



*Nicollet County
Public Health*



Public Health
Prevent. Promote. Protect.

*2016
Annual Report*

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2016 NICOLLET COUNTY COMMUNITY HEALTH BOARD

COUNTY COMMISSIONERS

Marie Dranttel..... District I
James Stenson, chair..... District II
Dave Haack..... District III
Jack Kolars..... District IV
Dr. Bruce Beatty District V

Beginning January 1, 1991, the Nicollet County Board of Commissioners was designated as the legal authority to provide public health services in Nicollet County. The responsibilities for programs included in the Local Public Health Act that are delegated to the Nicollet County Board of Commissioners include Home Health, Family Health, Disease Prevention, and Health Promotion. The Nicollet and Brown County Commissioners function as the Local Board of Health, or Brown-Nicollet Community Health Board.

Postscript: The Nicollet County Health Advisory Committee was disbanded in January, 2005.

NICOLLET COUNTY PUBLIC HEALTH STAFF – 2016

Director

Mary Hildebrandt, RN, PHN

Accounting/Clerical/Public Health Neighbor/Loan Closet staff

Cheri Maes, Accounting Specialist/Case Aid

Judy Schuneman, Accounting Specialist

Family Health

Sue Wear, PHN

School Nurse

Arlinda Penner, Dietician

WIC Program Coordinator

Lynn Stuewe

WIC Clerk and Follow Along Program Coordinator

Cindy Rasmussen, PHN

Maternal Child Health Coord/Infant Follow Along

Linda Kraus-Waggie, PHN

Maternal Child Health/CTC Outreach Coord

Home Care

Sandy Renor, RN

Jody Fischenich, RN

MnCHOICES Certified Assessors/Waiver Service Case Managers

Jennifer Lammert, PHN

Waiver Program Supervisor; Case Manager

Kelsie Peters, LSW

Case Manager

Kelly McDonough, LSW

Case Manager

Kari Arndt, LSW

Case Manager

Jani Jenness, PHN

Case Manager

DeAnna Aufderheide, LSW

Case Manager

Barbara Keith, PHN

Case Manager

Jessica Johnson, RN

Case Manager

Senior Programs

Sylvia Perron

Coordinator of senior programs and transportation

Disease Prevention

Jody Fischenich, RN

Jail Health Nurse and Tuberculosis Resource

Karen Swenson, Env. Spec.

Public Health Disaster Preparedness Coordinator

Sue Wear, PHN

Immunization Specialist

Health Promotion

Sandy Renor, RN

Patty Takawira – Healthy Together (Brown-Nicollet, Le Sueur-Waseca) SHIP coordinator

Home Health Aides/Homemakers

Michelle Ediger Liebhard

Donna Selby

Susan Erickson

Robyn Sellner

ADMINISTRATIVE REVIEW

Staff changes: **Linda Kluever** retired after 34 years working for Public Health as the WIC Coordinator. **Arlinda Penner** was hired to replace her in February. **Patty Takawira** resigned from the SHIP Coordinator position to work at the Minnesota Department of Health and will be replaced early in 2017. **Sylvia Perron** retired December 31st from the Sr. Services/Transportation Coordinator after 38+ years with Public Health.

Minnesota's Public Health system functions as a partnership between state and local government, and is designed to ensure that the public's health and safety are protected statewide while providing local governments with the flexibility needed to identify and address local needs. Local Public Health responsibilities include 1) assuring an adequate local public health infrastructure, 2) promoting healthy communities and healthy behaviors, 3) preventing the spread of communicable disease, 4) protecting against environmental health hazards, 5) preparing for and responding to emergencies, and 6) assuring health services. The following accomplishments by department demonstrate how our staff worked to meet these responsibilities in 2016.

Public Health Administration: (Infrastructure)

- Implemented a Sharps Disposal Program in conjunction with Tri-County Solid Waste and recycled sharps from 38 persons.
- Disposed of and replaced old durable medical equipment from the Loan Closet.
- Added Medica contract for flu shot reimbursement
- Streamlined our grant invoicing process in conjunction with Brown County and Brown-Nicollet CHB
- Nightingale Notes now has the ability to incorporate travel miles in addition to time.
- Participated in Somali Health Connection, a collaboration between Blue Earth County Public Health and the leaders at the local mosque to try to improve understanding of the US health care system and preventative health.
- Cross-trained support staff in CTC, Follow Along Program, Loan Closet and general support of the office.
- Offered 8 GAC nursing students Public Health clinical experiences for 12 weeks
- Hosted a PH Intern from GAC for one semester

Waiver programs: (Assure Health Services)

- MnCHOICES-Several staff participated in Beta testing for changes in the assessment tool; A mentor and the waiver supervisor are members of the reassessment pilot workgroup that reconvened this calendar year; One of the waiver staff is part of the 'MnCHOICES 2.0' redesign workgroup; A presentation was developed and given to the mental health units (children and adults) in May for increased understanding of the assessment process-a referral form and process were also developed.
- Technology has helped our waiver unit with our efficiency and workflow. Examples include Adobe Reader/Writer, Hotspots, Smart phones, and dual monitors at the desk.
- Waiver staff participated in a two day training by the U of M on Person Centered Thinking in March. A survey to providers, who work with our waiver clients, was disseminated to determine both interest and participation in this training for their employees.
- A waiver service/negotiated rate was developed with a local provider to meet a need-24 hour emergency assistance. This will allow clients who transition out of a foster care setting or similar to have access to someone as a 'safety net'.
- One of the waiver staff, Kelsie Peters, successfully graduated from Connecting Nicollet County in May.

Family Health and WIC: (Promote health and healthy behaviors)

- Staff persons expanded participation in community provider meetings including clinics, hospital discharge planners, and cultural health. In addition, an increased use of interpreters has helped staff develop skills when utilizing this service during assessments/reassessments.
- Additional staff member trained as Certified Car Seat Technician
- Initiated Healthy Smiles project, bringing dental hygienist to WIC clinic to offer dental cleaning and fluoride treatments.
- Participated in Early Childhood Dental Network, providing dental education and resources for parents.
- Nicollet Co Public Health became a Cradle of Hope site, where parents can apply for crib/temporary financial assistance for pregnancy related hardship.

- Hosted and attended statewide WIC Grow and Glow training.
- Hired and trained new WIC Coordinator.
- Created a quarterly WIC newsletter to hand out to participants
- Purchased software – One Call Now – to enable texting of appointment reminders to participants reducing staff time as well as costs associated with mailing reminder postcards
- Agency was awarded “Breastfeeding Friendly Health Department” at the Silver level by the Minnesota Department of Health
- WIC Coordinator applied for and obtained State WIC funding to update WIC offices, waiting area and clinic to be more child friendly and person-centered

Home Care/Refugee Health/Latent TB Program/Jail Health: (Assure Health Services) (Prevent spread of communicable diseases)

- The Home Health Aide new hire folder was updated and revised in accordance with Public Health policies and the Minnesota Department of Health Comprehensive Home Care requirements.

SHIP – Healthy Together – Brown-Nicollet, Le Sueur-Waseca joint project (Promote health and healthy behaviors)

- SHIP funds were utilized to provide materials for a new church garden (United Methodist) in Le Center and a new refrigerator and storage equipment for the Le Center Food Shelf. A very bountiful garden provided an increase in fresh produce donations for the food shelf. Additional pick up times were added at the food shelf as a result of increased produce and proper storage. This partnership will continue. The garden may be a 4-H club Community Pride project for 2017.
- SHIP coordinator and PH Director participated in a Health Equity Data Analysis Pilot project and presented our process at the Minnesota Community Health Services annual conference.

Health Promotion (Promote health and healthy behaviors):

- The NC Wellness Committee promoted the book ‘EAT MOVE SLEEP’ by Tom Rath. The lessons are easy to read and incorporate for anyone looking to make small changes that add up to improving their health. This promotion was simultaneous with the Mankato Clinic THRIVE campaign.
- Participated on the Nicollet County Wellness committee and submitted healthy living articles to the Wellness Committee Newsletter.

Preparedness: (Prepare and respond to emergencies)(Prevent spread of communicable diseases)

- The PH Director and PH Preparedness Coordinator (PHPC) participated in two South Central Healthcare Coalition Regional Exercises, the Preparedness Coordinator served on the planning committee for both exercises.
- The PH Director and PHPC participated in the Statewide Communications exercise held on March 29, 2016.
- PH Director and PHPC as well as additional PH staff and EH staff participated in the Nicollet County Active Shooter Exercise in April.
- Actively participated in both regional and state response activities related to Influenza and Ebola/Isolation and Quarantine Planning.
- Nicollet County PHPC continues to serve on the Executive Committee for the South Central Regional Healthcare Coalition and the State Community Health Advisory Committee Public Health Preparedness Workgroup, and the State of Minnesota Department of Health/Department of Homeland Security Senior Advisory Committee.
- PH Director, PHPC and Nicollet County Public Information Officer, Jamie Haefner participated in a South Central Regional Public Information Office Workshop/Training in April.
- Successfully completed PH Preparedness grant activities required for annual work plan to ensure continued funding from MDH/CDC.
- Continued to participate with Nicollet County Emergency Management’s LEAN project to develop a county based computer platform for secure sharing of Emergency Preparedness plans between, Law enforcement, Emergency Management and Public Health.
- PH Director and PHPC attended and participated in a two day Public Health Strategic Planning Meeting sponsored by the Minnesota Department of Health in November.

EXPENDITURE/INCOME SUMMARY FOR PROGRAM AREAS

Program Area	Expenditure Summary	Income Summary
	Actual 2016	Actual 2016
Family Health	57,938	57,785
Home Health	106,511	34,959
Core Function	130,242	38,488
Health Promotion/ SHIP	53,845	49,233
Disease Prevention	78,525	38,400
Admin	36,745	0
Waiver Programs	775,324	669,114
Mat. Child Health	210,006	185,088
WIC	197,612	147,082
Senior Programs	98,862	48,257
PH Prepared.	34,730	25,462
TOTAL	1,780,340	1,293,868

Total expenditures were up about 1.9% in 2016. Staffing expenditures remained steady without many changes.

Total revenues were up about 4.9%. Nicollet County Public Health experienced increases in both the Local Public Health Grant (LPHG) due to new legislation, and the Public Health Emergency Preparedness (PHEP) Grant due to a funding formula change.

Core Function hours are supported by the Local Public Health Grant but still require county dollars. Core Function activities are the work that Public Health does to address population based activities.

Local Public Health Grants changed in 2013. All grants are now required to be invoiced. Prior to 2013, LPHG dollars came at regular intervals during the year.

Health Promotion and SHIP expenditures increased as we commit more staff time to SHIP activities. Funding for SHIP salaries is covered by the SHIP grant.

Disease prevention expenditures continue to increase, however, we are now billing MA and Health Plans for the visits required for TB medication management.

Administration costs increased with the staff compensation increases. Administration includes costs that are not directly connected to a program area.

Maternal Child Health income is fairly stable. WIC expenditures increased primarily due to a staff retirement and benefit pay-out. WIC expenditures are covered with WIC Fed dollars, WIC-TANF dollars and CTC outreach dollars.

The Senior Program budget benefits from the contract with the City of St. Peter for Senior Center Coordinator activities. The major increase in expenditures was related to mileage.

County Funds for Public Health – 2016			
Program	Expend	Income	Cty Funds
Family Health	57,938	57,785	153
Home Health	106,511	34,959	71,552
Core Function	130,242	38,488	91,754
Health Promotion	53,845	49,233	4,612
Disease Prevention	78,525	38,400	40,125
Administration	36,745	0	36,745
Waiver Programs	775,324	669,114	106,210
Mat. Child Health	210,006	185,088	24,918
WIC	197,612	147,082	50,530
Sr. Programs	98,862	48,257	50,605
PH Preparedness	34,730	25,462	9,268
TOTAL	1,780,340	1,293,868	486,472

Cost for Public Health Services:

Per capita	Percent of Budget that is Co. Funds		
2014	12.16	2014	25%
2015	15.52	2015	34%
2016	14.59	2016	27%

2014 cost per resident is based on an estimated population of 33,032.
 2015 cost per resident is based on an estimated population of 33,093.
 2016 cost per resident is based on an estimated population of 33,347.

LOAN CLOSET

The Loan Closet Program was established as a public service for people residing in Nicollet County or paying taxes in Nicollet County who need items that would facilitate activities of daily living or caregiving on a short term basis. Durable medical equipment is available for a small deposit. When items are returned in good condition, the borrower is offered the choice of a refund of their deposit, or they may donate any portion of the deposit back to the program. Residents also donate purchased equipment which also helps support the program. With monetary donations as well as donations of equipment, the program is self-sustaining. Monetary donations are used to repair or replace equipment. 2016 numbers below:

Number of Users per Community:

St. Peter	159
North Mankato	46

Users who donated per Community:

St. Peter	106 (67%)
North Mankato	19 (41%)

Monetary Donations per Community:

St. Peter	\$1,955.00
North Mankato	\$265.00

Equipment Donations per Community:

St. Peter	16
North Mankato	6
Nicollet	0
Courtland	0

Number of Items Loaned Out per Community:

St. Peter	208
North Mankato	56

TAKE IT TO THE BOX

Medication disposal is a concern for our environment and for public safety. In response to this, Nicollet County offices of the Sheriff, Environmental Services and Public Health partnered to create a safe disposal program. A disposal 'box' was purchased and installed into the lobby of the NC Jail. The 'box' is similar to the walk-up deposit drawer on the outside of a bank. Items can be inserted but not retrieved. The site was chosen as it is open to the public most hours and there is constant surveillance of the box. In 2015, 425 pounds of pharmaceuticals were collected. In 2016, 793 pounds were collected.

SHARPS DISPOSAL PROGRAM

A sharps disposal program for safe disposal of needles or sharps was established in 2016. This was a joint venture between Tri-County Solid Waste, Nicollet County Environmental Services and Nicollet County Public Health. People are asked to collect needles or sharps in a hard sided container with a closure. Examples would be a laundry detergent bottle, a plastic milk jug, or a coffee can with a lid. They bring the closed container into the public health office and it is placed in a safe container for disposal. 38 containers of sharps were safely disposed of in 2016.

Family Health

FAMILY HEALTH

Legislation passed in 1985 provided funding for the Maternal Child Health (MCH) Grant. Its purpose is to provide prenatal, postpartum, child development, and injury prevention services for children. The peak number for prenatal referrals was in 1996 with 72 referrals. Mankato Clinic has begun to send all their prenatal referrals for area counties to a program called First Steps who then forward the referral to the appropriate county. This will hopefully encourage Mankato Clinic to refer more of their high-risk pregnancies to public health for services.

Prenatal Statistics

Prenatal Referrals	17
Prenatal Admits	4
Prenatal Clients	6
Prenatal Visits	10
Pregnancy Tests	6

SUMMARY OF FAMILY HEALTH CLIENT CONTACTS AND HOME VISITS

Summary of Family Health Client Contacts and Home Visits

	<u>Number of Clients</u>	<u>Number of Visits</u>
Leap to Learn	71	71
Family Health, Parenting, and Handicapped	23	110

Most visits are one-time visits. As a result of LTL visits, referrals are made to WIC, Head Start, car seats and answering a number of questions related to newborn care. Feeding issues elicit many questions. Public Health resumed offering Car Seat Distribution and education in 2015. Cheri Maes was trained in 2016 to become certified car seat educator thanks to a grant from Medica. Lynn Stuewe, Cindy Rasmussen and Cheri Maes distributed 59 car seats in 2016. Blue Plus, Medica and the Department of Transportation provide car seats for eligible recipients. In addition, Medica and Blue Plus reimburse the agency for providing the car seat education.

Geographical Location of Referrals						
Community	2011	2012	2013	2014	2015	2016
St. Peter	121	101	130	132	146	102
No. Mankato	120	143	148	179	144	165
Greater County	82	66	75	97	69	66
Total No.	323	310	353	408	359	333

LEAP TO LEARN

Because of the complexity and challenges of parenting, the belief is all families in Nicollet County have the right to benefit from the Leap to Learn program and has been offered to all parents of newborns since January 1, 1999. Funding has been provided by the Nicollet County Family Services Collaborative.

Initially, the collaborative mission was to integrate resources and offer support to families in order to support the healthy development and promote the well-being of all children 0-18 and their families. In 2007, FSC dollars were reduced 40% since revised eligibility guidelines stated these dollars could only be used for children at risk for out-of-home placement. The funding was again decreased in 2015 due to a change in the funding methodology. The Family Services Collaborative will continue to have limited funds. At this point, the future of the Collaborative is unknown. The package has been reduced over the years in accordance with the reduction in funding.

Universal contact programs, such as the Leap To Learn Program, are credited with contributing to earlier identification of potential developmental deficits and referral of these children to intervention services earlier than would be the case without the program. Public Health also has been recognized as being a primary referral source for other services such as Early Childhood Family Education, WIC, Child Teen Checkups, Child Care Assistance, Help Me Grow, and health insurance (MA, Mn Care).

Unable to Contact: Cell phones are replacing land phones. Those numbers are not listed in a phone book or on a website. Voice mail also takes many calls. If there is no response after three phone calls plus two letters, it is assumed that the offer of a home visit has been declined. Beginning in 2012, Mayo Health Systems, Mankato Hospital, no longer provides contact information for new births nor will they allow a public health nurse to visit patients on the maternity ward for the purpose of outreach. This has and will continue to affect the numbers of families we are able to contact.

LTL Outcomes	07	08	09	10	11	12	13	14	15	16
No. of parents found Incl. multiple births*	420	413	392	364	402	360	376	427	366	368
Unable to contact Refused/moved	122	162	147	161	180	193	274	313	260	297
No. of LTL home visits	208	169	174	140	150	117	102	114	89	71
FAP enrolled - home	208	169	174	140	154	114	102	111	84	66
FAP enrolled – WIC	49	61	48	32	41	38	29	16	11	2
FAP enrolled - phone	22	35	25	23	31	12	11	9	6	11

Being able to download birth information directly from the MN Department of Health has essentially assured that parents are universally known to public health even though contacting them is challenging.

FOLLOW ALONG PROGRAM

Nicollet County Public Health has been participating in the Follow-Along Program (FAP) since 1993, and since that time 5000 children have been enrolled. This program screens children on a regular schedule in order to increase the likelihood that children at risk for developmental delays will be identified at the earliest possible age. Beginning at the age of four months, questionnaires are completed every four months until the child is two years old when questionnaires are sent six months apart until the child's third birthday. When the questionnaire indicates developmental concerns, a public health nurse determines if further assessment and early intervention is warranted.

Beginning in 2005, parents began receiving a social-emotional survey when their child reached the age of one year. This survey's purpose is to encourage early intervention of children potentially at risk for developing emotional or behavioral problems. During 2016, 107 social-emotional surveys were mailed with a return rate of 59%. Parents were contacted if survey results indicated a potential concern. The surveys have also been utilized at WIC clinics or at home visits when a parent had a behavior concern about their child. (see next page for table)

Follow Along Program	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Active Clients	931	948	969	906	883	828	750	736	677	640	531	418
No. of new enrollees	299	342	323	342	280	232	246	181	156	152	121	100
No. Graduated from Program	115	117	110	95	116	133	105	100	80	89	54	46
Percent of questionnaires Returned	73%	71%	74%	74%	77%	74%	70%	65%	56%	53%	56%	61%
% of newborns enrolled for year	71%	70%	70%	62%	63%	54%	55%	45%	38%	27%	27%	22%
No. children provided contact Information for Early Intervention services	16	23	16	29	21	11	11	12	11	6	3	6

CHILD & TEEN CHECK-UP (C&TC) OUT REACH

Child and Teen Checkup outreach continues to aim for 80% of children on Medical Assistance to receive a complete and comprehensive checkup at least annually.

The DHS allocation at \$26.50 per MA eligible child allowed Nicollet County a budget of \$75,789.57 in 2016 to meet the mandated program goals. This includes informing the family by letter when their checkups are due and offering assistance when needed to attend their wellness exams.

Community based outreach opportunities in 2016 for the C&TC Coordinator included Project Community Connect and the Somali Health education sessions at the Islamic Center. The coordinator also attends quarterly “Help Me Grow” meetings with school, special education, clinic and county staff. Immtrack, our regional immunization registry, meetings are attended biannually with county and clinic staff. MFIP team meetings with county financial workers are also attended biannually.

Preschool screening is attended twice a year in Nicollet with the coordinator assisting with the exit interviews in reviewing health issues and checkups with the parent.

Health education sessions with the Somali Community continued in the Mankato/North Mankato area at the Islamic Center with a Somali Community Outreach worker and Blue Earth and Nicollet County staff attending and in St. Peter in conjunction with Mayo Health Clinic Health System. The C&TC coordinator assisted with topics related to children’s health, immunizations and autism. MDH staff came in August to present about autism, immunizations, and child development.

WIC clinics continue to be the most frequent and consistent source for C&TC outreach. Nutrition education information is supplemented with health related items like coloring books on health and exercise, toothbrushes, thermometers, books and MyPlate information. Clients are always assessed for health care coverage and referred as needed. We had 1165 C&TC face to face contacts at WIC in 2016.

We began our dental varnishing program in March 2016 and 105 WIC clients received dental varnish and oral health education by our contracted Dental Hygienist, Shannon Kruckeberg. This has been offered in St. Peter at voucher pick up day as the new building offers a good physical set up for this service. It is offered to all county children ages 6 months to 14 years old and meets the Dental Requirement for Head Start as well as C&TC.

The Catch 3 system continues to generate letters to clients when checkups are due and we include a seasonal health newsletter. It is anticipated that this system will be changing in the next year or so to a new web based system that has been in the works for years and will be updated more efficiently. In 2016 we sent 3,300 letters to clients with medical assistance.

SCHOOL SERVICES 2016

Screenings done in schools:

Hearing and Vision	1469
Scoliosis	61
Early Childhood	22

Number of Students seen by school nurse:

Routine Illness	814
Injuries	464
Medications	<u>349</u>
Total	1,627

98% of children in six schools are fully immunized.

Classes taught by school nurse to students:

Dental health	Hygiene	Puberty
Nutrition	Handwashing/Healthy Habits	Heart Health
Sun Safety	What is a community helper?	

Classes taught by school nurse to staff:

Medication Administration	Epi. Pen/Inhaler use	Blood Borne Pathogens
Asthma	Food Allergies	Seizure first aide
Diabetic Care		

Other Services:

- Parent orientations/classes
- Open House
- Kindergarten Round up
- Vaccinations; Seasonal Flu, sixth grade MnVFC
- Fluoride treatment set up
- 3rd Party Billing Manager/Para Supervision for 3rd party billing
- Student Wellness Coordinator
- Assist with Early Childhood Screening
- Set up Safety Fair
- Consult with Day Care/ Preschool/ Montessori
- Special Ed meetings/ Attendance meetings
- Concussion Program Facilitator/ Administrator of ImPACT testing
- Medical Consultation availability
- Facilitated So. Central School Nursing Meetings in 2016
- Medication Education with individual students

Group Education

Group Education Classes # Classes / Contacts:

Students – Pre-K – 12 th Grade	28	676
School Staff	20	145
Parents of Students	4	11

Educational Topics Include:

Handwashing, dental hygiene, winter survival, nutrition, puberty, medication administration class, blood-borne pathogens, diabetes, asthma, use of Epi pen, Kindergarten Roundup

WOMEN, INFANT AND CHILDREN (WIC) PROGRAM

WIC provides nutrition education and supplemental free foods to pregnant and breastfeeding women, infants, and children up to the age of five who have a nutritional need and are income eligible. WIC vouchers must be used to purchase foods that meet specific nutritional standards. Studies show that WIC participants improve their diets, are more likely to deliver at term, and keep appointments for prenatal care, child health, and immunizations.

Year	Summary of Program On December 31, 2016					
	Participant No. by Clinic Site			Participant No. by Program Category		
	No. Mkto	St. Peter	Totals	Women	Infant	Child
2011	223	417	640	150	140	350
2012	203	394	597	139	114	344
2013	200	362	562	142	140	280
2014	233	355	588	143	139	306
2015	197	297	494	107	109	278
2016	198	265	463	94	88	281

With the retirement of Linda Kluever in February of 2016, Public Health hired Arlinda Penner as our new WIC Coordinator in February 2016. Arlinda received extensive training on the WIC program and the computer software, HuBert.

The Coordinator also attended State WIC sponsored training for Baby Behaviors and PCS, Participants Centered Services. The goal for Baby Behavior training is to help parents learn and better interpret their newborn’s hunger, crying and sleep cues. Goal for PCS training is to teach the PCA how to place the participant at the center of every WIC interaction with a more comprehensive approach to supporting healthy lifestyle and eating behaviors.

The Agency hosted “Grow and Glow” which is a two day training that is designed to provide information on the roles of all WIC staff in promoting and supporting breastfeeding and how breastfeeding is the core component of WIC.

The WIC and SHIP coordinators worked together and utilized evidence-based breastfeeding policies to achieve “Silver” status as a Breastfeeding Friendly Health Department (BFHD). Nicollet County Public Health was recognized as a BFHD by the Minnesota Department of Health in September 2016.

*Home Health and
Home and
Community Based
Services*

HOME CARE SERVICES - 2016

Client Demographics (Nursing Visits by Location):

St. Peter	133
North Mankato	24
Greater Nicollet County	8

HHA Visits & Hours/visit:

Number of Unduplicated cases	27
Number of Visits	619
Number of Hours/visit	1.54

Professional Nursing Visits:

Nursing Visits	165
HHA / HM Supervision	101
Unduplicated Clients	27

Nursing Visits by Activity:

Info and Referral	113 hours
Assessment	11 visits
RN/PHN Visit	175 visits

Homecare Reimbursement Source throughout 2016:

Private pay RN/County RN	4
MA – Elderly Waiver (UCare or Blue +)	2
Alternative Care	2
CADI / PMAP/ECS	3
Private Pay/HHA/County HM	18
Totals	29

Homemaker/HHA services rates range from \$4.50-35.00/hr. Nursing visits range from \$15.00 to 135.00/visit. The Private Pay and County HHA/HM programs serve as the safety net for county residents, giving them an option for home care services when they do not qualify for any state or federal programs, or insurance coverage.

Summary – County Funds Used for Direct Hours of Service for 2016:

Program	Amount invoiced	Clients Paid	County Funded	% Paid by Clients
County HHA	2,379.25	2,115.50	263.75	89%
HHA Sliding Fee	6,403.00	6,760.25	(357.25)	100%
Professional Nursing Clients	1,340.00	1,690.50	(350.50)	100%
Total	10,122.25	10,566.25	(444.00)	100%

(Above figures reflect direct, or face to face, contact)

Summary of Home Care Services Income vs. Expenditures for 2016:

HOME CARE FINANCIAL CHANGES 2009-2016			
Year	Income	Expenditures	Cty dollars
2009	43,052	186,267	143,215
2010	39,703	148,527	108,824
2011	40,461	134,915	94,454
2012	31,107	123,989	92,882
2013	31,412	153,219	121,807
2014	40,312	131,431	91,119
2015	36,155	142,646	106,491
2016	34,959	106,511	71,552

Revenue for home care is limited to Public Health Nurse Clinics and homemaker services under the MA program, and private pay clients. 2016 income also includes \$5,399.70 Long Term Services and Supports (LTSS) dollars from DHS and \$34,958.68 from the jail. Expenditures are down due to shifting staff responsibilities and decrease in numbers of clients.

HOME AND COMMUNITY BASED SERVICES - 2016

Minnesota continues to promote community based alternatives to nursing home placement with clients receiving services under AC/EW/CAC/CADI/BI waivers. The State of Minnesota contracts with providers for an array of services including home care, PCA, vocational, chore service, corporate and family adult foster care, customized living or 24 hour customized living, adult day care, home-delivered meals and other supportive services. Numbers below reflect all clients – active, deceased or transferred - who were case managed in customized living settings.

Customized Living Facilities	06	08	10	11	12	13	14	15	16
Ecumen Sand Prairie – SP	16	20	16	19	29	31	33	39	39
Monarch Meadows-NM	44	53	41	44	46	46	51	51	48
Oak Terrace – NM	64	61	62	50	50	51	51	47	43
Lafayette – closed 1-6-14	6	7	6	3	5	5	3	0	
Pheasant’s Ridge – SP	1	5	15	17	14	17	18	18	14
Ecumen Prairie Hill – SP					3	7	6	8	6
Benedictine Court - SP								1	5
Other	0	1	5	1	2	4	8	9	11
TOTAL	134	149	145	134	149	161	170	173	166

ASSESSMENTS

Community assessments, using the processes of Long Term Care Consultation (**LTCC**) and MnCHOICES, are conducted by a nurse or a social worker whose role as a certified assessor helps people with long-term or chronic care needs make decisions and select support and service options. MnCHOICES as an online assessment tool replaces the LTCC assessment, PCA assessment, and DD screening document. Until MCOs (Managed Care Organizations) begin roll out under MnCHOICES, the legacy tool of the LTCC assessment is used. The assessment’s purpose is to ensure any person, regardless of income, is aware of home and community-based options to prevent placement in nursing and certified boarding care facilities. The county where the person is located at the time of the request is responsible to provide the assessment. When needs can be safely met at home and eligibility determined, clients are offered waiver program options. Reassessments occur annually for persons receiving waiver services or more frequently if health conditions change. An annual assessment is mandated for persons under 65 and residing in a nursing home to determine options for care in a less restrictive community setting. The Senior Linkage Line started completing telephone screenings for persons moving from a hospital to a nursing facility in October of 2013 in order to centralize this function for all of Minnesota. These screenings were a responsibility of the county staff prior to that date.

PCA assessments authorize Personal Care Assistance services in the community and, as such, all data is now included in the Community line item below.

LTCC by type	2004	2011	2012	2013	2014	2015	2016
Community/PCA Assessments	27	90	112	120	161	182	209
To admit to Program	65	40	47	68	68	65	79
Reassessment	152	212	229	228	235	254	286
↓65 & in NF	4	1	6	2	3	5	9
Community Well		39	41	43	39	39	44
Nursing Facility		67	68	51	45	37	51
Total	248	449	503	512	551	582	677

WAIVER PROGRAMS

Nicollet County Public Health assumed lead agent responsibilities for screenings and waiver programs in 1993. Medical Assistance funds the following waiver programs: Elderly Waiver (**EW**), Community Access for Disability Inclusion (**CADI**), Community Alternative Care (**CAC**), and Brain Injury (**BI**). The Alternative Care (**AC**) Program is a state funded program. A new program was added in 2015 called Essential Community Supports (**ECS**). 2004 is a benchmark year as Managed Care coordination for Community Well and Nursing Facility residents began in 2005.

Programs	WAIVER PROGRAMS CASELOAD													
	Annual Census*							End of Year Active Caseload						
	04	10	12	13	14	15	16	04	10	12	13	14	15	16
Alt. Care	51	8	11	8	12	10	15	36	6	7	5	9	6	9
Elderly Waiver	121	176	188	192	202	212	219	88	129	131	143	147	155	147
CADI	56	102	86	104	109	127	149	43	84	73	87	96	107	124
CAC	3	6	4	5	6	8	9	3	4	3	4	5	6	7
BI	4	6	6	5	5	5	5	4	6	6	5	5	5	5
Community Well – MC		75	86	71	62	75	93		61	52	49	47	61	71
Nsg. Facility – MC		99	87	81	72	57	67		59	48	45	35	34	36
ECS						5	5						4	4
Total	235	472	468	466	470	499	562	174	349	320	336	344	378	403

* **Annual Census** section represents duplications because of transfer from one program to another. This reflects total number of clients that have gone on and off programs in the past year, including changing from one managed care product to another.

Active Client - End of Year section are unduplicated numbers.

Nursing Facility – A smaller number of Nursing Facility clients is the result of a NF closure in Nicollet County (Grandview Good Samaritan) in June of 2014. Only one nursing facility (Benedictine Living Community of St. Peter) remains in Nicollet County.

CLIENTS LIVING IN ADULT FOSTER CARE HOMES

Adult Foster Care	2011	2012	2013	2014	2015	2016
Throughout Year	45	40	41	40	39	42

In 2016, there were 2 children in a medical child foster care home supported with waiver dollars for their care.

**SENIOR SERVICES – 2016
COORDINATOR – SYLVIA PERRON**

Total Hours Donated by Drivers:

2011: 1,957 **2012:** 2,675 **2013:** 2,396
2014: 1,953 **2015:** 1,731 **2016:** 1,818

Unduplicated Riders:

2011: 120 **2012:** 133 **2013:** 137
2014: 132 **2015:** 126 **2016:** 110

Total Miles Driven by Community:

	<u>2015</u>	<u>2016</u>
St. Peter	29,795	31,876
N. Mankato	6,506	2,862
West County	486	716

Volunteer Drivers:

	<u>2015</u>	<u>2016</u>
St. Peter	9	10
N Mankato	2	0
West County	3	2

Total One Way Rides:

2015: 2,057 **2016:** 1,771*

Mileage Rate for 2016:

.54 cents per mile

Mileage reimbursed to drivers: **2014:** \$20,470.00 **2015:** \$21,121.00 **2016:** \$19,145.16

*In past annual reports, this figure was reported as Round Trip Rides but in actuality they were one way rides.

All rides are now arranged from the Public Health Office.

COUNTY-WIDE ACTIVITIES

Annually: The Nicollet County Outstanding Senior Program was held at the County Fair and approximately 85 attended. Betty Thompson and Bob Maharry were selected the 2016 Outstanding Senior Citizens for Nicollet County.

Flu Clinics: Sylvia coordinated and assisted with clinics in St. Peter, Nicollet, Courtland, and Lafayette.

Property Tax or Renter Rebate help: Sylvia coordinated tax help for seniors at Parkview Manor, St. Peter (19), and Nicollet City Hall, Nicollet (11).

Medicare Updates: Three informational meetings about Medicare were held. "What's New for Medicare, 2017" was held in November (18). Open Enrollment for Medicare Part D sign up day was held in October (11). "Welcome to Medicare" was held in April (12). These are sponsored by the MN River Valley Area on Aging.

Sr. Program Coordinator's participation on Boards and Committees: St. Peter Senior Center/Recreation, Nicollet County Committee on Aging, Benedictine Living Center Board of Directors, St. Peter Sr. Providers, MVAC Homeless Response Committee.

Courtland Sr. Meetings: Sylvia attended the meetings to inform participants of senior issues and Medicare updates.

SENIOR CENTER ACTIVITIES

In her role as **St. Peter Senior Center coordinator**, Sylvia Perron is responsible for coordinating and planning all activities for the Center. The numbers for each event listed below represents a duplicated count for the year unless otherwise indicated.

Senior Weekly Card Events: Bridge (984); Men's Cards (311); 500 cards (615); and Pfeffer (1,898).

Monthly events include Sr. Dances (627), GAC lunch buffets (834), NAPS (378), Foot Clinics (388), and Breakfast at the River (108).

Special Events: St. Peter Sr. Expo (236); Tour of Lights (36); Stanford Health and Wellness presentation (17); Senior Christmas recognition (16); and VIP Bingo/Crafts event (22).

PALS – Partners in Active Living for seniors started in March, 2008. Nine 6 week sessions were held in 2016 with 269 persons attending. Average class size was 31. PALS coffee and lunch – 6 events (107).

Matter of Balance: This program emphasizes strategies to reduce the risk of falls. One 8 week session was held with (15) in attendance. Sponsored by VINE and the MN River Area on Aging.

Medicare: A representative from the MN River Valley Area on Aging is available to answer Medicare and insurance questions at the Senior Center the first Thursday of every month.

*Health Promotion
and
Disease Prevention*

**PUBLIC HEALTH STAFF INVOLVEMENT IN LOCAL, REGIONAL AND
STATE ACTIVITIES
2016**

Nicollet County Homeless Response Team	St. Peter Senior Provider Network
Public Health Emerg. Prep. Regional Grp	Nicollet County Wellness committee
Local Public Health Assoc. – State/Regional	Nicollet County Safety Committee
WIC Regional Breastfeeding Coalition	Planning Comm. - MDH Refugee Health forum
School Nurse Organization of Minnesota	Family Services Collaborative Adv. Grp
Nicollet School Wellness Committee	Solace project Advisory Council
Follow Along Program Coordinator group	MN Family Improvement Plan (MFIP)
Kindred Gatherings at VINE	Blue Earth and Nicollet Cty Interagency
Nicollet Cty. Em. Preparedness Advisory Cmte	County/State Workgroup - DHS
County Committee on Aging	Assisted Living Providers
Children’s Mental Health, LCC	Immtrack Advisory Committee
Adult Mental Health Advisory Committee	MFIP Team/Client Centered meetings
Adult Protection Team	Child Protection Team
Child Teen Check-up coordinators Regional Grp	MCH Coordinator’s Regional group
MnChoices 2.0 Advisory Group	MnChoices Multidisciplinary Team
MnChoices Reassessment Workgroup	Nicollet School Health & Safety
Mankato Area Care Network (MACN)	St. Peter Power-Up Clubhouse
Regional Long Term Care consultation Case Mgrs	Financial workers/Public Health Adult Team mtg
Senior Providers Network	Mayo TB Center Clinical Intensive
Regional CCT Case Manager’s meeting	Project for Teens
Regional Discharge Planners meeting	MNRAA SE Advisory Cmte on Aging
Early Childhood Dental Network (ECDN)	St. Peter and Reg. Transportation Cmte
Connecting Nicollet County	Regional Senior Provider Network
MN Sheriff’s Assoc. Correctional Health Board	Brown/Nicollet Community Health Board
Emergency Preparedness Annual Conference	Regional SC/SW Data Group
MSA Jail Nurse Conference	NCPH QI Team
Metro EW/AC/ECS Meeting	Benedictine Living Center Board of Dir.s
VINE Special Access Services Adv. Council	CHAT – Community Health Advisory Team
Statewide Health Improvement Program (SHIP)	SHIP Community Leadership Team
MnChoices Mentor Alliance	Planning committee – CHS Conference
Somali Health Outreach – NM and SP	BNCHB joint QI committee
Performance Improvement Steering Committee (PISC)	Regional EM Healthcare Coalition

2016 HEALTH PROMOTION ACCOMPLISHMENTS

Statewide Health Improvement Program (SHIP): Healthy Together, the partnership of Brown, Nicollet, Le Sueur and Waseca Counties has been awarded funding through October 31, 2017. SHIP staff and their Community Leadership Team members will continue working on policy, systems and environmental changes; local solutions for improving health.

Make It OK Campaign: Coordinated efforts between Brown and Nicollet County Public Health Directors and staff have led to developing an action team of mental health professionals promoting Make It OK campaign community presentations. Simple tools and tips for talking help facilitate open conversations that address and reduce the stigma of mental illness. A BCBS grant of \$11,500.00 was awarded for campaign promotion in 2015, and was expended over a 2 year period.

Nicollet County Wellness Committee: Evidenced based worksite wellness information is provided by Public Health SHIP staff. Goals from a worksite wellness assessment conducted in 2014 have provided direction for worksite activities including addressing high insurance claims related to health status. The new Health and Human Services building has healthy vending and a very nice mother's nursing room.

Power-Up Clubhouse: Invitations and requests from the clubhouse to provide information on a variety of health topics continue. Through the years, members have become familiar with the Public Health nurse and trust her in a setting that is comfortable for them. They also enjoyed group education sessions with Gustavus Adolphus nursing students; a community learning experience provided by Public Health.

PUBLIC HEALTH PREPAREDNESS ACTIVITIES – 2016

Public Health Preparedness accomplishments are listed in the administrative review of this document.

Karen Swenson continues as the Nicollet County Preparedness Coordinator with Mary Hildebrandt being the backup for this work. PHEP grant duties drive the work that is done on exercises, plan development, and work activities. Both participate in the South Central Public Health Emergency Coordinators meetings and the South Central Healthcare Coalition meetings and the exercises that are developed by the coalitions. They also work on various workgroups to support the work of these groups.

Karen Swenson and Mary Hildebrandt, in conjunction with Denise Wright, Nicollet County Emergency Manager, also lead the Nicollet County Emergency Preparedness Committee. This committee meets several times a year to plan exercises and events in the county. This group also serves as an advisory group to help with plan development and evaluation.

Another aspect of preparedness is notification systems. Judy Schuneman and Marcy Pengilly manage the Medical Reserve Corps. (MRC) website and send out periodic newsletters and tests of the system. Health Alert Network (HAN) notices are sent out by the designated HAN team members to alert providers of Public Health threats. We also have the Inventory Management and Tracking System (IMATS) used to track inventory from the strategic stockpile if it is needed. The primary contacts for this system are Cheri Maes and Marcy Pengilly.

All PH staff work on preparedness activities throughout the year. All Public Health and Environmental Health staff are trained in Incident Command, and are fit tested. Staff members are invited to the annual Regional Preparedness Conference at South Central College and most participate.

FLU IMMUNIZATIONS and IMMUNIZATION ACTIVITES

Summarizing the history of flu shot clinics, Nicollet County has offered low cost flu immunization clinics since 1986. The first clinics were targeted for the elderly. In 1993 Medicare began reimbursing the cost of immunizations. Private sector vaccination clinics have increased in recent years which likely accounts for the decrease in numbers of vaccinations.

Number Influenza Immunizations at Community Clinics

Community	2013	2014	2015	2016
Nicollet	12	36	38	30
Lafayette	18	23	24	16
Courtland	5	21	16	11
TOTAL	35	80	78	57

Payment Sources	2013	2014	2015	2016
Medicare/Part D Providers and Insurance	82	150	148	137
Private	9	6	6	3
Nicollet Co. Employees	143	141	152	149
St. Peter High School Staff – BC/BS	66	124	140	140
No Fee	8	11	5	0
TOTAL	308	432	451	429

Flu Shot Locations: Target locations continue to be Housing for Elderly (Pheasant’s Ridge AL, and Parkview Manor Sr. Apts), West County Communities (Nicollet, Courtland and Lafayette), and Home Care clients. St. Peter High School Staff and Nicollet County Employees are worksite clinics.

Immunization Registry: Currently, six counties are participating in Immtrack, the immunization registry for Le Sueur, Watonwan, Brown, Waseca, Nicollet and Blue Earth County. Beginning in 2003, all regional registries began entering the data into the Minnesota Immunization Information Connection (MIIC).

Registry benefits include having computer access to a child’s immunization record, parent reminders when their child’s next immunization is due or has been missed, and public health follow-up if a child’s immunization is delayed by more than three months.

Immunization status is routinely discussed at WIC appointments and MCH visits.

Immunization Practices Improvement – Clinic Site Visits: Nicollet County Public Health does regular site visits at the medical clinics located in the county for the purpose of oversight of appropriate storage and handling of vaccines. Currently there are two medical clinics in North Mankato and two clinics in St. Peter. All clinics stored and handled their vaccines as required by the MDH (Minnesota Department of Health).

School located vaccinations: In the year 2016, Nicollet County Public Health continued to offer Seasonal Influenza Vaccinations and 7th grade vaccinations to qualifying students in District 507, 508, and Lafayette schools. Minnesota Valley Education District (MVED) was added in 2015. A total of 9 students were vaccinated.

Schools:

- Lafayette Charter School
- St. Peter Evangelical Lutheran School
- Nicollet Public School
- Trinity Lutheran School
- John Ireland School
- Immanuel Lutheran School
- Minnesota Valley Education District (MVED)

2016 CORRECTIONAL HEALTH SERVICES

In May of 2011, the Nicollet County Jail contracted with Advanced Correctional Healthcare to oversee medical care of inmates. Advanced Correctional Healthcare provides an on-site physician once every 3 weeks as well as a mental health provider on-site for up to 4 hours weekly. Nicollet County Public Health works with Advanced Correctional Healthcare to continue to provide nursing services for the jail. A Nicollet County Public Health Nurse is on-site at the jail three or more times weekly to address inmate health needs, conduct 14 day assessments, and administer Mantoux tests.

Mantoux Testing: In 1993, a state statute mandated Mantoux testing for inmates and jail staff. This resulted in a formalized agreement with Public Health to provide Jail Health Services. Current statute states that inmates in jail 14 days or longer be tested.

In 2016, 63 Mantoux tests were administered to jail inmates. In addition, 9 jail staff were given annual Mantoux tests.

Skilled Nursing Visits: During 2016, there were 163 skilled nursing visits made to inmates totaling 331.5 hours (2015 – 129; 2014 - 87; 2013 - 100; 2012 - 118; 2011 - 74; 2010- 79).

CORRECTIONAL HEALTH SERVICE HOURS BY YEAR

2009	2010	2011	2012	2013	2014	2015	2016
156	168	243.75	251	287.75	280.5	420.5	404.25

Reimbursement: The jail has reimbursed public health for its services since 2001. Reimbursement for 2016 - \$13,495.40. (2015 - \$13,905.52; 2014 - \$11,981.95; 2013 - \$9,058; 2012- \$6,710; 2011- \$4,190; 2010- \$4,341). Increased reimbursement directly correlates with an increase in services to the jail.

REFUGEE HEALTH AND TUBERCULOSIS PREVENTION AND CONTROL

Tuberculosis (TB) and Refugee Health-Related Activities: Local Public Health is charged with preventing and controlling tuberculosis in conjunction with the Minnesota Department of Health (MDH). As in the previous year, Nicollet County had two cases of **active** tuberculosis in 2016. This required a collaborative effort of several Public Health Nurses to administer medications and manage care for six individuals to ensure adequate treatment for the airborne infectious disease. A total of 198 sessions of Direct Observed Therapy (DOT) were conducted in which the Public Health Nurse observed medication being taken as a means of ensuring and improving treatment.

Public Health Nurses also worked to deliver state-provided medication monthly to 28 individuals with **latent** TB infection. Latent TB is not infectious, but has a chance of becoming active if not treated. Typically, treatment is with a nine-month course of medications. In 2016, a total of 360 hours were spent on TB -- investigating cases, conducting DOT, delivering medications, coordinating care, training, and record-keeping. Last year, Nicollet County Public Health started billing third-party payers to help recover some of these costs; about \$16,200 was collected for these services in 2016.

Nicollet County continues to be a preferred location for refugees wanting to settle in Minnesota. Nicollet County Public Health assists in coordinating a variety of services for refugees, including a Refugee Health Assessment with local health care providers. The comprehensive assessment includes testing for parasites, lead and infectious diseases like TB, HIV and syphilis as well as updating immunizations.

In 2016, 14 primary refugees came directly from overseas to Nicollet County and another 58 secondary refugees came from places like Missouri, New York, Georgia, and Kentucky to then settle in North Mankato and St. Peter. Of those 68 secondary refugees, another eight moved before getting the Refugee Health Assessment in their first location and still needed it completed here. In 2016, a total of 175 hours were spent on Refugee Health. Nicollet County Public Health has recently begun to bill third-party payers to help recoup the costs of some of these services.

Number of:	2009	2010	2011	2012	2013	2014	2015	2016
Clients receiving latent TB treatment	2	6	16	18	17	30	16	28
Active TB cases	0	0	0	0	0	2	2	2
Clients receiving DOT	0	0	0	0	0	1	4	6
Primary refugees	*	*	*	*	*	*	7	14
Secondary refugees	*	*	*	*	*	*	12	58
Hours spent on TB and/or refugee activities	*	*	*	133.75	164.75	174.5	330	536

*no data was collected

Goals And Outcomes