



Houston County Public Health

Partnering for Health: Every Person, Every Day.

2016 Public Health Departmental Review
including Performance Dashboard and
2017-18 Strategic Initiatives

Public Health
Departmental Review with 2017-18 Strategic Initiatives

Public Health Director Mary Marchel
mary.marchel@co.houston.mn.us
(507) 725-5810

Mission Statement

Bringing people together to create a healthy future for everyone in Houston County

Vision Elements

- Engaged partnerships with collaborative partners
- Strong collaborative relationships with area clinics
- Ensure existing services remain relevant and viable
- Establish a system whereby policy makers can measure performance, results, and accountability

Core Values

- Social justice with a holistic approach
- Data-driven, evidence-based services based on outcomes
- Prevention and health promotion
- Skilled, flexible, innovative professional staff

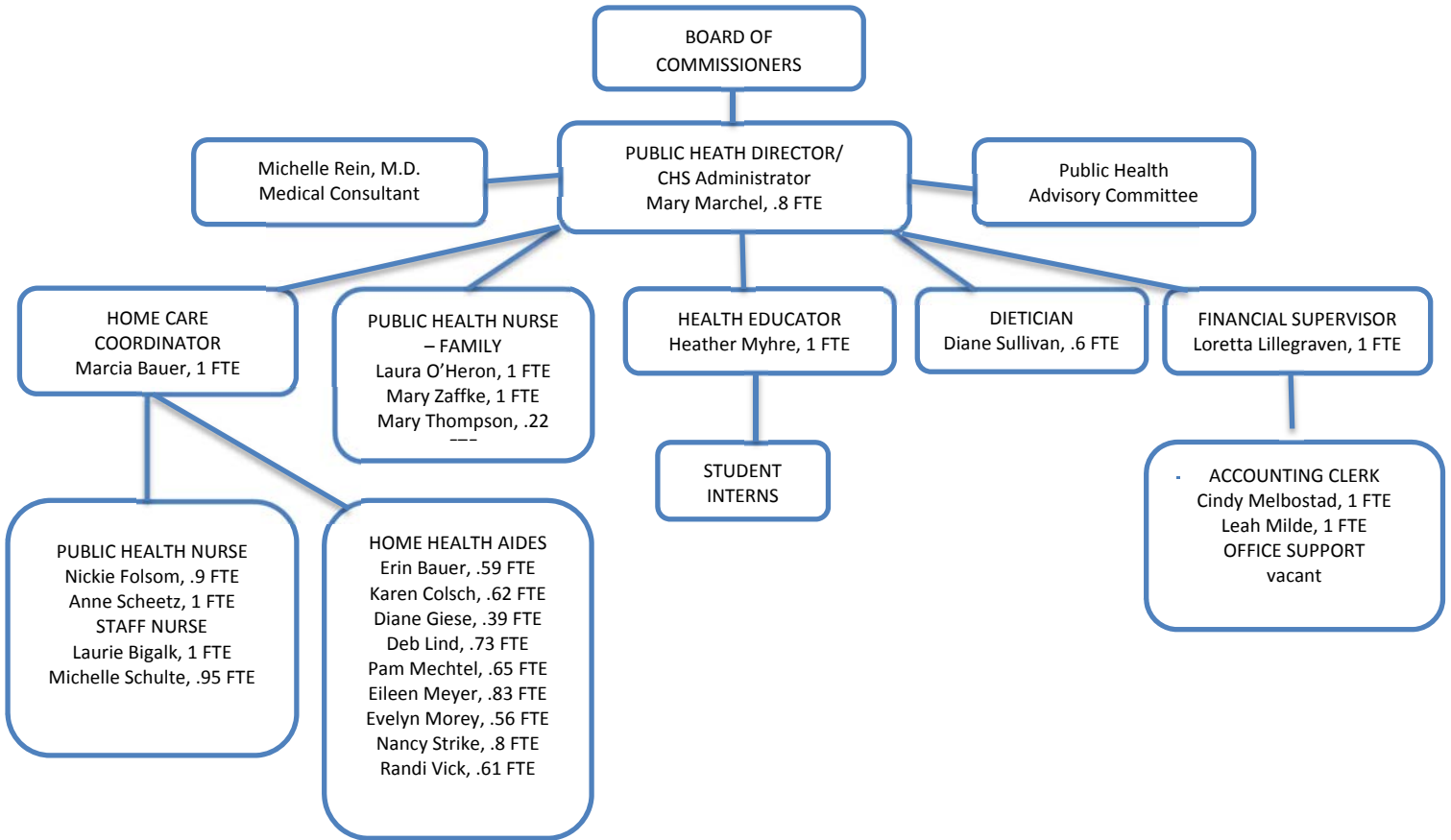
Description

Houston County Public Health (HCPH) provides a broad array of public health services. Our essential services and programs improve the health of our community. We are always working to make Houston County, Minnesota, a safer and healthier place to live, work and play. HCPH has worked hard to bring value to the general levy fund dollars it receives from the county by not only providing strategies for the years to come, but outcome data that supports the mission, vision and core values of the department. HCPH will continue to explore funding sources, when gaps are identified in order to better serve Houston County citizens and make Houston County a safe and healthy community.

At the heart of public health work is that of *primary prevention* and the work public health is responsible for. By moving upstream to address causes and improving environments where we live, work, learn, and receive health care, we can prevent many people from becoming chronically ill. It is the intention of Houston County Public Health to continue its culture in the solid foundational characteristics of policy, systems, and environment (PSE) embedding targeted change in broader community initiatives whenever possible.

Staff is to be complimented for their exemplary work, service, and contributions provided to Houston County residents. Time and again staff exhibits their commitment for going above and beyond displaying their untiring dedication and service excellence.

Department Structure



Department Staffing Levels

Staff	Annual FTE					
	2017 Est	2016	2015	2014	2013	2012
Director, Supervisor	1.55	1.75	1.75	1.75	1.75	1.75
Support	3.	3.50	3.75	3.75	4	4
Nurses	6.35	6.35	7.1	6.35	6.15	7.05
Home Health Aides	5.78	6.6	7.71	7.84	8.56	8.58
HHA Supervisor	.25	.25	.25	.25	.25	.25
Dietician	.6	.6	.6	.6	.6	.6
Health Educator	1	1	1.25	1.1	1.1	1.1
Total	18.25	20.05	22.41	21.64	22.41	22.33
Salaries & Benefits	\$1,394,558	\$1,521,649	\$1,489,341	\$1,408,341	\$1,460,817	\$1,437,415

Program and Service Deliverables

It is the intention as part of this narrative to provide the Board with a look back at the previous seven months in an effort to provide accountability to policy makers and their respective constituents for programs and activities that expend budget dollars and county resources. While this is not an exhaustive list, it highlights several policy, programs and activity accomplishments. It should be noted that the majority of work in this list has been done in tandem with other county employees, other county partners, or entities and businesses outside the Agency.

Grant Accomplishments:

- Southeast Service Cooperative Grant for Houston County Employee Wellness program with over 60% of county employees participating in one or more components
- Ten (10) mini grants awarded to Houston County partners (7 SHIP and 3 UCare)
- Minnesota Organization of Fetal Alcohol Syndrome Grant Award 2016- NEW

Partner Accomplishments:

- Houston County Public Health serves as fiscal host for Minnesota Immunization Informational Connection (MIIC) serving 11 southeast public health agencies (2016-2018)
- Successful implementation of the Cradling Literacy program with each area district ECFE promoting early development of reading, cognitive and language skills
- Agency home health aides to assist with Human Services child protection Supervised Visitation
- Cross-jurisdictional agreement with Winona County Public Health for short term Maternal Child Health Nursing services
- Partnered with La Crosse County Health Department and Mayo Health Systems on “Aligning Pain Management Project”
- Partnered with Western Wisconsin Health Care Coalition in the regional Ebola exercise
- Established quarterly joint Fillmore-Houston Board of Health meetings

Community Input and Involvement:

- Houston County website now includes links to numerous data sources for health information and data
- Assisted 18 Houston County families with car seat checks; 12 seats distributed by public health

Staffing, Departmental, and Financial Accomplishments:

- Successful summer nurse internship initiative
- Roll-out of MN Choices assessment process
- Agency Facebook page created – Like us!
- PHN trained in Child and Teen Checkup’s – 0-21 y/o’s
- Agency’s Mary Thompson, PHN, received 2016 CDC Childhood Immunization Award
- WIC staff trained in Baby Behavior Curriculum and integrated into practice
- Excellent U Care and BCBS health plan audit results!
- USDA awarded HC WIC with the Excellence for Exemplary Breastfeeding Support and Practices

Department Performance Dashboard

The Public Health tracks a number of performance metrics in an effort to measure the effectiveness, efficiency and results of department operations. Both Key *Activity* Indicators (typically reflects the quantity of activities delivered) and Key *Outcome* Indicators (typically reflects the outcome, results or consequences of business process activities) are collected to give a fair representation of department workloads and performance.

Key Activity Indicators	Actual 2015	Projected 2016	Projected 2017
Deyta HH CAPS results: Home care clients who would recommend agency to family & friends	97%	100% YTD	100%
DEYTA HH CAPS results: Nurse requested to see all medications taken by client	100%	100% YTD	100%
Number of children enrolled in Follow Along Program	301	319 YTD	330
Number of uninsured or underinsured individuals vaccinated with MDH supplied vaccine	28	15 YTD	20
Monthly average WIC participants	250	250 YTD	250
Number of low-income children receiving a car seat with educational component to caregiver	45	12 YTD	42
Emergency preparedness exercises performed	2	2	2
% of Houston County WIC staff trained in Patient Centered Services (New 2014)	100%	100%	100%
Number of households receiving family home visiting services utilizing evidenced-based supporting strategies (New 2014)	40	37 YTD	50

Key Outcome Indicators	2014 Actual	2015 Actual	2016 YTD	2017 Projected
% of Houston County women receiving prenatal care in 1st trimester at or above state level	HC 86.9% MN 83.9%	HC 72.7% MN 83%	Pending	HC 75%
% of Houston County women who smoke during pregnancy at or below state average	HC 14.4% MN 12.0%	HC 17.2% MN 10.6%	Pending	HC 15%
Increased access to health care for low income children measured by C&TC participation rate	HC 62% MN 72%	HC 66% MN 70%	Pending	HC 70%
% of children in kindergarten vaccinated *at or above state average (MN AISR data) *DTap, Polio, MMR, Hepatitis B, Varicella	Improving in all	Improving in all	Improving in all	Improving in all
% of Houston County children ages 24-35 months covered by immunization series above state average	HC 71.3% MN 60.6%	HC 73.6% MN 59%	HC 78%	HC 80%
Breastfeeding initiation rate for Houston County WIC participants	HC 84.4% MN 80%	HC 87.5% MN 80.5%	HC 83.5% MN 79.5%	HC 87%
Incidence of diagnosed lyme disease in Houston County reported to MDH	19	18	6 YTD	15
County estimates of adult smoking (2012-2016 data, Compass)	N/A	N/A	HC 13% MN 16%	
Adults who have achieved moderate exercise 5+ days per week (2014 data, CA)	HC 30.8%	N/A	N/A	
County estimates of diabetes among adults > 20 years old (2014 data, CA)	HC 8.6% MN 8.1%	N/A	N/A	
County estimates of overweight/obesity among adults > 20 years old (2014 data, CA)	HC 62.1%	N/A	N/A	

Key: **Green:** Strategy Completed **Red:** Strategy Pending **Black:** Strategy New

2017-2018 Strategic Initiatives

The Public Health Department seeks to purposefully align departmental activities and resources with the Mission, Vision elements, and strategic priorities established within the department. Goals will be SMART (specific, measurable, assignable, relevant, and time-bound). All departmental employees will work with strategic partners internally and externally to advance the initiatives during 2017-2018.

- [Statewide Health Improvement Plan \(SHIP\) Implementation](#) Through instituted formal and informal policy, systems and environmental (PSE) changes, SHIP initiatives become sustainable. This framework will lead several broader community-wide initiatives which includes the Agency awarded 15 mini-grants, and partnered with the American Lung Association to develop a smoke-free multi-unit housing policy template.

Performance Indicator: Completion of the mini-grants and a smoke-free housing policy template by year end 2016.

Budget Impact: \$0

Responsible Person: Health Educator/Community Partners

- Emergency Operations Coordination The Emergency Preparedness Coordinator will participate in planning, conducting and evaluating one public health-focused exercise. This will address needs of at-risk individuals.

Performance Indicator: One functional table top exercise will be completed by 6/2016.

Budget Impact: \$0 All activity is covered under PHEP grant duties

Responsible Person: Emergency Preparedness Coordinator/Community Partners

- Employee Wellness In coordination with Human Resources, staff will leverage the Southeast Service Cooperative Wellness Incentive Program Funds to structure an employee wellness program that strives to create a culture and environment of wellness.

Performance Indicator: Goals and various activities will incorporate at least two of the Six Dimensions of Wellness, as required by SCC. Plans for baseline data and end-of-year assessment of employee satisfaction with project activities are underway.

Budget Impact: \$0, as \$17,500 has been earmarked from SCC for this endeavor

Responsible Persons: Health Educator, Department Head, Human Resources Director

- Development of Houston County Health Profile Houston County health data profile will be developed and posted on Houston County website, regularly updated, and accessible to the public. This effort will be done in tandem with the Compass Now project (United Way) with highlights reported to the public.

Performance Indicator: Created Profile posted on county website by April 2016.

Budget Impact: \$0

Responsible Person/s: Health Educator/Agency Nursing Staff/Department Head

- Communities that Cradle Literacy HCPH plans to work with area school districts ECFE sites to reach out to parents of children 0-3, providing opportunities to learn about the power of reading and importance of the use of language with the very young. Events will be hosted in each district where parents are introduced to the concepts of early literacy, experience model reading to the target ages, with discussion following.

Performance Indicator: HCPH will host 2 events in each district, ending in April 2016.

Budget Impact: +\$12,500 for staff time and reading resources

Responsible Persons: Family Health staff/Department Head

- Lyme Disease Community Health Education The incidence of lyme disease has seen a steady and significant increase in Houston County. Likely due to increased physician awareness, expanding tick distribution, and changes in human activities and behavior of tick habitat, Houston County had the highest average annual incidence rate at 54 per 100,000 from 1991 to 2012, of the MN SE District. Staff will continue community education efforts.

Performance Indicator: The incidence of lyme disease in Houston County will be reduced to an annual rate of 50 per 100,000 by year end 2017.

Budget Impact: \$0

Responsible Person: Health Educator/Intern/Department Head

- In-Home Child and Teen Screenings HCPH Family Health nursing staff will begin conducting in-home child and teen screenings for children 6 months-2 years of age, working with their medical

providers for referral and follow-up. This will be a new service provided to Family Health clients and reimbursed through medical assistance.

Performance Indicator: Two –four screenings will be performed in home per/month. It is anticipated that Houston County’s participation rate will increase by 2%.

Budget Impact: Screenings are reimbursed at the rate of \$200 per screening = + \$ 7,200 per year.

Responsible Persons: Family Health Certified CTS nurses

- Home Care Program HCPH fiscal and management staff will be monitoring decreasing home care utilization and determine best outcome solutions for existing home care clientele. Report back to policy makers will take place within the first 6 months of 2017. Additionally, management staff will continue to meet with potential home care agencies for viable, quality referral options for current clients.

Performance Indicator: Decreasing numbers of home care skilled nursing clients and home health aides will determine outcome recommendations to policy makers.

Budget Impact: Unable to determine at this point.

Responsible Persons: Department Head/Fiscal Supervisor/Home Care Coordinator

- Mn Choices Certified Assessor Requirements Certified Assessors are required to meet recertification guidelines every three years as per state statute. This requirement calls for 45 learning units during this time period. Agency administration will work with other surrounding counties to offer training locally so staff can participate.

Performance Indicator: Agency Certified Assessors will meet a 100% compliance with this requirement completed by August of 2017.

Budget Impact: Costs will be split with partnering agencies.

Responsible Persons: Department Head/Home Care Coordinator

- Minnesota Immunization Information Connection Regional Coordination HCPH will continue to serve as the fiscal host for the Southeast Minnesota Immunization Connection (SEMIC) serving 11 counties in the region. HCPH will contract with SEMIC to continue the MIIC regional coordination work for 2016-2018, assuring grant duties get completed as highlighted in the RFP.

Performance Indicator: SEMIC will continue to aid multiple immunization projects throughout the region as indicated in the application template.

Budget Impact: + \$11,912 Fiscal agent and per hour staff fee per year for additional clerical duties

Responsible Persons: Department Head

- Internal Quality Improvement Process Agency staff will continue their work on further QI projects with the joint QI Team (Fillmore) as part of improving work processes, improving and addressing customer satisfaction, and improving employee satisfaction.

Performance Indicator: QI committee will meet at least every other month and determine QI projects with timelines for completion.

Budget Impact: A training budget has been included in the 2017 budget

Responsible Person: QI Team/Department Head

- Minnesota Organization of Fetal Alcohol Syndrome (MOFAS) Grant During year two of this grant MCH staff will continue to implement prenatal alcohol exposure screenings through WIC and home visits. In addition, work will be done to partner with area schools during pre-school screenings to do assessments in order to reach the general population.
Performance Indicator: Number of partnerships established
Budget Impact: - 0- Activities covered under grant duties
Responsible Person: MCH Family Home Visiting staff
- Core Competency Development The Council on Linkages between Academic and Public Health Practice has developed a set of Core Competencies for public health professionals. The purpose of core competencies is to help strengthen the public health workforce. With assistance from the MDH, staff has completed the first step of the assessment process and now will move forward with development of training and workforce development plans. This entire process positions the agency toward future potential for accreditation.
Performance Indicator: Complete a training plan in 2017 – develop outcome measurements
Budget Impact: -0-
Responsible Person: Department Head, Health Educator
- Parenting Classes – P.I.P.E (Partners in Parenting Education) Using this curriculum, MCH trained nurses will work with community education to provide this evidence- based curriculum to clients in a group setting. This training is used to enhance parent-child interaction, brain development, social skills, etc. PIPE training in a class setting also jump starts a relationship and rapport with Family Home Visiting nurses which is critical for clearing the way for more intensive support of home visits.
Performance Indicator: MDH Benchmarks (compliant with scheduled well-child exams, prenatal and preconception care, use of parental tobacco, screening for maternal depressive symptoms)
Budget Impact: Classes will be billed to health plans for eligible clients
Responsible Person: MCH nursing staff
- WIC Outreach Nationally on an average month, WIC serves and estimated 60.2% of those eligible for WIC services. Between 2010 and 2015, agency WIC participation has decreased by 23%. New outreach activities will be designed to increase local participation for those that are WIC eligible.
Performance Indicator: Increase participation by 3% between 2016-2018.
Budget Impact: -0-
Responsible Person: WIC Coordinator and WIC staff.

Agency Grants/Reimbursement and Description

Program Area	Description of Grants/Reimbursements	2016 HCPH Allocation
Local Public Health (CHS subsidy)	<p>The state general funds (i.e. state tax dollars) and match provide a base of stable, non-categorical funding to Community Health Boards. The funding is used to support local public health infrastructure activities and develop action plans to address the local public health priorities and issues identified by the community health assessment.</p> <ul style="list-style-type: none"> • Funding Source – state general funds administered by MDH • Funding Period – calendar year • Funding is based on 2003 funding allotment • Match of 75% required 	\$91,497.00
Maternal & Child Health (Title V) Block Grant	<p>The federal Title V MCH Block Grant is funding to address concerns for the children and adolescents; children and youth with special health care needs; and pregnant women, mothers, and infants. Two-thirds of the federal dollars are distributed to CHS for MCH services.</p> <ul style="list-style-type: none"> • Funding Source- federal funds administered by MDH • Funding Period – calendar year • Funding is based on 2003 funding allotment • Match of 50% required 	\$25,298.00
Temporary Assistance to Needy Families (TANF)	<p>The Federal TANF block grant allows states to allocate resources for a broad array of services in Minnesota. TANF funds allocated through LPH Act can be used for eligible program services including non-medical home visiting for families, WIC clinic services, and youth development with a focus on reducing out of wedlock births.</p> <ul style="list-style-type: none"> • Funding Source – federal funds administered by MDH • Funding Period – calendar year • Funding is based on 2003 funding allotment 	\$33,236.00
Women, Infants and Children (WIC)	<p>WIC provides funding for nutrition and breastfeeding support for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk. Services include nutrition assessment and education, breastfeeding support, nutritious foods, and health care referrals.</p> <ul style="list-style-type: none"> • Funding Source – federal funds administered by MDH • Funding Period – October – September • Funding is by reimbursement based on the number of participants served each month 	\$89,090.00
State Health Improvement Partnership (SHIP)	<p>SHIP was launched in 2008 as part of Minnesota’s health reform effort with the goal of helping Minnesotans live longer, healthier lives by decreasing obesity and tobacco use and exposure, the leading cause of chronic disease, disability and death. CHBs are awarded Planning, Implementation, or Implementation + Innovation grants based on a menu of proven strategies.</p> <ul style="list-style-type: none"> • Funding Sources – state general funds administered by MDH • Funding Period – November 1 to October 31 • Funding is determined by the type of grant and through population 	\$81,456.00
Public Health Emergency Preparedness	<p>The Office of Emergency Preparedness (OEP) oversees emergency preparedness and response funding to local health departments, tribal agencies and healthcare organizations as they develop plans and protocols for responding to public health threats. National standards for state and local planning identify risks and gaps, determine priorities and plans with partners to assure safer, more resilient and better prepared communities whether the public health threat is caused by natural, accidental, or intentional means.</p> <ul style="list-style-type: none"> • Funding Sources – federal funds administered by MDH • Funding Period – July 1 through June 30 	\$24,612.00
Immunization Practice Improvement (IPI)	<p>IPI is a component of the MDH Immunization Program. IPI merges key aspects of the overall immunization program at the provider level including vaccine management, vaccine accountability and clinical immunization practices, assess the storage and handling techniques of vaccines, provide teaching and needed follow-up and to assist forming a Quality Improvement plan</p> <ul style="list-style-type: none"> • Funding Sources – MDH • Funding Period – Annual Grant Agreement • Funding – Reimbursement for completed components of clinical assessments, education and follow-up 	\$1,000.00
Child and Teen Checkups (Outreach)	<p>The C&TC program is Minnesota’s federal program, and is administered by the Department of Human Services (DHS). Children through the age of 20 who are enrolled in Medical Assistance are eligible. Outreach is provided to all children in the program to ensure access barriers are removed, and screenings get completed timely.</p> <ul style="list-style-type: none"> • Funding Sources – federal funds administered by DHS • Funding Period – Annual Grant Agreement • Funding is based on children 0-20 years covered by Medical Assistance 	\$37,471.00

Toward Zero Deaths	<p>The Department of Public Safety awards federal grants to partners for both enforcement and educational efforts that support the Toward Zero Deaths initiative. This initiative hopes to eliminate fatalities on Minnesota roadways through education and enforcement.</p> <ul style="list-style-type: none"> • Funding Source – Office of Traffic Safety • Funding Period – Annual Grant Agreement • Funding is based on a competitive formula based on crash facts, demographics and partnerships with law enforcement 	\$10,844.00
Southeast Service Coop- Employee Wellness	<p>The Southeast Service grant program offers health orientated promotion services for employees to get fit, stay fit, and manage health.</p> <ul style="list-style-type: none"> • Funding Source – Southeast Service Cooperative • Funding Period – Annual Application • Funding – Reimbursement for allowable expenses 	\$19,663.00
Minnesota Immunization Information Connection (MIIC)	<p>The Minnesota Immunization Information Connection (MIIC) is a system that stores electronic immunization records. MIIC makes keeping track of vaccinations easier and helps ensure Minnesotans get the right vaccines at the right time. Houston County has assumed the fiscal agent responsibility for this 11 county consortium.</p> <ul style="list-style-type: none"> • Funding Source – State and Federal dollars • Funding Period – Calendar year 2017 • Funding pass through for Program Coordinator as well as fee collected for administration 	\$79,119.00
MOFAS	<p>This grant will incorporate fetal alcohol syndrome education and screening at the individual, community and systems level. Individuals will also be screened through WIC, MCH, and FHV and medical clinics. This grant will incorporate FAS assessments into standard practices with education regarding universal screening process and building our capacity to identify prenatal alcohol exposure as early as possible.</p> <ul style="list-style-type: none"> • Funding Source – Minnesota Organization on Fetal Alcohol Syndrome • Funding Period – 2016-2018 • Funding –Reimbursement for allowable expenses 	\$15,000.00

2015 Revenue & Expense Recap

Infrastructure			
		2015 Total	%
Expenditures	Salaries and Benefits	\$ 89,570	65%
	* Other	\$ 47,359	35%
	Total Infrastructure Expenses	\$ 136,929	100%
Revenue	State Grant	\$ 87,306	64%
	Local Levy	\$ 49,623	36%
	Total Infrastructure Funding	\$ 136,929	100%
Health Services			
Expenditures	Salaries and Benefits	\$ 904,009	92%
	*Other	\$ 81,024	8%
	Total Expenses Health Services	\$ 985,033	100%
Revenue	State	\$ 699,734	71%
	Federal	\$ 174,789	18%
	Fees	\$ 45,985	4%
	Local Levy	\$ 64,525	7%
	Total Funding Health Services	\$ 985,033	100%
Infectious Disease			
Expenditures	Salaries and Benefits	\$ 25,128	47%
	*Other	\$ 28,252	53%
	Total Expenditures Infectious Disease	\$ 53,380	100%
Revenue	State	\$ 3,188	6%
	Federal	\$ 25,272	47%
	Fees	\$ 18,897	35%
	Local Levy	\$ 6,023	12%
	Total Funding Infectious Disease	\$ 53,380	100%
Environmental Health			
Expenditures	Salaries and Benefits	\$ 929	83%
	*Other	\$ 193	17%
	Total Exp Environmental Health	\$ 1,122	100%
Revenue	Fees	\$ 540	48%
	Local Levy	\$ 582	52%
	Total Funding Infectious Disease	\$ 1,122	100%
Healthy Communities			
Expenditures	Salaries and Benefits	\$ 358,618	75%
	*Other	\$ 122,775	25%
	Total Exp Health Communities	\$ 481,393	100%
Revenue	State	\$ 182,760	37%
	Federal	\$ 188,297	39%
	Fees	\$ 79,390	16%
	Local Levy	\$ 30,946	8%
	Total Funding Healthy Communities	\$ 481,393	100%

Disaster Preparedness			
Expenditures	Salaries and Benefits	\$ 24,417	98%
	*Other	\$ 499	2%
	Total Exp Disaster Preparedness	\$ 24,916	100%
Revenue	Federal	\$ 25,188	100%
	Local Levy	\$ (272)	0%
	Total Funding Disaster Preparedness	\$ 24,916	100%
Total of Expenditures		\$ 1,682,773	100%
Total of Revenue: Federal, State, Fees		\$ 1,531,346	91%
Total of Local Levy		\$ 151,427	9%

* Other Includes: Phone, Postage, Publications, Advertising, Dues, Registration, Prof Fees, Software Support, Mileage, Lodging, Meals, Supplies, Furniture & Equipment

Total Houston County Population 2016 Estimate = 19,027

Average is \$7.96 per capita for public health services in Houston County (levy)
National Average per capita is \$5-11, with smaller agencies historically higher.

Data Source: NAACHO 2013 National Profile of Local Health Departments