MINNESOTA MDH DEPARTMENT OF HEALTH

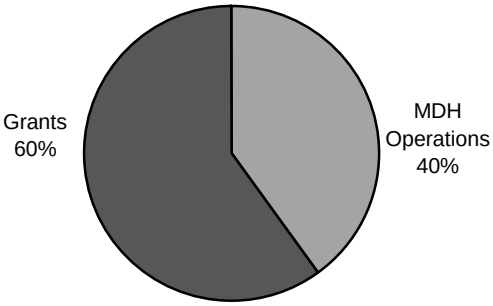
Protecting, maintaining and improving the health of all Minnesotans

January 25, 2005

To the 2005 Legislature:

On behalf of Governor Pawlenty, I am pleased to submit the Minnesota Department of Health's budget recommendation for the FY 2006-07 budget. This budget consists of $132.165 million from the state's General Fund and $698.186 million from other funds.

The Minnesota constitution affirms that protecting, maintaining and improving the public's health is a duty that falls on government. In Minnesota, the public health system is a state/local partnership. As the graphic indicates, almost two-thirds of our funding is passed on to our partners: local public health agencies, community-based organizations, educational institutions, and tribal governments. Together, we will focus on the core activities that protect the public's health and that advance the health status of individuals and communities.



The 2006-2007 budget is based on priorities that focus on core public health functions at the state level:

- Protecting the public from infectious diseases outbreaks and food borne illnesses
- Ensuring that Minnesotans continue to receive high quality care through their HMOs, hospitals and nursing homes
- Working to reduce injury, chronic disease, and address maternal and child health needs
- Helping policy makers find ways to contain health care costs
- Monitoring environmental factors that affect the public's health

Our 2006-07 budget is also based on priorities that focus on public health activities that take place at the local and community level:

- Working closely with communities and tribal governments to help reduce health disparities
- Supporting and working closely with local public health agencies to maintain a strong public health system across the state

We look forward to working with the legislature in the coming months.

Sincerely,

Dianne Mandernach

Dianne Mandernach
Commissioner

Dollars in Thousands

	Current		Governor Recomm.		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
Direct Appropriations by Fund					
Environment & Natural Resource					
Current Appropriation	131	132	132	132	264
Recommended	**131**	**132**	**0**	**0**	**0**
Change		0	(132)	(132)	(264)
% Biennial Change from 2004-05					-100%
General					
Current Appropriation	60,116	61,652	61,652	61,652	123,304
Recommended	**60,116**	**61,652**	**63,902**	**68,263**	**132,165**
Change		0	2,250	6,611	8,861
% Biennial Change from 2004-05					8.5%
State Government Spec Revenue					
Current Appropriation	32,880	32,617	32,617	32,617	65,234
Recommended	**32,880**	**32,617**	**36,307**	**36,706**	**73,013**
Change		0	3,690	4,089	7,779
% Biennial Change from 2004-05					11.5%
Health Care Access					
Current Appropriation	6,273	6,273	6,273	6,273	12,546
Recommended	**6,273**	**6,273**	**6,216**	**6,216**	**12,432**
Change		0	(57)	(57)	(114)
% Biennial Change from 2004-05					-0.9%
Expenditures by Fund					
Direct Appropriations					
Environment & Natural Resource	75	188	0	0	0
General	59,303	63,640	63,902	68,263	132,165
State Government Spec Revenue	23,875	37,969	36,307	36,706	73,013
Health Care Access	5,594	6,842	6,216	6,216	12,432
Remediation	179	221	0	0	0
Open Appropriations					
State Government Spec Revenue	135	164	164	164	328
Health Care Access	30	33	33	33	66
Medical Education & Research	75,344	83,130	84,768	84,602	169,370
Statutory Appropriations					
Drinking Water Revolving Fund	479	479	658	658	1,316
Special Revenue	43,799	48,602	39,739	40,154	79,893
Federal	166,868	186,788	175,255	174,427	349,682
Federal Tanf	5,686	6,289	6,000	6,000	12,000
Gift	94	255	43	43	86
Total	**381,461**	**434,600**	**413,085**	**417,266**	**830,351**
Expenditures by Category					
Total Compensation	88,523	101,758	99,979	100,520	200,499
Other Operating Expenses	56,476	80,044	66,635	67,941	134,576
Payments To Individuals	73,836	75,526	75,377	75,377	150,754
Local Assistance	162,626	177,272	171,294	173,628	344,922
Transfers	0	0	(200)	(200)	(400)
Total	**381,461**	**434,600**	**413,085**	**417,266**	**830,351**

Dollars in Thousands

	Current		Governor Recomm.		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
Expenditures by Program					
Community & Family Hlth Promo	179,691	198,786	184,843	186,811	371,654
Policy Quality & Compliance	105,405	120,350	118,023	117,472	235,495
Health Protection	66,801	82,936	77,313	77,691	155,004
Minority & Multicultural Hlth	7,502	7,991	7,658	7,658	15,316
Administrative Support Service	22,062	24,537	25,248	27,634	52,882
Total	**381,461**	**434,600**	**413,085**	**417,266**	**830,351**
Full-Time Equivalents (FTE)	**1,323.9**	**1,351.3**	**1,358.1**	**1,354.8**	

Dollars in Thousands

	FY2005	Governor's Recomm. FY2006	Governor's Recomm. FY2007	Biennium 2006-07
Fund: ENVIRONMENT & NATURAL RESOURCE				
FY 2005 Appropriations	**132**	**132**	**132**	**264**
Technical Adjustments				
One-time Appropriations		(132)	(132)	(264)
Subtotal - Forecast Base	**132**	**0**	**0**	**0**
Total Governor's Recommendations	**132**	**0**	**0**	**0**
Fund: GENERAL				
FY 2005 Appropriations	**61,652**	**61,652**	**61,652**	**123,304**
Technical Adjustments				
Current Law Base Change		(7)	(7)	(14)
Transfers Between Agencies		3,043	3,043	6,086
Subtotal - Forecast Base	**61,652**	**64,688**	**64,688**	**129,376**
Change Items				
Operations Support	0	722	2,583	3,305
Grant Reductions	0	(1,543)	(1,543)	(3,086)
Positive Alternatives Program	0	0	2,500	2,500
Methamphetamine Lab Remediation	0	100	100	200
Complementary and Alternative Practice	0	(65)	(65)	(130)
Total Governor's Recommendations	**61,652**	**63,902**	**68,263**	**132,165**
Fund: STATE GOVERNMENT SPEC REVENUE				
FY 2005 Appropriations	**32,617**	**32,617**	**32,617**	**65,234**
Technical Adjustments				
One-time Appropriations		(213)	(213)	(426)
Transfers Between Agencies		(323)	(323)	(646)
Subtotal - Forecast Base	**32,617**	**32,081**	**32,081**	**64,162**
Change Items				
Adverse Health Event Reporting	0	335	335	670
Drinking Water Protection Program	0	381	635	1,016
Food Manager's Certification Program	0	62	62	124
Food, Beverage & Lodging Program	0	1,552	1,552	3,104
Lab Certification Program	0	186	186	372
Plumbing Program	0	250	250	500
Well Management Program	0	356	601	957
Vital Records Program	0	1,104	1,004	2,108
Total Governor's Recommendations	**32,617**	**36,307**	**36,706**	**73,013**
Fund: HEALTH CARE ACCESS				
FY 2005 Appropriations	**6,273**	**6,273**	**6,273**	**12,546**
Technical Adjustments				
One-time Appropriations		(57)	(57)	(114)
Subtotal - Forecast Base	**6,273**	**6,216**	**6,216**	**12,432**
Total Governor's Recommendations	**6,273**	**6,216**	**6,216**	**12,432**

Dollars in Thousands

	FY2005	Governor's Recomm. FY2006	Governor's Recomm. FY2007	Biennium 2006-07
Fund: STATE GOVERNMENT SPEC REVENUE				
Planned Open Spending	**164**	**164**	**164**	**328**
Total Governor's Recommendations	**164**	**164**	**164**	**328**
Fund: HEALTH CARE ACCESS				
Planned Open Spending	**33**	**33**	**33**	**66**
Total Governor's Recommendations	**33**	**33**	**33**	**66**
Fund: MEDICAL EDUCATION & RESEARCH				
Planned Open Spending	**83,130**	**84,768**	**84,602**	**169,370**
Total Governor's Recommendations	**83,130**	**84,768**	**84,602**	**169,370**
Fund: DRINKING WATER REVOLVING FUND				
Planned Statutory Spending	**479**	**658**	**658**	**1,316**
Total Governor's Recommendations	**479**	**658**	**658**	**1,316**
Fund: SPECIAL REVENUE				
Planned Statutory Spending	**48,602**	**39,739**	**40,154**	**79,893**
Total Governor's Recommendations	**48,602**	**39,739**	**40,154**	**79,893**
Fund: FEDERAL				
Planned Statutory Spending	**186,788**	**175,255**	**174,427**	**349,682**
Total Governor's Recommendations	**186,788**	**175,255**	**174,427**	**349,682**
Fund: FEDERAL TANF				
Planned Statutory Spending	**6,289**	**6,000**	**6,000**	**12,000**
Total Governor's Recommendations	**6,289**	**6,000**	**6,000**	**12,000**
Fund: GIFT				
Planned Statutory Spending	**255**	**43**	**43**	**86**
Total Governor's Recommendations	**255**	**43**	**43**	**86**
Revenue Change Items				
Fund: STATE GOVERNMENT SPEC REVENUE				
Change Items				
Adverse Health Event Reporting	0	335	335	670
Drinking Water Protection Program	0	0	1,433	1,433
Food Manager's Certification Program	0	91	91	182
Food, Beverage & Lodging Program	0	1,326	1,326	2,652
Lab Certification Program	0	160	215	375
Plumbing Program	0	(5)	(5)	(10)
Well Management Program	0	0	551	551
Occupational Therapy Fee Suspension	0	(254)	(254)	(508)
Vital Records Program	0	1,420	1,420	2,840

Fiscal Impact ($000s)	FY 2006	FY 2007	FY 2008	FY 2009
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Gov't Special Revenue Fund				
Expenditures	$335	$335	$335	$335
Revenues	$335	$335	$335	$335
Net Fiscal Impact	$0	$0	$0	$0

Recommendation

The Governor recommends an appropriation of $335,000 from the State Government Special Revenue (SGSR) fund to provide ongoing funding for the 2003 Adverse Health Event Reporting law. The law was fully implemented on 12-6-04 using non-state funds as required by statute. The Governor also recommends a corresponding increase in revenues from an increase in fees for hospitals and outpatient surgical centers, to recover these costs.

Background

The Adverse Health Events Reporting Law -- passed during the 2003 legislative session and modified again in 2004 – will provide health care consumers with information on how well hospitals and outpatient surgical centers are doing at preventing adverse events. Examples of the 27 types of incidents that will be tracked and publicly reported include wrong-site surgery, retention of a foreign object in a patient after surgery, and death or serious disability associated with medication error. The law requires that hospitals disclose when any of these 27 events occur and requires MDH to publish annual reports of the events by facility, along with an analysis of the events, the corrections implemented by facilities and any recommendations for improvement in Minnesota. The reporting system established by this law provides facilities with information, tools and techniques to prevent the most serious kinds of medical errors.

The law was in its "transition period" from 7-1-03 to 12-6-04. All reports during the transition period were reported only to the Minnesota Hospital Association. The law has moved to full implementation and the event reports, findings of root cause analyses and the corrective action plans have been received by the Minnesota Department of Health (MDH) since 12-6-04.

MDH activity relating to the Adverse Events Act includes:

- Tracking, assessing and analyzing the incoming reports, findings and corrective action plans.
- Determining patterns of failure, if any, and successful methods to correct system problems.
- Sharing findings with individual facilities, providing follow-up and feedback as needed.
- Educating facilities across the state regarding best preventive practice.
- Monitoring national efforts and those in other states to ensure consistency and best practice in the MN law and proposing modifications to Minnesota's law.
- Publishing an annual report of events and corrective actions and communicating with purchasers and the public about lessons learned to improve health care quality.

Additional information on the adverse health events law and MDH patient safety activities is available at: www.health.state.mn.us/patientsafety

Relationship to Base Budget

All activity, through 6-30-05 will be funded with non-state funds ($250,000 for the FY 2004-05 biennium). There is no base budget for this activity in the FY 2006-07 biennium. Ongoing funding of $335,000 per year is needed starting 7-1-05 to perform the tasks identified above. An increase in hospital and outpatient surgical center fees is proposed to provide the funding needed for the Adverse Event Reporting Law. These fees were last adjusted in FY 2003. Details of the proposed fee changes are outlined below:

Facility Type (number of facilities)	Fee Structure -- Current		Fee Structure -- Proposed		Fee Structure -- Difference	
	Base Fee	Per Bed Fee*	Base Fee	Per Bed Fee	Base Fee	Per Bed Fee
Joint Accredited Hospitals (73)	$7,055	$0	$7,555	$13	$500	$13
Non- Joint Accredited Hospitals (64)	$4,680	$234	$5,180	$247	$500	$13
Out-Patient Surgical (32)	$1512	$0	$3,349	$0	$1,837	$0

* There are 16,540 total licensed hospital beds in Minnesota.

This level of funding would support 1 FTE at MDH and would allow for contracting activities from private organizations with expertise in hospital and surgical center operations, root cause analyses, corrective action plans and analysis of the reported information.

Key Measures

This law provides a way to identify problems and solve them so they don't happen again. With the disclosed information and the public reports, consumers will have a way to evaluate whether progress is being made toward making health care safer. We anticipate between 150 and 250 events will be reported each year. Over time, the reported events can be tracked for trends in the frequency and types of events occurring in Minnesota health facilities. Corrections and preventive measures will be collected and reported statewide. Reoccurrence of events after corrections were put in place will be tracked so that the effectiveness of various preventive strategies can be evaluated and evidence-based improvements can be shared with other facilities.

Statutory Change: The Minnesota Statute that covers the hospital and outpatient surgical center fees is 144.122.

Fiscal Impact ($000s)	FY 2006	FY 2007	FY 2008	FY 2009
General Fund				
Expenditures	$722	$2,583	$2,583	$2,583
Revenues	0	0	0	0
Net Fiscal Impact	$722	$2,583	$2,583	$2,583

Recommendation

The Governor recommends a General Fund appropriation increase of $722,000 in FY 2006, and $2.583 million in FY 2007 to support the increased operational expenses attributable to the Department of Health's (MDH) new buildings. These facilities include a state-of-the art laboratory that accommodates new technology, increases security and safety, and facilitates more efficient staff interaction. The office building brings the department's staff closer together for more effective working relationships and enables use of more efficient telecommunication technology.

Background

The 2002 legislature authorized the construction of a new public laboratory, and the Orville Freeman State Office Building for the Departments of Health and Agriculture. In the fall of 2005, MDH's Public Health Laboratory, Infectious Disease Epidemiology and Control Division, Environmental Health Division, Office of Emergency Preparedness, Office of Minority and Multicultural Health, and Administrative Support Services will move into the new buildings. The remaining divisions will be consolidated into leased office space in the Golden Rule building downtown St. Paul, with a few work groups in the Snelling Office Park.

The Department of Administration's estimate of lease rates/square foot in the new buildings is nearly double that of the existing lease rates. MDH lease costs will increase by $2.410 million in FY 2006 and $4.892 million in FY 2007.

This proposal will fund 30% of the additional lease costs in FY 2006 and 53% in FY 2007. The department will fund the balance through administrative and operational reductions. Administrative reductions include changes in service levels in the communications office, human resources management, financial and facilities management, and library. Operational reductions include divisional management positions and supply and expense budgets.

Relationship to Base Budget

The General Fund base budget for leased office space is $4.354 million. Total lease costs are $6.429 million, with the balance of the costs being funded through the agency's indirect cost allocation applied to non-general funding sources, such as federal funds and fee revenue.

Total lease costs will increase by 37% in FY 2006, and by 76% in FY 2007, with just over one-third of the increase, by FY 2007, being funded through the agency's indirect cost allocation.

Fiscal Impact ($000s)	FY 2006	FY 2007	FY 2008	FY 2009
General Fund				
Expenditures	($1,543)	($1,543)	($1,543)	($1,543)
Revenues	0	0	0	0
Net Fiscal Impact	($1,543)	($1,543)	($1,543)	($1,543)

Recommendation

The Governor recommends a General Fund appropriation reduction of $1.543 million each fiscal year. This reduction reflects the General Fund support for the Dental Loan Repayment Program ($560,000), and the Suicide Prevention Program ($983,000).

Background

Dental Loan Repayment Program: This loan forgiveness program provides up to four years of loan repayment (up to $15,000 annually in FY 2005) for licensed dentists (approximately 12 per year). There is a minimum service obligation of three years. Each year a participant must deliver service totaling 25% of their yearly patient encounters to public programs or sliding fee scale patients.

Suicide Prevention Program: This is a competitive grant program awarded most recently to 13 community-based organizations and local health departments to provide education, outreach and advocacy services to populations who may be at risk for suicide; educate family members, spiritual leaders, coaches, employers, school staff, students and others on how to prevent suicide by encouraging interventions and help-seeking; and educate populations at risk for suicide on the symptoms of depression and other psychiatric illnesses, the warning signs of suicide, skills for preventing suicides, and making or seeking referrals to mental health care.

Relationship to Base Budget

General Fund base funding for the Dental Loan Repayment Program is $560,000 each fiscal year. The reduction reflects the full amount of General Fund support for the program. Base funding for the Health Professional Loan Repayment Program in the Health Care Access Fund is $740,000. This grant program will be modified to include dentists, resulting in a reduction in the number of providers eligible for loan repayment.

General Fund base budget for the Suicide Prevention Program is $983,000 each fiscal year. This includes funding for one FTE. Recently enacted federal funding for suicide prevention provides a possible alternative funding source. The department will apply for this federal funding for state level suicide prevention programs.

Statutory Change: M.S. 144.1501, 144.1502, and 145.56

Fiscal Impact ($000s)	FY 2006	FY 2007	FY 2008	FY 2009
General Fund				
Expenditures	0	$2,500	$2,500	$2,500
Revenues	0	0	0	0
Net Fiscal Impact	0	$2,500	$2,500	$2,500

Recommendation

The Governor recommends General Fund appropriation of $2.5 million in FY 2007 for the Positive Alternatives Grant Program. This program will award grants to organizations that provide direct care to pregnant women and their unborn children through counseling and supportive services. In addition, the Governor recommends that this funding be added to the department's base budget for FY 2008 and 2009.

Background

The abortion rate in Minnesota has remained constant over the past decade. Through abortion reporting requirements the state has been able to gather additional data on the reasons women are choosing abortion. Some of the most frequent responses include "economic reasons" and "does not want the child at this time." These explanations, as well as some of the others, can be addressed by assuring that the necessary services are accessible to the pregnant woman.

The focus of the Positive Alternative Grant Program is to provide state support for services offered to women facing an unexpected pregnancy. The Department of Health will develop the grant program and application process and award grants that would be used for the following purposes:

- medical care, testing and medical information;
- pre-natal care, including nutrition information and assistance;
- housing assistance, including maternity home care and information;
- adoption services and information;
- education and employment assistance, family finance courses and parenting support services; and
- life-affirming counseling.

There are currently over 100 organizations such as pregnancy care centers, adoption agencies, maternity homes and others that currently serve pregnant women and would be eligible for these grants. The Department of Health would develop the grant process and application form in FY 2006 and award the grants in FY 2007.

Relationship to Base Budget

There is no base budget for this activity. This proposal would provide $2.5 million in funding, beginning in FY 2007. This funding would be included in the department's base budget in the FY 2008-09 biennium. The funding will support a $2.4 million grant program and one FTE.

Key Measures

Data reported in the abortion reporting requirements will be analyzed to determine the impact of these grants on occurrence of abortions as well as the reasons for the abortions.

Statutory Change: Minnesota Statutes 145 (new statute)

Fiscal Impact ($000s)	FY 2006	FY 2007	FY 2008	FY 2009
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Gov't Special Revenue Fund				
Expenditures	$381	$635	$1,570	$1,570
Revenues	$0	$1,433	$1,433	$1,433
Net Fiscal Impact	$381	($798)	$137	$137

Recommendation

The Governor recommends that the Drinking Water Service Connection fee be increased, beginning in FY 2007, resulting in an additional $1.433 million in revenue to the State Government Special Revenue (SGSR) fund. Also, the Governor recommends an additional appropriation from the SGSR fund of $381,000 in FY 2006 and $635,000 in FY 2007 for the Drinking Water Protection Program, and the base funding for this program be increased by $1.570 million each fiscal year in the following biennium.

This fee increase will ensure that all 8,300 public water supplies in Minnesota will provide safe drinking water to Minnesota citizens and visitors to the state, and comply with the requirements of the Safe Drinking Water Act (SDWA). This fee increase will also ensure that program costs are fully recovered, and the corresponding expenditure meets program demands.

Background

The Minnesota Department of Health, Section of Drinking Water Protection has primary enforcement responsibility for the federal SDWA in Minnesota. Activities of the Section include:

- required monitoring and analysis of drinking water;
- required sanitary survey inspections to ensure the integrity of the systems;
- source water assessments and wellhead protection to ensure safe sources of water;
- administration of the drinking water revolving loan fund to provide low interest loans for water system improvements;
- review of engineering plans and specifications to ensure water system integrity;
- capacity development to ensure managerial, technical, and financial stability of the water systems;
- operator certification and training to ensure a reliable and educated workforce to operate water systems;
- technical assistance to help systems provide safe water and remain in compliance with the SDWA;
- enforcement for systems that are unwilling to meet health standards;
- public outreach through consumer confidence reports, annual state of drinking water reports, fact sheets; and public notices of violations.

The costs to carry out the above responsibilities increases from year to year. We are projecting the costs to increase substantially in the next biennium due to new federal requirements. The SDWA allows the Environmental Protection Agency (EPA) to enact new rules and standards as threats to public health, through drinking water, are determined. Five new, or modified SDWA rules are scheduled for implementation by the end of FY 2007. These rules will require additional staffing and lab analyses. In addition to new rules, existing laboratory analysis and staff costs will be increasing.

The Drinking Water Service Connection Fee was established at $5.21 on 7-1-92, and has not been adjusted since that time. Program costs are exceeding annual revenues. The current fee level with projected expenses for the program would result in a shortfall by FY 2007.

Relationship to Base Budget

Base funding from the SGSR fund for the Drinking Water Protection program is $6.902 million. Costs are projected to increase to $8.472 million by FY 2008-09. This represents a 23% increase in expenditures over the four-year period.

The current Service Connection Fee is $5.21 and will be increased to $6.36 effective 7-1-06 (beginning of FY 2007). This represents a 22% increase in the fee. This fee increase will ensure that program costs are fully recovered.

Key Measures

EPA has established key drinking water program measures to determine if state programs are successfully implementing SDWA requirements. For example, one indicator is: "By 2005, protect human health so that 95% of people served by community water systems receive water that meets the 1994 health-based drinking water standards". Another indicator is: "By 2005, improve drinking water system compliance so less than 10% of transient non-community water systems have significant monitoring violations." The Minnesota Drinking Water Program is consistently ranked among the top drinking water compliance programs in the nation, and meets the indicators established by EPA. In order to continue meeting these EPA indicators, and to ensure safe drinking water for Minnesota citizens and visitors, the program must remain adequately funded to perform required activities.

Statutory Change: M.S., Chapter 144.3831

Fiscal Impact ($000s)	FY 2006	FY 2007	FY 2008	FY 2009
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Gov't Special Revenue Fund				
Expenditures	$62	$62	$62	$62
Revenues	$91	$91	$91	$91
Net Fiscal Impact	($29)	($29)	($29)	($29)

Recommendation

The Governor recommends a fee increase for food manager certification to generate an additional $91,000 in revenue to the State Government Special Revenue (SGSR) fund. The Governor also recommends an additional appropriation from the SGSR fund of $62,000 each fiscal year to continue to the current level of service for the Food Managers Certification Program. This fee increase will ensure that program expenditures are fully recovered.

Background

Certification fees support the statewide registration of certified food managers in Minnesota for food service establishments regulated by the Minnesota Departments of Health and Agriculture. The certification activity ensures that there is at least one person in each food service establishment that can identify critical control points in food preparation that prevent food borne illness and that can train other employees on safe food handling practices. At least 7,000 applications are processed annually.

The current fees are not sufficient to support the issuance of certificates, interpretation and application of the rule, oversight of the certification activity, data management functions, and working with educational course providers such as the University of Minnesota. Actual revenues were below estimated revenues when the program was implemented; staffing had to be reduced to match program income. The current fee of $15.00 for a three-year certification will increase to $28.00 for the three-year period. A fee increase is necessary to cover increased costs for appropriate staffing to handle the increase in volume of work and to ensure the program revenues fully recover program costs.

Relationship to Base Budget

Base funding from the SGSR fund for the Food Managers Certification Program is $137,000 each year. The additional $62,000 represents a 45% increase in funding. Anticipated fee revenues will increase by 75% over the biennium.

MDH began collecting the $15 food manager's certification fee in July 2000. The increase to $18 reflects a 20% increase.

Key Measures

The Minnesota Food Code requires each food establishment to employ at least one state certified food manager. A recent study has found that establishments with a certified food manager have fewer critical violations related to food borne illness. In CY 2003, approximately 89% of establishments were in compliance with the certified food manager requirement. The goal for CY 2004 is 94% compliance. We expect to see a corresponding decrease in the number of critical violations issued.

Statutory Change: M.S., Chapter 157.011

Fiscal Impact ($000s)	FY 2006	FY 2007	FY 2008	FY 2009
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Gov't Special Revenue Fund				
Expenditures	$1,552	$1,552	$1,552	$1,552
Revenues	$1,326	$1,326	$1,326	$1,326
Net Fiscal Impact	$226	$226	$226	$226

Recommendation

The Governor recommends an increase in license fees for food, beverage and lodging (FB&L) establishments to generate an additional $1.326 million each year to the State Government Special Revenue (SGSR) fund, to reform and modernize the Food, Beverage and Lodging Program. The Governor also recommends an additional expenditure from the SGSR fund of $1.552 million each year to carry out these improvements.

Background

MDH license fees support the inspection activity for approximately 7,800 restaurants, bars, hotels, motels, resorts and lodging establishments in 47 counties. In addition, the food, beverage and lodging program licenses approximately 2,500 temporary food stands. Establishments are routinely inspected to identify and reduce risk factors found to cause food borne illness.

Minnesota has made a commitment to the U.S. Food and Drug Administration to follow their inspection model. This model is setting a national trend toward greater flexibility for establishments and greater consistency in inspections. Under this model, inspections focus on reducing the risk factors that cause illness and consulting on food security issues. This model creates a more effective program for reducing food borne illness. It is also a more time-intensive inspection. To maintain the department's current level of service and inspection frequency, a license fee increase is necessary to cover increased costs for additional positions needed.

The United States Congress recently amended the Richard B. Russell National School Lunch Act requiring two inspections of school kitchens per year instead of one inspection per year. We are proposing a new fee category for schools to reflect the additional required inspection that will be needed.

Licensing and inspection activities are conducted by a combination of state and local government agencies. Core components of the program, such as technical assistance and oversight, are conducted solely by MDH. Currently, there is no central database or repository for information on all licensed food, beverage and lodging establishments in Minnesota. Creating an integrated food safety and security information system is necessary in order to contact establishments in the event of an emergency or national threat, to conduct analysis of current food safety trends, and to assist the industry and the public in accurately communicating inspection activity.

A statewide hospitality fee will enable MDH to better respond to our constituents by establishing an integrated food safety and security information system, and lessen our dependence on uncertain and declining federal funds. Each food beverage and lodging establishment in the state (approximately 20,000) will be assessed a $35 fee.

Relationship to Base Budget

Base funding from the SGSR fund for the FB&L program is $2.535 million each fiscal year. The additional $1.552 million will support two FTEs for school inspections, four FTEs to maintain current services under the new inspection model, and two additional FTEs to provide statewide core functions.

License fees will be adjusted as follows: fees for schools will double; fees for establishments licensed by MDH will increase, on average, 27% (17% to maintain current services, and 10% to support statewide core functions).

License fees for FB&L establishments were last increased in FY 2001. This fee will ensure that program costs are fully recovered.

Key Measures

Data will be collected identifying the risk factors that cause illness. A central inspection database will be established for all Minnesota food, beverage and lodging establishments.

Statutory Change: M.S., Chapter 157

Fiscal Impact ($000s)	FY 2006	FY 2007	FY 2008	FY 2009
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Gov't Special Revenue Fund				
Expenditures	$186	$186	$186	$186
Revenues	$160	$215	$140	$231
Net Fiscal Impact	$26	($29)	$46	($44)

Recommendation

The Governor recommends an increase in revenue to the State Government Special Revenue (SGSR) fund from the laboratory certification program fee by $375,000 to support Minnesota's Environmental Laboratory Certification Program. The Governor also recommends a corresponding appropriation from the SGSR fund to maintain the program's activities. This fee increase will ensure that program costs are fully recovered.

Background

The Environmental Laboratory Certification program evaluates and inspects municipal and private laboratories that perform testing for state and federally authorized programs (such as the federal Safe Drinking Water program, Clean Water, Resource Conservation and Recovery program, and the Underground Storage Tank Programs). To be certified for a specific program, the laboratory must use the techniques for data quality assurance, and sample collection, analysis, preservation and handling specified by the U.S. Environmental Protection Agency. The state of Minnesota must guarantee that certified laboratories perform this testing.

The state of Minnesota requires that laboratories that perform water, soil, and waste testing for government agencies for regulatory purposes must be certified as specified in Minnesota Statute 144 and Minnesota Rule 4740. The MDH Environmental Laboratory Certification Program certifies laboratories that have provided assurance that appropriate systems are in place to generate reliable data.

The Laboratory Certification program fees were established in 2001. The current program costs now exceed program revenues. In addition, the proposed fee increase will cover the cost of additional staff needed to meet the growing expectations by the laboratory community for services such as training, database management, and technical consultations.

Relationship to Base Budget

Base funding from the SGSR fund for the Laboratory Certification program is $372,000. Costs will increase by $186,000 each fiscal year and will be offset by a corresponding fee increase, beginning in FY 2006. The proposed funding will support two additional FTEs.

Key Measures

⇒ Quality Assurance – The program will improve its ability to assure the quality of data from Minnesota certified laboratories by increasing the frequency of inspections from once every three years to once every two years.

⇒ Compliance with Federal Requirements – The program will provide assurance to the U.S. Environmental Protection Agency (EPA) that federal regulatory program testing is performed by laboratories certified to meet EPA specifications.

⇒ Cost Effective Service Delivery - The program will continue its emphasis on minimizing costs to the regulated community by striving for uniformity in certification programs nationwide and building reciprocal arrangements with nearby states that are mutually beneficial.

⇒ Collaboration with Other Agencies – The program will continue to work closely with the Minnesota Pollution Control Agency and environmental health programs within the MDH to assure the accuracy of data used to make decisions of public health significance.

Statutory Change: Fees are established in M.S. 144.98

Fiscal Impact ($000s)	FY 2006	FY 2007	FY 2008	FY 2009
General Fund				
Expenditures	$100	$100	$100	$100
Revenues	0	0	0	0
Net Fiscal Impact	$100	$100	$100	$100

Recommendation

The Governor recommends a General Fund appropriation of $100,000 each fiscal year for the Department of Health (MDH) to provide technical assistance to local units of government as they develop programs to remediate former methamphetamine (meth) lab sites.

Background

The illegal production and use of meth has been increasing in Minnesota since the late 1990s. In 2003, there were more than 500 clandestine drug labs where methamphetamine was made (meth labs) and other meth-related events (meth chemical dumps, anhydrous ammonia thefts) discovered in the state. Most of the meth labs (75%) were located away from the largest Minnesota cities, in rural or semi-rural areas.

Methamphetamine is made mostly from common household ingredients. When these ingredients are mixed and "cooked" together they make a dangerous drug and potentially harmful chemical residues that can remain on household surfaces for months or years after "cooking" is over. There may be health effects in people exposed to lab chemicals before, during and after the drug-making process.

At this time, one of the most serious concerns about meth lab contamination in Minnesota is human exposure to lab chemicals in homes and other structures or vehicles where people spend a lot of time. Therefore, each meth lab or meth chemical dump is a potential hazardous waste site, requiring evaluation, and possibly cleanup, by hazardous waste (HazMat) professionals.

The Meth Lab Program at the MDH, in conjunction with many public and private organizations, has been working to share resources, raise awareness, protect endangered children, provide training and equipment for first responders and other at-risk staff, and to help Minnesota communities work together to create a strong local response to this problem through education, training, and civil action.

In 2004, MDH meth program staff educational efforts reached an average of 2,000 individuals a month through group presentations; answered approximately 600 technical assistance requests per month by e-mail or phone; and provided approximately 7,500 pieces of educational material (handouts) per month. In 2004, the MDH meth program website had over 80,000 hits. MDH's leadership has provided the continuity for a multidisciplinary state and local agency response in the areas of law enforcement, treatment, child protection and prevention.

The Governor is recommending a comprehensive statewide response to the growing problem of meth; a response intended to support and augment but not replace local goals and efforts. One aspect of this legislation is a focus on remediation of structures that have been used to manufacture methamphetamine--mandating that state-wide ***remediation guidance***, procedures, and outcomes developed by the MDH be applied to all clean ups of properties contaminated by meth labs.

This proposal would be used to fund expertise in toxicology or industrial hygiene (needed to determine routes of airborne exposure through ventilation systems, etc. and how to remediate or mitigate those exposures) and to monitor, analyze and interpret the rapidly changing scientific research on the impacts of meth manufacturing and exposures to children in particular. Revisions to the existing cleanup guidance will be made based on this research and technical assistance will be provided to those individuals and taskforces implementing the remediation criteria.

Relationship to Base Budget

Current funding for meth-related activity at MDH is $256,000 from the General Fund, which includes 2.8 FTEs. The proposed funding of $100,000 will support one additional FTE.

Key Measures

Staff will respond to requests for information from local units of government concerning the technical aspects of a site-specific interior remediation of former meth lab sites (up to 1,000 requests per year).

Staff will revise MDH's Clandestine Drug Labs General Cleanup Guidance, based upon current body of scientific knowledge. As new scientific data is presented, related to exposures from smoking or cooking methamphetamine indoors, program staff activities will be focused on analyzing, interpreting and applying that knowledge to revise the cleanup guidance. It is anticipated that they will need to be revised every year for the next few years.

Fiscal Impact ($000s)	FY 2006	FY 2007	FY 2008	FY 2009
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Gov't Special Revenue Fund				
Expenditures	$250	$250	$250	$250
Revenues	($5)	($5)	($5)	($5)
Net Fiscal Impact	$255	$255	$255	$255

Recommendation

The Governor recommends an additional appropriation from the State Government Special Revenue (SGSR) fund for $250,000 each fiscal year for the Plumbing Program to ensure the program meets the demand for plan review service and associated inspections. In addition, the Governor recommends that a modification be made to the plumbing plan review fee schedule (thereby reducing SGSR revenues by $5,000) to better align the fees with the actual cost of service.

Background

New plumbing plan review fees were set in statute in 2003 (M.S. 326.42). These fees included an option for accelerated review that provides for a review within 15 business days of receipt of the plan at double the cost of the normal fee. This was an unexpectedly popular option in 2004. An appropriation increase would allow hiring of additional staff to meet this demand for service, as evidenced by the willingness of industry to pay a double fee for service within 15 business days. Failure to provide plan review in 15 days requires MDH to refund half the accelerated review fee.

Secondly, language to limit the amount of fees collected for certain types of plumbing system components was inadvertently left out of the new fee statute in 2003. Specifically, the fees for review of plumbing system interceptors, separators, and catch basins were to be based on the number of different designs submitted for each of these fixtures. Instead, the fee structure is based on the total number of these features in the plan. It isn't unusual to have multiple fixtures of the same design. However, it isn't necessary to review each individual fixture, and so the fee should be based on the number of unique designs for these plumbing system interceptors, separators, and catch basins.

As a consequence of basing the fee on number of these features rather than the number of designs, the fees collected for some projects exceed the cost of providing the plan review service. The revenue generated by these specific fees are greater than either anticipated or necessary to provide the plan review services, and consequently making this change will have no substantial effect on the program from either a revenue or service standpoint. This proposal will reduce cost to the regulated community.

Relationship to Base Budget

Base funding from the SGSR fund for the Plumbing Program is $1.581 million. These funds would increase the total program to $1.831 million (a 15% increase), and allow up to 2.5 FTEs to be added, as needed, to meet demand for service.

Forecasted revenues for this program are $1.843 million each fiscal year. The revenue change anticipated from clarifying the fee language is a reduction of $5,000 per year. This change is small for the department in terms of revenue, but the savings for an individual fee payer could be relatively large.

Key Measures

The key measure for this proposal would be time required to provide plan review service. The goal would be to complete all accelerated reviews within the maximum 15-day timeframe.

Statutory Change: M.S. 326.42

Fiscal Impact ($000s)	FY 2006	FY 2007	FY 2008	FY 2009
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Govt. Special Revenue Fund				
Expenditures	$356	$601	$601	$601
Revenues	0	$551	$551	$551
Net Fiscal Impact	$356	$50	$50	$50

Recommendation

The Governor recommends fee increases to generate an additional $551,000 in additional revenue to the State Government Special Revenue (SGSR) fund each fiscal year to maintain current service levels in the state Well Management Program. The Governor also recommends a corresponding appropriation from the SGSR fund of $356,000 in FY 2006 and $601,000 in FY 2007 to meet the program's ongoing needs.

Background

The state Well Program performs two essential health and safety protection functions: the protection of the drinking water for 70% of all Minnesotans; and the finding and sealing of abandoned wells, which, when buried and forgotten, act as permanent conduits for any future contamination to drain into our deep, geologically protected water bearing aquifers.

During the past decade, the Well Program has protected drinking water by dramatically improving the sanitary construction of new wells. The Well Program has nearly eliminated wells constructed too close to landfills, sewers, and septic systems; wells constructed with reject casing pipe salvaged from oil fields; and runaway flowing wells which can wash out hillsides and permanently devalue property.

There are an estimated 750,000 abandoned wells in Minnesota, some of which are buried or bulldozed every year, lost from memory, and thereafter threaten groundwater. This program now works actively with many industries and private citizens to have abandoned wells properly sealed, especially at property transfer. During the past 15 years, the well program has also overseen the permanent sealing of more than 190,000 abandoned wells in the state, strengthening the protection of one of Minnesota's greatest natural assets, its groundwater.

The requested funding changes are projected to adequately fund the program for the next four years and will address increased staff costs; increasing requests from citizens for information about their wells, or technical help with construction or water quality problems; and water testing and assistance after floods.

In addition to the above changes, the annual license fee for mineral explorers will be reinstated. Up until August 2003, Minnesota Rules, Chapter 4727 required Minnesota licensed mineral explorers to pay an annual license free of $50. License fees for all other types of well or boring contractors have previously been moved (in 1994) to M.S., Chapter 103I. Due to an oversight, this fee was not moved along with the others. We are therefore proposing to reestablish the state explorer's license fee now in M.S., Chapter 103I and set it at $75, the current statutory fee for other types of limited licenses.

Relationship to Base Budget

Base funding from the SGSR fund for the Well Management program is $3.524 million. The requested appropriation for FY 2006-07 represents a 17% increase. Fees were last adjusted in FY2003.

Fee revenues are forecasted to increase to $4.15 million by FY 2007. The proposed changes include an increase in: one-time fees for well notifications, permits, or variances from $150 to $175; the one-time fee for a well sealing from $30 to $35; the annual fee for an unused well maintenance permit from $125 to $150, and; the one-time fee for a well disclosure at property transfer from $30 to $40 (this includes a $5 increase in the portion of the well disclosure fee kept by the county recorder to cover processing costs). These changes will increase fee

revenue by 14%. The re-establishment of the mineral explorers' fee will generate only $1,000 in additional revenue.

Key Measures

Drinking Water Safety: Proper location and construction of wells protects the safety of our drinking water, and usually eliminates the need for costly water treatment. It was estimated in 1989, when the Groundwater Protection Act was passed, that between one third and one half of all new wells were not constructed to minimum sanitary standards. Since that time, compliance rates have steadily increased and are now at 95%. During this biennium, the program expects to maintain a well construction compliance rate of at least 95%.

Sealing Abandoned Wells: During this biennium, the program will oversee the permanent sealing of approximately 20,000 more abandoned wells.

Statutory Change: Minnesota Statutes, Chapter 103I

Fiscal Impact ($000s)	FY 2006	FY 2007	FY 2008	FY 2009
General Fund				
Expenditures	($65)	($65)	($65)	($65)
Revenues	0	0	0	0
Net Fiscal Impact	($65)	($65)	($65)	($65)

Recommendation

The Governor recommends that the General Fund budget be reduced by $65,000 each fiscal year by discontinuing the Office of Complementary and Alternative Practice.

Background

The Health Department's Office of Complementary and Alternative Practice (OCAP) investigates complaints and takes enforcement actions against unlicensed complementary and alternative health care practitioners for violations of prohibited conduct. The statutory authority for this office is designed to cover all unlicensed complementary and alternative healing methods and treatments. Practitioners under the jurisdiction of this office include massage therapist, homeopathic and naturopathic practitioners, and other "healing" practitioners.

OCAP conducts investigations filed by consumers of complementary and alternative practitioners. The Commissioner of Health has the authority to revoke or suspend the right to practice complementary and alternative health care practice, impose limitations or conditions on the practice, require supervision, censure or reprimand the practitioner, impose a civil penalty not exceeding $10,000 for each violation, and any other action justified by the case.

Relationship to Base Budget

Current funding for the office is $65,000 from the General Fund. One FTE supports the office. Under this proposal, OCAP and its functions will be eliminated.

Statutory Change: M.S., Chapter 146A

Fiscal Impact ($000s)	FY 2006	FY 2007	FY 2008	FY 2009
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Gov't Special Revenue Fund				
Expenditures	0	0	0	0
Revenues	($254)	($254)	0	0
Net Fiscal Impact	$254	$254	$0	$0

Recommendation
The Governor recommends suspending the commissioner's authority to collect the license renewal fees from occupational therapy practitioners for FYs 2006 and 2007, thereby reducing revenues to the State Government Special Revenue fund by $254,000 each fiscal year.

Background
A suspension in collection of license renewal fees for occupational therapy practitioners is authorized in the current biennium. Another suspension of renewal fees for the next biennium will eliminate the surplus account balance.

The surplus account balance accumulated because of a higher than estimated number of applicants applying for credentialing and collection of a surcharge during start-up of the licensing system. The commissioner was unable to repeal the surcharge sooner than the 2001 expiration date established in law.

This method of reducing the account balance is the most cost-efficient way to reimburse occupational therapy practitioners for overpayment of credentialing fees. At the time of renewal during FY 2006 and FY 2007, each licensee's renewal notice will indicate a license renewal fee of zero.

Relationship to Base Budget
Forecasted revenues for FY 2006-07 are $304,000 each year. This proposed change will significantly reduce the annual revenues for the next biennium in the occupational therapy licensing account (to $50,000 each year). The account balance in the State Government Special Revenue fund for Occupational Therapy licensing was $524,000 at the end of SFY 2004, and is forecasted to be $314,000 at the end of SFY 2005. Another suspension of renewal fees for the next biennium will eliminate the surplus in the account and leave a small, negative balance.

Key Measures
This change will not impact services delivered.

Statutory Change: M.S., Sect. 148.6445, Subd. 2

Fiscal Impact ($000s)	FY 2006	FY 2007	FY 2008	FY 2009
General Fund				
Expenditures	0	0	0	0
Revenues	0	0	0	0
State Gov't Special Revenue Fund				
Expenditures	$1,104	$1,004	$1,804	$1,804
Revenues	$1,420	$1,420	$1,420	$1,420
Net Fiscal Impact	($316)	($416)	$384	$384

Recommendation

The Governor recommends an additional appropriation from the State Government Special Revenue (SGSR) fund of $1.104 million for FY 2006 and $1.004 million for FY 2007 for the Vital Records Program to support the administration of the electronic system of vital statistics by allowing for quality data to be collected, maintained and disseminated in a timely and accurate manner, while protecting the integrity of the data. In addition, the Governor recommends that the appropriation for the vital records program be further increased by an additional $800,000 each fiscal year of the 2008-09 biennium for upgrades to the electronic record system. This fee increase will ensure that program costs are fully recovered.

The Governor also recommends additional revenues of $1,420,000 per year from increasing the vital records fees.

Background

In accordance with the Vital Statistics Act (M.S., Sections144.211 to 144.227), the Office of the State Registrar (OSR) is responsible for the creation and maintenance of a statewide system of vital statistics. The State Registrar oversees a centralized electronic system for the processing of birth and death records and coordinates the work of OSR staff and over 100 local registrar offices in all 87 counties to issue birth and death certificates and provide other services related to birth and death records. Annually, these services include the issuance of over 600,000 birth and death certificates, over 35,000 corrections, amendments to and replacements of records. The State Registrar also coordinates the provision of data by nearly 600 funeral homes in Minnesota and neighboring states, medical examiner and coroner offices in all 87 counties, 110 hospitals, and hundreds of physicians throughout Minnesota. Together with these partners, OSR registers nearly 70,000 births and 38,000 deaths per year.

Over the past five years, there has been a significant change in the daily business of OSR. Highlights include:

⇒ The implementation of a centralized electronic system has increased data processing efficiency and security and has allowed birth and death certificates to be available statewide, rather than limited to the county where the birth or death occurred.
⇒ The implementation of a centralized electronic system has caused shifts in customer service patterns and increased state and county responsibilities for life cycle costs of the statewide computer system.
⇒ The increase of identity fraud issues has required changes in OSR policies and procedures to ensure compliance with statutes and rules governing tangible interest and amendments.

The processing of vital records has been primarily a fee-supported activity for many years. However, while the base fee for vital records and the special amendment/replacement fees have not increased in over 15 years the cost of operating the vital record system has increased, and OSR has relied on other, less stable funding sources.

In addition to business cost increases, shifting customer service patterns, life cycle costs of an electronic records system, and a realignment of responsibilities between the State Registrar and the local registrars have added cost pressures to the Office.

Finally, we are beginning to plan for the design, development, and implementation of improvements and upgrading of the centralized electronic system for processing birth and death records by the end of FY 2009.

Relationship to Base Budget

The base budget for the Vital Records Program is $1.701 million from the SGSR fund. The funding supports 24.2 FTEs. An additional 3.1 FTEs are supported by funds that are ending in FY 2005. These FTEs, and an additional three FTEs will be supported by the increased appropriation.

This proposal will increase the base fee for a certified copy of a record by $1 (from $8 to $9). The base fee is retained by the registrar who supplies the copy of the record and is intended to support the operations of that office. This proposal will also increase the surcharge on certified copies of a record by $2 (from $2 to $4). This surcharge is intended to support the operations of the centralized electronic records system. The surcharge revenue is retained by MDH and will support the upgrades to the system in the next biennium. Finally, this proposal will increase, by $20, the amendment/replacement/delayed registration fee. This activity has been done by local registrars in the past and is now centrally done by MDH.

Key Measures

⇒ Decrease turnaround times for requests from the public for amendments to birth records to within 5 business days from the request.
⇒ Maintain same day turnaround times for expedited requests for birth and death certificates.
⇒ Maintain next day turnaround times for expedited requests for amendments to birth and death records.
⇒ Increase to 75% the number of documents submitted to register births and deaths and amend birth and death records that are authenticated with the issuing entity.
⇒ Improve customer service and data integrity by increasing to 100% the number of completed amendments and replacements that are verified for accuracy.

Statutory Change: M.S., Sect. 144.226

Agency Purpose

The statutory mission of the Minnesota Department of Health (MDH) is to protect, maintain, and improve the health of all Minnesotans.

MDH is the state's lead public health agency and works with local public health agencies, federal health agencies, and other organizations to operate programs that protect and improve the health of entire communities, and programs that promote clean water, safe food, quality health care, and healthy personal choices.

Together, these programs are contributing to longer, healthier lives. As a result, Minnesota is consistently ranked one of the healthiest states in the country.

Core Functions

While MDH is perhaps best known for responding to disease outbreaks, the department's core functions are very diverse and far-reaching, and focus on preventing health problems in the first place.

At A Glance

The Minnesota Department of Health (MDH) is one of the top state health departments in the country.

MDH has earned an international reputation for being on the cutting edge of disease detection and control, and developing new public health methods.

MDH workforce of 1,300 includes many MD's, PhD's, nurses, health educators, biologists, chemists, epidemiologists, and engineers.

MDH program resources are deployed in the Twin Cities and seven regional offices statewide, to better serve the state population.

⇒ Preventing Diseases: MDH detects and investigates disease outbreaks, controls the spread of disease, encourages immunizations, and seeks to prevent chronic and infectious diseases, including HIV/AIDS, Tuberculosis, and cancer. The department's public health laboratories analyze some of the most complex and dangerous biological, chemical, and radiological substances known, employing techniques not available privately or from other government agencies.

⇒ Reducing Health Hazards: MDH identifies and evaluates potential health hazards in the environment, from simple sanitation to risks associated with toxic waste sites and nuclear power plants. The department protects the safety of public water supplies and the quality of the food eaten in restaurants. It also works to safeguard the air inside public places.

⇒ Protecting Health Care Consumers: MDH safeguards the quality of health care in the state by regulating many people and institutions that provide care, including HMOs and nursing homes. Minnesota has pioneered improvements in the health care system, including the development of policies that assure access to affordable, high-quality care which are models for the nation. The department monitors trends in costs, quality, and access in order to inform future policy decisions.

⇒ Promoting Good Health: MDH provides information and services that help people make healthy choices. The department protects the health of mothers and children through the supplemental nutrition program Women, Infants and Children (WIC) and services for children with special health needs. Minnesota was one of the first states to regulate smoking in public places, and has developed tobacco prevention strategies used nationwide. MDH programs also address mental health, occupational safety, and violence.

⇒ Achieving Success Through Partnership: Minnesota has a nationally renowned public health system built on well-articulated state and local government roles. MDH provides both technical and financial assistance to local public health agencies so they can provide programs and services meeting the unique needs of their communities.

Operations

Many core public health functions are carried out directly by MDH staff. Examples include:

- the scientists and epidemiologists who work in the laboratories and the cities and neighborhoods of the state to identify the nature, sources and means of treatment of disease outbreaks and food borne illness;
- the nursing home inspectors who make sure that elderly citizens are provided with safe and appropriate health care, and treated with respect and dignity;
- the environmental engineers who work with cities and towns to assure that municipal water systems provide water that is safe for families to drink;

- the laboratory scientists who conduct sophisticated tests to detect treatable metabolic errors in all newborn babies; and
- the scientists and policy experts who collect, and evaluate information about environmental trends, the health status of the public, quality of health services, and other emerging issues, and carry out public health improvement programs.

MDH provides technical and financial assistance to local public health agencies, public and private care providers, non-governmental organizations, and teaching institutions. Technical assistance provides the department's partners access to current scientific knowledge and is commonly in the form of direct consultation, formal reports, and training.

Budget

MDH receives 84% of its funding from non-General Fund resources—the federal government, dedicated cigarette taxes, fees, the health care access fund, and other revenues. The General Fund accounts for the remaining 16% of the budget. Approximately 57% of the budget is "passed through" to local governments, nonprofit organizations, community hospitals and teaching institutions in the form of grants; 25% represents the cost of the professional and technical staff that carry out the department's core functions; and 18% is for other operating costs, primarily for technology, and space.

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Agency Overview (detailed) http://www.health.state.mn.us/divs/opa/overview03.html
Agency Performance Measures http://www.departmentresults.state.mn.us/health/index.html

Dollars in Thousands

	Current		Governor Recomm.		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
Direct Appropriations by Fund					
Environment & Natural Resource					
Current Appropriation	131	132	132	132	264
Recommended	**131**	**132**	**0**	**0**	**0**
Change		0	(132)	(132)	(264)
% Biennial Change from 2004-05					-100%
General					
Current Appropriation	60,116	61,652	61,652	61,652	123,304
Recommended	**60,116**	**61,652**	**63,902**	**68,263**	**132,165**
Change		0	2,250	6,611	8,861
% Biennial Change from 2004-05					8.5%
State Government Spec Revenue					
Current Appropriation	32,880	32,617	32,617	32,617	65,234
Recommended	**32,880**	**32,617**	**36,307**	**36,706**	**73,013**
Change		0	3,690	4,089	7,779
% Biennial Change from 2004-05					11.5%
Health Care Access					
Current Appropriation	6,273	6,273	6,273	6,273	12,546
Recommended	**6,273**	**6,273**	**6,216**	**6,216**	**12,432**
Change		0	(57)	(57)	(114)
% Biennial Change from 2004-05					-0.9%
Expenditures by Fund					
Direct Appropriations					
Environment & Natural Resource	75	188	0	0	0
General	59,303	63,640	63,902	68,263	132,165
State Government Spec Revenue	23,875	37,969	36,307	36,706	73,013
Health Care Access	5,594	6,842	6,216	6,216	12,432
Remediation	179	221	0	0	0
Open Appropriations					
State Government Spec Revenue	135	164	164	164	328
Health Care Access	30	33	33	33	66
Medical Education & Research	75,344	83,130	84,768	84,602	169,370
Statutory Appropriations					
Drinking Water Revolving Fund	479	479	658	658	1,316
Special Revenue	43,799	48,602	39,739	40,154	79,893
Federal	166,868	186,788	175,255	174,427	349,682
Federal Tanf	5,686	6,289	6,000	6,000	12,000
Gift	94	255	43	43	86
Total	**381,461**	**434,600**	**413,085**	**417,266**	**830,351**
Expenditures by Category					
Total Compensation	88,523	101,758	99,979	100,520	200,499
Other Operating Expenses	56,476	80,044	66,635	67,941	134,576
Payments To Individuals	73,836	75,526	75,377	75,377	150,754
Local Assistance	162,626	177,272	171,294	173,628	344,922
Transfers	0	0	(200)	(200)	(400)
Total	**381,461**	**434,600**	**413,085**	**417,266**	**830,351**

Dollars in Thousands

	Current		Governor Recomm.		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
Expenditures by Program					
Community & Family Hlth Promo	179,691	198,786	184,843	186,811	371,654
Policy Quality & Compliance	105,405	120,350	118,023	117,472	235,495
Health Protection	66,801	82,936	77,313	77,691	155,004
Minority & Multicultural Hlth	7,502	7,991	7,658	7,658	15,316
Administrative Support Service	22,062	24,537	25,248	27,634	52,882
Total	**381,461**	**434,600**	**413,085**	**417,266**	**830,351**
Full-Time Equivalents (FTE)	**1,323.9**	**1,351.3**	**1,358.1**	**1,354.8**	

Program Description

The purpose of the Community and Family Health Promotion Program is to improve health through bringing together diverse expertise and systems to effectively direct resources to measurably improve the health of individuals, families and communities, with particular attention to those experiencing health disparities.

Budget Activities Included:

⇒ Community and Family Health
⇒ Health Promotion and Chronic Disease

Dollars in Thousands

	Current		Governor Recomm.		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
Direct Appropriations by Fund					
General					
Current Appropriation	39,600	41,414	41,414	41,414	82,828
Technical Adjustments					
Current Law Base Change			(7)	(7)	(14)
Subtotal - Forecast Base	39,600	41,414	41,407	41,407	82,814
Governor's Recommendations					
Operations Support		0	(272)	(272)	(544)
Grant Reductions		0	(1,543)	(1,543)	(3,086)
Positive Alternatives Program		0	0	2,500	2,500
Total	**39,600**	**41,414**	**39,592**	**42,092**	**81,684**
State Government Spec Revenue					
Current Appropriation	128	128	128	128	256
Subtotal - Forecast Base	128	128	128	128	256
Total	**128**	**128**	**128**	**128**	**256**
Health Care Access					
Current Appropriation	3,510	3,510	3,510	3,510	7,020
Technical Adjustments					
One-time Appropriations			(57)	(57)	(114)
Subtotal - Forecast Base	3,510	3,510	3,453	3,453	6,906
Total	**3,510**	**3,510**	**3,453**	**3,453**	**6,906**
Expenditures by Fund					
Direct Appropriations					
General	38,921	41,729	39,592	42,092	81,684
State Government Spec Revenue	163	253	128	128	256
Health Care Access	3,207	3,703	3,453	3,453	6,906
Open Appropriations					
Health Care Access	30	33	33	33	66
Statutory Appropriations					
Special Revenue	3,540	5,707	2,142	2,142	4,284
Federal	130,445	143,534	135,903	135,371	271,274
Federal Tanf	3,382	3,762	3,580	3,580	7,160
Gift	3	65	12	12	24
Total	**179,691**	**198,786**	**184,843**	**186,811**	**371,654**
Expenditures by Category					
Total Compensation	19,778	22,713	20,419	20,186	40,605
Other Operating Expenses	11,520	18,881	13,777	13,478	27,255
Payments To Individuals	73,835	75,526	75,377	75,377	150,754
Local Assistance	74,558	81,666	75,270	77,770	153,040
Total	**179,691**	**198,786**	**184,843**	**186,811**	**371,654**
Expenditures by Activity					
Community & Family Health	158,927	169,624	160,343	162,843	323,186
Health Promo & Chronic Disease	20,764	29,162	24,500	23,968	48,468
Total	**179,691**	**198,786**	**184,843**	**186,811**	**371,654**
Full-Time Equivalents (FTE)	**293.5**	**286.5**	**280.3**	**277.0**	

Activity Description

The Community and Family Health activity provides leadership and assistance in order to strengthen and mobilize systems to assure the health of all Minnesotans. Through partnerships with local governments, health care providers, and community organizations, this activity: provides assistance to local governments in meeting their public health responsibilities (including bio-terror and other public health emergency preparedness); improves the health and well-being of all Minnesota women, infants, and children; and increases access to health care for rural and other underserved Minnesotans.

Population Served

The entire population of the state is served by this activity through its partnership work with Minnesota's 51 local community health boards, health care providers and public, private, and nonprofit organizations. This activity has special focuses on: mothers and children, especially those most at risk for or experiencing poor health outcomes; on the state's 2.3 million rural residents; and on Minnesota's medically underserved urban population.

Activity at a Glance

- Administer 29 grant programs with grants to over 781 individual grantees.
- Provide technical and financial assistance to all 51 local public health boards as well as targeted financial/technical aid to more than 120 rural communities.
- Share MDH/local public health (LPH) workload for efficiencies; LPH staff conducted site visits at 366 clinics in 2002-03 to review and improve immunization practices.
- Provide supplemental food and nutrition services (over 118,000 low-income pregnant women and children).
- Provide commodity food products (14,600 women, children and elderly each month).
- Provide prenatal classes to women (24,148 in 2003).
- Provide contraceptive services (over 38,000 individuals in 2003).
- Provide services to children with special health care needs (over 25,000 in 2003).

Services Provided

⇒ Help local health departments fulfill a set of essential local public health activities by administering state and federal funding, providing technical assistance to local health boards and staff, and providing public health training to local public health staff.

⇒ Improve the health and nutritional status of pregnant and postpartum women, infants, young children, and the elderly by providing healthy foods, nutrition assessment and education, and health care referrals.

⇒ Maintain statewide access to quality health care by targeting state and federal assistance to those communities whose health providers and systems are most in need by supporting quality improvement efforts in Minnesota's smallest and most remote rural hospitals and clinics, by providing statewide grants for pre-pregnancy family planning services and by providing children with chronic illness and disabilities specialty medical assessments.

⇒ Improve the health and well being of infants and children by supporting programs that provide ongoing screening and early identification, intervention and follow-up.

⇒ Assess and monitor maternal and child health status.

⇒ Provide analysis and reports on Minnesota's health care and public workforce and health services in order to better focus emergency response preparation and educational planning for future state health workforce needs and necessary specialized training (such as that for particular maternal and child health needs).

Historical Perspective

Minnesota's decentralized public health system depends on local health departments for many day to day operating activities (e.g. maternal and child health, Women, Infants and Children [WIC]); on the health care delivery system and local public health departments for disease surveillance and treatment; on the state health department for a combination of expertise (e.g. specialized laboratory services), technical assistance (e.g. groundwater mapping and monitoring) and direct services (e.g. disease outbreak epidemiology); and on all elements of this interlocking system for response to wide-scale emergency or bioterrorism incidents. Maintaining these interlocking systems elements in a "state of readiness" so they respond rapidly and efficiently requires ongoing coordinated work among all areas.

The public health system "state of readiness" has been tested repeatedly in the past and has been able to respond without delay and without major infusions of highly targeted dollars because of investments made in maintaining a viable state and local public health system in Minnesota. State and local public health have played major roles in identifying and controlling HIV/AIDS, in responding to flooding in several areas of the state, and in responding to numerous disease outbreaks, including the anthrax scare. As importantly, this decentralized system has helped prevent diseases and disability through programs such as those that increase immunization rates, reduce smoking, prevent and control diabetes, assure safety in restaurants and health care facilities, encourage wellness, support long-term care and home care and provide health education. However, the local public health system is currently under significant pressure due to financial and workforce challenges.

The WIC and federal Maternal and Child Health (MCH) Block Grant have long provided a foundation for ensuring the health of Minnesota's mothers and children, including children with special health care needs. Minnesota enjoys some of the best health status and health system measures for mothers, infants, and children. However, there remain significant issues that need ongoing attention: disparities in health status based on race, ethnicity, and poverty; mental health promotion; improved pregnancy outcomes; early identification and intervention services for young children; oral health, especially for low-income children; injury prevention and obesity reduction. MCH work within public health provides the leadership, accountability, resources, and partnerships for continued work on these challenging issues.

Minnesota's rural health care system continues to face persistent financial and workforce challenges. MDH's statewide rural health planning, analysis and program efforts, such as the recent rural ambulance services study, provide a strong foundation for MDH's programs to reduce small rural hospital closures, strengthen the health care workforce, encourage regional cooperation among services and stabilize the rural health care system.

Key Measures

⇒ Protect public health by increasing the number of city and county public health departments (n=91) performing at least 75% of essential local public health activities.

History	Current	Target
2000	2004	2006
N/A	*	43%

Source: MDH Community Health Division, Office of Public Health Practice
*This measure is new; baseline data will be collected in 2005.

⇒ Maintain statewide access to quality health care.

100% of rural loan forgiveness program physicians continued practicing in their communities after their loan practice obligation had been fulfilled. *(Source: 1999 evaluation - MDH Office of Rural Health and Primary Care)*

⇒ Improve the health of newborns by reducing the percent of singleton infants born with low birth weight.

History	Current	Target
2001	2002	2007
4.5%	4.6%	4.0 %

Source: Minnesota Department of Health

⇒ Improve the health of infants by increasing the percent of mothers who breastfeed their infants at hospital discharge.

History	Current	Target
2000	2002	2007
76%	79.5%	90 %

Source: Ross Laboratories

⇒ Improve the early identification of children with special health care needs by increasing the percent of newborns screened for hearing impairment before hospital discharge.

History	Current	Target
2001	2003	2007
75%	97.2%	99%

Source: Minnesota Department of Health

⇒ Improve the health of youth by increasing the percent of adolescents who abstain from sexual intercourse or always use condoms if sexually active.

	History	Current	Target
	2001	2004	2007
12th graders who are abstinent	51 %	*	53 %
12th graders who use condoms if sexually active	43 %	*	45 %

Source: Minnesota Student Survey (The 2004 Student Survey data not yet available)*

⇒ Ensure an effective state and local public health system by providing support to working committees representing groups with key responsibilities in making the public health system successful.

A 2001 independent evaluation found the State Community Health Services Advisory Committee (SCHSAC) a "model to increase state-local government communication, cooperation, and understanding." This report also found the SCHSAC a useful problem solving/policy making group that results in fewer public health mandates on local government.
Source: Board of Government Innovation and Cooperation – 2001 Study

Activity Funding

Community and Family Health is funded primarily from appropriations from the General Fund, Health Care Access Fund, and State Government Special Revenue Fund, and from federal funds and Special Revenue funds.

Contact

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Dollars in Thousands

	Current		Governor's Recomm.		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
Expenditures by Fund					
Direct Appropriations					
General	33,994	33,410	31,479	33,979	65,458
State Government Spec Revenue	163	253	128	128	256
Health Care Access	3,207	3,703	3,453	3,453	6,906
Open Appropriations					
Health Care Access	30	33	33	33	66
Statutory Appropriations					
Special Revenue	505	690	313	313	626
Federal	117,646	127,744	121,354	121,354	242,708
Federal Tanf	3,382	3,762	3,580	3,580	7,160
Gift	0	29	3	3	6
Total	**158,927**	**169,624**	**160,343**	**162,843**	**323,186**
Expenditures by Category					
Total Compensation	10,542	13,235	11,375	11,375	22,750
Other Operating Expenses	7,975	12,208	9,426	9,426	18,852
Payments To Individuals	71,467	72,577	72,806	72,806	145,612
Local Assistance	68,943	71,604	66,736	69,236	135,972
Total	**158,927**	**169,624**	**160,343**	**162,843**	**323,186**
Full-Time Equivalents (FTE)	**158.0**	**156.1**	**151.1**	**151.1**	

Activity Description

The Health Promotion and Chronic Disease activity improves the health of all Minnesotans by implementing and supporting public health interventions to prevent and control chronic diseases and injuries, by monitoring the occurrence of chronic diseases and injuries, and by providing leadership in the development of programs and policies to reduce the burden of injuries, obesity, cancer, heart disease, diabetes, asthma, and other chronic diseases in Minnesota.

Population Served

This activity serves the entire population of Minnesota. Over half of all deaths of Minnesotans under the age of 35 and more than three-fourths of all deaths of Minnesotans age 35 and older are due to chronic diseases and injuries. Interventions are focused on youth, among whom prevention efforts have the biggest potential impact, on women, who are disproportionately disabled by chronic disease, and on American Indians and populations of color, who are more likely than white Minnesotans to die from chronic diseases and injuries.

Activity at a Glance

- In state FY 2003, 13,200 low-income women were screened for breast and cervical cancer at more than 300 clinics across the state.
- In calendar year 2001, according to the Minnesota Cancer Surveillance System, 23,650 invasive cancers were newly diagnosed in Minnesotans.
- In state FY 2004, more than 200 school health personnel were trained to better manage asthma in Minnesota schools and 750 elementary schools were assisted with conducting programs that prevent obesity and chronic diseases.
- In calendar year 2002, 5,210 persons with traumatic brain and/or spinal cord injury were offered resource and referral information.
- In state FY 2004, 25 grants were provided to organizations serving local communities and populations at risk to reduce tobacco use and exposure to secondhand smoke.
- In 2002-2004, statewide plans were developed with multiple partners for heart disease, cancer, diabetes, and asthma.

Services Provided

Help Minnesotans adopt healthy behaviors to prevent and control chronic diseases and injuries:

⇒ Develop and disseminate innovative and effective health promotion strategies.

⇒ Support health care providers and systems, public health agencies, and community-based organizations in their prevention efforts.

⇒ Fund and support locally-driven interventions to reduce tobacco use and exposure to secondhand smoke.

⇒ Coordinate health care provider and public information about identifying and treating persons at risk for or affected by cancer, diabetes, heart disease, stroke, asthma, and traumatic brain and/or spinal cord injury.

Monitor the occurrence of cancer, injuries, and other chronic diseases:

⇒ Operate a statewide system of surveillance for all newly-diagnosed cancer cases in the state.

⇒ Examine and report on the disparities in and the prevalence and trends of heart disease, asthma, diabetes, obesity, tobacco use, and injuries.

⇒ Identify workplace hazards, illnesses, and injuries and investigate work-related deaths.

Increase access to services and improve the quality of health care to reduce death and illness due to chronic diseases:

⇒ Provide free breast and cervical cancer screening and follow-up diagnostic services to women who are uninsured or underinsured.

⇒ Work with health care providers to develop, accept, implement, and evaluate best practices to prevent, detect, and control chronic diseases and injuries.

⇒ Provide physicians, individuals, and families with the tools to better manage asthma, diabetes, cancer, heart disease, and arthritis.

⇒ Translate health research and information into practice.

Provide leadership in the development and maintenance of effective public/private partnerships to prevent and control chronic diseases and injuries:

⇒ Facilitate effective collaborations and partnerships.

⇒ Convene forums to identify common interests and foster action.

⇒ Work with and support health care providers and systems, public health agencies, and other community-based organizations in state-wide prevention and planning efforts.

Historical Perspective

Chronic disease and injury result from the cumulative effect of several interacting risk factors. Many of the risk factors are related to lifestyle, are modifiable, and affect more than one condition. These risk factors include high blood pressure, high blood cholesterol, smoking, alcohol misuse, physical inactivity, overweight, and poor nutrition. As the number of Minnesotans over the age of 60 increases in the next 20 years, human suffering and health care costs resulting from chronic disease and injury will escalate rapidly. To reduce this impending burden, Minnesota's public health and health care systems must:

- encourage healthy behaviors and reduce the prevalence of unhealthy behaviors that put people at increased risk for injuries and chronic diseases and their complications;
- expand screening for early detection of chronic diseases and risk of injuries for which effective follow-up treatment exists;
- create opportunities, institute policies and evaluate best practices that promote good health;
- translate and disseminate best practices and develop scientific standards for effective community and medical interventions; and
- create and maintain adequate surveillance systems to measure the burden of chronic disease and injury, identify populations at risk, target program efforts, and evaluate program and policy effectiveness.

Key Measures

⇒ Reduce deaths from colorectal, cervical, and female breast cancer through improvements in screening and treatment. (Rate is number of deaths per 100,000, by year of diagnosis, age-adjusted.)

	History	Current	Target
	1988-89	2000-01	2010
Colorectal	24.6	18.2	13.0
Cervical	2.0	1.4	1.0
Breast	33.2	25.7	19.0

Source: Minnesota Cancer Surveillance System based on deaths reported to the Center for Health Statistics

⇒ Improve childhood health by increasing the percent of Minnesota children 10 and older who report eating five servings of fruits and vegetables on the previous day.

	History	Current	Target	Target
	1998	2001	2004	2007
6th graders	22%	22%	23%	24%
9th graders	15%	14%	15%	16%
12th graders	13%	11%	11%	12%

Source: Minnesota Student Survey

⇒ Improve youth health by reducing the percent of Minnesota high school youth who report that they have used tobacco in the last 30 days.

	History	Current	Target
	2000	2002	2005
High school youth reporting tobacco use	38.7 %	34.8 %	29.0 %

Source: Minnesota Youth Tobacco Survey

Note: M.S. 144.396 states that "it is a goal of the state to reduce tobacco use among youth by 25% by the year 2005."

Activity Funding

Health Promotion and Chronic Disease activity is funded primarily from federal funds and appropriations from the General Fund.

Contact

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Dollars in Thousands

	Current		Governor's Recomm.		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
Expenditures by Fund					
Direct Appropriations					
General	4,927	8,319	8,113	8,113	16,226
Statutory Appropriations					
Special Revenue	3,035	5,017	1,829	1,829	3,658
Federal	12,799	15,790	14,549	14,017	28,566
Gift	3	36	9	9	18
Total	**20,764**	**29,162**	**24,500**	**23,968**	**48,468**
Expenditures by Category					
Total Compensation	9,236	9,478	9,044	8,811	17,855
Other Operating Expenses	3,545	6,673	4,351	4,052	8,403
Payments To Individuals	2,368	2,949	2,571	2,571	5,142
Local Assistance	5,615	10,062	8,534	8,534	17,068
Total	**20,764**	**29,162**	**24,500**	**23,968**	**48,468**
Full-Time Equivalents (FTE)	**135.5**	**130.4**	**129.2**	**125.9**	

Program Description

The purpose of the Policy, Quality, and Compliance Program is to promote access to quality health care at a reasonable cost for Minnesotans; assess and report on the health of the population; and monitor compliance with laws and rules designed to protect the health and safety of Minnesota's nursing home residents, home care clients, hospital patients, and clients of certain allied health professional groups.

Budget Activities Included:

⇒ Health Policy, Information, and Compliance Monitoring

Dollars in Thousands

	Current		Governor Recomm.		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
Direct Appropriations by Fund					
General					
Current Appropriation	1,028	762	762	762	1,524
Technical Adjustments					
Transfers Between Agencies			3,043	3,043	6,086
Subtotal - Forecast Base	1,028	762	3,805	3,805	7,610
Governor's Recommendations					
Operations Support		0	(140)	(140)	(280)
Complementary and Alternative Practice		0	(65)	(65)	(130)
Total	**1,028**	**762**	**3,600**	**3,600**	**7,200**
State Government Spec Revenue					
Current Appropriation	10,747	10,747	10,747	10,747	21,494
Technical Adjustments					
Transfers Between Agencies			(323)	(323)	(646)
Subtotal - Forecast Base	10,747	10,747	10,424	10,424	20,848
Governor's Recommendations					
Vital Records Program		0	1,104	1,004	2,108
Total	**10,747**	**10,747**	**11,528**	**11,428**	**22,956**
Health Care Access					
Current Appropriation	2,763	2,763	2,763	2,763	5,526
Subtotal - Forecast Base	2,763	2,763	2,763	2,763	5,526
Total	**2,763**	**2,763**	**2,763**	**2,763**	**5,526**
Expenditures by Fund					
Direct Appropriations					
General	963	895	3,600	3,600	7,200
State Government Spec Revenue	6,965	12,022	11,528	11,428	22,956
Health Care Access	2,387	3,139	2,763	2,763	5,526
Open Appropriations					
Medical Education & Research	75,344	83,130	84,768	84,602	169,370
Statutory Appropriations					
Special Revenue	18,221	18,749	13,272	13,272	26,544
Federal	1,525	2,403	2,092	1,807	3,899
Gift	0	12	0	0	0
Total	**105,405**	**120,350**	**118,023**	**117,472**	**235,495**
Expenditures by Category					
Total Compensation	20,292	22,128	21,497	21,497	42,994
Other Operating Expenses	9,559	15,079	11,746	11,361	23,107
Local Assistance	75,554	83,143	84,780	84,614	169,394
Total	**105,405**	**120,350**	**118,023**	**117,472**	**235,495**
Expenditures by Activity					
Hlth Policy Info & Compl Monit	105,405	120,350	118,023	117,472	235,495
Total	**105,405**	**120,350**	**118,023**	**117,472**	**235,495**
Full-Time Equivalents (FTE)	**285.0**	**287.9**	**286.6**	**286.6**	

Activity Description

The Health Policy, Information, and Compliance Monitoring Division promotes access to quality health care at a reasonable cost for Minnesotans; assesses and reports on the health of the population; and monitors compliance with laws and rules designed to protect the health and safety of Minnesota's nursing home residents, home care clients, hospital patients, and clients of certain allied health professional groups.

Activity at a Glance

- Monitor 5,977 health care facilities for safety and quality
- Review qualifications and regulate over 8,000 allied health practitioners
- Monitor 10 HMO's that provide health care services to 1.4 million Minnesotans
- File 70,000 birth records and 38,000 death records each year
- Maintain approximately eight million birth and death records in a statewide computer system
- Ensure criminal background checks are conducted on 108,000 applicants for employment in health care facilities
- Conduct periodic surveys to determine insurance coverage and access to health care

Population Served

Patients, consumers, and providers of health care services; individuals or families needing birth or death records; state and local policy makers.

Services Provided

⇒ Monitor compliance with federal and state laws and rules, designed to protect health and safety, through unannounced inspections and surveys.

⇒ Investigate reports of maltreatment in accordance with the Vulnerable Adult Act, and other complaints of abuse, neglect or maltreatment.

⇒ Approve all architectural and engineering plans for all new construction or remodeling of health care facilities to assure that the facilities' physical plants meet basic safety and health standards.

⇒ Regulate funeral service providers to ensure the proper care and disposition of the dead.

⇒ Regulate individuals who want to practice as audiologists, hearing instruments dispensers, speech language pathologists, alcohol and drug counselors and occupational therapists.

⇒ Regulate HMO's to ensure compliance with statutes and rules governing financial solvency, quality assurance and consumer protection.

⇒ Conduct surveys and other research to collect data for use by policy makers; provide analysis of our own and other data to assist in determining: health market conditions and competition, access, health care spending, market trends, capital expenditures, risk adjustment for publicly funded prepaid medical insurance programs.

⇒ Securely administer health data resources used throughout the department to build knowledge about health care that will empower consumers, educate purchasers, inform providers, and guide policy makers.

⇒ Assist health care payers and providers to standardize administrative processes, resulting in reduced health care costs.

⇒ Maintain a permanent file of birth and death records, useful both to public health researchers, and also to citizens who need records for legal purposes.

⇒ Conduct surveys, analyze data and report on health status and trends, providing information to local health departments and health providers on the health status of the population, disparities, and health behaviors, conditions, and disease.

⇒ Respond to an estimated 200 to 300 requests per year to our Health Economics Program from legislative staff, staff of state and local agencies, researchers, and the general public.

Historical Perspective

As health care has become a larger portion of our state and federal budgets, we are providing information to state and local decision makers to help ensure quality of care, value for money spent, outcomes of various services, risk factors affecting health status, and other data to inform the public debate around health care. We help to identify trends and anticipate the changing services that will be needed, such as the aging of the population and the increasing preference for home care rather than institutional care. We do this through survey instruments, other research, and analysis of data.

The Division participates in and publishes reports regarding health status and trends and provides technical assistance to local public health agencies and others as they determine local health priorities and how to address them. This includes the Minnesota Student Survey, conducted every third year and used by local public health agencies and schools to develop targeted instruction in topics such as seatbelt use, smoking, alcohol and drug use, sexual activity, violence, and safety. The Minnesota Health Statistics Annual Profile and the Minnesota County Health Profiles reflect demographic data statewide and by county, as well as incidence of several types of diseases, injuries, outbreaks, etc. We also work in partnership with others such as the University of Minnesota to conduct research and analysis.

Because knowledge and understanding of factors affecting health care cost, quality, and access are critical to helping policymakers formulate state health policy, the Division's Health Economics Program conducts research and analysis to monitor Minnesota's health care markets, to understand how and why they have changed over time, and to examine the potential impacts of proposed policy changes. In addition to regular collection and analysis of data to monitor key indicators such as the rate of uninsurance, overall health care spending, and the rate of growth of health insurance premiums in the state, staff also provide technical assistance in the development of state health policy by serving as an unbiased source of timely information and analysis.

Key Measures

[Note—other outcome measures are available at the Department results website, http://www.departmentresults.state.mn.us/subjects/healthcare/index.htm]

The Office of the State Registrar provides accurate health data through a statewide computer system for collecting, maintaining, and disseminating vital statistics records and related data. Vital records are now available through the local registrar offices in all 87 counties. In addition, 100% of hospitals in the state and nearly 80% of funeral homes report births and deaths respectively through the electronic system.

The federal Government Performance Results Act (GPRA) for the Centers for Medicare and Medicaid has two indicators for assessing patient care in nursing homes. The first goal is to have no more than 5% of patients whose care assessments indicate use of physical restraints; Minnesota currently is at 4.8%, which satisfies the federal indicator. The second GPRA goal is for no more than 5% of patients whose care assessments indicate pressure ulcers. Minnesota currently is at 7.1%, with the goal to reach 5% in 2006.

The Health Occupations Program has two goals to improve compliance by practitioners and to protect Minnesotans. The first goal is to improve compliance of credentialed practitioners by increasing the percent of practitioners in compliance with regulations. The measurement for this goal is based on the number of complaints and application investigations. Minnesota is currently at 94.3%, with the goal to reach 95.8% in 2007. The second goal is to protect Minnesotans using services of unlicensed mental health and alternative/complementary practitioners from unsafe practices. There are currently 81 investigations pending, with the goal to have no more than 40 cases pending by 2007.

Activity Funding

Health Policy, Information and Compliance Monitoring activity is funded from direct appropriations from State Government Special Revenue Fund and the General Fund, and from Federal Funds, Medical Education and Research Center Funds, and Special Revenue Funds.

Contact

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Budget Activity Summary

Dollars in Thousands

	Current		Governor's Recomm.		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
Expenditures by Fund					
Direct Appropriations					
General	963	895	3,600	3,600	7,200
State Government Spec Revenue	6,965	12,022	11,528	11,428	22,956
Health Care Access	2,387	3,139	2,763	2,763	5,526
Open Appropriations					
Medical Education & Research	75,344	83,130	84,768	84,602	169,370
Statutory Appropriations					
Special Revenue	18,221	18,749	13,272	13,272	26,544
Federal	1,525	2,403	2,092	1,807	3,899
Gift	0	12	0	0	0
Total	**105,405**	**120,350**	**118,023**	**117,472**	**235,495**
Expenditures by Category					
Total Compensation	20,292	22,128	21,497	21,497	42,994
Other Operating Expenses	9,559	15,079	11,746	11,361	23,107
Local Assistance	75,554	83,143	84,780	84,614	169,394
Total	**105,405**	**120,350**	**118,023**	**117,472**	**235,495**
Full-Time Equivalents (FTE)	**285.0**	**287.9**	**286.6**	**286.6**	

Program Description

The purpose of the Health Protection Program is to protect the public from dangerous diseases, exposures and events through monitoring and assessment of health threats; developing and evaluating intervention strategies to combat disease and exposures; monitoring and inspections of potential health problems; and providing scientific laboratory, environmental health, and epidemiological capacity.

Budget Activities Included:

⇒ Environmental Health
⇒ Infectious Disease Epidemiology Prevention and Control
⇒ Public Health Laboratory
⇒ Office of Emergency Preparedness

Dollars in Thousands

	Current		Governor Recomm.		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
Direct Appropriations by Fund					
Environment & Natural Resource					
Current Appropriation	131	132	132	132	264
Technical Adjustments					
One-time Appropriations			(132)	(132)	(264)
Subtotal - Forecast Base	131	132	0	0	0
Total	**131**	**132**	**0**	**0**	**0**
General					
Current Appropriation	9,092	9,092	9,092	9,092	18,184
Subtotal - Forecast Base	9,092	9,092	9,092	9,092	18,184
Governor's Recommendations					
Operations Support		0	(74)	(74)	(148)
Methamphetamine Lab Remediation		0	100	100	200
Total	**9,092**	**9,092**	**9,118**	**9,118**	**18,236**
State Government Spec Revenue					
Current Appropriation	22,005	21,742	21,742	21,742	43,484
Technical Adjustments					
One-time Appropriations			(213)	(213)	(426)
Subtotal - Forecast Base	22,005	21,742	21,529	21,529	43,058
Governor's Recommendations					
Drinking Water Protection Program		0	381	635	1,016
Food Manager's Certification Program		0	62	62	124
Food, Beverage & Lodging Program		0	1,552	1,552	3,104
Lab Certification Program		0	186	186	372
Plumbing Program		0	250	250	500
Well Management Program		0	356	601	957
Total	**22,005**	**21,742**	**24,316**	**24,815**	**49,131**
Expenditures by Fund					
Direct Appropriations					
Environment & Natural Resource	75	188	0	0	0
General	9,211	9,578	9,118	9,118	18,236
State Government Spec Revenue	16,747	25,694	24,316	24,815	49,131
Remediation	179	221	0	0	0
Open Appropriations					
State Government Spec Revenue	135	164	164	164	328
Statutory Appropriations					
Drinking Water Revolving Fund	479	479	658	658	1,316
Special Revenue	5,562	6,396	6,367	6,257	12,624
Federal	34,368	40,117	36,659	36,648	73,307
Gift	45	99	31	31	62
Total	**66,801**	**82,936**	**77,313**	**77,691**	**155,004**

Dollars in Thousands

	Current		Governor Recomm.		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
Expenditures by Category					
Total Compensation	38,468	45,555	46,240	46,443	92,683
Other Operating Expenses	22,400	31,724	26,728	26,903	53,631
Payments To Individuals	1	0	0	0	0
Local Assistance	5,932	5,657	4,545	4,545	9,090
Transfers	0	0	(200)	(200)	(400)
Total	**66,801**	**82,936**	**77,313**	**77,691**	**155,004**
Expenditures by Activity					
Environmental Health	28,569	38,613	35,280	35,769	71,049
Infect Disease Epid Prev Cntrl	22,870	24,841	23,188	23,088	46,276
Public Health Laboratory	11,975	15,711	15,074	15,063	30,137
Office Emergency Preparedness	3,387	3,771	3,771	3,771	7,542
Total	**66,801**	**82,936**	**77,313**	**77,691**	**155,004**
Full-Time Equivalents (FTE)	**592.3**	**621.2**	**634.5**	**634.5**	

Activity Description

The Environmental Health (EH) activity protects Minnesota residents and visitors from exposures to environmental hazards in water, air, food, and land. This activity assures that Minnesotans have safe drinking water and food, and are protected from hazardous materials in their homes and in the environment. EH also identifies emerging environmental health issues, implements public health prevention activities for those issues that sound science indicates are a public health threat.

Population Served

EH serves the entire population of Minnesota by ensuring that all Minnesotans have clean drinking water, safe food, sanitary lodgings, and protection from hazardous materials in their environment.

Services Provided

Protect the quality of drinking water.

⇒ Monitor public drinking water systems.
⇒ Monitor and inspect water well construction and sealing.
⇒ Inspect swimming pool construction and plumbing installations.
⇒ License professions whose work impacts drinking water.
⇒ Provide technical assistance and training to communities and citizens.

Protect the safety of food.

⇒ Inspect and monitor restaurants to ensure safe food handling.
⇒ Certify professionals in food safety to manage restaurants.
⇒ Monitor and provide technical assistance to local delegated food inspection programs.
⇒ Educate citizens regarding safe handling of food.
⇒ Develop guidelines for the safe consumption of fish from our lakes and streams.

Protect the quality of indoor environments.

⇒ Establish health standards and specify abatement methods for lead in paint, bare soil, dust, and water.
⇒ License professions who work with lead.
⇒ Educate citizens, communities, and medical professionals on the dangers of lead.
⇒ Monitor the exposure of children and adults to lead across the state.
⇒ Issue guidelines on the screening, case management, and clinical treatment of children exposed to lead and screening for lead in pregnant women.
⇒ Focus attention on children to ensure that they are protected from exposures to harmful chemicals and other environmental health hazards in the built environment of their homes and schools.
⇒ Develop and implement a birth defects information system to better understand, treat and prevent birth defects.

Activity at a Glance

- ♦ Maintain national recognition for well-managed environmental health regulatory programs.
- ♦ Continue the decline in the number of children with elevated blood lead levels.
- ♦ Ensure compliance among asbestos contractors (current rate is 96%).
- ♦ Ensure compliance among operators of x-ray equipment in Minnesota (current rate is 80%).
- ♦ Monitor 8,300 public water supply systems that provide drinking water to Minnesota citizens and visitors. In 2003, only 23 systems had levels of contaminates that caused concern.
- ♦ Assess the water source of all public water supply systems to determine their susceptibility to contamination.
- ♦ Ensure compliance with food safety in restaurants. In 2003, 80% of restaurants were inspected, and 25% of observed violations were repeat violations.
- ♦ Provide awareness training related to the health and safety risks associated with methamphetamine labs. Onsite presentations to over 10,000 people including health care, law enforcement, social services and drug treatment professionals, county commissioners, and the general public were given in 2003.

Historical Perspective

Protecting public health has been the mission of the Minnesota Department of Health since the first public health laws were passed in 1872. These early laws focused on providing safe drinking water, sewage disposal, wastewater treatment, and milk sanitation. Our efforts to safeguard the quality of food and water were instrumental in controlling diseases like cholera and typhoid fever, which are spread by poor sanitation. These diseases are still a major problem in many parts of the world. Today, we continue our prevention efforts to ensure the health and safety of Minnesotans at home, at work, and in public places.

EH has responded to many natural disasters, such as floods and tornados. Our primary role is to provide services essential for protecting and ensuring the well being of the people in those areas affected by the disaster, with an emphasis on prevention and control of communicable diseases. During the past decade, when Minnesota flood victims returned to their homes, they turned to EH for guidance. For example, we provided more than 5,000 free water test kits to make sure that drinking water from private wells was safe. We also provided information on cleaning homes, water treatment plants, schools, restaurants, and other facilities to return them to a safe and sanitary condition. We are using this experience to strengthen and enhance the ability of the public health system as we prepare to respond to potential biological, chemical and radiological acts of terrorism.

Key Measures

⇒ Prevent ground water contamination by increasing the number of abandoned wells that are sealed

	History	History	Current	Target
	1987	1995	2004	2007
Number of wells sealed (cumulative)	3,275	77,375	180,000	210,000

Source: MDH Well sealing records, reported as required by licensed well contractors

Note: Minnesota has an estimated 750,000 abandoned wells. Sealing of abandoned wells often occurs as a result of a property transfer or when a new well is drilled (about 12,000 to 13,000 new wells per year). A question regarding abandoned wells is asked on disclosure forms used by realtors; educational materials are available on the EH website.

⇒ Increase the number of counties that have implemented meth-specific ordinances to assure safe cleanup of homes and other buildings

	History	History	Current	Target
	2001	2003	2004	2007
Total # of counties with adopted methamphetamine ordinances	1	6	26*	87

Source: MDH Environmental Surveillance and Assessment Program

*55 more counties have methamphetamine ordinances in development

⇒ Decrease the number of children with elevated (above 10 ug/dl) blood lead levels

	History	Current	Target
	1995	2003	2010
Elevated blood lead reported to MDH	11.6%	2.7%	0%

Source: MDH Environmental Impact Analysis Unit Data

⇒ Improve food safety by increasing the percent of food establishments that have trained and certified food managers (CFM) as a method to reduce critical violations of the food code

	History	History	Current	Target
	2000	2001	2003	2007
Food establishments with a CFM	0	74%	85%	92%

Source: MDH Environmental Health Services Program

Activity Funding

Environmental Health is funded by appropriations from the State Government Special Revenue Fund (over 50% of funds are from this source) and the General Fund, in addition to federal funds, Special Revenue funds, Drinking Water Revolving funds, and other miscellaneous funds.

Contact

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Dollars in Thousands

	Current		Governor's Recomm.		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
Expenditures by Fund					
Direct Appropriations					
Environment & Natural Resource	75	188	0	0	0
General	2,361	2,617	2,514	2,514	5,028
State Government Spec Revenue	13,391	20,209	19,550	20,049	39,599
Remediation	179	221	0	0	0
Open Appropriations					
State Government Spec Revenue	135	164	164	164	328
Statutory Appropriations					
Drinking Water Revolving Fund	479	479	658	658	1,316
Special Revenue	1,887	1,993	1,900	1,901	3,801
Federal	10,059	12,729	10,493	10,482	20,975
Gift	3	13	1	1	2
Total	**28,569**	**38,613**	**35,280**	**35,769**	**71,049**
Expenditures by Category					
Total Compensation	18,141	22,420	22,801	22,942	45,743
Other Operating Expenses	9,556	15,676	12,200	12,548	24,748
Local Assistance	872	517	479	479	958
Transfers	0	0	(200)	(200)	(400)
Total	**28,569**	**38,613**	**35,280**	**35,769**	**71,049**
Full-Time Equivalents (FTE)	**278.9**	**304.1**	**315.4**	**315.4**	

Activity Description

The Infectious Disease Epidemiology, Prevention and Control (IDEPC) activity provides statewide leadership to protect Minnesotans against the threats posed by infectious diseases. IDEPC conducts disease surveillance to detect outbreaks; investigates and controls epidemics; develops, implements and monitors the effectiveness of disease prevention and control programs for tuberculosis (TB), vaccine preventable diseases, sexually transmitted diseases (STD) and HIV infection; and educates both health care professionals and the public on the prevention and control of infectious diseases. IDEPC plays a central role in preparing for and responding to the threat of biological terrorism.

Population Served

All residents of Minnesota. Specific target populations include infants and children; adolescents; high-risk adults; refugees, immigrants and other foreign-born individuals; restaurant workers; and patients in hospitals and long-term care facilities.

Services Provided

Conduct preparation activities for biological terrorism and other public health emergencies.

⇒ Develop and maintain statewide pandemic influenza, mass vaccination and mass antibiotic distribution plans.
⇒ Monitor for unusual patterns of respiratory illness on a daily basis.
⇒ Establish systems to implement isolation and quarantine provisions of the Minnesota Emergency Health Powers Act.

Monitor disease trends.

⇒ Collect disease reports supplied by hospitals, laboratories, and physicians.
⇒ Prepare summary reports for health care providers, policymakers, and the public.
⇒ Conduct specialized studies on diseases of high concern to the public and the medical community.

Identify and control disease outbreaks.

⇒ Analyze data to detect outbreaks, identify the source, and implement control measures.
⇒ Alert health professionals and the public about outbreaks, informing them on control measures.
⇒ Assist medical care professionals in managing persons ill with or exposed to infectious disease, including the interpretation of test results.
⇒ Maintain food-borne illness hotline to receive citizen complaints and detect outbreaks.

Manage disease prevention and control programs.

⇒ Manage treatment of and provide medications for TB cases to prevent spread of disease.
⇒ Distribute publicly purchased vaccines for children whose families are unable to afford vaccines.
⇒ Provide leadership for development of a statewide immunization information collection system.
⇒ Investigate cases of HIV, STD, TB and other communicable diseases.
⇒ Conduct follow-up to facilitate treatment and counseling to prevent disease transmission.

Activity at a Glance

- Continue to develop and test systems to respond to acts of biological terrorism and other public health emergencies.
- Respond to worldwide Severe Acute Respiratory Syndrome (SARS) outbreaks (received up to 45 calls a day from clinicians regarding possible SARS in patients in 2003).
- Investigate intestinal disease outbreaks (over 4,000 persons were affected in 2003).
- Provide funding for STD testing (Minnesota Department of Health (MDH) funded clinics tested over 32,000 people for STDs in 2003, treating over 2,000 cases of disease).
- Provide funding for HIV testing (MDH-funded programs tested 9,600 people for HIV in 2003).
- Coordinate programs to immunize 65,000 babies born annually against meningitis, measles and other serious infectious diseases.
- Manage treatment for TB cases (214 in 2003 and evaluated 1,432 contacts to cases).
- Investigate the spread of West Nile virus in Minnesota (148 cases in 2003 including four deaths).
- Respond to calls from the public regarding influenza vaccine (In 2003 responded to over 5,000 calls in one week).

⇒ Coordinate testing of persons in contact with persons who have TB or sexually transmitted diseases.
⇒ Coordinate medical screening programs for newly arrived refugees.

Provide education for health care professionals and the general public on identification, prevention, transmission and treatment for persons at risk for or affected by disease.

⇒ Furnish information to medical providers on current management of infectious diseases. This information is provided on the web, through publications and by direct telephone consultation services (24/7 on-call system).
⇒ Develop and implement health education programs for high-risk populations.
⇒ Provide information to the public on disease testing, treatment and prevention methods.

Provide grants to local public health agencies and nonprofit organizations.

⇒ Administer grant contracts, including 39 agencies to deliver HIV/STD health education and risk reduction interventions, 11 HIV and 12 STD testing sites, and 19 grants to eliminate racial and ethnic health disparities.
⇒ Evaluate performance of grantees based on performance standards.

Involve high-risk communities, the medical community and concerned citizens in assessing, planning, implementing, and evaluating solutions to infectious disease problems that affect them. Examples include:

⇒ The Minnesota Immunization Practices Advisory Committee advises MDH on immunization policy.
⇒ The TB Advisory Committee advises MDH on TB program planning and policy.
⇒ An HIV/STD community advisory body advises MDH on a comprehensive HIV prevention plan.
⇒ The Immigrant Health Task Force, jointly sponsored with the Department of Human Services, promotes quality, comprehensive, and culturally competent health care for recent immigrants in Minnesota.

Support work of local public health agencies to provide services to their populations.

⇒ Provide technical support to localities for dealing with local outbreaks or disease control issues.
⇒ Provide guidelines and technical assistance in developing local programs.

Provide guidelines and standards to develop preparedness and emergency response plans (including biological terrorism) for local health departments, hospitals, and other agencies.

Historical Perspective

The following are some major trends in the division's activities:

⇒ In the 1980s, decreased federal funding for childhood immunization programs led to low immunization rates. A nationwide measles outbreak occurred in 1989-1991. Minnesota reported 559 measles cases with three deaths. With increased focus on immunizing every baby, only 54 measles cases have occurred in the last 10 years. Immunization prevents blindness, deafness, mental retardation, and congenital heart disease, substantially reducing the need for state support for life-long care of the disabled. The Centers for Disease Control and Prevention (CDC) estimates that $14 is saved for every $1 spent on immunizations alone.
⇒ HIV prevention activities have contributed to the decline of over 50% in new HIV infections over the past 10 years, from 731 new cases in 1993 to 340 in 2003. Preventing HIV infection and AIDS cases provides enormous cost savings to both governmental and private health care funding sources. The annual cost of providing medical care for an HIV infected person averages $24,000. Society saves $12 for every $1 spent on detecting and treating sexually transmitted diseases. As a result in the decrease in new HIV infections over the last 10 years, Minnesotans have saved at least half a billion dollars in medical expenses.
⇒ The number of confirmed food-borne disease outbreaks has increased substantially over the past 11 years, from 12 in 1990 to 46 in 2002. This increase is due to changes in food production, food processing, and eating habits as well as finding more outbreaks through improved disease surveillance and new laboratory testing methods. The MDH estimates that 450,000 cases of food-borne illness occur each year in Minnesota. Two Minnesotans died from food-borne illness in 2003.
⇒ IDEPC led Minnesota's response to emerging infectious diseases, including West Nile Virus, Monkeypox and SARS in the last two years.

Key Measures

⇒ Ensure children get a healthy start in life by increasing on-time immunization rates among all children. Delays in immunizations increase the risk of infection and complications from communicable diseases.

	History		Most Recent Available	Target
	1992-93	1996-97	2001-02	2010
4 months	86.2%	89.6%	93%	90%
6 months	74.9%	80.2%	87%	90%
8 months	64.2%	70.9%	81%	90%
16 months	56.7%	65.1%	78%	90%
20 months	45.6%	54.7%	75%	90%
24 months	60.7%	68.4%	81%	90%

Source: MDH Retrospective Kindergarten Immunization Survey

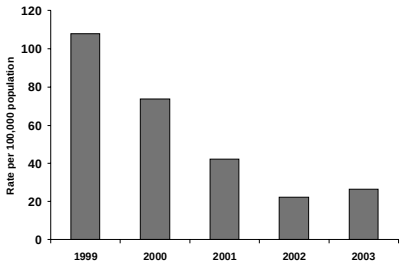
⇒ Increase the percent of new tuberculosis patients that complete therapy within 12 months. Completion of tuberculosis therapy prevents spread and reduces the development of resistant strains of TB.

History	History	Current	Target
1996	2000	2002	2004
63 % (n=78)	79 % (n=136)	84% (n=184)	90 %

Source: MDH Tuberculosis Annual Progress Report

⇒ Increase usage of a new vaccine against Pneumococcus, which causes meningitis and blood poisoning. This vaccine has reduced serious Pneumococcus infections in children less than two years by 69%.

Rates of Invasive Pneumococcal Disease in Children <5 Years of Age, Twin Cities Metropolitan Area, 1999-2003



Rates for 2003 are preliminary, based on 2002 population estimates.
Source: MDH Infectious Disease Surveillance System.

Activity Funding

Infectious Disease Epidemiology, Prevention and Control activity is funded primarily from Federal funds and from appropriations from the General Fund.

Contact

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Budget Activity Summary

Dollars in Thousands

	Current		Governor's Recomm.		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
Expenditures by Fund					
Direct Appropriations					
General	4,707	4,726	4,510	4,510	9,020
State Government Spec Revenue	124	167	157	157	314
Statutory Appropriations					
Special Revenue	722	961	801	701	1,502
Federal	17,275	18,901	17,690	17,690	35,380
Gift	42	86	30	30	60
Total	**22,870**	**24,841**	**23,188**	**23,088**	**46,276**
Expenditures by Category					
Total Compensation	11,590	12,820	12,996	12,996	25,992
Other Operating Expenses	6,621	6,881	6,126	6,026	12,152
Payments To Individuals	1	0	0	0	0
Local Assistance	4,658	5,140	4,066	4,066	8,132
Total	**22,870**	**24,841**	**23,188**	**23,088**	**46,276**
Full-Time Equivalents (FTE)	**172.8**	**175.3**	**175.3**	**175.3**	

Activity Description

The Minnesota Public Health Laboratory (PHL) provides scientific expertise and data used by public health partners for critical intervention and policy decisions regarding biological, chemical, and radiological threats. In addition, the PHL screens all babies born in the state for rare, life-threatening congenital and heritable disorders that are preventable if detected and treated soon after birth. The PHL also certifies all laboratories that conduct regulated environmental testing in Minnesota.

Activity at a Glance

- Analyzed 64,529 clinical specimens for infectious bacteria, viruses, fungi, and parasites in FY 2004.
- Performed 106,419 tests to detect chemical and bacterial contaminants in water, soil, and air in FY 2004.
- Screened 69,457 newborn babies for more than 30 treatable, life-threatening congenital and heritable disorders FY 2004.
- Certified 161 public and private environmental laboratories to assure quality in FY 2004.

Population Served

All residents of Minnesota are served by the PHL. PHL collaborates with local, state and federal officials, public and private hospitals, laboratories, and other entities throughout the state to analyze environmental samples, screen newborns, provide reference testing for infectious isolates, and analyze specimens for diagnosing rare infectious diseases (e.g., rabies).

Services Provided

⇒ Analysis of air, water, wastewater, sludge, sediment, soil, wildlife, vegetation, and hazardous waste for chemical and bacterial contaminants in partnership with local and state government agencies.

⇒ Reference and confirmatory testing of clinical specimens for infectious bacteria, parasites, fungi, and viruses.

⇒ Application of high-tech molecular methods such as DNA fingerprinting, amplification, and sequencing for rapid, early detection of infectious disease outbreaks, and identification of infectious agents.

⇒ Testing of each Minnesota newborn for a variety of treatable congenital and heritable disorders.

⇒ Reference and confirmatory testing of environmental samples using scientific expertise and state-of-the-art methods not available in other laboratories.

⇒ Certification of public and private environmental laboratories that conduct testing for the federal Safe Drinking Water, Clean Water, Resource Conservation and Recovery, and Underground Storage Tank Programs in Minnesota.

⇒ Emergency preparedness and response in collaboration with public health and public safety officials at the local, state, and federal levels to assure early detection and rapid response to all hazards, including agents of chemical, radiological, and biological terrorism.

⇒ Participation on Minnesota's Radiochemical Emergency Response Team, which responds in the event of a release of radioactive chemicals at Minnesota's nuclear power plants.

⇒ Collaboration with the "Minnesota Laboratory System" to assure that public and private laboratories are trained for the early detection of possible agents of chemical and biological terrorism.

Historical Perspective

The Minnesota PHL was first established more than 100 years ago. This was during a time in history when the germ theory of infectious disease was first established and little was known about the impact of environmental contamination on the public's health. In the early 1900s, with development of more sophisticated testing methods and instruments, the PHL became the premier laboratory in Minnesota with the ability to identify environmental hazards and diagnose epidemic infectious diseases. Today, the PHL focuses on surveillance for early detection of public health threats, identification of rare chemical, radiological and biological hazards, emergency preparedness and response, and assurance of quality laboratory data through collaborative partnerships with clinical and environmental laboratories throughout the state.

Key Measures

Protect the public's health by increasing the percentage of Minnesota laboratories able to recognize possible agents of bioterrorism that must be submitted to the State Public Health Laboratory for confirmation.

⇒ Percent of Minnesota laboratories able to recognize possible *Bacillus anthracis (anthrax)*

Current (FY 2002)	Target (FY 2003)	Actual (FY 2003)	Target (FY 2005)
68%	90%	98%	100%

⇒ Percent of Minnesota laboratories able to recognize possible *Brucella species (brucella)*

Current (FY 2002)	Target (FY 2003)	Actual (FY 2003)	Target (FY 2005)
33%	60%	72%	85%

Source: Minnesota Department of Health

Note: The Minnesota Public Health Laboratory provides hands-on laboratory training to staff of laboratories that participate in the Minnesota Laboratory System to assure that they have the ability to recognize possible agents of bioterrorism. Possible agents are sent to the State Public Health Laboratory for further analysis and specific identification. Through this public-private partnership, Minnesota is able to detect and respond rapidly to suspected terrorism events.

⇒ Improve health outcomes for Minnesota newborn babies by increasing the number of congenital and heritable disorders identified and confirmed as positive.

Number of newborns identified with treatable disorders

Historical 1993-2000	Estimate* (FY 2004)	Actual** (FY 2004)	Estimate* (FY 2005)
32-50 (range)	192	85	85

Source: Minnesota Public Health Laboratory

* The estimate is based on the expected incidence of the disorders in the population of newborns screened.

** The 2004 Target of 192 assumed the Minnesota program would begin screening for a disorder referred to as G6PD in 2004. This disorder has not been adopted for screening in Minnesota. The panel of newborn screening experts convened by Health Resources and Services Administration (HRSA) to recommend a universal panel of disorders for screening has not yet added G6PD to the recommended panel for screening.

Note: In 2004, the PHL in partnership with the Mayo Clinic and the University of Minnesota introduced high-tech tandem mass spectrometry to screen newborns for additional treatable congenital and heritable disorders. Early identification and treatment of these disorders is crucial for successful outcomes.

Activity Funding

The Public Health Laboratory is funded by appropriations from the General Fund and State Government Special Revenue Fund and from federal funds and Special Revenue funds.

Contact

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Budget Activity Summary

Dollars in Thousands

	Current		Governor's Recomm.		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
Expenditures by Fund					
Direct Appropriations					
General	2,143	2,235	2,094	2,094	4,188
State Government Spec Revenue	3,232	5,318	4,609	4,609	9,218
Statutory Appropriations					
Special Revenue	2,953	3,442	3,666	3,655	7,321
Federal	3,647	4,716	4,705	4,705	9,410
Total	**11,975**	**15,711**	**15,074**	**15,063**	**30,137**
Expenditures by Category					
Total Compensation	6,937	7,986	8,114	8,176	16,290
Other Operating Expenses	5,038	7,725	6,960	6,887	13,847
Total	**11,975**	**15,711**	**15,074**	**15,063**	**30,137**
Full-Time Equivalents (FTE)	**119.6**	**120.0**	**122.0**	**122.0**	

Activity Description

The Office of Emergency Preparedness (OEP) is the activity within the department established to give strategic leadership, direction, assessment and coordination to activities to ensure statewide readiness, interagency collaboration, local, and regional preparedness for bioterrorism, other outbreaks of infectious disease and other public health threats and emergencies.

The OEP's Bioterrorism Hospital Preparedness Program works to upgrade the ability of Minnesota's hospitals and health care systems to respond to bioterrorism events and other public health emergencies.

The OEP also coordinates the planning and implementation of the Strategic National Stockpile program in the state. This program plans for the receipt and rapid distribution of pharmaceuticals and other medical supplies during a public health emergency.

Activity at a Glance

The OEP coordinates health emergency preparedness efforts within the department and works with the following local, state and federal partners on collaborative planning efforts:

- 51 Community Health Boards
- 11 Tribes
- 141 hospitals
- Other private health care entities, including emergency medical services, primary care clinics, pharmacies, Hennepin County Poison Control
- Local emergency management agencies
- Metropolitan Medical Response System
- Other state agencies, including the Department of Public Safety's Homeland Security and Emergency Management Division and the Department of Agriculture
- Centers for Disease Control and Prevention
- Health Resources and Services Administration

Population Served

All residents of the state of Minnesota are served by this activity. The activity involves local health departments, Indian Tribes, emergency management agencies, National Guard, Emergency Medical Services, Office of Rural Health, police, fire departments, other rescue personnel, health care providers, associations of health professionals, Red Cross, volunteer agencies, the University of Minnesota, and the hospital community in preparedness activities.

Services Provided

To carry out the assigned responsibilities, the OEP performs the following activities:

⇒ Coordinates the strategic direction of health preparedness activities in Minnesota.

⇒ Facilitates cross-discipline planning, development and implementation of the Minnesota Department of Health's (MDH's) All-Hazard Response Plan and the MDH portion of the Minnesota Emergency Operations Plan.

⇒ Assures compliance with requirements of grants from the Centers for Disease Control (CDC) and Health Resources Services Administration (HRSA).

⇒ Leads the planning for the health response to significant health threats.

⇒ Coordinates the planning for the receipt and distribution of Strategic National Stockpile (SNS) assets (pharmaceutical and other medical supplies) in the event of a public health emergency. A key component of the SNS planning is integrating the state plan with regional plans throughout the state.

⇒ Conducts a variety of needs assessments of the public health system capacities related to bioterrorism and other infectious disease outbreaks and emergencies.

⇒ Assesses statutes and regulations within the state and local public health jurisdictions regarding authority for implementing emergency public health measures.

⇒ Operates the Health Alert Network, the MDH tool for timely threat communications to local public health and hospitals.

⇒ Coordinates the development of education and training materials for building the capacity of local public health to respond to threats of terrorism and other infectious disease.

⇒ Administers (in conjunction with the MDH Community Health Division) over $6 million in grants to Community Health Boards and Tribes, and over $6 million in grants to hospitals to build public health and health care preparedness.

⇒ Coordinates the development, planning and implementation of bioterrorism preparedness plans and protocols for hospitals and other health care facilities.

⇒ Coordinates the activities of staff located throughout MDH in implementing grant objectives, and works with local public health partners and others leaders in a variety of related fields to better prepare Minnesota for public health emergencies and response to acts of bioterrorism.

Historical Perspective

The OEP was established in 2002, as required by the first Public Health Preparedness and Response for Bioterrorism grant from the CDC. The OEP has utilized these funds to coordinate emergency preparedness planning efforts within MDH and between MDH and our public health partners. In addition, the OEP has used a grant from the HRSA to coordinate and lead preparedness efforts involving MDH, hospitals, and other partners from the state's public and private health care sector.

Key Measures

Assessment and Training

Assess state and local capacity to respond to a bioterrorism event or other health threat. Based on assessment, implement training and technical assistance to bring capacity to standards set by CDC Bioterrorism and Preparedness and HRSA Bioterrorism Hospital Preparedness Grant Guidances and address Minnesota-specific needs. Build capacity of local public health for just-in-time training by the installation, testing, and use of distance learning technology.

The OEP recently completed an assessment of Minnesota's health workforce to measure their knowledge and skills in emergency preparedness issues. The OEP utilized the results of the 2,774 completed surveys to identify emergency preparedness education and training needs and to develop a plan for addressing those needs.

Planning and Coordination

Develop and test plans for all aspects of local, regional, and statewide incident response in consultation with partners, including hospitals, tribal governments, local public health, emergency management, fire, police, and others who may be involved in response to a health threat. Develop emergency preparedness and response systems to support epidemiology and surveillance systems, the public health laboratory, and risk communication efforts. MDH will exercise and fully test its ability to respond to a public health emergency.

Over the past two years, the OEP has participated in six exercises designed to test components of the MDH emergency response plan. During the next year, the OEP plans to participate in an additional 14 exercises within MDH and in conjunction with state and local partners. The OEP will work with its partners to revise existing plans, based on the issues identified during the exercises.

Communication

Operate the Health Alert Network and enhance the electronic systems that support it. Plan, implement, test, and support communication systems that include: MDH staff 24/7 alert, inter-departmental routine communication of grant related work, inter-agency communication including MDH, DEM, Minnesota Department of Agriculture (MDA), Minnesota Department of Natural Resources (DNR), and others as appropriate, 24/7 alert of local public health and hospital emergency departments, web-based secure site for vital information transactions during a health threat event and routine communication of preparedness related work.

The OEP protects the public health by increasing the percentage of city and county public health agencies (N = 91), Tribes (N = 11) and hospitals (N = 141):

⇒ With high-speed, continuous Internet access and an electronic connection to the Health Alert Network (HAN). Historical and target percentages are listed below.

Partners	1999	2002	Current	Target
City and County Public Health	**79%**	**99%**	**100%**	**100%**
Hospitals	**N/A**	**N/A**	**96%***	**100%**

*Note: The percentage of hospitals meeting this goal is based on a 2004 survey of 114 of the state's 141 hospitals.

⇒ With emergency contacts that are available 24 hours a day, 7 days a week. Historical and target percentages are listed below.

Partners	Current	Target
City and County Public Health	**100%**	**100%**
Tribes	**45%**	**100%**
Hospitals	**100%**	**100%**

⇒ That respond to Health Alerts within two hours. Historical and target percentages are listed below.

Partners	2000	Current	Target
City and County Public Health	**50%**	**100%**	**100%**
Tribes	**N/A**	**64%**	**100%**
Hospitals	**N/A**	**48%**	**100%**

Activity Funding

The Office of Emergency Preparedness is funded solely with federal funds.

Contact

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Budget Activity Summary

Dollars in Thousands

	Current		Governor's Recomm.		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
Expenditures by Fund					
Statutory Appropriations					
Federal	3,387	3,771	3,771	3,771	7,542
Total	**3,387**	**3,771**	**3,771**	**3,771**	**7,542**
Expenditures by Category					
Total Compensation	1,800	2,329	2,329	2,329	4,658
Other Operating Expenses	1,185	1,442	1,442	1,442	2,884
Local Assistance	402	0	0	0	0
Total	**3,387**	**3,771**	**3,771**	**3,771**	**7,542**
Full-Time Equivalents (FTE)	**21.0**	**21.8**	**21.8**	**21.8**	

Program Description

The purpose of the Minority and Multicultural Health Program is to provide leadership across the department and specific programmatic activities within the department to improve health status and to close the gap in health disparities of American Indians and populations of color in Minnesota.

Budget Activities Included:

⇒ Minority and Multicultural Health

Dollars in Thousands

	Current		Governor Recomm.		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
Direct Appropriations by Fund					
General					
Current Appropriation	4,982	4,982	4,982	4,982	9,964
Subtotal - Forecast Base	4,982	4,982	4,982	4,982	9,964
Total	**4,982**	**4,982**	**4,982**	**4,982**	**9,964**
Expenditures by Fund					
Direct Appropriations					
General	5,012	5,051	4,982	4,982	9,964
Statutory Appropriations					
Special Revenue	2	23	0	0	0
Federal	184	389	256	256	512
Federal Tanf	2,304	2,527	2,420	2,420	4,840
Gift	0	1	0	0	0
Total	**7,502**	**7,991**	**7,658**	**7,658**	**15,316**
Expenditures by Category					
Total Compensation	608	679	640	640	1,280
Other Operating Expenses	312	506	319	319	638
Local Assistance	6,582	6,806	6,699	6,699	13,398
Total	**7,502**	**7,991**	**7,658**	**7,658**	**15,316**
Expenditures by Activity					
Minority & Multicultural Hlth	7,502	7,991	7,658	7,658	15,316
Total	**7,502**	**7,991**	**7,658**	**7,658**	**15,316**
Full-Time Equivalents (FTE)	**8.2**	**9.1**	**9.1**	**9.1**	

Activity Description

The Office of Minority and Multicultural Health exists to improve health status and to close the gap in health disparities of American Indians and populations of color in Minnesota.

Population Served

This activity serves the 519,197 Minnesotans who are American Indians, African American, Asian and other non-white races and 143,382 Minnesotans who are Hispanic.

Activity at a Glance

- Continue to track outcomes to measure Minnesota's progress in reducing health disparities.
- Award grants (14 grants in 2004) to address immunizations for adults and children and infant mortality in American Indians and populations of color.
- Award grants (27 grants in 2004) to address breast and cervical cancer, HIV/AIDS and sexually transmitted infections, cardiovascular disease, diabetes, and unintentional injuries and violence in American Indians and populations of color.
- Award grants (18 grants in 2004) to reduce infant mortality through reducing the high rate of teen pregnancies in American Indians and populations of color.
- Mobilize and work with populations of color and American Indians to take responsibility for their own health.

Services Provided

Provide leadership to improve the health status of American Indians and populations of color in Minnesota.

⇒ Develop and implement a comprehensive and coordinated plan to reduce health disparities.

⇒ Promote collaboration and increase communication between state, local, and tribal governments, non-governmental organization and communities of color.

⇒ Develop strategies, programs, and policies to improve health status of people of color.

⇒ Build capacity to meet the needs of people of color in the areas of health promotion, disease prevention, and health care system.

⇒ Coordinate Minnesota Department of Health (MDH) related to minority health issues.

⇒ Promote workforce diversity and cultural competency in workplaces and health care settings.

Support local efforts to improve the health status of American Indians and populations of color in Minnesota.

⇒ Award and manage grants and provide technical assistance to community organizations and tribal governments to address health disparities.

⇒ Assist communities to assess the public health needs of American Indians and populations of color.

⇒ Convene health committees with each community of color and local community meetings regarding minority health issues.

⇒ Work with existing MDH grant programs to increase their impact on closing health disparities gaps.

Ensure valid, available, and reliable data about the health status of American Indians and populations of color in Minnesota.

⇒ Assess risk behaviors associated with health disparities.

⇒ Establish measurable outcomes to track Minnesota's progress in reducing health disparities.

⇒ Support ongoing research and studies regarding health status and concerns of American Indians and populations of color.

⇒ Provide information on the health status of American Indians and population of color to interested parties.

⇒ Improve the recording and reporting of race/ethnicity health-related data.

⇒ Evaluate the efforts of MDH, community organizations and tribal governments to improve the health of American Indians and population of color.

Historical Perspective

The MDH established the Office of Minority Health in 1993 to assist in improving the quality of health and eliminating the burden of preventable disease and illness of populations of color. In 2001 it became Office of Minority & Multicultural Health to reflect the ethnic specific focus on health with a multicultural approach to eliminating health disparities in populations of color and American Indians. The office works collaboratively with other divisions in MDH, other state departments, community-based agencies, health plans and others to address the needs of populations of color and American Indians.

Minnesota's population is becoming increasingly diverse. In the 1980 census, 3.4% of Minnesotans identified themselves as non-white or Hispanic/Latino; in the 2000 census, 10.6% did so.

Minnesota Population Change: 1990-2000

Racial/Ethnic Group	1980 Census	1990 Census	2000 Census[1]	1980-2000 Percent Change
African American	53,344	94,944	171,731	221.9
American Indian	35,016	49,909	54,967	57.0
Asian	32,226	77,886	143,947	346.7
Hispanic	32,123	53,884	143,382	346.4
White	3,935,770	4,130,395	4,400,282	11.8
Total Population[2]	4,075,970	4,375,099	4,919,479	20.7

Source: U.S. Bureau of Census

[1]The population base for 2000 Census data is from Census 2000 Summary File 1 (SF 1) 100 percent Data using the "race alone."
[2]The population count for each racial/ethnic group does not add up to "Total Population" because Hispanic, who can be of any race, are counted in the racial groups and because "Some other race alone" and "Two or more races" categories are excluded from the table.

Disparities in health status between the European majority and other populations in Minnesota have existed for some time, and have, in some cases, been getting worse, not better. These disparities are a result of a complex interplay of many factors, including racism, access to health care, genetics, social conditions, and health behaviors. Populations of color and American Indians experience worse health outcomes and exhibit poorer health status than the white population.

⇒ African Americans: individuals are less likely to have health insurance; infants are much more likely to be born early or too small or to die during infancy; children are less likely to be immunized; girls are much more likely to become pregnant; youths are more likely to die as a result of firearms; individuals are more likely to develop AIDS/HIV; and individuals are more likely to die from diabetes and cardiovascular disease.

⇒ American Indians: individuals are less likely to have health insurance; infants are much more likely to die during infancy; children are less likely to be immunized; youth are much more likely to commit suicide; girls are more likely to become pregnant; individuals are more likely to develop AIDS/HIV; and individuals are more likely to die from diabetes and cardiovascular disease.

⇒ Asian Americans: individuals are more likely to have health insurance, but less likely to use it; children are less likely to be immunized; and individuals are more likely to suffer from stroke.

⇒ Hispanic/Latinos: individuals are less likely to have health insurance; children are less likely to be immunized; youth are more likely to be victims of violence; girls are more likely to become pregnant; are more likely to develop AIDS/HIV; and individuals are more likely to die from diabetes and cardiovascular disease.

Key Measures

⇒ Improve health by decreasing the disparity in infant mortality rates for American Indians and populations of color, as compared to rates for whites.

Number of deaths of live-born infants before age 1, per 1,000 births

	History		Target
	1995-1999	1996-2000	2010
American Indian	13.5	12.2	9.8
Asian/Pacific Islander	7.1	7.0	5.9
Black/African American	13.2	12.7	10.1
Hispanic or Latino	7.0	6.8	6.9
White Population	5.5	5.2	5.5

Source: MDH Center for Health Statistics

⇒ Improve childhood health by decreasing the disparity in childhood immunization rates for American Indians and populations of color, as compared to rates for whites.

Percent of children up-to-date on immunizations by age 2

	History	Current	Target
	1996-97	2001-02*	2010
American Indian	55%	73%	90%
Asian/Pacific Islander	42%	66%	90%
Black/African American	50%	62%	90%
Hispanic or Latino	44%	65%	90%
White	72%	85%	90%

Source: MDH Retrospective Kindergarten Immunization Survey

Activity Funding

The Office of Minority and Multicultural Health is funded from appropriations from the General Fund and from federal funds.

Contact

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Dollars in Thousands

	Current		Governor's Recomm.		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
Expenditures by Fund					
Direct Appropriations					
General	5,012	5,051	4,982	4,982	9,964
Statutory Appropriations					
Special Revenue	2	23	0	0	0
Federal	184	389	256	256	512
Federal Tanf	2,304	2,527	2,420	2,420	4,840
Gift	0	1	0	0	0
Total	**7,502**	**7,991**	**7,658**	**7,658**	**15,316**
Expenditures by Category					
Total Compensation	608	679	640	640	1,280
Other Operating Expenses	312	506	319	319	638
Local Assistance	6,582	6,806	6,699	6,699	13,398
Total	**7,502**	**7,991**	**7,658**	**7,658**	**15,316**
Full-Time Equivalents (FTE)	**8.2**	**9.1**	**9.1**	**9.1**	

Program Description

The purpose of the Administrative Support Service program is to provide the executive leadership and business systems underlying and supporting all of the department's public health programs.

Budget Activities Included:

⇒ Administrative Services
⇒ Executive Office

HEALTH DEPT

Program: ADMINISTRATIVE SUPPORT SERVICE

Program Summary

Dollars in Thousands

	Current		Governor Recomm.		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
Direct Appropriations by Fund					
General					
Current Appropriation	5,414	5,402	5,402	5,402	10,804
Subtotal - Forecast Base	5,414	5,402	5,402	5,402	10,804
Governor's Recommendations					
Operations Support		0	1,208	3,069	4,277
Total	**5,414**	**5,402**	**6,610**	**8,471**	**15,081**
State Government Spec Revenue					
Current Appropriation	0	0	0	0	0
Subtotal - Forecast Base	0	0	0	0	0
Governor's Recommendations					
Adverse Health Event Reporting		0	335	335	670
Total	**0**	**0**	**335**	**335**	**670**
Expenditures by Fund					
Direct Appropriations					
General	5,196	6,387	6,610	8,471	15,081
State Government Spec Revenue	0	0	335	335	670
Statutory Appropriations					
Special Revenue	16,474	17,727	17,958	18,483	36,441
Federal	346	345	345	345	690
Gift	46	78	0	0	0
Total	**22,062**	**24,537**	**25,248**	**27,634**	**52,882**
Expenditures by Category					
Total Compensation	9,377	10,683	11,183	11,754	22,937
Other Operating Expenses	12,685	13,854	14,065	15,880	29,945
Total	**22,062**	**24,537**	**25,248**	**27,634**	**52,882**
Expenditures by Activity					
Administrative Services	19,779	21,556	22,136	24,463	46,599
Executive Office	2,283	2,981	3,112	3,171	6,283
Total	**22,062**	**24,537**	**25,248**	**27,634**	**52,882**
Full-Time Equivalents (FTE)	**144.9**	**146.6**	**147.6**	**147.6**	

Activity Description

Administrative Services provides internal business systems and central support services to all programs of the department in order to make maximum utilization of all agency resources. Critical responsibilities of this activity include the anticipation of and planning for the future. This activity continuously reviews the need for and quality of its services to assure they are provided in the most cost efficient manner.

Activity at a Glance

- Maintain 99.9% availability and functionality of core network infrastructure.
- Recruit new employees annually.
- Pay 99.4% of all vendor invoices in 30 days or less.
- Implement improved physical and systems/ data security at all office facilities.

Population Served

This activity serves all 1,350 employees of the department by providing facilities, human resources, financial, and information technology services; works with the vendors providing goods and services needed to carry out state public health programs; works with grantees receiving funds through the department; works with landlords providing space needed to carry out programs; and works with job applicants seeking employment with the department.

Services Provided

The departmental services provided by this activity are divided into four categories.

Facilities Management

⇒ Manages building operations of all Minnesota Department of Health (MDH) office facilities including physical security, mail distribution, warehousing of materials, and parking.
⇒ Provides administrative support in all MDH district offices across the state.
⇒ Provides centralized procurement of goods and contract services.

Financial Management

⇒ Provides budget planning and development for all departmental resources.
⇒ Manages centralized budget management, accounting, reporting, and cash management.
⇒ Provides monitoring, financial reporting, and technical assistance required for federal grants.

Human Resources

⇒ Manages the recruitment, development and retention of qualified staff.
⇒ Manages all departmental labor relations, employee benefits, and health and safety activities.
⇒ Manages employee compensation and provides payroll services for all departmental staff.
⇒ Manages departmental equal opportunity and affirmative action activities.

Information Systems and Technology Management

⇒ Provides technical expertise, planning, and development of technology systems and data architectures.
⇒ Provides high-level security for all departmental data, systems and communications.
⇒ Manages departmental communications networks and telecommunications systems.
⇒ Manages MDH central networks and infrastructure connecting all employees and 11 building locations.

Key Measures

⇒ M.S. 16A.124 requires that payments to vendors must be made within 30 days receipt of invoice. The Department of Finance has established a statewide goal of 97% of payments made within this time frame.

History	Current	Target
2003	2004	2007
99.45%	99.6%	99.6%

Source: Department of Finance Prompt Payment Report

⇒ The department will increase the percentage of people of color in the MDH workforce by 5% each year.

History	Current	Target
2003	2004	2007
10.8%	10.7%	12%

⇒ The Department of Administration's Office of Technology is advancing project management as a tool to reach IT goals and objectives. MDH has set a goal of 100% for IT projects to be implemented using project management methodologies.

History	Current	Target
2003	2004	2007
15% (est.)	60% (est.)	100%

⇒ The department is implementing methods to measure IT system availability and problem resolution. Detailed information will become available within the next year.

Activity Funding

Administrative Services are funded primarily from Special Revenue funds and from appropriations from the General Fund.

Contact

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Budget Activity Summary

Dollars in Thousands

	Current		Governor's Recomm.		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
Expenditures by Fund					
Direct Appropriations					
General	4,663	5,456	5,830	7,691	13,521
Statutory Appropriations					
Special Revenue	15,116	16,098	16,306	16,772	33,078
Gift	0	2	0	0	0
Total	**19,779**	**21,556**	**22,136**	**24,463**	**46,599**
Expenditures by Category					
Total Compensation	7,691	8,499	8,962	9,476	18,438
Other Operating Expenses	12,088	13,057	13,174	14,987	28,161
Total	**19,779**	**21,556**	**22,136**	**24,463**	**46,599**
Full-Time Equivalents (FTE)	**121.6**	**121.9**	**121.9**	**121.9**	

Activity Description

The Commissioner's Office provides the vision and strategic leadership for creating effective public health policy for the state of Minnesota. It also oversees the management of the entire agency, including administrative functions and the department's six divisions. It carries out its mission in partnership with a wide range of external organizations that help to promote and protect the health of all Minnesotans.

Several key functions take place through the Commissioner's Office, including planning, policy development, government relations, library services, and communications.

Activity at a Glance

- Conduct strategic leadership and planning for the department
- Coordinate government relations and policy development
- Provide department-wide library services
- Coordinate internal and external communications and public awareness

Population Served

The department's 1,300 employees work to protect and promote the health of all Minnesotans. The department carries out its mission in close partnership with local public health departments, other state agencies, elected officials, health care and community organizations, and public health officials at the federal, state, and local levels.

Services Provided

Executive Leadership and Strategic Planning

⇒ The Commissioner's Office develops and implements department policies and provides leadership to the state in developing public health priorities.

⇒ The Commissioner's Office directs the annual development of a set of public health strategies to provide guidance for agency activities and to more effectively engage the department's public health partners.

⇒ The Commissioner's Office also directs the strategic planning and implementation of department-wide initiatives.

Government Relations

⇒ Government Relations is responsible for leading and coordinating state legislative activities and monitoring federal legislative activities to advance the departments' priorities and mission.

⇒ Throughout the legislative session and during the interim, Government Relations is a contact for the public, other departments, legislators, and legislative staff.

⇒ This activity works closely with the governor's office, department divisions, legislators, legislative staff, and other state agencies to communicate the department's strategies and priorities.

Communications

⇒ The Communications Office is responsible for leading and coordinating communications on statewide public health issues and programs.

⇒ The office works closely with the news media, including issuing an average of 75 news releases and responding to thousands of media inquiries each year.

⇒ The office also manages the department's website and helps to coordinate community out-reach.

Library Services

⇒ Library Services is responsible for locating, organizing, sharing and distributing information; coordinating the purchase of books and journals; and assisting clients' research in library materials, databases and the Internet.

⇒ The R.N. Barr Library provides access to information for Minnesota Department of Health (MDH) staff, local public health agencies, and school nurses. The public is welcome to use materials onsite. This library also distributes posters, pamphlets, brochures, and other department publications.

⇒ The Audiovisual Library has a large collection of videos on health-related subjects that is available to the public.

Activity Funding

The Executive Office is funded from appropriations from the General Fund and from Special Revenue Funds.

Contact

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Dollars in Thousands

	Current		Governor's Recomm.		Biennium
	FY2004	FY2005	FY2006	FY2007	2006-07
Expenditures by Fund					
Direct Appropriations					
General	533	931	780	780	1,560
State Government Spec Revenue	0	0	335	335	670
Statutory Appropriations					
Special Revenue	1,358	1,629	1,652	1,711	3,363
Federal	346	345	345	345	690
Gift	46	76	0	0	0
Total	**2,283**	**2,981**	**3,112**	**3,171**	**6,283**
Expenditures by Category					
Total Compensation	1,686	2,184	2,221	2,278	4,499
Other Operating Expenses	597	797	891	893	1,784
Total	**2,283**	**2,981**	**3,112**	**3,171**	**6,283**
Full-Time Equivalents (FTE)	**23.3**	**24.7**	**25.7**	**25.7**	

Dollars in Thousands

	Actual FY2004	Budgeted FY2005	Governor's Recomm. FY2006	Governor's Recomm. FY2007	Biennium 2006-07
Non Dedicated Revenue:					
Departmental Earnings:					
State Government Spec Revenue	30,527	30,998	34,433	36,588	71,021
Other Revenues:					
General	231	3	3	3	6
Federal Tanf	(9)	0	0	0	0
Other Sources:					
General	10	0	0	0	0
Health Care Access	101	2	2	2	4
Total Non-Dedicated Receipts	**30,860**	**31,003**	**34,438**	**36,593**	**71,031**
Dedicated Receipts:					
Departmental Earnings:					
Special Revenue	7	0	0	0	0
Grants:					
Drinking Water Revolving Fund	479	479	658	658	1,316
Special Revenue	900	1,063	548	548	1,096
Federal	173,796	187,211	181,002	180,174	361,176
Federal Tanf	5,686	6,289	6,000	6,000	12,000
Other Revenues:					
Special Revenue	33,879	32,965	30,236	30,161	60,397
Federal	431	657	583	583	1,166
Medical Education & Research	75,849	80,754	84,768	84,602	169,370
Miscellaneous Agency	119	175	175	175	350
Gift	158	45	43	43	86
Total Dedicated Receipts	**291,304**	**309,638**	**304,013**	**302,944**	**606,957**
Agency Total Revenue	**322,164**	**340,641**	**338,451**	**339,537**	**677,988**

Federal Grant	Primary Purpose	Budgeted FY 2005	Budgeted FY 2006	Budgeted FY 2007	Related State Spending: Required Match, Maintenance of Effort, Other
Women, Infants, & Children	GI SO GPS GCBO	94,208	91,345	91,345	
Bioterrorism Preparedness	SO GPS GCBO	14,963	14,963	14,963	
Maternal & Child Health Block	SO GPS GCBO	11,760	10,253	10,253	Maintenance of Effort: 6,184
Bioterrorism Funds For Hospitals	SO GPS GCBO	8,543	8,543	8,543	
Medicare	SO	6,000	6,330	6,330	
Immunization And Vaccines For Children	SO GCBO	5,314	4,380	4,380	
National Cancer Prevention & Control Program: National Breast And Cervical Cancer Early Detection Program	SO GPS GCBO	5,063	4,095	4,095	Required Match: 1,387 Maintenance of Effort: 2,036
Drinking Water Revolving Fund	SO GCBO	4,706	3,618	3,618	
Aids Prevention	SO GPS GCBO	3,660	3,297	3,297	
Preventive Health And Health Servces Block Grant	SO GCBO	3,597	3,500	3,500	Maintenance of Effort: 36,661
Emerging Infections Program	SO	3,037	3,515	3,515	
Safe Drinking Water	SO	2,746	2,634	2,634	Required Match: 3,020
National Tobacco Control Program	SO GPS GCBO	1,708	1,376	1,267	Required Match: 1,158
Expanding Lab And Epidemiology Capacity	SO	1,512	1,439	1,439	
Prevention Of Sexually Transmitted Diseases	SO GPS GCBO	1,290	1,098	1,098	
Health Resouces Service Administration, State Hospital Improvement Grant	SO GPS GCBO	1,223	794	794	
National Cancer Prevention & Control Program: National Program Of Cancer Registries And National Comprehensive Cancer Control Program	SO	1,111	1,075	1,075	Required Match: 329 Maintenance of Effort: 721
Diabetes Control	SO GCBO	999	955	955	Required Match: 239
5-A-Day Preschool Plus	SO	953	524	524	
US Environmental Protection Agency Indoor Radon Grant	SO GPS GCBO	927	560	560	Required Match: 560
Commodity Supplemental Food Program	SO GCBO	908	812	812	

Federal Grant	Primary Purpose	Budgeted FY 2005	Budgeted FY 2006	Budgeted FY 2007	Related State Spending: Required Match, Maintenance of Effort, Other
Tuburculosis Cooperative Agreement	SO GPS	841	756	756	
Abstinence Education Block Grant	SO GPS GCBO	836	499	499	Required Match: 460
Rural Hospital Flexibility Program	SO GCBO	817	685	685	
Addressing Asthma	SO	815	700	700	
Fetal Alcohal Syndrom Prevention	SO	739	422	422	
Public Water Supply Emergency	SO	737	128	128	
MN Department Of Education State Plan Grant	SO	697	583	583	
State Planning Grant/Health Insurance*	SO	695	590	590	
Operator Expense Reimbursement	SO	672	672	672	
Childhood Lead Poisoning	SO GPS	600	735	735	
Behavioral Rick Factor Survillance	SO	584	553	268	
Reducing The Burden Of Arthritis	SO GPS GCBO	490	289	289	
Agency For Toxic Substances Disease Registy (Atsdr)	SO	488	421	421	
Promoting Integrated State Health Information Systems	SO	454	300	300	
Sexual Assault Prevent	SO GPS GCBO	429	717	717	
Cardiovascular Health Programs	SO	418	313	313	
Active Surveillance Of Pertussis	SO	360	360	360	
Food Safety: Discovering Novel Causes Of Foodborne Illness	SO	348	348	348	
Traumatic Brain Injury Surveillance Program	SO	343	310	310	
Surveillance Of Intimate Partner Violence	SO	338	338	0	
US Environmental Protection Agency Lead Cooperative Agreement	SO	321	250	250	Required Match: 20
Walk To Health For American Indian Children	SO GCBO	280	0	0	
Community HIV Project	SO	278	150	150	
Aids Surveillance	SO	267	263	263	
Chronic Disease Prevention – Genomics	SO	263	209	209	
Survellance Of Child Maltreatment	SO	260	0	0	

Federal Grant	Primary Purpose	Budgeted FY 2005	Budgeted FY 2006	Budgeted FY 2007	Related State Spending: Required Match, Maintenance of Effort, Other
Applied Research On Antimicrobial Resistance	SO	256	256	256	
Wise Woman	SO	250	250	250	Required Match: 83
Clinical Laboratory Improvement Act(Clia)	SO	248	194	194	
Title X- Family Planning	SO GCBO	244	188	188	
Pregnancy Risk Assessment Monitoring System	SO	224	157	157	
Medical Assistance Health Plan	SO	219	218	218	Required Match: 223
Fire Injury Prevention Program	SO	212	135	50	
Primary Care Cooperative Agreement	SO	212	192	192	
Newborn Hearing/Screening	SO	187	0	0	
Fatal Accident Centinal Event Program	SO	174	152	152	
Injury Prevention Phase 3	SO	174	0	0	
Evaluating Surveillance Methods For Monitoring Atypical HIV Strains	SO	171	171	171	
NE MPLS Community Vermiculite Investigation	SO	160	227	227	
Early Hearing Detection Intervention	SO	159	150	150	
Office Of Rural Health	SO	150	150	150	Required Match: 551
Child Agriculture Safety And Health (CATES)	SO	149	0	0	
Develop Improved Population Based Birth Defects Information	SO GCBO	139	140	140	
Lead Paint Hazard Control	SO	129	55	55	
State System Development Initiative (SSDI)	SO	126	100	100	
Refugee Health	SO GPS	125	125	125	
MN Medical Home Development Project	SO	121	0	0	
Community Integrated Service System	SO	100	100	100	
Comprehensive Healthcare For Women Across The Lifespan	SO	100	100	100	
Assessing The Transmission And Preventon Of MRSA	SO	99	99	99	
Childrens Oral Healthcare Access Program	SO	99	65	65	
Basic Nurse Education & Practice Program	SO	96	0	0	
Surveillance Of Hazardous Substance Emergencies	SO	95	95	95	

Federal Grant	Primary Purpose	Budgeted FY 2005	Budgeted FY 2006	Budgeted FY 2007	Related State Spending: Required Match, Maintenance of Effort, Other
Escape: Child And Adolescent Violence Prevention In Minnesota*	SO	78	78	78	
National Health Service Corp, Loan Repayment Program	GI	78	100	100	Required Match: 133
Wellhead Protection	SO	62	67	67	Required Match: 7
Environmental Interventions To Reduce Allergen Exposure In Pediatric Asthma Patients*	SO	49	0	0	Required Match: 5
MN Center Of Health Statistics	SO GPS	48	0	0	Required Match: 2
Tools For Schools	SO	46	0	0	
Trauma Emergency Medical Services Planning	SO	44	40	40	
Hydrogeologic Barriers Study*	SO	43	43	33	Required Match: 2
US Environmental Protection Agency Lead Development 406(B) Program	SO	30	30	30	
Work Safe, Work Smart	SO	27	0	0	
Traffic Records Coordinating Committee	SO	25	0	0	
Crash Outcome Data Evaluation Systems (CODE)	SO	23	23	23	
Viral Hepatitis Prevention	SO	17	0	0	
Lake Superior Binational Program	SO	3	1	0	
Steps To A Healthier US: A Community-Focused Initiative To Reduce The Burden Of Asthma, Diabetes, And Obesity*	SO GPS	0	1,900	1,900	

Key:
Primary Purpose
SO = State Operations
GPS = Grants to Political Subdivision
GI = Grants to Individuals
GCBO = Grants to Community Based Organizations

Grant Name	Purpose	Recipients	Budgeted State Funds FY 2005	Budgeted Federal Funds FY 2005
Program: Community and Family Health Promotion **Budget Activity: Community and Family Health**				
Local Public Health Grants *M.S. 145A.131*	Develops and maintains an integrated system of community health services under local administration and within a system of state guidelines and standards.	Community Health Boards (county, multi-county, city) 52 grantees	$21,152,000 (GF)	
Indian Health Grants *M.S. 145A.14, Subd. 2*	Provides health service assistance to Native Americans who reside off reservations	Community Health Boards (4 grantees)	$177,000 (GF)	
Migrant Grants *M.S. 145A.14, Subd. 1*	Subsidizes health services, including mobile, to migrant workers and their families	Cities, counties, groups of cities or counties, or non-profit corporations (1 grantee)	$104,000 (GF)	
Local Preparedness Grants	Public health preparedness at the local level	Community Health Boards		$5,289,000
Summer Health Care Internships *M.S. 144.1464*	Summer internship program for high school and college students	Statewide non-profit organization representing health facilities (1 grantee/multiple sub-grantees)	$300,000 (HCAF)	
Community Health Center Grants *M.S. 144.1486*	Increase access to primary and preventive care	Rural non-profit or local government organizations of designated shortage areas	$250,000 (HCAF)	
Loan Forgiveness Program *M.S. 144.1501*	Health education loan forgiveness for physicians, nurses, nurse practitioners, and physician assistants, in rural and urban underserved areas	Average number of grantees-- Physicians (16) Nurses practicing in nursing homes (10) Mid-level providers (8)	$801,000 (HCAF)	
National Health Service Corp *M.S. 144.1487*	Health education loan forgiveness for physicians in rural and urban underserved areas	Physicians (6 grantees per year)	$100,000 (HCAF)	$78,000
Health and Long Term Care Career Promotion Grant Program *M.S. 144.1486*	Develop or implement health and long term care career curriculum for K-12	Consortia of K-12 districts, post-secondary schools and health/long term care employers	$147,000 (HCAF)	
Dentist Loan Forgiveness Program *M.S. 144.1502*	Attract dental students and practicing dentists to serve significant numbers of state public programs and other low income patients	Dentists	$560,000 (GF)	
Rural Hospital Planning & Transition Grant (State) *M.S. 144.147*	Assist with strategic planning; transition projects	Rural hospitals with 50 or fewer beds (12 grantees)	$300,000 (HCAF)	
Rural Hospital Capital Improvement Grant Program *M.S. 256B.195*	Update, remodel, or replace aging hospital facilities and equipment necessary to maintain the operations of small rural hospitals	Rural hospitals with 50 or fewer beds	$1,787,000 (GF)	

Grant Name	Purpose	Recipients	Budgeted State Funds FY 2005	Budgeted Federal Funds FY 2005
Medicare Rural Hospital Flexibility Program/Critical Access Hospital Program	Support Critical Access Hospitals and rural health systems; improve quality	Small rural hospitals, ambulance services, other rural providers		$462,000
Hospital Preparedness Grants	Hospital preparedness planning	Hospitals		$5,852,000
Community Clinic Grant Program *M.S. 145.9268*	Assist clinics to serve low-income populations, reduce uncompensated care burdens or improve care delivery infrastructure	Nonprofit community clinics	$317,000 (GF)	
Small Hospital Improvement Program (SHIP)	Supports small hospital Health Insurance Portability and Accountability Act (HIPAA) compliance, patient safety, quality improvement, and Prospective Payment System (PPS) costs	Rural hospitals of 50 or fewer beds		$1,153,000
Supplemental Nutrition Program for Women, Infants, and Children (WIC) *Child Nutrition Act*	Improve the nutrition status of low-income and high risk pregnant women, infants and children	Government and non-profit organizations; competitive (56 grantees)		$86,676,000
Commodity Supplemental Food Program (CSFP) *Agriculture Appropriations Act*	Provide nutrition information and supplemental foods	Government and non-profit organizations (4 grantees)		$848,000
Maternal and Child Health Block Grant *Title V, SSA and M.S. 145.88 – 145.883*	Supports public health services to low-income, high-risk mothers and children	All community health boards (52 grantees)		$6,827,000
Fetal Alcohol Spectrum Disorders Grant *Laws of MN 2004, Chapter 288, Art. 6, Sec. 27*	Provide prevention and intervention services related to fetal alcohol spectrum disorder	Statewide non-government organization (1 grantee)	$340,000 (GF)	
Fetal Alcohol Spectrum Disorders Community Grants *M.S. 145.9266, Subd. 4*	Prevention and intervention strategies and activities related to fetal alcohol spectrum disorder	Government and non-profit organizations (13 grantees)	$850,000 (GF)	
Suicide Prevention grants *M.S. 145.56*	Increase awareness of and reduce occurrence of suicide	Government and non-profit organizations (13 grantees)	$902,000 (GF)	
Family Home Visiting Program *M.S. 145A.17*	Promote family health and self sufficiency	Community health boards (52 grantees)		$3,762,000 (TANF)
Minnesota Education Now and Babies Later (MN-ENABL) *M.S. 145.9255; Title V, SSA*	Promote sexual abstinence in young teens	Government and non-profit organizations; competitive (23 grantees)	$293,000 (GF) $59,000 (SGSR)	$689,000
Family Planning Special Projects *M.S. 145.925*	Provide pre-pregnancy family planning services to high risk low income individuals	Government and non-profit organizations; competitive (42 grantees)	$3,773,000 (GF)	
Title X *Social Security Act*	Provide pre-pregnancy family planning services to high risk adolescents in Minneapolis	Nonprofit organization (1 grantee)		$213,000
Perinatal Health	Reduce stigma, improve access and provide a continuum of care for perinatal mental health	Community Health Boards		$120,000

Grant Name	Purpose	Recipients	Budgeted State Funds FY 2005	Budgeted Federal Funds FY 2005
Program: Community and Family Health Promotion **Budget Activity: Health Promotion and Chronic Disease**				
Tobacco Use Prevention *M.S. 144.395-396*	Reduce youth tobacco use	Government, non-profit, and for-profit entities; competitive	$3,280,000 (GF- ongoing) $2,817,000 (MSR one-time)	450,000
Health Risk Behaviors	Promote physical activity through the MN public health system and its partners to improve the overall health of people in Minnesota	Non-government organization (1 grantee)		$50,000
Diabetes Control *M.S. 144.697, Subd. 1*	Implement and summarize the results of the diabetes clinical quality improvement study	Non-government organization (1 grantee)		$98,000
Reducing Arthritis	Increase the quality of life and decrease health care costs for persons with arthritis through strategies in early identification, self-management and health communications	Counties and non-government organizations		$142,000
Poison Control *M.S. 145.93*	Identify appropriate home management or referral of cases of human poisoning; provide statewide information and education services	Government, non-profit and for-profit organizations; competitive (1 grantee)	$1,150,000 (GF)	$250,000
Sexual Assault Prevention *M.S. 144.697, Subd. 1*	Prevent sexual assault, provide services to victims of sexual assault, provide public education regarding sexual assault	Interagency agreement; 1 grantee with competitive sub-grants to government organizations, schools, non-profit organizations		$167,000
Breast and Cervical Cancer Prevention Program *M.S. 144.671 and M.S. 145.928*	Breast and cervical cancer screening, diagnostic and follow-up services	Private and community clinics and other health care providers	$424,000 (GF)	$2,177,000
Breast and Cervical Cancer Prevention Program *M.S. 144.671 and M.S. 145.928*	Recruitment/outreach activities to increase and provide breast and cervical cancer screening	Community Health Boards, private and community clinics	$103,000 (GF)	$642,000
Program: Policy Quality and Compliance **Budget Activity: Health Policy, Information and Compliance Monitoring**				
Medical Education and Research Cost (MERC) Trust Fund *Laws of MN 2003, 1SS, Chapter 21, Sec. 9, Subd. 10*	The MERC trust fund was established to address the increasing financial difficulties of Minnesota's medical education and medical research organizations	Eligible applicants are accredited medical education teaching institutions, consortia, and programs operating in Minnesota (21 grantees)	$76,437,000 (multiple funding sources)	

Grant Name	Purpose	Recipients	Budgeted State Funds FY 2005	Budgeted Federal Funds FY 2005
Dental Innovations Grants *Laws of MN 2003, 1SS, Chapter 21, Sec. 9, Subd. 10*	To promote innovative clinical training for dental professionals and programs that increase access to dental care for underserved populations	Eligible applicants are sponsoring institutions, training sites, or consortia that provide clinical education to dental professionals	$6,693,000 (MERC funds)	
Health Services Research Interns	Placement of U of MN MS students in internships performing health services research	U of MN, Health Services Research and Policy	$12,000 (HCAF)	
Doctoral Research Project	Improve the analysis and usefulness of public health data and it's impact on public health policy	Non-government organization		$1,000
Program: Health Protection **Budget Activity: Environmental Health**				
Drinking Water Protection – Youth Education	Develop and implement youth education curriculum and training sessions for teachers	American Water Works Association	$10,000 (SGSR)	
Drinking Water Technical Assistance *M.S. 144.383*	Provides technical assistance to owners and operators of public water systems	Minnesota Rural Water Association		$336,000
State Lead Safe Housing Grant *M.S. 144.9507, Subd. 3*	For costs related to relocation of families needing lead safe housing	Local Public Health Agencies (typically 2 grantees)	$25,000 (GF)	
Federal Centers for Disease Control Lead Poisoning Prevention Grant/Contract	Increase prevention, detection and case management of children exposed to lead	Local Public Health Agencies performing lead prevention and/or surveillance (2 grantees)		$25,000
Federal Environmental Protection Agency States Indoor Radon Grant (SIRG)	For public education and targeted outreach on radon testing, mitigation, and radon resistant new construction	Priority is given to Local Public Health Agencies that have received EPA radon training (14 grantees)		$108,000
Population-based birth defects	Review existing information and identify services for, and prevention of birth defects	Minneapolis Medical Foundation and Children's Hospital (2 grantees)		$13,000
Program: Health Protection **Budget Activity: Infectious Disease Epidemiology, Prevention, and Control**				
Refugee Health	Coordination of Refugee Health Assessments	Counties resettling the largest number of refugees (5 grantees)		$50,000
Eliminating Health Disparities—Refugee Health	Health screening and follow-up services for foreign-born persons	All Community Health Boards are eligible	$250,000 (GF)	
Immunization Registries	To establish/maintain immunization registries	Seven community-based registries and four local public health agencies		$804,000

Grant Name	Purpose	Recipients	Budgeted State Funds FY 2005	Budgeted Federal Funds FY 2005
DHS Refugee Health Reimbursement	To reimburse public and private providers for refugee health assessments completed upon arrival to the United States	Community Health Boards (3 grantees) and any private clinic providing services to newly arrived refugees		$225,000
Perinatal Hepatitis B	Screening services for perinatal hepatitis B	St. Paul/Ramsey, Hennepin counties (2 grantees)		$183,000
Tri-project grants	Case management for perinatal hepatitis B, clinic site visits by local public health staff to check vaccine storage and handling, review immunization practices, and audit pediatric immunization records	Community Health Boards		$449,000
Tuberculosis Program	Tuberculosis outreach services	Local public health agencies (4 grantees)		$110,000
Prevention and Treatment of Sexually Transmitted Infections *M.S. 144.065*	Test high risk individuals for STDs	Local health agencies and community-based organizations and clinics		$463,000
AIDS Prevention Grants *M.S. 145.924*	Health education/risk reduction and HIV testing for high-risk individuals	Community-based organizations, clinics (24 grantees)	$1,304,000 (GF)	$1,302,000
Program: Minority and Multicultural Health **Budget Activity: Minority and Multicultural Health**				
Local Public Health Grants for Tribal Governments	Develops and maintains an integrated system of American Indian tribal health services under tribal administration and within a system of state guidelines and standards.	American Indian Tribal Governments	$1,079,000 (GF)	$420,000 (TANF)
Eliminating Health Disparities Initiative Grants	Improves the health of the four minority racial/ethnic groups in MN (American Indians, Asian Americans, African Americans, Latinos/Hispanics). Grants focus on 7 health priorities.	Eligible applicants are local/county public health agencies, community based organizations, faith-based, and tribal governments.	$3,200,000 (GF)	$2,107,000 (TANF)