



# 2007 Comprehensive Community Health Assessment & Recommendations

Prepared By:

Healthy Carolinians of Macon County  
Comprehensive Health Care Assessment  
Steering Committee

In Association With:



## **Introduction**

What is a healthy community? What are the factors that work together to make a town or a county a healthy place to bring up a family, grow a business, live, work and retire?

Community health encompasses far more than the absence of illness, because illness exists in every place. Health is more than vitality, because in all communities there are those who are frail and disabled. Healthy living means more than a hale and hearty outlook, because in every community there are the disadvantaged and those struggling to subsist and find their way.

For those who volunteer their time and resources to Healthy Carolinians of Macon County, the health of the community is measured, at least in part, by our effectiveness in minimizing illness, meeting the needs of the frail, and encouraging those who live in struggle by providing opportunity for a better, healthier way of life. We recognize that in the pursuit of better health, not everyone is on the same trajectory. Yet our purpose is to work collectively toward safer and healthier living for all who make Macon County home.

In our quest for greater health, Healthy Carolinians of Macon County (HCMC) completed a Comprehensive Community Health Assessment. Between August 2006 and May 2007 we completed a research and planning process designed to give us greater understanding of the needs of our community. Working with the support of Stiles Healthcare Strategy, Inc., HCMC leaders collected data, listened to community perspectives and evaluated ongoing health initiatives. Our results, and the plans that come from them, are summarized in this report.

Our intent is that this report serves to stimulate both dialog and action, not only among the members of Healthy Carolinians of Macon County, but also among organizations, businesses, churches and individual citizens who care about their neighbors and their home communities. We invite interested parties to learn more and become involved in the work of HCMC.

## **About Healthy Carolinians of Macon County**

The mission of Healthy Carolinians of Macon County is to assess and develop health and safety resources for Macon County. HCMC is a state-certified, public-private health care partnership of more than 100 members and 50 partnering organizations that share our mission and work to fulfill it.

Community members and leaders include representatives from local health, hospital and human service organizations, churches, schools and businesses. These partners work together to organize and mobilize resources and address local priorities such as access to health care, childhood obesity, community health, substance abuse and tobacco use.

HCMC is recognized as statewide leader in health advocacy and programming. HCMC was recognized in 2004 with the William G. Anlyan Award as the most distinguished partnership in North Carolina.

The HCMC Community Assessment Steering Committee, provided leadership, perspective and interpretation to guide this community assessment. Here are members of the committee:

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## **Anatomy of an Assessment**

Completing the 2007 Comprehensive Health Care Assessment has been a thorough process of meetings, interviews, discussion groups and telephone research. Completion of the assessment has included the following elements:

- Interviews with 27 community leaders representing a cross-section of community life. A complete list of interview participants can be found in the appendix.
- Six focus group discussions with persons representing key elements of community life. The groups included:
  - Macon County School Health Advisory Council
  - Franklin High School Students
  - Area PTO Presidents
  - Area Business Health Coalition Members
  - Mental Health Professionals
  - Hispanic Community Leaders and Advocates
- An additional telephone discussion group with executive staff of the Smoky Mountain Center.
- Completion of 460 telephone interviews with randomly selected adults from throughout Macon County. The telephone interviews averaged over 12 minutes in length and covered a variety of health topics.
- Telephone interviews with 81 physician and dentist offices, and 33 health related organizations in Macon County and surrounding counties, conducted as part of an inventory of area health resources.
- Review of the Youth Risky Behavior Surveillance System (YRBSS), which was last conducted by HCMC in 2005 and reported to the community in 2006.
- An extensive survey of best practices and health programming in communities with similarities to Macon County.
- Five meetings of the HCMC steering committee to review research results, provide additional information and plan for the future.

Attempts were made to collect a Spanish language only survey as well, but few copies were returned. Those that were returned,

however, were consistent with findings from the focus groups and interviews.

Perhaps the most comprehensive of these elements was the telephone survey, which provided an opportunity for residents of all ages from across the county to participate in data collection. Great care was taken to ensure broad representation of year-round county residents. The total of 460 completed interviews yields results with a margin of error of 4.54% at the 95% confidence level.

The telephone survey was conducted during November and December to minimize the number of seasonal residents participating. Many seasonal residents use health and medical services in their home areas, so information provided by them would likely confuse or skew the study. The perspectives of part-time residents are important, however, but are represented through the interview process rather than the telephone survey.

As is expected in random telephone surveys, more women than men participated (71% to 29%) in the study. As a rule, women are generally more involved in and aware of the health of their families, so no effort was made to reduce female participation. However, with the exception of Hispanic participants, other demographic elements of the county were well represented.

Even though great effort was made to include Hispanic participants in the study, few were found using telephone polling. That is why a supplemental Spanish language survey was added to the assessment effort.

Here is a profile of the 460 participants in the study:

Area Of Residence		Household Income	
Franklin	65%	Under \$25,000	24%
Highlands	10%	\$25, 000 to \$40,000	23%
Nantahala	3%	\$40,000 to \$60,000	23%
Other Areas	22%	\$60,000 to \$80,000	11%
Length Of Residence		Over \$80,000	11%
Less Than 5	19%	<b>Age</b>	
5 To 10 Years	16%	23 to 34	10%
10 To 20 Years	20%	35 to 44	11%

Over 20 Years	45%	45 to 54	20%
<b>Health Insurance Source</b>		55 to 64	23%
Through Employer	36%	65 to 74	23%
Self Pay Coverage	10%	Over 75	13%
Medicare	31%	<b>Marital Status</b>	
Medicaid	4%	Married	64%
Other Gov't Insurance	4%	Divorced	12%
No Insurance	17%	Single/Widowed	20%
		Other	4%

## **Our Priorities--2007 to 2010**

Based on the results of our assessment, HCMC leaders have reviewed, debated and adopted key priorities that we recommend to HCMC members and to the community. Our hope is that our assessment and our recommendations will stimulate continued and expanded discussion, and ultimately community action in the months and years ahead. We believe that progress in these strategic areas will improve the health and protect the safety of Macon County residents, and make our county--and all the communities and neighborhoods within it--happier, more desirable places to live and thrive.

Our priorities are divided into seven areas of emphasis:

- Improving Major Health Indicators
- Expanding Access To Health Care
- Expanding Access To Mental Health Services
- Strengthening Families & Reducing Youth Risky Behavior
- Supporting Seniors & Long Term Care Needs
- Promoting Environmental Quality
- Advocacy for Increased Awareness and Support

For each of these areas Healthy Carolinians of Macon County endorses a variety of priority actions and recommends them to the community as follows:

### **Improving Major Health Indicators**

Our Top Priority:

Develop and implement community-wide chronic disease prevention and management strategies, with primary emphasis on obesity and diabetes, especially among young adults, children and those without insurance,

Other Priorities:

- Support implementation of the Macon County master recreation plan.
- Increase effective education to decrease smoking and tobacco use, especially among youth and young adults.
- Monitor key Macon County health indicators and report them to the community on an annual basis.

Our Rationale:

Our assessment shows higher than average problems with obesity and tobacco use in the county, which result in higher incidences of diabetes and heart disease. Many of these problems begin in



the teen years and reach their most acute levels among young adults.

For example, according to the HCMC survey, 39% of 23-to-34 year olds in the county are obese, and another 30% are overweight. Assessments at school health fairs show that about 22% of high school students are overweight and another 22% are borderline. The obvious conclusion is that weight gain leading to obesity accelerates in the young adult years.

There is a similar trend in tobacco use—significant in high school, swelling in young adulthood. Our concern is a generation living at increasing risk for many common and devastating diseases—diabetes, hypertension, stroke, heart disease and cancer.

We have also been able to measure that lack of access to care due to lack of insurance makes prevention and treatment of all these diseases more difficult. Low-income persons are usually most at risk, creating growing problems that will present themselves to the health and medical community someday in more acute and expensive cases. Avoiding services at the prevention and primary intervention level is a false economy. There are many examples of communities working proactively to reach at risk populations cost effectively.

There are many examples of other communities who have successfully used community-wide initiatives to address these problems. We see a role for schools, employers and others, as well as health and medical providers, in improving major health indicators. The results will be a healthier generations and a more productive workforce for Macon County.

#### **Key Next Steps:**

1. Communicate major health findings and concerns to key audiences in the county, such as physicians, parents, school leaders, students, church leaders and employers and encourage community-wide responses.
2. Organize a community task force to focus on reducing obesity and its related health issues.
3. Encourage increased emphasis among school students on physical education and activities that carry over into adulthood.
4. Encourage expansion of workplace wellness initiatives.
5. Evaluate current anti-smoking strategies used in schools and evaluate ideas for increased effectiveness.

#### **Expanding Access To Health Care**

Our Top Priority:

Establish a medical clinic in Franklin to provide free or subsidized care for the poor and those without insurance.

Other Priorities:

- Promote coordination and cooperation between the area's hospitals and doctors to create access to hospital care and specialty services for the uninsured.
- Pursue a regional approach to bring all the pieces together . . . all three hospitals, the health department, physicians, mental health providers and dental health providers.

Our Rationale:

Our research shows clearly that there are substantial numbers of Franklin area residents who depend on emergency rooms and out-of-area clinics for care, if they get care at all. The lack of primary care for the uninsured and low-income not only promotes higher rates of disease, it manifests itself in higher health care and insurance costs and impacts the productivity of employers, schools and public health. Physicians, anxious about the financial integrity of their practices, feel they must limit access for the uninsured to avoid being overrun with non-paying patients.

Primary care health needs within the Hispanic community are even more acute, where language and cultural differences, as well as economic differences, are additional barriers to care.

While a clinic is not the permanent, long-term answer to a growing problem, it is an essential stopgap measure. A primary care clinic should provide a setting where physicians and clinical personnel can provide services without exposing their professional practices to unnecessary risk.

**Key Next Steps:**

1. Organize a task force representing Franklin area physicians, hospitals, public health and community leaders to evaluate and develop plans for a primary care medical clinic and a complementary access program involving specialty and hospital care to address the needs of the poor and uninsured.

**Expanding Access To Mental Health Services**

Our Top Priority:

Encourage active and aggressive recruitment and retention strategies to increase the number of mental health professionals serving Macon County and surrounding areas.

Other Priorities:

- Increase awareness of the need for adequate funding and increased access to mental health services
- Develop a crisis response initiative to promote timely processing and admission of persons who are experiencing crisis related to mental health and substance abuse.

Our Rationale:

There have long been problems with mental health funding and access, problems that led to statewide reform of the mental health system in 2001. Reform has wrought its own problems, however, the most significant of which is a lack of professionals

to serve those with mental health needs, especially those in crisis and without insurance or financial resources.

For those with mental health problems, lack of access means waiting—in a jail cell, in the hospital emergency room, in a squad car. Emergency admission to a mental health facility with beds can take over 24 hours. Seeing a counselor can take weeks. Seeing a psychiatrist can take months. One possible implication of this lack of access is our finding that the suicide rate in Macon County was 67% higher than the state average from 2001 to 2005.

Mental health issues include the problem of substance abuse, including methamphetamine addiction. Many mental health crises are triggered by substance abuse. Many families and children in crisis are the result of meth addiction.

One solution is to help those who are providing mental health services, such as the Smoky Mountain Center, to provide more services through recruitment. We can help them sell prospective employees on the opportunities and quality of life available in Macon County. We can also work to encourage those who are already working here by facilitating communication and collaborative efforts to address problems and improve the system. How the emergency response system deals with those in mental health crisis is one area where local providers, regional providers, law enforcement, hospitals and others can work to produce local solutions.

#### **Key Next Steps:**

1. Meet with regional mental health providers to discuss recruitment priorities and identify collaborative opportunities.
2. Encourage quarterly stakeholder meetings between Smoky Mountain Center and interested providers and leaders in Macon County to address ongoing problems and identify opportunities to improve emergency response systems.

#### **Strengthening Families & Reducing Youth Risky Behavior**

Our Top Priority:

Involve all areas of the community—recreation, churches, schools, business, community groups—to promote the importance of families spending time together and communicating effectively.

Other Priorities:

- To provide increased opportunities for family recreation.

- Work toward establishing comprehensive and ongoing sex education and support programs in schools that emphasize abstinence, character development and positive youth behavior.
- Develop a mentoring program where older youth serve as role models and support for younger youth
- Decrease bullying in schools
- Increase awareness of existing programs and support services for families

#### Our Rationale:

Our research shows that many in the community view some parents as hapless, clueless or at least misinformed when it comes to serious issues facing their children. Pressures to experiment with sex, alcohol, and drugs are very real at a young age. Media and music are redefining the youth experience. Internet pornography and predatory behavior can touch even the most remote location. Violence in the home, neighborhood and schools is an increasing worry.

At the same time the economic pressures of simply earning a living make it more difficult for families to connect. Parents and children alike decry the loss of family mealtime and simple, inexpensive shared experiences. Parents want help. For example, most support sex education in the schools. School leaders want parents to be more involved as well.

Efforts to increase awareness and equip families with information and resources can work to increase family connections and reduce youth risky behavior. There are numerous examples of successful parent and youth initiatives. Churches, schools, employers and other interested groups have important roles to play in the communications and education effort.

#### **Key Next Steps:**

1. Evaluate and identify funding sources for a public awareness campaign.
2. Recruit a campaign leadership team to develop key message and develop an implementation plan.
3. Identify a team of educators, parents and students to evaluate opportunities to improve sex education and related risky behavior prevention programming in Macon schools.
4. Develop an inventory of parent and adolescent support resources available in Macon County and distribute it.
5. Challenge high school student leaders to evaluate mentoring programs.

#### **Supporting Seniors & Long Term Care Needs**

Our Top Priority:

Develop a community wide, long-range plan to address the needs of aging Macon County residents in 2015 and beyond.

Our Rationale:

Many of the traditional concerns for seniors— isolation, transportation, socialization, access to care— seem to be less acute in Macon County. Our research shows that while all these are vitally important, current service providers in Macon County are doing a good job to meet them, at least for now.

We believe the greater problems lie 8 to 15 years in the future, when many of the county's current healthy and mobile retirees become less mobile and more frail, and when greater numbers of Baby Boomer adults enter their post-65 years. We are not aware of any comprehensive community planning for this inevitable event.

Retirement living is important to many elements in the Macon County economy, not just the health and human services network. A comprehensive plan that takes into account the future needs of the aging will be an opportunity for many perspectives— public and private, not-for-profit and for-profit, Highlands, Nantahala and Franklin, acute care and long term care--to work together.

#### **Key Next Step:**

1. Organize a long-range planning committee made up of county officials, business leaders, long-term care and health care providers and key interests to develop a 2015 plan to meet the needs of senior residents in Macon County

#### **Promoting Environmental Quality**

Our Top Priority:

Promote water quality by providing information on the importance of maintaining effective sewer and septic systems and wastewater management.

Other Priorities:

- Conduct a survey of Macon County homeowners to measure the problem of aging septic tanks and field lines.
- Endorse local adoption of regulations for septic tank and field line maintenance for rental property.

Our Rationale:

Water quality is an essential ingredient to mountain and rural quality of life. Our research shows that only 40% of Macon residents view their water as very clean, and 11% say it is polluted. Concerns about water quality are more serious among those living in mountain lake areas like Highlands and Nantahala.

Information gathered by HCMC raises concern that many of the septic systems in the county are aging and either failing now or likely to fail. The numbers and ages of septic systems are largely unknown, which in itself is a concern. Maintenance of systems is left to the property owner, which in Macon County, may be someone who lives in the area only part time, or who operates a lake or mountain home as vacation rental property. Rental properties often attract far more occupants than septic systems were designed to support.

**Key Next Steps:**

1. Ask wastewater specialists to update proposed septic system maintenance guidelines and regulations for review.
2. Develop a homeowners survey to compile information on the age of septic systems that can be administered cost-effectively, perhaps online or in association with other, routine county operations.
3. Pursue opportunities to promote increased awareness of the importance of proper septic tank maintenance in area media and through public events.

## **Advocacy for Increased Awareness and Support**

### Our Top Priority:

Establish a formal advocacy group to work with state and federal representatives and governmental agencies to provide education and information about Macon County health needs and priorities.

### Other Priorities:

- Advocate for improvement to the state mental health system and increased funding to support local access to essential services
- Increase funding for health curriculum study and physical education in public schools
- Encourage employers to require completion of high school for new job applicants

### Our Rationale:

In the complex realm of health delivery and funding for health initiatives, it is increasingly evident that local priorities are influenced by decisions at the state and federal level. Making sure that key stakeholders and decision makers are informed and engaged will be increasingly important. Part of the HCMC role may be to organize town hall style meetings and discussion forums to connect elected officials and decision-makers with those in Macon County.

### **Key Next Step:**

1. Organize an advocacy committee to identify, discuss and organize communication with state, regional and national leaders concerning Macon County priorities.

The 2007 HCMC Comprehensive Healthcare Assessment Report provides a more thorough analysis and discussion of these priority issues and recommendations.



# Community Health Assessment Report

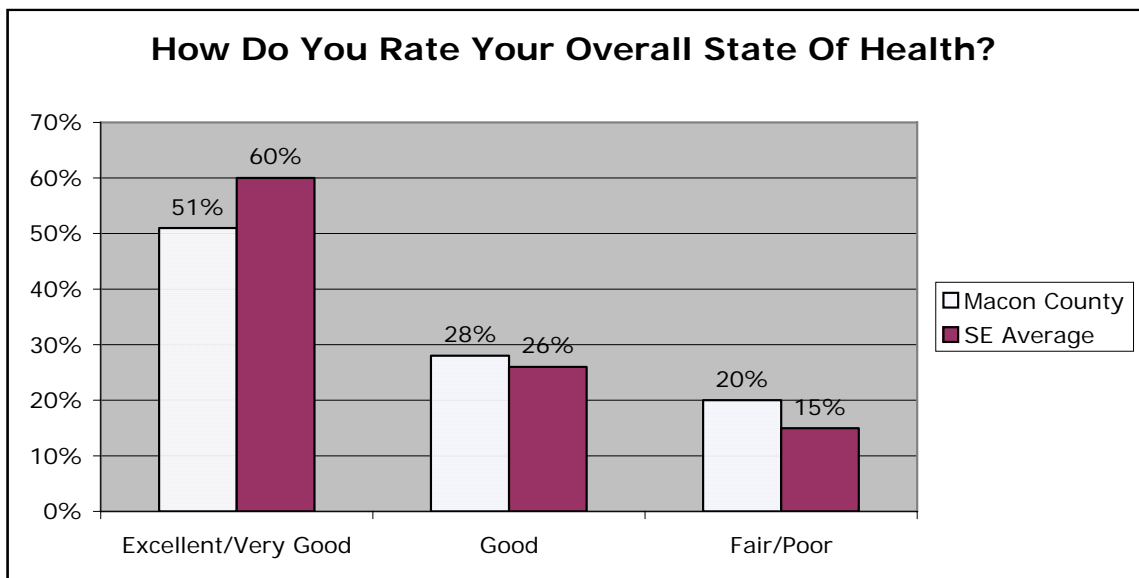
## How Healthy Are We?

One approach to determine how healthy someone might be is simply to ask. In the telephone survey participants were asked to self-appraise their state of health. A similar approach is used annually by the Centers for Disease Control and the National Center for Health Statistics, which annually completes a National Health Interview Survey (NHIS). Below are some highlights from the Macon County study and comparisons to regional NHIS findings.

According to the local survey, 51% of Macon adults rate their health as excellent or very good. This compares unfavorably to NHIS results, which finds that 60% of adults in the southeast rate their health as excellent or very good.

In contrast, 20% of Macon County adults say their health is fair or poor, compared to 15% across the southeast.

These findings fuel an impression that is corroborated by interviews and focus groups—that the quality of health of Macon Countians is somewhat lower than it ought to be. Certainly there are many positive findings and healthy people—79% rate their health good or better—but there are significant problems exacerbated by issues of education, economics and social change.



When asked if their health is getting better, worse or staying about the same compared to a year ago, 10% of Macon adults said they feel their health is getting worse. This compares to only 3.5% of adults in the southeast. Those in the study who make

less than \$25,000 per year are twice as likely to report their health is worse than those who make more than \$80,000 yearly.

Health insurance and income are powerful and related health factors. Possessing insurance and adequate income help facilitate access to health care services. Those without ready resources to pay for care might put off going to the doctor or filling a prescription, all of which can affect recovery from illness and long-term health status. For example:

- 9% of Macon residents surveyed said they delayed medical care because they could not afford it.
- 16% of those without health insurance have not seen a doctor or health professional in 5 years or more.
- 27% of those without insurance have gone over two years without seeing a doctor

Impeded access to care due to lack of insurance or resources to pay was the major theme of interviews with community leaders, many of whom see the problem as getting larger and worse in the near future. A more thorough discussion of the health access issue is provided later in this report.

### **Major Health Indicators**

To help measure health status, Healthy Carolinans of Macon County questioned those in the survey about key health indicators such as obesity, diabetes, high blood pressure, heart disease, exercise and cancer prevention. Results provide some interesting insights into these common health risks and the diseases they promote.

#### Obesity

Participants in the telephone study were asked to provide their height and weight, information that was used to compute a Body Mass Index (BMI) for every participant. Computations show that 61% of Macon adults are overweight or obese. Over a third of Macon Countians -34%--are overweight and an additional 27% are obese. According to the CDC, obesity is defined as a BMI of 30 or more. A healthy BMI is between 18.5 and 25. A BMI of 25 to 30 is considered overweight, but not obese.

Only 2% reported being underweight, which is a BMI less than 18.5.

The obesity problem is most acute among 23-to-34 year olds, 39% of whom are obese. This is the highest rate of obesity found in the study. It is interesting to compare the rate of obesity in young adults to the rates found in youth. At a health fair for Macon County high school youth in 2006, 22% were found to be overweight and at risk. Similar health fairs for middle school children found an at-risk and overweight rate of 26%. So there seems to be a considerable increase in the rate of obesity from the teen to young adult years.

Childhood and adult obesity were major topics of discussion among the community focus groups, where participants tend to blame sedentary lifestyles, TV and video games, a lack of emphasis on outdoor play, and fast food diets. Parents in the focus groups would like to see more emphasis in physical activity beyond team sports such as football and baseball, which many students are unable to participate in, especially as they reach middle and high schools.

Fast food and the two-income lifestyle for couples are blamed for the rise in obesity among young adults. Those in the focus groups believe many young adults never learned to eat healthily, are too tired from work to cook or exercise, and spend too much time with television and video pastimes. Some see employers as having the best opportunity to educate and influence young adults toward healthier lifestyles.

Income and education are factors to rates of obesity. Among those who earn less than \$25,000 annually, the obesity rate is 33%, compared to 21% for those who earn between \$60,000 and \$80,000. Among those whose education is limited to high school or less, the obesity rate is 29%, compared to only 20% for those with college degrees.

### Diabetes

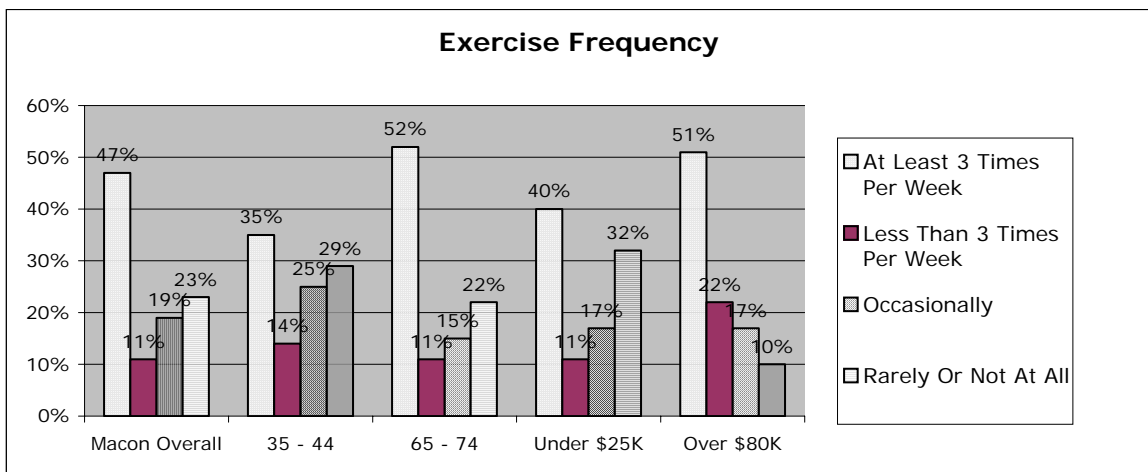
Diabetes and weight are often connected. Among those in the HCMC study, 14% report they have been told by a doctor or health professional that they have diabetes. If accurate, this rate of diabetes is twice the national adult average. Among the obese in the study, the rate of diabetes rises to 25%.

The degenerative health effects of diabetes can be deterred or delayed with effective management and treatment. Among Macon adults reporting diabetes, 48% report they do not measure their blood sugar daily and 26% report they do nothing to control their diabetes. Treatment is lowest among those who report they have no health insurance.

## Fitness & Exercise

A do-it-yourself prescription for excess weight and diabetes is exercise and a high level of physical fitness. According to the survey results, almost half of Macon Countians exercise at least three times per week. However, only 18% rate their level of fitness as excellent.

The chart below compares exercise patterns among some diverse groups. The age group that exercises the least is 35 to 44, while the age that exercises the most is 65 to 74. Income makes a difference, too. Those who earn less than \$25,000 exercise the least while those who earn over \$80,000 exercise the most.



It is interesting that being active in the community means one is also active at exercise. Among those who volunteer in the community, 53% exercise at least three times a week, the highest response in the study.

Those who are overweight or obese also exercise less; 32% report they exercise rarely or not at all.

## Hypertension

Over four in 10 in the study—41%—report they have hypertension, or high blood pressure, a major risk contributor to heart disease and stroke. Among those who are obese, 60% report hypertension.

Most take medication for their hypertension, unless they lack health insurance. While 84% of those with hypertension report they take medication, 56% of those without health insurance do not.

## Cholesterol

Another heart and stroke risk factor is high cholesterol. Adults are encouraged to know their total cholesterol number and to manage it with diet and/or take medication if it is above 200.

Almost half of Macon County adults in the study—47%—do not know what their cholesterol number is. The percent who do not know goes up to 70 among those without insurance. As can be seen in the chart below, a majority of those with other risk factors for heart disease also do not know their cholesterol number.

What Is Your Total Cholesterol?	Overall Response	No Insurance	Obese	Smokers
Less Than 200	35%	17%	33%	25%
200 to 275	16%	12%	15%	5%
Over 275	2%	1%	1%	2%
Don't Know	47%	70%	51%	69%

### Women's Health

Women in the study were asked about health and prevention practices related to identifying cancer risks early. Almost all the women in study—96%—report they know how to perform a breast self-exam, but only 60% do it regularly.

Again, almost all (98%) report they have had a pap smear at some point their lives, but 49% have not had a pap smear in the past year. Further, 74% of low-income women, and 59% of women without health insurance have not had a pap smear in the past year.

Similar patterns emerge for women and mammograms. While 85% have had a mammogram at some time in the past, 37% of all women over 40, and 53% of women age 45 to 54 have not had one in the past year. Insurance and income is again a factor; 70% of those without insurance have not had a mammogram in the past year. While not every adult woman needs a mammogram each year, it is clear that insurance and income can discourage even those women who do. Over 25% of women over age 55 have not had a mammogram in the past year, most of them low income or without insurance.

Among women over age 50, 72% have had a bone density scan and 59% have had a colonoscopy. However, among over-50 women without health insurance, only 32% have had a bone density scan and 41% have had a colonoscopy.

### Men's Health

The men who participated in the study were asked about some of their health practices. Substantially more men over age 50 have had colonoscopies than women—82% to 59%. This is a significant difference that should interest health professionals, especially gastroenterologists. There seems to be a lot of older women who are so far avoiding this important screening procedure.

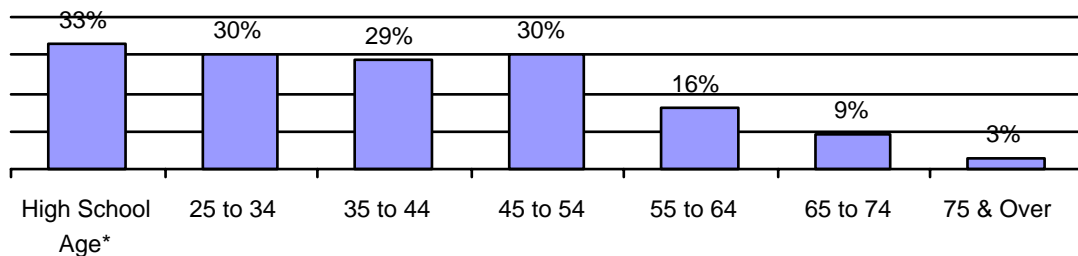
Over 50 is also the age when men begin to be tested for prostate cancer using a PSA screening. Among Macon men, 85% report having a PSA test, and the rate goes up to 92% for men over age 75.

## Tobacco Use

About one-third of Macon County's young adults light up cigarettes on a regular basis. This compares to only 21% of adults nationally, in the NHIS. The young adult years are also the beginning of childbearing, and data show that as many as 22% of mothers in Macon County smoked during pregnancy (Source: NC Department of Health and Human Services, 2004).

It is interesting to note that cigarette use declines with age (see chart below). It appears the transitional age where smoking falls off dramatically is around 55. While the study did not measure the reasons for the decline in smoking, the rise in health complications (and even death) associated with smoking are more likely to present around this time of life.

### **Cigarette Smoking Through The Ages**



\* High School percentage from 2005 Youth Risky Behavior Survey

The data indicate that smoking that starts in high school continues at pretty much the same rate into the young adult and middle age years. An implication is that if youth smoking can be reduced, adult smoking will be reduced over time as well.

According to the NCMC survey, 13% of Macon County smokers have tried to quit in the past year, but failed to do so. Among smokers under age 35, 24% have tried to quit in the past year, but failed and resumed smoking. An even higher number of smokers at the lowest income levels—26%—tried to quit in the past year and failed.

Sadly, given the cost of cigarettes, smoking is substantially higher among low-income adults than those at the higher income levels. For example, 31% of those earning less than \$25,000 a year smoke regularly compared to 6% of those at the highest income levels. Education is also an indicator—27% of those with high school educations or less smoke cigarettes, compared to 8% of those with college degrees and 6% of those with post graduate degrees.

Use of other tobacco products—chewing tobacco and snuff—lags well behind cigarettes. Only 6% of Macon adults use these products. Use is highest among those over age 75.

### Alcohol Use

The education factor is reversed for alcohol use, however. As a rule, better educated and wealthier Macon County adults are more likely to use and abuse alcohol. Overall 7% of Macon residents say that within the past 12 months they have consumed more than 5 alcoholic beverages in a single day. Among those whose income is above \$80,000, the number rises to 12%.

Younger users of alcohol are also far more likely to consume a lot of alcohol in one day. The rate of those who say they have consumed more than 5 alcoholic beverages in a single day rises to 20% among those 23-34.

There is evidence that alcohol use is a common experience at the high school, and even middle school, level. Those participating in the student focus group say that weekend drinking is a common occurrence because "there is nothing else to do." Youth view alcohol consumption as a rite of passage and something that begins at middle school ages when adolescents are trying to assert their maturity.

The 2005 YRBSS shows that about 31% of middle-schoolers and 26% of high school students consume alcohol at some level, rates that are a little lower than the 2002 YRBSS findings.

### **Access To Medical & Dental Care**

As referenced above, access to health care services is a major issue in the minds of Macon County leaders. The worries are wide-ranging:

- Lack of access to care will contribute to more serious health issues in the future for individuals and the county.
- Treatment for those without insurance or ability to pay will overwhelm local hospitals and physicians, causing some services to close or cut back.
- High rate of uncompensated care will discourage new physicians from locating in Macon County and cause others to leave.



- Expanding services for those without ability to pay are driving up costs at the health department and other public service agencies.
- Some residents express concern that transient residents coming into the county to work might bear diseases that go undetected and untreated.
- Rising cost of providing health care will prompt area employers to cut insurance benefits or drop health insurance coverage altogether, increasing the number of uninsured.
- With fewer providers and less access to local health services, employers and retirees will be discouraged from locating in Macon County.

Whether these worries ever become reality is open to debate, but it is clear that lack of insurance and its impact on care and access are legitimate, growing concerns.

- Estimates of the uninsured in Macon County range from 17% to 23%, meaning up to 7,300 county residents are without insurance.
- Although difficult to measure, lack of insurance and difficulties accessing are more acute in the Hispanic community.
- Uncompensated care within the Angel Medical Center emergency department totaled \$5,526,959, in 2006.
- A number of physicians in Macon County have taken actions to limit their risk for uncompensated care, such as requiring new patients to submit applications and not participating in Medicaid.
- Just under one in 10 Macon County adults surveyed—9%—have delayed medical care because they could not afford it. The national average is 8%.
- The HCMC telephone study shows again and again that those without insurance are less likely to see a doctor, get medications or receive basic health screenings like mammograms and pap smears.

One group that seems to have adequate access to care in Macon County is the elderly. Services to the elderly are important to

community leaders interviewed, but most feel current services are doing a good job. According to telephone research, 90% of those over 75 have seen a doctor within the past six months, and 89% feel their quality of life is excellent. While many are concerned with the coming age wave and the impact of current retirees aging in place, the consensus is that most Macon County seniors are getting access to care and essential services.

Access to care for some low-income adults may be improved by the anticipated VA Clinic to be opened in Franklin in the near future. There are approximately 4,000 veterans in Macon County. How many of them might be low income and having difficulty with access is uncertain.

Access to health services is more acute for adults than for children. Parents seem to be finding ways to get care for their kids. The State Children's Health Insurance Program (SCHIP) provides health care coverage for many low-income children, which contributes to better access to care. No parent in the Macon County study reported delaying medical care for children due to lack of resources to pay.

Health Services Delayed In Macon County Because Respondents Could Not Afford Them		
Among Adults		Among Children
9%	Delayed Medical Care	0%
10%	Delayed Getting Prescriptions Filled	3%
14%	Delayed Dental Care	9%
10%	Delayed Getting Eyeglasses	3%
3%	Delayed Mental Health/Counseling	2%

There is evidence that the Hispanic experience is different. Hispanic families are more likely to delay care, sometimes due to finances, and sometimes due to lack of transportation, language barriers, cultural differences and fear of deportation.

The experience of the Community Care Clinic of Highlands-Cashiers provides insight into the uninsured world and efforts to obtain medical care. The Highlands Clinic is affiliated with Volunteers in Medicine, a loose network of medical clinics across the country that provide free services to those without insurance. The Highlands Clinic is open for four hours on Thursday evenings, providing primary medical care out of a converted press box at a recreation field about three miles from downtown Highlands.

The Highlands Clinic provided 750 free patient visits during its first year of operation. Even though the primary mission of the clinic is to serve those in the Highlands area, 45% of patients in the first year were from Franklin. Many patients are Hispanic, and the Clinic provides Spanish language translators most weeks. Even though appointments are encouraged, patients often arrive without notice and crowd into the small waiting room, where the compassionate staff of volunteer doctors and clinical personnel eventually work them in.

The story of the Highlands Clinic assumes its greater meaning when one considers the road from Franklin to Highlands—over 16 miles of winding, two-lane peril and persistence that takes about 40 minutes on the best of days. The clinic itself is not easy to find, located out of town on a side street. Yet the uninsured doggedly seek out the clinic, in winter even traveling in the dark both ways.

When prescriptions are required, the Highlands Clinic issues vouchers that can be used for free prescriptions at a pharmacy in Highlands. That pharmacy closes at 5:00 PM, so that means most patients to the Clinic make a return trip along the Highlands Road to get a prescription filled the following day.

Dental care is even more difficult to obtain for some low-income families in Macon County. The HCMC telephone study reveals that 41% of residents polled travel outside of Macon County for dental care, many of them outside the state, presumably to Georgia, where there are dentists who provide Medicaid services. There are no private practice dentists in Macon County that participate in the Medicaid program.

The Molar Roller, a mobile dental clinic operated by the Macon County Health Department is making dental care more accessible to low-income families, especially to children. The Molar Roller visits schools in the area and sets up in rural communities.

Still, as noted above, 28% of Macon County adults have not seen a dentist in the past year and 14% have delayed dental care because they could not afford it. One-quarter of those who make less than \$25,000 or less have not seen a dentist in the past five years.

### **Mental Health Care**

In 2001 the state of North Carolina embarked on a mission to reform its mental health care system. Almost overnight the system of state employed psychologists and counselors was replaced by a managed care model. Formerly employed mental health professionals were encouraged to set up private practices and provide services via contracts with new, local management entities (LMEs).

The bottom line is that many mental health professionals across the state and in Macon County chose to find other jobs and move rather than assume the risk of private practice. Those who did enter private practice sometimes found it difficult to work with their area LMEs, which were struggling to make sense of the new roles they had been given.

The LME for the Macon County area is Smoky Mountain Center, headquartered in Sylva. While Smoky Mountain has been determined and dogged in their efforts to make the new system work, there are significant problems:

- The demand for patient services has sometimes overwhelmed Smoky Mountain's intake staff. Even getting someone to answer the 800 number set up for patient referral has been a challenge at times.
- Those in private practice report frustration with the LME, saying they do not get referrals from Smoky Mountain as

they anticipated, and that when they do, coordination of care and payment are problems.

- The outflow of professional staff following reform has left Smoky Mountain with an acute shortage of staff. There is two to three month wait to see a psychiatrist. There is a one to two month wait to see a psychologist. Even getting a patient into see a counselor can take weeks.
- Area hospital emergency room staff and law enforcement offices often spend countless hours trying to place emotionally disturbed or self-destructive adults. Often officers sit with persons for 24 or more hours waiting for them to be evaluated by medical personnel and placed in an appropriate mental health setting.

There are indications some of the problems of reform may be easing. Smoky Mountain is stepping up efforts too recruit professional personnel to Western North Carolina, which will benefit Macon County, as well as other counties served by the LME. Private providers are pursuing improved relationships with the LME, or have restructured their practices to focus on those who are insured or pay for services privately.

Yet there is no doubt that difficulties of access and coordination of care are impacting Macon County. The HCMC survey reveals that 17% of respondents say someone in their family has had difficulty accessing mental health or substance abuse services. That percentage rises to 26% among adults 23 to 34. Difficulty accessing services is also more acute in rural areas.

Even among those who have used the mental health system in the past, and thus have some familiarity with its ins and outs, are having difficulty accessing care. Among those who have accessed mental health in the past, 26% report difficulty getting care. That rises to 38% among those in the 35 to 44 age group, and 36% among those from rural areas.

Why? Lack of access to appropriate, local treatment options were cited by 76% all respondents who felt they needed such care.

<b>What is the reason you have had difficulty accessing mental health or substance abuse services?</b>	
No treatment available locally	50%
Did not know where to go	19%
Felt uncomfortable getting help	17%
No insurance	9%
Too long a wait for treatment	5%
Local services not what was needed	2%

The demand for mental health services is often below the radar for many in a community. Because the percentage of the population with mental health and substance abuse needs is smaller than those with physical needs, the unmet demand for services can be harder to detect.

Addiction to methamphetamine is a particular substance abuse issue that is obviously devastating, but also difficult to measure. Those working in social services and substance abuse counseling observe that the meth problem is widespread in Macon County and throughout Western North Carolina. Treatment resources for meth addiction are difficult to access, especially for those with low income, which largely describes the meth user population.

The HCMC survey asked participants questions related to their personal mental health. Responses indicate there are significant percentages of Macon County adults struggling with potentially serious feelings of depression and anxiety. Local results are somewhat higher than regional results from the CDC's National Health Interview Survey.

Within the past 30 days have you ...	All Of The Time	Most Of The Time	Some Of The Time	A Little Of The Time	Never
Felt so down in the dumps nothing could cheer you up?	2%	2%	10%	18%	69%
<b>NHIS Results</b>		<b>3.1%</b>	<b>8.3%</b>		
Felt nervous?	2%	2%	14%	20%	62%
<b>NHIS Results</b>		<b>4.2%</b>	<b>11.4%</b>		
Felt hopeless?	1%	1%	6%	5%	88%
<b>NHIS Results</b>		<b>2.0%</b>	<b>4.0%</b>		
Felt worthless?	--	1%	4%	4%	91%
<b>NHIS Results</b>		<b>1.7%</b>	<b>3.2%</b>		

Applied to the total Macon County population, these findings could mean that as many as 1,280 area adults feel so down in the dumps nothing can cheer them all or most of the time. These feelings become even more acute among the low income, the population most affected by reduced access related to North Carolina's mental health care reform initiatives.

Within the past 30 days have you ... Low Income Responses Only	All Of The Time	Most Of The Time	Some Of The Time	A Little Of The Time	Never
Felt so down in the dumps nothing could cheer you up?	5%	5%	21%	23%	47%
<b>NHIS Results</b>		<b>7.7%</b>	<b>15.2%</b>		
Felt nervous?	5%	6%	24%	16%	50%
<b>NHIS Results</b>		<b>9.1%</b>	<b>15.2%</b>		
Felt hopeless?	3%	3%	16%	8%	71%
<b>NHIS Results</b>		<b>5.6%</b>	<b>8.0%</b>		
Felt worthless?	1%	4%	11%	6%	78%
<b>NHIS Results</b>		<b>4.4%</b>	<b>7.0%</b>		

There is evidence that the suicide rate is higher in Macon County than in other areas of North Carolina. According to mortality statistics tracked by the North Carolina Department of Health, the suicide rate for Macon County is 67% higher than state averages. The extent to which depression, economic factors and the lack of treatment options contribute to this higher rate can only be speculated.

Further, according to the 2005 YRBSS, over 27% of high school youth have felt sad or hopeless every day in the past year and 17% have considered suicide. While these rates are down a little from 2002 findings, they are still higher than North Carolina averages for other teens.





As with medical care, access to mental health services for children is somewhat less acute than with adults. This is due to the good work of agencies like Kid's Place who provide advocacy and counseling to children affected by abuse. There is a team of social workers and counselors associated with Kid's Place who also provide services to children. Pediatricians fulfill a vital role diagnosing and referring children for mental health services, as do school nurses and counselors play vital roles as advocates and protectors of children, as does the Department of Social Services.

Nevertheless, as noted earlier, 2% of survey respondents say they have delayed mental health services for their children because they could not afford it. This is about the same percent as among adults.

#### **Community Worries About Families, Violence & Risky Behavior**

A major theme from the community interviews and the focus groups is concern about Macon County families and youth. Parents, school leaders and others express concern that cultural and economic pressures are damaging Macon County families. Participants in the telephone study often agreed. Here are the major findings:

- Youth risky behavior is an alarming reality—sex, drugs, alcohol and smoking are visible problems in middle school and high school. The eighth and ninth grades are critical years when many risky behaviors begin in earnest.
- According to the 2005 YRBSS, 48% of Macon County high school students have had sexual intercourse, and 20% have had more than two partners.
- One-third of high school youth said they have consumed 5 alcoholic drinks in a row within 30 days (prior to the survey date). 14% reported using alcohol or drugs prior to their last sexual experience.
- 59% of youth believe drugs are a problem at school. 22% say they have been offered illegal substances at school. 24% have used a non-prescribed drug and 19% used marijuana within the 30 days prior to the YRBSS survey.
- Too many parents are unaware, or worse--unconcerned--about what is going on in youth culture. Parents do not know what their adolescent children do on the Internet or on weekends. They are unaware of digital youth culture and the impact of web sites like MySpace.

- Many parents are consumed by the demands of making a living. In homes where there are two parents, both parents may work and family time is limited. In homes where there is one parent, the economic and time pressures can be even worse. Many teenagers work full time evenings and weekends as well. As a result, many families eat few meals together.
- Even students who do not share much family time see the need for it. They want a closer connection with parents. They wish their families would take time to eat together and talk more.
- Some churches are effective addressing problems within families and youth risky behavior, but many are timid about the subjects.
- Parents and school health leaders alike would like to see some meaningful sex education available in the schools. Students concur that current efforts at sex education are ineffective, but they express doubts about whether a program would be too religious for use at school.
- Parents are worried about violence, primarily gang violence and bullying at school. In the 2007 telephone survey, 5% of respondents say they are aware of gang activity in their neighborhoods. Interestingly, perceptions of gang activity are highest in middle to upper income households in the Franklin area that include children under age 18.
- While 91% of parents generally believe their children are safe when they go out into their neighborhoods, some express concerns. 16% of respondents say a child of theirs has been hit or abused by a bully. 27% of single parents say their child has been bullied. Reports of bullying are highest from parents of Franklin High students (although the bullying incident could have occurred years earlier in another school).

It is interesting to compare some responses from parents about youth behavior with the responses from youth and the 2005 YRBSS. The chart below contrasts some key findings from the two studies.

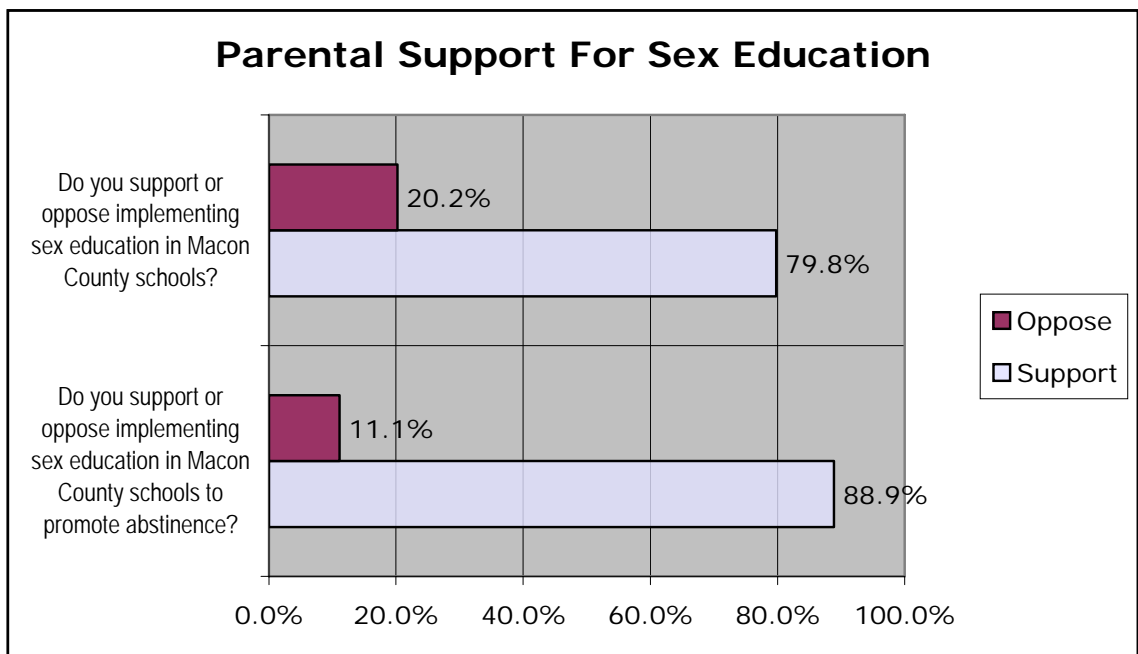
## Parents and Youth Views Of Youth Risky Behavior

*Comparing Key Results from the 2007 Healthy Carolinians of Macon County Survey with the 2005 Youth Risky Behavior Surveillance System (YRBSS)*

	Parents Saying Yes	Parents Saying No
Has your child or any of your children ever been hit or abused by a bully?	16%	84%
<i>Middle school students put the number much higher—39% say they have experienced bullying. 10% have avoided school because of fear of a bully or teasing.</i>		
Do you worry that your child/children is/are using drugs or alcohol?	11%	89%
<i>But 46% of middle school students report they have used alcohol.</i>		
Do you worry that your child/children is/are using tobacco products?	6%	94%
<i>But 26% of high school students report smoking at least two days in the previous 30, a 59% increase from the 2002 YRBSS. Among middle schoolers, 12% report smoking.</i>		

<i>Continued...</i>	Parents Saying Yes	Parents Saying No
Have you ever talked to your child/children about what you expect of them to do and not do when it comes to sex?	57%	43%
<i>But students may see it differently. While 92% of parents of high school age children say they have discussed their views of sex with their children, only 74% of high school students say they have had such a talk.</i>		

Parents polled by telephone agreed strongly with those in the focus groups that sex education should be taught in public schools. Support is around 90% or higher among parents active in church and parents of all education and income levels. Over three fourths of parents (75.1%) who support sex education believe it should start in middle school.



Most parents participating in focus groups believe that past school efforts to teach sex education have been inadequate. Students agree, but are unsure about how any new class might be implemented. Some students believe classes that emphasize abstinence would be "religious" and not appropriate for public school.

## **Healthy Attitudes & Quality of Life**

The health of a community can also be reflected in the attitudes and optimism of its people. The healthier the attitudes of its people toward their neighbors, jobs, and future, the healthier Macon County is likely to become.

About half of respondents in the telephone survey (49%) say quality of life in Macon County is good, and another 39% rate it excellent. Those who rate quality of life the highest tend to be the highest wage earners. Those in the lowest income brackets are about six times more likely to say life in Macon County is fair or poor than those who make over \$80,000 annually. Those who live in Highlands are also more likely to rate quality of life as excellent compared with those in Franklin.

Here are some highlights from the research that reflect key community attitudes.

- 39% reported they volunteered for an organization in Macon County within the past year. Women are more likely to volunteer than men, and those with graduate degrees are substantially more likely to volunteer than those with lesser educations.
- A similar percentage—36%—are involved in non-church organizations such as civic clubs, hobby groups or sports teams.
- 70% say they have given money to a non-church related organization in the past year. The amount of the contribution was not specified.
- 56% of Macon Countians attend church regularly, at least once a week. An additional 11% say they attend about once a month. That leaves 33% who attend rarely or not at all.
- 75% of those in the study voted in the November 2006 election. Voting participation is lowest among those aged 23-34, those who earn less than \$25,000 annually, and those who have lived in the county less than 5 years.
- 83% say they read a local newspaper on a regular basis. While readership is highest among those over age 65 (90%), 76% of young adults also read a paper. Newspaper readership is about the same across all educational levels. The study did not specify which newspapers were being read.

Transportation is a key component of community life that keeps persons connected, active and engaged in community life. The study posed the question, "Do you feel you have access to adequate transportation to get to the places you want to go?" Over 96% of respondents said yes, they do have adequate transportation. Even among those over age 75, an age group at risk for isolation, 95% said they have adequate transportation. 97% of those from rural areas say they have adequate transportation.

The largest percentage of those who said no they do not feel they have adequate transportation--11%--live in Highlands.

Cynicism and pessimism run counter to a healthy community. Participants in the study were asked to agree or disagree with some statements reflecting their attitudes toward community life. The results, shown below, are interesting.

#### Diversity

About a third (31%) of Macon residents agree that the community is diverse and accepting of persons of all races, religions and lifestyles. Those most likely to disagree with this statement are young adults, those age 23-34, and those at the highest income levels. Among young adults, 30% disagree that the community is a diverse and welcoming place.

A major topic of the community interviews and focus groups was the growth of the Latino community in Macon County. Some express the belief that county leaders are not prepared to deal with the rapidly increasing Hispanic population and choosing to ignore related problems in the hope they will go away. A complicating factor is that many feel that "illegal" residents are breaking the law, should not be here, and should not be welcomed or accommodated.

Others see Macon County as caught up in long-term cultural and demographic trends, and that the community must accept and adapt accordingly. They note that fear of deportation keeps many Hispanic families from seeking out essential health care services, which in the long run is harmful to the community. They would like to see Macon employers, schools and health facilities be more welcoming and accommodating to overcome language and cultural barriers sooner rather than later.

#### Confidence In Leadership & Schools

About one-fifth of respondents agree strongly with positive statements about community leaders and schools. Most--61%--of

Macon Countians say they somewhat agree that Macon leaders are working to make the community a better place. Those more likely to disagree with this statement are between the ages of 35 and 54, and are probably in the lower income brackets.

The profile of responses is similar for evaluation of schools. Responses among those with children under age 18 vary little from the community overall.

Community Attitudes	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
Macon County is a diverse community that is accepting of all persons.	31%	52%	10%	5%
Our county leaders are working to make our community a better place.	21%	62%	12%	5%
Attitudes Toward Schools	Excellent	Somewhat Good	Somewhat Bad	Poor
What kind of job are the schools doing to prepare our children for the future?	20%	69%	5%	6%
Among those with children at home	21%	68%	5%	6%
Attitudes Toward Work	Very Confident	Somewhat Confident	Somewhat Unconfid't	Very Unconfid't
How confident are you that your job is secure, at least for the next year?	79%	18%	3%	1%
	Yes		No	
Do you feel you are adequately skilled/prepared to do your job well?	100%		--	
Are you happy in your job?	92%		8%	

#### Attitudes Toward Work

One half of respondents in the study were employed, and their attitudes about the working life seem very positive. Most feel their jobs are secure for at least the year ahead. Those with educations at the high school level or less, and those at the lowest income levels, are somewhat less secure, however.

While a positive response is expected, that 100% of respondents feel adequately prepared for their jobs is surprising. One might wonder if this finding is the result of work not being challenging enough, but 92% say they are happy in their jobs. Not surprisingly, those who make the smallest amounts of money are most likely to be unhappy at work. It is interesting that those who have some college education or an associates degree, are more likely to be unhappy at work than those with only a high school diploma or less education.

#### **Quality of the Environment**



Most in the county view the area as an environmentally attractive place to live, but there are significant concerns, especially in the area of water quality.

There is friction between some who favor and benefit from the home construction industry, and some who worry about the effects of construction on water quality. Due to the mountainous terrain of Macon County, sewer systems are impractical in all but the most densely populated areas of Franklin and Highlands. This means most county homes use a septic system.

The number of septic systems in the county is unknown, as are the ages of many of them. Census data estimate 21,000 housing units in the county, but environmental health experts associated with the Macon County Health Department estimate the number of septic systems could be much higher. Of greater concern is how many of these septic systems are failing or are in danger of failing soon. According to a national study of septic systems by West Virginia University, over 10% of septic systems fail annually.

There has been a residential building boom in the Macon County area that began in the 1970, which means many septic systems are now 25 to 30 years old. A large number of mountain and lake properties are rented out, which means their septic systems are used by large numbers of people, often more than the systems were designed to support.

A significant number of rural homes in the county—estimated at several hundred—continue to use illegal straight pipe systems, dumping sewage directly into streams.

The telephone study shows that while most in the county think water quality is at least somewhat clean, those in Highlands are more critical. Young adults, representing a generation that is more sensitive to environmental issues, are also more critical of air and water quality.

Community Opinion On Air & Water Quality	Very Clean	Somewhat Clean	Somewhat Polluted	Very Polluted
Would you say the air quality in Macon County is . . .	41%	42%	16%	1%
<i>Highlands Only Responses</i>	36%	46%	19%	--
<i>Young Adults Only</i>	39%	52%	9%	--
Would you say the water quality in Macon County is . . .	43%	46%	10%	1%
<i>Highlands Only Responses</i>	21%	68%	5%	6%
<i>Young Adults Only</i>	24%	63%	11%	2%

While better methods such as GIS mapping systems to locate and monitor septic systems are in the future, current information systems to measure the size of the problem are lacking. One low-tech solution would be to conduct surveys of homeowners to inquire about the age of their septic systems.

### **Advocacy**

Community leaders interviewed as part of the assessment process express optimism about the county's ability to address its problems and work for positive change. They also express support for elected leadership and confidence in the future.

Yet many feel advocates for health and related community priorities must be more effective in communicating with governmental decision makers, especially at the state and federal levels. The severe and unanticipated problems with state mental health reform is an example of how decisions made in Raleigh can have devastating consequences in Macon County. Many believe it is important for county perspectives to be heard to prevent or minimize negative effects of future decisions.

Priority issues that community leaders would like to see promoted are funding for expanded mental health services and efforts to increase medical access for those without health insurance.

Efforts to advocate for any cause must be approached carefully. Healthy Carolinians of Macon County is a public-private partnership that must and will avoid any appearance of partisanship or political posturing. Our purpose must and will remain focused on advocating for greater health and safety that benefits the entire community.



## Appendix

### List Of Persons Interviewed For This Assessment:

Alisa Ashe, Kid's Place  
Chris Baldwin, Nantahala School  
Edda Bennett, Latino Outreach  
Joe Collins, Mayor of Franklin  
Dorothy Crawford, Seniors Advocate  
James Davis, D.D.S, Macon County Commission  
David Folsbee, Nantahala Community Resident  
Sam Greenwood, County Manager  
Jerry Hermanson, Highlands Clinic  
Jane Kimsey, Macon County Department of Social Services  
Jeff King, Macon County Baptist Association  
Fred List, Mental Health Provider  
Kathy McGaha, Healthy Carolinians of Macon County  
Barbara McRae, The Franklin Press  
Don Mullin, M.D., M.Div, Mayor of Highlands  
Mike Neidig, Mental Health Provider  
Mark Leonard, Westcare Health System  
Sheila Price, Westcare Health System  
Nancy Ritter, WNC Language Alliance  
Ken Ring, Macon County Health Department  
Pedro Ruiz, Macon Partners for Progress  
Don Sandoval, Angel Hospital  
Kenneth Shull, Highlands-Cashiers Hospital  
Ginger Slaughter, Highlands Clinic  
Carolyn Steed, Angel Medical Center  
Carlos Vargas, M.D., Physician  
Joe Whitenton, Smoky Mountain Center