

# 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.



	FY18	FY19
Target	100%	100%
Actual	98%	99%

**FY19 Narrative:** 777 surveys were distributed. 468 surveys were completed and returned. 466 of returned surveys (99%) rated as satisfactory or higher. *Performance not met. Client feedback is very important. We use client feedback, when possible, to make improvements in the services we provide.*

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

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



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

**FY19 Narrative:** There were no Administrative complaints received related to dissatisfaction about staff, other than those related to the ongoing issue with animal control. *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.



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

**FY19 Narrative:** 14 programs were reviewed; 14 programs were at least 95% compliant with agency quality assurance guidelines. *Performance met.*

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Program Administrative Review		
Program	Date of Review	Performance*
1. Animal Control	4/25/2019	98%
2. Child Care Consultation Care	6/11/2019	99%
3. Care Coordination for Children	6/5/2019	98%
4. Communicable Disease	11/21/2018	100%
5. Dental	1/25/2019	100%
6. Family Planning	5/1/2019	100%
7. Food and Lodging	2/7/2019	97%
8. Health Education	1/15/2019	96%
9. Lab	6/5/2019	100%
10. Pregnancy Care Management	6/5/2019	98%
11. Public Health Response	11/21/2018	95%
12. TB Control	1/16/2019	100%
13. Well Water/Waste Water	2/13/2019	99%
14. WIC	1/29/2019	99%
*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.



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

**FY19 Narrative:** The last laboratory certification inspection occurred March 10, 2019 with no deficiencies. CLIA inspection takes place every two years. *Performance met.*

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



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

**FY19 Narrative:** 85 employees and 5 student interns received Hazard Communication training. *Performance met.*

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<b>Clients Receiving Lab Services per Clinic (Main Lab)</b>			
<b>Clinic</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Family Planning	1,256	946	1,006
General Clinic	1,177	860	865
Daymark Recovery Center (Mental Health)	36	41	34
<b>Total</b>	<b>2,469</b>	<b>1,847</b>	<b>1,905</b>

<b>*Clients Receiving Services (WIC Lab)</b>			
	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Hemoglobin	4,818	4,381	4,067
Lead	57	38	32
<b>Total Clients</b>	<b>4,875</b>	<b>4,419</b>	<b>4,099</b>

\*WIC's caseload continued to decline, resulting in fewer WIC lab services.  
Some clients may have received more than one service and clients are not unduplicated.

<b>Laboratory Tests sent to State Lab</b>			
<b>Type of Test</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Chlamydia	1,184	997	1,230
Gonorrhea	1,291	997	1,321
Herpes Cultures	26	20	21
HIV	1,357	1,211	1,377
Lead Screening: (Main Lab)	17	19	17
Syphilis (RPR)	1,365	1,213	1,375
<b>Total Tests</b>	<b>5,240</b>	<b>4,457</b>	<b>5,341</b>

\*An increase in Chlamydia and gonorrhea testing increased due to the added capability to collect samples from multiple orifices.

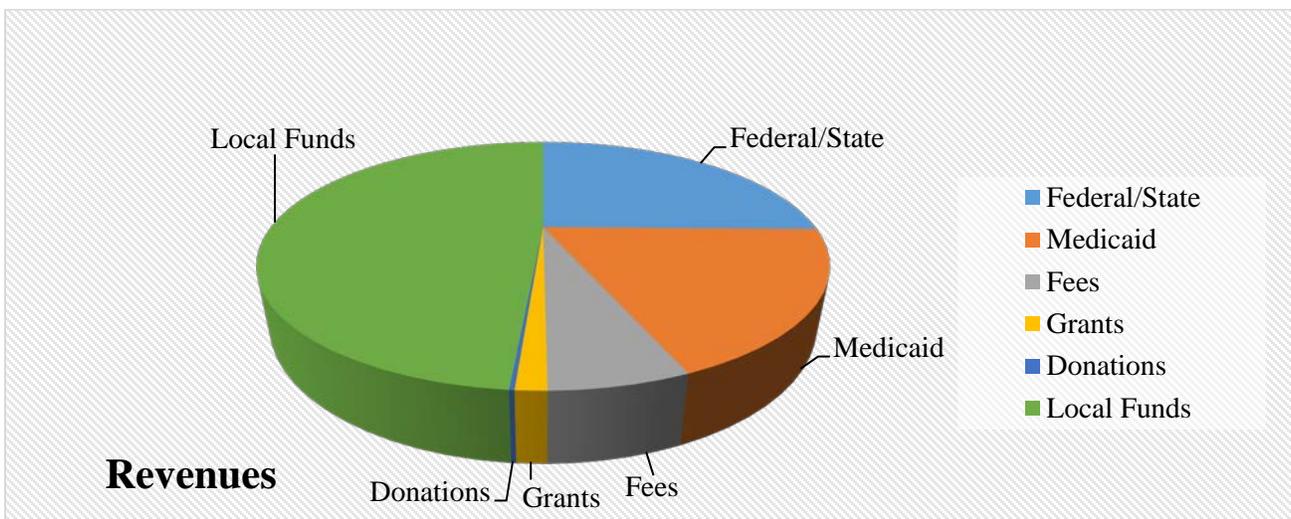
<b>Laboratory Tests done by Public Health</b>			
<b>Type of Test</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Gonorrhea (Throat)	206	232	188
Gonorrhea (Rectal)	29	26	18
Gonorrhea (Cervical / Urethral)	57	51	0
Pregnancy Tests	983	*483	536
Wet Mount	1,015	754	866
<b>Total Tests</b>	<b>2,290</b>	<b>1,546</b>	<b>1,608</b>

\*The decrease in lab tests completed by Public Health is due to female cultures being sent to the NC State Laboratory of Public Health and/or an outside laboratory for processing.

## 2018-19 Budget Summary

PROGRAM	BUDGETED	ACTUAL RECEIVED	%
Administration	\$117,535.00	\$118,704.88	101%
Animal Control	\$120,304.00	\$124,139.62	103%
Smart Start	\$83,350.00	\$84,497.57	101%
Care Coordination for Children (CC4C)	\$322,702.00	\$306,929.12	95%
CC4C – Escrow Funds	\$11,522.00	\$20,333.15	176%
Communicable Disease/Bioterrorism	\$193,632.00	\$188,740.36	97%
School Nurse	\$250,000.00	\$250,000.00	100%
Dental Health	\$89,000.00	\$100,502.78	113%
Dental Health – Medicaid Settlement	\$20,000.00	\$80,000.00	400%
Dental Health – Escrow Funds	\$60,000.00	\$60,000.00	100%
Environmental Health	\$229,096.00	\$198,226.00	87%
Health Education	\$74,846.00	\$60,486.00	81%
WIC	\$753,284.00	\$749,026.14	99%
Women’s Health	\$350,948.00	\$356,869.92	102%
Women’s Health – Medicaid Settlement	\$100,321.00	\$129,055.00	129%
Women’s Health – Escrow Funds	\$135,500.00	\$0.00	0%
Pregnancy Care Management (OBCM)	\$368,762.00	\$344,129.76	93%
OBCM – Escrow Funds	\$9,387.00	\$35,733.65	381%
County Revenues Provided	\$3,513,945.00	\$3,036,827.46	86%
<b>Total Revenues:</b>	<b>\$6,804,134.00</b>	<b>\$6,244,201.41</b>	<b>92%</b>

*Note: Escrow funds are Medicaid funds and can only be used in the program funds were earned in.*



# Animal Services

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## *Shelter Operations*

### *Bite Investigation and Exposure Follow-up*

**Goal:** 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>FY18</b>	<b>FY19</b>
Target	100%	100%
Actual	100%	100%

**FY19 Narrative:** 284 animal bites were investigated with appropriate follow-up. *Performance met.*

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<b>Number of Animal Bites</b>			
	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
<b>Total</b>	297	308	284

## *Field Operations*

### *Recording, Dispatching and Tracking Complaints*

**Goal:** Reduce duplicate animal control visits for the same customer complaint.

**Objective:** 80% of complaints will be resolved within the first visit from the Animal Control Officer (determined by incident audit).



	<b>FY18</b>	<b>FY19</b>
Target	80%	80%
Actual	98%	99%

**FY19 Narrative:** 200 out of the total number of complaints received were audited. 198 of those complaints were resolved within the first visit. The other 1% of audited complaints were resolved in either the second or third visit. This was mainly due to animals running at large that were unable to be captured during the first visit. ***Complaints include: any call prompting a response: trap request, barking dogs, animals running-at-large, cruelty concerns, general welfare checks, etc.*** *Performance met.*

<b>Type and Number of Positive Rabies Cases</b>					
<b>Animal</b>	<b>2014-15</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
<b>Bat</b>	0	1	0	*0	0
<b>Cat</b>	2	*0	0	0	*0
<b>Dog</b>	0	*0	0	*0	*0
<b>Fox</b>	2	3	2	8	3
<b>Raccoon</b>	2	1	0	3	4
<b>Skunk</b>	0	2	0	0	1
<b>Coyote</b>	0	0	0	0	0
<b>Total Cases</b>	<b>6</b>	<b>7</b>	<b>2</b>	<b>11</b>	<b>8</b>

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.

<b>ANIMAL SHELTER STATISTICS FY 2017-18</b>				
	<b>Dogs</b>	<b>Cats</b>	<b>Other*</b>	<b>Total</b>
<b>Impounds</b>	1,472	2,302	81	3,855
<b>Reclaim</b>	230	15	8	253
<b>Adopted**</b>	463	542	26	1,031
<b>Euthanized</b>	773	1,729	29	2,531

<b>ANIMAL SHELTER STATISTICS FY 2018-19</b>				
	<b>Dogs</b>	<b>Cats</b>	<b>Other*</b>	<b>Total</b>
<b>Impounds</b>	1,402	2,126	110	3,638
<b>Reclaim</b>	228	26	3	257
<b>Adopted**</b>	559	669	64	1,292
<b>Euthanized</b>	606	1,426	25	2,057

\*Other includes raccoons, opossums, rabbits, goats, chickens, bats, foxes, horses and deer.  
Impound numbers do not take into account those animals that escaped or died.

\*\*Includes number of animals adopted and/or sent to rescue organizations.

# 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>FY18</b>	<b>FY19</b>
Target	100%	100%
Actual	100%	100%

**FY19 Narrative:** 7 children had confirmed elevated blood lead levels. 4 of those were in the range requiring an environmental investigation. A total of 6 environmental investigations were conducted. *Some of the investigations conducted in FY19 may have been conducted for children identified with an elevated blood lead level late in the previous FY. Performance met.*

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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>FY18</b>	<b>FY19</b>
Target	100%	100%
Actual	100%	99%

**FY19 Narrative:** 1,759 records audited; 162 records required follow-up; 1,749 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.*

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<b>Number of Immunization Records Audited</b>			
	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
Total Number of Immunization Records in Compliance	2,071	1,847	1,749
Total Number of Immunization Records requiring follow-up	53	48	162

**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>FY18</b>	<b>FY19</b>
Target	100%	100%
Actual	100%	100%

**FY19 Narrative:** 316 children with parental consent; 316 children received vision and hearing screenings. *Performance met.*

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



	<b>FY18</b>	<b>FY19</b>
Target	100%	100%
Actual	100%	100%

**FY19 Narrative:** 49 children identified with problems; all 49 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 received the required site visit(s)



	<b>FY18</b>	<b>FY19</b>
Target	100%	100%
Actual	100%	100%

**FY19 Narrative:** 46 childcare establishments as of June 30<sup>th</sup>; 77 required visits made by the Childcare Nurse Consultant; 136 total visits made as a result of the Child Care Nurse Consultant visiting some establishments more than once during the year. *Performance met.*

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<b>Communicable Disease Cases in Schools and Child Care Facilities</b>				
	<b>2015-16</b>	<b>2016-17</b>	<b>2017-2018</b>	<b>2018-19</b>
<b>Meningitis</b>	0	0	0	0
<b>Pertussis</b>	10	3	8	5
<b>Salmonella</b>	10	4	7	8
<b>Shigellosis</b>	4	0	0	1

*Care Coordination for Children*

No data available.

The Care Coordination for Children program transitioned to Virtual Health, a new database management system, in October 2018. The new database system took quite some time to implement and included gaps in reporting for a portion of the year. Feedback received from the state program consultant indicated that the program met and/or exceeded the required benchmarks.

# 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.



	FY18	FY19
Target	90%	90%
Actual	85%	89%

**FY19 Narrative:** 55 children out of 62 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.* This was a slight increase from the previous year. *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.*

<b>Total Immunizations Administered by Health Department Staff</b>		
	<b>2017-18</b>	<b>2018-19</b>
<b>Childhood Immunizations (State Required)</b> <i>includes state influenza</i>	2,400	1,980
<b>Influenza</b>	81 private 180 state	70 private 180 state
<b>Adult Tetanus</b>	15	14
<b>Adult Measles-Mumps-Rubella</b>	19	23
<b>Rabies Pre-exposure</b>	13	26
<b>Rabies Post-exposure</b>	0	0
<b>Adult Hepatitis B</b>	46 private	21 private
<b>Adult Tetanus, Diphtheria, Pertussis</b>	*	67 17 private
<b>Adult Varicella</b>	*	10 6 private
<b>Adult Menactra</b>	*	1
<b>Adult Hepatitis A</b>	*	5
<b>Adult Twinrix (Hepatitis A and B)</b>	*	21

\*Added to report FY2018-19

**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>FY18</b>	<b>FY19</b>
Target	100%	100%
Actual	96%	99%

**FY19 Narrative:** 908 individuals identified with various communicable diseases; 898 individuals received follow-up, treatment and control measures. *Performance not met. Efforts made to reach the other 10 individuals via phone and/or certified mail were unsuccessful.*

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



	<b>FY18</b>	<b>FY19</b>
Target	65%	65%
Actual	43%	67%

**FY19 Narrative:** 15 individuals began treatment for latent TB; 10 individuals began and completed treatment for latent TB. *It takes 3-9 months for a patient with latent TB to complete treatment. Performance met.*

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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 (\*New FY2018-19).



	<b>FY18</b>	<b>FY19</b>
Target	*	100%
Actual	*	100%

**FY19 Narrative:** 908 reportable communicable diseases reported; 908 reportable communicable diseases documented and reported to 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 (\*New FY2018-19).



	<b>FY18</b>	<b>FY19</b>
Target	*	85%
Actual	*	94%

**FY19 Narrative:** 186 clients diagnosed with gonorrhea and chlamydia; 175 clients received treatment services within 14 days of specimen collection date. *Performance met.*

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**Objective 5:** 95% of 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. (\*New FY2018-19)



	<b>FY18</b>	<b>FY19</b>
Target	*	95%
Actual	*	97%

**FY19 Narrative:** 186 clients diagnosed with gonorrhea and chlamydia; 181 clients received treatment services within 30 days of specimen collection date. *Performance met.*

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<b>Total Cases of Sexually Transmitted Diseases</b>		
	<b>2017-18</b>	<b>2018-19</b>
Chlamydia	478	536
Gonorrhea	174	145
Syphilis	10	8

\*Increase in chlamydia cases is due to the NC State Laboratory of Public Health expanding some and offering some new testing options.

<b>HIV Cases</b>		
	<b>2017-18</b>	<b>2018-19</b>
Total clients screened	1,233	1,414
Total clients positive in-house	1	4
Total HIV cases within Randolph County	6	7
Total AIDS cases within Randolph County	0	0



**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:** Annually evaluate local public health’s ability to respond to public health threats and emergencies through an integrated assessment of roles, partnerships, plans, policies, procedures, financial and resource management and performance improvement (this is an annual report).



	<b>FY18</b>	<b>FY19</b>
Target	100%	100%
Actual	100%	100%

**FY19 Narrative:** An annual report was submitted as required to NC Public Health Preparedness and Response. *Performance met.*

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



	<b>FY18</b>	<b>FY19</b>
Target	100%	100%
Actual	100%	100%

**FY19 Narrative:** We participated in 3 preparedness exercises: Pan Flu tabletop exercise (Alamance County), Bed Surge tabletop exercise (Triad Healthcare Preparedness Coalition), and Local Receiving Site full scale exercise (Guilford County). *Performance met.*

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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:** 95% of Kindergarten, 1<sup>st</sup>, 3<sup>rd</sup>, and 5<sup>th</sup> grade students enrolled in both Randolph County Schools and Asheboro City Schools, will receive dental screening and 95% of 7<sup>th</sup> and 9<sup>th</sup> graders enrolled in Asheboro City Schools will be screened.



	FY18	FY19
Target	95%	95%
Actual	94%	93%

**FY19 Narrative:** 6,953 total students enrolled. 417 students enrolled in the Randolph County School System, “opted out” of medical exams, this includes dental screening. Therefore, a total of 6,536 students were eligible for dental screenings. 6,105 students received dental screenings. This is a slight decrease from the previous year. *Performance not met. Mass screenings are held; students absent from school missed screenings.*

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## Referrals

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

**Objective:** 95% of school students referred for care will receive care.



	FY18	FY19
Target	95%	95%
Actual	48%	51%

**FY19 Narrative:** 346 children were referred for dental care. 177 children were determined to have received dental care as a result of referral. *Performance not met. 169 children were lost to follow-up due to student absences and/or relocation.*

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Dental Screening and Referral			
	2016-17	2017-18	2018-19
Children enrolled	7,701	7,287	6,953
Children eligible for screening	7,124	6,739	6,536
Children screened	6,675	6,336	6,105
Children referred	337	335	346
Percent screened	94%	94%	93%

<b>Referral Follow-up</b>	
Number of children referred	346
Number of children who were referred and received dental care	177
Percentage of Referred Children Receiving Dental Care	51%

**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>FY18</b>	<b>FY19</b>
Target	*	90%
Actual	*	70%

**FY19 Narrative:** 100 medical records audited. 70 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.* \*This measure was revised FY2018-19.

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**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>FY18</b>	<b>FY19</b>
Target	95%	*90%
Actual	86%	93%

**FY19 Narrative:** 492 children received dental treatment and were scheduled for follow-up. 458 kept their follow-up appointment. *Performance met.* \*The target for this measure was revised FY2018-19.

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<b>Dental Screening Asheboro City Schools (2018-19)</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>	338	323	96%	24	7%
<b>Lindley Park</b>	292	275	94%	10	4%
<b>Loflin</b>	237	225	95%	11	5%
<b>McCrary</b>	224	212	95%	4	2%
<b>Teachey</b>	319	297	93%	13	4%
<b>AHS</b>	333	291	87%	4	2%
<b>NAMS</b>	163	152	93%	3	2%
<b>SAMS</b>	177	171	97%	6	4%
<b>Totals</b>	<b>2,083</b>	<b>1,946</b>	<b>93%</b>	<b>75</b>	<b>4%</b>

<b>Dental Screening Randolph County Schools (2018-19)</b>							
<b>Randolph Co. Schools</b>	<b>Total Students</b>	<b>Students Eligible for Screening</b>	<b>Students Screened</b>	<b>%Students Screened</b>	<b>Students Referred</b>	<b>%Students Referred</b>	<b>Students Opt Out</b>
<b>Archdale</b>	239	208	199	96%	17	9%	31
<b>Coleridge</b>	192	177	161	91%	12	7%	15
<b>Farmer</b>	298	275	257	93%	13	5%	23
<b>Franklinville</b>	223	197	179	91%	16	9%	26
<b>Grays Chapel</b>	338	296	269	91%	14	5%	42
<b>Hopewell</b>	427	405	374	92%	16	4%	22
<b>John Lawrence</b>	253	238	222	93%	12	5%	15
<b>Level Cross</b>	253	230	213	93%	13	6%	23
<b>Liberty</b>	267	238	230	97%	15	7%	29
<b>New Market</b>	308	287	272	95%	19	7%	21
<b>Ramseur</b>	221	187	170	91%	11	6%	34
<b>Randleman Elem</b>	353	332	308	93%	27	9%	21
<b>Randleman Middle</b>	128	118	113	96%	4	4%	10
<b>Seagrove</b>	276	244	231	95%	22	10%	32
<b>Southmont</b>	387	367	348	95%	19	6%	20
<b>Tabernacle</b>	222	210	199	95%	20	10%	12
<b>Trindale</b>	205	182	170	94%	11	7%	23
<b>Trinity Elem.</b>	280	262	244	93%	10	4%	18
<b>Totals</b>	<b>4,870</b>	<b>4,453</b>	<b>4,159</b>	<b>93%</b>	<b>271</b>	<b>7%</b>	<b>417</b>

Total Screenings 2018-2019						
Total Students	Students Eligible for Screening	Students Screened	%Students Screened	Students Referred	%Students Referred	Students Opt Out
6,953	6,536	6,105	93%	346	6%	417

# 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.



	<b>FY18</b>	<b>FY19</b>
Target	100%	100%
Actual	88%	78%

**FY19 Narrative:** 1,495 inspections required from 635 establishments. 1,177 required frequency inspections completed of the 1,495 required. 1,197 total inspections completed (required frequency & return inspections). *Performance not met. This was a decrease from the previous year. This measure was not met due staff shortage and the program conducting a risk factor study.*

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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>.



	<b>FY18</b>	<b>FY19</b>
Target	95%	95%
Actual	94%	97%

**FY2019 Narrative:** 635 establishments required inspection. 619 maintained a grade A or equivalent. *Performance met.*

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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>FY18</b>	<b>FY19</b>
Target	100%	100%
Actual	96%	99%

**FY2019 Narrative:** 108 complaints received. 107 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.*

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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>FY18</b>	<b>FY19</b>
Target	100%	100%
Actual	89%	100%

**FY2019 Narrative:** 13 foodborne illness related complaints. 13 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>FY18</b>	<b>FY19</b>
Target	100%	100%
Actual	100%	100%

**FY2019 Narrative:** 4 confirmed illness and confirmed foodborne illness complaints. 4 investigated within the 8 hour time frame. *Performance met.*

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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	3	67%
Bed/Breakfast Home	3	5	2	3	10	40%
Bed/Breakfast Inn	0	0	0	0	0	NA
Childcare Centers	42	84	59	25	61	70%
Commissary – Push Carts	5	11	4	7	4	36%
Educational Food Service	1	4	4	0	4	100%
Elderly Nutrition Services	4	16	16	0	16	100%
Food Stand	59	137	115	22	115	84%
Hospital	1	2	1	1	1	50%
Institutional Food Service	10	40	38	2	38	95%
Lodging	14	14	10	4	12	71%
Local Confinement	1	1	1	0	1	100%
Limited Food Service	18	26	25	1	25	96%
Mobile Food Unit	60	91	55	36	55	60%
Meat Market	17	44	33	11	33	75%
Nursing Home	13	26	18	8	19	69%
*Push Cart	11	8	6	2	6	75%
Restaurant	235	716	594	122	599	83%
Residential Care	39	39	31	8	32	79%
Resident Camp	11	22	21	1	21	95%
School Building	55	55	3	52	3	5%
School Lunchrooms	39	151	139	12	139	92%
<b>*Total</b>	<b>641</b>	<b>1,495</b>	<b>1,177</b>	<b>318</b>	<b>1,197</b>	<b>79%</b>

# 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.



	<b>FY18</b>	<b>FY19</b>
Target	100%	100%
Actual	99%	100%

**FY2019 Narrative:** 323 new and expansion permit applications submitted though 306 sites were properly prepared and ready for permit determination. 306 properly prepared sites resulted in the appropriate outcome (permitted or denied) with one week. 1,440 total number visits made. *Performance met.*

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## Sewage Complaints

**Goal:** To verify and abate sewage problems.

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



	<b>FY18</b>	<b>FY19</b>
Target	100%	100%
Actual	100%	99%

**FY2019 Narrative:** 120 sewage complaints. 119 sewage complaints responded to within 3 days. *Performance not met. The file was lost and we were unable to determine why the complaint was missed. A quality improvement strategy has been implemented to prevent a future occurrence.*

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<b>Sewage Complaints</b>			
	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
<b>Number of complaints</b>	97	99	120
<b>Number responded to within 3 day timeframe</b>	97	99	119
<b>Performance</b>	100%	100%	99%

**Well Permitting**

**Goal:** To properly evaluate properties and issue of 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>FY18</b>	<b>FY19</b>
Target	100%	100%
Actual	99%	100%

**FY2019 Narrative:** 298 well permit applications submitted. 298 well permits 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>FY18</b>	<b>FY19</b>
Target	100%	100%
Actual	100%	99%

**FY2019 Narrative:** 77 inspections required from 67 public swimming pools. 76 inspections completed of the 77 required. 101 total inspections completed (required frequency & return inspections). *Performance not met. One inspection was not completed during the required period; this was a missed opportunity. A quality improvement strategy has been implemented to prevent this from happening in the future.*

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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>FY18</b>	<b>FY19</b>
Target	100%	100%
Actual	100%	100%

**FY2019 Narrative:** 36 inspections required and completed from 36 tattoo artists. 61 total inspections completed (required frequency & return inspections). *Performance met.*

# Health Education

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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>FY18</b>	<b>FY19</b>
Target	100%	100%
Actual	100%	100%

**FY2019 Narrative:** 73 evaluations distributed, returned and reflected excellent scores. *Performance met.*

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



	<b>FY18</b>	<b>FY19</b>
Target	*	100%
Actual	*	33%

**FY2019 Narrative:** One Youth Mental First Health Aid training was held with 14 participants. (\*New FY2018-19). *Performance not met. Program availability was not well advertised. To increase awareness of the program, school nurses have been notified, course information has been added to a list of educational opportunities and it is being added to the public health website.*

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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>FY18</b>	<b>FY19</b>
Target	*	100%
Actual	*	100%

**FY2019 Narrative:** PlayDaze was expanded into a one municipality at Mt. Nebo Holiness Church in Ramseur. Approximately 40 participants were in attendance (children & adults). (\*New FY2018-19). *Performance met.*

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



	<b>FY18</b>	<b>FY19</b>
Target	*	100%
Actual	*	75%

**FY2019 Narrative:** 8 total participants in program. 6 of 8 participants lost 5-7% of their body weight. (\*New FY2018-19). *Performance not met. Staff provided education and the tools needed to be successful; participants are responsible for their behavior.*

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

**FY2019 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 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. Since 2017, the Alliance has distributed 1,100 naloxone kits.

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

(\*New FY2018-19). *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>FY18</b>	<b>FY19</b>
Target	100%	100%
Actual	100%	100%

**FY2019 Narrative:** 31 families presented for child passenger safety seat related inquiries. 31 families received proper installation instructions and/or proper educational materials.  
*Performance met.*

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<b>Health Education Activity Summary 2018-2019</b>				
<b>ACTIVITY</b>	<b># OF PROGRAMS</b>		<b># OF PEOPLE REACHED</b>	
	<b>2017-18</b>	<b>2018-19</b>	<b>2017-18</b>	<b>2018-19</b>
<b>Community Health Education</b>	32	27	2,362	2,212
<b>Quit Smart Tobacco Cessation Series</b>	4	2	32	9
<b>Minority Diabetes Prevention Program Series</b>	1	1	7	5
<b>Health/Safety Fairs</b>	11	15	1,579	1,057
<b>Play Daze</b>	4	2	1,200	545
<b>Car Seat Distribution</b>	N/A	N/A	39	33
<b>Health Promotion Consultations/Resource Information Provided (phone or in-person)</b>	N/A	N/A	25	22
<b>Vasectomy Counseling</b>	N/A	N/A	6	0
<b>Total</b>	52	47	5,250	3,883

# 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.



	<b>FY18</b>	<b>FY19</b>
Target	97%	97%
Actual	92%	84%

**FY2019 Narrative:** 3,646 assigned caseload. 3,068 caseload served. *Performance not met. The reason for continued the decrease in WIC participation being seen statewide. State and local WIC agencies are implementing strategies to increase participation.*

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## Breastfeeding Support

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

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



	<b>FY18</b>	<b>FY19</b>
Target	60%	60%
Actual	76%	78%

**FY2019 Narrative:** 844 expectant women enrolled in WIC and were given information. 655 women initiated breastfeeding. *Performance met.*

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



	<b>FY18</b>	<b>FY19</b>
Target	30%	30%
Actual	50%	47%

**FY2019 Narrative:** 896 infants enrolled in WIC. 421 infants continued to breastfeed six weeks later. *Performance met.*

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



	<b>FY18</b>	<b>FY19</b>
Target	20%	20%
Actual	26%	23%

**FY2019 Narrative:** 896 infants enrolled in WIC. 210 infants breastfeeding at six months of age. *Performance met.*

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



	<b>FY18</b>	<b>FY19</b>
Target	95%	95%
Actual	90%	91%

**FY2019 Narrative:** 67 medical records reviewed for evidence of appropriate contact and Support. 61 medical records with appropriate support documented. *Performance not met. There were six medical records without appropriate support documented. This was a result of missed opportunities. WIC managers will provide closer monitoring and ensure staff understand how to meet required contacts to improve in this area.*

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<b>WIC/Community Nutrition Activities</b>				
<b>Activity Type</b>	<b>2015-16</b>	<b>2016-17</b>	<b>2017-18</b>	<b>2018-19</b>
<b>Nutrition Displays</b>	1	3	1	1
<b>Community Nutrition Education Programs</b>	2	0	1	1
<b>Private Therapeutic Clients</b>	0	0	0	0
<b>Breastfeeding In-service</b>	1	1	1	1

# 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>FY18</b>	<b>FY19</b>
Target	75%	75%
Actual	81%	72%

**FY2019 Narrative:** 916 family planning clients; 663 clients were at or below 150% of poverty. *Performance not met. Outreach efforts have been increased with the goal of improving awareness and client participation.*

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## Pregnancy Care Management (OBCM)

No data available.

The Pregnancy Care Management program transitioned to Virtual Health, a new database management system, in October 2018. The new database system took quite some time to implement and included gaps in reporting for a portion of the year. Feedback received from the state program consultant indicated that the program met and/or exceeded the required benchmarks.