Rice County Community Health Services
Annual Report
2018

320 Third St NW, Suite 1
Faribault, MN 55021

Public Health
Prevent. Promote. Protect.

INTRODUCTION

This Annual Report summarizes the work of Rice County Community Health Services, provided through Rice County Public Health in 2018.

Rice County Public Health functions through the authority of the Rice County Community Health Board and has the responsibility to assure that the health of Rice County citizens is protected, maintained, and enhanced (Minnesota Statute 145A). The Local Public Health Act in 2003 legislated areas of responsibility for local health departments. The six areas of public health responsibility are as follows:

(1) Assure an adequate local public health infrastructure;
(2) Promote healthy communities and healthy behavior;
(3) Prevent the spread of infectious disease;
(4) Protect against environmental health hazards;
(5) Prepare for and respond to disasters and assist communities in recovery; and
(6) Assure the quality and accessibility of health services.

RICE COUNTY PUBLIC HEALTH MISSION STATEMENT

To protect, promote, and improve the health of individuals and families in our community

RICE COUNTY PUBLIC HEALTH VISION ELEMENTS

- Safe, Healthy Communities
- Innovative and Responsive Public Health Department
- Engaged Partnerships
- Optimal Health Opportunity and Accessibility for All

RICE COUNTY PUBLIC HEALTH VALUES

Quality. Dedication. Respect. Collaboration. Equity. Integrity. Service. Caring. Trust. Prevention

ORGANIZATIONAL DIVISIONS OF AGENCY

- **Family Child Health**
- **Clinic and Community**
- **Home Care**
- **Long Term Care**

FAMILY CHILD HEALTH DIVISION

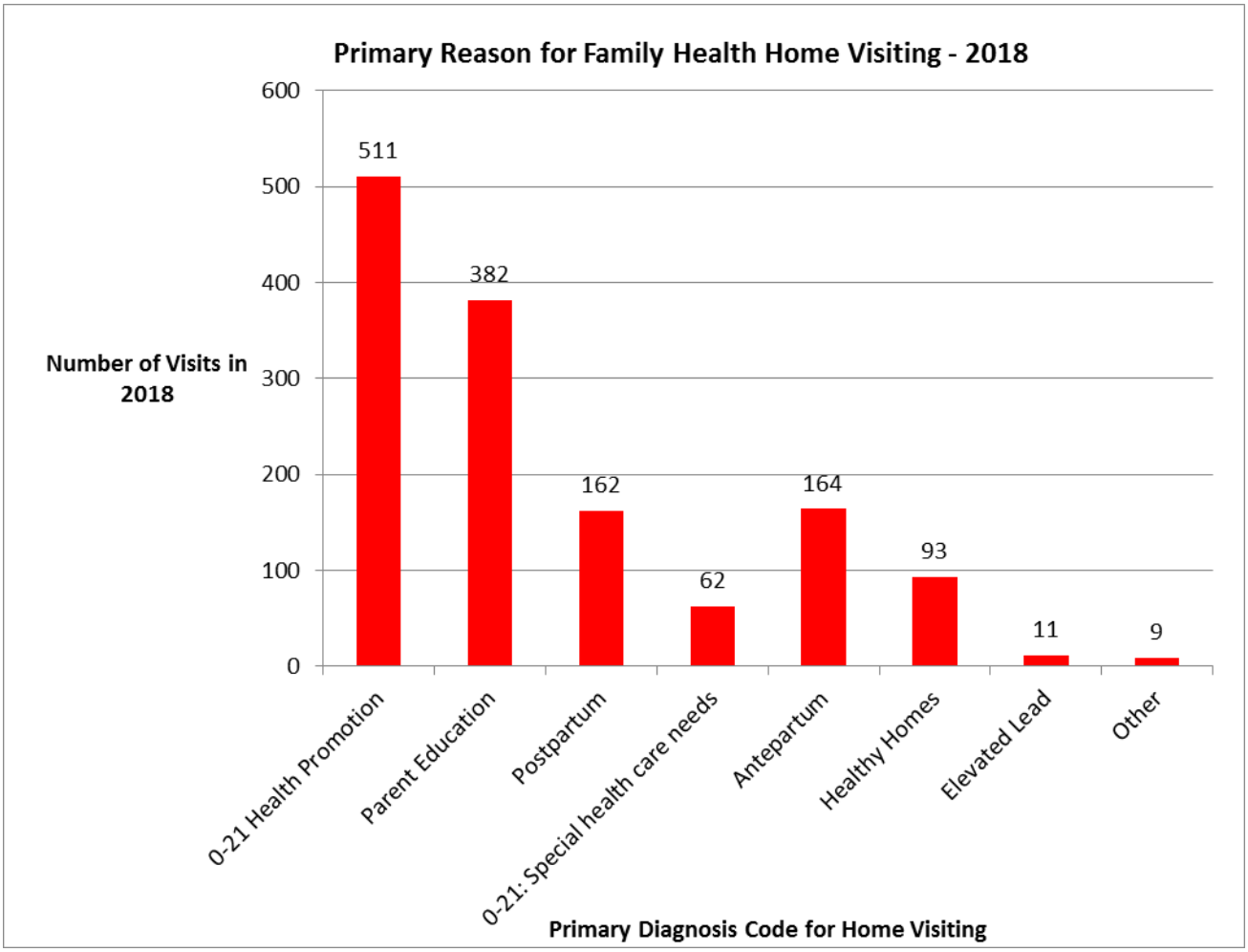
Family Child Health services are intended to strengthen and preserve the health of individuals and families in Rice County. The focus is on support, prevention, and education to promote optimal wellness. Services are provided through family centered home visiting, group activities, and public education and outreach. Programs are designed to:

- support and educate parents and families;
- provide linkages to resources and services;
- identify individuals and families at risk for health related problems and intervene or refer for service;
- emphasize personal responsibility for attaining and maintaining sound health practices;
- provide support for families such that child abuse and other forms of family violence do not occur.

Family Child Health Visiting Services

This area includes health promotion and counseling services to promote effective parenting and child growth and development, via home or office visits. Family planning services information is reported separately.

Data: In 2018, 1394 visits were made by nurses and paraprofessionals to 395 clients in 233 families. This compares to 1,933 visits to 463 clients in 256 families in 2017; 2,081 visits to 463 clients, in 266 families in 2016; 1,010 visits to 402 clients, in 234 families in 2015, and 1,996 visits to 461 clients in 256 families in 2014.



Depending upon the situation, families receive nurse visits, or nurse visits in combination with family health specialists. The emphasis is on developing strong, nurturing relationships between family members and on achieving optimum health for pregnant women, newborns, and children. Research has shown that programs such as this can enhance parent/child relationships, reduce childhood injury, positively affect child development, improve home safety, and promote school readiness.

In 2018, staff continued to utilize evidenced supported home visiting practices. Efforts were focused on increased intensity and duration of services with an educational focus on parent-child empathy formation and communication patterns, and initiation of family home visiting in the prenatal period. Sixty-eight families were served through extended family home visits in 2018, compared to 58 families in 2017, and 50 families in 2016.

Family Health Specialist visits

The Family Health Specialist, (formerly referred to as Family Home Health Aide), continued to offer education and support to families with complex physical, emotional, and social needs. Goals and outcomes were directed as follows: children up-to-date with well childcare and immunizations; prevention of child abuse and neglect; prevention of childhood injury; increased connection to community resources; improved nutrition; improved connection to early childhood education experiences; and health care coverage.

Data: In 2018, 35 of these visits were made to 9 clients from 4 families. This compares to 285 visits to 45 clients from 32 families in 2017, and 543 visits to 53 clients from 26 families in 2016. (Decrease in visits reflective of a 10 month vacancy in the position).

Healthy Families Southeast Minnesota

July 1, 2018 Rice County Public Health joined six others counties Goodhue, Freeborn, Dodge, Steele, Winona and Wabasha, in an evidence-based family home visiting partnership: "Healthy Families Southeast Minnesota," based on a successful Minnesota Department of Health grant application. Hallmarks of this model program include early engagement of families prenatally or with infants up to 3 months, and provision of intensive home visiting over a period of 3 years to support families in early childhood attachment, optimum childhood growth and development, promoting child and parent well-being and preventing the abuse and neglect of children. Funding was secured from the Minnesota Department of Health, for this regional collaboration using the Healthy Families America (HFA) Model. This was a competitive grant award for a 4.5-year period through 2022, with Rice County Public Health serving as grant applicant and fiscal host for this regional project.

Since July 2018, Rice County has trained five individuals in the HFA model and 135 visits have been provided to 21 clients in 13 families enrolled in the program. The goal is to serve 35 families in Rice County via the HFA model by 2020.

Healthy Homes

The "Healthy Homes" program was funded for a second time in 2018 with a three-year Minnesota Department of Health grant, address health threats such as lead poisoning, injuries, asthma, radon and carbon monoxide exposure, and other problems related to moisture or poor ventilation. Home assessments were performed by healthy homes certified staff to identify health hazards and provide mitigation through provision of items such as carbon monoxide and smoke detectors, fire extinguishers, safety supplies, and radon test kits, in addition to home safety education and referral to community resources. Families with children affected by asthma also received home assessment, health education, and mitigation inclusive of items such as filtered vacuums, air purifiers, bed/pillow covers. Grant funding will extend through 2020.

Data: In 2018, Healthy Home assessment and mitigation visits were made to 54 families. The goal for the 3-year grant period 2018 - 2020, is to complete 125 healthy home assessment/mitigation visits.

Car Seat Education

Rice County Public Health places a high priority on efforts to decrease the incidence of injuries caused by improper or non-use of passenger restraints in motor vehicles. In 2018, staff continued to provide education regarding proper use and installation of child safety seats. Certified car seat educators Kiera LaRoche and Sara Abukaff provided car seat instruction to families with young children on a one-to-one basis and were available at community events for car seat education efforts. Rice County Public Health partnered with BluePlus and UCare, as well as the Minnesota Department of Public Safety, to provide car seats along with instruction to eligible individuals.

Data: In 2018, 161 visits were conducted for car seat instruction and distribution, compared to 131 visits in 2017, and 114 visits in 2016.

Community Education and Collaboration for Healthy Families

Family Child Health staff actively participated in partnerships promoting healthy families and children. This included active membership in groups such as the Faribault and Northfield Early Intervention Committees, Growing Up Healthy, Head Start Policy Council, Early Childhood Dental Network, Rice County Chemical & Mental Health Collective, Northfield Promise, and the Rice County Child Protection Team.

Parenting support groups were provided in partnership with Faribault Early Childhood Family Education (ECFE) staff to pregnant and parenting teens and young adults via the "Young Parents Class" and the Spanish speaking population via "Tiempo Para Bebe/Time for Baby". Somali speaking expectant parents and families with newborns up to 12 months of age were served via "Wakhtiga Carruurta/Time for Baby" in partnership with Allina Health - District One Hospital and Faribault ECFE.

Newborn support groups were conducted in Faribault, Northfield, and Lonsdale at respective ECFE centers for parents of children up to eight weeks of age. These free support groups were conducted collaboratively with Allina Health - District One Hospital, Northfield Hospital, Faribault Early Childhood Family Education, Northfield Family Education Center, and Tri-City United Early Childhood Family Education.

Infant Follow Along Program

Rice County Public Health Nursing Service continued to manage a computerized child development tracking program for children birth to three years old. Parents received written information regarding age specific developmental play activities and follow-up and referral for children with developmental concerns. Materials were available in both English and Spanish.

Data: This program served 312 Rice County children in 2018 with 16 children subsequently referred to early childhood special education (ECSE) for further developmental screening. This compares to 343 children enrolled in 2017 with 36 ECSE referrals, and 447 children in 2016 with 27 ECSE referrals.

Young Family Parenting Newsletter

Rice County Public Health continued to produce and distribute the Young Family Parenting Newsletter. Newsletters were sent to families two months following the birth of a child and again at four, six, nine, twelve, fifteen, eighteen, twenty-four,

thirty, and thirty-six months. Newsletters provided information regarding child growth and development, parenting, safety, nutrition, childcare, and community resources, and were available in both English and Spanish.

Data: 5,272 newsletters were sent to families with children ages birth to 3 in 2018, compared to 5,610 newsletters in 2017, and 5,686 newsletters in 2016.

Child and Teen Check-Ups Outreach

In 2018, the Child and Teen Check-Ups (C&TC) Program provided outreach to encourage well childcare at regular intervals, in order to measure and assess physical, mental, and emotional development and to intervene early if problems were discovered. This program is designed for those ages 0 to 21 on Medical Assistance, and is funded through the Minnesota Department of Human Services. Assigned staff also worked with local clinics to encourage participation in the C&TC Program.

Education and community engagement through the Child and Teen Check-Ups outreach program was provided in local neighborhoods in collaboration with community partners, utilizing programming to promote healthy active lifestyles and healthy eating. Families in both Northfield and Faribault actively participated in these events.

Data: All four medical clinics located in Rice County provided C&TC exams in 2018. The most recent data available on C&TC participation rates in Rice County indicate 66% participation rate in 2017, 68 % participation rate in 2016; 67% participation rate in 2015; 68% participation rate in 2014; 65% participation rate in 2013.

Family Planning Program

The Rice County Family Planning Special Project (FPSP) is funded through a grant from the Minnesota Department of Health, and addresses unintended pregnancy and the need for subsidized family planning method services for those who are low income and without insurance coverage for family planning services. Staff provide family planning counseling, referral for medical care and methods, and follow-up. Medical care and family planning methods were provided through contracted Rice County area providers and with HealthFinders Collaborative for outreach and enrollment efforts.

Public Health continued to partner with HealthFinders to provide walk-in sexually transmitted infection (STI) testing and treatment for chlamydia and gonorrhea at Rice County Public Health and Faribault and Northfield HealthFinders sites.

Data: In 2018, 92 clients were enrolled in the Rice County Family Planning Special Project, compared to 122 clients in 2017, 112 clients in 2016, and 140 clients in 2015.

In 2018, 53 STI tests were completed, with 5 positive for chlamydia. This compares to 86 STI tests in 2017. Subsequent treatment was provided to clients and partners for those testing positive.

CLINIC AND COMMUNITY DIVISION

The Clinic and Community Division provides community health promotion and chronic disease prevention with an emphasis on policy, systems and environmental change, health education, public health clinic services, and public health emergency preparedness activities.

Health Education via Social Media

In March 2017, a Rice County Public Health Facebook site was launched for health education messaging.

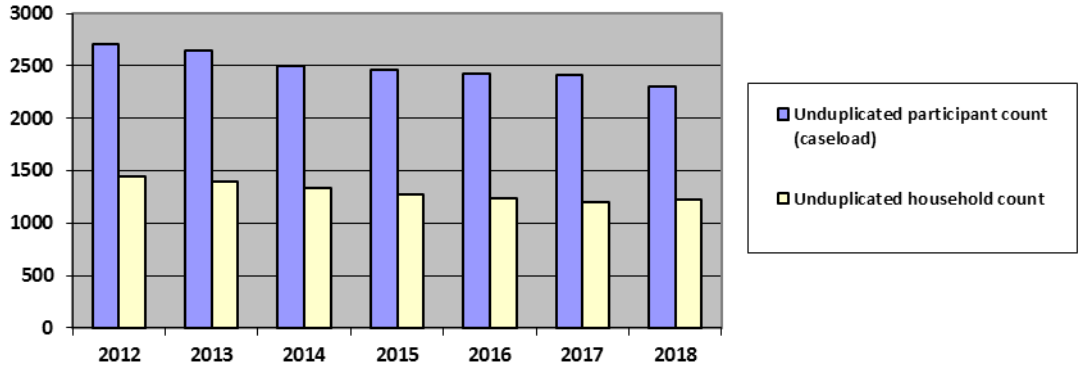
Data: At the end of 2018, 291 Facebook followers, of which 61% were women aged 25-54.

- Reached over 400 people with a post, eight separate times.
- Reached over 200 people with a post, 16 separate times.
- Average number of people who saw any content about the agency Facebook page: 158 people/day

Special Supplemental Nutrition Program for Women, Infants and Children

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) provided income eligible families at nutritional risk with nutrition education including breastfeeding education and support, health care referrals and supplemental foods. WIC clinics were held in Faribault and Northfield, and served pregnant and breastfeeding women, postpartum women, and children up to age five.

Participation in WIC has continued to decline across the state, but the decline has slowed in Rice County. The chart below shows the annual unduplicated counts of households and participants.



All eligible WIC participants have some level of nutritional risk. In 2018, 25% of participants were at high nutritional or medical risk and received more intense monitoring and follow-up. Examples of high-risk conditions are maternal weight loss in pregnancy, obesity, low hemoglobin and gestational diabetes.

WIC initiatives are driven by a Nutrition Education Plan (NEP) set by the state. For 2018-2019, the NEP addresses the increasing rates of low hemoglobin among all WIC participant categories and increasing breastfeeding exclusivity.

24% of WIC participants identified as needing interpretation of English in order to participate in services. Telephone-based

interpretation was available in all spoken languages, Spanish language interpreters were available two clinic days per month and American Sign Language interpretation was available as needed by appointment. This complemented utilization of bilingual English/Somali speaking office support staff.

WIC again participated in the Minnesota Department of Agriculture's Farmers Market Nutrition Program (FMNP). FMNP aims to provide fresh, unprepared, locally grown fruits and vegetables to WIC participants, and to expand the awareness, use of, and sales at farmers' markets. In 2018, three farmers markets in the county were authorized to receive these checks. Staff educated and distributed check sets to 500 households, with each set having a value of $25. In 2018, the redemption rate of these checks was 41.6%.

Data: In 2018, $1,153,132 worth of WIC vouchers for supplemental foods were redeemed at WIC approved grocery stores in Rice County.

Statewide Health Improvement Partnership

The goal of the Statewide Health Improvement Partnership (SHIP) is to help Minnesotans live longer, healthier lives by preventing the leading risk factors for chronic disease: poor nutrition, physical inactivity, tobacco use and exposure to tobacco smoke. SHIP makes it easier for Minnesotans to choose healthier behaviors by making policy, system, and environmental changes in the places where people live, learn, work, and play. What follows is an accounting of SHIP activities in calendar year 2018. In addition to technical assistance provided by staff, mini-grants were awarded to partners totaling $43,000.

- Awarded $21,000+ to **school** partners. Activities were focused on improving access to healthy eating and physical activity for students.
    - Greenvale Park Elementary: Alternative seating options and student cooking supplies
    - Northfield Middle School: Mini refrigerator for leftover fruits and veggies/milk
    - Divine Mercy Catholic School: Salad bar
    - Faribault Community School at Jefferson: Yoga mats and student cooking supplies
    - Faribault Community School at FMS: Bike tools, yoga mats, and student cooking supplies
    - St Dominic School: S.M.A.R.T. training, hydration station, and smart snack sampling
    - Roosevelt Elementary: Alternative seating
    - Faribault High School: Tower gardens and alternative seating
    - Minnesota School for the Deaf: Sensory room
    - Be Your Best Yoga: Trained 18 local educators on Yoga Kids Tools for School

- Awarded $10,000+ to **community** partners. Activities were focused on improving access and reducing barriers to healthy eating and physical activity for county residents.
    - Health Equity Data Analysis: Growing Up Healthy focus group interviews and interpreting services
    - City of Faribault: Bike/Walk wayfinding signs
    - Region 9: Active Le Sueur and Rice Counties Strategic Framework and Plan
    - Virtues Trail: Kiosk to display a trail map
    - Rock Ramble: Included air pump with 3 bike Fixations
    - Semcac: 2 food processors

- Awarded $10,000+ to **worksites**. Activities were focused on improving access and reducing barriers to healthy eating, physical activity, breastfeeding, and tobacco education for employees.
    - City of Lonsdale: Hydration station
    - Three Links Care Center: Exercise room supplies
    - Northfield Healthy Community Initiative: Sit-stand desks
    - City of Northfield: Hydration station
    - Fernbrook Family Center: Hydration station
    - Northfield CRC: Refrigerator with water dispenser
    - Allina District One Hospital: Breastfeeding room supplies

- Awarded about $1,000 to **health care** partners. Activities were focused on improving access to evidence based programs for older adults, such as: Living Well with Chronic Conditions, A Matter of Balance: Falls Prevention, Tai Ji Quan: Moving for Better Balance, and the Diabetes Prevention Program.
    - HealthFinders Collaborative: Blood pressure cuff share
    - Living Well with Diabetes Instructors: Mileage
    - 93 participants completed evidence based workshops in which organizations partnered with SHIP. Workshops included: Living Well with Chronic Conditions, A Matter of Balance: Falls Prevention, Tai Ji Quan: Moving for Better Balance, and the Diabetes Prevention Program.

Work continued in 2018 to educate the community and to reduce the harm caused by tobacco and electronic cigarettes.

- Presented two times at the City of Faribault's "Crime Free Housing Workshop" to over 40 landlords on tobacco policy strengthening options for multi-unit housing.
- Tobacco/e-cigarette education at local health fairs.
- Responded to landlord/property owner questions about tobacco policies for multi-unit housing.
- Represented Public Health's tobacco/e-cigarette concerns to the Rice County Juvenile Justice Team.
- Education on e-cigarettes and tobacco ordinance options to Northfield's Alliance for Substance Abuse Prevention.
- Tobacco/e-cigarette education to over 50 teachers/staff at WEM high school.
- Conducted 56 audits of tobacco products and pricing at all tobacco retailers throughout Rice County.
- Public education on updating and strengthening local tobacco policy/ordinances, building the Rice County Tobacco Coalition, and helping local landlords implement smoke-free policies.
- Participated in Rice County Youth in Government Day.

SHIP COLLABORATES TO REACH THOSE IN NEED

Nearly two dozen people in Rice County are able to monitor their own blood pressure through a new program that launched early in 2018. Through self-monitoring, people have the ability to quickly access programs and services needed to live a more healthy life.

Patients come in to HealthFinders (HF), a partner of Rice County SHIP, and receive training on use of BP cuffs (shown above). Training includes information on how often to check blood pressure and how to record readings. Patients are then provided a follow up date to return to HF, at which time a provider can determine next steps.

Josh Ramaker, Rice County SHIP Coordinator, said the cuffs have been well received. "Patients are referred to evidence based programs that can supplement their clinical care and their ability to manage their health. Transportation and work schedules are always a difficult barrier, but these cuffs can help patients access the assistance they need without having to go to the clinic, find a ride, or pay for transportation to get to the clinic."

Each patient was also referred to a local evidence-based program for additional support.

Radon Education

Rice County Public Health continued to offer public education and free home radon detection test kits in 2018. Radon is the second leading cause of lung cancer, behind tobacco use. With support from the Minnesota Department of Health, free short-term test kits were made available to Rice County residents at offices in Faribault and Northfield.

Data: In 2018, 763 radon kits were distributed, compared to 193 kits in 2017 and 335 kits in 2016. Between 2010 and 2016, 59.1% of Rice County homes tested for radon were above the Environmental Protection Agency's action level of 4 pCi/L. At or above this level of radon, the EPA recommends corrective measures to reduce exposure to radon gas.

Dental Services

Rice County Public Health continued to contract with HealthFinders Collaborative for preventive dental hygiene services. Services provided during Faribault and Northfield WIC clinics included coronal/toothbrush polish, fluoride varnish, sealants, oral hygiene instructions, and a basic screening survey for decay. A key component of this program included assistance in accessing care for low-income families without dental coverage. In addition, Rice County Public Health staff continued to assist and refer clients to dental providers for necessary dental care.

Data: In 2018, dental hygiene services were provided at Rice County Public Health to 406 children: 140 uninsured children and 266 insured children. This compares to 482 children in 2017 and 580 children in 2016.

Immunizations

To supplement immunizations given in the private sector, Rice County Public Health offers child and adult vaccines, supplied by MDH through the Vaccines for Children Program and the Vaccines for Uninsured and Underinsured Adults Program. Weekly walk-in clinics were held in Faribault, in addition to special immunization clinic outreach activities at community sites such as Northfield and Faribault community school sites and mobile home sites targeting individuals who were uninsured or underinsured, or did not have a regular health care provider. In addition, as annual fall flu vaccination clinics were held at multiple community locations.

Data: In 2018, 379 individuals received 1,135 vaccines supplied through the Minnesota Department of Health Vaccines for Children Program and the Uninsured and Underinsured Adult Vaccine Program. This compares to 490 individuals receiving 1,559 vaccines in 2017, 511 individuals receiving 1,616 vaccines in 2016, and 471 individuals receiving 1,384 vaccines in 2015.

During 2018, 1,047 individuals received flu vaccination, compared to 1,046 individuals in 2017, 1,194 individuals in 2016, 1,337 individuals in 2015, and 1,514 individuals in 2014. This number reflects privately purchased vaccine, as well as vaccine provided through MDH.

Disease Investigation and Follow-Up

Disease prevention and control continued to be an important responsibility for Rice County Public Health, including investigation and follow-up of certain communicable diseases. At times this means playing a supportive role when the Minnesota Department of Health is the lead agency on an investigation, and sometimes, as in the case of tuberculosis (TB), Rice County Public Health is the lead agency.

Data: In 2018, staff provided directly observed TB medication therapy to two individuals with active TB. This compares to directly observed therapy for 1 individual in 2017, 5 individuals in 2016, 10 individuals in 2015, 4 individuals in 2014, and 2 individuals in 2013.

In 2018, 74 individuals were seen for monthly medication monitoring for latent TB infection. This compares to 69 individuals in 2017, 63 individuals in 2016, 55 individuals in 2015, 42 individuals in 2014 and 65 individuals in 2013.

No contact investigations were completed in 2018, 2017 or 2016, compared to 9 TB contact investigations in 2015.

Staff also continued to provide follow-up to pregnant women who test positive for hepatitis B infection, to help assure that infants born to these mothers received appropriate vaccination and follow-up serology.

Rice County Infectious Disease Provider Group

Rice County Public Health continued to convene the Rice County infectious disease provider group on a quarterly basis, for the purpose of infectious disease education, updates, and networking. This meeting was attended by local health care professionals representing public health, clinics, hospitals, schools, colleges and EMS. Public Health staff also sent out periodic messaging electronically to group members on infectious disease updates.

Refugee Health

Public Health agencies are responsible to assist newly arrived refugees in obtaining physical examinations and medical follow-up. Rice County Public Health receives notification of primary refugees arriving to Rice County from the Minnesota Department of Health, and staff follow up with these individuals to assist in arranging necessary health services.

Data: 2017 data most recent available from MDH at time of this publication:
In 2017, there were 18 primary refugee arrivals in Rice County, compared to 57 in 2016, 31 in 2015, 9 in 2014, and 19 in 2013.

In addition, data indicate there were 35 secondary refugees to Rice County in 2017, compared to 40 in 2016, 27 in 2015, 21 in 2014, and 12 in 2013. Secondary refugees are refugees who originally resettled to another state in the US before moving to Minnesota. These families also frequently request assistance from the local health department accessing community resources, health care or immunizations.

Emergency Preparedness Activities

Throughout 2018, the Public Health Emergency Preparedness (PHEP) Coordinator Tracy Ackman-Shaw completed grant duties related to public health emergency response, with grant oversight by Public Health Supervisor Kim Viskocil. Others involved in public health emergency preparedness work were agency supervisory staff, Rice County Emergency Manager Jennifer Hauer-Schmitz, and the Minnesota Department of Health Southeast Regional Consultant, Geri Maki.

Emergency preparedness activities during 2018 included attendance at Southeast Regional Health Coalition and PHEP meetings, Health Alert Network updates, and emergency plan updates, trainings, capabilities planning and work plan activities. Rice County Public Health continued to use the Everbridge System to distribute important communications to

identified individuals throughout the county. In 2018, 11 health advisory messages were received from MDH and distributed to local providers.

Staff participated in or led several exercises at the agency, local, and state levels. This included a local exercise in June 2018: "Operation Toto". During this functional exercise, agency home care staff set up an incident command system, and exercised procedures for emergency risk ratings for clients and revised job action sheets. Other participants included Rice County Emergency Manager, Jennifer Hauer-Schmitz and City of Faribault Emergency Manager, Dusty Dienst.

Public Health staff helped support county needs resulting from widespread tornado and storm damage that occurred on September 20, 2018. Staff were activated as part of an internal call-down process and provided assistance at the Morristown Assistance Center, the Rice County Emergency Operations Center, and Faribault's Volunteer Reception Center.

Work continued in 2018 to meet CMS requirements related to the management of client care and services in response to disaster, with testing of procedures to identify and rank care needs for home care clients.

In November, participation in the national Medical Reserve Corps was de-activated, however Rice county Public Health will maintain a list of volunteers in MN Responds for activation of public health needs.

The Public Health Department continued involvement in the Rice County Emergency Preparedness Advisory Council (REPAC), as it has since this group formed in 1988. This council functions in an advisory capacity (health coalition) to the Public Health Department's emergency preparedness planning efforts. REPAC guides local emergency preparedness activities and coordination among numerous providers, assesses needs in the County, and reports findings and/or recommendations to the Rice County Board of Commissioners as needed. PHEP Coordinator, Tracy Ackman-Shaw, served as REPAC secretary for 2018.

In addition, staff gave community presentations on individual emergency preparedness, worked with Carleton College on their plans to become a Closed Point of Dispensing (POD) site, and collaborated with the Faribault CERT team.

Health Equity Learning Community

Work on a Health Equity Learning Community grant continued through 2018 and outcomes included completion of a health equity organizational assessment and determination of needs to strengthen staff understanding and organizational capacity to address health equity. In addition, a Health Equity Plan was implemented which includes seven practices to build department and community momentum to advance health equity.

Other Community Health Promotion Activities

Clinic & Community staff actively participated in partnerships promoting health and chronic disease prevention. This included active membership in community groups such as the Greenvale Community School, Faribault Community School, Faribault and Northfield Chambers of Commerce, various school district wellness committees, Faribault School District Community Education Advisory Board, Rice County Chemical and Mental Health Collective, the Breastfeeding Coalition of Dodge, Rice and Steele Counties, and the Southeast MN Data Group. The Clinic and Community supervisor also precepted the internship of one undergraduate student and one graduate student.

HOME CARE DIVISION

Home Care is designed for persons of any age experiencing disease or disability and includes skilled nursing, therapy, home health aide, and homemaking services. Major goals of this program are to ensure:

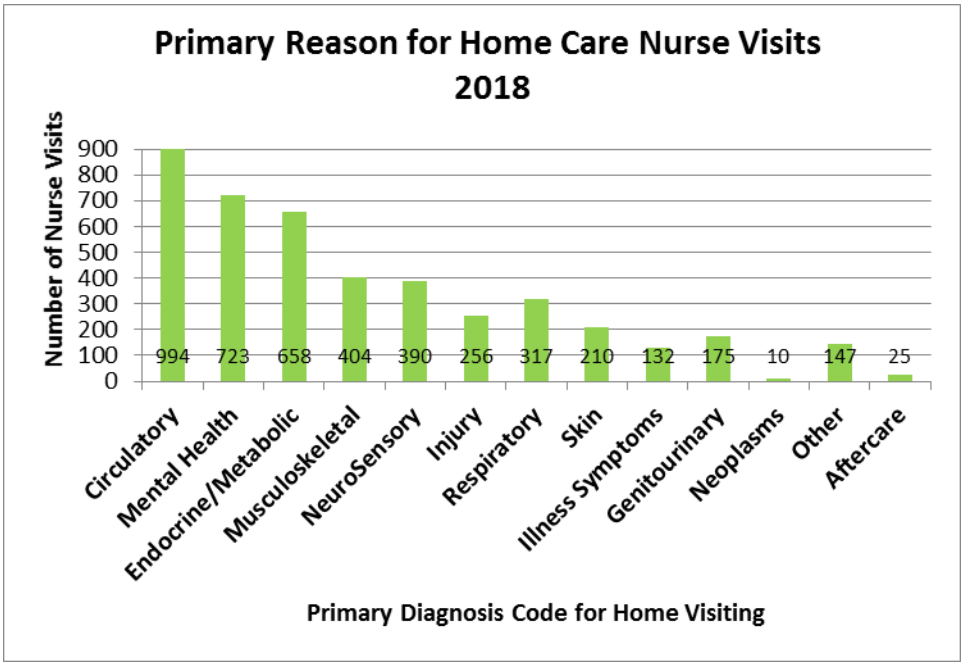
(1) comprehensive, high-quality, cost effective home care services are available to Rice County residents;
(2) clients receive needed services in appropriate settings; and
(3) persons with illness or disability attain or maintain their maximum level of independence and functioning.

Home Care continued to be an important service of Rice County Public Health in 2018. Registered nurses, therapists and home health aides provided care to clients and families throughout Rice County.

Home Care Nurse Visits

This includes home visits to clients 18 years and older for assessment, evaluation, teaching, wound care, medication management, home safety evaluations, and assistance to obtain home safety equipment and supplies.

Data: 4,441 nursing visits were made to 207 home care clients in 2018, compared to 4,946 nursing visits to 219 home care clients in 2017. Similar to 2017, circulatory diagnosis remained the primary reason for home care nurse visits in 2018, with mental health diagnosis second, and endocrine/metabolic third.



Case Management Visits

Home care nurses also provide case management and care coordination services for clients also receiving home care.

Data: 300 case management visits were made to 78 clients in 2018, compared to 350 case management visits to 101 clients in 2017, and 344 visits to 99 clients in 2016. In 2018, home care nurses provided 320 hours of direct and indirect

case management to these clients, compared to 785 hours of case management in 2017.

Home Health Aide Visits

This includes visits made to clients to assist them with bathing, dressing, skin care, simple dressing changes, exercises, meal preparation, and light housekeeping/homemaking duties.

Data: 14,998 home health aide/homemaking visits were made to 142 clients in 2018 compared to 14,979 visits to 137 clients in 2017. The primary reasons for services to these clients were musculoskeletal, mental health, endocrine/metabolic, circulatory and respiratory.

Therapy Services

Rice County Public Health continued to contract with Northfield Center for Sports Medicine and Rehabilitation for therapy.

Data: 48 physical therapy visits made to 20 clients in 2018, compared to 68 visits to 24 clients in 2017.
25 occupational therapy visits made to 14 clients in 2018, compared to 7 visits to 7 clients in 2017.
0 speech therapy visits were made in 2018 and 2017.

Home Care Activities

The Center for Medicare and Medicaid Services issued new Conditions of Participation that went into effect January 13, 2018 for home care agencies. One of the requirements was to establish a quality improvement (QI) plan. The proposed purpose of the QI plan is to show measurable improvement in indicators that lead to improved health outcomes such as reduced hospitalization and readmissions, safety, and quality of care for clients. The home care unit choose two areas of concentration: increasing timely initiation of care services to 95% (national scores) as evidenced by the Quality of Patient Care Star Rating Scoreboard and increasing drug education on all medications to clients to 98.6 % (national scores) on the Quality of Patient Care Star Rating Scorecard. In January, home care ratings indicated 87.5% for timely initiation of services and 89.2% for drug education on all medications; data through July 2018 indicated improvement to 92.2% for timely initiation of care and 90.9% on drug education to clients on all medications. Outcomes include seeing clients within 48 hours of discharge from the hospital/facility or upon receiving a new referral and conducting medication drug regimen reviews with all home care clients. The medication review included nurses obtaining a complete drug history at initial assessment visits, composing an accurate list of medications, comparing the list with physician orders and prescription medication bottle labels. Clients were monitored on an ongoing basis for medication effectiveness and actual or potential medication related problems, and physicians were promptly notified of any medication problems or discrepancies. Medication boxes were utilized for clients if needed, and teaching was done on proper medication disposal. Nurses worked with pharmacists to update prescription labels to reflect the exact dosage that clients were taking and worked closely with the client's primary clinic to ensure medication lists were accurate. Nurses completed Drug to Drug Interaction reports on all medications clients were taking, and for clients with a Level 3, 4, or 5 drug interaction, the physician was notified and a copy of the report sent to them. Quarterly record review audits were done to evaluate both areas of QI concentration.

Work continued on falls prevention, since data continues to reflect that the primary reason for aide visits is musculoskeletal problems. Fall risk assessments were conducted at the time of client admission and every 60 days for skilled clients. Nurses did extensive teaching on ways to prevent falls such as: clearing pathways, removing scatter rugs, wearing

appropriate foot wear, proper lighting and installing grab bars and hand held showers. Clients were encouraged to wear Lifeline devices so help could be summoned immediately in the event of a fall. Referrals were made to physical and occupational therapy for home safety evaluations, educational materials were given to clients related to fall prevention and home safety, and aides received training on proper transfers and fall prevention techniques from a physical therapist.

Depression and pain assessments were completed at initial home visits and every 60 days for skilled home care clients. Individualized emergency care plans were completed on all clients on admission and a copy is left in the home. On admission, home care nurses complete an emergency preparedness risk assessment for all clients using a five level rating system. This system categorizes clients based on services provided by the agency, the need for continuity of services provided by the agency and the availability of someone to assume responsibility for a client's emergency response plan if needed by the client.

Adult abuse prevention assessments were conducted for all home care clients, and individualized abuse prevention care plans were established to ensure nutritional, financial, mental and physical concerns of the client were addressed. Nurses concentrated on informing clients of local resources to assist in completion of advanced directives. In 2018, home care nurses continued to work closely with adult protection staff from Rice County Social Services to ensure that clients were safe in their home environment. Diane Winkels, Home Care Supervisor, attended the Rice County Adult Protection Community Team meetings quarterly to help coordinate and facilitate community involvement in adult protection efforts.

Internal chart audits were completed quarterly for quality assurance purposes. This quality improvement process helps staff objectively evaluate care and determine changes needed in documentation or future services. Satisfaction surveys were also sent out quarterly on a random basis to home care clients and monthly surveys were conducted by Deyta on Medicare and Medicaid clients.

Results of 2018 Home Health Care Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) surveys:

- 92% of clients indicated that the nurse asked to see their medication and talked to them about taking their medications. (National average 90.2%).
- 100% of clients indicated the nurse told them about the care and services they would receive. (National average 96.6%).
- 100% of agency clients were assessed for risk of falling. (National and state average 98%).
- 100% of agency clients received depression assessments. (National and state average 97.6%).
- 87% of clients rated care from the agency at a 9 or 10 (0-10 scale with 10 highest). (National average 85%).
- 96.4 % of clients indicated they would use agency services again. (National and state average 93.6%).

Community Education

Rice County Public Health continued to sponsor classes in collaboration with the Faribault Senior Center for long term care providers and caregivers in Rice County. Classes sponsored in 2018 were: Understanding Domestic Violence and Back Care Basics. Fifty-six people attended these classes.

Home Care Supervisor Diane Winkels also provided presentations to various community groups on resources available in Rice County related to home care and long-term care resources.

LONG TERM CARE DIVISION

The goal of the Long Term Care Division is to provide education, assessment, consultation, resources and coordination of services to meet the health and safety needs of individuals in the least restrictive environment.

As lead agency for Alternative Care (AC) Program, Essential Community Supports (ECS) and Elderly Waiver (EW), Rice County Public Health is responsible for implementation of Long Term Care Consultation (LTCC) activities, administration of waivered service programs designed to assist individuals age 65 or older who live at home or in community-based settings, waiver case management and/or health plan care coordination, in addition to consultation on Community Alternative Care (CAC) waiver cases, completing personal care assistance (PCA) assessments.

Data: In 2018, there were a total of 319 referrals processed through the Long Term Care unit, a slight decrease from 324 referrals in 2017.

Assessment/Screening Activities

Number of Assessments per Year	2018	2017	2016	2015	2014
Initial Long Term Care Consultations (MnChoice Assessment)	115	136	116	135	127
Annual Assessments for AC/EW (MnChoice Assessment)	69	74	78	-	-
Personal Care Assistant (PCA) Assessments	54	82	73	176	215
Total	238	292	267	-	-

Data: In 2018 assessment visits by MnChoice and PCA assessors included 3,210 hours of direct and indirect time.

Long Term Care assessments help ensure persons are informed of available home and community based options. This face-to-face consultation provides resources, determines program eligibility and level of care, and provides transition assistance to relocate individuals from skilled nursing facilities to the community. All long-term care staff obtained or maintained their Certified Assessor Certificate during 2018 and were able to use both the MnChoice assessment and support planning applications.

Personal Care Assistance (PCA) assessments are performed to determine eligibility for that service and the amount of time needed. PCA services help individuals enrolled in a Minnesota Health Care Program with activities of daily living, health-related procedures and tasks, observation and redirection of behaviors, and instrumental activities of daily living.

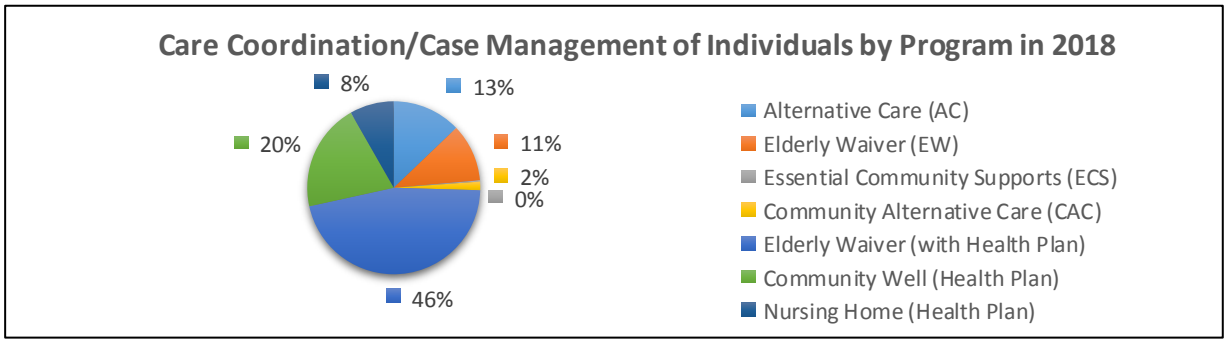
Care Coordination / Case Management Activities

Case management and care coordination for Rice County residents continued to be an important part of the work of Rice County Public Health staff. Care coordination/case management is required for clients on the Home and Community Based waivers, the Alternative Care program, and those enrolled in MSHO or MSC+ health plans. These duties are performed by both social workers and nurses in the long-term care unit. Case management is defined as a service to assist individuals in gaining access to needed EW, AC and state plan services as well as needed medical, social, educational and other services. MSHO and MSC+ care coordination follows a client's long term care needs across different care settings and includes

assessment, care planning and health plan communications. Paraprofessional staff also provided assistance with administrative activities of case management/care coordination.

The monthly December 2018 data related to client count by program in the following chart is a "snapshot in time," however in comparison to December 2017, it reflects a slight decrease in client numbers.

Client Count by Program	**Monthly Data December 2018**	**Monthly Data December 2017**	**Monthly Data December 2016**	**Monthly Data December 2015**	**Monthly Data December 2014**
Alternative Care (AC)	56	53	52	60	59
Elderly Waiver (EW)	47	51	39	53	78
Essential Community Supports (ECS)	1	1	0	N/A	N/A
Community Alternative Care (CAC)	7	8	7	8	9
Elderly Waiver (with Health Plan)	201	203	201	207	225
Community Well (Health Plan)	88	90	89	90	71
Nursing Home (Health Plan)	36	33	41	44	79
Total	**436**	**439**	**429**	**462**	**521**



Data: During 2018, Long Term Care staff conducted 849 case management in-person visits to clients with a total of approximately 6,412 case management hours. This was an increase in overall visit count and case management time form 2017.

Alternative Care (AC) - State funded program designed to provide home and community based services to those 65 years and older, at risk of nursing home placement and not yet financially eligible for Medical Assistance (MA). This program generally covers the same services as the EW program with the exception of services provided for out-of-home placements.

Elderly Waiver (EW) – Home and Community Based services as an alternative to institutionalization that promote optimal health, independence and safety of persons 65 years or older, who would otherwise require the level of care provided in a nursing facility. A person is eligible for EW if they meet the requirements of age, are eligible for MA, choose to receive community services instead of nursing facility services, and meet the level of care determination for EW.

Essential Community Supports (ECS) Program – Community based services for people 65 and older who do not meet

nursing facility level of care criteria and are not eligible for MA but meet AC financial eligibility.

Community Alternative Care (CAC) Waiver - Home and community-based services necessary as an alternative to institutionalization that promote optimal health, independence, safety and integration of a person who is chronically ill or medically fragile and would otherwise require hospital level care. CAC waiver care coordination and case management duties may be performed by Rice County Public Health or Social Services staff.

Elderly Waiver (with Health Plan) - Individuals on EW who have chosen an MSHO or MSC+ health plan under Blue Cross Blue Shield or UCare. These individuals receive care coordination in addition to EW case management.

Community Well (Health Plan) - Individuals not on EW who have chosen MSHO or MSC+ health plans under Blue Cross Blue Shield or UCare. These individuals receive care coordination and reside in the community.

Nursing Home (Health Plan) – Individuals on MA residing in a Rice County nursing home with MSHO or MSC+ health plans under Blue Cross Blue Shield or UCare receive care coordination from public health staff.

Care Coordination Specific to Managed Care Organizations

Many individuals receive health plan specific care coordination provided by Public Health staff in the long-term care unit. These members have MA and have enrolled in a MSHO (Minnesota Senior Health Option) or MSC+ (Minnesota Senior Care Plus) health plan under Blue Cross Blue Shield or UCare. MSHO and MSC+ enrollees are assigned care coordinators who coordinate the provision of health and long-term care services to an enrollee. This includes needs assessment, prior approval, care communication, coordination and risk assessments. For quality assurance purposes, staff performing these duties received on-going training, program updates and participated in annual chart audits conducted by the health plans.

Data: In December 2018, Rice County Public Health was responsible for the care coordination of approximately 254 Blue Cross Blue Shield members and approximately 58 UCare members. This compares to December 2017 numbers of approximately 266 Blue Cross Blue Shield members and approximately 60 UCare members.

Minnesota Senior Health Options (MSHO) – A health care program for seniors, age 65 years and older, who are eligible for Medical Assistance (MA) and Medicare Parts A and B. Enrollment in MSHO is voluntary with no extra cost. MSHO combines health care and support services to help simplify processes for those needing services.

Minnesota Senior Care Plus (MSC+) - Provides eligible seniors, age 65 and older residing in participating counties, acute care, home care, Elderly Waiver services and the first 180 days of care in a nursing facility for enrollees who enter a nursing facility after enrollment. MSC+ is similar to MSHO in the long-term care services it covers but does not include Medicare services or Medicare Part D drugs. Seniors enrolled in MSC+ must obtain their Medicare Part D drugs through a separate Medicare prescription drug plan. Enrollment in MSC+ is mandatory.

ADMINISTRATION

Debra Purfeerst served as CHS Administrator and Public Health Director during 2018. An active role was taken in community involvement, including participation on the Rice County Family Services Collaborative Board, Rice County Chemical & Mental Health Advisory Board, Northfield Promise Council of Champions, Growing Up Healthy Executive Committee, Rice County Safe Roads Coalition, and Rice County Infectious Disease Group.

In addition, the Director was involved in numerous regional and statewide groups, serving on the executive board for the Southeast Minnesota Immunization Connection, serving as Chair for the Minnesota State Maternal Child Health Advisory Task Force, serving on the State Infectious Disease Continuous Improvement Board, as well as actively participating in regional and state LPHA meetings and the State Community Health Services Advisory Committee.

Throughout 2018, work continued on the 2015-2019 Community Health Improvement Plan (CHIP) priorities with continued implementation, monitoring and revision of the priorities with community partners. CHIP goals are listed below. The work that drives progress is described within this report: http://www.co.rice.mn.us/256/Public-Health

* Rice County residents have access to promising practice and evidence-based resources for optimal management of chronic diseases.
* Rice County residents have access to healthy foods and physical activity enabling them to achieve a healthy body weight and thereby reduce their risk of chronic disease.
* Breastfeeding is the norm in Rice County, providing infants the nutrients they need for healthy growth and development.
* Rice County residents experience positive mental health.

Staff Training and Policy Review

Annual all staff training was conducted in the fall of 2018. Topics included: Communicable Disease and Infection Control; Fraud, Waste and Abuse Training; HIPAA and Data Privacy, and agency policy review and updates. All agency policies were reviewed and updated by the management team in December 2018.

Presentations at 2018 Minnesota Community Health Conference

The Rice County Chlamydia Project: Deb Purfeerst and HealthFinders Collaborative staff
Concrete Ways to Incorporate Equity into Public Health Practice Panel Presentation: Sara Coulter

Quality Improvement (QI)

The public health QI council, co-chaired by Lyndsey Reece and Sara Coulter, met regularly and reviewed QI project proposals using the "Plan-Do-Study-Act" model and monitored capability to achieve measurable improvements. This work is guided by a quality improvement plan that provides a framework to create, implement and sustain improvement projects utilizing the input and strengths of staff and leadership. Three PDSA cycles were initiated in 2018:

- To revise customer satisfaction surveys to reflect each unit/program and to increase the response rate
- To develop a method of clear communication regarding staff availability to efficiently serve the public
- To increase home care ratings regarding timely initiation of care and drug education for clients

Licensing and Inspection activities in Rice County:

The Minnesota Department of Health (MDH) licenses and inspects food and beverage establishments, lodging establishments, and public pools in Rice County.
Data provided by MDH indicate that in Rice County in 2018: 270 establishments were licensed by MDH; 16 plans were reviewed by MDH; 450 inspections were conducted by MDH; and 24 complaints were investigated by MDH staff.

2018 AGENCY STAFFING

Board of Commissioners/Community Health Board

Jake Gillen - 1st District
Galen Malecha - 2nd District
Dave Miller - 3rd District
Steve Bauer, Chair - 4th District
Jeffrey Docken - 5th District

Medical Consultant: Donald Lum, MD

Nursing/Business/WIC Program Staff

Tracy Ackman-Shaw – Health Educator
Laura Burkhartzmeyer – PHN
Loretta Cordes - PHN
Katrina DeYoung-Harper – PHN
Cindy Gray – Office Support
Nikki Hable – Office Support
Mary Handberg – PHN
Kiera LaRoche - PHN
Lorre Martin – Account Specialist
Crystal Moravec – RN
Jean Norgaard – PHN
Debra Purfeerst – Director/CHS Administrator
Lyndsey Reece, CTC Coordinator
Deb Sammon – Office Support
Courtney Schwartz, PHN
Amy Velishek – RN
Elisabeth Welch-Hornes, PHN
Diane Winkels – Home Care Supervisor
Katie Wren - RN
Abdullahi Ali – Office Support
Lea Butterfield – Office Support
Sara Coulter – Clinic/Community Supervisor
Kathy Flagg - RD
Lisa Grund - RN
Sarah Hawley, WIC Professional
Elizabeth Jimenez, Office Support
Heather Luethje, PHN
Brandis Miller – WIC Professional
Kathy Neirby – WIC Coordinator
Susan Prieve –Family Child Health Supervisor
Josh Ramaker – SHIP Coordinator
Nancy Roehrick – Account Specialist
Sheena Savoie, Office Support
Bonnie Story – RN
Kim Viskocil – LTC Supervisor/Assistant Director
Rebecca Wellbrock – PHN
Jennifer Wolff – Office Support

Social Workers

Joy Davison	Amy Ernste-Caron	Karen Hoflock	Jolene Nelson

Home Health Aides

Sara Abukaff	Amy Crowningshield	Tamra Fette	Melissa Fischer
Rhonda Hagre	Shannon Hallamek	Melissa Klemz	Shirley Knott
Michelle Miller	Susan Olson	Valerie Pommeranz	Mary Kay Reynolds
Patti Rosett	Yvette St. Martin	Trisha Sharp	

Family Support Specialist

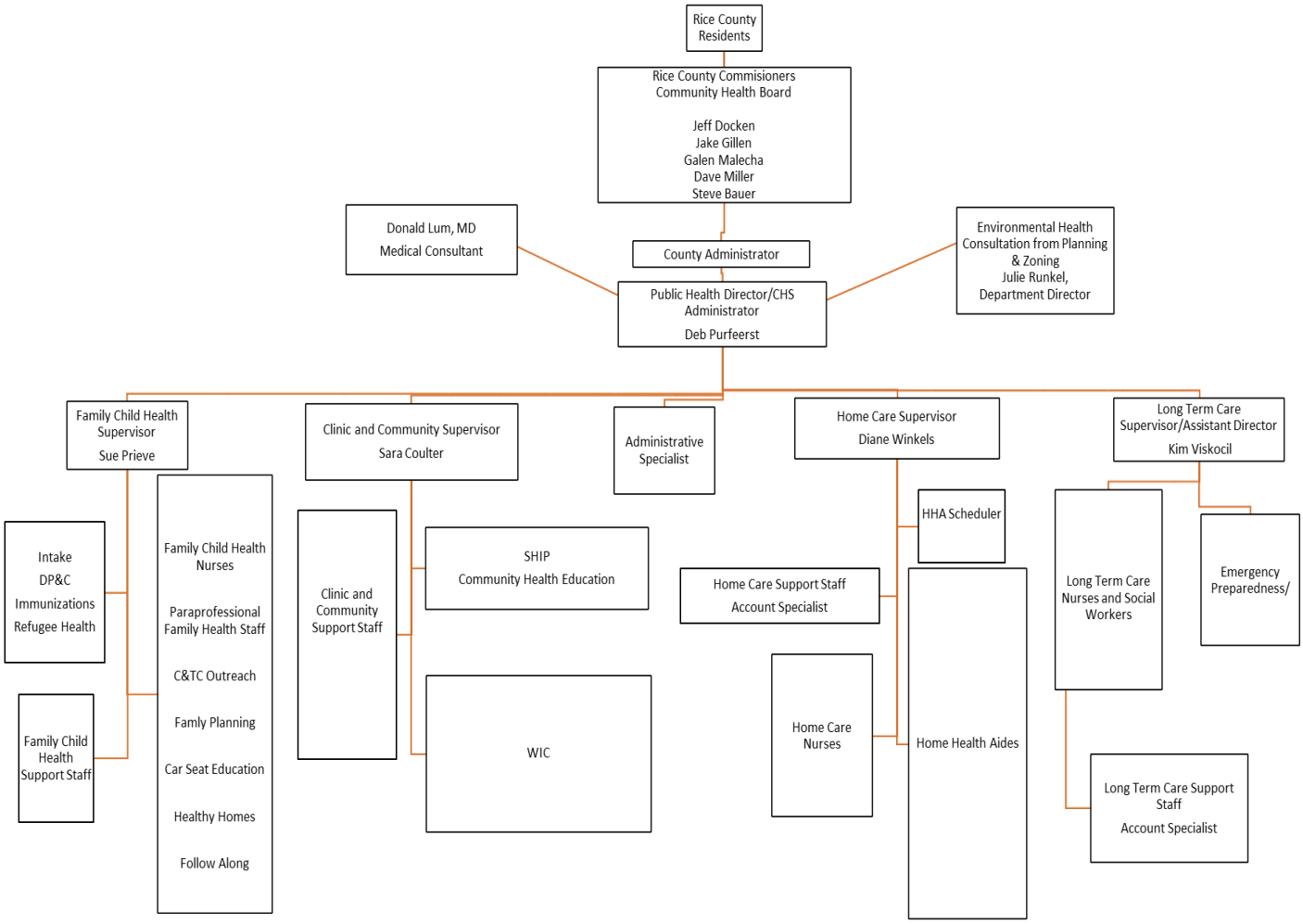
Claudia Lange

Contract Therapists: Occupational/Physical/Speech Therapy: Center for Sports Medicine and Rehabilitation

Contract Interpreters

Sadiya Ahmed	Chieng Bukjiok	Leticia Cordova	Noemi Gracia Trevino
Hibo Omar	Sabah Omar	Juana Paramo	Sharisse Vargas

Volunteers: Craig Chilstrom, Todd Trembley, Laura Meyers, Derek Meyers, Betsy Spethmann, Jeffrey Buffington, Debra Peterson, Karen Olson, Fran Holmblad



Rice County Public Health Leadership Team

Deb Purfeerst: Director / CHS Administrator
Kim Viskocil: Long Term Care & Emergency Preparedness
Diane Winkels: Home Care
Sara Coulter: Clinic & Community
Susan Prieve: Family Child Health