

State of the County Health Report





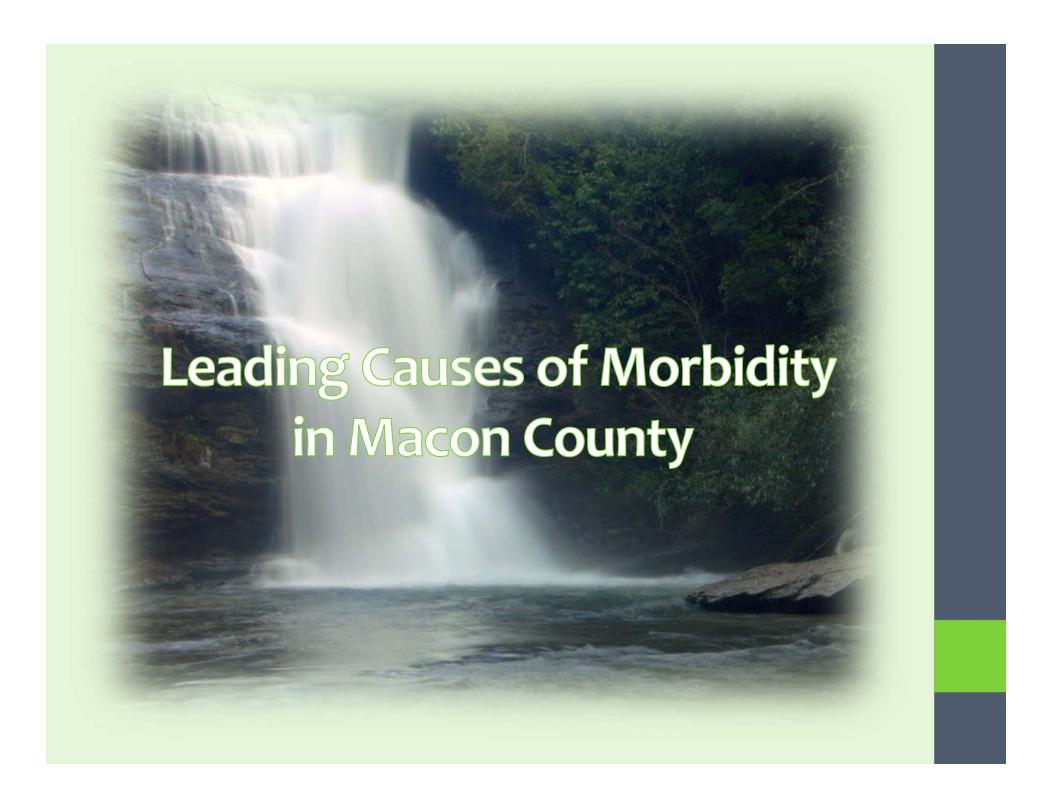
State of the County Health Report (SOTCH)

- Part of the Consolidated Agreement between the NC Division of Public Health and local health departments
- Required each year a Community Health Assessment is not due
- Provides an update of health concerns and actions taken to address health issues identified in the last Community Health Assessment
- Reviews morbidity and mortality data
- Reviews progress on selected health priorities
- Reviews changes in data that guided the selection of the priorities
- Reviews changes in the county that affect health (economic, political, etc.)
- Reviews new or emerging health issues
- Invites community members to participate in ongoing efforts



Profile of Macon County, NC

- Located in the beautiful mountains of Western NC
- The 2010 census estimated the county had 32,600 residents
- Macon County has a median age of 47.5, which is 11 years older than the median for the US or NC
- Approximately 10% of families and 13.5% of individuals live on incomes below the poverty level
- 2011 Unemployment in Macon County was estimated at 10%
- Between the 2000 and 2010 US Censuses the population of Macon County grew by 12.1% and the population of WNC grew by 13.0%
- Military veterans make up 14.8% of the population vs. 10.8% statewide
- In SY 2010-2011, Macon County recorded a high school graduation rate of 84.8% vs. 78.8% for the WNC region
- Macon County received a rank of 13 out of 100 NC counties in the 2012 Robert Wood Johnson County Health Rankings Report

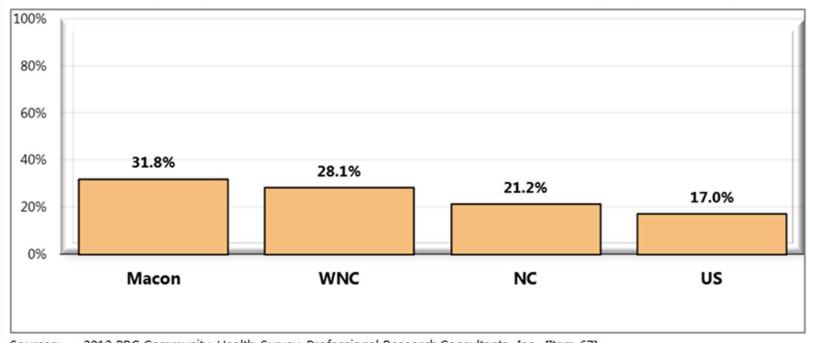


INPATIENT HOSPITAL UTILIZATION AND CHARGES BY PRINCIPAL DIAGNOSIS, AND COUNTY OF RESIDENCE, MACON COUNTY, NC, 2010 (EXCLUDING NEWBORNS & DISCHARGES FROM OUT OF STATE HOSPITALS)

NCStateCenterforHealthStatistics

DIAGNOSTIC CATEGORY	TOTAL CASES	RANK	DISCHARGE RATE (PER 1,000 POP)
INFECTIOUS & PARASITIC DISEASES	82 82	IWHIT	2.4
Septicemia	50		1.5
- AIDS	2		0.1
MALIGNANT NEOPLASMS	155		4.6
- Colon, Rectum, Anus	23		0.7
- Trachea, Bronchus, Lung	15		0.4
Female Breast	10		0.3
Prostate	8		0,2
BENIGN, UNCERTAIN & OTHER NEOPLASMS	41		1.2
ENDOCRINE, METABOLIC & NUTRIT. DISEASES	116		3.4
Diabetes	57		1.7
BLOOD & HEMOPOETIC TISSUE DISEASES	35		1.0
NERVOUS SYSTEM & SENSE ORGAN DISEASES	43		1.3
CARDIOVASCULAR & CIRCULATORY DISEASES	599	1	17.7
Heart Disease	428		12.6
Cerobrovascular Disease	92		2.7
RESPIRATORY DISEASES	391	3	11.5
Pneumonia/Influenza	148		4.4
Chronic Obstructive Pulmonary Disease	102		3.0
DIGESTIVE SYSTEM DISEASES	397	2	11.7
Chronic Liver Disease/Cirrhosis	16		0.5
GENITOURINARY DISEASES	160		4.7
Nephritis, Nephrosis, Nephrotic Synd.	51		1.5
PREGNANCY & CHILDBIRTH	336	4	9.9
SKIN & SUBCUTANEOUS TISSUE DISEASES	59		1.7
MUSCULOSKELETAL SYSTEM DISEASES	253	6	7.5
Arthropathies and Related Disorders	137		4.0
CONGENITAL MALFORMATIONS	11		0.3
PERINATAL COMPLICATIONS	15		0.4
SYMPTOMS, SIGNS & ILL-DEFINED CONDITIONS	102		3.0
INJURIES & POISONING	308	5	9.1
OTHER DIAGNOSES (INCL. MENTAL DISORDERS)	211		6.2
ALL CONDITIONS	3,314		5

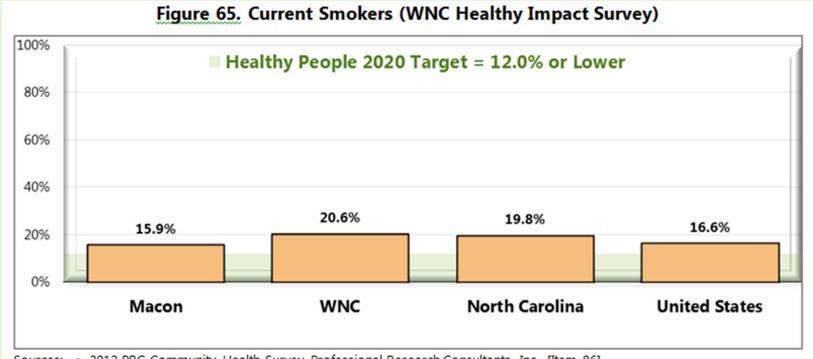
Figure 46. Limited in Activities in Some Way Due to Physical, Mental or Emotional Problem (WNC Healthy Impact Survey)



- Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 67]
 - . Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 North Carolina data.
 - . 2011 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:

· Asked of all respondents



- Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - . Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 North Carolina data.
 - US Department of Health and Human Services, Healthy People 2020, December 2010, http://www.healthypeople.gov [Objective TU-1.1]

Notes:

- · Asked of all respondents.
- . Includes regular and occasional smokers (every day and some days).

100% ■ Healthy People 2020 Target = 0.3% or Lower 80% 60% 40% 20% 10.7% 5.2% 2.8% 0% Macon WNC **United States**

Figure 66. Currently Use Smokeless Tobacco Products (WNC Healthy Impact Survey)

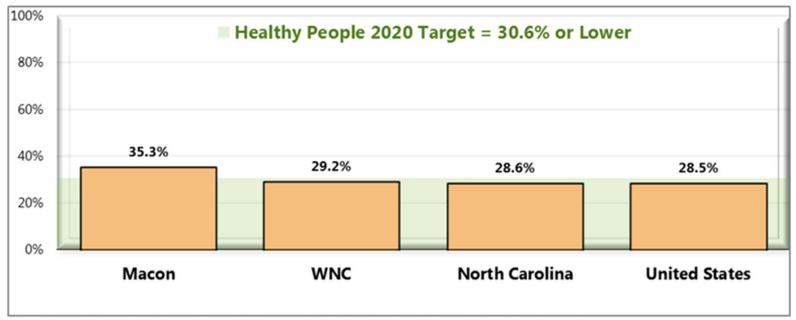
- Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 43]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services, Healthy People 2020, December 2010. http://www.healthypeople.gov [Objective TU-1.2]

Notes:

- Asked of all respondents.
- . Includes regular and occasional users (every day and some days).

Figure 49. Prevalence of Obesity (WNC Healthy Impact Survey)

(Percent of Obese Adults; Body Mass Index of 30.0 or Higher)

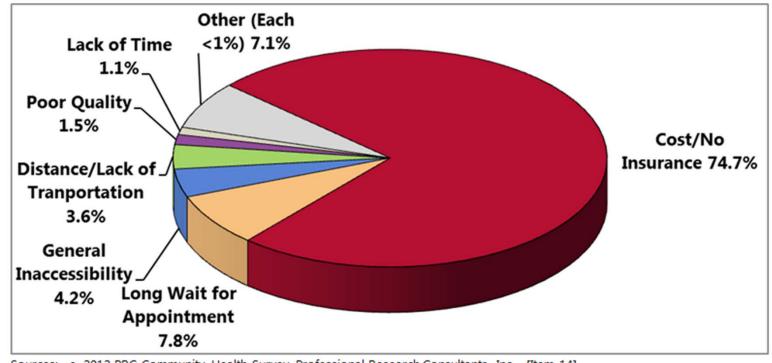


- Sources: 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 85]
 - 2011 PRC National Health Survey, Professional Research Consultants, Inc.
 - US Department of Health and Human Services, Healthy People 2020, December 2010. http://www.healthypeople.gov [Objective NWS-9]
 - . Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2010 North Carolina data.

Figure 69. Primary Reason for Inability to Get Needed Medical Care (WNC Healthy Impact)

(Adults Unable to Get Needed Medical Care at Some Point in the Past Year)

(Western North Carolina, 2012)

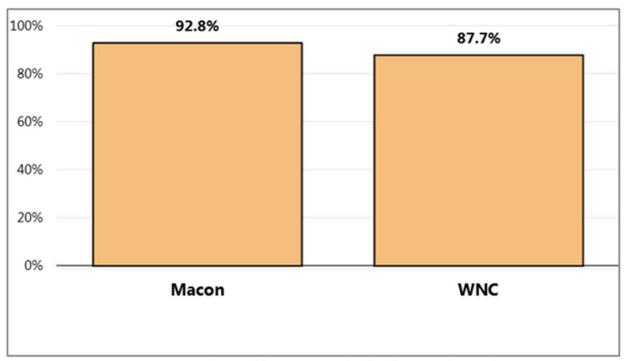


Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]

Notes: • Asked of all respondents.

Figure 74. Taking Action to Control Diabetes or Prediabetes (WNC Healthy Impact Survey)

(Among Adults Diagnosed with Diabetes or Prediabetes/Borderline Diabetes)



Sources: •

Notes:

2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]

Asked of respondents who have been diagnosed with diabetes or prediabetes/borderline diabetes.

 In this case, the term "action" refers to taking natural or conventional medicines or supplements, diet modification, or exercising.



Rank of Cause-Specific Mortality Rates for the Fifteen Leading Causes of Death (Five-Year Aggregate, 2006-2010)

NCState Center for Health Statistics

Leading Cause of Death	Macon County		WNC Mean		NC	
	Rank	Rate	Rank	Rate	Rank	Rate
Heart Disease	1	181.7	1	194.4	1	184.9
Total Cancer	2	165.7	2	180.3	2	183.1
Chronic Lower Respiratory Disease	5	37.0	3	51.1	4	46.4
Cerebrovascular Disease	4	41.0	4	44.0	3	47.8
All Other Unintentional Injuries	3	50.6	5	42.9	5	28.6
Alzheimer's Disease	6	32.3	6	30.7	6	28.5
Diabetes Mellitus	11	13.0	7	19.6	7	22.5
Pneumonia and Influenza	9	14.8	8	19.1	9	18.6
Unintentional Motor Vehicle Injuries	13	n/a	9	16.7	10	16.7
Suicide	7	18.0	10	16.7	12	12.1
Nephritis, Nephrotic Syndrome	8	15.3	11	16.2	8	18.9
Septicemia	12	n/a	12	13.4	11	13.7
Chronic Liver Disease & Cirrhosis	10	13.4	13	13.2	13	9.1
Homicide	14	n/a	14	n/a	14	6.6
AIDS	15	n/a	15	n/a	15	5.4



- Priority A. Reduce the incidence of preventable chronic diseases related to obesity, particularly diabetes and heart disease.
- Priority B. Promote recruitment and retention of additional primary care physicians and dental practitioners serving Macon County residents.
- Priority C. Reduce the incidence and mortality rates of breast, colon, and lung cancer through prevention and early intervention efforts.

2012 Progress on Priority A

Reduce the incidence of preventable chronic diseases related to obesity, particularly diabetes and heart disease

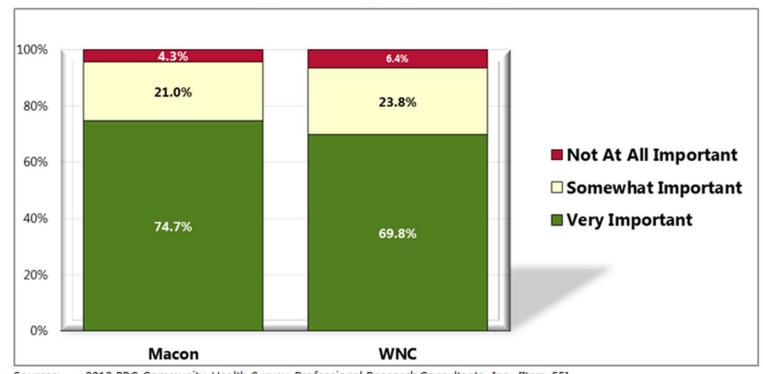
Lighten Up 4 Life

Angel Medical Center initiated a 16-week on-line weight loss challenge called Lighten Up 4 Life. The challenge repeats 3 times per year. Participants are asked to form teams and register those teams online. The teams document their weight loss on-line and are eligible for rewards at the end of the challenge. In the first challenge round, total weight loss recorded for the county was over 2,500 pounds.

Macon County Schools – Gold Award of Distinction

Macon County Schools' Child Nutrition Department received the Gold Award of Distinction from the US Department of Agriculture for 4 elementary sites. Macon County now stands as the first district in NC to receive this award.

Figure 96. Importance of Communities Making It Easier to Access Farmer's Markets, Including Mobile/Tailgate Markets (WNC Healthy Impact Survey)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 55]

Notes: • Asked of all respondents.

2012 Progress on Priority B

Promote recruitment and retention of additional primary care physicians and dental practitioners serving Macon County residents

Access to Physicians

Access to OB-GYN Physicians has increased by 2 Access to pediatric physicians has decreased by 4 Access to family practice providers has decreased by 3

Access to Dental Care

In November of 2012, Macon County Public Health received approval from the Macon County Board of Commissioners to expand their Adult Dental Clinic. This expansion will include re-location to a new facility and an increase in the number of dental chairs.

Free Clinic Grant

The Community Care Clinic of Franklin is pursuing grant funding from the Duke Endowment to extend the clinic's operational budget beyond December 31, 2012. A grant for case management services, provided by The Community Foundation of WNC, has been secured and lasts through June of 2013.

Funding for Women's Health

The Macon County Zonta Sorority conducted a fundraiser in the Spring of 2012. Proceeds in the amount of \$7,209 have been allocated for mammograms, biopsies, colposcopies, etc. for needy women.

2012 Progress on Priority C

Reduce the incidence and mortality rates of breast, colon, and lung cancer through prevention and early intervention efforts

Tobacco Policy

Macon County Commissioners adopted county ordinance regarding tobacco use at Macon County recreational facilities.

Effective July 9, 2012, all forms of tobacco use were prohibited at the buildings and grounds of county-owned recreational facilities.

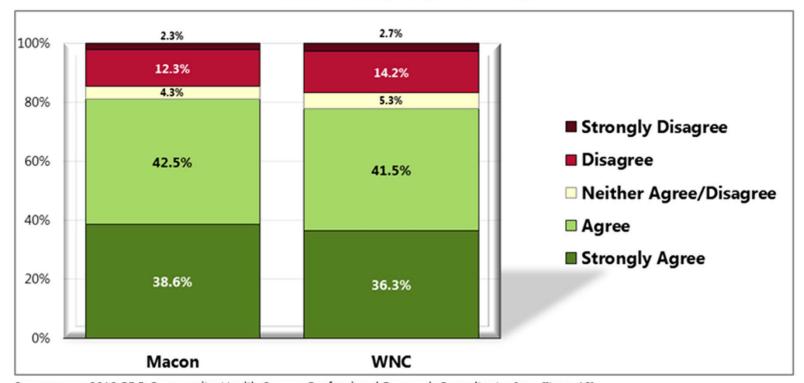
The County Commissioners received support from:

Macon County's TRU Youth Groups
Macon County Board of Health
Macon County Recreation Board
Town of Highlands Board of Commissioners
A public opinion poll conducted by The Franklin Press

Signage was erected at the recreational facilities during July of 2012



Figure 94. "I believe it is important for government buildings and grounds to be 100% tobacco-free (WNC Healthy Impact Survey)



Sources: • 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]

Notes: • Asked of all respondents.

TRU Continuation

The Hi-Top ASSIST Consortium received a grant to fund a Youth Tobacco Coordinator during 2012. This position will, in part, work in Macon County to continue and sustain the TRU Youth Group at Macon Middle School and Mountain View Elementary.

Ladies' Night Out and Men's Night Out

Ladies Night Out and Men's Night Out are partnerships between Angel Medical Center and Macon County Public Health. The initiatives provide periodic programs on a variety of health topics. In addition, funding has been raised through the programs to assist the uninsured/underinsured in receiving mammograms and other health screenings. LNO has averaged 100 women per evening and the first MNO had 11 attendees.

CHA Program

The American Cancer Society has recently begun sponsoring a Community Health Advisor Program in Macon County. An ACS representative recruits and trains volunteers, who in turn will encourage their peers to participate in breast, cervical, and colorectal cancer screenings.



Franklin Community Care Clinic

The Franklin Community Care Clinic is a non-profit organization that provides health care for qualified, uninsured adults and children who meet financial need requirements and are not eligible for Medicaid, Medicare, or other health assistance programs.

During 2012, the Franklin Community Care Clinic has experienced increasing financial insecurity.

Long-term operating funds and qualified medical staffing are currently needed to keep this clinic operational.

Acute and emergency care facilities may see an increased demand for services from clients without a payer source if the clinic cannot sustain operations.

Many uninsured residents will find it increasingly difficult to get needed medical care.

NC Community Transformation Grant (CTG)

NC has recently received the CTG, a grant authorized by the Affordable Care Act of 2010 for the implementation, evaluation, and dissemination of evidence-based community preventive health activities.

Macon County is serving as this grant's lead fiscal agent for the eight western counties of NC.

Within the next four years, the project will seek to:

- implement evidence and practice-based policy, systems and environmental changes supporting tobacco free living, active living, healthy eating and high impact evidence-based clinical and other preventive services; and
- 2) achieve demonstrated progress certain performance measures, including changes in tobacco use prevalence, changes in proper nutrition, changes in physical activity, and changes in weight.



WNC Healthy Impact

WNC Healthy Impact is a partnership between hospitals and health departments in Western North Carolina to improve community health.

A goal of the WNC Healthy Impact Project is to standardize collection and reporting of health related data for all 16-counties in the WNC region.

A Region-Wide Community Health Assessment was completed in the Fall of 2012. The results of that assessment will be available in the near future at www.wnchealthyimpact.com

In October of 2012, representatives from Angel Medical Center, Highlands-Cashiers Hospital, and Macon County Public Health met to compare the results of the 2011 Macon County Community Health Assessment and the 2012 Healthy Impact assessment.

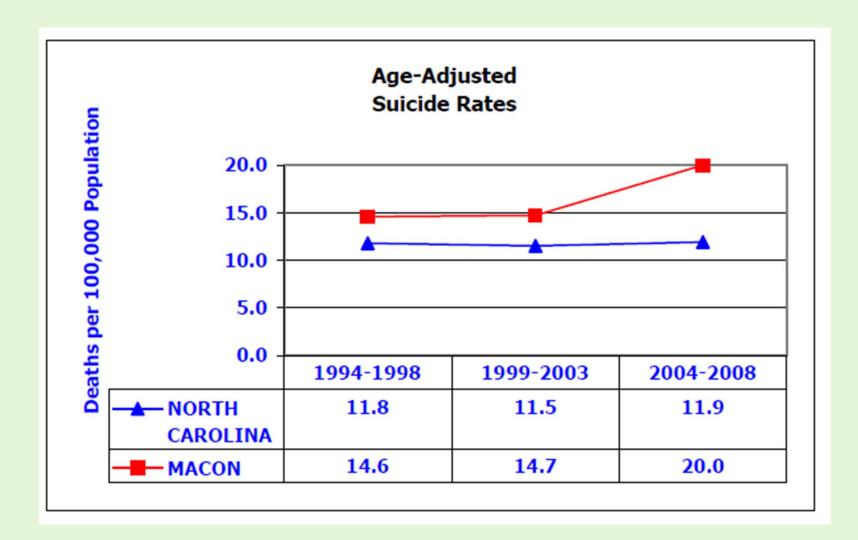
With the exception of two developing issues (the Franklin Community Care Clinic and the CTG), no substantial changes were noted. Consequently, it was agreed that no changes were needed to the primary community health priorities established in 2011.



New & Emerging Health Issues

The *suicide rate* in Macon County is trending upward

NC State Center for Health Statistics	Macon County	WNC	NC
Suicide Death Rate 2006 – 2010 Age, Race, Sex Adjusted Rate Total Deaths = 32 (6.4/year)	18.0	16.7	12.1



North Carolina County Trends Reports North Carolina Department of Health and Human Services

New & Emerging Health Issues

- In 2012, we expect that the suicide rate will have further increased.
- To date in 2012, Macon County has experienced 8 confirmed suicides and 3 suspected suicides (pending autopsy). In addition, several of these suicides have taken place among teens and even pre-teens; which has not been prevalent in years past.

New & Emerging Health Issues

- Elevated *lead levels* have recently been detected in certain private drinking water wells in Macon County.
- Environmental health specialists have notified property owners.
- Public health is investigating the possibility that the elevated levels are due, in part, to imported metal piping used in the wells.
- Local well drillers have been notified and have unanimously agreed to discontinue the use of this particular piping.
- The state has been notified of this issue.



This document will be disseminated to libraries, the Board of Health, municipality leaders, schools, the Macon County website and other community venues.

To find out how you may become involved in the issues you have learned about here, please contact Becky Barr or Dawn Wilde Burgess at (828) 349-2081.



For More Information Contact Macon County Public Health

1830 Lakeside Drive · Franklin, NC 28734 · 828-349-2081

www.maconnc.org or www.facebook.com/MaconPublicHealth