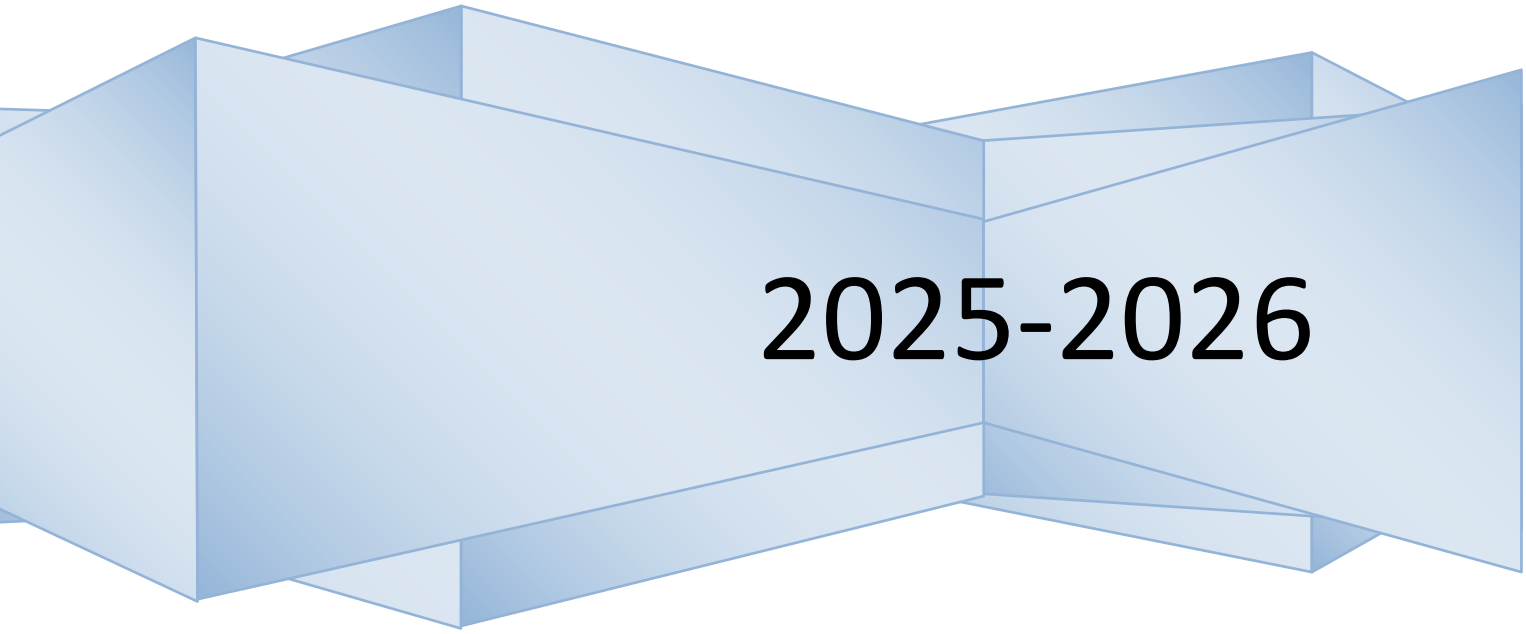
MACON PROGRAM FOR PROGRESS HEAD START 0-5

Community Assessment

Year 3 of 5

Approved by Policy Council: 11/19/2025
Approved by MPP Board: 12/09/2025



2025-2026

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COMMUNITY ASSESSMENT

INTRODUCTION

Macon Program for Progress (MPP) empowers individuals and families by addressing the causes and effects of poverty. The agency coordinates local resources and services to meet the needs of low-income residents and promote self-sufficiency. This community assessment helps identify current challenges and opportunities, guiding MPP's efforts to build a stronger, more equitable community.

MISSION STATEMENT

Macon Program for Progress leads and collaborates to improve quality of life for individuals, children, and families.

PROGRAM VISION STATEMENT

Healthy, thriving, educated communities.

Methodology

The 2025–2026 Community Needs Assessment (CNA) was developed in accordance with the requirements of the Community Services Block Grant (CSBG) Organizational Standards and the Head Start Program Performance Standard 1302.11. This CNA integrates multiple data sources, including quantitative community data, internal program records, and qualitative insights from staff, families, and community partners. Together, these data points provide a clear and accurate picture of the needs of low-income children and families within Macon County and surrounding communities.

CSBG Organizational Standards

Standard 3.1 – The organization conducted a community assessment and issued a report within the past 3 years.
Standard 3.2 As part of the community assessment, the organization collects and includes current data specific to poverty and its prevalence related to gender, age, and race/ethnicity for their service area(s).
Standard 3.3 The organization collects and analyzes both qualitative and quantitative data on its geographic service area(s) in the community assessment.
Standard 3.4 The community assessment includes key findings on the causes and conditions of poverty and the needs of the communities assessed.
Standard 3.5 The governing board formally accepts the completed community assessment

State of the Grantee

Macon Program for Progress (MPP) is a nonprofit Community Action Agency dedicated to empowering individuals and families by addressing the causes and conditions of poverty throughout western North Carolina. Established in 1965, MPP works to reduce poverty through coordinated community services, resource development, and partnerships that strengthen families and promote economic stability. MPP Head Start is currently in the second year of its five-year grant cycle. Each year the program conducts a self- assessment of the program and updates our annual community assessment. Using these assessment tools, MPP then develops and updates program and training goals to better serve Head Start families and staff.

MPP operates multiple federally funded and community-based programs that serve residents across Macon, Jackson, Swain, Graham, Clay, and Cherokee counties. Core programs include:

- **Head Start and Early Head Start:** Comprehensive early childhood development and family support services for children from birth to age five and pregnant mothers. Must be a Macon County resident to qualify for services.

- **Community Services Block Grant (CSBG):** Case management, crisis assistance, and self-sufficiency programs that help individuals and families achieve long-term stability. Must be a Macon County resident to qualify for services.

- **Workforce Innovation and Opportunity Act (WIOA):** Employment and training programs that prepare youth and adults for meaningful careers and connect local employers with skilled workers. Serves residents in Macon, Jackson, Swain, Graham, Clay, and Cherokee counties.

- **Housing Choice Voucher (HUD)** Supports low-income individuals and families afford safe, quality housing by funding a portion of their rent. HUD at MPP is currently operational but not accepting new applications at this time.

Through these programs, MPP addresses the full spectrum of family and community needs—from early childhood education to adult workforce development—helping low-income residents build the foundation for economic security and upward mobility.

In order to stay informed about meaningful services for families in need, MPP staff serve on a collection of on-going community boards, support groups, and committees:

- Southwestern Child Development Board of Directors
- Macon County Child Fatality Prevention Team
- Macon County Local Emergency Preparedness Committee
- Impact 828 Leadership Team
- Local Interagency Coordinating Council
- Home and Community Care Block Grant Committee Board
- Macon County Behavioral Health Task Force
- Southwestern Community College Early Childhood Advisory Committee,
- WNC Early Childhood Coalition
- Area Agency on Aging Advisory Council
- North Carolina Head Start Association

Governance

Macon Program for Progress operates under a shared governance structure that ensures strong community representation, fiscal accountability, and parent engagement in all program decisions.

Macon Program for Progress is guided by a Governing Board composed of community members who represent

diverse professional, civic, and economic sectors of Macon County. The Governing Board holds legal and fiscal responsibility for the agency and provides leadership, oversight, and strategic guidance to ensure compliance with federal and state regulations.

The Policy Council is composed of parents/guardians of currently enrolled Head Start children and community representatives. This body plays a vital role in shared decision-making by reviewing and approving program policies, funding applications, and operational plans before submission to the Governing Board. The Policy Council ensures that family and community perspectives directly influence program direction and priorities.

At the local level, a Parent Committee has been established to strengthen family engagement and provide input into classroom and program activities. The committee advises staff on the development and implementation of policies, services, and events that respond to the specific needs and interests of enrolled children and families.

Together, these three entities—the Governing Board, Policy Council, and Parent Committee—reflect the Head Start model's commitment to collaboration, transparency, and shared responsibility in promoting high-quality early childhood education and family outcomes.

MPP Sites

- New Horizons I Center for Children and Families: 26 East Orchard View Lane. Franklin, NC 28734
- New Horizons II Center for Children and Families: 82 East Orchard View Lane. Franklin, NC 28734
- New Horizons II Administration Offices: 82 East Orchard View Lane. Franklin, NC 28734
- New Horizons III Center for Families and Children: 110 East Orchard View Lane. Franklin, NC 28734
- Pruett House Community Services: 185 Forest Avenue. Franklin, NC 28734
- Mailing Address for All: P.O Box 700. Franklin, NC 28744

Additional Community Outreach Programs Facilitated by MPP

- 1990-Present: *Holiday Angels*: In collaboration with the committed support of local groups, clubs, churches, businesses, schools, and individuals, this program is self-supporting. Any monetary donations are earmarked and utilized for program operation. These include the purchasing of gifts, toys, clothing, shoes, food, or gift cards, and the addressing of family crisis situations, for families, the disabled, elderly adults, and veterans.
- 2003-Present: *Back-to-School Angels Program*: With community support and donations, families in need receive coordinated, non-duplicated help with school supplies. Each child receives a free backpack filled with school supplies that are tailored to their grade level, from kindergarten to high school.
- 2019-Present: *Manna Pop-Up Market* was established due to the rising instances of food insecurity within our staff and families. In collaboration with Manna Food Bank, a monthly food pantry service was established, providing food for 120 individuals. Within 8 months, the event began to average 800 individuals monthly. At the height of COVID-19 lockdowns, the Pop-Up Market served 1600 families monthly.
- 2021-Present: *Project Love* was established as a feminine hygiene and community diaper bank for the county. At minimum 130 students receive menstrual hygiene products available at each local school, and 150 additional menstrual hygiene kits are distributed at community partner sites for individuals in need. This program was established due to the community vocalization of the impact of the lack of feminine hygiene items and diapers due to high costs.
- 2020-Present: *Community Car Seat* provides safe, age-appropriate car seats for needy families at no cost. This program was due to the increased need of rural community resources for safe car seats.
- 2022-2025: *Health Opportunities Pilot (HOP):* addresses social determinants of health by providing services related to housing, food, transportation, and interpersonal safety to Medicaid beneficiaries in North Carolina. It aims to improve health outcomes by addressing the root causes of poor health and

promoting overall well-being.

Head Start Eligible and Enrolled Children and Families

Recruitment Area

Macon County, with an estimated population of 38,717 residents, includes approximately 9% children under age nine. In 2024, there were 374 live births in the county, according to the *Kids Count Data Center*. Over the past five years, Macon County recorded 1,904 live births, averaging roughly 380 births per year. Based on these trends, the estimated number of eligible children under age five and pregnant women within the county aligns closely with MPP's current service reach.

Enrollment and Service Delivery

For the 2024–2025 program year, the Macon Program for Progress (MPP) Head Start 0–5 Program had 301 funded slots for children through both center-based and home-based options. Funded enrollment included 150 preschool age children and 151 infants, toddlers, and pregnant women.
All services are delivered at the New Horizons Campus, which houses:

- 8 classrooms for Head Start and NC Pre-K (ages 3–5)
- 16 classrooms for Early Head Start (infants and toddlers)
- 10–12 home-based and pregnant mother slots served by a bilingual parent educator

Program Options

Traditional Center-Based Program:
Provides classroom-based services for children ages 3–5 from 9:00 a.m. to 3:00 p.m., 10 months per year (1,020 annual service hours). The Early Head Start year-round program offers 1,380 service hours annually.

Extended Day Program:
Offers up to 4.5 additional hours per day of extended learning and care for families who qualify for state childcare funding. This option supports working parents or those attending school by providing consistent, high-quality care year-round.

Transportation Support:
Bus transportation is provided for children ages 2–5 enrolled at New Horizons I Center who do not have siblings in other program buildings, addressing a key barrier to consistent attendance.

Home-Based Program:
Serves 10–12 Early Head Start families and pregnant mothers through weekly home visits and group socializations. The bilingual (English/Spanish) parent educator provides culturally and linguistically responsive services. Hispanic families represent the largest share of participants in this option, often due to transportation barriers and the need for flexible in-home services.

Recruitment and Community Engagement

While most families express a preference for center-based services, recruitment in outlying areas such as Highlands and Nantahala has yielded fewer income-eligible applicants. MPP Head Start continues proactive outreach and partnership efforts in these communities to expand access and ensure equitable service availability throughout Macon County.

MPP's Head Start and Early Head Start Enrollment Characteristics

The following sections present detailed information about families enrolled in MPP's Early Head Start and Head Start programs. These federally funded programs provide comprehensive early childhood education, health, nutrition, and family support services designed to promote school readiness, healthy development, and family stability. Early Head Start (EHS) serves pregnant women, infants, and toddlers from birth through age three. MPP's 2024-2025 EHS enrollment was 118 families-136 children. Head Start (HS) serves preschool-aged children from age three until kindergarten entry. MPP's 2024-2025 HS enrollment was 142 families-139 children. Both programs prioritize children with the greatest needs, including those from low-income households, in foster care, experiencing homelessness, or with disabilities. Enrollment data provides insight into the needs and strengths of enrolled families and helps guide ongoing program planning and continuous improvement efforts. The following data describes the characteristics of families served in the 2024–2025 program year.

Foster Care Enrollment

MPP Head Start and Early Head Start programs continue to serve children involved in the foster care system, reflecting the program's role in supporting children who have experienced trauma or family instability.

- Head Start: 4 children were in foster care
- Early Head Start: 6 children were in foster care

These numbers indicate that foster care involvement is more prevalent among infants and toddlers, emphasizing the need for strong collaboration with DSS and trauma-informed services for younger children.

Grandparents and Other Relative Caregivers

Relative caregiving remains an important component of family structure in the service area.

- Head Start: 3 grandparents raising grandchildren
- Early Head Start: 4 grandparents raising grandchildren

These numbers highlight the continued need for kinship support services, legal assistance, and flexible family engagement strategies.

Family Income, Poverty Status, and Public Assistance

Head Start and Early Head Start continue to serve families facing significant economic hardship.

Family Income and Benefits
Source: Macon Program for Progress PIR report

	Head Start (HS)	Early Head Start (EHS)
Income at or below 100% of federal poverty guidelines	26 Families	52 Families
Receiving Temporary Assistance for Needy Families(TANF)	2 Families	1 Families
Receiving Social Security Income(SSI)	1 Family	5 Families
Receiving Supplemental Nutrition Assistance Program(SNAP)	91 Families	78 Families
Total Receiving Public Assistance	94 Families	84 Families
Eligible based on need (over-income)	3 Families	8 Families
Income between 100-130%	2 Families	5 Families

This data reflects duplicated family counts among the 260 children served, as many families received multiple services. It also shows the majority of enrolled families rely on SNAP or other public benefits, and a substantial proportion meet the federal poverty threshold, reflecting ongoing financial need among enrolled households.

Nutrition and Food Security (SNAP, WIC, and CACFP Participation)

Nutrition assistance remains a critical support for Head Start and Early Head Start families.

SNAP Participation

- 68% of Head Start families receive SNAP
- 53% of Early Head Start families receive SNAP

WIC Participation

- 68.6% of Head Start mothers participate in WIC
- 71.8% of Early Head Start mothers participate in WIC

These high utilization rates demonstrate ongoing food insecurity and the importance of nutrition programs for family well-being.

Program-Supported Nutrition Services

MPP supplements federal nutrition supports through:

- Participation in the **Child and Adult Care Food Program (CACFP)**, which reimburses healthy meals and snacks served daily.
- Operation of two commercial kitchens that provide breakfast, lunch, and snacks to all children and staff at the New Horizon campuses.
- Weekly partnership with **MANNA Food Bank**, providing an average of 75 take-home food bags per week in 2024–2025.

Menus are developed by the nutrition supervisor in collaboration with staff and the Nutrition Committee, then reviewed annually by a Registered Dietitian and approved through Policy Council.

Parent Education Levels

Parent and guardian education levels vary significantly, indicating diverse needs for employment support, adult education, and literacy resources.

Parent Education
Source: Macon Program for Progress PIR report

Education Level	Head Start	Early Head Start
Advanced Degree	7 Parents	7 Parents
Associate or Higher	24 Parents	37 Parents
High School Diploma or G.E.D	53 Parents	58 Parents
Less than a High School Diploma	33 Parents	40 Parents

A substantial number of families have not completed high school, highlighting a need for GED support, workforce development, and family literacy programming.

Disabilities and Early Intervention Services

MPP provides extensive support for children with disabilities and developmental delays through partnerships with the school district and CDSA/Early Intervention services.

Head Start:

- 28 children had an Individualized Education Plan (IEP) during the program year
- 8 additional children were referred for evaluation and received services

Early Head Start:

- 15 children had an Individual Family Service Plan (IFSP)
- 15 children had identified disabilities during enrollment

The prevalence of IEPs and IFSPs underscores the need for continued investment in early identification, mental health consultation, and inclusion support.

Dental Home and Preventive Care

Access to dental care is strong among enrolled families.

Head Start:

- 97.7% of children had an established dental home
- 97.7% received a preventive dental exam

Early Head Start:

- 95.4% of children had a dental home

These high percentages reflect successful coordination with dental providers and strong health follow-up practices.

MPP's Year in Review: 2024-2025

As noted in the 2024-2025 Needs Assessment, Macon Program for Progress continues to provide excellent services for low-income families in Macon County. The Head Start program has been in operation since its inception in 1965, when the MPP Board had an original goal of providing a home base and opening one childcare classroom for low-income families. Those expectations have far exceeded that with the current twenty-three, five star rated license (highest childcare rating), a Home Base option, and a pregnant mothers program. Centers are state-of-the art learning environments that follow NC Daycare Licensing standards and National Head Start Performance Standards. Many of the current MPP teachers and support employees have received or are in the process of receiving their credentials and degrees. All staff are encouraged to participate in a Professional Development plan to further their qualifications, and the MPP Board has put in place monetary incentives for educational achievement. As required by the Head Start Performance Standards, many of the Head Start staff are either current or former Head Start parents.

The demographic shift with Hispanic/Latino families is being addressed throughout Macon County with advocates and community groups assisting those transitioning families. MPP Head Start has several family

service advocates and classroom staff who are bi-lingual. Applications and key documents such as the Head Start Parent Handbook are available in a Spanish version. Hispanic parents participate on the Head Start Policy Council, the Nutrition Committee, Parent Activity Committee, and the Male Involvement Group with translators available as needed.

MPP partners with MANNA food bank once a month to distribute food boxes to Macon County families with food insecurities. Head Start collaborates with MANNA and sends home on the average of 45-50 food bags weekly to Head Start families.

As in the past, the on-going goal of the Macon Program for Progress is to address the needs of low-income families in Macon County. Collaboration and on-going partnerships with local family service agencies, adjacent county incentive groups, and statewide key contacts, are a hallmark of the agency's history.

Quick Glance Chart for MPP Program Information Data 2024-2025

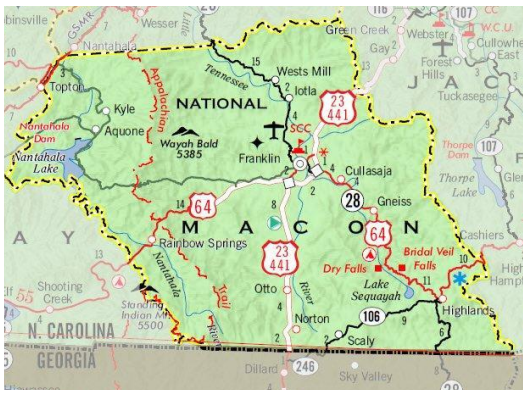
HEAD START	TOTALS		EARLY HEAD START	TOTALS
Funded enrollment	150		Funded enrollment	151
Center-based classes	8		Center-based classes	17
			Cumulative enrolled pregnant moms	7
			Home-based option	12
Receiving public assistance	94		Receiving public assistance	84
TANF	2		TANF	3
SSI	3		SSI	6
SNAP (food stamps)	83		SNAP (food stamps)	79
WIC	81		WIC	107
Child care subsidy (extended day)	32		Child care subsidy (extended day)	32
Children on bus routes	39			
Children with health insurance	130		Children with health insurance	149
Children with oral care provided	93		Children with oral care provided	95
Number of families	118		Number of families	142
2-parent family	67		2-parent family	81
Grandparent guardian	0		Grandparent guardian	3
Relative guardian	3		Relative guardian	1
Foster parent	2		Foster parent	1
Parent/guardian less than high school/GED	33		Parent/guardian less than high school/GED	40
At least one parent employed, in job training, or school	107		At least one parent employed, in job training, or school	117
At least one parent/guardian a member of US military	1		At least one parent/guardian member US military	1
At least one parent/guardian a US military veteran	3		At least one parent/guardian a US military veteran	2
Received services/promote family outcomes	105		Received services/promote family outcomes	121
Families experiencing homelessness	2		Families experiencing homelessness	3
Children in foster care during the year	4		Children in foster care during the year	6

General Area Description

Proposed Services Area

Our service area includes six counties out of the 100 counties in North Carolina, in western North Carolina: Cherokee, Clay, Graham, Macon, Swain, and Jackson. Macon Program for Progress primarily serves Macon County, with some programs available to neighboring counties. We provide a variety of community-based services, including early childhood education through Head Start, senior citizen support, housing assistance, energy aid, education, job training, healthy food options, and other social services to improve residents' quality of life.

Macon County, located in the Mountain region of North Carolina, was formed from Haywood County in 1828 and named after Nathaniel Macon, a prominent North Carolina political leader. According to the American Community Survey (ACS), the population in Macon County for 2023 was 37,533, a 1.2% increase from the previous year. The county covers 515.56 square miles and borders Rabun County (GA), Cherokee, Clay, Graham, Jackson, Swain Counties (NC), and Oconee County (SC). Our programs in Macon County include Early Head Start, Head Start, HUD, CSBG, WIOA, and HOP.



Clay County, located in southwestern North Carolina, was formed from Cherokee County in 1861 and named for Henry Clay. Based on the American Community Survey (ACS), Clay County had a population of 11,391 in 2023, a 1.83% increase from the previous year. It spans 214.75 square miles and borders Rabun, Towns, and Union Counties (GA), and Cherokee and Macon Counties (NC). Our WIOA program extends services to this county.

Jackson County is situated in the Mountain region of North Carolina, adjacent to Haywood, Macon, Transylvania, and Swain Counties (NC) and Oconee County (SC). Per the American Community Survey, Jackson County had a population of 43,089 in 2023, a 1.65% increase from the previous year. Jackson covers 495 square miles and contains or borders 45 miles of the Blue Ridge Parkway and adjoins the Cherokee Indian Reservation. Our WIOA program serves this area.

Cherokee County is located in the far western part of North Carolina. The American Community Survey (ACS) shows a 1.14% increase for the population of Cherokee from 2022 to 2023, bringing it to 29,197. Cherokee County covers 455.43 square miles and is bordered by Monroe and Polk Counties (TN), Union and Fannin Counties (GA), and Graham, Clay, and Macon Counties (NC). The county seat is Murphy. Our WIOA program is available here.

Swain County is located in the Mountain region of North Carolina, spans 528 square miles and is bordered by Haywood, Graham, Macon, and Jackson Counties (NC) as well as Blount and Sevier Counties (TN). Bryson city is the county seat, with Swain having an overall population of 14,065 according to the 2023 American Community Survey (ACS) Unlike surrounding counties, Swain had a decrease in its population from the previous year, this decrease was -0.46%. Swain County is part of the Little Tennessee River basin. Our WIOA and HOP programs serve this area.

Graham County, located in the western part of North Carolina, was formed in 1872 from Cherokee County. It covers 292.01 square miles and borders Tennessee, as well as Cherokee and Swain Counties in North Carolina. Based on the American Community Survey (ACS), the population for Graham county was 8,041 in 2023, a decrease of -0.0746% from the previous year. Our WIOA program serves this area.

Racial and Ethnic Composition

According to the 2023 ACS 5-Year Estimates, the racial composition of western North Carolina counties is less diverse than the state and national averages. While the United States and North Carolina show larger proportions of Black, Asian, and multiracial populations, counties such as Macon, Graham, Cherokee, and Clay remain predominantly White (over 85%). In contrast, Jackson and Swain counties stand out for their higher proportions of American Indian and Alaska Native residents (7.24% and 29.34%, respectively), reflecting the presence of the Eastern Band of Cherokee Indians. Overall, racial diversity in the region is concentrated in specific areas, with most counties maintaining small percentages of non-White populations.

Population Estimates by Race (2023)
Source: 2023 ACS 5-Year Estimate

	White	Black	Asian	AIAN	NHPI	Some other race	Two or more races
United States	63.44%	12.36%	5.82%	0.88%	0.19%	6.60%	10.71%
North Carolina	63.26%	20.58%	3.15%	1.05%	0.06%	4.78%	7.12%
Macon County	88.64%	1.19%	0.93%	0.29%	0.00%	4.90%	4.05%
Jackson County	79.49%	2.37%	1.18%	7.24%	0.01%	2.77%	6.95%
Swain County	61.15%	1.51%	0.40%	29.34%	0.07%	0.23%	7.29%
Graham County	85.24%	0.70%	1.12%	8.94%	0.00%	2.03%	1.98%
Cherokee County	91.22%	1.54%	0.53%	1.61%	0.02%	0.88%	4.20%
Clay County	93.11%	1.79%	0.77%	0.90%	0.00%	1.48%	1.94%

In 2023, an estimated 18.99% of the U.S. population identified as Hispanic or Latino, compared to 10.95% in North Carolina, indicating that the state's Hispanic population is growing but remains below the national average. Within Western North Carolina, Hispanic or Latino residents make up a smaller share of the population, though the proportion varies by county. Macon County (9.7%) and Jackson County (7.7%) have the largest Hispanic or Latino populations in the region, while Graham (2.9%), Clay (3.5%), and Swain (5.1%) have comparatively small Hispanic communities. These patterns suggest that while Hispanic residents represent a modest share of the regional population, their presence contributes to increasing cultural and demographic diversity, particularly in Macon and Jackson counties.

Population Estimates by Ethnicity (2023)
Source: 2023 ACS 5-Year Estimate

	Total Population	Hispanic or Latino	Hispanic or Latino, Percent	Non-Hispanic or Latino	Hon-Hispanic or Latino, Percent
United States	332,387,540	63,131,589	18.99%	269,255,951	81.01%
North Carolina	10,584,340	1,158,750	10.95%	9,425,590	89.05%
Macon County	37,533	3,634	9.68%	33,899	90.32%
Jackson County	43,089	3,310	7.68%	39,779	92.32%
Swain County	14,065	718	5.10%	13,347	94.90%
Graham County	8,041	236	2.93%	7,805	97.07%
Cherokee County	29,197	1,019	6.54%	28,178	96.51%
Clay County	11,391	449	3.49%	10,942	96.06%

Gender and Ages

Based on the 2023 ACS 5-Year Estimates, the population of western North Carolina counties tends to be older than both the state and national averages. Counties such as Clay, Cherokee, and Macon have notably high proportions of residents aged 65 and older (over 28%) and median ages exceeding 50, compared to the state median of 39.1 years. In contrast, Jackson and Swain counties have younger populations, with higher shares of children under 18. The sex distribution across all areas remains relatively balanced, though females slightly outnumber males. Overall, these counties reflect aging, rural populations with smaller proportions of young residents and higher concentrations of older adults.

Population by Sex and Age
Source: 2023 ACS 5-Year Estimates

	Male	Female	Under 5	Under 18	Over 65	Median Age
United States	49.50%	50.50%	5.70%	22.16%	16.84%	38.7
North Carolina	48.92%	51.08%	5.65%	21.94%	16.88%	39.1
Macon County	49.19%	50.81%	4.42%	18.05%	28.86%	50.1
Jackson County	49.33%	50.67%	3.77%	16.68%	20.42%	38.9
Swain County	48.29%	51.71%	4.86%	22.04%	19.70%	42.6
Graham County	50.21%	49.79%	3.88%	18.39%	24.82%	45.5
Cherokee County	49.31%	50.69%	3.83%	16.09%	31.26%	53.3
Clay County	48.61%	51.39%	4.48%	16.23%	32.30%	54.5

Household Composition

According to the 2023 ACS 5-Year Estimates, western North Carolina counties have a smaller share of households with children under 18 compared to state and national averages. While around 29% of households in the U.S. and North Carolina include children, most counties in this region fall below 25%, with the lowest percentages in Clay (16.6%) and Cherokee (17.1%) counties. Swain County stands out as an exception, with nearly 29% of households having children. Overall, these figures suggest that many communities in the region have older populations and fewer families with young children, reflecting broader demographic trends of aging and lower birth rates in rural areas.

Households with Children Under 18
Source: 2023 ACS 5-Year Estimates

	Total Households	Total Family Households	Households with Children Under 18 Years	Households with Children Under 18 Years, Percent
United States	127,482,865	82,220,165	37,772,217	29.63%
North Carolina	4,186,924	2,699,070	1,222,090	29.19%
Macon County	18,090	11,238	3,924	21.69%
Jackson County	18,164	10,097	3,522	19.39%
Swain County	5,837	3,923	1,665	28.52%
Graham County	3,312	2,037	821	24.79%
Cherokee County	13,042	8,422	2,229	17.09%
Clay County	5,041	2,958	835	16.56%

Median Income Level/ Employment

Based on the 2023 ACS 5-Year Estimates, household and per capita incomes in western North Carolina counties are generally lower than both state and national averages. While the U.S. median income for a two-person household is about $78,500 and North Carolina's is nearly $70,000, county medians in this region range from roughly $49,000 to $55,000. Per capita incomes follow a similar pattern, with most counties falling below $36,000. Graham and Cherokee counties report the lowest income levels, while Macon and Clay counties are somewhat higher but still well below statewide figures. These trends highlight the region's rural economic profile and relatively modest household earnings.

Household, Family, and Per Capita Income
Source: 2023 ACS 5-Year Estimates

Report Area	Median of 2-Person Household	Per Capita Income of 2-Person Household
United States	$78,538	$43,288.98
North Carolina	$69,904	$39,616.20
Macon County	$53,298	$35,681.85
Jackson County	$53,479	$32,936.65
Swain County	$55,429	$31,040.15
Graham County	$49,038	$28,875.12
Cherokee County	$51,496	$30,800.35
Clay County	$53,645	$35,325.99

Resources:

NCWorks Career Center: Offers a Career Resource Center, Re-employment workshops, Veterans Services, WIOA Training Programs, WOTC, Federal Bonding, Former Offender Services, Older Worker Services Employer Outreach, TAA Program.

Vocational Rehabilitation: providing a wide range of services to help people with disabilities prepare for, find, and keep employment. Services include Career exploration, job search assistance, resume writing, interview skills, job placement, and support in the workplace.

Poverty Overview

Persons Below Poverty Level

The poverty rate represents the percentage of individuals or households whose income falls below the federal poverty threshold, which is determined each year by the U.S. Census Bureau and adjusted for family size and composition. The figures in this table reflect the 100% poverty rate, meaning they include only those living at or below the official poverty line. In 2023, for example, the poverty threshold for a family of four (two adults and two children) was approximately $30,000 per year. A higher poverty rate indicates that a greater share of residents have incomes that may not be sufficient to cover basic needs such as housing, food, healthcare, and transportation. Understanding these rates helps identify communities where economic hardship is most concentrated and where additional resources or support services may be needed.

According to the 2023 ACS 5-Year Estimates, poverty rates in western North Carolina counties are generally higher than the national and state averages, though they vary widely by location and age group. Swain and Jackson counties show the highest overall poverty rates (over 19%), with particularly elevated levels among children—36.8% in Swain and 27.2% in Jackson—well above the state average of 18.1%. In contrast, Graham County reports the lowest poverty levels overall (8.7%) and among children (4.1%). Older adults (65+) experience lower poverty rates across the region, though Clay County stands out with 15.2% of seniors in poverty. These figures highlight persistent economic challenges, especially for families with children in several mountain counties.

Poverty Estimates (2023) *Source: 2023 ACS 5-Year Estimates*					Under Age 18		Over Age 65	
	Population in Poverty	Population in Poverty, Percent	Households in Poverty	Households in Poverty, Percent	Population Under 18 in Poverty	Population Under 18 in Poverty, Percent	Population 65+ in Poverty	Population 65+ in Poverty, Percent
United States	40,390,045	12.44%	15,888,048	12.5%	11,829,878	16.32%	5,654,531	10.4%
North Carolina	1,355,827	13.17%	545,776	13.0%	413,840	18.11%	177,834	10.2%
Macon County	5,337	14.40%	2,938	16.2%	1,226	18.87%	1,306	12.1%
Jackson County	7,575	19.31%	3,406	18.8%	1,881	27.19%	979	11.3%
Swain County	2,890	21.05%	1,041	17.8%	1,101	36.82%	297	11.3%
Graham County	686	8.70%	443	13.4%	60	4.08%	170	8.7%
Cherokee County	4,218	14.63%	1,890	14.5%	1,061	22.86%	855	9.5%
Clay County	1,516	13.47%	938	18.6%	107	5.99%	547	15.2%

Poverty by Race/Ethnicity

Poverty rates in the United States show persistent racial disparities, with Black (21.3%), American Indian and Alaska Native (21.8%), and Multiracial (30.9%) populations experiencing poverty at more than twice the rate of White (9.9%) and Asian (9.9%) residents. North Carolina mirrors these national trends, though rates vary across racial groups and regions.

Within the western North Carolina counties examined, poverty levels are generally higher and more unevenly distributed. Macon, Jackson, and Swain Counties show the greatest disparities, with poverty particularly high among AIAN, Black, and Multiracial residents. Swain County reports the highest rates overall, exceeding 50% for several groups. Smaller counties such as Graham, Cherokee, and Clay also exhibit significant variation by race, though small sample sizes may affect reliability.

Overall, the data highlight substantial racial inequities in economic well-being across the region, emphasizing the need for targeted poverty reduction and equity-focused community development strategies.

Poverty Estimates by Race *Source: ACS 2023 5-year Estimates*							
	White	Black	AIAN	Asian	NHPI	Other	More than one Race
United States	9.85%	21.28%	21.81%	9.93%	16.67%	27.28%	30.90%
North Carolina	9.79%	20.33%	23.96%	8.31%	23.61%	22.32%	17.07%
Macon County	12.93%	17.06%	43.52%	0.00%	Unknown	25.75%	33.05%
Jackson County	16.84%	40.54%	20.20%	22.22%	100.00%	2907%	35.97%
Swain County	18.89%	56.33%	16.72%	66.07%	0.00%	63.64%	47.45%
Graham County	9.45%	100.00%	0.00%	0.00%	Unknown	29.07%	35.97%
Cherokee County	13.88%	36.83%	41.81%	0.00%	0.00%	32.81%	11.76%
Clay County	13.72%	22.56%	0.00%	0.00%	Unknown	18.93%	0.48%

Poverty by Educational Attainment

Across the United States, North Carolina, and local Western North Carolina counties, the data shows a clear connection between education and poverty. Individuals with lower levels of educational attainment—particularly those without a high school diploma or with only a high school education—experience the highest rates of poverty. In contrast, poverty rates decline steadily for those who have completed college or advanced degrees.

Within the local counties, this trend is consistent but often more pronounced than state and national averages. Counties such as Graham and Swain have particularly high poverty levels among residents with less education,

suggesting fewer economic opportunities for individuals without postsecondary training. Macon, Clay, and Cherokee Counties show somewhat lower poverty rates among those with higher education, highlighting the protective effect of college and technical degrees against poverty.

Overall, the data emphasize the critical role of education in promoting economic stability and self-sufficiency. Efforts to increase access to education, job training, and skill development could have a meaningful impact on reducing poverty and strengthening the long-term well-being of families in our region.

Population in poverty by Education Attainment
Source: 2023 ACS 5-Year Estimates

	No HS Diploma	HS Only	Some College	Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
United States	10.6%	26.2%	19.4%	8.8%	21.3%	13.7%
North Carolina	10.3%	25.0%	20.0%	10.1%	21.8%	12.9%
Macon County	10.0%	30.6%	24.0%	10.9%	15.7%	8.8%
Jackson County	10.2%	29.8%	19.7%	10.3%	17.3%	12.7%
Swain County	12.9%	35.2%	21.7%	9.0%	12.3%	9.0%
Graham County	15.2%	36.7%	21.3%	10.0%	11.3%	5.5%
Cherokee County	8.6%	32.3%	22.9%	12.1%	16.1%	8.1%
Clay County	10.1%	24.9%	20.3%	13.3%	21.3%	10.2%

Families in Poverty

According to the 2023 American Community Survey (ACS) 5-year estimates, poverty continues to affect a notable portion of families in the United States, with approximately 8.7 percent of all families living below the poverty level. In North Carolina, the rate is slightly higher at about 9.4 percent, reflecting ongoing economic challenges for many households. Within the six western North Carolina counties examined, patterns of family poverty vary but generally mirror state and national trends. Macon County reports 983 families in poverty, or roughly 8.7 percent of all families, with both married-couple and female-headed households significantly represented. Jackson County has a somewhat higher family poverty rate of around 10.4 percent, with over half of families in poverty being female-headed. Swain County stands out with one of the highest proportions of families in poverty at approximately 14.3 percent, again concentrated among female-headed households. Graham County shows the lowest total number of families in poverty—130, or about 6.4 percent—though male-headed households represent a slightly larger share than in neighboring counties. Cherokee County reports 781 families in poverty, around 9.3 percent of all families, while Clay County has a relatively lower rate at 6.6 percent, with 196 families below the poverty threshold. Across all counties, a consistent pattern emerges in which female-headed households are disproportionately affected by poverty, reflecting broader statewide and national disparities in economic stability among family types.

Families in Poverty
Source: ACS 2023 5-year Estimates

	Total Families	Total Families in Poverty	Married Couples in Poverty	Male Householder Families in Poverty	Female Householder Families in Poverty
United States	82,220,165	7,176,933	2,690,196	793,587	3,693,150
North Carolina	2,699,070	252,513	88,276	26,317	137,920
Macon County	11,238	983	511	37	435
Jackson County	10,097	1,045	361	135	549
Swain County	3,923	560	155	93	312
Graham County	2,037	130	73	42	15
Cherokee County	8,422	781	324	36	421
Clay County	2,958	196	134	8	54

Children Under 18 in Poverty

Across the United States, 16.3% of children under 18 live in poverty. North Carolina's rate is slightly higher at 18.1%, indicating that child poverty remains a statewide concern.

Within the region, counties show substantial variation in child poverty rates. Swain County has the highest proportion of children under 18 in poverty (36.8%), followed by Jackson County (27.2%) and Cherokee County (22.9%), all well above state and national averages. These figures suggest significant economic hardship among families with young children in these areas.

Conversely, Graham County (4.1%) and Clay County (6.0%) report notably low child poverty rates, which may reflect differences in local economies, population size, or access to social services. Macon County falls slightly above the state average, with 18.9% of children in poverty.

Overall, the data highlight pronounced regional disparities in child poverty across Western North Carolina, underscoring the need for targeted community support and early childhood resources in higher-poverty counties such as Swain, Jackson, and Cherokee

Children Under 18 in Poverty
Source: 2023 ACS 5-Year Estimates

	Population Under 18	Population Under 18 in Poverty	Population Under 18 in Poverty, Percent
United States	72,472,636	11,829,878	16.32%
North Carolina	2,284,911	413,840	18.11%
Macon County	6,497	1,226	18.87%
Jackson County	6,918	1,881	27.19%
Swain County	2,990	1,101	36.82%
Graham County	1,471	60	4.08%
Cherokee County	4,641	1,061	22.86%
Clay County	1,787	107	5.99%

Children Under 18 in Poverty by Race

Child poverty rates vary sharply by race across the United States, North Carolina, and the western counties. Nationally and statewide, Black, American Indian/Alaska Native, and children of "Other" or multiple races experience poverty at roughly three times the rate of White and Asian children. In Western North Carolina, these disparities are even more pronounced. Swain and Jackson counties show some of the highest overall child poverty rates, particularly among children identifying as White, Asian, or of two or more races. Cherokee County also reports elevated poverty among American Indian and "Other" racial groups, while Macon County shows higher poverty among multiracial children. In contrast, Graham and Clay counties report relatively low rates among White children, though small population sizes limit comparisons. Overall, the data point to deep racial and geographic inequities in child poverty across the region, underscoring the need for targeted, culturally informed support for families of color.

Children Under 18 in Poverty by Race
Source: 2023 ACS 5-Year Estimates

	White	Black	AIAN	Asian	NHPI	Other	Two or More Races
United States	10.03%	30.17%	27.96%	10.09%	23.01%	24.72%	17.65%
North Carolina	9.95%	29.95%	29.95%	8.61%	25.15%	30.49%	20.79%
Macon County	15.55%	14.29%	0.00%	0.00%	Unknown	20.85%	51.32%
Jackson County	20.06%	0.00%	25.97%	44.33%	Unknown	65.31%	41.66%
Swain County	38.58%	11.11%	26.22%	0.00%	0.00%	37.51%	61.06%
Graham County	4.56%	Unknown	0.00%	Unknown	Unknown	22.22%	0.00%
Cherokee County	22.47%	29.85%	55.38%	Unknown	Unknown	66.67%	18.26%
Clay County	4.14%	57.78%	Unknown	0.00%	Unknown	0.00%	1.67%

Languages Spoken

Another trend that continues to affect the program and the provision of services is the increase of the Latino population in the service areas. It's believed much of this data remains under-reported in official estimates. As a result, the program expects application from a larger segment of this population.

Based on data from the U.S Census, in North Carolina approximately 2.2% of all households are linguistically isolated, meaning that all household members over the age of 14 had Limited English Proficiency (LEP).

The following table indicates a need for cultural awareness from teachers and home visitors, it is critical to have an understanding of cultural norms. Additionally, it highlights the need for continued collaboration with community partners who support Latino families and promote English as a Second Language (ESL) efforts in the community.

Languages Spoken at Home
Source: 2024 ACS 1-Year Estimates

	Only English	Spanish	Other Indo-European Languages	Asian and Pacific Languages	Other Languages
United States	77.0%	13.9%	4.1%	3.7%	1.3%
North Carolina	85.6%	9.2%	2.3%	2.1%	0.8%
Macon County	91.5%	7.1%	0.8%	0.5%	0.1%
Jackson County	91.3%	5.3%	1.2%	0.4%	1.8%
Swain County	93.5%	2.3%	0.2%	0.4%	3.6%
Graham County	95.0%	2.5%	0.2%	0.3%	2.0%
Cherokee County	97.0%	2.0%	0.6%	0.2%	0.0%
Clay County	97.2%	1.7%	0.4%	0.6%	0.1%

Housing and Homelessness Concerns

Affordability

Across the far Western counties of North Carolina - Macon, Jackson, Swain, Graham, Cherokee, and Clay - housing concerns reflect a combination of rising housing costs, limited supply of rentals, and high cost burden for low and moderate income households. The mountainous region contributes to many homes being utilized as seasonal or secondary homes, further straining the availability of year-round affordable units.

The Macon County Economic Snapshot (2023-2024) shows increased affordability issues for both renters and homeowners.

- 48% of renters have difficulty affording their homes
- 17% of homeowners struggle to afford their mortgage or housing costs.
- An annual income of $38,450, or $18.50 per hour, is needed to afford the county's Fair Market Rent (FMR). This is a 9% increase from the previous year.
- The current average monthly rent rate is $962, a 26% increase over the last five years.

The increases seen in the housing market have grown at a higher pace than the local wages, placing mounting pressure on families. A full time worker earning minimum wage would need to work more than 80 hours per week to afford a two-bedroom apartment at FMR.

In addition to rent, housing instability has increased throughout rural counties. In Macon County 124 families faced eviction, alongside the 47 families who experienced foreclosure in 2024. The outlined data, in combination with Macon's 0.2% rental vacancy rate (Macon County Housing Needs Assessment, 2024), show a housing market under significant strain.

Macon County is home to six affordable or income based complexes, all of which were fully occupied in 2024. These complexes - Orchard View, Holly Haven, Westgate Terrace, Indigo Apartments, Ulco Bluffs, and Oak Forest - have waitlists that range from months to years. Apartment sizes range from a studio (Oak Forest) to three bedrooms (Holly Haven, Westgate Terrace, Indigo Apartments). A new 55+ affordable apartment complex is in the planning phase, an effort to address part of the county's senior housing gap.

According to the HUD Department at MPP, wait times for rental assistance average two to three years, reflecting limited turnover and persistence in the mismatch of need and supply. There are 121 households receiving assistance, with 357 applicants currently on the waitlist.

According to the NC Housing Coalition's 2024 reports, rental options are scarce for the counties adjacent to Macon County as well.

- Jackson County reports approximately 1.05 rental units per rental household and a 3% vacancy rate.
- Swain County shows nearly 32% of housing units vacant, largely due to short-term rentals or seasonal homes.
- Clay, Graham, and Cherokee Counties show similar trends in limited multifamily units.
- 40-55% of renter households across these counties are cost burdened, spending more than 30% of their income on housing.

Affordable Housing or Income Based Complexes in Macon County

Orchard View (1 & 2 bedrooms): 430 Orchard View Dr, Franklin, NC 28734-(828) 369-4097
Holly Haven (1,2 & 3 bedrooms): 55 White Pine Cir, Franklin, NC 28734-(828) 634-4596
Westgate Terrace (1,2 & 3 bedrooms): 47 Harper Ln, Franklin, NC 28734-(828) 369-2371
Indigo (1,2 & 3 bedrooms): 68 Firefly Ln, Franklin, NC 28734-(828) 524-6288
Ulco Bluffs (1 & 2 bedrooms): 55 Ulco Bluffs Dr, Franklin, NC 28734-(828) 369-9748
Oak Forest (Studio & 1 bedroom): 171 Forest Ave, Franklin, NC 28734-(828) 369-7973

Sustainability

Across the six westernmost counties of North Carolina, formal eviction filings appear relatively moderate, but these numbers do not reflect the full extent of local housing instability. Macon County ranks near the bottom statewide for eviction filings (#90), yet nearly half of renters are cost-burdened, suggesting that many residents face ongoing difficulty maintaining housing despite few formal court cases. Cherokee and Clay Counties show higher eviction ranks and the region's highest rates of cost-burdened renters, indicating significant financial strain and a shortage of affordable rental options. Swain, Jackson, and Graham Counties exhibit similar patterns, where limited rental stock and seasonal housing pressures contribute to displacement and insecurity. Importantly, these statistics exclude "informal evictions," in which tenants leave their homes due to rising rents, lease non-renewals, or pressure from landlords—factors that further obscure the true scope of housing instability in the region.

Housing Needs (2024)
Source: NC Housing Coalition 2024

	Eviction Rank	Families who faced eviction	Families who faced foreclosure	Fair Market Rent for 2-bedroom unit	Cost Burdened Households
North Carolina	-	164,823	12,652	$1,083	28%
Macon County	#90	134	47	$962	24%
Jackson County	#82	217	62	$895	25%
Swain County	#86	47	11	$856	20%
Graham County	#53	38	13	$856	21%
Cherokee County	#73	103	32	$872	25%
Clay County	#60	52	15	$930	29%

Housing Assistance Programs

The Macon County Housing Department provides limited assistance to eligible families for maintenance and repairs as funds allow.

- Weatherization assistance goal is to reduce household energy cost through the application of energy efficient measures in a safe and effective process allowing for low income and moderate income, elderly and disabled person households to become more self-sufficient.
- The Urgent Repair Program is for eligible clients to alleviate conditions that are life threatening or if left untreated would cause the displacement of the homeowner.
- The essential single-family rehabilitation loan program provides no interest, forgiven loans to eligible homeowners for repairs and modifications extending the useful life of their homes.
- Duke Energy Carolinas Weatherization provides funds as available in assisting eligible customers with energy efficiency.

Housing renovation assistance is expensive in an ever-changing economy that tends to overlook the average income and low-income families. Homeowners and renters often find themselves lacking the resources to make urgent repairs and renovations. Macon County does not offer any emergency housing for those experiencing homelessness.

Homelessness

Visible homelessness remains limited but housing insecurity is widespread.
Residents often rely on temporary arrangements; living with family, in campers, or in motels due to the lack of affordable housing and absence of emergency shelters. The Southwestern Commission's Region A Continuum

of Care notes year-over-year increases in residents seeking rental and utility assistance to prevent eviction.

2025 Point in Time (PIT) Count Data Tables

Families with children experiencing homelessness in Macon County appeared to be fully sheltered during the 2025 PIT Count. All 14 individuals were housed in emergency shelter, with no family households unsheltered. In contrast, homelessness among single adults shows a significant unsheltered population, making up 53 of the 71 adults counted (approximately 75%). This indicates a continued need for outreach, emergency shelter availability, and long-term housing interventions for individuals.

Housing Needs (2024)
Source: NC Housing Coalition 2024

	Households With Children	Adults Without Children
Families Experiencing Homelessness	**3**	**62**
Total Individuals	**14**	**71**
In Emergency Shelter	**14**	**18**
In Transitional Housing	**0**	**0**
Unsheltered	**0**	**53**

Transitional housing capacity is currently absent or unutilized, with zero individuals placed in transitional housing in both categories. This may indicate:

- A lack of available programs
- Barriers to accessing existing programs
- A shift toward rapid re-housing or other models

The high number of unsheltered adults highlights ongoing challenges in:

- Emergency shelter bed capacity
- Year-round shelter availability
- Access to supportive services such as behavioral health and substance use treatment

Implications for Community Planning:

- Child-focused services are effective at keeping families sheltered, but supportive services, prevention efforts, and affordable housing remain important to sustain these outcomes.
- Adult homelessness, particularly among individuals without children, continues to require targeted intervention—especially outreach, mental health/substance use resources, and increased shelter options.
- Strengthening collaboration with local housing providers, law enforcement, medical providers, and nonprofits may help address the high unsheltered rate.
- Data supports a need for expanded housing solutions, including emergency shelter beds, transitional housing, and permanent supportive housing.

Resources:

Macon New Beginnings: Works to address homelessness by providing meal programs, prevention/crisis center, advocacy, collaboration with other agencies, and transitioning the homeless into stable housing.

Holly Springs Baptist Church-Second Mile Ministry: Assists families experiencing emergencies to meet basic needs such as food, clothing, gas for transportation to medical appointments, and utilities.

No Wrong Door: Supports those who are transitioning from detention or treatment facilities and in need of peer support, pastoral ministries, municipal/community organization, and other agencies/providers who can be of assistance to those suffering from substance abuse and mental health.
Additional support available for family members who have been affected by a loved one's struggles.

Macon County Housing Department: Offers multiple programs to improve housing conditions for low income individuals and families. Programs include the Weatherization Assistance Program(WAP) and Duke Energy Carolinas Weatherization Program, both of which provide energy efficiency updates to homes; and the Urgent Repair Program, meant to alleviate home conditions that are immediately life threatening or if left untreated would cause the displacement of the homeowner. In addition, the Essential Single Family Rehabilitation Loan Program (ESFRLP) provides no interest, forgiven loans to eligible homeowners for repairs and modifications to extend the useful life of their homes.

Macon County: Available resources through Macon County include Animal control, Board of Elections, Clerk of Court, Department of Social Services, Health Department, Veterans Services, Education, Parks and Recreation, Public Transportation, Solid Waste, Soil and Water Conservation, Tax Department, Register of Deeds

Number of Public Assistance recipients

According to the Community Assessment Survey (2023), 73,140 households in North Carolina receive Public Assistance Income, which includes general assistance and Temporary Assistance to Needy Families (TANF). It excludes Supplemental Security Income (SSI), noncash benefits such as SNAP, and vendor payments for medical and hospital care.

At the county level, the proportion of households receiving public assistance varies across western North Carolina:

- Swain County had the highest percentage at 2.91%, followed by Clay County (2.78%) and Macon County (2.04%).
- Jackson County (1.88%) and Graham County (1.63%) were near the regional average.
- Cherokee County (0.88%) reported the lowest percentage in the area.

Overall, while the regional rate of public assistance use remains below the national level, certain counties—particularly Swain, Clay, and Macon—show higher levels of reliance on assistance programs. These differences may reflect variations in local economic conditions, employment opportunities, and household needs across the region.

Supplemental Nutrition Assistance Program (SNAP)

The Supplemental Nutrition Assistance Program (SNAP), administered by the USDA Food and Nutrition Service, provides monthly benefits to help eligible low-income households purchase nutritious food. In North Carolina, participation in SNAP remains a critical measure of economic need and household food security.

According to the USDA FNS, as of FY 2024–2025 more than 1.4 million North Carolinians received SNAP benefits, representing a modest decline from pandemic-era highs but a continued increase compared to pre-2020 levels. This pattern reflects both a stabilization of economic conditions and ongoing need among households

with limited incomes, particularly in rural and mountainous regions.

Within the western North Carolina region, 13,000 residents across six counties participated in SNAP during FY 2024–2025. Participation varied notably by county, reflecting differences in population size, employment opportunities, and local cost of living:

- Cherokee County: 4,763 participants
- Clay County: 1,494 participants
- Graham County: 1,439 participants
- Jackson County: 4,195 participants
- Macon County: 3,855 participants
- Swain County: 1,924 participants

County specific data shows Cherokee and Jackson Counties account for the highest number of participants, a result of the larger populations and persistent areas of poverty. The smaller counties of Clay, Graham, and Swain show high participation rates relative to their population size, demonstrating the ongoing economic challenges. Macon County has remained moderately affected, having similar rates to Jackson County.

Women, Infants, and Children (WIC)

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a federally funded program that provides nutrition support, education, and health care referrals to low-income pregnant, postpartum, and breastfeeding women, as well as children up to age five. WIC aims to improve maternal and child health by providing supplemental foods, nutrition counseling, and connections to health care services.

According to the North Carolina Department of Health and Human Services, WIC participation remains substantial; as of FY 2023, an average of more than 260,000 women, infants, and children participated in the program each month. Of these participants, roughly 56 percent are children, 22 percent are women, and 22 percent are infants. County-level data for WIC participation by category are not publicly available; however, maternal WIC enrollment at birth provides a useful proxy for local program engagement. For the western North Carolina counties of interest, maternal WIC participation at birth in 2023 ranged from approximately 28 percent in Swain County to 57.5 percent in Graham County, indicating varying levels of program reach and potential need across the region. These figures highlight the continued importance of WIC in supporting maternal and child nutrition, while also pointing to potential gaps in access or uptake in certain counties.

Resources:

Macon County Health Department: Provides the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC). A program providing free healthy foods, breastfeeding support, nutrition education, and referrals for other support to pregnant women and children under 5.

Free and Reduced School Lunch

Across Western North Carolina, eligibility rates for free and reduced-price lunch remain consistently higher than both the state and national averages, highlighting persistent economic challenges for many families. While North Carolina's overall eligibility rate is 59.0% and the national rate is 53.5%, several local counties far exceed these benchmarks. Cherokee (80.5%) and Swain (75.2%) show the highest levels of need, suggesting widespread household financial strain and a strong reliance on school-based nutrition supports. Graham (71.4%) and Macon (63.7%) also report elevated eligibility rates, indicating that a substantial share of students are living

in low-income households. Even in counties with comparatively lower rates, such as Jackson (59.1%) and Clay (59.7%), the proportion of students qualifying remains on par with or above the state level. These patterns point to ongoing economic hardship across the region.

- Jackson County: 59.1% of students eligible
- Graham County: 71.4% of students eligible
- Macon County: 63.7% of students eligible
- Clay County: 59.7% of students eligible
- Swain County: 75.2% of students eligible
- Cherokee County: 80.5% of students eligible

Temporary Assistance for Needy Families (TANF)

The Temporary Assistance for Needy Families (TANF) program provides cash assistance and supportive services to low-income families with children, helping meet basic needs while promoting economic self-sufficiency. According to the Office of Family Assistance, the average monthly TANF caseload in North Carolina for 2023-2024 was 7,116 families, of which 73 were two-parent families, 980 were single-parent families, and 6,063 had no parent in the household. This reflects the ongoing need for direct financial assistance among families experiencing economic hardship in the state.

County-level TANF caseload data for western North Carolina counties—including Cherokee, Clay, Graham, Jackson, Macon, and Swain—are not publicly available. However, statewide figures indicate that TANF remains a key program supporting families in need, particularly in rural areas where economic challenges are more pronounced. When considered alongside other indicators such as SNAP participation, WIC enrollment, and Free and Reduced-Price Lunch eligibility, the TANF caseload provides insight into the financial vulnerability of families across the state and underscores the importance of comprehensive social and economic support in these communities.

Supplemental Security Income (SSI)

Across the region, Supplemental Security Income (SSI) usage reflects both the economic vulnerabilities and demographic shifts shaping local communities. Counties such as Cherokee and Macon show the highest numbers of recipients, suggesting a greater concentration of residents with limited income or disabilities who rely on this support to meet basic needs. A large share of SSI recipients across all counties are adults ages 18–64, indicating that disability-related barriers to employment remain a significant local challenge. At the same time, the consistent presence of older adult recipients, particularly in Clay and Macon counties, highlights ongoing financial insecurity among seniors. Smaller but notable numbers of child SSI recipients in each county also point to families navigating childhood disabilities and economic strain. Taken together, these patterns underscore the importance of accessible health, disability, and income-support services to ensure that vulnerable residents can maintain stability and quality of life.

Supplemental Security Income (SSI) Recipients by Age (December 2024) *Source: Social Security Administration (SSA)*						
	Total	**Category**		**Age**		
		Aged	**Blind**	**Under 18**	**18-64**	**65+**
North Carolina	217,169	17,835	199,334	34,172	132,367	50,630
Macon County	626	63	563	61	383	182
Jackson County	582	39	543	65	370	147
Swain County	288	25	263	35	181	72
Graham County	197	17	180	12	128	57
Cherokee County	713	58	655	55	467	191
Clay County	252	29	223	14	157	81

Education

Across the region, educational attainment levels reflect both progress and persistent gaps that shape local economic opportunity. Compared with state and national averages, several counties—particularly Swain and Graham—have noticeably higher shares of adults whose highest level of education is a high school diploma or less. Graham County stands out with the highest proportion of residents lacking a high school diploma (15.2%) and the lowest share of adults holding bachelor's or graduate degrees, suggesting limited access to advanced educational pathways. In contrast, Clay County demonstrates a more highly educated population, with rates of bachelor's and graduate degrees that closely mirror state and national patterns. Jackson and Cherokee counties show more balanced educational profiles, with moderate levels of residents completing some college or earning associate's degrees. Overall, these patterns highlight the varied educational landscape across the region and underscore the connection between educational access and long-term economic stability.

Education Attainment *Source: 2023 ACS 5-Year Estimates*						
	No HS Diploma	**HS Only**	**Some College**	**Associate's Degree**	**Bachelor's Degree**	**Graduate or Professional Degree**
United States	10.6%	26.2%	19.4%	8.8%	21.3%	13.7%
North Carolina	10.3%	25.0%	20.0%	10.1%	21.8%	12.9%
Macon County	10.0%	30.6%	24.0%	10.9%	15.7%	8.8%
Jackson County	10.2%	29.8%	19.7%	10.3%	17.3%	12.7%
Swain County	12.9%	35.2%	21.7%	9.0%	12.3%	9.0%
Graham County	15.2%	36.7%	21.3%	10.0%	11.3%	5.5%
Cherokee County	8.6%	32.3%	22.9%	12.1%	16.1%	8.1%
Clay County	10.1%	24.9%	20.3%	13.3%	21.3%	10.2%

Dropout Rates

According to the North Carolina Department of Public Instruction (NCDPI), there were 9,612 high school dropout events in grades 9-12 during the 2022-2023 school year, representing a 1.95 per 100 students dropout rate. This was a slight decrease from the previous year's rate.

Data from EducationNC indicates that 28 Macon County students dropped out in the 2022-2023 school year, a corresponding rate of approximately 1.36%. For Swain county chronic absenteeism remains high at 41% signaling ongoing risk factors. Jackson County reported 12 dropouts for the 2022-2023 school year, corresponding to a slightly lower rate (1.03%) than Macon. Specific dropout rates are unknown for Cherokee,

Graham, and Clay Counties.

Overall, available data suggests relatively low dropout rates for the six most western counties in North Carolina. However, certain areas, namely those with higher chronic absenteeism may require additional support to maintain and improve student retention. The graduation and dropout trends provide essential context for assessing community needs and planning interventions aimed at reducing dropout risk and supporting high school diploma attainment.

A four-year cohort graduation rate tracks a group of students who enter 9th grade together and measures the percentage of those students who graduate with a regular high school diploma within four years. This method accounts for students who transfer, drop out, or are held back, giving a standardized way to compare high school completion across schools, districts, and states. It is often considered a key indicator of student success and school performance.

Based on data available from the NC General Assembly, the four-year cohort graduation rates for western North Carolina are significantly high. This demonstrates that most students in these counties are successfully completing high school within four years. Macon and Cherokee counties are particularly high, almost reaching 95%.

- **Macon County:** 93.4%
- **Swain County:** 87.7%
- **Jackson County:** 87.8%
- **Cherokee County:** 94.4%
- **Graham County:** 88.5%
- **Clay County:** 86.8%

Functional Literacy and Numeracy Rates

During the early years, children develop competency not through a set curriculum, but through interactions and experiences with the adults around them. Research indicates that family expectations and involvement are also important factors influencing later school achievement in young children. Families who support and believe in their children's ability to learn are promoting their school readiness.

Adult literacy and numeracy is a critical measure of educational outcomes in North Carolina and its counties. Both literacy and numeracy are measured using three levels of proficiency. **Level 1** indicates adults who may struggle with basic reading or math tasks, with those at the lower end potentially being functionally illiterate. **Level 2** represents adults approaching proficiency, complex evaluation or synthesis may still be challenging. **Level 3** reflects full proficiency, with adults able to comprehend, evaluate, and integrate complex reading or math tasks.

According to the Program for the International Assessment of Adult Competencies (PIAAC), 2017 data is the most current available with an update expected in the spring of 2026.

Adult Literacy Rates (2017) *Source: NCES, Program for the International Assessment of Adult Competencies (PIAAC)*						
	Literacy			**Numeracy**		
	Level 1	**Level 2**	**Level 3**	**Level 1**	**Level 2**	**Level 3**
United States	22%	32%	46%	32%	32%	36%
North Carolina	21%	33%	46%	33%	32%	35%
Macon County	19%	38%	44%	31%	38%	31%
Jackson County	19%	34%	47%	31%	33%	36%
Swain County	25%	40%	35%	38%	37%	25%
Graham County	24%	43%	33%	37%	40%	23%
Cherokee County	20%	39%	41%	31%	39%	30%
Clay County	17%	39%	44%	29%	40%	31%

Health and Social Service

Children in Foster Care

According to the Management Assistance for Child Welfare, Work First, and Food and Nutrition Services in North Carolina (V3.21), North Carolina reported 14,416 cases in 2023, continuing a gradual statewide decline observed since 2019. Although overall numbers have decreased at the state level, county-level data show variation across western North Carolina.

Among the local counties, Jackson (95) and Macon (102) reported the highest numbers in 2023, indicating relatively higher activity or service demand in those areas. Cherokee County (95) also remained elevated compared to surrounding counties. Swain (66), Graham (47), and Clay (44) reported lower totals but generally stable levels compared to previous years.

These patterns suggest that while statewide numbers are trending downward, some rural counties—particularly Jackson, Macon, and Cherokee—continue to experience moderate or increasing needs. Continued monitoring at the local level is important to ensure resources align with community demand and that regional differences are addressed in planning and service delivery.

Resources:

Macon County Department of Social Services (DSS): Provides direct services for children in foster care and is a key point of contact for foster care and adoption information.

Together We Can: An organization that started to meet the immediate needs of foster children in the community, such as providing school and holiday supplies.

Children's Home Society of NC: Offers support services for foster parents, including caseworkers, a 24/7 support line, and respite care.

NC Department of Health and Human Services: Provides services and resources for foster care, including information on becoming a foster parent and the NC LINKS program for transitional-aged youth.

KIDS Place: A Child Advocacy Center that provides a safe environment for interviewing children who have experienced abuse or neglect.

Family Care Ministry: A local ministry that assists homeless single mothers and their children, who may also be facing circumstances that could lead to foster care involvement.

Magnolia Mission: A local organization that provides support, supplies, and encouragement to current and prospective foster, adoptive, and kinship families and children, as well as biological families.

Kaylee's Closet: Provides essential supplies to care for foster children, supplies can include clothes, shoes, books, toys, care seats, diapers, and more.
**Provides assistance to individuals and families who are not part of the foster care system on a case by case basis.

Incidence of Child Abuse and Neglect

In 2023, North Carolina investigated 96,376 children for abuse and neglect, with 19,017 cases substantiated, reflecting statewide rates of 37.3 investigations and 7.4 substantiations per 1,000 children. These figures are reported **per child**, not per report, meaning that a single child with multiple reports is counted only once. While the state averages provide a benchmark, county-level rates vary widely. Some smaller counties, such as Clay and Graham, had notably high investigation and substantiation rates relative to their populations, whereas others, like Macon, showed higher investigation rates but lower substantiation rates. Overall, these variations suggest differences in local reporting practices, population characteristics, and potential community risk factors, highlighting the importance of examining child welfare data at both state and local levels.

Child abuse and neglect reports investigated and substantiated (2023)
Source: Kids Count Data Center

	Investigated		Substantiated	
	Number	**Rate per 1,000**	**Number**	**Rate per 1,000**
North Carolina	96,376	37.3	19,017	7.4
Macon County	415	55.1	52	6.9
Jackson County	371	39.0	80	8.4
Swain County	153	45.3	40	11.8
Graham County	123	71.0	22	12.7
Cherokee County	244	48.3	70	13.9
Clay County	116	59.4	42	21.5

Incidences of Domestic Violence

Between July 2023 and June 2024, 55,400 victims of domestic violence (DV) and related forms of interpersonal violence received services in North Carolina, according to the North Carolina Department of Administration (NCDOA). Of these, 43,024 were female, 8,026 were male, and 252 had unknown gender. Age distribution shows that 36,048 victims were adults aged 18–59, 8,146 were children under 18, and 3,193 were adults 60 and older, with 8,053 cases of unknown age.

Focusing on the six western counties, Macon County served 457 victims, Jackson 361, Swain 207, Graham 230, Cherokee 639, and Clay 246. Female victims consistently represented the majority in all counties, and adults aged 18–59 were the largest age group, though several counties, such as Graham and Clay, also had significant numbers of child victims.

The NCDOA categorizes violence into several types, including domestic violence, dating violence, child witness to abuse, stalking, human trafficking, and other forms of interpersonal violence. This classification highlights that "domestic violence" in this data is just one part of a broader spectrum of violence experienced by individuals in their homes, relationships, or family networks.

Domestic Violence Incidents (July 2023-June2024_

Source: North Carolina Department of Administration (NCDOA)

	Number of DV victims who received services	Gender			Age			
		Male	Female	Unknown	0-17	18-59	60+	Unknown
North Carolina	55,400	8,026	43,024	252	8,146	36,048	3,193	8,053
Macon County	457	108	347	2	185	250	22	0
Jackson County	361	49	284	28	27	303	18	13
Swain County	207	56	160	1	83	115	12	7
Graham County	230	37	192	1	12	134	54	30
Cherokee County	639	68	571	0	26	337	143	133
Clay County	246	41	201	4	57	55	64	70

It's also worth noting that the NCDOA collects additional details on each incident, including race/ethnicity of victims, characteristics of the perpetrator, type of crime, and the type of service provided (e.g., counseling, advocacy, or shelter). This enables a more nuanced understanding of service needs and can inform planning for targeted interventions in specific populations or geographic areas.

According to Connections for Abused Women and their Children (2023), national reports indicate that approximately one in four women will experience violence at the hand of a partner; however, it is estimated that nearly half (44%) of DV cases go unreported. Survivors may hesitate to disclose incidents or seek help due to the stigmatized nature of DV, fearing shame, lack of anonymity in rural communities, limited access to services, or retaliation. Despite the clear prevalence of DV, underreporting of cases creates a significant barrier to fully understanding its scope. DV is a highly sensitive and deeply personal issue, making it inherently difficult for agencies to gather complete and accurate data. This information highlights the need of strengthening outreach, enhancing confidential reporting mechanisms, and delivering trauma informed services to better identify and support victims of DV.

Overall, while the six western counties have lower absolute numbers compared to urban areas, the data indicate a substantial need for services, particularly for women, working-age adults, and children, underscoring the importance of accessible, comprehensive DV and related services in rural communities.

Resources:

R.E.A.C.H of Macon County: Provides emergency shelter, court advocacy, youth advocacy, forensic program, mobile crisis advocates, and further violence prevention assistance.

Number of Children with Disabilities, Including Types of Disabilities

Understanding the prevalence of disabilities among young children is essential for planning early childhood services, identifying gaps in early intervention access, and ensuring compliance with Head Start Program Performance Standard 1302.11.

IDEA Part C(Ages 0-2):
According to the U.S. Department of Education, 9,527 infants and toddlers in North Carolina were served under IDEA Part C in 2021-2022, representing approximately 2.7% of the state's population birth through age two. These services support young children with developmental, communication, sensory, and motor delays.

IDEA Part B(Ages 3-5):
In the same reporting period, North Carolina served 10,810 preschool-aged children under IDEA Part B. The

most common disability categories for children ages 3–5 statewide include:

- Developmental Delay
- Speech or Language Impairment
- Autism Spectrum Disorder
- Other Health Impairments
- Hearing, Vision, or Orthopedic Impairments (less common)

These statewide trends provide important context for understanding the needs that are likely present in the service area.

Resources:

Child Developmental Services Agency (CDSA of WNC): Provides assessments for developmental delays and delivers early intervention support for children from 0 to 3 years old

Exceptional Children's Program: Provides specialized instruction and support services for students with disabilities age 3 to 21.

Gwen's Speech Therapy: Provides speech/language and occupational therapy services for clients of all ages

ElemenTree Therapy: Provides Applied Behavior Analysis (ABA) therapy, as well as speech and occupational therapy, for children ages 2–10 with autism.

Kids in Stride: Provides occupational and speech therapy services for children and youth from birth through age 21.

Appalachian Community Services: Provides behavioral health, mental health, and developmental disability services for children and adults, including therapy, case management, and support programs.

Maternal and Infant Health

Fertility/Birth Rates

According to the North Carolina Department of Health and Human Services (NCDHHS), there were 121,013 live births in North Carolina in 2023. Of the six western most counties:

- Macon County had 305 live births
- Jackson County had 374 live births
- Swain County had 135 live births
- Graham County had 53 live births
- Cherokee County had 38 live births
- Clay County had 9 live births

Teen Pregnancy

The 2023 ACS teen birth data shows that national and statewide teen birth rates remain relatively similar, with the United States reporting 8.79 births per 1,000 females ages 15–19 and North Carolina reporting a slightly higher rate of 8.87. In contrast, most counties in the far western region of North Carolina recorded either zero or very few teen births. Jackson, Swain, Graham, and Clay counties all reported no teen births among females ages 15–19, resulting in a rate of 0.00 per 1,000. Macon County reported just two teen births, yielding a low rate of 2.26 per 1,000, well below both state and national averages. Cherokee County stands out as the clear exception, with 26 teen births and a markedly higher rate of 37.09 per 1,000 teens—significantly exceeding the figures

observed in neighboring counties as well as the state and the nation. Overall, the data indicates that teen births are rare across most counties in the region, with Cherokee County emerging as a distinct outlier.

Teen Births (2023)
Source: American Community Survey (ACS) 5-year estimates 2019-2023

	Females Age 15-19	Births to Teens	Births per 1,000 Teens
United States	10,657,019	93,715	8.79
North Carolina	347,697	3,083	8.87
Macon County	885	2	2.26
Jackson County	2,394	0	0.00
Swain County	491	0	0.00
Graham County	239	0	0.00
Cherokee County	701	26	37.09
Clay County	156	0	0.00

Prenatal Care

In 2023, most pregnancies across North Carolina and its western counties began receiving prenatal care in the first trimester, though the extent of early engagement varied by location. The state overall saw 72% of expectant parents accessing first-trimester care, while counties such as Swain, Jackson, Graham, Cherokee, and Clay reported notably higher early-care rates, ranging from about 82% to 86%. Macon County also exceeded the state average at 80.2%. Second-trimester care initiation was less common across the region, with most counties falling below the state's 18.4% rate. Rates of third-trimester care, no care, and unknown status remained low in all areas, though Cherokee County stood out with a higher-than-average proportion of cases recorded as "unknown" or receiving no prenatal care. Overall, the data suggest stronger early prenatal care engagement in these western counties compared to the state as a whole, with some local variation in later or undocumented care.

Prenatal Care Received (2023)
Source: North Carolina State Center for Health Statistics (SCHS)

	First Trimester	Second Trimester	Third Trimester	No Care	Unknown
North Carolina	72%	18.4%	4.6%	4.1%	0.9%
Macon County	80.2%	12.7%	3.4%	2.8%	0.9%
Jackson County	85.4%	9.6%	1.8%	3.0%	0.3%
Swain County	86.4%	8.3%	3.0%	1.5%	0.8%
Graham County	85.1%	5.7%	3.4%	2.3%	3.4%
Cherokee County	82.6%	4.0%	2.4%	4.0%	6.9%
Clay County	82.8%	10.3%	0.0%	4.6%	2.3%

Low Birthweight Babies

According to the North Carolina Department of Health and Human Services, the prevalence of low-birthweight infants—defined as babies born at 2,500 grams (5 pounds 8 ounces) or less—varied widely across western North Carolina counties in 2023. The state average was 9.0%, with Macon County closely mirroring this rate and Jackson County falling slightly below it at 8.7%. Cherokee County reported the lowest proportion at 6.1%, suggesting comparatively fewer low-birthweight births in that area. In contrast, Swain County experienced a significantly higher rate at 15.9%, while Graham County also exceeded the state average at 11.5%. Clay County's data was suppressed due to fewer than 10 low-birthweight births, indicating a small case count rather

than a measurable trend. Overall, the region shows substantial variation, with some counties performing better than the state benchmark and others facing higher rates of low-birthweight deliveries.

Infant Mortality

According to the North Carolina Department of Health and Human Services, North Carolina's 2023 overall infant mortality rate was 6.9 deaths per 1,000 live births, but rates across the western counties varied, with several counties showing no reported infant deaths. Cherokee, Clay, and Swain Counties each reported an infant mortality rate of 0.0%, indicating no recorded infant deaths for the year. In Macon, Jackson, and Graham Counties, the data were suppressed because fewer than 10 infant deaths occurred. Suppressing data for counties with less than ten infant deaths ensures privacy. While the suppressed data make direct comparisons difficult, the absence of reported infant deaths in several counties suggests relatively positive outcomes, though small population sizes should be considered when interpreting these figures.

Prenatal Substance Exposure

Neonatal Abstinence Syndrome (NAS) refers to withdrawal symptoms experienced by a newborn within the first 28 days of life as a result of prenatal exposure to certain substances. In 2023, North Carolina reported a statewide NAS rate of 6.7%, indicating that prenatal substance exposure remains a significant maternal and infant health concern. Within the six-county region, Clay County reported a NAS rate of 0.00%, while the remaining counties—Macon, Jackson, Swain, Graham, and Cherokee—had their data suppressed due to fewer than 10 reported cases. Suppression protects confidentiality and prevents misinterpretation of small numbers; therefore, these data do not imply the absence of NAS, only that the number of diagnosed cases was too low to be publicly released. The combination of a measurable statewide rate and suppressed county-level data suggests that prenatal substance exposure is present across the region, though case counts fluctuate and may be relatively small. This underscores the ongoing need for comprehensive prenatal screening, early intervention, and supportive services for pregnant individuals at risk of substance use.

Resources:

Smokey Mountain Pregnancy Care Center: Offers support to women who are pregnant or think they may be pregnant through free pregnancy testing, confirmation ultrasounds, live chat, and parenting resources.

Immunization Levels Among School Children

Immunization is a cornerstone of public health for school-age children, helping to prevent outbreaks of vaccine-preventable diseases (VPD's) such as measles, pertussis, and varicella. According to the North Carolina Department of Health and Human Services (NCDHHS), North Carolina schools are required by law to report immunization status annually for students in key grades (kindergarten, 7th grade, and 12th grade), medical and religious exemptions are also tracked.

Notably, MMR (measles, mumps, rubella) vaccination among kindergarteners has declined modestly in recent years: it dropped from about 95.5% in 2019–20 to 93.8% in 2023–24. At the same time, exemption rates—particularly for non-medical reasons—have edged higher. Nationally, the 2023–24 exemption rate rose to 3.3%, with non-medical exemptions making up the bulk of that increase. In North Carolina, non-medical exemptions among kindergartners in the 2024–25 school year were about 3.1%, according to a state immunization brief from John Hopkins Public Health.

Unlike Cherokee County, where school-level kindergarten immunization rates show considerable variation and some under-vaccinated schools, publicly available data for Macon County does not demonstrate similarly large gaps. The N.C. Kindergarten Immunization Dashboard does not highlight major clusters of under-vaccination in Macon, suggesting the county may be more aligned with statewide immunization coverage rates. However,

because school-level data are not clearly flagged and may not reflect more subtle disparities, ongoing monitoring and school-based outreach remain important to maintain and improve immunization levels.

The decline in immunization coverage and the rise in exemptions carry serious public health implications. Even a relatively small drop from herd-immunity thresholds can put communities at risk of disease resurgence, especially for extremely contagious illnesses like measles. In the context of rural counties — which may face additional barriers such as limited access to healthcare, transportation challenges, and vaccine hesitancy — these trends are especially concerning.

To address these risks, public health and school systems can leverage the Kindergarten Immunization Dashboard to continually monitor coverage at the school and county levels. Targeted outreach efforts and school-based vaccination clinics may help bolster vaccination in under-covered schools. Also, educational campaigns that engage parents, community leaders, and school staff around vaccine safety and necessity can be critical in reversing downward trends and preventing outbreaks.

Prevalent Health Problems

Macon County and the surrounding counties continue to experience a range of significant health challenges, many of which stem from limited local healthcare resources, persistent provider shortages, and longstanding socioeconomic barriers. One of the most impactful changes in recent years has been the elimination of labor and delivery services at Angel Medical Center. Following Mission Health's discontinuation of maternity care in Macon County, the closest location for maternity services is now Harris Regional Hospital in Sylva. Requiring residents to travel approximately 19.2 miles or a 26-minute drive—for childbirth, creating dangerous delays and access barriers for families with limited transportation (Mission Health, Local Service Update). This loss has coincided with a broader trend of physicians leaving the region, making it increasingly difficult for residents to establish and maintain primary care.

Health Insurance

Insurance coverage gaps further complicate access to care. While 8.8% of the U.S. population lacks health insurance, the rate is higher in North Carolina (10.7%) and significantly higher in Macon County (14.4%) according to the U.S Census Bureau. The disparities among children are especially striking: 14.3% of Macon County children ages 6–18 lack insurance compared with 5.9% statewide, and among children under six, 4.2% in the county lack insurance versus 4.4% statewide. North Carolina Department of Health and Human Services (NCDHHS) Medicaid Enrollment Reports from September 2024 show medicaid enrollment figures reflect broad economic vulnerability—Macon County has 9,846 Medicaid recipients, including 1,913 children and 7,217 adults, demonstrating extensive reliance on public coverage even as many remain uninsured.

Healthcare access challenges are amplified by seven Health Professional Shortage Area (HPSA) designations, including two for primary care, two for dental health, and three for mental health. Angel Urgent Care accounts for three of these shortages, underscoring its service burden. Two of the HPSAs are low-income designations, meaning residents earning below 200% of the federal poverty level are underserved. The entire county is also designated as a mental health shortage area, confirming long-standing gaps in behavioral health provider availability (NC Health Professions Data System).

Chronic Disease

Chronic disease continues to be a major public health concern. **Asthma**, a frequent cause of emergency care for children, follows state trends: according to NC DETECT, more than 5,400 children ages 0–4 in North Carolina visited an emergency department (ED) for asthma in 2021 (92.3 visits per 10,000). Macon County reported 15 ED visits among young children, a nearly identical rate of 92.1 per 10,000. Although the absolute number is small, the rate signals significant environmental and household triggers affecting young children.

Obesity is another substantial health burden. North Carolina has the 15th-highest adult obesity rate in the

United States at 36%, with even higher rates among adults ages 45–64 (41.9%) and Black residents (48.8%). Among WIC children ages 2–4, 14.8% statewide were classified as obese. Related chronic illnesses such as **diabetes** (12.6% prevalence) and **hypertension** (35.4% prevalence) remain widespread in North Carolina, further contributing to morbidity (State of Obesity, 2022).

Oral health remains a persistent issue for children. Nationally, tooth decay is one of the most common childhood chronic diseases. According to the National Survey of Children's Health (2020–2021), 78.6% of North Carolina parents rated their child's teeth as "excellent or very good," compared with 76.8% nationally. However, 15% of North Carolina children experienced at least one oral health problem (e.g., toothache, bleeding gums, decay) in the past year, comparable to the national rate of 14.5%. Macon County's dental provider landscape is limited: there is only one public dental provider (the Molar Roller mobile dental unit), supplemented by four general dentists and one orthodontic practice. As a result, dental care remains difficult to access, particularly for low-income families and those in outlying communities. County Health Rankings report a dentist-to-population ratio of 1:1,878 in Macon County, worse than the North Carolina average of 1:1,657 (County Health Rankings, 2023).

Mental Health

Mental health remains one of the most critical and underserved areas in the county. Access is especially limited for children, dual-language learners, and uninsured or underinsured families. Macon County currently has no practicing psychiatrists, forcing residents to seek care outside the county. Regional shortages across Western North Carolina compound these challenges (NC Health Professions Data System). A growing crisis is reflected in a reported 36% increase in involuntary commitments over the past year, with law enforcement transport hours rising 291% due to limited local placement options (Macon County Task Force, 2023). While the Community Care Clinic of Franklin attempts to expand its behavioral health services, the overall need continues to outpace capacity. There is currently no adolescent substance use treatment program in the county despite identified need.

Substance Use and Overdose

Substance use and overdose risk continue to impact community health and safety. In 2021, the United States recorded over 111,000 drug-induced deaths and more than 54,000 alcohol-induced deaths; North Carolina reported 4,131 and 1,638 such deaths, respectively (CDC Wonder, 2021). Macon County reported 19 drug-induced and 13 alcohol-induced deaths, though these figures are statistically unreliable due to small numbers. While Macon County's opioid prescribing rate (22.4 per 100 persons) is lower than the state average (52.8), local indicators show profound community-level impact. The 2018 Macon County Community Health Assessment reported that 25.9% of residents used opioids—prescribed or non-prescribed—in the previous year, and more than 1.9 million opioid pills were dispensed in the county in 2017 (Macon County CHA, 2018). Macon County is one of only 21 counties statewide with a licensed syringe exchange program, operated by Full Circle Recovery Center, providing essential harm-reduction services.

Mortality Rates

Mortality data reflect the heavy burden of chronic disease. In 2021, the leading causes of death in the United States, North Carolina, and Macon County were heart disease and cancer. Macon County's mortality rates exceed both state and national averages, with 311.5 heart disease deaths per 100,000 residents and 276.9 cancer deaths per 100,000, far above statewide and national rates. COVID-19 was the third leading cause of death, with Macon County's rate (239.6 per 100,000) again surpassing state and national figures (CDC Wonder, 2021). Unintentional injuries and cerebrovascular disease were also leading contributors to mortality.

Together, these health indicators illustrate a complex health landscape characterized by limited healthcare access, elevated chronic disease burden, growing behavioral health concerns, and ongoing substance use challenges. Addressing these issues will require coordinated strategies, strengthened healthcare infrastructure,

and continued collaboration between healthcare providers, public health agencies, community organizations, and regional partners.

Resources:

Community Care Clinic of Franklin: Provides quality healthcare to uninsured, low-income individuals in Macon and surrounding counties by focusing on prevention, wellness, and patient education. Services include preventative care, diagnostic testing, behavioral health, treatment for chronic and acute conditions, medical equipment loans, and medication assistance programs.

Vecinos Community Health Hub:Offers free primary care and behavioral health services to uninsured and low-income adults. Vecinos mission is to provide equitable, culturally centered healthcare and wellness services with a focus on the Latinx and farmworker communities.

Environmental Indicators

Air Quality

Air quality in Western North Carolina, including the six-county region of Macon, Jackson, Swain, Graham, Cherokee, and Clay, is generally good but subject to episodic challenges. The Air Quality Index (AQI), which measures short-term health risks from air pollutants on a scale from 0 (good) to 500 (hazardous), helps track these risks. While long-term trends show a decline in major pollutants such as fine particulate matter ($PM_{2.5}$), nitrogen oxides, and sulfur dioxide, the region experiences temporary spikes from wildfire smoke and local pollution sources (DEQ, 2023).

For example, in November 2023, Macon, Cherokee, and Clay counties were under Code Red air alerts due to wildfire smoke, indicating conditions "unhealthy for anyone to breathe," while Graham and Swain counties experienced Code Orange conditions affecting sensitive groups (DEQ, 2023). These events highlight that even in predominantly rural and forested areas, residents can face short-term air quality risks.

Overall, air quality improvements over the past decades reflect both reductions in emissions from industrial and vehicular sources and regulatory efforts to meet EPA standards. Most of the time, the air quality in the region is considered healthy for the general population.

Water quality

Drinking water in the six-county region is supplied through a combination of community water systems and private wells or springs. In Macon County, for instance, approximately 57–62% of residents receive water from community systems, while the remainder rely on private sources (DEQ, 2012). Community systems are regularly monitored under the Safe Drinking Water Act, and water from these systems is generally considered safe, meeting state and federal standards for microbial and chemical contaminants (EPA, 2022).

Water quality violations in smaller systems occasionally occur, particularly related to lead, copper, or other plumbing materials, but these are typically limited and managed through required reporting and remediation efforts (DEQ, 2023). Overall, water quality in the region is high, with most residents having access to treated and regulated drinking water. Continued monitoring and investment in water infrastructure are important, particularly for rural areas that rely on private wells or smaller systems.

Transportation

Vehicle Ownership

Access to a personal vehicle is a key factor in health and social equity, as it affects the ability to reach healthcare, grocery stores, schools, and employment opportunities. According to the latest 5-year American Community Survey (ACS) estimates, of the 63,486 total households in the six-county report area, 3,516 households (5.54%) do not have access to a motor vehicle.

County-level data shows variability in vehicle access:

- Swain County: 549 households, 9.41%
- Graham County: 297 households, 8.97%
- Clay County: 367 households, 7.28%
- Macon County: 960 households, 5.31%
- Cherokee County: 600 households, 4.60%
- Jackson County: 743 households, 4.09%

These percentages are comparable to the statewide average of 5.33% but generally lower than the national average of 8.32%. Counties such as Swain and Graham have the highest proportions of households without vehicles, highlighting potential barriers to accessing essential services and healthcare for residents in more rural and mountainous areas.

Public Transportation Services

Macon County Transit (MCT) is the county's sole public transportation system. Prior to the COVID-19 pandemic, the Mountain Gem route completed loops within town every 30 minutes and offered out-of-town trips to access medical specialists and other essential services. Since the pandemic, the route has been reduced to one loop per hour, and out-of-town trips have been suspended. Daily ridership has declined from approximately 150 trips to 40, leading to reduced staffing and limitations on the number of passengers per vehicle to maintain social distancing (Macon County Transit, 2023). These changes have further compounded challenges for residents without personal vehicles, particularly in accessing healthcare, employment, and other services outside the county.

Communication

Digital connectivity is an important social and health equity issue, especially in rural areas where telehealth, remote work, and online education increasingly depend on reliable internet and computing devices. According to the U.S. Census Bureau's ACS 2019-2023 5-year estimates, 80.8% of households in Macon County report having a broadband internet subscription, which means 19.2% lack a broadband subscription. At the same time, about 11.4% of households in Macon County do not have a computing device (e.g., desktop, laptop, smartphone), according to NC Rural Center data based on ACS 2019-2023.

These figures show a meaningful digital divide: while a majority of households in Macon County are connected by broadband, nearly one in five lack that subscription, and over one in ten households are without a computing device altogether. This has important implications for access to telehealth, education, and other critical online resources.

State Licensed Childcare Facilities in Western North Carolina

Macon County Centers

Source: North Carolina Department of Health and Human Services (NCDHHS)
***indicates facilities enrollment in Subsidized Child Care Program*

Facility Name(Star Rating)	Address	Contact	License #	Ages Served
Above and Beyond Childcare(3-Star)	3 Georgia Rd. Franklin, NC 28734	828-371-1382	56000188	0-5
*Children's Discovery Center(3-Star)	185 Sloan Rd. Franklin, NC 28734	828-369-7021	56000186	2-12
Gordon Center for Children, Inc. (GS 110-106. Religious sponsored childcare)	315 Main St. Highlands, NC 28741	828-526-5084	56000165	1-5
HCCDC at Incarnation(5-Star)	520 Main St. Highlands, NC 28741	828-526-8905	56000190	3-5
*Highlands Community Child Development Center(4-Star)	89 Church St. Highlands, NC 28741	828-526-8905	56000112	0-12
*Macon Program for Progress(5-Star) New Horizons I New Horizons III New Horizons Center for Children and Families	26 E Orchard View Ln. 110 E Orchard View Ln. 82 E Orchard View Ln. Franklin, NC 28734	828-524-4471	56000193 56000174 56000013	0-12
The Learning Ladder Academy(3-Star)	1157 E Main St. Franklin, NC 28734	828-342-5725	56000170	2-12
*Trimont Christian Academy(4-Star)	98 Promise Ln. Franklin, NC 28734	828-369-6756	56000082	0-6

There are three elementary schools in Macon County that offer 5-Star Childcare Centers for children ages 3-5. All centers accept subsidized payments and are open in alignment with the Macon County Public School schedule and hours. These centers are available for eligible children in the specific school district. Children must be screened prior to entering, priority is given to children with potential delays or other identified risk factors.

Additionally, each elementary school, along with the intermediate school (5-6th grades) offers a 5-Star after school "ED-Venture" program that offers limited spots for after school care for children 4-12. Macon County School Administration can be reached at 828-524-3314.

Jackson County Centers

Source: North Carolina Department of Health and Human Services (NCDHHS)
**indicates facilities enrollment in Subsidized Child Care Program*

Facility Name(Star Rating)	Address	Contact	License #	Ages Served
*Cashiers Valley Preschool(3-Star)	180 Cashiers School Rd. Cashiers, NC 28717	828-743-4320	50000114	1-12
Cullowhee Kids Preschool (GS 110-106, religious sponsored)	416 Central Dr. Cullowhee, NC 28723	828-293-9215	50000104	2-5
*Fairview Head Start(5-Star)	453 Fairview Rd. Sylva, NC 28779	828-586-4245	50000024	0-12
First Steps Preschool(1-Star Home License)	231 Boot Hill Rd. Whittier, NC 28789	828-507-2189	50000070	0-12
*Hampton Preschool and Early Learning Center(4-Star)	20 Community Place Cashiers, NC 28717	828-743-3056	50000098	0-12
*Kidz Playhouse(3-Star)	286 Skyland Dr. Sylva, NC 28779	828-631-3041	50000088	0-12
*Kneedler Child Development Center(5-Star)	239 E University Way Cullowhee, NC 28723	828-293-1530	50000059	0-12
*Pam's Child Development Center(5-Star)	5 Mitchell Rd. Sylva, NC 28779	828-631-0540	50000109	0-12
*Patty's House(5-Star Home License)	1005 Cane Creek Rd. Sylva, NC 28779	828-293-5758	5000048	0-12

Jackson County Public School supports six state licensed childcare centers within their school system. Additionally, Jackson County has two *Healthy Kids Extended Day Program, Inc.* facilities that operate after school programs for children ages 5-12. Jackson County School Administration can be reached at 828-586-2311.

Swain County Centers

Source: North Carolina Department of Health and Human Services (NCDHHS)
**indicates facilities enrollment in Subsidized Child Care Program*

Facility Name(Star Rating)	Address	Contact	License #	Ages Served
*Agelink Child Development Center(4-Star)	61 Children's Home Loop Rd. Cherokee, NC 28719	828-497-6726	8755020	0-12
Bright Adventures Pre-Kindergarten(5-Star)	249 School Dr. Bryson City, NC 28713	828-488-1494	87000045	3-12
*Bryson City Head Start(4-Star)	60 Old Almond School Rd. Bryson City, NC 28713	828-488-9765	87000008	1-12
*Grace Christian Academy (GS 110-106, religious sponsor)	498 Arlington Ave. Bryson City, NC 28719	828-488-1042	87000041	0-12
*Kaleidoscope Dreams(4-Star)	10 Adams Creek Rd. Cherokee, NC 28719	828-497-4946	87000035	0-12
*Lots-A-Tots(3-Star)	30 Morning Star Dr. Bryson City, NC 28713	828-488-3607	87000084	0-12
New Kituwah Academy(4-Star)	60 Water Dam Rd. Cherokee, NC 28719	828-359-6401	87000077	1-5

Swain County has one additional state licensed child care center associated with Swain County Schools. Swain County Schools Administration can be reached at 828-488-3129.

Graham County Centers

Source: North Carolina Department of Health and Human Services (NCDHHS)
**indicates facilities enrollment in Subsidized Child Care Program*

Facility Name(Star Rating)	Address	Contact	License #	Ages Served
*Amy's Ark Home Day Care (4-Star Home License)	328 Beech Creek Rd. Robbinsville, NC 28771	828-479-3488	38000013	0-12
*Doodle Bug Daycare(5-Star)	468 Rodney Orr Bypass Robbinsville, NC 28771	828-735-0442	38000035	0-12
*Robbinsville Head Start(5-Star)	141 Moose Branch Rd. Robbinsville, NC 28771	828-479-8919	38000005	0-12
*Snowbird Child Development(4-Star)	1220 Old Tallulah Rd. Robbinsville, NC 28771	828-346-6995	38000031	0-12

Graham County has three additional state licensed centers associated with Graham County Schools. Graham County School Administration can be reached at 828-479-9820.

Cherokee County Centers

Source: North Carolina Department of Health and Human Services (NCDHHS)
**indicates facilities enrollment in Subsidized Child Care Program*

Facility Name(Star Rating)	Address	Contact	License #	Ages Served
*Eagle's Nest ELC & Preschool(5-Star)	1228 Andrews Rd. Murphy, NC 28906	828-837-8094	20000108	0-12
*Hill Top Head Start(4-Star)	63 Clay St. Andrews, NC 28901	828-321-0641	20000044	3-12
*Kid's Corner(5-Star)	168 Upper Peachtree Rd. Murphy, NC 28906	828-835-8003	20000085	0-12
Murphy Adventist Christian School (GS 110-105, religious supported)	1584 Old Ranger Rd. Murphy, NC 28906	828-837-0134	20000076	3-7
*Murphy Head Start(5-Star)	161 Thomas St. Murphy, NC 28906	828-837-9749	20000026	3-12
*Tiny Tots Creative Learning Center(4-Star)	90 Graham St. Andrews, NC 28901	828-321-1073	20000052	0-12

Cherokee County has five additional state licensed pre-k programs within the Cherokee County School system and two after school programs. Cherokee County School Administration can be reached at 828-837-2722.

Clay County Centers

Source: North Carolina Department of Health and Human Services (NCDHHS)
**indicates facilities enrollment in Subsidized Child Care Program*

Facility Name(Star Rating)	Address	Contact	License #	Ages Served
*Hayesville Child Development Center(4-Star)	67 May St. Hayesville, NC 28904	828-389-6124	2251194	0-12
*Hayesville Head Start(5-Star)	1940 HWY 64 Business Hayesville, NC 28904	828-389-3159	22000004	3-12
*Tiny Tots Learning Center Hayesville LLC	6 Cold Branch Rd. Hayesville, NC 28904	828-415-1567	22000028	0-5

Clay County Schools has one pre-k program within their school system and one after school program. Clay County School Administration can be reached at 828-389-8513.

Relevant opinions of community needs

Parent Survey Responses

In order to collect primary data from Macon Program for Progress, Inc. Head Start and Early Head Start parents and guardians, a Family Needs Survey was distributed in English and Spanish to all families enrolled at the time of the Community Assessment (see Appendix A for a copy of the survey in English). A total of 97 surveys were completed and returned, representing 51 percent of the program's enrolled families. Furthermore, some questions were answered by a smaller fraction of that 51 percent of survey respondents. Having a representative sample is crucial in research as it ensures that the conclusions drawn from the study can be generalized to the population from which the sample was drawn. Therefore this data is strictly a summary of the responses received.

Characteristics

Of those who responded, 70.3 percent indicated their race/ethnicity to be White, 29.7 percent Hispanic,2.7 percent Native American, and 1.4 percent Black. *NOTE: Answers may exceed 100% as individuals may identify with more than one race.*

Approximately 58.1 percent of respondents were employed full-time, 17.3 percent were employed part-time/seasonal, 16 percent were full-time homemakers, and 8 percent were unemployed/not working or in job/training school. Eighty-six percent of survey takers who responded to this question indicated having a checking or savings account, with 14 percent indicating they do not have a checking or savings account. More than 5 out of 10 respondents indicated they did have a computer at home, 54 percent; and 89 percent of respondents do have an internet connection at home. Furthermore, 99 percent of the Head Start/Early Head Start parents or guardians did indicate that they have a mobile phone with text capability.

Perception of Problems in the Community

Survey takers were given a list of 22 items and asked to rate each on a scale of 1 to 5 to indicate how serious of a problem they found each item to be in their city or town. The scale provided was as follows:
(1) Not a Problem (2) Somewhat (3) Problem (4) Serious Problem (5) Very Serious Problem.
According to those who responded to the survey, availability of affordable housing and addiction to opioids were the most significant problems in their community, rating each a 4.17 and 3.98, respectively. Incidence of drug and alcohol abuse, low wages, and high cost of utilities (heating, electricity, water) were among the top five issues for survey respondents.

Perception of Poverty

The top three reasons for poverty in the community according to those who responded were that wages are too low, housing costs are too high, and people do not want to work.

Family Needs

Ninety-six percent of survey takers responded to the question asking if they or someone in their immediate family experienced a time in the past year where they needed a particular service or experienced particular situations related to inadequate income. Seventy percent indicated that they or someone in their family had at one point within the last year needed to see a dentist but could not afford to; 58 percent needed to see a doctor but could not afford to; 55.4 percent needed to buy medicine but could not afford to; 49.4 percent could not pay the rent; 42 percent needed food but could not afford to buy it; and 32.9 percent had utilities turned off (couldn't pay). Approximately 28.9 percent lost a job;28.4 percent looked for work but could not get a job; and 28.1 percent could not pay their mortgage or taxes.

What are the 2 or 3 most important things that you believe will improve your household's quality of life?

Fifty-four percent of respondents answered the question *"What are the 2 or 3 most important things that you believe will improve your household's quality of life?"* with 129 separate answers. Twenty-nine percent of responses related to the need for better/more affordable housing and lower utility costs, 25 percent of responses related to a need for higher wages/income, better jobs, and more money; 24 percent of responses indicated a

need for access to affordable health care and insurance, and access to dental insurance and mental health resources, 14 percent of respondents stated a need for affordable child care/education and afterschool programs, and four percent of responses were related to personal/family goals. The balance of answers included statements such as: immigration status, gas prices to go down, more reliable transportation, and an increased awareness of health and wellness.

Broad Category		*Selection of Respondent Answers*
Housing/Utilities	29%	Affordable housing Lower cost of living Lower rent Lower utilities
Employment/Income	25%	Better paying jobs Better wages Jobs with benefits, Money
Health Care/Lifestyle	24%	Affordable health care Dental insurance Mental health resources Lower health costs
Education	14%	Learn English Afterschool child care Better child care hours, Affordable child care
Personal/Family Goals	4%	Community outreach Getting outside more Time Improved parenting skills

Need for Services in the Community

Seventy percent of survey takers responded to the question regarding access to and/or need of particular services in the community. The top three services that respondents indicated as a 'Need' were credit counseling and repair, places that teach people how to make a budget and save money, and places that teach about saving for retirement.

Other Programs Used the Most

When asked which programs are used the most, respondents indicated they use social services, WIC, SNAP, the Health Department, and Medicaid the most. Additional agencies used include Care-net, HUD, Highlands Community Child Development, and local food banks.

Recruitment

Respondents were asked how likely they were to recommend the Head Start/Early Head Start program to other members of the community, and of the 74 responses, 97 percent stated they would recommend this program to other families with children from ages 0-5. Respondents were also asked if they currently knew families with children, ages 0-5, eligible for Head Start/Early Head Start that they could recommend. Forty-eight percent of respondents answered "yes" to this question. The suggested areas of recruitment included Dillard, Georgia, and Jones Creek Road in Franklin, North Carolina.

Grandparent Caregivers

The majority of respondents, 95 percent, indicated "no" to the question regarding whether they were a grandparent caring for a grandchild or grandchildren. Of the four respondents who answered the question regarding their greatest concerns raising grandchildren, the top concerns were "your physical health" and "emotional support for yourself."

HS Performance Standard: 1302.11(b)(iii): Typical work, school, and training schedules of parents with eligible children

To determine the typical work, school, and training schedules of parents with HS/EHS-eligible children, parents were asked to select the hours during the week that they spend at work, school, or job-related training. Sixty-two percent of respondents answered the question; results show that the majority of parents are working, in school, or in job-related training between the hours of 8 a.m. and 5 p.m.

Key Informant Responses

As a strategic step to supplement secondary data findings, the **Macon Program for Progress, Inc.** program staff identified a group of key informants and invited them to offer answers to questions that provide additional insight into the communities and families served by the agency in their service area. The key informants, leaders, and experts who responded to the community assessment included the following: Assistant Director at REACH of Macon County, Leadership Team at Macon County Department of Social Services, Personnel Technician III/Human Services Planner Evaluator at Macon County Department of Social Services, Clinical Psychologist and Owner at The Long Center for Psychology, PLLC, Exceptional Children, and Pre-K Director at Macon County Schools.

Key Informant Insight

The following includes complete answers provided by key informants, in alphabetical order:

1. What do you see as the top priority issues affecting early childhood development (0-4-year-old children) during the next four years in your city and/or county?
   - *Access to affordable and competent child care; the intersectionality of homelessness and children; and the intersectionality of Intimate Partner Violence and children.*
   - *Access to affordable housing, health care, nutrition, and quality child care.*
   - *Affordability of care for families and latitude for entities to serve a broader demographic of students. I believe that reimbursement rates need to rise to increase staff pay.*
   - *Ensuring that their parents have adequate housing and income to meet their basic needs so that children feel safe and are ready to learn.*
   - *Insufficient number of skilled child care workers and low pay for child care professionals.*
   - *Market rates are disparately low for rural areas compared to those located in more urbanized areas of the state.*

2. What do you see as the top priority issues impacting education for adults during the next four years in your city and/or county?
   - *Adults need access to educational opportunities that allow them to continue to work while re-skilling and up-skilling for higher paying career opportunities.*
   - *Affordability of tuition and flexibility of course offerings for working families.*
   - *Loan forgiveness programs/access to Pell grants. Child care assistance and transportation supports.*
   - *No providers available to provide care during evening hours or on weekends allowing adults to attend school during non-traditional days/hours.*
   - *Online education is often not recognized as a situation in which child care is needed.*
   - *Shift to a gig economy and oversaturation of online platforms that many relied on during COVID-19; changes in web-based platforms for office jobs; affordable secondary education.*
   - *Significant lack of access to broadband internet services needed to be successful in any type of educational endeavor, as well as the inability to keep pace with emerging technology to support remote/distance learning.*
   - *The challenge of working to earn a living wage and attending school at the same time.*
   - *The lack of affordable child care available while adults are attending school and work.*

3. What do you perceive to be the number one priority issue or concern for the city and/or county leaders during the next four years? (i.e., environmental, economic, health, social, and others) Please explain.
   - *Access to health care for both working families as well as the aging population.*
   - *Affordable child care including afternoons/evenings.*
   - *Affordable housing.*
   - *Affordable housing options and substance use treatment.*
   - *Economic; increasing access to physicians, affordable child care, and affordable housing options for*

families.

- *Economically, there are no good paying jobs (only fast-food jobs and no plants of significant size to increase the work force).*
- *Enhanced transportation options.*
- *Homeless housing and lack of homelessness resources.*
- *It's hard to pick one priority, as many areas of need in our community affect other areas of need. I see a lot of concern for families struggling financially and at times unable to provide the basics of safe, stable housing, to afford medical copays and essential medications, to access transportation, and to afford quality nutritious food. This makes it more challenging to consider what become secondary priorities (such as academic excellence, pursuit of higher education or career advancement, giving back to others, etc.), as the families' energy is invested in basic survival needs.*
- *Lack of affordable child care for working families.*
- *Severe housing shortage for permanent residents; short-term and vacation rentals have reduced rental properties for those living full-time; calls are received weekly at the Department of Social Services needing assistance in finding housing (affects both young families and senior citizens).*
- *Social media, technology, and safety for children.*
- *Substance use treatment.*

4. In your opinion, what are the top two to three strengths of your city and/or community?
   - *Accommodations for tourists; town festivals and activities; parks and greenways; senior services.*
   - *Community awareness – the community often rallies to get people and citizens the help they need if such help is available; there is good support between government and non-government agencies in the community in order to mobilize resources.*
   - *Community spirit – our county often comes together during times of crisis.*
   - *Faith-based communities provide large in-kind and monetary support to the community and nonprofits.*
   - *Franklin has retained the "small town" vibe that still functions as a community; we serve lots of tourists, but the town remains very helpful and service oriented; face-to-face interactions when needing services or an actual person on the phone instead of an automated system.*
   - *Helping agencies – we have a plethora of agencies that are working together to make the lives of Maconians better, and the sheer number of these organizations is impressive given the size of our county.*
   - *Macon County desires the best for its citizens and will invest in programs that provide a clear ROI.*
   - *There is great compassion and willingness to help others in need. I see kids holding forums to initiate changes, which is inspiring. Churches can be proactive in addressing social needs in addition to their faith leadership. Teachers invest a heroic amount of time, energy, and their own resources in the future generations of our children.*
   - *We are community-minded and can make a little go a long way in terms of funding.*
   - *We live in an area rich in beauty, with opportunities for being active and enjoying nature, which is an effective antidote to the stressors of day-to-day life.*

5. What top priorities do you feel the community must address to recover from COVID-19?
   - *The community must collaborate to provide affordable and adequate housing options to attract talent to the workforce.*
   - *Encouraging and equipping adults who left their careers to care for children to be able to return to the workforce.*
   - *Housing crisis including affordable housing options.*
   - *I think the community still struggles to recover from the economic impact of COVID. Priorities may include helping ensure access to food and medical care, as well as exploring ways to make housing more available and affordable. Child care options have been difficult for families to find. There may be educational lags for years, with the need for academic resources such as tutoring or other student supports. Mental health has always been a need in our area, as we are a federally designated shortage area, and this has been exacerbated during and since the pandemic.*

- *Job shortages and figuring out why there is a gap in employers getting and retaining staff. This is causing capacity issues at many agencies.*
- *Mental health/social-emotional delays in younger children.*

6. What is the status (reputation) of the early childhood education and services in your city and/or community? Please explain.
   - *Insufficient number of providers, and providers need to focus on early child care education.*
   - *Overall, I feel we have strong options for early childhood education. If anything, we hear mostly about the need to extend slots, hours, or options for middle-income earners.*
   - *Private/non-subsidized programs are too expensive and competitive. There are an insufficient number of options for infants.*
   - *The available services are provided by quality and committed staff. I believe that parents are grateful for the service and financial assistance if they qualify for it.*
   - *There are far too few options for families. You either have to meet subsidy guidelines or be able to afford $600-$800 out of pocket for child care per month. Many families are left in the gap, and students are missing out.*

7. Please offer any additional advice regarding community partnership and involvement that could be beneficial to the Head Start Leadership in your city and/or community.
   - *The Head Start leadership do a commendable job of recruiting and maintaining community partners in multiple areas of expertise. My only advice is for them to continue what they have been doing for years.*
   - *We need to advocate for increased rates of reimbursement for NCPK with the legislature to be commensurate with subsidy rates. That would increase the rates from $496 to $696 per child.*

CONSULTANT OBSERVATIONS AND CONCLUSIONS

The community assessment conducted by mano-y-ola for the Macon Program for Progress (MPP) in Macon County, North Carolina, provides insightful data for the Head Start and Early Head Start programs. These observations and conclusions drawn from this study outline some implications for the program's development and intervention strategies.

Macon County exhibits unique demographic and socio-economic characteristics that have direct implications for the services offered by the MPP. The high percentage of foster children enrolled and low homelessness rate suggest the necessity for targeted support to foster families. The prevalence of two- parent families participating in the Head Start program indicates the potential for increased parental engagement efforts.

However, there is a concerning undereducation trend among parents, as indicated by fewer high school graduates compared with state and national averages. To address this, enhancing adult education initiatives may offer significant benefits, potentially resulting in higher employment and income levels. The need for crisis intervention is overwhelmingly apparent, as nearly all MPP families have needed such services.
Access to dental care and oral health education are notable issues that need immediate attention. A robust health and wellness education program, coupled with initiatives to increase affordable dental care, are recommended to counter these problems.

Demographic shifts in the county have important implications for program planning and delivery. The significant increases in Hispanic/Latino and multiracial populations suggest the need for culturally responsive services and education that respect and reflect this diversity.

Income disparities are evident, with Macon County exhibiting lower household and per capita income levels than state and national averages. Poverty is particularly high among those with less than a high school degree

and among children, indicating the need for economic and educational interventions.

Notably, the digital divide in the county is concerning, with a high percentage of households earning less than $20,000 a year not having an internet subscription. This calls for initiatives to enhance digital access and literacy, especially in low-income households.

Lastly, the percentage of uninsured individuals, particularly children, is relatively high in the county. This suggests that strategies to promote and facilitate access to affordable health insurance should be a priority.

Overall, the findings of the community assessment paint a picture of a community that has significant socio-economic and health care needs. To address these effectively, a multi-pronged approach is required. This approach should include initiatives to improve educational attainment, increase income and employment opportunities, enhance access to health care services, and reduce the digital divide. It should also prioritize the specific needs of diverse demographic groups and those most at risk of poverty and hardship. In conclusion, these findings point to the need for strategic interventions tailored to the specific needs and characteristics of the community. These interventions should aim to empower families, improve access to essential services, and promote economic and social stability.

Key Insights from Year Three

The community assessment continues to paint a picture of the comprehensive needs affecting low-income individuals in Macon County. The community continues to experience significant socioeconomic, healthcare, and education related challenges.

Many families continue to experience economic vulnerability, with significant reliance on public assistance programs such as SNAP, WIC, TANF, and SSI. Poverty rates remain elevated, particularly among households with young children, and income levels fall below statewide averages. At the same time, the region benefits from a network of strong community partnerships, including food assistance organizations, faith-based groups, and cooperative extension programs that help stabilize families during times of financial stress.

Expanding access to affordable, high-quality childcare was already identified as a need by Macon County residents during the survey process, and this need has become even more urgent due to the recent closure of two childcare centers in the community. Macon Program for Progress has prioritized increasing private-pay childcare slots as a strategy to address the county's childcare challenges

Health and dental care access continues to present challenges, especially in rural counties with limited provider availability. While most enrolled children have a dental home and receive preventive care, families still face barriers related to transportation, cost, and provider shortages. Despite these barriers, the region benefits from local health departments, Blue Ridge Health, and family resource organizations that support preventive care, immunizations, wellness education, and care coordination.

Developmental and behavioral needs are prominent across the region, aligning with statewide and national trends. MPP's strong screening system has resulted in consistent identification of children eligible for IEPs and IFSPs. Provider shortages — particularly in speech, occupational therapy, and behavioral health — continue to delay evaluations and services. However, the area is supported by CDSA Early Intervention services, public school Exceptional Children programs, and Appalachian Community Services, all of which contribute to early identification and intervention.

Demographic shifts show increasing Hispanic/Latino and multiracial populations across several counties. This growth adds cultural and linguistic diversity to the region and highlights the need for bilingual communication,

culturally responsive services, and community engagement efforts. Many families benefit from strong cultural networks, faith-based communities, and extended family support that reinforce stability and resilience.

Macon County continues to face a severe shortage of affordable housing for both ownership and rental. Rising rental costs further strain families who are already cost-burdened, making safe and stable housing increasingly unaffordable for low-income households.

Quick Glance Resource Chart

HEALTH	
Mission Women & Children	(828) 349-8284
Angel Medical Center	(828) 524-8411
Angel Urgent Care	(828) 369-4427
Mission My Care	(828) 213-4444
Burrell Family and OB Care	(828) 524-0200
Kidz Care Pediatrics	(828) 524-7337
Kevin Foley Pediatrics	(828) 349-6670
Dr. David Oliver – Dental	(828) 349-1469
Macon Health Department	(828) 349-2081
H-Choice, Medicaid, SNAP, Child Support	(828) 349-2124
Smoky Mtn. Pregnancy Care Center	(828) 349-3200
Physician Referral Line	(828) 349-6622
Molar Roller Dental Bus	(828) 349-2488
Carolina West Dental	(828) 452-5656
FAMILY / PARENTING	
Cooperative Extension Office	(828) 349-2046
Family Support Network	(828) 213-0033
Parents As Teachers	(828) 524-4471
Pregnant Mom's Group	(828) 524-4471
Father/Male Involvement	(828) 524-4471
SWCD Circle of Parents/Incredible Years Parenting Class	(828) 586-5561
CHILD CARE SUPPORT	
Southwestern Child Dev.	(828) 586-5561
Child Care Subsidy	(828) 349-2124
Division of Child Development	(800) 859-0829
EMPLOYMENT, JOB TRAINING&VOTING	
NC Works	(828) 369-9534
Board of Elections	(828) 349-2034
EDUCATION	
Macon County Schools	(828) 524-3314
SCC (Macon)	(828) 306-7001
Jackson Family Resource	(828) 586-2845
Western Carolina University	(828) 227-7211
Adult Education	(828) 306-7020
English as Second Language	(828) 339-4262
DISABILITIES & SPECIAL NEEDS	
Vocational Rehabilitation	(828) 349-2124
Children's Developmental Services	(828) 631-3900
Exceptional Children's Assistance	(800) 962-6817
Family Support Network	(828) 631-3900
Macon County Schools	(828) 524-4413
Citizens for Handicapped	(828) 524-5888
Jackson Resource Center	(828) 586-2845
Macon County Dept. on Aging	(828) 349-2058
LITERACY	
Macon Public Library	(828) 524-3600
Nantahala Library	(828) 321-3020
Highlands Hudson Library	(828) 526-3031

FOOD, HEATING & SERVICES	
Care Net	(828) 369-2642
Dept. of Public Health (WIC)	(828) 349-2450
Dept. of Social Services	(828) 349-2124
NC Child Support Enforcement	(800) 992-9457
Cooperative Extension Office	(828) 349-2046
Nutrition Therapy	(828) 349-2455
THRIFT & CONSIGNMENT	
REACH for Bargain Store	(828) 369-2040
Habitat for Humanity	(828) 524-5273
Care Net Thrift Store	(828) 349-9064
Goodwill Store	(828) 349-7494
HOUSING & TRANSPORTATION	
HUD Rental Assistance	(828) 524-4471
Orchard View Apts.	(828) 369-4097
Holly Haven Apts.	(828) 369-0444
Westgate Terrace Apts.	(828) 369-2371
Indigo Apts.	(828) 524-6288
Macon Weatherization	(800) 983-6322
Macon Transit	(828) 349-2222
ALCOHOL & SUBSTANCE ABUSE	
Alcohol Anonymous	(828) 349-4357
Smoky Mountain Center	(828) 586-5501
Narcotics Anonymous	(828) 349-4357
Full Circle Recovery	(828) 475-1920
No Wrong Door for Support and Recovery	(828) 349-3366
COUNSELING & MENTAL HEALTH	
Appalachian Services	(828) 524-9385
Meridian Behavioral Health	(828) 524-6342
Ridgeline Therapeutic	(828) 347-0521
Long Center for Psychology	(828) 524-4110
FAMILY VIOLENCE/CHILD ABUSE/NEGLECT	
REACH of Macon County	(828) 369-5544
KIDS Place	(828) 524-3199
Rape Crisis Center	(866) 935-4783
Dept. of Social Services	(828) 349-2124
EMERGENCIES	**911**
NON-EMERGENCIES	
Franklin Fire & Rescue	(828) 524-2332
Franklin Police	(828) 524-2864
Macon County Sheriff	(828) 349-2104
Macon Courthouse	(828) 349-7200
MEDIA CONTACTS	(828) 684-1340
WNCC Radio	(828) 524-4418
The Franklin Press	(828) 524-2010
WLOS TV Station	(828) 684-1340
The Highlander Newspaper	(828) 526-4114

Data Sources

Federal Data Sources

- U.S. Census Bureau. (2023). *American Community Survey (ACS) 5-Year Estimates*: Demographic, housing, income, and poverty data.
- U.S. Department of Health & Human Services. (2024). *Federal Poverty Guidelines*.
- U.S. Department of Housing and Urban Development (HUD). (2024). *Fair Market Rent (FMR)* and *Point-in-Time (PIT) Count* data.
- Child and Adult Care Food Program (CACFP). (2024). *Program guidelines and nutrition reimbursement data*.

State of North Carolina Data Sources

- North Carolina Department of Health & Human Services (NC DHHS). (2023–2024). *Child welfare data, child abuse/neglect statistics, behavioral health indicators, domestic violence information, and public health reports.*
- North Carolina Division of Child Development and Early Education (DCDEE). (2023–2024). *Licensed child care facility data and regulatory information.*
- North Carolina Department of Public Instruction (NCDPI). (2024). *School enrollment, graduation rates, and dropout statistics.*
- North Carolina Department of Commerce. (2024). *Labor force data, unemployment rates, and occupational wage information.*
- North Carolina Housing Coalition. (2024). *Housing affordability, rent burden, and cost-of-living indicators.*
- NC Pre-K Program. (2024). *Enrollment and program data.*

Local Government & Public Health Data

- Macon County Public Health Department. (2024). *Community Health Assessment (CHA) and local health statistics.*
- Macon County Department of Social Services (DSS). (2024). *Child welfare, foster care, and family support data.*
- Macon County Housing Department. (2024). *Housing rehabilitation, assistance, and emergency support data.*
- Macon County Housing Needs Assessment. (2021). *Local housing availability and affordability analysis.*

- Macon County Law Enforcement. (2024). *Child abuse reporting and public safety data (as referenced in abuse/neglect sections).*

- Macon County Schools. (2024). *Enrollment information, transition-to-kindergarten data, and school readiness insights.*

Regional & Community Organization Data

- Region A Partnership for Children / Smart Start. (2024). *Early childhood supports, childcare availability, and family resource data.*

- Southwestern Child Development. (2024). *Childcare waitlist information and regional early childhood capacity data.*

- Appalachian Community Services (ACS). (2024). *Mental health and behavioral health service information.*

- Blue Ridge Health. (2024). *Primary care, pediatric, dental, and behavioral health services data.*

- MANNA Food Bank. (2024). *Food insecurity, distribution, and hunger statistics.*

- CareNet of Macon County. (2024). *Crisis assistance and food support statistics.*

- United Way of North Carolina. (2023–2024). *ALICE Reports: Cost-of-living, workforce stability, and financial hardship indicators.*

- Annie E. Casey Foundation. (2024). *KIDS COUNT Data Book: Child birth, wellbeing, and demographic indicators.*

- Connections for Abused Women and their Children(CAWC). (2023). *STIGMA AND DOMESTIC VIOLENCE: Incidents of Domestic Violence.*

Internal Program Data (MPP Head Start & Early Head Start)

- MPP Head Start & Early Head Start. (2024–2025). *Program Information Report (PIR) data, enrollment records, disabilities data, health and dental follow-up, nutrition program records, transportation files, and attendance data.*

- MPP Family Needs Assessments. (2024–2025). *Parent-identified strengths, needs, and family characteristics.*

- MPP Parent Surveys. (2024–2025). *Feedback on program services, child/family needs, and community barriers.*

- Head Start and Early Head Start Staff Input. (2024–2025). *Program observations, recruitment challenges, service delivery needs, and community trends.*

- MPP Key Informant Interviews. (2024–2025). *Interviews with schools, DSS, healthcare providers, early childhood organizations, and community partners.*

- MPP Program Records. (2024–2025). *Internal administrative data including home visits, health documentation, nutrition services, staffing and caseloads, and eligibility information.*