



Public Health
Prevent. Promote. Protect.

**MOWER COUNTY
COMMUNITY
HEALTH
SERVICES**

Mission Statement

Protecting and promoting community health, self-sufficiency, and well-being through prevention efforts, early intervention, and provision of services.

**SUCCESS
STORIES**

Healthy Families America - Hope Martinez, PHN	4
WIC - Jane Knutson, PH Lead	8
TB - Ruth Lumley, PHN	14
Lead Poisoning - Tonya Meyer, PHN	18
MSHO - Kathy Carlson, PHN	23

**TABLE OF
CONTENTS**

Assure an Adequate Local Public Health Infrastructure	2
Promote Healthy Communities and Healthy Behaviors	4
Prevent the Spread of Infectious Diseases	14
Protect Against Environmental Health Hazards	18
Prepare For and Response to Disasters, and Assist Communities in Recovery	20
Assure the Quality and Accessibility of Healthy Services	23

2013 Annual Program Activity Summary



Public Health
Prevent. Promote. Protect.

Introduction

Calendar year 2013 was another busy and ever changing year at Mower County Community Health Services. Work continued in all areas of Public Health. This document outlines the important work done to help improve population health in Mower County.

A few highlights of the year include:

- Mower County Health and Human Services moved into its new location at the Government Center in downtown Austin in November 2013.
- We were able to design an updated clinic and lab area to better meet the needs of the clients and staff. Part of the redesign was the ability to add a height and weight room/in-

terview room in the clinic area to provide more privacy. We also were able to design a functional lab area where clients can be seen.

- We also have our vaccine refrigerator and freezer hooked up to the county generator now that we have moved into this building.
- Strategic planning efforts also incorporated using the overall health and human services planning and digging into four priority areas for Public Health.
- Mower County Community Health received a planning grant for the Statewide Health Improvement Program. A coordinator was hired in November 2013.

Mower County Community Health Services has a Community Health Assessment and Action Plan that follows the following areas of Public Health responsibility.

Areas of Public Health Responsibility Include:

1. Assure an Adequate Local Public Health Infrastructure
2. Promote Healthy Communities and Healthy Behaviors
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
6. Assure the Quality and Accessibility of Health Services

Mower County Health and Human Services is a visionary of collaborative efforts united in the delivery of services to all of its citizens by:

1. Promoting healthy communities.
2. Treating the individuals and families

3. Providing accessible and efficient delivery of services.
4. Facilitating partnerships with consumers and community providers.
5. Being accountable for cost-effective use of resources.

Assure an Adequate Local Public Health Infrastructure

Community Health Services (CHS)

“The community health survey combines opinion as well as behavioral health questions.”

Mower County Community Health Services has a Community Health Assessment and Action Plan that follows the following areas of Public Health responsibility.

In 2013, Mower County Community Health Services worked with its local community partners as well as the Minnesota Department of Health to develop a comprehensive Community Health survey. The Community Health survey combines opinion as well as behavioral health questions. The survey was completed in late 2012.

In early 2013, the randomized Community Health survey was mailed out to Mower County residents to assess community health needs and health behaviors.

Focus groups with community partners were also held. A listing of 10 health priorities was adopted by the Mower County Board of Health as a result of the surveys done. The ten Public Health priorities are as follows;

1. Obesity among children and adults,
2. Chronic/noninfectious disease,

3. Unintended pregnancy/teen pregnancy,
4. Mental health, depression, bullying in schools,
5. Alcohol, tobacco, and other drugs,
6. Child and adolescent growth and development,
7. Access to health care,
8. Lack of exercise and activity,
9. Health disparities—low income, children living in poverty, limited English proficiency,
10. Poor or inadequate parenting.

Board of Health

The Mower County Board of Commissioners undertakes the responsibility of the Board of Health for Mower County and therefore assumes the powers and duties assigned under Minnesota Statutes Chapter 145A. The Mower County board of Health appointed the Community Health Services Administrator/Agent of the Board to act on its behalf to provide monthly updates to the board on programs, services, public health issues, and trends affecting Mower County. In 2013, the CHS Administrator presented each month to the board.

Community Health Services Advisory Committee

The Mower County Board of Health appoints community members that represent the population as a whole for the purpose of advising, consulting with, and making recommendations to the Board of Health on health related issues affecting Mower County citizens.

In 2013, there were 14 members of the CHS Advisory Committee. This committee met three times over the course of the year.

Mower County Community Health Nursing Service

2013 Employees

<u>Name</u>	<u>Position</u>	<u>Employment Date</u>
Allas, Cindy.....	Office Support Specialist	09-21-07
Atzl, Beverly.....	Social Worker	02-24-10
Bagny, Cydney.....	Public Health Nurse	04-04-11
Blaser, Trisha.....	Information Support Specialist	02-19-08
Brehmer, Deb.....	Registered Nurse	11-18-13
Carlson, Kathleen.....	Public Health Nurse	10-17-02
Corey, Tammy.....	Office Support Specialist	11-26-90
Cotter, Alma.....	Interpreter	03-14-06
DeVos, Megan.....	Social Worker	10-07-13
Frank, Karen.....	Public Health Nurse / Family Health Lead	09-10-87
Freese, Karen.....	Public Health Nurse	06-03-91
Hurm, Susan.....	Public Health Nurse	10-29-07
Knutson, Jane.....	Public Health Planner / Educator Lead	06-12-00
Kellogg-Marmsoler, Pam.....	Community Health Supervisor	11-09-98
Kocer, Lisa.....	CHS Administrator / CHS Manager	11-18-87
Lumley, Ruth.....	Public Health Nurse	09-28-92
Martinez, Hope.....	Public Health Nurse	07-05-13
McCullough, Debra.....	Public Health Nurse / LTC Lead	08-31-09
Meyer, Dorothy.....	Public Health Nurse	08-27-01
Meyer, Tonya.....	Public Health Nurse	11-03-11
Miller, Amber.....	Social Worker	08-05-99
Nelson, Amy.....	Public Health Nurse	01-28-13
Nerison, Tricia.....	Registered Nurse	12-09-13
Richardson, Rochelle.....	Registered Nurse	07-02-12
Sack, Ramona.....	Social Worker	04-12-99
Schindler, Richard, Dr.....	Medical Consultant	01-01-00
Sharp, Carrie.....	Social Worker	07-26-99
Studier, Karissa.....	Registered Nurse	11-18-13
Wiebelhaus, Eileen.....	Public Health Nurse	11-09-98

Cotter, Alma.....	Interpreter	Left Employment
Bagne, Cydney.....	Public Health Nurse	Left Employment
Nelson, Amy.....	Registered Nurse	Left Employment

Medical Consultant

The Mower County Board of Health employs a licensed medical provider to offer medical advice, direction, and consultation for Community Health

programs and services. The medical consultant also acts as the chair for the CHS Advisory Committee.

Committee Participation

Mower County Community Health staff sit on several committees and action groups at the local, regional, and state levels in a collaborative effort to enhance the health and well-being of Mower County residents. A sample of the various groups and committees include the Regional WIC Advisory Committee, Region 10 Infant Follow Along meetings, as well as Maternal Child Health regional committees. The Interagency Early Intervention Committee (Help Me Grow) is a multidisciplinary team that coordinates the delivery of services to special needs children from birth to age 21. There is one nurse that represents Public Health on this committee.

Safe Communities Coalition that is made up of community representatives from the Red Cross, law enforcement, Parenting Resource Center, State Department of Transportation, the press, schools, and health agencies. This coalition meets to assess safety issues in our local communities and offer solutions along with awareness.

Community Health staff also serves on disease prevention and control program committees. Examples of these committees are The AIDS Awareness Team, Refugee Health and Tuberculosis Control committees, Public Health Preparedness regional meetings, and SEMIC (Southeastern Minnesota Immunization Connection).

Mower County Community Health serves on the

Internships

Mower County Community Health believes in playing an active role in enhancing students' experiences in community health. In 2013, two col-

lege students received field experience in community health. One student was pursuing her Bachelor's Degree in nursing while the other was pursuing her

Bachelors in social work. Each student was assigned to a mentor and they observed the many duties involved in working in community health.



Management Information Systems (MIS)

Mower County Community Health is a member of the Minnesota Counties Computer Cooperative (MCCC). Through MCCC, the County utilizes ACS systems software and receives technical support.

PHDOC - All clients and families are entered into the PHDOC software system and given a family number and a member number. Information entered includes: PHN visits, immunizations, Open Door Clinic, client interventions and care plans, MSHO, MSC+ group activities, and miscellaneous time. Monthly billing statements are generated and yearly statistical reports are used to summarize agency activities. In 2013, Mower County began utilizing electronic health information (HIE) and began receiving alerts when clients were admitted or discharged from ER and Urgent Care. With electronic health information exchange, Community Health nurses have been able to request CCD records on their client for health information with the consent from the client.

Immunizations - The CoCASA system is utilized to pull immunization report information. All immunizations given at our agency are entered into the PHDOC data banks. PHDOC along with the MIIC (Minnesota Immunization Information Connection) program keeps an immunization inventory and tracks immunizations.

Equipment - Mower County Community Health utilizes laptops and desktop computers. In 2013, four new desktop and five laptop computers and two docking stations were purchased.

WIC - The WIC program is completely automated. Regular telecommunications with Covansys, the software vendor, keeps client information current. All WIC hardware and software is provided by the state.

Electronic Signature Security - Currently all users must enter a user name and password to sign onto PH-Doc software, the AS400, and HuBert software.

Electronic Remittance Advices - HIPAA requires that all remittance advices from insurance companies be electronically sent from the payer to the recipient. Two different companies are utilized to receive ERAs.

Promote Healthy Communities and Healthy Behaviors

**Healthy Families
America
Success Story
Hope Martinez,
PHN**

I am currently doing weekly home visits with a family who moved to the United States from a Thailand refugee camp. When we first met, the client was 7 months pregnant, living in Austin with no family support or friends. She had no phone, no car, and she was \$1,400 behind in rent. The mother had been working for the past two years at QPP, but was unable to work recently due to pregnancy. The father of the baby was stuck in St. Paul and was unable to get back to Austin to be with her.



Their baby boy was recently born. The delivery was an emergency cesarean section. The mother developed mastitis, bladder infection, and depression shortly after delivery. Through our weekly visits, I have been able to provide education to support early bonding with their baby, even through these trying times. We talk about goals, hopes, and dreams and I'm helping them build their own skills to problem solve through trying times and to help them become self-dependent.

Since we have been meeting, they have been able to catch up on their back rent. The couple was also reunited and made it a point to be married before the baby was born. They have also begun to develop a support system within the community. We are in our first six months of home visits which means we meet weekly. We will continue to meet routinely for the next three years. During this time, we will set goals for the family and the baby, do activities to nurture bonding and foster growth and development, and complete developmental assessments to ensure the child develops at the proper pace.

Public Health Welfare Calls

Periodically throughout the year, the Public Health Department may get calls regarding concerned citizens reporting friends and neighbors in need of care or assistance in the community. Many times the calls revolve around the persons inability to care for themselves or their property.

In 2013, the health department did not receive any public health welfare calls.

Early Detection Hearing Intervention (EDHI) Birth Defects Information System (BDIS)

"The goal of this program is to catch hearing loss as soon as possible in order to promote the best possible developmental outcomes."

EDHI is a program that partners MDH with local Public Health agencies by contacting a designated Public Health nurse to help locate infants who need a hearing screen/rescreen. Also, the nurse assists in coordination of care for children with confirmed hearing loss by referring them to the local Help Me Grow chapter, and connecting them with any other resources they may need.

going confirmed hearing loss case. The goal of this program is to catch hearing loss as soon as possible in order to promote the best possible developmental outcomes.

BDIS is also a program that partners MDH's with

local Public Health agencies; it is a part of MDH's Birth Defects Monitoring & Analysis program. This program collects information on birth defects for analysis, and similar to the EDHI program, a Public Health nurse is notified by MDH on children with birth defects in the county to help with coordination of care. Also, the Public Health nurse updates client's information into the web-based Minnesota Electronic Disease Surveillance System (MEDSS).



In 2013, there were four children needing hearing rescreening, and one on-

Children's Dental Health Clinic

Children's Dental Health Clinic is a service offered at Mower County Health and Human Services. Dental hygienists come to the Health and Human Services office on the 1st and 3rd Tuesday of each

month. The service is for children ages 3 years to 14 years on Medical Assistance. They will also work with parents with low income and no insurance. The appointment includes an oral assess-

ment, hygiene instructions, dental cleaning, x-rays, and fluoride varnish. Sealants are applied when applicable. A referral is made to a local dentist if further treatment is needed.



School Nursing

“Children need to be healthy to be successful at school.”

The goal of the school health program is to provide for the health and safety of school children. Children need to be healthy to be successful at school. The parochial schools in Mower County contract with Mower County Community Health for a public health nurse to provide comprehensive school health services. The number of hours of service provided is based on enrollment.

health records and assessment and planning for students with chronic health conditions. The school nurse also provides classroom teaching on health education topics such as hand washing, tobacco, dental health, hygiene, puberty and any other subjects requested by teachers. Health related articles are provided for school newsletters.

Nursing services include vision, hearing and scoliosis screenings and referrals, first aid, medication management and administration, immunization review and immunization clinics, maintenance of

The school nurse is a member of the Wellness Committee. The purpose of the committee is to explore ways to improve the health of students and staff.

Personal Care Assistance (PCA) Screenings

A Public Health nurse assesses people requesting or currently receiving PCA services. These assessments are done to determine how much assistance is needed to help individuals with disabilities or chronic health conditions in accomplishing daily living and health-related tasks so that they may continue to live in the community.

refer clients for screenings. They are to direct the client or the client’s responsible party to refer themselves.

The results of the assessment are sent to the Minnesota Department of Human Services (DHS) or their health plan for approval.

MN-DHS sends recipients a service authorization verification letter to notify recipients of how many minutes of PCA services they may receive per day, or per six month time span.

During 2013, a total of 94 clients received face-to-face assessments, and 87 of these started on the PCA program.

Qualifiers for PCA include: the client must be on Medical Assistance, must be currently under the care of a physician, and must be in a stable condition. Clients may self-recommend for a screening or be referred by another person such as a social worker, health care provider, or other professional. Provider agencies may not

“Clients may self-recommend for a screening or be referred by another person such as a social worker, health care provider, or other professional.”

Healthy Families America (HFA)

Mower County received a grant to offer families an evidenced and strength based home visiting program. Families are identified by referrals from WIC, health care providers, and social workers. A parent visitor visits with a family prenatally, or in the first 3 months postpartum to hear her/their story. The parent visitor returns to offer resources specifically identified by the families interests and needs.



play and stimulation, and focuses on family strengths. Home visits occur weekly while the infant is a newborn and every 1-2 weeks for a pregnant woman. Home visit frequency will

change as the family meets goals and the child grows up to age 3. Healthy Family America encourages families to look at goals which may be related to parenting, housing, financial, or a specific goal for the infant/child like walking. The goals are identified by the family with the home visitor as a resource. The family uses their strengths to meet their specific goals.

In 2013, 72 visits were made to offer resources and 40 families accepted the Healthy Families America home visiting program with the Growing Great Kids curriculum. Home visits and curriculum focus on bonding, growth and development, cues and communication,

Families also create toys and play with their children in the home

visits. During home visits, the ASQ (Ages and Stages Questionnaire) is done at regular intervals as well as NCAST, which looks at the parent child relationship during a teaching moment.

Other assessments done are the HARK domestic violence screen, and the Edinburgh postpartum depression scale.

The home visitor assesses whether children are receiving regular medical care and immunizations. A home safety assessment is completed and reviewed with the curriculum as the child and their safety needs change as they grow.

Wellness Wisdom



In 2012, Mower County Community Health initiated a new bi-monthly newsletter for county employees. The purpose of the newsletter is to provide health/wellness information to help employees and their families to be the best they can be. Topics covered during 2013 included heart disease, exercise, protection from the sun, and stress.

Mower Refreshed

The CHS Administrator serves as a co-chair to the Mower Refreshed Steering Committee. The steering committee met monthly in 2013.

The goal of the group is to improve health and wellbeing by focusing on the areas of healthier choices, mental fitness, workforce wellness, and community connections. These four subcommittees have been formed to work on ways to make

Mower County a healthier place to live and grow. Over the past year, there was an annual Wellness Summit held as well as a “Take 5 Event” to grow the movement for health and wellness in Mower County. Mower County Community Health has been working with Mower Refreshed to identify goals and data measures that can show improvement in health over time. The Mower Refreshed group also was a valuable partner in the develop-

ment of the 2013 Community Health survey.

In 2013, the Mower Refreshed health and wellness coordinator helped organize focus groups to further the discussion with community members regarding public health priorities and issues in Mow-

er County. A collaborative effort with Mayo Clinic Health Systems – Austin and Mower County Community Health helped to expedite the defining of public health priorities in Mower County for the next 3-5 years.

Family Home Visiting Program Healthy Beginnings (TANF)



Mower County nurses involved in the **Family Home Visiting Program** have provided 156 home visits in 2013. These in-

cluded visits to pregnant and postpartum women, children birth to 18. A total of 152 clients were seen through the FHV program.

Each county in Minnesota has been allocated a sum of money to perform home visits by a trained Public Health nurse. To be eligible for the program, the household must consist of a pregnant woman or a child up to the age of 18 with at least one caregiver, and meet income/eligibility requirements.

Healthy Beginnings is an early

intervention, child abuse prevention program. It targets all families in Mower County with newborns. This program involves offering a home visit to mothers shortly after the birth of a new baby. The Public Health Nurse assists the family with any questions or concerns they may have, and educates on topics such as: postpartum care, infant care, growth and development, and safety issues for children. The nurse also helps to identify any health or developmental concerns.

In 2013, 83 moms and 73 babies were seen during home visits with some receiving return visits, if needed. Some assessments during these visits include: postpartum blues/depression, jaundice,

breastfeeding, formula feeding, infant weight gain, infections, prematurity, parenting/attachment, nutrition, birth anomaly, second-hand smoke exposure, and smoking status.

During the Healthy Beginnings home visits, many referrals to other services or agencies are made including: Woman Infant Children (WIC), Human Services, Mower County Public Health nursing service, Follow Along program, Environmental Health, Help Me Grow, Open Door Clinic, Mayo Clinic Health Systems Austin/Mental Health Services, Family Facilitators, Early Childhood Family Education Classes (ECFE), and Early Head Start.

Child Passenger Safety Program

“...three out of four child seats are used incorrectly...”

In 2013, 70 infants/children received a free car seat through the Child Passenger Safety Program. The free seats are provided by UCare and also through a grant from the Minnesota Department



of Public Safety. Clinics are held the 4th Thursday of every month at the Austin Fire Station, and UCare clients or those that meet income guidelines can schedule an

appointment where they receive an hour of car seat safety education along with hands-on assistance in proper seat installation. Three Public Health nurses have completed the intensive child passenger safety training and are certified by the National Highway Traffic Safety Administra-

(C&TC) Child & Teen Checkups

The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program is known in Minnesota as Child and Teen Checkup (C&TC). C&TC provides comprehensive health care for children up to the age of 21 years on Medical Assistance. The goal of the C&TC program is to improve the health of eligible children and reduce the negative impact of health problems. Providing preventative medical care and early diagnosis and treatment of conditions that threaten children's health can reduce medical care costs. Children enrolled in Minnesota Care and Medical Assistance are eligible for the C&TC Program. In 2013, 6,858 children were eligible.

As a C&TC coordinator, outreach and education is provided to en-

courage parents to schedule and have their children attend regular well child checkups. Each year, a C&TC coordinator meets with financial workers and foster parents to explain the benefits of the C&TC program. Visits to Mower County clinics are also done. Outreach in 2013 also included newspaper ads and distributing products with C&TC information. The C&TC program also reaches out to the community through WIC, MCH, and Healthy Beginnings programs.

Introduction and reminder letters are also mailed periodically to homes eligible for program participation. In 2013, 5,449 contacts were made by either letters or telephone calls. There were also 1,707 face-to-face contacts made through WIC, MCH, and Healthy Beginnings.



Mission Statement
Protecting and promoting community health, self-sufficiency, and well-being through prevention efforts, early intervention, and provision of services.

Blood Pressure Clinics



Hypertension or elevated blood pressure is a known risk factor for heart attacks, strokes, and damage to arteries and veins causing circulation problems. Screening for hypertension identifies those at risk for these diseases and

aids in diagnosis and treatment to prevent further complications.

Free blood pressure clinics are held the first Monday of each month at Twin Towers and Pickett Place. The Senior Citizen Center blood

pressure clinics are held the second, fourth, and last Monday of each month.

There were 460 screenings completed at these locations.

Open Door Clinic



The Open Door Clinic is a service available for adolescents and young adults of Mower County. The purpose of The Open Door Clinic is to

provide education and counseling on sexual health. We promote preventative measures for pregnancy and sexually transmitted infections, provide education to our clients about the importance of immunizations available to them, as well as provide education on cancer screening tools available for them to utilize, such as pap smears, self-breast exams, and testicular exams. We also provide counseling, guidance, and referrals to different programs and/or local services in the community for a variety of issues that extend beyond the clinic's scope of practice.

In 2013, there were initial/annual return appointments seen. We also had resupply appointments where we fill prescriptions for birth control.

Our Clinic is currently receiving funds through the Family Planning Special Projects grant. The current grant will provide funding from July 1, 2013 to June 30, 2015.

A grant through the Minnesota Family Planning Program was received this past year providing funding from July 1, 2013 to June 30, 2015. This grant has allowed us to continue making changes in our outreach connections, update some of our clinic equipment and help cover cost of medications. We continue to promote awareness of the Open Door Clinic by extending out services to Freeborn County resident. Other funding comes from the fees paid by the clients on the sliding fee scale.

"We promote preventative measures for pregnancy and sexually transmitted infections....."

tion (NHTSA) as child passenger safety technicians.

According to the Minnesota Department of Transportation, three out of four child seats are used incorrectly, and parents are unaware of what types of seats to use as their children grow and develop. They also state that car crashes are the leading killer of children under 14 years old. In Minnesota, the Child Passenger

Restraint Law requires children under the age of 8 and less than 4 feet 9 inches tall to use a safety seat or booster that meets Federal safety standards, and infants under the age of one must ride rear-facing. These are only minimum safety standards, and through our program we teach best-practice based on the most recent safety information.

Help Me Grow—Formerly Interagency Early Intervention Committee

Help Me Grow uses several tools to determine the extent of disability and determine all the services that each person qualifies for. Even though the IEC no longer exists by name, the bi-monthly collaborative meetings still occur. A Public Health nurse attends the meetings in which there are representatives from Mower County's Help Me Grow chapter, The Arc, Early Childhood Special Education, family facilitators from Human Services, Parent Warmline, and other participants invested in enhancing childhood development.



program. The name change was made at the Federal level. By simplifying the name, it is hoped that more people will become aware of the program and the importance of early intervention.

In 2013, Mower County Public Health sent 21 referrals to Mower County's central point of intake for Help Me Grow located at the Community Learning Center. The referrals are mainly coming from WIC,

the Follow Along program, and Home Visiting programs. In addition, occasionally a Public Health nurse makes a home visit along with the Help Me Grow teacher during a client's initial assessment.

The goal in 2014 is to continue to make appropriate referrals and to participate in the collaborative bi-monthly meetings to enhance cooperation between organizations.

The IEC was established in 1985 by the Minnesota Legislature. It mandated local communities to work together to better address the complex needs of children with disabilities, ages three to five, and their families. The legislation has since changed to address the needs of children beginning at birth to age six with disabilities and their families. In 2009, the IEC program officially changed its name to the Help Me Grow

Paternity Testing—(Buccal Swabs)

Mower County Community Health Services provides buccal swabs to determine paternity. The procedure involves using a cotton swab to collect buccal cells from the inside of the cheek of the mother, child, and alleged father. The sample is sent to a



legal laboratory where the DNA is extracted and purified from the buccal swab and evaluated. Samples are collected monthly at the Mower County Health and Human Services office. When needed, staff travels to the Mower County

Justice Center to perform the sampling procedure. Reports of the results are sent to the Child Support unit at Mower County Health and Human Services. Courtesy draws for other counties are also collected when requested. A total of 111 buccal swabs were performed in 2013.

Maternal & Child Health (MCH) Program

Maternal Child Health Program provides prenatal education and counseling for at risk, low-income pregnant women. The goal of the program is to prevent premature deliveries and/or low birth weight babies.

Women who are considered at risk are referred by medical providers, the WIC program, MHCP providers,

or other public health agencies. Monitoring, education, and referrals to other community resources are provided at the visits. Follow-up visits are made for the mother and new infant for support, education, and providing resources. In 2013, 59 visits were made to 18 pregnant women and 34 visits to postpartum moms and infants.

WIC
Success Story
Jane Knutson,
PH Lead



The mother of a six month old infant and two other children under age five recently lost her job at the local hospital due to the department she worked in being restructured.

The household income which had been two was now reduced to one, and buying groceries and formula, in addition to other household necessities, was now difficult to purchase. This mother knew about the WIC program, and applied in the past, but did not

qualify because the household income was over the WIC income guidelines. After losing her job, she re-applied, qualified, and came to an appointment. After the appointment was finished, the mom commented that she was so appreciative of WIC, not only for the vouchers she received to help continue to purchase foods she usually bought, but also for the health education for the children and herself that she received while on the program.

Women, Infants & Children (WIC) Program

WIC is for pregnant women, breastfeeding or non-breastfeeding women, infants from birth to 1 year of age, and children from 1 year of age to their 5th birthday. In 2013, of the WIC population in Mower County, 57% are children, 21% infants, 9% pregnant women, 7% post-partum breastfeeding women, and 6% post-partum non-breastfeeding women.

WIC is a Federally funded program administered

through the Minnesota Department of Health. A grant is made available to qualified local agencies to deliver program services. Seventeen percent of the grant is required for nutrition education and 2% for breastfeeding.

WIC eligibility requirements are that one must live in Minnesota, one must be income eligible, and one must have a medical or nutritional need. One does not need to be a U.S. citizen to be on

WIC. Income eligibility is based on:
1. A family income at or below 185% of poverty based on WIC income guidelines, and
2. A family income between 185% and 275% of poverty who qualifies and does apply for any of these programs: MA, MN Care, TEFRA, Free or Reduced Lunch/School Breakfast, MFIP, Food Stamps, Head Start, Fuel Assistance, or SSI.

WIC is a special supplemental nutrition program that helps families eat well and stay healthy. The WIC Program provides:

- Nutrition education during critical times of growth and development.
- One-on-one nutrition counseling.
- Information about eating well for a healthy pregnancy and baby.
- Discussion about why a child eats the way he/she does and how to help him/her eat better.

a screening will have one completed by a Mower County Health & Human Services social worker to determine eligibility for waiver access.

(PAS) Pre-Admission Screenings

In 2013, approximately 183 pre-admission screenings were completed for Mower County residents entering nursing facilities.

As of November 1, 2013, Pre-Admission Screenings are initially completed by the Senior Linkage Line. Mower County Community Health still receives notification, and completes follow-up work for people open to a waiver, and nursing home residents under the age of 65 that need a face-to-face screening, as well as those requiring Level II assessments.

Refugee Health

Refugees are foreign born individuals who cannot return to his/her country of origin because of a well-founded fear of persecution due to race, religion, nationality, political opinion, or membership in a particular social group. A Public Health Nurse reviews the health record of each new refugee as soon as we are notified of his/her arrival in Mower County. Necessary medical referrals are made at the time. This is done to help identify those refugees who have health problems needing immediate attention and to make sure they do not have any communicable diseases.

All refugees who come to the United States are to have a Refugee Health Assessment, which is done by a health care professional. Tuberculosis testing is a part of this assessment. If the tuberculosis tests are positive, arrangements are made for appropriate follow up. Medications are ordered when needed, and the individual is followed as an Active TB or LTBI client.

During 2013, there were five primary refugees that arrived in Mower County.



Public Health
Prevent. Promote. Protect.

nator and is responsible for doing an annual assessment and 6 month visit as well as discussing services that are available. Services are aimed at keeping people in their home or community setting versus an institutional environment. Examples of these services include: Heartland Emer-

gency Response, Chore Yard/Snow Management, assistance with doctor or dental appointments, and home makers among many other options. Members receive care coordination beginning when they may be "Community Well" through transitions in and out of hospitals,

nursing facilities, and/or assisted living placements. Education and support are provided to clients and families.

During 2013, approximately 283 visits were made and 238 clients were served.

Alternative Care Program

The Alternative Care Program is an income and asset based program that supports certain home and community based services for eligible individuals 65 years of age and older. To meet the qualifications for the program, you must have a long term care consultation screening and meet the criteria for nursing facility level of care, meet the income and/or asset requirements, and pay an assessed

monthly fee as determined by income/assets.

The goal is to provide services necessary to ensure health and safety needs in the individual's home, and to avoid nursing home placement.

In 2013, approximately 61 Mower County residents were served by this program.

Elderly Waiver (EW)

Elderly Waiver is a Medical Assistance program for people age 65 and over to keep people living in the community. The goal is to help them avoid placement in a nursing facility.



Services under the Elderly Waiver can be provided in a person's home or in a community placement, such as assisted living.

Financial workers process the Medical Assistance application and determine financial

eligibility for elderly waiver recipients. Social workers or Public Health nurses determine service eligibility through a long-term care consultation visit (soon to be MN-Choices).

In 2013 approximately 311 Mower County residents received Elderly Waiver Services.

CCB Waivers

Community Alternative Care (CAC), Community Alternatives for Disabled Individuals (CADI), and Brain Injury (BI) waivers are the home and community based waivers designed to offer services and supports that enable recipients to remain

in the community. The services and supports they can receive are financially funded through state and federal money. A person receiving the CAC, CADI, or BI waiver must be aged birth to less than 65 years of age, certified disabled, on medi-

cal assistance, and deemed hospital or nursing home level of care. Mower County is issued variable amounts of waivers per year from the state of Minnesota. Currently, Mower County is serving 181 clients on these waivers. All persons requesting

- Information about introducing foods to infants as he/she develops and grows.
- Vouchers to purchase WIC allowed foods: milk, cheese, eggs, dried beans, peas and lentils, peanut butter, cereal, juice, carrots, and canned tuna (the last two foods are provided exclusively to breastfeeding women who are not receiving formula from WIC), iron-fortified infant formula (breastfeeding is the healthiest way to feed babies; however, babies who are not breastfed can receive formula).
- Health referral services at both community and local agency services (Family Planning, Head Start, Family Parenting and Early Education, Financial Assistance, Immunizations, Car Seats, Child & Teen Checkups, Breastfeeding Resources, Non-English Speaking Resources, Dental Health, Food & Nutrition Programs, Energy/Housing Assistance, Prenatal Class, Healthy Beginnings, Maternal Child & Health, Healthy Families America and Open Door).

In 2013, the total of referrals made to other public health programs and community services was 4,563. Also in 2013, the average monthly participant case-load was 1,333.

Overall WIC participation slightly declined compared to 2012, possibly due to a decline in births throughout the State and an increase in EBT (food stamps) per family. A total of 3 CPAs (Competent Professional Authorities) working in WIC for two and one-half days that the WIC clinic is open weekly accommodates this caseload. This allows for all WIC

participants to get in for appointments in a timely manner, and also for all high risk participants to get in for an appointment within 10 calendar days as required under the Federal guidelines. WIC clinic is open Monday and Tuesday, 8:00 a.m. – Noon and 1:00 p.m. – 4:30 p.m. and Wednesday morning 8:00 a.m. – noon.

Participants redeem on average 95% of WIC vouchers issued to them each month. WIC food packages include a variety of healthy foods including: fresh, frozen, and/or

canned fruits and vegetables; whole grain products such as bread, tortillas, brown rice and oatmeal; infant cereals; jarred baby foods; soy beverages; and tofu. Low-fat milk, (skim and/or one-percent milk), are offered to all women and children ages 2 through 5.

Population of the WIC participants continues to consist of a very diversified group living in Mower County in 2013. Participants may select their ethnicity as well as race. In choosing race, a participant has the option to select more than one race.

Ethnicity/Race	Hispanic or Latino	Non-Hispanic or Non-Latino
American Indian/Alaskan Native	3%	<1%
Asian	<1%	4%
Black/African American	<1%	9%
Native Hawaiian/Pacific Islander	<1%	<5%
White	32%	44%
Multiple Races	1%	3%

The State of Minnesota WIC Nutrition Education Plan goals continue to be two-fold. One is to help parents prevent obesity in their children by influencing their health-related knowledge, attitudes, and behaviors. The primary focus is on both healthy eating and regular physical activity. The second goal continues to be to increase the duration of breastfeeding among Minnesota WIC participants by addressing factors that lead to early

breastfeeding cessation.

The State of Minnesota WIC Program awarded to all local WIC agencies funding specifically allocated for additional educational opportunities for WIC staff and nutrition education. In 2013, additional administrative funds were requested to purchase equipment and items to improve our clinic environment, accommodate breastfeeding women, and overall create an atmosphere

that is welcoming for all of our WIC families. A total of \$6,950 was requested and awarded to Mower County WIC, and all items were approved.

Every August, WIC agencies celebrate National Breastfeeding month. This year, Mower County WIC staff wore lanyards and buttons that promoted breastfeeding displaying different breastfeeding messages.

“Every two years, the State conducts a WIC Management Evaluation of the Mower County WIC Program.”

The WIC clinic and the bulletin board in the lobby of Health and Human Services displayed posters of actual WIC participants and their families (moms, babies and dads) that support breastfeeding.

In addition, in August Mower County WIC was one of the host sites for the 2013 WIC Vendor group training for the Southeast. The training was held in the Mower County Government Center board room. Five vendors attended the training.

Competent Professional Authorities (CPAs) continue to use different nutrition and health education techniques to educate WIC par-

ticipants. The list includes the Building a Healthy WIC Community, WIC Toolbox, the 3-step counseling method for promoting breastfeed-



ing, nutritional handouts, and VENA (Value Enhanced Nutrition Assessment). A new approach for one-on-one counseling titled PCS, “Parent Centered Services”, was to be implemented in 2013; but due to several updates to HuBERT, WIC’s internet computerized system, the implementation of

PCS will be implemented next year.

To provide quality assurance of the WIC program, monthly WIC reports are reviewed both locally and statewide on a monthly basis. Chart audits are conducted internally throughout the year.

Every two years, the State conducts a WIC management evaluation of the Mower County WIC program. The management evaluation is part of our ongoing monitoring of local WIC agencies. The last one was completed in 2013.

Our local program passed the management evaluation and did not have any unmet standards.

Follow Along Program

“The program utilizes a computer tracking system to help measure development in children from birth through age three.”

The Follow Along Program is an interagency effort to improve the identification of children who may experience health or developmental delays because of medical or environmental risks. The program utilizes a computer tracking system to help measure development in children from birth through age three. Families are asked to fill out developmental questionnaires at 4, 8, 12, 16, 20, 24, 30, and 36 months. Questionnaires are available for other ages on an “as needed, individualized basis”. The parents return the questionnaires to the Public Health nursing office for scoring. If the child passes all developmental areas, a letter is sent home letting the parents know and an information sheet with examples of age appropriate activities that enhance development. If the child fails one or more developmental areas, the parent is contacted



and they make a joint decision with the nurse about appropriate follow up.

Each Ages and Stages Questionnaire (ASQ) looks at 5 areas of development. These areas include: communication, gross motor, fine motor, problem solving, and personal social. In addition, there is a separate questionnaire at 24 months which assesses the child’s social-emotional development. The early identification of children with developmental and/or social and emotional problems is essential.

In 2013, 67 children were newly enrolled in the program, for a total of 204 active participants. The goal for 2014 is to increase the number of active participants, and increase the return rate for the ASQ’s.

Assure the Quality and Accessibility of Health Services

**MSHO
Success Story
Kathy Carlson,
PHN**

One of my clients had a difficult past year. She had two new diagnoses of breast cancer, three surgeries, and hypertension. She lives alone and was concerned about how she could care for herself after each surgery.

She continued to have increased mobility problems and was having difficulty getting out of her chair. I was able to get written documentation from the doctor stating a lift chair was medically necessary.



I was able to set up Meals on Wheels and home health aid to provide personal cares, and nursing visits for wound care. These services were put in place for a limited time until she could become independent again.

All of these services are examples of how I, as a care coordinator, can arrange for clients so they can live in their home, stay out of a nursing facility, increase satisfaction with life, and limit expenses.

Minnesota Senior Health Option

Minnesota Senior Health Options (MSHO) is a managed care program available to those individuals who are 65 years of age and older who are eligible for both Medicare and Medical Assistance. The UCARE or Blue Plus health plans contract with Mower County to provide care coordination for these individuals. A Public Health nurse contacts the health plan member and offers an assessment visit.

At the assessment visit, the nurse will discuss with the member what services may be available to help them to continue to live in the community. The care coordinator will then assist the member with setting up the desired services as well as assisting to purchase equipment or home modifications which may help the member to stay in their home. Each MSHO member is followed throughout the contin-

uum of care, from not needing any services, to needing services including assisted living, to going into a nursing facility if necessary, whether for a short term or a long term stay.

Mower County has been doing care coordination since 2005. In 2013, a total of 316 visits were made and 290 clients were served.

Minnesota Senior Care Plus



Minnesota Senior Care Plus (MSC+) is the mandatory managed care program for people

age 65 and over who are eligible for Medical Assistance and not exempt from enrolling into managed care. MSC+ includes all Medical Assistance state plan services covered under Medical Assistance and adds Elderly

Waiver (EW) services. Mower County Health and Human Services has contracted with Blue Plus and UCare to provide care coordination for their members. A Mower County Public Health Nurse serves as a care coordi-

unteers attended the Conference, five MRC of Mower County volunteers and the local MRC administrator attended.

In addition, the MRC volunteers were players in the statewide communication drill conducted at the end of April. The exercise was conducted to test different means of communication that will be used in the event of a public health emergency. The effectiveness of the communication devices used was evaluated as well as the timeline of response from those who were selected to participate in the exercise.

Mower County Community Health's goal for 2014 is to be awarded the Capacity Building Award because the award is becoming more competitive. The award will benefit continued efforts towards maintaining a local MRC and for local volunteers to participate in trainings offered. Our goal is that in the event of a local or statewide public health emergency, Mower County Community Health will be able to successfully deploy volunteers.

Health Alerts

Mower County Community Health works collaboratively with the Minnesota Department of Health to disseminate information to appropriate local partners for the purpose of information sharing as well as notices for action. Some examples of health alerts that were received by the local health department and forwarded on to the providers in the area are:

- Shortage of tuberculin and TB medications;
- White powder incident in Pine County;
- Immunization Law changes;
- Rabies vaccine availability;
- Rhodococcus Equi Bloodstream infections from contaminated sterile products produced by Specialty Compounding, TX;

- West Nile Virus;
- Variant influenza surveillance following swine exposure;
- New synthetic illicit narcotic (acetyl Fentanyl) causing deaths;
- Shortage of Doxycycline;
- H7N9 infection;
- Mers-CoV;
- Tick borne disease;
- Measles cases;
- Variant strain of Pertussis B;
- And, influenza activity and test kit shortage.



Heart at Work

The Heart at Work program provides blood pressure screenings as a wellness program for Mower County employees. In 2013, employee blood pressure clinics



were held twice during the year at 5 different sites reaching 95 participants. For employees who are identified as having an elevated blood pressure reading, the em-

ployee is encouraged to recheck the blood pressure and/or contact their medical provider. Employees are encouraged to stop at Mower County Public Health for an additional check if desired.

SHIP (Statewide Health Improvement Program)

SHIP Works to Build a Foundation of Good Health for all Minnesotans

November 1, 2013, MDH awarded Statewide Health Improvement Program (SHIP) grants from November 2013 thru 2015 to counties and cities across Minnesota. SHIP is about creating good health for parents, kids, and the whole community by decreasing obesity and reducing the number of people who use tobacco or who are exposed to tobacco smoke.

Background

Launched in 2008 as part of Minnesota's bipartisan health reform effort, SHIP works to help Minnesotans live longer, healthier lives by decreasing obesity and tobacco use and exposure, the leading causes of chronic disease, disability, and death.

MDH has compiled a menu of proven, research-based strategies focused on sustainability. SHIP strategies include:

- Working with Schools to encourage "Safe Routes to School" programs, so that kids arrive to school focused and ready to learn, and "Farm to School" programs, so that kids get healthy Minnesota produce and learn where their food comes from, all while benefiting local farmers.
- Supporting employers in offering comprehensive workplace wellness programs, which have been estimated to return from three to six dollars for every dollar spent.

- Working with communities to encourage biking and walking, including "Complete Streets" with sidewalks and crosswalks, all designed to make it easier for people of all ages to get the physical activity they need.
- Better access to healthy fruits and vegetables in corner stores in cities and convenience stores in greater Minnesota, and through more farmers markets, especially those accepting Electronic Benefit Transfer (EBT) so that more people can get the healthy food their families need.
- Healthier eating and more physical activity in childcare through successful, proven early childhood programs.
- Helping colleges go tobacco-free and connecting students and staff to smoking cessation services, as well as helping apartment building owners to voluntarily adopt smoke-free policies.
- Working with health care providers to offer the services and referrals their patients need to eat healthier, get more physical activity, quit smoking, and encourage breastfeeding for newborns.

Mower County was one of 17 counties to receive an eight-month \$100,000 planning grant to allow time to hire staff and begin assessing the needs of the community in preparation for implementation. Karissa Studier, RN, was hired for the position on 11/18/13.

Health Education to Groups

Mower County Community Health Services provides education to many different groups. Education is provided through public venues or as requested by a group.



A bulletin board in the main lobby is used to provide health education topics to the public. Public Health nurses design the board each month. Birth defects prevention, dental health, nutrition, STD awareness, teen pregnancy prevention, men's health, sun safety, immunization awareness, breastfeeding promotion, preparedness, hand washing, and influenza vaccination promotion were all featured on the bulletin board in 2013.

Information about radon test kits and CTC (Child

and Teen Checkups) was provided to the public through newspaper ads. Flyers for the Open Door Clinic were distributed throughout Austin. TV interviews were provided as requested. Public health articles were also provided for the Mower County/Austin Public Schools/City of Austin News.

Public Health staff participated in Leadership Austin in February providing information on several Community Health programs including Open Door, WIC, Healthy Families America, Minnesota Senior Health Options and waiver programs. The Ladies Floral Club in Austin received a presentation from a Public Health nurse on the Healthy Families America program.

Health Fairs

"A booth was set up and a staff member was present to answer questions students had about the clinic."

Riverland Community College Wellness Fair

In September, The Open Door Clinic participated in the Student Resource Fair at Riverland Community College. A booth was set up and a staff member was present to answer questions students had about the clinic. Participating in this fair is one way

public health promotes awareness of the Open Door Clinic and services offered there; such as confidential sexually transmitted infection testing; physical exam by a provider from the local clinic; free to low cost contraception; counseling about their sexual health as well as provide information about financial assistances for clients that qualify.

Post Partum Depression Screenings



It is estimated that up to 90% of new mothers experience postpartum blues. This is a collection of symptoms that include fatigue, sadness, irritability, a feeling of being overwhelmed, and a readiness to dissolve into tears. Most post-partum blues disappear within a few days to weeks as the hormone levels return to normal.

With postpartum depression, these symptoms linger for weeks or months and interfere with daily functioning. A postpartum depression lasts longer and is more intense than the blues, and often requires counseling and treatment. The Family Health programs use the Edinburgh Postnatal Depression Scale (EPDS) as a screening

Medical Reserve Corps (MRC) of Mower County/MN Responds/Volunteers

"The Mission of the MRC of Mower County is to develop and maintain a local Medical Reserve Corps in Mower County."

The Office of the Surgeon General, Office of the Civilian Volunteer Medical Reserve Corps, and the National Association of County and City Health Officials (NACCHO) continued to provide to Medical Reserve Corps the availability to apply for the Capacity Building Award for the 2012-2013 year.

Mower County Community Health applied for the Capacity Building Award, and was awarded \$4,000. This funding continues to provide Mower County Public Health the opportunity to continue to meet the base roles and responsibilities in the Public Health Preparedness Grant of having an MRC of Mower County, and to promote and recruit individuals to register as a volunteer on MN Responds.

The Medical Reserve Corps (MRC) of Mower County is sponsored by Mower County Community Health Nursing Service which is governed by the Mower County Board of Commissioners which is a unit of local government. The mission of the MRC of Mower County is to develop and maintain a local Medical Reserve Corps in Mower County.

The goal of the MRC of Mower County is to provide a coordinated local Public Health response to emergencies requiring assistance of volunteers of the MRC of Mower County. One objective that continues each year and that has existed since the beginning is to maintain current registered volunteers, recruit new volunteers, and to assist all volunteers in obtaining basic training in Family Preparedness, ICS Structure, Blood Borne Pathogens, Infection Control, and Psychological First Aid.



Mower County Community Health currently has one assigned administrator for the MRC of Mower County. The MRC of Mower County has 92 registered volunteers. In 2013, volunteers were not needed to assist with any Public Health activities or emergencies. The history of assignments our MRC volunteers assisted with included public H1N1 clinics, school influenza immunization clinics, and car

seat clinics. MRC promotion and recruitment continues during the year through presentations, advertisements, and Mower County Community Health meetings. The MN Responds newsletter informs volunteers on what is happening both locally and at the national level with the Medical Reserve Corps. During September, National Preparedness Month, the

MRC of Mower County was advertised on the digital bill board in Mower County located at the intersection of Oakland Avenue West and First Avenue West.

The third annual Southeast Minnesota Medical Reserve Corps conference was held Saturday, May 11th, in Rochester, Minnesota. MRC of Mower County volunteers were invited to attend, 100 vol-

Prepare For and Response to Disasters and Assist Communities in Recovery

Public Health Preparedness/Pandemic Flu Planning/HAN

Mower County Community Health continues to strengthen and expand its involvement with Public Health Preparedness both in the Southeast Region of Minnesota, and in Mower County in 2013.

Mower County Community Health attended regional Community Health Preparedness meetings throughout the year. Locally, Mower County Public

Mower County Community Health staff have been assigned roles and responsibilities in the ICS/NIMS structure and as staff changes, the positions are reassigned. In any Public Health emergency that Mower County responds to, this structure is utilized. The contact information on designated locations of the MDH workspace continues to be kept up-to-date.

In the event of an emergency, Mower County may need to implement cross-border planning, and so regular communication exists with Freeborn County, MN and Mitchell County, IA. Locally, Public Health has maintained and participated in a local public health emergency advisory committee. This committee also serves as an advisory group for pandemic influenza planning activities.

Mower County Community Health continues to work with several local and regional partners on preparation and response in the event that an emergency is to occur.

Mower County Community Health staff continues National Incident Management System (NIMS) training that would be used to respond to a public health emergency.

The Incident Command System comprises five major functional areas: Command Operations, Planning, Logistics, and Finance/Administration. In an ICS organization, Incident Command consists of the Incident Commander and various Command Positions. Three staff positions are typically identified in ICS: Public Information Officer, Safety Officer, and Liaison Officer. Mower County Community Health assigned to these ICS positions has completed ICS Trainings 100, 300, 400, and 700. All other Mower County Public Health staff is required to complete both ICS 100 and ICS 700. ICS 100 is Introduction to Incident Command, and ICS 700 is an Introduction to National Incident Management Systems (NIMS).

Mower County Community Health plans to continue to strengthen public awareness of the importance of being prepared at all times for any emergency response that may occur, and to develop and/or participate in any exercises or training opportunities relating to Emergency Preparedness. In 2014, the focus of the LTAR (Local Technical Assistance Review) will continue to include developing, reviewing, and updating all Public Health Emergency Preparedness Plans.

Health completed many Public Health Preparedness activities. The activities covered areas of leadership, assessment, planning, surveillance and monitoring, response and recovery, education and training/workforce readiness, exercises-exercise comprehensive plans for all threats to the public's health, and communications.

tool for postpartum depression. The validity of the scale showed that mothers who scored above the threshold were likely to be suffering from a depressive illness of varying severity. The scale will not detect mothers with anxiety neuroses, phobias, or personality disorders.

Any mother scoring high on the EPDS is followed-up by a Public Health nurse, and/or referred to their doctor or mental health practitioner. In 2013, the EPDS was administered to 88 new mothers during Healthy Beginnings visits or during WIC appointments.

Safe Communities Coalition

The Mower County Safe Communities Coalition (MCSCC) is funded by a grant from the MN Department of Public Safety/ Office of Traffic Safety. It is coordinated by the Parenting Resource Center. This high visibility campaign starts in October of every year. The coalition partners focus on the four "E's": Enforcement, Education, Engineering and Emergency Medical Services to promote traffic safety on Minnesota roadways. These campaigns were designed to help meet "SE Minnesota Toward Zero Deaths" (SE MN TZD) goal.

Mobilization efforts throughout the year included "Primary Law - Click It or Ticket" in March to promote seat belts and child car seats. AAA's "I Got Caught" campaign in May and June provided Kwik Trip coupons and bracelets when student drivers got caught wearing their seat belt. "Drive Sober or Get Pulled Over" DWI enforcement occurred in December and January. KAAL aired a Public Service Announcement (PSA) "Cost if DUI." April's distracted driving wave began with AT & T "It Can Wait" campaign that provided codes for juniors and seniors to text to AT & T their pledged to not text and drive. SE MN TZD issued a news release announcing the winning class and that class received a framed certificate for their school. Speed enforcement wave "Obey the Sign or Pay the Fine begins in July. Posters, coaster, window



clings, banners and electronic billboards displayed the current enforcement message at restaurants, liquor stores and bars. Letters to the Editor were printed in local and out-county papers, the Parenting Resource Update and Sheriff's Update broadcasted enforcement reminders to listeners on KAUS-AM radio. KAAL-TV partners with the coalition to provide broad coverage of PSA created especially for the campaigns.

The grant includes seat belt safety education targeting 9th-12th graders in Mower County and alcohol impaired driving prevention targeting Riverland College students. A new point of impact program becoming a focus for MCSCC is the implementation of a "Teen Driver Safety Parent Awareness" program in conjunction with ABC Driving School.

The Safe Communities Coalition partnered with Austin Police Department, Austin Drug Task Force and Freeborn County Partners in Prevention Coalition to facilitate the passage of a Social Host Ordinance by the Austin City Council and Mower County Commissioner. Recently the Mower County Commissioners and the Austin City Council signed a proclamation making July Speed Month.

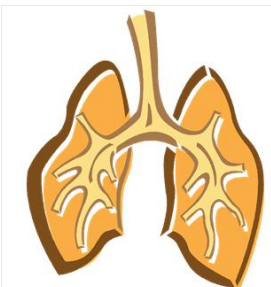
Prevent the Spread of Infectious Disease:

**TB
Success Story
Ruth Lumley,
PHN**

We had two active tuberculosis cases in Mower County in 2013.

A case typically starts with a patient presenting in the hospital with symptoms. Tests are conducted, included sputum smears, which indicate that they could possibly be infectious. Due to the patient being infectious, when the person is discharged, they must be observed taking their medications daily as it is ordered.

Public Health receives the patient's medication monthly from the Minnesota Department of Health. A nurse must go out daily to the person's home Monday through Friday to observe them taking their medication. The person typically needs to take 9-15 pills each day for 6 to 9 months.



When the nurse goes to the patient's home, she must wear a respirator mask to protect herself from the possibility of becoming infected with the TB bacteria. Length of treatment, the medications needed, and frequency of delivery are determined by the location of the patient, and response to the medications.

Public Health is also responsible for doing contact investigations with contacts of the infectious patient. A tuberculin skin test is done on contacts and follow-up and treatment is started if necessary.

We work closely with MDH to ensure that patients are fully treated, contacts are found and tested, and reports are completed on time.

Tuberculosis Control and Follow-Up

Active Tuberculosis (TB) Disease is a serious disease that can cause a person to become very sick if not treated with medicines. TB usually affects the lungs, but can also affect other parts of the body. TB is spread through the air when someone with TB disease coughs, sneezes, laughs, or sings. If someone breathes in the TB germs, they can develop Latent TB Infection (LTBI). Someone with LTBI is not sick and cannot spread the TB germs to anyone else.

Tuberculin skin testing (TST) is offered to anyone who needs it for employment, school, or if they may have been exposed to tuberculosis. If the TST is positive, the person is referred for a chest x-ray. If the chest x-ray is negative, the person may be placed on a preventive medication regimen and is considered to have LTBI. If the chest x-ray is positive, the person may be considered to have Active Tuberculosis (TB) Disease and further investigation and testing of contacts is done. If the person is diagnosed with active TB, they are placed on a multi-drug medication regimen. The medication for treatment of both latent and active tuberculosis may be received through the Minnesota Department of Health, and is given to the client directly. Other appropriate follow-up is done as needed.

In 2013, there were 6 clients followed for medication delivery for treatment of suspected or confirmed tuberculosis disease with a total of 340 visits made. Medications are brought to the recipient's home and the recipient is observed taking the medications and monitored for improvement in condition and/or side effects of the medications. This close observation/follow-up is done to ensure that the recipient completes therapy so their TB disease does not reactivate or become resistant to treatment medications.

Ordinance Compliance

Mower County Community Health and the Board of Health work jointly with law enforcement to uphold and enforce local ordinances and state statutes related to meth lab abatement, Freedom to

Breath Act, or any activity that adversely affects the public's health. In 2013, there were no reports of meth labs or violations to the Freedom to Breath Act.

Public Health Nuisance



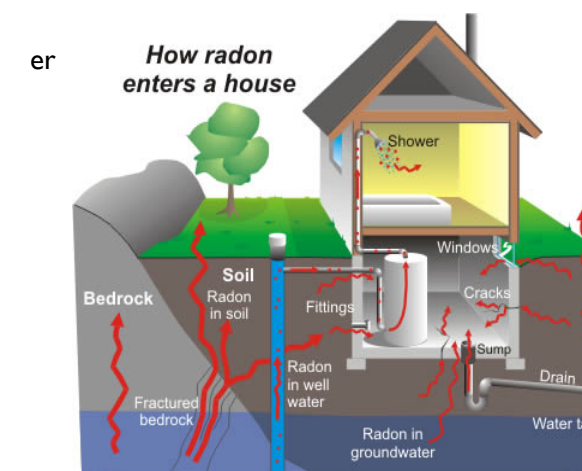
A part of Minnesota Statutes 145A, Local Public Health Boards of Health are responsible for investigating and responding to public health nuisance calls.

In 2013, there were no public health nuisance calls. The Minnesota Local Public Health Association is in the process of working with the Minnesota Department of Health to update the guidance document that was done in 1992 to be a source for the local public health agency to go to for help with nuisance complaints in their jurisdictions.

Radon

Mower County Community Health partnered with Mower County Public Works on 1/10/2013 to distribute free radon test kits to Mower County residents throughout 2013. This was a collaborative effort with the Minnesota Department of Health in an effort to help raise awareness and educate the public regarding the importance of testing for radon in homes. In Minnesota, 2/3 of the state is labeled high risk for radon with 1 in 3 homes being a significant health risk due to elevated radon levels. Radon is a colorless, odorless radioactive gas that seeps up from the earth. Long-term exposure to radon can lead to lung cancer, causing over 21,000 deaths each year in the United States. Radon is the leading cause of lung cancer in non-smokers and the second leading cause of lung cancer in smokers.

Mower County Community Health distributed 57 short-term kits and 29 long-term kits. Five individuals from different households returned to Mower County Community Health to re-test their homes as the initial radon test level was elevated above 2. All five people had Austin addresses but were not located in the same immediate vicinity. Mow-



County Public Works distributed 29 short-term kits and 1 long-term kit. One individual who picked up a kit at Public Works have come back reporting high levels of radon in their homes. Everyone who has picked up a radon kit has been educated about what radon is, where it is commonly found, the health risks to being exposed to radon, how to test for radon, and what to do if the radon level in their home is elevated. A bookmark and a booklet has also been distributed with each radon kit which also contain this information.

Tdap - Cocooning Project

In 2013, Mower County Community Health Services worked collaboratively with the Mayo Clinic Health Systems, Austin, to encourage Tdap vaccination of parents, caregivers, and grandparents of newborns.

There were 105 Tdap vaccination given to adults in 2013.

Protect Against Environmental Health Hazards

Lead Poisoning Success Story Tonya Meyer, PHN

One lead case I specifically remember is one of a 2 year old boy whose family recently moved to Austin. The child was found to have a very high level, 20.3 ug/dl. The family had no idea what lead poisoning was, where lead is commonly found, how to fix the problem, and when to have the child tested again. I contacted the family, made a home visit, and provided education. The rental home they were living in was build before 1978 and had chipping and peeling paint, making it a primary suspect for the lead source.

Due to the extent of the child's lead poisoning, a home visit was also conducted by the Minnesota Department of Health lead inspector. A

home inspection was done and samples were taken to determine the source of the poisoning. A report was generated from this home inspection and the landlord was responsible for correcting the lead issues.

Over the course of about a year, the child's lead level decreased to an acceptable level (below 5 ug/dl). The parents welcomed a second baby into their home and I served them in WIC clinic.

The family was very appreciative of the help and education they received. They felt their second child could avoid the risks associated with lead poisoning.

Lead Program

Mower County Community Health collaborates with the Minnesota Department of Health to educate parents regarding what lead poisoning is, how it affects their child, where lead is commonly found, and how to reduce lead contamination and lead poisoning. Blood testing should be performed during a well child checkup when a child has recently lived within the city limits of Minneapolis or St. Paul, the child receives services from MnCare, WIC, MA, and/or any time a parent expresses a concern. A referral is sent to

Community Health if lead results return elevated. In 2013, 11 elevated lead level cases were referred to Community health. One home visit was performed and accompanied by the Minnesota Department of Health Lead Inspector. The remaining 10 lead cases were contacted by telephone, and a lead letter with information was sent by mail. A Community Health nurse then follows up with families to make sure recommended protocols are followed, and re-

peat lead testing is performed. The WIC program also offers lead screening to children who are at high risk for elevated lead levels. In 2013, 95 lead tests were conducted during WIC appointments and 16 lead tests were conducted at Head Start. This is a decrease from 2012 when 162 total lead tests were done.

“In 2013, 95 lead tests were conducted during WIC appointments.”



Immunization Clinics

Mower County Community Health assists the Minnesota Department of Health with surveillance, investigation, and control of communicable disease in the county, while focusing on disease prevention.



Throughout 2013, weekly immunization clinics were held at the Mower County Community Health nursing office. Under the Minnesota Vaccines for Children program (MnVFC), the vaccines available include: Diphtheria, Pertussis, Tetanus, Polio, Measles, Mumps, Rubella, Hemophilus influenza, Varivax (chickenpox), Hepatitis B, Prevnar, Meningitis, Rotavirus, Hepatitis A, Human Papillomavirus (HPV), and Influenza. Influenza immunizations (nasal mist and injectable) were also offered. The cost for immunizations starting January of 2013 was \$21.00 per dose. Adults who met certain eligibility requirements also received immunizations through this program.

In 2013, the Mower County Community Health immunization clinics continued to be on Thursday afternoons from 3:00 p.m. – 4:30 p.m. Tuberculosis screening clinics continued to be held Friday afternoons from 1:00 – 3:00 p.m.

On July 17, 2013, Mower County Community Health became a “Mark of Excellence” immunization clinic with criteria being met for storage, handling, administration of vaccine, and updated policies/procedures. In completing these criteria and receiving this award, Community health is promoting a healthy community.

The total of all immunizations combined weekly at Mower County Community Health, Ellis Middle School, and Mower County employee clinics was 945 immunizations administered. The Ellis Middle School immunization clinic had a total of 43 vaccines administered. A total of 150 influenza vaccines were administered to Mower County employees. There were 51 TST screenings conducted in 2013.

Public Health Immunization Week is celebrated annually in August, shortly before school begins. Publicity by radio, TV, newspapers, & posters increase awareness of the need for immunizations to be up-to-date and in compliance with Minnesota immunization law for school enrollment. Other contacts throughout the year with the public including WIC appointments, Open Door Clinic appointments, Child and Teen Checkup screening, Early Childhood screening, & kindergarten roundups are utilized to educate about and promote the importance of keeping immunizations current.

Immunization Practices Improvement Plan

“IPI addresses several aspects of the immunization program”

Immunization Practices Improvement (IPI) is a component of the Immunization Program at the Minnesota Department of Health (MDH). IPI addresses several aspects of the immunization program: vaccine management, vaccine accountability, and clinical immunization

practices. These integral IPI program pieces provide quality assurance.

Mower County Community Health is a provider through MDH as well as the County IPI advisor to other private clinics providing vaccines through the Min-

nesota Vaccine for Children program. As a provider, Mower County Community Health must maintain records regarding the storage and handling of their vaccine, and perform monthly inventory. All immunizations given are entered into a state immun-



ization data base. The Mower County Community Health IPI advisor conducted 1 visit at Mayo Clinic Health Systems-Austin as well as a re-visit to that same site. LeRoy, Adams, and Grand Meadow clinics also participated in the Minnesota Vaccine for Children program in 2013. Sad-

ly, part way through 2013, the Grand Meadow Clinic closed its doors. Mower County Community Health serves as a resource to these clinics when issues/concerns arise concerning vaccines and help distribute MDH vaccine information and supplies.

Immunization Registry

Mower County is a member of the Southeastern Minnesota Immunization Connection (SEMIC) board which supports the Minnesota Immunization Information Connection (MIIC) immunization registry.

The goal of the regional immunization registry is to improve the vaccination rates of both children and adults in the state of Minnesota. Mower County Community Health inputs immunization data from Public Health clinics into the registry. This data is also saved in the PH-Doc Agency Immunization Registry software.

(CoCASA) Clinic Assessment Software

CoCASA (Comprehensive Clinic Assessment Software Application) is a software based immunization program developed by the CDC (Centers for Disease Control and Prevention). It is a tool for assessing immunization practices within a clinic, private practice, or any other environment where immunizations are provided. The purpose of CoCASA is to conduct an annual audit of two year olds to assess immunization coverage levels (percent of children up-to-date by their 2nd birthday) to identify how frequently opportunities for simultaneous immunizations are missed and to assess the quality of documentation. Mower County Public Health has used CoCASA



software to determine the immunization status of two year olds for the past twenty years.

CoCASA can provide a tracking and reminder system of immunizations that are due and overdue. We are considering sending reminder letters to 18 month olds before the chart audit is done when they turn two to see if this will help increase immunization coverage levels. In 2013, our random sample of two year olds born in 2011 in the months of April, May and June had coverage levels of 87%. The state's goal is to have 90% of two year olds immunized on time.

Disease Surveillance and Investigation

Mower County Public Health has a cooperative agreement with the Minnesota Department of Health to assist with the surveillance, investigation, and control of communicable disease in Mower County.

In 2013, Mower County worked with both State and

regional department of health to provide support with cases of: Hansen's Disease (Leprosy), Viral Meningitis in a sports team, a complaint regarding bacteria in a local community hot tub and steam room, Pertussis cases with a local swim team, and a Legionella case that was not part of a known outbreak.

Bloodborne Pathogen Training

The OSHA Bloodborne Pathogens Standard protects employees with potential for occupational exposure to blood or other potentially infectious materials, which may ultimately result in exposure to bloodborne diseases such as Hepatitis B or Human Immunodeficiency Virus (HIV), the virus that causes AIDS.

Compliance with the law requires the employer to provide training on what bloodborne pathogens are, how employees can protect themselves, and what to do if exposure occurs. Employers must provide Hepatitis B vaccine to employees at risk.

Mower County Community Health can provide presentations for any groups requesting education. Presentations were provided for 16 staff at Sacred Heart School and 27 staff at Mower County Health and Human Services.

Perinatal Hepatitis B Surveillance

Minnesota Department of Health (MDH) has a program for Perinatal Hepatitis B follow up. MDH sends a report to local public health identifying Hepatitis B positive pregnant women.

Public Health contacts each mom and provides education and resources. Follow-up continues after delivery of the baby. Vaccinations and immunological testing are documented for the infants and reported to MDH. Public Health assists in ensuring the completion of all recommended vaccinations and testing. In 2013, 35 families were assisted through this program.

Hand Washing Campaign

Hand washing is one of the most effective methods of preventing the spread of germs, germs that can cause colds, flu, and many other diseases. Yet, studies have shown that a majority of adults do not wash their hands at appropriate times such as after using the restroom and before food preparation. The goal of Mower County Community Health is to raise public awareness of the importance of hand washing.



Hand washing posters and clings are displayed in the bathrooms in county buildings to remind the public and staff about hand washing.

Mower County Community Health partners with the Mower County Fair Board to promote the importance of hand washing at the annual Mower County Fair. Posters that encourage timely hand washing are put up in all the bathrooms on the fairgrounds as well as in the barns and any areas with animals.