AGENDA

8:30 am  I. CALL TO ORDER AND PLEDGE OF ALLEGIANCE
   (At the beginning of each Committee of the Whole Work Session meeting, the floor will be open to solicit public comments. Public comments will be limited to two (2) minutes for each person, subject to the discretion of the County Board Chairperson)

8:35 am  II. PUBLIC HEALTH/NURSING: Deb Purfeerst
   A. Community Health Services Annual Report

9:00 am  III. SHERIFF'S OFFICE: Troy Dunn
   A. 2018 I-35 Emergency Alternative Route Plan

9:30 am  IV. ADJOURN (The Board may meet as a group for lunch)

SPECIAL NEEDS: If you require special services to attend or participate in a public meeting, please call the County’s Administration Office at 507.332.6101 or e-mail slangevin@co.rice.mn.us. TDD users can call 507.332.6248. Please call 24 hours before the meeting, if possible.
AGENDA DATE: April 3, 2018

REQUEST BY: Deb Purfeerst, Public Health/Nursing

STATE ITEM OF BUSINESS:
Community Health Services Annual Report

BACKGROUND:
Review of the 2017 Rice County Community Health Services Annual Report

COUNTY BOARD ACTION REQUESTED:

Reviewed with additional material provided: ✓ Approved

County Administrator
Rice County Community Health Services
Annual Report
2017

320 Third St NW, Suite 1
Faribault, MN  55021
INTRODUCTION

This Annual Report summarizes the work of Rice County Community Health Services, provided through Rice County Public Health in 2017.

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


ORGANIZATIONAL DIVISIONS OF AGENCY

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

**Data:** In 2017, 1,933 visits were made by nurses and paraprofessionals to 463 clients in 256 families. This compares to 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 paraprofessional visits. 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 2017, 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. 58 families were served through extended family home visits in 2017, compared to 50 families in 2016.

**Family Home Health Aide Program**

The Family Home Health Aide Program 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 child care 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 2017, 285 family home health aide visits were made to 45 clients from 32 families. This compares to 543 family home health aide visits to 53 clients from 26 families in 2016. (Decrease in visits related to a 5 month vacancy in the FHHA position).

**Healthy Homes**

The “Healthy Homes” program was initiated in 2015 with a 3 year Minnesota Department of Health grant, to 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 ended September 2017.

**Data:** In the first 3 quarters of 2017, 45 Health Home assessment and mitigation visits were made to 45 families. During the 3 year grant period of 2015-2017, 103 home assessments and 103 home mitigations were provided to Rice County residents.

**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 2017, 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 also 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 2017, 131 visits were conducted for car seat instruction and distribution, compared to 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, Region 10 Interagency Early Intervention Committee, Growing Up Healthy, Head Start Policy Council, Early Childhood Dental Network, Rice County 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 “Wakhtig 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 343 Rice County children in 2017 with 36 children subsequently referred to early childhood special education (ECSE) for further developmental screening. This compares to 447 children enrolled in 2016 with 27 children ECSE referrals, and 413 children in 2015 with 5 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:** 5,610 newsletters were sent to families with children ages birth to 3 in 2017, compared to 5,686 newsletters in 2016.

**Child and Teen Check-Ups Outreach**

In 2017, the Child and Teen Check-Ups (C&TC) Program provided outreach to encourage well child care 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 2017. The most recent data available on C&TC participation rates in Rice County indicate 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.

New in 2017, Public Health partnered 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 2017, 122 clients were enrolled in the Rice County Family Planning Special Project, compared to 112 clients in 2016, and 140 clients in 2015.

In 2017, 86 STI tests were completed, with 10% positive for Chlamydia. 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 emergency preparedness activities.

**Health Education via Social Media**

Beginning in March 2017, a Rice County Public Health Facebook site was launched for health education messaging. **Data:** In 2017, 137 Facebook followers (66% of followers were women ages 25-54). Other Facebook information:

- Reached over 400 people with a post, three separate times.
- Reached over 200 people with a post, 8 separate times.
  - The average number of people who saw any contents about the Rice County Public Health Facebook page: 116 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 been continued to decline across the state, but the decline is slowing in Rice County. The chart below shows the annual unduplicated counts of households and participants.

![Unduplicated Counts Chart]

All eligible WIC participants have some level of nutritional risk. In 2017, 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. In 2016-2017, the NEP included training all staff in participant centered services and building staff capacity to support breastfeeding.

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 and Somali interpreters were each available two clinic days per month and by appointment, and American Sign Language interpretation was available as needed by appointment.

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 2017, three farmers markets in the county were authorized to receive these checks. Staff educated and distributed the 500 sets of checks to 500 households, with each set having a value of $25. In 2017 the redemption rate of these checks was 39.0%.

**Data:** In 2017, $1,094,350 worth of WIC vouchers for supplement foods were redeemed at Rice County stores.

**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. SHIP 4, year 2 wrapped up on October 31, 2017 and SHIP 4, year 3 began November 1, 2017. What follows is an accounting of SHIP activities in calendar year 2017. Mini-grants awarded totaled $73,213.

- **Awarded $26,408 to school partners.** Activities were focused on improving access to healthy eating and physical activity for students.
  - Faribault Middle School installed a hydration station to increase consumption of water.
  - Faribault High School installed a camera in the Family and Consumer Science classroom enabling the instructor to broadcast healthy food demonstrations. A vegetable spiralizer was also purchased to promote vegetable consumption through pasta replacement.
  - Northfield School District used healthy eating posters and banners to promote healthy eating practices.
  - Arcadia Charter School installed a salad bar to increase access to vegetables for students.
  - Morristown School purchased new kitchen blades to prepare vegetables and fruits in different ways, along with samples of new foods and promotions posters and banners for the lunchroom.
  - Cannon River STEM School installed two hydration stations to increase consumption of water.
  - Roosevelt Elementary introduced a new heart healthy curriculum and created active indoor recess kits.
  - A Jefferson Elementary kindergarten classroom introduced alternative seating to promote active learning.
  - Lonsdale Elementary purchased inline skates for a new unit in physical education.
  - MN State Academy for the Blind and MN State Academy for the Deaf purchased anti-fatigue mats.
  - Alexander Learning Center purchased exercise equipment for students to release stress and to learn about new physical fitness opportunities.

- **Awarded $32,254 to community partners.** Activities were focused on improving access and reducing barriers to healthy eating and physical activity for county residents.
  - Healthy food access was assessed at all corner stores in Faribault and those outside of Northfield. SHIP then worked directly with three Faribault corner stores to improve access to fruits and vegetables through refrigeration, freezers, and marketing materials to increase healthy eating practices.
  - Friendship House was supplied with supplemental garden and kitchen supplies that will help sustain their homegrown food efforts.
  - Northfield Union of Youth “The Key” used funding to purchase kitchen supplies, pans and other small appliances to promote cooking and healthy eating at the club.
  - Faribault Farmers Market purchased two new a-frame signs to promote the market.
  - SHIP lead this year’s Faribault Farmers’ Market Family Day for the third year in a row.
  - Greenvale Park Community School purchased signage promoting their food recovery project.
  - Friendship House purchased snowshoes for members to use increasing physical activity.
  - Northfield Union of Youth “The Key” purchased soccer balls, goals, basketballs, hoops and other physical activity equipment for use at the club.
  - Faribo West Mall created a walking club “Faribo Walking Miles”. The club received funding to create tracking cards, mark walking routes and create promotional/motivational signage.
  - Greenvale Park Community School purchased recreational supplies for sports introduction workshops.
  - Cannon River Off-road Cycling & Trails (CROCT) built three kiosks near trails to promote trail usage.
  - Faribault Community Education purchased kayaks to promote physical activity for those who may otherwise have barriers to experiencing the sport.
  - Faribault Adult Education installed a bike rack to support and promote active transportation.
  - The City of Faribault hosted a one day complete streets training for 25 area leaders.
Awarded $11,393 to worksites. Activities were focused on improving access and reducing barriers to healthy eating, physical activity, breastfeeding, and tobacco education for employees.

- Minnesota State Academy for the Deaf and Blind purchased garden circles and wellness posters to improve access to and to promote healthy food.
- Lonsdale Elementary wrote a new policy and created a system to increase employee access to physical activity (including use of the inline skates purchased for the physical education class).
- KGP Companies installed a garden for employees to increase access to healthy food and physical activity.
- Northfield Community Resource Center improved access to healthy snacks with a new healthy snack cart, as well as improvements to the breastfeeding room.
- Community Resource Bank purchased kitchen supplies enabling staff to prepare healthier lunches. They also added exercise equipment to increase access to physical activity while at work.
- Three Links Care Center, Millstream Commons and Villages of Lonsdale improved access to high quality water by installing a hydration station for employees and residents to utilize.
- City of Northfield installed a bike rack to promote active transportation.
- Northfield YMCA installed a bike rack and four bikes to increase employee physical activity opportunities.
- Fernbrook Family Center installed a sit-stand desk for employees to utilize.
- SHIP staff led the Breastfeeding Coalition of Dodge, Rice and Steele Counties which exists to collaborate and create a collective impact for breastfeeding promotion.
- Supported three staff from Public Health and Allina Health to attend the Minnesota Breastfeeding Conference.
- Rice County Public Health earned gold level recognition as a Breastfeeding Friendly Health Department.

Awarded $3,158 to health care partners. Activities were focused on improving access to evidence based programs for older adults. SHIP partnered with the Southeastern Minnesota Area Agency on Aging to train new leaders in: Living Well with Chronic Conditions, A Matter of Balance: Falls Prevention, Tai Ji Quan: Moving for Better Balance, and the Diabetes Prevention Program.

SHIP Collaborates to Reach Seniors

Shirley Comeaux was looking for a way to improve her balance when she heard about the class Tai Ji Quan: Moving for Better Balance offered at Northfield Retirement Community.

“People began talking about the classes,” she said. “It sounded like what I needed. I needed to know how to keep my balance.”

The free class was available as a result of a collaboration between Rice County SHIP and Northfield Retirement Community, where Comeaux lives.

Tai Ji Quan has been proven to be effective for seniors in decreasing the number of falls, the risk of falling and fear of falling. Nearly half fatal falls for older Minnesotans happen at home.

Amy Belcher, the Wellness Coordinator at Northfield Retirement Community, says SHIP’s support for the class was crucial to the quick implementation and success of these classes. “Because of the SHIP grant, we were able to get the training for free and offer the classes for free for our residents and members of the community,” Belcher said.

The collaboration with Northfield Retirement Community is one example of how SHIP can initiate a project that local partners can build upon to create a sustainable impact. “We did one-time provision of resources for them, and now they are in-house offering these classes,” said Sara Coulter, Clinic and Community supervisor. “It’s been great. They are training seniors on simple things they can do to live longer, healthier lives and stay independent.”
o Fifty six participants competed evidence based workshops in Rice County. 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.

o SHIP continued to develop relationships with Allina, Mayo, Northfield Hospital & Clinics, HealthFinders and other local sites to increase awareness of WellConnect. Seventeen out of twenty-one providers reached at Allina and Mayo who had no prior knowledge of WellConnect indicated intent to refer to it.

o Northfield Retirement Community received funding for curriculum and other supplies needed to lead a Diabetes Prevention Program.

- SHIP Tobacco efforts
  o Presented three times at the City of Faribault’s “Crime Free Housing Workshop” to over 40 landlords on tobacco policy strengthening options for multi-unit housing.
  o Presented tobacco ordinance options to County Commissioners at a work session.
  o Promoted tobacco/e-cigarette education and cessation at three local health fairs.
  o Responded to landlord/property owner questions about tobacco policies for multi-unit housing.

Governor Mark Dayton invited Clearway Minnesota grantees to bring youth to attend his press conference on June 8th, 2017 to explain why he removed funding from the tax bill that gave tax breaks for tobacco companies. He strongly believed in cutting funding for tax breaks of tobacco products to help prevent youth access and addiction to tobacco.

As a Clearway grantee, Health Educator Tracy Ackman-Shaw brought 5 kids to this special event. It was a great learning experience to be a part of a press conference and an honor to meet the Governor. The children wore bright yellow t-shirts displaying “Minnesotans for a Smoke-Free Generation,” and gained experience having a voice about things that impact their health, supporting a public health model that will benefit all.

Community Tobacco Prevention Work

Work continued in 2017 with the Four Corners Partnership, a ClearWay grant funded, collaborative project between public health departments in Dodge, Goodhue, Rice and Steele counties, with the goal to reduce the harm caused by tobacco.

*Presented to the Dundas City Council on updating tobacco ordinances and options to create a tobacco free policy for parks.
*Presented tobacco/e-cigarette education to over 300 seventh grade students at Faribault Middle School.
*Attended “Day at the Capitol” event with youth from Faribault High School.
*Educated legislators on electronic cigarettes and their impact on youth.
*Provided public education on updating and strengthening local tobacco policy/ordinances, building the Rice County Tobacco Coalition, and helping local landlords implement smoke-free policies.
*Promoted tobacco/e-cigarette education and cessation at local health fairs.
*Participated in Rice County Youth Government Day and educated local youth on tobacco and e-cigarette harms.
*Attended the MN Tobacco Control Conference.
Funding for the ClearWay Minnesota grant ended on June 30, 2017 as the Four Corners Partnership grant proposal was not selected for renewal. Due to this, the Four Corners Partnership dissolved after 8 successful years of collaboration.

**Radon Education**

Rice County Public Health continued to offer public education and free home radon detection test kits in 2017. Radon is the second leading cause of lung cancer, behind tobacco use. With support from the Minnesota Department of Health, short-term test kits were made available to Rice County residents at offices in Faribault and Northfield.

**Data:** In 2017, 193 radon kits were distributed, compared to 335 radon kits in 2016, 478 in 2015, and 316 in 2014.

**Dental Services**

In 2017, Rice County Public Health contracted with HealthFinders Collaborative for preventive dental hygiene services for children at the Rice County Public Health offices. Services provided were 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 dental care for low income families without coverage for dental care. In addition, Rice County Public Health staff continued to assist and refer clients to dental providers for necessary dental care.

**Data:** In 2017, dental hygiene services were provided at Rice County Public Health to a total of 482 children: 143 uninsured children and 339 insured children. This compares to 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 2017, 490 individuals received 1,559 vaccines supplied through the Minnesota Department of Health Vaccines for Children Program and the Uninsured and Underinsured Adult Vaccine Program. This compares to 511 individuals receiving 1,616 vaccines in 2016, and 471 individuals receiving 1,384 vaccines in 2015.

During 2017, 1,046 individuals received flu vaccination, compared to 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. There continued to be a downward trending of flu vaccinations given by Rice County Public Health, reflective of the increased availability of flu vaccination at pharmacy locations.
**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 2017, staff provided directly observed TB medication therapy to 1 individual with active TB. This compares to directly observed therapy for 5 individuals in 2016, 10 individuals in 2015 (9 with active TB and 1 with latent TB infection), 4 individuals in 2014, and 2 individuals in 2013.

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

No contact investigations were completed in 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:** 2016 data most recent available from MDH at time of this publication:

In 2016, there were 57 primary refugee arrivals in Rice County, compared to 31 in 2015, 9 in 2014, and 19 in 2013.

In addition, data indicate there were 40 secondary refugees to Rice County in 2016, compared to 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 2017, the Public Health Emergency Preparedness (PHEP) Coordinator Tracy Ackman-Shaw completed grant duties related to public health emergency response, with grant oversight by Kim Viskocil, Assistant Director. 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 2017 included attendance at Southeast Regional Health Coalition and PHEP meetings, Health Alert Network updates, emergency plan updates, trainings, capabilities planning and work plan activities. In October 2017, the Minnesota Department of Health (MDH) moved to a new MIR3 notification system called MDHPartnerLink. This is a notification system used between county, state and other officials, offering immediate and simultaneous one-to-many communications. The goal is for information and urgent messaging to move quickly from the state to the county for distribution and on to local providers. Rice County Public Health continued to use the Everbridge System to distribute important communications to identified individuals throughout the county. This year a special project was completed, updating Rice County pharmacy contact information. In 2017, 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 an ice storm exercise, incident command system exercise, testing of the Health Alert Network system and a MnTrac exercise.

Work was also completed in 2017 on CMS required home care policies and procedures related to the management of client care and services in response to disaster. The purpose of these policies and procedures is to maintain agency operations and/or mitigate service disruption during natural or man-made disasters.

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 meetings were attended by public health leaders, the Rice County Public Health Emergency Preparedness Coordinator, the Rice County Emergency Manager, County Commissioners, members of local law enforcement, hospitals, healthcare providers, long term care facility providers, EMS providers, township officials and the local Red Cross. REPAC guides local emergency preparedness activities and coordination among 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 2017.

In addition, staff gave community presentations on individual emergency preparedness, worked with Carleton College on development of their emergency plans including a Closed Point of Dispensing (POD) Site Plan, and completed basic life support instructor training.

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 Mental Health Collective and the Southeast MN Data Group. The Clinic and Community Supervisor also precepted the internship of two undergraduate students 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 2017. 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: 4,946 nursing visits were made to 219 home care clients in 2017, compared to 4,491 nursing visits to 247 home care clients in 2016. Similar to 2016, circulatory diagnosis remained the primary reason for home care nurse visits in 2017, with mental health diagnosis second, and endocrine/metabolic third.

Case Management Visits

This includes case management and care coordination by home care nurses to establish care plans and alter them to meet as needed to ensure client needs are met in a safe environment.
Data: 350 case management visits were made to 101 clients in 2017, compared to 344 visits to 99 clients in 2016. In 2017, home care nurses provided 785 hours of direct and indirect case management to these clients, compared to 822 hours of case management in 2016.

**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: 14,979 home health aide/homemaking visits were made to 137 clients in 2017 compared to 14,764 visits to 150 clients in 2016. The primary reasons for services to these clients were musculoskeletal, endocrine/metabolic, circulatory, respiratory and mental health.

**Therapy Services**

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

Data: 68 physical therapy visits made to 24 clients in 2017, compared to 80 visits to 28 clients in 2016.

7 occupational therapy visits made to 7 clients in 2017, compared to 16 visits to 12 clients in 2016.

0 speech therapy visits were made in 2017, compared to 12 visits to 1 client in 2016.

**Home Care Activities**

In 2017, home care nurses conducted medication drug regimen reviews with all home care clients to ensure that clients were taking medications correctly. This process 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. In 2017, home care nurses completed Drug to Drug Interaction reports on all medications clients were taking. For clients with a Level 3, 4, or 5 drug interaction, the physician was notified and a copy of the report sent to them. Staff also worked with clients to encourage disposal of old medications by using the local Take It To The Box program.

Work continued on falls prevention, since data continues to reflect that the primary reason for home health aide visits is musculoskeletal problems. Fall risk assessments were conducted at the time of client admission and then 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, and educational materials were given related to fall prevention and home safety. Staff worked closely with therapy staff to teach clients ways to prevent falls in the home and exercises to increase strength and improve mobility, and with medical supply vendors to make sure clients had necessary equipment in the home to prevent falls.
Depression and pain assessments were completed at initial home visits and every 60 days for skilled home care clients.

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. In 2017, 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 2017 Home Health Care Consumer Assessment of Healthcare Providers and Systems (HHCAHPS) surveys:**

- 91.7 of clients indicated that the nurse asked to see their medication and talked to them about taking their medications. (National average 90.3%).
- 100% of clients indicated the nurse told them about the care and services they would receive. (National average 96.4%).
- 100% of agency clients were assessed for risk of falling. (National and state average 98%).
- 100% of agency clients were evaluated for and treated for their pain. (National and state average 99%).
- 92% rated care from the agency at a 9 or 10 (0-10 scale with 10 highest). (National average 84.7%).
- 94.9 % of clients indicated they would use agency services again. (National and state average 93.5%).

**Community Education**

Rice County Public Health continued to sponsor classes in collaboration with the Faribault Senior Center for long term care providers in Rice County. Classes sponsored in 2017 were: “Home Oxygen Use”, “In-Home and Community Based Services for Seniors” and “Advanced Care Planning- Honoring Choices”. 53 people attended these classes.

Home care staff attended the 8th annual Senior/Caregiver Expo in Faribault in October administering influenza vaccinations and educating the public on home care and long term care resources in Rice County, and Home Care Supervisor Diane Winkels 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 for AC, ECS, EW, Community Well (non-EW), Nursing Home and Community Alternative Care (CAC) waiver clients, and personal care assistance (PCA) assessments.

**Data:** In 2017, there were a total of 324 referrals processed in the Long Term Care unit, an increase from 296 referrals in 2016.

### Assessment/Screening Activities

<table>
<thead>
<tr>
<th>Number of Assessments per Year</th>
<th>2017</th>
<th>2016</th>
<th>2015</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Long Term Care Consultations (MnChoice Assessment)</td>
<td>136</td>
<td>116</td>
<td>135</td>
<td>127</td>
<td>148</td>
</tr>
<tr>
<td>Annual Assessments for AC/EW (MnChoice Assessment)</td>
<td>74</td>
<td>78</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Personal Care Assistant (PCA) Assessments</td>
<td>82</td>
<td>73</td>
<td>176</td>
<td>215</td>
<td>193</td>
</tr>
<tr>
<td>Total</td>
<td>292</td>
<td>267</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

**Data:** In 2017, 292 assessment visits were conducted by MnChoice and PCA assessors, which included 3,230 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. As of fall 2016, all assessments are conducted using MNChoices excluding assessments for people on Medical Assistance health plans. In fall 2017, the MnChoice Support Plan application was launched in Rice County. All long term care staff obtained or maintained their Certified Assessor Certificate during 2017 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 at Rice County Public Health. 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 2017 data related to client count by program in the following chart is a “snapshot in time,” however in comparison to December 2016, it reflects an overall increase in numbers of clients served.

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Alternative Care (AC)</td>
<td>53</td>
<td>52</td>
<td>60</td>
<td>59</td>
<td>66</td>
</tr>
<tr>
<td>Elderly Waiver (EW)</td>
<td>51</td>
<td>39</td>
<td>53</td>
<td>78</td>
<td>40</td>
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<tr>
<td>Essential Community Supports (ECS)</td>
<td>1</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Community Alternative Care (CAC)</td>
<td>8</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Elderly Waiver (with Health Plan)</td>
<td>203</td>
<td>201</td>
<td>207</td>
<td>225</td>
<td>216</td>
</tr>
<tr>
<td>Community Well (Health Plan)</td>
<td>90</td>
<td>89</td>
<td>90</td>
<td>71</td>
<td>78</td>
</tr>
<tr>
<td>Nursing Home (Health Plan)</td>
<td>33</td>
<td>41</td>
<td>44</td>
<td>79</td>
<td>91</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>439</strong></td>
<td><strong>429</strong></td>
<td><strong>462</strong></td>
<td><strong>521</strong></td>
<td><strong>499</strong></td>
</tr>
</tbody>
</table>

**Data:** During 2017, Long Term Care staff conducted 827 case management in-person visits to clients with a total of approximately 6,071 case management hours. This was a decrease in overall visit count from 2016 with 844 case management visits and case management time with approximately 6194 in 2016.

**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. 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 2017, Rice County Public Health was responsible for the care coordination of approximately 266 Blue Cross Blue Shield members and approximately 60 UCare members. This compares to December 2016 numbers of approximately 271 Blue Cross Blue Shield members and approximately 59 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 2017.

An active role was taken in community involvement, including participation on the Rice County Family Services Collaborative Board, Rice County Chemical/Mental Health Collective, 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 regional and statewide groups to promote and evaluate public health efforts and
policies. This included serving as chair for the Southeast Minnesota Immunization Connection, serving on the executive committee of the Minnesota State Maternal Child Health Advisory Task Force, and participating in regional and state Local Public Health Association meetings, as well as the State Community Health Services Advisory Committee.

Throughout 2017, work continued on the 2015-2019 Community Health Improvement Plan (CHIP). Progress on strategies to meet our CHIP priorities of chronic disease and healthy lifestyle included:

- Continued surveillance of chronic diseases and conditions through data dashboards and infographics which are updated annually and posted on the Rice County website.
- A completed food system assessment of greater Rice County to understand access and affordability of healthy foods at corner stores.
- Ongoing engagement in city and county comprehensive plans.
- MDH “gold” recognition as a Breastfeeding Friendly Health Department.
- Active leadership on the Rice County Mental Health Collective’s steering committee and teams.

The Rice County Community Health Improvement Plan can be found at: [http://www.co.rice.mn.us/node/108235](http://www.co.rice.mn.us/node/108235) and can be adjusted as needed to meet goals.

**Health Equity Learning Community**

In 2017, Rice County Public Health was awarded an MDH grant to be part of a health equity learning community. The grant provides support for the agency to innovate around health equity by aligning programs and resources with an organizational commitment to health equity. The agency participated in learning community events such as webinars, an in-person training event and individual coaching which will continue into 2018.

**Staff Training and Policy Review**

Annual all staff training was conducted in the fall of 2017, with topics including: Communicable Disease and Infection Control; Fraud, Waste and Abuse Training; HIPAA, Data Privacy, in addition to agency policy review and updates. In November 2017, all agency policies were reviewed and updated by management staff.

**Quality Improvement (QI)**

The department continued to have a QI Council representative of staff from each organizational division, co-chaired by Kim Viskocil and Tracy Ackman-Shaw. The QI Council met every other month and was tasked with reviewing QI project proposals using the “Plan-Do-Study-Act” model and monitoring the department’s capability to achieve measurable improvements (otherwise known as “Quality Improvement Maturity”). The work of the council is guided by a Quality Improvement Plan that gives a framework to create, implement and sustain improvement projects utilizing the input and strengths of staff and leadership. In 2017, Rice County Public Health worked with a Performance Improvement Specialist from the MDH to create a Quality Maturity Index Survey. 33 staff completed the survey, with overall QI Maturity Score results of 3.4. This is considered “medium” on the interpretation roadmap, and was an increase from 2015 results of 3.2. Rice County Public Health plans to follow best practices and complete this survey every 2 years.

**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 2017: 264 establishments were licensed by MDH; 11 plans were reviewed by MDH; 367 inspections were conducted by MDH; and 13 complaints were investigated by MDH staff.
<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Commissioners/Community Health Board</td>
<td>Jake Gillen</td>
<td>1st District</td>
</tr>
<tr>
<td></td>
<td>Galen Malecha</td>
<td>2nd District</td>
</tr>
<tr>
<td></td>
<td>Dave Miller</td>
<td>3rd District</td>
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<tr>
<td></td>
<td>Steve Bauer, Chair</td>
<td>4th District</td>
</tr>
<tr>
<td></td>
<td>Jeffrey Docken</td>
<td>5th District</td>
</tr>
</tbody>
</table>

**Medical Consultant:** Donald Lum, MD

**Nursing/Business/WIC Program Staff**

- Tracy Ackman-Shaw – Health Educator
- Laura Burkhardtzmeier – PHN
- Loretta Cordes – PHN
- Katrina DeYoung-Harper – PHN
- Cindy Gray – Office Support
- Cathy Guttfleisch – PHN
- Mary Handberg – PHN
- Kiera LaRoche – PHN
- Cheryl Mathews – RN
- Crystal Moravec – RN
- Jean Norgaard – PHN
- Debra Purfeerst – Director/CHS Administrator
- Nancy Roehrick – Account Specialist
- Bonnie Story – RN
- Kim Viskoci – LTC Supervisor/Assistant Director
- 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
- Nikki Hable – Office Support
- Kelli Johnson – Office Support
- Lorre Martin – Account Specialist
- Brandis Miller – WIC Professional
- Kathy Neirby – WIC Coordinator
- Susan Prieve – Family Child Health Supervisor
- Josh Ramaker – SHIP Coordinator
- Deb Sammon – Office Support
- Amy Velishek – RN
- Rebecca Wellbrock – PHN
- Jennifer Wolff – Office Support

**Social Workers**

- Joy Davison
- Amy Ernste-Caron
- Karen Hoflock
- Jolene Nelson

**Home Health Aides**

- Sara Abukaff
- Rhonda Hagre
- Lorene Laury
- Mary Kay Reynolds
- Dr. L. C. 

**Family Home Health Aides**

- Amy Crowningshield
- Vivian Hagre
- Michelle Miller
- Patti Rosett
- Yvette St. Martin

**Contract Therapists**

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

**Contract Interpreters**

- Abdi Rahman Farah
- Abshiro Nunow

- Adbullahi Farah Ali
- Noemi Gracia Trevino
- Sabah Omar

- Chieng Bukjiok
- Elodia Munoz
- Juana Paramo

- Leticia Cordova
- Ayan Musse
- Sharisse Vargas

**Volunteers**

- Karen Olson
- Fran Holmblad
Rice County Public Health Leadership Team

Deb Purfeerst: Director / CHS Administrator
Kim Viskocil: Assistant Director / Long Term Care & Emergency Preparedness
Diane Winkels: Home Care
Sara Coulter: Clinic & Community
Susan Prieve: Family Child Health
AGENDA DATE: April 3, 2018

REQUEST BY: Troy Dunn, Sheriff's Office

STATE ITEM OF BUSINESS:
2018 I-35 Emergency Alternative Route Plan

BACKGROUND:
MNDOT will be placing “emergency alternative route” signage along the I-35 corridor in Rice County in 2018. Sheriff Dunn, County Engineer Dennis Luebbe, and Mike Schweyen from MnDOT Traffic will provide an overview of the routes with Commissioners and answer any questions they might have.

COUNTY BOARD ACTION REQUESTED:

Reviewed with additional material provided: ✓ Approved
County Administrator