

ANNUAL REPORT

2007/2008

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G. Robert Weedon, DVM, MPH
Vice-Chair (Veterinarian)

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David E. Rice, MPH, MA
Health Director



*Over 125 Years of
Public Health Service*

2029 South 17th Street
Wilmington, NC 28401

910.798.6500

www.nhchd.org

Director's Message



The New Hanover County Board of Health and the staff of the New Hanover County Health Department are pleased to provide you with our annual report for fiscal year 2007-08. This report was created to inform New Hanover County residents and officials of the diverse programs and services offered by your local health department. Since 1879, our health department has provided health promotion, disease prevention, and health protection services to the people of New Hanover County.

During the fiscal year 2007-08 the Health Department experienced many challenges and opportunities. Among the most notable experiences were:

- NHC Board of County Commissioners adopted an ordinance to establish the Southeastern Center for Mental Health and the New Hanover County Health Department Facility
- Management Academy for Public Health Team implemented County Wellness and You (WAY) Program
- Public Health Foundation of New Hanover County, Inc. received 501 (c) 3 status
- Awarded North Carolina Local Health Department Accreditation for 2008-12
- The School Mental Health Program successfully transitioned from Southeastern Center for Mental Health
- Women Infants and Children's (WIC) Nutrition Program continued to grow this year, with an all time caseload high
- Clinic Services added the International Travel clinic, colposcopy services, and new vaccines
- No-cost rabies clinics occurred in September of 2007. The inaugural World Rabies Day was held on September 8, 2007
- Plans for implementing a county co-location shelter were finalized
- Environmental Health Services Software Project implemented
- Environmental Health Services Recreational Water Quality Project investigated

Our report focuses on programs, services and activities. The scope of our Health Department prevents us from covering all the promotion, prevention, protection and provision activities. For a more detailed account, please visit our website at: www.nhchd.org. We hope you find our report useful.

A handwritten signature in black ink, appearing to read "David E. Rice".

David E. Rice, MPH, MA
Health Director

Management Team

Health Director

David E. Rice, MPH, MA

Deputy Health Director

Scott Harrelson, MPA

Environmental Health Services Manager

Dianne M. Harvell, REHS

Personal Health Services Manager

Janet B. McCumbee, RN, BSN

Animal Control Services Manager

Dr. Jean P. McNeil, DVM

Support Services Manager

Kimberly A. Roane

Administrative Support Coordinator

Marilyn O. Roberts

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.”

New Hanover County Awarded State Re-Accreditation

Local health departments in North Carolina are required to become accredited by the North Carolina Local Health Department Accreditation Board. Accreditation is given to health departments that meet or exceed standardized benchmarks reflecting successful program evaluation and operation. The New Hanover County Health Department was among the first health departments in the state to become accredited four years ago. Now the department is one of the first to be re-accredited.

Following a three-day site visit by representatives from the State of North Carolina Health Department Local Accreditation Board, New Hanover County Health Department was designated as an accredited health department. The site visit report noted that:

- Staff seem very caring, patient focused, and team oriented.
- Collaborative arrangements exist with many organizations and agencies including the hospital, churches, schools, and the medical community to resourcefully address public health priorities. The leadership and cooperation even extend to neighboring counties.
- The award winning Board of Health is highly invested and engaged in public health issues.
- The agency has been proactive with no smoking policies for facilities and vehicles since first implemented in 1987.

“Earning this distinction gives assurance that our health department meets national standards of public health practice. The Health Department Staff and Board of Health are pleased to offer this level of competence to the citizens of our community,” said David Rice, Health Director.



Representatives from the NC Local Health Department Accreditation Board and New Hanover County Health Department's Management Team

Any agency has room for improvement. Realizing this, the staff at New Hanover County Health Department are implementing a quality improvement initiative to establish performance standards for all aspects of the department. This should ensure the department meets accreditation standards in the future and that we are serving our customers to the best of our ability.

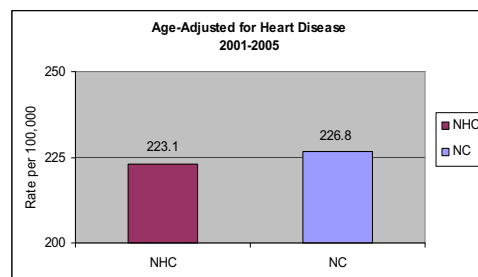
Community Health Assessment Highlights for 2007

Major Morbidity and Mortality Rates

According to the 2007 New Hanover County Community Health Assessment, the three leading causes of death are heart disease, cancer and cerebrovascular disease. For more information on the leading health conditions in New Hanover County, the community health assessment is available on the Health Department's website. Age-adjusted rates are commonly used in comparative mortality analyses since age is a prime factor in mortality, especially with chronic diseases. Age-adjusted death rates eliminate the bias of age in the makeup of the populations being compared, to provide a more accurate and reliable rate for comparison purposes. Age-adjusted death rates for the leading causes of death were higher among minority groups than for whites, which may contribute to lifestyles, health behaviors and other cultural/ethnic factors influencing health. New Hanover County age-adjusted rates were lower compared to the state.

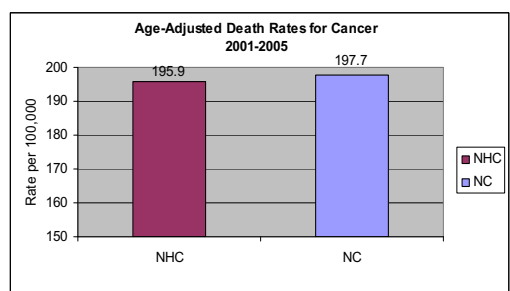
#1 Heart Disease

Heart disease is any disorder that affects the heart's ability to function normally. There were 1,892 deaths due to diseases of the heart in New Hanover County. New Hanover County ranks lower than the state, 223.1 compared to 226.8 per 100,000 persons. The age-adjusted death rates for males are significantly higher than for females; respectively 279.7 compared to 182.0 per 100,000. Age-adjusted death rates for heart disease were marginally higher for minorities than for whites. Minority males had a greater death rate than white males (335.5 versus 270.6 per 100,000). Minority females compared higher than white females of 221 versus 175 per 100,000 persons.



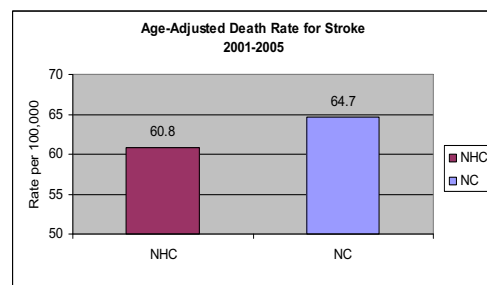
#2 Cancer

Cancer is the second leading cause of death in North Carolina and in the United States. In 2005, 16,673 persons in North Carolina died from cancer, 344 in New Hanover County. It is estimated that nearly four in ten North Carolinians will develop cancer during their lives. New Hanover County had 1,737 deaths contributing to cancer. Although cancer death rates for New Hanover County are lower than the state average rate (195.9 versus 197.7 per 100,000). Cancer, specifically trachea, bronchus and lung cancer are serious health issues for New Hanover County. Males have a higher rate of cancer than females (235.7 compared to 171.3 per 100,000) with minority males having the highest death rate among all groups (283.1 per 100,000). Minority females' death rates are 1.3 greater than white females (216.5 versus 162.5 per 100,000).



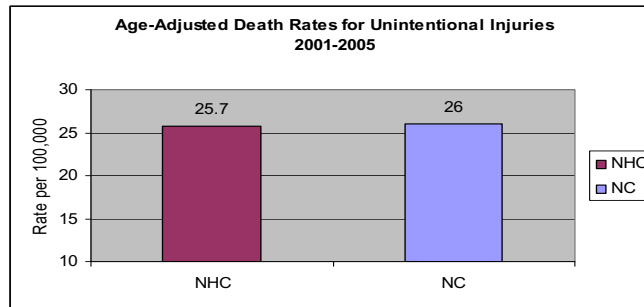
#3 Cerebrovascular Disease

Cerebrovascular disease, also known as a stroke, is a type of cardiovascular disease. It affects the arteries leading to and within the brain. A stroke occurs when a blood vessel that carries oxygen and nutrients to the brain is either blocked by a clot or bursts. New Hanover County's age-adjusted rate is slightly below the average death rate for North Carolina (60.8 versus 64.7 per 100,000). Stroke age-adjusted death rates are marginally higher for minority males than white males (104.7 compared to 60.2 per 100,000). Minority females rank right behind minority males with a death rate of 80.7 per 100,000, with white females being least affected of the groups with an age-adjusted rate of 51.8 per 100,000.



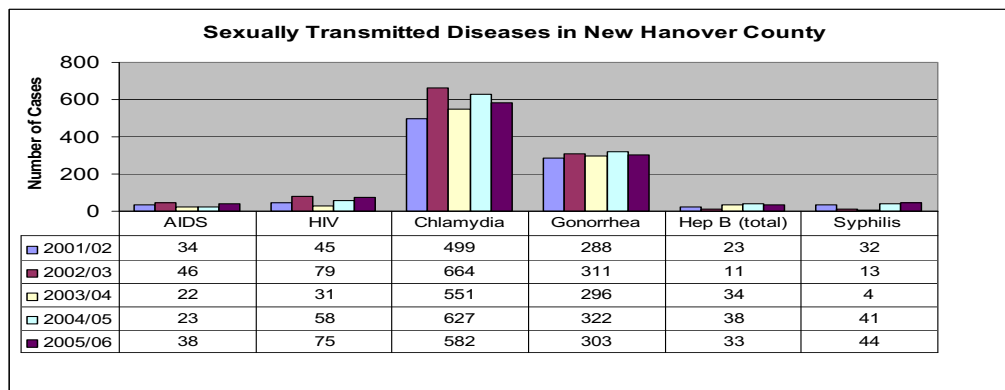
Unintentional Injuries

Unintentional injuries may include unknown causes as well as others such as exposure to inanimate mechanical forces, unspecified/accidental threats to breathing, exposure to electric current, etc. There were 224 unintentional injuries reported in New Hanover County from 2001-2005. New Hanover County ranked slightly below the state rate in other unintentional injury/accidents; 25.7 compared to 26 per 100,000 persons. Minority male death rate was 37.8 higher than the state's rate of 30.5 per 100,000 persons. White male death rates were below the state rate of 34.8 compared to the state's rate of 35.8 per 100,000. Minority females death rates were above the state rate; 17.9 compared to the states 13.6 per 100,000 persons. White females had the lowest age-adjusted death rate with 17.7 compared to the state's female death rate of 19.6 per 100,000 persons.



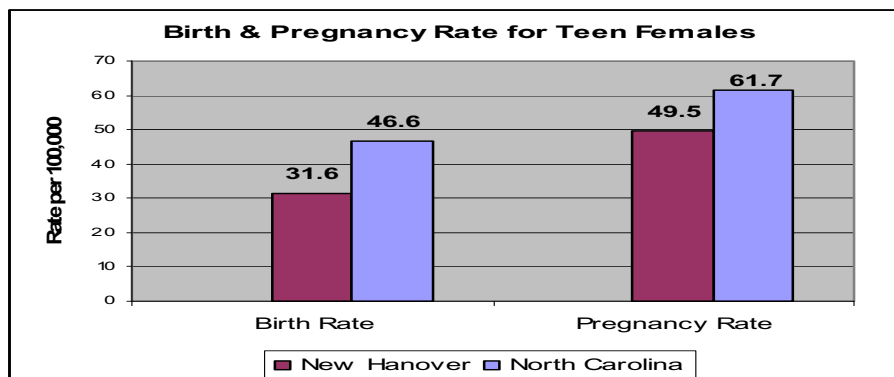
Sexually Transmitted Diseases (STDs)

Sexually Transmitted Diseases are on the rise in New Hanover County. Chlamydia and gonorrhea continue to be the most prevalent sexually transmitted diseases in New Hanover County. Below is an illustration of the trends in sexually transmitted diseases from 2001-2006.



Adolescent Pregnancy Rates

Overall, New Hanover County is well below the state rate for birth and pregnancy rates in adolescent females. While the overall pregnancy rates are lower than the North Carolina State rates, the minority pregnancy rate continues to be higher, 55.7 to 53.6 per 100,000 respectively.



Provision of Health Department Services

Animal Control Services

This fiscal year the Animal Control Services (ACS) team continued their pro-active approach to protecting the community by their many ongoing activities centered on the public health mandate of prevention measures. Fueled by multiple no-cost rabies clinics, nearly 30,000 dogs, cats, and ferrets were vaccinated for rabies during the fiscal year. Also, the 2500 surgery mark was surpassed in the spay/neuter addition this year. These record numbers signify a progressive animal control agency.

A highlight to the no-cost rabies clinics occurred in September 2007. The inaugural World Rabies Day was held on September 8, 2007. ACS planned a no-cost rabies clinic in partnership with the Pre-Veterinary Medical Association (PVMA) of the University of North Carolina at Wilmington (UNCW). The event gave our Health Department and the University international attention, as it was featured on the Centers for Disease Control website and spearheaded a state-wide push to host rabies clinics in other NC counties. There were 385 dogs, cats, and ferrets that got vaccinated in a two-hour time frame on UNCW's campus.



Additional community outreach included a presentation on community partnering presentation at the State Rabies Association Meeting in September, Public Health Forum in April for area veterinarians on Zoonotic diseases, and an Adoption Options seminar in May to bring together area animal groups. More than 100 participants attended the PETCO Foundation's seminar, representing more than 40 animal interest groups.



Another highlight was the completion of the Southeast Public Health Leadership Institute (SEPHLI) for two of its Year Ten scholars. Drs. G. Robert Weedon, Veterinarian on the Board of Health, and Jean P. McNeil, ACS Manager. They paired on a leadership project called "Rabies Awareness and Community Education," which focused on community partnering to increase rabies education and vaccination compliance in the county. The project garnered SEPHLI's best leadership project award and the SEPHLI teamwork award.

Plans for implementing a county co-location shelter were finalized this fiscal year. Although it has not been needed yet, ACS is well prepared to house our resident's pets at the designated Noble School.

Collaboration with Emergency Management and Animal Control Services in New Hanover, Harnett, and Johnston Counties has also led to a total evacuation plan for companion animals and their owners. Once again, ACS stays on top of making "Your Pet, Our Priority."

Environmental Health Services

Environmental Health Services (EHS) Software Project

EnvisionConnect, the comprehensive software purchased for EHS during last fiscal year, is the product of Decade Software Company LLC, a Fresno, California based company. Decade is a leading provider of software solutions and services for agencies responsible for environmental regulation and protection of the public's health. *EnvisionConnect* is a virtual database management system wherein live processes are uploaded to the server as staff perform activities in the field.

Implementation has been demanding as we gained understanding of its functionality and tailored protocols to leverage optimum usage. It is a product widely used by our counterparts in the mid-west and along the west coast. It also has a strong financial component. Staff developed detailed graphs of the many work flows used in program areas including activities such as food service inspections and permitting, child care facility inspections, drinking water, well records and samples, plus complaints received across the full spectrum of environmental health disciplines.

The process began during October 2007 with daily conference calls and "WebEx" sessions where staff traversed a configuration wizard to facilitate organization and structuring of data. Concurrently, staff were introduced to serveral hardware options and selected Hewlett Packard tablet PCs and Canon mobile printers. All Environmental Health Specialists were subsequently equipped with tablet PCs and docking stations/monitors on their desk. Health Department IT staff provided general training on operation and field use of tablets, while twice a week training sessions began with the software vendor.

Simultaneously, legacy data from the New Hanover County mainframe as well as the state HSIS system were being converted for processing and storage within *EnvisionConnect*. Using field computers is not new to staff who conduct restaurant and lodging inspections. We have used software that was developed for this purpose by the state for the last twelve to thirteen years. This will however, bring significant changes to the way staff provides On-Site Water Protection and Vector Control Program Services. Connectivity will give staff the ability to research and view archived records from the field. This will facilitate determinations of compliance with standards while staff are in the field. It will conceivably reduce the need for follow-up or secondary visits to properties. Clearly, one of the most tedious steps in our implementation of a new software product was converting legacy data from the formerly used systems.

There were countless conference calls over a period of months where we instructed the developers on needs, processes, and workflows. This produced major accomplishments when existing demographic data was imported into *EnvisionConnect*, and examined for accuracy and integrity. The developers provided a discrete plan for validating the success of this effort and analyzed feedback from the EHS staff. After achieving this objective, the staff was able to focus on processing new requests for services, expanding their knowledge of various functionalities, and identify new options for enhancing work flows. This will culminate in better customer service for New Hanover County residents.

Environmental Health Services (EHS) Recreational Water Quality Project

Swimming areas are classified based on recreational use of waters. The North Carolina Department of Environment and Natural Resources (NC DENR) Recreational Water Quality program tests water quality at ocean and sound-side beaches in accordance with federal and state law.

Enterococci, the bacteria group used for testing, are found in the intestines of warm-blooded animals. While it does not cause illness itself, scientific studies report that enterococci may indicate the presence of other disease-causing organisms. People swimming or playing in waters with high bacteria levels have an increased risk of developing gastrointestinal illness or skin infections. The quantity of biological indicator organisms when elevated over a period, invokes advisories to the public of potential risk and recommended use of the waters.

Environmental Health Services

Environmental Health Services (EHS) Recreational Water Quality Project, Cont'd



Health hazard sign posted in Castle Hayne

When a University of North Carolina at Wilmington (UNCW) master's degree candidate reported laboratory findings suggestive of an increased health risk for swimmers in the Northeast Cape Fear River at Castle Hayne, EHS began an investigation which included sampling and surveillance. A door-to-door search for potential sources of contaminants was conducted, along with a survey of the area from the waterway. After sampling the water monthly earlier in the year, EHS staff met the challenge of sampling the Northeast Cape Fear River weekly through the summer months. From a jon boat, a set of eleven samples were collected at points up and downstream of the public boat ramp. Sampling points were recorded with a GPS unit to maintain consistency in location week-to-week. Samples were analyzed for enterococci and reported by the Health Department Laboratory.

The Environmental Protection Agency (EPA) standard was used for comparison of results, which is also done by the NC DENR Recreational Water Quality Program. A single sample of 104 enterococci per 100 milliliter of water means swimming or other exposure poses a risk of contracting waterborne illness. While a couple of single samples collected during winter months raised concerns, all spring and summer samples were reported below the EPA action level.

Health Programs Administration

Strategic National Stockpile Receiving Site Functional Exercise

On April 9, 2008, Carteret County hosted the Public Health Region 2 Local Receiving Site (LRS) Functional Exercise. The exercise, coordinated by the North Carolina Division of Public Health and EnviroSAFE, was designed to test established procedures for receiving and distributing the Strategic National Stockpile (SNS). The SNS is a federal asset comprised of medications and medical supplies for a large public health emergency that overwhelms local, regional and state capabilities.

During the 2008 LRS Exercise, participants from New Hanover County Health Department, along with 5 other additional counties, assisted with the receipt of medications for 60,000 persons residing in Carteret County. After receipt, the medications were organized and redistributed for shipment to four Points of Dispensing (POD); locations for the medications to be dispensed to the general public. As the exercise progressed, the New Hanover County participants provided guidance and direction, based on their experience from the 2007 LRS Exercise in Wilmington.

Prior to the arrival of the SNS at the LRS, Public Information Officers and Health Directors participated in a mock press conference. At the conference, volunteers portrayed the media and asked unscripted questions. This provided an opportunity for members of the public information community in the region to test their response to an event and collaborate for other information officers.

From the Homeland Security Exercise Evaluation Program (HSEEP) training provided by the Public Health Regional Surveillance Team- Region 2 (PHRST-2) to the exercise itself, participants ended the day with a feeling of success and the importance of regional efforts in large events.

Health Programs Administration

Community Containment Tabletop Exercise

In the spring of 2008, the Public Health Regional Surveillance Team- Region 2 (PHRST-2) in Wilmington began development of a regional Community Containment Tabletop Exercise. Several meetings were held with members of the New Hanover, Brunswick, Carteret, Columbus, Duplin, Onslow and Pender County Health Departments. During the planning process, New Hanover County offered to host the exercise, which took place on April 30, 2008 in the New Hanover County Emergency Operations Center (EOC).

The scenario for the exercise was based on human-to-human transmission of avian influenza. This discussion based exercise tested not only isolation and quarantine procedures, but also levels of preparedness and response in the event of pandemic influenza. Participants from each of the seven counties included members of the Health Department, law enforcement, school systems, hospitals, EMS, and regional partners.



Dr. Janelle Rhyne, Physician Epidemiologist, participating in the tabletop exercise

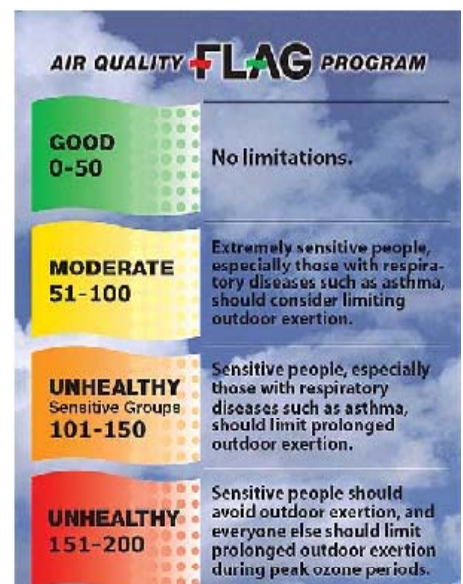
Regional Preparedness Coordinator

In the fall of 2007, New Hanover County Health Department, in coordination with Brunswick, Duplin and Pender County Health Departments, developed a regional public health preparedness program. Previously, the Health Department preparedness and response activities had been the responsibility of each county, with the assistance of regional and state partners. Under the provisions of the new regional position, New Hanover County Health Department hired a Preparedness Coordinator to handle planning and preparedness for each of the four counties. The position reports to the Public Health Regional Surveillance Team (PHRST-2) Leader.

NC Asthma Program

The NC Asthma Program awarded New Hanover County Health Department to be the lead agency to promote community-based asthma initiatives to reduce the burden of asthma in New Hanover County. Are you aware of the air quality index? The air quality index tells how clean or polluted the air is and any possible associated health effects. Project ASSIST has implemented a new program called the Air Quality Flag Program which has educated schools children and parents on the air quality index and forecasts. The Air Quality Flag Program uses colored flags that are raised daily to alert teachers and students of the safe or unsafe length of outdoor exposure.

This program had five schools participating by the end of the 2007-08 school year, with hopes to provide more schools with this program during the 2008-09 school year.



Index chart for each Air Quality Flag

Health Programs Administration

WAY Program: Working our Way Towards Wellness



In the spring of 2007, the New Hanover County Board of Health and the Health Department's Management Team met to review strategic priorities. Some of the health issues included cardiovascular disease, cancer, stroke, diabetes and obesity. Obesity was chosen as one of the priority health issues to address and the solution provided was the creation of a worksite wellness program. The Health Department sent a group of six staff members to the Management Academy For Public Health to develop this worksite wellness program designed to improve health behaviors, resulting in a reduction of obesity and other chronic conditions. The New Hanover County Wellness and You (WAY) worksite wellness program consists of three core components; (1) an Annual Health Risk assessment (HRA), (2) educational programs, and (3) physical activity tracking.

These core components lay the foundation to empower adults with the tools and knowledge needed to live a healthier lifestyle. The WAY program also offers corporate gym discounts, wellness and health challenges, healthier vending options, and additional physical activity opportunities. Employees completing all three core components will receive an annual incentive of a paid day of leave at the end of the program year. Since the start of this program, measurements of success have been seen through the healthy weight loss and increased physical activity levels of participants tracked through the Biggest Loser Competition and the Walk this WAY Challenge. Healthier employees and worksites advance our mission of assuring the health and safety of this community.

Personal Health Services

School Mental Health Program

The School Mental Health Program successfully transitioned from Southeastern Center (SEC) to the Health Department in 2007-2008. This cooperative effort with SEC and New Hanover County Schools has allowed a program with Licensed Clinical Therapists to maintain services to children in 15 schools in New Hanover County. Therapists have provided mental health counseling and referrals for 793 children and their families during the last year. Insurance is billed when available; however, no family is charged for services.

School Health Nursing

School Health Nursing was challenged with implementation of the new Kindergarten Health Assessments and the additional requirement for sixth graders to receive the Tdap booster. The nurses also hosted many UNCW nursing students and worked with our mobile dental unit to get children seen.

Women, Infant's, and Children's (WIC) Program

The Women Infant's and Children's (WIC) Nutrition Program continued to grow this year, with an all time caseload high of 3824 in FY 07-08. The program provides nutritional assessments, nutritional counseling, breastfeeding support, and vouchers for infant formula and nutritious food, to pregnant, postpartum, and breastfeeding women, as well as infants and children up to age five years. Eligibility is income and nutritional risk based, with Hispanic participants comprising 30% of the caseload. With increased caseloads, the state provides additional funds for the program to operate. This year, we were able to add a half-time nutritionist position and a half-time breastfeeding coordinator.

Personal Health Services

North Carolina Electronic Disease Surveillance System (NCEDSS)

Community Health Services, Laboratory, and Clinic staff were challenged this year with a new database system from the state, both in the Communicable Disease and Tuberculosis (TB) Programs. All reportable diseases must be entered into NCEDSS and additional surveillance information previously not reported is now required for some diseases.

Community Services

Child Care Nursing Program: The Child Care Nursing Program has been successful in helping centers create and exercise emergency plans.

Childhood Lead Poisoning Prevention Program: The Childhood Lead Poisoning Prevention Team worked with a challenging situation over many months last summer and fall. A child was severely lead poisoned, while the rest of the family was less severely affected. The child was hospitalized and an investigation took place to find the lead source. Although a definite source was not found, the family continues to receive medical care and follow up by the Lead team.

Miles of Smiles: The transportable Dental Unit- Miles of Smiles has had a productive year, with many children making it their dental home as they are being seen for routine follow up care.

Clinic Services

Clinic Services have diversified over the last year, with the addition of the International Travel clinic, Colposcopy services, and new vaccines. Our ability to bill more third party insurances has been a plus for clinic services.

Vaccines: The clinic experienced some vaccine shortages from the manufacturers this year. Vaccines that have been on shortage during the fiscal year are Rabies, Yellow Fever, Proquad (discontinued), MMR/Varicella combination, and Zostavax.

Sexually Transmitted Disease (STD) Program: In our Sexually Transmitted Disease (STD) program, our numbers of syphilis cases changed significantly from 2006 to 2007, from 34 to 82. A significant amount of time goes into treatment and follow-up of these clients and their contacts.

X-ray Services: We provided our last of in-house chest Xrays for the TB program and have had a smooth transition for referral of clients through a contract with a local radiology facility.

Neurology Clinic: The Neurology Clinic of many years is no longer a clinic of its own. Wilmington Health Associates Neurologists resigned from our clinic and this necessitated being resourceful and creative. We referred many clients to other health care providers and have continued to serve Epilepsy clients without insurance through our regular Open Access clinic. We continue to have funds available for medications for Epileptic clients.

Care Coordination

Maternal Health: Maternal Health went through a very difficult audit over months in the fall of 2007. Many meetings and much correspondence occurred between our staff and state consultants regarding our High Risk Maternity Program. Our program has always been a cooperative effort in Coastal OB Outpatient clinic, with the Area Health Education Center OB residents and New Hanover Regional Medical Center staff. We have provided support services in their clinic, for high risk prenatal clients, with case management by nurses and social workers, counseling by a Licensed Clinical Therapist and a Dietician. We are not the traditional health department high risk maternity program, and the state wasn't sure how to make the services fit what they perceived the legislation required. The end result was that we will continue to provide the same services, but report the use of our funds in the regular Maternal Health program.

Child Service Coordination (CSC): Child Service Coordination (CSC) staff worked with Smart Start in bringing the Brazelton Touchpoints Program to Wilmington. One of the CSC staff has been trained as a trainer, along with other local professionals.

Personal Health Services

AIDS	22	HIV Infection	55
Campylobacter	20	Legionellosis	0
Cryptosporidiosis	4	Listeriosis	1
Chlamydia	365	Lyme Disease	0
E. Coli 0157:H7	0	Malaria	0
Gonorrhea	257	Meningitis, Pneumococcal	4
Haemophilus Influenzae	3	Pertussis	2
Hepatitis A	2	Rocky Mountain Spotted Fever	5
Hepatitis B, Acute	4	Salmonella	112
Hepatitis B, Chronic	27	Shigella	0
Hepatitis C, Acute	1	Syphilis, Total	82

Total number of Communicable Diseases for Fiscal Year 2007-08

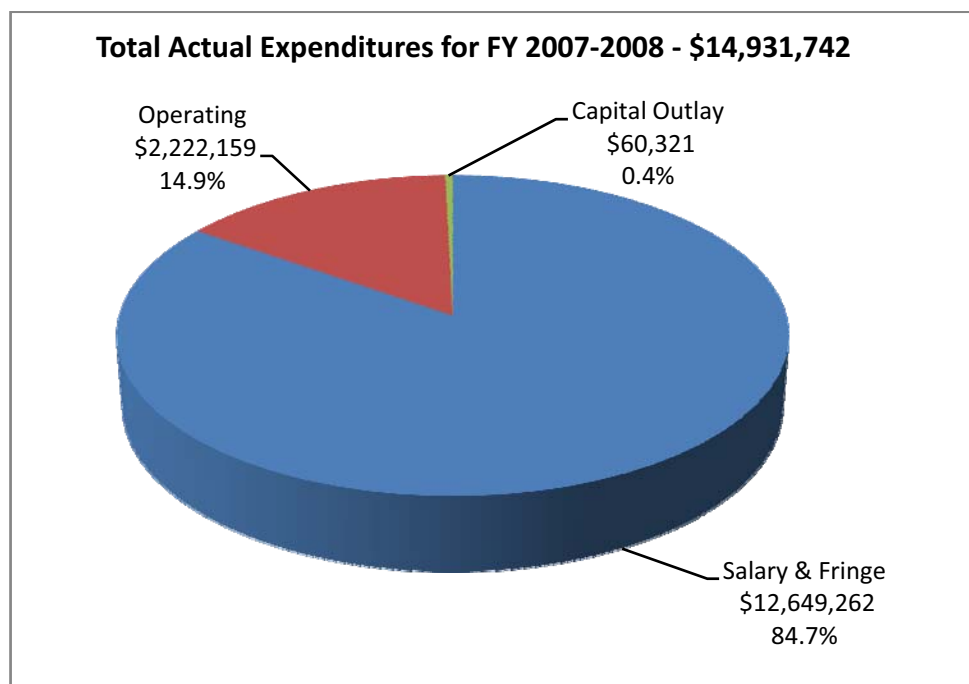
Financial Management

The New Hanover County Health Department Amended Expenditure Budget (Adopted Budget plus any amendments that were processed during the fiscal year) for FY 2007-2008 was \$15,569,046. Actual expenditures for FY 2007-2008 were \$14,931,742. The Health Department's budget was composed of thirty individual programs. Division Managers submitted a line item budget for each program within their respective divisions. The Health Director and Support Services Manager reviewed all budget requests. Budget reviews 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 Support Services Manager was responsible for submission of 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.

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

Figure 1



Financial Management

The Health Department's Total Amended Revenue Budget for FY 2007-2008 was \$8,818,894. Actual revenues collected for FY 2007-2008 were \$8,875,292, representing 101% of budget. County appropriations for FY 2007-2008 were \$6,056,450, representing use of only 89.7% of the budgeted appropriations of \$6,750,152.

Figure 2 illustrates the breakdown of the Health Department's Total Earned Revenue (\$14,931,742) 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 (\$2,067,763, which is included in the above total revenue figure) and County Appropriations (\$6,056,450).

Figure 2

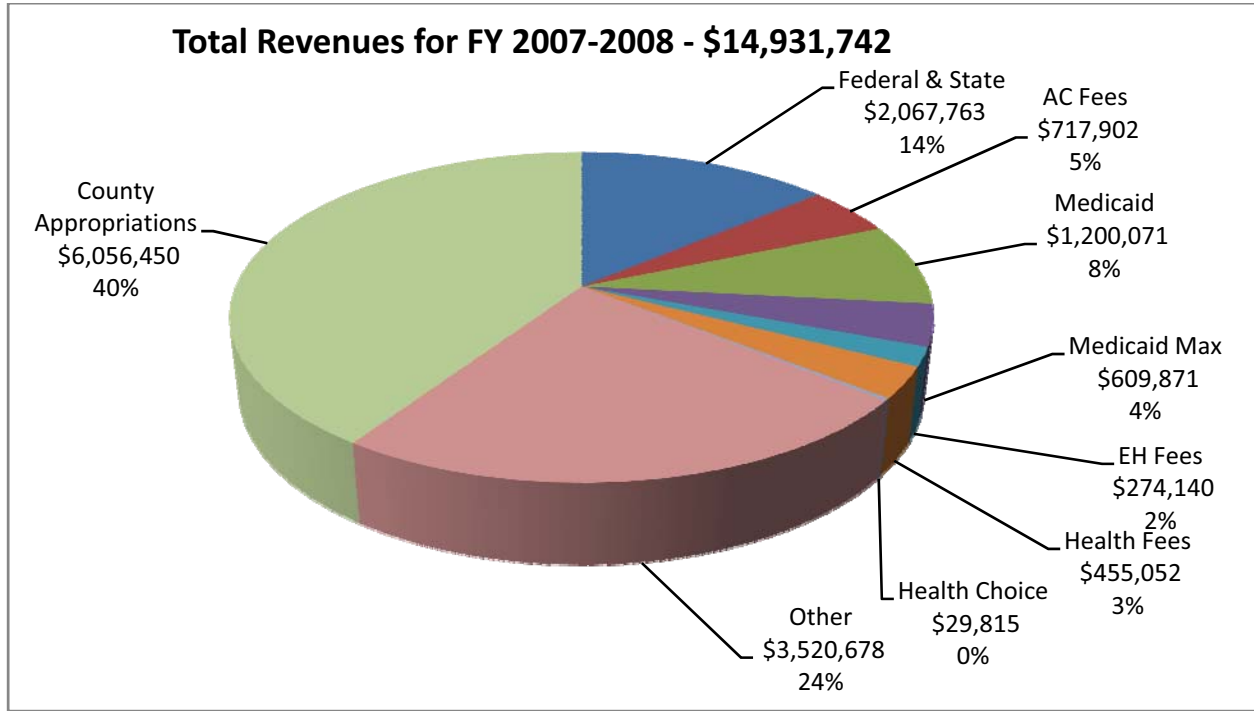


Figure 3 represents Total Revenues Earned versus Total Revenues Budget.

Figure 3

