

STOKES COUNTY HEALTH DEPARTMENT



ANNUAL REPORT FOR FISCAL YEAR
2018/2019

Message from the Stokes County Health Department

As the Stokes County Health Director, and a lifetime citizen of Stokes County, I plan to work hard to improve the health services that our citizens receive from Stokes County Health Department. I am fortunate to have worked under Scott Lenhart (previous Health Director) worked to create a solid foundation on which to build an excellent department. Just shy of being the director for a year now we have many changes here at the health department. Some include hiring a new provider last October, staff turnover, and we are in the process of returning to the Board of Health as our governing board.

The health department continues to be one of the best small health departments in NC, providing a safety net for many of the Stokes County citizens who would struggle to find care otherwise. The health department had many challenges this year, but experienced many successes as well. Our prenatal program remains steady and serves as a great resource for patients who are unable to travel to larger cities or are on Medicaid. We maintain a great working relationship with Wake Forest Baptist Physician Assistant program, where our health department continues to be a training site for students to learn more about public health and rural health issues.

As we move into the 2018/2019 fiscal year, Stokes County Health Department faces a few challenges as it did in the 2017/2018 fiscal year. Some of these challenges are:

- Aging populations and our inability to treat the population on Medicare
- The change of how we practice medicine to more of a preventive medicine model and performance based model
- Lack of affordable dental care for many of the citizens in Stokes County, especially for individuals on Medicaid
- The uprising of an opioid epidemic coupled with limited access to mental health services
- Working to make mental health services easier to access and navigate

With cuts in revenue from grants and at the state level, Stokes County Health Department must learn to work harder and leaner with fewer resources, while still providing quality services. As we did last year, Stokes County Health Department will continue to focus on growing our services and presence in the community by offering more public and educational programs relating to healthy lifestyles and choices. In addition, the Stokes County Health Department will continue to focus on the Ten Essential Public Health core competencies which are;

1. Monitor health status to identify and solve community health problems.
2. Diagnose and investigate health problems and health hazards in the community.
3. Inform, educate, and empower people about health issues.
4. Mobilize community partnerships and action to identify and solve health problems.
5. Develop policies and plans that support individual and community health efforts.
6. Enforce laws and regulations that protect health and ensure safety.
7. Link people to needed personal health services and assure the provision of health care when otherwise unavailable.

8. Assure competent public and personal health care workforce.
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

I would like to thank my staff here at the Health Department for the excellent work they do on a daily basis. The staff is outstanding and really cares about public health and our citizens. They are hardworking and dedicated to providing excellent care and improving the public health of Stokes County. Our citizens need and deserve convenient, quality, affordable care and I am pleased we are able to provide that here at the Health Department.

As always, please remember that good public health is the result of a community and its stakeholders working together to better it. With local and statewide partnerships with Cardinal Innovations, DayMark, Stokes County Healthy Carolinians, Stokes County Schools, Stokes County Department of Social Services, Stokes County Community Partners and other agencies, we have the ability to impact the health and well-being of an entire county. I am proud of the hard work of our public health department and expect great things in our future!

Best,

Tammy Martin, BSHP, MSHE
Stokes County Health Department

Stokes County Health Department Annual Report for Fiscal Year 2018/2019 Executive Summary

Public Health Clinic

- Number of patients seen 3,688 patient visits. This is a 9.6% increase from FY 17/18, we are hoping to see patient numbers continue to rise with the addition of our second provider.

FY 2018/2019 is showing an upward trend, as the following changes were made:

- A Family Nurse Practitioner (FNP) has been added to our staff. This position had been vacant for over five years.
- Policy changes have streamlined service to be more efficient
- Investigating other potential sources of student loan repayment – are eligible for state funding.

<u>Month FY 18/19</u>	<u>Nur. Visits</u>	<u>Provider Visits Clinic/Prenatal</u>	<u>Monthly Totals (scheduled vs. seen)</u>	<u>(-)/(+) Pts Seen FY 18/19</u>
July 2018	70	185/29	353/284	+8
August 2018	109	157/27	374/293	-2
September 2018	95	145/22	328/262	-11
*October 2018	201	184/29	513/414	-9
November 2018	149	176/22	415/347	+4
December 2018	67	156/21	295/244	-6
January 2019	87	223/23	406/333	+9
February 2019	77	213/19	403/309	0
March 2019	77	193/10	330/280	+9
April 2019	99	233/15	416/347	+23

May 2019	74	173/15	308/262	+1
June 2019	103	188/22	354/313	+6
Total	1,208	2,226/254	4,495/3,688	+1

Public Health Priorities

In the 2016 Stokes County Health Department Community Health Assessment several concerns were noted concerning health care in Stokes County. These issue still remains the same, however some improvements have taken place, while some issues are ongoing and will take longer to see some improvements. The major issues that were identified during the community health assessment and focus groups were; substance abuse, mental health, and chronic disease. Chronic disease is the leading cause of death in Stokes County and in North Carolina as a whole. Mental health issues are prevalent in Stokes County, as evidenced by the top 10 ranking of Suicide for age groups 0-19, 20-39, and 40-64. Substance abuse has risen dramatically and there has been a statistically significant increase in drug overdose death rates between 2014-2016.

Mental Health & Substance Abuse

Mental health continues to be a concern for the citizens of Stokes County. Substance abuse and mental health are once again in the top three health issues identified in the 2016 community health assessment.

Mental health has seen many changes take place as North Carolina revamps the mental health system. Cardinal Innovations is currently the agency many individuals must access for care, especially those without insurance. At times, individuals have similar problems accessing this system of care as other individuals have in receiving medical care. Lack of qualified providers along with the distance to receive care and access to care problems make it difficult for individuals to get the appropriate care in a timely manner.

Mental health services are being provided within the health department twice a month by DayMark, every other Tuesday from 10:00-1:00 for scheduled appointments and walk-ins. This service was started to help screen individuals to determine if further mental health services are needed. The Daymark counselor can also assist people in finding resources like jobs, food, and housing. Daymark also offers Mobile Crisis Management, an intervention service that is operational 24/7/365. The service consists of immediate telephone response, face-to-face assessments and treatment, and follow up for mental health and substance abuse situations.

Chronic Disease

Another area that was determined to need addressing for Stokes County through our 2016 Community Health Assessment is chronic disease. With our county being a rural one there are residents that have limited access to receiving the preventive healthcare they need. As a rural health department we are here to serve the population that is under insured or uninsured. It is our

goal to increase the education of our clients on the importance of coming to us for their primary care needs to help reduce their chances of having a chronic disease in the future. Areas that we are focused on are; diabetes, heart disease, obesity, asthma and strokes.

2018/2019 Year in Review

Primary Care

During FY 2018/2019 our health department became staffed with two physician extenders (Family Nurse Practitioner or Physician Assistant).

The primary clinic sees a variety of medical conditions that are similar to what a family physician or urgent care clinic will see. Many citizens in Stokes County uses Stokes County Health Department as their primary care provider.



Due to the rural location, and lack of medical providers, individuals have come to depend on this service. Stokes County is considered a safety net for many individuals that cannot afford medical care.

With many changes in the health care system throughout the nation, more health departments are starting to offer primary care within their health departments. Over the last several years many North Carolina Public

Health Departments offer some type of primary care services ranging to a full primary care practice or limited to several days a week and the types of patients seen.

Stokes County still has a large number of individuals without insurance or underinsured. Stokes County Health Department continues to be a safety net for the community. We hope to continue our growth with new partnerships as they become available and that meets our county needs.

Stokes County Health Department accepts; checks, credit cards, Medicaid, most insurances and for individuals that qualify we do have a sliding fee scale for services. In addition, some public health programs are offered free of charge as required by the NC General Statutes. Payment is based on the number of individuals and family income compared to the federal poverty level percentages as determined by the federal government.

Stokes County Human Services Board

In June, 2013 the Stokes County Board of County Commissioners voted on a new resolution to dissolve the Local Board of Health and DSS Board under Session law 2012-126 or HB 438. The resolution called for the formation of a new Human Service Advisory Board. The Board of County Commissioners has taken on the responsibilities of the Board of Health and DSS Boards.

The Human Services Advisory Board has the same professional requirements as did the Board of Health. In addition, the three at-large-positions will be filled by individuals that represent the former DSS Board.

Stokes County Demographics

Population estimates, July 1, 2018, (V2018) 45,467

PEOPLE

Population	
Population estimates, July 1, 2018, (V2018)	45,467
Population estimates base, April 1, 2010, (V2018)	47,417
Population, percent change - April 1, 2010 (estimates base) to July 1, 2018, (V2018)	-4.1%
Population, Census, April 1, 2010	47,401
Age and Sex	
Persons under 5 years, percent	4.5%
Persons under 18 years, percent	18.7%
Persons 65 years and over, percent	21.3%
Female persons, percent	50.8%
Race and Hispanic Origin	
White alone, percent	93.8%
Black or African American alone, percent	4.0%
American Indian and Alaska Native alone, percent	0.5%
Asian alone, percent	0.4%
Two or More Races, percent	
Hispanic or Latino, percent	1.3%
White alone, not Hispanic or Latino, percent	3.1%
Population Characteristics	91.2%
Veterans, 2013-2017	
Foreign born persons, percent, 2013-2017	3,166
Housing	1.8%
Housing units, July 1, 2018, (V2018)	
Owner-occupied housing unit rate, 2013-2017	22,313
Median value of owner-occupied housing units, 2013-2017	77.6%
Median selected monthly owner costs -with a mortgage, 2013-2017	\$123,900

Median selected monthly owner costs -without a mortgage, 2013-2017	\$1,054
Median gross rent, 2013-2017	\$303
Building permits, 2018	\$640
Families & Living Arrangements	69
Households, 2013-2017	
Persons per household, 2013-2017	19,273
Living in same house 1 year ago, percent of persons age 1 year+, 2013-2017	2.37
Language other than English spoken at home, percent of persons age 5 years+, 2013-2017	93.7%
Computer and Internet Use	2.8%
Households with a computer, percent, 2013-2017	
Households with a broadband Internet subscription, percent, 2013-2017	78.8%
Education	67.4%
High school graduate or higher, percent of persons age 25 years+, 2013-2017	
Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	83.1%
Health	13.9%
With a disability, under age 65 years, percent, 2013-2017	
Persons without health insurance, under age 65 years, percent	10.1%
Economy	13.3%
In civilian labor force, total, percent of population age 16 years+, 2013-2017	
In civilian labor force, female, percent of population age 16 years+, 2013-2017	58.4%
Total accommodation and food services sales, 2012 (\$1,000)	52.7%
Total health care and social assistance receipts/revenue, 2012 (\$1,000)	35,129
Total manufacturers shipments, 2012 (\$1,000)	107,123
Total merchant wholesaler sales, 2012 (\$1,000)	489,711
Total retail sales, 2012 (\$1,000)	12,796
Total retail sales per capita, 2012	222,118
Transportation	\$4,748
Mean travel time to work (minutes), workers age 16 years+, 2013-2017	
Income & Poverty	28.7
Median household income (in 2017 dollars), 2013-2017	
Per capita income in past 12 months (in 2017 dollars), 2013-2017	\$44,490
Persons in poverty, percent	\$23,500
	14.1%

BUSINESSES

Businesses	
Total employer establishments, 2016	620
Total employment, 2016	5,602
Total annual payroll, 2016 (\$1,000)	168,154
Total employment, percent change, 2015-2016	1.2%
Total non-employer establishments, 2017	2,849
All firms, 2012	2,843
Men-owned firms, 2012	1,615
Women-owned firms, 2012	984
Minority-owned firms, 2012	158
Nonminority-owned firms, 2012	2,611
Veteran-owned firms, 2012	323
Nonveteran-owned firms, 2012	2,439

GEOGRAPHY

Geography	
Population per square mile, 2010	105.6
Land area in square miles, 2010	448.86
FIPS Code	37169

Women, Infant, Children (WIC)



WIC stands for Women, Infants and Children. It is the Special Supplemental Nutrition Program for Women, Infants, and Children funded by the United States Department of Agriculture, commonly referred to as the WIC Program.

Who is WIC for?

- Children up to five years of age
- Infants
- Pregnant women
- Breastfeeding women who have had a baby in the last 12 months
- Women who have had a baby in the last six months

What does WIC provide?

- Healthy foods
- Health care referrals
- Breastfeeding support
- Eating tips for you and your child

To be eligible, you or your child must:

- Live in North Carolina
- Live in a household with income at or below WIC guidelines
- Have a health risk factor based on:
 - Height and weight
 - Blood test for low iron
 - Health history
 - Diet history

- WIC clients seen 4,063 for FY 18/19.
- Currently we have a full time director/nutritionist and one nutritionist position in the WIC department until their client totals increase. When numbers increase we will hire a part-time or full-time nutritionist depending on the need. Stokes County had a 91% caseload for FY 18/19 just under the state goal of 92%.
- WIC department is now open three days a week in King and with the change of hours to the clinic and one additional day in King WIC has 11 additional hours per week to see more patients.
- **Slight decrease in participation, but this problem is affecting the whole state not just our county. The state WIC program consultants are currently meeting with WIC Directors and discussing ways to improve numbers.**

WIC Active Participation

Month	FY 2018/19
July	425
August	332
September	307
October	376
November	356
December	269
January	435
February	322
March	279
April	315
May	375
June	272
Totals	4,063

Emergency Preparedness

- SCHD Public Health Emergency Operations Plan (EOP) was developed and uses an all-hazards approach.
- Closed point of dispensing sites database to serve over 10,000 persons.
- Collaboration with surrounding central region counties in CDC Medical Countermeasure Operation Readiness.
- Stokes County Health Department Emergency Preparedness and Response Program continues to improve and score high on operational readiness, meeting CDC implementation goals, compared to state, central regions, and similar population quartiles figures.
- **Committee Participation:**
 - Local Emergency Planning Committee
 - State, Regional, and Local Work Groups
 - Safety Committee
 - Triad Healthcare Preparedness Coalition
 - Virginian and North Caroling Regional Committee

Monthly Activities

- GETS (Government Emergency Telecommunication Service) testing and radio testing
- Generator testing
- Building OSHA (Occupational Safety and Health Administration) safety inspections
- Regional Emergency Preparedness Coordinator meetings
- Regional Work Group Meetings (west central region)
- Review and update plans as necessary

Quarterly Activities

- LEPC (Local Emergency Planning Committee) meeting attendance and other surrounding county committee attendance
- Call downs with Corrective Action Plans

Annual

- Medical Countermeasures Distribution and Dispensing (MCMDD) Plan Review
- Fire/tornado drills
- State Emergency Preparedness Symposium
- 2 Exercises with After Action Report/Corrective Action Plans
- Respiratory Protection Plan Fit Testing
- Review all plans/policies and make necessary changes Annual Work

Plans

- SCHD Public Health Emergency Operations Plan (EOP) – located within the EOP:
 - Continuity of Operations Plan
 - Telecommunications Plan
 - Activation and Notification Plan
 - Public Information and Communications Plan
 - Worker Protection and Safety Plan
 - Isolation and Quarantine Plan
 - Communicable Disease Plan (Ebola, Pandemic Influenza, and Bioterrorism)
 - Medical Countermeasures Distribution and Dispensing Plan
 - Medical Emergency Shelter Plan
 - Mass Vaccination Plan
 - Mass Fatalities Plan

Stokes County Medical Countermeasure (MCM) Operational Readiness

The Capabilities Reporting Tool found in the NCDETECT Portal is a combination of the CDC Performance Measurements and the NC Public Health Preparedness Rubric that is used to assess the capacity and capability of our public health preparedness programs across the state. Each Capability and sub-capability category is assigned one of the following values based on how prepared we are; those categories are (from least prepared to most prepared): “Early”, “Established”, “Intermediate”, or “Advanced”.

NC Breast Cervical Cancer Control Program (NC BCCCP)

The Health Department continues to partner with the Mobile Mammogram Unit one day per quarter to provide mammograms. The Mobile Mammography Unit serves about 20-25 women each time it visits the Health Department.

The North Carolina Breast and Cervical Cancer Control Program (NC BCCCP) provides free or low-cost breast and cervical cancer screenings and follow-up to eligible women in North Carolina. Each year, NC BCCCP strives to provide services to over 12,000 women.



NC BCCCP services are offered at most local health departments as well as some community health centers, hospitals and private physicians' offices across the state. Approximately 102 local health agencies work in cooperation with physicians, hospitals, and other health care facilities to provide services to eligible North Carolina women.

NC BCCCP provides services to North Carolina

women who:

- are uninsured or underinsured;
- are without Medicare Part B or Medicaid;
- are between ages 40 - 64 for breast screening services and 18 - 64 for cervical screening services; and
- have a household income at or below 250% of the federal poverty level.

Services offered:

- Clinical breast exams
- Screening mammograms
- Pap tests
- Diagnostic procedures, as indicated (diagnostic mammograms, ultrasounds, colposcopies, breast and cervical biopsies)
- Medical consultations



Breast and Cervical Cancer Medicaid (BCCM) provides funding for treatment to NC BCCCP enrolled clients who are diagnosed with breast or cervical cancer and who meet additional

requirements. BCCM eligible women must be enrolled in NC BCCCP prior to a cancer diagnosis.

Compared to other groups, there are significant differences in the rates of minority women who are diagnosed with breast and cervical cancers and who die from these diseases. NC BCCCP has focused increased recruitment and education strategies to prompt more African American, Hispanic, and American Indian women to get breast and cervical cancer screenings.

Stokes County BCCCP Program FY 2018/2019

Program Type	Pt Seen FY 17/18	Pt Seen FY 18/19
Federal BCCCP	23	21
State BCCCP	15	14
Insurance (Screening)	43	28
Medicaid (Screening)	7	4
Medicare (Screening)	22	20
Total Patients	110	87

Care Coordination for Children (CC4C)

CC4C is a free and voluntary program that helps families like yours find and use community services. The program goals are:

- to connect your family with services for children and families
 - to support your children in reaching their developmental potential
 - to help ensure that children are raised in healthy, safe, and nurturing environments.
- CC4C care managers can help with finding medical care, transportation, childcare and /or financial aid. They can also provide you with information about a wide variety of family oriented resources. The CC4C care manager will:
- discuss family strengths and concerns through home visits, telephone calls and other personal contacts
 - identify programs, services, and resources that meet your family’s needs
 - serve as a link between you and your child’s doctor or nurse
 - identify ways you can strengthen parent-child relationships
 - introduce you to parent support programs when available

- offer encouragement and support.

Who is Eligible?

Children birth to age three who are at risk for developmental delay or disability, long term illness and/or social, emotional disorders and children ages birth to five who have been diagnosed with developmental delay or disability, long term illness and/or social, emotional disorder may be eligible for the program. For Fiscal Year 2018/2019 the average monthly case load for the CC4C program was 75. Program goal is 50 clients per month.

PCM/PMH (Pregnancy Care Management/Pregnancy Medical Home)

DMA is working in partnership with Community Care of North Carolina (CCNC) and other community stakeholders including providers, local health departments, and the Division of Public Health create a program that provides pregnant Medicaid recipients with a pregnancy medical home (PMH). The goal is to improve the quality of perinatal care given to Medicaid recipients, thereby improving birth outcomes and reducing Medicaid spending. This will be done by modeling the PMH after the enhanced primary care case management (PCCM) program developed by CCNC.

Case Management

If a pregnant Medicaid recipient's aid program category covers pregnancy services, she is eligible to participate in this program. This program is NOT just for recipients of Medicaid for Pregnant Women (MPW). Pregnant Medicaid patients will receive care management (population management). High-risk pregnant women in a PMH will receive case management services. The level of service provided will be in proportion to the individual's identified needs. Case managers are expected to closely monitor the pregnancy through regular contact with the physician and patient to promote a healthy birth outcome. On average Stokes County averaged 65 patients per month in the PCM Program.

Program Participation

The PMH project will be modeled after the enhanced primary care case management program developed by CCNC. To qualify for participation as a PMH, the provider must agree to the following:

- Ensuring that no elective deliveries are performed before 39 weeks of gestation by agreement with all professional providers
- Engaging fully in the 17P project in each pregnancy medical home
- Decreasing the cesarean section rate among nulliparous women
- Completing a high-risk screening on each pregnant Medicaid recipient in the program and integrating the plan of care with local care/case management
- Open chart audits

In exchange for meeting the program expectations described above, the PMH will receive the following incentives:

- Exemption from prior approval on ultrasounds

- \$50 for completing a high risk screening tool at initial visit
- \$150 incentive for the postpartum visit per Medicaid recipient
- Increased rate for a vaginal delivery

Any provider who bills global, package or individual pregnancy procedures is eligible to participate in this program as long as he/she agrees to the program requirements. It is not just for obstetric providers.

Women's Health Program

The Stokes County Women's Health Program develops and promotes programs and services that protect the health and well-being of infants and of women during their child-bearing years. The goal is to improve the overall health of women, reduce infant sickness and death, and strengthen families and communities.

The Women's Health Branch also offers guidance, consultation and training for professionals who provide women's health services.

Local health departments and other community agencies serving each of the 100 counties in North Carolina provide a variety of these women's health services, including family planning, prenatal care, flu shots and other women's immunizations, and pregnancy care management.

One program offered through this program at the Stokes County Health Department is the Screening for Cervical Cancer. This service is offered during the routine physicals or the annual woman's exam. Total number of women served during FY 2018/2019:

Prenatal Program

- Number of patients enrolled July 2018 - June 2019 -
 - Currently in program - 41
 - Patients transferred/incomplete pregnancies (miscarriage, relocation, high risk pregnancy) - 14
 - Total Paps performed – 95

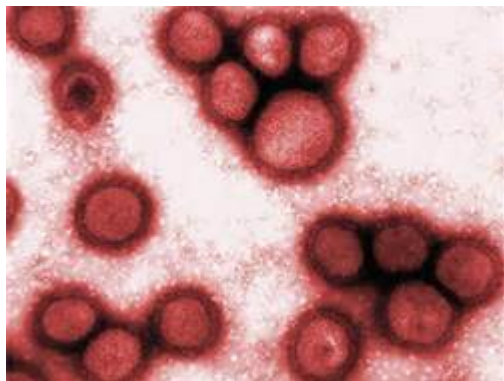
Immunizations

- Stokes County Health Department is one of the primary locations in Stokes County that offers routine immunizations. During this fiscal year the following achievement occurred with our program:
 - Gave 903 immunizations to 517 clients/patients

Community Health/Educational Services

Stokes County Health Educator has been busy this year with expanding our Diaper Bank by adding more clothes, food, and other necessities for those babies in need in our county. This was accomplished with donations from local church groups as well as Girl Scout troops. There has been continued work with the STOP Coalition and Insight to distribute educational materials about the Opioid Epidemic as well as lock boxes to those individuals in need of one. We have participated in 2018 Little Folks Festival, Stokes County Fair, and numerous other health fairs in the county. This year we have been able to provide car seats and pack and plays to families that are in need with our partnership with Safe Kids Northwest Piedmont.

Communicable Diseases



A Dictionary of Epidemiology defines communicable disease as "illness due to a specific infectious agent or its toxic products that arises through transmission of that agent or its products from an infected person, animal, or reservoir to a susceptible host, either directly or indirectly through an intermediate plant or animal host, vector, or the inanimate environment." Communicable disease pathogens include bacteria, viruses, fungi, parasites and prions. Because communicable diseases can have so much impact on the population, the surveillance and control of such

diseases is an important part of protecting the public's health.

In FY 2018/2019 Stokes County Health Department had no major disease outbreak or food borne illness to investigate this fiscal year. Below is the summary of communicable disease investigated and treated through Stokes County Health Department.

Public Health Emergency Preparedness

Stokes County Health Department plays a vital role in planning, preparing, and responding to public health emergencies; such as pandemic flu, food-based illness, natural disasters, hazardous release, or terrorism.

The mission of the Public Health Preparedness and Response within the Health Department is to protect the health and safety of residents in Stokes County by establishing strategic goals:

- Monthly, quarterly, and annual deliverables, required work plans, training, and Progress Check database entry and other duties assigned within health department.
- Ensure Incident Management System (ICS)/ National Incident Management System (NIMS) compliance for each health department staff member.
- Responsible for OSHA Respiratory Protection Program compliance.
- Strategic National Stockpile (SNS) plan -Meeting particular benchmarks based on the say "Public Health Emergency Preparedness Operational Readiness Review (PHEP-ORR)" which are required to score a minimum of 79

- Emergency Communications Operations -Maintain 24/7 contact databases for employees, hospitals, adult care, providers -Perform call down drills/system checks
- 2 exercises and required After Action Reports/Corrective Action Plans
- 1 Full-scale exercise and required Homeland Security Exercise and Evaluation Plan (HSEEP) documents
- Implementation of CDC’s National Standards for Public Health Preparedness Capabilities

To learn more about how to be prepared for natural and manmade disasters visit these sites:

<http://www.co.stokes.nc.us/disaster1/>

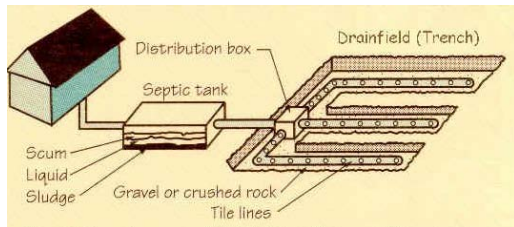
<http://www.ready.gov>

Stokes County Reported Communicable Disease Totals for FY 2018/2019

Disease Classification	Total confirmed cases
Haemophilus Influenza	1
Hepatitis C (Chronic)	13
Hepatitis C (Acute)	1
Rocky Mountain Spotted Fever	15
Ehrlichia, HME	2
Lyme Disease	9
Streptococcal Group A (invasive)	4
Cryptosporidiosis	2
Salmonellosis	11
Campylobacter Infection	16
Listeriosis	1
E Coli	4
Chlamydia	137

Gonorrhea	41
Influenza, adult death	1
Vibrio Infection, Other	1
NGU	2

Environmental Health



Stokes County Environmental Health Department enforces state laws and rules pertaining to food sanitation, waste water disposal, private drinking water wells and other health and sanitation issues. The number of inspections include food service establishments, tattoo artists, day care centers, school cafeterias, schools, public swimming pools, etc. The

number of new permits issued includes food service establishments, tattoo artists, public swimming pools, etc.

ENVIRONMENTAL HEALTH YEARLY REPORT JULY 2017- JUNE 2018

	ON-SITE WASTEWATER ACTIVITY	FY18/19	FY 17/18
	Site Visits (includes all OSWW field activities not included below)	340	326
	Sites Evaluated (includes sites evaluated or re-evaluated for any purpose)	227	228
	Improvement Permits Issued- New Or Revision w/Site Plan (valid 60 months.)	110	108
	Improvement Permit Issued - Expansion of Existing System (valid 60 months)	8	12
	Improvement Permits Denied (Documented)	26	9

Construction Authorizations - New, revision, or Relocation	91	72
Construction Authorizations – Expansion	7	10
Construction Authorizations - Repair/Replacement of Malfunctioning System	55	51
Authorizations - Mobile Home Parks	5	3
Authorizations - Existing System Reuse Other than in MHP	41	44
Authorizations for System reuse – Denied	7	9
Table V Inspection w/Reports prepared	12	8
Migrant Housing Inspections w/reports prepared	11	13
Notices of Violation Issued	12	15
Legal Remedies - Injunctions, criminal misdemeanor, administrative penalties	0	0
Permit Revoked (notice)	8	6
Operations Permit Issued	141	129
Sewage Complaints Investigated	36	39
On-Site Consultative Contacts	14	10

<i>Well Activities</i>	FY 18/19	FY 17/18
Well Site Evaluated	70	126
Grouting Inspection	76	102
Well Head Inspected	113	108
Well Head Approved	70	80
Well Head Disapproved	43	28
Well Construction Permit Issued - New	36	43
Well Construction Permit Issued - Repair	6	12
Well Certificate of Completion Issued - New	70	83
Well Certificate of Completion Denied - New	92	28
Well Certificate of Completion issue - Repair	0	0
Bacteriological Sample Collected	157	152
Other Sample Collected	181	193
Well Camera or Geophysical Inspection	0	0
Legal Remedies Taken	0	0

<i>Food Handling Activity</i>	FY 18/19	FY 17/18
Inspections	447	298
Visits	80	310
Permits issued	53	55
Complaint Investigations	1	1
Complaint investigations Follow-up	21	20

<i>General Sanitations' Activity</i>	FY 17/18
Other Training/Education (hours)	66

Stokes County Human Services Board

In June, 2013 the Stokes County Board of County Commissioners voted on a new resolution to dissolve the Local Board of Health and DSS Board under Session law 2012-126 or HB 438. The resolution called for the formation of a new Human Service Advisory Board. The Board of County Commissioners has taken on the responsibilities of the Board of Health and DSS Boards.

The Human Services Advisory Board has the same professional requirements as did the Board of Health. In addition, the three at-large-positions will be filled by individuals that represent the former DSS Board.

POSITION	NAME	<i>E-mail Address</i>
Commissioner	Jamie Yontz	yontz.jamie@gmail.com
Licensed Dentist	Gaye Wood	gayewood93@gmail.com
Licensed Engineer	Buster Robertson	wroberbu@aol.com
Licensed Optometrist	Keith R. Lawson	gourmetforu3@aol.com
Licensed Pharmacist	Kim Lewis	kimlewis@centurylink.net
Licensed Physician	Thomas Delany Santoro, M.D	
Registered Nurse	Jane Humphries	waffaking44@yahoo.com

Licensed Veterinarian	Pam Tillman	ptillman@lifebritestokes.com
General Public	Jan Spencer	jnspencer@yahoo.com
General Public	Rachel White	rachelwhite3593@yahoo.com
General Public	Jane Cole	colejf1368@icloud.com
County Manager	Jake Oakley	joakley@co.stokes.nc.us
Health Director	Tammy Martin	tmartin@co.stokes.nc.us
DSS Director	Stacey Elmes	selmes@co.stokes.nc.us
Recording Sec	Hayley Shelton	hshelton@co.stokes.nc.us

***Note: member filling a vacancy unable to be filled by the prescribed profession in accordance with G.S. 130A-35**

Goals for FY 2018/2019

The Stokes County Health Department is anticipating that they will see an increase in patients due to Medicaid Transformation and the majority of our patients do not have health insurance. In addition, many individuals will use us as their safety net.

Continue to monitor how Medicaid Transformation will alter healthcare. With Medicaid Managed Care beginning February 1, 2020. The Health Department will be accepting the following MCOs (Managed Care Organizations) Healthy Blue, United Healthcare Community Plan, AmeriHealth Caritas of North Carolina, and Wellcare. It is important to choose MCOs that respect our mission in Public Health, which is “To promote healthy and safe living, prevent disease, care for the sick, protect the environment, and provide essential services to meet community needs”.

Goals for FY 2019/2020 are:

- Be an active partner in the opioid crisis
- Continue to expand our Prenatal Clinic with Wake Forest Baptist Hospital
- Increase and build our Child Health Program/ Adult Health Program
- Create opportunities for patients to receive local low/no cost dental treatment
- Explore funding opportunities through grants and other partnerships
- Stay current and involved in Medicaid Transformation (2020)