

Dubuque County Board of Health Report

February 2016

Dubuque County Substance Abuse Prevention Services Grant

GOAL: Prevent underage drinking by continuing to reduce the number of youth reporting underage drinking in Dubuque County. Baseline measure is 15%.

Expenditure report from October 31-December 31, 2015:

- Dubuque County contract match for this period: \$13,063.11/\$30,298.00
- Iowa Dept. of Public Health reimbursement claim for this period: \$3265.78/\$10,000.00

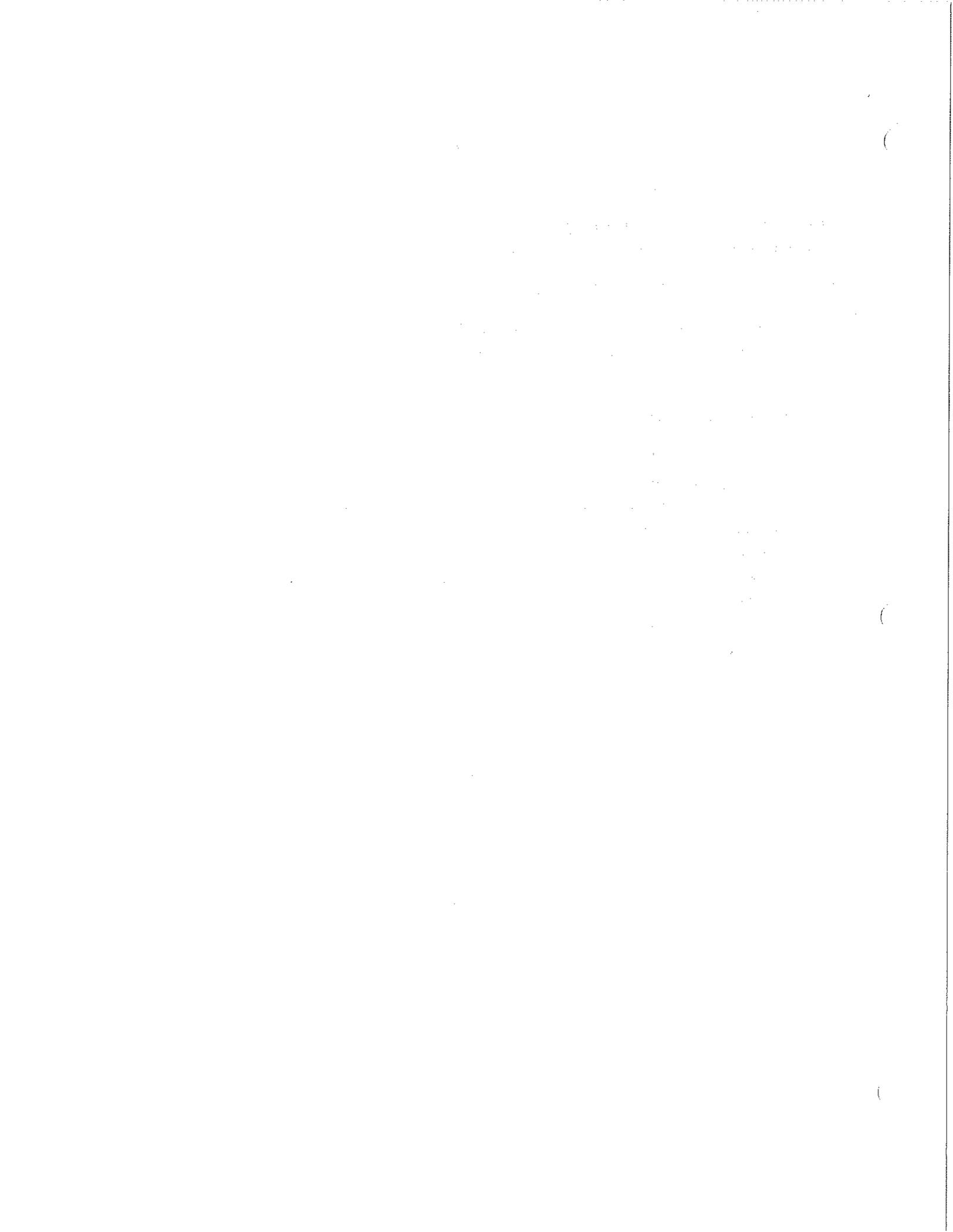
Services provided this period:

- Completed 6th grade DARE at LaSalle, Xavier and Drexler Middle/Intermediate School. A total of 235 students graduated.
- Taught a class to Pre-K through 4th grades at Farley and Bernard Elementary Schools, totaling 347 students thus far.
- Taught a class to 5th graders at DMIS on peer pressure and tobacco for Red Ribbon Week
- Did some activities at Cascade High School and WDHS for Red Ribbon Week during lunches and taught a class on drugs at CHS, with a focus on e-cigarettes
- Began 8th grade D.A.R.E. at Cascade Jr. High, Aquin, and Beckman, and 7th grade at Seton
- Began 5th grade D.A.R.E. at Sageville

March 2016

Since the last report was due in February, the following has also been accomplished towards the goal of this grant:

- Completed 7th grade D.A.R.E. at Seton and 8th grade D.A.R.E. at Cascade Jr. High, Aquin and Beckman. Approximately 150 students completed the curriculum.
- Taught a class on e-cigarettes to 9th graders at Western Dubuque High School
- Began 5th grade D.A.R.E. at Seton



Dubuque County Board of Health Meeting Report
March 22, 2016
Dubuque VNA Director's Report

Agency Highlights

- **MCO/Medicaid:** Through UnityPoint VNA is now contracted with all 3 MCO's. As of April 1, 2016 VNA will no longer be reimbursed for care coordination and transportation through the MCO, IME will reimburse VNA for any care coordination and/or transportation for any child not enrolled in an MCO. Therefore transportation will be limited to only those children, care coordination will continue on an emergent need. VNA will still provide dental care coordination
- **Health Advocacy/Lead Grant:** VNA has begun doing health advocacy visits through Lead contract with the City of Dubuque. VNA will have a nurse available for lead tests and medical questions and a social worker to assess all needs in the home. VNA intends to apply for City of Dubuque Resiliency RFP for Health Advocate once it is released. This will be very similar to what is already being done.
- **PHS:** Through February have used 81% of grant. VNA Director and Finance Officer are monitoring this closely and assessing for inconsistencies and areas to decrease spending
- **Dubuque County Early Childhood:** VNA currently in application process for new RFP with the intent to apply for continued Oral Health preschool screening and Child Care Nurse Consultant funding.

Director Activities Related to Core Public Health Functions

Assessment

- **Dubuque County Early Childhood (DCEC):** Continued bi-monthly meetings
- **DECAT Executive Board:** Continued bi-monthly meetings
- **Finley Hospital Emergency Operation Committee:** Continued monthly meetings
- **VNA Board of Directors:** Continued quarterly meeting
- **Medicaid MCO AmeriHealth meeting:** Continued weekly meetings
- **Marshallese/Crescent/Mercy/VNA meeting (health navigation to Marshallese project):** Continued monthly meetings

Policy Development

- VNA continuing to develop and update annual evaluation of agency and program policies
- VNA Director shared VNA Bed Bug policy with West Dubuque Schools
- VNA shared agency Family Support policies with Cedar County Public Health

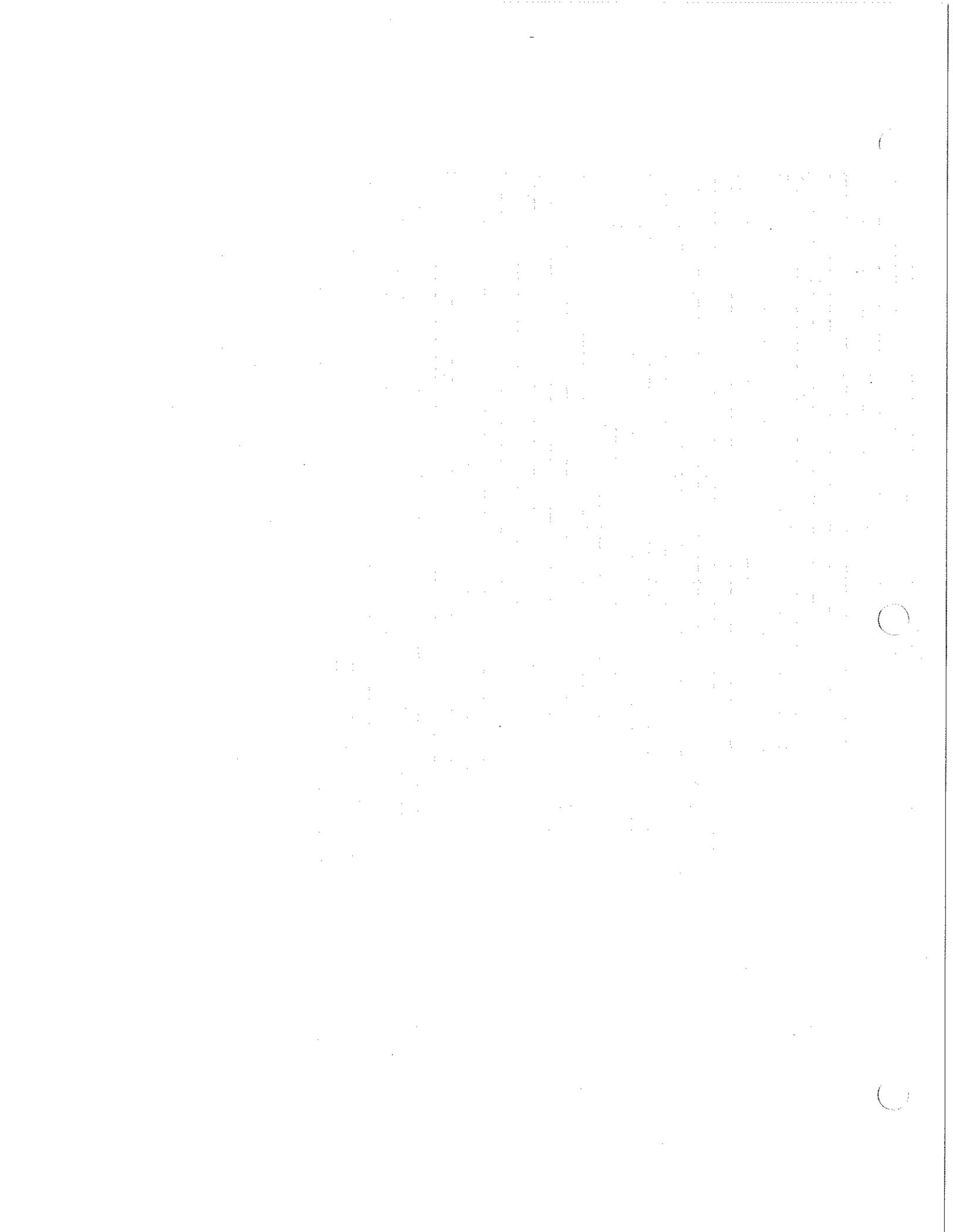
Assurance

- **Communicable Disease:** For January and February we continue to see a huge rise in Shigellosis. January saw 18 cases and February saw 25. Due to the high volumes IDPH spent several days with VNA nurses to help with documentation. There continues to be no identifiable trend explaining the increased volumes. VNA also continues to follow up on cases of Campylobacter, Cryptosporidiosis, Hepatitis B, Hepatitis C, Lyme disease, , Salmonellosis, Shigatoxin, and E. Coli. Continue to follow 5 clients for Latent TB

Infection. VNA is currently monitoring increased spending of PHS grant due to increased RN time following up on communicable disease

- **FY2017 Maternal, Child, and Adolescent Health RFP:** VNA submitted a letter of intent to Iowa Department of Public Health to apply for both Maternal (4 counties) and Child Health (8 counties) services. This is an increase in services compared to current grant. Board of Health in all service area counties will be contacted on March 8, 2016.
- **Immunizations:** Continuing to monitor this service as Medicaid changes over to managed care. Many MCO's are requiring providers to be VFC thus reducing the number of vaccines given outside of child's medical home. Continuing to monitor

Respectfully Submitted
Stacey Killian, Dubuque VNA Director

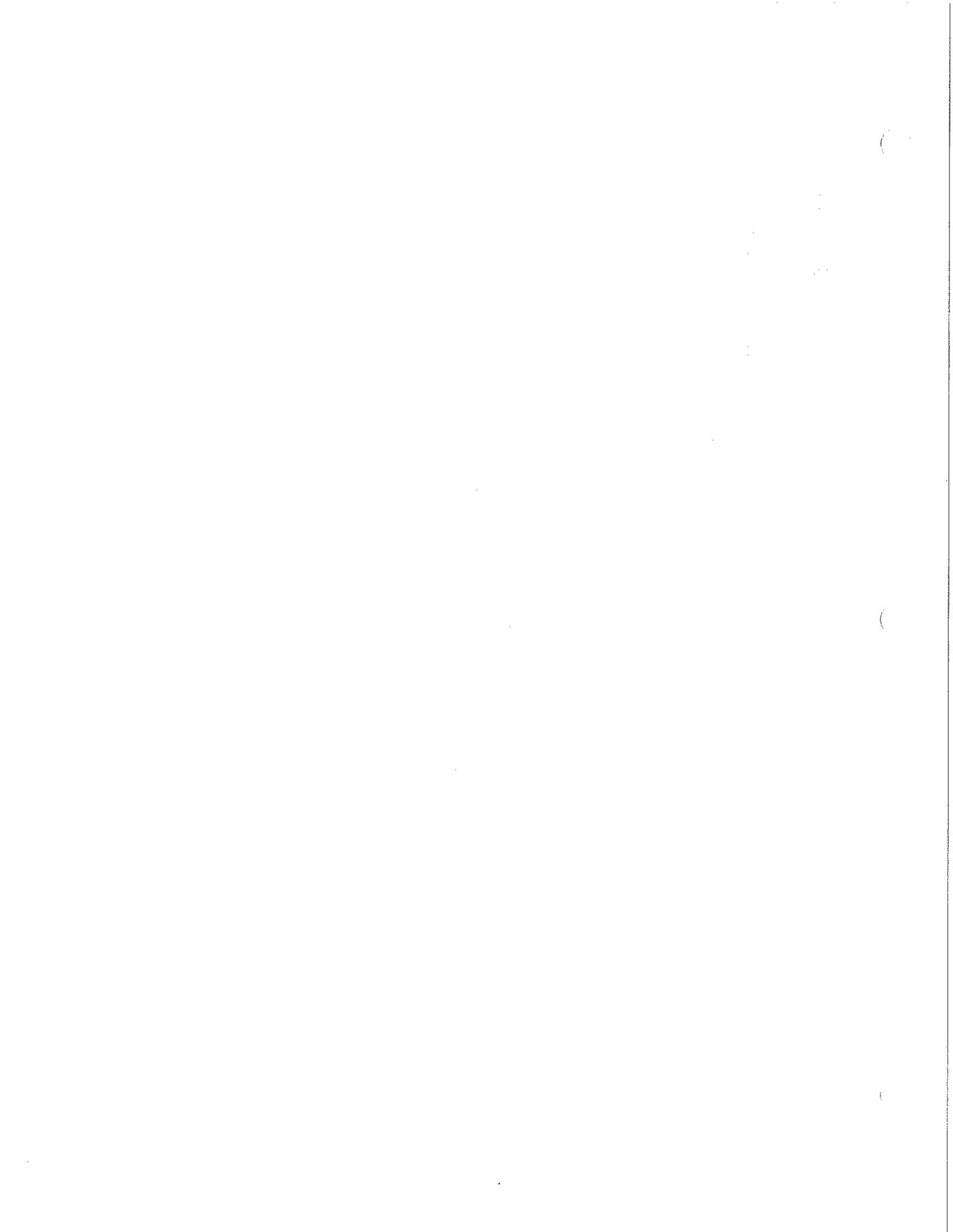


Visiting Nurse Association
 Program Utilization Summary
 Grant Year 7/1/2015-6/30/2016
 FY 2016

Privileged & Confidential

Program/Activity	Funding Source(s)	Billed By	Jul 15 - June 16												Annual Grant Total	Grant \$ Remaining	Grant % Left	Grant Year End
			Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Amt Billed To Grant		% Billed					
PHS - Healthy Aging																		
Home Care Aide(Personal Care)	PHS/IDPH Hour	2,106.97	1,821.63	1,481.59	1,481.50	1,510.42	2,306.82	2,211.26	1,899.12	14,819.31	59.3%	\$25,000.00	\$10,180.69	40.7%	6/30/2016			
HCA - Home Helper	PHS/IDPH Hour	14,355.95	13,320.07	12,340.07	13,096.59	13,772.98	15,357.36	13,213.78	13,611.26	109,069.02	89.9%	\$30,000.00	\$20,931.98	16.1%	6/30/2016			
Family Support Home Visit -ages 0-5	PHS/IDPH Visit	245.54	368.31	245.54	613.85	491.08	613.85	245.54	613.85	3,437.56	59.9%	\$5,500.00	\$3,062.44	47.1%	6/30/2016			
Abuse Prevention -over 6 years (HIM)	PHS/IDPH Hour	707.74	643.40	728.97	804.25	305.82	402.13		799.91	4,332.02	46.1%	\$9,000.00	\$4,667.98	51.9%	6/30/2016			
Nursing (Mom/Baby Visits)	PHS/IDPH Visit										0.0%	\$500.00	\$500.00	100.0%	6/30/2016			
Immunizations	PHS/IDPH Person										0.0%	\$500.00	\$500.00	100.0%	6/30/2016			
Disease Outbreak/Reportable (Comm Dis.)	PHS/IDPH Hour	2,487.06	2,509.76	1,748.71	2,925.32	3,548.10	3,197.76	3,056.14	3,270.44	22,753.32	104.7%	\$21,738.00	(\$1,015.32)	-4.7%	6/30/2016			
Disease Outbreak (Immun Audit)	PHS/IDPH Hour			71.56	2,220.55	2,057.30	614.96	655.21		5,619.58	102.2%	\$5,500.00	(\$119.58)	-2.2%	6/30/2016			
Health Coaching	PHS/IDPH Hour										0.0%	\$0.00	\$0.00	100.0%	6/30/2016			
Collaborative Relationships (Comm Partnerships)	PHS/IDPH Hour	332.76	64.41	64.41	1,019.89	966.15	429.40	887.62	837.33	4,701.94	123.7%	\$3,800.00	(\$901.94)	-23.7%	6/30/2016			
Subtotal HCA		20,246.08	18,727.58	16,680.66	22,161.83	22,851.65	22,922.30	20,369.35	20,971.91	164,731.75	81.5%	\$202,088.00	\$37,306.25	18.5%				
PHS - Local Board of Health (LBCH)																		
Comm Health Assessment (CHN HIP)	PHS/IDPH Hour	594.25		59.67	139.23	287.80	371.15	69.62		1,571.72	19.5%	\$8,051.00	\$6,479.28	80.5%	6/30/2016			
Disease Outbreak/Reportable (Comm Dis.)	PHS/IDPH Hour										0.0%	\$0.00	\$0.00	100.0%	6/30/2016			
Dis Outbreak (Immun Audit)	PHS/IDPH Hour										0.0%	\$0.00	\$0.00	100.0%	6/30/2016			
Collaborative Relationships (Comm Partnerships)	PHS/IDPH Hour										0.0%	\$0.00	\$0.00	100.0%	6/30/2016			
Immunizations	PHS/IDPH Person										0.0%	\$0.00	\$0.00	100.0%	6/30/2016			
Home Care Aide (Personal Care)	PHS/IDPH Hour										0.0%	\$1,500.00	\$1,500.00	100.0%	6/30/2016			
Family Support Home Visit -ages 0-5	PHS/IDPH Visit										0.0%	\$0.00	\$0.00	100.0%	6/30/2016			
Nursing (Mom/Baby Visits)	PHS/IDPH Visit										0.0%	\$0.00	\$0.00	100.0%	6/30/2016			
HCA - Home Helper	PHS/IDPH Hour										0.0%	\$15,000.00	\$15,000.00	100.0%	6/30/2016			
Abuse Prevention -over 6 years	PHS/IDPH Hour										0.0%	\$0.00	\$0.00	100.0%	6/30/2016			
Subtotal LPHS		594.25	0.00	59.67	139.23	397.80	371.15	69.62	0.00	\$1,571.72	6.4%	\$24,551.00	\$23,979.28	97.6%				
Performance Measure																		
											0.0%	\$0.00	\$0.00					
Total PHS Grant		\$20,760.33	\$18,727.58	\$16,740.52	\$22,301.06	\$23,049.45	\$23,293.45	\$20,439.17	\$20,971.91	\$166,303.47	79%	\$226,639.00	\$60,265.53	26.6%				
County Public Health Funding																		
BOH		\$32,996.00	\$35,639.00	\$0.00	\$32,751.00	\$19,136.00	\$27,010.00	\$30,355.00	\$9,471.00	\$187,358.00	81%	\$239,024.00	46,419.38	19.4%	6/30/2016			
BOH	Hour	\$703.56	\$700.79	\$914.96	\$560.49	\$571.41	\$511.11	\$660.00	\$624.30	\$5,246.62								
*opted not to bill deficit																		

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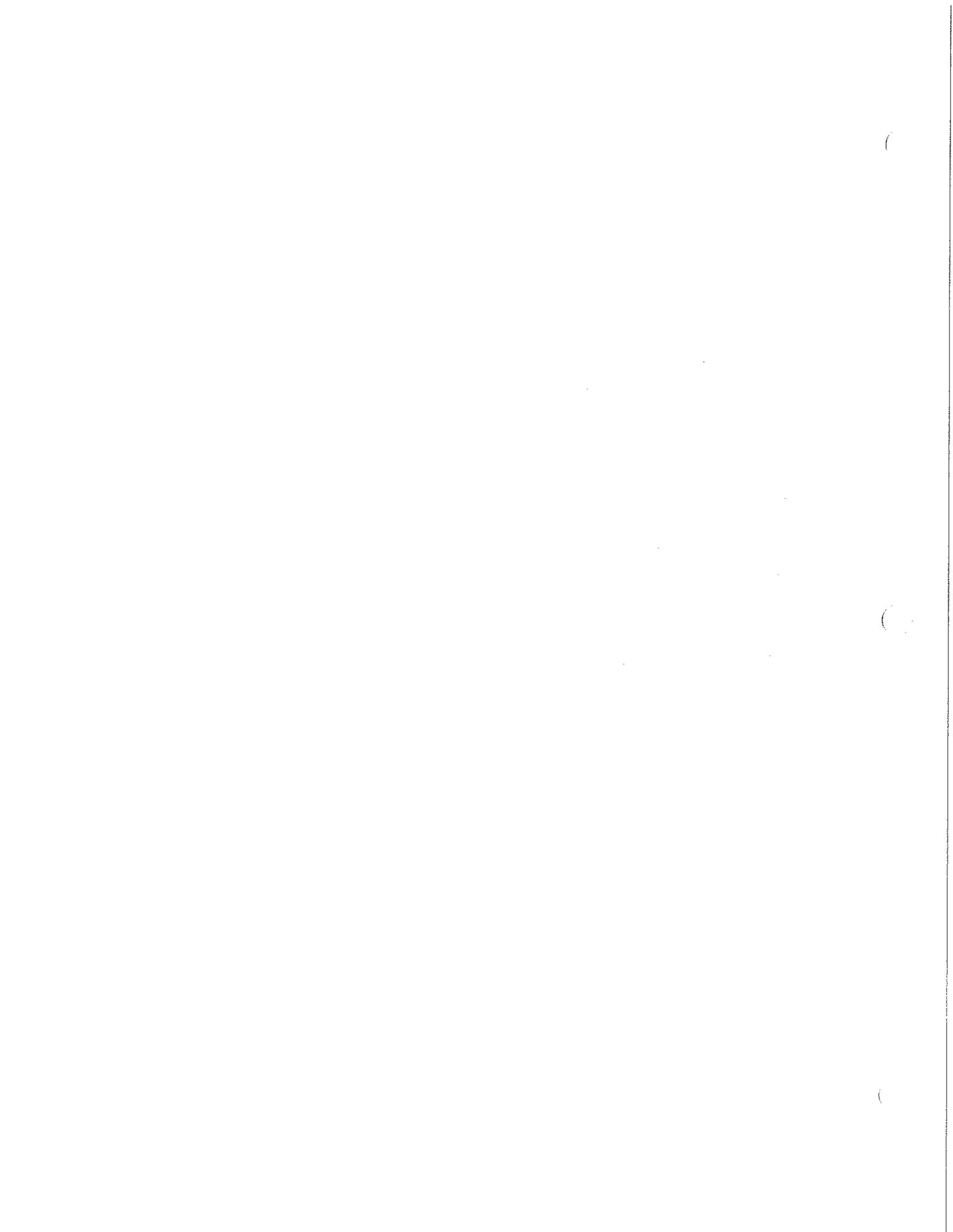


DUBUQUE COUNTY BOARD OF HEALTH
JULY 1, 2015 TO JUNE 30, 2016

		TOTAL GRANT \$ 239,024.00							
MONTHLY ALLOCATION	ACTUAL BILLING CS (Community Services (Public Health)	ACTUAL BILLING CN (Private Duty)	TOTAL TO DATE	BALANCE REMAINING	% USED	% LEFT	Total VNA Deficit Billed:	Actual VNA Deficit:	Difference covered by Finley Hospital
JULY	\$ -	\$ 333.28	\$ -	\$ 239,024.00	0%	100%	\$ -	\$ -	
JULY DEFICIT BILLING	\$ -	\$ 370.28	\$ 703.56	\$ 239,024.00	0%	100%	\$ -	\$ -	
AUGUST	\$ -	\$ 26,772.00	\$ 33,699.56	\$ 238,320.44	0%	100%	\$ 32,996.00	\$ 32,996.00	
AUG DEFICIT BILLING	\$ -	\$ 529.89	\$ 34,400.35	\$ 205,324.44	14%	86%	\$ 32,996.00	\$ 32,996.00	
SEPTEMBER	\$ -	\$ 24,895.00	\$ 70,039.35	\$ 204,623.65	14%	86%	\$ 35,639.00	\$ 35,639.00	
SEP DEFICIT BILLING	\$ -	\$ 633.70	\$ 70,954.31	\$ 168,984.65	29%	71%	\$ 35,639.00	\$ 35,639.00	
OCTOBER	\$ -	\$ 245.21	\$ 71,514.80	\$ 168,069.69	30%	70%	\$ -	\$ 16,960.00	
OCT DEFICIT BILLING	\$ -	\$ 22,314.00	\$ 104,265.80	\$ 167,509.20	30%	70%	\$ 32,751.00	\$ 32,751.00	
NOVEMBER	\$ -	\$ 351.14	\$ 104,837.21	\$ 134,186.79	44%	56%	\$ 19,136.00	\$ 19,136.00	
NOV DEFICIT BILLING	\$ -	\$ 5,854.00	\$ 123,973.21	\$ 115,050.79	44%	56%	\$ 19,136.00	\$ 19,136.00	
DECEMBER	\$ -	\$ 334.95	\$ 124,484.32	\$ 114,539.68	52%	48%	\$ 27,010.00	\$ 27,010.00	
DEC DEFICIT BILLING	\$ -	\$ 422.55	\$ 152,154.32	\$ 87,529.68	63%	37%	\$ 30,355.00	\$ 30,355.00	
JANUARY	\$ -	\$ 14,321.00	\$ 182,509.32	\$ 56,514.68	76%	24%	\$ 9,471.00	\$ 9,471.00	
JAN DEFICIT BILLING	\$ -	\$ 474.65	\$ 183,133.62	\$ 55,890.38	77%	23%	\$ -	\$ -	
FEBRUARY	\$ -	\$ 1,782.00	\$ 192,604.62	\$ 46,419.38	81%	19%	\$ -	\$ -	
FEB DEFICIT BILLING	\$ -	\$ -	\$ 192,604.62	\$ 46,419.38	81%	19%	\$ -	\$ -	
MARCH	\$ -	\$ -	\$ 192,604.62	\$ 46,419.38	81%	19%	\$ -	\$ -	
MAR DEFICIT BILLING	\$ -	\$ -	\$ 192,604.62	\$ 46,419.38	81%	19%	\$ -	\$ -	
APRIL	\$ -	\$ -	\$ 192,604.62	\$ 46,419.38	81%	19%	\$ -	\$ -	
APR DEFICIT BILLING	\$ -	\$ -	\$ 192,604.62	\$ 46,419.38	81%	19%	\$ -	\$ -	
MAY	\$ -	\$ -	\$ 192,604.62	\$ 46,419.38	81%	19%	\$ -	\$ -	
MAY DEFICIT BILLING	\$ -	\$ -	\$ 192,604.62	\$ 46,419.38	81%	19%	\$ -	\$ -	
JUNE	\$ -	\$ -	\$ 192,604.62	\$ 46,419.38	81%	19%	\$ -	\$ -	
JUNE DEFICIT BILLING	\$ -	\$ -	\$ 192,604.62	\$ 46,419.38	81%	19%	\$ -	\$ -	
TOTALS	\$ -	\$ 114,428.37	\$ 78,176.25	\$ 46,419.38	81%	19%	\$ 187,358.00	\$ 204,318.00	\$ 16,960.00

Total Not Billed: \$ 16,960.00

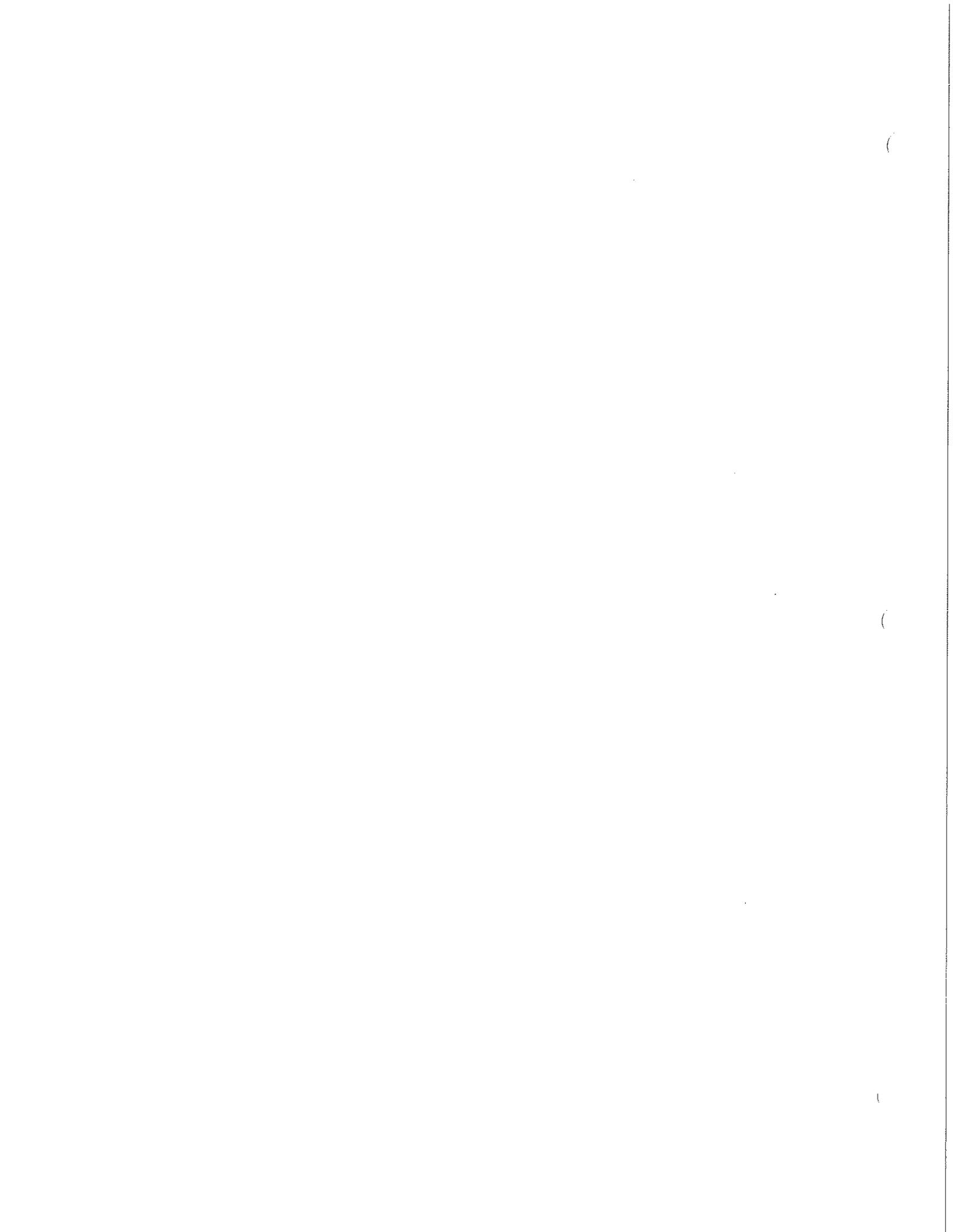
Deficit \$ 111,103.00
Non Client Assistance \$ 5,246.62
\$ 192,604.62



Dubuque County

PHS Cost Study for 2015 (Rates for 2016-2017 grant year)

Billing Unit	<u>Service/Program</u>	<u>PHS Program Name</u>	2016-17 year	2015-16 year
Hour	Home Care Aide	Home Care Aide (Personal Care)	\$52.70	\$45.71
Hour	Home Helper/Maker	Home Care Aide (Home Helper)	\$43.49	\$39.91
Visit	201 Child/Family Health(Mom/Baby)	Nursing (Health Promotion)	\$42.26	\$98.66
Hour	Community Partnerships	Collaborative Relationships	\$41.36	\$42.94
Hour	Communicable Disease/Immun Audits (combined)	Disease Outbreak Investigation	\$40.90	\$37.27
Hour	Immun Audits	Disease Outbreak Investigation	\$170.65	
Hour	Communicable Disease	Disease Outbreak Investigation	\$99.81	\$122.77
Visit	Family Support Home Visits	Family Support Home Visit	\$50.92	\$64.34
Hour	Abuse Prevention	Home Care Aide (Homemaker)	\$39.67	\$32.66
Person	Immunizations	Immunizations		
Hour	Comm Health Assess (CHN HIP)	Community Health Assessment		\$39.78





UnityPoint Health
Finley Hospital

Visiting Nurse Association - Dubuque
1454 Iowa St
PO Box 359
Dubuque, IA 52004-0359
office: (563) 556-6200
toll-free (800) 862-6133
fax: (563) 556-4371
unitypoint.org

Board of Health Constituents;

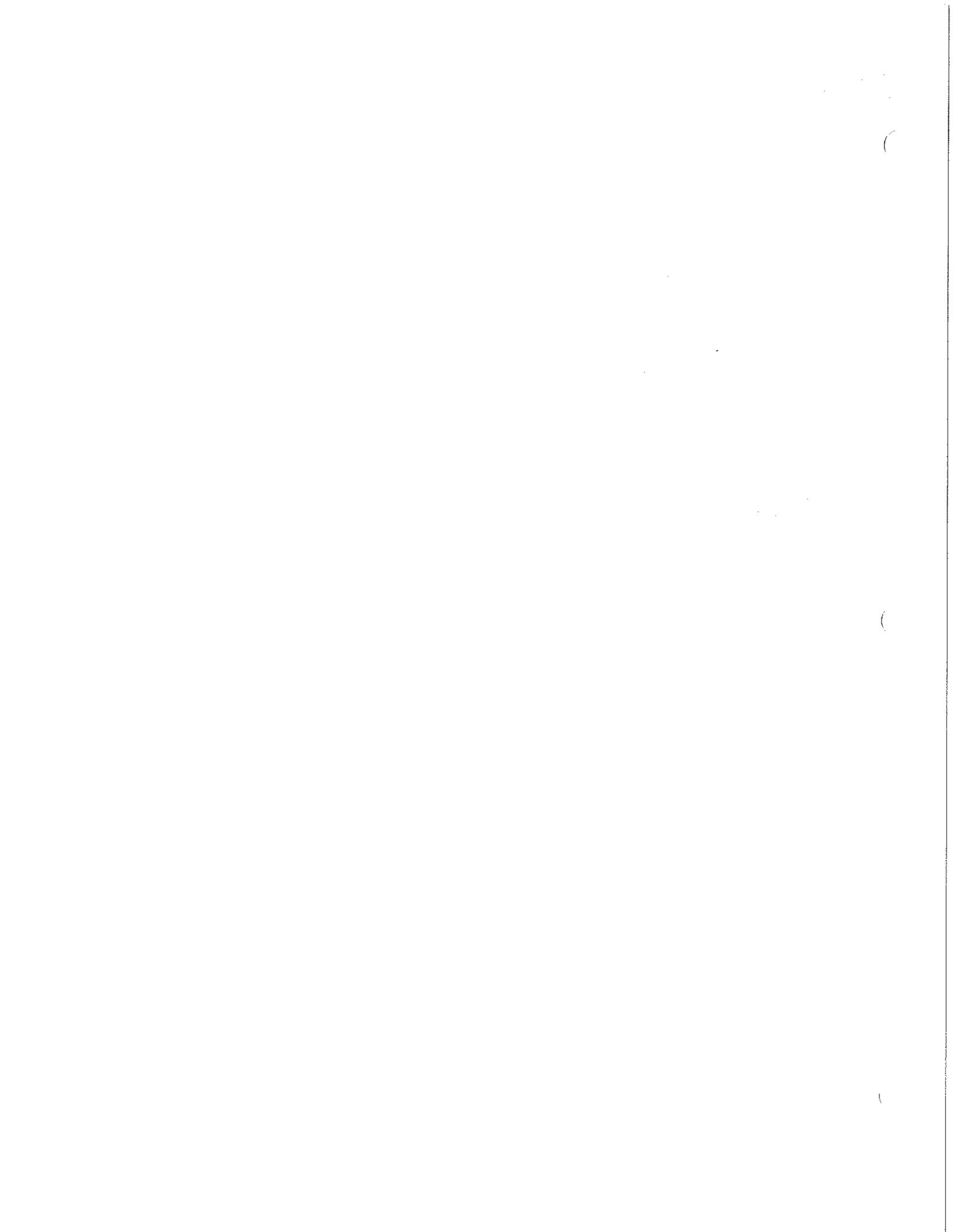
The Dubuque and Clayton County Visiting Nurse Association would like to first thank you for all you do within your local communities. Since your counties are within our proposed service area the VNA would like to formally announce to your board, our intent to apply for FY17 Maternal, Child, and Adolescent Health RFP released through Iowa Department of Public Health. Below is a list of services we intend to apply for.

Allamakee County: Child Health, Maternal Health
Chickasaw County: Child Health
Clayton County: Child Health, Maternal Health
Delaware County: Child Health
Dubuque County: Child Health
Fayette County: Child Health
Howard County: Child Health, Maternal Health
Winneshiek County: Child Health, Maternal Health

The Visiting Nurse Association has a long history of working with the community identifying needs, and providing Child and Maternal Health services to those in need. The VNA has been serving the Dubuque and surrounding counties since 1910 and has worked with leaders in local government, education, social, and human services to provide direct service when appropriate, assist with care coordination, and to build community infrastructure that will assist in planning for long-range healthcare needs. The VNA looks forward to partnering with your local board and other community agencies to ensure residents within your community continue to receive quality healthcare access.

Sincerely

Stacey Killian
Director
Dubuque and Clayton County Visiting Nurse Association
1454 Iowa St
Dubuque Iowa 52004
563-556-6200 Ext 1901



BOARD OF HEALTH REPORT
March 2016

ENVIRONMENTAL

Lab Report:

We have completed 73 water tests so far for 2016.

We have completed 27 nitrates tests to the Hygienic Lab thus far.

Well/Septic Report:

We have issued 14 septic permits and 5 well permits so far for 2016.

Animal Ordinance:

We have had 7 reports of dog bites and 2 reports of cat bites for 2016.

Grants to Counties (GTC) Letter:

Bonnie and I recently attended an Environmental meeting and we were informed that there is a change proposed for next year's grant dollars. Basically, it is that if a County does not use their grant dollars this year, that county might see a reduction in the dollar amount next year.

So we see a threefold in this event:

*We are offering a valuable service to our county residents.

*We are educating them on water safety if they choose not to have the water tested.

*We are bringing in dollars to our general fund that can be spend as we see appropriate.

Please find enclosed a DRAFT GTC letter that we are planning on sending to approximately 250 county households.

We would like to begin this program when we have your approval.

PUBLIC HEALTH

Epi:

Dubuque County has had 2 Cryptosporidiosis, 1 Legionellosis, 1 Cholera, 1 Hep B, 76 Shigellosis, 4 Salmonellosis, 2 Mumps and 1 E. coli since the last BOH meeting.

I did include in this packet the Iowa Acute Disease Yearly Update for 2015.

As you can see, our Shigella numbers continue to be high.

IDPH, VNA and our office devised a Shigellosis letter and our office blasted it out to Healthcare Providers, ERs, Acute Care Center, schools, daycares, etc.

We are very thankful for the working collaboration with the Infection Control Staff at the VNA and our Regional Epi, Nick Kalas and the IDPH!

According to our recent Epi Updates from the IDPH:

Mumps update

Over the last several weeks, mumps activity has decreased on the University of Iowa campus. The number of cases identified on the University of Northern Iowa campus has been slightly increasing over the same time period and is being watched closely. To prevent the spread of mumps, infected persons should self-exclude from school or work for five days after onset of illness.

For additional information on mumps activity in Iowa, visit idph.iowa.gov/cade/disease-information/mumps and idph.iowa.gov/ehi/mumps

Influenza activity update

Influenza activity is increasing in Iowa. Four influenza viruses have been confirmed by the State Hygienic Laboratory as circulating in Iowa: influenza A (H3), influenza A (H1N1), influenza B (Victoria), and influenza B (Yamagata).

The flu vaccine is the best defense against getting influenza; however, it is also important to take personal actions to help prevent the spread of illness. Remember the 3Cs: Cover your coughs and sneezes; Clean your hands frequently; and Contain germs by staying home when ill. Anti-viral medications are an important second line of defense to treat the flu in persons at highest risk of developing more severe illness. Antivirals work best if started as soon as, or within 48 hours of when symptoms begin.

For more information on influenza activity in Iowa, visit idph.iowa.gov/cade/disease-information/influenza .

Locally-acquired viral diseases: Zika, dengue, Chikungunya

Zika, dengue, and Chikungunya viruses are typically transmitted to humans via Aedes mosquitos, which are ubiquitous in the tropical and sub-tropical regions of the Caribbean, and Central and South America. Aedes mosquitoes are also established in U.S. areas bordering the Gulf of Mexico, and in U.S. territories in the Caribbean, such as Puerto Rico and the U.S. Virgin Islands.

Once a human is infected, the virus in the bloodstream can be picked up by a biting mosquito, then transmitted to another human nearby (this is called locally-acquired disease). Although there have not been any cases of locally-acquired Zika in the continental U.S., locally-acquired dengue and Chikungunya have occurred in Florida. These situations were quickly controlled in Florida, after only a handful of locally-acquired cases, by 1) mosquito control methods, 2) the low level of interaction between people and Aedes mosquitos, and 3) the number of travelers returning to Florida with (time-limited) viremia being too low to sustain mosquito transmission.

In 2014, Florida reported seven cases of locally-acquired dengue and 12 cases of Chikungunya. This correlates to the 82 travel-associated cases of dengue and 475 of Chikungunya in Florida that year. In comparison, Puerto Rico reported 527 locally-acquired cases of dengue and 4,242 locally-acquired Chikungunya cases in 2014. Thus far in 2016, 42 cases of travel-associated Zika have been confirmed in Florida.

Health care providers and public health officials must stay alert to the possibility of locally-acquired infections. As more U.S. travelers return from the Caribbean, and Central and South America where transmission of these viral diseases is established, the chance of locally-acquired transmission in the continental U.S. increases.

For more information on Zika virus, visit; www.cdc.gov/zika/index.html

History of Zika virus

In 1947, Zika virus was first isolated in a monkey from the Zika forest of Uganda and by 1952, it was being found in asymptomatic patients in both Uganda and Tanzania. In 1964, Zika was isolated from a man with mild symptoms, including a rash. Over the next 15 or so years, Zika was found throughout equatorial Africa and Asia, and 14 more human cases were reported.

Things changed in 2007, when the first reported outbreak of Zika virus occurred on Yap Island, Micronesia, and in 2008, when sexual transmission was described. During a 2013-14 outbreak in French Polynesia, Guillain-Barré syndrome was first linked to Zika infection. By May of 2015, Zika had reached South America, with locally transmitted disease reported in Brazil as well as its association with microcephaly. For more information on the historical distribution of Zika virus from 1947 to 2016, visit www.who.int/emergencies/zika-virus/zika-historical-distribution.pdf?ua=1.

Since Zika virus infection causes symptoms in only 20 percent of cases, the illness is typically mild, and because of limited testing availability, it is very likely cases have been underreported. In Africa and Asia, where Zika has been established, a large proportion of the population may be immune; however, when first introduced into immunologically-naïve populations, such as Pacific islanders, large outbreaks of Zika virus can be expected. This is comparable to the introduction of West Nile virus into the U.S. in 2002, followed by the large Iowa outbreaks in 2003-2004. For more information, visit Iowa's Archived Surveillance Data at idph.iowa.gov/cade/disease-information/west-nile-virus.

For more historical information on Zika, visit www.who.int/bulletin/online_first/16-171082/en/.

Preparedness Grant:

I continue to meet regularly with the hospitals in Dubuque County, Karen Vaassen and Tilly Frommelt, our EMA Coordinator, Tom Berger, City Health Mary Rose Corrigan and Stacey Killian from the VNA.

2015-16 Capabilities:

We are working on the following capabilities;

Capability # 9- Medical Material Management and Distribution

Capability 10—Medical Surge

Capability 11—Non-pharmaceutical Interventions

Capability 14—Responder Safety and Health

It appears that our dollars for 2016 Preparedness Grant will remain status quo.

Changes being proposed for 2017 are:

*Coalitions to be reduced to 12 state wide. IDPH will organized location of coalitions based on hospitals, transfers to hospitals and the EMS system of that area.

*IDPH has not yet heard of any dollars being allocated to the 2017 grant as of yet.

*If dollars are available, it is a likely possibility that any EMS dollars would also be rolled into this grant. More to come on all of this.....

County Wide Exercise:

Planned for April 26, 2016 at the airport. We will involve many agencies.

Heroin Epidemic:

Please find enclosed information on a town hall meeting on April 13, 2016.

Sue Greene from Helping Services of Northeast Iowa is asking our help in promoting this meeting.

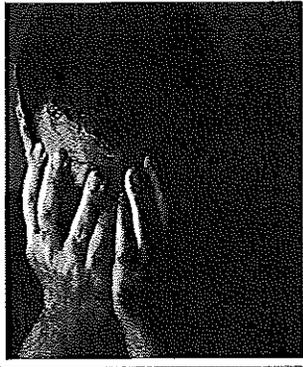
Next BOH Meeting:

Tuesday, May 24, 2016 at 5:45 pm.

Happy Spring!

Patrice

Prescription Pain Killers and the Heroin Epidemic



WEDNESDAY, April 13

6:00 – 8:00 p.m.

Grand River Center
500 Bell Street, Dubuque

No fee. Registration required at
www.mercydubuque.com/events
or at 563.589.9600.

An increase in abuse of prescription pain medication and heroin has led to an alarming number of overdose deaths, and eastern Iowa is now on the fringe of an epidemic. Join a panel of experts, including Al Fear from the Eastern Iowa Heroin Initiative, for a town hall meeting as they discuss approaches to the heroin epidemic, including different prevention and treatment opportunities. The meeting will include a question-and-answer session, and the keynote speaker is local resident Vicki Allendorf, the founder and executive director of the federal non-profit I Hate Heroin. Sponsored by the United States Attorney's Office/Eastern Iowa Heroin Initiative and Mercy Medical Center.



250 Mercy Drive
Dubuque, Iowa 52001

1950

1951

1952

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DUBUQUE COUNTY

Health Department

13047 City View Dr. • Dubuque, IA 52002
Ph: 563.557.7396 • Fax: 563.587.3899

C. Patrice Lambert, RN, MSN – Executive Director
Bonnie Brimeyer – Assistant Health Administrator
Elizabeth Willems, Office Assistant

Dear Dubuque County Resident:

The Dubuque County Health Department is pleased to announce a free service that is being provided to Dubuque County residents.

The Dubuque County Health Department is a recipient of the Iowa Department of Public Health (IDPH) Grants to Counties Grant. This grant allows us to offer you a one-time free water well sample and analysis for total coliform bacteria and e-coli.

However, IDPH does require us to obtain permission from you before coming to your property. We do need you to call our office at 563-557-7396 to verbally accept this offer. We will just ask your name and verify your address. Once you give us permission to take a water sample from your home, the process will begin.

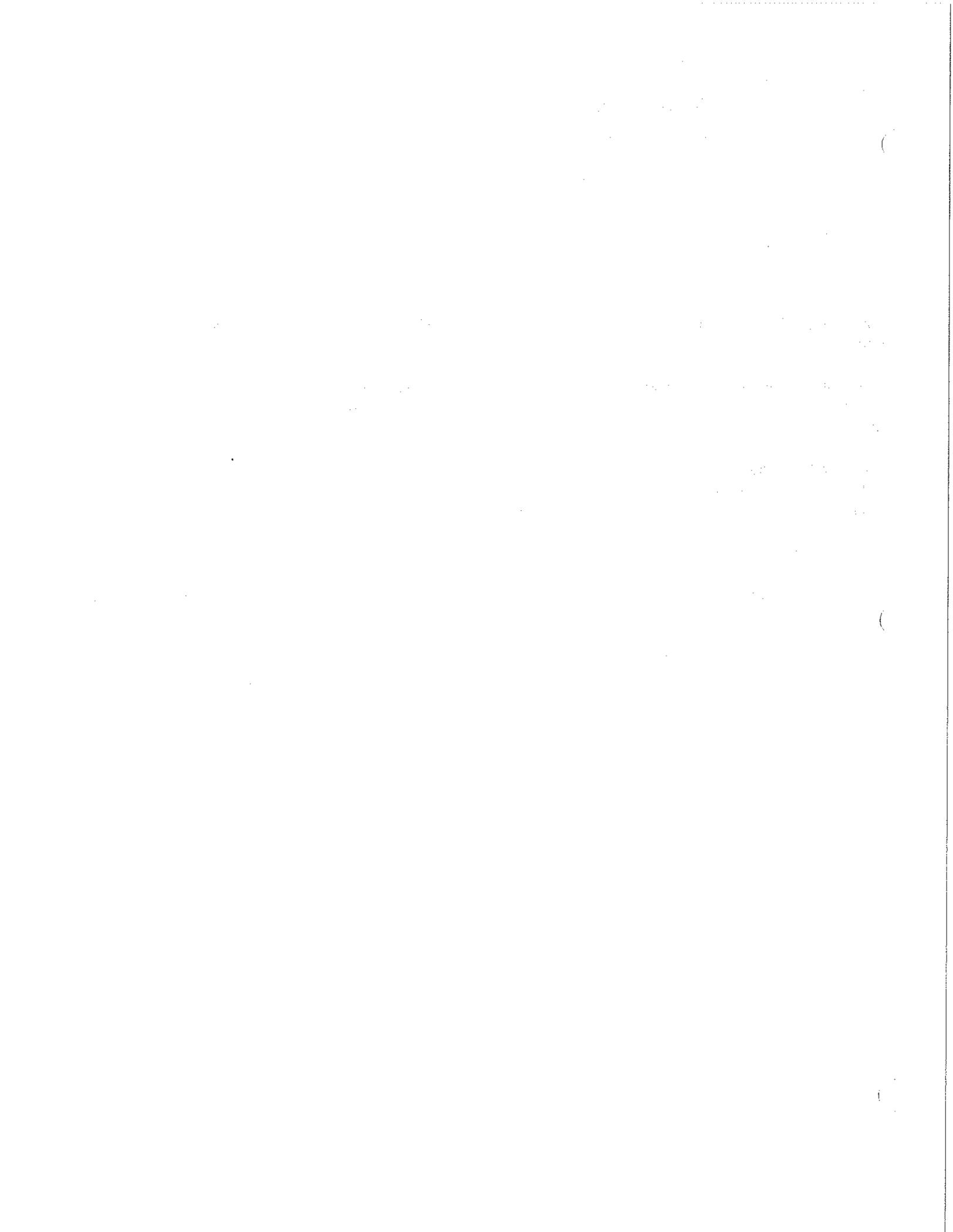
The process is as follows:

- *Dubuque County Health Department Employees will come to your property and obtain a sample of water from an outside faucet.
- *Timeframe for the collection of this water sample will be from now to June.
- *Analysis will be completed in the Dubuque County Health Lab.
- *Results will be sent to the home owner and a copy will be kept on file at the Dubuque County Health Department.
- *If bacteria and/or e-coli is present, instructions to eliminate the bacteria and/or e-coli will be given to the home owner.

If you have any questions at all, please call us.

Thank you!

Dubuque County Health Department
13047 City View Drive
Dubuque, IA 52002
Phone: 563-557-7396





IOWA PRIVATE WELL PROGRAM

HOW TO SAMPLE YOUR WELL WATER

ENVIRONMENTAL HEALTH DEPARTMENT WWW.IOWADNR.GOV

Water testing is an important part of using a private water supply well. Unless you regularly test your water supply, you won't know if the water is safe to use. Water that looks clear and tastes great may still be unsafe to drink. All well owners should test their water supply at least once a year, and more often if you know your well is old, finished in a shallow aquifer, or when a previous test indicates the well has water quality problems. Here's how to start.

Find a laboratory

County environmental health specialists, the State Hygienic Laboratory at the University of Iowa, and other Iowa certified drinking water laboratories can assist with water testing. For additional information on your options, contact your county environmental health specialist, local certified drinking water laboratory, or the State Hygienic Laboratory at 800-421-4692.

Decide what to test for

Your local environmental health specialist, health department or drinking water laboratory can help determine which tests will provide the best health-related information, which may include these:

Total Coliform Bacteria. All private wells should be tested for total coliform bacteria at least yearly. Wet times of the year (spring and fall) are good times to test, as well as any time water changes taste, odor or appearance.

Nitrate nitrogen. All private wells should be tested for nitrate every year or two, or more often if nitrate has been found at elevated levels by previous testing.

Arsenic. Every well should be tested for arsenic at least once, or more often if a second test shows the level has changed.

Other contaminants. Other contaminants sometimes occur in private water supplies. The need for additional testing depends on your well's location, depth and construction, and land use in your area. For example, test your supply for the components of volatile organic chemicals if your well is near fuel tanks or a commercial or industrial area. If your well is near an area where agricultural chemicals are stored, transferred, mixed or applied, you should consider testing for ag chemicals.

Fluoride. A number of wells in Iowa exceed the health standard for fluoride. If children under 18 drink the water, a test for natural levels of fluoride will give your dentist useful information when considering fluoride supplements. Excess fluoride can cause problems with developing teeth in children and discoloration of tooth enamel.

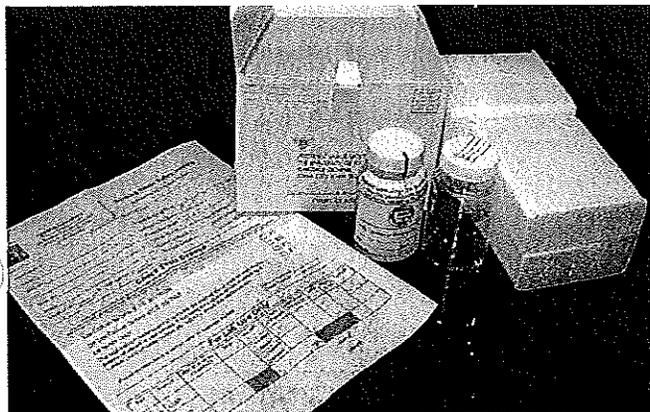
Please keep in mind that any well which is shallow in depth or finished in shallow bedrock is more vulnerable to contamination than a well completed in a deeper, protected aquifer. If your well meets one or both of these conditions, there may be additional tests you should perform.

Collecting samples

In most cases, your local county environmental health specialist can arrange to take your water samples. This fast, friendly and professional service provides accurate results.

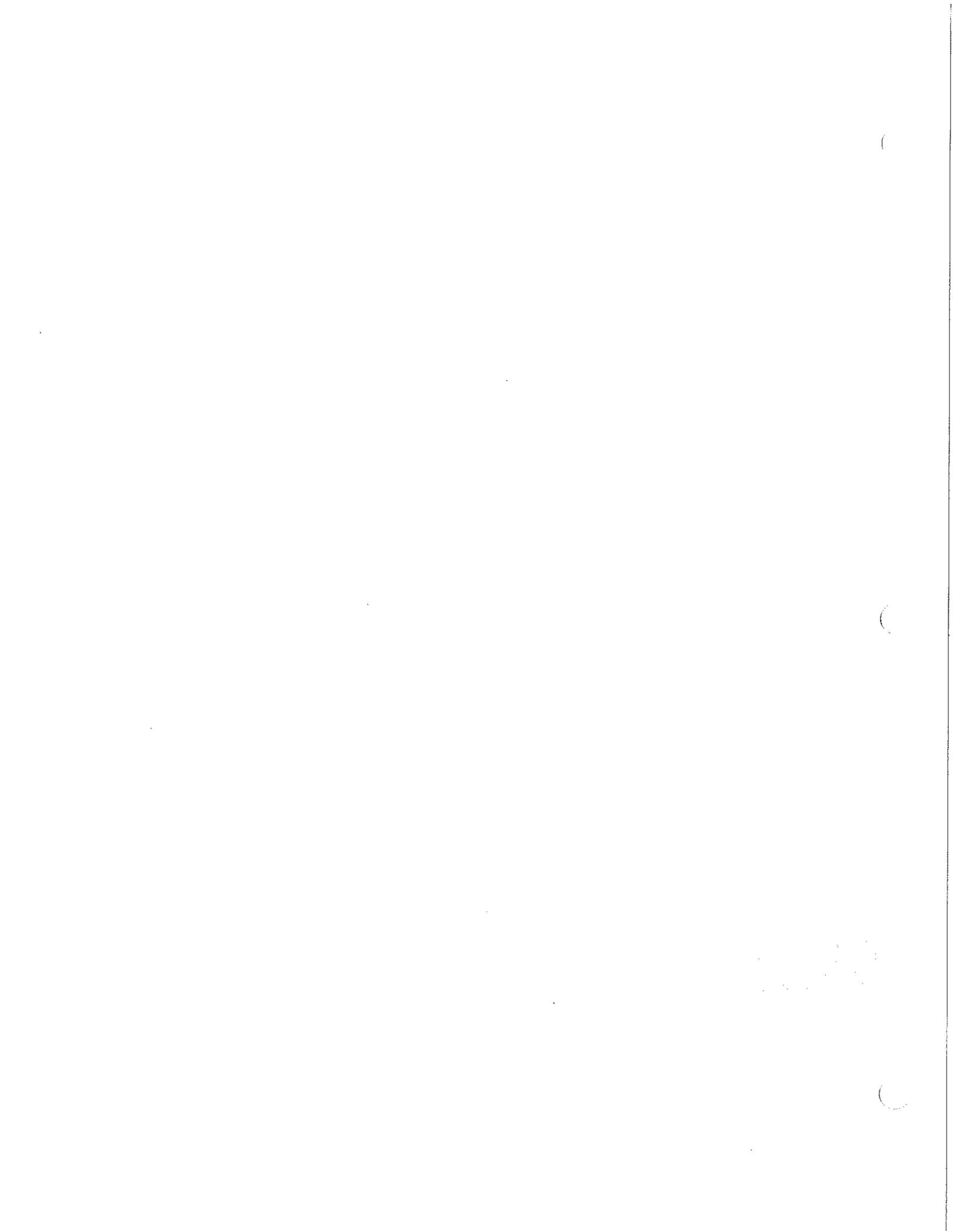
You can also obtain the necessary bottles and take your own sample. The procedures and bottles for your testing depend on the contaminants you are testing for, so you will need to know which tests you'd like before collecting samples. Any Iowa certified drinking water lab can provide you with bottles and specific information about taking the sample.

Most health professionals recommend that you take the sample from the cold water faucet in the kitchen, where most water is used for cooking and drinking. You can also obtain the water at a sample tap near the well's pressure tank, but this will only provide you with water safety specific to the well and pressure tank, and not about the water in the home's plumbing and water treatment system.



State Hygienic Labo The University of Iowa

Contact: RUSSELL TELL
515-725-0462
Russell.Tell@dnr.iowa.gov
www.iowadnr.gov/privatewelltesting





IOWA PRIVATE WELL PROGRAM

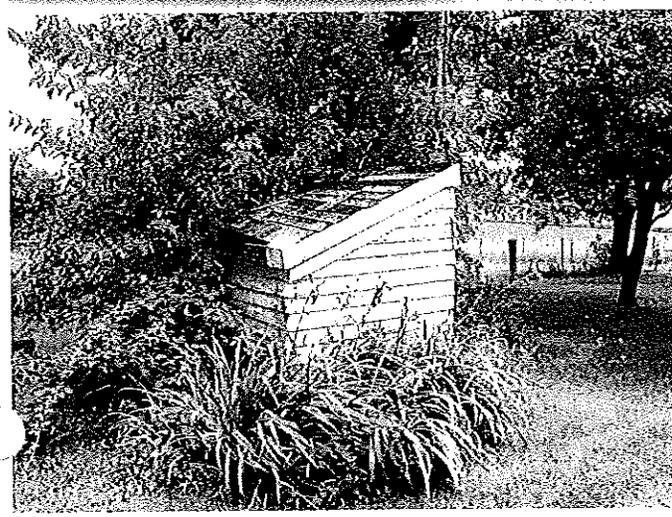
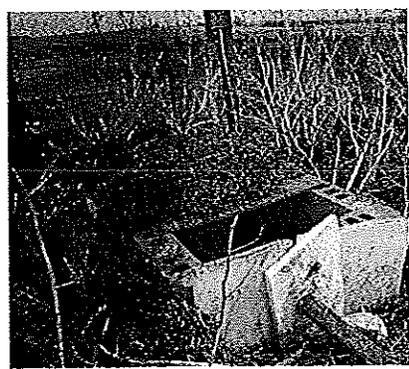
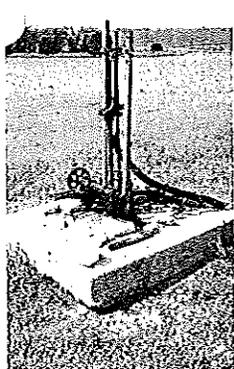
PROTECTING YOUR PRIVATE WELL

ENVIRONMENTAL SERVICES DIVISION | WWW.IOWADNR.GOV

If you own a private well, you have the responsibility to maintain the well in good condition and keep it operating properly so it provides you with water that is safe to drink. Many well problems can be reduced or eliminated by timely well inspection and maintenance. In the long run, preventive maintenance often saves more money than overlooking potential problems. With most of a well below the surface, well owners can only inspect above ground, focusing on these common well inspection points to ensure the protection of the well and drinking water.

Protection starts at the wellhead

Inspect the well cap. A well cap keeps things out of the well. A poorly designed or defective cap, or one with missing parts, allows insects, rodents and debris to enter the well and contaminate your water. The cap should include all necessary parts and gaskets to fit snugly and should seal the wellhead. Every well cap should also have a screened well vent.



Examples of wells that should be plugged.

Pump wiring and conduit. All well wiring should be enclosed in a conduit to prevent damage. Exposed wires present a shock hazard and can cause your well pump to fail. Seal all conduits to keep insects and moisture out.

Visible well casing. The final well casing height should be at least 1 foot above the surrounding grade. The casing should not show signs of cracks, scaling or other damage. Landscaping around the well should allow access for service.

Grade around the well. Soil around the well casing should not form a depression or hold water. Land should gently slope away from the well to allow rainwater to flow away.

Bump protection. Wells located near traffic areas need bump protection around the well. Farming operations, vehicle traffic and pushing snow damage wells each year.

Storage nearby the well. Never pile snow or other materials around your well, as it can damage the casing and make the well difficult to service the well if it needs repair.

Chemical storage, mixing and application. Never store, mix or apply chemicals near the well. What you place on the ground can end up in your water supply.

The pressure tank. Keep the well's pressure tank clean, accessible and leak-free. Maintaining a proper air charge in the tank ensures the pumping system cycles properly and prevents waterlogging the pressure tank. Have a smooth bibbed water test faucet positioned at least 12 inches above the floor for testing well water. Pressure tank piping should include a working pressure gauge and a pressure relief valve.

Protection near the well

Properly plug all unneeded and abandoned wells. Wells that are no longer needed can be a safety hazard to your family and pets, and also to the well you currently use. These wells create extra vertical pathways for contaminants to easily move deeper into the ground and impact your current well. Grant funds, available in most counties, can help reduce the cost of plugging private wells. Contact your county environmental health specialist for more information.

Maintain separation distances. Always keep potential sources of contamination far away from your well. (Find a chart of separation distances on the next page.)

Properly dispose potential contaminants. Be conscientious in how you handle, use and dispose chemicals around water resources. Properly dispose contaminants like fuel; antifreeze; motor oil; solvents and cleaners; lawn, garden and farm fertilizers and pesticides; and household chemicals. Dumped materials can enter your water and you'll drink them.

Know your well

Knowing the well's age can tell you a lot about your well's protections. Newer wells generally have better protections than wells installed before 1983. All well owners should have or request a copy of the well's construction log. Having this information will be helpful if you have well problems. At a minimum, you should know your well's age, depth, water levels, pump setting and basic construction features.

Monitor the well

Obvious changes in water clarity, color or odor, or sediment in the water, can indicate a problem. However, because not all contaminants discolor water or give it an odor, you should test your well water at least once a year to ensure it's safe to drink. It's best to test the water in the wet seasons of spring or fall, and especially after a major rain event. Extra rain can stress well casings and shallow wells and create runoff that flows into shallow bedrock aquifers, all of which can adversely affect water quality.

If your annual water analysis indicates any contaminants in your well's water, take note of the level. Levels near the maximum contamination limit mean you should test your water more often to ensure it continues to be safe. If testing finds your water is unsafe, do not drink the water. Obtain your water from a known safe source, like a well recently proven safe by water testing, a public water supply, bottled water, or install and maintain an approved water treatment device capable of treating all of your consumable water.

Your local county environmental health specialist can arrange to take your water samples, or contact a state-certified drinking water lab to obtain sample bottles and sample the water yourself. Please see the Iowa DNR fact sheet titled "Private Well Sampling and Testing" for more information.



A modern conforming well.

Source of contamination	Minimum distance in feet	
	Deep well	Shallow well
Sink holes	1,000	1,000
Earthen manure storage basin	1,000	1,000
Formed manure structures	100	200
Livestock lots or buildings	100	200
Chemical prep and storage areas	100	200
Auto and farm shop activities	100	200
Old or abandoned wells	100	100
Septic tanks	50	50
Septic absorption fields	100	200
Fuel storage tanks	100	100
Farm row crop activities	100	200
Ditches, streams, ponds, lakes	25	25
Yard hydrant	10	10
Property lines	4	4

Locate private wells at these distances from potential sources of groundwater protection.

Find a well contractor

Heavy parts within the well can cause injury, and electrical well components create electrocution hazards. While Iowa law allows you to work on your own well as long as you follow state and local well rules, it is not recommended unless you have the proper experience and tools. Doing the work incorrectly can create a larger hazard. The Iowa DNR recommends hiring a certified well contractor.

All well contractors are required to be certified by the Iowa DNR and the certified individual must be on-site any time well services are being performed. You should never base your decision on who you hire only on the lowest price. Ask for local references on similar work. Hire contractors that use construction standards higher than minimum required standards. This helps provide you with a water supply that will operate properly and supply you with clean, safe water. You can find certified well contractors in your local phone directory under "Water Well Drilling & Service" or go to www.iowadnr.gov and search "well contractor."

Look for sources of contamination

If you suspect groundwater contamination from local land-based activities (like agricultural drainage wells, French drains, or channels built to drain sinkholes), contact the Iowa DNR or the U.S. Environmental Protection Agency for guidance. For additional information on private wells in Iowa, go to www.iowadnr.gov/privatewells.

Contact: RUSSELL TELL
515-725-0462
Russell.Tell@dnr.iowa.gov

www.iowadnr.gov/privatewells



IOWA PRIVATE WELL PROGRAM

UNDERSTANDING YOUR WATER TESTING REPORT

ENVIRONMENTAL SERVICES DIVISION | WWW.IOWADNR.GOV

Water testing is an important part of using a private water supply well. Unless you regularly test your water supply, you will not know if the water is safe to consume. Water that looks clear and tastes great may still be unsafe to drink.

At a minimum, all well users should test their water supply at least once a year, and more often if you know your well is old, finished in a shallow aquifer, or when a previous test indicates the well has water quality problems. Once you have test results, here's how to determine your next steps.

Interpreting results

The lab often has your analysis report available a few days after receiving your sample and will usually provide you a copy of the report. Check with your lab for reporting options.

While there are no formal drinking water standards for private wells, U.S. Environmental Protection Agency (EPA) guidelines for public water supplies provide a good baseline for your water supply.

These guidelines typically use Maximum Contaminant Levels, or MCLs, as a measure. An MCL is "the maximum permissible level of a contaminant in water which is delivered to any user of a public water system." Although these standards are not enforceable for private water supplies, they can help determine if your water is safe. Additional information on water testing, MCLs and health effects can be found at <http://water.epa.gov/drink/contaminants>.



For **Total Coliform Bacteria** the result should be absent, or zero. If the result is present, or a number greater than zero, the lab will also test the sample for *E. coli* bacteria. The presence of *E. coli* in the water indicates fecal contamination from a human or animal source in the well water and/or water system. Microbes in these wastes can cause short-term health effects such as diarrhea, cramps, nausea, headaches and other symptoms. Microbes may pose a special health risk for infants, young children, seniors and people with severely compromised immune systems.

The presence of Total Coliform Bacteria indicates a possible problem with the well or water system. Coliforms are bacteria that occur naturally in the environment and indicate that other, more potentially harmful bacteria may also enter the water system. When you find coliforms in the water, you need to find how they entered the well. Have a certified well contractor inspect the well and water system for defects, correct those defects, shock chlorinate the well to sanitize the water system and take a second water test.

For **nitrate nitrogen**, the result should be 10 mg/L or less when tested for nitrate nitrogen (NO₃-N) or 45 mg/L or less when tested as nitrate (NO₃). The "mg/L" is a weight per volume measure, called milligrams per liter, which is also sometimes reported as parts per million, or ppm. Well water containing nitrate at levels above the MCL should never be given to infants less than six months old, as it can cause a potentially fatal disease called "blue baby syndrome." There are also indications that nitrate levels exceeding the MCL may lead to other health issues. More research is needed.

Arsenic levels should be 0.010 mg/L, or 10 micrograms per liter (µg/L), or less. This MCL is based on the average person consuming 2 liters of water a day for a lifetime. Long term exposure to drinking water with arsenic levels higher than 10 µg/L increases your risk for chronic health issues like cancer.

Other testing. If you have your water tested for other contaminants and the lab reports a positive result in any area tested, it means that a contaminant is present. You should confirm whether the reported level is within the EPA

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established safe levels as described on the EPA's website. If any of the levels exceed EPA's MCL limits, your water is not safe to drink.

Next steps

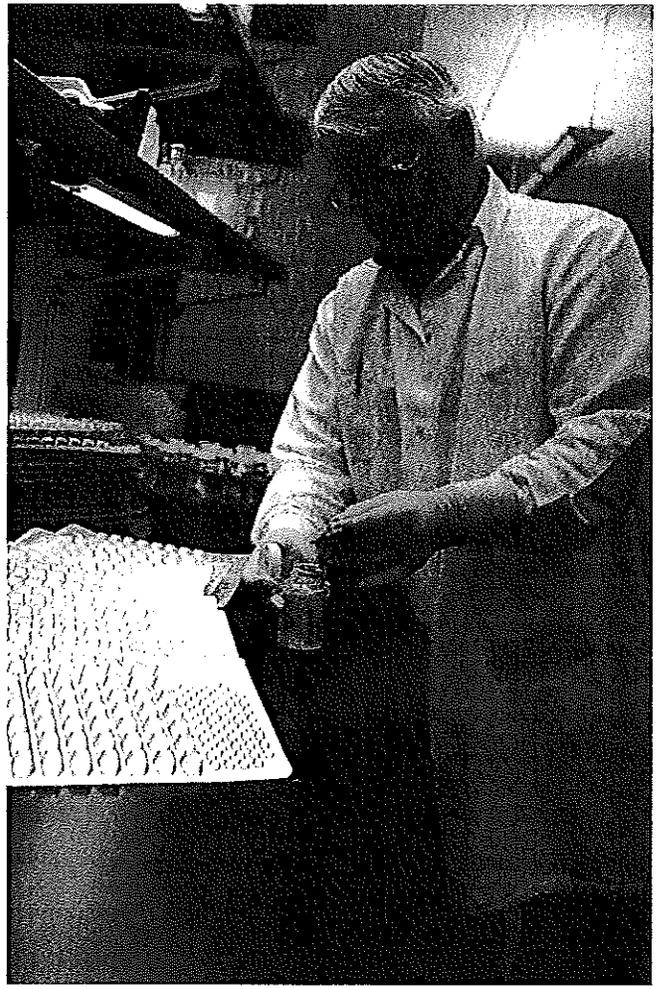
Above MCL. If your water analysis reports contamination levels above any MCLs, your water is not safe to drink. You should obtain your water from a known safe water source like a well that has been recently proven safe by water testing, a public water supply, using bottled water, or install and maintain an approved water treatment device capable of treating all of your consumable water.

Below MCLs. If your water analysis reports that you do not have any contaminants or they are below the EPA MCLs, you can keep using your water.

Bacteria positive. If your analysis reports that there is bacteria present in your water, don't drink the water. Call a certified well contractor and find an alternative safe source of consumable water.

Bacteria problems mean, at a minimum, your well and water system will need maintenance or repair, and shock chlorination to eliminate the bacteria.

Other contaminants. If you find that you have arsenic, VOCs or other types of contaminants that require water treatment, you should contact an Iowa DNR Certified Well Driller to discuss well options or your local professional water treatment systems dealer for treatment systems guidance.



ADDITIONAL RESOURCES

Iowa DNR Private Well Program Fact Sheets:
Private Wells In Karst Areas
How to Sample Your Well Water
Protecting Your Private Well

U.S. Environmental Protection Agency (EPA)
Drinking water standards
www.epa.gov/drink/contaminants/index.cfm

Human health risks of drinking water contaminants
<http://water.epa.gov/drink/info/well/health.cfm>

Private wells
<http://water.epa.gov/drink/info/well>

Iowa DNR
Private well testing
www.iowadnr.gov/privatewelltesting

Contamination in Karst
www.iowadnr.gov/karstcontamination

Private well program
www.iowadnr.gov/privatewells

Iowa DNR Certified Well Contractors

For help determining if a new well with deeper casing may provide lower nitrate levels. Check your local phone directory under "Water Well Drilling & Service" or go to www.iowadnr.gov and search "well contractor."

The State Hygienic Laboratory at the University of Iowa
www.shl.uiowa.edu/env/privatewell/ordering.xml

Drinking water contaminants and treatment systems
www.shl.uiowa.edu/env/privatewell/homewater.pdf

Iowa Department of Public Health
Potential health effects of nitrate exposure.
(515) 281-7689 or <http://idph.iowa.gov>

Iowa State University Extension and Outreach
Well ownership and drinking water resources
<http://www.extension.iastate.edu> and search "private well water quality"

Iowa Farm Bureau Farm*A*Syst
Assessing well and septic system condition
www.iowafarmbureau.com/Farmer-Resources/GovernmentPublic-Policy/Farm-Regulations-Assistance