



Macon Program for Progress, Inc. 2011 Community Assessment

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INTRODUCTION

In Macon County North Carolina, Head Start/EHS services are provided by Macon Program for Progress (MPP). MPP is a private, nonprofit organization. The program serves 315 children and families in center and home-based environments. The program serves 180 preschool children and 135 infants and toddlers and utilizes Head Start funds as well as state funded Smart Start funds. The program also uses extended day subsidy to extend some of the days of operation to ten and half hours for families who need such services.

In addition to operating Head Start services, the agency also offers:

HUD Section 8 Rental Assistance: Financial assistance with monthly rent and utility payments for qualified families and individuals.

Workforce Investment Act (WIA): For qualified individuals who need help with basic education, job search skills and work experience. This program provides assistance with job placement for youth and adults.

More at Four: For 4-year olds with risk factors related to school failure that need high quality preschool opportunities.

Parents as Teachers: An in-home, individualized program that assists families with positive interaction, literacy and Kindergarten readiness

Subsidized Childcare 0-5: Childcare designed to assist families in need of full day or full year childcare that may go beyond regular Head Start hours. These services are provided to families to assist them as they work or go to school.

Self-Sufficiency Community Service Block Grant: A wide range of services designed to assist low income individuals by providing opportunities for them to attain the skills, knowledge, and motivation necessary to achieve a heightened self-sufficiency.

MPP is in the business of enablement. The agency helps people reach the goal of self-sufficiency. The aim is to lessen the causes of poverty by: focusing on available resources, coordinating efforts to meet the needs of low-income families, developing programs which meet the critical and ongoing needs of low-income individuals, developing confidence and self-esteem, assuring reasonable access to opportunities which lead to self-help skills and knowledge, and working hand-in-hand with the low-income

populace for solutions to identified problems. This community assessment process serves to identify population characteristics and defines the target populations to be served by Macon Program for Progress 0-5 Head Start.

GEOGRAPHIC LOCATION AND HISTORY

Macon County was formed in 1828 from Haywood County. It was named in honor of Nathaniel Macon, speaker of the House of Representatives, United States

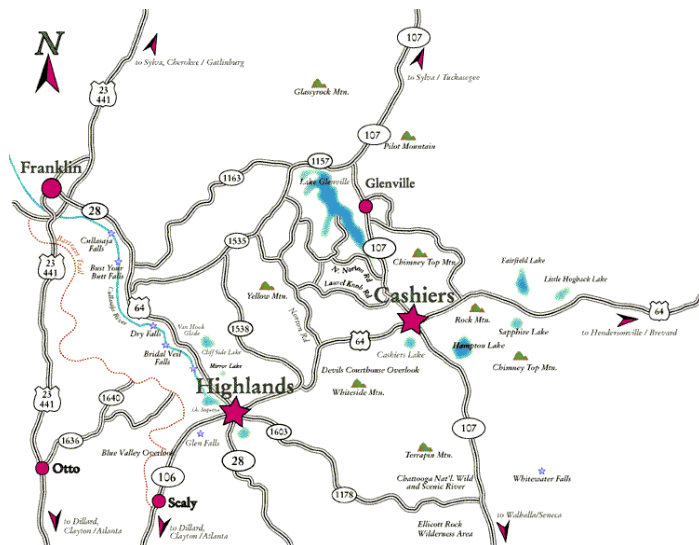


Senator, and president of the Constitutional Convention of 1835. It is in the mountainous western section of North Carolina and is bounded by the state of Georgia and Clay, Cherokee, Swain and Jackson counties. The present land area is 516.47 square miles and the 2010 population was 35,208.

The first court was ordered to be held in the town of Franklin. Franklin is the county seat. Long before the first settlers arrived the fertile mountains of southwestern North Carolina were home to the Cherokee Indian nation. In a valley surrounded by some of the oldest mountains on earth, the Cherokee called the land that is now Franklin “Nikwasi” or “center of activity.” Nearly half of Macon County is within the Nantahala National Forest. The forest is comprised of over a half-million acres of unspoiled beauty; this magnificent forest is the largest of the four national forests in North Carolina.



Currently Macon County consists of 11 townships: Burningtown, Cartoogechaye,



Cowee, Ellijay, Flats, Franklin, Millshoal, Nantahala, Smithbridge, Sugarfork, and Highlands. The small town of Highlands was founded in 1875 by two developers living in Kansas who, according to legend,

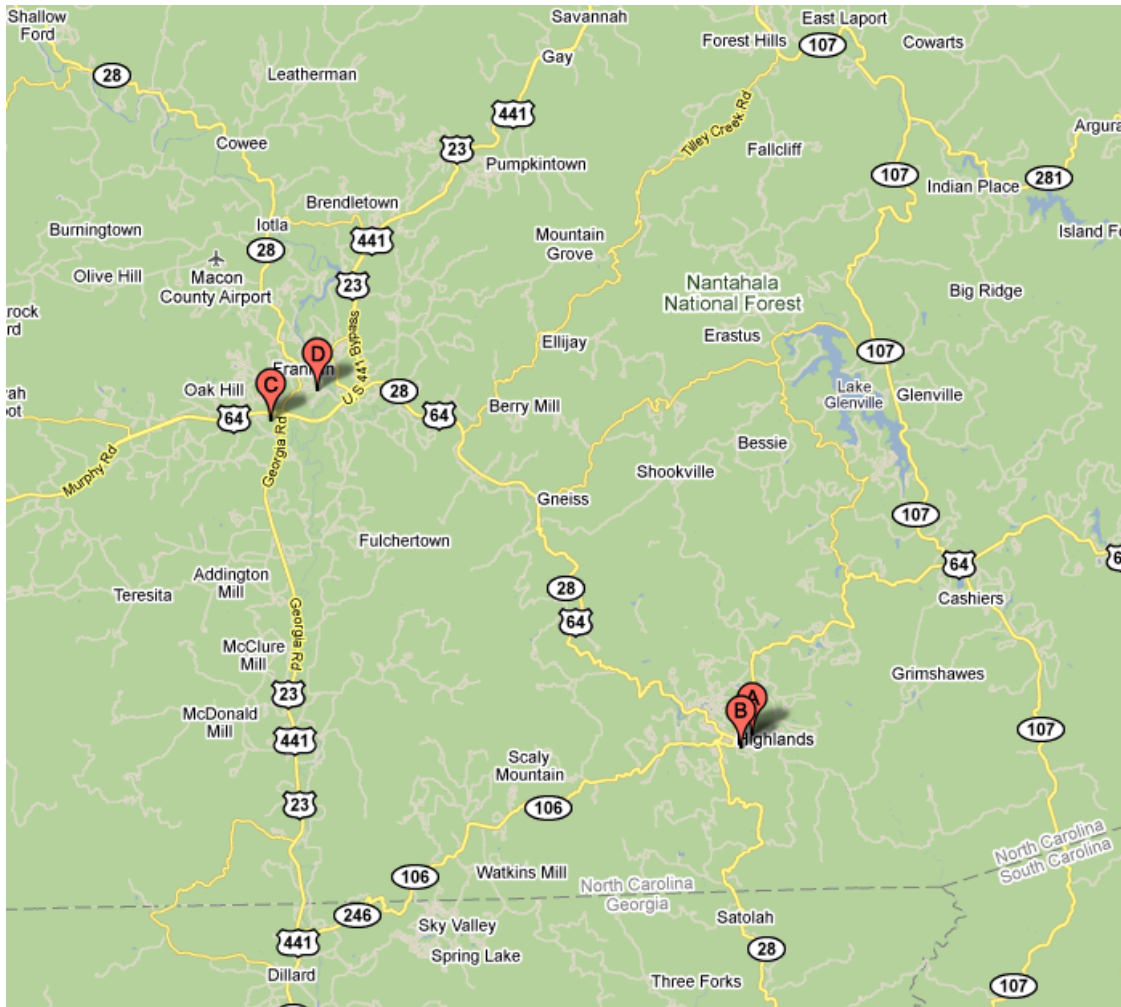
took a map in hand and drew a line from New York to New Orleans. Then they passed another line between Chicago and Savannah.



These lines, they predicted, would be the great trade routes of the future, and where they crossed would someday be a great population center. What evolved was a health and summer resort at more than 4,000 feet on the highest crest of the western North Carolina plateau in the Southern Appalachian Mountains. By 1883 nearly 300

immigrants from the Eastern states were calling Highlands home. Very little changed in the town until the late 1920s, when the Cullasaja River was dammed, forming Lake Sequoyah, to provide hydroelectric power. By the time the Chamber of Commerce was established in 1931, the town's population had increased to 500 with 2,500–3,000 summer guests and 25 businesses. Again, very little changed until the mid 1970s, when the influx of multi-family homes and shopping centers spawned land use plans and zoning laws intended to protect Highlands' natural assets. The town's population today stands at 1,047 year-round residents with 15,000–20,000 summer guests. This nearly doubling of the county's population provides some unique issues for the local economy and service providers.

Macon Program for Progress Key Locations



Point	Site	Address	City
A	Highlands Head Start	165 SW Sixth Street 350 Orchard View	Highlands
B	New Horizons Center	Dr	Franklin
C	Pruett House Family Center	185 Forest Ave	Franklin

These locations are long established and provide services to the children and families in the surrounding locations. The hours for services are determined based upon parent input and trends in need that is monitored to determine how the greatest number of families may be served. What this means for the program is that hours and locations may have to be adjusted in order to remain relevant to families goals and needs while balancing program cost considerations.

DEMOGRAPHIC INFORMATION

Population Information	Macon County	Percent of total
Total Population	35,208	100%
Population under 5 years	1810	5%
Population under 18	7491	21%
Population 18-44	9177	26%
Population 45-64	10,349	29%
Population 65+	8191	23%
Source: NC Office of State Budget and Management		

As illustrated above Macon County is small in terms of population but it is experiencing growth. The table above indicates that the population under the age of five in Macon County is roughly 5%. This is in comparison the state average which is seven percent according the 2010 figures from Census Quickfacts. There are 9,177 people in the prime child producing age group of 18 to 44. An interesting note from the 2005-2009 American Community Survey is that in Macon County there are and estimated 375 grandparents living in households with one or more grandchildren under the age of 18. Of this number, 234 or 62% are responsible for raising the children. *What this continues to mean for MPP is that there is an interesting dispersion of age. The overall population of the area tends to be older, yet there is still a small but viable population of younger people who are in child rearing ages. A grandparent support group has been organized to address unique issues related to this group*

HS& EHS Age and Racial Breakdowns	Macon County Total	Percentage	Macon White	Percentage of Total by group	Percentage Non-white
Children Birth through five	2190	100%	2124	97%	3%
Children 0-2	1150	53%	1108	96%	4%
Children age 3-4	722	33%	703	97%	3%
Children age 5	380	17%	368	97%	3%
Source: NC Office of State Budget and Management and NC Department of Health and Human Services					

Looking at the above table the greatest group in children is in category 0-2, followed by 3-4 year olds and then 5 year olds. Looking at the racial breakdown of the county it is safe to believe that despite poverty not striking all racial groups evenly, this program serves a predominately white population. *This means that for program planning purposes MPP is able to plan on an even age distribution when estimating the numbers eligible and available. The greatest growth area is in the numbers of younger children and may point to further need for EHS services.*

Racial Information for Macon County	Number Source: Census (American Factfinder 2009 ACS)	As a % of total population	2008-09 Head Start Population	2008-09 Early Head Start Population
One Race	32,933	99.1%	99%	92%
White	3200	96.3%	95%	98%
Black	631	1.9%	2%	0

Other	582	1.8%	3%	2%
Two or More Races	266	0.8%	1%	8%

According to the U.S. Census Quickfacts, Macon County is 96.3% white and less than 2% black. The remaining 4% is other or multiracial. Without adjusting for poverty it is expected that the program will serve a sizable white population. However when poverty is brought into the picture, the racial breakdown of both Head Start and Early Head Start varies only slightly from the overall breakdown of the county.

Of the number of one race families the percentage of whites is 94% in Head Start and Early Head Start, the percentage of blacks of the one race environment is 1% in both programs. Given the information presented above it is observed that the program serves a large number of white children. The next largest category of children is those determined not by racial characteristics but by language and heritage and that is the Hispanic group.

Hispanic Figures	Macon County	% of Total Population	Head Start	EHS
Hispanic or Latino (of any race)	1196	3.6%	27%	26%

Source: 2010 U.S. Census, PIR Data

The table above documents the estimated numbers of people of Hispanic origin in Macon County reported by the U.S. Census for the latest period reported. The figures presented may be low due to the under reporting of individuals without citizenship status by the U.S. Census. According to Latino Outreach Solidaridad, a local Latino Outreach organization, the Latino population in western NC has grown 394% since 1990. Macon County is estimated to have a Latino population of over 1500. When looking at the figures presented by the program, it becomes apparent that the program serves a high percentage of Latino families.

Based upon these figures it is reasonable to believe that there is a need for Macon Program for Progress to have staff that speak Spanish both in the classroom and in family services. At this time the need is not urgent but is expected to grow in importance. Over the past year, MPP has increased the number of staff with these language skills. This table also indicates that in terms of cultural awareness the teachers and home visitors need to have some understanding of the norms and cultures of families who are first generation immigrants. In addition the program will need to have strong partner relationships with organizations that provide services to the Latino community of Macon County and Western North Carolina.

According to the U.S. Census, Macon County has the following characteristics:

HOUSEHOLDS AND FAMILIES: According to the U.S. Census, in 2005-2009 there were approximately 15,000 households in Macon County. The average household size was 2.1 people. Families made up 67 percent of the households in Macon County. This figure includes both married-couple families (54 percent) and other families (13 percent). Nonfamily households made up 33 percent of all households in Macon County. Most of the nonfamily households were people living alone, but some were composed of people living in households in which no one was related to the householder.

GEOGRAPHIC MOBILITY: According to the U.S. Census in 2007-2009, 88 percent of the people at least one year old living in Macon County were living in the same residence one year earlier; 6 percent had moved during the past year from another

residence in the same county, 6 percent from another county in the same state, 4 percent from another state, and less than 0.3 percent from abroad.

Another perspective on the demographic makeup of Macon County is provided by the local Health Department's 2010 State of the County Health Report that pointed out:

Access to Primary Care

Macon County's seasonal residents are not included in population numbers. The number of primary care physicians who accept Medicaid patients and/ or new patients is low. The percent of Macon County adults who wanted to see an MD and couldn't in 2006 was 18% versus 16% for North Carolina as a whole. Macon County focus groups identified access to a physician as a prevalent concern. Macon County's uninsured rate for adults ages 18-64 is 22.8%. The Macon County Public Health Center is having difficulties sustaining a clientele of paying clients to ensure continued services for the uninsured.

Strengthening Families to reduce Youth Risky Behavior

High childhood obesity rates are documented at school health fairs. Teen pregnancy rates are increasing. Currently there are five to six pregnant teens ages 13-15, and for some this is not their first pregnancy. Tobacco usage is still common among youth and pregnant women. Self reported risky behaviors on the Youth Risky Behavior Survey. Focus groups and interviews tie youth risky behavior to family life.

Planning for Senior Future Needs

The projected population growth and the current percentage of elderly population is one of the highest in the state. Focus groups and telephone surveys revealed that current senior needs are being met; however, there was a need to plan for future growth.

Macon County's Economics

Macon County's economy is driven mostly by tourism and construction. The beautiful terrain and rich Appalachian culture lures tourists and second-home owners to this area. The service industry including accommodations, entertainment, and food responds to the seasonal flux in the population. However, more often visitors are deciding to become full-time residents. This creates a strain on public and health care services.

With the current high unemployment rate, poverty remains a problem in Macon County. It is particularly acute when contrasted with the extreme wealth found in some resort areas of the county. CareNet of Macon County continues to see an increase in requests for food assistance. Local

pharmacies and medication assistance programs report patients are stretching their medications, such as stretching a 60-day supply to 120 days.

ESTIMATES OF HEAD START ELIGIBLE CHILDREN

HS& EHS Age Breakdowns	Macon County Source: NC Office of State Budget and Management	Poverty Rate Source: ACS Survey, U.S. Census	Estimate of children in poverty
Children Birth through five	2190	22%	481
Children under 0-2	1150		253
Children age 3-4	722		159
Children age 5	380		84

There are no major pockets of poverty in this area but at the same time the population is not evenly distributed throughout the county. Given this situation the majority of the families to be served will be from the Franklin area. One item to recall is that these are estimates using official data and as a result may underestimate the number of children who may be eligible but not reported due to the citizenship status of their parents.

However, it is still questionable about the viability of services in the Highlands area.

Official Number of Children under 5 2000	Official Number of Children under 5 2008	Rate of Growth	Number of Children in Highlands in 2000	Estimated Number in 2008 using growth projections
1482	1525	5%	136	143

This area has a very low poverty rate-7.5% (source: <http://www.city-data.com/city/Highlands-North-Carolina.html>) coupled with a low number of children under 5 which works out to about 12 children in poverty in all ages under five. The program may wish to consider the long term viability of center based services in this area.

OTHER CHILD DEVELOPMENT PROGRAMS SERVING Children 0-4

Accepting subsidized children

BRIGHT DISCOVERIES 530 MAIN ST HIGHLANDS, NC 28741	CHILDREN'S DISCOVERY CENTER 185 SLOAN RD FRANKLIN, NC 28734	HURST DAY CARE 31 WELLS GROVE RD FRANKLIN, NC 28734
HIGHLANDS COMMUNITY CHILD DEVELOPMENT CTR 89 CHURCH STREET HIGHLANDS, NC 28741	OAK GROVE FAMILY DAYCARE 140 BRADLEY CREEK ROAD FRANKLIN, NC	PAM'S DAY CARE 168 BRENDELE RD FRANKLIN, NC 28744
KIM'S KIDS 20 TRAE ROAD FRANKLIN, NC 28734	STELLA HAIRE'S DAY CARE HOME 110 EMMANUEL ROAD FRANKLIN, NC 28734	ROCK A BYE NURSERY SCHOOL 122 DOUBLE BRANCH COVE FRANKLIN, NC
TRIMONT CHRISTIAN ACADEMY 98 PROMISE LANE FRANKLIN, NC 28734	WINNIE'S PLACE 1349 RIDGE ROAD FRANKLIN, NC 28734	
	Source: http://ncchildcaresearch.dhhs.state.nc.us/Result_Search.asp	

The actual cost of child care in a licensed facility in Macon County varies from \$ 380 per month to \$1,200 per month based on the child's age, the provider, and the facility's star rating. However, tuition rates remain lower because the majority of families cannot afford to pay the actual cost of care. For Macon County, typical monthly tuition rates are:

Macon County Child Care Monthly Tuition Fees

Program License Rating	Home	Center
(Subsidized Rates)		
5 Star Infant/Toddler Care	\$ 465	\$ 686
2 Star Infant/Toddler Care	\$ 398	\$ 445
5 Star Care – 3 year old	\$ 402	\$ 552
1 Star Care – 3 year old	\$ 335	\$ 368
(Private Pay Rates)		
Under 2 years	\$ 520	\$ 672

Coverage – Child care programs need to be centrally located so that parents have access to them and have operating hours consistent the parent(s)'s work schedules. Many service industry jobs have very different hours from the traditional 9:00 AM to 5:00 PM hours of an office worker. Macon County construction workers are on the road early to get to the job site and often work late. Health care and restaurant employees often work nights and weekends. Few Macon County child care programs provide full time hours matching the parents work schedules. Most church and private centers mirror the public school schedules.

Financial Support – Federal tuition support is available in Macon County for low-income families. Head Start Programs and More at Four Programs charge no fees to qualified families.

To qualify for Head Start Programs, the maximum Annual Allowable Income for a family of three is \$18,530. Child care tuition is 100% subsidized in accordance with federal qualification guidelines. With over 300 preschool slots, MPP has only 4 private pay slots available to families having higher incomes depending on other (federally qualified) enrollment at the time. Other than the free state and federally subsidized programs, the State of North Carolina Department of Human Services (DHHS) provides subsidized tuition support for families having incomes under \$ 30,336 for a single-parent family of two, or \$ 37,476 (for a family of three). Larger families have higher income qualification guidelines up to a maximum of \$ 66,912 for a family of twelve. Income-qualified families are evaluated by Macon County Social Services. Parents must be working or be a full-time student, and parents pay a portion of the child care cost by paying 8% - 10% of their evaluated household income for tuition. As of April 30, 2009, a total of 320 children were receiving DHHS subsidized care in Macon County.

Source: “Child Care in Macon County” <http://www.maconnc.org/CIC%20Full%20Report.pdf>

ESTIMATES OF AVAILABLE CHILDREN

Updated information above indicates that the program continues to come close to serving all eligible children. There remains very little room for growth in children in the 3-5 category. It is anticipated that Head Start will continue to find itself providing more services for younger children.

Another trend that continues to impact the program and the provision of services is the increase in the Latino population in the service area. It is believed that many of these individuals are under-reported in official estimates. As a result it is expected that the program will find itself serving a larger segment of this population.

The implication for the program is that there may need to be concerted efforts to ensure that the community is reminded that Macon Program for Progress Head Start/Early Head Start serves all low-income families. Other programs confronting similar situations have found themselves being labeled by the community as only serving one population segment or another. It is imperative that MPP managers work to maintain the positive perception that the program enjoys throughout the county.

Kindergarten Transition

MPP will transition 98 children to kindergarten this year. Transition is an on going process that ensures children and families will receive appropriate information and support whenever a change takes place for their children. Parents are notified of all meetings, workshops and also given necessary information that will help them work with their children. MPP works in partnership with the Macon Public Schools and South Western Child Development (SWCD). Through these partnerships training is provided for parents and staff on transition to kindergarten and other school settings. Each year Region A Partnership for Children provides training for all parents to help them have a smooth transition into kindergarten. There is a yearly breakfast meeting with public school staff and Head Staff to discuss up dates from the State of NC and Head Start from both groups. MPP encourages all parents to attend a yearly preschool day at the school their child will attend. Each year MPP provides information to the public schools of rising kindergarten children.

Enrollment Capacity

The program is able to serve all the slots available for EHS. While the numbers indicate that there is little room for expansion it needs to be recalled that these figures are underreporting the Latino population. As the program is able to comfortably fill its slots and the official figures show the market viability of EHS services, when the explosive Latino growth is added to the mix the demand grows even larger.

This means while Early Head Start expansion funding is currently not available; in order to be proactive the program may need to take advantage of the option to provide services in the 101 to 130% of poverty category in all or some sites.

Program total enrollment is 180 HS children and 135 EHS children. Of this number the program serves 88 More at Four children; of these, 87 are dual enrolled in the Head Start program, one is More at Four only. One hundred twenty-six HS/EHS children receive subsidy / extended day services. Three children are not receiving HS or EHS services but are enrolled privately and receive subsidy. *It is estimated that the program has reached capacity in its Head Start services even with some modification in the way that poverty is counted and amounts allowed by family. The tragedy of this is that more people are working and their incomes have not lifted them out of poverty but have made them ineligible for Head Start services. In order to stay organizationally viable, it is expected that given the current set of constraints, Macon Program for Progress will need to continue to draw on the state's More at Four funding and childcare subsidies and may wish to consider expanding services as a state funded/private funded provider if space allows.*

In terms of EHS services there is a great deal of room for expansion of services. As indicated in the 2010 Report on Child Care in Macon County:

Many private centers do not offer infant/toddler care. The regulatory cost of providing infant care is higher than the cost for preschool care (ages 3 – 5 years) because (1) health and sanitation requirements are more stringent for infants, (2) additional facility space is required for infant care quality, and (3) the minimum child-staff ratios are higher for infants.⁽¹⁾ Many centers elect to start their programs at age 3 because they are unable to cover their costs for infants and toddlers up to age 2 years. An average of 382 new infants were added to the Macon County population in each of

the past three years (Solucient – NCHA Patient Database). Obviously with a total of only 39 newborn cribs currently available (1), the infant capacity of the child care industry in Macon County is far short of the average birth rate.” Source: <http://www.maconnc.org/CIC%20Full%20Report.pdf>

ESTIMATED NUMBER OF CHILDREN WITH DISABILITIES

Disabilities	Macon County
Percent of children (5-15) with disability	8%
Estimate of number of children 0-5 with disability	160
Source: U.S. Census Factfinder, and Estimations.	

The table above indicates the numbers and estimations of number of children with disabilities in Macon County.

Disabilities by Type	2009-10	2008-09	2007-08
Developmental Delay	45%	33%	27%
Health Impairment	0	0	0
Ortho	3%	3%	2%
Speech & Language	45%	50%	63%
Autism	5%	6%	5%
Multiple	0%	0	0
Head Start Total	53	36	63
Early Head Start Total	21	28	26
Source: Program PIR figures			

The table above provides the breakdown of disabilities observed by the Head Start program and the total number of children with disabilities served by EHS. *What this table*

means for the program is that it is reasonable to expect that the bulk of the children with disabilities will require services for development and in speech and language. The program will need to continue to assist the teaching staff with more classroom activities to assist in delivering service for the children and consider limiting the number of children with disabilities served so as not to over burden classroom staff.

EDUCATION ISSUES

According to the U.S. Census, in 2007-2009, 84.5 percent of people 25 years and over had at least graduated from high school and 27.5 percent had a bachelor's degree or higher. Fifteen percent were dropouts; they were not enrolled in school and had not graduated from high school. Macon County's graduation rate for 2010 was 81.5%.

The total school enrollment in Macon County is 4,335 for the 2010 school year. There are currently 36 children enrolled in the public school's More at Four program, and elementary through high school enrollment is 4,203 children. College or graduate school enrollment was 1,062 for 2007-2009..(U.S. Census: http://factfinder.census.gov/servlet/ADPTable?_bm=y&-geo_id=05000US37113&-qr_name=ACS_2008_3YR_G00_DP3YR2&-ds_name=ACS_2008_3YR_G00_&-_lang=en&-_sse=on)

Educational attainment is fairly high in the Macon County service area. However, there is still a sizeable gap between the number of adults who stopped attending school prior to graduating high school (15%) and those who obtained a high school diploma or better. Over three quarters (77.3%) of the adults in Macon County have high school diplomas or its equivalent. The percent of Macon County adults having a bachelor's degree or higher is 16.2%. This gap in education is indicative of the changes that are taking place in the rural area that has been discovered as a retreat from other urban areas of the Southeast. As more people obtain homes or second homes in the area, the education level is impacted. The folks moving into the area tend to bring in higher education levels.

The accompanying table shows the educational information of families served:

	Head Start 09-10	Head Start 08-09	Head Start 07-08	Early Head Start 09-10	Early Head Start 08-09	Early Head Start 07-08
BA or better	6%	6%	2%	2%	2%	4%
Some College	23%	25%	25%	27%	31%	16%
High School or GED	39%	53%	44%	35%	48%	49%
Less than High School	33%	16%	27%	40%	20%	31%
Source: PIR Data						

With a segment of the population lacking education, these citizens in Macon County are caught in a diminishing cycle. It is difficult to lure industry that pays well since employers in these fields are increasingly in need of a highly educated workforce. Without these higher paying jobs available there is little incentive for potential employees to complete higher education. Many still choose to leave the area to find work. *These figures indicate that the parents may need assistance in completing their G.E.Ds and Associates degrees. The education levels also serve as an indicator for literacy levels of the Head Start/EHS families which is not very high. This will impact the family partnerships process and should impact in how services are planned and delivered. This will be accomplished through providing referrals for Adult Basic Education programs and linking parents into the GED program where needed. Attention will also be placed upon assisting families where the parent has completed some college or technical school.*

As part of the family support mechanisms established under the family partnership process, Macon Program for Progress Head Start will continue to assist these families in turning their education and training into marketable skills that may be tied to job requirements.

EMPLOYMENT ISSUES

The economy in Macon County is largely tourism and service oriented. The following table illustrates the employment sectors and wages of Macon County residents.

EMPLOYMENT AND WAGES BY SECTOR MACON COUNTY	AVG EMP	% TOTAL	AVG WKLY WAGE
Total All Industries	14,174	100.0	\$587
Total Government	2,071	14.6	\$656
Total Private Industry	12,048	85	\$518
Construction	2,267	15.9	\$630
Manufacturing	1,168	8.2	\$550
Retail Trade	1,961	13.8	\$577
Transportation and Warehousing	515	3.6	\$566
Information	293	2.0	\$709
Finance and Insurance. Real Estate and Leasing	1,010	7.1	\$786
Professional and Technical Services	915	6.4	\$641
Educational Services, Health Care and Social Assistance	3,042	21.4	\$589
Arts, Entertainment and Recreation	1,328	9.3	\$402
Accommodation and Food Services	2,378	16.7	\$432
Other Services Ex. Public Admin	913	6.4	\$604
Public Administration	428	3.0	\$540
Source: Census.Gov			

In 2007-2009, for the employed population 16 years and older, the leading industries in Macon County were educational services, and health care, and social assistance, 21.4 percent, and construction, 16 percent. Among the most common occupations were: office and administrative support occupations, 17 percent; sales and related occupations, 12 percent; education, training, and library occupations, 8 percent; construction and extraction occupations, 7 percent; and healthcare support occupations, 6 percent. Seventy-four percent of the people employed are private wage and salary workers; 15 percent are federal, state, or local government workers; and 11 percent are self-employed

in own not incorporated business workers. The median income of households in Macon County was \$38,989. Seventy-six percent of the households received earnings and 24 percent received retirement income other than Social Security. Thirty-eight percent of the households received Social Security. The average income from Social Security was \$12,911. These income sources are not mutually exclusive; that is, some households received income from more than one source.

In terms of unemployment, the area has been hit hard over the last two years.

This means that the program is likely to experience increasing demand for services in the lower income areas of the county and may need to consider moving slots.

Few of the county residents who work have to travel outside their home county to find employment. The majority of the residents of Macon County commute alone in their own car as indicated by the table below:

Commuting Patterns of	Macon County Residents	
Car, truck or van-drive alone		83%
Car, truck or van-carpoled		12%
Public transportation (excluding taxis)		0%
Walked		1%
Other means		.5%
Worked at Home		3.4%

Source: ACS, Factfinder.census.gov

Macon County has few large employers. Indeed, Macon Program for Progress is in the area's top fifteen in terms of number of employees. The county's fifteen largest employers are listed below.

Employer	Numbers Employed	Sector
MACON COUNTY PUBLIC SCHOOLS	500-999	Education and Health Services
DRAKE ENTERPRISES LTD	250-499	Professional and Business Services
MACON COUNTY	250-499	Public Administration
ZICKRAF ENTERPRISES INC	250-499	Manufacturing
ANGEL MEDICAL CENTER	250-499	Education and Health Services
HIGHLANDS CASHIERS HOSPITAL	100-249	Education and Health Services

WAL-MART ASSOCIATES	100-249	Trade, Transportation, and Utilities
CATERPILLAR INC	100-249	Manufacturing
INGLES MARKETS INC	100-249	Trade, Transportation, and Utilities
LOWES HOME CENTERS	100-249	Trade, Transportation, and Utilities
WHITLEY PRODUCTS	100-249	Manufacturing
12 BRITTHAVEN INC	100-249	Education and Health Services
MACON BANK INC	100-249	Financial Activities
MACON PROGRAM FOR PROGRESS	100-249	Other Services
APAC-TENNESSEE	100-249	Natural Resources and Mining

Macon County appears to be undergoing a shift in employment patterns. For years the manufacturing and natural resources sectors provided the bulk of employment, but with the growth in tourism and second home developments, the service sector is undergoing the largest growth.

For the Head Start program in 2009-2010 the percentage of both parents working in two parent homes is 44%, one parent working of the two is 13% and neither working is 60%. In one parent homes the percentage where one parent works is 60% and no one works is 40%. In the Early Head Start program in 2009-2010 the percentage of both parents working in two parent homes is 9%, one parent working of the two is 9% and neither working is 82%. In one parent homes the percentage where one parent works is 38% and no one works is 62%. The types of jobs generally held by these parents are: food industry, medical / healthcare, office / clerical, house cleaning, construction / carpentry. These service jobs tend to pay poorly and have few benefits.

In terms of education and training for families in Head Start in 2009-2010, the number of two parent families where both were in school/job training was 0. One in school/job training was 1% and neither in training/school was 99%. For one parent homes the percentages were 2% in job training/education and 98% were not enrolled. In Early Head Start in 2009-2010, the number of two parent families where both were in school/job training was 0. One in school/job training was 4% and neither in training/school was 96%. For one parent homes the percentages were 7% in job training/education and 93% were not enrolled.

According to the U.S. Census in 2007-2009, 14 percent of people were in poverty. Twenty-one percent of related children under 18 were below the poverty level, compared with ten percent of people 65 years old and over. Ten percent of all families and 22 percent of families with a female householder and no husband present had incomes below the poverty level. In terms of assistance provided by TANF (Workfirst in NC), most of

the benefits have reached the time limit. So despite the poverty a review of Workfirst case loads for the county only show one individual for the month of December 2010, zero for the month of December 2009, zero for December 2008 and zero for December 2007 (source: <http://www.ncdhhs.gov/dss/stats/wf.htm>). The implication is that Workfirst is not providing much service for the families being served.

These figures provide several impacts to Macon Program for Progress' Head Start/EHS program design. On the one hand, given the number of workers remaining within the county, there exists a need for high quality child care to be provided in a center based environment to alleviate any concerns of a parent as to who is minding the child while he/she is at work. Studies show parents prefer centers close to their employment so this means that centralized locations for services makes sense. On the other hand, given the sizable number of folks who are moving into the area and displacing former residents the families served by MPP will continue moving within the county. This indicates the need for services to continue to be provided in several locations throughout the county where it is economically feasible to do so. The decrease in employment opportunities has resulted in an increase of parents with newborn children not returning to work. The need for home-based services is a viable option for these parents.

HEALTH ISSUES

Healthy Carolinians of Macon County (HCMC) is a state certified, public-private healthcare partnership. The mission of Healthy Carolinians of Macon County is to assess and develop health and safety resources for Macon County. Community members and leaders, representatives of public health, hospitals, human services organizations, churches, schools and businesses come together to organize and mobilize resources through collaboration. With over 100 members and 50 organizations participating, the partnership conducts a community health assessment to establish health priorities. HCMC subcommittees work to implement plans to address these issues.

One such priority was the establishment of a free clinic providing basic care to uninsured adults and children. The Franklin Community Care Clinic opened one evening a week in February, 2010. The clinic expanded to two evenings a week in August, 2010. The clinic serves clients with no insurance who falls at or below 150% of federal poverty and has made a significant impact on access to primary care.

The Community Care Clinic of Franklin is a local, nonprofit organization that believes everyone deserves basic health care. The clinic provides free 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. It is staffed by volunteer doctors, nurses, and community residents.

Specifically, the clinic diagnoses and treats acute and chronic illness and assists with obtaining medicines at reduced or no cost. The clinic also makes referrals to medical specialists, when needed and makes referrals to laboratory and x-ray services at local hospitals. The clinic provides information on other available services in the community. The clinic does not provide emergency services or dental services.

DENTAL ISSUES

The three main issues in the area of dental services for children in the MPP area include:

1. Increased sugar intake leading to extensive dental decay
2. Poor dental hygiene
3. Difficulty in getting referrals to pediatric dentists

For adults throughout the MPP area, dental issues include:

1. lack of availability of affordable dental care
2. poor dental hygiene and diet
3. valuing preventive dental care to make time to go to the dentist

Most families do not have dental health insurance. The challenge for program staff has been educating families about the importance of regular dental care but for most families dental care only happens when there is an obvious dental emergency. The dentist is often a considerable distance from where the family lives so the transportation issues (time and cost) often stop a family from getting services.

MENTAL HEALTH ISSUES

Mental Health Care Source:<http://www.maconnc.org/images/healthy-carolinians/2010SOTCHReport.pdf>

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 were 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 2010 MCHC State of the County Health (SOTCH) report revealed that access to a psychologist rate in Macon County is 1.3 versus 3.0 for NC. The suicide rate is rising with an increasing split between male and female. Results of a telephone survey reveal access to care barriers. The Community Care Clinic of Franklin has now expanded to include behavioral health services.

What this means for Macon Program for Progress is that Head Start and Early Head Start will continue to train staff and parents on the topic of avoiding child abuse and other mental health topics.

Reports of Abuse and Neglect in Macon County		
Year	Number for children 0-5	Percentage of total for children 0-5
1998-1999	105	46.88%
1999-2000	95	55.23%
2000-2001	126	47.55%
2001-2002	107	49.77%
2002-2003	99	55.62%
2003-2004	97	49.49%
2004-2005	118	42.91%
2005-2006	125	56.00%
2006-2007	126	54.78%
2007-2008	113	57.95%
2008-2009	130	52.00%
2009-2010	164	43.73%

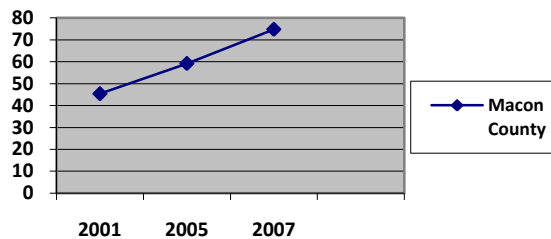
2010 Partial Data	79	41.57%
Source: http://www.ncdhhs.gov/dss/stats/cw.htm		

The table showing child abuse points out the fact that it is far more prevalent toward young children. As the table shows nearly half of abuse is aimed at children under the age of five. This is an area where staff can make a difference through their workshops and newsletter tips about the topic.

Nutrition Issues

There has been explosive growth in the number of children in the Macon County Schools

Growth in Free Lunch 2001-07



enrolled in Free and Reduced Lunch. The accompanying figure illustrates the growth. Based upon informal discussion of

staff with their counterparts in the school systems these figures appear to be lower than what is currently being experienced. However data published by the Child

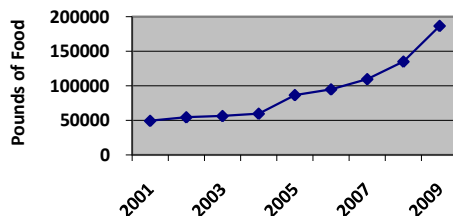
Nutrition Program Data, Food and

Nutrition Service USDA, is only available on the county level up to 2007. In 2004, nearly 17 percent of the children were on food stamps and in 2008 nearly 9% of the total population was on food stamps. <http://www.ncruralcenter.org/databank/profile.asp?county=Macon>

According to Action for North Carolina near 75% of the children in the public schools were on free/reduced lunch in 2007. <http://datacenter.kidscount.org/data/bystate/Map.aspx?state=NC&ind=2239>

Two local resources to aid the food availability situation are Macon County Care Network, and Manna Food Bank.

Growth in Food Distributions



According to the Macon County Care Network website (<http://www.maconcarenet.org/programs.html>) the

provision of food supplies to low income families in Macon County is growing. The graphic at left indicates this growth.

The care network also provides the following:

Soup Kitchen

CareNet serves a hot lunch Monday, Tuesday, Wednesday, and Friday to those who are waiting for their boxes, homeless, or those in crisis that need something nutritious already prepared.

Bread Program

CareNet collaborates with a local grocer that gives the pantry their pulled bread and pastries. This is given in addition to the client's regular food box.

Share the Warmth

This is treated every year as a grant, which runs from October 1st through April 30th. The local power company, Duke Energy solicits matching funds from its users and in turn distributes this to local agencies which aide low-income individuals. This designated money is used toward qualified individuals' sources of heat such as electric, propane, gas, firewood, or kerosene. It goes toward the vendor for that particular individual to stay warm during the winter months.

Prescription Financial Aid

CareNet has received grants in the past for assistance for low-income individuals who are between qualifying for other programs, or need one-time assistance such as an antibiotic. If a local individual cannot afford their medication, CareNet deals directly with the pharmacy, and agrees to pay a portion of the prescription. However, CareNet does not pay for any narcotic pain reliever. No cash is distributed.

Manna Food Bank (<http://mannafoodbank.org/>) is an organization that collects, stores, warehouses and distributes food to MANNA accredited non profits throughout 16 counties in Western North Carolina. MANNA provides direct service on a very limited basis to those struggling with hunger through the [MANNA Packs for Kids Program](#) and [Food Stamp Outreach](#). MANNA assists partner agencies with acquiring food to serve those facing hunger. MANNA providers include the food industry, individuals, farmers, and State and Federal Agencies. They are also a member of [Feeding America](#), an umbrella organization that links together 205 other food banks throughout the United States.

The importance of these two organizations is the fact that they are community partners with MPP and assist the organization in ensuring food security for the families served by MPP. Despite the relative wealth of the area these two organizations plus food stamps often serve as the primary source of nutrition for the families seeking assistance from MPP.

According to the local health department:

Major Health Indicators

To help measure health status, Healthy Carolinians 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. Based on current trends, in 2010 20% of Macon County Elementary School children were obese. 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.

In the Macon County Youth Risky Behavior Survey conducted in the Spring of 2009, 29.2% of Macon County middle school students described themselves as overweight as compared to 25.7% of all North Carolina students. Seventy percent stated they exercised regularly to lose weight or keep from gaining weight. Others reported risky behaviors engaged in to lose weight or keep from gaining weight such as going without eating, taking diet pills without notifying their doctor, and vomiting or abusing laxatives. Seventy-seven reported eating fruit at least 3 times in the previous seven days and 73% reported eating vegetables at least 3 times in the previous seven days. Almost 19% reported eating junk food three plus times a day.

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. Those who are overweight or obese also exercise less; 32% report they exercise rarely or not at all. The YRBS showed a decrease from 2007 to the 2009 survey of middle school students who participate in PE class during the week to 16% down from 27 percent. According to the survey, the differences are small between Macon County students and all middle school students in North Carolina.

Dramatic increases in overweight and obesity have been documented among U.S. children above six years of age, in both genders and in all population groups. In the United States, approximately one child in five is now overweight. Overweight children are more likely to become obese adults. Additionally, an overweight school-aged child with an obese parent has over a 70% chance of being obese in young adulthood.

Children adopt inappropriate eating habits quite early, and these habits are difficult to change. According to a recent children's eating behavior study, "An enormous amount of learning about food and eating occurs during the transition from exclusive milk diet of infancy to the omnivore's diet, consumed in early childhood." This is a difficult age level for interventions, even when using careful instruction with parents. Too much control by parents may backfire and provide children with fewer opportunities to learn self-control. Another study concluded that mothers, particularly those with less

education (high school degree or less), failed to recognize their over-weight children as being overweight. The children in the service area are no worse than the state overall.

The four main nutritional issues for children served in the MPP area are:

1. Increased number of children at risk for obesity
2. Increasing numbers of children with food allergies
3. Increasing dental concerns related to high intake of sugar (sodas, fruit juices, sports drinks)
4. Increased number of children at risk of diabetes

For adults:

1. Lack of knowledge regarding appropriate portion sizes
2. Lack of physical activity in daily program
3. Increased numbers of adults at risk for obesity
4. Increased number of adults diagnosed with diabetes

Source: <http://www.ncdhhs.gov/mhddsas/statpublications/index.htm>

MPP's parent education programs and emphasis on healthy nutrition practices in the preschool classroom will continue to address these issues.

Nutrition Programs

WIC stands for Women, Infants, and Children and is also called the Special Supplemental Nutrition Program. WIC is a federal program designed to provide food to low-income pregnant, postpartum and breastfeeding women, infants and children until the age of five. The program provides a combination of nutrition education, supplemental foods, breastfeeding promotion and support, and referrals for health care. WIC has proven effective in preventing and improving nutrition related health problems within its population.

WIC	FY02-FY04	FY05-FY07	FY06-08	% Change from first 3-year period to most recent 3-year period
Percentage of Medicaid enrolled pregnant women who received WIC Program Services	74.1%	69.6%	64%	-10.1%
Percentage of children less than 12 months of age	71.5%	71.2%	73.4%	1.9%

enrolled in Medicaid who received WIC Program Services				
Percentage of children 1 to 5 years of age enrolled in Medicaid who received WIC Program Services	61.5%	56.6%	61.6%	.1%
Percentage of pregnant women served by WIC who received WIC Program Services during the first trimester of pregnancy	50.9%	42.3%	43.3%	-7.6%
Percentage of pregnant women who participated in WIC during pregnancy and were recertified for WIC by 6 weeks postpartum	55.1%	58.5%	80.5%	25.4%
Percentage of women enrolled in WIC who initiated breastfeeding	62.6%	66.3%	73.1%	10.5%
Percentage of infants enrolled in WIC breastfeeding at six weeks of age	38.9%	40.6%	41.0%	2.1%

Source: <http://www.nutritionnc.com/wic/laResources/AttachmentATrendDataFY1011.pdf>

The WIC report shows a mixed set of results while breastfeeding is increasing according to these figures, while children enrolled did not seem to be receiving services and

percentage of pregnant women served by WIC who received WIC Program Services during the first trimester of pregnancy also went down.

ENVIRONMENTAL HEALTH FACTORS

AIR QUALITY In most summers North Carolina's weather is dominated by the "Bermuda High" pressure system. This gives calm, virtually cloudless conditions where any pollution placed into the atmosphere remains suspended for an extended period of time. Fortunately, compared to many other states, North Carolina does not support activities which emit great quantities of pollution. But automobile traffic in the major cities, along with some paper producing and energy generation plants can cause local problems for short periods of time. Additionally, with our winds coming predominantly from a westerly direction, North Carolina also receives pollution from a suite of upwind states. On occasion this can severely reduce visibility in the western mountains, and has been regarded as a major contributor to the presence of acid rain on some of the highest peaks. (<http://www.nc-climate.ncsu.edu/climate/ncclimate.html#aq>)

WATER QUALITY- Water quality appears to be high in the MPP area. However there have been EPA violations in some of the smaller areas which do not appear to be tied into the city water system. The table from U.S. Census indicates that no home lacked plumbing, however 3 lacked complete kitchen facilities. This is an improvement over the previous data collected.

SELECTED CHARACTERISTICS	
Occupied housing units	14,747
Lacking complete plumbing facilities	0
Lacking complete kitchen facilities	3
No telephone service available	362

Source: American Community Survey, 2005-2009

HOUSING ISSUES

In 2005-2009, Macon County had a total of 23,204 housing units, 36 percent of which were vacant. The homeowner vacancy rate is the proportion of the homeowner inventory that is vacant “for sale.” It is computed by dividing the number of vacant units “for sale only” by the sum of the owner-occupied units, vacant units that are “for sale only,” and vacant units that have been sold but not yet occupied, and then multiplying by 100. This measure is rounded to the nearest tenth. This rate is a function of the national mortgage crisis which is being played out in the service area. The wealthy enclaves are sitting vacant, while there are over 200 low income families needing homes. As reported by the housing program at MPP, the HUD housing list continues to be closed and there was no movement off the list so no more names would be added.

Of the total housing units, 75 percent was in single-unit structures, 7 percent was in multi-unit structures, and 17 percent was mobile homes. Eleven percent of the housing units were built since 2000. Macon County had 14,747 occupied housing units - 12,000 (78 percent) owner occupied and 3,400 (22 percent) renter occupied. Three percent of the households did not have telephone service and five percent of the households did not have access to a car, truck, or van for private use. Multi Vehicle households were not rare. Thirty-six percent had two vehicles and another 25 percent had three or more. This data shows a slight improvement over previous years data.

HOUSING COSTS: The median monthly housing costs for mortgaged owners was \$984, nonmortgaged owners \$273, and renters \$612. Thirty-three percent of owners with mortgages and 45 percent of renters in Macon County spent 35 percent or more of household income on housing.

This information indicates that the largest group is paying 35% or more for their rent. This trend is expected to run through the Head Start population as well.

Housing affordability is a measure of the housing cost burden placed on households. Specifically, if a household pays more than 30% of their gross income on housing, including utilities, they are said to be cost-burdened. Contributing to affordability problems for the state's low-income groups is the fact that new homes coming onto the market are larger and higher quality than they were previously. In addition to a monthly rent or mortgage payment, the cost of utilities also influence a household's housing cost burden. Utilities may include electric, gas, water, telephone, and trash removal. Recent increases in energy costs will increase the percentage of household income that Macon's workforce must allocate toward housing costs.

This means that the program may need to explore the provision of workshops dealing with budgeting, renters' rights and responsibilities as well as job readiness and employability. There is a clear need for housing assistance in Macon County.

Another aspect of housing and population trends is the increase in the number of homes that are seasonal or vacation use. In Macon County the 2010 Census indicates this figure to be 36%. Based upon informal conversations and reviews of local media it is confirmed that this figure has grown since the last census and has exploded in the last four years. *This figure reflects a population that has little need for Macon Program for Progress' services but could indicate that a number of people could be targeted for volunteering activities if a connection could be established between the agency and the seasonal inhabitants.*

HOMELESSNESS

The National Alliance to End Homelessness estimates that the Estimated Rate of Homeless is approximately 0.13% for North Carolina. Using this rate and the population figures from U.S Census figures for Macon County, it is believed that the number of homeless is approximately 42. This number is for the entire population and does not represent the number of families with children of Early Head Start or Head Start age. *In terms of homeless being served by the combined program (H.S. and E.H.S.) the services are often provided to the "hidden homeless" who are staying with one set of family or friends for a period and then moving on to other family and friends after a while. These hidden homeless require that the staff assisting them have a solid understanding of the availability of resources that might be employed to aid these families and also have a firm knowledge of how to work around the mental health issues that can arise from these situations.*

Macon County conducted a point-in-time homelessness count January 27, 2011. The report includes information on homeless individuals, those housed and at imminent (within the next 7 days) risk of losing housing, and those that are housed and at-risk of losing housing.

		A	B	C
		Imminently Homeless: Housed and at imminent risk of losing housing	Precariously Housed: Housed and at-risk of losing housing	Housed & At-Risk TOTAL (column A+B)
1	# of Men	0	1	1
2	# of Women	1	1	2
3	# of Children	1	33	34
4	Total Persons in Households with Dependent Children (Rows 1+2+3)	2	35	37
5	Total Number of Households with Dependent Children	1	0	0
6	# of Men	0	0	0
7	# of Women	1	3	4
8	Total Persons in Households without Dependent Children (Rows 6 +7)	1	3	4
9	Total Number of Households without Dependent Children	1	3	4
10	TOTAL AT-RISK PEOPLE	3	50	53

	(Row 4 + Row 8)			
11	TOTAL AT-RISK ADULTS (Rows 1 + 2 + 8)	2	5	7

TRANSPORTATION ISSUES

Vehicles Available	Macon County	Macon County Percent	N.C. Percent
None	674	4.6	6.4
1	5030	34.1	32.0
2	5344	36.2	38.6
3 or more	3699	25.1	23.0
Source: U.S. Census ACS Survey			

The table above indicates the extent of automobile ownership in Macon County and percentages for the entire state of North Carolina. This table shows that automobile ownership is worse in the county than for the state overall. It is believed that the low-income citizens of the county are the ones with limited access to automobiles. Most of the families served by Macon Program for Progress have a vehicle for personal use. The critical reliance on personal transportation can cause instant crisis in a low-income family's budget when the car is in need of major repairs. The significant increase in the cost of gasoline in the past few years has put a strain on the budgets of all income levels but for low-income families, this increase is an even more significant cost burden.

The implication for the Head Start program is given the commuting patterns of employed residents of the county and the level of automobile ownership there is a population that is home bound. This means that staff will need to reach out to these family's members to ensure that they too are playing a role in the child's development. It may also mean that attendance will tend to be low at many of the meetings held and that the program will have to rely on alternative ways to get information to families. An important issue is that the county transportation (RTA) is very limited. MPP has contracted with them for some services but they require the parent to ride with the child as well as provide the car seat. They drop the children and parent off and will not wait

on them so it can be up to one to one and half hours before the transportation returns. They have very limited routes that they do within the town and county.

ADDITIONAL ISSUES SUGGESTED BY THE FAMILY SERVICE STAFF

Issues	Head Start Families Reporting	Early Head Start Families
Emergency/Crisis Intervention	13%	4%
Mental Health	25%	23%
Parenting Education	48%	38%
ESL	12%	6%
Job Training	5%	2%
GED/College	10%	4%
Health Education	3%	4%

Given the range of issues confronting the Head Start program yearly, the table above indicates that the staff of MPP Head Start/EHS needs to rely as much as possible on the services offered by other human services agencies. Through the use of partnerships with the human service providers, the Head Start program will be able to leverage their efforts and provide a wider scope of service to the families on an as-needed/requested basis. These partnerships will also assist the Head Start program in reaching the goal of providing a social services home for families. Once the families transition out of Head Start, they will be knowledgeable about the local social service infrastructure and what methods are required to access services through it.

PROGRAM OPTIONS

MPP HS/EHS operates two center-based options and a home-based services option. The first center option is a traditional center-based program that provides services for children in the school environment for 160 days per year. Through this option services are provided for parents who need their children to be provided services by a high quality child development organization. The second

center-based option is the provision of center-based services through the extended day option. This aspect of the program provides learning opportunities for the children whose families need and qualify for state funding. Through this option the children are served up to 10.5 hrs a day. The home-based option currently serves 10 EHS families through two parent educators. Services are provided to children primarily in their home and through group socializations at least 160 days a year. One of the parent educators is bi-lingual in English and Spanish.

Most parents want and need the center based services that MPP provides. However it may be required to examine the possibility of changing locations. It is becoming questionable about the economic feasibility of keeping the Highlands location operational given the previously indicated population shifts. It was evident from last year's community assessment that the program needed to add the home-based option for EHS families throughout the county especially in Highlands and Nantahala. The rise in the number of Hispanic families also necessitated the need for home based services since these families often lack transportation and need services in order to combat social and cultural isolation.

RESOURCES AVAILABLE

Please refer to community resource guide.

COMMUNITY STRENGTHS

Overall in the Macon Program for Progress service area, the top four community strengths are:

1. ***Most families are working.*** The majority of families in both Early Head Start and Head Start are employed.
2. ***Most families have some form of health care insurance*** (Medicaid, NC Health Choice, private).
3. ***Education levels of families have increased.*** That is, most parents have at least a high school education and more have completed at least some college or training program.

4. **Families are strong.** Extended family networks exist, and two parent families have increased.

COMMUNITY WEAKNESSES

1. **The lack of stable or local employment** is putting strain on many families. Seasonal employment connected with the tourist trade; industries that are currently downsizing because jobs are going overseas; and the slowdown in the housing construction industry continues to put pressure on families, many of whom are relatively new to the workforce. It seems oxymoronic that families are working but are not stable but that is the case. The variable hours that families are working and the changing schedules means that families are often in difficult situations.

2. **The lack of affordable, safe, low cost housing.** As more and more of Macon County becomes a retirement and leisure community, the cost of housing skyrockets. New zoning and land use regulations have prevented the expansion of low cost housing in many communities. While there are homes vacant they are not in the price range of low income families. The irony is that the housing market in the area is overbuilt and under serving.

3. **The lack of available, accessible health care services for the entire family.** Despite NC Health Choice and Medicaid coverage, there is a serious lack of doctors and dentists who participate in the programs. Health services for adults are a particular problem for Head Start families despite the additional clinics that have opened.

4. **Not enough money to meet families' needs.** Despite employment and the increase in wages in the area, including the increase in the minimum wage; the increased cost of living has made it difficult for families to meet basic needs, i.e., housing, transportation, utilities, food, and clothing. This is especially true when unbudgeted events occur, e.g., illness that necessitates missing work, car breakdowns, unexpected health care costs.

An additional need/challenge that is **facing Hispanic families is the lack of bi-lingual staff in the schools and community agencies to address their needs.** The difficulty in communication for those families who do not have adequate English language skills to make their needs known often necessitates that the family bring a friend, another family member or a paid translator to the community agency or school to provide language assistance. The communication becomes stilted and, since the translators are not

professional interpreters, this arrangement can often lead to more misunderstandings. In addition, forms, applications, permissions etc. are frequently not translated into Spanish. MPP has offered ESL classes two nights per week with childcare, serving enrolled families and other non-speaking community members, but attendance is low, probably due to lack of transportation and the cost of gasoline. The number of Spanish speaking staff members at MPP has increased in the past year. New families to the program are offered Spanish forms and materials and assistance. MPP encourages non-English speaking families to learn English while their children are enrolled in Head Start.

NEEDS STRATEGIES and CONCLUSIONS

Need: Increased academic achievements of Head Start children

The program provides solid services to the Head Start population, but each year the educational needs become more and more important.

Strategies

- X Head Start early reading skills and literacy activities in the classroom and on teacher home visits
- X Continued focus on teaching strategies that address individual children's needs

Need: Programs that address the low-income population

Despite the fact that the families in the Macon County are very self reliant, employed and have a strong sense of community; structural poverty still exists because of the lack of options for employment in relatively high paying jobs.

Strategies

- X MPP Head Start/EHS should continue to provide services to the low-income community through both the center and home based options.
- X Collaboration with other community organizations, both public and private will ensure that the provision of services are comprehensive, non-duplicated and community based. Special attention will be placed on assisting families with multi-generational issues that are confronting many of the families being served.

Need: **Bi-lingual staff to address the needs of the non-English speaking population.**

While Macon County is experiencing a large growth in its Hispanic population, this is a segment of the population that is growing in the surrounding counties as well. In order to meet this change MPP Head Start/EHS need to start exploring the options of instigating Conversational Spanish classes for HS/EHS staff in addition to recent hiring of more bi-lingual staff. In addition, forms, applications, permissions etc. may need to be translated into Spanish in preparation for this segment of the population to increase.

Strategies

- X MPP Head Start/EHS will explore the possibility of partnering to assist staff that are working with bi-lingual (Spanish-English) families and will translate forms, program information and all critical program service documents into Spanish for distribution to Spanish-speaking clients.
- X MPP Head Start/EHS staff will attempt identify individuals in every county who can act as volunteer translators to accompany Spanish speaking clients to community services.

Need: Additional Funds for Early Head Start

The agency has met with others in the community and determined the area has a need for additional EHS services. The Macon County Child Care Committee continues to report that Macon County has a significant capacity shortage of infant/toddler (0 – 2 years old) child care slots available for working parents that earn a household income greater than \$ 18,310. Macon County's birth rate is ten times greater than the number of infant care slots currently available from all licensed sources.

Other than the Head Start and public school-funded programs, the home operators and child care centers in Macon County provide only 21 infant, 24 toddler, and 60 two-year old slots for all of Macon County. Those families that cannot qualify for free child care based on the federal guidelines frequently cannot find a place for their children ages 0 – 2 years old even if they can afford to pay the full tuition.

Strategies

- MPP Head Start/EHS will aggressively seek additional federal funds, if they become available.
- MPP will seek additional state funds to extend the services that they offer
- MPP will seek private funds in order to supplement the existing funds to extend services to a greater number of children and families.

CONCLUSIONS

The national political climate and more locally, the state budget concerns are impacting the funding and focus of programs that Macon Program for Progress Head Start/Early Head Start has delivered in the community. Federal and state budget reduction strategies and continued welfare reform will directly impact the population Macon Program for Progress Head Start/Early Head Start serves. These changes will require MPP Head Start/Early Head Start to review and analyze its systems for delivering services. Like many in the human service sector, Macon Program for Progress Head Start is faced with declining resources and expanding needs. For this reason difficult choices may have to be made in terms of location of services. One area, Highlands, continues to face a declining low income population and possibly steady or increasing rents. As a result the program should carefully question the economic feasibility of continuing the center based services in that area. Only by continuous improvement of agency services and coordination of efforts with other service providers in the area to identify its market niche will MPP Head Start/Early Head Start be able to provide high quality services to its target population. In

turn, Macon Program for Progress Head Start/EHS must encourage other service providers to also identify their positions to ensure that duplication of services does not occur and that scarce resources are most efficiently allocated. Partnership opportunities with others in the service area exist in the following areas:

- support of and from local business and industry to identify labor requirements and provide job readiness and training to develop an employable work force;
- collaboration with health and social services agencies to provide adequate, available and accessible health care services for the entire family,
- cooperation with secondary, vocational, and post secondary education institutions to continue the support for drop out prevention and educational readiness for workforce entry members of the low income community; and
- work with area community agencies in developing capacity to serve the expanding non-English speaking population.

MACON PROGRAM FOR PROGRESS Head Start must also assess its own programs:

- assess the feasibility of expanding and extending Early Head Start services when the opportunity for funding presents itself;
- refocus program priorities to address the needs identified through this assessment;
- direct job readiness and training resources and appropriate agency job opportunities toward the target populations in the Macon Program for Progress area;
- support its staff and clients in community, personal, economic and leadership development; and
- maintain an agency workforce of qualified individuals committed to service and advocacy for the ever changing low income community.

The uneven distribution of resources, underemployment and unemployment, and the continuing changes in the population characteristics underscore the importance of

effective social programs. Careful attention to program design, staff development, and resource allocation based on the findings of this community needs assessment will ensure that the programs and services of Macon Program for Progress thoughtfully and systematically address the needs of county's most vulnerable residents.