Mission

To create a healthy community through education, health protection and disease prevention

Vision

Healthy Community for all
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BOARD OF HEALTH
2006/2007

M. H. Muller, MD
Chair

Bruce Kolbe
Vice-Chair

George Boykin

Patrick Driscoll

Dennis Nitz, MD
Judy Turner

Board Secretary

NURSING ADVISORY COMMITTEE
Vickie Britson  Shelby Kroona  Mona Scaletta
Ann De Boom  Dr. Delwyn L. Lassen  Sharon Schroeder
Linda Drey  Geri Meyer  Amy Slevin
Wendy Hamblen  Fran Sadden  Kelly Zvirgzdinas
SIOUXLAND DISTRICT HEALTH DEPARTMENT STAFF

HEALTH DIRECTOR
Frances Sadden

HEALTH OFFICER
Dr. Delwyn L. Lassen

VETERINARIAN
Dr. Thomas F. Carr

DENTAL OFFICER
Dr. Dona J. Prince

ADMINISTRATION & HEALTH PLANNING
Linda Mills
Kevin Grieme
Angela Drent
Brent Harmeier
Shelby Kroona
Marilyn Cripe
Kay Gunsolly
Sandy Mortensen
Stephanie Powell
Jennifer Smith
Jody Westly
Chandra Chase
Tom Calvillo
John Mackie

Information Technology Specialist
Building Services Manager

LABORATORY
Dan Weakley
Tyler Brock
Patricia Fox
Sabohi Hafeez
Stacy McNear

Laboratory Director
Laboratory Coordinator

ENVIRONMENTAL SERVICES
Chuck Cipperley
Michelle Clausen Rosendahl
Ron Brandt
Glenn Eckert
Doyle McKeever
Tom Miller
David Peper
Julie Tovstad
David Willprecht

Environmental Director/Deputy Director
Environmental Coordinator
NURSING

Nursing Director

Linda Drey

Nursing Coordinator

Mona Scaletta (2007)

Adult Health Services Coord.

Wendy Hamblen (2006)

Mona Scaletta (2006)

Lori Baldwin

Sarah Blatchford

Margaret Crow (retired 12/31/06)

Jane Dixon

Deb Ferris

Leslie Franco

Chris Goss

Mary Goulette

Amber Hunwardsen

Karen Lumphrey

Susan Nielsen

Lori Oetken

Le Olsen

Barbara Van Beek

Maternal Child Health Coord.

Homemakers

Hmkr/HCA Program Case Manager

Kellie Zvirgzdinas

Amy Alvord

Marie Peterson

Vickie Sheeley

Home Care Aides

Sheila Garvin

Denise Cockburn

Belinda Cole

Interpreters

Josefina Grimesey

Daniel Vazquez

NUTRITION SERVICES

Nutrition Services Director

Sharon Schroeder

Oral Health Coordinator

Kathy Monahan

Elaine Graf

Alicia Anderson

Marie Castillo

Jeannette Ford

Colleen Johnson

Stephannie Kotalik

Jennifer Lafferty

Angela Loera

Jane Loving

Lidia Marquez

Keerti Patel

Julie Sampers

Jean Sterner

Sowjanya Virippil

Resource Center Coordinator

VOLUNTEERS

Immunization Clinic
Carol Banta
Mary Ann Coffey

Oral Health Program
Carol Banta
Karen Tagatz

Resource Center
Kay Allen
Carol Banta
Barb Bobier
Karen Brinck
Cindy Lafferty
Elizabeth Roberts
Terry Ross
Mary Schaffhausen
Siouxland Samplers Quilt Guild
Siouxland Sewing Guild

Influenza Clinics
Carol Banta
Nancy Merkel
Lillian Owens

Tobacco Program and Just Eliminate Lies (JEL) Champions
Vicki Sandvick - Community Volunteer
Nancy Treft - East High School
Trish Meyer and Michelle Hinrichsen - Heelan High School
Cynthia Goetz - Lawton-Bronson High School
Crista Limoges and Megan Powers - North High School
Lorraine Jepsen and Don Belson - River Valley High School
Warren Baker and Terri Askelson - West High School
DIRECTOR'S REPORT

Siouxland District Health Department is dedicated to serving Woodbury County residents through the provision of core public health functions of Assessment, Policy Development and Assurance and provision of the ten essential public health services.

During fiscal year 2006-2007, we completed a strategic plan process in response to emerging public health issues and fiscal realities that greatly challenge the provision of public health services.

This plan will enhance our efforts to meet the public health needs of the citizens within Woodbury County during a time of political and societal change. The result demonstrates the need to continue balancing ongoing public health activities, while addressing emerging public health issues such as the threat of pandemic influenza, during a period of significantly reduced federal funding, health care access issues and ongoing healthcare provider shortages.

This department-wide planning process included a review and revision of the Siouxland District Health Department’s vision and mission statements, assessment process including a historical scan, identification of the strengths of current departmental activities and of the internal and external areas that could use improvement, and identification of emerging public health issues to be considered in our planning process. The revised vision and mission statements are as follows:

The Siouxland District Health Department Vision is:
“**A Healthy community for all.**”

Siouxland District Health Department Mission is:
“**To create a healthy community through education, health protection and disease prevention**”

The goals, objectives and key strategies in this plan are the result of the assessment and planning initiatives involving all Siouxland District Health Department employees with input from the Siouxland District Board of Health and Woodbury County residents. In summary, six goals and implementation plans were identified that will be ongoing within SDHD and are provided in more detail in a separate report.

1. SDHD will provide quality accessible public health service to residents.
2. SDHD will evaluate policies, procedures and outcome measurements.
3. SDHD will develop and implement a community and consumer education program.
4. SDHD will have a trained and skilled public health workforce.
5. SDHD will foster open communication among employees.
6. SDHD will plan for adequate funding to provide public health services.

Bio-Emergency and Emergency planning for public health events that could quickly overwhelm our local public health system continues to be essential with more employees involved on a regular basis. As in years past, we work closely with the Tri State Disaster Committee and several other local preparedness partners. In addition to planning locally, we are part of a sixteen [16] county region public health planning group receiving funds through the Center for Disease Control and Prevention [CDC] Preparedness Grant with Iowa Department of Public Health. Grant activities include planning and testing of biological emergency response on a 24/7 basis within each county. Woodbury County, as well as the other Iowa counties, works with its local Emergency Management Director and other local agencies to coordinate activities and responses.
While realizing its importance, local workforce development for Bio-Emergency is a challenge to incorporate in the already very busy days of our public health staff. State-wide employee education continues on a regular basis through locally initiated opportunities, regional opportunities, and long distance learning opportunities from CDC, Learning Management System and Iowa Communications Network [ICN] in collaboration with University of Iowa, Center for Public Health Preparedness and Iowa Department of Public Health.

Education and actions of private citizens and families will be essential in the event of a natural public health event or a pandemic of any cause. Iowa Department of Public Health has developed an Iowa guide, *Protect Iowa Health*, detailing simple steps Iowans and particularly Woodbury County residents can use to be prepared for a public health emergency of any type. Siouxland District Health Department staff has distributed hundreds of these guides to individuals and groups, along with explanations of the importance of individuals and families to follow the steps as outlined to keep safe. This function, which can only be accomplished by individual residents and families, will be essential in the successful response to a major natural or man-made event.

Communicable disease in our community during the past year reminds us that we need to be vigilant and prepared for old diseases as well as new and emerging diseases.

Our West Nile numbers continue to be low. This can be attributed to the move of the disease across the United States as well as Woodbury County residents heeding public health publicity regarding West Nile safety habits.

Active Tuberculosis continues to be prevalent within Woodbury County. Case follow-up and contact investigation is accomplished on a regular and continuous basis.

We continue to watch Avian Influenza which is occurring in bird populations in Asia, Africa and Europe. World Health Organization experts are watching the Avian Influenza very closely and preparing for the possibility the virus may begin to spread more easily. Communicable diseases, new and old, all bear watching. Preparations for any of these diseases are important to all communities.

As we continue to work in the community and with the community, Siouxland District Health Department looks forward to another year of challenges to provide important public health services for Woodbury County residents. We are fortunate to work with dedicated, knowledgeable community agencies and individuals in our combined efforts to encourage a healthy environment and healthy lifestyles for better living. I am very fortunate to have the opportunity to work closely with extremely dedicated, professional and knowledgeable District Health employees and Board of Health members. We collectively work together to develop lasting relationships with community agencies and residents. Working together through education, health protection and disease prevention, we will promote the conditions necessary for a healthy community for all.

Frances Sadden
Director of Health
STATEMENT OF REVENUES AND EXPENDITURES


Revenues
Fees and Permits
   Environmental
      Woodbury Co.  150,680  148,899  151,549
      Multi County  150,857  146,080  149,593
      Environmental Adm. Fee  30,119  36,456  27,996
      Environmental Total  331,656  331,435  329,139
   Nursing  199,483  195,016  197,718
   Laboratory  68,767  61,438  60,490
   Laboratory - Bloodlead Testing  14,263  2,965  0
   Misc- Adm  15,529  20,633  23,748
   Infrastructure  6,899  6,984  12,392
   Total Fees and Permits  636,597  618,471  623,487
   Medicaid (Title XIX)  237,040  193,158  146,118
   Medicare  35,165  21,280  12,560

Grants
   PH Services - State Appropriation  96,308  94,927  116,072
   AIDS  23,687  22,419  23,138
   Well testing/plugging  11,856  8,904  12,031
   TB  10,761  6,482  23,707
   Senior Health  0  0  2,083
   HOPES-Infant Mortality  45,103  49,529  62,428
   HOPES-Crittenton Funding  116,213  15,654  12,194
   Child Health Care  3,544  49,674  48,113
   Child Health Care Fees  0  1,275  0
   School/Home Grant  40,513  30,508  88,153
   I-4 Project  54,030  59,179  55,247
   Breast/Cervical Cancer  45,045  53,538  51,663
   WISEWOMAN Grant  18,102  43,902  28,579
   WISEWOMAN Fees  9,354  12,918  0
   PH Services - Homemaker Services  226,813  179,766  334,688
   PH Services - Homemaker Services Fees  4,055  4,806  0
   Stork's Nest  0  6,993  16,471
   AFL Grant  66,784  297,933  251,158
   Family Resource Center  0  0  88,306
   Environmental Grant  0  0  10,200
   Oral Health  88,008  80,429  98,960
   Regional Bioterrorism  404,354  417,435  319,663
   Local Bioterrorism  309,533  344,392  437,693
   SDHD Resource Center  141,130  150,122  146,478
   SDHD Resource Center - Donations  18,685  8,601  0
   Wellness Grant  137,141  30,228  0
   Drug Testing  71,749  62,589  89,982
   Drug Testing Fees  23,690  0  0
   Tobacco Grant  42,551  9,935  9,651
   Nutrition Program  4,943  3,648  6,102
   Childhood Lead Poisoning  49,664  39,910  61,061
   Childhood Lead Poisoning Fees  1,434  711  0
   Safe Kids  0  11,100  11,575
### SDHD Annual Report 06-07

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<td>561,001</td>
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<td>1,342,704</td>
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<td><strong>TOTAL REVENUES</strong></td>
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<td><strong>5,046,007</strong></td>
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**Expenditures**

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<td>1,130,121</td>
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<td>Medicaid Adm. Claiming</td>
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<td>Child Health Care Grant</td>
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<td>School/Home Grant</td>
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<td>31,234</td>
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<td>TB</td>
<td>8,858</td>
<td>2,834</td>
<td>22,853</td>
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<td>Infant Mortality</td>
<td>194,501</td>
<td>76,722</td>
<td>66,342</td>
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<td>Tobacco Grant</td>
<td>58,411</td>
<td>9,983</td>
<td>9,945</td>
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<td>Laboratory</td>
<td>295,773</td>
<td>283,106</td>
<td>246,191</td>
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<td>AIDS</td>
<td>27,159</td>
<td>20,069</td>
<td>26,362</td>
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<td>Well Testing/Plugging</td>
<td>9,743</td>
<td>7,882</td>
<td>9,409</td>
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<td>I-4 Project</td>
<td>53,314</td>
<td>60,018</td>
<td>54,723</td>
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<td>HIV Consortia</td>
<td>0</td>
<td>0</td>
<td>(2,840)</td>
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<td>Stork's Nest</td>
<td>0</td>
<td>6,512</td>
<td>15,567</td>
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<td>Nutrition Program</td>
<td>7,044</td>
<td>2,438</td>
<td>5,971</td>
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<td>Breast/Cervical Cancer</td>
<td>69,799</td>
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<td>0</td>
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<td>Environmental</td>
<td>654,494</td>
<td>657,251</td>
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<td>AFL Grant</td>
<td>23,842</td>
<td>268,609</td>
<td>264,567</td>
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<td>Stork Nest Family Resource</td>
<td>0</td>
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<td>56,644</td>
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<td>Regional Bioterrorism</td>
<td>417,171</td>
<td>421,163</td>
<td>307,042</td>
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<td>Local Bioterrorism</td>
<td>319,307</td>
<td>332,010</td>
<td>439,226</td>
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<td>Childhood Lead Poisoning</td>
<td>53,633</td>
<td>44,844</td>
<td>49,876</td>
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<td>Wellness Grant</td>
<td>147,273</td>
<td>33,812</td>
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<td>Rural Resource/Referral</td>
<td>0</td>
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<td>SDHD Resource Center</td>
<td>170,683</td>
<td>156,056</td>
<td>135,925</td>
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<td>Drug Testing</td>
<td>88,989</td>
<td>71,606</td>
<td>81,105</td>
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<td>Oral Health</td>
<td>90,365</td>
<td>83,723</td>
<td>92,174</td>
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<td>Administration</td>
<td>438,576</td>
<td>293,361</td>
<td>308,621</td>
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<td>WIC</td>
<td>525,407</td>
<td>472,563</td>
<td>477,030</td>
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<td>HRSA/Harkin Grant</td>
<td>0</td>
<td>278</td>
<td>505,366</td>
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<td>PH Services - Homemaker Service</td>
<td>220,610</td>
<td>195,434</td>
<td>203,804</td>
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<tr>
<td><strong>Period Thirteen</strong></td>
<td><strong>(61,608)</strong></td>
<td><strong>165,471</strong></td>
<td><strong>141,613</strong></td>
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<td><strong>TOTAL EXPENDITURES</strong></td>
<td><strong>4,929,985</strong></td>
<td><strong>4,976,858</strong></td>
<td><strong>5,438,333</strong></td>
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**Changes in Fund Balance**

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<tbody>
<tr>
<td>Excess of Revenues over Expenditures</td>
<td>183,143</td>
<td>69,150</td>
<td>98,534</td>
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<td>Other Sources</td>
<td>183,143</td>
<td>69,150</td>
<td>98,534</td>
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<tr>
<td><strong>Fund Balance July 1, 2006</strong></td>
<td><strong>779,035</strong></td>
<td><strong>709,885</strong></td>
<td><strong>611,354</strong></td>
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<tr>
<td><strong>Inc. / (Dec.) in Fund Balance</strong></td>
<td>183,143</td>
<td>69,150</td>
<td>98,534</td>
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<td><strong>Fund Balance June 30, 2007</strong></td>
<td><strong>962,178</strong></td>
<td><strong>779,035</strong></td>
<td><strong>709,888</strong></td>
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</tbody>
</table>
REVENUES - FY 06/07

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

EXPERIENCES - FY 06/07

- Environmental
- Laboratory
- Bioterrorism
- Administration
- Nutrition Services
- Nursing

<table>
<thead>
<tr>
<th>REVENUES</th>
<th>06/07</th>
<th>05/06</th>
<th>04/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fees &amp; Permits</td>
<td>13%</td>
<td>12%</td>
<td>11%</td>
</tr>
<tr>
<td>Medicare/Medicaid</td>
<td>5%</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Local Tax</td>
<td>32%</td>
<td>30%</td>
<td>24%</td>
</tr>
<tr>
<td>Grants</td>
<td>50%</td>
<td>54%</td>
<td>62%</td>
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</table>

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>06/07</th>
<th>05/06</th>
<th>04/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory</td>
<td>8%</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>Environmental</td>
<td>15%</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>Bioterrorism</td>
<td>15%</td>
<td>15%</td>
<td>14%</td>
</tr>
<tr>
<td>Administration</td>
<td>12%</td>
<td>7%</td>
<td>15%</td>
</tr>
<tr>
<td>Nutrition Services</td>
<td>17%</td>
<td>15%</td>
<td>16%</td>
</tr>
<tr>
<td>Nursing</td>
<td>33%</td>
<td>41%</td>
<td>36%</td>
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</table>
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
5. Develop Policies.

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

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

The Administration 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 for food, tanning, tattoo, funeral establishments and inspection reporting for 10 counties, computer support, health statistics, fiscal grant management, Human Resources, and other special projects. This Division consists of a Health Planning & Development Coordinator, Quality Assurance Coordinator, Information Technology Technician, six Administrative support employees and an Administrative Services Director.

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>SDHD EXPENDITURES</td>
<td>$4,929,985</td>
<td>$4,976,858</td>
</tr>
<tr>
<td>SDHD REVENUES</td>
<td>5,113,128</td>
<td>5,046,007</td>
</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 the compliance and internal control regarding reporting and requirements of federal and state code.

Administrative staff continues to meet new challenges with larger and more complicated fiscal grant responsibilities. We strive to become more efficient in our Administrative responsibilities. The staff has also taken an active part in various Committees such as Policy Committee, Safety Committee, IT (Computer), Healthy Siouxland Initiative, SDHD Strategic Planning, Bioterrorism Preparedness Planning and Nursing Advisory.

This year the SDHD employed 61 full time employees and 5 part time employees.

As in the 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 IT shared 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 computer, printers, and fax machines and copiers.

The Building Services Manager continues with additional building responsibilities and is also responsible for the SDHD fleet.

GRANT FISCAL MANAGEMENT

The Administrative Division conducted the fiscal management for 18 Federal and State Grants. They also are fiscally responsible for several minor “one time” grants allocated to the SDHD. Bioterrorism grants continue to create challenges as Administrative Services is fiscally responsible for 16 (sixteen) counties which includes pass through funding, billing, auditing, reports and meeting minutes.
COMMITTEES
The Policy Committee completed updating the Employee Handbook and distributed it to staff during this fiscal year. The committee continues to review and update policies.

The IT Committee has been working on updating the SDHD Web Site. Many great ideas have evolved.

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

COMMUNITY HEALTH NEEDS ASSESSMENT – HEALTH IMPROVEMENT PLAN

Siouxland District Health Department and the Siouxland District Board of Health are responsible for the Core Function of Assessment in public health services. This has resulted in the development of health improvement plans that reflect the identified prioritized needs for Woodbury County. These health improvement plans were submitted to the Iowa Department of Public Health in February 2005. During the 06-07 program year, updates were also requested of any progress that has been made on the health improvement plans.

The Health Improvement plans identify nine priority areas to address:

- Teen Pregnancy*
- Family Stress
- Tobacco Use*
- Childhood Lead Poisoning*
- Sexual Assault*
- Community health education coordination*
- Health organization strategic planning/coordination
- Domestic Violence*
- Substance Abuse*

* Reflects those task forces that are still 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. This data reflects a period of years that allow us to identify trends that are present. Each of the listed improvement areas formed a task force to address the identified issue. During the needs assessment process, one additional area that was identified, but not organized, was in obesity. Since that time the Eat Smart/Be Active task force has formed and is working to develop a health improvement for that issue area. The following is a brief update on each of the health improvement plans:

**Teen Pregnancy** – Delaying the initiation of teen sexual activity is the focus of this work group.

**Family Stress** – This was identified as a top health problem both within individual families and in Woodbury County as a result of the “Quality of Life Survey-2004” results. After the completion of a series of focus groups intended to develop a definition for family stress, the responses solicited indicated that family stress is the result of a wide range of factors and is experienced by all individuals. It was determined that response efforts need to include acknowledgement of this and specific stress response efforts need to be included in all services that are provided.

**Tobacco Use** – The primary group for addressing this health need is the coalition, Tobacco Free Siouxland. Their primary goal is to prevent the initiation of use by youth and to promote smoking cessation. Time is also spent reducing the impact of second hand smoke. They currently have 125 restaurants in Woodbury County that have adopted smoke free policies.

**Childhood Lead Poisoning** – Woodbury County has a low percentage of children that are being tested for lead poisoning, but a high incidence of lead poisoning. In the fiscal year ending in June, 2007 there were 2,888 Woodbury County children tested for lead. This is the highest annual total ever tested during a one
year period, so progress is being made, but the goal of 100% of all children under age 5 being tested has not been reached. Community education continues about the hazards of lead.

**Sexual Assault/Domestic Violence** – This task force is headed by the Council on Sexual Assault and Domestic Violence. Sexual assault and domestic violence are one of the most underreported crimes in the nation, yet has devastating physical, emotional and psychological implications for victims. This task force has worked on educational materials, with a focus on the college age audience and dispelling the myths about sexual assault. They have also participated in the Iowa Accountability Audit that looks for gaps in the system and how these can be addressed. An additional strategy is to develop a neighborhood networking program.

**Community Health Education Coordination** – The development of the “Directory of Health Education Programs In Siouxland” has been completed. This is intended to be updated on an annual basis and provides program listing, contact information and other pertinent information related to class offerings from eight organizations that provide health education.

**Health Organization Strategic Planning/Coordination** – With the change of employment of the chair of this task force, it was decided by the HIS group, that this task force would be discontinued.

**Substance Abuse** – The activity for this health improvement plan is headed by Siouxland CARES, the local substance abuse coalition. They completed the Greater Sioux City Metro Area Youth Survey. This survey is completed by 9 school districts in the Sioux City Metro area. Grades 6, 8, 10 and 12 are the ages of the respondents. Results from this survey have allowed CARES to track their impact over an 8 year period. Current results indicate that youth are becoming more aware of the negative impact that alcohol, tobacco and other drugs can have on their lives.

The members of these task forces represent many of the same organizations that participate in Healthy Siouxland Initiative (HSI). HSI is a collaborative community 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 individual members representing over 30 organizations in Siouxland. HSI meets on a monthly basis at SDHD.

HSI assumes a broad definition of “community” and strives to be inclusive through working with other local planning efforts. 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.

Quality of life measures are used to assess how livable a community is:

- Are the neighborhoods safe, convenient and comfortable?
- Will our children have the opportunity to become responsible and productive citizens?
- Are there employment options that allow us to use our talents and abilities?
- Does the environment provide natural, cultural, and recreational amenities for residents?

Ultimately to answer this question….”Is this a good place to raise a family….?”
HSI Goals:
1. To collect, analyze health data
2. To bring providers together to focus on the health of the community
3. To coordinate services in the community
4. To create a “Health Report Card” for Siouxland

**HSI Mission** – “To build partnerships that assure a healthy and safe community.”
**HSI Vision** – “A healthy, safe community in which individuals/families can live and grow to their full potential.”

HSI Purpose Statements:
- **Funding** – To heighten awareness of private and public resources to support initiatives targeted to improve the health status of the community.
- **Reporting** – To collect, analyze, and report data that is relevant to the health status of the community.
- **Supporting** – To lend our collective voice in support of grants, regulations, ordinances, policies, and legislation that will improve the health status of the community.
- **Collaborating** – To bring consumers and/or providers together for the expressed purpose of coordinating services and maximizing resources to improve the health status of the community.
- **Planning** – To create a community plan that reflects the needs of all populations and correlates with state and federal health plans such as Healthy People 2010 and Healthy Iowans 2010.
- **Educating** – To increase the knowledge of consumers and providers about matters relevant to the health status of the community.

**BIO-EMERGENCY PLANNING**

Public Health Emergency response planning has made great progress over the past four years. This progress has involved work with all of the community partners that are needed to respond to natural and man-made disasters. It will be necessary in the event of a disaster, to provide coordinated and practiced responses to protect the health and well-being of Woodbury County residents. These efforts are supported through a cooperative agreement between the Iowa Department of Public Health and Region 3. Region 3 is the identified area that includes 16 counties in Northwest Iowa and outlined in the agreement. Funding for these efforts are provided by the Centers for Disease Control (CDC). Region 3 work is supported by two positions that are housed at SDHD. They are a Regional Planner and a Regional Education/Exercise Coordinator. The Regional Planner works with the 16 local public health agencies in organizing their work to meet the many grant performance measures. This also involves serving as a resource and link to IDPH in their emergency preparedness work. The Education/Exercise Coordinator, in addition to working with the 16 local public health agencies, provides support to the 21 hospitals across Region 3 to provide educational opportunities for their organizations in emergency preparedness topics. This position also helps them to design, conduct and evaluate exercises that test their emergency response plans. This network of support that has been developed between the health providers in Region 3 also serves as an additional level of mutual support in the event of some type of healthcare/public disaster. These local services are all linked through county emergency response plans. This will help to provide a planned and effective response in all 16 counties that are involved. An additional responsibility of these positions is to link with other emergency response entities in Region 3, such as Homeland Security and Emergency Management.

**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 assessments
- Community presentations of health needs assessment
- Strategic planning
- Facilitating collaborative community efforts
- Program evaluation
- Research for “best practices”
- Community education
QUALITY ASSURANCE AND QUALITY IMPROVEMENT

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

Some of the past year highlights include:

➢ The Nursing Division Outcomes Based Quality Improvement Initiative (OBQI) project is ongoing and the Center for Medicare Services (CMS) continues to publish their benchmarks for Home Health, which were first publicly reported November 2004. These can be reviewed on the CMS website [www.medicare.gov/HHCompare](http://www.medicare.gov/HHCompare). This allows consumers to evaluate Home Health agencies in their area. The Home Health Agencies are compared to local, state and national standards; this tool was developed for consumers to use when selecting a home health provider. The SDHD Nursing Division will work in conjunction with CMS to evaluate and revise plans for 2008.

➢ QA/QI and Information Technology Committee collaborated on the redesign of the SDHD website. In addition to improving the overall look, the redesign has made it much easier for designated personnel to change text, add links to other sites, and add PDF documents.

➢ Policy development for individual departments as well as the agency continues. SDHD agency Policy Committee is made up of front line staff, Coordinators and Division Directors with active participation from all levels. The committee assists with writing and implementation of new policies. The committee spent the majority of the year reviewing and updating our employee handbook. The handbook has been distributed to all employees and is now routinely distributed and reviewed during employee orientation.

➢ SDHD has numerous grants throughout all divisions. QA/QI and Administration staff reviews these grants with Division Directors. The QA/QI focus is on outcomes and performance measures with each grant.

➢ In 2008, SDHD will enhance the in-service for Civil Rights Training as required for employees involved in all levels of administration of programs that receive Federal financial assistance.

➢ Bio-terrorism preparedness for SDHD involves all departments. QA/QI assists with planning, writing and in-servicing on Bio Emergency Response topics and plans.

➢ Assist the Safety Committee to ensure a safe work environment and completion of mandatory in-services including Blood Borne Pathogens, TB, Severe weather etc.

➢ Through the redesign of Public Health in Iowa initiative, the partnership between Local and State Public Health is working to define basic standards of service delivery to all Iowans. The current draft version of the Iowa Public Health Standards encompasses both local and state level responsibilities and is in the public comment period for proposed changes to the April 3, 2007 version.
**NURSING DIVISION**

The Nursing Division provides an array of home health and public health nursing services. Health promotion and skilled nursing services are integrated into the adult health program and the maternal/child health program.

**Skilled Care Nursing (Disease and Disability)**
SDHD is a Medicare/Medicaid certified home health provider. The purpose of the home health program is to promote, preserve, enhance, and protect the health and well-being of all persons while assuring the dignity and development of individuals and families. Skilled nursing home visits are provided to Woodbury County residents who meet program requirements. Funding for the home visits comes from Medicare, Medicaid, third-party payers, state grant funds and Woodbury County tax dollars.

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<th>06/07</th>
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<tr>
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<td>0</td>
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<tr>
<td>Home Health Nursing Visits (Not Home)</td>
<td>115</td>
<td>192</td>
<td>454</td>
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<tr>
<td>Home Health Nursing Visits</td>
<td>3,759</td>
<td>3,428</td>
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<tr>
<td>Office Nursing Visits</td>
<td>116</td>
<td>300</td>
<td>492</td>
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<tr>
<td><strong>TOTAL HOME &amp; OFFICE VISITS</strong></td>
<td>3,990</td>
<td>3,728</td>
<td>4,678</td>
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**Home Health Aide/Homemaker Program**
SDHD has two Home Care Aide (HCA) programs. One is for physician ordered services (Home Health Aide) and the other is for non-physician ordered services (Homemaker). The Home Care Aides are an integral part of a multi-disciplinary team that cares for home health patients. With physician ordered services, the Home Care Aides provide personal care and light housekeeping under the supervision of the nursing staff.

The non-physician ordered Homemaker program utilizes both Home Care Aides and Homemakers. The purpose of the program for non-physician ordered services includes but is not limited to family preservation, personal care, household management, housekeeping, and essential shopping. A sliding fee scale is utilized to determine the hourly charge for the service. If a client is eligible, state grant dollars from the Local Public Health Services contract will pay for the service.

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<tr>
<th></th>
<th>06/07</th>
<th>05/06</th>
<th>04/05</th>
<th>06/07</th>
<th>05/06</th>
<th>04/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits</td>
<td>2,865</td>
<td>1,618</td>
<td>1,145</td>
<td>2,739</td>
<td>3,386</td>
<td>3,762</td>
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<td>Clients Served</td>
<td>52</td>
<td>23</td>
<td>20</td>
<td>95</td>
<td>105</td>
<td>141</td>
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</table>

**HOPES-HFI**
SDHD has been a provider of the intensive home-based visitation program for families called Healthy Opportunities for Parent to Experience Success – Healthy Families Iowa (HOPES-HFI) since 1997. The program was awarded the Healthy Families America accreditation by Prevent Child Abuse America in April of 2003 and is currently preparing for its second accreditation. The
HOPES Program follows a researched-based home visitation model from Healthy Families America and strives to achieve these goals:

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

Families receive current information on child development, child health, parent/child interaction and parenting skills which lead to improved health and safety of the child.

Funding for the program is provided through two grants. One is from The Iowa Department of Public Health. We are a subcontractor of the Crittenton Center for a grant from Siouxland Human Investment Partnership (local empowerment).

Enrollment in the HOPES Program is voluntary and occurs prenatally or within the first three months following birth. Risk factors that may lead to a family being offered the HOPES program include age, income, history of/or current domestic violence, substance abuse, tobacco use, or mental health problems. Late or no prenatal care and support are also risk factors.

SDHD HOPES/HFI served 112 families during FY 07. 50 families were newly enrolled and 62 were carried over from FY 06. Of these families, 29% enrolled prenatally and 60% were first time parents. The percent of teen parents (ages 14 – 19) served was 36%. A total of 1,193 home visits were made by Public Health Nurses (Family Support Workers).

In addition to the child’s physical well-being and growth and development attainment, HOPES strives to encourage families to achieve educational goals of high school graduations, GED attainment, and other post-high school education. Of the families served this year, 63% have less than a high school diploma or GED education. Many of our families have a history of mental illness (46%), history of or current use of substances (27%), and 73% report inadequate income.

Approximately 1/3 of the mothers did not receive prenatal care until their second or third trimester and 2% did not have prenatal care at all. Twenty percent of the target children served was born with low or very low birth weight. All target children are monitored for growth and development achievement, along with monitoring weights and physical parameters. Failure to achieve appropriate developmental milestones results in referrals to appropriate agencies. Families receive information on immunization schedules, well-child examinations, lead screenings, dental and other preventative services. Transportation, linguistic and other possible barriers to care are addressed and resolved by the family support staff. Program staff works closely with agencies and the medical community to assure screenings and appointments are completed. 100% of the families enrolled have a medical home. 100% of target children over age two are current with their immunizations.

HOPES-HFI program success is shown by monitoring the individual family support plan and reassessing each family on a regular basis. For families in the program at least six months, we saw considerable improvement of identified problems such as parenting skills and discipline, knowledge of age appropriate activities, child growth and development, mental health/emotional status, education, and others.

**Childhood Immunization Program**

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

Audits of the immunization records of all students enrolled in Woodbury County schools are conducted annually to ensure compliance with the Iowa immunization law. In 2006, the audit revealed 99.97% compliance in grades K – 12.

The Iowa Infant Immunization Initiative (I-4) project emphasizes and strives to meet the state and national goal of 90% of two-year old children who are fully immunized. The 2006 immunization audit results at SDHD were 92%.

The Childhood Immunization Program includes the provision of regularly scheduled immunization clinics, identification and follow-up of at-risk families and provision of home visits to administer immunizations, computerization of client records, immunization education, and collaboration with other community partners. 3,773 clients received immunizations in FY 06 during a total of 163 clinic hours. 9,877 doses of vaccine were administered during immunization clinics.

One Kindergarten Round-Up immunization clinic was held at an area school in the spring of 2007. 8 children were immunized and 24 doses of vaccine were given.

Breast and Cervical Cancer Early Detection Program
The Woodbury County Breast and Cervical Cancer Early Detection Program (BCCEDP) is a grant program funded by the Centers for Disease Control and Prevention (CDC) that began in October of 1997. The program is intended to reduce mortality in Iowa women from breast and cervical cancer through early detection and education.

SDHD coordinates the program providing enrollment and case management services in Woodbury, Plymouth, Sioux, Lyon, O’Brien, Cherokee, and Ida counties.

During FY 07, 428 women received screening mammograms, pelvic exams, pap smears, and clinical breast exams. The program works with area medical providers to encourage their participation in the program.

Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN)
SDHD continues to participate in a research study being conducted by the Centers for Disease Control and Prevention (CDC) Institutional Review Board. The study began in October of 2002. SDHD serves as a control site for the study which is evaluating the feasibility and effectiveness of integrated cardiovascular screening into the established Iowa BCCEDP program. In FY 07, 161 women were screened.
Adult and Travel Immunization Program
Adult influenza and pneumonia clinics were held in October, November, and December of 2006 at ten sites in Woodbury County. SDHD administered a total of 1,220 doses of Adult Influenza vaccine, 25 doses of Flu Mist, and 41 doses of Pneumococcal vaccine in FY 06.

Targeted persons included individuals 65 years of age and older, those who live with or care for elderly persons, adults with chronic diseases, adults who have required regular medical follow-up or were hospitalized during the previous year, infants 6 months and older and school aged children.

The supply of influenza vaccine in 2006 was normal. The live, attenuated vaccine (Flu Mist) manufactured and licensed in 2003 provided another means of protecting individuals from influenza disease. Flu Mist is administered intra-nasally as a fine mist and is recommended for healthy people 5 to 49 years of age, women who are not pregnant, most out of home caregivers, household contacts of children less than 6 months of age, household contacts of other persons at high risk of influenza-related complications, and most health care workers.

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 Yellow Fever Site.

SDHD served 941 individuals and administered 1,367 doses of vaccine.

Sexually Transmitted Disease (STD) Program
SDHD provides free education, counseling, examination, and treatment of persons with sexually transmitted diseases. Assistance is also provided in identifying and treating infected partners. Public Health Nurses who have received special clinical training provide this service in conjunction with laboratory staff.

STD Exams
FY 06/07

<table>
<thead>
<tr>
<th>STD</th>
<th>FY 06</th>
<th>FY 07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hep A (adult)</td>
<td>101</td>
<td>145</td>
</tr>
<tr>
<td>Hep A (pediatric)</td>
<td>103</td>
<td>242</td>
</tr>
<tr>
<td>Hep B</td>
<td>93</td>
<td>149</td>
</tr>
<tr>
<td>Hep A &amp; B (combined)</td>
<td>38</td>
<td>7</td>
</tr>
<tr>
<td>IPV</td>
<td>27</td>
<td>1</td>
</tr>
<tr>
<td>Influenza</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Pneumococcal</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>MMR</td>
<td>65</td>
<td>212</td>
</tr>
<tr>
<td>Varicella</td>
<td>8</td>
<td>16</td>
</tr>
<tr>
<td>Yellow Fever</td>
<td>75</td>
<td>162</td>
</tr>
<tr>
<td>Rabies</td>
<td>7</td>
<td>162</td>
</tr>
<tr>
<td>Meningococcal</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tetanus</td>
<td>12</td>
<td>218</td>
</tr>
<tr>
<td>Typhoid</td>
<td>18</td>
<td>347</td>
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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. The average number of persons receiving medication for tuberculosis (TB) infection was 60 per month in 2006. In calendar year 2006, TB medication was provided to 112
residents of Woodbury County who had Latent TB Infection (LTBI).

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. Woodbury County recorded 7 active cases of TB during calendar year 2005 and 2 active cases in calendar year 2006.

Education of health care workers, employees, and the public continues to be an important focus of the TB program.

**Family Resource Nurse**
This project continues a portion of the original work that was a part of the Safe Schools/Healthy Students grant project. Funding to support the ongoing work of the program was made available from Woodbury County DECAT to support a 0.4 FTE Family Resource Nurse.

The Family Resource Nurse works directly with schools, children, parents and other local agencies to reduce barriers to school achievement that many children face. Referrals to this free and confidential service come from a variety of sources. The Family Resource Nurse attends a large number of school based, social health team meetings as a part of this role. Once a referral is received, the Family Resource Nurse schedules the initial home visit. The Family Resource Nurse also spends time gathering information about the child from the school, providers, and other pertinent individuals/organizations. Referrals for help and support are made following the review of all information gathered. Some families require more intensive services that involve numerous phone calls and close follow up.

As an advocate for students and families, the Family Resource Nurse is best suited to have an objective overall view of issues facing the student and their family. Experience has shown that children and families are more willing to open up to a person that does not work for the school, AEA, or other educational entity.

This program concluded June 30, 2006 due to a lack of funding. Support and attendance at a few select Social Health Team meetings by public health nurses in the Sioux City Community School District will continue into FY 08 as resources allow.

**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, Sioux City Community Schools Health Advisory Committee, Sioux City Community School District Advisory Committee, Action Supervisory Committee, Siouxland Human Investment Partnership (SHIP) Early Childhood Large and Small Group, Immunization Coalition, and Early Intervention Services. Public Health Nurses also provide education to Woodbury County residents through educational presentations and written newspaper articles.

The Gospel Mission in Sioux City is a site for community outreach. Public Health Nurses provide public health nursing services, under the direction of a Medical Director, weekly during a clinic held at the Gospel Mission. 528 documented visits were made to clients at the Gospel Mission. TB testing was performed on 71 individuals and 26 influenza vaccinations were administered. The Public Health Nurses provide a link to additional health and human services in the community.
Nutrition Services provides programming for early childhood and the community in the areas of public health nutrition, oral health, resource/referral, and education. These programs and activities include: Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); Medical Nutrition Therapy; Nutrition Consultation Services; Oral Health Program; Resource Center; Tobacco Use Prevention and Control Community Partnerships, and Community Outreach Projects.

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
SDHD provides the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) for Woodbury County funded through the Iowa Department of Health. WIC is a federally funded nutrition intervention program serving pregnant, breastfeeding, and postpartum women, infants, and children up to age five. Nutrition education, supplemental foods, breastfeeding promotion and support, and referrals for health services are provided. Supplemental foods provided include iron fortified infant formula, milk, cheese, eggs, peanut butter, beans, iron fortified cereals, Vitamin C-rich juice, tuna, and carrots. Manual and electric breast pumps are available for breastfeeding clients.

Siouxland WIC Clients Served

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<tr>
<td>Average Served Monthly</td>
<td>3,854</td>
<td>3,654</td>
<td>3,690</td>
</tr>
<tr>
<td>% of Woodbury County Newborns</td>
<td>61%</td>
<td>unavailable</td>
<td>62%</td>
</tr>
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WIC vouchers were used to purchase over $2,540,694 of food and infant formula from the 26 WIC approved grocery stores and pharmacies in Woodbury County for our women, infants, and children. In addition, Farmers Market vouchers issued during summer 2006 allowed clients to purchase $40,810 of fresh fruits and vegetables at the Sioux City USDA Farmers Market. Woodbury County WIC clients redeemed 59% of received vouchers as compared to the Iowa average of 57% redeemed.

Siouxland WIC participates with several community partnerships. In addition to daily WIC services at Siouxland District Health Department, WIC is also provided at the Crittenton Center weekly and in Correctionville monthly. Health fund monies support blood lead draws for targeted 1 and 2 year olds during their certification appointment. In cooperation with Western Hills AEA, the WIC nurse performs a mini-developmental screen at the certification appointment referring children at risk. Nursing students from local colleges rotate through the WIC program as a part of their community health training.

Medical Nutrition Therapy
Health fund monies support the provision of medical nutrition therapy (MNT) by dietitian staff for children with elevated blood lead levels and physician ordered special nutritional needs such as obesity, disordered eating, and lack of adequate growth. This MNT is provided in the office or in the child’s home with variable visit frequency and duration. Lead MNT was performed for 17 children and their families. Physician ordered MNT was provided for 6 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, Siouxland Community Health Center, Crittenton Center (non-WIC maternal health clients), and Head Start. These billable services included menu review, special menu adaptations, client nutrition assessments, in-services, and staff education.

Oral Health Program
The Oral Health Program provides oral health education and screening opportunities for children in Woodbury County. All screening opportunities are performed by a registered dental hygienist and include oral health education, oral health screening with fluoride varnish application and linkage of children with decay present to oral health providers. The primary target population includes children birth to age 5 served through the SDHD Resource Center, immunization clinics, WIC, HOPES, and other services within SDHD, the Westside Resource Center and other locations in Woodbury County. Funding for the Oral Health Program is provided by a grant from the Siouxland Human Investment Partnership, Woodbury County’s Empowerment Board as one of the community identified needs. The Oral Health Program began in November 2000.

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>06/07</th>
<th>05/06</th>
<th>04/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Health screenings</td>
<td>1266</td>
<td>1080</td>
<td>1043</td>
</tr>
<tr>
<td>Fluoride varnish application</td>
<td>1210</td>
<td>1030</td>
<td>1279</td>
</tr>
<tr>
<td>Educated in oral health</td>
<td>2285</td>
<td>2341</td>
<td>2645</td>
</tr>
<tr>
<td>Children with evidence of dental decay</td>
<td>29%</td>
<td>32%</td>
<td>35%</td>
</tr>
<tr>
<td>Children without a dentist</td>
<td>39%</td>
<td>25%</td>
<td>45%</td>
</tr>
</tbody>
</table>

The City of Sioux City 2006 Opportunity Fund provided one time funding to the Oral Health Program during FY 06-07 to provide oral health education, screenings, and fluoride varnish to kindergarten through third grade students at Irving Elementary School during the 06-07 school year. Services were offered in the fall and again in the spring with the following outcomes:

- 597 students received oral health education
- 440 students received an oral health screening
- 440 students received fluoride varnish application
- 48% of the students had evidence of decay
- 81% of students with evidence of decay were linked with a dental provider

Data collection remains an integral part of the Oral Health Program. Very few communities have had the opportunity to gather local oral health data. The Oral Health Program has become the catalyst for further community collaboration as evidenced by the City of Sioux City Opportunity Fund grant. The Healthy Siouxland Initiative (HSI) Oral Health Task Force, chaired by Nutrition Division Director, is actively working on the issues regarding dental access for Woodbury County residents.
SDHD Resource Center
The mission of the Resource Center is to provide support to Woodbury County families with children through age 5, so that these families will be safe, healthy and nurturing.

Primary funding for the Resource Center is provided by a grant from the Siouxland Human Investment Partnership, Woodbury County’s Empowerment Board. Additional funding included a Kind World Grant from the Siouxland Community Foundation, and a March of Dimes Community Grant supported the program in FY06-07. The Resource Center relies upon donations from individuals and businesses to provide a wide array of essential safety items, developmental toys and books to the families that we serve. In FY06-07, there was widespread community support for the Resource Center. Private donations of diapers, books and other items were valued at over $10,000.

Programs include information and referral, group and individual educational classes, Bag It play groups at selected offsite locations, and rural services. Classes are offered in English and Spanish. An on-site resource library is also available. During FY06-07, the Resource Center provided the following:

- 76 group-learning opportunities were held.
- 588 individual classes were provided.
- 12 screenings took place.
- 331 families were served.

The Resource Center continues to oversee the Keep Me Safe crib program. Clients are offered the opportunity to develop an individual education plan, when the plan is completed a crib or other essential safety item is provided. Both local hospitals screen new mothers at the time of delivery to determine where their baby will sleep. Those families receiving a crib must attend a class focusing on SIDS risk factors, Back to Sleep, and Shaken Baby Syndrome along with pledging to use the crib. During FY06-07, 70 cribs were provided to parents.

Tobacco Use Prevention and Control Community Partnerships
The Woodbury County Tobacco Use Prevention and Control Community partnership grant is funded by the Iowa Department of Public Health. The tobacco grant follows four key outcome indicators developed by the Centers for Disease Control and Prevention. 1.) Prevent tobacco use initiation among youth. 2.) Promote cessation among young people and adults. 3.) Reduce exposure to secondhand smoke. 4.) Establish and maintain a tobacco control community coalition.

Woodbury County tobacco grant highlights:

- During the 2006/2007 school year 6 high schools included the JEL (Just Eliminate Lies) program in their school activities and 151 high school students joined the program.
- 1,539 4th – 8th grade students learned about the dangers of tobacco use through the research based program Teens Against Tobacco Use.
- Tobacco Free Siouxland published the 2nd Smoke Free Dining and Entertainment Guide with 129 Woodbury County businesses listed as 100% smoke free.

Community Outreach Projects
Siouxland Nutrition Coalition meets monthly at SDHD and is composed of staff from Woodbury County Extension, Head Start, St. Luke’s Regional Medical Center, SDHD Nutrition Division, Iowa Department of Education, and Sioux City Schools. The Pick a Better Snack
campaign continues as the focus of the every other month cooking demonstrations done on “What’s Cooking?” on a local TV network. BASICS (Building and Strengthening Iowa Community Support for Nutrition and Physical Activity) grant activities continue in kindergarten and first grade classrooms in Sioux City Community Schools.

SDHD nutrition staff actively participate in numerous community outreach activities each year. Staff participate in Healthy Siouxland Initiative, Eat Right Be Active, Sioux City Community Schools School Health Advisory Council, Head Start Advisory Council, Hawk-i Task Force, Siouxland Human Investment Partnership Early Childhood Large Group, Early Intervention Services, Community Health Education focus group (chaired by Resource Center coordinator), Siouxland Refugee and Immigration Committee, Siouxland Cares, Siouxland Council on Child Abuse and Neglect, Voluntary Organizations Active in Disasters, and Tobacco Free Siouxland. Nutrition Division professionals provide education to Woodbury County residents through educational presentations, television interviews, and newspaper articles.
ENVIRONMENTAL SERVICES

Environmental personnel inspect restaurants, grocery stores, home food establishments, vending machines, mobile food units, temporary food stands, and motels in Woodbury, Plymouth, Sioux, Lyon, O’Brien, Osceola, Clay, Dickinson, Palo Alto, and Emmet counties. They also investigate all reported foodborne illnesses and complaints.

Food Safety and Lodging Program Inspections

<table>
<thead>
<tr>
<th></th>
<th>06/07</th>
<th>05/06</th>
<th>04/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Service Establishments</td>
<td>1,651</td>
<td>1,699</td>
<td>1,568</td>
</tr>
<tr>
<td>Home Food Establishments</td>
<td>11</td>
<td>14</td>
<td>17</td>
</tr>
<tr>
<td>Retail Food Establishments</td>
<td>428</td>
<td>438</td>
<td>436</td>
</tr>
<tr>
<td>Warehouse (Food Processing Plant)</td>
<td>26</td>
<td>27</td>
<td>23</td>
</tr>
<tr>
<td>Temporary</td>
<td>312</td>
<td>345</td>
<td>295</td>
</tr>
<tr>
<td>Mobile Food Units</td>
<td>105</td>
<td>167</td>
<td>116</td>
</tr>
<tr>
<td>Consumer Complaints</td>
<td>63</td>
<td>70</td>
<td>76</td>
</tr>
<tr>
<td>Food borne Illness Investigations</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Non-Food borne Illness Investigations</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Hotels/Motels</td>
<td>104</td>
<td>94</td>
<td>86</td>
</tr>
</tbody>
</table>

The environmentalist inspects tattoo parlors and tanning salons in nine counties to ensure they are in compliance with Iowa Code.

Tanning/Tattoo/Funeral Establishment Inspections

<table>
<thead>
<tr>
<th></th>
<th>06/07</th>
<th>05/06</th>
<th>04/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanning Devices</td>
<td>346</td>
<td>452</td>
<td>314</td>
</tr>
<tr>
<td>Tattoo Parlors</td>
<td>18</td>
<td>13</td>
<td>15</td>
</tr>
</tbody>
</table>

All animal bites that occur in Woodbury County are reported to the Department for investigation. Animals that do bite are placed under quarantine for 10 days. Animal specimens are submitted to the University of Iowa Hygienic Laboratory for rabies testing.

Animal Bite/Quarantine Field Visits

<table>
<thead>
<tr>
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<th>06/07</th>
<th>05/06</th>
<th>04/05</th>
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</thead>
<tbody>
<tr>
<td>Rabies Control Visits</td>
<td>256</td>
<td>293</td>
<td>286</td>
</tr>
<tr>
<td>Animal Heads Submitted for Testing</td>
<td>31</td>
<td>29</td>
<td>28</td>
</tr>
<tr>
<td>Positives</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
All public and quasi-public swimming pools and spas in the nine county area are inspected annually.

**Swimming Pool and Spa Program Water Safety**

<table>
<thead>
<tr>
<th></th>
<th>06/07</th>
<th>05/06</th>
<th>04/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pool/Spa/Water Slide Inspections</td>
<td>197</td>
<td>181</td>
<td>181</td>
</tr>
</tbody>
</table>

A grants-to-counties program provides funding to assist Woodbury County residents with private wells to test their water for bacteria and nitrates free of charge. Financial assistance is also available for well rehabilitation or well closure. Technical assistance is given to homeowners regarding water problems and corrective action.

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

<table>
<thead>
<tr>
<th></th>
<th>06/07</th>
<th>05/06</th>
<th>04/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Plugged</td>
<td>6</td>
<td>2</td>
<td>33</td>
</tr>
<tr>
<td>Wells Tested</td>
<td>112*</td>
<td>165</td>
<td>152</td>
</tr>
</tbody>
</table>

*As of August 2006, the grant required SDHD to collect the well water sample. There was a decrease in the number of tests that were billed to the grant because some people chose to collect their own sample and pay for their test.*

Environmental personnel collect samples from Sioux City’s municipal water system to ensure the water is safe. They assist area businesses in collecting water samples to ensure they meet USDA, EEC, state, and federal guidelines.

**Water Samples Collected**

<table>
<thead>
<tr>
<th></th>
<th>06/07</th>
<th>05/06</th>
<th>04/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipal Water System</td>
<td>1,349</td>
<td>1,163</td>
<td>1,196</td>
</tr>
<tr>
<td>USDA, EEC, Other</td>
<td>52</td>
<td>46</td>
<td>32</td>
</tr>
</tbody>
</table>

New and renovated well and private sewage systems in rural Woodbury County are inspected to make sure they meet State requirements. This helps ensure protection of our groundwater resource.

**Well Drilling and Septic System Permits**

<table>
<thead>
<tr>
<th></th>
<th>06/07</th>
<th>05/06</th>
<th>04/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septic Permits</td>
<td>50</td>
<td>58</td>
<td>61</td>
</tr>
<tr>
<td>Well Permits</td>
<td>48</td>
<td>45</td>
<td>47</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. Environmentalists 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 and examined for antibodies for encephalitis.

One of the Public Health Essential Services is “Monitor Health Status to Identify and Solve Community Health Problems”. West Nile Virus has been detected in Woodbury County the last several years. The Department conducts public health education through the media on how to protect themselves as well as reduce the number of mosquito breeding grounds around their homes.
**Childhood Lead Poisoning Prevention Program**

Lead poisoning is an entirely preventable condition, yet it is one of the greatest environmental health threats facing our children. The primary cause of lead poisoning is lead-based paint in older homes. In Iowa, the prevalence of lead poisoning is nearly 7% of children. This is more than four times the national average of 1.6%. In Woodbury County, the prevalence in children who are tested has been around 12%.

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.

The State of Iowa changed the requirements for remediation in October 2006, and now dust clearance testing is required before an address can be designated as remediated. This involves taking several dust samples that are analyzed at a laboratory to ensure dust levels do not exceed allowed thresholds for lead. This helps ensure that the repairs were made properly and the dwelling was cleaned thoroughly, but also makes it more difficult for homes to be considered remediated; therefore, that number has decreased during this past year.

<table>
<thead>
<tr>
<th></th>
<th>06/07</th>
<th>05/06</th>
<th>04/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Inspections</td>
<td>16</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Homes Remediated</td>
<td>5</td>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>

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. 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.

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

<table>
<thead>
<tr>
<th></th>
<th>06/07</th>
<th>05/06</th>
<th>04/05</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2,888</td>
<td>2,278</td>
<td>2,333</td>
</tr>
</tbody>
</table>

The Siouxland CLPPP also coordinates the Siouxland Childhood Lead Poisoning Prevention Coalition which includes representation from several community partners. In the most recent Community Health Needs Assessment of Woodbury County, childhood lead poisoning was identified as one of the top ten health priorities, and a Health Improvement Plan was written and is being implemented by the Lead Coalition. The overall goal of the Coalition is to coordinate the efforts of our represented groups to educate the public, parents, and medical providers in Woodbury County about the dangers of lead poisoning and the need for routine testing.
LABORATORY DIVISION

The laboratory provides analytical service to the Department; additionally, it’s 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. Data collected from private water supplies submitted to the laboratory for analysis indicated that over 23% were contaminated with bacteria and over 16% were contaminated with unacceptable levels of nitrate.

Water Samples Examined

<table>
<thead>
<tr>
<th></th>
<th>06/07</th>
<th>05/06</th>
<th>04/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>1,201</td>
<td>1,179</td>
<td>1,239</td>
</tr>
<tr>
<td>Sioux City Municipal</td>
<td>1,349</td>
<td>1,160</td>
<td>1,198</td>
</tr>
<tr>
<td>Private</td>
<td>613</td>
<td>585</td>
<td>951</td>
</tr>
<tr>
<td>Swimming Pools/Spas</td>
<td>550</td>
<td>542</td>
<td>520</td>
</tr>
<tr>
<td>Total Tests</td>
<td>5,312</td>
<td>5,013</td>
<td>5,066</td>
</tr>
</tbody>
</table>

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

During the late summer and early fall months, pollen counts are conducted and forwarded to the U.S. Weather Service for dissemination to the public.

As part of a statewide monitoring program, sentinel chickens are bled to detect the presence of virus which may cause encephalitis. As a result of this program, West Nile Virus has been detected in seven of our eight chickens in the sentinel flock.

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.

Sexually Transmitted Diseases
Chlamydia infections continue to be the leading cause of sexually transmitted disease (STD), especially in the under 25 year old age groups. Specimens are submitted by local health care providers and the Department’s STD clinic. This year, 542 male and 402 female clients were examined at our clinic with 550 clients being treated for sexually transmitted diseases.
Through a grant provided by the Iowa Department of Public Health and in cooperation with SDHD Nursing Division, we are offering Hepatitis A and Hepatitis B immunization to at-risk clients. Clients are identified through the interview process at our STD/HIV clinic and selectively through our drug screening program, with free immunizations being offered if they have not previously been immunized. We have provided Hepatitis education to 944 clients and offered Hepatitis immunizations to 124 clients determined to be at high-risk. 259 doses of vaccine have been provided to 119 clients who entered into this immunization program.

Sexually Transmitted Diseases Detected Through The Clinic

<table>
<thead>
<tr>
<th></th>
<th>06/07</th>
<th>05/06</th>
<th>04/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syphilis</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>68</td>
<td>40</td>
<td>51</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>185</td>
<td>128</td>
<td>130</td>
</tr>
<tr>
<td>Non-Gonococcal Urethritis/Cervicitis</td>
<td>213</td>
<td>199</td>
<td>231</td>
</tr>
<tr>
<td>Other</td>
<td>228</td>
<td>217</td>
<td>204</td>
</tr>
<tr>
<td>STD Clients Treated</td>
<td>550</td>
<td>508</td>
<td>499</td>
</tr>
</tbody>
</table>

**HIV Prevention**

The Department is designated by the Iowa Department of Public Health as an alternative testing site for free and confidential HIV counseling and testing. Pre- and post-test counseling, including behavior modification strategies, are discussed with all clients requesting testing. Clients are also encouraged to be tested for syphilis, tuberculosis or Hepatitis B and C, if they are also found to be at risk for these communicable diseases.

**HIV Counseling and Testing**

<table>
<thead>
<tr>
<th></th>
<th>06/07</th>
<th>05/06</th>
<th>04/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Test Counseled</td>
<td>1,297</td>
<td>1,327</td>
<td>1,011</td>
</tr>
<tr>
<td>Clients Tested</td>
<td>1,211</td>
<td>1,039</td>
<td>660</td>
</tr>
<tr>
<td>Post-Test Counseled</td>
<td>560</td>
<td>525</td>
<td>393</td>
</tr>
</tbody>
</table>

The laboratory staff have conducted 47 outreach presentations to over 1,020 teens on STD/HIV prevention, relationships and esteem building, abstinence and HIV testing. These presentations were conducted at high schools, middle schools, adolescent homes and recovery agencies.

**Clinical 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 Health Care Financing Administration (HCFA) as a high complexity laboratory for the analysis of human specimens.

Partnering with WIC and the AEA, 1,620 capillary blood samples were collected from children ages six and younger and tested for elevated blood lead levels. Fifty-six of these children were positive with elevated blood lead levels with subsequent environmental assessment and follow-up being provided by our Environmental Division.
Urine Drug Screening is provided through agreements with the Department of Human Services, Juvenile Court Services and Federal Probations Office. We collected 3,673 urine samples and conducted 8,385 tests for drugs of abuse, 250 of these samples testing positive.

<table>
<thead>
<tr>
<th></th>
<th>06/07</th>
<th>05/06</th>
<th>04/05</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Samples Withdrawn</td>
<td>913</td>
<td>1,258</td>
<td>1,544</td>
</tr>
<tr>
<td>Total Specimens Received</td>
<td>13,884</td>
<td>13,613</td>
<td>13,771</td>
</tr>
<tr>
<td>Total Tests Performed</td>
<td>18,404</td>
<td>18,901</td>
<td>19,618</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

Siouxland District Health Department
1014 Nebraska Street
Sioux City, IA  51105
Phone:  712-279-6119
Toll Free:  800-587-3005

Administration
Phone:  712-279-6119
Fax:  712-255-2601

Laboratory
Phone:  712-279-6119
Fax:  712-234-3920

Environmental
Phone:  712-279-6119
Fax:  712-255-2604

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

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

Resource Center
Phone:  712-279-6119
Fax:  712-255-2677

Web address:  www.woodburyiowa.com/departments/DistrictHealth