

# Administration

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## 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.



	FY21	FY22
Target	100%	100%
Actual	100%	96%

**FY2022 Narrative:** During FY2021-22, a total of 498 surveys were distributed. Of those distributed, 335 surveys were completed and returned. Three hundred and twenty-two of returned surveys (96%) rated as satisfactory or higher. *Performance not met. Surveys reporting less than satisfactory referenced wait time as an issue. Programs receiving this feedback addressed this issue by streamlining workflows for staff and prioritizing services based on staffing.*

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**Goal 2:** Thoroughly and promptly investigate complaints received.

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



	FY21	FY22
Target	100%	100%
Actual	100%	100%

**FY2022 Narrative:** There were no Administrative complaints received related to dissatisfaction about staff. *Performance met.*

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## 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.



	FY21	FY22
Target	100%	100%
Actual	Incomplete	Incomplete

**FY2022 Narrative:** Administrative review of program policies and procedures was not completed due to COVID-19 pandemic response. *Performance not met.*

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**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.



	<b>FY21</b>	<b>FY22</b>
Target	100%	100%
Actual	100%	100%

**FY2022 Narrative:** CLIA inspection takes place every two years. Due to COVID-19, CLIA inspections were delayed. The last laboratory certification inspection occurred March 10, 2019 with no deficiencies. *Performance met.*

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



	<b>FY21</b>	<b>FY22</b>
Target	100%	100%
Actual	100%	100%

**FY2022 Narrative:** The clinic lab manager reported 67 out of 67 employees received Hazard Communication training. *Performance met.*

<b>Clients Receiving Lab Services per Clinic (Main Lab)</b>			
<b>Clinic</b>	<b>2019-20</b>	<b>*2020-21</b>	<b>2021-22</b>
Family Planning	797	601	740
General Clinic	813	429	761
Daymark Recovery Center (Mental Health)	40	62	38
<b>Total</b>	<b>1,650</b>	<b>1,092</b>	<b>1,539</b>

\*Due to COVID-19 response, clinic services were limited.

<b>*Clients Receiving Services (WIC Lab)</b>			
	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
Hemoglobin	2,506	0	0
Lead	10	0	0
<b>Total Clients</b>	<b>2,516</b>	<b>0</b>	<b>0</b>

\*Due to COVID-19, WIC services were provided virtually throughout the year. After March 2020, no Hemoglobin or lead tests were performed.

<b>Laboratory Tests sent to State Lab and Quest Diagnostics</b>			
<b>Type of Test</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
COVID-19*	172	3,732	272
Chlamydia	1,643	811	1,436
Gonorrhea	1,644	811	1,436
Herpes Cultures	30	14	46
HIV	1,124	664	1,221
Lead Screening: (Main Lab)	14	9	12
Syphilis (RPR)	1,128	655	1,212
<b>Total Tests</b>	<b>5,755</b>	<b>6,696</b>	<b>5,635</b>

\*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.

<b>Laboratory Tests done by Public Health</b>			
<b>Type of Test</b>	<b>*2019-20</b>	<b>*2020-21</b>	<b>2021-22</b>
Gonorrhea (Throat, Rectal, Cervical/Urethral)	38	0	^ N/A
Pregnancy Tests	406	292	481
Wet Mount	717	448	889
<b>Total Tests</b>	<b>1,161</b>	<b>740</b>	<b>1,370</b>

\*A decrease in gonorrhea testing done by the RCPH lab is attributed to the pandemic when 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; NCSLPH expanded their capacity to accept and run NAAT testing (nucleic acid amplification tests) which is the recommended method for testing gonorrhea.

^Test is no longer offered due to NCSLPH capacity to use NAAT testing method.

## FY2021-22 Financial Reporting

<b>RCPH Revenues</b>		
<b>Program</b>	<b>FY2022</b>	<b>FY2021</b>
County Appropriations	\$2,019,530.53 (33%)	\$2,105,044.71 (33%)
Federal & State Grants	\$1,755,375.32 (29%)	\$2,386,406.92 (38%)
Fees & Fee Reimbursements	\$1,626,292.81 (32%)	\$1,685,015.95 (27%)
Other Revenues	\$337,618.00 (6%)	\$146,451.20 (2%)
<b>RCPH Expenses</b>		
<b>Program</b>	<b>FY2022</b>	<b>FY2021</b>
Administration	\$964,137.40 (16%)	\$982,476.94 (15%)
Child Health/Smart Start	\$92,961.00 (2%)	\$78,727.52 (1%)
Care Management for At-Risk Children	\$271,963.87 (4%)	\$263,887.87 (4%)
School Nurse	\$288,286.77 (5%)	\$250,000.00 (4%)
Communicable Disease/COVID	\$1,114,883.72 (18%)	\$1,688,435.30 (27%)
Dental Health	\$359,720.03 (6%)	\$419,084.84 (7%)
Environmental Health	\$1,056,437.26 (17%)	\$996,081.16 (16%)
Health Education	\$192,983.52 (3%)	\$164,587.93 (3%)
WIC	\$639,829.14 (10%)	\$594,843.59 (9%)
Family Planning	\$767,977.59 (13%)	\$617,771.22 (10%)
Care Management for High-Risk Pregnancies	\$347,841.07 (6%)	\$267,022.41 (4%)

# Child Health

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## *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.



	<b>FY21</b>	<b>FY22</b>
Target	100%	100%
Actual	100%	50%

**FY2022 Narrative:** During FY2021-22, nine children had confirmed elevated blood levels which initiated offering an environmental investigation. Two children had confirmed elevated blood lead levels requiring an environmental investigation. Two environmental investigations were conducted including one required investigation. *Performance not met. One of the children with elevated blood lead level requiring an environmental investigation received the investigation after the end of the fiscal year. Of the nine children with elevated blood lead levels offered an investigation, only one child's family agreed for an investigation to be conducted.*

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### 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.



	<b>FY21</b>	<b>FY22</b>
Target	100%	100%
Actual	100%	100%

**FY2022 Narrative:** A total of 1,408 records were audited with 1,352 in compliance. Of those, 56 records required follow-up and 1,407 were in compliance within 45 days. *Performance met.*

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<b>Number of Immunization Records Audited</b>			
	<b>2019-20</b>	<b>2021-21</b>	<b>2021-22</b>
Total Number of Immunization Records in Compliance	1,932	1,437	1,352
Total Number of Immunization Records requiring follow-up	110	24	56

**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.



	<b>FY21</b>	<b>FY22</b>
Target	100%	100%
Actual	0%	100%

**FY2022 Narrative:** One hundred and eighty-three children with parental consent received vision and hearing screenings in selected children facilities. *Performance met.*

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



	<b>FY21</b>	<b>FY22</b>
Target	100%	100%
Actual	0%	100%

**FY2022 Narrative:** Vision and hearing screenings identified 13 children that needed follow-up. Of those identified, 13 children were referred for follow-up. *Performance met.*

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**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).



	FY21	FY22
Target	100%	100%
Actual	45%	76%

**FY2022 Narrative:** Randolph County had 44 childcare establishments as of June 30<sup>th</sup>. Fifty-seven of 75 required visits were made by the Childcare Nurse Consultant. Sixty-eight total visits made as a result of the Child Care Nurse Consultant visiting some establishments more than once during the year. *Performance not met. At the beginning of the year, COVID-19 restrictions prevented visits to be completed. However, the Childcare Nurse Consultant remained in close contact with facilities via phone and email.*

<b>Communicable Disease Cases in Schools and Child Care Facilities</b>				
	2018-19	2019-20	2020-21	2021-22
<b>Meningitis</b>	0	0	0	0
<b>Pertussis</b>	5	*10	0	0
<b>Salmonella</b>	8	*16	2	1
<b>Shigellosis</b>	1	0	0	0

Overall, most reportable communicable disease cases remained the same compared to FY2020-21.

**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

**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



	FY21	FY22
Target	90%	90%
Actual	-	98%

**FY2022 Narrative:** One hundred and eighty-eight at-risk children 0-5 years of age were engaged in care management. Of those engaged, 182 had a complete comprehensive needs assessment and care plan within the first 30 days of engagement. *Performance met.*

# Communicable Disease

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**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.



	FY21	FY22
Target	90%	90%
Actual	85%	74%

**FY2022 Narrative:** Clinic staff reported 34 children out of 46 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, 74% were age appropriately immunized at 24 months.

*Performance not met. Due to limited access to primary care throughout the pandemic, many children fell behind on their immunizations. 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 contact provider offices requesting that they encourage/remind clients about needed immunizations.*

<b>Total Immunizations Administered by Public Health Staff</b>		
<b>Childhood Immunizations (0 – 18 years)</b>		
	<b>2020-21</b>	<b>2021-22</b>
<b>State Required</b>	1,165	1,679
<b>Influenza</b>	149	135
<b>Rabies Pre-exposure</b>	0	0
<b>Adult Immunizations (19 years and older)</b>		
	<b>2020-21</b>	<b>2021-22</b>
<b>Influenza</b>	300	85
<b>Adult Tetanus</b>	15	29
<b>Adult Measles-Mumps-Rubella</b>	24	35
<b>Rabies Pre-exposure</b>	40	18
<b>Rabies Post-exposure</b>	0	0
<b>Adult Hepatitis B</b>	4	13
<b>Adult Tetanus, Diphtheria, Pertussis</b>	19 Private 28 State	12 Private 40 State

<b>Adult Varicella</b>	0 Private 8 State	0 Private 11 State
<b>Adult Menactra</b>	0	0
<b>Adult Hepatitis A</b>	103	178
<b>Adult Twinrix (Hepatitis A and B)</b>	7	22
<b>Total Immunizations Administered</b>	<b>1,862</b>	<b>2,122</b>

\*The increase in adult hepatitis A vaccinations is due to outreach events held at Randolph County Detention Center, Shelter of Hope, and sexually transmitted disease clinic. Decrease adult influenza due to decreased interest from Randolph County Public Health staff.

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.



	<b>FY21</b>	<b>FY22</b>
Target	100%	100%
Actual	100%	100%

**FY2022 Narrative:** During FY2021-22, 296 animal bites were investigated with appropriate follow-up. *Performance met.*

<b>Number of Animal Bites</b>			
	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
<b>Total</b>	360	251	296

<b>Type and Number of Positive Rabies Cases</b>					
<b>Animal</b>	<b>2017-18</b>	<b>2018-19</b>	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
<b>Bat</b>	*0	0	*1	*0	*0
<b>Cat</b>	0	*0	2	0	0
<b>Dog</b>	*0	*0	0	*0	0
<b>Fox</b>	8	3	1	*2	0
<b>Raccoon</b>	3	4	2	*0	0
<b>Skunk</b>	0	1	1	3	*1
<b>Coyote</b>	0	0	*0	0	0
<b>Total Cases</b>	<b>11</b>	<b>8</b>	<b>7</b>	<b>5</b>	<b>1</b>

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.


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.  
 \*One bat flogged someone's shoulder and flew away.  
 \*One skunk tested positive for rabies. A litter of puppies were exposed.

**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.



	<b>FY21</b>	<b>FY22</b>
Target	100%	100%
Actual	99%	100%

**FY2022 Narrative:** During FY2021-22, 23,378 individuals were identified with various communicable diseases which includes COVID-19 cases. Of those, 23,367 individuals received follow-up, treatment and control measures. *Performance met. Follow-up with some communicable diseases proved difficult during the pandemic. Additionally, efforts to reach some clients were unsuccessful due to change in address or phone number.*

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



	FY21	FY22
Target	*68%	*68%
Actual	60%	61%

**FY2022 Narrative:** During FY2021-22, 18 individuals began treatment for latent TB. Of those, 11 individuals began and completed treatment for latent TB. ***It takes 3-9 months for a patient with latent TB to complete treatment. Performance not met. Some clients were unable to reached due to relocation.*** \*The target for this measure was revised by NC Division of Public Health FY2019-20.

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



	FY21	FY22
Target	100%	100%
Actual	100%	100%

**FY2022 Narrative:** A total of 23,378 reportable communicable diseases were reported to RCPH. All reported reportable communicable diseases were documented and reported to NC Department of Public Health (NC DPH) within 30 days of notification. *Performance met.*

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**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.



	FY21	FY22
Target	85%	85%
Actual	91%	95%

**FY2022 Narrative:** A total of 168 clients were diagnosed with gonorrhea and chlamydia. Of those, 159 clients received treatment services within 14 days of specimen collection date. *Performance met.*

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**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.



	<b>FY21</b>	<b>FY22</b>
Target	95%	95%
Actual	96%	97%

**FY2022 Narrative:** A total of 168 clients were diagnosed with gonorrhea and chlamydia. Of those, 163 clients received treatment services within 30 days of specimen collection date. *Performance met.*

<b>Total Cases of Sexually Transmitted Diseases</b>		
	<b>2020-21</b>	<b>2021-22</b>
Chlamydia	528	529
Gonorrhea	236	144
Syphilis	9	38

\*Increase in syphilis cases attributed to risky behaviors.

<b>HIV Cases</b>		
	<b>2020-21</b>	<b>2021-22</b>
Total clients screened	664	1,221
Total clients positive in-house	0	2
Total HIV cases within Randolph County	3	6
Total AIDS cases within Randolph County	0	0

\*Increase in HIV testing due medical care resuming normal operations including preventive screening. Increase in HIV cases attributed to risky behaviors.

The summary report below reflects all communicable diseases reported by medical providers in Randolph County from July 1, 2021 to June 30, 2022.

<b>Reported Communicable Diseases for Randolph County</b>							
	<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>		<b>2019-20</b>	<b>2020-21</b>	<b>2021-22</b>
AIDS	0	0	1	Hepatitis B (carrier)	13	15	14
Amebiasis	0	0	0	Hepatitis C (acute)	4	9	1
Botulism	0	0	0	HIV	2	3	6
Campylobacter	56	60	34	Legionellosis	0	1	2
Chikungunya	0	0	0	Listeria	0	0	1
Chlamydia	559	528	529	Lyme Disease	4	4	1
CRE	6	1	2	Malaria	0	0	0
*COVID-19 Confirmed	1,318	9,219	15,483	Meningococcal	0	0	1
*COVID-19 Probable	0	4,743	6,829	Mumps	0	0	0
*COVID-19 Deaths	-	176	185	Pertussis	8	1	0
Creutzfeldt Jakob Disease	0	1	0	Q Fever	0	0	0
Cryptosporidiosis	0	5	2	Rocky Mt. Spotted Fever	8	12	16
*Cyclosporiasis	9	0	0	Rubella	0	0	0
Dengue Fever	0	0	0	Rubeola	0	0	0
Enterococci (Vancomycin Resistant)	0	0	0	Salmonellosis	42	33	36
E. Coli	3	4	5	Shigellosis	2	3	4
Encephalitis	0	0	0	Streptococcal Infection Group A	1	9	8
Ehrlichiosis	2	3	8	Syphilis	4	9	38
Flu (adult) death	2	0	0	Syphilis (congenital)	0	0	1
Foodborne disease	0	0	0	Trichinosis	0	0	0
Foodborne, Staphylococcal	0	0	0	Tuberculosis (mycobacterium)	1	1	2
Gonorrhea	167	236	144	West Nile Virus	0	0	0
Hemophilia	2	3	4	*Vibrio	2	2	0
Hepatitis A	3	97	0	Zika	0	0	0
Hepatitis B (acute)	16	12	14	*Varicella	-	1	7
<b>Total (all communicable diseases reported)</b>					<b>2,234</b>	<b>15,189</b>	<b>23,378</b>

\*Overall, most reportable communicable disease numbers remained the same compared to 2020-21.  
 \*An increase in syphilis/HIV is attributed to substance use, alcohol use, and multiple sexual partners.  
 \*COVID-19 was added to the list of NC reportable disease list in FY2019-20.  
 \*Cyclosporiasis/varicella/vibrio have been on the reportable disease list since FY2020-21.

**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.



	<b>FY21</b>	<b>FY22</b>
Target	100%	100%
Actual	100%	0%

**FY2022 Narrative:** *Performance not met. No exercises were held due to ongoing COVID-19 response activities and a transition to a contracted vendor to support public health preparedness activities, On Target Preparedness.*

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# Dental Health

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## Education and Screening

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

**Objective:** 90% of eligible Randolph County School System (RCSS) and Asheboro City Schools (ACS) students in kindergarten, 1<sup>st</sup>, 3<sup>rd</sup>, and 5<sup>th</sup> grades will receive dental screening. In Asheboro City Schools, 7<sup>th</sup> and 9<sup>th</sup> graders will be screened.



	FY21	FY22
Target	90%	90%
Actual	81%	90%

**FY2022 Narrative:** RCSS and ACS had 6,318 total students enrolled in the grades eligible for screening. A total of 5,404 students were eligible for dental screening. Nine hundred and fourteen RCSS students “opted out” of medical exams which includes dental screening. As a result, 4,840 received a dental screening. Three hundred and fifty eligible students did not receive a screening likely due to absence. *Performance met.*

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## 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.



	FY21	FY22
Target	66%	66%
Actual	18%	23%

**FY2022 Narrative:** Of the 4,840 students provided dental screenings, 967 children were referred for dental care. Two hundred and eighteen children were determined to have received dental care as a result of referral. *Performance not met. Due to COVID-19, dental services were delayed. As a result, 749 children did not receive dental care or were lost to follow-up due to student absences and/or relocation.*

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<b>Dental Screening and Referral</b>			
	<b>2019-20</b>	<b>*2020-21</b>	<b>2021-22</b>
<b>Children enrolled</b>	6,783	4,120	6,318
<b>Children eligible for screening</b>	6,212	3,400	5,404
<b>Children screened</b>	5,827	2,761	4,840
<b>Children referred</b>	472	456	967
<b>Percent screened</b>	94%	81%	90%

<b>Referral Follow-up</b>	
Number of children referred	967
Number of children who were referred and received dental care	218
Percentage of Referred Children Receiving Dental Care	23%

*NOTE: \*Data only reflects student population of Randolph County Schools. Due to COVID-19 restrictions, Asheboro City Schools were unable to participate FY2020-21.*

**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).



	<b>FY21</b>	<b>FY22</b>
Target	90%	90%
Actual	50%	66%

**FY2022 Narrative:** Dental staff audited 294 records. Of those audited, 193 records indicated no newly diagnosed cavities at maintenance visit. *Performance not met. COVID-19 delayed maintenance dental appointments which may have impacted identifying decay earlier. 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.



	<b>FY21</b>	<b>FY22</b>
Target	90%	90%
Actual	68%	79%

**FY2022 Narrative:** Dental staff reported 373 children received dental treatment and were scheduled for follow-up. Of those scheduled for maintenance care, 294 kept their follow-up appointment. *Performance not met. During the pandemic, dental appointments were reduced to ensure all safety precautions were followed for staff and patients. The decrease is likely due to dental clinic services being temporarily scaled back.*

<b>Dental Screening Randolph County School System (2021-2022)</b>							
<b>Randolph Co. Schools</b>	<b>Total Students</b>	<b>Students Screened</b>	<b>Students Opted Out</b>	<b>Number of Eligible Students</b>	<b>% Eligible Students Screened</b>	<b>Students Referred</b>	<b>% Students Referred</b>
<b>Archdale</b>	240	148	64	176	84%	39	26%
<b>Coleridge</b>	180	146	26	154	95%	47	32%
<b>Farmer</b>	218	167	43	175	95%	22	13%
<b>Franklinville</b>	205	143	46	159	90%	40	28%
<b>Grays Chapel</b>	299	229	60	239	96%	51	22%
<b>Hopewell</b>	398	285	79	319	89%	43	15%
<b>John Lawrence</b>	219	160	46	173	92.5%	32	20%
<b>Level Cross</b>	266	167	68	198	84%	39	23%
<b>Liberty</b>	309	229	47	262	85%	47	20.5%
<b>New Market</b>	276	197	51	225	88%	37	19%
<b>Ramseur</b>	258	183	44	214	86%	51	28%
<b>Randleman Elem</b>	415	332	51	364	91%	69	21%
<b>Randleman Middle<sup>^</sup></b>							
<b>Seagrove</b>	241	178	36	205	87%	45	25%
<b>Southmont</b>	326	225	69	257	88%	42	19%
<b>Tabernacle</b>	331	227	72	259	88%	49	22%
<b>Trindale</b>	207	124	69	138	90%	25	20%
<b>Trinity Elem.</b>	225	151	43	182	83%	20	13%
<b>Totals</b>	<b>4,613</b>	<b>3,291</b>	<b>914</b>	<b>3,699</b>	<b>89%</b>	<b>698</b>	<b>22%</b>

<sup>^</sup>Randleman Middle includes 5th graders. School nurse did not have time to schedule dental screening for this grade.

<b>Dental Screening Asheboro City Schools (2021-2022)</b>					
<b>Asheboro City Schools</b>	<b>Total Students</b>	<b>Students Screened</b>	<b>% Students Screened</b>	<b>Students Referred</b>	<b>% Students Referred</b>
<b>Balfour</b>	364	334	92%	72	22%
<b>Lindley Park</b>	310	282	91%	47	17%
<b>Loflin</b>	215	200	93%	38	19%
<b>McCrary</b>	235	211	90%	50	24%
<b>Teachey</b>	246	219	89%	45	20.5%
<b>AHS<sup>^</sup></b>					
<b>NAMS</b>	160	142	89%	3	2%
<b>SAMS</b>	175	161	92%	14	9%
<b>Totals</b>	<b>1,705</b>	<b>1,549</b>	<b>91%</b>	<b>269</b>	<b>17%</b>

<sup>^</sup>Asheboro High School unable to hold dental screenings due to construction limiting space.

<b>Total Dental Screenings (2021-22)</b>						
<b>Total Students</b>	<b>Students Screened</b>	<b>Students Opt Out</b>	<b>Number of Eligible Students</b>	<b>% Eligible Students Screened</b>	<b>Students Referred</b>	<b>% Students Referred</b>
<b>6,318</b>	<b>4,840</b>	<b>914</b>	<b>5,404</b>	<b>90%</b>	<b>967</b>	<b>20%</b>

# Environmental Health

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## 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.



	FY21	FY22
Target	100%	100%
Actual	93%	68%

**FY2022 Narrative:** Based on the adjusted frequency schedule, 1,379 inspections were required from 653 establishments. Of the required inspections, 937 were completed. Food and lodging staff reported 944 total inspections completed (required frequency and return inspections). *Performance not met. This measure was not met due to decreased staffing, a return to standard inspection frequencies, staff working to complete FDA risk factor studies and training a new Environmental Health Specialist.*

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



	FY21	FY22
Target	95%	95%
Actual	95%	92%

**FY2022 Narrative:** There were 653 establishments that required inspection. Of those, 604 maintained a grade A or equivalent rating. *Performance not met. Of the 653 establishments, 605 had received a grade. Of those who received a grade, 604 received an A grade or higher. Of the graded establishments, only one received a B grade.*

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**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.



	<b>FY21</b>	<b>FY22</b>
Target	100%	100%
Actual	99%	98%

**FY2022 Narrative:** Food and lodging staff reported receiving 111 complaints. Of those, 109 complaints were responded to within 48 hours. *Performance not met. Two complaints were not responded to within the 48-hour timeframe. Both were missed opportunities due to submission of complaints coming in on Fridays.*

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**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.



	<b>FY21</b>	<b>FY22</b>
Target	100%	100%
Actual	100%	100%

**FY2022 Narrative:** Food and lodging staff received nine foodborne illness related complaints. All nine 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.



	<b>FY21</b>	<b>FY22</b>
Target	100%	100%
Actual	100%	100%

**FY2022 Narrative:** Food and lodging received no confirmed illness and confirmed foodborne illness related complaints.

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## Food and Lodging Inspection Summary Report, FY2021-22

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	1	2	1	33%
Bed/Breakfast Home	2	2	0	2	0	0%
Bed/Breakfast Inn	0	0	0	0	0	N/A
Childcare Centers	42	78	57	21	62	73%
Commissary – Push Carts	6	10	4	6	4	40%
Educational Food Service	1	4	2	2	2	50%
Elderly Nutrition Services	4	16	12	4	12	75%
Food Stand	61	126	99	27	100	79%
Hospital	1	2	0	2	0	0%
Institutional Food Service	10	38	26	12	26	68%
Lodging	17	16	2	14	2	13%
Local Confinement	1	1	1	0	1	100%
Limited Food Service	11	11	10	1	10	91%
Mobile Food Unit	78	80	32	48	32	40%
Meat Market	15	40	28	12	28	70%
Nursing Home	14	23	7	16	7	30%
Push Cart	6	5	2	3	2	40%
Restaurant	241	702	520	182	520	74%
Residential Care	34	34	24	10	25	71%
Resident Camp	11	15	10	5	10	67%
School Building	55	52	1	51	1	2%
School Lunchrooms	40	121	99	22	99	82%
<b>Total</b>	<b>653</b>	<b>1379</b>	<b>937</b>	<b>442</b>	<b>944</b>	<b>68%</b>

Food and lodging operated the second half of the fiscal year with decreased staffing. A new employee was hired in May of 2022 and has been in the training process since that time and will be fully authorized in the first half of FY 2022/2023. Lastly, food and lodging completed Standard 9 Risk Factor Studies for school cafeterias during FY 21-22, which took some time away from inspections.

## 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.



	FY21	FY22
Target	100%	100%
Actual	100%	99%

**FY2022 Narrative:** During FY2021-22, 500 new and expansion permit applications were submitted. However, 390 sites were properly prepared and ready for permit determination. Of those, 386 properly prepared sites resulted in the appropriate outcome (permitted or denied) within one week. Ground water and on-site wastewater reported 1,510 total number visits made. *Performance not met. Due to limited notes detailing delays, there was no clear explanation for four sites not receiving permit within a week. To address the gap in the future, OSWW staff will pull a report monthly and identify reasons for delays.*

### 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.



	FY21	FY22
Target	100%	100%
Actual	100%	99%

**FY2022 Narrative:** Ground water and on-site wastewater received 82 sewage complaints. Of those, 81 sewage complaints were responded to within 3 days. *Performance not met. The complaint unaddressed within three days was a missed opportunity attributed to data entry error or weather.*

<b>Sewage Complaints Summary Report</b>			
	2019-20	2020-21	2021-22
<b>Number of complaints</b>	79	88	82
<b>Number responded to within 3-day timeframe</b>	79	88	81
<b>Performance</b>	100%	100%	99%

**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.



	<b>FY21</b>	<b>FY22</b>
Target	100%	100%
Actual	100%	100%

**FY2022 Narrative:** A total of 351 well permit applications were submitted. Of those, 350 well permits were issued or denied within one week of completion of fieldwork. *Performance met.*

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**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.



	<b>FY21</b>	<b>FY22</b>
Target	100%	100%
Actual	100%	100%

**FY2022 Narrative:** A total of 71 inspections were required from 57 public swimming pools. Of the required inspections, 71 were completed. A total of 79 inspections were completed (required frequency & return inspections). *Performance met.*

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**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.



	<b>FY21</b>	<b>FY22</b>
Target	100%	100%
Actual	100%	100%

**FY2022 Narrative:** A total of 42 inspections were required and completed from 42 tattoo artists. A total of 48 inspections were completed (required frequency & return inspections). *Performance met.*

# Health Promotion and Policy

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## 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.



	<b>FY21</b>	<b>FY22</b>
Target	100%	100%
Actual	0%	100%

**FY2022 Narrative:** As COVID-19 waned, community education resumed. Health Promotion and Policy (HPP) staff distributed 3 evaluations with 1 returned with an excellent score. *Performance met.*

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



	<b>FY21</b>	<b>FY22</b>
Target	100%	100%
Actual	0%	0%

**FY2022 Narrative:** *Performance not met. The health education team transitioned to supporting COVID-19 response early in 2020. As a result, the team was unable to engage in any community programs during FY2021-22. Additionally, certified staff left the organization during the pandemic.*

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## 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.



	<b>FY21</b>	<b>FY22</b>
Target	100%	100%
Actual	0%	0%

**FY2022 Narrative:** *Performance not met. The health education team transitioned to supporting COVID-19 response early in 2020. As a result, the team was unable to engage in any community programs during FY2021-22.*

---

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



	<b>FY21</b>	<b>FY22</b>
Target	100%	100%
Actual	0%	0%

**FY2022 Narrative:** *Performance not met. The health education team transitioned to supporting COVID-19 response early in 2020. As a result, the team was unable to engage in any community programs during FY2021-22.*

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



**FY2022 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 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.

During the pandemic, there was a national surge in overdose deaths and access to naloxone and prevention education was critical. Randolph County Public Health reported an increase in number of naloxone units dispensed to individuals during FY2021-22. RCPH dispensed 63 units compared to 40 units in FY2020-21.

*Performance met.*

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**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.



	<b>FY21</b>	<b>FY22</b>
Target	100%	100%
Actual	100%	100%

**FY2022 Narrative:** Safe Kids Randolph County reported 33 families presented for child passenger safety seat related inquiries. Of those, 33 families received a new car seat in conjunction with child passenger safety instruction. *Performance met.*

\*MDPP was canceled in March 2020, due to COVID-19. Due to ongoing COVID response activities, a class was unable to be held in FY2021-22.

<b>Health Promotion and Policy Activity Summary</b>				
<b>ACTIVITY</b>	<b># OF PROGRAMS</b>		<b># OF PEOPLE REACHED</b>	
	<b>2020-21</b>	<b>2021-22</b>	<b>2020-21</b>	<b>2021-22</b>
<b>Community Health Education</b>	6	5	140	65
<b>Quit Smart Tobacco Cessation Series<sup>^</sup></b>	-	-	-	-
<b>Minority Diabetes Prevention Program*</b>	0	0	0	0
<b>Health/Safety Fairs</b>	0	4	0	355
<b>Play Daze<sup>^</sup></b>	-	-	-	-
<b>Car Seat Distribution</b>	N/A	N/A	13	33
<b>Health Promotion Consultations/Resource Information Provided (phone or in-person)</b>	N/A	N/A	6	8
<b>Vasectomy Counseling</b>	N/A	N/A	0	5
<b>Total</b>	<b>6</b>	<b>9</b>	<b>**159</b>	<b>466</b>

\*\*The decrease in total numbers for FY2020-21 reflects the impact of COVID-19. Health Promotion and Policy staff were unable to engage with the community in traditional programming.

<sup>^</sup>Quit Smart Tobacco Cessation and Play Daze programming were not resumed due to change in priorities and staff capacity.

# WIC / Nutrition

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## 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.



	FY21	FY22
Target	97%	97%
Actual	114%	109%

**FY2022 Narrative:** WIC reported 3,381 total participants assigned by the state. WIC served a total of 3,677 participants. During the pandemic, the federal and state departments eased requirements for WIC family participation. Families were not required to be seen in person to receive support services, vouchers, or supplies. This generated a much higher level of participation. *Performance met.*

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## Breastfeeding Support

**Goal:** Promote and provide support for breastfeeding.

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



	FY21	FY22
Target	60%	60%
Actual	77%	74%

**FY2022 Narrative:** During FY2021-22, WIC enrolled 770 expectant women. Of those, 571 women initiated breastfeeding. These women were offered breastfeeding support services. *Performance met. FY2021 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.



	FY21	FY22
Target	30%	30%
Actual	45%	50%

**FY2022 Narrative:** WIC reported 819 infants enrolled. Of those enrolled, 412 infants were breastfeeding six weeks later. *Performance met. FY2021 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.



	<b>FY21</b>	<b>FY22</b>
Target	20%	20%
Actual	25%	29%

**FY2022 Narrative:** WIC reported 819 infants enrolled. Of those enrolled, 236 infants were breastfeeding at six months of age. *Performance met. FY2021 data is most current available from NC Department of Health and Human Services.*

---

**Objective 4:** 95% of women enrolled in the Breastfeeding Peer Counselor Program will receive appropriate contact and support from the breastfeeding counselor.



	<b>FY21</b>	<b>FY22</b>
Target	95%	95%
Actual	95%	93%

**FY2022 Narrative:** A total of 60 records were reviewed for evidence of appropriate contact and support. Of those reviewed, 56 records had appropriate support documented. *Performance met. The four records missing documentation were identified as missed opportunities to contact enrolled women.*

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<b>WIC/Community Nutrition Activities Summary Report</b>				
<b>Activity Type</b>	<b>2018-19</b>	<b>2019-20</b>	<b>**2020-21</b>	<b>2021-22</b>
Nutrition Displays	1	1	0	1
Community Nutrition Education Programs	1	4	*1	3
Private Therapeutic Clients	0	0	0	0
Breastfeeding In-service	1	1	*2	1

\*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

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## 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.



	<b>FY21</b>	<b>FY22</b>
Target	75%	75%
Actual	76%	79%

**FY2022 Narrative:** During FY2021-22, the planning program served 714 clients. Of those, 565 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:** Less than 20% of high-risk priority patients in active case management status will be without a face-to-face encounter.



	<b>FY21</b>	<b>FY22</b>
Target	<20%	<20%
Actual	-	7%

**FY2022 Narrative:** During FY2021-22, care management had a total of 2,472 high-risk priority patients with a completed patient centered interaction documented. Of those, 166 did not have a documented face-to-face encounter. *Performance met. Due to lag time of performance management system, CMHRP staff keep a list of high-risk patients without a face to face encounter. The issue was not identified until second quarter of FY2021-22.*