

# *Administration*

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## Health Director

Susan Hayes

### Goals, Objectives and Performance Indicators for FY 2017-18

#### Public Relations

Goals	Objectives	Measures	Performance
I. Provide quality service that satisfies health department clients.	I. 100% of client/customer surveys will rate services as satisfactory or higher.	775 surveys distributed  628 surveys returned completed (81% return rate)  614 surveys returned and rated as satisfactory or higher.	98%  <i>Performance not met.</i>  <i>This was a slight decrease from the previous year (99%).</i>
II. Thoroughly and promptly investigate complaints received.	I. 100% of complaints will be timely and completely investigated.	3 total complaints  0 high priority complaints  0 high priority complaints responded to within 72 hours	100%  <i>Performance met</i>

Quality Assurance

Goal	Objective	Measure	Performance
Review all program policies and procedures according to agency quality assurance guidelines to ensure compliance with state and federal guidelines or standards.	100% of programs reviewed according to agency quality assurance guidelines	14 programs  14 programs were reviewed  14 programs were at least 96% compliant with agency quality assurance guidelines	100%  <i>Performance met</i>

Program Administrative Review		
Program	Date of Review	Performance*
1. Animal Control	4/13/2018	100%
2. Child Care Consultation	6/13/2018	99%
3. Care Coordination for Children	6/14/2018	99%
4. Communicable Disease	8/31/2017	100%
5. Dental	4/19/2018	100%
6. Family Planning	6/15/2018	99%
7. Food and Lodging	3/26/2018	100%
8. Health Education	4/17/2018	100%
9. Lab	6/15/2018	100%
11. Pregnancy Care Management	6/14/2018	99%
12. Public Health Response	4/12/2018	100%
13. TB Control	8/31/2017	100%
14. Well Water/Waste Water	4/18/2018	100%
15. WIC	6/5/2018	100%
*Indicates adherence to agency policy, as well as state and federal guidelines.		

**Program Support**

Goal	Objectives	Measures	Performance
Support the clinical programs with accurate and timely lab services.	I. Maintain the “Clinical Laboratory Improvement Amendments of 1988” (CLIA) certification.	The last laboratory certification inspection occurred March 9, 2017 with no deficiencies. CLIA inspections take place every two years.	100% <i>Performance met</i>
	II. Maintain the Chemical Hygiene Manual/Hazard Communication and provide annual employee training.	87 employees or student interns  87 employees or student interns received Hazard Communication Training	100% <i>Performance met</i>

**Clients Receiving Lab Services per Clinic (Main Lab)**

Clinic	2015-16	2016-17	2017-18
Family Planning	1,136	1,256	946
General Clinic	1,310	1,177	*860
Daymark Recovery Center (Mental Health)	58	36	41
<b>Total</b>	<b>2,504</b>	<b>2,469</b>	<b>1,847</b>

\*Fewer pregnancy tests were administered due to changes in Medicaid requirements.

**Clients Receiving Services (WIC Lab)**

	2015-16	2016-17	2017-18
Hemoglobin	4,992	4,818	4,381
Lead	29	57	38
<b>Total Clients</b>	<b>5,021</b>	<b>4,875</b>	<b>4,419</b>

\*WIC's caseload continued to decline, resulting in fewer clients needing WIC lab services.

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

### Laboratory Tests sent to State Lab

Type of Test	2015-16	2016-17	2017-18
Chlamydia	1,105	1,184	997
Gonorrhea	1,105	1,291	997
Herpes Cultures	21	26	20
HIV	1,233	1,357	1,211
Lead Screening (Main Lab)	16	17	19
Syphilis (RPR)	1,262	1,365	1,213
<b>Total Tests</b>	<b>4,742</b>	<b>5,240</b>	<b>4,457</b>

### Laboratory Tests done by Health Department

Type of Test	2015-16	2016-17	2017-18
Gonorrhea (Throat)	209	206	232
Gonorrhea (Rectal)	36	29	26
Gonorrhea (Cervical / Urethral)	161	57	51
Pregnancy Tests	122	983	*483
Wet Mount	1,303	1,015	754
<b>Total Tests</b>	<b>1,831</b>	<b>2,290</b>	<b>1,546</b>

\*Fewer pregnancy tests were administered due to changes in Medicaid requirements.

2017-18 Budget Summary			
PROGRAM	BUDGET	EXPENDITURES	REVENUES*
Administration	871,599	683,665	108,482
Animal Control	677,849	585,956	111,941
Children's Health (CC4C, Child Fatality, Smart Start, School Nurse)	675,220	660,620	659,033
Communicable Disease/Bioterrorism	598,000	552,597	146,828
Dental Health	319,499	314,870	174,721
Environmental Health	976,148	952,761	220,365
Health Education	200,275	174,861	56,219
WIC/Community Nutrition	732,165	722,642	727,883
Women's Health (Family Planning, PCM)	1,317,046	1,138,386	1,126,601
<b>Total</b>	<b>6,367,801</b>	<b>5,786,358</b>	<b>3,332,073</b>
*Fees, Grants and Medicaid Earnings			

# *Animal Control*

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Manager  
Wesley

## Shelter Operations

Goals, Objectives and Performance Indicators for FY 2017-18

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

Goal	Objective	Measure	Performance
Investigate all animal bites reported to the program and assure that medical follow-up is provided	100% of reported animal bites will be investigated and will include appropriate medical follow-up if indicated	308 animal bites  308 bites were investigated with appropriate follow-up	100%  <i>Performance met</i>

Number of Animal Bites			
	2015-16	2016-17	2017-18
Total	305	297	308

## Field Operations

### Recording, Dispatching and Tracking Complaints

Goal	Objectives	Measures	Performance
Reduce duplicate animal control visits for the same customer complaint	I. 80% of complaints will be resolved within the first visit from the Animal Control Officer (determined by incident audit)	200 incidents audited  195 complaint incidents resolved within the first visit.	98%  <i>Performance met</i>  <i>The remaining 2% of 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.</i>

Type and Number of Positive Rabies Cases					
Animal	2013-14	2014-15	2015-16	2016-17	2017-18
Bat	0	0	1	0	*0
Cat	1	2	*0	0	0
Dog	0	0	*0	0	*0
Fox	1	2	3	2	8
Raccoon	4	2	1	0	3
Skunk	1	0	2	0	0
<b>Total Cases</b>	<b>7</b>	<b>6</b>	<b>7</b>	<b>2</b>	<b>11</b>

2015-16 \*One cat and one dog were unsatisfactory for testing and were presumed to be positive for rabies. The two individuals having contact with these animals received rabies post-exposure treatment.

2017-18 \*One bat and one dog were unsatisfactory for testing and were presumed to be positive for rabies. Three (including one child) out of the four individuals having contact with these animals received rabies post-exposure treatment.

ANIMAL SHELTER STATISTICS FY 2016-17				
	Dogs	Cats	Other*	Total
Impounds	1,585	2,374	87	4,046
Reclaim	235	15	7	257
Adopted	590	189	58	837
Euthanized	705	2,087	17	2,809

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

\*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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Director of Nursing  
Arey Rash

## Child Care Nurse Consultant

Coordinator:  
Cindy Trogdon

Goals, Objectives and Performance Indicators for Fiscal Year 2017-18

### Lead Screening and Investigation

Goal	Objective	Measure	Performance
Identify children with elevated blood lead levels or lead poisoning and identify and remove the hazard.	100% of children with confirmed elevated blood lead levels will be monitored and provided an environmental investigation in accordance with state guidelines.	0 children identified with confirmed elevated blood lead levels where an environmental investigation is offered.  1 child identified with confirmed elevated blood lead levels requiring an environmental investigation.	100%  <i>Performance met</i>  <i>Active surveillance is required until a child has had 2 consecutive blood level tests under 5µg/dl.</i>  <i>18 children are currently under active surveillance for elevated blood lead levels. 6 of the 18 were from this fiscal year; the remaining 12 were from previous years.</i>

*Immunization Audits in Local Child Care Facilities*

Goal	Objective	Measure	Performance
Ensure children in childcare facilities are age appropriately immunized.	100% of children in childcare facilities will be age appropriately immunized.	1,854 records audited  1,799 records required follow-up  1,847 in compliance within 45 days	99.6% (100%)  <i>Performance met</i>

Number of Immunization Records Audited			
	2015-16	2016-17	2017-18
Total Number of Immunization Records in Compliance	1,993	2,071	1,847
Total Number of Immunization Records requiring follow-up	66	53	48

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

Goal	Objectives	Measures	Performance
Screen three to five year old children in childcare to identify possible problems and refer children when problems are identified.	I. 100% of children who have parental consent in selected childcare facilities will receive screening.	207 children with parental consent  207 children screened for vision and hearing	100%  <i>Performance met</i>  <i>Fewer children were screened due to funding cuts made in prior years. The children who received screening were high risk or a parent/teacher/speech therapist had concerns about and recommended the screening.</i>

	II. 100% of children with identified problems will be referred for follow-up.	22 children identified with problems 22 children referred for follow-up	100% <i>Performance met</i>
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**Training to Providers, Children, and Parents**

Goal	Objective	Measure	Performance
Meet the needs of child care providers, children and parents by providing education and training.	100% of child care facilities will receive the required site visit(s)	45 child care establishments as of June 30th  67 required visits made by the Child Care Nurse Consultant  133 total visits made as a result of the Child Care Nurse Consultant visiting some establishments more than once during the year.	100%  <i>Performance met</i>  <i>The number of child care establishments is down from 50 in the previous year.</i>

Communicable Disease Cases in Schools and Child Care Facilities				
	2014-15	2015-16	2016-17	2017-18
Meningitis	0	0	0	0
Pertussis	2	10	3	8
Salmonella	9	10	4	7
Shigellosis	0	4	0	0

Care Coordination for Children

Nursing Supervisor

Rebecca Hinshaw

Goals, Objectives and Performance Indicators for Fiscal Year 2017-18

Case Management for High Risk Pregnant Women and Children

Goal	Objective	Measure	Performance
Provide intervention and activities that will result in improved continuity of care and quality of care for the highest risk children.	To decrease the percentage / number of Medicaid children 0-5 with a completed or attempted task deferred for “unable to contact” (target is zero).	4% (74) of children ages 0-5 with a completed or attempted task were deferred for “unable to contact”.  1,833 total children ages 0-5 had a completed or attempted task with a parent/guardian by a Child Care for Children Nurse or Social Worker.	<i>Performance not met</i>  <i>This is an improvement from the previous year.</i>

Percentage / Number of Patients Deferred for “Unable to Contact”					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Total
2016-17	4% / 15	6% / 20	4% / 12	6% / 24	5% / 71
2017-18	4% / 19	4% / 24	5% / 21	3% / 10	4% / 74

## *Communicable Disease*

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Director of Nursing  
Arey Rash

Nursing Supervisor  
April Wilburn

Goals, Objectives and Performance Indicators for Fiscal Year 2017-18

### *Disease Prevention*

Goal	Objective	Measure	Performance
Prevent vaccine preventable disease in Randolph County children.	90% of children age 2 and under who are known to the health department will be age-appropriately immunized.	46 children were age-appropriately immunized.  <i>These figures include only those children who receive immunizations at the health department. Of children who receive immunizations in Randolph County, 85% were age appropriately immunized at 24 months.</i>	85%  <i>Performance not met  This was a slight decrease from the previous year (87%).</i>

Total Immunizations Administered by Health Department Staff		
	2016-17	2017-18
Childhood Immunizations (State Required)	2,309	2,400
Influenza	80 private 208 state	81 private 180 state
Adult Tetanus	16	15
Adult Measles-Mumps-Rubella	37	19
Rabies Pre-exposure	33	13
Rabies Post-exposure	0	0
Adult Hepatitis B	39 private	46 private

### Disease Control

Goal	Objective	Measure	Performance
Identify people with communicable disease in order to control the disease in the individual and their contacts and prevent additional contacts.	I. 100% of individuals identified with communicable disease will receive follow-up, treatment and control measures as indicated.	855 individuals identified with various communicable diseases  819 individuals received follow-up, treatment and control measures.	96%  <i>Performance not met</i>  <i>Efforts made to reach the other 36 individuals via phone and/or certified mail were unsuccessful.</i>
	II. 65% of all individuals (non-contacts) who begin treatment for latent Tuberculosis (TB) infection will complete treatment.	21 individuals began treatment for latent TB.  9 individuals began and completed treatment for latent TB.	43%  <i>Performance not met</i>  <i>It takes 3-9 months for a patient with Latent TB to complete treatment. The remaining 12 clients either declined treatment, did not finish their treatment within the year, or were lost to follow-up (moved, unable to reach, etc.).</i>

Total Cases of Sexually Transmitted Diseases		
	2016-17	2017-18
Chlamydia	452	478
Gonorrhea	181	174
Syphilis	7	10

HIV Cases		
	2016-17	2017-18
Total clients screened	1,357	1,233
Total clients positive in-house	1	1
Total HIV cases within Randolph County	6	6
Total AIDS cases within Randolph County	0	0

Reported Communicable Diseases for Randolph County					
	2016-17	2017-18		2016-17	2017-18
AIDS	0	0	Legionellosis	2	4
Amebiasis	0	0	Listeria	0	0
Botulism	0	0	Lyme Disease	4	3
Campylobacter	66	54	Malaria	0	0
Chlamydia	452	478	Meningococcal	2	0
Creutzfeldt Jakob Disease	1	0	Mumps	0	0
Cryptosporidiosis	0	2	Pertussis	4	6
Enterococci (Vancomycin Resistant)	0	0	Q Fever	0	0
E. Coli	11	3	Rocky Mt. Spotted Fever	23	12
Encephalitis	0	1	Rubella	0	0
Ehrlichiosis	1	4	Rubeola	0	0
Flu (adult) <i># of deaths</i>	5	6	Salmonellosis	38	30
Foodborne disease	0	0	Shigellosis	1	0
Foodborne, Staphylococcal	0	0	Streptococcal Infection Group A	4	1
Gonorrhea	181	174	Syphilis	7	10
Hepatitis A	0	1	Syphilis (congenital)	1	0
Hepatitis B (acute)	6	18	Trichinosis	0	0
Hepatitis B (carrier)	6	22	Tuberculosis (mycobacterium)	0	2
Hepatitis C	19	17	West Nile Virus	0	0
Haemophilis	4	1	Zika ( <i>new FY2016-17</i> )	2	0
HIV	6	6			
			<b>Total</b>	<b>846</b>	<b>855</b>



Public Health Preparedness and Response

Coordinator

Dana Wright

Goals, Objectives and Performance Indicators for Fiscal Year 2017-18

Goal	Objective	Measure	Performance
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.	I. 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 a quarterly report).	4 quarterly narrative reports were submitted as required to NC Public Health Preparedness and Response	100% <i>Performance met</i>
	II. There will be at least one public health preparedness exercise held annually.	1 preparedness exercise was held in which public health participated.  The preparedness exercise was a point of dispensing (POD) held at Eastern Randolph High School regarding TB.	100% <i>Performance met</i>

## *Dental Health*

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Coordinator  
Elyse Hayes

### Goals, Objectives and Performance Indicators for Fiscal Year 2017-18

#### *Education and Screening*

Goal	Objective	Measure	Performance
Detect students with dental needs and determine who is receiving dental care.	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.	7,287 total students enrolled.  548 students enrolled in the Randolph County School System “opted out” of medical exams, this includes dental screenings.  Therefore, a total of 6,739 students were eligible for dental screenings.  6,336 students received dental screenings.	94%  <i>Performance not met.</i>  <i>This is an increase from the previous year.</i>

Dental Screening and Referral for Students			
	2015-16	2016-17	2017-18
Children enrolled	*1,628	7,701	7,287
Children eligible for screening	*	7,124	6,739
Children screened	*1,424	6,675	6,336
Children referred	140	337	335
Percent screened	87%	94%	94%

\*2015-16 screenings were done only for students in kindergarten

### Referrals

Goal	Objective	Measure	Performance
Ensure that every student identified with a problem is referred for and receives care.	95% of school students referred for care will receive care	<p>335 children were referred for dental care.</p> <p>162 children were determined to have received dental care as a result of referral.</p> <p>173 children were lost to follow-up due to screenings being held late in the year at two schools, absences and/or relocation.</p>	<p>48%</p> <p><i>Performance not met.</i></p> <p><i>An online scheduling calendar has been implemented allowing the scheduling of screenings earlier in the school year.</i></p> <p><i>The number of children who received care may actually be higher; many children would have received care after the end of the fiscal year.</i></p>

Referral Follow-up	
Number of children referred	335
Number of children who were referred and received dental care	162
Percentage of Referred Children Receiving Dental Care	48%

*Clinical Services*

Goal	Objective	Measure	Performance
Teach patients how to maintain good dental health through plaque control and diet.	95% of children returning for care will have improved dental hygiene (determined by dental record audit).	100 medical records audited  67 records indicated children had improved dental hygiene	67%  <i>Performance not met.</i>  <i>This is a decline from the previous year when 83% of records indicated children had improved dental hygiene.</i>

*Clinic Follow-up/Recall*

Goal	Objective	Measure	Performance
Follow clinical patients to insure dental maintenance.	95% of children scheduled for follow-up will keep their appointment.	506 children received dental treatment and were scheduled for follow-up  433 kept their follow-up appointment	86%  <i>Performance not met.</i>  <i>This is an increase from the previous year when 80% of children kept their follow-up appointment.</i>

Dental Screening Randolph County Schools 2017-2018							
Randolph Co. Schools	Total Students	Students Eligible for Screening	Students Screened	%Students Screened	Students Referred	%Students Referred	Students Opt Out
Archdale	256	206	198	77%	14	7%	50
Coleridge	187	169	161	86%	8	5%	18
Farmer	367	333	313	85%	13	4%	34
Franklinville	265	226	208	79%	13	5%	39
Grays Chapel	322	277	259	80%	21	8%	45
Hopewell	394	356	337	86%	17	5%	38
John Lawrence	248	232	226	91%	14	6%	16
Level Cross	327	273	259	79%	18	7%	54
Liberty	294	266	254	86%	15	6%	28
New Market	334	300	275	82%	17	6%	34
Ramseur	224	188	174	78%	13	8%	36
Randleman	502	476	443	88%	16	4%	26
Seagrove	321	282	265	83%	23	9%	39
Southmont	373	352	332	89%	19	6%	21
Tabernacle	254	236	216	85%	16	7%	18
Trindale	239	206	196	82%	10	5%	33
Trinity Elem.	258	239	222	86%	14	5%	19
Totals	5,165	4,617	4,338	90%	261	6%	548

Dental Screening Asheboro City Schools 2017-2018					
Asheboro City Schools	Total Students	Students Screened	% Students Screened	Students Referred	% Students Referred
Balfour	351	343	98%	15	4%
Lindley Park	270	260	96%	16	6%
Loflin	209	199	95%	6	3%
McCrary	265	249	94%	14	6%
Teachey	357	332	93%	10	3%
AHS	344	304	88%	8	3%
NAMS	134	128	96%	3	2%
SAMS	192	183	95%	2	1%
Totals	2,122	1,998	94%	74	4%

Total Screenings 2017-2018						
Total Students	Students Eligible for Screening	Students Screened	%Students Screened	Students Referred	%Students Referred	Students Opt Out
7,287	6,739	6,336	94%	335	6%	548

# *Environmental Health*

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## Food and Lodging Supervisor Jaron Herring

### Goals, Objectives and Performance Indicators for FY 2017-18

#### Inspections

Goal	Objectives	Measures	Performance
Ensure that sanitary practices are being followed to protect the public's health.	I. 100% of establishments will receive the appropriate number of sanitation inspections.	1,472 inspections required from 617 establishments  1,295 inspections (required frequency & return inspections) completed of the 1,472 required.	88%  <i>Performance not met</i>  <i>This was a decrease from the previous year (96%). This measure was not met was due to staff shortage.</i>
	II. 95% of establishments will receive a "Grade A" or equally high sanitation rating as of June 30 <sup>th</sup> .	617 establishments required inspection  577 maintained a grade A or equivalent	94%  <i>Performance met</i>

### Complaints Related to Food and Lodging

Goal	Objective	Measure	Performance
Respond to and resolve general complaints related to Food and Lodging	100% of general complaints will be responded to within 48 hours.	91 complaints received  87 complaints responded to within 48 hours	96%  <i>Performance not met</i>  <i>Four complaints were not responded to within the 48-hour timeframe. A quality improvement strategy has been implemented to prevent this from happening in the future.</i>

### Foodborne Outbreak Investigation

Goal	Objectives	Measures	Performance
I. Determine if a foodborne outbreak exists and if so, implement corrective action.	I. 100% of foodborne illness related complaints will be investigated within 24 hours of notification.	9 foodborne illness related complaints  8 complaints investigated within the 24 hour timeframe	89%  <i>Performance not met</i>  <i>One complaint was not responded to within the 24-hour timeframe. A quality improvement strategy has been implemented to prevent this from happening in the future.</i>
	II. 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.	1 confirmed illness and confirmed foodborne illness related complaints  1 investigated within the 8 hour timeframe	100%  <i>Performance met.</i>



Type of Establishment	Total Number of Establishments	Total Required Inspection	Total Required Inspections Completed	Total Required Inspections Missed	Total Required Inspections & Re-inspections Completed
Adult Day Service	3	3	3	0	4
Bed & Breakfast Home	3	4	1	3	1
Bed & Breakfast Inn	0	0	0	0	0
Child Care	40	80	78	2	87
Commissary for Push Carts	4	7	4	3	4
Educational Food Service	1	4	4	0	4
Elderly Nutrition Services	4	16	15	1	15
Food Stands	59	140	132	8	132
Hospital	1	2	2	0	2
Institutional Food Service	10	40	40	0	40
Lodging	13	13	4	9	4
Local Confinement	1	1	1	0	1
Lead	5	5	5	0	8
Limited Food Service Establishment	18	27	27	0	27
Mobile Food Unit	45	72	55	17	57
Meat Market	17	42	41	1	41
Nursing Home	13	26	21	5	21
Push Cart	8	11	8	3	8
Restaurant	241	709	649	60	700
Residential Care	38	38	30	8	30
School Building	54	54	2	52	2
Summer Camps	11	21	17	4	18
Summer Day Camp	1	1	1	0	1
Summer Food Service	0	0	0	0	0
School Lunchroom	39	156	155	1	155
<b>Total</b>	<b>629</b>	<b>1,472</b>	<b>1,295</b>	<b>177</b>	<b>1,362</b>

Ground Water and On-site Waste Water Supervisor  
Wayne Jones

Goals, Objectives and Performance Indicators for Fiscal Year 2017-18

*New Septic Evaluations/System Expansion Evaluations*

Goal	Objective	Measure	Performance
To properly evaluate properties and issue/deny septic permits appropriately.	To perform 100% of site evaluations for new septic systems and system expansions and issue or deny within one week of completion of field work	342 new and expansion permit applications submitted though 303 sites were properly prepared and ready for permit determination  299 properly prepared sites resulting in the appropriate outcome (permitted or denied) within one week  1,618 total number visits made.	99%  <i>Performance not met</i>  <i>There were four sites not permitted or issued permit denial within the one week timeframe. These four sites were a result of missed opportunities. A quality improvement strategy has been implemented to prevent this from happening in the future.</i>

Sewage Complaints

Goal	Objective	Measure	Performance
To verify and abate sewage problems.	To make 100% of initial visits to verify the presence or absence of sewage problems within 3 days.	99 sewage complaints 99 sewage complaints responded to within 3 days	100% <i>Performance met</i>

Sewage Complaints			
	2015-16	2016-17	2017-18
Number of complaints	74	97	99
Number responded to within 3 day timeframe	74	97	99
Performance	100%	100%	100%

Well Permitting

Goal	Objective	Measure	Performance
To properly evaluate properties and issue or deny well permits.	To make 100% of initial visits to evaluate property for well permits and permit or deny within one week of completion of field work.	294 well permit applications submitted  293 well permits issued within one week of completion of field work.	99%  <i>Performance not met</i>  <i>The well applicant applied for well and septic permits at the same time. The well permit was not issued until details for the septic system were finalized. The delay in issuance of the well permit may have prevented the revocation of the permit had the well location interfered with plans for the septic system.</i>

Public Swimming Pool Inspections

Goal	Objectives	Measures	Performance
To ensure that public swimming pools are being operated in a manner that protects the public's health.	I. 100% of public swimming pools will receive the appropriate number of sanitation inspections.	89 inspections required from 74 public swimming pools  74 inspections completed of the 74 required  110 total inspections completed (required frequency & return inspections).	100%  <i>Performance met</i>

*Tattoo Parlor Inspections*

Goal	Objectives	Measures	Performance
To ensure that tattoo artists are practicing in a manner that protects the public's health	I. 100% of tattoo artists will receive the appropriate number of sanitation inspections.	28 inspections required from 28 tattoo artists 28 inspections completed of the 28 required	100% <i>Performance met</i>

## *Health Education*

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### Health Education Supervisor Wendy Kennon

Goals, Objectives and Performance Indicators for Fiscal Year 2017-18

#### Community Education

Goal	Objectives	Measures	Performance
I. Protect Randolph County's children (birth to age 19) from unintentional, preventable childhood injuries and resulting deaths.	I. 100% of families will receive proper child safety seat installation education.	52 families requested proper child safety seat installation  52 families received education	100%  <i>Performance met</i>
	II. 100% of those receiving a child safety seat will be able to accurately demonstrate proper installation.	38 families received a child safety seat  38 families accurately demonstrated proper installation	100%  <i>Performance met</i>
	III. 80% of children participating in bike rodeos will be able to demonstrate knowledge learned (by pre/post evaluations and riding course).	512 children participated in a bike rodeo.  512 children were able to demonstrate knowledge learned.	100%  <i>Performance met</i>

Goal	Objective	Measure	Performance
II. To develop community partnerships and initiatives that work to improve the health and well-being of Randolph County residents.	I. Implement one community health promotion policy change in Randolph County.	1 policy change was implemented within the county.	100% <i>Performance met</i>  <i>Five Ready Mart Convenience stores implemented the healthy corner store policy.</i>

*Patient Education Activities*

Goal	Objective	Measure	Performance
Provide enjoyable education on an understanding level equal to that of the intended audience	100% of health education participant evaluations will reflect excellent scores.	55 program evaluations  55 reflected excellent scores	100%  <i>Performance met</i>

Health Education Activity Summary				
ACTIVITY	# OF PROGRAMS		# OF PEOPLE REACHED	
	2016-17	2017-18	2016-17	2017-18
Community Health Education	17	32	581	*2,362
Quit Smart Tobacco Cessation Series	4	4	16	32
Minority Diabetes Prevention Program Series	1	1	12	7
Health/Safety Fairs	9	11	655	1,579
Play Daze	5	4	1,500	1,200
Car Seat Distribution	N/A	N/A	25	39
Health Promotion Consultations/Resource Information Provided	N/A	N/A	26	25
Vasectomy Counseling	N/A	N/A	5	6
<b>Total</b>	<b>36</b>	<b>52</b>	<b>2,815</b>	<b>5,250</b>

\*This is an 87% increase in number of people reached



## *WIC-Nutrition*

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Director

Kathi Auman-Einig

Goals, Objectives and Performance Indicators for Fiscal Year 2017-18

### WIC Certification/Eligibility

Goal	Objective	Measure	Performance
Provide nutrition services to pregnant women, postpartum women, infants and children up to age five.	To maintain an active participation rate of at least 97% of base caseload.	3,646 assigned caseload 3,362 caseload served	92% <i>Performance not met</i>  <i>The reason for decrease in WIC participation is unknown, but is being seen statewide.</i>

Breastfeeding Support

Goal	Objectives	Measure	Performance
Promote and provide support for breastfeeding.	I. 60% of women enrolled in WIC will initiate breastfeeding.	925 expectant women enrolled in WIC and were given breastfeeding information.  707 women initiated breastfeeding	76%  <i>Performance met</i>
	II. 30% of infants who are breastfeeding at six weeks of age.	989 infants enrolled in WIC  498 infants continued to breastfeed six weeks later.	50%  <i>Performance met</i>
	III. 20% of infants who are breastfeeding at six months of age.	989 infants enrolled in WIC  256 infants breastfeeding at six months of age.	26%  <i>Performance met</i>
	IV. 95% of breastfeeding mothers will receive appropriate contact and support from the breastfeeding peer counselor.	49 medical records reviewed for evidence of appropriate contact and support  45 medical records with appropriate support documented	92%  <i>Performance not met</i>  <i>There were four medical records without appropriate support documented. This was a result of missed opportunities.</i>

## Community Nutrition

### Adult Nutrition Consultation

Goal	Objective	Measure	Performance
Counsel adults regarding therapeutic diets according to physician orders.	100% of client records audited will indicate that the client received counseling on their prescribed therapeutic diet.	No clients seeking counseling for a prescribed therapeutic diet.	<i>There were also no clients seeking counseling in the previous year.</i>

### Menu Review for Nutrition Adequacy

Goal	Objective	Measure	Performance
Provide menu reviews for facilities and to ensure that menus meet Division of Facility Services Standards.	100% of menus will be reviewed within 8 weeks of request.	No menu's were received for review	<i>There were no menu's for review during FY 2017-18.</i>

WIC/Community Nutrition Activities				
Activity Type	2014-15	2015-16	2016-17	2017-18
Nutrition Displays	1	1	3	1
Community Nutrition Education Programs	1	2	0	1
Private Therapeutic Clients	0	0	0	0
Breastfeeding In-service	1	1	1	1

## *Women's Health*

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### Director of Nursing

Arey Rash

### *Family Planning*

#### Coordinator

Julie Clark

#### Goals, Objectives and Performance Indicators for Fiscal Year 2017-18

Goal	Objective	Measure	Performance
To provide family planning clinical services to low income women of childbearing age.	75% of clients receiving family planning services will be from the target population	971 family planning clients  769 clients were at or below 150% of Poverty	79%  <i>Performance met</i>

<b>Family Planning Client Participation Summary</b>			
Client Type	2015-16	2016-17	2017-18
Total clients served	1,026	1,044	971
Clients at or below 150 % of poverty level	835	820	769
Percent of caseload from target population	81%	79%	79%

Pregnancy Care Management

Nursing Supervisor

Rebecca Hinshaw

Goals, Objectives and Performance Indicators for Fiscal Year 2016-17

Case Management for High Risk Pregnant Women and Children

Goal	Objective	Measure	Performance
To improve the quality of maternity care, improve birth outcomes and provide continuity of care for eligible women.	Decrease the percentage of priority OB Medicaid clients deferred for “refused services” within 60 days of initial risk screening (target is 0-5%)	375 Medicaid clients had a positive initial risk screening.  3 Medicaid clients were deferred for “refused services” within 60 days of a positive initial risk screening.  <i>Women with a positive initial risk screen are those that have at least 1 of 10 risk factors for pre-term labor.</i>	1%  <i>Performance met</i>  <i>This performance measure is compiled from data from Community Care for North Carolina’s Informatics Center.</i>

Percentage / Number of OBCM Patients Deferred for “Refused Service”					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Total
2016-17	6% / 7	7% / 8	2% / 2	1% / 1	4% / 18
2017-18	0% / 0	0% / 0	3% / 2	1% / 1	1% / 3