

Rice County Community Health Annual Report 2021



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INTRODUCTION

This Annual Report summarizes the work of Rice County Community Health Services, provided through Rice County Public Health in 2021.

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 ALL 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

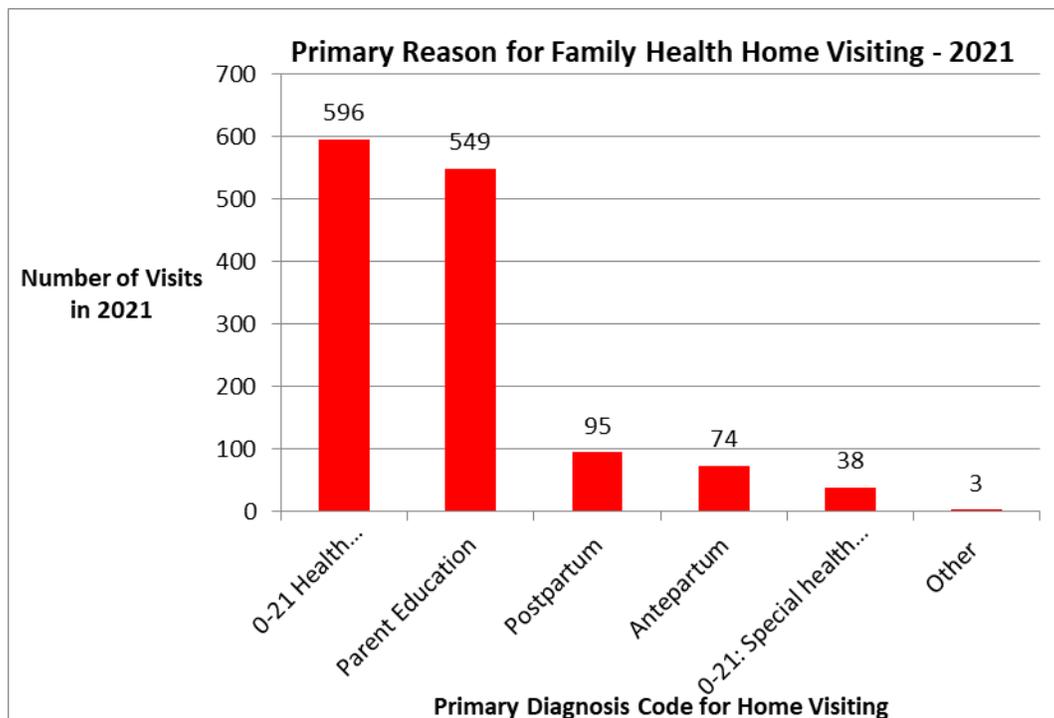
Family Child Health services are intended to strengthen and preserve the health of individuals and families in Rice County. Services focus on support, prevention, and education to promote optimal wellness. Activities include family centered home visiting, group activities, public education and outreach. 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;
- provide support for families such that child abuse and other forms of family violence do not occur.

Family Home Visiting

This includes health promotion and counseling visits to promote effective parenting and child growth and development. Staff continued to utilize evidence influenced family home visiting practices in addition to evidence-based models of family home visiting. These practices enhance parent/child relationships, reduce childhood injury, positively affect child development, improve home safety, and promote school readiness.

Data: In 2021, 1,355 visits were made by to 252 clients in 142 families. This compares to 1,607 visits to 228 clients in 122 families in 2020, and 2,178 visits to 336 clients in 194 families in 2019. 64 families were served through extended family home visiting in 2021. This compares to 48 families in 2020, and 74 families in 2019.



Family Health Specialist

Family health specialist (FHS) and certified community health worker Ely Jimenez continued to offer bilingual (English/Spanish) parent education and support to families. Goals and outcomes included children up-to-date with well childcare and immunizations, prevention of child abuse and neglect, prevention of childhood injury, increased connection to community resources, early childhood education programs, and health care.

Data: In 2021, 207 FHS visits were made to 13 clients from 7 families. This compares to 252 FHS visits to 21 clients from 11 families in 2020 and 140 visits to 15 clients from 8 families in 2019.

Southeast Minnesota Family Home Visiting Partnership

In July 2018, Rice County Public Health joined with six other southeast Minnesota counties, including Goodhue, Freeborn, Dodge, Steele, Winona and Wabasha, in an evidence-based family home visiting partnership. In 2019, Rice County Public Health applied for and received expansion grant funding from the Minnesota Department of Health (MDH) to include Houston and Fillmore Counties in the partnership and serves as grant applicant and fiscal host for this regional partnership.

Hallmarks of evidence-based family home visiting models include early engagement of families prenatally or shortly after the birth of their infant and provision of intensive home visiting over a period of 2-3 years. Goals include early childhood attachment, optimum childhood growth and development, promoting child and parent well-being and preventing the abuse and neglect of children.

Data: In 2021, 599 visits were provided to 77 clients in 39 families in Rice County, using two evidence-based family home visiting models: Healthy Families America and Maternal Early Childhood Sustained Home Visiting (MECSH). This compares to serving 34 families in 2020 and 28 families in 2019.

Community Education and Collaboration for Healthy Families

Family Child Health staff actively participated in community 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 and Mental Health Collective, Northfield Promise, Rice County Child Protection Team, and the Rice County Prenatal Exposure Team.

Newborn support groups were conducted in Faribault and Northfield for parents of children up to twelve weeks of age throughout 2021. These free support groups were conducted collaboratively with Allina Health – Faribault, Northfield Hospital, Faribault Early Childhood Family Education and Northfield Family Education Center.

Infant Follow Along Program

Rice County Public Health 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, follow-up and referral for children with developmental concerns. Materials were available in both English and Spanish.

Data: 248 Rice County children were enrolled in 2021, compared to 284 in 2020, and 283 children in 2019.

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 provide information regarding child growth and development, parenting, safety, nutrition, childcare, and community resources, and were available in both English and Spanish.

Data: 4,326 newsletters were sent to families with children ages birth to 3 in 2021. This compares to 4,574 in 2020, and 4,948 newsletters in 2019.

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 provided family planning counseling, referral for medical care and methods, follow-up and sexually transmitted infection (STI) testing and treatment. Medical care and family planning methods were provided through contracted Rice County area providers and with HealthFinders Collaborative for outreach and enrollment efforts.

Data:

In grant fiscal year July 2020 – June 2021, 185 clients were provided counseling and 145 clients enrolled for method services, with 43% choosing a long-acting contraception. In addition, 62 individuals were tested for STI's. Sixteen percent testing positive and receiving treatment for chlamydia. This compares to previous fiscal years: July 2019 – June 2020, 177 clients were provided counseling and 145 clients enrolled for method services; July 2018 – June 2019, 178 clients were provided counseling and 136 clients enrolled for method services.

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.

Child and Teen Check-Ups Outreach

In 2021, 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.

Due to the pandemic, C&TC outreach activities were primarily offered through virtual events and digital marketing, with some outreach completed in person during the second half of 2021.

Rice County C&TC Coordinator Lyndsey Reece, in partnership with the Association of Maternal and Child Health

Programs and the Minnesota Department of Health (MDH) continued work focused on adolescent mental wellness. This included work with local teens, school districts, and community partners. Lyndsey also initiated participation with community partners in a Mental Health Promotion and Suicide Prevention Cohort offered through MDH.

Data: All four medical clinics located in Rice County provided C&TC exams in 2020. The most recent data available on C&TC participation rates in Rice County indicates a 41% participation rate in 2020, a 49% participation rate in 2019, and a 45% participation rate in 2018.

Car Seat Education

In 2021, staff continued to provide education regarding proper use and installation of child safety seats. Rice County Public Health partnered with Healthy Community Initiative (HCI) to help train five additional car seat technicians, including public health staff Ely Jimenez. In addition, Health Educator Lyndsey Reece became certified as a Car Seat Passenger Safety Instructor, which will allow public health to more effectively provide car seat education to Spanish speakers in Rice County and to help keep local technicians certified.

Public Health staff provided car seat instruction to families with young children on a one-to-one basis and distributed car seats via Blue Plus, UCare, and a Minnesota Department of Public Safety grant. Due to the pandemic, information and education was offered both virtually or in person, based on the wishes of the family.

Staff also partnered with car seat technicians and instructors from HCI and South Central EMS to host community car seat clinics.

Data: 194 visits were conducted for car seat instruction and distribution in 2021, compared to 184 visits in 2020 and 315 visits in 2019. Four community based car seat clinics were hosted in 2021.

Health Education via Social Media

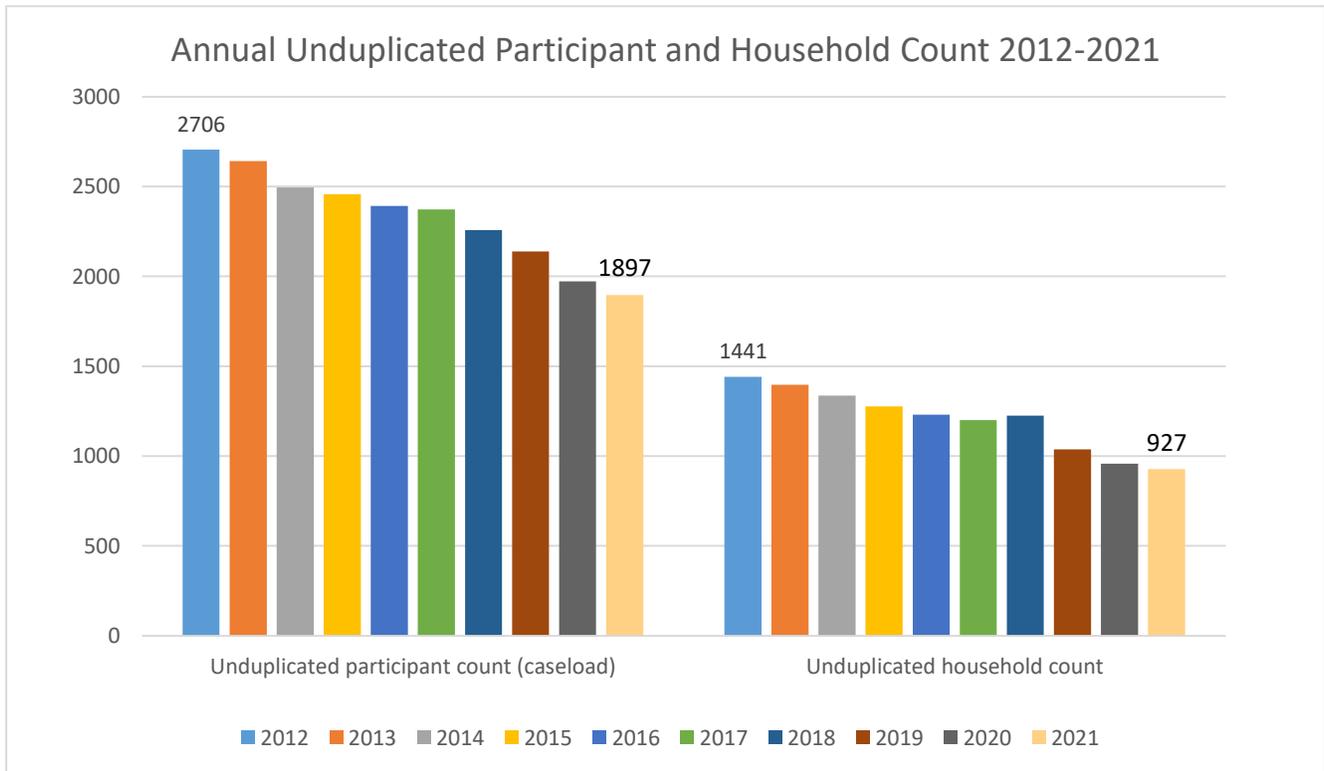
In March 2017, Rice County Public Health launched a Facebook site for health education messaging.

Data: At the end of 2021, the Rice County Public Health Facebook page had 2,300 followers, which is a 132% increase over 2020. Page fans are 79% women and 21% men. Age breakdowns include 20% ages 25-34, 30% ages 35-44, and 21% ages 45-54.

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, health care referrals and supplemental foods. Throughout 2021, WIC operated primarily with telephone based services due to the COVID pandemic and the federal government's physical presence waiver.

Participation in WIC has continued to decline across the state. The following chart shows the annual unduplicated count of households and participants in Rice County through 2021.



All eligible WIC participants have some level of nutritional risk. In 2021, 25% of participants were at high nutritional or medical risk and received more intense monitoring and follow-up. Given that the vast majority of WIC participant visits occurred virtually staff had to rely on health care assessment data for objective data when it was available and relied on motivational interviewing to determine care priorities. Examples of high-risk conditions are maternal weight loss in pregnancy, obesity, low hemoglobin and gestational diabetes.

In 2021, 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 2021, three farmers markets in the county participated in the program. Staff educated participants and distributed check sets with a \$30 value to 430 households. The redemption rate of these checks was 25.39%.

The American Rescue Plan Act authorized a temporary increase to \$35 in cash value benefits for fruits and vegetables for children and women enrolled in WIC between June and September 2021. For the month of October benefits reverted back to categorical amounts and then in November shifted to \$24 for child participants, \$43 for pregnant and postpartum participants and \$47 for fully and partially breastfeeding participants for the remainder of the year.

Data: In 2021, 927 unduplicated households were served through the Rice County WIC program.

Statewide Health Improvement Partnership

The goal of the Statewide Health Improvement Partnership (SHIP) is to help Minnesotans live longer, healthier lives by preventing 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.

In 2021, SHIP awarded \$27,073 to community partners; and secured \$19,739 of in-kind funds and leveraged \$212,985. Activities focused on improving access and reducing barriers to healthy eating and physical activity for county residents.

- Community Action Center of Faribault: \$17,500 to help increase access to emergency food
 - In-kind funds: \$6,400; Leveraged funds: \$181,160
- Faribault Online Academy: \$2,250 towards physical education equipment to increase access to physical activity
 - In-kind funds: \$250; Leveraged funds: \$250
- Community Action Center of Northfield: \$2,245 to help increase access to emergency food
 - In-kind funds: \$10,600; Leveraged funds: \$30,000
- River Bend Nature Center: \$2,150 towards a hydration station to help increase access to water
 - In-kind funds: \$300; Leveraged funds: \$400
- City of Northfield: \$2,000 towards a hydration station at the library to increase access to water
 - In-kind funds: \$523; Leveraged funds: \$225
- Peace Community Garden: \$928 to help increase access to fresh fruits and vegetables
 - In-kind funds: \$1,666; Leveraged funds: \$950

Work that Rice County SHIP staff assisted in launching:

The Community Action Center of Faribault launched a new food shelf and resource center in Faribault. A beautiful space supported and encouraged by Faribault community partners, including SHIP staff, who saw a need and put a plan in action. The new Faribault food shelf is a “SuperShelf” and emulates the Northfield Community Action Center food shelf.

St. Olaf College went tobacco-free and vape-free as of September 1, 2021, a step that provides a healthy and safe campus environment for all. Rice County SHIP partnered with the American Lung Association and Public Health Law Center to help St. Olaf move towards this goal.



Radon Education

Rice County Public Health continued to offer public education on radon in 2021. With support from the Minnesota Department of Health, free short-term test kits were made available both at the office in Faribault and by mail.

Data: In 2021, 102 radon kits were distributed, compared to 99 in 2020, 157 in 2019 and 763 in 2018. Between 2010 and 2020 (the most recent data available), 58.6% of the Rice County homes tested for radon were at or above the Environmental Protection Agency's (EPA) action level of 4 pCi/L. At or above this level, the EPA recommends corrective measures to reduce exposure to radon gas.

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 clinics were held throughout 2021, with some "park and go" and "by appointment only" during months of building closure related to the pandemic.

Data: In 2021, 396 uninsured/underinsured individuals were vaccinated with 856 vaccines supplied through the Minnesota Department of Health. This compares to 361 uninsured/underinsured individuals receiving 607 vaccines in 2020, 328 uninsured/underinsured individuals receiving 960 vaccines in 2019, and 379 individuals receiving 1,135 vaccines in 2018.

991 individuals received flu vaccines in 2021, compared to 977 in 2020; 908 in 2019; and 1,047 in 2018. This number reflects privately purchased vaccine, as well as flu vaccine provided through MDH.

In 2021, 16,147 COVID-19 vaccinations were administered by Rice County Public Health.

Disease Investigation and Follow-Up

Disease prevention and control is an important responsibility for local public health departments, 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. Staff also continued to provide follow-up to pregnant women testing positive for hepatitis B infection, to assure infants born to these mothers received appropriate vaccination and follow-up serology.

Public Health is also responsible for assisting newly arrived refugees in obtaining physical examinations and medical follow-up. Notification is received of primary refugees arriving in Rice County from MDH, and staff then follow up to assist in arranging necessary health services. Over the last two years, the number of primary refugees coming to Rice County has been minimal. In 2021, 1 primary refugee assisted with medical follow-up.

Data: One individual received directly observed medication therapy for active tuberculosis in 2021, compared to 3 in 2020, 5 in 2019, and 2 in 2018. One TB case investigation was completed in 2021, compared to one in 2020.

In 2021, 10 individuals received medication for latent TB infection. This compares to 22 individuals in 2020; 51 individuals in 2019, and 74 in 2018.

Rice County Infectious Disease Meetings

Rice County Infectious Disease meetings, typically convened by Rice County Public Health, were put on hold in both 2020 and 2021, due to the pandemic. Instead regular partner meetings were held virtually, specific to COVID-19 pandemic response.

Data: 13 COVID-19 Infectious Disease Partner Meetings were convened by Rice County Public Health in 2021. Invitees included representatives from Rice County area healthcare, long term care, emergency medical, infectious disease, law enforcement and emergency managers.

Emergency Preparedness Activities

Emergency preparedness activities during 2021 were primarily focused on the COVID-19 pandemic. This included public education in addition to planning and implementing COVID-19 vaccination clinics. Public Health continued to use Everbridge to distribute Health Alert Network (HAN) communications to identified Rice County groups.

Data: In 2021, 20 health advisory messages were received from MDH and distributed to local providers.

The Public Health Department continued involvement in the Rice County Emergency Preparedness Advisory Council (REPAC), as it has since this group formed in 1988. The council functions in an advisory capacity (health coalition) to the Public Health Department's emergency preparedness planning efforts. Public health leaders, the Rice County Public Health Emergency Preparedness Coordinator, the Rice County Emergency Manager, members of local law enforcement, hospitals, healthcare providers, long term care facility providers, EMS providers, township and county board officials and the local Red Cross attended meetings. REPAC guides local emergency preparedness activities and coordination, assesses needs, and reports findings and/or recommendations to the Rice County Board of Commissioners as needed. Rice County Public Health's PHEP Coordinator, Tracy Ackman-Shaw, served as REPAC Vice President in 2021.

COVID-19 Response:

Pandemic response included weekly meetings with the Southeast MN Regional Disaster Healthcare Coalition, Southeast MN Regional Long Term Care Coalition, and the Southeast MN Regional Public Health Emergency Preparedness (PHEP) Committee. There was also frequent participation in various MDH meetings for coordinated state and local public health response and regular partner meetings with local representatives from law enforcement, healthcare, emergency managers, long-term care, childcare, schools and higher education.

From January through early June, Incident Command briefings were led by public health staff 1-2 times per week. These briefings included participation by the County Administrator, Sheriff, Emergency Manager, Social Services Director, Director of Facilities, Public Health Director, Public Health Clinic and Community Supervisor and Public Health Emergency Preparedness Coordinator.

Agency response activities:

- Convened county-wide groups related to:
 - Infectious disease updates and situational awareness
 - Vaccine communications with a focus on health equity
 - Emergency food response
 - Educational system updates for childcare/preschools/K-12/institutes of higher education
 - Planning for testing and mitigation strategies
- Engaged with residents/businesses on questions and/or guidance documents regarding COVID-19
- Conducted case investigation and contact tracing
- Followed up with essential service requests (47 in 2021)
- Conducted weekly community vaccination clinics
- Monitored and posted weekly incidence rates on website
- Provided public information via Facebook, press releases and website postings
- Updated Rice County COVID-19 vaccination/current situation stats twice weekly
- Managed volunteers within the MN Responds Medical Reserve Corps
- Shared various MDH/MN Governor Offices' media campaigns on vaccinations/boosters
- Provided vaccinations for individuals living in assisted livings, group homes, the county jail, and homebound individuals, in addition to mass vaccination clinics

COVID-19 impacted all agency staff. Agency services pivoted as needed, to adjust to changing MDH guidance to ensure staff and client safety. Many staff took on additional pandemic response duties to meet the needs of frequent vaccination clinics. Throughout the pandemic, Rice County Public Health Director, Deb Purfeerst, issued numerous public press releases as well as internal communications to staff and employees.

Data: 10,014 staff hours (nearly 5 FTE's!) were devoted to COVID-19 pandemic response in 2021, compared to 6,105 staff hours in 2020.

COVID-19 Pandemic Timeline for 2021:

- **January 2021**- Due to vaccine shortages, agency worked directly with Northfield Hospital to procure limited Pfizer vaccine. This became a long-term partnership for vaccine needs.
- **January-April 2021**- Vaccination clinics held following MDH's guidance for identified priority groups.
- **February 2021**- Vaccine distribution was disrupted in several states due to severe winter storms. This resulted in the only week during 2021 when Rice County Public Health did not offer a vaccination clinic.
- **March 30, 2021**- All Minnesotans age 16+ became eligible for COVID-19 vaccinations.
- **May 13, 2021**- Governor Tim Walz ends the state requirement of indoor face coverings.
- **May 2021**- Children ages 12-15 became eligible for COVID-19 vaccinations.
- **August 9, 2021** - Indoor face coverings required for Rice County government buildings, due to increasing cases.
- **August 11, 2021** - MDH states that 90% of COVID-19 cases are due to delta variant.
- **September 2021** - Pfizer booster doses are approved to be administered.
- **October 2021** - Moderna and Johnson & Johnson booster doses are approved to be administered.
- **October -December 2021**- Awarded MDH grant for vaccine incentives and distributed 550 gift cards.
- **November 2021**- COVID-19 vaccinations became available for children 5 years through 11 years of age.
- **December 2021**- First case of COVID-19 omicron variant confirmed in Minnesota.

2021 Rice County Public Health Vaccination Data:

- 16,147 COVID-19 vaccinations given
- 112 COVID-19 vaccination clinics
 - 31 clinics were hosted at community partner sites
 - 81 clinics were held at the Rice County Government Services Building
- Highest number of vaccinations given at one clinic: 695 on April 28, 2021

2020-2021 Cumulative Rice County COVID-19 Disease Data:

- Total Confirmed COVID-19 case count: 12,211
- COVID-19 Hospitalizations: 592
- Deaths: 157

Other Community Health Promotion Activities

Clinic & Community staff actively participated in numerous partnerships related to public health and wellness initiatives. 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 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
- 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
- Rice County Emergency Preparedness Advisory Council
- SE MN Public Health Emergency Preparedness Coordinators group
- SE MN Disaster Health Coalition
- SE MN Data Group
- Faribault Mental Health Committee
- Homeless Prevention Committee
- Head Start Advisory Council
- MINDS (Moving In New DirectionS)
- Adolescent and Young Adult Collaborative Improvement and Innovation Network
- Health and Happiness Project

HOME CARE DIVISION

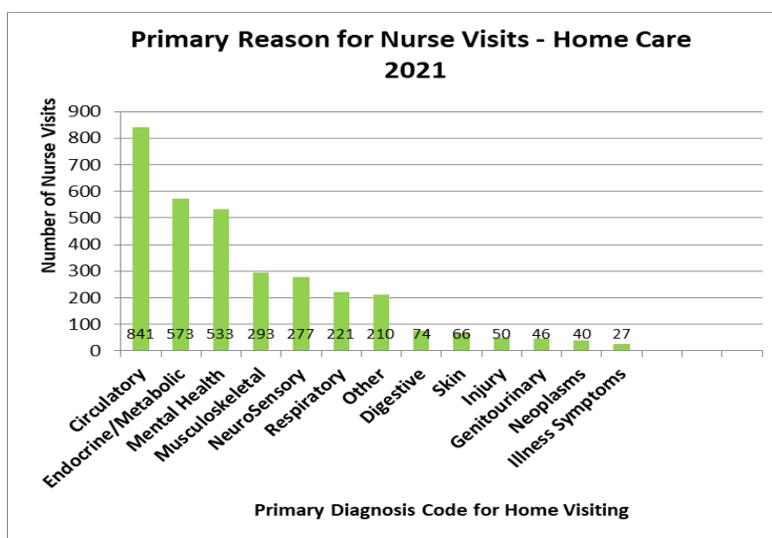
Home care continued to be an important service of Rice County Public Health in 2021. Major goals of this program are to ensure:

- (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 Visits

This includes home care 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: 3,251 nurse visits were made to 149 clients in 2021. This compared to 3,259 visits to 158 home care clients in 2020, and 4,525 visits to 337 clients in 2019. Similar to 2020, circulatory diagnosis remained the primary reason for home care visits.



Case Management Visits by Home Care Staff

Home care nurses also provided case management visits and care coordination for some clients.

Data: 163 case management visits were made to 39 clients in 2021, compared to 190 case management visits to 56 clients in 2020, and 271 case management visits to 66 clients in 2019. In 2021, home care nurses provided 237.5 hours of case management time to these clients compared to 274 hours in 2020 and 387 hours in 2019.

Home Health Aide Visits

Data: 12,485 home health aide and homemaking visits were made to 103 clients in 2021. This compares to 13,369 visits to 111 clients in 2020 and 14,106 visits to 119 clients in 2019.

Home Care Activities

The Center for Medicare and Medicaid Services requires that home care agencies implement a quality improvement (QI) plan. In 2021, staff continued to focus on timely initiation of care services. In January 2021, home care ratings indicated 91.9% timely initiation of services, with data consistent through October 2021.

Nursing staff conducted medication drug regimen reviews with all home care clients. Medication reviews included a complete drug history at initial visit, medication teaching, monitoring for medication effectiveness, assessment for medication side effects, and communications with physicians and pharmacists. Medication set-up was provided to clients in need of those services as well as “Drug to Drug Interaction” reports.

Work continued on falls prevention, since data continues to reflect 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, in addition to ongoing fall prevention teaching and preventative measures.

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 for all clients and 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 established. Home care nurses continued to work closely with adult protection staff from Rice County Social Services if needed, to ensure client safety, and staff participated in Adult Protection Community Team meetings.

Internal chart audits were completed quarterly for quality assurance purposes. This quality improvement process helps staff objectively evaluate care and make necessary changes. In addition, satisfaction surveys were sent out three times per year on a random basis to home care clients and monthly surveys were conducted by Deyta on Medicare and Medicaid clients.

Results of 2021 Home Health Care Consumer Assessment of Healthcare Providers and Systems (HCAHPS) surveys:

- 100% of clients indicated the nurse told them about the care and services they would receive. (State 96.8%; National 96.70%).
- 96.8% of clients rated care from the agency at a 9 or 10 (0-10 scale with 10 highest). (State 81.2%; National 86.1%).
- 87.1% indicated that would recommend agency. (State 73.4%; National 78.9%)
- 100% indicated receiving help or advice when contacting office (State 92.6%; National 93.8%)

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, or have waiver case management and/or health plan care coordination.

Data: In 2021, there were a total of 397 referrals processed by the Long Term Care Unit, compared to 336 referrals in 2020, 380 referrals in 2019, and 319 referrals in 2018.

Assessment/Screening Activities

Number of Assessments per Year	2021	2020	2019	2018	2017
Initial Long Term Care Consultations (MnChoice Assessment)	158	101	113	115	136
Annual Assessments for AC/EW (MnChoice Assessment)	68	70	69	69	74
Total	226	171	182	184	210

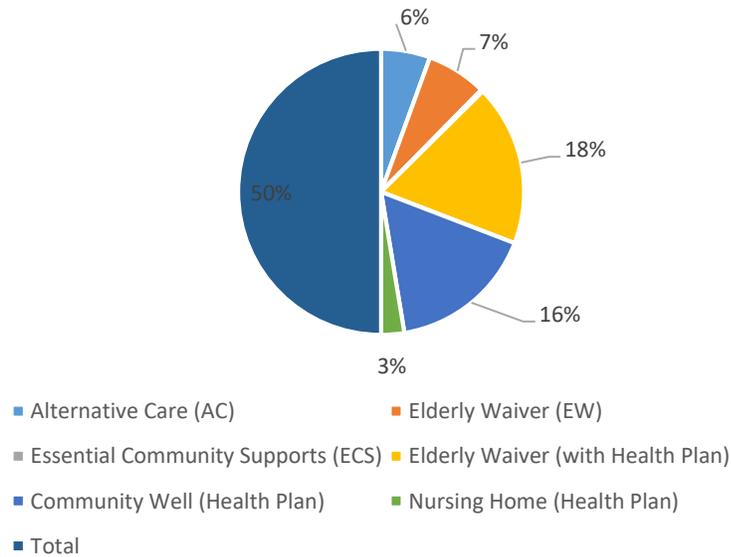
Long Term Care assessments help ensure persons are informed of available home and community based options. This face-to-face consultation provides resources, determines program eligibility, level of care, and provides transition assistance to relocate individuals from skilled nursing facilities to the community. All staff obtained or maintained their Certified Assessor Certificate during 2021 and were able to use both the MnChoice assessment and support planning applications.

Care Coordination / Case Management Activities 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 social workers or nurses in the long-term care unit.

The chart below contains data related to client count by program historically for the month of December, as a “snapshot in time.” Compared to December 2020, it reflects a slight increase in client numbers.

	Monthly Data December 2021	Monthly Data December 2020	Monthly Data December 2019	Monthly Data December 2018	Monthly Data December 2017	Monthly Data December 2016
Alternative Care (AC)	49	41	32	56	53	52
Elderly Waiver (EW)	60	52	47	47	51	39
Essential Community Supports (ECS)	2	2	2	1	1	0
Elderly Waiver (with Health Plan)	161	192	195	201	203	201
Community Well (Health Plan)	146	101	98	88	90	89
Nursing Home (Health Plan)	23	36	35	36	33	41
Total	441	424	409	429	431	422

Care Coordination/Case Management of Individuals by Program in 2021



Data: In 2021, Long Term Care staff conducted 820 case management “in person or virtual” visits and 8,134 case management hours. This was a decrease in visits and case management time from 2020, however an increase from 2019.

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. A person is eligible for EW if they meet the requirements of age, are eligible for MA, choose to receive community services, and meet the level of care determination.

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 2021, Rice County Public Health was responsible for the care coordination of 243 Blue Cross Blue Shield members and 87 UCare members. This compares to 253 Blue Cross Blue Shield members and 83 UCare members in 2020.

ADMINISTRATION

Debra Purfeerst served as CHS Administrator and Public Health Director during 2021. 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, Rice County Safe Roads Coalition, and Rice County Infectious Disease Group.

In addition, the Director was involved in numerous regional and statewide groups, serving as a Community Health Board Representative on the Minnesota State Maternal Child Health Advisory Task Force, SE Representative on the State Infectious Disease Continuous Improvement Board, as well as actively participating in regional and state Local Public Health Association (LPHA) meetings and the State Community Health Services Advisory Committee.

Staff Training and Policy Review

Frequent staff trainings continued in 2021 in order to keep staff abreast of changing infectious disease policies and guidance. Annual all staff training was conducted in the fall of 2020. Topics included: Communicable Disease and Infection Control; Fraud, Waste and Abuse; HIPAA and Data Privacy; and agency policy review and updates.

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 throughout 2021:

- To revise customer satisfaction surveys to reflect each unit/program and to increase the response rate
- To increase home care ratings regarding timely initiation of care and drug education for clients
- To develop a strategy to decrease paper usage to decrease cost and effects on the environment

Two new project proposals were submitted at the end of 2021 and that work will begin in 2022. No new PDSA cycles were initiated in 2021 due to capacity with COVID-19 and some were put on hold due to demands of COVID-19.

Health Equity

Quarterly staff meetings included a health equity educational component and the department continued engaging staff group discussions about unconscious bias largely using the “Oops/Ouch” approach.

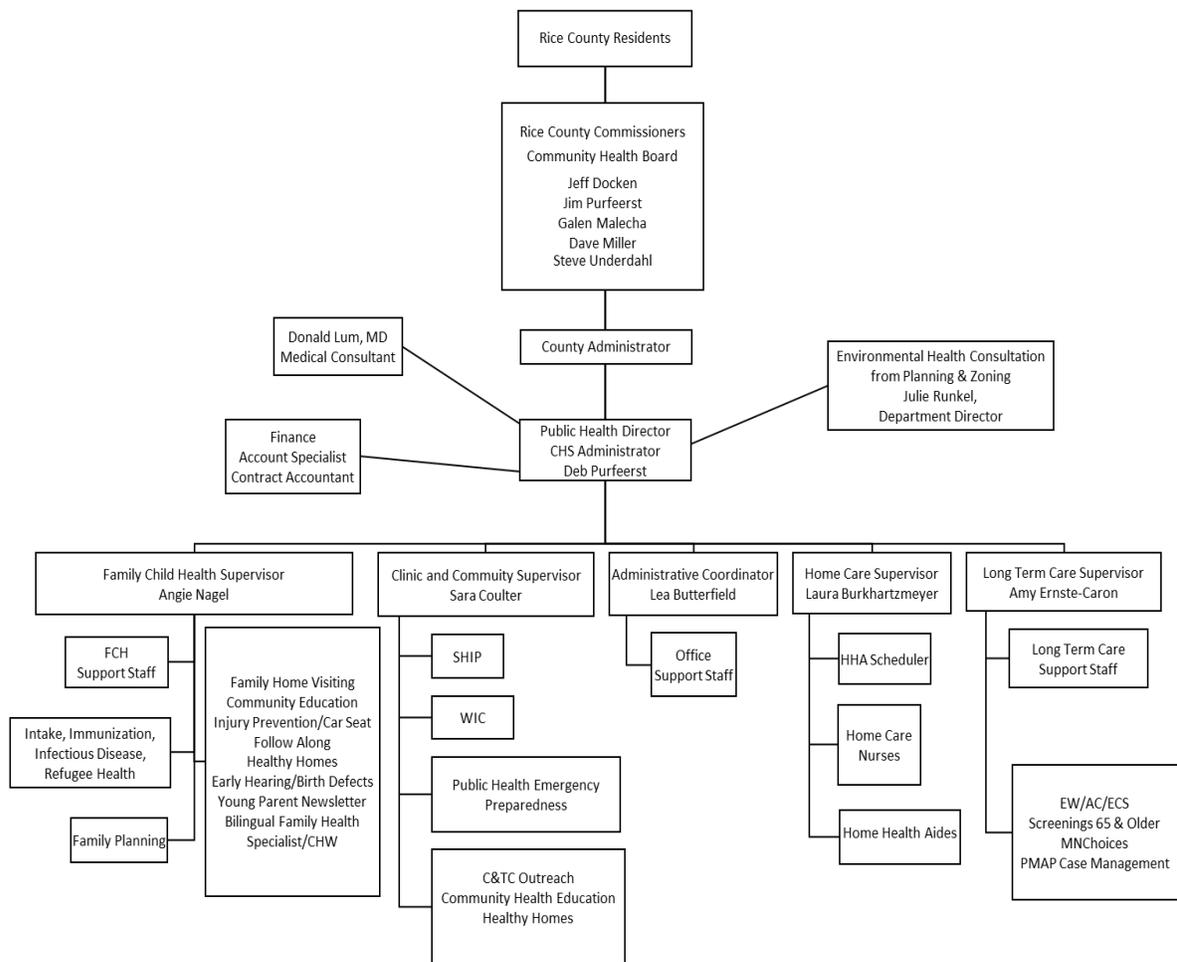
Communications

In 2021, 32 press releases were issued from the Rice County Public Health Department, compared to 35 in 2020.

2021 Rice County Public Health Leadership Team

Deb Purfeerst: Public Health Director / CHS Administrator
 Amy ErnsteCaron: Long Term Care Supervisor
 Laura Burkhartzmeyer: Home Care Supervisor
 Sara Coulter: Clinic & Community Supervisor
 Angie Nagel/Fae Schumacher: Family Child Health Supervisor
 Lea Butterfield: Administrative Coordinator

2021 Rice County Public Health Organizational Chart



2021 AGENCY STAFFING

Board of Commissioners/Community Health Board

James Purfeerst - 1st District
Dave Miller - 3rd District
Jeffrey Docken - 5th District

Galen Malecha - 2nd District
Steve Underdahl, Chair - 4th District

Medical Consultant: Donald Lum, MD

Nursing/Business/WIC Program Staff

Matt Absher - PHN
Marielle Arostegui – WIC Professional
Tracy Bjerke – WIC Professional
Lea Butterfield – Office Support Supervisor
Amanda Fox - RN
Mary Handberg – RN
Sarah Lauseng - RN
Heather Luethje, PHN
Lorre Martin – Account Specialist
Brandis Miller – WIC Professional
Kathy Neirby – WIC Coordinator
Andrea Phothisanh – WIC Professional
Josh Ramaker – SHIP Coordinator
Maria Rendon – Office Support
Deb Sammon – Office Support (TPT)
Fae Schumacher – Family Child Health Supervisor
Amy Velishek – RN
Diane Winkels – PHN (TPT)
Katie Wren - RN

Tracy Ackman-Shaw – PHEP Coordinator
Nancy Bernal – Office Support
Laura Burkhartzmeyer – Home Care Supervisor
Sara Coulter – Clinic/Community Supervisor
Cindy Gray – Office Support
Kiera LaRoche – PHN
Mitchell Luckow - PHN
Breanna Macheel – PHN
Marie McCarthy - PHN
Angela Nagel – PHN
Patricia Palmquist – RN
Debra Purfeerst – Director/CHS Administrator
Lyndsey Reece - CTC Coordinator
Kathryn Roth - WIC Professional
Sheena Savoie - Office Support
Jessica Sheridan – RN
Rebecca Wellbrock – PHN
Jennifer Wolff – Office Support

Social Workers

Hannah Chaddock Amy Ernste-Caron Nicole Gillard Karen Hoflock Jolene Nelson

Home Health Aides

Amy Crowningshield Tamra Fette Melissa Fischer Rhonda Hagre Shannon Hallamek
Sarah Jenson Shirley Knott Shawnalee Lean Sara Muellerleile Valerie Pommeranz
Patti Rosett Yvette St. Martin Trisha Sharp Nichele Thompson

Family Support Specialist

Elizabeth Jimenez

Contract Interpreters

Noemi Avila Hamdi Farah Juana Paramo Sharisse Vargas

Volunteers

Dr. Reed Johnson
Kate Gruenwald
Kathy Westlund
Kristin Stets
Dr. Richard Huston