

Agency Purpose

The statutory mission of the Minnesota Department of Health (MDH) is to protect, maintain, and improve the health of all Minnesotans. MDH approaches its work through core agency values of integrity, collaboration, respect, science-based decision making, and accountability.

MDH is the state's lead public health agency, responsible for operating programs that prevent infectious and chronic diseases, promote clean water, safe food, quality health care, and healthy living. The department also plays a significant role in making sure that Minnesota is ready to effectively respond to serious emergencies, such as natural disasters, emerging disease threats, and terrorism.

The department carries out its mission in close partnership with local public health departments, tribal governments, the federal government, foreign countries, and many health-related organizations.

Public health programs contribute to longer, healthier lives. According to the federal Centers for Disease Control and Prevention, public health is credited with adding 25 years to the life expectancy of people in the United States over the past century. Minnesota is consistently ranked one of the healthiest states in the country, in part because of its strong public health system, led by the Minnesota Department of Health.

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 before they occur.

- ◆ Health Care Reform: MDH is the lead agency implementing Minnesota's recently-enacted health reform initiative. The reforms are focused on improving the health of Minnesota's population, improving the effectiveness and efficiency of the health care delivery system, increasing the health status of people with chronic health conditions, and reforming the way we pay for health care services in a way that supports high quality, low cost, efficient health care delivery.
- ◆ 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, diabetes, asthma, cardiovascular disease, and cancer. The department's public health laboratories analyze complex and dangerous biological, chemical, and radiological substances, employing techniques not available privately or from other government agencies.
- ◆ Preparing for Emergencies: MDH works with many partners – including local public health departments, public safety officials, health care providers, and federal agencies – to prepare for significant public health emergencies. The department takes an "all-hazards" approach to planning so that Minnesota is prepared to respond quickly and effectively to any type of public health emergency, ranging from natural disasters to terrorism to an influenza pandemic.
- ◆ Reducing Environmental 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 safety 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 hospitals, health maintenance organizations, 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. The department also reports to consumers on health care quality through the nursing home report card, adverse health events report and other special projects.

At A Glance

- ◆ 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 approximately 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.

- ◆ Promoting Good Health: MDH provides information and services to help people make healthy choices. Eating nutritiously, being physically active and avoiding unhealthy substances, such as tobacco, can help prevent many serious diseases and improve the overall health of the state. The department also 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 occupational safety, injury, and violence prevention.
- ◆ 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:

- ◆ 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.
- ◆ Nursing home inspectors who make sure that elderly citizens are provided with safe and appropriate health care, and are treated with respect and dignity.
- ◆ Environmental engineers who work with cities and towns to assure that municipal water systems provide water that is safe for families to drink.
- ◆ Laboratory scientists who conduct sophisticated tests to detect treatable metabolic errors in all newborn babies.
- ◆ Chronic disease specialists who work with health plans, nonprofit organizations and individuals across the state to develop and implement plans and strategies for preventing and reducing the burden of chronic diseases.
- ◆ Scientists and policy experts who collect and evaluate information about environmental trends, the health status of the public, quality of health services, health disparities, 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 partners with access to current scientific knowledge and is commonly in the form of direct consultation, formal reports, and training.

Budget

MDH receives approximately 85% of its funding from non-general fund resources – the federal government, dedicated fees, the health care access fund, and other revenues. The general fund accounts for the remaining 15% of the budget. Approximately 62% of the budget is “passed through” to local governments, nonprofit organizations, community hospitals, and teaching institutions in the form of grants; 21% represents the cost of the professional and technical staff that carry out the department’s core functions; and 17% is for other operating costs, primarily for technology and space.

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Agency Overview: <http://www.health.state.mn.us/orginfo.html>

Agency Performance Measures <http://www.departmentresults.state.mn.us/health/index.html>

Dollars in Thousands

	Current		Forecast Base		Biennium 2010-11
	FY2008	FY2009	FY2010	FY2011	
<u>Direct Appropriations by Fund</u>					
General					
Current Appropriation	84,814	74,544	74,544	74,544	149,088
Forecast Base	84,814	74,544	71,011	71,011	142,022
Change		0	(3,533)	(3,533)	(7,066)
% Biennial Change from 2008-09					-10.9%
Petroleum Tank Release Cleanup					
Current Appropriation	1	0	0	0	0
Forecast Base	1	0	0	0	0
Change		0	0	0	0
% Biennial Change from 2008-09					-100%
State Government Spec Revenue					
Current Appropriation	43,814	43,767	43,767	43,767	87,534
Forecast Base	43,814	43,767	44,036	44,036	88,072
Change		0	269	269	538
% Biennial Change from 2008-09					0.6%
Health Care Access					
Current Appropriation	14,798	23,168	23,168	23,168	46,336
Forecast Base	14,798	23,168	34,725	40,634	75,359
Change		0	11,557	17,466	29,023
% Biennial Change from 2008-09					98.5%
Miscellaneous Special Revenue					
Current Appropriation	8,550	8,550	8,550	8,550	17,100
Forecast Base	8,550	8,550	8,550	8,550	17,100
Change		0	0	0	0
% Biennial Change from 2008-09					0%
Federal Tanf					
Current Appropriation	11,418	11,733	11,733	11,733	23,466
Forecast Base	11,418	11,733	11,733	11,733	23,466
Change		0	0	0	0
% Biennial Change from 2008-09					1.4%
<u>Expenditures by Fund</u>					
Carry Forward					
State Government Spec Revenue	843	3,625	0	0	0
Health Care Access	296	326	0	0	0
Miscellaneous Special Revenue	382	2,409	0	0	0
Direct Appropriations					
General	80,837	75,352	71,011	71,011	142,022
Petroleum Tank Release Cleanup	1	0	0	0	0
State Government Spec Revenue	36,456	47,250	44,036	44,036	88,072
Health Care Access	11,715	25,342	34,725	40,634	75,359
Federal Tanf	9,997	13,154	11,733	11,733	23,466
Remediation Fund	824	280	0	0	0
Open Appropriations					
State Government Spec Revenue	157	174	174	174	348
Health Care Access	22	32	32	32	64
Miscellaneous Special Revenue	148	254	150	150	300
Statutory Appropriations					
Drinking Water Revolving Fund	474	521	521	521	1,042
Miscellaneous Special Revenue	49,656	59,304	47,361	47,297	94,658
Federal	206,328	210,309	206,706	206,194	412,900
Medical Education & Research	83,885	79,399	86,642	96,489	183,131

Dollars in Thousands

	Current		Forecast Base		Biennium
	FY2008	FY2009	FY2010	FY2011	2010-11
Gift	14	144	0	0	0
Total	482,035	517,875	503,091	518,271	1,021,362

Dollars in Thousands

	Current		Forecast Base		Biennium
	FY2008	FY2009	FY2010	FY2011	2010-11
<u>Expenditures by Category</u>					
Total Compensation	99,306	109,749	105,136	105,268	210,404
Other Operating Expenses	79,228	100,626	79,476	78,074	157,550
Capital Outlay & Real Property	4	0	0	0	0
Payments To Individuals	103,498	109,112	108,766	108,766	217,532
Local Assistance	199,163	192,924	210,288	226,738	437,026
Other Financial Transactions	836	5,464	0	0	0
Transfers	0	0	(575)	(575)	(1,150)
Total	482,035	517,875	503,091	518,271	1,021,362
<u>Expenditures by Program</u>					
Community & Family Hlth Prom0	212,932	229,784	242,108	249,003	491,111
Policy Quality & Compliance	140,155	149,979	139,260	147,866	287,126
Health Protection	98,200	96,821	87,955	87,634	175,589
Administrative Support Service	30,748	41,291	33,768	33,768	67,536
Total	482,035	517,875	503,091	518,271	1,021,362
Full-Time Equivalent (FTE)	1,306.7	1,327.4	1,262.2	1,225.4	

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

- ◆ Community and Family Health
- ◆ Health Promotion and Chronic Disease
- ◆ Office of Minority and Multicultural Health

HEALTH DEPT

Program: COMMUNITY & FAMILY HLTH PROM0

Program Summary

Dollars in Thousands

	Current		Forecast Base		Biennium
	FY2008	FY2009	FY2010	FY2011	2010-11
<u>Direct Appropriations by Fund</u>					
General					
Current Appropriation	49,118	47,928	47,928	47,928	95,856
Technical Adjustments					
Approved Transfer Between Appr			(3,448)	(3,448)	(6,896)
Forecast Base	49,118	47,928	44,480	44,480	88,960
State Government Spec Revenue					
Current Appropriation	870	875	875	875	1,750
Technical Adjustments					
Approved Transfer Between Appr			158	158	316
Forecast Base	870	875	1,033	1,033	2,066
Health Care Access					
Current Appropriation	4,050	5,274	5,274	5,274	10,548
Technical Adjustments					
Approved Transfer Between Appr			(3,586)	(3,586)	(7,172)
Current Law Base Change			20,454	27,531	47,985
One-time Appropriations			(500)	(500)	(1,000)
Forecast Base	4,050	5,274	21,642	28,719	50,361
Federal Tanf					
Current Appropriation	11,418	11,733	11,733	11,733	23,466
Forecast Base	11,418	11,733	11,733	11,733	23,466
<u>Expenditures by Fund</u>					
Carry Forward					
Miscellaneous Special Revenue	32	155	0	0	0
Direct Appropriations					
General	45,029	46,657	44,480	44,480	88,960
State Government Spec Revenue	676	1,466	1,033	1,033	2,066
Health Care Access	404	1,784	21,642	28,719	50,361
Federal Tanf	9,997	13,154	11,733	11,733	23,466
Statutory Appropriations					
Miscellaneous Special Revenue	3,001	4,355	2,872	2,841	5,713
Federal	153,787	162,155	160,348	160,197	320,545
Gift	6	58	0	0	0
Total	212,932	229,784	242,108	249,003	491,111
<u>Expenditures by Category</u>					
Total Compensation	19,269	22,794	22,205	22,445	44,650
Other Operating Expenses	10,497	17,303	12,895	12,947	25,842
Payments To Individuals	102,184	107,208	106,830	106,830	213,660
Local Assistance	80,982	82,479	100,480	107,083	207,563
Transfers	0	0	(302)	(302)	(604)
Total	212,932	229,784	242,108	249,003	491,111

HEALTH DEPT

Program: COMMUNITY & FAMILY HLTH PROM0

Program Summary

Dollars in Thousands

	Current		Forecast Base		Biennium
	FY2008	FY2009	FY2010	FY2011	2010-11
<u>Expenditures by Activity</u>					
Community & Family Health	178,825	190,631	187,753	187,806	375,559
Health Promo & Chronic Disease	26,557	30,686	46,224	53,066	99,290
Minority & Multicultural Hlth	7,550	8,467	8,131	8,131	16,262
Total	212,932	229,784	242,108	249,003	491,111
Full-Time Equivalents (FTE)	251.6	286.4	275.6	267.8	

Activity Description

Through partnerships with local and tribal governments, health care providers, and community organizations, this activity ensures a coordinated state and local public health infrastructure; works to improve the health of mothers, children, and families; promotes access to quality health care for vulnerable and underserved populations; and provides financial support, technical assistance, and accurate information to strengthen community-based health systems.

Population Served

The entire population of the state is served by this activity with special emphasis on: mothers and children (especially those experiencing the greatest disparities in health outcomes) and children with special health care needs and their families.

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 nutrition education and counseling, foods to meet key nutritional needs, and referrals for health and social services.
- ◆ Maintain access to quality health care services by providing statewide grants for pre-pregnancy family planning services and by providing specialized medical assessments to children with chronic illness and disabilities.
- ◆ Improve the health and development of infants and children by supporting programs that provide early, comprehensive and on going screening, intervention and follow up.
- ◆ Improve pregnancy outcomes and enhance the health of pregnant and postpartum women and their infants by supporting programs that encourage early access to prenatal care, provide necessary support services, and increase knowledge of healthy behaviors.
- ◆ Assess and monitor maternal and child health status, including children with special health care needs.
- ◆ Collaborate with the public and private sectors for quality improvement and measurement of health status to ensure accountability.

Activity at a Glance

- ◆ Provide administrative oversight of approximately \$168 million in grant funds.
- ◆ Provide technical and financial assistance to the state's 53 local public health boards.
- ◆ Provide nutrition services and supplemental food to over 140,000 low-income pregnant women and young children.
- ◆ Provide commodity food products to over 14,000 children and seniors each month.
- ◆ Provide prenatal services to almost 11,000 women.
- ◆ Provide family planning services to almost 30,000 individuals.
- ◆ Provide services to more than 7,000 children with special health care needs.

Historical Perspective

The federal Women, Infant and Children (WIC) Program and Title V Maternal Child Health (MCH) Block Grant have long provided a foundation for ensuring the health of Minnesota's mothers and children. 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; improved pregnancy outcomes; early identification and intervention services; oral health promotion; mental health promotion; and obesity reduction. Community and Family Health provides leadership, accountability, resources, and partnerships for continued work on these challenging issues.

The Office of Public Health Practice provides coordination and support to the local public health system which works in tandem with MDH to fulfill public health responsibilities. This interlocking system of state and local effort is critical to mounting an effective response to public health threats. Minnesota has delineated a set of essential local public health activities that characterize local roles for carrying out disease prevention, public health emergency preparedness, environmental health, health promotion, maternal and child health, and connecting people to needed health services.

HEALTH DEPT

Program: COMMUNITY & FAMILY HEALTH PROMOTION

Activity: COMMUNITY & FAMILY HEALTH

Narrative

Key Activity Goals

“All children get a healthy start in life” is a primary goal of this activity. This is one of the department’s identified primary goals and is tracked under department results at www.departmentresults.state.mn.us/health/index.html.

Key Measures

These measures will help us achieve the goal of all children having a healthy start in life.

- ◆ Protect public health by increasing the level of essential local public health activities performed by all local health departments.

History	Current	Target
2006	2008	2010
47%	55%	75%

Source: Minnesota Department of Health

- ◆ Increase the percent of Minnesota parents with a child with a special health care need who report that their child has a “medical home”. A “medical home” in this national telephone survey is defined as comprehensive, recurring medical care from a regular primary health care professional that assures that all the child’s medical and non-medical needs are met.

History	Current	Target
2002	2008	2010
48%	52%	55%

Source: National Survey of Children with Special Health Care Needs – CDC

- ◆ Decrease the percentage of children, ages two to five years, receiving WIC services that are at risk for being overweight or who are overweight. (Body Mass Index [BMI] at or above the 85th percentile).

History	Current	Target
2002	2008	2010
29%	30%	28%

Source: Pediatric Nutrition Surveillance System - CDC

- ◆ Decrease the disparity in infant mortality rates for American Indians and populations of color as compared to whites.

Ethnicity	1995-1999	2001-2005	EHDI Target*
African American	13.2	9.3	9.4
American Indian	13.5	10.3	9.5
Asian/Pacific	7.1	4.8	6.3
Hispanic/Latino	7.0	4.9	6.3
White	5.5	4.4	--

*Target is 50% deduction in disparity between Populations of Color and White rate

Source: Minnesota Department of Health

Activity Funding

This activity is funded primarily from appropriations from the general fund, health care access fund, state government special revenue fund, and from various federal grants.

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HEALTH DEPT

Program: COMMUNITY & FAMILY HLTH PROMO

Activity: COMMUNITY & FAMILY HEALTH

Budget Activity Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium
	FY2008	FY2009	FY2010	FY2011	2010-11
<u>Expenditures by Fund</u>					
Carry Forward					
Miscellaneous Special Revenue	30	0	0	0	0
Direct Appropriations					
General	31,968	32,315	31,708	31,708	63,416
State Government Spec Revenue	633	1,418	1,033	1,033	2,066
Health Care Access	404	1,784	1,642	1,719	3,361
Federal Tanf	7,500	9,970	8,735	8,735	17,470
Statutory Appropriations					
Miscellaneous Special Revenue	471	960	542	543	1,085
Federal	137,818	144,162	144,093	144,068	288,161
Gift	1	22	0	0	0
Total	178,825	190,631	187,753	187,806	375,559
<u>Expenditures by Category</u>					
Total Compensation	8,537	9,910	9,710	9,630	19,340
Other Operating Expenses	6,408	8,813	7,711	7,844	15,555
Payments To Individuals	98,631	103,816	103,876	103,876	207,752
Local Assistance	65,249	68,092	66,456	66,456	132,912
Total	178,825	190,631	187,753	187,806	375,559
Full-Time Equivalents (FTE)	111.2	129.1	124.9	118.5	

Activity Description

The Health Promotion and Chronic Disease Division improves the health of all Minnesotans by implementing 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 statewide programs and policies to reduce the burden of tobacco use, obesity, injuries, cancer, heart disease, stroke, diabetes, asthma, arthritis, oral ill health, and other chronic diseases in Minnesota.

Population Served

This activity serves the entire population of Minnesota. Efforts 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

- ◆ Screened 17,200 low-income women for breast and cervical cancer in FY 2008, at more than 380 clinics across the state.
- ◆ Registered 24,260 newly-diagnosed invasive cancers in the Minnesota Cancer Surveillance System in 2005.
- ◆ Registered almost 7,500 people for the on-line Get Fit Twin Cities 2008 physical activity challenge, which included activity tracking, tips, resources, and incentives.
- ◆ Provided 21 grants in FY 2008 to community organizations and tribes to reduce youth exposure to tobacco influences and create tobacco-free environments.

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

- ◆ Develop and disseminate innovative and effective policy, systems, and environmental health improvement strategies, consistent with best practices and statewide chronic disease prevention and control plans.
- ◆ Support health care providers and systems, public health agencies, community-based organizations, and employers in their prevention efforts.
- ◆ Fund and support community-driven interventions to reduce obesity, the use of tobacco, and exposure to secondhand smoke.
- ◆ Provide information to health care providers and the public about identifying and treating persons at risk for or affected by: cancer, diabetes, heart disease, stroke, asthma, arthritis, and traumatic brain and spinal cord injury.

Monitor the occurrence of cancer, stroke, 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, stroke, cancer, asthma, diabetes, obesity, tobacco use, injuries, and oral health.
- ◆ 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, follow-up cancer diagnostic services, and cardiovascular risk factor screening, referral, and counseling to medically underserved women.
- ◆ 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, stroke, 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.

HEALTH DEPT

Program: COMMUNITY & FAMILY HEALTH PROMOTION

Activity: HEALTH PROMO & CHRONIC DISEASE

Narrative

- ◆ Work with and support health care providers and systems, public health agencies, and other community-based organizations involved in statewide prevention and planning efforts.
- ◆ Support the implementation of statewide plans for heart disease, stroke, cancer, diabetes, asthma, arthritis, oral health, obesity, and injury and violence prevention with multiple partners.

Historical Perspective

Chronic diseases, such as cancer, heart disease, stroke, diabetes, and arthritis, are the leading causes of death and disability in Minnesota. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable; adopting healthy behaviors can prevent or control these diseases. Injuries are also a serious public health problem because of their health impact, including premature death, disability, and the burden on our health care system. Like many chronic diseases, many injuries are preventable.

Key Activity Goals

This activity supports the Minnesota Milestones statewide goal "Minnesotans will be healthy," particularly the indicators for life expectancy, premature death, smoking and tobacco use, and suicide.

Key Activity Measures

- ◆ Reduce deaths from colorectal, cervical, lung, and female breast cancer through improvements in healthy behaviors, screening and treatment. (Mortality rate is number of deaths per 100,000, by year of diagnosis, age-adjusted.)

	History		Current	Target
	2000-01	2003-04	2005-06	2010
Colorectal	18.2	16.8	15.1	13.0
Cervical	1.4	1.8	1.6	1.0
Female Breast	25.7	22.6	21.4	19.0
Lung	46.8	46.5	45.0	44.0

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

- ◆ Improve health by increasing the percent of Minnesota adults who meet national recommendations for healthy weight, physical activity, and fruit and vegetable consumption.

	History		Current	Target
	2003	2005	2007	2018
Healthy Weight	39%	39%	38%	47%
Physical Activity	49%	51%	49%	75%
Fruits & Vegetables	24%	24%	19%	48%

Source: Minnesota Behavior Risk Factor Surveillance 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	2008	2011
Youth tobacco use	39%	34%	29%	avail. in Sept.	23%

Source: MN Youth Tobacco Survey

HEALTH DEPT**Program: COMMUNITY & FAMILY HEALTH PROMOTION****Activity: HEALTH PROMO & CHRONIC DISEASE**

Narrative

- ◆ Eliminate racial and ethnic disparities in the burden of chronic disease and injury.

Breast and Cervical Cancer Screening	History		Current	MN Population 2007
	1995-99	2000-04	2007	
African American	2.5%	3.8%	5.1%	2.8%
American Indian	10.3%	6.4%	7.7%	0.9%
Asian	0.7%	1.1%	2.0%	2.4%
Latino	3.7%	7.7%	16.0%	2.0%

Sources: Sage Screening Program (percentage of women screened) and US Census Bureau population estimates (percentage of Minnesota women ages 40-64)

Heart Disease Mortality Rate	History		Current	2002-06 White Rate
	1995-99	2000-04	2002-06	
African American	221.6	159.4	147.0	146.1
American Indian	263.3	239.7	225.3	
Asian	112.4	71.4	72.5	
Latino	155.5	107.8	74.5	

Source: Deaths reported to the Minnesota Center for Health Statistics

Mortality rate is age-adjusted and per 100,000 population

Diabetes Mortality Rate	History		Current	2002-06 White Rate
	1995-99	2000-04	2002-06	
African American	59.7	54.6	53.4	22.4
American Indian	108.8	86.5	92.7	
Asian	21.1	22.5	20.6	
Latino	37.7	37.5	33.9	

Source: Deaths reported to the Minnesota Center for Health Statistics

Mortality rate is age-adjusted and per 100,000 population

Unintentional Injury Mortality Rate	History		Current	2002-06 White Rate
	1995-99	2000-04	2002-06	
African American	40.7	35.7	32.4	34.8
American Indian	75.8	95.4	88.5	
Asian	36.1	24.0	23.4	
Latino	40.2	31.0	27.9	

Source: Deaths reported to the Minnesota Center for Health Statistics

Mortality rate is age-adjusted and per 100,000 population

Activity Funding

This activity is funded primarily by federal funds and appropriations from the general fund.

Contact

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HEALTH DEPT

Program: COMMUNITY & FAMILY HLTH PROMO

Activity: HEALTH PROMO & CHRONIC DISEASE

Budget Activity Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium 2010-11
	FY2008	FY2009	FY2010	FY2011	
<u>Expenditures by Fund</u>					
Carry Forward					
Miscellaneous Special Revenue	2	155	0	0	0
Direct Appropriations					
General	8,022	9,399	7,837	7,837	15,674
State Government Spec Revenue	43	48	0	0	0
Health Care Access	0	0	20,000	27,000	47,000
Statutory Appropriations					
Miscellaneous Special Revenue	2,516	3,250	2,325	2,293	4,618
Federal	15,969	17,800	16,062	15,936	31,998
Gift	5	34	0	0	0
Total	26,557	30,686	46,224	53,066	99,290
<u>Expenditures by Category</u>					
Total Compensation	10,154	12,120	11,753	12,073	23,826
Other Operating Expenses	3,882	7,932	4,845	4,764	9,609
Payments To Individuals	3,553	3,392	2,954	2,954	5,908
Local Assistance	8,968	7,242	26,974	33,577	60,551
Transfers	0	0	(302)	(302)	(604)
Total	26,557	30,686	46,224	53,066	99,290
Full-Time Equivalents (FTE)	133.4	150.0	144.1	143.5	

Program Description

The Office of Minority and Multicultural Health exists to close the gap in health disparities affecting American Indians and populations of color in Minnesota and to improve the overall health of the state's racially and ethnically diverse communities.

Population Served

This activity serves Minnesota's tribal communities and populations of color. Disparities in health status between European majority and other populations in Minnesota exist. These disparities are a result of a complex interplay of many factors, including cultural barriers, access to health care, genetics, social conditions, and health behaviors.

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.
- ◆ Build capacity to meet the needs of people of color in the areas of health promotion, disease prevention, and the health care delivery system.
- ◆ Promote workforce diversity and cultural proficiency in workplaces and health care settings.

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

- ◆ Award/manage grants and provide technical assistance to community organizations and tribal governments to address racial and ethnic health disparities.
- ◆ Assist communities to assess the public health needs of American Indians and populations of color and to close the Minnesota health disparity gap through solutions grounded in community asset strategies and interventions.
- ◆ Partner with existing Minnesota Department of Health (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.
- ◆ Raise awareness of the recording and reporting of race/ethnicity health-related data.

Historical Perspective

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 in populations of color. In 2001, it became Office of Minority and 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. In 2002, the Eliminating Health Disparities Initiative was launched.

Activity at a Glance

- ◆ Continue to track outcomes to measure Minnesota's progress toward reducing health disparities.
- ◆ Award grants (15 in 2008) to address immunizations for adults and children and infant mortality in American Indians and populations of color.
- ◆ Award grants (52 in 2008) 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 (21 in 2008) to promote healthy youth development by promoting healthy nutrition, and reduce infant mortality by addressing high teen pregnancies rates in American Indians and populations of color.
- ◆ Mobilize and work with American Indians and populations of color to practice healthy lifestyle choices.

HEALTH DEPT

Program: COMMUNITY & FAMILY HEALTH PROMOTION

Activity: MINORITY & MULTICULTURAL HEALTH

Narrative

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 2007 census estimate update, 14.7% did so.

Minnesota Population Change: 1980-2007

Racial/Ethnic Group	1980 Census	1990 Census	2000 Census ¹	2007 Census ¹	Average Annual Percent Change
African American	53,344	94,944	171,731	232,909	13%
American Indian	35,016	49,909	54,967	60,928	3%
Asian	32,226	77,886	143,947	182,473	18%
Hispanic	32,123	53,884	143,382	205,896	21%
White	3,935,770	4,130,395	4,400,282	4,640,074	1%
Total Population²	4,075,970	4,375,099	4,919,479	5,197,621	1%

Source: U.S. Bureau of Census

¹The population base for 2000 and 2005 Census data is using the "race alone."

²The 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.

Key Activity Goals

This activity supports the Minnesota Milestones statewide goal "Minnesotans will be healthy," focusing on reducing racial and ethnic health disparities.

Priority Health Area	Disparity Status by Race/Ethnicity			
	African American	American Indian	Asian	Latino
Breast cancer deaths	Better	Lack of Data	No Disparity	Lack of Data
Cervical cancer deaths	Lack of Data	Lack of Data	No Disparity	Lack of Data
Cardiovascular Disease	Better	Better	Better	Better
Diabetes	Better	Better	Worse	Better
Healthy Youth Development	Better	Better	Better	Better
HIV/AIDS	Worse	Better	No Disparity	Better
Immunizations	Better	Better	Better	Better
Unintentional Injury	Better	Worse	Better	Better

Source: 2007 EHDI Legislative Report

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 one, per 1,000 births

Racial/Ethnic Group	History			Target	Progress
	1989-1993	1995-1999	2000-2004	2010	
American Indian	16.2	13.5	10.2	9.5	
Asian/Pacific Islander	6.2	7.1	5.0	6.3	Met Target
Black/African American	16.5	13.2	9.5	9.4	
Hispanic or Latino	7.3	7.0	5.3	6.3	Met Target
White Population	6.4	5.5	4.5	5.5	Met Target

Source: MDH Center for Health Statistics

HEALTH DEPT

Program: COMMUNITY & FAMILY HEALTH PROMOTION

Activity: MINORITY & MULTICULTURAL HEALTH

Narrative

Activity Funding

The office is funded by appropriations from the general fund and also receives federal funding.

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HEALTH DEPT

Program: COMMUNITY & FAMILY HLTH PROMO

Activity: MINORITY & MULTICULTURAL HLTH

Budget Activity Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium 2010-11
	FY2008	FY2009	FY2010	FY2011	
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	5,039	4,943	4,935	4,935	9,870
Federal Tanf	2,497	3,184	2,998	2,998	5,996
Statutory Appropriations					
Miscellaneous Special Revenue	14	145	5	5	10
Federal	0	193	193	193	386
Gift	0	2	0	0	0
Total	7,550	8,467	8,131	8,131	16,262
<u>Expenditures by Category</u>					
Total Compensation	578	764	742	742	1,484
Other Operating Expenses	207	558	339	339	678
Local Assistance	6,765	7,145	7,050	7,050	14,100
Total	7,550	8,467	8,131	8,131	16,262
Full-Time Equivalent (FTE)	7.0	7.3	6.6	5.8	

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

- ◆ Compliance Monitoring
- ◆ Health Policy

HEALTH DEPT

Program: POLICY QUALITY & COMPLIANCE

Program Summary

Dollars in Thousands

	Current		Forecast Base		Biennium
	FY2008	FY2009	FY2010	FY2011	2010-11
<u>Direct Appropriations by Fund</u>					
General					
Current Appropriation	11,862	8,686	8,686	8,686	17,372
Technical Adjustments					
Approved Transfer Between Appr			2,760	2,760	5,520
Current Law Base Change			(3,926)	(3,926)	(7,852)
Fund Changes/consolidation			146	146	292
Transfers Between Agencies			208	208	416
Forecast Base	11,862	8,686	7,874	7,874	15,748
State Government Spec Revenue					
Current Appropriation	13,469	13,920	13,920	13,920	27,840
Technical Adjustments					
Approved Transfer Between Appr			600	600	1,200
Current Law Base Change			389	389	778
One-time Appropriations			(209)	(209)	(418)
Forecast Base	13,469	13,920	14,700	14,700	29,400
Health Care Access					
Current Appropriation	10,748	17,894	17,894	17,894	35,788
Technical Adjustments					
Approved Transfer Between Appr			3,586	3,586	7,172
Biennial Appropriations			600	0	600
Current Law Base Change			167	(401)	(234)
Fund Changes/consolidation			(146)	(146)	(292)
One-time Appropriations			(9,018)	(9,018)	(18,036)
Forecast Base	10,748	17,894	13,083	11,915	24,998
Miscellaneous Special Revenue					
Current Appropriation	8,550	8,550	8,550	8,550	17,100
Forecast Base	8,550	8,550	8,550	8,550	17,100
<u>Expenditures by Fund</u>					
Carry Forward					
State Government Spec Revenue	785	10	0	0	0
Health Care Access	296	0	0	0	0
Direct Appropriations					
General	12,441	8,771	7,874	7,874	15,748
State Government Spec Revenue	10,436	14,278	14,700	14,700	29,400
Health Care Access	11,311	23,558	13,083	11,915	24,998
Open Appropriations					
Health Care Access	22	32	32	32	64
Miscellaneous Special Revenue	148	254	150	150	300
Statutory Appropriations					
Miscellaneous Special Revenue	17,998	19,405	13,104	13,063	26,167
Federal	2,833	4,230	3,675	3,643	7,318
Medical Education & Research	83,885	79,399	86,642	96,489	183,131
Gift	0	42	0	0	0
Total	140,155	149,979	139,260	147,866	287,126

HEALTH DEPT

Program: POLICY QUALITY & COMPLIANCE

Program Summary

Dollars in Thousands

	Current		Forecast Base		Biennium 2010-11
	FY2008	FY2009	FY2010	FY2011	
<u>Expenditures by Category</u>					
Total Compensation	22,990	25,181	24,234	24,188	48,422
Other Operating Expenses	15,493	21,950	17,751	16,556	34,307
Payments To Individuals	1,304	1,880	1,912	1,912	3,824
Local Assistance	99,532	95,504	95,286	105,133	200,419
Other Financial Transactions	836	5,464	0	0	0
Transfers	0	0	77	77	154
Total	140,155	149,979	139,260	147,866	287,126
<u>Expenditures by Activity</u>					
Compliance Monitoring	24,275	26,748	24,987	24,997	49,984
Health Policy	115,880	123,231	114,273	122,869	237,142
Total	140,155	149,979	139,260	147,866	287,126
Full-Time Equivalents (FTE)	288.7	295.2	275.4	263.2	

Activity Description

The Compliance Monitoring Division monitors compliance with laws and rules designed to protect the health and safety of Minnesota's nursing home residents, home care clients, hospital patients, developmentally disabled clients, enrollees of health maintenance organizations and county based purchasing plans, and clients of certain allied health professional groups.

Population Served

This activity serves patients, consumers, and providers of health care services; 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; investigate complaints against HMOs filed by enrollees and providers.
- ◆ Conduct reviews of requests for set-asides of criminal /maltreatment cases.
- ◆ Approve architectural and engineering plans for all new construction or remodeling of health care facilities to assure that the facilities' physical plants meet life safety and health standards.
- ◆ Conduct annual reviews of at least 15% of Medicaid and private pay residents in certified nursing facilities to verify that payment classification matches acuity needs.
- ◆ 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, and occupational therapists.
- ◆ Regulate HMOs and County Based Purchasing entities to ensure compliance with statutes and rules governing financial solvency, quality assurance, and consumer protection.
- ◆ Respond to several thousand calls annually seeking information and assistance from the health information clearinghouse.
- ◆ Provide information to regulated entities regarding current standards.

Activity at a Glance

- ◆ Monitor 7260 health care facilities and providers for safety and quality
- ◆ Review qualifications and regulate more than 5,000 allied health practitioners
- ◆ Monitor ten health maintenance organizations (HMOs) and three county based purchasing organizations that provide health care services to 1.2 million Minnesotans
- ◆ Conduct hospital and nursing home construction plan reviews.
- ◆ Ensure criminal background checks are conducted on 136,000 applicants for employment in health care facilities.
- ◆ Maintain a registry of more than 53,000 nursing assistants.
- ◆ Maintain the nursing home report card web site, which has had more than 107,000 visits since it was introduced in January 2006.
- ◆ Inspect 350 funeral establishments and license 1300 morticians and funeral directors each year.

Historical Perspective

Housing with services providers are the fastest growing industry in the long-term care arena. This is reflective of consumer desires for less institutional care and more demand for community-based options by the elderly. Compliance monitoring is working with providers, consumer representatives, and advocates to determine the proper alignment of regulatory activities to assure consumers safety while maintaining affordable fees to support the regulation. In addition, division staff members have been involved with numerous projects to develop additional options along a "care continuum," including the "Care Center of the Future" project, the Culture Change Coalition, Transform 2010, and the Community Consortium project.

Key Activity Goals

- ◆ Ensuring quality care in nursing homes and other health care facilities--see department website at <http://www.health.state.mn.us/about/mission.html>
- ◆ Preparing for an aging population--develop regulatory infrastructure that will be needed as we change from nursing homes to home care.

- ◆ Prevent nearly 1,900 persons from working in health care facilities due to past maltreatment, neglect, or other disqualifying activity.

Key Activity Measures

- ◆ Remain below the current national average of 48% of low risk residents that are incontinent and to reduce to 42% by 2013 – see the department results website at: http://www.departmentresults.state.mn.us/health/DeptDetail.htm#Everyone_living_healthy_from_adolescence_into_old_age. This is important because incontinence is often a pivotal factor in determining whether a person can live at home or needs care in a facility. In addition, incontinence increases the risk of skin breakdown and pressure ulcers.
- ◆ Continue to meet the two indicators under the federal Government Performance Results Act (GPRA) for nursing facilities collectively in the state. The first is to have no more than 6.4% of patients whose care assessments indicate the use of physical restraints; Minnesota currently satisfies this overall goal at 3.5%. The second is for no more than 8.8% of patients whose care assessments indicate pressure ulcers; Minnesota currently satisfies this overall goal at 6.1% of residents with pressure ulcers. The additional goal for both measures is to increase compliance so that each nursing home meets these goals.

Activity Funding

This activity is funded primarily by federal funding, the state government special revenue fund and the general fund.

Contact

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HEALTH DEPT

Program: POLICY QUALITY & COMPLIANCE

Activity: COMPLIANCE MONITORING

Budget Activity Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium 2010-11
	FY2008	FY2009	FY2010	FY2011	
<u>Expenditures by Fund</u>					
Carry Forward					
State Government Spec Revenue	478	0	0	0	0
Direct Appropriations					
General	165	171	2,994	2,994	5,988
State Government Spec Revenue	6,197	8,932	9,577	9,577	19,154
Statutory Appropriations					
Miscellaneous Special Revenue	16,997	17,248	12,020	12,030	24,050
Federal	438	397	396	396	792
Total	24,275	26,748	24,987	24,997	49,984
<u>Expenditures by Category</u>					
Total Compensation	15,448	16,021	15,835	15,845	31,680
Other Operating Expenses	8,707	10,727	9,075	9,075	18,150
Local Assistance	120	0	0	0	0
Transfers	0	0	77	77	154
Total	24,275	26,748	24,987	24,997	49,984
Full-Time Equivalent (FTE)	186.1	180.4	170.0	159.7	

Activity Description

The Health Policy Division provides policy research, analysis, design, and implementation of programs and reforms to improve health care value, quality, and accessibility. We promote access to quality, affordable health care for vulnerable, underserved, and rural populations. We streamline and reduce health care administrative burdens and costs; accelerate electronic health records and e-prescribing use; provide financial and technical assistance to community-based health systems; improve vital records data collection and distribution; and support medical professionals' training. We assess and report on population health, adverse health events, the health care marketplace, and workforce issues to help target programs and funding to their best use.

Population Served

We serve all Minnesota citizens, including health care providers, purchasers, payers, and policy makers.

Services Provided

- ◆ Provide support of health reforms, including payment system reforms, performance measurement, and increased transparency of health care quality and cost.
- ◆ Assist health care payers and providers to standardize administrative processes to reduce health care costs.
- ◆ Conduct surveys and perform research to inform policy makers; analyze data to monitor and understand access; health market conditions, trends and competition; health care spending; and capital expenditures.
- ◆ Conduct surveys and report on health status, trends, disparities, health behaviors, conditions, and disease.
- ◆ Collaborate with health care organizations, providers and consumers to provide informatics leadership and technical assistance to meet statutory mandates for use of health information technology.
- ◆ Administer the statewide trauma system, including trauma hospital designations, collection and analysis of trauma data for statewide system improvement, and interagency coordination. Provide consultative and technical expertise to hospitals caring for trauma patients
- ◆ Provides \$40-\$50 million in funds each year to clinical health professional training sites in Minnesota.
- ◆ Maintain statewide access to quality health care services by directing state and federal assistance to Minnesota's safety net health care providers, including community clinics and rural providers.
- ◆ Analyze and report on Minnesota's rural and underserved urban health care delivery system and health workforce in order to focus planning for future needs.
- ◆ Collect information on adverse health events in Minnesota hospitals and ambulatory surgical centers; and provide information to providers, health plans, patients, and others about patient safety in Minnesota.
- ◆ Maintain birth and death records which are needed by citizens who need records for legal purposes and used by researchers to enhance timely response to public health issues.

Activity at a Glance

- ◆ Track and report health care cost growth and trends in the health care marketplace.
- ◆ Produce more than 500,000 legal birth and death certificates each year.
- ◆ Identify e-health standards and best practices required to meet the 2015 interoperable electronic health record mandate.
- ◆ Adopt rules for standard health care electronic transactions for providers and payers.
- ◆ Conduct surveys to determine insurance coverage and access to health care.
- ◆ Monitor and report on the prevalence of adverse events in Minnesota hospitals.
- ◆ Provide grants and loan forgiveness to support medical education activities.
- ◆ Provide grant funding and technical support to health care providers to accelerate the adoption of health information technology.

Historical Perspective

Private and public health care spending in Minnesota totals over \$35 billion annually and is the state's single fastest growing budget item. To fight this trend, the Health Policy Division has significant new responsibilities for implementing health care payment reform, administrative simplification, and e-health mandates. The division gives technical assistance in the development of state health policy by serving as an unbiased source of timely information and analysis to policymakers. The staff monitors key indicators such as the rate of uninsurance, overall health care spending, the rate of growth of health insurance premiums, and the use of health information

HEALTH DEPT

Program: POLICY QUALITY & COMPLIANCE

Activity: HEALTH POLICY

Narrative

technologies (e.g., electronic health records and e-prescribing) to help policy makers understand how and why the health care delivery system changes over time as well as the potential impacts of proposed policy changes.

The division also supports the statewide health care safety net, rural providers, providers in the underserved urban areas, and the statewide trauma system through planning, analysis, and program efforts that support quality patient care, stabilize and strengthen the health care system, build up the health care workforce, encourage regional cooperation, and support information technology development.

Key Goals

The division meets the goals to keep Minnesotans healthy and strengthen our health care system by developing and implementing health reforms and ongoing programmatic efforts designed to: improve health care payment systems to ensure we are paying for superior performance—not just procedures; reduce administrative costs; accelerate standard, interoperable, secure exchange of clinical data to improve health and reduce costs; provide more affordable health coverage arrangements to help more Minnesotans get insured; provide financial and technical assistance to strengthen community-based health systems; improve vital records data collection and analysis to enhance response to public health issues; support medical professionals' training; and other initiatives that provide information to consumers, policy makers, health professionals, payers, and purchasers.

Key Measures

- ◆ Support the development of health policy in Minnesota that will reduce the rate of uninsured Minnesotans in 2011 below the 2004 rate.

History	Current	Target
2004	2007	2011
7.7%*	7.2%*	4.0%

Source: MN Health Access Survey 2007 and 2004

- ◆ Improve safety and health outcomes by improving the Minnesota Ranking in terms of the percentage of prescriptions routed electronically.

History	Current	Target
2005	2007	2011
0.00%	1.20%	80.00%
Rank 42	Rank 26	Rank in Top 10 States

Source: SureScripts / RXHub and MDH

- ◆ Improve health outcomes by increasing the number of hospitals participating in a statewide trauma system and registry.

History	Current	Target
2006	2008	2010
0%	25%	70%

Source: Office of Rural Health and Primary Care

Activity Funding

This activity is funded from direct appropriations from state government special revenue fund, the general fund, the health care access fund; medical education and research costs funds, special revenue funds, federal and private grants and contracts.

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HEALTH DEPT

Program: POLICY QUALITY & COMPLIANCE

Activity: HEALTH POLICY

Budget Activity Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium
	FY2008	FY2009	FY2010	FY2011	2010-11
<u>Expenditures by Fund</u>					
Carry Forward					
State Government Spec Revenue	307	10	0	0	0
Health Care Access	296	0	0	0	0
Direct Appropriations					
General	12,276	8,600	4,880	4,880	9,760
State Government Spec Revenue	4,239	5,346	5,123	5,123	10,246
Health Care Access	11,311	23,558	13,083	11,915	24,998
Open Appropriations					
Health Care Access	22	32	32	32	64
Miscellaneous Special Revenue	148	254	150	150	300
Statutory Appropriations					
Miscellaneous Special Revenue	1,001	2,157	1,084	1,033	2,117
Federal	2,395	3,833	3,279	3,247	6,526
Medical Education & Research	83,885	79,399	86,642	96,489	183,131
Gift	0	42	0	0	0
Total	115,880	123,231	114,273	122,869	237,142
<u>Expenditures by Category</u>					
Total Compensation	7,542	9,160	8,399	8,343	16,742
Other Operating Expenses	6,786	11,223	8,676	7,481	16,157
Payments To Individuals	1,304	1,880	1,912	1,912	3,824
Local Assistance	99,412	95,504	95,286	105,133	200,419
Other Financial Transactions	836	5,464	0	0	0
Total	115,880	123,231	114,273	122,869	237,142
Full-Time Equivalents (FTE)	102.6	114.8	105.4	103.5	

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

- ⇒ Environmental Health
- ⇒ Infectious Disease Epidemiology, Prevention & Control
- ⇒ Public Health Laboratory
- ⇒ Office of Emergency Preparedness

HEALTH DEPT

Program: HEALTH PROTECTION

Program Summary

Dollars in Thousands

	Current		Forecast Base		Biennium
	FY2008	FY2009	FY2010	FY2011	2010-11
<u>Direct Appropriations by Fund</u>					
General					
Current Appropriation	15,335	10,506	10,506	10,506	21,012
Technical Adjustments					
Approved Transfer Between Appr			(1,032)	(1,032)	(2,064)
Pt Contract Base Reduction			(7)	(7)	(14)
Forecast Base	15,335	10,506	9,467	9,467	18,934
State Government Spec Revenue					
Current Appropriation	27,475	28,972	28,972	28,972	57,944
Technical Adjustments					
Approved Transfer Between Appr			(758)	(758)	(1,516)
Current Law Base Change			89	89	178
Forecast Base	27,475	28,972	28,303	28,303	56,606
<u>Expenditures by Fund</u>					
Carry Forward					
State Government Spec Revenue	58	368	0	0	0
Miscellaneous Special Revenue	211	437	0	0	0
Direct Appropriations					
General	14,528	10,518	9,467	9,467	18,934
Petroleum Tank Release Cleanup	1	0	0	0	0
State Government Spec Revenue	25,324	29,617	28,303	28,303	56,606
Remediation Fund	824	280	0	0	0
Open Appropriations					
State Government Spec Revenue	157	174	174	174	348
Statutory Appropriations					
Drinking Water Revolving Fund	474	521	521	521	1,042
Miscellaneous Special Revenue	7,236	11,195	7,055	7,063	14,118
Federal	49,380	43,676	42,435	42,106	84,541
Gift	7	35	0	0	0
Total	98,200	96,821	87,955	87,634	175,589
<u>Expenditures by Category</u>					
Total Compensation	44,705	45,853	44,260	44,198	88,458
Other Operating Expenses	34,839	36,003	29,463	29,204	58,667
Payments To Individuals	10	24	24	24	48
Local Assistance	18,646	14,941	14,522	14,522	29,044
Transfers	0	0	(314)	(314)	(628)
Total	98,200	96,821	87,955	87,634	175,589

HEALTH DEPT

Program: HEALTH PROTECTION

Program Summary

Dollars in Thousands

	Current		Forecast Base		Biennium
	FY2008	FY2009	FY2010	FY2011	2010-11
<u>Expenditures by Activity</u>					
Environmental Health	33,676	34,880	32,432	32,111	64,543
Infect Disease Epid Prev Cntrl	22,830	24,222	20,429	20,429	40,858
Public Health Laboratory	17,829	21,883	19,281	19,281	38,562
Office Emergency Preparedness	23,865	15,836	15,813	15,813	31,626
Total	98,200	96,821	87,955	87,634	175,589
Full-Time Equivalent (FTE)	609.5	584.3	549.7	532.9	

Activity Description

Environmental health programs are an integral part of Minnesota's public health system, working to prevent, control, mitigate and respond to health hazards in the environment. We assure that Minnesotans have safe drinking water and food, and are protected from hazardous materials in their homes, workplace, and communities. We identify and respond to emerging environmental health threats and public health emergencies. As research sheds light on environmental hazards and on the environment's impact on overall health, the public increasingly looks toward the environmental health community for its expertise and leadership.

Population Served

This activity serves the entire population of Minnesota by ensuring that all Minnesotans have clean drinking water, safe food, sanitary lodging, and are protected from hazardous materials in their homes and the environment. In the event of natural disasters, such as floods, drinking water contamination or nuclear power plant emergencies, the affected area is directly served.

Services Provided**Prevent health risks by protecting the quality of water:**

- ◆ Monitor public drinking water systems.
- ◆ Inspect water well construction and sealing.
- ◆ License professions impacting drinking water.
- ◆ Educate citizens regarding safe drinking water.

Prevent health risks by protecting the safety of food:

- ◆ Inspect food establishments to ensure safe food handling and certify professionals in food safety.
- ◆ Monitor and assist community-based delegated programs for food, beverage and lodging establishments.
- ◆ Educate citizens and professionals regarding the safe handling of food.
- ◆ Develop guidelines for the safe consumption of fish.

Prevent health risks by protecting the quality of indoor environments and public swimming pool safety:

- ◆ License and inspect public swimming pools and spas. Educate owners and operators in safe pool operations.
- ◆ Develop standards for safe levels of contaminants in air and abatement methods for asbestos and lead.
- ◆ Monitor the exposure of citizens to lead and issue guidelines on screening and treatment.
- ◆ Ensure that the provisions of the MN Clean Indoor Air Act are equitably enforced.
- ◆ Inspect and monitor lodging, manufactured home parks, and recreational camping areas.
- ◆ Educate citizens, communities, and medical professionals.

Respond to emerging health risks:

- ◆ Focus attention on children to ensure they are protected from harmful chemicals and other hazards.
- ◆ Evaluate human health risks from chemical and physical agents in the environment.
- ◆ Develop a birth conditions information system to understand, treat, and prevent birth defects
- ◆ License and inspect the use of radioactive materials and x-ray equipment.

Activity at a Glance

- ◆ Respond to environmental health threats during natural disasters and biological, chemical and radiological emergencies.
- ◆ Test drinking water at more than 8,000 public water systems. 95% of Minnesotans served by community water systems receive water that meets or exceeds all health-based drinking water standards.
- ◆ Test private wells and issue drinking water advisories in areas of contaminated groundwater. In 2007, 278 private wells were sampled and 889 results letters were issued in regard to the East Metro PFC and TCE contamination.
- ◆ Assure safe food, drinking water, lodging, and swimming pools in 21,000 licensed restaurants and hotels statewide. 8300 certified food managers (CFM) are registered annually; there are currently 28,195 CFM's in the state.
- ◆ Assure asbestos and well contractors comply with codes for their work, which are both currently at a 96% compliance rate.
- ◆ Promote radon awareness and mitigation in homes. Work with state building code officials to establish radon resistant new construction requirements.

HEALTH DEPT

Program: HEALTH PROTECTION

Activity: ENVIRONMENTAL HEALTH

Narrative

- ◆ Assess and prevent possible human health risks from accidental spills, waste disposal, and agricultural and industrial activities.
- ◆ Develop health education programs and information materials for communities.

Historical Perspective

Minnesota's first public health laws, passed in 1872, focused on environmental health threats – the provision of safe drinking water, sewage disposal, wastewater treatment, and milk sanitation. Since 1900, the average lifespan of people in the United States has lengthened by 25 years due to advances in public health, many of which involved environmental health protection. Clean water and improved sanitation have resulted in the control of infectious diseases. Improvement in food preparation procedures and a decrease in food and environmental contamination have resulted in safer and healthier foods. Today, the department continues prevention efforts to ensure the environmental health and safety of Minnesotans are protected at home, at work, and in public places.

Key Activity Goals

Environmental Health activities respond to Minnesota Milestones: *Minnesotans will be healthy, Minnesotans will conserve natural resources to give future generations a healthy environment and a strong economy; and Minnesotans will improve the quality of the air, water and earth.* In addition, MDH's Environmental Health activities respond to two departmental goals: 1) *all children get a healthy start in life;* and 2) *prepare for emergencies.*

Key Activity Measures

- ◆ Prevent ground water contamination sealing unused, abandoned wells.

	History	Past	Current	Target	Target
	1987	2000	2008	2011	2050
Number of wells sealed (cumulative)	3,275	149,000	200,000	240,000	750,000 (est.)

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

- ◆ Reduce health disparities by decreasing the % of children with elevated blood lead levels (above 10µg/dl).

	Baseline	Past	Current	Target
	1995	2003	2007	2010
Elevated blood lead reported	11.6%	2.7%	1.2%	0%

Source: MDH Environmental Surveillance and Assessment Section

- ◆ Assess 100% of Minnesota newborn children for 46 birth conditions (birth defects & fetal alcohol syndrome).

	Baseline	Past	Current	Target
	2006	2007	2008	2011
Percent of MN newborns assessed for birth defects	32%*	36%	40% (est.)	50%

Source: MDH Environmental Surveillance and Assessment Section; *Live births annually in MN total approx. 73,000.

Activity Funding

The division is funded by appropriations from the state government special revenue fund and the general fund. In addition, the division also receives federal funds, special revenue funds, drinking water revolving fund, and resources from other miscellaneous funds.

HEALTH DEPT

Program: HEALTH PROTECTION

Activity: ENVIRONMENTAL HEALTH

Narrative

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HEALTH DEPT

Program: HEALTH PROTECTION

Activity: ENVIRONMENTAL HEALTH

Budget Activity Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium
	FY2008	FY2009	FY2010	FY2011	2010-11
<u>Expenditures by Fund</u>					
Carry Forward					
State Government Spec Revenue	58	15	0	0	0
Direct Appropriations					
General	3,358	3,389	2,866	2,866	5,732
Petroleum Tank Release Cleanup	1	0	0	0	0
State Government Spec Revenue	18,701	21,170	20,498	20,498	40,996
Remediation Fund	824	280	0	0	0
Open Appropriations					
State Government Spec Revenue	157	174	174	174	348
Statutory Appropriations					
Drinking Water Revolving Fund	474	521	521	521	1,042
Miscellaneous Special Revenue	1,571	1,049	336	344	680
Federal	8,532	8,282	8,037	7,708	15,745
Total	33,676	34,880	32,432	32,111	64,543
<u>Expenditures by Category</u>					
Total Compensation	20,217	21,003	20,193	20,131	40,324
Other Operating Expenses	11,979	12,906	11,812	11,553	23,365
Local Assistance	1,480	971	741	741	1,482
Transfers	0	0	(314)	(314)	(628)
Total	33,676	34,880	32,432	32,111	64,543
Full-Time Equivalents (FTE)	267.9	255.8	228.7	215.9	

Activity Description

The Infectious Disease Epidemiology, Prevention and Control (IDEPC) Division provides statewide leadership to protect Minnesotans from infectious diseases. We assure Minnesotans are safe from infectious diseases by detecting, investigating and mitigating outbreaks. We prevent infectious diseases by promoting and distributing vaccines, providing TB medications, coordinating refugee screenings, and providing funding for STD and HIV testing.

Population Served

All residents of Minnesota are served by this activity. 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**Respond to Public Health Threats:**

- ◆ Monitor for unusual patterns of infectious disease.
- ◆ Lead efforts to detect and control pandemic influenza.
- ◆ Establish systems to implement isolation and quarantine provisions of the Minnesota Emergency Health Powers Act.

Detect, investigate, and mitigate infectious disease outbreaks:

- ◆ Maintain a 24/7 system to detect and investigate cases of infectious disease.
- ◆ Analyze disease reports to detect outbreaks, identify the cause, and implement control measures.
- ◆ Alert health professionals and the public about outbreaks and how to control them.
- ◆ Help medical professionals manage persons ill with, or exposed to, infectious disease.
- ◆ Maintain food-borne illness hotline to receive citizen complaints and detect outbreaks.
- ◆ Manage treatment of and provide medications for tuberculosis (TB) patients to prevent spread of disease.
- ◆ Provide vaccines and other biologics to prevent and control outbreaks of vaccine-preventable disease.
- ◆ Conduct follow-up activities to facilitate testing, treatment, and counseling of HIV, STDs, and TB patients and their contacts to prevent disease transmission.
- ◆ Provide technical support to localities dealing with infectious diseases; MDH field epidemiologists serve in eight regions across the state.

Prevent infectious disease:

- ◆ Distribute publicly purchased vaccines for children whose families are unable to afford them.
- ◆ Coordinate medical screening programs for newly arrived refugees.
- ◆ Provide leadership for development of a statewide immunization information system.
- ◆ Conduct specialized studies on diseases of high concern to the public and the medical community.
- ◆ Educate health care providers on management of infectious diseases via the web, through publications, and by direct telephone consultation (24/7 on-call system).
- ◆ Educate the public, including high-risk populations, on disease testing, treatment, and prevention methods.
- ◆ Provide grants to local public health agencies and nonprofit organizations for prevention activities.

Activity at a Glance

- ◆ Maintain systems to respond to biological terrorism and other emergencies.
- ◆ Detect state and national outbreaks such as *E. coli* O157:H7 associated with pre-packaged salads, spinach, and jalapeños.
- ◆ Investigate intestinal disease outbreaks (more than 4,000 persons were affected in 2007).
- ◆ Provide funding for STD and HIV testing (In 2006, Minnesota Department of Health (MDH) funded clinics that tested more than 28,000 people for STDs, treated more than 2,600 infected persons, and tested 11,000 people for HIV).
- ◆ Coordinate programs to immunize 70,000 babies annually to prevent serious diseases.
- ◆ Manage treatment for TB cases (238 in 2007 and evaluated 1,109 contacts to cases).
- ◆ Investigate the spread of West Nile virus (101 cases and two deaths in 2007).
- ◆ Coordinate health screenings for newly arrived refugees-in 2007, 98% received a screening within three months of arrival.

HEALTH DEPT

Program: HEALTH PROTECTION

Activity: INFECTIOUS DISEASE EPIDEMIOLOGY PREVENTION & CONTROL

Narrative

- ◆ Involve high-risk communities, health care providers, and concerned citizens in responding to infectious disease challenges. Advisory committees have been established to address vaccines, TB, and HIV/STD.

Key Activity Goals

- ◆ **Minnesota Milestones Goal: Minnesotans will be healthy.** Detecting and controlling infectious disease is critical to ensuring Minnesotans are healthy. For example, years of potential life lost to HIV/AIDS have decreased over the last decade due to public health interventions and improved treatment. Refugee health screenings identify and treat health problems that may interfere with resettlement and protect the health of all Minnesotans. Vaccine-preventable diseases are at historic lows as a result of immunization. Investigation of food-borne illness results in activities to prevent future outbreaks.

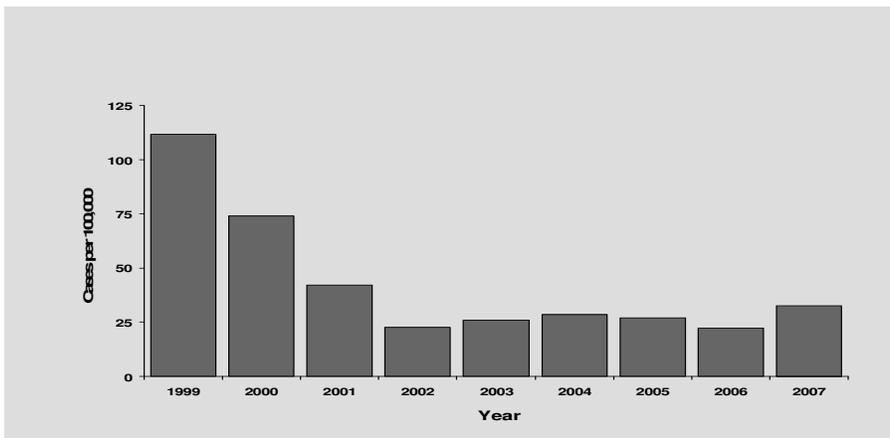
Key Measures

- ◆ **Increase the percent of new TB patients who complete therapy in 12 months.** Completion of TB therapy prevents spread and reduces the development of resistant strains of TB. State funding for TB medication allows MDH to distribute medications without cost to the patient to reduce barriers to completion of therapy.

1996	2000	2002	2004	2006	2010 (Target)
63% (n=78)	79% (n=136)	84% (n=184)	93% (n=188)	91 % (n=199)	94%

Source: MDH Tuberculosis Annual Progress Report

- ◆ **Increased use of a vaccine against pneumococcus.** This vaccine, which protects against meningitis and blood poisoning, has reduced serious pneumococcal infections in children less than five years old by **75%**. MDH makes the pneumococcal vaccine available without cost barriers by administering the federal Vaccines for Children Program. Minnesota distributed \$26 million in vaccine in 2007 through this program.



Source: MDH Infectious Disease Surveillance System.

Activity Funding

The division is funded primarily from federal funds and appropriations from the general fund.

HEALTH DEPT

Program: HEALTH PROTECTION

Activity: INFECTIOUS DISEASE EPIDEMIOLOGY PREVENTION &
CONTROL

Narrative

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HEALTH DEPT

Program: HEALTH PROTECTION

Activity: INFECT DISEASE EPID PREV CNTRL

Budget Activity Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium
	FY2008	FY2009	FY2010	FY2011	2010-11
<u>Expenditures by Fund</u>					
Carry Forward					
Miscellaneous Special Revenue	0	48	0	0	0
Direct Appropriations					
General	4,809	4,473	4,335	4,335	8,670
State Government Spec Revenue	150	172	164	164	328
Statutory Appropriations					
Miscellaneous Special Revenue	1,310	4,094	1,875	1,875	3,750
Federal	16,554	15,401	14,055	14,055	28,110
Gift	7	34	0	0	0
Total	22,830	24,222	20,429	20,429	40,858
<u>Expenditures by Category</u>					
Total Compensation	11,873	11,927	11,079	11,079	22,158
Other Operating Expenses	6,223	8,439	5,683	5,683	11,366
Payments To Individuals	10	24	24	24	48
Local Assistance	4,724	3,832	3,643	3,643	7,286
Total	22,830	24,222	20,429	20,429	40,858
Full-Time Equivalent (FTE)	170.2	166.5	154.0	150.0	

Activity Description

The Minnesota Public Health Laboratory (PHL) provides testing and data used by public health partners for detection, assessment, and control of 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 treatable if detected soon after birth. The PHL also certifies all laboratories that conduct regulated environmental testing in Minnesota.

Population Served

All residents of Minnesota are served by the PHL. The 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 disease agents, and analyze specimens for diagnosing rare infectious diseases (e.g., rabies).

Activity at a Glance

- ◆ Analyzed 48,889 clinical specimens for infectious bacteria, viruses, fungi, and parasites in FY 2008 for assessment of infectious disease trends and investigation of food and water borne disease outbreaks.
- ◆ Analyzed 56,052 samples to detect chemical and bacterial contaminants in water, soil, and air in FY 2008 to assess potential threats to human health.
- ◆ Screened 72,984 newborn babies for more than 50 treatable, life-threatening congenital and heritable disorders FY 2008.
- ◆ Certified 147 public and private environmental laboratories to assure quality in FY 2008.

Services Provided**Environmental Health**

- ◆ 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.
- ◆ Certification of public and private environmental laboratories that conducts testing for the federal safe drinking water, clean water, resource conservation and recovery, and underground storage tank programs in Minnesota.
- ◆ Reference and confirmatory testing of environmental samples using scientific expertise and state-of-the-art methods not available in other laboratories.

Infectious Disease

- ◆ Surveillance, reference and confirmatory testing of clinical specimens for infectious bacteria, parasites, fungi, and viruses, including potential pandemic influenza.
- ◆ Early detection of infectious disease outbreaks, and identification of infectious agents through the use of high-tech molecular methods such as DNA fingerprinting, amplification, and sequencing.

Newborn Screening

- ◆ Screening of all Minnesota newborns for over 50 treatable congenital and heritable disorders, including hearing.

Emergency Preparedness and Response

- ◆ 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.
- ◆ Development and maintenance of the "Minnesota Laboratory System" to assure that public and private laboratories are trained for early recognition and referral of possible agents of chemical and biological terrorism, as well as other public health threats.
- ◆ Help ensure the safety of the public by hosting the federal BioWatch air-monitoring program.
- ◆ Designated by CDC as one of ten Level 1 Chemical Terrorism preparedness laboratories.
- ◆ Working with six other states to create capacity to exchange pandemic flu testing data electronically.

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. Construction of a new laboratory building was completed in 2005, and the PHL relocated to the new building in November 2005.

Key Activity Goals

The PHL supports both the MDH mission to protect, maintain, and improve the health of all Minnesotans as well as the following MDH goals:

- ◆ All children get a healthy start in life; and
- ◆ Prepare for and respond to public health emergencies.

Key Measures

- ◆ Improve health outcomes for Minnesota newborn babies by ensuring that all babies are screened for treatable congenital and heritable disorders and hearing loss.

Number of newborns identified with treatable heritable disorders (non-hearing)

Historical 1993-2007	Actual (FY 2007)	Actual (FY 2008)	Estimate (FY 2009)
32-120 (range)	135	132	135

Number of newborns identified with hearing loss

Actual (FY 2007)	Actual (FY 2008)	Estimate (FY 2009)
76	134	175

Source: Minnesota Public Health Laboratory

- ◆ Improve Minnesota laboratory preparedness for pandemic influenza by increasing the number of Minnesota laboratories providing influenza surveillance data to MDH.

Number of laboratories reporting results to MDH

Pilot Program 2006-2007	Actual (FY 2008)	Estimate (FY 2009)
45	90	100

Source: Minnesota Public Health Laboratory

- ◆ Improve Minnesota laboratory preparedness for bioterrorism, pandemic influenza, and other emerging health threats by providing training opportunities for Minnesota Laboratory professionals.

Number of laboratory training activities provided in the Public Health Laboratory training facility

Historical (FY 2008)	Estimate (FY 2009)
10	10

Source: Minnesota Public Health Laboratory

Activity Funding

The laboratory is funded by appropriations from the general fund and state government special revenue fund. It also receives federal and special revenue funds.

HEALTH DEPT

Program: HEALTH PROTECTION

Activity: PUBLIC HEALTH LABORATORY

Narrative

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HEALTH DEPT

Program: HEALTH PROTECTION

Activity: PUBLIC HEALTH LABORATORY

Budget Activity Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium
	FY2008	FY2009	FY2010	FY2011	2010-11
<u>Expenditures by Fund</u>					
Carry Forward					
State Government Spec Revenue	0	353	0	0	0
Miscellaneous Special Revenue	211	389	0	0	0
Direct Appropriations					
General	2,298	2,634	2,266	2,266	4,532
State Government Spec Revenue	6,473	8,275	7,641	7,641	15,282
Statutory Appropriations					
Miscellaneous Special Revenue	4,017	5,965	4,757	4,757	9,514
Federal	4,830	4,267	4,617	4,617	9,234
Total	17,829	21,883	19,281	19,281	38,562
<u>Expenditures by Category</u>					
Total Compensation	9,162	9,680	9,745	9,745	19,490
Other Operating Expenses	8,667	12,203	9,536	9,536	19,072
Total	17,829	21,883	19,281	19,281	38,562
Full-Time Equivalents (FTE)	133.6	135.6	140.6	140.6	

Activity Description

The Office of Emergency Preparedness (OEP) ensures local and state public health and healthcare partners have the personnel, plans, training, communication tools, and expertise to prevent or respond to bioterrorism, pandemic influenza, infectious disease outbreaks, natural disasters, and other public health emergencies. Response to the 35W bridge collapse, floods and tornados, and preparation for the Republican National Convention are examples of program efforts.

Population Served

All residents of the state of Minnesota are served by this activity. Primary partners are local health departments, American Indian Tribes, the hospital and healthcare provider community, emergency management agencies, law enforcement, volunteer organizations, the University of Minnesota, and other response organizations.

Services Provided

- ◆ Plan, implement, and practice components of the Minnesota Department of Health's (MDH) All-Hazard Response Plan and the MDH portion of the Minnesota Emergency Operations Plan so roles and responsibilities are clear to all responders.
- ◆ Develop and practice plans for managing federal pharmaceutical and other medical supplies in the strategic national stockpile (SNS) for a public health emergency. Maintain stockpiles of state and regional medications and medical supplies.
- ◆ Identify needs and develop programs for the public health and healthcare system about preparing for and responding to emergencies.
- ◆ Developed a state/local partnership of registration and support of volunteers to be called on in an emergency to increase public health and healthcare capacity. An example of this program is the behavioral health volunteers used at the Family Assistance Centers for the 35W bridge collapse and SE MN floods.
- ◆ Update statutes and regulations to assure needed authority for implementing emergency health measures.
- ◆ Operate the health alert network, the department's tool for timely threat communications to local public health, hospitals, and other health care providers.
- ◆ Manage and support *MNTrac*, a web based system to monitor health care system capacity, notify healthcare responders of emergencies, track patient transport during emergencies, and support the rapid expansion of healthcare services for emergencies.
- ◆ Coordinate the development of education and training materials and oversee a comprehensive exercise plan for building the capacity of state and local public health and the healthcare system.
- ◆ Prepare for the potential pandemic influenza impact on Minnesota through planning, training, exercising, and providing public information.
- ◆ Administer about \$6 million in grants to community health boards and tribes, and about \$5 million in grants to hospitals to build public health and health care preparedness.
- ◆ Assure compliance with requirements of grants from the Centers for Disease Control (CDC) and Assistant Secretary for Preparedness and Response (ASPR) of the Department of Health and Human Services.

Activity at a Glance

- ◆ Established a new system to classify local health departments as Base, Mid-Level, or Comprehensive to more accurately reflect capability and capacity, and determine when extra assistance will be needed.
- ◆ Responded to events with public health impact including hepatitis A outbreak, 35W bridge collapse, floods, and tornadoes.
- ◆ Managed grants to all 53 local departments of health, ten of 11 tribes and eight regional hospital collaboratives that cover all MN hospitals.
- ◆ Registered over 7,000 volunteers in Minnesota Responds Medical Reserve Corps
- ◆ In FY08, sent 54 health alert messages to partners about time-sensitive health related information.
- ◆ Completed installation of high frequency and amateur radio systems for backup communications with CDC and local partners statewide. Systems are tested weekly.
- ◆ Purchased and managing approximately 500,000 courses of medication for pandemic influenza.
- ◆ Sponsored "Ready to Respond" training and sharing conference with over 300 participants.

Historical Perspective

The OEP was established in 2002, as required by the first public health preparedness and response for bioterrorism grant from the CDC. This grant now includes the cities readiness initiative to distribute medications to everyone in the metropolitan area within 48 hours. The healthcare system grant started in 2003 to expand preparedness efforts involving the department, hospitals, and other healthcare system partners.

Key Activity Goals

The MDH Strategic Plan for 2005-2008 is to “Strengthen our impact on the health of Minnesotans in the face of threats and challenges,” and this activity is essential to the implementation of the Strategic Plan. A department priority is “preparing for public health emergencies”.

Key Activity Measures

Exercises: Preparedness requires the ability to rapidly put plans into action. That requires practice in the form of discussion and exercises. For FY 2008, MDH completed an average of five exercises per month and 23 exercises were conducted monthly by the local or regional level. This high level of activity was cited by many responders as critical to the successful response to FY 2008 incidents.

Type of exercise	Department of Health	Local health department, tribal government, and healthcare system	Total
Tabletop	28	107	135
Drill	16	71	87
Functional	17	39	56
Full-scale/actual events	5	55	60
TOTAL	66	272	338

Definitions:

- ◆ Tabletop: a discussion of planned responses to emergency scenario (pandemic influenza plans).
- ◆ Drill: practice one part of a response (set up a hotline).
- ◆ Functional: simulate a response activity (distribute vaccine from the state to healthcare providers).
- ◆ Full Scale: demonstrate response to a situation (set up clinics and provide “services” to volunteers).

Communication:

- ◆ Rapid, accurate communication is the backbone of our response. The federal goal is the ability to reach pre-designated staff within 60 minutes. Using the communication system designed to provide secure 24/7 notice to key department staff, we averaged 19 minutes based on three drills in FY 2008. One of the drills was unannounced and one was after normal work hours. This highlights our ability to respond quickly to an event that affects the public’s health. This system was used for incidents in FY 2008 to coordinate public health response.
- ◆ We worked with hospitals and others to expand the *MNTrac* system to track additional healthcare resources. We are able to collect and use information about available hospital beds across the state in minutes. Without this system, it would take hours or days to locate this information that is used to coordinate patient care services.

Activity Funding

The OEP is funded primarily with federal funds and with a one-time FY 2008 general fund allocation to purchase pandemic influenza medications and supplies.

HEALTH DEPT

Program: HEALTH PROTECTION

Activity: OFFICE EMERGENCY PREPAREDNESS

Narrative

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HEALTH DEPT

Program: HEALTH PROTECTION

Activity: OFFICE EMERGENCY PREPAREDNESS

Budget Activity Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium 2010-11
	FY2008	FY2009	FY2010	FY2011	
<u>Expenditures by Fund</u>					
Direct Appropriations					
General	4,063	22	0	0	0
Statutory Appropriations					
Miscellaneous Special Revenue	338	87	87	87	174
Federal	19,464	15,726	15,726	15,726	31,452
Gift	0	1	0	0	0
Total	23,865	15,836	15,813	15,813	31,626
<u>Expenditures by Category</u>					
Total Compensation	3,453	3,243	3,243	3,243	6,486
Other Operating Expenses	7,970	2,455	2,432	2,432	4,864
Local Assistance	12,442	10,138	10,138	10,138	20,276
Total	23,865	15,836	15,813	15,813	31,626
Full-Time Equivalents (FTE)	37.8	26.4	26.4	26.4	

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

- ⇒ Administrative Services
- ⇒ Executive Office

HEALTH DEPT

Program: ADMINISTRATIVE SUPPORT SERVICE

Program Summary

Dollars in Thousands

	Current		Forecast Base		Biennium
	FY2008	FY2009	FY2010	FY2011	2010-11
<u>Direct Appropriations by Fund</u>					
General					
Current Appropriation	8,497	7,424	7,424	7,424	14,848
Technical Adjustments					
Approved Transfer Between Appr			1,720	1,720	3,440
Current Law Base Change			46	46	92
Forecast Base	8,497	7,424	9,190	9,190	18,380
State Government Spec Revenue					
Current Appropriation	2,000	0	0	0	0
Forecast Base	2,000	0	0	0	0
<u>Expenditures by Fund</u>					
Carry Forward					
State Government Spec Revenue	0	3,247	0	0	0
Health Care Access	0	326	0	0	0
Miscellaneous Special Revenue	139	1,817	0	0	0
Direct Appropriations					
General	8,839	9,406	9,190	9,190	18,380
State Government Spec Revenue	20	1,889	0	0	0
Statutory Appropriations					
Miscellaneous Special Revenue	21,421	24,349	24,330	24,330	48,660
Federal	328	248	248	248	496
Gift	1	9	0	0	0
Total	30,748	41,291	33,768	33,768	67,536
<u>Expenditures by Category</u>					
Total Compensation	12,342	15,921	14,437	14,437	28,874
Other Operating Expenses	18,399	25,370	19,367	19,367	38,734
Capital Outlay & Real Property	4	0	0	0	0
Local Assistance	3	0	0	0	0
Transfers	0	0	(36)	(36)	(72)
Total	30,748	41,291	33,768	33,768	67,536
<u>Expenditures by Activity</u>					
Administrative Services	27,412	35,817	30,191	30,191	60,382
Executive Office	3,336	5,474	3,577	3,577	7,154
Total	30,748	41,291	33,768	33,768	67,536
Full-Time Equivalents (FTE)	156.9	161.5	161.5	161.5	

Activity Description

Administrative services provide internal business systems and central support services to all programs of the department in order to best use agency resources. This area continuously reviews the need for and quality of its services to assure they are provided in the most cost efficient manner.

Population Served

This activity serves all 1,300 employees of the department by:

- ◆ Providing facilities, human resources, financial, and information technology services;
- ◆ Working with the vendors who provide goods and services needed to carry out state public health programs;
- ◆ Aiding and assisting grantees receiving funds through the department;
- ◆ Working with landlords providing space needed to carry out programs; and
- ◆ Working with job applicants seeking employment with the department.

Activity at a Glance

- ◆ Maintain 99.9% availability and functionality of core network infrastructure.
- ◆ Recruit more than 200 new employees annually.
- ◆ Pay 99% of all vendor invoices in 30 days or less.
- ◆ Implement improved physical and systems/ data security at all office facilities.

Services Provided**Facilities Management:**

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

Financial Management:

- ◆ Provide budget planning and development for all departmental resources.
- ◆ Manage centralized budget management, accounting, reporting, and cash management.
- ◆ Provide monitoring, financial reporting, and technical assistance required for federal grants.

Human Resources:

- ◆ Manage the recruitment, development, and retention of qualified staff.
- ◆ Administer all departmental labor relations, employee benefits, and health and safety activities.
- ◆ Manage employee compensation and provide payroll services for all departmental staff.
- ◆ Oversee departmental equal opportunity and affirmative action activities.

Information Systems and Technology Management:

- ◆ Provide technical expertise, planning, and development of technology systems and data architectures.
- ◆ Supply high-level security for all departmental data, systems, and communications.
- ◆ Manage departmental communications networks and telecommunications systems.
- ◆ Supervise and manage MDH central networks and infrastructure connecting all employees and 11 building locations.
- ◆ Provide user support, training and problem resolution to MDH staff.

Key Goal

Government in Minnesota will be cost-efficient, and services will be designed to meet the needs of the people who use them” is a goal of this activity, which is one of the Minnesota Milestones – see <http://server.admin.state.mn.us/mm/goal.html>.

Key Measures

- ◆ The department will increase the percentage of receipts received electronically through electronic fund transfers, online credit card payments, and interagency transfers.

History	Current	Target
2006	2008	2010
N/A	65%	80%

- ◆ The department will increase the percentage of people of color in the MDH workforce to a proportion reflective of Minnesota's demographics.

History	Current	Target
2006	2008	2010
10.1%	11%	12%

- ◆ The department will reduce the number of written findings in its Annual Federal Compliance Audit to zero.

History	Current	Target
2006	2008	2010
3	2	0

Activity Funding

This activity is funded primarily from special revenue funds and from appropriations from the general fund.

Contact

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HEALTH DEPT

Program: ADMINISTRATIVE SUPPORT SERVICE

Activity: ADMINISTRATIVE SERVICES

Budget Activity Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium 2010-11
	FY2008	FY2009	FY2010	FY2011	
<u>Expenditures by Fund</u>					
Carry Forward					
State Government Spec Revenue	0	3,247	0	0	0
Health Care Access	0	326	0	0	0
Miscellaneous Special Revenue	89	40	0	0	0
Direct Appropriations					
General	7,969	8,311	8,205	8,205	16,410
State Government Spec Revenue	20	1,889	0	0	0
Statutory Appropriations					
Miscellaneous Special Revenue	19,334	22,003	21,986	21,986	43,972
Gift	0	1	0	0	0
Total	27,412	35,817	30,191	30,191	60,382
<u>Expenditures by Category</u>					
Total Compensation	9,755	13,046	11,562	11,562	23,124
Other Operating Expenses	17,650	22,771	18,665	18,665	37,330
Capital Outlay & Real Property	4	0	0	0	0
Local Assistance	3	0	0	0	0
Transfers	0	0	(36)	(36)	(72)
Total	27,412	35,817	30,191	30,191	60,382
Full-Time Equivalents (FTE)	128.4	131.6	131.6	131.6	

Activity Description

The Executive 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 oversight of 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, communications, and legal services.

Activity at a Glance

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

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**Commissioner's Office:**

- ◆ 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. This includes coordinating community outreach and managing more than 30,000 pages of information on the department's website.
- ◆ 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 oversees the R.N. Barr Library, which provides access to information for department staff, local public health agencies, and school nurses.

Legal Services:

- ◆ The MDH Legal Unit serves the Commissioner in a general counsel capacity, while providing overall direction to and oversight of legal services provided to MDH by in-house counsel and the Attorney General's office (AG's).
- ◆ While the Legal Unit will respond to any legal need, its primary focus is in the areas of emergency preparedness, rulemaking, data practices and privacy, delegations of authority, and HIPAA.

HEALTH DEPT

Program: ADMINISTRATIVE SUPPORT SERVICE

Activity: EXECUTIVE OFFICE

Narrative

- ◆ The Legal Unit also acts as a liaison with the AG's office for MDH litigation and other legal services requested by MDH.

Key Activity Goals

The functions of this activity provide administrative support needed for the agency to achieve its statutory mission to protect, maintain, and improve the health of all Minnesotans, and the support for individual program areas to achieve their specific goals. A second goal the activity supports is "government in Minnesota will be cost-efficient, and services will be designed to meet the needs of the people who use them," which is one of the Minnesota Milestones – see <http://server.admin.state.mn.us/mm/goal.html>.

Key Measures

The key measures identified for the administrative services activity are also applicable here.

Activity Funding

The office is funded from appropriations from the general fund and from special revenue funds.

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HEALTH DEPT

Program: ADMINISTRATIVE SUPPORT SERVICE

Activity: EXECUTIVE OFFICE

Budget Activity Summary

<i>Dollars in Thousands</i>					
	Current		Forecast Base		Biennium 2010-11
	FY2008	FY2009	FY2010	FY2011	
<u>Expenditures by Fund</u>					
Carry Forward					
Miscellaneous Special Revenue	50	1,777	0	0	0
Direct Appropriations					
General	870	1,095	985	985	1,970
Statutory Appropriations					
Miscellaneous Special Revenue	2,087	2,346	2,344	2,344	4,688
Federal	328	248	248	248	496
Gift	1	8	0	0	0
Total	3,336	5,474	3,577	3,577	7,154
<u>Expenditures by Category</u>					
Total Compensation	2,587	2,875	2,875	2,875	5,750
Other Operating Expenses	749	2,599	702	702	1,404
Total	3,336	5,474	3,577	3,577	7,154
Full-Time Equivalents (FTE)	28.5	29.9	29.9	29.9	

HEALTH DEPT

Agency Revenue Summary

Dollars in Thousands

	Actual FY2008	Budgeted FY2009	Current Law		Biennium 2010-11
			FY2010	FY2011	
<u>Non Dedicated Revenue:</u>					
Departmental Earnings:					
General	357	0	0	0	0
State Government Spec Revenue	36,967	37,812	38,197	38,215	76,412
Other Revenues:					
General	23	0	0	0	0
Health Care Access	0	675	675	675	1,350
Total Non-Dedicated Receipts	37,347	38,487	38,872	38,890	77,762
<u>Dedicated Receipts:</u>					
Departmental Earnings (Inter-Agency):					
State Government Spec Revenue	0	144	0	0	0
Departmental Earnings:					
Health Care Access	2	0	0	0	0
Miscellaneous Special Revenue	10	0	0	0	0
Grants:					
Drinking Water Revolving Fund	474	521	521	521	1,042
Miscellaneous Special Revenue	773	998	693	693	1,386
Federal	212,013	215,916	212,381	211,894	424,275
Other Revenues:					
Miscellaneous Special Revenue	38,486	40,590	38,546	38,495	77,041
Federal	465	300	300	300	600
Medical Education & Research	77,767	78,242	88,089	95,562	183,651
Miscellaneous Agency	91	120	120	120	240
Gift	18	64	0	0	0
Total Dedicated Receipts	330,099	336,895	340,650	347,585	688,235
Agency Total Revenue	367,446	375,382	379,522	386,475	765,997