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POLICY FORUM: INVITED COMMENTARIES & SIDEBARS

Providing Support for Western North Carolina in the Wake of Hurricane Helene: An Interview with Dogwood Health Trust CEO Dr. Susan Mims

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Hurricane Helene made landfall in late September 2024, causing widespread damage to Western North Carolina. In this interview, Dr. Susan Mims, CEO of Dogwood Health Trust, discusses her organization's response to Hurricane Helene and its role in disaster recovery in Western North Carolina. Dr. Mims describes the role that philanthropy can play in disaster response, and further emphasizes the importance of collaboration, flexibility, and a sustained focus on long-term recovery efforts.

Introduction

On September 27, 2024, Hurricane Helene brought heavy rainfall and severe flooding to Western North Carolina. The devastation in the aftermath of the Hurricane Helene was manifold: many lives were lost, the material damages were valued at over $60 billion in North Carolina alone,[1] and an area known as a "climate haven" had experienced one of the worst, most destructive storms in the United States in modern history.

As the floodwaters subsided, individuals and organizations immediately went to work to help communities gain access to the resources they need, recuperate from the losses, and recover as part of a long-term effort to make the affected communities more resilient and ready for future disaster scenarios.

In this interview, Dr. Susan Mims, CEO of Dogwood Health Trust, joined Ayana Simon, Associate Director of the North Carolina Institute of Medicine, for a conversation about Dogwood's primary purpose, its funding priorities, and its position as a philanthropic organization responding to the landscape of immediate and long-term needs following Hurricane Helene.

Dogwood Health Trust's primary purpose is improving the health and well-being of all people and communities across 18 counties and the Qualla Boundary of the Eastern Band of Cherokee Indians in Western North Carolina through investments in social drivers of health, including housing, education, economic opportunity, and health and wellness. When Hurricane

Helene hit, Dogwood Health Trust immediately began relief funding efforts and working to connect communities to much-needed resources across networks.

Dr. Mims highlights the unique opportunities in philanthropy to rapidly mobilize resources; Dogwood Health Trust's board approved $30 million in relief funding within a week of the storm, followed by two more rounds of funding, which added up to more than $70 million overall in four months on top of their usual, planned grantmaking. The organization granted these funds through various networks, including community foundations, health care providers, and small business support programs. Dr. Mims further emphasizes the importance of collaboration and flexibility in disaster response, noting how existing networks were leveraged to distribute aid effectively.

As Dr. Mims and Dogwood Health Trust continue their efforts to help Western North Carolina recover from Hurricane Helene, Dr. Mims directs our focus to the long-term nature of recovery and rebuilding efforts and the importance of building regional resilience for future disasters. By strategically attending to immediate needs and to long-term recovery efforts, individuals and organizations can help their communities heal and create new opportunities that are well-adapted to a stronger future together.

This interview has been edited for length and clarity.

Ayana Simon: Can you tell me a little bit about the primary mission of Dogwood Health Trust and your role as Chief Executive Officer?

Dr. Susan Mims: Dogwood Health Trust is a place-based, private foundation that was created in 2019 with the sole purpose of improving the health and well-being of all people and communities in the 18 far westernmost counties of North Carolina and the Qualla Boundary of the Eastern Band of Cherokee Indians. We focus on improving lives through the social drivers of health, including housing, education, economic opportunity, and health and wellness. Two principles integrate into all our work:

We are community-focused in all we do. This means that we listen and incorporate what we hear from the community in all aspects of our work.

We view equity as both a means and an end to our work. This means that we try to address the imbalances and burdens that existing systems produce for community members, especially those who experience disconnection or disinvestment.

Ayana Simon: Can you tell me about some of the programs that you have going? If you want to highlight some things that Dogwood is doing really well in the community, I'd love to hear about it.

Dr. Susan Mims: When you think about health and well-being, it is so connected with having basic needs met, such as housing; it is at the heart of health, because people need safe and secure housing to address other aspects of their lives. So, we have been investing in affordable housing, with $80 million in funding for housing-related efforts since our inception. We announced an additional $40 million affordable housing loan fund in February 2025 that can be accessed by those who want to develop affordable housing or preserve it.

After the storm, we added some flexibility. Post-Helene, we looked at the fund and said, *okay, what does it need to look like in a post-Helene environment?* Because everything shifted. Our partner Self-Help, who manages the fund, has been incredible at helping us be responsive.

Ayana Simon: Tell me about Dogwood's funding priorities beyond housing.

Dr. Susan Mims: Housing and support for other basic needs are just a piece of what we fund. We also invest in opportunity that comes through education and jobs. We are deeply funding early childhood education and out-of-school time support, with a particular focus on supporting early childhood educators, who we know are the workforce *behind* the workforce.

We also focus on economic opportunity and community development. One project in this area supports a cohort of organizations working to improve digital opportunity in Western North Carolina, which helps people get access to high-speed internet and develop the skills to use it. In addition to these non-medical drivers of health, we fund health and wellness with a focus on access to care. We work with our network of federally qualified health centers and free clinics and focus on hard-to-access services, primary care in rural areas, behavioral and oral health, and we support a network of community health workers. Our investments focus on the availability of comprehensive care and the integration of these social drivers with the delivery of health care. Dogwood co-invested with the State on Western Noth Carolina's site for the Healthy Opportunities Pilots (HOP), where a network of human service providers received payments to provide things like healthy food and home repairs to people with Medicaid insurance, and we learned that this worked; people were healthier and spent less on health care.

Ayana Simon: How long has Dogwood Health Trust been around?

Dr. Susan Mims: We had our 6-year anniversary in February 2025.

Ayana Simon: All the things that you have spoken about you have done in six years. That's phenomenal.

Dr. Susan Mims: We are fairly young, but we are fortunate to have been able to support our community through COVID and now respond to Hurricane Helene.

Ayana Simon: So, let's shift to Hurricane Helene. It sounds like you all had solid programs in place, had a vision and a strategy, and then Hurricane Helene came around. Can you talk to me a little bit about Dogwood Health Trust's response to Hurricane Helene, specifically?

Dr. Susan Mims: Western North Carolina is historically known as a "climate haven"—a place where things like Helene weren't going to happen. Then suddenly with this storm, there was so much water—so much wind, tornadoes, and trees down. Our infrastructure was gone. We had no clean water, no electricity, no internet, no cell phone, and just about everything was knocked offline. So, just trying to communicate was a *huge* challenge.

Recognizing that our team is in Western North Carolina, nearly all were affected in some way. I had four trees on my house, so coordinating a response was not easy. Thankfully, our team members were all safe, and folks did everything they could to get connected so we could get to work, connect with partners, and move our relief response forward.

There's always some chaos in the immediate aftermath of a storm, and then so many people come to help, which is awesome—we had such an outpouring of, I would say, love, in so many ways—in supplies, in people coming with hammers and fixing homes and businesses. It was amazing. And yet, you can imagine with that outpouring, there's a lot of things going on at once, so effective coordination can be a challenge.

I do think that there are roles that philanthropy—who are often natural conveners—can play. But we had to step back and first see who was doing what. We connected with government partners, whose roles are to be the primary responders in the disaster. Of course FEMA comes in, and others. So, we were trying to understand the landscape and be helpful in the moment.

Ayana Simon: You talked about government agencies coming together and your community-based organizations coming together. Can you talk about what that collaborative response looked like and what your organization's role turned out to be?

Dr. Susan Mims: Our role has definitely evolved over time. There's the initial, immediate aftermath, where there is some confusion, and yet everybody's pitching in to do whatever needs to be done. A disaster opens people's big hearts, and they show up.

As funders, we often fund or build networks. Thankfully we had already done that in Western North Carolina in multiple areas, which turned out to be a blessing because—and I think this is one of these key roles in

philanthropy—we were able to get resources out quickly. Government resources don't flow immediately. We learned how flexible we can be. Within a week after the storm, our board got on a call—when we were all still in the dark—to check on each other and approve $30 million in immediate relief funding; we got that funding out the door the next week.

We used our networks, because there was so much to do, and no single organization can get that out to the folks in need. There was already an emergency disaster relief fund held at the Community Foundation of Western North Carolina. That fund was created by a collection of local funders after some former flooding, so it was easy for us to transfer funds, and then the Community Foundation could get small grants out quickly. But we knew they couldn't do all of it alone. We also worked with some other smaller foundations that are local and place-based in some of the communities that were hardest hit. They turned resources around super-fast to get relief out to folks—everything from beginning home repairs, to rent relief, to food, and helping farmers get food that wasn't washed away to the people who needed it.

Then, we supported our federally qualified health centers and free clinics to make sure that people had access to health care and that they had some extra funds to keep payroll going. We worked with our not-for-profit housing developers so that they could provide rent relief to the affordable housing units that they manage and with others who were helping people pay their rent, because you don't want a lot of people getting evicted in the middle of a storm.

One of the really important things that we did was help with navigation and legal services. We worked with a partner, Pisgah Legal Services, and others. We had a network built around navigation for tax work and for health care access through the Affordable Care Act and Medicaid expansion, and those navigators were able to just add FEMA navigation. This was so effective because these organizations were trusted since they were already out in community.

Also, our Healthy Opportunities Pilot network had 60 human service organizations already on board. By funding them quickly, they made sure that families depending on their healthy food box didn't miss a delivery, that folks had transportation where they needed it, and that they had access to housing supports.

Regarding these networks that we often have–the key is to use them! In a crisis, we had to divide and conquer, because it took everyone leaning in to help support people during this time.

Ayana Simon: So, with all the needs that people are facing, your own staff facing those similar needs— housing, food—how do you all prioritize what you do? Can you talk about how you prioritize all the needs at the table?

Dr. Susan Mims: The most immediate needs are the basic needs like housing and food and health. We had so many mudslides and neighborhoods washed away that there were people grieving the loss of their loved ones with absolutely no place to stay. I think housing—it started there—is essential. Working with our many partners, we were able to get funds out so that they could keep doing what they do to support these basic needs for the people they serve.

After the first round of funding that went to those essentials, we came back to the table for our second round of funding before the end of the year to address *what more was needed.*

The early childhood education system was an essential area of focus. Our Smart Start partnerships, which support all the early childhood centers and home-based care in the region, were able to get out there and provide technical support and funds so that people could meet payroll, weren't losing their jobs, and could continue caring for children.

We also supported our out-of-school time providers, because the schools were not in session, especially in areas that didn't have potable water (safe water to drink), so kids couldn't go to school. Some kids were like *it's the pandemic all over again!* So, we wanted to make sure that our out-of-school time providers could open, had the staff, were paying their staff, and could take care of the kids. That helps the whole economy keep going.

Then, we looked at the business community, because small businesses are the heart and soul of Western North Carolina. We're largely a tourist industry, and the small businesses that rely on that support were not able to stay open—especially our restaurants. If you don't have drinkable water, you can't open. We knew that they needed to keep their folks employed so those people had a paycheck and could continue to pay rent, buy food, and all those things.

We ended up doing something kind of unusual for a foundation. We worked through a regional community development financial institution (CDFI) called Appalachian Community Capital that helps aggregate capital for our CDFIs in the region to offer grants to small businesses. They also had a turnkey approach that offered protections to prevent fraud and abuse. When we talked to colleagues who went through Hurricanes like Katrina and Sandy, or storms in Eastern North Carolina, they told us to expect 40% or even 50% fraud and abuse when you do a grants program like that. I hate to say it, but we needed a system that could both help us prevent fraud and abuse while also being timely for our businesses.

Our small businesses were in dire straits from losing the fall leaf season, their most profitable time, and couldn't take on more debt. The State and the governor heard about what we're doing, and said, *you know, we've got some state funds we'd love to put in and be able to support small businesses.* Dogwood invested $20 million initially in the WNC Small Business Initiative, then we added another $10 million, along with $20 million from the State of North Carolina, and $5 million from The Duke Endowment. In total, that $55 million was granted to more than 2100 small businesses through grants of $25,000 to $50,000. We are grateful for this collaborative effort to support our economy.

Ayana Simon: Absolutely. So, you talked about all the great work, the $30 million out in two weeks, the Smart Starts, and the grants to small businesses. If you could pick two things that you feel were the biggest highlights, or things that you feel proud of that Dogwood has done thus far—knowing that you have done a lot and there's a lot more coming—what would you say?

Dr. Susan Mims: You know, that's hard to do. We have such great partners that we get to fund, right? And Dogwood can't—nobody can—do anything alone.

I do think the small business grants were somewhat unusual, and understanding our rationale, we had to think through whether this meets our charitable purpose as a foundation. We don't often put money into individuals and for-profit businesses, but with some good legal counsel, we decided that in the time of a disaster, given the situation and the tremendous losses, it is a charitable purpose to be able to help play a role in lifting up and holding together our economic ecosystem. Part of that is because we know that dollars will come from the Small Business Administration and the federal government, but it takes a long time for those processes to get planned and get those dollars flowing. That's where, as a philanthropic organization, we could step in.

I'm also very proud of our board. Like most foundations, we typically distribute about 5% of our assets each year, and our board said we're going to go above that. Last year, we went over 9%. That was just in our grant making. Then, with some impact investing, we ended up with over $200 million invested into Western North Carolina; almost half of that was done in the last 3 months of the year (2024).

The work we did with the farmers also comes to mind. Some of the farmers had crops wiped out, and some didn't. There wasn't an infrastructure to get their harvest to market with so much of the hospitality industry closed down. We had been working with MANNA FoodBank, our main food hub, before the storm, and they got a new facility just days before the flood wiped out their main facility by the river. They were able to pack up their refrigerator

trucks and get as much stuff there as they could. They lost a lot, but at least they had a large empty facility to receive the many donations that flowed into our region. They also opened up at the farmers' market. So, the farmers' crops got to the farmers' market, which got to MANNA, and then the Healthy Opportunities Pilot delivered food to people. The coordination was impressive!

Ayana Simon: That's awesome. And really, to your point, it showcases the importance and the strength of an already existing network and the ability to be innovative and pivot within that network, right?

Dr. Susan Mims: Yes. Think creatively about what you have and what you've built. Then ask, *how can it serve you in this moment of crisis?*

Ayana Simon: How has this event [Hurricane Helene] changed the vision of the organization and the strategy for the coming years?

Dr. Susan Mims: Now, we talk about all our work as being in a post-Helene environment. Some of that's related to the storm, and some of it involves other changes that are happening in this environment and how we need to be flexible.

In our first five years, and moving into our next five years, we had developed a new strategic framework. We listened to the community, put it together, and we were just about to begin implementing our plans when the hurricane hit. Our nonprofits had told us *we all need to be the strongest organizations that we can be*. To do that, the nonprofits need unrestricted general operating support, they need dollars for capacity building, and they want support for developing the next generation of nonprofit leaders. In the aftermath of the storm, we said *that is exactly what we need to do right now*.

We had already identified two issues that were top of mind for our region where we were already going deep: early childhood education and digital opportunities work. In the storm, we also realized that community behavioral health issues were so critical. That was another thing that we stepped up to fund—mental health—because our community has been through a collective trauma. The wind blows hard now, and people kind of go "Aaahh!" I do too, right? If you had to sit in your basement with a tornado coming over, you have some trauma. There are folks who lost people and people who lost their homes. Almost everyone I know knows somebody who lost everything or lost their life. That creates a lot of trauma. So, a behavioral health initiative is something that we've added to our work.

Lastly, just to emphasize some other elements of our framework, we stress the importance of collaboration and connection. We are also making some space for innovative thinking. Innovation that comes especially in a time of crisis can just be so powerful.

We know that philanthropy cannot fill all the gaps of government funding, especially now when the cuts are greater than anyone expected. We are working hard to coordinate with other funders to bring resources to the region, and we are working together for greater efficiency and effectiveness. This is especially important when so many eyes are on us after the storm.

Ayana Simon: My next question is about the role of philanthropy and the unique position that philanthropic organizations can play in this type of thing. Can you talk about your thoughts on the role of philanthropy? What are some of the advantages or potential disadvantages of being a philanthropic organization versus a governmental organization (constraints, etc.)?

Dr. Susan Mims: I think an advantage of being a philanthropic organization is that we have more flexibility than government. We can act quickly to meet immediate needs in a disaster.

However, no single philanthropy can meet the needs. There are lots of folks who come during a disaster and want to help. A place-based or local philanthropy could be helpful in some coordination. We know the landscape—we cover the region—but in some cases, we turn to our smaller foundations who are hyper local so we can really understand: 1) who's effective at doing the work; 2) who needs the dollars right now and can get them out; and 3) who are the organizations that are reaching people who are sometimes forgotten or left out.

We used a network of community health workers who are embedded in lots of different small organizations throughout the region. The community health workers were doing wellness checks, and they are trusted people in those communities. When somebody knocked on the door, it's like, "Oh, I know you, you can come in." So, we think about who has those trusted relationships and how we leverage those relationships to get desired outcomes.

For foundations, if you're thinking about how you would respond in a disaster, it is important to look at processes ahead of time and ask yourself: *Are there things that we could bypass? Are there things where maybe we have too many hoops for people to jump through?* We definitely learned a lot about that during our time dealing with Hurricane Helene.

The other thing that was super helpful was having an emergency disaster relief fund already set up through our community foundation. They had the website built. The infrastructure was there, so foundations that wanted to support it could easily contribute. They got going and were able to have a really easy process to make small grants quickly.

Some planning in advance is also important. We were part of a dialogue of funders who were just coming together to do disaster relief planning. I think there was one webinar about a month before the hurricane hit us. I wish we had done more of that, but we learned in a hurry. Continuing that kind of proactive planning is important. In all the work we do, we can think about what resilience support is needed, how we plan for that, and how we can help organizations actually have the time and space. Maybe we can fund a little extra to do some resilience planning with organizations in advance. That's something that is oftentimes the last thing on the list of to-dos. If you're tight on funding, you don't make the time for it.

The other thing that I think is important to mention is that not-for-profits especially—and people in public service and government—tend to put taking care of themselves at the bottom of the list. These are big-hearted people who are out to do good in the world and care for others. Dogwood ended up making some care grants. We didn't restrict it, but we said *you can use this however you want, but we strongly encourage this money to be just for you to take care of your team.* That went out to all our partners toward the end of the year (2024), and the stories we got back were amazing. They were so appreciative. They all used the funds in different ways, but they did super creative things that just gave a big thank you to their staff, who had also been hit by Helene or were doing the work that they usually do, plus the extra work.

Ayana Simon: We've talked about the recovery efforts. So now how do we prepare? What does preparedness look like from your organization's perspective in the region?

Dr. Susan Mims: I'll go back to what I said at the beginning about how we were kind of a climate haven, and we didn't think we would have to deal with this kind of disaster here. My words of wisdom to others are that *it can happen anywhere.* Just because you're not on the coast or in a place that is likely to be hit by a climate disaster, I would still encourage folks to think about preparing. It is important to understand your landscape and your partners, who has the trusted relationships, who can turn money around very quickly, and the diversity of the partners in terms of who they are reaching.

We may have our key organizations that we tend to fund a lot, and sometimes we may be missing folks. We know that in disasters, like in so many circumstances of life, there are people who are more disconnected and disinvested in than others. So, we need to think about *what* networks we have in place to reach those who are likely going to have disproportionate negative outcomes from a disaster, and *how* we are reaching them.

Ayana Simon: You are all doing a great job. Personally, I've heard some radio ads about coming back to Western North Carolina—getting people to come back and support those small businesses, and things like that.

Dr. Susan Mims: Oh, we need that. Come to Western North Carolina!

Ayana Simon: Spend some money, come visit, come stay. Help rebuild, like you said, that ecosystem around people, allowing them to open their businesses again and grow.

If you were able to create your ideal agenda, who would be at the table? What are some of the essential roles? We talked about government agencies. We talked about businesses. Who are the stakeholders?

Dr. Susan Mims: I think you're right to think about multi-sector. There are so many sectors, whether it's health or education, the business community, or the health care community. We tend to have our inner-sector conversations. To do this work effectively, we have to be talking across sectors. I do think that's an action step that people can take ahead of time, to know who the different leaders are—both formal and informal—who affect change.

Sometimes there isn't a single place where everyone comes together because there's so much happening, but as a funder, we have to come into conversations with the humility that we're not going to solve it all. One of the things that I think funders have is this cross-sector vantage point, and we can sometimes just be a connector. We can convene when needed, but it may not even be convening; it might just be connecting and saying *if this person working with the farmers talks to the person who can get the food out in the health sector, that can make some magic happen*. That is action that I don't think would have happened if we hadn't made those connections. It is meaningful to be flexible both with your funding and with your role as a funder.

Ayana Simon: Is there anything else you want to share about your organization, your experience during this disaster, disaster preparedness, or other words of advice?

Dr. Susan Mims: We talked a lot about immediate relief and recovery. We didn't focus as much on the rebuilding. So, I will tell you, people will ask me, "Oh, are you over that? Are you all past the hurricane now?" One of the things I think is so important to share is that rebuilding from something like this, where there is an estimated nearly $60 billion of damage just in North Carolina per the governor's report, is going to be a long haul. It's going to take a very long time.

I hope in that time there won't be something else, but since the time that this hurricane hit, we've seen the wildfires in California and other flooding in Kentucky. There is a lot happening. We should be thinking about paying attention to what we can do, sharing the lessons learned, and not forgetting about the areas that are going to be rebuilding for a very long time.

We are now in a period where those federal dollars and the state dollars that take longer to start flowing are starting to come. We are thinking about the capacity of our region and the capacity of our local governments who've actually lost their tax bases. Some people have left, so we are thinking about how we can play a role in helping build the capacity. We've supported some technical assistance and experts in disaster relief for our councils of government so that they can help the local governments apply for these dollars. Our region will need to continue to think about how we use those dollars effectively, not only to rebuild what was, but to rebuild something that has more resilience for anything that might happen in the future.

Ayana Simon: Is that a regional approach currently? Do you see that happening a little bit more locally?

Dr. Susan Mims: It is a regional approach. This approach is being run through our state government largely through GROW NC (the Governor's Recovery Office for Western North Carolina) and the Department of Commerce. These folks have been great. There is also a governor's advisory committee for recovery and rebuilding, so there is a coordinated approach. It is helpful to have one place where you know things are getting vetted. Also, municipalities and counties have their approaches. It takes a while to get regionality from a region that is not a uniform region, but we want to support that work however we can.

Ayana Simon: I appreciate you highlighting the role of the other philanthropic organizations across the state. You talked about The Duke Endowment, who are not as local, but look to you all as the local experts and partners in the recovery work.

Dr. Susan Mims: We've had so many of our statewide funders come in. Some of our banks and others are putting money into Western North Carolina as well. We are just so grateful for their attention, thoughtfulness, and the resources that are coming into Western North Carolina, given the price tag on the devastation. With that kind of need, and knowing that maybe half of that, maybe not quite, will hopefully come through government agencies, there's still going to be a huge gap. We saw how long it took New Orleans and greater Louisiana and Mississippi to recover from Katrina. Hopefully, through talking with folks about their experience there, talking to folks in Florida about their experiences, and talking to others, we can help each other learn so recovery doesn't have to take so long.

We want to try to learn, do a little better, and then help others in the future. Hopefully, no one will have to go through what we went through. But if they do, they can call on us.

Ayana Simon: Like you said, there is the recovery, but then there is a very long-term rebuilding effort that must happen within the region.

Dr. Susan Mims: And getting past the trauma and the effects. There's a lot of folks saying we're going to come back stronger and be a stronger-than-ever Western North Carolina.

Ayana Simon: I believe it! I just want to say thank you again for taking the time to talk to me and for all the great work you all are doing. It is a collaborative effort, absolutely, but your organization really has done some great work.

Dr. Susan Mims: I have a great team. Everybody just leaned in and did what they had to do. They care deeply about this region.

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