

Administration

Public Relations

Goal 1: Provide quality service that satisfies public health clients.

Objective: 100% of client/customer surveys will rate services as satisfactory or higher.



	FY20	FY21
Target	100%	100%
Actual	N/A	100%

FY2021 Narrative: During FY2020-21 a total of 446 surveys were distributed. Of those distributed, 194 surveys were completed and returned. One hundred and ninety-four of returned surveys (100%) rated as satisfactory or higher. *Performance met.*

Goal 2: Thoroughly and promptly investigate complaints received.

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



	FY20	FY21
Target	100%	100%
Actual	100%	100%

FY2021 Narrative: There were no Administrative complaints received related to dissatisfaction about staff. *Performance met.*

Quality Assurance

Goal: Review all program policies and procedures according to agency quality assurance guidelines to ensure compliance with state and federal guidelines or standards.

Objective: 100% of programs reviewed according to agency quality assurance guidelines.



	FY20	FY21
Target	100%	100%
Actual	Incomplete	Incomplete

FY2021 Narrative: Administrative review of program policies and procedures was not completed due to COVID-19 pandemic response. *Performance not met.*

Program Support

Goal: Support the clinical programs with accurate and timely lab services.

Objective 1: Maintain the “Clinical Laboratory Improvement Amendments of 1988” (CLIA) certification.



	FY20	FY21
Target	100%	100%
Actual	100%	100%

FY2021 Narrative: The last laboratory certification inspection occurred March 10, 2019 with no deficiencies. CLIA inspection takes place every two years. Due to COVID-19 CLIA inspections have been delayed. *Performance met.*

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



	FY20	FY21
Target	100%	100%
Actual	100%	100%

FY2021 Narrative: The clinic lab manager reported 81 employees received Hazard Communication training. *Performance met.*

*Clients Receiving Lab Services per Clinic (Main Lab)			
Clinic	2018-19	2019-20	2020-21
Family Planning	1,006	797	601
General Clinic	865	813	429
Daymark Recovery Center (Mental Health)	34	40	62
Total	1,905	1,650	1,092

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

*Clients Receiving Services (WIC Lab)			
	2018-19	2019-20	2020-21
Hemoglobin	4,067	2,506	0
Lead	32	10	0
Total Clients	4,099	2,516	0

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

Laboratory Tests sent to State Lab and Quest Diagnostics			
Type of Test	2018-19	2019-20	2020-21
COVID-19	*	172	3,732
Chlamydia	1,230	1,643	811
Gonorrhea	1,321	1,644	811
Herpes Cultures	21	30	14
HIV	1,377	1,124	664
Lead Screening: (Main Lab)	17	14	9
Syphilis (RPR)	1,375	1,128	655
Total Tests	5,341	5,755	6,696

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

Laboratory Tests done by Public Health			
Type of Test	2018-19	*2019-20	*2020-21
Gonorrhea (Throat, Rectal, Cervical/Urethral)	206	38	0
Pregnancy Tests	536	406	292
Wet Mount	866	717	448
Total Tests	1,608	1,161	740

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

FY2020-21 Financial Reporting

RCPH Revenues		
Program	FY2021	FY2020
County Appropriations	\$2,105,044.71 (33%)	\$2,520,701.95 (44%)
Federal & State Grants	\$2,386,406.92 (38%)	\$1,555,530.48 (27%)
Fees & Fee Reimbursements	\$1,685,015.95 (27%)	\$1,490,740.08 (26%)
Other Revenues	\$146,451.20 (2%)	\$127,866.46 (2%)
RCPH Expenses		
Program	FY2021	FY2020
Administration	\$982,476.94 (15%)	\$852,209.03 (15%)
Child Health/Smart Start	\$78,727.52 (1%)	\$85,920.57 (2%)
Care Management for At-Risk Children	\$263,887.87 (4%)	\$295,347.39 (5%)
School Nurse	\$250,000.00 (4%)	\$250,000 (4%)
Communicable Disease/COVID	\$1,688,435.30 (27%)	\$683,662.43 (12%)
Dental Health	\$419,084.84 (7%)	\$289,761.68 (5%)
Environmental Health	\$996,081.16 (16%)	\$981,068.20 (17%)

Health Education	\$164,587.93 (3%)	\$194,145.79 (3%)
WIC	\$594,843.59 (9%)	\$673,634.51 (12%)
Family Planning	\$617,771.22 (10%)	\$743,252.33 (13%)
Care Management for High-Risk Pregnancies	\$267,022.41 (4%)	\$331,844.81 (6%)

Child Health

Child Care Nurse Consultant

Lead Screening and Investigation

Goal: Identify children with elevated blood lead levels or lead poisoning and identify and remove the hazard.

Objective: 100% of children with confirmed elevated blood lead levels will be monitored and provided an environmental investigation in accordance with state guidelines.



	FY20	FY21
Target	100%	100%
Actual	100%	100%

FY2021 Narrative: During FY2020-21, one child had confirmed elevated blood lead levels requiring an environmental investigation. Five children had confirmed elevated blood lead levels which initiated offering an environmental investigation. One environmental investigation was conducted. *Performance met.*

Immunization Audits in Local Childcare Facilities

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

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



	FY20	FY21
Target	100%	100%
Actual	96%	100%

FY2021 Narrative: A total of 1,461 records were audited with 1,437 in compliance. Of those, 24 records required follow-up and 1,461 were in compliance within 45 days. *Performance met.*

Number of Immunization Records Audited

	2018-19	2019-20	2021-21
Total Number of Immunization Records in Compliance	1,749	1,932	1,437
Total Number of Immunization Records requiring follow-up	162	110	24

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.



	FY20	FY21
Target	100%	100%
Actual	100%	0%

FY2021 Narrative: Due to COVID restrictions, hearing and vision screenings were not conducted this year. *Performance not met.*

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



	FY20	FY21
Target	100%	100%
Actual	100%	0%

FY2021 Narrative: Due to COVID restrictions, hearing and vision screenings were not conducted this year. *Performance not met.*

Training to Providers, Children and Parents

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

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



	FY20	FY21
Target	100%	100%
Actual	80%	45%

FY2021 Narrative: Randolph County had 45 childcare establishments as of June 30th. Thirty-four of 76 required visits were made by the Childcare Nurse Consultant. Thirty-four total visits made as a result of the Child Care Nurse Consultant visiting some establishments more than once during the year. *Performance not met. COVID-19 pandemic response and restrictions prevented visits to be completed. However, the Childcare Nurse Consultant remained in close contact with facilities via phone and email.*

Communicable Disease Cases in Schools and Child Care Facilities				
	2017-2018	2018-19	2019-20	2020-21
Meningitis	0	0	0	0
Pertussis	8	5	*10	0
Salmonella	7	8	*16	2
Shigellosis	0	1	0	0

During the pandemic, physicians routinely provided services via telehealth which often did not include communicable disease testing.

Care Coordination for Children

No data available.

When the Care Coordination for Children program transitioned to Virtual Health, a new database management system in October 2018, the database included some reporting gaps. The database took some time to work out the gaps. Revised performance measures should be available in FY2021-22.

Communicable Disease

Disease Prevention

Goal: Prevent vaccine preventable disease in Randolph County children.

Objective: 90% of children age 2 and under known to the health department will be age-appropriately immunized.



	FY20	FY21
Target	90%	90%
Actual	88%	85%

FY2021 Narrative: Clinic staff reported 39 children out of 46 known to the department were age-appropriately immunized. These figures include only those children who receive immunizations at the health department. Of children who receive immunizations in Randolph County, 85% were age appropriately immunized at 24 months.

Performance not met. Due to limited access to primary care throughout the pandemic, many children have fallen behind on their immunizations. Staff efforts to improve age-appropriate immunizations include: phone call and post card reminders, assistance from other department program areas that serve the same clients, contact provider offices requesting that they encourage/remind clients about needed immunizations.

Total Immunizations Administered by Public Health Staff		
Childhood Immunizations (0 – 18 years)		
	2019-20	2020-21
State Required	1,745	1,165
Influenza	190	149
Rabies Pre-exposure	9	0
Adult Immunizations (19 years and older)		
	2019-20	2020-21
Influenza	80 private	300
Adult Tetanus	25	15
Adult Measles-Mumps-Rubella	25	24
Rabies Pre-exposure	35	40
Rabies Post-exposure	0	0
Adult Hepatitis B	21 private	4
Adult Tetanus, Diphtheria, Pertussis	8 private 59 state	19 private 28 state
Adult Varicella	0 private 16 state	0 private 8 state

Adult Menactra	0	0
Adult Hepatitis A	*235	103
Adult Twinrix (Hepatitis A and B)	13	7
Total Immunizations Administered	2,461	1,862

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

While Randolph County Animal Services became an independent department in 2019, Randolph County Public Health continued to collaborate with the staff on reported animal bites, rabies exposure investigations, and coordinating countywide rabies vaccine clinics.

Goal: *Rabies prevention:* Investigate all animal bites reported to the program and assure that medical follow-up is provided.

Objective: 100% of reported animal bites will be investigated and will include appropriate medical follow-up if indicated.



	FY20	FY21
Target	100%	100%
Actual	100%	100%

FY2021 Narrative: During FY2020-21, 251 animal bites were investigated with appropriate follow-up. *Performance met.*

Number of Animal Bites			
	2018-19	2019-20	2020-21
Total	284	360	251

Type and Number of Positive Rabies Cases					
Animal	2016-17	2017-18	2018-19	2019-20	2020-21
Bat	0	*0	0	*1	*0
Cat	0	0	*0	2	0
Dog	0	*0	*0	0	*0
Fox	2	8	3	1	*2
Raccoon	0	3	4	2	*0
Skunk	0	0	1	1	3
Coyote	0	0	0	*0	0
Total Cases	2	11	8	7	5

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

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

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

2020/21 *One bat was released and was presumed positive for rabies.
*One dog was unable to be tested and was presumed positive for rabies.
*One fox bit a human and ran away. The fox was presumed positive for rabies.
*One raccoon bit a human and ran away. The raccoon was presumed positive for rabies.

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.



	FY20	FY21
Target	100%	100%
Actual	98%	99%

FY2021 Narrative: During FY2020-21, 8,041 individuals were identified with various communicable diseases which includes COVID-19 cases. Of those, 7,941 individuals received follow-up, treatment and control measures. *Performance not met. Follow-up with some communicable diseases proved difficult during the pandemic. Efforts made to reach the remaining 100 individuals via phone and/or certified mail were unsuccessful.*

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



	FY20	FY21
Target	*68%	*68%
Actual	63%	60%

FY2021 Narrative:

During FY2020-21, five individuals began treatment for latent TB. Of those, three individuals began and completed treatment for latent TB. *It takes 3-9 months for a patient with latent TB to complete treatment.* *Performance measure likely met as treatment may have started during one reporting period and completed in another. *The target for this measure was revised by NC Division of Public Health FY2019-20.

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



	FY20	FY21
Target	100%	100%

Actual	100%	100%
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FY2021 Narrative: A total of 8,041 reportable communicable diseases were reported. Of those, 8,041 reportable communicable diseases were documented and reported to NC Department of Public Health (NC DPH) within 30 days of notification. *Performance met. The increase in reportable communicable diseases is due to positive cases of COVID-19.*

Objective 4: No less than 85% of LHD clients diagnosed with gonorrhea and chlamydia (including family planning and STD clinics) shall receive treatment services within 14 days of specimen collection date.



	FY20	FY21
Target	85%	85%
Actual	93%	91%

FY2021 Narrative: A total of 76 clients were diagnosed with gonorrhea and chlamydia. Of those, 69 clients received treatment services within 14 days of specimen collection date. *Performance met. Due to COVID-19, clinic and family planning services were limited. Clients in need of sexually transmitted infection services were referred to partner medical clinics for care.*

Objective 5: 95% or more LHD clients diagnosed with gonorrhea and chlamydia (including family planning and STD clinics) shall receive treatment services within 30 days of specimen collection date.



	FY20	FY21
Target	95%	95%
Actual	99%	96%

FY2021 Narrative: A total of 76 clients were diagnosed with gonorrhea and chlamydia. Of those, 73 clients received treatment services within 30 days of specimen collection date. *Performance met. Due to COVID-19, clinic and family planning services were limited. Clients in need of sexually transmitted infection services were referred to partner medical clinics for care.*

Total Cases of Sexually Transmitted Diseases		
	2019-20	2020-21
Chlamydia	559	528
Gonorrhea	167	236
Syphilis	4	9

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

HIV Cases		
	2019-20	2020-21
Total clients screened	1,124	664
Total clients positive in-house	1	0
Total HIV cases within Randolph County	2	3
Total AIDS cases within Randolph County	0	0

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

The summary report below reflects all communicable diseases reported by medical providers in Randolph County from July 1, 2020 to June 30, 2021.

Reported Communicable Diseases for Randolph County							
	2018-19	2019-20	2020-21		2018-19	2019-20	2020-21
AIDS	0	0	0	Hepatitis B (carrier)	15	13	15
Amebiasis	0	0	0	Hepatitis C (acute)	9	4	9
Botulism	0	0	0	HIV	7	2	3
Campylobacter	46	56	60	Legionellosis	3	0	1
Chikungunya	1	0	0	Listeria	2	0	0
Chlamydia	536	559	528	Lyme Disease	3	4	4
CRE	6	6	1	Malaria	0	0	0
*COVID-19 Confirmed	0	1,318	9,219	Meningococcal	0	0	0
*COVID-19 Probable	-	32	4,743	Mumps	0	0	0
*COVID-19 Deaths	-	30	176	Pertussis	8	8	1
Creutzfeldt Jakob Disease	0	0	1	Q Fever	0	0	0
Cryptosporidiosis	5	0	5	Rocky Mt. Spotted Fever	15	8	12
*Cyclosporiasis	0	9	0	Rubella	0	0	0
Dengue Fever	1	0	0	Rubeola	0	0	0
Enterococci (Vancomycin Resistant)	0	0	0	Salmonellosis	51	42	33
E. Coli	4	3	4	Shigellosis	3	2	3
Encephalitis	0	0	0	Streptococcal Infection Group A	5	1	9
Ehrlichiosis	6	2	3	Syphilis	8	4	9
Flu (adult) death	4	2	0	Syphilis (congenital)	0	0	0
Foodborne disease	0	0	0	Trichinosis	0	0	0
Foodborne, Staphylococcal	0	0	0	Tuberculosis (mycobacterium)	0	1	1
Gonorrhea	145	167	236	West Nile Virus	0	0	0
Hemophilia	2	2	3	*Vibrio	0	2	2
Hepatitis A	0	3	97	Zika	0	0	0

Hepatitis B (acute)	23	16	12	*Varicella	0	0	1
Total (all communicable diseases reported)					908	2,296	15,191

*COVID-19 was added to the list of NC reportable disease list during FY2019-20. FY2020-21 saw a significant increase in cases as the virus spread more broadly. In addition, COVID-19 deaths rose.

Public Health Preparedness and Response

Goal: To respond to emergencies caused by bioterrorism, other infectious disease outbreaks and other public health threats and emergencies throughout the development, exercise, and evaluation of a comprehensive public health emergency preparedness and response plan.

Objective 1: There will be at least one public health preparedness exercise held annually.



	FY20	FY21
Target	100%	100%
Actual	100%	100%

FY2021 Narrative: We held one exercise and participated in one real-life event. The exercise included a drive-thru flu vaccine clinic for the public. Staff administered 300 doses of flu vaccine. The real-life event was the department’s management of COVID-19 pandemic response. *Performance met.*

Dental Health

Education and Screening

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

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



	FY20	FY21
Target	90%	90%
Actual	94%	81%

FY2021 Narrative: RCSS had 4,120 total students enrolled with 3,400 eligible for screening. Of those eligible, 720 students enrolled in RCSS, “opted out” of medical exams which includes dental screening. *Performance not met. Due to COVID-19 restrictions, ACS were unable to participate in medical/dental screenings FY2020-21. In addition, a number of students were learning virtually and some students were absent on screening days.*

Referrals

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

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



	FY20	FY21
Target	66%	66%
Actual	13%	18%

FY2021 Narrative: Of the 3,400 students provided dental screenings, 456 children were referred for dental care. Eighty-four children were determined to have received dental care as a result of referral. *Performance not met. Due to COVID-19, dental services were delayed. As a result, 372 children did not receive dental care or were lost to follow-up as a result of student absences and/or relocation.*

Dental Screening and Referral			
	2018-19	2019-20	*2020-21
Children enrolled	6,953	6,783	4,120
Children eligible for screening	6,536	6,212	3,400
Children screened	6,105	5,827	2,761
Children referred	346	472	456

Percent screened	93%	94%	81%
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Referral Follow-up	
Number of children referred	456
Number of children who were referred and received dental care	84
Percentage of Referred Children Receiving Dental Care	18%

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

Clinical Services

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

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



	FY20	FY21
Target	90%	90%
Actual	53%	50%

FY2021 Narrative: Dental staff audited 326 records. Of those audited, 162 records indicated no newly diagnosed cavities at maintenance visit. *Performance not met. COVID-19 delayed maintenance dental appointments which may have impacted identifying decay earlier. Efforts to improve this measure include staff continuing to encourage good oral hygiene and diet.*

Clinic Follow-up/Recall

Goal: Follow clinical patients to ensure dental health maintenance.

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



	FY20	FY21
Target	90%	90%
Actual	71%	68%

FY2021 Narrative: Dental staff reported 478 children received dental treatment and were scheduled for follow-up. Of those scheduled for maintenance care, 326 kept their follow-up appointment. *Performance not met. During the pandemic, dental appointments were reduced to ensure all safety precautions were followed for staff and patients. The decrease is likely due to dental clinic services being temporarily scaled back.*

**Dental Screening Randolph County School System
2020-2021**

Randolph Co. Schools	Total Students	Students Screened	Students Opted Out	Number of Eligible Students	% Eligible Students Screened	Students Referred	%Students Referred
Archdale	206	151	28	178	85%	31	21%
Coleridge	187	114	52	135	84%	26	23%
Farmer	182	116	33	149	78%	10	9%
Franklinville	214	136	52	162	84%	22	16%
Grays Chapel	293	175	75	218	80%	30	17%
Hopewell	402	287	71	331	87%	49	17%
John Lawrence	223	156	32	191	82%	24	15%
Level Cross	264	156	58	206	76%	28	18 %
Liberty	227	153	37	190	81%	42	28%
New Market	248	194	20	228	85%	34	18%
Ramseur	236	122	33	203	60%	26	21%
Randleman Elem	257	189	43	214	88%	31	15%
Randleman Middle							
Seagrove	231	136	37	194	68%	14	10%
Southmont	318	233	53	265	88%	22	9%
Tabernacle	225	166	26	199	83%	32	19%
Trindale	193	149	29	164	91%	14	9%
Trinity Elem.	214	128	41	173	74%	21	16%
Totals	4,120	2,761	720	3,400	81%	456	17%

Environmental Health

Food and Lodging

Inspections

Goal: Ensure that sanitary practices are being followed to protect the public's health.

Objective 1: 100% of establishments will receive the appropriate number of sanitation inspections.



	FY20	FY21
Target	100%	100%
Actual	97%	93%

FY2021 Narrative: Based on the adjusted frequency schedule, 903 inspections were required from 641 establishments. Of the required inspections, 843 were completed. Food and lodging staff reported 1,073 total inspections completed (required frequency and return inspections). *Performance not met. This measure was not met due to the COVID-19 pandemic. During the pandemic, inspections were temporarily suspended and the state temporarily changed (lessened) the inspection frequency requirement for some establishments.*

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



	FY20	FY21
Target	95%	95%
Actual	97%	95%

FY2021 Narrative: There were 641 establishments that required inspection. Of those, 611 maintained a grade A or equivalent rating. *Performance met. Food and lodging staff provide education to establishment operators and employees to improve practices. The goal is to enhance safety for consumers as well as strive for “Grade A” rating.*

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.



	FY20	FY21
Target	100%	100%
Actual	99%	99%

FY2021 Narrative: Food and lodging staff reported receiving 180 complaints. Of those, 178 complaints were responded to within 48 hours. *Performance not met. Two complaints were not responded to within the 48-hour timeframe. One of these two was due in part to the large quantity of complaints that came in during the peak of COVID-19 activity. One complaint response was missed by several hours while the inspector was responding to a complaint at another facility. The second complaint was a missed opportunity, where the inspector missed the complaint due to the time the complaint was received. To remedy this, inspectors are now called in the field when a complaint is received for one of their facilities. A quality improvement strategy has been implemented to prevent this from happening in the future.*

Foodborne Outbreak Investigation

Goal: Determine if a foodborne outbreak exists and if so, implement corrective action.

Objective 1: 100% of foodborne illness related complaints will be investigated within 24 hours of notification.



	FY20	FY21
Target	100%	100%
Actual	100%	100%

FY2021 Narrative: Food and lodging staff received nine foodborne illness related complaints. All nine complaints were investigated within the 24-hour timeframe. *Performance met.*

Objective 2: 100% of confirmed illness and confirmed foodborne illness related complaints will be responded to within 8 hours of complaint receipt and any necessary corrective action will be implemented.



	FY20	FY21
Target	100%	100%
Actual	100%	100%

FY2021 Narrative: Food and lodging received one confirmed illness and confirmed foodborne illness complaints. The reported illness was investigated within the 8-hour time frame. *Performance met.*

Food and Lodging Inspection Summary Report, FY2020-21

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	2	67%
Bed/Breakfast Home	2	2	2	0	2	100%
Bed/Breakfast Inn	0	-	-	-	-	-
Childcare Centers	42	45	45	0	64	100%
Commissary – Push Carts	5	6	6	0	6	100%
Educational Food Service	1	2	2	0	2	100%
Elderly Nutrition Services	4	4	4	0	4	100%
Food Stand	59	59	59	0	88	100%
Hospital	1	1	0	1	0	0%
Institutional Food Service	10	18	18	0	23	100%
Lodging	17	17	17	0	17	100%
Local Confinement	1	1	1	0	1	100%
Limited Food Service	10	10	10	0	10	100%
Mobile Food Unit	74	88	88	0	90	100%
Meat Market	15	30	30	0	35	100%
Nursing Home	14	14	10	4	11	71%
Push Cart	6	9	9	0	9	100%
Restaurant	238	419	419	0	551	100%
Residential Care	37	40	31	9	31	78%
Resident Camp	12	8	8	0	8	100%
School Building	52	52	7	45	7	15%
School Lunchrooms	39	75	75	0	112	100%
Total	642	903	843	60	1073	93%

In light of the COVID-19 pandemic, inspection frequencies were temporarily reduced by the state to alleviate inspections that were missed while staff attention was diverted to COVID-19 response activities (COVID-19 complaints, vaccine clinic work, etc.). Many facilities were inspected more frequently than the state's new requirement. In many cases, this was due to a facility being inspected according to their typical inspection frequency prior to the state making changes to the frequencies again this year.

Ground Water and On-site Wastewater

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.



	FY20	FY21
Target	100%	100%
Actual	100%	100%

FY2021 Narrative: During FY2020-21, 494 new and expansion permit applications were submitted. However, 387 sites were properly prepared and ready for permit determination. Of those, 387 properly prepared sites resulted in the appropriate outcome (permitted or denied) within one week. Ground water and on-site wastewater reported 1,869 total number visits made. *Performance met.*

Sewage Complaints

Goal: To verify and abate sewage problems.

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



	FY20	FY21
Target	100%	100%
Actual	100%	100%

FY2021 Narrative: Ground water and on-site wastewater received 88 sewage complaints. Of those, 88 sewage complaints were responded to within 3 days. *Performance met.*

Sewage Complaints Summary Report			
	2018-19	2019-20	2020-21
Number of complaints	120	79	88
Number responded to within 3-day timeframe	119	79	88
Performance	99%	100%	100%

Well Permitting

Goal: To properly evaluate properties and issue or deny a well permit.

Objective: To make 100% of initial visits to evaluate property for well permits and permit or deny within one week of completion of fieldwork.



	FY20	FY21
Target	100%	100%
Actual	100%	100%

FY2021 Narrative: A total of 325 well permit applications were submitted. Of those, 325 well permits were issued or denied within one week of completion of fieldwork. *Performance met.*

Public Swimming Pool Inspections

Goal: To ensure that public swimming pools are being operated in a manner that protects the public's health.

Objective: 100% of public swimming pools will receive the appropriate number of sanitation inspections.



	FY20	FY21
Target	100%	100%
Actual	100%	100%

FY2021 Narrative: A total of 53 inspections were required from 53 public swimming pools. Of the required inspections, 53 were completed. A total of 68 inspections were completed (required frequency & return inspections). *Performance met. Due to COVID-19 restrictions limiting the number of people who could use a pool, several public swimming pools opted to remain closed (not permitted) for the season.*

Tattoo Artist Inspections

Goal: To ensure that tattoo artists are practicing in a manner that protects the public's health.

Objective: 100% of tattoo artists will receive appropriate number of sanitation inspections.



	FY20	FY21
Target	100%	100%
Actual	100%	100%

FY2021 Narrative: A total of 44 inspections were required and completed from 44 tattoo artists. A total of 46 inspections were completed (required frequency & return inspections). *Performance met.*

Health Education

Community Education

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

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



	FY20	FY21
Target	100%	100%
Actual	100%	0%

FY2021 Narrative: *Performance not met. The health education team transitioned to supporting COVID-19 response early in 2020. As a result, the team was unable to engage in any community programs during FY2020-21.*

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



	FY20	FY21
Target	100%	100%
Actual	100%	0%

FY2021 Narrative: *Performance not met. The health education team transitioned to supporting COVID-19 response early in 2020. As a result, the team was unable to engage in any community programs during FY2020-21.*

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.



	FY20	FY21
Target	100%	100%
Actual	100%	0%

FY2021 Narrative: *Performance not met. The health education team transitioned to supporting COVID-19 response early in 2020. As a result, the team was unable to engage in any community programs during FY2020-21.*

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



	FY20	FY21
Target	100%	100%
Actual	40%	0%

FY2021 Narrative: *Performance not met. The health education team transitioned to supporting COVID-19 response early in 2020. As a result, the team was unable to engage in any community programs during FY2020-21.*

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



FY2021 Narrative: In early 2017 public health began asking questions regarding opioid misuse in Randolph County. Data and community conversations identified a problem. Hence, the Opioid Community Collaborative was born and as a result, public health and emergency services began partnering on naloxone distribution. At that time, Randolph County EMS was the only entity in the county carrying and using naloxone. Since then, numerous other agencies have been trained (by emergency services) and now carry and administer the opioid overdose reversal drug. These include the Randolph County Sheriff's Office, Archdale Police Department, Liberty Police Department, and multiple fire departments throughout the county. In July 2018, public health adopted the appropriate standing orders and policies to be able to dispense and distribute naloxone to community members expressing a need.

During the pandemic, there was a national surge in overdose deaths and access to naloxone and prevention education was critical. Randolph County Public Health reported an increase in number of naloxone units dispensed to individuals during FY2020-21. RCPH dispensed 149 units compared to 35 units in FY2019-20.

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

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

Performance met.

Goal: To protect Randolph County's children (birth to age 18) from unintentional, preventable childhood injuries and resulting deaths.

Objective: 100% of families who present for child passenger safety seat related inquiries will receive proper installation instructions and/or proper educational materials.



	FY20	FY21
Target	100%	100%
Actual	100%	100%

FY2021 Narrative: Safe Kids Randolph County reported 16 families presented for child passenger safety seat related inquiries. Of those, 13 families received a new car seat in conjunction with child passenger safety instruction.

Performance met.

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

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

Health Education Activity Summary				
ACTIVITY	# OF PROGRAMS		# OF PEOPLE REACHED	
	2019-20	2020-21	2019-20	2020-21
Community Health Education	23	6	1,654	140
Quit Smart Tobacco Cessation Series	1	0	5	0
Minority Diabetes Prevention Program Series	1	0	*10	0
Health/Safety Fairs	5	0	657	0
Play Daze	1	0	300	0
Car Seat Distribution	N/A	N/A	47	13
Health Promotion Consultations/Resource Information Provided (phone or in-person)	N/A	N/A	19	6
Vasectomy Counseling	N/A	N/A	1	0
Total	31	6	2,693	**159

WIC / Nutrition

WIC Certification/Eligibility

Goal: Provide nutrition services to pregnant women, postpartum women, infants and children up to age five.

Objective: To maintain an active participation rate of at least 97% of base caseload.



	FY20	FY21
Target	97%	97%
Actual	96%	114%

FY2021 Narrative: WIC reported 3,187 total participants assigned by the state. WIC served a total of 3,620 participants. During the pandemic, the federal and state departments eased requirements for WIC family participation. Families were not required to be seen in person to receive support services, vouchers, or supplies. This generated a much higher level of participation. *Performance met.*

Breastfeeding Support

Goal: Promote and provide support for breastfeeding.

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



	FY20	FY21
Target	60%	60%
Actual	78%	77%

FY2021 Narrative: During FY2020-21, WIC enrolled 794 expectant women. Of those, 609 women initiated breastfeeding. These women were offered breastfeeding support services. *Performance met.*

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



	FY20	FY21
Target	30%	30%
Actual	44%	45%

FY2021 Narrative: WIC reported a total of 855 infants enrolled as being breastfed. Of those enrolled, 381 infants continued to breastfeed six weeks later. *Performance met.*

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



	FY20	FY21
Target	20%	20%
Actual	24%	25%

FY2021 Narrative: WIC reported a total of 855 infants enrolled as being breastfed. Of those enrolled, 214 infants continued breastfeeding at six months of age. *Performance met.*

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



	FY20	FY21
Target	95%	95%
Actual	98%	95%

FY2021 Narrative: A total of 60 records were reviewed for evidence of appropriate contact and support. Of those reviewed, 57 records had appropriate support documented. *Performance met.*

WIC/Community Nutrition Activities Summary Report				
Activity Type	2017-18	2018-19	2019-20	**2020-21
Nutrition Displays	1	1	1	0
Community Nutrition Education Programs	1	1	4	*1
Private Therapeutic Clients	0	0	0	0
Breastfeeding In-service	1	1	1	*2

*These recorded activities incorporated dietetic interns to share the referenced education. The interns are provided support and guidance from WIC staff when engaging with clients or the community.

**Due to COVID-19, WIC staff worked remotely for a period of time. In addition, requirements for clients to receive services in-person was waived by the federal and state departments.

Women's Health

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.



	FY20	FY21
Target	75%	75%
Actual	80%	76%

FY2021 Narrative: During FY2020-21, the planning program served 568 clients. Of those, 433 clients were at or below 150% of poverty level (target population). *Performance met.*

Case Management for High-Risk Pregnancies (CMHRP)

No data available.

When the Pregnancy Care Management program transitioned to Virtual Health, a new database management system in October 2018, the database included some reporting gaps. The database took some time to work out the gaps. Revised performance measures should be available during FY2021-22.