Enhancing Quality of Life

In Southern Appalachia

An Asset Based Community Development Planning Report

THE UNIVERSITY of NORTH CAROLINA
GREENSBORO
Center for Housing and Community Studies

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HINTON CENTER
Retreat. Reflect. Renew.

The Hinton Rural Life Center partnered with The University of North Carolina - Greensboro - Center for Housing and Community Studies in a Quality of Life study of Clay, Cherokee, and Towns counties. Drawing upon information from many sources including surveys, focus groups, and interviews, this report may help private and public organizations to work together to develop priorities and plans for community growth.

Thriving communities with opportunities and choices for a better quality of life for all.

Center for Housing and Community Studies

The Center for Housing and Community Studies (CHCS) was incorporated on February 2015 as a university-based research, evaluation, and technical assistance center. We fulfill our research agenda through technical assistance to governmental and nonprofit agencies as well as the preparation of working papers, research notes, and scholarly publications. As part of its mission, the University of North Carolina at Greensboro's Center for Housing and Community Studies is committed to investigating and understanding how the social, economic, environmental and spatial aspects of home and neighborhood affect people's health, well-being, and life course.

We are actively engaged in funded studies of impediments to fair housing, continuum of care for the homeless, housing market trends and market segmentation studies, county and regional community planning, and studies of the impact of housing on health. CHCS currently has a staff consisting of sixteen researchers, assistants, and interns including: two PhD-level research methodologists in Sociology, one PhD candidate in Geography, two MS candidates in Information Systems and Supply Chain Management, three affiliated graduate researchers (Columbia, University of Delaware, and NC State), and eight research assistants working on BAs in Sociology,

Criminology, Geography, Public Health, Religious
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Technical Assistance - Program Evaluation - Community Planning

and Human Development and Family Studies. The Center regularly collaborates with faculty in Geography, Political Science, Public Health, Nursing, Economics, Information Systems and Supply Chain Management, Nutrition, and Communication Studies. CHCS is a member organization in the UNCG Institute for Data, Evaluation, and Analytics (IDEA) and has partnered with the UNCG Center for New North Carolinians (CNNC), the UNCG Center for Youth, Family, and Community Partnerships, the Institute for Community and Economic Engagement (ICEE) on grants and research projects.

The first year of operation saw contracts and grants awarded from the City of High Point, Community Housing Solutions, the Hinton Rural Life Center in Hayesville, NC, the City of Greensboro, the Community Foundation of Greater Greensboro, the Adam Foundation, the U.S. Department of Agriculture, the UNCG Office of Undergraduate Research, and an InvestHealth Grant from the Robert Wood Johnson Foundation and Reinvestment Fund.

The CHCS staff has been working to identify substandard homes, weak housing markets, vacant and abandoned lots and buildings, systemic inequality, and other community conditions that impact the quality of life of residents. Recent projects also include the use of advanced data visualization and mapping. We have conducted HUD Fair Housing Assessments and Analysis of Impediments to Fair Housing Choice, as well as paired-testing studies.

The Center is equipped in many forms of inperson and remote quantitative and qualitative data collection: one-on-one interviews, focus groups, telephone interviews, postal mail surveys, electronic/web-based surveys, and computer-assisted in-person or telephone surveys. We are also able to assist with sample design, questionnaire development, qualitative and quantitative data analysis and reporting, as well

as data mapping. Our team can conduct geospatial modeling and analysis, programming (Python, SQL, JavaScript, SAS, Html and CSS), web services and API configuration, as well as database development and management. We are experienced in the design and implementation of formative and summative program evaluation, AssetBased Community Development, Success Case Method (SCM) evaluation, needs assessment and asset mapping, and housing policy analysis. More about CHCS may be found at

https://chcs.uncg.edu/

Research Team

PI Stephen J. Sills, Ph.D. is an Associate Professor of Sociology and Director of the Center for Housing and Community Studies. He holds a Bachelor's in Spanish from the University of North Carolina Greensboro, and both a Master's and PhD in Sociology from Arizona State University. His primary scholarship focuses on social justice, labor rights, and reducing barriers to immigrant incorporation by ensuring access to fair housing. He has authored scholarly articles on survey research methods, mixedmethodology, and culturally sensitive program evaluation. He is experienced in the development of research protocols for program evaluation, community needs assessment, and demographic analysis. His work on housing opportunities for immigrants and minorities has been featured in the academic and public press and has led to several major studies on fair housing, including the

Piedmont Triad Regional Fair Housing Equity Assessment (FHEA). His work lately has focused on inequalities in the mortgage market, housing market segmentation analysis, urban planning, and redevelopment.

Project Manager Rachel Ryding graduated summa cum laude from the University of North Carolina at Greensboro with a Bachelor's degree in Sociology and a concentration in Criminology. She is now pursuing a Master's degree in Sociology from the University of Delaware and her primary research interests focus on health disparities pertaining to substance use disorders, including: treatment access and outcomes for marginalized groups, the medicalization of drug epidemics, and the manifestation of inequalities and privilege in recovery communities. Rachel has worked with the Center for Housing and Community Studies since 2015, where she has assisted with various projects such as a housing market segmentation study in

High Point, conducting both on the ground and virtual housing assessments in several Greensboro neighborhoods, and serving as project manager for a quality of life study in rural Western NC using the principles of asset-based community development. She also has experience working with collegiate recovery programs on multiple college campuses and her undergraduate honor's thesis focused on the effects of collegiate recovery programs in alleviating barriers to successful re-entry into higher education for students with a history of addiction.

Consultant Mark R. Sills, D.Min. holds a Bachelor's degree in Religion and Philosophy from Greensboro College, a Master's in World Christianity from Duke University, and a Doctorate in Comparative Social Ethics from the Wesley Theological Seminary of American University in Washington, D.C. Mark has over thirty-five years of experience as a non-profit leader and community consultant. He has been a planning consultant for communities stretching from Alaska to Florida, and has conducted community health and human service needs assessments, facilitated long-range strategic plans, and lead program development. Mark is a Certified Cultural Competency Consultant with the Georgetown University Center for Cultural Competency. He is often called upon to conduct seminars and workshops that help health care, human services, law enforcement, educational, and religious professionals improve their capacity for serving refugee and immigrant populations. Mark is the former executive director of the Greensboro Urban Ministry. During his tenure as executive director, Greensboro Urban Ministry opened Greensboro's first homeless shelter for women and families, and first transitional housing program for the homeless. He also opened a yearround night shelter for homeless men. Mark also served twelve years as president of the Human Services Institute and fourteen years as the founding executive director of FaithAction International House in Greensboro, NC.

Research Team

GIS Specialist Meredith DiMattina is working on her Master of Geospatial Information Science and Technology at North Carolina State University. She performs grant-based, community welfare research as part of a multi-disciplinary team. The resulting spatial analyses and web-mapping she produces supports CHCS in fulfilling its mission of researching, evaluating, and providing technical assistance to government and non-profit agencies in the areas of fair housing, homelessness, housing market trends, urbanization, community development, and community health. She has worked as the GIS Transportation Planning Intern II for the City of Greensboro and has also worked as a Clinical Immigration Paralegal at Elon University's School of Law. She serves on the Board of Directors for JUS-NC, an immigrant and refugee resource and assistance program.

GIS Research Assistant Mitchell Byers has recently completed a Bachelors of Arts in Geography focusing on Geographic Information Systems (GIS) and environmental geography. His research interests are focused on human geography as well as environmental impacts from urban environments. He is working currently at the Center for Housing and Community Studies on projects related to mapping condemned and nuisance properties and looking at their correlation with social and economic variables. He is also personally interested in volcanology. He will begin the graduate program in Applied Geography at UNCG in January.

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INTRODUCTION

Introduction

In 2016, The Hinton Rural Life Center in Hayesville, NC, in partnership with a number of community organizations, engaged in a project known as the "Partnering for Change" initiative. The Hinton Center contracted with the Center for Housing and Community Studies (CHCS) at the University of North Carolina at Greensboro to:

1. provide technical assistance to the project;

2. analyze geographic, economic, and demographic data on the region and its inhabitants;

3. conduct focus groups, a multi-modal resident and client survey, and interviews with "key informants" to identify strengths and issues;

4. gather and compile a database of community assets;

5. produce an online GIS map of community assets; and

6. conduct a Community Action Planning session to review findings and brainstorm solutions.

Over the course of 10 months (March 2016 to January 2017) the Hinton Center, The Center for Housing and Community Studies, and community partners examined the quality of life in Clay, Cherokee, and Towns counties. Eleven focus groups, 573 surveys, and 26 interviews were conducted assessing satisfaction in community members' lives regarding physical health, family, education, employment, finances, environment, and more. Contributions were submitted by clients, service providers, community leaders, and citizens to the Community Asset Map in order to identify resources currently available for enhancing the quality of life and to expose gaps in service systems.

The mission of the project was to *identify, collect, and share this data and to build relationships and networks that will enhance collaboration*. The project is intended to establish an interagency collaborative and Community Action Plan (CAP) for the three counties. Ultimately, the goal is to *improve the quality of life for all residents by enhancing opportunities for economic development and by finding ways to solve community concerns.* Through a series of workshops with the "Partnering for Change" executive committee, the initiative developed a vision of the future that would address the issues impacting the community and result eventually in a *"Thriving community with opportunities and choices for a better quality of life for all."* The Community Action Planning (CAP) process resulted in a set of recommendations and 'next steps 'aligned with achieving this vision.

Executive Summary

Project Approach

Our approach to this study was a multi-step multi-modal process that began with documenting and understanding the issues of the community as well identifying the assets available locally to solve these issues. Asset Based Community Development (ABCD) is a communitydriven, empowering, participatory and inclusive, comprehensive approach that focuses on coalition development and capacity-building. Asset-based

Executive Summary

MULTI-STEP DATA COLLECTION PROCESS
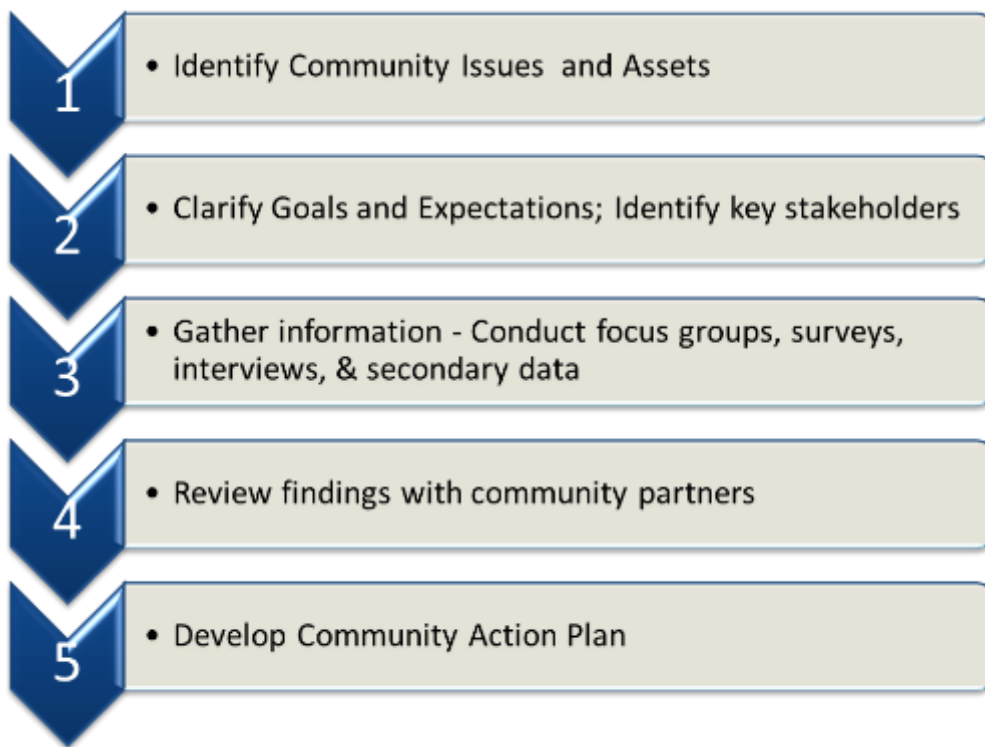
1 • Identify Community Issues and Assets

2 • Clarify Goals and Expectations; Identify key stakeholders

3 • Gather information - Conduct focus groups, surveys, interviews, & secondary data

4 • Review findings with community partners

5 • Develop Community Action Plan

project involved a mixedmethod design including qualitative focus groups to establish the key concerns of different segments of the community, followed by an online and paper survey of residents, and concurrent interviews with keyinformants and community leaders. Review of best practices literatures, compiling of secondary data, Geographic Information Systems (GIS) mapping and analysis, and qualitative analysis of focus groups, community meetings, and key informant interviews was conducted. The participatory pro-

community development is a very productive way of helping to facilitate and coordinate service agencies. ABCD enables a community to see its strengths and weaknesses and create the programs and services needed to help those who need them while highlighting the programs and services the community already offers. Community asset mapping is a common element of the ABCD approach. Community Asset Mapping is the process of identifying potential social, economic and other integral resources within a geographically defined community. Asset mapping reveals and explores the strengths, resources and institutions within a community. More importantly, it draws upon the interconnections among assets; these interconnections reveal ways to access the assets.

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Multi-Step Data Collection Process

Techniques such as surveys, visits, and resident involvement are used commonly in ABCD and have been helpful in this project by enabling us to find resources within both formal and informal networks. This cess for the development of data collection instruments with the "Partnering for Change" leaders allowed for identification of relevant items from the literature as well as obtaining input from members of the community on most important issues. This design provides the greatest validity and reliability. In all, the UNCG-CHCS project team has:

1. Collected secondary data on the region and produced a "snapshot" report on social, economic, and demographic issues;

Issues of Rural Areas

2. Compiled a database of assets and created an online interactive GIS map;

3. Conducted 11 focus groups,;

4. Developed a multi-modal resident and client survey (online and paper, n=573);

5. Conduct telephone interviews with 26 "key informants"

6. Provided three training workshops; and

7. Conducted a day-long Community Action Planning retreat.

The Quality of Life Study Area

The Quality of Life Study area is comprised of three mountainous counties in southwestern North Carolina and northwestern Georgia: Cherokee County (NC), Clay County (NC), and Towns County (GA). They are large, sparsely populated and very rural. The area is home to an estimated 48,442 people. Nearly half the population is below or above working age, thus being 'carried' by those within the 1864 range. Population densities are low throughout the region ranging from 6 per square mile in Beaverdam Township to as much as 140 per square mile in Young Harris. The racial composition of the area is 94.56% Non-Hispanic White. About 20% of individuals were below the poverty line in 2015. The highest concentrations of families in poverty were in

Hothouse Township in Cherokee County, and Hayesville and Shooting Creek Townships in Clay County.

There was a very high rate of home vacancy (estimated at 41.26%) in 2014, compared to 14.66% in the state of North Carolina. The housing market is sluggish with only 530 home loans originated in this area in 2014. An estimated 20.33% or 3,944 households rented their home. Median gross rent for rental units with cash rent in this area ranged from $653 to $680. Most of the housing stock is comprised of single family detached homes (75.2%). Mobile/ Manufactured homes account for a sizeable amount of housing (19.7%). It is notable that while new mobile homes are better built, these homes in general have a poor reputation.

Issues of Rural Areas

Using the USDA's 9-point Rural - Urban Continuum Code, for every one point increase in rurality, there is a corresponding 3.3% increase in unmet need for behavioral health services in that

county. Place has the power to contextualize and influence health just like any other social condition. A particular area of concern in rural areas today is Opiate addiction. Opiate pain medications are prescribed at greater rates, leading to greater availability of these drugs in rural areas. Typically rural populations are older on average than urban populations, and older populations tend to have more health issues, go to the doctor more, and get prescribed these kinds of medications more frequently to manage chronic pain issues. Out-migration of upwardly mobile young adults from rural areas creates an aggregation of young adults at higher risk for drug use. Tight kinship and social networks allow for quicker distribution of non-medical prescription opioids among those at risk. Increasing economic deprivation and unemployment create a stressful environment that places individuals at greater risk of use. Rural areas are often characterized by low educational attainment, poverty, unemployment, high-risk behaviors, and isolation, all of which function as risk factors for substance abuse. There are multiple community-level barriers to recovery in rural areas:

1. Less access to treatment services

2. Less access to professional support

3. Less access to peer support

4. Greater problems maintaining confidentiality and anonymity when seeking treatment

Identifying Effective Institutions

In general, informants agreed that the public schools are effective and that they play a very significant role within the community that goes far beyond merely providing a basic education for students. Informants in Clay and Cherokee counties were especially enthusiastic about the quality of the schools and the degree to which schools are equipped to respond to the needs of their students. In discussions of effective community resources and institutions, many focus group participants mentioned the local churches. Churches in the area seem to play a huge role in offering formal and informal supports for residents of the three counties who are in need, and do quite a bit to help those who might fall through the cracks. It was also revealed that many people will go to their church for assistance with an issue before going to the Department of Social Services or any other governmental organization. Churches were mostly credited with ensuring locals had access to enough food resources in the form of food pantries and community dinners.

Social Ties and Cohesion

There was agreement concerning the role people play in having a great quality of life. More than 80 percent of the key informants mentioned that the area is filled with good, friendly people who are quick to respond when needs are made known. More than one informant used the term "Southern hospitality" to describe the way people relate to one another in this area.

Overall, the impression was that residents in this community rarely let a severe need go unmet if they are aware of it.

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Attitudinal Issues

One common aspect of the selfreliance attitude that was mentioned by several of the key informants is that of "making do." People who have had very little in the way of material resources have developed a pattern of "making do" with what they have. While this may be a positive coping skill in hard times, it also can become such a deep set mindset that people do not utilize resources that are available to help them improve their lives. Some may even reject efforts that would be very beneficial to them. This attitude can also have a negative effect for employers since, according to several key informants, some people in this region will simply quit a job without notice whenever anything happens that they do not like. The resistance to change, in the minds of many of the key informants, is one of the largest threats to maintaining a positive quality of life over the long-haul. A resistance to

IDENTIFYING EFFECTIVE INSTITUTIONS

SUBSTANCE ABUSE AND MENTAL HEALTH ISSUES

change was described at the level of both individual community members and county leadership. There were also descriptions of rampant generational poverty that many providers linked to deep-seated attitudes of entitlement and a lack of pride in some of the younger generations. Finally, several key informants mentioned that ethnic and cultural minorities in the area are not integrated into the social mainstream because it is made clear in both subtle and overt ways that they are not welcome. Two informants mentioned that this social exclusion extends to the LBGTQ population as well. "Fear of difference," as one key informant described it, prevents the region from attracting tourists and potential investors who could greatly enhance the quality of life and sustainability of the region in the long-term.

Substance Abuse and Mental Health Issues

The second most mentioned negative issue was substance abuse. Approximately seventy percent of informants mentioned this as a significant and growing problem that affects quality of life for the entire community. The lack of treatment services for substance abuse carries over into a general shortage of services for mental health and behavioral health needs. The public schools have only minimal counseling services. Residents of all three counties have to drive out of county in order to find mental or behavioral health services. This makes it difficult if for many of those most in need of help. The presence and persistence of a drug problem here was directly tied to the employability of native residents and the impact of new industry on the community.

Lack of Jobs Paying a Living Wage

Residents discussed in great detail the lack of jobs paying a living wage in the community. This contributed greatly to the brain drain phenomenon as well as the dependence upon social services. For many locals, not working and drawing unemployment or disability payments allows them to make a better living than working when the only available jobs are minimum wage with minimal to no benefits. Those who do work often don't make enough of an income to survive without dependence upon other organizations such as the local food pantries. Since a big portion of the local economy is seasonal and focused on tourism, many people can only find employment part of the year and have to work multiple jobs in order to make it through the year. Residents also agreed, however, that a decent percentage of people who grew up here and moved away to pursue better job opportunities and raise a family eventually move back to retire.

Transportation

Transportation in these counties was extremely limited. There were some daytime, weekday transit services available for a fee, but this was not reported to be very useful to residents who worked or needed to travel across the county. Reliable and more convenient transportation

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was cited as one of the greatest deficits in those focus groups that contained people who worked with the shelters and those that had members experiencing homelessness. Transportation to medical appointments also provided a barrier in access to care. Someone who has to travel for a medical appointment would have no easy way to get there. The time spent traveling to get to appointments with specialists means that a person would have to take a substantial amount of time away from work in order to receive care.

Healthcare Access

Most focus group participants agree that there are good doctors practicing in the area, especially primary care doctors. However, there were not always enough specialists in the area. Two families with young children reported having to travel to another county to see a pediatrician. People spoke often of driving to Gainesville or Atlanta in order to receive specialist care. Those with Medicaid also struggled to find

care, because they sometimes had to travel further to find a provider who would accept their insurance. Many residents struggled with insurance at all, because of the lack of employers in the area that were large enough to provide insurance benefits to employees. Those who fall through the cracks end up using the ER because they don't have to pay upfront to receive care.

Food Insecurity and Food Access

The major grocery store, Ingles, in Clay County was very expensive and seemed to cater more to the tourists and outsiders than the locals. "That's why you see all those people lining up at the food pantries. Because, you know, have you been to the grocery store lately?" There seemed to be a substantial portion of the population who made too much money to qualify for enough food stamps; many elderly who lived on fixed incomes were reportedly receiving between $16 and $20 a month in food stamps. But for

these populations, their income was not actually enough to be able to afford to buy enough food from the local stores. "We're impoverished," stated another provider. "Every child in Cherokee County qualifies for free meals and that tells you something."

Shortage of Affordable Housing

The shortage of affordable housing has many causes according to the key informants. A lack of public funding keeps subsidized housing quite limited. Limited or lacking inspection and enforcement of building codes allows the existing stock of housing to be allowed to deteriorate over time. Finally, the stock of subsidized housing that exists has full occupancy and long waiting lists in all three counties. The quality of housing was linked to health problems, especially in isolated elderly populations with a fixed income. People who went out into homes described living situations with no insulation, no plumbing, and no electricity,

homes that would have been condemned in cities with efficient code enforcement

Sustainability Issues

Most of those sharing this concern said that the future wellbeing of the region is being put at risk by policies that prevent both the amount and

kind of economic development that will be required for on-going success. Of particular concern was maintaining the pristine natural beauty of the region while en-
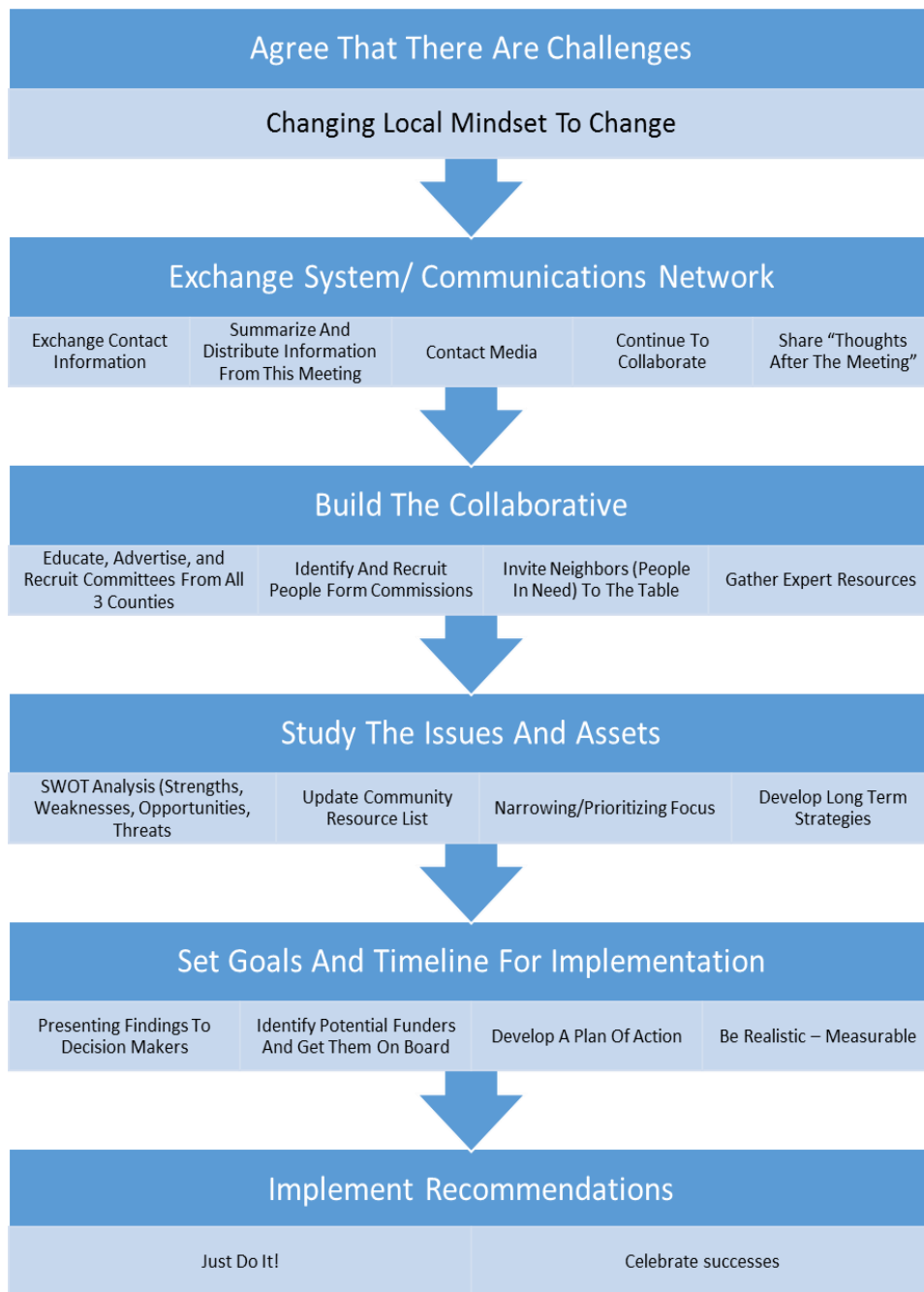
SHORTAGE OF AFFORDABLE HOUSING

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gaging in expansion and improvement of infrastructure.

Preliminary Chairs for each of these task forces were identified as well as potential members. Additional members who are ex-

Conclusions

Based on the recommendations from the community, the next stage will begin with acknowledging the challenges and agreeing to address them. Next, a communications network needs to be developed in order to share knowledge and information. Afterwards, the collaborative will need to grow, recruiting members from all sectors and each county. CAP participants indicated the need for further studying and refining the issues contained herein. Next, there will be a need to set clear and measurable goals for implementation and funding for that implementation. Finally, implement the recommendations and celebrate each success. To facilitate the next steps, preliminary task forces were identified: Substance Abuse, Technology, Education, Transportation, Children's Issues, Economic Opportunity, and Housing.

Agree That There Are Challenges
Changing Local Mindset To Change

Exchange System/ Communications Network

Exchange Contact Information	Summarize And Distribute Information From This Meeting	Contact Media	Continue To Collaborate	Share "Thoughts After The Meeting"

Build The Collaborative

Educate, Advertise, and Recruit Committees From All 3 Counties	Identify And Recruit People Form Commissions	Invite Neighbors (People In Need) To The Table	Gather Expert Resources

Study The Issues And Assets

SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats)	Update Community Resource List	Narrowing/Prioritizing Focus	Develop Long Term Strategies

Set Goals And Timeline For Implementation

Presenting Findings To Decision Makers	Identify Potential Funders And Get Them On Board	Develop A Plan Of Action	Be Realistic – Measurable

Implement Recommendations

Just Do It!	Celebrate successes

Recommendations

pert in each of these areas should be sought. Chairs may

The UNCG-CHCS Team also re- to achieve the vision. These recommendations tackle underlying causal issues: Lack of Economic Opportunity, Health Disparity/Substance Abuse, and Housing. It is our understanding that if these underlying issues were addressed first, then other issues such as with children and foster care, the elderly, food insecurity, transportation, technology, etc. will improve also.

Economic Development

- Create inter- and intracounty/municipality partnerships to leverage the resources of each of the towns and counties.

- A priority for this consortium will be to hire an economic development officer who serves the region's interests and not that of one county or municipality over the other.

- Local governments and businesses should adequately fund and support this consortium.

change as the composition of the committees becomes more institutionalized.

- Expand business community and political support for coordinated economic development.

- Create a business retention and expansion program after conducting a full economic market analysis.

- One clear area of expansion should be tourism.

- Diversify local economic activity in off-season may include a focus on the Science, Technology, Engineering and Math (STEM) Economy.

- Raise private donor and grant funding to encourage entrepreneurial activity through incubator projects, micro business development, and low-interest lending.

- Bolstering the agricultural sector by organizing farmers' markets and community supported agriculture (CSA) .

- Build shared-used commercial kitchens and

viewed the literature for 'best practices' and developed a set of recommendations that will help licensing programs to allow local producers extend local produce.

- Encourage local restaurants to partner with farmers to create farm-to-table pipeline.

RECOMMENDATIONS

- Conduct a regional "buy local" campaign.

- Participation in regional agricultural alliances.

- Create workforce development and entrepreneurship programs that link k-12, community college, and economic development together to stem the 'brain drain'

- Address unemployment, seasonal employment, and low wage part-time employment

- Recognize addiction as a work-force readiness issue.

- Continue current downtown revitalization programs tapping all

Federal and State Programs available.

- Document the impact of economic development through a set of 5-7 Economic Indicators to be tracked over time

Rural Healthcare, Behavioral Health and Substance Use

- Rural addiction and substance use above all should be seen as public health issue

- Conduct aggressive outreach to medical providers to review of prescribing practices.

- Harm Reduction intervention teams providing needle exchange and rapidresponse to overdoses should be regionally coordinated and include a broadbased community coalition of healthcare, first responders, and social workers.

- Fire, EMT, Law Enforcement and Medical Community

- Mental health services should be greatly expanded.

- Access to other medical specialists should be increased by creative use of shared/ travelling/and tele-staffing.

- 5-7 Health Indicators should be developed and tracked over time.

Affordable Housing

- Comprehensive housing policy and minimum housing standards should be adopted

Rural Healthcare, Behavioral Health and Substance Use

rather than criminal justice issue.

- Public health intervention must be multipart and include: Prevention, Diversion, Deterrence, Harm Reduction, Detox/Rehab, and Long -term Recovery services.

- Develop a prevention program for the schools and community on the danger of OxyContin and other prescription medications.

should have access to Naloxone/Narcan and be trained on its quick and appropriate use.

- Medication disposal boxes should be located outside of pharmacies, grocery stores, and public libraries rather than in front of the police station.

- Address local need for detox facilities, substance abuse recovery programs, and the lack of long-term recovery support.

and enforced.

- Develop more affordable rental housing options.

- High density, mixed use developments within the townships should be considered and should match the architectural characteristics of the area.

- Foreclosure prevention programs should also be increased, especially for elderly

- New housing options need to be considered as workforce growth occurs anticipating future need, rather than waiting for further housing demand to outstrip supply

- Address the shortage of services for homelessness.

- A set of 5-7 Housing Indicators to track over time will be needed to gauge success and direct funding.

Background
Introduction

In 2016, The Hinton Rural Life Center in Hayesville, NC, in partnership with a number of community organizations, engaged in a project known as the "Partnering for Change" initiative. The Hinton Center contracted with the Center for Housing and Community Studies (CHCS) at the University of North Carolina at Greensboro to:

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This report summarizes the findings of the data collection, five community visits, and an all -day retreat that produced preliminary task forces for the community identified areas of: Substance Use, Technology Enhancement, Educational Improvement, Transportation, Housing, Children's Issues,

and Lack Of Economic Opportunity This planning workshop also helped the community to define priorities and develop "next steps" for the initiative.

lacks adequate opportunities for success." Similar to the CHCS study, the goal was to identify assets and build upon existing capacities, not just to identify needs and gaps in services.

average wages for similar jobs; fewer working adults per capita; and slower population growth than in other parts of the state. Dr. Sills' report concluded that the capacity to work for many

Background

Increasing Economic Opportunity Report 1998

In 1998, Dr. Mark R. Sills conducted one of the first and only assessments of community need sponsored by the Roman Catholic Office of Justice and Peace entitled "Increasing Economic Opportunity in Western North Carolina." The focus of his study was on increasing economic opportunity, and the report was aimed at a concern that "people cannot succeed if the system

After secondary data analysis, interviews, community meetings, and telephone surveys, Dr. Sills found that there were simply not enough jobs and especially not enough jobs paying a living wage. Wages were 30% lower than the state average at the time. There was an expectation of further decline in the number of living wage jobs due to: lower than average levels of adult education; lower than

people was impaired by: limited education levels of workforce; few opportunities for work-force training; few quality child care resources; transportation issues; other basic issues with needs such as health, housing, nutrition; and finally attitudinal issues like trust and a culture of "making do."
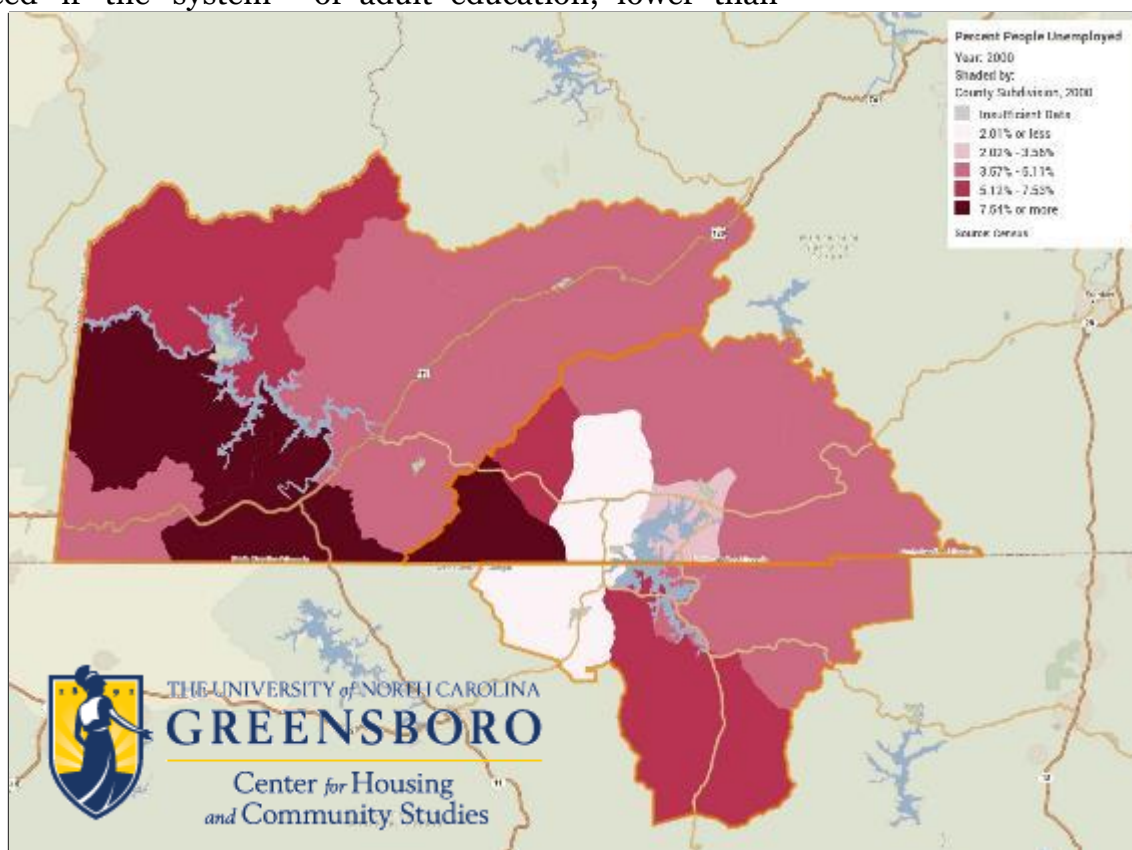
Community Snapshot of Southern Appalachia

For the first time this decade, the number of people living in rural America held steady, and government analysts think the curtain might be closing on a protracted period of rural population loss.

Defining Rurality

There is no true consensus on a consistent, operational definition of rural, in the research community. Often, people hold an inherent assumption of the qualities that constitute rurality and its meaning is taken for granted. Lutfiyya et al. (2012) argued that regardless of how rural is specifically conceptualized and operationalized from study to study, it still tends to have a significant impact on health outcomes and other aspects related to quality of life. This kind of blanket assessment of rural is still problematic as ways of defining rural can have policy implications, and lack of a consistent definition and assumed meaning of the term "rural" can lead to disparate application of resources and potential implementation of programs where they may not be most effectively utilized.

At the federal level, there are two systems that are typically used to define urban and rural areas. The first is the U.S. Census Bureau, which separates territory in the U.S. into urban and rural designations based on population density in smaller geographic blocks. The second is the Office of Management and Budget (OMB), which designates urban centers and their surrounding counties as either metropolitan or nonmetropolitan based on the population density of the urban center (Isserman, 2005). Depending on the system used, the percent of the population considered to be rural can vary greatly. One cross tabulation of the U.S. Census and OMB definitions found a high degree of overlap. 72% of the population resided in a metropolitan and urban area, 7% in a non-metropolitan and urban area, 11% in a metropolitan and rural area, and 10% in a nonmetropolitan and rural area (Hart, Larson, and Lishner, 2005). This is problematic, because depending on the system used, the rural population can vary by up to 18%. Studies using either of these designations to indicate a rural population need to specify which system they are
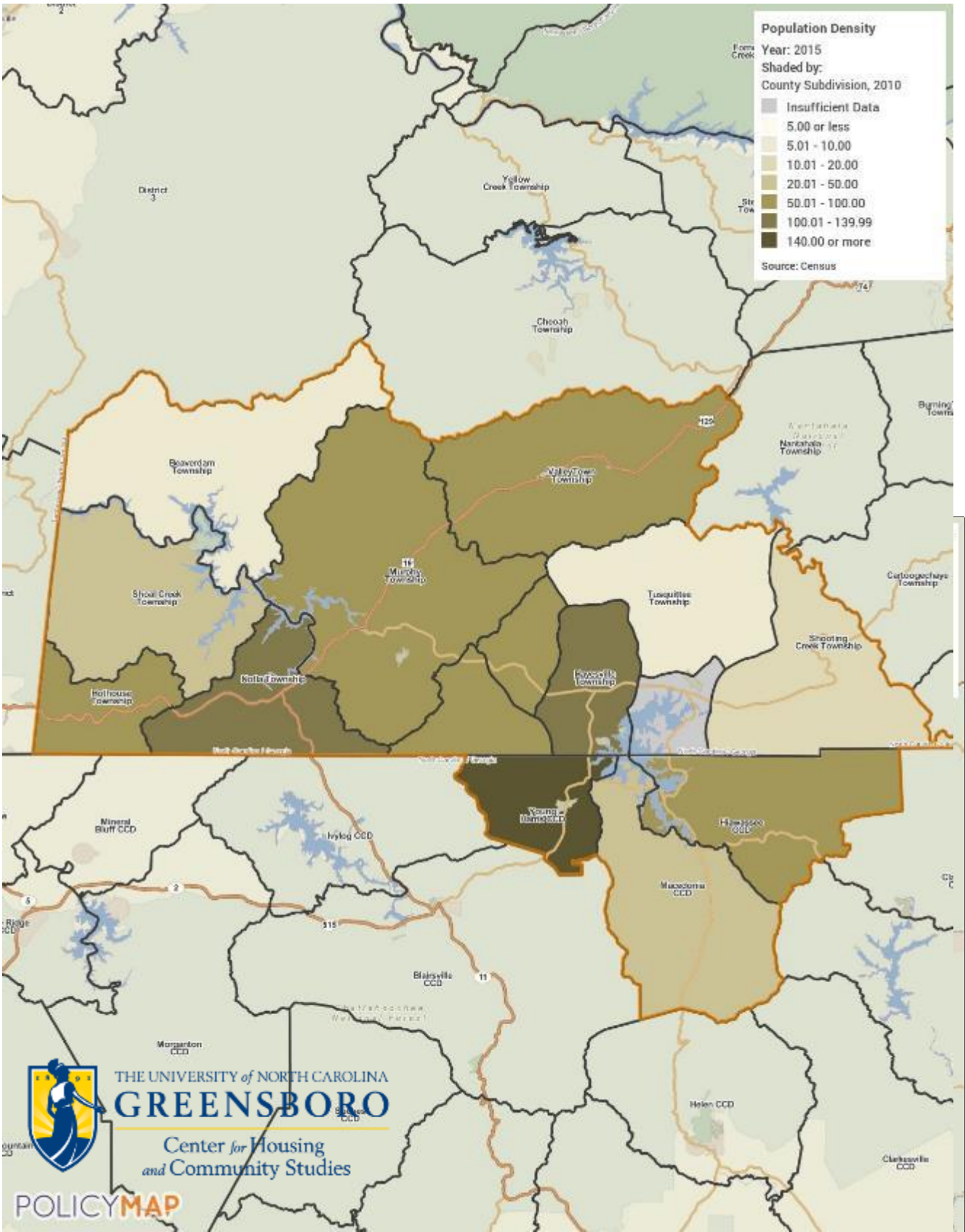
Steven Johnson

Is the Rural Population Decline Ending?

Community Snapshot of Southern Appalachia
DEFINING RURALITY

Community Snapshot of Southern Appalachia

DEFINING RURALITY

using in order to ensure comparable results.

This focus on rural versus urban or metropolitan versus nonmetropolitan presents its own dangers, as it encourages conceptualizing rural-urban distinctions as a dichotomy. A rural-urban dichotomy, while certainly simpler, increases the tendency of thinking of rural communities as static, homogenous units rather than recognizing the enormous heterogeneity within the classification of rural. One solution to the problem presented by the use of a dichotomous categorization of rural and non-rural is to make use of the United States Department of

Agriculture (USDA) RuralUrban Continuum Code. This is a 9-point scale that incorporates elements of the Census and OMB classification schemes in order to designate increasing rurality, where 1 designates the counties in metropolitan areas with populations of one million or more, and 9 designates completely rural areas with

populations of less than 2,500 that are not adjacent to a metropolitan area (United States Department of Agriculture, 2016). Such scales of rurality may be better indicators than the basic rural-urban or metrononmetropolitan dichotomy.

Of course, so far this only encapsulates rurality as a primarily geographical and demographic category, based on proximity to urban centers and population densities. We make the argument that rurality is not only a geographic condition, but also a social condition with defining characteristics.

Link and Phelan (1995) defined social conditions as those "factors that involve a person's relationships to other people" (p.81). So a thorough definition of rural as a social condition must not only include the social and demographic characteristics associated with the populations living in these places, but also include a discussion of the role of rural locales in influencing the social conditions of their residents and how the relationships of people are affected.

Earlier studies of the key characteristics of rural areas identified a certain set of values:

Population change by metro/nonmetro residence, 1976-2015
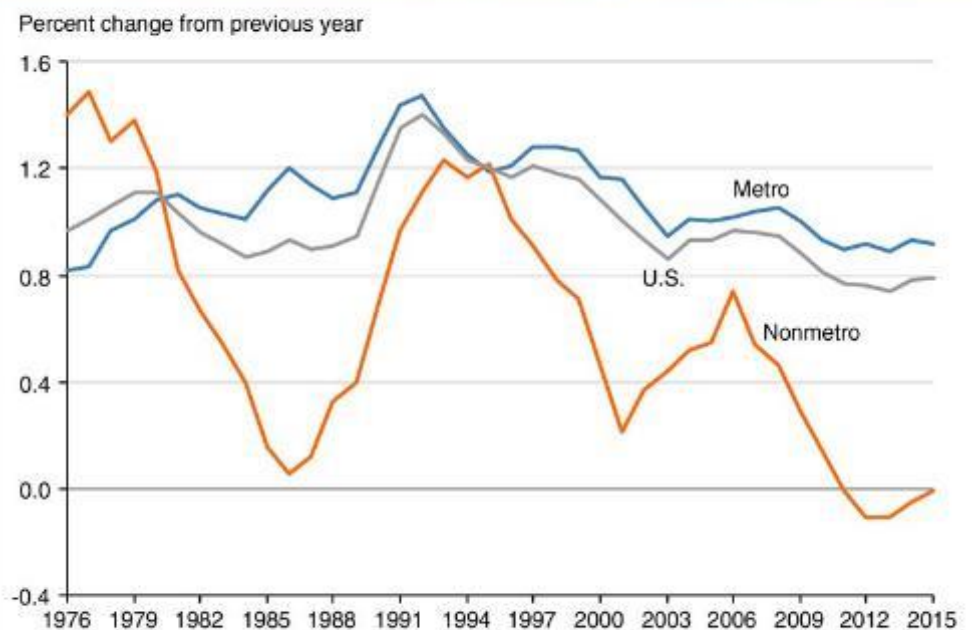
Source: USDA, Economic Research Service using data from U.S. Census Bureau, county population estimates.

individualism, traditionalism, familism, fatalism, and person-centered relationships (Rogers and

DEFINING RURALITY

Burdge, 1972). Rural values, in addition to their emphasis on primary relationships, also incorporate a rigid social structure that often opposes the introduction of new ideas and processes that might bring about change (Reynolds, Banks, and Murphree, 1976). Rural areas are also characterized by lower educational attainment and what has been dubbed the "rural brain drain", or the process in which younger, more educated residents move to more urban areas in order to pursue better opportunities. This also leads to higher dependency ratios in rural areas (File and Kominski, 2009); the dependency ratio is the ratio of those who are not in the labor force (typically ages 0-14 and 65 and up) to those who are in the labor force (ages 15-64) in a population. Higher dependency ratios have the capacity to place greater strain on the productive adults in a population. Rural employment has started to recover from its recessionary low, yet the rural poverty rate in estimated at 18.1 percent, 3 percent higher than urban areas, and recovering much more slowly.

What is the consequence of the components of rurality? Rurality

U.S. employment, metro and nonmetro areas, 2007-15 (quarterly)

Employment, index (2008 Q1=100)
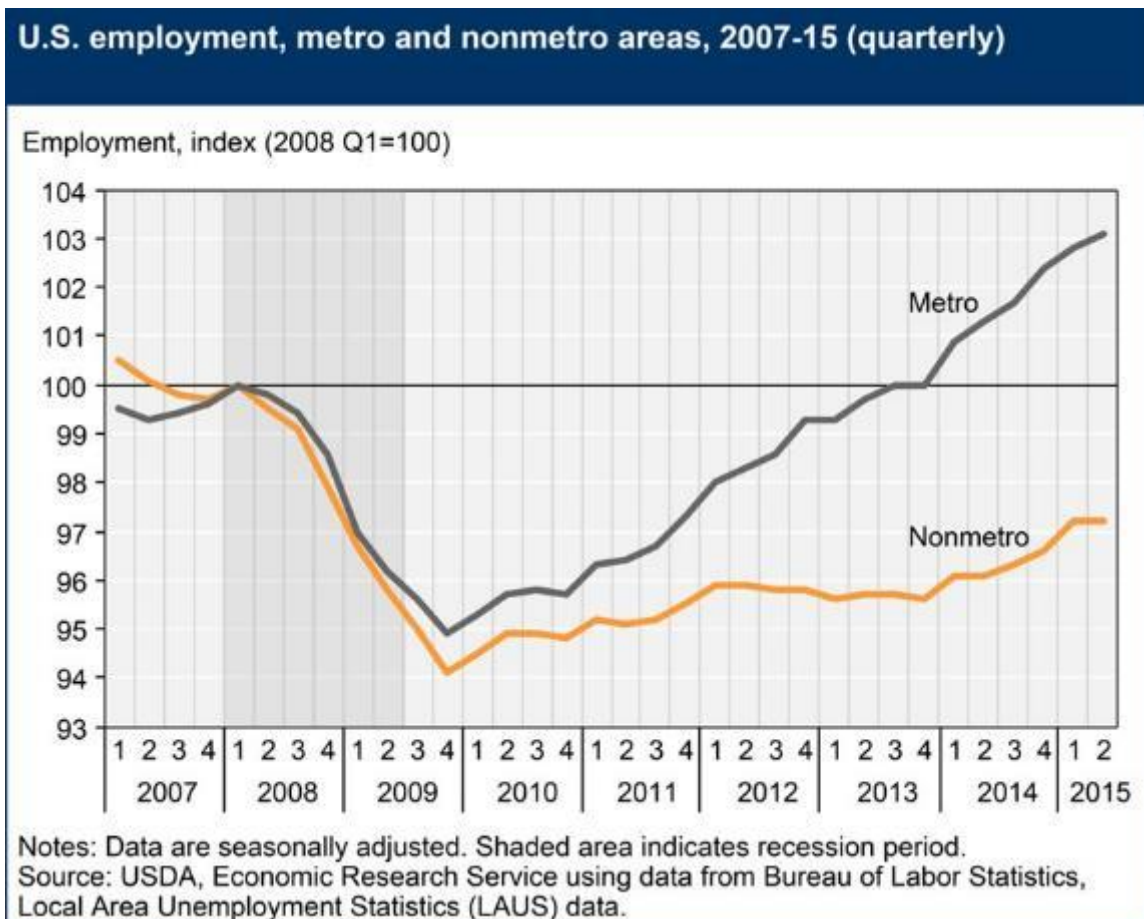
Notes: Data are seasonally adjusted. Shaded area indicates recession period.
Source: USDA, Economic Research Service using data from Bureau of Labor Statistics, Local Area Unemployment Statistics (LAUS) data.

is a multifaceted variable that contains a combination of geographic, demographic, and sociocultural characteristics. The shape of rurality is still shifting as economic and demographic components continue to change, which necessitates that closer attention be paid to this social condition so that future conceptualizations of rurality can take

Community Snapshot of Southern Appalachia

SOCIAL, ECONOMIC, AND DEMOGRAPHIC CHARACTERISTICS

Social, Economic, and Demographic Characteristics

The Quality of Life Study area is comprised of three mountainous counties in southwestern North Carolina and northwestern Georgia: Cherokee County (NC), Clay County (NC), and Towns County (GA). They are large, sparsely populated and very rural. Included in this

Map, US Census, 2010-2014 American Community Survey, CMS, BLS, Health Resources & Services Administration, NACo, the National Center for Educational Statistics, Walkability Score, Trip Advisor, NCSCHS, and the DEA.

Population

The Quality of Life Study area is

26.36% are 65 years and older. In other words, nearly half the population is below or above working age, thus being 'carried' by those within the 18-64 range.

Population densities are low throughout the region ranging from 6 per square mile in Beaverdam Township to as much as 140 per square mile in Young Harris.

The racial

Population	2010-2014	% change from 2000
Quality of Life Study area	48,442	14.27%
Cherokee County	27,156	11.76%
Clay County	10,616	20.98%
Towns County	10,670	14.5%
Georgia	9,907,756	21.03%
North Carolina	9,750,405	21.13%

"community snapshot" are residential demographics, social indicators, economic conditions, and health profiles for each of the three counties. Data Sources for this snapshot include: Policy

home to an estimated 48,442 people. Of the people living in the area, 4.9% are under five years old, 18.13% under 18 years old, 55.52% are between 18 and 64 years old (working aged), and

composition of the area is 94.56% Non-Hispanic White, 1.3% African American, 2.62% Hispanic, 0.23% Asian, 1.31% American Indian, 0.96% are of "some other race", and

Community Snapshot of Southern Appalachia

1.63% are of two or more races. Compared to other the rest of North Carolina and Georgia (which is about 69% NonHispanic White, 22% African American, and 8.4% Hispanic), the area lacks ethnic diversity. About 1,395 people or 2.88% of the population living in this area were "foreign born."

The average size of a household in this area ranged from 2.29 to 2.54 between 2010-2014: 2.54 (Cherokee), 2.42 (Clay), as com-

POVERTY

Community Snapshot of Southern Appalachia

POVERTY
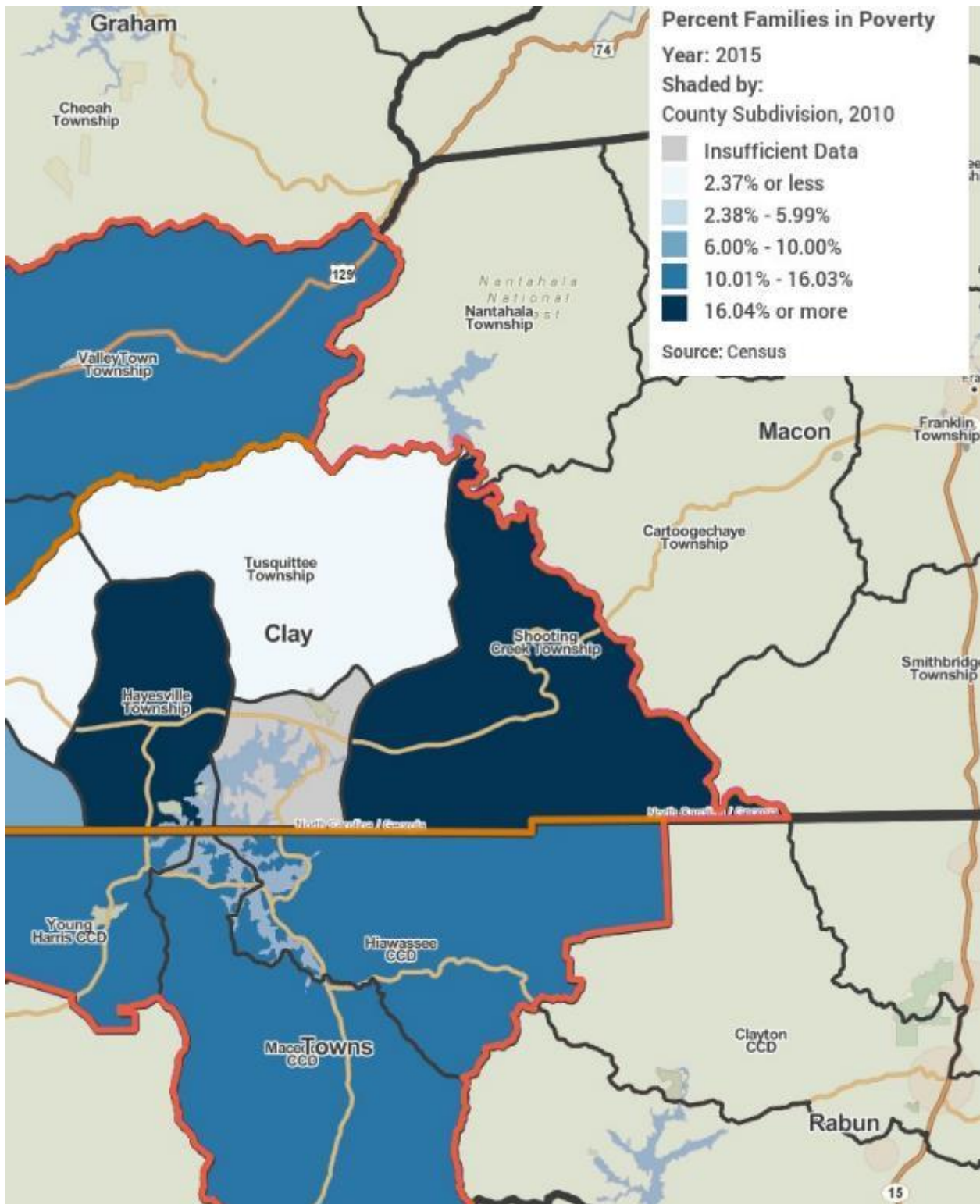
pared to 2.54 (North Carolina) and 2.29 (Towns), as compare to

Housing Stock

The housing market is sluggish with only 530 home loans
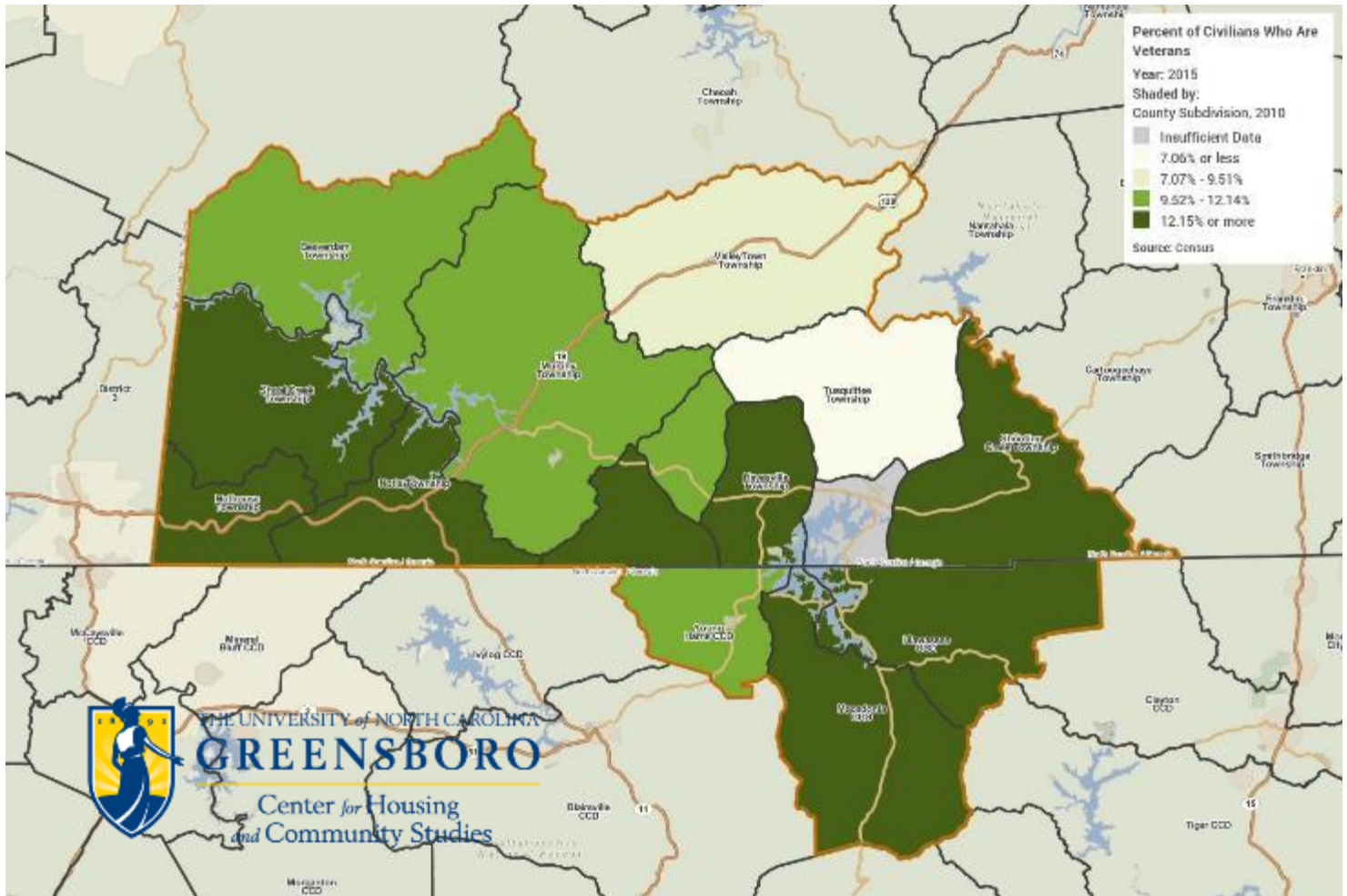
2.72 (Georgia).

About 20% of individuals fell below the poverty line in 2015. The highest concentrations of families in poverty were in Hothouse Township in Cherokee County, and Hayesville and Shooting Creek Townships in Clay County .

Across the area, an estimated 81.47% or 15,603 households owned their home. There were an estimated 32,607 housing units in the study area. There was a very high rate of home vacancy (estimated at 41.26%) in 2014, compared to 14.66% in the state of North Carolina.

originated in this area in 2014. This area saw 54.53% of its loans originated for the purpose of purchasing a home and 45.47% for refinancing that year. The typical loan originated for the purchase of a home ranged from $122,000 to $129,500. There were 39 loans originated for manufactured housing,

Community Snapshot of Southern Appalachia

representing 6.85% of the total
loan activity.

SOCIAL, ECONOMIC, AND DEMOGRAPHIC CHARACTERISTICS

Housing Stock	Number of Units	Percent of Units
Single family detached homes	24,519	75.2%
Single family attached homes	186	0.57%
Two-unit homes and duplexes	213	0.65%
Apartments	1,246	3.82%
Mobile/Manufactured homes	6427	19.71%
Other	16	0.05%

A little more than a quarter (26.3%) of home purchase loans originated were governmentinsured. High cost loans accounted for 14.15% of all loans, compared to 8.87% of loans in North Carolina.

Across the area, an estimated 20.33% or 3,944 households rented their home. Median gross rent for rental units with cash rent in this area ranged from $653 to $680. According to the U.S. Census' ACS, 1,598 renters in this area were cost burdened (paying more than 30% of their income towards rent) between 2011-2015. Of those renters, 23.53% were over the age of 65. Additionally,

Community Snapshot of Southern Appalachia

71.96% of cost burdened renters earned less than $20,000 between 2011-2015.

Most of the housing stock is comprised of single family detached homes (75.2%). Mobile/ Manufactured homes account for a sizeable amount of housing (19.7%). It is notable that while new mobile homes are better built, these homes in general have a poor reputation. Starting in the 1960s, there were serious issues with shoddy construction, highly flammable materials, being susceptible to tornados, and often located on poor building sites, and conditions of housing so deplorable as to present long-term health hazards for tenants.

Community Snapshot of Southern Appalachia

CLAY COUNTY, NORTH CAROLINA

THE UNIVERSITY of NORTH CAROLINA
GREENSBORO
Center for Housing and Community Studies

KEY FACTS

11,057 Population

4,856 Households

51.4 Median Age

$31,108 Median Disposable Income

INCOME

$37,021 Median Household Income

$22,672 Per Capita Income

$80,841 Median Net Worth

EMPLOYMENT

58% White Collar

21% Blue Collar

21% Services

10.5% Unemployment Rate

HOUSING STATS

$166,174 Median Home Value

$5,405 Average Spent on Mortgage & Basics

$495 Median Contract Rent

ANNUAL HOUSEHOLD SPENDING

$1,270 Apparel & Services

$95 Computers & Hardware

$2,040 Eating Out

$3,655 Groceries

$4,350 Health Care

Demographics

Clay County, NC, had a population of 11,057 residents as of current US Census estimates. Though it is a non-metropolitan county, it has experienced a 20.98% population increase since 2000. The median age is

51.4 years old. Nearly a third of

Economy

this population is 65 or older.

The median household income

The largest cohort in the age structure is 65-69 year old males. The population is 97.2% white and 2.8% Hispanic. All tee other race/ethnic groups were less than 1%. There is little eth-

is $37,021 with an average per capita income of $22,672. In- comes were highest in Tusquit- tee Township and lowest in Brass Town and Shooting Creek Townships.

mmunity Snapshot of Southern Appalachia

nic diversity in Clay.

CLAY COUNTY, NORTH CAROLINA

Households By Income

This area
The largest group: $50,000 - $74,999 (19.7%)
The smallest group: $200,000+ (1.1%)

Indicator	Value	Difference
<$15,000	16.8%	+1.7%
$15,000 - $24,999	15.9%	-0.4%
$25,000 - $34,999	13.6%	+1.4%
$35,000 - $49,999	16.9%	+2.1%
$50,000 - $74,999	19.7%	+2.6%
$75,000 - $99,999	8.5%	-3.8%
$100,000 - $149,999	5.4%	-3.0%
$150,000 - $199,999	2.0%	+0.1%

Average Household Size

This area
for this area

2.16 which is less than the average for United States

Area	Value	0.00	4.00
Habersham County	2.65		
Georgia	2.65		
United States	2.59		
White County	2.52		
North Carolina	2.50		

EDUCATION

11% No High School Diploma

36% High School Graduate

30% Some College

23% Bachelor's/Grad/Prof Degree

INTERNET ACCESS

69% Use Computer

41% Use Cell Phone

Age Pyramid

This area

The largest group:
2016 Females Age 65-69

The smallest group:
2016 Males Age 85+

Dots show comparison to
Habersham County ▾

Race and Ethnicity

This area
The largest group: White Alone (97.16)
The smallest group: Pacific Islander Alone (0.01)

Indicator	Value	Difference
White Alone	97.16	+13.61
Black Alone	0.36	-3.84
American Indian/Alaska Native Alone	0.28	-0.20
Asian Alone	0.72	-1.67
Pacific Islander Alone	0.01	-0.14
Other Race	0.86	-6.46
Two or More Races	0.61	-1.29
Hispanic Origin (Any Race)	2.68	-11.65

Approximately 23.56% of the residential population lives in poverty. Unemployment has dropped from 12.5% in 2010 to 10.5% today. More than half are employed in white collar profes-

Housing

Approximately 3,406 of the county's residents are home-owners. The median home value is $166,174 and the average rental unit cost is $668 per

Homeowners in Clay make up 78.28% of the total occupied housing, while renters are the remaining 21.72% for occupied

Approximately 39.38% of the total housing units are vacant.

Community Snapshot of Southern Appalachia

sions (58%). Median net wealth

is $80,841.

month.

housing. A quarter of home-

owners (24.9%) in Clay County
are cost burdened, and 12.04%

Community Snapshot of Southern Appalachia
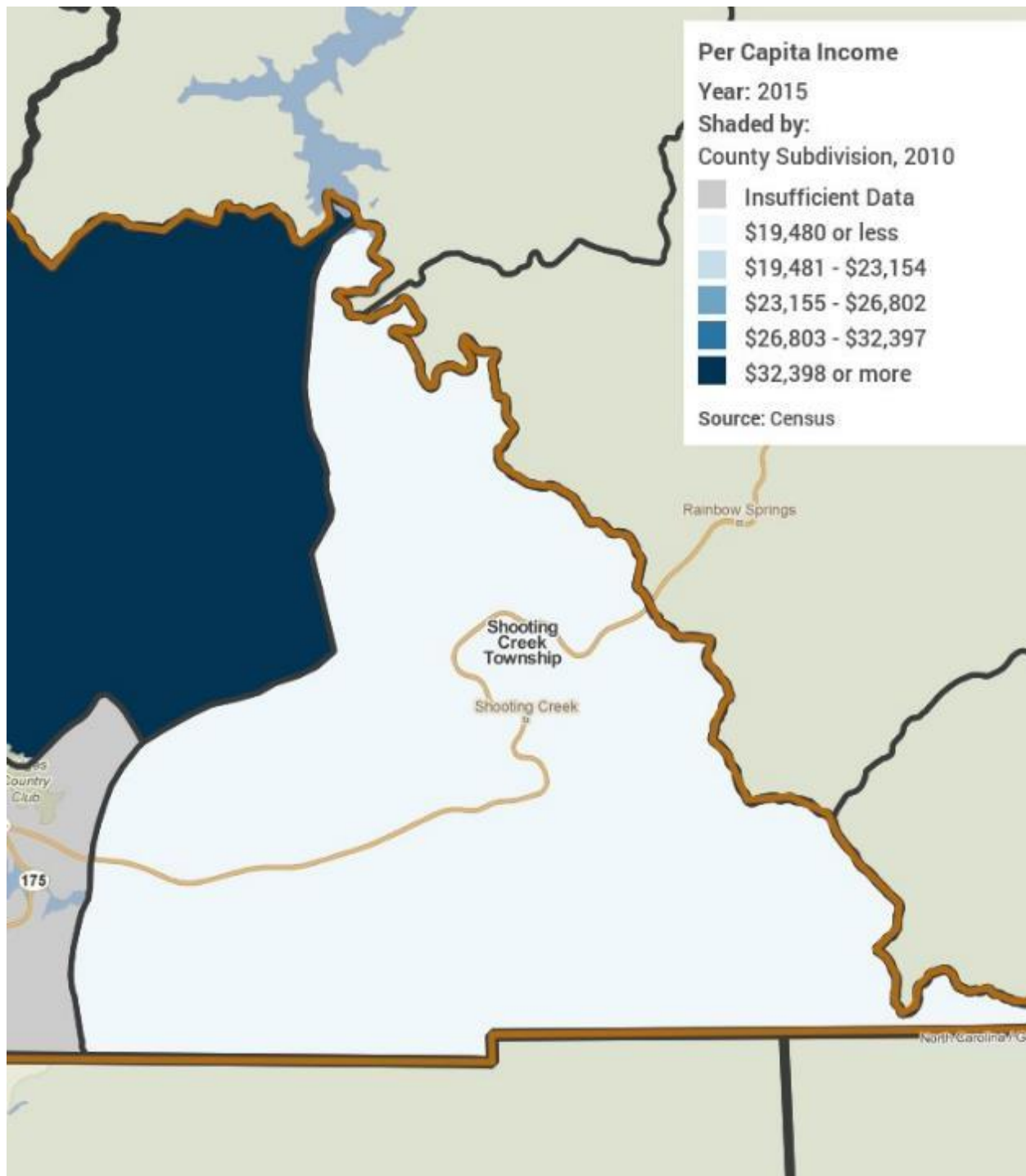## PER CAPITA INCOME - CLAY COUNTY NORTH CAROLINA

Community Snapshot of Southern Appalachia

PER CAPITA INCOME - CLAY COUNTY NORTH CAROLINA

Per Capita Income
Year: 2015
Shaded by:
County Subdivision, 2010

- Insufficient Data
- $19,480 or less
- $19,481 - $23,154
- $23,155 - $26,802
- $26,803 - $32,397
- $32,398 or more

Source: Census

CLAY COUNTY, NORTH CAROLINA

Community Snapshot of Southern Appalachia

are extremely cost burdened (paying over 50% of gross income to housing). In all, 44.02% of renters were cost burdened, and 34.39% were extremely cost burdened.

all?" Estimates are population weighted averages based on data from the CDC Behavioral Risk Factor Surveillance System survey.

The NC DHHS Communicable diseases branch for Clay County reported that in 2013 there were 12 reported cases of Chlamydia and 4 reported cases for Gonorrhea. There were 8 reported teen pregnancies for Clay Coun-

ty however there was no further information on trends to see if the rates of teen pregnancy had increased or decreased for the county.

Foster Care

Between October 2014 and September 2015 there were a total of 7 removals to foster care. All 7 of these were for drug or alco-
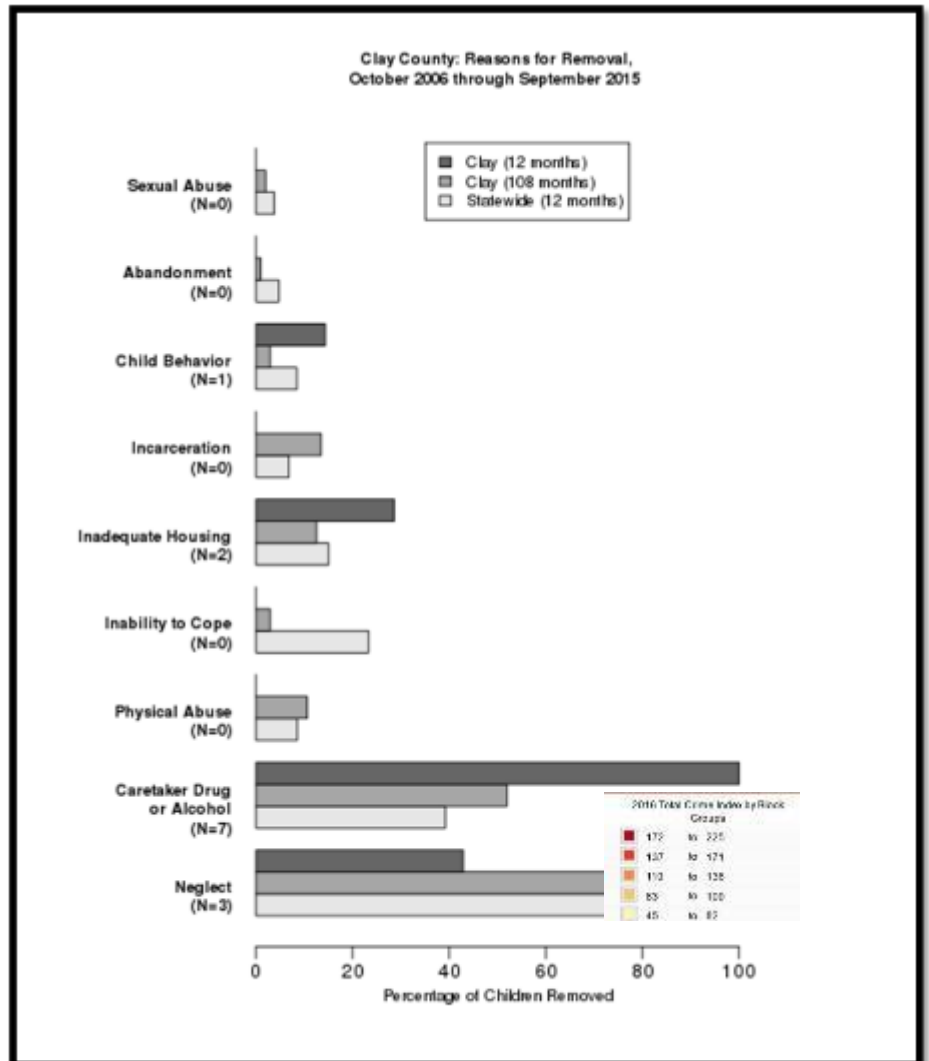
Community Snapshot of Southern Appalachia

Medical

As of 2014, approximately 23.27% of Clay County's residents were completely uninsured. Around 24.44% received Medicare benefits. According to the Health Resources and Services Administration (HRSA) there were only 7 primary care physicians and 4 dentists in the entire county.

For 2016, Clay county ranked 41st in NC counties in overall health outcomes. Roughly 38.29% of all adults are considered overweight (BMI between 24.9-30,) and 29% of adults are reported to be obese with a BMI of over 30. Over 13% of adults have Type 1 or Type 2 diabetes and 9.13% have chronic asthma.

According to the CDC 21.24% of adults considered regular smokers by responding "every day" or "some days" to the question, "Do you now smoke cigarettes every day, some days, or not at

Clay County: Reasons for Removal, October 2006 through September 2015

mmunity Snapshot of Southern Appalachia

CLAY COUNTY, NORTH CAROLINA
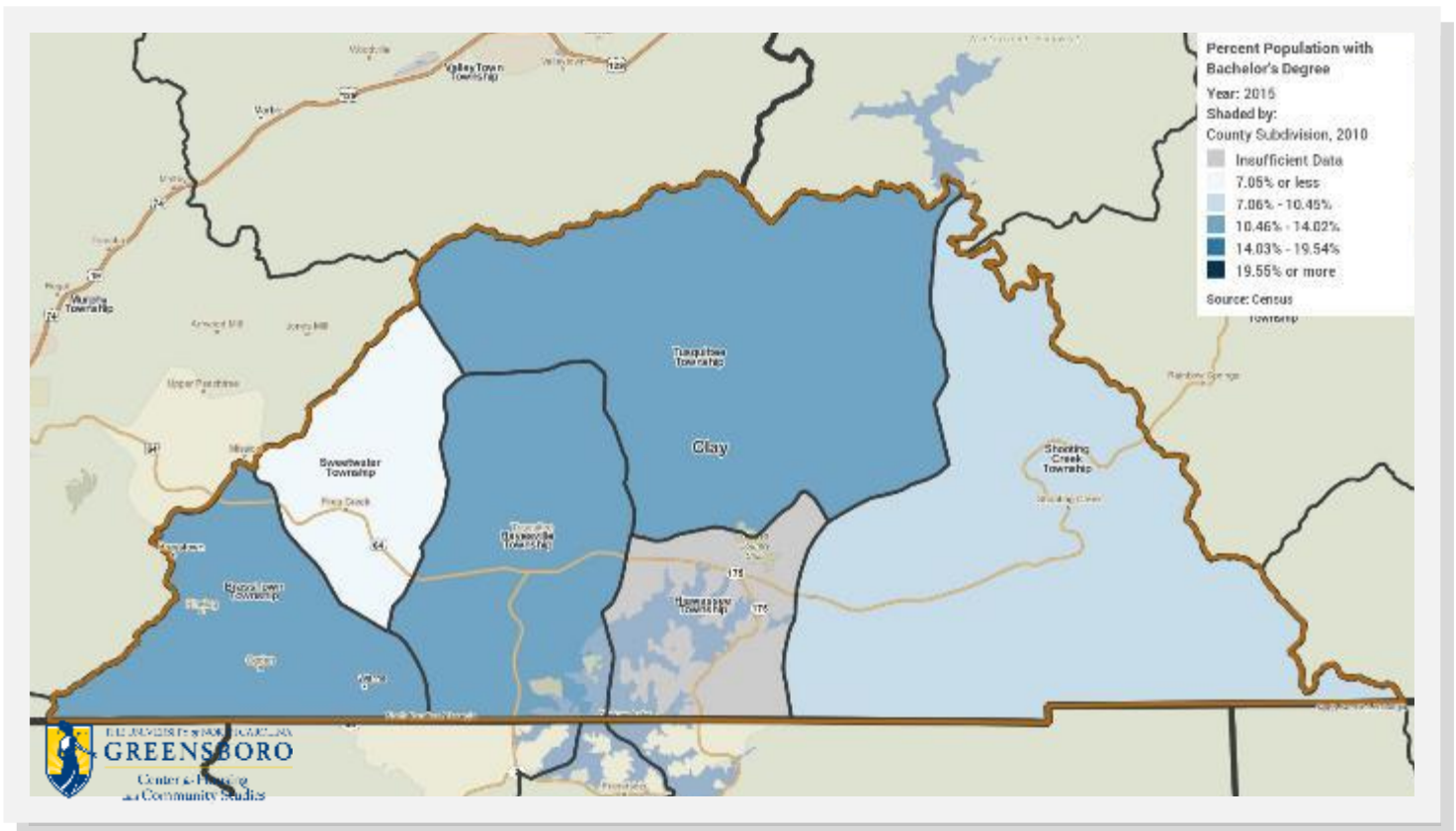
hol abuse, while 3 out of 7 were from neglect and 2 out of the 7 were from inadequate housing conditions.

According to Debbie Mauney, Director of Clay County DDS:

"18 children are in foster care currently, all 18 are from parental drug abuse. 10 of the children are placed with relatives, and 8 of the children are in a foster home."

Education

A majority (88%) of adults 25 or greater have their high school diploma or greater education. One in five adults has in fact completed a bachelors degree, yet, approximately 11% of the population lacks basic literacy. According to the school system the student to teacher ratio in an average class is 13.7 to 1.

School Report Card

Hayesville High School B-

Achievement Indicators	Score
English II Proficiency	66
Math I Proficiency	59
Biology Proficiency	48
The ACT Proficiency	66
ACT WorkKeys	74
4-Year Graduation Rate	91
Successful Completion of Math III	95

Community Snapshot of Southern Appalachia

old. The largest cohort in the age structure is 65-69 year old females. The popula-

Economy

CHEROKEE COUNTY, NORTH CAROLINA
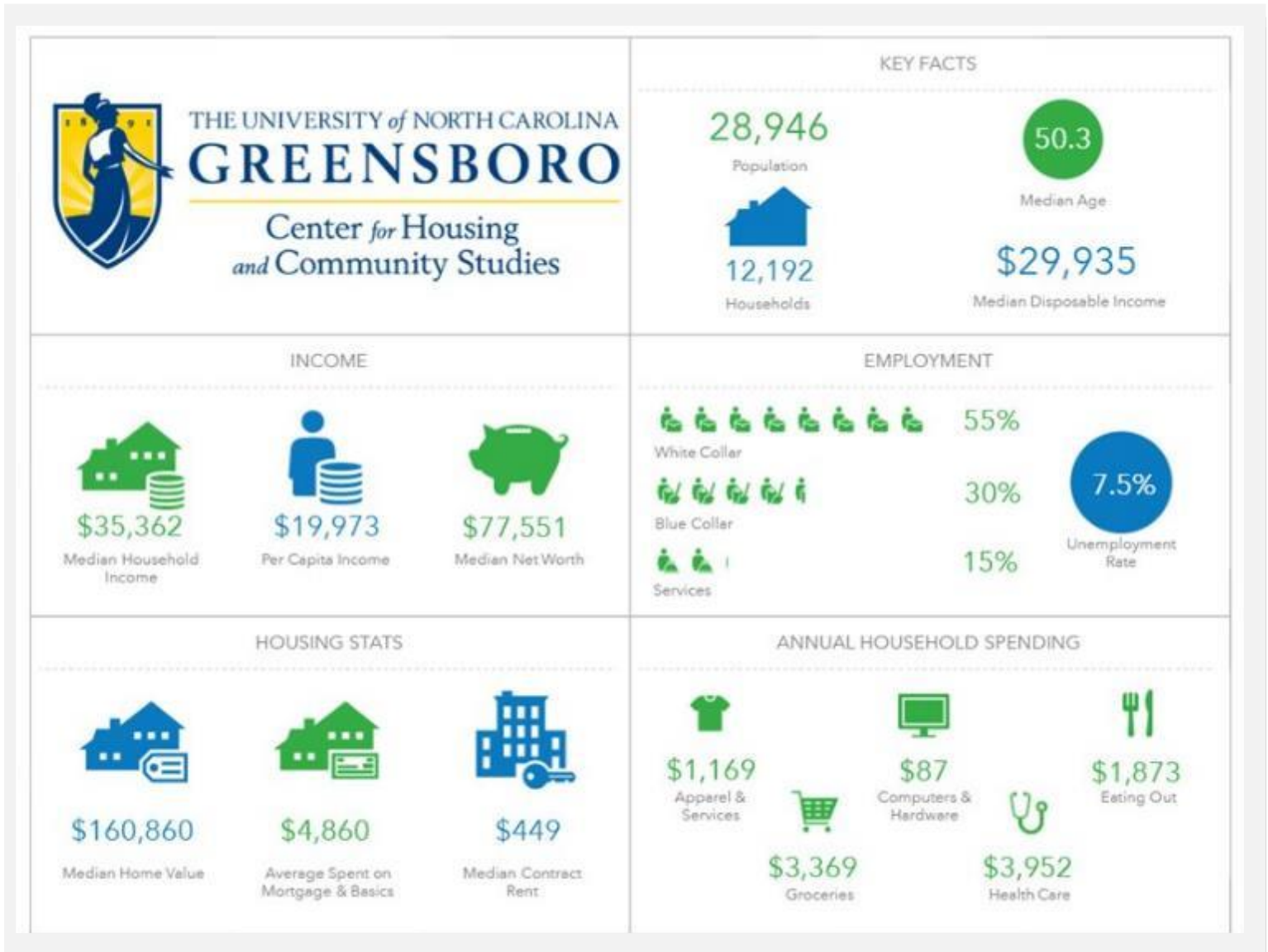
Demographics

Cherokee County, NC, had a population of 28,946 residents as of current US Census estimates. Though it is a nonmetropolitan county, it has experienced an 11.76% population increase since 2000. The median age is 50.3 years

tion is 93% white, 1.7% black, and 3% Hispanic. All other race/ ethnic groups were less than 1%. There is only slightly more ethnic

diversity in Cherokee than the

other two counties.

In Cherokee County, the median household income is $35,362, with an average per capita income of $19,973. Approximately

19.39% of the residential popula-

tion lives in poverty. Unemploy-

ment has dropped from 12.9% in

CHEROKEE COUNTY, NORTH CAROLINA

Households By Income

This area
The largest group: <$15,000 (18.1%)
The smallest group: $200,000+ (0.6%)

Indicator	Value	Difference	
<$15,000	18.1%	-1.7%	
$15,000 - $24,999	16.1%	+0.5%	
$25,000 - $34,999	15.2%	+2.7%	
$35,000 - $49,999	16.3%	+1.0%	
$50,000 - $74,999	18.1%	+1.2%	
$75,000 - $99,999	8.4%	+0.2%	
$100,000 - $149,999	4.7%	-3.8%	
$150,000 - $199,999	2.4%	0	

Average Household Size

This area
for this area

2.34 which is less than the average for United States

Area	Value	0.00	4.00
Georgia	2.65		
United States	2.59		
Tennessee	2.50		
North Carolina	2.50		
Monroe County	2.50		

EDUCATION

16%
No High School Diploma

31%
High School Graduate

33%
Some College

20%
Bachelor's/Grad/Prof Degree

INTERNET ACCESS

63%
Use Computer

39%
Use Cell Phone

Age Pyramid

This area

The largest group:
2016 Females Age 65-69

The smallest group:
2016 Males Age 85+

Dots show comparison to
Fannin County

20% 10 0 10 20%

Race and Ethnicity

This area
The largest group: White Alone (92.64)
The smallest group: Pacific Islander Alone (0.03)

Indicator	Value	Difference	
White Alone	92.64	-3.70	
Black Alone	1.70	+1.36	
American Indian/Alaska Native Alone	1.38	+1.04	
Asian Alone	0.78	+0.19	
Pacific Islander Alone	0.03	0	
Other Race	0.96	+0.20	
Two or More Races	2.50	+0.90	
Hispanic Origin (Any Race)	2.98	+0.93	

2010 to 7.5% currently. More than half are employed in white collar professions (55%). Median net wealth is $77,551. Individual poverty is as high as 22% in Murphy and as low as 12% in Shoal Creek.

Housing

According to 2014 data for Cherokee County, homeowners made up 82.45% of the populatmed houses, and renters made up the remaining 17.55%. However, 40.37% of the total housing stock was vacant. The average fair

$160,860, and the average rental $637 per month. A quarter of homeowners (25.13%) are cost burdened (spending 30% or more of income on housing) and 10.07% are extremely cost burdened (spending 50% or more of income on housing). Renters a bit worse with are cost
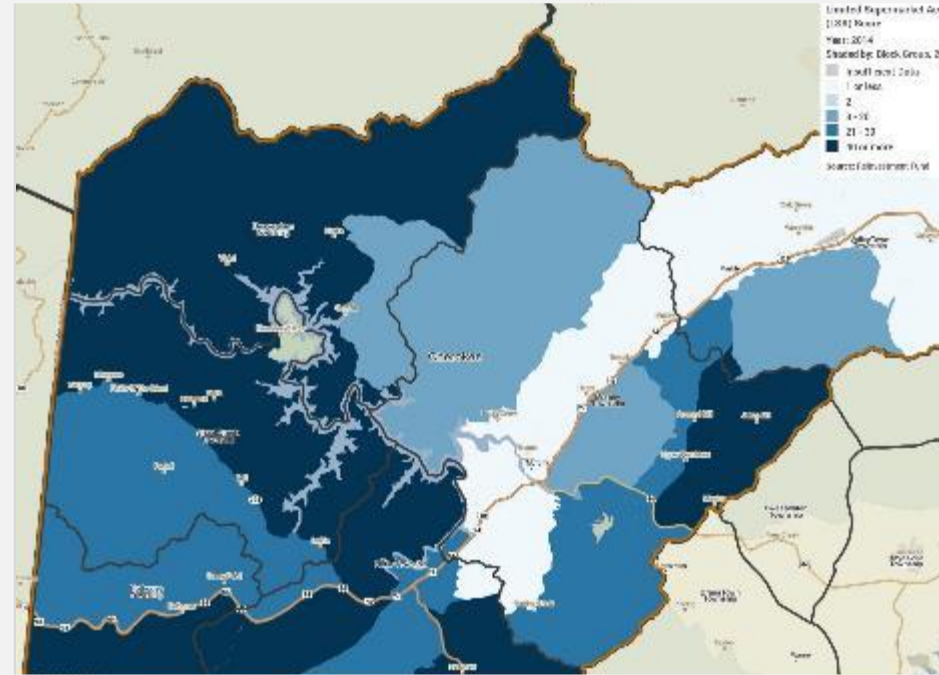
Community Snapshot of Southern Appalachia

median home value was

CHEROKEE COUNTY, NORTH CAROLINA

Medical

Approximately 21.28% of Cherokee County's residents were

burdened range, and 15.14% extremely cost burdened.

7% of the entire US population.

Being overweight and obese is a dominant causal factor for a person to get type 2 diabetes. In Cherokee County, 38.31% of adults are considered overweight (with a BMI of 24.9-30) and 29% are obese (BMI of 30 or more). The percentage of adults with diabetes (Type 1 & 2) in Cherokee County currently is 14.72%. Supermarket access is very limited in some areas of this large county. Food access is an important element in healthy eating, obesity, and Type 2 Diabetes.

rokee County have chronic asthmatic CDC 21.41% of adults considered g "every day" or "some days" to the e cigarettes every day, some days, or oulation-weighted averages based on data from the CDC Behavioral Risk Factor Surveillance System Survey.

Type 2 diabetes affects over 20 million people, which is roughly
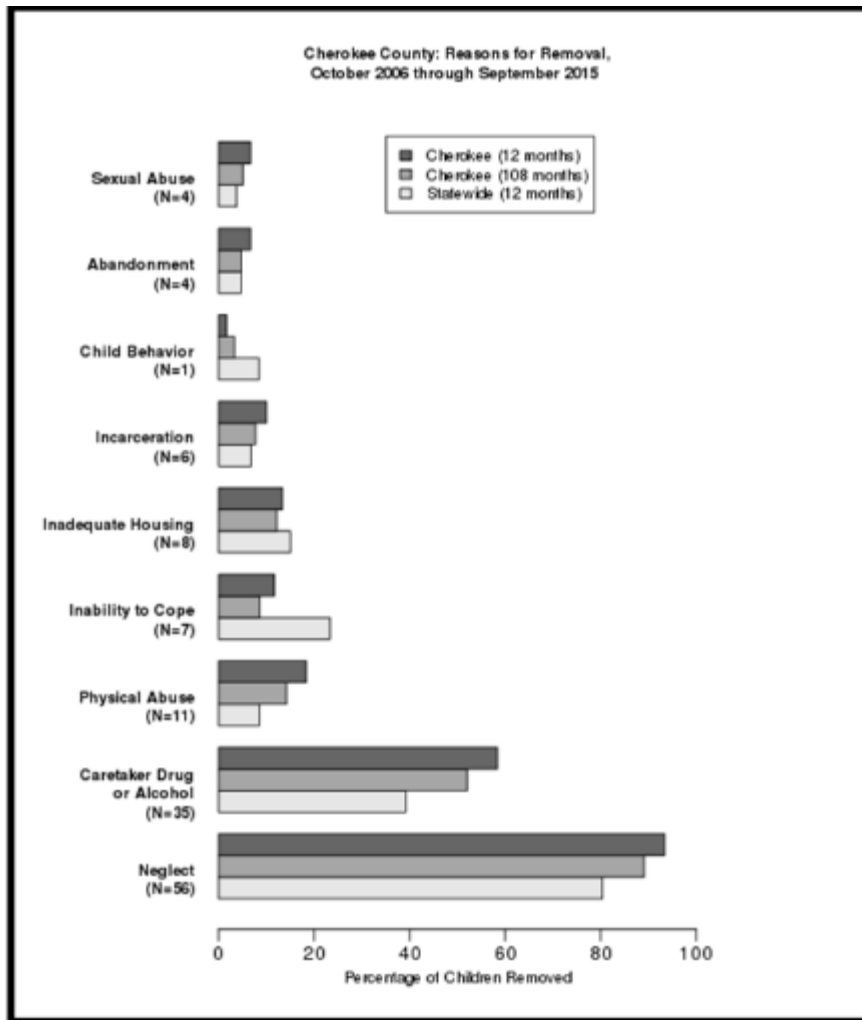
According to the NC DHHS Communicable Diseases Branch Cherokee county in 2013 there were 29 cases of Chlamydia and 4 cases of Gonorrhea (reported cases). The DHHS branch claims "The total numbers of Chlamydia and Gonorrhea cases are useful indicators of adolescent sexual health as they are most common in adolescents." In 2014 there were a total of 21 teenage pregnancies (15-19), and a teen pregnancy rate of 32.7 per 1000 . This is around a -13.7% drop in teen pregnancy rates for this county from 2013-2014.

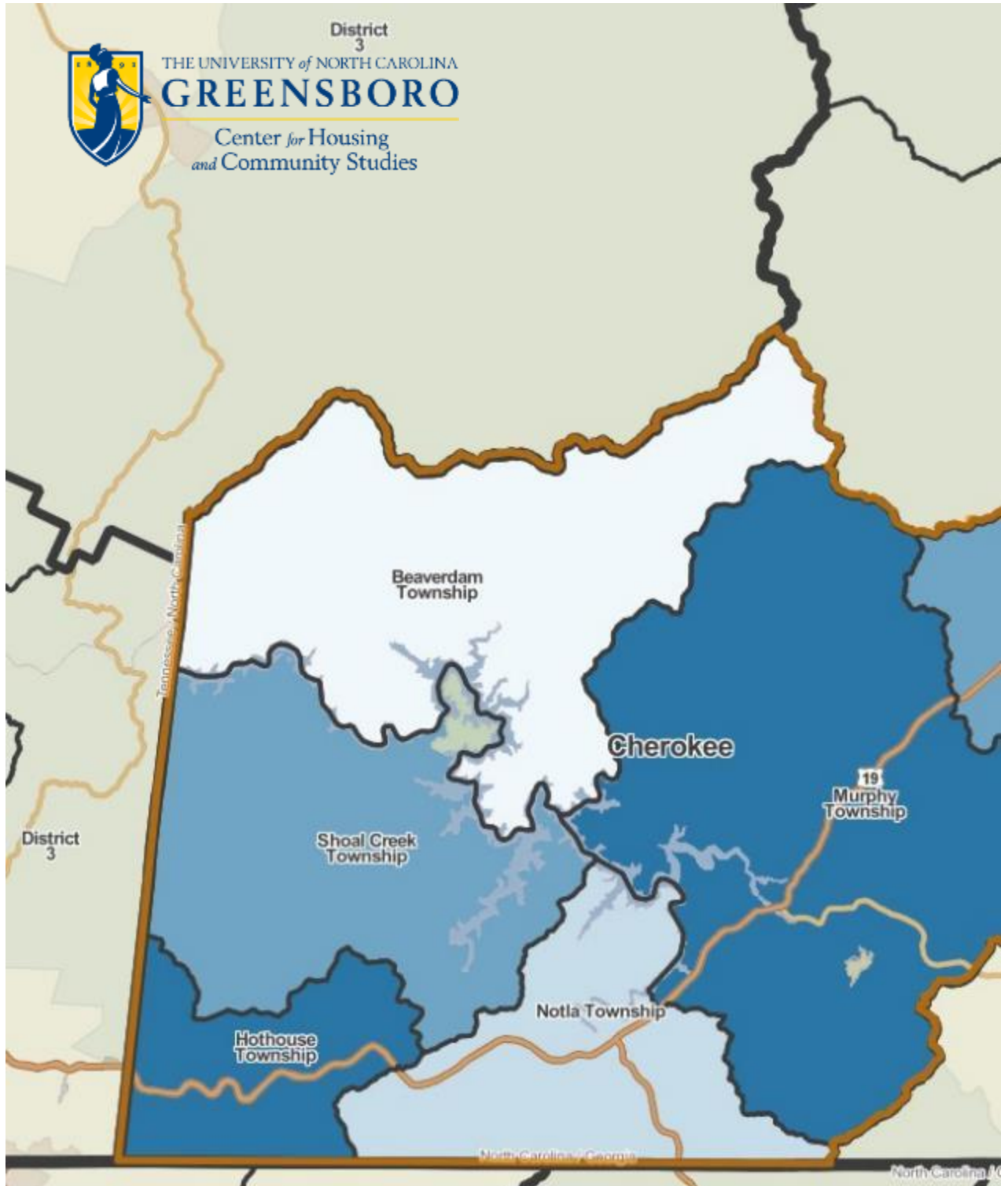# mmunity Snapshot of Southern Appalachia

Foster Care

According to Fostering Court

Improvements, between October 2014 and September 2015 there were 60 total removals. Out of those 60 removal cases, 35 were for parental drug or alcohol abuse, 56 were for child neglect, and 8 out of 60 were for poor housing conditions.

Education

CHEROKEE COUNTY, NOF

School

Hiwassee

Mu

Tri-Coun

Most adults 25 and older (82.37%) have at least a high school diploma and 20% had a bachelor's degree or higher. Yet, approximately 12% of the population lacks basic literacy skills.

Nearly a third of students (29.96%) lived in poverty. The student to teacher ratio for the school district is 13.48 to 1 according to 2014 statistics.
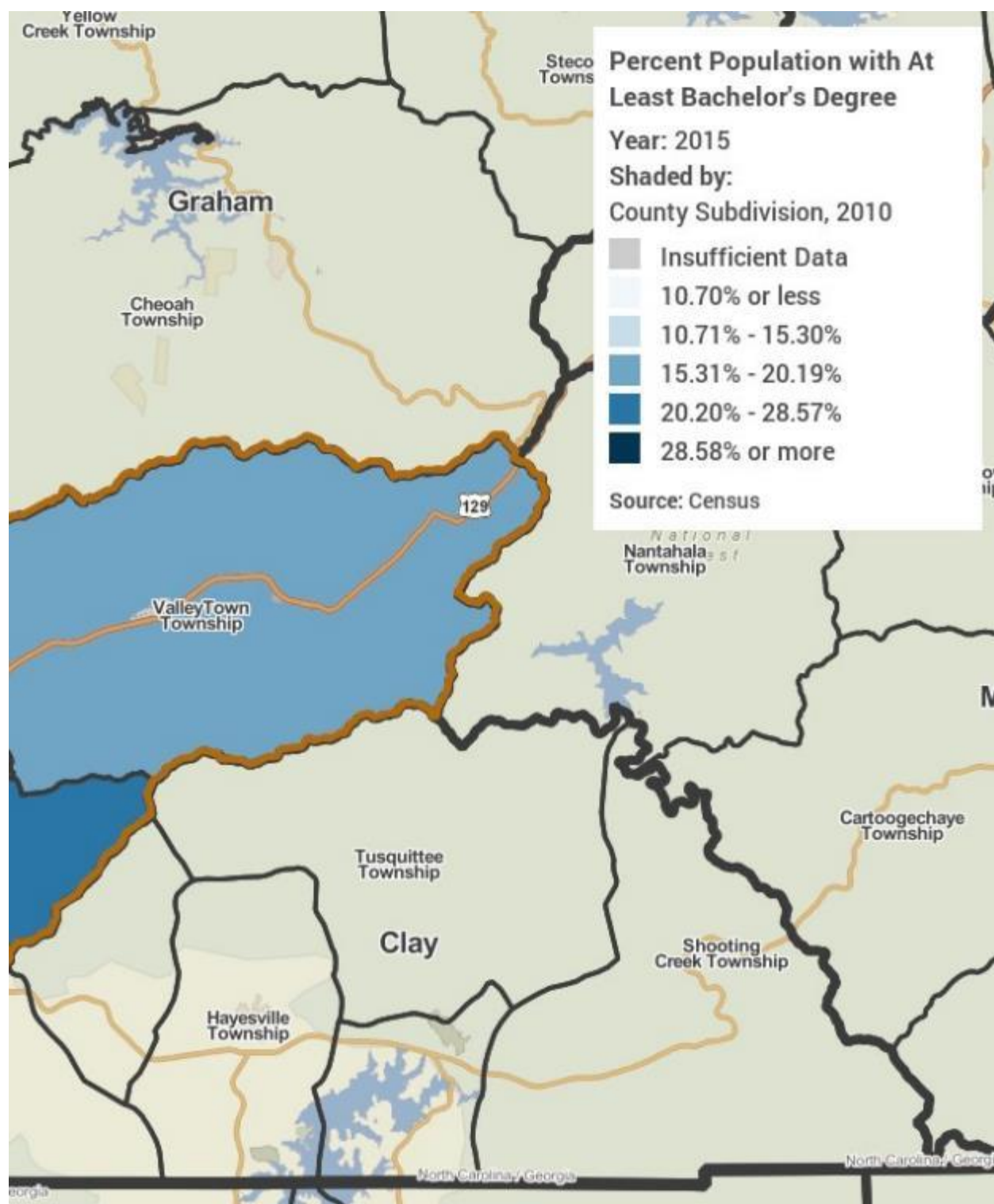

Cherokee County: Reasons for Removal, October 2006 through September 2015

Legend:
- Cherokee (12 months)
- Cherokee (108 months)
- Statewide (12 months)

Categories (Percentage of Children Removed):
- Sexual Abuse (N=4)
- Abandonment (N=4)
- Child Behavior (N=1)
- Incarceration (N=6)
- Inadequate Housing (N=8)
- Inability to Cope (N=7)
- Physical Abuse (N=11)
- Caretaker Drug or Alcohol (N=35)
- Neglect (N=56)

Community Snapshot of Southern Appalachia

PER CAPITA INCOME - CLAY COUNTY NORTH CAROLINA

PER CAPITA INCOME - CLAY COUNTY NORTH CAROLINA

Community Snapshot of Southern Appalachia

Percent Population with At Least Bachelor's Degree

Year: 2015
Shaded by:
County Subdivision, 2010

- Insufficient Data
- 10.70% or less
- 10.71% - 15.30%
- 15.31% - 20.19%
- 20.20% - 28.57%
- 28.58% or more

Source: Census

KEY FACTS

11,599 — Population

4,890 — Households

51.7 — Median Age

$31,570 — Median Disposable Income

INCOME

$37,405 — Median Household Income

$21,681 — Per Capita Income

$104,582 — Median Net Worth

EMPLOYMENT

58% — White Collar

25% — Blue Collar

17% — Services

7.0% — Unemployment Rate

HOUSING STATS

$194,082 — Median Home Value

$5,244 — Average Spent on Mortgage & Basics

$511 — Median Contract Rent

ANNUAL HOUSEHOLD SPENDING

$1,212 — Apparel & Services

$92 — Computers & Hardware

$1,949 — Eating Out

$3,490 — Groceries

$4,200 — Health Care

Demographics

Towns County, GA, had a population of 11,599 residents according to US Census estimates. Though it is a non-metropolitan county, it has experienced a 14.5% population increase since the reported population recording in the year 2000. The median resident age is 51.7 years old.

The largest cohort in the age structure is 65-69 year old females. The population is: 97.2% white, and 2.3% Hispanic. All other race/ethnic groups were less than 1%.

Economy

In Towns County, the median household income is $37,405, with an average per capita income of $21,681. Incomes are

Community Snapshot of Southern Appalachia

uniformly low throughout the county. Approximately 16.94% of the residential population lives in poverty. Unemployment has dropped from 12.9% in 2010 to 7.0% in 2016.

TOWNS COUNTY, GEORGIA

Households By Income

This area
The largest group: $50,000 - $74,999 (19.7%)
The smallest group: $200,000+ (1.1%)

Indicator	Value	Difference	
<$15,000	16.8%	+1.7%	
$15,000 - $24,999	15.9%	-0.4%	
$25,000 - $34,999	13.6%	+1.4%	
$35,000 - $49,999	16.9%	+2.1%	
$50,000 - $74,999	19.7%	+2.6%	
$75,000 - $99,999	8.5%	-3.8%	
$100,000 - $149,999	5.4%	-3.0%	
$150,000 - $199,999	2.0%	+0.1%	

Average Household Size

This area
for this area

2.16 which is less than the average for United States

Area	Value	0.00	4.00
Habersham County	2.65		
Georgia	2.65		
United States	2.59		
White County	2.52		
North Carolina	2.50		

EDUCATION

11% No High School Diploma

36% High School Graduate

30% Some College

23% Bachelor's/Grad/Prof Degree

INTERNET ACCESS

69% Use Computer

41% Use Cell Phone

Age Pyramid

This area

The largest group:
2016 Females Age 65-69

The smallest group:
2016 Males Age 85+

Dots show comparison to
Habersham County

20% 10 0 10 20%

Race and Ethnicity

This area
The largest group: White Alone (97.16)
The smallest group: Pacific Islander Alone (0.01)

Indicator	Value	Difference	
White Alone	97.16	+13.61	
Black Alone	0.36	-3.84	
American Indian/Alaska Native Alone	0.28	-0.20	
Asian Alone	0.72	-1.67	
Pacific Islander Alone	0.01	-0.14	
Other Race	0.86	-6.46	
Two or More Races	0.61	-1.29	
Hispanic Origin (Any Race)	2.68	-11.65	

Housing

Approximately 3,537 of the county's residents are home-owners. The median home value

jority (82.27%), and renters account for the remaining 17.73%.

Nearly a third (30.93%) of 14.75% of Towns County's residents were completely unin-

Medical

As of 2014, approximately homeowners are cost-burdened,

mmunity Snapshot of Southern Appalachia

is $194,082 and the average rental unit cost is $693 per month. Nearly 45% of total available housing labeled as va-cant. For occupied housing homeowners make up the ma-

and 14.9% are extremely cost burdened. This is compared to nearly half of renters (47.11%) who are cost burdened and a vices Administration (HRSA) there were only 9

sured. Around 26.94% received Medicare benefits. According to the Health Resources and Ser- quarter (24.28%) who are ex-tremely cost burdened. primary care physicians and 4

TOWNS COUNTY, GEORGIA

dentists in the entire county. For 2016 the overall ranking for health outcomes for Towns County was 65th in comparison with the other counties in GA.

Foster Care

Between April 2015 and March 2016 there were 11 total children removed from homes to foster care. Ten of the removal cases were recorded in cases where there was caretaker drug or alcohol abuse, 6 out of the 11 were incarcerated caretaker cases,

and 1 out of 11 was for physical abuse.

Education

For Towns County the 2014 statistics the approximate percentage of people who have their diplomas or higher is 88.69%. 28.04% of the total student body in the Towns County School System were in poverty, and the

Community Snapshot of Southern Appalachia

More than a third of residents (37.45%) were over-weight with a BMI of 24.9 to 30. More than a quarter (26%) were considered obese with a BMI of greater than 30. The rate for Type 1 or 2 diabetes is 14.35%.

Nearly one in ten (9.04%) of adults in Towns County have chronic asthmatic conditions. According to the CDC 1943% of adults considered regular smokers by responding "every day" or "some days" to the question, "Do you now smoke cigarettes every day, some days, or not at all?" Estimates are populationweighted averages based on data from the CDC Behavioral Risk Factor Surveillance System survey.

Based on reports from the Towns County Health, Chlamydia is the #1 STD in rates for Towns county with 25 currently reported cases for this year, but no cases of Gonorrhea. Also, there were 4 teenage pregnancies reported in 2014.

Towns County: Reasons for Removal, October 1998 through March 2016
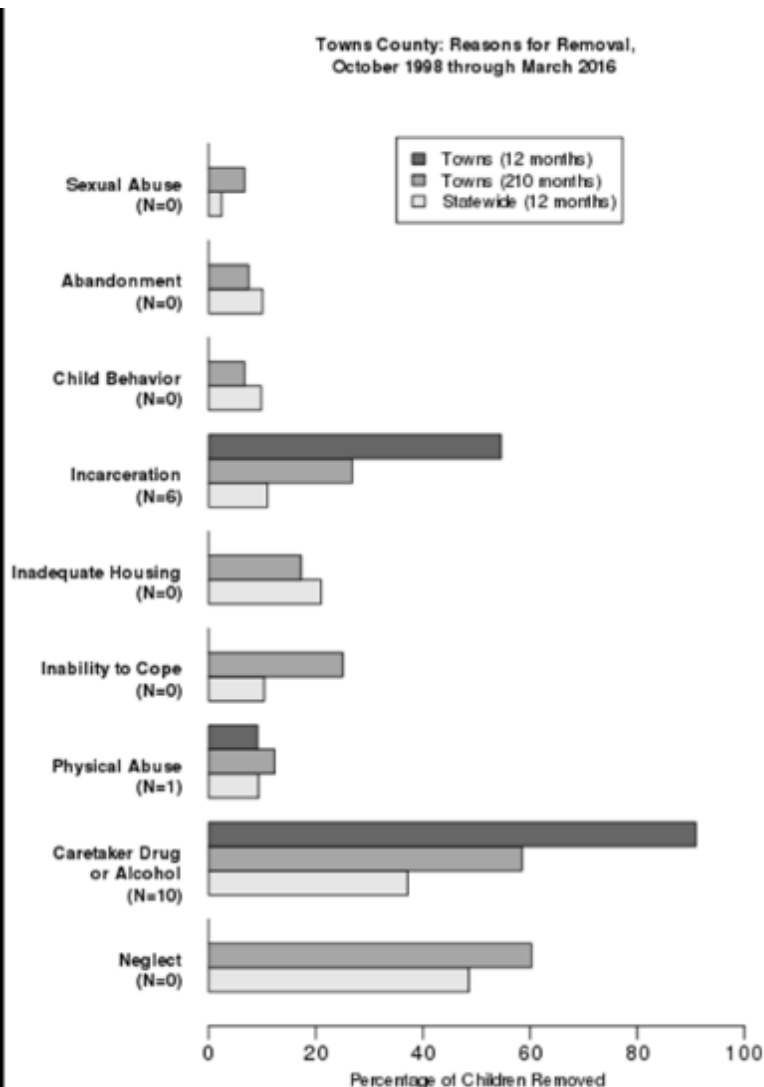
TOWNS COUNTY, GEORGIA

Crime	2007	2008	2009	2010	2011	2012	2013
Aggravated Assault	186.95	144.82	116.11	114.6	65.98	130.55	133.61

Burglary/ Larceny	2,084.5	1,810.28	1,795.28	1,470.73	1,696.67	1,771.73	1,794.24
Vehicle Theft	112.17	81.46	53.59	47.75	47.13	46.62	85.89
Murder	9.35	N/A	N/A	N/A	N/A	N/A	19.09
Rape	N/A	N/A	17.86	19.1	9.43	N/A	19.09
Robbery	18.7	N/A	8.93	N/A	18.85	9.32	N/A

student teacher ratio was 13.15 students to 1 teacher.

According to the Governor's Office of Student Achievement, Towns County's overall school performance is higher than 85% of districts in Georgia. The Districts received a B rating overall. While elementary an middle schools received B ratings, the Towns County High School received a B. Its four-year graduation rate is 94.1%, which is higher than 91% of districts. However, according the College and Career Ready Performance Index (CCRPI) for Georgia, 50.9% of graduates are college ready.

Crime Rates and Drugs

According to DEA, in 2013-14 there were a total of 28 drugs arrests for hydrocodone, LSD, marijuana commercial, marijuana-synthetic, methamphetamine, OxyContin, Xanax, and other unnamed drugs for a total of $172,227 In comparison, in 2014-2015 there were 11 drug arrests dealing with Lortab, marijuana commercial, methamphetamine and other unnamed drugs for a total of $247,170. In 2015-16 there were 23 drugs arrests for alprazolam, ice, marijuana commercial, methamphetamine, Xanax and other unnamed drugs for a total of $427,644. While drug interdictions have increased and the value and supply have increased as well, other crimes are down. All Uniform Crime Report (UCR) data indicates a downward trend through most of the mid 2000s with a slight uptick in 2013. Crime statistics often trend with economic conditions.

Community Snapshot of Southern Appalachia

PER CAPITA INCOME - TOWNS COUNTY, GEORGIA

PER CAPITA INCOME - TOWNS COUNTY, GEORGIA

Community Snapshot of Southern Appalachia
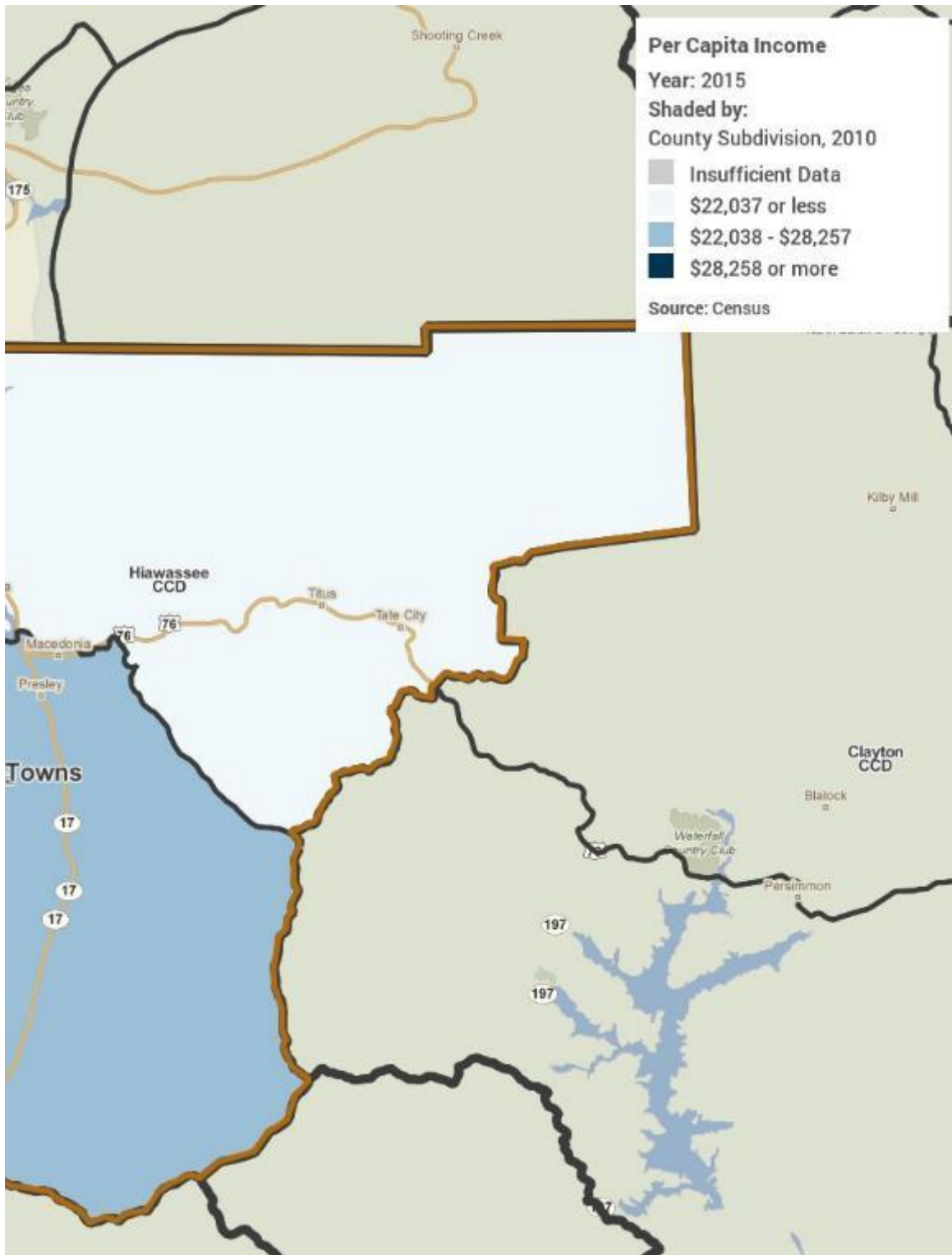
Opiates Issues in Rural America
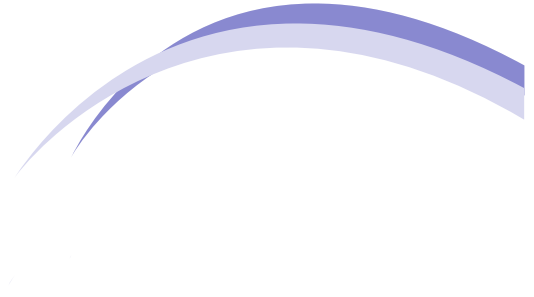
How has prescription drug use become a greater problem nationally?

Estimated Age-adjusted Death Rates for Drug Poisoning by County, United States: 2014

Year 2014

Estimated Age-adjusted Death Rate per 100,000:
- 0-2
- 2.1-4
- 4.1-6
- 6.1-8
- 8.1-10
- 10.1-12
- 12.1-14
- 14.1-16
- 16.1-18
- 18.1-20
- >20

Designed by L. Rossen, B. Bastian & Y. Chong. SOURCE: CDC/NCHS, National Vital Statistics System.
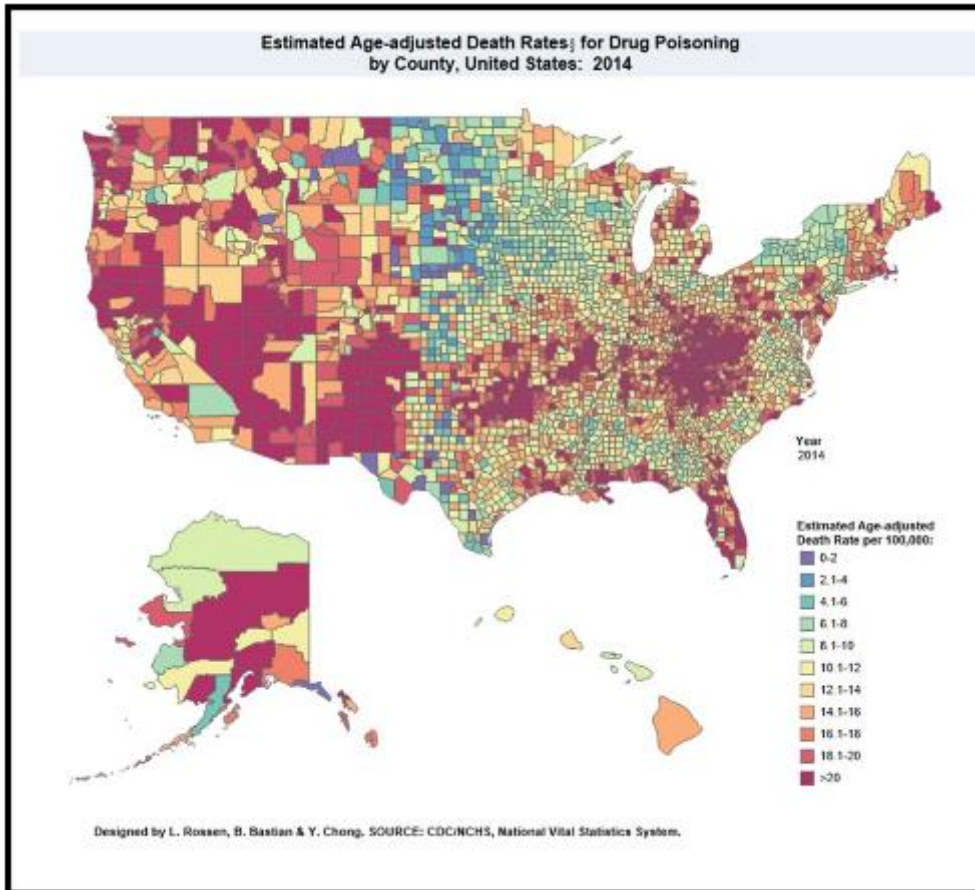
In the late 1990s, prescribing practices around opiate pain medication changed, leading to increased prescriptions of these medications, for a couple of reasons:

☐ The American Pain Society encouraged physicians to treat pain more aggressively.

☐ The Veterans Health Administration launched a campaign to treat pain as the "fifth vital sign."

There is often a lower perception of harm with the use of prescription drugs, although these drugs are highly addictive even when taken as prescribed. When access to prescription opioids is removed without providing some sort of treatment services, addicted individuals are more likely to begin using heroin. The single strongest risk factor for addiction to heroin is previous addiction to opioid pain medication.

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RURAL ADDICTION

What is different about rural areas?

Opiate pain medications are prescribed at greater rates, leading to greater availability of these drugs in rural areas. Typically rural populations are older on average than urban populations, and older populations tend to have more health issues, go to the doctor more, and get prescribed these kinds of medications more frequently to manage chronic pain issues. Out-migration of upwardly mobile young adults from rural areas creates an aggregation of young adults at higher risk for drug use. Tight kinship and social networks allow for quicker distribution of non -medical prescription opioids among those at risk. Increasing economic

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Why do these issues persist in rural

deprivation and unemployment create a stressful environment that places individuals at greater risk of use. Rural areas are often characterized by low educational attainment, poverty, unemployment, high-risk behaviors, and isolation, all of which function as risk factors for substance abuse.

areas?

While nation-wide there is a shortage of behavioral health professionals, rurality is one of the best predictors of unmet need for a county. Using the USDA's 9-point Rural-Urban Continuum Code, for every one point increase in rurality, there is a corresponding 3.3% increase in unmet need for behavioral health services in that county. There are multiple community-level barriers to recovery in rural areas:

- Less access to treatment services
- Less access to professional support
- Less access to peer support
- Greater problems maintaining confidentiality and anonymity when seeking treatment

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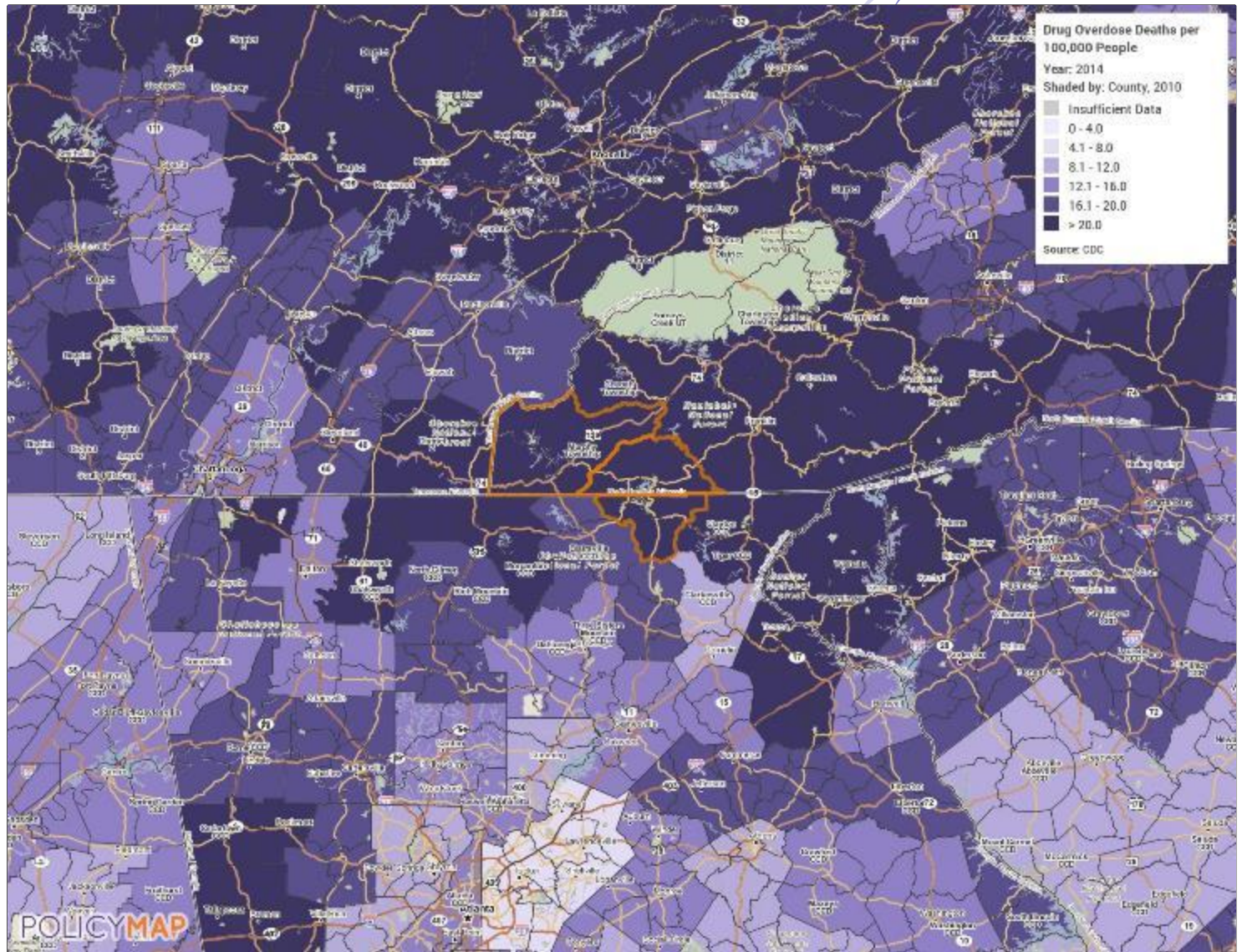
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Opiates Issues in Rural America

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ABUSE OF PRESCRIPTION PAIN MEDICATIONS
RISKS HEROIN USE

In 2010 almost 1 in 20 adolescents and adults – 12 million people – used prescription pain medication when it was not prescribed for them or only for the feeling it caused[1]. While many believe these drugs are not dangerous because they can be prescribed by a doctor, abuse often leads to dependence. And eventually, for some, pain medication abuse leads to heroin.

1 IN 15

PEOPLE WHO TAKE NON MEDICAL PRESCRIPTION PAIN RELIEVERS WILL TRY HEROIN WITHIN 10 YEARS[2]

Number of People Who Abused or were Dependent on Pain Medications and Percentage of Them that Use Heroin[3]

2004

5%

1.4 million

and the problem is getting worse...

2010

1.9 million

14%
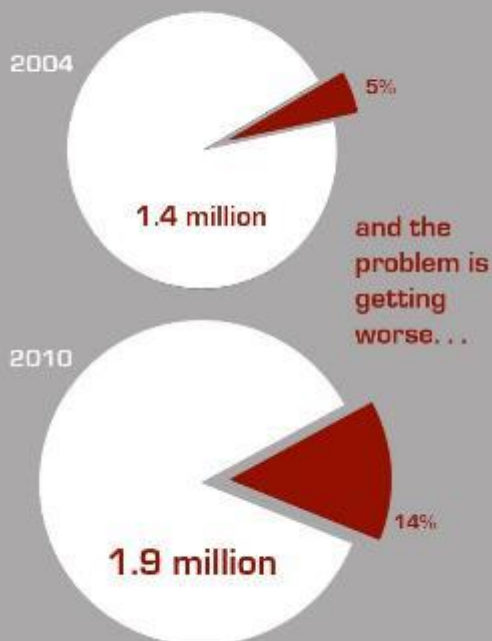
Heroin users are **3X** as likely to be dependent

14% of non medical prescription pain reliever users are dependent

54% of heroin users are dependent[4]

Heroin Emergency Room Admissions Are Increasing[5]

260K
230K
200K
0

2005   2008   2011
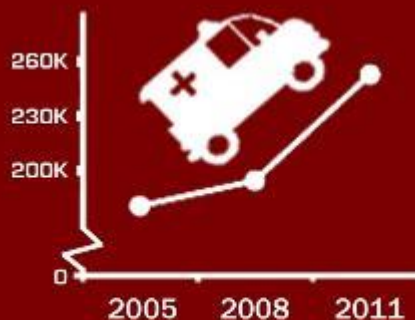
RURAL HEALTH AND ADDICTION
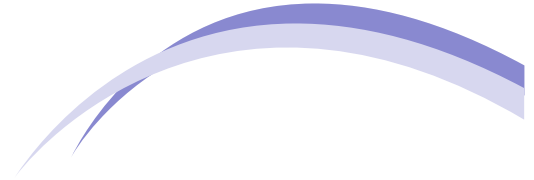
Rurality and Health

Place has the power to contextualize and influence health just like any other social condition. One need not look far to find numerous maps showing the geographic distribution and concentration of various health disparities and social conditions. Advancements in geographic information systems have helped with contextualizing the role of place on health outcomes and in health research (Burke, 2010). Much work has been done documenting the powerful influences that certain social conditions have as fundamental causes of health inequities. Researchers have been studying rural behavioral health problems for decades, and while in the common imagination problems related to substance abuse and severe mental illness are restricted to problems of impoverished inner-cities, today a robust body of literature exists that documents the disparities in rural behavioral health.

Since the 1978 President's Commission on Behavioral health, rural America has been formally identified as "unserved and underserved" (Flax, Wagenfeld, Ivans, and Weiss, 1979) by behavioral health services and instigated the need for further studies into the association between rurality and behavioral health. that included a sub-task force specifically devoted to rural behavioral health (Grob, 2005).

Fundamental Cause

Link and Phelan (1995) developed the theory of fundamental causes in order to offer a conceptual framework to link social conditions to causes of disease and health disparities. In order for a social condition to be considered a fundamental cause of health inequalities, four elements must be present: multiple disease outover time through the replacement of intervening mechanisms. Since its inception, the theory of fundamental causes has been applied to socioeconomic status (Link and Phelan, 1995; Phelan, Link, and Tehranifar, 2010), racism (Phelan and Link, 2015), and racial residential segregation (Williams and Collins, 2001). Fundamental cause theory asserts that individual-level factors are insufficient in accounting for health disparities, and that there are characteristics of larger social conditions that contribute to the existence and persistence of health disparities across groups.

Building on the existing literature cataloging fundamental cause theory as well as the growing body of literature documenting rural health disparities, one set of authors (Lutfiyya, McCullough, Heller, Waring, Bianco, and Lipsky,

comes; multiple risk factors; disparate access to resources; and reproduction of this relationship

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2012) has suggested that rurality operates as an additional fundamental cause of health disparities. Lutfiyya et al. (2012) document some of the

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RURALITY AS A FUNDAMENTAL CAUSE

Missing from Lutfiyya et al.'s (2012) piece is a thorough discus - sion of what constitutes rural, and

ways in which rural health fits into each of the four criteria of fundamental causes theory. Greater prevalence of type 2 diabetes (Krishna, Gillespie, and McBride, 2010), higher prevalence and mortality rates for cervical cancer (Singh, 2012), and higher incidences of lung cancer among rural populations (Wingo et al., 2008) when compared to urban populations all constitute the first component of fundamental cause theory, the existence of multiple disease outcomes. Evidence of the second condition, multiple risk factors, is apparent through lower fruit and vegetable consumption in rural communities compared to urban (Lutfiyya, Chang, and Lipsky, 2012), the greater likelihood of obese children to live in rural areas (Lutfiyya,

Lipsky, WisdomBehounak, and Inpanbutr-

Martinkus, 2007), and increased rates of smoking tobacco among rural adolescents (Lutfiyya et al., 2008).

With respect to the third indicator in fundamental cause theory, people living in rural areas often have limited access to resources such as physicians, especially specialists, who tend to concentrate around metropolitan centers more frequently than rural or nonmetropolitan areas (Rosenblatt and Hart, 2000). Additionally, there is evidence to suggest a lower quality of care at rural hospitals when compared to urban hospitals that constitutes another limitation in accessing health resources (Lutfiyya, Bhat, et al., 2007). Finally, the fourth condition of

fundamental cause theory is satisfied when looking at reductions in breast cancer, cervical cancer, and colon cancer mortality rates through advanced screening. Despite the advent of technologies that can aid with earlier detection of these cancers and thus lower mortality rates, cancer mortality rates are still higher in rural areas and have decreased at a slower rate than mortality rates for the same diseases in urban areas (Singh, 2012; Wingo et. al, 2008; Hausauer et al., 2009).

no behavioral health indicators were included in their application of fundamental cause theory to rural health issues. To really develop a theory of fundamental causes for a specific social condition, it is necessary to look more comprehensively at numerous measures of health. Behavioral health is a crucial component of health that too often gets left out of the discussion of health and health disparities. Inclusion of a broader array of health indicators, such as behavioral health, can serve to

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strengthen Lutfiyya et al.'s (2012) assertion of rurality as a fundamental social determinant of health.

Behavioral Health

It has been argued that problems connected with accessibility and availability of resources as well as the lower acceptability of mental illness in rural areas contributes to a much greater disease burden in rural areas compared to urban areas (Lutfiyya, Bianco, Quinlan, Hall, and Waring, 2012). Given this, how does rurality as a social condition act as a fundamental

the rural behavioral health literature will be used to show how rurality, with respect to behavioral health issues, still functions as a fundamental social condition and fulfills these four criteria.

Multiple Disease Outcomes

The first criterion for a social condition to be classified as a fundamental cause is the existence of multiple disease outcomes. In rural areas, there are multiple disease outcomes across a variety of mental and behavioral disorders.

the level of rurality increases (Hauenstein, Petterson, Merwin, Rovnyak, Heise, and Wagner, 2006). Researchers have also documented a higher prevalence of depression in rural areas than in urban ones (Gustafson, Preston, and Hudson, 2009; Probst et al., 2006). When considering social conditions of rurality as a cause of behavioral health outcomes, the issues of social causation versus social selection arises as well. The prevalence of depression in

Rural Health and Addiction

cause of health disparities in the case of behavioral health? The four criteria from Link and Phelan's (1995) original theory of fundamental causes will be discussed here and examples from

powerful influencer on rates of depression among rural women. Nationally, rural areas also tend to

Using the Medical Expenditure Panel Survey (1996-2000) stratified by residence using an urban-rural continuum code, one study found that the reported level of behavioral health deteriorates as
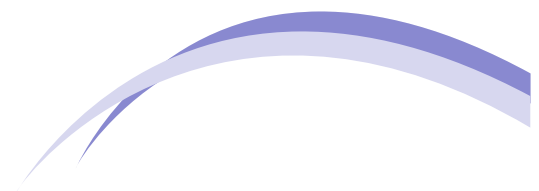
lowincome rural women is higher than that of non-rural women, but what is the direction of this relationship? Simmons, Braun, Charnigo, Havens, and Wright (2008) ran an analysis using a longitudinal sample of 413 rural low-income families and found that social causation better fit their model for higher prevalence of depression in these women. The strong association between rurality and poverty is a have much higher rates of suicide than anywhere else.

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The national age-adjusted suicide rate in 2012 was 12.6 per 100,000 in the population. The five states with the highest suicide rates were all states that are considered to be predominantly rural: Wyoming (29.6); Alaska (23.0); Montana (22.6), New Mexico (21.3); and Utah (21.0). The five states with the lowest suicide rates were all states with large metropolitan centers or states that were in close proximity to such centers: District of Columbia (5.7); New Jersey (7.4); New York (8.3); Massachusetts (8.7); and Rhode Island (9.5) (CDC, 2014). Additionally, when specifically looking at adolescent populations, rural adolescents from 1996 to 2010 committed suicide at a rate that was nearly twice that of urban adolescents and these differences in suicide rates increased over time (Fontenella et al., 2015). From these examples of depression prevalence, self-reported behavioral health, and suicide rates, it

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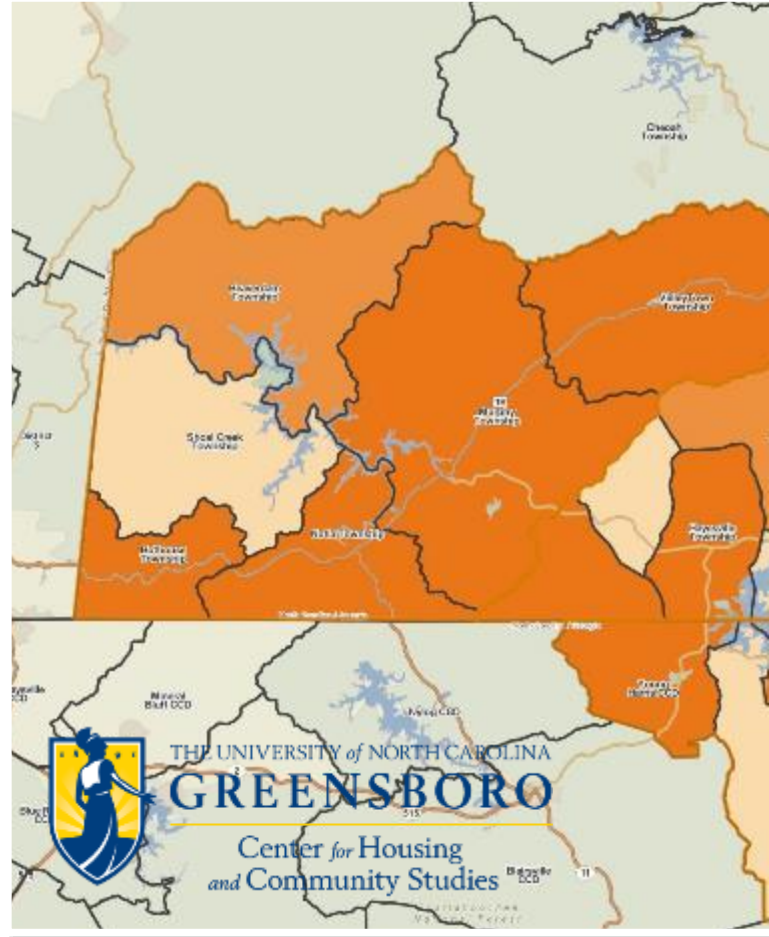
is evident that multiple disease theory, outcomes exist across a spectrum of the fundamental causes the existence of multiple disease of behavioral health issues as they risk factors. The negative

Enhancing Quality of

impact manifest in rural America. of masculinity on health has been documented (Courtenay, 2000).

Multiple Disease Risks

Cultural and structural components of rural life can lead to the fulfillment of the second criterion

due to their experiences with economic marginalization, greater likelihood of facing adverse working conditions, and certain gen-

development of severe behavioral health issues because of the culture of masculinity that is often hyper-present in rural areas. Perceptions of masculinity discourage these men from acknowledging

Rural Health and Addiction

Men have elevated health risks

dered coping mechanisms for stress that involve risky behaviors (Williams, 2003). Rural men in particular are at greater risk for the

vulnerabilities, especially sadness, emotional struggles, or feeling a lack of social connectedness (Kosberg and Sun, 2008).

Rural life also presents unique stressors. Rural populations tend to be more isolated, both geographically and economically, and thus tend to be more vulnerable to economic downturns and changing conditions. Earlier social scientists have made the

argument that rural residents, due to their isolation, exist in a state of anomie from the mainstream white middle class (Reul, 1974) and that this isolation has become more profound overtime as the population of the U.S. has continued to concentrate more heavily in urban centers. Rural populations also tend to be less educated, and the more educated members have tendencies to move

risks of certain behavioral health issues and more willing to engage in help-seeking behavior when

closer to urban centers in order to have greater opportunities for work (Sherman and Sage, 2011). Being rural places people at a higher risk for lower levels education, with fewer job opportunities and a greater likelihood of experiencing poverty, all of which pose behavioral health risks.

Lastly, there is a well-documented lack of resources, such as community behavioral health centers and behavioral health professionals, in rural areas. While this shortage will be discussed more thoroughly in the next subsection on disparity in access to resources, it is important to note that the lack of such resources can

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also represent an increased risk factor because it prohibits the early detection of emergent behavioral health issues. Urban counties are 3.4 times more likely than rural counties to have a community behavioral health center (Merwin, Snyder, and Katz, 2006). The presence of community behavioral health centers can be a protective factor and increase behavioral health literacy in the community. A

who are less susceptible to the experiencing behavioral health issues. Jameson and Blank (2007) also reference the problem with the heightened stigma associated with mental illness, especially in rural communities where valuesystems tend to emphasize dealing with problems individually or keeping things within the family. These examples of the culture of masculinity, economic and social

the development and persistence of behavioral health issues within rural communities.

Disparity in Access

DISPARITY IN ACCESS TO RESOURCES
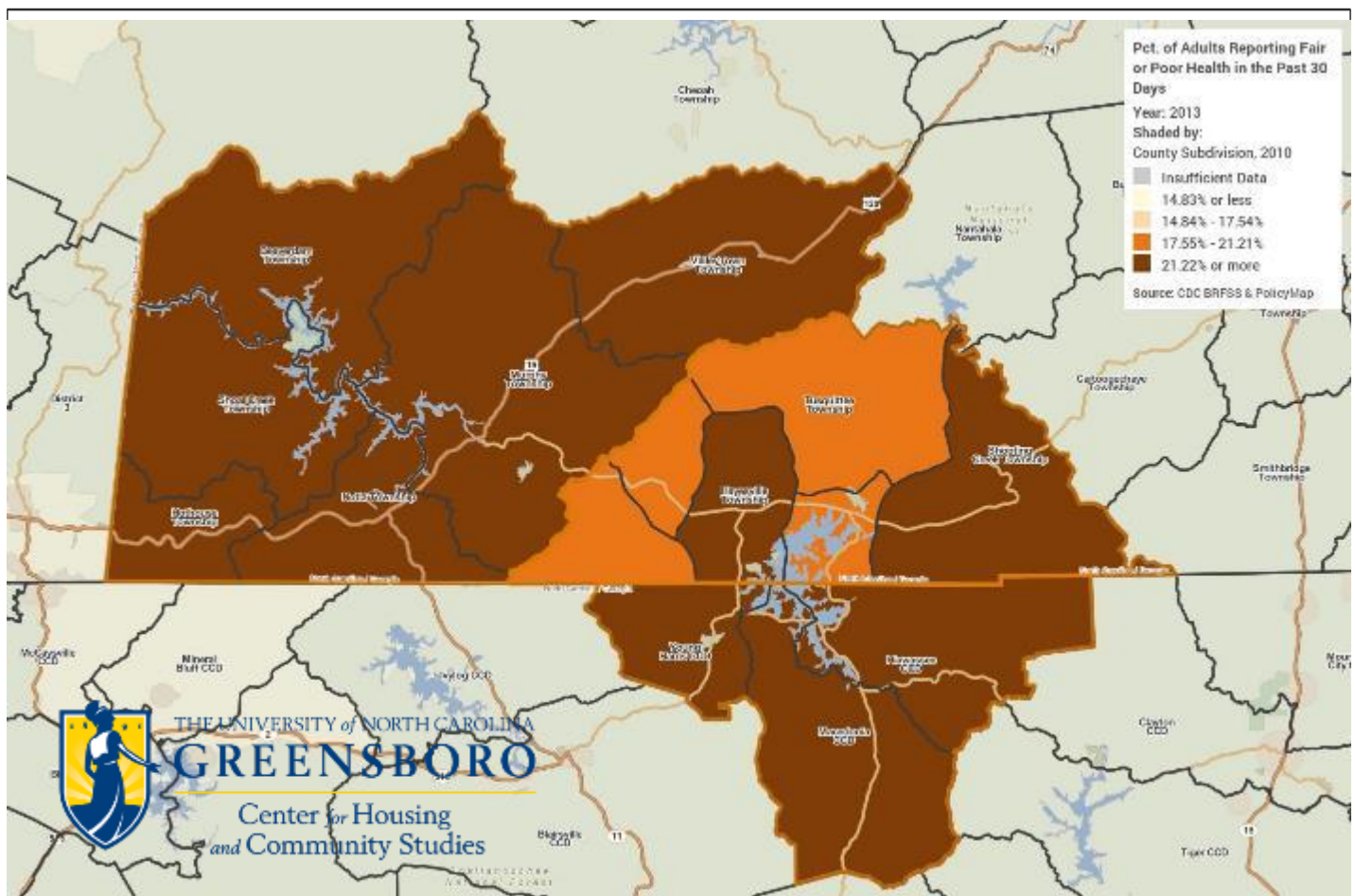
culture and community that is aware of behavioral health resources may produce individuals,

stressors, and lack of community behavioral health resources in rural areas all can act as risk factors for

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By far the most well-documented aspect of rural behavioral health is the lack of easily available behavioral health resources for residents of rural areas. While former estimates show that despite the fact that roughly 20% of the U.S. population lives in rural areas, only 9% of the nation's physicians

Holzer, and Morrissey, 2009). Subsequent OLS regression analysis showed that rurality and per capita income were the best predictors of unmet need for a county. When using a 9point rural-urban continuum code, a one-point increase in rurality corresponded with a 3.3% A survey of all

Only 17 out of the 93 counties had a practicing psychiatric Nurse Practitioner. There were psychiatric Physician's Assistants in only 5 of the 93 counties. 43

Rural Health and Addiction

practice in rural areas (Rosenblatt and Hart, 2000), the shortage of behavioral health professionals in rural areas is even more severe. One attempt to quantify the national shortage of behavioral health professionals found that

behavioral health professionals in the state of Nebraska in 2012 provided a more detailed picture of what this shortage may look like in the case of an individual state (Nguyen et al., 2013). In the 93 counties of Nebraska in 2012, only

increase in unmet need (Thomas et al., 2009).

counties had Licensed Individual Behavioral health Practitioners (LIMHP); 47 counties had Licensed Behavioral health Practitioners (LMHP). A third (31) of these counties had an addiction counselor. Despite the distribution of behavioral health professionals throughout these counties, 88 out of the 93 counties in Nebraska were designated as federal behavioral health shortage areas. Behavioral health shortage areas are calculated using a 25point index that includes population to provider ratio, percent of the population below the Federal Poverty Level, elderly ratio, youth ratio, alcohol abuse prevalence, substance abuse prevalence, and travel time to nearest source of care (US Department of Health and Human Services, 2016). While there is generally a shortage of behavioral health professionals in a majority of counties nationally, this shortage is more severe and more

18% of U.S. counties had an unmet need for non-prescribers, and 96% of U.S. counties had an unmet need for prescribers in behavioral health care (Thomas, Ellis, Konrad,

15 counties had a practicing psychiatrist and 82% of psychiatrists were practicing in metropolitan areas.

than women living in more urban-ized counties to receive behavioral health treatment only after reach-

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concentrated among more rural areas.

This shortage of clinicians and service providers has real impacts on treatment and recovery outcomes. In their analysis of gender and rural behavioral health care, Hauenstein et al. (2006) found that women in rural areas are less likely to receive behavioral health treatment than women living in Metropolitan Statistical Areas (MSA) or women living in non-urbanized MSAs. Similarly, rural men are less likely to receive behavioral health treatment than men living in MSAs or non-urbanized MSAs. Hauenstein also found that rural men receive even less behavioral health treatment than rural women, and women living in the most rural counties were more likely ing the lowest self-reported levels of behavioral health. So the women who did actually seek and receive behavioral health services did so when they were in worse conditions than their urban counterparts who sought and received treatment. In the case of children, Lenardson et al. (2010) found in their study of children in Maine that rural children with behavioral health problems and behavioral difficulties were less likely to get treatment than non-rural children.

Limits in access to care are also found with respect to substance abuse treatment. Young, Grant, and Tyler (2015) examined community-level barriers to seeking recovery for affected populations in rural areas, in which they characterized rural

DISPARITY IN ACCESS TO RESOURCES

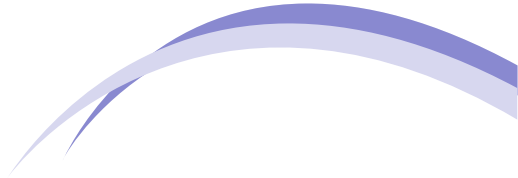UNCG Center for Housing and Community Studies

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communities as those having a low population densities and greater distances from larger population centers. They described barriers to care in four categories: access to treatment services; access to professional support; access to peer support; and barriers to maintaining confidentiality and anonymity. Additionally, other researchers have also cited lack of treatment resources in rural areas as a limitation to addressing substance abuse issues in these populations (Dew, Elifson, and Dozier, 2007). These shortages in behavioral health and substance abuse providers and professionals in rural areas certainly function as limits in access to health resources that contribute to the continued comes in these areas.

Reproduced over time through replacement of intervening mechanisms

The fourth condition of a fundamental cause is the reproduction of the health disparities over time even as knowledge about the disease becomes more advanced. The Behavioral Health Parity Act and Addiction Equity Act of 2008 mandated that insurance coverage include mental and behavioral health treatments in a way that was comparable to coverage of

disparities in behavioral health and substance abuse risks and outtreatments for other medical issues. While a promising step towards more comprehensive access to behavioral health services for people who otherwise would not have had insurance coverage to receive this kind of care, due to other conditions of rurality the effects of this legislation had the potential to make more of an impact in urbanized areas. Rural areas have higher rates of uninsured people than urban areas, limiting the effect of legislation that addresses issues related to private insurance policies (Gustafsen, Preston, and Hudson, 2009).

Conditions of rural counties often lead to reduced effectiveness in interventions that are applied at the national level. Many interventions assume more urbanized communities and thus do not translate as effectively into more rural communities. There are also delays in incorporating evidencebased treatments in mental and behavioral healthcare in the rural setting when many rural communities struggle with even having enough providers to deliver adequate care at all (Merwin, Hinton,

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ASSET BASED COMMUNITY DEVELOPMENT

"...considers local assets as the primary building blocks of sustainable community development. Building on the skills of local residents, the power of local associations, and the supportive functions of local institutions, asset-based community development draws upon existing community strengths to build stronger, more sustainable communi-

Research Approach

Project Approach

Our approach to this study was a multi-step multi-modal process that began with documenting and understanding the issues of the community as well identifying the assets available locally to solve these issues.

Asset Based Community Development (ABCD) is a community -driven, empowering, participatory and inclusive, comprehensive approach that focuses on coalition development and capacity-building . It recognizes that documenting "need" can be an asset as much as a liability

Asset-based community development is a very productive way of helping to facilitate and coordinate service agencies. Used properly, ABCD enables a community to see its strengths and weaknesses and create the programs and services needed to help those who need them while highlighting the programs and services the community already offers.

Kretzmann and McKnight's (1996) article titled "Building Communities from the Inside Out" sheds light on this very thoroughly. According to the authors, there are two ways to facilitate the creation of services within a community. The first way, creating a list of the needs within a community, creates a negative view of that community. It automatically highlights the places where a community is lacking. The second way, asset based community development, also brings the lack of certain programs and services to the attention of a community. However, it also highlights the services and programs that a community does provide, shedding a positive light on a community. In this way, a community knows where it has room for improvement while also seeing what it does have to offer its people that may make it stand out from other communities. Similarly, Mathie and Cunningham (2003) document how agencies may facilitate and coordinate services in their article "From Clients to Citizens: Asset-based Community Development as a Strategy for Community-driven Development." The authors break the ABCD approach down into four major components and analyze them against the traditional need-based models: 1) theory and practice of appreciative inquiry, 2) social capital as an asset for community development, 3) the theory of community economic development, and 4) lessons learned from the links between participatory development, citizenship and civil society. Importantly, appreciative inquiry is a process where communities have been defined by the issues they have and the programs they lack and this persona is being changed. An effort is being made to change this

ties for the future."

-The Asset-Based Community Development Institute

Research Approach

ASSET BASED COMMUNITY DEVELOPMENT

mindset about the community and attempting to shed a positive light. Rather than focusing on the negative, the purpose of appreciative inquiry is to bring hope to a community. Social capital is seen as all of the parts of a community (programs, people, informal networks, etc.) coming together to help the community move forward and prosper. The main goal of this approach then is to restore power in the communities themselves to help the people.

Asset-based community development is a very productive way of helping to facilitate and coordinate service agencies. When used

Research Approach

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Additional, examples of how asing residents to address these set based community developdeficits or use existing resources ment can help in other projects (that might not otherwise be can be seen in articles such as known to residents/community

"The Downtown Education Colmembers) to address their needs. laborative: A new model for col- The second way, asset based laborative community engagecommunity development, also ment" (Vazquez Jacobus, Tiebrings the lack of certain promann, & Reed, 2011), as well as grams and services to the atten-

"Using Appreciative Inquiry to tion of a community, however, it

Create a Sustainable Rural highlights the services and pro-

School District and Communigrams that a community does ty" (Calabrese, Hester, Friesen & provide, shedding a positive light

Burkhalter, 2010). Because of the on a community. This way, a success that numerous commucommunity knows where it has nities have had with using comroom for improvement while also munity based asset development, seeing what it does have to offer the literature seems to suggest its residents that might be that this would be a very good adapted or expanded to fill possitool for mapping assets and ble s among specific groups and/or

munity. It automatically high-lights the places where a commu-

tools to self -improve, beginning with their exists assets.

ASSET MAPPING

general, taking into consideration the nuanced differences of context in a given community project. In the context of this research project, community based asset development will be useful in creating a map of services/resources for Southern Appalachia. Also, it is a good tool for seeing where services are lacking or might be expanded, in order to fill those needs as well. This tool can also show overlapping services, which might not otherwise be known to agencies and can enable them to conserve resources or adjust their location or structures to more evenly spread their services in the community and more adequately serve all community residents.

Asset Mapping

Community asset mapping is a common element of the ABCD approach (Sharpe, Greany, Lee and Royce 2000; Green, T. 2015). Community Asset Mapping is the process of identifying potential social,

economic and other integral resources within a geographically defined community. These resources can be financial, human or material in nature as long as they are useful to the members of the community. The process of community asset mapping can involve researching businesses, people, government agencies, etc., and inquiring about the services provided. Asset mapping reveals and explores the strengths, resources and institutions within a community. More importantly, it draws upon the interconnections among assets; these interconnections reveal ways to access the assets.

Sharpe, Greany, Lee and Royce (2000) state in their article "Assets Oriented Community Assessment", that it is important when mapping the assets within a community to talk to people, make connections, and provide the most relevant information possible for people to be able to access a wide array of community resources. They define individuals, associations, institutions, physical assets and connections:

Individuals - residents of the community. People are at the core of ABCD and all individuals have gifts and skills that they can contribute to their community.

Associations - informal groups of people that come together on a voluntary basis around a shared interest. Associations are vital to community mobilization.

Institutions - Structurally organized, paid groups of people who are often professionals. This includes government organizations, schools, private businesses, etc.

Physical Assets - buildings, land, space, and funds that can be used.

Connections - relationships through which individuals, associations, and institutions share resources.

There are several examples of how community asset mapping has been used to create comprehensive lists of resources for people within communities all over the world. For example, in Randal Pinkett's article "Community Technology and Community Building: Early Results from the Creating Community Connections Project", he shows how asset based community development

Research Approach

was used to end the divide between technology and low income people in the South End/Roxbury community of Boston. Through the use of traditional mapping methods such as surveying combined with computer training and resident involvement, researchers in this project are able to focus their attention on improving the assets that the community has while simultaneously working to broaden the assets within this community.

Another example of community asset mapping and its benefits can be found in Vazquez Jacobus and Harris's (2007) article titled "Mapping Hunger in Maine: A Complex Collaboration". This article discusses how two university classes (one in GIS and another in political science) are assigned the task of mapping the complexities of hunger in the town of Lewiston. The students participate in visits to places offering food services, as well as surveying in order to study the potential ways of obtaining food, as well as the potential obstacles keeping people from doing so. Students also look at the populations within the community that were at the highest risk of a food shortage and whether or not they have adequate transportation in order to reach these services.

Similarly this project has remained broad in its collection and mapping of resources in order to identify overlap as well as gaps in service.

Geographic Information Systems (GIS)

Geographic Information System, or simply GIS, is a way to show where something is on the
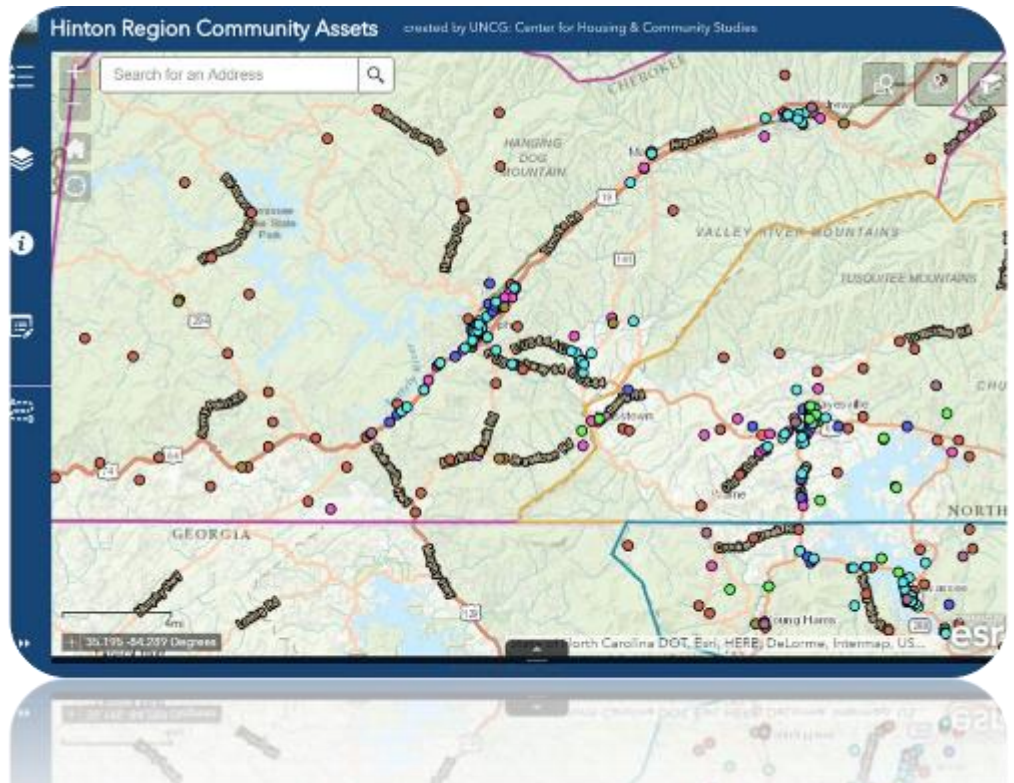
Earth's surface. In other words, it is a method of showing a particular location in geographical terms. It is a useful tool when mapping community assets because it creates a visual map in order to help people find organizations that could be useful for them. For the purposes of our project specifically, creating a visual map of resources for a rural county would be beneficial for the community as a whole. This way, users could access not only a database, but also a map of the county demonstrating where resources are located. Sieber (2006) reminds us that in opening a GIS map to public participation one must continually ask "who is the public?" and make conscientious efforts to ensure the map does not become a tool to further undermine the agency of underrepresented groups. In this case that means ensuring that the map is not only useful

Research Approach

GEOGRAPHIC INFORMATION SYSTEMS (GIS)

Research Approach
GEOGRAPHIC INFORMATION SYSTEMS (GIS)

for the staff of non-profits and governmental organizations, but that it also has features that make it usable, appealing to and empowering for rural residents. Some features that can aid in that are making it search-able and easily viewable on both a desktop computer monitor and on a smart phone. One example of a community asset map with GIS is in Vazquez Jacobus and Harris's (2007) article "Mapping Hunger in Maine: A Complex Collaboration", the process of creating a GIS map is well explained. The project described in the article aimed to create a map showing the greatest amount of hunger in the community of Lewiston, Maine. Through methods such as surveying, researchers were able to map where hunger was most prevalent, the best ways for people in these neighborhoods to access food programs, and potential obstacles keeping them from attaining food. Further Rattray (2006) concludes that webbased GIS projects, such as the one developed for this project, help to democratize

access to information as the data is shared with the public.

Multi-Step Process

Techniques such as surveys, visits, and resident involvement are used commonly in ABCD and have been helpful in this project by enabling us to find resources within both formal and informal networks. Sharpe, Greany, Lee and Royce (2000) explore the best techniques for positiveoriented asset assessments and explained the need for the use of key informant and community leader interviews, another feature of our project.

Thus, this project involved a mixed-method design including qualitative focus groups to establish the key concerns of different segments of the community, followed by an online and paper survey of residents, and concurrent interviews with keyinformants and community leaders. Review of best practices literatures, compiling of secondary data, Geographic Information Systems (GIS) mapping and

analysis, and qualitative analysis of focus groups, community meetings, and key informant interviews was conducted. The participatory process for the development of data collection instruments with the "Partnering for Change" leaders allowed for identification of relevant items from the literature as well as obtaining input from members of the community on most important issues. This design provides the greatest validity and reliability.
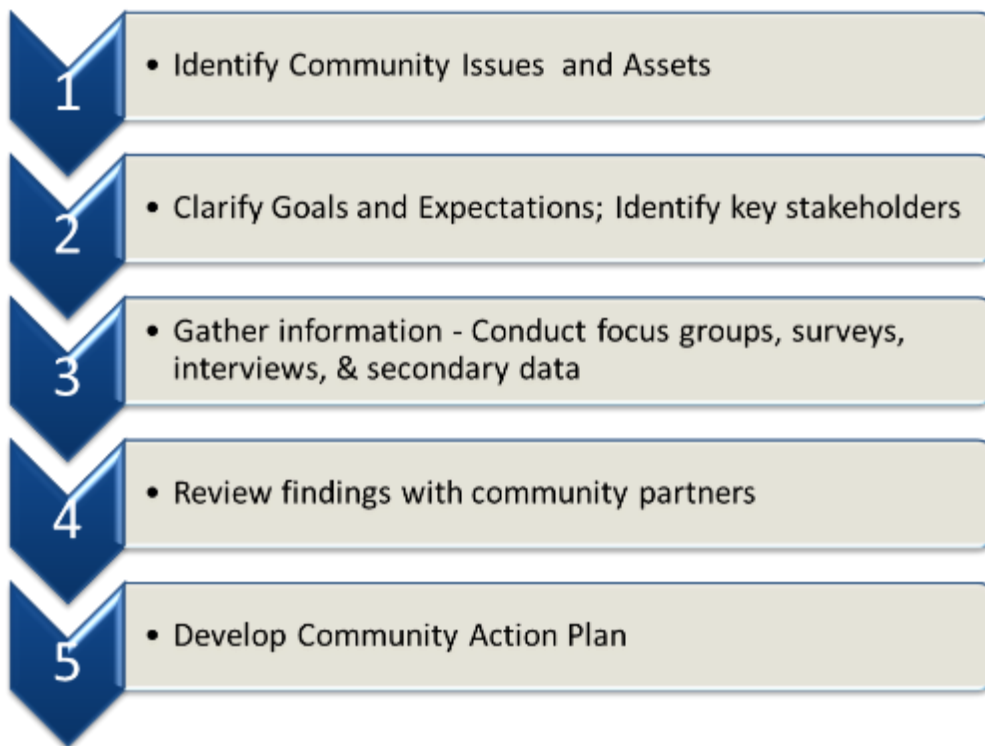
In all the UNCG- CHCS project team has:

1. Collected secondary data on the region and produced a "snapshot" report on social, economic, and demographic issues;

2. Compiled a database of assets and created an online interactive GIS map;

3. Conducted 11 focus groups,;

4. Developed a multi-modal resident and client survey (online and paper, n=573);

5. Conduct telephone interviews with 26 "key inform-ants"

6. Provided three training workshops; and

7. Conducted a day-long Community Action Planning retreat.

Research Methods

FOCUS GROUPS

1	• Identify Community Issues and Assets
2	• Clarify Goals and Expectations; Identify key stakeholders
3	• Gather information - Conduct focus groups, surveys, interviews, & secondary data
4	• Review findings with community partners
5	• Develop Community Action Plan

method. At the third and fourth visits CHCS staff delivered updated status reports on survey, focus group, and interview findings, provided technical assistance trainings on visioning and planning as well as rural opiate issues, and continued focus groups in Towns County and Cherokee County. Between visits, efforts continued with survey collection and additional submissions to the Community

Research Approach

Asset Map as well as key informant interview.

The final visit came in December 2016. CHCS made a presentation of findings-to-date and conduct an inter-agency Community Action Planning workshop. Outcomes of the workshop were recorded and used to guide additional research on best-practices.

Project Timeline

The project included three 1½ day meetings. The first will be for meeting with the "Partnering for Change" project participants, conducting an initial introduction, visioning session, and collaborative project development. Following this meeting data collection instruments and protocols were created, a revised timeline and Gantt chart developed. The CHCS teams then began secondary data collection including: Federal, State, and local economic, social, demographic, and policy data. With community assistance, CHCS compiled a database of non-profits, health services, educational services, churches, community organization, governmental agencies, etc.

Upon the second visit we delivered a status report and conducted focus groups with residents, business leader, government officials, and service providers in Clay County. Based upon the analysis of the focus groups we then developed a multi-modal resident and client survey (via web and paper). Dr. Mark Sills, project consultant, then began telephone interviews with "key informants" using the Assets Oriented Community Assessment
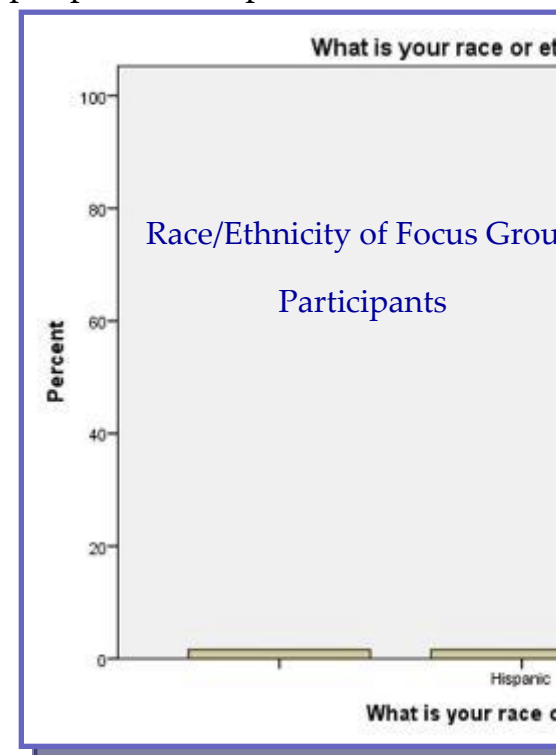
Focus Groups

It is customary in community research to work through complex issues with focus groups beforehand in order to clearly define concepts using the vocabulary of the community to be studied. The focus group, or group interview, is a common methodology that has been used as a means of data collection in the social sciences

FOCUS GROUPS

"Quantitative method is good for structural/institutional features, qualitative approaches are best for the meaningful stuff; our investigations need both, so let us do the decent

thing and make the best of both worlds."

for at least a century. Focus groups gained popularity in the 1930s and 40s with Robert K. Merton who used them as a tool for gauging reactions to wartime propaganda materials (Morgan, 1988; Hollander 2004). Since then, the methodology has been employed in a wide variety of research setting that call for a deep understanding of a groups'

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Race/Ethnicity of Focus Group

Participants

- Ray Pawson

Research Methods

time, expressed in the participants' own words, on precisely the topic of interest. The interaction between focus group participants adds additional complexity to data that may be missed in individual interviews.

Focus groups are 'co-authored' not 'collected'…Facilitators make authoring a group process, they are much like the conductor of an orchestra in that they provide the direction, the tempo, and help to draw out the best performances of the individual musicians… yet, they are also a social process, governed by the rules and norms of social interactions. Morgan notes, "group interaction requires mutual self-disclosure, it is undeniable that some topics will be unacceptable for discussion among some categories of research participants" (1996:140).

A series of focus groups with social service agency clients, com-

Research Methods

tal leaders, and service provider were conducted in each

county as a preliminary means for understanding the current "climate" of need, strengths, and resources. Moreover these focus groups assisted us in developing closed response categories for a survey instrument. Drs. Mark Sills and Stephen Sills served as the facilitators of these sessions. These groups were digitally recorded for the purposes of providing a reliable record of the sessions. The sessions were exploratory and involved an open-ended format. A "key-questions" list or focus group protocol was created prior to the sessions based on information gathered in meetings with the "Partnering for Change" leaders and from a review of the academic literature on the topic. Ms. Rachel Ryding reviewed recordings, extracting quotes and examples fitting a thematic code scheme developed by the project team. Verbatim quotes from the sessions add depth to the quantitative survey findings.

In all, 11 Focus Groups (3 in Clay; 3 in Towns; 5 in Cherokee) were conducted with: social service professionals, governmental agencies, church leaders, business community, clients of agencies, homeless group, and a Spanish speaking group. In all there were 71 participants; 62 participants completed exit surveys. A majority of participants were white females (68%) and the average age of participants was 57.

Multi-Modal Surveys

Web-surveys are convenient, cheap, easy to deploy, and are not restricted by the limitation of paper-based surveys. It has been well documented that for select populations who are connected and technologically savvy the cost, ease, speed of delivery and response, ease of data cleaning and analysis all weigh in favor of

Research Methods

INTERVIEWS

TIES TO THE AREA

15 native born

11 non-native

Of the native born, 9 had lived outside the region for at least several years

Of those non-natives the average time spent living in the region was 26.5 years

4 non-natives are married to natives

1 non-native had other extended family who are native

the internet as a delivery method for survey research (Sills and Song 2002). As many researchers have noted the design flexibility, geographic reach, security, and minimized interviewer error of internet surveys are superior to telephone and mail delivery methods. Data provided by these surveys comes back "clean" or ready for analysis . Yet, there are significant drawbacks to web-surveys. Results are often skewed to include more educated, more professional, and more technologically savvy internet users. Survey research methodologist have suggested the use of "multi-modal" or "multimethod" approaches to survey collection in order to capture a broader population, to maximize response rates, to reduce overall cost, and to avoid systematic non-response bias.

In order to reduce costs and increase response rates, a multi-modal survey design was used . This approach include email and post-card solicitations to a webbased survey. Simultaneously, a paper survey was conducted with service agencies, churches, and other groups to increase responses. News releases were published in local press to encourage community input.

A total of 573 responses were collected. The average (mean) age of survey participants was 54 years old. Most respondents were white, full time employed or retired and skewed toward higher education than the general population in the Southern Appalachia (18% High School Diploma, 18% some College, 25% Bachelor's Degree, 14% Master's Degree).

Interviews

Another of the methodologies employed in this project was to conduct one-on-one interviews with key informants. The purpose of the key informant interviews was

engage community leaders in open discussions about those issues that influence quality of life, both for good and for ill. These conversations were conducted privately and in

Research Methods

confidence. The leaders who agreed to the interviews were assured that their comments would not be utilized in a manner that would reveal to anyone the source of what the researchers were told. Conversations ranged from thirty minutes to more than one hour in length. In several cases, the initial interview was followed up by subsequent calls aimed at adding to or enhancing observations made during the initial interview.

A list of potential key informants was provided by the Hinton Center staff. This list included the names of a variety of community leaders from each of the three counties. The list included a total of 39 names of professionals and volunteers engaged in commerce, education, health care, social services, public service, and government. Each person in the list was contacted by telephone or email or both. Two individuals refused to be interviewed, and two could not be reached. Messages were left on voice mail and email for nine individuals who did not return our repeated calls. Ultimately, there were 26 completed interviews.

Each key informant was asked if they were a native of the region and if not, how long they had lived in this region. Fifteen of the twenty-six were natives. Nine of the natives had lived outside the region for a significant period of time in order to pursue an education or begin careers or for other reasons. Of the eleven key informants who were nonnatives, the average amount of time spent living in the region was 26.5 years. Four of the nonnatives were married to natives, and one had extended family members who were natives of the region. All of the key informants indicated that they are active in religious or civic organizations. A majority of them serve on boards or commissions and serve in multiple volunteer roles beyond their professional responsibilities. Altogether, this group of key informants had a very substantial depth of experience and knowledge of the region.

Findings

Data from the web survey and paper based surveys have be emerged and prepared for analysis with the Statistical Package for the Social Sciences (IBM SPSS v23). We have conducted descriptive and bivariate statistical analyses as appropriate. Focus groups and interviews were reviewed for thematic domains and verbatim quotes have be incorporated into the report to "flesh out" or provide "depth" to key points.

Identifying Effective Institutions

Interviews

The key informants were asked to talk about which institutions they feel are most effective in terms of meeting significant human needs in their community. The list of organizations was lengthy, but several organizations were named repeatedly. In addition, nearly one-third of informants mentioned that families are strong and committed. This, in their opinion, is at least as important as the more formal
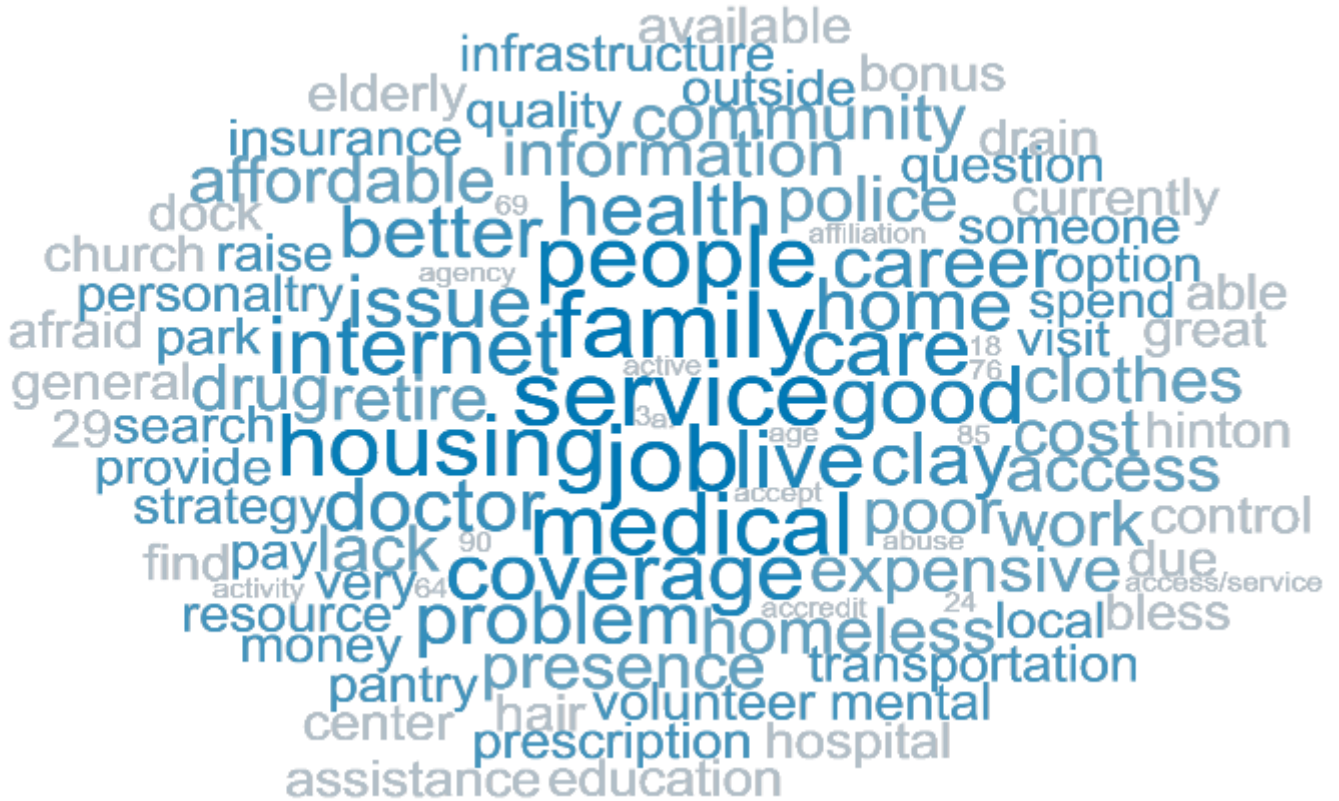
institutions that exist throughout the community.

Findings

IDENTIFYING EFFECTIVE INSTITUTIONS

Research Methods

FINDINGS

In general, informants were agreed that the public schools are effective and that they play a very significant role within the community that goes far beyond merely providing a basic education for students. Informants in Clay and Cherokee counties were especially enthusiastic about the quality of the schools and the degree to which schools are equipped to respond to the needs of their students. Other institutions that were frequently mentioned:

- REACH in Clay and Cherokee counties

- HAVEN Community for Students (formerly Communities in Schools)

- St. Vincent de Paul in Cherokee County

- Family Connection in Towns County

- Matt's Ministry

- Public transportation services in each of the counties

- Department of Social Services in Clay County

- Job Link in Cherokee County
  - Tri-County Community College

- Clay County Health Department

- Foursquare Community Action

- Murphy Medical in Cherokee

- Hinton Center

- Food pantries

- The John C. Campbell Folk School

- Cherokee County Sheriff Department

- Towns County Commissioner

Research Findings

IDENTIFYING EFFECTIVE INSTITUTIONS

- Vocational Rehabilitation in Cherokee County

- Chamber of Commerce in all three counties

- Fairgrounds in Towns County

In addition to naming specific institutions, informants often spoke of the importance of civic clubs such as the Lion's Club, Kiwanis, and Rotary for addressing needs in the community. Many of them also discussed the fact that for many people, the neighborhood or family church tends to be the first place they turn for help in times of need. Informants tended to express confidence that most clergy are knowledgeable about community organizations and resources and thus able to make referrals when people turn to them for direction.

"Almost any day of the week you could probably find one church doing lunch or an evening something, almost any night or
day of the week in one of the few counties
that are around us, and it's all supportive of
making sure people can be fed and not hungry."

FOCUS GROUPS

In discussions of effective community resources and institutions, many focus group participants mentioned the local churches. Churches in the area seem to play a huge role in offering formal and informal supports for residents of the three counties who are in need, and do quite a bit to help those who might fall through the cracks. It was also revealed that many people will go to their church for assistance with an issue before going to the Department of Social Services or any other governmental organization. Churches were mostly credited with ensuring locals had access to enough food resources in the form of food pantries and community dinners.

Schools in the area were also repeatedly mentioned for their quality and resources they provide. Because of their smaller size, students often get more individualized attention. According to one participant, when workers in the school system here are referred to a child who is having issues:

"when you do get a case, you really, really focus on that child. Even the smallest of offenses will come to me and I'll spend just as much time working with a kid who has missed a couple days of school as the one who has fought with other people."

Another woman who had moved here from a larger metropolitan area as a child and finished school here

agreed: "The schools are a lot better up here. Down there you're just a number." The function that these institutions serve is not just educational, though. Organizations are able to get resources to needy families through the school system, by using programs such as those that send home food through school backpacks.

ing more tourism and money into the area by hosting tournaments and conferences that invite participants from many different places that otherwise would not come to this area. It was also revealed in one focus group that there are informal resources in the community that are often hidden from outsiders but known to locals. For example, the local hardware stores are capable of providing referrals for quality work and acting as a de facto information hub for labor resources in the community to those who are seeking honest work on their homes.

Social Ties and Cohesion

Interviews

Residents of Towns County were very pleased with the array of recreational facilities in their county and saw these as a great resource for the community. These facilities have been instrumental in bring-

SOCIAL TIES AND COHESION

Each individual being interviewed was first asked to discuss those aspects of the region that contribute most to a great quality of life for themselves and their families. It was not surprising that in almost every case, the initial discussion centered on the natural beauty and the physical features of the region. These included the lakes, the National Forests, and the mountains. Many talked at length about the importance of the trails, camping areas, rivers, and other environmental assets that make the region so attractive to vacationers as well as to residents.

There also was a great deal of agreement concerning the role people play in having a great quality of life. More than 80 percent of the key informants mentioned that the area is filled with good, friendly people who are quick to respond when needs are made known. More than one informant used the term "Southern hospitality" to describe the way people relate to one another in this area. Overall, the impression given was that the people who live in these three counties tend to be generous toward their neighbors and helpful even to strangers.

However, almost every informant who had moved into the community from elsewhere and more than half of those who are native born mentioned that the welcoming spirit of the community will abruptly end if someone attempts to bring about any significant change.

Another positive quality of life mentioned by many of the key informants was what several described as a "slow pace of life." Slightly more than half the key informants talked about the lack of traffic jams, the relaxed business environment, and a low crime rate. These were all factors that make life in this region positive for many people. Informants talked about having time to be involved in the community and having time for their children. More than half of those who had moved from other areas talked about the lack of pressure they experienced, both socially and physically. One informant said that just driving into the region after visiting family in Atlanta caused his blood pressure to drop.

The next most mentioned factor contributing to a great quality of life was schools. More than 40 percent of the key informants pointed out that this is a great part of the country in which to rear children, largely due to the high quality of public education available. This observation was especially common to informants from Clay and Cherokee counties. Several of the informants discussed pressures that public education has begun to face in recent years, but felt that the quality of schools continues to be above average. In addition to good public schools, the presence of a wellrun community college and a respected four-year private college in the area were also credited with adding to a good quality of life.

One-third of the key informants discussed the positive contributions to quality of life made by civic, religious, and social service organizations. Almost to a person, informants attributed much of the success of these institutions to having a large, wellinformed, and active corps of volunteers. Even lifelong residents were quick to acknowledge the substantial contribution made by retirees from outside the region who now serve on boards, raise funds, and carry out the mission of these critical organizations in the community. Informants also discussed the positive aspects of inter-agency collaboration.

Many suggested that helping organizations in the area are willing to work together to provide assistance to those in need. Turf battles, so common in urban areas, appear to be rare in these three counties. This mutual respect and support extends to churches that, according to those interviewed, tend to work together in very positive ways to help needy families.

Focus Groups

Among both those who have moved to the area from elsewhere and those who are lifelong residents, the most commonly

cited reason for staying permanently in the region was the friendliness of the people here. This friendliness was attributed to the small-town environment and the slower pace of life found here. Those who had children or were planning on children all consistently made the claim that they felt this was an ideal community in which to raise a family. According to one focus group participant: "There's a friendliness here, it's something unique and something that I'd never found anywhere before."

This was just as true coming from those who had lived elsewhere prior to coming to live in this area, who also described the natives here as more accepting than natives of other communities or larger urban areas where they had lived previously.

"The Appalachian people, the mountain people, they take care of themselves and if they're aware of a need, and if you have the ability to help someone, people up here do that and they do that religiously."

ATTITUDINAL ISSUES

Many of the natives to these three counties also expressed a great pride in taking care of each other. This strong sense of community responsibility offers a great asset to those who live here. Two specific examples of this kind of cohesion emerged in focus group conversations. One group told the story of an elderly woman who was facing an imminent eviction from her home. When members of the community learned of her situation from the local paper,

they came together and worked to connect her with resources and find an alternate living arrangement, ultimately extending the time she had in

SOCIAL TIES AND COHESION

her home. In another instance, a group formed an email listserv of community members who were able and willing to help individuals who had needs that the formal social service agencies were unable to fulfill. When a social worker had a family that they could not provide a service too, they would forward the need on to this group of citizens, who would then pool their resources to help in whatever manner necessary. The perception was that residents in this community rarely let a severe need go unmet if they are aware of it.

Attitudinal Issues

Interviews

The key informants discussed a wide variety of attitudinal issues that they feel can affect the quality of life within the region. Some of those attitudes have both positive

and negative aspects. For example, the rather strong sense of self-reliance that is common in this region has been a key factor of survival for individuals and families who have weathered both natural and societal storms for many generations. However, this same selfreliance attitude can cause folk to not seek help for problems that they cannot solve alone.

One common aspect of the selfreliance attitude that was mentioned by several of the key informants is that of "making do." People who have had very little in the way of material resources have developed a pattern of "making do" with what they have. While this may be a positive coping skill in hard times, it also can become such a deep set mindset that people do not utilize resources that are available to help them improve their lives. Some may even reject efforts that would be very beneficial to them. This attitude can also have a negative effect for employers since, according to several key informants, some people in this region will simply quit a job without notice whenever anything happens that they do not like.

Several key informants discussed another aspect of the self - reliance attitude that shows up among those who are in positions of power and authority. This is an attitude that rejects the potential contributions that could be made by those who move into the area as retirees, or as spouses of persons transferred into the area by their employers. Several of the key informants said that it is difficult to get a good job in this area unless you know someone in a position of authority, or better yet are related by blood to such a person. Almost every informant not native to the area, mentioned this issue as being something that serves as a barrier to progress. More than one said that an employer in this area will likely hire an unqualified local person for an open position before allowing that job to be taken by a fully qualified outsider. Several of the native born key informants were very critical of the casino in Murphy for hiring so many "outsiders" instead of locals, even though the locals had no

ATTITUDINAL ISSUES

What about the community adds to the quality of life?
- *it is a place where we wanted to raise children, it's home*
- *The low crime rate, we don't have to lock your doors*
- *farm to table, growing your own vegetables*
- *outdoor activities; so many state parks in close proximity; waterfalls*
- *friendly people and knowing everyone*
- *freedom here that you have that you feel safe, you feel safe here*
- *It's peaceful*

qualifications for the jobs and many could not pass the drug screening requirements for those positions. According to two informants, even the school systems in this area will pass over highly qualified teachers who had moved into the area in favor of much less qualified native born applicants.

Eighty percent of the key informants mentioned in one way or another that there is a prevailing attitude in this region that almost instinctively resists change. Some of the key informants described this in terms of a fear of growth that could lead to changes in the ways things are done. Others described it in terms of a fear that change would encourage an influx of people who are "not like us." According to the key informants, this resistance to change has led some parts of the region to create barriers for infrastructure improvements, a pattern that has greatly hindered growth of tourism and other forms of economic development.

The resistance to change, in the minds of many of the key informants, is one of the largest

threats to maintaining a positive quality of life over the long-haul. As one informant said:

"without a growing tax base, the current population cannot sustain the services and institutions we now have that help to make this

a great place to live."

Many other key informants lamented that this resistance to change is keeping the economy stagnant, making job formation almost impossible, and thus making it difficult for their children or grandchildren to consider living within the region once they have completed their schooling.

ATTITUDINAL ISSUES

Focus Groups

Focus group participants described several attitudinal challenges faced by the community: an attitude of 'making do'; pride; entitlement, and resistance to change. Often differences in attitudes were indicative of a divide in the community, and at conflict with the social ties and cohesion that act to strengthen the community.

Repeatedly focus group participants referred to an attitude unique to the native residents of these counties, especially some of the elderly population and those who have grown up with generations of poverty. That is the attitude of 'making do'. If a person can get by with what they have, or with what their family has always had, and 'make do', then why should they ask for more? Native residents, as opposed to the retirees who have moved in from outside the area, were perceived as not taking initiative to access certain resources because they had always gotten by without them or had taken care of needs themselves. Outsiders, on the other hand, tend to seek out the

formal supports more frequently because they don't possess the same attitude of, "I can make do with what I've got."

Closely connected to the attitude of 'making do' was an attitude of pride among some locals that prohibited them from asking for help. In discussing the gap between available resources and the needs of people in the community, one person stated: "It's not the fact that there aren't things, it's the fact that they have too much pride to ask."

Pride, especially the pride of elder generations, was consistently cited as one of the greatest barriers to receiving help with issues such as food insecurity. In many cases, as described by another participant, "their pride won't let them ask and they will do without before they ask for help."

A resistance to change was described at the level of both individual community members and county leadership. One local woman who was actively involved in volunteer organizations in the community and struggled to get other natives similarly involved

attributed this to a cultural characteristic of locals.

"We're not joiners," she said. "It's our culture. [...] We don't join, we look after our own but we don't get involved in stuff."

This is representative of an attitude akin to that of 'making do', namely that many locals are doing just fine taking care of their own and have no desire to work with any other organizations that may change conditions in their own lives or the community. Some of the lack of economic development in the region was attributed to the reluctance of the major stakeholders and landowners in the community to encourage new interests in the area. Some participants felt that economic development was actively discouraged because of this deep-seated resistance to change by those with means.

There were also descriptions of rampant generational poverty that many providers linked to deep-seated attitudes of

entitlement and a lack of pride in some of the younger generations.

"You have a lot of generational poverty that's here, and they see everything around them but it never occurs to them that they could rise up above what they grew up in. It's a mental block as much as anything else."

One provider described her observance of generational disabilities, in which multiple generations of family receive disability benefits and that is normalized within families. While many older generations struggle and could use resources that they are too prideful to ask for, on the other hand there are many residents who have grown up learning how to ask for everything and expect assistance. Multiple participants described this phenomenon as "a vicious cycle", and one that is often acceptable to those that are caught up in it because of their attitudes.

There were also descriptions of rampant generational poverty that many providers linked to deep-seated attitudes of entitlement and a lack of pride in some of the younger generations.

Research Findings

Interviews

Almost all of the key informants mentioned divisions within the community in one form or another as being a factor that interferes with a great quality of life. For some of the informants that division takes the form of tension between the native born and all other "outsiders." Most agree that this tension exists. They also tend to agree that the tension only shows up at certain times and otherwise is not an on-going issue. When it does show up, however, it can be quite troubling. More than half those who had moved to the region from elsewhere mentioned that it would be difficult (some said "impossible") for a non-native to gain election to a major political office. More than one mentioned knowing someone who had been warned forcibly to drop plans to run for office.

Another example of social division mentioned by multiple key informants involves tension between Evangelical Christians and anyone not considered Evangelical. What some informants described as a judgmental attitude appears to make collaboration difficult in some situations. Several key informants said that this division hinders progress for some community organizations because Evangelicals dominate the leadership and tend to block participation by those they do not consider to be "Christian enough." On the larger social level, the Evangelicals have the political strength to block efforts to allow restaurants to serve mixed alcoholic drinks. Several of the key informants mentioned this as an example of how the Evangelicals hinder economic growth and stifle efforts to grow the tourism sector.

Finally, several key informants mentioned that ethnic and cultural minorities in the area are not integrated into the social

EXCLUSION OF OUTSIDERS & FOREIGNERS

EXCLUSION OF OUTSIDERS & FOREIGNERS

mainstream because it is made clear in both subtle and overt ways that they are not welcome. Two informants mentioned that this social exclusion extends to the LBGTQ population as well. "Fear of difference," as one key informant described it, prevents the region from attracting tourists and potential investors who could greatly enhance the quality of life and sustainability of the region in the long-term.

Focus Groups

The exclusion of outsiders runs parallel to the resistance to change attitude expressed by much of the local leadership and communities. These communities experienced a social division between those that were native to the region and those that have moved in from someplace else. This division manifested itself in a few ways. One was the exclusion of outside industry that could potentially bring about change within the

community. Participants argued that there were several powerful families who owned large tracts of land and had interests in the community that were prohibitive to economic growth and development. However, there was also the belief that in some areas, the power of the local stakeholders was slowly declining, especially those locales with greater influxes of younger retirees who have the time to get involved in local politics and organizations.

Those who did move into the community and were a working age had a much harder time fitting into the community than the retirees because they were more financially dependent on finding a job and place among the locals. One man described having an incredibly difficult time finding a job after moving to the area with his wife, even though he was a qualified and experienced teacher from another state. He then recounted going to a school board meeting where:

"the superintendent actually said out loud that he

wanted to keep all the people from out of town from working in the schools."

After a year of unemployment he was eventually forced to take a job for which he was overqualified and underpaid.

Another woman who had grown up in the area, moved away, and then came back when she retired, described being treated like an outsider when she moved back to her home county. In her experience, despite being a local and from here, she had to work her way back into being considered a local and not a 'city girl' by those who had remained in the area their entire lives. There were also multiple people who had lived in the area for decades and yet were still considered to be outsiders by the locals. One person joked that to be truly considered a local to the area, someone's family would have to go back at least four generations here.

Substance Abuse and Mental Health Issues

Interviews

The second most mentioned negative issue was substance abuse. Approximately seventy percent of informants mentioned this as a significant and growing problem that affects quality of life for the entire community. Of the thirty percent who did not mention this as a concern, when asked about it, simply said they had no awareness that drugs are a

some residents to live in fear of being a victim. Several informants who work as professionals or as volunteers in social service organizations talked about the large number of children being removed from their homes and placed into foster care due to the parent's being addicted to opiates or heroin. There was concern expressed by two informants that there are a significant number of children being informally "given"

and very limited drug treatment services available to those trying to get off drugs. One key informant who holds a public position said this is not so important since drug users typically don't want to quit using. However, a majority of key informants indicated that the lack of readily available substance abuse treatment options was a serious concern.

The lack of treatment services for

SUBSTANCE ABUSE AND MENTAL HEALTH ISSUES

problem or they said that the drug problem only affects a few people and it is overall a minor concern for them.

Those who did indicate that drugs are a problem mentioned several ways in which the problem is affecting quality of life throughout the entire community. For example, several business people among the informants

to unrelated adults because the parents are unable to provide adequate care due to substance abuse issues. These unsanctioned foster care arrangements are done without the awareness of state agencies and have no oversight to assure that the children are being properly cared for. The lack of official foster care homes that are available, with only one in Towns County and

substance abuse carries over into a general shortage of services for mental health and behavioral health needs. The public schools have only minimal counseling services. Residents of all three counties have to drive out of county in order to find mental or behavioral health services. This makes it difficult if for many of those most in need of help.

Focus Groups

SUBSTANCE ABUSE AND MENTAL HEALTH ISSUES

said that it is difficult to find employees for job openings who can pass a drug screening test. Some informants expressed concern that a growing drug problem was leading to an increase in crime and causing

very few in Cherokee and Clay, leads to many children being sent out-of-county.

There are few on-going substance abuse prevention programs active in any of the three counties,
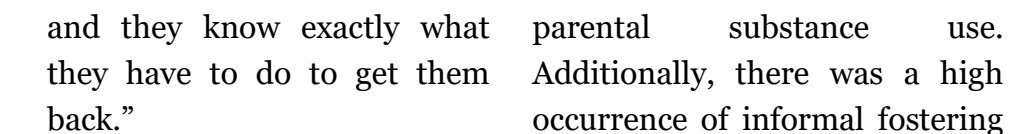
The increasing prevalence of substance use in this rural area was one of the most common issues raised in the focus groups. It was discussed to some degree in each meeting and was identified as a top priority that needed to be addressed in order to improve the quality of life in five out of the eleven focus groups. Residents observed that in recent years prescription medications and heroin were becoming a greater problem in the community than ever before. This issue spread to have a ripple effect across all other areas of life, and four major problems were consistently identified.

The first was a drain on social service resources and a persistent financial dependence of those who are addicted. Many providers held the perception that those who were addicted were working the system in order to support their habit and teaching their children to become dependent upon the system to make a living.

"And they know that with the system, they know exactly how far they can push it and they know exactly who will help them and how much they'll help them. They know what they have to do to lose their children

and they know exactly what they have to do to get them back."

Those who worked in the social service profession and with some of the other non-profit service organizations said that the majority of their clients had some sort of substance use or mental health disorder that made independence from these services virtually impossible.

Those who had experience working with children and the foster system had similar

observations. In all three counties the majority of foster care placements were the result of parental substance use. Additionally, there was a high occurrence of informal fostering of children due to drugrelated issues, in which grandparents or other relatives were acting as the primary guardian for children. This cycle was also perpetuated across generations. One participant was fostering young children whose parents she had previously fostered years earlier and said that both cases were the result of substance use problems. Those with children in the local school systems said that it was

not uncommon to see more grandparents at the schools for events and teacher meetings than parents.

The presence and persistence of a drug problem here was directly tied to the employability of native residents and the impact of new industry on the community. The story of Harrah's Casino was repeatedly used as an example: two years prior, the casino had opened up and sought to hire a few hundred employees. This was supposed to help with unemployment in the region. But, the vast majority of locals who applied for jobs at the casino were unable to pass the drug test and thus were not hired. As a result the casino hired employees mostly from outside of the region, and this has had ripple effects on availability of affordable housing in the community. The unemployability of the labor force due to drug use functions as a significant deterrent to larger industries locating to the region and affects many other businesses in the region. Another participant who worked with a local organization said he put multiple advertisements over several weeks in the local paper

for a job opening, but he also stated that the position required a drug test and only received a handful of inquiries about the job and one application because of how many unemployed people are unable to pass a drug test. Finally, there is a shortage of any sort of substance use disorder treatment resources in these counties. There was one methadone clinic in the area, but focus group participants had mixed opinions of the efficacy of this particular program and cited that getting there for services every day presented a severe barrier to most clients. Law enforcement and court efforts to deal with the issues were described as a "revolving door" due to lack of effective treatment services to send people.

"We're putting a Band-Aid on this drug problem, we're not doing anything," said one focus group participant. "We can send them other places, but if this is home and they come back here, there's still no services."

People may go elsewhere to receive inpatient treatment, but then they come right back to the same community without

adequate recovery support services. Several people mentioned an outpatient service in one county, but this was a difficult resource for people to access if they worked or lacked transportation.
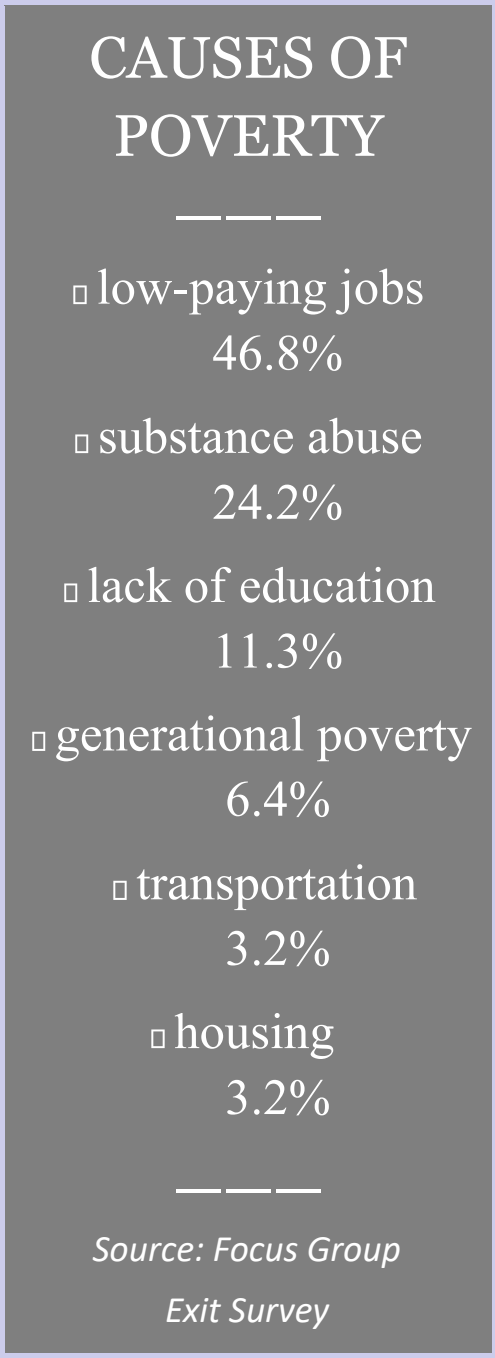
Lack of Jobs Paying a Living Wage

Interviews

Key informants were asked to reflect on those issues that negatively impact quality of life for themselves or their neighbors. Primary among the many items discussed was the general lack of well-paying jobs. More than eighty percent of the informants indicated that the lack of jobs paying at least a living wage was a significant problem. For several informants, this was a problem that affected members of their own family. Several of the informants talked about employers who hire people "under the table," paying day wages in cash with no withholding or other benefits. Others lamented that their own children had to leave the area in order to seek decent jobs.

Several business people as well as several involved in providing social services talked about how the lack of living wage employment encourages people to avoid work altogether. They piece together a subsistence existence by using public services such as Medicaid and food stamps along with temporary under-the-table pick-up jobs. If they took full-time minimum wage jobs, they would lose most of their public benefits and not have enough wages to live on. In short, these informants believe that for many residents of the area, not having a real job is more sustainable than having one.

CAUSES OF POVERTY

———

☐ low-paying jobs
46.8%

☐ substance abuse
24.2%

☐ lack of education
11.3%

☐ generational poverty
6.4%

☐ transportation
3.2%

☐ housing
3.2%

———

Source: Focus Group Exit Survey

LACK OF JOBS PAYING A LIVING WAGE

LACK OF JOBS PAYING A LIVING WAGE

In particular, key informants tend to feel that fear of growth and resistance to change leads to decisions that inhibit development, sometimes inadvertently, sometimes intentionally. There was a general agreement among key informants who shared this concern that Towns County is doing a significantly better job of attracting economic development than Cherokee County and especially Clay County. Those key informants from Clay County were virtually unanimous that too little is being done to encourage job growth. Several stated that, in their opinion, some Clay County leaders actively work to discourage economic development.

Focus Groups

Residents discussed in great detail the lack of jobs paying a

Reasons for Job Losses	N	Percent	Percent of Cases
Position abolished	46	14.9%	25.3%
Personal health/ illness/ injury	46	14.9%	25.3%
Plant or company closed or moved	42	13.6%	23.1%
Hours cut	34	11.0%	18.7%
Transportation issues	23	7.5%	12.6%
Family health/ illness	23	7.5%	12.6%
Lack of advancement opportunity	16	5.2%	8.8%
Lack of childcare	15	4.9%	8.2%
Work-related injury	13	4.2%	7.1%
Pregnancy	12	3.9%	6.6%
Other (please specify)	38	12.3%	20.9%
Total	308	100.0%	169.2%

living wage in the community. This contributed greatly to the brain drain phenomenon as well as the dependence upon social services. For many locals, not working and drawing unemployment or disability payments

allows them to make a better living than working when the only available jobs are minimum wage with minimal to no benefits. Those who do work often don't make enough of an income to survive without dependence upon other organizations such as the local food pantries. Since a big portion of the local economy is seasonal and focused on tourism, many people can only find employment part of the year and have to work multiple jobs in order to make it through the year.

"You have two ends of the spectrum here," said one participant. "You either

have jobs where you pretty much have to have a four year degree in order to ob-

What is your employment status?
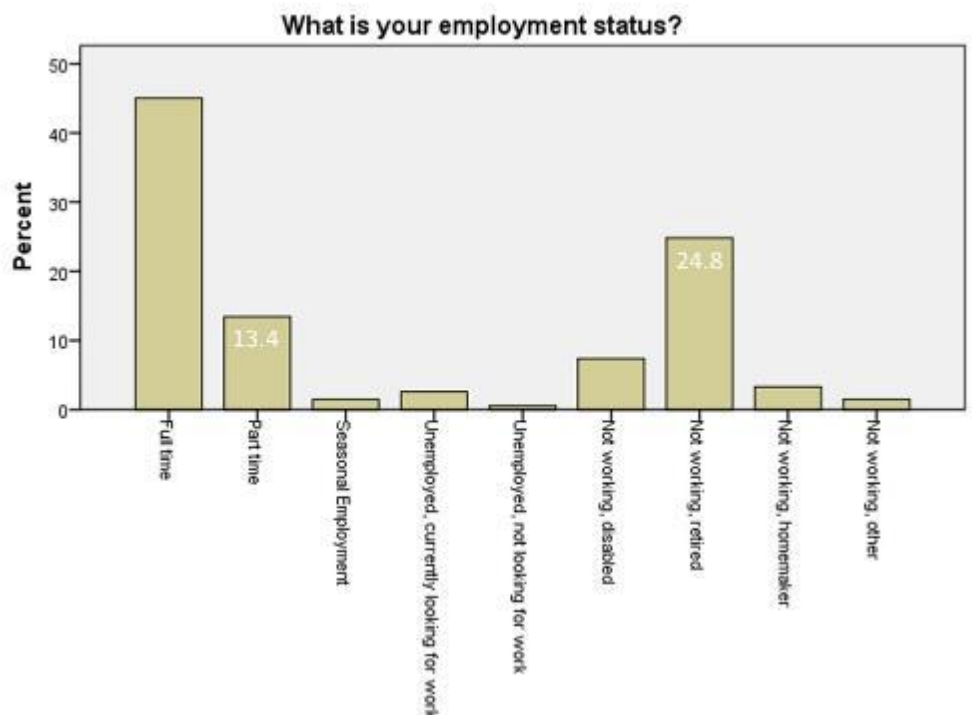
tain those jobs, or you have the minimum wage jobs.

There's very little in between work."

This region was also hard hit in the late 2000s with the economic recession. At that point, a lot of the local economy was centered on building houses for retirees and vacationers, but when the economy declined the building completely stopped. Construction jobs seemed to fill the gap between minimum wage employment and jobs that required four year degrees, and

when that went away there was little left for those in-between. Even those jobs that require a four year degree often have starting pay that is barely above the poverty line for a family, according to several residents.

The existence of a brain drain, in which educated younger generations move away to find better economic opportunities elsewhere, was also noted in these communities. This was a result of the strong educational resources in the area and lack of jobs paying an affordable wage. For example, the Tri County Community College offers a variety of educational

Research Findings

TRANSPORTATION

Would you like help with these job related issues?	Responses		Percent of Cases
	N	Percent	
Career/job training	23	6.8%	8.6%
Resume writing	18	5.4%	6.7%
Work clothes	18	5.4%	6.7%
Career assessment	15	4.5%	5.6%
Job Interviewing skills	15	4.5%	5.6%
Career Information options	14	4.2%	5.2%
Job search strategies	13	3.9%	4.9%
None	220	65.5%	82.1%
Total	336	100.0%	125.4%

opportunities and vocational training, and while this is a great resource, one participant countered with: "The bad thing about Tri County is that we're training all these students, but then they get jobs other places." Education may be

TRANSPORTATION

a stepping stone to a better quality of life somewhere else.

Residents agreed upon the extreme difficulty faced by young people trying to stay in the area and raise a family because of the lack of job opportunities. While this had always been a problem, this was exacerbated by the housing market crash in 2008, prior to which there had been more construction jobs in the area that sustained some families. "It just stopped when the building stopped. And there's nothing else around here, there's

never been anything up here but carpentry if you're not a school-

teacher or a paramedic or don't work at a hardware store."

Residents also agreed, however, that a decent percentage of people who grew up here and moved away to pursue better job opportunities and raise a family eventually move back to retire. The majority of the focus groups

had at least one participant if not more who had followed this pattern, and it was discussed in all of the meetings.

"Who wants to work in fast food, you know, when you've worked this hard on an education? Who wants to come back here when they have nothing to offer you?"

Transportation

Focus Groups

Transportation in these counties was extremely limited. There were some daytime, weekday transit services available for a fee, but this was not reported to be very useful to residents who worked or needed to travel across the county. Reliable and more convenient transportation was cited as one of the greatest deficits in those focus groups that contained people who worked with the shelters and those that had members experiencing homelessness. For these populations, lack of transportation was an especially powerful impediment to finding housing and employment because it limited the geographic radius within which they could search for both affordable housing and a job. With the transit system running no later than five o'clock in most areas and not on the weekends, people who worked nights or weekends in the service industry, which forms the bulk of the low-income, available jobs in the region, were left with virtually no transportation to use to get to work.

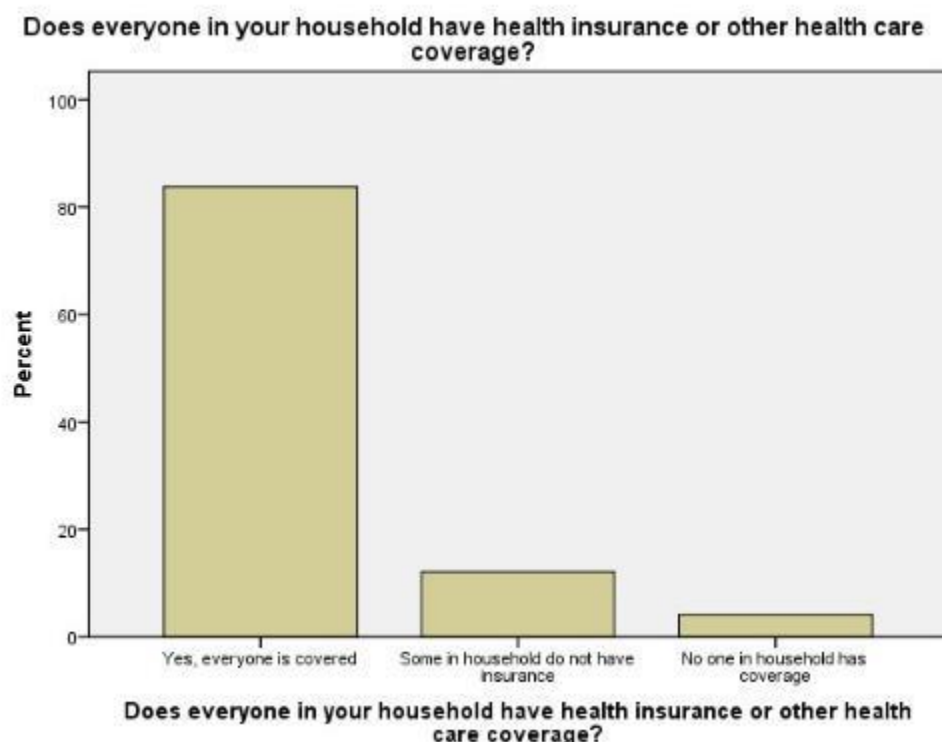Being in a rural area presents different challenges than an ur-

Do you or someone in your household have any unmet needs related to health care issues?	N	Percent	Percent of Cases
Dental care	98	12.8%	22.1%
Eye/vision care	77	10.1%	17.4%
Prescription medication ($ for)	50	6.6%	11.3%
General Medical care	44	5.8%	9.9%
Sleep problems	42	5.5%	9.5%
Diabetes	36	4.7%	8.1%
Hypertension	26	3.4%	5.9%
Pulmonary Diseases	21	2.8%	4.7%
Hearing care	21	2.8%	4.7%
Mental Health care	19	2.5%	4.3%
Heart Disease	17	2.2%	3.8%
Transportation to appointments	11	1.4%	2.5%
Medical equipment	11	1.4%	2.5%
Substance abuse treatment	5	.7%	1.1%
Child diagnosed with disability	2	.3%	.5%
STD's (Sexually Transmitted Diseases)	1	.1%	.2%
Other (please specify)	18	2.4%	4.1%
NONE	264	34.6%	59.6%
Total	763	100.0%	172.2%

HEALTHCARE ACCESS

That's not a support to me." This particular route was not

Healthcare Access *Focus Groups*

Does everyone in your household have health insurance or other health care coverage?

Does everyone in your household have health insurance or other health care coverage?

ban area with respect to transportation because resources are more spread out. As one participant said,

"You can't just walk to the store here."

In addition to the limited bus routes throughout the counties, residents talked about one bus that went to the casino for one dollar everyday. "It disappoints me that our county says, 'Sure, we'll take you to the casino.'

described as an asset to the community, but rather, "we're providing transportation so they can go lose their money." The perception here was that some of the transportation services that are available could actually be harming more than helping locals who are already struggling financially and are in need of resources and effective transportation to work.

Most focus group participants agree that there are good doctors practicing in the area, especially primary care doctors. However, there were not always enough specialists in the area. Two families with young children reported having to travel to another county to see a pediatrician. People spoke often of driving to Gainesville or Atlanta in order to receive specialist care. Those with Medicaid also struggled to find care, because they sometimes

had to traveled further to find a provider who would accept their insurance. One focus group determined that the closest dentist who accepted Medicaid was in Ducktown, TN. Many residents struggled with insurance at all, because of the lack of employers in the area that were large enough to provide insurance benefits to employees. Those who fall through the cracks end up using the ER because they don't have to pay upfront to receive care.

Transportation to medical appointments also provided a barrier in access to care. Someone who has to travel for a medical appointment would have no easy way to get there. The time spent traveling to get to appointments with specialists means that a person would have to take a substantial amount of time away from work in order to receive care. Because many doctors are not close and the transportation system is limited, those residents without stable transportation of their own face the additional burden of finding a way to travel, sometimes long distances. If they are fortunate, people can get a family member or a neighbor to help them get to specialist appointments, but otherwise they are out of luck.

Food Insecurity And Food Access

Many people in the focus groups also described a lack of affordable food options. "I think a lot of people fall in the cracks," said one service provider.

"We don't have many choices here for places to buy food if you're here. Ingles is very expensive and if you are the working poor and you're not on food stamps or something like that, I think it is hard."

The major grocery store, Ingles, in Clay County was very expensive and seemed to cater more to the tourists and outsiders than the locals.

FOOD INSECURITY AND FOOD ACCESS

Food Insecurity

- *Many people fall in the cracks.*
- *Not a lot of options to buy food here if you are the working poor and not on food stamps, Ingles is expensive.*
- *It's available but a lot of those people are too proud to come, and this goes along with the elderly that don't want to admit that they have a problem.*
- *Don't always know how to buy and make them last so food pantries end up filling the gaps.*
- *Elderly have the greater food issues because food stamps are authorized based on income so often only get $15 a month.*
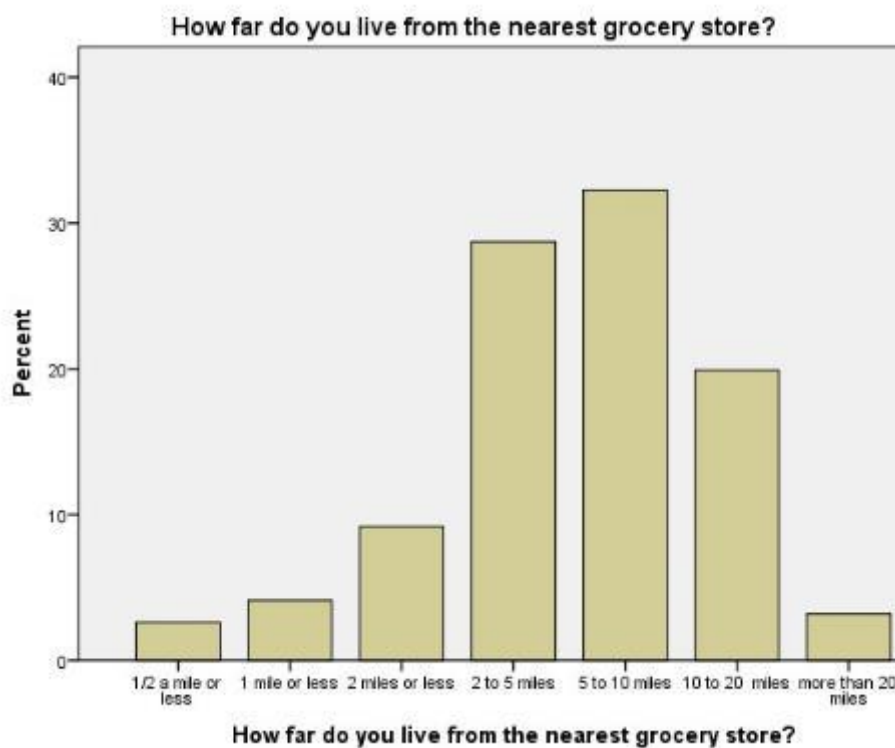
"That's why you see all those people lining up at the food pantries. Because, you know, have you been to the grocery store lately?" There seemed to be a substantial portion of the population who made too much money to qualify for enough food stamps; many elderly who lived on fixed incomes were reportedly receiving between $16 and $20 a month in food stamps. But for these populations, their income was not actually enough to be able to afford to buy enough food from the local stores. "We're impoverished," stated another provider. "Every child in Cherokee County qualifies for free meals and that tells you something."

In order to combat this problem local churches and other organizations offer numerous food pantry and meal options. Sever-

FOOD INSECURITY AND FOOD ACCESS

How far do you live from the nearest grocery store?

Percent (y-axis: 0, 10, 20, 30, 40)

Categories (x-axis): 1/2 a mile or less, 1 mile or less, 2 miles or less, 2 to 5 miles, 5 to 10 miles, 10 to 20 miles, more than 20 miles

How far do you live from the nearest grocery store?

al people from different focus groups all made the claim that there is a free meal somewhere every day of the week. Many providers had the perception that there were ample food resources for members of the community, but the problem was that many people were too proud to ask for help or seek out the resources they need. Some organizations sent home food through school programs, but this did not reach everyone. The limited hours of some of the food pantries were also a hindrance for many residents who qualified for this kind of assistance. Often, hours when people

Interviews

The third most often mentioned issue that negatively affects quality of life in these three counties has to do with a shortage of affordable yet decent housing. Slightly more than half the individuals interviewed identified this as a significant issue in their county. They discussed a shared perception that many children and many elderly adults live in substandard housing, often in situations where multiple families are crowded together in a single house. Substandard housing is often a major contributing cause of preventable illness and injury in children.

The shortage of affordable housing has many causes according to the key informants. A lack of public funding keeps subsidized housing quite limited. Limited or lacking inspection and enforcement of building codes allows the existing stock of housing to be allowed to deteriorate over time. Finally, the stock of subsidized housing that exists

SHORTAGE OF AFFORDABLE HOUSING

and you can't find a place to sit down and you wouldn't want

elter; no temporary housing for a family

ino was built…houses or rents have nearly doubled because of

han finding rental. "

sing market it is a perfect picture with many options and low ople to buy but only if they can get a job up here. If you don't take it."

rental side, if less than 500$ per month you run the risk of s. Something below 800-1000 is still hard to find that is in

has full occupancy and long waiting lists in all three counties.

One very recent factor that has contributed to the shortage of affordable housing has been a

substantial influx of workers from out of the region who have moved into the area in order to take jobs

at the Cherokee Valley River Casino in Murphy. One informant who owns rental properties said he could probably double the rents he charges and still fill of all of his properties because of these workers. This influx has created a demand that far outstrips the supply of affordable housing units. It also has pushed up rents, causing some lower-income local residents to no longer be able to afford the housing they have lived

particularly dangerous for children. Several of the key informants who are in a position to know expressed alarm at what they perceived to be a large number of persons, including children, living in this status within the three counties.

Focus Groups

A severe shortage of affordable housing was also discussed at length in nearly every focus

have been condemned in cities with efficient code enforcement but that persist in rural areas because the county is so much more spread out. Those who had moved to these counties from elsewhere recounted having a much more difficult time than they had expected finding any kind of suitable housing and had been unpleasantly surprised by this.

SHORTAGE OF AFFORDABLE HOUSING

in for years.

The shortage of affordable housing combined with only one shelter for homeless people (in Cherokee County) has led to what several of the key informants described as a large number of folk "living rough in the woods." This hidden population of men, women, and children presents a potential threat to the quality of life within the three counties. Such rough living often lends itself to behaviors that can cause forest fires, lead to outbreaks of communicable disease within the larger population, and an increase in crime throughout the general community. Those who live rough are also more likely to become victims of crime. This lifestyle is

group. Residents described a lack of middle-income quality rental housing. There seemed to be either high-quality homes around the lake for vacationers and retirees or substandard mobile homes and apartments for rent with very little in between. "And some of it's nice but the majority, I'm not sure that I would live there," said one resident when referring to the affordable rental housing stock. The quality of housing was linked to health problems, especially in isolated elderly populations with a fixed income. People who went out into homes described living situations with no insulation, no plumbing, and no electricity, homes that would

This dearth of affordable housing was attributed to the casino. When the proprietors of the casino were unable to hire the majority of their employees from the local community due to the

the natives to the area who may also need affordable housing. Residents also claimed that as workers moved in, landlords realized that they could charge more for their properties with the

said one individual.

"Personally I know of houses that went from $6-700 that went to $1250 immediately. So far the only thing the casino has created is a few jobs, but the money doesn't live here."

What is your housing status?
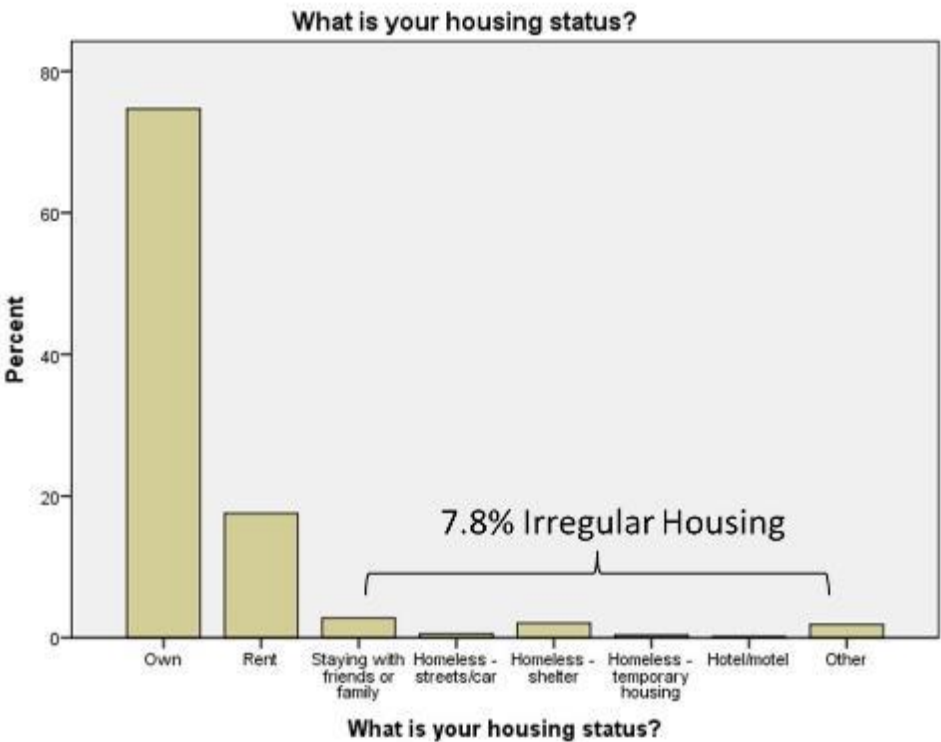
drug problem, they had to hire from an outside labor force. This led to an influx of workers from outside the area who moved in for the jobs and needed to rent housing in the area. Because of the steady income that is higher than a lot of the other available work in the area, casino employees were described by focus group participants as "desirable renters", more so than

increase in demand.

The casino was generally seen as taking from the community without benefitting the residents in return in any significant way.

"Murphy went a little crazy when the Cherokee Nation built the casino,"

Do you have any of the following housing related needs?	N	Percent	Percent of Cases
Repairs	74	12.6%	16.8%
Furniture or household goods	40	6.8%	9.1%
Utility assistance	36	6.1%	8.2%
Pet friendly environment	31	5.3%	7.0%
Housing not affordable	25	4.3%	5.7%
Handicap access or modification	20	3.4%	4.5%
Mortgage or Rent assistance	20	3.4%	4.5%
Other (please specify)	13	2.2%	3.0%
Home not safe-structure	11	1.9%	2.5%
Other medical related accommodations	11	1.9%	2.5%
Neighborhood not safe	4	.7%	.9%
NONE	301	51.4%	68.4%
Total	586	100.0%	133.2%

Participants in several of the focus groups also discussed problems faced in trying to serve the homeless community in this region. They described a lack of temporary housing and any housing assistance programs that would help someone transition from a shelter into housing or help someone who was about to lose their housing. "The local churches will do things here and there, especially with the larger ones, but I have people come by my office who sit and cry that something terrible has happened or they're homeless or about to be homeless and there's no place to send them," said one manager of a local organization. "The outlets for that sort of thing are almost non-existent here."

Cherokee County has the only homeless shelter and Clay County the only domestic violence shelter for several counties, and there no such service at all in Towns. Additionally, the existing shelter is limited in who it is able to serve and strained for resources. According to one community member:

> "you must be drug and alcohol free and you must have an ID and you can't have a violent criminal background. And there may be somebody that has those problems and then we don't have a way to help them at all."

SUSTAINABILITY ISSUES

The shelter is also run on volunteers who aren't available during the daytime, so from roughly 8 in the morning until 4 in the afternoon residents of the shelter must be out, even if they have no place to go during the day.

Those who have experience referring clients to the shelter say that even when people do meet all of the necessary qualifications, the shelter mostly stays full. There seems to be a much greater need for housing resources than is available here. Many participants referred to large groups of people who live in the woods because they have no home and cannot get into the shelters or find better housing. "There are clients of mine who have lived in the woods," said another provider. "They lived back with a group of other people. So I'd say there's a sizeable number." Another person told of a local organization that had been known to buy people tents and camping stoves so that they could survive outside because they had no way to house them.

This leads to another problematic aspect to homelessness in this region: it is difficult to observe. While many focus group participants were aware of pockets of homelessness and the lack of

resources to serve them, others were quite surprised at this conversation topic when it came up. "It's not Atlanta where the people are panhandling on the corners, but there's a lot more of it than people realize is going on up here," one participant explained. Another resident said, "It's not in an urban area where it's in the street and easy to see, it's hidden. So people will drive around and see these big homes and say, 'There's nothing wrong here.' But it's hidden." Many people in the community are unaware of the homelessness here because it is not easily identifiable, which leads to problems in adequately addressing the issue.

> "I think that our numbers of truly homeless people are going to be skewed because of the massive area of woods and I guarantee

you there's colonies of people. If we knew and were able to throw a radar and tell you who was living out in the woods, we'd proba-
bly be astounded."

the informants talked about the importance of expanding tourism and the need to significantly improve the infrastructure that supports tourism. Included in this would be more nationally connected hotels and restaurants. Roadway improvements, expansion of natural gas and water lines were also highlighted as important.

Sustainability Issues

Interviews

More than half the key informants discussed the long-term sustainability of the region in two ways. First, every one of them agreed that it is important to maintain the pristine natural beauty of the region. Clearly, the natives and the newcomers are totally in agreement that this is a high priority.

However, nearly forty percent of the key informants expressed fear that the long-term sustainability of the region is threatened. Most of those sharing this concern said that the future wellbeing of the region is being put at risk by policies that prevent both the amount and kind of economic development that will be required for on-going success. Several of

Expansion and improvement of infrastructure was also a major concern for those informants who addressed the need to attract more manufacturing, callcenter, and other types of industry to the region. A point made by several key informants is that the overall population in this region is aging, with more and more of the youth moving away as soon as they complete high school. The lack of available jobs paying a living wage with good benefits is driving this trend in their opinion. In addition to expansion of water and sewer lines, better access to natural gas, and improved roadways, this group of key informants also stressed the importance of expanding access to broadband internet throughout the entire region.

SUSTAINABILITY ISSUES

Summary and

Conclusions

By means of interviews, focus groups, surveys, and secondary data analysis, a number of strengths and issues have been identified in the area. In addition to the natural features of the plained: "This is a great place to live, but a very hard place to region, and the good, friendly people who are quick to respond when needs are made known, the process has identified 527 community organizations, institutions, businesses, churches, and other assets that may be leveraged to solve pressing social, demographic, and economic issues. A slow pace of life was often mentioned as a
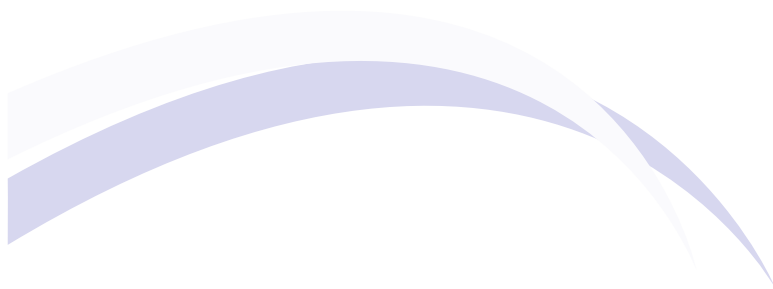
strength allowing for time to spend with family or enjoying the many recreational opportunities in the area. There is a relatively low crime rate and as residents indicated, "you don't have to lock your doors" here. Good schools and educational institutions such as Tri-County Community College and Young Harris College provide opportunity to develop marketable skills, albeit more for jobs elsewhere than locally. Cooperative and well managed social agencies work together to address significant need and active, positive civic organizations, churches, and generous volunteerism are evident assets for improving community.

However, as one participant exmake a living." The lack of jobs paying a living wage, and especially professional jobs requiring advanced degrees are few: "We just don't have the companies here who provide the jobs that would require higher degrees." This has led to many of the issues locally. As a focus group participant noted: "It's really difficult to stay in the community and raise a family because of job availability." Thus there is a negative net migration of 18-34 year olds from the community. With a high percentage of educated youth moving away and resistance to policies that could attract new business (that also would bring in new people), the long-term sustainability of the region is in doubt.

There was considerable agreement that more could be done to encourage economic development and job creation. Informants felt best about economic development in Towns County and worst in Clay County. Giving youth a good reason to remain in the area after finishing school is difficult without wellpaying jobs with career opportunities. One area of potential growth is in the medical and retirement industries: "One of the best jobs to get here is medical, assisted living is in need." While people in this community are known for "taking care of their own," it was clear from the data that healthcare specialists and nursing home facilities were lacking. Compounding the issue of the lack of local specialists, optometrists, dentists, pediatric specialists, and others is the limited availability of transportation that must be addressed. Likewise, developing new jobs in the healthcare sector or in other industries will require technical skills and capacity building in the workforce and new infrastructure:

"The County has economic development and seeks out industry

Summary and Conclusions

"This is a great place to live, but a very hard place to make a living."

into the area, but the problem is once you bring them in where are the employees?"

Immediate barriers exist to attracting new industries with higher paying jobs: substance abuse and mental health issues prevalent in the community; lack of low-cost transportation choice; and the limited availability of affordable workforce housing. As a participant noted: "People can't get jobs with drug testing." This is due in part to a growing issue with opioid addiction and nearly no choices for long-term recovery support. Substance use, addiction, and the lack of treatment or recovery support a common theme in all means of data collection and should be considered one of the top priories in planning. The roots of this issue lie back in earlier economic down-turns that resulted in patterns of addiction and production or distribution of illicit substances (alcohol, marijuana, methamphetamine, opiate pain pills, and now heroine) both for personal use as well as to make income in difficult times.

Yet also, a shortage of affordable housing complicates life for too many people; housing issues especially impact the elderly and families with young chil-

Summary and Conclusions

End of extraction industries

De-industrialization

Shift to recreation/retirement

Summary and Conclusions

"" we can have everything in the world to help someone, but a lot of people, especially the elderly, will do without before they ask for help."

dren. For the elderly who are reliant on social security and fixed incomes, rent is too high, even on trailers. A young professional noted that it is "almost easier to buy a house than finding rental." Many blame the casino that brought in workers from elsewhere as locals could not pass drug tests: "Cherokee went crazy when casino was built…houses or rents have nearly doubled because of this." Housing at the low-end of the market is dangerously substandard: "Can't get anything affordable in rental side, if less than 500$ per month you run the risk of having horrid housing conditions. Something below $800-1000 is still hard to find that is in good condition."

Even seniors who own their homes are having issues with

housing-insecurity. The cost of maintenance may cause them to be cost-burdened, paying more than a third of their income to-

homeless and not enough

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ward housing-related expenses. Many note that they cannot find people to help with repairs to the homes who are reliable, will show up and help, and not take advantage of them. Some within the community have become displaced due to foreclosure, high rent, or other factors - moving in with relatives or friends, or becoming homeless. There is almost no short-term or

public housing to meet the need.

Food insecurity has become another negative issue - due in part to poverty, high cost of housing pulling resources from family food budgets, inadequate transportation choices which lead to few and expensive options for shopping. A participant explains there is, "not a lot of options to buy food

transitional housing for the

here if you are the working

Community Action Planning
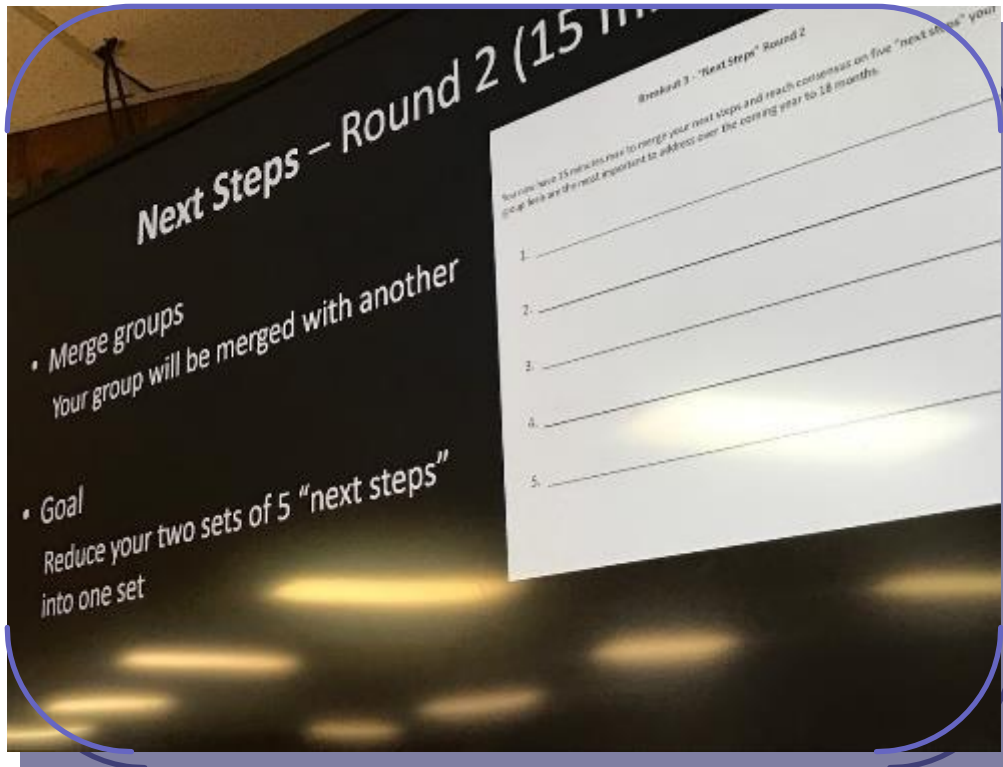
poor and not on food stamps, Ingles is expensive." Food pantries end up filling the gaps, yet there are limits on how often and how much food a family can get. The elderly have the greater food issues because food stamps are authorized based on income so often the only get $1520 a month. Many people fall in

Key informants and participants also explained that serviceseeking is limited by local attitudes of self-reliance and pride:

"we can have everything in the world to help someone, but a lot of people, espe-

cially the elderly, will do without before they ask for

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the cracks.

help.”

This pride is seen in all aspects of help-seeking. An EMT in one focus group noted that people apologize to him when he goes out for calls saying: "Sorry for getting you up" and "I hate to aggravate you" while they are having a serious medical emergency.

Attitudinal issues crop up in other domains as well: exclusion of outsiders and foreigners, ostracism of LGBTQ persons, and resistance to change. Fear of diversity impedes progress in many ways.

Almost all informants talked about social divisions that harm the quality of life: There is a disconnect between the well-to-do, part-time residents, who are seen as outsiders (no matter how long they live here), and the locals.

Vision of Success

Community Action Planning

On December 15, 2016, members from the UNCG - CHCS Team presented findings to 77 members of the community and the "Partnering for Change" executive committee. The CHCS Team also led the group through a series of activities to develop a Community Action Plan rooted in the data that had been presented.

Vision of Success

Through a series of workshops with the "Partnering for Change" executive committee, the initiative developed a vision of the future that would address the issues impacting the community and result eventually in a "Thriving community with opportunities and choices for a better quality of life for all." The Community Action Planning (CAP) process resulted in a set of recommendations and 'next steps 'aligned with laborative will need to grow, recruiting members achieving this vision. from all sectors and each county. CAP partici-

Based on the recommendations from the commupants indicated the need for further studying and nity, the process will begin with acknowledging refining the issues contained herein. Next, there
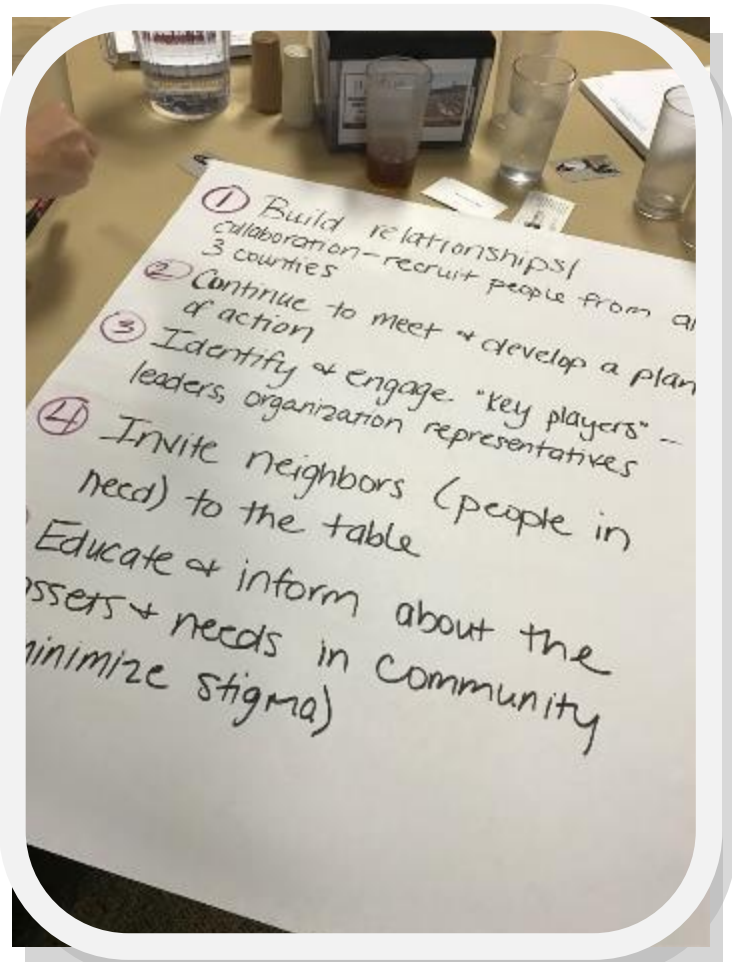
Next, a set of recommendation had to do with developing a communications network to share
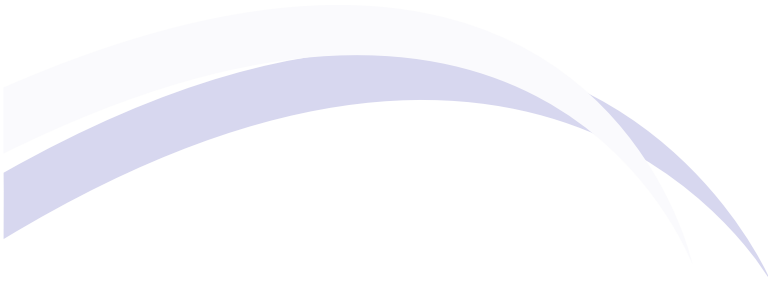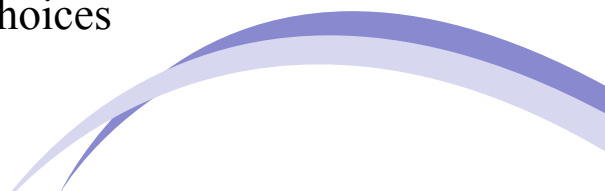
will be a need to set clear and measurable goals for implementation and funding for that implementation. Finally, implement the recommenda-

the challenges and agreeing to address them. knowledge and information.

Afterwards, the coltions and celebrate each success.

Community Action Planning

"Thriving community with opportunities and choices
for a better quality of life for all."

Organizations Involved

4 Square Community Action

Andrews UMC

Blue Ridge Mountain EMC

Catholic Charities

Cherokee County Chamber of Commerce

Cherokee County DSS

Clay County Community for Students

Clay County Community Revitalization Association

Clay County Progress

Clay County Schools

Clearview at Chatuge Regional Hospital

District Attorney's Office

Good Shepherd Episcospal Church

HartFelt Ministry

Hayesville First United Methodist

Historic Hayesville, Inc.

Immaculate Heart of Mary Moog,
Inc.

N.C. Rural Center

Nantahala Bank and Trust Co.

NC Community Foundation

Oak Forest UMC

Reach of Clay County

Southwestern Commission

The Duke Endowment

Town of Hayesville

Towns County Emergency Services

Tri-County Community College

United Way of Cherokee & Clay Counties

Western Carolina University

WNC Nonprofit Pathways

Young Harris College

Action Plan

Next Steps Identified by Community Action Planning

Agree That There Are Challenges

Changing Local Mindset To Change

↓

Exchange System/ Communications Network

| Exchange Contact Information | Summarize And Distribute Information From This Meeting | Contact Media | Continue To Collaborate | Share "Thoughts After The Meeting" |

↓

Build The Collaborative

| Educate, Advertise, and Recruit Committees From All 3 Counties | Identify And Recruit People Form Commissions | Invite Neighbors (People In Need) To The Table | Gather Expert Resources |

↓

Study The Issues And Assets

| SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats | Update Community Resource List | Narrowing/Prioritizing Focus | Develop Long Term Strategies |

↓

Set Goals And Timeline For Implementation

| Presenting Findings To Decision Makers | Identify Potential Funders And Get Them On Board | Develop A Plan Of Action | Be Realistic – Measurable |

↓

Implement Recommendations

| Just Do It! | Celebrate successes |

Taskforces

Taskforces

To facilitate the next steps, preliminary task forces were identified: Substance Abuse, Technology, Education, Transportation, Children's Issues, Economic Opportunity, and Housing. Preliminary Chairs for each of these task forces were identified as well as potential members. Additional members who are expert in each of these areas should be sought. Chairs may change as the composition of the committees becomes more institutionalized.

Taskforce Area	Chair
Substance Abuse	TBD
Technology	Terry Martin
Education	Dotie Stafford-Ortega
Transportation	Rose Bauguess
Children's Issues	Judy Grove
Economic Opportunity	Matt Waldroup
Housing	Dawn Livingston

Task Force Members

Focus Area	Organization	Name
Housing	Reach of Clay County	Judith Alvarado
Housing	Hinton Center	Dawn Livingston
Housing	Hinton Center	Bill Meldram
Housing	Harris Teeter	Jane Hart
Housing	Hinton Center	Jacqueline Gottlieb
Housing	Catholic Charities	Gerard Carter
Substance Abuse	Clay County Progress	Lorrie Ross
Substance Abuse	Young Harris College	Tonya Nix
Substance Abuse	Hayesville First United Methodist	Kirk Hatherly
Substance Abuse	District Attorney's Office	John S Hindsman Jr.
Substance Abuse	County Gov.	Clay Logan
Substance Abuse	Good Shepherd Episcopal Church	Turner Guidry
Education	Catholic Charities	Sandy Zimmerman
Education	4 Square	Sandy Zimmerman
Education	Historic Hayesville INC	Sandy Zimmerman
Education	OEO (Office of Economic Opportunity)	Sister Terry Martin, CND
Education	Tri-County Community College	Dotie Stafford-Ortega
Education	Hinton Center	John Nicholas
Education	Western Carolina University	Anthony Hickey
Education	NC Community Foundation	Kate Crumpler
Education	K-12 Representative	-
Education	Local School Board Member | Cherokee Clay	-
Technology	Young Harris College	Blair Tolbert
Technology	Hinton Center	Hannah Shepperd
Technology	Moog	Terry Martin
Technology	Town of Hayesville	Harry Baughn
Technology	CCCRA & Clay County of Commerce Chamber	Bob Hanson
Transportation	Southwestern Rural Planning Organization	Rose Bauguess
Transportation	First United Methodist Church	Rob Rollins
Transportation	Duke Endowment, Charlotte	Robb Webb
Transportation	Young Harris College	Roberta Barr
Children's Issues	CCDOC	Netta McFaddin
Children's Issues	Retired Volunteer	Judy Grove
Children's Issues	Towns County Chamber	Candace Lee
Children's Issues	United Way: Cherokee & Clay	Karen Burchers
Children's Issues	Andrews United Methodist Church	Rebecca Richards
Children's Issues	Cherokee Co DSS	Cindy Palmer

Economic Opportunity	Clear View at Chatuge Hospital	Nancy Olexich
Economic Opportunity	Young Harris College - Business & Public Policy	Nathan Gray
Economic Opportunity	YTTC - VP Planning & Research	Rosemary Royston
Economic Opportunity	Cherokee County Chamber	Meridith Jorgensen
Economic Opportunity	Clay County Chamber, Historic Hayesville Inc.	Deborah Nichols
Economic Opportunity	WNC Nonprofit Pathways	Cindy McMahon
Economic Opportunity	Nantahala Bank Trust	Matt Waldroup

Recommendations

Recommendations

The UNCG-CHCS Team has reviewed the literature for 'best practices' and developed a set of recommendations that will help to achieve the vision. These recommendations tackle underlying causal issues: Lack of Economic Opportunity, Health Disparity/ Substance Abuse, and Housing. It is our understanding that if these underlying issues were addressed first, then other issues such as with children and foster care, the elderly, food insecurity, transportation, technology, etc. will improve also.

Economic Development

Beginning with Rural Economic Development, we recommend creating inter- and intra-county/ municipality partnerships to leverage the resources of each of the towns and counties. This partnership may also include business community, economic institutions, and other governmental agencies to develop a rural economic development consortium or alliance that will be able to pursue regional goals. It is important to address the lack of diversity in decision-making and include in the economic development process. A priority for this consortium will be to hire an economic development officer who serves the region's interests

and not that of one county or municipality over the other. Daily life - housing, shopping, work, social and civic participation, recreation, etc. flows easily across arbitrary political boundaries - so too should economic planning. It is imperative that local

and licensing programs to allow local producers to can, freeze,

governments and businesses adequately fund and support this consortium.

A concerted effort will need to be made to expand business community and political support for coordinated economic development. Community decisions makers must be part of the economic planning and they must be convinced to be open to changing the rural economy of the region. The new economic

development officer will be charged with create a business retention and expansion program. They will need to conduct a full economic market analysis. One clear area of expansion should be tourism. These initiatives should be integrated with other development activities. A long-term plan to diversify local economic activity in off-season may include a focus on the Science, Technology, Engineering and Math (STEM) Economy.

This will require significant grant funding to encourage entrepreneurial activity through incubator projects, micro business development, and low-interest lending.

The history of agriculture in the region is a strong asset. Bolstering the agricultural sector by organizing farmers' markets and community supported agriculture (CSA) may help with both food insecurity and the local economy. Programs that allow EBT or SNAP recipients to buy locally produced, farm-fresh items will be beneficial to all. Best case models elsewhere have other shelf-ready options increase the profitability for small farms, but require licenses and use of a commercial kitchen. Building shared-used kitchens sauce, or otherwise extend local produce season has been successful around the state. Likewise, encourage local restaurants to partner with farmers to create farm-to-table pipeline will help the local economy and also potentially boost food tourism. Conduct a regional "buy local" campaign at other food outlets will also hold more economic capital in the

Recommendations

A priority for this consortium will be to hire an economic development officer who serves the region's interests and not that of one county or municipality over the other.

investment in broadband infrastructure. The economic development consortium may seek to raise private donor and also sought to extend market productivity by adding value to farm-produced goods - pickling, canning, sauces, jelly/jam, and area. Participation in regional agricultural alliances will also allow producers to leverage collective voice.

Next, create workforce development and entrepreneurship programs that link k-12, community college, and economic development together to stem the 'brain drain' and perhaps even turn net out-migration to net inmigration of 18-34 year olds. Addressing unemployment, seasonal employment, and low wage part-time employment as economic issues are a must. So too is recognizing addiction as a work-force readiness issue. Poor wages encourages people to sell their prescription medications and become involved in the drug trade.

Continue current downtown revitalization programs tapping all Federal and State Programs available. Effective communities identify, measure, and celebrate short-term successes to sustain support for long-term community economic development. Several of the recent downtown improvement projects in Murphy and

Recommendations

Hayesville show potential for growing the towns as tourist or local business destinations with new and thriving restaurants, shops catering to locals and travelers, and businessto-business space that can become a benefit to local economic vitality. It will be important to document the impact of economic development through a set of 5-7 Economic Indicators to be tracked over time

Rural Healthcare, Behavioral Health and Substance Use

Rural healthcare, behavioral health and substance use must be approached through systems - level changes. Particular focus should be given to rural health disparities and rurality should be treated as a fundamental cause of poor health outcomes. Rural addiction and substance use above all should be seen as public health issue rather than criminal justice issue. As a recent headline read, "We can't arrest our way out of growing opioid and heroin epidemic." Public health intervention must be multipart and include: Prevention, Diversion, Deterrence, Harm Reduction, Detox/Rehab, and Long-term Recovery services. The community should develop a prevention program for the schools and community on the danger of OxyContin and other prescription medications. There should be aggressive outreach to medical providers to review of prescribing practices. Harm Reduction intervention teams providing needle exchange and rapid-response to overdoses should be regionally coordinated and include a broad -based community coalition of healthcare, first responders, and social workers. Fire, EMT, Law Enforcement and Medical Community should have access to Naloxone/Narcan and be trained on its quick and appropriate use. Medication disposal boxes, like the one from Project Lazarus, should located outside of pharmacies, grocery stores, and public

libraries rather than in front of the police station. Attempts must be made to address the local need for detox facilities, substance abuse recovery programs, and the lack of longterm recovery support. Mental health services should be greatly expanded. Likewise access to other medical specialists should be increased by creative use of

housing policy and minimum housing standards should be adopted and enforced. Substandard housing, deteriorating

mobile homes, and illmaintained rentals have been identified as economic burdens - causing lost work and productivity due to health impact; causing high cost to ER/hospital systems for triggering asthma and other

approach between state and local government helping to make low-interest funds available to for-profit developers thus off-setting the high cost of building affordable units.

High density, mixed use developments within the townships should be considered and should match the architectural characteristics of the area. These developments

track over time will be needed to gauge success and direct fund-

shared/travelling/and telestaffing. Again, a set of 5-7 Health Indicators should be developed and tracked over time.

Affordable Housing

Housing should also be a primary issue; it is the greatest cost for most families. Comprehensive

conditions; costing limited resources to emergency response systems for fires due to dangerous heating or electrical systems; and injuries and deaths of occupants due to fire, carbon monoxide from improper heating, and other housing hazards. Developing more affordable rental housing options requires a cooperative

have been shown elsewhere to provide opportunity to young rental tenants who may be able to off-set lower professional wages by a lower cost-ofliving, and opt to stay in the area rather than move somewhere else. When coupled with jobopportunities, business incubator space, healthy and low-cost food outlets, shops and other spaces,

these mixed-use models can spark new growth and leverage public-private investments to re-awake small downtown activity. These affordable in-town rentals are also ideal for aging tenants as they reduce the need for rural transit and provide walkability to doctors, recreation, and other amenities. Foreclosure prevention programs should also be increased, especially for elderly who may lose all of their life-time wealth when they lose their homes. As demographic shifts occur due to net migration, attracting new industry, expansion of tourism, etc. additional new housing options will need to be considered. Importantly, anticipating future need should drive building, rather than waiting for further housing crises to occur. Unfortunately, there are no market incentives, and many market disincentives, to building first. The market profits most from highdemand, low-supply conditions. Coordinated community planning driven by prospective, datadriven planning agents in townships and county office and aligned with regional cooperation is required. Address the shortage of services for homelessness, by opening more shelters and expanding existing facilities, adopting housing first and rapid-rehousing principals and ultimately addressing the need for expansion of public housing, voucher programs, and affordable units in the $400 or less range for those with fixed incomes, disability, social security, or other limited means. A set of 5-7 Housing Indicators to

ing.

BEST PRACTICE MODELS, TECHNICAL ASSISTANCE RESOURCES, AND FUNDING OPPORTUNITIES

AMERICAN INDEPENDENT BUSINESS ALLIANCE (AMIBA) http://www.amiba.net/

The American Independent Business Alliance (AMIBA) is a non-profit helping communities launch and successfully operate an Independent Business Alliance® (IBA), "buy independent, buy local" campaigns, forward pro-local policies, and other initiatives to support local entrepreneurs and vibrant local economies. AMIBA exists to help local IBAs succeed through networking them to share ideas, developing and sharing resources, and advising on operation and strategy.

APPALACHIA FUNDERS NETWORK

http://www.appalachiafunders.org/

They convene and connect funders for learning, analysis, and collaboration towards the Appalachian Transition. They envision a healthy, equitable, and vibrant region that, through strong partnerships, civic engagement, and leadership, preserves our unique assets and provides prosperity

Enhancing Quality of Life

BEST PRACTICE MODELS, TECHNICAL ASSISTANCE RESOURCES, AND FUNDING OPPORTUNITIES

work 8th Annual Gathering entitled Transition and Equity: Appalachia's Journey will be held March 28-30, 2017.
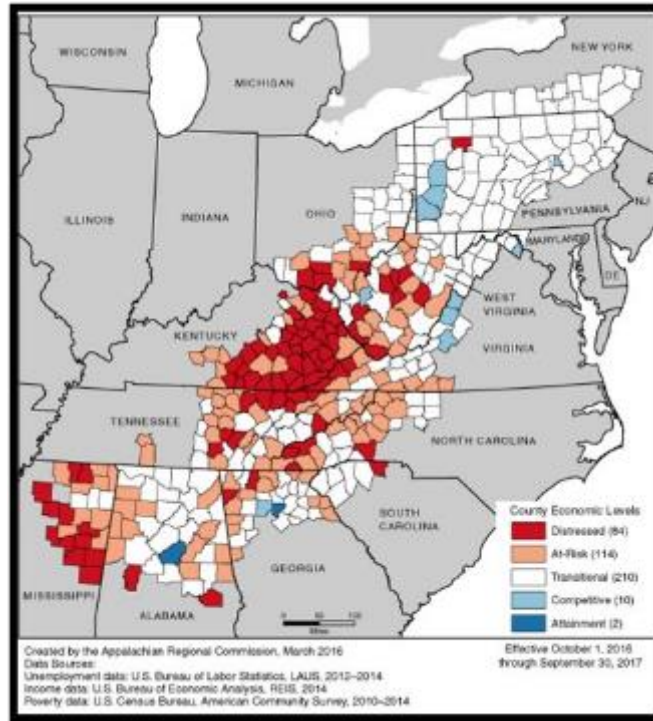

for all. The Appalachia Funders NetAPPALACHIAN REGIONAL COMMISSION (ARC) https://www.arc.gov/

Enhancing Quality of Life

RURAL ECONOMIC DEVELOPMENT MODELS AND RESOURCES

The Appalachian Regional Commission (ARC) is an economic development agency. Local participation is provided through multi-development districts. county local ARC invests in five goals Commission's Entrepreneurial strategies; Critical broadband; water/wastewater cultural heritage Community activities that address the identified in the strategic plan: and business development Workforce development; infrastructure— especially transportation, and systems; Natural and assets; and Leadership and Capacity Building.

Created by the Appalachian Regional Commission, March 2016
Data Sources:
Unemployment data: U.S. Bureau of Labor Statistics, LAUS, 2012–2014
Income data: U.S. Bureau of Economic Analysis, REIS, 2014
Poverty data: U.S. Census Bureau, American Community Survey, 2010–2014

County Economic Levels
- Distressed (84)
- At-Risk (114)
- Transitional (210)
- Competitive (10)
- Attainment (2)

Effective October 1, 2016 through September 30, 2017

BAKERSVILLE, NC http://www.bakersville.com/mountains With a population of about 450, Bakersville is a small rural mountain town in North Carolina. It built a civic infrastructure and partnerships to boost tourism and revitalize its downtown. It built civic infrastructure and a partnerships (The Bakersville Improvement Group – aka BIG) to boost tourism and cultural assets and revitalize its failing downtown.

Enhancing Quality of Life

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BEST PRACTICE MODELS, TECHNICAL ASSISTANCE RESOURCES, AND FUNDING OPPORTUNITIES

BIG STONE GAP, VIRGINIA http://www.bigstonegap.org/

This small town of 5,600 win rural Virginia partnered with the Heart of Appalachia Tourism Authority (HATA) to develop an infrastructure to support entrepreneurship in the ecotourism industry. A network of services was created for entrepreneurs through an alliance between (HATA), Virginia Cooperative Extension, and the Small Business Development Center at Mountain Empire Community College.

BREVARD, NORTH CAROLINA

http://www.cityofbrevard.com/

Brevard is a city in Transylvania County, with a population of 7,609 as of the 2010 Census. It is the county seat of Transylvania County. Brevard has served as a model for other rural areas with retirement communities by creating a program that tapped into the business expertise in its retiree population. Local retirees assemble an award-winning network of "consultants," who supported new and existing businesses with expertise from an array of business backgrounds. Also, the Transylvania Economic Alliance (http://transylvaniaalliance.com/) is the professional economic development organization for Transylvania County, Brevard, and Rosman. It assists the community with strategic site locations, infrastructure, incentives, and workforce training and development opportunities.

Enhancing Quality of Life

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RURAL ECONOMIC DEVELOPMENT MODELS AND RESOURCES

FOUNDATION FOR RURAL SERVICE (FRS)

http://www.frs.org

The Foundation for Rural Services is dedicated to the advancement of rural economic development. Links to federal and state agencies and other associations, as well as support information, are provided to assist its members and communities. FRS provides annual grants for programs in rural communities to support local efforts to build and sustain a high quality of life in rural America.

GOLDEN LEAF FOUNDATION

http://www.goldenleaf.org/

The purpose of Golden LEAF is to fund projects that promise to bring significant economic improvement to the tobacco-dependent, economically distressed, and/or rural communities of North Carolina. Its grants making focuses on three priorities: agriculture, job creation and retention, and workforce preparedness. Projects that focus on other opportunities to support and develop economic strength in these communities are also welcomed.

ONE MORE HOME MONTPELIER, VERMONT

http://vnrc.org/resources/community-planning-toolbox/case-studies/accessoryapartments-montpelier/

Montpelier is a small community in central Vermont. In order to increase affordable housing units the City encouraged and supported accessory dwelling apartments with a $4,000 grant program called "One More Home." While a modest success (5 units constructed), the model could be applied elsewhere to 1) off-set the cost of building new affordable housing by converting existing structures to multifamily, 2) provide more affordable housing, especially for fixed income residents, and 3) provide modest incomes to homeowners. The One More Home model converts or expands a home to add an additional apartment space. Note: Accessory dwelling units on the other hand are generally free-standing and are currently only permitted in Asheville and Charlotte, and being considered in Raleigh.

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MITCHELL COUNTY CHAMBER OF COMMERCE SPRUCE PINE, NORTH CAROLINA

http://mitchellcountychamber.org/

Mitchell County is a "Certified Entrepreneurial Community." With a sudden increase in local unemployment, Mitchell County hired a marketing consultant and a local design firm to support local entrepreneurship by addressing the marketing needs of local artisans in order to build a successful craft industry.

NATIONAL RURAL ECONOMIC DEVELOPERS ASSOCIATION (NREDA)

http://www.nreda.org

The National Rural Economic Developers Association's mission is to enhance economic development in rural America by providing education, advocacy and networking opportunities to rural economic developers.

NORTH CAROLINA IDEA http://www.ncidea.org/

The mission of NC IDEA is to foster economic development in North Carolina by helping young and innovative N.C. high-tech start-up companies commercialize their innovations. Grants are made to N.C. businesses in the areas of Information Technology, Medical Diagnostics and Devices, Material Sciences and Green Technologies.

NORTH CAROLINA RURAL CENTER

http://www.ncruralcenter.org/

The North Carolina Rural Center serves the state's 80 rural counties, with a special focus on individuals with low to moderate incomes and communities with limited resources by developing leadership, encouraging entrepreneurship, and providing business lending. The Rural Economic Development Institute helps train community leaders by increasing their knowledge of economic and community development strategies

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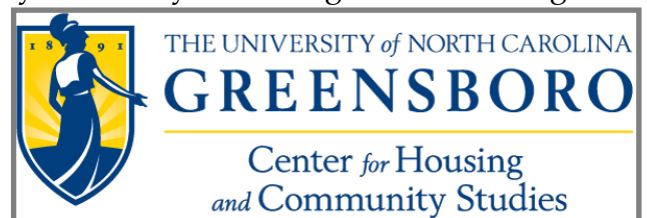
RURAL ECONOMIC DEVELOPMENT MODELS AND RESOURCES

and equipping them with the tools they need to tackle rural issues. See grant opportunities and technical assistance from the Institute for Rural Entrepreneurship.

NORTH CAROLINA DEPARTMENT OF COMMERCE RURAL DEVELOPMENT DIVISION

https://www.nccommerce.com/rd

The Rural Economic Development Division, created in 2013 through GS 143B-472.126, was established to improve the economic well-being and quality of life of North Carolinian's with particular emphasis on rural communities. The Division, directed by an Assistant Secretary of Commerce, has a number of grant programs and planning services to assist rural counties and rural census tracts.

RURAL AMERITOWNE https://yacenter.org/young-ameritowne/rural-ameritowne/

In Kansas, several companies joined forces to offer the Rural AmeriTowne program to children in their combined service territories. Rural Telephone, Golden Belt Telephone, Midwest Energy and Sunflower Electric together cover a large portion of the state and reach students in a multitude of areas. The joint program provides interactive lessons that focus on banking, civics, free enterprise, advertising, laws, philanthropy, job interviews, and other important life skills. The four co-ops promote the program to area schools and pay the $10/student participation fee. The co-ops believe this program will give young people an early start to becoming future entrepreneurs in rural communities and a step toward preventing "brain drain."

RURAL POLICY RESEARCH INSTITUTE (RUPRI) http://www.rupri.org/

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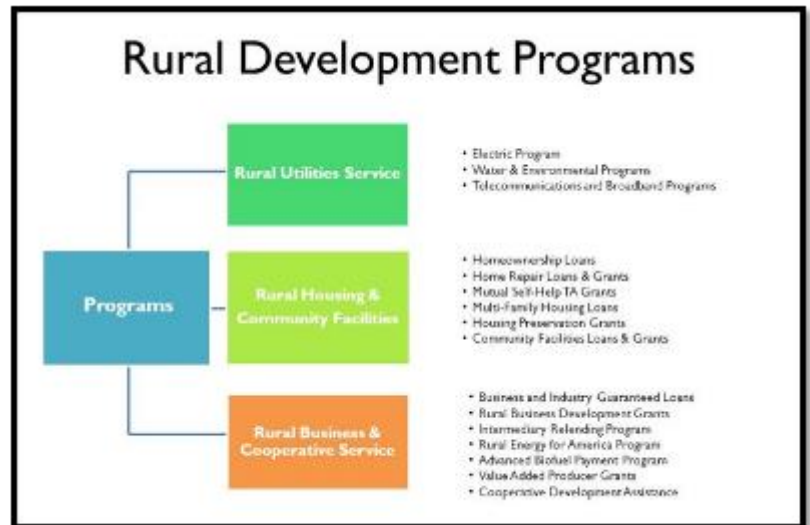
Rural Policy Research Institute (RUPRI) provides analysis and information on rural America. RUPRI is housed within the College of Public Health at the University of Iowa. RUPRI's activities encompass research, policy analysis and engagement, dissemination and outreach, and decision support tools.

USDA RURAL DEVELOPMENT PROGRAMS

http://rdiinc.org/
usda_rural_development

More than 88 programs administered by 16 different federal agencies target rural economic development. The USDA administers the greatest number of rural development programs and has the highest

average of program funds going directly to rural counties (approximately 50%). The Federal Crop Insurance Reform and Department of Agricultural Reorganization Act of 1994 created the Office of the Under Secretary for Rural Development and consolidated the rural development portfolio into four principal agencies responsible for USDA's mission area: the Rural Housing Service, the Rural Business-Cooperative Service, the Rural Utilities Service, and the Office of Community De-

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velopment.

BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA FOUNDATION

http://www.bcbsncfoundation.org/
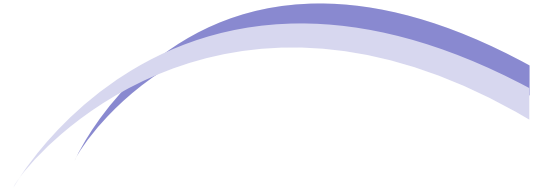
The Blue Cross and Blue Shield of North Carolina Foundation is an independent, charitable foundation with the mission of improving the health and well-being of North Carolinians. Since 2000, they have invested more than $110 million in North Carolina communities The grants range from small-dollar equipment grants to larger, multi-year partnerships. We do not accept unsolicited applications. Grantmaking is centered around two defined priority areas – Health Care and Healthy Living.

CONE HEALTH SYSTEM - CONGREGATIONAL NURSES PROGRAM

http://www.conehealth.com/wellness/community-resources/congregational-nurseprogram/

The Congregational Nurse Program is a collaborative between Cone Health and local faith communities. The role of congregational nurses includes: health counseling, health education, referral assistance, and volunteers recruitment.

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LAMPREY HEALTH CARE, NEW HAMPSHIRE http://www.lampreyhealth.org/

Lamprey Health Care's mission is to provide high quality primary medical care and health related services, with an emphasis on prevention and lifestyle management, to all individuals regardless of ability to pay. The Collaborating to advance the medical home model has been identified in the compendium of rural best practices/models Innovations to Strengthen Rural Health Care: Technology, Quality Improvement, Collaboration, and Training.

NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) NORTH CAROLINA http://naminc.org/

The mission of NAMI North Carolina is to provide support, education, advocacy, and public awareness so that all affected by mental illness can build better lives.

NAMI APPALACHIAN SOUTH

(828) 526-9510

Cherokee County, Clay County, Graham County, Macon County, Swain County

NAMI WESTERN CAROLINA

http://namiwnc.org/about-nami/

NAMI Western Carolina is an affiliate of the National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to improving the lives of individuals and families affected by mental illness. We recognize that the key concepts of recovery, resiliency and support are essential to improving the wellness and quality of life of all persons affected by mental ill-

Enhancing Quality of Life

ness. Mental illnesses should not be an obstacle to a full,
meaningful life. The purposes of the affiliate are to (1) provide support to family members and
peers, (2) serve as a center for the collection and dissemination of information about mental illness,
(3) foster public education, (4) develop coping skills for families and peers, (5) advocate and (6) aid
community support services.

NATIONAL HEALTH SERVICES CORPS https://www.nhsc.hrsa.gov/

The NHSC offers financial and other support to primary care providers and sites in underserved
communities. Licensed health care providers may earn up to $50,000 toward student loans in
exchange for a two-year commitment at an NHSC-approved site through the NHSC Loan
Repayment Program (NHSC LRP). The NHSC Scholarship Program provides financial support (up
to four years). In return the student agrees to serve one year (minimum two years) at an NHSC-
approved site in a high-need urban, rural, or frontier community across the nation.

NATIONAL   RURAL   HEALTH   ASSOCIATION

https://www.ruralhealthweb.org/

The National Rural Health Association (NRHA) is a
national nonprofit membership organization with more than 21,000 members. The association's
mission is to provide leadership on rural health issues through advocacy, communications,
education and research. NRHA membership consists of a diverse collection of individuals and
organizations, all of whom share the common bond of an interest in rural health.

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NC DEPARTMENT OF HEALTH & HUMAN SERVICES OFFICE OF RURAL HEALTH

http://www.ncdhhs.gov/divisions/orh

The Office of Rural Health assists underserved communities by improving access, quality and cost-effectiveness of health care. It assists underserved communities and populations with developing innovative strategies for improving access, quality, and cost-effectiveness of health care.

The Department of Health and Human Services releases an annual Request for Applications (RFAs) for Rural Health Grant Opportunities (http://www.ncdhhs.gov/about/grantopportunities/rural-health-grant-opportunities)

ROANOKE CHOWAN COMMUNITY HEALTH TELEHEALTH PATIENT MONITORING

http://www.rcchc.org/

There are 30 FQHCs in NC, representing 150 clinical sites. Community Health Centers provide a range of primary care medical, dental, behavioral health and enabling services to help improve the health status and decrease health disparities of the medically under-served people in our country. Community Health Centers address the unique and significant barriers to affordable and accessible health care services for our community. RCCHC provides complete preventive and primary health care services for the entire family. As a community health center we make health care affordable and accessible for the residents of Hertford County and surrounding counties in northeastern North Carolina. It has been identified in the compendium of rural best practices/models Innovations to Strengthen Rural Health Care: Technology, Quality Improvement,

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Collaboration, and Training.

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RURAL HEALTH CARE MODELS, RESOURCES, AND FUNDERS

NORTH CAROLINA GLAXOSMITHKLINE FOUNDATION

http://www.gsk-us.com/html/community/community-grants-foundation.html

This foundation supports activities that help meet the educational and health needs of today's society and future generations. Focused primarily in North Carolina, the Foundation funds programs for the advancement of education, science, and health. It only makes grants to non-profit

501(c)(3) charitable organizations and

institutions.

RURAL BEHAVIORAL HEALTH INITIATIVE

http://ruralbehavioralhealth.org/about-us

SAMHSA's Rural Behavioral Health Initiative provides technical assistance focusing on improving awareness of the needs of rural communities "in advancing mental health promotion and innovative and promising practices in improving access, availability of, and increased acceptability of mental health/behavioral health services and supports in rural America." It conducts a Rural Behavioral Health Webinar Series to disseminate information and training on pest policies and practices for rural health.

RURAL HEALTH INFORMATION HUB

https://www.ruralhealthinfo.org/

The Rural Health Information Hub is funded by the Federal Office of Rural Health Policy to be a national clearinghouse on rural health issues. They

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are committed to supporting healthcare and population health in rural communities. The RHIhub provides access to current and reliable resources and tools to help you learn about rural health needs and work to address them. The RHIhub also provides a Rural Community Health Toolkit with six modules contains information that communities can apply to develop a rural health program.

SOUTHERN NEW HAMPSHIRE AREA HEALTH EDUCATION CENTER

http://www.snhahec.org/

The Southern New Hampshire Area Health Education Center (AHEC) is a community-based organization currently serving Sullivan, Hillsborough, Merrimack, Strafford, Cheshire, and Rockingham counties. This program has been identified in the compendium of rural best practices/ models Innovations to Strengthen Rural Health Care: Technology, Quality Improvement, Collaboration, and Training.

US DEPT OF HEALTH AND HUMAN SERVICES OFFICE OF RURAL HEALTH POLICY

http://www.hrsa.gov/ruralhealth/

The Federal Office of Rural Health Policy (FORHP) was created to increase opportunities for: Access to quality health care and health professionals; Viability of rural hospitals; and Effect HRSA's rules and regulations, including Medicare and Medicaid, on access to and financing of health care in rural areas.

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RURAL INTERNET CONNECTIVITY MODELS, RESOURCES, AND FUNDERS

AMMON, IDAHO

http://b.ci.ammon.id.us/fiber-optic/

The Fiber Optic Department is responsible for the City-owned and operated fiber optic infrastructure. This system currently provides for the networking needs of the City. Excess system capacity of this open high-speed infrastructure is available to service providers, businesses, and residents as either physical or virtual infrastructure. Residents are able to connect via a Fiber-to-the-Home (FTTH) network.

BALSAMWEST

http://www.balsamwest.net/

BalsamWest is a nonprofit fiber network established to provide = network infrastructure throughout the Appalachians.

CHANUTE PUBLIC BROADBAND CHANUTE, KANSAS http://www.chanute.org/235/Chanute-Fiber

The City of Chanute, Kansas built a metropolitan area communications network for residents. They provide ultra-high speed broadband as a municipal-owned utility. The fiber network connects schools and other community anchor institutions with gigabit networks. The wireless network serves public safety.

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CITY OF MORGANTON PUBLIC ANTENNA SYSTEM (COMPAS) MORGANTON, NC

http://compas.compascable.net/

CoMPAS is one of the only publically owned high speed utilities in NC. It provides high speed connections to residents within the city limits and free Wi-Fi in Downtown Morganton.

COALITION FOR LOCAL INTERNET CHOICE http://www.localnetchoice.org/

The Coalition for Local Internet Choice – CLIC – represents a wide range of public and private interests who support the authority of local communities to make the broadband Internet choices that are essential for economic competitiveness, democratic discourse, and quality of life in the 21st century.

FIBRANT SALISBURY, NC.

http://fibrant.com

Fibrant was built by the City of Salisbury, NC to offer residents and businesses the high speed connections needed in the modern world. In 2010, national companies refused to provide high speeds to the town. They built their own system and are now the first city-wide network in America with Internet up to 10 Gbps.

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RURAL INTERNET CONNECTIVITY MODELS, RESOURCES, AND FUNDERS

GREENLIGHT WILSON, NC

http://www.greenlightnc.com/

Greenlight is Wilson's community-owned Fiber-to-the-Home network . Offering video, high speed internet, and phone with local service, local support, and employing local people.

INSTITUTE FOR LOCAL SELF-RELIANCE COMMUNITY BROADBAND NETWORKS

https://muninetworks.org/content/open-access

The Institute for Local Self-Reliance Community Broadband Networks Project provides support, research, and advocacy for public and community-based broadband utilities. They argue that publicly owned, open access networks provide a solution to the problem of connectivity. Their website MuniNetworks.org links communities to create the policies needed to ensure telecommunications networks serve the community rather than a community serving the network.

PANGAEA, E-POLK INC.

http://www.pangaea.us/

e-Polk, Inc., was formed to build, own and operate the PANGAEA (pan-jee-uh) fiber optic network for Polk County and the surrounding region. Its goal was also to increase digital literacy, web applications and public Internet access as established by the Rural Internet Access Authority (RIAA) in North Carolina. PANGAEA Internet currently serves 100 customers at 140 locations, and maintains 200 miles of fiber in Polk and Rutherford counties.

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BEST PRACTICE MODELS, TECHNICAL ASSISTANCE RESOURCES, AND FUNDING OPPORTUNITIES

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Why Local Solutions?

Investment from local government and co-ops improves Internet access

#1. State and federal government won't solve the problem.
- The federal government has offered billion of dollars

#3. Local leaders can best resolve local issues.
You know what is best for your community's

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RURAL TRANSPORTATION MODELS, RESOURCES, AND FUNDERS

AARP RURAL TRANSPORTATION TOOLKIT

http://www.aarp.org/livable-communities/getting-around/

This AARP toolkit focuses specifically on transportation strategies for rural America. Includes factsheets, reports, and resources on:

- Additional Rural Transportation Options

- Funding Rural Public Transit

- Health Care and Transportation in Rural Communities

- Public Transit in Rural Communities

- Transit's Role in Livable Rural Communities

- Transportation Planning and Coordination in Rural Communities

GREEN MOUNTAIN TRANSIT http://ridegmt.com/

The Green Mountain Transit (GMT) was chartered in 1973 by the Vermont General Assembly after the private bus operator went out of business. In Chittenden County, GMT offers fixed routes, local commuter routes, LINK Express routes, and ADA paratransit services. GMT also provides shuttles from senior housing complexes to local supermarkets and neighborhood specials for student transportation to Burlington schools. Outside of Chittenden County, in Washington, Lamoille, Franklin, and Grand Isle Counties, GMT provides a variety of public transportation services including local routes, commuter routes, demand response medical shuttles, and service to elders and persons with disabilities.

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HEGA   TRANSPORTATION   MISSISSIPPI

http://www.hega.us/

Helping Economic Growth Advancement (HEGA) is a rural development partnership. HEGA is comprised of the communities of Hollandale, Elizabeth and Glen Allan in the Mississippi Delta. HEGA Transportation was identified in the "Small Towns BIG IDEAS Case Studies in Small Town Community Economic Development" Report as being a model of how transportation choice supports economic viability of small rural towns. The report points out that "regional collaboration is critical when facing the challenge of rural transportation." Hollandale, Mississippi, recognizing that the availability of public transportation would enhance its economic development prospects partnered with neighboring communities to design, test and implement an innovative rural transportation network. They leveraged planning grants and startup funding from Kellogg ($110,000 total) to study the issue then purchase two vans and hire two full-time drivers. They received additional funding from the state's Department of Transportation and Rural Development Group. After an academic study, they were able to secure another $500,000 for six more vans and a bus.

NATIONAL RURAL TRANSIT ASSISTANCE PROGRAM (RTAP)

http://nationalrtap.org/

National Rural Transit Assistance Program is a program of the Federal Transit Administration dedicated to creating public & rural transit solutions in America through technical assistance, partner collaboration, free training, and other transit industry products. The Peer Assistance Network matches individuals seeking assistance on a particular issue with a peer in the industry who has experience or knowledge in that area. Depending on the issue and the availability of the peer, assistance may include: email, phone consultation, face-to-face meeting, document review, or sharing of resources. National RTAP staff are available to facilitate the assistance as needed.

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RURAL TRANSPORTATION MODELS, RESOURCES, AND FUNDERS
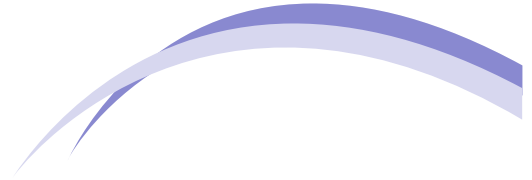
SUPPORT NETWORK AT PENN NATIONAL http://www.snapn.org/

SNaP is a nonprofit charity founded by Penn National residents to help friends and neighbors maintain the quality of life we enjoy here in Penn National. SNaP provides members with information, social and educational programs, and access to a broad spectrum of services through a network of volunteers and "Preferred Provider" professionals for transportation and home maintenance allowing members to stay independent and "age with grace" in their own homes.

SMALL URBAN AND RURAL TRANSIT CENTER (SURTC) http://www.surtc.org/

The small urban and rural transit center (SURTC) at North Dakota State University Is to increase the mobility of small urban and rural residents through improved public transportation. It provides research reports, rural transit fact book, and trainings. Training topics: Cost/Benefit Analysis, Environmental Justice and Public Participation, Financial Management for Transit Operators, Intelligent Transportation Systems, Performance Measurement, Working with Local Governments, Strategic Planning. Contact:

Rob Lynch; Coordinator for Training and Outreach Small
Urban and Rural Transit Center http://www.surtc.org/
(701) 231-8231
rob.lynch@ndsu.edu

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BEST PRACTICE MODELS, TECHNICAL ASSISTANCE RESOURCES, AND FUNDING OPPORTUNITIES

How It Works Below is an illustration that includes the primary features of the TRIP model. Its basic ingredients include: a sponsor, riders, and drivers.

The TRIP Model

#9 Reimbursement

#4 Materials

#5 Recruitment

RURAL ADDICTION/RECOVERY MODELS, RESOURCES, AND FUNDERS

TRIP FOR RIVERSIDE COUNTY CALIFORNIA

http://ilpconnect.org/trip-riverside/

The Transportation Reimbursement Incentive Program (TRIP) is an innovative, "rider centered" passenger-friendly service. Passengers choose and recruit their own volunteer drivers from friends and neighbors they know and trust. Drivers receive mileage reimbursement payments. Rides are scheduled by passengers and volunteer drivers, as mutually convenient. Transportation is provided in personal volunteer driver's vehicles. Rides are free to passengers. TRIP delivers the most transportation assistance at the lowest organizational expense. This TRIP program has been in place more than 20 years. It is funded in partnership between the Independent Living Partnership (sponsor), Riverside County Transportation Commission, the Riverside County Office on Aging, foundations, and participating communities. TRIP provides reimbursement for friends and neighbors to transport older adults and persons with disabilities to medical visits and other approved trips. The efficiency and effectiveness of the TRIP Model has been proven in cities, suburban, and rural areas.

CUYAHOGA COUNTY OPIATE TASK FORCE

http://opiatecollaborative.cuyahogacounty.us/
Community partners from drug treatment/ recovery agencies, education, health care, law enforcement, medicine, prevention specialists, mental health service, public health, and community members developed a Community Action Plan aimed at reducing accidental fatalities associated with opiate abuse through collaborative partnerships that focus on prevention, health policy, law enforcement, treatment, and recovery. This included project DAWN (Deaths Avoided With Naloxone) to provide overdose education and naloxone distribution program that has documented over 300 over dose reversals.

HIGH COUNTRY COMMUNITY HEALTH/ STEPPING STONE OF BOONE

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BEST PRACTICE MODELS, TECHNICAL ASSISTANCE RESOURCES, AND FUNDING OPPORTUNITIES

http://www.highcountrycommunityhealth.com/
http://www.steppingstoneofboone.com/

High Country Community Health partners with a local outpatient substance abuse treatment facility, Stepping Stone of Boone, to provide substance abuse treatment. This treatment option is designed specifically for the patients of High Country Community Health to be affordable, and comprehensive. Stepping Stone of Boone Provides substance abuse treatment services for opiate addiction (such as heroin, morphine, Oxycontin, oxycodone, and other prescription painkillers). The program includes: Comprehensive Outpatient Treatment, Counseling Services, Medical Care, and Medication Assisted Treatment.

MOUNTAIN   AREA   HEALTH   EDUCATION   CENTER

http://www.mahec.net/

Regional health educationc enter providing educational programs and services to improve the health of North Carolina residents with a focus on underserved populations.

NATIONAL   FRONTIER   AND   RURAL   ATTC

http://www.attcnetwork.org

The National Frontier and Rural Addiction Technology Transfer Center provides technology services to rural and frontier areas for implementing Telehealth Technologies. They promote awareness and implementation of telehealth technologies; educate addiction treatment providers; and provide telehealth services through culturally-relevant training and technical assistance activities.

RURAL ADDICTION/RECOVERY MODELS, RESOURCES, AND FUNDERS

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OCTOBER ROAD INC.

http://www.octoberroadinc.net/

October Road, Inc. is a mental health and substance abuse
treatment services provider based in Asheville, North Carolina.
They offer a series of training topics of interest to service providers. Programs available include
drug and alcohol treatment services, mental health services, and a recovery residence for men.

PROJECT ECHO: TELEHEALTH MEDICAL EDUCATION AND CARE DELIVERY

http://echo.unm.edu/

Project ECHO is "hub-and-spoke" telehealth expert networks using videoconferencing to conduct
virtual clinics with rural providers. There aren't enough specialists to treat everyone who needs
care, especially in rural and underserved communities. ECHO works with local clinicians to
provide specialty care. There are 69 hubs in the US.

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RURAL ADDICTION/RECOVERY MODELS, RESOURCES, AND FUNDERS
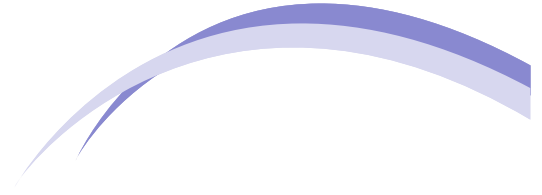
BEST PRACTICE MODELS, TECHNICAL ASSISTANCE RESOURCES, AND FUNDING OPPORTUNITIES

In the U.S. and around the world, people are not getting the care they need, when they need it, for complex but treatable conditions.

Moving Knowledge, Not Patients

Hub and spoke knowledge-sharing networks create a learning loop:

PROJECT LAZARUS

http://projectlazarus.org/

Model started in Wilkes County, NC to combat their high

rates of use and overdose deaths. In the two years following its implementation, from 2009-2011, overdose deaths in Wilkes County decreased by 69%. It emphasizes the power of community action, prevention through education, treatment, and harm reduction. Major components include: Education for medical providers and review of prescribing practices; support for treatment and recovery resources in the local community; educating and mentoring at schools and events for young people; increased access to Naloxone (the overdose reversal medication); and Increasing accessibility of medication disposal boxes so residents can safely dispose of their unused medications rather than these medications becoming diverted.

Project Lazarus Model

PROJECT LAZARUS

Community Education

Addiction Treatment

Provider Education

Public Awareness

Coalition Action

Harm Reduction

Data & Evaluation

Hospital ED Policies

Pain Patient Support
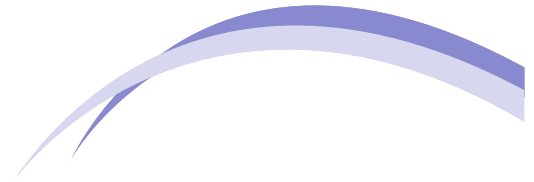
Diversion Control

The Project Lazarus model can be conceptualized as a wheel, with three core components (The Hub) that must always be present, and seven components (The Wheel) which can be initiated based on specific needs of a community.

BEST PRACTICE MODELS, TECHNICAL ASSISTANCE RESOURCES, AND FUNDING OPPORTUNITIES

RURAL ADDICTION/RECOVERY MODELS, RESOURCES, AND FUNDERS

PROJECT VISION http://projectvisionrutland.com/

Project VISION addresses the underlying community challenges causing substance abuse and crime in Rutland, Vermont. The project includes over 300 agencies and organizations, volunteers, and neighbors divided into three teams: treatment, criminal activity, and neighborhoods. The project feature

- Community agencies and partners embedded within police department

- Methadone Clinic and Suboxone Spokes

- Re-entry Program

- Data Driven Approaches to Crime and Safety

- Drug Market Intervention Strategy

RHA HEALTH SERVICES INC.

http://rhahealthservices.org/
RHA is a non-profit organization offering services for people who have developmental and other disabilities who need support to live in their communities. Founded in 1991, RHA began as a small cluster of group homes in North Carolina. It is now a leading service provider with over 5,000 employees across North Carolina, Tennessee, Georgia and Utah. They offer supported living, waiver programs, and employment services for people with intellectual, physical and developmental disabilities to a broad range of evidence-based clinical services, prevention and recovery programs, outpatient care and crisis services for people with behavioral health needs.

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VAYA HEALTH

http://vayahealth.com/

Vaya Health is a public managed care organization (MCO)
that oversees Medicaid, federal, state and local funding for services and supports related to mental health, substance use and intellectual/ developmental disability (IDD) needs. It operates in 23 western North Carolina counties that are home to over 1 million residents who may be eligible for prevention, treatment and crisis services.

VERMONT RECOVERY NETWORK

https://vtrecoverynetwork.org/

The Vermont Recovery Network is a non-profit organization that supports the provision of recovery support services for people who have experienced problems resulting from drug and alcohol use. They help people find, maintain, and enhance their recovery experience through peer support, sober recreation, and educational opportunities

WASHTENAW   HEALTH   INITIATIVE   OPIOID   PROJECT

http://www.whiopioidproject.org/about

The Washtenaw Health Initiative Opioid Project is a voluntary, county-wide collaboration of 80 organizations and 200 individuals utilizing the Project Lazarus Model to provide: Addiction and Treatment, Community Education, Provider Education, Hospital Emergency Department Poli

cies, Diversion Control, Patient Pain Support, and Harm Reduction.

BEST PRACTICE MODELS, TECHNICAL ASSISTANCE RESOURCES, AND FUNDING OPPORTUNITIES

RURAL ADDICTION/RECOVERY MODELS, RESOURCES, AND FUNDERS

WELLNESS INITIATIVE FOR SENIOR EDUCATION (WISE)

http://www.njpn.org/initiatives/wise/

This is an evidence-based wellness and diversion program specifically geared towards aging populations with a focus on education about risk behaviors and topics such as medication use and misuse, depression, stress management, health, and the aging process. Increasing accessibility of medication disposal boxes so residents can safely dispose of their unused medications rather than these medications becoming diverted. This kind of education and prevention model has been adapted for a rural area with a large older population.

WESTERN NORTH CAROLINA SUBSTANCE USE ALLIANCE

http://themountaineer.villagesoup.com/p/new-wnc-alliance-to-tackle-opioid-drugepidemic/1620726

The Alliance will focus on 23 western North Carolina counties to increase collaboration across agencies, leverage resources, reduce duplication and establish top priorities for the region. This includes increasing access to treatment and recovery services, strengthening prevention and education efforts and examining the impact of substance use on health and economic development due to lost worker productivity. The counties involved in the alliance include Watauga, Avery, Ashe as well as Mitchell and Alleghany counties.

Enhancing Quality of Life

WINNEBAGO COUNTY HEROIN TASK FORCE IN WISCONSIN

http://www.rethinkwinnebago.org/Campaigns/heroin-task-force.html

A community coalition led by the Winnebago County Health Department and 500 participants from over 60 organization focusing on Healthy Living such as access to healthy foods and beverages, creating more active communities, reducing alcohol abuse, improving mental health systems of care, and addressing drug prevention. Includes a Winnebago County Heroin Task Force employing a four part strategy to reduce the impact of opiates on the community:

- Prevention Education targeting schools, parents and families, and the community;

- Harm Reduction including step by step achievable goals to reduce risk to users, needle exchange, supplying Naloxone (Narcan), providing information and referral to treatment; and

- Treatment programs such as residential/inpatient treatment, outpatient treatment, adolescent treatment, medication assisted programs, and long-term recovery support.
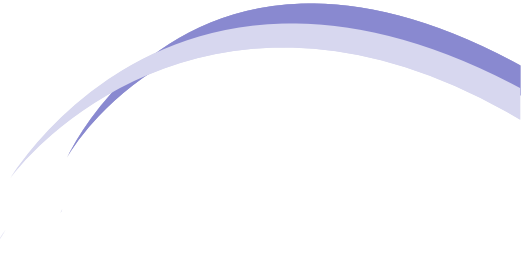
BEST PRACTICE MODELS, TECHNICAL ASSISTANCE RESOURCES, AND FUNDING OPPORTUNITIES

Enhancing Quality of Life

ADDITIONAL FUNDING SOURCES FOR RURAL AREAS

ACORN FOUNDATION

http://www.commoncounsel.org/Acorn+Foundation

Established in 1978, the Acorn Foundation is a family foundation dedicated to supporting community-based organizations working to advance environmental conservation, sustainability and environmental justice. The Acorn Foundation will support U.S. community-based organizations working to advance environmental conservation, sustainability and environmental justice. The Acorn Foundation currently prioritizes funding to organizations based in the western and southern United States and Appalachia. Funding: Sustainable Development, Wildlife, Environmental Law, Environmental Conservation, Biodiversity, Environmental Restoration/Remediation, Habitat, Pollution Prevention, and Pollution Control.

A.J.

FLETCHER FOUNDATION

http://ajf.org/

This foundation's mission is to support nonprofit organizations in their endeavors to enrich the lives and well-being of people in North Carolina. Its focus is on human services, using grants and partnerships with others to give voice to North Carolinians who have no voice, and to affect policy change at the state level. Their giving focuses on: Education; Elderly, Infirm, & Indigent; Media and Communication; Artistic Endeavors; Public Recreation; and Religious Faith.

BURROUGHS WELLCOME FUND

http://www.bwfund.org/

This is an independent private foundation dedicated to advancing the medical sciences by supporting research and other scientific and educational activities. Its science education program is dedicated to serving NC only.

ADDITIONAL FUNDING SOURCES FOR RURAL AREAS

CANNON FOUNDATION

http://www.cannonfoundation.org/
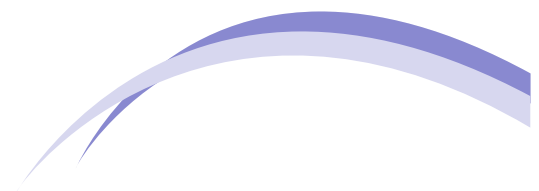
Healthcare, higher education, and human service are the primary fields of interest, receiving about 90% of the Foundation's funding. Other more limited areas of interest are arts, culture, historic preservation, religion and the environment. Serves North Carolina, principally in rural areas.

COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA

http://www.cfwnc.org/

The Community Foundation is a nonprofit organization established in 1978 to build a permanent pool of charitable capital for the 18 counties of Western North Carolina. They work with individuals, families and corporations to create and manage charitable funds and make grants to nonprofits or public agencies in our region. They manage $267 million (December 2016) in assets and have awarded more than $198 million in scholarships to students and grants to nonprofit organizations and public institutions They make grants and provide support to nonprofit 501(c)(3) organizations and public agencies for improving communities in our region

CONSERVATION FUND

http://www.conservationfund.org/

The Conservation Fund focuses on protecting natural resources and saving the places that matter most - properties with ecological, historic and/or cultural significance. Initiatives include: Business Partnerships, Conservation Acquisition, Land, Water & Wildlife Protection, Conservation Leadership Network, Aquaculture & Water Quality, Land Conservation Loans, Finance & Expertise, Infrastructure Mitigation, Natural Capital Investment Fund, Business Finance, Resourceful Commu

THE UNIVERSITY of NORTH CAROLINA
GREENSBORO
Center for Housing
and Community Studies

Enhancing Quality of Life

ADDITIONAL FUNDING SOURCES FOR RURAL AREAS

...nities, Strategic Conservation Planning, Green Infrastructure, and Working Forest Fund

DUKE ENDOWMENT   http://www.dukeendowment.org/

Started by James B. Duke in 1924, the Duke Endowment today is one of the nation's largest 501(c)(3) private foundations. Their funding program areas include child care, health care, higher education, and rural Methodist churches.

HYMAN S. & SADYE JACOBS FOUNDATION

Independent foundation giving gifts grants or loans to other organizations, scholarships other, and other religious activities. 1175 Peckerwood Rd. Hayesville, NC United States 28904

KATE B. REYNOLDS CHARITABLE TRUST

http://www.kbr.org/

The Trust funds benefit individuals living at or below 200% of the federal poverty level, the uninsured, and those eligible for Medicaid/free and reduced school lunch. Grants are made for new programs or the expansion of existing programs as well as capital projects focused in Tier One counties.

MARY DUKE BIDDLE FOUNDATION

http://www.marydukebiddlefoundation.org/

The primary purpose of this foundation is to further and extend Mrs. Biddle's life-long interests in religious, educational, and charitable activities in New York City and the state of North Carolina. Only tax-exempt 501(c)(3) organizations in NY and NC may apply.

ADDITIONAL FUNDING SOURCES FOR RURAL AREAS

MARY REYNOLDS BABCOCK FOUNDATION

https://www.mrbf.org/
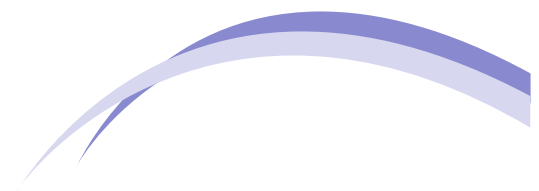
Mary Reynolds Babcock Foundation supports collaborative, multi-strategy, place-based work focused on democracy and civic engagement, economic opportunity, and supportive policies and institutions. They provide sustained, general-support grants and strategic investments aligned with their mission and values. The Mary Reynolds Babcock Foundation has a long history of investing in Appalachian people and places and helped co-found the Appalachia Funders Network.

Z. SMITH REYNOLDS FOUNDATION http://www.zsr.org/

This foundation makes grants to nonprofit 501(c)(3) charitable organizations and institutions, and governmental units. It makes grants to projects in North Carolina with the purpose of benefiting residents of North Carolina. Currently, its focus areas are Community Economic Development, Democracy and Civic Engagement, the Environment, Pre-Collegiate Education, and Social Justice and Equity.
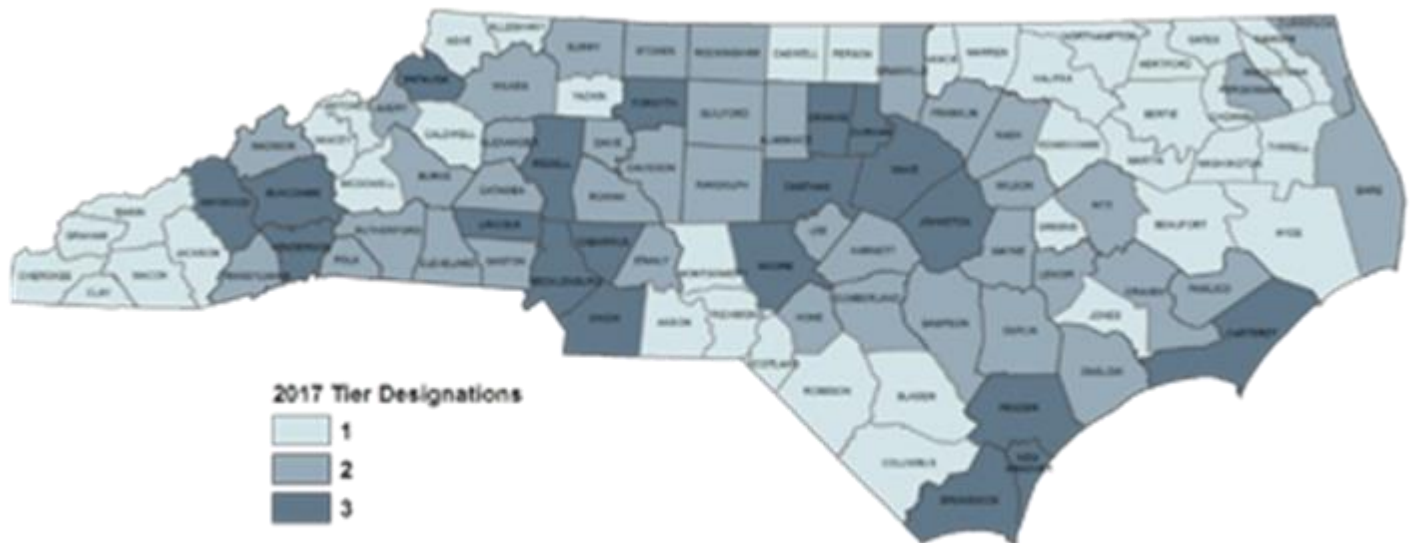
Enhancing Quality of Life

ADDITIONAL FUNDING SOURCES FOR RURAL AREAS

TOP FOUNDATIONS IN THE STATE OF NC

1. The Bank of America Charitable Foundation $175,299,678
2. The Duke Endowment $63,251,758
3. Golden LEAF Foundation $45,790,656
4. Foundation For The Carolinas $45,224,849
5. The Burroughs Wellcome Fund $30,849,016
6. Kate B. Reynolds Charitable Trust $22,753,821
7. The Winston-Salem Foundation $21,409,663
8. The Duke Energy Foundation $16,681,141
9. Blue Cross and Blue Shield of North Carolina Foundation $15,542,092
10. Z. Smith Reynolds Foundation, Inc. $14,998,062
11. Triangle Community Foundation $13,568,734
12. Lowe's Charitable and Educational Foundation $12,504,498
13. The Community Foundation of Western North Carolina, Inc. $12,488,032
14. Community Foundation of Greater Greensboro, Inc. $11,094,559
15. Cone Health Foundation $10,221,920
16. North Carolina Community Foundation $8,439,054
17. The Cannon Foundation, Inc. $7,732,758
18. The Joseph M. Bryan Foundation $7,260,289
19. John Motley Morehead-Cain Foundation $7,048,713
20. Mary Reynolds Babcock Foundation, Inc. $6,838,514
21. Cherokee Preservation Foundation $5,933,776
22. High Point Community Foundation $5,240,361
23. Reynolds American Foundation $4,099,502
24. Cumberland Community Foundation, Inc. $3,525,895
25. Community Foundation of Gaston County$3,300,058
26. Community Foundation of Henderson County, Inc. $3,227,416
27. North Carolina GlaxoSmithKline Foundation $2,950,845
28. The Cemala Foundation, Inc $2,889,373
29. The Belk Foundation $2,404,915
30. Cape Fear Memorial Foundation $2,308,732
31. Goodrich Foundation $2,121,687
32. The Blanche and Julian Robertson Family Foundation, Inc. $2,033,775
33. Mebane Charitable Foundation $1,905,107
34. Sisters of Mercy of North Carolina Foundation $1,804,628
35. Broyhill Family Foundation, Inc. $1,507,819
36. Polk County Community Foundation, Inc. $1,396,192
37. Hillsdale Fund, Inc. $1,315,354
38. Environmental Research and Education Foundation $1,272,363
39. The Mary Duke Biddle Foundation $1,105,258
40. Lance Foundation $1,097,403

Hinton Region Community Assets
Web Application Widget Tips

Legend

• Provides symbology for asset types and operational layers

Operational Layer List

• Toggle layers on (visible) or off (not visible) from here by checking and unchecking the boxes.

Background Information

• Provides background information about the region and the application itself
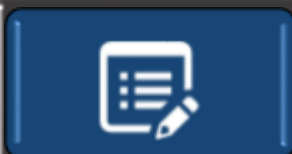
Share (Create) New Assets

• Found a new asset? Share it with the community! Click on the type and then navigate to its position on the map. Click once and fill in the information. Click "Close" to save changes.
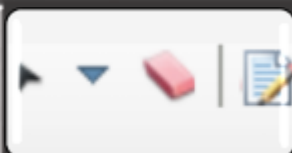
Update (Edit) Existing Assets

• At the bottom of the "Create or Edit" tabl, use the tools to update or remove assets by selecting them using the "new selection" arrow on the left, then clicking the "attribute button (looks like a sheet of paper) to update shared information or remove them.

Directions from A to B

• Enter the location addreses to get directions from home to an asset or from on asset to another.
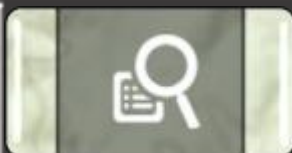
Find Assets by Type

• Find assets by type within a specific area (current view) or the whole region (al Select a asset type from the drop down menu & execute the search. Click on a result from the list to zoom to the location.
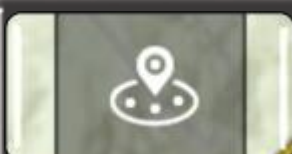
Find Assets Near Me

• Use your GPS location (on mobile device) or enter a location. Adjust the search radius as needed. Click on a result from the list to get additioanl information ar zoom to the location.

Bookmarked Locations

• The majority of the assets are located within one of the bookmarked locations

Cherokee County

Churches

NAME	ADDRESS	WEBSITE
Bearpaw Church	55 Bear Paw Church Rd, Murphy, North Carolina, 28906	https://www.facebook.com/pages/Bear-Paw-BaptistChurch/159179340782810
Beaver Creek Church	Beaver Creek Rd, Andrews, North Carolina, 28901	https://www.facebook.com/pages/Beaver-Creek-Free-WillBaptist-Church/143210139058700
Bell Hill Church	865 Bell Hill Rd, Murphy, North Carolina, 28906	http://www.yelp.com/biz/bell-hill-baptist-church-murphy
Boiling Spring Church	3170 Boiling Springs Rd, Murphy, North Carolina, 28906	https://www.facebook.com/bsbchurch/
Calvary Church	5718 US-64 W, Murphy, North Carolina, 28906	http://ccmountainside.com/
Fairview Church	Fairview St, Murphy, North Carolina, 28906	http://www.visitcherokeecountync.com/fairview-baptist-church
Friendship Church	15 Friendship Church Rd, Murphy, North Carolina, 28906	http://www.findagrave.com/cgi-bin/fg.cgi? page=cr&CRid=277211
Hampton Memorial Church	Hampton Church Rd, Murphy, North Carolina, 28906	https://www.facebook.com/pages/Hampton-MemorialChurch/144208942266308
Hanging Dog Church	3522 Hanging Dog Rd, Murphy, North Carolina, 28906	https://www.facebook.com/pages/Hanging-Dog-Baptist-Church/120069288008438
Harmony Church	Harmony Rd, Murphy, North Carolina, 28906	http://www.faithstreet.com/church/harmony-baptist-churchmurphy-nc
Harris Chapel	7 Harris Chapel Rd, Murphy, North Carolina, 28906	http://www.yellowpages.com/murphy-nc/mip/murphy-harrischapel-462303952
Hopewell Church	Hopewell Rd, Murphy, North Carolina, 28906	http://www.faithstreet.com/church/hopewell-baptist-churchmurphy-nc
Junaluska Church	4808 Junaluska Rd, Andrews, North Carolina, 28901	http://www.churchangel.com/church/Junaluska-Baptist-Church144973.htm
Little Brasstown Church	Hampton Church Rd, Murphy, North Carolina, 28906	http://www.littlebrasstown.com/
Little Glade Church	1727 Martins Creek Rd, Murphy, North Carolina, 28906	https://www.facebook.com/pages/Little-GladeChurch/148100825215521
Macedonia Baptist Church	225 Wolfcreek Rd, Murphy, North Carolina, 28906	https://www.facebook.com/Macedonia-Missionary-BaptistChurch-561971593855133/

Moccasin Church	76 Moccasin Creek Rd, Murphy, North Carolina, 28906	http://www.faithstreet. com/church/moccasin-creek-baptistchurch-murphy-nc

Mount Carmel Church	Hiwassee Dam Access Rd, Murphy, North Carolina, 28906	https://www.facebook. com/Mount-Carmel-Baptist-Church-162538260437893/
Mount Liberty Church	Old Murphy Rd, Murphy, North Carolina, 28906	http://www.faithstreet. com/church/mount-liberty-baptistchurch-murphy-nc
Mount Moriah Church	Marrestop Rd, Murphy, North Carolina, 28906	http://www.faithstreet. com/church/mount-moriah-baptistchurch-murphy-nc
Mount Nebo Church	Beaver Dam Rd, Murphy, North Carolina, 28906	https://www.facebook. com/pages/Mount-NeboChurch/145549942135666
Mount Pleasant Church	1193 Mount Pleasant Rd, Murphy, North Carolina, 28906	http://www.mpbcmurphy.com/
New Hope Church	200 Harris Rd, Murphy, North Carolina, 28906	http://apostolicnewhopechurch.com/
New Martins Creek Church	2729 New Martins Creek Rd, Murphy, North Carolina, 28906	http://www.faithstreet. com/church/new-martins-creek-baptistchurch-murphy-nc
New Prospect Church	Prospect Rd, Murphy, North Carolina, 28906	http://aroundguides.com/21309602
Notla Church	294 Notla Church Rd, Murphy, North Carolina, 28906	http://www.visitcherokeecountync. com/notla-baptist-church
Oak Grove Church	2431 Highway 294, Murphy, North Carolina, 28906	https://www.facebook. com/pages/Oak-Grove-Baptist-Church/168839499799732
Old Martins Creek Church	Brasstown Rd, Murphy, North Carolina, 28906	http://www.us-places. com/map-places.php? page= map+of+Old+Martins+Creek+Church+in +Cherokee+County% 2C+North+Carolina&placeid=1014099
Owl Creek Church	2550 Owl Creek Rd, Murphy, North Carolina, 28906	http://www.visitcherokeecountync. com/owl-creek-baptist-church
Poindexter Church	Joe Brown Hwy, Murphy, North Carolina, 28906	https://www.facebook. com/pages/PoindexterChurch/142116885822934
Ranger Church	151 Walker Rd, Murphy, North Carolina, 28906	http://www.rangerbaptistchurch.org/
Red Marble Church	Red Marble Rd, Andrews, North Carolina, 28901	https://www.facebook. com/pages/Red-MarbleChurch/146328722053064
Reids Chapel	4281 Lower Bear Paw Rd, Murphy, North Carolina, 28906	http://www.umc. org/find-a-church/church/33908
River Valley Church	Peachtree St, Murphy, North Carolina, 28906	https://www.facebook. com/River-Valley-Baptist-Church997452133619097/
Shady Grove Church	198 Shady Grove Rd, Murphy, North Carolina, 28906	http://www.shadygrovebaptistchurch. org/links.html

Snow Hill Church	Snow Hill Church Rd, Murphy, North Carolina, 28906	http://www.churchfinder.com/churches/nc/snow-hill
St. William Catholic Church	765 Andrews Rd, Murphy, North Carolina, 28906	http://www.st-william.net/
Swanson Church	1360 Hedden Stiles Rd, Murphy, North Carolina, 28906	http://www.manta.com/c/mbs89j8/swanson-baptist-church
Temple Church	8 Simonds Chapel Rd, Murphy, North Carolina, 28906	http://www.churchfinder.com/churches/nc/murphy/baptist

Valley River Church	211 Raper Rd, Murphy, North Carolina, 28906	https://www.facebook.com/River-Valley-Baptist-Church997452133619097/
Vengeance Creek Church	940 Lower Vengeance Creek Rd, Marble, North Carolina, 28905	https://www.facebook.com/pages/Vengeance-CreekBaptist/105447912856480
Wehutty Church	Wehutty Rd, Murphy, North Carolina, 28906	https://www.facebook.com/pages/WehuttyChurch/130990976945253
Will Scott Church	Will Scott Church Rd, Murphy, North Carolina, 28906	https://www.facebook.com/pages/Wilscott-BaptistChurch/347002505411133?rf=140221279351701
Kingdom Hall Church	500 Maltby Rd, Murphy, NC 28906	http://jehovahs-witness-churches.find-near-me.info/in/murphy-nc

Economy

NAME	ADDRESS	WEBSITE
Ajila Ama Farms	344 Waldroup Rd, Brasstown, North Carolina, 28902	https://www.facebook.com/ajilaama/
Bargain Barn Grocery Outlet	800 W US Highway 64, Murphy, North Carolina, 28906	http://www.myugo.com/murphy-nc/
Bargain Barn Grocery Outlet	1476 Andrews Rd, Murphy, North Carolina, 28906	http://www.myugo.com/murphy-nc/
Big D Convenience Store	7985 NC Highway 141, Marble, North Carolina, 28905	http://www.superpages.com/bp/marble-nc/big-d-conveniencefood-stores-L0501575081.htm
Big Lots	1450 Andrews Rd, Murphy, North Carolina, 28906	http://local.biglots.com/nc/murphy/5209
Blue Ridge Olive Oil Company	104 Tennessee St, Murphy, North Carolina, 28906	http://www.blueridgeoliveoil.com/
Calaboose Cellars	565 Aquone Rd, Andrews, North Carolina, 28901	http://www.calaboosecellars.com/
Cherokee Cellars Winery	23 Hickory St, Murphy, North Carolina, 28906	http://www.cherokeecellarswinery.com/
Cherokee Scout Newspaper	89 Sycamore St, Murphy, North Carolina, 28906	http://www.cherokeescout.com/
Dollar General	8000 NC Highway 141, Marble, North Carolina, 28905	http://www.yellowpages.com/marble-nc/mip/dollar-general464566770

NAME	ADDRESS	WEBSITE
Dollar General	1445 Andrews Rd, Murphy, North Carolina, 28906	http://www.yellowpages.com/marble-nc/mip/dollar-general464566770
Dollar Tree	1194 Andrews Rd, Murphy, North Carolina, 28906	http://locations.dollartree.com/nc/murphy/1888/
Ingles Market	297 Main St, Andrews, North Carolina, 28901	http://www.ingles-markets.com/
Ingles Markets	2060 US-19, Murphy, North Carolina, 28906	http://www.ingles-markets.com/
Logan's Run Rescue Thrift Store	3000 US-64 W, Murphy, North Carolina, 28906	http://www.logansrunrescue.com/
Lowe's Home Improvement	198 Bulldog Dr, Murphy, North Carolina, 28906	http://www.lowes.com/
Mithmont Farms	595 Hendrix Rd, Murphy, North Carolina, 28906	http://www.manta.com/c/mt4sd4d/mithmont-farms

NAME	ADDRESS	WEBSITE
Moog Components Group	1995 NC Highway 141, Murphy, North Carolina, 28906	http://www.emoog.com/contact-us/locations/americas/moogcomponents-group-murphy-operationsmurphy-nc-usa/
Nantahala Bank & Trust	86 Hiwassee St, Murphy, North Carolina, 28906	https://www.nantahalabank.com/
Nate's Country Store	1162 Andrews Rd, Murphy, North Carolina, 28906	https://www.facebook.com/Nates-Country-Store-116288271733378/?rf=728128623903967
Nottely River Valley Vineyards	1150 Old Culberson Rd, Murphy, North Carolina, 28906	http://nottelywine.com/
Pay it Forward Thrift Store	642 Andrews Rd, Murphy, North Carolina, 28906	https://www.facebook.com/pages/Pay-It-Forward-Thrift-StoreMurphy-Nc/558853417486327
Reach Thrift Shop	1990 US-64, Murphy, North Carolina, 28906	http://www.reachofcherokeecounty.org/reach-thrift-store.html
Save-A-Lot	1240 Andrews Rd, Murphy, North Carolina, 28906	http://stores.place/NC/Save-A-Lot/Murphy/1240-Andrews-Rd-28906.html
Sweet Tooth	658 Andrews Rd, Murphy, North Carolina, 28906	http://www.visitcherokeecountync.com/sweet-tooth
USDA Rural Development	225 Valley River Ave, Murphy, North Carolina, 28906	http://www.rd.usda.gov/contact-us/state-offices/nc
Valley River Vineyards	4689 Martins Creek Rd, Murphy, North Carolina, 28906	https://www.facebook.com/VRVWinery/
Walgreens	1630 Andrews Rd, Murphy, North Carolina, 28906	http://www.walgreens.com/locator/walgreens1630+andrews+rd-murphy-nc28906/id=16253
Walmart Supercenter	2330 US-19 N, Murphy, North Carolina, 28906	https://www.walmart.com/store/515/whats-new
Young's Plant Farm Inc	1482 Fairview Rd, Andrews, North Carolina, 28901	http://youngsplantfarm.com/

Government

NAME	ADDRESS	WEBSITE

Andrews Public Library	871 Main St, Andrews, North Carolina, 28901	http://www.youseemore. com/nantahala/directory.asp
Cherokee Count Ext	40 Peachtree St, Murphy, North Carolina, 28906	https://cherokee.ces.ncsu.edu/
Murphy Housing Authority	80 Beal Cir, Murphy, North Carolina, 28906	http://www.publichousing. com/details/murphy_housing_authority
Murphy Public Library	9 Blumenthal St, Murphy, North Carolina, 28906	http://www.youseemore. com/nantahala/directory.asp
Nantahala Regional Library	11 Blumenthal St, Murphy, North Carolina, 28906	http://www.youseemore. com/nantahala/default.asp
Murphy Health Department	228 Hilton St, Murphy, North Carolina, 28906	http://www. cherokeecounty-nc.gov/index.aspx? page=102

Human Services

NAME	ADDRESS	WEBSITE
Christian Love Ministries & Thrift Store	2600 US-64 W, Murphy, North Carolina, 28906	http://www.yelp. com/biz/christian-love-ministries-thriftstore-murphy

Andrews Housing Authority	291 Whitaker Ln, Andrews, North Carolina, 28901	http://affordablehousingonline. com/housing-authority/NorthCarolina/Andrews-Housing-Authority/NC051/
Arc Cherokee Clay Inc	426 Hill St, Murphy, North Carolina, 28906	http://www.yellowpages. com/murphy-nc/mip/arc-cherokee-clayinc-464220057
Cherokee County Child Support	40 Peachtree St, Murphy, North Carolina, 28906	http://www.yellowpages. com/murphy-nc/mip/cherokee-countychild-support-481104748
Coldwell Banker High Country: Carol Robinson	4290 US-64, Murphy, North Carolina, 28906	http://www.mtnpropertiesbycarol. com/0/Home
Exit Realty Mountain View Properties	1900 US-64, Murphy, North Carolina, 28906	http://exitmurphy. com/10967/dsp_agent_page.php/57267
Food Pantry (cherokee)	517 Hiwassee St, Murphy, North Carolina, 28906	http://www.suntopia. org/murphy/nc/food_pantries.php
Four Square Community Action	625 Andrews Rd, Murphy, North Carolina, 28906	http://www. foursquarecommunityactioninc.com/
Hiawassee River Watershed Coalition	90 Tennessee St, Murphy, North Carolina, 28906	http://www.hrwc.net/about-us/
Hurlburt-Johnson Friendship House	73 Blumenthal St, Murphy, North Carolina, 28906	http://www.idealist. org/view/nonprofit/P5kWBStgFDw4/
Meridian - Domestic Violence Intervention Program	27 Bona Vista Ln, Marble, North Carolina, 28905	http://meridianbhs. org/content/offender-services
Office of Economic Opportunity	27 Hatchett St, Murphy, North Carolina, 28906	http://www.manta. com/c/mms3290/office-of-economicopportunity
Pleasant Valley Group Home	350 Pleasant Valley Rd, Murphy, North Carolina, 28906	http://www.superpages. com/bp/murphy-nc/pleasant-valleygroup-home-L2061201114.htm
Re/Max Mountain Properties: Dex Hubbard & Roberts Gary	1151 W US Highway 64, Murphy, North Carolina, 28906	http://www.dexhubbard.com/

Southern Mountains Realty	123 Pine Tree Rd, Murphy, North Carolina, 28906	http://southernmountains.com/
Vista Realty	4701 US-64 E, Murphy, North Carolina, 28906	http://www.vistarealtyonline.com/
Women's Resource Center	115 Tennessee St, Murphy, North Carolina, 28906	http://www.yellowpages.com/murphy-nc/mip/womens-resourcectr-645926
Family Resource Center	5527 US-64 E, Murphy, North Carolina, 28906	
NC Vocational Rehabilitation	510 E U.S. Highway 64 Alt, Murphy, NC 28906	http://www.ncdhhs.gov/divisions/dvrs

Institutions

NAME	ADDRESS	WEBSITE
Andrews Elementary	205 Walnut St, Andrews, North Carolina, 28901	http://aes.cherokee.k12.nc.us/
Andrews High School	50 High School Dr, Andrews, North Carolina, 28901	http://ahs.cherokee.k12.nc.us/
Andrews Middle School	2750 Business 19, Andrews, North Carolina, 28901	http://ams.cherokee.k12.nc.us/
Hiawassee Dam Elementary/Middle	337 Blue Eagle Cir, Murphy, North Carolina, 28906	http://hde.cherokee.k12.nc.us/
Hiawassee Dam High School	267 Blue Eagle Cir, Murphy, North Carolina, 28906	http://hds.cherokee.k12.nc.us/

Marble Elementary School	School House Rd, Marble, North Carolina, 28905	http://mar.cherokee.k12.nc.us/
Martins Creek School	1459 Tobe Stalcup Rd, Murphy, North Carolina, 28906	http://mcs.cherokee.k12.nc.us/
Mountain Youth High School	4533 Martins Creek Rd, Murphy, North Carolina, 28906	http://mys.cherokee.k12.nc.us/
Murphy Elementary School	315 Valley River Ave, Murphy, North Carolina, 28906	http://mes.cherokee.k12.nc.us/
Murphy High School	234 High School Cir, Murphy, North Carolina, 28906	http://mhs.cherokee.k12.nc.us/
Murphy Middle School	65 Middle School Dr, Murphy, North Carolina, 28906	http://mms.cherokee.k12.nc.us/
Peachtree Elementary School	30 Upper Peachtree Rd, Murphy, North Carolina, 28906	http://pes.cherokee.k12.nc.us/
Ranger Elementary/Middle School	101 Hardy Truett Rd, Murphy, North Carolina, 28906	http://www.greatschools.org/north-carolina/murphy/498-Ranger-Elementary-Middle/
Small Biz @ Tri County	21 Campus Cir, Murphy, North Carolina, 28906	http://www.tricountycc.edu/community-business/small-businesscenter/
TCCC Cherokee	21 Campus Cir, Murphy, North Carolina, 28906	http://www.tricountycc.edu/
Tri County Early College	21 Campus Cir, Murphy, North Carolina, 28906	http://www.tricountyearlycollege.org/
John C. Campbell Folk School	1 Folk School Rd, Brasstown, North Carolina, 28902	https://www.folkschool.org/

Medical Services

NAME	ADDRESS	WEBSITE
Allergy Partners- The Foothills	296 Oak St, Andrews, North Carolina, 28901	http://www.manta.com/c/mbd7rfc/allergy-partners-thefthlls
Andrews Family Chiropractic: O'Brien Kevin DC	18 Town Branch Rd, Andrews, North Carolina, 28901	http://www.wellness.com/dir/1200283/chiropractor/nc/andrews/kevin-obrien-dc#referrer
Andrews Family Eye Care	29 Chestnut St, Andrews, North Carolina, 28901	http://www.familyeyecare2020.com/
Andrews Health Center	15 High School Dr, Andrews, North Carolina, 28901	http://www. cherokeecounty-nc.gov/index.aspx?page=336
Angela E. Steep, PsyD	330 Valley River Ave, Murphy, North Carolina, 28906	http://www.vitals.com/doctors/Dr_Angela_Steep/profile
Appalachian Community Services	750 W US Highway 64, Murphy, North Carolina, 28906	http://www.acswnc.com/
Carolina Smiles, Dr. Michael Davis	114 Buttercup Trl, Marble, North Carolina, 28905	http://www.mycarolinasmiles.com/
Childs Play Rehabilitation	85 Wells St, Murphy, North Carolina, 28906	http://www.yellowpages. com/murphy-nc/mip/childs-playrehabilitation-16169359
Clay Keith OD	137 Peachtree St, Murphy, North Carolina, 28906	https://www.facebook.com/pages/Clay-KeithOD/105192276214947
Cutshaw Chiropractic Center	13882 US-19 N, Andrews, North Carolina, 28901	https://www.facebook.com/Cutshaw-Chiropractic-Center-535201773161435/

NAME	ADDRESS	WEBSITE
DaVita Smoky Mountain Dialysis	1611 Andrews Rd, Murphy, North Carolina, 28906	http://dialysiscenters.healthgrove.com/l/3402/Smokey-Mountain-DialysisDenovo-Facility
Donald W Ambler: Gray Debbie	494 Main St, Andrews, North Carolina, 28901	http://www.amblerdds.com/
Dr Pamela A Anderson Inc: Kay Steve OD	540 E US-64-ALT, Murphy, North Carolina, 28906	http://www.vogo.com/us/NC/Murphy/Establishment/Dr_Pamela_A_Anderson_Inc_Kay_Steve_OD_v77v4fd0c8e7f5c38a8d82fefdceac4b982 8.html
Dr. Daniel M. Eichenbaum, MD	1321 E US-64, Murphy, North Carolina, 28906	http://doctor.webmd.com/doctor/daniel-eichenbaum-mdc125967e-1c96-415d-b1fb-bf1e777bd435 -overview
Dr. Edie Spence	284 Hill St, Murphy, North Carolina, 28906	http://www.drediespence.com/
Dyer William R DC	133 Peachtree St, Murphy, North Carolina, 28906	http://www.wellness.com/dir/1188080/chiropractor/nc/murphy/william-r-dyer-dc#referrer
Family Life Chiropractic Center	3000 US-64 W, Murphy, North Carolina, 28906	http://www.familylifechiro.com/
Far West Dental Clinic	145 Medical Park Ln, Murphy, North Carolina, 28906	http://www.yelp.com/biz/far-west-dental-clinic-murphy

Forrister Orthodontics	4256 E US-64-ALT, Murphy, North Carolina, 28906	http://www.superpages. com/bp/murphy-nc/forristerorthodontics-melanie-forrister-ddsL2061201233.htm
Golden Years	37 Tennessee St, Murphy, North Carolina, 28906	https://www.facebook. com/GoldenYearsOfMurphy
Jesse D. Miller, MS	4130 US-64, Murphy, North Carolina, 28906	http://orthopedic. io/physical-therapist/jesse-d-miller-ms-ptmurphy/
King's Pharmacy	30 Peachtree St, Murphy, North Carolina, 28906	https://www.kingsrxandwellness.com/
Mims Family Dentistry	96 Central St, Murphy, North Carolina, 28906	http://www.mimsfamilydentistry.com/
Mock David J Do	3765 E US-64-ALT, Murphy, North Carolina, 28906	https://www.healthgrades. com/physician/dr-david-mock-gfwcr
Murphy Dental Center: Watson Barry L DDS	119 Natural Springs Dr, Murphy, North Carolina, 28906	https://www.healthgrades. com/dentist/dr-barry-watson-2s6lt
Murphy Group Practice (Family Practice)	183 Ledford St, Murphy, North Carolina, 28906	http://www.murphymedical. org/family-practice/
Murphy Group Practice (General Surgery)	145 Medical Park Ln, Murphy, North Carolina, 28906	http://www.murphymedical. org/general-surgery/
Murphy Group Practice (Good Shepherd Home Health &Hospice)	125 Medical Park Ln, Murphy, North Carolina, 28906	http://www.murphymedical. org/home-health-hospice/
Murphy Group Practice (Medical Center)	3990 E US-64-ALT, Murphy, North Carolina, 28906	http://www.murphymedical.org/
Murphy Group Practice (Nursing Home)	3990 E US-64-ALT, Murphy, North Carolina, 28906	http://www.murphymedical. org/nursing-home/
Murphy Group Practice (Obstetrics & Gynecology)	75 Medical Park Ln, Murphy, North Carolina, 28906	http://www.murphymedical. org/obstetrics-gynecology/
Murphy Group Practice (Orthopedics & Sports	75 Medical Park Ln, Murphy, North Carolina, 28906	http://www.murphymedical. org/orthopedics-sports-medicine/

Medicine)		
Murphy Group Practice (Peachtree Athletic & Rehab PARC)	3764 E US-64-ALT, Murphy, North Carolina, 28906 **Center-**	http://www.murphymedical.org/parc/
Murphy Group Practice (Urgent Care Center)	183 Ledford St, Murphy, North Carolina, 28906	http://www.murphymedical. org/urgent-care-center/
Murphy Group Practice (Urology)	75 Medical Park Ln, Murphy, North Carolina, 28906	http://www.murphymedical.org/urology/
Murphy Group Practice (Wound Care & Hyperbaric Therapy)	183 Ledford St, Murphy, North Carolina, 28906	http://www.murphymedical. org/wound-care-hyperbaric-therapy/
Murphy Memory Care	4130 US-64, Murphy, North Carolina, 28906	http://seniorcarehomes. com/memory-care/northcarolina/murphy/murphy-medicalcenter/
Murphy Ophthalmology	1321 E US-64, Murphy, North Carolina, 28906	http://health.usnews. com/doctors/daniel-eichenbaum-162191

Pro Motion Rehab & Wellness Center	1787 US-64 E, Murphy, North Carolina, 28906	http://www.promotionrehab.com/
Raplh S Kurti DDS MS PA	426 Hiwassee St, Murphy, North Carolina, 28906	http://www.ralphkurtidds.com/
Sharon E. Moss, PH	913 Upper Peachtree Rd, Murphy, North Carolina, 28906	https://www.ratemds.com/doctor-ratings/3071163/DrSHARON+E.-MOSS-Murphy-NC.html
Sherry A. Bramlett, DC	3000 US-64 W, Murphy, North Carolina, 28906	https://www.healthgrades.com/provider/sherry-bramlett-y7f5h
Smoky Mountain Foot Clinic	9 Drew Taylor Rd, Murphy, North Carolina, 28906	http://www.smokymountainfootclinic.com/
Southern Smokey's Radiology	93 Family Church Rd, Murphy, North Carolina, 28906	https://www.facebook.com/pages/Southern-SmokeysRadiology/1523256631305311
Studley Chiropractic Clinic Dr. Charles F Studley	1787 US-64 E, Murphy, North Carolina, 28906	http://www.studleychiropractic.com/
Vollmer James M DDS	5 Poplar St, Andrews, North Carolina, 28901	https://www.facebook.com/pages/Vollmer-James-M-DR-DDS/160185954015868
Watras Charles S MD	3905 US-64, Murphy, North Carolina, 28906	https://www.healthgrades.com/physician/dr-charles-watras-2spcq
Murphy Medical Center	3990 E U.S. Highway 64 Alt, Murphy, NC 28906	http://www.murphymedical.org/
Peachtree Family Eye Care	4295 E U.S. Highway 64 Alt, Murphy, NC 28906	http://www.familyeyecare2020.com/
Meridian Behavioral Health Service	27 Bona Vista, Marble, NC 28905	http://meridianbhs.org/

Physical Asset

NAME	ADDRESS	WEBSITE
Hiwassee Valley Pool & Wellness	695 Connahetta St, Murphy, North Carolina, 28906	http://www.visitcherokeecountync.com/hiwassee-valley-pool-and-wellnesscenter

Transportation

NAME	ADDRESS	WEBSITE
Cherokee County Transport	5465 US-64 E, Murphy, North Carolina, 28906	http://www.visitcherokeecountync.com/cherokee-county-transit
Cherokee Transportation Administration	191 Robbinsville Rd, Andrews, North Carolina, 28901	http://www.manta.com/c/mm5jqvt/transportationdepartment

Clay County

Churches

NAME	ADDRESS	WEBSITE
Downing Creek Church	424 Downings Creek Rd, Hayesville, North Carolina, 28904	https://www.facebook.com/pages/Downings-Creek-BaptistChurch/116030681752506

Eagle Fork Church	Eagle Fork Rd, Hayesville, North Carolina, 28904	http://northcarolina.hometownlocator.com/maps/featuremap,ftc,2,fid,1010962,n,eagle%20fork%20church.cfm
Fires Creek Church	14 Theron McCray Rd, Hayesville, North Carolina, 28904	http://www.hayesville.org/church.htm
Fort Hembree Baptist Church	34 Fort Hembree Rd, Hayesville, North Carolina, 28904	https://www.facebook. com/pages/Fort-Hembree-Baptistchurch/142076835843290
Hayesville Church	72 Fort Hembree Rd, Hayesville, North Carolina, 28904	http://www.hayesville.org/church.htm
Hayesville Presbyterian Church (PCUSA)	73 Hiawassee St, Hayesville, North Carolina, 28904	https://www.facebook. com/HayesvillePresbyterian/about/?ref=page_internal
Hickory Stand Church	16 Hickory Stand Ln, Brasstown, North Carolina, 28902	http://www.faithstreet. com/church/hickory-stand-unitedmethodist-church-brasstown-nc
Jenkins Church	Green Cove Rd, Brasstown, North Carolina, 28902	http://northcarolina.hometownlocator. com/maps/featuremap,ftc,2,fid,1012457,n,jenkins%20church.cfm
Ledford Chapel	78 Ledford Chapel Rd, Hayesville, North Carolina, 28904	http://wnccadmin.org/chchurchdetails.cfm?GCFA=302992
Living Word Revival Center	1762 Highway 64 W, Hayesville, North Carolina, 28904	https://www.facebook. com/LivingWordRevivalCenter/about/
Marshall Chapel	Old US-64 E, Hayesville, North Carolina, 28904	http://www.vogo. com/us/NC/NA/Establishment/Marshall_ Chapel_v133va36ca1274e0df5f197c8a88 98b605cda.html
Martin Hill Church	2911 Fires Creek Rd, Hayesville, North Carolina, 28904	https://www.facebook. com/pages/Martin-HillChurch/130908273621038
Meadow Grove Church	Meadow Grove Ln, Hayesville, North Carolina, 28904	http://www.meadowgrovebaptist.com/
Mission Hill Church	Vineyard Rd, Hayesville, North Carolina, 28904	http://www.missionhillradio.com/
Moss Church	5188 Tusquittee Rd, Hayesville, North Carolina, 28904	https://www.facebook. com/pages/Moss-Memorial-BaptistChurch/159955424024675
Mount Pleasant Church	50 Marvin Cabe Ln, Hayesville, North Carolina, 28904	http://mpbcnc.org/
Myers Chapel	Myers Chapel Rd, Hayesville, North Carolina, 28904	http://www.churchfinder. com/churches/nc/hayesville

New Hope Church	366 Carter Cove Rd, Hayesville, North Carolina, 28904	http://www.faithstreet. com/church/new-hope-baptist-churchhayesville-nc
Oak Forest Church	990 Oak Forest Rd, Hayesville, North Carolina, 28904	http://www.oakforestchurch. org/contact-us.html
Oakview Church	4364 Downings Creek Rd, Hayesville, North Carolina, 28904	http://www.faithstreet. com/church/oak-view-baptist-churchhayesville-nc
Old Shooting Creek Church	953 Old US-64 E, Hayesville, North Carolina, 28904	http://www.faithstreet. com/church/old-shooting-creek-baptistchurch-hayesville-nc
Philadelphia Church	Jack Rabbit Rd, Hayesville, North Carolina, 28904	http://www.findagrave. com/cgi-bin/fg.cgi? page=cr&CRid=2148440
Pine Grove Church	57 Swaims Rd, Hayesville, North Carolina, 28904	http://www.faithstreet. com/church/pine-grove-baptist-churchhayesville-nc
Shady Grove Church	2632 Old Highway 64 W, Hayesville, North Carolina, 28904	http://www.churchfinder. com/churches/nc/hayesville/shadygrove-baptist-church-0
Shiloh Church	Winchester Cove Rd, Hayesville, North Carolina, 28904	https://www.facebook. com/pages/Shiloh-BaptistChurch/297208980303865
Sweetwater Church	989 Hwy 64 Business, Hayesville, North Carolina, 28904	http://www.faithstreet. com/church/sweetwater-unitedmethodist-church-hayesville-nc
Truett Memorial Church	193 Church St, Hayesville, North Carolina, 28904	http://www.truettmemorialfbc.com/
Union Chapel	Burnt School House Rd, Hayesville, North Carolina, 28904	http://unionchapel.com/
Mount Pisgah Church	250 Hall Cove Rd, Hayesville, NC 28904	http://www.hayesville.org/church.htm

Economy

NAME	ADDRESS	WEBSITE
Advanced Digital Cable	94 Eagle Fork Rd, Hayesville, North Carolina, 28904	http://www.adcable. com/corporate-contacts.html
Best Little Ice Cream Parlor	4 Yellow Jacket Dr, Hayesville, North Carolina, 28904	https://www.facebook. com/Best-Lil-Corner-Burgers-OldFashioned-Ice-Cream-Parlor366004250124304/
Clays Corner	11005 Old Highway 64, Brasstown, North Carolina, 28902	http://www.clayscorner.com/
Coleman Cable Inc/ Southwire Co	788 Tusquittee Rd, Hayesville, North Carolina, 28904	https://start.cortera. com/company/research/k3q9nqj8r/coleman-cable/
Eagle Fork Vineyards	8 Cedar Cliff Rd, Hayesville, North Carolina, 28904	http://eagleforkvineyards.com/
Economic Development Commision	261 Courthouse Dr, Hayesville, North Carolina, 28904	http://clayconc. com/clay-county-economicdevelopment-commission/departmentof-economic-development/

Granny's Attic	200 Highway 64, Hayesville, North Carolina, 28904	http://thriftstores.net/store/6727/grannys-attic/

Highway 64 Pit Stop	1440 Old US-64 W, Hayesville, North Carolina, 28904	http://www.manta.com/c/mtrkwjl/highway-64-pit-stop
Ingles Markets	230 Highway 64, Hayesville, North Carolina, 28904	http://www.ingles-markets.com/
Jacky Jones Chrysler Dodge Jeep	222 NC-69, Hayesville, North Carolina, 28904	http://www.jackyjoneschryslerdodgejeep.com/
Jacky Jones Ford of Hayesville	1493 Highway 64 W, Hayesville, North Carolina, 28904	http://jjfordhayesville.com/
Jenny's Farm LLC	1197 Carter Cove Rd, Hayesville, North Carolina, 28904	https://www.openherd.com/farms/1649/jennys-farm
Nantahala Bank & Trust Company	102 Old US-64 E, Hayesville, North Carolina, 28904	https://www.nantahalabank.com/
Qualla Berry Farm	3274 Qualla Rd, Hayesville, North Carolina, 28904	http://www.quallaberryfarm.com/
Reach-Clay County Thrift Store	1252 Old US-64 W, Hayesville, North Carolina, 28904	http://www.reachofclaycounty.org/reach-thrift-store
Samaritan's Promise	146 Highway 64 W, Hayesville, North Carolina, 28904	https://www.facebook.com/Samaritans-Promise-General-Store-Hayesville-NC-1399290880288039/
State Line Grocery	3399 NC-69, Hayesville, North Carolina, 28904	http://www.manta.com/c/mtwt18c/state-line-grocery
Walgreens	44 Old US-64 W, Hayesville, North Carolina, 28904	http://www.walgreens.com/locator/walgreens-44+highway+64+w-hayesville-nc-28904/id=16107
Clay County Progress	43 Main St, Hayesville, North Carolina, 28904	http://www.claycountyprogress.com/
Rotary- Clay County	2330 Hinton Center Rd, Hayesville, North Carolina, 28904	https://www.rotary.org/en/search/club-finder/location?location=Hayesville%2C%20NC%2C%20United%20States&distance=25&units=Miles&day=Any&time=Any&type=Rotary%20Club&toggle_state=search&latitude=35.0462003&longitude=-83.81795269999998
SMM Farms	709 Tusquittee Rd, Hayesville, NC 28904	https://www.facebook.com/SMMFarms/

Government

NAME	ADDRESS	WEBSITE
Clay County Emergency Service	41 Courthouse Dr, Hayesville, North Carolina, 28904	http://www.whitepages.com/business/clay-county-emergencymanagement-hayesville-nc
Clay County Environmetal Health	33 Main St, Hayesville, North Carolina, 28904	http://www.clayhdnc.us/
Clay County Health Department	Courthouse Dr, Hayesville, North Carolina, 28904	http://www.clayhdnc.us/

Moss Memorial Library	26 Anderson St, Hayesville, North Carolina, 28904	http://librarytechnology. org/libraries/library.pl?id=20821
Silas Brown - Extension Office	25 Riverside Cir, Hayesville, North Carolina, 28904	https://clay.ces.ncsu. edu/profile/silas-brown/
Clay County Sheriff's Department	295 Courthouse Dr, Hayesville, North Carolina, 28904	http://www.claycountyso.org/

Human Services

NAME	ADDRESS	WEBSITE
Clay County Department of Social Services	1 Riverside Cir, Hayesville, North Carolina, 28904	http://clayconc. com/health-and-human-services/claycounty-department-of-social-services/
Advantage Chatuge Realty	401 NC-69, Hayesville, North Carolina, 28904	http://www. advantage-chatuge-realty.com/
Clay County Food Pantry	2278 Hinton Center Rd, Hayesville, North Carolina, 28904	http://www.foodpantries. org/ci/nc-hayesville
Clay County Lion's Club	Davis Loop, Hayesville, North Carolina, 28904	http://find.mapmuse. com/details/lions-clubs/129580733/claycounty-lions-club-(
Clay County Veteran's Office	54 Church St, Hayesville, North Carolina, 28904	http://clayconc. com/health-and-humanservices/veterans-office/
De Soto Square Apartments	33 Ritter Rd, Hayesville, North Carolina, 28904	http: //section-8housing.credio. com/l/12047/Desoto-Square-Apartments
Four Square Community Action	36 Davis Loop, Hayesville, North Carolina, 28904	http://www. foursquarecommunityactioninc.com/
Four Square Community Headstart	1940 Old Highway 64 Business, Hayesville, North Carolina, 28904	http://www. foursquarecommunityactioninc.com/
Good Shepard	495 Herbert Hills Dr, Hayesville, North Carolina, 28904	http://goodshepherdhayesville. org/news/2014/3/14/good-shepherdchurch-gives-generously
Guardian Ad Litem	36 Davis Loop, Hayesville, North Carolina, 28904	http://www.nccourts. org/County/Clay/GAL/Default.asp
Legal aid (clay)	875 Hwy 64 Business, Hayesville, North Carolina, 28904	https://www.justia. com/lawyers/north-carolina/claycounty/legal-aid-and-pro-bono-services
Matt's Ministry	78 Ledford Chapel Rd, Hayesville, North Carolina, 28904	http://www.mattsministry.org/programs/
Meals on Wheel and Senior Center (clay)	2278 Hinton Center Rd, Hayesville, North Carolina, 28904	https://meals-on-wheels.com/? gclid=CNPP8ly2oM4CFQsehgodZjQPjA
New Life Women's Center	2293 NC-69, Hayesville, North Carolina, 28904	https://www.facebook. com/NewLifeWomensCenter/
Phoenix Home Health Care	2996 NC-69, Hayesville, North Carolina, 28904	http://phoenixhomehc.com/

Possible Dream Foundation	271 Sunrise Pl, Hayesville, North Carolina, 28904	http://www.yellowpages. com/hayesville-nc/mip/the-possibledream-foundation-12669140? lid=12669140
Sonja Silvers Realty Group	57 Main St, Hayesville, North Carolina, 28904	http://www.sonjasilversrealtygroup.com/
Tusquittee Land Company	267 Old Highway 64 W, Hayesville, North Carolina, 28904	http://www.tusquitteeland.com/
Counseling Solutions of Murphy, LLP OTP	7540 US-64, Brasstown, NC 28902	http://www.counselingsolutions.clinic/
Mountain Streams Real Estate Inc	200-A1 Highway 64 Bypass W, Hayesville, NC 28904	http://www.mtnstreams.com/

Institutions

NAME	ADDRESS	WEBSITE
Hayesville Elementary	72 Elementary School Dr, Hayesville, North Carolina, 28904	http://www.clayschools. org/pages/ClaySchools
Hayesville High School	205 Yellow Jacket Dr, Hayesville, North Carolina, 28904	http://www.clayschools. org/pages/ClaySchools
Hayesville Middle School	135 School Dr, Hayesville, North Carolina, 28904	http://www.clayschools. org/pages/ClaySchools

Medical Services

NAME	ADDRESS	WEBSITE
Bridging the Gap Family Care Home	56 W Vineyard Ln, Hayesville, North Carolina, 28904	http://www.alzheimers. net/resources/northcarolina/hayesville/bridging-the-gapfamily-care-home-inc/
Advanced Spinal Correction	1955 NC 69, Hayesville, North Carolina, 28904	http://advancedspinalcorrection.com/
American Dental Lab	257 Brandus Dr, Hayesville, North Carolina, 28904	http://www.manta. com/c/mmnp9mh/american-dental-lab
Appalachian Community Services	254 Church St, Hayesville, North Carolina, 28904	http://www.acswnc.com/
Appalachian Dental Services	36 Waldroup Rd, Hayesville, North Carolina, 28904	http://north-carolina. health-serve. org/529510-appalachian_dental_assoc.htm
Chatuge Family Practice	241 Church St, Hayesville, North Carolina, 28904	http://www.chatugefp.org/
Clay County Care Center	86 Valley Hideaway Dr, Hayesville, North Carolina, 28904	http://health.usnews. com/best-nursing-homes/area/nc/claycounty-care-center-345433
Dr. Jason Shook Family Dentistry	1847 Hwy 64 Business, Hayesville, North Carolina, 28904	http://www.jasonshookdds.com/
Family Mental Health	46 Church St, Hayesville, North Carolina, 28904	http://www.manta. com/c/mbdfgzg/family-mental-health

Name	Address	Website
Four Leaf Clover Diabetic Supplies, Inc	50 Church St, Hayesville, North Carolina, 28904	http://www.manta. com/c/mtwfdg7/four-leaf-cloverdiabetic-supplies-inc
Fred's Pharmacy	808 NC-69, Hayesville, North Carolina, 28904	https://www.fredsmeds.com/
Hayesville Family Practice	450 Hwy 64 Business, Hayesville, North Carolina, 28904	http://www.uniongeneralhospital. com/our-facilities/hayesville-familypractice/
HSH Nutrition Center	18 Creekside Cir, Hayesville, North Carolina, 28904	https://www.facebook. com/pages/Hayesville-Shake-HealthyNutrition-Center/216839765045089
Hughes Russell A OD	1091 Old US-64 W, Hayesville, North Carolina, 28904	https://www.healthgrades. com/provider/russell-hughes-2l2q2
Johnson Mary Ann DDS	159 Old US-64 W, Hayesville, North Carolina, 28904	https://www.healthgrades. com/dentist/dr-mary-johnson-y6pvk
Justin M. Foley, PTA	86 Valley Hideaway Dr, Hayesville, North Carolina, 28904	http://www.finderamerica. com/justin-m-foley-pta-1460652.html
Karin K. Pettross, PT	345 Old US-64 W, Hayesville, North Carolina, 28904	http://npino. com/physical-therapist/1598989907-karin -k.-pettross/

Name	Address	Website
Lima Ruth O DDS	1 Riverside Cir, Hayesville, North Carolina, 28904	https://www.healthgrades. com/dentist/dr-ruth-lima-xd8lp
Murphy Group Practice (Hayesville Multispecialty Clinic)	2076 NC-69, Hayesville, North Carolina, 28904	http://www.murphymedical. org/multispecialty-clinic/
Professional Therapy Services	200 Old US-64 W, Hayesville, North Carolina, 28904	http://www.yellowpages. com/hayesville-nc/mip/professionaltherapy-svc-473162113?lid=473162113
Reynolds Sharon D	450 Hwy 64 Business, Hayesville, North Carolina, 28904	https://www.healthgrades. com/provider/sharon-reynolds-xjndy
Technique Crown & Bridge Lab	50 Crown & Bridge Pl, Hayesville, North Carolina, 28904	http://www.tcblab.com/wordpress/

Physical Asset

NAME	ADDRESS	WEBSITE
Brasstown Community Civic Center	255 Settawig Rd, Brasstown, North Carolina, 28902	http://brasstowncommunitycenter. org/calendar-of-events
Chatuge Shores Golf Course	260 Golf Course Rd, Hayesville, North Carolina, 28904	http://www.chatugeshoresgolf.com/
Clay County Community Garden	Anderson St, Hayesville, North Carolina, 28904	http://www.nccgp. org/garden_directory/information/claycounty-community-garden
Hinton Rural Life Center	2330 Hinton Center Rd, Hayesville, North Carolina, 28904	https://www.hintoncenter.org/

Jack Rabbit Mountain Trail	465 Jack Rabbit Rd, Hayesville, North Carolina, 28904	http://www.recreation.gov/camping/jackrabbitmountain/r/campgroundDetails.do?contractCode=NRSO&parkId=75019
Peacock Performing Arts Center	301 Church St, Hayesville, North Carolina, 28904	https://www.facebook. com/PeacockPlayhouse
The Ridges Golf Club	1665 Mountain Harbour Dr, Hayesville, North Carolina, 28904	https://www.facebook. com/TheRidgesGolfClub
Clay Recreation Center	333 Ball Park Drive, Hayesville, NC 28904	http://clayconc. com/recreation/recreationcampground/

Transportation

NAME	ADDRESS	WEBSITE
Clay County Transit	Courthouse Dr, Hayesville, North Carolina, 28904	http://clayconc. com/county-offices/clay-countytransportation/
Clay County Transportations Department	Courthouse Dr, Hayesville, North Carolina, 28904	http://claycountytransportation.com/
Tusquittee Cab	557 Peckerwood Rd, Hayesville, North Carolina, 28904	http://www.ypsouth. com/b/hayesville-nc/565c4484e4b0a0ed3900b5ac

Other County

Churches

NAME	ADDRESS	WEBSITE
Pleasant Hill Church	142 Pleasant Hill Rd, Franklin, North Carolina, 28734	https://www.facebook. com/pleasanthillbaptistchurchfranklinnc/?rf=111638298872168

Economy

NAME	ADDRESS	WEBSITE
Drake Software Hayesville	235 E Palmer St, Franklin, North Carolina, 28734	https://www.drakesoftware. com/about-us/about-drake/
Reece Farm & Heritage Center	8552 Gainesville Hwy, Blairsville, Georgia, 30512	https://reecefarm.org/
The Duke Endowment	800 E Morehead St, Charlotte, North Carolina, 28202	http://dukeendowment.org/
The Home Depot	17 GA-515, Blairsville, Georgia, 30512	http://www.homedepot. com/l/Blairsville/GA/Blairsville/30512/1750
Walmart	2257 Highway 515, Blairsville, Georgia, 30512	https://www.walmart. com/store/3485/whats-new

Fieldstone Conference Center	3174 Salem Rd, Conyers, Georgia, 30013	https://www.facebook.com/pages/Fieldstone-Conference-Center/113669281998828
Harrah's Casino Resort	777 Casino Dr, Cherokee, NC 28906	https://www.caesars.com/harrahs-cherokee-valley-river

Government

NAME	ADDRESS	WEBSITE
Graham County Library	80 Knight St, Robbinsville, North Carolina, 28771	http://www.youseemore.com/nantahala/directory.asp
Juvenile Justice Department	148 W Tugalo St, Toccoa, Georgia, 30577	http://www.djj.state.ga.us/
Union County Schools	400 N Church St, Monroe, North Carolina, 28112	http://www.ucps.k12.nc.us/

Human Services

NAME	ADDRESS	WEBSITE
Jackson County Family Resource Center	1528 Webster Rd, Webster, North Carolina, 28779	http://main.nc.us/jackson/famres.htm
MANNA Foodbank	627 Swannanoa River Rd, Asheville, North Carolina, 28805	https://www.mannafoodbank.org/
Smokey Mountain Center	44 Bonnie Ln, Sylva, North Carolina, 28779	http://www.smokymountaincenter.com/
New Hope Counseling of Blairsville	76 Hunt Martin St, Blairsville, Georgia, 30512	http://www.newhopecounselingofblairsville.com/
Parents as Teachers/Family Resource Center	851 Case St, Hendersonville, North Carolina, 28792	http://www.childrenandfamily.org/contact-us/
Region A Partnership for Children	116 Jackson St, Sylva, North Carolina, 28779	http://regionakids.org/
Safe	Wellborn St, Blairsville, Georgia, 30512	http://www.safeservices.org/
Smoky Mountain Screening Number	44 Bonnie Ln, Sylva, North Carolina, 28779	http://www.smokymountaincenter.com/consumers.asp?section=accessserv
Table of Grace	310 W Church St, Cherryville, North Carolina, 28021	http://www.stjohnscherryville.com/table-of-grace.html

United Way -Northwest Georgia	816 S Thornton Ave, Dalton, Georgia, 30720	http://www.ourunitedway.org/

Medical Services

NAME	ADDRESS	WEBSITE
Beil Chiropractic Center of Blairsville	23 Dyer Rdg, Blairsville, Georgia, 30512	https://www.facebook.com/Dr-Floyd-M-Beil-Chiropractor304652722927095/
North Georgia Family Medicine	123 Weaver Rd, Blairsville, Georgia, 30512	http://www.northgeorgiafamilymedicine.com/
Rite Aid	363 Blue Ridge St, Blairsville, Georgia, 30512	https://www.riteaid.com/store-details?storeNumber=3778
Rite Aid	36 Sunrise Park, Sylva, North Carolina, 28779	https://www.riteaid.com/store-details?storeNumber=3778

Smart Pharmacy	10 W Palmer St, Franklin, North Carolina, 28734	http://www.smartpharmacyllc.com/
Union General Hospital	35 Hospital Way, Blairsville, Georgia, 30512	http://www.uniongeneralhospital.com/

Towns County

Churches

NAME	ADDRESS	WEBSITE
Bell Scene Church	2458 Upper Bell Creek Rd, Hiawassee, Georgia, 30546	http://www.faithstreet. com/church/bell-scene-baptist-churchhiawassee-ga
Cornerstone Baptist Church	163 Crane Creek Rd, Young Harris, Georgia, 30582	http://www.cornerstonenc.org/
Deliverance Church	Bugscuffle Rd, Hiawassee, Georgia, 30546	http://georgia.hometownlocator. com/maps/featuremap,ftc,2,fid,330578,n,deliverance%20church.cfm
Enotah Church	3455 Fodder Creek Rd, Hiawassee, Georgia, 30546	http://www.faithstreet. com/church/enotah-baptist-churchhiawassee-ga
Hiawassee Methodist Church	1139 US-76, Hiawassee, Georgia, 30546	http://www.hiawasseeumc.org/
Hiwassee Church	GA-288, Hiawassee, Georgia, 30546	http://www.yellowpages. com/hiawassee-ga/mip/hiawasseechurch-of-christ-2940187
Hiwassee Church	Wood St, Hiawassee, Georgia, 30546	http://mapstreetdata. com/Street/Georgia/Hiawassee/Wood_S treet
Lower Bell Creek Church	Lower Bell Creek Rd, Hiawassee, Georgia, 30546	http://www.sharefaith. com/guide/churchdirectory/georgia/townscounty/hiawassee/lower-bell-creekchurch.html
Lower Hightower Church	3498 Swallows Creek Rd, Hiawassee, Georgia, 30546	http://www.faithstreet. com/church/lower-hightower-baptistchurch-hiawassee-ga
Macedonia Church	1675 US-76, Hiawassee, Georgia, 30546	http://mbchiawassee.org/
Many Forks Church	Many Forks Rd, Young Harris, Georgia, 30582	https://www.facebook. com/pages/Many-Forks-

Church/143748665655370

awassee,	http://mcconnellchurch.org/	
wassee,	http://www.mtzionjasper.org/home.html	
Church Rd, eorgia, 30582	https://www.facebook. com/OldUnionBaptistChurch	

ung Harris,	http://www.sharefaith. com/guide/churchdirectory/georgia/towns-county/youngharris/sharp-hill-united-methodistchurch.html	
Hiawassee,	http://www.unionhillumc.org/	
Rd, gia, 30546	https://www.facebook. com/pages/Upper-BellChurch/152246738119016	
assee,	http://www.faithstreet. com/church/upper-hightower-baptistchurch-hiawassee-ga	
d, Young 0582	http://www.bizapedia. com/ga/VICTORY-BAPTIST-CHURCH-OFHWY-339-TOWNS-COUNTY-INC.html	
g Harris,	http://www.churchangel. com/church/West-Union-Baptist-Church65753.htm	
g Harris,	https://www.facebook. com/Woods-Grove-Baptist-Church-107912095929094/	

WEBSITE

wassee,	http://www.bacchusbeerandgrowlers. com/	
g Harris,	http://www.brmemc.com/	
Rd, Young 0582	http://www.cranecreekvineyards.com/	
assee,	https://www.facebook. com/pages/Dyers-TroutFarm/584826954949527	
g Harris,	http://www.heavenlybakeshop.com/	
Hiawassee,	http://www.hightowercreekvineyards. com/	
Hiawassee,	http://www. humanesocietymountainshelter. org/thriftstore.html	
assee,	http://www.ingles-markets.com/	
Hiawassee,	https://foursquare. com/v/pink-ribbon-thriftshop/4fb13d7be4b057918b96b726	
wassee,	http://save-a-lot.com/stores/24948	

The Ridges Resort & Marina	3499 E US-76, Hiawassee, Georgia, 30546	http://www.theridgesresort.com/

Veterans of Foreign Wars Thrift Store	75 Lakeview Cir, Hiawassee, Georgia, 30546	https://www.facebook.com/pages/Veterans-Of-Foreign-WarsThrift-Store/366317690083944
Rotary- Towns County	6321 US-76, Young Harris, Georgia, 30582	https://www.rotary.org/en/search/club-finder/location?location=Hayesville%2C%20NC%2C%20United%20States&distance=25&units=Miles&day=Any&time=Any&type=Rotary%20Club&toggle_state=search&latitude=35.0462003&longitude=-83.81795269999998
Towns County Herald	446 N Main St, Hiawassee, Georgia, 30546	http://www.townscountyherald.net/

Government

NAME	ADDRESS	WEBSITE
Family Connection (Towns)	1400 US-76 E, Hiawassee, Georgia, 30546	http://towns.gafcp.org/
Towns Sole Commissioner	48 River St, Hiawassee, Georgia, 30546	http://mountaintopga.chambermaster.com/list/member/towns-countycommissioner-289
Towns County Health Department	1104 Jack Dayton Cir, Young Harris, Georgia, 30582	http://phdistrict2.org/?page_id=622

Human Services

NAME	ADDRESS	WEBSITE
Habitat For Humanity	7693 US-76, Young Harris, Georgia, 30582	http://www.townsunionhabitat.org/content/restore-shop
Ninth District Opportunity Inc	1294 Jack Dayton Cir, Young Harris, Georgia, 30582	http://www.ndo.org/web/towns.html
OIS Student Housing	200 Cypress Dr, Hiawassee, Georgia, 30546	http://www.manta.com/c/mtrcvz9/o-i-s-student-housing
Scenic Realty	3680 US-76, Young Harris, Georgia, 30582	https://www.scenic21.com/
Top of Georgia Hostel & Hiking Center	7675 Highway 76 E, Hiawassee, Georgia, 30546	http://www.topofgeorgiahostel.com/
Towns County Child Abuse	456 N Main St, Hiawassee, Georgia, 30546	http://dfcs.dhs.georgia.gov/towns-county-dfcs-office
Towns County Child Development	1112 Jack Dayton Cir, Young Harris, Georgia, 30582	http://childcarecenter.us/provider_detail/towns_county_child_development_hiawassee_ga
Food Pantry (towns)	1294 Jack Daton Cir, Hiawassee, GA 30546	https://www.facebook.com/Towns-County-Food-Pantry-119041594773737/

Institutions

NAME	ADDRESS	WEBSITE
Center of Appalachian Studies (YHC) & Community Engagement	1 College St, Young Harris, Georgia, 30582	http://www.yhc.edu/

Towns County Elementary School	1150 Konahetah Rd, Hiawassee, Georgia, 30546	http://www.towns.k12.ga.us/tcs/schools/tces.htm

Towns County Head Start/Pre k	1151 Konahetah Rd, Hiawassee, Georgia, 30546	http://www.towns.k12.ga.us/tcs/schools/tcprek.htm
Towns County High School	1400 US-76 E, Hiawassee, Georgia, 30546	http://www.towns.k12.ga.us/tcs/schools/tchs.htm
Towns County Middle School	1400 US-76 E, Hiawassee, Georgia, 30546	http://www.towns.k12.ga.us/tcs/schools/tcms.htm
Towns County Schools 21st Century Afterschool Program	67 Lakeview Cir, Hiawassee, Georgia, 30546	http://www.towns.k12.ga.us/tcs/schools/21Century.htm
Towns Senior Center	954 N Main St, Hiawassee, Georgia, 30546	http://www.townscountyga.org/senior-center.html
Young Harris College	1 College St, Young Harris, Georgia, 30582	http://www.yhc.edu/
William Holland Lapidary Schools	230 Lapidary Ln, Young Harris, Georgia, 30582	http://www.lapidaryschool.org/

Medical Services

NAME	ADDRESS	WEBSITE
Absolute Dental Lab	16 W Bell St, Hiawassee, Georgia, 30546	http://www.yellowpages.com/hiawassee-ga/mip/absolute-dental-lab-9100318
Advanced Spinal Correction	1615 GA-17, Young Harris, Georgia, 30582	http://advancedspinalcorrection.com/
BenchMark Physical Therapy - Young Harris	1615 GA-17, Young Harris, Georgia, 30582	http://bmrp.com/benchmarkpt/locations/ga-youngharris/
CareSouth Health System Inc	584 Bell Creek Rd, Hiawassee, Georgia, 30546	http://www.manta.com/c/mx44z0y/caresouth-healthsystem-inc
Chatuge Family Care	103 Church St, Hiawassee, Georgia, 30546	http://doctor.webmd.com/doctor/lindsay-patterson-md-2785a76b-9343-4b13-a3e8-8ebea3082e80-overview
Chatuge Regional Hospital	110 S Main St, Hiawassee, Georgia, 30546	http://www.uniongeneralhospital.com/our-facilities/chatuge-regionalhospital
Chatuge Rehab & Sports Medicine	129 S Main St, Hiawassee, Georgia, 30546	https://www.facebook.com/pages/Chatuge-Rehab-SportsMedicine/122995314423283
Clint L Ledford, PharmD	226 N Main St, Hiawassee, Georgia, 30546	https://www.facebook.com/pages/Clint-L-LedfordPharmD/421336111399320
Cochran Jay S MD	2000 US-76, Hiawassee, Georgia, 30546	http://www.vitals.com/doctors/Dr_Jay_Cochran.html
Dentist at Worthy Family Dentistry, P.C.	19 S Main St, Hiawassee, Georgia, 30546	http://www.worthyfamilydentistry.com/
Dr. Samuel L. Church, MD	120 River St, Hiawassee, Georgia, 30546	http://health.usnews.com/doctors/samuel-church-238194

Edwards Medical Practice: Edwards Tracy L MD	129 S Main St, Hiawassee, Georgia, 30546	http://doctor.webmd.com/doctor/tracy-edwards-md-f8f11ad8 -9d38-4ce9-aacb-58636da9c5a7overview
Emory Heart & Vascular Center at Hiawassee	110 S Main St, Hiawassee, Georgia, 30546	http://www.emoryhealthcare.org/heart-center-atlanta/locations/heart -center-hiawassee.html
Fred's Store	460 N Main St, Hiawassee, Georgia, 30546	https://www.fredsinc.com/

Georgia Vision Center	344 S Main St, Hiawassee, Georgia, 30546	http://visionsource-georgiavisioncenter.com/
Health In Harmony: Solomon Elizabeth MD	1220 Chatuge Cir, Hiawassee, Georgia, 30546	https://www.healthgrades.com/physician/dr-elizabeth-solomon-39xkx
Hiawassee Discount Pharmacy	226 N Main St, Hiawassee, Georgia, 30546	http://www.yellowpages.com/hiawassee-ga/mip/hiawasseediscount-pharmacy-17152968
Hiawassee Family Practice PC: Stahlkuppe Robert MD	56 Hospital St, Hiawassee, Georgia, 30546	https://www.healthgrades.com/physician/dr-robert-stahlkuppeyd69c
Jose M. Arencibia, OD	1620 US-76, Hiawassee, Georgia, 30546	https://www.healthgrades.com/provider/jose-arencibia-35yqc
K B Health Tech Inc	1953 Barrett Rd, Hiawassee, Georgia, 30546	https://www.angieslist.com/companylist/us/ga/young-harris/kb -health-technology%2C-inc-reviews-7863614.htm
Kimsey & Wright Dental Lab	2010 US-76, Hiawassee, Georgia, 30546	http://kwdental.wix.com/laboratory
Regency Hospice	236 S Main St, Hiawassee, Georgia, 30546	http://www.regencyhospice.com/
Rite Aid	131 S Main St, Hiawassee, Georgia, 30546	https://www.riteaid.com/store-details?storeNumber=3778
Serendipity Clinic: Smith Kilee RDO	620 Bell Creek Rd, Hiawassee, Georgia, 30546	http://www.urgentcarehiawassee.com/
The Medicine Shoppe® Pharmacy	579 N Main St, Hiawassee, Georgia, 30546	http://www.ypsouth.com/b/hiawassee-ga/565c447ce4b0a0ed39009dac
Towns County EMS	1505 Highway 76 E, Hiawassee, Georgia, 30546	http://www.townscountyga.org/ems.html
Tri State Urology Associates	110 S Main St, Hiawassee, Georgia, 30546	http://www.yellowpages.com/hiawassee-ga/mip/tri-state-urology -assoc-464185516
Allergy and Asthma Clinic	85 Seasons Lane, Hiawassee, NC 30546	http://www.ngaallergy.com/?gclid=CLKkjs3kjs4CFcVbhgodUJINUw
Gainesville Urology PC	110 S Main St, Hiawassee, GA 30546	http://www.pcog.net/
Jason Ledford DMD PC	84 Seasons Dr, Hiawassee, GA 30546	http://www.hiawasseedentist.com/
North Georgia Allergy, Asthma & Immunology LLC	85 Seasons Ln, Hiawassee, GA 30546	http://www.ngaallergy.com/contact.html

Physical Asset

NAME	ADDRESS	WEBSITE
Anderson Music Hall (Towns)	Music Hall Rd, Hiawassee, Georgia, 30546	http://www.georgiamountainfairgrounds.com/venue-information
Brasstown Resort	6321 US-76, Young Harris, Georgia, 30582	https://www.facebook.com/brasstownvalleyresort/
GA Mt Fair	Music Hall Rd, Hiawassee, Georgia, 30546	http://www.georgiamountainfairgrounds.com/
Georgia Mountain Storytelling Festival (YHC)	1 College St, Young Harris, Georgia, 30582	https://www.facebook.com/GeorgiaMountainStorytellingFestival/
Hamilton Gardens	Music Hall Rd, Hiawassee, Georgia, 30546	http://www.exploregeorgia.org/listing/2094-hamilton-gardens-at-lake -chatuge

NAME	ADDRESS	WEBSITE
Hiawasse River: Recreation Area	15 Cabin Dr, Hiawassee, Georgia, 30546	http://hiawasseecabins.com/
Miller Trek	6321 US-76, Young Harris, Georgia, 30582	http://www.exploregeorgia.org/listing/3192-miller-trek-trail-loop
Town County Senior Center	954 N Main St, Hiawassee, 30546	http://www.townscountyga. Georgia, org/senior-center.html
Towns Recreational/Conference Center	150 Foster Park Rd, Young Harris, GA 30582	http://www.townscountyga.org/recreation---conference-center.html

Transportation

NAME	ADDRESS	WEBSITE
Affordable Taxi	1569 Bell Gap Rd, Hiawassee, Georgia, 30546	https://www.facebook.com/AffordableTaxiInc/
Astheris Shuttle Co.	1 College St, Young Harris, 30582	https://www.facebook. Georgia, com/AstherisShuttle/
M & M Auto Transport Inc	7313 Thomason Rd, Young Harris, Georgia, 30582	http://www.manta.com/c/mt4plsw/m-m-auto-transport-inc
Towns County Transport System	48 River St, Hiawassee, Georgia, 30546	http://www.townscountyga.org/transit.html

Western NC Needs Assessment

Q1 How old are you? _____

Q2 What is your highest education?
_____

☐ Job Interviewing skills

☐ Resume writing

☐ Career Information options

Q3 What is your employment status?

☐ Full time

☐ Part time

☐ Seasonal Employment

☐ Unemployed, currently looking

☐ Unemployed, not looking for work

☐ Not working, disabled

☐ Not working, retired

☐ Not working, homemaker

☐ Not working, other

Q4 If you are unemployed, please list the reason:

☐ Work clothes

☐ None

Q6 Do you have reliable telephone access?

☐ Yes

☐ No

Q7 Do you have access to the Internet?

☐ No

☐ Yes, at home

☐ Yes, at work

☐ Yes, at the library

☐ Yes, at a friend's home

☐ Own

☐ Rent

☐ Staying with friends or family

☐ Homeless - streets/car

Q5 Would you like help with these job related activities? (Check all that apply)

☐ Career assessment

☐ Career/job training

☐ Job search strategies

☐ Yes, at a family member's home ☐

Yes, at Other

Q8 How far do you live from the nearest grocery store? _____ (miles)

Q9 What is your housing status?

☐ Homeless - shelter

☐ Homeless - temporary housing

☐ Hotel/motel

☐ Nursing/long term care

☐ Assisted living

☐ Group home

☐ Halfway house

☐ Other

Q10 How many adults live in your home (including yourself)? _____

Q11 How many minor children are in your home? (under 18) _____

Q12 If you have children or other dependents under your care: What is your family situation?

☐ Single mom ☐

Single dad

☐ Two parents

☐ Raising own children & children of others

☐ Raising children of other family members (grandparent, aunt, etc.)

☐ Raising someone else's children, not family

☐ Foster parents

☐ Shared custody

☐ No children, other dependents

Q13 What kind of child care (or dependent care) help do you need?

☐ Daycare center

☐ Before/after school care

☐ Care for child with special needs

☐ Evening hours due to work shift schedule

☐ Other (please specify)

_____

Q14 Are you caring for adult children or adult dependents including seniors? (Due to mental or physical disability)

☐ No

☐ Yes

Q15 Who provides care for the adult children or adult dependents? (Check all that apply)

☐ Self

☐ Friends ☐

Family

☐ Church

☐ Daycare

☐ Have to leave elder/senior alone

☐ Able to stay home alone

☐ Other (please specify)

_____

Q17 What is your total household income (the income of all adults working and contributing in the home)? _____

Q18 Which of these monthly bills do you have? (Check all that apply)

☐ Cable/Satellite TV

- ☐ Car/Transportation
- ☐ Child Care
- ☐ Child Support
- ☐ Credit Cards
- ☐ Food
- ☐ Gasoline
- ☐ Insurance
- ☐ Internet
- ☐ Loans
- ☐ Loans - Payday
- ☐ Loans - School
- ☐ Medical
- ☐ Mortgage
- ☐ Phone - Cell
- ☐ Phone - House
- ☐ Rent
- ☐ Utilities
- ☐ None
- ☐ Other (please specify) _____

2 |

Q19 Do you have any of the following housing related needs? (Check all that apply)

- ☐ Home not safe-structure
- ☐ Housing not affordable

- ☐ Furniture or household goods
- ☐ Handicap access or modification ☐ Mortgage or rent assistance
- ☐ Other medical accommodations
- ☐ Pet friendly environment
- ☐ Repairs
- ☐ Utility assistance
- ☐ Neighborhood not safe
- ☐ NONE
- ☐ Other (please specify) _____

Q20 How do you get around?

- ☐ Walk
- ☐ Bike
- ☐ Scooter
- ☐ Motorcycle
- ☐ Personal car/truck
- ☐ Friends' car/truck
- ☐ Cab
- ☐ Bus
- ☐ Pay other people
- ☐ Other (please specify) _____

Q21 Have you ever lost a job due to (Check all that apply):

- ☐ Transportation issues
- ☐ Lack of childcare
- ☐ Position abolished

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- ☐ Plant or company closed or moved
- ☐ Hours cut
- ☐ Personal health/ illness/ injury
- ☐ Family health/ illness
- ☐ Work-related injury
- ☐ Pregnancy
- ☐ Lack of advancement opportunity
- ☐ Other (please specify) _____

- ☐ STD's (Sexually Transmitted Diseases)
- ☐ Substance abuse treatment
- ☐ Teen pregnancy
- ☐ Transportation to appointments
- ☐ Sleep problems
- ☐ NONE
- ☐ Other (please specify) _____

Q22 Do you or someone in your household have any of these health care needs? (Check all that apply)

- ☐ AIDS/HIV risk
- ☐ Child diagnosed with disability
- ☐ Dental care
- ☐ Diabetes
- ☐ Eye/vision care
- ☐ General Medical care
- ☐ Hearing care
- ☐ Heart Disease
- ☐ Hypertension
- ☐ Medical equipment
- ☐ Mental Health care
- ☐ Prescription medication ($ for)
- ☐ Prosthesis
- ☐ Pulmonary Disease (COPD, Emphysema, Asthma)

3 |

Q23 Are you in need of help with any of these things: (Check all that apply)

- ☐ Alcohol use
- ☐ Drug use
- ☐ Anger control
- ☐ Caregiver support
- ☐ Couples communication
- ☐ Depression
- ☐ Disability counseling
- ☐ Elder abuse
- ☐ Family conflicts
- ☐ Making decisions/problem solving
- ☐ Parenting classes
- ☐ Personal problems
- ☐ Planning for the future/ Goal setting
- ☐ Post-Traumatic Stress Disorder (PTSD)
- ☐ Self-esteem

P a g e

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☐ Spousal abuse

☐ Child abuse

☐ Thoughts of suicide (in the past 6 months)

☐ Trauma

☐ Victimization

☐ NONE

☐ Other (please specify) _____

Q24 Does everyone in your household have health insurance or other health care coverage?

☐ Yes, everyone is covered

☐ Some in household do not have insurance

☐ No one in household has coverage

Q25 If you are a US veteran, are you receiving veteran's benefits?

☐ Yes, receiving benefits

☐ No, not receiving benefits

☐ No, not a veteran

Q26 Where do you usually get your food?

_____

_____

_____

Q27 Which of the following best represents your racial or ethnic heritage? (Check all that apply)

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ Non-Hispanic White or European American

☐ Latino or Hispanic American

Q28 What language do you speak at home? (Check all that apply)

☐ English

☐ Spanish

☐ Other (please specify) _____

What have we not asked you about that you feel is important?

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Where you live is important, affecting everything from your physical health, school quality, employment opportunities, and access to food. Community Asset Mapping is the process of identifying potential social, economic and other integral resources within a geographically defined community. These resources can be financial, human or material in nature as long as they are useful to the members of the community. Asset mapping provides information about the strengths and resources of a community and can help uncover solutions. Once community strengths and resources are inventoried and depicted in a map, you can more easily think about how to build on these assets to address community needs and improve health.

Community assets are those things that can be used to improve quality of life. Community assets include human service organizations, transportation resources, people, community institutions, economic assets, physical resources, governmental agencies, funding, policies, regulations, and a community's collective experience. Any positive aspect of the community is an asset that can be leveraged to develop effective solutions.

Please help us by contributing to our growing list of community resources. The following questions will help us in identifying community assets in your area. You may also complete this questionnaire online at http://tinyurl.com/QualityofLifeStudy

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GREENSBORO
Center for Housing and Community Studies

Where do you live?

- Clay County, NC
- Cherokee County, NC
- Towns County, GA
- Other _____

What is the name of the community asset you would like to submit?

\

Give a short description including why this may be an asset to the community (of not apparent).

Which county or counties is this in?

- Clay County, NC
- Cherokee County, NC
- Towns County, GA
- Other _____

What is the address (if known)?

What kind of asset is this?

- Person
- Transportation resource
- Governmental
- Human Services
- Institutional
- Economic
- Physical
- Other _____

Post Focus Group Survey:

Please complete this short survey to help us in refining the process for future participants. Please indicate how strongly you agree or disagree with the following statements. Thank you.

Like this: ● Not like this: Ⓥ Ⓧ ⊘

⬚

1. What is your sex: Male ⬚   Female ⬚

2. In what year were you born? _____

3. What is your race or ethnicity? _____

	Strongly Disagree	Somewhat Disagree	Neither Disagree nor Agree	Somewhat Agree	Strongly Agree
	⬚	⬚	⬚	⬚	⬚
1. I was comfortable sharing my perspective in this group setting	⬚	⬚	⬚	⬚	⬚
2. I felt free to express my own opinions	⬚	⬚	⬚	⬚	⬚
3. I felt others were open to what I had to say	⬚	⬚	⬚	⬚	⬚
4. I had things to say which I kept to myself	⬚	⬚	⬚	⬚	⬚
5. I felt others dominated the discussion	⬚	⬚	⬚	⬚	⬚
6. I felt awkward sharing in front of the group	⬚	⬚	⬚	⬚	⬚
7. There were uncomfortable moments during the focus group	⬚	⬚	⬚	⬚	⬚
8. I was happy to participate in this research	⬚	⬚	⬚	⬚	⬚
9. I could have said more than I did	⬚	⬚	⬚	⬚	⬚
10. I feel more comfortable in same-sex groups	⬚	⬚	⬚	⬚	⬚
11. I felt there were too many people in the group	⬚	⬚	⬚	⬚	⬚

12. I will participate in a future focus group　　☐☐　　　☐☐　　　☐☐　　　☐☐　　　☐☐

What are the most important causes of poverty in your community?

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What is the most effective resource for addressing poverty in your community?

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What services for addressing poverty are missing in your community?

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