

**New Hanover County Health Department
Revenue and Expenditure Summaries for October 2003
Cumulative: 33.00% Month 4 of 12**

Revenues

Type of Revenue	Current Year				Prior Year			
	Budgeted Amount	Revenue Earned	Balance Remaining	%	Budgeted Amount	Revenue Earned	Balance Remaining	%
Federal & State	\$ 1,688,857	\$ 840,486	\$ 848,371	49.77%	\$1,705,208	\$ 278,654	\$ 1,426,554	16.34%
Animal Control	\$ 570,161	\$ 218,840	\$ 351,321	38.38%	\$ 587,944	\$ 186,394	\$ 401,550	31.70%
Medicaid	\$ 1,044,080	\$ 82,425	\$ 961,655	7.89%	\$1,035,386	\$ 179,573	\$ 855,813	17.34%
Medicaid Max	\$ 268,833	\$ -	\$ -	100.00%	\$ -	\$ -	\$ -	0.00%
EH Fees	\$ 300,212	\$ 70,121	\$ 230,091	23.36%	\$ 312,900	\$ 85,914	\$ 226,986	27.46%
Health Fees	\$ 113,850	\$ 51,595	\$ 62,255	45.32%	\$ 112,850	\$ 59,663	\$ 53,187	52.87%
Other	\$ 2,307,095	\$ 877,467	\$ 1,429,628	38.03%	\$1,613,365	\$ 525,402	\$ 1,087,963	32.57%
Totals	\$ 6,293,088	\$ 2,140,934	\$ 3,883,321	34.02%	\$5,367,653	\$ 1,315,600	\$ 4,052,053	24.51%

Expenditures

Type of Expenditure	Current Year				Prior Year			
	Budgeted Amount	Expended Amount	Balance Remaining	%	Budgeted Amount	Expended Amount	Balance Remaining	%
Salary & Fringe	\$9,938,494	\$ 2,620,963	\$ 7,317,531	26.37%	\$9,131,528	\$2,570,912	\$6,560,616	28.15%
Operating	\$ 1,498,835	\$ 442,229	\$ 1,056,606	29.50%	\$ 1,925,866	\$ 532,482	\$1,393,384	27.65%
Capital Outlay	\$ 340,363	\$ 21,758	\$ 318,605	6.39%	\$ 183,746	\$ 2,606	\$181,140	1.42%
Totals	\$ 11,777,692	\$3,084,950	\$ 8,692,742	26.19%	\$ 11,241,140	\$3,106,000	\$8,135,140	27.63%

Summary -

	Budgeted FY 03-04	Actual FY 03-04	%
Expenditures:			
Salaries & Fringe	\$ 9,938,494	\$ 2,620,963	
Operating Expenses	\$ 1,498,835	\$ 442,229	
Capital Outlay	\$ 340,363	\$ 21,758	
Total Expenditures	\$ 11,777,692	\$ 3,084,950	26.19%
Revenue:	\$ 6,293,088	\$ 2,140,934	34.02%
Net County \$\$	\$ 5,484,604	\$ 944,016	17.00%

NHCHD BOARD OF HEALTH APPROVED GRANT APPLICATION STATUS FY 03-04

Date (BOH)	Grant	Requested	Pending	Received	Denied
11/5/2003	Cape Fear Memorial Foundation- Funds needed to cover dental services for needy children as identified by School Health Nurses.	\$3,000	\$3,000		
	NC Medical Foundation - Through the Good Shephard Ministries for nursing services to the population frequenting the shelter.	\$25,000	\$25,000		
	Duke University- To provide 10 hours of nursing services for TB Outreach.	\$10,388	\$10,388		
	NC Tobacco and Control Branch, DHHS- Continuation of Tobacco Prevention Program.	\$100,000	\$100,000		
10/1/2003	No activity to report for October 2003.				
9/3/2003	New Hanover County Safe Schools- Uniting for Youth "U4Youth"(funding will be received over a 3 year grant period)	\$49,000	\$49,000		
	Safe Kids Coalition- Fire Prevention (Please note this grant was pulled- coalition not able to meet deadline for request)	\$2,500			\$2,500
8/6/2003	NC DHHS- OPH Preparedness and Response	\$82,350		\$31,950	\$50,400
7/3/2003	Smart Start- Partnership for Children (Grant Increase for Part Time Nurse Position)	\$5,523			\$5,523
	Cape Fear Memorial Foundation - Diabetes Today (two-year request; \$42,740 annually) (Received \$25,00 year 1 and \$20,000 year 2)	\$85,480		\$45,000	\$40,480
	Duke University Nicholas School of the Environment-Geographic Information Systems Grant (Env Health)	\$10,000		\$10,000	
	Safe Kids Coalition- Safe Kids Mobile Car Seat Check up Van	\$50,000			\$50,000
6/4/2003	Safe Kids Coalition- Risk Watch Champion Team	\$10,000		\$12,500	
5/7/2003	Smart Start- Partnership for Children: Child Care Nursing Program (Preliminary Approval)	\$171,977		\$172,500	
	Smart Start- Partnership for Children: Health Check (Preliminary Approval)	\$41,035		\$41,747	
	UNC-CH: Child Care Health Consultant	\$62,849		\$64,495	
	Cape Fear Memorial Foundation (through Partnership for Children): Navigator Program	\$178,707		\$180,000	
4/3/2003	No activity to report for April 2003.				
3/5/2003	No activity to report for March 2003.				
2/5/2003	No activity to report for February 2003.				
1/8/2003	NC DHHS- OPH Preparedness and Response	\$115,950		\$33,600	\$82,350
12/4/2002	No activity to report for December 2002.				
11/6/2002	NC Health and Wellness Trust Fund-Teen Tobacco Use Prevention & Cessation Program (\$100,000 per year for 3 years)	\$100,000			\$100,000
10/2/2002	Safe Kids Buckle Up Program-North Carolina Safe Kids	\$5,000		\$5,000	

X

NHCHD BOARD OF HEALTH APPROVED GRANT APPLICATION STATUS FY 03-04

	Developing Geographic Information Systems (GIS) Capacity In Local Health Department in Eastern North Carolina-Duke University Nicholas School of the Environment and Earth Sciences (NSEES)				
		\$18,000		\$18,000	
9/4/2002	No activity to report for September 2002.				
8/7/2002	No activity to report for August 2002.				
7/3/2002	No activity to report for July 2002.				
	Totals	\$1,126,759	\$187,388	\$614,792	\$331,253
			18.83%	54.56%	29.40%

Pending Grants	5	25%
Funded Total Request	8	40%
Partially Funded	3	15%
Denied Total Request	4	20%
Numbers of Grants Applied For	20	100%



NEW HANOVER COUNTY
HEALTH DEPARTMENT
2029 SOUTH 17TH STREET
WILMINGTON, NC 28401-4946
TELEPHONE (910) 343-6500 FAX (910) 341-4146



November 25, 2003

To: New Hanover County Board of Health
 From: Cynthia W. Hewett, Business Manager *Chick*
 Subject: Changes in CPT Codes and Fees

We are requesting approval for the following changes related to the New Hanover County Health Department Fee Policy.

CPT Codes and Fees:

Change Needed	CPT Code	Fee	Justification
Addition	99172	\$30.00	Establishing fee for Vision Screening (color) procedure provided in Child Health Services
Addition	No code	\$27.00	Establishing fee for Ortho Evra birth control patches
Fee Change	11977	\$193.14	Medicaid Reimbursement increased from \$190.30 to \$193.14 for Removal / Reinsertion of Norplant
Fee Change	46900	\$179.37	Medicaid Reimbursement increased from \$179.07 to \$179.37 for Destruction of Anal Lesion(s)
Fee Change	96152	\$22.19	Medicaid Reimbursement increased from \$13.25 to \$22.19 Intensive Psychosocial Counseling
Fee Change	90676	\$160.00	Medicaid Reimbursement increased from \$120.00 to \$160.00 for Rabies Vaccination
Fee Change	99001	\$18.00	Increase in Handling Fee from \$15.00 to \$18.00
Deletion	84479 26	No fee	Lab Service sent to State Lab: T3 or T4 (State no longer providing this service)
Deletion	84443 26	No fee	Lab Service sent to State Lab: Assay Thyroid Stim Hormone (State no longer providing this service)
The following needs to be included in the Medications Available for NHC Employees Section:			
Addition	No CPT Code	\$12.00	Ortho Evra

**NEW HANOVER COUNTY BOARD OF COMMISSIONERS
Request for Board Action**

Agenda: <input type="checkbox"/>	Consent Agenda: <input checked="" type="checkbox"/>	Meeting Date: 12/03/03
Department: Health	Presenter: Cindy Hewett	
Contact: Cindy Hewett, Business Manager, ext 6680		

Subject: Request for approval to accept additional Bioterrorism funding for use in the Public Health Bioterrorism (PHRST-2) budget in the amount of \$71,880.

Brief Summary: New Hanover County Health Department will receive an additional \$71,880 funding from NC Department of Health and Human Services, Division of Public Health, Public Health Preparedness and Response Branch to be used to support the Regional Bioterrorism Program.

Recommended Motion and Requested Actions: To approve receipt of additional state funding to be used to support the Regional Bioterrorism Program in the amount of \$71,880 and associated budget amendment

Funding Source: NC DHHS, Division of Public Health, Public Health Preparedness and Response Branch.

Will above action result in:

- New Position Number of Position(s)
- Position(s) Modification or change
- No Change in Position(s)

Explanation: These funds will be used to support the daily operations of the PHRST-2 Team hosted by the New Hanover County Health Department. Due to this Team traveling extensively to other areas within the region and state, the majority of these funds will be budgeted in training and travel for PHRST-2 Staff.

Attachments: Copy of Contract Addenda.

EXPENSE BUDGET AMENDMENT

DO NOT FILL IN SHADED AREAS

TRANSACTION CODE	E	B	AGENCY	DOCUMENT NUMBER	ACCOUNTING PERIOD	MMYY	BUDGET FY	YY	FUND	AGENCY	ENTITY NAME
									110	510	Public Health Bioterrorism

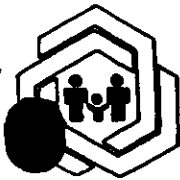
ACTION HELP	ORGANIZATION	UNIT OF APPROPRIATION	ACTIVITY	OBJECT	CURRENT BUDGET AMOUNT	REVISED BUDGET AMOUNT	+	or	-	AMOUNT (IN WHOLE DOLLARS)
	5122		2000	3810 TELEPHONE EXPENSE			+			2,000
	5122		2000	3818 RADIOS			+			1,000
	5122		2000	3920 M & R - EQUIPMENT			+			1,000
	5122		2000	3930 M & R - AUTO & TRUCKS			+			3,000
	5122		2000	4100 PRINTING CHARGES			+			2,000
	5122		2000	4250 FUEL AND SUPPLIES			+			1,000
	5122		2000	4430 SAFETY EQUIPMENT			+			10,000
	5122		2000	4700 DUES & SUBSCRIPTIONS			+			500
	5122		2000	5200 TRAINING & TRAVEL			+			51,388

TOTAL REVISED BUDGET

Departmental Approval: Name <u>Cynthia W. Spurr</u>	Title _____	Date <u>11/18/03</u>
Keyed By: Name _____	Title _____	Date _____
B. D. Approval: Name _____	Title _____	Date _____
Commission Approval: Date: _____		

EXPLANATION: Budgeting additional funds received from the State Bioterrorism Program to support regional bioterrorism efforts.

ADDITIONAL INFORMATION: Supporting documentation attached.



FUNDING AUTHORIZATION

ISSUED TO: NEW HANOVER COUNTY		STATE FISCAL YEAR			
Public Health Department/District		FROM: July 1, 2003 through June 30, 2004			
FUNDING SOURCE: 536961 4513		EFFECTIVE DATE		AUTH#	
NAME OF PROGRAM: PH Regional Response Team		07/01/03		2	
INITIAL ALLOCATION		\$109,812.50			
PRIOR ADJUSTMENTS YEAR TO DATE ... INCREASE (DECREASE)		\$0.00			
INCREASE (DECREASE) THIS AUTHORIZATION		\$331,918.00			
NET ANNUAL ALLOCATION		\$441,730.50			
GRANT INFORMATION					
<u>Type of Fund</u>	<u>Service Months</u>	<u>Payment Months</u>	<u>Codes</u>	<u>Amount</u>	<u>CFDA#</u>
Federal	June-May	July-June	1451 5685 EN	\$109,812.50	93.283
Federal	Sept-May	Oct-June	1562 2688 ET	\$21,270.00	93.283
Federal	Sept-May	Oct-June	1561 2681 ET	\$310,648.00	93.283
Total				\$441,730.50	
<p>441 730 50</p> <p>369 850 Budget</p> <p>\$ 71,880 50</p>					
Received and agreed to by					
Local Health Director					
Local Finance Officer					
AUTHORIZED SIGNATURE				DATE: 10/22/03	

**NEW HANOVER COUNTY BOARD OF COMMISSIONERS
Request for Board Action**

Agenda: <input type="checkbox"/>	Consent Agenda: <input checked="" type="checkbox"/>	Meeting Date: 12/03/03
Department: Health	Presenter: Cindy Hewett	
Contact: Cindy Hewett, Business Manager, ext 6680		

Subject: Request for approval to accept additional Bioterrorism funding which have been made available to local health departments to further assist counties in continuing to strengthen local public health infrastructure and capacity, and to effectively respond to a possible bioterrorism event.

Brief Summary: New Hanover County Health Department will receive \$137,863 of funding from NC Department of Health and Human Services, Division of Public Health, Public Health Preparedness and Response Branch to be used to support the local public health department in its efforts to build strength and capacity allowing it to effectively respond to a possible bioterrorism event. These funds will be used to fund a new "Planner" position for coordinating local bioterrorism efforts, temporary IT staff to assist with added technology requirements, computer equipment, printing charges, operational supplies and training and travel for staff.

Recommended Motion and Requested Actions: To approve receipt of state funding to be used to support the local public health department in its efforts to build strength and capacity allowing it to effectively respond to a possible bioterrorism event. in the amount of \$137,863 and associated budget amendment

Funding Source: NC DHHS, Division of Public Health, Public Health Preparedness and Response Branch.

Will above action result in:

- New Position (1) Number of Position(s)
- Position(s) Modification or change
- No Change in Position(s)

Explanation: These funds will be used to fund a new "Planner" position for coordinating local bioterrorism efforts for New Hanover County, temporary IT staff to assist with added technology requirements within the health department, additional computer equipment, printing charges, operational supplies and training and travel for staff.

Attachments: Copy of Contract Addenda.

EXPENSE BUDGET AMENDMENT

DO NOT FILL IN SHADED AREAS

TRANSACTION CODE	E B	AGENCY	DOCUMENT NUMBER	ACCOUNTING PERIOD	MM/YY	BUDGET FY	YY	FUND	AGENCY	ENTITY NAME
								110	510	Administration

ACTION HELP	ORGANI-ZATION	UNIT-OF-APPRO-PRIATION	ACTIVITY	OBJECT	CURRENT BUDGET AMOUNT	REVISED BUDGET AMOUNT	+	or	-	AMOUNT (IN WHOLE DOLLARS)
	5131		2000	1000 SALARIES AND WAGES			+			29,844
	5131		2000	1050 TEMPORARY SALARIES			+			22,000
	5131		2000	2100 SOCIAL SECURITY TAXES			+			2,283
	5131		2000	2210 RETIREMENT-LOCAL GOVT EMPLOYEE			+			1,477
	5131		2000	2300 MEDICAL INSURANCE EXPENSE			+			6,016
	5131		2000	2310 LT DISABILITY INSURANCE			+			63
	5131		2000	3810 TELEPHONE EXPENSE			+			20,000
	5131		2000	4100 PRINTING CHARGES			+			1,680
	5131		2000	4210 DEPARTMENTAL SUPPLIES			+			13,000
	5131		2000	5200 TRAINING & TRAVEL			+			10,000
	5131		2000	6399 COMPUTER EXPENSES			+			22,500
	5131		2000	6400 CAPITAL OUTLAY - EQUIPMENT			+			9,000

TOTAL REVISED BUDGET

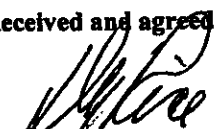
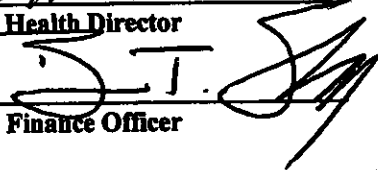
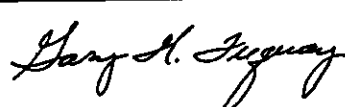
Departmental Approval: Name Catherine W. Swift Title Dir. Mgr. Date 11/18/03
 Keyed By: Name _____ Title _____ Date _____
 B. D. Approval: Name _____ Title _____ Date _____
 Commission Approval: Date: _____

EXPLANATION: To budget additional funds received from State Bioterrorism Program to support local health department bioterrorism efforts. This includes one new position (that of Planner for coordinating local BT efforts), temporary staff to support additional information technology requirements, supplies for program, computer equipment for program, printing, and staff training.

ADDITIONAL INFORMATION: Supporting documentation attached.



FUNDING AUTHORIZATION

ISSUED TO: NEW HANOVER COUNTY Public Health Department/District		STATE FISCAL YEAR FROM: July 1, 2003 through June 30, 2004			
FUNDING SOURCE: 536961 4519 NAME OF PROGRAM: Bioterrorism-Smallpox		EFFECTIVE DATE 07/01/03	AUTH# 1		
INITIAL ALLOCATION		\$78,073.00			
PRIOR ADJUSTMENTS YEAR TO DATE . . . INCREASE (DECREASE)		\$0.00			
INCREASE (DECREASE) THIS AUTHORIZATION		\$0.00			
NET ANNUAL ALLOCATION		\$78,073.00			
GRANT INFORMATION					
<u>Type of Fund</u>	<u>Service Months</u>	<u>Payment Months</u>	<u>Codes</u>	<u>Amount</u>	<u>CFDA#</u>
Federal	Sept-May	Oct-June	1563 2680 ET	\$1,181.00	93.283
Federal	Sept-May	Oct-June	1563 2681 ET	\$68,295.00	93.283
Federal	Sept-May	Oct-June	1563 2686 ET	\$893.00	93.283
Federal	Sept-May	Oct-June	1563 2687 ET	\$869.00	93.283
Federal	Sept-May	Oct-June	1563 2688 ET	\$6,835.00	93.283
Total				\$78,073.00	
8008 75 130					
Received and agreed to by					
 Local Health Director					
 Local Finance Officer					
AUTHORIZED SIGNATURE 				DATE: 10/23/03	



FUNDING AUTHORIZATION

ISSUED TO: NEW HANOVER COUNTY Public Health Department/District				STATE FISCAL YEAR FROM: July 1, 2003 through June 30, 2004	
FUNDING SOURCE: 536961 4514 NAME OF PROGRAM: BT Preparedness and Response				EFFECTIVE DATE 07/01/03	AUTH# 2
INITIAL ALLOCATION				\$750.00	
PRIOR ADJUSTMENTS YEAR TO DATE . . . INCREASE (DECREASE)				\$0.00	
INCREASE (DECREASE) THIS AUTHORIZATION				\$49,306.00	
NET ANNUAL ALLOCATION				\$50,056.00	
GRANT INFORMATION					
<u>Type of Fund</u>	<u>Service Months</u>	<u>Payment Months</u>	<u>Codes</u>	<u>Amount</u>	<u>CFDA#</u>
Federal	June-May	July-June	1451 5685 EN	\$750.00	93.283
Federal	Sept-May	Oct-June	1561 2680 ET	\$8,190.00	93.283
Federal	Sept-may	Oct-June	1561 2681 ET	\$36,473.00	93.283
Federal	Sept-may	Oct-June	1561 2687 ET	<u>\$4,643.00</u>	93.283
Total				\$50,056.00	
Received and agreed to by					
<i>[Signature]</i> 27 Oct 03					
Local Health Director					
<i>[Signature]</i>					
Local Finance Officer					
AUTHORIZED SIGNATURE				DATE: 10/23/03	
<i>Gary H. Ferguson</i>					



NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

FUNDING AUTHORIZATION

ISSUED TO: NEW HANOVER COUNTY Public Health Department/District				STATE FISCAL YEAR FROM: July 1, 2003 through June 30, 2004	
FUNDING SOURCE: 536961 4515 NAME OF PROGRAM: Bioterrorism Communications and Risk Assessment				EFFECTIVE DATE 07/01/03	AUTH# 2
INITIAL ALLOCATION				\$0.00	
PRIOR ADJUSTMENTS YEAR TO DATE . . . INCREASE (DECREASE)				\$0.00	
INCREASE (DECREASE) THIS AUTHORIZATION				\$4,068.00	
NET ANNUAL ALLOCATION				\$4,068.00	
GRANT INFORMATION					
<u>Type of Fund</u>	<u>Service Months</u>	<u>Payment Months</u>	<u>Codes</u>	<u>Amount</u>	<u>CFDA#</u>
Federal	June- May	July-June	1451 5688 EN	\$0.00	93.283
Federal	Sept-May	Oct-June	1561 2686 ET	\$4,068.00	93.283
Total				\$4,068.00	
Received and agreed to by					
<i>[Signature]</i> 27 Oct 03					
Local Health Director					
<i>[Signature]</i>					
Local Finance Officer					
AUTHORIZED SIGNATURE				DATE: 10/23/03	
<i>[Signature]</i>					



NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH

FUNDING AUTHORIZATION

ISSUED TO: NEW HANOVER COUNTY Public Health Department/District				STATE FISCAL YEAR FROM: July 1, 2003 through June 30, 2004	
FUNDING SOURCE: 536961 4518 NAME OF PROGRAM: Bioterrorism-SNS				EFFECTIVE DATE 07/01/03	AUTH# 1
INITIAL ALLOCATION				\$5,666.00	
PRIOR ADJUSTMENTS YEAR TO DATE ... INCREASE (DECREASE)				\$0.00	
INCREASE (DECREASE) THIS AUTHORIZATION				\$0.00	
NET ANNUAL ALLOCATION				\$5,666.00	
GRANT INFORMATION					
<u>Type of Fund</u>	<u>Service Months</u>	<u>Payment Months</u>	<u>Codes</u>	<u>Amount</u>	<u>CFDA#</u>
Federal	Sept-May	Oct-June	1562 2688 ET	\$5,666.00	93.283
Received and agreed to by					
<i>[Signature]</i> 27 Oct 03					
Local Health Director					
<i>[Signature]</i>					
Local Finance Officer					
AUTHORIZED SIGNATURE <i>[Signature]</i>				DATE: 10/23/03	

**NEW HANOVER COUNTY BOARD OF COMMISSIONERS
Request for Board Action**

Agenda: <input type="checkbox"/>	Consent Agenda: <input checked="" type="checkbox"/>	Meeting Date: 12/03/03
Department: Health	Presenter: Cindy Hewett	
Contact: Cindy Hewett, Business Manager, ext 6680		

Subject: Request for approval to accept additional Family Planning funding for use in the Temporary Assistance for Needy Families (TANF) budget in the amount of \$21,408.

Brief Summary: New Hanover County Health Department will receive \$21,408 funding from NC Department of Health and Human Services, Division of Public Health, Women's and Children's Health Section to be used for family planning approved expenses.

Recommended Motion and Requested Actions: To approve receipt of additional state funding to be used to support Family Planning in the amount of \$21,408 and associated budget amendment

Funding Source: NC DHHS, Division of Public Health, Women's and Children's Health Section

Will above action result in:

- New Position Number of Position(s)
- Position(s) Modification or change
- No Change in Position(s)

Explanation: These funds will be used to support salary and fringe of public health nursing staff providing above listed services.

Attachments: Copy of Contract Addenda.

Distribution of FP "Bonus" and Outreach Funds

by LHD or District
October, 2003

COUNTY/DISTRICT	FP	COUNTY/DISTRICT	FP	COUNTY/DISTRICT	FP
01 ALAMANCE	\$ 35,777	35 FRANKLIN	\$ 4,213	67 ONSLOW	\$ 1,875
214 ALBEMARLE	\$ 15,195	36 GASTON	\$ 12,299	68 ORANGE	\$ 5,480
02 ALEXANDER	\$ 4,359	38 GRAHAM	\$ 1,875	69 PAMLICO	\$ 3,288
04 ANSON	\$ 6,649	221 GRAN-VANCE	\$ 5,650	71 PENDER	\$ 4,311
204 APPALACHIAN	\$ 20,482	40 GREENE	\$ 4,457	73 PERSON	\$ 1,875
07 BEAUFORT	\$ 15,124	41 GUILFORD	\$ 1,875	74 PITT	\$ 16,391
09 BLADEN	\$ 1,875	42 HALIFAX	\$ 1,875	76 RANDOLPH	\$ 2,216
10 BRUNSWICK	\$ 1,875	43 HARNETT	\$ 7,964	77 RICHMOND	\$ 2,947
11 BUNCOMBE	\$ 52,631	44 HAYWOOD	\$ 18,972	78 ROBESON	\$ 10,448
12 BURKE	\$ 1,875	45 HENDERSON	\$ 4,798	79 ROCKINGHAM	\$ 1,875
13 CABARRUS	\$ 8,207	209 HERT-GATES	\$ 4,627	80 ROWAN	\$ 1,875
14 CALDWELL	\$ 32,757	47 HOKE	\$ 4,213	216 R-P-M	\$ 5,625
16 CARTERET	\$ 3,434	48 HYDE	\$ 2,313	82 SAMPSON	\$ 9,328
17 CASWELL	\$ 4,603	49 IREDELL	\$ 1,875	83 SCOTLAND	\$ 5,528
18 CATAWBA	\$ 17,852	50 JACKSON	\$ 1,875	84 STANLY	\$ 6,990
19 CHATHAM	\$ 2,995	51 JOHNSTON	\$ 2,021	85 STOKES	\$ 11,520
20 CHEROKEE	\$ 1,875	52 JONES	\$ 2,411	86 SURRY	\$ 10,740
22 CLAY	\$ 2,460	53 LEE	\$ 2,216	87 SWAIN	\$ 1,875
23 CLEVELAND	\$ 48,052	54 LENOIR	\$ 1,875	205 TOE RIVER	\$ 8,548
24 COLUMBUS	\$ 18,680	55 LINCOLN	\$ 4,798	88 TRANSYLVANIA	\$ 13,127
25 CRAVEN	\$ 1,875	56 MACON	\$ 9,425	90 UNION	\$ 13,127
26 CUMBERLAND	\$ 69,484	57 MADISON	\$ 8,841	92 WAKE	\$ 72,651
28 DARE	\$ 1,875	218 MAR-TYR-WASH	\$ 10,447	93 WARREN	\$ 2,460
29 DAVIDSON	\$ 1,875	60 MECKLENBURG	\$ 47,127	96 WAYNE	\$ 3,921
30 DAVIE	\$ 2,216	62 MONTGOMERY	\$ 7,964	97 WILKES	\$ 2,703
31 DUPLIN	\$ 1,875	63 MOORE	\$ 1,875	98 WILSON	\$ 1,875
32 DURHAM	\$ 23,210	64 NASH	\$ 6,064	99 YADKIN	\$ 1,875
33 EDGECOMBE	\$ 1,875	65 NEW HANOVER	\$ 21,408		\$ 875,000
34 FORSYTH	\$ 42,256	66 NORTHAMPTON	\$ 1,875		

***Animal Control Services
Advisory Committee Members***

The ACS Advisory Committee make-up is as follows:

Group One (end 1st term 2002)

Member-@-large – Joyce Bradley

Friends of Felines – JoE Needham (replacement)

Kennel Operator – Sylvia Hall

Group Two (end 1st term 2003)

Hanover Kennel Club – John Boozer

Azalea Dog Club – Patrice Kaizer (replacement)

Cat Interest – Jeannie Leonard

Group Three (end first term 2004)

Member-@-large – Jewell Ann Diehn

Member-@-large – Gretchen Colby

Humane Society – Martha Raynor

Note: The veterinarian position is currently filled by Dr. Melody Speck from the Board of Health.

Those in service as Group Two are seeking reappointment to serve for three more years on the committee.

Thank you,
Jean McNeil
ACS Director



NEW HANOVER COUNTY
BOARD OF HEALTH
2029 SOUTH 17TH STREET
WILMINGTON, NC 28401-4946
TELEPHONE (910) 343-6500 FAX (910) 341-4146



W. Edwin Link, Jr., RPh, Chairman
Melody C. Speck, DVM, Vice-Chairman
Donald P. Blake
Henry V. Estep, RHU
Marvin E. Freeman, Sr.
Commissioner Robert G. Greer
Gela N. Hunter, RN, FNP
Sandra L. Miles, DDS
Philip P. Smith Sr., MD
John S. Tunstall, PE
Edward Weaver, Jr., OD

David E. Rice, MPH, MA
Health Director

2004 Meeting Dates

DRAFT
25 NOV 03 *DR*

- **January 7, 2004**
- **February 4, 2004**
- **March 3, 2004**
- **April 7, 2004**
- **April 8, 2004 – Staff Appreciation Luncheon**
- **May 5, 2004**
- **June 2, 2004**
- **July 7, 2004**
- **August 4, 2004**
- **September 1, 2004**
- **October 6, 2004**
- **November 3, 2004**
- **December 1, 2004**
- **December 9, 2004 – Holiday Celebration**

E

David E Rice
11/21/2003 08:36 AM

To: donblake@aol.com, eweaver@ec.rr.com, linkrx@aol.com,
gelajim@hotmail.com, hankestep@ec.rr.com,
jstunstall@andrewandkuske.com, freemanm@wrightcorp.com,
MCSpeck@bizec.rr.com, ppsmithsr@aol.com, bgreer@nhcgov.com,
iamsmiles@bizec.rr.com, Health
cc: Allen O'Neal/NHC@NHC, Pat Melvin/NHC@NHC,
leah.devlin@ncmail.net
Subject: Pilot for Accreditation

NHCBH Members and NHCHD Staff:

I am pleased to announce that NHCHD has been selected as one of six health departments in NC to pilot the accreditation process. As you can read in the attached email, we have the opportunity to be one of the first to demonstrate our excellence in assuring the safety and health of our community. Thanks in advance for your help with the accreditation process.

Dave

— Forwarded by David E Rice/NHC on 11/21/2003 08:15 AM —



Joy Reed
<Joy.Reed@ncmail.net
>

To: drice@co.new-hanover.nc.us
cc: Sheila Pfaender <spfaende@email.unc.edu>, (bcc: archive)
Subject: Pilot for Accreditation

11/20/2003 07:27 AM

This is to notify you that your agency is one of the six selected to participate in the pilot for the Accreditation process. We greatly appreciate your agency's willingness to participate in helping us refine this system. Dr. Devlin has committed to providing 3 DPH consultation staff to work with each of the 6 local health departments to assist them with pulling together or preparing evidence that standards are met; developing drafts (if needed) of policies and procedures; conducting surveys, assessments and compiling data; preparing the initial draft of the self-study; and coordinating with the consultants assigned to other pilot agencies to assure consistent interpretation of the standards.

You, of course, can feel free to tell us that you do not need this resource but we want to make it available.

In the next few days you will receive the following additional information:
1) the names of the 3 DPH staff assigned to your agency, designating one as your primary contact for coordination;
2) PRELIMINARY timeline for the process and drafts from the subgroups of the standards and documentation (NOTE that these have not been seen and reviewed by the full Accreditation Committee so they are not the final standards, but we want you to have as much advance information as possible.)

We will be establishing training dates on the standards and process for your staff as well as the consultation staff. That training will take place in December and you will be notified of the dates as soon as they are finalized.

Again, thank you for volunteering. We look forward to working with your agency to successfully pilot an accreditation process which will document and improve the overall quality of public health services in North Carolina.

HEALTH LAW

Number 81 November 2003

THE RULEMAKING AUTHORITY OF NORTH CAROLINA LOCAL BOARDS OF HEALTH

■ Aimee N. Wall*

State law authorizes local boards of health in North Carolina to adopt rules necessary to protect the public's health. This statutory grant of authority is further defined by two relatively recent court decisions. This bulletin summarizes the statutory rulemaking authority of local boards of health as well as the judicially-imposed limitations placed on that authority.

Statutory Authority

State law requires counties to provide public health services.¹ Each county may provide these services in one of five ways.² The county may operate a county health department, participate in a district health department,³ establish a consolidated human services agency,⁴ establish a public health authority,⁵ or contract with the state for the provision of public health services.⁶

* The author is an Institute of Government faculty member who specializes in public health law.

1. N.C. Gen. Stat. 130A-34(a) (hereinafter G.S.).

2. G.S. 130A-34(b) (stating four of the methods for providing public health services); 130A-45 (stating that the purpose of Chapter 130A, Part 1B is to "provide an alternative method for counties to provide public health services" through the creation of a public health authority).

3. A district health department is one that provides public health services to two or more counties. G.S. 130A-36.

4. A county with a population over 425,000 may elect to establish a consolidated human services agency and board to oversee public health, social services, mental health and other human services or have the board of county commissioners assume all of the statutory powers and functions of the board of health. G.S. 153A-77; 130A-43.

5. A public health authority is a legal entity that is created for the specific purpose of providing public health services in a defined geographical area. G.S. 130A-45 *et seq.* For a discussion of the powers of public health authorities, see A. Fleming Bell, II and Warren Jake Wicker, eds. *County Government in North Carolina*, 4th ed. 637-639 (Chapel Hill, N.C.: Institute of Government, The University of North Carolina at Chapel Hill, 1998).

6. G.S. 130A-34.

Each county, agency, district or authority has a board of health that is the "policy-making, rule-making and adjudicatory body" for the department, agency or authority.⁷

These boards of health have "the responsibility to protect and promote the public health" and are specifically authorized by statute to "adopt rules necessary for that purpose."⁸ There are three statutory limitations on this general rulemaking authority. First, if the Commission for Health Services or the Environmental Management Commission (EMC) adopts a rule, that state rule will prevail over any more lenient rule adopted by a board of health. However, a board of health may adopt a rule that is more stringent than a corresponding state rule when, in the board's opinion, a more stringent rule is necessary to protect the public health.⁹ Second, a board of health is not authorized to adopt any rules relating to the grading, operating or permitting of food and lodging facilities.¹⁰ Finally, a board of health may adopt rules governing wastewater collection, treatment and disposal systems that are not designed to discharge effluent to the land surface or surface waters. Such rules may be adopted, however, only when the state has reviewed the local rules and determined that the local rules are at least as stringent as the rules adopted by the EMC and are sufficient and necessary to safeguard the public health.¹¹

In addition to the general rulemaking authority "to protect and promote the public health," boards of health are, in a few instances, specifically authorized or required to enact rules in a few instances. For example, although state statutes and EMC regulations govern the construction of wells, local boards of health are specifically authorized to adopt by reference the EMC rules and then adopt more stringent rules "when necessary to protect the public health."¹² Also, local boards of health are required to adopt rules governing administrative penalties for violations of any local rules governing wastewater collection, treatment and disposal.¹³

7 G.S. 130A-35(a) (county boards of health); 130A-37(a) (district boards of health); 130A-45.1(a) (public health authority board).

8. G.S. 130A-39(a) (local boards of health); 130A-39(a) (district boards of health); 130A-45.3(a)(1) (public health authority).

9. G.S. 130A-39(b).

10. *Id.*

11. *Id.*; G.S. 130A-335(c).

12. G.S. 87-96(c). See also G.S. 87-83 *et seq.* (Well Construction Act); 15A NCAC 02C .0101 *et seq.* (EMC regulations governing well construction).

13. G.S. 130A-22(h).

Court Decisions

Two court decisions within the last decade have defined and narrowed the legal authority of local boards of health to adopt rules related to public health.

City of Roanoke Rapids v. Peedin

In *City of Roanoke Rapids v. Peedin*, the North Carolina court of appeals invalidated Halifax County's board of health rules relating to smoking in public places, restaurants, and places of employment.¹⁴ The rules generally prohibited smoking in public places but provided for several exceptions. For example, restaurants with a seating capacity of thirty or more patrons were required to designate a nonsmoking area comprising a certain percentage of the dining area while bars and restaurants with a seating capacity of fewer than thirty patrons were permitted to choose whether to offer a nonsmoking area.¹⁵ The court invalidated the rules as exceeding "the general limitations imposed upon rule making powers of boards of health."¹⁶

For the first time, the court identified a five-part test for determining when a board of health has acted within its rulemaking authority. The court stated that a board of health acts within its authority when it enacts a rule that

- is related to the promotion or protection of health;
- is reasonable in light of the health risk addressed;
- does not violate any law or constitutional provision;
- is not discriminatory; and
- does not make distinctions based upon policy concerns traditionally reserved for legislative bodies.¹⁷

The court explained that this five-part test was "based upon previous holdings in related areas, as well as the holdings of courts in other jurisdictions."¹⁸

14. 124 N.C.App. 578, 478 S.E.2d 528 (1996).

15. *Id.* at 583, 478 S.E.2d at 531.

16. *Id.* at 587, 478 S.E.2d at 533.

17. *Id.*

18. *Peedin*, 124 N.C. App at 587, 478 S.E.2d at 533. The court cited several cases as support for its five-part test. *State v. Curtis*, 230 N.C. 169, 171, 52 S.E.2d 364, 365 (1949) (cited as support for the conclusion that boards of health do not have authority to make distinctions based on policy

The court did not provide any additional guidance regarding the interpretation and application of the first four parts of this test, instead choosing to invalidate the board of health rules based on the fifth part of the test. The court reasoned that in order to achieve the rules' stated purpose of minimizing the public's exposure to environmental tobacco smoke, the board was required to establish across the board requirements that "treat similarly situated patrons and employees of all restaurants equally."¹⁹ The court noted that the distinctions drawn by the board in the rules, such as the distinction between large and small restaurants, "involve the balancing of factors other than health."²⁰ The court concluded that, absent express statutory authority, a board of health may consider nothing but health when adopting rules; it may not consider issues such as economic hardship or difficulty of enforcement.²¹ The court emphasized that only legislative bodies, such as the General Assembly or a board of county commissioners, are authorized to make such policy-based distinctions.²²

Craig v. County of Chatham

In *Craig v. County of Chatham*, the North Carolina supreme court invalidated board of health rules regulating swine farms.²³ The rules adopted by the board of health required swine farms to comply with certain specifications regarding permitting, setbacks, buffers, and other related issues.

concerns traditionally reserved for legislative bodies); *Clark's Charlotte, Inc. v. Hunter*, 261 N.C.222, 229, 134 S.E.2d 364, 369 (1964) (cited as support for the conclusions that rules must be reasonable and must not be discriminatory); *Cookie's Diner, Inc. v. Columbus Board of Health*, 65 Ohio Misc.2d 65, 74, 640 N.E.2d 1231, 1236 (1994) (cited as support for the conclusions that rules must be reasonable, must not be discriminatory, must not violate of any law or constitutional provision, and must not make distinctions based on policy concerns traditionally reserved for legislative bodies); *Weber v. Butler Cty. Bd. of Health*, 148 Ohio St. 389, 396, 74 N.E.2d 331, 336 (1947) (same); *Boreali v. Axelrod*, 523 N.Y.S.2d 464, 468, 517 N.E.2d 1350, 1353 (cited as support for the conclusion that boards of health do not have authority to make distinctions based on policy concerns traditionally reserved for legislative bodies).

19. *Peedin*, 124 N.C. at 588, 478 S.E.2d at 534.

20. *Id.*

21. *Id.* at 589, 478 S.E.2d at 534.

22. *Id.* at 588-89, 478 S.E.2d at 534.

23. 356 N.C. 40, 565 S.E.2d 172.

The court of appeals determined that because the state had enacted the "Swine Farms Siting Act"²⁴ and "Animal Waste Management Systems" laws²⁵ which, like the local rules, imposed comprehensive requirements on swine farms relative to permitting, setbacks, buffers, and other related issues, local regulation of swine farms (with the exception of zoning regulation in limited circumstances) was not allowed.²⁶ The court held that the board of health rules were preempted by state law because the state has already provided "a complete and integrated regulatory scheme" of swine farm regulations.²⁷

In affirming the appellate court's preemption decision, the supreme court examined state statutes and regulations governing the siting of swine farms and animal waste management as well as the expressed purpose, intent, breadth, and scope of the statutes. The court articulated three justifications for concluding that the local rules were preempted. First, from the statement of purpose accompanying the Swine Farm Siting Act, the court concluded that the General Assembly intended to strike a balance between protecting the rights of landowners and supporting the swine farm industry because it is "important to the economic stability of the state."²⁸ The court stated that regulation by both the state and the county was contrary to this intent because it "would present an excessive burden on swine farmers and the pork production industry as a whole."²⁹

Second, the court recognized that one purpose of the animal waste management law was to "promote a cooperative and coordinated approach to animal waste management among the agencies of the State...."³⁰ The court explained that dual regulation was contrary to this purpose because if "each county were allowed to enact its own waste management guidelines, there could be no statewide 'coordinated approach.'"³¹

The third justification for determining that the local rules were preempted was based on the breadth and scope of the state's regulation. The court concluded that the "statutes are so comprehensive in scope that the General Assembly must have intended

24. G.S. 106-800 - 805.

25. G.S. 143-215.10A - 215.10M.

26. *Craig v. County of Chatham*, 143 N.C.App. 30, 40, 545 S.E.2d 455, 461. There is a specific statutory provision that permits counties to adopt zoning ordinances governing swine farms in limited circumstances. *Id.* (citing G.S. 153A-340(b)(3)).

27. *Id.* at 40, 545 S.E.2d at 462.

28. *Craig*, 356 N.C. at 47, 565 S.E.2d at 177.

29. *Id.* at 48, 56 S.E.2d at 178.

30. *Id.*

31. *Id.*

that they comprise a 'complete and integrated regulatory scheme' on a statewide basis....³² Based on this review, the court concluded that the board of health rules were invalid because the state had in place a "complete and integrated regulatory scheme" for swine farms and intended to preempt, or override, any local regulation of swine farms.³³

The court did recognize that dual regulation may exist in some situations because, in addition to their general rulemaking authority, local boards of health are authorized to adopt more stringent regulations than those of either the Commission for Health Services or the EMC when more stringent rules are "required to protect the public health."³⁴ The court reviewed the applicable EMC regulations and concluded that the board of health rules were more stringent in some regards. The court, however, found that the rules were still preempted because the board of health simply included a statement asserting that more stringent rules were necessary to protect the public health and did not include "any rationale or basis for making the restrictions in Chatham County more rigorous than those applicable to and followed by the rest of the state."³⁵

Summary

The statutory grant of general rulemaking authority to boards of health is rather broad: the boards are authorized to adopt rules necessary to protect and promote the public's health. They are also specifically authorized to adopt more stringent rules in areas regulated by the Commission for Health Services or the EMC if more stringent rules are necessary to protect the public health. Two recent court decisions, however, have limited local boards' authority in three basic ways.

First, a board of health is acting within its rulemaking authority only if the rule:

- is related to the promotion or protection of health;
- is reasonable in light of the health risk addressed;

32. *Craig*, 356 N.C. at 50, 565 S.E.2d at 179.

33. *Id.* at 52, 56 S.E.2d at 180-81. The remainder of the supreme court decision recognized one limited statutory exception to this preemption. The state law permits counties to adopt zoning ordinances governing swine farms in limited circumstances. *Id.* at 54, 56 S.E.2d at 181 (citing G.S. 153A-340(b)(3)).

34. *Id.* at 51, 56 S.E.2d at 179 (citing G.S. 130A-39).

35. *Id.* at 52, 56 S.E.2d at 180.

- does not violate any law or constitutional provision;
- is not discriminatory; and
- does not make distinctions based upon policy concerns traditionally reserved for legislative bodies.

Because of the last requirement described above, a board of health may not adopt rules based on the consideration of factors other than health.

Second, the local board of health rules may be preempted if the state has already provided "a complete and integrated regulatory scheme" of regulation, such as in the field of swine farms.

Third, if the board of health adopts rules that are more stringent than rules adopted by the Commission for Health Services or the EMC, the board must expressly demonstrate that more stringent rules are necessary to protect the public's health.

This bulletin is published by the School of Government to address issues of interest to government officials. Public officials may print out or photocopy the bulletin under the following conditions: (1) it is copied in its entirety; (2) it is copied solely for distribution to other public officials, employees, or staff members; and (3) copies are not sold or used for commercial purposes.

Additional printed copies of this bulletin may be purchased from the School of Government. To place an order or browse a catalog of School of Government publications, please visit the School's Web site at <http://www.sog.unc.edu> or contact the Publications Sales Office, School of Government, CB# 3330 Knapp Building, UNC Chapel Hill, Chapel Hill, NC 27599-3330; e-mail sales@iogmail.io.unc.edu; telephone (919) 966-4119; or fax (919) 962-2707. For general inquiries, call the School of Government's main number, (919) 966-5381.

The School of Government of The University of North Carolina at Chapel Hill has printed a total of 410 copies of this public document at a cost of \$ 74.91 or \$.18 each. These figures include only the direct costs of reproduction. They do not include preparation, handling, or distribution costs.

©2003

School of Government. The University of North Carolina
at Chapel Hill

Printed in the United States of America

This publication is printed on permanent, acid-free paper in compliance with the North Carolina General Statutes



North Carolina Department of Health and Human Services
Division of Public Health - Women's & Children's Health Section
1917 Mail Service Center • Raleigh, North Carolina 27699-1917
Tel 919-733-7752 • Fax 919-715-6781

Michael F Easley, Governor

Carmen Hooker Odom, Secretary

November 26, 2003

To: Local Health Directors
Local Health Department Nursing Supervisors
Universal Childhood Vaccine Distribution Program (UCVDP) Participants

From: Beth Rowe-West, RN, BSN, Head *BRW*
Immunization Branch

Re: Influenza Alert

The purpose of this memo is to provide you with two essential documents – (1) press release entitled **State Health Director Strongly Advises Children and Pregnant Women to Get Flu Vaccine**, and (2) Request for Information: Acute Encephalopathy Associated with Influenza Virus Infection in U.S. Children. This is in response to a recent Centers for Disease Control and Prevention (CDC) announcement that the 2003-04 flu season is expected to be severe; numerous cases have already been reported across North Carolina and the nation.

Reminder

The North Carolina Immunization Branch provides flu vaccine to UCVDP participants for children 6 to 23 months of age, 6 months through 18 years of age with chronic health conditions, children under 9 years old who have not had their first influenza vaccination, and pediatric contacts of high-risk individuals. The Branch also provides state-supplied influenza vaccine to local health departments to be administered to any non-Medicaid recipient during her second and third trimester of pregnancy, regardless of age, during the second and third trimester of pregnancy as long as influenza vaccine is available. Medicaid enrolled prenatal patients >18 years of age should receive privately purchased influenza vaccine.

Please urge all staff in your agency to be vaccinated against influenza. The CDC estimates that only 37 percent of health care professionals have received flu vaccine. It is strongly recommended that every health care professional who interacts with patients receive an annual flu vaccination as soon as possible.

If you have questions, please contact your regional immunization consultant or call the Branch's central office at (919) 733-7752.

Cc: Dr. Jeffrey Engel
Sheila Cromer
Immunization RICs
Carol Schriber (*Office of Public Affairs*)
Immunization Central Office Staff
SMT

Michael F. Easley
Governor



Carmen Hooker Odom
Secretary

State of North Carolina
Department of Health and Human Services

For Release: Immediate

Date: November 25, 2003

Contact: Laura Leonard 919/715-6762; Carol Schriber 919/733-9190

**State Health Director Strongly Advises Children and Pregnant Women
to Get Flu Vaccine**

RALEIGH – With the Centers for Disease Control and Prevention (CDC) warning of an early and potentially severe influenza season, pregnant women in their second or third trimester of pregnancy should receive a flu shot as soon as possible, say North Carolina State Health Director Dr Leah Devlin and North Carolina Obstetrical and Gynecological Society President Dr Robert Littleton. Children under 9 years old who are not already immunized against flu, and especially those ages 6 through 23 months, should also get their flu shots now

The beginning of this year's flu season is earlier than usual, and North Carolina, like the rest of the nation, has identified multiple cases of the disease. "It takes two weeks to develop immunity to the flu virus after getting a flu shot, so it's a good idea to get vaccinated now," Dr Devlin said. The flu season can last through March.

Numerous cases have already been reported of influenza-related hospitalizations among pregnant women in the United States. "Because pregnant women are at a higher risk of flu-related complications, it is important for them to get flu shots immediately," she said. "Flu can be a serious illness. Each year, 114,000 people are hospitalized and 36,000 people die in the United States as a result of the flu."

Dr Littleton supports vaccination of pregnant women. "For every 1,000 pregnant women vaccinated, an estimated one to two hospitalizations could be prevented," said Dr. Littleton. "Studies have shown that there is an increased rate of illness and death in pregnant women who contract the flu. It is much better to be vaccinated than to risk getting the disease."

"Children also face many complications from flu disease," Dr Devlin said. "A primary flu-related complication in children is brain damage, known as encephalopathy, which has been reported this year in the United States and in Europe. I strongly encourage those at risk, including women during their second or third trimester of pregnancy and children, to get the flu vaccine at their physician's office or local health department," she added.

The flu vaccine is safe and is the most effective way to prevent the disease and its complications. "Get a flu shot; it's that simple," Dr Devlin said.

With the holidays approaching, college students will be coming home, children will be out of school and families will gather together, creating an environment which allows the flu virus to spread rapidly

Although many of the influenza cases diagnosed this year have been found to be a strain somewhat different from those contained in this year's version of the flu shot, the vaccine is believed to be cross-protective. It is still necessary to be vaccinated against the disease, Dr Devlin said, since this year's vaccine protects against many varieties of the flu virus.

---More---

Public Information Office
2001 Mail Service Center, Raleigh, NC 27699-2001
(919) 733-9190
FAX (919) 733-7447

Debbie K. Crane
Director



The Advisory Committee on Immunization Practices (ACIP) also recommends that the following people get flu shots.

- Adults aged 50 or older;
- Infants and children aged 6 months through 23 months;
- Anyone aged 2-49 years who is at increased risk for influenza-related complications;
- Children under 9 years old who have not had their first influenza vaccination;
- Pregnant women who will be in their second or third trimester during flu season;
- Healthcare workers; and
- All household contacts of persons at high risk for influenza.

Dr. Chuck Willson, president of the North Carolina Pediatric Society, reaffirms the CDC's decision to encourage flu vaccination for children. "Children are more likely to spread this virus because of their close proximity to one another and their active nature. It is important to remember that children are more susceptible to influenza-related complications because of their developing immune systems. The best thing a parent can do to protect their child this flu season is to vaccinate as soon as possible against the flu disease," Dr. Willson said.

As in any flu season, Dr. Devlin urges everyone to take basic precautions to help prevent influenza. Avoiding contact with ill persons and frequently washing your hands can reduce the risk of infection. People who cough or sneeze should cover their nose and mouth with disposable tissues or a handkerchief to limit spread of the virus.

Flu symptoms begin suddenly and may include fever, severe headache, body aches, sore throat and cough. Flu can make a person more susceptible to pneumonia, an illness that puts a severe strain on the heart and lungs, which can be especially dangerous to people who already suffer from heart and lung disease.

Those who develop flu-like symptoms should drink fluids, rest and stay home to avoid spreading the infection. Flu-sufferers may also take over-the-counter drugs such as acetaminophen and ibuprofen, but aspirin should be avoided because taking it for some forms of flu has been associated with Reye's Syndrome, a serious disease in children that can occur following a viral illness and that causes swelling of the brain. Prescription drugs are also available to treat flu; they are most effective if taken within two days of developing symptoms. Antibiotics are not effective against viral diseases like flu.

For information regarding local-area flu vaccinations, contact your local health department or the state Immunization Branch at (919) 733-7752, or North Carolina flu clinic locations can be found on-line at <http://www.mrnc.org/fcf/>.

###

Request for Information: Acute Encephalopathy Associated with Influenza Virus Infection in U.S. Children

Since the mid-1990s, several hundred cases of acute encephalopathy have been reported in Japanese children with influenza. These illnesses have been characterized by fever and rapid onset of encephalopathy, resulting in a high frequency of neurologic sequelae and mortality. Most of the children have had laboratory-confirmed evidence of influenza virus infection. Reports of influenza associated encephalopathy have been uncommon in the United States.

To determine if a similar pattern of influenza-associated encephalopathy is occurring in the United States, the Centers for Disease Control and Prevention (CDC) is requesting information from health care providers on any patient with acute encephalopathy meeting the following criteria:

- < 18 years old
- Altered mental status, or personality change in patient lasting > 24 hours and occurring within 5 days of the onset of an acute febrile respiratory illness
- Laboratory or rapid diagnostic test evidence of acute influenza virus infection
- Diagnosed in the United States

Please report any suspected cases to either Dr. Tim Uyeki (404-639-0277; tmu0@cdc.gov) or Dr. Niranjana Bhat (404-639-2893; nib9@cdc.gov) at CDC.

6005 - 1 270

Request for Information: Influenza-associated Deaths in U.S. Children

CDC would like to receive reports about any deaths in patients < 18 years old, with evidence of influenza virus infection.

We would like the following information on fatal cases in the U.S.:

- Clinical summary with history of illness
- Laboratory results, including documentation of influenza virus infection
- Autopsy report if available

Please report any fatal influenza-associated pediatric cases to either Dr. Tim Uyeki (404-639-0277; tmu0@cdc.gov) or Dr. Niranjana Bhat (404-639-2893; nib9@cdc.gov) at CDC.

EPI Information

November 2003 New Hanover County Health Department Betsy Summey, FNP, 343-6531

Influenza - Are We Protected?

Along with other regions in the U.S., North Carolina is experiencing early flu activity this season. Sentinel sites at college and university student health centers have noted clusters of flu cases. NCSU in Raleigh has reported an outbreak since November 11. Soon these students will be dispersing for the holidays carrying the viruses to many other areas.



All isolates statewide are type A/H3N2 and samples have been sent to the CDC for strain identification (Panama vs. Fujian). Type A/H3N2/Panama is in the current vaccine but it is not known whether it will protect against the Fujian strain. Vaccination is still encouraged because there may be cross-protection. The vaccine will protect against the other two viruses A/H1N1/New Caledonia and type B/Hong Kong. **Immunity occurs in two weeks after vaccination, so it is important to vaccinate now.**

Texas has reported increased morbidity in type A/H3N2 cases in pregnant women with pneumonia and in school aged

children with encephalopathy. **Please notify the Health Department if you see suspected flu activity or cases of flu-associated pneumonia in pregnant women or encephalopathy in children.**

Vaccine Questions

For medical care providers who give immunizations, these questions occasionally arise:

Q: Is it required to use a vaccine information statement (VIS) in an emergency room when Td is given to a patient?

A: Yes. The National Childhood Vaccine Injury Act requires that a VIS be given to persons of any age before they receive a dose of any vaccine included in the Act. Tetanus and diphtheria toxoids are included in the Act. If the patient is unaccompanied and unable to clearly read and understand the information in the VIS, this should be noted in the patient's chart.

Q: What should be done if a dose of expired vaccine is given to a patient?

A: The dose should be repeated. If the dose is a live virus vaccine, you must wait at least four weeks after the previous (expired) dose was



given before repeating it. If you prefer, you can perform serologic testing to check for immunity.

Think TB

New Hanover County exceeded the national and state rates of tuberculosis last year. The current statistics indicate the



same may occur this year—and by a greater number. **To date, New Hanover County has had 15 cases of tuberculosis disease this calendar year, with a suspect currently hospitalized.** Of note, two of the cases did not survive their illness—having received medical attention too late in the course of the disease. One case is INH resistant.

A change in the Administrative Code is currently being proposed which will require laboratories who cultivate *M. tuberculosis* to submit the isolate to the State Laboratory of Public Health for genotyping. We have been able to access this capability by special request and found that several of our cases have the same genotyping. This came as no big surprise when we found

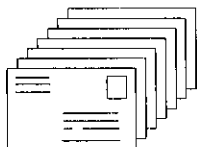
continued

the contacts of the cases overlapping time and time again.

We do appreciate your continued awareness of the problem of tuberculosis in our community, and hope that you will continue to think TB.

CDC Health Advisory

Pursuant to a CDC Health Advisory regarding the possibility of anthrax being identified in the Anacostia Naval Postal Sorting Facility, clinicians are urged to re-view the signs and symptoms of anthrax and consider the diagnosis with their patients.



Inhalation anthrax starts with a nonspecific prodrome (i.e., fever, dyspnea, cough and chest pain) following inhalation of infectious spores. Approximately

2-4 days after initial symptoms, and sometimes after a brief period of improvement, respiratory failure and hemodynamic collapse ensue. Inhalation anthrax also might include thoracic edema and a widened mediastinum on chest x-ray

Cutaneous anthrax follows deposition of the organism onto the exposed skin. An area of local edema becomes a pruritic macule or papule, which enlarges and ulcerates after 1-2 days. Small, 1-3 mm vesicles may surround the ulcer. A painless, depressed, black eschar usually with surrounding local edema subsequently develops. The syndrome may include lymphangitis and painful lymphadenopathy

Any suspected case of anthrax should be immediately reported to the appropriate local or state health department.

Final Issue

This will be the final issue of the *EPI Information* newsletter. Taking its place will be a newsletter with a more comprehensive view of health department activity and written by our Health Promotion Division staff. In the search for topics of interest for *EPI Information*, I have learned much, and I hope there's been a pearl or two for you as well!



Communicable Disease Statistics New Hanover County July 1, 2003 - October 31, 2003

AIDS	19	Meningitis Pneumococcal	0
Campylobacter	5	Meningococcal Disease	0
Chlamydia	172	Pertussis	3
Ehrlichiosis, Monocytic	1	Rky. Mtn. Spotted Fever	2
Gonorrhea	88	Salmonellosis	46
Haemophilus Influenza, Invasive	0	Shiga-Toxin Producing Infection (formerly E. coli 0157:H7)	2
Hepatitis A	1	Shigellosis	1
Hepatitis B (acute)	1	Strep, Group A, Invasive	1
Hepatitis B (chronic carrier)	8	Syphilis	6
Hepatitis C (acute)	0	Toxic Shock Syndrome	0
HIV Infection	19	Tuberculosis	5
Legionellosis	0	Typhoid (acute)	0
Listeriosis	0	Vancomycin Resistant Enterococcus	4
Lyme Disease	3		

DIABETES TODAY

MAKING A DIFFERENCE IN DIABETES WITH TIMELY INFORMATION FOR THE CITIZENS OF NEW HANOVER COUNTY

Could You Have Diabetes?

Diabetes is a silent disease. You can have it for years and not know it. During this time, harm to your eyes, nerves and kidneys may have been going on for up to 10 years. Many people first become aware that they have diabetes when they develop one of its life threatening complications.

Blindness. Diabetes is the leading cause of new cases of blindness in people ages 20-74.

Kidney disease. Diabetes is the leading cause of end stage renal disease.

Nerve disease and Amputations. Diabetes is the most frequent cause of non-traumatic lower leg amputations.

Heart disease and Stroke. People with diabetes are 2-4 times more likely to have heart disease and 2-4 times more likely to suffer a stroke.

Who's At Risk for Diabetes?

Your risk for diabetes goes up as you get older, if you are overweight, or if you are not active. It is more common in African Americans, Latinos, Native Americans and Asian Americans. Risk factors for diabetes include:

- Having high blood pressure (at or above 130/85)
- Having a family history of diabetes
- Having diabetes during pregnancy or having a baby weighing more than 9 pounds at birth

What Can You Do?

You can do things now to lower your risk:

- Keep your weight in control.
- Stay active most days of the week.
- Eat low fat meals that are high in fruits, vegetables and whole grain foods.



Where to Go for Help in New Hanover County

Diabetes is a complicated disease and adequate management requires access to many resources.

Most patients rely on their primary care doctor to both monitor and educate them about the disease. Additionally, those with diabetes are encouraged to see their ophthalmologist and podiatrist on a yearly basis to monitor potential long-term complications.

Optimally, all diabetics should see a diabetes educator and nutritionist. Diabetes educators teach patients about their disease and cover issues such as blood glucose testing, insulin pump education and dietary counseling. The diabetes educators at Wilmington Health Associates and Hanover Medical Specialists work with patients who are referred to their endocrinology department.

Liberty Home Care offers outpatient diabetes education. Nutritionists, such as Heidi Kaufman, counsel diabetics about special dietary needs. Medicare and some private insurance companies pay for diabetes education. Patients may be required to first meet an annual deductible and/or pay in advance for services.

The New Hanover Diabetes Today Coalition offers self-management classes for those who do not have insurance to cover diabetes education. For those who do not have a doctor, the New Hanover Community Health Center accepts new patients. Indigent patients with no insurance are eligible for the free walk-in diabetes clinic at Tileston. The outpatient department at New Hanover Regional Medical Center offers a diabetes clinic with physician referral.

For more information, please call-

New Hanover Community Health Center: 343-0270
 Wilmington Health Associates: 251-2093
 Hanover Medical Specialists: 763-5182
 Wilmington Endocrinology: 254-9464
 Heidi Kaufman: 343-7087
 Liberty Home Care: 815-4353 extension 274
 New Hanover Regional Medical Center: 343-7001
 Tileston Outreach Clinic: 343-8736

For additional information on resources in southeastern North Carolina, www.dmpartnership.org

For information about the New Hanover Diabetes Support Group, email DiabetesToday1@aol.com

If You Have Diabetes, a Flu Shot Could Save Your Life

For people with diabetes, the flu can be more than aches and pains. Diabetes can make the immune system more vulnerable to severe cases of the flu - which can mean longer illness, hospitalization, even death.

Consider the odds:

During flu epidemics, deaths among people with diabetes increase 5 - 15%. People with diabetes are 6 times more likely to be hospitalized with flu complications and 3 times more likely to die with the flu or pneumonia. Each year up to 30,000 deaths among people with diabetes are associated with influenza and pneumonia.

Flu vaccines are available at the New Hanover County Health Department, doctor's offices, clinics and pharmacies - and Medicare, Part B, covers them.



MARK YOUR CALENDAR

Diabetes Self-Management Classes

Tuesdays November 3, 10, 17 and 24
 3 to 5 PM at Cape Fear Community College
 Phone 343-6758. \$15 registration fee.

Diabetes Self-Management Class

Saturday, November 15
 9 am - 1 PM at New Hanover Community Health Cntr.
 Phone Nella at 343-0270 x 119 to register.
 Spanish Translation available
 Free for Health Center patients.

Diabetes Support Group

November 20
 Endocrinologist John Parker, MD
How to Successfully Manage Your Diabetes
 1:30- 3:00 PM at the New Hanover Senior Center
 Phone 343-6758 for information.

Free Foot Screenings

November 8 at Brunswick County Airport,
 phone 457-4789

November 15 at Second Wind Fitness Center in
 Hampstead, phone 259-5451

November 22 in Wilmington,
 phone 343-2470 for details

¿Podría Usted Tener Diabetes?

La Diabetes es una enfermedad silenciosa. Usted puede tenerla por muchos años sin saber que la padece. Mientras usted no sabe que tiene la enfermedad, la misma le está dañando sus ojos, sus nervios y sus riñones constantemente.

Ceguera: Diabetes es la principal causa de nuevos casos de ceguera en personas entre las edades de 20-27 años.

Enfermedad de los Riñones: Diabetes es la principal causa de enfermedad terminal de los riñones.

Enfermedad de los Nervios y Amputaciones: Diabetes es la causa principal de amputaciones de pies y piernas.

Enfermedades Cardiovasculares y Paros Cardiacos: Las personas con diabetes son 2 o 4 veces más propensas a sufrir enfermedades cardiovasculares o del corazón así como también ataques del corazón.



¿Quién está a Riesgo de Contraer Diabetes?

El riesgo de contraer Diabetes aumenta con la edad, si usted pesa más de lo normal o si es sedentario o sedentaria. La diabetes es más común entre los Africanos Americanos, Latinos, Indígenas Americanos y Asiáticos Americanos. Algunos de los factores que aumentan las posibilidades de contraer la enfermedad son:

- 1 Presión alta de más de (130/85)
- 2 Tener historia de diabetes en la familia.
- 3 Tener diabetes durante el embarazo o haber dado a luz a un niño de más de 9 libras.

¿Qué puede Hacer?

Usted puede hacer ciertas cosas para reducir su riesgo:

- Controle su peso
- Manténgase activo diariamente
- Consuma alimentos altos en fibra como vegetales y bajos en grasa y calorías.

¿Dónde puedo obtener ayuda en el condado de New Hanover?

La diabetes es una enfermedad complicada que requiere de un tratamiento adecuado así como de acceso a diferentes recursos para lograr un buen control. La mayoría de pacientes confían en su médico para que les administre y eduque acerca de su enfermedad. Es muy importante que los diabéticos visiten el oftalmólogo (doctor de la vista) y el podiatra (doctor de los pies) por lo menos una vez al año para asegurarse que se encuentren bien.

Idealmente, todo diabético debe reunirse con un educador de la diabetes y nutricionista para obtener consejería sobre aspectos claves en el manejo de su enfermedad tales como medir el nivel de azúcar diariamente, cómo usar la bomba de insulina así como aspectos relacionados con la nutrición. Lugares como Wilmington Health Associates y Hanover Medical Specialists trabajan con los pacientes que son remitidos por los departamentos de endocrinología. Algunas compañías de seguro privadas pagan por estas sesiones.

Nutricionistas como Heidi Kaufman aconseja a los diabéticos con respecto a sus necesidades dietéticas individuales. Medicare y algunas compañías de seguro médico privadas cubren estas clases de educación de la diabetes. Puede ser que los pacientes tengan que pagar un deducible anual o pagar por adelantado por estos servicios.

La Coalición de Diabetes Today ofrece clases para el control propio para aquellas personas que no tienen seguro médico. Una muy buena opción para aquellas personas que no tienen seguro médico es el New Hanover Community Health Center que cuenta con un programa de descuento familiar y que ofrece clases de diabetes totalmente gratis. También Tileston, ofrece una clínica para diabéticos sin seguro médico y acepta pacientes sin cita. Finalmente, el Hospital de New Hanover ofrece una clínica para diabéticos con recomendación del doctor.

Para más información por favor llame a:

New Hanover Community Health Cntr:
(910) 343-0270

Wilmington Health Associates:(910) 251-2093
Hanover Medical Specialists (910) 763-5182
Wilmington Endocrinology (910) 254-9464
Heidi Kaufman, MS, LDN, CDE. (910) 343-7087
Liberty Home Care.(910) 815-4353 extension 274
Tileston Outreach Clinic:(910) 343-8736
Para más informaciónpvisor la página web www.dmpartnership.org

Para más información con respecto al grupo de apoyo: Puede enviar un correo electrónico a DiabetesToday1@aol.com

Si usted tiene Diabetes, la inyección contra la gripe le puede salvar la vida

Si usted tiene Diabetes, la inyección contra la gripe le puede salvar la vida

Para las personas que padecen de la diabetes, la gripe puede significar más que dolores de cabeza y cuerpo. La diabetes hace que el sistema inmunológico sea más vulnerable a casos severos de la gripe lo que puede significar enfermedades por largos períodos de tiempo, hospitalizaciones y hasta la muerte.

Considere las condiciones:

Durante epidemias de gripe, el porcentaje de muertes entre diabéticos aumenta entre un 5-15%.

Las personas con diabetes son seis veces más vulnerables a ser hospitalizadas con complicaciones relacionadas con la gripe o neumonía. Cada año, entre 10, 000 a 30,000 muertes están asociadas con la influenza o neumonía.

Usted puede vacunarse contra la gripe a un costo reducido en lugares tales como El New Hanover Community Health Center, el Centro de Salud, oficinas de doctores privadas, farmacias. La mayoría de los seguros médicos cubre la acuna contra la gripe, así como Medicare y Part B.



Controlling Diabetes isn't a Piece of Cake

IF YOU ARE 18 YEARS OR OLDER, AND HAVE BEEN DIAGNOSED WITH TYPE 2 Diabetes Mellitus, then you may be eligible to participate in a medical research study of an investigational drug for diabetes.

For more information call
New Hanover Medical Research
910-799-5500

HANOVER MEDICAL SPECIALISTS, P.A.
and the Division of Endocrinology
Paul C. Whitesides, Jr., M.D.
Michael S. McGarrity, M.D.
John C. Parker, M.D.
1515 Doctor's Circle, Wilmington, NC 28401
(910) 763-6332
Office Hours By Appointment

Your Certified Diabetes Shoe Fitter
Mandy Wooten has completed advanced training in Teaneck, NJ on wound care & conservative management of diabetes. Let her expertise put you in the right shoe!

Medical Center Home Care
908 S. 16th St.
762-7007
Hours:
M-F 8-5:30
www.medicalcenterhomecare.com

Dr. Jeffrey B. Pupp, DPM*
Dr. Kevin G. Bachman, DPM
*Board Certified In Foot And Ankle Surgery

FOOT & ANKLE SURGERY • DIABETIC FOOT CARE
SPRAINS & FRACTURES • AMBULATORY SURGERY
INGROWN NAILS • ENDOSCOPIC SURGERY
SECOND OPINION CONSULTATIONS • X-RAY FACILITIES

CAROLINA FOOT CENTER
1602 Doctor's Circle • Wilmington 343-8889

WALLACE FOOT CENTER
928 N. Norwood St. • Wallace 285-3362

Insurance accepted and filed

Mexican American Cooking

By Marisa Warrix

The Mexican diet of today is rich in a variety of foods and dishes that represent a blend of pre-Columbian, Spanish, French and more recently, American culture. The typical Mexican diet is rich in complex carbohydrates, which are provided mainly by corn and corn products, beans, rice and breads. The typical Mexican diet contains an adequate amount of protein in the forms of beans, eggs, fish and shellfish, and a variety of meats including beef, pork, poultry and goat.

Because of the extensive use of frying as a cooking method, the Mexican diet is also high in fat. Try cooking in canola or vegetable oil to avoid saturated fat. The nutrients most likely to be inadequately provided are calcium iron, vitamin A, folacin, and vitamin C.

Marisa Warrix, Family and Consumer Sciences, Ohio State University

Spanish Style Rice with Chicken

Ingredients

- 1 tablespoon canola oil
- 2 medium onions, chopped
- 4 garlic cloves, minced
- 2 stalks celery, diced
- 2 medium red or green peppers, chopped
- 1 cup chopped mushrooms
- 1 3-lb chicken, cut in 8 pieces, skin removed
- pinch of salt
- 3 1/2 cups chicken broth, fat removed
- 4 cups water
- pinch of saffron for color
- 3 medium tomatoes, chopped
- 1 cup frozen peas
- 1 cup frozen green beans
- Olives for garnish (optional)



This dish is low in fat and chock full of healthy vegetables. The substitution of brown rice for white rice also makes this recipe high in fiber.

Preparation:

Heat oil over medium heat in nonstick pot. Add onion, garlic, celery, green pepper and mushrooms. Cook over medium heat, stirring, for about 3 minutes or until tender.

Add the rice, saute for 2-3 minutes, stirring constantly until it begins to brown.

Add the chicken, salt, broth, water, saffron and tomatoes. Bring the water to a boil, then reduce heat to medium low and let simmer.

Cover the pot and let simmer until the water is absorbed and the rice is tender, about 25-30 minutes. Stir in the peas, corn and beans and cook for 8 - 10 minutes. Garnish, if desired. Serves 8.

Arroz con Pollo

Ingredientes:

- 1 cucharadas de aceite de canola
- 2 cebollas medianas
- 4 dientes de ajo, picaditos
- 2 tallos de apio, en cubitos
- 2 pimientos verdes/rojos cortados en tiras
- 1 taza de hongos
- 2 tazas de arroz
- 1 pollo de 3-libras, cortado en 8 piezas, sin la piel
- 1 cucharadita de sal
- 3 1/2 tazas de caldo de pollo, quitele la grasa
- 4 tazas de agua
- Azafran, si lo desea
- 3 tomates medianos, cortados
- 1 taza de guisantes (petit-pois) congelados
- 1 taza de maiz congelado
- 1 taza de guisantes verdes (habichuelas tiernas)
- Aceitunas para adornar, si lo desea

Preparacion:

Caliente el aceite en una cacerola que no se pegue. Anada la cebolla, el ajo, el apio, el pimiento verde, y los hongos. Cocine a fuego mediano, removiendo a menudo, por cerca de 3 minutos or hasta que esten tiernos.

Anada el arroz y sofria por 2-3 minutos, moviendo constantemente hasta que coimienze a dorar.

Anada el pollo, la sal, el caldo de pollo, el agua, el azafran y los tomates. Espere hasta que el agua hierva, entonces baje a fuego mediano y deje que continue hirviendo.

Cubra la cacerola y deje que hierva hasta que toda la agua se absorba y el arroz este tierno (25-30 minutos).

Agregue los guisantes, el maiz y los guisantes verdes y cocine de 8 - 10 minutos. Adorne, si lo desea. (8 porciones)

LA COMIDA AMERICANA-MEXICANA

Por Marisa Warrix

La dieta mexicana es muy rica en una variedad de platos que representan una mezcla de tradiciones pre-colombinas, españolas, francesas y más recientemente de la cultura Americana. La típica dieta mexicana es rica en carbohidratos de los cuales la mayoría proviene del maíz y productos del mismo, así como de los frijoles, el arroz, y el pan.

La típica dieta mexicana contiene una cantidad adecuada de proteína en la forma de frijoles, huevos, pescado y una variedad de mariscos, carnes, cerdo, pollo etc.

La dieta mexicana es alta en grasas debido a que la forma más popular de cocinar los alimentos es friéndolos. Para reducir el contenido de grasas en las comidas pruebe el aceite de canola para evitar el consumo de grasas saturadas. Los nutrientes que esta dieta no proporciona adecuadamente son el calcio, hierro, vitamina A, encontrados en los alimentos son el calcio, el hierro, la vitamina A, ácido fólico y vitamina C.

Marisa Warix Ohio State University
Family and Consumer Sciences
1787 Neil Avenue, Columbia, OH 43210

Get Real! You don't have to eat like this to prevent diabetes.

Over 45 and overweight? Talk to your health care provider about the small steps you can take to prevent diabetes. For free information about preventing diabetes, call 1-800-438-5383.

State of North Carolina
Department of Health and Human Services
Division of Public Health • Diabetes Prevention and Control Branch
www.ncdiabetes.org



Wilmington Health Associates
NEW LOCATION:
1501 Medical Center Drive
Wilmington, NC 28401
*Our Board Certified
Endocrinologists Are Here To Help*

Kimberly Pugh, M.D.
S. Bryson Lee, M.D. DeDe Waring, M.D.
341-3375

**SUMMIT
PODIATRY**
Glaser Foot &
Ankle Clinic
1717 Shipyard Blvd.
791-1300

**If you're diabetic,
your feet need special attention.**

• INFECTION • FOOT ULCERS • NEUROPATHY
• VASCULAR DISEASE • BONE PROBLEMS
Call for a consultation today!

for

How to Enjoy Your Holiday Season and Still Eat Healthily by Mindy Saenz, RD, LDN, CDE

Food is one of the pleasures of parties, holiday festivities, and other social gatherings. Any food, even traditional holiday treats, can fit into a healthful eating plan. The secret is moderation and balance. Here are some tips to help you make it through the holiday season.

When you go to a party, focus on visiting with friends and family and set yourself as far away from the food table as possible. Only go through a buffet line once and only take small amounts of foods you really want. You don't have to taste everything to enjoy yourself. If you are asked to bring something, make sure you take a low fat item. That way you'll know there is at least one thing allowed on your meal plan.

Be realistic. Trying to lose weight during the holidays is probably an impossible goal. It may be better to decide to just not gain any weight.

Try to stick with your normal eating schedule as much as possible. Studies have found that people who skip meals end up snacking or eating more later on. It can even lower your metabolism so you don't burn as much energy.

Eat slowly. Really enjoy the taste of the food. It takes about 20 minutes for your stomach to signal your brain that you are full. If you gulp everything down, you can eat more than you need before your brain has a chance to figure that out.

It is usually better to eat a small serving or just a bite of some of your high-calorie food than to avoid it for so long that you end up pigging out on it. Eat a small bite and go on with life.

Balance your holiday meals with other meals during the day. Eat lower calorie meals during the day so you can enjoy your celebration foods without feeling guilty. It's your total calories for the whole day that matter, not the calories in one meal. Drink sparkling water with a twist of lime or a diet soda instead of alcoholic beverages. If you do drink alcohol, only have one or two drinks and never drink and drive. Remember that alcohol has almost as many calories as fat so be careful.

Stop eating when you leave the table. Avoid the urge to nibble as you are cleaning up the leftovers.

Remember to HAVE FUN! Sharing food is part of many celebrations, but enjoying a traditional holiday meal or a party food doesn't need to ruin the healthful food habits you've worked on all year long.

To help you plan a healthful holiday meal here are recipes created by Chef Chris Smith, "The Diabetic Chef" Chris has Type 1 diabetes and has trained at the Culinary Institute of America. He currently works as a chef for the Marriott Corporation.

Cornish Game Hen in Herb Butter (You can do this with chicken or turkey too)

This recipe using fresh or defrosted hens takes about an hour and a half to prepare and cook.

The Herb Butter takes 15 minutes to make and 2 hours to chill

Herb Butter

1/2 tsp. fresh thyme finely chopped (or 1/4 tsp. dried)

1/2 tsp fresh sage finely chopped (or 1/4 tsp. dried)

1/2 tsp fresh rosemary, finely chopped (or 1/4 tsp dried)

1/2 pound (1 stick) unsalted butter, left at room temperature until just soft—about 15 minutes.

Cornish Hens

4 Cornish game hens (fresh or frozen; if frozen, allow to defrost fully in the refrigerator before beginning the recipe)

3/4 tsp salt

1/2 tsp white pepper

1 ounce (5 tsp) olive oil

8 tsp Herb butter (one tsp per portion)

To prepare Herb Butter. In a medium size bowl, combine the thyme, sage, and rosemary with the unsalted butter. (You can work the spices into the butter with the back of a spoon). Set the Herb Butter lengthwise on a 1 foot length of waxed paper, 1 inch from the edge of the paper. Roll the Herb Butter in the waxed paper to make a cylinder. Crimp both ends of the paper and tape it shut so it does not unroll. Place the cylinder of Herb Butter in the freezer. Allow it to chill there for at least 2 hours. (It can be stored for up to 3 months.)

To prepare hens. Discard the giblets and rinse out the inside of the hens. Preheat the oven to 350 degrees F. Season each hen by rubbing it with the salt and white pepper inside and out. Now rub the olive oil onto the entire outer surface of each hen. Place a saute pan or nonstick skillet over medium-high heat. When the pan is fairly hot, place two of the hens in the pan and sear them to a golden brown. Then turn them over, and repeat on the other side. This will take about 30 seconds on each side.

(Note: Searing each hen not only turns the skin a golden color, but also begins the cooking process. It's a necessary step for the recipe, even if the high-fat skin is later discarded. Roasting the hen in the oven then makes it tender and helps keep the meat moist.)

If possible, also stand the narrow sides of each hen in the pan, and let each side sear for 30 seconds. (This will ensure that the cooking process begins evenly on all four sides, helping the hens to continue cooking evenly after they are placed inside the oven.)

Set the two seared hens aside, and repeat the searing process with the remaining two hens.

Place the 4 seared hens on the rack of a roasting pan. Place the uncovered roasting pan in the preheated 350 degree F oven, until hens are fully cooked. (The hens are cooked when an instant-read thermometer inserted in the breast, reads 170 degrees F, inserted into the thigh reads 180 degrees, or when the juices run clear when the hen is pierced with a fork.)

Remove the hens from the oven and allow them to rest (no need to remove them from the pan) for 5 to 10 minutes.

To carve the hens: Split each hen in half lengthwise by placing the hen on a solid surface such as a cutting board. With the breast side up, using a sharp knife, carefully slice from the breast bone lengthwise down the breast, keeping the knife next to the bone. With the tip of the knife, follow through around the underside of the hen. Now, still using the tip of the knife, cut the breast away from the rest of the hen. Finally, cut the leg and thigh piece away. This will complete one portion.

After carving all 4 hens, arrange 1 breast and 1 leg and

thigh piece (1/2 hen) on each plate.

Remove the Herb Butter from the freezer. Unroll the wax paper. slice 8 coin-sized slices equal to about 1 teaspoon each. If you want to remove the skin from the hens, do so now. Before serving, place a coin of Herb Butter on top of each portion. It will melt and enhance the flavor of the dish.

Rewrap the remaining stick of herb butter and return it to the freezer for later use.

Whipped Sweet Potatoes with Caramelized Shallots
Makes 8 servings.

This recipe takes about 60 minutes to prepare and cook.

3 1/3 ounces raw shallots, including skin

1 tsp olive oil

1 pound fresh sweet potatoes, peeled

2 quarts water

1 tsp salt (most will be thrown out with the water)

3 ounces (a bit less than 1/4 cup) evaporated, not condensed skim milk

2 tbsp margarine

1/4 tsp white pepper, or to taste

1/4 tsp cinnamon or nutmeg, or to taste

To caramelize the shallots: Peel the shallots, slice them into 1/4 inch pieces. Take a medium size saute pan or nonstick skillet and heat it on medium-high heat. Then add the olive oil.

Now add the shallot pieces and saute until the shallots turn golden, about 3 to 5 minutes. Take the shallots out of the pan and reserve them for later use.

To prepare the sweet potatoes: Dice the peeled sweet potatoes into 1 inch pieces. In a medium size sauce pan bring 2 quarts of water to a boil. Add the salt and diced sweet potato to the water. Allow the water to continue boiling gently until the sweet potatoes are fork tender, about 10 to 15 minutes. Drain the sweet potatoes and place them in a medium sized bowl. Using an electric hand mixer, combine the sweet potatoes, half of the caramelized shallots, and the rest of the ingredients until they are thoroughly mixed. Place this mixture in a serving dish. Garnish by placing the other half of the caramelized shallots on top. Serve hot.

Fresh Apple-Pear Chutney

Makes 8 servings

This recipe takes about 30 minutes to prepare

1 medium Red Delicious apple, unpeeled

1 Granny Smith apple, unpeeled

1 medium Bartlett pear

1/2 cup raisins

1 tbsp grated orange rind

2 ounces (1/4 cup) fresh orange juice

1/4 tsp vanilla extract

1/4 tsp cinnamon

5 fresh mint leaves, finely chopped

Core the apples and the pear. (Wash the fruit well, and leave the skin on. It will add color and fiber) Dice the apples and the pear into 1/2 inch cubes and place them in a medium size bowl.

Add the rest of the ingredients (raisin, grated orange rind, orange juice, vanilla extract, cinnamon, and mint leaves) Mix well.

Cover the mixture and place it in the refrigerator for about 3 hours. Serve chilled.

retina
of coastal
carolina

medical and surgical treatment of diseases of the vitreous and retina

Diabetic Retinopathy

Board Certified in Ophthalmology

Igor Westra, MD • Erik van Rens, MD

1801 New Hanover Medical Park Dr. • Wilmington, NC
1783 Country Club Rd Suite 104 • Jacksonville, NC
4000 Highway 9E, Suite 240 • Little River, NC

www.retinaofcoastalcarolina.com

910.354.2022 • 1.888.273.8462

Meter Conversion Day
Call (910) 686-2988 to find out how you can get a free meter.

FreeStyle

• World's Smallest Sample Size!
• Approved for Alternate Site Testing

Nov. 5th
Retirement Living Showcase
Coastal Convention Center
Wilmington, NC

Nov. 6th
Johnson Home Medical
Porters Neck Shopping Cntr.
8207 Market St.
Wilmington, NC
(910) 686-2988



When Wounds Won't Heal

THE
Wc
WOUND CARE
CENTER

1776 WELLINGTON AVENUE • WILMINGTON
910.815.0005

ONSITE XRAY AND MEDICAL FACILITIES

Ghobad Azizi, MD

WILMINGTON
Endocrinology, PA
Specialized Medicine • Personalized Care

Board Certified in
Internal Medicine, Endocrinology,
Diabetes and Metabolism

Welcoming Existing Patients, New Patients and
Physician Referrals

For Appointments (910) 254-9464
1776 Wellington Avenue, Suite 2
Wilmington, NC 28403

