Annual Report
Fiscal Year 2011 - 2012
Mission

Leading in a collaborative effort to build a healthier community through improved access to health services, education and disease prevention

Vision

A healthy community for all
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BOARD OF HEALTH
2011/2012

Dennis Nitz, MD
Chair

Bruce Kolbe
Vice-Chair

George Boykin

James O’Kane

Judy Turner

Rod Earleywine

Erica DeLeon
Appointed Jan. 2012

Patrick Driscoll
Through Oct. 2011

Joy Caudron
Board Secretary

Dr. Delwyn L. Lassen, Chair
Pam Banks
Martha Burchard
Linda Drey
Kevin Grieme

Sheila Martin
Cindy Mildenstein
Richard Petersen
Mona Scaletta
Sharon Schroeder

Amy Slevin
Steve Venne
Sara Wester
Sandy Wienhold
Kelly Zvirgzdinas
SIOUTHLAND DISTRICT HEALTH DEPARTMENT STAFF

HEALTH DIRECTOR
Kevin Grieme

HEALTH OFFICER
Delwyn L. Lassen, MD

VETERINARIAN OFFICER
Thomas F. Carr, DVM

DENTAL OFFICER
Dona J. Prince, DDS

CLINICAL LABORATORY OFFICER
Julie A. Breiner, MD

ADMINISTRATIVE SERVICES & HEALTH PLANNING
Joy Caudron

Administrative Services Director
Michelle Lewis
Angela Drent
Brent Harmeyer
Leann Orr
Sara Wester
Marilyn Cripe
Kay Gunsolly
Sandy Mortensen
Stephanie Powell
Jennifer Smith
Jody Westly
Chandra Chase
Tom Calvillo
John Mackie

Health Planner & Dev. Coordinator
Health Planner
Region 3 Health Educator
Region 3 Health Planner
Q.A./Q.I. Coordinator

Information Technology Specialist
Building Services Manager

LABORATORY
Tyler Brock

Laboratory Director
Patricia Fox
Sabohi Hafeez
Stacy McNear

ENVIRONMENTAL HEALTH
Chuck Cipperley (retired 12/31/11)
Michelle Clausen Rosendahl (2012)
Michelle Clausen Rosendahl (2011)
Ron Brandt
Glenn Eckert
Doyle McKeever
Tom Miller
David Peper (retired 12/31/11)
Alicia Sanders (2012)
Julie Taylor

Environmental Director/Deputy Director
Environmental Director
NURSING

Nursing Director
Linda Drey

Nursing Coordinator
Mona Scaletta
Kellie Zvirgzdinas
Amy Alford
Lori Baldwin
Sarah Blatchford
Denise Cockburn
Belinda Cole
Deb Ferris
Leslie Franco
Stephanie Franco
Sheila Garvin
Josefina Grimesey (retired 12/31/11)
Amber Hunwardsen
Brandie Koenig
Karen Lumphrey
Deanna Miller
Susan Nielsen
Lori Oetken
Julie Sampers
Barbara Van Beek
Jessica Vanston
Daniel Vazquez

NUTRITION

Nutrition Services Director
Sharon Schroeder

Oral Health Coordinator
Kathy Moreno
Becky Carlson
Carissa DeRocher
Jeannette Ford
Ivett Guerra
Katrina Harwood
Colleen Johnson
Stephannie Kotalik
Jennifer Lafferty
Ana Lopez
Jane Loving
Lidia Marquez
Deborah McLarty
Alicia Sanders (2011)
Jean Sterner
Sneha Virippil
VOLUNTEERS

Nursing Division
Margaret Crow
Dave Scholten
Henner Scholten
Aleck Yarosevich
Marlene Yarosevich

Oral Health Program
Susan Peete
Amanda Prunty
Doug Roggins
Karen Tagatz

Morningside College Nursing Students—Independent Study:
Kelsey Barker
Adison Gillett
Emily Gutz
Elizabeth Howard
Taylor Johnson
Samantha Thiele
AmeriCorps Member—Amy Houser

Resource Center
Barb Bobier
Karen Brinck

Tobacco Program and Tobacco Prevention Champions
Kim Imming - East High School
Kim Norris - River Valley High School
Cynthia Goetz and Christine Olsen - Sergeant Bluff-Luton Community School District
Warren Baker - West High School
Siouxland District Health Department has accomplished many things over the past year, but we have much more to do. The quote from St. Francis outlines a simple, step-by-step approach. Accomplishing what is necessary and what is possible can place an individual or an organization in a position to achieve what may seem to be impossible. This all sounds great, maybe even inspirational, but working towards our vision of “A Healthy Community for All” we need to incorporate the thoughts and ideas of our many community partners, and the SDHD staff that is providing our services, to begin the steps in moving from the necessary to the impossible.

The individual sections within this document provide you with status updates of the programs and services provided by SDHD. They reflect the work and dedication of our committed staff. We also acknowledge the dedication of our Board of Health members who work with us to develop policies and set the course for our organization.

Our most recent community health needs assessment identified seven specific areas that we must address to improve the health and well-being of Woodbury county residents: obesity rates, tobacco use, substance abuse, oral health, childhood lead poisoning, economic deprivation and mental health. Each of these in and of itself is a monumental task, but progress can be noted in all areas. This progress is the result of a combined effort of SDHD and community partners, in some cases our community partners are leading the charge.

Over the next year we will engage in a strategic planning process. The intent of this plan is to set a course and direction for Siouxland District Health Department for the next five years. With this plan in place we look to moving from doing the necessary and possible to doing the impossible. We have begun this journey, the Siouxland District Board of Health has adopted a new mission statement to reflect what they feel will provide the strongest base for this progress:

“Leading a collaborative effort to build a healthier community through improved access to health services, education and disease prevention.”

This is only the first step in a great journey and I hope that when offered the chance, you will take us up on the opportunity to be involved in determining our course.

Kevin Grieme
Health Director
#### STATEMENT OF REVENUES AND EXPENDITURES

**Revenues**

<table>
<thead>
<tr>
<th>Description</th>
<th>Year to Date 2011-2012</th>
<th>Year to Date 2010-2011</th>
<th>Year to Date 2009-2010</th>
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<td>Maternal Health Grant</td>
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<td>SDHD Resource Center- Donations</td>
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<td>Nutrition Program</td>
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<td>Childhood Lead Poisoning</td>
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<td>Lead Testing Fees</td>
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<td>1,806.90</td>
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</table>
## Total Grant Revenue

- 2011: 2,257,173.60
- 2012: 2,476,200.69
- 2013: 2,883,470.67

### Payroll accrual Adjustment

- 2011: 0.00
- 2012: 0.00
- 2013: (12,336.26)

## Total Revenue

- 2011: 3,199,377.95
- 2012: 3,414,183.73
- 2013: 3,902,871.56

### Local Tax Asking

- 2011: 1,788,608.00
- 2012: 2,018,516.04
- 2013: 2,084,902.08

## TOTAL REVENUES

- 2011: 4,987,985.95
- 2012: 5,432,699.77
- 2013: 5,975,437.38

## Expenditures

<table>
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<tr>
<th>Category</th>
<th>2011</th>
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<th>2013</th>
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<td>Nursing Services</td>
<td>983,070.56</td>
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<td>Medicaid Admin Claiming (MAC)</td>
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<td>Maternal Health</td>
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<td>TB</td>
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<td>Laboratory</td>
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<td>13,096.94</td>
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<td>15,507.18</td>
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<td>127,713.74</td>
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<tr>
<td>Drug Testing</td>
<td>101,619.79</td>
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### Period Thirteen

- Court House Adjustment (Mid American): 0.00
- Court House Adjustment (Mid American): 0.00

## TOTAL EXPENDITURES

- 2011: 4,962,693.39
- 2012: 5,263,004.33
- 2013: 5,598,595.99

### Changes in Fund Balance

- Excess of Revenues over Expenditures: 25,292.56
- Other Sources ** (836,335.01)
- Inc. / (Dec.) in Fund Balance ** (811,042.45)
- Fund Balance July 1, 2011: 2,178,354.47
- Inc. / (Dec.) in Fund Balance ** (811,042.45)
- Fund Balance June 30, 2012: 1,367,312.02

** FY12 Includes $837,991 Intergovernmental Fund Transfer
REVENUES - FY 11/12

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<th>Source</th>
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<th>10/11</th>
<th>09/10</th>
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<td>Medicare/Medicaid</td>
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<td>4.03%</td>
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<td>Grants</td>
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EXPENDITURES - FY 11/12

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<td>Emergency Preparedness</td>
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<td>Administration</td>
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<td>17.97%</td>
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<td>Nursing</td>
<td>35.25%</td>
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CORE PUBLIC HEALTH FUNCTIONS AND ESSENTIAL SERVICES

Since the publication of *The Future of Public Health* (Institute of Medicine, 1989), public health leaders have worked diligently to define the mission, activities and performance measures of public health. The three core functions of public health (assessment, policy development and assurance) explain the mission of public health. The 10 Essential Services define the activities and services of public health agencies.

The Core Functions serve as definitions and the Essential Services clarify actions for each of the three Core Functions. All three compose the framework within which the public health system operates.

The diagram below is from *The Public Health Competency Handbook 2002*. It is used to illustrate the dynamic system of Public Health Core Functions and Essential Services.

The Core Functions are the guiding principles of assessment, policy development and assurance. These make a continuous system that flows from one principle to the next. The 10 Essential Services expand the guiding principles of assessment, policy development and assurance.

Assessment is expanded into:
(1) Monitoring Health Status and
(2) Diagnosis/Investigation.

Policy Development expands into:
(3) Informing, Educating and Empowering,
(4) Mobilize Community Partnerships and

Assurance expands into:
(6) Enforcement of Laws and Regulations,
(7) Links to Providers of Care,
(8) Assure a Competent Workforce and
(9) Evaluation/Accountability.

The 10th Essential Service - Research and Innovation-links into the other nine essential services.
ADMINISTRATIVE SERVICES DIVISION

The Administrative Services Division provides Administrative support to the Siouxland District Health Department including fiscal management, customer services, building management, office services, purchasing, information management, Medicare and Medicaid billing, licensure and inspection reporting for food and lodging facilities as well as inspection reporting for swimming pools, tanning and tattoo facilities for 10 counties, computer support, health statistics, fiscal grant management, human resources and other special projects.

This Division consists of a Health Planning & Development Coordinator, two Health Planners, one Health Educator, Quality Assurance Coordinator, Information Technology Technician, six Administrative support employees and an Administrative Services Director.

<table>
<thead>
<tr>
<th></th>
<th>FY 2011-2012</th>
<th>FY 2010-2011</th>
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<tr>
<td>SDHD EXPENDITURES</td>
<td>$4,962,693</td>
<td>$5,263,004</td>
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<tr>
<td>SDHD REVENUES</td>
<td>4,987,985</td>
<td>5,432,700</td>
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</tbody>
</table>

This year we have had auditors from the Federal agencies, State of Iowa Auditors and local independent auditors. They all continue to commend the SDHD for the compliance and internal control regarding reporting and requirements of Federal and State code.

Administrative staff continues to meet new challenges with larger and more complicated fiscal grant responsibilities. We strive to become more efficient in our Administrative responsibilities. The staff has also taken an active part in various Committees such as Policy and Procedures Committee, Safety Committee, IT (Computer) Committee, Healthy Siouxland Initiative, Public Health Emergency Preparedness Planning, Lead Coalition, Nursing Advisory, Employee Wellness, Maternal Health Program, Mental Health Committee and Woodbury County Health Insurance Committee.

This year the SDHD employed 56 full time employees and 12 part time employees. The SDHD also contracts with a Health Officer, a Veterinarian, a Dentist and a Clinical Laboratory Director.

As in past years, we are involved in the fiscal responsibilities and human resources and have become much more proficient in our data and Administrative responsibilities.

Our cooperative working relationship with Woodbury County Information and Communication Center (WCICC) has proven to be a great asset for the SDHD. The shared IT Technician continues to monitor and assist staff with problems. During this past year she has continued to work closely with Administration for computer education, problem solving and planned replacement of computers, printers, fax machines and copiers. She has also been instrumental in assisting with the telephone system and cellular phones operation.

The Division continues to develop a Medical Reserve Corps of volunteers to bring people and community needs together through participation in strategic initiatives that mobilize volunteers to meet local community needs.

SDHD was also pleased to provide a working home for an AmeriCorps member who worked for 11 months on various wellness related projects.

The Building Services Manager continues with additional building responsibilities, building security and is also responsible for the SDHD fleet. During the past year major capital improvement projects have been completed, including clinic modifications, roof replacement and boiler replacement.
GRANT FISCAL MANAGEMENT
The Administrative Division conducts the fiscal management for 21 Federal and State Grants. They also are fiscally responsible for several minor “one time” grants allocated to the SDHD. Public Health Emergency Preparedness grants continue to create challenges as Administrative Services is fiscally responsible for 16 counties, which includes pass-through funding, billing, auditing, reports and meeting minutes.

COMMITTEES
The Policy and Procedures Committee continues to review and update current policies. Five new and/or revised policies have been approved by the Committee and have gone to the Board of Health for approval.

The IT Committee continues to work on and update the SDHD user-friendly website. The website continues to be a useful resource for public health information relating to current events. The domain name for the website is siouxlanddistricthealth.org.

The Safety Committee meets on a monthly basis to address safety issues for building, staff and clients, which includes Federal and State mandates.
HEALTH PLANNING

Healthy Siouxland Initiative (HSI) - Healthy Siouxland Initiative is a collaborative health planning coalition comprised of local health care providers, board of health members, educators, human service personnel, physicians, individual citizens, religious leaders, social agency staff, and law enforcement officials. HSI has nearly 100 representatives from over 45 organizations in Siouxland.

HSI Goals:
1. To collect and analyze health data
2. To bring providers together to focus on the health of the community
3. To coordinate services in the community
4. To create a “Health Report Card” for Siouxland

HSI meets on a monthly basis at the Siouxland District Health Department (SDHD) to network, discuss health needs in the community and to be educated on a variety of programs in the community. Some of the highlighted education sessions were:

- Greater Sioux City Metro Area Youth Survey
- BlueZone/Healthiest State Initiative
- beSomebody Campaign
- Salvation Army Beyond Poverty Initiative
- Siouxland PACE
- Siouxland Volunteer Center
- National County Health Rankings
- Siouxland Food Bank

HSI assumes a broad definition of “community” and strives to be inclusive through working with other local planning efforts and coalitions. Key to the groups work is a broad definition of “health” that means much more than the absence of disease. Health includes “quality of life” issues such as life style and behavioral choices, personal genetic endowment, socio-economic issues, and the cultural and physical environment around us. “Quality of Life” often means different things to different people but does have some common elements. For our purposes, we define a good quality of life to mean that individuals and families living in Woodbury County feel safe from crime, live in affordable and high quality housing, and have access to healthcare, education and employment. Although these are basic expectations for any community, they transcend economic status, age, race, household composition, or any other demographic characteristic.

SDHD and the Siouxland District Board of Health are responsible for the Core Function of Assessment in public health services. This assessment is required every five years and is intended to assess previous progress in identified needs and goals, as well as identify any new and emerging issues that may be challenging the health and wellness of Woodbury County Residents. HSI led the role in assisting with the completion of the assessment.

The last assessment was completed in February 2011, after spending much of 2010 analyzing data and quality of life survey results and holding group meetings to identify the true needs in Woodbury County. During 2011 and 2012 a variety of HSI subcommittees met to address those needs.

HSI Vision:
A healthy, safe community in which individuals/families can live and grow to their full potential.

HSI Mission:
“To build partnerships that assures a healthy and safe community.”
Health Improvement plans were developed based on those identified needs in the following areas:

- Tobacco Use*
- Substance Abuse*
- Childhood Lead Poisoning*
- Economic Deprivation
- Mental Health*
- Oral Health*
- Obesity Rates – HSI/CTG Wellness Coalition*
- Economic Deprivation

* Reflects those prioritized areas that have subcommittees that are actively working during this program year.

These priority areas were identified after the collection and analysis of a wide range of data indicators for Woodbury County, the state of Iowa and six comparison counties in Iowa. The following is a brief update on each of the health improvement plan subcommittees:

**Tobacco Use** – Tobacco Free Siouxland is the Woodbury County based coalition that supports the reduction of the use of tobacco. The Tobacco Coordinator worked with local schools in organizing Teens Against Tobacco Use (TATU) trainings in the fall of 2011. Each of these teams developed and presented prevention messages to their peers and younger students during the spring of 2012. Tobacco Free Siouxland has also been working with area schools and multi-unit housing complexes in developing smoke free grounds policies and the general promotion of Quitline Iowa.

**Substance Abuse** – The local substance abuse coalition, Siouxland CARES serves as the lead role for this health improvement plan. On an annual basis they conduct the Greater Sioux City Metro Area Youth Survey. This survey is completed by 6th, 8th, 10th and 12th grade students from 8 school districts in the Sioux City Metro area. Results from this survey allow CARES to track trends in youth perceptions about availability, use and age of onset of use of drugs and alcohol. The Character Counts Initiative is also overseen by CARES. They distribute monthly awareness campaign newsletters, other educational opportunities and work on local and state legislative issues. Siouxland Cares kicked off the beSomebody Campaign, which is a social norming campaign on good citizenship, doing the right thing, role modeling, reducing bullying, and eliminating alcohol and other drug abuse. That somebody is us—we each need to hold ourselves accountable to be that positive agent of change.

**Childhood Lead Poisoning** – The Siouxland Childhood Lead Poisoning Prevention Coalition includes representation from several community partners. The overall goal of the Coalition is to coordinate the efforts of our represented groups to educate the public, parents, and medical providers in Woodbury County about the dangers of lead poisoning and the need for routine testing.

Childhood Lead Poisoning Screening has become a success story in Woodbury County. SDHD works with a variety of programs and physicians to assure that Iowa’s Statewide Plan for Blood Lead Testing is implemented within the County.

The City of Sioux City was awarded a new 3 year Housing and Urban Development (HUD) Lead Hazard Control Grant during the spring of 2012. This grant focuses on renovating local housing units where a child had been diagnosed with an elevated level of lead. As a partner in this program, SDHD staff provide education and outreach, market the program, intake of applications, orientation for applicants, and provide technical assistance.

**Mental Health** – Mental Health task force was originally formed in early 2011, to assist with the Health Improvement Plan goal of reducing fragmentation of mental health services for residents in Woodbury County. Since then Siouxland Mental Health, Siouxland Community Health Center, and St. Luke’s Regional Hospital continue to meet to discuss a variety of mental health issues affecting our community.
including regionalizing mental health services, and the need for more mental health providers in our area.

**Oral Health** - Oral Health subcommittee meets on a quarterly basis and was designated on the 2011 Health Improvement Plan to assist with accomplishing two goals over the next 5 years. The first goal is to identify dental care needs in both the adult and childhood populations within Woodbury County. The second goal is to increase dental opportunities for children that are uninsured or underinsured and children with Medicaid, while raising the awareness of Medicaid provided dental services for children. Members of this committee worked together to promote two options for dental opportunities for the uninsured or underinsured including the Iowa Mission of Mercy (IMOM) that was held in Sioux City in November 2011, and the Give Kids a Smile (GKAS) program that was held in February 2012. IMOM provided care to 1350 patients, while 9 dental offices participated in GKAS day.

**HSI/CTG Wellness Coalition** – The work being completed by this group has focused on one core goal, and that is to prevent an increase in obesity rates in Woodbury County residents. During the spring of 2012 the original HSI Wellness group combined efforts with the Community Transformation Grant Wellness Coalition to become one working group. They will continue to move forward in the area of obesity prevention in coming years.

**Iowa Community Transformation Grant** - The Community Transformation Grant (CTG) funding was awarded to 26 Iowa Public Health Departments during the fall of 2011 for a 5 year project period (2011 – 2016) from the Iowa Department of Public Health, which in turn received their funding from the Federal Government. Siouxland District Health Department was one of the 26 selected counties to receive funding in Iowa. The purpose of this funding is to create policy, environmental and system changes at the community level that promote wellness and encourage healthier lifestyles. There are 5 focus areas: Coalition Development, Stanford Chronic Disease Self-Management Program/Better Choices Better Health, Worksite Wellness, Community Wellness, and Health Care. An SDHD Health Planner and Health Educator are responsible for completion of the annual workplan objectives.

**WORKSITE WELLNESS** - The Worksite Wellness Coordinating Council is organized to serve in a coordination capacity to provide support. There are currently 74 different businesses represented within this group that meets on a monthly basis for education and sharing of ideas that they can use in their worksites. The Wellness Council of Iowa/Wellness Council of America is a source of information that is accessed for guidance of the efforts of this group. Support is provided to businesses for health risk assessments, educational worksite wellness programs and incentives. This group also provides suggestions for updates and content of the [www.livehealthysiouxland.org](http://www.livehealthysiouxland.org) website.

**SDHD AmeriCorps** – Siouxland District Health Department applied for and was selected to be 1 of 10 locations across the state of Iowa to host a HealthCorps AmeriCorps member from September 2011 – August 2012. The SDHD AmeriCorps member was able to offer an array of child and youth nutrition and physical activity programs across Woodbury County, and assist with the expansion of the Live Healthy Siouxland Webpage, and worksite wellness programming.

**ADDITIONAL HEALTH PLANNING ACTIVITIES**
With the broad definition of health that is reflected through the work of public health agencies, Health Planning is involved with a number of community planning efforts focused on improving the quality of
life in Siouxland. Health planning assists in the pre-planning and development of many grant activities for a variety of SDHD programs. Health Planning helped by providing or participating in a variety of activities that included:

- Collecting, analyzing and reporting data
- Completing needs assessment
- Community presentations of health needs assessment
- Strategic Planning
- Facilitating collaborative community efforts
- Program evaluation
- Research for “best practices”
- Community education – including maintenance of the department website

(www.siouxlanddistricthealth.org)

**PUBLIC HEALTH EMERGENCY RESPONSE**

Being prepared for emergencies, both personally and professionally has been a focus of the Public Health Emergency response planning over the past nine years. Efforts have focused on providing public health agencies with the necessary information for them to be able to sustain themselves and provide for their communities during a natural or man-made disaster.

One of the nation's key preparedness challenges has been determining appropriate state and local public health preparedness priorities. To assist state and local public health departments in their strategic planning, CDC developed and released 15 capabilities to serve as national public health preparedness standards during the spring of 2011.

CDC's *Public Health Preparedness Capabilities: National Standards for State and Local Planning* provides a guide that state and local jurisdictions could use to better organize their work, plan their priorities, and decide which capabilities they have the resources to build or sustain. The capabilities also helped ensure that federal preparedness funds are directed to priority areas within individual jurisdictions.

**Region 3** is an area that includes 16 counties in Northwest Iowa. Funding for these efforts is provided through the Centers for Disease Control (CDC). Region 3 work is supported by two positions that are based at SDHD. They are a Regional Planner and a Regional Education/Exercise Coordinator. The Regional Planner works with the 16 local public health agencies and the Education/Exercise Coordinator works with the public health agencies and 21 hospitals located in the Region 3 area. They provided support to agencies to meet grant performance measures. All public health agencies were required to begin work on selecting and completing 3 of the 15 capabilities for the national public health preparedness standards over the course of the year. Regional staff also served as a link to IDPH for emergency preparedness work and other regional response partners such as Emergency Management and Homeland Security.

**Woodbury County:** To assure coordination of planning efforts, SDHD assigned the leadership responsibility for public health emergency response planning to one individual. During the past year SDHD has focused on the completion of the following 3 capabilities: Capability #3 Emergency Operation Center, Capability #6 Information Sharing, and Capability #8 Medical Countermeasures Dispensing.

SDHD staff participated in a functional exercise focusing on a foreign animal disease outbreak in Sept. 2011 in the Woodbury County/City Joint EOC with local and state partners. SDHD staff also participated in several mini workshops to address incident specific incident action plans and held a 2 hour table top exercise with incident command staff. This exercise was designed to test the effectiveness of the onsite incident management incident action plan forms. In addition, our Northwest Iowa Sanitarians group participated in a workgroup to identify Environmental Health’s roles and responsibilities within Capability #2 Community Recovery and Capability #8 Medical Countermeasure Dispensing.
QUALITY ASSURANCE AND QUALITY IMPROVEMENT

The Quality Assurance and Quality Improvement (QA/QI) program at SDHD functions within the Core Functions of Policy Development and Assurance. Working with the Division Directors, QA/QI program assists with the Essential Services of policy development, develops evaluation and accountability, assists with assurance of a competent workforce, and supports the completion of these tasks through research and innovation.

Some of the past year highlights include:

Policy development for individual departments as well as the agency continues. SDHD agency Policy Committee is made up of front line staff, Coordinators and Division Directors with active participation from all levels. The committee assists with writing and implementation of new policies. The Committee’s goal is to review every agency-wide policy on a bi-yearly basis and post all policies on the SDH share drive for ease of employee accessibility.

Grant review by QA/QI and Administration staff with Division Directors are held throughout SDHD. With each grant, the QA/QI focus is on outcomes and performance measures.

SDHD Safety Committee continues to ensure a safe work environment. QA/QI conducts mandatory In-services including blood borne pathogens, TB, civil rights, severe weather, CPR with AED, etc.

Database records of staff immunizations aids in the management, prevention, and control measures of communicable disease. The database provides a consistent method of tracking employee immunization status and monitoring health safety. This effort is supported by the Board of Health through approval of funds to purchase vaccine for employee immunity maintenance.

Public Health Emergency Preparedness All departments within SDHD are involved with pandemic and bio-terrorism preparedness, collaboration with community partners, and the implementation phase of emergency response plans. QA/QI assists with planning, writing, in-servicing, and safety during the preparation and response stages of bio-emergency preparedness and response efforts.

Prepare Iowa Learning Management System is designed to serve as a training and education resource for Public Health workforce and local Boards of Health. QA/QI works with SDHD managers and staff to fulfill certain mandatory trainings as well as professional development using this on-line system.

Public Health Modernization:
The 2009 Public Health Modernization Act (HF 811) put in place the mechanisms for voluntary accreditation of local public health agencies and the state public health department using the Iowa Public Health Standards. This legislation was the culmination of many years hard work by numerous public health professionals with the intent to provide clearly defined standards, increase public health system capacity, and provide equitable delivery of public health services throughout Iowa. SDHD began its readiness campaign for accreditation several years ago, and currently has in place all the pre-requisite components of the accreditation process; an agency strategic plan, community health needs assessment, and a health improvement plan. There are still some unknowns such as how each criterion will be measured and the fiscal impact meeting all of the criteria may have. QA/QI will continue to work with the Board of Health and all SDHD divisions toward self-assessment of adherence to the 11 component areas, 36 standards, and 100 criteria in preparation for voluntary accreditation.
**Health Insurance Portability and Accountability Act (HIPAA):**
On March 24, 2012 the Office of Civil Rights (OCR) sent the final HIPAA Omnibus Rule to the Office of Management and Budget (OMB) for review before publication in the Federal Register. The omnibus finalizes the proposed Health Information Technology for Economic and Clinical Health (HITECH) Act rule (July 2010), the interim final breach notification rule (August 2009), the interim final enforcement rule (October 2009), and the proposed modifications pursuant to the Genetic Information Nondiscrimination Act (October 2009). The HIPAA omnibus also extends liability to business associates and subcontractors. However, on June 22, 2012, the Office of Management and Budget announced that it was delaying release of the HIPAA Omnibus Final Rule from a projected early July 2012, to a future unspecified date.

**Medical Reserve Corps (MRC):** The Medical Reserve Corps (MRC) is a network of community-based units initiated and established by local organizations to meet the public health needs of their communities. It is sponsored by the Office of the Surgeon General of the United States. The MRC consists of medical and non-medical volunteers who contribute to local health initiatives, and supplement existing response capabilities in times of emergency. The MRC provides the structure necessary to pre-identify, credential, train, and activate medical and public health volunteers. Locally, each MRC unit is led by an MRC Unit Coordinator, who matches community needs with volunteer capabilities. Local MRC leaders are also responsible for building partnerships, ensuring the sustainability of the local unit, and managing resources. The Woodbury County MRC is housed within Siouxland District Health Department. During the fiscal year, 58 new members were recruited into the Woodbury County Medical Reserve Corps.
NURSING

The Nursing Division provides an array of home health and public health nursing services.

Home Health Services

Skilled Care Nursing (Disease and Disability)
SDHD is a Medicare/Medicaid certified home health provider. The purpose of the home health program is to promote, preserve, enhance, and protect the health and well-being of all persons while assuring the dignity and development of individuals and families.

Skilled nursing home visits are provided to Woodbury County residents who meet program requirements. Funding for the home visits comes from Medicare, Medicaid, third-party payers, state grant funds and Woodbury County tax dollars.

An annual client satisfaction survey resulted in an 86% response rate by clients. Survey results found:
- 89% of respondents reported learning how to care for themselves
- 92% of respondents were able to stay in their own home because of skilled nursing services
- 95% of respondents would recommend us to others
- 95% of respondents were satisfied or completely satisfied with services received

Home Health Aide
Home Health Aide is a physician ordered service that can be provided in combination with skilled nursing services or as a stand alone service called Personal Care Only. Clients receive personal care services from Direct Care Workers under the supervision of nursing staff.

An annual client satisfaction survey resulted in a 100% response rate by clients. Survey results found:
- 93% of respondents reported receiving the same level of care from all of the staff
- 85% of respondents were able to stay in their own home because of the home care aide service
- 100% of respondents would recommend us to others
- 93% of respondents were satisfied or completely satisfied with services received

Homemaker Program
The non-physician ordered Homemaker program utilizes Direct Care Workers to provide service to
residents in Woodbury County. The purpose of the program includes but is not limited to family preservation, household management, light meal preparation, light housekeeping, and essential shopping. A sliding fee scale is utilized to determine the hourly charge for the service. If a client is eligible, state grant dollars from the Local Public Health Services contract will pay for the service.

An annual client satisfaction survey resulted in a 92% response rate by clients. Survey results found:

- 98% of respondents reported that the staff had a professional appearance
- 68% of respondents were kept informed of schedule changes and visit times
- 98% of respondents were able to stay in their own home because of the home care aide service
- 100% of respondents would recommend us to others

### Public Health Nursing Services

**HOPES – HFI**
SDHD has been a provider of an intensive home-based visitation program for families called Healthy Opportunities for Parent to Experience Success – Healthy Families Iowa (HOPES-HFI) since 1997. The program is nationally accredited by Healthy Families America from Prevent Child Abuse America. Enrollment in the HOPES Program is voluntary and occurs prenatally or within the first three months following birth. Families receive current information on child development, child health, parent/child interaction and parenting skills which lead to improved health and safety of the child. The program follows a researched-based model from Healthy Families America and has these goals:

1. to systematically assess families for strengths and needs and refer as needed,
2. to enhance family functioning by building trusting relationships, teaching problem solving skills, and improving the family’s support system,
3. to promote positive parent/child interaction and,
4. to promote healthy childhood growth and development.

The HOPES program is 100% funded through grants from the Iowa Department of Public Health and Siouxland Human Investment Partnership (Woodbury County’s local Early Childhood Iowa Board). In FY 12, HOPES served 89 families. A total of 1,032 home visits were completed and 3,828 direct hours of service were provided. Families who participate in the HOPES program have high access to medical care for their children. 100% of target children had a medical home and 100% were fully immunized by age two. 90% had been screened for lead poisoning. 65% of target children age twelve months or greater had a dental home. 81% of target children were screened for developmental delays.

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<th>09/10</th>
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<td>Hours of Care</td>
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<td>3,629</td>
<td>3,783</td>
</tr>
<tr>
<td># of Clients</td>
<td>64</td>
<td>76</td>
<td>74</td>
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![FY 12 HOPES Chart](image)
HOPES uses a standard evaluation research based methodology to measure client outcomes called the Life Skills Progression (LSP) tool. The LSP is administered upon admission and at predetermined levels through discharge. Analysis of LSP data found:

- 76% of participating families improved or maintained healthy family functioning, problem solving, and communication;
- 55% of participating families increased or maintained social supports;
- 50% of families are connected to additional concrete supports;
- 36% of families increased knowledge about child development and parenting;
- 86% of families improved nurturing and attachment between parent(s) and children.

**Childhood Immunization Program**

SDHD’s Childhood Immunization Program promotes age-appropriate vaccinations for children from birth through age 18. The program and activities either provide direct services or educate the community on the importance of immunizing children against vaccine-preventable diseases.

Audits of the immunization records of all students enrolled in Woodbury County schools and licensed child care centers are conducted annually to ensure compliance with the Iowa immunization law. The FY 12 audit revealed 99.8% compliance in grades K – 12. The FY 12 Child Care Immunization Audit found that 97.8% of children in licensed child care centers were compliant with required immunizations. The Iowa Infant Immunization Initiative emphasizes and strives to meet the state and national goal of 90% of two-year old children who are fully immunized.

The Childhood Immunization Program includes the provision of regularly scheduled immunization clinics, identification and follow-up of at-risk families and provision of home visits to administer immunizations, computerization of client records, immunization education, and collaboration with other community partners. 4,085 clients received immunizations in FY 12 during a total of 153 clinic hours. 11,883 doses of vaccine were administered during immunization clinics.

**Iowa Care for Yourself Program**

The Care for Yourself (CFY) program has an emphasis on reducing mortality in Iowa women from breast and cervical cancer and heart disease through early detection, screening and education. The program is grant funded by the Centers for Disease Control (CDC). SDHD coordinates the program providing enrollment and case management services in Woodbury, Plymouth, Sioux, Lyon, O’Brien, Cherokee, and Ida counties. During FY 12, 251 women received screening mammograms, pelvic exams, pap smears, clinical breast exams and screenings for cardiovascular disease and diabetes. 126 women received limited CFY services. 247 women received one-on-one follow up education and lifestyle intervention services. The program works with area medical providers to encourage their participation in the program.

Additional program data:

- 16.7% of participants served had less than a 9th grade education
- 9.1% of participants served had some high school education but no diploma or GED
- 22.6% of participants were Hispanic and 6% were Asian
- 35.5% of participants had hypertension
- 43.3% of participants had high cholesterol
- 18% of participants were diabetic and 18.4% were pre-diabetic
- 26.5% of participants smoke
- 45.3% of participants were obese
- 26.5% of participants smoke
- 45.3% of participants were obese

**Title V Maternal Health**

Title V Maternal Health services are funded by a grant from Iowa Department of Public Health and from Medicaid revenue. The program targets pregnant women living in Iowa who are Medicaid eligible and other low income Iowa women. The program served 205 women during FFY 12. The program provides the information and support needed to have a healthy pregnancy and healthy baby. Core Maternal Health services include: Presumptive Medicaid Eligibility Determinations; Completion of the Medicaid Prenatal Risk Assessment; Care Coordination; Health Education; Dental Education; and Postpartum Home Visit.

Programmatic data includes:
- 85% of women received prenatal care in their first trimester of pregnancy
- 59% of women reported having at least one depression issue
- 48% of women did not have a regular dentist
- 51% of women had a primary language other than English
- 35% of women were single
- 27% of women had an 8th grade education or less

**Adult and Travel Immunization Program**

Influenza and pneumonia clinics were held in September and October of 2011. SDHD administered a total of 537 doses of Influenza vaccine. We continued to administered influenza vaccine in our office from November into early 2012. Influenza vaccine was targeted to CDC recommended people (all people 6 months of age and older) this year. Vaccination was especially important for people at higher risk of severe influenza and their close contacts, including healthcare personnel and close contacts of children younger than 6 months of age.

SDHD provides consultation and immunizations to physicians and individuals for international travel following guidelines from the Centers for Disease Control and Prevention (CDC). The travel immunizations are available for a fee. SDHD is a designated CDC Yellow Fever Site. SDHD served 704 individuals and administered 869 doses of vaccine in the adult/travel immunization program.

**Sexually Transmitted Disease (STD) Program**

The Sexually Transmitted Disease (STD) Program goal is to control and/or eliminate sexually transmitted diseases. SDHD provides free education, counseling, examination, and treatment of persons with sexually transmitted diseases. Public Health Nurses provide this service in conjunction with laboratory staff.
Individuals are assessed for factors that put them at risk for HIV and Hepatitis as well as STD’s. Hepatitis vaccine for A and B is provided at no cost to at-risk individuals through a grant from the Iowa Department of Public Health.

In the state of Iowa, syphilis, gonorrhea, chlamydia, HIV, and AIDS are reportable to the Iowa Department of Public Health. By Iowa Code, both the physician who ordered the test and the laboratory that processes the specimen are both to report names and other patient demographics. This information is protected by law and cannot be released to anyone other than individuals (disease prevention specialists and county public health communicable disease investigators) who perform partner notification and partner referral. In Iowa, by law, a minor can be tested and treated for a sexually transmitted disease without parental consent.

**Tuberculosis Program**

Tuberculosis is a highly contagious infectious disease. SDHD provides education, testing, consultation, medication management, and linkage to medical providers for individuals in Woodbury County with TB. Education of health care workers, employees, and the public is an important focus of the TB program. The average number of persons receiving medication for latent tuberculosis (TB) infection was 40 per month. Directly Observed Therapy (DOT) continues to be provided to clients with active TB or suspected TB disease as a means of assuring compliance with medication regime.

**Active TB Cases by Calendar Year**

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</thead>
<tbody>
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<td>Active TB Cases</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

**Community Outreach**

SDHD’s Public Health Nurses are involved in a significant amount of community outreach activities each year. Staff attended Social Health Team meetings at various Woodbury County schools serving as a community resource for school personnel. Participation on various community committees and work groups is also important. Examples of community participation include: Healthy Siouxland Initiative, Siouxland Human Investment Partnership (SHIP) Early Childhood Large and Small Group, Tri-State Immunization Coalition, and Early Intervention Services. Public Health Nurses also provide education to Woodbury County residents through media interviews, educational presentations and written articles.
NUTRITION

Nutrition Services provides programming for early childhood and the community in the areas of public health nutrition, oral health, resource/referral, and education. These programs and activities include: Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Medical Nutrition Therapy; Nutrition Consultation Services; Oral Health Program; Resource Center; Tobacco Use Prevention and Control Community Partnerships, and Community Outreach Projects.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

SDHD provides the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) for Woodbury County funded through the Iowa Department of Public Health. WIC is a federally funded nutrition intervention program serving pregnant, breastfeeding, and postpartum women, infants, and children up to age five. Nutrition education, supplemental foods, breastfeeding promotion and support, and referrals for health services are provided. Supplemental foods provided include iron fortified infant formula, baby foods, milk, cheese, eggs, peanut butter, beans, iron fortified cereals, whole grain bread, corn and whole wheat tortillas, Vitamin C-rich juice, tuna, carrots and fresh/frozen fruits and vegetables. Fat free or 1% fat milk is provided for all clients over age 2; 12-24 month olds are provided with only whole milk. The fresh or frozen fruits and vegetables are purchased with a Cash Value Voucher (CVV) of $6, $10, or $15. This voucher can also be used at the USDA approved Farmers Markets.

Support for breastfeeding is further enhanced by providing the exclusive breastfeeding mother with a larger food package valued at approximately $72/month (versus $42/month for the non-breastfeeding mother). Both manual and electric breast pumps are available for breastfeeding clients. Siouxland WIC receives a separate grant to provide a Breastfeeding Peer Counselor Program. Three peer counselors provided services to 458 moms and babies in this past year. Breastfeeding initiation rates are much higher for the women participating in the peer counseling program at 95% versus 64% for our agency as a whole.

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<tr>
<th></th>
<th>11/12</th>
<th>10/11</th>
<th>09/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siouxland WIC Clients: Average Served Monthly</td>
<td>4,109</td>
<td>4,228</td>
<td>4,323</td>
</tr>
<tr>
<td>% of Woodbury County Newborns Served</td>
<td>68%</td>
<td>&gt;70%</td>
<td>&gt;70%</td>
</tr>
<tr>
<td>Client Participation - Unduplicated</td>
<td>6,892</td>
<td>7,115</td>
<td>7,222</td>
</tr>
<tr>
<td>WIC vouchers - redeemed value</td>
<td>$2,723,583</td>
<td>$2,749,652</td>
<td>$2,757,364</td>
</tr>
<tr>
<td>Farmers Market vouchers - redeemed value</td>
<td>$38,154</td>
<td>$33,030</td>
<td>$39,114</td>
</tr>
<tr>
<td>% of Women receiving Breastfeeding Peer Counselor support who choose to breastfeed</td>
<td>95%</td>
<td>87%</td>
<td>NA</td>
</tr>
</tbody>
</table>

WIC vouchers purchase food and infant formula from the 20 WIC approved grocery stores and pharmacies in Woodbury County for our women, infants, and children. In addition, Farmers Market vouchers issued during the summer months allow clients to purchase fresh fruits and vegetables at the Sioux City USDA Farmers Market. Woodbury County WIC clients redeemed 61% of received vouchers during summer 2011 as compared to the Iowa average of 52% redeemed.
Siouxland WIC participates with several community partnerships. In addition to daily WIC services at Siouxland District Health Department, WIC is also provided in Correctionville monthly. Health fund monies support the blood lead draws for targeted 1 and 2 year olds during their certification appointment as well as the medical nutrition therapy counseling provided for those children with an elevated blood lead level. The WIC nurse refers those children with developmental concerns to Northwest Area Education Agency. Nursing students from local colleges rotate through the WIC program as a part of their community health training.

**Medical Nutrition Therapy**
Health fund monies support the provision of medical nutrition therapy (MNT) by dietitian staff for children with elevated blood lead levels and physician ordered special nutritional needs such as obesity, disordered eating, and lack of adequate growth. This MNT is provided in the office or in the child’s home with variable visit frequency and duration. Lead MNT was performed for 14 children and their families. Physician ordered MNT was provided for 2 children and their families including numerous visits with most taking place in the child’s home.

**Nutrition Consultation Services**
Nutrition consultation by SDHD dietitians has been provided to Sioux City Community School District and Head Start. These billable services included menu review and special menu adaptations.

**Oral Health Program**
The Oral Health Program (OHP) provides oral health education and screening opportunities for children in Woodbury County. All screenings are performed by a registered dental hygienist and include oral health education, oral health screening with fluoride varnish application and linkage of children with evidence of decay present to oral health providers. The primary target population includes children birth to age 5 served through the SDHD Resource Center, WIC, and other locations throughout Woodbury County. Problems with access to oral health care, especially for certain populations, were identified as part of the communities’ primary needs. Therefore, the Oral Health Program was developed in November 2000. Funding for the OHP is provided by a grant from the Siouxland Human Investment Partnership, Woodbury County’s Empowerment Board.

Woodbury County is a federally designated dental health professional shortage area. The following information is a summation of all oral health screenings performed on children birth to age 5 in Woodbury County:

<table>
<thead>
<tr>
<th></th>
<th>11/12</th>
<th>10/11</th>
<th>09/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Health screenings</td>
<td>1,354</td>
<td>1,216</td>
<td>1,290</td>
</tr>
<tr>
<td>Fluoride varnish application</td>
<td>1,338</td>
<td>1,196</td>
<td>1,261</td>
</tr>
<tr>
<td>Educated in oral health</td>
<td>3,126</td>
<td>2,762</td>
<td>2,819</td>
</tr>
<tr>
<td>Children with evidence of dental decay</td>
<td>28%</td>
<td>34%</td>
<td>38%</td>
</tr>
<tr>
<td>Children with a dental home</td>
<td>58%</td>
<td>66%</td>
<td>64%</td>
</tr>
</tbody>
</table>

Oral health screenings have been offered during Kindergarten Registration starting in 2006. Elementary schools request this service to help parents comply with the Dental Screening Requirement for School Enrollment. These screenings are done in collaboration with the Siouxland Community Health Center’s I-Smile program. The data below reflects the total screenings.
completed between both programs.

<table>
<thead>
<tr>
<th></th>
<th>Spring 12</th>
<th>Spring 11</th>
<th>Spring 10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children screened</td>
<td>479</td>
<td>468</td>
<td>462</td>
</tr>
<tr>
<td>Children with evidence of dental decay</td>
<td>29%</td>
<td>36%</td>
<td>39%</td>
</tr>
<tr>
<td>Children with a dental home</td>
<td>81%</td>
<td>86%</td>
<td>81%</td>
</tr>
</tbody>
</table>

Educating parents on the importance of their child seeing a dentist by age one has hopefully contributed to the consistent increase in the number of children with a dental home for both the Oral Health Program and Kindergarten Registration populations of children. Data collection remains an integral part of the Oral Health Program as very few communities have had the opportunity to gather local oral health data. The Healthy Siouxland Initiative (HSI) Oral Health Task Force, chaired by the Nutrition Division Director, is actively working on the issues regarding dental access for Woodbury County residents.

**SDHD Resource Center**

Since 2001, the Resource Center has provided a place for families to receive information and referral, group and individual parenting education classes, and a supportive environment. The SDHD Resource Center addresses the state and local Siouxland Human Investment Partnership Early Childhood Committee priority goal and indicator of “Secure & Nurturing Families: Decrease the Number of children confirmed as child abuse and neglect victims.” This goal is addressed through the provision of parent education. The Resource Center programming intends to strengthen, support, and empower Woodbury County families with children 0-5 years by providing them with the resources, skills, and knowledge to assist them in providing for and nurturing their children. Families complete an assessment, identify an individual or family goal as it relates to their child’s development, create an individualized education plan, and complete an evidence based program in an area of child and family development. Families may choose to earn an essential health or safety item upon completion of their evidence based program. The mission of the Resource Center is to provide support to Woodbury County families with children through age 5, so that these families will be safe, healthy and nurturing thus decreasing the occurrence of child abuse and neglect.

Resource Center programming is provided in English and Spanish including information and referral services; in-home, group and individual parent education classes; and support group activities. The in-home visitation component started this fiscal year and was a requirement of Siouxland Human Investment Partnership. During FY11/12, the Resource Center accomplished the following:

- 158 families were served
- 54 group-learning opportunities were held
- 569 home visits completed
- 66 in office visits completed

The Resource Center continued work towards completion of the Iowa Family Support Credential. This involves development of policies and procedures to demonstrate the Resource Center’s compliance to the thirty-two Iowa Family Support Standards.

Funding for the Resource Center is provided by 2 grants: Siouxland Human Investment
Partnership (Woodbury County’s Empowerment Board) and Prevent Child Abuse Iowa. The Resource Center also relies upon donations from individuals and businesses to provide essential safety items, developmental toys and books to the families that are served. In FY 11/12, the community support for the Resource Center consisted of private donations of books and other items valued at over $665. A yearly fundraiser since 2003, “Give a Gift of Blooms” provides assistance to the Resource Center programming raising $790 this year.

The Resource Center uses a standard research based evaluation tool called the Protective Factors Survey for program evaluation. This survey is completed by parents before and after completion of their evidence based program. FY 11/12 results are shared below:

- 70% of participating families improved or maintained healthy family functioning, problem solving, and communication
- 72% of participating families increased or maintained social supports
- 61% of participating families are connected to additional concrete supports
- 79% of participating families increased knowledge about child development and parenting
- 73% of participating families improved nurturing and attachment between parent(s) and children.

The Resource Center was notified in May 2012 that it would no longer be funded through Siouxland Human Investment Partnership, following their decision to fund only 1 resource center in the county. Work activities through the end of June included completing services to families while directing both families and community partners to available community resources.

Tobacco Use Prevention and Control Community Partnerships

The Woodbury County Tobacco Use Prevention and Control Community Partnership grant is funded by the Iowa Department of Public Health. The tobacco grant follows three key outcome indicators developed by the Centers for Disease Control and Prevention using these three goals for FY 11/12:

1) Prevent the initiation of tobacco use by youth.
2) Promote cessation by adults and youth.
3) Eliminate exposure to secondhand smoke.

Woodbury County tobacco grant highlights:
- During the 2011/2012 school year 4 high schools continued their youth tobacco prevention groups providing programming in their school activities and educating students in grades 5-8 in their feeder schools. A total of four Woodbury County apartment complexes have adopted smoke free policies for their tenants.

Community Outreach Projects

SDHD nutrition staff actively participate in numerous community outreach activities each year. Staff participate in Healthy Siouxland Initiative, Head Start Advisory Council, Hawk-i Task Force, Siouxland Human Investment Partnership Early Childhood Large Group, Early Intervention Services, Siouxland Cares, Siouxland Council on Child Abuse and Neglect, and Tobacco Free Siouxland. Nutrition Division professionals provide education to Woodbury County residents through educational presentations, television interviews, and newspaper articles.
ENVIRONMENTAL HEALTH

The Environmental Division holds a contract with the Iowa Department of Inspections and Appeals to license and inspect food and lodging establishments in ten counties in Northwest Iowa, including Woodbury, Plymouth, Sioux, Lyon, O’Brien, Osceola, Clay, Dickinson, Palo Alto, and Emmet Counties. These establishments include restaurants, grocery stores, home food establishments, vending machines, mobile food units, temporary food stands, and motels. As a part of this program, Environmental personnel also investigate all reported foodborne illnesses and complaints, and provide food safety education in the territory. We work with state and federal agencies to ensure applicable laws are complied with.

Food Safety and Lodging Program Inspections

<table>
<thead>
<tr>
<th></th>
<th>11/12</th>
<th>10/11</th>
<th>09/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Service Establishments</td>
<td>1,851</td>
<td>1,854</td>
<td>1,870</td>
</tr>
<tr>
<td>Home Food Establishments</td>
<td>22</td>
<td>21</td>
<td>15</td>
</tr>
<tr>
<td>Retail Food Establishments</td>
<td>412</td>
<td>448</td>
<td>460</td>
</tr>
<tr>
<td>Warehouse</td>
<td>29</td>
<td>24</td>
<td>26</td>
</tr>
<tr>
<td>Re-Check Inspections</td>
<td>201</td>
<td>174</td>
<td>134</td>
</tr>
<tr>
<td>Vending</td>
<td>10</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Farmer’s Market</td>
<td>13</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Temporary Food Stands</td>
<td>315</td>
<td>329</td>
<td>285</td>
</tr>
<tr>
<td>Mobile Food Units</td>
<td>114</td>
<td>161</td>
<td>123</td>
</tr>
<tr>
<td>Consumer Complaints</td>
<td>60</td>
<td>59</td>
<td>70</td>
</tr>
<tr>
<td>Food borne Illness Investigations</td>
<td>3</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Non-Food borne Illness Investigations</td>
<td>10</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Hotels/Motels</td>
<td>74</td>
<td>97</td>
<td>93</td>
</tr>
</tbody>
</table>

Through a contract with the Iowa Department of Public Health, Environmental staff inspect tanning salons, tattoo parlors, and swimming pools in a nine-county area, including Woodbury, Plymouth, Sioux, Lyon, O’Brien, Osceola, Dickinson, Palo Alto, and Emmet Counties.

Tanning, Tattoo, and Swimming Pool Inspections

<table>
<thead>
<tr>
<th></th>
<th>11/12</th>
<th>10/11</th>
<th>09/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanning Salons</td>
<td>94</td>
<td>99</td>
<td>337*</td>
</tr>
<tr>
<td>Tattoo Parlors</td>
<td>25</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>Swimming Pool Facility Inspections</td>
<td>90</td>
<td>104</td>
<td>189**</td>
</tr>
</tbody>
</table>

*These were the number of devices rather than tanning salons
**These were the number of pools, spas, slides rather than facilities
Animal bites that occur in Woodbury County are reported to the Department for investigation. Animals that bite are placed under quarantine for 10 days to monitor for signs of rabies illness. Animal specimens are submitted to the University of Iowa Hygienic Laboratory and Iowa State Diagnostic Laboratory for rabies testing.

**Animal Bite/Quarantine Field Visits**

<table>
<thead>
<tr>
<th></th>
<th>11/12</th>
<th>10/11</th>
<th>09/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabies Control Visits</td>
<td>177</td>
<td>241</td>
<td>243</td>
</tr>
<tr>
<td>Animal Heads Submitted for Testing</td>
<td>19</td>
<td>32</td>
<td>20</td>
</tr>
<tr>
<td>Positives</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The Grants to Counties program provides funding for Woodbury County residents with private wells to test their water for bacteria and nitrates free of charge. The water samples are collected by Environmental staff and taken to the Laboratory for testing. Financial assistance is also available for well rehabilitation or well plugging. Technical assistance is provided to home owners regarding water problems and corrective action.

**Well Water Testing and Abandoned Well Plugging Program**

<table>
<thead>
<tr>
<th></th>
<th>11/12</th>
<th>10/11</th>
<th>09/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Plugged</td>
<td>16</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Wells Tested</td>
<td>70</td>
<td>91</td>
<td>96</td>
</tr>
</tbody>
</table>

Environmental personnel also collect samples from Sioux City’s municipal water system to ensure the water is bacteriologically safe. They assist area businesses in collecting water samples to ensure they meet State and Federal guidelines.

**Water Samples Collected**

<table>
<thead>
<tr>
<th></th>
<th>11/12</th>
<th>10/11</th>
<th>09/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipal Water System</td>
<td>1453</td>
<td>1407</td>
<td>1429</td>
</tr>
<tr>
<td>USDA, EEC, Other</td>
<td>32</td>
<td>48</td>
<td>41</td>
</tr>
</tbody>
</table>

Well and private sewage systems in rural Woodbury County are inspected to make sure they are installed according to State requirements. This helps ensure protection of our groundwater resource.

**Well Drilling and Septic System Permits**

<table>
<thead>
<tr>
<th></th>
<th>11/12</th>
<th>10/11</th>
<th>09/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septic Permits</td>
<td>72</td>
<td>59</td>
<td>56</td>
</tr>
<tr>
<td>Well Permits</td>
<td>38</td>
<td>38</td>
<td>31</td>
</tr>
</tbody>
</table>
In 2011, the Environmental Division entered into a contract with the Iowa Department of Natural Resources to inspect commercial septic pumper vehicles and land application sites within Woodbury and Plymouth counties.

**Septic Pumper Inspections**

<table>
<thead>
<tr>
<th></th>
<th>11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vehicles Inspected</td>
<td>19</td>
</tr>
</tbody>
</table>

**Mosquito-Arbovirus Surveillance Program**

Siouxland District Health collaborated with Iowa State University (ISU) and the University Hygienic Laboratory in the mosquito arbovirus surveillance program. Personnel collect mosquitoes from two locations in Woodbury County and collect blood samples from a flock of sentinel chickens at Snyder’s Bend. These specimens are sent to ISU for identification and to the Hygienic Laboratory for detection of antibodies for encephalitis.

West Nile Virus has been detected in Woodbury County for the last several years. The Department also provides public health messaging through the media on how residents can protect themselves as well as reduce the number of mosquito breeding grounds.

**Childhood Lead Poisoning Prevention Program**

The goals of the Siouxland Childhood Lead Poisoning Prevention Program (CLPPP) are to increase awareness and decrease the incidence of lead poisoning in the children of Woodbury County. The program is coordinated through the Environmental Division, but program activities involve every Division at Siouxland District Health. Program activities include community education, assuring that Iowa’s Statewide Plan for Blood Lead Testing is implemented within the County, on-site blood lead testing, compiling lead test results from Woodbury County children, case management of lead poisoned children, nursing visits, nutrition counseling, home lead inspections to identify lead hazards, and follow up until the hazards are remediated to protect lead poisoned children from continued exposure to lead.

<table>
<thead>
<tr>
<th></th>
<th>11/12</th>
<th>10/11</th>
<th>09/10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspections</td>
<td>12</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>Remediated</td>
<td>8</td>
<td>18</td>
<td>4</td>
</tr>
</tbody>
</table>

Siouxland District Health Department has partnered with the City of Sioux City on their Lead Hazard Control Grant. The grant was awarded to the City by the US Department of Housing and Urban Development (HUD), and provides funds to make repairs to homes within the City that are found to have lead hazards. Priority for this program is given to homes where a lead-poisoned child resides, so it has greatly benefitted the Childhood Lead Poisoning Prevention Program. As a partner in this program, the role of the Health Department is to provide education and outreach, market the program, intake of applications, orientation for applicants, and technical assistance.

The only way to determine if a child is lead poisoned is with a blood test, and because of the high prevalence in Iowa, the Iowa Department of Public Health and the Centers for Disease Control and Prevention recommend that all children under the age of 6 in Iowa be routinely tested for lead.
poisoning. State legislation requires that all Iowa children receive a lead test prior to or upon entering kindergarten. The Siouxland CLPPP advocates for routine testing, provides education and resources to the community and local healthcare providers, and provides free testing through the Laboratory Division with cooperation from the Nutrition Division.

**Lead Tests Done on Woodbury County Children By All Providers**

<table>
<thead>
<tr>
<th></th>
<th>11/12</th>
<th>10/11</th>
<th>09/10</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3026</td>
<td>3323</td>
<td>3320</td>
</tr>
</tbody>
</table>

The Siouxland CLPPP also coordinates the Siouxland Childhood Lead Poisoning Prevention Coalition which includes representation from several community partners. The overall goal of the Coalition is to coordinate the efforts of our represented groups and to educate the public, parents, and medical providers in Woodbury County about the dangers of lead poisoning and the need for routine testing.
LABORATORY DIVISION

The laboratory provides analytical service to the Department; additionally, its staff provides epidemiological follow-up to various communicable diseases, education, expertise and problem solving to the medical community, various governmental agencies and to the public.

**Water Quality**
The laboratory is certified through the Iowa Department of Natural Resources to be in compliance with the Federal Safe Drinking Water Act to provide total and fecal coliform, heterotrophic plate count, nitrate, nitrite and fluoride analysis of public water supplies. Water samples are accepted from public agencies and private individuals from a wide geographic area. Education, problem solving and expertise is provided on proper collection procedures and resolution of water related problems. Water related health issues still exist and represent continued concern to the health and well-being of the public. The charts below illustrate positivity percentages in the private water tested in 11-12 as well as numbers from a variety of water types.

<table>
<thead>
<tr>
<th>2011-2012 PRIVATE WATER SAFETY ANALYSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLIFORM BACTERIA SAMPLES RECEIVED</td>
</tr>
<tr>
<td>BACTERIA POSITIVE</td>
</tr>
<tr>
<td>% UNSAFE FOR COLIFORM BACTERIA</td>
</tr>
<tr>
<td>NITRATE SAMPLES RECEIVED</td>
</tr>
<tr>
<td>ELEVATED NITRATES</td>
</tr>
<tr>
<td>% UNSAFE FOR INFANT CONSUMPTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WATER TESTS PERFORMED</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUBLIC</td>
</tr>
<tr>
<td>11/12</td>
</tr>
<tr>
<td>10/11</td>
</tr>
<tr>
<td>09/10</td>
</tr>
<tr>
<td>SIOUX CITY MUNICIPAL</td>
</tr>
<tr>
<td>11/12</td>
</tr>
<tr>
<td>10/11</td>
</tr>
<tr>
<td>09/10</td>
</tr>
<tr>
<td>PRIVATE</td>
</tr>
<tr>
<td>11/12</td>
</tr>
<tr>
<td>10/11</td>
</tr>
<tr>
<td>09/10</td>
</tr>
<tr>
<td>SWIMMING POOLS</td>
</tr>
<tr>
<td>11/12</td>
</tr>
<tr>
<td>10/11</td>
</tr>
<tr>
<td>09/10</td>
</tr>
<tr>
<td>TOTAL TESTS</td>
</tr>
<tr>
<td>11/12</td>
</tr>
<tr>
<td>10/11</td>
</tr>
</tbody>
</table>

**Environmental Analytes**
Food and dairy samples submitted by our environmental specialists or private individuals may be analyzed to determine if they are wholesome or involved in foodborne illness.

During the late summer and early fall months, pollen counts are conducted and forwarded to the U.S. Weather Service for dissemination to the public.
As part of a statewide monitoring program, sentinel chickens are bled weekly from early June until early October to detect the presence of virus which may cause encephalitis diseases such as West Nile Virus.

**Epidemiology**
The laboratory staff also conducts epidemiological and educational follow-up on the reportable communicable diseases. These illnesses would include sexually transmitted disease, Salmonella, Shigella, Campylobacter, 0157 E. coli, Pertussis, Mumps, Hepatitis A, B, C and others requiring follow-up investigation. The chart below shows the number of confirmed and probable diseases reported to SDHD.

<table>
<thead>
<tr>
<th>2011-2012 REPORTABLE DISEASE TRACKER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMPYLOBACTER</td>
</tr>
<tr>
<td>17</td>
</tr>
</tbody>
</table>

**STD/HIV/HEPATITIS PROGRAM**
The SDHD sexually transmitted disease clinic is open each business day for both males and females. Females are usually examined by appointment, but males are seen on a walk-in basis. This year, 630 male and 389 female clients were examined at our clinic with over 618 clients being treated for infections. Iowa Department of Public Health supplies free medications for chlamydia, gonorrhea, and syphilis and those diseases are treated by SDHD clinicians in house.

Through a grant provided by the Iowa Department of Public Health and in cooperation with SDHD Nursing Division, we offer Hepatitis A and Hepatitis B immunization to at-risk clients. Clients are identified through the interview process at our STD/HIV clinic and selectively through our drug screening program, with free immunizations being offered if they have not previously been immunized. Through this program, 69 people began one of the three hepatitis vaccine series in 11/12. A total of 146 doses of vaccine were given and 39 people completed their series in 11/12. On the next page is the 11/12 data.
**HIV Prevention**

The Department is designated by the Iowa Department of Public Health as an testing site for free and confidential HIV counseling and testing. Pre- and post-test counseling, including behavior modification strategies, are discussed with all clients requesting testing. Clients are also encouraged to be tested for syphilis, tuberculosis or Hepatitis B and C, if they are also found to be at risk for these communicable diseases. This year the majority of tests were done via the Inverness Clearview rapid test. Results are available in 15 minutes and the clients receive those results before they leave the clinic.

There has been a significant decrease in HIV testing over the last couple years. This decrease is due mostly to a new requirement from the IDPH HIV grant that requires 80% of persons tested must fall within certain high risk categories. In years past, we would offer an HIV test to anyone that presents for STD testing. Now, screening takes place prior to testing and this has resulted in very few tests for low risk individuals. HIV testing is also done in outreach settings such as Jackson Recovery Centers.

### SEXUALLY TRANSMITTED INFECTIONS DIAGNOSED AT SDHD CLINIC

<table>
<thead>
<tr>
<th></th>
<th>09/10</th>
<th>10/11</th>
<th>11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHLAMYDIA</td>
<td>142</td>
<td>145</td>
<td>210</td>
</tr>
<tr>
<td>GONORRHEA</td>
<td>31</td>
<td>26</td>
<td>22</td>
</tr>
<tr>
<td>SYPHILIS</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>NON-GONOCCCAL URETHRITIS/CERVICITIS</td>
<td>257</td>
<td>275</td>
<td>231</td>
</tr>
<tr>
<td>OTHER</td>
<td>230</td>
<td>234</td>
<td>203</td>
</tr>
<tr>
<td>STD CLIENTS TREATED</td>
<td>569</td>
<td>601</td>
<td>618</td>
</tr>
</tbody>
</table>

### HEPATITIS IMMUNIZATIONS 2011-2012

<table>
<thead>
<tr>
<th>STARTED SERIES</th>
<th>COMPLETED SERIES</th>
<th>TOTAL IMMUNES GIVEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>69</td>
<td>39</td>
<td>146</td>
</tr>
</tbody>
</table>

### HIV COUNSELING AND TESTING

<table>
<thead>
<tr>
<th></th>
<th>09/10</th>
<th>10/11</th>
<th>11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL HIV TESTS</td>
<td>649</td>
<td>531</td>
<td>470</td>
</tr>
<tr>
<td>ONSITE RAPID TESTS</td>
<td>522</td>
<td>477</td>
<td>455</td>
</tr>
<tr>
<td>RESULTS GIVEN</td>
<td>596</td>
<td>503</td>
<td>462</td>
</tr>
</tbody>
</table>
Clinical Laboratory Analysis
Specimens are submitted by area health care providers and in support of Departmental programs for the detection of sexually transmitted disease, enteric pathogens and intestinal parasites. The laboratory is certified by the Clinical Laboratory Improvement Amendments (CLIA) as a high complexity laboratory for the analysis of human specimens.

Lead Testing
The chart below shows SDHD lead testing data from the past three years.

<table>
<thead>
<tr>
<th>LEAD COLLECTION AND TESTING</th>
<th>09/10</th>
<th>10/11</th>
<th>11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL LEAD SPECIMENS</td>
<td>1352</td>
<td>1578</td>
<td>1192</td>
</tr>
<tr>
<td>LAB COLLECTED</td>
<td>199</td>
<td>322</td>
<td>108</td>
</tr>
<tr>
<td>ELEVATED LEVELS</td>
<td>52</td>
<td>63</td>
<td>33</td>
</tr>
</tbody>
</table>

Drug Testing and Collection
Urine Drug Screening is provided through agreements with the Department of Human Services, Juvenile Court Services and Federal Probations Office. SDHD directly observes the specimen collection for DHS and Federal Probation and does the testing for DHS and JCS samples. Federal specimens are sent to a national laboratory.

<table>
<thead>
<tr>
<th>DRUGS OF ABUSE TESTING AND COLLECTION 2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAMPLES COLLECTED</td>
</tr>
<tr>
<td>2471</td>
</tr>
</tbody>
</table>
The Siouxland District Health Department works cooperatively with several individuals, groups and agencies, and each of these partnerships is important to us. We appreciate your assistance in promoting and advocating conditions that support healthy individuals and a healthy Siouxland.

Key Information

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