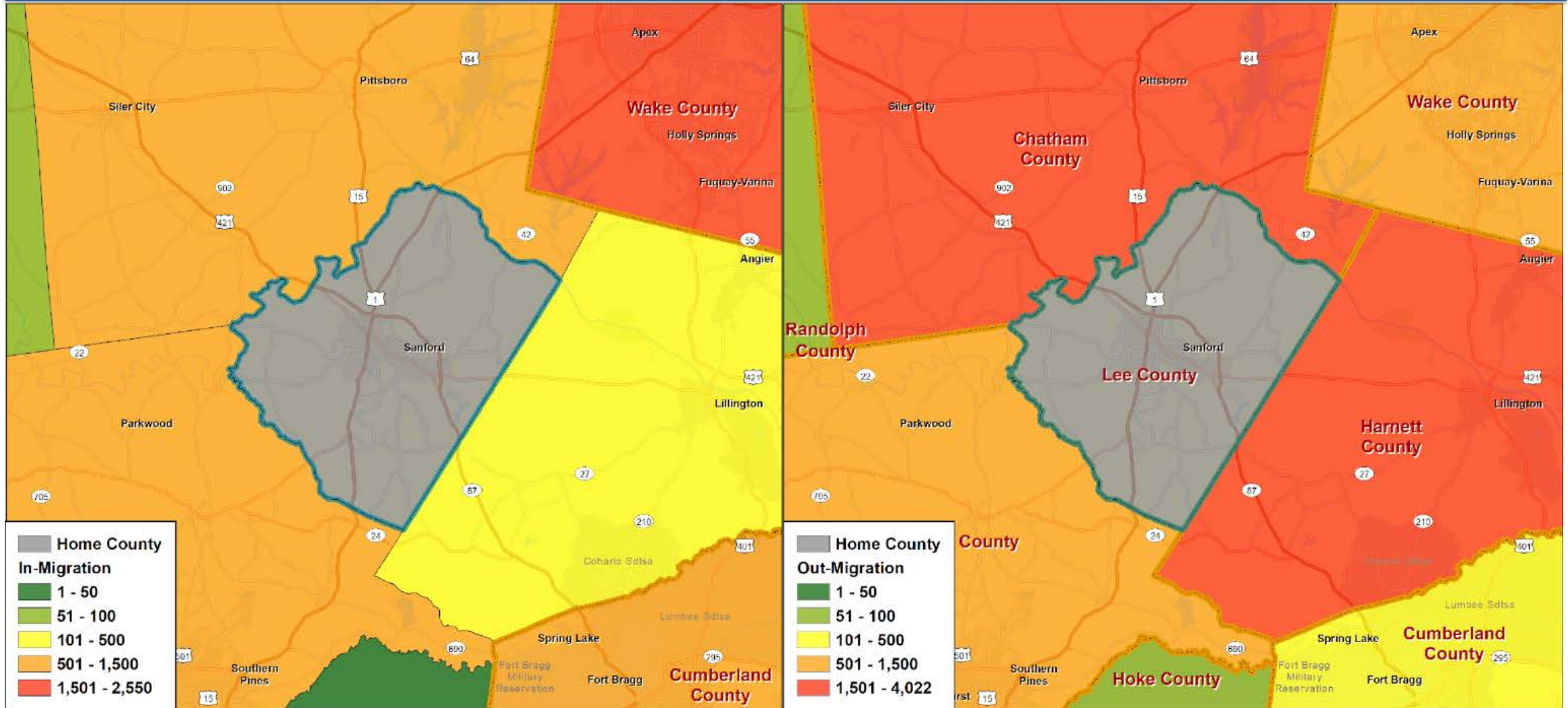
Psychographics

Lee County, NC CHNA

Tapestry Profile

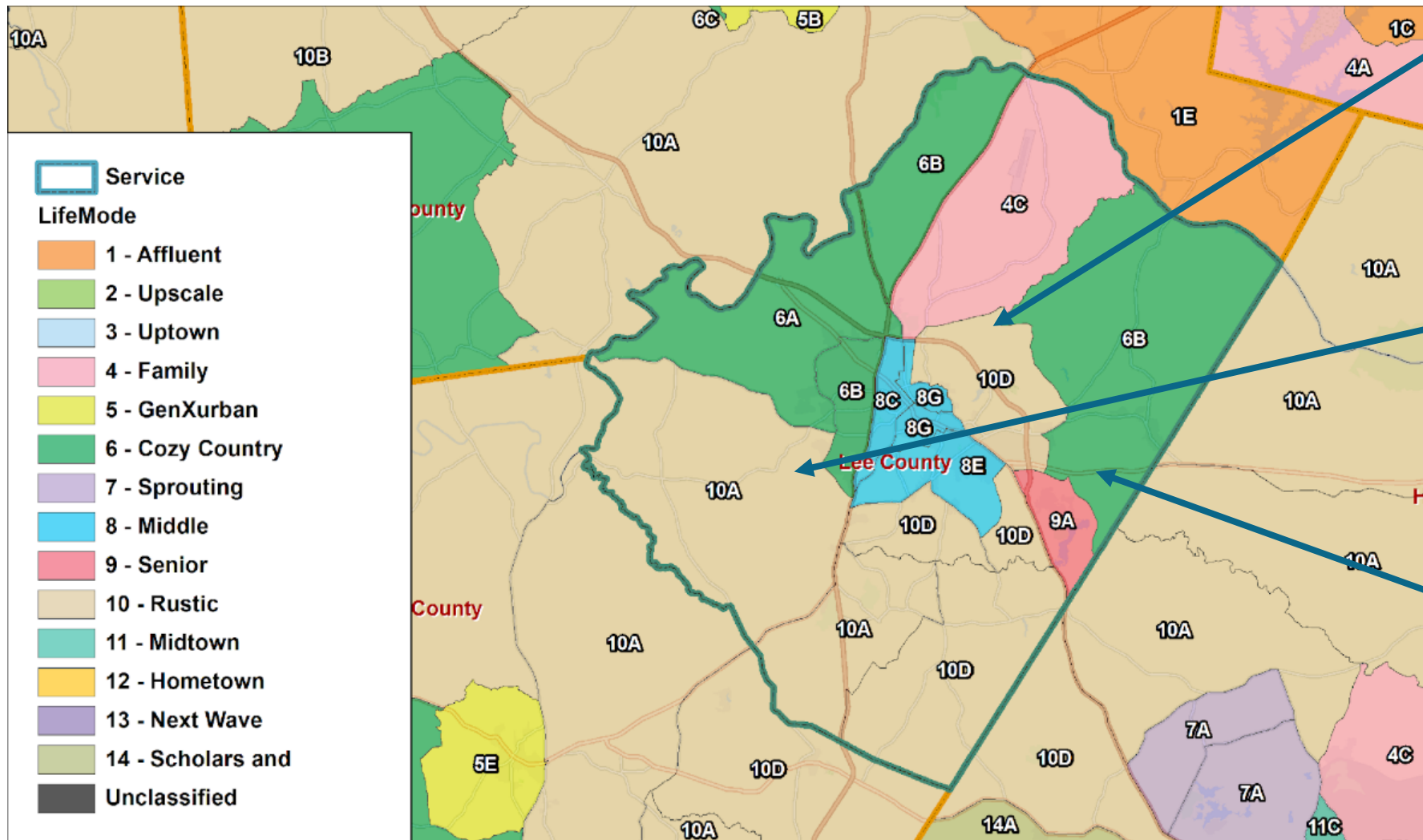**Neighborhood classification based on purchasing and lifestyle behaviors**

14 LifeModes   **67** Tapestry Segments

_L0_ | **LifeMode Group**	_L1_ | **Affluent Estates**	_L2_ | **Upscale Avenues**	_L3_ | **Uptown Individuals**	_L4_ | **Family Landscapes**
0A | Name | Tapestry Segment Number **EXAMPLE**	**1A** | Top Tier **1B** | Professional Pride **1C** | Boomburbs **1D** | Savvy Suburbanites **1E** | Exurbanites	**2A** | Urban Chic **2B** | Pleasantville **2C** | Pacific Heights **2D** | Enterprising Individuals	**3A** | Laptops & Lattes **3B** | Metro Renters **3C** | Trendsetters	**4A** | Workday Drive **4B** | Home Improvement **4C** | Middleburg

_L5_ | **Gen X Urban**	_L6_ | **Cozy Country Living**	_L7_ | **Sprouting Explorers**	_L8_ | **Middle Ground**	_L9_ | **Senior Styles**
5A | Comfortable Empty Nesters **5B** | In Style **5C** | Parks & Rec **5D** | Rustbelt Tradition **5E** | Midlife Constants	**6A** | Green Acres **6B** | Salt of the Earth **6C** | The Great Outdoors **6D** | Prairie Living **6E** | Rural Resort Dwellers **6F** | Heartland Communities	**7A** | Up & Coming Families **7B** | Urban Villages **7C** | Urban Edge Families **7D** | Forging Opportunity **7E** | Farm to Table **7F** | Southwestern Families	**8A** | City Lights **8B** | Emerald City **8C** | Bright Young Professionals **8D** | Downtown Melting Pot **8E** | Front Porches **8F** | Old & Newcomers **8G** | Hometown Heritage	**9A** | Silver & Gold **9B** | Golden Years **9C** | The Elders **9D** | Senior Escapes **9E** | Retirement Communities **9F** | Social Security Set

_L10_ | **Rustic Outposts**	_L11_ | **Midtown Singles**	_L12_ | **Hometown**	_L13_ | **Next Wave**	_L14_ | **Scholars & Patriots**
10A | Southern Satellites **10B** | Rooted Rural **10C** | Economic Bedrock **10D** | Down the Road **10E** | Rural Bypasses	**11A** | City Strivers **11B** | Young & Restless **11C** | Metro Fusion **11D** | Set to Impress **11E** | City Commons	**12A** | Family Foundations **12B** | Traditional Living **12C** | Small Town Simplicity **12D** | Modest Income Homes	**13A** | Diverse Convergence **13B** | Family Extensions **13C** | NeWest Residents **13D** | Fresh Ambitions **13E** | High Rise Renters	**14A** | Military Proximity **14B** | College Towns **14C** | Dorms to Diplomas

<u>Click here for more information on Tapestry Segments</u>

Dominant Tapestry Segmentation by Census Tract

Top three categories represent 45% of total households.

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

Top 3 Tapestry Segments

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

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

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

Click here for more information on Tapestry Segments

Source(s): Stratasan (2022); Esri (2022)

WHAT Report: Lee County Health & Behavior Habits

Health Habits of Your Community	More-Likely
Smoked 9+ Packs Of Cigarettes Last 7 Days	280
Used Chewing or Smokeless Tobacco Last 6 Mo	222
Smoked Non-Menthol Cigarettes Last 12 Mo	206
Smoked Cigarettes Last 12 Mo	189
Smoked Menthol Cigarettes Last 12 Mo	186
Filled Prescription at Discount or Department Store Last 12 Mo	176
Smoked 2+ Cigars Last 7 Days	168
Used Denture Adhesive or Fixative Last 6 Mo	162
Used Denture Cleaner Last 6 Mo	157
HH Used Children`s Cough Syrup Last 6 Mo	154
Used Rheumatoid Arthritis Prescription Drug	154
Filled Prescription at Supermarket Last 12 Mo	148
Used `Cold Turkey` Method to Stop Smoking/Last 12 Mo	146
Smoked Electronic/E-Cigarette/Vaporizer Last 12 Mo	145

Behavior Habits of Your Community	More-Likely
Very Conservative Political Outlook	156
Affiliated With Republican Policial Party	154
Do not try to eat healthy	149
Rarely buy based on quality not price	146
Strongly prefer travel in the U.S. over abroad	145
Occasionally try to eat healthy with nutrition focus	141
Vote in National Elections: 1-Never	141
Do not use Internet for banking transactions	139
Helping to preserve nature is of average importance	139
Am not more environmentally conscious than most people	138
Somewhat likely to buy first house in next 12 months	136
Do not follow a regular exercise routine	134
Rarely pay more for environmentally safe product	134
Am not interested in how to help the environment	134

Note: United States Index is 100

WHAT Report: Lee County Communication & Technology Habits
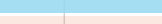
Communication Habits of Your Community	More-Likely	Technology Habits of Your Community	More-Likely
Watched Bounce Last Week	323	Satellite Service Connection to Internet at Home	298
HH Has Dish Network Satellite Dish	297	Used Spanish Language Website or App Last 30 Days	216
Watched INSP Last Week	277	Used Telemundo Website or App Last 30 Days	174
Purchased Music at Discount Department Store Last 6 Mo	250	DSL Connection to Internet at Home	139
Watched CMT (Country Music Television) Last Week	239	Used Xbox Live Online Gaming Service Last 30 Days	138
Listen to Hispanic Radio Format	238	Spend <0.5 Hours Online (Excluding Email) Daily	134
Listen to Country Radio Format	215	HH Spent $1-$499 On Most Recent Home Computer	133
Watched Nickelodeon Last Week	214	Played a Game Using Social Media Last 30 Days	130
Watched TV Land Classic Last Week	211	HH Owns Portable GPS Device	125
Watched WE TV Last Week	209	HH Owns Nintendo Wii U Video Game System	123
Watched Outdoor Channel Last Week	207	HH Owns Xbox 360 Video Game System	122
Watched Cartoon Network Last Week	207	Used Internet to Download Video Game Last 30 Days	119
Watched Disney XD Last Week	206	HH Most Recent TV Purchase: Small Screen (<27 in)	119
Watched BET (Black Entertainment TV) Last Week	201	HH Most Recent TV Purchase: Medium Screen (27-35 in)	118

Note: United States Index is 100

Lee County Medical Expenditures Index

	Index		Amount Spent Average	Total
Health Care	84	**Health Care**	**$5,979**	**$150.4 M**
Medical Care	85	**Medical Care**	**$2,024**	**$50.9 M**
Physician Services	84	Physician Services	$242	$6.1 M
Dental Services	82	Dental Services	$375	$9.4 M
Eyecare Services	85	Eyecare Services	$67	$1.7 M
Lab Tests, X-Rays	87	Lab Tests, X-Rays	$68	$1.7 M
Hospital Room and Hospital Services	86	Hospital Room and Hospital Services	$196	$4.9 M
Convalescent or Nursing Home Care	76	Convalescent or Nursing Home Care	$29	$0.7 M
Other Medical services	79	Other Medical services	$138	$3.5 M
Nonprescription Drugs	86	Nonprescription Drugs	$152	$3.8 M
Prescription Drugs	90	Prescription Drugs	$341	$8.6 M
Nonprescription Vitamins	80	Nonprescription Vitamins	$90	$2.3 M
Medicare Prescription Drug Premium	90	Medicare Prescription Drug Premium	$122	$3.1 M
Eyeglasses and Contact Lenses	82	Eyeglasses and Contact Lenses	$90	$2.3 M
Hearing Aids	84	Hearing Aids	$39	$1.0 M
Medical Equipment for General Use	79	Medical Equipment for General Use	$6	$0.1 M
Other Medical Supplies	82	Other Medical Supplies	$70	$1.8 M
Health Insurance	84	**Health Insurance**	**$3,954**	**$99.5 M**
Blue Cross/Blue Shield	87	Blue Cross/Blue Shield	$1,067	$26.9 M
Commercial Health Insurance	83	Commercial Health Insurance	$797	$20.1 M
Health Maintenance Organization	76	Health Maintenance Organization	$630	$15.8 M
Medicare Payments	88	Medicare Payments	$831	$20.9 M
Long Term Care Insurance	81	Long Term Care Insurance	$46	$1.1 M
Other Health Insurance	83	Other Health Insurance	$145	$3.6 M

Note: United States Index is 100
Health Care Index is household-based, and represents the amount spent out of pocket for medical services relative to a national index of 100.

Environment and Health Data

Lee County, NC CHNA

Consumer Spending on Health Care

US Index is 100. Orange and red shaded census tracts are areas that spend more out of pocket on health care than the US average.
Grey, blue, yellow colors spend less out of pocket on healthcare than the US.
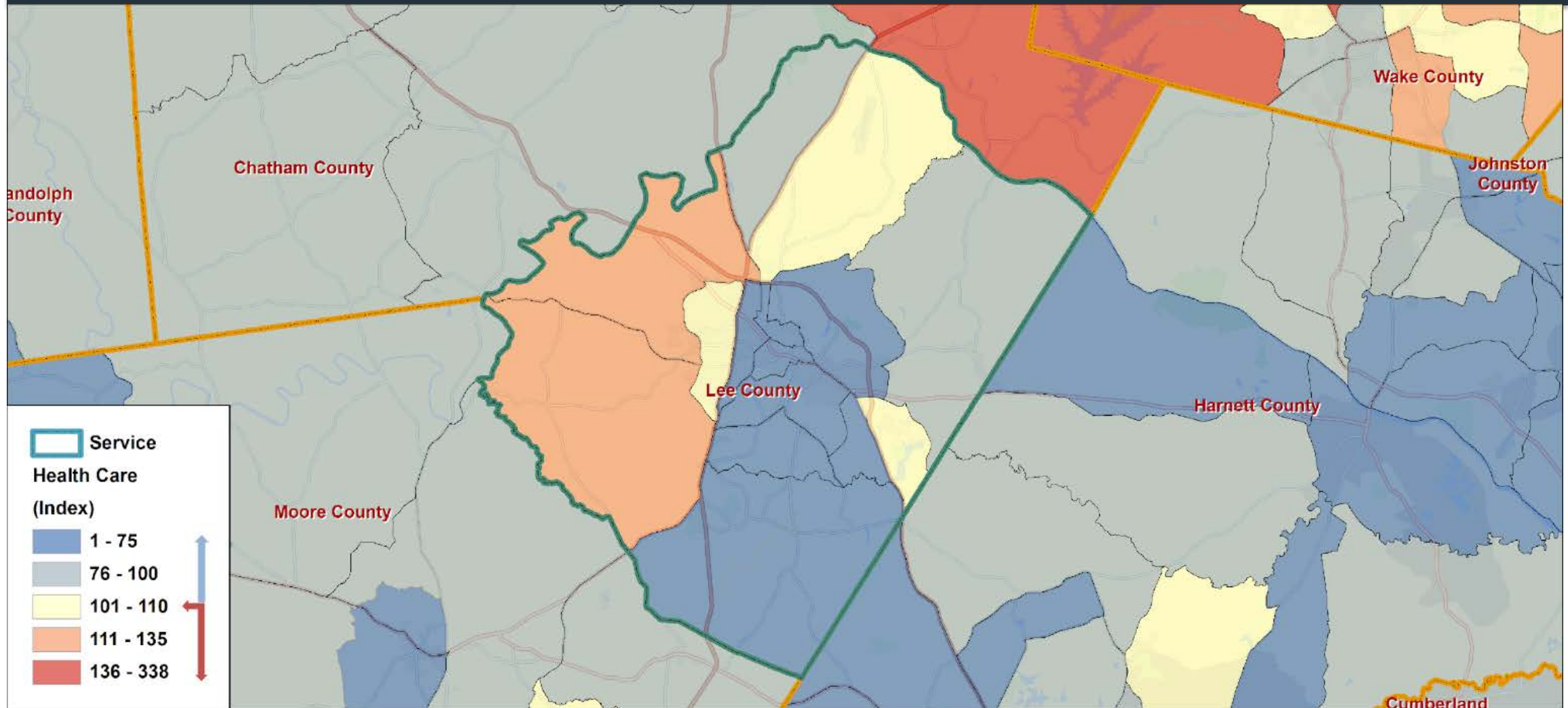
Service
Health Care
(Index)
- 1 - 75
- 76 - 100
- 101 - 110
- 111 - 135
- 136 - 338

Source(s): Stratasan (2022); Esri (2021 based on Tapestry Segmentation and spending behaviors)

Service

Smoked electronic cigarettes in last 12 months

(Index)

- 1 - 85
- 86 - 100
- 101 - 110
- 111 - 125
- 126 - 252
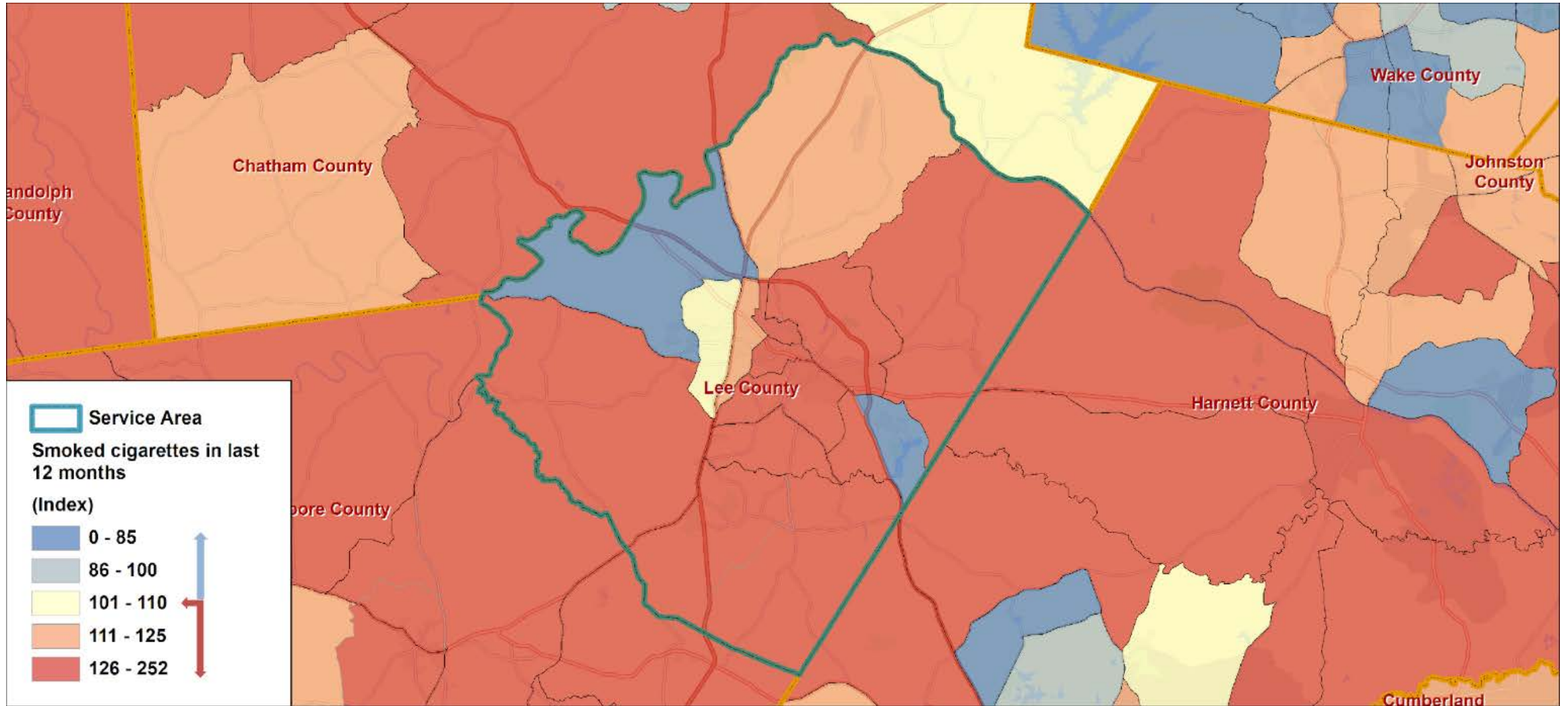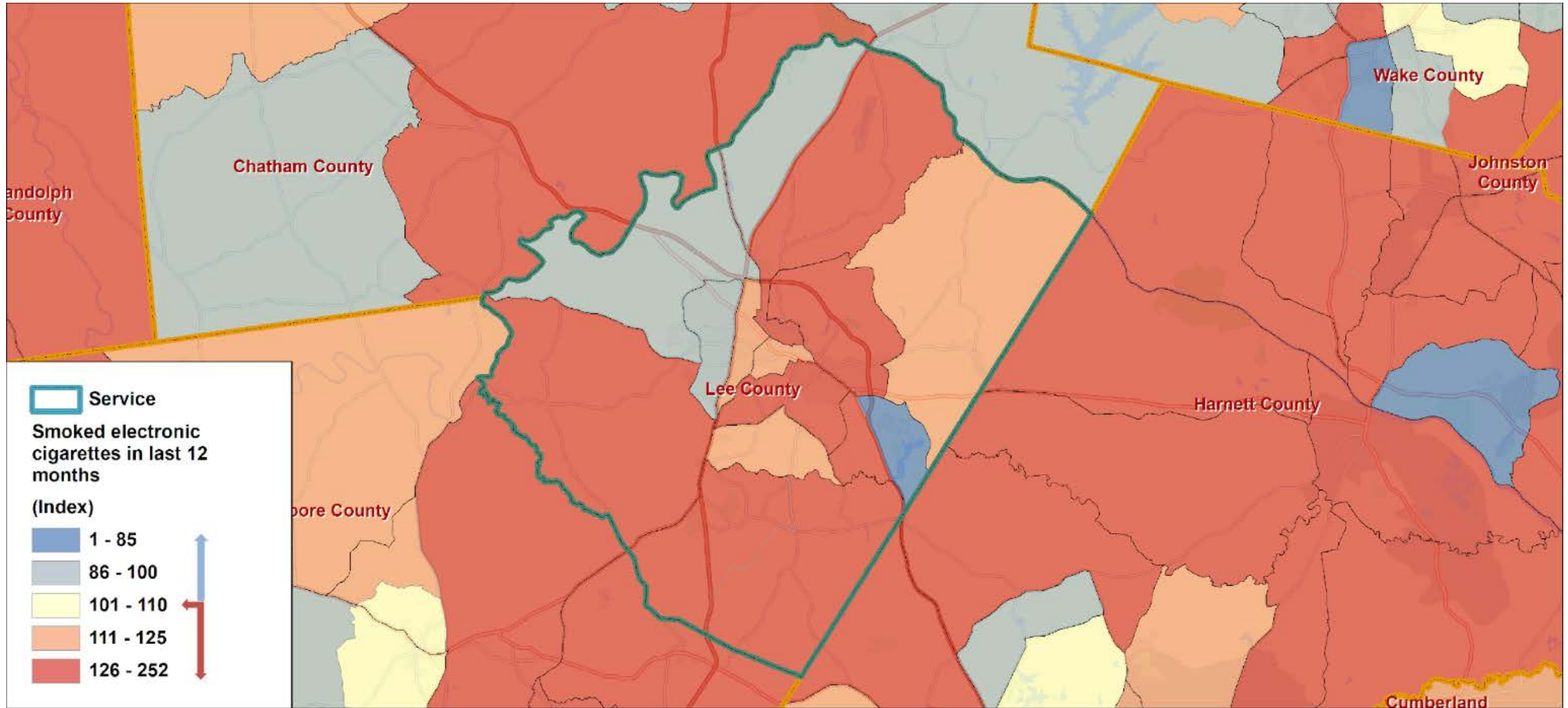
Used Chewing or Smokeless Tobacco in the Last 12 Months

Used Chewing or Smokeless Tobacco (Index)

- 47 - 85
- 86 - 100
- 101 - 110
- 111 - 125
- 126 - 260

Source(s): Stratasan (2022); Esri (2021 based on Tapestry Segmentation and spending behaviors)
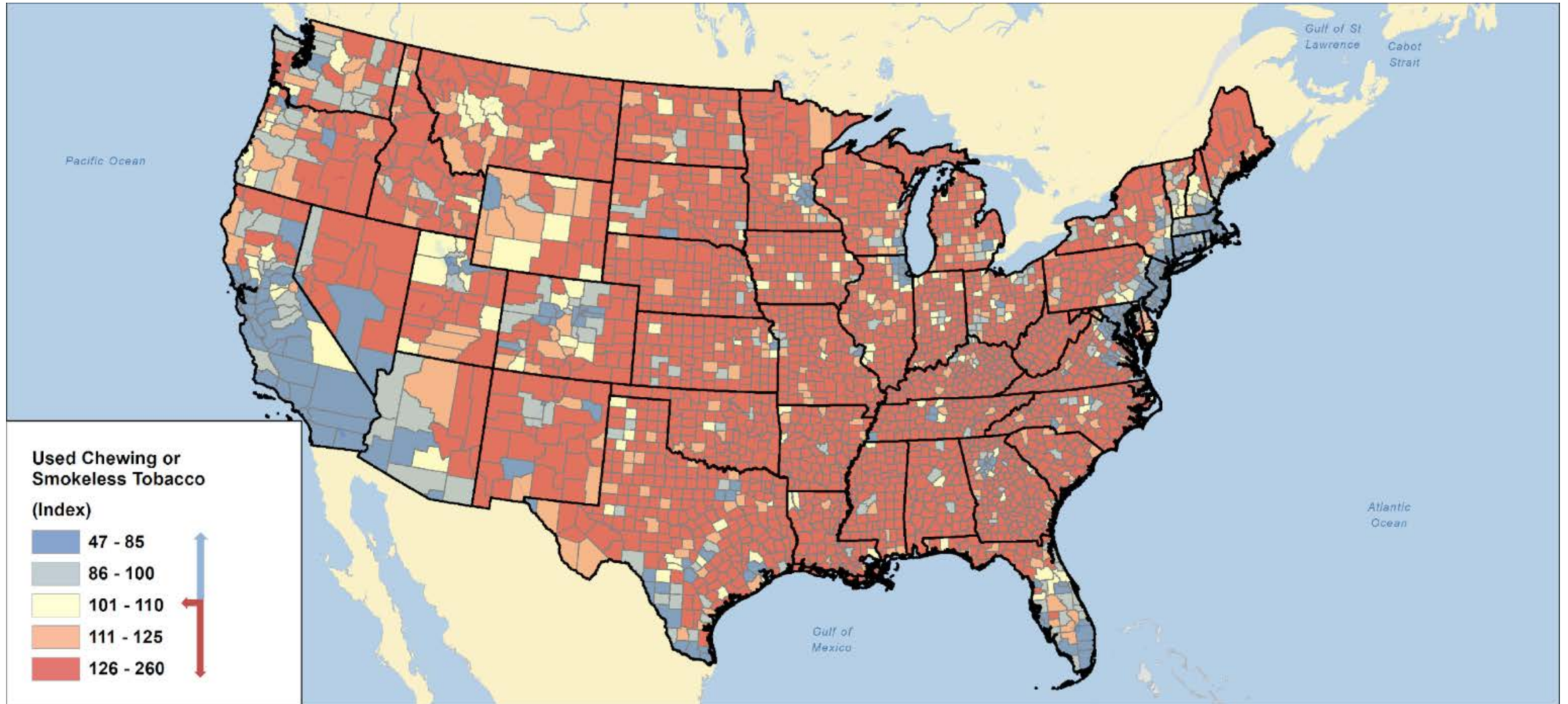
Alcohol Consumption in the Last 12 Months
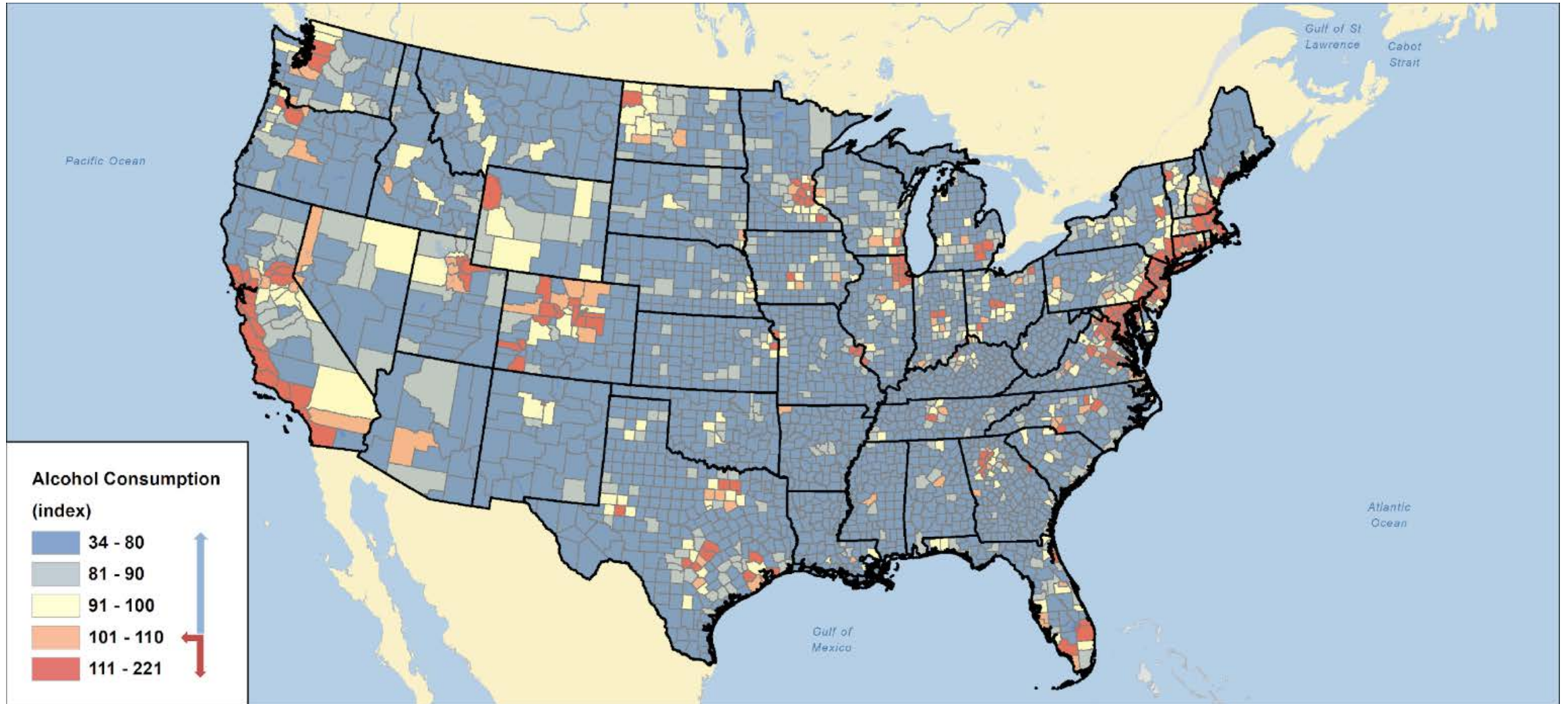
Alcohol Consumption (index)

- 34 - 80
- 81 - 90
- 91 - 100
- 101 - 110
- 111 - 221

Source(s): Stratasan (2022); Esri (2021 based on Tapestry Segmentation and spending behaviors)

Source(s): Stratasan (2022); Esri (2021 based on Tapestry Segmentation and spending behaviors)
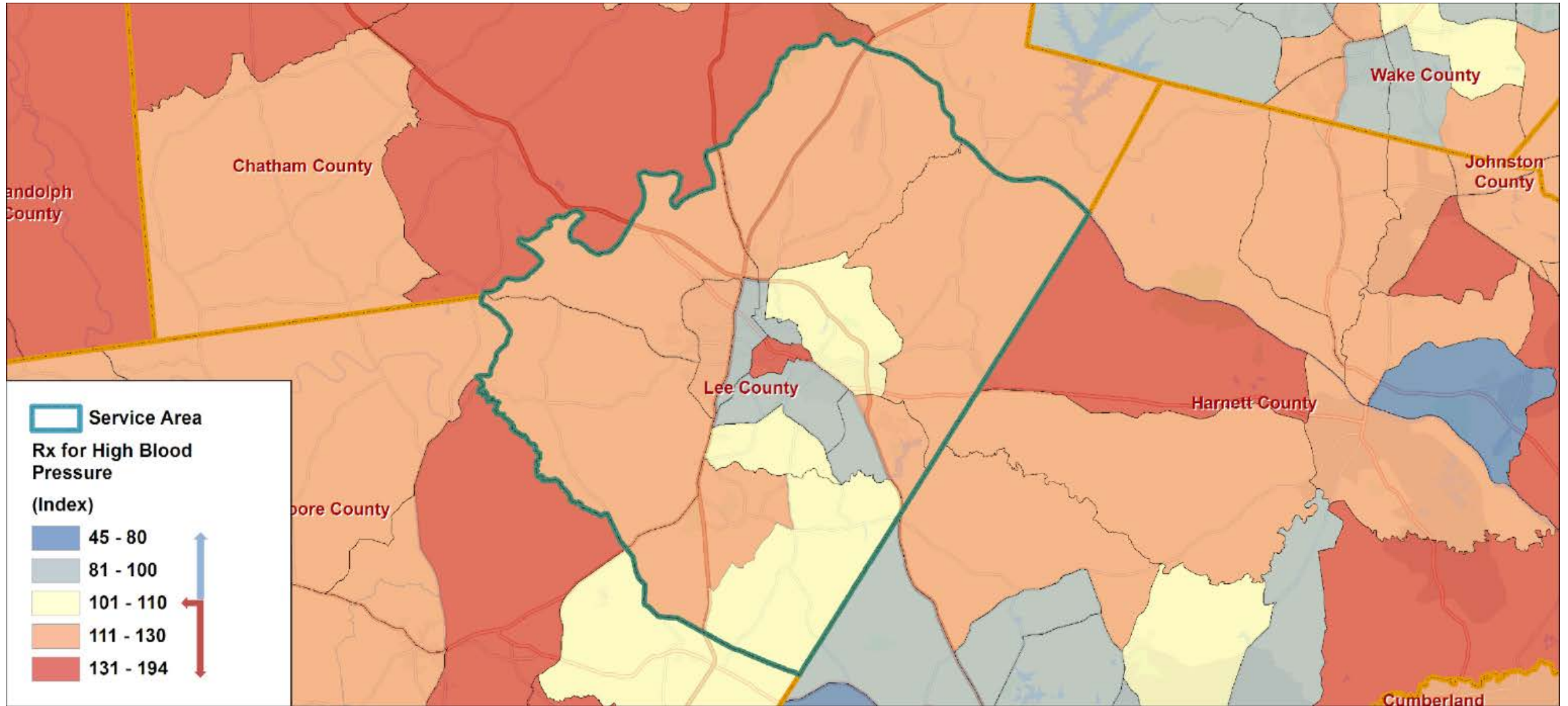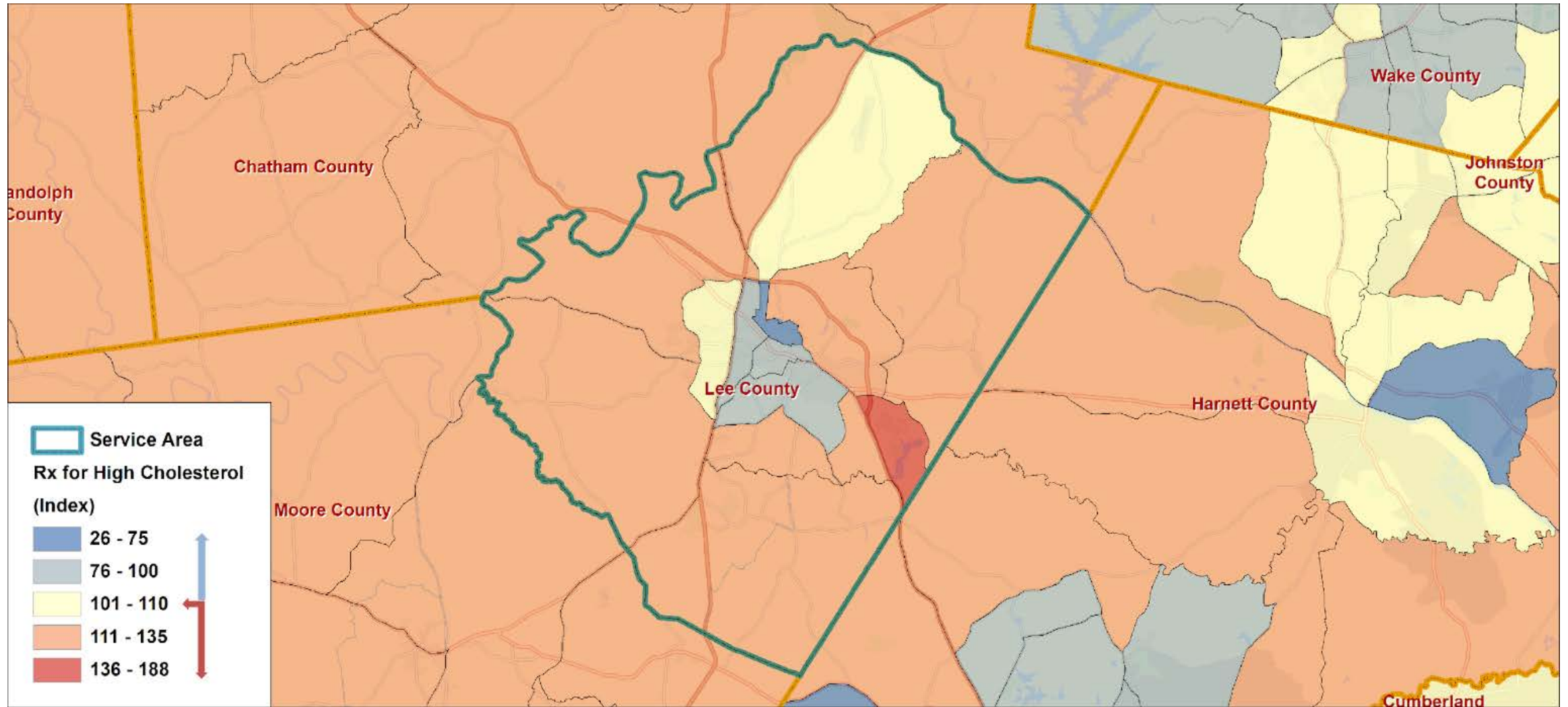
Source(s): Stratasan (2022); Esri (2021 based on Tapestry Segmentation and spending behaviors)
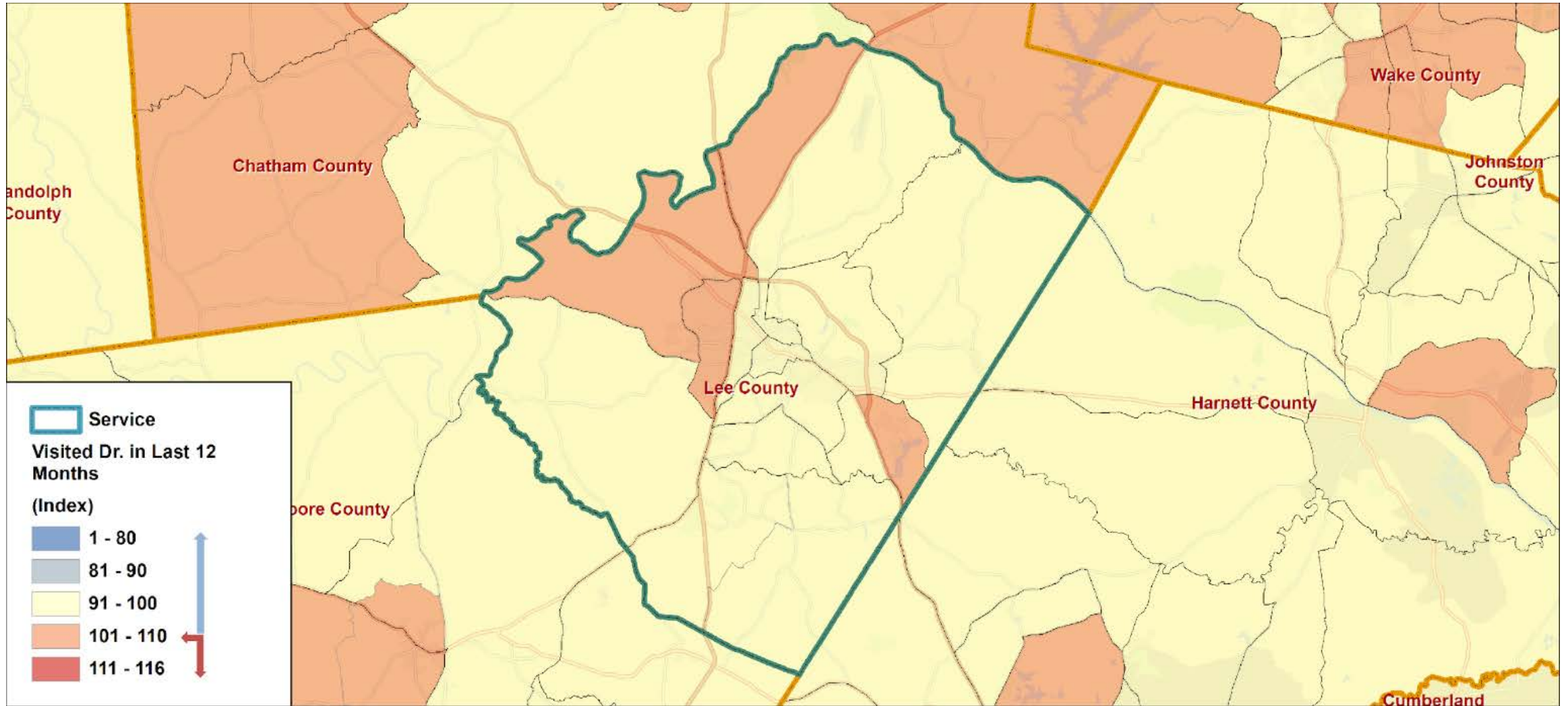
Community Focus Groups

Lee County, NC CHNA

Focus Groups

Three focus groups were held at:

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

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

They represented:

1. Mental health
2. Substance use
3. Attorneys
4. Children and families
5. Housing
6. Community advocates

Please identify the two most serious barriers for residents to access health department services?

- Lack of transportation-COLTS is the primary means, cost & hours. Impact to food, work, hospital access.
- Perception of expense-real or otherwise there is a concern that the cost will limit access
- Most commonly cited barriers were transportation and insurance.
- Also mentioned were documentation related to residency status, awareness of services, and an unwelcoming perception and environment.
- Transportation
- Citizens are unaware of services provided, misinformation about services available, and lack of accessible advertising of services

- Diabetes
- Behavioral/Mental Health
- Drug Use Disorder
- STD/Is
- Access to Medicare resources for older adults to assist with registering and obtaining benefits

What are two things that can be done to strengthen the health care system in Lee County?

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

- Homelessness-impact on children
- Nutrition- Food deserts/insecurity, access to food/nutrition during non-school hours and summer break
- Teen pregnancy
- Drug use, alcohol abuse
- Recreation, viable accessibility for recreation meaning accessible to all
- Affordable childcare
- There is nothing for children to do during summer and non-school hours which leads to boredom and illicit activities

- Better access to affordable housing
- Address unsheltered youth crisis and recognize that it is widely under-reported
- Transportation
- Increase the quality of life, through outlets for child enrichment and summer activities
- Accessible and affordable childcare
- Workshops for families and parents, and bilingual staff
- Provide parents with parenting education and resources that they need
- Provide more mental health services within school setting and fight back against stigma that kids are "bad", increase counseling/social work staff in schools

- Inflation-Price of goods, prescription costs, services Then leads to isolation which exacerbates mental health issues
- Transportation
- Food deserts
- Lack of in home and respite care
- Lack of access to adequate housing that is structurally sound, lack of access to resources for remediating inadequate living conditions
- Insufficient resources for connecting Seniors to Medicare coverage and services

What are two things that can be done to improve the quality of life for senior citizens in Lee County?

- Transportation
- Awareness of available services, such as access to the enrichment center
- Forming a partnership with the Community College and its CNA program for additional access to in home services and quality care
- Increase resource programs
- Address barriers related to navigating housing insecurity/changes in housing, address affordability crisis for housing

- Gang issue-neighboring counties, gangs are major threats
- Internet-change in behavior and attitude
- Drug and alcohol abuse
- Gun violence
- Housing insecurity, unsheltered status
- Lack of child enrichment are also of great concern

- De-escalation techniques from law enforcement
- Events for youth, well mannered interactions with uniformed officers, establish partnerships with county departments within the community
- Increasing sense of community and relying less on policing and more on the community to police itself;
- Address entire family unit to address accountability
- Substance use/trauma/mental health among parents, empower all family members to ask for help
- Hire police who truly understand and now how to respond appropriately in situations of crisis; hire peer support staff within law enforcement

- COVID-19
- The unknown
- Unemployment, job security, finances
- School being out
- Inflation
- Displacement concerns

What are two things that can be done to strengthen supports for households needing help with stress and anxiety?

- Behavioral health in telehealth.
- Outlet for youth aside from B&G club, activities for youth
- Secure jobs
- Collaborate with outside agencies and community partners to provide perception of unity
- Offer virtual options for services to address transportation barrier
- Make people more aware of services available

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

- Infrastructure for wastewater for new developments
- Address housing insecurity and water/waste infrastructure.
- Address the perception that the County is not currently doing anything by increasing awareness on efforts and services

- Better staffing for teachers, order and better framing in classrooms to allow teaching
- Staffing for qualified teachers and retaining staff
- Drop out rates for students
- Lack of access to early child education
- Investments in continuing education
- Choices regarding school choice and quality
- Removing politics from school board
- Quality of education, producing high school graduates that truly ready for the workforce, community college offers very limited number of programs, community college has waitlists for most programs

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

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

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

- Inpatient Drug rehab

- More capacity for sheltering the homeless

- Summer programs, an example given was the National Youth Sports Program or NYSP.

- Teen court and court-mandate compliant parenting programs for families.

- A day reporting system for reentry that provides an array of programs for incarceration-to-community reentry

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

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

- Lack of offered services after or during regular hours due to staffing or other issues. Extended availability of existing hours.

- Further change in perception of what HD does.

- Continue to review needs of the community and then locate staffing & funding to care for the identified need.

- Perception is no. Issue with care not being given to certain age groups without parental consent. The LCHD seems to be doing the best job they can with very limited resources, idea that LCHD is working with nothing to make something happen

Community Survey

Lee County, NC CHNA

Survey Methodology

- LeeCAN, Central Carolina Hospital, and the Lee County Health Department conducted an online and paper version community survey in Lee County. Stratasan combined and analyzed the results.

- 663 total surveys were completed from March 16, 2022, through August 16, 2022, including 399 paper surveys, 218 online English surveys, and 46 online Spanish surveys were completed.

Community Survey Demographics – Race/Ethnicity

What is your race?

Race	Percentage
White	71.8%
Black	24.7%
American Indian or Alaska Native	1.1%
Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino/a	0.9%
Asian Indian	0.6%
Pacific Islander including Native Hawaiian, Samoan, Guamanian, Chamorro	0.6%
Other	0.2%
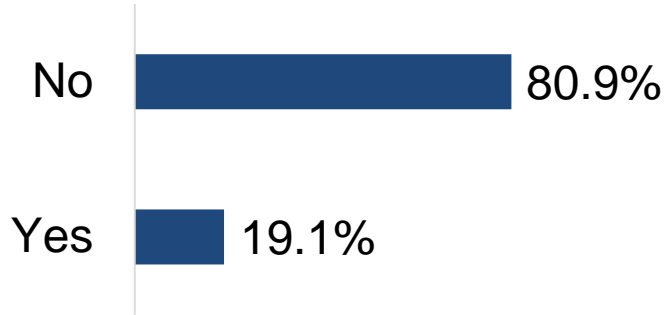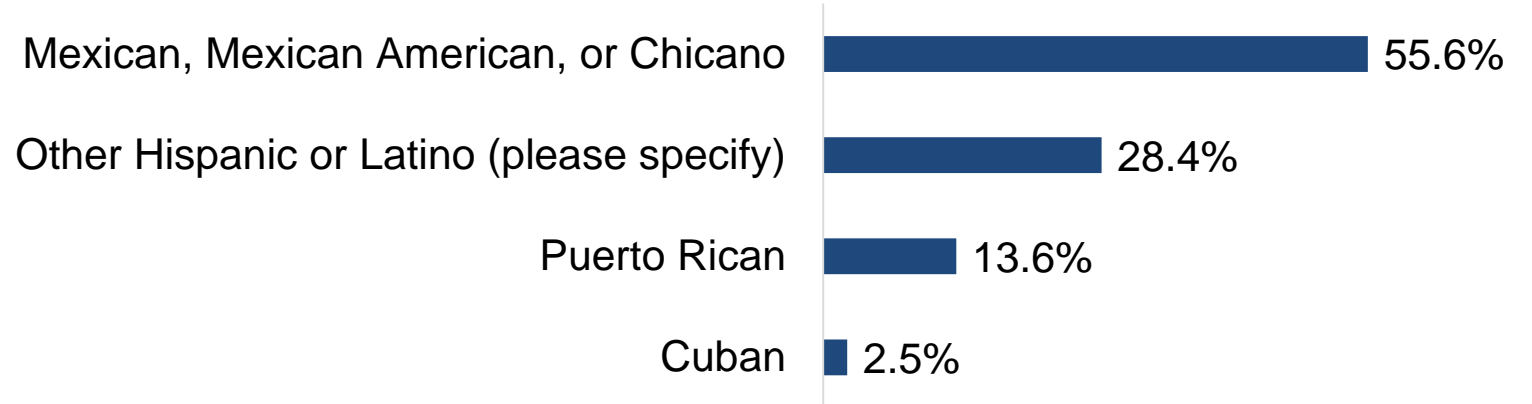
Other Hispanic or Latino
- American
- Hispanic (2)
- Hispanic Mestizo
- I am mixed
- Latino
- Mexican
- North American
- Puerto Rican
- Western european
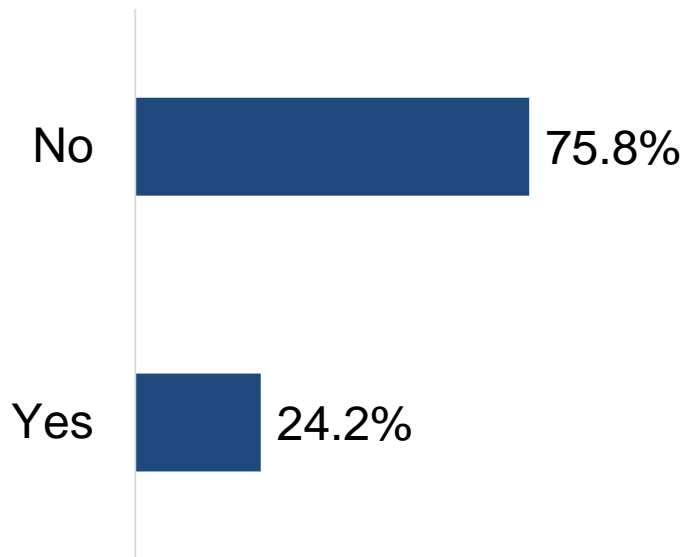
N=465 Q42. What is your race
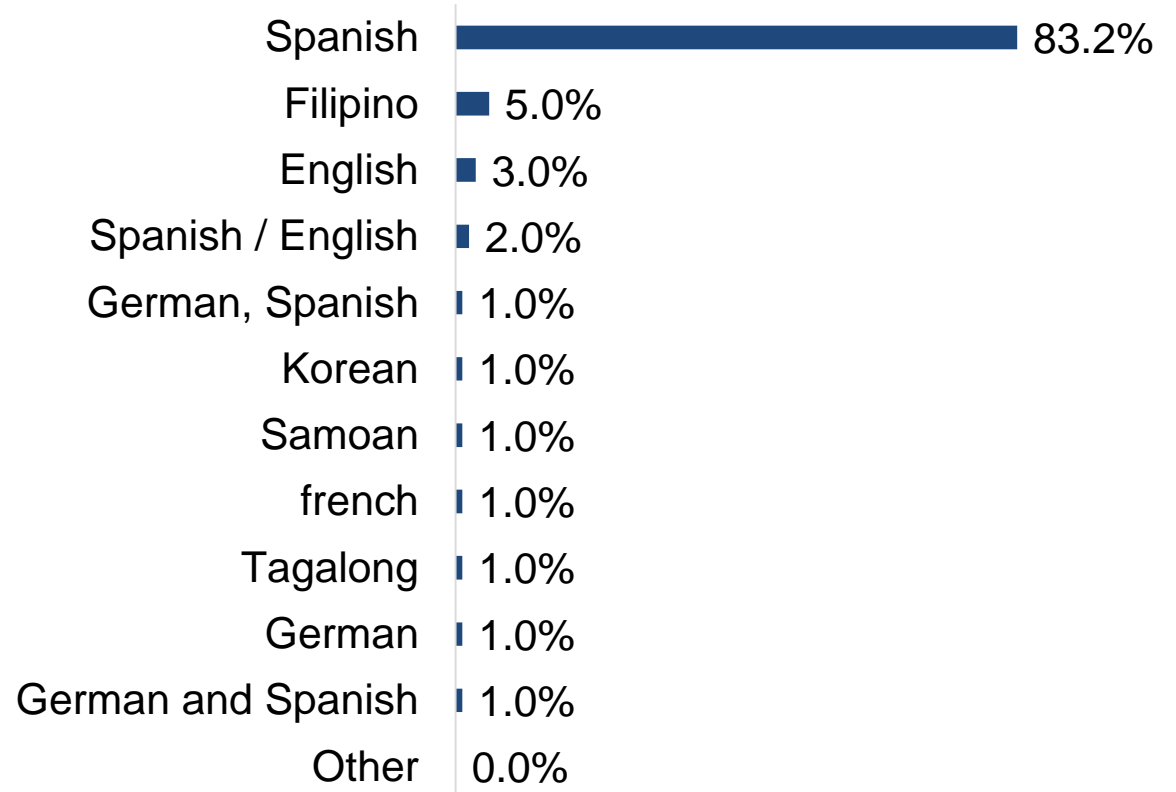
Q44. What is your marital status?

Married — 59.1%

Never Married / Single — 14.7%

Widowed — 9.5%

Divorced — 8.7%

Separated — 3.2%

Unmarried partner — 3.0%

Lives with partner — 1.6%

Other — 0.2%

Other Responses
• Single with child

N=504 Q44. What is martial status?

Bachelor's Degree — 21.0%

High school graduate (or GED /equivalent) — 19.6%

Associate's Degree or Vocational Training — 18.4%

Graduate or Professional Degree — 15.1%

Some college (no degree) — 14.1%

Grade 9-12, no diploma — 6.9%

Less than 9th grade — 2.9%

College degree — 1.4%

Other — 0.2%

Two-year college diploma or vocational training — 0.2%

Completed high school (or GED/equivalent) — 0.2%

Other Responses
• Blank

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

Income	Percentage
Less than $10,000	7.9%
$10,000 to $14,999	8.8%
$15,000 to $24,999	10.0%
$25,000 to $34,999	12.8%
$35,000 to $49,999	12.8%
$50,000 to $74,999	17.9%
$75,000 to $99,999	13.7%
$100,000 or more	16.0%

N=468 Q46. What was your total household income last year, before taxes?

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

Value	Percentage
1	11.4%
2	31.4%
3	18.6%
4	19.3%
5	10.7%
6	5.7%
7	2.1%
8	0.7%

N=140 Q46B. How many people does this income support?(if you are paying child support but your child is not living with you, this still counts as someone living on your income)

Q47. What is your employment status?

Employment Status	Percentage
Employed full-time	37.9%
Retired	32.9%
Employed part-time	13.5%
Unemployed for 1 year or less	4.4%
Disabled	4.0%
Self-employed	3.4%
Homemaker	2.0%
Student	1.0%
Unemployed for 1 year or more	0.8%
Armed Forces	0.2%
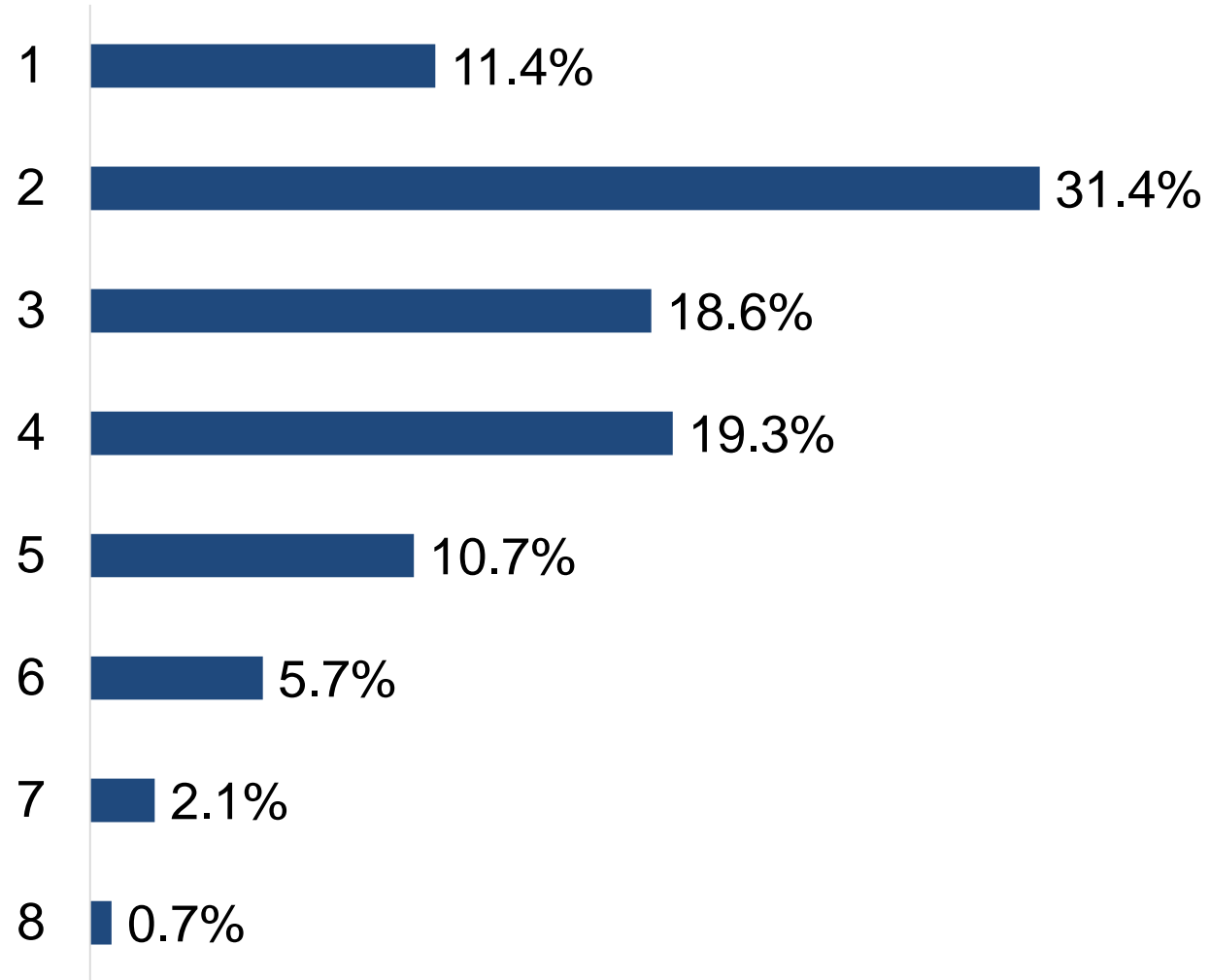
N=504 Q47. What is your employment status?
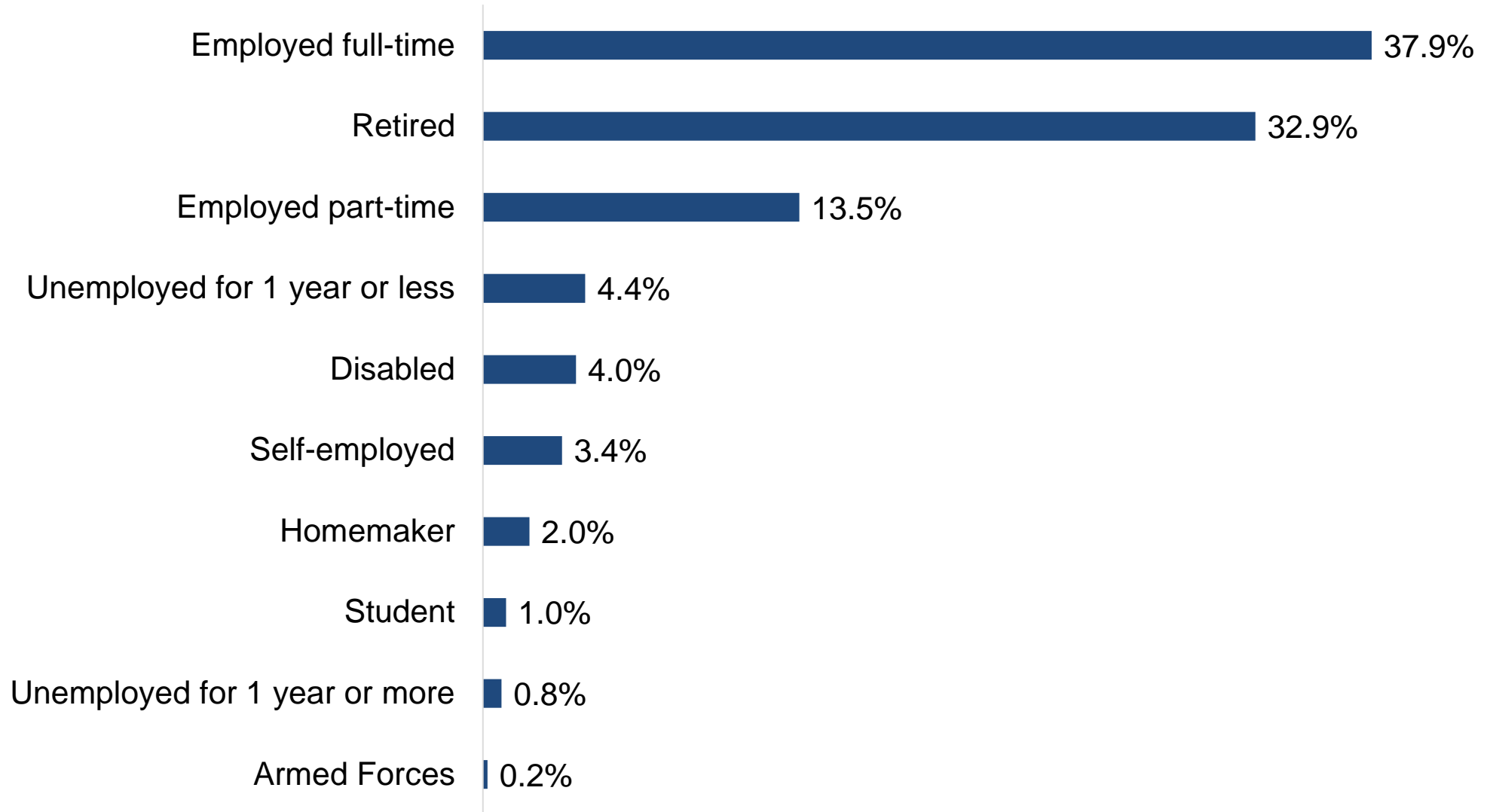
75 N=587 Q1. How do you feel about this statement "There is good healthcare in Lee County"?Consider the cost and quality, number of options, and availability of healthcare in the county
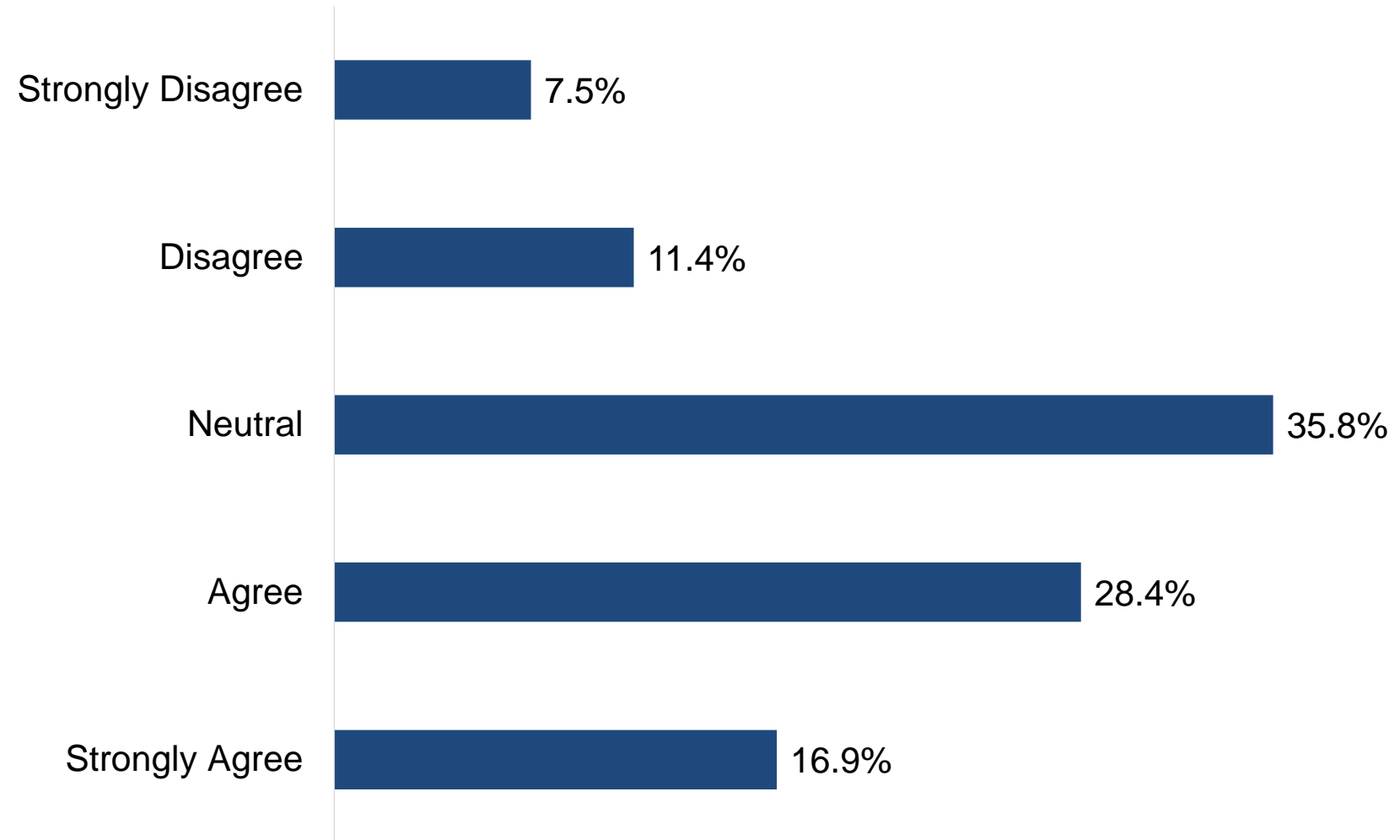
N=580 Q2. How do you feel about this statement, "Lee County is a good place to raise children"? Consider the quality and safety of schools and childcare programs, after school programs, and places to play in this county.

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

Strongly Disagree — 5.0%

Disagree — 10.8%

Neutral — 34.0%

Agree — 21.7%

Strongly Agree — 28.6%

N=483 Q3. How do you feel about this statement, "Lee County is a good place to grow old"? Consider the county's elder-friendly housing, transportation to medical services, recreation, and services for the elderly.

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

Strongly Disagree — 4.6%
Disagree — 7.5%
Neutral — 30.8%
Agree — 37.5%
Strongly Agree — 19.6%

N=571 Q5. How do you feel about this statement, "Lee County is a safe place to live"? Consider how safe you feel at home, in the workplace, in schools, at playgrounds, parks, and shopping centers in the county.

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

Strongly Disagree — 6.2%
Disagree — 10.7%
Neutral — 33.6%
Agree — 30.1%
Strongly Agree — 19.4%

N=578 Q6. How do you feel about this statement, "There is plenty of help for people during times of need in Lee County"? Consider social support in this county: neighbors, support groups, faith community outreach, community organizations, and emergency monetary assistance.

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

Issue	Percentage
Low income/poverty	38.6%
Homelessness	9.3%
None	9.3%
Discrimination/Racism	6.2%
Violent crime (murder, assault)	6.0%
Other	5.5%
Lack of/inadequate health insurance	5.5%
Dropping out of school	5.3%
Pollution (air, water, land)	3.9%
Lack of community support	3.4%
Theft	2.8%
Hopelessness	1.8%
Domestic Violence	1.4%
Neglect and abuse	0.7%
Rape/sexual assault	0.4%

If you selected "Neglect and abuse", please specify type:

- Child

N=567 Q7. In your opinion, which one issue most affects the quality of life in Lee County?

More affordable/better housing — 13.8%
Positive teen activities — 9.4%
Higher paying employment — 9.2%
Elder care options — 8.5%
More affordable health services — 8.1%
Road maintenance — 6.9%
Animal control — 4.8%
Counseling/mental health/support groups — 4.8%
Better/more healthy food choices — 4.8%
Child care options — 4.1%
Better/more recreational facilities (parks, trails, community centers) — 3.7%
None — 3.4%
Services for disabled people — 2.7%
Transportation options — 2.7%
Number of health care providers — 2.5%
Other — 2.3%
Culturally appropriate health services — 1.9%
Road Safety — 1.9%
Availability of employment — 1.4%
Healthy family activities — 1.2%
Positive activities for adolescents — 0.5%
Better paying jobs — 0.4%
More affordable health care — 0.4%
Positive activities for teens — 0.2%
Higher paying jobs — 0.2%
Disability services — 0.2%
Most affordable health services — 0.2%

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

Health Behavior	Percentage
Substance abuse prevention (e.g., drugs and alcohol)	13.4%
Eating well/nutrition	10.6%
Going to the doctor for yearly check-ups and screenings	6.9%
Caring for family members with special needs / disabilities	6.5%
Elder Care	6.5%
Managing weight	6.0%
Getting flu shots and other vaccines	5.3%
Preparing for an emergency/diaster	5.3%
Exercising/fitness	4.6%
Child Care / Parenting	3.5%
None	3.5%
Driving safely	3.4%
Stress Management	3.4%
Going to the dentist for check-ups/preventative care	3.2%
Anger Management	1.9%
Going to the doctor for annual checkups and exams	1.9%
Preventing Pregnancy and Sexually Transmitted Diseases (safe sex)	1.6%
Suicide Prevention	1.6%
Other	1.4%
Quitting Smoking / Tobacco Use Prevention	1.4%
Domestic Violence prevention	1.4%
Crime Prevention	1.1%
Exercise/fitness	1.1%
Using child safety seats	0.9%
Getting prenatal care during pregnancy	0.9%
Weight management	0.7%
Good diet/nutrition	0.5%
Rape / Sexual Abuse Prevention	0.5%
Pregnancy and sexually transmitted disease prevention	0.4%
Using Seat Belts	0.2%
Safe driving	0.2%
Emergency/disaster preparedness	0.2%

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

N=566 Q9. In your opinion, which one health behavior do people in your own community need more information about?

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

Source	Percentage
Doctor/nurse	34.0%
Internet	27.9%
Friends and family	21.8%
Health Department	5.5%
Other	3.6%
Hospital	1.9%
Church	1.4%
Pharmacist	1.4%
Books/magazines	1.4%
Helplines	1.1%
My child's school	0.0%

N=362 Q10. Where do you get most of your health -related information?

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

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

N=148 Q11. What health topics(s)/ disease(s) would you like to learn more about?

N=449 Q12. Do you have children between the ages of 9 and 19 for which you are the caretaker? (Includes step-children, grandchildren, or other relative)
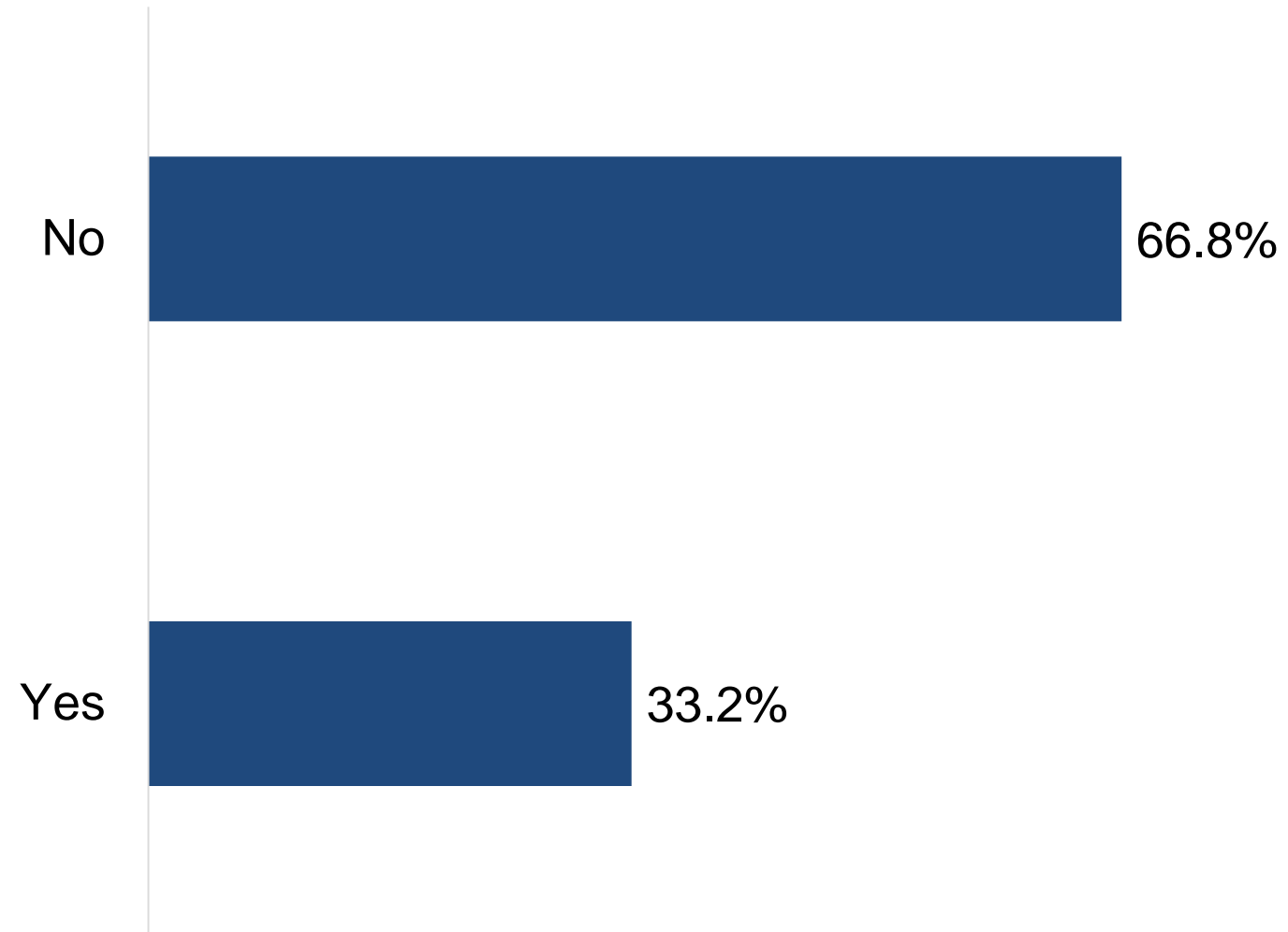
Q13. Which of the following health topics do you think your child/children need(s) more information about?

Topic	Percentage
Mental health issues	17.0%
Drug Abuse	15.1%
Dental hygenie	12.1%
Nutrition	10.0%
Reckless driving/speeding	8.0%
Sexual intercourse	6.6%
Alcohol	6.4%
STDs	6.3%
Suicide prevention	6.3%
Eating Disorders	4.8%
Tobacco	4.6%
Diabetes Management	3.0%
Other	0.0%

N=671 Q13. Which of the following health topics do you think your child/children need(s) more information about?
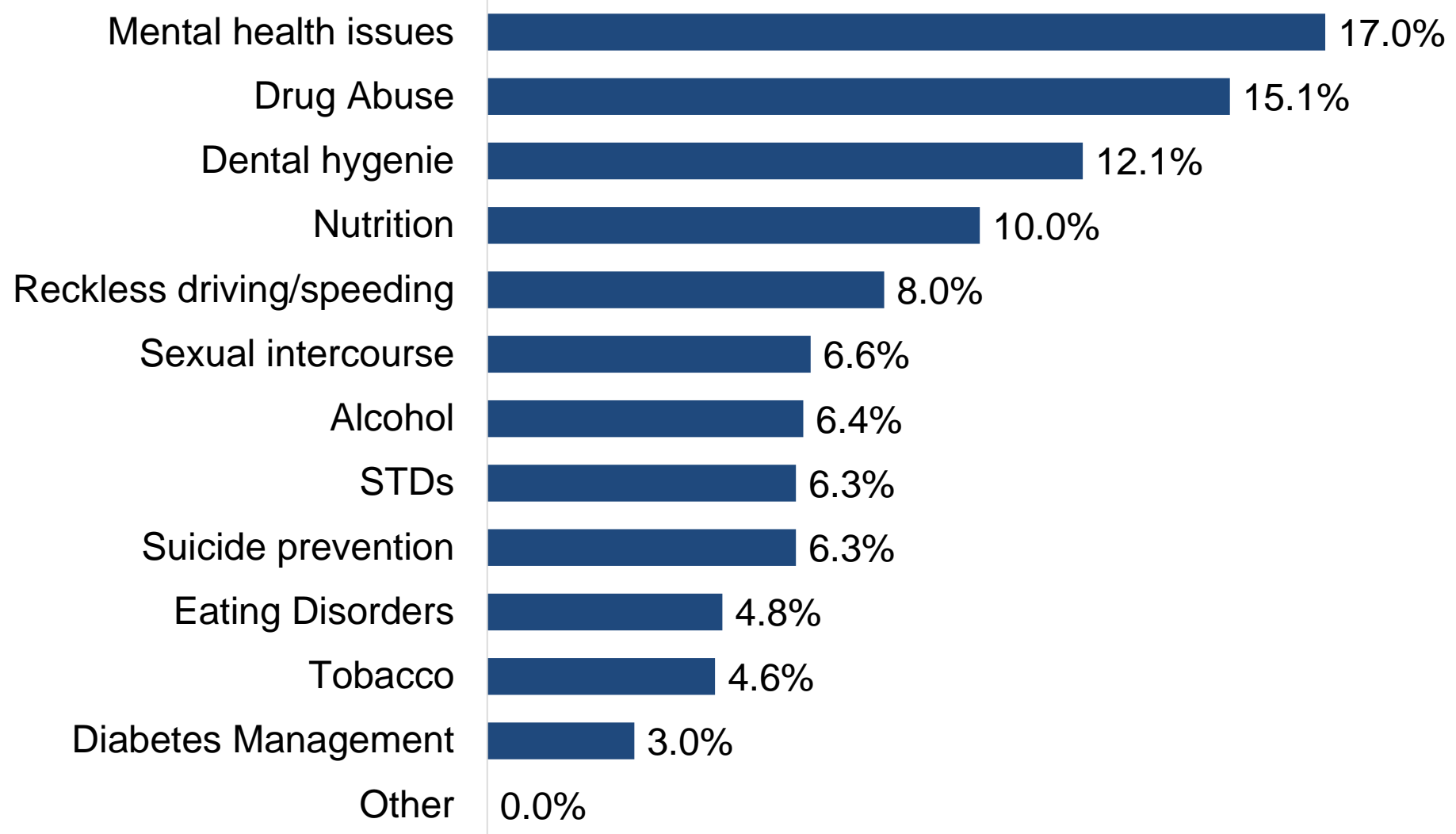
N=547 Q14. Would you say that, in general your health is....
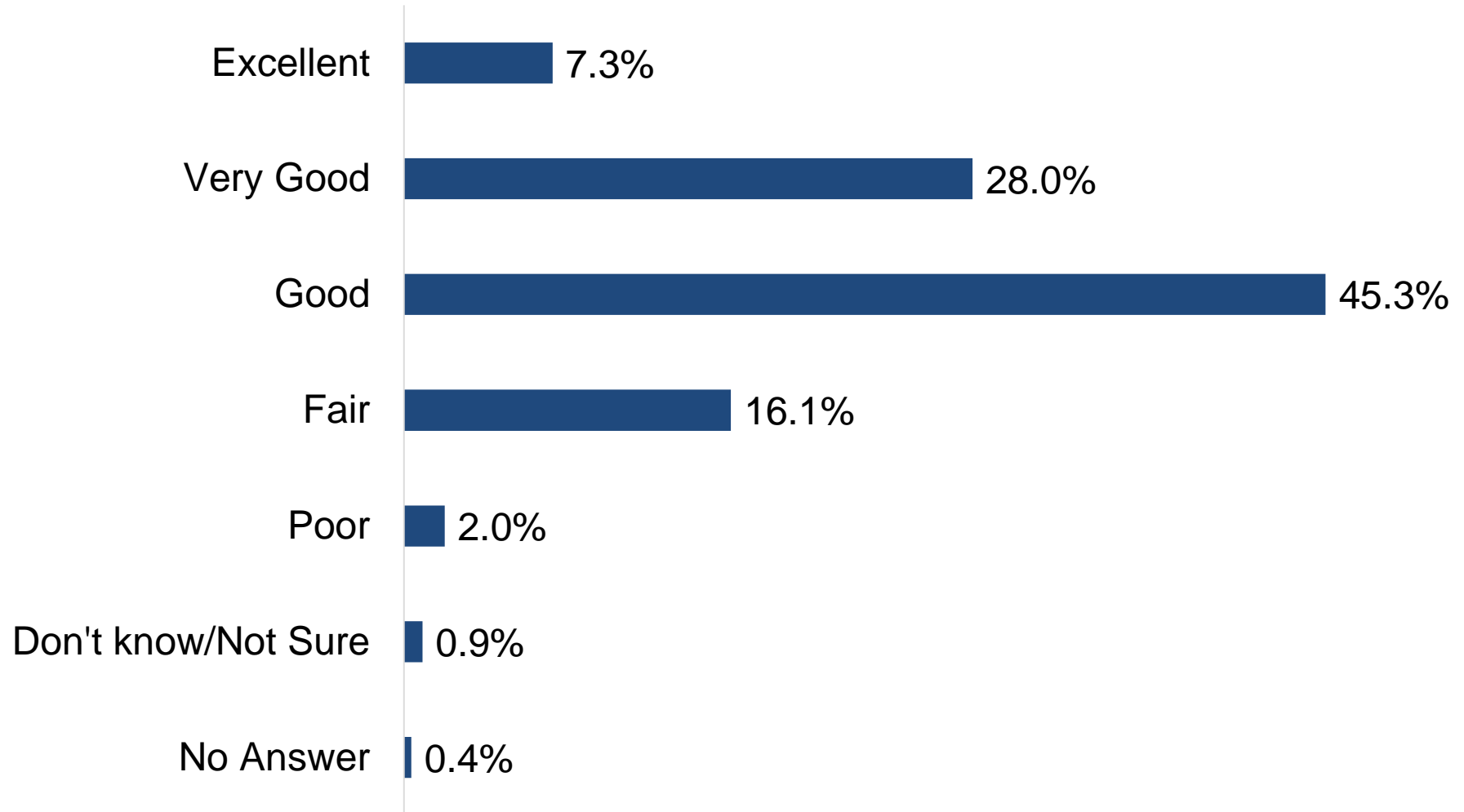
Q16. In the past 30 days, have there been any days when feeling sad or worried keeping you from going about your normal business?

Yes — 20.8%

No — 76.1%

Don't know/ Not sure — 3.1%
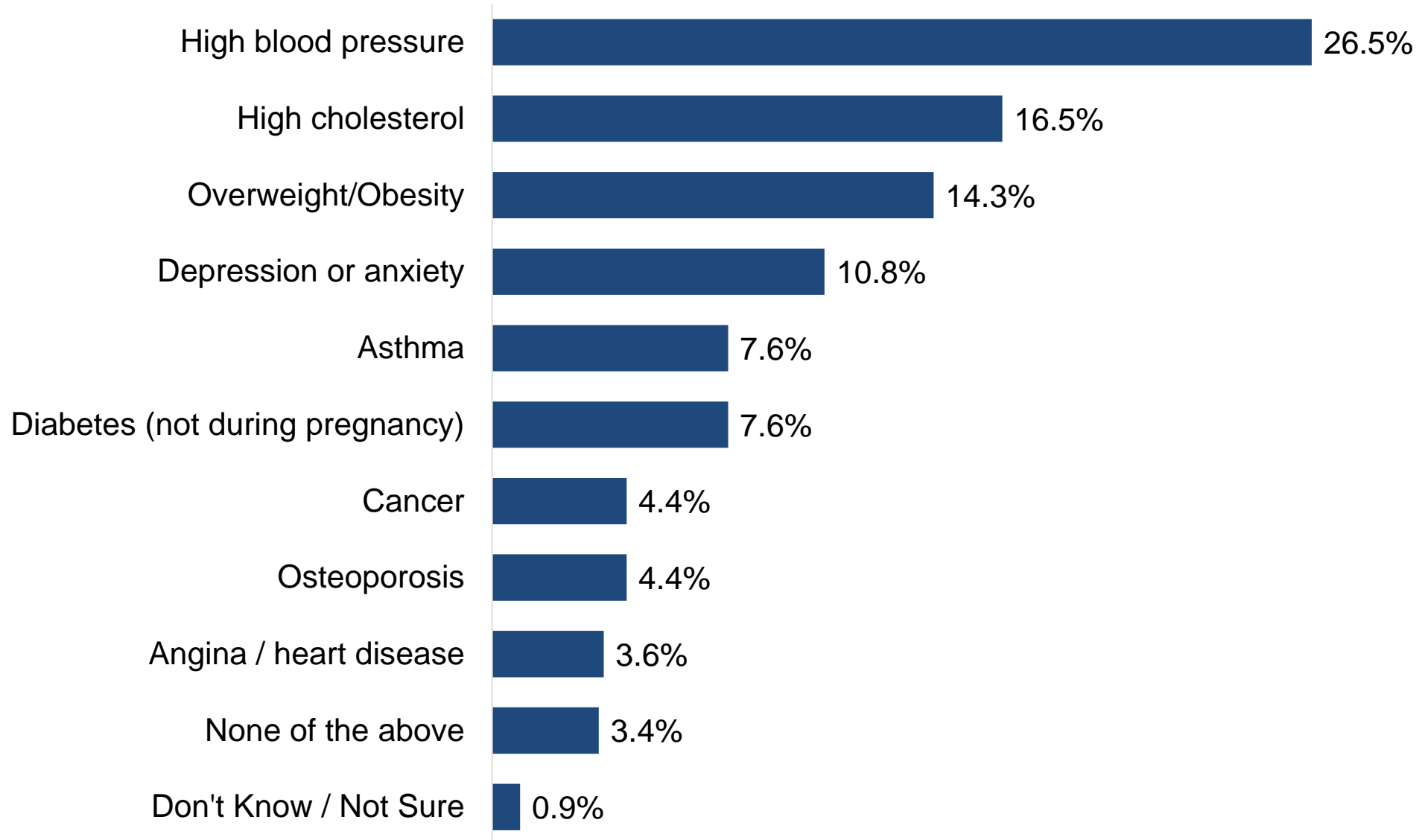
N=544 Q16. In the past 30 days, have there been any days when feeling sad or worried keeping you from going about your normal business?
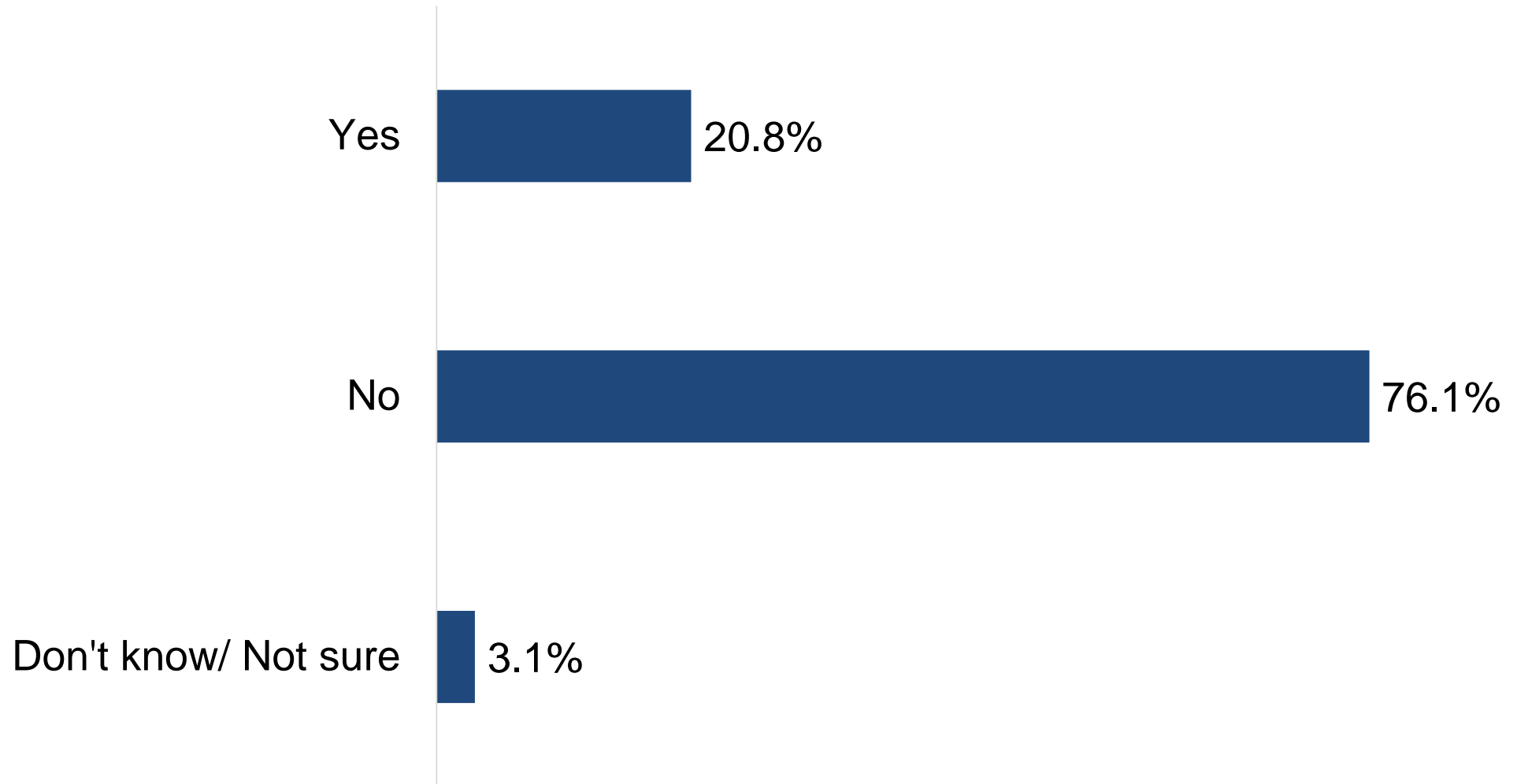
Q17. In the past 30 days, have you had any physical pain or health problems that made it hard for you to do your usual activities such as driving, working around the house, or going to work
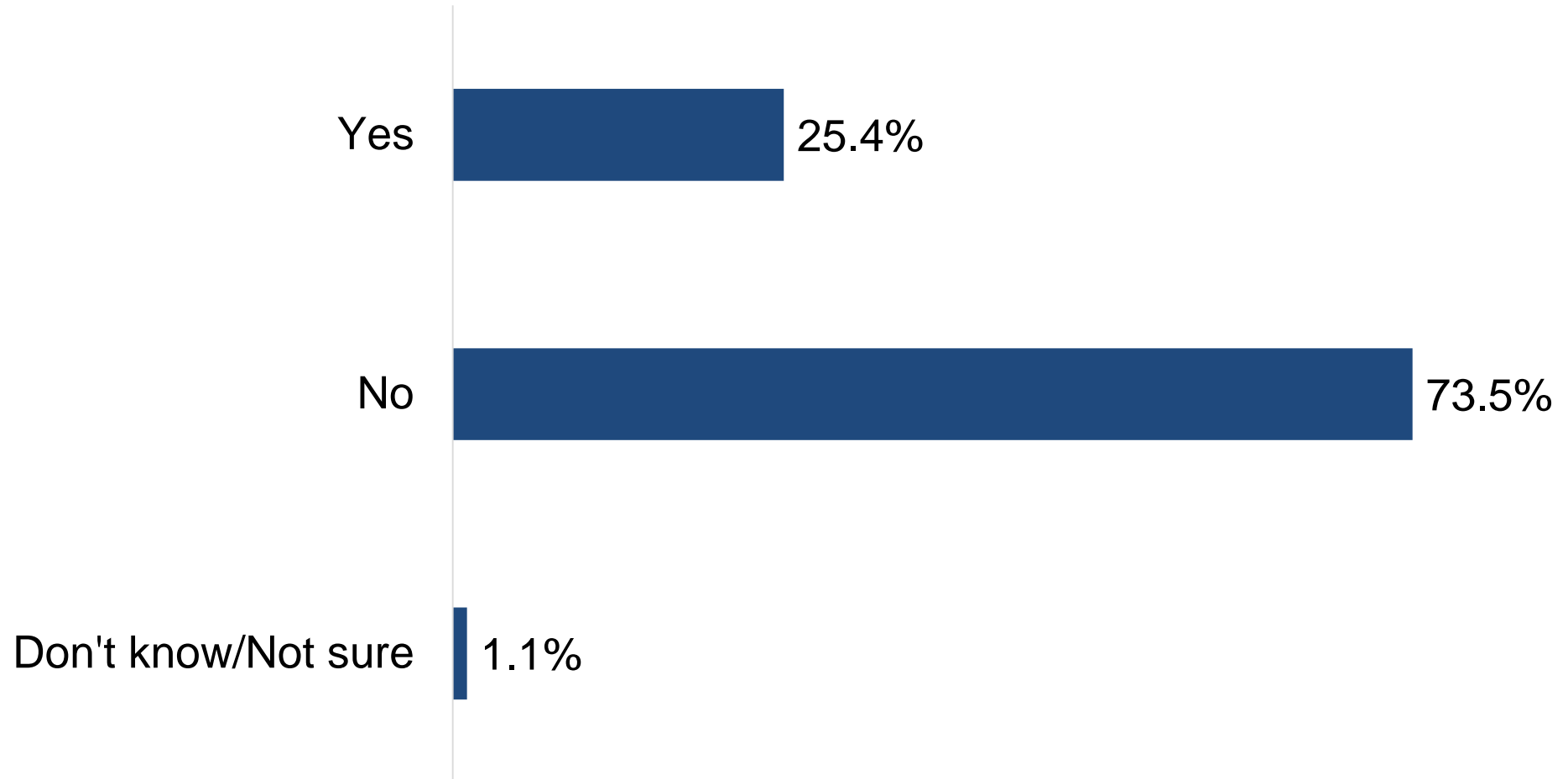
Yes — 25.4%

No — 73.5%

Don't know/Not sure — 1.1%

Yes — 66.2%

No — 32.0%

Don't know / Not sure — 1.9%
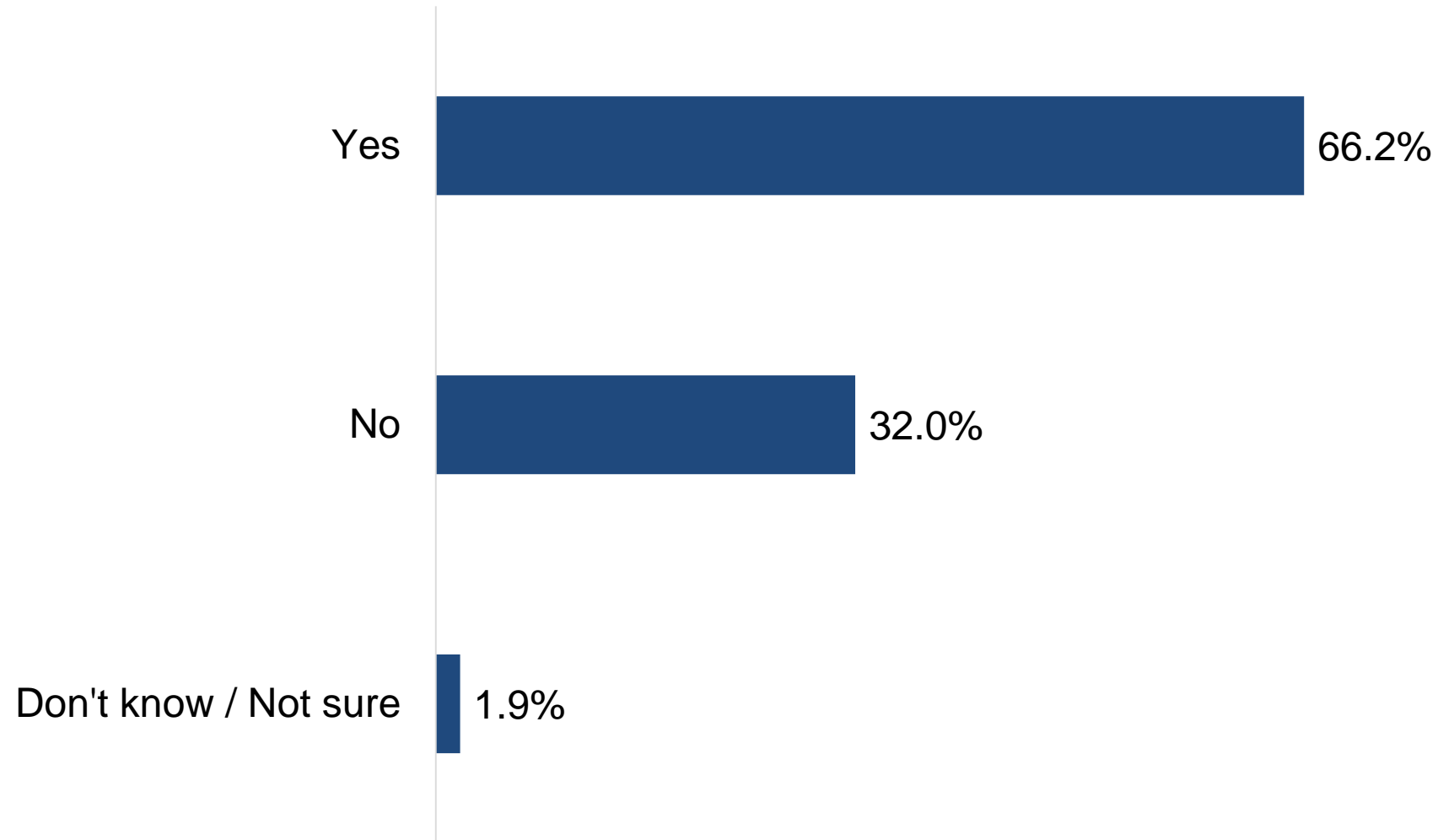
Q19. Since you said yes, how many times do you exercise or engage in physical activity during a normal week?
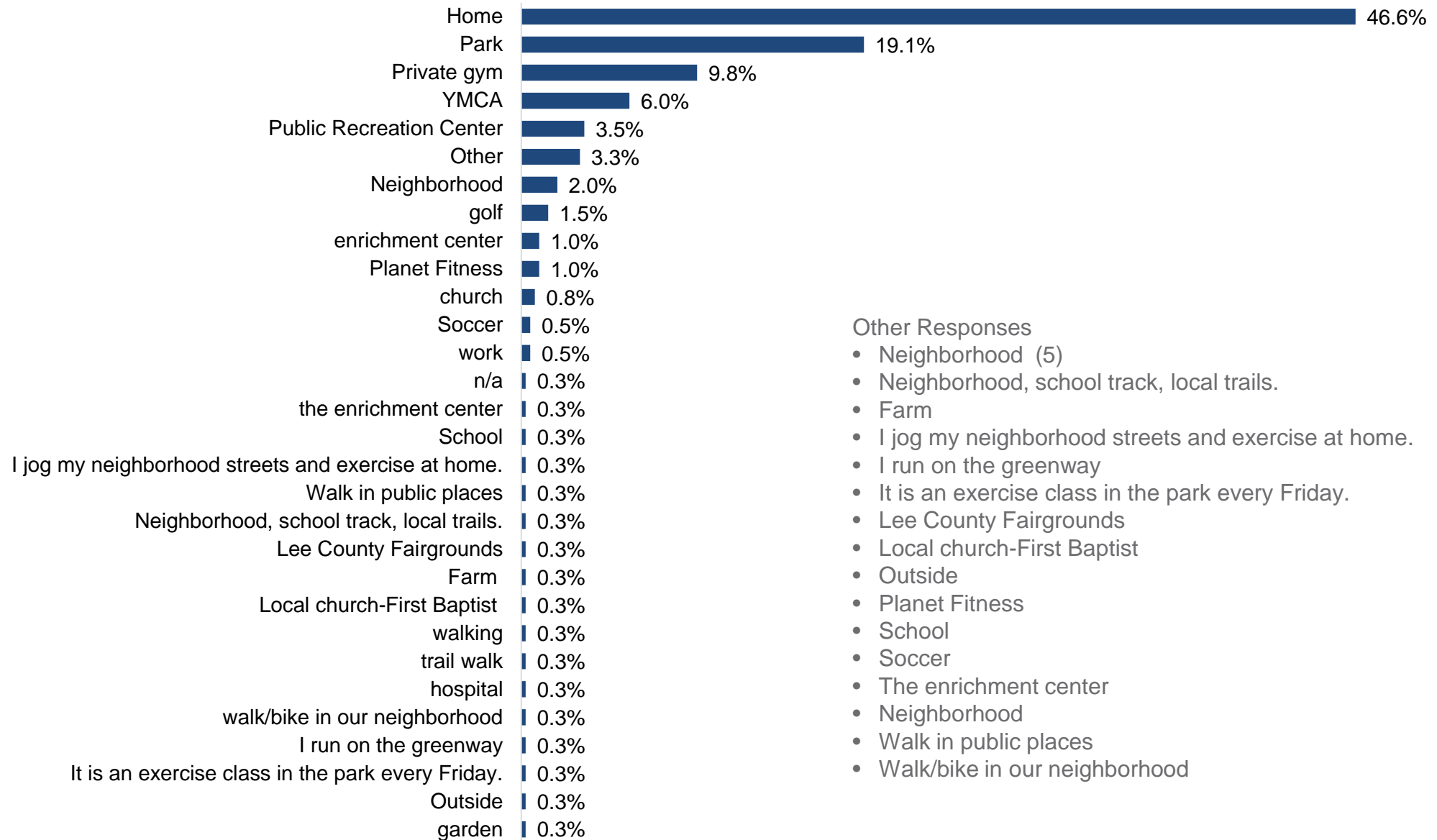
0-2   29.1%

3-6   59.4%

7+   11.5%

N=340 Q19. Since you said yes, how many times do you exercise or engage in phyiscal activity during a normal week? (If you exercise more then once a day, count each separate physical activity that last for at least a half hour to be one "time")

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

Reason	Percentage
I'm too tired to exercise	23.3%
I don't have enough time to exercise	16.6%
I don't like to exercise	13.4%
I don't have access to a facility that has the things I need,…	9.9%
My job is physical or hard labor	7.9%
I'm physically disabled	6.3%
I don't know how to find exercise partners	5.9%
It costs too much to exercise	4.0%
I don't know	4.0%
There is no safe place to exercise	2.4%
Exercise is not important to me	2.0%
I would need child care and I don't have it	2.0%
Other	0.4%
I leave work very tired	0.4%
Pain	0.4%
lazy	0.4%
Caring for elderly parents and working full time	0.4%
illness	0.4%
Insert "other" answer in the cells to the right	0.0%
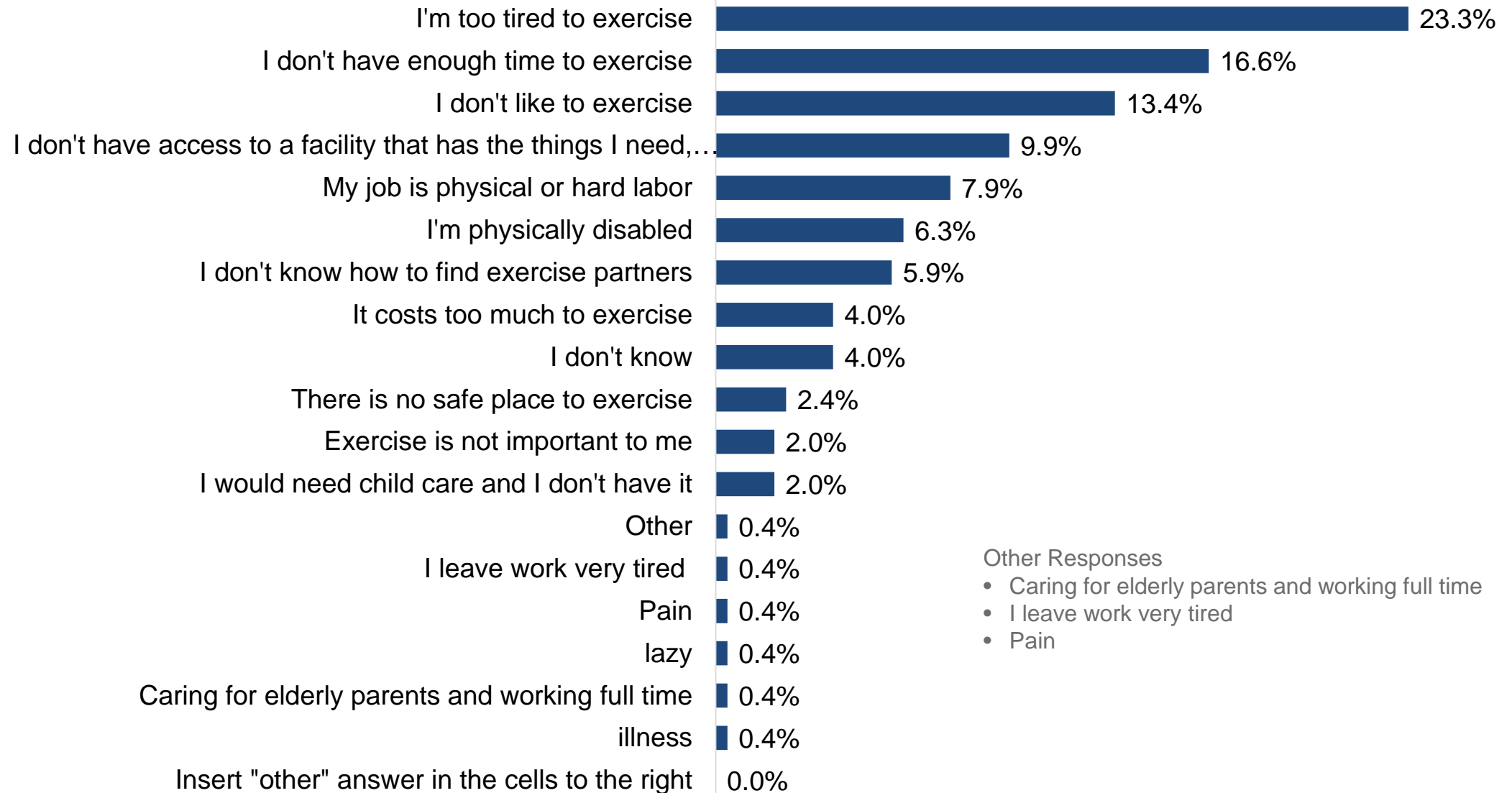
Other Responses
- Caring for elderly parents and working full time
- I leave work very tired
- Pain

N=253 Q21. Since you said "no", what are the reasons you do not exercise for least a half hour during a normal week? Check all that apply

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

0-4 — 66.1%
5-9 — 26.0%
10-14 — 6.2%
15+ — 1.7%

N=453 Q22. Not counting lettuce salad or potato products, think about how often you eat fruits and vegetables in an average week. How many cups per week of fruits and vegetables would you say you eat? Note: One apple or 12 baby carrots equal one cup

Q23. Have you been exposed to secondhand smoke in the past year?
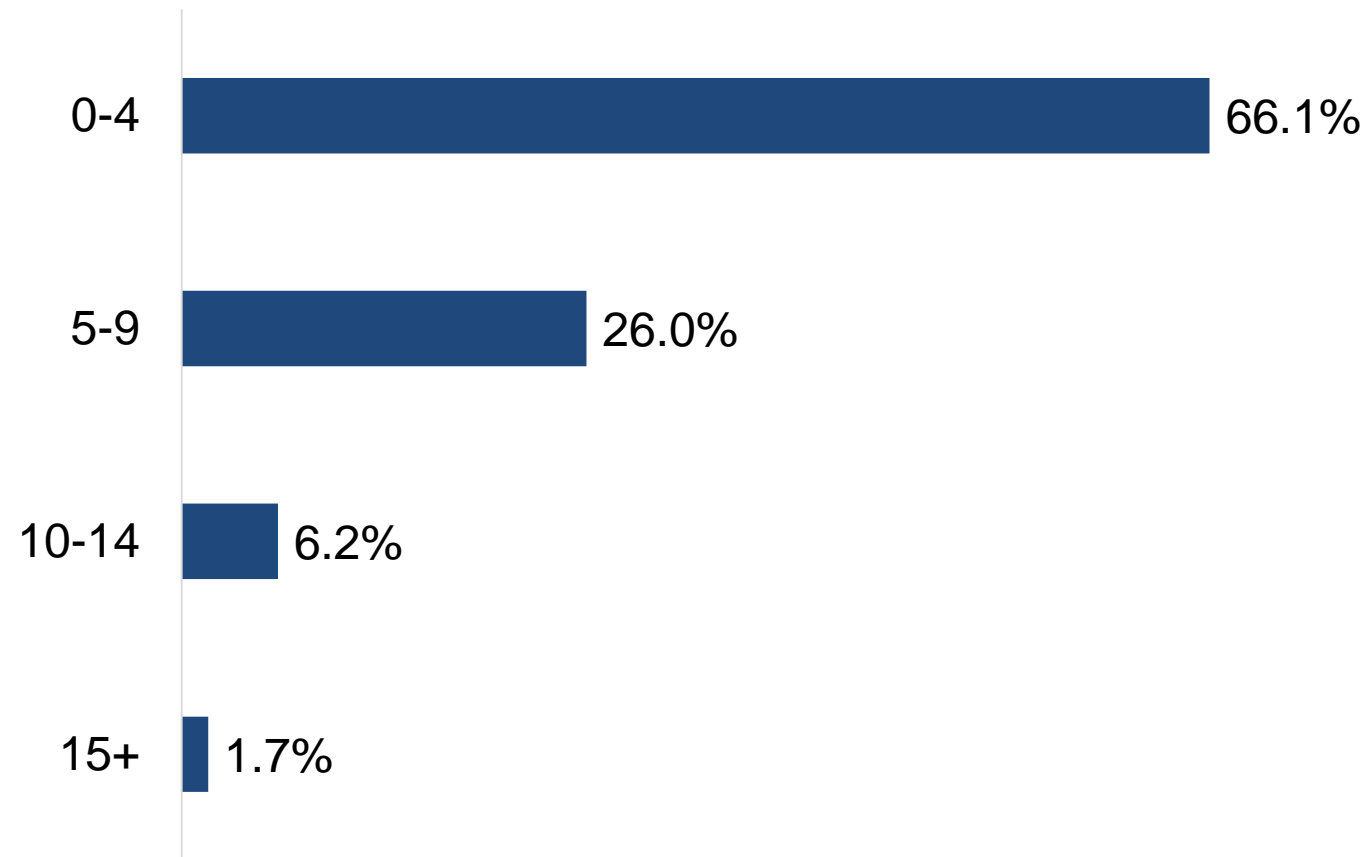
N=520 Q23. Have you been exposed to secondhand smoke in the past year?

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

Bar chart:
- Home: 40.2%
- Restaurants: 17.5%
- Other: 17.5%
- Workplace: 14.4%
- I am not exposed to secondhand smoke: 5.2%
- Hospitals: 2.1%
- School: 2.1%
- Place of Employment: 1.0%

Other Responses
- Friend
- Streets
- Ballpark
- Cars
- Dog park
- Families house
- Friends smoke
- Getting rides from friends and neighbors. The driver usally smokes while driving.
- Unfortunately, I smoke
- In a crowd
- Outdoor event
- Outdoors, bars
- Outside
- Outside my apartment, one man smokes cigarettes and marijuana every day
- Relative's home
- Shopping, restaurants, any activity with people

N=97 Q24. If yes, where do you think you are exposed to secondhand smoke most often?

N=512 Q25. Do you currently smoke? (Include regular smoking in social settings)

Doctor — 32.9%
I don't know — 20.3%
Not applicable; I don't want to quit — 17.7%
Quit Line NC — 12.7%
Private Counselor/therapist — 5.1%
Church — 5.1%
Pharmacy — 2.5%
No — 1.3%
Health Department — 1.3%
Other — 1.3%

Other Responses
- Doctor
- I don't know (5)
- No
- Not applicable; I don't want to quit (2)
- Quit Line NC (2)

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

Response	Percentage
Doctor's office	73.6%
Medical Clinic	10.1%
Urgent Care Center	6.7%
Health Department	4.2%
Hospital	3.2%
Other	2.3%

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

N=526 Q27. Where do you go most often when you are sick?

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

Category	Percentage
Medicare	29.7%
The State Employee Health Plan	18.1%
Blue Cross Blue Shield of North Carolina	17.5%
Other private health insurance plan purchased from…	10.0%
No health plan of any kind	9.8%
Medicaid or Carolina Access or Health Choice 55	6.7%
The Military, Tricare, CHAMPUS or the VA	4.5%
Don't Know / Not Sure	1.6%
Other	1.6%
State Employee Health Plan	0.4%
The Indian Health Service	0.0%

Other Responses
- BCBS TN
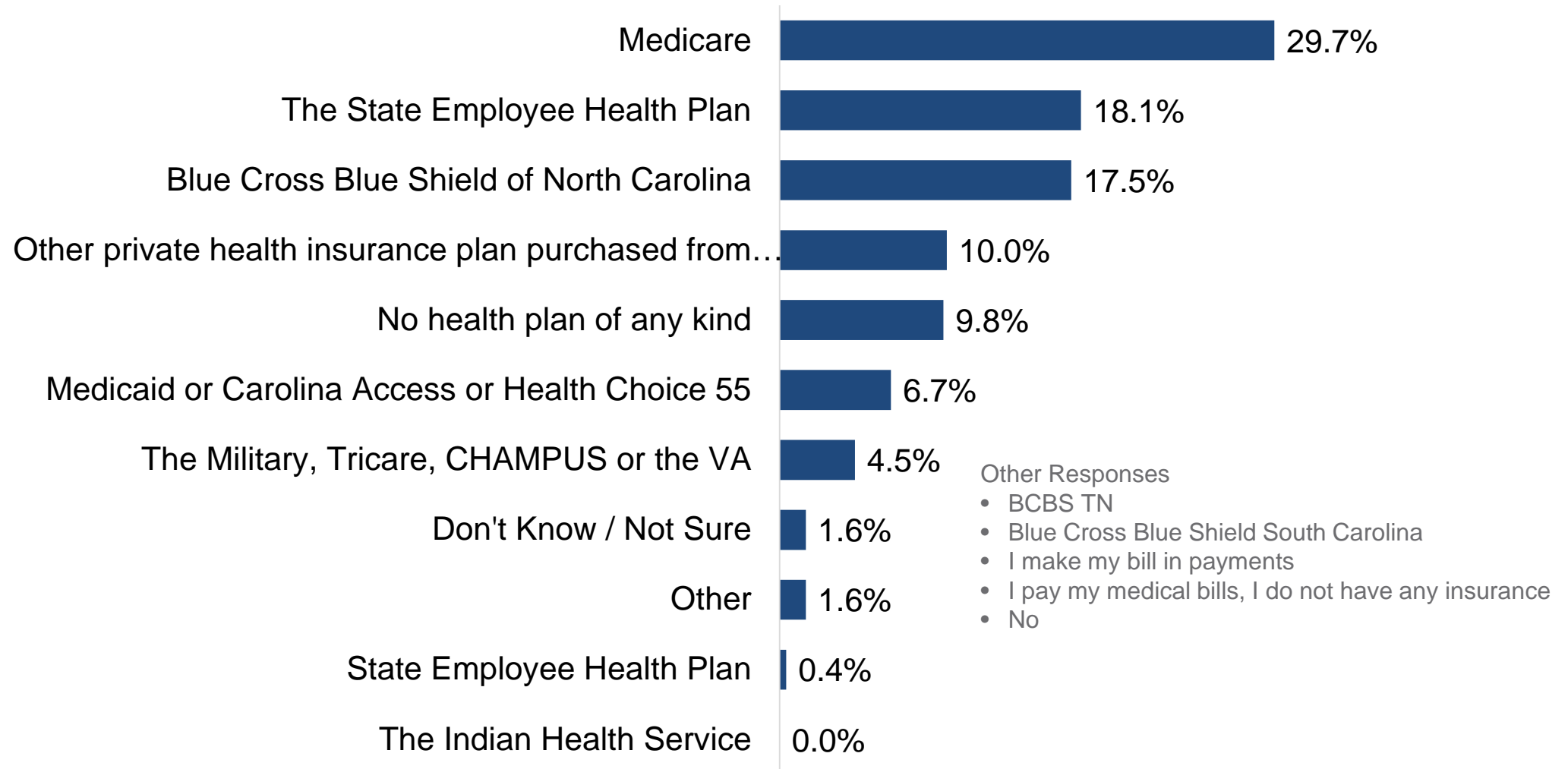- Blue Cross Blue Shield South Carolina
- I make my bill in payments
- I pay my medical bills, I do not have any insurance
- No

N=508 Q28. What is your primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills? [Note: The State Employee Health Plan is also called the "North Carolina Teacher's and Employee Health Plan." Medicare is a federal health insurance program for people 65 and older or some younger people with disabilities. Medicaid is a state health insurance program for families and individuals with limited financial resources or special circumstances.]

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N=411 Q29. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility?

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

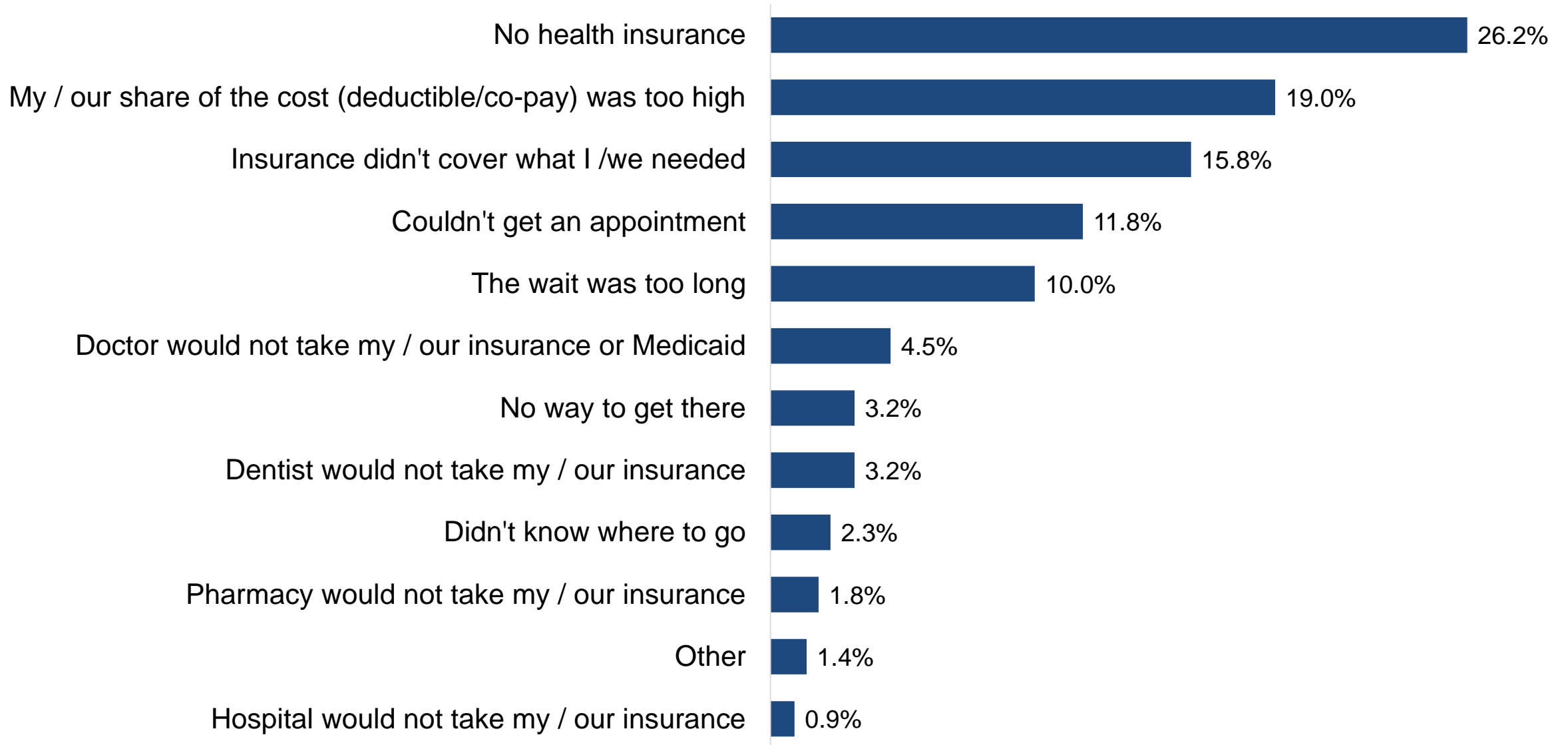| Provider/Facility	Percentage
Dentist	24.2%
General Practitioner	18.6%
Eye care / optometrist / ophthalmologist	13.6%
Pharmacy / prescriptions	10.2%
Specialist (what kind?)	6.8%
OB / GYN	6.4%
Urgent Care Center	5.9%
Health Department	5.1%
Pediatrician	4.2%
Hospital	4.2%
Medical Clinic	0.8%

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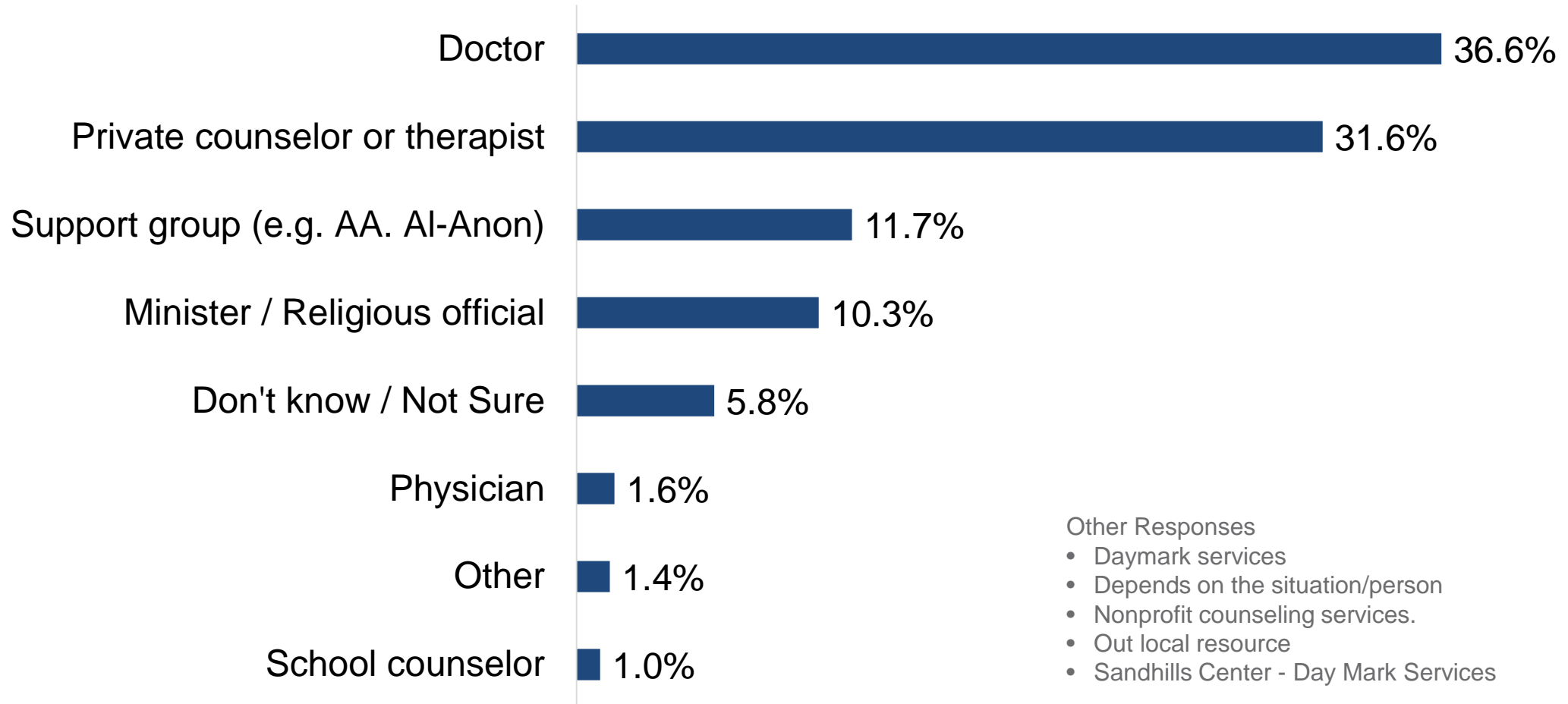- Stomach, skin, chiropractor, acupuncture
- Vaccine

N=236 Q30. Since you said "yes", what type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to.

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

Problem	Percentage
No health insurance	26.2%
My / our share of the cost (deductible/co-pay) was too high	19.0%
Insurance didn't cover what I /we needed	15.8%
Couldn't get an appointment	11.8%
The wait was too long	10.0%
Doctor would not take my / our insurance or Medicaid	4.5%
No way to get there	3.2%
Dentist would not take my / our insurance	3.2%
Didn't know where to go	2.3%
Pharmacy would not take my / our insurance	1.8%
Other	1.4%
Hospital would not take my / our insurance	0.9%

N=221 Q31. Which of these problems prevented you or your family member from getting the necessary health care?
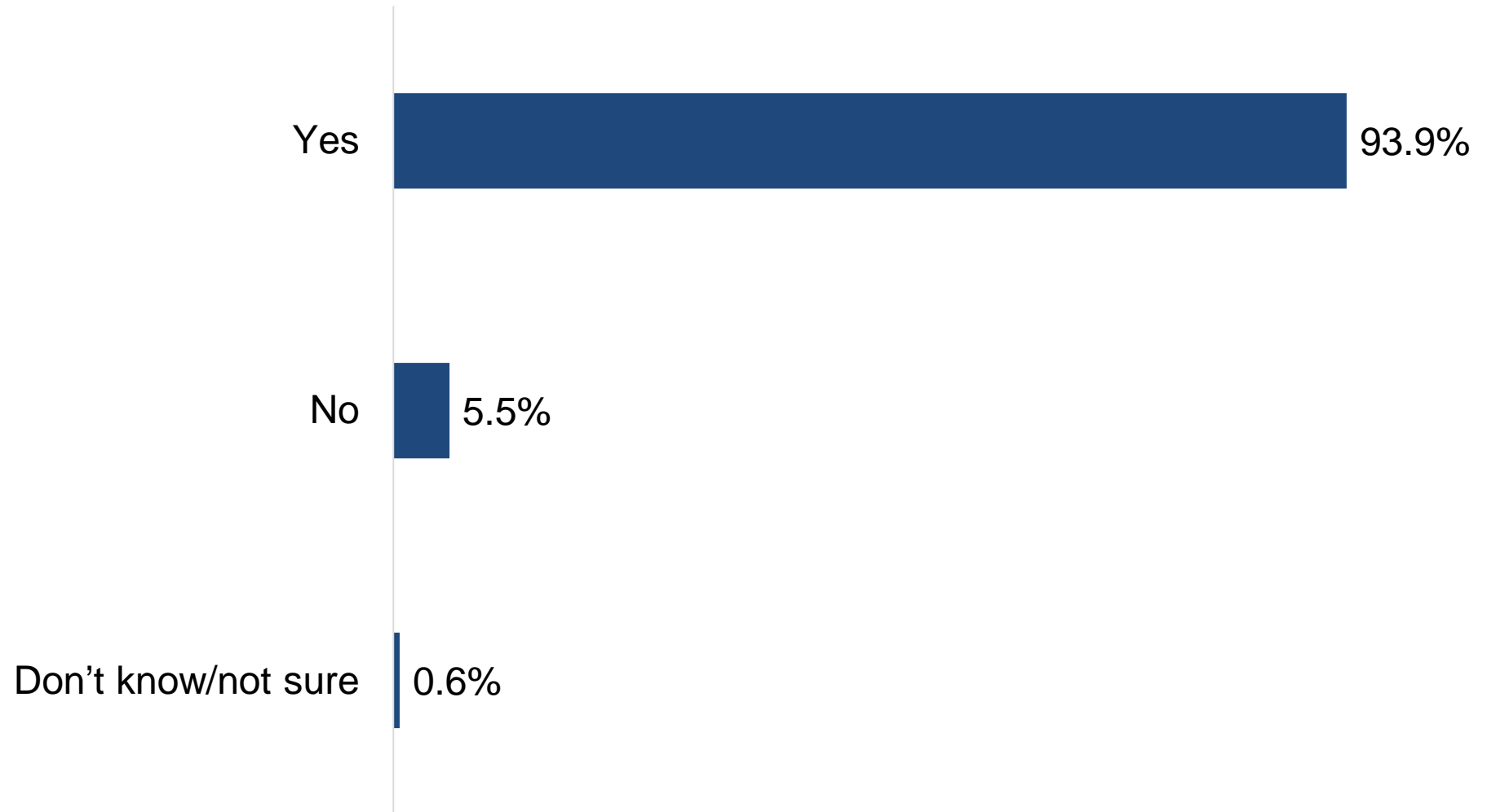
Q32. If a friend or family member needed counseling for a mental health or drug / alcohol abuse problem, who is the first person you would tell them to talk to?
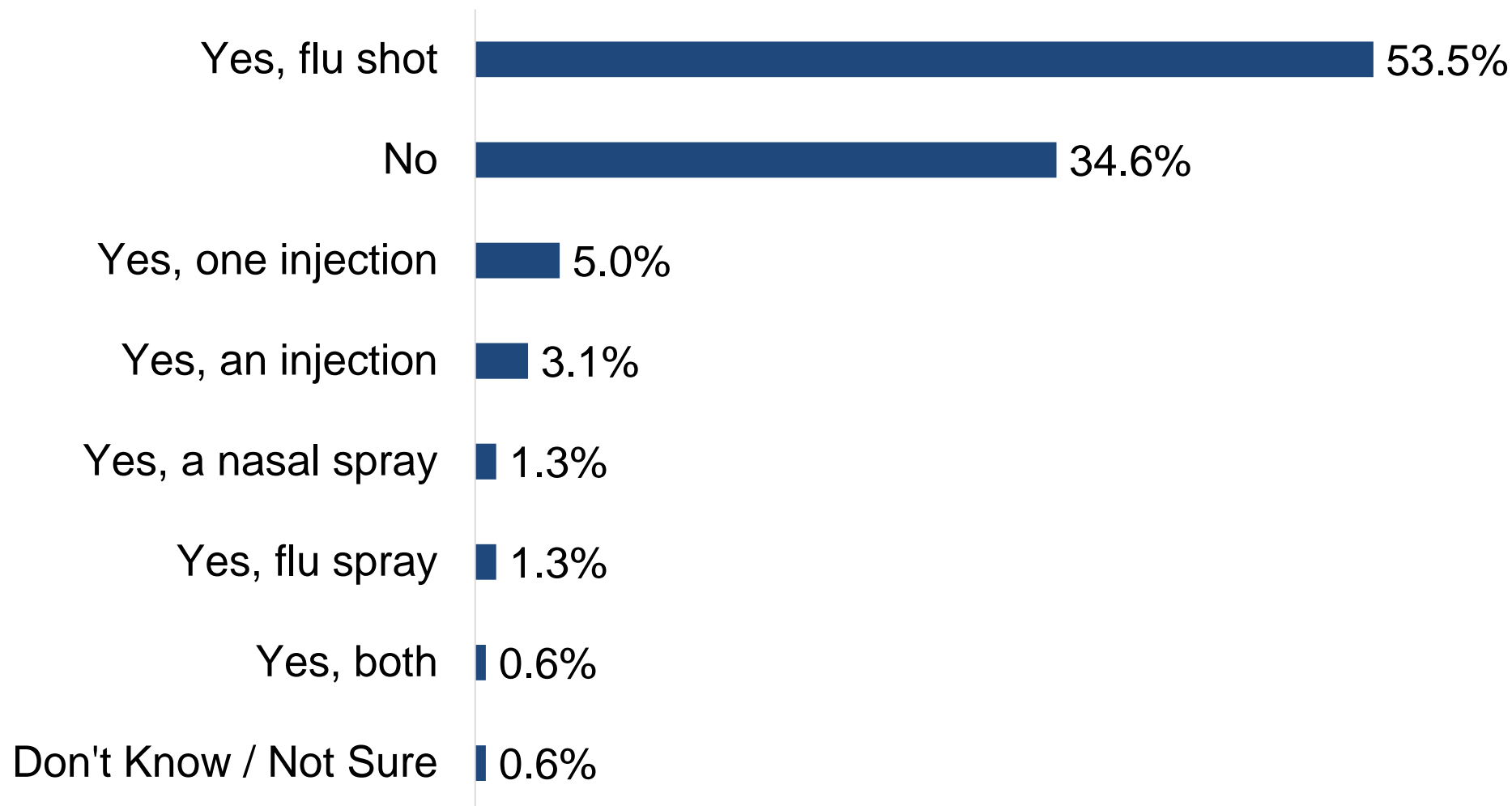

Category	Percentage
Doctor	36.6%
Private counselor or therapist	31.6%
Support group (e.g. AA. Al-Anon)	11.7%
Minister / Religious official	10.3%
Don't know / Not Sure	5.8%
Physician	1.6%
Other	1.4%
School counselor	1.0%

Other Responses
- Daymark services
- Depends on the situation/person
- Nonprofit counseling services.
- Out local resource
- Sandhills Center - Day Mark Services

Yes — 93.9%

No — 5.5%

Don't know/not sure — 0.6%

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

Response	Percentage
Yes, flu shot	53.5%
No	34.6%
Yes, one injection	5.0%
Yes, an injection	3.1%
Yes, a nasal spray	1.3%
Yes, flu spray	1.3%
Yes, both	0.6%
Don't Know / Not Sure	0.6%

N=159 Q50. An influenza /flu vaccine cane be a "flu shot" injected into your arm or spray like "FluMist" which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine?

Health of the Community

Lee County, NC CHNA

Obesity Trends Among U.S. Adults 1985

*BMI ≥ 30, or ~ 30 lbs overweight for a 5'4" woman

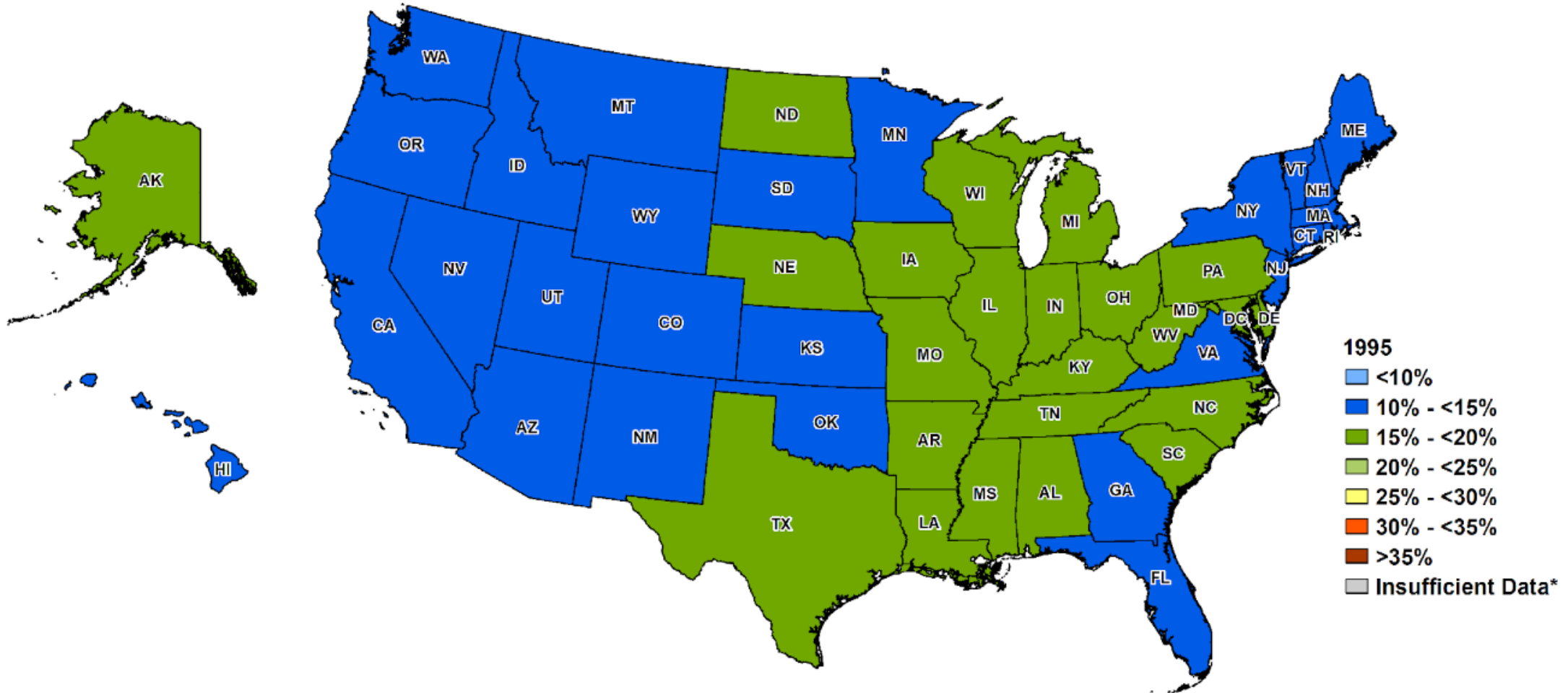**1985**

- <10%
- 10% - <15%
- 15% - <20%
- 20% - <25%
- 25% - <30%
- 30% - <35%
- >35%
- Insufficient Data*
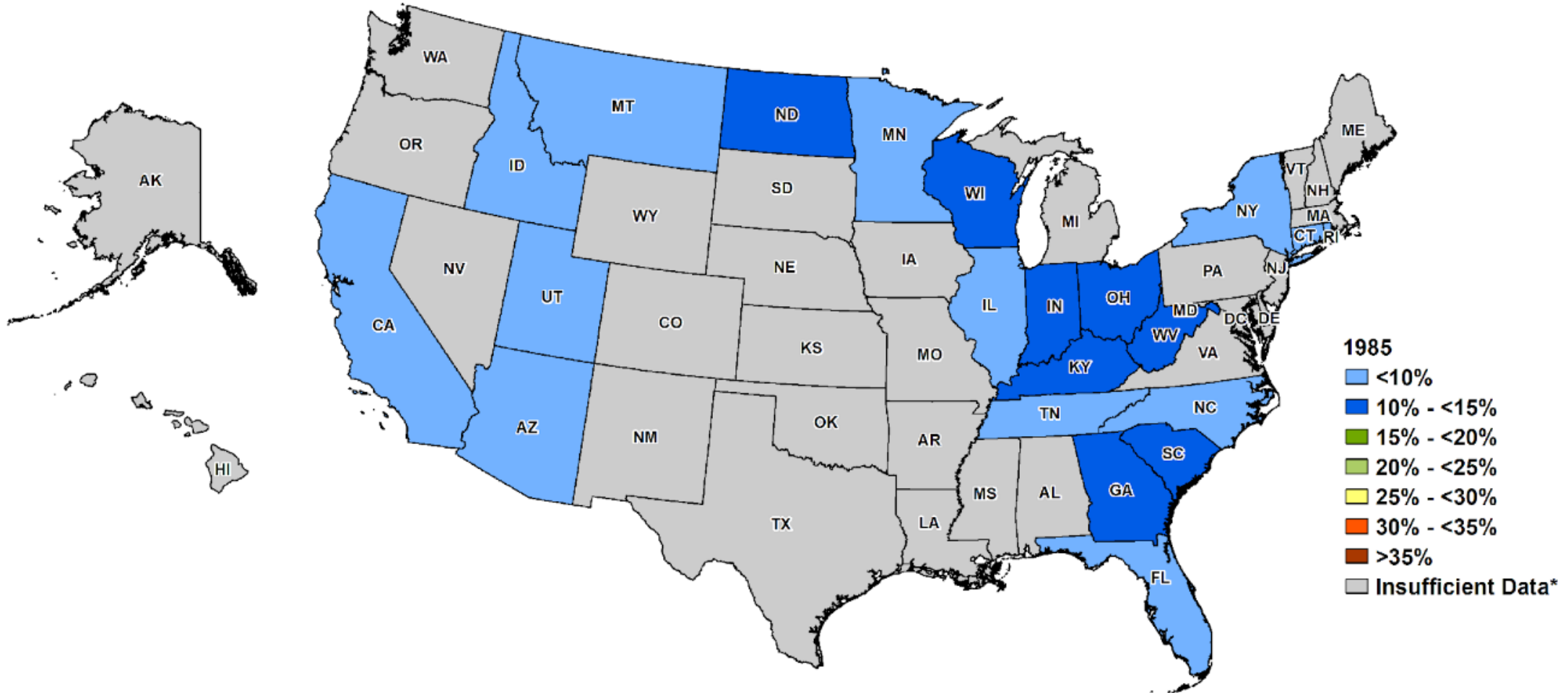
Obesity Trends Among U.S. Adults 1990

*BMI ≥ 30, or ~ 30 lbs overweight for a 5'4" woman

1990

- <10%
- 10% - <15%
- 15% - <20%
- 20% - <25%
- 25% - <30%
- 30% - <35%
- >35%
- Insufficient Data*
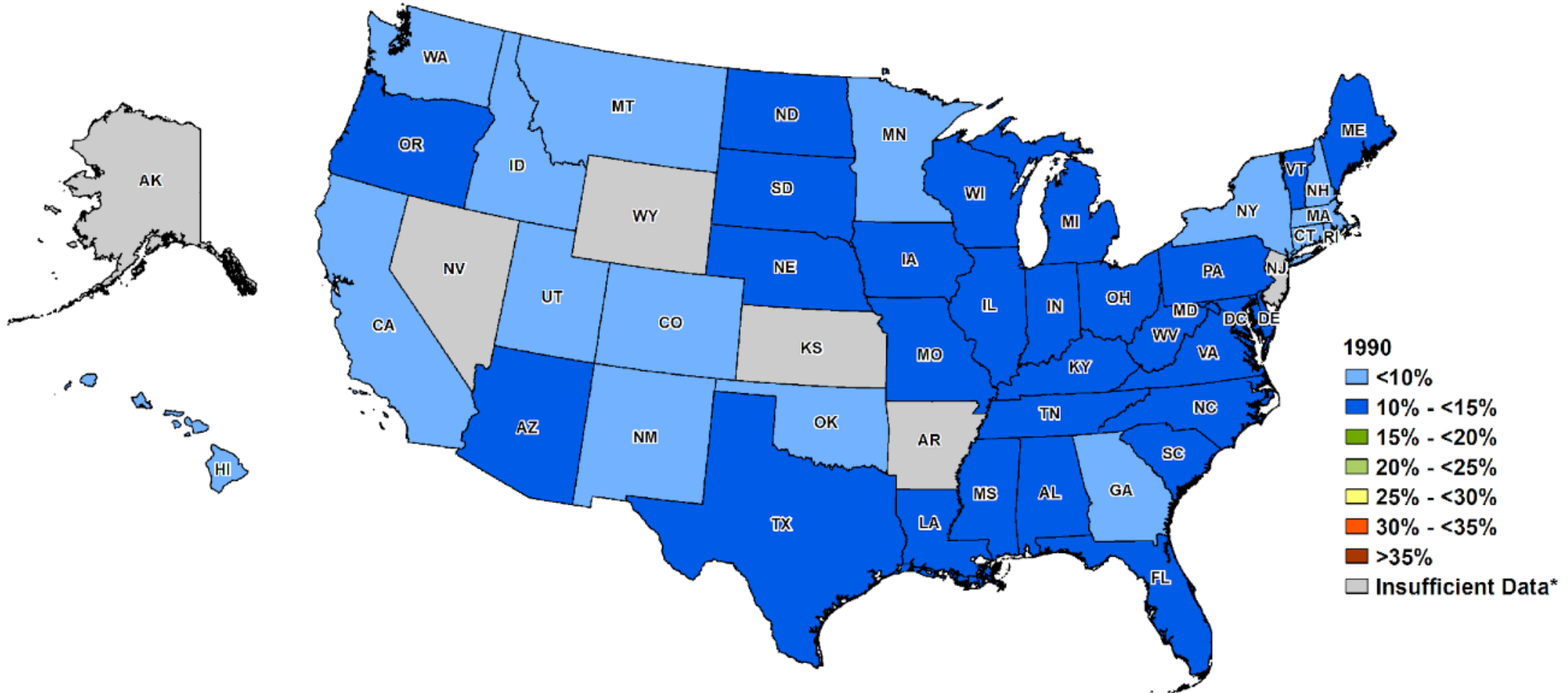
Obesity Trends Among U.S. Adults 1995

*BMI ≥ 30, or ~ 30 lbs overweight for a 5'4" woman

1995
- <10%
- 10% - <15%
- 15% - <20%
- 20% - <25%
- 25% - <30%
- 30% - <35%
- >35%
- Insufficient Data*

Obesity Trends Among U.S. Adults 2000

*BMI ≥ 30, or ~ 30 lbs overweight for a 5'4" woman

2000
- ☐ <10%
- ☐ 10% - <15%
- ☐ 15% - <20%
- ☐ 20% - <25%
- ☐ 25% - <30%
- ☐ 30% - <35%
- ☐ >35%
- ☐ Insufficient Data*
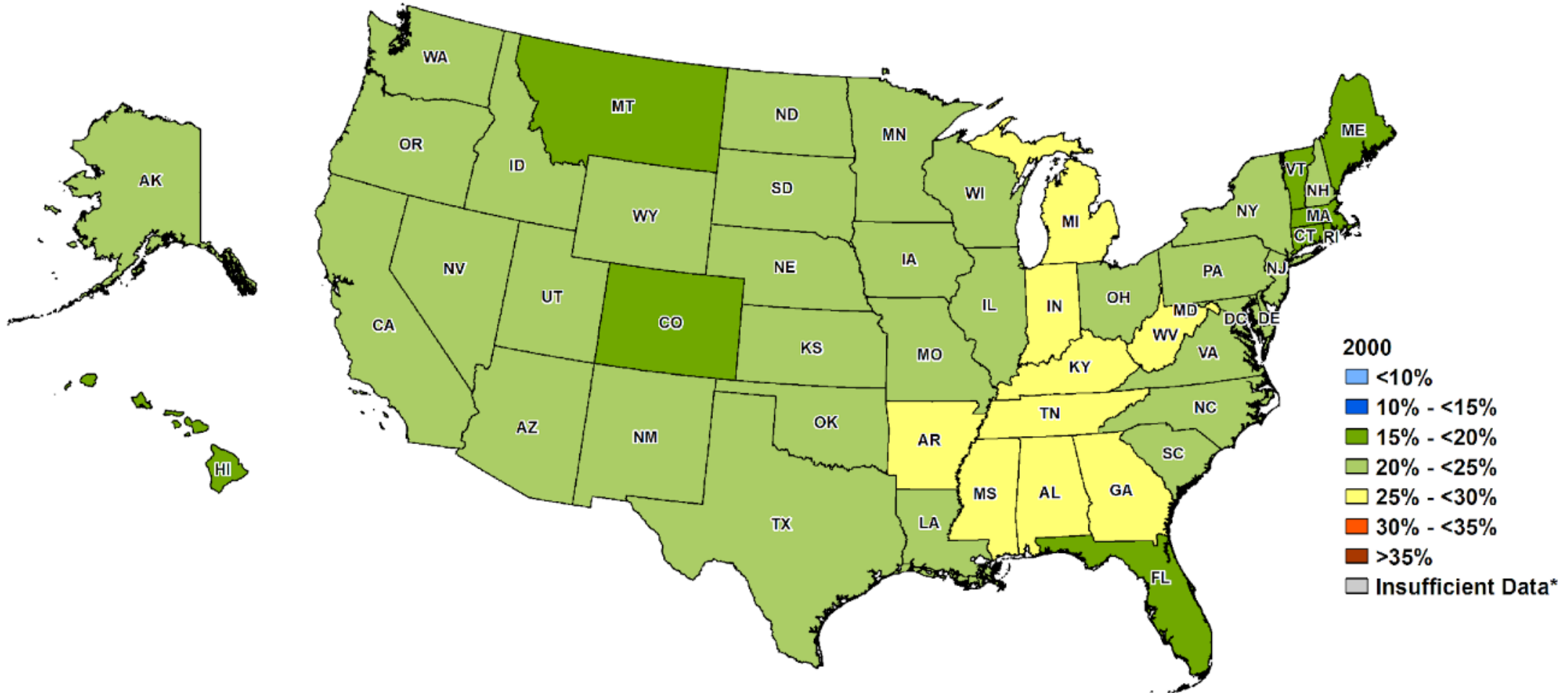
Obesity Trends Among U.S. Adults 2005

*BMI ≥ 30, or ~ 30 lbs overweight for a 5'4" woman

2005

- ☐ <10%
- ☐ 10% - <15%
- ☐ 15% - <20%
- ☐ 20% - <25%
- ☐ 25% - <30%
- ☐ 30% - <35%
- ☐ >35%
- ☐ Insufficient Data*

Source(s): Behavioral Risk Factor Surveillance System, CDC
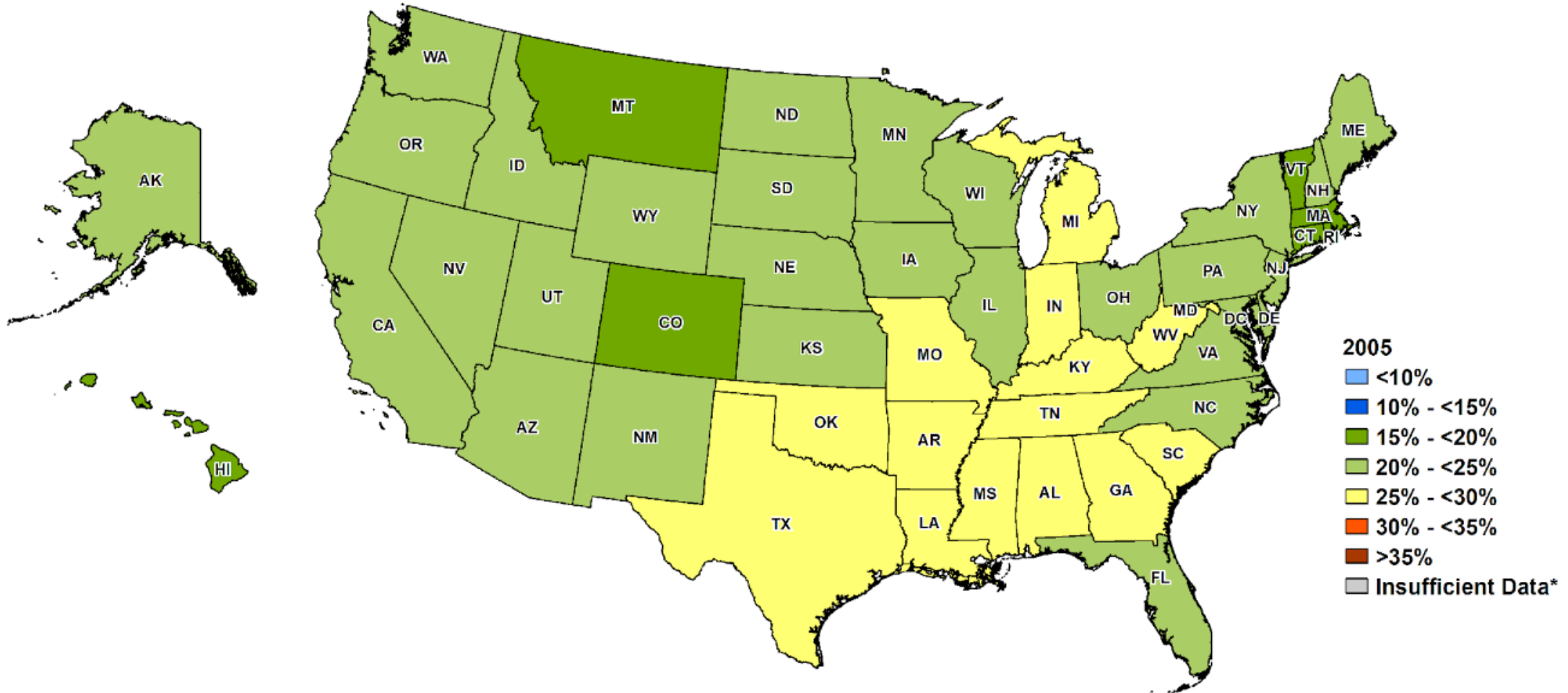
Obesity Trends Among U.S. Adults 2010

*BMI ≥ 30, or ~ 30 lbs overweight for a 5'4" woman

2010
- ☐ <10%
- ■ 10% - <15%
- ■ 15% - <20%
- ☐ 20% - <25%
- ☐ 25% - <30%
- ■ 30% - <35%
- ■ >35%
- ☐ Insufficient Data*

Source(s): Behavioral Risk Factor Surveillance System, CDC
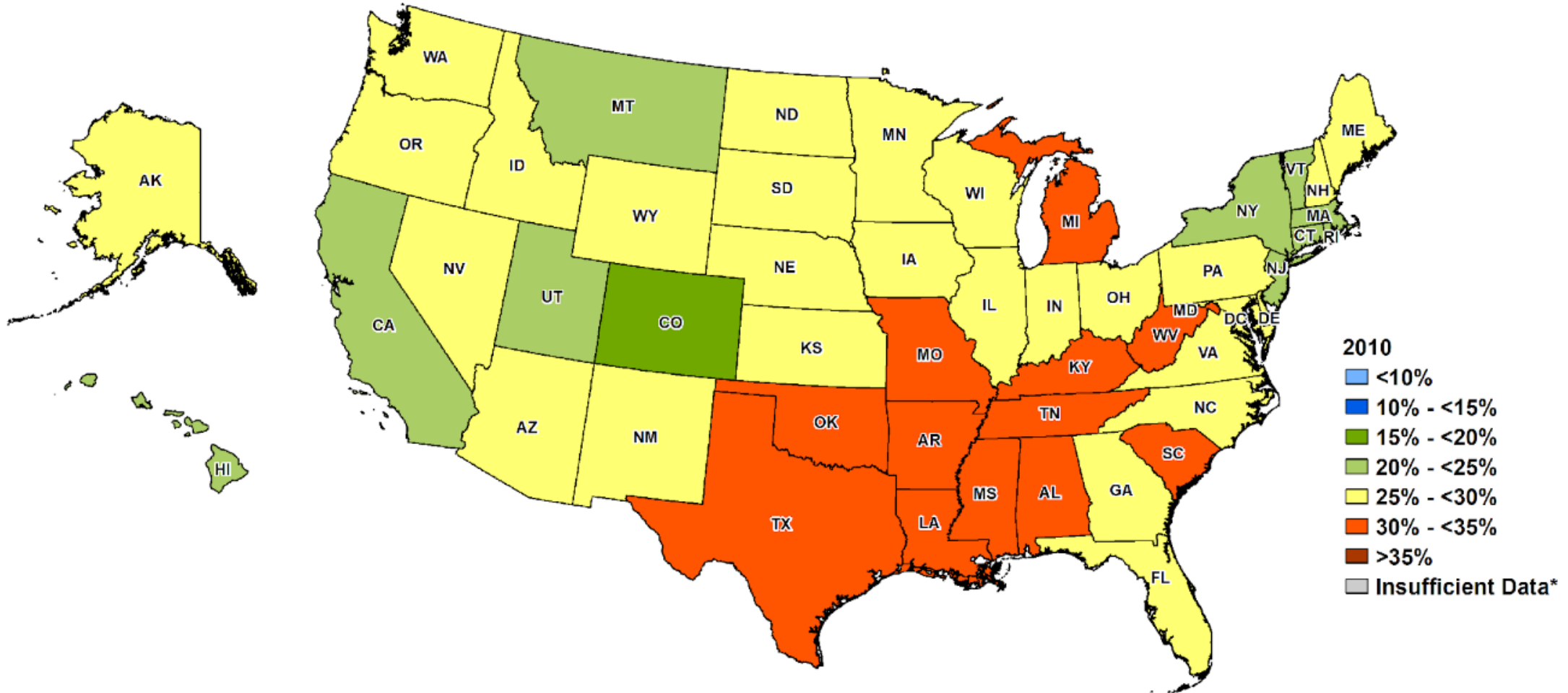
Obesity Trends Among U.S. Adults 2015

*BMI ≥ 30, or ~ 30 lbs overweight for a 5'4" woman

2015
- <10%
- 10% - <15%
- 15% - <20%
- 20% - <25%
- 25% - <30%
- 30% - <35%
- >35%
- Insufficient Data*

Source(s): Behavioral Risk Factor Surveillance System, CDC
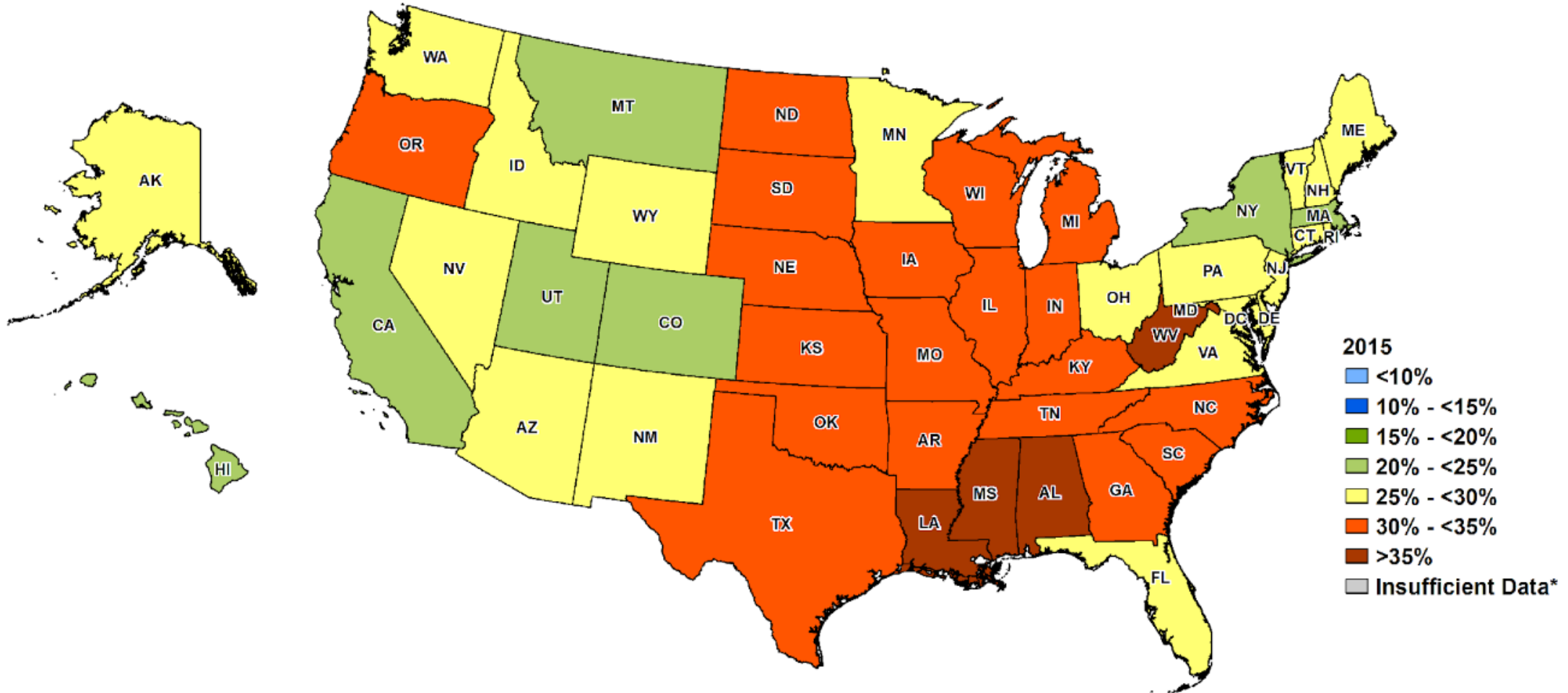
Obesity Trends Among U.S. Adults 2020

*BMI ≥ 30, or ~ 30 lbs overweight for a 5'4" woman

2020
- ☐ < 10%
- ■ 10% - <15%
- ■ 15% - <20%
- ■ 20% - <25%
- ☐ 25% - <30%
- ■ 30% - <35%
- ■ >35%
- ☐ Insufficient Data*

Source(s): Behavioral Risk Factor Surveillance System, CDC
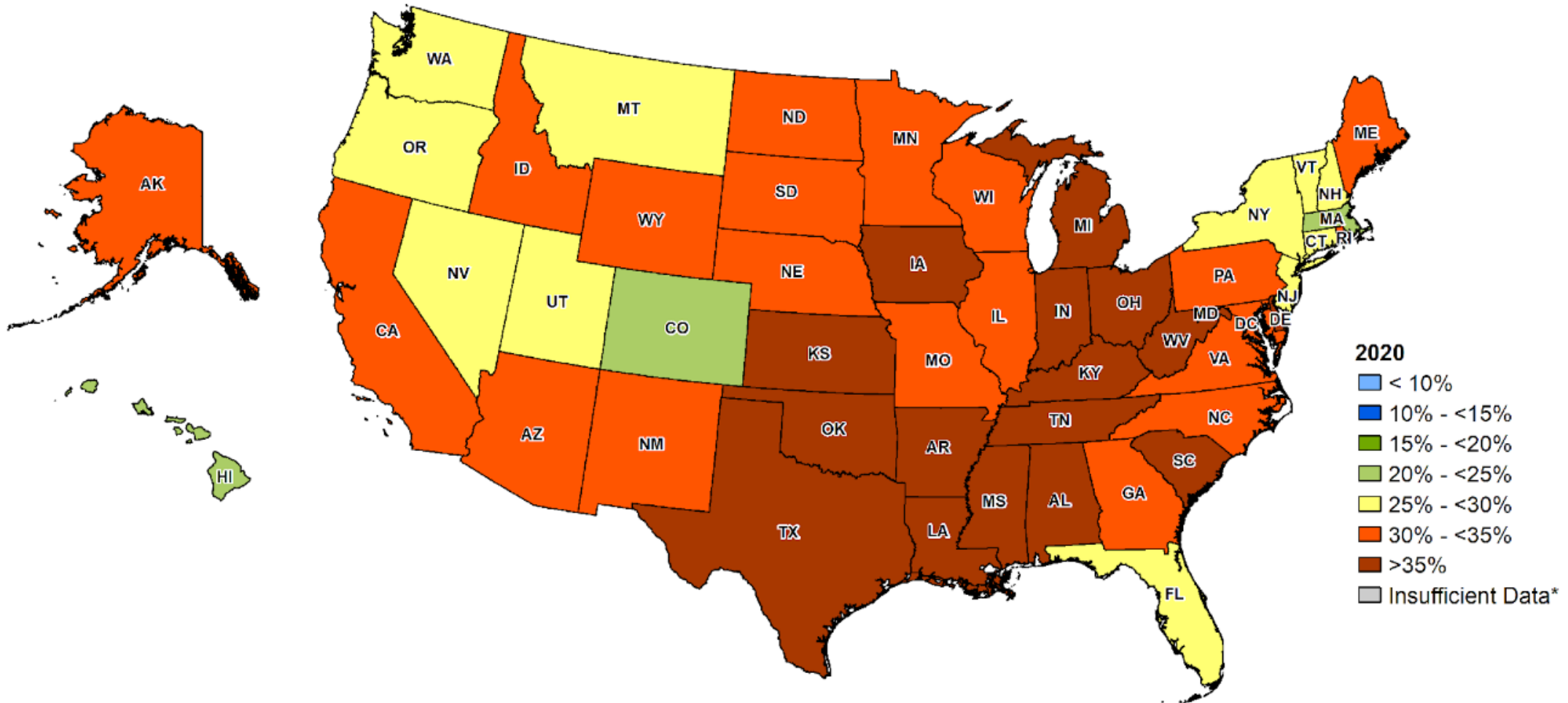
Drug Overdose Mortality Rates 1999
(per 100,000 population)

1999
- <10
- 10 - <20
- 20 - <30
- 30 - <40
- >40
- Insufficient Data
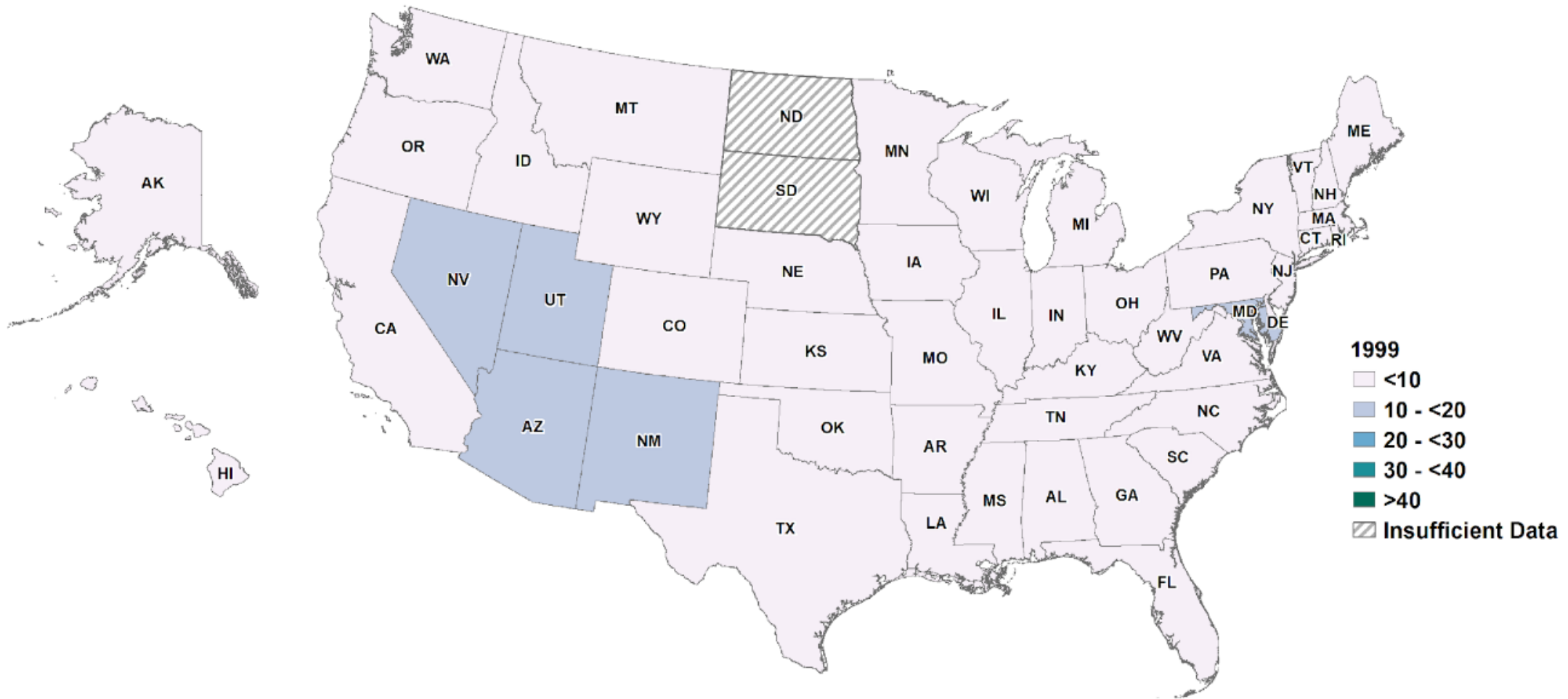
Drug Overdose Mortality Rates 2005
(per 100,000 population)

Legend — 2005:
- <10
- 10 - <20
- 20 - <30
- 30 - <40
- >40
- Insufficient Data
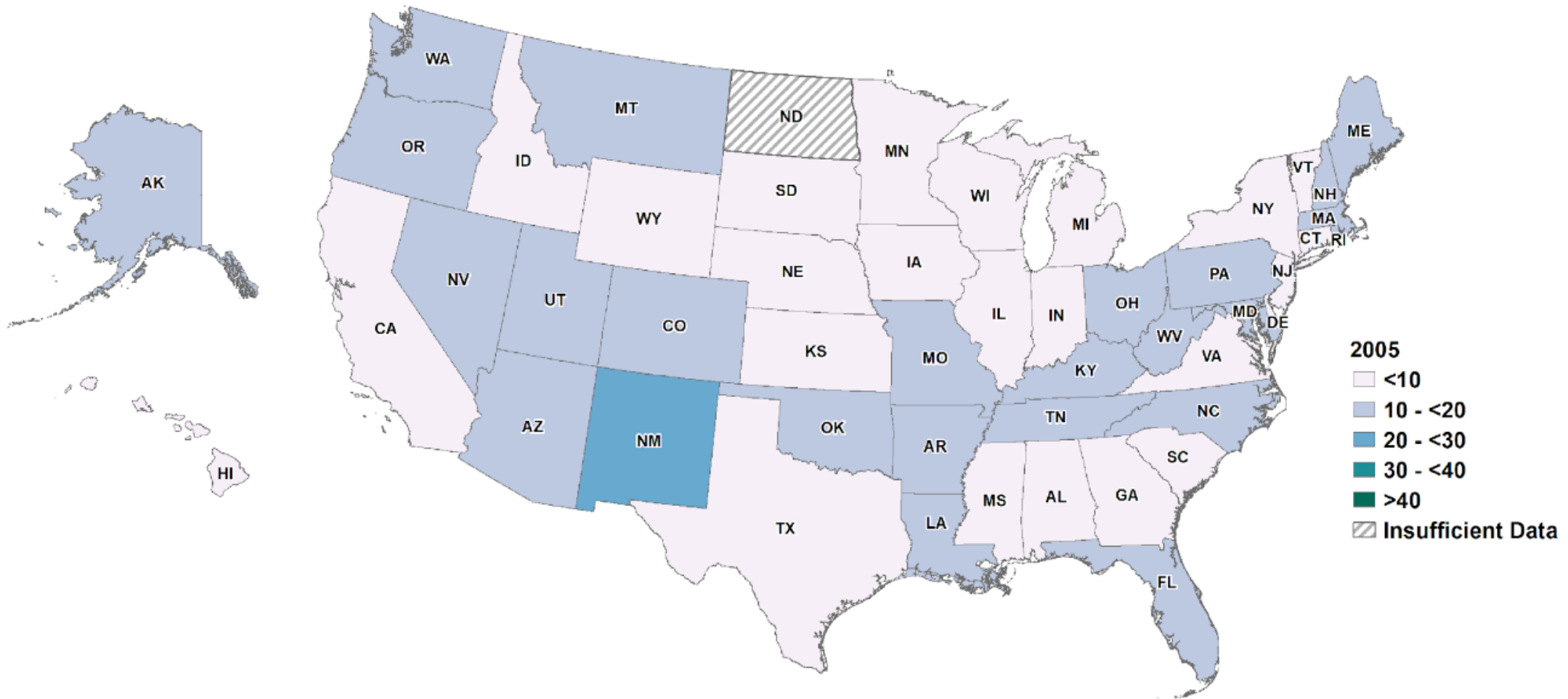
Drug Overdose Mortality Rates 2015
(per 100,000 population)

2015
- <10
- 10 - <20
- 20 - <30
- 30 - <40
- >40
- Insufficient Data
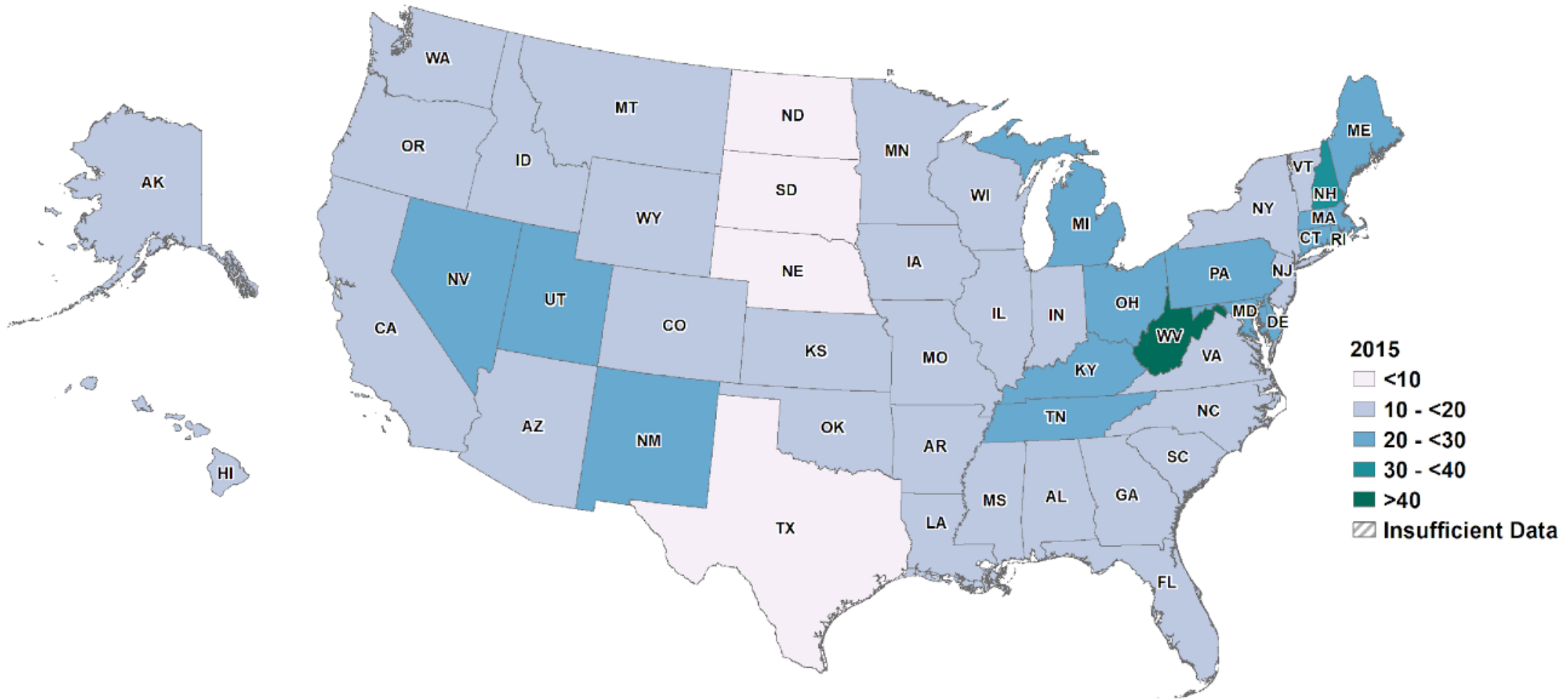
Drug Overdose Mortality Rates 2020
(per 100,000 population)
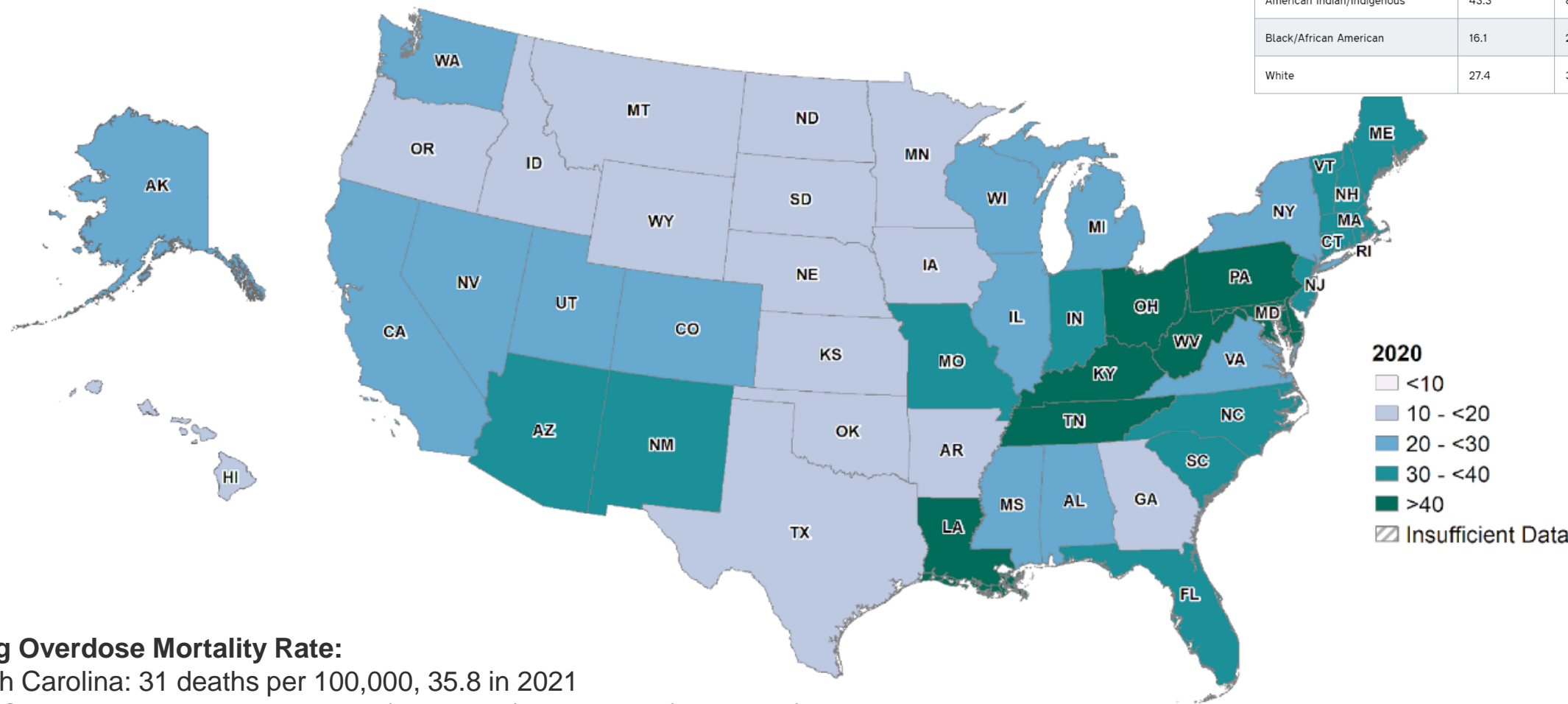
Overdose Death Rates by Year and Race. *Deaths per 100,000 residents; Non-Hispanic*

	2019 rate	2020 rate	Increase
American Indian/Indigenous	43.3	83.6	93%
Black/African American	16.1	26.7	66%
White	27.4	36.1	32%

2020
- ☐ <10
- ☐ 10 - <20
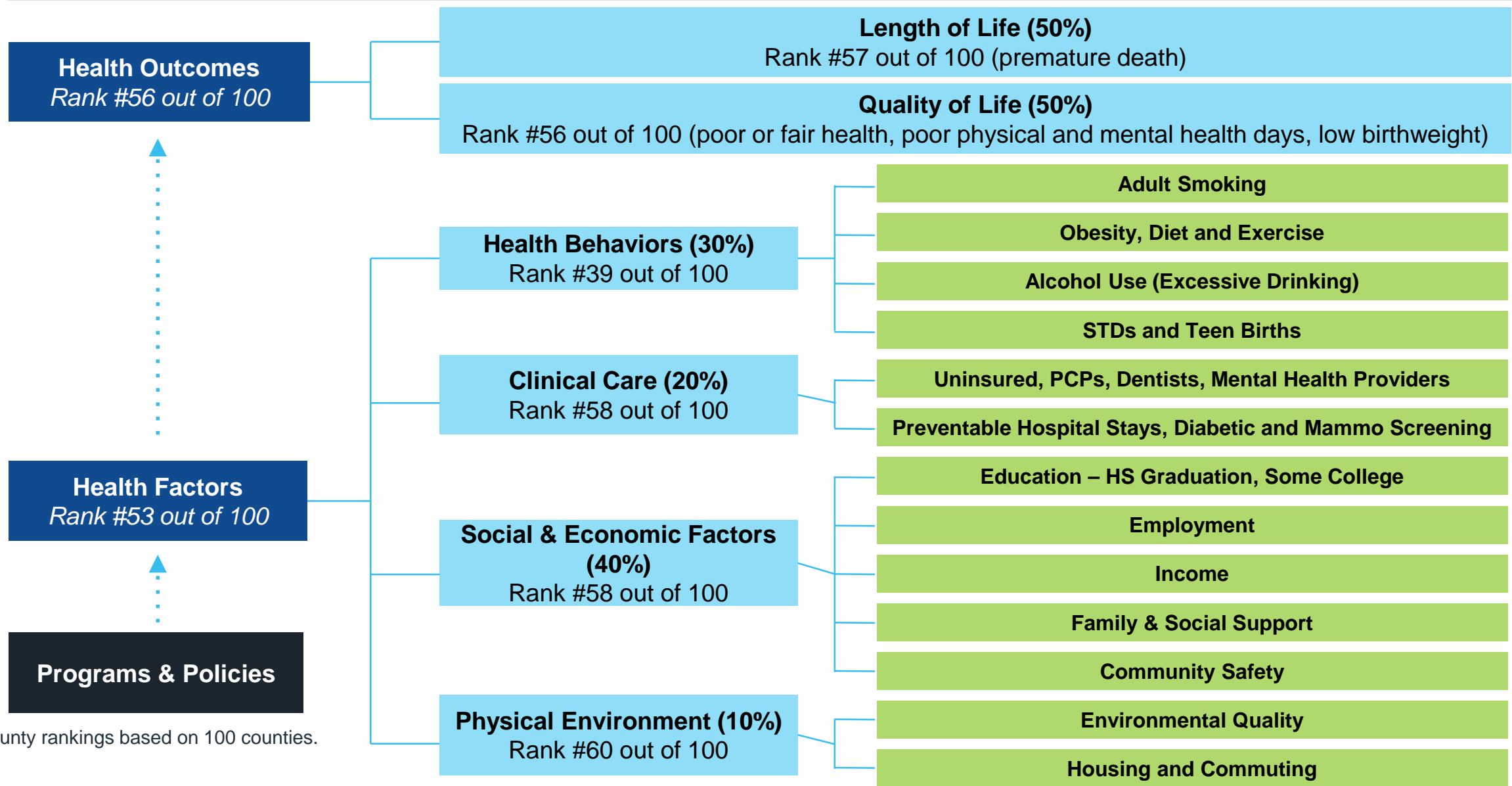- ☐ 20 - <30
- ☐ 30 - <40
- ☐ >40
- ▨ Insufficient Data

Drug Overdose Mortality Rate:
North Carolina: 31 deaths per 100,000, 35.8 in 2021
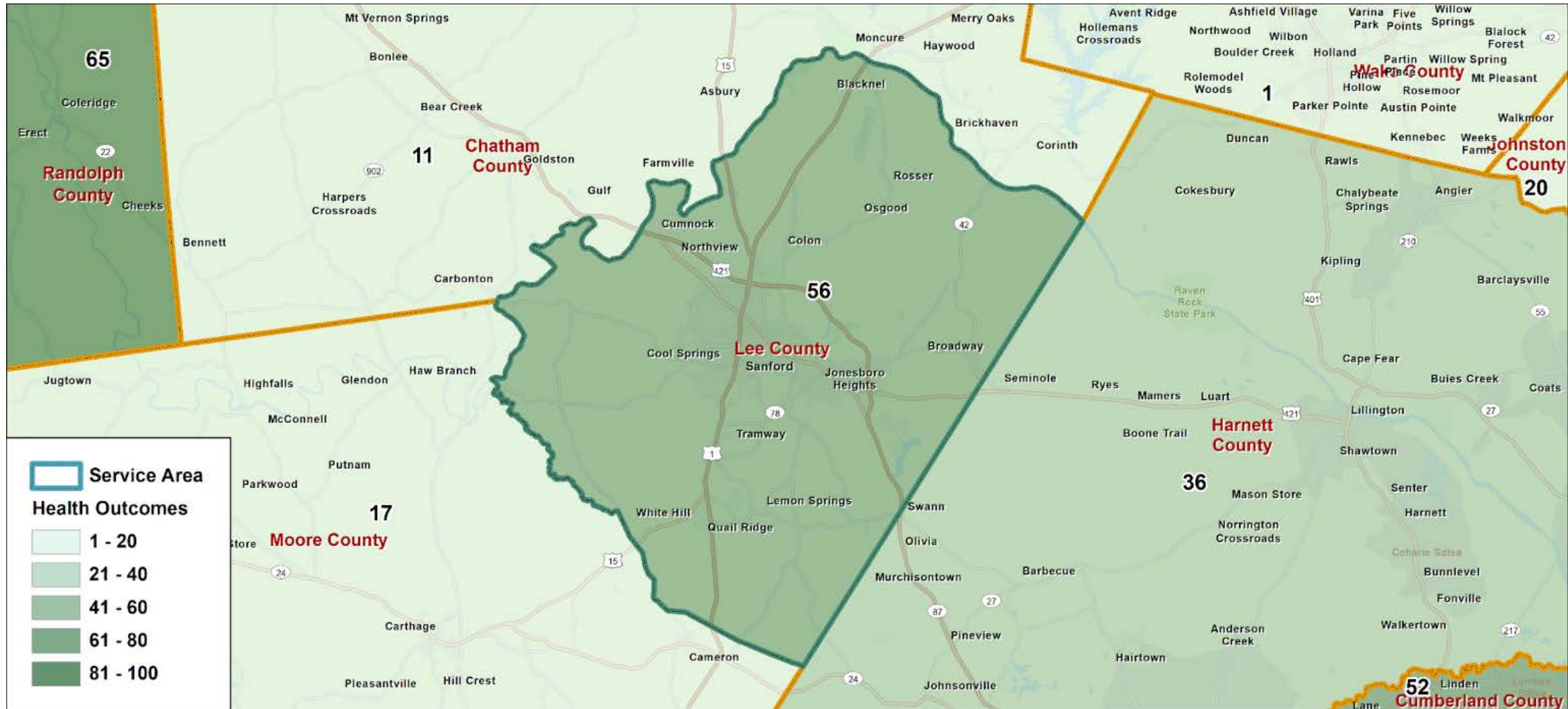Lee County: 53 deaths per 100,000 (33 deaths), 55 in 2021(34 deaths)

America's Health Rankings

North Carolina ranks **28th**

Lee County, NC Health Rankings

Health Outcomes
Rank #56 out of 100

Length of Life (50%)
Rank #57 out of 100 (premature death)

Quality of Life (50%)
Rank #56 out of 100 (poor or fair health, poor physical and mental health days, low birthweight)

Health Factors
Rank #53 out of 100

Health Behaviors (30%)
Rank #39 out of 100

- Adult Smoking
- Obesity, Diet and Exercise
- Alcohol Use (Excessive Drinking)
- STDs and Teen Births

Clinical Care (20%)
Rank #58 out of 100

- Uninsured, PCPs, Dentists, Mental Health Providers
- Preventable Hospital Stays, Diabetic and Mammo Screening

Social & Economic Factors (40%)
Rank #58 out of 100

- Education – HS Graduation, Some College
- Employment
- Income
- Family & Social Support
- Community Safety

Programs & Policies

Physical Environment (10%)
Rank #60 out of 100

- Environmental Quality
- Housing and Commuting

NC county rankings based on 100 counties.

Health Outcome Rankings - North Carolina

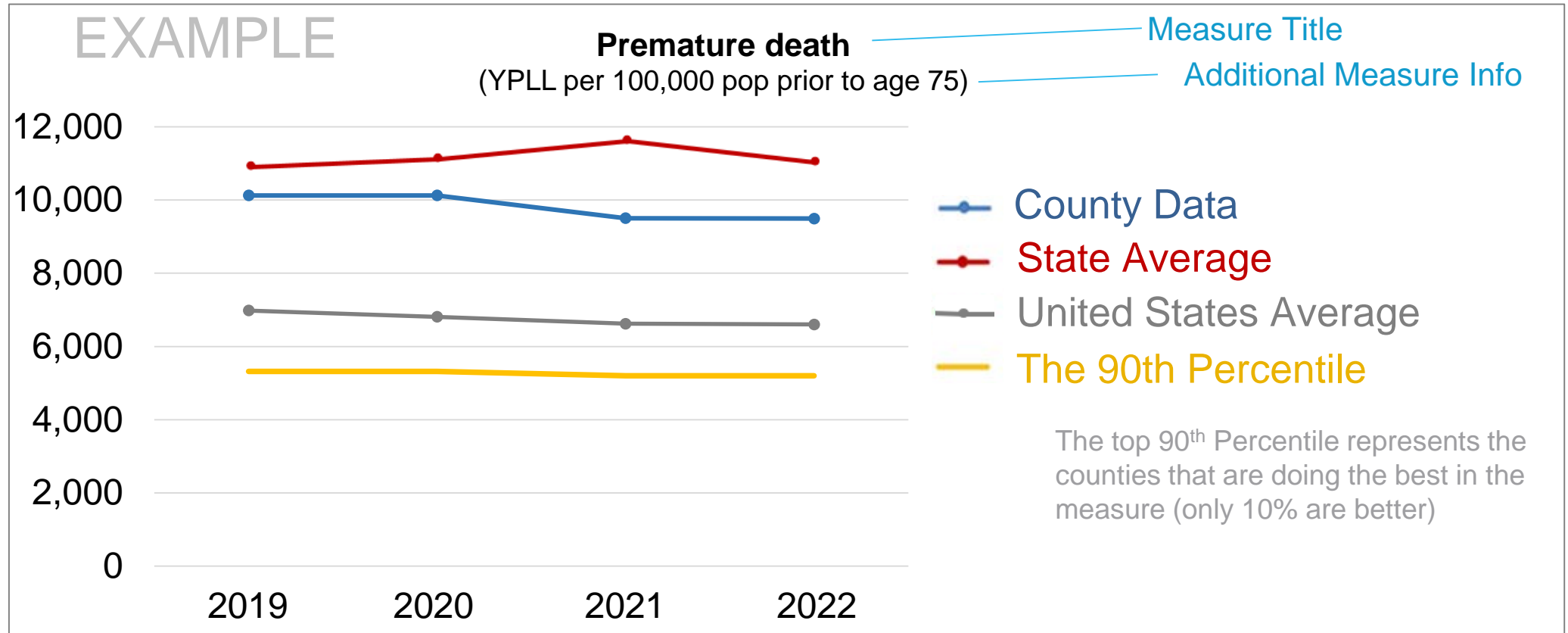NC county rankings based on 100 counties.
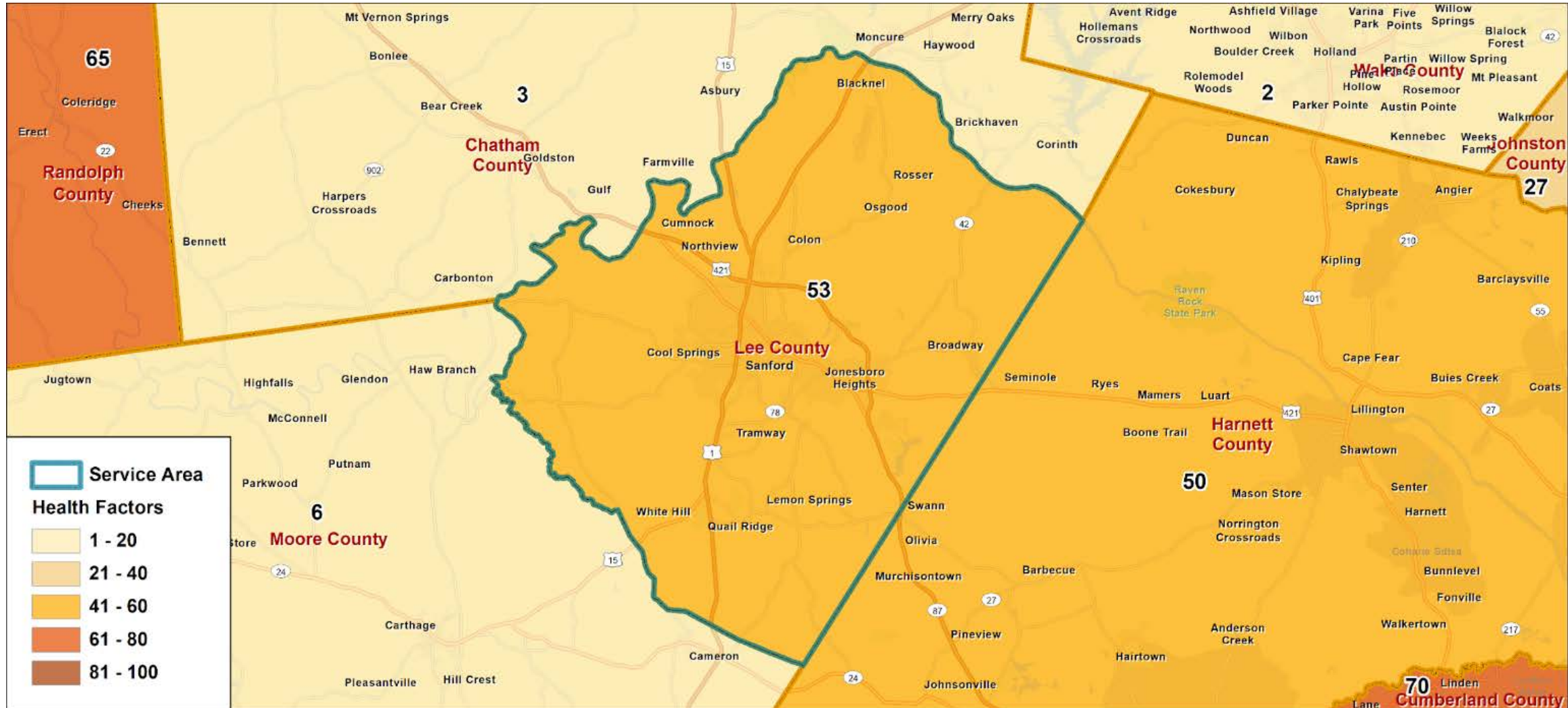
NC county rankings based on 100 counties.

Contiguous Counties Health Rankings & Measures

	Lee	Chatham	Harnett	Moore	Wake
Health Outcomes	**56**	11	36	17	1
Length of Life	**57**	14	37	26	1
Quality of Life	**56**	9	34	11	1
Health Factors	**53**	3	50	6	2
Health Behaviors	**39**	3	32	10	1
Clinical Care	**58**	9	87	5	3
Social & Economic Factors	**58**	11	40	8	2
Physical Environment	**60**	31	81	87	93
Adult smoking	**20%**	16%	20%	17%	13%
Adult obesity	**35%**	31%	37%	31%	28%
Uninsured	**16%**	14%	15%	12%	10%
Preventable hospital stays	**4,984**	2,437	5,131	3,498	3,175
High school completion	**85%**	89%	88%	92%	93%

Ranks out of 100 NC counties

Red = Concern

Health Outcomes: how long people live and how healthy people feel and low birth weight babies.
Health Factors: health behaviors, clinical care, social and economic, and the physical environment.

Source(s): Stratasan (2022); County Health Rankings (2022)

A brief explanation of the health measure trend charts

EXAMPLE

Premature death ——————— Measure Title
(YPLL per 100,000 pop prior to age 75) ——— Additional Measure Info

County Data

State Average

United States Average

The 90th Percentile

The top 90th Percentile represents the counties that are doing the best in the measure (only 10% are better)

2019   2020   2021   2022

The year the data was released

⬢ = **Concern** for the County

★ = **Strength** for the County

A Strength for the County is a measure better or equal to the state score, and a Concern is worse than the state score.

Example data isn't based on real county data.

Source(s): Stratasan (2022)

Length of Life Rank

Length of Life Ranking
(lower is better)
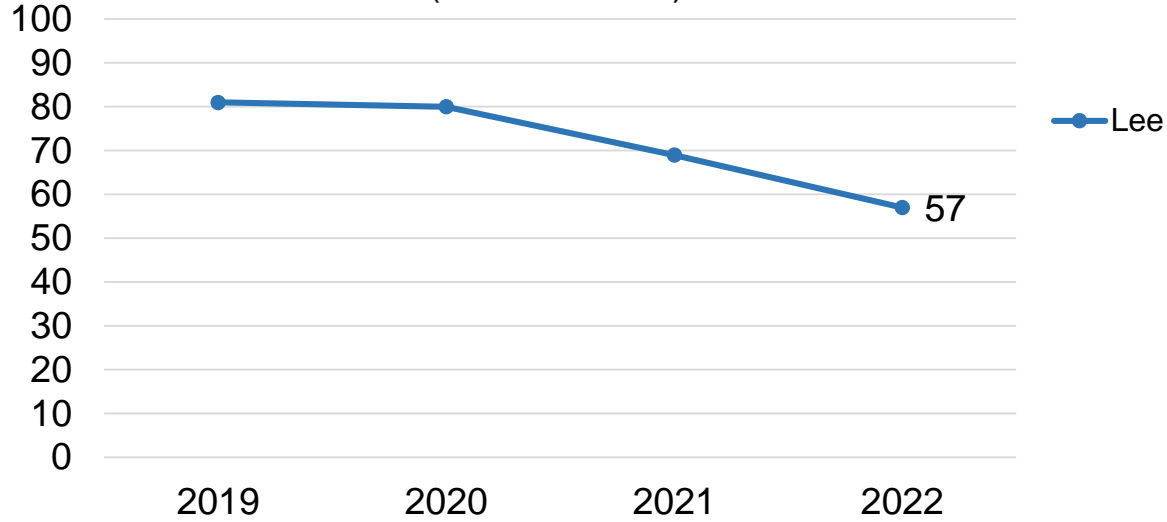
● Life Expectancy
(Average number of years a person can expect to live)

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

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

*Due to impacts of COVID, life expectancy in the US decreased 1.8 years from 2019.

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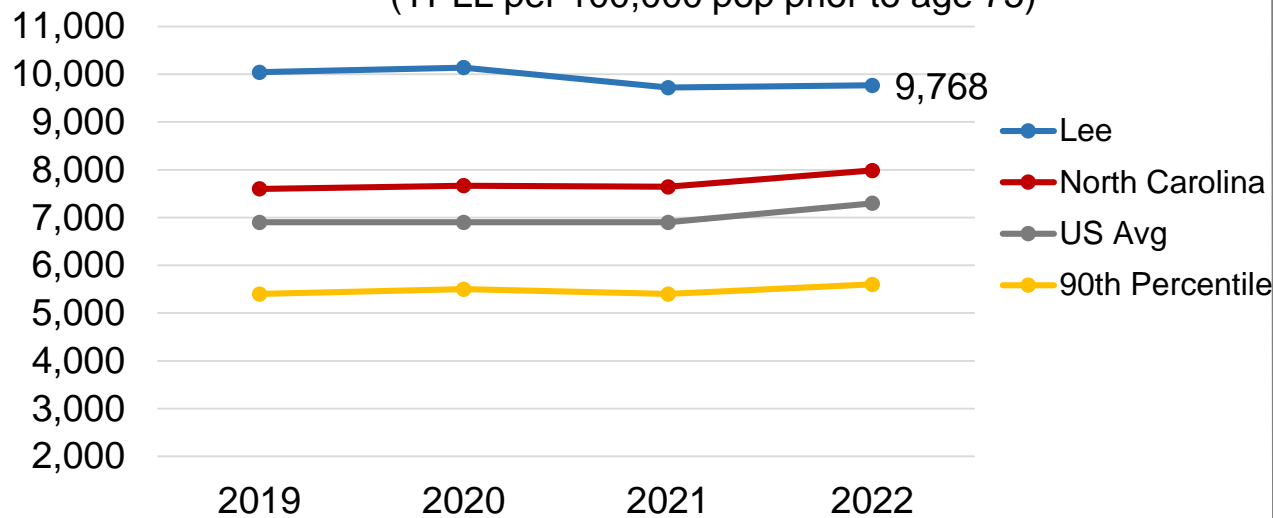
Premature death by race/ethnicity
(YPLL per 100,000 pop prior to age 75)

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

NC county rankings based on 100 counties.

Source(s): Stratasan (2022); County Health Rankings (2022)

Leading Causes of Death per 100,000 Population 2020

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

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

* COVID-19 Data from 2020

Leading Causes of Death by Race/Ethnicity and Sex

NC 2016-2020 & Lee County 2016-2020

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

★ **Suicide Rate**
(per 100,000 Population)

Teen Suicide Rate
(per 100,000 Population adolescents age 15-19)

13.0

Lee
North Carolina
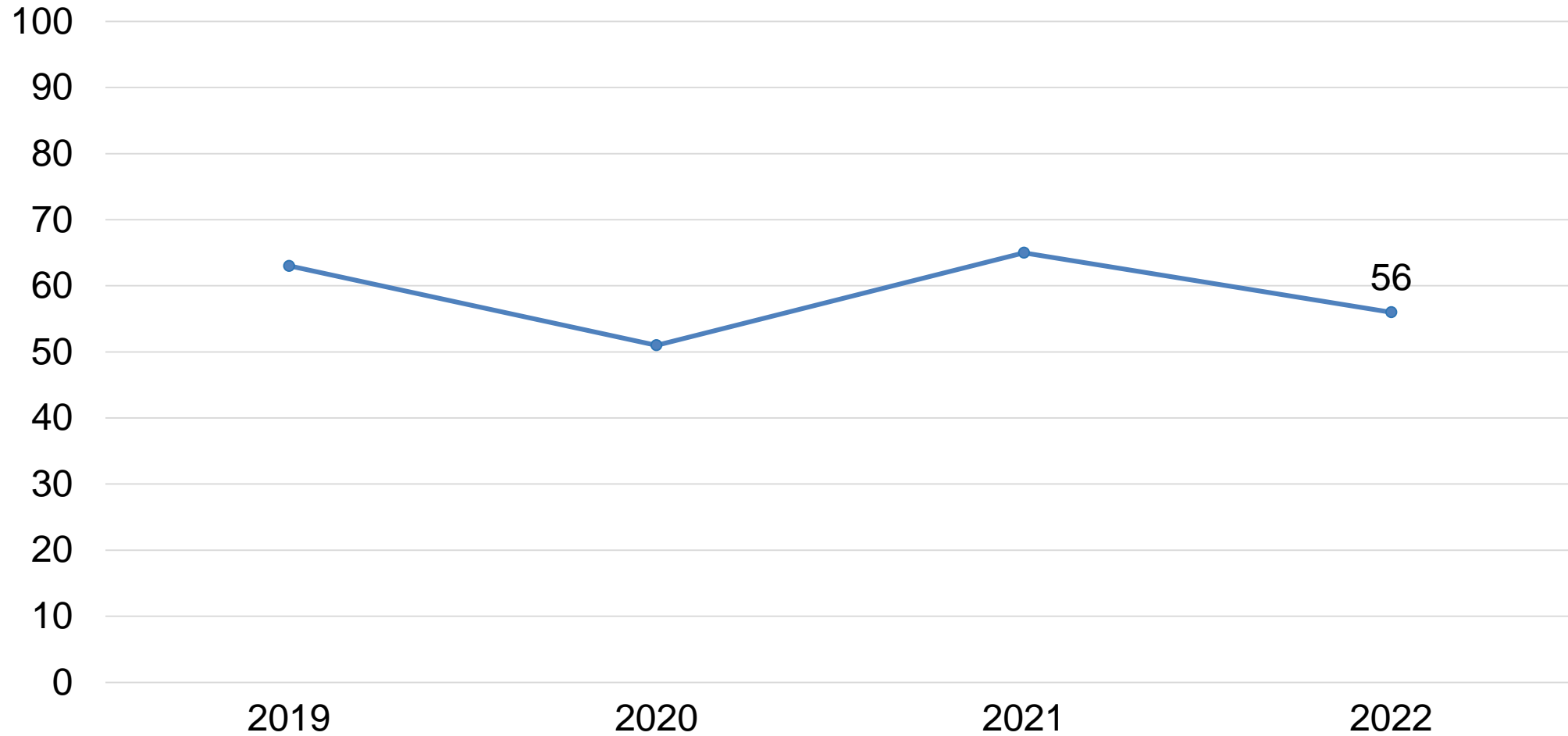US

3.5
3.5
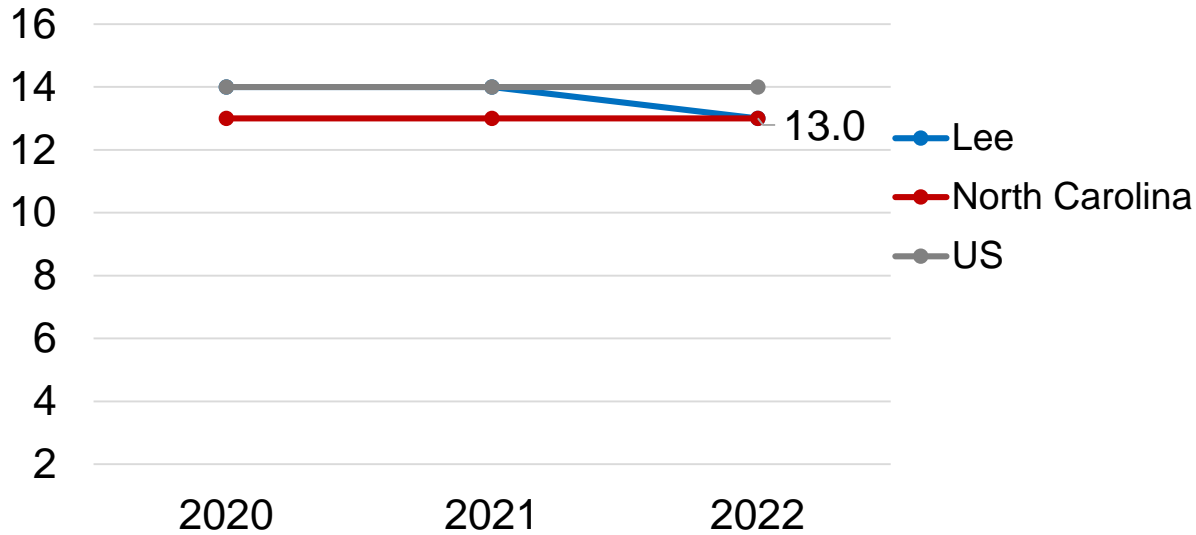
North Carolina
US

Age-adjusted rates per 100,000 population.
Lee County, NC, North Carolina, and US data are from individual years.
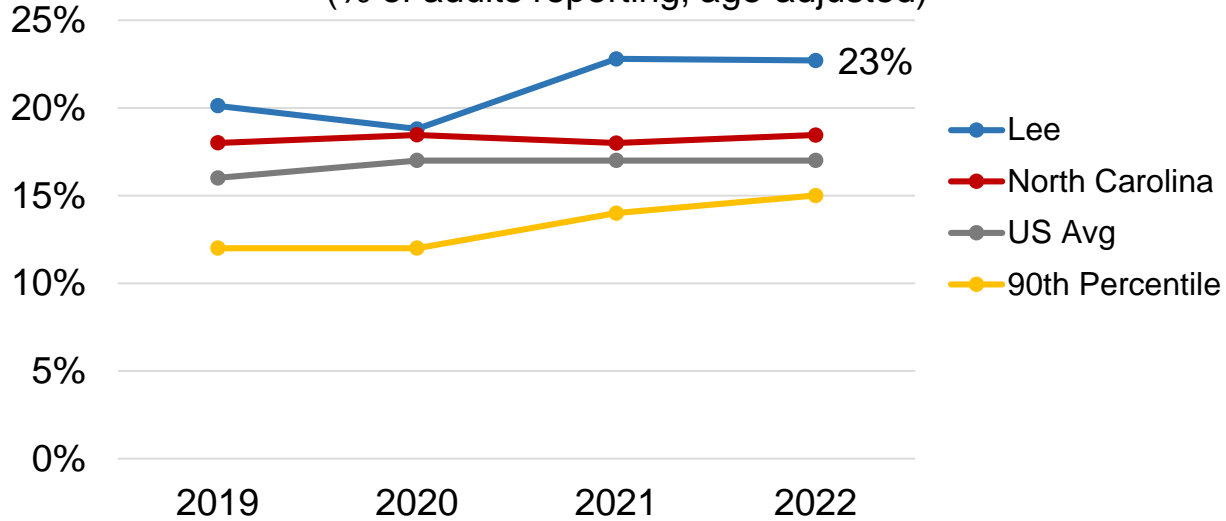Age Adjustment Uses 2000 Standard Population.
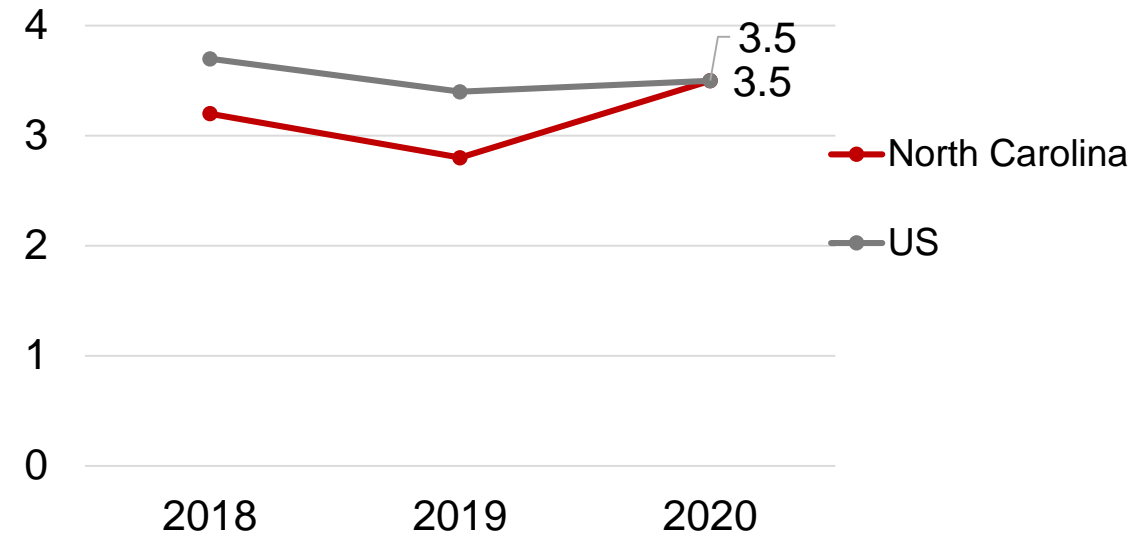
Crude rates per 100,000 population.
North Carolina, and US data are from individual years.
Age Adjustment Uses 2000 Standard Population.

Quality of Life Ranking

Quality of Life Ranking
(lower is better)

NC county rankings based on 100 counties.

Source(s): Stratasan (2022); County Health Rankings (2022)

Quality of Life Rank

Poor or fair health*
(% of adults reporting, age-adjusted)

Low birthweight
(% of live births with birthweight < 2500 grams, 5.5 lbs.)
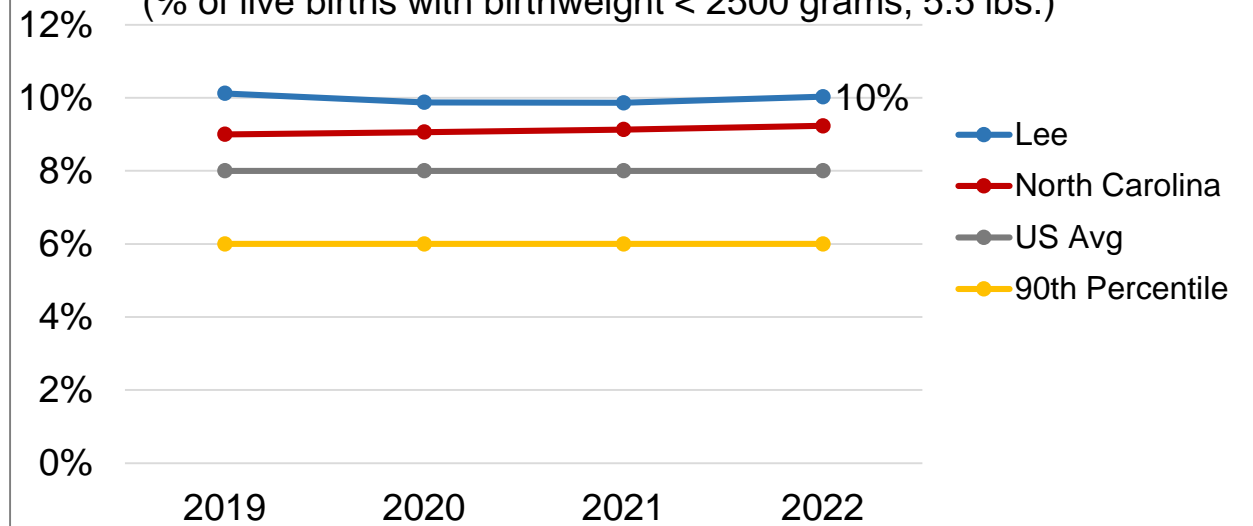
Poor mental health days*
(avg # of days past 30 days)
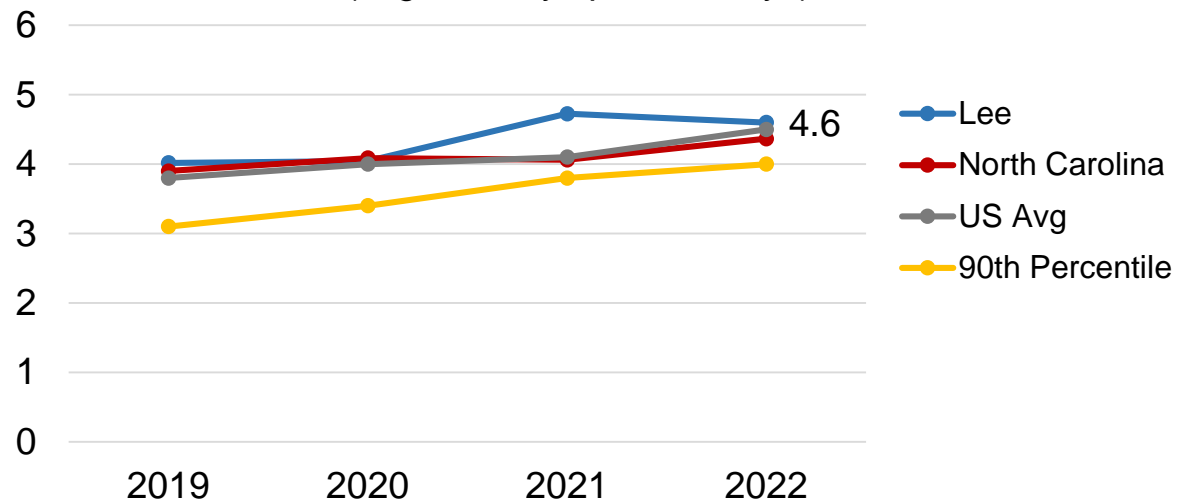
Poor physical health days*
(avg # of days past 30 days)
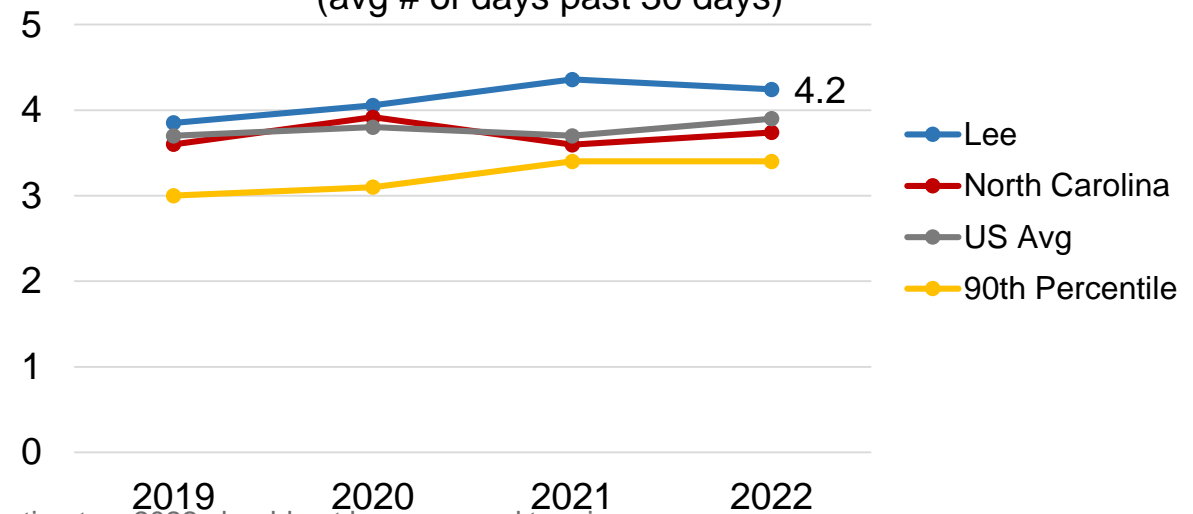
Legend: Lee, North Carolina, US Avg, 90th Percentile

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

Source(s): Stratasan (2022); County Health Rankings (2022)

Health Behaviors Ranking
(lower is better)

NC county rankings based on 100 counties.

Source(s): Stratasan (2022); County Health Rankings (2022)
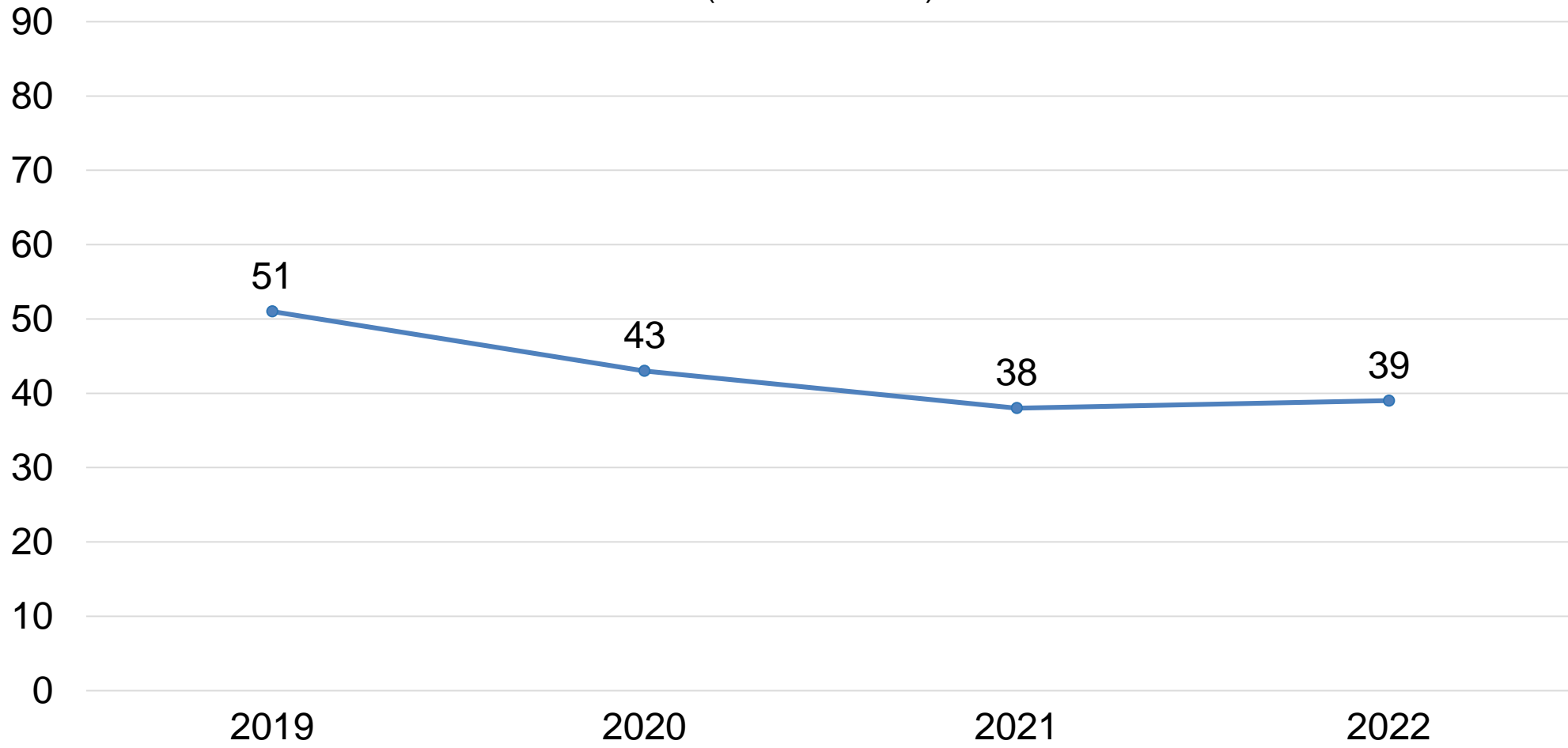
● Adult obesity
(% of adults that report a BMI of 30 or more)

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

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

● Physical inactivity
(% 20 yo and older reporting no leisure time physical activity)
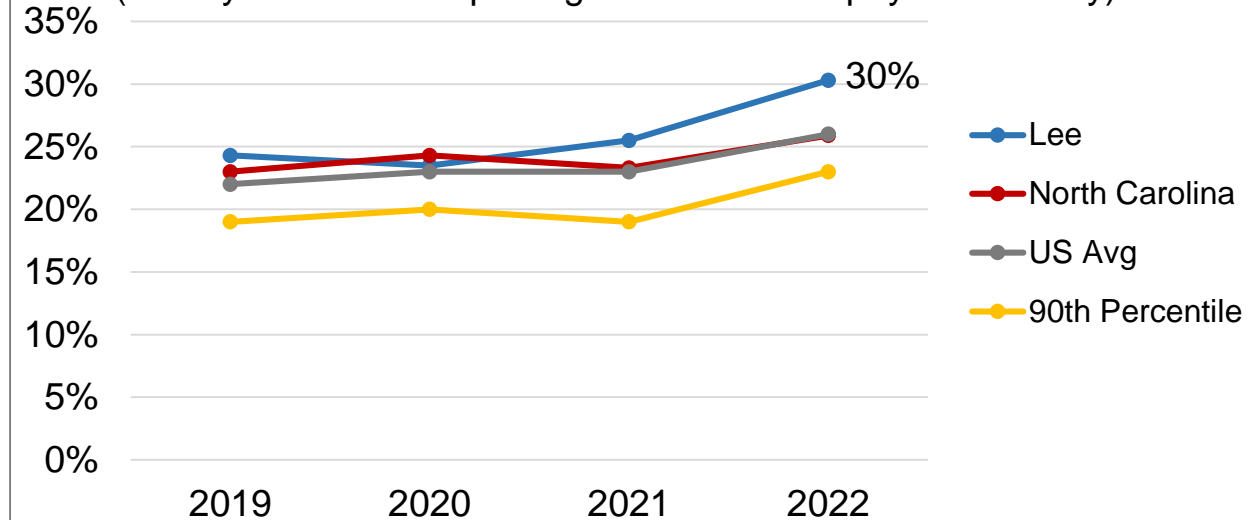
★ Access to exercise opportunities
(% of population with adequate access to locations for physical activity)
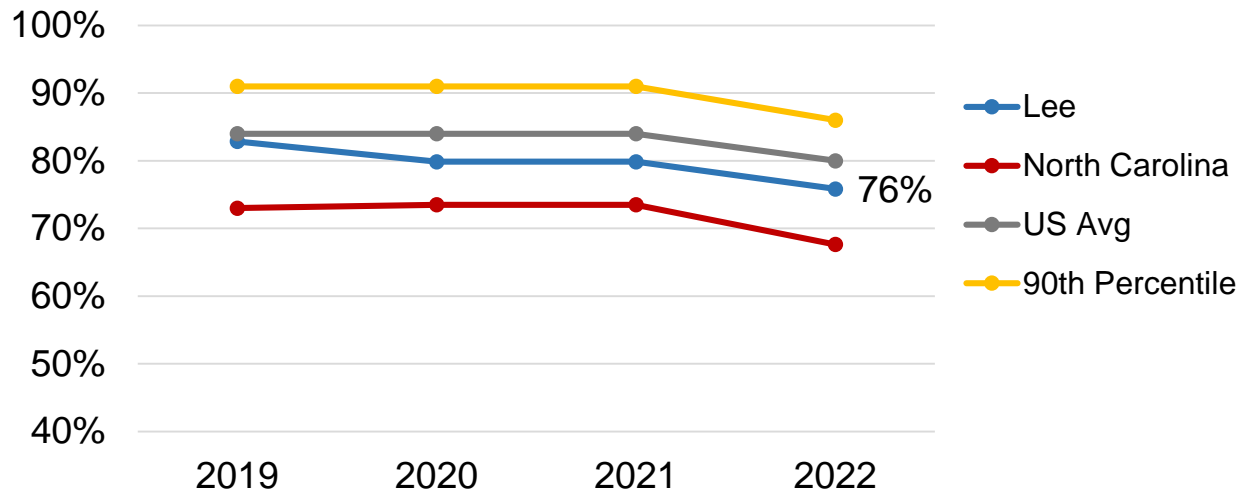
● Adult smoking
(% that report every day or "most days")

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

In 1965, 45% of the US smoked

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

● Excessive drinking
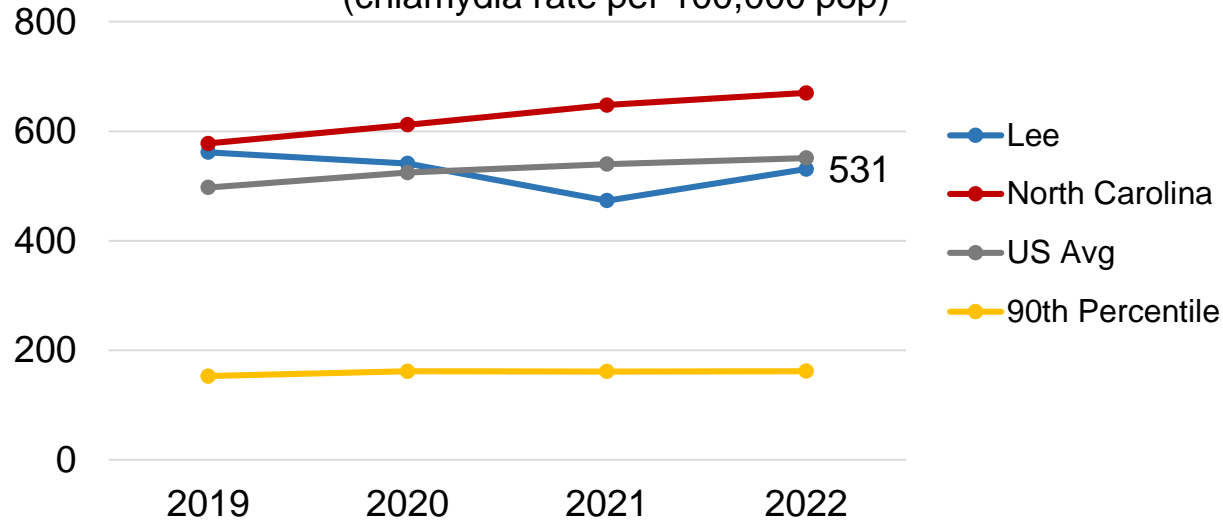### (% of adults reporting binge or heavy drinking)

17%

Legend: Lee, North Carolina, US Avg, 90th Percentile
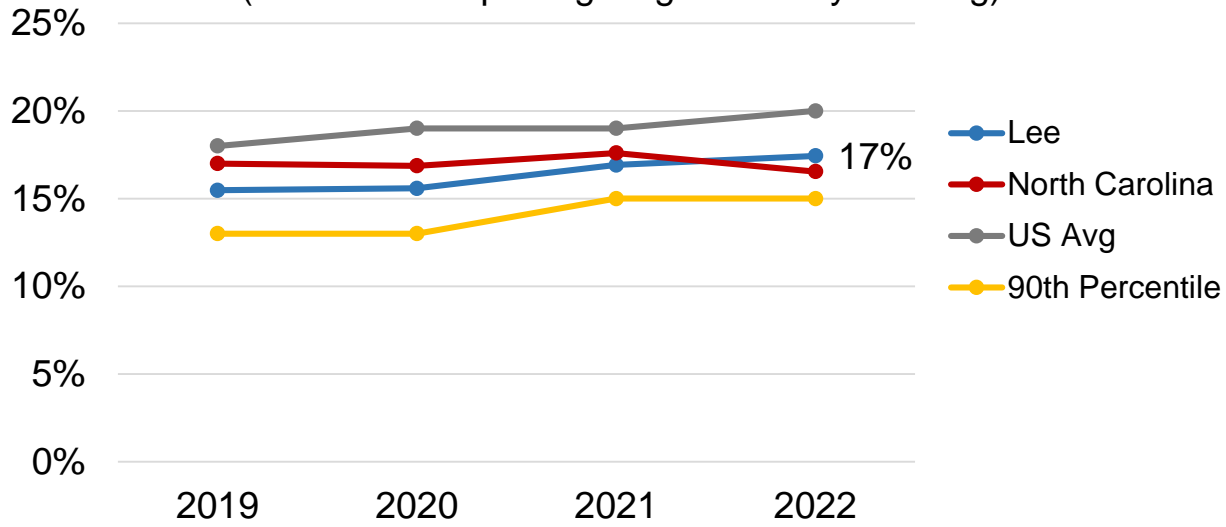
● Alcohol impaired driving deaths
(percentage of driving deaths with alcohol involvement)

30%

Legend: Lee, North Carolina, US Avg, 90th Percentile
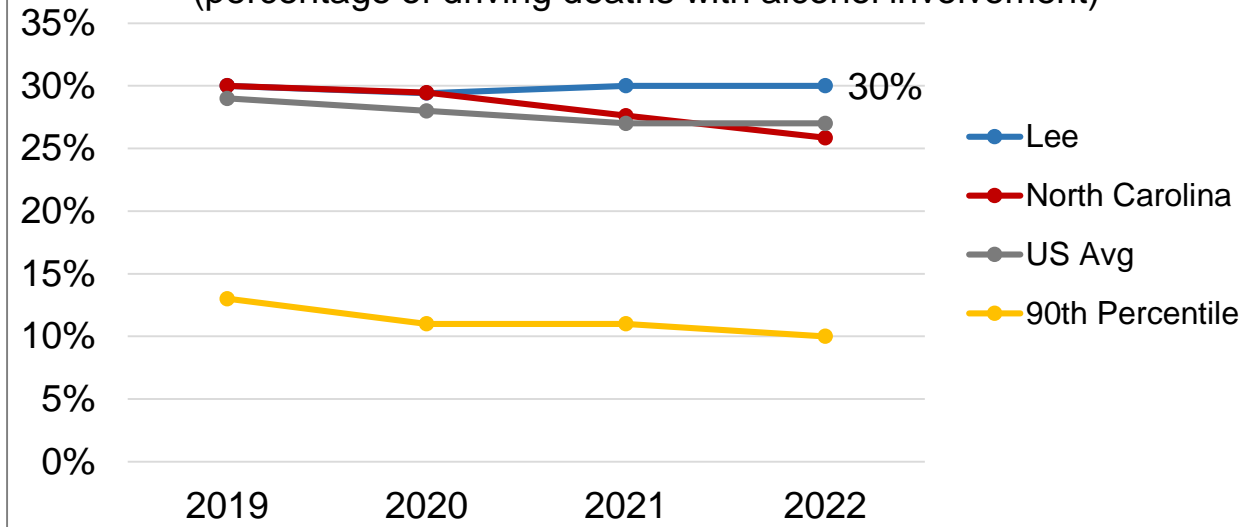
★ Sexually transmitted infections
(chlamydia rate per 100,000 pop)

531

Legend: Lee, North Carolina, US Avg, 90th Percentile

HIV Rate (newly diagnosed by county of residence) 2020
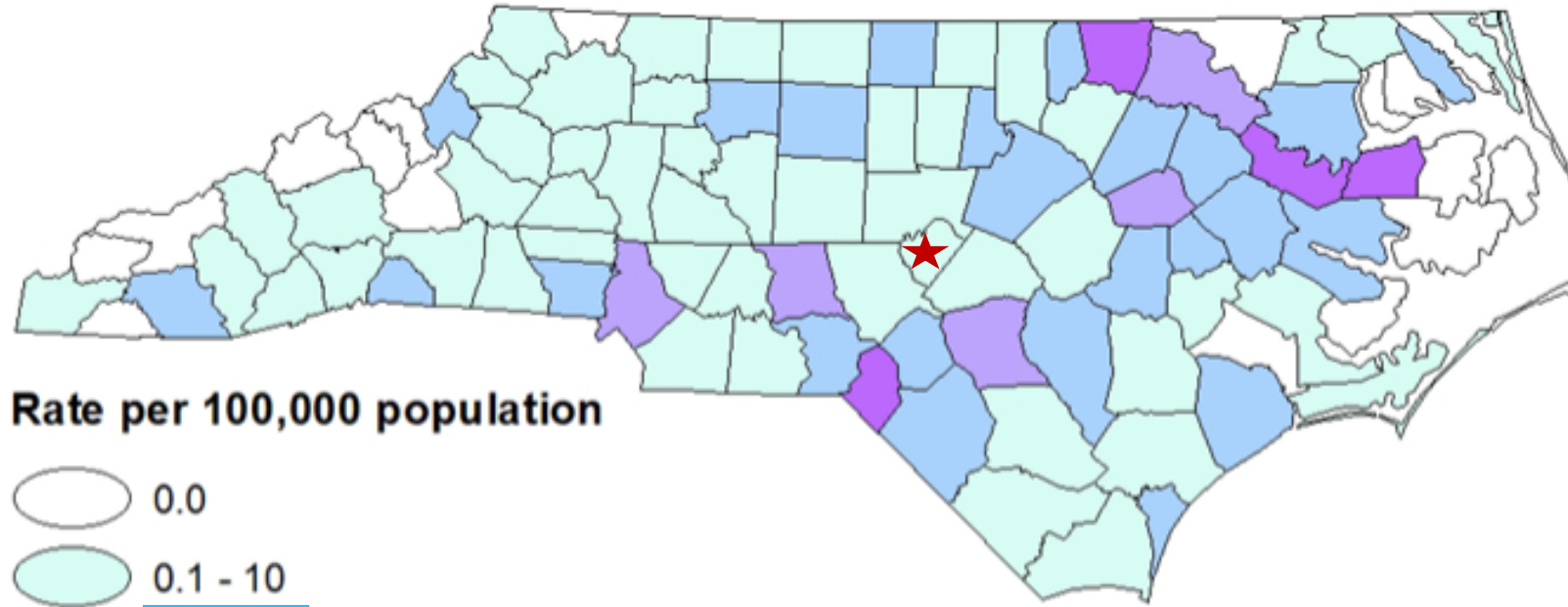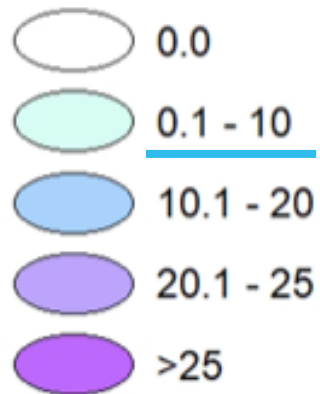
191 - # of people diagnosed with HIV in Lee County

9.7 - 2018-2020 average rate

Rate per 100,000 population

- 0.0
- 0.1 - 10
- 10.1 - 20
- 20.1 - 25
- >25

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

Source(s): Stratasan (2022); North Carolina HIV Surveillance Report, 2020

Health Behaviors

★ Food environment index
(higher is better)

Lee — North Carolina — US Avg — 90th Percentile

7.2

● Teen birth rate
(# of births per 1,000 female pop ages 15-19)

Lee — North Carolina — US Avg — 90th Percentile

30
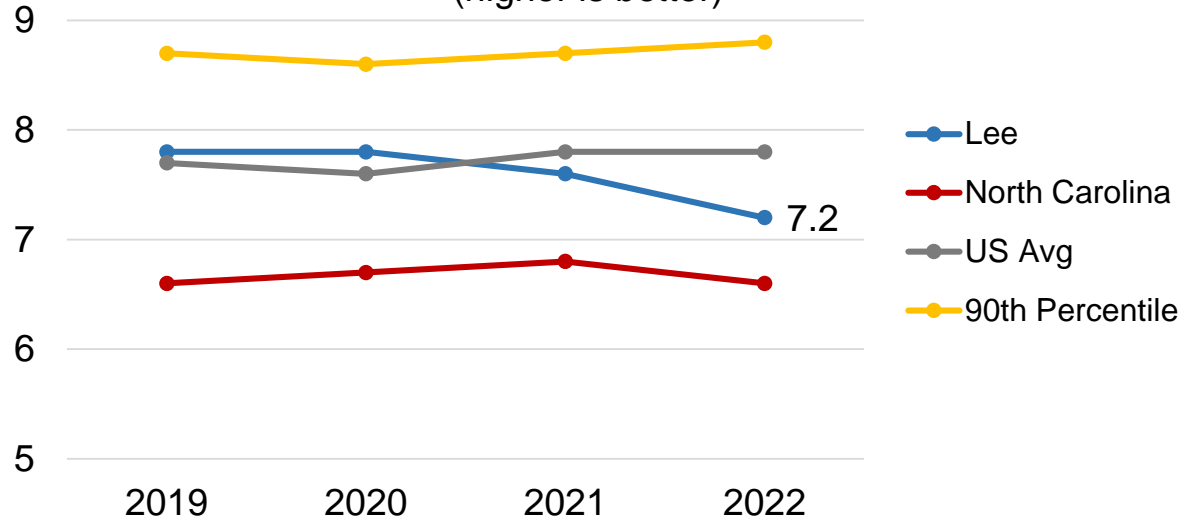
The food environment index is a comprised of % of the population with limited access to healthy foods and % of the population with food insecurity. Limited access to foods estimates the % of the population who are low income and do not live close to a grocery store. Food insecurity is the % of the population who did not have access to a reliable source of food during the past year.
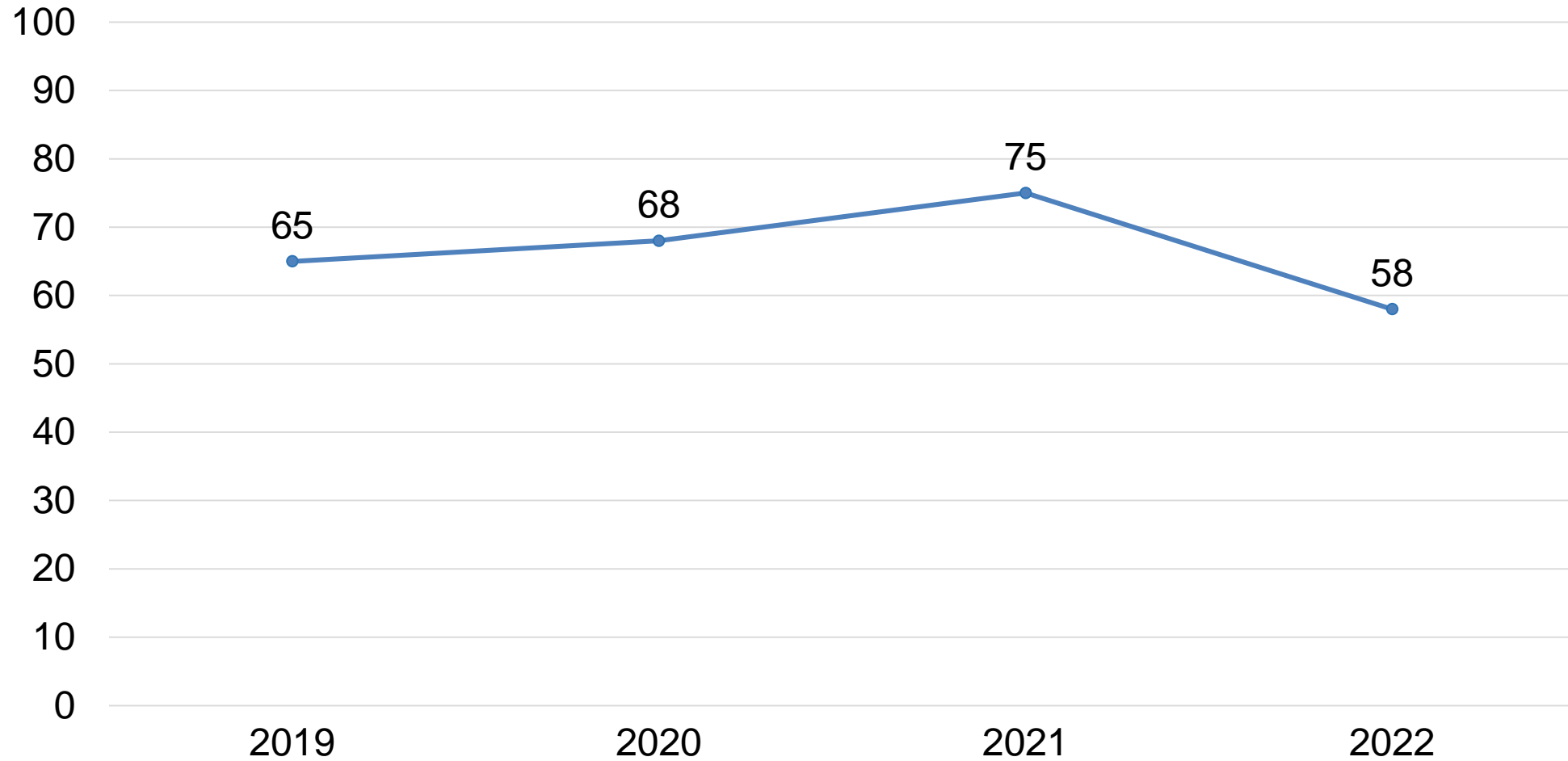
Teen birth rate
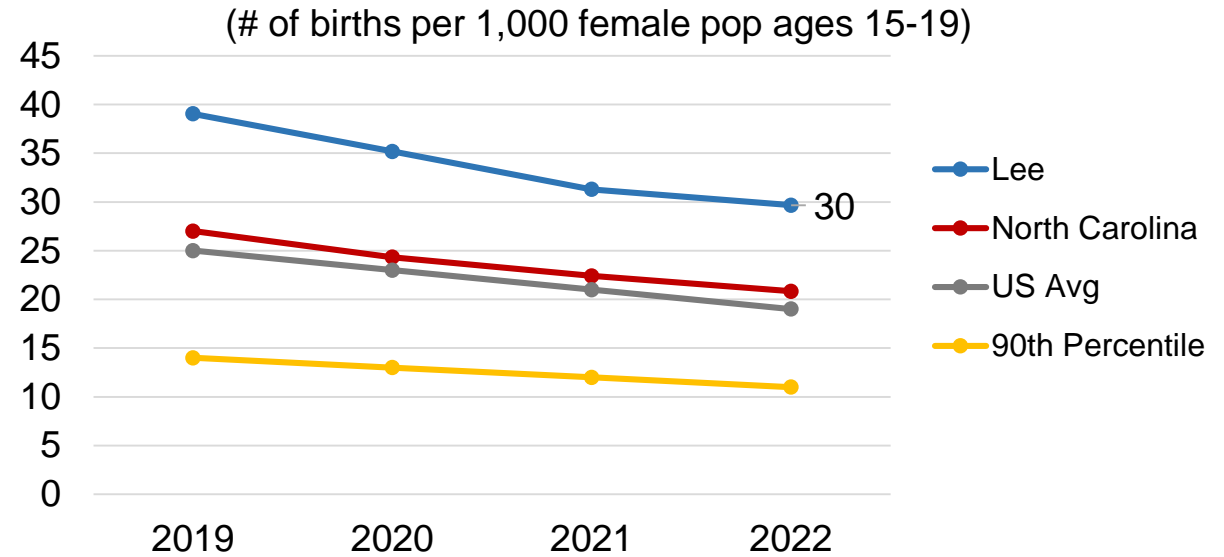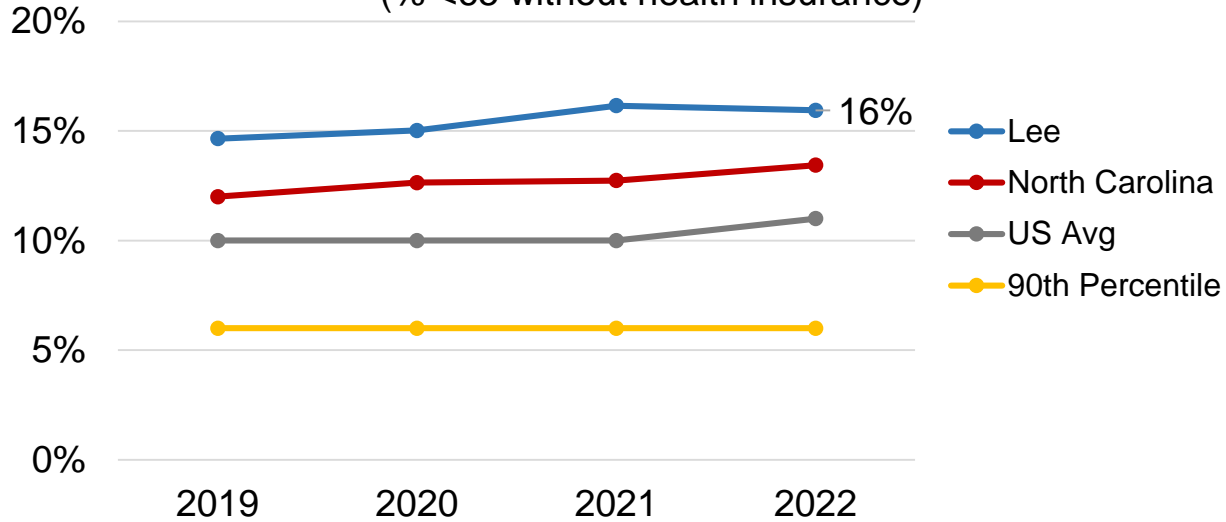
(# of births per 1,000 female pop ages 15-19)

Lee County	2021
Asian	NR
Black	38
Hispanic	40
White	20

Clinical Care Rank
(lower is better)

NC county rankings based on 100 counties.

Source(s): Stratasan (2022); County Health Rankings (2022)

Clinical Care

● Uninsured
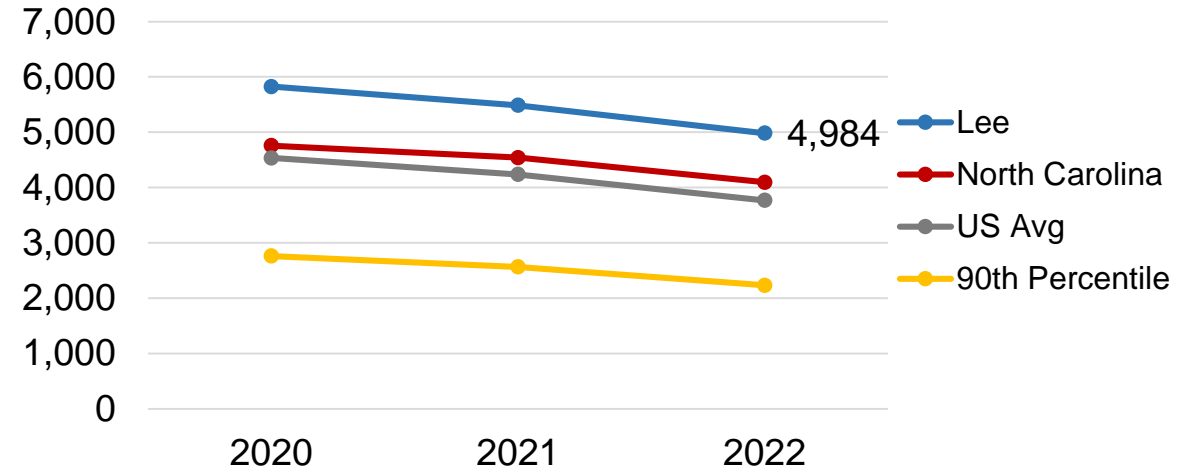(% <65 without health insurance)
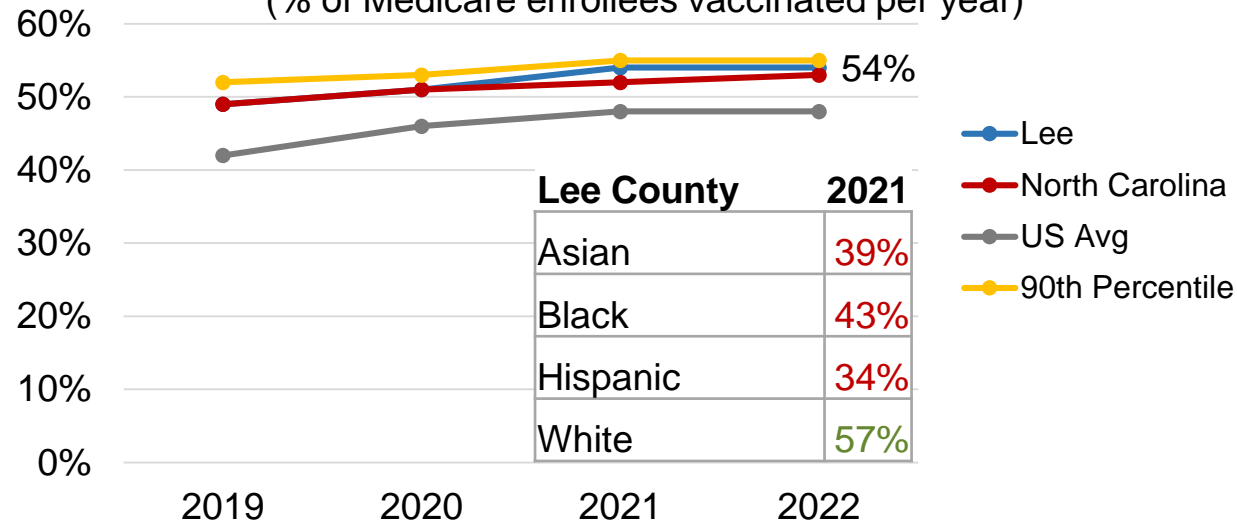

16%

Legend: Lee, North Carolina, US Avg, 90th Percentile

● Preventable hospital stays
(hospitalization rate for ambulatory-sensitive conditions per 100,000 Medicare enrollees)

4,984

Legend: Lee, North Carolina, US Avg, 90th Percentile

★ Flu Vaccines
(% of Medicare enrollees vaccinated per year)

54%

Legend: Lee, North Carolina, US Avg, 90th Percentile

Lee County	2021
Asian	39%
Black	43%
Hispanic	34%
White	57%

● Mammography screening
(% female Medicare enrollees ages 65-74 receiving annual mammogram)
Higher is better

47%

Legend: Lee, North Carolina, US Avg, 90th Percentile
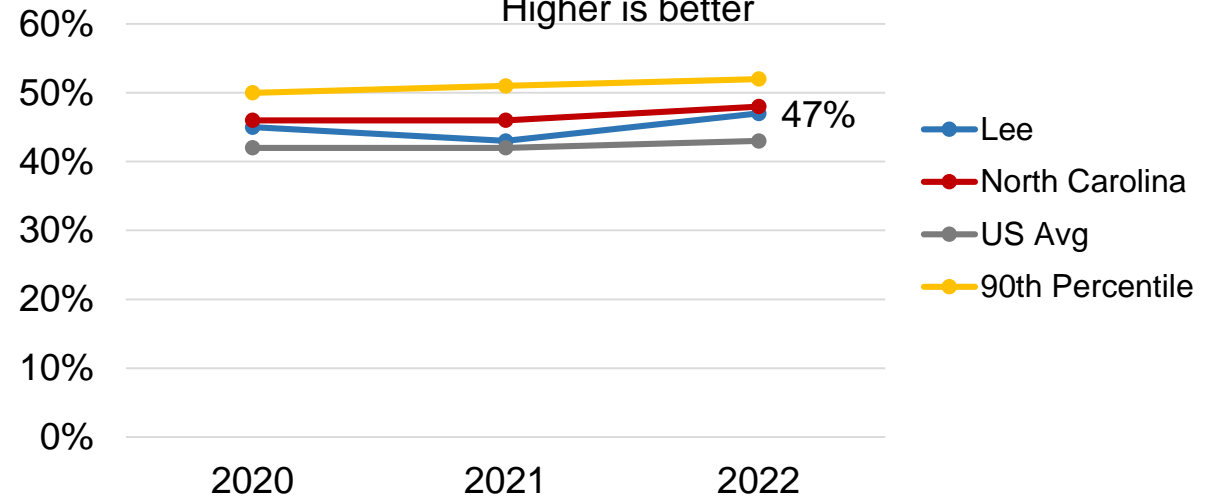
Vaccination Coverage Among Children

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

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

Legend:
- 71%–80% (dark blue)
- 64%–70% (medium blue)
- 55%–63% (light blue)
- 38%–54% (white)
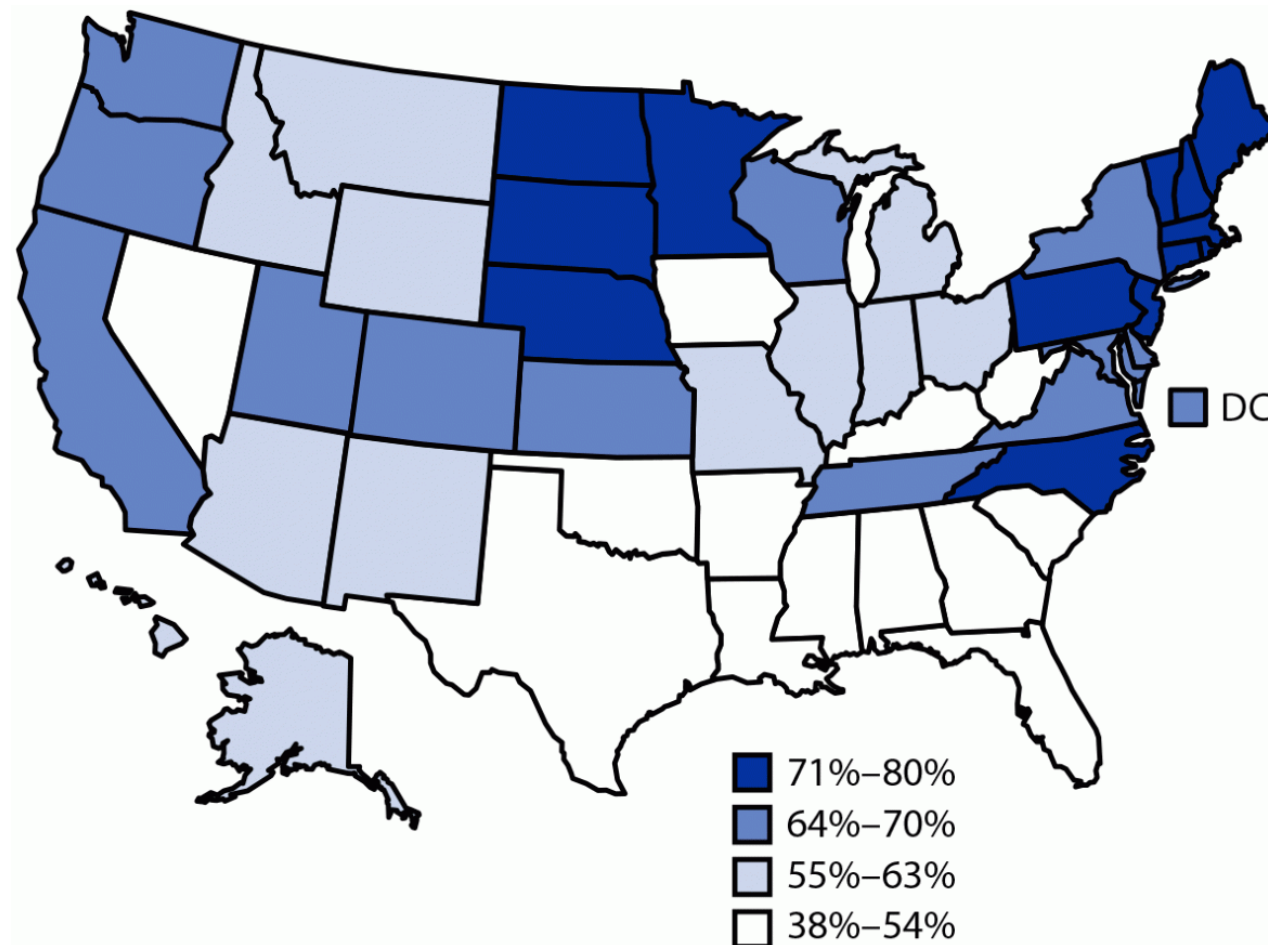
North Carolina
75.9%

United States
70.5 %
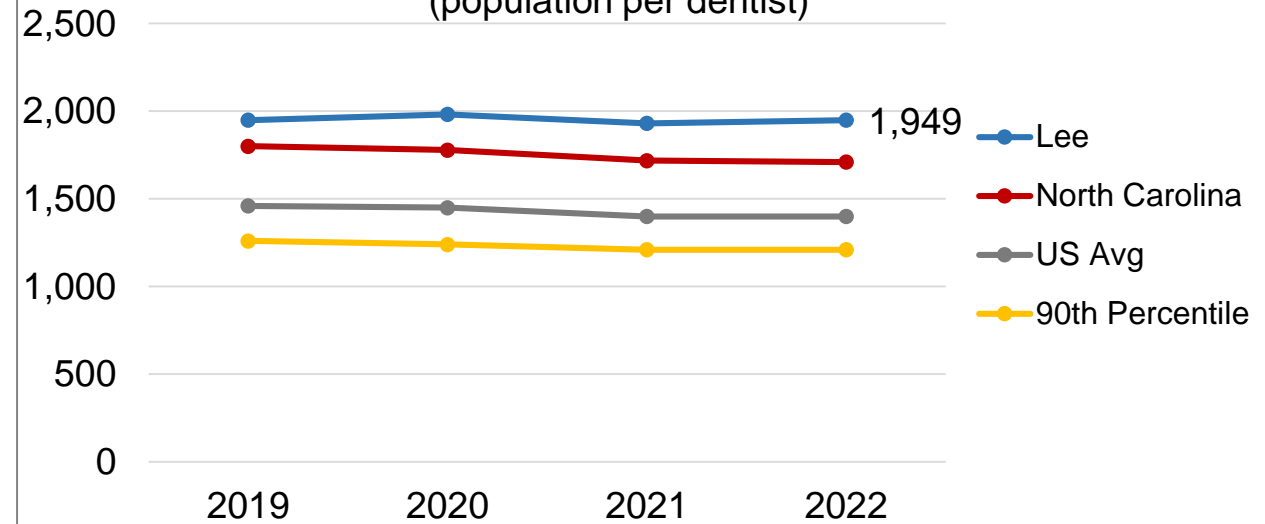
Combined 7 vaccine series (4:3:1:3*:3:1): 4 or more doses of DTaP, 3 or more doses of Polio, 1 or more doses of MMR, Hib full series (3 or 4 doses, depending on product type received), 3 or more doses of HepB, 1 or more doses of Varicella, and 4 or more doses of PCV (In 2013 data, referred to as 4:3:1:4:3:1:4-FS)
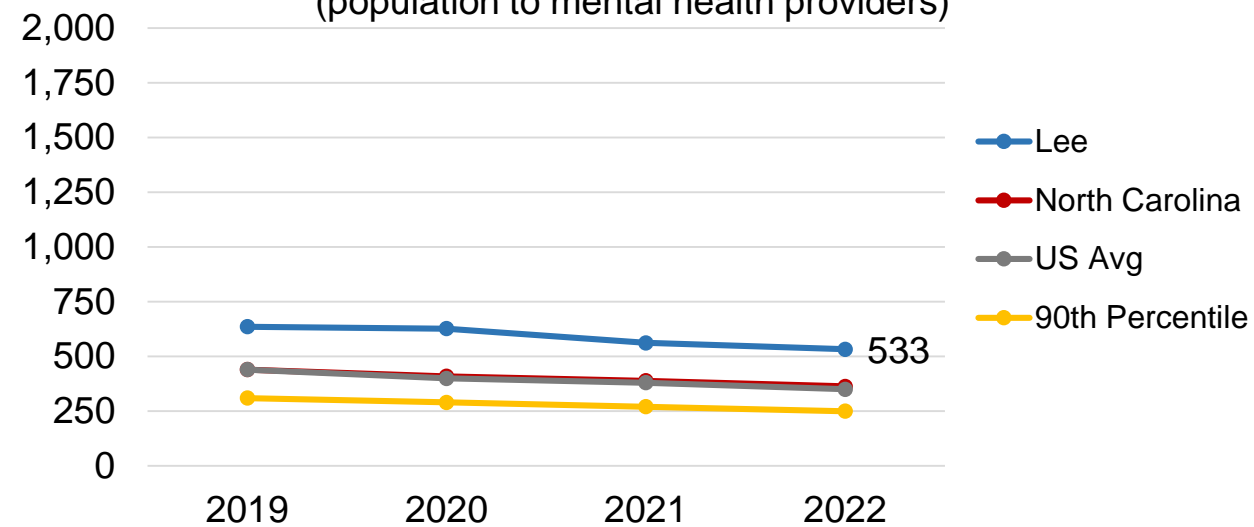
● Primary care physicians
(population per physician)

Lee — North Carolina — US Avg — 90th Percentile

1,716
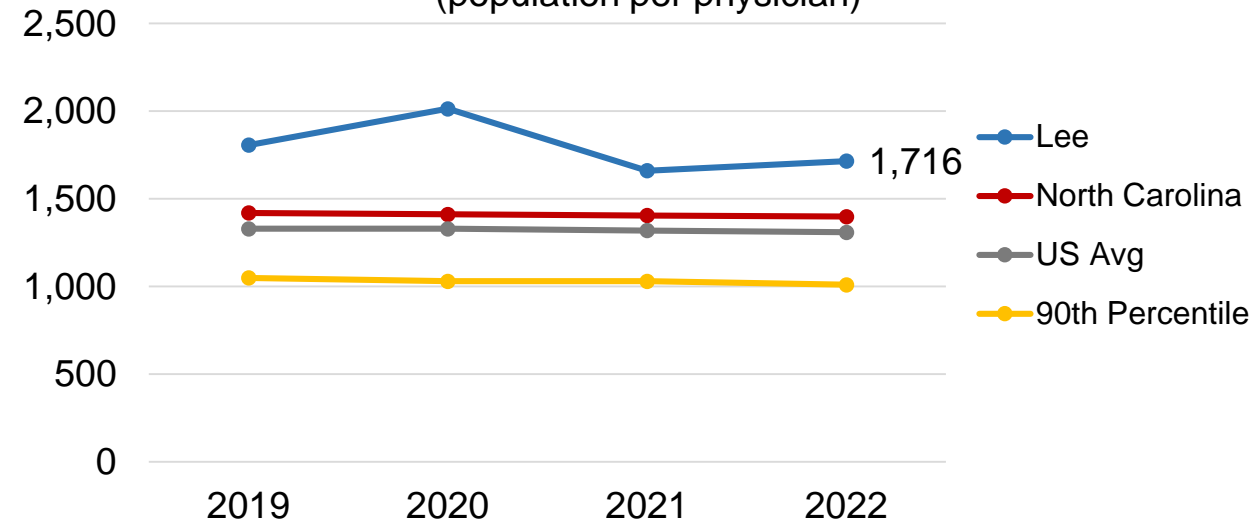
● Dentists
(population per dentist)

1,949

Lee — North Carolina — US Avg — 90th Percentile

● Mental health providers*
(population to mental health providers)

533

Lee — North Carolina — US Avg — 90th Percentile

● Diabetes prevalence
(% of adults aged 20 and above diagnosed with diabetes)

12%

Lee — North Carolina — US Avg — 90th Percentile

162
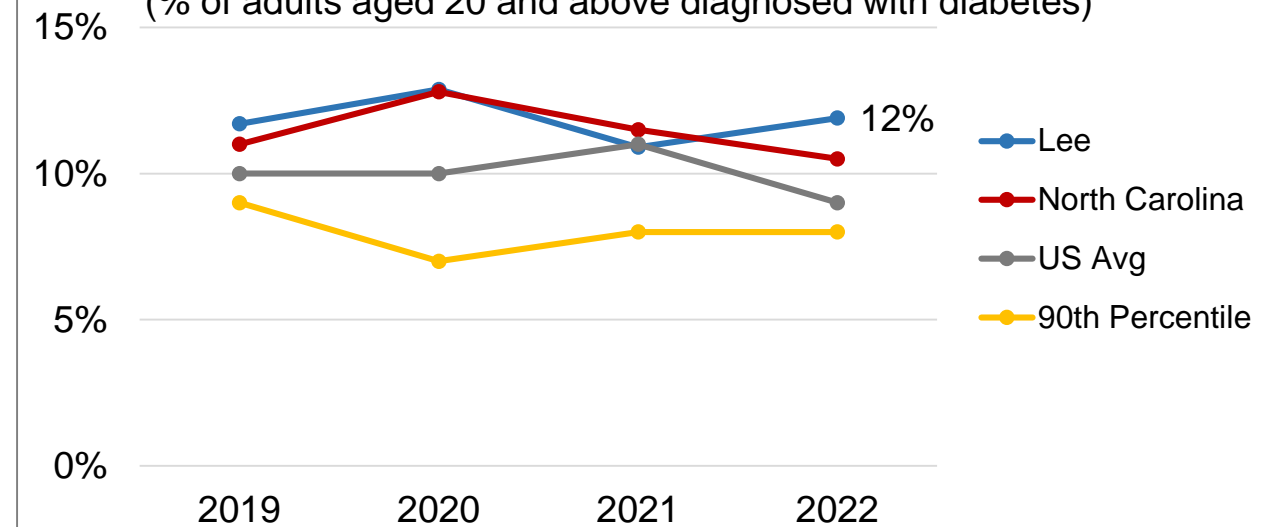
*Mental health providers include psychiatrists, psychologists, licensed clinical social workers, counselors, and advanced practice nurses specializing in mental health care.

US
448.6

North Carolina
468.9

Lee County
482.3

Incidence Rates† for North Carolina by County
All Cancer Sites, 2014 - 2018
All Races (includes Hispanic), Both Sexes, All Ages
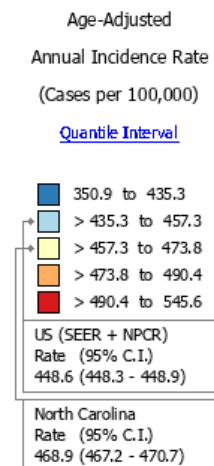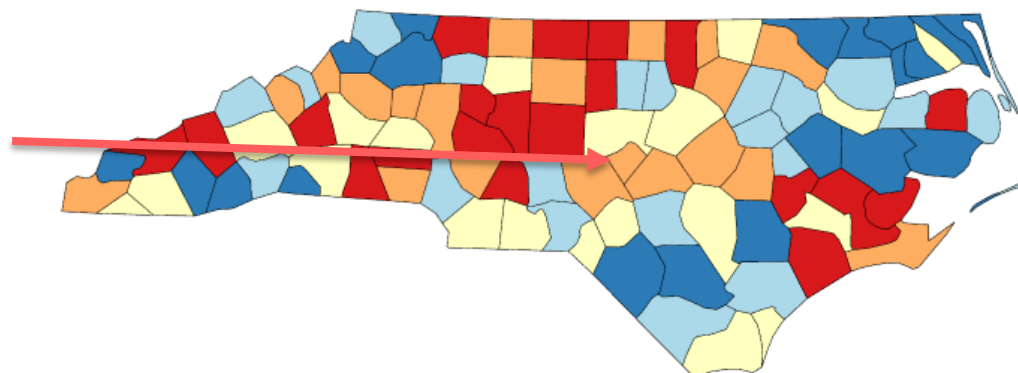
Age-Adjusted
Annual Incidence Rate
(Cases per 100,000)

Quantile Interval

■	350.9 to 435.3
■	> 435.3 to 457.3
■	> 457.3 to 473.8
■	> 473.8 to 490.4
■	> 490.4 to 545.6

US (SEER + NPCR)
Rate (95% C.I.)
448.6 (448.3 - 448.9)

North Carolina
Rate (95% C.I.)
468.9 (467.2 - 470.7)

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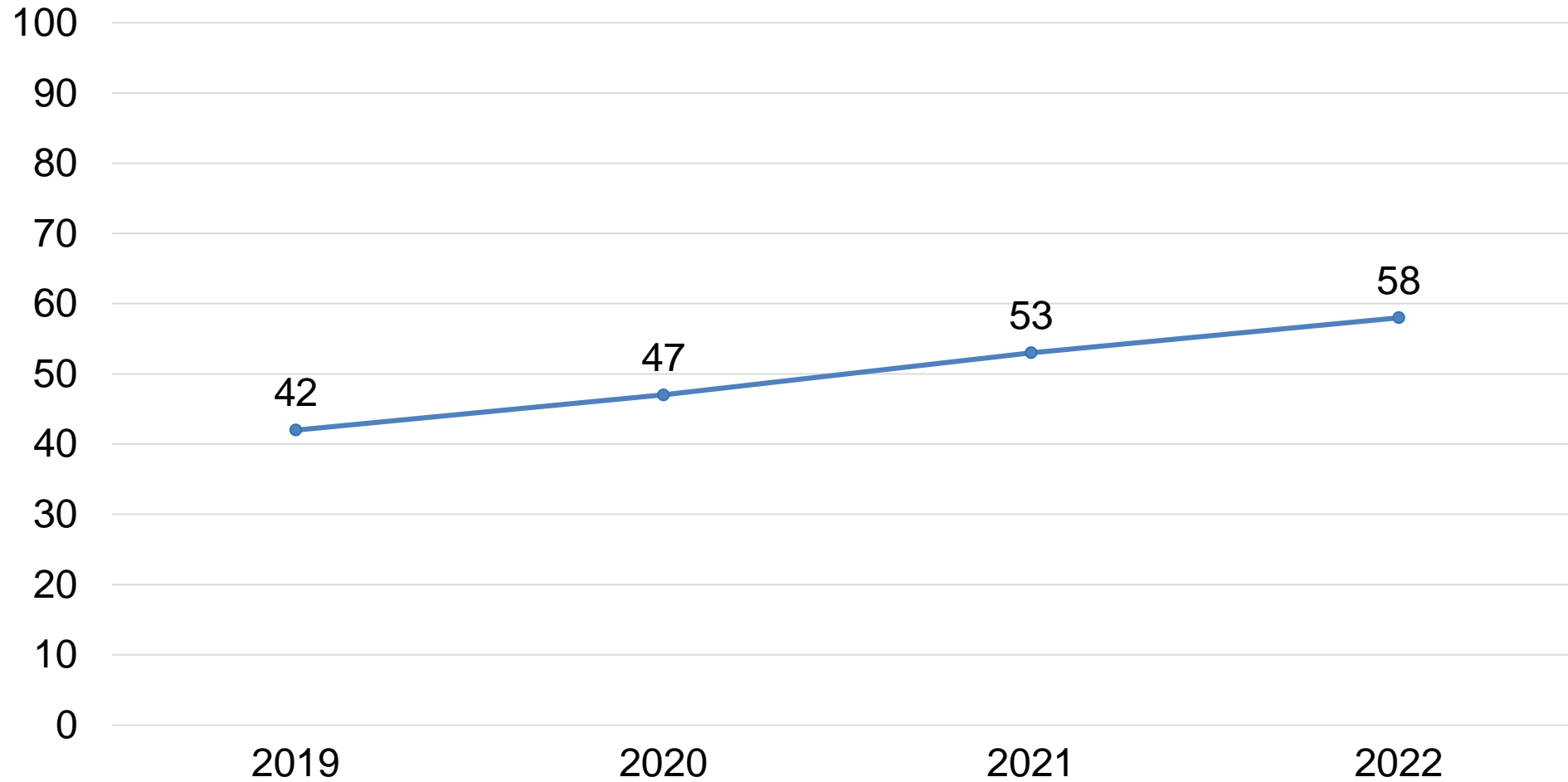Rates are computed using cancers classified as malignant based on ICD-O-3. For more information see malignant.html
Data for the United States does not include data from Puerto Rico

Social and Economic Factors Ranking
(lower is better)

NC county rankings based on 100 counties.

Source(s): Stratasan (2022); County Health Rankings (2022)

Social & Economic Factors

● High school completion
(% off adults ages 25 and over with a high school diploma or equivalent)
higher is better

Lee — North Carolina — US Avg — 90th Percentile

85%
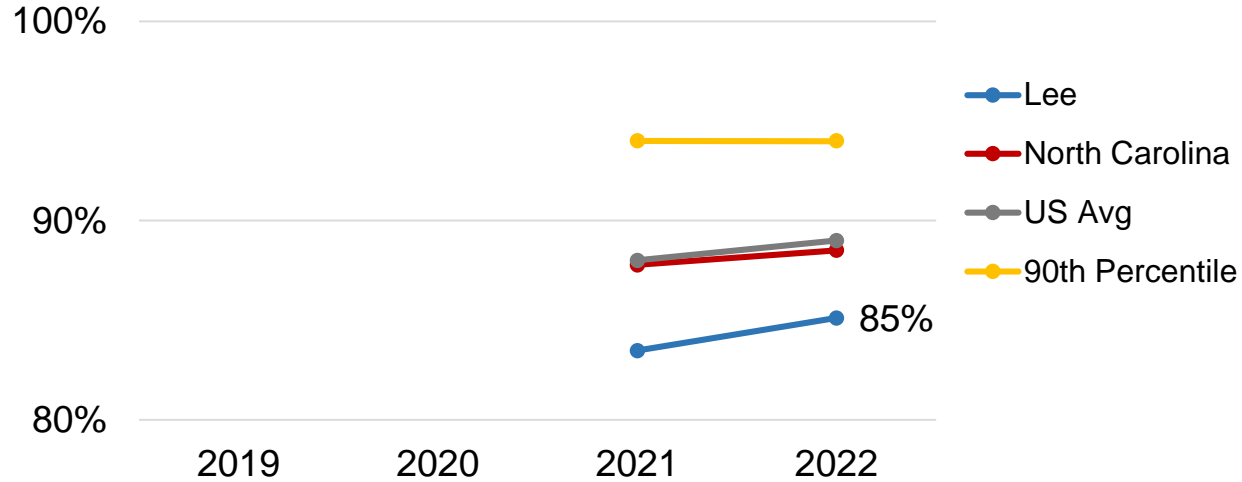
● Some college
(% of adults 35-44 with some postsecondary ed)
Higher is better

Lee — North Carolina — US Avg — 90th Percentile

60%
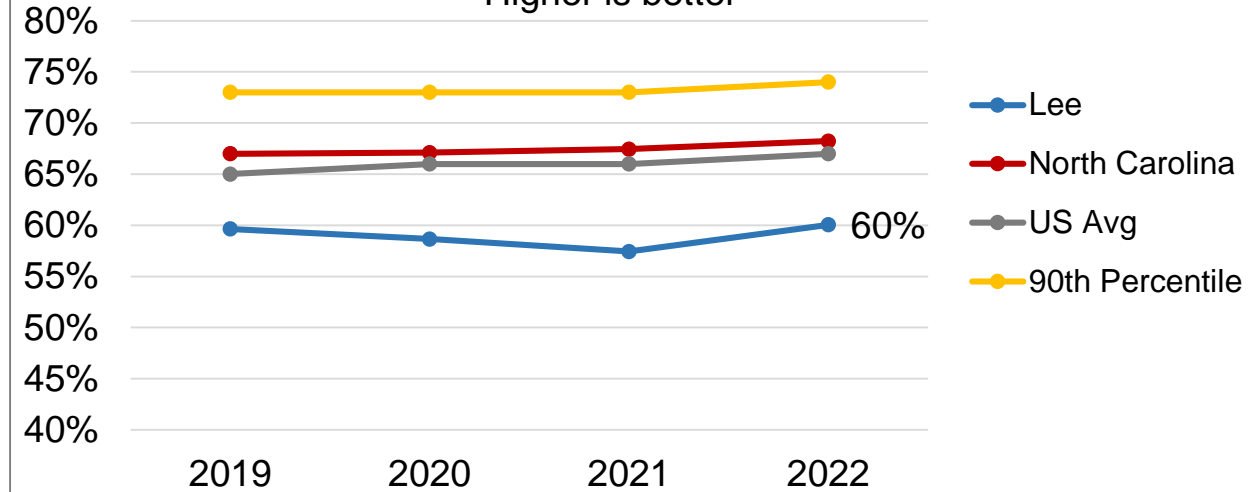
★ Children in single-parent households
(% of HH headed by a single parent)

Lee — North Carolina — US Avg — 90th Percentile

27%
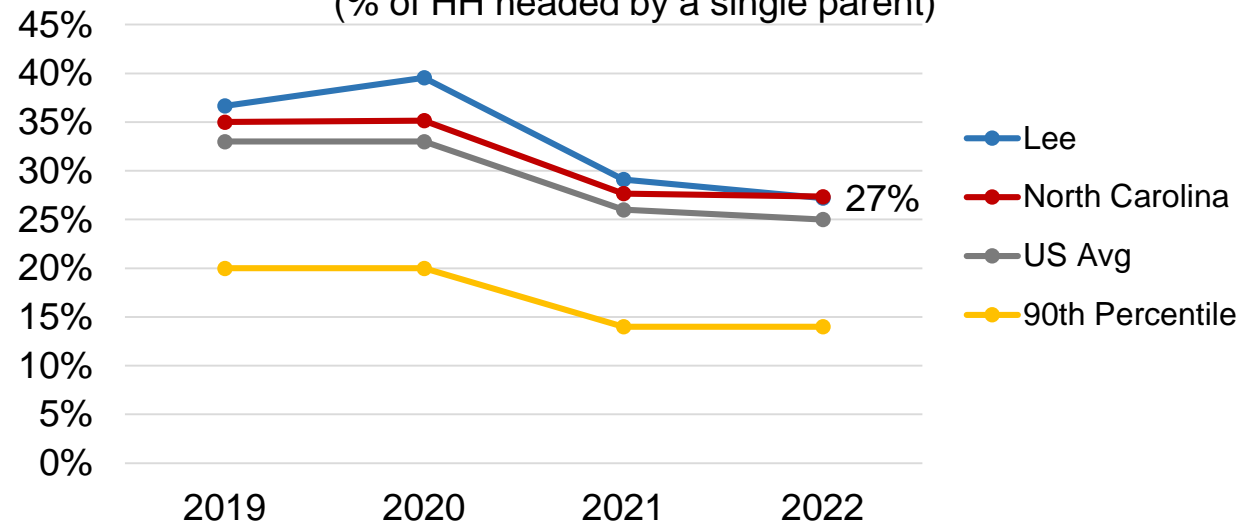
★ Social associations
(# of membership assoc. per 10,000 pop)

Lee — North Carolina — US Avg — 90th Percentile

15

Social & Economic Factors

Children in poverty
(% under age 18 in poverty)

22%

Legend:
- Lee
- North Carolina
- US Avg
- 90th Percentile
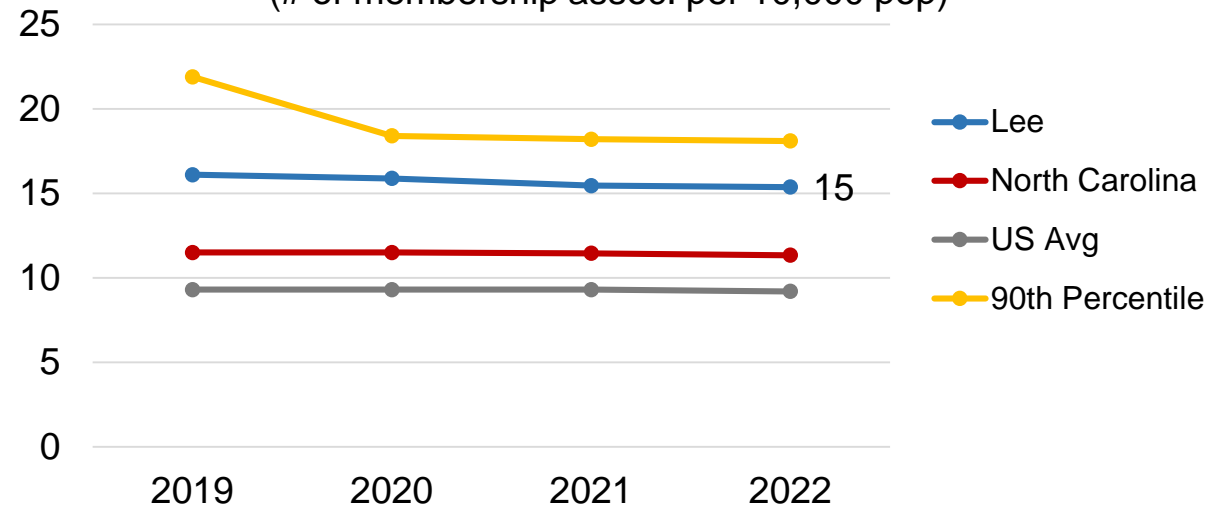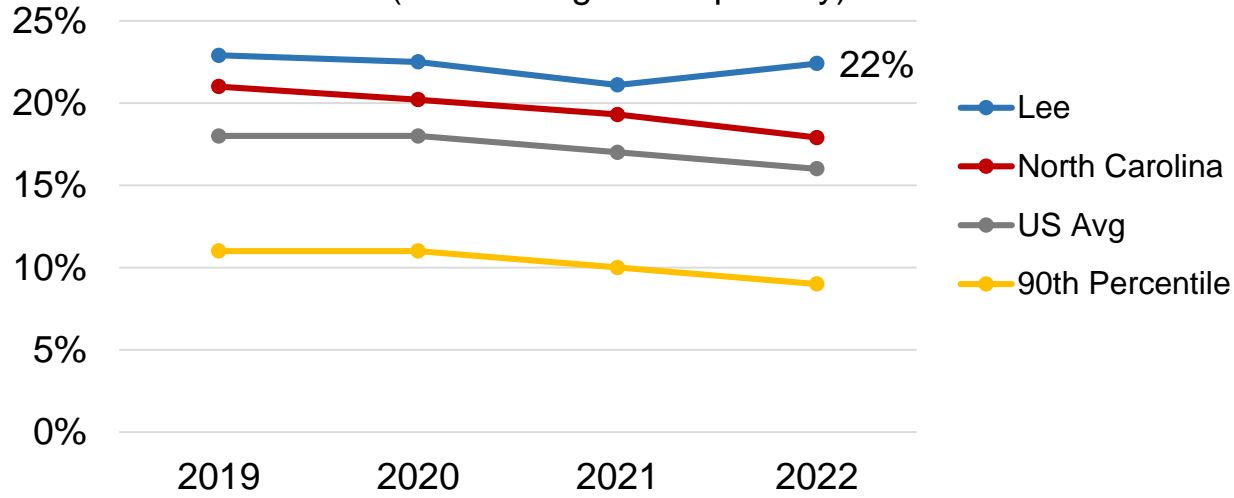
Children in poverty
(% under age 18 in poverty)

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

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

Injury deaths
(Injury mortality per 100,000)

94

Legend:
- Lee
- North Carolina
- US Avg
- 90th Percentile
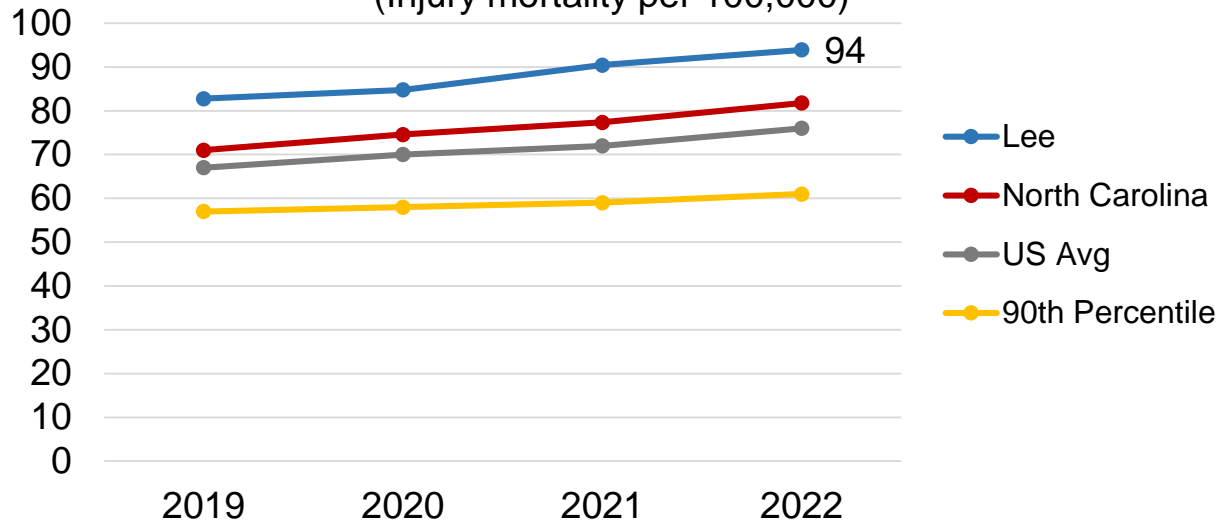
Injury deaths
(Injury mortality per 100,000)

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

Social & Economic Factors

★ Income inequality

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

5

4   4.3

3

2

1

0

2019   2020   2021   2022

- Lee
- North Carolina
- US Avg
- 90th Percentile
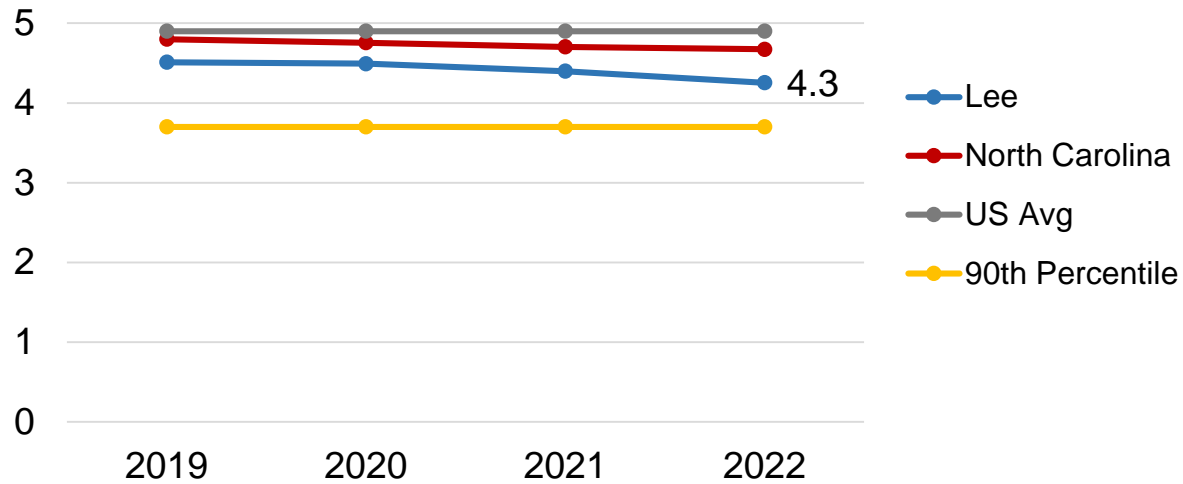
★ Violent crime rate

(violent crime per 100,000 pop)

500

400

300

200   181

100

0

2019   2020   2021   2022

- Lee
- North Carolina
- US Avg
- 90th Percentile
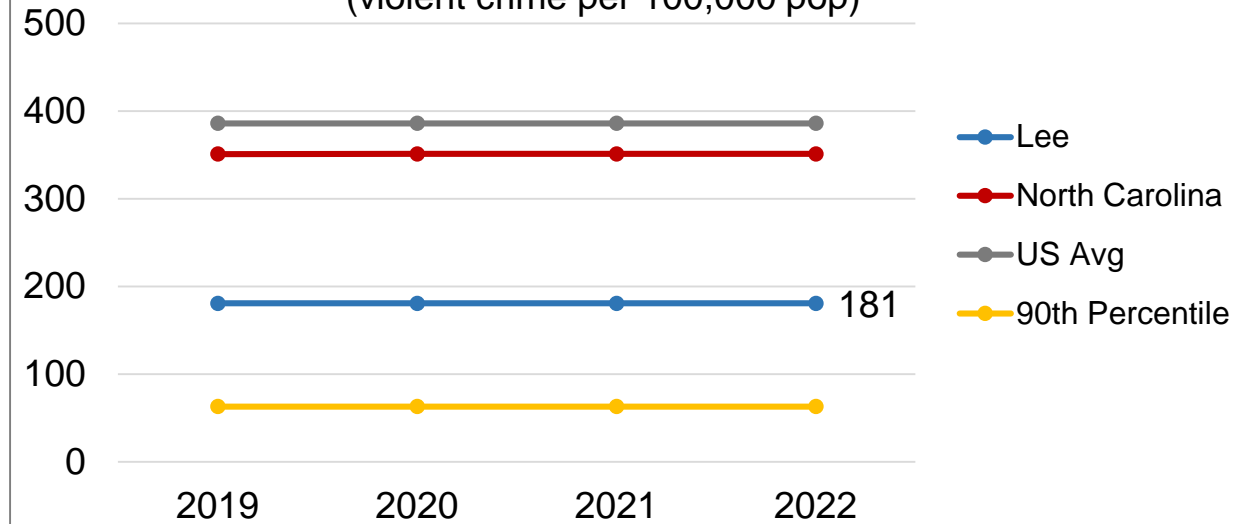
Crime Rates

(crime per 100,000 pop)

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

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

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

Source(s): Stratasan (2022); County Health Rankings (2022); NC State Bureau of Investigation, August 2022

Physical Environment
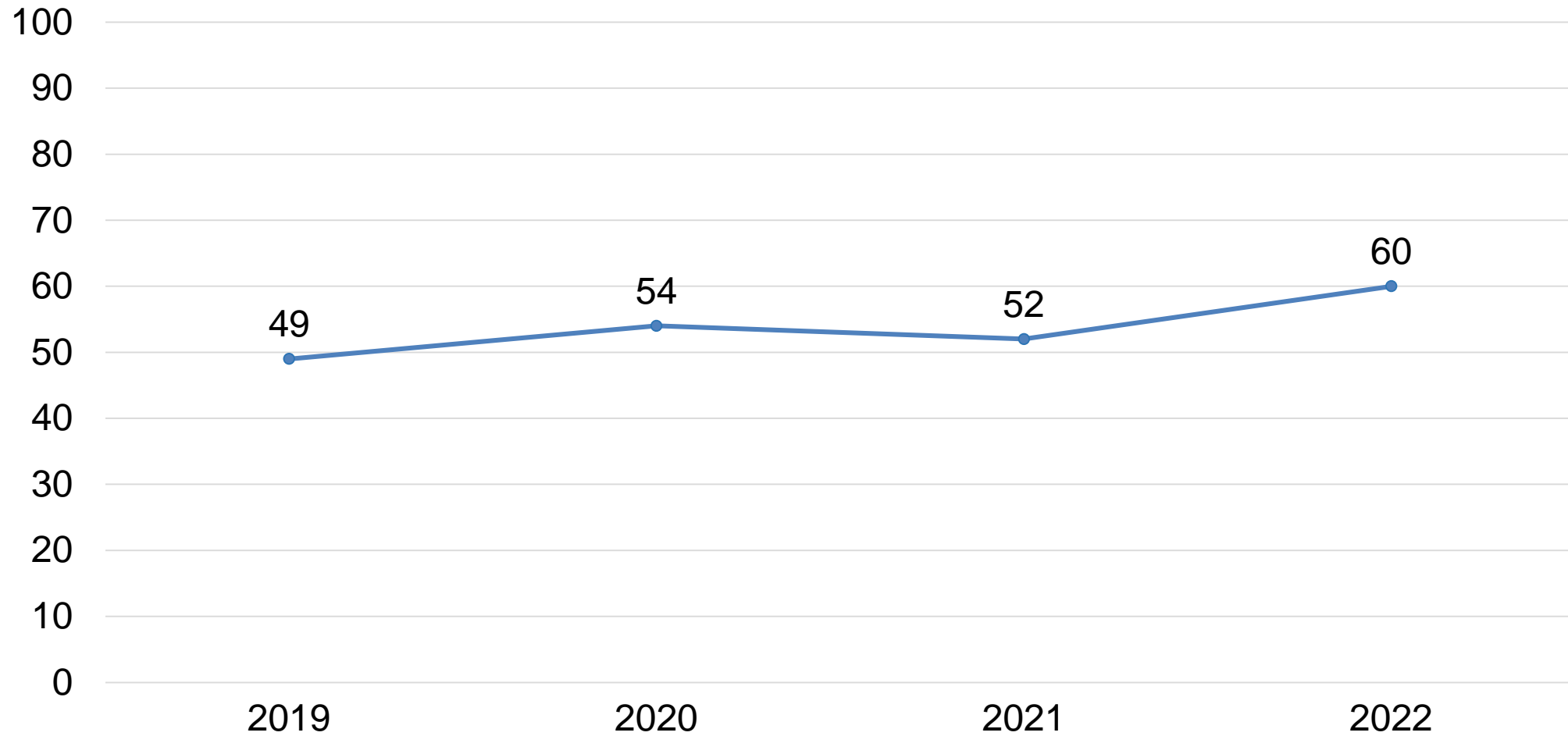
★ Drinking water violations

	2020	2021	2022
Lee County	No	No	No

Source: EPA Safe Drinking Water Information System.

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

Legend: Lee, North Carolina, US Avg, 90th Percentile

15%
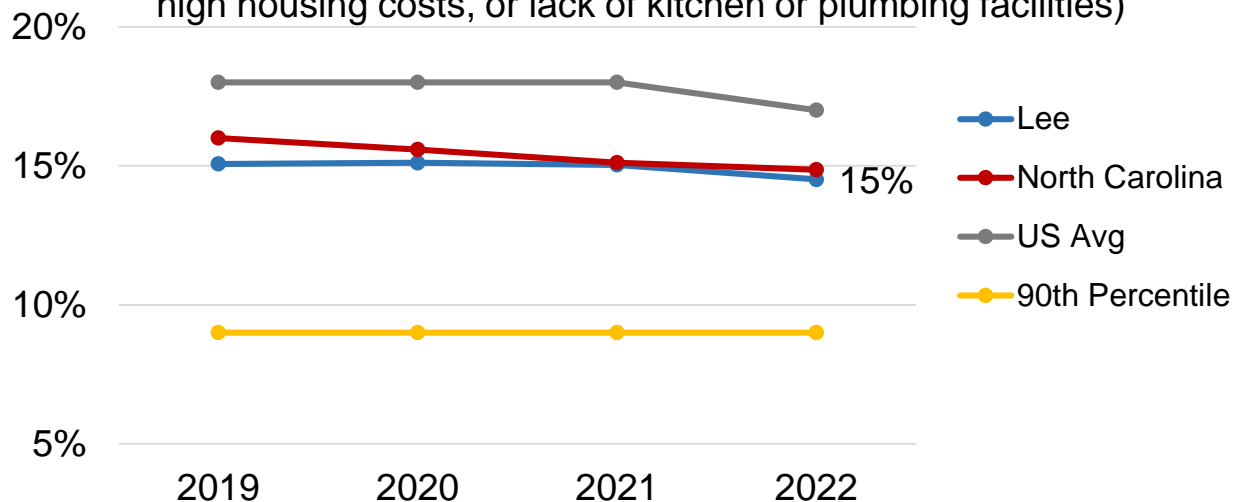
● Long commute- driving alone
(among workers who commute alone, the % that commute > 30 minutes)

39%

Legend: Lee, North Carolina, US Avg, 90th Percentile
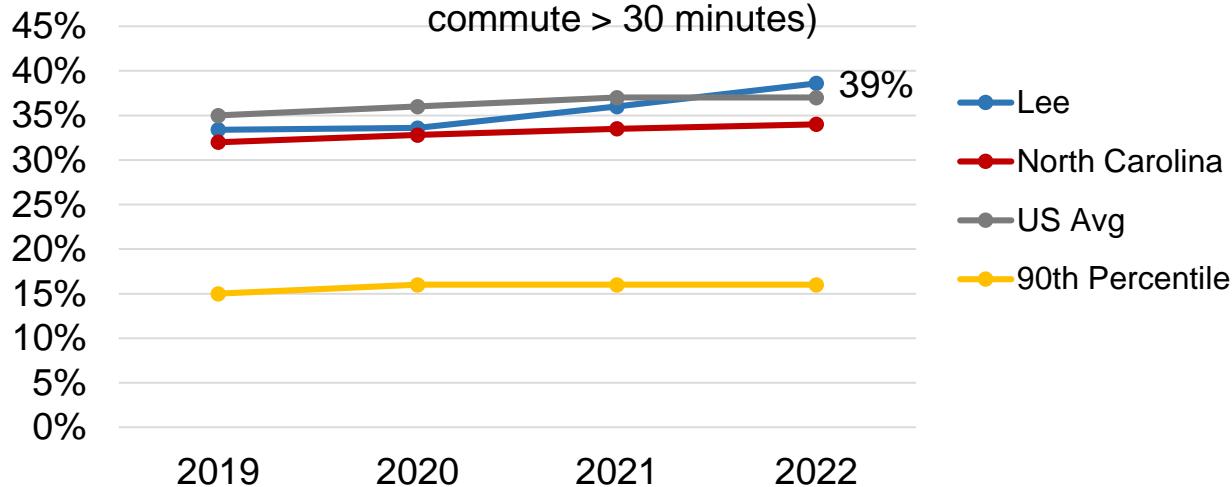
● Broadband access
(% of households with broadband internet connection)

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

Health Equality and Health Equity

Source(s): Angus Maguire for the Interaction Institute for Social Change

Creating a Culture of Health

The Sanford

Sunday, October 26, 2025

Lee County Ranks #1 for He

The rankings for the 2025 County Health Rankings were released yesterday with Lee County ranking #1 in the state of North Carolina. Nationally, Lee County has made tremendous progress in creating a sense of health for the community. Central Carolina Hospital, working with community leaders, the County Health Dept, not-for-profits, business and industry, government representatives and citizens, has significantly changed the health status of the community. The rates of obesity, diabetes, suicide and smoking have declined dramatically.

Not a real newspaper article

"If there is **hope** in the future, there is **power** in the present."
— **John Maxwell**

Significant Community Health Issues: Identified Issues

2019 CHNA

- Obesity
- Fitness/Nutrition
- Mental Health – including Alcohol and Substance Misuse

Secondary Data

- Adult smoking
- Adult obesity
- Uninsured
- Preventable hospital stays
- High school completion
- Higher cancer incidence
- Lower COVID-19 vaccination rates

Focus Groups

- Diabetes
- Mental health
- Substance use disorder
- STD/Is
- Access to Medicare resources
- Unhoused population and affordable housing
- Transportation
- Better nutrition
- Teen pregnancy
- Affordable childcare
- Internet – changing behavior and attitudes
- Gun violence

Survey

- Low Income/poverty
- Unhoused
- Mental health – depression, anxiety, stress
- Diabetes
- Obesity - healthy eating, active living
- Dementia/Alzheimer's
- Cancer and prevention
- Heart disease
- High blood pressure
- High cholesterol
- Dental care
- Lack of health insurance
- Cost of care

Exercise prioritizing significant health needs

- Please write down the community's top three significant health needs from your own personal perspective, but in context to the whole community on the sticky notes provided. One concern per sticky note.

- Once you have written down your Top 3, please come up and stick them on the white paper on the wall.

- Criteria for prioritization:

  - Magnitude – how big is the problem?

  - Seriousness of consequences – what would happen if the issue were not made a priority?

  - Equity – is this problem worse for a segment of the population?

  - Feasibility – is the problem preventable?

10 Minute Break

1. Mental health – 9 post-its

2. Healthy eating/Active living – 7 post-its

3. Tie substance use disorder and social determinants of health (housing, transportation, safety, education) – 6 post-its

4. Access to care – 5 post-its

5. Youth development and activity – 3 post-its

Exercise 2

- You will be working with your table.
- On your table is a worksheet. We need three volunteers:
  - Scribe – official record keeper
  - Reporter – will report the group's discussion
  - Facilitator – keep the group on track and on time
- Complete the worksheet – 2 goals and 2 actions for each goal with resources and collaborators needed.

Exercise 2 - Brainstorming

Significant Community Health Issue:

_____

Please list your top 2 community health goals relative to your topic. Please make these goals SMART (Specific, Measurable, Attainable, Realistic, Time-bound)

1._____

2. _____

Create a Community Action Plan for your 2 Goals with suggested resources needed:

Goal 1 *(from above)*   Resources/Collaborators Needed:

Action 1:

Action 2:

Goal 2 *(from above)*   Resources/Collaborators Needed:

Action 1:

Action 2:

Thank You!

Next Steps:

- *Implementation Plan*
- *Community Health Report*

Appendix

Additional Data

Original Source and Year

Focus Area	Measure	Source	Year(s)
HEALTH OUTCOMES			
Length of Life	Premature death*	National Center for Health Statistics - Mortality Files	2018-2020
Quality of Life	Poor or fair health‡	Behavioral Risk Factor Surveillance System	2019
	Poor physical health days‡	Behavioral Risk Factor Surveillance System	2019
	Poor mental health days‡	Behavioral Risk Factor Surveillance System	2019
	Low birthweight*	National Center for Health Statistics - Natality files	2014-2020
HEALTH FACTORS			
HEALTH BEHAVIORS			
Tobacco Use	Adult smoking‡	Behavioral Risk Factor Surveillance System	2019
Diet and Exercise	Adult obesity‡	Behavioral Risk Factor Surveillance System	2019
	Food environment index	USDA Food Environment Atlas, Map the Meal Gap from Feeding	2019
	Physical inactivity‡	Behavioral Risk Factor Surveillance System	2019
	Access to exercise opportunities	Business Analyst, ESRI, YMCA & US Census Tigerline Files	2010 & 2021
Alcohol and Drug	Excessive drinking‡	Behavioral Risk Factor Surveillance System	2019
	Alcohol-impaired driving deaths	Fatality Analysis Reporting System	2016-2020
Sexual Activity	Sexually transmitted infections	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB	2019
	Teen births*	National Center for Health Statistics - Natality files	2014-2020
CLINICAL CARE			
Access to Care	Uninsured	Small Area Health Insurance Estimates	2019
	Primary care physicians	Area Health Resource File/American Medical Association	2019
	Dentists	Area Health Resource File/National Provider Identification file	2020
	Mental health providers	CMS, National Provider Identification	2021
Quality of Care	Preventable hospital stays*	Mapping Medicare Disparities Tool	2019
	Mammography screening*	Mapping Medicare Disparities Tool	2019
	Flu vaccinations*	Mapping Medicare Disparities Tool	2019
SOCIAL & ECONOMIC FACTORS			
Education	High school completion	American Community Survey, 5-year estimates	2016-2020
	Some college	American Community Survey, 5-year estimates	2016-2020
Employment	Unemployment	Bureau of Labor Statistics	2020
Income	Children in poverty*	Small Area Income and Poverty Estimates	2020
	Income inequality	American Community Survey, 5-year estimates	2016-2020
Family and Social	Children in single-parent households	American Community Survey, 5-year estimates	2016-2020
	Social associations	County Business Patterns	2019
Community Safety	Violent crime	Uniform Crime Reporting - FBI	2014 & 2016
	Injury deaths*	National Center for Health Statistics - Mortality Files	2016-2020
PHYSICAL ENVIRONMENT			
Air and Water	Air pollution - particulate matter	Environmental Public Health Tracking Network	2018
	Drinking water violations+	Safe Drinking Water Information System	2020
Housing and Transit	Severe housing problems	Comprehensive Housing Affordability Strategy (CHAS) data	2014-2018
	Driving alone to work*	American Community Survey, 5-year estimates	2016-2020
	Long commute - driving alone	American Community Survey, 5-year estimates	2016-2020

Original Source and Year

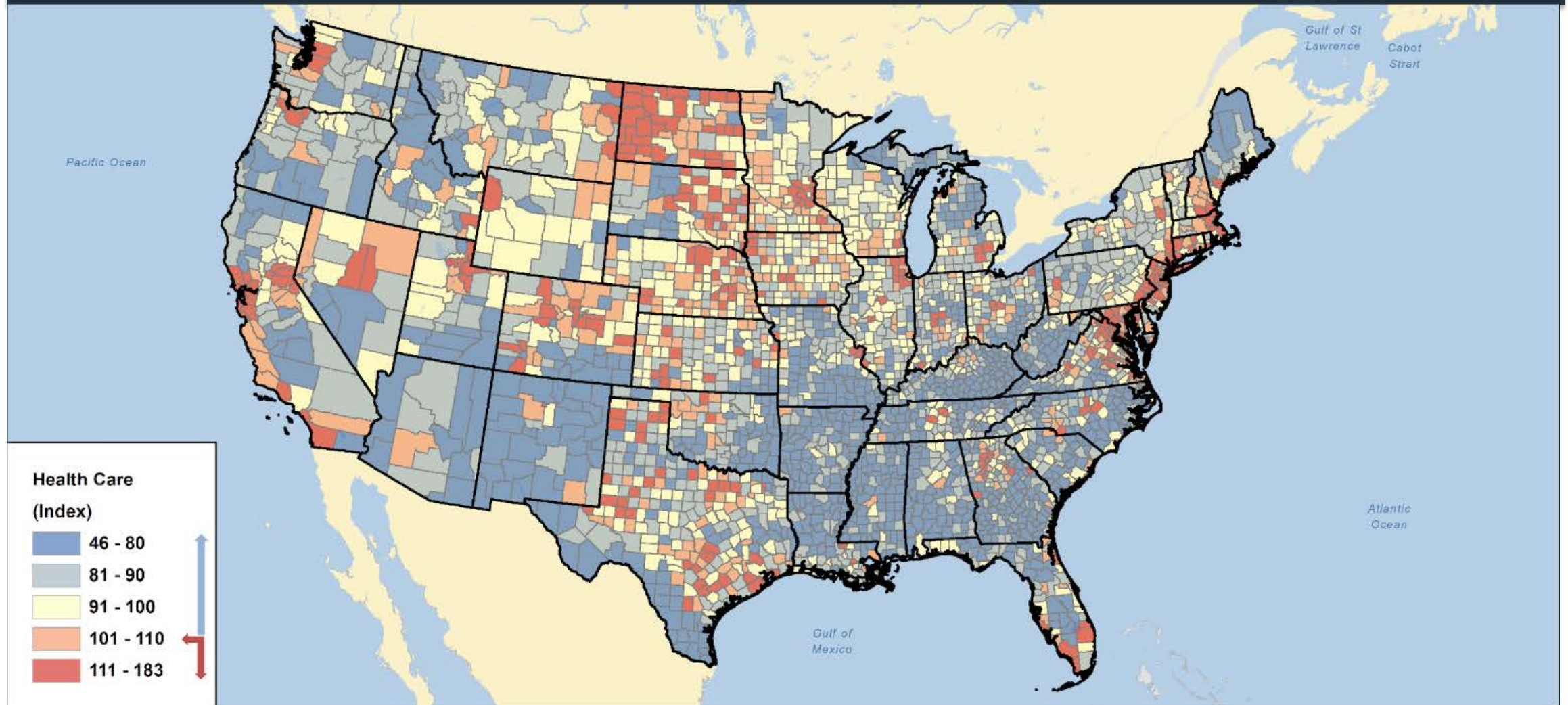| Focus Area	Measure	Source	Year(s)
HEALTH OUTCOMES			
Length of Life	COVID-19 age-adjusted mortality	National Center for Health Statistics - Mortality Files	2020
	Life expectancy*	National Center for Health Statistics - Mortality Files	2018-2020
	Premature age-adjusted mortality*	National Center for Health Statistics - Mortality Files	2018-2020
	Child mortality*	National Center for Health Statistics - Mortality Files	2017-2020
	Infant mortality*	National Center for Health Statistics - Mortality Files	2014-2020
Quality of Life	Frequent physical distress‡	Behavioral Risk Factor Surveillance System	2019
	Frequent mental distress‡	Behavioral Risk Factor Surveillance System	2019
	Diabetes prevalence‡	Behavioral Risk Factor Surveillance System	2019
	HIV prevalence+	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB	2019
HEALTH FACTORS			
HEALTH BEHAVIORS			
Diet and Exercise	Food insecurity	Map the Meal Gap	2019
	Limited access to healthy foods	USDA Food Environment Atlas	2019
Alcohol and Drug Use	Drug overdose deaths*	National Center for Health Statistics - Mortality Files	2018-2020
	Motor vehicle crash deaths*	National Center for Health Statistics - Mortality Files	2014-2020
Other Health	Insufficient sleep‡	Behavioral Risk Factor Surveillance System	2018
CLINICAL CARE			
Access to Care	Uninsured adults	Small Area Health Insurance Estimates	2019
	Uninsured children	Small Area Health Insurance Estimates	2019
	Other primary care providers	CMS, National Provider Identification	2021
SOCIAL & ECONOMIC FACTORS			
Education	High school graduation+	EDFacts	2018-2019
	Disconnected youth	American Community Survey, 5-year estimates	2016-2020
	Reading scores*+	Stanford Education Data Archive	2018
	Math scores*+	Stanford Education Data Archive	2018
	School segregation	National Center for Education Statistics	2020-2021
	School funding adequacy+	School Finance Indicators Database	2019
Income	Gender pay gap	American Community Survey, 5-year estimates	2016-2020
	Median household income*	Small Area Income and Poverty Estimates	2020
	Living wage	The Living Wage Calculator	2021
	Children eligible for free or reduced	National Center for Education Statistics	2019-2020
Family and Social Support	Residential segregation - Black/white	American Community Survey, 5-year estimates	2016-2020
	Residential segregation - non-	American Community Survey, 5-year estimates	2016-2020
	Childcare cost burden	The Living Wage Calculator, Small Area Income and Poverty	2021 & 2020
	Childcare centers	Homeland Infrastructure Foundation-Level Data (HIFLD)	2021
Community Safety	Homicides*	National Center for Health Statistics - Mortality Files	2014-2020
	Suicides*	National Center for Health Statistics - Mortality Files	2016-2020
	Firearm fatalities*	National Center for Health Statistics - Mortality Files	2016-2020
	Juvenile arrests+	Easy Access to State and County Juvenile Court Case Counts	2019
PHYSICAL ENVIRONMENT			
Housing and Transit	Traffic volume	EJSCREEN: Environmental Justice Screening and Mapping Tool	2019
	Homeownership	American Community Survey, 5-year estimates	2016-2020
	Severe housing cost burden	American Community Survey, 5-year estimates	2016-2020
	Broadband access	American Community Survey, 5-year estimates	2016-2020

Esri Data Sources and Description

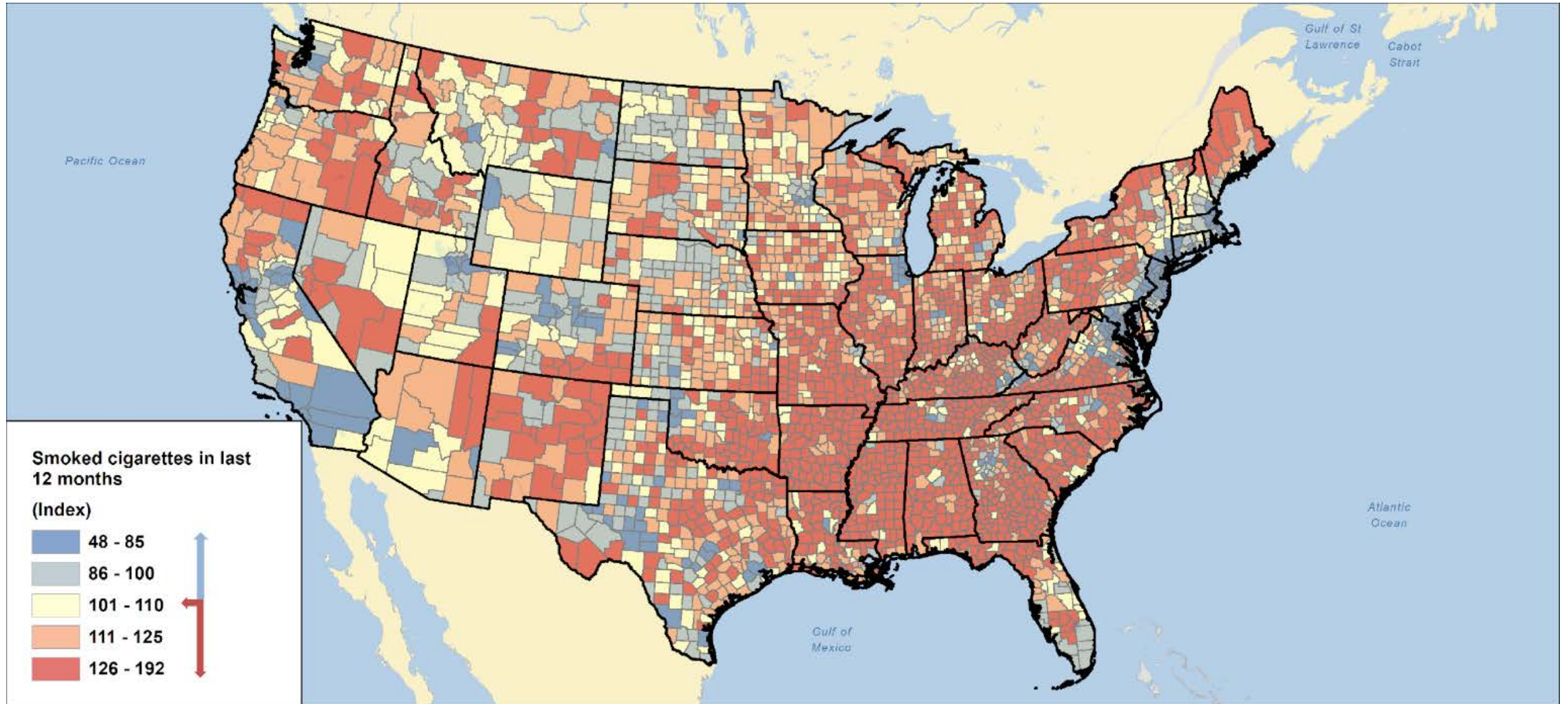| Database name	Source	Vintage	Description	Frequency of updates
Updated Demographics	Esri	2021/2026	Esri provides current-year updates and five-year projections of population, age by sex, race and Hispanic origin, households and families, tenure, home value, household income, household income by age of householder, per capita income, current-year employed population by occupation and industry, unemployment, current-year marital status, current-year educational attainment, current-year age by sex and race, current-year disposable income, current-year net worth, and more.	Annually
Census Data	Esri and U.S. Census Bureau	2010 & 2000	Esri provides census data for geographies not supplied by the Census Bureau including ZIP Codes, DMAs, rings, drive times, and hand-drawn areas. Esri also provides data for states, counties, tracts, block groups, places, CBSAs, congressional districts, and county subdivisions.	Decennially
American Community Survey (ACS)	U.S. Census Bureau	2015–2019	Esri provides ACS data for households by social security income, households by retirement income, poverty status, labor force, journey to work, languages spoken, and ancestry. To increase understanding of the data, Esri developed a system of reliability symbols that indicates the accuracy of each estimate. Esri also provides the ACS data for geographies not supplied by the Census Bureau, such as ZIP Codes, rings, drive times, and hand-drawn areas.	Annually
Tapestry Segmentation	Esri	2021	Tapestry Segmentation provides an accurate, detailed description of America's neighborhoods. U.S. residential areas are divided into 67 distinctive segments based on their socioeconomic and demographic composition.	Annually

Consumer Spending on Health Care

US Index is 100. Orange and Red shaded census tracts are areas that spend more out of pocket on health care than the US average. Grey, blue, and yellow colors spend less out of pocket on healthcare than the US.
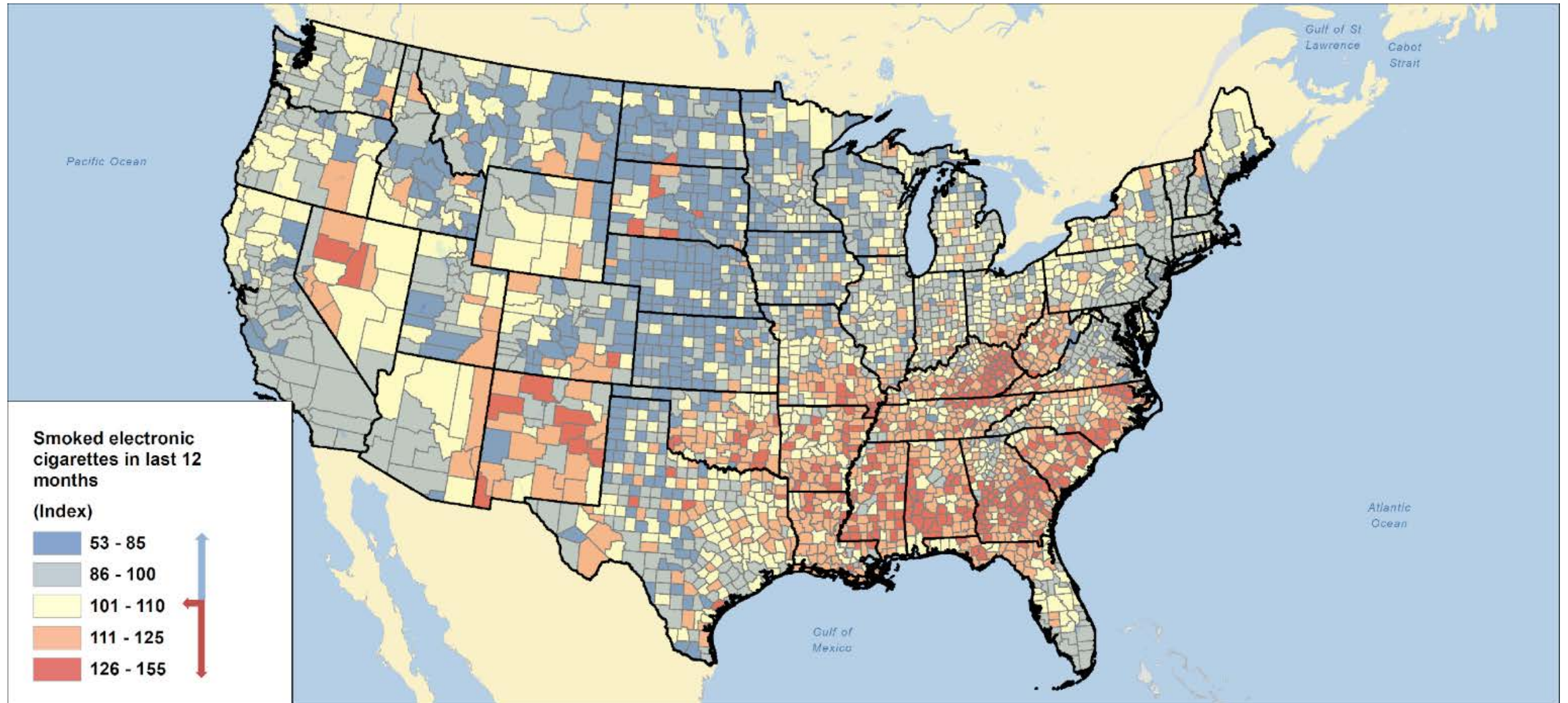

Health Care (Index)

- 46 - 80
- 81 - 90
- 91 - 100
- 101 - 110
- 111 - 183

Source(s): Stratasan (2022); Esri (2021 based on Tapestry Segmentation and spending behaviors

Smoked Cigarettes in Last 12 Months

Smoked cigarettes in last 12 months

(Index)

- 48 - 85
- 86 - 100
- 101 - 110
- 111 - 125
- 126 - 192

Source(s): Stratasan (2022); Esri (2021 based on Tapestry Segmentation and spending behaviors

Smoked Electronic Cigarettes in the Last 12 Months

Smoked electronic cigarettes in last 12 months

(Index)

- 53 - 85
- 86 - 100
- 101 - 110
- 111 - 125
- 126 - 155

Rx for Depression
(Index)

- 54 - 80
- 81 - 100
- 101 - 110
- 111 - 130
- 131 - 209

Source(s): Stratasan (2022); Esri (2021 based on Tapestry Segmentation and spending behaviors

Rx for High Blood Pressure
(Index)

- 54 - 80
- 81 - 100
- 101 - 110
- 111 - 130
- 131 - 168

Source(s): Stratasan (2022); Esri (2021 based on Tapestry Segmentation and spending behaviors
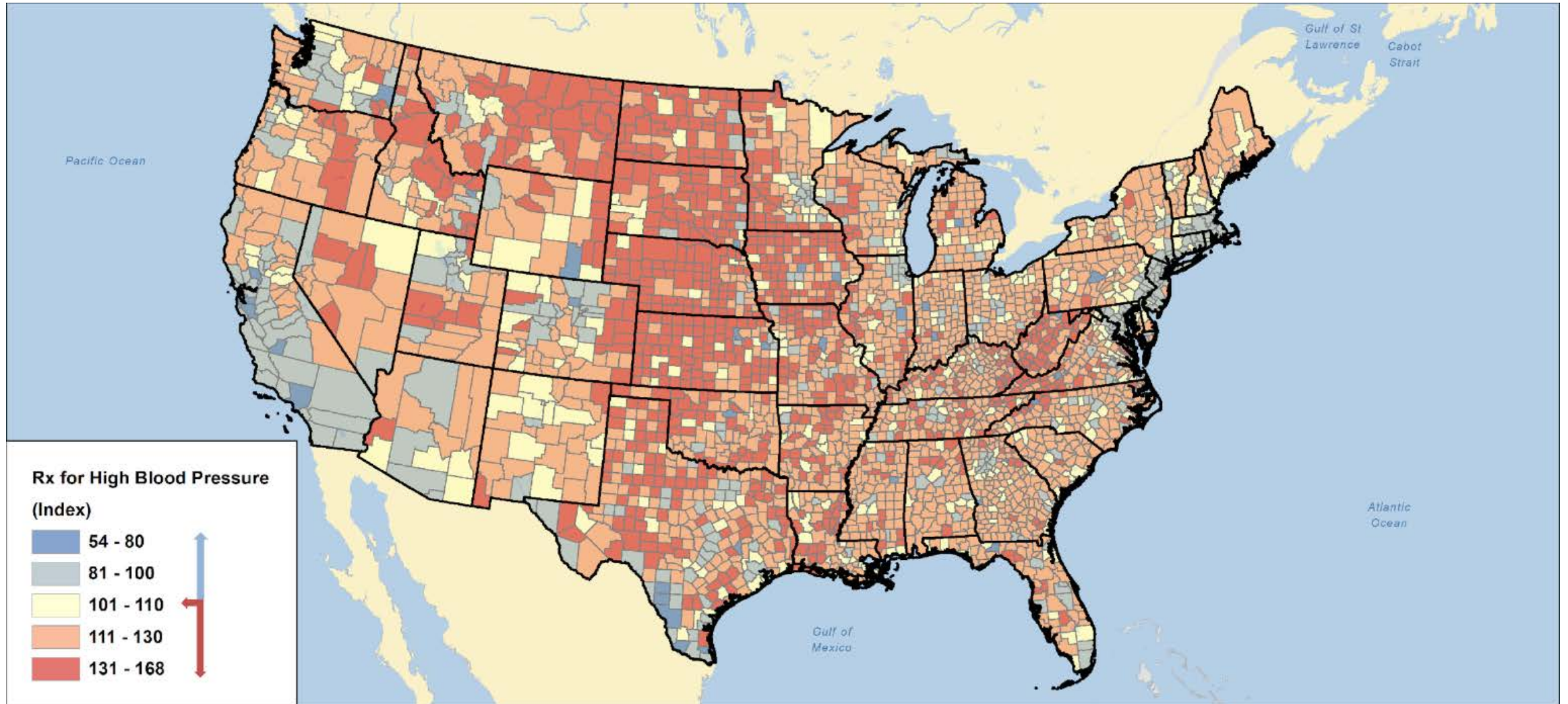
Use Prescription Drug for Diabetes (Insulin Dependent)

Rx for Diabetes (Index)
- 35 - 80
- 81 - 100
- 101 - 110
- 111 - 130
- 131 - 247
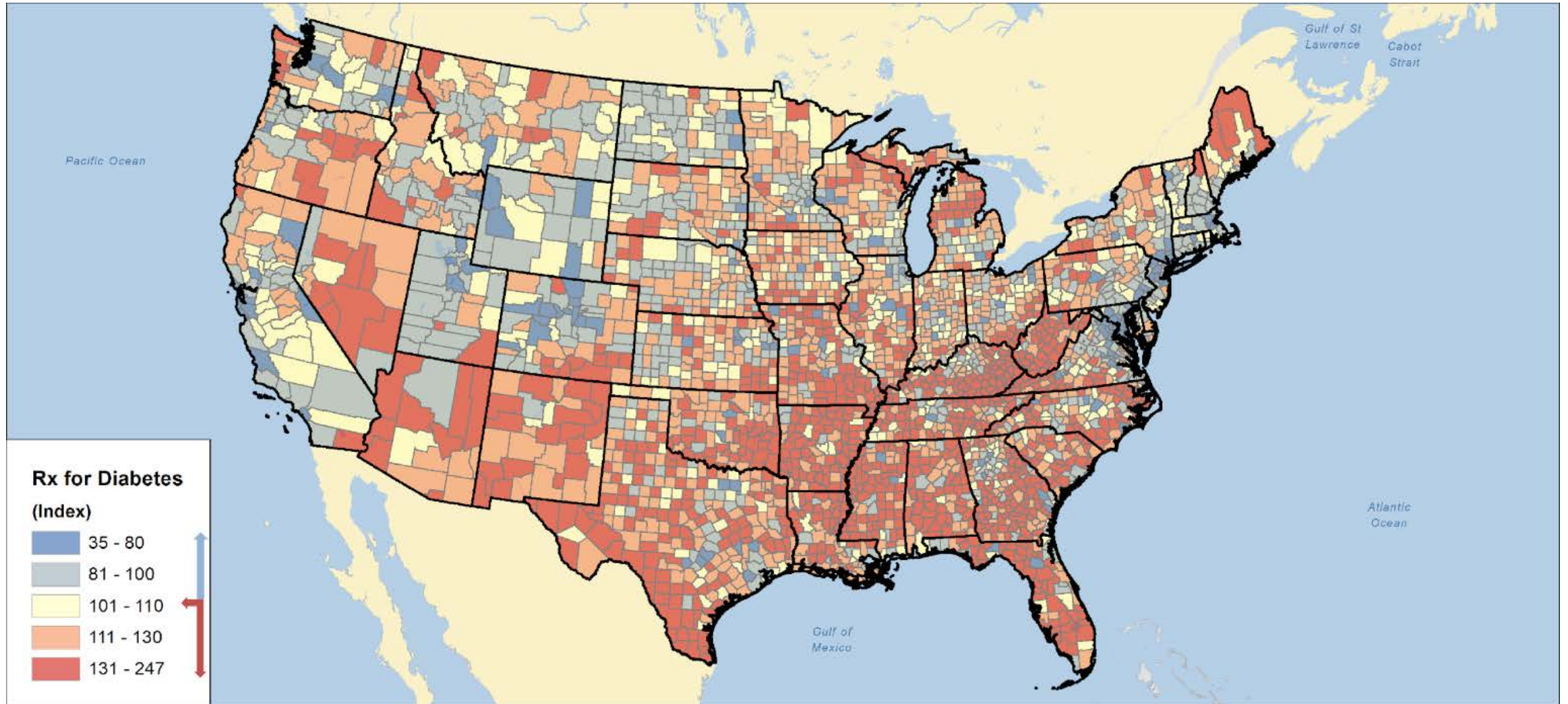
Use Prescription Drug for Asthma

Rx for Asthma (Index)
- 51 - 90
- 91 - 100
- 101 - 110
- 111 - 150
- 151 - 179

Source(s): Stratasan (2022); Esri (2021 based on Tapestry Segmentation and spending behaviors
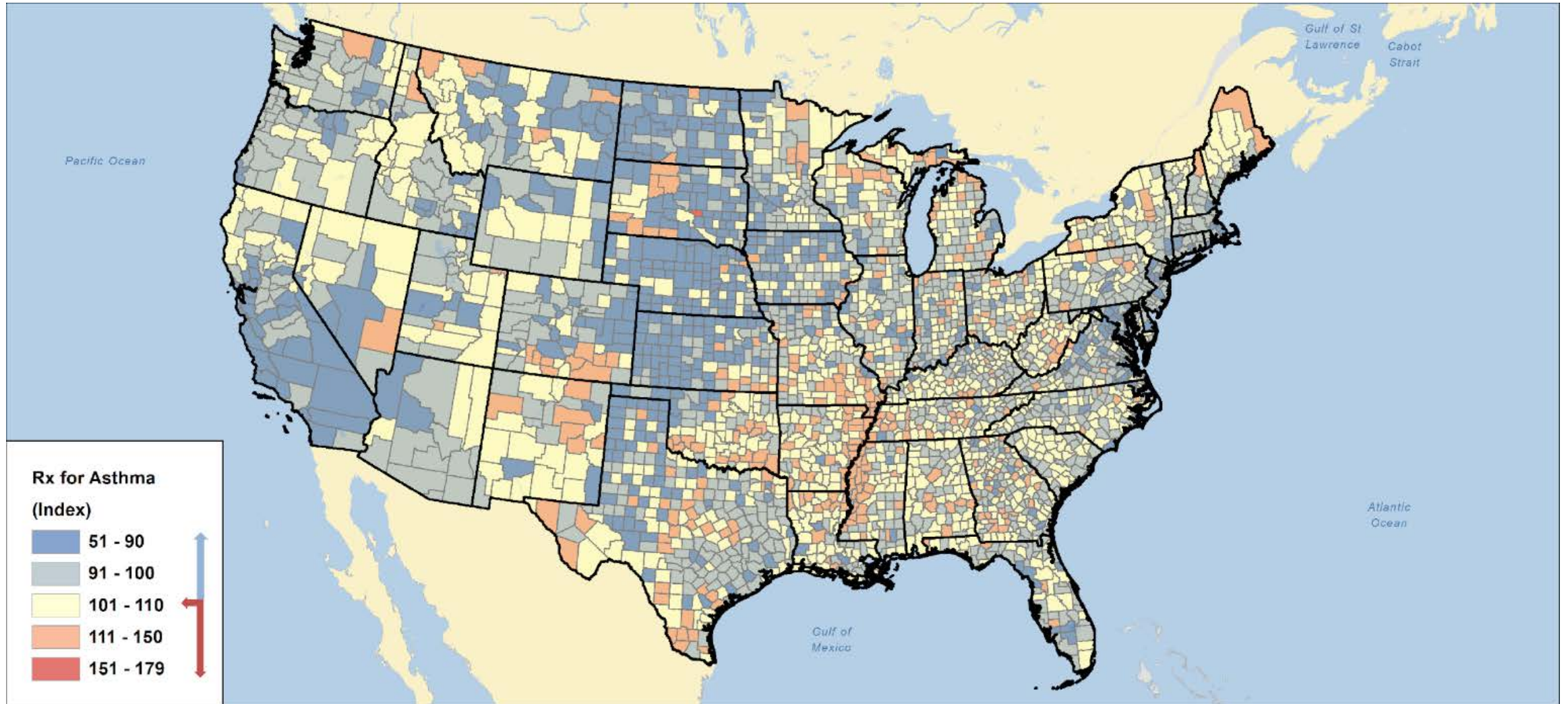
Use Prescription Drug for High Cholesterol

Rx for High Cholesterol (Index)

- 26 - 80
- 81 - 100
- 101 - 110
- 111 - 130
- 131 - 190

Source(s): Stratasan (2022); Esri (2021 based on Tapestry Segmentation and spending behaviors
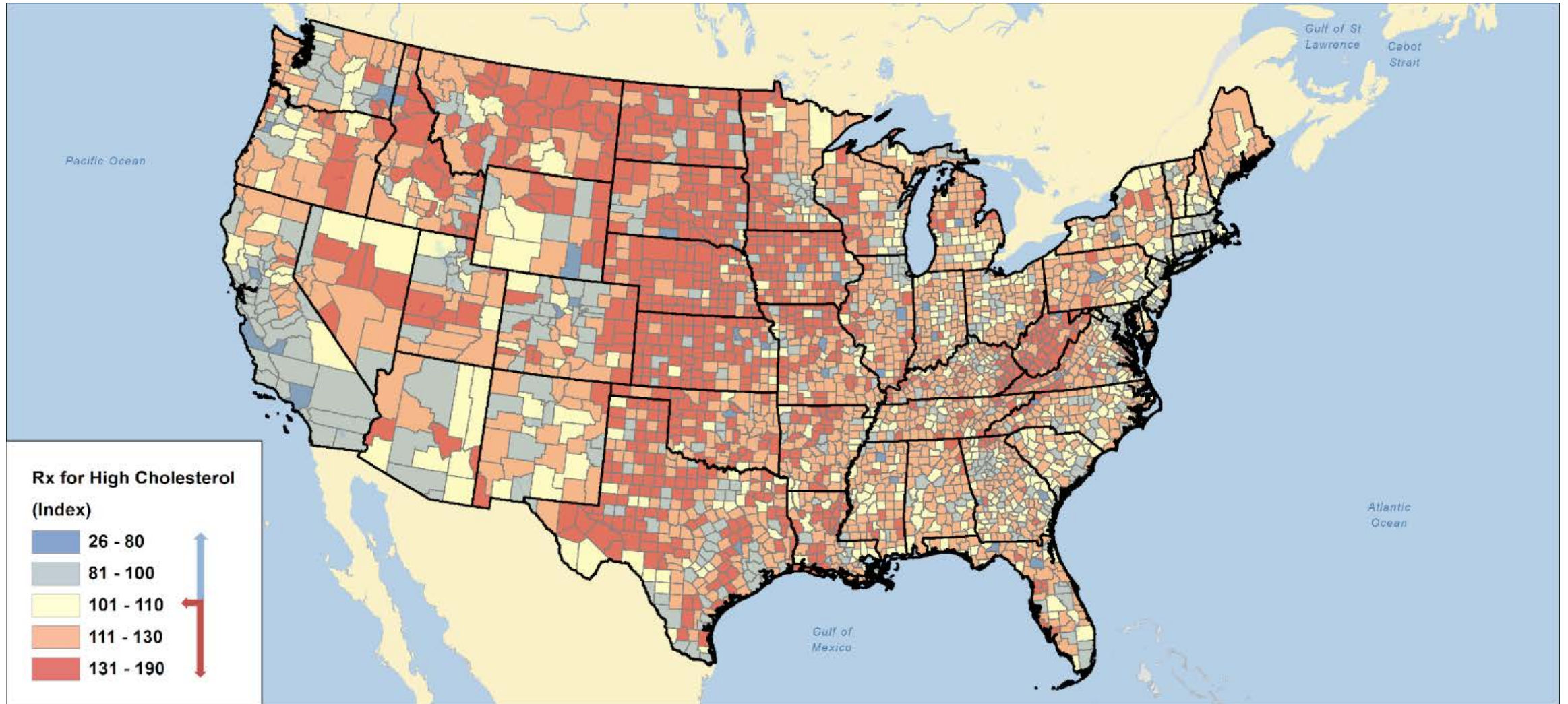
Visited a Doctor in the Last 12 Months

Visited Dr. in Last 12 Months (Index)

- 59 - 91
- 92 - 94
- 95 - 100
- 101 - 104
- 105 - 110

Source(s): Stratasan (2022); Esri (2021 based on Tapestry Segmentation and spending behaviors