

Rice County Community Health Annual Report 2019



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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 2019.

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.

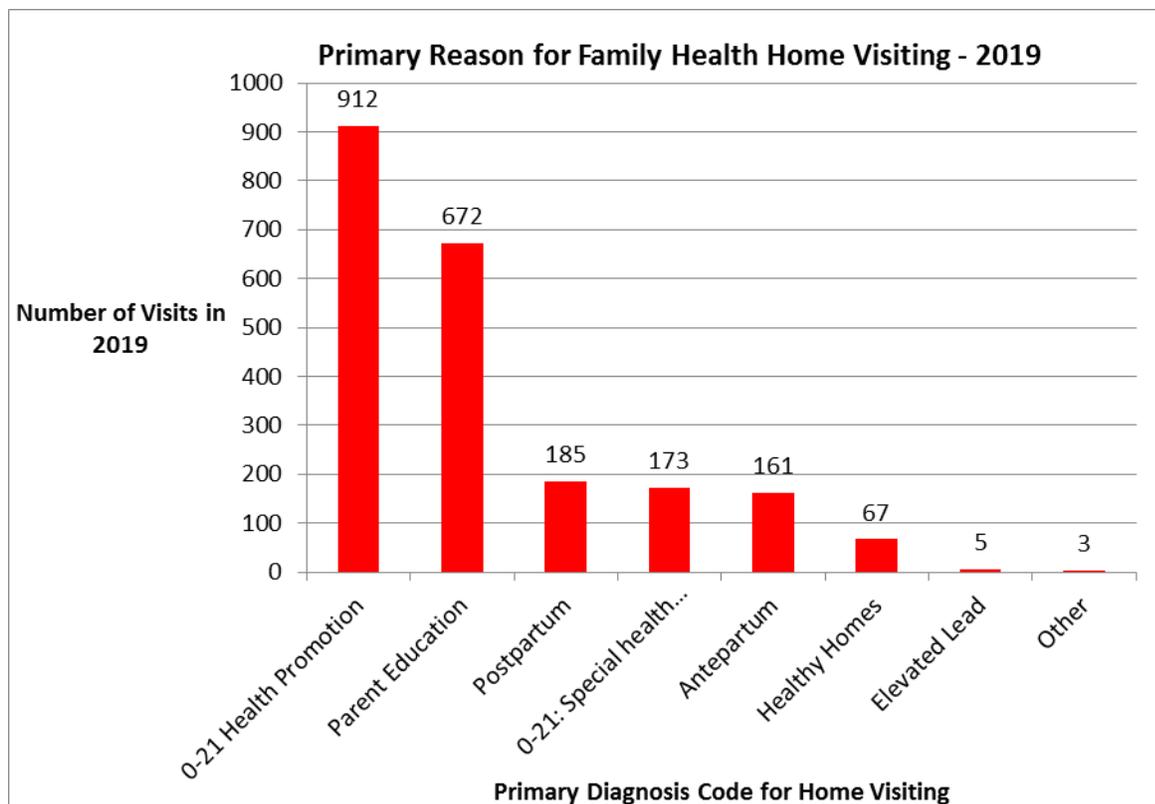
Programs are designed to:

- 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.

Data: In 2019, 2178 visits were made by nurses and a family health specialist to 336 clients in 194 families. This compares to 1,394 visits to 395 clients in 233 families in 2018; 1,933 visits to 463 clients, in 256 families in 2017; and 2,081 visits to 4463 clients, in 266 families in 2016.



Depending upon the situation, families receive nurse visits, or nurse visits in combination with a family health specialist. Emphasis is on developing strong, nurturing relationships between family members and on achieving optimum health for the family. 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 2019, 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.

Data: 74 families were served through extended family home visits in 2019, compared to 68 families in 2018, and 58 in 2017.

Family Health Specialist

Our family health specialist (FHS) continued to offer bilingual (English/Spanish) education and support to families. Goals and outcomes include 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 2019, 140 FHS visits were made to 15 clients from 8 families. This compares to 35 visits to 9 clients from 4 families in 2018. 2019 data is reflective of an increase in both intensity and duration of this type of service by our family health specialist.

Healthy Families Southeast Minnesota

In July 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.” 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.

In 2019, Rice County Public Health applied for and received expansion grant funding to include Houston and Fillmore Counties in our regional partnership, with a goal of serving 200 families in our region.

Data: In 2019, 899 visits were provided to 50 clients in 28 families. 135 visits were provided to 21 clients in 13 families in 2018. 2019 data is reflective of a full year of services, while 2018 was inclusive of 6 months of service.

Healthy Homes

The “Healthy Homes” program addresses 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.

Data: In 2019, Healthy Home assessment and mitigation visits were made to 75 families. The goal for the 3-year grant period of 2018 - 2020 was to complete 125 healthy home assessment/mitigation visits. 130 healthy home assessments have been completed in 2018 and 2019, exceeding expectations for both visit completion and timeliness. Health Educator Lyndsey Reece coordinates this program.

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 2019, staff continued to provide education regarding proper use and installation of child safety seats. Certified car seat educators Lyndsey Reece, 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 2019, 315 visits were conducted for car seat instruction and distribution, compared to 161 visits in 2018, and 131 visits in 2017. Car seat distribution increased by more than 95% attributable to the efforts of 3 certified car seat technicians and grant funding by Minnesota Department of Public Safety, Blue Plus and UCare PMAP plans.

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 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 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 ECFE, Northfield Family Education Center, and Tri-City United ECFE.

A pilot partnership with Rice County Public Health staff and Allina District One Hospital offering hospital rounding was initiated in 2019. Hospital visits to parents and newborns were made by Public Health staff to bring new parents information about the multiple support programs available to families and newborns and to improve access to services available in Rice County.

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 283 Rice County children in 2019 with 11 children subsequently referred to early childhood special education (ECSE) for further developmental screening. 107 children were new enrollees to the Follow Along Program. This compares to 312 children enrolled in 2018 with 16 ECSE referrals, and 343 children in 2017 with 36 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: 4,948 newsletters were sent to families with children ages birth to 3 in 2019, compared to 5,272 newsletters in 2018, and 5,610 newsletters in 2017.

Child and Teen Check-Ups Outreach

In 2019, 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. C&TC outreach was also offered at various community locations.

Data: All four medical clinics located in Rice County provided C&TC exams in 2019. The most recent

data available on C&TC participation rates in Rice County indicates a 45% participation rate in 2018, 66% participation rate in 2017; 68% participation rate in 2016; 67% participation rate in 2015; and 68% participation rate in 2014. The decreased participation rate demonstrated in 2018 is associated with DHS changes in the periodicity schedule requiring increased numbers of C&TC wellness exams. Had the periodicity schedule not changed the participation rate would have been 66%.

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 FPSP grant fiscal period July 2018 – June 2019, 178 clients were provided 1:1 family planning counseling and 136 clients enrolled for method services, of which 52% utilized a long acting contraception.

105 individuals were tested for STI's with 12 positive for chlamydia.

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 2019, 395 Facebook followers, of which 62% were women aged 25-54.

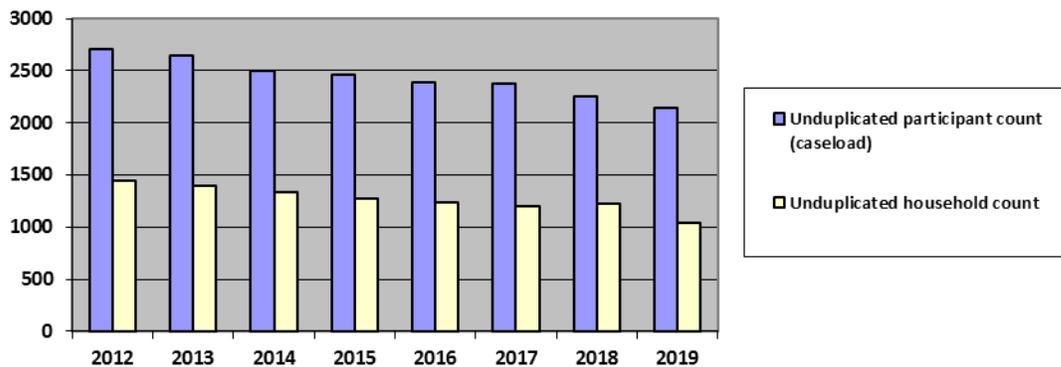
Average number of people who saw any content about the agency Facebook page in 2019:

189 people /day, compared to 158 people/day in 2018.

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. The chart below shows the annual unduplicated counts of households and participants for Rice County.



All eligible WIC participants have some level of nutritional risk. In 2019, 22% 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.

In late March WIC launched eWIC thus transitioning participants from paper vouchers to an electronic benefits card. The eWIC card saves time at the register, allows participants to buy what they want from the prescribed foods when they want it and simplifies WIC shopping by putting all of the benefits for a household in one place. Participants are now able to download a free app to manage their benefits. The app also allows participants to see upcoming appointments, get reminders of expiring benefits and scan barcodes to identify WIC allowed foods.

WIC initiatives are driven by a Nutrition Education Plan (NEP). The 2018-19 NEP addressed the increasing rates of low hemoglobin among all WIC participant categories and aimed to increase breastfeeding exclusivity and decrease early cessation of breastfeeding. With staff training, a more rigorous follow up process and increased clinic community partnerships, Rice County saw a significant decrease in the percent of infants and children participating in WIC who are experiencing anemia. In 2016 18% of infants and children in Rice County WIC were anemic and that percentage dropped to 9% in 2019.

30% 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.

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 2019, three farmers markets in the county were authorized to receive these checks. In 2019, staff educated and distributed check sets with a \$25 value to 500 households. The redemption rate of these checks was 36.2%.

Data: In 2019, \$1,093,883 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 2019. In addition to technical assistance provided by staff, mini-grants to partners totaled about \$24,000.

Awarded \$7,500+ to **school partners**. Activities focused on improving access to healthy eating and physical activity for students.

- Northfield Middle School: Family & Consumer Sciences Tower Garden
- Bridgewater Elementary School: Flexible seating in 4th grade classrooms
- Arcadia Charter School: Hydration station and snack cart
- Lonsdale Elementary School: Yoga Calm training for staff
- Cannon River STEM School: Cross country ski's for physical education and after-school
- Roosevelt Elementary School: Rock climbing wall for physical education
- Lincoln Elementary School: Disc golf baskets for physical education
- Faribault Middle School: Walking club supplies for after-school

Awarded \$11,500+ to **community partners**. Activities focused on improving access and reducing barriers to healthy eating and physical activity for county residents.

- Northfield Community Action Center: SuperShelf funding for signage and display
- Northfield Union of Youth (The Key): Cycling art bike racks
- City of Faribault: Hulett Avenue bike lane demonstration project
- South Central College: Food pantry refrigerator, freezer, display and staff training
- Semcac: Food processor training for staff (funded processor in 2018)

Awarded \$500+ to **worksites**. Activities focused on improving access and reducing barriers to healthy eating, physical activity, breastfeeding, and tobacco education for employees.

- Northfield Hospital & Clinics: Breastfeeding room chair
- City of Northfield: Breastfeeding room chair, table, and sign

Awarded \$3,500+ to **health care partners**. Activities focused on improving access and reducing barriers to breastfeeding and equity training for employees.

- Allina Health: Minnesota Breastfeeding Coalition Conference
- HealthFinders Collaborative: Cultural competency training for employees

Radon Education

Rice County Public Health continued to offer public education on radon in 2019. 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 from January to March, when MDH supplies ran out, and again October to December.

Data: In 2019, 157 radon kits were distributed, compared to 763 radon kits in 2018, 193 kits in 2017 and 335 kits in 2016. Between 2010 and 2018, 59.7% of the Rice County homes that 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 2019, dental hygiene services were provided at Rice County Public Health to 347 children of which 142 were uninsured and 205 were insured. This compares to 406 children in 2019, 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, annual fall flu vaccination clinics were held at multiple community locations.

Data: In 2019, 328 uninsured/underinsured individuals were vaccinated with 960 vaccines supplied through the Minnesota Department of Health Vaccines for Children Program and the Uninsured and Underinsured Adult Vaccine Program. This compares to 379 individuals receiving 1,135 vaccines in 2018, 490 individuals receiving 1,559 vaccines in 2017, and 511 individuals receiving 1,616 vaccines in 2016.

908 individuals received flu vaccination, compared to 1,047 individuals in 2018, 1,046 individuals in 2017, 1,194 individuals in 2016, and 1,337 in 2015. 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 2019, 5 individuals received directly observed medication therapy for tuberculosis, compared to 2 in 2018, 1 individual in 2017, 5 individuals in 2016, 10 individuals in 2015, 4 individuals in 2014, and 2 individuals in 2013.

51 people received medication for latent TB infection. This compares to 74 individuals in 2018, 69 individuals in 2017, 63 individuals in 2016, 55 individuals in 2015, 42 individuals in 2014 and 65 individuals in 2013.

One TB contact investigation was completed in 2019, compared to none in 2018, 2017 or 2016, and 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: 2018 data most recent available from MDH at time of this publication:

In 2018, there was 1 primary refugee arrival in Rice County, compared to 18 in 2017, 57 in 2016, 31 in 2015, 9 in 2014, and 19 in 2013.

In addition, data indicate there were 0 secondary refugee arrivals reported to the MDH Refugee and International Health Program in 2018, compared to 35 in 2017, 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 2019, Rice County Public Health Emergency Preparedness (PHEP) Coordinator Tracy Ackman-Shaw completed grant duties related to public health emergency response, with grant oversight by Sara Coulter, Clinic & Community Supervisor. 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 2019 included attendance at the Southeast Regional Disaster Healthcare Coalition meeting, SE Regional PHEP meetings, Health Alert Network updates, 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 2019, 10 health advisory messages were received from MDH and distributed to local providers. We also continued to maintain a list of volunteers in MN Responds for activation of public health needs.

Staff participated in or led several exercises at the agency, local, and state levels, including a June 2019 local tabletop exercise titled “Heritage Days-PODS R US”. In addition, preliminary work began for the upcoming June 2020 statewide exercise on medical counter measures and agency staff participated in a local Family Assistance Center training.

Closed point of dispensing (POD) work was completed with Carleton College and continued with Allina District One Hospital.

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 2019.

In addition, staff gave multiple community presentations on individual emergency preparedness, including collaboration with Rice County Sheriff Troy Dunn, Faribault Fire Chief Dustin Dienst and CERT Team Leader Debra Petersen on a presentation titled “Being Prepared When Disaster Strikes,” which was subsequently featured by Minnesota Public Radio (MPR).

Health Equity

Quarterly staff meetings included a health equity educational component and in late 2019, the department completed an internal health equity organizational assessment. Results of the assessment will be reviewed in 2020 to identify strengths and opportunities to continue building 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 participation with the following groups:

- Rice County Safe Roads Coalition
- Age Friendly Northfield Health and Wellness Team
- Faribault Youth Investment Board of Champions
- YouthConnect Network
- Faribault Community Schools & Community Education Advisory Council
- Rice County Food Council
- Mayo Clinic Health System I-35 Board of Directors
- Faribault Parks & Recreation Inclusive Playgrounds Advisory Group
- Faribault School District Wellness Committee
- Northfield School District Wellness Committee
- Waterville – Elysian – Morristown School District Wellness Committee
- Minnesota State Academies for the Deaf and Blind Wellness Committee
- Greenvale Community School Advisory Council
- Rice County Enforcement and Juvenile Justice Team
- Cycling Without Age Group
- Northfield Climate Action Plan Transportation Initiatives Implementation Team
- Rice County Chemical and Mental Health Collective
- Breastfeeding Coalition of Dodge, Rice and Steele Counties
- Northfield Alliance for Substance Abuse Prevention
- Rice County Emergency Preparedness Advisory Council
- SE MN Public Health Emergency Preparedness Coordinators group
- SE MN Disaster Health Coalition
- SE MN Data Group

The Clinic and Community supervisor also precepted the internship of one graduate student.

HOME CARE DIVISION

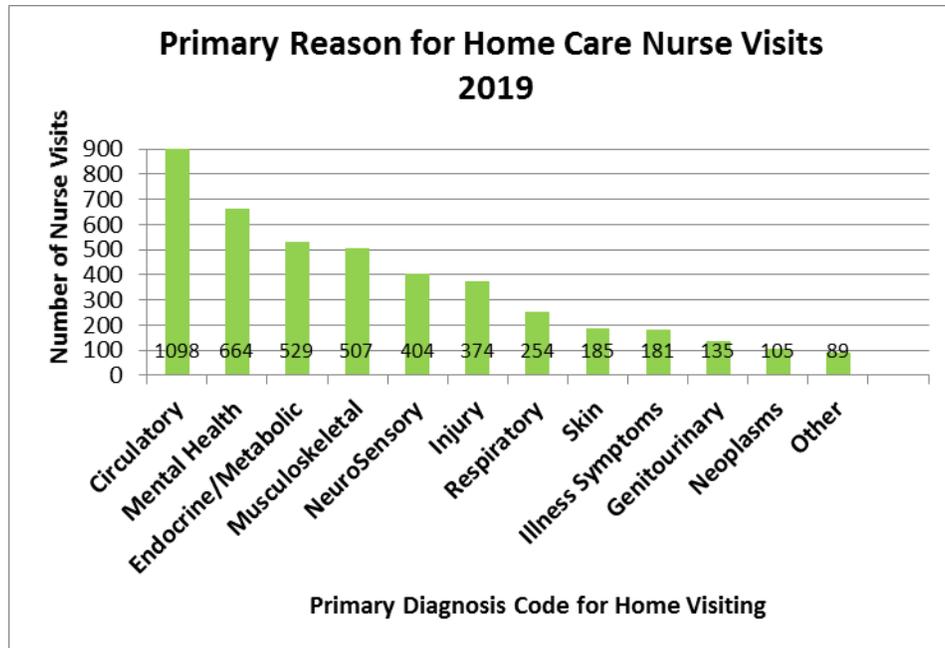
Home care continued to be an important service of Rice County Public Health in 2019. Home care is designed for persons of any age experiencing disease or disability and includes skilled nursing, therapy, home health aide, and homemaking services. Major goals of this program are to ensure:

- (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 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: 4,525 nursing visits were made to 337 home care clients in 2019, compared to 4,441 nursing visits to 207 home care clients in 2018. Similar to 2018, circulatory diagnosis remained the primary reason for home care nurse visits in 2019, 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 receiving home care.

Data: 271 case management visits were made to 66 clients in 2019, compared to 300 case management visits to 78 clients in 2018, and 350 visits to 101 clients in 2017. In 2019, home care nurses provided 386.75 hours of direct and indirect case management to these clients, compared to 320 hours of case management in 2018.

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: 14,106 home health aide and homemaking visits were made to 119 clients in 2019. This compares to 14,998 visits to 142 clients in 2018. The primary diagnosis reason for service was musculoskeletal, mental health, endocrine/metabolic, circulatory and respiratory.

Therapy Services

Rice County Public Health contracted with Residential Therapeutics, Inc. for physical therapy services in 2019.

Data: 159 physical therapy visits were made to 18 clients in 2019, compared to 48 visits to 20 clients in 2018.

Home Care Activities

The Center for Medicare and Medicaid Services requires that home care agencies implement a quality improvement (QI) plan. In 2019, home care staff choose to concentrate on increasing timely initiation of care services to 95% as evidenced by the Quality of Patient Care Star Rating Scoreboard. In January 2019, home care ratings indicated 92.3% for timely initiation of services. Data through July 2019 indicated improvement to 95.5% for timely initiation of care. Outcomes included visiting clients within 48 hours of discharge from the hospital/facility or upon receipt of referral from a health care provider.

Nursing staff conducted medication drug regimen reviews with all home care clients. The medication review included 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; 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, 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.

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 also encouraged to wear Lifeline devices so help could be summoned immediately in the event of a fall. Referrals were made for physical therapy 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.

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 left in the home. On admission, an emergency preparedness risk assessment was completed 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 were addressed. Nurses concentrated on informing clients of local resources to assist in completion of advanced directives. In 2019, home care nurses continued to work closely with adult protection staff from Rice County Social Services to ensure client safety in their home environment. Home care supervisory staff participated in Rice County Adult Protection Community Team meetings quarterly.

Internal chart audits were completed quarterly for quality assurance purposes. This quality improvement process helps staff objectively evaluate care and determine changes needed. 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 2019 Home Health Care Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys:

- 96.8% of clients indicated the nurse told them about the care and services they would receive. (National average 96.7%).
- 96.9% of clients rated care from the agency at a 9 or 10 (0-10 scale with 10 highest). (National average 85.3%).
- 97 % of clients indicated they would use agency services again. (National and state average 93.7%).

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 2019 were: Diabetic Meal Planning and Nutritious Snacks for Seniors. Sixty-seven people attended these classes.

Supervisory staff 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), Essential Community Supports (ECS) and Elderly Waiver (EW) programs, Rice County Public Health is responsible for implementation of Long Term Care Consultation (LTCC) activities, administration of waived 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.

Data: In 2019, there were a total of 380 referrals processed through the Long Term Care unit, an increase from 319 referrals in 2018.

Assessment/Screening Activities

Number of Assessments per Year	2019	2018	2017	2016
Initial Long Term Care Consultations (MnChoice Assessment)	113	115	136	116
Annual Assessments for AC/EW (MnChoice Assessment)	69	69	74	78
Total	182	184	210	194

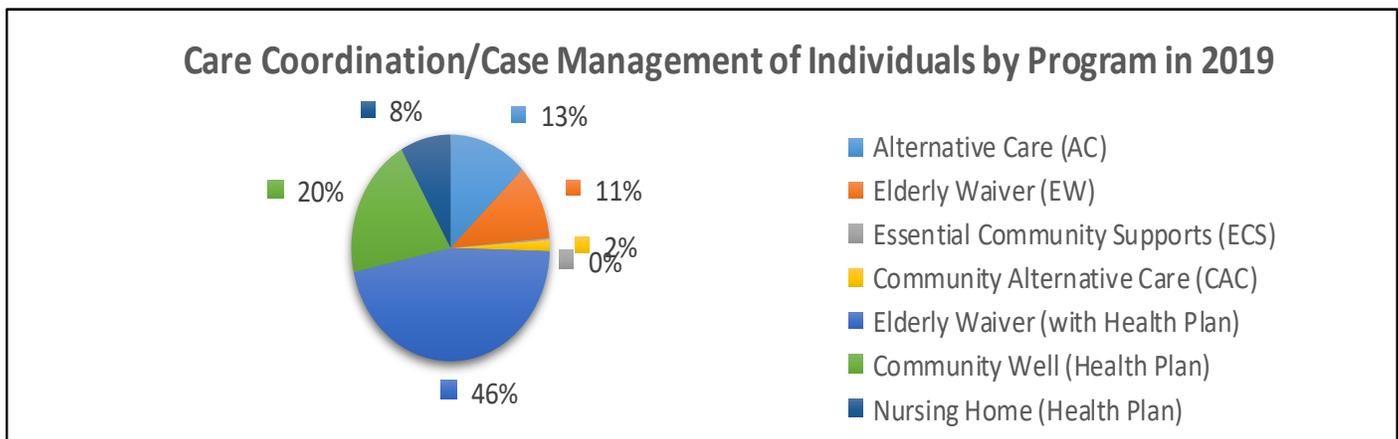
Long Term Care assessments help ensure persons are informed of available home and community based options. This face-to-face consultation provides resources, determines program eligibility, level of care, and provides transition assistance to relocate individuals from skilled nursing facilities to the community. All long-term care staff obtained or maintained their Certified Assessor Certificate during 2019 and were able to use both the MnChoice assessment and support planning applications.

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 2019 data related to client count by program in the following chart is a "snapshot in time." Compared to December 2018, it reflects a slight decrease in client numbers.

Client Count by Program	Monthly Data December 2019	Monthly Data December 2018	Monthly Data December 2017	Monthly Data December 2016	Monthly Data December 2015	Monthly Data December 2014
Alternative Care (AC)	32	56	53	52	60	59
Elderly Waiver (EW)	47	47	51	39	53	78
Essential Community Supports (ECS)	2	1	1	0	N/A	N/A
Elderly Waiver (with Health Plan)	195	201	203	201	207	225
Community Well (Health Plan)	98	88	90	89	90	71
Nursing Home (Health Plan)	35	36	33	41	44	79
Total	409	429	431	422	454	512

Data: During 2019, Long Term Care staff conducted 790 case management in-person visits to clients for a total of 6,521 case management hours. This was a decrease in overall visit count, but an increase in case management time from 2018.



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.

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

These members have MA and have enrolled in either Minnesota Senior Health Option or Minnesota Senior Care Plus health plans 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.

Data: In December 2019, Rice County Public Health was responsible for the care coordination of 261 Blue Cross Blue Shield members and 68 UCare members. This compares to 254 Blue Cross Blue Shield members and 58 UCare members in 2018.

ADMINISTRATION

Debra Purfeerst served as CHS Administrator and Public Health Director during 2019. 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.

In 2019, the Rice County Community Health Assessment was completed. This work was led by Clinic and Community Supervisor Sara Coulter, and included community input on prioritization as well as work on the Community Health Improvement Plan.

The 2019 Rice County Community Health Assessment is posted on the agency website at:
<http://www.co.rice.mn.us/DocumentCenter/View/1580/2019-Community-Health-Assessment-PDF>

Rural Impact County Challenge

Rice County participated in the Rural Impact County Challenge, a national initiative to help advance county efforts to both expand affordable housing and understand the link between housing, health, and equity. The project is a collaboration between the National Association of Counties (NACo), Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute and includes twelve counties in the U.S. The goal is to identify new and innovative solutions to the issues facing counties including affordable housing.

A team made up of Rice County staff from Public Health, the Housing and Redevelopment Authority (HRA), and Commissioner Malecha began work on this project in 2019. The format of the project allows participating counties to learn from their coaches, subject matter experts, and from their fellow rural counties.

Staff Training and Policy Review

Annual all staff training was conducted in the fall of 2019. Topics included: Communicable Disease and Infection Control; Fraud, Waste and Abuse; HIPAA and Data Privacy, and agency policy review and updates. All agency policies were reviewed and updated by the management team in November 2019.

Quality Improvement (QI)

The public health QI council, co-chaired by Lyndsey Reece and Sara Coulter, met regularly, 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 monitored and completed in 2019:

- 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

One PDSA cycle was initiated in 2019:

- To develop a strategy to decrease paper usage to decrease cost and effects on the environment

Licensing and Inspection activities in Rice County:

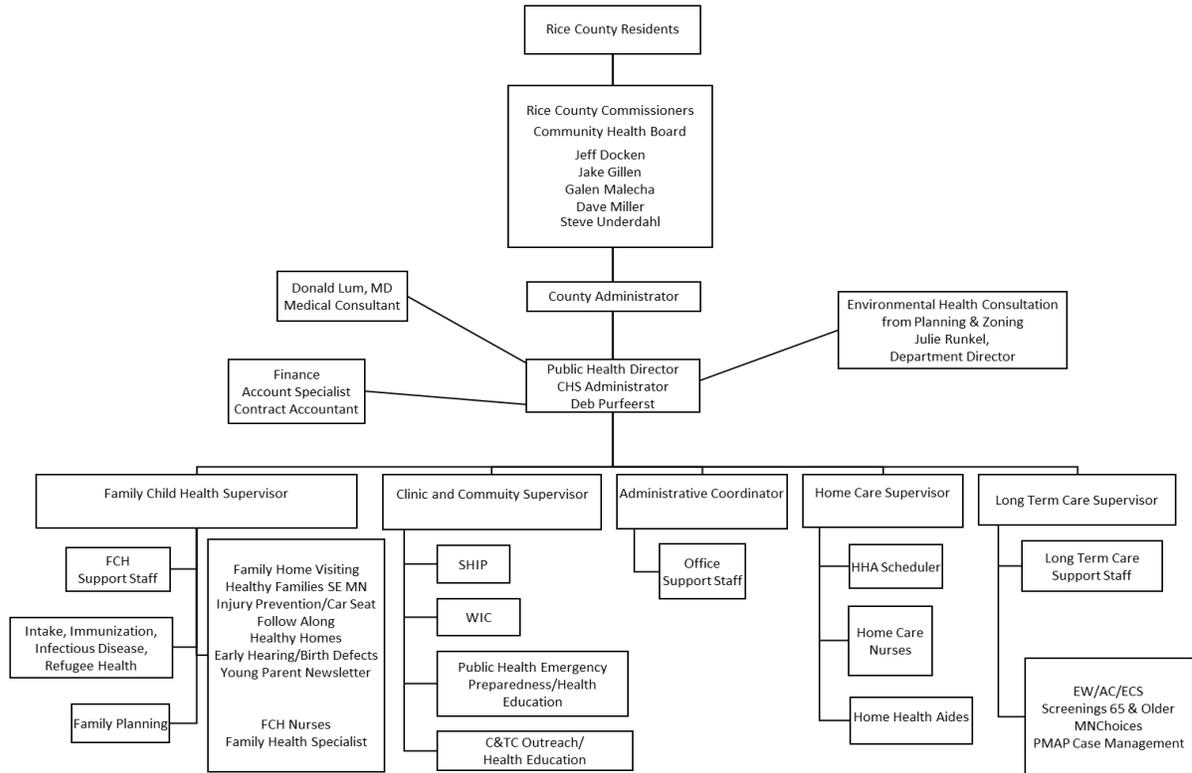
The Minnesota Department of Health (MDH) licenses and inspects food and beverage establishments, lodging establishments, and public pools in Rice County.

Data provided by MDH indicate that in Rice County in 2019: 270 establishments were licensed by MDH; 15 plans were reviewed by MDH; 434 inspections were conducted by MDH; and 17 complaints were investigated by MDH staff.

2019 Rice County Public Health Leadership Team

Deb Purfeerst: Director / CHS Administrator
Kim Viskocil/Amy ErnsteCaron: Long Term Care Supervisor
Diane Winkels/Laura Burkhartzmeyer: Home Care Supervisor
Sara Coulter: Clinic & Community Supervisor
Susan Prieve: Family Child Health Supervisor

2019 Rice County Public Health Organizational Chart



2019 AGENCY STAFFING

Board of Commissioners/Community Health Board

Jake Gillen - 1st District

Galen Malecha - 2nd District

Dave Miller - 3rd District

Steve Underdahl - 4th District

Jeffrey Docken - 5th District

Medical Consultant: Donald Lum, MD

Nursing/Business/WIC Program Staff

Matt Absher, PHN

Tracy Ackman-Shaw – Health Educator

Abdullahi Ali – Office Support

Laura Burkhartzmeyer – Home Care Supervisor

Lea Butterfield – Office Support

Loretta Cordes - PHN

Sara Coulter – Clinic/Community Supervisor

Katrina DeYoung-Harper – PHN

Cindy Gray – Office Support

Sarah Hawley, WIC Professional

Mary Handberg – PHN

Kiera LaRoche – PHN

Sarah Lauseng, RN

Heather Luethje, PHN

Lorre Martin – Account Specialist

Marie McCarthy, RN

Brandis Miller – WIC Professional

Crystal Moravec – RN

Kathy Neirby – WIC Coordinator

Jean Norgaard – PHN

Susan Prieve – Family Child Health Supervisor

Debra Purfeerst – Director/CHS Administrator

Josh Ramaker – SHIP Coordinator

Lyndsey Reece, CTC Coordinator

Deb Sammon – Office Support

Sheena Savoie, Office Support

Courtney Schwartz, PHN

Amy Velishek – RN

Kim Viskocil – LTC Supervisor

Elisabeth Welch-Hornes, PHN

Rebecca Wellbrock – PHN

Diane Winkels – Home Care Supervisor

Jennifer Wolff – Office Support

Katie Wren - RN

Social Workers

Joy Davison

Amy Ernste-Caron LTC Supervisor

Nicole Gillard

Karen Hoflock

Jolene Nelson

Home Health Aides

Sara Abukaff

Amy Crowningshield

Tamra Fette

Melissa Fischer

Rhonda Hagle

Shannon Hallamek

Melissa Klemz

Shirley Knott

Michelle Miller

Susan Olson

Valerie Pommeranz

Patti Rosett

Yvette St. Martin

Trisha Sharp

Family Support Specialist

Elizabeth Jimenez

Contract Therapy

PT: Residential Therapeutics Inc.

Contract Interpreters

Sadiya Ahmed

Leticia Cordova

Hamdi Farah

Noemi Gracia Trevino

Samira Muhidin

Juana Paramo

Sharisse Vargas

Volunteers: Fran Holmblad and Debra Petersen