



Eastern Band of Cherokee Indians Tribal Health Improvement Process Report

2019-2024

Published October 2024

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JSOT

OUR MISSION

DΘPPOJΘE KHPYBΘJΘY CWY KYSDT VHOAPLLO AFWL
 DS4OVJ, OVAOT OP QΘSJ, Zδ OPΘPJ OZAGART
*HONORING our Cherokee Community by PROVIDING excellent care, PROMOTING
 health, and
 SERVING families in a culturally respectful way*

JAJΘET

OUR VISION

SRVYU DΘSΘE DhBLOR OCHSL KLSOT, DβA, Zδ DLΘVT
Seven Generations of wellness with families strong in mind, body and spirit

OPΘPJOT TYOT

COMMUNITY VALUES

OPGVABL TSLΘET	<i>Group Harmony</i>
SSSLAT	<i>Interconnectedness</i>
OPCHYL DLSOJ - SGART	<i>Strong Individual Character</i>
DVPAΘJ DΘOTJ	<i>Compassionate Service</i>
DS4VJ	<i>Commitment to Stewardship</i>
DRPPOVJ DhCWY DLOOT	<i>Respect for Cherokee Heritage</i>
DEGGJ DhBLOR	<i>Value Families</i>
OPΘJ DLSOJ	<i>Sense of Humor</i>
QPGTΘIΘ	<i>Generosity</i>
DSRNTΘJ	<i>Enthusiasm</i>

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Introduction

The Eastern Band of Cherokee Indians (EBCI) Tribal Health Improvement Process (THIP) is a multi-year plan that outlines collective efforts to address public health concerns based on the results of the Tribal Health Assessment (THA). The THIP is a community-based plan that identifies priority health issues and presents strategies, stories, and data to improve the community's health. Its goal is to establish a vision for the community's health and well-being and to bring that vision to life.

This report summarizes the results of the 2019-2024 Tribal Health Improvement Process.

Beyond prioritizing health concerns, the Tribal Health Improvement Process embodies the spirit of Gadugi—working together for the benefit of the community. This report serves as a resource for your agency, a record of our partnership, and evidence of our progress in this ongoing cycle.

To participate in the Tribal Health Improvement Process, please contact the EBCI Public Health and Human Services Division at (828) 359-6180.

Acknowledgments and Gratitude

The Eastern Band of Cherokee Indians Public Health and Human Services Division extends heartfelt gratitude to the community and partners whose invaluable contributions made the Community Health Assessment and Health Improvement Process possible. This collective effort reflects a shared commitment to the health and well-being of the EBCI community.

Tribal Programs and Community Partners

- Cherokee Community Members
- Tribal Executive Office
- Tribal Council
- Cherokee Community Clubs
- Cherokee Indian Hospital Authority
- Analenisgi Behavioral Health
- Qualla Boundary Head Start and Early Head Start
- Cherokee Central Schools
- Museum of the Cherokee People
- Cherokee Recreation
- Cherokee Transit
- Mother Town Healing Program
- Cherokee Emergency Medical Services (supporting overdose prevention efforts with ODMAP)
- Tribal Legal Assistance Office
- Cherokee Office of the Attorney General

- Cherokee Tribal Court
- Cherokee Indian Police Department
- Chief Strategy Group
- Public Health and Human Services Programs
- EBCI Health Board

Local and Regional Support

- Jackson County Department of Public Health
- Western North Carolina Health Network
- Western Carolina University Interns

State and National Support

- North Carolina Department of Health and Human Services (State Opioid Response Grant)
- Centers for Disease Control and Prevention (Opioid/Substance Use Prevention Grant and Public Health Associate Program)
- U.S. Census Bureau
- Sunrise Community for Recovery and Wellness
- National Association of County and City Health Officials

Thank you for all you do for the health of the community! SGI!

What is the Tribal Health Improvement Process?

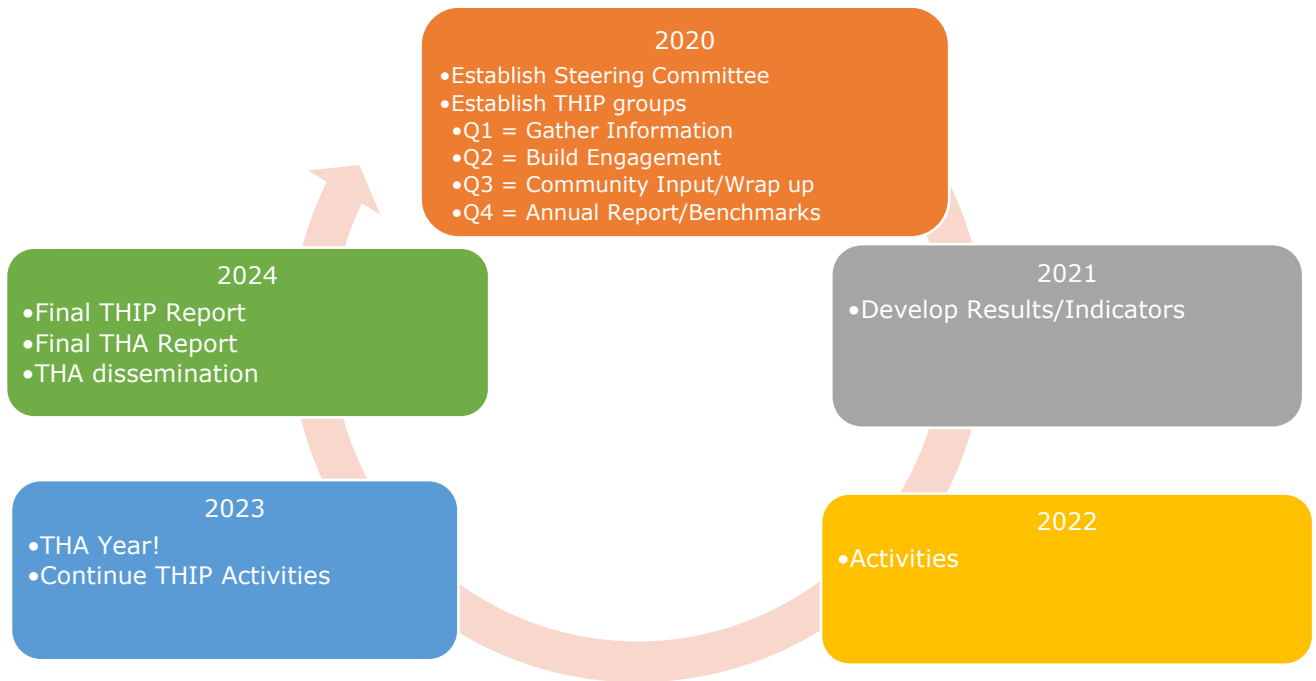
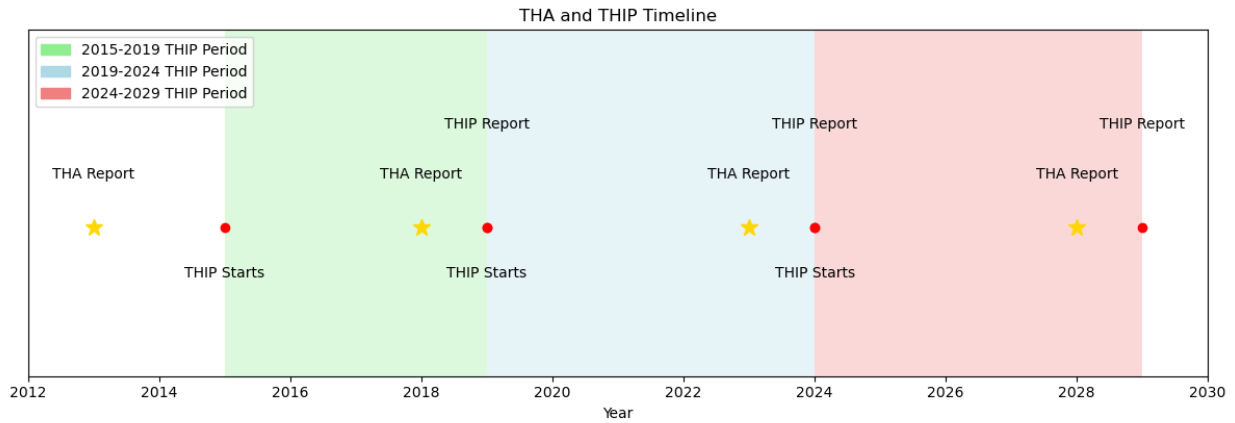
The Tribal Health Assessment (THA) serves as the foundation for the Tribal Health Improvement Process. Every five years, data is collected to understand the health of our community and ultimately identify key health issues. Health assessments use multiple methods and processes and require a considerable time commitment, leadership, collaboration, and community engagement. Results from the THA are then presented in the form of a community health profile, which informs community decision-making, the prioritization of health problems, and the development and implementation of a Tribal Health Improvement Plan.

The Tribal Health Improvement Process empowers the community and partners to minimize health disparities by developing, supporting, and implementing strategic plans for priority issues. These plans establish what works best to positively influence priorities by using Results Based Accountability (RBA), a method to track and measure improvements in quality of life, systems, policies, action, and results.

Whether people are healthy or not is determined by social, economic, and environmental factors. Specifically, factors such as where we live, the conditions of our environment, genetics, economic and demographic conditions, and our relationships with friends, family, and culture all have a considerable impact on health. With this acknowledgement, Public Health and Human Services is the lead organization conducting the THA and Tribal Health Improvement Process, but it is critical to note that

these processes look beyond the performance of an individual organization and instead consider how the mentioned factors influence community health.

THA/THIP Timeline



Results-Based Accountability

Results-Based Accountability™ (RBA) is a framework for moving from talk to action in a disciplined manner. It is evidence-based, action-oriented, and data-informed. RBA is used to plan, evaluate, and improve projects, programs, and community-wide efforts. The framework helps people understand and describe the contribution their work makes to the health and well-being of their community overall.

Results-Based Accountability (RBA) is guided by three core questions that drive the process of improving outcomes and performance:

1. **How much did we do?** (Quantity of effort, e.g., number of services delivered).
2. **How well did we do it?** (Quality of effort, e.g., customer satisfaction).
3. **Is anyone better off?** (Impact, e.g., improvements in knowledge, behavior, or conditions).

These questions form the foundation for evaluating both programmatic efforts and population-level outcomes. The first question, "How much did we do?" focuses on measuring the quantity of work completed, such as the number of programs implemented or services delivered. The second question, "How well did we do it?" emphasizes the quality of efforts, examining metrics like efficiency, satisfaction, and adherence to standards. The final and most impactful question, "Is anyone better off?" assesses the effectiveness of efforts by determining whether they have made a tangible difference in people's lives, such as improved health outcomes, behaviors, or skills. Together, these questions ensure accountability, promote continuous improvement, and prioritize meaningful results that benefit communities.

Periodic reviews of progress are conducted to evaluate strategies against measurable indicators and ensure alignment with community health priorities. These reviews provide opportunities to identify successes, address challenges, and make adjustments to strategies as needed to achieve the goals of the THIP.

RBA has been recognized by the Centers for Disease Control and Prevention (CDC), the National Institutes of Health (NIH), the North Carolina Department of Health & Human Services (NCDHHS), and other institutions as an evidence-based practice for planning, evaluation, and improvement.¹

Clear Impact Scorecard

The Clear Impact Scorecard was an integral tool in the development, implementation, and monitoring of the Tribal Health Improvement Plan (THIP). By leveraging the principles of Results-Based Accountability (RBA), the Scorecard allowed us to systematically track progress toward our identified health priorities, monitor key performance indicators, and assess the effectiveness of implemented strategies. Its user-friendly design facilitated collaboration among stakeholders, ensuring alignment of efforts with our overarching health improvement goals.

Throughout the THIP process, the Scorecard provided a clear and structured framework for data-driven decision-making. This enabled us to "turn the curve" on several key health outcomes by identifying areas of concern, implementing targeted interventions, and continuously refining our strategies based on real-time data. The ability to visualize performance metrics and trends in a centralized platform improved transparency and accountability, fostering trust and engagement among both public health leadership and the community.

The insights and measurable improvements achieved through the use of the Clear Impact Scorecard have strengthened our capacity to address health inequities and enhance overall public health outcomes for the Eastern Band of Cherokee Indians. As we reflect on the THIP process, the Scorecard has proven to be an invaluable resource, providing the tools and framework necessary to achieve meaningful, data-informed progress in public health.

¹ [NC Center for Health & Wellness- Results Based Accountability](#)

THIP Leadership Team

Public Health Core Support Team

The Public Health Core Support Team, composed entirely of Public Health staff, served as the driving force behind the development, execution, and evaluation of the Tribal Health Improvement Plan (THIP). This team leveraged their collective expertise in public health to identify priorities, design evidence-based strategies, and align the plan with the overarching goals of the Eastern Band of Cherokee Indians' Public Health and Human Services.

As a cohesive unit, the team worked collaboratively to monitor progress, analyze data, and adapt strategies to ensure the THIP remained responsive to emerging health trends and community needs. Regular meetings allowed team members to share insights, address challenges, and maintain alignment with the Results-Based Accountability (RBA) framework. Their deep understanding of the community and commitment to improving health outcomes positioned the THIP for success. By uniting their efforts and expertise, the THIP Leadership Team not only advanced the goals of the plan but also strengthened the foundation for sustainable improvements in public health for the community.

Team members included:

- **Vickie L. Bradley**, Secretary of Public Health and Human Services
- **Sheena K. Lambert**, Public Health Director
- **Mark Tuttle**, Epidemiologist
- **Jessica Enhelder**, CDC Public Health Associate 2020-2022
- **Lyndsey C. Henderson**, Preparedness Coordinator

THIP Steering Committee

The Tribal Health Improvement Process Steering Committee guides and oversees the THA/THIP process, which is broadly representative of the community and local health system. This collaborative group identifies community issues, interprets findings, prioritizes health problems, and provides guidance and review of the health improvement plans. Below is a more detailed description of their duties as part of this team:

- **Engage** community and local public health system partners with the establishment of a Tribal Health Improvement Steering Committee.
- **Use** evidence-based methods and processes for the tribal health improvement process (e.g., Results-Based Accountability, NACCHO's Mobilizing for Action through Planning and Partnerships (MAPP) Model).
- **Establish** a tribal health improvement vision (results).
- **Promote** the Tribal Health Assessment (THA).
- **Identify** strategic issues and priorities.
- **Participate** in relevant trainings, conference calls, and webinars.
- **Formulate** goals, strategies, and action plans.

- **Create** work groups or priority teams to lead the THIP priorities.
 - The work groups or priority teams will coordinate specific tasks within their subject matter areas and report project progress to the THA/THIP facilitator on a regular basis.
- **Monitor** and analyze the health improvement plan(s).

THIP Steering Committee Representatives

The individuals listed here held these roles at the time of the Tribal Health Improvement Plan (THIP). Although some have since transitioned to other positions, their contributions during the THIP period were invaluable to the project's success.

- **Vickie L. Bradley**, Secretary
Public Health and Human Services
- **Sheena K. Lambert**, Public Health Director
Public Health and Human Services
- **Dr. Richard Bunio**, Medical Director
Cherokee Indian Hospital Authority
- **Dr. Martha Salyers**, Accreditation Specialist
Public Health and Human Services
- **Aneva Hagberg**, Operations Director
Public Health and Human Services
- **Michael Quillen**, Health Care Business Director
Public Health and Human Services
- **Brandy Davis**, Lead Compliance Officer
Public Health and Human Services
- **Radonna Crowe**, Public Relations Specialist
Public Health and Human Services
- **Mark Tuttle**, Epidemiologist
Public Health and Human Services
- **Melinda Shuler**, Quality Management Director
Cherokee Indian Hospital Authority
- **Lyndsey Henderson**, Preparedness Coordinator
Public Health and Human Services
- **Robin Callahan**, Program Director - Cherokee Choices and NFP
Public Health and Human Services
- **Jessica Enhelder**, CDC Public Health Associate
Public Health and Human Services
- **Freida Saylor**, Behavioral Health Director, Analenisgi MAT Program Sponsor
Cherokee Indian Hospital Authority
- **Anita Lossiah, JD**, Policy Analyst
Office of Principal Chief
- **Bonnie Claxton**, Managing Attorney
Legal Assistance Office
- **Yona Wade**, Director of Community Affairs
Cherokee Central Schools
- **Gabe Hooper**, Behavioral Health Operations Manager
Cherokee Indian Hospital Authority
- **Chelsea Taylor**, Behavioral Health Data Analyst
Cherokee Indian Hospital Authority

Health Priorities

The four priority areas for the 2019–2024 Tribal Health Improvement Process are:

- **Substance Use**
- **Mental Health and Well-Being**
- **Violence and Abuse**
- **Social, Economic, and Environmental Factors**

In 2019, the THIP Steering Committee began the health improvement process by thoroughly reviewing data on the top ten community health concerns. These concerns were identified through multiple sources, including the Tribal Health Assessment, Community Club surveys, the 2017 Community Health Survey, and the Youth Risk and Resiliency Survey. The Steering Committee applied an equity lens throughout the prioritization process, ensuring that strategies addressed the disproportionate impact of health issues on vulnerable populations, such as individuals experiencing poverty, homelessness, or barriers to accessing culturally congruent care.

Based on this review, three initial priority areas were selected in 2019. When the Steering Committee resumed work in 2021, the priorities were refined, and a fourth priority—Social, Economic, and Environmental Factors—was added.

In their second meeting, the committee discussed benchmarks and developed a timeline for the five-year process. To better define each priority, the group divided into sub-teams to explore key aspects, including:

- What the issue looks like when it is addressed successfully.
- Cultural factors and equity considerations relevant to the issue, ensuring that interventions are respectful and align with the values and traditions of the Eastern Band of Cherokee Indians (EBCI).
- What interventions might be most impactful.

Progress on the THIP was delayed in 2020 due to the COVID-19 pandemic, as the focus shifted to managing the public health emergency.

When the Steering Committee resumed work in 2021, they revisited the priorities using the Results-Based Accountability (RBA) framework. This process refined the priorities and led to the addition of Social, Economic, and Environmental Factors as a fourth priority. The Substance Use priority was clarified to include substance abuse, and the Mental Health priority, previously referred to as "depression," was renamed **Mental Health and Well-Being** to reflect a broader focus. Documentation completed before these adjustments may still reflect the earlier terminology.

Indicator Selection

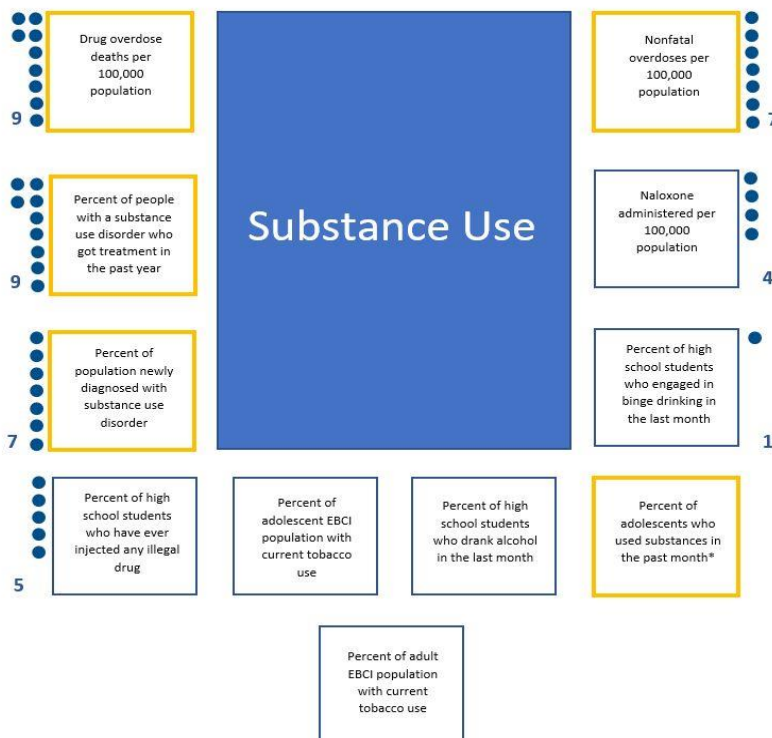
Indicators are key metrics that allow us to measure progress on our health priorities. Selecting the right indicators ensures we can effectively track changes and make informed decisions.

The committee reviewed existing health data to better understand the health status of the EBCI community and provide a comprehensive view of health across multiple levels of influence. To identify the most relevant indicators for each priority, the committee applied the following criteria to ensure that selected metrics were both practical and meaningful:

- **Data Source:** Availability, comparability, and capacity of the potential data source, including alignment with Healthy People 2030 or Healthy NC 2030.
- **Significance:** Each indicator was rated on a scale of 1 to 5, with 5 representing the highest significance to the THIP process.

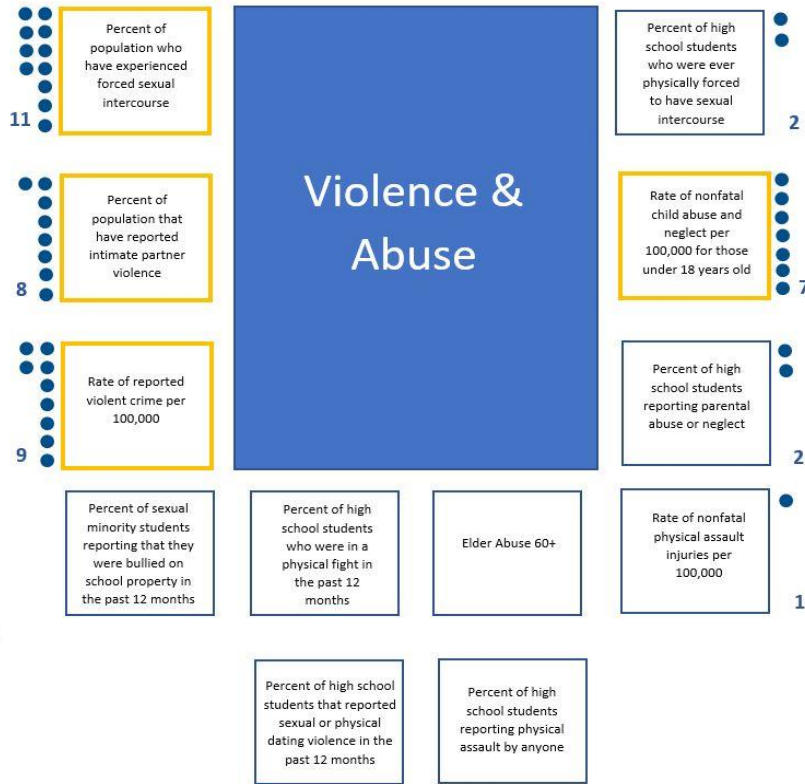
To finalize the selection, the committee used a dot voting method, where each member placed blue dots to indicate their preferred indicators. This method helped the group collaboratively reach a consensus on the top indicators to track each priority throughout the THIP cycle. Each blue dot represented one vote, and indicators with a yellow border in the digitized results signify those that were officially selected.

Across the priority areas, several strategies incorporated policy recommendations to address systemic barriers and promote sustainable change. For example, under the Substance Use priority, policies were recommended to expand funding for harm reduction tools and increase training for community healthcare providers. Similarly, in the Violence and Abuse priority, legislative reforms were proposed to enhance protections for victims and hold offenders accountable. These policy recommendations were designed to align with community needs and the values of the Eastern Band of Cherokee Indians (EBCI).

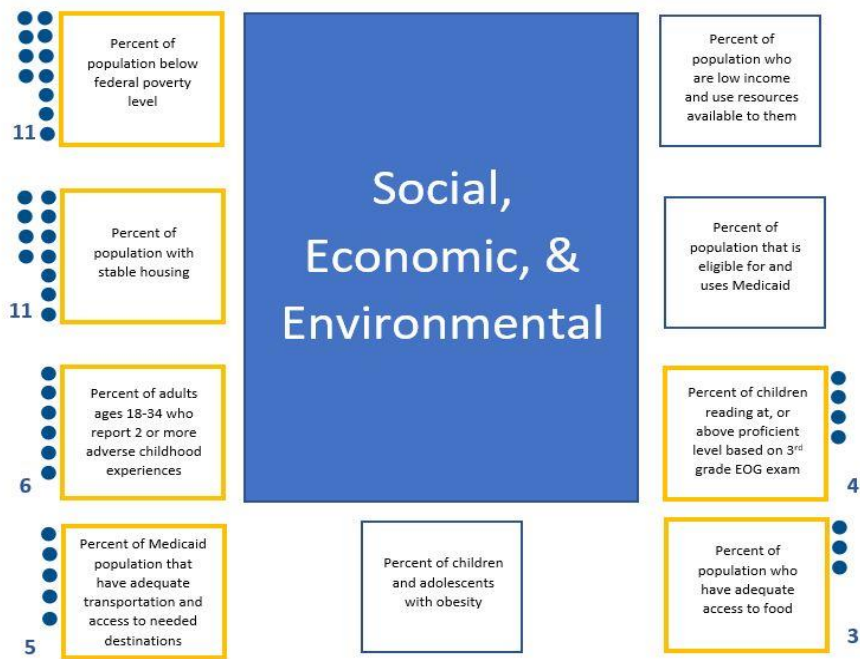


Substance Use indicator votes

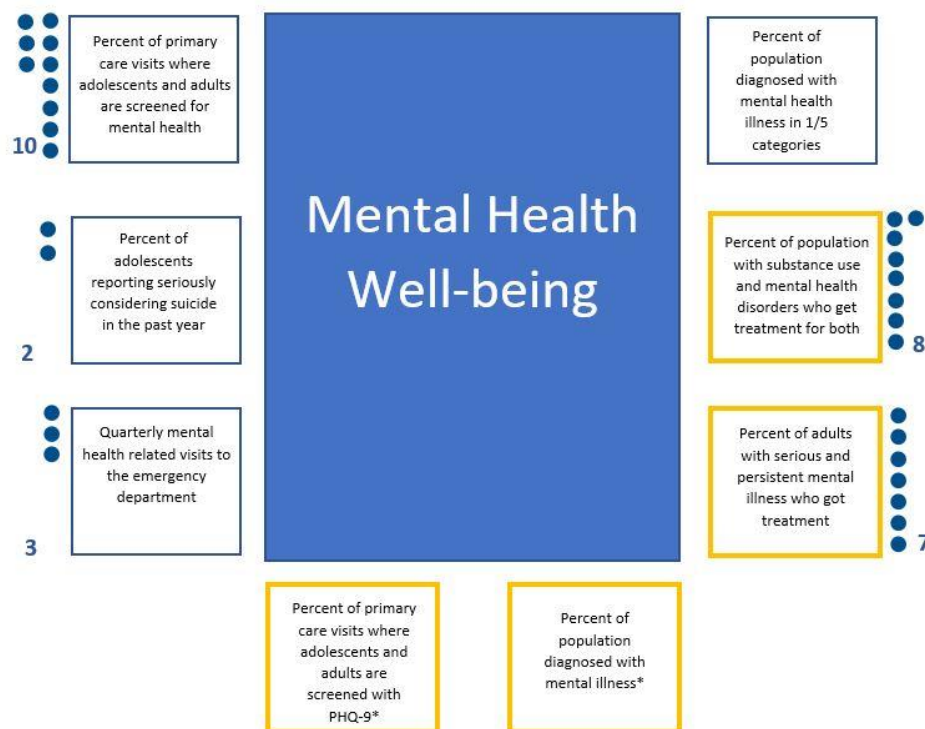
The indicator **“Percent of adolescents who used substances in the past month”** was added after the voting process during further discussion by the THIP Steering Committee. The committee recognized the importance of including an indicator that focuses specifically on the adolescent population. Additionally, using the term **“substances”** broadens the scope, making the indicator more inclusive and ensuring alignment with multiple available data sources.



Violence and Abuse indicator votes



Social, Economic & Environmental indicator votes



No votes are shown for **“Percent of primary care visits where adolescents and adults are screened with PHQ-9”** and **“Percent of population diagnosed with mental illness”** because these indicators were added following the voting process, during further discussions about indicator selection.

Mental Health Well-being indicator votes

THIP Priority Teams

Broad community involvement is critical to the success of the Tribal Health Improvement Process (THIP). To ensure that community input drove meaningful change, those who were invested in or played significant roles in the THIP were invited to be part of the priority teams. Examples of team members included individuals and community champions, social and economic service programs, child care and education representatives, the local hospital, county partners, and tribal-affiliated programs. Our previous THIP experience demonstrated that community engagement and collaboration with Tribal, regional, and other stakeholders are essential for improving the health of the Eastern Band of Cherokee Indians (EBCI).

Community members actively participated in monthly priority team meetings by sharing lived experiences, suggesting strategies, and providing feedback on proposed interventions. For example, during the development of harm reduction strategies, community input shaped the placement of public health vending machines to ensure accessibility for high-risk areas.

To illustrate the structured planning approach taken during this process, a sample from the THIP Implementation Work Plan is provided below:



Tribal Health Improvement Plan (THIP)/ Health Priority: Substance Use/Implementation Plan

Last updated:	Monday, September 30, 2024
Staff Completing Action Plan	Sheena K. Lambert (Team Lead), Anis Lousiah (Co-lead), Mark Tuttle, Lara Conner, Stelia Blankenship, Joseph Ward, Robert Martens, Samantha Bradley, Marissa Bradley, Tina Saunooke, Billie Jo Rich, Harold B. Smith, Mitchell Hicks, Chelsea Taylor, Martha Thomsson & Megan Cagle
Result/Goal	EBCI is a community free from the negative personal and public health impacts of behavior associated with alcohol and other substance use at both the individual and community levels.
Indicator(s)	1. Nonfatal overdoses per 100,000 population 2. Drug overdose deaths per 100,000 population 3. Percent of people with a substance use disorder who got treatment in the past year 4. Percent of population newly diagnosed with substance use disorder in the past year 5. Percent of adolescents who use substances within last month
Strategy 1	Outreach, Education & Training
Indicator(s) Alignment	K1. Nonfatal overdoses per 100,000 population K2. Drug overdose deaths per 100,000 population K3. Percent of people with a substance use disorder who got treatment in the past year K4. Percent of population newly diagnosed with substance use disorder in the past year K5. Percent of adolescents who used substances within last month
SMARTIE Objectives	By September 30, 2024 the Sunrise Community Academy will provide substance use awareness and training entitled "Recovery Coach Academy" to at least 1 out of 100 tribal staff in the EBCI Criminal Justice System. By September 30, 2024 the Sunrise Community Academy will provide substance use awareness and training entitled "Recovery Coach Academy" to at least 10 CHA/PHHS staff. By September 30, 2024 the Sunrise Community Academy will provide substance use awareness and training entitled "Recovery Coach Academy" to at least 9% (3 out of 33) of all CHA Board Members. By September 30, 2024 the Sunrise Community Academy will provide substance use awareness and training entitled "Recovery Coach Academy" to at least 11 EBCI community members. By March 24, 2023 the Tribal Employee Rights Office (TERO) will provide a training entitled "Exploring the impact of intergenerational trauma on the workforce" and have at least 10% out of 100 slots for EBCI community members.

Implementation Steps (Activities)	Responsible Staff	Start Date	End Date	Data Source	Baseline Data	Expected Outcomes	Budget Source	Resources Available to Assist	Percentage Complete	Notes
1. Reach out and schedule a time to meet with Dr. Richard Bunio (Medical Director) @ CHA	Samantha Bradley, Sunrise Community for Recovery and Wellness	Thursday, February 23, 2023	Monday, April 3, 2023	N/A	Calendar Availability	Scheduled/teams call or in person meeting to discuss this training	N/A	CHA Medical Director	100%	
2. Request a provider list from Dr. Bunio and schedule for 3-day training series to occur	Samantha Bradley, Sunrise Community for Recovery and Wellness	Thursday, February 23, 2023	Monday, April 3, 2023	N/A	Provider list from CHA	Provider and board members training dates scheduled	CDC Opioid Prevention Grant	CHA, PHHS	100%	
3. Conduct 3-day training series for CHA Medical Director and Mid-Level providers	Samantha Bradley, Sunrise Community for Recovery and Wellness	Sunday, October 1, 2023	Monday, September 30, 2024	N/A	Training Calendar Schedule for Medical Director and Mid-level	30% attendance of CHA providers & Board members	CDC Opioid Prevention Grant	CHA	100%	
4. Reach and schedule a 3-day training series with CHA Governing Board members	Samantha Bradley, Sunrise Community for Recovery and Wellness	Thursday, February 23, 2023	Monday, April 3, 2023	N/A	CHA Governing Board training dates scheduled	CHA Governing Board training dates scheduled	N/A	CHA, PHHS	100%	
5. Conduct 3-day training series for CHA Governing Board members	Samantha Bradley, Sunrise Community for Recovery and Wellness	Sunday, October 1, 2023	Monday, September 30, 2024	N/A	Training Calendar Schedule for Governing Board member	30% (3 out of 11) attendance of CHA Board Members	CDC Opioid Prevention Grant	CHA, PHHS	100%	
6. Reach and schedule a 3-day training series with 5 EBCI community members	Samantha Bradley, Sunrise Community for Recovery and Wellness	Thursday, February 23, 2023	Monday, April 3, 2023	N/A	Community member list	Community members training dates scheduled	N/A	CHA, PHHS	100%	10 participants
7. Conduct 3-day training series for EBCI community members	Samantha Bradley, Sunrise Community for Recovery and Wellness	Sunday, October 1, 2023	Monday, September 30, 2024	N/A	Training Calendar Schedule for 5 community members	5 EBCI community members to attend	CDC Opioid Prevention Grant	CHA, PHHS	100%	10 participants
8. Reach out and schedule a time to meet with Karla Borrnie with the Tribal Criminal Justice System	Samantha Bradley, Sunrise Community for Recovery and Wellness	Thursday, February 23, 2023	Monday, April 3, 2023	N/A	N/A	Scheduled teams call or in person meeting to discuss this training	N/A	Tribal Criminal Justice System	100%	
9. Schedule 3-day training series for Tribal Criminal Justice System staff	Samantha Bradley, Sunrise Community for Recovery and Wellness	Thursday, February 23, 2023	Monday, April 3, 2023	N/A	Criminal Justice System staff list	Criminal Justice System staff training dates scheduled	CDC Opioid Prevention Grant	Tribal Criminal Justice System	100%	4 total participants
10. Conduct 3-day training with Tribal Criminal Justice System staff	Samantha Bradley, Sunrise Community for Recovery and Wellness	Sunday, October 1, 2023	Monday, September 30, 2024	N/A	Training Calendar Schedule for Tribal Criminal Justice System	15% attendance of Tribal Criminal Justice System Staff	CDC Opioid Prevention Grant	CHA, PHHS	100%	4 total participants
11. Complete a post survey report from the trainings and report to substance use team	Samantha Bradley, Sunrise Community for Recovery and Wellness	Friday, May 21, 2024	Monday, September 30, 2024	N/A	Pre-Survey	CGAR Recovery Coach Academy@ participants will describe	Sunrise Community Academy	Sunrise Community Academy PHHS epidemiology	100%	
12. TERO team plans the training entitled: Exploring the impact of intergenerational trauma on the workforce	Billie Jo Rich/Teri Henry, Tribal Employee Rights Office	Sunday, January 1, 2023	Monday, March 20, 2023	N/A	Previous training agenda's	Training placed on TERO website and agenda finalized	EBCI TERO	EBCI TERO	100%	
13. TERO team recruits participants for the training	Billie Jo Rich/Teri Henry, Tribal Employee Rights Office	Thursday, December 1, 2022	Monday, March 20, 2023	N/A	# of attendees registered for training	50% out of 100 slots for EBCI community members	EBCI TERO	EBCI TERO	100%	
14. Setup meeting to discuss the training with EBCI Human Resources and other Tribal TERO's	Billie Jo Rich/Teri Henry, Tribal Employee Rights Office	Sunday, January 1, 2023	Wednesday, March 1, 2023	N/A	Calendar Availability	Recruit 10% of human resource staff to participate in training	EBCI TERO	EBCI Human Resources, EBCI TERO, and other PR resources	100%	

Example of implementation work plan used to document strategic components over the five-year period.

In 2023, the THIP priority groups played a critical role in decision-making by identifying and prioritizing community-focused strategies for their respective areas. For instance, the Substance Use Priority Team determined the need for public health vending machines to improve access to harm reduction tools such as Naloxone (Narcan) and fentanyl test strips. Meeting minutes from these teams document their collaborative decision-making process, which emphasized culturally relevant and community-driven solutions.

Building on their collaborative prioritization efforts, priority teams defined specific goals, developed actionable strategies, created timelines, and tracked measurable outcomes for each health concern. Having measures associated with each goal provided a way to evaluate the impact of our collective actions under the THIP.

The SMARTIE principles (Specific, Measurable, Achievable, Relevant, Timely, Inclusive, and Equitable) were used to guide the development of work plans, ensuring that goals were clearly defined and achievable in a structured manner:

- **Specific:** Goals are clearly defined.
- **Measurable:** Progress can be tracked with quantifiable indicators.
- **Achievable:** Objectives are realistic given available resources.
- **Relevant:** Goals align with broader community health needs.
- **Timely:** Objectives have clear timelines for completion.
- **Inclusive and Equitable:** Efforts are designed to include all community members in an equitable manner.

Additionally, SMARTIE principles provide a framework for evaluating progress by establishing measurable benchmarks. This structured approach helps determine if activities are being effectively executed and achieving the desired impact, allowing for adjustments to keep progress on track.

Monthly THIP meetings provided an essential forum for priority teams to share progress, align strategies across interconnected priorities, and address challenges collaboratively.

Community Partner List

Partners are acknowledged as having a dual role—both as community members and as professionals.

Substance Use Community Partners

These partners bring both lived community experience and professional expertise to the table.

Name & Community	Agency	Role
Sheena K. Lambert Yellowhill	Public Health and Human Services	Team Lead
Anita Lossiah Yellowhill	Office of Principal Chief (Policy Analyst)	Co-Lead
Samantha Bradley Wolftown	Sunrise Community for Recovery and Wellness	Team Member
Marissa Bradley Local Peer Support Navigator	Sunrise Community for Recovery and Wellness	Team Member
Bumper Smith Birdtown	Sunrise Community for Recovery and Wellness	Team Member
Martha Thomasson Community Partner	Jackson County Department of Public Health	Team Member
Meagan Cagle Community Partner	Jackson County Department of Public Health	Team Member
Joseph Ward Big Cove	Cherokee Indian Hospital Authority	Team Member
Stella Blankenship Painttown	Public Health and Human Services	Team Member
Mark Tuttle Tribal Employee	Public Health and Human Services	Team Member
Harold Smith Painttown	Sunrise Community for Recovery and Wellness	Team Member

Michell Hicks Painttown	Chief Strategy Group	Team Member
Robert Martens Big Y	Cherokee Indian Hospital Authority	Team Member
Billie Jo Rich Big Cove	TERO/ Mother Town Healing Program	Team Member
Tina Saunooke Birdtown	Public Health and Human Services	Team Member
Lara Conner Hospital Employee	Cherokee Indian Hospital Authority	Team Member
Noland Brown Community Partner	Western Carolina University (Intern)	Team Member

Violence and Abuse Community Partners

These partners bring both lived community experience and professional expertise to the table.

Name & Community	Agency	Role
Bonnie Claxton Tribal Employee	Legal Assistance Office	Team Lead
Maggie Jackson Yellowhill	Cherokee Indian Hospital Authority	Team Lead
Freida Saylor Tribal Employee	Cherokee Indian Hospital Authority	Team Lead
Sunshine Parker Yellowhill	Cherokee Tribal Court	Team Member
Cody White Tribal Employee	Cherokee Office of the Attorney General	Team Member
Marsha Jackson Yellowhill	Public Health and Human Services	Team Member
Kayla Bigmeat Yellowhill	Public Health and Human Services	Team Member
Crystal Jenkins Tribal Employee	Public Health and Human Services	Team Member

Brandy Davis Yellowhill	Public Health and Human Services	Team Member
Seth Bouchard Community Partner	Western Carolina University (Intern)	Team Member
Kayden Antonson Community Partner	Western Carolina University (Intern)	Team Member
Dianna Lord Community Partner	Western Carolina University (Intern)	Team Member
Wesley Myers Tribal Employee	Cherokee Indian Police Department	Team Member
Sandy Cloer Tribal Employee	Public Health and Human Services	Team Member
Shelli Bruckner Tribal Employee	Office of the Tribal Prosecutor	Team Member
Jenna Wiggins Tribal Employee	Public Health and Human Services	Team Member
Marissa O'Brien Community Partner	Center for Domestic Peace	Team Member
Lisa Ivey Birdtown	Cherokee Indian Hospital Authority	Team Member
Miriam Fuller Birdtown	Cherokee Indian Hospital Authority	Team Member
Michelle Frierich Hospital Employee	Cherokee Indian Hospital Authority	Team Member
Carla Nadeau Big Cove	Cherokee Indian Police Department	Team Member
George Stokely Hospital Employee	Cherokee Indian Hospital Authority	Team Member

Social, Economic, and Environmental Factors Community Partners

These partners bring both lived community experience and professional expertise to the table.

Name & Community	Agency	Role
Vickie Bradley Birdtown	Public Health and Human Services	Team Lead
Melinda Shuler Hospital Employee	Cherokee Indian Hospital Authority	Team Lead
Dwayne Reed Wolftown	Public Health and Human Services	Team Member
Radonna Crowe Big Y	Public Health and Human Services	Team Member
Jessica Crowe Big Y	Public Health and Human Services	Team Member
JD Arch Tribal Employee	EBCI Transit	Team Member
Pamela Middleton Tribal Employee	Public Health and Human Services	Team Member
Aneva Hagberg Birdtown	Public Health and Human Services	Team Member
Barbara Jones Tribal Employee	Public Health and Human Services	Team Member
Sonya Wachacha Painttown	Public Health and Human Services	Team Member
Charles Reagan Tribal Employee	Public Health and Human Services	Team Member

Mental Health and Well-Being Community Partners

These partners bring both lived community experience and professional expertise to the table.

Name & Community	Agency	Role
Donica Conseen Hospital Employee	Cherokee Indian Hospital Authority	Team Lead

Jennifer Oskins Tribal Employee	Public Health and Human Services	Team Member
Michael Quillen Tribal Employee	Public Health and Human Services	Team Member
Rose James Tribal Employee	Public Health and Human Services	Team Member
Lisa Lefler Community Partner	Western Carolina University	Team Member
Amelia Owle Arkansas Birdtown	Public Health and Human Services	Team Member
Gabe Hooper Hospital Employee	Cherokee Indian Hospital Authority	Team Member
Lindsey Koineczka Tribal Employee	Public Health and Human Services	Team Member
Reid Smithdeal Hospital Employee	Cherokee Indian Hospital Authority	Team Member
Shennell Feather Wolfstown	Museum of Cherokee	Team Member
Jason Lambert Birdtown	Chief Strategy Group	Team Member
Shelby Parker Wolfstown	Public Health and Human Services	Team Member
Richard Bunio Hospital Employee	Cherokee Indian Hospital Authority	Team Member

Substance Use and Related Issues

Substance use is a critical health challenge facing the EBCI community. Addressing it effectively requires a multifaceted approach involving community, healthcare systems, and local stakeholders. Since the first Tribal Health Assessment in 2013, substance use has been consistently identified as a leading health concern.

Substance use has consistently been identified as a leading health concern since the first Tribal Health Assessment in 2013. Both Western North Carolina and the Eastern Band of Cherokee Indians (EBCI) have been heavily impacted by substance use. American Indians and Alaska Natives (AI/AN) have the highest rate of substance use compared to other races. These higher rates can be attributed in part to Tribes' rural locations, historical grief and trauma, lack of culturally congruent health and social services, and high rates of poverty, unemployment, and homelessness.²

The Centers for Disease Control and Prevention (CDC) defines substance use as “The use of selected substances, including alcohol, tobacco products, illicit drugs, inhalants, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible dependence and other detrimental effects.”³ In Western North Carolina, nearly half (46.5%) of adults report that their lives have been negatively affected by substance abuse, either from their own use or that of others (WNCHN – WNC Healthy Impact Community Health Survey, 2021).

Substance use affects multiple aspects of an individual's life, often leading to a complex array of health and social issues. The key areas impacted include:

- **Physical Health**
 - **Overdose:** Accidental overdose can lead to severe health complications or even death.
 - **Disease and Infection:** There is an increased risk of contracting infectious diseases like HIV/AIDS and hepatitis due to needle sharing or risky behaviors.
- **Mental Health**
 - **Depression and Anxiety:** Substance use can contribute to the development or worsening of mental health conditions.
- **Social and Economic Factors**
 - **Strained Relationships:** Substance use can damage relationships with family, friends, and partners.
 - **Financial Strain:** Substance use can be costly, leading to financial difficulties, debt, and even job performance issues or job loss.

² Substance Abuse Treatment: Addressing the Specific Needs of Women [Internet]. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2009. (Treatment Improvement Protocol (TIP) Series, No. 51.) 6 Substance Abuse Among Specific Population Groups and Settings. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK83240/>

³ [CDC/National Center for Health Statistics/Division of Analysis and Epidemiology](https://www.cdc.gov/nchs/data/brb/brb_2013_01.pdf)

Highlights from the 2018 Tribal Health Assessment

- 16% of respondents selected “addiction and/or drug use” as one of their biggest concerns about the health of their family.
- 25% of respondents identified “personal, friend, or family member's addiction and/or drug use” among the top three factors negatively impacting their quality of life in the past month.
- 78% of respondents identified “drug and/or alcohol abuse” as one of the top issues most negatively affecting the health and well-being of the EBCI Tribal community.

Substance Use Team Approach

The THIP Substance Use Team seeks to reduce the negative impacts of substance use by targeting both individual behavior and systemic challenges. By fostering partnerships with healthcare systems, tribal entities, and community groups, the plan aims to eliminate the adverse outcomes associated with alcohol and substance use.

All interventions under the Substance Use priority were developed with input from cultural advisors to ensure alignment with Cherokee traditions and values. For instance, training sessions for the Recovery Coach Academy incorporated storytelling, a practice deeply rooted in Cherokee culture, to connect recovery strategies with community heritage.

The Tribal Health Improvement Plan (THIP) for Substance Use focuses on reducing substance use impacts within the EBCI community. Its goal is to eliminate adverse personal and public health outcomes associated with alcohol and substance use. Key indicators for progress include reducing nonfatal overdoses, decreasing drug overdose deaths, increasing access to treatment for substance use disorders (SUD), lowering new SUD diagnoses, and reducing adolescent substance use.

The Sunrise Community plays a critical role in supporting these efforts. By providing training and peer support, Sunrise complements the work of healthcare systems and tribal organizations, creating a comprehensive recovery network. This collaboration addresses the substance use crisis at individual, family, and community levels, directly contributing to THIP goals.

Key Strategies, Objectives, and Implementation Activities

The Substance Use Team established four primary strategies to drive meaningful change in the community:

Strategy 1: Raising Awareness and Providing Training

This strategy equips key community stakeholders with the knowledge and tools to effectively address substance use, fostering a supportive environment for recovery.

- **Objectives:**
 - Deliver "Recovery Coach Academy" training to the following groups by September 30, 2024:
 - 3 of 200 staff in the EBCI Criminal Justice System.

- 10 staff from the Cherokee Indian Hospital Authority (CIHA), Public Health and Human Services (PHHS), and EMS.
 - 1 of 11 CIHA Board Members.
 - 15 community members.
- Host a Tribal Employee Rights Office (TERO) session titled "Exploring the Impact of Intergenerational Trauma on the Workforce," with 10% of slots reserved for EBCI community members.
- **Implementation Activities:**
 - *Training Sessions:* Samantha Bradley of the Sunrise Community Academy led three-day sessions for medical staff, board members, and community members. Supported by the CDC Opioid Prevention Grant, these sessions achieved outcomes such as increased recovery coaching knowledge, self-disclosure skills, and cultural awareness.
 - *Criminal Justice Training:* The team coordinated sessions for Criminal Justice staff, achieving 15% participation.
 - *Intergenerational Trauma Training:* TERO successfully recruited participants, with 50% enrollment from community members.

Strategy 2: Community Engagement through Events and Speaking Engagements

This strategy increases awareness and reduces stigma around substance use disorders (SUD) through outreach events and community talks, ensuring individuals know how to access resources.

- **Key Indicators:**
 - Tracking nonfatal overdoses, drug overdose deaths, treatment access, new SUD diagnoses, and adolescent substance use.

Strategy 3: Coordination and Data Reporting

Improving data collection and sharing fosters transparency and empowers the community to address substance use challenges.

- **SMARTIE Objectives:**
 - Develop a data reporting framework by June 2023.
 - Launch a dashboard on the EBCI website.
 - Create educational materials about the Tribal Coordinating Committee (TCC) and present data to at least five community clubs by September 2024.
- **Implementation Activities:**
 - Researching the data framework, setting up the dashboard, and creating educational materials. Progress continues, with milestones planned for 2023 and 2024.

Strategy 4: Expanding Access to Harm Reduction Tools

This strategy increases access to tools like Naloxone (Narcan) and fentanyl test strips through public health vending machines.

- **SMARTIE Objectives:**

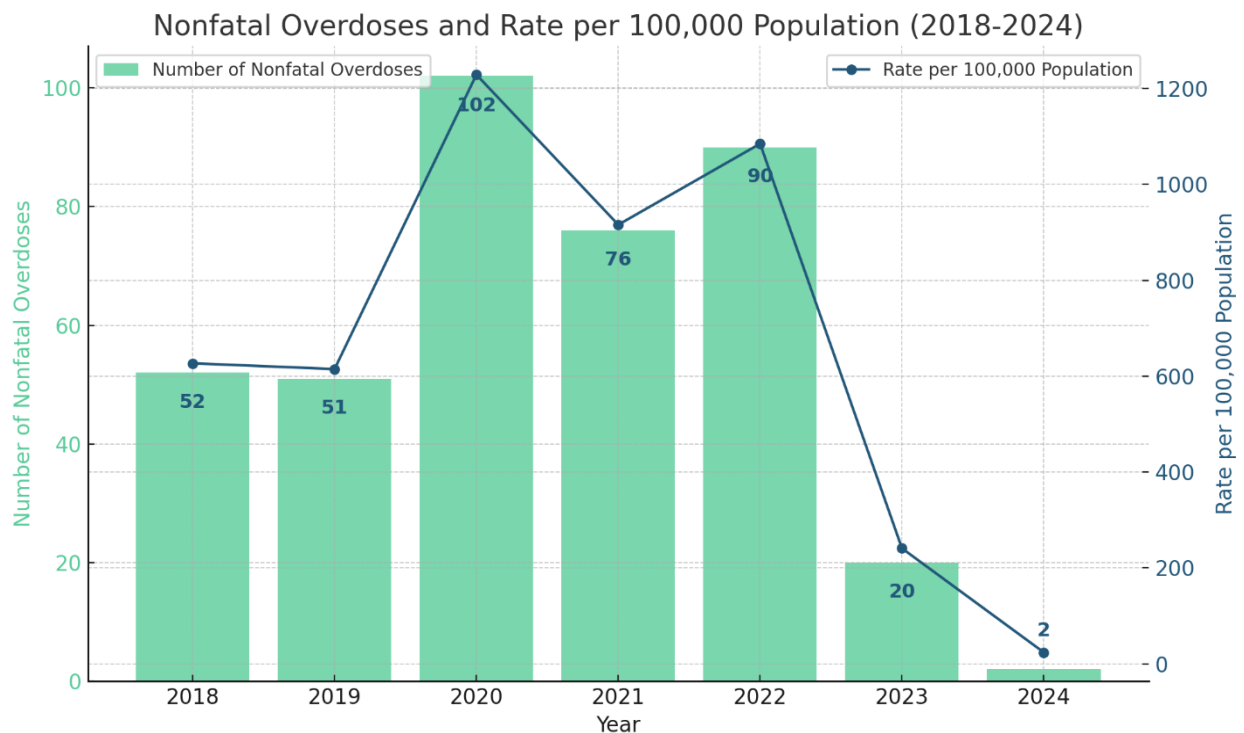
- Secure funding for 10 vending machines and provide 24/7 access to Narcan and fentanyl test strips.
- Educate the community on using the machines.
- Draft a utilization report by 2024.

- **Implementation Activities:**

Funding was secured, vending machines were stocked, and community training was conducted. By 2023, all objectives were achieved, with high engagement and data showing increased access to life-saving tools.

Substance Use Data and Outcomes

Nonfatal Overdoses and Rate per 100,000 Population (2018-2024)



The chart above illustrates the number of nonfatal overdoses and the corresponding rate per 100,000 population in the EBCI community from 2018 to 2024. The data reflects both the number of overdoses and how frequently they occurred in relation to the population on the Qualla Boundary, the service area of Tribal EMS (8,296 individuals). This dual representation helps provide a complete picture of trends in substance use-related incidents over time.

Key Observations from the Data

- **2018-2020 Increase:** There was a significant spike in nonfatal overdoses from 2019 to 2020. Specifically, the rate per 100,000 population increased from 615 in 2019 to 1,229 in 2020. This sharp rise can be attributed to several factors, including disruptions due to the COVID-19 pandemic, which may have exacerbated substance use and created barriers to accessing support and treatment.
- **2021-2024 Decline:** From 2021 onwards, there was a noticeable decline in both the number and rate of nonfatal overdoses. By 2024, the rate had decreased significantly to just 24 per 100,000 population, reflecting an impressive 98% reduction from the peak in 2020. The number of overdoses dropped from 102 in 2020 to only 2 in 2024, underscoring the success of targeted interventions.
- **Impact of Interventions:** The drastic reduction in overdose rates suggests the effectiveness of comprehensive, community-focused strategies. The installation of public health vending machines stocked with Naloxone (Narcan) and fentanyl test strips, coupled with widespread training and community engagement, played pivotal roles in achieving this success.

Data Background

- **Data Source:** The data was sourced from ODMAP, a platform used to track overdoses in real-time, which helps target interventions effectively.
- **Measure Definition:** The rate per 100,000 population is calculated by multiplying the number of nonfatal overdoses by 100,000 and then dividing by the EBCI population on the Qualla Boundary (8,296).
- **Target Improvement:** The target for this measure was set at a 10% improvement over the baseline, aiming to reduce the rate from 627 per 100,000 in 2018 to 564 per 100,000.
- **Annual Overview:** Between 2018 and 2024, nonfatal overdose rates experienced dramatic shifts. The baseline rate of 627 per 100,000 in 2018 represented 52 incidents. By 2020, the rate surged to 1,229 per 100,000 (102 incidents), marking a peak influenced by the challenges of the COVID-19 pandemic. However, from 2021 to 2024, the rate dropped precipitously, reaching just 24 per 100,000 (2 incidents) in 2024. This 98% reduction surpassed the target improvement and highlights the impact of sustained harm reduction and prevention strategies.

Story Behind the Curve

The notable decrease in nonfatal overdoses from 2020 to 2024 underscores the effectiveness of targeted strategies implemented under the Tribal Health Improvement Plan (THIP). The introduction of harm reduction tools, such as public health vending machines providing free, 24/7 access to Narcan and fentanyl test strips, significantly contributed to reducing overdose rates. By making life-saving resources accessible without barriers, individuals were empowered to intervene during overdose situations.

Community engagement initiatives, like the Recovery/Wellness Rallies, were also instrumental in combating the substance use crisis. These events not only increased awareness about substance use disorders (SUD) but also helped reduce stigma by showcasing recovery success stories and fostering

community connections. With participation numbers exceeding expectations—476 attendees in 2023 and 637 in 2024—these rallies proved crucial in strengthening the support network for those affected by substance use.

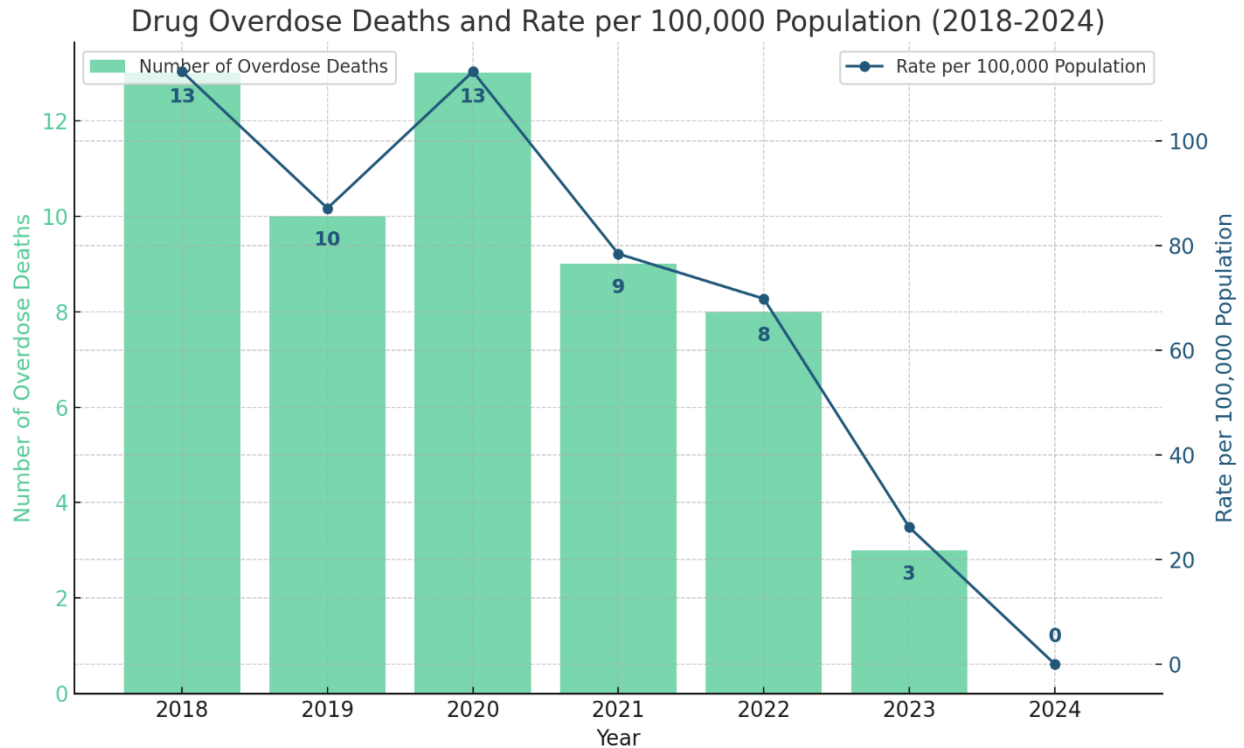
Training programs such as the **Recovery Coach Academy** also had a considerable impact. By equipping healthcare providers, community members, and leaders with skills in recovery support, these programs helped build a peer-led network that played a key role in preventing overdoses and supporting individuals in recovery. The use of real-time overdose tracking through ODMAP further enhanced the community's ability to respond effectively, allowing resources to be deployed where they were most needed.

Strategies Contributing to Success

- **Public Health Vending Machines:** Installed across the community, these machines provided 24/7 access to Naloxone (Narcan) and fentanyl test strips, reducing barriers to accessing overdose prevention tools.
- **Community Engagement:** Events like Recovery/Wellness Rallies fostered awareness and reduced stigma, drawing large numbers of participants and creating a sense of solidarity among community members.
- **Training and Capacity Building:** Partnering with organizations like **Sunrise Community for Recovery and Wellness**, training programs such as the Recovery Coach Academy equipped participants with essential skills for supporting recovery. These initiatives emphasized cultural relevance and peer-led recovery support, which helped bridge gaps in traditional healthcare services.
- **Data-Driven Approach:** Leveraging ODMAP data allowed for precise targeting of interventions, ensuring resources were directed to areas most in need, which was instrumental in reducing nonfatal overdose incidents.

The significant reduction in nonfatal overdoses demonstrates the power of a coordinated, evidence-based approach. By combining harm reduction tools, community engagement, and real-time data tracking, the EBCI community has made remarkable strides in addressing the substance use crisis. Continued focus on sustaining these efforts and adapting to emerging challenges will be critical to maintaining and building upon these achievements.

Drug Overdose Deaths and Rate per 100,000 Population (2018-2024)



The chart above illustrates the number of drug overdose deaths and the corresponding rate per 100,000 population in the EBCI community from 2018 to 2024. The data shows both the number of deaths and how frequently they occurred in relation to the CIHA Active User AI/AN population in the 5-County area (approximately 11,483 individuals in 2023). This dual representation offers a comprehensive view of trends in overdose mortality over time.

Key Observations from the Data

- **2018-2020 Fluctuations:** Drug overdose deaths initially saw a decrease from 13 deaths in 2018 to 10 in 2019, followed by an increase back to 13 in 2020. This fluctuation might be linked to various factors, including the challenges posed by the COVID-19 pandemic, which led to disruptions in support services and increased stress and isolation within the community.
- **2021-2024 Decline:** From 2021 onwards, the number of drug overdose deaths saw a continuous and notable decline. By 2024, the rate had decreased to 0 per 100,000 population, representing a complete elimination of overdose deaths compared to the peak in 2020. The number of deaths dropped from 13 in 2020 to 0 in 2024, highlighting the success of coordinated prevention and treatment efforts.
- **Impact of Interventions:** The marked reduction in overdose deaths is a testament to the effectiveness of community-focused strategies, including the use of public health vending machines, comprehensive training programs, and real-time data tracking through ODMAP, all of which were instrumental in saving lives and preventing further fatalities.

Data Background

- **Data Source:** Data from 2022 onward was sourced from ODMAP, while pre-2022 data was provided by the Cherokee Indian Hospital Authority (CIHA) through death certificates and last entered narratives.
- **Measure Definition:** The rate per 100,000 population is calculated by multiplying the number of overdose deaths by 100,000 and then dividing by the CIHA AI/AN active user population in the 5-County Area.
- **Target Improvement:** The target was set at a 50% reduction from the baseline, aiming to lower the rate from 113.22 per 100,000 in 2018 to 57 per 100,000.
- **Annual Overview:** Between 2018 and 2024, the number of drug overdose deaths experienced both challenges and dramatic successes. The baseline rate in 2018 was 113.22 per 100,000, with 13 deaths. After some fluctuations, rates peaked again in 2020 at 113.22 per 100,000 (13 deaths). However, starting in 2021, the community saw steady progress, culminating in a rate of 0 per 100,000 by 2024—a complete elimination of overdose deaths. This achievement exceeded the target reduction and underscores the impact of sustained harm reduction strategies and community interventions.

Story Behind the Curve

The dramatic reduction in drug overdose deaths from 2020 to 2024 underscores the success of a focused, multi-pronged approach to addressing the overdose crisis. The introduction of harm reduction tools, such as public health vending machines providing free, 24/7 access to Naloxone (Narcan) and fentanyl test strips, was crucial in preventing fatalities. These machines removed barriers to accessing life-saving resources, ensuring that community members had what they needed to intervene during overdose emergencies.

Community engagement efforts, including Recovery/Wellness Rallies and the “Faces & Voices of Recovery” initiative, also played a vital role. These events not only raised awareness but also fostered a culture of recovery, reducing stigma around substance use. The participation in these events exceeded expectations and provided a supportive network for those on their recovery journey.

Real-time tracking of overdose incidents through ODMAP enabled targeted responses, helping focus resources where they were most needed. Before 2022, data collected from the CIHA provided essential insights that helped guide the early stages of intervention planning and community response.

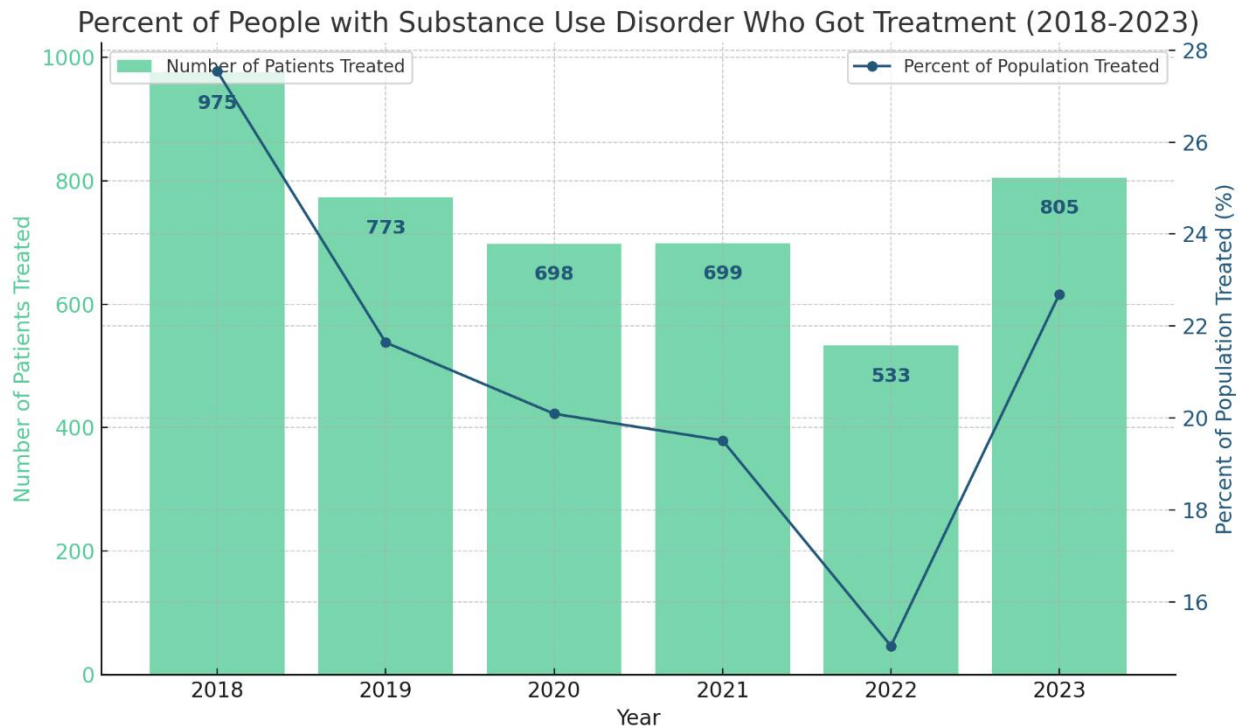
Strategies Contributing to Success

- **Public Health Vending Machines:** Providing 24/7 access to Naloxone (Narcan) and fentanyl test strips throughout the community, these vending machines played a crucial role in making life-saving tools easily accessible to everyone.
- **Community Engagement:** Events like Recovery/Wellness Rallies helped raise awareness, reduce stigma, and foster solidarity among community members, drawing strong participation and creating a recovery-supportive environment.

- **Training and Capacity Building:** Collaborating with partners like the **Sunrise Community for Recovery and Wellness**, training programs like the Recovery Coach Academy built capacity within the community by equipping participants with key skills for recovery support. These efforts highlighted cultural relevance and the importance of peer-led recovery.
- **Data-Driven Approach:** Leveraging ODMAP allowed for precise targeting of interventions, ensuring that support and resources were effectively allocated to areas of highest need. This data-driven strategy was critical in reducing both nonfatal and fatal overdoses within the community.

The EBCI community's success in eliminating drug overdose deaths as of 2024 is a powerful example of the impact of coordinated, culturally relevant, and data-informed approaches. Sustained efforts to address the root causes of substance use and ensure continued access to harm reduction resources will be essential to maintaining this progress and fostering a healthier, safer community.

Percent of People with Substance Use Disorder Who Got Treatment (2018-2023)



The chart above illustrates the number of patients treated for substance use disorder (SUD) and the corresponding percentage of the population diagnosed with SUD who received treatment each year from 2018 to 2023. The data provides insights into how effectively individuals diagnosed with substance use disorder are being connected to treatment services, helping to track both the scale of treatment and the rate of engagement over time.

Key Observations from the Data

- **2018 Peak and Subsequent Decline:** In 2018, the percentage of individuals with SUD receiving treatment peaked at 27.54%, with 975 patients treated. However, in subsequent years, there

was a significant decline in treatment rates, dropping to a low of 15.04% in 2022. This decline was likely influenced by disruptions caused by the COVID-19 pandemic, which hindered access to treatment services and reduced community outreach.

- **Recovery in 2023:** There was a notable recovery in 2023, with the treatment rate increasing to 22.69%, involving 805 patients. This suggests that renewed efforts to expand access to culturally relevant care and connect individuals to treatment options have started yielding positive results.
- **Impact of Interventions:** The fluctuations in treatment rates highlight both the challenges faced during the pandemic and the resilience of community interventions aimed at expanding access to care. The training of healthcare providers and peer support initiatives likely contributed to the recent uptick in treatment engagement.

Data Background

- **Data Source:** Data was sourced from the CIHA RPMS system, which tracks patient interactions and diagnoses within the community healthcare network.
- **Measure Definition:** The percentage is calculated by dividing the number of individuals with SUD who received treatment in the past year by the total number of individuals diagnosed with SUD within the past three years who were still alive on December 31st of that year.
- **Target Improvement:** The target for this measure was set at 28.5%, aiming for a 1% improvement over the 2018 baseline of 27.54%.
- **Annual Overview:** Between 2018 and 2023, treatment rates for substance use disorder showed significant variability. The baseline rate of 27.54% in 2018 marked a peak year, with 975 individuals receiving treatment. By 2022, the treatment rate had fallen sharply to 15.04%, reflecting the pandemic's impact on healthcare services and outreach efforts. In 2023, a recovery was observed, with the rate rising to 22.69%, or 805 individuals, indicating progress in re-establishing access to care and engaging more individuals in treatment programs.

Story Behind the Curve

The fluctuating percentage of individuals receiving treatment for substance use disorder between 2018 and 2023 reflects the broader challenges and resilience of the EBCI community's healthcare efforts. The decline in treatment rates during the pandemic years of 2020 and 2021 can be attributed to service disruptions, limitations on in-person care, and reduced availability of resources, all of which impacted the community's ability to support individuals with SUD.

Renewed efforts under the Tribal Health Improvement Plan (THIP) have focused on rebuilding and enhancing treatment access. Training programs such as the **Recovery Coach Academy**, delivered by the **Sunrise Community for Recovery and Wellness**, equipped healthcare providers and community members with the skills necessary to support individuals in recovery. Public awareness campaigns, including Recovery/Wellness Rallies and the "Faces & Voices of Recovery" series, also helped reduce stigma, encouraging more individuals to seek treatment.

The success of these initiatives is evident in the marked improvement in 2023, with a substantial rise in the number of individuals receiving treatment. This upward trend is a positive indicator of the

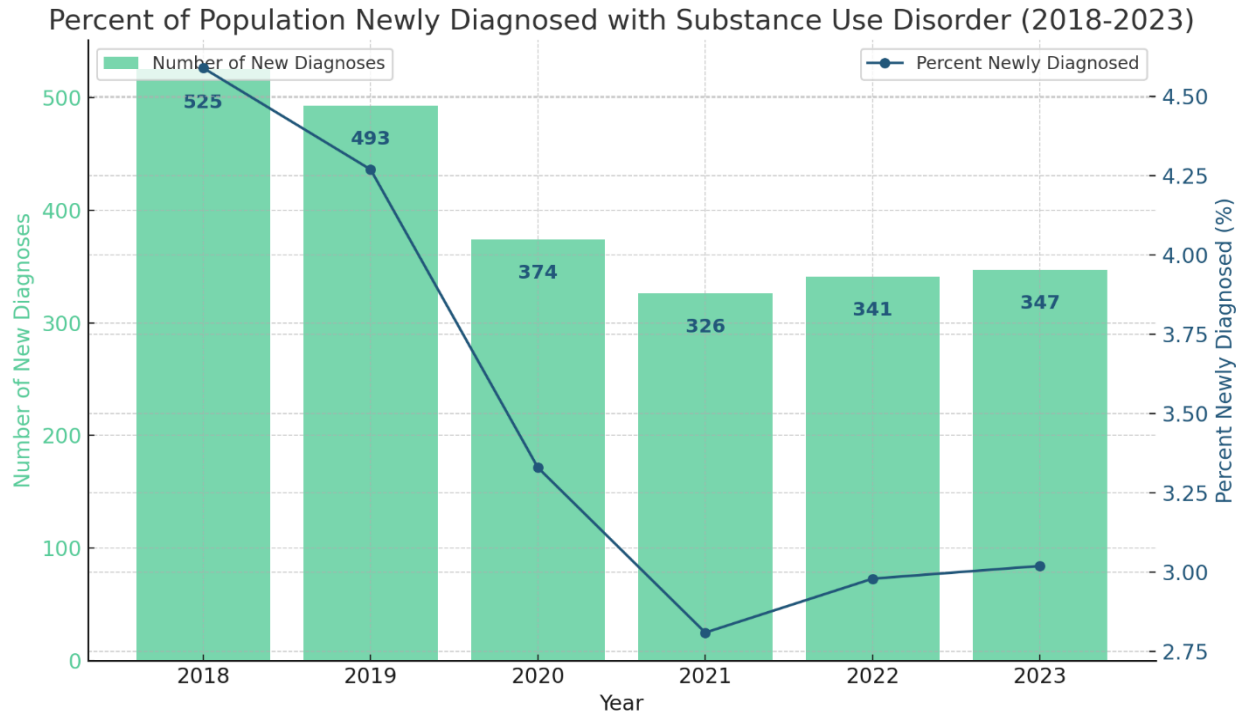
community's resilience, and the effectiveness of targeted interventions aimed at increasing access to culturally congruent care.

Strategies Contributing to Success

- **Community Engagement Initiatives:** Events like Recovery/Wellness Rallies have played an essential role in raising awareness about the importance of seeking treatment, fostering a sense of community, and reducing stigma associated with substance use disorders. The strong participation in these events created a more supportive environment for recovery.
- **Training Programs:** Training initiatives such as the **Recovery Coach Academy** have been vital in building community capacity to support individuals in recovery. By providing healthcare professionals and community members with recovery coaching skills, these programs have enhanced the support network for those dealing with substance use.
- **Peer-Led Support and Cultural Relevance:** The focus on peer-led recovery support, emphasizing cultural awareness and relevance, helped bridge gaps in traditional healthcare approaches. Ensuring that individuals had access to culturally aligned care played a critical role in encouraging treatment uptake.
- **Data-Driven Interventions:** Utilizing data from CIHA RPMS allowed the community to monitor treatment engagement and identify areas requiring targeted support. This approach was essential in refining strategies to meet community needs effectively.

The EBCI community's ability to rebound from pandemic-related challenges highlights the importance of resilience, collaboration, and culturally informed care. Continued efforts to expand access to treatment, foster community engagement, and address systemic barriers will be critical in achieving long-term improvements in substance use disorder treatment rates.

Percent of Population Newly Diagnosed with Substance Use Disorder (2018-2023)



The chart above illustrates the number of individuals newly diagnosed with a substance use disorder (SUD) each year from 2018 to 2023, along with the corresponding percentage of the CIHA user population diagnosed annually. This data provides insights into how the rates of new SUD diagnoses have changed over time within the EBCI community, helping to evaluate the effectiveness of prevention and early intervention efforts.

Key Observations from the Data

- **2018-2021 Decline:** The percentage of newly diagnosed cases of SUD showed a consistent decline from 4.59% in 2018 to 2.81% in 2021, with the number of new diagnoses dropping from 525 to 326. This decrease could indicate successful prevention efforts and community engagement aimed at reducing initial substance use through education and outreach.
- **Stabilization in 2022-2023:** Following the initial decline, the rate of new diagnoses stabilized at around 3% in 2022 and 2023. The slight uptick in diagnoses in 2023 (from 341 to 347) suggests that more individuals are being identified and connected with needed care, possibly due to increased screening efforts and awareness campaigns.
- **Impact of Community Initiatives:** The reduction in new SUD diagnoses over time suggests the effectiveness of targeted community-based strategies, including prevention education, reducing stigma, and culturally relevant outreach programs.

Data Background

- **Data Source:** The data was gathered from the CIHA RPMS system, which tracks patient interactions and diagnoses within the community healthcare network.

- **Measure Definition:** The percentage of new diagnoses is calculated by dividing the number of individuals newly diagnosed with SUD by the total CIHA user population for that year.
- **Target Improvement:** The target for this measure was set at 4.13%, representing a 10% reduction from the 2018 baseline of 4.59%.
- **Annual Overview:** From 2018 to 2023, the percentage of individuals newly diagnosed with SUD reflected meaningful trends in prevention and intervention. The baseline in 2018 was 4.59%, equating to 525 new cases. By 2021, the percentage had declined to 2.81%, with only 326 new diagnoses, reflecting a significant reduction aligned with community-focused strategies. In 2022 and 2023, rates stabilized at approximately 3%, with a slight increase in the number of diagnoses from 341 to 347 in 2023. This stabilization highlights improved screening and outreach efforts that ensure timely care for individuals in need while maintaining progress toward the target of 4.13%.

Story Behind the Curve

The observed decline in new SUD diagnoses between 2018 and 2021 is indicative of successful implementation of prevention initiatives under the Tribal Health Improvement Plan (THIP). Programs focused on community awareness and education, such as Recovery/Wellness Rallies and the “Faces & Voices of Recovery” digital storytelling series, played a significant role in preventing the onset of substance use by reducing stigma and encouraging early intervention.

The **Cherokee Indian Hospital Authority (CIHA)** played a pivotal role by providing detailed data that allowed for the effective targeting of resources and interventions. Leveraging data-driven insights helped the community tailor its prevention strategies to better meet the needs of those most at risk of developing substance use disorders.

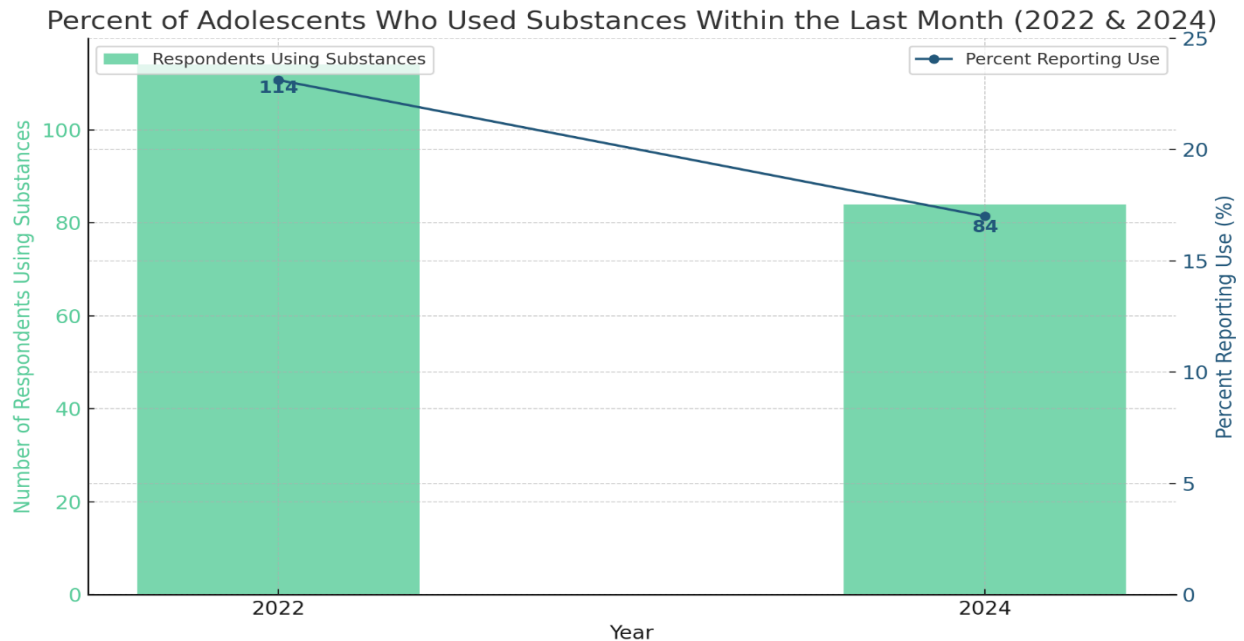
Despite the decline in new diagnoses, there was a slight increase in 2023, reflecting the challenges of ongoing substance use trends. However, this stabilization may also indicate improved identification and outreach efforts, ensuring that individuals receive timely support.

Strategies Contributing to Success

- **Community Awareness Events:** Events like **Recovery/Wellness Rallies** exceeded participation goals, serving as platforms to educate the public about substance use, promote healthy behaviors, and foster community solidarity.
- **Digital Storytelling to Reduce Stigma:** The “**Faces & Voices of Recovery**” series was effective in sharing relatable recovery stories, inspiring community members to seek help early and reducing the stigma surrounding substance use disorders.
- **Data-Informed Interventions:** Data provided by CIHA on new diagnoses helped inform targeted prevention strategies and monitor the effectiveness of community interventions, ensuring efforts were responsive to emerging trends.
- **Cultural Relevance:** Tailoring programs and messaging to reflect the EBCI cultural context resonated with community members, making prevention efforts more effective and fostering early intervention.

The progress made in reducing new SUD diagnoses highlights the importance of culturally aligned, community-driven strategies. By leveraging data, enhancing prevention efforts, and addressing root causes, the EBCI community has set a strong foundation for continued improvement in combating substance use disorders.

Percent of Adolescents Who Used Substances Within the Last Month (2022 & 2024)



The chart above illustrates the number of Cherokee Central Schools (CCS) students who reported using substances within the last 30 days in 2022 and 2024, as well as the corresponding percentage of the respondents. The data reflects both the total number of students who reported substance use and the proportion of the student body at CCS who used substances, giving a comprehensive view of adolescent substance use trends over these two years.

Key Observations from the Data

- **2022 Baseline and 2024 Reduction:** In 2022, 114 students, or **23.12%** of the respondents, reported using substances within the last 30 days. By 2024, this number had decreased to 84 students, corresponding to **17.00%** of respondents. This indicates a **26.5% reduction** in the percentage of adolescents reporting substance use over the two-year period.
- **Impact of Community Initiatives:** The reduction in substance use among CCS students suggests that community initiatives and targeted outreach have been effective. The decline highlights the positive impact of culturally relevant prevention programs, family involvement, and school-based interventions in addressing substance use issues.

Data Background

- **Data Source:** The data was collected from the Cherokee Central Schools (CCS) Youth Risk and Resiliency Survey (YRRS), which provides insights into the behaviors and experiences of students related to substance use.

- **Measure Definition:** The percentage is calculated by dividing the number of students who reported using substances within the past 30 days by the total number of CCS YRRS respondents.
- **Target Improvement:** The target for this measure was set at **20%**, representing a **3% improvement** from the 2022 baseline of **23.12%**.
- **Annual Overview:** Between 2022 and 2024, the percentage of Cherokee Central Schools students reporting substance use within the last 30 days declined significantly. The baseline in 2022 was 23.12%, equating to 114 students. By 2024, this percentage had decreased to 17.00%, or 84 students. This 26.5% reduction exceeded the target of 20%, reflecting the success of community-driven prevention efforts and culturally relevant interventions.

Story Behind the Curve

The reduction in the percentage of CCS students reporting substance use from **23.12%** in 2022 to **17.00%** in 2024 can be largely attributed to the community-driven efforts implemented under the Tribal Health Improvement Plan (THIP). Key initiatives included culturally relevant awareness campaigns, engagement with families, and the involvement of various community partners.

The **Youth Risk and Resiliency Survey (YRRS)** played a crucial role in identifying high rates of substance use, which informed the development of targeted outreach and prevention programs. Events such as the **Recovery/Wellness Rallies** provided platforms to promote recovery and educate the community about the risks of adolescent substance use. Moreover, the "**Faces & Voices of Recovery**" digital storytelling series helped normalize seeking help by sharing relatable recovery stories, thereby reducing stigma.

While the reduction in substance use is a positive development, ongoing challenges remain in understanding the root causes of substance use among adolescents and ensuring that resources are accessible to all segments of the youth population.

Strategies Contributing to Success

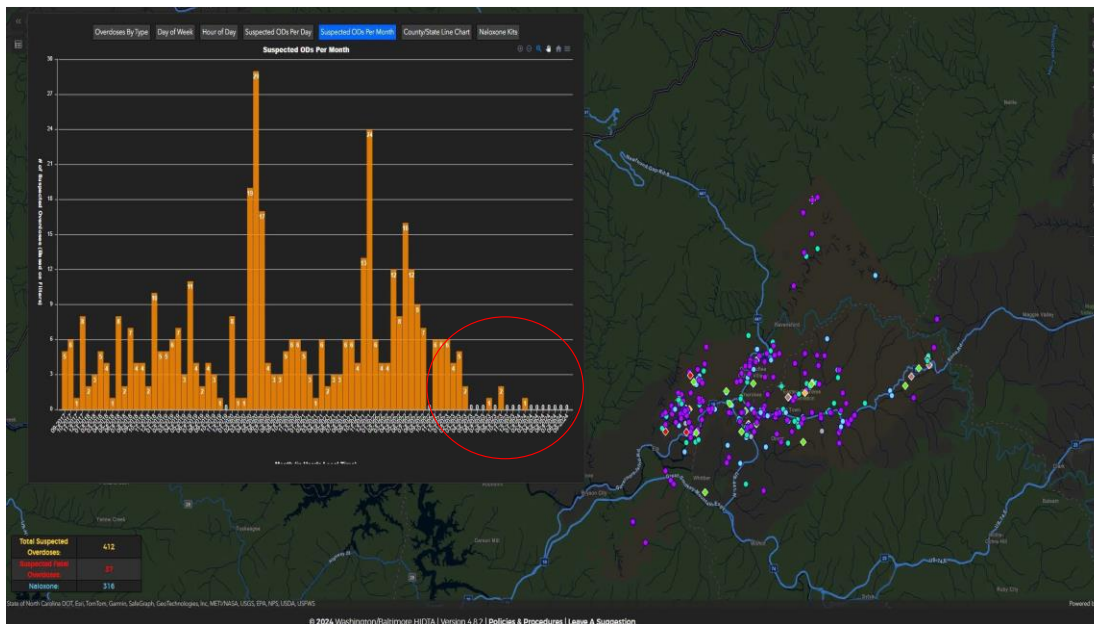
- **Community Engagement Events:** The **Recovery/Wellness Rallies** were effective in raising awareness and reducing stigma around substance use. These events attracted a significant number of participants, fostering a supportive community atmosphere and increasing the visibility of available resources.
- **Digital Storytelling to Reduce Stigma:** The "**Faces & Voices of Recovery**" series shared recovery journeys through social media, tribal events, and YouTube, encouraging open discussions about substance use and recovery. This approach helped normalize the conversation around substance use and inspired adolescents and families to seek help when needed.
- **Culturally Relevant Messaging:** Prevention programs incorporated **EBCI cultural values**, making them more relatable and impactful for adolescents and their families. This cultural alignment enhanced the resonance of the messaging, making prevention efforts more effective.
- **Youth-Focused Surveys and Data-Driven Interventions:** The YRRS provided actionable data that guided targeted interventions and outreach efforts. These data-driven approaches helped identify specific areas of concern and allowed resources to be directed where they were most needed.

- **School-Based Education and Family Involvement:** Cherokee Central Schools worked in collaboration with the community to deliver educational sessions tailored to adolescents about the dangers of substance use. The sessions were informed by survey data and addressed the behaviors most prevalent among students. In addition, family involvement in workshops and prevention initiatives helped foster protective factors and build resilience among adolescents.

The significant reduction in adolescent substance use within the EBCI community underscores the power of collaborative and culturally relevant approaches to addressing this critical public health issue. By prioritizing education, engagement, and data-driven interventions, the community has demonstrated a sustained commitment to fostering healthier and more resilient youth populations.

Substance Use Summary of Successes

The image below visualizes overdose data collected by Tribal EMS and submitted to the Overdose Detection Mapping Application Program (ODMAP). This data helps provide a detailed understanding of the trends in overdose incidents in the community, as well as the geographical distribution of these events.



ODMAP data visualization of Tribal EMS overdose data

Key Insights from Overdose Data

- **Monthly Overdose Trends:** The bar chart on the left displays the number of suspected overdoses per month. Notably, we are witnessing a dramatic decline in suspected overdoses in the past year, which is an encouraging sign that our efforts are making a difference. This drop indicates the success of targeted interventions, harm reduction strategies, and increased access to resources aimed at combating substance use. The consistent decline in overdose numbers highlights the effectiveness of initiatives like public health vending machines, which provide essential tools such as Naloxone (Narcan) and fentanyl test strips for free, 24/7.
- **Geographical Distribution of Overdoses:** On the right, the image shows the geographical locations where the overdoses took place. By understanding the hotspots for overdose incidents,

our community health teams and partners have been able to focus resources effectively in high-risk areas, enhancing prevention and intervention strategies. The reduction in these hotspots over the past year suggests improvements in population health and the positive impact of geographically targeted strategies.

Theory Behind the Decrease in Overdoses

Additionally, there is a theory that fewer individuals are requiring inpatient treatment, while more are successfully utilizing outpatient treatment options like Medication Assisted Therapy (MAT), which includes Suboxone, Methadone, and Buprenorphine. MAT has been an essential part of our substance use strategy, providing individuals with effective treatment in a community setting, reducing the need for more intensive inpatient care. This shift towards outpatient treatment highlights a trend towards sustainable, community-based recovery.

The successes seen in the data can be largely attributed to comprehensive, community-focused approaches that emphasize prevention, early intervention, harm reduction, and culturally relevant support. By making resources more accessible and removing barriers to care, the community has made substantial progress in reducing the harmful impacts of substance use, as reflected in the declining overdose rates and improved health outcomes across the region.

Strategies Leading to Success

- **Harm Reduction Tools:** The implementation of public health vending machines that offer Narcan and fentanyl test strips at no cost has been a game-changer in overdose prevention. These vending machines were strategically placed to maximize accessibility, empowering community members to respond effectively to overdose incidents.
- **Community Engagement:** Recovery and Wellness Rallies, alongside storytelling initiatives like the "Faces & Voices of Recovery" series, have successfully reduced stigma and encouraged individuals to seek help, fostering a culture of openness and support.
- **Data-Driven Interventions:** The use of ODMAP data has allowed for precise targeting of resources, ensuring that interventions reach the areas and individuals that need them most. The positive trends observed in both overdose incidents and treatment engagement reflect the value of leveraging real-time data to drive decision-making.
- **MAT and Outpatient Care:** A noticeable shift towards outpatient treatment, including Medication Assisted Therapy, suggests that individuals are receiving the care they need in less intensive settings, which supports long-term recovery and reduces strain on inpatient facilities. This shift has also helped to normalize treatment within the community, making it a more accessible and acceptable option for those struggling with substance use disorders.

The combination of harm reduction initiatives, community support, targeted interventions, and expanded access to outpatient care has contributed to these encouraging trends. The EBCI community has shown resilience and commitment in tackling the challenges of substance use, and the successes achieved so far represent a foundation for continued progress in the coming years.

Substance Use Highlights

Recovery Coach Academy

→ A total of 48 people were trained through the Recovery Coach Academy.



Recovery Coach Academy participants

July 11- 13, 2024, 2023



Recovery Coach Academy participants

December 5-7, 2023



Recovery Coach Academy participants

April 17- 19, 2024

Rally for Recovery

- The participant goal for the first Rally for Recovery in 2023 was set at 100 participants, but we far exceeded that goal with 476 participants. The second rally in 2024 aimed for 150 participants, and again, we surpassed expectations with 637 total participants. The goals of the rallies included increasing community engagement and, most importantly, reducing stigma around substance use.
- **Knowledge Improvement:** 52% of participants reported that their knowledge of recovery resources had improved "very much" or "a lot" in both 2023 and 2024.



Cherokee Rally for Recovery
 Friday, July 14th • 2pm–5pm
 Peaches Squirrell Sports & Recreation Complex
 (Birdtown Gym)

We Do Recover
 Cherokee
 Mariah Hill

FREE FAMILY EVENT

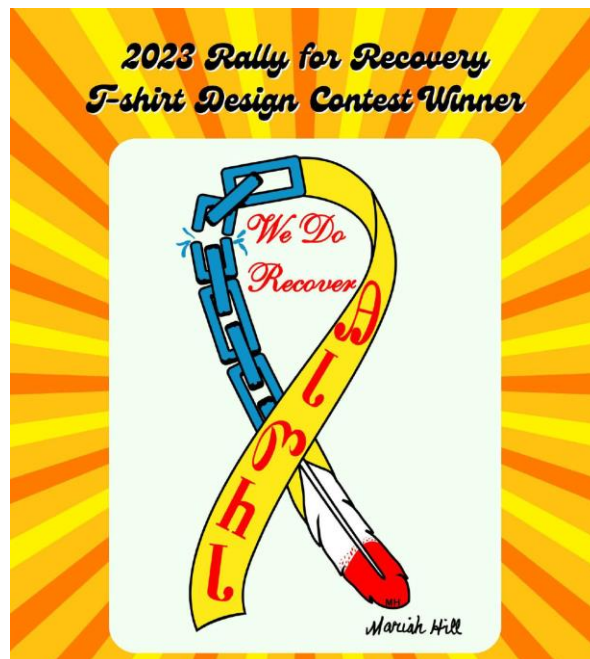
- Everyone is welcome
- T-shirts for the 1st 650 people.
- Recovery Allies and Guest speakers sharing story.
- Food, Raffles, Music & Fun Vendors
- Local community resources.

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Contact:
 359-6934 or 359-2203

NC COOPERATIVE EXTENSION

Rally for Recovery flyer, 2023



**2023 Rally for Recovery
 T-shirt Design Contest Winner**

We Do Recover
 Cherokee
 Mariah Hill

Rally for Recovery logo contest, 2023

2024 Cherokee

Rally for Recovery

Friday, July 12th • 2pm-6pm
Peaches Squirrel Sports & Recreation Complex (Birdtown Gym)

FREE FAMILY EVENT
GUEST SPEAKER: DR. STEPHEN LOYD

- Everyone is welcome.
- T-shirts for the first 650 people.
- Food, Raffles, Music & Fun Vendors
- Local community resources

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Contact: 359-2203

Announcing...
2024 Cherokee Rally for Recovery

Guest Speaker:
Dr. Stephen Loyd

Inspiration behind Hulu's "Dopesick" speaks! Hear from a leading addiction medicine physician & recovery advocate. Dr. Loyd has been in recovery from opioid and benzodiazepine addiction since July 8, 2004. His personal connection to opioid addiction and recovery serves as a driving force, motivating him to continue making strides in this industry and creating positive change for the future.

JOIN US! Friday, July 12, 2024 2pm-6pm
Peaches Squirrel Sports & Recreation Complex




Rally for Recovery flyer, 2024

**2024 Rally for Recovery
Theme Design Contest Winner**



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Shoshoni West

ᐱᐱᐱ ᐱᐱᐱ Thank you everyone who submitted artwork for the 2024 Rally for Recovery!

Rally for Recovery logo contest, 2024



Rally for Recovery team picture, 2024

Face and Voices of Recovery

The "Faces and Voices of Recovery" digital stories were created and shared through tribal events, social media, and YouTube. These stories aimed to highlight personal recovery journeys, engage the community, and most importantly, reduce the stigma associated with substance use.

Voice of Recovery flyer/ QR code, 2023

Public Health Vending Machine Project

- The Substance Use Team supported the Public Health Vending Machine Project, which provides free access to 28 different health and wellness items, including overdose prevention supplies. These vending machines are placed in 10 locations throughout the Qualla Boundary.
- From September 2023 to September 2024, over 37,000 items have been dispensed through the vending machines.



HOW TO USE

- 1** Enter the 5 numeric part of your enrollment number, including all zeros, followed by the # sign.
- 2** Type in the number of the product you want dispensed followed by the # sign.
- 3** Wait for the product to drop.
- 4** Pick up product from bin.

NOTE: SOME ITEMS HAVE DAILY, WEEKLY, AND MONTHLY LIMITATIONS.

Public Health Vending Machine How to Use flyer, 2023

Available Products

- The public health vending machines provide free access to 28 different health and wellness supplies, including:
 - **Overdose prevention supplies:** naloxone nasal spray, fentanyl test strips
 - **Toiletries:** deodorant, dental kits, shampoo and conditioner, body wash
 - **Personal care products:** hand sanitizer, lip balm, sunscreen lotion, insect repellent, tampons, maxi pads
 - **Reproductive health products:** condoms, pregnancy tests
 - **Personal protective equipment:** COVID-19 test kits, face masks
 - **Medical supplies:** first aid kit, ibuprofen, acetaminophen, allergy medication, antacid, anti-itch cream
 - **Baby products:** baby diapers in 3 different sizes
 - **Other:** bottled water



Public Health Vending Machine Available Products flyer, 2023

Violence and Abuse

American Indians and Alaska Natives face a disproportionately high risk of becoming victims of crime, second only to individuals identified as “two or more races,” according to the 2016 Criminal Victimization Survey by the U.S. Department of Justice. This alarming statistic underscores the urgent need for targeted interventions and support within these communities.

Violence and abuse manifest in various forms, including intimate partner violence, elder abuse, and child abuse. The repercussions of such abuse extend far beyond the immediate physical harm, inflicting enduring emotional and psychological trauma on victims. These lasting effects can severely impact an individual’s mental health and overall quality of life.

At the community level, the consequences of violence are equally devastating. It disrupts essential social services, hampers productivity, and leads to a decline in property values, thereby affecting the economic stability of the entire community. The pervasive nature of violence creates a ripple effect, undermining the social fabric and well-being of the community as a whole. Addressing these issues is crucial for fostering safer, healthier, and more resilient communities.

Violence is a pressing public health issue. It can affect various spheres of health not limited to:

- **Physical Health**
 - Immediate injuries as a result of violence and abuse are bruises, cuts, broken bones, internal injuries, and in severe cases death.
 - Long term health problems like chronic pain, heart disease, diabetes, asthma, arthritis, digestive problems, and weakened immune system.
- **Mental Health**
 - Emotional distress: Anxiety, depression, low self-esteem, feelings of shame and guilt, difficulty trusting others, and isolation.

- Psychological disorders: Post-traumatic stress disorder (PTSD), borderline personality disorder, and substance abuse disorders.
- Suicidal ideation and attempts: Increased risk of self-harm and suicide
- **Social and Relations Issues**
 - **Social isolation:** Withdrawal from social activities and avoidance of social situations.
 - **Intergenerational trauma:** The cycle of violence can be passed down from one generation to the next.
- **Economic Impact**
 - Difficulty maintaining employment due to mental health issues, physical injuries, or missed work.
 - Financial instability such as increased medical expenses, legal fees, and loss of income.
 - In some cases, individuals may become homeless due to financial difficulties or fleeing abusive situations.

It's important to remember that the impact of violence and abuse can vary depending on the individual, the severity of the abuse, and the support systems available. If you or someone you know is experiencing violence or abuse, please seek help from a trusted professional or a domestic violence hotline.

Highlights from the 2018 Tribal Health Assessment

- **Community Concerns:** In the 2017 Community Health Survey, 63% of respondents identified “crime (theft, child or elder abuse, violence, domestic violence, sexual assault, illegal drug use)” as one of the top five issues negatively affecting the health and well-being of the EBCI Tribal community.
- **Elder Abuse Reports:** From October 2015 to May 2018, Adult Protective Services recorded 25 allegations of abuse, 129 allegations of neglect, and 48 allegations of exploitation for adults aged 60 and older.
- **School Safety:** In the 2018 Youth Risk and Resiliency Survey (YRRS), 21% of high school students and 19% of middle school students reported skipping school at least once in the last 30 days due to safety concerns.

Violence and Abuse Team Approach

Strategy 1: Implementation of a Lethality Assessment Screening Tool

The team conducted comprehensive research on five lethality assessment tools, evaluating their methodologies, effectiveness, and suitability for the EBCI community. Four team members partnered with the University of Tennessee’s Appalachian Justice Research Center to co-develop a Community Safety Toolkit tailored to EBCI’s needs.

Strategy 2: Accountability for Offenders

- **Batterer’s Treatment (BT) Program Improvements:**
 - Conducted an in-depth analysis of current BT programming, including curricula, participant outcomes, and facilitator feedback.
 - Developed a plan to enhance the program by incorporating evidence-based practices and expanding access for all individuals charged with domestic violence offenses.

- Introduced the "Beauty for Ashes" program at the Cherokee Indian Hospital for interested participants.
- **Probation Practices Analysis:** Reviewed current practices for violent offenders and developed strategies to improve monitoring and support systems.

Strategy 3: Services for Victims of Violence

- **Court Accompaniment Services:** Developed a schedule to support victims during legal proceedings.
- **Domestic Violence Shelter Improvements:**
 - Updated living spaces, enhanced security, and improved communal areas.
 - Coordinated with local community groups to strengthen support services for victims.
 - Renovations to the shelter are nearing completion.

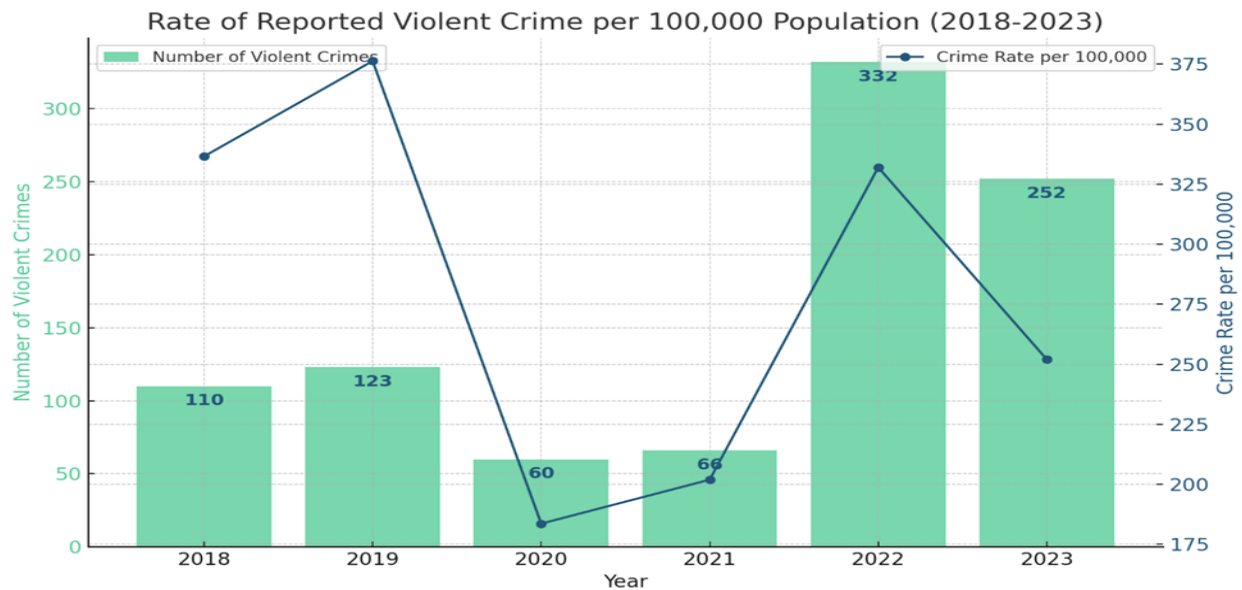
Strategy 4: Legislative Reforms

Progress has been made on legislative initiatives aimed at improving domestic violence responses:

- Drafted a proposal to establish a new crime for domestic violence committed in the presence of a minor (under review).
- Successfully raised the age of consent.
- Amended the Cherokee Tribal Code to enhance protections for minors in domestic violence situations.
- Developed a framework for deferral of domestic violence charges, including eligibility criteria and rehabilitation procedures.
- Implemented a mandatory 72-hour hold for individuals charged with elder abuse.
- Enacted legislation allowing hearsay exceptions in cases involving minors, enabling critical testimony in domestic violence cases.

Violence and Abuse Data and Outcomes

Rate of Reported Violent Crime per 100,000 Population (2018-2023)



The chart above illustrates the number of reported violent crimes and the corresponding rate per 100,000 population in the Eastern Band of Cherokee Indians (EBCI) community from 2018 to 2023. The data reflects both the total number of violent crimes and how frequently they occurred in relation to the EBCI Cherokee Indian Police Department's service population (32,684 individuals). This dual representation provides a comprehensive view of trends in community safety and crime prevention over time.

Key Observations from the Data

- **2018-2020 Decrease:** The violent crime rate showed a significant decline from 336.6 per 100,000 in 2018 to 183.6 per 100,000 in 2020. This decline may be attributed to targeted crime prevention strategies and the societal impacts of the COVID-19 pandemic, which reduced public interaction and limited opportunities for criminal activity.
- **2021-2022 Increase:** From 2021 to 2022, there was a sharp rise in the violent crime rate, peaking at 325 per 100,000 in 2022. This increase highlights the challenges faced in maintaining community safety during the post-pandemic recovery period, where increased social activity and systemic pressures may have contributed to higher crime rates.
- **2023 Improvement:** The violent crime rate dropped to 252 per 100,000 in 2023, reflecting a 24% improvement from 2022. This progress underscores the effectiveness of renewed focus on evidence-based practices, community engagement, and legislative reforms in addressing violent crime.

Data Background

- **Data Source:** The data was collected by the Cherokee Indian Police Department (CIPD) through the Records Management System (RMS).

- **Measure Definition:** The rate per 100,000 population is calculated by multiplying the number of violent crimes (murder/homicide, rape, robbery, and aggravated assault) by 100,000 and dividing by the EBCI service population (32,684 individuals).
- **Target Improvement:** The target for this measure was set at a 10% reduction from the baseline, aiming to decrease the rate from 336.6 per 100,000 in 2018 to 302.9 per 100,000.
- **Annual Overview:** Between 2018 and 2023, violent crime rates experienced fluctuations influenced by external factors and intervention efforts. The baseline in 2018 was 336.6 per 100,000. Rates decreased steadily to 183.6 per 100,000 in 2020, driven by targeted prevention strategies and the societal impacts of the COVID-19 pandemic. A sharp rise followed in 2022, peaking at 332 per 100,000, likely reflecting post-pandemic challenges such as increased social activity. In 2023, the rate improved significantly to 252 per 100,000, exceeding the target reduction goal of 302.9 per 100,000.

Story Behind the Curve

The fluctuations in violent crime rates over the years reflect the dynamic nature of community safety challenges within the EBCI. While the early years showed notable progress, external factors such as the COVID-19 pandemic and its aftermath introduced complexities in maintaining consistent improvements. The sharp increase in 2022 underscores the importance of adaptive strategies to address emerging challenges.

Key initiatives, such as the **Lethality Assessment Protocol (LAP)**, enabled law enforcement to better assess risk in cases of intimate partner violence. Community education campaigns, including human trafficking awareness training, empowered both law enforcement and the public to identify and respond to crimes more effectively. Legislative reforms, such as mandatory holds for elder abuse offenders, provided immediate protections for vulnerable populations.

The decrease in violent crime in 2023 demonstrates the success of collaborative efforts between law enforcement, public health, advocacy groups, and the broader community. By prioritizing trauma-informed care, victim support services, and proactive interventions, the EBCI community has taken significant strides toward ensuring safety and justice for its members.

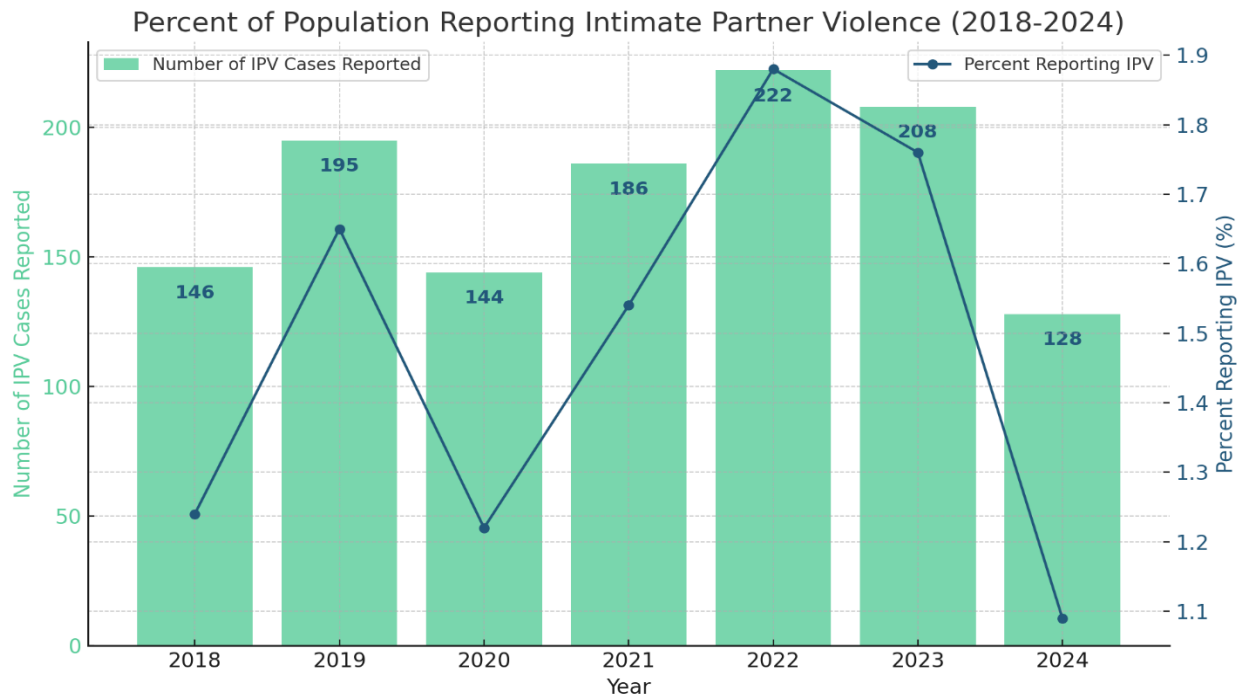
Strategies Contributing to Success

- **Implementation of Risk Assessment Tools:**
 - The LAP equipped law enforcement with tools to identify high-risk situations, particularly in cases of domestic violence, and connect individuals with immediate support services.
- **Human Trafficking Awareness Training:**
 - Training sessions for law enforcement and the community enhanced the ability to detect and respond to human trafficking incidents, leading to improved reporting and intervention.
- **Legislative and Policy Reforms:**

- Enacted mandatory holds for offenders in elder abuse cases to ensure the safety of vulnerable individuals.
- Streamlined prosecution processes for violent crime cases, enhancing offender accountability.
- **Victim Support and Community Engagement:**
 - Partnered with advocacy groups to provide trauma-informed care, shelter services, and resources for survivors of violent crime.
 - Organized public awareness campaigns to reduce stigma and encourage reporting of violent crimes.
- **Data-Driven Interventions:**
 - Leveraged RMS data to monitor crime trends, allowing for targeted resource allocation and focused interventions in high-crime areas.

The progress made in reducing violent crime rates demonstrates the importance of collaborative, evidence-based approaches to ensuring community safety. Continued efforts to address root causes and support survivors will be critical in maintaining and building upon these gains.

Percent of Population Reporting Intimate Partner Violence (2018-2024)



The chart above illustrates the percentage of individuals in the Eastern Band of Cherokee Indians (EBCI) community who reported intimate partner violence (IPV) from 2018 to 2024. The data reflects both the total number of IPV cases reported and the proportion of the active user population served by the

Cherokee Indian Hospital Authority (CIHA) in the five-county area. This dual representation provides a comprehensive view of trends in IPV reporting and prevention efforts over time.

Key Observations from the Data

- **2018 Baseline:** In 2018, 1.24% of the population reported IPV, based on 146 cases out of a service population of 11,791 individuals.
- **2022 Peak:** The percentage of reported IPV cases reached its highest point in 2022 at 1.88%, with 222 cases. This increase likely reflects improved awareness and reporting mechanisms resulting from targeted community education and legislative reforms.
- **2024 Decline:** By 2024, the percentage of reported IPV cases decreased to 1.09%, a 12% improvement from the 2018 baseline. This decline demonstrates progress in IPV prevention and response efforts within the EBCI community.

Data Background

- **Data Source:** Domestic Violence/Sexual Assault (DV/SA) records collected by the CIHA.
- **Measure Definition:** The percentage is calculated by dividing the number of reported IPV cases by the total AI/AN population with at least two visits in the five-county area.
- **Target Improvement:** A 10% reduction from the baseline was set, aiming to decrease the percentage of reported IPV cases from 1.24% in 2018 to 1.12%.
- **Annual Overview:** Between 2018 and 2024, IPV reporting trends reflected both progress and challenges. In 2018, the baseline rate was 1.24%. Reporting peaked in 2022 at 1.88%, likely due to increased awareness and improved reporting mechanisms. By 2024, the rate declined to 1.09%, exceeding the target of 1.12%. This decline underscores the effectiveness of sustained prevention efforts, victim support services, and legislative reforms in addressing IPV within the EBCI community.

Story Behind the Curve

The decline in IPV reporting rates from 2022 to 2024 reflects the effectiveness of targeted initiatives under the Tribal Health Improvement Plan (THIP). The observed peak in 2022 suggests that early interventions, including awareness campaigns and legislative reforms, increased reporting as community education efforts gained traction. The subsequent decline demonstrates the success of sustained prevention strategies and enhanced victim support systems.

Key initiatives such as the Lethality Assessment Protocol (LAP) enabled law enforcement and first responders to assess and respond to high-risk IPV cases effectively. Expanded access to trauma-informed care, emergency shelters, and counseling services ensured that survivors received comprehensive support. Legislative reforms, including mandatory holds for offenders, further strengthened protections for survivors and reduced repeat incidents.

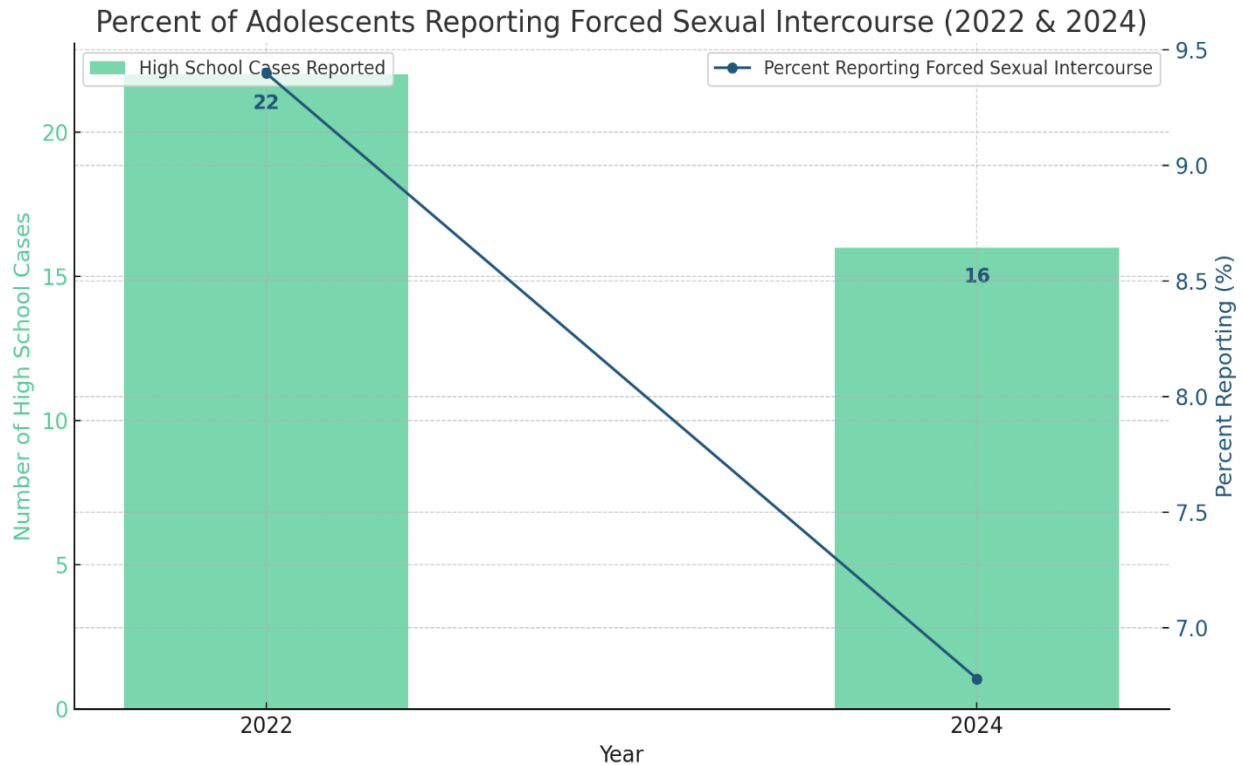
While the decline in IPV reporting rates is a positive development, the data highlights the need for continued efforts to reach underserved populations and address barriers to reporting. IPV remains a significant public health issue that requires a holistic and sustained approach.

Strategies Contributing to Success

- **Lethality Assessment Screening Tools:**
 - Equipped law enforcement and first responders with tools to identify high-risk situations and connect survivors with immediate support services.
- **Victim Support Services:**
 - Expanded access to trauma-informed care, emergency shelters, and counseling services for IPV survivors.
- **Community Awareness Campaigns:**
 - Delivered IPV awareness training to law enforcement, healthcare providers, and the public, improving detection and reporting.
- **Legislative Reforms:**
 - Enacted mandatory holds for offenders to protect survivors and ensure legal accountability.
 - Passed laws strengthening protections for minors in domestic violence cases.
- **Data-Driven Interventions:**
 - Leveraged DV/SA data from CIHA to monitor trends, refine strategies, and allocate resources effectively.

The progress made in reducing IPV reporting rates underscores the importance of collaboration, evidence-based practices, and community engagement. While challenges remain, the sustained efforts of the EBCI community demonstrate a commitment to ensuring safety and justice for survivors of intimate partner violence.

Percent of Adolescents Reporting Forced Sexual Intercourse (2022 & 2024)



The chart above illustrates the percentage of Cherokee Central Schools (CCS) high school students who reported experiencing forced sexual intercourse in 2022 and 2024. The data reflects both the number of cases and the proportion of respondents, offering a comprehensive view of trends in addressing sexual violence among adolescents.

Key Observations from the Data

- **2022 Baseline:** In 2022, 9.4% of high school respondents reported experiencing forced sexual intercourse, equating to 22 cases out of 234 respondents.
- **2024 Improvement:** By 2024, the percentage decreased to 6.78%, with 16 cases out of 236 respondents. This represents a 28% reduction, reflecting significant progress in addressing sexual violence among adolescents.

Data Background

- **Data Source:** Youth Risk and Resiliency Survey (YRRS) conducted at Cherokee Central Schools.
- **Measure Definition:** The percentage is calculated by dividing the number of high school students who reported experiencing forced sexual intercourse by the total number of high school respondents.
- **Comparable National Data:** National Youth Risk Behavior Survey (YRBS) data shows similar trends in reporting forced sexual intercourse among high school students:

- 2023: 8.6%
- 2021: 8.5%
- 2019: 7.3%
- **Target Improvement:** The target was set at a 1% reduction from the 2018 baseline, aiming to decrease the percentage from 7% to 6%.
- **Annual Overview:** The data reflects significant progress between 2022 and 2024. In 2022, 9.4% of CCS high school respondents reported experiencing forced sexual intercourse. By 2024, this figure decreased to 6.78%, equating to a 28% reduction. This improvement highlights the effectiveness of targeted interventions and community-led strategies under the Tribal Health Improvement Plan (THIP).

Story Behind the Curve

The reduction in the percentage of high school students reporting forced sexual intercourse from 2022 to 2024 is a testament to the effectiveness of targeted initiatives under the Tribal Health Improvement Plan (THIP). The initial increase in reporting seen in prior years likely reflects improved awareness and support systems rather than an actual rise in incidents. Community interventions, such as trauma-informed training for educators, peer education programs, and awareness campaigns, played pivotal roles in addressing this issue.

Despite these efforts, the rates remain concerning, underscoring the need for sustained and collaborative approaches to preventing sexual violence and supporting survivors. School-based education on consent and healthy relationships, combined with accessible victim support services, has proven critical in fostering a safer environment for students.

Strategies Contributing to Success

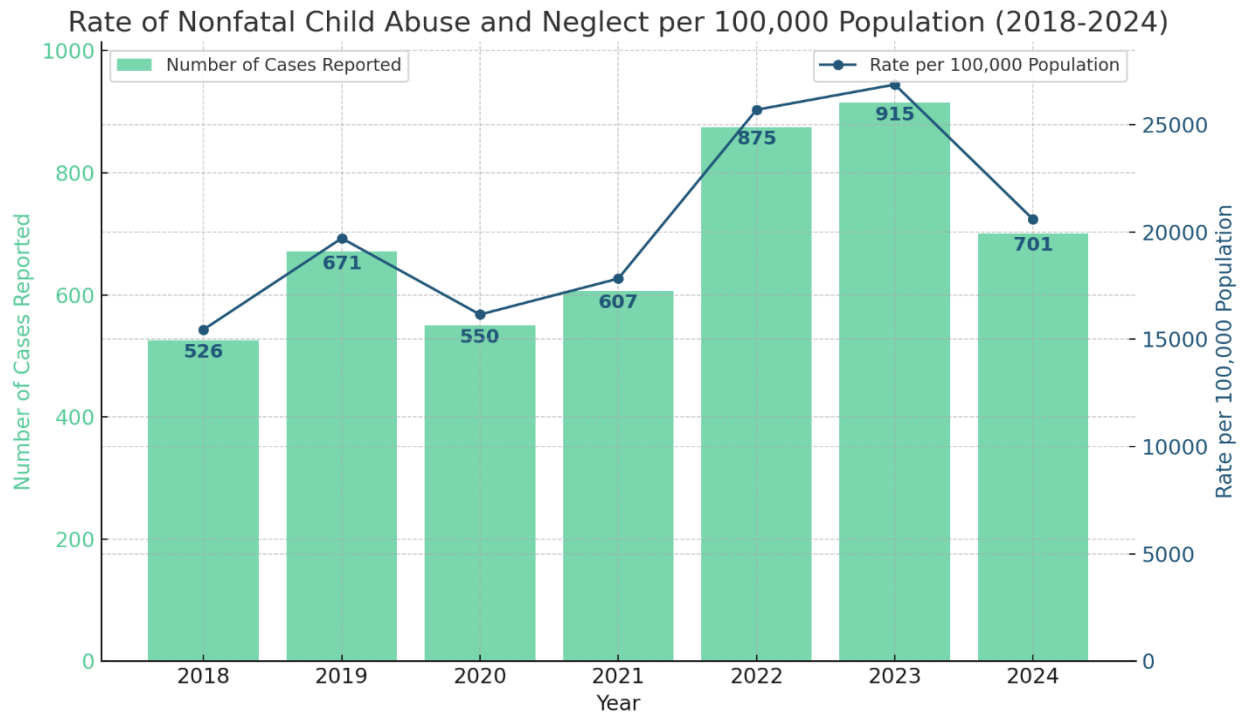
- **Trauma-Informed Training:**
 - Educators and school staff received specialized training to recognize and respond to signs of sexual violence, creating a supportive environment for students to report incidents.
- **Consent and Healthy Relationship Education:**
 - Programs emphasized the importance of consent and healthy relationships, empowering students with knowledge and tools to navigate difficult situations.
- **Victim Support Services:**
 - Expanded access to counseling and trauma-informed care ensured survivors received the necessary resources for healing and recovery.
- **Community Awareness Campaigns:**
 - Public campaigns addressed stigma around sexual violence, encouraging victims to seek help and report incidents.

- **Data-Driven Interventions:**

- Insights from the YRRS allowed for targeted prevention programs aimed at supporting at-risk groups and refining intervention strategies.

The EBCI community’s efforts demonstrate a commitment to fostering a safer environment for adolescents by addressing sexual violence through prevention, education, and targeted support systems.

Rate of Nonfatal Child Abuse and Neglect per 100,000 Population (2018-2024)



The chart above illustrates the number of reported cases of nonfatal child abuse and neglect and the corresponding rate per 100,000 population for children under 18 years old within the Eastern Band of Cherokee Indians (EBCI) community from 2018 to 2024. The data reflects both the total number of reported cases and how frequently they occurred in relation to the CIHA active user population under 18 years old, providing a comprehensive view of trends in addressing child maltreatment over time.

Key Observations from the Data

- **2018-2020 Stability:** The rate of nonfatal child abuse and neglect initially fluctuated slightly, starting at 15,452 per 100,000 in 2018 and decreasing to 16,156 per 100,000 in 2020, reflecting modest variation in reported cases.
- **2022-2023 Peak:** The rate saw a significant increase, peaking at 26,880 per 100,000 in 2023, with 915 cases reported. This rise is likely due to enhanced reporting systems and increased community awareness of child maltreatment.

- **2024 Decline:** By 2024, the rate decreased to 20,594 per 100,000, representing a 23% improvement from the 2023 peak. This decline underscores the initial effectiveness of prevention and early intervention programs aimed at addressing child abuse and neglect.

Data Background

- **Data Source:** Case data collected from the Hopewell Database and the Cherokee Indian Hospital Authority (CIHA).
- **Measure Definition:** The rate per 100,000 is calculated by multiplying the total number of maltreatment cases by 100,000 and dividing by the population of children under 18 years old in the CIHA active user base.
- **Target:** While a specific target was not explicitly stated, the goal was to reduce rates from the baseline of 15,452 per 100,000 in 2018.
- **Annual Overview:** Between 2018 and 2024, trends in child abuse and neglect rates revealed both challenges and progress. The baseline rate in 2018 was 15,452 per 100,000. Rates remained relatively stable through 2020, with a slight increase to 16,156 per 100,000. In 2022 and 2023, the rate spiked to a peak of 26,880 per 100,000, likely due to enhanced reporting systems and increased awareness efforts. By 2024, the rate dropped significantly to 20,594 per 100,000, reflecting a 23% improvement from the 2023 peak, signaling progress from targeted prevention and early intervention strategies.

Story Behind the Curve

The fluctuations in child abuse and neglect rates reflect the ongoing challenges and progress in addressing child maltreatment within the EBCI community. The increase observed in 2022 and 2023 likely resulted from improvements in identifying and reporting cases, driven by community education, training initiatives, and enhanced data collection systems. Programs such as trauma-informed training for educators and first responders significantly improved the ability to recognize maltreatment and intervene effectively.

The decline in 2024 indicates that prevention and support services, including family-based interventions and public awareness campaigns, are beginning to have a positive impact. Despite this progress, the rates remain higher than desired, emphasizing the need for sustained efforts to prevent child maltreatment and support affected families.

Strategies Contributing to Success

- **Trauma-Informed Training:**
 - Educators, healthcare providers, and law enforcement officers received specialized training to recognize and respond to signs of abuse and neglect effectively.
- **Family Support Services:**
 - Parenting education programs, family counseling, and other support services were provided to strengthen protective factors and reduce risks of maltreatment.
- **Community Awareness Campaigns:**

- Public education initiatives aimed to reduce stigma and encourage the reporting of suspected child maltreatment.
- **Improved Reporting Systems:**
 - The use of the Hopewell Database enhanced the accuracy of data collection, enabling targeted interventions.
- **Collaborative Efforts:**
 - Partnerships between PHHS, CIHA, CIPD, and advocacy groups ensured a holistic approach to addressing child maltreatment, combining prevention, intervention, and support.

The progress made in reducing nonfatal child abuse and neglect rates in 2024 highlights the importance of targeted prevention and early intervention strategies. Continued efforts to enhance community education, support services, and data-driven interventions will be crucial in further addressing child maltreatment and promoting child well-being.

Violence and Abuse Summary of Successes

This section provides insights into data collected on violent crime, intimate partner violence, and child maltreatment within the Eastern Band of Cherokee Indians (EBCI) community. These data highlight trends and successes in addressing violence and abuse through targeted interventions, community engagement, and collaborative efforts, without relying on additional visualizations.

Key Insights from Violence and Abuse Data

Violent Crime Trends

- **2018-2020 Decline:** The violent crime rate decreased from 336.6 per 100,000 in 2018 to 183.6 per 100,000 in 2020, reflecting effective crime prevention strategies and the societal impacts of reduced public interaction during the COVID-19 pandemic.
- **2021-2022 Increase:** The rate peaked at 332 per 100,000 in 2022, indicating challenges in maintaining public safety during the post-pandemic recovery.
- **2023 Improvement:** A reduction to 252 per 100,000 demonstrates a 24% improvement from the 2022 peak, emphasizing the effectiveness of community safety initiatives.

Intimate Partner Violence (IPV)

- **2018 Baseline:** 1.24% of the population reported IPV, with 146 cases out of 11,791 individuals.
- **2022 Peak:** Reports rose to 1.88%, attributed to increased awareness and improved reporting mechanisms.

2024 Progress: A decline to 1.09%, a 12% improvement from the 2018 baseline, showcases successful prevention and victim support efforts.

Child Abuse and Neglect

- **2022-2023 Peak:** The rate of nonfatal child abuse and neglect peaked at 26,880 per 100,000 in 2023, with 915 cases reported. Enhanced reporting and community education initiatives contributed to this increase.
- **2024 Improvement:** A decline to 20,594 per 100,000, representing a 23% reduction from the 2023 peak, highlights the impact of family-based interventions and prevention campaigns.

Theory Behind the Progress

Community-focused approaches have driven these improvements. Efforts to address violence and abuse have emphasized trauma-informed care, victim support, legislative reforms, and data-driven interventions. Partnerships across law enforcement, healthcare, and advocacy organizations have been instrumental in implementing culturally relevant strategies that reduce harm and promote recovery.

Strategies Leading to Success

Risk Assessment Tools

- Implementation of the **Lethality Assessment Protocol (LAP)** equipped law enforcement with tools to identify high-risk situations and connect individuals with immediate support services.

Victim Support Services

- Expanded access to trauma-informed care, emergency shelters, and counseling services ensured survivors received comprehensive support tailored to their needs.

Legislative Reforms

- Mandatory holds for elder abuse offenders and hearsay exceptions in cases involving minors strengthened protections for vulnerable populations.
- Enhanced probation practices and updates to batterer’s treatment programs improved offender accountability and rehabilitation outcomes.

Community Awareness Campaigns

- **Human Trafficking Awareness Training:** Over 500 participants attended, exceeding the goal of 100 attendees.
- Awareness efforts reduced stigma and encouraged reporting of violent crimes, empowering individuals to seek help.

Data-Driven Interventions

- Leveraged data from the Cherokee Indian Police Department (CIPD) and the Hopewell Database to monitor trends and allocate resources effectively.

Violence and Abuse Highlights

Human Trafficking Awareness Training

- Hosted for community and Tribal workforce members, this event significantly raised awareness, with partnerships established among the Domestic Violence program, Cherokee Indian Hospital, CIPD, and Cherokee Courts.

Collaborative Efforts

- Partnerships with advocacy organizations provided educational workshops and resources to address domestic violence and human trafficking.
- Joint initiatives with public health, law enforcement, and legal services ensured a holistic response to violence and abuse.

The substantial progress achieved within the EBCI community underscores the power of collaboration and culturally tailored strategies. By continuing to prioritize prevention, early intervention, and support for victims, the EBCI can sustain and build upon these successes, creating a safer, more resilient community for all.

Social, Environmental, and Economic Factors (SEEF)

Social, environmental, and economic factors play a pivotal role in shaping the health and well-being of the Eastern Band of Cherokee Indians (EBCI) community. These factors, collectively known as Social Determinants of Health (SDOH), encompass a wide range of influences, including job quality, education, housing stability, safe environments, and access to healthcare. Their impact is particularly profound on vulnerable groups such as elders, youth, and low-income families, often exacerbating health inequities and leading to adverse outcomes. The Centers for Disease Control and Prevention (CDC) underscores the fundamental importance of these factors to public health, recognizing that they directly and indirectly affect community well-being. The World Health Organization has highlighted that up to 55% of health is determined by social factors, emphasizing their critical role.

The 2018 Tribal Health Assessment (THA) revealed that 84% of participants rated their quality of life as good to excellent, attributing this to strong family relationships, access to healthcare, and faith or spirituality. These findings illustrate the diverse and significant effects of SDOH on health and health perceptions within the EBCI community. The importance of addressing social, environmental, and economic factors is further reflected in the community's expressed need for resources and efforts to change disadvantageous behaviors. This comprehensive understanding of SDOH is essential for developing effective strategies to improve health outcomes and promote equity within the EBCI community.

Here are key areas impacted by social, economic, and environmental factors:

- **Economic Stability**
 - **Income:** Sufficient income is essential for meeting basic needs and accessing opportunities that contribute to overall well-being.
 - **Employment:** Stable employment reduces financial stress and provides access to health benefits and social security.
 - **Food Security:** Reliable access to nutritious food is crucial for maintaining physical and mental health.
 - **Housing Stability:** Safe and stable housing prevents health risks associated with homelessness or substandard living conditions.
- **Education Access and Quality**
 - **Literacy:** Strong literacy skills empower individuals to navigate healthcare systems and engage with resources effectively.
 - **Language Skills:** Language proficiency supports better communication and access to education and employment opportunities.
 - **Educational Attainment:** Higher levels of education are linked to improved health outcomes and economic mobility.
- **Social and Community Context**
 - **Social Integration:** Feeling connected to a community enhances mental health and reduces feelings of isolation.
 - **Support Networks:** Strong social networks provide emotional and practical support during times of need.
 - **Community Safety:** A safe environment promotes physical health and reduces trauma-related stress.

- **Discrimination and Social Stigma:** Addressing these challenges is key to ensuring equitable access to opportunities and resources.
- **Neighborhood and Built Environment**
 - **Access to Healthy Foods:** Availability of fresh, affordable food improves diet quality and reduces chronic disease risk.
 - **Access to Quality Healthcare:** Proximity to healthcare facilities ensures timely treatment and preventive care.
 - **Quality of Housing:** Adequate housing reduces risks from environmental hazards and overcrowding.
 - **Crime Rates:** Low crime rates foster a sense of security and improve overall quality of life.
 - **Transportation Options:** Reliable transportation enhances access to jobs, education, and healthcare services.
- **Healthcare Access and Quality**
 - **Health Insurance Coverage:** Insurance ensures individuals can afford preventive and emergency healthcare.
 - **Access to Primary Care:** Primary care provides the foundation for managing chronic conditions and maintaining overall health.
 - **Quality of Healthcare Services:** High-quality care improves patient outcomes and reduces disparities in treatment.

By understanding the impact of SDOH, we can work to address these factors and improve overall health outcomes for individuals and communities.

Highlights from the 2018 Tribal Health Assessment

- **Income, Employment, and Education:** These were identified as major drivers of health outcomes within the EBCI community.
- **Declining Income:** Between 2012 and 2015, EBCI households experienced an 11.49% drop in income, consistently remaining below North Carolina’s average household income during this period.
- **Graduation Trends:** High school graduation rates increased significantly from 2009 to 2014 but declined between 2014 and 2016.
- **Socioeconomic Impact:** Members with lower socioeconomic status faced higher rates of stress, depression, chronic diseases, and nutritional challenges

SEEF Team Approach

Strategy 1: Reducing Poverty Levels

The SEEF team worked to reduce the percentage of EBCI community members living below 100% of the Federal Poverty Level to 17.9%, a 1% reduction by September 30, 2024. Key actions included:

- **Surveying Private Sector Wages:** Developing and distributing surveys to assess hourly wages in private-sector businesses within the Qualla Boundary, such as fast-food restaurants and motels. The results aim to inform strategies for advocating higher wages.

- **Promoting Recovery Employment:** Supported the Land of Sky Pilot Program, which encourages hiring individuals in recovery from substance use disorders by working with employers and identifying barriers to employment.
- **Raising Awareness of Medicaid Expansion:** Promoted the NC DHHS Medicaid Expansion Media Campaign, ensuring culturally sensitive messaging and Tribal-specific contact information to increase enrollment among eligible EBCI members.

Strategy 2: Establishing Stable Housing Baselines

To address housing stability, the SEEF team defined stable housing as safe, structurally sound shelter with adequate water, sewage, and heating systems. Their efforts included:

- **Tribal Census Data Collection:** Conducted the Tribal Resolution No. 470-EBCI Census electronically, offering incentives for participation to gather data on housing conditions and stability.
- **Analyzing Housing Stability:** Used census results to establish a baseline for the percentage of residents with stable housing and to identify populations experiencing housing insecurity.
- **Data-Driven Housing Strategies:** Leveraged housing insights to inform future initiatives, including action plans addressing funding and resources for those in need of stable housing.

Strategy 3: Transportation Access for Medicaid Recipients

The SEEF team also prioritized transportation access for the Medicaid population by:

- **Establishing Transportation Baselines:** Developed screening tools to measure transportation barriers, such as difficulties attending medical appointments or accessing daily necessities.
- **Collaboration with Tribal Transportation:** Partnered with Tribal Transportation to ensure that Medicaid recipients have adequate access to needed destinations.
- **Enhancing NCCARE360 Integration:** Worked with the NCCARE360 platform to identify and address transportation-related social determinants of health.

Strategy 4: Addressing Food Insecurity

Recognizing food insecurity as a critical issue, the SEEF team took the following steps:

- **Baseline Development:** Established a baseline for the percentage of Tribal members and Medicaid recipients with adequate access to food through surveys and data collection.
- **Community Engagement:** Promoted initiatives like the Healthy Eating Action Team (HEAT) to identify barriers to food security and provide solutions, including access to fresh produce and food storage.
- **NCCARE360 Referrals:** Worked to enhance referrals for food assistance through the NCCARE360 platform, focusing on connecting community members to available resources.

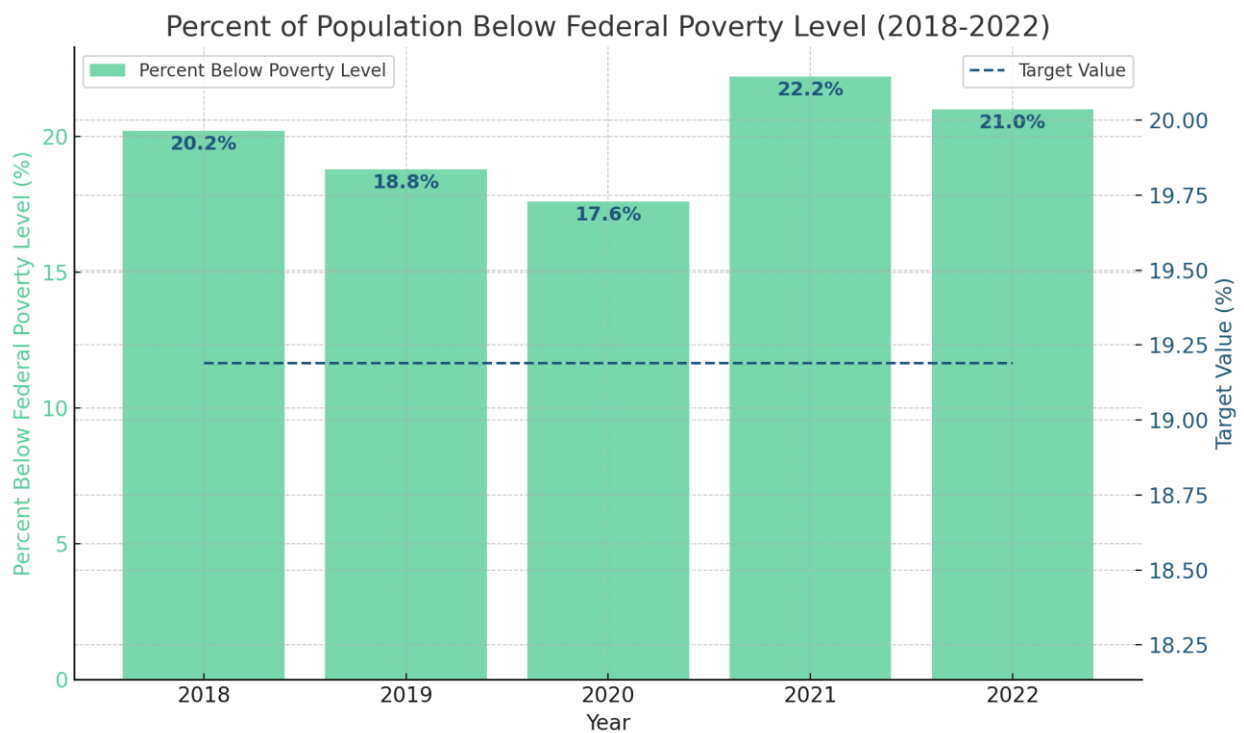
Additional Efforts

- **Culturally Sensitive Messaging:** Ensured all campaigns and surveys were tailored to the cultural context of the EBCI community, using accessible language and culturally relevant imagery.
- **Legislative Advocacy:** Advocated for policies like the Tribal \$15 minimum wage to improve income stability within the community.
- **Collaborative Partnerships:** Partnered with various organizations, including NC DHHS, Land of Sky, and local Tribal entities, to address systemic barriers and create sustainable improvements in social determinants of health.

These targeted strategies underscore the EBCI community’s dedication to addressing foundational social, environmental, and economic challenges. By promoting equity and supporting vulnerable populations, the SEEF team is helping to build a healthier future for all community members.

Social, Economic, and Environmental Factors Data and Outcomes

Percent of Population Below Federal Poverty Level (2018-2022)



The chart above shows the percentage of the Eastern Band of Cherokee Indians (EBCI) population living below the Federal Poverty Level (FPL) from 2018 to 2022. It reflects both the annual changes in poverty rates and the target set for a 5% reduction from the 2018 baseline of 20.2% to 19.19%.

Key Observations from the Data

- **2019 and 2020 Decline:** There were significant reductions in the poverty rate, with levels decreasing to **18.8%** in 2019 and further to **17.6%** in 2020. These improvements reflect progress made in reducing economic disparities.

- **2021 and 2022 Increase:** Poverty levels rose to **22.2%** in 2021 and then slightly declined to **21.0%** in 2022. The rise was likely influenced by economic disruptions caused by the COVID-19 pandemic, which affected employment opportunities and household income.
- **Comparison to Target:** Despite initial progress, the poverty rate remains above the target of **19.19%** as of 2022, underscoring the need for continued focus on poverty reduction strategies.

Data Background

- **Data Source:** American Community Survey (ACS) Census – Population whose income in the past 12 months is below the FPL.
- **Measure Definition:** Percentage is calculated by dividing the number of individuals below the FPL by the total population for whom poverty status is determined.
- **Collection Frequency:** Data is collected annually.
- **Target-Setting Method:** A 5% improvement from the 2018 baseline of 20.2% was established.
- **Annual Overview:** Between 2018 and 2022, the percentage of the EBCI population living below the Federal Poverty Level (FPL) fluctuated significantly. The baseline in 2018 was 20.2%. Reductions in 2019 (18.8%) and 2020 (17.6%) reflected initial progress, but poverty levels rose sharply to 22.2% in 2021 due to the economic impacts of the COVID-19 pandemic. By 2022, the rate declined slightly to 21.0%. Despite these efforts, the poverty rate remains above the target of 19.19%, emphasizing the need for sustained strategies to achieve economic stability.

Story Behind the Curve

Efforts to reduce poverty levels achieved measurable success in 2019 and 2020, demonstrating the effectiveness of initiatives implemented during this period. However, the economic challenges of the COVID-19 pandemic contributed to increased poverty rates in 2021 and 2022.

Key initiatives included the introduction of a **\$15.00 minimum wage** for tribal employees in 2022, which directly addressed income disparities and supported economic stability for many households. Additionally, a **private-sector wage survey** was developed to identify wage disparities and inform advocacy for higher wages within the Qualla Boundary.

Community awareness campaigns, such as the **Medicaid Eligibility Education Media Campaign**, aimed to provide resources to families experiencing economic hardships, ensuring access to healthcare and other essential services. These efforts reflect a commitment to addressing both immediate and systemic drivers of poverty within the EBCI community.

Strategies Contributing to Success

- **Tribal Minimum Wage Increase:**
 - In 2022, a \$15.00 minimum wage was implemented for tribal employees, addressing wage inequality and providing economic stability for many families.
- **Private Sector Wage Survey:**
 - A survey was created to assess wages in local private-sector businesses, including fast-food restaurants, motels, and grocery stores. This data will guide future advocacy for wage increases.

- **Community Awareness Campaigns:**

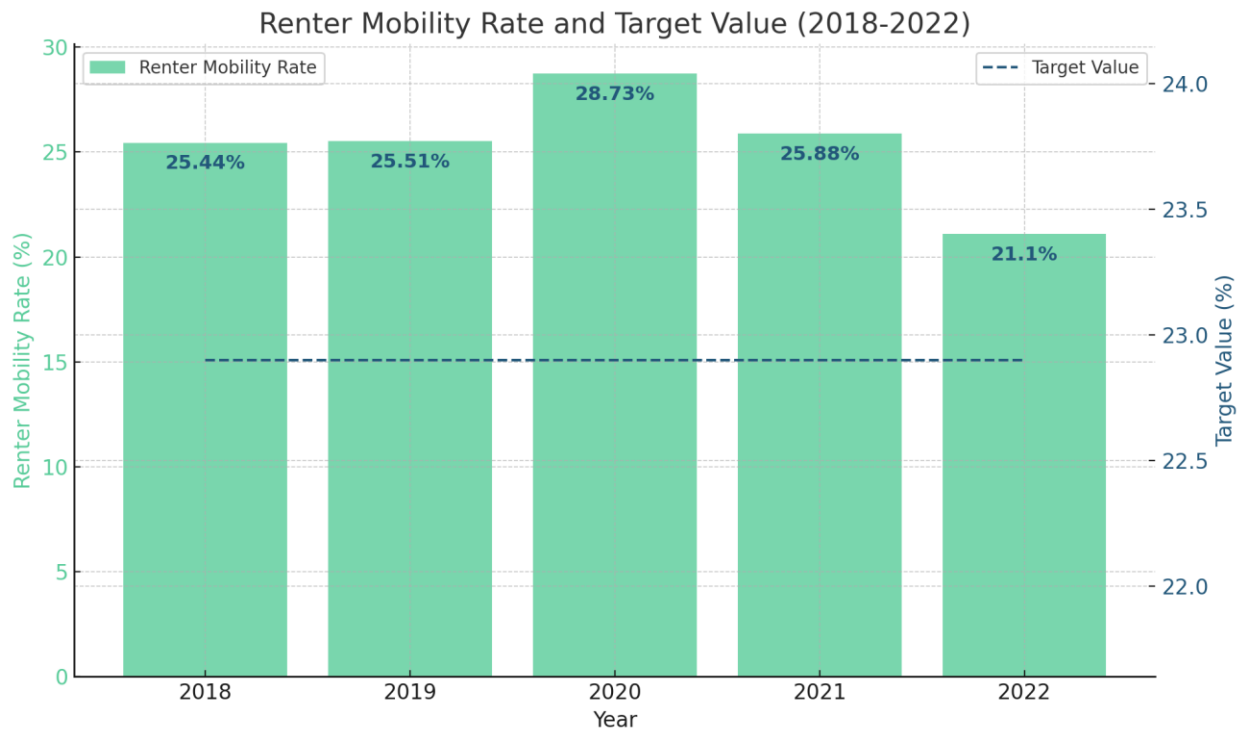
- Partnered with NC DHHS and other stakeholders to release culturally tailored Medicaid Eligibility Education campaigns, ensuring access to healthcare for low-income families.

- **Data-Driven Approaches:**

- Utilized ACS Census data and tribal surveys to track progress, identify areas for improvement, and inform advocacy strategies.

While progress has been made in addressing poverty within the EBCI community, the data highlights the need for sustained efforts. Continued collaboration, advocacy, and community engagement will be essential to meet the established poverty reduction target and support economic stability for all community members.

Renter Mobility Rate and Housing Stability (2018-2022)



The renter mobility rate measures the percentage of renter households who moved within the past year, providing insights into housing stability within the Eastern Cherokee Reservation. Housing stability is a critical component of overall well-being and a key focus area for the Social, Economic, and Environmental Factors (SEEF) team under the Tribal Health Improvement Plan (THIP).

Key Observations from the Data

- **Baseline and Target:** The baseline renter mobility rate in 2018 was **25.44%**, with a target reduction to **22.90%** by 2022, representing a 10% improvement.
- **Improvement in 2022:** The renter mobility rate dropped to **21.10%**, surpassing the target and reflecting a **17% improvement** compared to the baseline.

- **Challenges in 2020 and 2021:** Mobility rates spiked in 2020 and 2021, reaching **28.73%** and **25.88%** respectively, likely due to housing disruptions and economic instability during the COVID-19 pandemic.

Data Background

- **Data Source:** Census American Community Survey (ACS) 5-Year Estimates (Table B07013).
- **Measure Definition:** The renter mobility rate is calculated as the number of renter households who moved within the past year divided by the total number of renter-occupied households.
- **Baseline Development:** The numerator counts renter households who moved within the past year, and the denominator includes all renter-occupied households in the Eastern Cherokee Reservation.
- **Annual Overview:** Between 2018 and 2022, the renter mobility rate showed significant variability, with notable progress by 2022. The baseline in 2018 was 25.44%. While rates increased to 28.73% in 2020 and 25.88% in 2021, likely due to disruptions from the COVID-19 pandemic, they dropped to 21.10% in 2022. This marked a 17% improvement compared to the baseline and surpassed the target of 22.90%.

Story Behind the Curve

Efforts to reduce the renter mobility rate have demonstrated success, particularly in 2022, when the rate dropped below the target. Contributing factors include the development of a culturally relevant definition of stable housing by the Social, Economic, and Environmental Factors (SEEF) team. This definition incorporated access to essential services like water, sewage, heating, and structurally sound living conditions. Data from the Tribal Census, which engaged over 6,100 tribal members, provided valuable insights into housing conditions and established a robust baseline for intervention strategies.

The COVID-19 pandemic posed significant challenges in 2020 and 2021, with mobility rates spiking due to economic and social disruptions. These difficulties underscored the importance of resilient, targeted strategies for addressing housing instability. By analyzing ACS and Tribal Census data, the SEEF team identified trends and implemented data-driven actions to address gaps in housing stability. Collaborative interventions aligned with broader health and social goals, leveraging the support of tribal stakeholders, public health professionals, and the Tribal Council to promote stability within the EBCI community.

Strategies Contributing to Success

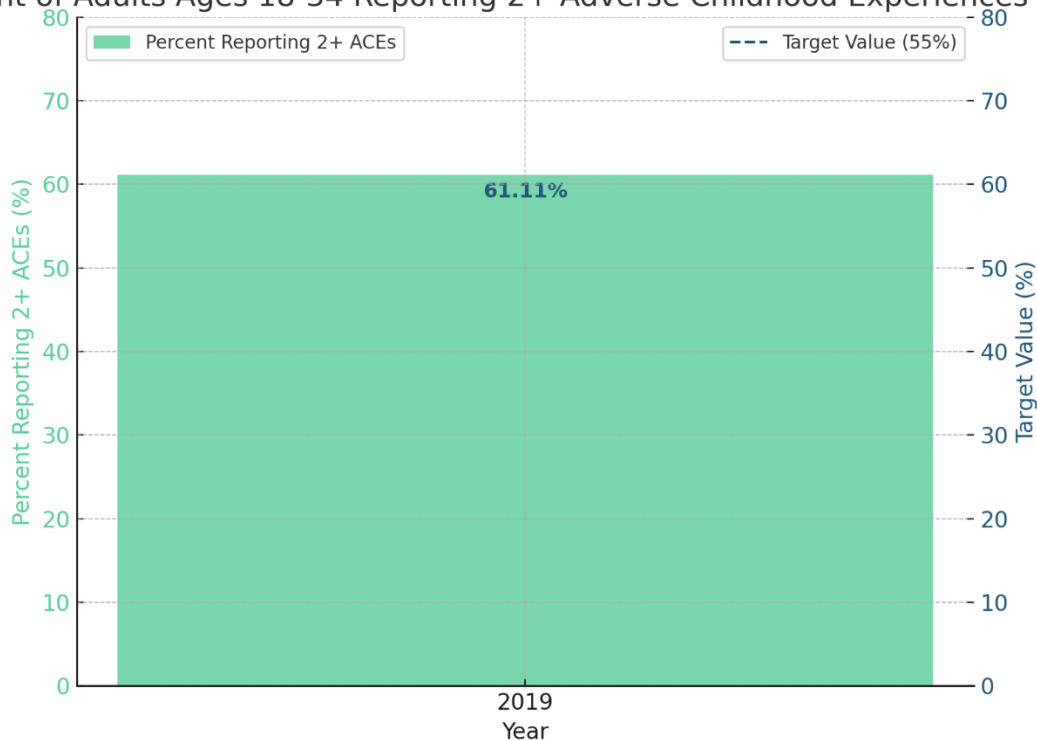
- **Defining Stable Housing:**
 - Developed a culturally relevant definition of stable housing, incorporating criteria such as access to water, sewage, heating, and structurally sound living conditions.
- **Baseline Development:**
 - Established a baseline through the Tribal Census and ACS data, ensuring data-driven interventions.
- **Data Utilization:**
 - Analyzed ACS and Tribal Census data to identify trends and inform targeted action plans addressing housing gaps and insecurities.

- **Community Engagement:**
 - Promoted Tribal Census participation to gather comprehensive data and engaged tribal leaders, public health professionals, and community members in coordinated strategies.
- **Collaborative Interventions:**
 - Aligned efforts with broader health and social goals by working closely with tribal stakeholders, including the Tribal Council and PHHS.

While substantial progress has been made in improving housing stability, sustained efforts will be crucial in addressing ongoing challenges and ensuring that renter mobility rates remain low. Continued collaboration, data-driven strategies, and community engagement will be key to achieving long-term success in housing stability.

Percent of Adults Ages 18-34 Reporting 2+ Adverse Childhood Experiences (2019)

Percent of Adults Ages 18-34 Reporting 2+ Adverse Childhood Experiences (2019)



The chart above shows the percentage of adults aged 18-34 in the EBCI community who reported experiencing two or more adverse childhood experiences (ACEs) in 2019. These experiences, which include abuse, neglect, and household dysfunction, are known to have long-term impacts on physical and mental health.

Key Observations from the Data

- **Baseline Data (2019):** 61.11% of respondents aged 18-34 reported experiencing 2 or more ACEs. This corresponds to 132 respondents out of 216 surveyed.

- **Target Improvement:** The target was set at 55%, representing a 10% improvement from the baseline. Efforts to achieve this goal focus on understanding the scope of ACEs and implementing culturally relevant trauma interventions.

Data Background

- **Data Source:** EBCI Community Survey on Substance Use Disorders.
- **Measure Definition:** Percentage of respondents aged 18-34 who reported two or more ACEs, calculated as the number of respondents reporting two or more ACEs divided by the total number of respondents aged 18-34, multiplied by 100.
- **Baseline Data (2019):** Numerator: 132 respondents aged 18-34 who reported two or more ACEs; Denominator: 216 respondents aged 18-34.
- **Annual Overview:** Baseline data collected in 2019 established that 61.11% of adults aged 18-34 in the EBCI community reported experiencing two or more ACEs. This data provides a critical starting point for understanding the prevalence of childhood trauma within the community. While no additional data points are currently available, this baseline serves as a foundation for measuring progress over time. Efforts to address ACEs focus on promoting healing and resilience through culturally relevant interventions informed by this survey.

Story Behind the Curve

The 2019 data underscores the high prevalence of ACEs among adults aged 18-34 in the EBCI community, with over 60% of respondents reporting two or more adverse experiences. This prevalence highlights the pervasive impacts of trauma within the community and the need for targeted interventions.

Efforts to address ACEs began with a community-driven approach to data collection. The EBCI Community Survey on Substance Use Disorders was designed to capture detailed information about ACEs, ensuring cultural relevance to improve participation and data validity. These findings have since informed ongoing discussions about how to address trauma through culturally tailored programs that promote healing and resilience.

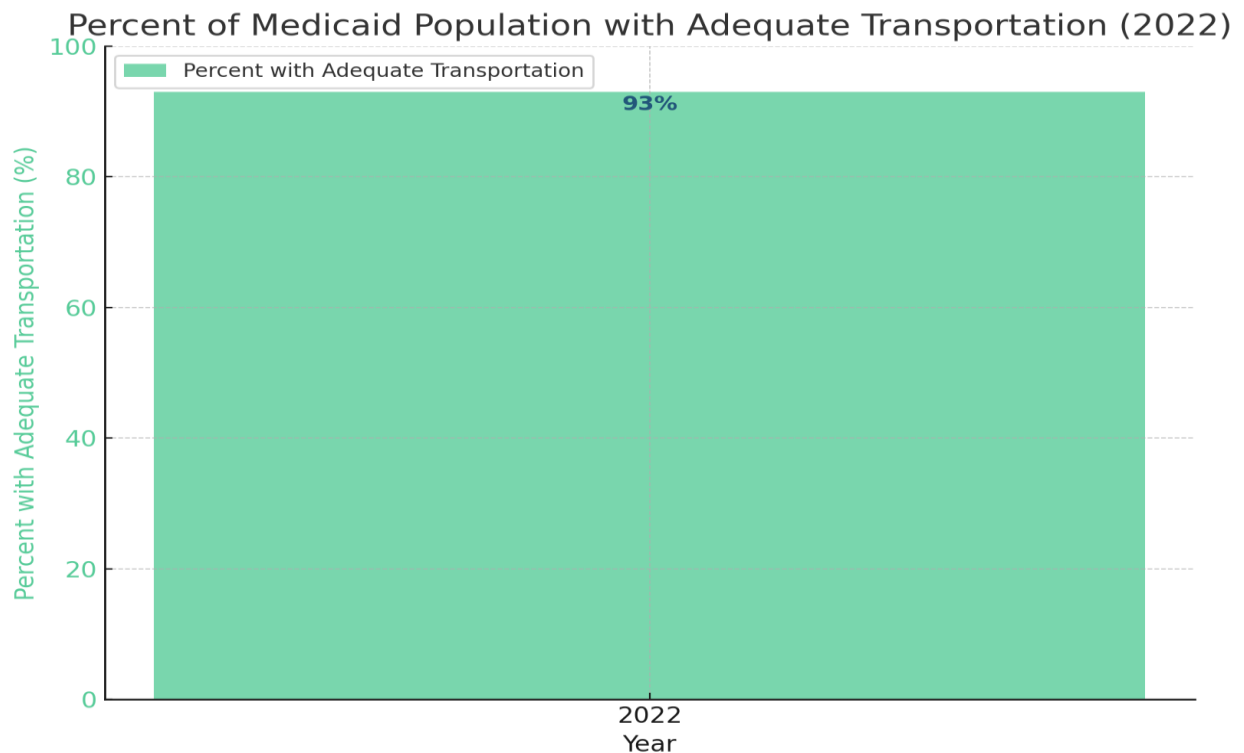
Strategies Contributing to Success

- **Survey Development and Implementation:**
 - Designed and administered the EBCI Community Survey on Substance Use Disorders to collect detailed data on ACEs.
 - Focused on the 18-34 age group to provide insights into the long-term effects of childhood trauma.
- **Culturally Relevant Approaches:**
 - Collaborated with community stakeholders to ensure the survey was respectful, appropriate, and aligned with EBCI cultural values.
 - This approach increased participation rates and the validity of the data.
- **Data-Informed Planning:**

- Used the survey findings to identify trends and inform the development of culturally relevant interventions addressing ACEs.
- **Community Engagement:**
 - Engaged local stakeholders, including public health professionals and community leaders, to align efforts with the unique needs and challenges of the EBCI population.

While efforts are ongoing, the data highlights the importance of sustained, culturally informed strategies to reduce ACEs and their long-term impacts. Continued collaboration and community-driven initiatives will be critical to achieving the targeted reduction and fostering resilience within the EBCI community.

Percent of Medicaid Population with Adequate Transportation (2022)



The chart above illustrates the percentage of Medicaid-eligible individuals within the Eastern Band of Cherokee Indians (EBCI) community who reported having adequate transportation to access medical appointments or essential destinations in 2022. This measure provides critical insights into transportation accessibility as a key social determinant of health.

Key Observations from the Data

- **High Adequacy Rate:** In 2022, 93% of Medicaid-eligible individuals reported having adequate transportation, demonstrating the effectiveness of current services.
- **Challenges:** Despite the high adequacy rate, geographic barriers and limited infrastructure in remote areas of the Qualla Boundary remain areas of concern.
- **Data Limitations:** No historical data or trends are available, making it difficult to measure progress over time.

Data Background

- **Data Source(s):** Tribal transportation surveys and Medicaid analytics.
- **Measure Definition:** Percentage of Medicaid-eligible individuals who reported having adequate transportation for medical appointments and daily living needs.
- **Baseline:** 2022: 93%.
- **Annual Overview:** In 2022, 93% of Medicaid-eligible individuals reported having adequate transportation to access medical and essential destinations. No historical data is available to establish trends, but this figure provides a baseline for future evaluations. The high adequacy rate highlights the success of Medicaid-funded Non-Emergency Medical Transportation (NEMT) services, which have played a central role in meeting community needs.

Story Behind the Curve

The reported **93% adequacy rate** reflects the effectiveness of services aimed at meeting transportation needs for Medicaid-eligible individuals. Medicaid-funded non-emergency medical transportation (NEMT) played a central role in ensuring access to essential destinations. This high adequacy rate highlights the strength of existing systems but also underscores the need for ongoing evaluation and addressing specific challenges.

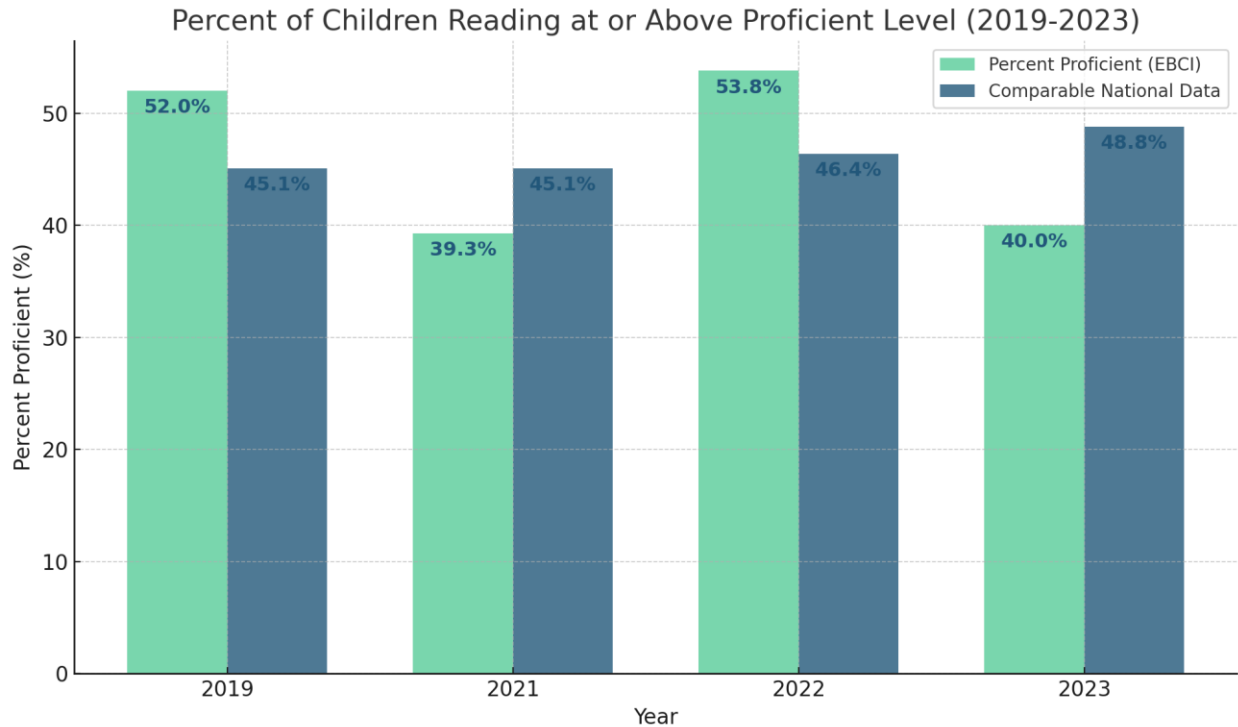
Challenges such as remote living conditions and limited transit infrastructure in certain areas of the Qualla Boundary continue to create barriers for a subset of the population. Additionally, inconsistent data collection prevents a full understanding of trends and areas needing improvement.

Strategies Contributing to Success

- **Medicaid Non-Emergency Medical Transportation (NEMT):**
 - Provided reliable transportation for Medicaid-eligible individuals to access healthcare and essential destinations.
- **Data Collection and Analysis:**
 - Gathered data through tribal surveys and Medicaid analytics to assess transportation adequacy and identify needs.

The 93% adequacy rate demonstrates the success of these collaborative efforts. Moving forward, consistent data collection and infrastructure improvements will be critical to maintaining and enhancing transportation services for the EBCI community.

Percent of Children Reading at or Above Proficient Level (2019-2023)



The chart above illustrates the percentage of American Indian 3rd-grade students in Swain County Schools who scored at or above the proficient level on the End-of-Grade (EOG) exam from 2019 to 2023. This measure provides insight into trends in early literacy and academic performance within the Eastern Band of Cherokee Indians (EBCI) community.

Key Observations from the Data

- **Baseline (2019):** In 2019, **52%** of students scored at or above proficient, setting the baseline for future improvement efforts.
- **COVID-19 Impact (2021):** Proficiency levels dropped significantly to **39.3%** in 2021, reflecting the disruption caused by the COVID-19 pandemic and its impact on learning.
- **Recovery and Subsequent Decline:** While proficiency rebounded to **53.8%** in 2022, exceeding the baseline, it fell again in 2023 to **40%**, highlighting ongoing challenges in maintaining consistent academic gains.
- **Comparison to Target:** The target was set at **57.2%**, representing a 10% improvement from the 2019 baseline. As of 2023, the proficiency rate remains below this target.

Data Background

- **Data Source(s):** North Carolina Department of Public Instruction (NCDPI) Accountability Services.
- **Measure Definition:** Percentage of American Indian students in Swain County Schools reading at or above proficient level on the 3rd-grade EOG exam:
- **Baseline (2019):**

- **Numerator:** Number of proficient American Indian 3rd-grade students.
- **Denominator:** Total number of American Indian 3rd-grade students who took the EOG exam.
- **Annual Overview:** In 2019, the baseline proficiency rate was 52.0%. Testing was canceled in 2020 due to COVID-19. In 2021, the proficiency rate dropped significantly to 39.3%. Recovery occurred in 2022, with a rate of 53.8%, surpassing the baseline. However, in 2023, proficiency again declined significantly to 40.0%.
- **Comparable National Data:** National Youth Risk Behavior Survey (YRBS) data shows proficiency rates of 48.8% in 2023, 46.4% in 2022, 45.1% in 2021, and 45.1% in 2019.
- **Target: 57.2%**, representing a 10% improvement from the baseline.

Story Behind the Curve

The data reveals fluctuating proficiency rates among American Indian 3rd-grade students in Swain County Schools, with significant declines in 2021 and 2023. The steep drop in 2021 aligns with national trends reflecting the impact of the COVID-19 pandemic, including school closures and remote learning challenges. Although proficiency levels rebounded in 2022, surpassing the baseline, the decline in 2023 underscores the difficulty in sustaining progress.

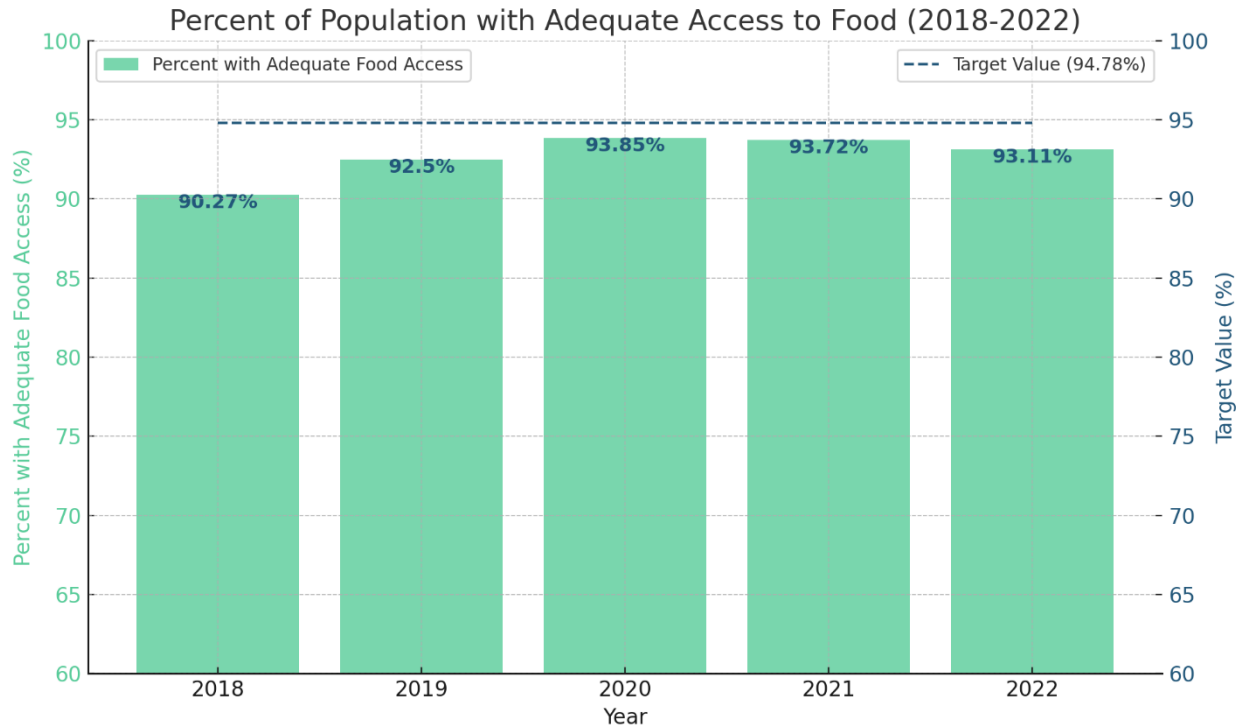
The pandemic's impact on standardized testing further emphasizes the need for targeted interventions to bridge learning gaps and support early literacy. These efforts require sustained focus on addressing educational disparities and promoting consistent academic achievement.

Strategies Contributing to Success

- **Data-Driven Approaches:**
 - Utilized EOG data to identify trends and measure progress toward the target.
 - Shared results with stakeholders to inform and guide interventions.
- **Family and Community Engagement:**
 - Encouraged family participation in early literacy initiatives and school activities.
 - Promoted community awareness of the importance of reading proficiency.
- **Targeted Academic Support:**
 - Supported Swain County Schools in implementing programs to address learning gaps.
 - Prioritized American Indian students for tailored interventions aligned with cultural needs.

The data underscores the importance of continued efforts to improve reading proficiency among American Indian students in Swain County Schools. By addressing learning disparities and fostering community engagement, the EBCI community can work toward ensuring that all students meet academic benchmarks.

Percent of Population with Adequate Access to Food (2018-2022)



The chart above illustrates the percentage of households within the Eastern Band of Cherokee Indians (EBCI) community that had adequate access to food, as measured by the absence of reliance on SNAP/food stamp assistance, from 2018 to 2022. This measure provides insight into food security trends and the effectiveness of efforts to address this critical social determinant of health.

Key Observations from the Data

- **Baseline (2018):** In 2018, **90.27%** of households were identified as having adequate food access, setting the baseline for future improvements.
- **Peak (2020):** The percentage of households with adequate food access peaked at **93.85%** in 2020, reflecting significant progress.
- **Recent Decline (2022):** By 2022, the percentage decreased slightly to **93.11%**, signaling persistent challenges in maintaining progress.
- **Comparison to Target:** The target was set at **94.78%**, representing a **5% improvement** from the 2018 baseline. As of 2022, the rate remains below this target.

Data Background

- **Data Source(s):** American Community Survey (ACS) 5-Year Estimates Table B22003 for Eastern Cherokee Reservation, NC.
- **Measure Definition:** Percentage of households not receiving SNAP/food stamps: • Formula: **(Number of households not receiving SNAP / Total number of households) x 100**

- **Baseline (2018):** • Numerator: 3,007 households not receiving SNAP. • Denominator: 3,331 total households.
- **Annual Overview:** Between 2018 and 2022, the percentage of households with adequate food access showed a steady upward trend before a slight decline. In 2018, the baseline was 90.27%. The percentage increased to 92.50% in 2019 and peaked at 93.85% in 2020, likely reflecting expanded food security efforts. In 2021, the percentage slightly declined to 93.72%, followed by another slight drop to 93.11% in 2022, remaining below the target of 94.78%.

Story Behind the Curve

The data reveals a steady improvement in food access within the EBCI community from 2018 to 2020, with a peak in 2020 reflecting progress in addressing food insecurity. This improvement aligns with targeted community initiatives and outreach efforts aimed at increasing food security. However, the slight decline observed in 2022 highlights ongoing challenges, likely tied to economic fluctuations and the residual impacts of the COVID-19 pandemic on household incomes and employment.

Efforts to enhance food access included community awareness campaigns, culturally relevant educational initiatives, and collaboration across public health and community organizations. These interventions were critical in fostering awareness and addressing barriers to food security.

Strategies Contributing to Success

- **Baseline Development:**
 - Leveraged ACS data to establish a baseline and identify trends in food access.
 - Analyzed disparities to inform targeted interventions.
- **Community Engagement:**
 - Conducted culturally relevant surveys to gauge food insecurity and identify at-risk households.
 - Promoted public awareness of available resources to address food needs.
- **Interagency Collaboration:**
 - Partnered with Tribal entities, public health organizations, and local stakeholders to align efforts and maximize impact.
- **Monitoring and Adjustment:**
 - Regularly reviewed data to assess progress and refine strategies.

The data highlights the need for sustained efforts to improve food security within the EBCI community. By addressing underlying disparities and fostering community engagement, the EBCI can work toward achieving its food access targets and ensuring all households have adequate access to nutritious food.

Social, Economic, and Environmental Factors Summary of Successes

The three key successes of the SEEF team included strengthened community partnerships, increased access to resources, and improved population health. By strengthening community partnerships, these teams have fostered collaborations with local organizations to address social needs and enhance health outcomes for the entire community. This collaborative approach ensures that the unique challenges

faced by vulnerable groups are met with tailored solutions. Additionally, the SEEF teams have significantly increased access to essential resources, such as food, housing, and transportation, by identifying and connecting patients to these vital services. This proactive engagement not only supports individual well-being but also builds a more resilient community. Furthermore, by addressing the social determinants of health, the SEEF teams have made substantial strides in improving the population's overall health. This holistic approach to health care acknowledges the complex interplay of factors that influence well-being, leading to more effective and equitable health interventions. These successes highlight the critical role of SEEF teams in creating healthier, more inclusive communities. By prioritizing social determinants of health, the Eastern Band of Cherokee Indians created a healthier and more equitable future for all.

Key Insights from Social, Economic, and Environmental Factors Data

Poverty Reduction Efforts

- **Progress:** Between **2018 and 2020**, poverty rates dropped from **20.2% to 17.6%**, showing a **2.6% reduction** driven by strategies like increased tribal wages and Medicaid outreach.
- **Challenges:** Poverty increased to **22.2% in 2021** due to COVID-19's economic disruptions but saw a slight improvement to **21.0% in 2022**.

Housing

- **Achievement:** The renter mobility rate improved from **25.44% in 2018 to 21.10% in 2022**, exceeding the target of **22.90%**.
- **COVID-19 Impact:** Disruptions caused mobility spikes in **2020 and 2021**, underscoring the importance of resilient housing strategies.

Food Access

- **Success:** Adequate food access rose to a peak of **93.85% in 2020**, reflecting effective community engagement.
- **Challenge:** A slight decline to **93.11% in 2022** indicates ongoing barriers tied to economic changes.

Transportation Access

- **2022 Success:** **93% of Medicaid-eligible individuals** reported adequate transportation access for essential needs, reflecting strong support from Medicaid Non-Emergency Medical Transportation (NEMT) programs.
- **Gaps:** Remote areas still face infrastructure challenges.

Adverse Childhood Experiences (ACEs)

- **Prevalence:** In **2019**, **61.11% of adults aged 18-34** reported 2+ ACEs, underscoring the need for culturally relevant trauma interventions.

Drivers of Progress

The SEEF team's culturally tailored, community-driven approaches have advanced equity and resilience across key SDOH areas. Data-driven strategies and partnerships with public health, housing, and education stakeholders ensured effective interventions tailored to the EBCI's unique needs.

Strategies Leading to Success

1. Poverty Reduction

- Advocated for the implementation of a **\$15.00 minimum wage** for tribal employees.
- Conducted private-sector wage surveys to guide advocacy for higher wages.
- Promoted culturally tailored Medicaid expansion outreach.

2. Housing Stability

- Utilized Tribal Census data to define and address housing needs.
- Engaged leaders and residents in culturally aligned housing initiatives.
- Analyzed data to create targeted, resource-informed interventions.

3. Food Access

- Organized community campaigns to promote food security programs.
- Enhanced resource access via NCCARE360 referrals and HEAT initiatives.

4. Transportation Access

- Expanded NEMT services for Medicaid-eligible individuals.
- Collaborated with Tribal Transportation to overcome barriers.

5. ACEs Data Collection

- Developed culturally relevant surveys to collect detailed trauma data and understand community needs.

Social, Economic, and Environmental Factors Highlights

The SEEF team's pivotal role in incorporating Social Determinants of Health (SDOH) questions into the 2023 Tribal Health Surveys marks a significant milestone in public health for EBCI. By introducing these questions for the first time, the team has laid the groundwork for a deeper understanding of the various factors that influence health outcomes within tribal communities. The inclusion of SDOH questions is crucial, as it allows for the collection of comprehensive data on how social, economic, and environmental conditions impact health and how community members view their health. This data is essential for developing targeted interventions and policies that address health disparities and promote equity. The significance of starting to ask these types of questions cannot be overstated; it represents a forward-thinking approach to health surveys that acknowledges the complex interplay of factors affecting well-being. This initiative not only enhances the quality of the data collected but also underscores the importance of a holistic view of health, paving the way for more effective and inclusive health strategies in the future for the Eastern Band of Cherokee Indians.

- **Strengthened Community Partnerships** Collaborations with local organizations have addressed diverse social needs, ensuring tailored, impactful solutions.
- **Increased Resource Access** Improved connections to food, housing, and transportation resources have enhanced individual and community well-being.

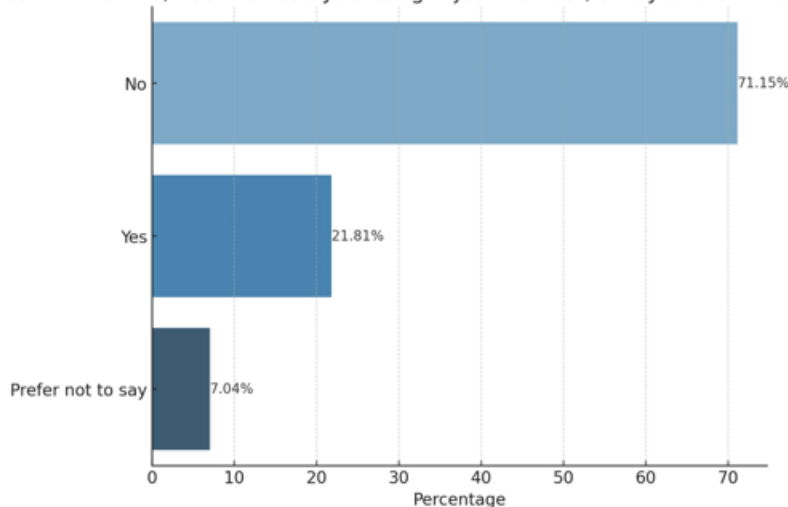
- **Improved Population Health** Efforts addressing SDOH have fostered significant improvements in equity and health outcomes, building resilience for the future.
- **Enhanced Tribal Census Data Collection:** The SEEF team significantly improved the Tribal Census by incorporating critical questions focused on identifying social determinants of health (SDOH) within the community. These targeted questions address key areas such as food security, housing stability, utility access, transportation barriers, safety concerns, and experiences of abuse. Examples of questions include:
 - "Within the past 12 months, did you worry that your food would run out before you got money to buy more?"
 - "Are you worried about losing your housing?"
 - "Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living?"
 - "Do you feel physically or emotionally unsafe where you currently live?"

These additions provide actionable insights into challenges faced by EBCI community members. For instance, in response to the question, "Within the past 12 months, did the food you bought just not last and you didn't have money to get more?", **21.81%** of respondents reported experiencing food insecurity. (See image below). This expanded data collection marks a milestone in understanding the intersection of SDOH and health outcomes. By gathering comprehensive, community-specific data, the SEEF team has laid the foundation for more effective and targeted interventions that address disparities and promote equity within the Eastern Band of Cherokee Indians community.

Within the past 12 months, has the food you bought just not last, and you didn't have money to get more?

Response	Count	Percentage
No	4580	71.15%
Yes	1404	21.81%
Prefer not to say	453	7.04%

Within the past 12 months, has the food you bought just not last, and you didn't have money to get more?



The SEEF team's initiatives exemplify the transformative power of addressing social, economic, and environmental factors in public health. Continued commitment to these strategies will sustain progress and support a healthier, more inclusive EBCI community.

Mental Health and Well-Being

Mental health is an indispensable aspect of overall health, intricately woven into our emotional, psychological, and social well-being. As highlighted by the CDC, robust mental health empowers individuals to navigate life's stressors, unlock their potential, work efficiently, and make meaningful contributions to their communities. The profound connection between mental and physical health is evident; for instance, depression can heighten the risk of chronic illnesses such as diabetes, heart disease, and stroke, while existing chronic conditions can, in turn, increase the likelihood of developing mental health issues. This bidirectional relationship underscores the necessity of addressing mental health as a fundamental component of holistic health care. Moreover, it is crucial to recognize that even those without diagnosed mental health conditions may encounter challenges to their mental well-being. This universal relevance of mental health care emphasizes its importance not only for individual wellness but also for fostering resilient, productive, and thriving communities.

The 2017 Tribal Health Survey identified anxiety, depression, and mental and behavioral health issues as leading health concerns in EBCI. Approximately 19% of participants acknowledged the effect mental health has on their overall health, projected health, and health of their family members. These findings highlight the critical need for comprehensive mental health services and support within the community.

Impacts of Mental Health

- **Emotional Well-being:**
 - Fluctuations in mood, including extreme highs and lows.
 - Experiences of anxiety and worry.
 - Low self-esteem and feelings of inadequacy.
- **Physical Health:**
 - Mental health conditions can weaken the immune system, increasing vulnerability to physical ailments.
 - Conditions like depression and anxiety can lead to unhealthy habits such as substance abuse, poor diet, and lack of exercise.
 - Mental health issues can exacerbate chronic conditions like heart disease, diabetes, and autoimmune disorders.
- **Cognitive Function:**
 - Difficulties in concentration, memory, and decision-making.
 - Struggles with sound judgment and problem-solving.
- **Social Relationships:**
 - Challenges in maintaining healthy relationships with family, friends, and partners.
 - Social isolation and withdrawal from activities.
 - Difficulty expressing thoughts and feelings.
- **Occupational Performance:**

- Decreased productivity and reduced work efficiency.
- Challenges in maintaining consistent employment.

Highlights from the 2018 Tribal Health Assessment

- **19.11%** of respondents identified anxiety, depression, and/or mental and behavioral health issues as leading health concerns.
- **19.2%** expressed concerns about how these issues might affect them within the next five to ten years.
- **19.96%** were concerned about their family’s health being impacted by mental and behavioral health issues.

Mental Health and Well-Being Team Approach

Strategy 1: Referral Platform for Social Determinants of Health (SDOH)

This strategy emphasized participating in an established referral platform to connect community members with resources addressing social determinants of health (SDOH), which have a direct impact on mental health and well-being. The initiative focused on increasing accessibility to essential services such as food, housing, and transportation while streamlining connections between community members and Tribal programs.

- **Goal:** Create a referral platform to connect community members with resources addressing SDOH.
- **Implementation:**
 - Collaborated with EBCI Executive Office, Tribal Programs, and external consultants.
 - Developed a training curriculum for two learning cohorts.
 - Implemented the platform in **7 programs** for Cohort 1 and **11 programs** for Cohort 2.
- **Outcomes:**
 - Educated platform users on service availability and eligibility.
 - Streamlined service identification for members across the five-county service area, enabling quicker access to appropriate resources and reducing the time and effort required for community members to connect with needed services.
 - Service barrier reduction for enrolled and non-enrolled members who reside on and off the Qualla Boundary.
 - Identified gaps and needs for services associated with SDOH through captured data.

Strategy 2: Youth Mental Health Assessments and Service Expansion

This strategy focused on expanding assessments for youth mental health and wellness to improve awareness, diagnosis, and treatment. It also aimed to enhance service availability by embedding staff within critical programs and collaborating with local schools and healthcare providers.

- **Goal:** Expand youth assessments to improve awareness, diagnosis, and treatment.

- **PEARLS Tool:** Researched and recommended the Pediatric ACEs and Related Life-events Screener. Although not implemented due to feasibility concerns, foundational research and recommendations were made to facilitate potential future adoption of the tool.
- **Supported Service Expansion:**
 - Hired staff for CIHA/Analenisgi at Head Start programs, trained in child-family psychotherapy.
 - Collaborated with Cherokee Central Schools to hire additional therapists and facilitate risk assessments.
 - Initiated grief and parenting support groups.
 - Approved additional pediatric psychiatric services at CIHA.

Strategy 3: Parenting Programs

This strategy aimed to provide culturally sensitive parenting programs that address the unique needs of caregivers within the EBCI community. It included developing tailored curricula and increasing access to parenting resources.

- **Goal:** Provide culturally sensitive parenting programs.
 - Hosted six **EBCI Parenting Workgroups**, each with 8-12 participants, which provided a platform for discussing parenting needs, sharing resources, and laying the groundwork for culturally tailored parenting programs.
 - Conducted two **8-week Circle of Security Parenting Programs** with Cherokee Choices providing logistical support.
 - Developed the EBCI Positive Indian Parenting Curriculum, culminating in a pilot program.
 - Certified three trainers in Circle of Security Parenting and one trainer in Positive Indian Parenting.

Strategy 4: Promotion of Mental Health Resources

This strategy emphasized community outreach and education by leveraging local media partnerships to disseminate information about mental health and well-being resources.

- Collaborated with the **Cherokee One Feather Newspaper** to disseminate mental health and well-being information widely across the community. This collaboration utilized the newspaper's weekly circulation of 2,000 copies and robust social media reach of over 87,000 Facebook followers to increase awareness of available resources, share success stories, and highlight community events.

Strategy 5: Cultural Integration

This strategy focused on integrating Cherokee cultural values into mental health discussions through community events and educational sessions.

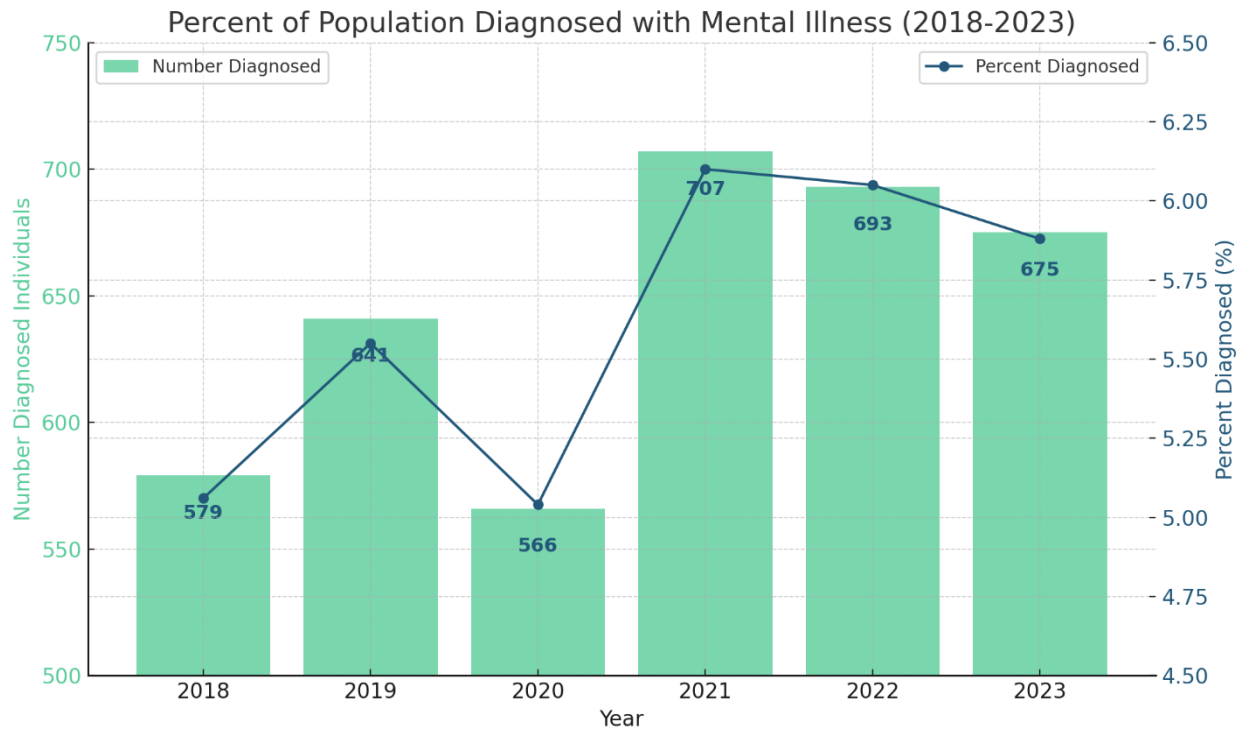
- Hosted the **Cherokee Cultural Perspectives on Health Lunch & Learn Series**, which directly contributed to improving mental health awareness and fostering a deeper understanding of how cultural values shape well-being. These sessions highlighted the intersection of traditional

Cherokee values and contemporary health challenges, enhancing community engagement and support.

- Topics included Native health, adversity, health disparities, and Cherokee core values.
- Each session was attended by 28-36 participants, with overwhelmingly positive feedback from 88 completed surveys.

Mental Health and Well-Being Data and Outcomes

Percent of Population Diagnosed with Mental Illness (2018-2023)



The chart above illustrates the percentage of the Eastern Band of Cherokee Indians (EBCI) active user population diagnosed with a mental illness by the Cherokee Indian Hospital Authority (CIHA) from 2018 to 2023. This measure reflects trends in the diagnosis of mental health conditions within the community and highlights efforts to address mental health needs, reduce stigma, and improve access to care.

Key Observations from the Data

- **Baseline (2018):** In 2018, 5.06% of the CIHA active user population was diagnosed with a mental illness, establishing the baseline for improvement efforts.
- **Peak (2021):** The percentage increased to 6.10% in 2021, reflecting a rising awareness of mental health issues and improved diagnostic efforts.
- **Recent Trends (2023):** By 2023, the percentage slightly decreased to 5.88%, signaling progress but remaining above the baseline and target.
- **Comparison to Target:** The target was set at 4.55%, representing a 10% improvement from the baseline. As of 2023, the rate remains above the target.

Data Background

- **Data Source(s):** Cherokee Indian Hospital RPMS data.
- **Measure Definition:** Percentage of CIHA American Indian/Alaska Native (AI/AN) active user population diagnosed with a mental illness: (# of individuals diagnosed with a mental illness / Total CIHA active user population).
- **Baseline (2018):** Numerator: 579 diagnosed individuals; Denominator: 11,444 active users.
- **Annual Overview:** Between 2018 and 2023, trends show gradual fluctuations in the percentage of individuals diagnosed with a mental illness. The baseline in 2018 was 5.06%. In 2019, the rate increased slightly to 5.55%. It declined to 5.04% in 2020 but reached its peak of 6.10% in 2021 due to increased awareness and diagnostic efforts. In 2022, the rate slightly decreased to 6.05%, followed by a further decline to 5.88% in 2023, though it remains above the target of 4.55%.

Story Behind the Curve

The increase in the percentage of CIHA active users diagnosed with mental illness from 2018 to 2021 reflects a growing recognition of mental health needs within the community. Contributing factors include improved access to mental health screenings, reduced stigma around mental health diagnoses, and expanded community outreach initiatives. Efforts to address social determinants of health (SDOH) through referral platforms and culturally tailored interventions have also supported the identification and treatment of mental health conditions.

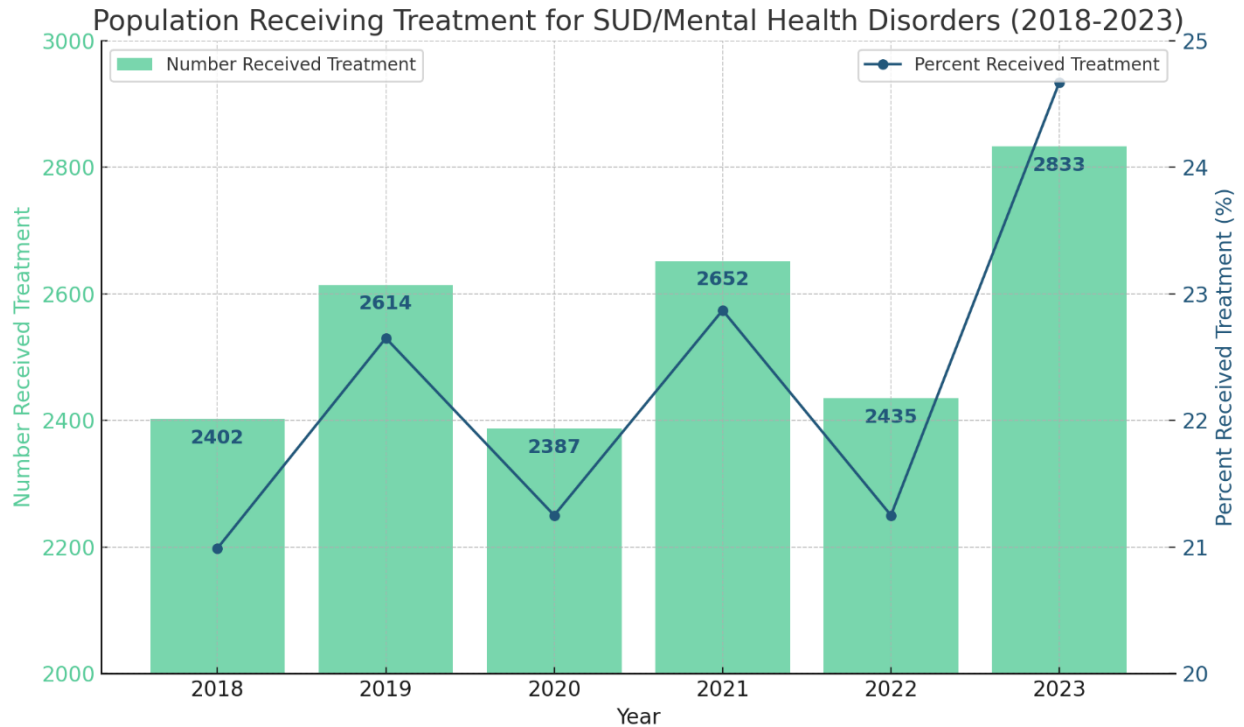
While the slight decline in 2023 indicates progress, the rate remains above the baseline and target, highlighting the need for sustained investment in behavioral health services, early intervention programs, and culturally relevant mental health care. Challenges such as unmet mental health needs and barriers to accessing care persist, requiring ongoing collaboration and resource allocation.

Strategies Contributing to Success

- **Youth Mental Health Assessments:** Expanded mental health screenings in schools to identify at-risk youth earlier and connect them with appropriate services.
- **Referral Platforms for SDOH:** Implemented platforms to address underlying social determinants contributing to mental health challenges, such as housing, transportation, and financial instability.
- **Culturally Tailored Interventions:** Integrated traditional practices and community values into mental health services to improve accessibility and effectiveness.
- **Community Awareness Campaigns:** Partnered with platforms like the Cherokee One Feather Newspaper to reduce stigma and promote mental health resources.
- **Collaborative Programs:** Strengthened partnerships between healthcare providers, schools, and advocacy groups to enhance access to care and prevention efforts.

While progress has been made in increasing awareness, reducing stigma, and expanding access to services, ongoing efforts are needed to meet the established targets and address persistent challenges. By continuing to prioritize culturally relevant programming, interagency collaboration, and early intervention, the EBCI community can build on these successes and ensure equitable access to mental health care for all members.

Percent of Population Receiving Treatment for Substance Use or Mental Health Disorders (2018-2023)



The chart above illustrates the percentage of the Eastern Band of Cherokee Indians (EBCI) active user population diagnosed with a substance use disorder (SUD) and/or mental health disorder who received treatment through the Cherokee Indian Hospital Authority (CIHA) from 2018 to 2023. This measure highlights trends in accessing treatment and reflects the success of targeted strategies to improve mental health and SUD care.

Key Observations from the Data

- **Baseline (2018):** In 2018, 20.99% of the CIHA active user population received treatment, setting the baseline for improvement.
- **Peak (2023):** The percentage increased to 24.67% in 2023, representing a significant improvement from the baseline and the highest rate observed during the period.
- **Fluctuations:** Treatment rates saw slight declines in 2020 (21.25%) and 2022 (21.25%), likely due to the challenges posed by the COVID-19 pandemic.
- **Comparison to Target:** The target was set at 23.09%, representing a 10% improvement from the baseline. As of 2023, the treatment rate exceeds the target, reflecting progress in expanding access to care.

Data Background

- **Data Source(s):** Cherokee Indian Hospital RPMS data.
- **Measure Definition:** Percent of CIHA active user population diagnosed with SUD and/or a mental health disorder who received treatment:

- Formula: (Number of individuals receiving treatment / Total CIHA active user population).
- **Baseline (2018):**
 - **Numerator:** 2,402 individuals receiving treatment.
 - **Denominator:** 11,444 active users.
- **Annual Overview:** Between 2018 and 2023, treatment rates generally trended upward, with some fluctuations. The baseline in 2018 was 20.99%, increasing to 22.65% in 2019. In 2020, the rate declined slightly to 21.25%, likely due to the COVID-19 pandemic. Recovery followed in 2021, with a rate of 22.87%, before another dip to 21.25% in 2022. In 2023, the percentage reached its peak of 24.67%, surpassing the target of 23.09%.

Story Behind the Curve

The steady improvement in treatment rates, particularly the significant increase in 2023, reflects the impact of targeted strategies implemented by EBCI to address mental health and substance use challenges. Key initiatives included embedding mental health professionals within schools, expanding parenting support programs, and increasing telehealth services.

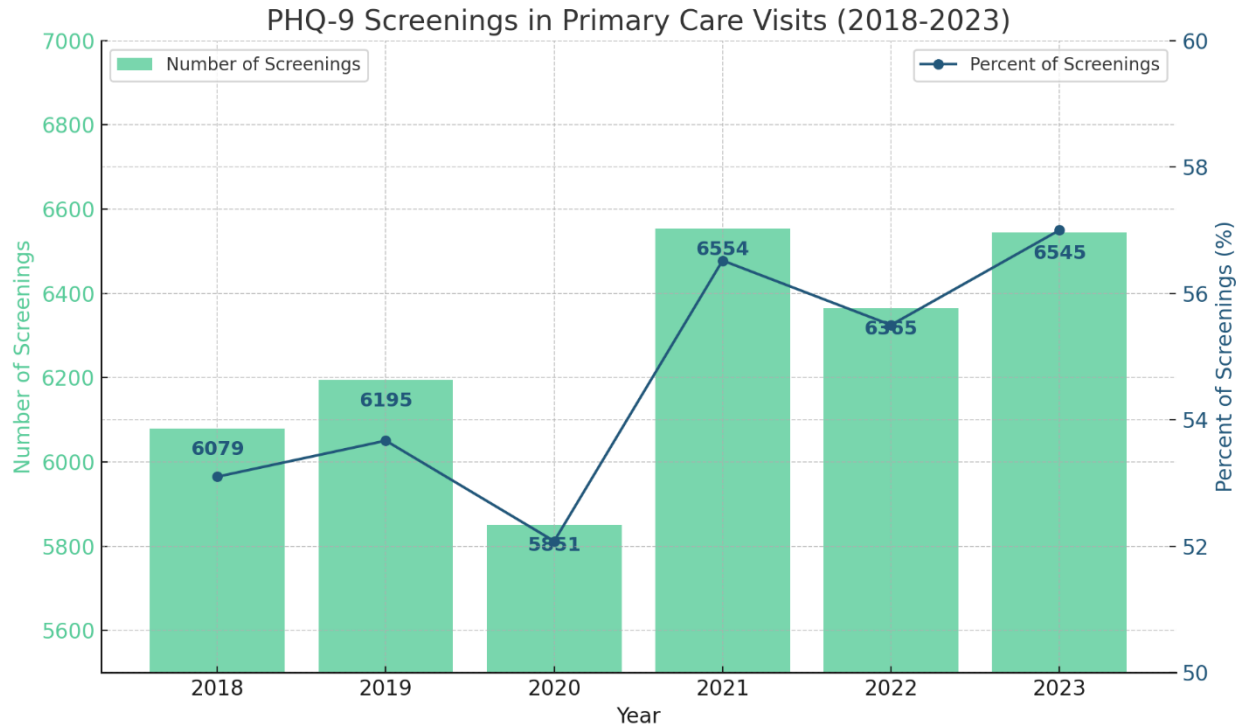
The COVID-19 pandemic posed significant barriers to care, contributing to declines in treatment rates in 2020 and 2022. However, the introduction of innovative solutions such as telehealth and extended clinic hours facilitated access to care and supported post-pandemic recovery efforts. Collaborative programs and culturally tailored interventions further enhanced the community's ability to address unmet mental health and SUD needs.

Strategies Contributing to Success

- **Integration of Services:**
 - School-based therapists were embedded within Cherokee Central Schools to provide accessible care for adolescents.
- **Training and Capacity Building:**
 - Staff received training in evidence-based programs such as Child-Parent Psychotherapy and Positive Indian Parenting to enhance service quality.
- **Parenting and Family Support Programs:**
 - Programs like Circle of Security and Positive Indian Parenting equipped families with skills to support resilience and mental health.
- **Telehealth Expansion:**
 - Telehealth services were scaled up during the pandemic to ensure continuity of care and mitigate access barriers.
- **Community Engagement:**
 - Initiatives such as grief support groups and mental health awareness events fostered greater awareness and reduced stigma around seeking care.

The sustained efforts of EBCI and its partners have contributed to the increased rates of treatment for SUD and mental health disorders, surpassing the established target. These achievements underscore the importance of continued investment in culturally relevant programming, community outreach, and integrated care to further enhance access and outcomes for all community members.

Percent of Primary Care Visits Where Adolescents and Adults Are Screened with PHQ-9 (2018-2023)



The chart above illustrates the percentage of primary care visits at Cherokee Indian Hospital Authority (CIHA) where adolescents and adults were screened with the PHQ-9 for depression from 2018 to 2023. This measure reflects the integration of mental health screenings into primary care workflows and highlights trends in identifying mental health needs in the EBCI community.

Key Observations from the Data

- **Baseline (2018):** In 2018, 53.10% of primary care visits included a PHQ-9 screening, establishing the baseline for improvement efforts.
- **Peak (2023):** The screening rate increased to 57.00% in 2023, reflecting consistent efforts to prioritize mental health within primary care.
- **Fluctuations:** Screening rates dipped in 2020 to 52.08% due to disruptions caused by the COVID-19 pandemic but rebounded in subsequent years.
- **Comparison to National Data:** Comparable national data is unavailable, making these trends specific to the EBCI community.

Data Background

- **Data Source(s):** Cherokee Indian Hospital RPMS data.

- **Measure Definition:** Percent of primary care visits where adolescents and adults were screened with the PHQ-9:
 - Formula: (# of patients screened with PHQ-9 / Eligible active user population aged 10+).
- **Baseline (2018):**
 - **Numerator:** 6,079 individuals screened.
 - **Denominator:** 11,444 eligible individuals.
- **Annual Overview:** Between 2018 and 2023, the screening rate showed moderate fluctuations but an overall upward trend. In 2018, the baseline rate was 53.10%, increasing slightly to 53.67% in 2019. In 2020, the rate dipped to 52.08% due to pandemic-related disruptions. Recovery began in 2021, with the rate climbing to 56.52%, followed by 55.50% in 2022. By 2023, the rate peaked at 57.00%, reflecting the success of sustained efforts to prioritize mental health within primary care.

Story Behind the Curve

The increase in PHQ-9 screenings from 2018 to 2023 demonstrates the CIHA's commitment to integrating mental health into routine primary care visits. This upward trend reflects multiple strategic efforts. Workflow standardization was a significant factor, with PHQ-9 screenings embedded into electronic health records (EHR) to ensure consistent application during primary care visits. Additionally, staff training for primary care providers and nurses enhanced their competency and confidence in administering the PHQ-9, ensuring accuracy and reliability across both adolescent and adult patients.

Another key element was the establishment of seamless referral pathways to Analenisgi Behavioral Health Services, which allowed patients identified through screenings to receive timely and appropriate follow-up care. The slight decline in screening rates during 2020 can be attributed to the disruptions caused by the COVID-19 pandemic, which limited access to healthcare services. However, post-pandemic recovery efforts, including renewed prioritization of mental health screenings and patient engagement initiatives, drove the rebound in rates. Educational campaigns played a crucial role in normalizing mental health screenings, reducing stigma, and encouraging patient participation, further reinforcing the importance of these efforts.

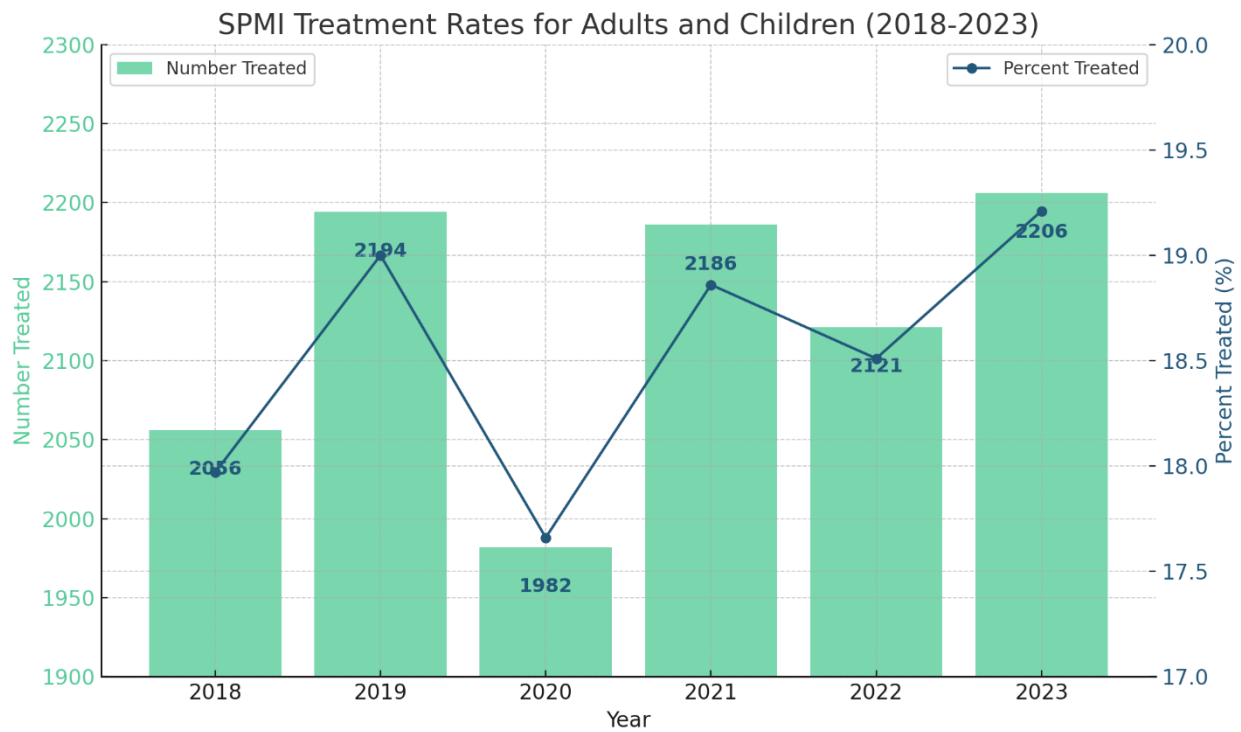
Strategies Contributing to Success

- **Workflow Standardization:**
 - Integrated PHQ-9 screenings into EHR systems to prompt providers during primary care visits.
- **Staff Capacity Building:**
 - Conducted training sessions to enhance staff competency in administering PHQ-9 tools for both teens and adults.
- **Collaboration with Behavioral Health Services:**
 - Strengthened referral pathways to Analenisgi Behavioral Health for patients needing follow-up care.
- **Awareness and Engagement:**

- Educated patients on the importance of mental health screenings to reduce stigma and increase participation rates.
- **Post-Pandemic Recovery:**
 - Renewed focus on mental health screenings to address the impacts of COVID-19 disruptions and ensure comprehensive care for patients.

The sustained increase in PHQ-9 screening rates underscores the importance of integrating mental health into primary care. By embedding screenings into workflows, providing training for staff, and engaging patients, the EBCI community has made significant strides in identifying and addressing mental health needs.

Percent of Adults and Children with Serious and Persistent Mental Illness Who Got Treatment (2018-2023)



The chart above illustrates the percentage of adults and children with serious and persistent mental illness (SPMI) who received treatment through the Cherokee Indian Hospital Authority (CIHA) from 2018 to 2023. This measure highlights trends in treatment accessibility and reflects efforts to address mental health needs within the EBCI community.

Key Observations from the Data

- **Baseline (2018):** In 2018, 17.97% of the eligible population received treatment, setting the baseline for improvement efforts.
- **Peak (2023):** The treatment rate increased to 19.21% in 2023, surpassing the target of 19.77% and marking the highest rate observed during the period.

- **Fluctuations:** A decline in 2020 to 17.66% likely reflects the impact of the COVID-19 pandemic on access to services, with rates rebounding in subsequent years.
- **Comparison to Target:** The target was set at 19.77%, representing a 10% increase from the baseline. The 2023 rate shows continued progress toward this target.

Data Background

- **Data Source(s):** Cherokee Indian Hospital RPMS data.
- **Measure Definition:** Percent of patients ages 10+ with a serious and persistent mental illness who received treatment.
 - Formula: (Number of individuals receiving treatment / Total eligible population aged 10+).
- **Baseline (2018):**
 - **Numerator:** 2,056 individuals treated.
 - **Denominator:** 11,444 eligible individuals.
- **Annual Overview:** Between 2018 and 2023, treatment rates showed modest fluctuations. The baseline in 2018 was 17.97%, increasing to 19.00% in 2019. Rates declined to 17.66% in 2020 due to pandemic-related challenges but rebounded to 18.86% in 2021 and 18.51% in 2022. By 2023, the rate peaked at 19.21%, reflecting the success of ongoing efforts to improve treatment accessibility and address mental health needs.

Story Behind the Curve

The steady increase in the percentage of adults and children with SPMI who received treatment from 2018 to 2023 reflects targeted initiatives to improve access to mental health services. Early intervention programs, such as those implemented at Dora Reed Head Start, provided therapeutic support for children aged 0-5, emphasizing the importance of addressing mental health issues during critical developmental stages. Programs like Child-Parent Psychotherapy (CPP) and Positive Indian Parenting (PIP) ensured culturally sensitive and age-appropriate interventions, fostering trust and engagement within the community.

Collaborations with Cherokee Central Schools (CCS) were instrumental in providing comprehensive mental health support, including the introduction of risk assessment tools, grief groups, and suicide prevention initiatives. The hiring of outpatient therapists for CCS expanded access to care across elementary, middle, and high schools, further contributing to the positive trend in treatment rates.

Although the COVID-19 pandemic posed significant challenges, including reduced access to services in 2020, recovery efforts helped restore and surpass pre-pandemic levels. By integrating mental health services into schools and early childhood programs and expanding culturally tailored therapeutic options, the community achieved sustained progress in addressing SPMI treatment needs.

Strategies Contributing to Success

- **School-Based Interventions:**
 - Collaborated with Cherokee Central Schools to implement grief groups, risk assessments, and suicide prevention strategies.

- Hired outpatient therapists for elementary, middle, and high schools to enhance service delivery.
- **Early Intervention Programs:**
 - Expanded services at Dora Reed Head Start, targeting children aged 0-5 with CPP and parenting support to address mental health concerns early in life.
- **Parenting Support Initiatives:**
 - Implemented culturally relevant programs like Positive Indian Parenting (PIP), with trained staff delivering sessions to caregivers in the community.
- **Comprehensive Therapeutic Services:**
 - Strengthened partnerships with Analenisgi Behavioral Health and CIHA to ensure the availability of tailored services for children, adolescents, and their families.

The progress in treatment rates underscores the importance of continued investment in culturally sensitive, age-appropriate, and accessible mental health services. By addressing the unique needs of the EBCI community, these strategies have created a foundation for sustained improvements in mental health outcomes for adults and children with SPMI.

Mental Health and Well-Being Summary of Successes

The three key successes of the Mental Health and Well-Being team included strengthened community partnerships, expanded access to mental health resources, and the integration of cultural values into mental health care. By strengthening community partnerships, the team collaborated with schools, healthcare providers, and community organizations to address mental health challenges holistically. This collaborative approach ensured that the unique needs of community members were met with culturally appropriate and tailored interventions. Additionally, the team significantly expanded access to essential mental health resources by embedding services in schools, early childhood programs, and community events. This proactive engagement not only enhanced individual well-being but also fostered resilience across the community. Furthermore, by integrating Cherokee cultural values into mental health care, the team created inclusive and effective interventions that bridged traditional and modern approaches to well-being. These successes underscore the critical role of the Mental Health and Well-Being team in fostering a healthier and more equitable future for the Eastern Band of Cherokee Indians (EBCI).

Key Insights from Mental Health and Well-Being Data

Percent of Population Diagnosed with Mental Illness

- **Progress:** The percentage of CIHA active users diagnosed with mental illness increased from 5.06% in 2018 to a peak of 6.10% in 2021, reflecting improved diagnostic efforts and reduced stigma. By 2023, the rate decreased slightly to 5.88%, signaling progress but remaining above the baseline.
- **Challenges:** Ongoing unmet mental health needs and barriers to accessing care highlight the need for sustained investment in behavioral health services.

Treatment for Substance Use and Mental Health Disorders

- **Achievement:** The percentage of individuals receiving treatment increased from 20.99% in 2018 to 24.67% in 2023, surpassing the target of 23.09%. This growth reflects the success of targeted strategies like telehealth services and school-based mental health programs.
- **Challenges:** The COVID-19 pandemic caused slight declines in treatment rates in 2020 and 2022, emphasizing the need for resilient service delivery.

PHQ-9 Screenings in Primary Care Visits

- **Achievement:** Screening rates steadily improved, reaching 57.00% in 2023 from a baseline of 53.10% in 2018. This reflects the successful integration of mental health screenings into routine care.
- **Challenges:** A temporary decline in 2020 due to pandemic-related disruptions underscores the importance of consistent workflows.

Treatment for Serious and Persistent Mental Illness (SPMI)

- **Achievement:** The percentage of individuals with SPMI receiving treatment increased from 17.97% in 2018 to 19.21% in 2023, demonstrating the impact of early intervention and culturally relevant therapeutic programs.
- **Challenges:** Service access disruptions during the pandemic highlighted vulnerabilities in the care system.

Drivers of Progress

The Mental Health and Well-Being team's success can be attributed to culturally tailored, community-driven approaches that advanced equity and resilience. Collaborative efforts with schools, healthcare providers, and public health organizations ensured comprehensive mental health support tailored to the EBCI's unique needs.

Strategies Leading to Success

1. **Community Partnerships**
 - Collaborated with Cherokee Central Schools to embed therapists, facilitate grief groups, and conduct suicide prevention initiatives.
 - Partnered with Analenisgi Behavioral Health to strengthen referral pathways and expand therapeutic services.
2. **Culturally Relevant Programs**
 - Implemented Positive Indian Parenting (PIP) and Circle of Security Parenting (COS) programs to support caregivers with culturally sensitive resources.
 - Hosted the Cherokee Cultural Perspectives on Health Lunch and Learn Series, connecting traditional values with modern mental health strategies.
3. **Expanded Access to Care**

- Embedded mental health services in schools and early childhood programs like Dora Reed Head Start to target underserved populations.
- Increased pediatric psychiatric services and hired outpatient therapists to meet growing community needs.

4. Educational Campaigns

- Leveraged the Cherokee One Feather Newspaper's broad reach to disseminate mental health resources and reduce stigma.
- Hosted the "From Darkness Into Hope" community event, distributing firearm and medication lockboxes and raising awareness of suicide prevention resources.

5. Data-Driven Interventions

- Utilized Tribal Census and RPMS data to identify gaps in service delivery and inform targeted improvements.

Mental Health and Well-Being Highlights

From Darkness Into Hope

- Over 389 community members attended the event, demonstrating high community engagement and support.
- Distributed over 300 firearm locks and 200 medication lockboxes, significantly increasing safety awareness within households.
- Provided 200 bandanas printed with four suicide prevention hotline numbers, enhancing community access to emergency mental health resources.
- The event received widespread volunteer support, reflecting community solidarity in addressing mental health and suicide prevention.

From Darkness Into Hope

**WEDNESDAY, SEPTEMBER 4
3:00 PM - 6:00 PM
OCONALUFTEE ISLAND PARK**

Information

Resources

Education

Connection

**MENTAL
HEALTH
AWARENESS
SUICIDE
PREVENTION
EVENT**

Food & Tshirts

THIP Mental Health Team 2024



Contact: 359-1529

From Darkness Into Hope event flyer, 2024

A graphic featuring a quote on the left and a photograph of a man on the right. The man is wearing a light blue polo shirt, safety glasses, and has a goatee. He is holding a microphone in his right hand and a wooden gourd in his left hand. The background is a blurred green outdoor setting.

Quote of the Week

“I was told one time by someone that everything that we struggle with, every problem that we’re faced with can be surpassed or overcome with cultural knowledge...to me, what that means is knowing one’s self.”

- Catcuce Tiger, Cherokee Central Schools cultural facilitator, speaking to the crowd at the From Darkness Into Hope Mental Awareness/Suicide Prevention Event in Cherokee, N.C. on Wednesday, Sept. 4

Quote of the Week from excerpt of From Darkness into Hope Event, 2024

Circle of Security Parenting Program

- Received positive feedback from participants, highlighting the program’s impact on improving parenting skills and emotional connections within families.
- Streamlined collaboration with partners, ensuring effective program delivery and resource sharing.



Circle of Security Parenting Program flyer, 2023

Cherokee Cultural Perspectives on Health: A Lunch and Learn Series

- Achieved maximum attendance at all sessions, with participants placed on a waitlist due to high demand.
- Sessions provided a platform to connect Cherokee cultural values with modern health challenges, fostering a deeper understanding of mental health within the community.



Cherokee Cultural Perspectives on Health flyer, 2024

Conclusion

The 2019-2024 Tribal Health Improvement Plan (THIP) represents a significant chapter in our journey to improve the health and well-being of the Eastern Band of Cherokee Indians (EBCI). Through rigorous assessment, strategic planning, and collaborative implementation, this initiative has underscored our community’s unwavering commitment to addressing both historical and emerging health challenges.

Celebrating Achievements

This report highlights the tangible progress we have made in strengthening community partnerships, expanding access to critical resources, and integrating cultural values into health strategies. From increasing mental health screenings and treatment rates to addressing social determinants of health (SDOH) through innovative platforms and culturally tailored interventions, the EBCI community has laid a strong foundation for lasting improvements. These successes reflect the resilience and collective effort of our people, who have driven every step of this process.

Acknowledging Challenges

Despite these achievements, we recognize that significant challenges remain. Persistent disparities, the enduring impacts of the COVID-19 pandemic, and barriers to accessing equitable care are reminders that our work is far from complete. However, these obstacles are not insurmountable. By embracing adaptive strategies, maintaining transparency, and leveraging community-driven approaches, we are well-positioned to meet the evolving needs of our people.

The Power of Partnership

The strength of this THIP lies in its collaborative spirit. Tribal leaders, healthcare providers, educators,

community members, and external partners have united around a shared vision of a healthier, more equitable future. This partnership-driven model has not only expanded our capacity to implement meaningful change but also fostered a sense of collective accountability that will sustain progress in the years to come.

A Commitment to Continuous Improvement

As we transition to the next phase of our health improvement journey, we reaffirm our commitment to continuous evaluation, learning, and adaptation. The data-driven strategies developed during this process provide a roadmap for future initiatives, ensuring that our efforts remain responsive to the unique needs of the EBCI community. We will continue to prioritize culturally sensitive and evidence-based approaches, recognizing that our culture and traditions are integral to the health of our people.

Looking Forward

Building on the lessons learned from the 2019-2024 THIP, we are poised to tackle new challenges and seize emerging opportunities. Our focus will remain on creating a system of care that not only addresses immediate health needs but also invests in long-term solutions that promote resilience, equity, and well-being for future generations.

A Call to Action

Finally, we extend our deepest gratitude to everyone who has contributed to this process—tribal leaders, healthcare providers, educators, community partners, and the many community members who have shared their voices and insights. This collective effort has not only demonstrated the strength of our community but also set a powerful example of what can be achieved through unity and determination.

As we move forward, we invite all members of our community to continue this vital work with us. Together, we can ensure that the Eastern Band of Cherokee Indians remains a model for health equity, resilience, and cultural preservation. With hope and determination, we look ahead to building a healthier, happier, and more prosperous future for generations to come.



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