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
2012/2013

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

The Nursing Advisory Committee disbanded after it’s last meeting on 12/6/12.
SIOUXLAND 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 DIRECTOR
Julie A. Breiner, MD

ADMINISTRATIVE SERVICES & HEALTH PLANNING
Joy Caudron

Administrative Services Director
Michelle Lewis
Angela Drent
Becky Carlson
Brent Harmeier (through 8/3/12)
Leann Orr
Sara Wester
Marilyn Cripe
Kay Gunsolly
Jennifer Johnson
Sandy Mortensen
Stephanie Powell
Jody Westly
Chandra Chase
Tom Calvillo
John Mackie (through 10/15/12)
Lee Dean

Information Technology Specialist
Operations Supervisor

LABORATORY
Tyler Brock

Laboratory Director
Patricia Fox
Sabohi Hafeez
Stacy McNear

ENVIRONMENTAL HEALTH
Michelle Clausen Rosendahl

Environmental Director
Ron Brandt
Glenn Eckert
Doyle McKeever
Tom Miller
Alicia Sanders
Julie Taylor
NURSING

Nursing Director
Linda Drey

Nursing Coordinator
Mona Scalleta
Kellie Zvirgzdinas
Amy Alford
Lori Baldwin
Sarah Blatchford
Ivy Bremer
Emily Clayton
Denise Clayton
Belinda Cole
Leslie Franco
Stephanie Franco
Sheila Garvin
Amber Hunwardsen
Lori Jackson
Ana Lopez
Deanna Miller
Susan Nielsen
Lori Oetken
Julie Sampers
Barbara Van Beek
Daniel Vazquez
Nancy Webb
Merilyn Worrell

Hmkr/HCA Program Case Manager

Amy Alford
Lori Baldwin
Sarah Blatchford
Ivy Bremer
Emily Clayton
Denise Cockburn
Belinda Cole
Leslie Franco
Stephanie Franco
Sheila Garvin
Amber Hunwardsen
Lori Jackson
Ana Lopez
Deanna Miller
Susan Nielsen
Lori Oetken
Julie Sampers
Barbara Van Beek
Daniel Vazquez
Nancy Webb
Merilyn Worrell

NUTRITION

Nutrition Services Director
Sharon Schroeder

Oral Health Coordinator
Kathy Moreno
Jeannette Ford
Katrina Harwood
Colleen Johnson
Stephanie Kotalik
Jennifer Lafferty
Jane Loving
Lidia Marquez
Deborah McLarty
Jean Sterner
Sneha Virippil
VOLUNTEERS

Nursing Division
Henner Scholten
Aleck Yarosevich
Marlene Yarosevich

Oral Health Program
Marissa Gregg
Kelsi Holgate
Amy Lu
Susan Peete
Amanda Prunty
Susan Strohbeen
Doug Robbins
Karen Tagatz

Morningside College Nursing Students—Independent Study
Kelsey Barker
Laura Bruce
Marissa Gregg
Becky Lenhart
Kathleen Smith
Samantha Sorenson
Meredith Wahl

AmeriCorps Member
Amy Houser

Tobacco Program and Tobacco Prevention Champions
Linda Phillips—Mayor’s Youth Commission
Cynthia Goetz - Sergeant Bluff-Luton Community School District
DIRECTOR'S REPORT

“Someone is sitting in the shade today because someone planted a tree a long time ago.”

Warren Buffett

Kevin Grieme
Director

Warren Buffett has built an empire on a concept that was first introduced by two business school professors in 1928 and has become known as “value investing.” This concept is to identify and buy stocks that are underpriced and holding them until their value increases, then sell at a profit. This sounds so easy, but if we could all do this why are we all not as wealthy as Mr. Buffett?

You may wonder what this may have in relationship to Public Health. On the surface you may see no relevance, but when you look a little deeper, a connection emerges. Public Health is charged with preventing disease, promoting healthy behaviors and protecting residents when they are threatened by diseases. How we accomplish this is by investing in those “underpriced stocks” such as vaccines, healthy behaviors and proper sanitation and hygiene to name a few. It is when these “stocks” grow and mature that we truly see the health benefits.

Much like the tree though we need to plant these seeds now to benefit from the shade and protection they will provide in the future. Some of the work has begun with Sioux City being selected as a Blue Zone Community. Through this work we are looking at change by improving our community through initiatives such as complete streets, worksite wellness and walking school buses to name a few. This is to be supported by policy development to help make it sustainable. Although the current work only involves Sioux City, it is our hope that what Woodbury County residents are seeing and hearing helps them realize what their local communities can do to make them a healthier place to live and work.

This Blue Zone initiative does not replace Siouxland District Health Department’s services in immunizations, food establishment inspections, nutrition education, health promotion, safe water, infectious disease investigation and preventing the spread of diseases. This builds upon them and the other services that are provided in oral health, home visitation, health maintenance, wellness, tobacco prevention efforts, emergency preparedness and many others included in this report.

When we look at seeds that were planted to prepare for the future, SDHD celebrated the dedication of the atrium area to our former director, Frances Jouwstra/Sadden. This was done in acknowledgement of the vision she had for SDHD to provide public health services in a state of the art building to meet future demands. In addition to the dedication was the establishment of a scholarship fund for SDHD employees who are seeking to improve themselves by returning to college to obtain a degree or seeking an advanced degree. A plaque has been placed in the atrium which reflects what Fran’s leadership provided to SDHD during her years of service.

One other significant change occurred when the Child Health Specialty Clinic (CHSC) relocated to our facility at 1014 Nebraska. CHSC is a program that is coordinated through the University of Iowa and provides local access to services for children with special needs. With these services available in our area, it provides the necessary treatment for children but eliminates the need for families to travel to Iowa City to receive them. This program provides access to the necessary specialists available in Iowa City via telemedicine. This is a needed service in our area, and we are happy to partner with them to assure it continues.

In closing, I also need to express my gratitude to the staff of SDHD and our many community partners. It is only through their continued commitment and support that we can identify our “value investment stocks” and to plant the seeds that will result in future generations to “enjoy the shade”.

Sincerely,

Kevin Grieme, Health Director
# Statement of Revenues and Expenditures

## Year to Date 2012-2013, Year to Date 2011-2012, Year to Date 2010-2011

### Revenues

**Fees and Permits**

<table>
<thead>
<tr>
<th></th>
<th>2012-2013</th>
<th>2011-2012</th>
<th>2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environmental</td>
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<tr>
<td>Woodbury Co.</td>
<td>170,587.11</td>
<td>194,484.34</td>
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<tr>
<td>Multi County</td>
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<td>Environmental Adm. Fee</td>
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<td>480,028.64</td>
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<td>Laboratory</td>
<td>66,154.36</td>
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<td>Laboratory-Bloodlead</td>
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<td>Misc- Adm</td>
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<td>Infrastructure Fees</td>
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<td><strong>Total Fees and Permits</strong></td>
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<td>748,718.04</td>
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<td>Medicare</td>
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### Grants

<table>
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<th>2012-2013</th>
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<th>2010-2011</th>
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<td>AIDS</td>
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<td>HOPES-Other Counties</td>
<td>95.00</td>
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<td>Tobacco Gant</td>
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<td>CARE FOR YOURSELF</td>
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<td>Wise Women Fees</td>
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<td>PH Services-Homemaker Serv</td>
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<td>Region 3 Coalition</td>
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<td>55,616.36</td>
<td>71,044.45</td>
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<td>SDHD Resource Center- Donations</td>
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<td>9,995.52</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>2,896.48</td>
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<td>HUD Lead Grant</td>
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<td>Mini Wellness Grants</td>
<td>20,250.00</td>
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<td>Breastfeeding Peer Counseling</td>
<td>32,453.36</td>
<td>29,215.67</td>
<td>26,052.87</td>
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</table>
WIC 626,281.29 667,978.54 864,054.98
WIC Misc. Receipts & Reimb. 3,054.00 1,806.90 0.00
Total Grant Revenue 2,164,412.06 2,257,173.60 2,476,200.69

Payroll accrual Adjustment 0.00 0.00
Total Revenue 3,056,519.11 3,199,377.95 3,414,183.73
Local Tax Asking 2,045,414.04 1,788,608.00 2,018,516.04

TOTAL REVENUES 5,101,933.15 4,987,985.95 5,432,699.77

Expenditures
Nursing Services 864,342.02 983,070.56 1,085,784.76
Medicaid Admin Claiming (MAC) 0.00 29.72 21,506.58
Tobacco Grant 50,674.30 50,286.48 52,749.30
MIECHV 139,238.71 0.00 0.00
Maternal Health 111,378.27 119,114.37 38,255.11
TB 1,512.83 1,235.30 3,556.54
SCCAN HOPES Contract 7,764.01 0.00 0.00
Infant Mortality 223,575.36 173,709.66 153,876.32
Laboratory 230,504.45 278,406.03 277,261.07
AIDS 9,894.50 13,096.94 15,820.12
Well Testing/Plugging 4,530.84 7,215.00 11,988.00
I- 4 Project 41,853.60 38,359.27 51,223.93
SCCAN Prevent Child Abuse Contract 10,575.59 0.00 0.00
Region 3 Coalition 75,695.75 0.00 0.00
Nutrition Program 17,847.07 14,193.39 12,089.09
Breast/Cervical Cancer 76,201.19 73,872.06 77,261.07
Environmental 638,951.81 843,487.96 862,473.75
Childhood Lead Poisoning 38,177.47 47,088.11 60,434.23
HUD Grant 5,021.45 0.00 0.00
Mini Wellness Grants 22,220.58 0.00 0.00
Wellness Grant 0.00 36,932.16 56,381.69
Community Transformation 82,209.74 30,540.36 0.00
Regional Emergency Preparedness 25,654.97 204,689.36 179,075.39
Local Emergency Preparedness 86,415.37 69,635.18 94,549.44
SDHD Resource Center 1,219.22 130,363.65 126,377.17
Drug Testing 77,058.48 101,619.79 96,325.60
Oral Health 90,306.04 83,976.75 89,057.06
Administration 1,025,648.54 688,699.33 698,415.06
WIC 663,119.78 837,759.53
PH Services-Homemaker Services 166,754.47 158,134.22 191,145.28

Period Thirteen 189,345.26 151,817.96 175,673.65

TOTAL EXPENDITURES 5,010,768.82 4,962,693.39 5,263,004.33

Changes in Fund Balance
Excess of Revenues over Expenditures 91,164.33 25,292.56 169,695.44
Other Sources ** 0.00 (836,335.01) 0.00
Inc. / (Dec.) in Fund Balance 91,164.33 (811,042.45) 169,695.44

Fund Balance July 1, 2011 1,367,312.02 2,178,354.47 2,008,659.03
Inc. / (Dec.) in Fund Balance 91,164.33 (811,042.45) 169,695.44

Fund Balance June 30, 2012 1,458,476.35 1,367,312.02 2,178,354.47

** FY12 Includes $837,991 Intergovernmental Fund Transfer
### REVENUES - FY 12/13

- **Local Tax**: 42.42% (2013), 45.25% (2012), 45.58% (2011)
- **Grants**: 14.78% (2013), 15.01% (2012), 13.24% (2011)
- **Medicare/Medicaid**: 40.09% (2013), 35.86% (2012), 37.15% (2011)
- **Fees & Permits**: 12.70% (2013), 3.88% (2012), 4.03% (2011)

### EXPENDITURES - FY 12/13

- **Nursing**: 37.58% (2013), 35.25% (2012), 35.06% (2011)
- **Laboratory**: 6.34% (2013), 7.92% (2012), 7.40% (2011)
- **Emergency Preparedness**: 22.55% (2013), 15.24% (2012), 14.34% (2011)
- **Administration**: 16.08% (2013), 17.97% (2012), 20.24% (2011)
- **Environmental Health**: 13.70% (2013), 18.09% (2012), 17.76% (2011)
- **Nutrition**: 3.75% (2013), 5.53% (2012), 5.20% (2011)
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 11 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, two Health Educators, Quality Assurance Coordinator, Information Technology Technician, six Administrative support employees and an Administrative Services Director.

<table>
<thead>
<tr>
<th>SDHD EXPENDITURES</th>
<th>FY 2012-2013</th>
<th>FY 2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$5,010,768</td>
<td>$4,962,693</td>
</tr>
<tr>
<td>SDHD REVENUES</td>
<td>$5,101,933</td>
<td>$4,987,985</td>
</tr>
</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 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 57 full time employees and 10 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. During this year she has also been instrumental in upgrading our telephone system and assisting with our cellular phone operations.

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.

SDHD was also pleased to provide a working home for an AmeriCorps member who worked for 11 months on various wellness related projects.
The Operations Supervisor continues with additional building responsibilities, building security as well as responsibility for the SDHD fleet. During the past year major capital improvement projects have been completed, including a security system upgrade, painting the atrium area and hallways, replacing cabinets and countertops in the laboratory, break room and restrooms.

**GRANT FISCAL MANAGEMENT**
The Administrative Division conducts the fiscal management for 29 Federal and State Grants. They are also fiscally responsible for several minor “one time” grants allocated to the SDHD. Public Health Emergency Preparedness grants continue to create challenges for Administrative Services. SDHD served as the employer of record for Health Planner support for a total of 33 counties and hospitals in northwest Iowa. This included the execution of agreements, collection of funding and preparation of 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 web site is siouxlanddistricthealth.org. During this year SDHD has created a presence in social media with the addition of Facebook pages for the agency and WIC as well as adding a Twitter account.

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 30 organizations in Siouxland.

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 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.”

Michelle Lewis
Health Planning & Development Coordinator

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 FY12/13 were:

- Better Choices/Better Health Programming
- Blue Zones
- Planned Parenthood PREP Grant
- Community Priorities – Mercy Hospital
- Siouxland Youth Survey
- Practical Farmers of Iowa
- SDHD Healthy Homes

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 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 Feb. 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 FY12/13 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**
- **Childhood Lead Poisoning**
- **Economic Deprivation**
- **Mental Health**
- **Oral Health**
- **Tobacco**
- **Obesity Rates – HSI/CTG Wellness Coalition**

* 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:

**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 has continued to promote 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. Also during the FY12/13 Woodbury’s SPIF-SIG position worked closely with Siouxland Cares and community partners to focus on: reviewing school polices regarding alcohol and drug use, providing marketing campaigns on underage drinking, providing responsible beverage service training to entities that hold liquor licenses, and focusing on restriction of alcohol at a variety of community events.

**Childhood Lead Poisoning** – This subcommittee transitioned into the Healthy Homes Committee during the latter part of FY13. For more information on their activities please see the Environmental Division’s report within the FY12/13 Annual Report.

**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, St. Luke’s, Mercy, and Jackson Recovery Services, 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. During FY12/13 the group implemented a Care Coordinator position that provides services to individuals upon dismissal from the hospital to decrease the number of readmissions. The Care Coordinator will work with the individuals to ensure they are getting to appointments, appropriate resources, making sure they are getting their medications, if they have a support system at home, and that they have a better understanding of when it is appropriate to visit the ER. Also, all new law enforcement officers will be required to take 4 hours of mental illness training, with 1 hour every year thereafter.

**Oral Health** - Oral Health Task Force meets on a quarterly basis and was designated on the 2011 Health Improvement Plan to assist with accomplishing two main goals via a variety of strategies over the next 5 years. One of the goals was to increase dental opportunities for children that are uninsured or underinsured or covered by Medicaid, while raising the awareness of Medicaid provided dental services for children. Members of this task force worked together to promote the Give Kids a Smile (GKAS) program that was held in Feb. 2013. Every school age child in Sioux City received a calendar with free clinic dates. Siouxland Community Health Center continues to provide their monthly Baby Day where they provide free...
oral health screenings. Our task force worked on promoting this program to other partnering agencies. This task force also partnered with Unity Point – St. Luke’s and the I-Smile program to allow us to provide toothbrushes and basic oral health care information to new mothers in their “take home” bag from the hospital. This service allows us to provide the needed education to parents that children 1 year of age or at the eruption of their first tooth should be seen by a dental provider.

**Tobacco Free Siouxland**

**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. FY12/13 is the first year the Community Partnership grant fell under the auspices of Health Planning as it was previously positioned within the Nutrition Division. During FY12/13 our Tobacco Coordinator:

- Worked with local youth organizations and schools to educate youth on the dangers of tobacco.
- Worked with multi-unit housing complexes in developing smoke free grounds policies.
- Worked with the Woodbury County Fair Board on implementing a policy that restricted the sale of look-alike tobacco products.
- Promoted the use of Quitline Iowa.

Also during FY12/13 a Kick Butts mini grant was awarded to SDHD. This funding went towards organizing a local event that empowers youth to stand out, speak up and seize control against Big Tobacco.

**HSI/CTG Wellness Coalition** – This particular coalition focuses on one core goal, and that is to prevent an increase in obesity rates in Woodbury County residents. During FY12/13 the HSI/CTG Coalition met monthly to network in areas of health and wellness. As a coalition we completed a CDC Community CHANGE tool for the City of Sioux City, as well as finalized the groups’ mission and vision.

**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.

Accomplishments during FY12/13:

- Additional businesses began to offer healthier vending machine options, completed CDC Workplace CHANGE tool assessments, and made environmental changes to the work area to promote healthier lifestyles to their employees such as stairwell enhancements and installation of bike racks.
- Area high school and other concession stands modified menu to offer healthier options.
- Restaurants revised menus and cooking practices to offer healthier food options.
- Physician offices and hospitals utilized fax referral systems for Better Choices/Better Health and Quitline Iowa programs.
- Implemented media campaign on the importance of reducing stress and lowering cholesterol.
- Educated multi-unit housing complexes on the benefits of going smoke-free.
- Partnered with City of Sioux City with installation of on-street bike trail signs to increase bikeability in city limits.

During FY12/13, the Health Planning Division was awarded a variety of mini wellness related grants.

**Walking School Bus** – SDHD received funding to organize and pilot a Walking School Bus at two elementary schools in Sioux City during May 2013. Each pilot was 1 week long, and encouraged students to walk to school with adult volunteers rather than be driven. Several local organizations partnered together for a successful program with 120 students participating with over 30 volunteers.

**NEMS-V** – SDHD received funding to organize taste test sampling and incentive programs to two area businesses that were looking at improving their healthy options in their workplace vending machines and market areas. Healthy options have increased at each location.

**Wellmark** – SDHD received funding to implement the CATCH (Coordinated Approach to Children’s Health) Kids Club curriculum at 5 elementary schools’ and 1 middle school’s Beyond the Bell Program in Sioux City. CKC is a physical activity and nutrition education program designed for elementary and middle school aged children (grades K - 8) in an after-school/summer setting. CKC is composed of nutrition education materials (including snack ideas) and a physical activity component. Students participate in 25-30 minutes of CATCH physical activities four days a week and a CATCH nutrition lesson 1 day a week for 15-25 minutes. Some of the key CKC physical activity objectives are to have fun, and to be involved in moderate to vigorous physical activity 50% of the time.

**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 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](http://www.livehealthysiouxland.org) website.

**BLUE ZONES** – SDHD staff along with several other organizations in Sioux City became quite engaged in the Blue Zone Project during FY12/13. 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. SDHD Health Planning staff are represented on the Policy Committee, Walking School Bus Committee, Restaurant Committee, and Worksite Committee. They have been involved in the initial application process, the development of the blue print design for the city and now in the implementation of environmental and policy changes.

**SDHD AmeriCorps** – Siouxland District Health Department hosted our second year with an AmeriCorps Health Corps member from Sept 2012 - July 2013. 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. He also worked closely with SDHD’s internal Healthy U Wellness Committee.

**Prevent Child Abuse** - The SDHD Resource Center closed its door June 30, 2012, however through a small Prevent Child Abuse grant, parent education continues to be offered through the Health Planning Division. 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 FY12/13 24 families were served. 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 12/13 results are shared below:

- 57.9% of participating families improved or maintained **healthy family functioning, problem solving, and communication**
- 63.2% of participating families increased or maintained **social supports**
- 68.4% of participating families are connected to additional **concrete supports**
- 89.5% of participating families increased knowledge about **child development and parenting**
- 85.7% of participating families improved **nurturing and attachment** between parent(s) and children

**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 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 13 Woodbury County Preparedness Efforts:

This year, preparedness efforts were focused on creating healthcare coalitions. The goal of these coalitions is to promote communication, cooperation, and the pooling of resources to begin to demonstrate completion of the preparedness capabilities. The Woodbury County Preparedness Healthcare Coalition was formed via a memorandum of agreement. The members of the coalition are Siouxland District Health Department, Mercy Medical Center, UnityPoint-St.Luke’s, and Woodbury County Emergency Management. This coalition will now be working as a unit moving forward to meet preparedness standards for the jurisdiction that they serve.

Additionally, SDHD preparedness efforts included conducting a hazard and vulnerabilities risk assessment which identified where the greatest threats to our jurisdiction lie. Natural disasters such as a blizzard or severe thunderstorm or tornado were determined to be the greatest threats to our ability to provide health services to residents of Woodbury County.

SDHD continues to be a part of the Tri-State Disaster committee that promotes communication between multiple sectors of the community.

An inventory system that is designed to accurately keep track of emergency supplies at Siouxland District Health Department was implemented in FY13.

SDHD led an Emergency Operations Center exercise that involved a pandemic influenza scenario and how that situation would affect emergency response in Woodbury County. Environmental health staff participated in a regional functional exercise with a scenario that involved a disaster at an ethanol plant.

The Woodbury County Medical Reserve Corps (MRC) has been developed this year. This is a volunteer group of medical professionals that have agreed to go through advance disaster training (NIMS courses, CPR, etc) in order assist emergency preparedness efforts. Over 50 members have been recruited with many completing all the necessary training. Recruiting took place via media advertising, mailings and social media.

SDHD continues to encourage residents to be prepared personally and we are regularly promoting preparedness at fairs and other community events.
QUALITY ASSURANCE AND QUALITY IMPROVEMENT

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

Policy development for individual departments as well as the agency continues. SDHD Policy and Procedure Committee membership includes front line staff, Coordinators, and Division Directors with active participation from all levels. The Committee is charged with writing and implementing new policies as well as reviewing existing ones on a bi-yearly basis. All policies are posted on the SDH share drive for ease of employee accessibility.

Grant review by QA/QI and Administration staff with Division Directors is 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. The Committee evaluates incident/accident reports for shifts and trends, conducts a yearly TB risk assessment, and maintains the agency exposure control plans. QA/QI conducts mandatory in-services including blood borne pathogens, TB, civil rights, severe weather, CPR with AED, N-95 respirator fit-testing, etc.

Database records of staff immunizations aids in the management, prevention, and control measures of communicable disease. QA/QI maintains a database which 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.

Prepare Iowa Learning Management System is designed to serve as a training and educational resource for the 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 Accreditation:
The Centers for Disease Control and Prevention (CDC) in partnership with the Robert Wood Johnson Foundation support implementation of a national voluntary accreditation program for local, state, territorial, and tribal health departments. The Public Health Accreditation Board (PHAB) serves as the independent accrediting body. The accreditation program is the culmination of many years of 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 the nation. The program launched on September 14, 2011 and the first health departments were accredited in February 2013. Preliminary to accreditation is completion of three pre-requisites; a community health assessment, a community health improvement plan, and a strategic plan. SDHD completed two pre-requisites in 2011 and is on target to have an updated strategic plan by the end of 2013. Subsequent to the pre-requisites are 12 domains of performance, 32 standards, and over 100 measures that must be met. SDHD has begun self-assessment of adherence to the performance requirements and the QA/QI department will continue to work with the Board of Health and SDHD Divisions in preparation for voluntary accreditation.
Health Insurance Portability and Accountability Act (HIPAA):

On March 26, 2013 the Omnibus Health Insurance Portability and Accountability Act (HIPAA) final rule, as published in the Federal Register became effective. 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 main areas of change include marketing communications; business associates; authorizations; fundraising; and the notice of privacy practices. Covered entities and business associates have 180 days beyond the effective date of the rule to comply. QA/QI is working with the affected Divisions on required policy changes and revisions to the SDHD notice of privacy practices. QA/QI expects to have the updates completed and the newly revised notice of privacy practices posted on the SDHD website well before the September 23, 2013 deadline.

Medical Reserve Corps (MRC):
The Medical Reserve Corps is a national network of local groups of volunteers committed to improving the health, safety, and resiliency of their communities. Sponsored by the Office of the Surgeon General, it provides the structure necessary to pre-identify, credential, train, and activate medical and public health volunteers. Locally, each unit is led by an MRC Unit Coordinator, who matches community needs with volunteer capabilities and is responsible for building partnerships, ensuring the sustainability of the local unit, and managing resources. The Woodbury County MRC is housed within SDHD and the QA/QI Coordinator serves as the Unit Coordinator. This fiscal year, 30 community members joined the Woodbury County Medical Reserve Corps and Unit members were given the opportunity to participate in the following activities and trainings: MRC orientation, Incident Command courses, CPR and AED instruction, and a Homeland Security Exercise and Evaluation Program (HSEEP) compliant tabletop exercise.

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.
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 completed a comprehensive review of its Medicare/Medicaid certified home health program. After much analysis and consideration a decision to decertify our home health program was made. Effective April 1, 2013 SDHD no longer provided skilled home health services.

Public Health Nursing Services

Health Maintenance Program
After a review of community home services available to Woodbury County residents a gap in the service delivery home care arena was identified – health maintenance home visits. In March 2013, a new Health Maintenance Program was launched by SDHD. The Health Maintenance Program includes teaching and nursing interventions that assist clients in managing chronic conditions. Services are provided to persons that do not meet the requirements for skilled home health services, but need to receive nursing services to help them maintain their current level of functioning and prolong their ability to remain in their own home. Health Maintenance services help a client to maintain and prevent a worsening of their chronic condition. Clients must be independent in their own home, but families or substitutes should be available, willing and able to participate in the care of the client if required. Clients must meet financial guidelines and follow an established sliding fee scale.

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

- Provide maintenance nursing services following a plan of care from a physician.
- Provide teaching and nursing interventions for chronic illnesses
- Complete a client physical, emotional and safety assessment
- Monitor medication compliance, set up medications if necessary and educate client on medications prescribed.
- Administer injections.
- Refer clients to other community resources for services to remain independent in their home

Home visits will be one to two times per month. An occasional additional visit to set up new medications or provide teaching may be done. If a client experiences an exacerbation in their condition which requires an increase in visit frequency or has a decline of their condition, a referral is made to a local home health provider of the client’s choosing. The Health Maintenance Program does not provide one-time visits to check on people’s welfare.

Referrals are accepted from physicians, families, hospitals, home health agencies, social service agencies, etc. and acceptance is based on the clients’ needs and program admission criteria.
Homemaker/Personal Care Program
Following the decertification of skilled home health program, the former Home Care Aide and Homemaker programs were revised and combined into a single Homemaker/Personal Care Program in April of 2013.

The non-physician ordered Homemaker program utilizes Direct Care Workers to provide service to residents in Woodbury County. 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 admittance is based on the clients’ needs and program admission criteria.

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. It is a primary home visiting model that is best able to work with families who have a history of trauma, intimate partner violence, and mental health and/or substance abuse issues. 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 and,
- Prevent child abuse and neglect, as well as infant mortality and morbidity.

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) and Prevent Child Abuse Iowa (PCIA). In FY 13, HOPES served 128 families. A total of 1,550 home visits were completed and 7,409 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 98% were fully immunized by age two. 98% of target children received all of the recommended preventative health services according to their age, 94% were screened for developmental delays, and 74% had a dental home.
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:

- 87% of participating families improved or maintained healthy family functioning, problem solving, and communication;
- 61% of participating families increased or maintained social supports;
- 50% of families are connected to additional concrete supports;
- 61% of families increased knowledge about child development and parenting;
- 81% 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. 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. 3,895 clients received immunizations in FY 13 during a total of 137 clinic hours. 11,852 doses of vaccine were administered during immunization clinics.

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 13 audit revealed 99.8% compliance in grades K – 12. The FY 13 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.

School based Tdap clinics were offered to all Woodbury County schools in the spring of 2013 to assist parents in assuring that their incoming 7th grader would meet new Iowa Immunization school requirements. Vaccine for the project was provided by IDPH. Twelve clinics were held and a total of 618 children in grades 6th – 8th received a free Tdap vaccine.

**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 13, 285 women received screening mammograms, pelvic exams, pap smears, clinical breast exams and screenings for cardiovascular disease and diabetes. 195 women received limited CFY services. 281 women received one-on-one follow up education and life style intervention services. The program works with area medical providers to encourage their participation in the program.
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 218 women during FY 13. 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:
- 77% of women received prenatal care in their first trimester of pregnancy
- 95% had a medical home
- 21% were single
- 52% were Spanish speaking
- 54% received an initial oral health screening from MH staff
- 36% of women had an 8th grade education or less

Adult/Travel/Influenza Immunization Program
Influenza and pneumonia clinics were held in the fall of 2012 and continued into early 2013. SDHD administered a total of 857 doses of Influenza vaccine. 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 740 individuals and administered 740 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.

**STD EXAMS**
**FY 12/13**

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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.

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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); Breastfeeding Peer Counseling Program through WIC; Medical Nutrition Therapy; Nutrition Consultation Services; Oral Health Program; 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 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) 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 the Breastfeeding Peer Counselor Program. Three peer counselors provided services to 401 moms and babies in this past year. Breastfeeding initiation rates are much higher for the women participating in the peer counseling program at 92% versus 58% for our agency as a whole.

<table>
<thead>
<tr>
<th></th>
<th>12/13</th>
<th>11/12</th>
<th>10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siouxland WIC Clients: Average Served Monthly</td>
<td>3,884</td>
<td>4,109</td>
<td>4,228</td>
</tr>
<tr>
<td>% of Woodbury County Newborns Served</td>
<td>70%</td>
<td>68%</td>
<td>&gt;70%</td>
</tr>
<tr>
<td>Client Participation - Unduplicated</td>
<td>6,616</td>
<td>6,892</td>
<td>7,115</td>
</tr>
<tr>
<td>WIC vouchers - redeemed value</td>
<td>$2,607,246</td>
<td>$2,723,583</td>
<td>$2,749,652</td>
</tr>
<tr>
<td>Farmers Market vouchers - redeemed value</td>
<td>$31,638</td>
<td>$38,154</td>
<td>$33,030</td>
</tr>
<tr>
<td>% of Women receiving Breastfeeding Peer Counselor support who choose to breastfeed</td>
<td>92%</td>
<td>95%</td>
<td>87%</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 60% of received vouchers during summer 2012 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. 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. 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 children with an elevated blood lead level. 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.

**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 11 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>12/13</th>
<th>11/12</th>
<th>10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Health screenings</td>
<td>1,308</td>
<td>1,354</td>
<td>1,216</td>
</tr>
<tr>
<td>Fluoride varnish application</td>
<td>1,273</td>
<td>1,338</td>
<td>1,196</td>
</tr>
<tr>
<td>Educated in oral health</td>
<td>1,968</td>
<td>3,126</td>
<td>2,762</td>
</tr>
<tr>
<td>Children with evidence of dental decay</td>
<td>27%</td>
<td>28%</td>
<td>34%</td>
</tr>
<tr>
<td>Children with a dental home</td>
<td>58%</td>
<td>58%</td>
<td>66%</td>
</tr>
</tbody>
</table>
Oral health screenings have been offered during Kindergarten Registration starting in 2006. Most elementary schools request this service to help parents comply with the Dental Screening Requirement for School Enrollment which started in the 08-09 school year. These screenings are done in collaboration with the Siouxland Community Health Center’s I-Smile program.

<table>
<thead>
<tr>
<th></th>
<th>Spring 13</th>
<th>Spring 12</th>
<th>Spring 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children screened</td>
<td>379</td>
<td>479</td>
<td>468</td>
</tr>
<tr>
<td>Children with evidence of dental decay</td>
<td>30%</td>
<td>29%</td>
<td>36%</td>
</tr>
<tr>
<td>Children with a dental home</td>
<td>80%</td>
<td>81%</td>
<td>86%</td>
</tr>
</tbody>
</table>

A Public Health Supervision Agreement was completed and submitted to the Iowa Department of Public Health in May. This agreement requires annual calendar year data submission regarding numbers of children receiving services.

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 the Oral Health Program. 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.

**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, Siouxland Breastfeeding Coalition, Sioux City School’s Health Occupation class, 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 food and lodging establishments in 11 counties in Northwest Iowa, including Woodbury, Plymouth, Sioux, Lyon, O’Brien, Osceola, Clay, Dickinson, Palo Alto, and Emmet Counties. Cherokee County was added to this contract in July 2012. 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>12/13</th>
<th>11/12</th>
<th>10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Service Establishments</td>
<td>2,192</td>
<td>1,851</td>
<td>1,854</td>
</tr>
<tr>
<td>Home Food Establishments</td>
<td>18</td>
<td>22</td>
<td>21</td>
</tr>
<tr>
<td>Retail Food Establishments</td>
<td>475</td>
<td>412</td>
<td>448</td>
</tr>
<tr>
<td>Warehouse</td>
<td>10</td>
<td>29</td>
<td>24</td>
</tr>
<tr>
<td>Re-Check Inspections</td>
<td>127</td>
<td>201</td>
<td>174</td>
</tr>
<tr>
<td>Vending</td>
<td>10</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Farmer’s Market</td>
<td>15</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Temporary Food Stands</td>
<td>389</td>
<td>315</td>
<td>329</td>
</tr>
<tr>
<td>Mobile Food Units</td>
<td>155</td>
<td>114</td>
<td>161</td>
</tr>
<tr>
<td>Consumer Complaints</td>
<td>112</td>
<td>60</td>
<td>59</td>
</tr>
<tr>
<td>Food borne Illness Investigations</td>
<td>29</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>Non-Food borne Illness Investigations</td>
<td>83</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Hotels/Motels</td>
<td>77</td>
<td>74</td>
<td>97</td>
</tr>
</tbody>
</table>

At the beginning of 2013, warehouse inspections began to be phased out. Due to new requirements set forth by the US Food and Drug Administration, the Iowa Department of Inspections and Appeals began doing all warehouse inspections statewide. 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 for the past fiscal year.
Through a contract with the Iowa Department of Public Health, Environmental staff inspect tanning salons, tattoo parlors, and swimming pools in an eight-county area, including Woodbury, Plymouth, Sioux, Lyon, O’Brien, Osceola, Dickinson, and Palo Alto Counties.

Tanning, Tattoo, and Swimming Pool Inspections

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<thead>
<tr>
<th></th>
<th>12/13</th>
<th>11/12</th>
<th>10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanning Salons</td>
<td>80</td>
<td>94</td>
<td>99</td>
</tr>
<tr>
<td>Tattoo Parlors</td>
<td>28</td>
<td>25</td>
<td>20</td>
</tr>
<tr>
<td>Swimming Pool Facility Inspections</td>
<td>94</td>
<td>90</td>
<td>104</td>
</tr>
</tbody>
</table>

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>
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<th>12/13</th>
<th>11/12</th>
<th>10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal Quarantines</td>
<td>140</td>
<td>177</td>
<td>241</td>
</tr>
<tr>
<td>Animal Heads Submitted for Testing</td>
<td>23</td>
<td>19</td>
<td>32</td>
</tr>
<tr>
<td>Positives</td>
<td>1</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>12/13</th>
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<th>10/11</th>
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</thead>
<tbody>
<tr>
<td>Wells Plugged</td>
<td>29</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>Wells Tested</td>
<td>60</td>
<td>70</td>
<td>91</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>12/13</th>
<th>11/12</th>
<th>10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipal Water System</td>
<td>1441</td>
<td>1453</td>
<td>1407</td>
</tr>
<tr>
<td>USDA, EEC, Other</td>
<td>40</td>
<td>32</td>
<td>48</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>
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<th>12/13</th>
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<th>10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septic Permits</td>
<td>45</td>
<td>72</td>
<td>59</td>
</tr>
<tr>
<td>Well Permits</td>
<td>51</td>
<td>38</td>
<td>38</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>12/13</th>
<th>11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septic Pumper Vehicles Inspected</td>
<td>17</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>12/13</th>
<th>11/12</th>
<th>10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Inspections</td>
<td>9</td>
<td>12</td>
<td>8</td>
</tr>
<tr>
<td>Homes Remediated</td>
<td>3</td>
<td>8</td>
<td>18</td>
</tr>
</tbody>
</table>

Siouxland District Health Department has partnered with the City of Sioux City on their Lead Hazard Control/Healthy Homes 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 and other 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, healthy homes inspections, final clearance inspections, 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>12/13</th>
<th>11/12</th>
<th>10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2411</td>
<td>3026</td>
<td>3323</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 12-13 as well as numbers from a variety of water types.

### 2012-2013 PRIVATE WATER SAFETY ANALYSIS

<table>
<thead>
<tr>
<th></th>
<th>12/13</th>
<th>11/12</th>
<th>10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLIFORM BACTERIA SAMPLES RECEIVED</td>
<td>463</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BACTERIA POSITIVE</td>
<td>81</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% UNSAFE FOR COLIFORM BACTERIA</td>
<td>17.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NITRATE SAMPLES RECEIVED</td>
<td>434</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ELEVATED NITRATES</td>
<td>55</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% UNSAFE FOR INFANT CONSUMPTION</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### WATER TESTS PERFORMED

<table>
<thead>
<tr>
<th></th>
<th>12/13</th>
<th>11/12</th>
<th>10/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUBLIC</td>
<td>1106</td>
<td>1037</td>
<td>1079</td>
</tr>
<tr>
<td>SIOUX CITY MUNICIPAL</td>
<td>1441</td>
<td>1453</td>
<td>1407</td>
</tr>
<tr>
<td>PRIVATE</td>
<td>544</td>
<td>541</td>
<td>605</td>
</tr>
<tr>
<td>SWIMMING POOLS</td>
<td>391</td>
<td>396</td>
<td>374</td>
</tr>
<tr>
<td>TOTAL TESTS</td>
<td>4592</td>
<td>4634</td>
<td>4632</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 The Weather Channel 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>2012-2013 REPORTABLE DISEASE TRACKER</th>
<th>CAMPYLOBACTER</th>
<th>CRYPTOSPORIDIUM</th>
<th>CYCLOSPORA</th>
<th>E. CALIFORNIA TOXIN</th>
<th>GIARDIA</th>
<th>HEPATITIS B</th>
<th>HEPATITIS C</th>
<th>LYME DISEASE</th>
<th>MUMPS</th>
<th>PERTUSSIS</th>
<th>ROCKY MOUNTAIN SPOTTED FEVER</th>
<th>SALMONELLA</th>
<th>SHIGELLA</th>
<th>WEST NILE VIRUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>12</td>
<td>6</td>
<td>5</td>
<td>10</td>
<td>6</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>23</td>
<td>0</td>
<td>35</td>
<td>0</td>
<td>3</td>
<td>3</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, 562 male and 306 female clients were examined at our clinic with 501 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.

Through a grant provided by the Iowa Department of Public Health and in cooperation with SDHD Nursing Division, we offered Hepatitis A and Hepatitis B immunization to at-risk clients from July 1, 2012 thru December 31, 2012. SDHD was not awarded this contract for 2013. Clients were 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, 29 people began one of the three hepatitis vaccine series in 12/13. A total of 62 doses of vaccine were given and 15 people completed their series in 12/13. Below is 12/13 data.
SEXUALLY TRANSMITTED INFECTIONS DIAGNOSED AT SDHD CLINIC

<table>
<thead>
<tr>
<th></th>
<th>10/11</th>
<th>11/12</th>
<th>12/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHLAMYDIA</td>
<td>145</td>
<td>210</td>
<td>160</td>
</tr>
<tr>
<td>GONORRHEA</td>
<td>26</td>
<td>22</td>
<td>26</td>
</tr>
<tr>
<td>SYPHILIS</td>
<td>1</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>NON-GONOCCCAL URETHRITS/CERVICITIS</td>
<td>275</td>
<td>231</td>
<td>178</td>
</tr>
<tr>
<td>OTHER</td>
<td>234</td>
<td>203</td>
<td>176</td>
</tr>
<tr>
<td>STD CLIENTS TREATED</td>
<td>601</td>
<td>618</td>
<td>501</td>
</tr>
</tbody>
</table>

HIV COUNSELING AND TESTING

<table>
<thead>
<tr>
<th></th>
<th>10/11</th>
<th>11/12</th>
<th>12/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL HIV TESTS</td>
<td>531</td>
<td>470</td>
<td>326</td>
</tr>
<tr>
<td>ONSITE RAPID TESTS</td>
<td>477</td>
<td>455</td>
<td>315</td>
</tr>
<tr>
<td>RESULTS GIVEN</td>
<td>503</td>
<td>462</td>
<td>322</td>
</tr>
</tbody>
</table>

HIV Prevention

From July 1, 2012 thru December 31, 2012, the Department was designated by the Iowa Department of Public Health as a testing site for free and confidential HIV counseling and testing. Pre- and post-test counseling, including behavior modification strategies, were 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.

For 2013, SDHD was not awarded a contract with IDPH to provide HIV testing. However, SDHD is committed to having HIV testing available to high risk individuals that present at our clinic. So we purchased our own tests and developed criteria for free testing based on risk. Testing is also done for a small fee for individuals that request testing but are not high risk.

HEPATITIS IMMUNIZATIONS 2012-2013

<table>
<thead>
<tr>
<th>STARTED SERIES</th>
<th>COMPLETED SERIES</th>
<th>TOTAL IMMUNES GIVEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>15</td>
<td>62</td>
</tr>
</tbody>
</table>
Clinical Laboratory Analysis

Clinical Laboratory Improvement Amendments  CLIA analysis of  .

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>10/11</th>
<th>11/12</th>
<th>12/13</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL LEAD SPECIMENS</td>
<td>1578</td>
<td>1192</td>
<td>1030</td>
</tr>
<tr>
<td>LAB COLLECTED</td>
<td>322</td>
<td>108</td>
<td>49</td>
</tr>
<tr>
<td>ELEVATED LEVELS</td>
<td>63</td>
<td>33</td>
<td>23</td>
</tr>
</tbody>
</table>

Drug Testing and Collection
Urine Drug Screening was provided through agreements with the Department of Human Services, Juvenile Court Services and Federal Probations Office. The contract with Federal Probation was not renewed after September 30, 2012. SDHD directly observed the specimen collection for DHS and Federal Probation and does the testing for DHS and JCS samples. Federal specimens were sent to a national laboratory.

<table>
<thead>
<tr>
<th>DRUGS OF ABUSE TESTING AND COLLECTION 2012-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAMPLES COLLECTED</td>
</tr>
<tr>
<td>-------------------</td>
</tr>
<tr>
<td>1505</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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