

# ANNUAL REPORT

## 2003 / 2004

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*Over 125 Years of  
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**2029 South 17th Street  
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## *Director's Message*



As Health Director of the New Hanover County Health Department, I would like to welcome you to our annual report. Our mission is to assure a safe and healthy community. This is accomplished through assessing the health needs of the community and establishing

health objectives to maintain essential personal, family, community, environmental, and animal control services. We have dedicated employees working to enhance the health and well being of our county's residents and visitors. The Health Department works with other health care providers, contractors and other agencies in an integrated and coordinated effort with the goal of developing strong partnerships.

With the support of the community, we will meet the future health needs of New Hanover County as we experience the rewards and satisfaction of practicing public health. During fiscal year 2003-2004, the Health Department experienced many challenges and opportunities, including:

- Participating as a pilot county for the North Carolina Local Public Health Accreditation Program
- Celebrating 125 years of public health service in New Hanover County
- Relocation of Environmental Health offices
- Construction of Animal Control Spay/Neuter Facility
- Renovations of Clinic area

A handwritten signature in black ink, appearing to read "David E. Rice". The signature is fluid and cursive, written over a white background.

David E. Rice, MPH, MA  
Health Director

## *Management Team*

### **Administrative Support Coordinator**

Marilyn O. Roberts

### **Animal Control Services Manager**

Dr. Jean P. McNeil

### **Business Manager**

Cindy Hewett

### **Dental Health Manager**

Dr. David W. McDaniel

### **Health Programs Administrator**

Scott Harrelson

### **Environmental Health Manager**

Dianne M. Harvell

### **Personal Health Services Manager**

Janet B. McCumbee

### **Physician Epidemiologist**

Dr. Thomas Morris

## **Our Mission and Vision**

**The mission of the New Hanover County Health Department is to assure a safe and healthy community.**

**The vision of the New Hanover County Health Department is: *Healthy People, Healthy Environment, Healthy Community.***

### **Motto**

**"Your Health - Our Priority"**

*"From the Northeast River to Federal Point, and from the Cape Fear to the Sea—City, Suburb, Village and Farm—we are one people striving for healthful and useful living."*

# *Geography, Demographics, and History*

New Hanover County, located in southeastern North Carolina, was established in 1729. It was formed from Craven County, one of the original three counties in North Carolina. The second-smallest county in the state, New Hanover County encompasses 185 square miles. Population data for 2004 approximates a county population of 175,000 people, reflecting a 33% growth in the population since 1990. The City of Wilmington and Town of Kure Beach have experienced growth of 60% and 145%, respectively, since 1990.

The City of Wilmington, along the Cape Fear River, is the New Hanover County seat. In 1994, Wilmington was ranked the 5th-largest city in North Carolina and its fastest-growing metropolitan area. Wilmington is the cultural, medical, educational, and economic center for the southeastern region of the state. The city is rich in historical significance including an architectural heritage reflected in the recently revitalized 200-block National Register Historic District. Wilmington played a vital role during the Civil War as a center for Confederate blockade running; it was the final spot in the South to fall to the Union. In the 20th century, the city's economy shifted from river commerce to the railroad. Wilmington proper is the epitome of what the emerging "New South" is all about. Its inviting business climate has attracted giants like G.E., DuPont, Corning, PPD and Verizon, in addition to smaller, high-tech firms and corporations.

The area south of Wilmington has beautiful beaches, the Fort Fisher state historic site, and the North Carolina Aquarium. The Wilmington area is blessed with many natural attributes, and is home to a diverse and friendly population.

Although Wilmington is the largest city in southeastern North Carolina and the fastest growing metropolitan area in North Carolina, it retains a small town atmosphere. Residents continuously strive to improve all aspects of life in the Port City, because they know it is possible for the Wilmington area to maintain the same charm and natural beauty that has been celebrated for over 250 years.

Wilmington is known for historic preservation, its close proximity to area beaches, annual events such as the North Carolina Azalea Festival and Riverfest, and as home to a major film studio. All of this adds up to the pleasant lifestyle that growing numbers are enjoying.

Because so much of the area's growth is due to the influx of working age and retired adults, it can be expected that the median household size will tend to decrease and the age of the population will tend to increase. These tendencies are reflective of both national and state population trends.

*information and demographics from Greater Wilmington Chamber of Commerce;  
www.wilmingtonchamber.org*

## Population

AREA	1990	2004	% Growth 1990-2000
New Hanover County	120,284	175,000	33%
Wilmington	55,530	94,600	62%
Carolina Beach	3,630	5,095	40%
Kure Beach	619	1,517	145%
Wrightsville Beach	2,937	3,182	8%

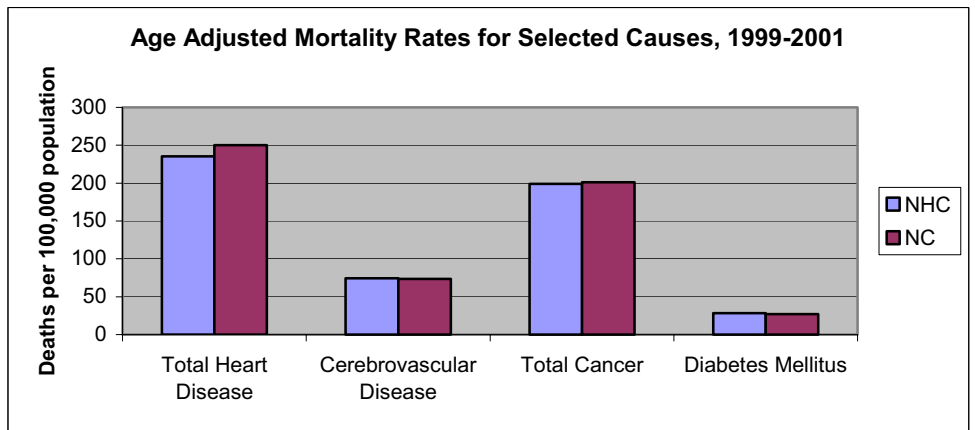
## Median Household Size

	1970	1980	1990	2000
New Hanover County	3.08	2.69	2.43	2.3
Brunswick County	2.93	2.45	2.52	2.56
Columbus County	3.24	2.74	2.56	2.47
Pender County	3.14	2.74	2.56	2.47

# Community Health Assessment Highlights for 2004

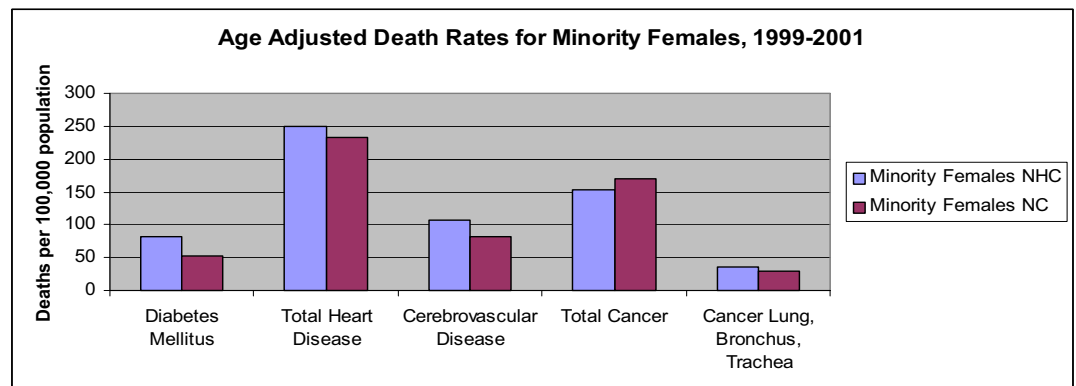
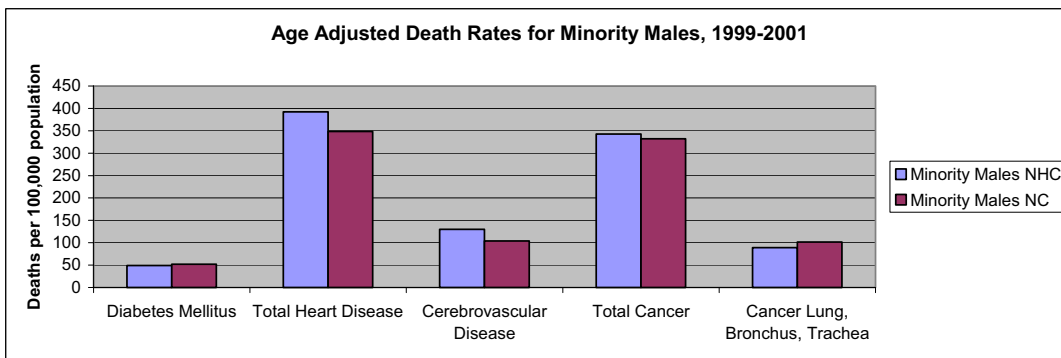
## Major Morbidity and Mortality Rates

As with the majority of counties and municipalities nationwide, the leading cause of death in New Hanover County is from heart disease. While New Hanover County has lower overall mortality when compared to the state average, there are specific types of heart disease that are higher than North Carolina rates and specific populations that are suffering disproportionately. Minority males and females have higher overall mortality rates when compared to North Carolina as a whole. Other leading causes of morbidity and mortality have similar statistics. New Hanover County has higher total mortality rates for cerebrovascular disease (stroke) and diabetes mellitus when compared to state rates. When broken down into specific populations, minority males and females have significantly higher mortality rates for stroke and diabetes. White males have higher rates for diabetes. While total mortality rates for cancer are equal to state rates, it is again apparent that there are specific types of cancer that have higher mortality rates, and also certain population groups that are disproportionately represented.



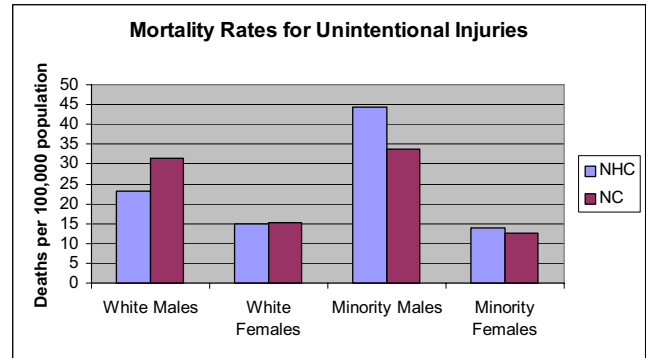
Chronic diseases such as these continue to be the leading cause of death nationwide, and trend statistics indicate that the situation will most likely deteriorate before it begins to improve. New Hanover County has some strengths and weaknesses in this particular area when compared to North Carolina as a whole.

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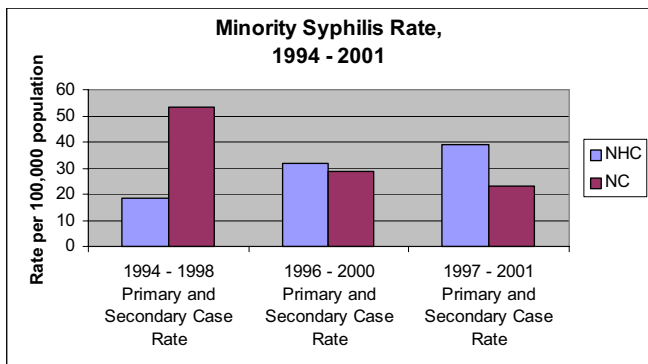
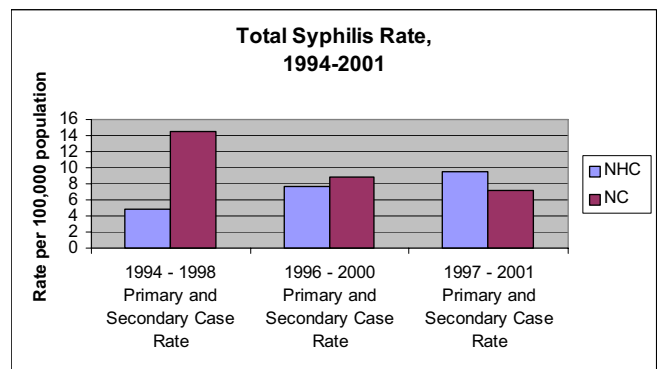
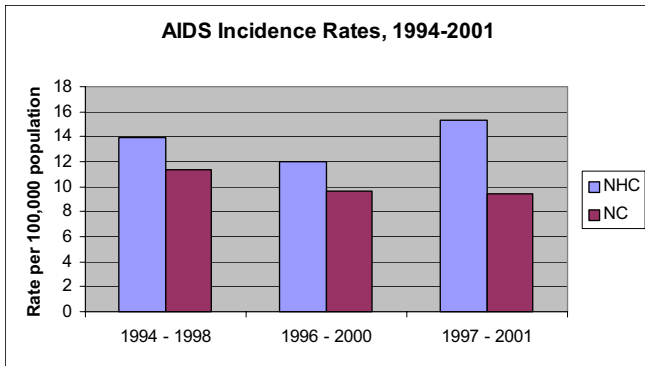
# Unintentional Injuries

New Hanover County rates well for overall mortality rates from unintentional injuries and motor vehicle unintentional injuries, as compared to state data. However, when the data is broken down into population groups it is apparent that disparities exist. Mortality rates for white females are only slightly lower than the state average, and the rates for both minority males and females are both higher than the state. Unintentional injuries continue to be a leading cause of death for children age 0 to 14, both locally and across the state.



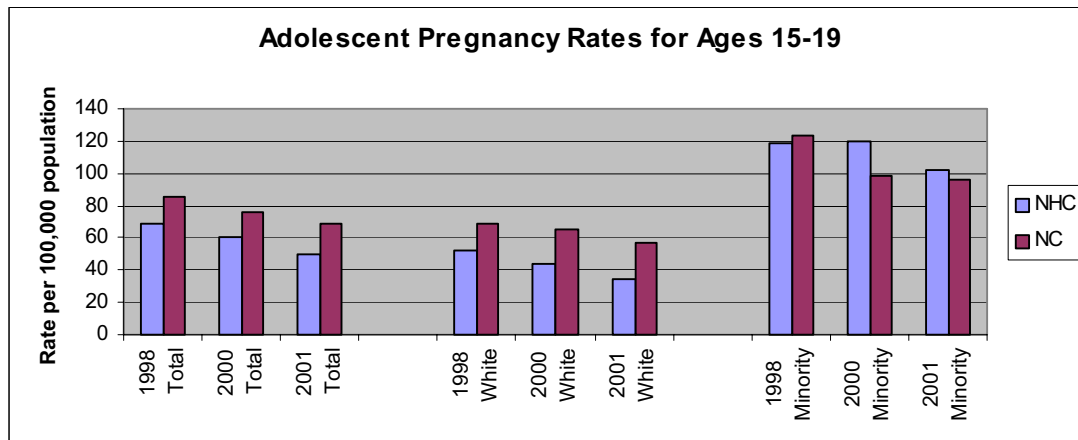
# Sexually Transmitted Disease

Trend data indicates that sexually transmitted disease cases in New Hanover County have been rising, even as state rates are falling. Aggregate data for the number of AIDS and Syphilis cases show a steady rise for the total population. However, even though the incidence rate is higher than state average, the county mortality rate for AIDS is lower than the state rate.



## Adolescent Pregnancy Rates

Overall, New Hanover County compares favorably to state rates for adolescent pregnancy. Fortunately, rates have been dropping locally and statewide since the late 1990s. However, while local rates have been dropping among the 15 - 19 year old population, there is still room for improvement among minority pregnancy rates. Overall, the minority rate has dropped, but not as aggressively as the state rate.



## Provision of Health Department Services

### Administration

In an effort to bring accountability and continuity to the health departments across the state, the NC Division of Public Health along with the NC Association of Local Health Directors and the UNC School of Public Health worked together to pilot an accreditation process for local health departments. Initially six health departments were chosen from the entire state for the pilot project, including New Hanover County Health Department. With the assistance of state consultants we underwent a self appraisal to determine departmental capacity to meet the required objectives. A site visit was conducted by an audit team of health professionals to verify documentation and to obtain answers for any questions that they may have had. Our application and supporting information was sent to the Accreditation Board and we were presented with our certificate of Accreditation on May 28, 2004. New Hanover County was one of the first accredited health departments in the state. We continually strive for excellence for our clients and this is further confirmation that we are succeeding.

### Animal Control

#### Spay/Neuter Facility

The addition of the Animal Control Services spay/neuter facility was completed this fiscal year. The structure was built by Property Management utilizing funds collected in the animal trust fund. The facility should become operational in the 2004-2005 fiscal year after equipment is purchased and staffing issues are resolved.

#### Animal Cruelty Case

Animal Control Services staff cared for 54 birds and 43 dogs from October 2003 until February 2004 as legal issues were determined in an animal cruelty case. The animals had been housed in a single residence in the Castle Hayne area of the county. We were notified by concerned citizens about the unsanitary conditions and poor quality of care for the multitude of pets. This was another landmark case for our division, with a favorable outcome for the proceedings.

## **Dental**

### Access to Care

The Dental Division has been involved in many access to care activities during 2003 – 2004. In January 2004, Dr. David McDaniel met with the President of the Wilmington TriCounty Dental Society and others in order to design local activities for the “Give Kids a Smile” Program. “Give Kids a Smile” is a national umbrella for dental access activities which took place across the country during February, with dentists and staff providing educational outreach, screening, preventive care and treatment to millions of underserved children. The Wilmington TriCounty Dental Society, the New Hanover County Dental Program, the North Carolina Dental Health Section, and Cape Fear Community College worked together to sponsor activities in our community. Local activities included local dentists providing preventive and restorative care for needy low-income children. Additionally, a Sealant Clinic took place on February 27 at Cape Fear Community College. The Sealant Clinic was extremely successful with 40 children receiving exams, x-rays, prophylaxis, as well as 186 sealants. “Give Kids a Smile” was a huge success with well over \$15,000 of dental services donated to underserved children in our area.

### North Carolina Oral Health Survey

During 2003 - 2004, staff conducted dental exams on students at Pine Valley Elementary, D. C. Virgo Middle, Hoggard High School, Laney High School, and Lakeside School as part of the North Carolina Oral Health Survey (NCOHS). The NCOHS included both written questionnaires and dental examinations of randomly selected students across the state. The NCOHS will help determine the extent of dental disease in North Carolina. As a result, we will be able to design more appropriate interventions to address dental disease across our state.

## **Environmental Health**

### Relocation

Environmental Health Services opened for business at its new location in the Market Place Mall September 2, 2003. Office hours, 7:30 a.m. to 4:30 p.m., coincide with the NHC Inspections Department as many clients will now conduct business with both offices during their visits to this location.

### Recruiting Positions

A high priority this fiscal year has been advocating for new Environmental Health Specialist positions. By January 2005, we should begin scheduling new Specialists for individual field evaluation by the NCDENR Regional Environmental Health Specialist. They must demonstrate competence in the principles of food safety and implementing state laws/administrative code to be granted authorization by the state to inspect and score the compliance level of food service establishments. Greatly needed capacity will be achieved by Spring 2005.



*Mosquito larvae at Eagle Island*

## **Health Programs Administration**

### Health Planner

In the event of a terrorist attack or a major natural disaster, supplies of critical medical items in New Hanover County will be rapidly depleted. In anticipation, the Federal Government established the Strategic National Stockpile (SNS) to augment local supplies of critical medical items. The SNS is managed by the Centers for Disease Control and Prevention (CDC) and contains large quantities of medicines, antidotes, and medical supplies needed to respond to a wide range of expected problems or scenarios. Potential scenarios include attacks using nerve agents, such as sarin, and biological agents, such as anthrax, plague, and tularemia.

With the help of local agencies our Health Planner and a working SNS Committee created our local county SNS plan so that we may receive and quickly dispense these crucial supplies needed to respond to a terrorist attack.

### Health Promotion

The Health Promotion Team's largest success for the year was completing the application process and securing continuation funding for the Project ASSIST tobacco prevention position. This funding became highly competitive for the first time since the inception of the initiative one decade ago. Continuation funding will ensure several more years of tobacco prevention education in a newly expanded tri-county area (also included are Brunswick and Pender Counties). Other grant highlights include securing funding as a Risk Watch "Champion Team" county for childhood injury prevention education, and partnering with UNC Wilmington and Carolina Beach State Park to convert a nature trail to meet Universal Accessibility guidelines per the Americans with Disabilities Act.



*Swimming lessons were provided to children in an effort to reduce injuries and drownings.*

### PHRST

PHRST (Public Health Regional Surveillance Team) has been tasked with assisting our seven county region to have the capabilities to identify, prepare and respond to bioterrorism events and infectious disease outbreaks. The PHRST team took on a more expanded role as an all hazards response team this past year. In addition to their regular duties such as technical advisors, trainers and terrorism response they also have been deployed to do damage assessments for tornados in the region and have assisted local health department staff with communicable disease outbreaks.

## ***Personal Health Services***

The Personal Health Services Division provides health, nutrition, social work and laboratory services. Though a major reorganization of staff had occurred by July 1, the Personal Health Services Division continues to evaluate the services being provided, phasing out unneeded services, and adding services by public demand. The satellite well- baby clinics were all combined with other child health clinics and moved back into the building. Orthopedic Clinic also moved back to our building, but continues to be staffed by a private Orthopedist. The finances, staffing, and services of the Neurology Program/ Clinic have been reviewed and a plan developed to better utilize our resources. The Jail Health Program, formerly staffed, administered, and supervised by the Personal Health Division, went under a private contract through the Sheriff's Department on July 1, 2003. A Reduction in Force policy determined which staff from the Jail clinic returned to positions in the main Health Department. Personal Health staff received Respiratory Protection Training and Fit Testing for N 95 Masks.

The 2003 Flu Season brought many challenges. We operated a Flu shot clinic out of our auditorium for the month of October, so these clients could avoid the regular clinic flow. An early Flu Season, and early Flu related child deaths nationwide, prompted new recommendations for vaccination of children. Local providers ran out of Flu vaccine earlier than usual, and we became the primary source of vaccination. We also purchased the new FluMist nasal vaccine for eligible populations. By January, the State Immunization Branch was supplying the Health Department with Flu vaccine to give to the general public free.

One of our significant accomplishments was an enhanced partnership with the Good Shepherd Homeless Day Shelter. Our Tuberculosis (TB) Program nurses had an established relationship with the staff at Good Shepherd, as they often met TB clients there to deliver medications. The need to provide health services for the homeless resulted in a contract, funded by the N.C. Medical Society, to set up a clinic at the Good Shepherd to serve the homeless population three mornings a week. Another new grant (Safe Schools) was received as a contract with the New Hanover County Schools. This grant (three-year project) added a Child Find Specialist to the Child Service Coordination Team to identify preschool children who may need intervention before entering Kindergarten.

All nurses in the care coordination programs began doing postpartum, newborn home visits. The Maternity Care Coordinators (MCC) and Maternal Outreach Workers (MOW) accepted the challenge to participate in a state MCC Best Practice Pilot program. They received training in the fall of 2003 and began a new screening procedure, with mandatory home visits, and new referral criteria for MOWs.

Clinic renovations provided additional exam rooms and work up rooms. Staff received cross training in all clinical areas in preparation for the Open Access Scheduling clinic concept. A full time Spanish Interpreter was added to the clinical



*Maureen Lamphere, RN, discusses health history with a participant of the Homeless Veteran's Standown 2004*

area, with contract interpreters for relief and home visits. Our Licensed Clinical Social Worker began providing Intense Psychosocial Counseling services. With regional STD consultants assuming responsibility for contact investigation, we were able to reclassify our

Disease Intervention Specialist to a Public Health Clinic Nurse. The Wisewoman Program, an enhancement of the Breast and Cervical Cancer Control Program, was started, to provide additional services related to cardiovascular health. The state provided us with Twinrix (Hepatitis A/B Vaccine) for at-risk populations.

The Laboratory received several new pieces of equipment, necessitating procedural changes while new procedures for packaging and shipping specimens were also implemented. Our Laboratory served as a Referee Lab for the State Laboratory Competency Assessment Program.

### Reportable Communicable Diseases July 1, 2003 - June 30, 2004

<b>AIDS</b>	<b>22</b>
<b>Campylobacter</b>	<b>16</b>
<b>Chlamydia</b>	<b>551</b>
<b>E Coli 0157:H7</b>	<b>3</b>
<b>Gonorrhea</b>	<b>296</b>
<b>Hepatitis A</b>	<b>4</b>
<b>Hepatitis B, Acute</b>	<b>5</b>
<b>Hepatitis B, Chronic Carrier</b>	<b>29</b>
<b>HIV Infection</b>	<b>31</b>
<b>Legionellosis</b>	<b>1</b>
<b>Lyme Disease</b>	<b>6</b>
<b>Pertussis</b>	<b>5</b>
<b>Rocky Mountain Spotted Fever</b>	<b>8</b>
<b>Salmonella</b>	<b>75</b>
<b>Shigella</b>	<b>4</b>
<b>Syphilis, Latent and Late</b>	<b>4</b>
<b>Vancomycin Resistant Enterococci (VRE)</b>	<b>10</b>

The Women, Infants, and Children's (WIC) Nutrition Program served 102% of assigned caseload, and additional funds were received to provide temporary breastfeeding support services. The WIC/Nutrition team participated in a state pilot program to look at best practice and our WIC program won the state "Innovative WIC Program Operation Award" for their MCC and DSS referral system. The WIC video, "Welcome to WIC: The Story of Maria and Gabriella", was filmed in October using several of our staff, and is being used statewide as an outreach video.

School Health received enough funding from the Board of Education to place a nurse in every school. New legislation required school nurses to provide training on Diabetes to all school staff. School nurses and child care nurses coordinated Potassium Iodide (KI) distribution for staff and students in the school and childcare facility at Carolina Beach. New mandatory training for Child Care Providers on SIDS and Back To Sleep was initiated.

## Support Services

This Division was formed in October 2003. The Human Services Agency Business Manager was appointed as the Manager for this newly formed division. Support Services is comprised of Information Technology, Customer Care, Medical Records, Billing, Fiscal Operations, Accounting, Program Support and Administrative Support for Animal Control Services and Environmental Health Services. This division consists of 42 full-time employees and 7 part-time employees.

## Financial Management

The New Hanover County Health Department Amended Budget (Adopted Budget plus any amendments that were processed during the fiscal year) for FY 2003-2004 was \$12,221,335. Actual expenditures for FY 2003-2004 were \$10,756,707. The Health Department's budget was composed of 41 individual programs. Division Managers submitted a line item budget for each program within their respective divisions. The Health Director and Business Manager reviewed all budget requests. Budget hearings were conducted and a Budget Workbook including all programs with line item narrative justifications was prepared and submitted to the Board of Health for approval.

The Health Department's Business Manager was responsible for preparing expenditure reports that ensured billing and receipt of the Health Department's state grant funds. The Health Department complied with New Hanover County Financial Policies and Procedures, which included an annual audit.

In the fall of 2003, New Hanover County Health Department underwent a comprehensive Medicaid audit for year ending June 30, 2002. The audit was conducted by the Department of Health and Human Services, Division of Medical Assistance. The following areas were addressed during the audit: units of service documentation, time studies, financial statements, expenditure report analysis, labor estimates and pay rates, depreciation expense, billing procedures, lease and rental expenses, contracted services, and transactions with related organizations. The audit was conducted to evaluate NHCHD's compliance with Federal and State regulations. Overall the findings in the audit report were favorable.

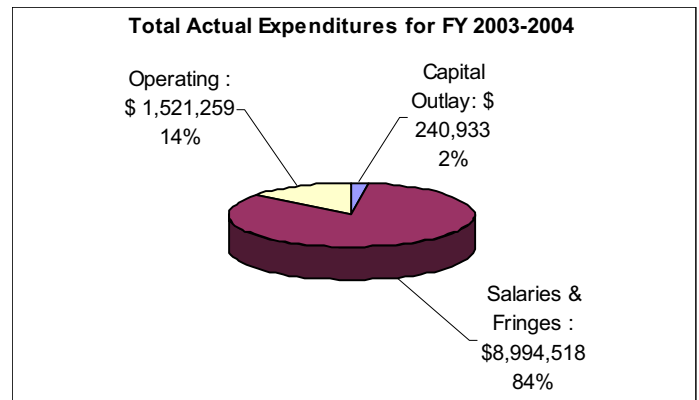


Figure 1

Figure 1 illustrates how the Actual Expenditure Budget is divided among Salaries/ Fringes, Operating and Capital Outlay items.

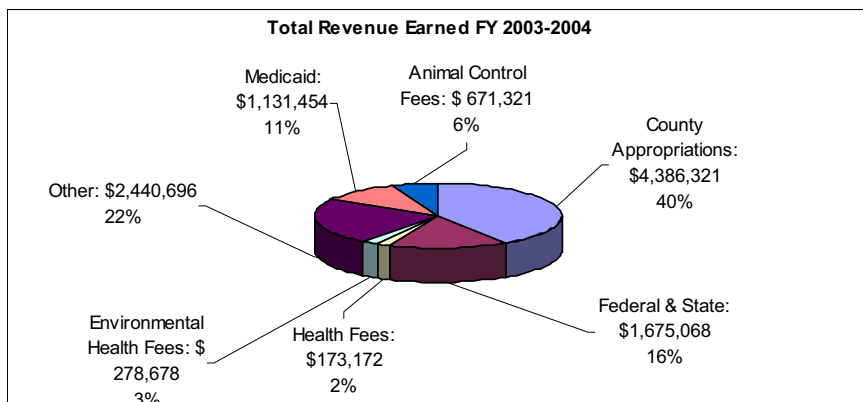


Figure 2

Figure 2 illustrates the breakdown of the Health Department's total earned revenue (\$6,370,389) through Health Fees, Medicaid, Environmental Health Fees, Animal Control Fees, and Other (including miscellaneous grants and school contributions). It also shows Federal and State Grants through the North Carolina Department of Health and Human Services (\$1,675,068, which is included in the above total revenue figure) and County Appropriations (\$4,386,321).

(Note: Of the \$1,131,890 Medicaid Revenue, \$337,717 is Medicaid Cost Settlement Funds.)