

Cherokee County

**Needs And Solutions Advisory Committee
(NASA)**

January, 2024

Report

Introduction:

The Cherokee County Board of Commissioners established the Cherokee County Needs and Solutions Advisory Committee (NASA) to identify the needs and challenges facing the citizens of Cherokee County and to develop possible solutions to fulfill such needs and solve such problems facing Cherokee County. The NASA Committee is to study, receive public input, develop and present priorities, needs and proposed solutions to the Cherokee County Board of Commissioners for its consideration.

Cherokee County solicited committee candidate applications in January, 2023 and selected committee members in February, 2023. The initial NASA Committee orientation was conducted March 16, 2023. The names of NASA Committee members are included on page 10.

The following report presents the NASA Committee's approach to identifying needs, findings, recommendations and proposed next steps.

Committee's Approach to Identifying Needs:

The NASA committee has attempted to assess root issues that impede healthy growth that can facilitate economic stability to provide the necessary funding for crucial county services, gathering public input from each community. This report is focused on the needs NASA recommends Cherokee County focus on, and if agreeable, NASA will pursue those needs and recommend solutions in its subsequent report.

The committee initiated the following actions to identify needs within the County.

1. Engaging community leaders to address specific topics such as Infrastructure, Community & Housing, and Economic Development, as well as soliciting and allowing public input at meetings on these topics.

2. Implementing a community outreach initiative enabling greater resident accessibility to attend and participate in monthly NASA meetings. To date the committee has conducted meetings in the following towns and communities:

a. Towns of

1. Murphy (March 16 and 18)
2. Andrews (April 11)

b. Communities of

1. Hiwassee Dam (May 9)
2. Texana (June 13)
3. Bellview (July 11)
4. Unaka (August 8)
5. Ranger (September 12)
6. Culberson (October 10)
7. Peachtree (November 14)

c. Future schedule:

1. Wolf Creek / Hot House (TBD)
2. Martins Creek (TBD)

3. Committee members have individually reached out to county residents and organizations for direct discussions. Including:

- Homeless shelter
- Vaya Behavioral Health LME
- Housing Continuum
- Local faith leaders
- Economic Development office at TCCC
- Cherokee County School Board
- Leaders of local utilities and government entities such as DOT

County Needs Identified to date:

NASA's efforts to date have focused on identifying needs to be addressed. While not comprehensive, the following list of needs were recurrent themes in each meeting the committee held in various communities thus far, as well as in conversations with leaders and taxpayers in the community.

Infrastructure

Internet:

The Benton Institute for Broadband and Society say, “North Carolina’s rural population is larger than that of any other state except Texas. More than 4 million people live in rural North Carolina. Over the last 10 years, the population of 18- to 64-year-olds living in these areas has been decreasing, and the population of adults 65 and older is steadily increasing. In addition to these demographic changes, rural North Carolina communities face challenges related to workforce development, capital access, infrastructure, health, land use, and environment and community preservation.” Outside of the two major towns in Cherokee County, broadband infrastructure is weak for such a large area Cherokee County is approximately square miles. That’s significant when trying to serve the most rural in our county.

The most underserved communities are Wolf Creek, Unaka, Topton, Hiwassee Dam and Bellview. All of those same communities are lacking in affordable housing, rapid emergency services, broadband and road repairs. The NASA committee visited Bellview, Texana, Hiwassee Dam, and Murphy. In every community, the issues of broadband and affordable housing were pervasive and pressing. Access to affordable, high-quality broadband opens up a lot of possibilities for rural areas, allowing residents to do homework and pursue degrees, receive telehealth, and open small businesses. But a lot of Local Exchange Carriers/LECs and internet service providers aren’t investing in networks in those rural areas because it doesn’t make financial business sense because there is no return on investment.

North Carolina’s digital divide Access to a consistent, high-speed broadband connection is a service that many in North Carolina, especially in rural areas, don’t have. At least 1.1 million residents in North Carolina are affected by the digital divide. Over 122,000 (4%) of urban households and 43,000 (35%) of rural households in rural areas do not have adequate infrastructure. At least 620,000 North Carolinians do not have access to infrastructure for internet speeds of at least 25/3 Mbps. In Cherokee County, well over 1800 residents are under served. Covid really exposed the drastic need for improvements in broadband infrastructure in rural North Carolina.

On August 31, 2023, Blue Ridge Mountain EMC (BRMEMC) was awarded \$5,250,000 in funding through the Growing Rural Economies with Access to Technology (GREAT) Grant program as part of North Carolina Gov. Roy Cooper’s plan to invest nearly \$2 billion in federal and state funds to close the digital divide in North Carolina. The GREAT Grant program provides matching grants to internet service providers and electric membership cooperatives that partner with individual N.C. counties to compete for funding to expand high-speed internet service to unserved areas of the state. BRMEMC will match 30% of the total \$5.3 million and the state of North Carolina will cover the remaining 70%. All awards are contingent on final executed grant agreements with broadband provider partners. This brings BRMEMC’s GREAT grant funding total to \$12.5 million with a recently announced \$5.4 million project, as well as a

\$1.8 million completed project, both located in Clay County, NC. The Blue Ridge EMC grant will build fiber access in Martins Creek, Hanging Dog, Hiwassee Dam and through to Unaka as well as other areas in Cherokee County. From Marble to Andrews and beyond appears to be being left behind as the services are being executed throughout Cherokee County. While this is a great start, Cherokee County is behind in deploying technologies or exploring alternatives such as 5G wireless technologies and Starlink Satellite services. In Graham County, county officials have chosen Starlink satellite services as their preferred carrier. In Cherokee County, AT&T's FirstNet services have been chosen for first responders but there has been no selection that would allow residents to take advantage of services deployed that could reach outlying areas-like Starlink. One idea would be to have the state and/or the county craft an agreement for allow Starlink to be the preferred provide for residents with the agreement that by picking Starlink, they no longer have to wait 18-20 months for services to be installed. Another idea would be to look for grants to offset the cost of equipment for Starlink for those members of the community that can't afford the upfront cost. Or, to allow a payment plan that pays for equipment on a monthly basis on their billing. All of these ideas would benefit the users and the county.

Through conversations with key players the costs of running the fiber line are the most limiting factor for suppliers as well as the company's willingness to engage in the fiber business. Cherokee County is unique as it has 4 power providers, 2 of which do not participate in fiber in NC. There is a abundance of grants available through Great State Grants from NCDTI, Blue Ridge Mountain EMC and Cherokee County Cable have both received monies for fiber installation and both are currently building lines now.

Several municipalities asked BRMEMC to consider running fiber to their communities and both were told about several available grants as well they would be responsible for 20% of the grant matching funds. These municipalities as well as the county have tax authority and will most likely have to leverage it to get the fiber infrastructure that is needed.

Roads :

To attract businesses and bring good paying jobs involves several factors, one of these are good roads in order to deliver raw materials and move the finished products to distribution centers. The recent decision to build 4 lanes down Highway 129 south will help create a link to cities in the south such as Atlanta, Birmingham and Augusta, but again Georgia has refused to complete their part. Highway 60 south has been 4 lanes on the NC side for over 15 years but Georgia never connected their side to it, basically leaving it unused for a business attracter.

Cherokee County is the crossroads of 3 states as such to create a better opportunity for its citizens a crossroads corridor could be negotiated with Tennessee and Georgia to create 3-4 lane roads that connect Cherokee county in all directions. Highway 294 will be especially critical as it serves the Hiwassee Dam school as well as the only road leading to an Interstate highway north of Cherokee County.

Water & Sewer:

Cherokee County has 2 municipalities with both water and sewer available and 2 water suppliers only in Marble water and Bear Paw water services. There has not been a major expansion of service lines other than the Eastern Bands expansions of the Murphy water system to the casino and the extension of Andrews sewer to the Senior Center in Marble. Murphy has about 50% of the city center water and sewer project completed and will finish it up by spring. Murphy will have to expand the capacity of its sewer plant in the next 5 years. A major expansion of service lines is needed to at least get water further out from the existing footprint to promote investment in county businesses and housing.

Cherokee County needs to invest in expansion of water and sewer infrastructure as the last county involvement in expansion was in the 1980s when it was expanded west out Highway 64/74 and businesses grew from that expansion. Murphy and Andrews water and sewer should be expanded to connect everything out the Highway 74 East corridor from Murphy to Andrews to include the Marble water system.

Community & Housing

Education:

Since its inception, the NASA committee has sought to partner with the Cherokee County School Board and Commissioners to solve the educational needs of the county. However, little if any progress has been made to establish a partnership. We believe that in order to move forward, the county must ask of its leaders several questions, the foremost of which is: what is the goal of its educational system? If, as we believe, the primary goal is to provide the best education possible for the Cherokee County citizenry, we recommend asking several challenging questions and aligning the two boards to answer the following questions. These questions have been consistently asked by the public, and are further begged by more recent decisions made at the last BOE meeting and with its aftermath.

Vision:

- 1) What plan(s) do the CCS board have to improve the educational opportunities in STEM, vocational, arts, and post-high school for Cherokee County students?
- 2) What are the plans for early childhood education and daycare (Pre-K and Head Start, as well as full-time daycare) given that the Southwestern Child Development Commission no longer operates childcare centers in Western NC?
- 3) How do those plans align with the long term plan created by the Cherokee County commissioners?

Transparency

- 4) Does the board plan to meet regularly (and publicly) with the commissioners to share their vision, budget, and where we are on that roadmap? We recommend continuing the bi-annual public meeting cadence established years prior.
- 5) How is the board building trust and transparency with the public? How will the CCS board share its budget and spending, including county, state/federal funds, and grants, as well as the ratings of its schools with the general public?
- 6) What facilities plans are the boards considering and how will those be socialized and debated with the public? Recent decisions by the board do little to further a long term plan, and we believe any facilities decisions should be made with an agreed (commissioners and BOE) upon long term plan.
- 7) How does the CCS board plan to engage citizens and garner support (or input) for any of its long term plans?

Educational Goals

- 8) What are the plans to raise state test scores for students in Cherokee County?
- 9) How will CCS attract and retain the talent necessary for improving the education of its students?
- 10) How does the CCS board plan to return our schools to an A rating?

It is our belief that without solid and mutually agreeable answers to these questions, the problems CCS faces will proliferate and grow. We currently run that risk, with several long term plans (consolidation of facilities, moving students, or otherwise) being debated amongst CCS board members and no change in public input or partnership with the commissioners.

Housing: (High Priority)

Cherokee County is sorely lacking housing for working families for several reasons, since the Covid outbreak an influx of non-workforce aged people has squeezed the housing market making homes scarce and unaffordable for most working families. The kind and price of homes has also been affected by market demand for retirement type homes versus simple affordable family homes for working families with children in school. A healthy workforce requires 42% workforce participation from the population and Cherokee Counties stand at 34-36% according to the counties EDC Director, which is well below a healthy number.

There are a couple of plans in motion and both involve the Town of Murphy. A contract is in place for a company to build and manage their own 50-unit complex behind the Ingles shopping center according to Chad Simmons the Murphy Town Manager. Four Square has partnered with the Town of Murphy who is going to put up 18.5 Acres off old Ranger Road for a workforce housing project in conjunction with Dogwood Trust and the USDA Rural Development to build first time homebuyer, self help program homes. The housing assessment has begun and is in process. The County could and should consider being a partner to Four Square as well and participate in these programs to create housing opportunities for working families.

The Town of Andrews public housing is running at 94% capacity with an eviction rate of less than 3%, which is a testament to proactive management and strict inspection practices has set the example in Cherokee County for Affordable housing management. The County should invest in helping Andrews Procure more funding or land for a larger project for working families. Tri County Community College Allied trade program is engaged in a workforce housing project in Andrews that leverages its students and teachers doing the work themselves to create learning as well as housing opportunities for county residents. With the Cherokee County School of Innovation coming online this year would create a good opportunity for the County to invest in a project similar to Tri County's.

The extensive Housing Needs Assessment prepared by Bowen National Research, identified critical needs within Cherokee County and recommended a Plan of Action to address and improve housing within the county.

NASA recommends creation of a committed, action oriented, Housing Task Force comprised of local expertise in housing to implement the Bowen National Research's Plan of Action:

- Establish housing production and funding goals
- Identify and retain expertise to advise on and/or lead housing initiatives
- Develop a housing education and outreach program and marketing plan to attract potential developers and investors
- Utilize models from other similar areas that have had success
- Incentivize first-time permanent workforce homeownership (tax credit, free permits, homestead exemption, etc.), including the development, renovation, and preservation of housing for workforce housing
- Assess key market data (rent, home prices, vacancies, affordability) to adjust goals and priorities bi-annually
- Participate in the Southwestern North Carolina Home Consortium (serving all of Western NC *except Cherokee County*)

Healthcare:

NASA Health, Safety and Wellbeing section

- I. Introduction and Statement of Primary Recommendation - Health/Safety Policy Council
- II. Overview of Strengths and Resources
- III. Overview of Gaps in Health Resources and Services
 - a. Primary and specialized care summary
 - b. Health Payer Sources summary
 - c. Safety and Transportation summary
- IV. Summary of Recommendations and Actions

Introduction and Statement of Primary Recommendation

Addressing policy and funding factors that influence Cherokee County's health and safety needs is one of the primary roles of elected officials and county leaders. Officials understand that County infrastructure policies directly affect healthcare delivery, safety, and local community health outcomes:

Healthcare systems are defined broadly as organizations, institutions, people, and resources whose primary purpose is to promote, restore or support health. Public policy encompasses physical and mental health, educational and economic stability, safety services, and housing. In addition, environments that are safe and free of pollutants directly determine what our length of life is and how well we live those years. Although hospitals, emergency services, and medical providers play a vital role, healthcare must be considered comprehensively. Cherokee County's overall health/safety is linked to multiple factors and our wellbeing and prosperity are directly correlated. Therefore, NASA recommends careful analysis of our local policies and our state and federal advocacy efforts.

The 2023 North Carolina County Health Outcome Rankings lists Cherokee County as 77th out of NC's 100 counties, placing us as one of the least healthy counties in NC (Lowest 0%-25).¹ These annual rankings include factors such as clinical care, social and economic influences, and our physical environment. The health ranking of a county results from both past and present policies and practices.

NASA's primary considerations include the following: access to healthcare services, availability of healthcare providers and facilities, adequacy of safety services, and examination of methods that can address existing barriers to the well-being of Cherokee County residents. Citizenry is dependent on wise Board of Commission (BOC) policy decisions that prioritize choices based on meaningful criterion. A matrix for BOC policy decisions is recommended. The matrix will supply a guiding tool that consistently factors in all vital components necessary for the wellbeing of our residents.

Having said this, NASA's primary recommendation is the formulation of a Health/Safety Policy Council (HSPC) that can facilitate the development of this policy decision matrix tool. Decision-making representatives from healthcare facilities, Public Health Board representation, Emergency Management, Emergency Service providers, Community First Responders, senior citizen representation, a housing expert, child and youth serving organizations, behavioral health, education, as well as Community Service Organizations should be considered for the HSPC. Their design of the tool will empower the BOC to prioritize county health/safety needs and evaluate policy decisions based on weighted criteria. NASA's recommendation is not an attempt to be comprehensive, but instead to provide a substantive method to factor broader concepts and approaches to make meaningful decisions that will address health/safety needs. We recommend the use of evidence-based models and local health experts to tailor the criteria

¹ [Cherokee, North Carolina | County Health Rankings & Roadmaps](#)

in the development of this HSPC decision matrix to meet the unique needs of our rural residents.

To purposely analyze policy factors NASA recommends the following HSPC criteria:

1. Factors that improve access to critical health services.
2. Factors that meet economic criteria – cost of intervention and benefit gained.
3. Factors that consider implications for elderly, children, and the general population.
4. Factors that ensure safety decisions benefit us countywide.
5. Factors that guarantee prevention and early identification of health risks to mitigate negative human costs, rising economic costs, and improvement of overall health and well-being outcomes for residents.

Furthermore, the HSPC matrix ratings should be weighted and based on the importance of each factor and the ability to influence priorities. This tool will ensure BOC and Cherokee County leaders have sound measures to enact policy making decisions, make budgetary decisions, and inform advocacy with stakeholders among other governmental, public, and private entities. To guide the process for the HSPC, we offer an analysis of current county resources and gaps noted during NASA's Community meetings, the Community Health Assessments from Erlanger West, Public Health, other health related organizations, and input from other health experts, as well as NASA Council members. Below is a list of healthcare systems, resources/strengths, safety elements and other key issues for consideration regarding gaps that currently exist. Although the list is not intended to be comprehensive, we have attempted to provide an overview for Cherokee County.

Overview of Cherokee County health resources and strengths:

1. By far, our people are Cherokee county's greatest resource. Dedicated leaders and county residents are vested in improving health and wellbeing. Their dedication is expressed through volunteerism and their willingness to contribute time and input. Cherokee County is inclined to consider the good of all residents while concurrently respecting individualism. Policy should embrace these characteristics along with a commitment to doing the right thing.
2. Pristine natural resources also factor into Cherokee County's strengths. Private and public properties that cover over 467 square miles and include national forests, farmland and recreational sites, benefit residents and visitors. Readily available natural resources such as clean air, water, and multiple outdoor recreational opportunities are available for our enjoyment.
3. East/west highway arteries US 74 and US 19 are part of the Appalachian Development Highway System. Our highways connect the county with other parts of the state and the region and supply access to various destinations and attractions. A few of the benefits of these highways include:
 - a. Our throughfares facilitate movement of people/goods across the county and beyond, enhancing trade, tourism, and economic development.
 - b. Highways improve the safety and efficiency of travel, reduce congestion, accidents, and travel time.
 - c. They offer scenic views of the mountains, valleys, rivers, and forests along the route, attracting visitors and enhancing the quality of life.
(Note: ancillary roads that connect are less safe and will be noted in gaps/needs section.)
4. Regional healthcare facility resources afford accessibility to health services:

- a. Erlanger Western Hospital (EWCH), our critical access facility and safety-net provider, has 25 inpatient beds, transitional care, 24/7 emergency services, surgery, imaging, physical therapy, occupational and speech therapy, cardiac rehabilitation, pain management and more. EWCH also serves Clay County and Graham County.
- b. Murphy Rehabilitation & Nursing provides long-term residential nursing care and short-term residential services as well as respite care. Medicaid and Medicare are the primary funders for these services.
- c. DaVita Smoky Mountain Dialysis Center in Murphy NC offers dialysis services.
- d. Hospice care is available for all age groups during the final stages of life.
 - i. Good Shephard/ Hospice Care of NC holds the certificate of need (CON) for our general population.
 - ii. Hospice of the Cherokee, which is a department of Cherokee Nation Home Health Services, provides hospice care to eligible Native Americans.
 - iii. Hospice services are controlled by geographic Certificate of Need in NC. Only those approved by NC Department of Health and Human Services can serve.
- e. Cherokee County Local Public Health Department (CCLHD) health services include communicable disease monitoring and health alerts; environmental health services for septic systems, wells, and water testing; health educational services for emergency preparedness and health promotion, and limited clinical services which include:
 - Posted clinic hours and walk-in services include sick visits, immunizations for adults and children, lab services, family planning services, and pediatric services for qualifying residents.
 - TB skin tests and HIV Testing is available, including case management and medication therapy.
 - Affordable child car seats, and WIC (Women, Infant & Children) nutrition services for pregnant women, new mothers, and young children are part of CCLHD services.
 - CCLHD accepts major insurances and private pay on a sliding fee scale is available.
- f. Dental Services are provided by several dentists in the county. Although we have excellent service delivery by existing dentists, our ratio is lower than the state and there are limited services for Medicaid clients requiring travel outside the county.
- g. Emergency and Safety Services:
 - i. Cherokee County Emergency Management Services Department covers four principal functions in preparing for and responding to disasters: Preparedness, Response, Recovery, Mitigation.
 - ii. Cherokee County Emergency Medical Services operates services at the Paramedic level. The service runs five paramedic units 24/7 from four EMS stations found in Murphy, Andrews, Highway 294, and Marble. They operate under medical direction of Erlanger Western Carolina, Emergency Department.
 - iii. Cherokee County E-911 Communications Center is staffed by trained public safety professionals to respond to 911 and non-emergency telephone calls as well as dispatch police, fire/rescue, and emergency medical services.
 - iv. Cherokee County Volunteer Fire and First Responder (VFRs) are in most communities and facilitate prompt response. They are also responsible for recruiting volunteers in each community.
 - VFRs are individuals who are most often first on scene in the earliest stages of critical medical or fire incidents in our rural communities. They handle the protection and preservation of life, property, evidence, and the environment. The

CC-VFR fire and medical services vary by geographic location, but most communities have a capable group of VFRs.

- The Town of Murphy is the only location in the county with paid fire staff. The town of Andrews and the other communities throughout the county are staffed by volunteers according to feedback from our community meetings.

The volunteer first responders are a blessing to our communities and the dedicated individuals that fulfill this role are to be commended. However, some of their feedback detailed needs that should be considered by the county. This information is detailed in the service gaps section.

v. Emergency air transports:

- Erlanger LIFE FORCE (ELF) from Erlanger has six bases across the regions they serve. The Cherokee County base is on Airport Road, Andrews, NC. ELF services care for any kind of severe trauma, burn, as well as severe medical illnesses. Life Force is staffed with a trained team to care for people in all stages of life, from infants to geriatrics. ELF may also be used in search and rescue missions.
- Mountain Area Medical Airlift (MAMA) from Mission Hospital in Asheville, NC has 24 hours a day services from bases in Asheville and Franklin, they are also furnished with trained staff to care for people in all stages of life, from infants to geriatrics. *(Both air ambulance services are contingent upon weather conditions.)*

h. **Eastern Band of Cherokee Indian (EBCI) Tribal Option** can provide service to those recognized as tribal members or others who qualify for services through Indian Health Service (IHS). A limited number of Cherokee County residents are eligible.

i. Behavioral health (BH) service providers:

Vaya Health is Cherokee County's public managed care organization (MCO). They are responsible for overseeing Medicaid, federal, state, and local funding for services and supports related to mental health, substance use disorder and services for those with intellectual/ developmental disabilities. Vaya provides the following:

- A 24/7 BH Crisis line
- A BH member service line during business hours
- And they regularly conduct a Community Health Assessment (CHA) to stay abreast of needs. The CHA is a collection of information from members and their families, providers, and community stakeholders about perceived service gaps in the Vaya network.² (Service gaps are discussed below.)
- Some of the BH providers in Cherokee County are:
 - a. Cherokee County Meridian Behavioral Health (MBH) - offers outpatient treatment for individuals with alcohol and/or substance addiction and is in Marble.
 - b. Appalachian Community Services (ACS) supplies behavioral health, substance use, and developmental disability care to those in our community. ACS offers both inpatient and outpatient services and is in Murphy.
 - c. BrightView (BV) Murphy Addiction Treatment Center, located in Murphy, is an outpatient recovery service for people with substance use disorders. BV offers medication, counseling, and social support services.

Note: All BH services accept Medicaid, Medicare, and commercial insurance plans.

² [Network-Adequacy-and-Accessibility-Analysis 2021.pdf \(vayahealth.com\)](#)

- j. Health related funding resource: Cherokee County was part of the larger Opioid Settlement and has been awarded \$5,042,66³ to address issues associated with the opioid crisis. Funds will be distributed incrementally through 2038. According to County Manager Wiggins, Cherokee County is working with Region A Southwest Commission Council of Governments to issue an RFP to facilitate the process of developing a strategic plan for the funds. There is potentially an opportunity to contribute input on the use of funds and the strategic plan to address the health and safety of our county as it relates to challenges associated with substance use. (Needs and gaps in substance use services are discussed below.)
- k. There are also multiple Governmental, Community Based Service Organizations, and Faith-based groups which factor into resources available to Cherokee county residents. These organizations contribute to the health, safety, and wellbeing of Cherokee County residents. Some of the organizations include:
 - i. The municipalities of Murphy and Andrews both supply public works, fire, and police within the municipalities.
 - ii. County Governmental Departments provide multiple health/safety related programs. The Department of Social Services, Sheriff's Department, E-911 Communications, Emergency Services, Parks and Recs, Senior Services, Health Department, Emergency Management, Cooperative Extension, and others supports. ⁴
 - iii. Four Square Community Action (FSCA) Inc.'s works with low-income individuals and families by providing advocacy, services, and resources to increase self-sufficiency. Service programs include housing supports, rental assistance, home repairs, Head Start programs for 3-5 years of age, and the Healthy Opportunities Program (HOP) provides additional supports for Medicaid recipients which includes transportation assistance, food support, household repairs and home goods, plus others services for economically challenged individuals/families. ⁵
 - iv. REACH of Cherokee County Inc. supplies services for victims of domestic violence and sexual assault. They support for shelter and informational referrals to various services.⁶
 - v. Cherokee County Community Foundation (CCCF) is a group with philanthropic funds that provide small grants for local causes and partner with donors to build community assets.⁷
 - vi. Many churches and faith groups provide food, emotional support, clothing, and aid residents with referrals to needed services.
 - vii. Other Service Groups such as Community Clubs, Daycares, and other volunteers across the county are also vital to the health and safety of the community.
- l. Although not in Cherokee County NC, Union General Health System (UGHS) in Blairsville, Georgia affords added healthcare resources and providers. UGHS services include a hospital, nursing home, a dialysis center, a wellness center, and specialty clinics. Important to note, UGHS supplies the nearest obstetrical care for Cherokee County.

³ [Settlement Amounts for Local North Carolina Governments - More Powerful NC](#)

⁴ [Departments | Cherokee County, NC \(cherokeecounty-nc.gov\)](#)

⁵ [Welcome to Four Square Community Action, Inc. Webpage \(foursquarecommunityactioninc.com\)](#)

⁶ [Women Resource Center \(reachofcherokeecounty.org\)](#)

⁷ [Cherokee County Community Foundation - North Carolina Community Foundation | Cherokee County \(nccommunityfoundation.org\)](#)

Obstetrical services are a definite shortfall in our county and will be detailed in the service gaps section.

Overview of Gaps in Health Resource and Services:

To provide information on the gaps in resources and services various sources were utilized. NASA Community meetings supplied much of the community feedback. Additionally, 1:1 interviews with various health/safety providers and experts as well as several source documents. Primary source documents were the 2023 NC County Health Rankings⁸, Erlanger West 2022 Community Assessment⁹, Vaya 2021 Community Assessment¹⁰, 2021 Cherokee County Public Health Community Assessment¹¹ and the 2023 Four Square's Community Needs Assessment.

Like most rural counties our median age is well above the state average with almost 30% over 65 years and children or adolescents are approximately one-fourth of our population. Cherokee county has a high ratio of low-income residents and according to NCChild.org 2020, 54.5% of our children were living in poor or low-income households.

First, we must note that there are health gap factors which are discussed in other sections of the NASA report and directly influence the wellbeing of residents. Education, broadband access, and housing needs have been identified in other sections of the NASA report, each of these factors directly influences the health/safety challenges for our county.

- Lack of quality education is linked to lower income, which in turn is tied to poorer health outcomes. Several studies have shown that people with lower education and low-income experience more obesity, asthma, diabetes, heart disease and other health problems than people in better financial circumstances.
- NASA's Broadband and Internet access section addresses health/safety concerns for our residents. With limited access to cell phone usage and telehealth providers we lack a vital resource for both medical and behavioral health services. Erlanger noted health literacy and lack of reliable health information sources is a need. Internet service access can aid. These barriers to safety communications exist in most parts of the county.
- The 2023 Bowden Housing Assessment noted that availability of housing for workforce and low-income individuals is a pressing need. Stable housing is directly correlated to the health and wellbeing of residents. Unstable housing and homelessness are associated with multiple poor health outcomes.

I. Specific health related needs:

1. Access to Primary Care and Specialty Care is a major health concern. Per the 2023 County Health Rankings data, Cherokee County has a ratio of healthcare providers significantly lower than the state ratio. Our county needs a coordinated effort to recruit providers. See table:

[Cherokee, North Carolina | County Health Rankings & Roadmaps Data](#)

⁸ [Cherokee, North Carolina | County Health Rankings & Roadmaps](#)

⁹ [EWCH-Final-04-CHNA-2022.pdf \(erlanger.org\)](#)

¹⁰ [Network Analysis | Vaya Health](#)

¹¹ [Cherokee County 2021 CHA DRAFT.docx \(ncdhhs.gov\)](#)

Provider type	Cherokee County	North Carolina
Primary Care Providers	2,380/1	1,400/1
Dentists	3,230/1	1,710/1
Mental Health Providers	710/1	360/1

2. Specialty health service gaps:

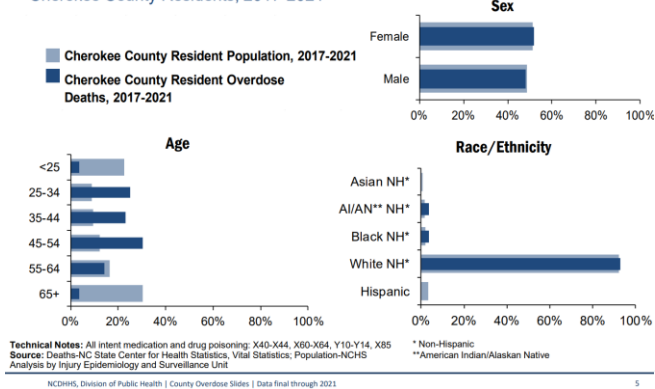
- a. **Geriatric care** – with approximately 30% of CC residents over 65, there will continue to be a growing need for specialty services and facilities.
- b. **Pediatric services** – Erlanger West’s Community assessment stated access to primary care in our service area is even lower for children than the general population. Overall, 31% surveyed said their child/children lack a personal doctor and among the lowest income families, 33% said their children do not have a health care provider.¹²
- c. **Obstetrical care** is not available in Cherokee County. Women must travel significant distances for pre- and post-term care as well as the delivery of their infant. The long-term implications of poor birth outcomes create a high human cost. Lack of prenatal care increases the risk of harm or death to the mother and infant, increases preterm births and infant mortality. These outcomes have serious implications for the health and well-being of mothers and babies, as well as their families, communities, and ongoing lifetime economic health costs.
 Women must travel significant distances: Union General Health System (UGHS), in Blairsville Ga., is approximately a 1-hour drive for most, Harris Regional Hospital in Sylva NC is 1- 1.5-hour drive, or Cleveland Tennessee which is a 1- 1.5-hour drive. Those with high-risk pregnancies have even further travel times. Chattanooga, Tennessee hospitals are 1.5 – 2+ hours’ drive, Mission Health Services in Asheville NC is approximately 2 hours and Atlanta Georgia area practices have even further distances of 2- 2.5-hour drive.
- d. **Mental health and substance use disorders (SUDs)** – Erlanger West CHNA notes, over half of participants in their research felt they have struggled with mental health issues, 64% believe they have had an anxiety disorder and 55% said they have experienced depression. And between 7% - 16% of respondents said they have had some type of substance misuse disorder.¹³ Given the lower availability of BH providers this poses ongoing challenges to access services.
 Cherokee County has a high incidence of residents with SUDs, drug overdoses, Hepatitis C, and other drug related issues. The lack of adequate services limits access to inpatient/outpatient substance use treatment and care services. Data obtained from NCDHHS indicates that substance misuse is highest among males age 25-44 and most deaths occur among the 25–54-year age group. Furthermore, the repercussions of SUDs in this age group factor into our workforce capacity.

¹² [EWCH-Final-04-CHNA-2022.pdf \(erlanger.org\)](#)

¹³ [EWCH-Final-04-CHNA-2022.pdf \(erlanger.org\)](#)

Demographics of Medication & Drug Overdose Deaths Compared to County Population

Cherokee County Residents, 2017-2021

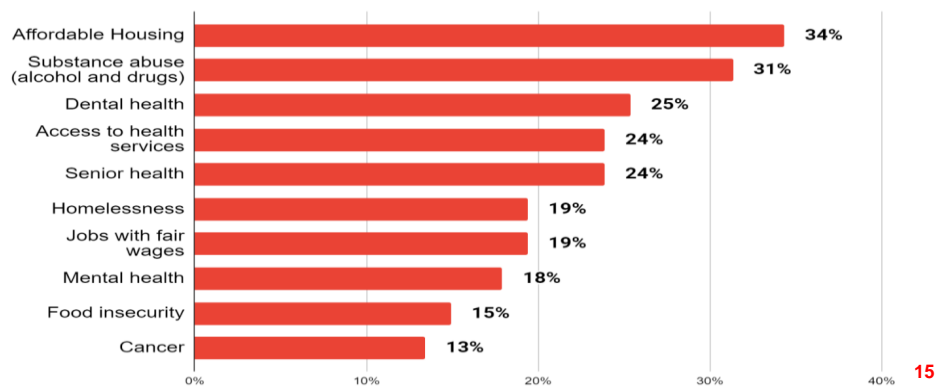


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Vaya Health 2020-2021 service gaps identified by health members, families, caregivers, and providers included: services for outpatient care, inpatient care, location-based care, community and mobile care, crisis services, specialized services, and C-Waiver Services which are services intended to meet the needs of people with Intellectual or Development Disabilities (I/DD) and receive long-term care services and supports in their home or community, rather than in an institutional setting.

- e. Urgent Care Services are a valuable resource for our community, but those that exist have limited hours. Lack of after-hours service means we must access Emergency Department care which could be provided at an urgent care facility. This drives up costs and ties up valuable medical resources.
- f. Chronic health conditions/disease control are priority needs in the Cherokee County Public Health Plan. Cancer, diabetes, and other chronic health conditions were noted. Erlanger West Hospital also proposes a plan to engage community partnerships to increase health literacy education for the community. More alignment would be beneficial.
- g. The top 10 concerns identified by those surveyed in Erlanger West's community assessment align with NASA findings. See chart.

What are the the TOP 10 PRIORITIES that you believe should be addressed in your community?



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- 3. Payer Sources: Access to healthcare service is also contingent on availability of healthcare payer source. There are multiple healthcare payment methods. Medicare and Supplemental

¹⁴ [PowerPoint Presentation \(ncdhhs.gov\)](https://ncdhhs.gov)

¹⁵ [EWCH-Final-04-CHNA-2022.pdf \(erlanger.org\)](https://erlanger.org)

Plans, NC Medicaid Managed Care, NC Medicaid Direct, NC Medicaid Tailored Plan, Private Insurers, and Self-pay.

Medicare generally is for people 65 or older. Some may be able to get Medicare earlier if they have a disability, End-Stage Renal Disease, or ALS (also called Lou Gehrig's disease). Approximately 30% of Cherokee County residents are 65 or older, and according to Census Data 8.5% of Cherokee County residents under 65 suffer from some type of disability.

Medicaid Plans differ but are intended to supply coverage to low-income recipients. Plans include Medicaid Standard Plan Managed Care, Medicaid Direct, Medicaid Tailored Plan, and Eastern Band of Cherokee Indian (EBCI) Tribal Option. Approximately 30% of residents are using Medicaid.

NC Medicaid Managed Care Behavioral Health and Intellectual/ Developmental Disabilities Tailored Plans (Tailored Plans) includes people who receive Innovation Waiver services, have Traumatic Brain Injury, and people who may have a mental health disorder, substance use disorder, intellectual/developmental disability (I/DD). Percentage not available.

An additional caveat to consider is the anticipated Expansion of Medicaid. The North Carolina Department of Health and Human Services (NCDHHS) is moving forward with Medicaid expansion and has announced the expected start date of Oct. 1, 2023. Expansion in NC will increase the eligible population and supply coverage to adults aged 19-64 who have incomes up to 138% of the federal poverty level. Examples of newly covered people will include coverage to single individuals making under about \$20,000 a year or a family of three earning under \$34,000 will now be eligible. According to US Census 2021 data, Cherokee County's median income was \$40,793.

Cherokee County Department of Social Service (CCDSS) estimates, our current percentage of Medicaid coverage is approximately 30% of our county population and when Medicaid expansion is enacted it is estimated that 45% of our county population will be eligible. Of course, this does not address the current deficit in healthcare providers in Cherokee County but does generate revenue to healthcare providers for those that were previously self-pay or indigent.

Additionally, Medicaid Standard Plan recipients in Cherokee County are eligible for NC Healthy Opportunities Pilots (HOP). HOP is the nation's first comprehensive program to test/evaluate the impact of providing select evidence-based, non-medical interventions such as housing, food, transportation and interpersonal safety and toxic stress to high-need Medicaid enrollees. Four Square Community Action has been selected as one of the Health Service Organizations (HSOs) in WNC and already has well over 100 Cherokee County families engaged in services to promote better health outcomes and save Medicaid dollars.

4. Safety and Transportation

Safety in our rural community is influenced by many factors and can be improved by developing policy and funding support for plans that address specific high frequency risks, threats, and functions. Our low population density often results in state and local resource limitations, for equipment and supplies, training, and infrastructure necessary for emergency preparedness and response. Some considerations are:

Community Fire and Volunteer First Responders NASA group meetings yielded multiple shared concerns regarding our County's Safety Response network. Key takeaways included:

- a. The lack of an Interagency Coordinated Plan (ICP) between local EMS, Community VFRs and other emergency responders is a gap in our county plan. Several of our VFRs expressed concerns. Although there appears to be acceptable coordination among communities for fire response, the medical first response is inadequate.
- b. To improve medical response countywide at minimum there should be a written agreement between all community VFRs and EMS. With consistent training, medical plans, and equipment the coordinated plan can mean the difference in life/death in rural communities. Marty Senterfitt who leads the Wolfcreek Fire Department was one of several that noted the departments have underwriter plans that provide liability coverage that address the use of the VFRs. With a local EMS response time in many remote communities exceeding 20 minutes VFRs are highly needed.
- c. Consistent training plans could include Basic Emergency Response (EMR) which includes basic understanding of the Emergency Medical Services (EMS) system, safety/well-being of the Medical Responder, and medical/legal issues at the scene of an emergency.¹⁶ Our neighboring state of Tennessee uses the 56-hour EMR course. Their first responders are trained to bridge lifesaving services that await a higher level of care. Also, the 20-hour Advanced First Aid or 4-hour Standard CPR, AED, & First Aid training in each community would be beneficial. Our county has supported these efforts in the past.
- d. Basic medical response equipment and supplies were also noted as a need and should be considered.
- e. Enhanced agreements between Volunteer Fire Departments have been established and most Vol Fire Departments stated the agreements are working well. The state does provide some support for fire equipment.
- f. Communication enhancements were also discussed. The Voice Interoperability Plan for Emergency Responders (VIPER) system currently serves our communities but is very expensive at >\$5,000 per radio. Lack of cellular and internet services in emergency situations was again a recurring point of discussion.
- g. Recruitment of young volunteers is also needed. Most of the Community Vol Depts said that most of their volunteer force was above 55 years of age. County and community organized plans to recruit more volunteers are still needed.
- h. Road safety and weather-related concerns: several community First Responders noted that DOT clearing roads for access needs of the safety and first responders is an ongoing issue. Delays in

Transportation overall needs: as noted above our ancillary roads throughout the county are a factor in our safety. Erlanger West Community Assessment data points out that transportation is an issue for medical care. Transportation in Cherokee County was noted as more of an issue than in other counties in their service area. Overall, 18% of those surveyed said that a lack of transportation has kept them from a medical appointment in the past year. Comparable percentages said a lack of transportation caused them to miss work or prevented them from

¹⁶ [Microsoft Word - 5308 EMSEd EMR 1-29.doc](#)

obtaining basic needs for daily living. It was also noted that transportation problems seem to be more acute among younger, lower-income men.¹⁷

Summary and Bullets of Recommended actions for health and safety

The number one recommendation is establishing the Healthy/Safety Policy Council. The HSPC can assist the BOC in development of the foundational matrix criteria to guide policy, funding, advocacy and grant making efforts. Other recommendations include:

- Enhancements in trained Volunteer First Responders could augment our ability to deliver prompt lifesaving support in times of medical crisis, fires, motor-vehicle accidents, and other emergent needs. Emergency Medical Service (EMS) response time is affected by remoteness and geography, which in turn affects transportation, communication, and mitigation of health emergencies. VFRs with medical training can be a valuable resource.
 - Law enforcement agencies trained in first responder skill can also be a part of the solution to emergency and crisis situations. Law enforcement should be included in training efforts.
 - Establish and clearly define Interagency agreements for communication support channels and protocols among entities that can provide support or assistance in an emergency. These agreements should be defined in a written agreement.
- Advocacy efforts should consider the economic challenges, such as poverty, unemployment, lack of insurance coverage, and low wages to reduce barriers to care.
- Ensure there is Interagency alignment (hospitals, EMS, BOC, Public Health, and others) to support recruitment of health providers for primary care and specialty services mentioned above with special emphasis on geriatric, pediatric, and obstetric care. Collaboration of BOC and County leaders with health providers to recruit providers for primary care, specialty care, dentists, and mental health providers is needed.
- Prepare for Medicaid expansion. Currently approximately 30% our county population is covered by Medicaid insurance. With expansion it is estimated that 45% of our population will be eligible.
- Enhance interagency prevention and early intervention strategies to increase health literacy to address chronic disease, substance misuse, and injury prevention.
- Develop methods to leverage technology and communication partnerships to enhance safety alerts. Social media alerts, Robocalls as well as direct outreach by Volunteers in each community would ensure awareness. Special consideration is needed for elderly and disabled.
- Consider enhancements to freestanding urgent care centers to increase hours of operation to reduce unnecessary use of hospital emergency department.

Concluding statements:

Again, attempts to raise Cherokee County's health ranking above 77th in the state requires consideration of all the factors noted. A Health/Safety Policy Council made up of local health experts will be a valuable first step and a continued resource to guide policy and funding decisions. NASA recommends the BOC give special consideration in the selection of the County HSPC.

¹⁷ [EWCH-Final-04-CHNA-2022.pdf \(erlanger.org\)](#)

Economic Development

The purpose of addressing Economic Development is to improve the financial health, opportunities and lives of Cherokee County residents. Initially, we recommend focusing on three (3) primary areas.

1. *Jobs and Industries* – In which we work with existing employers and new businesses and industries to grow employment opportunities in Cherokee County.
2. *Training and Skills Development* – In which we develop an expanded platform of education, training, and skills development to fill current, new and future employment opportunities.
3. *Creation of a Strategic Business Development Action Plan* – This consists of creating a one-, three- and five-year plan to support growth of existing businesses and attracting new businesses and industries to the County.

To address these three areas, we recommend aligning an experienced task force of volunteers to jointly work in a 4 phased plan with the County's two Economic Leaders, Paul Worley and Aaron Patton. Both are very experienced in the economic needs of Cherokee County.

Phase 1: Analysis

- Work with existing employers to identify areas which potentially may help them sustain, grow and expand their businesses. This includes identifying specific barriers they may face, needed resources, suppliers, logistics, training, etc.
- Analyze why businesses either selected to move to Cherokee County or leave the county or selected an alternative county to do business. Particular emphasis may be placed on comparable, nearby counties.
- Assess the strengths and weaknesses of doing business in Cherokee County. This enables us to build upon our strengths and work on improving the weaknesses.
- Assess what types of industries and employers are most needed and/or beneficial in attracting to Cherokee County.
- Assess what labor market skills and training are needed to support our business growth targets.

Phase 2: Action Plan Development

- Create a strategic plan which helps existing business and attracts targeted businesses and industries which are most beneficial to the County.
 - This plan includes addressing resources, labor pool and training and barriers.
- Recommend the plan include specific measurable milestones and goals to be achieved over a 1-, 3-, and 5-year period.

Phase 3: Plan Implementation

- This is the execution of tasks and management of the plan initiatives in achieving a successful outcome.
 - Recommend periodic evaluations against measurable milestones and goals.

Phase 4: Evaluation

- Did the plan successfully achieve our goals?
- What did we learn along the way that can be applied to future plans?
- Is there more that needs to be addressed (i.e., a continuation/evolution of the plan)?
- Defining next steps

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