

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.



	FY19	FY20
Target	100%	100%
Actual	99%	N/A

FY2020 Narrative: Client/customer surveys were not completed due to the COVID-19 pandemic. *Performance not met.*

Goal 2: Thoroughly and promptly investigate complaints received.

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



	FY19	FY20
Target	100%	100%
Actual	100%	100%

FY2020 Narrative: There were no Administrative complaints received related to dissatisfaction about staff. *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.



	FY19	FY20
Target	100%	100%
Actual	100%	Incomplete

FY2020 Narrative: 4 out of 13 programs were reviewed prior to COVID-19; the remaining program reviews were not conducted due to COVID-19 response. *Performance not met.*

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.



	FY19	FY20
Target	100%	100%
Actual	100%	100%

FY2020 Narrative: The last laboratory certification inspection occurred March 10, 2019 with no deficiencies. CLIA inspection takes place every two years. *Performance met.*

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



	FY19	FY20
Target	100%	100%
Actual	100%	100%

FY2020 Narrative: 84 employees and 6 public health interns received Hazard Communication training. *Performance met.*

Clients Receiving Lab Services per Clinic (Main Lab)			
Clinic	2017-18	2018-19	2019-20
Family Planning	946	1,006	797
General Clinic	860	865	813
Daymark Recovery Center (Mental Health)	41	34	40
Total	1,847	1,905	1,650

*Clients Receiving Services (WIC Lab)			
	2017-18	2018-19	2019-20
Hemoglobin	4,381	4,067	2,506
Lead	38	32	10
Total Clients	4,419	4,099	2,516

*WIC’s caseload continued to decline through early 2020, resulting in fewer clients needing WIC lab services.

*Due to COVID-19, no Hemoglobin or lead tests were performed after March, 2020.

*Some clients may have received more than one service and clients are not duplicated.

Laboratory Tests sent to State Lab and Quest Diagnostics			
Type of Test	2017-18	2018-19	2019-20
COVID-19	*	*	172
Chlamydia	997	1,230	1,643
Gonorrhea	997	1,321	1,644
Herpes Cultures	20	21	30
HIV	1,211	1,377	1,124
Lead Screening: (Main Lab)	19	17	14
Syphilis (RPR)	1,213	1,375	1,128
Total Tests	4,457	5,341	5,755

*COVID-19 was added to the list of NC reportable disease list during FY2019-20.

Laboratory Tests done by Public Health			
Type of Test	2017-18	2018-19	2019-20
Gonorrhea (Throat, Rectal, Cervical/Urethral)	309	206	*38
Pregnancy Tests	483	536	406
Wet Mount	754	866	717
Total Tests	1,546	1,608	1,161

*A decrease in gonorrhea testing done by the RCPH lab is attributed to the pandemic; fewer STD clients were served. Other factors include: the NC State Laboratory of Public Health experienced difficulty in getting the testing media needed to grow gonorrhea cultures; they also expanded their capacity to accept and run NAAT testing (nucleic acid amplification tests), the recommended method for testing gonorrhea.

Financial Reporting

RCPH Revenues		
Program	FY2020	FY2019
County Appropriations	\$2,520,701.95 (44%)	\$3,036,827.46 (49%)
Federal & State Grants	\$1,555,530.48 (27%)	\$1,578,722.08 (25%)
Fee & Fee Reimbursements	\$1,490,740.08 (26%)	\$1,532,283.64 (25%)
Other Revenues	\$127,866.46 (2%)	\$96,368.23 (1%)

RCPH Expenses		
Program	FY2020	FY2019
Administration	\$852,209.03 (15%)	\$794,056.11 (13%)
Animal Control	\$313,992.23 (6%)	\$701,210.55 (11%)
Child Health/Smart Start	\$85,920.57 (2%)	\$96,966.57 (2%)
Care Coordination for Children	\$295,347.39 (5%)	\$327,262.27 (5%)
School Nurse	\$250,000.00 (4%)	\$250,000.00 (4%)
Communicable Disease	\$683,662.43 (12%)	\$633,591.12 (10%)
Dental Health	\$289,761.68 (5%)	\$299,548.57 (5%)
Environmental Health	\$981,068.20 (17%)	\$998,333.75 (16%)
Health Education	\$194,145.79 (3%)	\$208,405.00 (3%)
WIC	\$673,634.51 (12%)	\$736,599.63 (12%)
Family Planning	\$743,252.33 (13%)	\$818,364.43 (13%)
Pregnancy Care Management	\$331,844.81 (6%)	\$379,863.41 (6%)

Child Health

Child Care Nurse Consultant

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.



	FY19	FY20
Target	100%	100%
Actual	100%	100%

FY2020 Narrative: 10 children had confirmed elevated blood lead levels. 3 of those were in the range requiring an environmental investigation. A total of 7 environmental investigations were conducted. *Some of the investigations conducted in FY20 may have been for children identified with an elevated blood lead level in late FY19.*
Performance met.

Immunization Audits in Local Childcare Facilities

Goal: Ensure children in childcare facilities will be appropriately immunized.

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



	FY19	FY20
Target	100%	100%
Actual	99%	96%

FY2020 Narrative: 1,932 records audited; 110 records required follow-up; 1,862 in compliance within 45 days; *This measure was most likely met; some of the audited records were still within the 45 day requirement when fiscal year end numbers were reported.*

Number of Immunization Records Audited			
	2017-18	2018-19	2019-20
Total Number of Immunization Records in Compliance	1,847	1,749	1,932
Total Number of Immunization Records requiring follow-up	48	162	110

Screening, Referral and Follow-up for Children in Childcare Facilities

Goal: Screen three to five year old children in childcare to identify possible problems and refer children when problems are identified.

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



	FY19	FY20
Target	100%	100%
Actual	100%	100%

FY2020 Narrative: 291 children with parental consent; 291 children received vision and hearing screenings. *Performance met.*

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



	FY19	FY20
Target	100%	100%
Actual	100%	100%

FY2020 Narrative: 51 children identified with problems; all 51 were referred for follow-up. *Performance met.*

Training to Providers, Children and Parents

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

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



	FY19	FY20
Target	100%	100%
Actual	100%	80%

FY2020 Narrative: 45 childcare establishments as of June 30th; 61 of 76 required visits made by the Childcare Nurse Consultant; 80 total visits made as a result of the Child Care Nurse Consultant visiting some establishments more than once during the year. *Performance not met. COVID-19 pandemic response prohibited the remaining visits to be completed.*

Communicable Disease Cases in Schools and Child Care Facilities				
	2016-17	2017-2018	2018-19	2019-20
Meningitis	0	0	0	0
Pertussis	3	8	5	*10
Salmonella	4	7	8	*16
Shigellosis	0	0	1	0

*The increase in cases of pertussis and salmonella is likely due to providers testing for additional communicable diseases as a process of elimination during COVID-19.

Care Coordination for Children

No data available.

When the Care Coordination for Children program transitioned to Virtual Health, a new database management system in October 2018, the database included some reporting gaps. The database took some time to work out the gaps. Revised performance measures should be available during FY2020-21.

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.



	FY19	FY20
Target	90%	90%
Actual	89%	88%

FY2020 Narrative: 64 children out of 73 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, 89% were age appropriately immunized at 24 months. Performance not met. Staff efforts to improve age-appropriate immunizations include: phone call and post card reminders, assistance from other department program areas that serve the same clients, contact provider offices requesting that they encourage/remind clients about needed immunizations.*

Total Immunizations Administered by Public Health Staff		
Childhood Immunizations (0 – 18 years)		
	2018-19	2019-20
State Required	1,800	1,745
Influenza	180	190
Rabies Pre-exposure	0	9
Adult Immunizations (19 years and older)		
	2018-19	2019-20
Influenza	70 private	80 private
Adult Tetanus	14	25
Adult Measles-Mumps-Rubella	23	25
Rabies Pre-exposure	26	35
Rabies Post-exposure	0	0
Adult Hepatitis B	21 private	21 private
Adult Tetanus, Diphtheria, Pertussis	17 private 67 state	8 private 59 state
Adult Varicella	6 private	0 private

	10 state	16 state
Adult Menactra	1	0
Adult Hepatitis A	5	*235
Adult Twinrix (Hepatitis A and B)	21	13
Total Immunizations Administered	2,261	2,461

*The increase in Adult Hepatitis A vaccinations is due to outreach events held at: the Randolph County Detention Center, the Shelter of Hope and the Community Hope Alliance.

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.



	FY19	FY20
Target	100%	100%
Actual	100%	100%

FY19 Narrative: 360 animal bites were investigated with appropriate follow-up.
Performance met.

Number of Animal Bites			
	2017-18	2018-19	2019-20
Total	308	284	360

Type and Number of Positive Rabies Cases					
Animal	2015-16	2016-17	2017-18	2018-19	2019-20
Bat	1	0	*0	0	*1
Cat	*0	0	0	*0	2
Dog	*0	0	*0	*0	0
Fox	3	2	8	3	1
Raccoon	1	0	3	4	2
Skunk	2	0	0	1	1
Coyote	0	0	0	0	*0
Total Cases	7	2	11	8	7

2015/16 *One cat and one dog were unsatisfactory for testing and were presumed to be positive for rabies.

2017/18 *One bat and one dog were unsatisfactory for testing and were presumed to be positive for rabies.

2018/19 *One cat was unsatisfactory for testing and one dog was unable to be tested.
Both were presumed to be positive for rabies.

*2019/20 *One bat and one coyote were unsatisfactory for testing. Both were presumed positive for rabies.

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.



	FY19	FY20
Target	100%	100%
Actual	99%	98%

FY2020 Narrative: 2,165 individuals identified with various communicable diseases; 2,123 individuals received follow-up, treatment and control measures. *Performance not met. Efforts made to reach the remaining 42 individuals via phone and/or certified mail were unsuccessful.*

Objective 2: 68% of all individuals (non-contacts) who begin treatment for latent Tuberculosis (TB) infection will complete treatment.



	FY19	FY20
Target	65%	*68%
Actual	67%	63%

FY2020 Narrative: 8 individuals began treatment for latent TB; 5 individuals began and

completed treatment for latent TB. *It takes 3-9 months for a patient with latent TB to complete treatment.* *Performance measure likely met as treatment may have started during one reporting period and completed in another. *The target for this measure was revised by NC Division of Public Health FY2019-20.

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



	FY19	FY20
Target	100%	100%
Actual	100%	100%

FY2020 Narrative: 2,264 reportable communicable diseases reported; 2,264 reportable communicable diseases documented and reported to NC DPH within 30 days of notification. *Performance met. The increase in reportable communicable diseases is due to positive cases of COVID-19.*

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.



	FY19	FY20
Target	85%	85%
Actual	94%	93%

FY2020 Narrative: 158 clients diagnosed with gonorrhea and chlamydia; 147 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.



	FY19	FY20
Target	95%	95%
Actual	97%	99%

FY2020 Narrative: 158 clients diagnosed with gonorrhea and chlamydia; 156 clients received treatment services within 30 days of specimen collection date. *Performance met.*

Total Cases of Sexually Transmitted Diseases		
	2018-19	2019-20
Chlamydia	536	559
Gonorrhea	145	167
Syphilis	8	4

*Increase in chlamydia cases may be due to COVID-19-related stay at home orders, isolation, and quarantine.

HIV Cases		
	2018-19	2019-20
Total clients screened	1,414	1,124
Total clients positive in-house	4	1
Total HIV cases within Randolph County	7	2
Total AIDS cases within Randolph County	0	0

*Decrease could be due to limited testing conducted by providers during the COVID-19 pandemic.

Reported Communicable Diseases for Randolph County					
	2018-19	2019-20		2018-19	2019-20
AIDS	0	0	HIV	7	2
Amebiasis	0	0	Legionellosis	3	0
Botulism	0	0	Listeria	2	0
Campylobacter	46	56	Lyme Disease	3	4
Chickungunya	1	0	Malaria	0	0
Chlamydia	536	559	Meningococcal	0	0
CRE	6	6	Mumps	0	0
*COVID-19	0	1,318	Pertussis	8	8
Creutzfeldt Jakob Disease	0	0	Q Fever	0	0
Cryptosporidiosis	5	0	Rocky Mt. Spotted Fever	15	8
*Cyclosporiasis	0	9	Rubella	0	0
Dengue Fever	1	0	Rubeola	0	0
Enterococci (Vancomycin Resistant)	0	0	Salmonellosis	51	42
E. Coli	4	3	Shigellosis	3	2
Encephalitis	0	0	Streptococcal Infection Group A	5	1
Erlichiosis	6	2	Syphilis	8	4
Flu (adult) death	4	2	Syphilis (congenital)	0	0
Foodborne disease	0	0	Trichinosis	0	0

Objective 2: There will be at least one public health preparedness exercise held annually.



	FY19	FY20
Target	100%	100%
Actual	100%	100%

FY2020 Narrative: We participated in 3 preparedness exercises and 1 real-life event. The exercises include: High Consequence Pathogens tabletop exercise (Harnett County), Ft. Bragg COVID-19 tabletop exercise (Cumberland County), and RCPH Pan Flu tabletop exercise. The real-life event: the COVID-19 pandemic. *Performance met.*

Dental Health

Education and Screening

Goal: Detect students with dental needs and determine who is receiving dental care.

Objective: 90% of eligible students in kindergarten, 1st, 3rd, and 5th grades will receive dental screening. In Asheboro City Schools, 7th and 9th graders will be screened.



	FY19	FY20
Target	90%	90%
Actual	93%	94%

FY2020 Narrative: 6,783 total students enrolled. 571 students enrolled in the Randolph County School System, “opted out” of medical exams, this includes dental screening. Therefore, a total of 6,212 students were eligible for dental screenings. 5,827 students received dental screenings. This is a slight increase from the previous year. *Performance met. Mass screenings are held; students absent from school missed screenings.*

Referrals

Goal: Ensure that every student identified with a problem is referred for and receives care.

Objective: 66% of school students referred for care will receive care.



	FY19	FY20
Target	66%	66%
Actual	51%	38%

FY2020 Narrative: 472 children were referred for dental care. 177 children were determined to have received dental care as a result of referral. *Performance not met. 295 children did not receive dental care as a result of a referral due to COVID-19 delaying dental services or were lost to follow-up due to student absences and/or relocation.*

Dental Screening and Referral			
	2017-18	2018-19	2019-20
Children enrolled	7,287	6,953	6,783
Children eligible for screening	6,739	6,536	6,212
Children screened	6,336	6,105	5,827
Children referred	335	346	472
Percent screened	94%	93%	94%

Referral Follow-up	
Number of children referred	472
Number of children who were referred and received dental care	177
Percentage of Referred Children Receiving Dental Care	38%

Clinical Services

Goal: Teach patients how to maintain good dental health through plaque control and diet.

Objective: 90% of children returning for maintenance care will have no new cavities (determined by dental record audit).



	FY19	FY20
Target	90%	90%
Actual	70%	53%

FY2020 Narrative: 213 medical records audited. 112 records indicated no newly diagnosed cavities at maintenance visit. *Performance not met. Efforts to improve this measure include staff continuing to encourage good oral hygiene and diet.*

Clinic Follow-up/Recall

Goal: Follow clinical patients to ensure dental health maintenance.

Objective: 90% of children scheduled for maintenance will keep their appointments.



	FY19	FY20
Target	90%	90%
Actual	93%	71%

FY2020 Narrative: 301 children received dental treatment and were scheduled for follow-up. 213 kept their follow-up appointment. *Performance not met. The decrease is likely due to dental clinic services being temporarily scaled back due to the COVID-19 pandemic.*

Dental Screening Asheboro City Schools (2019-20)					
Asheboro City Schools	Total Students	Students Screened	% Students Screened	Students Referred	% Students Referred
Balfour	348	335	96%	23	7%
Lindley Park	270	255	94%	38	15%
Loflin	229	220	96%	23	10%
McCrary	247	231	94%	18	8%
Teachey	315	294	93%	9	3%
AHS	355	321	90%	24	7%
NAMS	178	168	94%	4	2%
SAMS	180	166	92%	13	8%
Totals	2,122	1,990	94%	152	8%

Dental Screening Randolph County Schools 2019-2020							
Randolph Co. Schools	Total Students	Students Screened	Students Opt Out	Number of Eligible Students	% Eligible Students Screened	Students Referred	% Students Referred
Archdale	239	185	44	195	95 %	18	10 %
Coleridge	169	133	25	144	92 %	8	6 %
Farmer	275	233	28	247	94 %	15	6 %
Franklinville	210	179	20	190	94 %	9	5 %
Grays Chapel	286	220	55	231	95 %	14	6 %
Hopewell	384	316	27	357	89 %	16	5 %
John Lawrence	242	213	16	226	94 %	19	9 %
Level Cross	304	275	14	290	95 %	49	18 %
Liberty	287	232	41	246	94 %	11	5 %
New Market	270	247	13	257	96 %	28	11 %
Ramseur	261	162	83	178	91 %	10	6 %
Randleman Elem	326	280	35	291	96 %	46	16 %
Randleman Middle	128	109	12	116	94 %	4	4 %
Seagrove	280	219	42	238	92 %	21	10 %
Southmont	324	272	41	283	96 %	19	7 %
Tabernacle	220	194	15	205	95 %	11	6 %
Trindale	216	168	29	187	90 %	3	2 %
Trinity Elem.	240	200	31	209	96 %	19	10 %
Totals	4,661	3,837	571	4,090	94%	320	8%

Total Dental Screenings (2019-20)						
Total Students	Students Screened	Students Opt Out	Number of Eligible Students	% Eligible Students Screened	Students Referred	%Students Referred
6,783	5,827	571	6,212	94%	472	8%

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.



	FY19	FY20
Target	100%	100%
Actual	78%	97%

FY2020 Narrative: 793 inspections required from 646 establishments. 771 required frequency inspections completed of the 793 required. 1,024 total inspections completed (required frequency & return inspections). *Performance not met. This was an increase from the previous year. This measure was not met due to the COVID-19 pandemic. During the pandemic, inspections were temporarily suspended and the state temporarily changed (lessened) the inspection frequency requirement for some establishments.*

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



	FY19	FY20
Target	95%	95%
Actual	97%	97%

FY2020 Narrative: 646 establishments required inspection. 625 maintained a grade A or equivalent. *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.



	FY19	FY20
Target	100%	100%
Actual	99%	99%

FY2020 Narrative: 103 complaints received. 102 complaints responded to within 48 hours. *Performance not met. One complaint was not responded to within the 48-hour timeframe. This was a missed opportunity. A quality improvement strategy has been implemented to prevent this from happening in the future.*

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.



	FY19	FY20
Target	100%	100%
Actual	100%	100%

FY2020 Narrative: 7 foodborne illness related complaints. 7 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.



	FY19	FY20
Target	100%	100%
Actual	100%	100%

FY2020 Narrative: 2 confirmed illness and confirmed foodborne illness complaints. 2 investigated within the 8 hour time frame. *Performance met.*

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	3	3	2	1	7	67%
Bed/Breakfast Home	2	**1	1	0	1	100%
Childcare Centers	44	44	44	0	62	100%
Commissary – Push Carts	5	6	6	0	7	100%
Educational Food Service	1	2	2	0	2	100%
Elderly Nutrition Services	4	8	8	0	12	100%
Food Stand	59	68	68	0	106	100%
Hospital	1	1	1	0	1	100%
Institutional Food Service	10	20	20	0	25	100%
Lodging	14	14	14	0	14	100%
Local Confinement	1	1	1	0	1	100%
Limited Food Service	10	10	10	0	11	100%
Mobile Food Unit	65	**43	43	0	48	100%
Meat Market	17	29	29	0	32	100%
Nursing Home	13	13	13	0	14	100%
Push Cart	8	**4	4	0	4	100%
Restaurant	237	390	390	0	521	100%
Residential Care	38	37	23	14	37	62%
Resident Camp	12	*10	10	0	10	100%
School Building	53	*11	4	7	10	36%
School Lunchrooms	39	78	78	0	99	100%
Total	636	793	771	22	1024	97%
<p>In light of the COVID-19 pandemic, inspection frequencies were adjusted by the State, reducing the number of annual inspections required for some facility types. Many facilities were inspected more frequently than the State’s temporary requirement.</p> <p>* Many of these facilities opted not to operate this year due to the COVID-19 pandemic and were placed into inactive statuses.</p> <p>** These facilities were placed into inactive statuses for non-COVID-19 reasons.</p>						

Ground Water and On-site Waste Water

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.



	FY19	FY20
Target	100%	100%
Actual	100%	100%

FY2020 Narrative: 429 new and expansion permit applications submitted though 391 sites were properly prepared and ready for permit determination. 391 properly prepared sites resulted in the appropriate outcome (permitted or denied) within one week. 1,461 total number visits made. *Performance met.*

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.



	FY18	FY19
Target	100%	100%
Actual	99%	100%

FY2020 Narrative: 79 sewage complaints. 79 sewage complaints responded to within 3 days. *Performance met.*

Sewage Complaints			
	2017-18	2018-19	2019-20
Number of complaints	99	120	79
Number responded to within 3 day timeframe	99	119	79
Performance	100%	99%	100%

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.



	FY19	FY20
Target	100%	100%
Actual	100%	100%

FY2020 Narrative: 311 well permit applications submitted. 311 well permits issued or denied within one week of completion of fieldwork. *Performance met.*

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.



	FY19	FY20
Target	100%	100%
Actual	99%	100%

FY2020 Narrative: 56 inspections required from 56 public swimming pools. 56 inspections completed of the 56 required. 66 total inspections completed (required frequency & return inspections). *Performance met. Due to COVID-19 restrictions limiting the number of people who could use a pool, several public swimming pools opted to remain closed (not permitted) for the season.*

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.



	FY19	FY20
Target	100%	100%
Actual	100%	100%

FY2020 Narrative: 34 inspections required and completed from 34 tattoo artists. 34 total inspections completed (required frequency & return inspections). *Performance met.*

Health Education

Community Education

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

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



	FY19	FY20
Target	100%	100%
Actual	100%	100%

FY2020 Narrative: 21 evaluations distributed, returned and reflected excellent scores. *Performance met.*

Objective 2: To facilitate three Youth Mental Health First Aid (YMHFA) trainings.



	FY19	FY20
Target	100%	100%
Actual	33%	100%

FY2020 Narrative: 8 Youth Mental First Health Aid trainings were held for Randolph County Schools with 240 participants. *Performance met.*

Community Health

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

Objective 1: Expand PlayDaze for the community (child and adult) into one municipality.



	FY19	FY20
Target	100%	100%
Actual	100%	0%

FY2020 Narrative: A PlayDaze event was anticipated to be held in Seagrove in Spring 2020. Due to COVID-19 the event was not held. *Performance not met.*

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



	FY19	FY20
Target	100%	100%
Actual	75%	40%

FY2020 Narrative: 5 total participants in program. 2 of 5 participants lost 5-7% of their body weight. A second course was initiated, but was cancelled due to COVID-19. *Performance not met. Staff provided education and the tools needed to be successful; participants are responsible for their behavior.*

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



FY2020 Narrative: In early 2017 when Public Health began asking questions regarding opioid misuse in Randolph County, it became evident that we had a problem. Hence, the Opioid 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. *The COVID-19 pandemic resulted in fewer individuals having access to paramedicine and fewer receiving Naloxone and administration education from Randolph County Public Health.*

The Community Hope Alliance, a non-profit organization in the community and member of the Opioid Collaborative, is another partner working to combat the opioid crisis. The Alliance offers syringe exchange services and distributes naloxone.

Multiple grants have been provided to make naloxone available for distribution to the above entities.

Performance not 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.



	FY18	FY19
Target	100%	100%
Actual	100%	100%

FY2020 Narrative: 47 families presented for child passenger safety seat related inquiries. 47 families received proper installation instructions and/or proper educational materials.
Performance met.

Health Education Activity Summary				
ACTIVITY	# OF PROGRAMS		# OF PEOPLE REACHED	
	2018-19	2019-20	2018-19	2019-20
Community Health Education	27	23	2,212	1,654
Quit Smart Tobacco Cessation Series	2	1	9	5
Minority Diabetes Prevention Program Series	1	1	5	*10
Health/Safety Fairs	15	5	1,057	657
Play Daze	2	1	545	300
Car Seat Distribution	N/A	N/A	33	47
Health Promotion Consultations/Resource Information Provided (phone or in-person)	N/A	N/A	22	19
Vasectomy Counseling	N/A	N/A	0	1
Total	47	31	3,883	2,693

*MDPP was canceled in March 2020, due to COVID-19.

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.



	FY19	FY20
Target	97%	97%
Actual	84%	96%

FY2020 Narrative: 3,193 assigned caseload. 3,078 caseload served. *Performance not met. This is an increase from the previous year; the increase is likely due to a satellite WIC site opening in North Asheboro as well as COVID-19 waivers which allowed for WIC benefits to be issued remotely.*

Breastfeeding Support

Goal: Promote and provide support for breastfeeding.

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



	FY19	FY20
Target	60%	60%
Actual	78%	76%

FY2020 Narrative: 814 expectant women enrolled in WIC and were given information. 619 women initiated breastfeeding. *Performance met.*

Objective 2: 30% of women initiating breastfeeding will continue to breastfeed six weeks later.



	FY19	FY20
Target	30%	30%
Actual	47%	44%

FY2020 Narrative: 883 infants enrolled in WIC. 385 infants continued to breastfeed six weeks later. *Performance met.*

Objective 3: 20% of women initiating breastfeeding will continue to breastfeed six months later.



	FY19	FY20
Target	20%	20%
Actual	23%	23%

FY2020 Narrative: 883 infants enrolled in WIC. 199 infants breastfeeding at six months of age. *Performance met.*

Objective 4: 95% of breastfeeding mothers will receive appropriate contact and support from the breastfeeding counselor.



	FY19	FY20
Target	95%	95%
Actual	91%	98%

FY2020 Narrative: 60 medical records reviewed for evidence of appropriate contact and support. 59 medical records with appropriate support documented. *Performance met.*

WIC/Community Nutrition Activities				
Activity Type	2016-17	2017-18	2018-19	2019-20
Nutrition Displays	3	1	1	1
Community Nutrition Education Programs	0	1	1	4
Private Therapeutic Clients	0	0	0	0
Breastfeeding In-service	1	1	1	1

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.



	FY19	FY20
Target	75%	75%
Actual	72%	80%

FY2020 Narrative: 746 family planning clients; 594 clients were at or below 150% of poverty. *Performance not met.*

Pregnancy Care Management (OBCM)

No data available.

When the Pregnancy Care Management program transitioned to Virtual Health, a new database management system in October 2018, the database included some reporting gaps. The database took some time to work out the gaps. Revised performance measures should be available during FY2020-21.