2013 Annual Report

POLK COUNTY PUBLIC HEALTH OFFICES

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Polk County Public Health

POLK COUNTY Minnesota

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@PCPublicHealth

Table of Contents

Public Health Director....4
Public Health....5
Polk-Norman-Mahnomen Community Health Services 6
Shared Services Learning Collaborative.... 7
Mission Statement.... 8
Core Values.... 9
Organizational Chart....10
Polk County Public Health Team....11
Public Health Champions....12
Emergency Preparedness....13
Women, Infants & Children.... 14
Breastfeeding Support.... 15
Statewide Health Improvement Program....16
Toward Zero Deaths and School Health.... 17
Alcohol, Tobacco & Other Drugs....18-19
Family Planning Services....20
Family Health....21-24
Immunizations....25
Reportable Diseases....26-27
Health Promotion....28
Jail Health....29
Waivered Services....30
Revenue Summary....31

Public Health Director

Polk County Public Health's Annual Report is a testament to the commitment of our Local Public Health team and community partners who work together to ensure the people of Polk County benefit from comprehensive and progressive public health practices.

A good friend and Public Health leader once told me of Albert Einstein definition of insanity: "doing the same thing over and over and expecting different results." As our communities face health challenges, how do we get out of the rut of doing the same thing over and over again? How do we start thinking about health in a different and proactive way?

Instead of thinking of health as something we find at the doctor's office when we are sick, we need to shift our thinking of health as something that starts in our families, schools and workplaces, tobacco-free playgrounds, neighborhood parks and trails, and in the air we breathe and water we drink. Health starts in strong, loving families, where neighborhoods are safe for walking and biking and grocery stores, convenience stores and farmer's markets have fresh fruits and vegetables that are enjoyed by all.

Health starts in childcare settings and schools that care for and educate our children, that feed them healthy meals and that send them home safe at the end of the day. And health starts in having the time and resources to play and move at the end of a hard day's work because unrelieved stress takes its toll on our hearts and certainly our immune systems.

Now is the time for us to expand the way we think about health—not just how we to get it back when we lose it but how to create and sustain it with our families and in our communities. Mid-year, we took the opportunity entrusted to us with our joint venture of the newly formed Polk-Norman-Mahnomen Community Health Board to carefully consider our role in the community; how can we best leverage our capacity and services with other community resources and partners to maximize desired health outcomes so health is equitable for all. We understand now more than ever, that to truly affect changes in the Polk County health status, we need to be keenly aware of and address fundamental social inequities rooted in education, poverty, housing, diversity and environmental factors. The findings from that assessment and planning are being finalized in 2014 within the Strategic Plan and Community Health Improvement Plan.

These are challenging, but exciting times. We have seen an incessant erosion of state and federal funding support causing us to seek renewed opportunities to align with other community providers and systems. We feel confident that whatever health and wellness challenges face us in 2014 and beyond, we stand ready to respond and serve.

Sarah Reese

Sarah Reese, MS, CHES
Director/Co-CHS Administrator

"When health is absent, wisdom cannot reveal itself, art cannot manifest, strength cannot fight, wealth becomes useless and intelligence cannot be applied." - Herophilus

Public Health

Public health is the art, practice and science of ***protecting and improving*** *the health of the population. Public health is about* ***what makes us healthy****, what makes us sick, and what we can do* ***together*** *about it. When we think about health, what often comes to mind is the individual and ways he or she can stay healthy. Public health shifts the focus to the* ***population*** *– from me to* ***all of us****.*

Principles of Public Health

⇒ Public health is about PREVENTION. This means intervening early and keeping people from getting sick or injured.

⇒ Public health is about POPULATIONS. This means focusing on groups of people rather than single individuals.

⇒ Public health is about HEALTH. This means the broadest possible view of what makes and keeps us healthy including our mental health, everyday health choices, and our surroundings – not just health care services.

⇒ Public health is about LOCAL NEEDS. This means identifying what a community needs to improve health and assuring effective action which uses local assets to solve unique challenges.

Community Health Services

Since 1976, Minnesota's local public health system, also known as the Community Health Services (CHS) system, has ensured that the public's health and safety are protected while providing flexibility for local governments to identify and address community needs.

In 2013 the CHS system consisted of 50 Community Health Boards— the legally recognized governing bodies for local public health in Minnesota—that work in tandem with the Minnesota Department of Health to fulfill essential local public health responsibilities under Minn. Stat. 145A.

Local public health departments partner with multiple systems including schools, law enforcement, social services, municipalities, non-profits and private health care providers to coordinate high quality, non-duplicative services. This interlocking, statewide system is a critical component of an effective response to public health threats as well as efforts to improve the health of Minnesotans.

Six Areas of Local Public Health Responsibility

1. Assure an adequate public health infrastructure.
For example: Assess health needs of local communities.

2. Promote healthy communities and healthy behaviors.
For example: Develop policies to foster healthy communities.
Offer home visits to new families and high-risk pregnant women.
Implement youth alcohol, tobacco and chemical use prevention programs.

3. Prevent the spread of infectious disease.
For example: Investigate and control communicable disease.
Run immunization clinics.

4. Protect against environmental health hazards.
For example: Investigate and abate public health nuisances.
Inspect and coordinate repairs for lead and other Healthy Homes hazards.

5. Prepare for and respond to disasters, and assist communities in recovery.

6. Assure the quality and accessibility of health services.
For example: Support elderly/disabled in nursing homes or community settings, perform long-term care consultation, personal care assistant assessments and case management duties.
Operate Women, Infants, and Children (WIC) clinics.
Provide health care services at county correctional facilities

Source: Britta Orr, Director, Local Public Health Association
651-789-4354 or borr@mncounties.org

Polk-Norman-Mahnomen

Community Health Services

Polk County Public Health and Norman-Mahnomen Public Health Joint Staff Meeting (July 2013)

Public Health
Prevent. Promote. Protect.

Vision Statement:

Communities where all people achieve their optimum health potential.

Mission Statement:

PNM CHB prevents illness, promotes wellness and protects health within our communities.

(Adopted Oct 2013)

*Public Health works every day to **PREVENT** disease, **PROMOTE** healthy living and **PROTECT** the public from health threats. Minnesota's statewide public health system is referred to in state statute as "Community Health Services", or CHS. The CHS system uses a coordinated approach among state and local public health departments to protect, maintain and improve the health of all Minnesotans. For local governments, the CHS system is designed to assure that the community's health and safety are protected. The system is designed to be flexible so that local governments may identify and address locally identified public health priorities.*

The Polk-Norman-Mahnomen Community Health Board completed its first year as a multi-county community health services entity. The Community Health Board has a 7 member board including Chairperson Mahnomen County Commissioner Karen Ahmann; Vice Chairperson Polk County Commissioner Craig Buness; Recording Secretary Norman County Commissioner Marvin Gunderson; Norman County Commissioner Steve Bommersbach; Polk County Commissioner Nick Nicholas; Norman-Mahnomen County Community Representative Charlie Pazdernik and Polk County Community Representative Barbara Muesing.

Shared Services Learning Collaborative

Minnesota is one of 16 recipients of a two-year grant (January 2013- January 2015), from the Robert Wood Johnson Foundation and the Center for Sharing Public Health Services, designed to help health departments explore how cross jurisdictional sharing might better equip them to fulfill their mission of protecting and promoting the health of communities served. Cross-jurisdictional sharing (CJS) enables health departments to share programs, services, and resources across the jurisdictions they serve. The projects funded around the country are aimed at helping health departments and policy makers test the potential of CJS to expand the quality and availability of services while also improving efficiency.

The national Shared Services Learning Community emphasizes collaboration between public health leaders and policy makers; local public health receives customized technical assistance and access to national and regional experts on topics relevant to their local CJS efforts. These topics include financial or legal analysis, operations and change management, quality improvement, community engagement, communications and evaluation.

Minnesota SSLC Project

The Minnesota Shared Services Learning Collaborative (MN SSLC) provides a regular venue to bring together public health leaders to learn from each other about CJS; to disseminate information from the national collaborative; to provide support and assistance for our local CJS activities that are already in process; and to develop tools to promote and support future CJS activities in Minnesota. This work is accomplished through 11 local CJS projects, including Polk-Norman-Mahnomen Community Health Services and through the "Minnesota Mini-Collaborative." The Minnesota mini-collaborative meets quarterly, bringing together representatives of all 11 Minnesota projects to share their learnings, and accomplishments.

Polk-Norman-Mahnomen Family Home Visiting Shared Services: New Partnerships to Change Systems to Improve Health

The purpose of this project is to assure strong family home visiting within the local public health system over the next five years. More specifically, the project seeks to improve the consistency of at least five policies, procedures or practices in providing quality and consistent services for clients across jurisdictional boundaries by January 2015.

National SSLC Meeting

Members of Minnesota's SSLC Team

Top Row (L to R): Commissioner Harlan Madsen (Kandiyohi County), Debra Burns (MDH), City Councilor Karen Nordstrom (City of Bloomington), Commissioner Jon Evert (Clay County), Commissioner Karen Ahmann (Mahnomen County), Sarah Reese (Polk County)

Bottom Row: Allison Thrash (MDH), Karen Zeleznak (City of Bloomington), Diane Thorson (Otter Tail County), Jill Bruns (Renville County)

Mission Statement

The Mission of Polk County Public Health is to promote optimal health and wellness for all people of Polk County through prevention, education, intervention, advocacy, and collaboration.

** The mission statement is guided by the Community Health Board and serves as a basis for the development and maintenance of an integrated system of community health services.*

PURPOSE:

- To provide the essential local public health activities.
- To assure an adequate local public health infrastructure.
- To promote healthy behaviors and healthy communities.
- To prevent the spread of infectious disease.
- To protect against environmental health hazards.
- To prepare for and respond to disasters, and assist communities in recovery.
- To assure the quality and accessibility of health services.
- To promote optimal health and wellness of all individuals.
- To ensure coordination and collaboration of community resources.

Core Values

We value the public's health:

Health is a fundamental resource to the individual, to the family, to the community, and to society. Polk County Public Health will utilize population based services to prevent disease, promote health and wellness and protect individuals across the lifespan.

We value public trust:

We are mandated by county, state and federal governments to preserve and protect the public's health and safety. We will keep the public and our community partners informed, involved, and supportive of our services.

We value client resiliency:

Individuals will reach their optimal health and make healthy decisions when supported, with evidence-based information, treatment and services provided from a strength-based perspective.

We value equal treatment:

Equal treatment means services are provided to all without regard to age, race, ethnicity, religion, culture, gender, sexual orientation or ability to pay. Employees will continually grow in cultural competency.

We value ethical decision-making:

We make decisions that are based on professional integrity instead of personal interest and treat individuals, the community, team members and colleagues in an honest, respectful and ethical manner.

We value a healthy workplace:

A healthy workplace means a work environment that values employees, promotes wellness, encourages teamwork, nurtures professional growth, advocates personal responsibility as well as accountability, and supports innovation and risk-taking while recognizing that we continuously strive for performance improvement.

2013 Organizational Chart

SARAH REESE, MS, CHES
Director and
Co-Community Health Services Administrator

TERRI OLIVER
ADMINISTRATIVE ASST

- **PH-Doc Technician Lead**
- **Emergency Preparedness**
- **Support Services**
  - –Judy Keasler
  - –Anna Corona
  - –Joann Munter
  - –Lori Nystad, Accountant
- **MN Immunization Registry**
  - –Judy Keasler
- **PH DOC Nurse Technician**
  - -Angel Korynta
- **Child Passenger Safety**
  - –Joann Munter

KIRSTEN FAGERLUND, PHN
LEAD COORDINATOR

- **Women, Infants & Children/ Breastfeeding**
  - –Stephanie Olson, RD LD, WIC Coord
  - –Tammy Conn, IBCLC
  - –Leah Reitmeier, DTR
  - –Kathy Luckow, RN
- **School Health**
  - –Amanda Hennen, PHN
  - –Ilene Yanish, Aide (Roster)
- **Regional Prevention Coordinator**
  - –Melissa Perreault
- **Drug Free Community Grant/**
- **Strategic Prevention Framework**
  - –Sue Thompson, MS
  - –Marley Melbye
- **Health Educator/Towards Zero Death**
  - –Leah Reitmeier
- **Statewide Health Improvement Program**
- **Community Transformation Grant**
- **Environmental Health**

KATHY GIRDLER, PHN
LEAD COORDINATOR

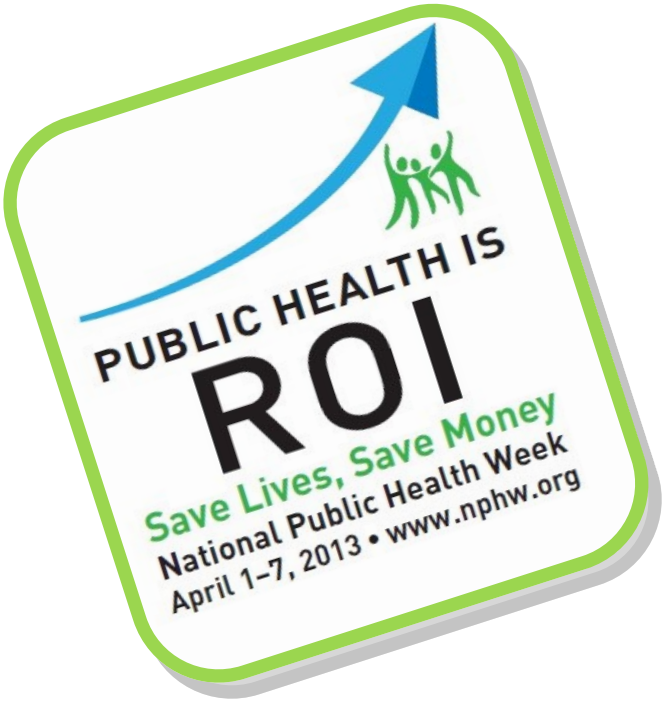
- **Family Home Visiting**
  - **Nurse Family Partnership**
  - **Prenatal Visits**
  - **Postpartum Visits**
  - **Parenting Visits**
- **Children with Special Needs**
  - **Interagency Activities**
  - **Case Management**
  - **Follow Along Program**
- **Child Protection Team**
  - –Angel Korynta, PHN
  - –Lyn Boese, PHN
  - –Christina Merkens, PHN
  - –Kathy Luckow, RN
- **Child and Teen Check-up Outreach/Coordinator/ Communities Caring for Children**
  - –Codi Lehmann, PHN
  - –Joann Munter
- **Family Planning Coordinator**
  - -Stacy Plautz, PHN
  - –Christina Merkens, PHN (back-up)
  - –Staff Nurses (as needed)
- **Safer Choices**
  - –Codi Lehmann, PHN
- **Roster**
  - –Melissa Hayes, PHN

DOREEN NARLOCK, PHN
LEAD COORDINATOR

- **Waivered Services (Assessments/Case Management)**
- **Vulnerable Adult Team**
  - –Jill Sonstelie, PHN
  - –Julie Seeger, PHN
  - –Michelle Naplin, PHN
- **DAC Medication Oversight**
  - –Michelle Naplin, PHN
- **Disease Prevention & Control Immunizations**
  - –Amanda Hennen, PHN
  - -Carol Egeland, PHN (Roster)
- **TB case management**
  - –Amanda Hennen, PHN
- **Hlth Screenings and Services/ Foot Care**
  - –Amanda Hennen, PHN
  - –Lyn Boese, PHN
  - –Stacy Plautz, PHN
  - –Other staff (as needed)
- **Correctional Health**
  - –Kelsey Helgeson, RN
  - –Janna Dinkel, RN
  - –Christina Merkens, PHN
  - –Stacy Plautz, PHN (back-up)

Polk County Public Health Team

2013 Public Health Champions



Since 1995, when the first full week of April was declared National Public Health Week (NPHW), communities across the United States have observed NPHW as a time to recognize the contributions of public health and highlight issues that are important to improving our nation.

Each year, NPHW focuses its effort on a different theme, and this year's theme is ***"Public Health is ROI: Save Lives, Save Money."*** The 2013 NPHW theme was developed to highlight the value of prevention and the importance of well-supported public health systems in preventing disease, saving lives and curbing health care spending. In the world of public health, return on investment, or ROI, is measured by the amount of health impact when compared to the resources invested, which may include direct funds, infrastructure or personnel.

The public health ROI can be measured in lives saved, diseases and injuries mitigated or prevented and cost avoided thanks to community-based disease prevention and health promotion services. In light of tough fiscal constraints forcing public health agencies to do more with less, this year's National Public Health Week theme ***"Public Health is ROI: Save Lives, Save Money"*** is hugely important. Few investments are as far-reaching and life-changing as investments in evidence-based public health – and it is the job of public health departments to highlight the huge dividends it pays back into the health and well-being of communities across the country every day.

2013 Public Health Champions

Tara Miller, LSW, Northwestern Mental Health Center,
works with families and children within the Crookston Public School system.

Brigette Burzette-DeLeon, Teacher, Early Child Family Education,
Washington Elementary School

Jack Schmalenberg, Retired Polk County Administrator

Dean Vikan, Fosston, MN resident

Quilter Groups at Trinity Lutheran Church in Crookston,
and Beltrami Trinity Lutheran Church, provides beautiful handmade quilts for families

Emergency Preparedness

In January 2013, Polk County Public Health joined forces with Norman-Mahnomen Public Health under one Community Health Services board to provide improved coordinated strategies that combine enhanced planning, innovative training, and realistic exercises to strengthen our tri-county public health response capabilities. Trainings and exercises play a crucial role in this strategy, providing the PNM CHB, their regional health coalition and the State with a means to achieve, practice, validate, and improve their response capabilities.

Polk County is subject to a number of potential natural and man-made disasters such as tornadoes, ice storms, flooding, hazardous materials incidents, infectious disease and more.

It is the responsibility of local health departments to ensure proper means exist not only for government, private entities, and response agencies; but also for individuals to be able to plan, prepare for, respond to and recover from any emergency or disaster. Public Health staff are available 24/7 for response to, or coordination of emergencies.

Local public health departments continue to plan for public health all hazard preparedness and response. Planning is done with the State, region and locally. Through collaboration of many local partners, each year advances are made in preparing for disasters that may occur within our communities.

Today we are better prepared for a disaster due to:

- Forging stronger partnerships with local and regional and state partners
- Advances in usage of social media during incidents
- Staff participation in exercises such as staff activation, mass dispensing plans, MN Responds and Health Alert Network (HAN) alerts

Minnesota's public health system functions as a partnership between state and local governments. It is designed to ensure that the public's health and safety are protected statewide while providing local governments with the flexibility needed to identify and address local needs. MDH and local health departments play complementary roles in protecting and improving health. The coordinated partnership between the state and local levels of government in Minnesota is an efficient way to make the best use of public health resources.

WIC

Women, Infants and Children (WIC)

Do you know…

> Someone who is pregnant?
> A family with young children who would enjoy some nutrition tips and healthy foods?
> A working family with young children having trouble making ends meet?

WIC Income Guidelines July 2013-June 2014			
Income Eligibility Guidelines for MN Healthcare Programs		Standard Income Guidelines	
Family Size*	Annual Income	Family Size*	Annual Income
1	$31,614	1	$21,257
2	$42,672	2	$28,694
3	$53,736	3	$36,131
4	$64,800	4	$43,568
5	$75,864	5	$51,005
6	$86,928	6	$58,442
7	$97,992	7	$65,879
8	$109,056	8	$73,316
* Pregnant women count as 2 persons			

WIC Provides:

> Nutrition tips and advice
> Support for breastfeeding
> Healthy foods like fresh fruits and vegetables, whole grain cereals, bread and tortillas, low fat milk and baby foods
> Caring and supportive staff

Minnesota residents may qualify:

> If they are pregnant
> If they are breastfeeding
> If they have a child(ren) under age 5

2013 Highlights

- Served approximately 975 people per month
- 55% of infants born in Polk County participate in WIC
- Value of Polk County WIC vouchers issued in 2013 was $635,252
- Continued with a multidisciplinary approach to care of clients including services of a Registered Dietitian, International Board Certified Lactation Counselor, Dietetic Technician and a Registered Nurse.
- 73% of our mothers initiated breastfeeding.
- Staff attended the Annual MDH WIC conference in October.
- Provided WIC observation opportunities for Dietetic and Nursing Students.

Breastfeeding Support

Mama's Milk Connection

A group of women and families who promote, protect and support breastfeeding.

Opportunity to:

> Share you experiences
> Provide encouragement
> Receive information
> Enjoy refreshments
> Win Prizes

All breastfeeding and pregnant women and their families are invited to attend. There is no charge and no reservations are necessary.

"Thanks for being willing to organize and lead this group for us. It is so nice to have other nursing moms to talk to and learn from."

-Mom who attends Mama's Milk Connection

Polk County Breastfeeding Coalition

"The mission of the Polk County Breastfeeding Coalition is to improve health through the collaborative support, promotion, and protection of breastfeeding as the cultural norm."

NEW IN 2013! The Polk County Breastfeeding Coalition was formed April 26th, 2013 as a means of bringing together those who believe in breastfeeding, so that we can be more effective in our efforts to make breastfeeding the cultural norm.

Members include: Polk County Public Health, Norman Mahnomen Public Health, RiverView Health, Altru Clinic Crookston, Tri-Valley Head Start, Tri-County Corrections, UND College of Nursing, Essentia Health-Fosston, and Mothers from Mama's Milk Connection.

2013 Highlights

- International Board Certified Lactation Consultant (IBCLC) provides expert breastfeeding and lactation care and support, promotes changes that support breastfeeding and is a local resource within the health care system.
- Mama's Milk Connection: East Grand Forks 1st Thursday of each month in the WIC lobby at 11:30 am; Crookston hosts every 3rd Thursday of each month in the WIC lobby at 7:00pm; 17 families participated.

- Breastfeeding initiation rates were 73% in 2013 compared to 71% in 2007, in the WIC program. The state percentage breastfeeding initiation rate is 76.8%.
- Breastfeeding initiation rates in Polk County are at the same percentage rate as all the Counties that surround us with 65-75 %. Polk County rates higher than the bordering counties for Breastfeeding Duration at 3 months.
- ***Rock and Rest Breastfeeding Tent was offered at the Polk County Fair in conjunction with RiverView Health.***
- Annual World Breastfeeding Week Celebration was the first Thursday of August.

SHIP

Statewide Health Improvement Program

Continuing the efforts to improve the health of Minnesotans and reduce health care costs through low-cost, preventive measures, the 2013 Minnesota Legislature appropriated $35 million for the next biennium to the Minnesota Department of Health as part of their base budget for the Statewide Health Improvement Program (SHIP). During 2013, the Polk-Norman-Mahnomen Community Health Board was successful in securing $363,771 to continue its primary prevention work through October 31, 2015.

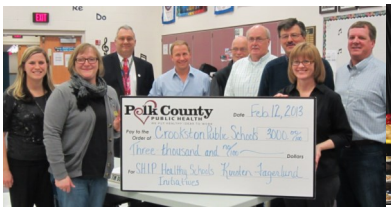
The purpose of SHIP is to improve the health of all Minnesotans and thereby decrease health care costs through increased physical activity, healthier eating, and less use and exposure to commercial tobacco products. In a recent study: Bending the Obesity Cost Curve in Minnesota, the Robert Wood Johnson Foundation found that the fight against obesity alone has the potential to save Minnesota billions of dollars. The study showed that reducing the average Body Mass Index (BMI) in the state by just five percent could lead to health care savings of more than $4 billion in Minnesota over the next 10 years. Reaching that same goal over the next 20 years could save the state as much as $11 billion.

SHIP succeeds by encouraging and supporting healthy living and addressing health disparities through local community engagement, local decision-making and sustainable, evidence-based strategies. The scope of work is specifically designed to improve population health while addressing health equity. Polk County is partnering with Norman and Mahnomen Counties to make the healthy choice the easy choice where we live, work, play and seek health care. Regionally, we continue to collaborate whenever possible to make policy, system and environmental changes that will have lasting effects.

Polk County Public Health is proud of its partnerships in prevention including:

- Minnesota Department of Health
- North County Community Health Services
- Polk County Wellness Coalition
- Polk County Breastfeeding Coalition
- School Districts of Crookston, Fisher, Fertile, Fosston, Climax and Win-E-Mac
- University of Minnesota Twin Cities and University of Minnesota Crookston
- Northwest Regional Sustainable Development Partnership
- University of Minnesota Extension
- RiverView Health and Essentia Health Fosston
- Northwestern Mental Health Center
- Communities of Crookston, Fosston and Fertile
- Farmers Markets of Crookston, Fosston, Winger and Mentor
- Carol M. White Physical Education Program (PEP)

Eat Well. Move More. Be Well.



Toward Zero Deaths and School Health

Toward Zero Deaths Safe Roads Program

Toward Zero Deaths initiatives in Minnesota focus on Education, Engineering, Enforcement and Emergency Medical and Trauma Services. The TZD Safe Roads program works to increase local involvement in traffic safety issues in communities around Minnesota. Polk County has formed a TZD coalition by partnering with others to address issues in our communities through a multifaceted approach. Safe Roads coalitions are funded by grants from the Department of Public Safety.

2008-2012 MN Crash Statistics	DWI's	Crashes	All Deaths	Alcohol Related Deaths	Motor Vehicle Occupant Deaths	Alcohol Related Motor Vehicle Occupant Deaths	Unbelted Motor Vehicle Occupant Deaths	Alcohol Related Unbelted Motor Vehicle Occupant Deaths	Motorcycle Deaths	Alcohol Related Motorcycle Deaths
Polk	**1,255**	**1,627**	**32**	**11**	**28**	**9**	**13**	**6**	**2**	**1**
MN 5-Year Totals:	**156,933**	**368,014**	**2,050**	**702**	**1,479**	**501**	**642**	**313**	**267**	**96**

(Source: Minnesota Department of Public Safety)

School Health Services (Climax-Shelly, Fisher and Win-E-Mac)

> Vision Screenings: 866 (97 Referred)

> Hearing Screenings: 866 (32 Referred)

> Scoliosis Screenings: 7

>Students with Individualized Health Plans: 23

> Preschool Screenings: 19

> Immunization Reviews: 866

> Students on Medication: 23

2013 legislative changes prompted the Minnesota Department of Health to pass changes in the state's school immunization rules that brought the law up-to-date with current recommendations and practices. The changes to immunization requirements for children in child care and grades pre-K-12 and to be implemented by September 2014 included:

- Requiring Hepatitis A and B vaccination for children enrolling in child care or school-based early childhood programs.
- Replacing the current seventh- grade tetanus-diphtheria (Td) requirement with a vaccine that also includes pertussis (Tdap).
- Requiring secondary students to have meningococcal vaccination beginning in seventh grade.

Alcohol, Tobacco & Other Drugs

Drug Free Communities Grant

Perhaps the biggest event of 2013, was the completion of the Drug Free Communities (DFC) Grant, which Public Health supported for the past ten years. During the grant's tenure period from 2003-2013, Polk County has dedicated resources to assist with utilizing key stakeholders and sector members in efforts toward building a comprehensive approach focused on reducing substance use among youth.

Polk County Wellness Coalition

Throughout Polk County, health prevention efforts, including substance abuse prevention, are driven by the Polk County Wellness Coalition (PCWC). The PCWC is composed of numerous sectors of the community including local businesses, youth organizations, schools, citizens, faith communities, parents, human services agencies, local government, and law enforcement. ***Its mission is to encourage and promote healthy choices and behaviors for all Polk County residents.***

The prevention efforts of the PCWC include:

- Environmental prevention strategies such as media marketing campaigns that challenge youth perception about alcohol and drug use
- Strengthening law enforcement efforts
- Supporting local ordinance change
- Strengthening enforcement of the new policies

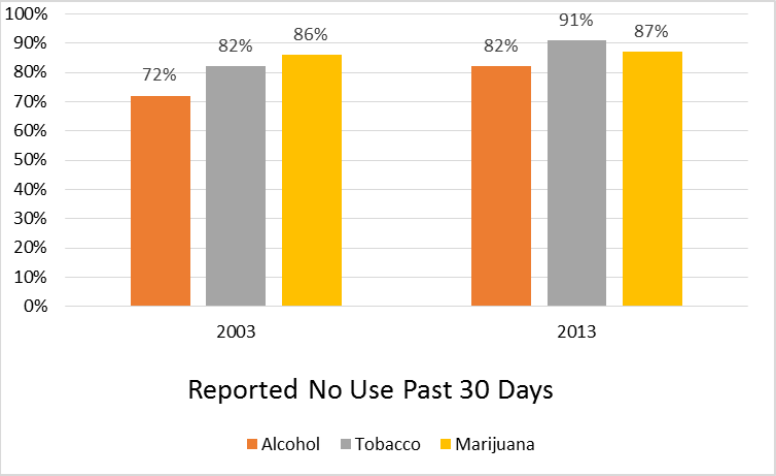
In addition to these strategies, the PCWC implements evidence-based prevention education in all Polk County Public School communities, and offers safe alternative activities for youth.

KEY FINDINGS

Evaluation findings are presented on the three core outcome measures related to alcohol, tobacco and marijuana use:

- Past 30-day use
- Perception of risk/harm of use
- Perception of parental disapproval of use

While core measures data was required every two years, Polk County collected data annually. This allowed for a consistent basis of comparison of coalition performance across the entire 10-year grant period. Evaluator Dr. Edward Simonton, South Dakota State University, facilitated the survey, which for the past three years was conducted online. Dr. Simonton cleaned the data of inconsistencies prior to analysis and in cases where obvious inconsistencies were found, all the data from that student survey was removed.



The prevalence of past 30-day use for DFC youth declined across tobacco, alcohol and marijuana. However after years of decreases in past 30-day use of tobacco, the past two years tobacco use has increased, consistent with the national trend.

Overall, findings showed favorable and statistically significant reductions in substance use among youth.

Alcohol, Tobacco & Other Drugs

Strategic Prevention Framework State Incentive Grant (SPF SIG)

In 2012, the Minnesota Department of Human Services selected Polk County to participate in a federal grant to reduce binge drinking and underage drinking, and the problems associated with both. The state agency, Minnesota Department of Human Services, Alcohol and Drug Abuse Division in conjunction with the Substance Abuse and Mental Health Service Administration Center for Substance Abuse Prevention funds the Strategic Prevention Framework State Incentive Grant.

The SPF SIG uses a five-step framework, proven by research, to promote youth development, reduce risk-taking behaviors, build assets and resilience, and prevent problem behaviors across the life span. The SPF SIG also seeks to prevent the onset and reduce the progression of substance abuse, including childhood and underage drinking, reduce substance abuse related problems in communities and to build prevention capacity and infrastructure at the community level.

The Minnesota Strategic Prevention Framework State Incentive Grant (SPF SIG) Priorities focus on the following priorities:

- Decrease past 30 day alcohol use among 6th -12th graders
- Reduce binge drinking among 9th-12th graders
- Reduce binge drinking among 18-25 years olds

Strategies selected to reduce risky alcohol behaviors include:

- **Responsible Beverage Server Training**
- Alcohol Compliance Checks
- Social Host Ordinance Development in Polk County
  (The city of Crookston is the only Polk County community with a Social Host Ordinance.)
- Sticker Shock Campaign
- Social Marketing Campaigns

Regional Prevention Coordinator Program (RPC)

Regional Prevention Coordinator
Alcohol Tobacco and Other Drugs

A community-focused, prevention based initiative that seeks to build regional relationships, provide training and technical assistance and implement a cohesive state-wide prevention effort to build stronger and safer communities. Serves 14 counties in Northwest Minnesota.

RPC Priorities: Community assessment, evaluation, resource materials and ideas, capacity building, sustainability, coalition building, strategic planning, cultural competency training, community mobilization, implementation and technical assistance.

Family Planning Services

Safer Choices

Polk County Public Health taught sexual health education to middle school and high school students in all seven school districts in Polk County, which includes Climax, Crookston, East Grand Forks, Fertile-Beltrami, Fisher, Fosston, and Win-E-Mac. The program utilized is called Safer Choices. The Safer Choices curriculum is an evidence-based program that focuses on the prevention of HIV infections, other sexually transmitted infections (STIs), and pregnancy.

During the five day unit students learn:

- Ways to deal with pressures to have sex or have unprotected sex
- How HIV and other STDs are transmitted
- Facts about Teen Pregnancy
- How to best protect themselves from HIV, STDs, and Pregnancy

Abstinence, or choosing NOT to have sex, is given as the SAFEST choice for students, but accurate information about other protection methods, a SAFER choice, is also provided. Communication and decision making skills are taught throughout the lessons. Enhancing communication with parents, family, and peers regarding sexual health is emphasized during the unit. In 2013 Polk County Public Health taught this curriculum to approximately 510 students.

Family Planning services not only save lives; it's one of the most cost-effective investments to empower people, improve health and reduce poverty. Family planning and child spacing promotes healthier pregnancy outcomes.

Family Planning Special Projects

The PNM CHB was awarded the family planning special projects (FPSP) grant in 2013. Funding from this grant enhances overall efforts of improving the health and well-being of residents, with a specific focus on reducing unintended pregnancies. Polk County Public Health provides all six family planning components including public information, outreach, counseling, methods, referrals and follow-up as outlined in the FPSP work plan.

Certified Minnesota Family Planning Program (MFPP) Provider: In January 2013, the PNM CHB was authorized as a MFPP provider after several years of being an ineligible MFPP provider due to the state classification. The goal of MFPP is to reduce unintended pregnancy (as half of all pregnancies in Minnesota are unintended) and increase access to family planning services. This waiver program, allows residents between 15 and 50 who have incomes at or below 200% of federal poverty guidelines to cover routine physical exams, some testing and treatment of sexually transmitted infections (STIs), and contraceptives. MFPP will reduce gaps in coverage and will increase the availability of pre-pregnancy family planning services.

Family Planning Services

Age	Unduplicated # of Clients 2013	2012	% Increase/ Decrease
0 thru 14 yrs	**1**	2	-50.0%
15 yrs thru 17 yrs	**21**	24	-12.5%
18 yrs thru 19 yrs	**31**	51	-39.2%
20 yrs thru 24 yrs	**79**	87	-9.2%
25 yrs thru 29 yrs	**38**	48	-20.8%
30 yrs thru 34 yrs	**32**	33	-3.0%
35 yrs thru 39 yrs	**9**	7	28.6%
40 yrs or older	**6**	8	-25.0%
Unduplicated Totals	**217**	260	-16.5%
Unduplicated 2011 Total: 221			

Female Exams

Age	Undup # of Clients 2013	2012	% Increase/ Decrease
15 yrs thru 17 yrs	**11**	3	266.7%
18 yrs thru 19 yrs	**15**	18	-16.7%
20 yrs thru 24 yrs	**30**	36	-16.7%
25 yrs thru 29 yrs	**6**	5	20.0%
30 yrs thru 34 yrs	**5**	0	
35 yrs thru 39 yrs	**1**	4	-75.0%
40 yrs or older	**2**	2	0.0%
Unduplicated Totals	**70**	68	2.9%
Unduplicated 2011 Total: 58			

STI/STD Tests

Age	Undup # of Clients 2013	2012	% Increase/ Decrease
15 yrs thru 17 yrs	2	5	-60.0%
18 yrs thru 19 yrs	5	16	-68.8%
20 yrs thru 24 yrs	20	29	-31.0%
25 yrs thru 29 yrs	5	4	25.0%
30 yrs thru 34 yrs	3		
35 yrs thru 39 yrs	1	2	-50.0%
40 yrs or older	1	2	-50.0%
Unduplicated Totals	37	58	-36.2%
Unduplicated 2011 Total: 54			

Family Health

Maternal & Child Health (MCH)

MCH strives to improve the health status of children and youth, women and their families.

Universal Post Partum and Newborn Home Visits

Polk County Public Health offers *free* universal postpartum/ newborn home visits by Public Health Nurses to families with newborns in Polk County (MN) regardless of age, income, or number of children. Visits are done in the comfort of the families' home, or at another location if preferred by the family.

Universal Postpartum Visits			
	2013	2012	% of Increase/ Decrease
Unduplicated # of Families	89	107	-16.8%
# of Visits	208	214	-2.8%

Family Home Visits

Provides weekly to monthly visits for families with children under the age of 4 when there is an identified need. Public Health Nurses work with families in identifying, establishing and completing goals.

Nurse Family Partnership

NFP Program 2013	
# of Clients	11
# of Families	8
# of Visits	157

Nurse Family Partnership is an evidence-based community health program that empowers women to change their families' lives for the better. There are 3 main goals: improve pregnancy outcomes; improve child health and development and improve the economic self-sufficiency of the family. The program is for at-risk women who are low-income and pregnant with their first child. In 2013, our Public Health Nurse participated in multiple intensive trainings to be well prepared in offering the Nurse Family Partnership program. The nurse completes visits preferably at the client's home for a period of 2.5 years.

Nurse received this text from a client after their visit: "Thank you so much it makes me so happy that she is feeding. I'm very grateful to have you in my life—you help us. Can't wait till next time to see you."

Reflective Practice in Public Health Home Visiting

Public Health agencies provide home visits to pregnant and parenting families in order to build protective factors and reduce risk. Essential to the effectiveness is the home visitors ability to engage families in a relationship that encourages new learning and growth. Reflective practice is considered a best practice approach and defines qualities of relationship that effectively promote healthy development in children.

Reflective Practice is the discipline of regularly "stepping back" to consider the meaning of what has transpired in relationships, and to examine one's professional and personal responses to these interactions for the purpose of determining further action. The essential features are reflection, collaboration and regularity of occurrence.

In May 2013, the Family Home Visiting Lead Coordinator started implementing reflective practice with individual family home visiting nurses. The nurses meet with the Lead Coordinator for a one hour scheduled time every 1-2 weeks based on the individual staff schedules and reflective practice needs.

Family Health

Growing Great Kids (GGK)

Two Family Home Visiting nurses attended the 5 day GGK training in December 2013 held in Detroit Lakes. Polk County Public Health has four nurses trained in the Growing Great Kids curriculum for Family Home visiting. *"Growing Great Kids was a wonderful, enlightening educational opportunity to enable us to provide evidence-based research to our young parents and children" - Nurse Kathy*

"Growing Great Kids" is an evidence-based parenting and child development curriculum that continually explores the values, opinions and cultural practices of families. It encourages the parent/caregivers of the child to participate in the curriculum conversations and activities. It focuses on sharing information on basic care and child development within the context of fostering sensitive and empathic parent-child relationships while providing strength-based support to families.

There are **six key elements** of the Growing Great Kids Curriculum that Family Home visiting nurses integrate into their daily practice:

- ◊ Relationship-Based
- ◊ Strength-Based and Solution-Focused
- ◊ Interactive
- ◊ Inclusive
- ◊ Emergent
- ◊ Comprehensive

After attending the Growing Great Kids training, I'm excited to incorporate the curriculum. The Growing Great Kids training will be an asset to my practice and help me support families and grow as a home visiting nurse. —Nurse Christina

The GGK curriculum identifies key parenting strategies that help parents focus on their child's development. These Strategies are known as the **Daily Do's** of Growing Great Kids!

Brain Builders: Identifies 5 cognitive domains with corresponding age-linked curriculum activities that structure parents' interactions for building literacy skills.
The 4 Steps To Success: Teaches and acknowledges parents for following 4 simple steps whenever teaching their child a new concept of skill. By following these 4 steps, children develop a positive attitude toward learning and healthy self-esteem.
Play-By-Play: Encourages parent's to enhance their child's ability to comprehend and speak their language through a simple technique.
Character Builders: Increases the parents understanding of their child's early socio-emotional development and provides them with specific guidance in preparing their child for healthy interactions with others and for success in school.
E-Parenting: Parenting with empathy provides children with a foundation for becoming compassionate children who interact positively with their peers and teachers.

Family Health

Follow Along Program (FAP)

The Follow Along Program is a statewide, child find activity that supports young children who are at–risk for experiencing developmental delays.

Babies and toddlers grow and learn at their own rate. The FAP helps parents to know if their child is playing, talking, growing, moving and acting like other children the same age. It is a program at no cost to parents to help them learn about their child's health and development.

Families in Polk County who have children newborn to three years old are eligible.

What is the Follow Along Program?

- A good way to learn about your child´s health and development
- A fun way to get ideas about "what to teach" and "at what age" to teach it
- A simple way to ask questions about how your child is hearing, moving, seeing, playing, talking, learning, growing, and acting
- An easy way to find out about other services you may want for your child

How does the Follow Along Program work?

A Follow Along nurse may visit with families to tell them more about the program and find out more about the child. Questionnaires are mailed to parents at certain ages. Each questionnaire asks how the child is growing, playing, talking, moving and acting. Sheets with fun activities to do with the child and other age appropriate items are also mailed. The questionnaire results are shared with parents. If there are any concerns, the Follow Along nurse will contact parents with options for further evaluation or early help services.

Started universal enrollment of children into the FAP in 2013. Previously, enrolled only children with high medical or development risks.

Follow Along Program 2013
New children enrolled= 56
Total active FAP clients= 174

Most FAP enrollments are through universal Postpartum-Newborn home visits with a Public Health Nurse (PHN). PCPH started sending the FAP enrollment paperwork in the Postpartum-Newborn contact letter so all parents would have the opportunity to enroll their child into the program even if they elected not to have a PHN home visit.

Family Health

Early Hearing Detection & Intervention Follow-up and Birth Defects

EHDI Program ensures all newborns receive needed hearing screening. Minnesota Statute section 144.966 mandates the reporting of newborn hearing screening results and added hearing loss to the panel of more than 50 rare conditions for which every newborn in Minnesota is screened unless parents opt-out. If screening is not completed or if follow-up is needed, local public health assists families with diagnosis or screening for hearing or birth defects.

Child and Teen Checkup Outreach (C&TC)

Provides outreach to clinics, childcare providers, foster care, social services and mental health providers to promote preventative screening services for children and young adults ages 0-21. The goal of the program is to promote early detection and treatment of health related problems.

Child and Teen Checkups (C&TC)

Comprehensive checkups for children and adolescents eligible for Medical Assistance and Minnesota Care.

2013 Highlights

3,550 children in Polk County were eligible to receive a Child and Teen Checkup in 2013.

7,550 C&TC outreach contacts were made by letters, phone calls/text messages, and face to face visits.

103 private clinic staff members in 5 area clinics participated in C&TC trainings and updates.

23 Child and Teen Checkups were provided at the Red River Valley Juvenile Center.

Communities Caring for Children (CCC)

CCC is a community-based public health program to improve infant immunization rates in rural Minnesota through the use of a regional registry and a reminder system.

The CCC program is:

- An educational campaign that uses public media and outreach to reach health providers, WIC clinics, health professional and community groups.
- Designed to automatically enroll new mothers in the CCC program and registry.
- An immunization and well-child exam reminder program that provides enrollees newsletters two weeks before appointments are due.
- Free and open to ALL pregnant women and infants in 12 counties throughout Northwestern Minnesota, including Polk County.

Immunizations

Disease Prevention & Control

Immunizing is the best way for preventing the spread of many infectious diseases and protecting lives. Polk County Public Health provides several vaccines and promotes immunizations through partnering with other health care providers as well as providing access to immunizations through public health clinics.

Vaccinations are an important disease prevention tool. It helps prevent infectious diseases that were once common, such as polio, diphtheria, pertussis (whooping cough), mumps, measles, rubella, and tetanus. An immunized child is not only protected against these diseases, but vaccination also protects the rest of the community, especially those people who cannot be immunized themselves.

Economic Benefits of Vaccine

In addition to saving lives and improving quality of life, immunizations generate significant economic benefits.

> **According to an extensive cost-benefit analysis by the Centers for Disease Control and Prevention (CDC), every $1 spent on immunizations saves $6.30 in direct medical costs, with an aggregate savings of $10.5 billion across the U.S.**

> **When including indirect costs to society — a measurement of losses due to missed work, death and disability as well as direct medical costs — the CDC notes that every $1 spent on immunizations saves $18.40, producing societal aggregate savings of $42 billion. Various cost-benefit analyses produce similar measurements.**

"Immunization is the best tool we have to protect us against a number of serious diseases."
— CDC

"I know of no other medical or scientific invention that has led to healthier individuals, families, and communities, and saved so many lives and prevented so many hospitalizations and illnesses than the routine use of vaccines."
-Gregory A. Poland, MD, Mayo Clinic

"Vaccination against childhood communicable diseases is one of the most cost-effective public health interventions available."
-Unicef 2003: World Band 1993

Vaccines are Cost-Effective For every $1 spent:		
DTaP	***Saves***	**$27.00**
MMR	***Saves***	**$26.00**
H. Influenza Type B	***Saves***	**$5.40**
Perinatal Hep B	***Saves***	**$14.70**
Varicella	***Saves***	**$5.40**
Inactivated Polio (IPV)	***Saves***	**$5.45**

2013 PCPH Total Public and Private Purchase Vaccines Administered	***1128***
DTaP	*10*
MMR	*17*
Influenza	*800*
Hep A or B	*94*
Varicella	*20*
Polio	*10*
Tdap	*112*
HPV	*21*
Other	*44*

2012 Reportable Diseases

DISEASE	MINNESOTA	NW REGION	POLK
AIDS	202	2	0
AMEBIASIS	94	0	0
ANAPLASMOSIS	17	0	0
ASEPTIC MENINGITIS (includes viral)	215	1	0
BABESIOSIS	41	4	0
BACTERIAL MENINGITIS—other	12	0	0
BLASTOMYCOSIS	22	1	0
CAMPYLOBACTER	950	16	3
CHLAMYDIA	18048	380	71
CRYPTOSPORIDUM	346	6	3
DENGUE FEVER	9	0	0
GIARDIA	633	11	5
GONORRHEA	3082	42	3
HAEMOPHILUS INFLUENZA—invasive disease	86	3	0
HEPATITIS A	29	1	0
HEPATITIS B, TOTAL	18	0	0
HEPATITIS C	32	1	0
HISTOPLASMOSIS	181	0	0
HIV (non AIDS)	236	0	0
HUMAN ANAPLASMOSIS	507	64	2
HUMAN EHRICHIOSIS	12	2	0
INFLUENZA –Hospitalized 2012-2013 Season	3068	40	6
LACOROSSE	4	0	0
KAWASAKI DISEASE	34	0	0
LEGIONELLOSIS	51	0	0
LISTERIOSIS	7	0	0

**2012= Most recent data available*

2012 Reportable Diseases

DISEASE	MINNESOTA	NW REGION	POLK
LYME DISEASE	912	49	7
MALARIA	58	0	0
MEASLES	0	0	0
MUMPS	7	0	0
N. MENINGITIDIS, invasive disease	12	0	0
NEONATAL SEPSIS	40	0	0
PERTUSSIS	4144	25	3
POWASSAN	4	2	0
Q FEVER	2	0	0
RABIES, ANIMAL-POSITIVE	72	2	0
ROCKY MTN. SPOTTED FEVER	15	1	1
S. pneumonia Invasive disease	503	20	4
SALMONELLA (including Typhi)	781	19	3
SHIGA TOXIN PRODUCING E. coli (STEC)	240	1	0
SHIGELLA	391	29	0
STREP gr A Invasive disease	169	8	1
STREP gr B Invasive disease	564	14	3
SYPHILIS (Total)	235	1	0
TETANUS	2	0	0
TUBERCULOSIS	162	2	0
TULAREMIA	3	1	0
WEST NILE FEVER	70	2	1
YERSINIOSIS	23	2	1
VARICELLA	7	1	0
Total Number of Cases Reported 2012	**36,487**	**753**	**117**

Total Number of Cases Reported 2011	*28403*	*683*	*111*

Health Promotion

Disease Prevention and Control, Health Screenings, Services, and Community Partnerships:

- Client and Family Education
- Community Presentations
- Community Health Assessments
- Community event screenings
- **Worksite Wellness Biometric Screenings**
- **Dental Fluoride Varnish**– thick liquid painted on the teeth to prevent tooth decay.
- Northern Dental Access Center– On-site Dental Hygiene
- **Blood Lead Testing**
- High Lead Case Management
- Mantoux (TB) Testing
- TB Case Management
- Child Passenger Seat Safety
- Environmental Health
- Public Health Nuisances
- Natural Play Spaces planning and implementation
- Immunization Practice Improvement (IPI) Program– Assess local medical clinics' immunization practices to assess the storage and handling techniques of vaccines, provide guidance and needed follow-up, and assist in quality improvement. Clinics which receive MnVFC vaccines are required to have an IPI visit.
- Perinatal Hepatitis B – ensures newly diagnosed pregnant moms and newborns receive needed Hep B follow-up and vaccination
- **Foot Care Services**

Locations: 9

Total Biometric Screenings: 251

Number of Fluoride Treatments		
Year	# of Tests	% Increase/ Decrease
2013	**84**	**-47.5%**
2012	160	107.8%
2011	77	N/A

Number of Lead Tests		
Year	# of Tests	% Increase/ Decrease
2013	**149**	**31.9%**
2012	113	494.7%
2011	19	-58.7%
2010	46	N/A

Foot Care Clients			
Location	**2013**	**2012**	**% Increase/ Decrease**
Crookston	**280**	286	-2.1%
EGF	**152**	137	10.9%
McIntosh	**166**	150	10.7%
Totals	**598**	573	4.4%

Don't get off on the wrong foot! Good foot health is an important aspect of one's health. Foot Care is utilized by seniors and populations who can no longer perform foot maintenance on themselves because of a health need. Foot Care helps residents in maintaining their mobility.

Jail Health

Jail:

2117 inmates in 2013

Nursing staff completed approximately 514 sick calls (by inmate request).

Weekly a medical provider comes onsite. The medical provider saw 214 inmates in 2013.

Nursing staff completed 728 Tuberculosis assessments providing chest x-rays and/or the mantoux, but all of them included a thorough assessment with complete set of vital signs.

Juvenile Center:

In 2013, the Non-Secure/Residential located in the juvenile center had 110 residents come in.

In 2013, the Secure Detention within the juvenile center had 152 Juveniles come in.

The Nurse completed 23 Child and Teen Checkups.

General nursing functions at the Jail and Juvenile Center:

- Nursing sick call: Inmates fill out a request to see the nurse for a health related concern, are seen by the nurse and referred as needed
- Weekly medication review and management.
- Continue to utilize medications listed on the established formulary.
- Health history and vitals
- Mantoux (TB) screenings and follow-up
- Assist medical provider that comes to the jail weekly to see inmates
- Child and Teen Checkups (Juvenile Center)
- Staff training on medication administration
- Sexual health education classes weekly (Juvenile Center)

Waivered Services

Long Term Care Consultation (LTCC)

An assessment of a potential client's need and eligibility for services to assist them in living independently.

Elderly Waiver (EW) Program

Funds home and community-based services for Polk County residents that assist them to continue to live independently in their homes.

Eligibility Requirements

> 65 and older
> Eligible for Medical Assistance (MA)
> Require nursing home level of care

Examples of services are offered:

> Homemaker services
> Personal care services
> Home Health Nurse visits

"The main goal of these programs are to postpone or prevent costly nursing home stays; however, the greatest benefit seems to be the happiness clients feel because they are able to stay in their homes where they feel most comfortable."

Alternative Care (AC) Program

The AC Program helps elderly Polk County residents pay for home care services so they can continue to live independently in their homes.

Eligibility Requirements:

> 65 years of age or older
> Eligible for Medical Assistance within 135 days of entering a nursing home
> Require nursing home level of care

Personal Care Assistance Assessment

The PCA program provides services to persons who need help with day-to-day activities that allow them more independence in their own home. A PCA is an individual trained to help persons with basic daily routines. A PCA may be able to help you if you have a physical, emotional or mental disability, a chronic illness or an injury.

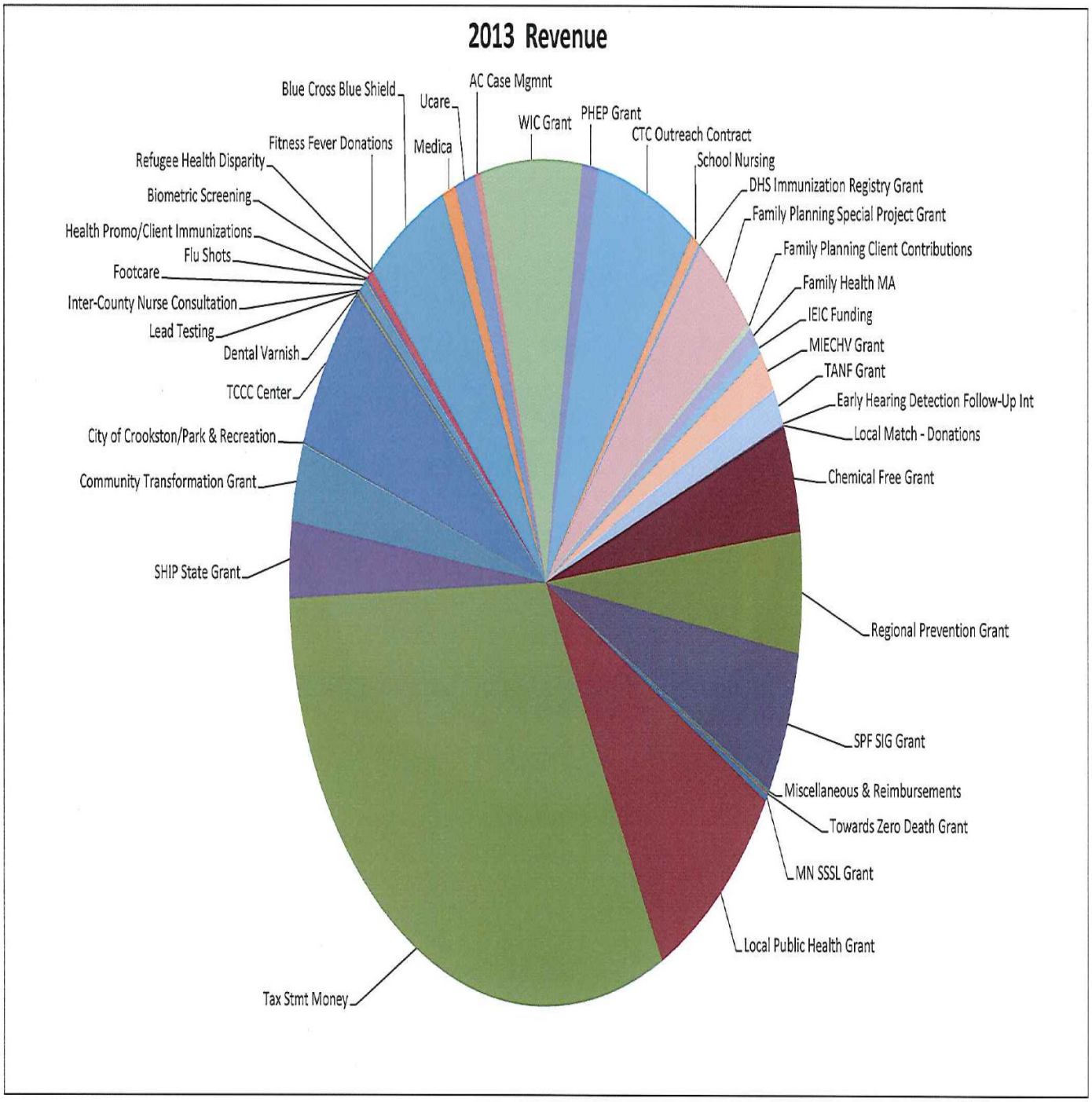
2013 Highlights

- There were **744** total clients seen by Waivered Service Staff through Polk County Public Health and Polk County Social Services in 2013. Of the 744:

  > 237 were Elderly Waivered
  > 60 were Alternative Care
  > 153 were CADI
  > 5 were Relocation
  > 6 were DD
  > 14 were Traumatic Brain Injury (TBI)
  > 108 were Community Well
  > 161 were in Nursing Facilities

- In 2013, **91** PCA assessments were completed, **54%** were 18 years of age or younger.
- Blue Cross Blue Shield started contracting with Polk County for their Nursing Facility MSHO clients. We initially took on 47 new clients.
- A new collaboration was formed between the waiver team members (Public Health and Social Services) and Essentia Health Fosston (including Homecare, Nursing Home staff, Licensed Social Worker, Healthcare Homes RN's, and other clinic staff). This collaboration was formed to ensure continuity of care and best general health for our clients.

Revenue Summary



Thank you to the knowledgeable, dedicated and passionate staff; Jamie Hennen, Chuck Whiting, Linsey Rood and the Polk County Commissioners for your support and guidance; and to our clients and our many community partners.

"Healthy Communities" are the product of everyone working together with a common purpose to protect, prevent and promote health.