

Administration

Public Relations

Goal 1: Provide quality service that satisfies public health clients.

Objective: 100% of client/customer surveys will rate services as satisfactory or higher.



	FY23	FY24
Target	100%	100%
Actual	84%	95%

FY2024 Narrative: During FY2023-24, a total of 847 surveys were distributed. Of those distributed, 608 surveys were completed and returned. Five hundred and seventy-six of returned surveys (95%) rated as satisfactory or higher. *Performance not met. Surveys reporting less than satisfactory referenced length of visit as an issue. Programs receiving this feedback have addressed this issue by streamlining workflows for staff and prioritizing services based on staffing. Additionally, programs receiving less than satisfactory survey responses have reviewed the comments shared by participants.*

Goal 2: Thoroughly and promptly investigate complaints received.

Objective: 100% of complaints will be timely and completely investigated.



	FY23	FY24
Target	100%	100%
Actual	100%	100%

FY2024 Narrative: Administration received four complaints with all four being investigated within 72 hours. *Performance met.*

Quality Assurance

Goal: Review all program policies and procedures according to agency quality assurance guidelines to ensure compliance with state and federal guidelines or standards.

Objective: 100% of programs reviewed according to agency quality assurance guidelines.



	FY23	FY24
Target	100%	100%
Actual	100%	100%

FY2024 Narrative: 13 programs were reviewed with >96% compliance. *Performance met.*

Program Administrative Review		
Program	Date of Review	Performance*
1. Care Management for At-Risk Children	4/19/2024	100%
2. Care Management for High-Risk Pregnancies	4/19/2024	100%
3. Child Care Health Consultant	2/13/2024	98%
4. Communicable Disease	6/3/2024	100%
5. Family Planning	6/3/2024	100%
6. Finance	6/19/2024	100%
7. Food and Lodging	9/29/2023	99%
8. Health Promotion and Policy	1/23/2024	100%
9. Lab	4/9/2024	100%
10. Preparedness	6/17/2024	96%
11. TB Control	6/3/2024	96%
12. Groundwater Protection	9/29/2023	97%
13. WIC	12/5/2023	98%

*Indicates adherence to agency policy, as well as state and federal guidelines.

Program Support

Goal: Support the clinical programs with accurate and timely lab services.

Objective 1: Maintain the “Clinical Laboratory Improvement Amendments of 1988” (CLIA) certification.



	FY23	FY24
Target	100%	100%
Actual	100%	100%

FY2024 Narrative: The last laboratory certification inspection occurred August 10, 2022 with no deficiencies. CLIA inspection takes place every two years. Laboratory certification expiration is December 31, 2024. *Performance met.*

Objective 2: Maintain the Chemical Hygiene Manual/Hazard Communication and provide annual employee training.



	FY23	FY24
Target	100%	100%
Actual	100%	100%

FY2024 Narrative: The clinic lab manager reported 69 out of 69 employees received Hazard Communication training. *Performance met.*

Clients Receiving Lab Services per Clinic (Main Lab)			
Clinic	2021-22	2022-23	2023-24
Family Planning	740	928	833
General Clinic	761	1,279	1,177
Daymark Recovery Center (Mental Health)	38	43	28
Total	1,539	2,250	2,038

Clients Receiving Services (WIC Lab)			
	*2021-22	^2022-23	2023-24
Hemoglobin	0	2,669	3,871
Lead	0	10	8
Total Clients	0	2,679	3,879

*Due to COVID-19, WIC did not provide lab services from April 2020 through September 2023.
 ^WIC resumed lab services on October 3, 2022. Some participants may have received more than one service and individuals are not unduplicated.

Laboratory Tests sent to State Lab and Quest Diagnostics			
Type of Test	2021-22	2022-23	2023-24
COVID-19*	272	0	0
Chlamydia	1,436	1,587	1,434
Gonorrhea	1,436	1,587	1,434
Herpes Cultures	46	35	45
HIV	1,221	1,368	1,232
Lead Screening: (Main Lab)	12	17	13
Syphilis (RPR)	1,212	1,373	1,218
Total Tests	5,635	5,967	5,376

*COVID-19 was added to the list of NC reportable disease list during FY2019-20. COVID-19 testing at RCPH decreased during FY2021-22 due to home test kits being readily available and most providers were offering testing as well. Our lab test numbers increased due to an increase in patients. FY2022-23 and FY2023-24, COVID-19 testing was not offered.

Laboratory Tests Conducted by Public Health			
Type of Test	2021-22	2022-23	2023-24
Pregnancy Tests	481	464	420
Wet Mount	889	1,076	963
Total Tests	1,370	1,540	1,383

FY2023-24 Financial Reporting

RCPH Revenues				
Program	FY 2024		FY 2023	
	Revenue Amount	% of Revenues	Revenue Amount	% of Revenues
County Appropriations	\$2,835,068.82	40.3%	\$2,640,157.76	41%
Federal & State Grants	\$2,353,647.91	33.5%	\$1,720,675.24	27%
Medicaid Fees & Fee Reimbursements	\$1,727,469.74	24.6%	\$1,999,181.00	31%
Other Revenues	\$115,998.70	1.6%	\$102,245.45	2%
TOTALS:	\$7,032,185.17	100%	\$6,462,259.45	100%
RCPH Expenses				
Program	FY 2024		FY 2023	
	Expense Amount	% of Expenses	Expense Amount	% of Expenses
Administration	\$1,026,541.85	14.6%	\$1,172,778.82	18%
Child Health/Smart Start	\$91,297.55	1.3%	\$85,022.74	1%
Care Management for At-Risk Children	\$366,350.52	5.2%	\$340,102.36	5%
School Nurse/SH Liaison	\$250,000.00	3.6%	\$277,621.61	4%
Communicable Disease/Covid-19	\$1,723,854.39	24.5%	\$1,080,918.80	17%
Dental Health	\$161,629.20	2.3%	\$327,033.70	5%
Environmental Health	\$1,209,917.49	17.2%	\$1,130,677.70	18%
Health Promotion & Policy	\$281,521.53	4.0%	\$260,708.66	4%
WIC	\$728,932.97	10.4%	\$699,646.88	11%
Family Planning	\$713,504.16	10.1%	\$744,645.72	12%
Case Management for High Risk Pregnancies	\$478,635.51	6.8%	\$325,958.07	5%
TOTALS:	\$7,032,185.17	100%	\$6,445,115.06	100%

Child Health

Child Care Nurse Consultant

Immunization Audits in Local Child Care Facilities

Goal: Ensure children in child care facilities will be appropriately immunized.

Objective: 100% of children in child care facilities will be age appropriately immunized.



	FY23	FY24
Target	100%	100%
Actual	100%	100%

FY2024 Narrative: A total of 1,918 records were audited with 1,888 in compliance. Of those, 30 records required follow-up and 1,912 were in compliance within 45 days. *Performance met.*

Number of Immunization Records Audited			
	2021-22	2022-23	2023-24
Total Number of Immunization Records in Compliance	1,352	1,787	1,888
Total Number of Immunization Records requiring follow-up	56	157	30

Screening, Referral and Follow-up for Children in Child Care Facilities

Goal: Screen three- to five-year-old children in child care to identify possible problems with vision or hearing and refer children when problems are identified.

Objective 1: 100% of children who have parental consent in selected child care facilities will receive screening.



	FY23	FY24
Target	100%	100%
Actual	100%	100%

FY2024 Narrative: One hundred and sixty-nine children with parental consent received vision and hearing screenings in selected child care facilities. *Performance met.*

Objective 2: 100% of children with identified problems will be referred for follow-up.



	FY23	FY24
Target	100%	100%
Actual	100%	100%

FY2024 Narrative: Vision and hearing screenings identified 18 children that needed follow-up. Of those identified, 18 children were referred for follow-up. *Performance met.*

Training to Providers, Children and Parents

Goal: Meet the needs of child care providers, children and parents by providing education and training.

Objective: 100% of child care facilities will receive the required site visit(s).



	FY23	FY24
Target	100%	100%
Actual	98%	100%

FY2024 Narrative: Randolph County had 42 child care establishments as of June 30th. Seventy-two required visits were made by the Child Care Health Consultant. Ninety-four total visits made as a result of the Child Care Health Consultant visiting some establishments more than once during the year. *Performance met.*

Communicable Disease Cases in Schools and Child Care Facilities				
	2020-21	2021-22	2022-23	2023-24
Meningitis	0	0	0	0
Pertussis	0	0	1	0
Salmonella	2	1	0	0
Shigellosis	0	0	0	0

Care Management for At-Risk Children (CMARC)

Goal: Provide interventions and activities that will result in improved continuity of care for high-risk children enrolled with NC Medicaid Managed Care prepaid health plans or private insurance.

Objective: 90% of at-risk children engaged in care management have a comprehensive needs assessment and care plan within the first 30 days of engagement



	FY23	FY24
Target	90%	90%
Actual	97%	100%

FY2024 Narrative: Four hundred and nine at-risk children, 0-5 years of age, were enrolled in care management. Of those enrolled, 408 had a complete comprehensive needs assessment and care plan within the first 30 days of engagement. *Performance met.*

Objective: 90% of referred children will have a patient-centered interaction within 7 business days following referral or three or more outreach attempts within 7 business days from referral entry



	FY23	FY24
Target	*	90%
Actual	*	96%

FY2024 Narrative: Four hundred and forty-two referrals for at-risk children were received by care management. Of those referred, 424 had a patient-centered interaction within seven business days or three or more outreach attempts within seven business days from the referral entry. *Performance met. This measure is a new metric to evaluate CMHRP staff engagement with high-risk patients.*

Communicable Disease

Disease Prevention

Goal: Prevent vaccine preventable disease in Randolph County children.

Objective: 90% of children age 2 and under known to the health department will be age-appropriately immunized.



	FY23	FY24
Target	90%	90%
Actual	84%	83%

FY2024 Narrative: Clinic staff reported 24 children out of 29 known to the department were age-appropriately immunized. These figures include only those children who receive immunizations at the health department. Of children who receive immunizations in Randolph County, 83% were age appropriately immunized at 24 months. *Performance not met. Staff efforts to improve age-appropriate immunizations included: phone call and post card reminders, assistance from other department program areas that serve the same clients, and by contacting provider offices requesting that they encourage/remind clients about needed immunizations.*

Total Immunizations Administered by Public Health Staff		
Childhood Immunizations (0 – 18 years)		
	2022-23	2023-24
Required [^]	1,777	2,602
Recommended ⁺	836	840
Adult Immunizations (19 years and older)		
	2022-23	2023-24
Influenza	40	40
Adult Tetanus	56	62
Adult Measles-Mumps-Rubella	77	79
Rabies Pre-exposure	29	9
Adult Hepatitis B	15	27
Adult Tetanus, Diphtheria, Pertussis	3 Private 64 State	10 Private 62 State
Adult Varicella	18 State	30 State
Adult Hepatitis A	104	58
Adult Hepatitis A and B Combo	37	4

COVID-19	650 State	19 Private 51 State
M-pox	18	3
Total Immunizations Administered	3,724	3,896

^Required immunizations for children include those required for child care or school enrollment.

+Recommended immunizations for children include human papilloma virus (HPV), hepatitis A, influenza, meningitis B, COVID-19.

*RCPH staff continue to offer hepatitis A vaccine to the Shelter of Hope, Randolph County Detention Center and clients who receive clinical services at RCPH. North Carolina updated the hepatitis A vaccine guidance for eligible individuals which includes uninsured adults who use drugs, those experiencing homelessness, men who have sex with men, individuals with chronic liver disease (hepatitis B/C), or those currently incarcerated.

While Randolph County Animal Services became an independent department in 2019, Randolph County Public Health continues to collaborate with the staff on reported animal bites, rabies exposure investigations, and coordinating countywide rabies vaccine clinics.

Goal: *Rabies prevention:* Investigate all animal bites reported to the program and assure that medical follow-up is provided.

Objective: 100% of reported animal bites will be investigated and will include appropriate medical follow-up if indicated.



	FY23	FY24
Target	100%	100%
Actual	100%	100%

FY2024 Narrative: During FY2023-24, 383 animal bites were investigated with appropriate follow-up. *Performance met.*

Number of Animal Bites			
	2021-22	2022-23	2023-24
Total	296	353	383

Type and Number of Positive Rabies Cases					
Animal	2019-20	2020-21	2021-22	2022-23	2023-24
Bat	*1	*0	*0	0	*4
Cat	2	0	0	*0	1
Dog	0	*0	0	0	0
Fox	1	*2	0	6	5
Raccoon	2	*0	0	6	3
Skunk	1	3	1	*4	2
Coyote	*0	0	0	0	0
Calf	-	-	-	1	0
Total Cases	7	5	1	17	15

2019/20 *One bat and one coyote were unable to be tested. Both were presumed positive for rabies.

2020/21 *One bat was released and was presumed positive for rabies.
 *One dog was unable to be tested and was presumed positive for rabies.
 *One fox bit a human and ran away. The fox was presumed positive for rabies.
 *One raccoon bit a human and ran away. The raccoon was presumed positive for rabies.

2021/22 *One bat landed on a person’s shoulder and flew away. The bat was presumed positive for rabies.
 *One bat flogged someone’s shoulder and flew away. The bat was presumed positive for rabies.
 *One skunk tested positive for rabies. A litter of puppies was exposed.

2022/23 *One skunk was unable to be tested and was presumed positive for rabies.
 *One kitten was unable to be tested and was presumed positive for rabies.

2023/24 *One bat was unable to be tested and was presumed positive for rabies. This case is not reflected in the chart data as it is not counted in data reported to the state.

Disease Control

Goal: Identify people with communicable disease in order to control the disease in the individual and their contacts and prevent additional contacts.

Objective 1: 100% of individuals identified with communicable disease will receive follow-up, treatment and control measures as indicated.



	FY23	FY24
Target	100%	100%
Actual	99%	100%

FY2024 Narrative: During FY2023-24, 840 individuals were identified with various communicable diseases. Of those, 839 individuals received follow-up, treatment and control measures. *Performance met. Efforts to reach some clients were unsuccessful due to changes in address or phone number.*

Objective 2: 65% of all individuals (non-contacts) who begin treatment for latent Tuberculosis (TB) infection will complete treatment.



	FY23	FY24
Target	68%	65%
Actual	71%	100%

FY2024 Narrative: During FY2023-24, 21 individuals were diagnosed with TB. Of those diagnosed, 21 began treatment for latent TB. ***It takes 3-9 months for a patient with latent TB to complete treatment. Performance met.***

Objective 3: 100% of all reportable communicable diseases will be documented in NCEDSS and reported to NC DPH within 30 days of notification.



	FY23	FY24
Target	100%	100%
Actual	100%	100%

FY2024 Narrative: A total of 840 reportable communicable diseases were reported to RCPH. All reported communicable diseases were documented and reported to NC Department of Public Health (NC DPH) within 30 days of notification. *Performance met.*

Objective 4: No less than 85% of LHD clients diagnosed with gonorrhea and chlamydia (including family planning and STD clinics) shall receive treatment services within 14 days of specimen collection date.



	FY23	FY24
Target	85%	85%
Actual	90%	90%

FY2024 Narrative: A total of 136 clients were diagnosed with gonorrhea and chlamydia. Of those, 123 clients received treatment services within 14 days of specimen collection date. *Performance met.*

Objective 5: 95% or more LHD clients diagnosed with gonorrhea and chlamydia (including family planning and STD clinics) shall receive treatment services within 30 days of specimen collection date.



	FY23	FY24
Target	95%	95%
Actual	98%	96%

FY2024 Narrative: A total of 136 clients were diagnosed with gonorrhea and chlamydia. Of those, 130 clients received treatment services within 30 days of specimen collection date. *Performance met.*

Total Cases of Sexually Transmitted Diseases		
	2022-23	2023-24
Chlamydia	518	460
Gonorrhea	159	133
Syphilis	24	36

HIV Cases		
	2022-23	2023-24
Total clients screened	1,368	1,232
Total clients positive in-house	2	1
Total HIV cases within Randolph County	2	5
Total AIDS cases within Randolph County	0	1

The summary report below reflects all communicable diseases reported by medical providers.

Reported Communicable Diseases for Randolph County							
	2021-22	2022-23	2023-24		2021-22	2022-23	2023-24
AIDS	1	0	1	HIV	6	2	5
Amebiasis	0	0	0	Legionellosis	2	1	0
Babesiosis	^	0	0	Listeria	1	0	1
Botulism	0	0	0	Lyme Disease	1	3	14
Brucellosis	0	0	0	Malaria	0	1	2
Campylobacter	34	40	52	Meningococcal	1	1	3
Chikungunya	0	0	0	Monkeypox	^	10	0
Chlamydia	529	518	460	Mumps	0	0	0
CRE	2	4	7	Pertussis	0	1	0
*COVID-19 Confirmed	15,483	4,029	N/A	Q Fever	0	0	0
*COVID-19 Probable	6,829	3,635	N/A	Rocky Mt. Spotted Fever	16	13	18
*COVID-19 Deaths	185	32	N/A	Rubella	0	0	0
Creutzfeldt Jakob Disease	0	0	1	Rubeola	0	0	0
Cryptosporidiosis	2	9	5	Salmonellosis	36	27	51
Cyclosporiasis	0	2	1	Shigellosis	4	2	7
Dengue Fever	0	0	0	Staph Aureus (VISA/VRSA)	0	1	0
Enterococci (Vancomycin Resistant)	0	N/A	N/A	Streptococcal Infection Group A	8	5	10
E. Coli	5	9	8	Syphilis	38	23	36
Encephalitis	0	0	0	Syphilis (congenital)	1	1	0
Ehrlichiosis	8	0	8	Syphilis (neuro)	0	0	0
Flu (adult) death	0	2	3	Toxic Shock Syndrome (Strep)	0	0	0
Flu (pediatric) death	+	0	1	Trichinosis	0	0	0
Foodborne disease	0	2	0	Tuberculosis (mycobacterium)	2	3	3
Foodborne, Staphylococcal	0	N/A	N/A	Tularemia	0	0	1
Gonorrhea	144	159	133	West Nile Virus	0	0	0
Haemophilis	4	3	4	Varicella	7	6	1
Hepatitis A	0	1	2	Vibrio	0	3	0
Hepatitis B (acute/carrier)	28	12	19	Zika	0	0	0
Hepatitis C (acute/chronic)	1	30	13				
Total (all communicable diseases reported)					23,378	8,590	870

^Diseases were not reportable in previous years.

+In FY2022-23, Pediatric deaths caused by flu were separated from reported flu deaths.

*COVID-19 was added to the list of NC reportable disease list in FY2019-20. Required reporting of COVID cases ended with the ending of the public health emergency in May 2023.

N/A – Disease is not reportable during the referenced year.

Overall, most reportable communicable disease numbers were similar to FY2022-23.

Public Health Preparedness and Response

Goal: To respond to emergencies caused by bioterrorism, other infectious disease outbreaks and other public health threats and emergencies throughout the development, exercise, and evaluation of a comprehensive public health emergency preparedness and response plan.

Objective 1: There will be at least one public health preparedness exercise held annually.



	FY23	FY24
Target	100%	100%
Actual	100%	100%

FY2024 Narrative: *Performance met. In collaboration with On Target Preparedness and community partners, the department participated in four public health response exercises.*

Environmental Health

Food and Lodging

Inspections

Goal: Ensure that sanitary practices are being followed to protect the public’s health.

Objective 1: 100% of establishments will receive the appropriate number of sanitation inspections.



	FY23	FY24
Target	100%	100%
Actual	84%	90%

FY2024 Narrative: Based on the inspection frequency schedule, 1,725 inspections were required from 545 establishments. Of the required inspections, 1,553 were completed. Food and lodging staff reported 1,583 total inspections completed (required frequency and return inspections). *Performance not met. This measure was not met due to training of new staff and working with one less fully authorized position during the fiscal year. This position was offset by part-time staff whose work accounted for approximately 30 hours per week out of the 40 hours that would be accounted for by a full-time position.*

Objective 2: 95% of establishments will receive a “Grade A” or equally high sanitation rating as of June 30th.



	FY23	FY24
Target	95%	95%
Actual	99%	99%

FY2024 Narrative: There were 545 establishments that required inspection. Of those, 538 maintained a grade A or equivalent rating. *Performance met.*

Complaints Related to Food and Lodging

Goal: Respond to and resolve general complaints related to Food and Lodging.

Objective: 100% of general complaints will be responded to within 48 hours.



	FY23	FY24
Target	100%	100%
Actual	93%	98%

FY2024 Narrative: Food and lodging staff reported receiving 62 complaints. Of those, 61 complaints were responded to within 48 hours. *Performance not met. The one complaint that was missed within a 48-hour window was keyed by staff but no email was generated by the software for either the supervisor or the inspector responsible for the complaint. To prevent this from happening in the future, the staff person entering the complaint shall now blind copy themselves when the complaint is keyed in and shall additionally follow up with an email of their own to the REHS assigned to the facility to ensure that the complaint has been received.*

Foodborne Outbreak Investigation

Goal: Determine if a foodborne outbreak exists and if so, implement corrective action.

Objective 1: 100% of foodborne illness related complaints will be investigated within 24 hours of notification.



	FY23	FY24
Target	100%	100%
Actual	80%	100%

FY2024 Narrative: Food and lodging staff received 17 foodborne illness related complaints. All of the complaints were investigated within the 24-hour timeframe. *Performance met.*

Objective 2: 100% of confirmed illness and confirmed foodborne illness related complaints will be responded to within 8 hours of complaint receipt and any necessary corrective action will be implemented.



	FY23	FY24
Target	100%	100%
Actual	100%	100%

FY2024 Narrative: Food and lodging received one confirmed illness and confirmed foodborne illness related complaints. The complaint was investigated within 8 hours. *Performance met.*

Lead Screening and Investigation

Goal: Identify children with elevated blood lead levels or lead poisoning and identify and remove the hazard.

Objective: 100% of children with confirmed elevated blood lead levels will be monitored and provided an environmental investigation in accordance with state guidelines.



	FY23	FY24
Target	100%	100%
Actual	*150%	100%

FY2024 Narrative: During FY2023-24, two children received an environmental investigation due to confirmed elevated blood lead levels requiring an environmental investigation. Eight children had an elevated blood lead level prompting an offer of an environmental investigation. Ten families accepted and received the offer of an environmental investigation during this fiscal year. *Performance met.*

**The family of a child with a confirmed elevated blood lead level requiring an environmental investigation in June 2022 did not receive the investigation until July 2022. The dates spanned two fiscal years which affected the performance measure as noted above.*

Food and Lodging Inspection Summary Report, FY2023-24

Type of Establishment	Total No. of Est.	Total No. Required Inspections	Total No. Required Inspections Completed	Total No. Required Inspections Missed	Total Required & Re-inspections Completed	% Required Inspections Completed
Adult Day Service	2	2	2	0	2	100
Bed/Breakfast Home	1	1	0	1	0	0
Childcare Centers	41	82	78	4	105	95
Commissary – Push Carts	9	15	9	6	9	60
Educational Food Service	1	4	4	0	4	100
Elderly Nutrition Services	4	16	14	2	14	88
Food Stand	57	136	124	12	124	91
Hospital	1	2	0	2	0	0
Institutional Food Service	10	40	36	4	36	90
Lodging	16	16	14	2	14	88
Local Confinement	1	1	1	0	1	100
Limited Food Service	15	28	28	0	28	100
Mobile Food Unit	117	237	212	25	212	89
Meat Market	16	48	42	6	42	88
Nursing Home	14	28	18	10	18	64
Push Cart	10	16	14	2	14	88
Restaurant	247	782	702	80	705	90
Residential Care	37	37	37	0	37	100
Resident Camp	10	20	20	0	20	100
School Building	54	54	47	7	47	87
School Lunchrooms	40	160	151	9	151	94
Total	703	1,725	1,553	172	1,583	90%

Notes: The following Status Codes were counted as inspection activities completed during this Fiscal Year: (B-Status, C-Status, D-Status and E-Status).

On-site Wastewater and Groundwater

New Septic Evaluations/System Expansion Evaluations

Goal: To properly evaluate properties and issue/deny septic permits appropriately.

Objective: To perform 100% of site evaluations for new septic systems and system expansions and issue or deny within one week of completion of fieldwork.



	FY23	FY24
Target	100%	100%
Actual	98%	95%

FY2024 Narrative: During FY2023-24, 498 new and expansion permit applications were submitted. Four hundred and fourteen sites were properly prepared and ready for permit determination. Of those, 394 properly prepared sites resulted in the appropriate outcome (permitted or denied) within one week. Ground water and on-site wastewater reported 1,906 total number visits made. *Performance not met. The twenty missed opportunities cannot be explained, other than to say they were missed. This was likely due to the loss of seasoned staff and the additional time spent training new interns. Due to the large volume of permits and site visits, the specific reasons could not be determined and validated. As we now have several fully authorized staff members, we do not expect this to continue.*

Sewage Complaints

Goal: To verify and abate sewage problems.

Objective: To make 100% of initial visits to verify the presence or absence of a sewage problem within three days.



	FY23	FY24
Target	100%	100%
Actual	98%	95%

FY2024 Narrative: Ground water and on-site wastewater received 76 sewage complaints. Of those, 72 sewage complaints were responded to within 3 days of assignment. *Performance not met. The reason four complaints were not addressed within 3 days could not be determined. Potential factors affecting the time frame may include weather or perhaps they were visited within the 3-day time frame, but not documented in a timely manner. Regardless of the reasons, the program area intends to investigate and document those cases within the 3 days.*

Sewage Complaints Summary Report			
	2021-22	2022-23	2023-24
Number of complaints	82	98	76
Number responded to within 3-day timeframe	81	96	72
Performance	99%	98%	95%

Well Permitting

Goal: To properly evaluate properties and issue or deny a well permit.

Objective: To make 100% of initial visits to evaluate property for well permits and permit or deny within one week of completion of fieldwork.



	FY23	FY24
Target	100%	100%
Actual	100%	97%

FY2024 Narrative: A total of 273 well permit applications were submitted. Of those, 266 well permits were issued or denied within one week of completion of fieldwork. *Performance not met. Seven permits were issued one week or after the completion of fieldwork. This was likely due to the loss of seasoned staff as well as additional time spent training interns. As we now have several fully authorized staff members, we expect to meet the performance measure target moving forward.*

Public Swimming Pool Inspections

Goal: To ensure that public swimming pools are being operated in a manner that protects the public’s health.

Objective: 100% of public swimming pools will receive the appropriate number of sanitation inspections.



	FY23	FY24
Target	100%	100%
Actual	100%	100%

FY2024 Narrative: A total of 83 inspections were required from 69 public swimming pools. Of the required inspections, 83 were completed. A total of 87 inspections were completed (required frequency & return inspections). *Performance met.*

Tattoo Artist Inspections

Goal: To ensure that tattoo artists are practicing in a manner that protects the public’s health.

Objective: 100% of tattoo artists will receive appropriate number of sanitation inspections.



	FY23	FY24
Target	100%	100%
Actual	100%	100%

FY2024 Narrative: A total of 61 inspections were required and completed from 61 tattoo artists. A total of 61 inspections were completed (required frequency & return inspections). *Performance met.*

Health Promotion and Policy

Community Education

Goal: To provide education that is equal to the understanding level of the participants.

Objective 1: 100% of health education participant evaluations will reflect excellent scores.



	FY23	FY24
Target	100%	100%
Actual	71%	76%

FY2024 Narrative: Health Promotion and Policy (HPP) staff distributed 432 evaluations with 402 returned. Of those returned, 304 evaluations included an overall program rating of “excellent”. *Performance not met.*

Program evaluations are collected following all community-based presentations/programs. Reviewing survey responses indicated 76 students in a school-based program skipped a key question used in this performance measure, “overall, how would you rate this program?” Additionally, staff review survey feedback and modify programs/presentations accordingly.

Objective 2: Increase the number of local human service organizations enrolled in NCCARE360.



	FY23	FY24
Target	100%	100%
Actual	0%	0%

FY2024 Narrative: *Performance not met. The HPP team met with 4 human service organizations to discuss NCCARE360 and the onboarding process. None enrolled in FY2023-24.*

Community Health

Goal: To develop community partnerships/initiatives to improve the health and wellbeing of Randolph County residents.

Objective 1: Increase community outreach of Randolph County Public Health.

	FY23	FY24
Number of community events participated	16	23



Number of programs/presentations provided in community	21	23
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FY2024 Narrative: HPP and other department team members participated in many health fairs, festivals, and outreach events to share information about RCPH programs and services. In addition, the team provided community programs/presentations covering topics such as youth vaping prevention, promotion of family planning services, and mindfulness. As the lead for Safe Kids Randolph County, they also provided programs and outreach regarding bike, car seat, and medication safety. *Performance met.*

Objective 2: 100% of participants in a Diabetes Prevention Program will lose 5-7% of their body weight.



	FY23	FY24
Target	100%	100%
Actual	0%	0%

FY2024 Narrative: *Performance not met. HPP experienced staffing changes during the fiscal year including a transition in the lead for the Minority Diabetes Prevention Program (MDPP). Classes were not held during this fiscal year.*

Objective 3: Increase the number of individuals receiving naloxone and administration education (clinical, community).



FY2024 Narrative: In early 2017, public health began asking questions regarding opioid misuse in Randolph County. Data and community conversations identified a problem. Hence, the Opioid-Drug Community Collaborative was born and as a result, public health and emergency services began partnering on naloxone distribution. At that time, Randolph County EMS was the only entity in the county carrying and using naloxone. Since then, numerous other agencies have been trained (by emergency services) and now carry and administer the opioid overdose reversal drug. These include the Randolph County Sheriff’s Office, Archdale Police Department, Liberty Police Department, and multiple fire departments throughout the county. In July 2018, public health adopted the appropriate standing orders and policies to be able to dispense and distribute naloxone to community members expressing a need.

Naloxone access has increased in Randolph County with distribution to high-risk populations by several community partners. Randolph County Public Health reported a 33% decrease in number of naloxone units dispensed to individuals during FY2023-24. RCPH dispensed 102 units compared to 152 units in FY2022-23. *Performance met.*

Goal: To protect Randolph County’s children (birth to age 18) from unintentional, preventable childhood injuries and resulting deaths.

Objective: 100% of families who present for child passenger safety seat-related inquiries will receive proper installation instructions and/or proper educational materials.



	FY23	FY24
Target	100%	100%
Actual	100%	100%

FY2024 Narrative: Safe Kids Randolph County reported 32 families presented for child passenger safety seat related inquiries. Of those, 32 families received instruction on proper installation and education materials. *Performance met.*

Health Promotion and Policy Activity Summary				
ACTIVITY	# OF PROGRAMS		# OF PEOPLE REACHED	
	2022-23	2023-24	2022-23	2023-24
Community Health Education	21	23	339	751
Minority Diabetes Prevention Program	0	0	0	0
Health/Safety Fairs	16	11	349	751
Car Seat Distribution	N/A	N/A	24	32
Health Promotion Consultations/Resource Information Provided (phone or in-person)	N/A	N/A	18	64
Naloxone Distribution	N/A	N/A	152	102
Vasectomy Counseling	N/A	N/A	12	12
Total	37	34	894	1,712

WIC / Nutrition

WIC Certification/Eligibility

Goal: Provide nutrition services to pregnant women, postpartum women, infants and children up to age five.

Objective: To maintain an active participation rate of at least 97% of base caseload.



	FY23	FY24
Target	97%	97%
Actual	101%	87%

FY2024 Narrative: Pandemic waivers allowing flexibility in WIC services ended in July 2023. WIC experienced an immediate and drastic decline in participation in August 2023, with participation rates remaining low throughout FY2024. WIC served an average of 3,234 participants per month. As a result, the state decreased WIC’s assigned caseload from 3,712 participants to 3,208 participants in effective June 2024. *Performance not met.*

Breastfeeding Support

Goal: Promote and provide support for breastfeeding.

Objective 1: 60% of women enrolled in WIC will initiate breastfeeding.



	FY23	FY24
Target	60%	60%
Actual	76%	80%

FY2024 Narrative: WIC enrolled 794 expectant women. Of those, 633 women initiated breastfeeding. These women were offered breastfeeding support services. *Performance met. FY2023 data is most current available from NC Department of Health and Human Services.*

Objective 2: 30% of infants enrolled in WIC will be breastfeeding at 6 weeks of age.



	FY23	FY24
Target	30%	30%
Actual	49%	56%

FY2024 Narrative: WIC reported 853 infants enrolled. Of those enrolled, 477 infants were breastfeeding at six weeks of age. *Performance met. FY2023 data is most current available from NC Department of Health and Human Services.*

Objective 3: 20% of infants enrolled in WIC will be breastfeeding at 6 months of age.



	FY23	FY24
Target	20%	20%
Actual	30%	31%

FY2024 Narrative: WIC reported 853 infants enrolled. Of those enrolled, 266 infants were breastfeeding at six months of age. *Performance met. FY2023 data is most current available from NC Department of Health and Human Services.*

Objective 4: 90% of women enrolled in the Breastfeeding Peer Counselor Program will receive appropriate contact and support from the breastfeeding peer counselor.



	FY23	FY24
Target	95%	90%
Actual	93%	92%

FY2024 Narrative: A total of 60 records were reviewed for evidence of appropriate contact and support. Of those reviewed, 55 records had appropriate support documented. *Performance met. The goal for this measure changed in FY2023-24. The five records with missing required contacts were identified as missed opportunities to provide breastfeeding support to enrolled women.*

Community Outreach

Goal: Increase awareness of Women, Infants, and Children (WIC) program within Randolph County.

Objective: Increase community outreach of Randolph County WIC division.



	FY23	FY24
Number of community events participated	*	7
Number of WIC ads places (billboards, online, print)	*	2

FY2024 Narrative: During FY2023-24, staff promoted WIC services at various events including several community resource fairs, a touch-a-truck event, and the Randolph

County Partnership for Children’s Family Jam. *Performance met. *New measure in FY2023-24.*

WIC/Community Nutrition Activities Summary Report				
Activity Type	**2020-21	2021-22	2022-23	2023-24
Nutrition Displays	0	1	1	0
Community Nutrition Education Programs	*1	3	*4	2
Private Therapeutic Clients	0	0	0	0
Breastfeeding In-service	*2	1	0	0

*These recorded activities incorporated dietetic interns to share the referenced education. The interns are provided support and guidance from WIC staff when engaging with clients or the community.

**Due to COVID-19, WIC staff worked remotely for a period of time. In addition, requirements for clients to receive services in-person was waived by the federal and state departments.

Women’s Health

Family Planning

Goal: Provide family planning clinical services to low income women of childbearing age.

Objective: 75% of clients receiving family planning services will be from the target population.



	FY23	FY24
Target	75%	75%
Actual	83%	78%

FY2024 Narrative: During FY2023-24, the family planning program served 691 clients. Of those, 536 clients were at or below 150% of poverty level (target population).
Performance met.

Care Management for High-Risk Pregnancies (CMHRP)

Goal: Improve the quality of maternity care to improve birth outcomes and provide continuity of care for eligible women.

Objective: At least 90% of high-risk pregnant patients engaged in care management with a care plan signed within 15 days of the patient being engaged in a CMHRP episode.



	FY23	FY24
Target	*	90%
Actual	*	100%

FY2024 Narrative: During FY2023-24, care management had a total of 409 high-risk pregnant patients with a signed care plan within 15 days of engagement with CMHRP staff.
Performance met. This measure is a new metric to evaluate CMHRP staff engagement with high-risk patients.

Objective: At least 90% of high-risk pregnant patients referred for care management will have initial contact within 7 days or 3 contact attempts



	FY23	FY24
Target	*	90%
Actual	*	96%

FY2024 Narrative: During FY2023-24, care management received a total of 510 referrals for high-risk pregnant patients. Of those, 488 referrals had a completed patient-centered interaction within seven days or three or more attempts within seven business days of the referral entry. *Performance met. This measure is a new metric to evaluate CMHRP staff engagement with high-risk patients.*