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

Annual Report Fiscal Year 2014-2015

Vision: A Healthy Community for All.
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Siouxland District Health Department  
1014 Nebraska Street  
Sioux City, IA  51105  
712-279-6119
Board of Health 2014 / 2015

Judy Turner - Chair

Judy Turner is a Special Education/Early Childhood Nurse at Northwest Area Education Agency. Ms. Turner works with families and children, newborn to school age, with actual or potential developmental delays due to medical complications or other factors. Ms. Turner has a long history of working within the Siouxland community and networking with community agencies. Appointed to the Board of Health on January 7, 1997 and is currently serving as the Chair.

Adam Lloyd

Adam Lloyd has a personal and professional background in business finance and is currently the Business Relationship Manager at Wells Fargo Bank. He has a personal passion for the health and safety of our community and wishes to stay abreast of public health issues surrounding our community. Mr. Lloyd has been a Sponsor Family for the 2013 and 2014 Plymouth/Sioux County Heart Walks and has been a Sponsor Family of the March of Dimes 2013 Signature Chef’s Auction. Appointed to the Board of Health on March 11, 2015.

George Boykin

Mr. Boykin has acted as the liaison between the Board of Supervisors and the Siouxland District Health Department since January 1996. He is the Executive Director of the Sanford Center. Mr. Boykin works on behalf of citizens of Siouxland to better our communities and provide necessary services. Elected to the Woodbury County Board of Supervisors in January 1985.

James O’Kane

Mr. O’Kane was an Iowa Representative from 1983-1985. He is currently employed at the Sioux City Journal. Mr. O’Kane has been a member of the Iowa Boundary Commission, Iowa Civil Liberties Union, American Planning Association and Sioux City Planning & Zoning Commission. He represents the business community for the betterment of Siouxland and strives for the promotion of disease prevention. Appointed to the Board of Health on January 19, 1987.

Rod Earleywine, Ed.D.

Currently serving as the Superintendent of Schools for Sergeant Bluff-Luton CSD. Graduated December 2012 with Doctorate in Education Administration. Dr. Earleywine serves the SDHD as a representative of the school districts of Siouxland promoting communication and collaboration between the schools and SDHD. Appointed to the Board of Health on July 26, 2011.

Jeremy Taylor

Following high school, he taught English for 15 years at the high school and university level in New York, Vietnam and here in Sioux City. He enlisted in the Army National Guard and is now a Chaplain (Captain) in the Iowa Guard. He served as a State Representative from 1/10/11 – 1/13-2013 and served on various committees, including Vice Chair on the House Education Committee. Mr. Taylor currently works for the Sioux City School District. Elected to the Woodbury County Board of Supervisors and sworn in January 2015.

Shauna LaFleur, M.D.

Dr. LaFleur is a physician at Family Health Care of Siouxland – Indian Hills Clinic; and her areas of expertise include general and preventative medical care, women’s health including obstetrics and gynecology, pediatrics and acute care. Dr. LaFleur has an interest in public health, health education and disease prevention services for the citizens of Siouxland. Appointed to the Board of Health on April 8, 2014.
Past Members

Bruce M. Kolbe

Mr. Kolbe has retired from 41 years in the Sioux City banking industry and continues to serve on a number of community boards. He is presently managing property in downtown Sioux City.

Appointed to the Board of Health on February 24, 1998.

Erica DeLeon

Currently serving as the Executive Director of the Mary J. Treglia Community House since 2008. Ms. DeLeon works closely with immigrant and refugee populations in Siouxland and is eager to help SDHD identify and address the health and health education needs of these growing populations.

Appointed to the Board of Health on January 10, 2012.
Siouxland District Health Staff

HEALTH DIRECTOR
Kevin Grieme

DEPUTY DIRECTOR
Tyler Brock

HEALTH OFFICER
Delwyn L. Lassen, MD

DENTAL OFFICER
Dona J. Prince, DDS

CLINICAL LABORATORY DIRECTOR
Julie A. Breiner, MD

ADMINISTRATIVE SERVICES & HEALTH PLANNING

Administrative Services Director
Joy Caudron

Health Planner & Dev. Coordinator
Michelle Lewis

Health Planner
Angela Drent

Health Educator
Becky Carlson

Q.A./Q.I. Coordinator
Leann Orr

Marilyn Cripe

Jennifer Johnson

Crystal McHugh (through 6/19/2015)

Dana Medina (beginning 9/22/14)

Sandy Mortensen

Stephanie Powell

Jody Westly

Andy Pietz

Tom Calvillo

Bernard Allassouma (beginning 3/11/2015)

Lee Dean (through 11/30/2014)

Adam Lang

LABORATORY

Laboratory Director
Tyler Brock

Patricia Fox

Sabohi Inam

Stacy McNear

ENVIRONMENTAL HEALTH

Environmental Director
Michelle Clausen Rosendahl

Ron Brandt

Glenn Eckert

Nichol Foreman

Doyle McKeever

Tom Miller

Alicia Sanders

Zoe Sullivan (beginning 5/19/2014)

NURSING

Nursing Director
Linda Drey

Nursing Coordinator
Mona Scaletta

Hmkr/HCA Program Case Manager
Kellie Zvirgzdinas

Amy Alford

Lori Baldwin

Sarah Blatchford
Ivy Bremer
Emily Clayton
Denise Cockburn
Belinda Cole
Leslie Franco
Sheila Garvin
Gabriela Hernandez (beginning 11/3/2014)
Amber Hunwardsen
Lori Jackson
Ana Lopez
Susan Nielsen
Lori Oetken
Julie Sampers
Barbara Van Beek (through 6/26/2015)
Daniel Vazquez (through 9/19/2014)
Nancy Webb
Merilyn Worrell

NUTRITION

Nutrition Services Director

Sharon Schroeder
Kathy Moreno
Lorraina Denney (beginning 11/18/2014)
Jeannette Ford
Colleen Johnson
Stephannie Kotalik
Laurie Kuchera (beginning 6/8/2015)
Jennifer Lafferty
Allyson Larson
Jane Loving (through 6/12/2015)
Rosa Lupercio (beginning 7/7/2014)
Lidia Marquez
Megan Miller (beginning 11/18/2014)
April Padgett (beginning 8/11/2014)
Susan Reed (through 9/19/2014)
Anna Salem (beginning 7/7/2014)
Jean Sterner
Sneha Virippil
Mindi Weeks (beginning 6/23/2014)
Volunteers

Administrative Division
Glenda Plaza
Tylene Woods
Marlene Yarosevich

Nursing Division
Henner Scholten
Aleck Yarosevich
Marlene Yarosevich

I-Smile™ Oral Health Program
Jan Monahan
Maridell Standish
Tylene Woods

I-Smile™ Oral Health Program
Morningside College Nursing Students
Tyler Arensdorf
Anna Christensen
AnneMarie Davis
Hillary Hagge
Britta Kasmarik
Emily Keim
Kari McGregor
Cara Olerich
Courtney Schumacher
Vanessia Slaughter
Hiwott Taddese
Mckenzie Tschann
Doug Vanicek
Stephanie Zylstra
Message from the Director

“The only thing constant in life is Change” – François de la Rochefoucauld

Incorporating change into our worlds can come with stress or opportunity. It is when we focus on the stress alone, that it can become overwhelming. Public Health, as a whole, is an ever evolving science. This can be from the development of new vaccines, to the re-emergence of an age old disease such as Ebola. Whatever the cause, there is never a dull moment.

Siouxland District Health Department still continues to provide the services of immunizations, WIC, food establishment inspections, water quality, environmental quality, child health services, maternal health services, disease investigation, and a growing program of sexually transmitted diseases. These are all services that we have provided for years and plan to continue providing to protect you and your families from the impact of disease.

There are also new areas that we are now seeing the results of the groundwork we have laid over the past few years. One of these is in our work with communities to assist them in becoming active communities. Did you ever think that GIS mapping of sidewalks and pedestrian traffic routes would become the work of a public health organization? In partnership with the Siouxland Intrastate Metropolitan Planning Council (SIMPCO), SDHD staff has geo-mapped routes in Sioux City, Moville, Lawton and Sergeant Bluff. How does this related to public health?

In May, SDHD began to provide Child Health services. This program focuses on children who have recently enrolled in Medicaid. There is an initial contact with the family to provide education about Medicaid benefits and accessing preventive services, as well as care coordination contacts according to the EPSDT schedule. These services include oral health exams and any required follow up to the identified needs. This involves work with local dentists to accept Medicaid and support the dental work needed for these children. This enhances the existing oral health program that SDHD has had in operation for a number of years.

Research indicates that individuals, who live in communities where there are safer routes for pedestrian & bicycle travel, have a higher level of physical activity. With this increased level of physical activity we see an improvement in their health status. This means they are less likely to develop chronic conditions that require medical interventions.

Along with this work, the City of Sioux City is producing an Active Transportation Plan for implementation. This plan outlines a street design that is conducive to non-motorized vehicle and pedestrian traffic. This is accomplished by wider sidewalks, including bike lanes and narrower traffic lanes. These narrower lanes help to slow down vehicle traffic and assure pedestrians of safer passage.

It is also exciting to hear about the many initiatives that are occurring in our rural communities. With the construction of a new swimming pool, and creating safe routes to school, you have assets that support physical activity and community development. When looking at assets such as these, you must also view them as economic development tools. The work we must do to make each of our communities appealing to businesses and individuals that are considering re-locating is even more evident. In past years, we have
always considered a strong education system as the key draw for a new businesses or residents. Education is still important, but it is becoming a common practice that the health status of current residents of community is another factor.

This type of work is a major shift in what is expected from public health service. It is a shift that we need to welcome and incorporate to continue with our success and growth. We plan to continue to provide those quality services that we always have, but we must also look at changing and adapting to meet the needs of the future.

As in any great endeavors, they are rarely accomplished by one individual or organization. We will continue to look to the support and cooperation of our many partners and elected officials to meet this future demand. Continuing with quality services are only possible when you have capable and talented staff to complete this work, which is the case at SDHD. With this combined effort we will work towards “A Healthy Community For All.”

We look forward to the future challenges and changes.

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

#### Revenues

<table>
<thead>
<tr>
<th>Fees and Permits</th>
<th>Year to Date 2014-2015</th>
<th>Year to Date 2013-2014</th>
<th>Year to Date 2012-2013</th>
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#### Grants

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<th>Year to Date 2012-2013</th>
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<td>Drug Testing</td>
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<td>Oral Health</td>
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<td>Community Transformation</td>
<td>29,523.47</td>
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<td>21,348.44</td>
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### SDHD Resource Center - Donations
- 0.00 0.00 2,328.48

### Nutrition Program
- 9,302.50 8,768.25 12,840.89

### Childhood Lead Poisoning
- 24,932.50 43,761.50 45,915.50

### Lead Testing Fees
- 3.62 1,086.18 2,248.36

### HUD Lead Grant
- 1,300.00 17,977.11 3,040.27

### Mini Wellness Grants
- 32,262.53 15,000.00 20,250.00

### PICH Grant
- 37,108.58 0.00 0.00

### QI Project for Public Health
- 1,332.15 7,912.06 0.00

### Breastfeeding Peer Counseling
- 34,210.87 45,192.88 32,453.36

### WIC
- 654,716.27 45,192.88 32,453.36

### WIC Misc. Receipts & Reimb.
- 2,109.42 285.30 3,054.00

### Child Health
- 97,268.37 0.00 0.00

### Child Health Medicaid Fees
- 43,228.44 0.00 0.00

### Child Health Fees
- 129,834.39 0.00 0.00

### Total Grant Revenue
- 2,278,110.77 2,304,989.65 2,164,412.06

### Payroll accrual Adjustment
- 3,037,505.91 3,073,269.98 3,056,519.11

### Total Revenue
- 5,204,124.91 5,259,564.98 5,101,933.15

### Expenditures

#### Nursing Services
- 753,021.07 770,008.30 864,342.02

#### Immunization Billing Services
- 3,135.08 24,897.42 50,674.30

#### Tobacco Grant
- 51,301.27 53,172.52 50,674.30

#### MIECHV
- 145,374.57 136,897.20 139,238.71

#### Maternal Health
- 121,499.59 172,060.57 111,378.27

#### TB
- 1,793.88 0.00 1,512.83

#### SCCAN HOPES Contract
- 8,099.75 7,614.52 7,764.01

#### Infant Mortality
- 234,569.62 236,394.32 223,575.36

#### Laboratory
- 427,183.98 413,131.30 230,504.45

#### AIDS
- 0.00 0.00 9,894.50

#### Well Testing/Plugging
- 8,695.00 8,395.00 4,530.84

#### I-4 Project
- 42,871.35 47,354.39 41,853.60

#### SCCAN Prevent Child Abuse Contract
- 10,398.48 10,346.78 7,614.52

#### Region 3 Coalition
- 15,072.51 59,997.73 75,695.75

#### Nutrition Program
- 15,822.41 13,638.50 139,238.71

#### Breast/Cervical Cancer
- 8,099.75 7,614.52 7,764.01

#### Environmental
- 680,039.52 633,398.61 638,951.81

#### Childhood Lead Poisoning
- 22,731.18 37,714.04 38,177.47

#### HUD Grant
- 972.27 15,392.50 5,021.45

#### Mini Wellness Grants
- 7,078.06 11,923.12 22,220.58

#### PICH Grant
- 47,645.39 0.00 0.00

#### Community Transformation
- 23,689.75 63,935.91 82,209.74

#### Regional Emergency Preparedness
- 0.00 0.00 25,654.97

#### Local Emergency Preparedness
- 96,581.30 95,925.47 86,415.37

#### SDHD Resource Center
- 0.00 0.00 1,219.22

#### Drug Testing
- 28,215.43 29,937.93 77,058.48

#### Oral Health
- 71,117.32 79,784.44 90,306.04

#### Administration
- 832,913.24 807,296.05 1,025,648.54

#### WIC
- 742,032.36 703,492.96 696,196.93

#### Child Health
- 340,558.26 4,644.23 0.00

#### PH Services-Homemaker Services
- 257,442.60 255,510.96 166,754.47

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Siouxland District Health Department
<table>
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<th>Period Thirteen</th>
<th>209,996.82</th>
<th>208,829.70</th>
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<td><strong>TOTAL EXPENDITURES</strong></td>
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<td>5,010,768.82</td>
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**Changes in Fund Balance**

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<tr>
<th>Excess of Revenues over Expenditures</th>
<th>(74,385.45)</th>
<th>310,524.05</th>
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<tr>
<td>Other Sources **</td>
<td>(135,674.73)</td>
<td>(217,004.00)</td>
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<td>Inc. / (Dec.) in Fund Balance</td>
<td>(210,060.18)</td>
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<th>Fund Balance July 1, 2014</th>
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<th>1,458,476.35</th>
<th>1,367,312.02</th>
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<td>Inc. / (Dec.) in Fund Balance</td>
<td>(210,060.18)</td>
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<td>91,164.33</td>
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**Fund Balance June 30, 2015**

<table>
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<th>Fund Balance June 30, 2015</th>
<th>1,341,936.22</th>
<th>1,551,996.40</th>
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</thead>
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** FY12 Includes $837,991 Intergovernmental Fund Transfer
** FY14 Includes $217,004 Intergovernmental Fund Transfer
** FY15 Includes $133,771 Intergovernmental Fund Transfer
### Revenue - FY 14/15

<table>
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<tr>
<th>Source of Revenue</th>
<th>14/15</th>
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<td>Medicare/Medicaid</td>
<td>1%</td>
<td>.97%</td>
<td>2.70%</td>
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<td>Fees and Permits</td>
<td>14%</td>
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<td>Local Tax</td>
<td>41%</td>
<td>41.57%</td>
<td>42.42%</td>
</tr>
<tr>
<td>Grants</td>
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<td>43.82%</td>
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### Expenditures - FY14/15

<table>
<thead>
<tr>
<th>Department</th>
<th>14/15</th>
<th>13/14</th>
<th>12/13</th>
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</thead>
<tbody>
<tr>
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<td>3%</td>
<td>4%</td>
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<tr>
<td>Laboratory</td>
<td>15%</td>
<td>9%</td>
<td>6%</td>
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<tr>
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<td>14%</td>
<td>14%</td>
</tr>
<tr>
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<td>16.08%</td>
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<tr>
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<td>17.84%</td>
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</tr>
<tr>
<td>Nursing</td>
<td>27%</td>
<td>39.91%</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 (SDHD) 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 11 counties, computer support, health statistics, fiscal grant management, human resources and other special projects.

This Division consists of Quality Assurance Coordinator, Health Planning & Development Coordinator, Health Planner, Health Educator, Information Technology Technician, seven administrative support employees and Administrative Services Director.

<table>
<thead>
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<tbody>
<tr>
<td>SDHD EXPENDITURES</td>
<td>$5,278,510</td>
<td>$4,949,040</td>
</tr>
<tr>
<td>SDHD REVENUES</td>
<td>$5,204,124</td>
<td>$5,259,564</td>
</tr>
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</table>

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

The 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 Procedure Committee, Safety Committee, IT (Computer) Committee, Healthy Siouxland Initiative, Public Health Emergency Preparedness Planning, Lead Coalition, Employee Wellness and Maternal Health Program.

This year SDHD employed 60 full time employees and 8 part time employees. SDHD also contracts with a Health Officer, 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 SDHD. The shared IT Technician continues to monitor and assist staff with problems. During this past year he has continued to work closely with Administration for computer education, problem solving and planned replacement of computers, printers, fax machines and copiers. During this year he has also configured and installed computers, laptops and/or tablets in Administration, Environmental, Nursing and Nutrition Divisions, added laptops and provided training for Breastfeeding Peer Counselors, moved phones as employees moved workstations, worked with WCICC-IT to provide e-mail encryption, installed new WiFi for the entire building, including 10 WiFi access points. He continues to be instrumental in training new employees on computers and the VOIP phone system, as well as setting up computers and phones for new employees and programs.
The Division continues to develop a Medical Reserve Corps of volunteers to bring people and community needs together through and participate in strategic initiatives that mobilize volunteers to meet local community needs.

The Operations Supervisor continues with additional building responsibilities, building security as well as responsibility for the SDHD vehicle fleet. During the past year, improvement projects have included adding large stone EXIT and ENTER signs to the parking lot driveways to improve traffic flow and safety. New workspace was created by remodeling an existing space. This workspace now houses four employees working within the Care for Kids program. Security enhancements such as additional outside surveillance cameras and adding a door with a window to our second floor entrance improved employee safety and increased our ability to secure our facilities.

**Grant Fiscal Management**

The Administrative Division conducts the fiscal management for 32 Federal and State Grants. They are also fiscally responsible for several minor “one time” grants allocated to SDHD. Public Health Emergency Preparedness grants, including the Ebola monitoring funding, continue to create challenges for Administrative Services. The new Partnership in Community Health Grant (PICH), federally funded through CDC, has added additional billing and reporting aspects.

**Committees**

The Policy and Procedure Committee continues to review and update current policies. Four 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 web site is siouxlanddistricthealth.org. During this year SDHD continued to expand our presence in social media with more regular posts on Facebook and Twitter through the use of Hoot Suite. Our website page views increased from 4,657 to 9,226 during the year and continue to increase. Our highest quarter of website views for the year was 7,052. Our Facebook likes also increased during the year from 462 to 585. Beginning in June, we are now posting job vacancies on Facebook.

The Safety Committee continues to meet on a monthly basis to monitor and address safety issues for building staff and clients, which include drills required to meet 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 30 organizations in Siouxland.

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.

HSI Goals

1. To collect and analyze health data every 3-5 years.
2. To create a Community Health Needs Assessment and Health Improvement Plan for Woodbury County every 3-5 years.
3. To bring providers together to network, share what their role is within the community, and to educate partners on community health issues.
4. To promote the coordination of services in the community.

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 in FY14/15 were:

SIMPCO/SDHD – Walking School Bus and Walkability and Bikeability Assessments
Child Health Grant
Greater Siouxland Youth Survey Results
Trader Sioux
Iowa Immunization Council
Teen Sexual Health
Sioux City Parks and Recreation

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 Functions of Assessment in public health services. This assessment is required every five years and is intended to assess previous progress in identified needs and gaps, 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 FY14/15 a variety of HSI subcommittees continued to meet to address those originally identified needs.

Health Improvement plans were developed based on those identified needs in the following areas:

- Substance Abuse*
- Healthy Homes*
- Economic Deprivation
- Mental Health
- Oral Health*
- Tobacco*
- Obesity Rates – HSI/CTG Wellness Coalition*

* Reflects those prioritized areas that have subcommittees that actively met during FY14/15.

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.

**Tobacco Use and Community Partnership Grant**

Tobacco Free Siouxland is the Woodbury County based coalition that supports the reduction of the use of tobacco. The coalition meets quarterly to discuss tobacco issues in Woodbury County and also serves as the coalition for the Community Partnership grant SDHD holds with the Iowa Department of Public Health. The Tobacco Coordinator, who facilitates the Tobacco Free Siouxland meetings, also provides the day to day work on the Community Partnership Grant.

During FY14/15 our Tobacco Coordinator:

- Partnered with Jackson Recovery Center to offer the TAP and TEG programs. Intervening With Teen Tobacco Users (TEG) shows you how to effectively deal with students who violate a school's tobacco policy, while Helping Teens Stop Using Tobacco (TAP) provides tobacco-using youth with the options, resources, education, motivation and support to stop using tobacco. Seven classes were offered during the year.
• Worked with one additional multi-unit housing complex in developing smoke free grounds policies. Currently there are 17 multi-unit complexes in Woodbury County that are smoke free.
• Provided education to 8 area youth groups on tobacco prevention totaling 79 students.
• Worked with businesses in Woodbury County to implement a policy that will provide smoking cessation programs to their employees. Two additional worksites implemented Tobacco Free policies bringing the total to 12 tobacco free worksites in Woodbury County.
• Worked with area dental clinics to train staff on the 2A’s and R (Ask, Advise & Refer). Two additional dental clinics adopted a 2A’s and R Fax referral system.
• Promoted the use of Quitline Iowa.
• Worked with the City of Sioux City Parks and Recreation Department to adopt a Tobacco Free/Nicotine Free park(s) policy for Leif Erickson Park.
• Worked with a variety of committee chairs to adopt tobacco free outdoor community events. Four additional events are now tobacco free including Rib Fest, Mud Sux Run, Cancer Survivor Day, and Race for Hope.

Wellmark Grant

SDHD was awarded a Wellmark Grant that allowed them to partner with SIMPCO, Sioux City Community Schools and the City of Sioux City to complete infrastructure improvements along 3 identified Safe Routes to School Routes near Hunt Elementary, Loess Hills and Spalding Park Elementary Schools.

Infrastructure improvements included: installing curb ramps with truncated domes, painting crosswalks, changing placement of curb ramps to lead walkers across streets instead of into the middle of intersections, moving a bike route sign that was impeding view of traffic, changing an intersection from a 2 way stop to a 4 way stop, and also adding a new “stop sign ahead sign” to warn traffic of changes and placing flags on signs. Eighteen of twenty-three problem spots were improved upon.

Partnership to Improve Community Health Grant (PICH) – Live Healthy Siouxland Coalition

SDHD and the Live Healthy Siouxland Coalition were awarded a 3-year Partnership to Improve Community Health Grant through the CDC beginning in Oct. 2014. The grant provides funds to address chronic diseases and their associated risk factors, such as limited access to healthy foods and limited opportunities for physical activity in Woodbury County.

Focus areas for FY14/15:
• Increased healthy vending and cafeteria options in four worksites, including Siouxland Medical Education Foundation, New Perspectives, Inc., Sabre Industries and Unity Point St. Luke’s.
• Implemented worksite gardens and Fresh Produce Policies at 5 area worksites, including
Siouxland District Health Department, Center for Siouxland, Mary J Treglia Community House, Innovative Business Consultants and June E Nylen Center.

- Began a Fruit and Vegetable Prescription Program at three area clinics including, Siouxland Community Health Center, Unity Point Clinic Family and Internal Medicine at Sunnybrook and Unity Point Clinic Medicine at Sergeant Bluff. Between the three centers 428 prescriptions were written and redeemed for fresh produce, which was donated from Up From the Earth.
- Worked with 4 local child care centers to complete the Nutrition and Physical Activity Self-Assessment for Child Care Centers. Several environmental and nutritional improvements were made at each of the centers which included: Stella Sanford Child Care Center, Liberty Elementary, West High Child Care, and the Native American Child Care Center.
- Collaborated with 2 rural communities to implement Complete Street Policies and Safe Routes to School Policies within their community and school system. Year 1 communities included Sergeant Bluff and Moville, while schools were Sergeant Bluff-Luton and Woodbury Central.

**University of Iowa Living Well Grant**

The University of Iowa, selected SDHD as one of two pilot sites across the state of Iowa to implement the Living Well Iowa Project from June 2014 – June 2015. The primary focus of this grant was to improve the health status and access to health care for county residents living with a disability.

Accomplishments during FY14/15:

- Increased accessibility to community/worksite gardens throughout Woodbury County to individuals with disabilities and provided education regarding accessible gardening strategies. The following locations utilized an ADA accessible plot: Lawton Community Garden, Moville Community Garden, Mary J Treglia, Sergeant Bluff Community Garden, and Siouxland District Health Department.
- Promoted and increased participation in the national 14-Week Program to a Healthier You! Area organizations that participated with staff and clients were: New Perspectives, Inc., Goodwill, Opportunities Unlimited and MidStep Services.
- Worked to improve access to health care for those with a disability, by providing tool-kits to 15 area physician offices on how to better prepare for and provide appointments that are offered to individuals with a disability. Each clinic was provided with a free transfer board and information on how to purchase and or rent durable medical equipment.

**Worksite Wellness**

The Worksite Wellness Coordinating Council is organized to serve in a coordination capacity to provide support. There are currently over 50 businesses represented within this group who meet 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 and data collection, educational worksite wellness programs and incentives, program evaluation, as well as system and environmental level changes. This group also provides suggestions for updates and content of the www.livehealthysiouxland.org website. FY14/15 education topics included:

- Empowering Employees to Manage Their Own Healthcare
- Stress Reduction in the Workplace
- How to Tailor Messaging to Move People Forward
- Evaluating Outcomes and Demonstrating ROI
- Live Healthy 10 Week Wellness Challenge
- Helping Employees Manage their Finances
- Food for Employees: CSA’s & Worksite Gardens
- Budgeting Resources
- Helping Employees Struggling with Addictions
- What’s New in the Nutrition World
- Retirement Planning

Blue Zones

SDHD staff along with several other organizations in Sioux City continued to be engaged in the Blue Zone Project™. The Blue Zones Project™ is a community well-being improvement initiative designed to make healthy choices easier through permanent changes in environment, policy and social networks. During FY14/15 SDHD staff worked on the Walking School Bus, Worksite Wellness, Restaurant, Policy, Food Policy and Power 9 Committees.

Prevent Child Abuse

Our Strengthening and Empowering Families program is funded as a sub contract through Siouxland Council on Child Abuse and Neglect. This home based visitation 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.

During FY14/15 24 families with 55 unduplicated children were served during 100 home visits. Our Health Educator 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 14/15 results are shared below:

- 80% of participating families improved or maintained healthy family functioning, problem solving, and communication
- 90% of participating families increased or maintained social supports
- 70% of participating families are connected to additional concrete supports
- 90% of participating families increased knowledge about child development and parenting
- 84% of participating families improved nurturing and attachment between parent(s) and children
Health Education and Outreach

Our Health Educator participates in several community, school and worksite health fairs each year. During FY14/15 public health education and outreach occurred at these area events:

- Convoy of Hope
- Head Start Health Fair
- Siouxland Mental Health Employee Health Fair
- WITCC Health Fair
- Mary Treglia Health Fair
- Red Ribbon Week Activities
- Unity Point Perinatal Conference
- Centering on Centers Conference
- Day of Dance
- Briar Cliff Health Fair
- Kids Safety Fair
- Sabre Industries Employee Health
- Liberty School Health Fair
- Hy-Vee Health Fair
- Wells Blue Bunny Employee Health Fair – Woodbury County Residents
- Woodbury County Fair
Nursing Division

Health Maintenance Program

The Health Maintenance Program provides services to Woodbury County clients with a stable, chronic medical condition. Services are provided to persons that do not meet the requirements for skilled home health services, but still need to receive nursing services to help them maintain their current level of functioning and prolong their ability to remain in their own home. Clients must meet financial guidelines and follow the established sliding fee scale. Home visits are done one to two times per month. Referrals are accepted from physicians, families, hospitals, home health agencies, social service agencies, etc.

Public Health Nurses provide home visits to Health Maintenance clients to:

- Coordinate with a physician, pharmacy, community agency or caregiver.
- Monitor medication compliance, set up medications if necessary and educate the client on prescribed medications.
- Complete a client physical, emotional and safety assessment to assist in maintaining the client’s current level of functioning.
- Refer clients to other community resources for services to remain independent in their home.

FY 15 Program Data

Client satisfaction surveys were conducted and had a 100% response rate from clients. Results found that:

- 96% of clients reported that they learned to care for themselves.
- 100% of clients reported that they were able to stay in their own home because they received the Health Maintenance service.
- 100% of clients would recommend the program to others.

Homemaker/Personal Care Program

The Homemaker/Personal Care Program provides services to clients in their homes to maintain and prolong their ability to remain independent in their home by promoting a healthy, safe, stable and sanitary home environment. Homemaking services include but are not limited to assistance with personal care (assisting with bathing; transferring in and out of tub/shower; hair care; shaving; dressing), money management, household management, client education, meal preparation, family preservation management, essential shopping and basic housekeeping. Referrals are accepted from physicians, families, hospitals, home health agencies, social service agencies, etc. and will be based on the clients’ needs and program admission criteria.
FY 15 Program Data

Client satisfaction surveys were conducted and had a 98% response rate. Results revealed that:

- 100% of clients stated they were able to remain in their home because of receiving Homemaker services.
- 100% of clients would recommend the program to others.

HOPES – HFI

SDHD has been providing HOPES programming since 1997. We follow the research-based home visitation model from Healthy Families America (HFA). Our program has been recognized and awarded the Healthy Families America full accreditation status by Prevent Child Abuse America. Services are offered voluntarily, and are intensive over a long time frame. Services may begin during pregnancy or at the birth of a child and can continue for up to 5 years of the child's age. The program follows a researched-based model from Healthy Families America and has these goals:

- Promote optimal child health and development
  - Improve family coping skills and functioning
  - Promote positive parenting and family interactions
- Prevent child abuse and neglect, as well as infant mortality and morbidity

The HOPES program covers Woodbury and Ida County families and is 100% grant funded (Iowa Department of Public Health, Siouxland Human Investment Partnership and Prevent Child Abuse Iowa). In FY 15, HOPES served 102 families and completed 1,297 home visits.

SDHD continued participation in an extensive evaluation process at the local, state and federal level. The federal part of the research project did impact the number of families that could be served. The research also impacted the outcomes that we were able to report. Each separate funder required different data elements to be collected. Due to the changing data collection process and varying fiscal years we are not able to report off on our traditional indicators.
We are able to report on several demographics related to the families we served. Poverty and low maternal educational attainment were significant across all families served.

**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. The 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.

In April 2014 walk in immunizations clinics were changed to scheduled appointments. The total number of service hours doubled from the previous year. The immunization program served over 800 children more than last year. Medicaid enrolled participants increased by 3% from the previous year and is nearly 20% higher than five years ago.

The immunization program served 104 more children more than last year. Medicaid enrolled participants increased by 2% from the previous year and is nearly 20% higher from five years ago.

**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 15, 244 women received screening mammograms, pelvic exams, pap smears, clinical breast exams and screenings for cardiovascular disease and diabetes. The program works with area medical providers to encourage their participation in the program. Two program staff members completed Clinical Health Coaching training and are certified to provide Clinical Health Coaching. Program participants were dramatically impacted by the Affordable Care Act that enhanced access and reduced barriers to women for breast and cervical screenings.

**Title V Maternal Health**

Title V Maternal Health services are funded by 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 149 women during FFY 15. 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.

The Title V Maternal Health Program was impacted by changes in the provider community as Siouxland Community Health Center increased service provision to pregnant women. Referrals to the SDHD’s Maternal Health Program declined. Programmatic data includes:

- 26% of women received assistance with access to Iowa Medicaid.
- 5,616 minutes of care coordination (linkage to needed services in the community) were provided.
- 63% of women had a Prenatal Risk Assessment completed.
- 46% of women received oral health evaluation and a fluoride varnish application.
- 90% of women received health education.
- 52% received Nutrition Education.
- 256 taxi rides were provided to participating women to enable them to receive needed medical, dental or mental health services.

**Adult/Travel/Influenza Immunization Program**

SDHD provides consultation to physicians and individuals for adult vaccinations including international travel following guidelines from the Centers for Disease Control and Prevention (CDC). SDHD is a designated CDC Yellow Fever Site. Adult, travel and influenza vaccines are available for a fee. SDHD provided 563 doses of vaccine to 392 individuals in FY 15.

Two rural influenza clinics were held in the fall of 2014 in Moville and Correctionville. Influenza vaccine was also available by appointment at SDHD. 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.

**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. A total of 232 female STD exams were completed.

**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.

Data for the TB program is reported in Calendar Years. See the chart above for active TB cases. Staff case manages all clients with active TB as well as latent TB. Clients who have had latent TB have been exposed to an active TB case but are not contagious. They are encouraged to complete a medication regimen to reduce the risk of having active TB at some time in their life. Directly Observed Therapy (DOT) involves watching active TB clients take their medication every day. DOT continues to be provided to clients with active TB or suspected TB disease as a means of assuring compliance with the prescribed medication regime.

**Community Outreach**

Public Health Nurses are involved in a significant amount of community outreach activities each year. Staff participates in various community committees and work groups such as: Healthy Siouxland Initiative, Siouxland Human Investment Partnership (SHIP) Early Childhood Large/Small Group, Tri-State Immunization Coalition, School Social Health Teams and Early Intervention Services. Public Health Nurses also provide education to Woodbury County residents through media interviews, educational presentations and written articles.
Nutrition

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 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, brown rice, oatmeal, 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) which continues at $8 for children. Parents of 9 month old infants are also able to receive a CVV in place of a portion of their baby foods. The CVV for women increased this year from $10 to $11. The CVV can also be used at the USDA approved Farmers Markets.

Breastfeeding support is enhanced by providing:

- The exclusive breastfeeding mother receives a larger food package valued at about $72/month (versus $42/month for the non-breastfeeding mother).

- Breastpumps are provided: hospital grade electric breast pumps for mothers with hospitalized infants; single user portable electric breast pumps for mothers returning to school / work; and manual breast pumps for short term use.

- Our Breastfeeding Peer Counselor Program is provided through a separate grant through Iowa Department of Public Health. With the addition of a new peer counselor hired in February, three peer counselors provided services to 613 moms and babies in this past year. Breastfeeding initiation rates are much higher for the women participating in the peer counseling program at 93% versus 65% for our agency as a whole. Prenatal Breastfeeding classes are available in English and Spanish with good attendance. Postpartum Breastfeeding classes were attempted for several months without success.
Siouxland WIC Clients: Average Served Monthly

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<th>13/14</th>
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<td>Siouxland WIC Clients</td>
<td>3786</td>
<td>3810</td>
<td>3884</td>
</tr>
<tr>
<td>% of Woodbury County Newborns Served</td>
<td>67%</td>
<td>70%</td>
<td>70%</td>
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<td>Client Participation - Unduplicated</td>
<td>6357</td>
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<td>6616</td>
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<td>$2,613,808</td>
<td>$2,621,817</td>
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<tr>
<td>Farmers Market vouchers - redeemed value</td>
<td>$25,653</td>
<td>$24,042</td>
<td>$24,693</td>
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<tr>
<td>% of Women receiving Breastfeeding Peer Counselor support who chose to breastfeed</td>
<td>39%</td>
<td>89%</td>
<td>92%</td>
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<tr>
<td>Children Receiving a blood lead test</td>
<td>1051</td>
<td>889</td>
<td>946</td>
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</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 checks issued during the summer months allow clients to purchase fresh fruits and vegetables at the Sioux City USDA Farmers Market. The Iowa Department of Agriculture and Land Stewardship continue to distribute WIC Farmers Market checks to all counties to increase the overall redemption of the checks. Clients receive them on a first come first serve basis. Siouxland WIC requested more checks in August when all of our allotted checks had been distributed and 70 more sets were obtained. Redemption of the Farmers Market food funds earmarked for Siouxland WIC increased again this year to 107.1% of what was allocated. Overall redemption of the USDA FNS Farmers Market food funds for the entire state was 85%.

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. In collaboration with the Nursing Division, the HOPES Family Assessment Worker offers all interested pregnant women the option of learning about the HOPES program during their WIC appointment. Agency funds supported the 1051 blood lead draws for targeted 1 and 2 year olds during their certification appointment as well as the medical nutrition therapy counseling provided for children with an elevated blood lead level. Title V Child Health Program Informing is completed during the WIC appointment for some children because the family was unreachable by phone. The WIC nurse refers 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. Siouxland WIC provides the WIC community experience for the Iowa State University dietetic intern who is receiving training in Sioux City.

**Title V Child Health**

Title V Child Health Program is funded by a grant from the Iowa Department of Public Health and Medicaid revenue. The program targets children from birth through 21 years of age and their families. The purpose of this funding is to promote the health of children by ensuring access to quality health preventive services (including oral health care) for low-income families and families with limited availability of health services. Early Periodic Screening, Diagnosis, and Treatment (EPSDT) is used as the guideline for care. Services provided include EPSDT informing and care coordination, healthcare transportation, hawk-i outreach and presumptive eligibility determination, direct care services determined by community need, and I-Smile™.
Since our Title V Child Health Program had only been in existence 2 months prior to the start of this fiscal year, full implementation of this program was completed in FY 15. Four additional staff were hired and trained to complete the number of staff needed for our work: 4 Program Aides, 1 I-Smile™ Coordinator, and 1 EPSDT Coordinator (nurse shared with the WIC Program). Policies have been written and revised, work has been integrated into existing public health programming, outreach conducted, and community awareness of this program increased.

FFY 15 Program data:
- 11,551 Woodbury County children received services
- 97% of these children have a medical home
- 69% of these children received at least 1 preventive health care service (FFY14)
- 1242 healthcare appointments were completed with our healthcare transportation services
- 14% of the Informing services were completed during a WIC program appointment because the family was unreachable by phone.
- 97 children received presumptive eligibility for Medicaid services.

The I-Smile™ Program is the dental home initiative within Title V Child Health. The primary focus is infrastructure building activities to develop relationships and partnerships with local dental / medical professionals and community organizations to increase access and utilization of dental care for children ages 0 – 21 and pregnant women. Funding for the infrastructure building activities of this program is through grant funds from the Iowa Department of Public Health.

During FY 2015, our I-Smile™ Coordinator:
- Participated in the Convoy of Hope, National Children’s Dental Health month by coordinating Give Kids a Smile Day events, health fairs, and community presentations
- Provided toothbrushes and basic oral health care information for new mothers at Mercy Medical Center and Unity Point Health- St Luke’s
- Conducted the school audit for the dental screening certificates for all Woodbury County schools
- Assisted with the statewide oral health surveillance for Head Start children
- Chaired the Oral Health Taskforce which will resume when a project arises.

Families are provided direct dental care activities such as care coordination, education, and gap-filling preventive dental services. Direct care dental gap filling services include oral health screening, fluoride varnish, education, and referral for dental care and are funded through Siouxland Human Investment Partnership (Woodbury County’s Empowerment Board) and Medicaid revenue. The target population includes children birth to age 5, pregnant women and older children as need arises.
Children with dental treatment needs who have no payment source are eligible for the Title V Dental Vouchers. Our I-Smile™ Coordinator authorizes payment for these services with dental providers who have agreed to accept Medicaid payment rates. Funding for the dental vouchers is through grant funds from the Iowa Department of Public Health. In FFY 2015, 15 children received dental treatment for a total cost of $13,626.39.

**Medical Nutrition Therapy**

Agency funds 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. Lead MNT was performed for 5 children and their families.

**Nutrition Consultation Services**

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

**Community Outreach Projects**

SDHD nutrition staff actively participate in numerous community outreach activities each year. Staff participate in the Healthy Siouxland Initiative and the Wellness Subcommittee, Head Start Advisory Council, Oral Health Task Force, Siouxland Human Investment Partnership Early Childhood Large Group, Early Intervention Services, and Siouxland Council on Child Abuse and Neglect. Nutrition Division professionals provide education to Woodbury County medical community and 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 retail food and lodging establishments in 11 counties in Northwest Iowa, including Woodbury, Plymouth, Sioux, Lyon, O’Brien, Osceola, Cherokee, Clay, Dickinson, Palo Alto, and Emmet counties. 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. Iowa adopted the 2009 FDA Food Code taking effect in January 2014.

Food Safety and Lodging Program Inspections

In 2013, the division began using a risk-based inspection schedule to determine the frequency of inspections in the food and lodging program. This changed from previously inspecting all establishments one time per year, to conducting routine inspections of food establishments based on their risk level. Risk levels are determined using set criteria, including the complexity of the food-handling processes used, and whether the population served is one that is highly susceptible to foodborne illness. Using this schedule, high risk establishments are inspected at least twice annually, medium risk establishments are inspected once annually, and low risk establishments are inspected at least once every 24 months, with low risk inspected annually as much as time allows. Some of the variation in inspection numbers for recent fiscal years is a reflection of this new inspection schedule. Additional inspections are conducted as necessary for follow up inspections, complaint inspections, construction inspections, preoperational inspections, and other inspections.

In addition, changes were made to the way that complaints and illness and non-illness complaint investigations were logged and tracked, which accounts for the dramatic increase in numbers in more recent years.

<table>
<thead>
<tr>
<th></th>
<th>14/15</th>
<th>13/14</th>
<th>12/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Service</td>
<td>1676</td>
<td>1865</td>
<td>2192</td>
</tr>
<tr>
<td>Establishments</td>
<td>21</td>
<td>13</td>
<td>18</td>
</tr>
<tr>
<td>Home Food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establishments</td>
<td>347</td>
<td>314</td>
<td>475</td>
</tr>
<tr>
<td>Retail Food</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establishments</td>
<td>103</td>
<td>177</td>
<td>127</td>
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<tr>
<td>Re-Check Inspection</td>
<td>6</td>
<td>2</td>
<td>10</td>
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<tr>
<td>Vending</td>
<td>8</td>
<td>14</td>
<td>15</td>
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<tr>
<td>Farmer’s Market</td>
<td>NA</td>
<td>315</td>
<td></td>
</tr>
<tr>
<td>Temporary Food</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Stands</td>
<td>60</td>
<td>151</td>
<td></td>
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<tr>
<td>Mobile Food</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Units</td>
<td>84</td>
<td>103</td>
<td>112</td>
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<tr>
<td>Consumer Complaints</td>
<td>14</td>
<td>27</td>
<td>29</td>
</tr>
<tr>
<td>Food borne</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illness Investigations</td>
<td>70</td>
<td>76</td>
<td>83</td>
</tr>
<tr>
<td>Non-Food borne</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Illness Investigations</td>
<td>74</td>
<td>77</td>
<td>77</td>
</tr>
<tr>
<td>Hotels/Motels</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Tanning, Tattoo and Swimming Pool Inspections

Through a contract with the Iowa Department of Public Health, environmental staff inspect tanning establishments, tattoo establishments, and swimming pools in an eight-county area, including Woodbury, Plymouth, Sioux, Lyon, O’Brien, Osceola, Dickinson, and Palo Alto counties.
Animal Bite/Quarantine Field Visits

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.

Well Water Testing and Abandoned Well Plugging Program

The Grants to Counties program provides funding for Woodbury County residents with private drinking water 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 Drilling and Septic System Permits

Environmental personnel also collect samples from Sioux City’s municipal water system to ensure the water is bacteriologically safe. Nearly 100 samples are collected each month throughout the entire water system. The chlorine level in these samples is tested, and then the sample is returned to the laboratory for bacteriological testing. Water samples are also collected from area businesses to ensure they meet State and Federal guidelines.
Private well and septic systems in rural Woodbury County must be issued a permit prior to installation. A site inspection is conducted to make sure they are installed according to State requirements. This helps ensure protection of our groundwater resource, and prevent illegal discharges of sewage.

**Septic Pumper Inspections**

In 2011, the State began requiring septic pumper vehicles to be licensed and inspected. 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.

<table>
<thead>
<tr>
<th>Septic Pumper Inspections</th>
<th>14/15</th>
<th>13/14</th>
<th>12/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septic Pumper Inspections</td>
<td>16</td>
<td>17</td>
<td>17</td>
</tr>
</tbody>
</table>

**Radon Test Kits Sold**

Iowa is number one in the nation for the percentage of homes with an elevated level of radon gas, which is the second leading cause of lung cancer. One focus of the Healthy Homes Coalition is radon, its potential health effects, and the importance of testing homes in Iowa for radon. Siouxland District Health sells low-cost radon detection kits and participates in National Radon Action Month each January to educate the public about radon.

<table>
<thead>
<tr>
<th>Radon Test Kits Sold</th>
<th>14/15</th>
<th>13/14</th>
<th>12/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radon Test Kits Sold</td>
<td>906</td>
<td>671</td>
<td>670</td>
</tr>
</tbody>
</table>

**Mosquito-Arbovirus Surveillance Program**

Siouxland District Health collaborated with Iowa State University (ISU) and the State Hygienic Laboratory in the mosquito arbovirus surveillance program. Personnel collect mosquitoes from two locations in Woodbury County throughout the summer months. These specimens are sent to ISU for identification and to the Hygienic Laboratory for detection of arboviruses. The Environmental Division also partnered with the Dorothy Pecaut Nature Center as one of the collection sites, and to do some public education on mosquitoes, West Nile Virus, and the collection and testing process.

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.

For the second fiscal year in a row, a sentinel chicken flock was not maintained for blood sample collection due to funding cuts at the State level.

**Childhood Lead Poisoning Prevention Program**

The goals of the Siouxland (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, follow up until the hazards are remediated to protect lead poisoned children from continued exposure to lead and Healthy Homes planning activities in the county. In July 2014, the State implemented a new statewide lead database called HHLPSS to track lead activities. The system was not fully functional for much of the year, leading to a decrease in activity in the lead program due to a lack of data.

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.

In 2013, The Siouxland Childhood Lead Poisoning Prevention Coalition transitioned to a Healthy Homes Coalition, which allowed a broadening of topics beyond lead poisoning to focus on. This Coalition includes representation from several community partners, and a new vision and mission statement were developed.

**Vision:** Working to create safe and healthy homes to support a healthy community.

**Mission Statement:** The Siouxland Healthy Homes coalition is a comprehensive approach to educate and partner within the community to promote the 7 principles of a healthy home.

Keep it Dry, Keep it Clean, Keep it Pest-Free, Keep it Ventilated,
Keep it Safe, Keep it Contaminant-Free, Keep it Maintained.

<table>
<thead>
<tr>
<th>lead Tests Done on Woodbury County Children By All Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>14/15</td>
</tr>
<tr>
<td>13/14</td>
</tr>
<tr>
<td>12/13</td>
</tr>
<tr>
<td>11/12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Childhood Lead Poisoning</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/14</td>
</tr>
<tr>
<td>Homes Remediated</td>
</tr>
<tr>
<td>Lead Inspections</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11/12</th>
<th>12/13</th>
<th>13/14</th>
<th>14/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Homes Remediated</td>
<td>8</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Lead Inspections</td>
<td>12</td>
<td>9</td>
<td>4</td>
</tr>
</tbody>
</table>
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, *E. coli*, 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 14/15 as well as numbers from a variety of water types.

<table>
<thead>
<tr>
<th>WATER TESTS PERFORMED</th>
<th>14/15</th>
<th>13/14</th>
<th>12/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUBLIC</td>
<td>991</td>
<td>1099</td>
<td>1106</td>
</tr>
<tr>
<td>SIOUX CITY MUNICIPAL</td>
<td>1544</td>
<td>1463</td>
<td>1441</td>
</tr>
<tr>
<td>PRIVATE</td>
<td>612</td>
<td>516</td>
<td>544</td>
</tr>
<tr>
<td>SWIMMING POOLS</td>
<td>358</td>
<td>386</td>
<td>391</td>
</tr>
<tr>
<td>TOTAL TESTS</td>
<td>4802</td>
<td>4602</td>
<td>4592</td>
</tr>
</tbody>
</table>
**Epidemiology**

The laboratory staff also conducts epidemiological and educational follow-up on the reportable communicable diseases. These illnesses would include sexually transmitted diseases, 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.

SDHD also responds to other infectious disease events not reflected in the chart above such as outbreaks of Norovirus and influenza outbreaks in long term care centers.

**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>14/15</th>
<th>13/14</th>
<th>12/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL LEAD SPECIMENS</td>
<td>1130</td>
<td>824</td>
<td>1030</td>
</tr>
<tr>
<td>LAB COLLECTED</td>
<td>95</td>
<td>67</td>
<td>49</td>
</tr>
<tr>
<td>ELEVATED LEVELS</td>
<td>42*</td>
<td>21</td>
<td>23</td>
</tr>
</tbody>
</table>

*Prior to March 2015, an elevated level was any value >10 µg/dl. This year, Iowa Department of Public Health released guidance that mirrored CDC recommendations in which lead levels >5 µg/dl are now considered elevated. This is likely cause of the jump in elevated levels in FY15.

**STD/HIV 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, 463 male and 264 female clients were examined at our clinic with 410 clients being treated for infections. Iowa Department of Public Health supplies free medications for chlamydia, gonorrhea, syphilis, trichomonas, and bacterial vaginosis and those diseases are treated by SDHD clinicians in house.
### Sexually Transmitted Infections Diagnosed at SDHD Clinic

<table>
<thead>
<tr>
<th></th>
<th>14/15</th>
<th>13/14</th>
<th>12/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td>139</td>
<td>154</td>
<td>160</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>46</td>
<td>49</td>
<td>26</td>
</tr>
<tr>
<td>Syphilis</td>
<td>2</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Non-Gonoccal Urethritis/Cervicitis</td>
<td>141</td>
<td>185</td>
<td>178</td>
</tr>
<tr>
<td>Other</td>
<td>137</td>
<td>160</td>
<td>176</td>
</tr>
<tr>
<td>STD Clients Treated</td>
<td>410</td>
<td>516</td>
<td>501</td>
</tr>
</tbody>
</table>

### Total HIV Tests

- **14/15**
- **13/14**
- **13-Dec**
Drug Testing and Collection

Urine Drug Screening was provided through agreements with Juvenile Court Services in 14/15.

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.

Environmental Analysis

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

During the late summer and early fall months, pollen counts were conducted and posted on the SDHD website and social media outlets.
Public Health Emergency Response

Being prepared for emergencies, both personally and professionally has been a focus of the public health emergency response planning 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 in 2011. Additionally, 8 capabilities were released for hospital preparedness. 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.

**FY 14 Woodbury County Preparedness Efforts:**

FY 14 was the full year of the existence of the Woodbury County Preparedness Healthcare Coalition. The coalition was formed in FY 13 and consists of Siouxland District Health Department, Mercy Medical Center, UnityPoint-St. Luke’s, and Woodbury County Emergency Management. This year by-laws were established and a strategic plan was written to help with the coalition’s operations and priorities.


These capabilities were demonstrated most effectively during two full scale exercises which represented the first time that the local hospitals have exercised together. Both exercises involved a scenario where one of the hospitals took significant damage from a tornado. The impacted hospital needed to evacuate patients by arranging for transportation to the other hospital. The receiving facility then had to be able handle the surge of patients. The impacted and receiving hospitals switched roles during the second exercise. The exercises involved both hospitals, EMS services used to transport patients, and Woodbury County Emergency Management who opened up the emergency operations center (EOC) and coordinated public works, transportation, and public information. Public health operated in the Emergency Support Function #8 in the EOC and managed the medical response during this exercise. This also represented the first time that public health has participated in a hospital drill. These exercises led to much discussion about improvement process and resource allocation that will be built on in the coming years.

Public health also demonstrated the epidemiology capability by being involved in an actual outbreak of a diarrheal illness, Shigella. From October 2013 through May 2014, SDHD investigated 337 cases of Shigella.
SDHD continues to be a member of the Tri-State Disaster committee that promotes communication between multiple sectors of the community.

SDHD continues to house the Woodbury County Medical Reserve Corps (MRC). This is a volunteer group of medical and non-medical professionals who go through advance disaster training (such as NIMS courses and CPR) in order assist emergency preparedness efforts. Over 50 members have been recruited for the MRC and new members were added in FY 14 through various recruiting efforts. MRC volunteers also participated in the two hospital exercises and helped in various non-emergency activities at SDHD.

SDHD continued to encourage residents to be prepared personally and we are regularly promoting preparedness at fairs and other community events.
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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Fax: 712-234-3920

Environmental Health
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Fax: 712-255-2604

Nursing
Phone: 712-279-6119
Fax: 712-255-2605

Nutrition Services
WIC
Phone: 712-279-6636
Fax: 712-255-2677

Care for Kids
Phone: 712-224-5424
Fax: 712-255-2601

Web address: www.siouxlanddistricthealth.org