



**“A Healthy Carolinians Partnership”**

**Purpose**

The 2013 State of the County Health Report (SOTCHR) for Lee County is used to update the community on the progress of the health priorities identified by the 2010 Community Health Assessment (CHA). This report also describes updates from the 2012 State of the County Health Report (SOTCHR) since its release in January 2013. As you analyze the 2013 SOTCHR, you will become aware of the progress with the 2011-2015 Action Plans targeting Lee County’s health priorities.

**Health Priorities**

Health priorities help in guiding the plans and actions for public health programs and initiatives in Lee County. During the 2010 CHA, the citizens identified the top five health concerns of the community: Access to Mental Healthcare, Access to Dental Healthcare, Reduction of Obesity, Sexually Transmitted Infections Prevention, and Teen Pregnancy Prevention. The 2013 SOTCHR discusses each listed health priority and the actions being taken or planned to address each priority. In addition, according to the 2011 statistics, Lee County’s top five leading causes of death were: Cancer, Heart Disease, Chronic Obstructive Pulmonary Disease (COPD), Unintentional Injuries, and Stroke which are discussed in this report.

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# Lee County’s 2013 State of the County Health Report



**Lee County Board of Health Members**

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- Dr. Andre Knecht, Commissioner Representative



“A yearly progress report that gives an update of our county’s health status.”





A Message From the  
Health Director,  
A. Terrell Jones, III, MPH

Public Health in North Carolina and the United States has never been more challenged by budget reductions, law and policy changes, and the overall shift in the concept of how health providers deliver their services efficiently. The same is true for Lee County. This year we, at the Lee County Health Department, faced budget cuts at the federal, state and local levels. The implementation of the Affordable Care Act (ACA) is set to expand access to care for many who were formerly without health care, challenging health care providers in Lee County. New ACA policies will dictate that health care providers focus on the reduction of chronic disease through enhanced quality of care, emphasizing health education, prevention and continuity of care.

Despite the numerous challenges we face, the Lee County Health Department continues to maneuver and adjust our programs to provide the best services possible for the community. We are constantly working with other community health partners, such as our hospital and other public health partners, to broaden the scope of health education and care throughout our county. Our 2013 State of County Health (SOCTCH) Report, which follows, is an annual update of the county's 2010 Community Health Assessment (CHA) summarizing how the health department and its Lee County collaborators in community health have supported the community. It also reflects our outcomes and emerging health issues that will need to be addressed before the next CHA is compiled in 2014.

Our core group for assessing the health of the community is the Lee Community Action Network (LeeCAN) "*A Healthy Carolinians Partnership*". LeeCAN is comprised of community health stakeholders throughout the county that meet, identify health needs for the community, prioritize, plan actions, and implement the plans. We celebrate this fall with the report that the county's teen pregnancy rate dropped significantly this past year through efforts, in part, of LeeCAN partners such as Lee County Schools and Coalition for Families in Lee County. Rates for STDs in Lee county have also fallen significantly.

This year additional groups have joined "the good work" in Lee County, such as St. Josephs of the Pines with their mobile dental unit in collaboration with the Helping Hands Free Clinic and the Lee County Dental Society to provide free dental work. Another group helping out in Lee County is Amando La Vida (Loving Life), a non-profit group promoting breast health care awareness and access for Hispanic/Latino women in Lee and Moore Counties. Then there was NC Farm Bureau's 'Healthy Living for a Lifetime' Mobile Health Unit that came to Lee County on October 8<sup>th</sup> and provided free health screenings to the public in Sanford. There were a total of 141 Lee County citizens who participated in this free health screening which exceeded the organizations goal of 125 health screenings.

A primary mission of public health is to monitor for emerging or reemerging issues affecting the health of our citizens. This year we have identified a rising trend of accidental deaths due to prescription drug overdoses and so actions are being taken to educate and develop local policies that will help prevent these tragic events. Please read on to learn more about these issues and trends and how Lee County groups, agencies and individuals work together to keep our community as healthy as possible.

Sincerely,



A. Terrell Jones III, MPH  
Health Director

## Demographics

### Population Update

According to the U.S. Census 2012 Estimate, Lee County's estimated population is 59,715 compared to the 2011 estimated population of 58,752. The primary races are White (75.4%), Black/African American (20.3%), and Hispanic/Latino (19.4%). Females make up 50.7% of the county population and males make up 49.3%. Lee County's median household income (2007-2011) was \$44,836 compared to NC's median household income of \$46,291. The percentage of persons living below poverty level (2007-2011) in Lee County was 16.8% compared to NC's 16.1%.

	North Carolina	Lee County
Population	9,752,073	59,715
Percent of Whites	71.9%	75.4%
Percent of African Americans	22.0%	20.3%
Percent of Hispanic/Latino	8.7%	19.4%
Percent of Asian/Pacific Islanders	2.6%	1.1%
Percent of Native Americans	1.5%	1.3%

Source: 2012 U.S. Census Bureau and County Quick Facts

**\*Disclaimer: Data reflected in this report is the most current that is available at this time.\***

### TASKFORCES AT WORK ON HEALTH PRIORITIES

Since the 2012 SOTCHR's release, the LeeCAN "A Healthy Carolinians Partnership" taskforce groups covering Access to Mental Healthcare, Access to Dental Healthcare, Reduction of Obesity, Sexually Transmitted Infections Prevention, and Teen Pregnancy Prevention have been diligently working to address these top five health priorities. As you read, you will find updates on the activities and initiatives taking place or being planned by the taskforce groups to work on the health priorities in Lee County.



### Dental Healthcare Taskforce Update



Dental decay is the most common childhood disease. The five year objective for untreated tooth decay in kindergarten children entering Lee County schools is to decrease the amount of untreated tooth decay by 5% by the year 2015. According to the NC Oral Health Section assessment data (2009-2010), 12% of kindergarten students which entered Lee County Schools had untreated tooth decay. The state average for kindergarten students (2009-2010) is 15%, bringing Lee County below the state average for tooth decay in kindergarten students. This is a decrease in tooth decay of 9% since the 2008-2009 NC Oral Health Section assessment data.

The Lee County Dental Society will continue their work to promote the use of dental varnish by primary care doctors as an early intervention to tooth decay in young children ages 0-3. The Lee County Dental Society and Dental Healthcare Taskforce are currently working with St. Joseph's of the Pines, which is a Catholic Charity that owns a mobile dental office to provide dental treatment for uninsured Lee County adults. This will be an ongoing project as there are many uninsured. There is currently a waiting list at the Helping Hands Free Clinic of one hundred Lee County citizens.

Due to DHHS restructuring of the NC Oral Health Section and state budget cuts, a reduction in the Oral Health Staff was ordered and our Public Health Dental Hygiene position in Lee County was eliminated. Therefore, there will be limited Public Health Dental Services as of September 2013.



## HEALTH Taskforce Update:



In 2013, the Obesity Prevention Taskforce joined forces with Voices into Action: The Families, Food and Health Project, an initiative out of NC State University that strives to “partner with communities to improve access to healthy, affordable food and spaces for physical activity in Wake, Harnett, and Lee counties.” With this new collaboration, the Obesity Taskforce chose to rename itself the Healthy Eating and Active Living Taskforce (HEALTH). The HEALTH Taskforce is focusing on:

- Improving access to healthy and affordable food
- Expansion of the Peace and Unity Garden
- Food Pantry Director Survey
- Farmer Survey
- Connecting Lee County housing developments with community gardens and pocket parks

In 2012, The Peace and Unity Garden located on Hudson Avenue, was established by a community mentor with Voices into Action. The garden provides an opportunity for the community to come together to grow flowers, herbs, and produce and promotes community investment and pride, food education, as well as operating as a source for food donations for the Christians United Outreach Center. The hope for the garden is that it will continue to grow and evolve into a place that nurtures community unity, creativity, education, and fresh produce for many citizens of Lee County to enjoy.

This summer, the Food Pantry Director Survey began as a way to learn more about food pantries, their operation, and to see how the HEALTH Taskforce could “support pantries in their mission, whether through partnerships, raising awareness, or helping to find and share resources.” This fall, the Farmer Survey will strive to learn more about local farmers in an attempt to “help farmers learn about resources for utilizing excess produce, and to connect with new communities and partners.” Both surveys are slated to be completed this winter.

The HEALTH Taskforce looks to the future with two goals it hopes to accomplish. The first goal is to “create and possibly expand a model [for] bringing pocket parks and gardens to low-income housing complexes throughout Lee County.” The second goal is to improve residents’ access to healthy and affordable foods by creating partnerships and coordinating efforts between local farmers and markets, nutrition education programs, gleaning groups, gardens, food pantries, soup kitchens, and volunteer organizations.



## LeeCAN Mental Health Partners Update:



In 2013, the Access to Mental Health Taskforce changed their name to the LeeCAN Mental Health Partners. This partnership accomplished the goals they listed in the 2012 SOTCHR. Below you will see the work performed to improve mental health outcomes in Lee County.

- Collaborated with the National Alliance of Mental Illness (NAMI) of Cumberland County to implement a NAMI affiliate in Lee County. NAMI in Lee County is part of a tri-county affiliate; NAMI Cumberland, Harnett & Lee. NAMI meetings are held monthly (4<sup>th</sup> Monday at 6pm) at the Lee County Enrichment Center. NAMI meetings are open to the public.
- Finalized the 2013 Mental Health Provider Resource Listing which consist of mental health services provided in Lee County. NAMI Cumberland, Harnett& Lee Affiliate produced 500 professional copies of the document that has and will continue to be distributed throughout Lee County.
- August 12<sup>th</sup> -16<sup>th</sup>, 2013, held the 2013 Crisis Intervention Team (CIT) which was Lee County’s 2nd Annual CIT 40 hour training for local law enforcement officers. This nationally recognized program is designed and proven to:
  - Support law enforcement officers in addressing mental health crisis situations
  - Increase safety
  - Prevent unnecessary incarceration; and
  - Get people who need mental health treatment the help they need
- Mental Health, Health Matters Columns were written to promote mental wellness and educate the community on licensed mental health professionals and their clinical areas of expertise - treatment modalities. These articles were published in The Sanford Herald on 5/19/13, 12/27/12, 5/27/12, 10/29/11 and 10/7/11, in Hometown News in 06/10, and The Daily Record, Dunn, NC on 7/18/12.

## Positive Behavior Taskforce (PBT) Update

The Positive Behavior Taskforce (PBT) 2011-2015 Action Plans consist of reducing the High School Dropout, Sexually Transmitted Infections (STIs), and Teen Pregnancy rates within the county. PBT in collaboration with numerous agencies such as the Lee County Schools System, Coalition for Families, Public Health Department, Boys and Girls Club, faith based organizations, and many more have worked diligently in 2013 in combatting these three focus issues. As you take a look at the data below, you will see improvements as well as areas where much work is still needed and being performed.

### Lee County Schools High School Dropout Count and Rate

From the School Year of 2010-2011 and 2011-2012, Lee County witnessed at 23% decrease in their school dropout rate. But, the improvement in Lee County Schools System high school dropout rate has been present for the past four school years.

<u>School Year</u>	<u>Count</u>	<u>Rate</u>
2008-2009	169	5.61
2009-2010	149	4.97
2010-2011	140	4.72
2011-2012	107	3.63

Source: NC Public Schools:  
<http://www.ncpublicschools.org>

### Lee County's 2010-2012 STI/HIV/AIDS Report

As you review this data you will see that the statistics show that Lee County is seeing fluctuating numbers as it relates to the common sexually transmitted infections. The health providers within the county are working diligently to encourage citizens to practice healthy sexual behaviors consistently.

<u>STIs</u>	<u>2010</u>	<u>2011</u>	<u>2012</u>
Chlamydia	226	275	281
Gonorrhea	77	126	97
Primary/Secondary Syphilis	0	2	0
Early Latent Syphilis	5	4	1
HIV	14	8	4
AIDS	6	1	2

Source: NC Division of Public Health and Human Services:  
<http://epi.publichealth.nc.gov>

### Did You Know.....

- ❖ In 2010, Lee County had 143 teen pregnancies in the 15-19 age group and 1 pregnancy in the 10-14 age group.
- ❖ In 2011, Lee County had 130 teen pregnancies in the 15-19 age group and 0 pregnancies in the 10-14 age group.
- ❖ In 2012, Lee County had 102 teen pregnancies in the 15-19 age group and 1 pregnancy in the 10-14 age group.

### Lee County's Teen Pregnancy Rates for 2010-2012

Teen Pregnancy is not a new issue but is an issue that has began to receive more local, state, and national attention over the past 10-15 years. According to the Adolescent Pregnancy Prevention Campaign of NC (APPCNC), Lee County has been one of the Top 20 NC counties with the highest teen pregnancy rate for over 10 years. However, the data shows that Lee County's teen pregnancy numbers are continuing to decline.

The Positive Behavior Taskforce is seeing improvements in two of their three focus areas and is committed to continue their work to improve the lives of the youth in Lee County.

Source: APPCNC: [www.appcnc.org](http://www.appcnc.org)

## Top Five Leading Causes of Death

*For detailed information of the leading causes of death in Lee County, please view the 2010 Community Health Assessment on the Lee County Government Website at [www.leecountync.gov](http://www.leecountync.gov)*

This year's top five leading causes of death in Lee County have changed from the previous year with Cancer over taking Heart Disease as the #1 cause of death, the addition of Unintentional Injuries, and Diabetes moving down to the 6<sup>th</sup> leading cause of death.

### **Cancer**

In 2011, Lee County had 139 cancer related deaths compared to 120 deaths in 2010 with a total of 670 deaths between the years of 2006-2011 (NC State Center for Health Statistics). There was a 15 percent increase in the number of cancer related deaths from 120 in 2010 to 139 in 2011 in Lee County.

### **Heart Disease**

In 2011, Lee County had 129 deaths caused by heart disease compared to 140 deaths in 2010 (NC State Center for Health Statistics). During 2006-2011, Lee County's total heart disease related deaths were 747. There has been a 7 percent decrease in heart disease deaths in Lee County.

### **Chronic Obstructive Pulmonary Disease (COPD)**

Lee County had 27 deaths attributed to COPD in 2011 with 176 deaths during 2006-2011 (NC State Center for Health Statistics). There was an 8 percent increase in the number of COPD related deaths from 25 in 2010 to 27 in 2011 in Lee County.

### **Unintentional Injuries**

During the 2010 Community Health Assessment, this cause of death was not included as one of Lee County's top ten leading causes of death according to the NC State Center for Health Statistics. However, in 2011 unintentional injuries made the top five leading causes of death with 21 deaths in Lee County. Unintentional injuries do not include: Motor Vehicle Accidents, Homicides, Suicides, or Firearm Deaths. However, unintentional injuries can be described as Accidental Falls, Poisonings, Drug/Alcohol Overdoses, and or Drowning to name a few injuries.

### **Cerebrovascular Disease (Stroke)**

In 2011, Lee County had a total of 21 stroke related deaths compared to 29 deaths in 2010. Between 2006-2011, Lee County had 169 total deaths due to a stroke (NC State Center for Health Statistics). Lee County is continuing to see a decline in stroke related deaths with a 27 percent decrease from 29 deaths in 2010 to 21 deaths in 2011.

## New Developments within the Lee County Public Health Department



In 2012, the Lee County Health Department in collaboration with Central Carolina Hospital received the Susan G. Komen for the Cure, NC Triangle to the Coast Affiliate Grant. The “Power of the Pink Partnership Project’s” goal was to improve the quality of breast healthcare delivered to underinsured, uninsured women in Lee County. The program provided breast health education in combination with improving access to free screening mammograms. During the September 2012 thru March 2013 Power of the Pink Partnership Campaign the following services were provided:

<u>Screening Mammograms:</u>	White	43
	African American	24
	Hispanic	44
	<u>Other</u>	<u>1</u>
	Total	112

<u>Diagnostic Services:</u>		
Diagnostic Mammograms		11
Breast Ultra/Sounds		6
Breast Biopsy		<u>2</u>
	Total	19

Outreach Educational Contacts: 1286

Breast health education was provided to individual clients who received mammogram services through Power of the Pink. The outreach education included the faith-based community, health fairs, local businesses, and civic groups. To be culturally responsive the project included multi-lingual, low literacy, and culturally appropriate outreach services. The Power of the Pink Partnership reached approximately 1286 contacts through the outreach educational services.



The Lee County Health Department also collaborated with a non-profit organization out of Moore County to improve the access to breast healthcare in the Hispanic/Latino community. This initiative is called Amando la Vida (Loving Life) Project. Amanda la Vida also offered health education training to Hispanic/Latino women to equip these participants with the knowledge needed to educate other Hispanic/Latino women. These women are called Health Ambassadors. Lee County currently has 18 Health Ambassadors with additional trainings forthcoming to increase the number of Lee County Health Ambassadors.

### Prescription Drug Abuse

According to the NC State Center for Health Statistics, unintentional prescription medicine overdose is responsible for approximately three deaths per day. The age group with the highest deaths are adults between the ages of 45 and 54 who were using medications prescribed by their physician. In NC and the U.S. as a whole, prescription abuse of narcotics is the number one drug problem (N.C. State Bureau of Investigation). The CDC has confirmed that the number of prescription medication overdose, is now greater than the total number of deaths from cocaine and heroine combined.

In June 2013, Governor McCrory signed Senate Bill 222 into law. Senate Bill 222 “authorizes physicians and other registered users of the NC Controlled Substances Report System (NCCSRS) to delegate queries to designated persons in the practice, provided those persons register for access to the database”. The NCCSRS allows medical providers to review their patients’ controlled substances prescription histories. This action was in response to the fact that many physicians are over prescribing pain medication with a genuine desire to help their patients. However, many patients suffering from chronic pain and or prescribed controlled substance addiction are “physician and emergency room shopping” in order to obtain prescriptions for these medications such as Vicodin, Oxycodone, Percocet, and Diazepam, just to name a few.

On August 21, 2013, the NC Medical Board (NCMB) held a public forum in Raleigh on the subject of prescribing controlled substances for the treatment of pain. Dr. William Walker, NCMB President, states that problems arise when physicians prescribing pain medication “don’t know appropriate standards of care and then engage in potentially unsafe prescribing”. The Board, publishes information and post information on their website to encourage proper prescribing for all medical providers to use as a resource. The NCMB also suggest that medical providers read “Responsible Opioid Prescribing: A Clinician Guide” by M. Scott Fishman, MC, which is recognized as the national gold standard publication for prescribing opioids.

In an effort to address the concerns of potential narcotics abuse, Central Carolina Hospital (CCH) has adopted a policy in the Emergency Room Department relating to narcotic and sedative medication prescriptions. Narcotics (opiates) include medications such as Percocet, OxyContin, and Vicodin. This new policy is specifically for individuals whom after a thorough medical examination are found to not be in an emergency medical condition. The policy states:

- “Prescriptions for narcotic and sedative medications that have been lost, stolen, or expired will not be refilled”.
- “Patients who have frequent or multiple visits to the Emergency Department seeking relief from painful conditions will be considered to have chronic pain”.
- “Emergency Department providers may refer patients to a primary care physician or specialist for follow-up care, but continuation of narcotics through the Emergency Department will not be done”.
- “Narcotic prescriptions given by Emergency Department providers for acute or emergent conditions will not be refilled”.

For more information, please call the Narcotic Helpline at 888-418-9500.

Source: NCMB Summer 2013 Report and CCH Emergency Department Use of Narcotics (Opiates) and Sedatives

## Emerging Issue in Lee County

### Hypertension

Hypertension is well known as blood pressure. Blood pressure is the force of blood on the walls of your blood vessels as blood flows through them. Many people have trouble maintaining control of their blood pressure and is diagnosed with high blood pressure. If not treated properly, high blood pressure often leads to a stroke or heart attack.

In Lee County, many healthcare professionals are seeing an increase in residents with an uncontrollable-elevated blood pressure. High blood pressure is often the result of a prolonged issue with obesity/overweightness. Often times a physician will encourage their patients to change their diet to include limiting their salt intake and incorporate exercise into their daily routine. These are two lifestyle changes that studies have shown to improve the control of high blood pressure.

Healthcare professionals in Lee County are so concerned about high blood pressure and obesity, that many are “going the extra mile” to help their patients help themselves and their families. Some offices are educating parents of children struggling with weight control on their child’s body mass index (BMI), portion control, and exercise. Other offices are tracking their patients diagnosed with high blood pressure. This tracking consist of a nurse taking patients shopping, teaching them how to read the nutrition labels on food, preparing healthy meals, educating them about nutrition and portion control, as well as providing a home blood pressure monitor.

According to the Center for Disease Control and Prevention (CDC), one in three American adults has high blood pressure which equates to 67 million adults working to keep their blood pressure under control. However, more than over half of them do not have their blood pressure controlled. The CDC currently has a motto “Make Control Your Goal”. Here are four basic steps to help you gain control of your blood pressure:

- **Ask your doctor what your blood pressure should be.** Talk with your doctor about what your blood pressure should be, set a goal, and work with your doctor on achieving and maintaining this goal.
- **Take your blood pressure medication as directed.** Remember to inform your doctor if you are having trouble purchasing your medication. Also, it is important to discuss with your doctor any side effects that may be occurring before you decide to stop taking your medication.
- **Reduce sodium.** Most Americans consume too much sodium which raises the risk for high blood pressure. Sodium is a mineral found in the fluid surrounding the cells in your body which helps to regulate blood pressure and fluid volume. Your muscles and nervous system also need sodium to function properly. The most common form of sodium is table salt, but at least a little bit of sodium occurs naturally in many foods. Sodium is found in dairy products, beets, and celery. Processed foods usually contain a lot of sodium in the form of preservatives and flavor enhancers.
- **Quit smoking and if you don't smoke, don't start.** According to the CDC, people who smoke are more likely to develop hypertension and or heart disease. About 30% of all deaths from heart disease in the U.S. are directly related to cigarette smoking because smoking is a major cause of Coronary Artery Disease. Coronary Artery Disease is the result of plaque buildup in the arteries. The nicotine from cigarettes cause: decreased oxygen to the heart, increased blood pressure and heart rate, an increase in blood clotting, and damage to cells that line coronary arteries and other blood vessels. Therefore, if you smoke talk with your doctor about making a plan for you to stop smoking. For more information, on a state-approved, evidence-based program to help smokers quit tobacco use, please visit the QuitlineNC Website at [www.quitlinenc.com](http://www.quitlinenc.com) or call 800-784-8669.

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### REPORT CREDIT

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We would also like to thank all the agencies in Lee County that contributed  
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