Mission

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

Vision

Healthy Community for all
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BOARD OF HEALTH
2008/2009

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

Vickie Britson
Linda Drey
Mary Bachman
Dr. Delwyn L. Lassen
Fran Sadden

Mona Scaletta
Sharon Schroeder
Amy Slevin
Kelly Zvirgzdinas
Pam Banks

Martha Burchard
Kim Keleher
Sara Wester
Sheila Martin
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
Administrative Services Director
Linda Mills

Health Planner & Dev. Coordinator
Kevin Grieme
Angela Drent

Health Planner
Brent Harmeier
Michelle Lewis
Sara Wester
Marilyn Cripe
Kay Gunsolly
Sandy Mortensen
Stephanie Powell
Jennifer Smith
Jody Westly
Chandra Chase
Tom Calvillo
Steve Logan
John Mackie

Information Technology Specialist

Building Services Manager

LAYOUT

LABORATORY
Tyler Brock

Laboratory Director
Patricia Fox
Sabohi Hafeez
Stacy McNear

ENVIRONMENTAL SERVICES
Chuck Cipperley

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

Environmental Coordinator
NURSING
  Nursing Director
  Linda Drey
  Mona Scarletta
  Kellie Zvirgztinas
  Amy Alford
  Lori Baldwin
  Sarah Blatchford
  Dawn Carda
  Denise Cockburn
  Belinda Cole
  Deb Ferris
  Leslie Franco
  Sheila Garvin
  Josefina Grimesey
  Amber Hunwardsen
  Sacha Johnson
  Karen Lumhrey
  Susan Nielsen
  Lori Oetken
  Le Olsen
  Marie Peterson
  Julie Sampers
  Barbara Van Beek
  Daniel Vazquez

  Nursing Coordinator
  Hmkr/HCA Program Case Manager

  Amy Alford
  Lori Baldwin
  Sarah Blatchford
  Dawn Carda
  Denise Cockburn
  Belinda Cole
  Deb Ferris
  Leslie Franco
  Sheila Garvin
  Josefina Grimesey
  Amber Hunwardsen
  Sacha Johnson
  Karen Lumhrey
  Susan Nielsen
  Lori Oetken
  Le Olsen
  Marie Peterson
  Julie Sampers
  Barbara Van Beek
  Daniel Vazquez

NUTRITION SERVICES
  Nutrition Services Director
  Sharon Schroeder
  Kathy Moreno
  Becky Carlson
  Silvia Aguilar
  Lori Bogenref
  Fidencia Cortez
  Jeannette Ford
  Glenda Heyderhoff
  Susan Hopkins
  Colleen Johnson
  Stephannie Kotalik
  Jennifer Lafferty
  Jane Loving
  Lidia Marquez
  Alicia Sanders
  Jean Sterner
  Sowjany Virippil

  Oral Health Coordinator

  Resource Center Coordinator

  Becky Carlson
  Silvia Aguilar
  Lori Bogenref
  Fidencia Cortez
  Jeannette Ford
  Glenda Heyderhoff
  Susan Hopkins
  Colleen Johnson
  Stephannie Kotalik
  Jennifer Lafferty
  Jane Loving
  Lidia Marquez
  Alicia Sanders
  Jean Sterner
  Sowjany Virippil
VOLUNTEERS

Nursing Division
Mary Ann Coffey
Margaret Crow
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
Cynthia Goetz - Lawton-Bronson High School
Megan Powers - North High School
Lorraine Jepsen - River Valley High School
Dane Zarbano and Christine Olsen - Sergeant Bluff-Luton Community School District
Warren Baker - West High School
SIOUXLAND DISTRICT HEALTH DEPARTMENT – ORGANIZATIONAL CHART

WOODBURY COUNTY BOARD OF SUPERVISORS
Appointment
Budget Approval

IOWA DEPARTMENT OF PUBLIC HEALTH
Advisory
HEALTH OFFICER
VETERINARIAN DENTAL OFFICER

SIOUXLAND DISTRICT BOARD OF HEALTH

DIRECTOR OF HEALTH
1 Director of Environmental Services/Deputy Director

ADMINISTRATIVE SERVICES
1 Administrative Services Director/Board Secretary

Administrative Support
1 Administrative Assistant
1 Claims Secretary/Computer Support
3 Administrative Secretaries
1 Clerk Steno 1
1 Computer Specialist

Health Planning
1 Health Planner & Development Coordinator
2 Health Planners
1 Health Educator

Quality Assurance & Improvement
1 Quality Assurance & Improvement Coordinator

LABORATORY
1 Director of Laboratory Services

Laboratory Services
2 Microbiologists
1 Laboratory Technician

ENVIRONMENTAL
1 Director of Environmental Services/Deputy Director

Environmental Services
1 Environmental Coordinator
5 Environmental Specialists
1 Environmental Technician

Building Services
1 Operations Supervisor
2 Custodian/Couriers

NURSING
1 Director of Nursing

Nursing Services
1 Nursing Coordinator
10 Public Health Nurses
2 Licensed Practical Nurses
2 Nursing Program Technicians
1 Interpreter
1 Home Care Aide/Homemaker Program Manager
5 Direct Care Workers

NUTRITION SERVICES
1 Director of Nutrition Services

Women, Infants, Children (WIC)
1 Administrative Secretary
4 Dietitians
2 Registered Nurses
2 Clerical/Outreach

Oral Health
1 Dental Care Coordinator

SDHD RESOURCE CENTER
1 Resource Center Coordinator
1 Health Educator
1 Resource Family Worker
1 Interpreter
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 all 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.

As of June 30, 2009, Siouxland District Health responded and will continue to respond to the H1N1 declared Pandemic as this new disease seems to be spreading person to person and at this time appears to be more prevalent for pregnant women and children. 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. SDHD activated our Public Health County Emergency Plan using the state and national pillars of Surveillance, Mitigation, Vaccination and Communication.

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 24/7 emergency response on a regular 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

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**Expenditures**

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<td>WIC</td>
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<td>0.00</td>
<td>0.00</td>
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<td>0.00</td>
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**Changes in Fund Balance**

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<tr>
<td>Excess of Revenues over Expenditures</td>
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<td>Other Sources</td>
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<tr>
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<tr>
<td><strong>Fund Balance June 1, 2008</strong></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 Administrative Services Division provides administrative support to the Siouxland District Health Department including fiscal management, customer services, building management, office services, purchasing, information management, Medicare and Medicaid billing, Licensure 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.

FY 2008-2009                FY 2007-2008
SDHD EXPENDITURES           $5,259,695          $4,980,042
SDHD REVENUES              5,663,232           5,246,145

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 5 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 of vehicles.

GRANT FISCAL MANAGEMENT

The Administrative Division conducted the fiscal management for 18 Federal and State Grants. They also are fiscally responsible for several minor “one time” grants allocated to the SDHD. Bioterrorism grants continue to create challenges as Administrative Services is fiscally responsible
for 16 (sixteen) counties which includes pass through funding, billing, auditing, reports and meeting minutes.

COMMITTEES
The Policy Committee continued to review and update current policies. New policies developed in this year are:
- Requests for Examination and/or Copying of Public Records
- Student/Student Internship
- Automated External Defibrillator (AED) Maintenance

The IT Committee has been working on a new user friendly web site and went “live” on June 1, 2009. Previously the SDHD Web Site was included in the Woodbury County site. 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, involves a complete data review and the completion of the Quality of Life Survey. This survey measures Woodbury County residents’ perceptions on community issues. This needs assessment is intended to identify any new and emerging issues that may be challenging the health and wellness of Woodbury County Residents.

When last completed in 2004, there were nine prioritized issues and health improvement plans were developed for each of them. Over the past six years, work groups have been addressing the identified issues. The Eat Smart/Be Active work group was added and focuses in responding to obesity epidemic that is present across Woodbury County and the United States. Three issues have been either completed or classified as no longer a priority.

The Health Improvement plans reflect seven priority areas to address:

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

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. A “Food for Healthy Meetings” brochure has been developed and distributed to local vendors and event planners. This brochure provides a list of suggestions or modifications of food they choose to serve to help individuals eat healthier. Members of this group also support schools in their wellness policy development and implementation.

**Teen Pregnancy** – Understanding that teen pregnancy is an outcome of teen sexual activity, the focus of this group has been to delay the initiation of teen sexual activity. There have been attempts to reach youth audiences, but it was decided that the focus should be on the parents. A presentation has been developed which contains information about the personal, economical and educational toll that this has on individuals. This presentation will be used with parent groups and will be delivered through the partner members of this group.

**Tobacco Use** – Tobacco Free Siouxland is the Woodbury County based coalition that is addressing the advantage for reduction of the use of tobacco and limiting the effect of second-hand smoke. The Iowa Clean Air Act was passed during the legislative session. The intent of this act is to reduce or eliminate 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 provides education to those businesses that violate this act. The Coordinator also works with local schools in organizing Teens Against Tobacco Use (TATU). Each of these teams develops and presents prevention messages to their peers and younger students.
Childhood Lead Poisoning — Woodbury County historically had a low percentage of children that had been tested for lead, but a high incidence of lead poisoning. In the fiscal year ending in June 2009 this had grown to 79% of Woodbury County children ages one to five that had been tested for lead. This is the highest annual total ever tested during a one year period, so progress is being made, but the goal of 100% of all children under age 5 being tested has not been reached. Community education about the hazards of lead is being provided.

Sexual Assault — The Sexual Assault Coalition has primarily focused on education, with a focus 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. Their meetings have been 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 agency for this health improvement plan. Annually 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. Teen Court, a diversion program, is one of the successful programs that help youth to learn from the poor decisions they have made, to prevent future infractions.

Healthy Siouxland Initiative (HSI) - is a collaborative community health planning coalition comprised of local health care providers, board of health members, educators, human service personnel, physicians, individual citizens, religious leaders, social agency staff, and law enforcement officials. HSI has nearly 100 individual members representing over 40 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. 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**

Public Health Emergency response planning has made great progress over the past six years. This progress has involved work with many community partners. 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 provide support to assure that all agencies meet the grant performance measures. The primary accomplishment was to plan and activate an exercise that involved local public health agencies and hospitals and accessing supplies from a regional distribution point.

**Woodbury County:** SDHD has assigned the primary responsibility for the coordination of public health emergency response planning to one individual. During the past year this position worked with SDHD staff, reviewed and updated their emergency response plans, conducted a full scale exercise, and continued to work with local partners to carry out response plans.

**WORKSITE WELLNESS PROGRAM**

SDHD was awarded funds through the Iowa Department of Public Health to support local businesses in developing worksite wellness programs. The initial year of this two year opportunity focused on the development of tools for businesses to use. One major accomplishment during this time was the number of businesses that participated in the “Life Healthy Iowa 100 Day Challenge.” Program participation numbers showed that the number of individuals that participated increased to 1,360 individuals, double from the previous year. Resources were developed and posted on the “livehealthysiouxland.org” website.
This is continually populated with new information. The “211” web based information source cooperated in developing a process for posting wellness programming and support opportunities. Another component was to conduct the “2009 Quality of Life” survey. This survey was distributed to 3,000 randomly selected Woodbury County residents.

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
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:

- **Respiratory Protection Training**
  QA/QI conducted NIOSH approved N95 respirator fit testing and fit test training throughout the 16 county area in Northwest Iowa that comprises Region 3. N95 Respirators must be worn during aerosol generating procedures and employers are required to provide training on how to ensure a proper fit before use and how to determine when a respirator is no longer providing the intended protection.

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

- **Home Health program client satisfaction surveys**
  Annually, QA/QI conducts client satisfaction surveys for the SDHD Medicare/Medicaid certified Home Health Program. The surveys are used as a program quality indicator as well as a tool for continuous improvement for skilled, homemaker, and homecare aide services.

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

- **SDHD Safety Committee** continues to ensure a safe work environment. 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 past fiscal year, over 80% of employees utilized this benefit.
- **Public Health Modernization Act** was passed by Iowa Legislature on May 26, 2009. The purpose of the act is to modernize the governmental public health system to meet the challenges of the 21st century and improve the public health system capacity to provide for the equitable delivery of a basic level of services across the state. The Act creates a Public Health Advisory Council to set policies and procedures on the implementation and administration of standards to be applied to public health practice at both the state and local level. The act generates a Public Health Evaluation Committee to collect and report information on the public health system, service delivery need, and effectiveness. In addition, it establishes a voluntary accreditation process for local public health agencies and the Iowa Department of Public Health which will be overseen by an independent entity. QA/QI will continue to work with the Board of Health and all SDHD divisions towards adherence with the standards and preparation for voluntary accreditation.

- **Public Health emergency and pandemic** was declared in 2009 due to the emergence and clinical severity of the novel influenza H1N1 virus. 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** developed by Iowa Department of Public Health and Upper Midwest Center for Public Health Preparedness underwent a significant redesign and improvement effort involving a change to Meridian Knowledge Solutions service vendor. The system is designed to serve as a training and education resource for Public Health workforce and local Boards of Health. QA/QI worked in tandem with web-site professionals to train SDHD managers and staff to ensure a smooth transition to the enhanced web-site.
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. We served 216 skilled nursing clients this year.

<table>
<thead>
<tr>
<th>08/09</th>
<th>07/08</th>
<th>06/07</th>
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</thead>
<tbody>
<tr>
<td>Home Health Nursing Visits (Not Home)</td>
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<td>167</td>
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<tr>
<td>Home Health Nursing Visits</td>
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<td>2,873</td>
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<tr>
<td>Office Nursing Visits</td>
<td>93</td>
<td>131</td>
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<tr>
<td>TOTAL HOME &amp; OFFICE VISITS</td>
<td>2,803</td>
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Home Health Aide
The Home Care Aide program is an integral part of a multi-disciplinary array of services provided to home health patients. 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.

Home Health Aide (Physician Ordered Services)

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<tr>
<td># of Clients</td>
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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.

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<th>Homemaker (Non-Physician Ordered Services)</th>
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</tr>
<tr>
<td># of Clients</td>
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Public Health Nursing Services

HOPES – HFI
SDHD has been a provider of the intensive home-based visitation program for families called Healthy Opportunities for Parent to Experience Success – Healthy Families Iowa (HOPES-HFI) since 1997. The program has received Healthy Families America accreditation from Prevent Child Abuse America. The HOPES Program follows a researched-based home visitation model from Healthy Families America and strives to achieve these goals:

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

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 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 09 was $185,835. In FY 09, HOPES served 118 families and completed 1,372 home visits. A total of 5,714 hours of direct service were provided. These hours include all nursing staff time spent on the HOPES program excluding training, vacation and sick time. The average cost per participant family was $1,574.88/year. This is a direct service cost per family and does 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, and substance abuse, unreliable transportation are also significant risk factors HOPES families must deal with. Most of the HOPES clients are at-risk financially.

- 41% primary wage earner unemployed
- 69% inadequate income
- 96% were enrolled in WIC
- 67% (up from 56% in FY 08) received food stamps
- 48% (down from 62% in FY 08) of families had health insurance:
  - 93% of target children had Medicaid (T-19)
5% of target children had private insurance
2% of target children had no insurance

Families who participate in the HOPES program have access to medical care for their children. 100% of the target children had a medical home and 92% were fully immunized by age two. 93% had been screened for lead poisoning.

- 57% of target children age twelve months or greater had a dental home
- 76% of target children were screened for developmental delays:
  - 39% of the children with suspected/potential delays were identified
  - 97% of target children with suspected/potential delays were referred to Early Access

Staff routinely assesses families for a host of risk factors. Lack of parental knowledge in areas such as normal child growth and development, parent-child interaction, and age appropriate activities were found to be top risks families faced. Poor financial situation, lack of transportation and mental health issues were also top family risk factors. 70% of participating HOPES families had three or more risk factors present on admission. The table below depicts the higher percentage of risk factors seen across all HOPES clients in FY 09.

| Lack Knowledge of Child Growth and Development | 78% |
| Poor Financial Situation                      | 68% |
| Poor Parent – Child Interaction               | 64% |
| Lack of Age Appropriate Activities            | 51% |
| Unreliable Transportation                     | 48% |
| Parenting Skills and Discipline               | 48% |
| Mental Health/Emotional Status Issues         | 45% |
| Lack of Education                             | 45% |
| Inadequate Head of Household Employment       | 36% |
| Lack of Knowledge about Care of an Infant     | 36% |
| Lack of Appropriate Child Care                | 27% |
| Home Safety Issues                            | 26% |
| Social Isolation                              | 19% |
| Domestic Violence                             | 10% |

HOPES started a new level of program evaluation in FY 09 using a new research based methodology. The process uses a standardized instrument called the Life Skills Progression (LSP) tool. The LSP is administered upon admission and then at predetermined levels through discharge. Early analysis of LSP measures found that:

- 84% of participating families improved or maintained healthy family functioning, problem solving, and communication;
- 69% of participating families increased or maintained social supports;
- 97% of families are connected to additional concrete supports;
- 74% of families increased knowledge about child development and parenting;
- 81% of families improved nurturing and attachment between parent(s) and children.

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

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 2009, 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 2009 immunization audit results at SDHD were 89%.

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. 4,105 clients received immunizations in FY 09 during a total of 144 clinic hours. 11,087 doses of vaccine were administered during immunization clinics.

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

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

During FY 09, 478 women received screening mammograms, pelvic exams, pap smears, and clinical breast exams. The program works with area medical providers to encourage their participation in the program.

**Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN)**
SDHD completed participation in a research study with Iowa Department of Public Health that was being conducted by the Centers for Disease Control and Prevention (CDC) Institutional Review Board. The study began in October of 2002. SDHD serves as a control site for the study which is evaluating the feasibility and effectiveness of integrated cardiovascular screening into the established Iowa BCCEDP program. Since the study’s conclusion, SDHD continues to offer eligible women cholesterol testing and education on how to reduce their risk for cardiovascular disease. In FY 09, 310 women were screened.

**Adult and Travel Immunization Program**
Influenza and pneumonia clinics were held in October, November, and December of 2008 at eleven sites in Woodbury County. SDHD administered a total of 898 doses of Influenza vaccine, 40 doses of Flu Mist, and 20 doses of Pneumococcal vaccine. We continued to administered influenza vaccine into 2009. 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. The 2008 – 2009 supply of influenza vaccine was normal. The live, attenuated vaccine (Flu Mist) manufactured and licensed in 2003 provided another means of protecting individuals from influenza disease. Flu Mist is administered intra-nasally and is recommended for healthy people 2 to 49 years 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 900 individuals and administered 1,238 doses of vaccine in the adult program.

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

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 61 per month in 2008. 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>2008</th>
<th>2007</th>
<th>2006</th>
<th>2005</th>
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</thead>
<tbody>
<tr>
<td>Active TB Cases</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>7</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, 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. Three hundred sixty documented visits were made to clients at the Gospel Mission. TB testing was performed on 75 individuals in February of 2009 and 58 influenza vaccinations were administered in October of 2008. The Public Health Nurses provide a link to additional 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 08. 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 Health. WIC is a federally funded nutrition intervention program serving pregnant, breastfeeding, and postpartum women, infants, and children up to age five. Nutrition education, supplemental foods, breastfeeding promotion and support, and referrals for health services are provided. Supplemental foods provided include iron fortified infant formula, milk, cheese, eggs, peanut butter, beans, iron fortified cereals, Vitamin C-rich juice, tuna, and carrots. Manual and electric breast pumps are available for breastfeeding clients.

<table>
<thead>
<tr>
<th></th>
<th>08/09</th>
<th>07/08</th>
<th>06/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Siouxland WIC Clients: Average Served Monthly</td>
<td>4,242</td>
<td>3,937</td>
<td>3,854</td>
</tr>
<tr>
<td>% of Woodbury County Newborns Served</td>
<td>&gt;70%</td>
<td>70%</td>
<td>65%</td>
</tr>
<tr>
<td>WIC vouchers - redeemed value</td>
<td>$2,954,513</td>
<td>$2,843,989</td>
<td>$2,540,694</td>
</tr>
<tr>
<td>Farmers Market vouchers - redeemed value</td>
<td>$32,446</td>
<td>$30,618</td>
<td>$40,810</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 2008 as compared to the Iowa average of 59% redeemed.

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

Medical Nutrition Therapy
Health fund monies support the provision of medical nutrition therapy (MNT) by dietitian staff for children with elevated blood lead levels and physician ordered special nutritional needs such as obesity, disordered eating, and lack of adequate growth. This MNT is provided in the office or in the child’s home with variable visit frequency and duration. Lead MNT was performed for 25 children and their families. Physician ordered MNT was provided for 5 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 community identified needs. The Oral Health Program began in November 2000.

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

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

<table>
<thead>
<tr>
<th></th>
<th>08/09</th>
<th>07/08</th>
<th>06/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Health screenings</td>
<td>1,291</td>
<td>1,245</td>
<td>1,266</td>
</tr>
<tr>
<td>Fluoride varnish application</td>
<td>1,278</td>
<td>1,212</td>
<td>1,210</td>
</tr>
<tr>
<td>Educated in oral health</td>
<td>2,502</td>
<td>2,326</td>
<td>2,285</td>
</tr>
<tr>
<td>Children with evidence of dental decay</td>
<td>37%</td>
<td>32%</td>
<td>29%</td>
</tr>
<tr>
<td>Children without a dentist</td>
<td>43%</td>
<td>48%</td>
<td>39%</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 09</th>
<th>Spring 08</th>
<th>Spring 07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of children receiving screenings</td>
<td>417</td>
<td>270</td>
<td>263</td>
</tr>
<tr>
<td>Children with a dental home</td>
<td>77%</td>
<td>75%</td>
<td>78%</td>
</tr>
<tr>
<td>Children with evidence of dental decay</td>
<td>38%</td>
<td>37%</td>
<td>46%</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**
The mission of the Resource Center is to provide support to Woodbury County families with children through age 5, so that these families will be safe, healthy and nurturing.

Primary funding for the Resource Center is provided by a grant from the Siouxland Human Investment Partnership, Woodbury County’s Empowerment Board. A Junior League of Sioux City grant was provided to create the “Jungle Nook” in the front room of the Resource Center. This theme was created to make the Resource Center enticing, educational and welcoming. The Resource Center relies upon donations from individuals and businesses to provide a wide array of essential safety items, developmental toys and books to the families that we serve. In FY08-09, there was widespread community support for the Resource Center. Private donations of diapers, books and other items were valued at over $5,530.

Resource Center programming includes information and referral, group and individual educational classes, Friday Fun Plays, Bag It play groups at selected offsite locations, and rural services. Classes are offered in English and Spanish. An on-site resource library is also available. During FY08-09, the Resource Center provided the following:

- 125 group-learning opportunities were held.
- 821 individual classes were provided.
- 4 screenings took place.
- 253 families were served.

The Resource Center continues to oversee the *Keep Me Safe* crib program. Clients are offered the opportunity to develop an individual education plan, when the plan is completed a crib or other essential safety item is provided. Both local hospitals screen new mothers at the time of delivery to determine where their baby will sleep. Those families receiving a crib must attend a class focusing on SIDS risk factors and Back to Sleep, along with pledging to use the crib. During FY08-09, 86 cribs were provided to parents.

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

Woodbury County tobacco grant highlights:
- During the 2008/2009 school year, 7 high schools included the JEL (Just Eliminate Lies) program in their school activities and 134 high school students joined the program.
- 1,791 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**
Siouxland Nutrition Coalition meets monthly at SDHD and is composed of staff from Woodbury County Extension, Head Start, St. Luke’s Regional Medical Center, SDHD Nutrition Division, Iowa Department of Education, and Sioux City Schools. The Pick a Better Snack campaign continues as the focus of the every other month cooking demonstrations done on
“What’s Cooking?” on a local TV network. BASICS (Building and Strengthening Iowa Community Support for Nutrition and Physical Activity) grant activities continue in kindergarten and first grade classrooms in Sioux City Community Schools.

SDHD nutrition staff actively participate in numerous community outreach activities each year. Staff participate in Healthy Siouxland Initiative, Eat Right Be Active, 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.

Food Safety and Lodging Program Inspections

<table>
<thead>
<tr>
<th></th>
<th>08/09</th>
<th>07/08</th>
<th>06/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Service Establishments</td>
<td>1,867</td>
<td>1,532</td>
<td>1,651</td>
</tr>
<tr>
<td>Home Food Establishments</td>
<td>12</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Retail Food Establishments</td>
<td>447</td>
<td>358</td>
<td>428</td>
</tr>
<tr>
<td>Warehouse (Food Processing Plant)</td>
<td>28</td>
<td>31</td>
<td>26</td>
</tr>
<tr>
<td>Temporary</td>
<td>293</td>
<td>402</td>
<td>312</td>
</tr>
<tr>
<td>Mobile Food Units</td>
<td>117</td>
<td>143</td>
<td>105</td>
</tr>
<tr>
<td>Consumer Complaints</td>
<td>79</td>
<td>79</td>
<td>63</td>
</tr>
<tr>
<td>Food borne Illness Investigations</td>
<td>15</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Non-Food borne Illness Investigations</td>
<td>3</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>Hotels/Motels</td>
<td>103</td>
<td>86</td>
<td>104</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>08/09</th>
<th>07/08</th>
<th>06/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanning Devices</td>
<td>335</td>
<td>363</td>
<td>346</td>
</tr>
<tr>
<td>Tattoo Parlors</td>
<td>18</td>
<td>20</td>
<td>18</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>08/09</th>
<th>07/08</th>
<th>06/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rabies Control Visits</td>
<td>217</td>
<td>207</td>
<td>256</td>
</tr>
<tr>
<td>Animal Heads Submitted for Testing</td>
<td>40</td>
<td>48</td>
<td>31</td>
</tr>
<tr>
<td>Positives</td>
<td>4</td>
<td>3</td>
<td>1</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 Water Safety

<table>
<thead>
<tr>
<th></th>
<th>08/09</th>
<th>07/08</th>
<th>06/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pool/Spa/Water Slide Inspections</td>
<td>200</td>
<td>193</td>
<td>197</td>
</tr>
</tbody>
</table>

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

Well Water Testing and Abandoned Well Plugging Program

<table>
<thead>
<tr>
<th></th>
<th>08/09</th>
<th>07/08</th>
<th>06/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wells Plugged</td>
<td>13</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Wells Tested</td>
<td>99</td>
<td>131</td>
<td>112*</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>08/09</th>
<th>07/08</th>
<th>06/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Municipal Water System</td>
<td>1414</td>
<td>1,406</td>
<td>1,349</td>
</tr>
<tr>
<td>USDA, EEC, Other</td>
<td>38</td>
<td>41</td>
<td>52</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>08/09</th>
<th>07/08</th>
<th>06/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Septic Permits</td>
<td>46</td>
<td>46</td>
<td>50</td>
</tr>
<tr>
<td>Well Permits</td>
<td>28</td>
<td>46</td>
<td>48</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.

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

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.

In July 2008, the Siouxland District Board of Health adopted a new local regulation that allows for some enforcement capabilities regarding lead inspections including: authority to conduct lead inspections in dwellings associated with a lead poisoned child, a means of gaining entry into dwellings if the inspector is refused admittance, a requirement that any lead hazards identified during the lead inspection be corrected using the appropriate methods until the property passes reinspection and dust clearance testing, prohibition of retaliation by a property owner against a tenant if a diagnosis of lead poisoning leads to an inspection and identification of lead hazards, a means to enforce the requirements of the regulation, and an appeals process and limited variances.

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>08/09</th>
<th>07/08</th>
<th>06/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead Inspections</td>
<td>4,136</td>
<td>3,489</td>
<td>2,888</td>
</tr>
</tbody>
</table>

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

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

**Water Quality**

The laboratory is certified through the Iowa Department of Natural Resources to be in compliance with the Federal Safe Drinking Water Act to provide total and fecal coliform, heterotrophic plate count, nitrate, nitrite and fluoride analysis of public water supplies. Water samples are accepted from public agencies and private individuals from a wide geographic area. Education, problem solving and expertise is provided on proper collection procedures and resolution of water related problems. Water related health issues still exist and represent continued concern to the health and well-being of the public. Data collected from private water supplies submitted to the laboratory for analysis indicated that over 25% were contaminated with bacteria and 17% were contaminated with unacceptable levels of nitrate.

### Water Samples Examined

<table>
<thead>
<tr>
<th></th>
<th>08/09</th>
<th>07/08</th>
<th>06/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>1,279</td>
<td>1,245</td>
<td>1,201</td>
</tr>
<tr>
<td>Sioux City Municipal</td>
<td>1,414</td>
<td>1,406</td>
<td>1,349</td>
</tr>
<tr>
<td>Private</td>
<td>650</td>
<td>658</td>
<td>613</td>
</tr>
<tr>
<td>Swimming Pools/Spas</td>
<td>562</td>
<td>598</td>
<td>550</td>
</tr>
<tr>
<td>Total Tests</td>
<td>5,445</td>
<td>5,543</td>
<td>5,312</td>
</tr>
</tbody>
</table>

**Environmental Analytes**

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

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

As part of a statewide monitoring program, sentinel chickens are bled to detect the presence of virus which may cause encephalitis.

**Epidemiology**

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

**Sexually Transmitted Diseases**

Chlamydia infections continue to be the leading cause of bacterial sexually transmitted disease (STD), especially in the under 25 year old age groups. Specimens are submitted by local health care providers and the Department’s STD clinic. This year, 593 male and 475 female clients were examined at our clinic with 681 clients being treated for sexually transmitted diseases.
Through a grant provided by the Iowa Department of Public Health and in cooperation with SDHD Nursing Division, we are offering Hepatitis A and Hepatitis B immunization to at-risk clients. Clients are identified through the interview process at our STD/HIV clinic and selectively through our drug screening program, with free immunizations being offered if they have not previously been immunized. Through this program, 114 people began one of the three hepatitis vaccine series. A total of 228 doses of vaccine were given and 49 people completed their series in 08/09.

**Sexually Transmitted Diseases Detected Through The Clinic**

<table>
<thead>
<tr>
<th></th>
<th>08/09</th>
<th>07/08</th>
<th>06/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syphilis</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Gonorrhea</td>
<td>29</td>
<td>47</td>
<td>68</td>
</tr>
<tr>
<td>Chlamydia</td>
<td>181</td>
<td>173</td>
<td>185</td>
</tr>
<tr>
<td>Non-Gonococcal Urethritis/Cervicitis</td>
<td>298</td>
<td>246</td>
<td>213</td>
</tr>
<tr>
<td>Other</td>
<td>247</td>
<td>239</td>
<td>228</td>
</tr>
<tr>
<td>STD Clients Treated</td>
<td>681</td>
<td>613</td>
<td>550</td>
</tr>
</tbody>
</table>

**HIV Prevention**

The Department is designated by the Iowa Department of Public Health as an alternative testing site for free and confidential HIV counseling and testing. Pre- and post-test counseling, including behavior modification strategies, are discussed with all clients requesting testing. Clients are also encouraged to be tested for syphilis, tuberculosis or Hepatitis B and C, if they are also found to be at risk for these communicable diseases. This year, rapid HIV testing using Inverness Clearview kits was initiated. This testing is done onsite. Results are available in 15 minutes and the clients receive those results before they leave the clinic.

**HIV Counseling and Testing**

<table>
<thead>
<tr>
<th></th>
<th>08/09</th>
<th>07/08</th>
<th>06/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Clients Tested</td>
<td>965</td>
<td>846</td>
<td>1,211</td>
</tr>
<tr>
<td>Rapid Tests Done Onsite</td>
<td>733</td>
<td>157</td>
<td>n/a</td>
</tr>
<tr>
<td>Post-Test Counseled</td>
<td>760</td>
<td>500</td>
<td>560</td>
</tr>
</tbody>
</table>

The laboratory staff has conducted 14 outreach presentations to 280 teens on STD/HIV prevention, relationships and esteem building, abstinence and HIV testing. These presentations were conducted at high schools, middle schools, adolescent homes and recovery agencies.

**Clinical Analysis**

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

Partnering with WIC, 2,021 capillary blood samples were collected from children and tested for elevated blood lead levels. 77 of these children had elevated blood lead levels.
Urine Drug Screening is provided through agreements with the Department of Human Services, Juvenile Court Services and Federal Probations Office. We collected 2,449 urine samples and conducted 5,995 tests for drugs of abuse, 270 of these samples testing positive.

<table>
<thead>
<tr>
<th></th>
<th>08/09</th>
<th>07/08</th>
<th>06/07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Samples Withdrawn</td>
<td>1,050</td>
<td>947</td>
<td>913</td>
</tr>
<tr>
<td>Total Specimens Received</td>
<td>11,627</td>
<td>12,704</td>
<td>13,884</td>
</tr>
<tr>
<td>Total Tests Performed</td>
<td>16,526</td>
<td>16,322</td>
<td>18,404</td>
</tr>
</tbody>
</table>
The Siouxland District Health Department works cooperatively with several individuals, groups and agencies, and each of these partnerships is important to us. We appreciate your assistance in promoting and advocating conditions that support healthy individuals and a healthy Siouxland.

Key Information

Siouxland District Health Department
1014 Nebraska Street
Sioux City, IA  51105
Phone:  712-279-6119
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WIC
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