

**Wilkes County Board of Health Meeting Minutes  
December 15th, 2025**

The Wilkes County Board of Health held a regular business meeting Monday, December 15th, 2025, at 5:30 p.m. at the Wilkes County Health Department in the Ann Absher Conference Room. Board of Health members in attendance were:

Ms. Adina Watkins  
Dr. Keaton Mash  
Dr. Sarah Miller-Wyatt  
Ms. Martha Brame  
Mr. Chris Anderson  
Ms. Lourdes Carillo Perez  
Commissioner Shirley Randleman  
Ms. Susan Bachmeier

Ms. Rachel Willard, and Ms. Jenna Daye, and Mr. Jared Belk were also in attendance. Prior to the December meeting, packets containing the materials to be discussed were mailed and sent via email to each Wilkes County Board member for review.

1. **Welcome and Introductions:** Dr. Keaton Mash welcomed everyone and called the meeting to order at 5:30 p.m.
2. **Public Comments:** None
3. **Adoption of Agenda\*:** Ms. Susan Bachmeier made the motion to adopt the agenda for the Board of Health meeting for December 15th, 2025; the motion was seconded by Commissioner Shirley Randleman, and unanimously approved.
4. **Approval of Minutes\*:** Dr. Keaton Mash stated he had one purpose change to the first page. Bullet point one will need to be changed from myself to Dr. Sarah Miller-Wyatt since she filled in last meeting.

Commissioner Shirley Randleman made the motion to approve the minutes from the October 13th, 2025 meeting with the proposed change; the motion was seconded by Dr. Sarah Miller-Wyatt and unanimously approved.

5. **New Business**
  - **2026 Board of Health Meeting Dates\***



**Wilkes County Board of Health  
2026 Scheduled Meeting Dates  
5:30 pm in the WCHD G. Ann Absher Conference Room**

February 9, 2026
April 13, 2026
June 8, 2026
August 10, 2026
October 12, 2026
December 14, 2026

Motion made by Ms. Susan Bachmeier to approve the 2026 Meeting Dates; motion was seconded by Ms. Martha Brame all were in favor, unanimously approved.

**6. Old Business**

**• Building Update**

Ms. Willard said she really didn't have an update at this given moment. Two weeks ago, there was a special called meeting with the commissioners. John asked myself and Kevin Brown to come to talk about space needs. I believe any new proposal with what may be happening with the new county office building that is being built does not involve the health department. I have not heard that the building that was bought for the health department is being repurposed. I think we are still okay with that and plan to start moving over staff in the summer. Heather Murphy did call me last week and notified me that Safe Spots lease is running out and they need more space. I wanted to say she said sometime in 2026, Cindy is going to come look at the space this week and ideally Heather was asking our timeframe to move out. I've got to get with

John and see where we are at. Ms. Susan Bachmeier asked if it was final that the health department is moving into the building that was purchased for you. Commissioner Shirley Randleman said that there is not enough space in the purposed new county office building for the health department and DSS. Until we get the figures back from Vannoy we don't even know if DSS will be going into that new purposed county office building. Ms. Willard asked Commissioner Shirley Randleman to correct her if she was wrong, but the glass building is paid for and it's still intended for the health department. Commissioner Shirley Randleman said yes. That building closed in September, and from my knowledge you are working on whatever needs to be done to renovate. If we could get both the health department and DSS in the new purposed county office building that would have been an awesome thing but the two will not fit into that building not even if we finish the basement. Everything you have said is accurate.

- **Board of Health Reappointment Updates**

Ms. Willard explained to the board that Dr. Keaton Mash and Ms. Susan Bachmeier are up for reappointment, they are on the agenda for tomorrow night. I will let you know; I have not got any push back from the new chair so I assume it will go seamlessly. Shirley told us when she walked in this afternoon that she would be reappointed as our county commissioner for another three years.

## **7. Administrative Report**

- **Departmental Update**

Ms. Willard gave the department update, starting with we did have a new provider start today. Her name is Regan Parks, she is local and a new grad. She was working at Hugh Chatham as a labor and delivery charge nurse. Our medical directors here have had some experience working with her and they felt good about her. We are excited to see what she will bring to the table; it'll be about six months before she is up to a full schedule seeing patients. She did her nursing degree at Methodist and she got her FNP at Walden. We are watching the measles outbreak in South Carolina closely, it started with six cases and now we are up to one hundred and twenty-seven. While it seems like South Carolina is far away it truly isn't but a hop, skip and a jump. We do have two flu outbreaks at nursing homes right now, those just opened up today. Moving on to Medicaid, last week Governor Stein announced that the provider rates have been restored to 100% as of December 1<sup>st</sup>, but if we don't get a state budget passed Medicaid will run out of funds by the end of March. Environmental Health is still about a week out for permits for wells and septic. It has slowed down pretty dramatically as we hit the cold months. It will pick back up in March. There is a lot of pool activity happening, Days Inn pool will not be able to open until they fix some things, and as I'm sure you've seen Smoot Parks pool is under construction. All of this is under plan review which take a lot of time from our staff to review those and make sure they are right. WIC is still over 100% for their caseload, meeting all the expectations even though some of the challenges that we are facing and the government shutdown that we faced. Proud of the WIC team for getting participants in the door and on the phone to get out participants the things they needed.

- **Community Health Needs Assessment Presentation**

Mr. Jared Belk presented The Community Health Needs Assessment PowerPoint to the board. Report Below.

## COMMUNITY HEALTH NEEDS ASSESSMENT



## PURPOSE OF COMMUNITY HEALTH NEEDS ASSESSMENT

Describe the health status of the community using:

- Secondary data sources for demographic, socioeconomic, health, and environmental indicators
- Hospital data pertaining to emergency department discharges and inpatient discharges
- Community health survey of 540+ Wilkes County residents conducted in Spring 2025
- Comparators North Carolina and occasionally the US

WILKES COUNTY HEALTH

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## PARTNERSHIP: CENTRAL CAROLINA COMMUNITY COLLABORATIVE (CCCC)

The Central Carolina Community Collaborative launched in 2024, is funded by the Duke Endowment to amplify our local community voice through the Community Health Needs Assessment process. The members of the collaborative are dedicated to improving health outcomes, enhancing the quality of life in Central North Carolina and ensuring all community members can achieve their highest level of health. We bring together diverse voices including health systems, public health departments, academic institutions, United Way agencies and other community-based organizations to identify needs, share resources, and implement meaningful solutions.

## PARTNERSHIP: CENTRAL CAROLINA COMMUNITY COLLABORATIVE (CCCC)



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## WILKES COUNTY



## GENERAL DEMOGRAPHICS

- Population: 65,983 (US Census, 7/1/24)
  - 2020 US Census: 65,969
- Population by Race:
  - Non-Hispanic White: 86.1% (62.2%)
  - Hispanic or Latino: 7.3% (9.7%)
  - Two or more races: 2.0% (6.4%)
  - Non-Hispanic Black: 3.7% (20.5%)
  - Asian: .58% (3.3%)
  - Native American: 0.26% (1.2%)

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## GENERAL DEMOGRAPHICS

- Population by Sex:
  - Male: 49.7% (48.9%)
  - Female: 50.3% (51.1%)
- Population by Age Group:
  - 0-4: 1%
  - 5-17: 15.1%
  - 18-39: 23.1%
  - 40-64: 34.2%
  - 65 and older: 22.7%
- Median Age: 45.3 (39.4)

## GENERAL DEMOGRAPHICS

- Primary Language at Home, other than English:
  - Spanish: 4.7%
  - Asian Languages: 0.47%
- Single Parent Households: 4.1%
- Seniors Living Alone: 22.2%

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## GENERAL DEMOGRAPHICS

- Median Household Income:
  - Wilkes: \$50,438
  - NC: \$69,904
- People Living Below Poverty Line:
  - Wilkes: 16.4%
  - NC: 13.2%
- Unemployment Rate:
  - Wilkes: 4.9%
  - NC: 4.8%
  - US: 5.2%

SAPPHIRE HOSPITAL 2021

2021

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## GENERAL DEMOGRAPHICS

- Individuals with HS Degree:
  - Wilkes: 81.9%
  - NC: 89.8%
- Individuals with a Bachelor's Degree or Higher:
  - Wilkes: 28.4%
  - NC: 44.8%

SAPPHIRE HOSPITAL 2021

2021

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## MORTALITY

- Leading Causes of Death in Wilkes:
  - All Ages:
    - Diseases of the Heart
    - Cancer
    - Chronic Lower Respiratory Diseases
  - Ages 0-19:
    - Conditions in Perinatal Period
    - Birth Defects
    - Other Unintentional Injuries

SAPPHIRE HOSPITAL 2021

2021

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## MORALITY

Disease Mortality (deaths per 100,000 residents)

Disease	Wilkes County	North Carolina	United States
Alzheimer's	70.1	35.4	30.0
Cancer	259.5	150.7	144.1
Chronic lower respiratory disease	111.4	38.5	35.4
Covid 19	398.8	45.5	48.5
Diabetes	80.0	27.1	23.6
Heart Disease	288.2	181.6	168.5
Stroke	81.7	45.5	30.1

SAPPHIRE HOSPITAL 2021

2021

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## LIFE EXPECTANCY

- Wilkes: 73.7
- NC: 75.9
- US: 77.6

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## PRIORITIES IDENTIFIED

- Access to Care
- Chronic Disease and Obesity Prevention
- Mental Health and Substance Use

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## ACCESS TO CARE

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## ACCESS TO CARE

- Uninsured Rates:
  - Full Population: 11.4%
  - Hispanic or Latino: 19.2%
  - Non-Hispanic Black: 12.7%
  - Two or More Races: 18.7%
- Preventable Hospital Stays: (per 100,000 Medicare beneficiaries)
  - Wilkes County: 3,656 / NC: 4,096

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## ACCESS TO CARE

- Why is Access to Care Important?
  - Access to care means having the ability to obtain affordable, relevant health services and wellness programs that raise the quality of life for everyone. It includes local options for basic health care like screening and prevention services and having access to health care providers when urgent health care needs arise.

## ACCESS TO CARE

- Those in the Wilkes Medical Center service area reported a lower satisfaction rate of 32.7% with healthcare. This indicates a significant variation compared to the state numbers as it relates to cost, access and availability of healthcare.
- Secondary data shows large gaps in access to providers in Wilkes County including dental, vision and primary care coverage.
- With the expansion of virtual care options, the secondary data shows Wilkes County at 88.2% of residents with internet access, which lags behind the state at 91.1%. This measure demonstrates the need for improved internet infrastructure.

## ACCESS TO CARE

- Key Findings
  - 30.2% of adults surveyed reported that someone in their household delayed or did not receive needed health care in the past year.
  - Medical debt in the United States averages 5.0%, with North Carolina experiencing a higher rate of 8.5%. The Wilkes Medical Center Health service area has an even higher medical debt rate of 11.9%.

## ACCESS TO CARE

- Key Findings
  - Family Medicine providers per capita (per 100,000 residents) – in Wilkes County is 13.6 which is significantly lower than the state at 30.79
  - Wilkes Medical Center Health's service area has 31.8 Primary Care Providers per capita, significantly lower than North Carolina's at 83.9 and the United States at 90.8. This measure has consistently declined since 2018 at 42.1.

## ACCESS TO CARE

- Contributing Factors
  - Access to care is not equal for everyone because many people face barriers like lack of insurance, high costs, or limited coverage. Others live far from clinics or don't have reliable transportation. Long wait times, limited providers, and language challenges also make care harder for some people to get.

## ACCESS TO CARE

- Contributing Factors
  - Barriers & Challenges:
    - Availability of services/providers
    - Transportation
    - People living in rural communities, with disabilities or language barriers
    - Cost, Insurance
    - Communication between healthcare services

## CHRONIC DISEASE AND OBESITY PREVENTION

## CHRONIC DISEASE AND OBESITY PREVENTION

Chronic Diseases are long-term health problems that often develop slowly from genetic, environmental, and lifestyle factors. Some common ones are heart disease, diabetes, cancer, and asthma. These diseases can make daily life harder and often need ongoing medical care. Over half of Americans have at least one chronic disease. (CDC, 2024)

## CHRONIC DISEASE AND OBESITY PREVENTION

Access to exercise opportunities in NC is behind the national average with 78% and a Wilkes County access rate of 66.5%.

Wilkes County has rates of heart disease deaths particularly among the non-Hispanic white population.

- Adult Obesity:
  - Wilkes County – 35.2% NC – 33.9%
- Food Insecurity: (Households with limited or uncertain access to adequate food)
  - Wilkes County – 17.2% / NC - 15.0%
  - 27% of Black/African American residents
  - 26% of Hispanic/Latino residents

WAPPLA REPORT 10/17

2011

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## MORALITY

Disease Mortality (deaths per 100,000 residents)

Disease	Wilkes County	North Carolina	United States
Alzheimer's	70.1	35.4	30.0
Cancer	259.8	160.7	144.1
Chronic lower respiratory disease	111.4	38.6	26.4
Covid 19	98.8	46.5	48.0
Diabetes	80.0	27.1	23.8
Heart Disease	286.2	181.6	168.6
Stroke	61.7	46.6	39.1

WAPPLA REPORT 10/17

2011

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## CHRONIC DISEASE AND OBESITY PREVENTION

- Heart Disease mortality (per 100,000 residents):
  - Wilkes County: 286.2
  - Non-Hispanic Black: 213.8
  - Non-Hispanic White: 316
- Diabetes mortality (per 100,000 residents)
  - Wilkes County: 50
  - NC: 27.1
  - United States: 23.6

WAPPLA REPORT 10/17

2011

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## CHRONIC DISEASE AND OBESITY PREVENTION

- Many chronic diseases can be prevented with healthy habits. However, people with more money, education, and support tend to live longer and avoid these conditions. Without these resources, people often have worse health and shorter lives. For some, eating healthy or staying active is tough because of limited access to good food, busy schedules, or mental health struggles. Things like working multiple jobs or not having stable housing also make it harder to stay healthy. It's important to understand that making healthy choices isn't always easy – and it's not equal for everyone.

WAPPLA REPORT 10/17

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## SUBSTANCE ABUSE AND MENTAL HEALTH

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## SUBSTANCE ABUSE AND MENTAL HEALTH

- Why is Mental Health and Substance Use important?
  - Alcohol and substance use (including tobacco, illegal mood-altering drugs and misusing prescription drugs) contribute to preventable health issues and are linked to social and economic issues. Alcohol and substance use are also closely linked to mental health challenges, including depression, anxiety, and trauma-related disorders. These conditions often co-occur, making recovery difficult without proper support.

WAPPLA REPORT 10/17

2011

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## SUBSTANCE ABUSE AND MENTAL HEALTH

- Significant Need Reasoning
  - Of survey respondents 6.8% reported E-cigarette use compared to 5.06% in North Carolina and 5.13% reported using smokeless tobacco while the state average is 1.3%
  - The cigarette smoking rate in Wilkes County is 18.6 and significantly higher than both the state average for North Carolina and the national average for the United States.
- Secondary data shows Wilkes County has had a significant increase in the drug overdose rate per 100,000 people since 2019. The rate has jumped from 27.8 in 2019 to 45.4 in 2023.

WAPPLA REPORT 10/17

2011

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## SUBSTANCE ABUSE AND MENTAL HEALTH

### Key Findings

- Wilkes County has a 21 alcohol-related mortality rate (deaths per 100,000) which has increased from 12.5 in 2020. This is a notable concern for the service area compared to the North Carolina rate of 11.6 and the United States at 12.8.
- The rate of drug overdose emergency department visits in North Carolina is 161.6 (per 100,000 people). Wilkes County has a significantly higher rate at 198.4.
- According to the survey respondents' substance use is ranked as one of the top most important health related challenges in the community.

WAPPLA REPORT 10/17

2011

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## SUBSTANCE ABUSE AND MENTAL HEALTH

Alcohol-related mortality (deaths per 100,000 residents) in Wilkes County

2019: 10.1

Women: 8.1

Men: 12.1

Drug overdose mortality (deaths per 100,000 residents) in Wilkes Medical Center Health

2019: 15.4

NC: 4

## SUBSTANCE ABUSE AND MENTAL HEALTH

Treatment and support for drug and alcohol use are not easily accessible to all people, especially for populations that are experiencing low income or have limited resources within their community.

Barriers and Challenges:

Increasing drug use

Treatment options

Availability and cost

Mental health

Local drinking culture/social norms

Increase of vaping

8. **Adjournment\***: Dr. Sarah Miller-Wyatt made a motion to adjourn; Ms. Adina Watkins seconded, unanimously approved.

**Next Meeting date**: The next Board of Health Meeting will be on February 9th, 2026 at 5:30 p.m. in the Ann Absher Conference Room at Wilkes County Health Department.

Minutes respectively submitted by:

Jenna Daye, Administrative Assistant

Dr. Sarah Miller-Wyatt

