STATE OF NORTH CAROLINA)	BOARD OF HEALTH
)	STOKES COUNTY GOVERNMENT
COUNTY OF STOKES)	DANBURY, NORTH CAROLINA
)	TUESDAY JANUARY 22, 2019

The Board of Health of the County of Stokes, State of North Carolina, met for a meeting

at the Stokes County Health Department Conference Room located in Danbury,

North Carolina on Tuesday, January 22, 2019 at 3:00 pm with the following

members present:

Chairman Ronnie Mendenhall
Vice Chairman Andy Nickelston
Board Member Rick Morris
Board Member Jimmy Walker
Board Member Jamie Yontz

County Personnel in Attendance:
County Manager Jake Oakley
Assistant County Manager / Clerk to the Board Shannon Shaver
Health Director Tammy Martin
Administrative Assistant Wanda East
Nurse Supervisor Candice Fulcher

Chairman Mendenhall called the meeting to order and welcomed those in attendance.

INVOCATION

Board Member Yontz delivered the invocation.

PLEDGE OF ALLEGIANCE

Chairman Mendenhall invited those in attendance to join the Board in the Pledge of

Allegiance.

APPROVAL OF AGENDA

Chairman Mendenhall entertained a motion to amend the January 22nd Agenda.

Board Member Yontz moved to approve the January 22nd Agenda.

Vice Chairman Nickelston seconded the motion.

Chairman Mendenhall opened the floor for discussion.

With no further discussion the January 22nd Agenda was approved with a 5-0 vote.

COMMENTS – BOARD MEMBERS

Chairman Mendenhall noted there were no comments by the Board.

PUBLIC COMMENTS

Chairman Mendenhall noted there were no individuals signed up for public comments.

CONSENT

Approval of the Minutes from the Board of Health Meeting on December 17, 2018

Chairman Mendenhall entertained a motion regarding the Consent Agenda.

Board Member Morris moved to approve the Consent Agenda.

Chairman Mendenhall opened the floor for any discussion/comments/questions.

With no discussion by the Board the Consent Agenda was approved unanimously with a 5-0 vote.

INFORMATION / DISCUSSION

Additional County Vehicle for TB Visits

Chairman Mendenhall turned the floor over to Health Director Tammy Martin and Administrative Assistant Wanda East.

Health Director Tammy Martin presented the following information to the Board:

- We are not asking for a new vehicle.
- We just need one that is reliable.
- We have a staff member in King that is driving a very old vehicle.
- We will probably ask for a vehicle in the budget.
- For now if we could just have a hand me down would be great.

Assistant County Manager/Clerk to the Board Shannon Shaver commented:
- There is a vehicle in King that Commissioner Walker uses on occasion but not very often.
- That could be an option until something can be done.
- We would want our garage to check the vehicle out before it is used.

Board Member Walker responded:
- I only use that once or twice a year.
- The check engine light does seem to come on each time I use it.
- You can certainly use it.
- It seems a waste for it to sit over there and not be driven.

Vice Chairman Nickelston commented:
- Are we still looking at the deal with Enterprise?

County Manager Oakley responded:
- You are going to be receiving information on this at an upcoming meeting.
- It looks like it is going to be a really great deal for the county.

Chairman Mendenhall noted that the car from King would be brought over and checked out for use by the Health Department.

Board Member Yontz commented:
- Please when you get the vehicle if it is not up to par let us know.

Clinical Update

Chairman Mendenhall turned the floor over to Health Director Tammy Martin and Administrative Assistant Wanda East.

Health Director Tammy Martin presented the following information to the Board:

- Last quarter our new provider Amy saw 136 patients with 470 billable services.
- Maria saw 470 patients with 1,885 billable services.
- Amy is still in training so that is the reason for the difference in numbers.
- Our nurses saw 305 patients between them.
- We have only had one confirmed flu case as of yet.
- Hepatitis C cases are on the rise and I am reaching out to Stacey to inquire about possible funding for those needing testing that cannot afford it.

Administrative Assistant Wanda East commented:
- Not all services by the nurses are billable.
- Some are for statistical reasons.

Board Member Morris commented:
- What is your target number of patients for each provider?

Administrative Assistant Wanda East responded:
- 16 to 18 patients is the target.

Board Member Yontz commented:
- Thank you for the report.
- It looks like things are going well.

Board Member Walker commented:
- What is your plan for a flu outbreak?
- Are you able to meet the needs with the staff you have as far as getting patients in?

Health Director Tammy Martin responded:
- We just have to treat the flu as it comes in.
- We have offered flu clinics.
- We are able to get patients in typically the same day for sick visits.
- Well appointments and physicals are sometimes scheduled a week out.
- I feel like we are in a good position with the staff that we have and the additional provider.
- One thing I did not mention is that our state consultant for emergency preparedness visited recently and we were in full compliance.

Chairman Mendenhall commented:
- That is good news.
- Are you pretty much seeing the maximum number of patients?

Administrative Assistant Wanda East responded:
- Not yet because Amy is not fully trained.
- Once she is fully trained I expect her numbers to be the same as what Maria is seeing.
- We also battle no shows for appointments.

Training for New Board Members

Chairman Mendenhall turned the floor over to Health Director Tammy Martin and Administrative Assistant Wanda East.

Health Director Tammy Martin presented the following information to the Board:

- The new Board members will need to complete the online training.
- I will send you the link.

- There is a certificate at the end so please print that because we will need it for accreditation.
- I would like it completed by June.
- We are up for accreditation again in 2020.

Meeting Schedule

Chairman Mendenhall turned the floor over to Health Director Tammy Martin and Administrative Assistant Wanda East.

Health Director Tammy Martin presented the following information to the Board:

- We would like to propose keeping the monthly meetings until April and then revisiting and possibly going to every other month or quarterly.

Board Member Morris commented:
- I would be good with putting them back into our regular meetings.

Board Member Walker commented:
- I would be good with that as well.

Vice Chairman Nickelston commented:
- What do you prefer?

Health Director Tammy Martin responded:
- Sometimes our reports could be lengthy for a regular meeting.
- I like how this is and it would be good to go to every other month.

Administrative Assistant Wanda East commented:
- It worked well when we had a traditional Board of Health.

Board Member Morris commented:
- I feel like we are talking about reinstituting the Board of Health which is muck longer conversation.
- I would say we would need to discuss this at a regular meeting or talk about it in the budget goals meetings.

Chairman Mendenhall commented:
- I would be good with discussing it then.
- We have our first Budget Goals Meeting this Thursday at 5:00.

ACTION

Annual Report FY 17-18

Chairman Mendenhall entertained a motion regarding the Stokes County Annual Report presented for the review of the Board with a request for approval at the last meeting.

STOKES COUNTY HEALTH DEPARTMENT ANNUAL REPORT FOR FISCAL YEAR 2017/2018

Table of Contents

Message from the Stokes County Health Department

As the Interim Stokes County Health Director, as a lifetime citizens 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) who worked to create a solid foundation on which to build an excellent department. Although I have only been in this position for three months only there have been changes here in staffing with the addition of another provider.

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 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	E-mail Address
Commissioner	James Booth	n/a
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	jnjspencer@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

Interim Health Director	Tammy Martin	tmartin@co.stokes.nc.us
DSS Director	Stacey Elmes	selmes@co.stokes.nc.us
Recording Sec	Wanda East	weast@co.stokes.nc.us

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

Stokes Demographics

Population estimates, July 1, 2017, (V2017)	45,717

PEOPLE

Population	
Population estimates, July 1, 2017, (V2017)	45,717
Population estimates base, April 1, 2010, (V2017)	47,417
Population, percent change - April 1, 2010 (estimates base) to July 1, 2017, (V2017)	-3.6%
Population, Census, April 1, 2010	47,401
Age and Sex	
Persons under 5 years, percent	4.5%
Persons under 18 years, percent	19.0%
Persons 65 years and over, percent	20.6%
Female persons, percent	51.0%
Race and Hispanic Origin	
White alone, percent	93.7%
Black or African American alone, percent	4.1%
American Indian and Alaska Native alone, percent	0.5%
Asian alone, percent	0.4%
Native Hawaiian and Other Pacific Islander alone, percent	
Two or More Races, percent	1.2%
Hispanic or Latino, percent	

	3.0%
White alone, not Hispanic or Latino, percent	91.2%

Population Characteristics

Veterans, 2012-2016	3,313
Foreign born persons, percent, 2012-2016	1.7%

Housing

Housing units, July 1, 2017, (V2017)	22,269
Owner-occupied housing unit rate, 2012-2016	77.2%
Median value of owner-occupied housing units, 2012-2016	$120,900
Median selected monthly owner costs -with a mortgage, 2012-2016	$1,057
Median selected monthly owner costs -without a mortgage, 2012-2016	$298
Median gross rent, 2012-2016	$615
Building permits, 2017	69

Families & Living Arrangements

Households, 2012-2016	19,190
Persons per household, 2012-2016	2.39
Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016	93.1%
Language other than English spoken at home, percent of persons age 5 years+, 2012-2016	2.6%

Education

High school graduate or higher, percent of persons age 25 years+, 2012-2016	82.2%
Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	14.3%

Health

With a disability, under age 65 years, percent, 2012-2016	10.6%
Persons without health insurance, under age 65 years, percent	11.7%

Economy

In civilian labor force, total, percent of population age 16 years+, 2012-2016	57.5%
In civilian labor force, female, percent of population age 16 years+, 2012-2016	51.4%
Total accommodation and food services sales, 2012 ($1,000)	35,129
Total health care and social assistance receipts/revenue, 2012 ($1,000)	107,123
Total manufacturer's shipments, 2012 ($1,000)	489,711
Total merchant wholesaler sales, 2012 ($1,000)	12,796
Total retail sales, 2012 ($1,000)	222,118
Total retail sales per capita, 2012	$4,748

Transportation

Mean travel time to work (minutes), workers age 16 years+, 2012-2016	28.5

Income & Poverty

Median household income (in 2016 dollars), 2012-2016	$42,489

Per capita income in past 12 months (in 2016 dollars), 2012-2016 — $22,013

Persons in poverty, percent — 12.4%

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, 2016	2,837
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	

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. See App. C.

Access to Care
With the limited number of health care providers in the county and with the majority of the population (approximately 75% being in rural areas) access to care to medical facilities is hard. According to the 2016 Stokes County Community Health Assessment, Access to Care is a priority within the county. Stokes County has a very limited public transportation system using YVEDDI, but there are drawbacks to this system including pickup times/ ride duration/ coordinating travel.

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.

Mental Health

Mental health continues to be a concern for the citizens of Stokes County. Substance abuse and mental health are once again in the top five 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.

During FY 2014/2015 Stokes County Health Department in conjunction with Cardinal Innovations organized the Stokes County Suicide Prevention Task Force focusing on public awareness and prevention of suicides in Stokes County. In addition, several programs such as mental health first aid, crisis intervention team have taken place to assist law enforcement, and the school district on how to deal with mental health emergency. Our county suicide rate now ranks 11th in the state. Four years ago Stokes County ranked as one of the highest ranked number 3 and at one point Stokes County was number one in the state.

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.

Dental Health

Dental health has the same issues as mental health. Lack of general dental providers in Stokes County that will take Medicaid patients or new patients make its hard for individuals to receive proper and timely medical care resulting in a delay in treatment, which will be costlier when these individuals get the needed care. This is an ongoing issue which will take some time to resolve. Due to our geographical location and our social economic status of many individuals, dental care will remain an issue for many citizens within Stokes County. In January 2017 Stokes County Health Department was selected by the NC Public Health Dental Division as a Pilot program to assist our prenatal patients to locate affordable dental care. About 80% of our prenatal patients utilized the I-MOM Program. One of the goals of the Health Department is to increase access to dental care for citizens that are low/no cost through groups like the NC Dental Society NCMOM (NC Missions of Mercy) and Baptists on Mission. The Health Department currently takes part in the Into the Mouth of Babes Program, which provides dental varnish to children under the age of 3.

2017/2018 Year in Review

Primary Care

During FY 2017/2018 our family health center was staffed with one physician extender (Family Nurse Practitioner or Physician Assistant). Stokes County has been recruiting for a qualified provider for over two years without any success. As of August 2018 we now have two full-time providers.

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 scale fee 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 Health Department
Annual Report for Fiscal Year 2017/2018
Executive Summary

Public Health Clinic
- Number of patients seen 3,672 patient visits. This is a 1% increase from FY 16/17.

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 has 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.

Month FY 17/18	Nur. Visits	Provider Visits Clinic/Prenatal	Monthly Totals (seen vs. schedule0	(-)/(+) Pts Seen FY 17/18
July 2017	68	175/18	261/337	+12%
August 2017	111	235/35	381/473	+15%
September 2017	86	188/21	295/384	-9%

*October 2017	210	212/34	456/518	+9%
November 2017	109	174/24	332/397	-3%
December 2017	76	164/19	259/330	-7%
January 2018	88	186/30	304/382	+14%
February 2018	83	199/27	309/366	+14%
March 2018	49	156/34	255/320	-19%
April 2018	53	179/34	266/331	+15%
May 2018	62	171/26	259/344	-16%
June 2018	72	171/31	295/405	+15%
Total	1,067	2,210/333	3,672/4,587	+1%

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 9,935. This is a decrease of 302 clients.

- Fully staffed with a full time director and two nutritionist position allows the WIC department to increase their client totals. Stokes County had a 91% caseload for FY 17/18 just under the state goal of 92%.
- WIC department is now open three days a week in King and with the changes 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 anticipated to increase with the start of e-WIC electronic benefits in April 2018**

WIC Active Participation

Month	FY 2017/18
July	837
August	841
September	850
October	852
November	858
December	823
January	815
February	806
March	785
April	829
May	818
June	821
Totals	9,935

Health Education/Promotions

- Stokes County Health Department Diaper Bank continues to provide diapers, wipes, and clothing for children in need in the county.
- Conducted puberty education for 5th graders in the county.
- Participated in community health fairs and events such as the county fair, and Stokes Stomp
- Completed the 2017 SOTCH (State Of The County Health Report)
- Active members of the following community committees

  - Child Passenger Safety Technician
  - Safe Kids NW Piedmont
  - Stokes Partnership for Children- **Board of Directors**
  - 211 Committee
  - SHAC Committee
  - Surry County Safe Kids

- Healthy Carolinians
- STOP Coalition
- King Rotary
- Allocation Committee Stokes Partnership for Children- **Chair of Committee**
- Stokes County Stakeholders
- Stokes County Suicide Prevention Taskforce
- Health Service Advisory Committee
- YVEDDI Head Start/Migrant Head Start
- BBQ for Books Planning Committee
- Little Folks Festival
- Child Fatality Committee

Emergency Preparedness

- SCHD Public Health Emergency Operations Plan (EOP) was developed and uses an all-hazards approach.
- Closed point of dispending 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 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 2017/2018

Program Type	Pt Seen FY 16/17	Pt Seen FY 17/18
Federal BCCCP	46	23
State BCCCP	14	15
Breast Cancer BCCCP Medicaid	1	
Insurance (Screening)	36	43
Medicaid (Screening)	8	7
Medicare (Screening)	21	22
Total Patients	126	110

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 2016/2017 the average monthly case load for the CC4C program was 70. 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 averages 36 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 2017/2018:

Prenatal Program

- o Number of patients enrolled July 2017 - June 2018 - 39
  - Number of deliveries - 23
  - Currently in program - 12
  - Patients transferred/incomplete pregnancies (miscarriage, relocation, high risk pregnancy) - 24
  - Positive pregnancy tests given – 105
  - Total Paps performed – 126
  - Abnormal Paps – 26
  - Paps referred out – 14

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:
  - o Gave 861 immunizations to 479 clients/patients

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 2017/2018 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.

Stokes County Reported Communicable Disease Totals for FY 2016/2017

Disease Classification	Total confirmed cases
Haemophilus Influenza	1
Pertussis	1
Hepatitis B (Chronic)	2
Hepatitis B (Acute)	1
Hepatitis C (Acute)	2
Rocky Mountain Spotted Fever	8
Shigellosis	1
Lyme Disease	1
Streptococcal Group A (invasive)	3
Legionellosis	3
Cryptosporidiosis	1
Pertussis	3
Salmonellosis	14
Campylobacter Infection	8
Listeriosis	1
E Coli	3
Chlamydia	104 (104 in 16/17)
Gonorrhea	43 (18 in 16/17)
Influenza, adult death	1

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	FY17/18	FY 16/17
	Site Visits (includes all OSWW field activities not included below)	326	**331**
	Sites Evaluated (includes sites evaluated or re-evaluated for any purpose)	228	274
	Improvement Permits Issued- New Or Revision w/Site Plan (valid 60 months.)	108	114
	Improvement Permit Issued - Expansion of Existing System (valid 60 months)	12	13
	Improvement Permits Denied (Documented)	9	11
	Construction Authorizations - New, revision, or Relocation	72	198
	Construction Authorizations – Expansion	10	12
	Construction Authorizations - Repair/Replacement of Malfunctioning System	51	51
	Authorizations - Mobile Home Parks	3	1
	Authorizations - Existing System Reuse Other than in MHP	44	44
	Authorizations for System reuse – Denied	9	8
	Table V Inspection w/Reports prepared	8	22
	Migrant Housing Inspections w/reports prepared	13	13
	Notices of Violation Issued	15	9
	Legal Remedies - Injunctions, criminal misdemeanor, administrative penalties	0	1
	Permit Revoked (notice)	6	5
	Operations Permit Issued	129	151
	Sewage Complaints Investigated	39	24
	On-Site Consultative Contacts	10	5

Well Activities	FY 17/18	FY 16/17
Well Site Evaluated	126	123
Grouting Inspection	102	99
Well Head Inspected	108	109
Well Head Approved	80	74
Well Head Disapproved	28	35
Well Construction Permit Issued - New	43	59
Well Construction Permit Issued - Repair	12	38
Well Certificate of Completion Issued - New	83	43
Well Certificate of Completion Denied - New	28	35
Well Certificate of Completion issue - Repair	0	16
Bacteriological Sample Collected	152	162
Other Sample Collected	193	160
Well Camera or Geophysical Inspection	0	0
Legal Remedies Taken	0	0

Food Handling Activity	FY 17/18	FY 16/17
Inspections	298	265
Visits	310	189
Permits issued	55	44
Complaint Investigations	1	5
Complaint investigations Follow-up	20	18

General Sanitations' Activity	FY 17/18
Other Training/Education (hours)	71

Goals for FY 2018/2019

The Stokes County Health Department is anticipating that they will see an increase in patients due to the fact that we are fully staffed. This is due to the fact that as of September 2018 we currently have two providers.

Continue to monitor how Medicaid Transformation will alter healthcare. With Medicaid moving toward managed care in 2019, now is the time to get involved at the state level to influence what MCOs (Managed Care Organizations) will be chosen. 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 2017/2018 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
- Continue to search for 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 (2018)

Stokes County HD Chronic Condition Statistics for FY 2017

Chronc Condition	Number of Patients wit...	Percentage of Patients ...
Diabetes	40	3.32%
Obese	476	37.04%
Hypertension	69	5.72%
Asthma	31	2.57%
Smoker	179	36.83%

PHP&R

North Carolina
Public Health Preparedness and Response

2017-2018 Annual Program Review

Hayley Shelton
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Position Brief Description:

Develop public health disease surveillance infrastructure by maintaining and updating adequate plans and to ensure that Stokes County Health Department (SCHD) is prepared to respond to acts of bioterrorism, disasters, or infectious disease outbreaks, within the community while participating in local emergency preparedness planning efforts and coordinating response activities with local entities.

CDC funds North Carolina PHP&R which awards Local Health Departments, to provide Public Health Preparedness & Response activities, through an Agreement Addendum. Funds are conditional on required <u>Agreement Addendum #514</u> deliverables:

- Implementation of CDC's National Standards for Public Health Preparedness Capabilities
- Monthly, quarterly, and annual deliverables, required work plans, training, and performance 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.
- Medical Countermeasures (MCM) plan
    - -Meeting particular benchmarks based on the MCM Operational Readiness Review (MCM ORR) tool
    - -Work towards an all hazards approach and being in full operational status
- Emergency Communications Operations
    - -Maintain 24/7 contact databases for employees, hospitals, adult care, providers, points of dispensing
    - -Perform call down drills/system checks
- 2 exercises and required After Action Reports/Corrective Action Plans per Homeland Security Exercise and Evaluation Plan guidance
- Complete Training and Exercise Planning Workshop and Multi-Year Training and Exercise Plan
- Responsible for OSHA Respiratory Protection Program compliance.

AA#514 Deliverable: Monthly, Quarterly, and Annual Deliverables

Monthly Activities
GETS (Government Emergency Telecommunication Service) testing
Radio testing
Generator testing
Building OSHA (Occupational Safety and Health Administration) safety inspections
Regional Emergency Preparedness Coordinator meetings
Review and update plans as necessary
Develop and implement activities to complete gaps in Capability Assessment

Quarterly Activities
LEPC (Local Emergency Planning Committee) meeting attendance
Surrounding County Committee attendance
Call downs with Corrective Action Plans
Update employee ICS and emergency contact information

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

~Plans~

MCMDD Plan		Ebola Virus Disease Response Plan
Health Department Emergency Operations	Isolation and Quarantine Plan	Infectious Disease Response Plan
Plan Pandemic Influenza Plan	Update PH OSHA Safety Manual Sections	Bioterrorism Response Plan
Sheltering And Mass Care	PanFlu COOP	Crisis Communications Plan
Mass Fatalities Response	Smallpox and Mass Vaccination Plan	PH Responder Health & Safety Plan

AA#514 Deliverable: Staff Trainings/Exercises/Projects

Prior Training Opportunities
Epidemiology Training- UNC Public Health
Ebola Virus Disease Training
Serving People with Functional/Access Needs in Shelters
Isolation and Quarantine Training
Mass Fatalities Planning and Response Training
Respiratory Protection Plan Fit Testing
Zika Sessions
PEART Orientation
PH Law Webinar
Food Safety Effort to Protect PH
NC Hurricane Evacuation Study
PODS for Those with Access and Functional Needs
Training and Exercise Workshop
Multi-Year Training and Exercise Plan Training
Supporting Communication Access for Individuals with HDD
Evaluating HazMat Risk in NC
Emergency Planning with Pharmacies
HIPAA in Emergencies
Overnight Shelters
Mental Health First Aid Training
Upgrade workforce development training
Duke Infectious Disease Response Training
General Mass Shelter Training

Annual Training:
Communication Equipment
Medical Countermeasures Public Info
MCMDD Security Training
MCMDD Local Receiving Site Training
MCMDD LRS Distribution Manager
MCMDD Core Management
OSHA training

Ongoing Local Level Projects
CodeRED scripts and IPAW configuration
Obtain MOU and training for Closed PODs: large
business, adult care, schools, etc
LRS Inventory database
Public Health Emergency Operations Plan
Enhance Mass Care Medical Sheltering Plan
Redefine crisis and emergency communications
plan Database/Assessment/Task Force
Reassign staff to SNS positions

AA#514 Deliverable: CDC's National Standards for Public Health Preparedness Work Plan

The 15 capability sections are intended to serve as national standards that state and local
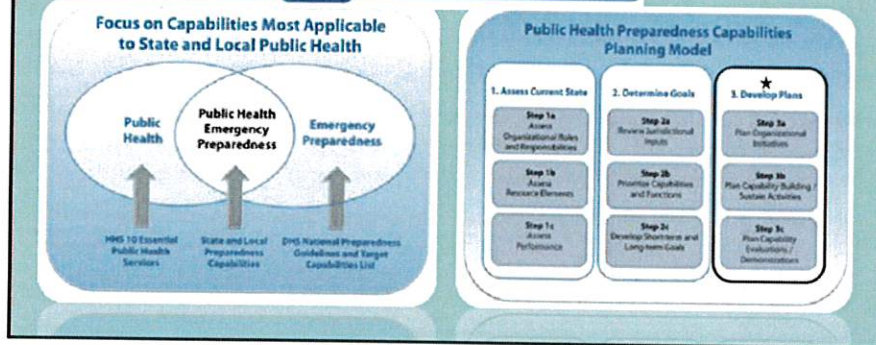public health departments can use to advance their preparedness planning.

1. Community Preparedness
2. Community Recovery
3. Emergency Operations Coordination
4. Emergency Public Information and Warning
5. Fatality Management
6. Information Sharing
7. Mass Care
8. Medical Countermeasure Dispensing
9. Medical Materiel Management and Distribution
10. Medical Surge
11. Non-Pharmaceutical Interventions
12. Public Health Laboratory Testing
13. Public Health Surveillance and Epidemiological Invest.
14. Responder Safety and Health
15. Volunteer Management

Public Health Preparedness Capabilities Planning Model

AA#514 Deliverable: CDC's National Standards for Public Health Preparedness Work Plan
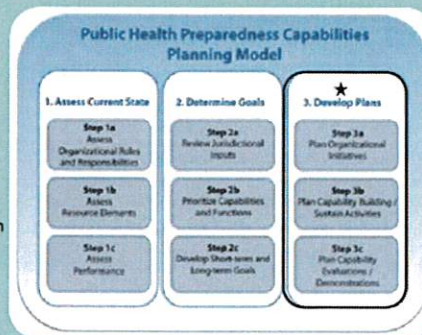
NC PH Preparedness System Capabilities Assessment Gaps and Strategies Document was an 8-month long assessment process which identify gaps at Local Health Department focusing on CDC capabilities most applicable. The assessment was intended to advance preparedness planning focus on CDC's National Capability Standards. Once assessment was complete, the gaps and strategies for corrective actions were then aggregated by preparedness work plans regions for the next 4 years. Local Health Departments create and prioritize completion of identified localized strategies in the below work plans for the top 3 priority gaps.

Introduction

The Centers for Disease Control and Prevention (CDC) medical countermeasure (MCM) operational readiness review (ORR) process is designed to be a rigorous, evidence-based assessment of a jurisdiction's ability to plan and successfully execute a large-scale response requiring MCM distribution and dispensing. Information in this report is the result of a Preparedness Capabilities report in February 2017.

Background Information

In 2011, CDC published the *"Public Health Preparedness Capabilities: National Standards for State and Local Planning."* This document contains 15 capabilities that serve as national public health preparedness standards, designed to assist state and local health departments in their strategic planning. The MCM-ORR tool, introduced by CDC in 2014, assesses a local jurisdictions preparedness level in eight of CDC's 15 public health preparedness capabilities, specifically as they pertain to a MCM mission. The eight capabilities addressed by the MCM-ORR tool are:

Capability 1: Community Preparedness
Capability 3: Emergency Operations Coordination
Capability 4: Emergency Public Information and
Warning Capability 6: Information Sharing
Capability 8: Medical Countermeasure Dispensing
Capability 9: Medical Material Management and
Distribution Capability 14: Responder Safety and
Health
Capability 15: Volunteer Management

It is important to note that in North Carolina, some of these capabilities, as well as others, not addressed by the MCM-ORR tool, are also evaluated by the North Carolina Public Health Preparedness Capabilities Rubric.

The MCM-ORR contains 89 total elements, pertinent to all local jurisdictions, distributed throughout the eight capabilities listed above. These elements are divided into two categories; planning and operational. The 54 planning elements are designed to assess whether specific details, deemed necessary by CDC for an effective MCM response, have been incorporated into jurisdictional response plans. The 35 operational elements assess whether these specific planning items have been evaluated through either real world incidents or planned exercises and drills.

Previous MCM evaluation tools provided by CDC generated a numeric score to measure a jurisdiction's level of medical countermeasure preparedness. The MCM-ORR tool moves away from this practice by asking each jurisdiction to assess their readiness level of each individual element using a continuum of implementation levels. These implementation levels are defined as:

Early - Jurisdiction demonstrates *some* of the planning/operational criteria
Intermediate - Jurisdiction demonstrates *many* of the planning/operational criteria **Established** - Jurisdiction demonstrates *most* of the planning/operational criteria **Advanced** - Jurisdiction demonstrates *all* of the planning/operational criteria

MCM-ORR Implementation and Goals

MCM reviews will be conducted by the CDC and/or the NC PHP&R MCM team using the MCM-ORR tool on a biennial basis from 2015 thru 2022. It is expected that over this time period local jurisdictions will demonstrate progress in implementing their response plans. It is understood that there will be factors that may limit some jurisdictions from achieving an advanced implementation level for certain elements. However, local jurisdictions should use continuous quality improvement processes, to consistently identify gaps that lead to the improvement of planning and overall operations.

The overall goal established by CDC, is for all jurisdictions to achieve and maintain an *established or better* level of implementation for all 89 elements within the MCM-ORR tool by the end of the next 5-year budget cycle in 2022.

North Carolina Public Health Preparedness Regions

North Carolina's public health system is best described as a decentralized system. Among North Carolina's 100 counties, there are 85 local health departments/districts as well as the Eastern Band of Cherokee Indians. All 86 of these public health organizations operate independently from the State Division of Public Health.

Throughout this report the local jurisdiction will be compared to statewide averages along with their respective preparedness region average. Local health departments/districts have been grouped into preparedness regions by NC PHP&R since 2010. These regions are geographical in nature and take into account historical planning partnerships, as well as, CDC's metropolitan statistical area information. The NC PHP&R preparedness regions are represented on the map below

North Carolina Public Health Population Quartiles

For the purposes of this report, local health departments and districts have also been grouped into population based quartiles. To determine these quartiles, the jurisdictions were sorted from largest to smallest using 2015 county population estimates from the U.S. Census Bureau. Each quartile represents approximately 25% of the estimated state population of 10,042,802. The first quartile contains the largest jurisdictions while the fourth quartile contains the smallest jurisdictions. The groupings for the population quartiles are listed below. Within each quartile the jurisdictions are listed in order from largest to smallest.

First Quartile

Mecklenburg County
Wake County
Guilford County

Second Quartile

Forsyth County
Cumberland County
Durham County
Buncombe County
Union County

New Hanover County
Gaston County
Cabarrus County

Third Quartile

Pitt County
Iredell County
Davidson County
Alamance County

Catawba Health Alliance
Randolph County
Orange County

Rowan County
Albemarle Regional
Health Services
Robeson County
Rutherford-Polk-
McDowell District
Harnett County
Wayne County
Brunswick County
Henderson County
Craven County

Granville-Vance District
Cleveland County
Moore County

Nash County
Rockingham County
Appalachian District
Burke County
Wilson County
Caldwell County
Lincoln County
Surry County
Chatham County
Carteret County
Wilkes County
Sampson County
Franklin County
Stanly County
Haywood County
Lee County

Duplin County
Lenoir County
Pender County
Columbus County
Edgecombe County
Hoke County
Halifax County

Toe River District
Beaufort County
Stokes County
Richmond County
Davie County

Fourth Quartile

Jackson County
Martin-Tyrrell-
Washington District
Person County
Yadkin County
Alexander County
Dare County
Scotland County
Bladen County
Macon County
Transylvania County
Montgomery County
Cherokee County
Anson County
Hertford County
Caswell County
Madison County
Greene County
Northampton County
Warren County
Swain County

Eastern Band of Cherokee
Indians

Pamlico County
Clay County
Jones County
Graham County
Hyde County

The purpose of these population based quartiles is to allow local jurisdictions to compare themselves to other jurisdictions throughout the state that are of similar size. In theory, jurisdictions within the same quartile should have similar resources and expectations for mounting a medical countermeasure response.

Conclusion

The MCM-ORR is a rigorous, evidence based assessment of a jurisdiction's ability to plan and execute a large-scale medical countermeasure response. This report does not grade, score or rank the jurisdiction's performance on the MCM-ORR. Rather, this report quantifies the information collected from the local jurisdiction during their BP4 MCM-ORR assessment in an attempt to easily identify gaps and weaknesses, while also highlighting areas of strength. Information gathered from this report will be used by NC PHP&R to prioritize elements and drive strategy development for future budget periods in order to support local jurisdictions in reaching CDC's "established or better" goal by 2022. North Carolina PHP&R does not intend to share this information with anyone outside of CDC and the local jurisdiction. However, it is recommended that the local jurisdiction share this report with pertinent MCM planning partners. Together, jurisdictions and their partners should use this report to develop action plans that strategically focus planning efforts in areas of need to further progress towards attaining CDC's goal and work towards an overall better prepared community.

Resources

For more information regarding public health preparedness and medical

countermeasures, please visit: North Carolina Public Health Preparedness

and Response Homepage
CDC's Office of Public Health Preparedness and Response
CDC: Public Health Preparedness Capabilities: National Standards
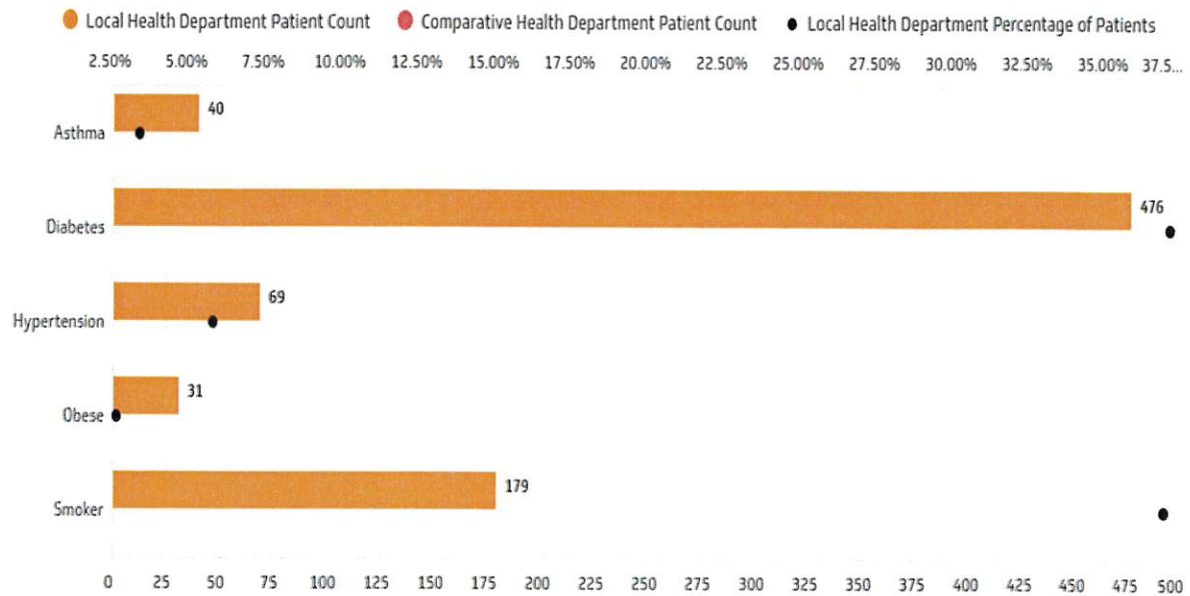for State and Local Planning CDC: Cities Readiness Initiative
(CRI)
CDC: Strategic National Stockpile
U.S. Department of Health and Human Services Medical Countermeasures Homepage

Appendix C: Chronic Conditions of Stokes County

Stokes County HD Chronic Condition Comparison for FY 2017

● Local Health Department Patient Count   ● Comparative Health Department Patient Count   ● Local Health Department Percentage of Patients

Stokes County HD Chronic Condition Statistics for FY 2017

Chronc Condition	Number of Patients wit...	Percentage of Patients ...
Diabetes	40	3.32%
Obese	476	37.04%
Hypertension	69	5.72%
Asthma	31	2.57%
Smoker	179	36.83%

Chairman Mendenhall opened the floor for any discussion/comments/questions.

Vice Chairman Nickelston moved to approve the Stokes County Annual Report.

Board Member Morris seconded.

Chairman Mendenhall opened the floor for any discussion/questions/comments.

With no further discussion and a unanimous vote the motion was approved with a 5-0 vote.

Adjournment

There being no further business to come before the Board, Chairman Mendenhall entertained a motion to adjourn the meeting.

Vice Chairman Nickelston moved to adjourn the meeting.

Board Yontz seconded.

Chairman Mendenhall opened the floor for any discussion/questions/comments.

With no discussion the motion carried unanimously.

_____   _____

Shannon Shaver   **Ronnie Mendenhall**

Clerk to the Board   **Chairman**