Mission

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

Vision

Healthy Community for all
TABLE OF CONTENTS

Board of Health / Nursing Advisory Committee.........................1
Siouxland District Health Department Staff...............................2
Volunteers .............................................................................4
SDHD Organizational Chart.....................................................5
Director’s Report ....................................................................6
Statement of Revenues and Expenditures ....................................8
Core Public Health Functions and Essential Services..................11
Administration .......................................................................12
  Health Planning
  Quality Assurance and Quality Improvement
Nursing Division ....................................................................20
  Home Health Services
  Public Health Nursing Services
Nutrition Services ....................................................................26
  Women, Infants, and Children Program
  Health Program
  SDHD Resource Center
Environmental Services.............................................................30
Laboratory Division..................................................................33
Key Information........................................................................37
BOARD OF HEALTH
2009/2010

M. H. Muller, MD
Chair

Bruce Kolbe
Vice-Chair

George Boykin

Patrick Driscoll

Dennis Nitz, MD

James O’Kane

Judy Turner

Linda Mills
Board Secretary

NURSING ADVISORY COMMITTEE

Pam Banks
Dr. Delwyn L. Lassen
Amy Slevin
Vickie Britson
Sheila Martin
Steve Venne
Martha Burchard
Fran Sadden
Sara Wester
Linda Drey
Mona Scaletta
Kelly Zvirgzdin
Kim Keleher
Sharon Schroeder
SIOUXLAND DISTRICT HEALTH DEPARTMENT STAFF

HEALTH DIRECTOR
Frances Sadden

HEALTH OFFICER
Dr. Delwyn L. Lassen

VETERINARIAN OFFICER
Dr. Thomas F. Carr

DENTAL OFFICER
Dr. Dona J. Prince

ADMINISTRATION & HEALTH PLANNING
Linda Mills

Administrative Services Director
Kevin Grieme

Health Planner & Dev. Coordinator
Angela Drent

Health Planner
Brent Harmeier

Region 3 Health Educator
Michelle Lewis

Region 3 Health Planner
Sara Wester

Q.A./Q.I. Coordinator
Marilyn Cripe

Kay Gunsolly

Sandy Mortensen

Stephanie Powell

Jennifer Smith

Jody Westly

Chandra Chase

Tom Calvillo

Building Services Manager
John Mackie

Information Technology Specialist

LAWABORATORY

Tyler Brock

Laboratory Director
Patricia Fox

Sabohi Hafeez

Stacy McNear

ENVIRONMENTAL SERVICES

Chuck Cipperley

Environmental Director/Deputy Director
Michelle Clausen Rosendahl

Environmental Coordinator
Ron Brandt

Glenn Eckert

Doyle McKeever

Tom Miller

David Peper

Julie Taylor
NURSING
Nursing Director
Linda Drey
Nursing Coordinator
Mona Scaletta
Hmkr/HCA Program Case Manager
Kellie Zvirgzdinas
Amy Alford
Lori Baldwin
Sarah Blatchford
Denise Cockburn
Belinda Cole
Deb Ferris
Leslie Franco
Sheila Garvin
Josefina Grimesey
Amber Hunwardsen
Brandie Koenig
Karen Lumphrey
Susan Nielsen
Lori Oetken
Le Olsen
Marie Peterson
Julie Sampers
Barbara Van Beek
Daniel Vazquez

NUTRITION SERVICES
Nutrition Services Director
Sharon Schroeder
Oral Health Coordinator
Kathy Moreno
Lori Bogenreif
Fidencia Cortez
Jeannette Ford
Katrina Harwood
Glenda Heyderhoff
Susan Hopkins
Colleen Johnson
Stephannie Kotalik
Jennifer Lafferty
Jane Loving
Lidia Marquez
Deborah McLarty
Alicia Sanders
Jean Sterner
Sowjanya Virippil
Paulina Chaclan
VOLUNTEERS

Nursing Division
Mary Ann Coffey
Lillian Owens
Dave Scholten
Henner Scholten

Oral Health Program
Susan Peete
Karen Tagatz

Resource Center
Kay Allen
Barb Bobier
Karen Brinck
Cindy Lafferty

Tobacco Program and Just Eliminate Lies (JEL) Champions
Kim Imming - East High School
Megan Powers - North High School
Lorraine Jepsen - River Valley High School
Cynthia Goetz and Christine Olsen - Sergeant Bluff-Luton Community School District
Warren Baker - West High School
DIRECTOR'S REPORT

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

Our Vision Statement of “A Healthy Community for all” and Mission Statement of “To create a healthy community through education, health protection and disease prevention”, was identified through our strategic planning process. The Strategic Plan was a result of the assessment and planning initiatives involving Siouxland District Health Department employees with input from the Siouxland District Board of Health and Woodbury County residents. During the current year, progress and/or activity continued within the identified six goals of our Strategic Plan. The identified goals are as follows:

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.

Several SDHD staff continue to be involved with the Redesign/Modernization of Public Health in Iowa. Public Health Modernization is a partnership of local and state public health. Local and state public health professionals have been directly involved in shaping the future of Iowa’s public health system and assurance of public health services through the initiation of an accreditation process. Public Health Standards were established and finalized in December of 2007. State-wide Implementation Committees were established and legislation [Iowa Public Health Modernization Act] was passed in 2008. As legislated, the Public Health Advisory Council and Evaluation Committee were established and will be initiating the voluntary accreditation system to improve governmental public health system capacity in order to provide equitable delivery of a basic level of services across Iowa. SDHD staff is involved locally to evaluate and meet established criteria for public health accreditation.

July 1, 2009 thru April of 2010, Siouxland District Health responded with planning, communication and response to the H1N1 declared Pandemic as this new disease spread person to person. Preparation for H1N1 started with the identification and response in April 2009 by state health departments and CDC. On June 11, 2009, the World Health Organization [WHO] declared a Pandemic – the first pandemic declared in over 40 years. Emergency Plan using the Guidelines from IDPH and CDC were used to frame our response. SDHD activated our County state and national pillars of Surveillance, Mitigation, Vaccination and Communication. A full separate report of H1N1 response and activities is available.

We continue to 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 [CDC] Prevention 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. Employee education and exercise activities continue on a regular basis through locally initiated
opportunities, regional opportunities, and long distance learning opportunities from IDPH and CDC, Prepare Iowa Learning Management System [PILMS] and Iowa Communications Network [ICN] in collaboration with University of Iowa, Center for Public Health Preparedness and Iowa Department of Public Health. Bio-Emergency and Emergency Response planning for public health events that could quickly overwhelm our local public health system continues to be essential as we continue to involve additional employees, community partners and respond to communicable diseases, new and old.

Working with partner agencies, we continue a confidential process to identify special needs residents of Woodbury County. This process identifies residents that will need special assistance in any type of emergency situation. We also identify community volunteers that would be interested and willing to assist if a county wide effort was needed in response to an emergency. 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. Functions which can only be accomplished by individual residents, families and neighborhoods, will be critical in the successful response to a major natural or man-made event.

During the past year, we saw the occurrence of communicable disease is an ever changing process, but reminds us that we need to be vigilant and prepared for old diseases as well as new and emerging diseases. The number of residents diagnosed with tuberculosis within our county continues fairly constant, but testing and diligent follow up with infected cases will assist in education, treatment and prevention.

We receive regular reports from World Health Organization experts monitoring a variety of the diseases that have the possibility to spread person to person. Communicable diseases, new and old, all bear watching. Preparations for any of these diseases are important to all communities.

Working in the community and with the community, Siouxland District Health Department looks forward to the next year of challenges in providing public health services for Woodbury County residents. We are fortunate to work with dedicated, informed 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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fees and Permits</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environmental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woodbury Co.</td>
<td>190,991.21</td>
<td>186,595.71</td>
<td>179,443.30</td>
</tr>
<tr>
<td>Multi County</td>
<td>216,308.19</td>
<td>220,314.16</td>
<td>206,443.00</td>
</tr>
<tr>
<td>Environmental Adm. Fee</td>
<td>38,160.94</td>
<td>50,050.10</td>
<td>37,026.45</td>
</tr>
<tr>
<td>Environmental Total</td>
<td>445,460.34</td>
<td>456,959.97</td>
<td>422,912.75</td>
</tr>
<tr>
<td>Nursing</td>
<td>223,893.66</td>
<td>203,241.77</td>
<td>197,481.97</td>
</tr>
<tr>
<td>Laboratory</td>
<td>71,531.76</td>
<td>81,407.80</td>
<td>72,071.67</td>
</tr>
<tr>
<td>Laboratory-Bloodlead Testing</td>
<td>18,838.55</td>
<td>21,866.14</td>
<td>21,746.17</td>
</tr>
<tr>
<td>Misc- Adm</td>
<td>31,239.85</td>
<td>600.17</td>
<td>2,039.93</td>
</tr>
<tr>
<td>Auditor Office duplicate adjustment</td>
<td>0.00</td>
<td>0.00</td>
<td>28.38</td>
</tr>
<tr>
<td>Infrastructure Fees</td>
<td>0.00</td>
<td>6,732.00</td>
<td>6,899.00</td>
</tr>
<tr>
<td>Total Fees and Permits</td>
<td>790,964.16</td>
<td>770,807.85</td>
<td>723,179.87</td>
</tr>
<tr>
<td>Medicaid (Title XIX)</td>
<td>206,539.21</td>
<td>271,497.47</td>
<td>281,534.63</td>
</tr>
<tr>
<td>Medicare</td>
<td>21,897.52</td>
<td>28,067.51</td>
<td>23,325.99</td>
</tr>
<tr>
<td>Grants</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PH Services--State Appropriation</td>
<td>113,826.00</td>
<td>106,470.44</td>
<td>92,484.33</td>
</tr>
<tr>
<td>AIDS</td>
<td>13,510.79</td>
<td>18,787.54</td>
<td>16,235.65</td>
</tr>
<tr>
<td>Well testing/plugging</td>
<td>13,029.45</td>
<td>14,720.91</td>
<td>12,849.87</td>
</tr>
<tr>
<td>TB</td>
<td>3,100.00</td>
<td>1,775.00</td>
<td>11,424.88</td>
</tr>
<tr>
<td>HOPES-Infant Mortality</td>
<td>35,108.79</td>
<td>52,098.90</td>
<td>68,611.34</td>
</tr>
<tr>
<td>HOPES-Crittenton Funding</td>
<td>13,992.42</td>
<td>142,355.99</td>
<td>145,823.00</td>
</tr>
<tr>
<td>HOPES - SHIP</td>
<td>95,489.78</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Tobacco Grant</td>
<td>60,325.62</td>
<td>58,588.16</td>
<td>61,736.83</td>
</tr>
<tr>
<td>School/Home Grant</td>
<td>0.00</td>
<td>0.00</td>
<td>2,451.03</td>
</tr>
<tr>
<td>I- 4 Project</td>
<td>56,055.94</td>
<td>38,940.14</td>
<td>62,264.41</td>
</tr>
<tr>
<td>Breast/Cervical Cancer</td>
<td>7,770.00</td>
<td>50,400.00</td>
<td>43,890.00</td>
</tr>
<tr>
<td>CARE FOR YOURSELF</td>
<td>57,305.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Wise Women Grant</td>
<td>7,560.00</td>
<td>31,408.82</td>
<td>22,260.00</td>
</tr>
<tr>
<td>Wise Women Fees</td>
<td>916.53</td>
<td>21,810.66</td>
<td>14,022.94</td>
</tr>
<tr>
<td>PH Services-Homemaker Serv</td>
<td>242,841.26</td>
<td>226,841.81</td>
<td>190,063.06</td>
</tr>
<tr>
<td>Homemaker Fees</td>
<td>4,773.09</td>
<td>2,430.13</td>
<td>2,959.64</td>
</tr>
<tr>
<td>Regional Bioterrorism</td>
<td>459,416.01</td>
<td>556,022.50</td>
<td>314,266.71</td>
</tr>
<tr>
<td>Local Bioterrorism</td>
<td>420,016.38</td>
<td>224,668.93</td>
<td>359,026.00</td>
</tr>
<tr>
<td>Wellness Grant</td>
<td>74,655.53</td>
<td>24,969.54</td>
<td>43,468.54</td>
</tr>
<tr>
<td>Drug Testing</td>
<td>55,723.16</td>
<td>86,298.60</td>
<td>80,657.57</td>
</tr>
<tr>
<td>Drug Testing Fees</td>
<td>30,845.00</td>
<td>36,790.00</td>
<td>27,936.00</td>
</tr>
<tr>
<td>Oral Health</td>
<td>81,652.71</td>
<td>90,389.11</td>
<td>92,105.88</td>
</tr>
<tr>
<td>Oral Health Fees</td>
<td>22,143.00</td>
<td>10,138.00</td>
<td>3,335.00</td>
</tr>
<tr>
<td>SDHD Resource</td>
<td>119,738.49</td>
<td>157,309.60</td>
<td>166,031.65</td>
</tr>
<tr>
<td>SDHD Resource Center- Donations</td>
<td>18,750.10</td>
<td>20,159.13</td>
<td>10,245.10</td>
</tr>
<tr>
<td>Nutrition Program</td>
<td>7,348.25</td>
<td>7,325.00</td>
<td>7,348.50</td>
</tr>
<tr>
<td>Childhood Lead Poisoning</td>
<td>73,197.00</td>
<td>58,084.00</td>
<td>59,752.00</td>
</tr>
<tr>
<td>Lead Testing-Fees</td>
<td>1,524.48</td>
<td>3,396.15</td>
<td>4,528.20</td>
</tr>
<tr>
<td>HUD Lead Grant</td>
<td>8,271.50</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>WIC</td>
<td>784,585.08</td>
<td>615,968.25</td>
<td>549,525.97</td>
</tr>
<tr>
<td>Total Grant Revenue</td>
<td>2,883,470.67</td>
<td>2,658,147.31</td>
<td>2,465,303.04</td>
</tr>
</tbody>
</table>
### Payroll accrual Adjustment

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount</td>
<td>(12,336.26)</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

### Total Revenue

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>3,902,871.56</td>
<td>3,728,520.14</td>
<td>3,493,343.53</td>
</tr>
</tbody>
</table>

### Local Tax Asking

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Asking</td>
<td>2,084,902.08</td>
<td>1,934,712.00</td>
<td>1,752,801.00</td>
</tr>
</tbody>
</table>

### TOTAL REVENUES

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>5,975,437.38</td>
<td>5,663,232.14</td>
<td>5,246,144.53</td>
</tr>
</tbody>
</table>

### Expenditures

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Nursing Services</td>
<td>1,011,661.63</td>
<td>1,109,213.84</td>
<td>986,178.51</td>
</tr>
<tr>
<td>School Home Grant</td>
<td>0.00</td>
<td>0.00</td>
<td>0.22</td>
</tr>
<tr>
<td>Tobacco Grant</td>
<td>54,195.46</td>
<td>59,103.93</td>
<td>58,656.48</td>
</tr>
<tr>
<td>TB</td>
<td>1,522.13</td>
<td>3,532.16</td>
<td>10,204.98</td>
</tr>
<tr>
<td>Infant Mortality</td>
<td>157,166.92</td>
<td>189,850.68</td>
<td>186,895.28</td>
</tr>
<tr>
<td>Laboratory</td>
<td>285,743.48</td>
<td>297,080.17</td>
<td>323,914.18</td>
</tr>
<tr>
<td>AIDS</td>
<td>15,507.18</td>
<td>18,659.18</td>
<td>14,469.98</td>
</tr>
<tr>
<td>Well Testing/Plugging</td>
<td>10,564.30</td>
<td>16,492.15</td>
<td>10,529.80</td>
</tr>
<tr>
<td>I- 4 Project</td>
<td>53,379.12</td>
<td>45,312.04</td>
<td>54,450.89</td>
</tr>
<tr>
<td>Nutrition Program</td>
<td>12,504.69</td>
<td>12,509.96</td>
<td>12,101.73</td>
</tr>
<tr>
<td>Breast/Cervical Cancer</td>
<td>84,360.88</td>
<td>107,469.98</td>
<td>75,491.28</td>
</tr>
<tr>
<td>Environmental</td>
<td>810,409.40</td>
<td>799,847.63</td>
<td>754,755.67</td>
</tr>
<tr>
<td>Childhood Lead Poisoning</td>
<td>53,199.52</td>
<td>76,451.83</td>
<td>44,547.62</td>
</tr>
<tr>
<td>Wellness Grant</td>
<td>50,192.16</td>
<td>60,253.85</td>
<td>0.00</td>
</tr>
<tr>
<td>Regional Bioterrorism</td>
<td>417,442.15</td>
<td>553,132.41</td>
<td>324,165.03</td>
</tr>
<tr>
<td>SDHD Resource Center</td>
<td>477,368.23</td>
<td>204,979.86</td>
<td>348,732.30</td>
</tr>
<tr>
<td>Drug Testing</td>
<td>127,713.74</td>
<td>176,756.40</td>
<td>164,040.70</td>
</tr>
<tr>
<td>Oral Health</td>
<td>94,354.92</td>
<td>109,057.33</td>
<td>98,923.76</td>
</tr>
<tr>
<td>Administration</td>
<td>95,450.20</td>
<td>97,256.69</td>
<td>93,041.83</td>
</tr>
<tr>
<td>WIC</td>
<td>657,462.66</td>
<td>518,504.54</td>
<td>506,146.56</td>
</tr>
<tr>
<td>PH Services-Homemaker Services</td>
<td>784,161.42</td>
<td>636,834.65</td>
<td>544,317.85</td>
</tr>
<tr>
<td>Period Thirteen</td>
<td>185,515.11</td>
<td>222,039.78</td>
<td>191,372.83</td>
</tr>
<tr>
<td>Court House Adjustment (Mid American)</td>
<td>0.00</td>
<td>3,162.32</td>
<td>0.00</td>
</tr>
<tr>
<td>Court House Adjustment (Mid American)</td>
<td>0.00</td>
<td>(3,162.32)</td>
<td>0.00</td>
</tr>
</tbody>
</table>

### TOTAL EXPENDITURES

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>5,598,595.99</td>
<td>5,259,695.18</td>
<td>4,980,041.62</td>
</tr>
</tbody>
</table>

### Changes in Fund Balance

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Excess of Revenues over Expenditures</td>
<td>376,841.39</td>
<td>403,536.96</td>
<td>266,102.91</td>
</tr>
<tr>
<td>Other Sources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inc. / (Dec.) in Fund Balance</td>
<td>376,841.39</td>
<td>403,536.96</td>
<td>266,102.91</td>
</tr>
</tbody>
</table>

### Fund Balance June 1, 2010

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund Balance</td>
<td>1,631,817.64</td>
<td>1,228,280.68</td>
<td>962,177.77</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Inc. / (Dec.) in Fund Balance</td>
<td>376,841.39</td>
<td>403,536.96</td>
<td>266,102.91</td>
</tr>
</tbody>
</table>

### Fund Balance June 30, 2010

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Fund Balance</td>
<td>2,008,659.03</td>
<td>1,631,817.64</td>
<td>1,228,280.68</td>
</tr>
</tbody>
</table>
REVENUES - FY 09/10

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

<table>
<thead>
<tr>
<th>REVENUES</th>
<th>09/10</th>
<th>08/09</th>
<th>07/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fees &amp; Permits</td>
<td>13%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Medicare/Medicaid</td>
<td>4%</td>
<td>5%</td>
<td>6%</td>
</tr>
<tr>
<td>Local Tax</td>
<td>35%</td>
<td>34%</td>
<td>33%</td>
</tr>
<tr>
<td>Grants</td>
<td>48%</td>
<td>47%</td>
<td>47%</td>
</tr>
</tbody>
</table>

EXPENDITURES - FY 09/10

- Nursing
- Environmental
- Laboratory
- Bioterrorism

<table>
<thead>
<tr>
<th>EXPENDITURES</th>
<th>09/10</th>
<th>08/09</th>
<th>07/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory</td>
<td>7%</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>Environmental</td>
<td>16%</td>
<td>17%</td>
<td>16%</td>
</tr>
<tr>
<td>Bioterrorism</td>
<td>16%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Administration</td>
<td>12%</td>
<td>11%</td>
<td>10%</td>
</tr>
<tr>
<td>Nutrition Services</td>
<td>18%</td>
<td>18%</td>
<td>16%</td>
</tr>
<tr>
<td>Nursing</td>
<td>31%</td>
<td>32%</td>
<td>35%</td>
</tr>
</tbody>
</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

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.
ADMINISTRATIVE SERVICES DIVISION

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, 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, two Health Planners, one Health Educator, Quality Assurance Coordinator, Information Technology Technician, six Administrative support employees and an Administrative Services Director.

<table>
<thead>
<tr>
<th></th>
<th>FY 2009-2010</th>
<th>FY 2008-2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDHD EXPENDITURES</td>
<td>$5,598,595</td>
<td>$5,259,695</td>
</tr>
<tr>
<td>SDHD REVENUES</td>
<td>5,975,437</td>
<td>5,663,232</td>
</tr>
</tbody>
</table>

The Administrative staff was busy this year with H1N1 responsibilities. The Finance Section was responsible to monitor all expenditures and ensure fiscal resource availability for the incident. They also were involved in the actual staff and volunteer check-in station functions at the clinics. As all the volunteers and staff were checked in, the Administrative staff were then reassigned to other clinic duties. See the full Finance Section Report in the 2009-2010 H1N1 Final Report.

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, Nursing Advisory, and Employee Wellness.

This year the SDHD employed 60 full time employees and 4 part time employees. The SDHD also contracts with a Health Officer, a Veterinarian, and a Dentist.

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. She has also been very instrumental in assisting with the SDHD new web site.

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 17 Federal and State Grants. They also are fiscally responsible for several minor “one time” grants allocated to the SDHD.

COMMITTEES
The Policy Committee continued to review and update current policies. The Public Health Emergency Volunteer Policy was developed during this year due to H1N1.

The IT Committee continues to work on and update the new SDHD user friendly web site. The web site was very helpful during H1N1 as were able to get information out to the public very quickly. The domain name for the new Web site is siouxlanddistricthealth.org.

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

Siouxland District Health Department and the Siouxland District Board of Health are responsible for the Core Function of Assessment in public health services. This assessment occurs every five years and is intended to identify any new and emerging issues that may be challenging the health and wellness of Woodbury County Residents.

The last assessment was completed in 2004. Work is currently being done to complete the 2010 update. This update will reflect the identified health needs of Woodbury County Residents. Some of the needs identified in 2004 will continue to be a focus of our efforts, while other new ones will be emerging. A complete report of the process is targeted for completion in February of 2011.

Health Improvement plans are developed for the prioritized areas. The Health Improvement plans that are being finalized from the 2004 process are:

- **Eat Smart/Be Active**
- **Teen Pregnancy**
- **Tobacco Use**
- **Childhood Lead Poisoning**
- **Sexual Assault**
- **Domestic Violence**
- **Substance Abuse**

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 plans:

**Eat Smart/Be Active** – The work completed by this group has focused on two core issues of wellness, increasing the amount of regular physical activity and making better choices in food that is consumed. They continue to distribute the “Food for Healthy Meetings” brochure to Woodbury County residents and organizations. A core group of members have been trained in the National Environmental Measurement Survey (NEMS) that assesses vending machines and the nutritional content of the items they provide. Vending machines have been assessed at eleven businesses. This assessment provides information about changes that could be made to assure healthier options are available to their employees.

**Teen Pregnancy** – Understanding that teen pregnancy is an outcome of teen behaviors; the focus of this group has been to delay the initiation of teen sexual activity. A slide show with supporting materials has been developed and is available for interested partners to use in working with the parents they have the opportunity to reach. This education is intended to help them understand the negative impact of early initiation of teen sexual activity and also their role in talking with their children early and frequently about their own hopes and beliefs on this topic.

**Tobacco Use** – Tobacco Free Siouxland is the Woodbury County based coalition that supports the reduction of the use of tobacco. The passage of the Iowa Clean Air Act is resulting in a reduction of the impact of second hand smoke in restaurants and public places. It places the responsibility of enforcement on the individual business owners and provides better protection for their employees. The Tobacco Coordinator works with local schools in organizing Teens Against Tobacco Use (TATU). Each of these teams develops and prevents prevention messages to their peers and younger students.
**Childhood Lead Poisoning** – Woodbury County is showing progress in the percentage of children that are being tested for lead poisoning. In the fiscal year ending in June 2008 there were 1,185 or 74.4% of Woodbury County children that were born in 2002 that had been tested for lead. This compares to the state average of 77.4%, but is a stark improvement from June 2001, when there were 28.66% tested. SDHD continues to provide community education about the lead poisoning and support of having children tested.

The City of Sioux City was awarded a Housing and Urban Development (HUD) Grant that focused on renovating local housing units that a child had been diagnosed with an elevated level of lead. There have been 20 properties completed. They have expended $663,000 of the $1.9 million grant. There have been 32 homes bid out with the average cost of about $21,000. Anyone who does work on housing built before 1978 or child occupied facilities such as daycares have to take the Renovation, Remodeling, and Painting (RRP) class and use Lead Safe Work Practices.

**Sexual Assault** – The Sexual Assault Coalition has primarily focused on education, with a concentration on younger audiences. 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 and their families. Educational efforts have also targeted the college age audience and dispelling the myths about sexual assault.

**Domestic Violence** – The Community Coalition Against Domestic Violence has been meeting on a quarterly basis with the county attorney. Their work over the last year has also involved working with the Sioux City Police Department in videotaping abuse victims to support them in their legal cases and local hospitals to provide clothing and other essentials to abuse victims when they are released from the hospitals or police station.

**Substance Abuse** – The local substance abuse coalition, Siouxland CARES serves as the lead role for this health improvement plan. On an annual basis they conduct the Greater Sioux City Metro Area Youth Survey. This survey is completed by 6th, 8th, 10th and 12th grade students from 8 school districts in the Sioux City Metro area. Results from this survey allow CARES to track trends in youth perceptions about availability, use and age of onset of use of drugs and alcohol. The Character Counts Initiative is also overseen by CARES. They distribute monthly awareness campaign newsletters, other educational opportunities and work on local and state legislative issues.

**Healthy Siouxland Initiative (HSI)** - 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 represents over 40 organizations in Siouxland. HSI meets on a monthly basis at SDHD.

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

**HSI Mission:**
“To build partnerships that assures a healthy and safe community.”
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.

Ultimately to answer this question…”Is Woodbury County 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 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.

**PUBLIC HEALTH EMERGENCY RESPONSE**

Being prepared for emergencies, both personally and professionally has been a focus of the Public Health Emergency response planning over the past seven years. Efforts have focused on providing individuals with the necessary information for them to be able to sustain themselves for at least a three-day period. Businesses have also been supported to complete planning in the event that the majority of their workforce would be unable to report to work. This was especially important as H1N1 was spreading across the United State over the past year.

Response efforts involve many community partners 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 an area that includes 16 counties in Northwest Iowa. Funding for these efforts is provided through the Centers for Disease Control (CDC). Region 3 work is supported by two positions that are based at SDHD. They are a Regional Planner and a Regional Education/Exercise Coordinator. The Regional Planner works with the 16 local public health agencies and the Education/Exercise Coordinator work with the public health agencies and 21 hospitals located in the Region 3 area. They provided support to agencies to meet grant performance measures. All public health agencies and hospitals were required to conduct an exercise to test their developed plans and to submit an after action report that outlines areas of improvements in their plans. These exercises are supported by these positions. They also serve as a link to IDPH for emergency preparedness work and other regional response partners such as

**Woodbury County:** To assure coordination of planning efforts, SDHD assigned the leadership responsibility for public health emergency response planning to one individual. During the past year the focus has been on response to an actual event, H1N1. This response required the distribution of vaccine to all Woodbury County residents through the use of school based, public and selected closed clinics. Through the efforts of SDHD employees, physicians and many key community volunteers 36,219 residents received the vaccine. The number of residents vaccinated represents one of the highest percentages attained amongst Iowa counties.

**WORKSITE WELLNESS**

Funding became available for supporting communities to plan for improving the health of their residents. This funding was made available through the Iowa Healthy Communities Program, provided by the Iowa Department of Public Health. Woodbury County identified that one area of need was in the area of support for businesses in enhancing and implementing worksite wellness programs. The Worksite Wellness Coordinating Council is organized to serve in a coordination capacity to provide support. There are currently eighty-three members of this group that meets on a monthly basis for education and sharing of ideas that they can use in their worksites. The Wellness Council of Iowa/Wellness Council of America is a source of information that is accessed for guidance of the efforts of this group. Support is provided to businesses for health risk assessments, educational worksite wellness programs and incentives. This group also provides suggestions for updates and content of the [www.livehealthysiouxland.org](http://www.livehealthysiouxland.org) website.

**ADDITIONAL HEALTH PLANNING ACTIVITIES**

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

- Collecting, analyzing and reporting data
- Completing needs assessment
- Community presentations of health needs assessment
- Strategic Planning
- Facilitating collaborative community efforts
- Program evaluation
- Research for “best practices”
- Community education – including maintenance of the department website ([www.sioulanddistricthealth.org](http://www.sioulanddistricthealth.org))
QUALITY ASSURANCE AND QUALITY IMPROVEMENT

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

Some of the past year highlights include:

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

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

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

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

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

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

- **Public Health Modernization:**
  The 2009 Public Health Modernization Act (HF 811) put in place the mechanisms for voluntary accreditation of local public health agencies and the state public health department using the Iowa Public Health Standards. This legislation was the culmination of many years hard work by numerous public health professionals, and legislation that builds on the act continues to be introduced in legislative session. The intent is to provide clearly defined standards, increase public health system capacity, and provide equitable delivery of public health services throughout Iowa. The following eleven component areas for the standards were developed: Governance; Administration; Communication and information Technology; Workforce; Community Assessment and Planning; Evaluation; Prevent Epidemics and the Spread of Disease; Protect Against Environmental Hazards; Prevent Injuries; Promote Healthy Behaviors; Prepare for, Respond to, and Recover from Public Health Emergencies. Each of these areas defines standards and criteria for a total of 43 and 145 respectively. There are still some unknowns such as how each criterion will be measured and the fiscal impact meeting all of the criteria may have. QA/QI will continue to work with the Board of Health and all SDHD divisions toward self-assessment of
adherence with the standards and preparation for voluntary accreditation. Progress in meeting the new standards as a means of being accountable to the residents of Woodbury County will be included in future annual reports.

Health Information Technology for Economic and Clinical Health (HITECH) Act: The Interim Final Rule for Breach Notification for Unsecured Protected Health Information, issued pursuant to the Health Information Technology for Economic and Clinical Health (HITECH) Act, was published in the Federal Register on August 24, 2009, and became effective on September 23, 2009. The HITECH Act, enacted as part of the American Recovery and Reinvestment Act of 2009, is designed to promote the widespread adoption and standardization of health information technology, and requires the Department of Health and Human Services (DHHS) to modify the Health Insurance Portability and Accountability Act (HIPAA) Privacy, Security, and Enforcement Rules. The proposed modifications to the HIPAA Rules include provisions extending the applicability of several of the Privacy and Security Rules’ requirements to the business associates of covered entities, establish new limitations on the use and disclosure of protected health information for marketing and fundraising purposes, prohibit the sale of protected health information, and expand individuals’ rights to access their information and to obtain restrictions on certain disclosures of protected health information to health plans. In the coming months, DHHS intends to publish a final rule in the Federal Register, but until that time, the interim Final Rule will remain in effect. QA/QI will continue to revise policies and business contracts as needed in keeping with the most current rules and regulations.
NURSING DIVISION

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

Home Health Services

Skilled Care Nursing (Disease and Disability)

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

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

An annual client satisfaction survey resulted in an 83% response rate by clients. Survey results found:

- 94% of respondents reported learning how to care for themselves
- 96% of respondents were able to stay in their own home because of skilled nursing services
- 83% of respondents would recommend us to others
- 97% of respondents were satisfied or completely satisfied with services received

Home Health Aide

The Home Care Aide program is an integral part of a multi-disciplinary array of home health services. Home Health Aide is a physician ordered service that can be provided in combination with skilled nursing services or as a stand alone service called Personal Care Only. Home health patients receive personal care services from Direct Care Workers under the supervision of nursing staff.

An annual client satisfaction survey resulted in a 100% response rate by clients. Survey results found:

- 93% of respondents reported receiving the same level of care from all of the staff
- 93% of respondents were kept informed of schedule changes and visit times
- 93% of respondents were able to stay in their own home because of the home care aide service
- 97% of respondents would recommend us to others
- 89% of respondents were satisfied or completely satisfied with services received
Homemaker Program
The non-physician ordered Homemaker program utilizes Direct Care Workers to provide service to residents in Woodbury County. The purpose of the program includes but is not limited to family preservation, household management, light meal preparation, light housekeeping, and essential shopping. A sliding fee scale is utilized to determine the hourly charge for the service. If a client is eligible, state grant dollars from the Local Public Health Services contract will pay for the service.

* Statistics not recorded for this year.

<table>
<thead>
<tr>
<th>Homemaker (Non-Physician Ordered Services)</th>
<th>09/10</th>
<th>08/09</th>
<th>07/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visits</td>
<td>2,200</td>
<td>2,620</td>
<td>2,712</td>
</tr>
<tr>
<td>Hours of Care</td>
<td>3,783</td>
<td>4,099</td>
<td>*</td>
</tr>
<tr>
<td># of Clients</td>
<td>74</td>
<td>89</td>
<td>81</td>
</tr>
</tbody>
</table>

An annual client satisfaction survey resulted in a 97% response rate by clients. Survey results found:

- 97% of respondents reported that the staff had a professional appearance
- 93% of respondents were kept informed of schedule changes and visit times
- 97% of respondents were able to stay in their own home because of the home care aide service
- 87% of respondents would recommend us to others

Public Health Nursing Services

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

1. to systematically assess families for 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.

The HOPES program is 100% funded through grants from the Iowa Department of Public Health and Siouxland Human Investment Partnership (Woodbury County’s local Empowerment Board). Total grant revenue for FY 10 was $152,631. The HOPES program received less funding in FY 10 and had a mid-year funding decrease due to statewide budget cuts. The funding reduction and mid-year budget cuts resulted in a significant decrease in families that could be served. Late in the fiscal year, a partial restoration of grant funds was made possible and new HOPES families were enrolled. In FY 10, HOPES served 95 families and completed 941 home visits. A total of 4,187 hours of direct service were provided at an average cost of $36.72/direct service hour. Direct hours include all nursing staff time spent on the HOPES program excluding staff training, vacation and sick time. The average cost per participant family was $1,618.29/year. This is a direct service cost per family for an entire year and does not reflect all of the program costs including indirect service hours, staff supervision and some program operational costs.
Staff routinely assesses families for a host of risk factors. Financial risks such as inadequate income and unemployment are two of the top risks families face. Low education attainment of parents, mental health, substance abuse, domestic violence and learning parental learning disabilities were also found as risk factors this year. 80% of participating HOPES families had three or more risk factors present on admission. The table to the right depicts the higher percentage of risk factors seen across all HOPES clients. Most HOPES clients are at-risk financially.

- 88% were enrolled in WIC
- 69% received food stamps
- 56% (up from 48% in FY 09) of families had health insurance:
  - 94% of target children had Medicaid (T-19)
  - 8% of target children had private insurance
  - 0% of target children had no insurance

Families who participate in the HOPES program have high access to medical care for their children. 99% of target children had a medical home and 96% were fully immunized by age two. 89% had been screened for lead poisoning.

- 57% of target children age twelve months or greater had a dental home
- 75% of target children were screened for developmental delays:
  - 30% of the children with suspected/potential delays were identified
  - 80% of target children with suspected/potential delays were referred to Early Access

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. The instrument does not measure maintenance, only increases or decreases. This results in lower percentages for families who maintain and are carried over from one fiscal year to another making the outcome data appear lower compared to previous years. Analysis of LSP data found that:

- 83% of participating families improved or maintained healthy family functioning, problem solving, and communication;
- 66% of participating families increased or maintained social supports;
- 26% of families are connected to additional concrete supports;
- 15% of families increased knowledge about child development and parenting;
- 40% of families improved nurturing and attachment between parent(s) and children.

Childhood Immunization Program

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

Audits of the immunization records of all students enrolled in Woodbury County schools are conducted annually to ensure compliance with the Iowa immunization law. In 2010, the audit revealed 99.8% compliance in grades K – 12. The Iowa Infant Immunization Initiative emphasizes and strives to meet the state and national goal of 90% of two-year old children who are fully immunized. The 2010 immunization audit results at SDHD were 82%.
The Childhood Immunization Program includes the provision of regularly scheduled immunization clinics, identification and follow-up of at-risk families and provision of home visits to administer immunizations, computerization of client records, immunization education, and collaboration with other community partners. 4,683 clients received immunizations in FY 10 during a total of 149.5 clinic hours. 13,260 doses of vaccine were administered during immunization clinics.

**Iowa Care for Yourself Program**

The Care for Yourself (CFY) program was formerly two programs (Breast and Cervical Cancer Early Detection [BCCEDP] and Well-Integrated Screening and Evaluation for Women Across the Nation [WISEWOMAN]) that merged into a single program with 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 10, 492 women received screening mammograms, pelvic exams, pap smears, and clinical breast exams. 299 women were screened for cardiovascular disease. 285 women received one-on-one follow up education to reduce their cardiovascular risk. The program works with area medical providers to encourage their participation in the program.

**Adult and Travel Immunization Program**

Influenza and pneumonia clinics were held in September and October of 2009 at nine sites in Woodbury County. SDHD administered a total of 864 doses of Influenza vaccine, 63 doses of Flu Mist, and 14 doses of Pneumococcal vaccine. We continued to administered influenza vaccine in our office from November into early 2010. Influenza vaccine was targeted to CDC recommended groups including 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. A special emphasis was on immunization of infants, children and their adult household contacts. H1N1 vaccination clinics dominated the fall and early winter with school-base, public clinics and special population clinics held over five months. SDHD coordinated the H1N1 vaccination campaign for Woodbury County partnering with community
providers and countless other organizations. Refer to the special H1N1 report for details.

SDHD provides consultation and immunizations to individuals for international travel following guidelines from the Centers for Disease Control and Prevention (CDC). The travel immunizations are available for a fee. SDHD is a designated CDC Yellow Fever Site. SDHD served 733 individuals and administered 1,049 doses of vaccine in the adult immunization program.

**Sexually Transmitted Disease (STD) Program**
The Sexually Transmitted Disease (STD) Program goal is to control and/or eliminate sexually transmitted diseases. SDHD provides free education, counseling, examination, and treatment of persons with sexually transmitted diseases. Assistance is also provided in identifying and treating infected partners. Specially trained Public Health Nurses provide this service in conjunction with laboratory staff. Individuals are assessed for factors that put them at risk for HIV and Hepatitis as well as STD’s.

Individuals identified at risk for Hepatitis are encouraged to have the Hepatitis A and

STD vaccine for A and B is provided at no cost to these individuals through a grant from the Iowa Department of Public Health.

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

**Tuberculosis Program**
Tuberculosis is a highly contagious infectious disease. SDHD provides education, testing, consultation, medication management, and linkage to medical providers for individuals in Woodbury County with TB. Education of health care workers, employees, and the public is an important focus of the TB program. The average number of persons receiving medication for tuberculosis (TB) infection was 58 per month. Directly Observed Therapy (DOT) continues to be provided to clients with active TB or suspected TB disease as a means of assuring compliance with medication regime.

**Active TB Cases by Calendar Year**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Active TB Cases</td>
<td>3</td>
<td>1</td>
<td>5</td>
<td>2</td>
</tr>
</tbody>
</table>
Community Outreach
SDHD’s Public Health Nurses are involved in a significant amount of community outreach activities each year. Staff attended Social Health Team meetings at various Woodbury County schools serving as a community resource for school personnel. Participation on various community committees and work groups is also important. Examples of community participation include: Healthy Siouxland Initiative, Sioux City Community Schools Health Advisory Committee, Siouxland Human Investment Partnership (SHIP) Early Childhood Large and Small Group, Tri-State Immunization Coalition, and Early Intervention Services. Public Health Nurses also provide education to Woodbury County residents through 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. 277 documented visits were made to clients at the Gospel Mission. TB testing was done for 213 individuals residing at the Gospel Mission/Women’s Shelter this fiscal year. The increase in TB testing this year for individuals residing at the Gospel Mission/Women’s Shelter was in response to a policy change that requires individuals to have a documented TB skin test. 58 influenza vaccinations were administered. Public Health Nurses link individuals at the Gospel Mission/Women’s Shelter to needed health and human services in the community.

Nursing Time by Program
The chart below depicts the percentage of staff time spent in each of the respective nursing programs by the staff in performance of their work during FY 10. The general nursing category includes meeting time, vacation and sick leave.
NUTRITION SERVICES

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

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

SDHD provides the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) for Woodbury County funded through the Iowa Department of Public Health. WIC is a federally funded nutrition intervention program serving pregnant, breastfeeding, and postpartum women, infants, and children up to age five. Nutrition education, supplemental foods, breastfeeding promotion and support, and referrals for health services are provided. Supplemental foods provided include iron fortified infant formula, milk, cheese, eggs, peanut butter, beans, iron fortified cereals, Vitamin C-rich juice, tuna, and carrots. As recommended by the 2005 Institute of Medicine study, the WIC food package was revised to include whole grain bread, corn tortillas, milk with a specified fat content, baby foods, 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. A Cash Value Voucher (CVV) of $6, $10, or $15 allows for the purchase of the fresh/frozen fruits and vegetables. This voucher can also be used at the USDA approved Farmers Markets starting the summer of 2010. The entire food package change was completed in Iowa in October 2009. In preparation for this change, the Nutrition Director educated over 310 community partners at 16 different locations. Clients are enjoying the improved food package!

Support for breastfeeding was further enhanced with the above food package changes 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 received a grant to start a Breastfeeding Peer Counselor Program in March 2010. These first few months have been devoted to program development. Hiring and training of the Breastfeeding Peer Counselors is expected in FY 11.

WIC vouchers purchase food and infant formula from the 19 WIC approved grocery stores and pharmacies in Woodbury County for our women, infants, and children. In addition, Farmers Market vouchers issued during the summer months allow clients to purchase fresh fruits and vegetables at the Sioux City USDA Farmers Market. Woodbury County WIC clients redeemed 67% of received vouchers during summer 2009 as compared to the Iowa average of 58% redeemed. Woodbury County’s redemption was the third highest in the state.
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. WIC services were provided at the Crittenton Center (Title V Maternal Health grant holder) through March 2010 and discontinued as their clients were receiving WIC services at the main SDHD office. Health fund monies support the blood lead draws for targeted 1 and 2 year olds during their certification appointment as well as the medical nutrition therapy counseling provided for those children with an elevated blood lead level. The WIC nurse refers those children with developmental concerns to Northwest Area Education Agency. Nursing students from local colleges rotate through the WIC program as a part of their community health training.

Medical Nutrition Therapy
Health fund monies support the provision of medical nutrition therapy (MNT) by dietitian staff for children with elevated blood lead levels and physician ordered special nutritional needs such as obesity, disordered eating, and lack of adequate growth. This MNT is provided in the office or in the child’s home with variable visit frequency and duration. Lead MNT was performed for 16 children and their families. Physician ordered MNT was provided for 4 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 evidence of decay present to oral health providers. The primary target population includes children birth to age 5 served through the SDHD Resource Center, WIC, and other services within SDHD, 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 identified community needs for early childhood. 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>09/10</th>
<th>08/09</th>
<th>07/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Health screenings</td>
<td>1,290</td>
<td>1,291</td>
<td>1,245</td>
</tr>
<tr>
<td>Fluoride varnish application</td>
<td>1,261</td>
<td>1,278</td>
<td>1,212</td>
</tr>
<tr>
<td>Educated in oral health</td>
<td>2,819</td>
<td>2,502</td>
<td>2,326</td>
</tr>
<tr>
<td>Children with evidence of dental decay</td>
<td>38%</td>
<td>37%</td>
<td>32%</td>
</tr>
<tr>
<td>Children without a dentist</td>
<td>36%</td>
<td>43%</td>
<td>48%</td>
</tr>
</tbody>
</table>
Oral health screenings have been offered during Kindergarten Registration starting in 2006. More elementary schools are requesting this service to help parents comply with the Dental Screening Requirement for School Enrollment which started in the 08-09 school year. These screenings are done in collaboration with the Siouxland Community Health Center’s I-Smile program. The data below reflects the total screenings completed between both programs.

<table>
<thead>
<tr>
<th></th>
<th>Spring 10</th>
<th>Spring 09</th>
<th>Spring 08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children receiving screenings</td>
<td>462</td>
<td>417</td>
<td>270</td>
</tr>
<tr>
<td>Children with a dental home</td>
<td>81%</td>
<td>77%</td>
<td>75%</td>
</tr>
<tr>
<td>Children with evidence of dental decay</td>
<td>39%</td>
<td>38%</td>
<td>37%</td>
</tr>
</tbody>
</table>

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 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**

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

Resource Center programming is provided in English and Spanish including information and referral services, group and individual parent education classes, support group activities, and play groups. Services are offered in the rural area as well. An on-site resource library is available for families to access. During FY10, the Resource Center accomplished the following:

- 217 families were served
- 81 group-learning opportunities were held
- 1521 individual classes were provided

Primary funding for the Resource Center is provided by a grant from the Siouxland Human Investment Partnership, Woodbury County’s Empowerment Board. The Resource Center also relies upon donations from individuals and businesses to provide a wide array of essential safety items, developmental toys and books to the families that are served. In FY 10, the widespread community support for the Resource Center consisted of private donations of diapers, books and
other items valued at over $6040. A yearly fundraiser since 2003, “Give a Gift of Blooms” provides assistance in supporting the Resource Center programming raising $1657 this year. The Resource Center annually receives a grant from Children Miracle Network to purchase cribs. Clients without the resources to obtain a safe sleeping location for their infant may choose to develop their individual education plan to include a class focusing on Sudden Infant Death Syndrome risk factors and Back to Sleep while signing a pledge to use the crib. During FY 10, 73 families learned about safe sleeping and received cribs.

The newest method of program evaluation is the Protective Factors Survey. This survey is completed by parents before and after completion of their evidence based program. FY 10 results are shared below:

- 68% of participating families improved or maintained healthy family functioning, problem solving, and communication
- 70% of participating families increased or maintained social supports
- 63% of participating families are connected to additional concrete supports
- 78% of participating families increased knowledge about child development and parenting
- 71% of participating families improved nurturing and attachment between parent(s) and children.

**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 using these four goals for FY 10:

1) Prevent the initiation of tobacco use by youth.
2) Promote cessation by adults and youth.
3) Eliminate exposure to secondhand smoke.
4) Establish and maintain a tobacco control community coalition.

Woodbury County tobacco grant highlights:

- During the 2009/2010 school year 5 high schools included the JEL (Just Eliminate Lies) program in their school activities and 56 high school students joined the program.
- 428 Woodbury County youth learned about the dangers of tobacco use through the research based program Teens Against Tobacco Use and JEL educational events held throughout the year.

**Community Outreach Projects**

SDHD nutrition staff actively participate in numerous community outreach activities each year. Staff participate in Healthy Siouxland Initiative, Eat Right Be Active, Head Start Advisory Council, Hawk-i Task Force, Siouxland Human Investment Partnership Early Childhood Large Group, Early Intervention Services, Siouxland Cares, Siouxland Council on Child Abuse and Neglect, and Tobacco Free Siouxland. Nutrition Division professionals provide education to Woodbury County residents through educational presentations, television interviews, and newspaper articles.
ENVIRONMENTAL 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. We work with state and federal agencies to ensure applicable laws are followed.

Food Safety and Lodging Program Inspections

<table>
<thead>
<tr>
<th></th>
<th>09/10</th>
<th>08/09</th>
<th>07/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Service Establishments</td>
<td>1,870</td>
<td>1,867</td>
<td>1,532</td>
</tr>
<tr>
<td>Home Food Establishments</td>
<td>15</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>Retail Food Establishments</td>
<td>460</td>
<td>447</td>
<td>358</td>
</tr>
<tr>
<td>Warehouse (Food Processing Plant)</td>
<td>26</td>
<td>28</td>
<td>31</td>
</tr>
<tr>
<td>Temporary</td>
<td>285</td>
<td>293</td>
<td>402</td>
</tr>
<tr>
<td>Mobile Food Units</td>
<td>123</td>
<td>117</td>
<td>143</td>
</tr>
<tr>
<td>Consumer Complaints</td>
<td>70</td>
<td>79</td>
<td>79</td>
</tr>
<tr>
<td>Food borne Illness Studies</td>
<td>4</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Non-Food borne Illness Investigations</td>
<td>3</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Hotels/Motels</td>
<td>93</td>
<td>103</td>
<td>86</td>
</tr>
</tbody>
</table>

The environmentalist inspects tattoo parlors and tanning salons in nine counties.

Tanning/Tattoo/Funeral Establishment Inspections

<table>
<thead>
<tr>
<th></th>
<th>09/10</th>
<th>08/09</th>
<th>07/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanning Devices</td>
<td>337</td>
<td>335</td>
<td>363</td>
</tr>
<tr>
<td>Tattoo Parlors</td>
<td>18</td>
<td>18</td>
<td>20</td>
</tr>
</tbody>
</table>

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

Animal Bite/Quarantine Field Visits

<table>
<thead>
<tr>
<th></th>
<th>09/10</th>
<th>08/09</th>
<th>07/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabies Control Visits</td>
<td>243</td>
<td>217</td>
<td>207</td>
</tr>
<tr>
<td>Animal Heads Submitted for Testing</td>
<td>20</td>
<td>40</td>
<td>48</td>
</tr>
<tr>
<td>Positives</td>
<td>0</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>

Charles Cipperley
Environmental Director
All public and quasi-public swimming pools and spas in a nine county area are inspected annually.

**Swimming Pool and Spa Program Water Safety**

<table>
<thead>
<tr>
<th></th>
<th>09/10</th>
<th>08/09</th>
<th>07/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pool/Spa/Water Slide Inspections</td>
<td>189</td>
<td>200</td>
<td>193</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 home owners regarding water problems and corrective action. The sampling is done by health department personnel.

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

<table>
<thead>
<tr>
<th></th>
<th>09/10</th>
<th>08/09</th>
<th>07/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Plugged</td>
<td>8</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>Wells Tested</td>
<td>96</td>
<td>99</td>
<td>131</td>
</tr>
</tbody>
</table>

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

**Water Samples Collected**

<table>
<thead>
<tr>
<th></th>
<th>09/10</th>
<th>08/09</th>
<th>07/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipal Water System</td>
<td>1429</td>
<td>1414</td>
<td>1,406</td>
</tr>
<tr>
<td>USDA, EEC, Other</td>
<td>41</td>
<td>38</td>
<td>41</td>
</tr>
</tbody>
</table>

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

**Well Drilling and Septic System Permits**

<table>
<thead>
<tr>
<th></th>
<th>09/10</th>
<th>08/09</th>
<th>07/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septic Permits</td>
<td>56</td>
<td>46</td>
<td>46</td>
</tr>
<tr>
<td>Well Permits</td>
<td>31</td>
<td>28</td>
<td>46</td>
</tr>
</tbody>
</table>

**Mosquito-Arbovirus Surveillance Program**

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

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

<table>
<thead>
<tr>
<th></th>
<th>09/10</th>
<th>08/09</th>
<th>07/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Inspections</td>
<td>20</td>
<td>19</td>
<td>15</td>
</tr>
<tr>
<td>Homes Remediated</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

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

The only way to determine if a child is lead poisoned is with a blood test, and because of the high prevalence in Iowa, the Iowa Department of Public Health and the Centers for Disease Control and Prevention recommend that all children under the age of 6 in Iowa be routinely tested for lead poisoning. 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. Beginning with the 2008-2009 school year, new state legislation went into effect requiring that all Iowa children receive a lead test prior to or upon entering kindergarten.

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

<table>
<thead>
<tr>
<th></th>
<th>09/10</th>
<th>08/09</th>
<th>07/08</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3320</td>
<td>4136</td>
<td>3489</td>
</tr>
</tbody>
</table>

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

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

Water Quality
The laboratory is certified through the Iowa Department of Natural Resources to be in compliance with the Federal Safe Drinking Water Act to provide total and fecal coliform, heterotrophic plate count, nitrate, nitrite and fluoride analysis of public water supplies. Water samples are accepted from public agencies and private individuals from a wide geographic area. Education, problem solving and expertise is provided on proper collection procedures and resolution of water related problems. Water related health issues still exist and represent continued concern to the health and well-being of the public. The charts below illustrate positivity percentages in the private water tested in 09-10 as well as numbers from a variety of water types.

<table>
<thead>
<tr>
<th>2009-2010 PRIVATE WATER SAFETY ANALYSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>COLIFORM BACTERIA SAMPLES RECEIVED</td>
</tr>
<tr>
<td>BACTERIA POSITIVE</td>
</tr>
<tr>
<td>% UNSAFE FOR COLIFORM BACTERIA</td>
</tr>
<tr>
<td>NITRATE SAMPLES RECEIVED</td>
</tr>
<tr>
<td>ELEVATED NITRATES</td>
</tr>
<tr>
<td>% UNSAFE FOR INFANT CONSUMPTION</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WATER TESTS PERFORMED</th>
<th>09/10</th>
<th>08/09</th>
<th>07/08</th>
</tr>
</thead>
<tbody>
<tr>
<td>PUBLIC</td>
<td>1371</td>
<td>1279</td>
<td>1245</td>
</tr>
<tr>
<td>SIOUX CITY MUNICIPAL</td>
<td>1429</td>
<td>1414</td>
<td>1406</td>
</tr>
<tr>
<td>PRIVATE</td>
<td>628</td>
<td>650</td>
<td>658</td>
</tr>
<tr>
<td>SWIMMING POOLS</td>
<td>511</td>
<td>562</td>
<td>598</td>
</tr>
<tr>
<td>TOTAL TESTS</td>
<td>5222</td>
<td>5445</td>
<td>5312</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. Figure 1 shows the seasonal fluctuations demonstrated over the past three years.
Figure 1: Average pollen counts 2008-2009

As part of a statewide monitoring program, sentinel chickens are bled weekly from early June until early October to detect the presence of virus which may cause encephalitis diseases such as West Nile Virus.

**Epidemiology**

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

<table>
<thead>
<tr>
<th>2009-2010 REPORTABLE DISEASE TRACKER</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMPYLOBACTER</td>
</tr>
<tr>
<td>19</td>
</tr>
</tbody>
</table>

- Influenza hospitalization is not normally a reportable condition. But due to H1N1 during this period, this condition became temporarily reportable.
STD/HIV/HEPATITIS PROGRAM
The SDHD sexually transmitted disease clinic is open each business day for both males and females. Females are usually examined by appointment, but males are seen on a walk-in basis. This year, 569 male and 366 female clients were examined at our clinic with 569 clients being treated for infections. Iowa Department of Public Health supplies free medications for chlamydia, gonorrhea, and syphilis and those diseases are treated by SDHD clinicians in house.

| SEXUALLY TRANSMITTED INFECTIONS DIAGNOSED AT SDHD CLINIC |
|------------------------------|----------------|----------------|
|                              | 07/08 | 08/09 | 09/10 |
| CHLAMYDIA                   | 173   | 181   | 142   |
| GONORRHEA                   | 47    | 29    | 31    |
| SYPHILIS                    | 3     | 1     | 3     |
| NON-GONOCHELCCAL URETHRITIS/CERVICITIS | 246   | 298   | 257   |
| OTHER                       | 239   | 247   | 230   |
| STD CLIENTS TREATED         | 613   | 681   | 569   |

Through a grant provided by the Iowa Department of Public Health and in cooperation with SDHD Nursing Division, we offer Hepatitis A and Hepatitis B immunization to at-risk clients. Clients are identified through the interview process at our STD/HIV clinic and selectively through our drug screening program, with free immunizations being offered if they have not previously been immunized. In 08/09 a total of 228 doses of vaccine were given and 49 people completed their series.

| HEPATITIS IMMUNIZATIONS 2009-2010 |
|-----------------------------------|----------------|----------------|
| STARTED SERIES                    | COMPLETED SERIES | TOTAL IMMUNES GIVEN |
| 106                               | 58              | 222             |

HIV Prevention
The Department is designated by the Iowa Department of Public Health as an testing site for free and confidential HIV counseling and testing. Pre- and post-test counseling, including behavior modification strategies, are discussed with all clients requesting testing. Clients are also encouraged to be tested for syphilis, tuberculosis or Hepatitis B and C, if they are also found to be at risk for these communicable diseases. This year the majority of tests were done via the Inverness Clearview rapid test. Results are available in 15 minutes and the clients receive those results before they leave the clinic.
There has been a significant decrease in HIV testing over the last year. This decrease is due mostly to a new requirement from the IDPH HIV grant that requires 80% of persons tested must fall within certain high risk categories. In years past, we’d offer an HIV test to anyone that presents for STD testing. Now, screening takes place prior to testing and this has resulted in few tests for low risk individuals.

**Clinical Analysis**

Clinical Laboratory Improvement Amendments CLIA analysis of Lead Testing

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

**Drug Testing and Collection**

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