Quarterly Report

Burke County Public Health
FY 2025-2026 Quarter 4

BURKE COUNTY
PUBLIC HEALTH

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The quarter closed with strong performance across core programs

Four measures summarize the operational picture.

98.98%
WIC participation
Above the 97% assigned-caseload requirement.

100%
Food inspections
Required inspection completion as of June 30; up from 86% in April.

4.7 / 5
Patient experience
Overall average across 23 usable May–July surveys.

13 / 13
Emergency plans
All required plans submitted to the state.

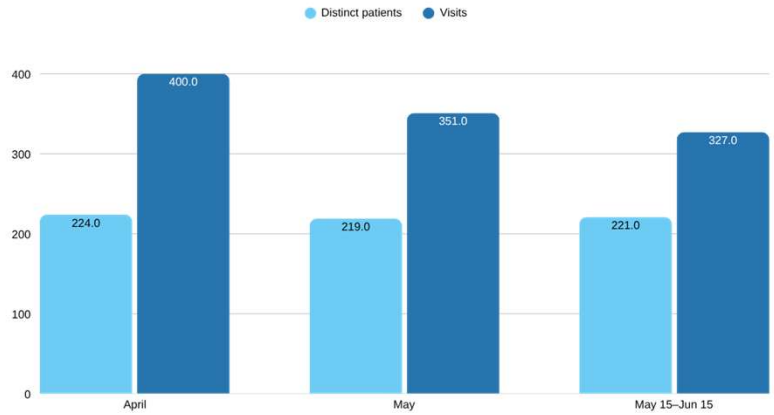
Bottom line: services remained accessible while compliance, preparedness, and patient experience stayed strong.

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2

Clinical demand remained steady across three reporting snapshots

Reporting windows overlap; values are shown separately and are not summed.



219–224

Distinct patients

Stable range across the three snapshots.

1.5–1.8

Visits per patient

Calculated within each reporting snapshot.

Interpretation

Volume was consistent; the visit mix shifted modestly across the quarter.

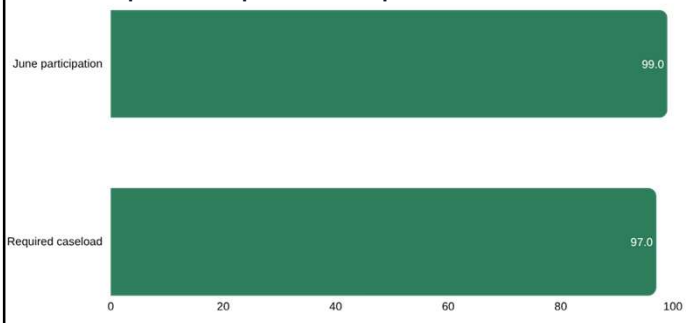
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WIC remained above target while enrollment demand stayed high

Participation, breastfeeding, appointment, and application measures.

Participation compared with requirement



20.84%

Exclusive breastfeeding

Reported above the state average.

565

May appointments

Participant appointments completed.

33%

Applications

Share of May appointments representing WIC applications.

+68.75%

Application growth

November 2025 to March 2026.

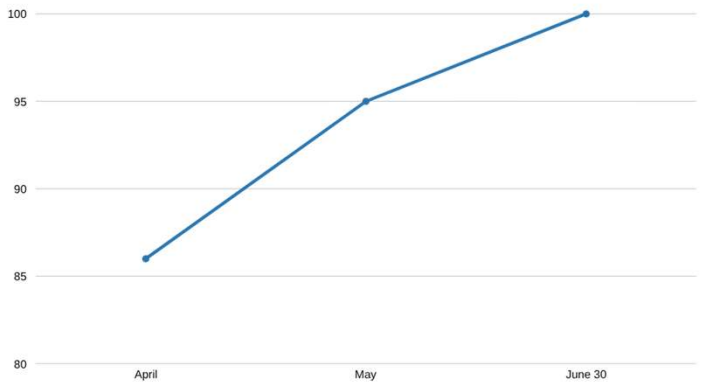
March also reached 684 kept appointments—the highest monthly total since the prior federal shutdown.

4

4

Food inspection completion advanced from 86% to 100%

Final monthly newsletter figures shown; interim department-head snapshots were 92% and 99%.



4–5 weeks

Permit turnaround

Average application-to-permit timeframe for On-Site Water Protection.

64

April applications

Septic, well, repair, and water-sample applications.

45

May applications

New On-Site Wastewater applications.

Operational improvement

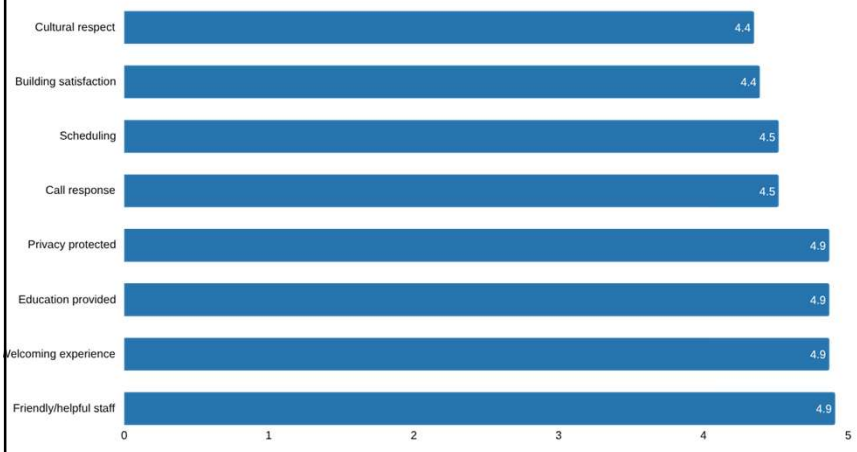
Staff trained on Ground Penetrating Radar and began field use to improve site assessment accuracy and efficiency.

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Patient service ratings were high across all measures

May–July 2026 patient satisfaction survey • 23 usable responses



4.7 / 5

Overall average

Across ten rated service dimensions.

94%

Positive ratings

Share of all service ratings scored 4 or 5.

100% answered “Yes”

Questions answered • Building clean and tidy • Office hours convenient

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6

Survey responses also identified food-access needs

Optional social-needs questions; results should be interpreted cautiously due to small sample size.

15%

No regular access to healthy food

3 of 20 respondents answering the question.

20%

Ran out of food

4 of 20 respondents reported running out of food in the past month.

18 of 19

Transportation available

One respondent preferred not to answer.

Implication

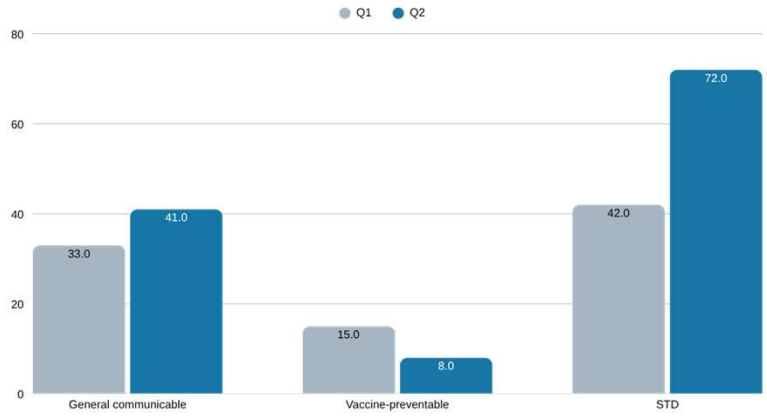
Continue screening and referral pathways while collecting a larger, more representative survey sample.

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Investigation volume increased while timeliness remained high

Second-quarter communicable-disease investigation performance.



121

Q2 investigations

Up from 90 investigations in Q1.

+34%

Quarter-over-quarter volume

STD investigations increased from 42 to 72.

Q2 timeliness

100% General communicable • 100% Vaccine-preventable • 97% STD

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Health Education connected community engagement with planning

Selected April–June education, outreach, and accountability activities.

13+

Named touchpoints

Community events, education sessions, presentations, and public-facing activities.

4

State-facing milestones

CHA approval, CHIP submission, PHAB acceptance, and Local Review Team report submission.

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Data partnership

NCSSM collaboration examining Burke County cause-of-death trends.

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Suicide education event

Community Education Night conducted with Burke County Public Schools.

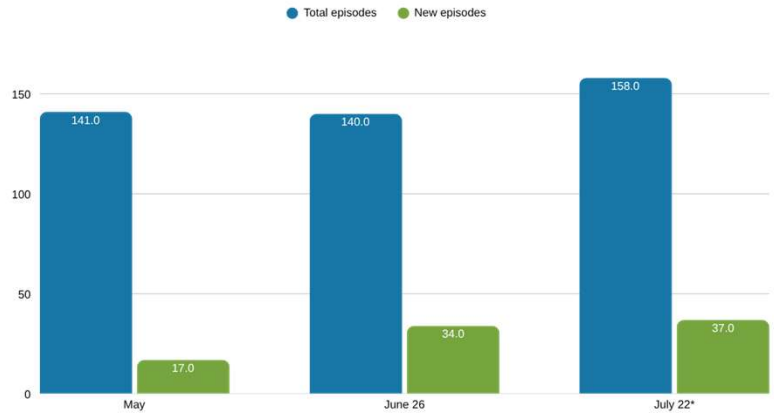
The quarter paired direct community engagement with formal planning and data-development work.

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CMARC and CMHRP face a major transition after 2026

Local workload remains substantial as the future contracting model changes.



158

Active episodes

69 CMHRP and 89 CMARC as of July 22.

37

New July episodes

Partial-month total through July 22.

January 1, 2027

Current mandate and shared technology support end; at least one PHP has indicated intent to move services in-house.

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Two policy changes require county-level preparation

Operational implications for access, revenue, staffing, and continuity of care.

Dec. 31

CMARC/CMHRP support

Current LHD payment and shared technology support end after 2026; the future local role remains uncertain.

Oct. 1

Medicaid coverage change

Certain non-citizens lose Medicaid eligibility beginning October 1, 2026.

Jan. 1

New eligibility rules

Many expansion adults face work/community-engagement requirements and six-month renewals beginning in 2027.

County preparation

Quantify revenue and positions at risk • Protect active-case handoffs • Coordinate messaging with DSS • Prepare language-access and uninsured-care strategies

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Quarterly milestones strengthened accountability

Selected milestones completed during April–June 2026.

13 plans

Emergency plans submitted to the state

CHA approved

2025 Community Health Assessment approved

CHIP submitted

2026 Community Health Improvement Plan submitted

PHAB accepted

Annual accreditation report accepted

State award

Preparedness community engagement recognition

Data partnership

NCSSM cause-of-death trend analysis launched

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Thank you.

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