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 2013 / 2014

Judy Turner - President
Appointed to the Board of Health on January 7, 1997 and is currently serving as the Chair. She 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.

Bruce M. Kolbe
Appointed to the Board of Health on February 24, 1998 and is currently serving as the Vice Chair. 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.

George Boykin
Elected to the Woodbury County Board of Supervisors in January 1985. 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.

James O’Kane
Appointed to the Board of Health on January 19, 1987. 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.

Rod Earleywine, Ed.D.
Appointed to the Board of Health on July 26, 2011. 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.

Erica DeLeon
Appointed to the Board of Health on January 10, 2012. 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.

Shauna LaFleur, M.D.
Appointed to the Board of Health on April 8, 2014. 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.
Siouxland District Health Staff

HEALTH DIRECTOR

DEPUTY DIRECTOR

HEALTH OFFICER

VETERINARIAN OFFICER

DENTAL OFFICER

CLINICAL LABORATORY DIRECTOR

ADMINISTRATIVE SERVICES & HEALTH PLANNING

*Administrative Services Director*
  - Health Planner & Dev. Coordinator
  - Health Planner
  - Health Planner
  - Health Educator
  - Q.A./Q.I. Coordinator

*Information Technology Specialist*
*Operations Supervisor*

LABORATORY

*Laboratory Director*

ENVIRONMENTAL HEALTH

*Environmental Director*

Kevin Grieme
  - Tyler Brock
  - Delwyn L. Lassen, MD
  - Thomas F. Carr, DVM (through 9/1/2013)
  - Dona J. Prince, DDS
  - Julie A. Breiner, MD

Joy Caudron
  - Michelle Lewis
  - Angela Drent
  - Leann Orr
  - Becky Carlson
  - Sara Wester (through 4/11/2014)
  - Marilyn Cripe
  - Kay Gunsolly (through 3/31/2014)
  - Jennifer Johnson
  - Crystal McHugh
  - Sandy Mortensen
  - Stephanie Powell
  - Jody Westly
  - Andy Pietz
  - Tom Calvillo
  - Lee Dean
  - Adam Lang
  - Christopher Lundeen (through 12/27/2013)

Tyler Brock
  - Patricia Fox
  - Sabahi Hafeez
  - Stacy McNear

Michelle Clausen Rosendahl
  - Ron Brandt
  - Glenn Eckert
  - Nichol Foreman (beginning 6/10/2014)
  - Doyle McKeever
  - Tom Miller
  - Alicia Sanders
  - Julie Taylor (through 12/31/2014)
NURSING

Nursing Director
Nursing Coordinator
Hmkr/HCA Program Case Manager

Linda Drey
Mona Scaletta
Kellie Zvirgzdinas
Amy Alford
Lori Baldwin
Sarah Blatchford
Ivy Bremer
Emily Clayton
Denise Cockburn
Belinda Cole
Leslie Franco
Stephanie Franco (through 1/21/2014)
Stephanie Franco
Sheila Garvin
Amber Hunwardsen
Lori Jackson
Ana Lopez
Deanna Miller (through 2/10/2014)
Susan Nielsen
Lori Oetken
Julie Sampers
Barbara Van Beek
Daniel Vazquez
Nancy Webb
Merilyn Worrell

NUTRITION

Nutrition Services Director
Oral Health Coordinator

Sharon Schroeder
Kathy Moreno
Jeannette Ford
Colleen Johnson
Stephanie Kotalik
Jennifer Lafferty
Jane Loving
Lidia Marquez
Susan Reed (beginning 6/23/2014)
Jean Sterner
Sneha Virippil
Mindi Weeks (beginning 6/23/2014)
Volunteers

**Nursing Division**
Henner Scholten  
Aleck Yarosevich  
Marlene Yarosevich

**Oral Health Program**
Bernard Allassouma  
Herb Kuehne  
Jan Monahan  
Maridell Standish  
Francine Stewart  
Susan Strohbeen  
Karen Tagatz  
Tyline Woods

**Morningside College Nursing Students**
Breanna Turner  
Shelby Dougherty  
Kecia Verburg  
Jeff Ahlers

**WITCC Dental Assistant Student**
Amanda Kolar

**Tobacco Program and Tobacco Prevention Champions**
Linda Phillips—Mayor’s Youth Commission
Message from the Director

“An ounce of prevention is worth a pound of cure.” – Benjamin Franklin

From the very beginning, public health has been built upon the concept that if we can prevent disease, prolong life and promote health we will all live happier and healthier lives. The challenge that we face as a public health agency is that as the world changes around us, what changes do we need to make to continue to provide this “ounce of prevention?”

Over the past year the process of change has begun. In June we went live with our electronic health record system. Making this change will allow SDHD to share health information with physician offices. This allows the physicians to have a clearer picture of their patients’ needs and services they have access to better serve them.

In the Woman’s Children and Infant area, the changes were the result of modifications to the program made at the national level. One of the first was the change of the food package. The WIC program is built upon standard basic food packages that clients are eligible to receive. When changes occur client education increases, in addition to that of the staff certifying them. The second change is that one of the formula providers changed the number of calories in a serving from 20 calories to 19 calories. This appears minor, but to distribute the new 19 calorie formula, it is necessary to secure physicians’ orders which increases the staff time needed.

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.

In our Environmental Division the biggest change experienced was the move to the new Iowa Food Code program. This change will allow the inspections completed in the field to be dynamically uploaded into the statewide database. Once uploaded the public will be able to go in and review the results of the inspections staff have completed. They have also incorporated a quality improvement concept of standardization.

Many residents may recall taking their children to a mass immunization clinic. Depending on the popularity of the clinic, the wait time for service may have exceeded two hours. In looking to improve services to residents, pre-scheduled clinic appointments began on April 1. This change has allowed us to deliver immunization services to clients while reducing their wait times to less than ten minutes.

Supporting Livable/Walkable Communities is a new approach to public health. Eleven elementary schools in Sioux City and schools in Moville and Sergeant Bluff have all had walkability assessments completed. These assessments have identified potential safety hazards that students could encounter on their routes to schools. Two of these routes have implemented the identified improvements with plans to complete more during the next year. These improvements could include curb cuts, truncated domes, painted crosswalks and other items as minor as the removal of tree branches to assure vehicle drivers can see the road signs.

Bike racks have been provided to numerous businesses to support employees and clients to ride their bikes, combined with on street bike route signs, support residents in adopting an active and healthy lifestyle.
Food choice options have been assessed at community swimming pools, community centers and concession stands. This has resulted in the identification and offering of healthy options for patrons to purchase.

Healthy Homes began as a program to prevent childhood lead poisoning. This has been taken beyond this to include radon, home safety and fall prevention. When we further broaden the view on what is a healthy home, smoke free homes cannot be ignored. Sixteen multi-unit housing structures have now adopted smoke free policies.

These changes have all been undertaken as we have grown our presence on social media. Staff have become more adept at “tweeting”, creating Facebook posts, along with website enhancements to convey public health messages. But this increased reliance on social media by residents has not come without some challenges. In the WIC program, a fraud detection and reporting procedure has been implemented to identify clients that attempt to “sell” their WIC provided benefits on a swap page. Change is not always easy.

As you have read through this list of the changes SDHD has encountered, I would be remiss if I did not mention the quality staff and community partners that have traveled this journey with us. Staff has risen above these challenges and continues to identify changes that will improve our services to Woodbury County residents. We have confirmed many existing partnerships and developed many new ones in our efforts.

It is with this sense of accomplishment and understanding that embracing change is the only way we will move forward in our work to provide that “ounce of prevention.”

Sincerely,

Kevin Grieme, Director
# Statement of Revenues and Expenditures

## Revenues

### Fees and Permits

<table>
<thead>
<tr>
<th>Environmental</th>
<th>Year to Date 2013-2014</th>
<th>Year to Date 2012-2013</th>
<th>Year to Date 2011-2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Woodbury Co.</td>
<td>173,113.43</td>
<td>170,587.11</td>
<td>194,484.34</td>
</tr>
<tr>
<td>Multi County</td>
<td>251,295.44</td>
<td>255,438.93</td>
<td>216,550.21</td>
</tr>
<tr>
<td>Environmental Adm. Fee</td>
<td>33,525.05</td>
<td>54,002.60</td>
<td>45,539.91</td>
</tr>
<tr>
<td>Environmental Total</td>
<td>457,333.92</td>
<td>480,028.64</td>
<td>456,574.46</td>
</tr>
</tbody>
</table>

| Nursing | 141,388.43 | 174,358.84 | 196,865.28 |
| VFC Administration Fees | 5,962.00 | 0.00 | 0.00 |
| Laboratory | 65,748.44 | 66,154.36 | 70,466.37 |
| Laboratory-Bloodlead | 9,187.30 | 14,663.64 | 16,139.51 |
| Building Services Misc. | 5,644.93 | 0.00 | 0.00 |
| Misc- Adm | 31,465.19 | 19,069.22 | 8,672.42 |
| Total Fees and Permits | 717,330.21 | 754,274.70 | 748,718.04 |

| Medicaid (Title XIX) | 50,950.12 | 126,461.12 | 173,537.65 |
| Medicare | 0.00 | 11,371.23 | 19,948.66 |

## Grants

| PH Services--State Appropriation | 0.00 | 90,178.00 | 95,983.00 |
| MIECHV Grant | 139,153.36 | 128,786.75 | 0.00 |
| MIHOPE Project | 15,400.00 | 0.00 | 0.00 |
| Immunization Billing Implementation | 24,897.42 | 0.00 | 0.00 |
| SCCAN HOPES Contract | 8,740.49 | 5,089.83 | 0.00 |
| AIDS | 0.00 | 12,030.21 | 13,262.03 |
| Well testing/plugging | 10,342.18 | 6,852.00 | 10,130.00 |
| Maternal Health Grant | 120,283.26 | 86,113.43 | 99,536.53 |
| Maternal Health - Medicaid | 46,875.13 | 17,127.49 | 17,516.08 |
| Maternal Health Fees | 8,230.70 | 3,765.53 | 4,382.90 |
| TB | 100.00 | 3,275.00 | 2,358.00 |
| HOPES-Infant Mortality | 57,932.31 | 45,050.70 | 50,328.84 |
| HOPES - SHIP | 191,392.63 | 181,910.68 | 110,785.62 |
| HOPES-Other Counties | 0.00 | 95.00 | 7,150.63 |
| Tobacco Gant | 58,128.39 | 52,121.51 | 39,714.45 |
| I- 4 Project | 46,178.84 | 35,263.13 | 42,409.74 |
| CARE FOR YOURSELF | 85,876.00 | 60,041.00 | 89,401.00 |
| Wise Women Fees | 0.00 | 76.00 | 0.00 |
| PH Services-Homemaker Serv | 256,735.00 | 168,234.50 | 200,848.71 |
| Homemaker Fees | 9,123.70 | 5,779.17 | 5,080.29 |
| Regional Emergency Preparedness | 0.00 | 72,534.66 | 205,736.38 |
| Local Emergency Preparedness | 71,112.51 | 86,218.00 | 113,281.00 |
| Local Emergency Preparedness - MRC | 6,619.97 | 0.00 | 0.00 |
| Wellness Grant | 0.00 | 0.00 | 54,781.76 |
| SCCAN Prevent Child Abuse Contract | 11,438.18 | 6,621.18 | 0.00 |
| Region 3 Coalition | 60,539.80 | 90,105.02 | 0.00 |
| Drug Testing | 35,939.42 | 60,893.95 | 77,107.48 |
| Drug Testing Fees | 50.00 | 12,978.00 | 37,812.62 |
| Oral Health | 78,711.90 | 67,206.91 | 55,616.36 |
| Oral Health Fees | 3,399.00 | 22,269.00 | 23,739.00 |
| Community Transformation | 83,143.88 | 74,034.75 | 20,190.69 |
| SDHD Resource | 0.00 | 21,348.44 | 115,866.27 |
| SDHD Resource Center- Donations | 0.00 | 2,328.48 | 9,995.52 |
| Nutrition Program | 8,768.25 | 12,840.89 | 9,390.00 |
| Childhood Lead Poisoning | 43,761.50 | 45,915.50 | 41,992.00 |
| Lead Testing Fees | 1,086.18 | 2,248.36 | 2,172.36 |
| HUD Lead Grant | 17,977.11 | 3,040.27 | 1,549.07 |
| Mini Wellness Grants | 15,000.00 | 20,250.00 | 0.00 |
| QI Project for Public Health | 7,912.06 | 0.00 | 0.00 |
| Breastfeeding Peer Counseling | 45,192.88 | 32,453.36 | 29,215.67 |
In 2013, the Department's revenues include:

<table>
<thead>
<tr>
<th>Service</th>
<th>FY13 Revenue</th>
<th>FY12 Revenue</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>WIC</td>
<td>734,662.30</td>
<td>626,281.29</td>
<td>667,978.54</td>
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<tr>
<td>WIC Misc. Receipts &amp; Reimb.</td>
<td>285.30</td>
<td>3,054.00</td>
<td>1,806.90</td>
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<tr>
<td>Child Health</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Child Health Medicaid Fees</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Child Health Fees</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Total Grant Revenue</td>
<td>2,304,989.65</td>
<td>2,164,412.06</td>
<td>2,257,173.60</td>
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**Payroll accrual Adjustment**

<table>
<thead>
<tr>
<th>Category</th>
<th>FY13 Revenue</th>
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<tbody>
<tr>
<td>Total Revenue</td>
<td>3,073,269.98</td>
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<tr>
<td>Local Tax Asking</td>
<td>2,186,295.00</td>
</tr>
<tr>
<td><strong>TOTAL REVENUES</strong></td>
<td><strong>5,259,564.98</strong></td>
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</table>

**Expenditures**

<table>
<thead>
<tr>
<th>Service</th>
<th>FY13 Expense</th>
<th>FY12 Expense</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Services</td>
<td>770,008.30</td>
<td>864,342.02</td>
<td>983,070.56</td>
</tr>
<tr>
<td>Medicaid Admin Claiming (MAC)</td>
<td>0.00</td>
<td>0.00</td>
<td>29.72</td>
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<td>Immunization Billing Services</td>
<td>24,897.42</td>
<td>0.00</td>
<td>2,045,414.04</td>
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<tr>
<td>Tobacco Grant</td>
<td>53,172.52</td>
<td>50,674.30</td>
<td>50,286.48</td>
</tr>
<tr>
<td>MIECHV</td>
<td>136,897.20</td>
<td>139,238.71</td>
<td>0.00</td>
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<tr>
<td>Maternal Health</td>
<td>172,060.57</td>
<td>111,378.27</td>
<td>119,114.37</td>
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<td>TB</td>
<td>0.00</td>
<td>1,512.83</td>
<td>1,235.30</td>
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<tr>
<td>SCCAN HOPES Contract</td>
<td>7,614.52</td>
<td>7,764.01</td>
<td>0.00</td>
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<tr>
<td>Infant Mortality</td>
<td>236,394.32</td>
<td>223,575.36</td>
<td>173,709.66</td>
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<tr>
<td>Laboratory</td>
<td>413,131.30</td>
<td>230,504.45</td>
<td>278,406.03</td>
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<td>AIDS</td>
<td>0.00</td>
<td>9,894.50</td>
<td>13,096.94</td>
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<td>Well Testing/Plugging</td>
<td>8,395.00</td>
<td>4,530.84</td>
<td>7,215.00</td>
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<td>I- 4 Project</td>
<td>47,354.39</td>
<td>41,853.60</td>
<td>38,359.27</td>
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<td>SCCAN Prevent Child Abuse Contract</td>
<td>10,346.46</td>
<td>10,575.59</td>
<td>0.00</td>
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<tr>
<td>Region 3 Coalition</td>
<td>59,997.73</td>
<td>75,695.75</td>
<td>0.00</td>
</tr>
<tr>
<td>Nutrition Program</td>
<td>13,638.50</td>
<td>17,847.07</td>
<td>14,193.39</td>
</tr>
<tr>
<td>Breast/Cervical Cancer</td>
<td>47,346.78</td>
<td>76,201.19</td>
<td>73,872.06</td>
</tr>
<tr>
<td>Environmental</td>
<td>633,398.61</td>
<td>638,951.81</td>
<td>843,487.96</td>
</tr>
<tr>
<td>Childhood Lead Poisoning</td>
<td>37,714.04</td>
<td>38,177.47</td>
<td>47,088.11</td>
</tr>
<tr>
<td>HUD Grant</td>
<td>15,392.50</td>
<td>5,021.45</td>
<td>0.00</td>
</tr>
<tr>
<td>Mini Wellness Grants</td>
<td>11,923.12</td>
<td>22,220.58</td>
<td>0.00</td>
</tr>
<tr>
<td>Wellness Grant</td>
<td>0.00</td>
<td>0.00</td>
<td>36,932.16</td>
</tr>
<tr>
<td>Community Transformation</td>
<td>63,935.91</td>
<td>82,209.74</td>
<td>30,540.36</td>
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<tr>
<td>Regional Emergency Preparedness</td>
<td>0.00</td>
<td>25,654.97</td>
<td>204,689.36</td>
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<tr>
<td>Local Emergency Preparedness</td>
<td>95,925.47</td>
<td>86,415.37</td>
<td>69,635.18</td>
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<td>SDHDD Resource Center</td>
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<td>1,219.22</td>
<td>130,363.65</td>
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<tr>
<td>Drug Testing</td>
<td>29,937.93</td>
<td>77,058.48</td>
<td>101,619.79</td>
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<tr>
<td>Oral Health</td>
<td>79,784.44</td>
<td>90,306.04</td>
<td>83,976.75</td>
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<tr>
<td>Administration</td>
<td>807,296.05</td>
<td>1,025,648.54</td>
<td>688,699.33</td>
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<tr>
<td>WIC</td>
<td>703,492.96</td>
<td>696,196.93</td>
<td>663,119.78</td>
</tr>
<tr>
<td>Child Health</td>
<td>4,644.23</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>PH Services-Homemaker Services</td>
<td>255,510.96</td>
<td>166,754.47</td>
<td>158,134.22</td>
</tr>
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**Period Thirteen**

<table>
<thead>
<tr>
<th>Category</th>
<th>FY13 Revenue</th>
<th>FY12 Revenue</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>208,829.70</td>
<td>189,345.26</td>
<td>151,817.96</td>
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**TOTAL EXPENDITURES**

<table>
<thead>
<tr>
<th>Category</th>
<th>FY13 Expense</th>
<th>FY12 Expense</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4,949,040.93</td>
<td>5,010,768.82</td>
<td>4,962,693.39</td>
</tr>
</tbody>
</table>

**Changes in Fund Balance**

<table>
<thead>
<tr>
<th>Category</th>
<th>FY13 Revenue</th>
<th>FY12 Revenue</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess of Revenues over Expenses</td>
<td>310,524.05</td>
<td>91,164.33</td>
<td>25,292.56</td>
</tr>
<tr>
<td>Other Sources **</td>
<td>(217,004.00)</td>
<td>0.00</td>
<td>(836,335.01)</td>
</tr>
<tr>
<td>Inc. / (Dec.) in Fund Balance</td>
<td>93,520.05</td>
<td>91,164.33</td>
<td>(811,042.45)</td>
</tr>
</tbody>
</table>

**Fund Balance July 1, 2013**

<table>
<thead>
<tr>
<th>Category</th>
<th>FY13 Revenue</th>
<th>FY12 Revenue</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1,458,476.35</td>
<td>1,367,312.02</td>
<td>2,178,354.47</td>
</tr>
<tr>
<td>Inc. / (Dec.) in Fund Balance</td>
<td>93,520.05</td>
<td>91,164.33</td>
<td>(811,042.45)</td>
</tr>
</tbody>
</table>

**Fund Balance June 30, 2014**

<table>
<thead>
<tr>
<th>Category</th>
<th>FY13 Revenue</th>
<th>FY12 Revenue</th>
<th>Change</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1,551,996.40</td>
<td>1,458,476.35</td>
<td>1,367,312.02</td>
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** FY12 Includes $837,991 Intergovernmental Fund Transfer
** FY14 Includes $217,004 Intergovernmental Fund Transfer
**Revenue - FY 13/14**

- Medicare/Medicaid
- Fees & Permits
- Local Tax
- Grants

<table>
<thead>
<tr>
<th>Revenue</th>
<th>13/14</th>
<th>12/13</th>
<th>11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare/Medicaid</td>
<td>0.97%</td>
<td>2.70%</td>
<td>3.88%</td>
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<td>Fees and Permits</td>
<td>13.64%</td>
<td>14.78%</td>
<td>15.01%</td>
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<tr>
<td>Local Tax</td>
<td>41.57%</td>
<td>42.42%</td>
<td>45.25%</td>
</tr>
<tr>
<td>Grants</td>
<td>43.82%</td>
<td>40.09%</td>
<td>35.86%</td>
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**Expenditures - FY 13/14**

- Emergency Preparedness
- Laboratory
- Environmental Health
- Nutrition
- Administration
- Nursing

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>13/14</th>
<th>12/13</th>
<th>11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Preparedness</td>
<td>3%</td>
<td>4%</td>
<td>6%</td>
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<tr>
<td>Laboratory</td>
<td>9%</td>
<td>6%</td>
<td>8%</td>
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<tr>
<td>Environmental Health</td>
<td>14%</td>
<td>14%</td>
<td>18%</td>
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<tr>
<td>Nutrition</td>
<td>16.10%</td>
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<td>Administration</td>
<td>17.84%</td>
<td>22.55%</td>
<td>15.24%</td>
</tr>
<tr>
<td>Nursing</td>
<td>39.91%</td>
<td>37.58%</td>
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Core Public Health Functions and Essential Services

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

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

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

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

**Assessment** is expanded into:

1. Monitoring Health Status and
2. Diagnosis/Investigation.

**Policy Development** expands into:

3. Informing, Educating and Empowering,
4. Mobilize Community Partnerships and

**Assurance** expands into:

6. Enforcement of Laws and Regulations,
7. Links to Providers of Care,
8. Assure a Competent Workforce and
9. Evaluation/Accountability.

The 10th Essential Service - Research and Innovation-links into the other nine essential services.
Administrative Services Division

The Administrative Services Division provides Administrative support to the Siouxland District Health Department including fiscal management, customer services, building management, office services, purchasing, information management, Medicare and Medicaid billing, licensure and inspection reporting for food and lodging facilities as well as inspection reporting for swimming pools, tanning and tattoo facilities for 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, one Health Educator, a Quality Assurance Coordinator, an Information Technology Technician, seven administrative support employees and an Administrative Services Director.

<table>
<thead>
<tr>
<th>SDHD EXPENDITURES</th>
<th>FY 2013-2014</th>
<th>FY 2012-2013</th>
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<td>$4,949,040</td>
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</tr>
<tr>
<td>$5,259,564</td>
<td>$5,101,933</td>
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</tr>
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</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 and Maternal Health Program.

This year the SDHD employed 55 full time employees and 9 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 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 been instrumental in training new employees on computers and VOIP phone system, setting up computers and phones for the new Care for Kids Program, moving and returning the computers and phones for the Environmental Division during their renovation, setting up Fire Fox for the Nursing Division to replace CareFacts and working closely with the staff in Environmental to coordinate with the new State food program.

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 included renovations for the Environmental Division offices and reconfiguring space for a new tenant, adding employee access to the second floor back door, resurfacing and striping the parking lot as well as adding directional arrows for entering and exiting the parking lot.
Grant Fiscal Management

The Administrative Division conducts the fiscal management for 28 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 11 Health Care Coalitions in northwest Iowa. This included the execution of agreements, collection of funding and preparation of meeting minutes. SDHD was awarded the Child Health Grant on May 1, 2014 to complement the existing Maternal Health Grant. Together they create challenges related to multiple budgets and many new billing activities.

Committees

The Policy and Procedure Committee continues to review and update current policies. Nine 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. Our website page views increased from 3,142 to 4,657 during the year and continues to increase. Our highest quarter of website views for the year was 5,819. Our Facebook likes also increased during the year from 193 to 462.

The Safety Committee continues to meet on a monthly basis to monitor and address any identified safety issues for building, staff and clients, which includes required drills 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 assure 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 FY13/14 were:

- Micah Project
- Medical Reserve Corps
- Iowa E-Health
- SMHC – Children’s Integrated Health Home
- Siouxland Habitat for Humanity
- UnityPoint St. Luke’s CHNA/HIP
- SCHC HIV/AIDS
- Jackson Recovery Children’s Hospital
- Transitional Services of Iowa
- UWPHI – County Health Rankings

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 FY13/14 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**
- **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. They continue to 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.

Also during the FY13/14 Woodbury’s SPIF-SIG Coordinator 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. Jackson Recovery, who employees the SPIF-SIG Coordinator, has been providing signs to let the public know where alcohol is allowed, as well as informing attendees that no one under 21 will be served at community events. TIPS teaches employees how to recognize intoxicated or underage customers and how to minimize risk when selling alcoholic beverages to customers. Business owners, therefore, save money by reducing property damage, employee turnover and insurance rates. This training also helps establishments prepare for random alcohol compliance checks conducted by law enforcement agencies. Most importantly, the training helps increase the health and safety of the Siouxland community. The goal in providing responsible beverage service training to entities that hold liquor licenses is to increase awareness of the warning signs of over-intoxication as well as the possible penalties (hundreds of dollars in fines & possible criminal charges) if the bartender serves a minor or over serves an adult.

Some businesses that have taken the training include: Sioux City Country Club, Sergeant Bluff Blvd Hy-Vee, Sam’s Mini-Mart, Greenlee’s Little Siouxloos, Weber’s Bar & Grill, Runs Bar & Grill, Valero, and Smithland Country Store. The most recent SPIF-SIG marketing campaign, was called, “Changes You,” which focuses not necessarily on youth drinking, but how it can affect a family if a mother or father has a drinking problem. And finally, more than 120 adults and youth attended the Town Hall Meeting on Underage Drinking at City Hall in Sioux City in April 2014, sponsored by Siouxland CARES, Sioux City Mayor’s Youth Commission, and Jackson Recovery Centers, to look at the issues of teen drinking and what could be done.

**Healthy Homes**

For more information on their activities please see the Environmental Division’s report within the FY13/14 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, UnityPoint 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 FY13/14 the group continued to monitor the Care Coordinator position that provides services to individuals upon dismissal from the hospital to decrease the number of readmissions. Also the Siouxland Mental Health Pediatric Integrated Home Health Program started in Dec. 2014, which provides care coordination for any Medicaid-eligible child that has a behavioral health issue.

**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. 2014. Every school age child in Woodbury County received a calendar with free clinic location and dates. Sunnybrook Dental, Dr. Donna Prince and Lohr Family Dentistry all participated. This task force also continued partnering with Unity Point – St. Luke’s and the I-Smile program to provide toothbrushes and basic oral health care information to new mothers in their “take home” bag from the hospital. During FY13/14 Mercy Hospital also began distributing these items. 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. The task force also worked on educating a rural town in the county on the importance of fluoride in their water and offered assistance in securing funds to increase the fluoridation levels, however the community voted it down.

**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 FY13/14 our Tobacco Coordinator:

- Worked with local youth organizations and schools to educate youth on the dangers of tobacco and began offering 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.
- Worked with multi-unit housing complexes in developing smoke free grounds policies.
- Worked with the Mayor’s Youth Commission to educate the Sioux City Council and local PTA’s on the importance of implementing a policy that would restrict new tobacco licenses to be issued to retail establishments within 1,000 feet of a school.
- Worked with businesses in Woodbury County to implement a policy that will provide smoking cessation programs to their employees.
- Promoted the use of Quitline Iowa.

Also during FY13/14 a group of Mayor’s Youth Commission students took part in the Kick Butts day event of “Picking up Butts,” in where they picked up 1,700 cigarette butts in a variety of Sioux City locations in one hour.

**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 FY13/14 the HSI/CTG Coalition met to network in areas of health and wellness.

**Iowa Community Transformation Grant**

The Community Transformation Grant (CTG) funding was initially awarded to 26 Iowa Public Health Departments during the fall of 2011, however after 2 years 25 counties continued. The original project period was for 5 years, (2011 – 2016), however it will now end in Sept. 2014. The purpose of this funding is to create policy, environmental and system level changes at the
community level that promote wellness and encourage healthier lifestyles. There were 5 focus areas in FY13/14: Coalition Development, Stanford Chronic Disease Self-Management Program/Better Choices Better Health and Health Care, Worksite Wellness, Community Wellness, and Food Systems Assessment and Planning. A SDHD Health Planner and Health Educator are responsible for completion of the annual workplan objectives.

Accomplishments during FY13/14:

- Offered CHANGE Tool assessments at Jackson Recovery Center, Briar Cliff University and Western Iowa Tech Community College. Continued to offer reassessments and TA support to additional businesses in the county as they implemented wellness, smoking and breastfeeding policies at their work site locations.
- Worked with Sergeant Bluff Community Center and Pool, and Moville Pool and Little League Association to improve vending and concession stands to include healthier options.
- Worked with restaurants to revise menus and cooking practices to offer healthier food options.
- Worked with Mercy Business Health and other physician offices to utilize a fax referral system for Quitline iowa programs.
- Implemented media campaigns that showcased the importance of exercise, through the “Show Your Body Who’s Boss” campaign, the negative effects of sugar sweetened beverages through the “Pouring on the Pounds” campaign, and the importance of fresh produce through the “Community Deserves” campaign.
- Educated multi-unit housing complexes on the benefits of going smoke-free and marketing the 16 locations on the Siouxlanddistricthealth.org webpage.
- Improved walkability and bikeability by providing bike racks to Palmer’s Candy Shop and the Sioux City School’s head office, and worked with the City of Sioux City to make infrastructure changes along the Walking School Bus route at Spalding Park Elementary.
- Completed a food system assessment for Woodbury County.

Health Planning Division Mini Wellness Awards

**IDPH Walking School Bus**
   SDHD received funding to organize and pilot a Walking School Bus in Sergeant Bluff in April and May of 2014. Students walked 3 days a week for 4 weeks with adult volunteers; average attendance each day was 25 students.

**General Mills**
   SDHD received funding to implement the CATCH (Coordinated Approach to Children’s Health) Kids Club curriculum to an additional 5 elementary schools’ Beyond the Bell Program in Sioux City during the fall of 2013 and spring of 2014. Those schools were: Liberty, Leeds, Roosevelt, Emerson and Lincoln. SDHD had originally received funds from Wellmark to initiate the program the previous year with 5 other schools. 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 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
guarantee 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. FY13/14 education topics included:

- Premium Reductions and your Wellness Program
- Implementing a Self-Care Program
- Generational Communication Strategies
- Building a Results Oriented Wellness Program using WELCOA’s Seven Benchmarks
- Including Spouses/Dependents/Retirees in your Wellness Initiative
- Live Healthy 10 Week Wellness Challenge: Live Healthy Iowa via webinar
- Helping employees manage chronic conditions
- Creating and managing a wellness team
- Creative wellness programming
- Creating a tobacco free environment and supporting cessation

Blue Zones

SDHD staff along with several other organizations in Sioux City continue 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 FY13/14 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 FY13/14 24 families with 41 unduplicated children were served during 106 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 13/14 results are shared below:

56% of participating families improved or maintained healthy family functioning, problem solving, and communication
63% of participating families increased or maintained social supports
75% of participating families are connected to additional concrete supports
75% of participating families increased knowledge about child development and parenting
80% 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
- Community education through health fairs and department website (www.sioulanddistricthealth.org)
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. The Health Maintenance Program does not provide one-time visits to check on people’s welfare.

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.

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 14 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 14 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 Healthy Opportunities for Parents to Experience Success (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 the following 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 14, HOPES served 122 families and a total of 172 children. A total of 1,683 home visits were completed.

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 90% were fully immunized by age two. 97% of target children received all of the recommended preventative health services according to their age, and 90% were assessed for developmental delays.

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:

• 84% of participating families improved or maintained healthy family functioning, problem solving, and communication;
• 67% of participating families increased or maintained social supports;
• 47% of families are connected to additional concrete supports;
• 35% of families increased knowledge about child development and parenting;
• 31% 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.

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.

**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 14, 435 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.
Title V Maternal Health

Title V Maternal Health services are funded by a grant from Iowa Department of Public Health and from Medicaid program revenue. The program targets pregnant women living in Iowa who are Medicaid eligible or low income. The program served 222 women during FY 14. The Maternal Health 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:

- 72% of women received prenatal care in their first trimester of pregnancy
- 95% of women had a medical home
- 45% of women had a dental home
- 12.5% of infants born were low birth weight
- 32% were single
- 64% were Hispanic
- 54% had less than a high school education
- 30% of women had an 8th grade education or less

Adult/Travel/Influenza Immunization Program

Influenza and pneumonia clinics were held in the fall of 2013 and continued into early 2014. SDHD administered a total of 615 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). Travel immunizations are available for a fee. SDHD is a designated CDC Yellow Fever Site. A total of 731 doses of vaccine were administered in the adult/travel immunization program.

Sexually Transmitted Disease (STD) Program

The Sexually Transmitted Disease (STD) Program’s 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 305 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. 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. The average number of persons receiving medication for latent TB was 25 per month and a total of 60 individuals were served. Directly Observed Therapy (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

Nutrition Services provides programming and education for childhood and the community in the areas of public health nutrition, oral health, preventive medical health, and resource/referral.

**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 through the District 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 increased this year from $6 to $8 for children. Parents of 9 month old infants are also now able to receive a CVV in place of a portion of their baby foods. The CVV for women continues at $10. This voucher can also be used at the USDA approved Farmers Markets.

Support for breastfeeding is 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.* Two peer counselors provided services to 614 moms and babies in this past year. Breastfeeding initiation rates are much higher for the women participating in the peer counseling program at 89% versus 62% for our agency as a whole. The peers started Prenatal Breastfeeding classes this year, in English and Spanish. A Breastfeeding / Health Fair was conducted in the summer with community partners participating.

<table>
<thead>
<tr>
<th></th>
<th>13/14</th>
<th>12/13</th>
<th>11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siouxland WIC Clients: Average Served Monthly</td>
<td>3810</td>
<td>3884</td>
<td>4109</td>
</tr>
<tr>
<td>% of Woodbury County Newborns Served</td>
<td>70%</td>
<td>70%</td>
<td>&gt;68%</td>
</tr>
<tr>
<td>Client Participation - Unduplicated</td>
<td>6392</td>
<td>6616</td>
<td>6892</td>
</tr>
<tr>
<td>WIC vouchers - redeemed value</td>
<td>$2,621,817</td>
<td>$2,607,246</td>
<td>$2,723,583</td>
</tr>
<tr>
<td>Farmers Market vouchers - redeemed value</td>
<td>$24,042</td>
<td>$31,638</td>
<td>$38,154</td>
</tr>
<tr>
<td>% of Women receiving Breastfeeding Peer Counselor support who chose to breastfeed</td>
<td>89%</td>
<td>92%</td>
<td>95%</td>
</tr>
</tbody>
</table>

WIC vouchers purchase food and infant formula from the 21 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. The Iowa Department of Agriculture and Land Stewardship distributed WIC Farmers Market checks to all counties this year with clients receiving them on a first come first serve basis. This change was done to increase the overall redemption of the checks. Woodbury County WIC clients redeemed 106% of the food money earmarked for Siouxland WIC as compared to the Iowa average of 90% redeemed. Iowa’s previous redemption was 79% in 2013 and 87% in 2012.

WIC in Iowa remained open for client appointments during the federal governmental shutdown in early October 2013. Once the funding resolution was passed, WIC was able to distribute the WIC vouchers to families.

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 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. Community education has been provided at college fairs this year focusing on increasing folic acid intake in all females. Several years of education and outreach on this topic has led to a 50% increase in the number of WIC pregnant women reporting they take a folic acid supplement daily the month prior to pregnancy.

**Title V Child Health**

SDHD became the contract holder for the Title V Child Health grant on May 1, 2014. These Title V Child Health services are 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™.

Development of the staffing pattern, job descriptions, grant activities, budgets, and actual writing of the applications were completed during May and June. Two of the initial five staff were hired the last week of June with actual client services starting in FY 15.

**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.

**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 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 in addition Woodbury County is a federally designated dental health professional shortage area. 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.

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>Oral Health Data</th>
<th>13/14</th>
<th>12/13</th>
<th>11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Health screenings</td>
<td>1615</td>
<td>1308</td>
<td>1354</td>
</tr>
<tr>
<td>Fluoride varnish application</td>
<td>1590</td>
<td>1273</td>
<td>1338</td>
</tr>
<tr>
<td>Educated in oral health</td>
<td>3242</td>
<td>1968</td>
<td>3126</td>
</tr>
<tr>
<td>Children with evidence of dental decay</td>
<td>29%</td>
<td>27%</td>
<td>28%</td>
</tr>
<tr>
<td>Children with a dental home</td>
<td>67%</td>
<td>58%</td>
<td>58%</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. This data is included above.

A Public Health Supervision Agreement remains on file with the Iowa Department of Public Health. 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, 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 this fiscal year 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>Food Service Establishments</th>
<th>Home Food Establishments</th>
<th>Retail Food Establishments</th>
<th>Re-Check Inspections</th>
<th>Vending</th>
<th>Farmer’s Market</th>
<th>Temporary Food Stands</th>
<th>Mobile Food Units</th>
<th>Consumer Complaints</th>
<th>Food borne Illness Investigations</th>
<th>Non-Food borne Illness Investigations</th>
<th>Hotels/Motels</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/14</td>
<td>1865</td>
<td>13</td>
<td>314</td>
<td>177</td>
<td>2</td>
<td>14</td>
<td>315</td>
<td>151</td>
<td>103</td>
<td>27</td>
<td>76</td>
</tr>
<tr>
<td>12/13</td>
<td>2192</td>
<td>18</td>
<td>475</td>
<td>127</td>
<td>10</td>
<td>15</td>
<td>389</td>
<td>155</td>
<td>112</td>
<td>29</td>
<td>83</td>
</tr>
<tr>
<td>11/12</td>
<td>1851</td>
<td>22</td>
<td>412</td>
<td>201</td>
<td>10</td>
<td>13</td>
<td>315</td>
<td>114</td>
<td>60</td>
<td>3</td>
<td>10</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.

Tanning, Tattoo and Swimming Pool Inspections

<table>
<thead>
<tr>
<th>Swimming Pool Facility Inspections</th>
<th>Tattoo Establishments</th>
<th>Tanning Establishments</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/14</td>
<td>53</td>
<td>22</td>
</tr>
<tr>
<td>12/13</td>
<td>80</td>
<td>28</td>
</tr>
<tr>
<td>11/12</td>
<td>94</td>
<td>25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tanning Establishments</th>
<th>Tattoo Establishments</th>
<th>Swimming Pool Facility Inspections</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/14</td>
<td>53</td>
<td>22</td>
</tr>
<tr>
<td>12/13</td>
<td>80</td>
<td>28</td>
</tr>
<tr>
<td>11/12</td>
<td>94</td>
<td>25</td>
</tr>
</tbody>
</table>

Siouxland District Health Department
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.

<table>
<thead>
<tr>
<th>Animal Bite/Quarantine Field Visits</th>
<th>13/14</th>
<th>12/13</th>
<th>11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabies Control Visits</td>
<td>162</td>
<td>140</td>
<td>177</td>
</tr>
<tr>
<td>Animal Specimens Submitted for Testing</td>
<td>16</td>
<td>23</td>
<td>19</td>
</tr>
<tr>
<td>Rabies Positive Samples</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

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 Water Testing and Abandoned Well Plugging

<table>
<thead>
<tr>
<th>Wells Tested</th>
<th>Wells Plugged</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13/14</td>
</tr>
<tr>
<td></td>
<td>12/13</td>
</tr>
<tr>
<td></td>
<td>11/12</td>
</tr>
</tbody>
</table>

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.

Well Drilling and Septic System Permits

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.

<table>
<thead>
<tr>
<th>Well Drilling and Septic System Permits</th>
<th>13/14</th>
<th>12/13</th>
<th>11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septic Permits</td>
<td>46</td>
<td>45</td>
<td>72</td>
</tr>
<tr>
<td>Well Permits</td>
<td>56</td>
<td>51</td>
<td>38</td>
</tr>
</tbody>
</table>

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>13/14</th>
<th>12/13</th>
<th>11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septic Pumper Inspections</td>
<td>17</td>
<td>17</td>
<td>19</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 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>13/14</th>
<th>12/13</th>
<th>11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>671</td>
<td>670</td>
<td>516</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. For the first time in many years, a sentinel chicken flock was not maintained for blood sample collection due to funding cuts at the State level.

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 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.

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.
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 13/14 as well as numbers from a variety of water types.

<table>
<thead>
<tr>
<th>Water Tests Performed</th>
<th>13/14</th>
<th>12/13</th>
<th>11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Tests</td>
<td>4602</td>
<td>4592</td>
<td>4634</td>
</tr>
</tbody>
</table>

Water Tests

![Water Tests Chart]

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.

As seen in the chart to the right, SDHD was involved in a very large Shigella outbreak that began in October 2013 and wasn’t officially concluded until May 2014. Several Sioux City daycares were impacted significantly and many of the Sioux City elementary schools also had cases. Many of the cultures needed for proper diagnosis and treatment control were done at the SDHD laboratory. The outbreak impacted all age groups, however, the vast majority of cases were children under 10 years old. Oddly, cases were found in Sioux City only, not other areas of Woodbury County.

![Epidemiology Chart]

2013-2014 Reportable Disease Tracker

<table>
<thead>
<tr>
<th>Disease</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMPYLOBACTER</td>
<td>25</td>
</tr>
<tr>
<td>CRYPTOSPORIDIOUM</td>
<td>12</td>
</tr>
<tr>
<td>E. COLI/SHIGATOXIN</td>
<td>5</td>
</tr>
<tr>
<td>GIARDIA</td>
<td>4</td>
</tr>
<tr>
<td>HEMOLYTIC UREMIS SYNDROME</td>
<td>1</td>
</tr>
<tr>
<td>HEPATITIS B</td>
<td>2</td>
</tr>
<tr>
<td>LISTERIA</td>
<td>2</td>
</tr>
<tr>
<td>LYME DISEASE</td>
<td>2</td>
</tr>
<tr>
<td>MALARIA</td>
<td>1</td>
</tr>
<tr>
<td>PERTUSSIS</td>
<td>7</td>
</tr>
<tr>
<td>TYPHOID FEVER</td>
<td>1</td>
</tr>
<tr>
<td>SALMONELLA</td>
<td>24</td>
</tr>
<tr>
<td>SHIGELLA</td>
<td>337</td>
</tr>
<tr>
<td>WEST NILE VIRUS</td>
<td>10</td>
</tr>
</tbody>
</table>
Lead Testing

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

<table>
<thead>
<tr>
<th></th>
<th>13/14</th>
<th>12/13</th>
<th>11/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Lead Specimens</td>
<td>824</td>
<td>1030</td>
<td>1192</td>
</tr>
<tr>
<td>Lab Collected</td>
<td>67</td>
<td>49</td>
<td>108</td>
</tr>
<tr>
<td>Elevated Levels</td>
<td>21</td>
<td>23</td>
<td>33</td>
</tr>
</tbody>
</table>

Clinical Laboratory Analysis

Specimens are submitted by area health care providers and in support of Departmental programs for the detection of sexually transmitted disease, enteric pathogens and intestinal parasites. The laboratory is certified by the Clinical Laboratory Improvement Amendments (CLIA) as a high complexity laboratory for the analysis of human specimens.

Environmental Analysis

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 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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