



# Houston County Public Health

*Partnering for Health: Every Person, Every Day.*

**2015 Public Health Departmental Review**  
*including Performance Dashboard and*  
*2016-17 Strategic Initiatives*

Public Health  
Departmental Review with 2016-17 Strategic Initiatives

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### **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

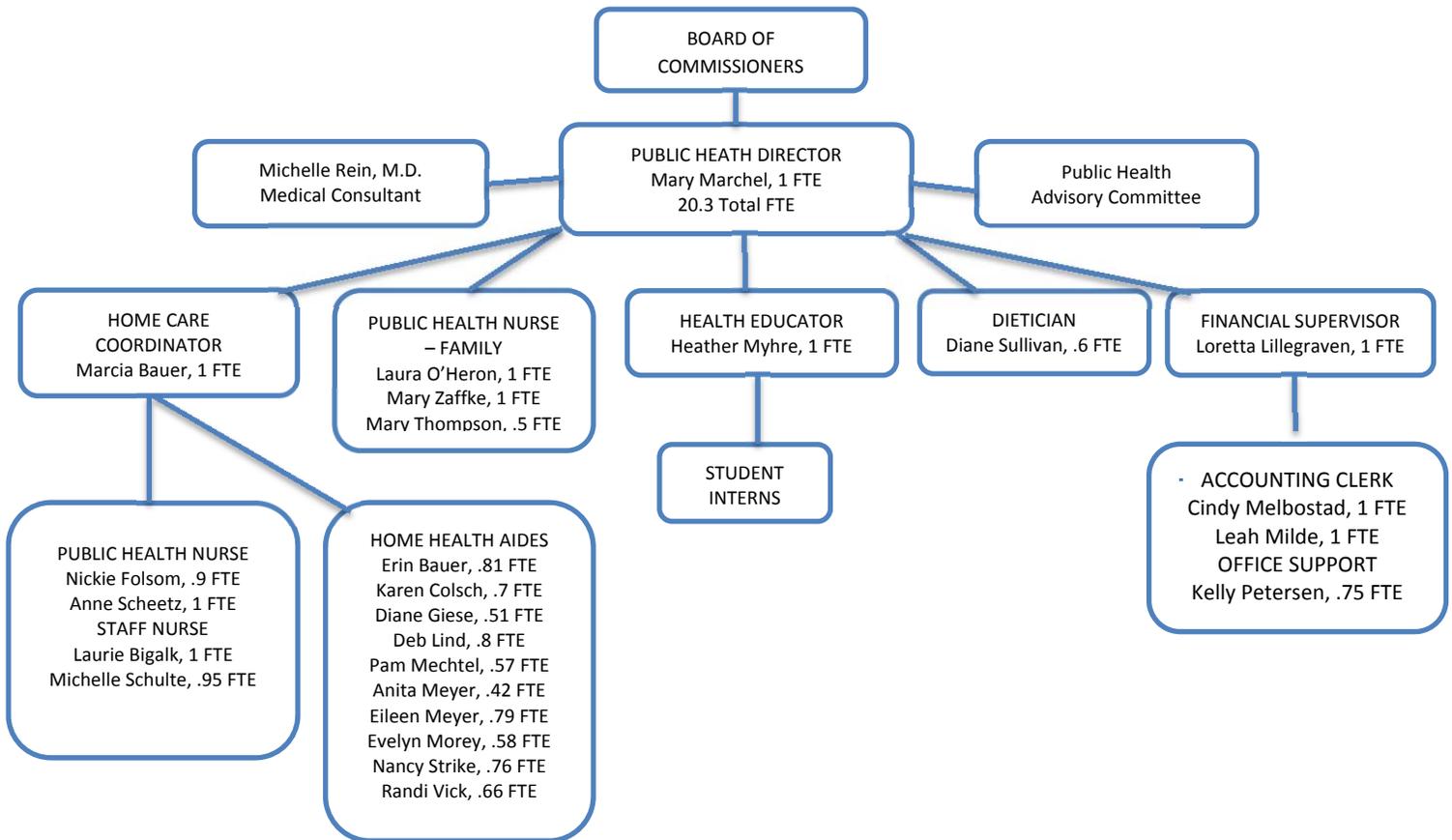
### **Description**

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					
	2016	2015	2014	2013	2012	2011
Director, Supervisor	1.75	1.75	1.75	1.75	1.75	1.75
Support	3.50	3.75	3.75	4	4	4
Nurses	6.35	7.1	6.35	6.15	7.05	7.05
Home Health Aides	6.6	7.71	7.84	8.56	8.58	8.01
HHA Supervisor	.25	.25	.25	.25	.25	.25
Dietician	.6	.6	.6	.6	.6	.6
Health Educator	1	1.25	1.1	1.1	1.1	1.6
Total	20.05	22.41	21.64	22.41	23.33	22.76
Salaries & Benefits	\$1,521,649	\$1,489,341	\$1,408,341	\$1,460,817	\$1,437,415	\$1,387,290

## **Program and Service Deliverables**

It is the intention as part of this narrative to provide the Board with a look back of the previous nine 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:***

- South East Service Cooperative Grant for Houston County Employee Wellness program initiated- with over 50% of county employees participating in one or more components
- Developed mini-grant process for SHIP implementation; awarded 15 mini-grants to Houston County partners
- Agency submitted and received BCBS and UCare grants for startup costs of the Neighbor's in Action – Caledonia
- “Dream, Play, Recreate” U Care Grant received for assessing county parks to identify improvements that can make parks more accessible for all children, with or with disabilities
- TZD grant award for data driven traffic safety (distracted driving, etc.)

### ***Partner Accomplishments:***

- Cross departmental partnership with Jail administration to better align correctional health needs with MEnd vendor agreement
- Partnered with Gunderson Mobile Mammography screening
- Impaired Driving interactive display with over 200 participants at the Houston County Fair
- Submitted RFP for the Minnesota Immunization Informational Connection (MIIC) and will serve as the fiscal host for 11 southeast public health agencies (2016-2018)
- Partnered with Spring Grove Theater to host “Someone You Love” feature on HPV
- Implementing the Cradling Literacy program with area districts ECFE promoting early development of reading, cognitive and language skills
- Utilizing home health aides to assist with Human Services child protection Supervised Visitation

### ***Community Input and Involvement:***

- Spearheaded local community and professional presentation on the Minnesota Safe Harbor Helping Minnesota's Sexually Exploited Youth
- SHIP funded “Behavioral Risk Factor Survey” conducted

### ***Staffing, Departmental, and Financial Accomplishments:***

- Roll-out of MnChoices assessment process
- Created agency Facebook page
- WIC Biannual Management Review – with no findings
- Moved to new WIC clinic location in LaCrescent along with extended clinic hours for both appointments and voucher pickup
- PHN trained in Child and Teen Checkup's – 0-21 y/o's and Lactation Certified specialist
- Fiscal review of agency operations with production benchmarks set for Home Care nursing staff
- Began billing for Administrative charges to grants where expense is allowable

## 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 2014	Projected 2015	Projected 2016
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	94%	100% YTD	100%
Number of children enrolled in Follow Along Program	248	288 YTD	300
Number of uninsured or underinsured individuals vaccinated with MDH supplied vaccine	24	18 YTD	20
Monthly average WIC participants	254	250 YTD	260
Number of low income children receiving a car seat with educational component to caregiver	42	38 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 supporting strategies (New 2014)	N/A	40 YTD	50

Key Outcome Indicators	2012 Actual	2013 Actual	2014 Actual	2015 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 61% MN 71%	HC 57% MN 72%	HC 62% MN 72%	HC 65%
% of children in kindergarten vaccinated *at or above state average (MN AISR data) *DTap, Polio, MMR, Hepatitis B, Varicella	Below in all	Below in all	Improving in all	Improving in all
% of Houston County children ages 24-35 months covered by immunization series above state average	HC 74.6% MN 62.3%	HC 82% MN 62.9%	Pending	HC 85%
Breastfeeding initiation rate for Houston County WIC participants	HC 76.8% MN 76%	HC 79.1% MN 77.4%	HC 83.6% MN 79.5%	HC 85%
Incidence of diagnosed Lyme Disease in Houston County reported to MDH	19	18	6	15
County estimates of physical inactivity among adults > 20 years old(2012 data)	N/A	HC 21.8% MN 19.1%	HC 24.6% MN 17.6%	HC 21%
County estimates of Diabetes among adults > 20 years old(2012 data)	N/A	HC 8.3% MN 6.7%	HC 7.8% MN 7.3%	HC 7.5%
County estimates of Obesity among adults > 20 years old(2012 data)	N/A	HC 25.4% MN 27.7%	HC 25.5% MN 25.7%	HC 25%

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

### 2016-2017 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 2016-2017.

- Medication drug regimen review Home care nurses will continue to concentrate of conducting a medication drug regimen with their home care clients. Nurses obtain a complete drug history, including herbs, vitamins and over the counter medications at the initial assessment and during each subsequent visit.

*Performance Indicator:* CAHPS survey results

*Budget Impact:* \$0

*Responsible Person:* Home Care Supervisor

*Completed By:* December 31, 2015
- MN Choices Implementation Public Health staff, working in collaboration with Houston County Social Services staff, will successfully transition to MNChoices assessments and reassessments by 12-31-15. This ensures a smooth referral processes and most effective use of waivers for residents with long term care needs.

*Performance Indicator:* DHS data related to Houston County MN Choices assessments

*Budget Impact:* Anticipated increase in staffing costs – difficult to predict

*Responsible Person:* Home Care Supervisor and Department Head
- Community Health Improvement and Strategic Plans Departmental staff will further develop the Community Health Improvement Plan and Strategic Plan, in collaboration with identified stakeholders and community partners, by 2015 year end.

*Performance Indicator:* Community Health Improvement Plan and Strategic Plan completed by 3-2015.

*Budget Impact:* \$0

*Responsible Person/s:* Health Educator/Agency Nursing Staff/Department Head
- 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 **develop 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
- Electronic Health Records An electronic health record system is part of a federal mandate in order to eliminate paper files and improve management and confidentiality processes. All agency paper client files need to be converted to electronic files in order to send and receive client specific information by the end of 2015.

*Performance Indicator:* All existing agency clients will have an electronic health record by 12-2015

*Budget Impact:* \$0 Enhancements to existing software included in ongoing maintenance costs

*Responsible Person:* Administrative support staff/Supervisors/Department Head
- Emergency Operations Coordination The Emergency Preparedness Coordinator will participate in planning, conducting and evaluating one public health-focused functional exercise. This will address needs of at-risk individuals.

*Performance Indicator:* One functional table top exercise will be completed by 6-2015.

*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
- **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. As part of this process, staff core competencies will be assessed, scored, ranked and prioritized before the development of the training and advancement plan.  
*Performance Indicator:* QI committee will meet at least every other month and determine QI projects with timelines for completion. An employee training and advancement plan will be completed by March 2016.  
*Budget Impact:* A training budget has been included in the 2016 budget  
*Responsible Person:* QI Team/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 Districts. Agency staff will engage the MDH and other stakeholders in conversation and strategize a plan for community education, impacting potential behaviors and environments by 2016.  
*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 2016.  
*Budget Impact:* \$0  
*Responsible Person:* Health Educator/Community Partners/Agency Director
- **Minnesota Immunization Information Connection Regional Coordination** HCPH will 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

- Communities that Cradle Literacy HCPC 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
- 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 8 months of 2016.  
*Performance Indicator:* Decreasing numbers of home care skilled nursing and home health aides will determine outcome recommendations to policy makers.  
*Budget Impact:* Unable to determine at this point.  
*Responsible Persons:* Agency Director/Fiscal Supervisor/Home Care Coordinator

## Agency Grants/Reimbursement and Description

Program Area	Description of Grants/Reimbursements	2015 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"> <li>• Funding Source – state general funds administered by MDH</li> <li>• Funding Period – calendar year</li> <li>• Funding is based on 2003 funding allotment</li> <li>• Match of 75% required</li> </ul>	\$83,260.00
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"> <li>• Funding Source- federal funds administered by MDH</li> <li>• Funding Period – calendar year</li> <li>• Funding is based on 2003 funding allotment</li> <li>• Match of 50% required</li> </ul>	\$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"> <li>• Funding Source – federal funds administered by MDH</li> <li>• Funding Period – calendar year</li> <li>• Funding is based on 2003 funding allotment</li> </ul>	\$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"> <li>• Funding Source – federal funds administered by MDH</li> <li>• Funding Period – October – September</li> <li>• Funding is by reimbursement based on the number of participants served each month</li> </ul>	\$114,370.00
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"> <li>• Funding Sources – state general funds administered by MDH</li> <li>• Funding Period – November 1 to October 31</li> <li>• Funding is determined by the type of grant and through population</li> </ul>	\$93,246.00
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"> <li>• Funding Sources – federal funds administered by MDH</li> <li>• Funding Period – July 1 through June 30</li> </ul>	\$23,000.00
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"> <li>• Funding Sources – MDH</li> <li>• Funding Period – Annual Grant Agreement</li> <li>• Funding – Reimbursement for completed components of clinical assessments, education and follow-up</li> </ul>	\$1,800.00
Child and Teen Checkups (Outreach)	<p>The C&amp;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 Minnesota Care or 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"> <li>• Funding Sources – federal funds administered by DHS</li> <li>• Funding Period – Annual Grant Agreement</li> <li>• Funding is based on children 0-20 years covered by Medical Assistance and Minnesota Care</li> </ul>	\$34,424.00

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"> <li>• Funding Source – Office of Traffic Safety</li> <li>• Funding Period – Annual Grant Agreement</li> <li>• Funding is based on a competitive formula based on crash facts, demographics and partnerships with law enforcement</li> </ul>	\$9,144.00
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"> <li>• Funding Source – Southeast Service Cooperative</li> <li>• Funding Period – Annual Application</li> <li>• Funding – Reimbursement for allowable expenses</li> </ul>	\$17,500.00
UCare Community Grant	<p>UCare in partnership with Houston County desires to partner for the purpose of increasing access and providing opportunities for outdoor recreation for older adults and people with disabilities residing within the county. A comprehensive assessment of outdoor activities will be completed along with a prioritization plan with potential for site enhancements so sites are more accessible for older adults and people with disabilities.</p> <ul style="list-style-type: none"> <li>• Funding Source – UCare</li> <li>• Funding Period – Calendar Year 2015</li> <li>• Funding was based on a competitive grant award</li> </ul>	\$24,500.00

**2015 YTD Budget Review (Jan-Sept)**

<b>Category</b>	<b>Program</b>	<b>Revenues</b>	<b>Expenses</b>	<b>Net(Tax Levy)</b>
Infrastructure	LPH	\$ 59,931.00	\$ 89,654.00	\$ (29,723.00)
Health Services	Homecare	\$ 440,965.00	\$ 526,150.00	\$ (85,185.00)
	MSHO	\$ 209,347.00	\$ 187,504.00	\$ 21,843.00
	MN CHOICES	\$ 67,104.00	\$ 59,212.00	\$ 7,892.00
	Jail	\$ 3,681.00	\$ 3,665.00	\$ 16.00
Infectious Disease	MnVFC/Imm	\$ 11,032.00	\$ 19,930.00	\$ (8,898.00)
	Imm Capacity Building	\$ 5,000.00	\$ 3,143.00	\$ 1,857.00
	Flu	\$ 6,741.00	\$ 7,227.00	\$ (486.00)
Environmental Health	Env Hea (Radon/Frac)	\$ 430.00	\$ 1,064.00	\$ (634.00)
Healthy Communities	Family Health	\$ 27,906.00	\$ 53,742.00	\$ (25,836.00)
	WIC	\$ 72,404.00	\$ 60,234.00	\$ 12,170.00
	MCH	\$ 13,132.00	\$ 24,321.00	\$ (11,189.00)
	Peer Breastfeeding	\$ 11,863.00	\$ 15,263.00	\$ (3,400.00)
	SHIP	\$ 64,952.00	\$ 63,476.00	\$ 1,476.00
	Communities That Cradle Literacy	\$	\$ 135.00	\$ (135.00)
	UCare – Neighbors In Action	\$ 50,000.00	\$ 46,000.00	\$ 4,000.00
	C&TC	\$ 32,896.00	\$ 24,505.00	\$ 8,391.00
	Follow Along	\$ 2,288.00	\$ 7,999.00	\$ (5,711.00)
	SE Service Coop	\$ 3,905.00	\$ 10,507.00	\$ (6,602.00)
	TANF	\$ 18,738.00	\$ 34,367.00	\$ (15,629.00)
	TZD	\$ 6,208.00	\$ 6,997.00	\$ (789.00)
	Ucare Grant	\$ 24,500.00	\$ 5,830.00	\$ 18,670.00
	EHDI	\$ 400.00	\$	\$ 400.00
Disaster Preparedness	MRC	\$ 3,500.00	\$ 5,109.00	\$ (1,609.00)
	PHEP	\$ 12,800.00	\$ 18,254.00	\$ (5,454.00)

\$ 1,149,723.00      \$ 1,274,288.00      \$ (124,565.00)

2015 Budget Tax Levy= \$190,327.00

Unused allotted levy  
at 9 months:    **\$ 65,762.00**

Houston County's public health tax levy is **12%** of the total budget.

Total Houston County Population 2014 Estimate = 18,738

Average of **\$10.32** 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*

