

STATE OF NORTH CAROLINA)
)
COUNTY OF STOKES)
)

BOARD OF HEALTH
STOKES COUNTY GOVERNMENT
DANBURY, NORTH CAROLINA
MONDAY JULY 15, 2019

The Board of Health of the County of Stokes, State of North Carolina, met for a meeting in the Commissioners Chambers located on the 2nd floor of the Ronald Wilson Reagan Building (Administration Building) located at 1014 Main Street Danbury, North Carolina on Monday July 15, 2019 at 3:00 pm with the following members present:

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

County Personnel in Attendance:
Assistant County Manager / Clerk to the Board Shannon Shaver
Health Director Tammy Martin
Administrative Officer Hayley Shelton

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

INVOCATION

Commissioner Yontz delivered the invocation.

PLEDGE OF ALLEGIANCE

Chairman Nickelston invited those in attendance to join the Board in the Pledge of Allegiance.

APPROVAL OF AGENDA

Chairman Nickelston entertained a motion to approve or amend the July 15th Agenda.

Board Member Yontz moved to approve the July 15th Agenda as presented.

Board Member Mendenhall seconded the motion.

Chairman Nickelston opened the floor for discussion.

With no further discussion the July 15th Agenda was approved with a 5-0 vote.

COMMENTS – BOARD MEMBERS

Chairman Nickelston noted there were no comments by the Board.

PUBLIC COMMENTS

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

CONSENT

All attachments presented on the agenda will be attached at the conclusion of the minutes with the exception of the minutes which are located under the minutes tab on the county website.

Minutes

Minutes from the Board of Health Meeting on March 18, 2019

Chairman Nickelston entertained a motion regarding the Consent Agenda.

Board Member Mendenhall moved to approve the Consent Agenda.

Board Member Yontz seconded.

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

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

INFORMATION / DISCUSSION

Chairman Nickelston turned the floor over to Health Director Tammy Martin, and Administrative Officer Hayley Shelton

New Administrative Officer

Health Director Tammy Martin introduced Hayley Shelton, the Administrative Officer hired recently to replace Wanda East who retired.

Lab Fee Changes

Health Director Tammy Martin presented the Board with a new Lab Fee Cost Schedule that requires Board approval.

BOCC as BOH Trainings

Health Director Tammy Martin requested that Chairman Nickelston and Board Member Morris complete their required trainings for accreditation.

No Tobacco Sign at the Reagan Building

Health Director Tammy Martin requested that the Board approve the posting of a no tobacco sign to be placed at the Reagan Building due to this is the building where Environmental Health is housed and this costs points for accreditation each time.

Plans and Policies to Review

- a. **Adjudication Policy**
- b. **Overall Operations Policy**

Health Director Tammy Martin requested that the Board approve the policies presented.

Board Member Yontz questioned would changes need to be made if the Board of Health is reestablished.

Health Director Tammy Martin noted that the only changes to be made would be to change the BOCC to the BOH.

There Board informed Health Director Tammy Martin that they would be placing the topic of reestablishing the Board of Health on the next Commissioners Meeting Agenda and not knowing when the next Board of Health Meeting would be held, these items could be moved to that agenda as well.

With full consensus of the Board the Lab Fee Changes, Tobacco Sign, Adjudication Policy, and Overall Operations Policy were placed on the Action Agenda at the Commissioners Meeting on July 22, 2019.

ACTION

Strategic Plan

Chairman Nickelston entertained a motion on the item presented.

Board Member Mendenhall moved to approve the Strategic Plan that was presented at the last Board of Health Meeting on March 18, 2019.

Board Member Yontz seconded.

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

Board Member Walker inquired if this plan could be completed every five years instead of yearly.

Health Director Tammy Martin noted that she did not see any reason that she could not change this to every 5 years but would check and be sure this was allowed under accreditation.

With no further discussion the motion carried with a 5-0 vote.

Workforce Development Plan 2019

Chairman Nickelston entertained a motion on the item presented.

Board Member Mendenhall moved to approve the Workforce Development Plan 2019 that was presented at the last Board of Health Meeting on March 18, 2019.

Board Member Yontz seconded.

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

With no further discussion the motion carried with a 5-0 vote.

SOTCH 2018

Chairman Nickelston entertained a motion on the item presented.

Board Member Mendenhall moved to approve the State of the County Health Report 2018 that was presented at the last Board of Health Meeting on March 18, 2019.

Board Member Walker seconded.

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

With no further discussion the motion carried with a 5-0 vote.

Adjournment

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

Board Member Mendenhall moved to adjourn the meeting.

Board Member Walker seconded.

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

With no discussion the motion carried unanimously.



Shannon Shaver

Clerk to the Board



Andy Nickelston

Chairman

Stokes County Health Department

Effective: May 2019

Date: _____

Diag. Code: _____

Total for Labs: _____

Amount Paid: _____

Test #	Test	Price	CPT
001396	Amylase, Serum	\$ 7.00	82150
008003	Anaerobic and Aerobic Culture \$55.00	\$ 51.00	87070
164855	Antinuclear Antibodies Direct \$12.00	\$ 11.00	86038
180224	B pertussis, Nasophar Culture	\$ 19.00	87070
322758	Basic Metabolic Panel (8)	\$ 7.00	80048
008300	Blood Culture, Routine	\$ 16.00	87040
024778	BUN+Creat	\$ 5.00	82575
004176	Catecholamines,Ur.,Free,24 Hr	\$ 25.00	82384
005009	CBC With Differential/Platelet	\$ 6.00	85025
977709	CBC With Differential/Default	\$ 6.00	85025
183194	Chlamydia/GC Amplification	\$ 44.00	87800
322000	Comp. Metabolic Panel (14) \$9.00	\$ 8.00	80053
010108	C-Peptide, Serum	\$ 19.00	84681
006627	C-Reactive Protein, Quant	\$ 11.00	86140
013672	Creatinine, Urine	\$ 7.00	82570
188698	Ct/Gc NAA, Pharyngeal	\$ 44.00	87491
008664	Culture (ID)	\$ 16.00	87077
008680	Culture (Sensitivity)	\$ 35.00	87186

** Culture (Sensitivity) is \$87.00 + \$10.00 per organism 1-5 found

725788	Drug Unbound (screen 7 drugs) RFX(110.0	\$ 19.00	80307
004598	Ferritin, Serum	\$ 11.00	82728
002014	Folate (Folic Acid), Serum \$12.00	\$ 11.00	82746
004309	FSH, Serum	\$ 16.00	83001
001958	GGT	\$ 5.00	87491
162289	H. pylori, IgG Abs (Bacteria) \$22.00	\$ 21.00	86677
550080	HCV REAL-TIME PCR	\$ 425.00	86803
015610	PTH	\$ 103.00	83970
180098	Chlamydia/GC Amplification \$46.00	\$ 42.00	87800
183160	Ct. NG, Trich vag by NAA \$96.00	\$ 88.00	87491
006510	HBsAg Screen (Hep B Titer) \$13.00	\$ 12.00	87340
322755	HEPATIC FUNCTION LIVER	\$ 23.00	80076
083935	HIV	\$ 30.00	86701
507800	HPV, High Risk \$48.00	\$ 44.00	87624
007401	Phenytoin (Dilantin), Serum	\$ 16.00	80185
004465	Prolactin	\$ 17.00	84146
010322	Prostate-Specific Ag, Serum \$13.00	\$ 12.00	84153
003277	Protein Total, Qn, 24-Hr Urine	\$ 7.00	84156
Test #	Test	Price	CPT
005199	Prothrombin Time (PT INR)	\$ 5.00	85610

Test #	Test	Price	CPT
140889	BNP	\$ 57.00	83880
140659	HCV Antibody (Hep C) \$13.00	\$ 12.00	86803
001453	Hemoglobin A1c \$12.00	\$ 11.00	83036
006726	Hep A Ab, Total	\$ 12.00	86708
098418	Hep B Profile	\$ 24.00	86704
006395	Hep B surface Ab	\$ 12.00	86706
303755	Hepatic Function Panel (6)	\$ 6.00	80076
322744	Hepatitis Panel (4) \$49.00	\$ 46.00	80074
008250	Herpes Culture and Typing	\$ 38.00	87255
164905	Herpes Simplex Virus I/II, IgG \$123.00	\$ 114.00	86694
004333	Insulin	\$ 12.00	83525
001321	Iron and TIBC	\$ 11.00	83550
001339	Iron, Serum	\$ 5.00	83540
001404	Lipase, Serum \$8.00	\$ 7.00	83690
303756	Lipid Panel \$8.00	\$ 7.00	80061
007708	Lithium (Eskalith(R)), Serum	\$ 13.00	80178
004283	Luteinizing Hormone(LH), S	\$ 16.00	83002
015271	Lyme IgG/IgM Ab	\$ 113.00	86618
163600	Lyme, Western Blot, Serum	\$ 88.00	86617
001537	Magnesium, Serum	\$ 5.00	83735
058495	Measles/Mumps/Rubella Immunity \$41.00	\$ 40.00	86735
140285	Microalb/Creat Ratio, Randm Ur	\$ 13.00	82043
006189	Mononucleosis Test, Qual \$12.00	\$ 11.00	86308
183467	MRSA Screening	\$ 35.00	87081
096552	Mumps Antibodies, IgG	\$ 13.00	86735
008623	Ova + Parasite Exam (Stool) reflex 10.00	\$ 18.00	87177
199330	Pap LB, HPV-hr (Age 30+) \$79.00	\$ 73.00	88142
199300	Pap Lb, rfx HPV ASCU \$32.00	\$ 29.00	88142
006072	RPR-LABCORP \$7.00	\$ 6.00	86592
235945	Varicella Zoster Abs, IgG/IgM	\$ 51.00	86787
096206	Varicella V Ab, IgG \$21.00	\$ 19.00	86787
004655	Vitamin B6, Plasma	\$ 38.00	84207
081950	Vitamin D, 25-Hydroxy \$31.00	\$ 29.00	82306
008003	Wound Culture reflex 10.00	\$ 51.00	87075
001503	Vitamin B12 \$14.00	\$ 13.00	82607

Prenatal Labs

Test #	Test	Price	CPT
--------	------	-------	-----

005207	PTT, Activated	\$ 5.00	85730
005280	Reticulocyte Count	\$ 7.00	85045
006502	Rheumatoid Arthritis Factor	\$ 8.00	86431
006072	RPR-LABCORP	\$ 6.00	86592
096537	Rubella Antibodies, IgM \$17.00	\$ 16.00	86762
005215	Sedimentation Rate	\$ 7.00	85652
008144	Stool Culture reflex 10.00 \$48.00	\$ 45.00	87045
182444	Strep Gp A Ag, IA	\$ 13.00	87081
001156	T3 Uptake	\$ 6.00	84479
004226	Testosterone, Serum \$21.00	\$ 19.00	84403
001149	Thyroxine (T4) \$7.00	\$ 6.00	84436
001974	Thyroxine (T4) Free, Direct, \$12.00	\$ 11.00	84439
188052	Trich vag by NAA	\$ 44.00	87661
002188	Triiodothyronine (T3) \$35.00	\$ 32.00	84480
004259	TSH \$10.00	\$ 9.00	84443
001057	Uric Acid, Serum	\$ 5.00	84550
003772	Urinalysis, Complete	\$ 7.00	81001
008847	Urine Culture, Routine reflex 10.00	\$ 11.00	87086
007260	Valproic Acid (Depakote),S \$17.00	\$ 16.00	80164
15400	Borrelia Lyme	\$ 167.00	86618
016592	Rickettsia Panel	\$ 121.00	86757
164722	Ehrlichia	\$ 540.00	86666
138412	Detection Organism	\$ 366.00	87798
164630	Febrile antibody profile	\$ 538.00	86622(x2) 86757(x4)
161802	Anticardiolipin Ab IgG Igm	\$ 137.00	86147(x2)
163002	Beta-2 Glycoprotein lab G/M	\$ 170.00	86146
117892	Lupus Anticoagulant Reflex	\$ 181.00	85613

006049	ABO Grouping ad Rho (D) Typing \$23.00	\$ 21.00	86900
006015	Antibody Screen \$16.00	\$ 14.00	86850
005223	Sickle cell	\$ 68.00	85660
096537	Rubella-Antibodies, IgG	\$ 16.00	86762
235945	Varicella	\$ 51.00	86787
098418	Hep B	\$ 24.00	86704
008847	UA Culture \$12.00	\$ 11.00	87086
977709	CBC With Differential/default	\$ 6.00	85025
121679	HGB electrophoresis	\$ 166.00	85660
164905	HSV 1 and 2-Specific Ab, IgG	\$ 114.00	86695
007625	Lead, Blood (Adult)	\$ 13.00	83655
004283	Luteinizing Hormone(LH), S Prenatal	\$ 16.00	83002
197070	Pap LB, HPV-h+lr (Maternal Health)	\$ 112.00	88142
015610	Parathyroid Hormone (PTH)	\$ 103.00	83970
004317	Progesterone level (prenatal)	\$ 84.00	84144
006197	Rubella Antibodies, IgG \$12.00	\$ 11.00	86762
188130	Strep Gp B Cult/DNA Probe	\$ 78.00	87149
096206	Varcella-Zoster V Ab, IgG	\$ 19.00	81240
102277	Gest. Diabetes 1-Hr Screen	\$ 6.00	82950
101000	Gest. Diabetes 2-Hr Screen	\$ 14.00	82951
102004	Gest. Diabetes 3-Hr Screen	\$ 18.00	82952
004416	hCG,Beta Subunit, Qnt, Serum \$13.00	\$ 12.00	84702
005300	Hematopath Consultation smear	\$ 26.00	85060
017319	AFP Tetra	\$ 96.00	82105
480533	Cystic Fibrosis (prenatal)	\$ 307.00	81220
	Venipuncture Fee	\$ 11.00	36415

Part 2. Local Government Regulation of Smoking.

§ 130A-498. Local governments may restrict smoking in public places.

(a) Except as otherwise provided in subsection (b1) of this section, and notwithstanding any other provision of Article 64 of Chapter 143 of the General Statutes to the contrary, a local government may adopt and enforce ordinances, board of health rules, and policies restricting or prohibiting smoking that are more restrictive than State law and that apply in local government buildings, on local government grounds, in local vehicles, or in public places. A rule or policy adopted on and after July 1, 2009 pursuant to this subsection by a local board of health or an entity exercising the powers of a local board of health must be approved by an ordinance adopted by the Board of County Commissioners of the county to which the rule applies. The definitions set forth in G.S. 130A-492 in Part 1A of this Article apply to this section and shall apply to any local ordinance, rule, or law adopted by a local government under this section.

(b) Repealed by Session Laws 2009-27, s. 1, effective January 2, 2010.

(b1) A local ordinance or other rules, laws, or policies adopted under this section may not restrict or prohibit smoking in the following places:

- (1) A private residence.
- (2) A private vehicle.
- (3) A tobacco shop if smoke from the business does not migrate into an enclosed area where smoking is prohibited pursuant to this Article. A tobacco shop that begins operation after July 1, 2009, may only allow smoking if it is located in a freestanding structure occupied solely by the tobacco shop and smoke from the shop does not migrate into an enclosed area where smoking is prohibited pursuant to this Article.
- (4) All of the premises, facilities, and vehicles owned, operated, or leased by any tobacco products processor or manufacturer, or any tobacco leaf grower, processor, or dealer.
- (5) A designated smoking guest room in a lodging establishment. No greater than twenty percent (20%) of a lodging establishment's guest rooms may be designated smoking guest rooms.
- (6) A cigar bar if smoke from the cigar bar does not migrate into an enclosed area where smoking is prohibited pursuant to this Article. A cigar bar that begins operation after July 1, 2009, may only allow smoking if it is located in a freestanding structure occupied solely by the cigar bar and smoke from the cigar bar does not migrate into an enclosed area where smoking is prohibited pursuant to this Article. To qualify under this subsection, the cigar bar must satisfactorily report on a quarterly basis to the Department, on a form prescribed by the Department, the revenue generated from the sale of alcoholic beverages and cigars as a percentage of quarterly gross revenue. The Department shall determine whether any additional documentation is required of the cigar bar to authenticate or verify revenue data submitted by the cigar bar. This subdivision shall not apply to any business that is established for the purpose of avoiding compliance with this Article.
- (7) A private club.
- (8) A motion picture, television, theater, or other live production set. This exemption applies only to the actor or performer portraying the use of tobacco products during the production.

(c) Repealed by Session Laws 2009-27, s. 1, effective January 2, 2010.

(c1) Continuing to smoke in violation of a local ordinance or other rules, laws, or policies adopted under this section constitutes an infraction, and the person committing the infraction may be punished by a fine of not more than fifty dollars (\$50.00). Conviction of an infraction under this section has no consequence other than payment of a penalty. A person smoking in violation of a local ordinance or other rules, laws, or policies adopted under this section may not be assessed court costs.

(d) Repealed by Session Laws 2009-27, s. 1, effective January 2, 2010.

(d1) Notwithstanding G.S. 130A-25 or any other provision of law, a violation of a local ordinance, rule, law, or policy adopted under this section shall not be punishable as a misdemeanor.

(d2) A local government may enforce an ordinance, rule, law, or policy under this section against a person who manages, operates, or controls a public place only as provided in G.S. 130A-22(h1).

(e) A county ordinance adopted under this section is subject to the provisions of G.S. 153A-122. (2007-193, ss. 2, 3.1; 2007-484, s. 31.7; 2008-95, s. 1; 2008-149, s. 4; 2009-27, s. 1.)

Standard: Facilities and Administrative Services

Benchmark 30: The local health department shall provide safe and accessible physical facilities and services.

Activity 30.9: The local health department shall prohibit the use of tobacco in its facility.

Documentation:

To be verified through observations by Site Visitors
(refer to "Activities that Require Visual Observation" sheet):

- A. Signage prohibiting the use of tobacco in its facilities

INTERPRETATION**Intent**

Tobacco, in any of its forms, has been demonstrated to cause adverse health effects and therefore is not allowed in the health department. This is a requirement of the Consolidated Agreement and should be an example to the community from the agency that promotes good health. This activity demonstrates that the health department is supportive of tobacco control. Through policy, signage and enforcement, the department should prohibit any tobacco use in its facilities. This activity applies to anyone who is in a department facility.

Guidance

The documentation used to show evidence for this activity is signage that will be verified by site visitor observations. The local health department should post signage at all entrances of all LHD facilities as well as at other places that clients and visitors congregate. Signage should also be placed in public areas, or other appropriate areas, in the facility. The department can have a policy on tobacco use, but the policy is not required as evidence for this activity. The type of signage does not matter, but since the activity refers to all tobacco use, 'no smoking' signage alone will not suffice; signage throughout the facilities should be consistent to prohibit tobacco, not just smoking. If any signage is in English, it must also be in other languages if your client and visitor populations dictate such. Signage can be professionally done or made within the health department.

Signage must be at all facilities that the LHD operates or where the department has a full-time or permanent presence. A full-time or permanent presence is defined as space that is occupied or used by the department and whereby equipment, furniture, materials and/or records remain at the site when the department is not seeing clients or customers. Co-located facilities (such as an Environmental Health Office located at the main County Administrative building) are considered full-time and permanent and must have signage. A community facility or private building that the LHD uses on an occasional or scheduled basis (such as for health fair or health education presentation/class) does not have to have signage if the health department brings in all materials/equipment/records when it will use the site and removes all materials/equipment/records when leaving the site.

For mobile units, signage must be present at the entrances to the unit unless it is parked on a tobacco free campus, such as a school or hospital. In those cases, signage is not necessary; however, the department should provide evidence that the campus is tobacco free. It is recommended that at any location where health department services are being provided, tobacco free signage be posted.

Additional Guidance for District Health Departments

None

Additional Guidance for Consolidated Human Services Agencies

None

Pieces of Evidence Required

- A. On-site review

SVT Review and Guiding Questions

Stokes County Health Department Policy and Procedure

Manual: Administrative	
Title: BOCC Adjudication Policy	
Chapter:	Revised date: Sept. 2015
Distributed to: BOCC	
Effective Date: January 2012	
Review Date: 1/13, 1/14, 1/15, 11/16, 8/17, 7/18, 5/19	Health Director:

Purpose: BOCC Adjudication of public health legal matter

Policy:

The Stokes County Health Department Health Director has the power and duty to enforce public health laws and rules prescribed by and under the supervision of the Stokes County Board of County Commissioners and the NC Department (NCGS 130A-41). This enforcement may in some circumstances involve the institution of an administrative penalty in accordance with NCGS 130A-22.

Any appeal of the enforcement by the Health Director shall be in accordance with NCGS 130A-24. The Stokes County Board of County Commissioners shall serve as the adjudication body for any appeals concerning local public health rules or concerning the imposition of administrative penalties by the Health Director. The Health Director will notify the Board Chair when a request to appeal a decision has been received. The Board Chair will establish a date for the hearing and the Health Director and/or designee will notify the Board members, the appealing party and legal counsel of the date, time and location of the hearing.

The Board shall hold a quasi-judicial hearing and shall either confirm, modify or reverse the challenged action. A person who wishes to contest the Board's decision may appeal to the jurisdiction's district court in accordance with NCGS 130A-24(d).

Definitions: BOCC – Board of County Commissioners
NCGS – North Carolina General Statutes

Applicable Law, Rules, and References:

Reference: NC General Statutes 130A-24, 130A-22, 130A-41

Responsible Persons: BOCC

Part 2. Local Government Regulation of Smoking.

§ 130A-498. Local governments may restrict smoking in public places.

(a) Except as otherwise provided in subsection (b1) of this section, and notwithstanding any other provision of Article 64 of Chapter 143 of the General Statutes to the contrary, a local government may adopt and enforce ordinances, board of health rules, and policies restricting or prohibiting smoking that are more restrictive than State law and that apply in local government buildings, on local government grounds, in local vehicles, or in public places. A rule or policy adopted on and after July 1, 2009 pursuant to this subsection by a local board of health or an entity exercising the powers of a local board of health must be approved by an ordinance adopted by the Board of County Commissioners of the county to which the rule applies. The definitions set forth in G.S. 130A-492 in Part 1A of this Article apply to this section and shall apply to any local ordinance, rule, or law adopted by a local government under this section.

(b) Repealed by Session Laws 2009-27, s. 1, effective January 2, 2010.

(b1) A local ordinance or other rules, laws, or policies adopted under this section may not restrict or prohibit smoking in the following places:

- (1) A private residence.
- (2) A private vehicle.
- (3) A tobacco shop if smoke from the business does not migrate into an enclosed area where smoking is prohibited pursuant to this Article. A tobacco shop that begins operation after July 1, 2009, may only allow smoking if it is located in a freestanding structure occupied solely by the tobacco shop and smoke from the shop does not migrate into an enclosed area where smoking is prohibited pursuant to this Article.
- (4) All of the premises, facilities, and vehicles owned, operated, or leased by any tobacco products processor or manufacturer, or any tobacco leaf grower, processor, or dealer.
- (5) A designated smoking guest room in a lodging establishment. No greater than twenty percent (20%) of a lodging establishment's guest rooms may be designated smoking guest rooms.
- (6) A cigar bar if smoke from the cigar bar does not migrate into an enclosed area where smoking is prohibited pursuant to this Article. A cigar bar that begins operation after July 1, 2009, may only allow smoking if it is located in a freestanding structure occupied solely by the cigar bar and smoke from the cigar bar does not migrate into an enclosed area where smoking is prohibited pursuant to this Article. To qualify under this subsection, the cigar bar must satisfactorily report on a quarterly basis to the Department, on a form prescribed by the Department, the revenue generated from the sale of alcoholic beverages and cigars as a percentage of quarterly gross revenue. The Department shall determine whether any additional documentation is required of the cigar bar to authenticate or verify revenue data submitted by the cigar bar. This subdivision shall not apply to any business that is established for the purpose of avoiding compliance with this Article.
- (7) A private club.
- (8) A motion picture, television, theater, or other live production set. This exemption applies only to the actor or performer portraying the use of tobacco products during the production.

(c) Repealed by Session Laws 2009-27, s. 1, effective January 2, 2010.

(c1) Continuing to smoke in violation of a local ordinance or other rules, laws, or policies adopted under this section constitutes an infraction, and the person committing the infraction may be punished by a fine of not more than fifty dollars (\$50.00). Conviction of an infraction under this section has no consequence other than payment of a penalty. A person smoking in violation of a local ordinance or other rules, laws, or policies adopted under this section may not be assessed court costs.

(d) Repealed by Session Laws 2009-27, s. 1, effective January 2, 2010.

(d1) Notwithstanding G.S. 130A-25 or any other provision of law, a violation of a local ordinance, rule, law, or policy adopted under this section shall not be punishable as a misdemeanor.

(d2) A local government may enforce an ordinance, rule, law, or policy under this section against a person who manages, operates, or controls a public place only as provided in G.S. 130A-22(h1).

(e) A county ordinance adopted under this section is subject to the provisions of G.S. 153A-122. (2007-193, ss. 2, 3.1; 2007-484, s. 31.7; 2008-95, s. 1; 2008-149, s. 4; 2009-27, s. 1.)

Stokes County Health Department

Policy and Procedure

Manual: Administrative	
Title: Overall Operations Policy	
Chapter:	Revised date: Sept. 2015
Distributed to: All Personnel	
Effective Date: 3/20/12	
Review Date: 1/13, 1/14, 1/15, 9/15, 11/16, 8/17, 7/18, 6/19	Health Director:

Purpose: To state general policies that will guide the Board of County Commissioners in its delegation of duties.

Procedures: The mission of Stokes County Health Department is to promote healthy and safe living, prevent disease, care for the sick, protect the environment, and provide essential services to meet community needs.

Policies:

1. Delegation of authority to the Health Director:
 - a. The BOCC will employ a Health Director and delegate to him/her the authority and responsibility for the overall management of the affairs of the SCHD in accordance with written policies. In the absence of written policies, the Health Director is to be guided by an application of Board intent as established in other policies and counseled where appropriate by the officers of the Board.
 - b. The BOCC will ensure that a job description for the position of the Health Director includes appropriate qualifications of education, experience and skills according to the NC Office of State Human Resources. *See Attachment 1.*
 - c. The Health Director shall guide his/her activities by the content and requirements of the job description with duties and responsibilities outlined therein. *See Attachment 2.*
 - d. The BOCC strives to ensure that the Health Director administers the SCHD within conformance or a reasonable interpretation of North Carolina General Statutes and Related Laws.
 - e. The Health Director keeps the BOCC updated on program events through the data and information obtained through quality improvement activities, program monitoring, internal and external (state and federal) audits and other means as available.
 - f. The County Manager will evaluate the job performance of the Health Director on an annual basis as set forth by Accreditation requirements. The BOCC will establish criteria upon which such an evaluation will be necessary for any annual salary increase recommendation beyond county cost-of-living. The job description should be reviewed and revised at the time of the annual review.
 - g. The BOCC will be responsible for the hiring, discipline, and termination of the Health Director, as guided by the Stokes County Personnel Policy, the County Manager and the policies of the NC Office of State Human Resources.
2. BOCC Training/Orientation:

- a. Formal training for BOCC members will be provided through the recommendations of the Health Director or BOCC Chair and may be through the UNC School of Public Health - Institute of Public Health or through other opportunities available that meet the training needs identified. BOCC members will be provided general board member orientation by the Health Director or designee upon appointment.
 - b. BOCC members will receive a SCHD BOCC Manual and orientation material upon BOCC appointment.
3. Legal Counsel: The BOCC may request legal counsel and authorizes the Health Director to request legal counsel (generally the County Attorney) through County protocol. Legal counsel may be requested for advice regarding the adoption, dissemination, evaluation, improvement and enforcement of laws, rules, regulations and policies related to SCHD public health services. Legal counsel will review Bylaws, changes and proposed rules for compliance with local, state and federal statutes and regulations. Legal counsel may also be requested by the BOCC or the Health Director for personnel or contractual matters. Legal counsel may also be sought through the North Carolina Institute for Government, the Division of Public Health or the Attorney General, especially relating to public health rules and policy.
4. Local Rules:
 - a. The BOCC strives to assure the promotion and protection of health and the prevention of disease of the SCHD and Stokes County citizens through its adoption, dissemination, evaluation, improvement and enforcement of laws and regulations that govern the services provided.
 - b. Based on information presented, the BOCC will evaluate the necessity of additional rules, regulations or ordinances. The BOCC, SCHD Management Team, and legal counsel will collaborate to establish the best alternatives, and consider cost-effectiveness when making necessary additions to the rules, regulations, or ordinances.
 - c. The BOCC may adopt a more stringent rule in an area regulated by the NCCHS or the EMC where, in the opinion of the BOCC, a more stringent rule is required to protect the public health; otherwise, the rules of the CHS or the rules of the EMC shall prevail over local BOCC rules. As provided in N.C.G.S. 130A-39, the BOCC may not adopt a rule concerning the grading, operation, and permitting of food and lodging facilities as listed in Part 6 of Article 8 of Chapter 130A and as defined in N.C.G.S. 130A-335(c).
 - d. The BOCC shall follow the procedures for adopting rules outlined in N.C.G.S. 130A-39.
 - e. Rules adopted by the BOCC shall apply to all municipalities within the BOCC's jurisdiction. When adopting, amending, or repealing any BOCC rule, the following process shall occur:
 - i. Not less than 10 days before the adoption, amendment or repeal of any BOCC rule, the proposed rule shall be made available at the Stokes County Clerk to the Board and a notice shall be published in a newspaper having general circulation within the area of the BOCC's jurisdiction.
 - ii. The notice shall contain a statement of the substance of the proposed rule or a description of the subjects and issues involved, the proposed effective date of the rule, and a statement that copies of the proposed rule are available at the SCHD.
 - iii. Board rules shall become effective upon adoption unless a later effective date is specified in the rule.

- iv. Copies of all BOCC rules shall be filed with the secretary of the BOCC.
 - v. The BOCC may, in its rules, adopt by reference any code, standard, rule, or regulation which has been adopted by any agency of the state, another state, any agency of the United States or by a generally recognized association. Copies of any material adopted by reference shall be filed with the rules.
5. Appeals Process: The BOCC provides an appeals process for Stokes County citizens who wish to voice concerns regarding SCHD interpretation or enforcement of local rules and regulations. The process will consist of the following:
- a. The appeals procedure shall be conducted as provided in N.C.G.S. 130A-24, as described below. The appeals procedure will reflect the most current version of the relevant statute.
 - b. The aggrieved person shall give written notice of appeal to the SCHD within 30 days of the challenged action. The notice shall contain the name and address of the aggrieved person, a description of the challenged action and a statement of the reasons why the challenged action is incorrect.
 - c. Within 5 working days upon filing of the notice, the Stokes County Health Director shall transmit the notice of appeal to the BOCC along with the papers and materials upon which the challenged action was taken.
 - d. Within 15 days of the receipt of the notice of appeal, the BOCC shall hold a hearing.
 - e. The aggrieved person shall be given not less than 10 days' notice of the date, time and place of the hearing.
 - f. On appeal, the BOCC shall have authority to affirm, modify or reverse the challenged action. The BOCC's decision shall be provided in writing based on the evidence presented at the hearing. The written decision shall contain a concise statement of the reasons for the decision.
 - g. A person who wishes to contest a decision of the BOCC under subsection (b) of N.C.G.S. 130A-24 shall have a right of appeal to the Stokes County District Court within 30 days after the date of the decision by the BOCC. The scope of review in district court shall be the same as in N.C.G.S. 150B-51.
6. Non-discrimination Guidance:
- a. The BOCC strives to assure the SCHD is compliant as an equal opportunity employer. The SCHD will afford equal opportunity to all qualified employees and applicants for employment regardless of race, national origin, color, religion, age, sex, creed, physical handicap or political affiliation.
 - b. The BOCC strives to assure that the SCHD accepts all clients who qualify for the services provided without regard to race, national origin, color, religion, age, sex, creed, physical handicap or political affiliation or any other legally protected basis, and treats all clients accepted for services without discriminating on the basis of these categories in providing its services.
7. BOCC Policy Development/Review/Approval:
- a. The BOCC will establish methods and guidelines to be followed in the formulation and implementation of policies. These policies will be implemented to ensure compliance of services. The BOCC will enact policies to support the development, implementation and evaluation of SCHD programs and services.

- b. The BOCC enacts policies that promote public health collaborative activities, diagnosing, investigating and/or responding to public health threats and emergencies through community collaboration.
- c. The BOCC requests the Health Director present all matters requiring policy guidance by the BOCC in written form. The primary responsibility for initiating policy actions rests with the BOCC members and the Health Director and the BOCC.
- d. The following guidelines will be followed by the BOCC in carrying out its responsibility for policy and planning.
 - i. All potential issues, problems, concerns likely to require policy determination will be referred to the Health Director.
 - ii. The Health Director will make an initial determination of whether an applicable policy exists, whether current policy is ambiguous or whether current policy is incomplete or absent.
 - iii. The Health Director will follow the SCHD Policy on Policies.
- e. Except in case of an emergency, the BOCC will follow these steps in approving BOCC policies and other SCHD policies requiring BOCC approval:
 - i. Draft policy presented in type-written format in advance to BOCC members for review, discussion and recommendations at BOCC meeting.
 - ii. Draft policy is presented as a discussion item under Discussion. And then moved to action item on the next agenda unless it is time sensitive.
 - iii. During the accreditation or monitoring process when the volume of policies to be reviewed significantly increases, the BOCC Chair may appoint a special committee to meet with the Health Director and/or the Nursing Supervisor to review the policies. Required policies will be presented as a recommendation from committee for approval. These committee members act as liaison between SCHD and the BOCC.
- f. The Health Director is responsible for implementing the policies approved by the BOCC.
- g. The BOCC shall review the BOCC policies, personnel policies and fiscal policies annually, and update each policy as needed.
- 8. Strategic Planning: The BOCC is encouraged to have input during the SCHD annual review of the Strategic Plan. The annual review ensures collaboration and input from various community organizations, stakeholders and the community-at-large in identifying the community's needs and establishing priorities. This effort evaluates the SCHD services; the BOCC's involvement in adhering to current rules and regulations; developing and establishing rules, regulations, or ordinances to protect the citizens of Stokes County; and presenting them to elected officials in order to implement and enforce these activities.
- 9. Staff Training: The BOCC strives to ensure that the SCHD follows policies, procedures, guidelines, standing orders and statutes in providing all services. This process can only be accomplished with Licensed, credentialed and trained staff. Training will be provided upon initial hire and on-going training and continuing education opportunities throughout employment.
- 10. Quality Improvement: The SCHD follows the "Plan-Do-Study-Act" Model for improving organizational performance.
- 11. BOCC Responsibilities to the Community:

- a. The BOCC reviews reports that identify the Community's health and needs. The State of the County Health Report or the Community Health Assessment will be reviewed to observe identified needs and to monitor the progress of direct services being provided by the SCHD in achieving positive outcomes.
 - b. The BOCC advocates for laws and regulations that better enhance and protect the health and safety of the citizens of Stokes County. The BOCC may lobby for laws and regulations that require changes.
 - c. The BOCC is actively involved in looking at the pros and cons of public health issues and potential changes, and balancing the most efficient and effective outcome.
 - d. The BOCC will also assist in ensuring that the community is given the opportunity to become aware of services, changes in services or regulations, and are given the opportunity to participate in and voice their concerns, whether positive or negative. The BOCC will strive to ensure that the SCHD addresses these issues prior to making a final decision and also interacts with the community to enhance partnerships and improve agency services.
 - e. SCHD staff may serve on community boards, committees, etc. as appropriate and with the approval of the Health Director. This is to be used as a means of developing collaboration between the SCHD and the community.
 - f. BOCC members will report to the BOCC any personal or business conflict of interest that might impact his/her decisions on public health issues.
12. Public Health Funding:
- a. The BOCC will support the SCHD's efforts in applying for and receiving/securing grants, diversifying funding sources and approves an annual budget that facilitates implementation and maintenance of the SCHD's services. Not all services have fees associated; however, services that are chargeable are assigned a fee for service.
 - b. Review of SCHD cost of services provided, Medicaid rates and local market rates will be among criteria that may be reviewed by the BOCC in setting fees.
 - c. The BOCC will be an advocate for public health funding requirements with state and federal legislators.
13. Human Services Advisory Committee: According to the General Statutes (153A-77) the BOCC will appoint a Human Services Advisory Committee meeting all requirements of the N.C.G.S. 153A-77

Definitions: BOCC: Board of County Commissioners
 SCHD: Stokes County Health Department
 NCCHS: NC Commission for Health Services
 EMC: Environmental Management Commission

ATTACHMENT 1

NC 09928
OSP 10/98

LOCAL HEALTH DIRECTOR

This is directive/managerial work in serving as the chief executive officer of a county health department, district health department or public health authority executing the powers and duties as defined in GS 130A-41 and GS 130A-45.5. Employees direct other managers/supervisors, professional, technical and support staff in the delivery of agency services to protect and promote public health. Work involves providing leadership and directing program development and implementation, establishing program standards and monitoring and evaluating quality of service delivery systems. Employees supervise budget activities and may maintain direct involvement in conflict/complaint resolution, staffing and personnel issues and serve as the principle spokesperson for the agency relative to public health issues. Work also involves representing the agency with government officials, medical/dental societies, health care providers, public/private schools and a variety of advocacy groups to influence the decision making process in order to insure adequate resources for program maintenance and expansion and the delivery of comprehensive services.

Employees are appointed by and report to a local board of health or public health authority board.

Employees in a public health authority serve at the pleasure of the public health authority board to whom they report.

RECRUITMENT STANDARDS:

Knowledge, Skills, and Abilities- General knowledge of management principles, techniques, and practices. Thorough knowledge of the principles and practices of public health. Working knowledge of applicable federal and state laws, rules, and regulations. Ability to exercise sound judgment in analyzing situations and making decisions; direct employees and programs in the various areas of responsibility; and, develop and maintain effective working relationships with the general public, and with federal, state, and local officials.

Minimum Education and Experience Requirements- A master's degree in public health administration and at least one year of employment experience in health programs or health services; or a master's degree in a public health discipline other than public health administration and at least three years of employment experience in health programs or health services; or a master's degree in public administration and at least two years' experience in health programs or health services; or a master's degree in a field related to public health and at least three years of experience health programs or health services; or a bachelor's degree in public health administration or public administration and at least three years' experience in health programs or health services.

Note: Minimum training and experience requirements are in accordance with GS 130A-40 and GS 130A-45.5. For master's degree related to public health, the determination must be made by the State Health Director.

Special Note: This is a generalized representation of positions in this class and is not intended to identify essential functions per ADA. Examples of work are primarily essential functions of the majority of positions in this but may not be applicable to all positions.

ATTACHMENT 2

STATE OF NORTH CAROLINA

OFFICE OF STATE PERSONNEL

POSITION DESCRIPTION FORM (PD-102R)

APPROVED CLASSIFICATION:

EFFECTIVE DATE: Updated 4/3/2018

ANALYST:

(This Space for Personnel Department Use Only)

<p>1. Present Classification Title of Position:</p> <p>Health Director</p>	<p>7 Present 15 Digit Position Number: 543-16-220</p>	<p>Proposed 15 Digit Position Number: N/A</p>
<p>2. Usual Working Title of Position:</p> <p>Health Director</p>	<p>8. Department, University, Commission, or Agency</p> <p>Stokes County Health Department</p>	
<p>3. Requested Classification of Position:</p>	<p>9. Institution & Division:</p> <p>N/A</p>	
<p>4. Name of Immediate Supervisor:</p>	<p>10. Section and Unit:</p> <p>Health</p>	
<p>5. Supervisor's Position, Title & Position Number:</p>	<p>11. Street Address, City and County:</p> <p>1009 North Main Street Danbury Stokes County</p>	
<p>6. Name of Employee:</p>	<p>12. Location of Workplace, Building and Room</p> <p>Number: Danbury</p>	

I. A. Primary Purpose of Organizational Unit:

Stokes County Health Department strives to protect and preserve the health of our community. Our goal is to ensure that every person benefits from high quality public health service through promotion of health, prevention of disease, and care of the sick. We recognize that the health needs of the community are ever-changing, that early intervention is most effective, that the environment affects health, that health information is essential for making choices for healthy living, that SFHC must work to create a healthy community, and that individual health affects the community health and the community health affects individual health. We believe that providing services without discrimination of race, ethnicity, marital status, religion, gender, economic status, health status, lifestyle preferences or age, that individuals are valued and deserve courtesy and respect, that individuals have a responsibility for their own health, and that quality services are essential. The Health Center operates under the direction of the Health Director at the discretion of the Board of Health. There are basically seven divisions within the Health Department: Clinical and Outreach Nursing and Social Work Services, Education and Community Health Promotion, Management Support, Public Health Laboratory, WIC, Environmental Health, Emergency Planning and Administration.

B. Primary Purpose of Position:

This position serves as the chief executive officer of the Stokes County Health Department. The Local Health Director is responsible for the overall operation of the Agency. Along with the Board of Health, this position is responsible for promoting and protecting the public's health in Stokes County and for carrying out all applicable federal, state and county, and local Board of Health rules and regulations.

Work involves providing leadership and directing program development and implementation, establishing program standards and monitoring and evaluating the quality of service delivery systems. Program implementation includes delegating duties relative to Accreditation, the quality assurance program that allows the Health Department to recoup Medicaid funding.

The employee supervises budget activities and maintains direct involvement in conflict/complaint resolution,

staffing and personnel issues and serves as the principle spokesperson for the agency relative to public health issues.

Work also involves representing the agency with government officials, medical/dental societies, health care providers, public/private schools and a variety of advocacy groups to influence the decision making process in order to insure adequate resources for program maintenance, expansion, and the delivery of comprehensive services.

C. Work Schedule

The normal work schedule for this position is Monday through Friday from 8:00 a.m. to 5:00 p.m. and 8:00 a.m. to 5:30 p.m. with every other Friday off. Due to the nature of this position, after hours work is sometimes necessary, especially in the areas of emergency response and attendance at public meetings.

D. Change in Responsibilities or Organizational Relationship:

There are constant changes in rules, regulations, laws, and minimal staffing and resources, increasing demands through expanded requirements and major additions to programs, higher expectations to do more with less by the public and elected officials. Program emphasis and new directions are subject to political, funding, and technology changes.

II. A. DESCRIPTION OF RESPONSIBILITIES AND DUTIES: Method Used:

Order of Importance Sequential order

Management – 50%

The Health Director serves as chief executive officer of the health center with overall responsibilities for agency planning, organizing, implementing, directing, and evaluating department services and programs.

This position is responsible for overseeing and management of the department, approving all staff assignments, hiring staff, firing staff, approving promotions and increases, developing and/or approving all program

plans and policies, negotiating and implementing contractual agreements, budget development and presentation to the Board of Health/ BOCC and the public, approval of expenditures, development of fee schedules, and mediation of problems and conflicts.

Planning – 20%

Responsibility for a local public health department under conditions of constant change in rules, regulations, and laws, and minimal staffing and resources, with ever increasing demands through expanded requirements and major program additions, coupled with higher expectations on the part of the public and elected officials to do more with less, requires a great deal of planning and study of health department operations. Program emphasis and new directions are subject to political change, funding changes, technology changes, and changing need. The Health Director has or ensures that agency staff has expertise and training to collect, manage, integrate, and display health-related data. Responsible for planning and initiating changes within the agency such as the development of the agency's adult health program, expansion of family care coordination services, reorganization of staff responsibilities and duties, medical records, expansion of health promotion services, development of a Community Care Network, health check coordinator program, expansion of language interpretation services, expansion of the Stokes County Healthy Carolinians Program, establishment of a HIPAA compliance program, development of the Department's Public Health Preparedness Plan, and compliance with Accreditation benchmarks.

Leading/Delegating – 10%

Effective management requires constant involvement in daily program activities. Contact with program supervisors and coordinators is maintained in order to provide support for the staff and guidance when an issue arises during the course of guideline implementation. Programmatic issues are generally delegated to staff. Attention is given to ensure program policies and procedures are carried out. The Health Director is briefed routinely on program performance, levels of activity, and operational impediments. The Nursing Supervisor, Environmental Health Supervisor, CC4C/PCM Supervisor, Emergency Preparedness Coordinator

as needed, Administrative Officer, WIC Director, and Home Health Nursing Supervisor report directly to the Health Director.

Enforcement and Program Administration – 10%

As a local health director, the N.C. General Statutes charge the director with the following duties: to administer programs as directed by the local board of health, to enforce the rules of the Board of Health, to investigate the causes of infectious, communicable, and other diseases, to exercise quarantine authority and isolation authority pursuant to G.S. 130A-145, to disseminate public health information and to promote the benefits of good health, to advise local officials concerning public health matters, to enforce State immunization requirements and laws, to examine and investigate cases of venereal disease pursuant to the State General Statutes, to examine and investigate cases of tuberculosis pursuant to the State General Statutes, to examine, investigate, and control rabies pursuant to State General Statutes, and to abate public health nuisances and imminent hazards pursuant to the State General Statutes. This position ensures that the necessary qualified staffs are available to carry out the above duties. Since the legislative responsibility rests with the local health director, this position must oversee the broad functioning of these duties.

Quarantine authority, isolation authority, and the declaration of public health nuisances and imminent hazards are powers and duties given only to the local health director and State health director. The Health Director is directly involved and responsible for these determinations and signing of such orders. In addition, in consultation with medical staff at the local and State level, this position makes the final decisions on community vaccination efforts to control communicable disease outbreaks in the community. Such decisions can result in thousands of exposed residents being vaccinated in the aftermath of a communicable disease case. The county health director serves as the local registrar for the registration of births and deaths in Stokes County. These duties are performed by deputy registrars within the Department.

Public Relations/Governing Board Administration Functions – 10%

This position serves as chief spokesperson for the Department. With the support of the Public Health Epidemiologist, the health director deals with all media inquiries and interviews during times of crisis or public health activation. The Health Director is routinely contacted by the media on public health issues and problems. This position works closely with staff to establish the factual information on each issue/-inquiry and report back to the media. This role takes a great deal of skill in communicating the appropriate message to the media.

The Local Health Director serves on numerous boards and committees as County Health Director. These may include, but not limited to: the Northwest Partnership for Public Health, the Stokes County Partnership for Children, the N.C. Association of Local Health Directors; the Stokes County Child Fatality Prevention Team, Healthy Carolinians of Stokes County, Stokes County Child Protection Team, School Health Advisory Committee and Northwest Community Care Network. A major component of the job is representing the needs and services of the Department throughout the community through the various organizations and community partners.

This position reports to the Stokes County Board of Health/BOCC with guidance from the County Manager.

The Stokes County Health Director position requires a great deal of interaction with medical providers, Dental providers, state officials, community groups, human service agencies, contractor, vendors, Developers, real estate agents, attorneys, auditors, local churches, schools, child care providers, governing board members, and staff. Conflict resolution and mediation is often necessary.

II. B. OTHER POSITION CHARACTERISTICS:

1. Accuracy Required in Work:

N/A

2. Consequence of Error: N/A

3. Instructions Provided to Employee:

Instructions are provided from the Stokes County BOH/Board of Commissioners by the County Manager through the personnel policy manual and by occasional directives. Health Director receives input and guidance from BOH/BOCC via formal contact at commissioner meetings as well as the Human Services Advisory Committee meeting.

4. Guides, Regulations, Policies and References Used by Employee:

North Carolina State and Local Government rules and regulations, personnel policies, both state and county, Stokes County Board of Health minutes, local county classification and pay grade scales, Department of Environment, Health and Natural Resources regulations, Standards for local health departments in North Carolina, Stokes County Health Department policies, Public Health and related laws in North Carolina, CDC manual, and MWR reports. Periodic communications from the various state health programs are also utilized.

5. Supervision Received by Employee:

Health Director works very independently receiving guidance from the Board of Health.

6. Variety and Purpose of Personal Contacts:

An "Open Door" policy is available to all employees and casual contact with them is daily. Formal contact is maintained with the management team members individually as needed and as a group at regular team

meetings. Monthly general staff meetings provide regular staff contact. Also contact with the general public is regular as well as contact with state officials and other health department administrators. County and state officials are regularly contacted.

7. Physical Effort:

Physical effort is minimal.

8. Work Environment and Conditions:

Adequate, but aging facility.

9. Machines, Tools, Instruments, Equipment, and Materials Used:

Telephone, calculator, PDA, copier, computer, general office machines.

10. Visual Attention, Mental Concentration, and Manipulative Skills:

Closely monitor budget functions.

11. Safety for Others:

Safety for staff, clients and the general public is considered in OSHA/Bloodborne Pathogens training, personal protective equipment, facility safety, etc.

12. Dynamics of Work:

Work includes managing multiple and changing priorities.

As a Public Health First Responder, employee may be expected to work extended hours in the event of a major emergency, disaster and/or pandemic, including, but not limited to any natural disaster, bioterrorist event, and/or public health emergency such as H1N1, communicable disease outbreak, etc. or any other situation as deemed appropriate by the Health Director.

III. A. KNOWLEDGES, SKILLS, & ABILITIES:

General knowledge of management principles, techniques, and practices. Thorough knowledge of the principles and practices of public health. Working knowledge of applicable federal and state laws, rules, and regulations. Ability to exercise sound judgment in analyzing situations and making decisions; direct employees and programs in the various areas of responsibility; and develop and maintain effective working relationships with the general public, and with federal, state, and local officials.

B. 1. Required Minimum Training:

A master's degree in public health administration and at least one year of employment experience in health programs or health services; or a master's degree in a public health discipline other than public health administration and at least three years of employment experience in health programs or health services; or a master's degree in public administration and at least two years' experience in health programs or health services; or a master's degree in a field related to public health and at least three years of experience in health programs or health services; or a bachelor's degree in public administration and at least three years' experience in health programs or health services.

Note: Minimum training and experience requirements are in accordance with GS 130A-40 and GS 130-45.5. For master's degree related to public health, the determination must be made by the State Health Director.

Special Note: This is a generalized representation of positions in this class and is not intended to identify essential functions per ADA. Examples of work are primarily essential functions of the majority of positions in this class but may not be applicable to all positions.

2. Additional Training/Experience:

N/A

3. Equivalent Training and Experience:

As above.

IV. License or Certification Required by Statute or Regulation:

Valid Driver's License

ICS Trainings

V. Signatures indicate agreement with all information provided, including designation of essential functions.

Supervisor's Certification: I certify that (a) I am the immediate Supervisor of this position, that (b) I have provided a complete and accurate description of responsibilities and duties and (c) I have verified (and reconciled as needed) its accuracy and completeness with the employee.

Signature:_____Title:_____Date:_____

Employee's Certification: I certify that I have reviewed this position description, completed by the above named immediate supervisor, is complete and accurate.

Signature:_____Title:_____Date:_____

Section or Division Manager's Certification: I certify that this position description, completed by the above named immediate supervisor, is complete and accurate.

Signature:_____Title:_____Date:_____

Personnel Director's Certification: I certify that this is an authorized, official position description of the subject position.

Signature:_____Title:_____Date:_____

**Stokes County Health Department
Strategic Plan
January 2019**

Mission Statement

To promote healthy and safe living, prevent disease, care for the sick, protect the environment, and provide essential services to meet community needs.

Vision Statement

Partnering with other health care providers, community agencies and the citizens of Stokes County to achieve a healthier community.

Values

- Excellence: Commitment to the highest quality health services through education, competence, and doing the right thing at the right time for the client.
- Credibility: Action based on honesty and fairness.
- Integrity: Commitment to the highest ethical and professional standards.
- Dependability: Commitment to meet deadlines and standards.
- Communication: Exchange of information and ideas to create mutual understandings among our partners, staff and citizens.

Public Health Core Functions

The Stokes Health Department/Family Health Center works to ensure that the core functions of the 10 Essential Public Health Services are carried out to fulfill the mission of public health within Stokes County. The 10 Essential Public Health Services are:

- Monitor health
- Diagnose and investigate
- Information, educate and empowerment
- Mobilize community partnerships
- Develop policies
- Enforce of public health law
- Link people to provider care
- Assure competent workforce
- Evaluate
- Research

I. Community Health Assessment (CHA)/State of the County Health Report (SOTCH)

The community health assessment is conducted on a four-year cycle and the Stokes County Health Department compiled the results of the comprehensive research in the most recent CHA in 2016. The Stokes County Community Health Assessment Committee, after reviewing the data from the 2016 CHA Community survey, decided to choose the following three health priorities:

- Substance Abuse
- Mental Health
- Chronic Disease

The latest version of the SOTCH in 2018 identified the following major causes of death in Stokes County. Four out of five issues fall into the category of “Chronic Disease”.

- Cancer
- Heart Disease
- Cerebrovascular Disease
- Chronic lower respiratory diseases
- All other unintentional injuries

Through a collaborative effort with many agencies and partners, all of the above issues are still being addressed. Listed below are examples of how the Stokes County Health Department has collaborated with other agencies to make strides in combating priority conditions from the latest versions of the CHA and SOTCH.

II. Health Department and Collaborative efforts addressing current health issues:

Ongoing Collaboration:

- At the Health Department, a counselor is in attendance on-site in the clinic every other Tuesday to provide mental health evaluations through **DayMark** and also connects people to necessary resources such as housing, job opportunities, and food.
- DayMark Mobile Crisis provides on-site emergency counseling services to people who in emergency mental health situations.
- Cardinal Innovations, as a part of the **Stokes County Stakeholders/Stokes Community Partners** has agreed to fully fund a **MedAssist** event in April 2019 after stakeholder input and encouragement. This event will dispense over-the-counter medication for free, hoping to draw large crowds, at which time various agencies including the Health Department will dispense medication lock boxes and information to people about the Opioid Epidemic.
- Other Stokes County groups including **Insight Human Services** and **Youth Haven** participate in providing mental health services to county citizens. Youth Haven, for example, has started to offer counseling for adults as well as youth.
- The county implemented the **211 service**, a telephone service that connects citizens to resources including mental health, jobs, transportation, food, housing, etc.

- The Stokes County rate for smoking during pregnancy shows Stokes County rate at 16.4% of women smoking during pregnancy, where NC's rate is 9.4%. Smoking during pregnancy is a concern for Stokes County since the 2013 and 2017 statistics are well above the state average. Smoking during pregnancy is addressed with each client when their test results return positive for a pregnancy. Currently our nursing staff use the 5A's program to educate individuals on the benefits of not smoking. Individuals are referred into the **Stokes County Pregnancy Care Management Programs**. Currently Stokes County Health Department has a prenatal clinic staffed with physicians from **Wake Forest Baptist Hospital**. The prenatal clinic has been very successful and has increased the number of patients we see for our Child Health Program as well. Our prenatal clinic is open to see patients every Tuesday, with rotating physicians. This necessary service costs us \$75,000 to provide. We also have an agreement with the **Wake Forest PA Program**; WFBU sends the health department on average one PA student per month to shadow our PA Mara Fortin.
- Stokes County has a long history of having one of the highest percentage rates for suicides in North Carolina. The 2016 CHA shows the most recent percentage shows Stokes county at 18.4% compared to the 12.7% for NC. Suicide Prevention and Mental Health issues are being addressed through a collaborative effort with, Stokes County Schools, Cardinal Innovations, InSight Human Services, Youth Haven, Stokes County DSS, Stokes County EMS, and Stokes County Sheriff's Department.
- Youth Tobacco Use is being addressed through a collaborative effort with the Stokes Health Department and Appalachian District Health Department. The Appalachian District has appropriated grant money to the Health Department which was used to purchase informational materials and signage for schools that designates them as "smoke and vape free" facilities.

II. 2018 SOTCH Report

Based on the 2018 SOTCH Report, the current trends and concerns are listed below and the rates of death compared to North Carolina:

Rank	Cause	Number	%
1	Cancer	139	23.2
2	Diseases of heart	120	21.1
3	Cerebrovascular diseases	47	7.8
4	Chronic lower respiratory diseases	41	6.8
5	All other unintentional injuries	35	5.8
6	Alzheimer's disease	26	4.3
7	Influenza/pneumonia	20	3.3
8	Motor vehicle injuries	13	1.0

9	Intentional self-harm (suicide)	10	1.6
10	Diabetes Mellitus	6	1.0
	All other causes (Residual)	140	23.4
	Total Deaths – All Causes	597	100.0

III. Top 3 Strategic Priorities for 2019

The priorities listed in this Strategic Plan were compiled from a Strength, Weaknesses, Opportunities, and Threats (SWOT) analysis of all departments done by the Health Director.

Although many health issues exist within Stokes County, there are many agencies and collaborative efforts (as noted above) working on these issues that were identified in the 2016 CHA and 2018 SOTCH Report.

2019 Strategic Goals

Problem 1			
Staffing turnover and salary increase: Historically it is hard to recruit new nurses and other professional positions with the health department. Pay always has been and continues to be a big problem in recruiting nurses for all areas of the health department. Salaries across the board are just not competitive with neighboring counties, and especially not competitive with the private industry. Tenured employees are at risk of seeking higher paying employment. To retain tenured employees and not be a “training ground”, Stokes County must offer competitive salaries. This is the #1 Health Department issue again, as it was in 2018.			
Goals to be completed by	Activity	Responsibility/Collaborative Partners	Actions/Outcomes
Ongoing	Work in conjunction with the BOCC and HSAC to advocate for the salary study to be performed.	Health Director BOCC (Board of County Commissioners) HSAC (Human Services Advisory Committee)	Salaries raised for all employees. Step increases for Nursing Staff (RN & LPN's). This will help in the retention of experienced nurses.
Completed 2018	Strongly advocate for salary study. Do own independent salary study and present to BOH	Health Director Human Services Advisory Committee	Salary study done on county employees, resulting in increased pay and retention

	Support salary study that has funding allocated from the BOCC		Support letter to the BOCC from HSAC
--	---	--	--------------------------------------

Problem 2

The decrease in state funds and revenues for the Stokes County Health Department. This is due to the fact that the Federal and State government are reducing funds for specific programs, which results in decrease of funds to local health departments. This puts a burden on local government to fund programs that are required by General Statutes. Along with funding reduction from insurance claims and with Medicaid this has a compounding effect on revenues within the health department.

Goals to be completed by	Activity	Responsibility/Collaborative Partners	Actions/Outcomes
Ongoing	<p>Work with management team, state consultants and the county to seek additional funds through grants. In addition, work within the means of the funding that is being provided by the state contract addendums.</p> <p>Seek other ways to save money, increase patients with the addition of our new provider in 2018. Work to increase patients in all programs by community outreach, education and marketing strategies.</p>	<p>Health Director State Consultants Management Team BOCC</p>	<p>Grant approval by the BOCC when needed. Seek increase in funds with ongoing grants. Look at applying for the maximum amount when appropriate.</p> <p>Work with State and Regional Consultants to increase marketing within the county.</p> <p>Advertisement of new provider and update the public on new services that they may not be aware of (prenatal clinic).</p>

Problem 3			
<p>Medicaid transformation is impending: July 2019, Medicaid will shift into managed care, meaning instead of billing one entity, there will be several (5+). In addition, there will be several sets of deliverables, one for each MCO (managed care organization). This will quite possibly increase the administrative and billing work load on an already small billing staff. One out of two billing staff is relatively new and one is able to retire effective summer 2019. In addition to Medicaid transformation, the county recently started Debt Setoff, increasing the workload of billing staff. Other staff may be impacted, like those funded through CCNC “the Network”.</p>			
Goals to be completed by	Activity	Responsibility/Collaborative Partners	
January 2019	Enlist help of CCNC Practice Transformation to audit and give recommendations to staff on clinic flow	Health Director Admin Officer Nursing Supervisor Clinic Staff CCNC Staff	
Ongoing	<p>Familiarize billing staff member with current billing best practices by sending to adjacent counties for training.</p> <p>Sign contracts with providers through CAQH</p>	Admin Officer Billing Staff	<p>Ensure billing department has strong foundation on which to build</p> <p>When Medicaid transforms, health department will already be grandfathered in to strong contracts</p>
April 2019	Assess the need to hire a new, trained billing staff member	Admin Officer Health Director	Prepare billing department for additional responsibilities and administrative burden

Goals and Objectives Derived from Health Status Data:

Health Status Data: Problem #1

Substance Abuse issues including Opioids and Alcohol: Opioid use and accidental overdose by substance abuse has caused a strain on the Stokes County community. According to NC Data Card compiled by NC Child, Stokes County averages 18.6 out of 1,000 children in foster care. Much of this statistic is due to the strain of substance abuse.

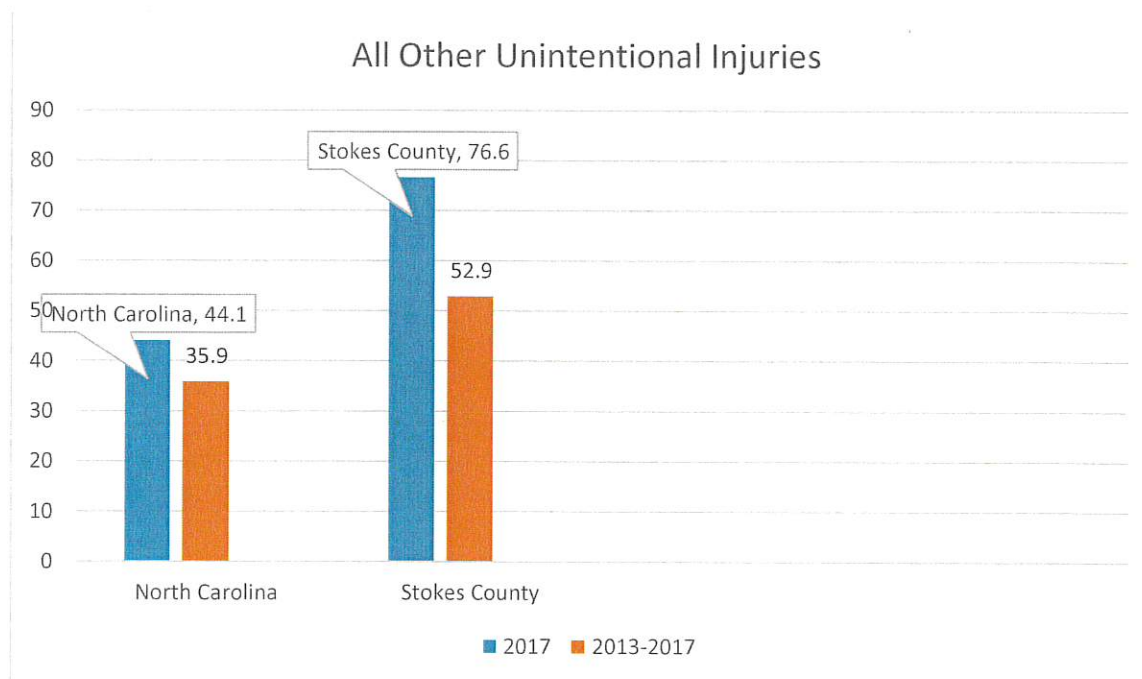
County	Children in Foster care per 1,000
Stokes	18.6
Forsyth	3
Surry	8.1
Davie	8.8
Rockingham	13.7
Guilford	6.1
North Carolina	7.1

***Chart: Children in Foster care per 1,000 in North Carolina Counties and as a Whole**

Goal: Decrease morbidity and mortality of substance abuse.

Tactics: Naloxone purchased and carried by emergency responders, County participating in “lock your meds” campaign including distributing medication lock boxes at community events (including MedAssist Event) and at the Health Department. Educational material distributed by the health department including the purchase of hands on substance use models to be used in the schools. Health Dept. staff are trained in safe prescribing and use the CSRS (Controlled Substance Registration System).

-The Stokes County commissioners have also entered into a lawsuit (along with many other NC counties) against several drug manufacturers, alleging the companies engaged in “false, deceptive, and unfair marketing and/or unlawful diversion of prescription opioids.” Among the drug companies in the suit include Cardinal Health, McKesson, Johnson & Johnson, and Janssen Pharmaceuticals (stokesnews.com).



-With MOE money from DSS we purchased Comprehensive Drug Identification Displays for all three middle schools in Stokes County. The displays identify many dangerous drugs and lists

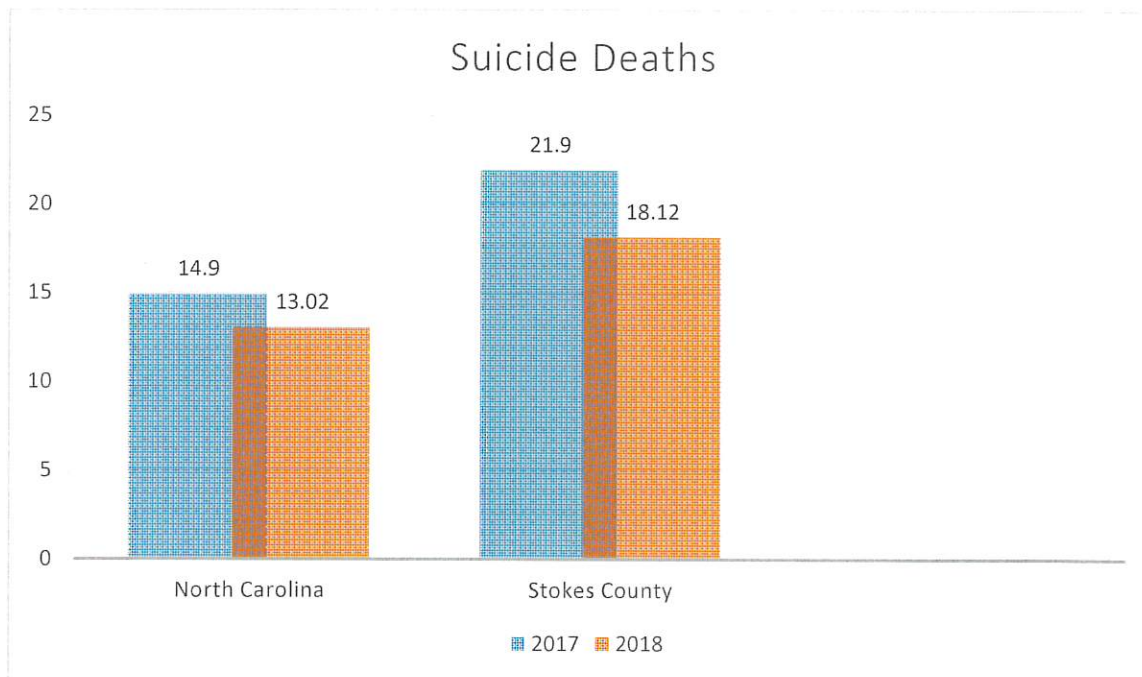
short and long-term effects of drug use. This resource raises awareness of the many drugs of abuse, what they look like, how they are taken, and their damaging effects. It covers a variety of different substances such as: Narcotics, anti-depressants, hallucinogens, stimulants, alcohol, and inhalants.

(See Attachment A for Stokes County 2018 NC Data Card).

(See Attachment B for Emergency Department Overdose Report: January-December 2017).

Health Status Data: Problem #2

Mental Health and Suicide Awareness: The following chart displays the age adjusted suicide death rate per 100,000 people for Stokes County and North Carolina. Stokes County has a higher death rate of 18.12 deaths related to suicide compared to 13.02 for NC as a whole for 2018. Stokes County has a higher rate of 21.9 deaths related to suicide compared to 14.9 for NC as a whole for 2017.



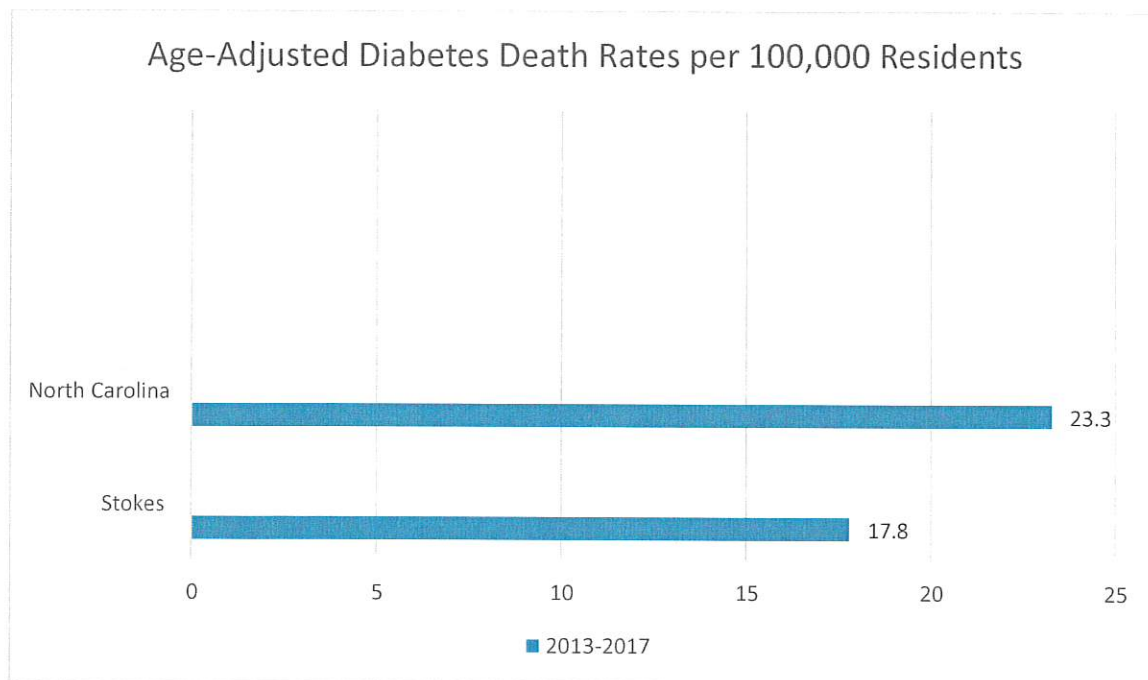
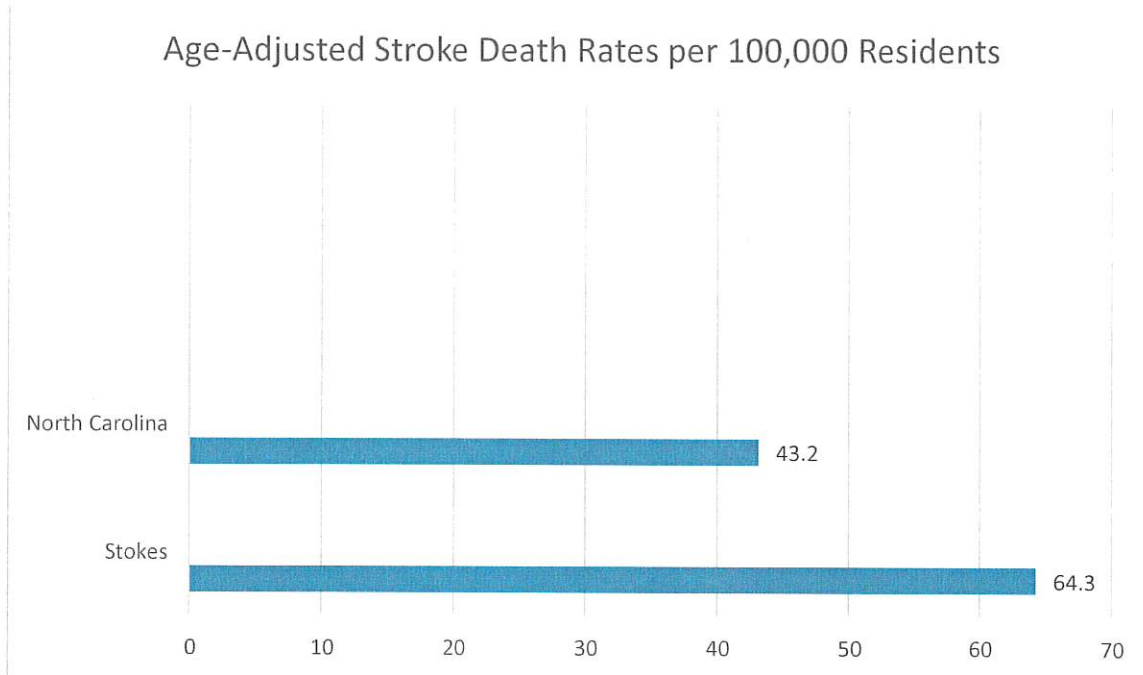
Source: NC State Center for Health Statistics 2018

Goal: Decrease suicide rate and raise awareness. Work to minimize the stigma that is associated with mental illness.

Tactics: The Department of Social Services in Stokes County houses a position that serves as a link to refer people to treatment and other resources (Wanda Pearman). Health Department will refer to her. DayMark does evaluations at the HD every other Tuesday, and several community groups have outpatient therapy or will connect to resources including the 211 information line. -Community member Mary Lee started the Sid Lee Memorial Mental Health Association after her adult son committed suicide in December 2017. This grass-roots nonprofit group has members from many disciplines dedicated to suicide awareness and mental health issues.

Health Status Data: Problem #3

Chronic Disease Morbidity and Mortality: Stokes County has Lung Cancer death rates that surpass the North Carolina average, as well as Cardiovascular Disease rates. This chart is an example of chronic disease health outcomes that are influenced by diet and lifestyle.



Goals: To encourage healthy living, active lifestyles, and nutritious diets to help citizens decrease their risk of preventable chronic disease. Create opportunities for education about smoking cessation in every demographic.

Tactics: The NCALHD Region 3 received funding for Youth Tobacco Cessation this FY 2018. This money was to be used for education to discourage youth tobacco use. It was spent on signage to be posted at each of Stokes County's Schools informing people that the school is a Tobacco and Vape free area. The grant money was also used to purchase anti-tobacco educational models for the three middle schools in the county. The models will be incorporated into the Health Class curriculum.

-The Health Department also intends to support any project that will create access to healthy living for citizens, including a new recreation center.

-This year, the WIC Program "rolled out" a statewide e-WIC program which we predict will increase the participation in the WIC program, which promotes healthy eating in pregnant women and young children. The e-WIC program replaces paper vouchers with a debit-style card that connects to a phone App, enabling more tech-savvy users to keep up with their benefits.

-Brenner Fit Program will be a telemedicine program held at the Health Department focusing on childhood obesity.

The Stokes County Health Department Management Team will review the strategic plan yearly. All updates, modification and changes will be approved by the Stokes County Board of County Commissioners and Human Services Advisory Committee.

Stokes County Health Department Workforce Development Plan

Manual: Administrative Policy Manual	
Title: Workforce Development Plan	
Chapter:	Revised date: May 1 2018
Distributed to: BOCC	
Effective Date: February 2012	
Review Date: 2/13, 2/14, 2/15, 2/16, 2/17, 2/18,2/19	Health Director: Tammy Martin, MSHE

INTRODUCTION

Stokes County was founded in 1789 and is a member of the regional Northwest Piedmont Council of Governments. County government is made up of 5 Elected County Commissioners with an appointed County Manager and appointed Tax Administrator. Other elected officials are the Sheriff, Clerk of Court, and Register of Deeds. School Board Members are elected to a 5-member board that appoint a Superintendent and present the budget to County Commissioners for approval.

The Health Department is a department within the County Government System. There are nine major divisions (Executive, Clinical Services, Environmental Health, Health Administration, Home Health, CC4C/PCM, WIC and Health Education & Emergency Preparedness) within the department and those together employ personnel totaling 31 FTEs who deliver multiple public health programs and services to the citizens of Stokes County. There are two facilities from where team members work to serve the public: Danbury and King.

According to the U. S. Census Bureau the county has a total area of 456 square miles (1,181 km²), of which, 452 square miles (1,170 km²) of it is land and 4 square miles (10 km²) of it (0.89%) is water. The county lies within the Piedmont region of western North Carolina, and most of the terrain consists of gently rolling countryside. However, the Sauratown Mountains run across the center of the county. The Sauras are named after the Saura Native American tribe which lived in the county before European settlement. A chain of jagged ridges, the Sauratown Mountains are an isolated remnant of the Blue Ridge Mountains far to the west. Although the Sauratown Mountains occupy only 5% of Stokes County, they dominate the scenery from almost any direction, abruptly rising from 800 to 1,700 feet (520 m) above the surrounding terrain. Moore's Knob, the highest point in the chain, rises to 2,579 feet (786 m). Most of the county is less than 1,000 feet (300 m) above sea level. The Dan River runs from the Northwest Corner to the Southeastern section of Stokes County (Covering over 56 Miles of River Recreation). Stokes County home to Hanging Rock State Park and also has the mass majority of Belews Lake (located in the southeast corner).



Mission, Vision & Goals

Mission:

To promote healthy and safe living, prevent disease, care for the sick, protect the environment, and provide essential services to meet community needs.

Vision:

- Partnering with the public to achieve a healthier community.

Core Values:

- **Excellence:** Commitment to the highest quality public health services.
- **Credibility:** Action based on honesty.
- **Integrity:** Commitment to the highest ethical and professional standards.
- **Dependability:** Commitment to meet deadlines and standards.
- **Communication:** Exchange of information and ideas to create mutual understanding.

Stokes County Demographics

Population Trend	2017	2018	Percent change since 2016
Population	46,097	45,717	-3.6%
Gender	Number	Percent	
Female	23,417	50.8	
Male	22,679	49.2	
Race	Number	Percent	
White alone		94.0	
Black or African American alone		3.0	
Hispanic		3.0	

Quickfacts.census.gov

Purpose Statement

The purpose of the Stokes County Health Department's workforce development planning process is to maximize employee performance, create leadership capabilities, create new expertise, train for specific skills, minimize lost work time, reduce recruiting costs and retain valuable employees. The workforce development plan (WFDP) identifies workforce competency needs, recruitment needs, training and retraining needs. It also aids with placing the right workforce member in a position that best matches their current and potential strengths.

Policy

1. The SCHD requires access to new employee orientations and ongoing trainings to meet necessary competencies.
2. Supervisors assure employees are clear about job expectations.
3. Supervisors evaluate competencies during the probationary period and thereafter.
4. The SCHD addresses employees that are not able to demonstrate competency on initial or on subsequent attempts.
5. The SCHD plans a systematic approach to workforce development which links a variety of training opportunities with the workforce.
6. The SCHD plans for current and future workforce development needs.

Definitions

1. **Competencies:** are a set of behaviors that involve skills, knowledge, abilities, and personal attributes that taken together are critical to successful work accomplishments.
2. **Gap Analysis:** is a process of identifying the differences between the workforce of today and the workforce that will be needed in the future.
3. **Individual Competencies:** are those that each employee brings to his or her position.
4. **Team Competencies:** are those that a team, as a whole, brings to an agency.
5. **Training:** is an organized activity aimed at providing information and/or instructions to improve the workforce member's performance or to help the employee to attain a required level of knowledge or skill.
6. **Turnover:** in a human resources context refers to the characteristic of a given company or industry, relative to the rate at which an employer gains and losses staff.
7. **Workforce:** means employees, volunteers, trainees and other persons under the direct control of a covered entity, whether or not they are paid by the covered entity.
8. **Workforce planning:** in simplest terms, getting the right number of people with the right skills, experiences, and competencies in the right jobs at the right time. The shorthand definition covers a comprehensive process that provides managers with the framework for making staffing decisions based on an organization's mission, strategic plan, budgetary resources and a set of desired workforce competencies.

Workforce Assessment & Policy and Procedures

Assessing the SCHD workforce is accomplished in several ways including reviewing workforce demographics, identifying current and future training and retraining needs and forecasting future recruitment threats and needs. The strategic planning process also has identified workforce needs to accomplish agency goals.

Workforce Demographics

SCHD annually monitors workforce demographics to provide data for budget planning, strategic planning to address recruitment, retention, and adjust workforce mix based on changing strategies and encourage a workforce that is reflective of the community. For recruitment purposes, the SCHD does not discriminate in any area but hires the best candidate to successfully accomplish job duties to serve the community. For a complete breakdown of the SCHD staff please see Attachment (A) SCHD Organizational Chart.

Recruitment: The Health Director, environmental health, health educators, and nursing, are a few areas that have been hard to attract competent candidates for vacant positions. Labor shortage for public health related disciplines, insufficient skill levels of eligible candidates, reduced funding at the state and county level along with non-competitive salaries are barriers to successful and timely recruiting.

Productivity & Efficiency: A high turnover rate equates to more resource needs to recruit and train new employees. The SCHD realizes that many new employees do not become fully qualified and may not reach their productivity until they have been trained and gain experiences, a process that usually takes several months. The time, effort and money invested in those employees leave when there is a premature resignation or when an employee has to be terminated.

Verify Qualifications & Competencies

The SCHD assesses the capacity of the workforce to meet the demands of ensuring the public's health is safe from emerging diseases and other health threats.

Validate Qualifications:

Where appropriate, the SCHD requires original transcripts, certificates, diplomas, or licensures prior to SCHD placement and the SCHD verifies the ongoing status. There is an ongoing assessment of qualifications and proper documentation is maintained in the administrative personnel records.

Verify Competency (knowledge and skills):

General competency strengths and weaknesses are assessed using job specific assessment tools to assist with directing training needs for newly recruited employees. Existing employees, where appropriate, may utilize the additional assessments and take advantage of further training opportunities. Individual and coaching reports help the division director identify employee training needs. Employee specific trainings are offered to increase competencies and performances.

Supervisors Evaluate Competencies:

During the probationary period and thereafter supervisors may evaluate individual employee competencies. The SCHD conducts probationary and annual performance evaluations to assess and address competency issues and training needs. The employee being evaluated, his/her supervisor, the division director, and the health director are involved in the annual performance evaluation. Additionally, the action plan for performance factors below standard is documented during the employee evaluation process and is acknowledged in the employee's performance review. The SCHD follows procedures under the Office of State Personnel and Stokes County Personnel to address issues where employees are not able to demonstrate competencies.

During new employee orientation individuals are required to learn about different core competencies for public health and emergency preparedness needs, as required by the Department

of Public Health and determined by the core competency emergency preparedness survey conducted by the DPH. Furthermore, the training for Incident Command System is required at various levels for SCHD staff, as directed by NC Office of Emergency Preparedness. The certificates that verify trainings are kept in the administrative personnel record.

Future Recruitment Threats and Needs

Situation Statement 1:

Today's baby boomer generation (born 1946 – 1964) are looking toward retirement. An increasing number of employees at or approaching retirement age can result in a less experienced workforce. The SCHD workforce continuously needs to be prepared to meet the demands of ensuring the public's health is safe from emerging diseases and to provide best-practices throughout the agency to offer quality services.

Plan: Continual workforce development with the cross training of staff, leadership development for the management team through continuing education and outside training.

Situation Statement 2:

The aging population in the US, regionally and in Stokes County will create an increased demand for nurses to support healthcare services; therefore, the SCHD will be in competition with other healthcare agencies for nurses.

Plan: Flexible work hours, competitive salaries, benefits, partnerships with universities or colleges to increase interest in the public health nursing profession.

Situation Statement 3:

Recruitment and retention of qualified staff have been and continues to be a problem in Stokes County especially with the midlevel provider, health director, registered nurses, and health educators. With Stokes County being a small rural health department; these individuals in supervisory roles are often asked to perform duties not normally done by their peers in other larger health departments. Combined with lower than average salaries, there is a higher risk for turnover within the health department.

Plan: Continued recruitment of staff with similar work experience who demonstrate potential for training and growth. Provide specialized on the job training in order to give new employees and current staff the tools needed to perform in these increasingly specialized jobs. Offer competitive salaries as budget allows. Advocate for competitive salaries and merit based pay increases.

Training

New Employee Orientation

The Stokes County Human Resources Department along with the SCHD provides orientation for new employees. The orientation schedule is posted by the Human Resources Department. Below is a list of topics covered during the new employee orientations.

Employment Eligibility I-9 Form/Selective Services Registration	Holidays	Workers Compensation Procedures (Reporting & Medical Treatment) Return to Work Program
Probationary Period	Wellness Program	Vehicle Policy
Salary Range/Job Classification/Salary Increase/Job Postings	Retirement	Outside Employment Policy
Performance Review Process	Deferred Compensation: 401(K), 457	Credit Union, Savings Bonds
Pay Day (Tax Forms, Direct Deposit/Time Sheets)	Cafeteria Plan – Flexible Benefits Medical/Childcare. Cancer, Disability, Life, Accident & Dismemberment	Rules of Conduct: Sexual Harassment Drug/Alcohol Policy Political Activity/Conflict of Interest
FLSA – Overtime	Social Security FICA	Disciplinary Actions: Performance/Conduct Issues
HIPAA: County's Health Plan & HR's Notice of Privacy Practice	Hospitalization Insurance – Overview, Waiting Periods, COBRA	Grievance Procedure Resignations
Leave Accumulation – Vacation & Sick. Other: Military, Jury, Educational & FMLA	Travel, Training & Development	Reduction in Force
Safety Program Awareness & Principles of Safety <ul style="list-style-type: none"> • Preventing Back Injuries • Electrical Safety Work Practices • Brief Summary of Slips, Trips & Falls 		
An information packet is given to each new employee. The packet includes Stokes County employee handbook, hospitalization/dental/life benefits booklet, voluntary insurance product information, employee ID Card and electronic key. The Stokes County handbook is provided to each employee and the employee agrees to read the provisions of the handbook and to conform to the policies, procedures, rules and regulations contained in the handbook. The handbook is provided as a reference guide during the period of employment. Updates to the handbook are provided by Human Services Division on an as needed basis.		

SCHD Agency New Employee Orientation

The SCHD provides an orientation to all new employees to ensure public health care practices, administrative and program policies are followed. Division managers are responsible for ensuring orientation of new employees regarding issues relating to their divisions. This divisional orientation is tracked on the SCHD Employee Orientation Checklists are stored in each individual's administrative personnel file. See Attachment B (Stokes County Health Department Orientation Policy)

Identified New & Emerging Training Needs

Current and New Training Needs: As new training needs are identified staff training will be arranged as needed and as budget and time allows.

All	Administration	Executive	Clinical	EH	Health Education and Emergency Planning
<ul style="list-style-type: none"> ▪ Cultural Sensitivity & Cultural Competence ▪ Non-Discrimination ▪ Health Disparities ▪ Shelter training for special medical need population ▪ MS Office 2010 ▪ Generation Gaps (intergenerational diversity) ▪ Recruitment Techniques ▪ Retention Techniques ▪ Others as they are identified in the future. ▪ Core Competencies ▪ IS 100b, 200b (responders) ▪ IS 700a, 800b (responders) ▪ OSHA/BBP/Infection control 	<ul style="list-style-type: none"> ▪ Software Management (MS Office 2010) ▪ Vital Records (new program) ▪ Annual - Debt Set-Off EMR ▪ Candidate Qualification training ▪ State Personnel ▪ Software and Programs to keep IT staff up to date 	<ul style="list-style-type: none"> ▪ Project Planning ▪ Leadership Development ▪ Emergency Management Radio operations ▪ Project Planning tools and techniques ▪ Leadership Development ▪ Workforce Development ▪ ICS 300, 400 	<ul style="list-style-type: none"> ▪ EMR ▪ Patagonia ▪ Title X 	<ul style="list-style-type: none"> ▪ Federal food Code ▪ Waste water/well update 	<ul style="list-style-type: none"> ▪ Dealing with health disparities in minority and special needs population ▪ Working with health disparities within the minority and special need population ▪ Shelter training for special medical need population

Occupation Specific Training Needs

Training accomplishments are documented on divisional specific tracking forms within each division and kept in the individual's personnel folder.

Occupational Category	Training Emphasis
Administration <i>Administrative Staff</i>	1. Licensure/Certification Required: N/A 2. Other State or Agency Required: <ul style="list-style-type: none"> ▪ <i>Emergency Management:</i> ICS requirements as outlined in the 2017 NC Public Health Workforce NIMS Training Plan; Public Communication (Non-Emergency) and Advocacy; Public Health Law; Community Assessment, Response and Referral and Technology Needs 3. Qualifications/Trainings Desired: <ul style="list-style-type: none"> ▪ Additional knowledge of government policy and procedure, Patagonia, Excel, Word, and other Microsoft Office products.
Clerical Support <i>Support Staff</i>	1. Licensure/Certification Required: N/A 2. Other State or Agency Required: <ul style="list-style-type: none"> ▪ <i>Emergency Management:</i> ICS requirements as outlined in the 2017 NC Public Health Workforce NIMS Training Plan; Public Communication (Non-Emergency) and Advocacy; Public Health Law; Community Assessment, Response and Referral and Technology Needs, program specific training related to specific job duties. * (See Clinical Services Employee Training and Development Policy for specific training requirements).

	<p>3. Qualifications/Trainings Desired:</p> <ul style="list-style-type: none"> Customer service, telephone etiquette, dealing with difficult people, medical documentation/ imaging, coding, typing and data entry skills. Use of the Language Line for translating and interpreting.
<p>Clinical Care Provision</p> <p>Providers Nurses MOA Physician Extenders</p>	<p>1. Licensure/Certification Required:</p> <ul style="list-style-type: none"> <i>Nurses: A current license to practice as a Registered Nurse or LPN in North Carolina by the NC Board of Nursing.</i> <i>Physician Extenders: "Approval to practice medical acts" based on education and experience by the N.C. Board of Medical Examiners. Licensure by the North Carolina Board of Nursing to practice as a Nurse Practitioner.</i> <p>2. Other State or Agency Required:</p> <ul style="list-style-type: none"> <i>Emergency Management: ICS requirements as outlined in the 2011 NC Public Health Workforce NIMS Training Plan; Public Communication (Non-Emergency) and Advocacy; Public Health Law; Community Assessment, Response and Referral and Technology Needs.</i> <i>CPR</i> <i>Working knowledge of current Contract Addendum (program specific)</i> <i>Other:</i> <ul style="list-style-type: none"> <i>Nurses: *</i> <i>MOA: * - Memorandum of Agreement</i> <i>Physician Extenders: *</i> <p><i>* See Clinical Services Employee Training and Development Policy for specific training requirements).</i></p> <p>3. Qualifications/Trainings Desired:</p> <ul style="list-style-type: none"> Additional emphasis and hours based upon the North Carolina PH Nursing Continuing Education Advisory Committee's individualized RN/LPN Competency Evaluation and public health community focus such as tobacco cessation, breastfeeding, pharmacy, diabetes education, child development, GAINS assessment, and each individual's public health role.
<p>Executive <i>Health Director</i></p> <p><i>Administrative Officer/ Assistant to the Health Director</i></p>	<p>1. Licensure/Certification Required:</p> <ul style="list-style-type: none"> <i>Health Director: The SCHD health director must meet NC General Statutes 130A and be approved by the State Health Director to hold the position as a county Health Director.</i> <p>2. Other State or Agency Required:</p> <ul style="list-style-type: none"> <i>Emergency Management: ICS requirements as outlined in the 2017 NC Public Health Workforce NIMS Training Plan; Biological and Chemical Terrorism Readiness; Communication Equipment and Procedures; Public Communication (Non-Emergency) and Advocacy; Public Health Law; Community Assessment, Response and Referral and Technology Needs</i> <i>Other:</i> <ul style="list-style-type: none"> <i>Health Director: Continuing education to keep current on Public Health issues as needed.</i> <ul style="list-style-type: none"> -Public health law -Administrative/HR law -Environmental Health Law and regulations -Current clinical issues such as Medicaid and insurance regulations. -Financial and budgeting <i>EOC operation and WEB EOC operation. See job description for additional trainings desired. Any specific training needed to lead the SCHD's full scope of public health programs and services. As primary PIO need IS 100.b, 200.b, 250, 700.a, 702.a, 800.b and CERC-basic training.</i> <p>3. Qualifications/Trainings Desired:</p> <p>Additional emphasis based on the North Carolina Public Health Association's recommendations and on strategic planning, community organization and public health advocacy</p> <ul style="list-style-type: none"> <i>Health Director: See job description.</i> <i>Administrative Officer/Assistant to Health Director: See job description.</i>
Environmental Health	<p>1. Licensure/Certification Required:</p>

<p><i>Environmental Health Specialists</i></p>	<ul style="list-style-type: none"> Environmental Health Specialists: Completion of the Registered Sanitarian requirements set forth by the Board of Sanitarian Examiners within 1 year of employment. Authorization is required for each program area in which work will be performed. The Division of Environmental Health, Office of Education & Training, has Centralized Intern Training components (including homework), which must be completed prior to a request for Delegation of Authority. Passing of a written exam and a series of successful site visits with the DHHS regional specialist are the final steps before written authorization is granted from the Division of Environmental Health. <p>2. Other State or Agency Required: (DHHR requires)</p> <ul style="list-style-type: none"> <i>Emergency Management:</i> ICS requirements as outlined in the 2017 NC Public Health Workforce NIMS Training Plan; Public Communication (Non-Emergency) and Advocacy; Public Health Law; Community Assessment, Response and Referral and Technology Needs. <p>3. Qualifications/Trainings Desired:</p> <ul style="list-style-type: none"> Additional emphasis based upon the North Carolina State of Practice Committee (SOP) or NC State Board of Sanitarian Examiners requirements and recommendations
<p>Emergency Preparedness</p> <p><i>EPI Team Members</i> <i>Emergency Management</i></p>	<p>1. Licensure/Certification Required:</p> <ul style="list-style-type: none"> Emergency preparedness coordinator: <i>N/A, except when required by specific job.</i> <i>PIO: N/A, except when required by specific job.</i> <i>EPI Team Members: N/A, except when required by specific job.</i> <p>2. Other State or Agency Required:</p> <ul style="list-style-type: none"> Emergency Management: ICS requirements as outlined in the 2017 NC Public Health Workforce NIMS Training Plan; Biological and Chemical Terrorism Readiness; Communication Equipment and Procedures; Public Communication (Non-Emergency) and Advocacy; Public Health Law; Community Assessment, Response and Referral and Technology Needs <i>Other:</i> <ul style="list-style-type: none"> <i>PIO: N/A</i> <i>EPI Team Members:</i> There is no specific training required; however, the EPI team should utilize the NIMS-ICS to manage projects or events and therefore knowledge of this system is required. Additionally, completion of a variety of scheduled exercises is required. Ongoing training through the NC Center for Public Health Preparedness. NOTE: Individual members of the EPI team may have specific training requirement related to their job duties. <p>3. Trainings/Qualifications Desired:</p> <ul style="list-style-type: none"> Additional emphasis on the Strategic National Stockpile, Epi-Info, Outbreak Investigations and Epidemiology, EOC operation and WEB EOC operation.
<p>Health Promotion <i>Health Promotion/Health Education</i></p>	<p>1. Licensure/Certification Required:</p> <ul style="list-style-type: none"> <i>CHES optional</i> <p>2. Other State or Agency Required:</p> <ul style="list-style-type: none"> <i>Emergency Management:</i> ICS requirements as outlined in the 2011 NC Public Health Workforce NIMS Training Plan; Public Communication (Non-Emergency) and Advocacy; Public Health Law; Community Assessment, Response and Referral and Technology Needs <i>Other:</i> <ul style="list-style-type: none"> <i>Health Education Specialist:</i> gathering statistical data and interpret information/data <i>Health Educator:</i> CPR instructor, prenatal education <i>Emergency Preparedness Coordinator:</i> EOC operation and WEB EOC operation <p>3. Trainings/Qualifications Desired:</p> <ul style="list-style-type: none"> Additional emphasis placed upon child health, family planning and maternal health issues, car seat safety and chronic disease prevention, WIC, and Breastfeeding.
<p>Laboratory</p>	<p>1. Licensure/Certification Required:</p> <ul style="list-style-type: none"> <i>Medical Lab Assistant:</i>

	<ul style="list-style-type: none"> ▪ <i>Medical Lab Technician: N/A</i> ▪ <i>Specific Certification as dedicated by CLIA Certificate and in accordance to State Lab Guidelines.</i> <p>2. Other State or Agency Required:</p> <ul style="list-style-type: none"> ▪ <i>Emergency Management:</i> ICS requirements as outlined in the 2017 NC Public Health Workforce NIMS Training Plan; Public Communication (Non-Emergency) and Advocacy; Public Health Law; Community Assessment, Response and Referral and Technology Needs, specific training in proper use of equipment and procedures for processing laboratory specimens. ▪ <i>Other:</i> <ul style="list-style-type: none"> ▪ <i>If an RN or LPN holds this position or has collateral duties as the Lab Technician, this individual must maintain their current nursing license.</i> <p>3. Trainings/Qualifications Desired:</p> <ul style="list-style-type: none"> ▪ Additional emphasis on new lab equipment, testing procedures, and CPR updates.
<p>Nutrition (WIC) <i>WIC Nutritionists</i></p>	<p>1. Licensure/Certification Required:</p> <ul style="list-style-type: none"> ▪ <i>Registered Dietitian: License to practice as a Registered Dietitian by the Commission on Dietetic Registration of the American Dietetic Association</i> ▪ <i>Nutritionist: N/A</i> <p>2. Other State or Agency Required:</p> <ul style="list-style-type: none"> ▪ <i>Emergency Management:</i> ICS requirements as outlined in the 2017 NC Public Health Workforce NIMS Training Plan; Public Communication (Non-Emergency) and Advocacy; Public Health Law; Community Assessment, Response and Referral and Technology Needs, see specific training requirements of individual positions. <p>3. Trainings/Qualifications Desired:</p> <ul style="list-style-type: none"> ▪ Breast feeding training, training related to specific WIC program guidelines and continual nutrition training, where appropriate.
<p>Social Work <i>CC4C</i> <i>PCM</i></p>	<p>1. Licensure/Certification Required:</p> <ul style="list-style-type: none"> ▪ <i>CC4C</i> ▪ <i>PCM</i> <p>Required to have a BSW in clinical social work to work within the NC CCNC Network. However, individuals hired before October 2011 and meet the SOP guidelines for Social Workers may hold this position but cannot transfer into another position unless they are qualified as a BSW.</p> <p>2. Other State or Agency Required:</p> <ul style="list-style-type: none"> ▪ <i>Emergency Management:</i> ICS requirements as outlined in the 2017 NC Public Health Workforce NIMS Training Plan; Public Communication (Non-Emergency) and Advocacy; Public Health Law; Community Assessment, Response and Referral and Technology Needs, Introduction to Public Health in NC ▪ <i>Other:</i> <ul style="list-style-type: none"> ▪ <i>PCM/CC4C Orientation and basic training within first year.</i> <p>3. Trainings/Qualifications Desired:</p> <ul style="list-style-type: none"> ▪ Additional emphasis as prioritized by the PH Social Work Continuing Education and Training, training to perform duties as a SIDS counselor.
	<ul style="list-style-type: none"> ▪

List of Training Resource

Many resources are also available, including those offered by in-house professionals, private sector companies, professional associations, schools of public health, universities and community colleges, public health training centers, and centers for public health preparedness. Training sources include:

- Divisional In-Service Training - Sponsored by specific Health Department Divisions (Administrative, Executive, Clinical Services, Environmental Health, Health Education & Emergency Management)
- Local Community Colleges and regional and state universities
- American Red Cross and AHA CPR Training.
- The North Carolina Center for Public Health Preparedness
<http://www.sph.unc.edu/nccphp/>
 The North Carolina Center for Public Health Preparedness (NCCPHP) offers online training modules, training packages, courses, and certificate programs. Train-the-trainer and face-to-face trainings are also available, and NCCPHP can provide technical assistance and content expertise upon request. Most trainings are free and can be completed in an hour or less.
- The North Carolina Institute for Public Health at
 The University of North Carolina School of Public Health
<http://www.sph.unc.edu/nciph/>
- Federal Emergency Management Agency
http://www.fema.gov/tab_education.shtm
- United States Department of Health and Human Services
<http://www.hhs.gov/emergency/index.shtml>
- North Carolina Public Health Law – UNC School of Government
<http://www.ncphlaw.unc.edu/>
- North Carolina State University Soil Science Department
<http://www.soil.ncsu.edu/training>
- **FEMA Independent Study Program (ICS and NIMS)**
<http://training.fema.gov/IS/crslist.asp>
- **NC State Personnel Office**
- **North Carolina State Vital Records Office**
- **Various Authorized Technology Trainers**
- North West AHEC –North West Area Health Education Center
www.northwestahec.wfubmc.edu

Placement Planning

The SCHD uses the following list of avenues to provide appropriate individuals who are suitable candidates for public health positions.

- Volunteers
- Temporary Agency Placements
- North Carolina Public Health Alliance

- Accept interns and students from Wake Forest University Baptist Medical Center PA (Physician's Assistant) Program, Winston-Salem State University FNP program, UNC @ Greensboro NP Program and RN to BSN program, UNC Chapel Hill FNP program, East Carolina University FNP program, and Methodist University PA program (Fayetteville, NC).

Internal & External Research Resources

The following internal and external resources were used for this policy and workforce development report and work plan.

- Stokes County Human Resources
- SCHD Administration
- SCHD Management Team Members
- Workforce Development Plans from Surry, Gaston, Iredell and Guilford Counties
- Accreditation Benchmark Activity Requirements and Health Department Self-Assessment Instrument

Resources Needed

- **PERSONNEL:** Entire SCHD Workforce and Stokes County Human Resources
- **EQUIPMENT/SUPPLIES:** Computers, projector, MS Word, Excel and PowerPoint Software, server, paper and writing utensil, internet access
- **OTHER RESOURCES (FUNDING):** Other needed resources include personnel, training space, funding, orientation check lists, job descriptions, training documentation logs, personnel records, and fax.

Cost/Benefit Impact

Turnover costs are very high and can significantly affect the financial performance of the SCHD. Direct costs include recruitment, selection, and training of new employees. Indirect costs include increased workloads and overtime expenses for coworkers, as well as reduced productivity associated with low employee morale. Labor market conditions affect general turnover rates and can be very difficult to manage. Also, compensation, high stress, working conditions, repetitiveness, poor supervision, poor fit between the employee and the job, inadequate training, poor communications, and organization practices have an affect on turnover.

Legal Authority

- Occupational Safety and Health Act (OSHA) of 1972 and updates and outlined in A Guide to Voluntary Training and Training Requirements in OSHA Standards, Division of Occupational Safety and Health, NC Department of Labor, 11/00.
- Title VI Civil Rights Act, 1964, Policy Guidance on the Title VI prohibition against National Origin Discrimination As it Affects Persons with Limited English Proficiency, Section C 3(a), Federal Register, February 1, 2002.
- Health Insurance Portability and Accountability Act (HIPAA) 1996, Standards for Privacy of Individually Identifiable Health information, 45 CFR 164.530 (b)1 and (B)2, August 14, 2002
- American's with Disabilities Act of 1990, Titles I & V
- Clinical Laboratory Improvement Act (CLIA)

- State of NC Public Health Laws and Regulations
- NC State Board of Sanitarian Examiners
- Stokes County Personnel Policies and Procedures
- Stokes County Accounting Policies & Procedures
- NC State Office of Personnel
- NC State Office of Vital Records
- NC Board of Nursing
- NC Board of Medical Examiners

Related Policies & Procedures, with Similar Content

- Clinical Services Employee Training and Development Policy

Management of Policy

- The **Management Team** collectively sets priority for workforce development and creates the workplace environment. Individual Division Managers recruit, hire, assure on-going credentialing, manage, and support professional growth.
- The **Health Director** is responsible to the BOCC for workforce strategy, priority setting, and a development of a productive and cohesive work environment. The Health Director ensures a comprehensive agency workforce development and strategic plan is assessed annually.
- The **Board of County Commissioners (BOCC)** is ultimately accountable for assuring the resources are available to ensure a competent workforce; therefore, the quality of public health services.
- The agency **Program Directors/Supervisors** review and revise as needed position descriptions annually as part of the performance agreement. In addition, each staff member is required during their annual review to review their job descriptions and revised as needed and verifies all duties listed. Revisions will be made as needed and the employee will verify that he/she has reviewed by signature and date. The SCHD assures a comprehensive orientation for all staff. Program Directors/Supervisors focus on assessment of development needs, individual training plans, and reporting. Program Directors/Supervisors report to and collaborate with the Division Managers on workforce issues. The Program Directors/Supervisors plan and coordinates the orientation of all new employees in program duties and responsibilities. They provide resources, including formal programs, online options, and hands on practicum.

2018 Stokes County State of the County Health Report



**Stokes County Health Department
1009 Main Street
Danbury, NC 27016
(336) 593-2400
<http://www.co.stokes.nc.us/index.htm>**

Overview: Stokes County SOTCH Report

During the years between county Community Health Assessments (CHA), county health departments conduct and provide an abbreviated State of the County Health report (SOTCH report). The SOTCH report is intended as a quick overview of community health data rather than a comprehensive review of the priority.

Health issues identified during the 2016 CHA, can be found in this document. The priority areas identified in this report are guided by findings from the 2016 CHA, SOTCH reports, community surveys, and state and local data. This report provides an annual review of the health of the community, tracks progress regarding health priorities and compares statistics. It also identifies new programs and partnerships in the community, as well as emerging issues that affect the health status of county residents.



Table of Contents

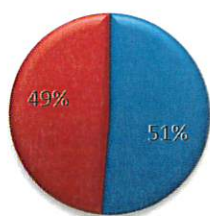
Stokes County	
Demographics.....	4
Leading Causes of Death.....	5
Health Priorities	6-12
Priorities	
Progress.....	13-16
New Issues/Emerging Issues.....	17

Demographics and Social Economic Issues of Stokes County

Stokes County located in northwestern North Carolina consists of both incorporated and unincorporated towns. The incorporated towns include the City of King, the largest municipality in the county with a population of 6,904 residents; Walnut Cove with a population of 1,363 residents; and Danbury with a population of 183 residents. Stokes County demographics show the overall county population of 45,717. This is a 1% decrease since the last Community Health Assessment in 2016.

As for race analysis, the population consists of 93 % Caucasian, 4% African American, Hispanic of any race 2%, and races of two or more 1%. The breakdown of population by age is as follows: 4.5 % are under the age of five years old, 19% are under the age of 18, 21% are 65 years of age or older. The majority of the population, 55.5% is between the ages of 18-64 years of age. The per capita income for 2017 was \$23,500 and the median household income range from 2013-2017 was \$44,490 compared to \$57,652 for North Carolina. In Stokes County, 14.1% of individuals live below the poverty level compared to North Carolina's overall average of 12.3%.

**Gender of Stokes County
Citizens**



■ Female ■ Male

Within the Stokes County Population, the female population is 51%, while the male population stands at 49%.

Leading Causes of Death in Stokes County 2016

Rank	Cause	Number	%
1	Cancer	139	23.2
2	Diseases of heart	120	21.1
3	Cerebrovascular diseases	47	7.8
4	Chronic lower respiratory diseases	41	6.8
5	All other unintentional injuries	35	5.8
6	Alzheimer's disease	26	4.3
7	Influenza/pneumonia	20	3.3
8	Motor vehicle injuries	13	2.1
9	Intentional self-harm (suicide)	10	1.6
10	Diabetes Mellitus	6	1
	All other causes (Residual)	140	23.4
	Total Deaths – All Causes	597	100.0

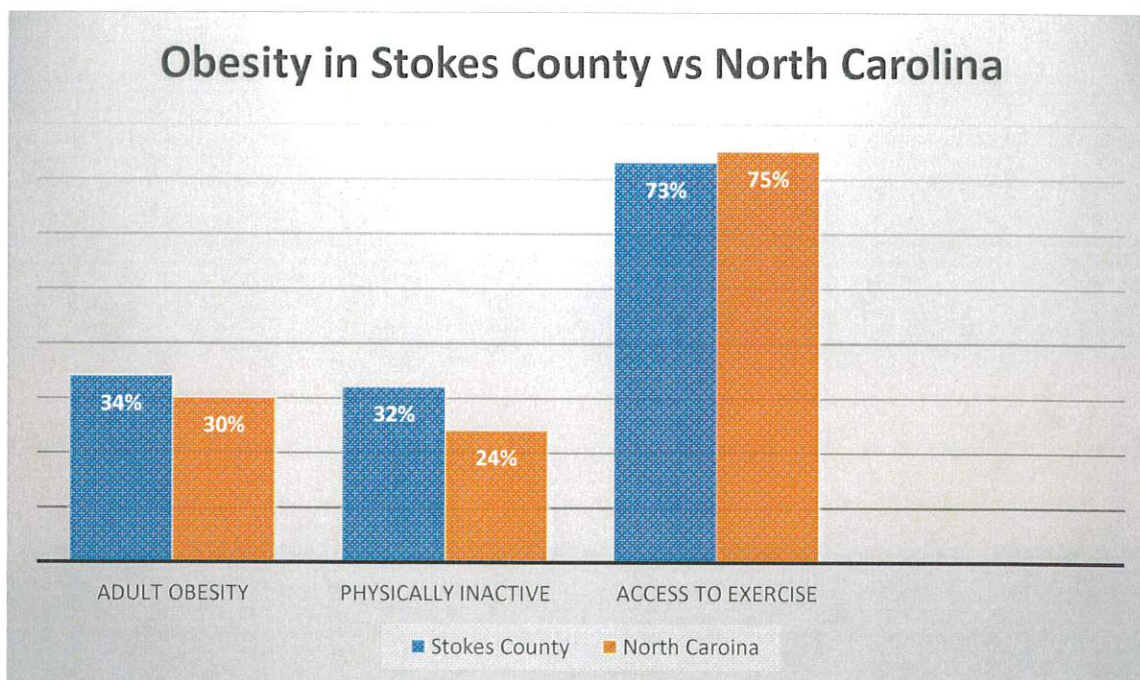
Source: State Center for Health Statistics, North Carolina

Priority Health Concerns

Stokes County Community Health Assessment was completed in 2016. At this time surveys were distributed within our health department as well made available on line for everyone in Stokes County.

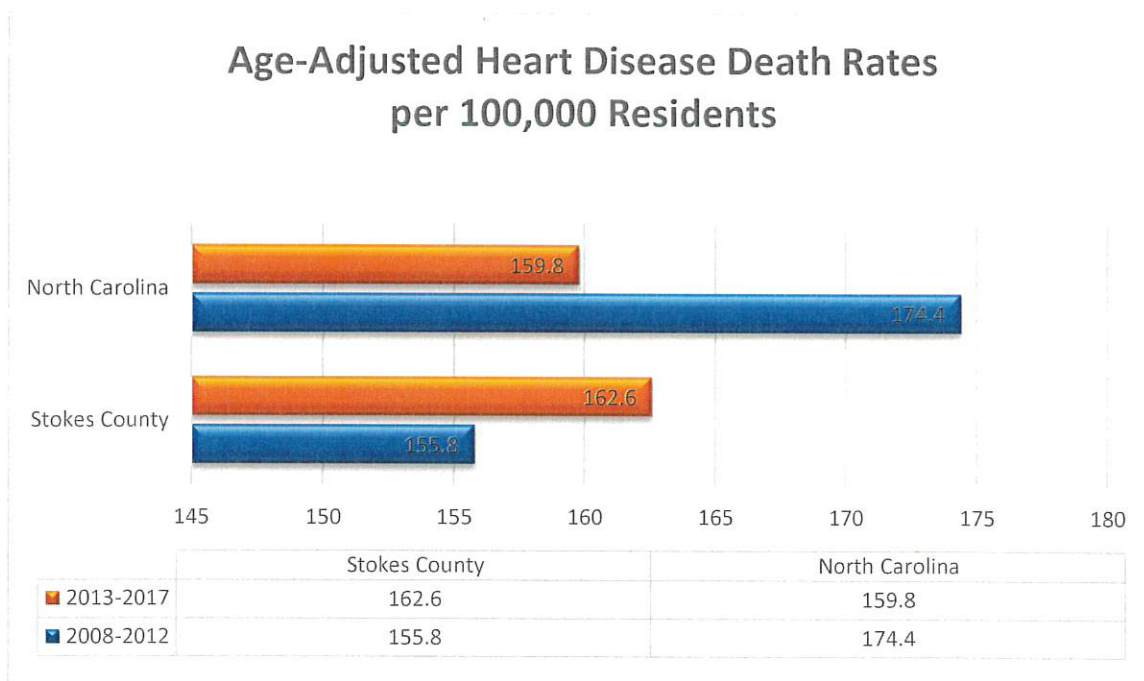
The report concluded that the top three biggest issues in our county were:

1. Substance Abuse
2. Mental Health
3. Chronic Disease



Source: State Center for Health Statistics, North Carolina

Stokes County is a rural county located in northwestern North Carolina. The population of Stokes County exhibits a higher incidence of disease in a number of areas including heart disease, respiratory disease, and disability associated with chronic health conditions, and obesity. Rural populations disproportionately suffer from chronic disease relative to the general public. Access to quality health care in rural areas is restricted by poor infrastructure and a smaller health care workforce thus hindering the utilization of preventative health services and compromising the implementation of wellness and healthy lifestyle programs.



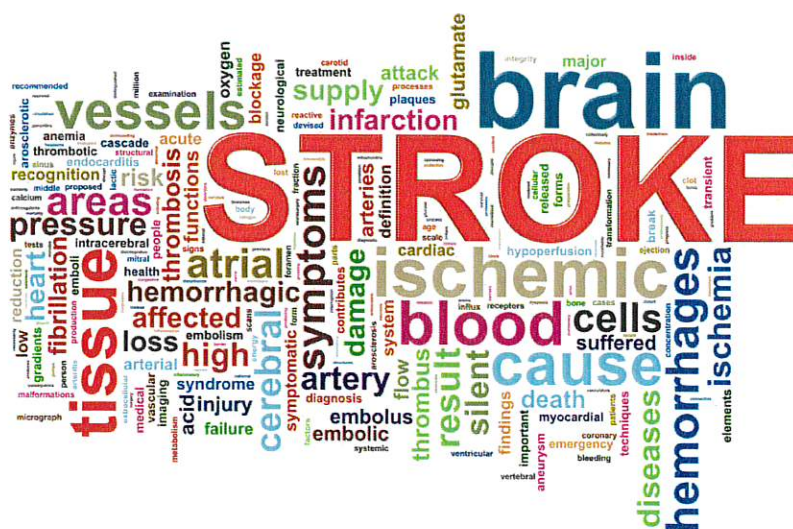
Source: North Carolina State Center for Health Statistics

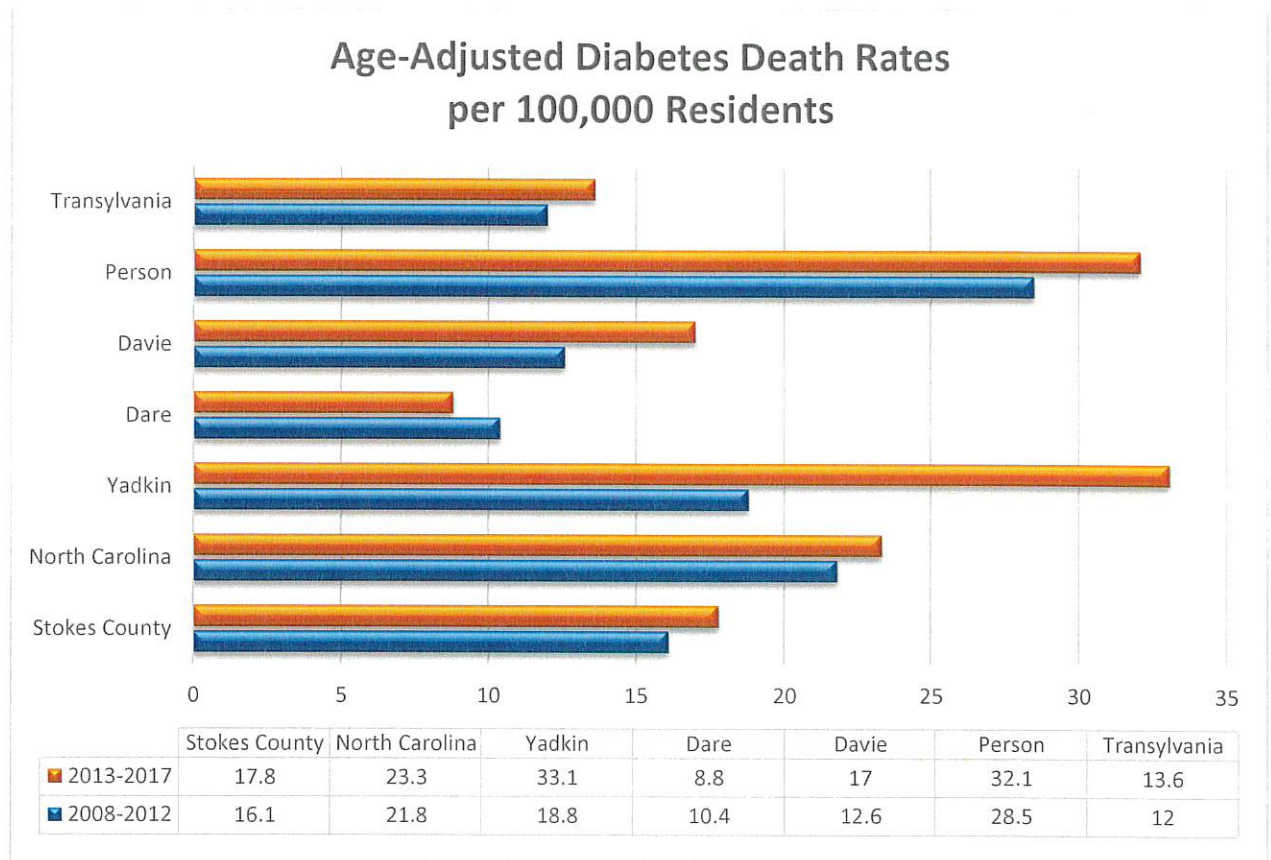
This chart compares the number of age-adjusted Heart Disease related deaths between Stokes County and the state of North Carolina during the time periods of 2008-2012 and 2013-2017. During the period of 2008-2012, Stokes County had a lower death rate from Heart Disease than the North Carolina average. However, during the time span of 2013-2017, Stokes County had an increase in Heart Disease related deaths as well as having a higher death rate than the state of North Carolina average. Heart Disease mortality contributors include but are not limited to tobacco use, physical inactivity, obesity, and alcohol consumption.

The Healthy NC 2020 Target = 161.5



The chart above compares Stokes County and North Carolina's age-adjusted stroke related death rates during the time periods of 2008-2012 and 2013-2017. Stokes County's stroke related death rates are higher when compared to the average North Carolina rates. In comparison to Stokes peer counties, only Person County has a higher stroke death rate than Stokes County during the time period of 2008-2012.



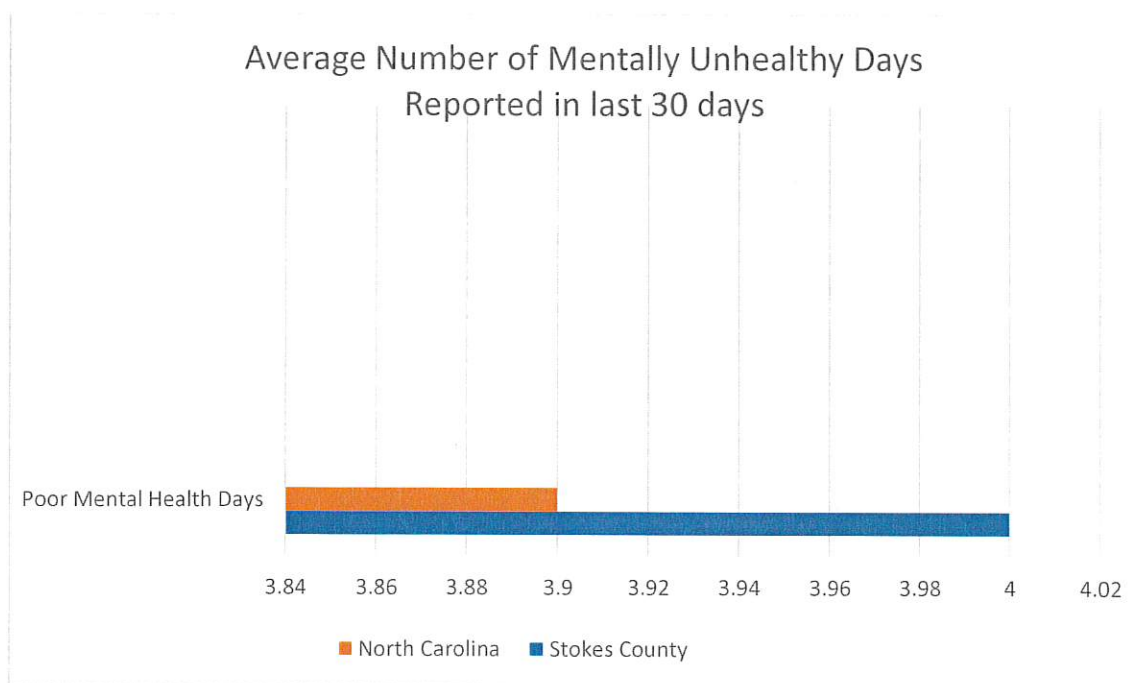


Source: North Carolina State Center for Health Statistics

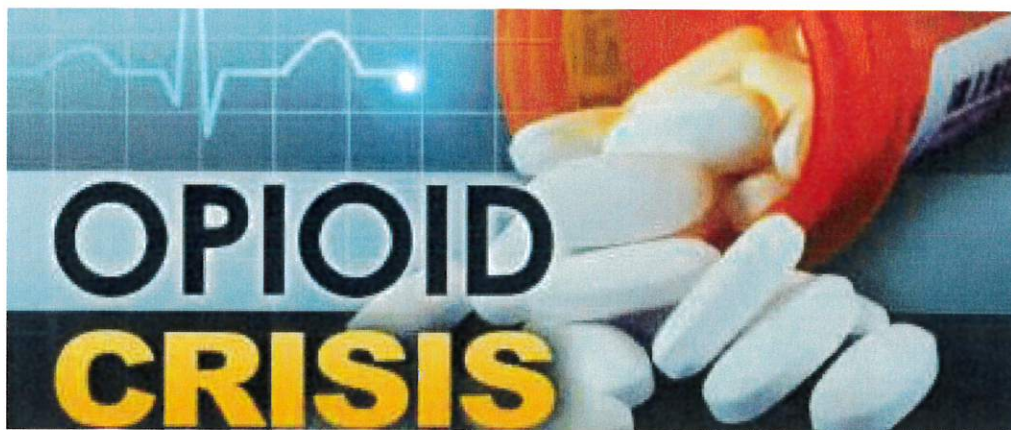
This chart displays the trends in Age-Adjusted Diabetes Death Rates for Stokes County related to several peer counties along with the state of North Carolina during two time periods, 2008-2012 and 2013-2017. When compared to the peer counties, Stokes County is the third highest in diabetes deaths; however, it has a lower death rate than the state average. This trend indicates that Stokes County has increased in deaths due to diabetes since the 2008-2012 period.

Stokes County is confronted with a deficiency of mental health resources. The individuals that experience mental health issues typically cycle through county services such as hospital emergency departments and social services. Even with access to care, there are cultural stigmas to mental illness that are particularly acute in rural areas and may keep people from seeking care. For example, in a small community where each individual is well known, most do not want others knowing they are seeking help with a behavioral health specialist. Despite all of the obstacles, a movement toward changing the balance of access and care in rural regions is showing improvement.

Research shows that individuals with mental health issues that do not seek help or treatment will often become involved in a substance abuse problem. These individuals may turn to prescription (opioids, depressants, stimulants, etc.) or illicit drugs in order to combat the mental health conditions from which they suffer instead of seeking help from a professional.



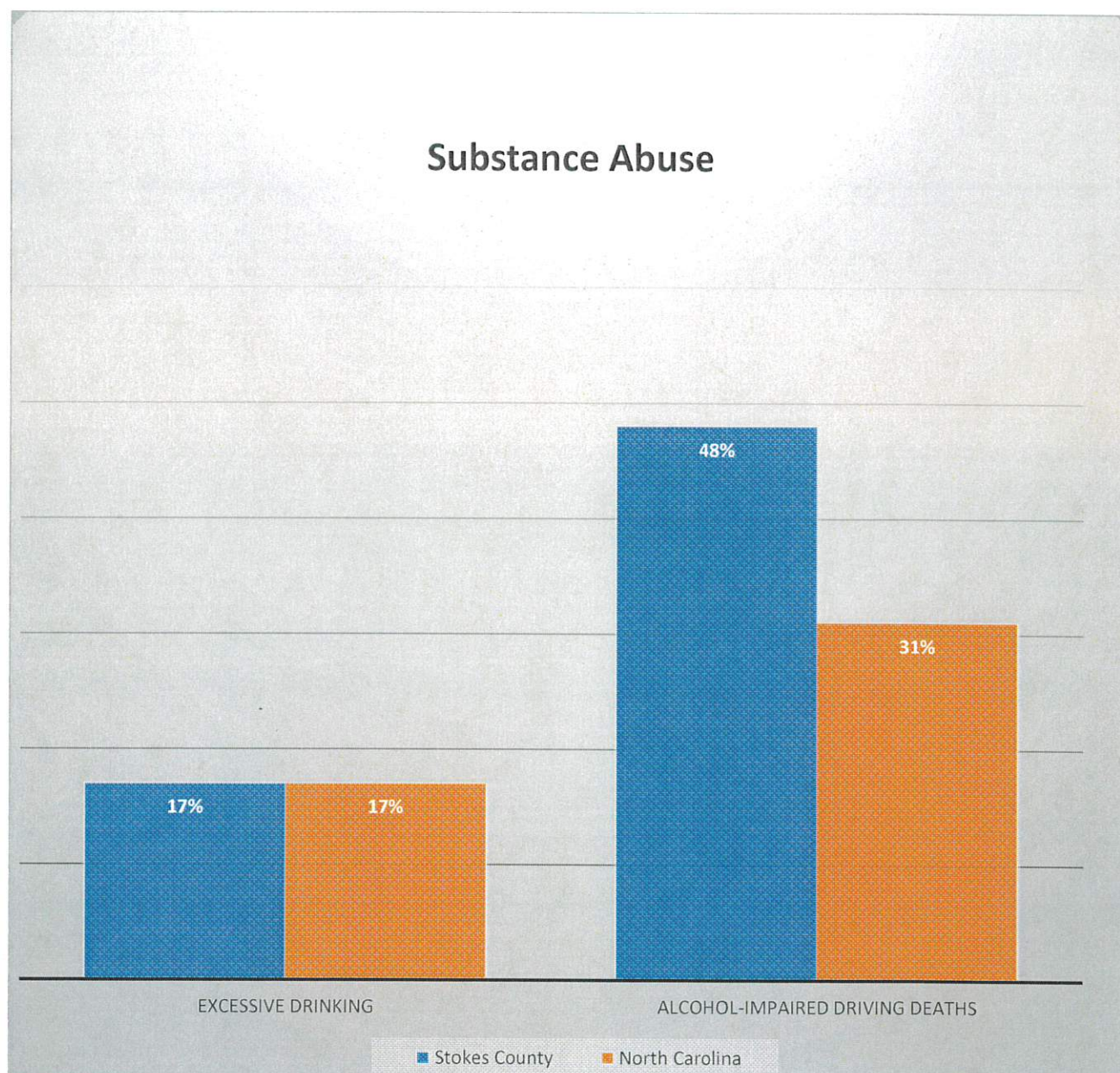
Source: County Health Rankings and Roadmaps



One of the biggest issues in Stokes County is the significant number of drug overdoses (opioids, heroin, etc.) that have become more prevalent in recent years. In addition, there has been a statistically substantial increase in drug overdose death rates. In North Carolina, the death from heroin overdose increased 22.3% from 2016 to 2017. Heroin use has increased in recent years among both men and women, with almost all age groups, and all income levels. Many of the highest increases have occurred in demographic groups with historically low rates of heroin use: women, the privately insured, and those individuals with higher incomes. In particular, heroin use has more than doubled in the past decade among young adults aged 18 to 25 years. The majority of drug overdose deaths (more than six out of ten) involve an opioid.

Most individuals that abuse prescription opioids obtain them from a friend or relative. However, those at highest risk of overdose (using prescription opioids non-medically for two hundred or more days a year) acquire them in ways that are different from those who use them less frequently. These individuals obtain opioids using their own prescriptions (27 percent), from friends or relatives at no cost (26 percent), buying from friends or relatives (23 percent), or purchasing from a drug dealer (15 percent). Those at the highest risk of overdose are about four times more likely than the average user to buy the drugs from a dealer or stranger.

Source: Center for Disease Control (CDC)



Source: County Health Rankings and Roadmaps

Chronic Disease Prevention/Intervention

Women, Infants, and Children

Women, Infants, and Children (WIC), is a federal program that helps provide high quality, nutritious foods to low-income pregnant women, post-partum and breastfeeding women, as well as infants and children until they reach the age of five. WIC provides education on proper nutrition, supplemental foods, and breastfeeding support. Stokes County Health Department's WIC program reaches out to the community through our Little Folks Festival, Pre-K screenings and continuous contact with Smart Start programs in the county.

Brenner's Fit Program

Stokes County Health Department has partnered with Wake Forest Baptist Health Brenner Children's Hospital to begin offering the Brenner F.I.T. Program to our rural families for free. During these hands-on cooking classes, families will prepare a quick meal and learn how it meets Brenner FIT recommendations. Each meal follows the Balanced Plate concept and will include a protein, grain, fruit and vegetable.

National Walk to School Day

The Stokes County Health Department has continued to partner with Active Routes to School along with other organizations within the county such as the local sheriff's department and Stokes County Schools. Our goal is to promote walking and biking as exercise that could lead to a healthier lifestyle. Active Routes to School is an organized effort to increase safety for children who walk and bike for exercise not only at school but at home as well. The overall goal of the event is to educate students as well as parents on how important it is for kids to become more active and how to do so safely.

For the 2017 and 2018 school years we had two schools in Stokes County participate in the National Walk to School day which takes place in October. These schools consisted of one elementary and one middle school. During this event students and teachers took time during the school day to walk on the school grounds or other walkways around the school. This was a successful event that both the students and teachers enjoyed while learning at the same time.



Youth Tobacco Fund

The Stokes County Health Department received the Youth Tobacco Grant through the Appalachian Health District for the years of 2017-2018 and 2018-2019. Stokes County was able to purchase “No Tobacco Permitted” signage in both English and Spanish for the 11 elementary schools, 3 middle schools and 5 high schools in the county. The grant was also used to purchase anti-tobacco educational models for the 3 middle schools in the county. The models will be incorporated into the Health Class curriculum.



Mr. Gross education model shows the effects of smokeless tobacco use.



This educational model cast from real specimens graphically illustrates the effects of smoking on the lungs.



Simulated Smoker's Lung - This hands-on demonstration of how lungs work and the effects of prolonged smoking by using real swine lungs.

Mental Health / Substance Abuse Intervention

Stokes County Community Partners

This group of community partners meet monthly to discuss and find ways to help provide mental health services to the citizens of Stokes County as well as assist with the substance abuse epidemic. There are several organizations that are members of this group including Stokes County Emergency Medical Services (EMS), Stokes County Sheriff's Department, Stokes County Health Department, Cardinal Innovations, DayMark Recovery, Youth Haven, and Yveddi. In addition, several other individuals from Stokes County participate in the meetings. The Stokes County Health Department offers mental health services through DayMark two days a month with hopes of adding additional dates in the future. This group has also helped to create the Stokes Connector Public Transportation Route with the assistance of YVEDDI. This route has helped to address the problem with patients being unable to obtain transportation for an appointment.

Stokes Citizens for Safe and Healthy Communities

Lock Your Meds Program

Stokes County Health Department has collaborated with STOP and Insight to conduct several prescription drug take back events as well as educate students in the Stokes County School system of the dangers of prescription and illegal drugs. Since 2017, this partnership has disseminated educational information to schools for distribution to students in hopes of reaching their parents or guardians with the help of the Lock Your Meds program. Lock Your Meds is a national multi-media campaign designed to reduce prescription drug abuse by making adults aware they are the "unwilling suppliers" of prescription medications being used in unintended ways, especially by the youth of today. Produced by National Family Partnership (NFP), the campaign includes a wide array of high-quality advertisements, posters, educational materials, publicity opportunities, interactive games and slide show presentations, along with a website where visitors can obtain more information and ask questions.

The target audience for Lock Your Meds is 20 to 80 year old adults with the primary focus on keeping prescription and over-the-counter pharmaceuticals away from drug abusers. Many adults may be unwilling suppliers and by making them aware of this problem, drug abuse can be greatly reduced. This information will also be available in several locations within Stokes County along with being distributed at health fairs within the area.

NC 211

Stokes County is providing and promoting information regarding the United Way of North Carolina's 2-1-1 initiative through county resources such as the Health Department and the Department of Social Services. NC 211 is a bilingual information and referral service in which families and individuals can call to obtain free and confidential information regarding resources within their community.



Need Assistance?

No matter where you are in NC, dial 2-1-1, and talk 24/7/365, with a trained call specialist, to find local health and human service resources.

Mental Health

Physical Health

Aging & Disability Services

Homelessness Prevention

Food & Utilities

Dial 2-1-1 or 888-992-1162 or go to www.NC211.org

Calls are FREE & confidential -- in any language

NC211 is a United Way program

Community Events

On December 18, 2018, an Opioid Discussion Panel was held at North Stokes Senior High School in Danbury, North Carolina. The purpose of this event was to discuss and educate parents as well as the community on opioid abuse by teens. This event was a collaborative effort with Insight, STOP Coalition, Stokes County Health Department, Youth Haven, Daymark and Cardinal Innovation.

New Initiatives

Opioid Community Education

On May 18, 2018, Stokes County Community Partners provided opioid education and lock boxes at the NC MedAssist event in Walnut Cove, North Carolina. Currently, Stokes County Community Partners is helping to plan the 2019 NC MedAssist, which will take place on April 26 in King, North Carolina. The event will once again offer opioid education and lock boxes to the community. NC MedAssist is a nonprofit pharmacy program providing access to lifesaving prescription medications, patient support, advocacy and related services to poor, vulnerable, and uninsured North Carolina residents.

Drug Identification Initiative

The Stokes County Health Department collaborates with the Stokes County Department of Social Services to provide Comprehensive Drug Identification Displays for all three middle schools in Stokes County. The display identifies many dangerous drugs and lists short- and long-term effects of drug abuse. This resource raises awareness of the many drugs of abuse, what they look like, how they are taken, and their damaging effects. It covers a variety of drugs, including narcotics (opioid pain relievers) such as hydrocodone (Vicodin), depressants such as Xanax and Ativan, hallucinogens, stimulants, marijuana, cocaine, alcohol and inhalants. The display will be incorporated into the Health Class curriculum.



Stokes County Health Department

1009 Main Street
Danbury, NC 27016
(336) 593-2400

Hours:

Monday-Thursday 8:00 am-5:30 pm

Friday
8:00 am- 5:00pm

Mailing Address:

PO BOX 187
Danbury, NC 27016

Telephone

(336) 593-2400
Fax: (336) 593-9361

Health Dept. Director: Tammy Martin (336)593-2435
Health Educator: Wendy Tucker (336)593-2400 ext.1229
Environmental Health: (336)593-2403
Child Health: (336)593-2412
Family Planning: (336)593-2420
WIC: (336)593-2402

King Office-WIC Services Only:

Monday, Tuesdays and Wednesdays 8:00-5:00

Address:

102 Hartgrove Rd.
King, NC 27021

Telephone:

(336)985-2727
Fax: (336)985-2654

To report a communicable disease outbreak, an environmental health emergency or a public health threat after hours, weekends or holidays please call 1-877-514-9259 or dial 9-1-1.

Non-Discrimination Statement

In accordance with Federal Law and Department of Agriculture (USDA) policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992(Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.