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.

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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 Studies,
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 in-person 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, Asset-Based 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/](https://chcs.uncg.edu/)
Quality of Life Study Team

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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 year-round 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.

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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Executive Summary

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 inter-agency 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.

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. Asset-based 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.

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 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 key-informants 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,
Executive Summary

Issues of Rural Areas

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 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 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 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.

Attitudinal Issues

One common aspect of the self-reliance 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 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 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 well-being of the region is being put
Executive Summary

SUSTAINABILITY ISSUES

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 engaging in expansion and improvement of infrastructure.

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. 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.

Recommendations

The UNCG-CHCS Team also 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

- Create inter- and intra-county/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.
- 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 licensing programs to allow local producers extend local produce.
- Encourage local restaurants to partner with farmers to create farm-to-table pipeline.
- 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
Executive Summary

Rural Healthcare, Behavioral Health and Substance Use

- Rural addiction and substance use above all should be seen as a public health issue rather than a 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.
- Conduct 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 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.
- 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 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.
Historical Timeline

- End of extraction industries
- De-industrialization
- Shift to recreation/retirement
- Demographic shift
- 2009 Economic downturn
- Prescription drugs availability
- Prescription crackdown
- Shift to opiates
- "Unemployables"
- Casino and other industries lack workers and import from elsewhere
- Housing shortage and housing inflation
- Further poverty
- Substandard housing, food and medical care shortage, and homelessness
SOCIAL, ECONOMIC, AND DEMOGRAPHIC COMMUNITY SNAPSHOT OF SOUTHERN APPALACHIA

Compiled by Mitchell Byers, Meredith DiMattina, and Stephen Sills
UNCG Center for Housing and Community Studies
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:

- provide technical assistance to the project;
- analyze geographic, economic, and demographic data on the region and its inhabitants;
- conduct focus groups, a multi-modal resident and client survey, and interviews with "key informants" to identify strengths and issues;
- gather and compile a database of community assets;
- produce an online GIS map of community assets; and
- 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 inter-agency 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.

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.
Background

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 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.

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 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 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.”
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 non-metropolitan 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 using in order to ensure comparable results.

This focus on rural versus urban or metropolitan versus nonmetropolitan presents its own dangers, as it encourages conceptu-
Community Snapshot of Southern Appalachia

DEFINING RURALITY
alizing 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) Rural-Urban 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 metro-nonmetropolitan 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: individualism, traditionalism, familism, fatalism, and person-centered relationships (Rogers and 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.
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DEFINING RURALITY

(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 is 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 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 its dynamic nature into account, especially when operationalizing for studies of health, behavioral health, education, and economic development.
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 “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 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 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 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 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 1.63% are of two or more races. Compared to other the rest of North Carolina and Georgia (which is about 69% Non-Hispanic 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-

<table>
<thead>
<tr>
<th>Population</th>
<th>2010-2014</th>
<th>% change from 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Life Study area</td>
<td>48,442</td>
<td>14.27%</td>
</tr>
<tr>
<td>Cherokee County</td>
<td>27,156</td>
<td>11.76%</td>
</tr>
<tr>
<td>Clay County</td>
<td>10,616</td>
<td>20.98%</td>
</tr>
<tr>
<td>Towns County</td>
<td>10,670</td>
<td>14.5%</td>
</tr>
<tr>
<td>Georgia</td>
<td>9,907,756</td>
<td>21.03%</td>
</tr>
<tr>
<td>North Carolina</td>
<td>9,750,405</td>
<td>21.13%</td>
</tr>
</tbody>
</table>
Community Snapshot of Southern Appalachia

POVERTY
pared to 2.54 (North Carolina) and 2.29 (Towns), as compared to 2.72 (Georgia).

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

Housing Stock
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.

The housing market is sluggish with only 530 home loans 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, representing 6.85% of the total loan activity.
Community Snapshot of Southern Appalachia

SOCIAL, ECONOMIC, AND DEMOGRAPHIC CHARACTERISTICS

A little more than a quarter (26.3%) of home purchase loans originated were government-insured. 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, 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 tornadoes, and often located on poor building sites, and conditions of housing so deplorable as to present long-term health hazards for tenants.

<table>
<thead>
<tr>
<th>Housing Stock</th>
<th>Number of Units</th>
<th>Percent of Units</th>
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</thead>
<tbody>
<tr>
<td>Single family detached homes</td>
<td>24,519</td>
<td>75.2%</td>
</tr>
<tr>
<td>Single family attached homes</td>
<td>186</td>
<td>0.57%</td>
</tr>
<tr>
<td>Two-unit homes and duplexes</td>
<td>213</td>
<td>0.65%</td>
</tr>
<tr>
<td>Apartments</td>
<td>1,246</td>
<td>3.82%</td>
</tr>
<tr>
<td>Mobile/Manufactured homes</td>
<td>6427</td>
<td>19.71%</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>0.05%</td>
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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 this population is 65 or older. The largest cohort in the age structure is 65-69 year old females. The population is 97.2% white and 2.8% Hispanic. All other race/ethnic groups were less than 1%. There is little ethnic diversity in Clay.

Economy
The median household income is $37,021 with an average per capita income of $22,672. Incomes were highest in Tusquittee Township and lowest in Brass Town and Shooting Creek Townships.
Community Snapshot of Southern Appalachia
CLAY COUNTY, NORTH CAROLINA

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 professions (58%). Median net wealth is $80,841.

Housing
Approximately 3,406 of the county’s residents are homeowners. The median home value is $166,174 and the average rental unit cost is $668 per month.

Approximately 39.38% of the total housing units are vacant. Homeowners in Clay make up 78.28% of the total occupied housing, while renters are the remaining 21.72% for occupied housing. A quarter of homeowners (24.9%) in Clay County are cost burdened, and 12.04%
Community Snapshot of Southern Appalachia

PER CAPITA INCOME - CLAY COUNTY NORTH CAROLINA

[Map showing per capita income distribution in 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
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.

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 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 County 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-
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-

<table>
<thead>
<tr>
<th>Achievement Indicators</th>
<th>Score</th>
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<tbody>
<tr>
<td>English II Proficiency</td>
<td>66</td>
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<tr>
<td>Math I Proficiency</td>
<td>50</td>
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<tr>
<td>Biology Proficiency</td>
<td>48</td>
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<tr>
<td>The ACT Proficiency</td>
<td>66</td>
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<tr>
<td>ACT WorkKeys</td>
<td>74</td>
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<tr>
<td>4-Year Graduation Rate</td>
<td>91</td>
</tr>
<tr>
<td>Successful Completion of Math III</td>
<td>95</td>
</tr>
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</table>
Demographics

Cherokee County, NC, had a population of 28,946 residents as of current US Census estimates. Though it is a non-metropolitan county, it has experienced an 11.76% population increase since 2000. The median age is 50.3 years old. The largest cohort in the age structure is 65-69 year old females. The population 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.

Economy

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 population lives in poverty. Unemployment has dropped from 12.9% in 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 populated houses, and renters made up the remaining 17.55%. However, 40.37% of the total housing stock was vacant. The average median home value was $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 fair a bit worse with are cost
burdened range, and 15.14% extremely cost burdened.

Medical

Approximately 21.28% of Cherokee County’s residents were completely uninsured. Around 22.9% received Medicare benefits. According to the Health Resources and Services Administration (HRSA) there were only 11 primary care physicians and 9 dentists in the entire county. For 2016 Cherokee county ranks 84th in the NC counties in health outcomes.

Type 2 diabetes affects over 20 million people, which is roughly 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.

Nearly 9.32% of adults in Cherokee County have chronic asthmatic conditions. According to the CDC 21.41% 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 population-weighted averages based on data from the CDC Behavioral Risk Factor Surveillance System survey.

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.
Community Snapshot of Southern Appalachia

CHEROKEE COUNTY, NORTH CAROLINA

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.

School Report Cards
Andrews High - C
Hiwassee Dam High - C
Murphy High - C
Tri-County Early College - B

Education
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.
Community Snapshot of Southern Appalachia

PER CAPITA INCOME - CHEROKEE COUNTY, NORTH CAROLINA
Community Snapshot of Southern Appalachia

PER CAPITA INCOME - CHEROKEE COUNTY, NORTH CAROLINA
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 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.
Housing

Approximately 3,537 of the county’s residents are homeowners. The median home value is $194,082 and the average rental unit cost is $693 per month. Nearly 45% of total available housing labeled as vacant. For occupied housing homeowners make up the majority (82.27%), and renters account for the remaining 17.73%. Nearly a third (30.93%) of homeowners are cost-burdened, and 14.9% are extremely cost burdened. This is compared to nearly half of renters (47.11%) who are cost burdened and a quarter (24.28%) who are extremely cost burdened.

Medical

As of 2014, approximately 14.75% of Towns County’s residents were completely uninsured. Around 26.94% received Medicare benefits. According to the Health Resources and Services Administration (HRSA) there were there were only 9 primary care physicians and 4...
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.

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 population-weighted 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.

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

TOWNS COUNTY, GEORGIA

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.

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<tr>
<td>Aggravated</td>
<td></td>
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</tr>
<tr>
<td>Assault</td>
<td>186.95</td>
<td>144.82</td>
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<td>1,795.28</td>
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<td>19.1</td>
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<td>8.93</td>
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<td>18.85</td>
<td>9.32</td>
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RURAL HEALTH AND ADDICTION
A SNAPSHOT OF THE OPIATE EPIDIMIC
AND
LITERATURE REVIEW ON RURALITY AS A FUNDAMENTAL CAUSE OF HEALTH ISSUES

Compiled by Rachel Ryding, Affiliated Researcher at the
UNCG Center for Housing and Community Studies
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.
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 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.

Why do these issues persist in rural 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
Opiates Issues in Rural America

Annually there are over 20 overdose deaths per 100,000 in the Hinton Area
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. 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.

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

2004
1.4 million
5%

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.

Heroin Emergency Room Admissions Are Increasing

2005 2008 2011

260K
230K
200K

and the problem is getting worse...
**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 outcomes; multiple risk factors; disparate access to resources; and reproduction of this relationship over 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, 2012) has suggested that rurality operates as an additional fundamental cause...
of health disparities. Lutfiyya et al. (2012) document some of the 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, Wisdom-Behounak, and Inpanbut-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).

Missing from Lutfiyya et al.’s (2012) piece is a thorough discussion of what constitutes rural, and 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 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 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 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 fun-
damental cause is the existence of multiple disease outcomes. In rural areas, there are multiple disease outcomes across a variety of mental and behavioral disorders. 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 the level of rurality increases (Hauenstein, Pettersen, 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 arise as well. The prevalence of depression in low-income 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 powerful influencer on rates of depression among rural women.

Nationally, rural areas also tend to have much higher rates of suicide than anywhere else. 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 is evident that multiple disease outcomes exist across a spectrum of behavioral health issues as they manifest in rural America.

Multiple Disease Risks

Cultural and structural components of rural life can lead to the fulfillment of the second criterion of the fundamental causes theory, the existence of multiple disease risk factors. The negative impact of masculinity on health has been documented (Courtenay, 2000).
Men have elevated health risks due to their experiences with economic marginalization, greater likelihood of facing adverse working conditions, and certain gendered coping mechanisms for stress that involve risky behaviors (Williams, 2003). Rural men in particular are at greater risk for the 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 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 over time 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 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 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 culture and community that is aware of behavioral health resources may produce individuals who are less susceptible to the risks of certain behavioral health issues and more willing to engage in help-seeking behavior when 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 value-systems tend to emphasize dealing with problems individually or keeping things within the family. These examples of the culture of masculinity, economic and social stressors, and lack of community behavioral health resources in rural areas all can act as risk factors for the development and persistence of behavioral health issues within rural communities.

Disparity in Access

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 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 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, 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 9-point rural-urban continuum code, a one-point increase in rurality corresponded with a 3.3% increase in unmet need (Thomas et al., 2009).

A survey of all 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 15 counties had a practicing psychiatrist and 82% of psychiatrists were practicing in metropolitan areas. 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 counties had Licensed Individual Behavioral health Practitioners (LMHP); 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 25-point 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 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 than women living in more urbanized counties to receive behavioral health treatment only after reaching 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, Leonardson 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 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 disparities in behavioral health and substance abuse risks and outcomes 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 treatments 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 con-
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 evidence-based 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, Dembling, and Stern, 2003). Certain disparities in behavioral health outcomes, such as the greater adolescent suicide rate in rural areas compared to urban, are actually getting wider over time (Fontanella et al., 2015), although more research is needed to determine precisely why this is happening and if it is the result of the replacement of an intervening mechanism. So with respect to the fourth condition of fundamental causes theory, the association between rurality and the replacement of intervening mechanisms could be present, but a more thorough examination of other literature and future research is needed to determine the strength of these associations and whether they continue over a longer period of time.
RESEARCH APPROACH, METHODS, DATA AND FINDINGS OF THE QUALITY OF LIFE STUDY

Compiled by Stephen Sills, Rachel Ryding, and Mark Sills
UNCG Center for Housing and Community Studies
**Research Approach**

**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 communities for the future.”

-The Asset-Based Community Development Institute

**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 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
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 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 title “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, without empowering residents to address these deficits or use existing resources (that might not otherwise be known to residents/community members) to address their needs. The second way, asset based community development, also brings the lack of certain programs and services to the attention of a community, however, it highlights the services and programs that a community does provide, shedding a positive light on a community. This way, a community knows where it has room for improvement while also seeing what it does have to offer its residents that might be adapted or expanded to fill possible gaps, which gives residents tools to self-improve, beginning with their exists assets.

Additional, examples of how asset based community development can help in other projects can be seen in articles such as “The Downtown Education Collaborative: A new model for collaborative community engagement” (Vazquez Jacobus, Tiemann, & Reed, 2011), as well as “Using Appreciative Inquiry to Create a Sustainable Rural School District and Community” (Calabrese, Hester, Friesen & Burkhalter, 2010). Because of the success that numerous communities have had with using community based asset development, the literature seems to suggest that this would be a very good tool for mapping assets and needs among specific groups and/or within communities in general, taking into consideration the nuanced differences of context in a given community project. In the con-
Research Approach

ASSET MAPPING

text 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 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 as-
sets 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 for the staff of non-profits and governmental organizations, but that it also has features that make it usable, appealing to and em-
Research Approach

GEOGRAPHIC INFORMATION SYSTEMS (GIS)

Powering 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 web-based 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 positive-oriented 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 key informants 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 informants";
6. Provided three training workshops; and
7. Conducted a day-long Community Action Planning retreat.

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 introduc-
tion, 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 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 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.

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 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 re-
search setting that call for a deep understanding of a groups’ perspective on a particular issue. It is through the synergistic, collaborative, and interactive atmosphere of the focus group that participants are influenced to express many ideas that may have been more difficult to express individually (Morgan, 1988).

Focus groups provide a significant amount of relevant rich data in a concentrated period of 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, community members, business and governmental 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

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**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.”**

- Ray Pawson

*Theorizing the Interview*
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 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 “multi-method” 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 web-based 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 confidence. The leaders who agreed to the interviews were assured that their comments would not

<table>
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<th>INTERVIEWS</th>
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<td>TIES TO THE AREA</td>
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| 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 |
Findings

IDENTIFYING EFFECTIVE INSTITUTIONS

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 non-natives, the average amount of time spent living in the region was 26.5 years. Four of the non-natives 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 been 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 been 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.

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
- 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.

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 bringing 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

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 well-run 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, well-informed, 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.”**

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 immi-
Research Findings

ATTITUDINAL ISSUES

nent 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 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 self-reliance attitude can cause folk to not seek help for problems that they cannot solve alone.

One common aspect of the self-reliance 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 qualifications for the jobs and many could not pass the drug screening requirements for those positions. According to two informants, even the school sys-
tems 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.

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.

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
Research Findings

ATTITUDINAL ISSUES

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 learn-
ing 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.

**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 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 LGBTQ 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 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 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 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” 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 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, 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 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**

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.
Research Findings

SUBSTANCE ABUSE AND MENTAL HEALTH ISSUES

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 drug-related 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.

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 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 obtain those jobs, or you have the minimum wage jobs. There’s very little in between work.”

<table>
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<th>Reasons for Job Losses</th>
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<th>Percent</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position abolished</td>
<td>46</td>
<td>14.9%</td>
<td>25.3%</td>
</tr>
<tr>
<td>Personal health/ illness/ injury</td>
<td>46</td>
<td>14.9%</td>
<td>25.3%</td>
</tr>
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<td>Plant or company closed or moved</td>
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<td>23.1%</td>
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<td>Hours cut</td>
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<td>12.6%</td>
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<tr>
<td>Family health/ illness</td>
<td>23</td>
<td>7.5%</td>
<td>12.6%</td>
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<tr>
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<td>16</td>
<td>5.2%</td>
<td>8.8%</td>
</tr>
<tr>
<td>Lack of childcare</td>
<td>15</td>
<td>4.9%</td>
<td>8.2%</td>
</tr>
<tr>
<td>Work-related injury</td>
<td>13</td>
<td>4.2%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>12</td>
<td>3.9%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>38</td>
<td>12.3%</td>
<td>20.9%</td>
</tr>
<tr>
<td>Total</td>
<td>308</td>
<td>100.0%</td>
<td>169.2%</td>
</tr>
</tbody>
</table>
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 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 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?”
Research Findings

TRANSPORTATION

<table>
<thead>
<tr>
<th>Would you like help with these job related issues?</th>
<th>Responses</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Percent</td>
</tr>
<tr>
<td>Career/job training</td>
<td>23</td>
<td>6.8%</td>
</tr>
<tr>
<td>Resume writing</td>
<td>18</td>
<td>5.4%</td>
</tr>
<tr>
<td>Work clothes</td>
<td>18</td>
<td>5.4%</td>
</tr>
<tr>
<td>Career assessment</td>
<td>15</td>
<td>4.5%</td>
</tr>
<tr>
<td>Job Interviewing skills</td>
<td>15</td>
<td>4.5%</td>
</tr>
<tr>
<td>Career Information options</td>
<td>14</td>
<td>4.2%</td>
</tr>
<tr>
<td>Job search strategies</td>
<td>13</td>
<td>3.9%</td>
</tr>
<tr>
<td>None</td>
<td>220</td>
<td>65.5%</td>
</tr>
<tr>
<td>Total</td>
<td>336</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

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 urban 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.’ That’s not a support to me.” This particular route was not de-
<table>
<thead>
<tr>
<th>Health Care Issue</th>
<th>N</th>
<th>Percent</th>
<th>Percent of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental care</td>
<td>98</td>
<td>12.8%</td>
<td>22.1%</td>
</tr>
<tr>
<td>Eye/vision care</td>
<td>77</td>
<td>10.1%</td>
<td>17.4%</td>
</tr>
<tr>
<td>Prescription medication ($ for)</td>
<td>50</td>
<td>6.6%</td>
<td>11.3%</td>
</tr>
<tr>
<td>General Medical care</td>
<td>44</td>
<td>5.8%</td>
<td>9.9%</td>
</tr>
<tr>
<td>Sleep problems</td>
<td>42</td>
<td>5.5%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>36</td>
<td>4.7%</td>
<td>8.1%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>26</td>
<td>3.4%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Pulmonary Diseases</td>
<td>21</td>
<td>2.8%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Hearing care</td>
<td>21</td>
<td>2.8%</td>
<td>4.7%</td>
</tr>
<tr>
<td>Mental Health care</td>
<td>19</td>
<td>2.5%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>17</td>
<td>2.2%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Transportation to appointments</td>
<td>11</td>
<td>1.4%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Medical equipment</td>
<td>11</td>
<td>1.4%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Substance abuse treatment</td>
<td>5</td>
<td>.7%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Child diagnosed with disability</td>
<td>2</td>
<td>.3%</td>
<td>.5%</td>
</tr>
<tr>
<td>STD's (Sexually Transmitted Diseases)</td>
<td>1</td>
<td>.1%</td>
<td>.2%</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>18</td>
<td>2.4%</td>
<td>4.1%</td>
</tr>
<tr>
<td>NONE</td>
<td>264</td>
<td>34.6%</td>
<td>59.6%</td>
</tr>
<tr>
<td>Total</td>
<td>763</td>
<td>100.0%</td>
<td>172.2%</td>
</tr>
</tbody>
</table>
scribed 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.

Healthcare Access

*Focus Groups*

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 up-front 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.
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.

“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. “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. Several 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 could come pick up food conflicted with work schedules and residents would have to choose
Research Findings

FOOD INSECURITY AND FOOD ACCESS

between losing half a day’s pay to come get food or missing the opportunity to get food, neither of which are options most of these people can afford. There were also problems reported with education: for those who were able to get to food pantries or receive assistance buying food, they didn’t always know how to prepare certain foods or how to effectively budget and plan meals to make their food assistance last through the month.

Shortage of Affordable Housing

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 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 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 af-
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 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 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 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.

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 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 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 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,” 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.”

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.”

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

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

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 well-being 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 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.

Expansion and improvement of infrastructure was also a major concern for those informants who addressed the need to attract more manufacturing, call-center, 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
Research Findings
SUSTAINABILITY ISSUES

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.

The fear expressed by these key informants, almost unanimously, was that in another generation there will not be enough young adults left in the region to sustain the employers who are here. They also shared a concern that the cost of attracting business investment will only increase and without a ready workforce it will become impossible in the future.
SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Stephen Sills, Director
UNCG Center for Housing and Community Studies
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 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 explained: “This is a great place to live, but a very hard place to make 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
Summary and Conclusions

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

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 well-paying 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 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 priorities 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
- Demographic shift
- 2009 Economic downturn
- Prescription drugs availability
- Prescription crackdown
- Shift to opiates
- “Unemployables”
- Casino and other industries lack workers and import from elsewhere
- Housing shortage and housing inflation
- Further poverty
- Substandard housing, food and medical care shortage, and homelessness
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.”

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 transitional housing for the homeless and not enough 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 here if you are the working poor and not on food stamps, Ingles is expensive.” Food pantries end up filling the gaps, yet

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 sub-standard: “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 toward housing-related expenses.
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 $15-20 a month. Many people fall in the cracks.

Key informants and participants also explained that service-seeking 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, especially the elderly, will do without before they ask for 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 achieving this vision.

Based on the recommendations from the community, the process will begin with acknowledging the challenges and agreeing to address them. Next, a set of recommendation had to do with developing a communications network 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.
Community Action Planning

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

Organizations Involved

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<th>Organization Name</th>
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<tr>
<td>4 Square Community Action</td>
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UNCG Center for Housing and Community Studies
Action Plan

Next Steps Identified by Community Action Planning

1. Agree That There Are Challenges
   - Changing Local Mindset To Change

2. Exchange System/Communications Network
   - Exchange Contact Information
   - Summarize And Distribute Information From This Meeting
   - Contact Media
   - Continue To Collaborate
   - Share "Thoughts After The Meeting"

3. 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

4. Study The Issues And Assets
   - SWOT Analysis (Strengths, Weaknesses, Opportunities, Threats)
   - Update Community Resource List
   - Narrowing/Prioritizing Focus
   - Develop Long Term Strategies

5. 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

6. Implement Recommendations
   - Just Do It!
   - Celebrate successes
Task Forces

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.

<table>
<thead>
<tr>
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## Task Force Members

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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 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 decision 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 investment in broadband infrastructure. The economic development consortium may seek to raise private donor and 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 also sought to extend market productivity by adding value to farm-produced goods - pickling, canning, sauces, jelly/jam, and other shelf-ready options increase the profitability for small farms, but require licenses and use of a commercial kitchen. Building shared-used kitchens and licensing programs to allow local producers to can, freeze,
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 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 immigration 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 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 business-to-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 long-
term recovery support. Mental health services should be greatly expanded. Likewise access to other medical specialists should be increased by creative use of shared/travelling/and tele-staffing. 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 housing policy and minimum housing standards should be adopted and enforced. Substandard housing, deteriorating mobile homes, and ill-maintained 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 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 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 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-of-living, and opt to stay in the area rather than move somewhere else. When coupled with job-opportunities, 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 high-demand, low-supply conditions. Coordinated community planning driven by prospective, data-driven 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 track over time will be needed to gauge success and direct funding.
Enhancing Quality of Life
In Southern Appalachia

An Asset Based Community Development Planning Report

BEST PRACTICE MODELS, TECHNICAL ASSISTANCE RESOURCES, AND FUNDING OPPORTUNITIES FOR NC RURAL AREAS

Compiled by the UNCG Center for Housing and Community Studies
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 for all. The Appalachia Funders Network 8th Annual Gathering entitled Transition and Equity: Appalachia's Journey will be held March 28-30, 2017.
The Appalachian Regional Commission (ARC) is an economic development agency. Local participation is provided through multi-county local development districts. ARC invests in activities that address the five goals identified in the Commission's strategic plan: Entrepreneurial and business development strategies; Workforce development; Critical infrastructure—especially broadband; transportation, and water/wastewater systems; Natural and cultural heritage assets; and Leadership and Community Capacity Building.

**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 partnerships (The Bakersville Improvement Group – aka BIG) to boost tourism and cultural assets and revitalize its failing downtown.

**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.

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
RURAL ECONOMIC DEVELOPMENT MODELS AND RESOURCES

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/accessory-apartments-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.

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 Diagnos-
BEST PRACTICE MODELS, TECHNICAL ASSISTANCE RESOURCES, AND FUNDING OPPORTUNITIES

tics 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 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/
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 Development.
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-nurse-program/
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.
RURAL HEALTH CARE MODELS, RESOURCES, AND FUNDERS

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 illness. 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 under-
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.

**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/grant-opportunities/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, Collaboration, and Training.

NORTH CAROLINA GLAXOSMITHKLINE FOUNDATION


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 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.

Enhancing Quality of Life
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.

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.
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.

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.
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.
RURAL TRANSPORTATION MODELS, RESOURCES, AND FUNDERS

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 small 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. First the individual discusses their needs with National RTAP staff, who will then connect them with an appropriate peer. 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 or templates. National RTAP staff are available to facilitate the assistance as needed.

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

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.
RURAL ADDICTION/RECOVERY MODELS, RESOURCES, AND FUNDERS

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.

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

#1 Sponsor
Organization

#2 Riders
Seniors

#3 Drivers
Friends of Riders

#4 Materials

#5 Recruitment

#6 Rides

#7 & 10 Documentation

#8 Feedback

#9 Reimbursement

(#1, #2, and #3) A sponsor identifies riders who in turn recruit their own drivers.
(#4) The sponsor conveys materials about the program to the riders who share it with their drivers.
(#5) The riders identify their drivers.
(#6) The drivers provide rides to the riders.
(#7) Both the riders and drivers convey their documentation to the sponsor.
(#8) The riders provide feedback to the sponsor.
(#9) Reimbursement is given to the riders who then give it to their drivers.
(#10) Documentation necessary for program administration is conveyed to the sponsor.
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

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 pain-killers). 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 education center 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.

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.

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 VISION

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

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

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.

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.
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.

BURROUGHGS 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.
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,
ADDITIONAL FUNDING SOURCES FOR RURAL AREAS


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.

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.
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" tab, use the tools to update or remove assets by selecting them using the "new selection" arrow on the left, then clicking the "attributes" button (looks like a sheet of paper) to update shared information or remove them.

Directions from A to B
• Enter the location addresses to get directions from home to an asset or from one asset to another.

Find Assets by Type
• Find assets by type within a specific area (current view) or the whole region (all). 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 additional information and zoom to the location.

Bookmarked Locations
• The majority of the assets are located within one of the bookmarked locations. Select one to save time finding a specific area in the Hinton Region.
# Churches

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>WEBSITE</th>
</tr>
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<tr>
<td>Bearpaw Church</td>
<td>55 Bear Paw Church Rd, Murphy, North Carolina, 28906</td>
<td><a href="https://www.facebook.com/pages/Bear-Paw-Baptist-Church/159179340782810">https://www.facebook.com/pages/Bear-Paw-Baptist-Church/159179340782810</a></td>
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<td>Beaver Creek Church</td>
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<td><a href="https://www.facebook.com/pages/Beaver-Creek-Free-Will-Baptist-Church/143210139058700">https://www.facebook.com/pages/Beaver-Creek-Free-Will-Baptist-Church/143210139058700</a></td>
</tr>
<tr>
<td>Bell Hill Church</td>
<td>865 Bell Hill Rd, Murphy, North Carolina, 28906</td>
<td><a href="http://www.yelp.com/biz/bell-hill-baptist-church-murphy">http://www.yelp.com/biz/bell-hill-baptist-church-murphy</a></td>
</tr>
<tr>
<td>Boiling Spring Church</td>
<td>3170 Boiling Springs Rd, Murphy, North Carolina, 28906</td>
<td><a href="https://www.facebook.com/bsbcchurch/">https://www.facebook.com/bsbcchurch/</a></td>
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<td>Calvary Church</td>
<td>5718 US-64 W, Murphy, North Carolina, 28906</td>
<td><a href="http://ccmountainside.com/">http://ccmountainside.com/</a></td>
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<tr>
<td>Fairview Church</td>
<td>Fairview St, Murphy, North Carolina, 28906</td>
<td><a href="http://www.visitcherokeecountync.com/fairview-baptist-church">http://www.visitcherokeecountync.com/fairview-baptist-church</a></td>
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<tr>
<td>Friendship Church</td>
<td>15 Friendship Church Rd, Murphy, North Carolina, 28906</td>
<td><a href="http://www.findagrave.com/cgi-bin/fg.cgi?page=cr&amp;CRid=277211">http://www.findagrave.com/cgi-bin/fg.cgi?page=cr&amp;CRid=277211</a></td>
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<td>Hampton Memorial Church</td>
<td>Hampton Church Rd, Murphy, North Carolina, 28906</td>
<td><a href="https://www.facebook.com/pages/Hampton-Memorial-Church/14420894226308">https://www.facebook.com/pages/Hampton-Memorial-Church/14420894226308</a></td>
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<tr>
<td>Hanging Dog Church</td>
<td>3522 Hanging Dog Rd, Murphy, North Carolina, 28906</td>
<td><a href="https://www.facebook.com/pages/Hanging-Dog-Baptist-Church/12006928808438">https://www.facebook.com/pages/Hanging-Dog-Baptist-Church/12006928808438</a></td>
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<tr>
<td>Harmony Church</td>
<td>Harmony Rd, Murphy, North Carolina, 28906</td>
<td><a href="http://www.faithstreet.com/church/harmony-baptist-church-murphy-nc">http://www.faithstreet.com/church/harmony-baptist-church-murphy-nc</a></td>
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<td>Harris Chapel</td>
<td>7 Harris Chapel Rd, Murphy, North Carolina, 28906</td>
<td><a href="http://www.yellowpages.com/murphy-nc/mip/murphy-harris-chapel-462303952">http://www.yellowpages.com/murphy-nc/mip/murphy-harris-chapel-462303952</a></td>
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<td>Hopewell Church</td>
<td>Hopewell Rd, Murphy, North Carolina, 28906</td>
<td><a href="http://www.faithstreet.com/church/hopewell-baptist-church-murphy-nc">http://www.faithstreet.com/church/hopewell-baptist-church-murphy-nc</a></td>
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<td>Little Brasstown Church</td>
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<td><a href="http://www.littlebrasstown.com/">http://www.littlebrasstown.com/</a></td>
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<tr>
<td>Little Glade Church</td>
<td>1727 Martins Creek Rd, Murphy, North Carolina, 28906</td>
<td><a href="https://www.facebook.com/pages/Little-Glade-Church/148100825213521">https://www.facebook.com/pages/Little-Glade-Church/148100825213521</a></td>
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<tr>
<td>Macedonia Baptist Church</td>
<td>225 Wolfcreek Rd, Murphy, North Carolina, 28906</td>
<td><a href="https://www.facebook.com/Macedonia-Missionary-Baptist-Church-561971593855133/">https://www.facebook.com/Macedonia-Missionary-Baptist-Church-561971593855133/</a></td>
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<td>Moccasin Church</td>
<td>76 Moccasin Creek Rd, Murphy, North Carolina, 28906</td>
<td><a href="http://www.faithstreet.com/church/moccasin-creek-baptist-church-murphy-nc">http://www.faithstreet.com/church/moccasin-creek-baptist-church-murphy-nc</a></td>
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<td>Mount Carmel Church</td>
<td>Hiwassee Dam Access Rd, Murphy, NC 28906</td>
<td><a href="https://www.facebook.com/Mount-Carmel-Baptist-Church-162538260437893/">https://www.facebook.com/Mount-Carmel-Baptist-Church-162538260437893/</a></td>
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<td>Mount Nebo Church</td>
<td>Beaver Dam Rd, Murphy, NC 28906</td>
<td><a href="https://www.facebook.com/pages/Mount-Nebo-Church/145549942135666">https://www.facebook.com/pages/Mount-Nebo-Church/145549942135666</a></td>
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<tr>
<td>Mount Pleasant Church</td>
<td>1193 Mount Pleasant Rd, Murphy, NC 28906</td>
<td><a href="http://www.mpbcmurphy.com/">http://www.mpbcmurphy.com/</a></td>
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<td>New Hope Church</td>
<td>200 Harris Rd, Murphy, NC 28906</td>
<td><a href="http://apostolicnewwholechurch.com/">http://apostolicnewwholechurch.com/</a></td>
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<tr>
<td>New Prospect Church</td>
<td>Prospect Rd, Murphy, NC 28906</td>
<td><a href="http://aroundguides.com/21309602">http://aroundguides.com/21309602</a></td>
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<tr>
<td>Notla Church</td>
<td>294 Notla Church Rd, Murphy, NC 28906</td>
<td><a href="http://www.visitcherokeecountync.com/notla-baptist-church">http://www.visitcherokeecountync.com/notla-baptist-church</a></td>
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<td>Oak Grove Church</td>
<td>2431 Highway 294, Murphy, NC 28906</td>
<td><a href="http://www.facebook.com/pages/Oak-Grove-Baptist-Church/168839499799732">http://www.facebook.com/pages/Oak-Grove-Baptist-Church/168839499799732</a></td>
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<td>Old Martins Creek Church</td>
<td>Brasstown Rd, Murphy, NC 28906</td>
<td><a href="http://www.us-places.com/map-places.php?page=map-of/Old+Martins+Creek+Church+in+Cherokee+County%2CNorth+Carolina&amp;placeid=1014099">http://www.us-places.com/map-places.php?page=map-of/Old+Martins+Creek+Church+in+Cherokee+County%2CNorth+Carolina&amp;placeid=1014099</a></td>
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<td>Owl Creek Church</td>
<td>2550 Owl Creek Rd, Murphy, NC 28906</td>
<td><a href="http://www.visitcherokeecountync.com/owl-creek-baptist-church">http://www.visitcherokeecountync.com/owl-creek-baptist-church</a></td>
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<td>Poindexter Church</td>
<td>Joe Brown Hwy, Murphy, NC 28906</td>
<td><a href="http://www.facebook.com/pages/Points-CountyChurch/14211685822934">http://www.facebook.com/pages/Points-CountyChurch/14211685822934</a></td>
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<td>Ranger Church</td>
<td>151 Walker Rd, Murphy, NC 28906</td>
<td><a href="http://www.rangerbaptistchurch.org/">http://www.rangerbaptistchurch.org/</a></td>
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<td>Reids Chapel</td>
<td>4281 Lower Bear Paw Rd, Murphy, NC 28906</td>
<td><a href="http://www.umc.org/find-a-church/church/33908">http://www.umc.org/find-a-church/church/33908</a></td>
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<td>River Valley Church</td>
<td>Peachtree St, Murphy, NC 28906</td>
<td><a href="https://www.facebook.com/River-Valley-Baptist-Church-9974521336190971">https://www.facebook.com/River-Valley-Baptist-Church-9974521336190971</a></td>
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<td>Shady Grove Church</td>
<td>198 Shady Grove Rd, Murphy, NC 28906</td>
<td><a href="http://www.shadygrovebaptistchurch.org/links.html">http://www.shadygrovebaptistchurch.org/links.html</a></td>
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<td>Snow Hill Church</td>
<td>Snow Hill Church Rd, Murphy, NC 28906</td>
<td><a href="http://www.churchfinder.com/churches/nc/snow-hill">http://www.churchfinder.com/churches/nc/snow-hill</a></td>
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<td>Swanson Church</td>
<td>1360 Hedden Stiles Rd, Murphy, NC 28906</td>
<td><a href="http://www.manta.com/c/mbs89j8/swanson-baptist-church">http://www.manta.com/c/mbs89j8/swanson-baptist-church</a></td>
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<td>Temple Church</td>
<td>8 Simonds Chapel Rd, Murphy, NC 28906</td>
<td><a href="http://www.churchfinder.com/churches/nc/murphy/baptist">http://www.churchfinder.com/churches/nc/murphy/baptist</a></td>
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<td>Ajila Ama Farms</td>
<td>344 Waldroup Rd, Brasstown, North Carolina, 28902</td>
<td><a href="https://www.facebook.com/ajilaama/">https://www.facebook.com/ajilaama/</a></td>
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<td>Bargain Barn Grocery Outlet</td>
<td>800 W US Highway 64, Murphy, North Carolina, 28906</td>
<td><a href="http://www.myugo.com/murphy-nc/">http://www.myugo.com/murphy-nc/</a></td>
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<tr>
<td>Bargain Barn Grocery Outlet</td>
<td>1476 Andrews Rd, Murphy, North Carolina, 28906</td>
<td><a href="http://www.myugo.com/murphy-nc/">http://www.myugo.com/murphy-nc/</a></td>
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<td>Big Lots</td>
<td>1450 Andrews Rd, Murphy, North Carolina, 28906</td>
<td><a href="http://local.biglots.com/nc/murphy/5209">http://local.biglots.com/nc/murphy/5209</a></td>
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<td>Blue Ridge Olive Oil Company</td>
<td>104 Tennessee St, Murphy, North Carolina, 28906</td>
<td><a href="http://www.blueridgeoliveoil.com/">http://www.blueridgeoliveoil.com/</a></td>
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<td>Cherokee Cellars Winery</td>
<td>23 Hickory St, Murphy, North Carolina, 28906</td>
<td><a href="http://www.cherokeecellarstownery.com/">http://www.cherokeecellarstownery.com/</a></td>
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<tr>
<td>Cherokee Scout Newspaper</td>
<td>89 Sycamore St, Murphy, North Carolina, 28906</td>
<td><a href="http://www.cherokeescout.com/">http://www.cherokeescout.com/</a></td>
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<tr>
<td>Dollar General</td>
<td>8000 NC Highway 141, Marble, North Carolina, 28905</td>
<td><a href="http://www.yellowpages.com/mip/dollar-general-464566770">http://www.yellowpages.com/mip/dollar-general-464566770</a></td>
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<td>Dollar General</td>
<td>1445 Andrews Rd, Murphy, North Carolina, 28906</td>
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<td>Dollar Tree</td>
<td>1194 Andrews Rd, Murphy, North Carolina, 28906</td>
<td><a href="http://locations.dollartree.com/nc/murphy/1888/">http://locations.dollartree.com/nc/murphy/1888/</a></td>
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<td>Ingles Market</td>
<td>297 Main St, Andrews, North Carolina, 28901</td>
<td><a href="http://www.ingles-markets.com/">http://www.ingles-markets.com/</a></td>
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<td>Logan's Run Rescue Thrift Store</td>
<td>3000 US-64 W, Murphy, North Carolina, 28906</td>
<td><a href="http://www.logansrunrescue.com/">http://www.logansrunrescue.com/</a></td>
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<td>Lowe's Home Improvement</td>
<td>198 Bulldog Dr, Murphy, North Carolina, 28906</td>
<td><a href="http://www.lowes.com/">http://www.lowes.com/</a></td>
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<td>Mithmont Farms</td>
<td>595 Hendrix Rd, Murphy, North Carolina, 28906</td>
<td><a href="http://www.manta.com/c/m14d4d/mithmont-farms">http://www.manta.com/c/m14d4d/mithmont-farms</a></td>
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<td>Cherokee Count Ext</td>
<td>40 Peachtree St, Murphy, North Carolina, 28906</td>
<td><a href="https://cherokee.ces.ncsu.edu/">https://cherokee.ces.ncsu.edu/</a></td>
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<td>Murphy Housing Authority</td>
<td>80 Beal Cir, Murphy, North Carolina, 28906</td>
<td><a href="http://www.publichousing.com/details/murphy_housing_authority">http://www.publichousing.com/details/murphy_housing_authority</a></td>
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<td>Murphy Public Library</td>
<td>9 Blumenthal St, Murphy, North Carolina, 28906</td>
<td><a href="http://www.youseemore.com/nantahala/directory.asp">http://www.youseemore.com/nantahala/directory.asp</a></td>
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<td>Nantahala Regional Library</td>
<td>11 Blumenthal St, Murphy, North Carolina, 28906</td>
<td><a href="http://www.youseemore.com/nantahala/default.asp">http://www.youseemore.com/nantahala/default.asp</a></td>
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<td>Murphy Health Department</td>
<td>228 Hilton St, Murphy, North Carolina, 28906</td>
<td><a href="http://www.cherokeecounty-nc.gov/index.aspx?page=102">http://www.cherokeecounty-nc.gov/index.aspx?page=102</a></td>
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<td>Hiawassee Elementary/Middle</td>
<td>337 Blue Eagle Cir, Murphy, North Carolina, 28906</td>
<td><a href="http://hde.cherokee.k12.nc.us/">http://hde.cherokee.k12.nc.us/</a></td>
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<td>Hiawassee Dam High School</td>
<td>267 Blue Eagle Cir, Murphy, North Carolina, 28906</td>
<td><a href="http://hds.cherokee.k12.nc.us/">http://hds.cherokee.k12.nc.us/</a></td>
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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-business-center/

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

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<tr>
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<td>Angela E. Steep, PsyD</td>
<td>330 Valley River Ave, Murphy, North Carolina, 28906</td>
<td><a href="http://www.vitals.com/doctors/Dr_Angela_Steep/profile">http://www.vitals.com/doctors/Dr_Angela_Steep/profile</a></td>
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<td>Appalachian Community Services</td>
<td>750 W US Highway 64, Murphy, North Carolina, 28906</td>
<td><a href="http://www.acswnc.com/">http://www.acswnc.com/</a></td>
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<td>Carolina Smiles, Dr. Michael Davis</td>
<td>114 Buttercup Trl, Marble, North Carolina, 28905</td>
<td><a href="http://www.mycarolinasmiles.com/">http://www.mycarolinasmiles.com/</a></td>
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<td>Childs Play Rehabilitation</td>
<td>85 Wells St, Murphy, North Carolina, 28906</td>
<td><a href="http://www.yellowpages.com/murphy-nc/mip/childs-play-rehabilitation-16169359">http://www.yellowpages.com/murphy-nc/mip/childs-play-rehabilitation-16169359</a></td>
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<td>Clay Keith OD</td>
<td>137 Peachtree St, Murphy, North Carolina, 28906</td>
<td><a href="https://www.facebook.com/pages/Clay-Keith-OD/105192276214947">https://www.facebook.com/pages/Clay-Keith-OD/105192276214947</a></td>
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DaVita Smoky Mountain Dialysis
1611 Andrews Rd, Murphy, North Carolina, 28906

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_v77v4fe0c8e7f5c3889d2efdaacec4b2d8e.html

Dr. Daniel M. Eichenbaum, MD
1321 E US-64, Murphy, North Carolina, 28906
http://doctor.webmd.com/doc/daniel-eichenbaum-md-c125967e-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

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-pt-murphy/

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-26lt

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/
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<td>Murphy Group Practice (Urgent Care Center)</td>
<td>183 Ledford St, Murphy, North Carolina, 28906</td>
<td><a href="http://www.murphymedical.org/urgent-care-center/">http://www.murphymedical.org/urgent-care-center/</a></td>
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<td>Murphy Group Practice (Urology)</td>
<td>75 Medical Park Ln, Murphy, North Carolina, 28906</td>
<td><a href="http://www.murphymedical.org/urology/">http://www.murphymedical.org/urology/</a></td>
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<td>Murphy Group Practice (Wound Care &amp; Hyperbaric Therapy)</td>
<td>183 Ledford St, Murphy, North Carolina, 28906</td>
<td><a href="http://www.murphymedical.org/wound-care-hyperbaric-therapy/">http://www.murphymedical.org/wound-care-hyperbaric-therapy/</a></td>
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<td>Murphy Memory Care</td>
<td>4130 US-64, Murphy, North Carolina, 28906</td>
<td><a href="http://seniorcarehomes.com/memory-care/north-carolina/murphy/medical-center/">http://seniorcarehomes.com/memory-care/north-carolina/murphy/medical-center/</a></td>
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<td>Pro Motion Rehab &amp; Wellness Center</td>
<td>1787 US-64 E, Murphy, North Carolina, 28906</td>
<td><a href="http://www.promotionrehab.com/">http://www.promotionrehab.com/</a></td>
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<tr>
<td>Ralph S Kurti DDS PA</td>
<td>426 Hiwassee St, Murphy, North Carolina, 28906</td>
<td><a href="http://www.ralphkurtidds.com/">http://www.ralphkurtidds.com/</a></td>
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<tr>
<td>Sharon E. Moss, PH</td>
<td>913 Upper Peachtree Rd, Murphy, North Carolina, 28906</td>
<td><a href="http://www.ratemds.com/doctor-ratings/3071163/Dr-SHARON+E.-MOSS-Murphy-NC.html">http://www.ratemds.com/doctor-ratings/3071163/Dr-SHARON+E.-MOSS-Murphy-NC.html</a></td>
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<td>Sherry A. Bramlett, DC</td>
<td>3000 US-64 W, Murphy, North Carolina, 28906</td>
<td><a href="http://www.healthgrades.com/provider/sherry-bramlett-y7f5h">http://www.healthgrades.com/provider/sherry-bramlett-y7f5h</a></td>
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<td>Smoky Mountain Foot Clinic</td>
<td>9 Drew Taylor Rd, Murphy, North Carolina, 28906</td>
<td><a href="http://www.smokymountainfootclinic.com/">http://www.smokymountainfootclinic.com/</a></td>
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<td>Southern Smokey's Radiology</td>
<td>93 Family Church Rd, Murphy, North Carolina, 28906</td>
<td><a href="http://www.facebook.com/pages/Southern-Smokeys-Radiology/1523256631305311">http://www.facebook.com/pages/Southern-Smokeys-Radiology/1523256631305311</a></td>
</tr>
<tr>
<td>Studley Chiropractic Clinic Dr. Charles F Studley</td>
<td>1787 US-64 E, Murphy, North Carolina, 28906</td>
<td><a href="http://www.studleychiropractic.com/">http://www.studleychiropractic.com/</a></td>
</tr>
<tr>
<td>Murphy Medical Center</td>
<td>3990 E U.S. Highway 64 Alt, Murphy, NC 28906</td>
<td><a href="http://www.murphymedical.org/">http://www.murphymedical.org/</a></td>
</tr>
<tr>
<td>Peachtree Family Eye Care</td>
<td>4295 E U.S. Highway 64 Alt, Murphy, NC 28906</td>
<td><a href="http://www.familyeyecare2020.com/">http://www.familyeyecare2020.com/</a></td>
</tr>
<tr>
<td>Meridian Behavioral Health Service</td>
<td>27 Bona Vista, Marble, NC 28905</td>
<td><a href="http://meridianbhs.org/">http://meridianbhs.org/</a></td>
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</table>

**Physical Asset**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Website</th>
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<tbody>
<tr>
<td>Hiwassee Valley Pool &amp; Wellness</td>
<td>695 Connahetta St, Murphy, North Carolina, 28906</td>
<td><a href="http://www.visitcherokeecountync.com/hiwassee-valley-pool-and-wellness-center">http://www.visitcherokeecountync.com/hiwassee-valley-pool-and-wellness-center</a></td>
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**Transportation**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Website</th>
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</thead>
<tbody>
<tr>
<td>Cherokee County Transport</td>
<td>5465 US-64 E, Murphy, North Carolina, 28906</td>
<td><a href="http://www.visitcherokeecountync.com/cherokee-countytransport/">http://www.visitcherokeecountync.com/cherokee-countytransport/</a></td>
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## Churches

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>WEBSITE</th>
</tr>
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<tbody>
<tr>
<td>Downing Creek Church</td>
<td>424 Downing Creek Rd, Hayesville, NC</td>
<td><a href="https://www.facebook.com/pages/Downings-Creek-Baptist-Church/116030681752506">https://www.facebook.com/pages/Downings-Creek-Baptist-Church/116030681752506</a></td>
</tr>
<tr>
<td>Eagle Fork Church</td>
<td>Eagle Fork Rd, Hayesville, NC</td>
<td><a href="http://northcarolina.hometownlocator.com/maps/feature-map_ftc_2_fid_1010962_n.eagle%20fork%20church.cfm">http://northcarolina.hometownlocator.com/maps/feature-map_ftc_2_fid_1010962_n.eagle%20fork%20church.cfm</a></td>
</tr>
<tr>
<td>Fires Creek Church</td>
<td>14 Theron McCray Rd, Hayesville, NC</td>
<td><a href="http://www.hayesville.org/church.htm">http://www.hayesville.org/church.htm</a></td>
</tr>
<tr>
<td>Fort Hembree Baptist Church</td>
<td>34 Fort Hembree Rd, Hayesville, NC</td>
<td><a href="https://www.facebook.com/pages/Fort-Hembree-Baptist-Church/14207835843290">https://www.facebook.com/pages/Fort-Hembree-Baptist-Church/14207835843290</a></td>
</tr>
<tr>
<td>Hayesville Church</td>
<td>72 Fort Hembree Rd, Hayesville, NC</td>
<td><a href="http://www.hayesville.org/church.htm">http://www.hayesville.org/church.htm</a></td>
</tr>
<tr>
<td>Haynesville Presbyterian Church (PCUSA)</td>
<td>73 Hiawassee St, Hayesville, NC</td>
<td><a href="https://www.facebook.com/HayesvillePresbyterian/about/?ref=page_internal">https://www.facebook.com/HayesvillePresbyterian/about/?ref=page_internal</a></td>
</tr>
<tr>
<td>Hickory Stand Church</td>
<td>16 Hickory Stand Ln, Brasstown, NC</td>
<td><a href="http://www.faithstreet.com/church/hickory-stand-united-methodist-church-brasstown-nc">http://www.faithstreet.com/church/hickory-stand-united-methodist-church-brasstown-nc</a></td>
</tr>
<tr>
<td>Jenkins Church</td>
<td>Green Cove Rd, Brasstown, NC</td>
<td><a href="http://northcarolina.hometownlocator.com/maps/feature-map_ftc_2_fid_1012457_n.jenkins%20church.cfm">http://northcarolina.hometownlocator.com/maps/feature-map_ftc_2_fid_1012457_n.jenkins%20church.cfm</a></td>
</tr>
<tr>
<td>Ledford Chapel</td>
<td>78 Ledford Chapel Rd, Hayesville, NC</td>
<td><a href="http://wnccadmin.org/churchdetails.cfm?GCFA=302992">http://wnccadmin.org/churchdetails.cfm?GCFA=302992</a></td>
</tr>
<tr>
<td>Living Word Revival Center</td>
<td>1762 Highway 64 W, Hayesville, NC</td>
<td><a href="https://www.facebook.com/LivingWordRevivalCenter/about/">https://www.facebook.com/LivingWordRevivalCenter/about/</a></td>
</tr>
<tr>
<td>Martin Hill Church</td>
<td>2911 Fires Creek Rd, Hayesville, NC</td>
<td><a href="https://www.facebook.com/pages/Martin-Hill-Church/130908273621038">https://www.facebook.com/pages/Martin-Hill-Church/130908273621038</a></td>
</tr>
<tr>
<td>Meadow Grove Church</td>
<td>Meadow Grove Ln, Hayesville, NC</td>
<td><a href="http://www.meadowgrovebaptist.com/">http://www.meadowgrovebaptist.com/</a></td>
</tr>
<tr>
<td>Mission Hill Church</td>
<td>Vineyard Rd, Hayesville, NC</td>
<td><a href="http://www.missionhillradio.com/">http://www.missionhillradio.com/</a></td>
</tr>
<tr>
<td>Moss Church</td>
<td>5188 Tusquittee Rd, Hayesville, NC</td>
<td><a href="https://www.facebook.com/pages/Moss-Memorial-Baptist-Church/159955424024675">https://www.facebook.com/pages/Moss-Memorial-Baptist-Church/159955424024675</a></td>
</tr>
<tr>
<td>Mount Pleasant Church</td>
<td>50 Marvin Cabe Ln, Hayesville, NC</td>
<td><a href="http://mpbcnc.org/">http://mpbcnc.org/</a></td>
</tr>
<tr>
<td>Myers Chapel</td>
<td>Myers Chapel Rd, Hayesville, NC</td>
<td><a href="http://www.churchfinder.com/churches/nc/hayesville/">http://www.churchfinder.com/churches/nc/hayesville/</a></td>
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<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best Little Ice Cream Parlor</td>
<td>4 Yellow Jacket Dr, Hayesville, North Carolina, 28904</td>
<td><a href="https://www.facebook.com/pages/Best-Li-Corner-Burgers-Old-Fashioned-Ice-Cream-Parlor/36604250124304/">https://www.facebook.com/pages/Best-Li-Corner-Burgers-Old-Fashioned-Ice-Cream-Parlor/36604250124304/</a></td>
</tr>
<tr>
<td>Clays Corner</td>
<td>11005 Old Highway 64, Brasstown, North Carolina, 28902</td>
<td><a href="http://www.clayscorner.com/">http://www.clayscorner.com/</a></td>
</tr>
<tr>
<td>Coleman Cable Inc/ Southwire Co</td>
<td>788 Tusquittee Rd, Hayesville, North Carolina, 28904</td>
<td><a href="https://start.cortera.com/company/research/k3q9nqj8r/colemancable/">https://start.cortera.com/company/research/k3q9nqj8r/colemancable/</a></td>
</tr>
<tr>
<td>Eagle Fork Vineyards</td>
<td>8 Cedar Cliff Rd, Hayesville, North Carolina, 28904</td>
<td><a href="http://eagleforkvineyards.com/">http://eagleforkvineyards.com/</a></td>
</tr>
<tr>
<td>Granny’s Attic</td>
<td>200 Highway 64, Hayesville, North Carolina, 28904</td>
<td><a href="http://thriftstores.net/store/6727/grannys-attic/">http://thriftstores.net/store/6727/grannys-attic/</a></td>
</tr>
</tbody>
</table>
Ingles Markets 230 Highway 64, Hayesville, North Carolina, 28904 http://www.ingles-markets.com/
Jenny’s Farm LLC 1197 Carter Cove Rd, Hayesville, North Carolina, 28904 http://www.openherd.com/farms/1649/jennys-farm
Qualla Berry Farm 3274 Qualla Rd, Hayesville, North Carolina, 28904 http://www.quallaberryfarm.com/
Clay County Progress 43 Main St, Hayesville, North Carolina, 28904 http://www.claycountyprogress.com/
SMM Farms 709 Tusquittee Rd, Hayesville, NC 28904 https://www.facebook.com/SMMFarms/

**Government**

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clay County Environmental Health</td>
<td>33 Main St, Hayesville, North Carolina, 28904</td>
<td><a href="http://www.clayhdnc.us/">http://www.clayhdnc.us/</a></td>
</tr>
<tr>
<td>Clay County Health Department</td>
<td>Courthouse Dr, Hayesville, North Carolina, 28904</td>
<td><a href="http://www.clayhdnc.us/">http://www.clayhdnc.us/</a></td>
</tr>
<tr>
<td>Moss Memorial Library</td>
<td>26 Anderson St, Hayesville, North Carolina, 28904</td>
<td><a href="http://librarytechnology.org/libraries/library.pl?id=20821">http://librarytechnology.org/libraries/library.pl?id=20821</a></td>
</tr>
<tr>
<td>Clay County Sheriff's Department</td>
<td>295 Courthouse Dr, Hayesville, North Carolina, 28904</td>
<td><a href="http://www.claycountyso.org/">http://www.claycountyso.org/</a></td>
</tr>
</tbody>
</table>

**Human Services**
<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>WEBSITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clay County Food Pantry</td>
<td>2278 Hinton Center Rd, Hayesville, North Carolina, 28904</td>
<td><a href="http://www.foodpantries.org/nc-hayesville">http://www.foodpantries.org/nc-hayesville</a></td>
</tr>
<tr>
<td>Clay County Lion's Club</td>
<td>Davis Loop, Hayesville, North Carolina, 28904</td>
<td><a href="http://find.mapmuse.com/details/mapmuse/129580733/clay-county-lions-club/">http://find.mapmuse.com/details/mapmuse/129580733/clay-county-lions-club/</a></td>
</tr>
<tr>
<td>Clay County Veteran's Office</td>
<td>54 Church St, Hayesville, North Carolina, 28904</td>
<td><a href="http://clayconc.com/health-and-human-services/veterans-office/">http://clayconc.com/health-and-human-services/veterans-office/</a></td>
</tr>
<tr>
<td>De Soto Square Apartments</td>
<td>33 Ritter Rd, Hayesville, North Carolina, 28904</td>
<td><a href="http://section-8-housing.credio.com/l/12047/Desoto-Square-Apartments">http://section-8-housing.credio.com/l/12047/Desoto-Square-Apartments</a></td>
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<tr>
<td>Four Square Community Action</td>
<td>36 Davis Loop, Hayesville, North Carolina, 28904</td>
<td><a href="http://www.foursquarecommunityactioninc.com/">http://www.foursquarecommunityactioninc.com/</a></td>
</tr>
<tr>
<td>Four Square Community Headstart</td>
<td>1940 Old Highway 64 Business, Hayesville, North Carolina, 28904</td>
<td><a href="http://www.foursquarecommunityactioninc.com/">http://www.foursquarecommunityactioninc.com/</a></td>
</tr>
<tr>
<td>Matt's Ministry</td>
<td>78 Ledford Chapel Rd, Hayesville, North Carolina, 28904</td>
<td><a href="http://www.mattsmindistry.org/programs/">http://www.mattsmindistry.org/programs/</a></td>
</tr>
<tr>
<td>Meals on Wheel and Senior Center (clay)</td>
<td>2278 Hinton Center Rd, Hayesville, North Carolina, 28904</td>
<td><a href="https://meals-on-wheels.com/?gclid=CNPP8iy2oM4CFQsehg0dZjQPjA">https://meals-on-wheels.com/?gclid=CNPP8iy2oM4CFQsehg0dZjQPjA</a></td>
</tr>
<tr>
<td>New Life Women's Center</td>
<td>2293 NC-69, Hayesville, North Carolina, 28904</td>
<td><a href="https://www.facebook.com/NewLifeWomensCenter/">https://www.facebook.com/NewLifeWomensCenter/</a></td>
</tr>
<tr>
<td>Phoenix Home Health Care</td>
<td>2996 NC-69, Hayesville, North Carolina, 28904</td>
<td><a href="http://phoenixhomehc.com/">http://phoenixhomehc.com/</a></td>
</tr>
<tr>
<td>Sonja Silvers Realty Group</td>
<td>57 Main St, Hayesville, North Carolina, 28904</td>
<td><a href="http://www.sonjasilveryrealtyservices.com/">http://www.sonjasilveryrealtyservices.com/</a></td>
</tr>
<tr>
<td>Counseling Solutions of Murphy, LLP OTP</td>
<td>7540 US-64, Brasstown, NC 28902</td>
<td><a href="http://www.counselingsolutionsclinic.com/">http://www.counselingsolutionsclinic.com/</a></td>
</tr>
<tr>
<td>Mountain Streams Real Estate Inc</td>
<td>200-A1 Highway 64 Bypass W, Hayesville, NC 28904</td>
<td><a href="http://www.mtnstreams.com/">http://www.mtnstreams.com/</a></td>
</tr>
</tbody>
</table>
### Hayesville Elementary
- **Address**: 72 Elementary School Dr, Hayesville, North Carolina, 28904
- **Website**: [http://www.clayschools.org/pages/ClaySchools](http://www.clayschools.org/pages/ClaySchools)

### Hayesville High School
- **Address**: 205 Yellow Jacket Dr, Hayesville, North Carolina, 28904
- **Website**: [http://www.clayschools.org/pages/ClaySchools](http://www.clayschools.org/pages/ClaySchools)

### Hayesville Middle School
- **Address**: 135 School Dr, Hayesville, North Carolina, 28904
- **Website**: [http://www.clayschools.org/pages/ClaySchools](http://www.clayschools.org/pages/ClaySchools)

### Medical Services

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Website</th>
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<tbody>
<tr>
<td>Appalachian Community Services</td>
<td>254 Church St, Hayesville, North Carolina, 28904</td>
<td><a href="http://www.acswnc.com/">http://www.acswnc.com/</a></td>
</tr>
<tr>
<td>Fred's Pharmacy</td>
<td>808 NC-69, Hayesville, North Carolina, 28904</td>
<td><a href="https://www.fredsmeds.com/">https://www.fredsmeds.com/</a></td>
</tr>
<tr>
<td>Hughes Russell A OD</td>
<td>1091 Old US-64 W, Hayesville, North Carolina, 28904</td>
<td><a href="https://www.healthgrades.com/provider/russell-hughes-2l2q2">https://www.healthgrades.com/provider/russell-hughes-2l2q2</a></td>
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Physical Asset

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<tr>
<th>NAME</th>
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<tbody>
<tr>
<td>Brasstown Community Civic Center</td>
<td>255 Settawig Rd, Brasstown, NC 28902</td>
<td><a href="http://brasstowncommunitycenter.org/calendar-of-events">http://brasstowncommunitycenter.org/calendar-of-events</a></td>
</tr>
<tr>
<td>Chatuge Shores Golf Course</td>
<td>260 Golf Course Rd, Hayesville, NC 28904</td>
<td><a href="http://www.chatugeshoresgolf.com/">http://www.chatugeshoresgolf.com/</a></td>
</tr>
<tr>
<td>Clay County Community Garden</td>
<td>Anderson St, Hayesville, NC 28904</td>
<td><a href="http://www.nccgp.org/garden_directory/information/clay-county-community-garden">http://www.nccgp.org/garden_directory/information/clay-county-community-garden</a></td>
</tr>
<tr>
<td>Hinton Rural Life Center</td>
<td>2330 Hinton Center Rd, Hayesville, NC 28904</td>
<td><a href="https://www.hintoncenter.org/">https://www.hintoncenter.org/</a></td>
</tr>
<tr>
<td>Peacock Performing Arts Center</td>
<td>301 Church St, Hayesville, NC 28904</td>
<td><a href="https://www.facebook.com/PeacockPlayhouse">https://www.facebook.com/PeacockPlayhouse</a></td>
</tr>
<tr>
<td>The Ridges Golf Club</td>
<td>1665 Mountain Harbour Dr, Hayesville, NC 28904</td>
<td><a href="https://www.facebook.com/TheRidgesGolfClub">https://www.facebook.com/TheRidgesGolfClub</a></td>
</tr>
<tr>
<td>Clay Recreation Center</td>
<td>333 Ball Park Drive, Hayesville, NC 28904</td>
<td><a href="http://clayconc.com/recreation/recreation-campground/">http://clayconc.com/recreation/recreation-campground/</a></td>
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Transportation

<table>
<thead>
<tr>
<th>NAME</th>
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<tbody>
<tr>
<td>Clay County Transit</td>
<td>Courthouse Dr, Hayesville, NC 28904</td>
<td><a href="http://clayconc.com/city-offices/clay-county-transportation/">http://clayconc.com/city-offices/clay-county-transportation/</a></td>
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<tr>
<td>Clay County Transportation</td>
<td>Courthouse Dr, Hayesville, NC 28904</td>
<td><a href="http://claycountytransportation.com/">http://claycountytransportation.com/</a></td>
</tr>
<tr>
<td>Department</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tusquittee Cab</td>
<td>557 Peckerwood Rd, Hayesville, NC 28904</td>
<td><a href="http://www.ypsouth.com/b/hayesville-nc/565c4884e4b0a0ed3900b5ac">http://www.ypsouth.com/b/hayesville-nc/565c4884e4b0a0ed3900b5ac</a></td>
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Other County

Churches
<table>
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<tr>
<th><strong>NAME</strong></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Pleasant Hill Church</td>
<td>142 Pleasant Hill Rd, Franklin, North Carolina, 28734</td>
<td><a href="https://www.facebook.com/pleasanthillbaptistchurchfranklinnc/?fref=11638298872168">https://www.facebook.com/pleasanthillbaptistchurchfranklinnc/?fref=11638298872168</a></td>
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**Economy**

<table>
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<tr>
<th><strong>NAME</strong></th>
<th><strong>ADDRESS</strong></th>
<th><strong>WEBSITE</strong></th>
</tr>
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<tbody>
<tr>
<td>Reece Farm &amp; Heritage Center</td>
<td>8552 Gainesville Hwy, Blairsville, Georgia, 30512</td>
<td><a href="https://reecefarm.org/">https://reecefarm.org/</a></td>
</tr>
<tr>
<td>The Duke Endowment</td>
<td>800 E Morehead St, Charlotte, North Carolina, 28202</td>
<td><a href="http://dukeendowment.org/">http://dukeendowment.org/</a></td>
</tr>
<tr>
<td>Fieldstone Conference Center</td>
<td>3174 Salem Rd, Conyers, Georgia, 30013</td>
<td><a href="http://www.facebook.com/pages/Fieldstone-Conference-Center/11369281988828">http://www.facebook.com/pages/Fieldstone-Conference-Center/11369281988828</a></td>
</tr>
<tr>
<td>Harrah's Casino Resort</td>
<td>777 Casino Dr, Cherokee, NC 28906</td>
<td><a href="http://www.caesars.com/harrahs-cherokee-valley-river">http://www.caesars.com/harrahs-cherokee-valley-river</a></td>
</tr>
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</table>

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</tr>
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<tbody>
<tr>
<td>Graham County Library</td>
<td>80 Knight St, Robbinsville, North Carolina, 28771</td>
<td><a href="http://www.youseemore.com/nantahala/directory.asp">http://www.youseemore.com/nantahala/directory.asp</a></td>
</tr>
<tr>
<td>Juvenile Justice Department</td>
<td>148 W Tugalo St, Toccoa, Georgia, 30577</td>
<td><a href="http://www.djj.state.ga.us/">http://www.djj.state.ga.us/</a></td>
</tr>
<tr>
<td>Union County Schools</td>
<td>400 N Church St, Monroe, North Carolina, 28112</td>
<td><a href="http://www.ucps.k12.nc.us/">http://www.ucps.k12.nc.us/</a></td>
</tr>
</tbody>
</table>

**Human Services**

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<tr>
<th><strong>NAME</strong></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Jackson County Family Resource Center</td>
<td>1528 Webster Rd, Webster, North Carolina, 28779</td>
<td><a href="http://main.nc.us/jackson/famres.htm">http://main.nc.us/jackson/famres.htm</a></td>
</tr>
<tr>
<td>MANNA Foodbank</td>
<td>627 Swannanoa River Rd, Asheville, North Carolina, 28805</td>
<td><a href="https://www.mannafoodbank.org/">https://www.mannafoodbank.org/</a></td>
</tr>
<tr>
<td>Smokey Mountain Center</td>
<td>44 Bonnie Ln, Sylva, North Carolina, 28779</td>
<td><a href="http://www.smokymountaincenter.com/">http://www.smokymountaincenter.com/</a></td>
</tr>
<tr>
<td>New Hope Counseling of Blairsville</td>
<td>76 Hunt Martin St, Blairsville, Georgia, 30512</td>
<td><a href="http://www.newhopecounselingofblairsville.com/">http://www.newhopecounselingofblairsville.com/</a></td>
</tr>
<tr>
<td>Parents as Teachers/Family Resource Center</td>
<td>851 Case St, Hendersonville, North Carolina, 28792</td>
<td><a href="http://www.childrenandfamily.org/contact-us/">http://www.childrenandfamily.org/contact-us/</a></td>
</tr>
<tr>
<td>Region A Partnership for Children</td>
<td>116 Jackson St, Sylva, North Carolina, 28779</td>
<td><a href="http://regionakids.org/">http://regionakids.org/</a></td>
</tr>
<tr>
<td>Safe</td>
<td>Wellborn St, Blairsville, Georgia, 30512</td>
<td><a href="http://www.safeservices.org/">http://www.safeservices.org/</a></td>
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<tr>
<td>Table of Grace</td>
<td>310 W Church St, Cherryville, North Carolina, 28021</td>
<td><a href="http://www.stjohnscherryville.com/table-of-grace.html">http://www.stjohnscherryville.com/table-of-grace.html</a></td>
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## Medical Services

<table>
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<tr>
<th>NAME</th>
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<tbody>
<tr>
<td>Beil Chiropractic Center of Blairsville</td>
<td>23 Dyer Rdg, Blairsville, Georgia, 30512</td>
<td><a href="https://www.facebook.com/Dr-Floyd-M-Beil-Chiropractor-30465222927095/">https://www.facebook.com/Dr-Floyd-M-Beil-Chiropractor-30465222927095/</a></td>
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<tr>
<td>North Georgia Family Medicine</td>
<td>123 Weaver Rd, Blairsville, Georgia, 30512</td>
<td><a href="http://www.northgeorgiafamilymedicine.com/">http://www.northgeorgiafamilymedicine.com/</a></td>
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<tr>
<td>Rite Aid</td>
<td>363 Blue Ridge St, Blairsville, Georgia, 30512</td>
<td><a href="https://www.riteaid.com/store-details?storeNumber=3778">https://www.riteaid.com/store-details?storeNumber=3778</a></td>
</tr>
<tr>
<td>Rite Aid</td>
<td>36 Sunrise Park, Sylva, North Carolina, 28779</td>
<td><a href="https://www.riteaid.com/store-details?storeNumber=3778">https://www.riteaid.com/store-details?storeNumber=3778</a></td>
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<tr>
<td>Smart Pharmacy</td>
<td>10 W Palmer St, Franklin, North Carolina, 28734</td>
<td><a href="http://www.smartpharmacyllc.com/">http://www.smartpharmacyllc.com/</a></td>
</tr>
<tr>
<td>Union General Hospital</td>
<td>35 Hospital Way, Blairsville, Georgia, 30512</td>
<td><a href="http://www.uniongeneralhospital.com/">http://www.uniongeneralhospital.com/</a></td>
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## Churches

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<tr>
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<tr>
<td>Bell Scene Church</td>
<td>2458 Upper Bell Creek Rd, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.faithstreet.com/church/bell-scene-baptist-church-hiawassee-ga">http://www.faithstreet.com/church/bell-scene-baptist-church-hiawassee-ga</a></td>
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<tr>
<td>Cornerstone Baptist Church</td>
<td>163 Crane Creek Rd, Young Harris, Georgia, 30582</td>
<td><a href="http://www.cornerstonenc.org/">http://www.cornerstonenc.org/</a></td>
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<tr>
<td>Deliverance Church</td>
<td>Bugsuffle Rd, Hiawassee, Georgia, 30546</td>
<td><a href="http://georgia.hometownlocator.com/maps/feature-map.ftc.2,fid.330578.n.deliverance%20church.cfm">http://georgia.hometownlocator.com/maps/feature-map.ftc.2,fid.330578.n.deliverance%20church.cfm</a></td>
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<tr>
<td>Enoh Church</td>
<td>3455 Fodder Creek Rd, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.faithstreet.com/church/enotah-baptist-church-hiawassee-ga">http://www.faithstreet.com/church/enotah-baptist-church-hiawassee-ga</a></td>
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<tr>
<td>Hiawassee Methodist Church</td>
<td>1139 US-76, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.hiawasseeumc.org/">http://www.hiawasseeumc.org/</a></td>
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<tr>
<td>Hiwassee Church</td>
<td>Wood St, Hiawassee, Georgia, 30546</td>
<td><a href="http://mapstreetdata.com/Street/Georgia/Hiawassee/Wood_Sfreet">http://mapstreetdata.com/Street/Georgia/Hiawassee/Wood_Sfreet</a></td>
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<td>Lower Bell Creek Church</td>
<td>Lower Bell Creek Rd, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.sharefaith.com/guide/church-directory/georgia/towns-county/hiawassee/lower-bell-creek-church.html">http://www.sharefaith.com/guide/church-directory/georgia/towns-county/hiawassee/lower-bell-creek-church.html</a></td>
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<tr>
<td>Lower Hightower Church</td>
<td>3498 Swallows Creek Rd, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.faithstreet.com/church/lower-hightower-baptist-church-hiawassee-ga">http://www.faithstreet.com/church/lower-hightower-baptist-church-hiawassee-ga</a></td>
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<tr>
<td>Macedonia Church</td>
<td>1675 US-76, Hiawassee, Georgia, 30546</td>
<td><a href="http://mbchiawassee.org/">http://mbchiawassee.org/</a></td>
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<tr>
<td>Many Forks Church</td>
<td>Many Forks Rd, Young Harris, Georgia, 30582</td>
<td><a href="https://www.facebook.com/pages/Many-Forks-">https://www.facebook.com/pages/Many-Forks-</a></td>
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<tr>
<td>NAME</td>
<td>ADDRESS</td>
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<td>McConnell Church</td>
<td>84 Church St, Hiawassee, Georgia, 30546</td>
<td><a href="http://mcconnellchurch.org/">http://mcconnellchurch.org/</a></td>
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<tr>
<td>Mount Zion Church</td>
<td>6288 GA-17, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.mtzionjasper.org/home.html">http://www.mtzionjasper.org/home.html</a></td>
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<tr>
<td>Old Union Church</td>
<td>1722 Old Union Church Rd, Young Harris, Georgia, 30582</td>
<td><a href="https://www.facebook.com/OldUnionBaptistChurch">https://www.facebook.com/OldUnionBaptistChurch</a></td>
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<tr>
<td>Sharp Hill United Methodist Church</td>
<td>Duckworth Dr, Young Harris, Georgia, 30582</td>
<td><a href="http://www.sharefaith.com/guide/church-directory/georgia/towns-county/young-harris/sharp-hill-united-methodist-church.html">http://www.sharefaith.com/guide/church-directory/georgia/towns-county/young-harris/sharp-hill-united-methodist-church.html</a></td>
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<tr>
<td>Union Hill Church</td>
<td>457 Sunnyside Rd, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.unionhillumc.org/">http://www.unionhillumc.org/</a></td>
</tr>
<tr>
<td>Upper Bell Church</td>
<td>Upper Bell Creek Rd, Hiawassee, Georgia, 30546</td>
<td><a href="https://www.facebook.com/pages/Upper-Bell-Church/152246738119016">https://www.facebook.com/pages/Upper-Bell-Church/152246738119016</a></td>
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<tr>
<td>Victory Church</td>
<td>Crooked Creek Rd, Young Harris, Georgia, 30582</td>
<td><a href="http://www.bizapedia.com/ga/VICTORY-BAPTIST-CHURCH-OF-HWY-339-TOWNS-COUNTY-INC.html">http://www.bizapedia.com/ga/VICTORY-BAPTIST-CHURCH-OF-HWY-339-TOWNS-COUNTY-INC.html</a></td>
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<tr>
<td>West Union Church</td>
<td>W Union Rd, Young Harris, Georgia, 30582</td>
<td><a href="http://www.churchangel.com/church/West-Union-Baptist-Church-65753.htm">http://www.churchangel.com/church/West-Union-Baptist-Church-65753.htm</a></td>
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<tr>
<td>Woods Grove Church</td>
<td>2224 GA-17, Young Harris, Georgia, 30582</td>
<td><a href="http://www.facebook.com/Woods-Grove-Baptist-Church-107912095929094/">http://www.facebook.com/Woods-Grove-Baptist-Church-107912095929094/</a></td>
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**Economy**

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<tr>
<th>NAME</th>
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<tr>
<td>Bacchus Wine Shoppe &amp; Bacchus Beer and Growlers</td>
<td>355 N Main St, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.bacchusbeerandgrowlers.com/">http://www.bacchusbeerandgrowlers.com/</a></td>
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<tr>
<td>Blue Ridge Mountain EMC</td>
<td>875 Main St, Young Harris, Georgia, 30582</td>
<td><a href="http://www.brmemc.com/">http://www.brmemc.com/</a></td>
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<tr>
<td>Crane Creek Vineyards</td>
<td>916 Crane Creek Rd, Young Harris, Georgia, 30582</td>
<td><a href="http://www.cranecreekvineyards.com/">http://www.cranecreekvineyards.com/</a></td>
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<tr>
<td>Dyer's Trout Farm</td>
<td>2920 GA-17, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.facebook.com/pages/Dyers-Trout-Farm/584826954945927">http://www.facebook.com/pages/Dyers-Trout-Farm/584826954945927</a></td>
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<td>Heavenly Bake Shop</td>
<td>1615 GA-17, Young Harris, Georgia, 30582</td>
<td><a href="http://www.heavenlybakeshop.com/">http://www.heavenlybakeshop.com/</a></td>
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<tr>
<td>Hightower Creek Vineyards</td>
<td>7150 Canaan Dr, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.hightowercreekvineyards.com/">http://www.hightowercreekvineyards.com/</a></td>
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<tr>
<td>Humane Society's Mountain Thrift Store</td>
<td>536 Bell Creek Rd, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.humanesocietymountainshelter.org/thriftstore.html">http://www.humanesocietymountainshelter.org/thriftstore.html</a></td>
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<tr>
<td>Ingles Market</td>
<td>94 N Main St, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.ingles-markets.com/">http://www.ingles-markets.com/</a></td>
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<td>Pink Ribbon Thrift Shop</td>
<td>586 Bell Creek Rd, Hiawassee, Georgia, 30546</td>
<td><a href="https://foursquare.com/v/pink-ribbon-thrift-shop/4fb13d7be4b057918b96b726">https://foursquare.com/v/pink-ribbon-thrift-shop/4fb13d7be4b057918b96b726</a></td>
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<td>Save-A-Lot</td>
<td>236 N Main St, Hiawassee, Georgia, 30546</td>
<td><a href="http://save-a-lot.com/stores/24948">http://save-a-lot.com/stores/24948</a></td>
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<tr>
<td>Name</td>
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<td>Veterans of Foreign Wars Thrift Store</td>
<td>75 Lakeview Cir, Hiawassee, Georgia, 30546</td>
<td><a href="https://www.facebook.com/pages/Veterans-Of-Foreign-Wars-Thrift-Store/36631769083944">https://www.facebook.com/pages/Veterans-Of-Foreign-Wars-Thrift-Store/36631769083944</a></td>
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<tr>
<td>Towns County Herald</td>
<td>446 N Main St, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.townscountyherald.net/">http://www.townscountyherald.net/</a></td>
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<td><strong>Government</strong></td>
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<td>Family Connection (Towns)</td>
<td>1400 US-76 E, Hiawassee, Georgia, 30546</td>
<td><a href="http://towns.gafcp.org/">http://towns.gafcp.org/</a></td>
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<tr>
<td>Towns Sole Commissioner</td>
<td>48 River St, Hiawassee, Georgia, 30546</td>
<td><a href="http://mountaintopga.chambermaster.com/list/member/towns-county-commissioner-289">http://mountaintopga.chambermaster.com/list/member/towns-county-commissioner-289</a></td>
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<tr>
<td>Towns County Health Department</td>
<td>1104 Jack Dayton Cir, Young Harris, Georgia, 30582</td>
<td><a href="http://phdistrict2.org/?page_id=622">http://phdistrict2.org/?page_id=622</a></td>
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<td><strong>Human Services</strong></td>
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<td>Habitat For Humanity</td>
<td>7693 US-76, Young Harris, Georgia, 30582</td>
<td><a href="http://www.townsunionhabitat.org/content/restore-shop">http://www.townsunionhabitat.org/content/restore-shop</a></td>
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<tr>
<td>Ninth District Opportunity Inc</td>
<td>1294 Jack Dayton Cir, Young Harris, Georgia, 30582</td>
<td><a href="http://www.ndo.org/web/towns.html">http://www.ndo.org/web/towns.html</a></td>
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<tr>
<td>OIS Student Housing</td>
<td>200 Cypress Dr, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.manta.com/c/mtrcvz9/o-i-s-student-housing">http://www.manta.com/c/mtrcvz9/o-i-s-student-housing</a></td>
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<tr>
<td>Scenic Realty</td>
<td>3680 US-76, Young Harris, Georgia, 30582</td>
<td><a href="https://www.scenic21.com/">https://www.scenic21.com/</a></td>
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<tr>
<td>Top of Georgia Hostel &amp; Hiking Center</td>
<td>7675 Highway 76 E, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.topofgeorgiahostel.com/">http://www.topofgeorgiahostel.com/</a></td>
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<tr>
<td>Towns County Child Abuse</td>
<td>456 N Main St, Hiawassee, Georgia, 30546</td>
<td><a href="http://dfcs.dhs.georgia.gov/towns-county-dfcs-office">http://dfcs.dhs.georgia.gov/towns-county-dfcs-office</a></td>
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<td>Towns County Child Development</td>
<td>1112 Jack Dayton Cir, Young Harris, Georgia, 30582</td>
<td><a href="http://childcarecenter.us/provider_detail/towns_county_child_development_hiawassee.ga">http://childcarecenter.us/provider_detail/towns_county_child_development_hiawassee.ga</a></td>
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<td>Food Pantry (towns)</td>
<td>1294 Jack Daton Cir, Hiawassee, GA 30546</td>
<td><a href="https://www.facebook.com/Towns-County-Food-Pantry-119041594773737/">https://www.facebook.com/Towns-County-Food-Pantry-119041594773737/</a></td>
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<td><strong>Institutions</strong></td>
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<tr>
<td>Center of Appalachian Studies (YHC) &amp; Community Engagement</td>
<td>1 College St, Young Harris, Georgia, 30582</td>
<td><a href="http://www.yhc.edu/">http://www.yhc.edu/</a></td>
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<tr>
<td>Towns County Elementary School</td>
<td>1150 Konahetah Rd, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.towns.k12.ga.us/tcs/schools/tces.htm">http://www.towns.k12.ga.us/tcs/schools/tces.htm</a></td>
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## Medical Services

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<tr>
<td>Absolute Dental Lab</td>
<td>16 W Bell St, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.yellowpages.com/hiaawassee-ga/mip/absolute-dental-lab-9100318">http://www.yellowpages.com/hiaawassee-ga/mip/absolute-dental-lab-9100318</a></td>
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<td>Advanced Spinal Correction</td>
<td>1615 GA-17, Young Harris, Georgia, 30582</td>
<td><a href="http://advancedspinalcorrection.com/">http://advancedspinalcorrection.com/</a></td>
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<tr>
<td>BenchMark Physical Therapy - Young Harris</td>
<td>1615 GA-17, Young Harris, Georgia, 30582</td>
<td><a href="http://bmrp.com/benchmarkpt/locations/ga-young-harris/">http://bmrp.com/benchmarkpt/locations/ga-young-harris/</a></td>
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<tr>
<td>CareSouth Health System Inc</td>
<td>584 Bell Creek Rd, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.manta.com/c/mx4420y/caresouth-health-system-inc">http://www.manta.com/c/mx4420y/caresouth-health-system-inc</a></td>
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<td>Chatuge Family Care</td>
<td>103 Church St, Hiawassee, Georgia, 30546</td>
<td><a href="http://doctor.webmd.com/doctor/lindsay-patterson-md-2785a76b-9343-4b13-a3e8-8ebea3082e80-overview">http://doctor.webmd.com/doctor/lindsay-patterson-md-2785a76b-9343-4b13-a3e8-8ebea3082e80-overview</a></td>
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<tr>
<td>Chatuge Regional Hospital</td>
<td>110 S Main St, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.uniongeneralthospital.com/our-facilities/chatuge-regional-hospital">http://www.uniongeneralthospital.com/our-facilities/chatuge-regional-hospital</a></td>
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<tr>
<td>Clint L Ledford, PharmD</td>
<td>226 N Main St, Hiawassee, Georgia, 30546</td>
<td><a href="https://www.facebook.com/pages/Clint-L-Ledford-PharmD/421336111399320">https://www.facebook.com/pages/Clint-L-Ledford-PharmD/421336111399320</a></td>
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<tr>
<td>Dentist at Worthy Family Dentistry, P.C.</td>
<td>19 S Main St, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.worthyfamilydentistry.com/">http://www.worthyfamilydentistry.com/</a></td>
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<tr>
<td>Dr. Samuel L. Church, MD</td>
<td>120 River St, Hiawassee, Georgia, 30546</td>
<td><a href="http://health.usnews.com/doctors/samuel-church-238194">http://health.usnews.com/doctors/samuel-church-238194</a></td>
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<tr>
<td>Edwards Medical Practice: Edwards Tracy L MD</td>
<td>129 S Main St, Hiawassee, Georgia, 30546</td>
<td><a href="http://doctor.webmd.com/doctor/tracy-edwards-md-f8111ad8-9d38-4ce9-aacbc7-5863da9c8a0-overview">http://doctor.webmd.com/doctor/tracy-edwards-md-f8111ad8-9d38-4ce9-aacbc7-5863da9c8a0-overview</a></td>
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<td>Emory Heart &amp; Vascular Center at Hiawassee</td>
<td>110 S Main St, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.emoryhealthcare.org/heart-center-atlanta/locations/heart-center-hiawassee.html">http://www.emoryhealthcare.org/heart-center-atlanta/locations/heart-center-hiawassee.html</a></td>
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<td>Fred's Store</td>
<td>460 N Main St, Hiawassee, Georgia, 30546</td>
<td><a href="https://www.fredsinc.com/">https://www.fredsinc.com/</a></td>
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<td>GA, 30582</td>
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<td>GA Mt Fair</td>
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<td>Georgia Mountain Storytelling Festival (YHC)</td>
<td>Georgia Mountain Storytelling Festival (YHC)</td>
<td>1 College St, Young Harris,</td>
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<td>GA, 30582</td>
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<td>GA, 30546</td>
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<tr>
<td><strong>Hiawasse River: Recreation Area</strong></td>
<td>15 Cabin Dr, Hiawassee, Georgia, 30546</td>
<td><a href="http://hiawasseecabins.com/">http://hiawasseecabins.com/</a></td>
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<tr>
<td><strong>Town County Senior Center</strong></td>
<td>954 N Main St, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.townscountyga.org/senior-center.html">http://www.townscountyga.org/senior-center.html</a></td>
</tr>
<tr>
<td><strong>Towns Recreational/Conference Center</strong></td>
<td>150 Foster Park Rd, Young Harris, GA 30582</td>
<td><a href="http://www.townscountyga.org/recreation---conference-center.html">http://www.townscountyga.org/recreation---conference-center.html</a></td>
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### Transportation

<table>
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<th><strong>NAME</strong></th>
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<th><strong>WEBSITE</strong></th>
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<tbody>
<tr>
<td>Affordable Taxi</td>
<td>1569 Bell Gap Rd, Hiawassee, Georgia, 30546</td>
<td><a href="https://www.facebook.com/AffordableTaxiInc/">https://www.facebook.com/AffordableTaxiInc/</a></td>
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<tr>
<td>Astheris Shuttle Co.</td>
<td>1 College St, Young Harris, Georgia, 30582</td>
<td><a href="https://www.facebook.com/AsthersShuttle/">https://www.facebook.com/AsthersShuttle/</a></td>
</tr>
<tr>
<td>M &amp; M Auto Transport Inc</td>
<td>7313 Thomason Rd, Young Harris, Georgia, 30582</td>
<td><a href="http://www.manta.com/c/mm4pIsw/m-m-auto-transport-inc">http://www.manta.com/c/mm4pIsw/m-m-auto-transport-inc</a></td>
</tr>
<tr>
<td>Towns County Transport System</td>
<td>48 River St, Hiawassee, Georgia, 30546</td>
<td><a href="http://www.townscountyga.org/transit.html">http://www.townscountyga.org/transit.html</a></td>
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Western NC Needs Assessment

Q1 How old are you? __________

Q2 What is your highest education? ____________________________

Q3 What is your employment status?
   A) Full time
   B) Part time
   C) Seasonal Employment
   D) Unemployed, currently looking
   E) Unemployed, not looking for work
   F) Not working, disabled
   G) Not working, retired
   H) Not working, homemaker
   I) Not working, other

Q4 If you are unemployed, please list the reason: __________________________________________________________________________________________

Q5 Would you like help with these job related activities? (Check all that apply)
   A) Career assessment
   B) Career/job training
   C) Job search strategies
   D) Job Interviewing skills
   E) Resume writing
   F) Career Information options
   G) Work clothes
   H) None

Q6 Do you have reliable telephone access?
   A) Yes
   B) No

Q7 Do you have access to the Internet?
   A) No
   B) Yes, at home
   C) Yes, at work
   D) Yes, at the library
   E) Yes, at a friend’s home
   F) Yes, at a family member’s home
   G) Yes, at Other

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

Q9 What is your housing status?
   A) Own
   B) Rent
   C) Staying with friends or family
   D) Homeless - streets/car
   E) Homeless - shelter
   F) Homeless - temporary housing
   G) Hotel/motel
   H) Nursing/long term care
   I) Assisted living
   J) Group home
   K) Halfway house
   L) 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?
   A  Single mom
   B  Single dad
   C  Two parents
   D  Raising own children & children of others
   E  Raising children of other family members (grandparent, aunt, etc.)
   F  Raising someone else's children, not family
   G  Foster parents
   H  Shared custody
   I  No children, other dependents

Q13 What kind of child care (or dependent care) help do you need?
   A  Daycare center
   B  Before/after school care
   C  Care for child with special needs
   D  Evening hours due to work shift schedule
   E  Other (please specify) ________________

Q14 Are you caring for adult children or adult dependents including seniors? (Due to mental or physical disability)
   A  No
   B  Yes

Q15 Who provides care for the adult children or adult dependents? (Check all that apply)
   A  Self
   B  Friends
   C  Family
   D  Church
   E  Daycare
   F  Have to leave elder/senior alone
   G  Able to stay home alone
   H  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)
   A  Cable/Satellite TV
   B  Car/Transportation
   C  Child Care
   D  Child Support
   E  Credit Cards
   F  Food
   G  Gasoline
   H  Insurance
   I  Internet
   J  Loans
   K  Loans - Payday
   L  Loans - School
   M  Medical
   N  Mortgage
   O  Phone - Cell
   P  Phone - House
   Q  Rent
   R  Utilities
   S  None
   T  Other (please specify) ________________
Q19 Do you have any of the following housing related needs? (Check all that apply)
   A Home not safe-structure
   B Housing not affordable
   C Furniture or household goods
   D Handicap access or modification
   E Mortgage or rent assistance
   F Other medical accommodations
   G Pet friendly environment
   H Repairs
   I Utility assistance
   J Neighborhood not safe
   K NONE
   L Other (please specify) ____________________

Q20 How do you get around?
   A Walk
   B Bike
   C Scooter
   D Motorcycle
   E Personal car/truck
   F Friends’ car/truck
   G Cab
   H Bus
   I Pay other people
   J Other (please specify) ____________________

Q21 Have you ever lost a job due to (Check all that apply):
   A Transportation issues
   B Lack of childcare
   C Position abolished
   D Plant or company closed or moved
   E Hours cut
   F Personal health/ illness/ injury
   G Family health/ illness
   H Work-related injury
   I Pregnancy
   J Lack of advancement opportunity
   K Other (please specify) ____________________

Q22 Do you or someone in your household have any of these health care needs? (Check all that apply)
   A AIDS/HIV risk
   B Child diagnosed with disability
   C Dental care
   D Diabetes
   E Eye/vision care
   F General Medical care
   G Hearing care
   H Heart Disease
   I Hypertension
   J Medical equipment
   K Mental Health care
   L Prescription medication ($ for)
   M Prosthesis
   N Pulmonary Disease (COPD, Emphysema, Asthma)
   O STD's (Sexually Transmitted Diseases)
   P Substance abuse treatment
   Q Teen pregnancy
   R Transportation to appointments
   S Sleep problems
   T NONE
   U Other (please specify) ____________________
Q23 Are you in need of help with any of these things: (Check all that apply)
   A Alcohol use
   B Drug use
   C Anger control
   D Caregiver support
   E Couples communication
   F Depression
   G Disability counseling
   H Elder abuse
   I Family conflicts
   J Making decisions/problem solving
   K Parenting classes
   L Personal problems
   M Planning for the future/Goal setting
   N Post-Traumatic Stress Disorder (PTSD)
   O Self-esteem
   P Spousal abuse
   Q Child abuse
   R Thoughts of suicide (in the past 6 months)
   S Trauma
   T Victimization
   U NONE
   V Other (please specify) ____________________

Q24 Does everyone in your household have health insurance or other health care coverage?
   A Yes, everyone is covered
   B Some in household do not have insurance
   C No one in household has coverage

Q25 If you are a US veteran, are you receiving veteran's benefits?
   A Yes, receiving benefits
   B No, not receiving benefits
   C 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)
   A American Indian or Alaska Native
   B Asian
   C Black or African American
   D Native Hawaiian or Other Pacific Islander
   E Non-Hispanic White or European American
   F Latino or Hispanic American

Q28 What language do you speak at home? (Check all that apply)
   A English
   B Spanish
   C Other (please specify) ____________________

What have we not asked you about that you feel is important?
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
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: ☒ X ☑

1. What is your sex:  Male ☑  Female ☐
2. In what year were you born? __________________________
3. What is your race or ethnicity? __________________________

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Neither Disagree nor Agree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I was comfortable sharing my perspective in this group setting</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2. I felt free to express my own opinions</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>3. I felt others were open to what I had to say</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>4. I had things to say which I kept to myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5. I felt others dominated the discussion</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>6. I felt awkward sharing in front of the group</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>7. There were uncomfortable moments during the focus group</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>8. I was happy to participate in this research</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>9. I could have said more than I did</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>10. I feel more comfortable in same-sex groups</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>11. I felt there were too many people in the group</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>12. I will participate in a future focus group</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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</tbody>
</table>
What are the most important causes of poverty in your community?
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

What is the most effective resource for addressing poverty in your community?
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

What services for addressing poverty are missing in your community?
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________