

# HNC 2030 Scorecard: Stokes County

2021-2024



The Stokes County Health Department is excited to share our **Healthy NC 2030 Scorecard for Stokes County**. This scorecard supports the Community Health Improvement Plan (or CHIP), which guides the long-term, systematic efforts for addressing public health issues in Stokes County based on the results from the Community Health Assessment (CHA). The scorecard outlines the efforts being made in Stokes County to address three of the health priorities identified in the CHA:

- **Mental Health**
- **Substance Use Disorder**
- **Chronic Illness**

## Results-Based Accountability

Results-Based Accountability (RBA) is a data-driven, disciplined way of thinking and acting to improve complex health issues. RBA drives this community health improvement plan. In the table below, the key components of RBA have been defined.

Instructions: For each priority you will see a result statement, state and local level indicators, programs, and performance measures. Click anywhere on the scorecard to learn more about the programs and initiatives taking place to improve health outcomes in Stokes County. The icons below represent the main components of the scorecard.

Term	Definition	Icon
Results	Results are conditions of well-being we would like to see for Stokes County	R
Indicators	Indicators are measures that help quantify the achievement of the result	I
Programs	Programs are programs, policies, activities or initiatives	P
Performance Measures	Performance Measures are a measure of how the program is making an impact	PM

## Community Health Assessments

CA 2021 Community Health Assessment

Most Recent Period    Current Actual Value    Current Trend    Baseline % Change

### Executive Summary

Ongoing assessment of the health status of the population is a core function of local health departments, and improving the availability of high quality health information and services remain a major priority for the Stokes County Health Department (SCHD). The SCHD Health Education/Promotion Section is charged with carrying out this assessment function by collecting, assessing and disseminating population-based health information to plan, evaluate, and develop policies, programs and services by collaborating with individuals and agency partners within the county. The SCHD is the primary gatherer of information about access to health care, health care utilization, health behaviors, health status, and knowledge and perceptions of health-related issues among the Stokes County population.

The Value of the Community Health Assessment:

- Compile community health related data and data interpretation promote collaboration and partnership among community members and groups.
- Fulfill society's interest in assuring conditions in which people can be healthy.
- Share the assessment process and findings with the county residents and educate local partners, residents, health care providers, and students regarding pressing health problems.
- Create collaborative interventions to promote better health, while empowering community members to act on issues of concern.

- Advocate for lasting community change with politicians and other local decision makers.
- Create a safe environment for persons living healthy lives to employ good health practices.
- Identify emerging issues.
- Generate baseline data by which to monitor performance to plan public health organizational and programmatic changes.
- Provide performance measures for strategic public health planning.
- Serve as a reference point and historical perspective for future county assessments.
- Provide a resource for activities such as writing grant applications. Maintain local public health accreditation status.
- Comply with the North Carolina Public Health Consolidated Agreement.
- Learn about the level of emergency preparedness of Stokes County residents and the community.
- A community health assessment (CHA) is the foundation for improving and promoting the health of community members. The role of the community health assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors.

In a community based assessment, the community members take the primary responsibility for determining the focus of the assessment activities at every level, including collection and interpretation of data, evaluation of health resources, identification of health problems, and development of strategies for addressing these problems. In this view, the community assessment is done by the community rather than simply an assessment conducted on a community. The community health assessment process begins with the development of the community based team. Once the team is established they work to collect data from the community and other resources, analyze this data, establish health priorities based on this data and conclude the process by creating a report based on what they have learned about the health of the county and disseminating it to community partners and members.

Per the NC Public Health Consolidated Agreement, local health departments are required to conduct a comprehensive CHA once every four years. The CHA is intended to study the current health status of the community, what has changed since the last assessment, and what still needs to change to improve the health of the community.

The CHA is also a vital component of the North Carolina Public Health Accreditation process. The CHA report accounts for seven accreditation benchmarks and numerous activities required for those benchmarks. The completion of the CHA process and document is essential for the Stokes County Health Department to remain an accredited health department. While the CHA is required of the health department it is also considered good public health practice. Assessment is one of the three core functions of public health and a major part of the ten essential public health services because the outcome report helps drive strategic plans for public health activities, programs and services. The purpose of the health survey is to provide updates on key health indicators and to identify emerging public health issues among adults and children residing in the county. Importantly, the survey allows professionals at the Stokes Public Health Department to track health issues over time. To properly address the root causes of poor health, the survey looks beyond risk factors for individual diseases to factors in the physical and social environment that influence health, such as safety, poverty, and educational attainment.

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## Priorities

### Priority 1: Mental Health:

The individuals with mental health issues cycle through county services: hospital emergency departments and, social services. Even if there is access to care, there are cultural stigmas to mental illness that are particularly acute in rural areas and may keep people from seeking care. In a small community where everyone knows everyone, many do not want their car seen in the parking lot of a behavioral health specialist. Despite all of the obstacles, a movement toward changing the balance of access and care in rural regions is showing signs of life.

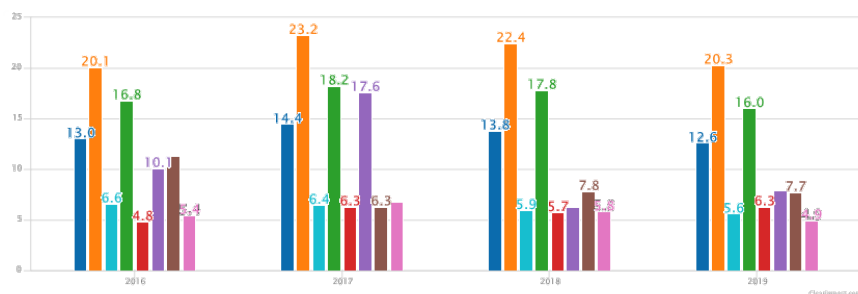
We have found that those individuals with mental health problems that do not seek help or treatment will often become involved in the aforementioned substance abuse problem in our county. These individuals may turn to prescription drugs or illegal drugs to help the mental conditions that they have (self-medicate) instead of seeking help with a professional. There is a lack of medical providers for Stokes County. The area north of the mountain range is considered medically underserved. With partnerships within the county we hope to improve access to mental health services. Also, we are now working with Vaya Health to increase mental health access for everyone. If we are able to increase access, then more individuals will receive counseling and medication for conditions they have. At this time, we have increased suicide rates which are more than likely due to lack of mental health help when needed.

## Why Is This Important?

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I FHLI-NC HNC2030 Self-Harm Total



2019	12.6	2	-3%
2018	13.8	1	6%
2017	14.4	1	11%
2016	13.0	0	0%

## Health Equity/Disparity Comparison Data

P New Vaya Health

## What We Do

As a public managed care organization, we do not provide services directly. Instead, we manage Medicaid, federal, state and local funding for services and supports related to mental health, substance use and intellectual/developmental disabilities in our region.

## Who We Serve

For Medicaid Beneficiaries in NC with serious behavioral health, I/DD, or TBI conditions. Residents in NC with no insurance, or not enough insurance, with behavioral health needs.

## How We Impact

Throughout the region, we are a leading manager of prevention, treatment and crisis services. Services are provided through more than 1,000 healthcare agencies and practitioners in our contracted network. We operate three health plans:

- Mental health and substance use services for people who receive Medicaid under the state's 1915(b) Waiver
- Intellectual/developmental disability services and supports for Medicaid recipients under the state's 1915(c) Home and Community-Based Services Medicaid Waiver, also known as N.C. Innovations
- Mental health, substance use and intellectual/developmental disability services for individuals without insurance – or too little insurance – who are eligible for care funded by the state of North Carolina or other public funds

## What We Do

We utilize evidenced based practices which emphasize supportive, therapeutic relationships between providers, clients, and families/caregivers.

## Who We Serve

Children, adolescents, and their families. We focus on providing individual attention and quality treatment in a culturally competent environment to enhance the stabilization of you and your family.

## How We Impact

Improving the lives of our patients and their communities through outcome-based, cost-effective mental health services delivered with dignity and respect.

## What We Do

Daymark Recovery Services, Inc. is a mission driven, comprehensive community provider of culturally sensitive mental health and substance abuse services. The Daymark goal is for skilled medical and behavioral healthcare professionals to support citizens of all ages and their families with the greatest opportunity for recovery, independence and the highest quality of life.

## Who We Serve

Daymark Recovery Services provides an array of outpatient and psychiatric services for the treatment of a mental illness, substance abuse problem, or developmental disability. Services are tailored to individual needs and delivered using evidence based approaches to increase effectiveness.

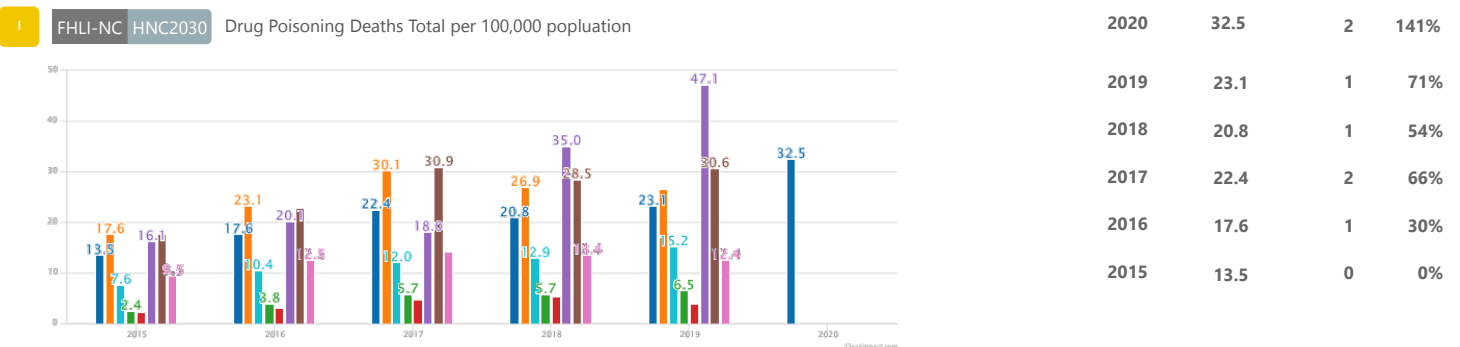
## How We Impact

Inspiring and empowering people to seek and maintain recovery and health.

### Substance Abuse

## Why Is This Important?

An average of nine North Carolinians died each day from a drug overdose in 2020, a 40% increase from the previous year. This stark increase during 2020 aligns with the increases experienced nationwide with the nation exceeding 100,000 deaths. In North Carolina, the number of drug overdose deaths — from illicit substances and/or medications — increased by nearly 1,000 deaths, from 2,352 in 2019 to 3,304 in 2020. There were also nearly 15,000 emergency department visits related to drug overdoses in 2020. Provisional surveillance data suggest these increases continued through 2021. Both overdose deaths and the increases disproportionately affect historically marginalized populations.



## Health Equity/Disparity Comparison Data

## What We Do

Help individuals by providing counseling and by helping them locate services within/or around thier community.

## Who We Serve

Eligibility is based on need, not income. Can help individuals find appropriate social services related to substance abuse.

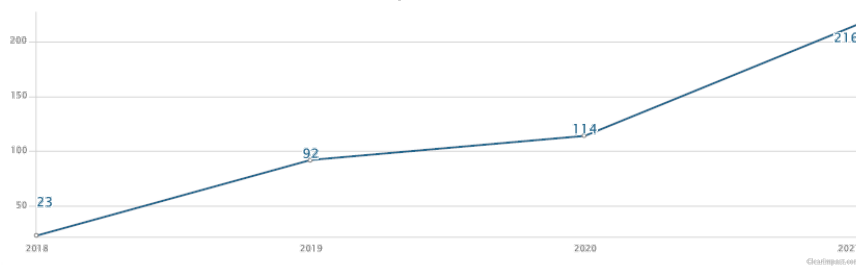
## How We Impact

Providing quality services to promote treatment and recovery for individuals with substance use disorders. "Substance Use Disorder (SUD) services help to prevent misuse of alcohol and other drugs and to help people with substance use disorders in obtaining the appropriate services and supports they need to live a life in recovery. This includes ongoing treatment, as well as a network of services and supports that are person-centered and build on the strengths and resiliencies of individuals, families and community to achieve improved health, wellness and quality of life. Access to quality treatment is critical, but so is having good relationships with family or friends, having a job, having a place to live and being around people in recovery." NCDHHS

### PM Number of referrals for substance use disorder

2021	216	3	839%
2020	114	2	396%
2019	92	1	300%
2018	23	0	0%

Data Source: Stokes County DSS Substance Use Liason Coordinator



## Story Behind the Curve

### Partners

### What Works

Not punish but help the person.

### Action Plan

## P Community Paramedic Program

## What We Do

The Community Paramedic functions alone and as a member of a healthcare team providing assessment and care to patients with chronic medical , behavioral problems and substance abuse. Identifies patient's needs and assists in connecting patients with available community and medical resources. As a Community Paramedic the CP must attend to the physical and emotional needs and wellbeing of the patient and when appropriate, the family and significant others.

## Who We Serve

Connecting the citizens of Stokes county to the underutilized resources to underserved populations in regard to substance abuse/overdoses. It exists for the sole purpose of serving the needs of a particular community.

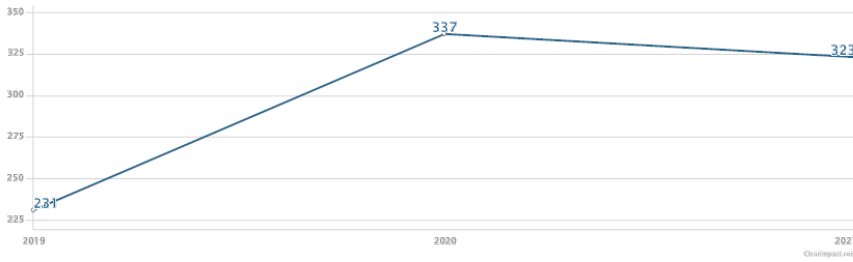
## How We Impact

The Community Paramedic Program closes the gap by expanding the role of EMS personnel. Bridging the gap with substance use, mental health and chronic health conditions. We can offer treatment plans to assist through withdrawal symptoms if requirements are met until further assistance is available. We can connect with longer term recovery options.

**PM** Number of referrals

Year	Value	Trend	% Change
2021	323	1	40%
2020	337	1	46%
2019	231	0	0%

Data Source: Community Paramedic Program Coordinator



### Story Behind the Curve

### Partners

### What Works

### Action Plan

## Chronic Illness

**R** All people in North Carolina live in communities that support tobacco free/e-cigarette-free lifestyles.

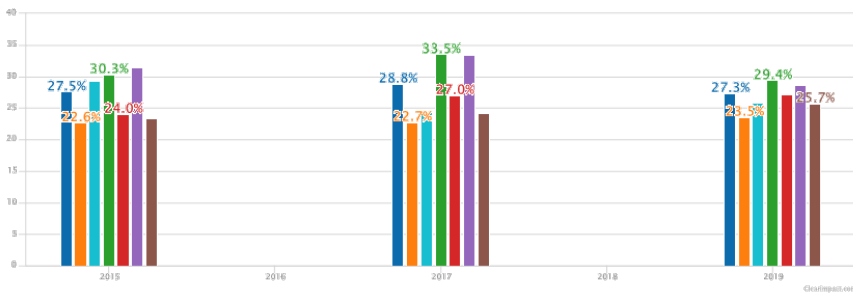
Most Recent Period	Current Actual Value	Current Trend	Baseline % Change

### Why Is This Important?

Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined — and thousands more die from other tobacco-related causes such as involuntary exposure to secondhand smoke, fires caused by smoking (more than 1,000 deaths/year nationwide) and smokeless tobacco use.

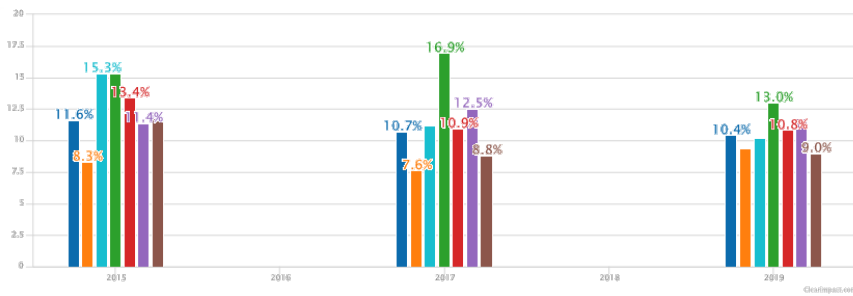
**I** FHLI-NC HNC2030 Youth Tobacco Use (High School) Total

Year	Value	Trend	% Change
2019	27.3%	1	-1%
2017	28.8%	1	5%
2015	27.5%	0	0%



**I** FHLI-NC HNC2030 Youth Tobacco Use (Middle School) Total

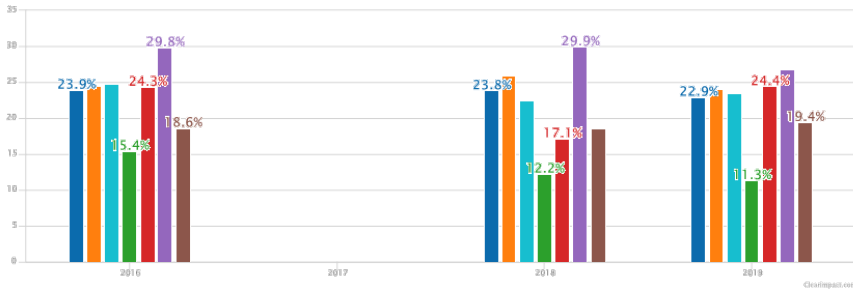
Year	Value	Trend	% Change
2019	10.4%	2	-10%



2017	10.7%	1	-8%
2015	11.6%	0	0%

## Health Equity/Disparity Comparison Data

FHLI-NC HNC2030 Adult Tobacco Use Total



2019	22.9%	2	-4%
2018	23.8%	1	0%
2016	23.9%	0	0%

## Health Equity/Disparity Comparison Data

New QuitlineNC

Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
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### What We Do

"QuitlineNC provides free cessation services to any North Carolina resident who needs help quitting commercial tobacco use, which includes all tobacco products offered for sale, not tobacco used for sacred and traditional ceremonies by many American Indian tribes and communities. Quit Coaching is available in different forms, which can be used separately or together, to help any tobacco user give up tobacco." NCDDHS

### Who We Serve

To any North Carolina resident who needs help quitting commercial tobacco use, which includes all tobacco products offered for sale.

### How We Impact

"Quitlines are effective, evidence-based treatments for smoking cessation. The evidence base for tobacco cessation quitlines was established through numerous clinical trials and meta-analyses." CDC

PM Number of client referrals for Stokes County

## Story Behind the Curve

### Partners

### What Works

# Action Plan

## SOTCH REPORTS

S	2022 SOTCH REPORT	Most Recent Period	Current Actual Value	Current Trend	Baseline % Change
S	2023 SOTCH REPORT	Most Recent Period	Current Actual Value	Current Trend	Baseline % Change