Mission

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

Vision

Healthy Community for all
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<td>Key Information</td>
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BOARD OF HEALTH
2010/2011

Dennis Nitz, MD
Chair
Bruce Kolbe
Vice-Chair
George Boykin

Patrick Driscoll

James O’Kane

Judy Turner

Rod Earleywine

M. H. Muller, MD
Retired May 2011

Linda Mills
Board Secretary
2010

Joy Caudron
Board Secretary
2011

NURSING ADVISORY COMMITTEE
Dr. Delwyn L. Lassen, Chair
Pam Banks
Vickie Britson
Martha Burchard
Linda Drey

Kevin Grieme
Sheila Martin
Mona Scaletta
Sharon Schroeder
Amy Slevin

Steve Venne
Sara Wester
Sandy Wienhold
Kelly Zvirgzdinas
SIOUXLAND DISTRICT HEALTH DEPARTMENT STAFF

HEALTH DIRECTOR
Kevin Grieme
Frances Sadden (retired 12/31/10)

HEALTH OFFICER
Dr. Delwyn L. Lassen

VETERINARIAN OFFICER
Dr. Thomas F. Carr

DENTAL OFFICER
Dr. Dona J. Prince

CLINICAL LABORATORY OFFICER
M. H. Muller, MD (retired May 2011)
Julie A. Breiner, MD

ADMINISTRATION & HEALTH PLANNING
Joy Caudron
Linda Mills (retired 12/31/10)
Michelle Lewis (2011)
Kevin Grieme (2010)
Angela Drent
Brent Harmeier
LeAnn Orr (2011)
Michelle Lewis (2010)
Sara Wester
Marilyn Cripe
Kay Gunsolly
Sandy Mortensen
Stephanie Powell
Jennifer Smith
Jody Westly
Chandra Chase
Tom Calvillo
John Mackie

LABORATORY
Tyler Brock
Patricia Fox
Sabahi Hafeez
Stacy McNear
ENVIROMENTAL SERVICES

Environmental Director/Deputy Director
Chuck Cipperley
Michelle Clausen Rosendahl
Ron Brandt
Glenn Eckert
Doyle McKeever
Tom Miller
David Peper
Julie Taylor

Environmental Coordinator
Michelle Clausen Rosendahl
Ron Brandt
Glenn Eckert
Doyle McKeever
Tom Miller
David Peper
Julie Taylor

ENVIRONMENTAL SERVICES

Environmental Coordinator
Michelle Clausen Rosendahl
Ron Brandt
Glenn Eckert
Doyle McKeever
Tom Miller
David Peper
Julie Taylor

NURSING

Nursing Director
Linda Drey
Mona Scaletta
Kellie Zvirgzdinhas
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
Julie Sampers
Barbara Van Beek
Jessica Vanston
Daniel Vazquez

Nursing Coordinator
Mona Scaletta
Kellie Zvirgzdinhas
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
Julie Sampers
Barbara Van Beek
Jessica Vanston
Daniel Vazquez

Hmkr/HCA Program Case Manager
Kellie Zvirgzdinhas
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
Julie Sampers
Barbara Van Beek
Jessica Vanston
Daniel Vazquez

NUTRITION SERVICES

Nutrition Services Director
Sharon Schroeder
Kathy Moreno
Becky Carlson
Jeannette Ford
Katrina Harwood
Susan Hopkins
Colleen Johnson
Stephanie Kotalik
Jennifer Lafferty
Jane Loving
Lidia Marquez
Deborah McLarty
Alicia Sanders
Jean Sterner
Valerie Tulip
Sneha Virippil

Oral Health Coordinator

Nutrition Services Director
Sharon Schroeder
Kathy Moreno
Becky Carlson
Jeannette Ford
Katrina Harwood
Susan Hopkins
Colleen Johnson
Stephanie Kotalik
Jennifer Lafferty
Jane Loving
Lidia Marquez
Deborah McLarty
Alicia Sanders
Jean Sterner
Valerie Tulip
Sneha Virippil

Resource Center Coordinator

Nutrition Services Director
Sharon Schroeder
Kathy Moreno
Becky Carlson
Jeannette Ford
Katrina Harwood
Susan Hopkins
Colleen Johnson
Stephanie Kotalik
Jennifer Lafferty
Jane Loving
Lidia Marquez
Deborah McLarty
Alicia Sanders
Jean Sterner
Valerie Tulip
Sneha Virippil
VOLUNTEERS

**Nursing Division**
Margaret Crow
Lillian Owens
Dave Scholten
Henner Scholten
Alex Yarosevich
Marlene Yarosevich

**Oral Health Program**
Susan Peete
Amanda Prunty
Doug Robbins
Karen Tagatz

**Resource Center**
Kay Allen
Barb Bobier
Karen Brinck

**Tobacco Program and Tobacco Prevention Champions**
Kim Imming - East High School
Kim Norris - River Valley High School
Cynthia Goetz and Christine Olsen - Sergeant Bluff-Luton Community School District
Warren Baker - West High School
DIRECTOR'S REPORT

Thank you for taking the time to review the annual report for Siouxland District Health Department (SDHD). This report provides an overview of the many services provided by SDHD and reflects the public health services provided to Woodbury County residents. In addition to an overview of the services we provide, we have included data and evaluation information that documents the impact of these services.

SDHD’s Mission Statement of “To create a healthy community through education, health protection and disease prevention” guides us as we plan our programs and services. Every five years, the Iowa Department of Public Health requests that each local public health agency conduct a community health needs assessment. This was completed for Woodbury County and the following needs were identified:

- Obesity Rates
- Childhood Lead Poisoning
- Tobacco Use
- Economic Deprivation
- Substance Abuse
- Mental Health
- Oral Health

Each of these needs is accompanied by a Health Improvement Plan that reflects the work a task force is doing to address the issue.

During the past year, SDHD was awarded the Title V Maternal Health Grant. Services in this program target pregnant females in Woodbury County and works to assure they receive pre-natal care beginning in the first trimester and in identifying a medical home. This is one of our newest, but also growing programs.

We also continue to provide services that protect the health of Woodbury County in the areas of Environmental, Nutrition and Laboratory. We like to think that a resident cannot go one day without the efforts of public health touching them. This may be in the water they drink, the protection they have through their immunizations, their safe food source or the sidewalks they walk on. These are all a component of the public health system.

On a national level, Ten Great Public Health Achievements have been identified from the last decade. They include the following:

1. Vaccine-Preventable Disease – Over the past decade there has been a decline in the cases, hospitalizations, deaths and health-care costs associated with vaccine-preventable diseases. New vaccines have been introduced, bringing to 17 the number of diseases targeted by the immunization policy. A recent economic analysis indicated that vaccination of each U.S. birth cohort with the current childhood immunization schedule prevents approximately 42,000 deaths and 20 million cases of disease.

2. Prevention and Control of Infectious Diseases – Improvements in infrastructure along with innovative and targeted efforts yielded significant progress in controlling infectious diseases. Examples include a 30% reduction in reported tuberculosis cases and after more than 60 years of effort, canine rabies was eliminated in the United States, providing a model for controlling emerging zoonoses.

3. Tobacco Control – Implementation of evidenced-based policies and interventions by federal, state and local public health authorities has reduced tobacco use significantly. By 2009, 20.6% of adults and 19.5% of youths were current smokers, compared with 23.5% of adults and 34.8% of youths 10 years earlier. Supporting this movement are 25 states and the District of Columbia adopted comprehensive smoke-free laws.

4. Maternal and Infant Health – Over the past decade, we have seen a significant reduction in the number of infants born with neural tube defects (NTD) and an expansion of screening of newborns for metabolic and other heritable disorders. Mandatory folic acid fortification of cereal grain products has contributed to a 36% reduction in NTD’s.
5. Motor Vehicle Safety – Motor vehicle crashes are among the top 10 causes of death for U.S. residents of all ages and the leading cause of death for persons aged 5-34 years. In terms of potential life lost before age 65, motor vehicle crashes ranked third in 2007, behind only cancer and heart disease. While the number of vehicle miles traveled increased by 8.5%, the death rate related to motor vehicle travel declined from 14.9 per 100,000 population to 11.0, and the injury rate declined from 1,130 to 722; among children.

6. Cardiovascular Disease Prevention – Heart disease and stroke have been the first and third leading causes of death in the United States since 1921 and 1938, respectively. 2009 data indicates that stroke is now the fourth leading cause of death in the U.S. Over the past decade, the age-adjusted coronary heart disease and stroke death rates declined from 195 to 126 per 100,000 population.

7. Occupational Safety – Significant progress was made in improving working conditions and reducing the risk for workplace-associated injuries. The majority of these injuries are low-back injuries among U.S. health-care workers in nursing care and residential facilities. With education about best practices and the incorporation of mechanical patient-lifting equipment, there has been a 66% reduction in the rates of worker’s compensation claims and lost workdays.

8. Cancer Prevention – Evidence based screening recommendations have been established to reduce mortality from colorectal cancer and female breast and cervical cancer. Through intensive interventions, cancer screening rates have improved.

9. Childhood Lead Poisoning Prevention – In 2000 childhood lead poisoning remained a major environmental public health problem, affecting children from all geographic areas and social and economic levels. The economic benefit of lowering lead levels among children by preventing lead exposure is estimated at $213 billion per year.

10. Public Health Preparedness and Response – After the attacks in 2011, gaps were identified in the nation’s public health preparedness. Efforts have been focused on expanding the capacity of the public health system to respond. There was also an emphasis to improve the laboratory, epidemiology, surveillance and response capabilities of the public health system. These improvements were all put to the test during the 2009 H1N1 influenza pandemic.

As you can see, there are many facets to the public health system. Siouxland District Health Department works to constantly improve their services and provide a better level of protection to the health and well-being of Woodbury County residents.

As we move forward into the next year and further into the decade, we need to constantly remind ourselves that we are not working on this alone. It is only possible through a wide variety of community partners that we are able to be successful. As Emily Sohn states in “Minority Rules: Scientist Find the Tipping Point:”

“To change the beliefs of an entire community, only 10 percent of the population needs to become convinced of a new or different opinion . . . . at that tipping point, the idea can spread through social networks and alter behaviors on a large scale.”

We invite you to become a part of that 10% and possibly a part of the next decade’s top ten achievements in Public Health,

Kevin Grieme
Director of Health
## STATEMENT OF REVENUES AND EXPENDITURES

### 2010-2011

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<th>Category</th>
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<tr>
<td>SDHD Resource</td>
<td>117,575.05</td>
<td>119,738.49</td>
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<tr>
<td>SDHD Resource Center- Donations</td>
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<tr>
<td>Nutrition Program</td>
<td>7,308.75</td>
<td>7,348.25</td>
<td>7,325.00</td>
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</tbody>
</table>
### Childhood Lead Poisoning
2010-2011: 55,658.50  
2009-2010: 73,197.00  
2008-2009: 58,084.00

### Lead Testing-Fees
2010-2011: 2,896.48  
2009-2010: 1,524.48  
2008-2009: 3,396.15

### HUD Lead Grant
2010-2011: 11,480.94  
2009-2010: 8,271.50  
2008-2009: 0.00

### WIC
2010-2011: 864,054.98  
2009-2010: 784,585.08  
2008-2009: 615,968.25

### Breastfeeding Peer Counseling
2010-2011: 26,052.87  
2009-2010: 0.00  
2008-2009: 0.00

### Total Grant Revenue
2010-2011: 2,476,200.69  
2009-2010: 2,883,470.67  
2008-2009: 2,658,147.31

### Payroll accrual Adjustment
2010-2011: 0.00  
2009-2010: (12,336.26)  
2008-2009: 0.00

### Total Revenue
2010-2011: 3,414,183.73  
2009-2010: 3,902,871.56  
2008-2009: 3,728,520.14

### Local Tax Asking
2010-2011: 2,018,516.04  
2009-2010: 2,084,902.08  
2008-2009: 1,934,712.00

### TOTAL REVENUES
2010-2011: 5,432,699.77  
2009-2010: 5,975,437.38  
2008-2009: 5,663,232.14

### Expenditures

<table>
<thead>
<tr>
<th>Category</th>
<th>2010-2011</th>
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<th>2008-2009</th>
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</thead>
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<td>Nursing Services</td>
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<td>1,011,661.63</td>
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<tr>
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<td>Maternal Health</td>
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<td>TB</td>
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<tr>
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<td>Laboratory</td>
<td>277,261.07</td>
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<td>AIDS</td>
<td>15,820.12</td>
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</tr>
<tr>
<td>Well Testing/Plugging</td>
<td>11,988.00</td>
<td>10,564.30</td>
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<tr>
<td>I- 4 Project</td>
<td>51,223.93</td>
<td>53,379.12</td>
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<tr>
<td>Nutrition Program</td>
<td>12,089.09</td>
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<td>12,509.96</td>
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<tr>
<td>Breast/Cervical Cancer</td>
<td>71,225.66</td>
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<tr>
<td>Environmental</td>
<td>862,473.75</td>
<td>810,409.40</td>
<td>799,847.63</td>
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<tr>
<td>Childhood Lead Poisoning</td>
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<tr>
<td>Wellness Grant</td>
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<td>50,192.16</td>
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<tr>
<td>Regional Bioterrorism</td>
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<td>176,756.40</td>
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<tr>
<td>Drug Testing</td>
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**Period Thirteen**

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<table>
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<td>Court House Adjustment (Mid American)</td>
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**TOTAL EXPENDITURES**

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<tbody>
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<td>2009-2010</td>
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### Changes in Fund Balance

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<td>Other Sources</td>
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<table>
<thead>
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<tbody>
<tr>
<td>Inc. / (Dec.) in Fund Balance</td>
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**Fund Balance July 1, 2010**

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<td>2008-2009</td>
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**Fund Balance June 30, 2011**

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**REVENUES - FY 10/11**

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

**EXPENDITURES - FY 10/11**

- Nursing
- Nutrition Services
- Administration
- Bioterrorism
- Environmental

**REVENUES**

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<thead>
<tr>
<th></th>
<th>10/11</th>
<th>09/10</th>
<th>08/09</th>
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<tbody>
<tr>
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<td>13%</td>
<td>14%</td>
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<tr>
<td>Medicare/Medicaid</td>
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<td>5%</td>
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<tr>
<td>Local Tax</td>
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<td>35%</td>
<td>34%</td>
</tr>
<tr>
<td>Grants</td>
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**EXPENDITURES**

<table>
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<th>09/10</th>
<th>08/09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory</td>
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<td>7%</td>
<td>8%</td>
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<tr>
<td>Environmental</td>
<td>18%</td>
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<td>17%</td>
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<tr>
<td>Bioterrorism</td>
<td>5%</td>
<td>16%</td>
<td>14%</td>
</tr>
<tr>
<td>Administration</td>
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<td>11%</td>
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<tr>
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<td>18%</td>
</tr>
<tr>
<td>Nursing</td>
<td>35%</td>
<td>31%</td>
<td>32%</td>
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CORE PUBLIC HEALTH FUNCTIONS AND ESSENTIAL SERVICES

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

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

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

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

**Assessment** is expanded into:
1. Monitoring Health Status and
2. Diagnosis/Investigation.

**Policy Development** expands into:
3. Informing, Educating and Empowering,
4. Mobilize Community Partnerships and

**Assurance** expands into:
6. Enforcement of Laws and Regulations,
7. Links to Providers of Care,
8. Assure a Competent Workforce,
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 and inspection reporting for food and lodging facilities as well as inspection reporting for swimming pools, tanning and tattoo facilities 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>FY 2010-2011</th>
<th>FY 2009-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>SDHD EXPENDITURES</td>
<td>$5,263,004</td>
</tr>
<tr>
<td>SDHD REVENUES</td>
<td>5,432,700</td>
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</tbody>
</table>

This year we have had auditors from the Federal agencies, State of Iowa Auditors and local independent auditors. They all continue to commend the SDHD for 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 and Procedures Committee, Safety Committee, IT (Computer) Committee, Healthy Siouxland Initiative, Emergency Preparedness Planning, Lead Coalition, Nursing Advisory, Employee Wellness, and new this year are the Maternal Health Program, Mental Health Committee and Woodbury County Health Insurance Committee.

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

As in past years, we are involved in the fiscal responsibilities and human resources and have become much more proficient in our data and Administrative responsibilities.

Our cooperative working relationship with Woodbury County Information and Communication Center (WCICC ) has proven to be a great asset for the SDHD. The shared IT Technician continues to monitor and assist staff with problems. During this past year she has continued to work closely with Administration for computer education, problem solving and planned replacement of computers, printers and fax machines and copiers. She has also been instrumental in assisting with the telephone system and cellular phones operation.

The Division is developing a Medical Reserve Corps of volunteers to bring people and community needs together through and participate in strategic initiatives that mobilize volunteers to meet local community needs.

The Building Services Manager continues with additional building responsibilities, building security and is also responsible for the SDHD fleet. During the past year a major renovation of the
WIC office was completed, a digital display board was installed in the lobby for information to clients and visitors, two new power roof vents were installed and annual fire inspection was completed without deficiencies.

**GRANT FISCAL MANAGEMENT**
The Administrative Division conducts the fiscal management for 18 Federal and State Grants. They also are fiscally responsible for several minor “one time” grants allocated to the SDHD. Emergency Preparedness 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 and Procedures Committee continues to review and update current policies.

The IT Committee continues to work on and update the SDHD user friendly web site. The web site continues to be a useful resource for public health information relating to current events. The domain name for the web site is siouxladdistricthealth.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 (SDHD) 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. Healthy Siouxland Initiative has the lead role in assisting with the completion of the assessment.

The last assessment began in 2010 and was completed in Feb. 2011, and it was able to identify the current health needs of Woodbury County.

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

- Obesity Rates—HSI Live Healthy
  Siouxland Wellness Group*
- Tobacco Use*
- Substance Abuse*
- Oral Health*
- Childhood Lead Poisoning*
- Economic Deprivation
- Mental Health*

*Reflects those prioritized areas that have task forces that are actively working during this program year.

These priority areas were identified after the collection and analysis of a wide range of data indicators for Woodbury County, the state of Iowa and six comparison counties in Iowa. The following is a brief update on each of the health improvement plan task forces:

**HSI Live Healthy Siouxland Wellness Group** – The work being completed by this group has focused on one core goal, and that is to prevent an increase in obesity rates in Woodbury County residents. The first accomplishment was to assist Live Healthy Siouxland in expanding its focus to not only Worksite Wellness but to also include school/youth and community wellness. The Live Healthy Siouxland web page has reflected this expansion. Several programming initiatives are in the works for FY2012.

**Tobacco Use** – Tobacco Free Siouxland is the Woodbury County based coalition that supports the reduction of the use of tobacco. 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. Tobacco Free Siouxland has also been working with area schools and multi-unit housing complexes in developing smoke free grounds policies, and compiling a list of multi-unit housing rental properties.

**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.

**Oral Health** - Oral Health task force meets on a quarterly basis and was designated on the 2011 Health Improvement Plan to assist with accomplishing two goals over the next 5 years. The first goal is to identify dental care needs in both the adult and childhood populations within Woodbury County. The second goal is to increase dental opportunities for children that are uninsured or underinsured and children with Medicaid, while raising the awareness of Medicaid provided dental services for children.
**Childhood Lead Poisoning**—Childhood Lead Poisoning Screening has become a success story in Woodbury County. For the 1,684 children that were born in 2004, 100% were tested for Lead poisoning by age 6 in 2010. This was a 26% increase over the 2008 reporting period, where 74.4% of children born in 2002 had been tested by their 6th birthday. 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 where a child had been diagnosed with an elevated level of lead. Fifty-six properties were renovated before the grant funds were depleted by Dec 2010. Average cost of each home renovation was about $22,000. 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.

**Mental Health**—Mental Health task force was recently formed in early 2011, to assist with the Health Improvement Plan goal of reducing fragmentation of mental health services for residents in Woodbury County. Representatives from area agencies meet on a monthly basis to primarily discuss efforts on reducing fragmentation of mental health services for the adult population that suffer from major depression, bi-polar, or schizophrenia.

**Healthy Siouxland Initiative (HSI)** - Healthy Siouxland Initiative is a collaborative health planning coalition comprised of local health care providers, board of health members, educators, human service personnel, physicians, individual citizens, religious leaders, social agency staff, and law enforcement officials. HSI has nearly 100 representatives from over 30 organizations in Siouxland. HSI 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 and coalitions. Key to the groups work is a broad definition of “health” that means much more than the absence of disease. Health includes “quality of life” issues such as life style and behavioral choices, personal genetic endowment, socio-economic issues, and the cultural and physical environment around us. “Quality of Life” often means different things to different people but does have some common elements. For our purposes, we define a good quality of life to mean that individuals and families living in Woodbury County feel safe from crime, live in affordable and high quality housing, and have access to healthcare, education and employment. Although these are basic expectations for any community, they transcend economic status, age, race, household composition, or any other demographic characteristic.

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

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

WORKSITE WELLNESS
Funding continued this year through the Iowa Healthy Communities Program, provided by the Iowa Department of Public Health. 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 meet on a monthly basis for education and sharing of ideas that they can use in their worksites. The Wellness Council of Iowa/Wellness Council of America is a source of information that is accessed for guidance of the efforts of this group. Support is provided to businesses for health risk assessments, 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. Live Healthy Siouxland was also named Program of the Year, by Live Healthy Iowa, and SDHD was awarded a mini grant to provide Nutrition Environment Measurement Surveys (NEMS-V) of area businesses vending machines.

ADDITIONAL HEALTH PLANNING ACTIVITIES
With the broad definition of health that is reflected through the work of public health agencies, Health Planning is involved with a number of community planning efforts focused on improving the quality of life in Siouxland. Health planning assists in the pre-planning and development of many grant activities for a variety of SDHD programs. Health Planning helped by providing or participating in a variety of activities that included:
- Collecting, analyzing and reporting data
- Completing needs assessment
- Community presentations of health needs assessment
- Strategic Planning
- Facilitating collaborative community efforts
- Program evaluation
- Research for “best practices”
- Community education – including maintenance of the department website
  ([www.siouxlanddistricthealth.org](http://www.siouxlanddistricthealth.org))
Being prepared for emergencies, both personally and professionally has been a focus of the Public Health Emergency response planning over the past eight years. Efforts have focused on providing public health agencies with the necessary information for them to be able to sustain themselves and provide for their communities during a natural or man-made disaster.

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 works 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 5 drills to test their developed plans and to submit an after action report that outlines areas of improvements in their plans. These drills are supported by these positions. They also served as a link to IDPH for emergency preparedness work and other regional response partners such as Emergency Management and Homeland Security.

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 implementing lessons learned from the previous years’ H1N1 outbreak, developing the Medical Reserve Corps. Volunteer Data Base, implementing a high tech emergency notification system for staff and volunteers, and working with several Woodbury County agencies to assist with the spring 2011 flooding.
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 composed 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.

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. During this fiscal year, over 80% of SDHD staff utilized this benefit.

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 with the intent to provide clearly defined standards, increase public health system capacity, and provide equitable delivery of public health services throughout Iowa. SDHD began its readiness campaign for accreditation several years ago, and currently has in place all the pre-requisite components of the accreditation process; an agency strategic plan, community health needs assessment, and a health improvement plan. 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 to the 11 component areas, 36 standards, and 100 criteria in preparation for voluntary accreditation. As a means of being accountable to the residents of Woodbury County, progress realized toward compliance with accreditation standards will be included in future annual reports.
Health Insurance Portability and Accountability Act (HIPAA): Two proposed rules that would modify existing HIPAA regulations were published in the Federal Register during the 2010-2011 fiscal year. In July, 2010, the Department of Health and Human Services (HHS) issued proposed regulations that include provisions extending the applicability of certain requirements to the business associates of covered entities, establishing new limitations on the use and disclosure of protected health information for marketing and fundraising purposes, prohibiting the sale of protected health information, and expanding individuals’ rights to access their information and to obtain restrictions on certain disclosures of protected health information to health plans. The July, 2010 proposed rule states that HHS intends to provide covered entities and business associates with 180 days beyond the effective date of the final rule to implement most of the privacy and security changes. The final regulations have not yet been published. The second proposed rulemaking concerning the accounting of disclosures requirement under the Health Insurance Portability and Accountability Act (HIPAA) was published in the May 31, 2011 Federal Register and allowed for a 60 day public comment period. The proposed legislation would give people the right to get a report on who has electronically accessed their protected health information.
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 82% response rate by clients. Survey results found:

- 98% of respondents reported learning how to care for themselves
- 94% of respondents were able to stay in their own home because of skilled nursing services
- 92% of respondents would recommend us to others
- 98% 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
- 97% 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
- 100% 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.

An annual client satisfaction survey resulted in an 80% response rate by clients. Survey results found:

- 100% of respondents reported that the staff had a profession appearance
- 96% of respondents were kept informed of schedule changes and visit times
- 100% of respondents were able to stay in their own home because of the home care aide service
- 96% 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 strengths 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 Early Childhood Iowa Board). In FY 11, HOPES served 94 families. A total of 3,773 hours of direct service were provided at an average cost of $40.89/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 $1,641/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.

### Homemaker (Non-Physician Ordered Services)

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<th>09/10</th>
<th>08/09</th>
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<td>Hours of Care</td>
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<tr>
<td># of Clients</td>
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<td>74</td>
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<th>18%</th>
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<td></td>
<td></td>
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<tr>
<td>Current mental illness/depression/psychiatric care</td>
<td></td>
<td></td>
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<tr>
<td>Primary wage earner is unemployed</td>
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<tr>
<td>Unreliable transportation</td>
<td></td>
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<tr>
<td>Parental education less than high school/GED</td>
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<tr>
<td>History or current domestic violence</td>
<td></td>
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<tr>
<td>Marital or family problems</td>
<td></td>
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<tr>
<td>Fear or inadequate feelings about parenting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Social isolation</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>History of substance abuse of either parent</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Staff assesses families for a variety of risk factors. Financial risks such as inadequate income and unemployment are two of the top risks families face. Mental illness, transportation, low education attainment of parents, and domestic violence were also found as significant risk factors this year. 64% 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.

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 100% were fully immunized by age two. 94% had been screened for lead poisoning. 66% of target children age twelve months or greater had a dental home. 76% of target children were screened for developmental delays.

HOPES uses a standard evaluation research based methodology to measure client outcomes called the Life Skills Progression (LSP) tool. The LSP is administered upon admission and at predetermined levels through discharge. The instrument does not measure maintenance of abilities, only increases or decreases. This results in lower percentages for some outcome measures. Analysis of LSP data found:

- 77% of participating families improved or maintained healthy family functioning, problem solving, and communication;
- 59% of participating families increased or maintained social supports;
- 41% of families are connected to additional concrete supports;
- 25% of families increased knowledge about child development and parenting;
- 16% 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 2011, the audit revealed 99.6% 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 2011 immunization audit results at SDHD were 83%.

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. 4,560 clients received immunizations in FY 11 during a total of 146 clinic hours. 13,139 doses of vaccine were administered during immunization clinics.

**Iowa Care for Yourself Program**

The Care for Yourself (CFY) program has an emphasis on reducing mortality in Iowa women from breast and cervical cancer and heart disease through early detection, screening and education. The program is grant funded by the Centers for Disease Control (CDC). SDHD coordinates the program providing enrollment and case management services in Woodbury, Plymouth, Sioux, Lyon, O’Brien, Cherokee, and Ida counties.
During FY 11, 399 women received screening mammograms, pelvic exams, pap smears, and clinical breast exams. 252 women were screened for cardiovascular disease. 250 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.

**Title V Maternal Health**
SDHD began providing a new service thru a Title V Maternal Health services grant from Iowa Department of Public Health in January of 2011. The grant funded Maternal Health program targets pregnant women living in Iowa. Medicaid eligible and other low income Iowa women are a target population of the program. The program provides the information and support needed to have a healthy pregnancy and healthy baby. A nurse coordinates core services including:

- **Presumptive Medicaid Eligibility Determinations** – determination that allows pregnant women to receive Medicaid coverage for prenatal care while a formal Medicaid eligibility determination is being made to the Department of Human Services
- **Completion of the Medicaid Prenatal Risk Assessment** – to determine risk status and eligibility for enhanced Maternal Health services
  - Enhanced services for low risk pregnancy include all of the core services and may also include dental screening, referrals and oral health education
  - Enhanced services for women with high risk pregnancies must include the core services, development of an individualized plan of care, psychosocial assessment and may include nutrition and oral health services
- **Care Coordination** – to assure access to medical services, ideally through finding a medical home for Medicaid and non-Medicaid pregnant and postpartum women, linkage to other community services including assistance with transportation
- **Health Education** – Maternal Health clients receive education about pregnancy, delivery, growth and development, nutrition, having a medical home, tobacco and substance abuse, mental health
- **Dental Education** – dental screenings, fluoride varnish, education and referrals for dental care
- **Postpartum Home Visit** – a home visit within a short time of going home for assessment, education and referrals to community services

**Adult and Travel Immunization Program**
Influenza and pneumonia clinics were held in September and October of 2010. SDHD administered a total of 761 doses of Influenza vaccine. We continued to administered influenza vaccine in our office from November into early 2011. Influenza vaccine was targeted to CDC recommended people (all people 6 months of age and older) this year. Vaccination was especially important for people at higher risk of severe influenza and their close contacts, including healthcare personnel and close contacts of children younger than 6 months of age.
SDHD provides consultation and immunizations to physicians and individuals for international travel following guidelines from the Centers for Disease Control and Prevention (CDC). The travel immunizations are available for a fee. SDHD is a designated CDC Yellow Fever Site. SDHD served 756 individuals and administered 869 doses of vaccine in the adult/travel immunization program.

**Sexually Transmitted Disease (STD) Program**

The Sexually Transmitted Disease (STD) Program goal is to control and/or eliminate sexually transmitted diseases. SDHD provides free education, counseling, examination, and treatment of persons with sexually transmitted diseases. 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 B vaccine. Hepatitis 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 38 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># of Cases</th>
<th>2010</th>
<th>2009</th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active TB Cases</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>5</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, 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.

**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 11. 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, baby foods, milk, cheese, eggs, peanut butter, beans, iron fortified cereals, whole grain bread, corn and whole wheat tortillas, Vitamin C-rich juice, tuna, carrots and fresh/frozen fruits and vegetables. Fat free or 1% fat milk is provided for all clients over age 2; 12-24 month olds are provided with only whole milk. The fresh or frozen fruits and vegetables are purchased with a Cash Value Voucher (CVV) of $6, $10, or $15. This voucher can also be used at the USDA approved Farmers Markets.

Support for breastfeeding is further enhanced by providing the exclusive breastfeeding mother with a larger food package valued at approximately $72/month (versus $42/month for the non-breastfeeding mother). Both manual and electric breast pumps are available for breastfeeding clients. Siouxland WIC receives a separate grant to provide a Breastfeeding Peer Counselor Program. Three peer counselors were hired and trained with client referrals starting in October 2010.

Siouxland WIC Clients: Average Served Monthly

<table>
<thead>
<tr>
<th></th>
<th>10/11</th>
<th>09/10</th>
<th>08/09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siouxland WIC Clients:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average Served Monthly</td>
<td>4,228</td>
<td>4,323</td>
<td>4,242</td>
</tr>
<tr>
<td>% of Woodbury County</td>
<td>&gt;70%</td>
<td>&gt;70%</td>
<td>&gt;70%</td>
</tr>
<tr>
<td>Newborns Served</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Client Participation</td>
<td>7,115</td>
<td>7,222</td>
<td>7,126</td>
</tr>
<tr>
<td>- Unduplicated</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WIC vouchers - redeemed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>value</td>
<td>2,749,652</td>
<td>2,757,364</td>
<td>2,954,513</td>
</tr>
<tr>
<td>Farmers Market</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vouchers - redeemed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>value</td>
<td>38,154</td>
<td>33,030</td>
<td>39,114</td>
</tr>
</tbody>
</table>

WIC vouchers purchase food and infant formula from the 20 WIC approved grocery stores and pharmacies in Woodbury County for our women, infants, and children. In addition, Farmers Market vouchers issued during the summer months allow clients to purchase fresh fruits and vegetables at the Sioux City USDA Farmers Market. Woodbury County WIC clients redeemed 61% of received vouchers during summer 2011 as compared to the Iowa average of 52% redeemed.

Siouxland WIC participates with several community partnerships. In addition to daily WIC services at Siouxland District Health Department, WIC is also provided in Correctionville monthly. 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 3 children and their families including numerous visits with most taking place in the child’s home.

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

**Oral Health Program**
The Oral Health Program (OHP) provides oral health education and screening opportunities for children in Woodbury County. All screenings are performed by a registered dental hygienist and include oral health education, oral health screening with fluoride varnish application and linkage of children with evidence of decay present to oral health providers. The primary target population includes children birth to age 5 served through the SDHD Resource Center, WIC, and other locations throughout Woodbury County. Problems with access to oral health care, especially for certain populations, were identified as part of the communities’ primary needs. Therefore, the Oral Health Program was developed in November 2000. Funding for the OHP is provided by a grant from the Siouxland Human Investment Partnership, Woodbury County’s Empowerment Board.

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

The following information is a summation of all oral health screenings performed on children birth to age 5 in Woodbury County:

<table>
<thead>
<tr>
<th></th>
<th>10/11</th>
<th>09/10</th>
<th>08/09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Health screenings</td>
<td>1,216</td>
<td>1,290</td>
<td>1,291</td>
</tr>
<tr>
<td>Fluoride varnish application</td>
<td>1,196</td>
<td>1,261</td>
<td>1,278</td>
</tr>
<tr>
<td>Educated in oral health</td>
<td>2,762</td>
<td>2,819</td>
<td>2,502</td>
</tr>
<tr>
<td>Children with evidence of dental decay</td>
<td>34%</td>
<td>38%</td>
<td>37%</td>
</tr>
<tr>
<td>Children without a dentist</td>
<td>66%</td>
<td>36%</td>
<td>43%</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.
Educating parents on the importance of their child seeing a dentist by age one has hopefully contributed to the consistent increase in the number of children with a dental home for both the Oral Health Program and Kindergarten Registration populations of children. Data collection remains an integral part of the Oral Health Program as very few communities have had the opportunity to gather local oral health data. The Healthy Siouxland Initiative (HSI) Oral Health Task Force, chaired by the Nutrition Division Director, is actively working on the issues regarding dental access for Woodbury County residents.

**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 FY11, the Resource Center accomplished the following:

- 215 families were served
- 66 group-learning opportunities were held
- 883 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 11, the widespread community support for the Resource Center consisted of private donations of books and other items valued at over $2,537. A yearly fundraiser since 2003, “Give a Gift of Blooms” provides assistance in supporting the Resource Center programming raising $1,201 this year.

<table>
<thead>
<tr>
<th></th>
<th>Spring 11</th>
<th>Spring 10</th>
<th>Spring 09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children screened</td>
<td>468</td>
<td>462</td>
<td>417</td>
</tr>
<tr>
<td>Children with evidence of dental decay</td>
<td>36%</td>
<td>39%</td>
<td>38%</td>
</tr>
<tr>
<td>Children with a dental home</td>
<td>86%</td>
<td>81%</td>
<td>77%</td>
</tr>
</tbody>
</table>
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 11, 40 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 11 results are shared below:

- 73% of participating families improved or maintained healthy family functioning, problem solving, and communication
- 75% of participating families increased or maintained social supports
- 61% of participating families are connected to additional concrete supports
- 78% of participating families increased knowledge about child development and parenting
- 72% 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 three key outcome indicators developed by the Centers for Disease Control and Prevention using these three goals for FY 11:

1) Prevent the initiation of tobacco use by youth.
2) Promote cessation by adults and youth.
3) Eliminate exposure to secondhand smoke.

Woodbury County tobacco grant highlights:

- During the 2010/2011 school year 4 high schools included the JEL (Just Eliminate Lies) program in their school activities and 51 high school students joined the program.
- Two Woodbury County apartment complexes adopted smoke free policies for their tenants.

**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 complied with.

Food Safety and Lodging Program Inspections

<table>
<thead>
<tr>
<th></th>
<th>10/11</th>
<th>09/10</th>
<th>08/09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Service Establishments</td>
<td>1,854</td>
<td>1,870</td>
<td>1,867</td>
</tr>
<tr>
<td>Home Food Establishments</td>
<td>21</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>Retail Food Establishments</td>
<td>448</td>
<td>460</td>
<td>447</td>
</tr>
<tr>
<td>Warehouse</td>
<td>24</td>
<td>26</td>
<td>28</td>
</tr>
<tr>
<td>Re-Check Inspections</td>
<td>174</td>
<td>134</td>
<td>199</td>
</tr>
<tr>
<td>Temporary</td>
<td>329</td>
<td>285</td>
<td>293</td>
</tr>
<tr>
<td>Mobile Food Units</td>
<td>161</td>
<td>123</td>
<td>117</td>
</tr>
<tr>
<td>Consumer Complaints</td>
<td>59</td>
<td>70</td>
<td>79</td>
</tr>
<tr>
<td>Food borne Illness Investigations</td>
<td>11</td>
<td>4</td>
<td>15</td>
</tr>
<tr>
<td>Non-Food borne Illness Investigations</td>
<td>7</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Hotels/Motels</td>
<td>97</td>
<td>93</td>
<td>103</td>
</tr>
</tbody>
</table>

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

Tanning/Tattoo Establishment Inspections

<table>
<thead>
<tr>
<th></th>
<th>10/11</th>
<th>09/10</th>
<th>08/09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanning Salons</td>
<td>99</td>
<td>337*</td>
<td>335*</td>
</tr>
<tr>
<td>Tattoo Parlors</td>
<td>20</td>
<td>18</td>
<td>18</td>
</tr>
</tbody>
</table>

*These were the number of devices rather than tanning salons

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>10/11</th>
<th>09/10</th>
<th>08/09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabies Control Visits</td>
<td>241</td>
<td>243</td>
<td>217</td>
</tr>
<tr>
<td>Animal Heads Submitted for Testing</td>
<td>32</td>
<td>20</td>
<td>40</td>
</tr>
<tr>
<td>Positives</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
</tbody>
</table>
All public and quasi-public swimming pools and spas in a nine county area are inspected annually.

**Swimming Pool and Spa Program Safety**

<table>
<thead>
<tr>
<th>Year</th>
<th>10/11</th>
<th>09/10</th>
<th>08/09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inspections</td>
<td>104</td>
<td>189*</td>
<td>200*</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>Year</th>
<th>10/11</th>
<th>09/10</th>
<th>08/09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Plugged</td>
<td>8</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>Wells Tested</td>
<td>91</td>
<td>96</td>
<td>99</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>Year</th>
<th>10/11</th>
<th>09/10</th>
<th>08/09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipal Water System</td>
<td>1407</td>
<td>1429</td>
<td>1414</td>
</tr>
<tr>
<td>USDA, EEC, Other</td>
<td>48</td>
<td>41</td>
<td>38</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>Year</th>
<th>10/11</th>
<th>09/10</th>
<th>08/09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septic Permits</td>
<td>59</td>
<td>56</td>
<td>46</td>
</tr>
<tr>
<td>Well Permits</td>
<td>38</td>
<td>31</td>
<td>28</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.
Children 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>10/11</th>
<th>09/10</th>
<th>08/09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Inspections</td>
<td>8</td>
<td>20</td>
<td>19</td>
</tr>
<tr>
<td>Homes Remediated</td>
<td>18</td>
<td>4</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 and we have been able to get several homes remediated during the past year. 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>10/11</th>
<th>09/10</th>
<th>08/09</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3323</td>
<td>3320</td>
<td>4136</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 10-11 as well as numbers from a variety of water types.

<table>
<thead>
<tr>
<th>2010-2011 PRIVATE WATER SAFETY ANALYSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COLIFORM BACTERIA SAMPLES RECEIVED</strong></td>
</tr>
<tr>
<td><strong>BACTERIA POSITIVE</strong></td>
</tr>
<tr>
<td>% UNSAFE FOR COLIFORM BACTERIA</td>
</tr>
<tr>
<td><strong>NITRATE SAMPLES RECEIVED</strong></td>
</tr>
<tr>
<td>ELEVATED NITRATES</td>
</tr>
<tr>
<td>% UNSAFE FOR INFANT CONSUMPTION</td>
</tr>
<tr>
<td><strong>WATER TESTS PERFORMED</strong></td>
</tr>
<tr>
<td><strong>10/11</strong></td>
</tr>
<tr>
<td><strong>09/10</strong></td>
</tr>
<tr>
<td><strong>08/09</strong></td>
</tr>
<tr>
<td>PUBLIC</td>
</tr>
<tr>
<td>SIOUX CITY MUNICIPAL</td>
</tr>
<tr>
<td>PRIVATE</td>
</tr>
<tr>
<td>SWIMMING POOLS</td>
</tr>
<tr>
<td>TOTAL TESTS</td>
</tr>
</tbody>
</table>

**Environmental Analytes**

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

During the late summer and early fall months, pollen counts 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 two years.
As part of a statewide monitoring program, sentinel chickens are bled weekly from early June until early October to detect the presence of virus which may cause encephalitis diseases such as West Nile Virus.

**Epidemiology**

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

### 2010-2011 REPORTABLE DISEASE TRACKER

<table>
<thead>
<tr>
<th>CAMPELOBACTER</th>
<th>CRYPTOSPORIDIUM</th>
<th>E.Coli/Shiga Toxin</th>
<th>GIARDA</th>
<th>HEPATITIS A</th>
<th>HEPATITIS B</th>
<th>HEPATITIS C</th>
<th>LEGIONAIRE'S DISEASE</th>
<th>MUMPS</th>
<th>PERTUSSIS</th>
<th>ROCKY MOUNTAIN SPOTTED FEVER</th>
<th>SALMONELLA</th>
<th>SHIGELLA</th>
<th>WEST NILE VIRUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>10</td>
<td>4</td>
<td>9</td>
<td>0</td>
<td>13</td>
<td>8</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>26</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
STD/HIV/HEPATITIS PROGRAM
The SDHD sexually transmitted disease clinic is open each business day for both males and females. Females are usually examined by appointment, but males are seen on a walk-in basis. This year, 592 male and 382 female clients were examined at our clinic with over 600 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.

<table>
<thead>
<tr>
<th>SEXUALLY TRANSMITTED INFECTIONS DIAGNOSED AT SDHD CLINIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/09</td>
</tr>
<tr>
<td>CHLAMYDIA</td>
</tr>
<tr>
<td>GONORRHEA</td>
</tr>
<tr>
<td>SYPHILIS</td>
</tr>
<tr>
<td>NON-GONOCCCAL URETHRITIS/CERVICITIS</td>
</tr>
<tr>
<td>OTHER</td>
</tr>
<tr>
<td>STD CLIENTS TREATED</td>
</tr>
</tbody>
</table>

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. Through this program, 106 people began one of the three hepatitis vaccine series in 09/10. A total of 222 doses of vaccine were given and 58 people completed their series in 09/10. Below is 10/11 data.

<table>
<thead>
<tr>
<th>HEPATITIS IMMUNIZATIONS 2010-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>STARTED SERIES</td>
</tr>
<tr>
<td>83</td>
</tr>
</tbody>
</table>

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 over the last couple years. This decrease is due mostly to a new requirement from the IDPH HIV grant that requires 80% of persons tested must fall within certain high risk categories. 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 very few tests for low risk individuals. HIV testing is also done in outreach settings such as Jackson Recovery Centers.

Clinical Analysis

Clinical Laboratory Improvement Amendments CLIA analysis of.

Lead Testing
The chart below shows SDHD lead testing data from the past three years. Lead activity increased this year due to the City of Sioux City receiving a federal HUD grant that provided assistance to property owners for renovating and removing lead hazards in their homes. Recipients had to have multiple lead tests done before and after renovations.

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

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Fax: 712-255-2604

Nursing
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Fax: 712-255-2605

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Web address: www.siouxlanddistricthealth.org