Macon County
Public Health

MACON COUNTY BOARD OF HEALTH
MINUTES
2/25/2025

Members:	Garrett Higdon, Engineer; John Shearl, County Commissioner; Josh Young, County Commissioner; Vacant, Optometrist; Dr. Roy Lenzo, Veterinarian; Vacant, Pharmacist; Dr. Matt Corbin, Dentist and Vice Chair; Angela Stone, Nurse Representative; Dr. Carlos Vargas, Physician; Members of General Public, Jerry Hermanson Chair, Dr. Nathan Feibelman III, General Public; Steve Grissim, General Public
Members Absent:	Dr. Roy Lenzo and Josh Young
Staff Present:	Kathy McGaha, Jimmy Villiard, Lisa Browning, Christina Stamey, Melissa Setzer, Jennifer Garrett, and Jen Germain
Guests:	None
Media:	Thomas Sherrill, The Franklin Press
Call to Order:	Jerry Hermanson called the meeting to order at 6:16 p.m.
Welcome/Intro/ Departures/ Recognition/ Announcements:	Jerry opened the meeting welcoming everyone and asking the newly appointed members of the Board of Health along with current members to introduce and tell a little bit about their background.
Public Comment:	There was no one present for Public Comment.
Agenda Approval:	Garrett Higdon made a motion to approve the Agenda. Dr. Matt Corbin seconded the motion. Motion was passed unanimously.

Presentation:

Respiratory Disease Update:

Jennifer Garrett presented information on respiratory illnesses including Flu, Covid, RSV, H5N1, and the Bird Flu. Jennifer presented everyone with handouts on the data collected from multiple surveillance systems that used to monitor respiratory disease in the state of North Carolina. This information is entered into a system called NC Detect, and that is how we acquire the data. Jennifer broke down the data for everyone by each respiratory illness, their variants, dates when there were spikes in each illness, number of cases of each that was reported and comparison of the respiratory illnesses by region in the state of North Carolina. Jennifer also explained that we do not have specific data for Macon County alone because we do not collect that data. Jennifer emphasized the importance of getting your vaccines, washing hands, sneezing and coughing into your arm sleeve and not going into public or work when sick. Jennifer did address the fact that the Flu A strain was our biggest illness in Macon County as of right now in the respiratory illness sector. Jerry Hermanson asked how effective the Flu Shot was this year. Jennifer Garrett explained that they would not know who effective the vaccine was until next year and finish running all the data. This is also how it is decided on what type of Flu Shot will be given next year. Garrett Higdon asked if we were required to report respiratory illness cases, such as if it was Flu A, B or Covid. Jennifer responded saying that it is not mandatory unless there is an outbreak unless you are part of a group of 8 major hospitals that agreed to report this information. Dr. Nathan Feibelman III asked if we knew how many people received the vaccine. Jennifer said we also do not track who all receive the Flu Vaccine but generally the older population start contacting facilities to see when the Flu Vaccine is available. Jennifer did say it was interesting how the Flu Season seems to be coming later on in the season. After Jennifer Garrett concluded her presentation, Jerry Hermanson explained to the new board members, that each of the meetings, different staff will give information on different topics with in the Macon County Health.

Approval of Previous Meeting Minutes:

Dr. Matt Corbin made a motion to approve the previous Board of Health Minutes for 11/19/2024. Garrett Higdon seconded the motion. The motion was approved unanimously.

Old Business:

Animal Services Update:

Kathy McGaha gave an update on the Macon County Animal Shelter changes after attending the Macon County Commissioners meeting. After the last meeting, Kathy McGaha, staff and

the County Manager worked together to find funding to make the part-time position and convert it to a full-time position. Garrett Higdon asked if this was a contracted or county position. Kathy responded that this position was a County position. Kathy also said we do have a part-time contract position available still and are diligently trying to get it filled, along with a full-time Animal Control Officer. Kathy also acknowledged all the help and support from the shelter volunteers. Kathy also announced that the shelter has received some grants making it possible to get some needed care for the animals along with spay and neutering. Jimmy Villiard broke down the description of the grants received. Jimmy explained how the price of the vaccines and medications for animals have increased tremendously. The money budgeted last year for medical care was not enough to finish out that year and because of one the grants that is for medical care, we are able to keep getting treatments for the animals. Kathy McGaha also said we would see an increase request in this year's budget for medical care because of the cost increase and for more personnel. Dr. Nathan Feibelman III asked what our county's budget period is and Kathy explained. Steve Grissim brought up the importance of more needed personnel at the Macon County Animal Shelter and the concerns he has with personnel being there alone. Kathy McGaha agreed with Mr. Grissim and addressed the fact that no one is to be at the shelter alone when the shelter is open to the public. Garrett Higdon asked Jimmy Villiard about the status of animal intake. Jimmy said the intake is decreasing and getting back to the normal volume. Kathy McGaha also stated the Animal Control Shelter has had many repairs and improvement, thanks to County Maintenance. Jimmy Villiard announced that they have put in the budget for some long-term updates and repairs to the shelter.

Environmental Health Software Update:

Lisa Browning updated the Board on the new software that is being implemented in Environmental Health Department called Cloud Permit Software. Lisa explained how the new software would be beneficial to Environmental Health Department as well as the Building Inspections. On the building end, the software will allow permits and other aspects of construction paperwork to be completed online. The software will allow Environmental Health section to check off several aspects such as septic, well and restaurants. There will be many benefits. The new software will make several processes easier to access and to be completed. Customers will still have the ability to fill everything out on paper as well if they prefer that method. Kathy McGaha also mentioned that another thing the department is focused on is getting past permits accessible online to the public if they want to do their own research. This will save the public a lot of time. Lisa Browning said as of this month alone, they have received over 100 requests for research. Garrett Higdon asked if the research process would be part of the new software. Kathy McGaha answered no; the research would be through the county GIS System. Jerry Hermanson asked Lisa Browning if she thought the new software would really cut down on the time for staff. Lisa Browning replied that it would. She explained that many times applications come back incomplete causing more time by getting it back to the applicants to get everything completed. The new software will not allow it to be submitted until it was completed correctly. In addition, eventually customers can make payments online, cutting down on staff from taking payments in person. Matt Corbin said this was great and how this would help with the manpower, we have not been able to fill. Jimmy Villiard asked if the new software was web or cloud based. Lisa explained it was cloud based and how beneficial that is versus web based. After Jerry Hermanson asked if there were any more questions for Lisa and there were none, this concluded the update.

Chair and Vice Chair Update:	Kathy McGaha started by saying that back in November 2024, at the last Board of Health Meeting, That Jerry Hermanson was reelected to Chair and Ellen Shope was reelected to Vice Chair. Since that time, Ellen Shope has withdrawn her position on the Board of Health. Kathy also reminded everyone that the operating procedures require being a member for at least one year on the board. The chair position was voted on with Steve Grissim made a motion and Dr. Nathan Feibelman III second the motion, keeping Jerry Hermanson in the Chair position. Jerry Hermanson made a nomination for Dr. Matt Corbin for the Vice Chair position. Dr. Matt Corbin accepted the nomination.

Garrett Higdon made a motion for Dr. Matt Corbin to fill the Vice Chair position and Steve Grissim seconded the motion. The motion passed unanimously. |

New Business:

MCPH Complaint Process:	Kathy McGaha started the conversation by letting the Board know that the policies for the complaint process have been placed in their books. Kathy explained in detail the complaint process. Kathy made the Board aware of individuals wanting to contact the members directly. Kathy stated that the County Office suggested posting the BOH Member's contact information online. Kathy McGaha asked the Board their feelings on this and explained they were not required to. Kathy discouraged the Board to agreeing on putting their personal contact information out there. Kathy explained that most of the time the Board Members would not always directly know the answers to the questions from the complaints, requiring them to contact Kathy McGaha for the correct resolution. Kathy feels it is best for the complaints come directly to her first, saving time from back and forth questioning and she feels like she is able to handle most of the situations without the public contacting the Board Members. Jerry Hermanson spoke about a situation where he directly received a complaint. Jerry needed to contact the Health Department for the answers. Jerry agrees with Kathy McGaha that majority of the time the Board Members will not be able to address the complaints without contacting Kathy or the section administrators for the answers. Jerry asked Commissioner John Shearl if there was a specific policy for the complaint for the Board of Commissioners or the just use the public comment to address the complaints. John Shearl responded that he was not aware of any, that he is willing to take the complaints personally, explained how he felt like he was responsible for making himself available to the public, and directly try to help and research the issues before it comes to public comment. Steve Grissim responded saying he feels public comment is good but if the Board does want to directly address the complaints, Steve recommends each member to be assigned a section for certain complaints so they would be more capable of answering the concerns. Garrett Higdon agreed with Jerry Hermanson that he would

not be able to address the concerns without addressing the proper section of the Health Department first. Kathy reiterated the reasoning for contacting the Health Department first would be best practice. John Shearl said that he does have to redirect the concerns to the appropriate department many times. Dr. Matt Corbin is happy with the way the process has been in the past, but is also opened to putting his personal info available to the public. Kathy explained that she brought this question to the Board to give them the choice. Jerry Hermanson asked Steve Grissim and Garrett Higdon to work with him to read the policy, come up with a logical answer, and bring it back to the Board at the next Board of Health meeting.

Community Health Priorities:

Jen Germain discussed the Community Health Priorities for Macon County NC. Jen explained the Community Health process and results. She shared the results of the randomized community survey, the key stakeholder's survey, and the prioritization process. (See handouts.) After all the information collected, the prioritization committee came up with what they all agreed were the top three priorities: Mental Health, Housing Affordability and Food Insecurity. Jen broke down all the data with graphs for the Board to better understand how they came up with the top three. Impact and feasibility are guidelines used to identify health priorities. Jen explained when all of this process is completed the priorities are brought to the Board of Health Members for feedback and approval. Next, submit the Community Health Assessment Report to the state. Dr. Matt Corbin asked if this process helped to receive additional funding for the count. Jerry Hermanson explained in detail how he has been involved in this process and the benefits Macon County has received due to this process. Jen Germain gave more examples of and how the cycle creates benefits for our county. The Board agreed to these priorities and were impressed with the work put into this process. Dr. Carlos, Dr. Nathan Feibelman and John Shearl spoke in depth on the importance of Mental Health. Jen Germain asked the Board to approve these priorities.

Dr. Carlos Vargas made a motion to approve these top three priorities. Dr. Matt Corbin second the motion. The motion passed unanimously.

Budget Kickoff, Midyear Review:

Melissa Setzer presented the Board with a copy of the Revenues and Expenses for mid-year FY25. Melissa went through these handouts with Board, breaking down which each line consists of. Melissa Setzer said everything seems to pretty much in line with last year. No major this year. Melissa explained how the AA's trickle in through the year and takes some time for all of them to be added to the budget. Dr. Matt Corbin asked Melissa what the time line on the Molar Roller is. Melissa said hopefully by the end of August 2025. Melissa asked the Board if there were any recommendations or anything they would like us to add to the budget for FY25 before it is brought before the Board of Commissioners. Jerry Hermanson asked when the budget is brought before the Commissioners. Melissa responded May 2025. Steve Grissim asked for explanation on some of the programs offered through the Health Department. Dr. Nathan Feibelman asked how the expenses were calculated and what percentage of revenue gets collected. Melissa explained it is base and current cost of goods.

Health Stream Training Update: At the last Board of Health Meeting, back on November 19th, 2024, Kathy assigned continuing education modules through a program called Health Stream for each Board member to complete. Kathy McGaha created an account for each member. Tonight Kathy asked if anyone had any issues with accessing the training modules or if anyone had questions about it. At this time, there does not seem to be any issues. Kathy reassured that she is available to help if any issues arise.

Closed Session: There was no need for a closed session this evening.

Next Meeting Date: The next Board of Health Meeting will be March 25th, 2025.

Adjournment: Garrett Higdon made a motion to adjourn the meeting. Steve Grissim second the motion. The motion was unanimously passed at 8:22pm.

Minutes Recorded by: Christina .N. Stamey

In conclusion!

WASH YOUR HANDS - GERMS ARE EVERYWHERE!

What else is out there?

- Respiratory Viruses found at hospitals that are testing in Public Health Epidemiologist Network

  - Week ending 2/15

    - Rhinovirus and enterovirus and RSV

  - RSV on downtrend but did have a spike in weeks ending 12/28-1/4/25

  - Rhinovirus and enterovirus have not spiked but running at steady level in background.

Influenza Death- NC

- As of 2/15/25
- There has been 2 Pediatric deaths (5-17 year old)
- 25-49 year olds – 20 deaths
- 50-64 year olds- 43 deaths
- 65 plus- 181 deaths
- Total of 246

- Most deaths on weeks ending 2/1/25 and 2/8/25 (each week had 1 peds death also)

FLU Strains

- So what strains are being seen????
  - Type A (H3)
  - Type A (2009 H1N1)

Hospital reports

Type A no subtype

Type A 2009 H1N1

Type B no subtype

* Type B has been seen but in smaller numbers

Influenza (ILI)

○ The highest spike in flu was seen the week ending 2/8/25 for 24-25- 12.9% of ED visits were for ILI

○ The week ending 2/15/25 shows we are trending down with flu and were at 9.2% of ED visits were for ILI

○ Interesting facts

○ 11/2/22 – the highest spike was 10.3%

○ 12/28/23- the high spike was 13.8%

○ 2/8/25- the spike was 12.9%

○ The spikes seem to be coming later in the year each year......

State Lab-CLI

- Reported most tests the week of 2/8/25
- There were 234 positive flu, 5 Covid/Flu positive, and 33 flu/covid negatives

Week of 2/15/25

There were 95 positive flu, 2 Covid/flu positive, and 16 flu/covid negatives

How does % of ED visits for CLI compare between regions of the state?

All regions are trending down as of this week as of the 2/15/25 data

Variants being detected

- For the week ending 1/25/25 there was detection of the XEC variant, Other variant , KP 3.1.1

- Week of 2/1/24 – 100% other has been detected

2nd Spike in CLI

	Week ending 1/4/25
22-23	7.4%
23-24%	5.6%
24-25%	4.0%

Spikes in CLI

○ The week ending 8/17/24 was first spike this season

	Week ending 8/17/24
22-23	6.6%
23-24	3.5%
24-25	5.2%

COVID 19 Like Illness Summary

2024-25	2/1/25 Week of	2/18/25	2/15/25
	3.2%	3.3%	3.0%

Percent of all ER visits

NC RESPIRATORY VIRUS SURVEILLANCE WEBSITE

- COVID19.NCDHHS.GOV/DASHBOARD/RESPIRATORY-VIRUS-SURVEILLANCE

Where does data come from?

o Multiple surveillance systems are used NCDHHS to monitor Respiratory Disease

- o Out patient visits
- o ED visits
- o Lab data
- o Hospital data from epidemiologists at 8 of the states largest Health Care systems.

Data is entered into NC Detect (NC Event Tracking and Epidemiologic Collection Tool), and comes from PH Epidemiologists, and the Influenza Like Illness Network (a collaboration with providers, state health departments, and CDC to conduct surveillance for ILI)

What you will not see.......

○ Trends in respiratory cases by vaccination and booster status

○ Hospitalizations and deaths by vaccination status

○ Covid dashboard no longer is updated as of 5/10/23

○ Macon County specific data

24-25 RESPIRATORY SEASON

Jennifer Garrett, BSN, RN, CPN, CSN, NCCPHN
Director of Nursing

24-25 Respiratory Update Covid, Flu, and RSV
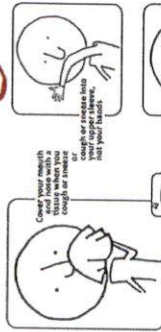
Jennifer Garrett, BSN, RN, CPN, CSN. NCCPHN

Director of Nursing

Macon County Public Health

24-25 Respiratory Precautions

Stop the spread of germs that make you and others sick!

Cover your Cough

Cover your mouth and nose with a tissue when you cough or sneeze
or
cough or sneeze into your upper sleeve, not your hands.

Put your used tissue in the waste basket.

You may be asked to put on a surgical mask to protect others.

Clean your Hands after coughing or sneezing.

Wash with soap and water
or
clean with alcohol-based hand sanitizer.

APIC

mn DEPARTMENT OF HEALTH

24-25 Respiratory Precautions

When you may have a respiratory virus:

STAY HOME and away from others (including people you live with who are not sick) if you have respiratory virus symptoms that are not better explained by another cause. These symptoms can include fever, chills, fatigue, cough, runny nose, and headache.

24-25 Respiratory Precautions

You can return to your normal activities when, for at least 24 hours, both are true:

- Your symptoms are getting better overall, AND
- You have not had a fever (and are not using fever reducing medications)

24-25 Respiratory Precautions

When you do return to normal activities, take added precautions over the next 5 days such as :

- Physical distancing
- Covering coughs and sneezes
- washing hands or using hand sanitizer
- Masks
- Testing

24-25 Respiratory Precautions

What if you never had symptoms but tested positive for a respiratory virus?

- You may be contagious. For next 5 days take added precautions – hygiene, masks, physical distancing, and/or testing when you will be around other people indoors.

- This is especially important to protect people with factors that increase their risk of severe illness from respiratory disease
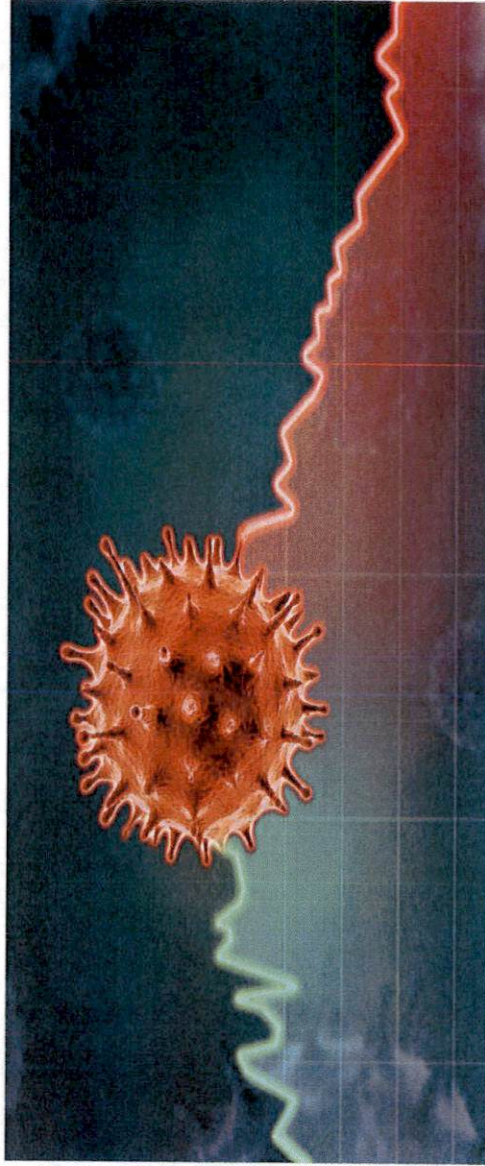
24-25 Respiratory Precautions

What can organizations do?

- Advise people to stay home if they are sick

- Provide employees with paid time off and develop flexible leave and telework policies to support workers to stay home if sick or care for sick family members

- Adopt flexible cancellation or refund policies for customers who are sick.

24-25 COVID-19 Vaccinations

24-25 Covid-19- Vaccine types

PFIZER:

- Comirnaty vaccine-12 years and up
- Pfizer BioNTECH- 6m-11year old.

MODERNA:

- Moderna Spikevax- 12 years and up
- Moderna Covid-19- 6m-11year old.

24-25 Covid-19 – Why should I get it?

The virus that causes Covid-19 is always changing and protection declines over time.

The vaccine decreases the chance of suffering effects of Long Covid.

Last season people who received the 23-24 vaccine saw greater protection against illness and hospitalization than those who did not get the vaccine.

24-25 Covid -19

MCPH will carry the MODERNA – Spikevax and Moderna -Covid-19 vaccine.

Price to the public for Private vaccine will be:

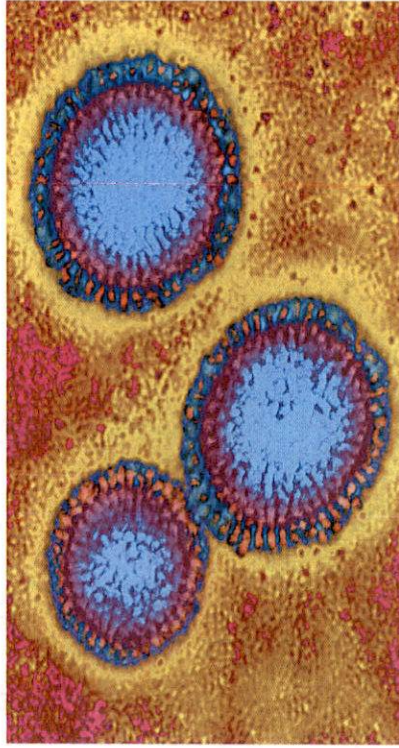12 years and Up -$176.00

6 months to 11 years old- $163.00

We will bill insurance for clients whose insurance covers the vaccine.

* Covid-19 vaccines will be available at MCPH by appointment only! Due to the complexity of the vaccine administration we will not be doing drive through.

24-25 FLU

24-25 Flu

When should you get the vaccine?

Before it is circulating in your community!!

CDC states that September and October remain the best time for people to get vaccinated.

24-25 Flu

* Vaccination of Adults (especially 65yr and older) and pregnant women in first and second trimester in July and August should be avoided unless it won't be possible to vaccinate in September and October.

24-25 Flu

MCPH will be offering Flu Vaccines.

We will offer one drive through event in Franklin and one event in Highlands.
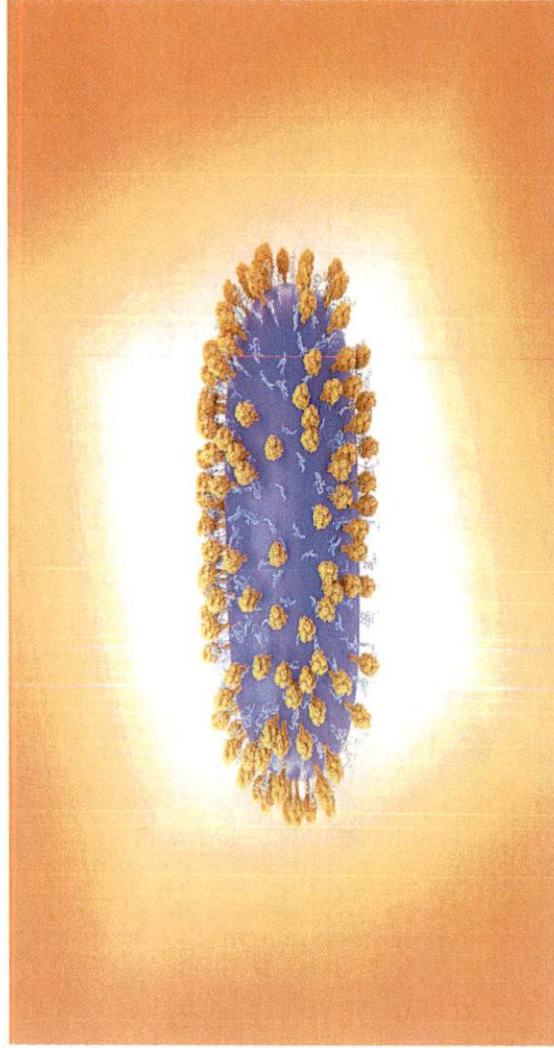
Cost of the vaccine will be:

Regular: $ 38.00

High Dose: $ 84.00

We will bill insurance if clients insurance covers the vaccine.

24-25 RSV

24-25 RSV

Three RSV vaccines are licensed by the US FDA for use in adults ages 60 and over in the USA. They are:

- GSK's- Arexy
- Moderna's- mResvia
- Pfizer's- Abrysvo

- Best time for vaccination is late summer and early fall

24-25 RSV

One dose of the RSV vaccine provides protection against RSV disease in adults ages 60 years and older for at least two years.

Because Arexy and Abrysvo were licensed by FDA in 5/23 and mResvia was licensed in 6/24 – still learning how long RSV vaccine provide protections.

24-25 RSV

Getting an RSV vaccine during pregnancy or getting a baby an RSV immunization can help protect the baby

24-25 RSV

The maternal respiratory syncytial virus (RSV) vaccine, Abrysvo, is the only RSV vaccine approved for pregnant women in the United States. The CDC recommends that pregnant people receive a single dose of the vaccine between 32 and 36 weeks of pregnancy, from September through January in most of the country

24-25 RSV

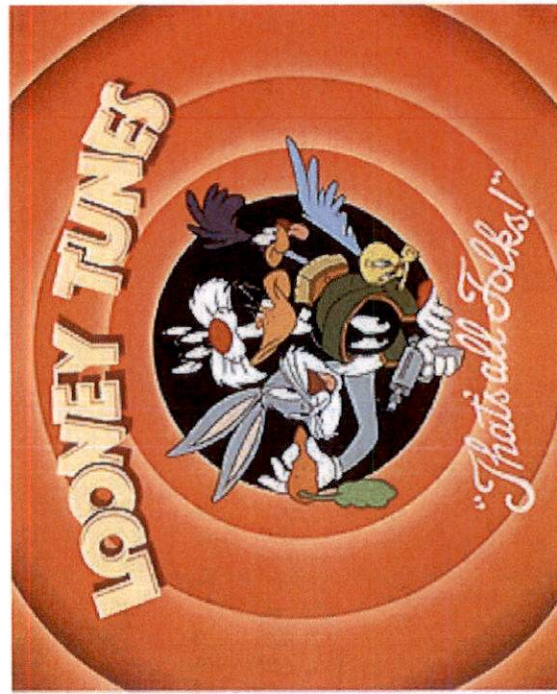MCPH will be carrying the ABRYSVO vaccine (due to it can be given to pregnant women in Maternal Health Clinic).

Cost of the vaccine $329.00 to patient –

We will bill insurance if patient insurance covers vaccine.

We are attempting to carry BEYFORTIS – last time tried to order it was on back order.

That's all Folks

Macon County Public Health

Health Priorities

For the 2024 Community Health Assessment (CHA)

Purpose

▸ Community Health Assessment (CHA) is an important part of improving and promoting the health of county residents.

▸ A CHA results in a public report which describes the health indicators, status of the community, recent changes, and necessary changes to reach a community's desired health-related results.
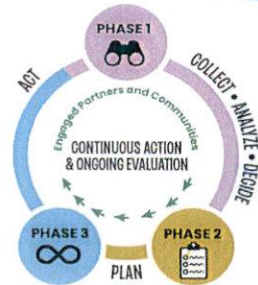
In North Carolina, Community Health Assessments (CHAs) are conducted every three to four years by local health departments in collaboration with community partners. These assessments systematically collect and analyze data to understand health within specific communities, identifying key health issues and informing strategic planning to address them.

In Macon County, the most recent CHA was completed in 2021.

Community Input & Engagement

Including input from the community is a critical element of the community health assessment process. Our county included community input and engagement in a number of ways:

- ▶ Partnership on conducting the health assessment process
- ▶ Through primary data collection (survey, key informant interviews, listening sessions, etc.)
- ▶ By reviewing and making sense of the data to better understand the story behind the numbers
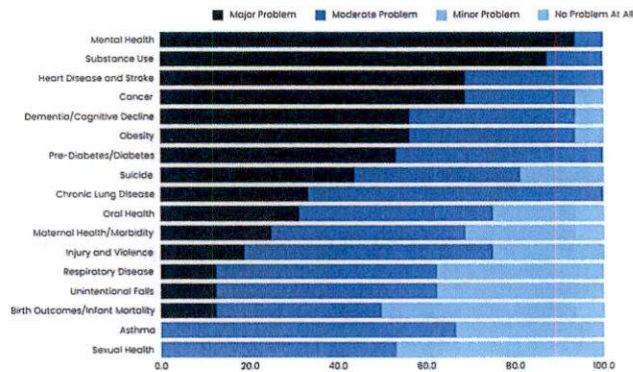- ▶ In the identification and prioritization of health issues

COMMUNITY INPUT & ENGAGEMENT

We started with an Online Key Informant Survey (OKIS), a public health survey, a meeting with expanded leadership within Macon County Public Health (MCPH) and a gathering of Prioritization Committee members to determine the top three health priorities as our focus for the next phase.

Community engagement is an ongoing focus for our community and partners as we move forward to the collaborative planning phase of the community health improvement process. Partners and stakeholders with current efforts or interest related to priority health issues will continue to be engaged. We also plan to work together with our partners to help ensure that programs and strategies in our community are developed and implemented with community members and partners.

Step 1: Online Key Informant Survey

Macon County Key Informants: Relative Position of
Health Topics as Problems in the Community

Major Problem · Moderate Problem · Minor Problem · No Problem At All

Mental Health
Substance Use
Heart Disease and Stroke
Cancer
Dementia/Cognitive Decline
Obesity
Pre-Diabetes/Diabetes
Suicide
Chronic Lung Disease
Oral Health
Maternal Health/Morbidity
Injury and Violence
Respiratory Disease
Unintentional Falls
Birth Outcomes/Infant Mortality
Asthma
Sexual Health

0.0   20.0   40.0   60.0   80.0   100.0

In all, 16 community stakeholders took part in the **Online Key Informant Survey** for our county. This included 5 community leaders, 3 health providers, 3 public health representatives and 5 social service providers. Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations, or other medically underserved populations.

These are the results. *Describe slide*

Step 2: Public Health Survey

▶ A public health survey was also conducted across 18 counties in Western NC.

▶ Respondents totaled 5,898 with 272 of those located within Macon County.

▶ Participants were adults, 18 years old and up.

▶ Weights were added to enhance representativeness of data at the county and regional levels.

Survey Methodology

A **public health survey** was also conducted across 18 counties in Western NC. Respondents totaled 5,898 with 272 of those located within Macon County. Participants were adults, 18 years old and up. Weights were added to enhance representativeness of data at the county and regional levels.

5,898 surveys conducted through WNC
- 2,356 surveys were completed via telephone; another 1,308 were completed online by individuals invited through third party providers.
- 2,234 were completed via a link to the online survey promoted by WNC Healthy Impact and community partners through social media, email campaigns and various other outreach efforts.

This allows for a high participation and random selection for a large portion of the sample, which is critical to achieving a sample representation of county and regional populations by gender, age, race/ethnicity, and income.

Surveys were available in English and Spanish

EXTRA Survey was based largely on national survey models and each county added three county-specific questions. Our questions were as follows:

1. Overall, how would you rate the availability of affordable housing in your community?

2. Have you had to use a food pantry or community food bank within the past year?

3. In the past year, did you or someone in your household cut the size of your meals or skip meals because there wasn't enough money to buy food?

Step 3: Identification of Health Priorities

Using the WNC Healthy Impact Data Workbook and its prioritization tools, we applied several criteria to identify significant health issues:

- ▶ Data is related to past health priorities
- ▶ Data reflects a concerning trend related to size or severity
- ▶ Significant disparities exist
- ▶ Issue surfaced as a topic of high community concern
- ▶ County data deviates notably from the region, state or benchmark

Once the surveys were completed, Western North Carolina Health Network and Macon County Public Health spent time understanding the data and uncovering what issues were affecting the most people in our community. The top ten issues were presented to the expanded leadership personnel in MCPH and our team worked on narrowing the issues down to the five.

(Slide Info)

Lastly, an overview of the CHA process was presented to **Prioritization Committee** members in January 2025. (22 attendees were present) Data handouts were given to members and discussed. A prioritization tool was used to rank each health issue on a scale of 1-4 based on impact, and feasibility. Members ranked each health issue and then voted.
Once our team made sense of the data, we presented key health issues to a wide range of partners and community members. The participants used the information we presented to score each issue, and then vote for their top areas of concern. They considered the severity of the issue, the relevancy of the issue, and the feasibility in improving the issue.

This process, often called health issue prioritization, is an opportunity for various community stakeholders to agree on which health issues and results we can all contribute to, which increases the likelihood that we'll make a difference in the lives of people in our community.

During the above process, we identified the following health issues or indicators: (NEXT SLIDE)

Identification of Health Priorities (continued)

▶ Mental Health

▶ Housing Affordability and Safety

▶ Food Insecurity

▶ Substance Abuse

▶ Access to Care

Relevance: How important is this issue?

Impact: What will we get out of addressing this issue?

Feasibility: Can we adequately address this issue?

The issues identified above were further reviewed using a set of criteria to finalize the health priorities for our community for the next three years.

The criteria used were:

Relevance: How important is this issue? *(Size of the problem; Severity of problem; Focus on equity; Aligned with HNC 2030; Urgency to solve problem; Linked to other important issues)*

Impact: What will we get out of addressing this issue? *(Availability of solutions/proven strategies; Builds on or enhances current work; Significant consequences of not addressing issue now)*

Feasibility: Can we adequately address this issue? *(Availability of resources - staff, community partners, time, money, equipment - to address the issue; Political capacity/will; Community/social acceptability; Appropriate socio-culturally; Can identify easy, short-term wins)*
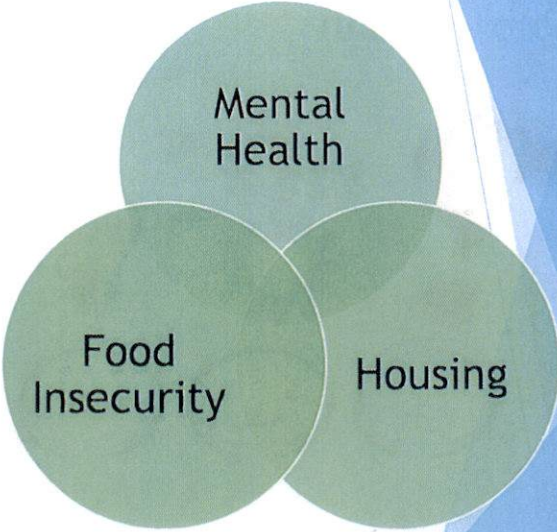
Participants used a modified Hanlon method to rate the priorities using the criteria

listed above. Then dot-voting techniques were used to narrow to the top priority health issues.

See handouts and focus on "What this means for Macon County."
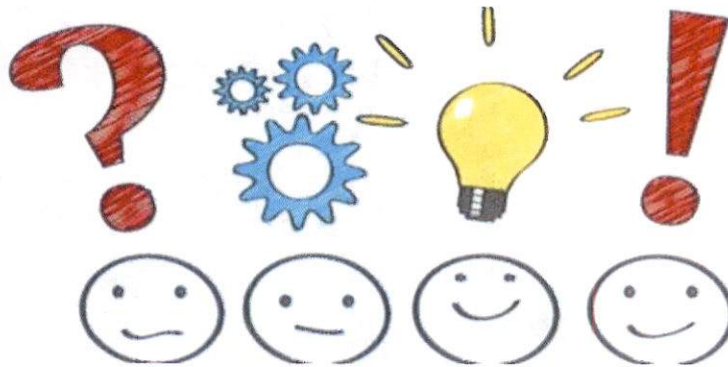
In Macon County, the Community Health Assessment (CHA) process involves collaboration among the Macon County Public Health Department, local hospitals, and community organizations, with regional support from WNC Healthy Impact. After identifying key health priorities through data analysis and community input, these priorities are presented to the Macon County Board of Health for approval and feedback. This step ensures that the Board endorses the selected priorities and provides valuable insights, facilitating the development and implementation of effective Community Health Improvement Plans (CHIPs).

Do you have any questions?

MENTAL HEALTH

Macon County
Public Health

Community Health Assessment-Priority Setting Data Summary

Mental Health was identified as a key health issue through review of primary and secondary data sources, including the WNC Healthy Impact Community Health Survey, the Online Key Informant Survey (OKIS), and input from an expanded leadership meeting with Macon County Public Health as part of the Community Health Assessment (CHA) process.

THE NUMBERS

7+ Poor Mental Health Days in Past Month

Macon County continues to trend similarly to WNC for residents reporting more than 7 days of poor mental health in past month. In 2024, 17.6% of Macon County residents were experiencing poor mental health, slightly lower than the WNC average of 20.1% (WNCHN, 2024).
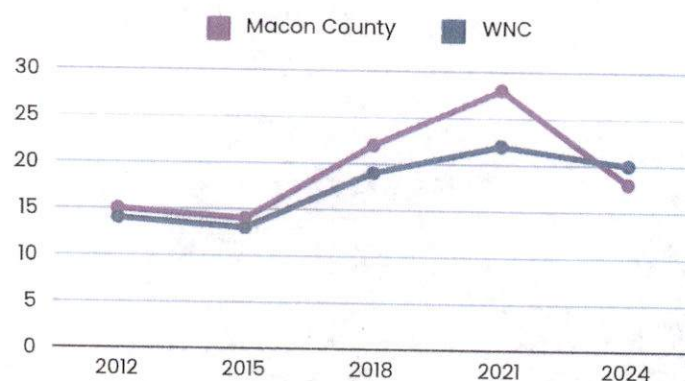
WHAT THIS MEANS FOR MACON COUNTY

- **Suicidal Ideation:** In 2024, 9.0% of Macon County residents have considered suicide in past year, compared to 11.0% regionally (WNCHN, 2024).

- **Access to Care:** In 2024, 20.1% of Macon County residents were unable to obtain needed mental health services in past year, aligning with the regional rate of 20.4% (WNCHN, 2024).

MENTAL HEALTH

WHAT'S HELPING?

- Awareness of issue
- Behavioral Health Task Force
- VAYA mental health crisis resources
- Community-based organizations
- Medicaid expansion
- Added access through free clinics
- Tele-health? (including in schools)
- Change in treatment through lab

WHAT'S HURTING?

- Access to mental health care
- Lack of...
  - Mental health providers (including child therapists)
  - Resources
  - School therapists
  - Local facilities
  - Location communication of resources
- Current systems
- Available/affordable housing for mental health professionals
- Access to more facilities
- Lack of affordable/ accessible/attainable housing, food security
- Availability of services in Spanish
- Not looking at new ways to provide services
- Bed availability for facility care

WHAT ELSE DO WE KNOW?

Mental health support is vital after severe weather-related disasters like Hurricane Helene, as such events can trigger stress, anxiety, depression, and PTSD (American Psychiatric Association, 2024).

WHAT'S ALREADY HAPPENING?

(See "Helping")

*Not an exhaustive list; examples of the type of work already addressing this issue. Feel free to add what you know!

MOST IMPACTED

- Low income
- Children
- Families
- Older adults

If you have questions or would like additional details about the data or the Community Healt... Assessment (CHA) process, please contact: Jen Germain, MS, Community Health Promotions Coordinator and Public Information Officer, (828) 349 – 2084, jgermain@maconnc.org

HOUSING AFFORDABILITY AND SAFETY
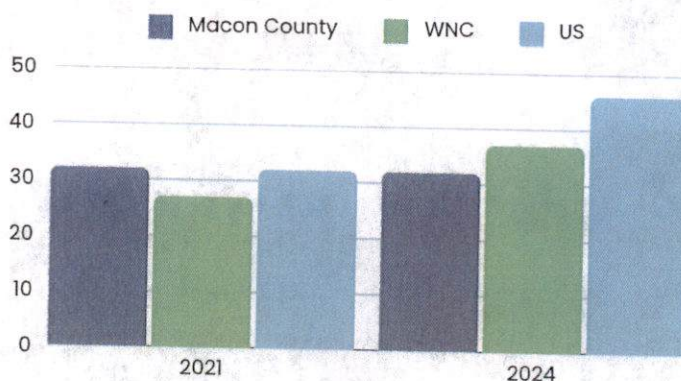
Macon County
Public Health

Community Health Assessment–Priority Setting Data Summary

Housing affordability and safety was identified as a key health issue through review of primary and secondary data sources, including the WNC Healthy Impact Community Health Survey, the Online Key Informant Survey (OKIS), and input from an expanded leadership meeting with Macon County Public Health as part of the Community Health Assessment (CHA) process.

THE NUMBERS

Housing Affordability

In 2024, 32.4% of Macon County residents were worried or stressed about paying rent or mortgage in past year, slightly lower than the WNC average of 36.7%, and lower than the US (45.8%)(WNCHN, 2024).

Bar chart legend: Macon County, WNC, US. Y-axis 0–50. X-axis years 2021 and 2024.

WHAT THIS MEANS FOR MACON COUNTY

- **Housing Costs:** In Macon County, median gross rent has increased from $676 in 2006-2010 to $818 in 2018-2022 and units spending >30% household income on housing increased by 13% (35.8% to 40.6%) over the same time period (U.S. Census Bureau, 2024).

- **Evictions and Foreclosures:** In 2024, 2.2% of homeowners faced foreclosure and 7.3% of renters faced eviction in Macon County (NC Housing Coalition, 2024).

- **Housing Adequacy and Safety:** In 2024, 19.0% of Macon County residents reported unhealthy or unsafe housing conditions in past year, compared to 17.3% regionally (WNCHN, 2024).

HOUSING AFFORDABILITY AND SAFETY

WHAT'S HELPING?

- Increased awareness of the issue and community discussions
- Support from community leaders
- Non-profit and volunteer organizations
- Macon New Beginnings
- Partners

WHAT'S HURTING?

- Lack of affordable housing options/ cost (including cost of land and materials)
- Lack of usable land
- Incomes are not increasing at the same rate as costs
- Second home market
- Urban to rural migration post COVID-19
- Short-term and high-cost rentals
- Availability
- Funding (not enough for needs)
- Lack of coordinated efforts/collaboration
- Support
- People displaced from storm seeking housing
- Lack of trade skills

WHAT ELSE DO WE KNOW?

Hurricane Helene, which struck Western North Carolina in late September 2024, has exacerbated the region's housing crisis, leading to significant challenges in affordability and safety.

WHAT'S ALREADY HAPPENING?

- Programs available at Macon Housing
- Healthy Opportunities Programs

*Not an exhaustive list

MOST IMPACTED

- Low income
- Older adults, including those on a fixed income
- Families
- Children
- Local residents
- Parents
- Working individuals

If you have questions or would like additional details about the data or the Community Health Assessment (CHA) process, please contact: Jen Germain, MS, Community Health Promotions Coordinator and Public Information Officer, (828) 349 – 2084, jgermain@maconnc.org

FOOD INSECURITY

Macon County
Public Health

Community Health Assessment–Priority Setting Data Summary

Food insecurity was identified as a key health issue through review of primary and secondary data sources, including the WNC Healthy Impact Community Health Survey, the Online Key Informant Survey (OKIS), and input from an expanded leadership meeting with Macon County Public Health as part of the Community Health Assessment (CHA) process.

THE NUMBERS

Food Insecurity

Macon County continues to trend upward for residents experiencing food insecurity. In 2024, 28.1% of Macon County residents were food insecure, consistent with the WNC average of 28.6%, and lower than the US (43.3%) (WNCHN, 2024).

Bar chart legend: Macon County, WNC, US. Years shown: 2018, 2021, 2024.
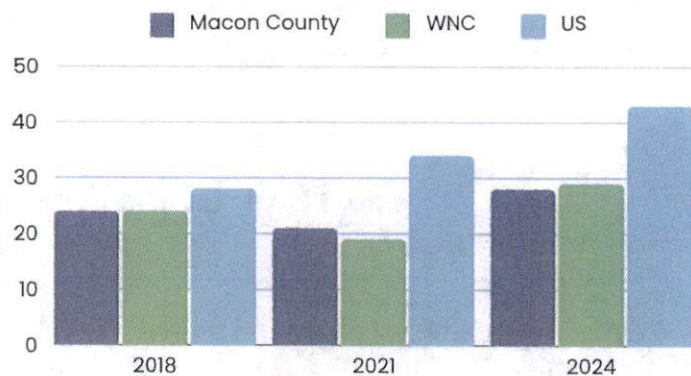
WHAT THIS MEANS FOR MACON COUNTY

- **Use of Services:** In 2024, 20.1% of Macon County residents report using a food pantry or community food bank in past year (WNCHN, 2024).

- **Families Cut Size or Skipped Meals:** In 2024, 13.6% of Macon County residents report cutting the size of meals or skipping meals in past year because there was not enough money for food (WNCHN, 2024).

FOOD INSECURITY

WHAT'S HELPING?
- Local and regional food banks
- Meal opportunities at senior services
- Access to Food & Nutrition Services (FNS)
- Farmer's Market accepting SNAP/EBT
- Produce Rx program
- Community awareness of problem
- Backpack program
- Congregate meal home delivered at senior center

WHAT'S HURTING?
- Inflation/high prices
- Cost of healthy food
- Funding
- Lack of volunteers
- Federal limits on FNS benefits (older adults)
- Lack of effective communication with Hispanic community
- Lack of support for healthy food access

MOST IMPACTED
- Older adults
- Pregnant persons
- Local residents
- Working class

WHAT ELSE DO WE KNOW?

Food insecurity in western North Carolina worsened after Hurricane Helene due to existing poverty, limited transportation in mountainous areas, and the hurricane's damage to infrastructure and food supply chains (NC OSBM, 2024).

WHAT'S ALREADY HAPPENING?

- Produce Rx
- Macon County Farmer's Market acceptance of SNAP/EBT

*Not an exhaustive list

If you have questions or would like additional details about the data or the Community Health Assessment (CHA) process, please contact: Jen Germain, MS, Community Health Promotions Coordinator and Public Information Officer, (828) 349 – 2084, jgermain@maconnc.org

Macon County Public Health
FY25 Mid-Year Budget Revenue Report

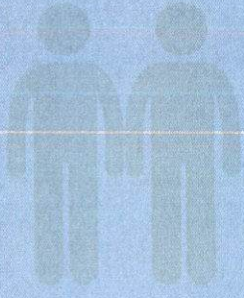| ORG	OBJ	ACCOUNT DESCRIPTION	ORIGINAL APPROP	Collected as of 12/31/2024	Percent Collected
113511	436004	Emergency Preparedness State Funds	28,766.00	19,391.82	67%
113511	436007	School Nurse State Funds	150,000.00	30,000.02	20%
113511	436023	WISEWOMAN State Funds	6,550.00	605.00	9%
113511	436026	Maternal Health State Funds	38,883.00	16,201.25	42%
113511	437000	State Aid to County State Funds	82,398.00	47,727.57	58%
113511	437199	Lab Fees Medicaid	0.00	255.47	
113511	437200	Lab Fees Fees	35,000.00	16,310.66	47%
113511	437201	Family Planning Fees	14,500.00	9,397.70	65%
113511	437204	Immunizations	120,000.00	53,276.94	44%
113511	437300	Maternal Health Fees	8,500.00	246.00	3%
113511	438011	Adult Health Fees	6,000.00	1,670.43	28%
113511	438013	BCCCP State Funds	16,400.00	8,450.00	52%
113511	438022	Breastfeeding Peer Counsler State Fees	20,013.00	7,444.30	37%
113511	438501	Family Planning State Funds	55,722.00	25,112.80	45%
113511	438502	WIC - State Funds	143,623.00	76,377.32	53%
113511	438504	Health Promotions State Funds	34,526.00	26,575.45	77%
113511	438508	TB - State Funds	2,170.00	407.36	19%
113511	438509	Child Health - State Funds	9,999.00	4,728.01	47%
113511	438510	Child Dental Fees	25,000.00	23,555.58	94%
113511	438511	Adult Health Medicaid	10,000.00	398.28	4%
113511	438512	Family Planning Medicaid	12,000.00	34,113.56	
113511	438513	Child Health Medicaid	1,000.00	533.36	53%
113511	438514	Maternal Health Medicaid	15,000.00	0.00	0%
113511	438515	OBCM Medicaid	45,000.00	16,606.08	37%
113511	438518	Communicable Disease State Funds	10,678.00	8,449.51	79%
113511	438520	Immunizations State Funds	12,117.00	7,139.93	59%
113511	438521	Communicable Disease Fees	1,200.00	1,625.92	135%
113511	438522	CMARC STATE	4,724.00	1,968.35	42%
113511	438524	Immunization Medicaid	7,500.00	755.89	10%
113511	438526	Flu Medicaid	0.00	178.23	
113511	438528	Flu Vaccine Fee	20,000.00	7,200.83	36%
113511	438531	Medical Records Fee	0.00	75.00	
113511	438533	CMARC Medicaid	40,000.00	2,015.52	5%
113511	438535	Child Dental Medicaid	250,000.00	146,221.80	58%
113511	438541	CMARCCMHRP Medicaid	44,000.00	19,925.44	45%
113511	438543	Medicaid Capitation Fees	70,000.00	67,737.49	97%
113511	438546	Child Health Fees	5,000.00	2,204.96	44%
113511	438550	Communicable Disease Fees	1,300.00	2,239.28	172%
113511	438551	Medicaid Cost Settlement	450,000.00	1,280,712.93	285%
113511	438552	TB Medicaid	0.00	22.33	
113511	438554	TB Fees	3,200.00	2,348.76	73%
113511	438555	Community Health Grant	0.00	14,949.95	
113511	438561	Primary Care Fees	30,000.00	17,639.60	59%
113511	438563	Employee Health Fees	6,500.00	6,682.63	103%
113511	438567	Primary Care Medicaid	0.00	9,005.89	
113511	438568	CCNC GRANT	0.00	0.00	
113511	438570	COVID Vaccine Fees	0.00	172.14	
113511	438702	Onsite Wastewater Fees	162,000.00	104,162.00	64%
113511	438703	Private Well Fees	45,000.00	26,306.00	58%
113511	438704	Food & Lodging Fees	5,500.00	7,525.00	137%
113511	438705	Food & Lodging State Funds	10,165.00	0.00	0%

113511	438706	Well Water Test Kit Fees	20,000.00	10,631.34	53%
113511	438707	Temporary Food Fees	1,200.00	0.00	0%
113511	438708	Pool Fees	2,500.00	0.00	0%
113511	445200	Donations	1,000.00	1,229.00	123%
113344	435013	Animal Control Adoption Fees	12,000.00	3,270.00	27%
113344	435014	Animal Control Fines	2,500.00	310.00	12%
113344	435018	Animal Control Microchip	250.00	15.00	6%
113850	445801	Animal Control Donation	1,000.00	4,265.00	
	Total		2,100,384.00	2,176,370.68	104%

MountainWise

113511	426001	Tobacco Grant	87,772.00	22,131.66	25%
113511	426007	Minority Diabetes Prevention Grant	160,023.00	27,375.77	17%
113511	436016	Community Foundation of WNC	20,000.00	0.00	0%
113511	436031	Healthy People/Healty Carolinas	150,000.00	0.00	0%
113511	426016	WNC Farmfresh Grant	0.00	1,610.22	
113511	436032	Dogwood Health Trust	0.00	40,000.00	
113511	436034	Z Smith Renolds Foundation Grant	0.00	30,000.00	
113511	484000	Contributions MountainWise	0.00	1,200.00	
	Total		417,795.00	122,317.65	

Macon County Public Health
FY25 Mid-Year Expense Report

ORG	ACCOUNT DESCRIPTION	APPROVED BUDGET	Spent as of 12/31/2024	REMAINING FUNDS
115110	HEALTH ADMIN	517,259.00	230,390.19	427,437.81
115111	OPERATIONS	544,942.00	274,624.03	458,285.97
115120	SCHOOL HEALTH NURSE	394,107.00	130,002.43	268,490.57
115140	WISEWOMEN	19,330.00	9,626.29	9,703.71
115141	BREAST & CERVICAL CANC	52,022.00	20,409.67	33,451.33
115144	ADULT HEALTH	361,098.00	141,138.74	287,787.06
115145	DISEASE CONTROL	379,150.00	166,250.40	215,999.60
115146	HEALTHY COMMUNITIES	186,739.00	95,867.13	111,684.77
115147	CARE COORDINATION FOR	77,407.00	17,624.32	64,782.68
115148	LABORATORY	243,469.00	111,997.94	133,303.76
115150	EMERGENCY PREPAREDNESS	125,786.00	37,788.96	87,997.04
115152	W.I.C.	263,637.00	101,469.45	193,662.55
115154	OB CARE MANAGEMENT PRO	92,198.00	7,712.01	84,485.99
115155	MATERNAL	170,585.00	73,696.87	109,219.13
115156	CHILD HEALTH	59,063.00	14,723.27	64,339.73
115157	CHILD DENTAL HEALTH	575,721.00	258,995.23	1,036,855.19
115159	FAMILY PLANNING	160,592.00	85,014.97	83,756.51
115165	BF PEER COUNSELOR PROG	20,134.00	9,193.11	12,017.89
115167	EMPLOYEE AND FAMILY HE	176,970.00	39,937.00	137,015.35
115182	ON-SITE WASTEWATER	468,095.00	106,880.23	363,984.77
115183	PRIVATE DRINKING WATER	381,846.00	125,079.85	252,549.40
115184	FOOD/LODGING INST	391,939.00	93,352.82	210,268.18
114380	ANIMAL CONTROL	427,783.00	177,299.75	253,247.24
	Total	6,089,872.00	2,329,074.66	4,900,326.23

MOUNTAINWISE OF WNC

ORG	ACCOUNT DESCRIPTION	APPROVED BUDGET	Spent as of 12/31/2024	REMAINING FUNDS
115125	NC TOBACCO SETTLEMENT	87,772.00	22,405.64	59,225.36
115128	REG CHRONIC DISEASE 14	330,023.00	117,374.46	302,650.28
	Total	417,795.00	139,780.10	361,875.64