

Administration

Health Director
Susan Hayes

Goals, Objectives and Performance Indicators for FY 2015-16

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.	884 surveys distributed 692 surveys returned completed (78% return rate) 613 surveys returned and rated as satisfactory or higher.	89% <i>Performance not met.</i> <i>93% of surveys rated services as satisfactory or higher in the previous year.</i>
II. Thoroughly and promptly investigate complaints received.	I. 100% of complaints will be timely and completely investigated.	4 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	16 programs 16 programs were reviewed 16 programs were at least 95% compliant with agency quality assurance guidelines	100% <i>Performance met</i>

Program Administrative Review		
Program	Date of Review	Performance*
1. Animal Control	5/5/2016	100%
2. Breast & Cervical Cancer Control	5/26/2016	100%
3. Child Care Consultation	6/20/2016	100%
4. Care Coordination for Children	6/22/2016	100%
5. Communicable Disease	8/19/2015	100%
6. Dental	3/14/2016	99%
7. Family Planning	6/1/2016	100%
8. Food and Lodging	2/10/2016	100%
9. Health Education	11/23/2015	100%
10. Lab	6/1/2016	100%
11. Medical Records/Front Desk	4/28/2016	100%
12. Pregnancy Care Management	6/22/2016	100%
13. Public Health Response	11/17/2015	98%
14. TB Control	8/19/2015	100%
15. WIC	2/25/2016	99%
16. Well Water/Waste Water	10/27/2015	98%
*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 10, 2015 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.	93 employees or student interns 93 employees or student interns received Hazard Communication Training	100% <i>Performance met</i>

Clients Receiving Lab Services per Clinic (Main Lab)

Clinic	2013-14	2014-15	2015-16
Family Planning	980	1,241	1,136
General Clinic	1,695	1,447	1,310
Daymark Recovery Center (Mental Health)	62	97	58
Total	2,737	2,785	2,504

Clients Receiving Services (WIC Lab)

	2013-14	2014-15	2015-16
Hemoglobin	5,332	5,172	4,992
Height / Weight Check	6,575	6,647	5,784
Lead	39	48	29
Total Clients	11,946	11,867	10,805

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

Laboratory Tests sent to State Lab

Type of Test	2013-14	2014-15	2015-16
Chlamydia	1,059	1,182	1,105
Gonorrhea	1,449	1,278	1,105
Herpes Cultures	18	16	21
HIV	1,849	1,221	1,233
Lead Screening: (Main Lab)	9	15	16
Syphilis (RPR)	1,307	1,233	1,262
Total Tests	5,691	4,945	4,742

Laboratory Tests done by Health Department

Type of Test	2013-14	2014-15	2015-16
Gonorrhea (Throat)	124	206	209
Gonorrhea (Rectal)	15	31	36
Gonorrhea (Cervical / Urethral)	191	170	161
Pregnancy Tests	1,135	1,323	122
Wet Mount	905	1,129	1,303
Total Tests	2,370	2,859	1,831

2015-16 Budget Summary			
PROGRAM	BUDGET	EXPENDITURES	REVENUES*
Administration	\$687,606.00	\$660,411.86	\$108,466.00
Animal Control	\$588,470.00	\$538,830.02	\$145,792.15
Children's Health (CC4C, Child Fatality, Smart Start, School Nurse)	\$978,893.00	\$938,002.79	\$1,004,802.85
Communicable Disease/Bioterrorism	\$576,881.00	\$566,544.41	\$147,221.46
Dental Health	\$168,178.00	\$163,209.73	\$82,754.80
Environmental Health	\$776,242.00	\$758,012.17	\$168,782.00
Health Education	\$68,428.00	\$58,881.94	\$36,332.00
WIC/Community Nutrition	\$818,366.00	\$811,612.63	\$874,529.82
Women's Health (BCCCP, Family Planning, Maternity)	\$612,374.00	\$600,447.09	\$353,479.50
Total	\$5,275,438.00	\$5,095,952.64	\$2,922,160.58
*Fees, Grants and Medicaid Earnings			

Animal Control

Supervisor
Wesley Vann

Shelter Operations

Goals, Objectives and Performance Indicators for Fiscal Year 2015-16

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	305 animal bites 305 bites were investigated with appropriate follow-up	100% <i>Performance met</i>

Number of Animal Bites			
	2013-14	2014-15	2015-16
Total	402	325	305

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)	160 incidents audited 150 complaint incidents resolved within the first visit.	94% <i>Performance met</i> <i>This is an improvement from 89% the previous year. The remaining 6% 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	2011-12	2012-13	2013-14	2014-15	2015-16
Bat	0	0	0	0	1
Cat	2	3	1	2	*0
Dog	0	0	0	0	*0
Fox	6	4	1	2	3
Raccoon	6	8	4	2	1
Skunk	2	0	1	0	2
Total Cases	16	15	7	6	7

*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.

ANIMAL SHELTER STATISTICS FY 2014-15				
	Dogs	Cats	Other*	Total
Impounds	2,184	2,886	745	5,815
Reclaim	280	22	90	392
Adopted	617	267	98	982
Euthanized	1,317	2,462	503	4,282

ANIMAL SHELTER STATISTICS FY 2015-16				
	Dogs	Cats	Other*	Total
Impounds	1,887	2,676	190	4,753
Reclaim	242	17	3	262
Adopted	700	162	72	934
Euthanized	931	2,412	71	3,414

*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.

Child Health

Director of Nursing
Arey Rash

Child Care Nurse Consultant

Coordinator:
Cindy Trogdon

Goals, Objectives and Performance Indicators for Fiscal Year 2015-16

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.	2 children identified with confirmed blood lead levels of 10 micrograms per deciliter ($\mu\text{g}/\text{dl}$) or greater. There were no children with a confirmed elevated blood lead level of 20 $\mu\text{g}/\text{dl}$ or greater 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 5$\mu\text{g}/\text{dl}$.</i> <i>16 children are currently under active surveillance for blood lead levels of 5-9$\mu\text{g}/\text{dl}$. Two of the 16 were from this fiscal year; the remaining 14 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.	2,012 records audited 1,927 records required follow-up 1,993 in compliance within 45 days	99% <i>Performance not met</i> <i>This is a slight decrease from the year before when 100% of records were audited. Due to a revision of forms facilities filed reports later than they have in previous years. All children were immunized appropriately; however, compliance was unable to be verified within 45 days.</i>

Number of Immunization Records Audited			
	2013-14	2014-15	2015-16
Total Number of Immunization Records in Compliance	1,904	1,872	2,012
Total Number of Immunization Records requiring follow-up	103	114	85

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.	385 children with parental consent 385 children screened for vision and hearing	100% <i>Performance met</i>
	II. 100% of children with identified problems will be referred for follow-up.	5 children identified with problems 5 children referred for follow-up	100% <i>Performance met</i>

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)	54 child care establishments 54 required visits made by the Child Care Nurse Consultant 108 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>

Communicable Disease Cases in Schools and Child Care Facilities				
	2012-13	2013-14	2014-15	2015-16
Meningitis	0	0	0	0
Pertussis	1	7	2	10
Salmonella	10	8	9	10
Shigellosis	1	2	0	4

Care Coordination for Children

Nursing Supervisor

Rebecca Hinshaw

Goals, Objectives and Performance Indicators for Fiscal Year 2015-16

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% (85) of children ages 0-5 with a completed or attempted task were deferred for “unable to contact”. 2,056 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 met</i> <i>This year, 4% of Medicaid children were deferred for “unable to contact”. This is a 66% decrease from the previous year when 24% were deferred.</i>

Percentage / Number of Patients Deferred for “Unable to Contact”					
	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year Total
2014-15	7% / 33	4% / 27	7% / 36	4% / 25	6% / 121
2015-16	5% / 29	5% / 25	3% / 14	3% / 17	4% / 85

Communicable Disease

Director of Nursing
Arey Rash

Nursing Supervisor
April Wilburn

Goals, Objectives and Performance Indicators for Fiscal Year 2015-16

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.	95 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, 89% were age appropriately immunized at 24 months.</i>	90% <i>Performance met</i>

Total Immunizations Administered by Health Department Staff		
	2014-15	2015-16
Childhood Immunizations (State Required)	1,297	1,694
Influenza	310 private 0 state	70 private 70 state
Adult Tetanus	147	23
Adult Measles-Mumps-Rubella	49	21
Rabies Pre-exposure	0	6
Rabies Post-exposure	0	0
Adult Hepatitis B	44 private	57 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.	770 individuals identified with various communicable diseases 743 individuals received follow-up, treatment and control measures.	96% <i>Performance not met</i> <i>This was an improvement from the previous year (94%). Twenty-seven individuals could not be reached for follow-up because they either did not respond to contact attempts or moved out of the area.</i>
	II. 65% of all individuals (non-contacts) who begin treatment for latent Tuberculosis (TB) infection will complete treatment.	10 individuals began treatment for latent TB. 5 individuals began and completed treatment for latent TB.	50% <i>Performance not met</i> <i>It takes 3-9 months for a patient with Latent TB to complete treatment. The remaining five clients either did not</i>

			<i>finish their treatment within the year, or were lost to follow-up (moved, unable to reach, etc.)</i>
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Total Cases of Sexually Transmitted Diseases		
	2014-15	2015-16
Chlamydia	443	434
Gonorrhea	140	157
Syphilis	9	6

HIV Cases		
	2014-15	2015-16
Total clients screened	1,221	1,233
Total clients positive in-house	1	1
Total HIV cases within Randolph County	10	6
Total AIDS cases within Randolph County	2	0

Reported Communicable Diseases for Randolph County

	2014-15	2015-16		2014-15	2015-16
AIDS	2	0	HIV	10	6
Amebiasis	0	0	Legionellosis	2	2
Botulism	0	0	Listeria	2	0
Campylobacter	26	35	Lyme Disease	2	1
Chlamydia	443	434	Malaria	0	1
Creutzfeldt Jakob Disease	1	2	Meningococcal	0	0
Cryptosporidiosis	2	3	Mumps	0	0
Enterococci (Vancomycin Resistant)	0	0	Pertussis	4	10
E. Coli	4	4	Q Fever	0	0
Encephalitis	0	0	Rocky Mt. Spotted Fever	7	12
Ehrlichiosis	1	0	Rubella	0	0
Flu (adult)	0	1	Rubeola	0	0
Foodborne disease	0	0	Salmonellosis	39	44
Foodborne, Staphylococcal	0	0	Shigellosis	0	4
Gonorrhea	140	157	Streptococcal Infection Group A	2	8
Hepatitis A	0	1	Syphilis	9	10
Hepatitis B (acute)	0	2	Syphilis (congenital)	0	0
Hepatitis B (carrier)	7	12	Trichinosis	0	1
Hepatitis C	18	13	Tuberculosis (mycobacterium)	5	2
Haemophilis	3	5	West Nile Virus	0	0
			Total	729	770

Dental Health

Coordinator
Beth Thomas

Goals, Objectives and Performance Indicators for Fiscal Year 2015-16

Education and Screening

Goal	Objective	Measure	Performance
Detect students with dental needs and determine who is receiving dental care.	95% of Kindergarten students will receive dental screening.	1,628 students enrolled in Kindergarten 1,424 students in Kindergarten who participated in dental screenings	87% <i>Performance not met.</i> <i>In the previous year, 94% of students participated in dental screenings. The reason for the decrease is parents of students enrolled in the Randolph County School System are now given the opportunity to "opt-out" of dental screenings.</i>

Dental Screening and Referral for Kindergarten Students			
	2013-14	2014-15	2015-16
Children enrolled	5,511	*1,655	*1,628
Children screened	5,320	*1,556	*1,424
Children referred	180	143	140
Percent screened	97%	94%	87%

*Screenings were done only for students in kindergarten during 2014-15 and 2015-16.
During FY 2013-14, screenings were conducted for kindergarten, fifth and eighth grade students.

Referrals

Goal	Objective	Measure	Performance
Ensure that every kindergarten student identified with a problem is referred for and receives care.	95% of kindergarten students referred for care will receive care	<p>140 children were referred for dental care.</p> <p>67 children were determined to have received dental care as a result of referral.</p> <p>11 children were lost to follow-up mainly due to relocation.</p> <p>Dental staff were unable to determine receipt of care for the remaining 62 children.</p>	<p>48%</p> <p><i>Performance not met.</i></p> <p><i>The 62 children did not receive care.</i></p>

Referral Follow-up	
Number of children referred	140
Number of children who were referred and received dental care	67
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 76 records indicated children had improved dental hygiene	76% <i>Performance not met.</i> <i>This is a slight decrease from the previous year when 79% 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.	625 children received dental treatment and were scheduled for follow-up 534 kept their follow-up appointment	85% <i>Performance not met.</i> <i>This performance was also 86% in FY 2014-15.</i>

Dental Screening Asheboro City Schools (2015-16)					
Asheboro City Schools	Total Students	Students Screened	% Students Screened	Students Referred	% Students Referred
Balfour	86	78	91%	7	9%
Lindley Park	68	64	94%	6	9%
Loflin	71	66	93%	6	9%
McCrary	66	58	88%	7	12%
Teachey	85	76	89%	6	8%
Totals	376	342	91%	32	9%

Dental Screening Randolph County Schools (2015-16)					
Randolph Co. Schools	Total Students	Students Screened	%Students Screened	Students Referred	%Students Referred
Archdale	64	55	85%	7	13%
Coleridge	56	51	91%	7	14%
Farmer	71	65	92%	6	9%
Franklinville	71	54	76%	5	9%
Grays Chapel	73	56	79%	3	5%
Hopewell	112	103	92%	6	6%
John Lawrence	77	67	87%	4	6%
Level Cross	64	47	73%	4	9%
Liberty	63	53	84%	8	15%
New Market	69	59	86%	4	7%
Ramseur	57	49	86%	6	12%
Randleman	122	99	81%	8	8%
Seagrove	68	65	96%	7	11%
Southmont	105	102	97%	14	14%
Tabernacle	70	63	90%	10	16%
Trindale	38	32	84%	3	9%
Trinity Elem.	72	62	86%	6	10%
Totals	1252	1082	86%	108	10%
Grand Totals	1,628	1,424	87%	140	10%

Environmental Health

Food and Lodging Supervisor Jaron Herring

Goals, Objectives and Performance Indicators for FY 2015-16

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.	1,444 inspections required from 585 establishments 1,193 inspections completed of the 1,444 required	83% <i>Performance not met</i> <i>This was an increase from the previous year (80%). The reason 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 th .	585 establishments required inspection 580 maintained a grade A or equivalent	99% <i>Performance met</i>

Complaints Related to Food and Lodging

Goal	Objective	Measure	Performance
Respond to and resolve complaints related to Food and Lodging	95% of complaints will be responded to within 48 hours.	89 complaints received	99%
		88 complaints responded to within 48 hours	<i>Performance met</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.	12 foodborne illness related complaints 12 complaints investigated within the 24 hour timeframe	100% <i>Performance met.</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.	0 confirmed illness and confirmed foodborne illness related complaints 0 investigated within the 8 hour timeframe	100% <i>Performance met</i>

Food Service Education

Goal	Objective	Measure	Performance
To make owner/operators of foodservice establishments more aware of safe and sanitary food handling practices.	100% of program evaluations will have positive results.	15 program evaluations completed	100%
		15 program evaluations with positive results	<i>Performance met</i>

Type Establishment	Total Number Establishments	Total Required Inspections	Total Required Inspections Completed	Total Required Inspections Missed	Total Required Inspections & Re-inspections Completed
Adult Day Service	3	3	3	0	3
Bed & Breakfast Home	3	3	2	1	2
Bed & Breakfast Inn	0	0	0	0	0
Child Care	48	87	59	28	73
Commissary for Push Carts	2	2	1	1	1
Educational Food Service	1	4	4	0	4
Elderly Nutrition Services	4	16	16	0	16
Food Stands	55	132	123	9	124
Hospital	1	2	2	0	2
Institutional Food Service	10	40	32	8	32
Lodging	13	12	11	1	11
Local Confinement	1	1	1	0	1
Lead	4	4	4	0	4
Limited Food Service Establishment	21	32	32	0	33
Mobile Food Unit	31	32	24	8	25
Meat Market	18	48	41	7	41
Nursing Home	13	26	20	6	20
Push Cart	12	9	8	1	8
Restaurant	246	722	636	86	645
Residential Care	37	37	28	9	28
School Building	51	51	8	43	8
Summer Camps	12	24	23	1	24
Summer Day Camp	1	1	1	0	1
Summer Food Service	4	4	4	0	5
School Lunchroom	39	156	114	42	114
Total	630	1,448	1,197	251	1,225

Ground Water and On-site Waste Water Supervisor

Wayne Jones

Goals, Objectives and Performance Indicators for Fiscal Year 2015-16

New Septic Evaluations/System Expansion Evaluations

Goal	Objective	Measure	Performance
To properly evaluate properties and issue/deny septic permits appropriately.	To properly perform 100% of property evaluations for new septic systems and system expansion with an appropriate outcome (a permit or denial) within one week of initial visit where properties have been properly prepared and all necessary information has been received from applicant.	329 initial site visits were made 313 sites were properly prepared and ready for permit determination 312 properly prepared sites received either a permit or denial within one week	99% <i>Performance not met</i> <i>There was one site not permitted or denied within the one week timeframe. This was a result of missed opportunity.</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.	74 sewage complaints 74 sewage complaints responded to within 3 days	100% <i>Performance met</i>

Sewage Complaints			
	2013-14	2014-15	2015-16
Number of complaints	143	165	74
Number responded to within 3 day timeframe	134	165	74
Performance	94%	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 new wells within two weeks of assignment.	301 permit applications assigned 301 responded to within 2 weeks	100% <i>Performance not met</i>

Well Permitting			
	2013-14	2014-15	2015-16
Number of applications	204	211	301
Number responded to within 2 week timeframe	204	209	301
Performance	100%	99%	100%

Health Education

Public Health Educator II

Wendy Kennon

Goals, Objectives and Performance Indicators for Fiscal Year 2015-16

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.	51 families received a child safety seat 51 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).	365 children participated in a bike rodeo. 365 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>One smoke-free / tobacco-free grounds policy was implemented at Mt. Nebo Holiness Church in Ramseur.</i>

Patient Education Activities

Goal	Objective	Measure	Performance
Provide enjoyable education on an understanding level equal to that of the intended audience	100% of classroom education evaluations will reflect excellent scores	118 program evaluations 118 reflected excellent scores	100% <i>Performance met</i>

Health Education Activity Summary				
ACTIVITY	# OF PROGRAMS		# OF PEOPLE REACHED	
	2014-15	2015-16	2014-15	2015-16
Community Health Education	10	7	311	195
Health Fairs	2	6	210	350
Safety Fairs	7	7	382	400
PlayDaze (Archdale)	300	400	300	400
PlayDaze (Asheboro)	500	700	700	700
Car Seat Distribution	N/A	N/A	52	51
Health Promotion Consultations/Resource Information Provided	N/A	N/A	56	43
Vasectomy Counseling	N/A	N/A	0	0
Total	819	1120	2,011	2,139

WIC-Nutrition

Director
Kathi Auman-Einig

Goals, Objectives and Performance Indicators for Fiscal Year 2015-16

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.	3,963 assigned caseload	94%
		3,725 caseload served	<i>Performance not met</i> <i>This was a decrease from 97% the previous year. This decrease is being seen nationwide.</i>

Breastfeeding Support

Goal	Objectives	Measure	Performance
Promote and provide support for breastfeeding.	I. 60% of women enrolled in WIC will initiate breastfeeding.	1,220 women enrolled in WIC 796 women initiated breastfeeding	65% <i>Performance met</i>
	II. 30% of infants who are breastfeeding at six weeks of age.	1,150 infants 477 infants continued to breastfeed six months later.	42% <i>Performance met</i>
	III. 20% of infants who are	1,150 infants	19%

	breastfeeding at six months of age.	219 of women continued to breastfeed six months later	<i>Performance not met</i> <i>The remaining women chose to discontinue breastfeeding after six months.</i>
	IV. 95% of breastfeeding mothers will receive appropriate contact and support from the breastfeeding peer counselor.	105 medical records reviewed for evidence of appropriate contact and support 98 medical records with appropriate support documented	93% <i>Performance not met</i> <i>The remaining seven records showed appropriate support documented, however, the clients were lost to follow-up (moved, unable to reach, etc.).</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.	0 menus received for review 0 menus reviewed within 8 weeks of request.	<i>There was one menu for review during FY 2014-15.</i>

WIC/Community Nutrition Activities				
Activity Type	2012-13	2013-14	2014-15	2015-16
Nutrition Displays	0	1	1	1
Community Nutrition Education Programs	4	2	1	2
Private Therapeutic Clients	0	2	0	0
Breastfeeding In-service	1	1	1	1

Women's Health

Director of Nursing
Arey Rash

Breast and Cervical Cancer

Coordinator
Carolyn Thomas

Goals, Objectives and Performance Indicators for Fiscal Year 2015-16

Breast and Cervical Cancer Screening

Goal	Objectives	Measures	Performance
Screen income and categorically eligible women, 18-64 years of age, for early detection of breast and cervical cancer.	II. 100% of women will receive a mammogram/Pap smear based on Breast and Cervical Cancer Control Program guidelines.	45 clients received mammograms and/or Pap smears 45 clients received mammograms and/or Pap smears according to guidelines	100% <i>Performance met</i>
	II. 100% of clients requiring referral will be seen within 90 days of initial visit.	4 women required referral for abnormal findings 4 women were seen by a private provider within the 90 day timeframe	100% <i>Performance met</i>

The Breast and Cervical Control Program saw fewer women this year. This is a result of the program transitioning to Randolph Hospital.

<i>Breast and Cervical Cancer Control Program</i>			
<i>Client Summary</i>			
	2013-14	2014-15	2015-16
Contracted client caseload	159	159	100
Number of clients screened	157	105	45
Clients greater than or equal to 50	103 (66%)	61 (58%)	27 (60%)
Clients less than or equal to age 49	54 (34%)	52 (50%)	18 (40%)
Clients greater than or equal to age 65	0	2	0
Number of clients diagnosed with breast cancer	5	5	0
Number of clients diagnosed with cervical cancer	0	0	0

Family Planning

Coordinator

Julie Clark

Goals, Objectives and Performance Indicators for Fiscal Year 2015-16

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	1,026 family planning clients 835 clients were at or below 150% of Poverty	81% <i>Performance met</i> <i>This measure was an improvement from 70% the previous year.</i>

Family Planning Client Participation Summary			
Client Type	2013-14	2014-15	2015-16
Total clients served	1,258	1,242	1,026
Clients at or below 150 % of poverty level	878	867	835
Percent of caseload from target population	70%	70%	81%

Pregnancy Care Management

Nursing Supervisor

Rebecca Hinshaw

Goals, Objectives and Performance Indicators for Fiscal Year 2015-16

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%)	545 Medicaid clients had a positive initial risk screening. 17 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>	3% <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
2014-15	4% / 6	4% / 5	4% / 4	4% / 5	4% / 20
2015-16	3% / 4	1% / 1	3% / 3	6% / 9	3% / 17