

## HEALTH DEPT

## Agency Profile

### 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, & accountability.

MDH is the state's lead public health agency, responsible for operating programs that prevent infectious and chronic diseases and 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.

### At a Glance

#### Community and Family Health Promotion

- Served 226,915 Minnesotans in the Women, Infant and Children Program in FY 2010.
- Screened 19,728 low income women for breast and/or cervical cancer in 2009.
- Tracked outcomes to measure Minnesota's progress toward reducing health disparities.
- Awarded grants to 53 community health boards and 9 tribal governments to implement evidenced based policy, systems, and environmental change strategies to reduce obesity and tobacco use and exposure.

#### Policy Quality and Compliance

- Monitors 7,950 health care facilities and providers for safety annually.
- Supports state and federal health reforms including payment reforms, performance measurement, delivery system design, transparency, insurance coverage, and Health Insurance Exchanges.

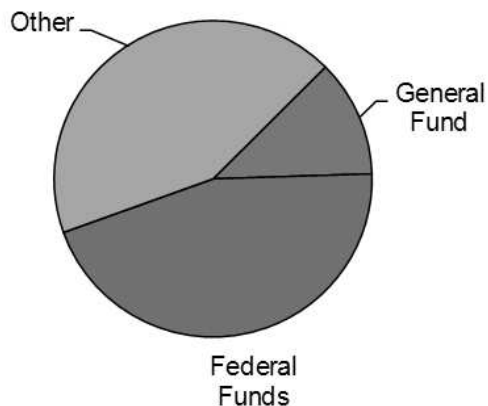
#### Health Protection

- Monitors food, drinking water, lodging and swimming pool safety at over 21,000 licensed restaurants and hotels statewide annually.
- Coordinates programs to immunize 70,000 infants annually to prevent serious disease annually.
- Processed over 70,000 tests on clinical specimens and 95,000 analytical tests on environment samples in the Public Health Lab in FY 2010.
- Prepared for and responded to events with public health impact including pandemic influenza (H1N1), floods and weather related incidents, and local and national foodborne disease outbreaks.

#### Administrative Services

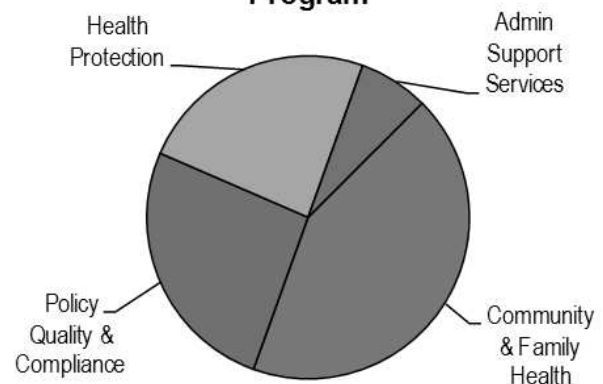
- Provides administrative oversight to over \$300 million in grants annually.
- Manages MDH central networks and infrastructure connecting all employees and 11 building locations.

Est. FY 2010-11 Expenditures by Fund



Source: Consolidated Fund Statement.

Est. FY 2010-11 Expenditures by Program



Source: Minnesota Accounting and Procurement System

## Strategies

In focusing on its mission, MDH's Strategic Plan has six framework goals, which are very diverse and far-reaching and focus on preventing health problems before they occur. Embedded in the work of each goal is the overarching goal of eliminating health disparities and achieving health equity.

- **Prevent the Occurrence and Spread of Diseases:** to ensure that individuals and organizations in Minnesota understand how to prevent diseases and practice disease prevention and disease threats are swiftly detected and contained.
- **Prepare for and Respond to Disasters and Emergencies:** to ensure that emergencies are rapidly identified and evaluated, resources for emergency response are readily mobilized, and Minnesota's emergency planning and response protects and restores health.
- **Make Physical Environments Safe and Healthy:** to ensure that Minnesotans' food and drinking water is safe, Minnesota's air, water and soil are safe and non-toxic, and the built environment in Minnesota supports safe and healthy living for all.
- **Help All People Get Quality Health Care Services:** to ensure that health care in Minnesota is safe, family and patient-centered, effective and coordinated, that health care services are available throughout Minnesota and that all Minnesotans have affordable coverage for the health care they need.
- **Promote Health throughout the Lifespan:** to ensure that all Minnesotans are given a healthy start in life, Minnesotans make healthy choices, and Minnesotans create social environments that support safe and healthy living at all ages.
- **Assure Strong Systems for Health:** to ensure that Minnesota's infrastructure for health is strong, people-centered and continues to improve, that Minnesota's health systems are transparent, accountable and engage many diverse partners and that government policies and programs support health.

## Operations

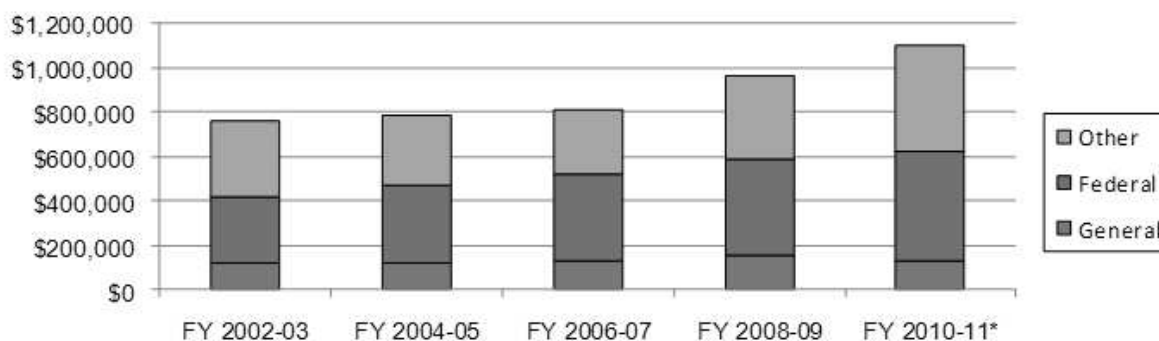
- **Prevent the Occurrence and Spread of Diseases** - MDH detects and investigates disease outbreaks, controls the spread of disease, encourages immunizations, and seeks to prevent or manage chronic and infectious diseases, including HIV/AIDS, tuberculosis, diabetes, asthma, cardiovascular disease, and cancer.
- **Prepare for and Respond to Disasters and 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.
- **Make Physical Environments Safe and Healthy** - 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. The department's public health laboratories analyze complex and potentially dangerous biological, chemical, and radiological substances, employing techniques not available privately or from other government agencies.
- **Help All People Get Quality Health Care Services** - 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 that offer models for the nation and assist providers to implement best practices based on national guidelines for care. Minnesota is a national leader in e-health and administrative simplification. 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. MDH is the lead agency implementing Minnesota's health reform initiative and works with other state agencies on federal health care reform.
- **Promoting Health throughout the Lifespan** - 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. MDH protects the health of mothers and children through a variety of maternal and child health programs such as family home visiting, newborn screening and follow-up, early identification and intervention for children with health and developmental issues, improved pregnancy outcomes efforts and implementation of health care homes. The department also protects the health of pregnant and nursing mothers, infants and young 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 the management of chronic diseases, oral health, occupational safety, injury, and violence prevention.

- **Assure Strong Systems for Health** – Minnesota has a nationally renowned public health system built on well-articulated state and local government roles. 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 which is commonly in the form of direct consultation, formal reports, and training. MDH monitors and reports on public health data that is used across the health system to guide programs and policies.

## Budget Trends

### Total Expenditures by Fund



\* FY 2010-11 is estimated, not actual

Minnesota Department of Health annual non-general fund budget is dependent on grant opportunities (federal and private) and other state funds. Increases in federal grants are related to federal Emergency Preparedness Funding, including one-time funding for H1N1 response in FY 2010, as well as other one-time granting opportunities such as grants through the American Recovery and Reinvestment Act (ARRA) and the Patient Protection and Affordable Care Act (PPACA). Increases in other funds are related to increased one-time funding for Health Care Reform and the State Health Improvement Program (SHIP), as well as new funding through the Clean Water Legacy Fund. Although additional federal funding has become available, these funds are categorical in nature and typically do not support core public health infrastructure. In addition, this categorical funding is not sustainable, making it difficult to maintain an adequate core of highly trained personnel who can respond rapidly to future needs.

### Contact

625 Robert Street North  
Saint Paul, Minnesota 55155

Commissioner's Office  
Phone: (651) 201-5810  
E-Mail: [Health.Commissioner@state.mn.us](mailto:Health.Commissioner@state.mn.us)

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

Dollars in Thousands

|   | Current       |               | Forecast Base |               | Biennium       |
|---|---------------|---------------|---------------|---------------|----------------|
|   | FY2010        | FY2011        | FY2012        | FY2013        | 2012-13        |
| <b><u>Direct Appropriations by Fund</u></b> |               |               |               |               |                |
| <b>Environment &amp; Natural Resource</b>   |               |               |               |               |                |
| Current Appropriation                       | 0             | 594           | 594           | 594           | 1,188          |
| <b>Forecast Base</b>                        | <b>0</b>      | <b>594</b>    | <b>0</b>      | <b>0</b>      | <b>0</b>       |
| Change                                      |               | 0             | (594)         | (594)         | (1,188)        |
| % Biennial Change from 2010-11              |               |               |               |               | -100%          |
| <b>General</b>                              |               |               |               |               |                |
| Current Appropriation                       | 66,446        | 64,673        | 64,673        | 64,673        | 129,346        |
| <b>Forecast Base</b>                        | <b>66,446</b> | <b>64,673</b> | <b>78,419</b> | <b>73,770</b> | <b>152,189</b> |
| Change                                      |               | 0             | 13,746        | 9,097         | 22,843         |
| % Biennial Change from 2010-11              |               |               |               |               | 16.1%          |
| <b>State Government Spec Revenue</b>        |               |               |               |               |                |
| Current Appropriation                       | 45,415        | 45,718        | 45,718        | 45,718        | 91,436         |
| <b>Forecast Base</b>                        | <b>45,415</b> | <b>45,718</b> | <b>45,268</b> | <b>45,325</b> | <b>90,593</b>  |
| Change                                      |               | 0             | (450)         | (393)         | (843)          |
| % Biennial Change from 2010-11              |               |               |               |               | -0.6%          |
| <b>Health Care Access</b>                   |               |               |               |               |                |
| Current Appropriation                       | 39,203        | 41,046        | 41,046        | 41,046        | 82,092         |
| <b>Forecast Base</b>                        | <b>39,203</b> | <b>41,046</b> | <b>12,669</b> | <b>8,535</b>  | <b>21,204</b>  |
| Change                                      |               | 0             | (28,377)      | (32,511)      | (60,888)       |
| % Biennial Change from 2010-11              |               |               |               |               | -73.6%         |
| <b>Miscellaneous Special Revenue</b>        |               |               |               |               |                |
| Current Appropriation                       | 8,550         | 8,550         | 8,550         | 8,550         | 17,100         |
| <b>Forecast Base</b>                        | <b>8,550</b>  | <b>8,550</b>  | <b>8,550</b>  | <b>8,550</b>  | <b>17,100</b>  |
| Change                                      |               | 0             | 0             | 0             | 0              |
| % Biennial Change from 2010-11              |               |               |               |               | 0%             |
| <b>Federal Tanf</b>                         |               |               |               |               |                |
| Current Appropriation                       | 10,826        | 12,640        | 11,733        | 11,733        | 23,466         |
| <b>Forecast Base</b>                        | <b>10,826</b> | <b>12,640</b> | <b>11,733</b> | <b>11,733</b> | <b>23,466</b>  |
| Change                                      |               | 0             | 0             | 0             | 0              |
| % Biennial Change from 2010-11              |               |               |               |               | 0%             |
| <b>Clean Water</b>                          |               |               |               |               |                |
| Current Appropriation                       | 1,645         | 2,105         | 2,105         | 2,105         | 4,210          |
| <b>Forecast Base</b>                        | <b>1,645</b>  | <b>2,105</b>  | <b>0</b>      | <b>0</b>      | <b>0</b>       |
| Change                                      |               | 0             | (2,105)       | (2,105)       | (4,210)        |
| % Biennial Change from 2010-11              |               |               |               |               | -100%          |
| <b><u>Expenditures by Fund</u></b>          |               |               |               |               |                |
| <b>Carry Forward</b>                        |               |               |               |               |                |
| State Government Spec Revenue               | 159           | 0             | 0             | 0             | 0              |
| Health Care Access                          | 299           | 0             | 4,089         | 0             | 4,089          |
| <b>Direct Appropriations</b>                |               |               |               |               |                |
| Environment & Natural Resource              | 0             | 594           | 0             | 0             | 0              |
| General                                     | 60,111        | 65,150        | 78,419        | 73,770        | 152,189        |
| State Government Spec Revenue               | 37,068        | 49,951        | 45,268        | 45,325        | 90,593         |
| Health Care Access                          | 32,672        | 43,366        | 12,669        | 8,535         | 21,204         |
| Miscellaneous Special Revenue               | 127           | 182           | 8,582         | 8,582         | 17,164         |
| Federal Tanf                                | 10,826        | 12,640        | 11,733        | 11,733        | 23,466         |
| Environmental                               | 68            | 122           | 0             | 0             | 0              |
| Remediation Fund                            | 198           | 306           | 0             | 0             | 0              |
| Clean Water                                 | 362           | 3,388         | 0             | 0             | 0              |
| <b>Open Appropriations</b>                  |               |               |               |               |                |

| <i>Dollars in Thousands</i>     |                |                |                |                |                  |
|---------------------------------|----------------|----------------|----------------|----------------|------------------|
|                                 | Current        |                | Forecast Base  |                | Biennium         |
|                                 | FY2010         | FY2011         | FY2012         | FY2013         | 2012-13          |
| State Government Spec Revenue   | 195            | 301            | 250            | 250            | 500              |
| Health Care Access              | 33             | 42             | 38             | 38             | 76               |
| <b>Statutory Appropriations</b> |                |                |                |                |                  |
| Drinking Water Revolving Fund   | 736            | 520            | 520            | 520            | 1,040            |
| Miscellaneous Special Revenue   | 61,099         | 66,362         | 56,631         | 56,696         | 113,327          |
| Federal                         | 213,726        | 254,863        | 243,276        | 239,734        | 483,010          |
| Federal Stimulus                | 1,401          | 17,301         | 15,360         | 3,711          | 19,071           |
| Medical Education & Research    | 87,554         | 85,798         | 77,340         | 77,331         | 154,671          |
| Gift                            | 15             | 314            | 146            | 146            | 292              |
| <b>Total</b>                    | <b>506,649</b> | <b>601,200</b> | <b>554,321</b> | <b>526,371</b> | <b>1,080,692</b> |

| <i>Dollars in Thousands</i>               |                |                |                      |                |                  |
|---|----------------|----------------|----------------------|----------------|------------------|
|   | <b>Current</b> |                | <b>Forecast Base</b> |                | <b>Biennium</b>  |
|   | <b>FY2010</b>  | <b>FY2011</b>  | <b>FY2012</b>        | <b>FY2013</b>  | <b>2012-13</b>   |
| <b><u>Expenditures by Category</u></b>    |                |                |                      |                |                  |
| Total Compensation                        | 108,956        | 130,386        | 124,411              | 121,118        | 245,529          |
| Other Operating Expenses                  | 78,572         | 127,383        | 112,357              | 96,630         | 208,987          |
| Payments To Individuals                   | 97,065         | 108,435        | 106,500              | 106,498        | 212,998          |
| Local Assistance                          | 220,243        | 232,858        | 209,583              | 200,655        | 410,238          |
| Other Financial Transactions              | 1,813          | 2,138          | 2,137                | 2,137          | 4,274            |
| Transfers                                 | 0              | 0              | (667)                | (667)          | (1,334)          |
| <b>Total</b>                              | <b>506,649</b> | <b>601,200</b> | <b>554,321</b>       | <b>526,371</b> | <b>1,080,692</b> |
| <b><u>Expenditures by Program</u></b>     |                |                |                      |                |                  |
| Community & Family Hlth Promo             | 228,575        | 271,067        | 248,295              | 236,479        | 484,774          |
| Policy Quality & Compliance               | 137,963        | 150,042        | 149,786              | 139,521        | 289,307          |
| Health Protection                         | 104,550        | 140,319        | 114,821              | 108,904        | 223,725          |
| Administrative Support Service            | 35,561         | 39,772         | 41,419               | 41,467         | 82,886           |
| <b>Total</b>                              | <b>506,649</b> | <b>601,200</b> | <b>554,321</b>       | <b>526,371</b> | <b>1,080,692</b> |
| <b><i>Full-Time Equivalents (FTE)</i></b> | <b>1,375.8</b> | <b>1,422.6</b> | <b>1,402.7</b>       | <b>1,387.7</b> |                  |

**Program Description**

The purpose of the Community and Family Health Promotion Program is to improve health by 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**

This program includes the following budget activities:

- Community and Family Health
- Health Promotion and Chronic Disease
- Office of Minority and Multicultural Health
- Office of Statewide Health Improvement Initiatives

# HEALTH DEPT

Program: COMMUNITY & FAMILY HLTH PROMO

Program Summary

| <i>Dollars in Thousands</i>                 |                |                |                      |                |                 |
|---|----------------|----------------|----------------------|----------------|-----------------|
|   | <b>Current</b> |                | <b>Forecast Base</b> |                | <b>Biennium</b> |
|   | <b>FY2010</b>  | <b>FY2011</b>  | <b>FY2012</b>        | <b>FY2013</b>  | <b>2012-13</b>  |
| <b><u>Direct Appropriations by Fund</u></b> |                |                |                      |                |                 |
| <b>General</b>                              |                |                |                      |                |                 |
| Current Appropriation                       | 44,539         | 39,269         | 39,269               | 39,269         | 78,538          |
| <b>Technical Adjustments</b>                |                |                |                      |                |                 |
| Allotment Reduction                         |                |                | 10,386               | 5,193          | 15,579          |
| Approved Transfer Between Appr              |                |                | 348                  | 348            | 696             |
| Current Law Base Change                     |                |                | 345                  | 841            | 1,186           |
| <b>Forecast Base</b>                        | <b>44,539</b>  | <b>39,269</b>  | <b>50,348</b>        | <b>45,651</b>  | <b>95,999</b>   |
| <b>State Government Spec Revenue</b>        |                |                |                      |                |                 |
| Current Appropriation                       | 1,033          | 1,033          | 1,033                | 1,033          | 2,066           |
| <b>Forecast Base</b>                        | <b>1,033</b>   | <b>1,033</b>   | <b>1,033</b>         | <b>1,033</b>   | <b>2,066</b>    |
| <b>Health Care Access</b>                   |                |                |                      |                |                 |
| Current Appropriation                       | 21,642         | 28,719         | 28,719               | 28,719         | 57,438          |
| <b>Technical Adjustments</b>                |                |                |                      |                |                 |
| Current Law Base Change                     |                |                | (27,000)             | (27,000)       | (54,000)        |
| <b>Forecast Base</b>                        | <b>21,642</b>  | <b>28,719</b>  | <b>1,719</b>         | <b>1,719</b>   | <b>3,438</b>    |
| <b>Federal Tanf</b>                         |                |                |                      |                |                 |
| Current Appropriation                       | 10,826         | 12,640         | 11,733               | 11,733         | 23,466          |
| <b>Forecast Base</b>                        | <b>10,826</b>  | <b>12,640</b>  | <b>11,733</b>        | <b>11,733</b>  | <b>23,466</b>   |
| <b><u>Expenditures by Fund</u></b>          |                |                |                      |                |                 |
| <b>Direct Appropriations</b>                |                |                |                      |                |                 |
| General                                     | 43,274         | 40,614         | 50,348               | 45,651         | 95,999          |
| State Government Spec Revenue               | 991            | 1,075          | 1,033                | 1,033          | 2,066           |
| Health Care Access                          | 20,634         | 29,727         | 1,719                | 1,719          | 3,438           |
| Federal Tanf                                | 10,826         | 12,640         | 11,733               | 11,733         | 23,466          |
| <b>Statutory Appropriations</b>             |                |                |                      |                |                 |
| Miscellaneous Special Revenue               | 2,739          | 3,571          | 2,599                | 2,576          | 5,175           |
| Federal                                     | 149,532        | 173,483        | 171,590              | 171,721        | 343,311         |
| Federal Stimulus                            | 577            | 9,906          | 9,227                | 2,000          | 11,227          |
| Gift  | 2              | 51             | 46                   | 46             | 92              |
| <b>Total</b>                                | <b>228,575</b> | <b>271,067</b> | <b>248,295</b>       | <b>236,479</b> | <b>484,774</b>  |



# HEALTH DEPT

Program: COMMUNITY & FAMILY HLTH PROMO

Program Summary

| <i>Dollars in Thousands</i>            |                |                |                      |                |                 |
|--|----------------|----------------|----------------------|----------------|-----------------|
|  | <b>Current</b> |                | <b>Forecast Base</b> |                | <b>Biennium</b> |
|  | <b>FY2010</b>  | <b>FY2011</b>  | <b>FY2012</b>        | <b>FY2013</b>  | <b>2012-13</b>  |
| <b><u>Expenditures by Category</u></b> |                |                |                      |                |                 |
| Total Compensation                     | 20,552         | 25,738         | 24,731               | 24,189         | 48,920          |
| Other Operating Expenses               | 12,758         | 27,854         | 25,353               | 21,662         | 47,015          |
| Payments To Individuals                | 95,374         | 106,132        | 105,378              | 105,376        | 210,754         |
| Local Assistance                       | 99,891         | 111,343        | 93,123               | 85,542         | 178,665         |
| Transfers                              | 0              | 0              | (290)                | (290)          | (580)           |
| <b>Total</b>                           | <b>228,575</b> | <b>271,067</b> | <b>248,295</b>       | <b>236,479</b> | <b>484,774</b>  |
| <b><u>Expenditures by Activity</u></b> |                |                |                      |                |                 |
| Community & Family Health              | 178,124        | 198,578        | 206,845              | 199,677        | 406,522         |
| Health Promo & Chronic Disease         | 20,315         | 26,158         | 23,055               | 23,056         | 46,111          |
| Minority Multicultural Health          | 4,130          | 6,203          | 6,002                | 6,002          | 12,004          |
| Statewide Health Improvement           | 26,006         | 40,128         | 12,393               | 7,744          | 20,137          |
| <b>Total</b>                           | <b>228,575</b> | <b>271,067</b> | <b>248,295</b>       | <b>236,479</b> | <b>484,774</b>  |
| <b>Full-Time Equivalents (FTE)</b>     | <b>262.2</b>   | <b>285.5</b>   | <b>275.7</b>         | <b>277.4</b>   |                 |

**Activity at a Glance**

- Provide administrative oversight of approximately \$174 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 almost 140,000 low-income pregnant women and young children each month.
- Provide USDA commodity food products to over 14,000 seniors and 1,000 children each month.
- Provide prenatal services to over 8,000 low-income women.
- Provide family planning services to almost 29,000 at-risk individuals.
- Provide services to more than 7,000 children with special health care needs.

**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**

- Improve the health and nutritional status of pregnant and postpartum women, infants, young children, and the elderly by providing nutrition education and counseling, foods that meet key nutritional needs, and referrals for health and social services. These programs help prevent the future occurrence of nutrition related chronic disease. For example WIC vendors help improve local food environments by carrying fresh fruits and vegetables, and whole grains.
- Maintain access to quality health care services by providing statewide grants for pre-pregnancy family planning services.
- Improve the health and development of infants and children by supporting programs that provide early, comprehensive and ongoing 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.
- 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.
- Build statewide capacity and certify primary care providers as health care homes.

**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 in the nation. However, many of these measures mask significant issues related to disparities in health status based on race, ethnicity, and poverty. The Community and Family Health Division provides leadership, statewide policies and best practices, accountability, resources, and partnership in assuring that all children have comprehensive and coordinated early identification and intervention services, increasing emphasis on oral health and mental health promotion, and addressing childhood obesity.

The Office of Public Health Practice (within MDH) 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. The Office of Public Health Practice also supports MDH and local health departments in working to meet new national public health accreditation standards. One of the key components of Minnesota's 2008 health reform legislation is a focus on creating health care homes, which support the overarching goals of health reform: improving the individual

## HEALTH DEPT

**Program:** COMMUNITY & FAMILY HEALTH PROMOTION

**Activity:** COMMUNITY & FAMILY HEALTH

Narrative

experience of care; improving the health of the population; and improving affordability by containing the per capita cost of providing care. Health care homes are an innovation in primary care in which primary care providers, families and patients work in partnership to improve the health and quality of life for individuals, especially those with chronic and complex conditions. Health care homes put the patient and family at the center of their care, develop proactive approaches through care plans and offer more continuity of care through increased care coordination.

### Key Activity Goals & Measures

This activity supports the MDH goals of Promoting health throughout the lifespan, and Help all people get quality health care services in the departments strategic plan.

#### Measures

- Decrease the disparity in percent of births for which adequate prenatal care\* was achieved for populations of color and American Indians when compared with the white population.

| Ethnicity        | History<br>2003-2005 | Current<br>2006-2008 | Target<br>2015 |
|------------------|----------------------|----------------------|----------------|
| African American | 64.1%                | 64.9%                | 71%            |
| American Indian  | 51.3%                | 46.7%                | 51%            |
| Asian/Pacific    | 69.0%                | 74.7%                | 82%            |
| Hispanic/Latino  | 61.4%                | 64.4%                | 71%            |
| White            | 82.6%                | 84.2%                | 88%            |

Source: Minnesota Department of Health

\*Adequacy of care is determined by combining the measures of the month or trimester prenatal care began, the number of prenatal care visits, and the gestational age at the time of birth.

- Decrease the disparity in the percentage of children, ages two to five years, receiving WIC services that are at risk for being overweight or who are overweight for American Indians and populations of color when compared to the white population. (Body Mass Index [BMI] at or above the 85<sup>th</sup> percentile).

| Ethnicity        | History<br>2005 | Current<br>2009 | Target<br>2015 |
|------------------|-----------------|-----------------|----------------|
| African American | 27.2%           | 26.7%           | 24%            |
| American Indian  | 49.9%           | 50.9%           | 46%            |
| Asian/Pacific    | 31.9%           | 32.8%           | 30%            |
| Hispanic/Latino  | 36.0%           | 35.9%           | 32%            |
| White            | 26.3%           | 26.0%           | 25%            |

Source: Pediatric Nutrition Surveillance System – Centers for Disease Control

- Decrease the disparity in teen birth rates\* \*(15-19 years of age) for American Indians and populations of color when compared with teen birth rates for the white population.

| Ethnicity        | History<br>2003-2005 | Current<br>2006-2008 | Target<br>2015 |
|------------------|----------------------|----------------------|----------------|
| African American | 69.97                | 73.31                | 66             |
| American Indian  | 96.13                | 102.52               | 92             |
| Asian/Pacific    | 46.82                | 48.64                | 44             |
| Hispanic/Latino  | 108.05               | 106.71               | 96             |
| White            | 18.43                | 17.70                | 17             |

Source: Minnesota Department of Health

\*\*Rate per 1,000 female teens 15 through 19 years old.

## HEALTH DEPT

**Program:** COMMUNITY & FAMILY HEALTH PROMOTION

**Activity:** COMMUNITY & FAMILY HEALTH

Narrative

- Increase the percentage of infants who are diagnosed with a hearing loss that are enrolled in early intervention services by 6 months of age.

| History<br>2007 | Current<br>2008 | Target<br>2015 |
|-----------------|-----------------|----------------|
| 24%             | 32%             | 70%            |

*Source: Centers for Disease Control*

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

| History<br>2006 | Current<br>2009 | Target<br>2011 |
|-----------------|-----------------|----------------|
| 47%             | 67%             | 75%            |

*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 funds.

### Contact

Community and Family Health

Phone: (651) 201-3587

Web site: <http://www.health.state.mn.us/divs/cfh/connect>

# HEALTH DEPT

## Program: COMMUNITY & FAMILY HLTH PROMO

Activity: COMMUNITY & FAMILY HEALTH

Budget Activity Summary

| <i>Dollars in Thousands</i>            |                |                |                      |                |                 |
|--|----------------|----------------|----------------------|----------------|-----------------|
|  | <b>Current</b> |                | <b>Forecast Base</b> |                | <b>Biennium</b> |
|  | <b>FY2010</b>  | <b>FY2011</b>  | <b>FY2012</b>        | <b>FY2013</b>  | <b>2012-13</b>  |
| <b><u>Expenditures by Fund</u></b>     |                |                |                      |                |                 |
| <b>Direct Appropriations</b>           |                |                |                      |                |                 |
| General                                | 32,458         | 28,290         | 38,738               | 34,041         | 72,779          |
| State Government Spec Revenue          | 991            | 1,075          | 1,033                | 1,033          | 2,066           |
| Health Care Access                     | 687            | 2,674          | 1,719                | 1,719          | 3,438           |
| Federal Tanf                           | 8,941          | 10,525         | 9,733                | 9,733          | 19,466          |
| <b>Statutory Appropriations</b>        |                |                |                      |                |                 |
| Miscellaneous Special Revenue          | 486            | 367            | 297                  | 297            | 594             |
| Federal                                | 134,097        | 152,696        | 152,838              | 152,838        | 305,676         |
| Federal Stimulus                       | 464            | 2,935          | 2,471                | 0              | 2,471           |
| Gift                                   | 0              | 16             | 16                   | 16             | 32              |
| <b>Total</b>                           | <b>178,124</b> | <b>198,578</b> | <b>206,845</b>       | <b>199,677</b> | <b>406,522</b>  |
| <b><u>Expenditures by Category</u></b> |                |                |                      |                |                 |
| Total Compensation                     | 8,935          | 10,800         | 10,792               | 11,211         | 22,003          |
| Other Operating Expenses               | 8,446          | 18,208         | 16,627               | 14,233         | 30,860          |
| Payments To Individuals                | 91,689         | 102,206        | 102,206              | 102,206        | 204,412         |
| Local Assistance                       | 69,054         | 67,364         | 77,220               | 72,027         | 149,247         |
| <b>Total</b>                           | <b>178,124</b> | <b>198,578</b> | <b>206,845</b>       | <b>199,677</b> | <b>406,522</b>  |
| <b>Full-Time Equivalents (FTE)</b>     | <b>109.6</b>   | <b>122.0</b>   | <b>121.8</b>         | <b>121.8</b>   |                 |

**Activity at a Glance**

- Registered 25,814 newly-diagnosed invasive cancers cases in 2007 in the Minnesota Cancer Surveillance System.
- Screened 19,728 low-income women for breast and/or cervical cancer in 2009 and detected 163 cancers.
- Provided grant funding to the Minnesota Brain Injury Association, which provided medical follow-up, employment, education, and family counseling services in 2009 to more than 15,000 Minnesotans with a traumatic brain or spinal cord injury.
- Trained more than 400 people across the state in 2009 to implement community evidence-based chronic disease self-management programs.

**Activity Description**

The Health Promotion and Chronic Disease Division protects, maintains, and improves the health of all Minnesotans by implementing public health interventions to prevent and manage 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 injuries, violence, cancer, heart disease, stroke, diabetes, asthma, arthritis, oral diseases, and other chronic diseases in Minnesota.

**Population Served**

While this activity serves the entire population of Minnesota, efforts are targeted to those who are more likely to be disabled or die from chronic diseases and injuries, including women, American Indians and populations of color, and low-income and uninsured people.

**Services Provided****Help Minnesotans adopt healthy behaviors to prevent and manage 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 management plans.
- Support health care providers and systems, public health agencies, community-based organizations, and employers in their prevention, screening, and disease management efforts.
- Provide information to health care providers and the public about identifying, treating, and supporting persons at risk for or affected by cancer, diabetes, heart disease, stroke, asthma, arthritis, oral diseases, traumatic brain and spinal cord injury, and poisoning.
- Provide information to health care providers, the public, organizations, employers, and labor organizations about the occurrence and prevention of work-related illnesses, injuries, and exposures.

**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.
- Analyze and report on the prevalence, disparities, and trends related to deaths and disabilities resulting from heart disease, stroke, cancer, arthritis, asthma, diabetes, oral diseases, injuries, violence, and poisoning.
- Conduct statewide occupational health surveillance to identify rates and trends of workplace hazards, illnesses, and injuries and establish priorities for educational and intervention programs.
- Use environmental public health tracking and biomonitoring technologies to identify possible linkages between chronic diseases and environmental exposures.

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

- Provide free breast, cervical, and colorectal cancer screening and follow-up cancer diagnostic services.
- Provide cardiovascular risk factor screening, referral, and counseling to medically underserved women.
- Work with health care providers, health plans, and health systems to develop, accept, implement, and evaluate best practices to prevent, detect, and manage chronic diseases and injuries.
- Provide medical professionals, individuals, and families with the tools to better manage asthma, diabetes, cancer, heart disease, stroke, oral diseases, arthritis, traumatic brain and spinal cord injury, and poisoning.
- Translate health research and information into practice.
- Develop and implement evidence-based interventions to decrease the burden of chronic disease.
- Address barriers to accessibility of medical care.

**Provide leadership in the development and maintenance of effective public/private partnerships to prevent and manage chronic diseases and injuries.**

- Facilitate effective collaborations and partnerships.
- Convene forums to identify common interests and foster action related to preventing and managing chronic disease and injury across the lifespan.
- Work with and support health care providers and systems, public health agencies, and other community-based organizations involved in statewide screening, management, and planning efforts.
- Support the implementation of statewide plans for heart disease, stroke, cancer, diabetes, asthma, arthritis, oral health, 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 manage and delay disability and death from 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 & Measures

This activity supports the MDH goals of Promoting health through the lifespan, Prevent the occurrence and spread of disease, Help all people get quality health care services, Assure strong systems for health, and Eliminate health disparities and achieve health equity in the department's strategic plan.

#### Measures

- Reduce deaths from colorectal, cervical, female breast, and lung cancer through improvements in healthy behaviors, screening and treatment.

| Cancer Mortality Rate* | History |         | Current | Target |
|------------------------|---------|---------|---------|--------|
|                        | 2003-04 | 2005-06 | 2007-08 | 2015   |
| Colorectal             | 16.8    | 15.1    | 15.3    | 11.8   |
| Cervical               | 1.8     | 1.6     | 1.4     | 1.2    |
| Female breast          | 22.6    | 21.4    | 21.2    | 16.6   |
| Lung                   | 46.5    | 45.0    | 45.5    | 46.0   |

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

\*Mortality rate is number of deaths per 100,000 population, adjusted for year of diagnosis and age.

- Reduce deaths from other chronic diseases and unintentional injury.

| Chronic Disease and Injury Mortality Rate* | History   |           | Current   |
|--|-----------|-----------|-----------|
|  | 1994-1998 | 1999-2003 | 2004-2008 |
| Heart disease                              | 212.8     | 171.1     | 135.6     |
| Stroke                                     | 63.0      | 52.9      | 39.8      |
| Diabetes                                   | 21.7      | 25.1      | 20.9      |
| Unintentional Injury                       | 34.7      | 35.7      | 35.7      |

Source: Deaths reported to the Minnesota Center for Health Statistics

\*Mortality rate is number of deaths per 100,000 populations, age-adjusted

## HEALTH DEPT

**Program:** COMMUNITY & FAMILY HEALTH PROMOTION

**Activity:** HEALTH PROMOTION & CHRONIC DISEASE

Narrative

- Reduce the burden of chronic disease and injury related to race/ethnicity, income, education, health insurance coverage, and age.

| 1. Race/<br>Ethnicity | Female<br>Breast<br>Cancer | Heart Disease | Diabetes | Unintentional Injury |
|-----------------------|----------------------------|---------------|----------|----------------------|
| African American      | 28.3                       | 137.4         | 49.0     | 36.3                 |
| American Indian       | ~                          | 196.0         | 72.4     | 84.5                 |
| Asian                 | 12.5                       | 64.5          | 20.4     | 20.5                 |
| Latino any race       | 14.8                       | 56.3          | 29.1     | 25.1                 |
| White                 | 21.5                       | 134.8         | 20.0     | 34.6                 |

Source: 2004-2008 deaths reported to the Minnesota Center for Health Statistics

Female Breast Cancer Source: Minnesota Cancer Surveillance System

Mortality rate is number of deaths per 100,000 population, age-adjusted

~ fewer than 16 cases

| 2. Income         | Heart<br>Attack | Diabetes | Arthritis | Asthma | No Dental Visit<br>in last year |
|-------------------|-----------------|----------|-----------|--------|---------------------------------|
| < \$25,000        | 5.9%            | 8.6%     | 21.8%     | 17.2%  | 41.6%                           |
| \$25,000-\$49,999 | 1.9%            | 4.4%     | 20.3%     | 13.9%  | 34.8%                           |
| \$50,000 +        | 1.6%            | 3.3%     | 13.9%     | 11.8%  | 16.8%                           |

Adults aged 18 -64

Source: 2008 & 2009 Behavioral Risk Factor Surveillance System

Percentages are weighted to population characteristics

| 3. Education     | Heart<br>Attack | Diabetes | Arthritis | Asthma | No Dental Visit<br>in last year |
|------------------|-----------------|----------|-----------|--------|---------------------------------|
| H.S. or less     | 3.3%            | 6.0%     | 17.6%     | 12.8%  | 34.6%                           |
| Some post-H.S.   | 2.2%            | 4.1%     | 18.6%     | 16.5%  | 26.9%                           |
| College Graduate | 1.8%            | 2.8%     | 13.7%     | 11.5%  | 18.3%                           |

Adults aged 18 -64

Source: 2008 & 2009 Behavioral Risk Factor Surveillance System

Percentages are weighted to population characteristics

| 4. Health Care<br>Coverage           | Heart<br>Attack | Diabetes | Arthritis | Asthma | No Dental Visit<br>in last year |
|--------------------------------------|-----------------|----------|-----------|--------|---------------------------------|
| Did not have health<br>care coverage | 3.0%            | 4.3%     | 10.9%     | 15.2%  | 54.8%                           |
| Had health care<br>coverage          | 2.2%            | 4.1%     | 16.8%     | 13.2%  | 22.2%                           |

Adults aged 18 -64

Source: 2008 & 2009 Behavioral Risk Factor Surveillance System

Percentages are weighted to population characteristics

| 5. Age  | Heart Attack | Diabetes | Arthritis | Asthma | No Dental Visit<br>in last year |
|---------|--------------|----------|-----------|--------|---------------------------------|
| 18 – 64 | 2.3%         | 4.1%     | 16.2%     | 13.4%  | 25.4%                           |
| 65 +    | 14.3%        | 15.3%    | 44.7%     | 6.9%   | 25.9%                           |

Source: 2008 & 2009 Behavioral Risk Factor Surveillance System

Percentages are weighted to population characteristics



## HEALTH DEPT

**Program:** COMMUNITY & FAMILY HEALTH PROMOTION

**Activity:** HEALTH PROMOTION & CHRONIC DISEASE

Narrative

### Activity Funding

This activity is funded primarily with federal funds as well as state general fund appropriations and miscellaneous special revenue funds.

### Contact

Health Promotion and Chronic Disease Division

Phone: (651) 201-3600

E-mail: [health.HPCD@state.mn.us](mailto:health.HPCD@state.mn.us)

# HEALTH DEPT

## Program: COMMUNITY & FAMILY HLTH PROMO

Activity: HEALTH PROMO & CHRONIC DISEASE

Budget Activity Summary

| <i>Dollars in Thousands</i>            |                |               |                      |               |                 |
|--|----------------|---------------|----------------------|---------------|-----------------|
|  | <b>Current</b> |               | <b>Forecast Base</b> |               | <b>Biennium</b> |
|  | <b>FY2010</b>  | <b>FY2011</b> | <b>FY2012</b>        | <b>FY2013</b> | <b>2012-13</b>  |
| <b><u>Expenditures by Fund</u></b>     |                |               |                      |               |                 |
| <b>Direct Appropriations</b>           |                |               |                      |               |                 |
| General                                | 5,289          | 5,005         | 4,378                | 4,378         | 8,756           |
| <b>Statutory Appropriations</b>        |                |               |                      |               |                 |
| Miscellaneous Special Revenue          | 2,134          | 2,630         | 2,136                | 2,113         | 4,249           |
| Federal                                | 12,830         | 18,371        | 16,411               | 16,542        | 32,953          |
| Federal Stimulus                       | 60             | 124           | 107                  | 0             | 107             |
| Gift                                   | 2              | 28            | 23                   | 23            | 46              |
| <b>Total</b>                           | <b>20,315</b>  | <b>26,158</b> | <b>23,055</b>        | <b>23,056</b> | <b>46,111</b>   |
| <b><u>Expenditures by Category</u></b> |                |               |                      |               |                 |
| Total Compensation                     | 9,097          | 10,301        | 9,962                | 9,969         | 19,931          |
| Other Operating Expenses               | 3,443          | 6,241         | 5,304                | 5,246         | 10,550          |
| Payments To Individuals                | 3,685          | 3,926         | 3,172                | 3,170         | 6,342           |
| Local Assistance                       | 4,090          | 5,690         | 4,907                | 4,961         | 9,868           |
| Transfers                              | 0              | 0             | (290)                | (290)         | (580)           |
| <b>Total</b>                           | <b>20,315</b>  | <b>26,158</b> | <b>23,055</b>        | <b>23,056</b> | <b>46,111</b>   |
| <b>Full-Time Equivalents (FTE)</b>     | <b>120.0</b>   | <b>121.1</b>  | <b>113.8</b>         | <b>115.5</b>  |                 |

**Activity at a Glance**

- Coordinate efforts to survey race- and ethnic-specific data being collected within MDH and statewide.
- Track outcomes to measure Minnesota's progress toward reducing health disparities in Populations of Color and American Indians (POC/AI).
- Awarded 42 Ending Health Disparities Initiative (EHDI) community grants and 10 tribal grants between 2001 and 2009 to address health disparities between POC/AIs and White populations in eight priority health areas (PHAs): immunizations for adults and children; infant mortality; breast and cervical cancer; HIV/AIDS and sexually transmitted infections; cardiovascular disease; diabetes; teen pregnancy rates; and unintentional injuries and violence. Outcomes from these investments are detailed below.
- Awarded 29 EHDI community grants and 9 tribal grants in 2010. The use of culturally competent promising approaches or best practices models in programs addressing the eight PHAs was stressed as were strategies addressing Social Determinants of Health (SDOH). Five of the 29 grants awarded in 2010 addressed SDOH.

**Activity Description**

The Office of Minority and Multicultural Health (OMMH) exists to close the gap in health disparities affecting Populations of Color and American Indians (POC/AIs) in Minnesota and to improve the overall health of the state's racially and ethnically diverse communities.

**Population Served**

The OMMH provides leadership within MDH and within our community-based, tribal, governmental, and local public health partners to identify, develop, and support strategies that reduce health disparities in populations of color and American Indians in Minnesota. These disparities are a result of a complex interplay of many factors, including institutional racism, cultural and linguistic barriers, access to health care, genetics, social determinants of health, and individual health behavior.

**Services Provided****Provide leadership to improve the health status of POC/AIs in Minnesota:**

- Develop and implement a comprehensive and coordinated plan to reduce health disparities.
- Build capacity to meet the needs of POC/AIs 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 POC/AIs 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 POC/AIs and to close the Minnesota health disparity gap through solutions grounded in community asset strategies and interventions.
- Partner with existing MDH grant programs to increase their impact on closing health disparities gaps.

**Ensure valid, available, and reliable data about the health status of POC/AIs 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 POC/AIs in Minnesota.
- 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 (EHDI) was launched.

**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. This increased to 15.2% in the 2009 census estimate update.

**Minnesota Population Change: 1980-2009**

| Racial/Ethnic Group                 | 1980 Census      | 1990 Census      | 2000 Census <sup>1</sup> | 2007 Census <sup>1</sup> | 2009 Census      |
|-------------------------------------|------------------|------------------|--------------------------|--------------------------|------------------|
| African/African American            | 53,344           | 94,944           | 171,731                  | 232,909                  | 249,909          |
| American Indian                     | 35,016           | 49,909           | 54,967                   | 60,928                   | 66,640           |
| Asian/Pacific Islander              | 32,226           | 77,886           | 143,947                  | 182,473                  | 202,143          |
| Latino                              | 32,123           | 53,884           | 143,382                  | 205,896                  | 226,384          |
| White                               | 3,935,770        | 4,130,395        | 4,400,282                | 4,640,074                | 4,464,703        |
| <b>Total Population<sup>2</sup></b> | <b>4,075,970</b> | <b>4,375,099</b> | <b>4,919,479</b>         | <b>5,197,621</b>         | <b>5,266,214</b> |

Source: U.S. Bureau of Census

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

<sup>2</sup>The population count for each racial/ethnic group does not add up to "Total Population" because Hispanic, who can be of any race, are counted in the racial groups and because "Some other race alone" and "Two or more races" categories are excluded from the table.

**Key Activity Goals & Measures**

This activity supports the MDH goal of *Eliminating health disparities and achieve health equity* in the department's strategic plan.

**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   |           | Current   | Objective                           | Objective Met ? |
|--------------------------|-----------|-----------|-----------|-------------------------------------|-----------------|
|                          | 1989-1993 | 1995-1999 | 2003-2007 | 50% Disparity Reduction with Whites |                 |
| American Indian          | 16.2      | 13.5      | 10.2      | 36%                                 | No              |
| Asian/Pacific Islander   | 6.2       | 7.1       | 4.3       | No Disparity                        | Yes             |
| African/African American | 16.5      | 13.2      | 8.9       | 67%                                 | Yes             |
| Latino                   | 7.3       | 7.0       | 4.1       | No Disparity                        | Yes             |
| White Population         | 6.4       | 5.5       | 4.3       |                                     |                 |

Source: MDH Center for Health Statistics

- Improve health disparity status.

## HEALTH DEPT

**Program:** COMMUNITY & FAMILY HEALTH PROMOTION

**Activity:** MINORITY MULTICULTURAL HEALTH

Narrative

### Disparity Reduction/Increase by Health Area and Population, 1995 – 1999 to 2002 – 2006, Minnesota

| Priority Health Area           | Disparity Status by Race/Ethnicity |                 |              |              |
|--------------------------------|------------------------------------|-----------------|--------------|--------------|
|                                | African American                   | American Indian | Asian        | Latino       |
| Breast Cancer Mortality        | 55.5%                              | No disparity    | No disparity | #            |
| Cervical Cancer incidence      | 54.2%                              | 15.3%           | 32.9%        | #            |
| Heart Disease Mortality        | 94.3%                              | (37.5%)         | No disparity | No disparity |
| Diabetes Mortality             | 17.1%                              | 18.7%           | No disparity | 25.3%        |
| Teen Pregnancy                 | 39.1%                              | 4.2%            | 36.6%        | 15.8%        |
| New HIV Infection              | (7.4%)                             | 51.8%           | 0.0%         | (30.3%)      |
| Immunizations                  | #                                  | #               | #            | #            |
| Unintentional Injury Mortality | No disparity                       | (29.7%)         | No disparity | No disparity |

# - Lack of comparative baseline data available, cannot measure disparity

Source: 2009 EHD Legislative Report

### Activity Funding

The office is funded by appropriations from the General Fund and also receives federal funding.

### Contact

Director

Office of Minority & Multicultural Health

(651)201.5813

E-mail: [ommh@state.mn.us](mailto:ommh@state.mn.us)

Web site: <http://www.health.state.mn.us/ommh>

# HEALTH DEPT

## Program: COMMUNITY & FAMILY HLTH PROMO

Activity: MINORITY MULTICULTURAL HEALTH

Budget Activity Summary

| <i>Dollars in Thousands</i>            |                |               |                      |               |                 |
|--|----------------|---------------|----------------------|---------------|-----------------|
|  | <b>Current</b> |               | <b>Forecast Base</b> |               | <b>Biennium</b> |
|  | <b>FY2010</b>  | <b>FY2011</b> | <b>FY2012</b>        | <b>FY2013</b> | <b>2012-13</b>  |
| <b><u>Expenditures by Fund</u></b>     |                |               |                      |               |                 |
| <b>Direct Appropriations</b>           |                |               |                      |               |                 |
| General                                | 2,187          | 3,964         | 3,879                | 3,879         | 7,758           |
| Federal Tanf                           | 1,885          | 2,115         | 2,000                | 2,000         | 4,000           |
| <b>Statutory Appropriations</b>        |                |               |                      |               |                 |
| Miscellaneous Special Revenue          | 0              | 122           | 121                  | 121           | 242             |
| Federal                                | 58             | 0             | 0                    | 0             | 0               |
| Gift                                   | 0              | 2             | 2                    | 2             | 4               |
| <b>Total</b>                           | <b>4,130</b>   | <b>6,203</b>  | <b>6,002</b>         | <b>6,002</b>  | <b>12,004</b>   |
| <b><u>Expenditures by Category</u></b> |                |               |                      |               |                 |
| Total Compensation                     | 534            | 666           | 633                  | 633           | 1,266           |
| Other Operating Expenses               | 50             | 280           | 227                  | 227           | 454             |
| Local Assistance                       | 3,546          | 5,257         | 5,142                | 5,142         | 10,284          |
| <b>Total</b>                           | <b>4,130</b>   | <b>6,203</b>  | <b>6,002</b>         | <b>6,002</b>  | <b>12,004</b>   |
| <b>Full-Time Equivalents (FTE)</b>     | <b>6.7</b>     | <b>7.5</b>    | <b>7.5</b>           | <b>7.5</b>    |                 |

**Activity at a Glance**

- Awarded 41 grants to all 53 community health boards and 9 of 11 tribal governments to implement evidence-based policy, systems, and environmental change strategies to reduce obesity and tobacco use and exposure.
- Provided technical assistance to SHIP grantees through regional trainings, webinars, one-on-one support, site visits, and an in-person conference.
- Implementing statewide initiatives around Farm-to-School, healthy school meals Great Trays Partnership, Safe Routes to School, tobacco cessation services, and many others.

**Activity Description**

The Office of Statewide Health Improvement Initiatives (OSHII) improves the health of all Minnesotans through the implementation of public health interventions to prevent or delay the onset of chronic disease by targeting obesity, tobacco use and exposure, and alcohol and other drug use. OSHII provides leadership in the development of statewide programs and policies to improve health and reduce health care costs associated with chronic disease.

**Population Served**

This activity serves the entire population of Minnesota. Efforts are both population-based and focused on residents of the state who are at a high risk for obesity and tobacco use and exposure such as youth, the aging population, the disabled, American Indians, and populations of color. Different initiatives within OSHII fund different entities including local public health, tribal governments, and

community-based organizations. OSHII budget includes the Statewide Health Improvement Program (SHIP), several funding streams for the federally funded Communities Putting Prevention to Work (CPPW), and other Centers for Disease Control and Prevention and state funded tobacco, obesity, and alcohol and other drug use programs.

**Services Provided****Monitor the occurrence of obesity, tobacco use and exposure, and related health behaviors.**

- Use the Behavioral Risk Factor Surveillance System, Minnesota Student Survey, and other data sources to analyze and report on the prevalence and trends in obesity, tobacco use and exposure, and related health behaviors such as physical activity and nutrition.
- Implement a system for local public health agencies to report annually on the systems changes they are making to reduce obesity and tobacco use and exposure.

**Increase capacity for local public health agencies and tribal governments and their partners to address obesity and tobacco use and exposure in their communities.**

- Fund community health boards, tribal governments, and community-based organizations to implement evidence-based interventions that address tobacco use and exposure and obesity.
- Partner with external organizations with expertise in health improvement and capacity building to ensure grantees are successful.
- Provide community engagement and intervention-specific training and technical assistance for SHIP and CPPW grantees.

**Provide leadership in the development and maintenance of effective public/private partnerships to prevent obesity, tobacco use and exposure, and alcohol and other drug use.**

- Facilitate effective collaborations and partnerships.
- Convene forums to identify common interests and foster action.
- Work with and support health care providers and systems, public health agencies, schools, and other community-based organizations involved in statewide prevention and planning efforts.
- Along with the Health Promotion and Chronic Disease Division, support the implementation of statewide plans for heart disease, stroke, cancer, diabetes, asthma, arthritis, oral health, and obesity 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. Most chronic diseases have common risk factors. Tobacco use and exposure, physical inactivity, poor nutrition and alcohol abuse are the leading actual causes of death.

The Minnesota Tobacco Prevention and Control Program created a strategic plan to reduce tobacco use and exposure in the state. The five-year Minnesota Obesity Plan, completed in July 2008, represents a comprehensive collection of objectives and strategies to be implemented by a wide variety of stakeholders all across the state to promote healthy eating, physical activity, and healthy weight. SHIP was created from Minnesota's 2008 health reform legislation to fund community health boards and tribal governments to work in schools, worksites, health care, and their communities to address these actual causes of death. The strategic plan of the Minnesota Tobacco Prevention and Control Program and the Minnesota Obesity Plan served as the background documents used to identify the interventions to be implemented and evaluated by SHIP grantees.

### Key Activity Goals & Measures

This activity supports the MDH goals of *Promote health throughout the lifespan* and *Eliminating health disparities and achieve health equity* in the department's strategic plan by ensuring Minnesotans make healthy choices and have social environments that support safe and healthy living.

#### Measures

- Increase the percent of Minnesota adults who meet national recommendations for healthy weight, physical activity, fruit and vegetable consumption, and who do not use tobacco.

|                                | History |      |      |      |      | Current | Target |
|--------------------------------|---------|------|------|------|------|---------|--------|
| Health Behavior or Risk Factor | 2003    | 2005 | 2006 | 2007 | 2008 | 2009    | 2013   |
| Physical Activity              | 49%     | 51%  |      | 49%  |      | 53%     | 63%    |
| Fruits & Vegetables            | 24%     | 25%  |      | 19%  |      | 22%     | 34%    |
| Healthy Weight                 | 39%     | 39%  | 37%  | 38%  | 37%  | 37%     | 42%    |
| Tobacco Use                    | 21%     | 20%  | 18%  | 17%  | 18%  | 17%     |        |

Source: Minnesota Behavioral Risk Factor Surveillance System

- 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%  | 27%     | 23%    |

Source: Minnesota Youth Tobacco Survey



## HEALTH DEPT

**Program:** COMMUNITY & FAMILY HEALTH PROMOTION

**Activity:** STATEWIDE HEALTH IMPROVEMENT

Narrative

- Increase the percent of Minnesota youth who meet national recommendations for healthy weight, physical activity, fruit and vegetable consumption, and who do not use tobacco (6<sup>th</sup> graders).

|   | History |      | Current | Target                     |
|---|---------|------|---------|----------------------------|
| Health Behavior among 6 <sup>th</sup> Graders | 2001    | 2004 | 2007    | 2013                       |
| Physical Activity                             | 44%     | 46%  | 48%     | 57% (boys),<br>50% (girls) |
| Fruits & Vegetables                           | 22%     | 21%  | 20%     | 31%                        |
| Tobacco Use                                   | 3%      | 3%   | 2%      |                            |

Source: Minnesota Student Survey

- Eliminate racial and ethnic disparities in the burden of obesity and tobacco use and exposure. Data are not currently available.

### Activity Funding

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

### Contact

Office of Statewide Health Improvement Initiatives (OSHI)

Phone: (651) 201-5443

Websites:

SHIP: <http://www.health.state.mn.us/healthreform/ship/index.html>

Tobacco: <http://www.health.state.mn.us/divs/hpcd/tpc/>

MNPAN: <http://www.health.state.mn.us/divs/hpcd/chp/cdr/obesity/index.html>

# HEALTH DEPT

## Program: COMMUNITY & FAMILY HLTH PROMO

Activity: STATEWIDE HEALTH IMPROVEMENT

Budget Activity Summary

| <i>Dollars in Thousands</i>            |                |               |                      |               |                 |
|--|----------------|---------------|----------------------|---------------|-----------------|
|  | <b>Current</b> |               | <b>Forecast Base</b> |               | <b>Biennium</b> |
|  | <b>FY2010</b>  | <b>FY2011</b> | <b>FY2012</b>        | <b>FY2013</b> | <b>2012-13</b>  |
| <b><u>Expenditures by Fund</u></b>     |                |               |                      |               |                 |
| <b>Direct Appropriations</b>           |                |               |                      |               |                 |
| General                                | 3,340          | 3,355         | 3,353                | 3,353         | 6,706           |
| Health Care Access                     | 19,947         | 27,053        | 0                    | 0             | 0               |
| <b>Statutory Appropriations</b>        |                |               |                      |               |                 |
| Miscellaneous Special Revenue          | 119            | 452           | 45                   | 45            | 90              |
| Federal                                | 2,547          | 2,416         | 2,341                | 2,341         | 4,682           |
| Federal Stimulus                       | 53             | 6,847         | 6,649                | 2,000         | 8,649           |
| Gift                                   | 0              | 5             | 5                    | 5             | 10              |
| <b>Total</b>                           | <b>26,006</b>  | <b>40,128</b> | <b>12,393</b>        | <b>7,744</b>  | <b>20,137</b>   |
| <b><u>Expenditures by Category</u></b> |                |               |                      |               |                 |
| Total Compensation                     | 1,986          | 3,971         | 3,344                | 2,376         | 5,720           |
| Other Operating Expenses               | 819            | 3,125         | 3,195                | 1,956         | 5,151           |
| Local Assistance                       | 23,201         | 33,032        | 5,854                | 3,412         | 9,266           |
| <b>Total</b>                           | <b>26,006</b>  | <b>40,128</b> | <b>12,393</b>        | <b>7,744</b>  | <b>20,137</b>   |
| <b>Full-Time Equivalents (FTE)</b>     | <b>25.9</b>    | <b>34.9</b>   | <b>32.6</b>          | <b>32.6</b>   |                 |

**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**

This program includes the following budget activities:

- Compliance Monitoring
- Health Policy

# HEALTH DEPT

Program: POLICY QUALITY & COMPLIANCE

Program Summary

| <i>Dollars in Thousands</i>                 |                |               |                      |               |                 |
|---|----------------|---------------|----------------------|---------------|-----------------|
|   | <b>Current</b> |               | <b>Forecast Base</b> |               | <b>Biennium</b> |
|   | <b>FY2010</b>  | <b>FY2011</b> | <b>FY2012</b>        | <b>FY2013</b> | <b>2012-13</b>  |
| <b><u>Direct Appropriations by Fund</u></b> |                |               |                      |               |                 |
| <b>General</b>                              |                |               |                      |               |                 |
| Current Appropriation                       | 5,576          | 7,666         | 7,666                | 7,666         | 15,332          |
| <b>Technical Adjustments</b>                |                |               |                      |               |                 |
| Approved Transfer Between Appr              |                |               | 11                   | 11            | 22              |
| Current Law Base Change                     |                |               | 821                  | 821           | 1,642           |
| Fund Changes/consolidation                  |                |               | 2,500                | 2,500         | 5,000           |
| <b>Forecast Base</b>                        | <b>5,576</b>   | <b>7,666</b>  | <b>10,998</b>        | <b>10,998</b> | <b>21,996</b>   |
| <b>State Government Spec Revenue</b>        |                |               |                      |               |                 |
| Current Appropriation                       | 14,173         | 14,476        | 14,476               | 14,476        | 28,952          |
| <b>Technical Adjustments</b>                |                |               |                      |               |                 |
| Current Law Base Change                     |                |               | (498)                | (534)         | (1,032)         |
| One-time Appropriations                     |                |               | 48                   | 141           | 189             |
| <b>Forecast Base</b>                        | <b>14,173</b>  | <b>14,476</b> | <b>14,026</b>        | <b>14,083</b> | <b>28,109</b>   |
| <b>Health Care Access</b>                   |                |               |                      |               |                 |
| Current Appropriation                       | 17,561         | 12,327        | 12,327               | 12,327        | 24,654          |
| <b>Technical Adjustments</b>                |                |               |                      |               |                 |
| Biennial Appropriations                     |                |               | 600                  | 0             | 600             |
| Current Law Base Change                     |                |               | (240)                | (2,774)       | (3,014)         |
| Fund Changes/consolidation                  |                |               | (1,500)              | (2,500)       | (4,000)         |
| One-time Appropriations                     |                |               | (237)                | (237)         | (474)           |
| <b>Forecast Base</b>                        | <b>17,561</b>  | <b>12,327</b> | <b>10,950</b>        | <b>6,816</b>  | <b>17,766</b>   |
| <b>Miscellaneous Special Revenue</b>        |                |               |                      |               |                 |
| Current Appropriation                       | 8,550          | 8,550         | 8,550                | 8,550         | 17,100          |
| <b>Forecast Base</b>                        | <b>8,550</b>   | <b>8,550</b>  | <b>8,550</b>         | <b>8,550</b>  | <b>17,100</b>   |

# HEALTH DEPT

## Program: POLICY QUALITY & COMPLIANCE

## Program Summary

| <i>Dollars in Thousands</i>            |                |                |                      |                |                 |
|--|----------------|----------------|----------------------|----------------|-----------------|
|  | <b>Current</b> |                | <b>Forecast Base</b> |                | <b>Biennium</b> |
|  | <b>FY2010</b>  | <b>FY2011</b>  | <b>FY2012</b>        | <b>FY2013</b>  | <b>2012-13</b>  |
| <b><u>Expenditures by Fund</u></b>     |                |                |                      |                |                 |
| <b>Carry Forward</b>                   |                |                |                      |                |                 |
| State Government Spec Revenue          | 159            | 0              | 0                    | 0              | 0               |
| Health Care Access                     | 299            | 0              | 4,089                | 0              | 4,089           |
| <b>Direct Appropriations</b>           |                |                |                      |                |                 |
| General                                | 2,338          | 5,205          | 10,998               | 10,998         | 21,996          |
| State Government Spec Revenue          | 9,498          | 15,037         | 14,026               | 14,083         | 28,109          |
| Health Care Access                     | 12,038         | 13,639         | 10,950               | 6,816          | 17,766          |
| Miscellaneous Special Revenue          | 127            | 182            | 8,582                | 8,582          | 17,164          |
| <b>Open Appropriations</b>             |                |                |                      |                |                 |
| Health Care Access                     | 33             | 42             | 38                   | 38             | 76              |
| <b>Statutory Appropriations</b>        |                |                |                      |                |                 |
| Miscellaneous Special Revenue          | 22,843         | 23,407         | 16,918               | 17,018         | 33,936          |
| Federal                                | 2,812          | 3,225          | 3,260                | 3,086          | 6,346           |
| Federal Stimulus                       | 253            | 3,476          | 3,554                | 1,538          | 5,092           |
| Medical Education & Research           | 87,554         | 85,798         | 77,340               | 77,331         | 154,671         |
| Gift                                   | 9              | 31             | 31                   | 31             | 62              |
| <b>Total</b>                           | <b>137,963</b> | <b>150,042</b> | <b>149,786</b>       | <b>139,521</b> | <b>289,307</b>  |
| <b><u>Expenditures by Category</u></b> |                |                |                      |                |                 |
| Total Compensation                     | 25,343         | 26,369         | 25,659               | 25,035         | 50,694          |
| Other Operating Expenses               | 16,063         | 25,898         | 26,506               | 17,922         | 44,428          |
| Payments To Individuals                | 1,688          | 2,303          | 1,122                | 1,122          | 2,244           |
| Local Assistance                       | 93,056         | 93,334         | 94,285               | 93,228         | 187,513         |
| Other Financial Transactions           | 1,813          | 2,138          | 2,137                | 2,137          | 4,274           |
| Transfers                              | 0              | 0              | 77                   | 77             | 154             |
| <b>Total</b>                           | <b>137,963</b> | <b>150,042</b> | <b>149,786</b>       | <b>139,521</b> | <b>289,307</b>  |
| <b><u>Expenditures by Activity</u></b> |                |                |                      |                |                 |
| Compliance Monitoring                  | 25,940         | 29,953         | 27,023               | 27,087         | 54,110          |
| Health Policy                          | 112,023        | 120,089        | 122,763              | 112,434        | 235,197         |
| <b>Total</b>                           | <b>137,963</b> | <b>150,042</b> | <b>149,786</b>       | <b>139,521</b> | <b>289,307</b>  |
| <b>Full-Time Equivalents (FTE)</b>     | <b>303.9</b>   | <b>297.9</b>   | <b>300.0</b>         | <b>294.0</b>   |                 |

**Activity at a Glance**

- Monitor 7,950 health care facilities and providers for safety and quality.
- Review qualifications and regulate more than 5,000 allied health practitioners.
- Monitor 8 health maintenance organizations (HMOs) and 3 county based purchasing organizations that provide health care services to 1.1 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 60,000 nursing assistants.
- Maintain the nursing home report card web site, which from 2007-2009 had more than 390,000 visits.
- Inspect 350 funeral establishments and license 1,300 morticians and funeral directors each year.

**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 as well as 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.

**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 and persons with disabilities. 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. As a result of legislation enacted by the 2010 Legislature, Compliance Monitoring will license body art establishments and body art technicians effective January 1, 2011. The division will also license birth centers beginning January 1, 2011.

## HEALTH DEPT

**Program:** POLICY QUALITY & COMPLIANCE

**Activity:** COMPLIANCE MONITORING

Narrative

### Key Activity Goals & Measures

This activity supports the MDH goals of *Help all people get quality health care services* and *Assure strong systems for health* in the department's strategic plan.

#### Measures

- Continue to meet the two indicators under the federal Government Performance Results Act (GPRA) for nursing facilities collectively in the state.
  - Have no more than 5.9% of patients whose care assessments indicate the use of physical restraints. Minnesota currently satisfies this overall goal at 1.5%.
  - No more than 8.0% of patients whose care assessments indicate pressure ulcers. Minnesota currently satisfies this goal at 5.1%.
- The additional goal (listed under the corresponding measure) is to increase compliance, so that each nursing home meets these goals.

|   | 2006 | 2007 | 2008                | 2009 | GPRA |
|---|------|------|---------------------|------|------|
| Patients whose care assessment indicates use of physical restraints (statewide) | 3.1% | 2.4% | 1.9%                | 1.5% | 5.9  |
| % nursing facilities meeting 5.9% rate  | 92%  | 89%  | data not available* | 96%  | NA   |
| Patients whose care assessment indicates pressure ulcers                        | 5.6% | 5.4% | 5.3%                | 5.1% | 8.0% |
| % nursing facilities meeting 8% rate  | 83%  | 86%  | data not available* | 90%  | NA   |

\*Data is from federal data base at CMS; web link is unavailable for 2008.

### Activity Funding

This activity is funded by direct appropriations from State Government Special Revenue Fund and the General Fund, and from federal funding.

### Contact

Compliance Monitoring Division

Phone: (651) 201-3700

Web-site: <http://www.health.state.mn.us/cm/index.html>

# HEALTH DEPT

## Program: POLICY QUALITY & COMPLIANCE

Activity: COMPLIANCE MONITORING

Budget Activity Summary

| <i>Dollars in Thousands</i>            |                |               |                      |               |                 |
|--|----------------|---------------|----------------------|---------------|-----------------|
|  | <b>Current</b> |               | <b>Forecast Base</b> |               | <b>Biennium</b> |
|  | <b>FY2010</b>  | <b>FY2011</b> | <b>FY2012</b>        | <b>FY2013</b> | <b>2012-13</b>  |
| <b><u>Expenditures by Fund</u></b>     |                |               |                      |               |                 |
| <b>Direct Appropriations</b>           |                |               |                      |               |                 |
| General                                | 68             | 172           | 2,994                | 2,994         | 5,988           |
| State Government Spec Revenue          | 6,111          | 9,128         | 9,685                | 9,649         | 19,334          |
| Health Care Access                     | 0              | 39            | 0                    | 0             | 0               |
| <b>Statutory Appropriations</b>        |                |               |                      |               |                 |
| Miscellaneous Special Revenue          | 19,271         | 19,999        | 13,729               | 13,829        | 27,558          |
| Federal                                | 490            | 497           | 497                  | 497           | 994             |
| Federal Stimulus                       | 0              | 118           | 118                  | 118           | 236             |
| <b>Total</b>                           | <b>25,940</b>  | <b>29,953</b> | <b>27,023</b>        | <b>27,087</b> | <b>54,110</b>   |
| <b><u>Expenditures by Category</u></b> |                |               |                      |               |                 |
| Total Compensation                     | 16,842         | 16,760        | 16,002               | 16,051        | 32,053          |
| Other Operating Expenses               | 9,098          | 13,193        | 10,944               | 10,959        | 21,903          |
| Transfers                              | 0              | 0             | 77                   | 77            | 154             |
| <b>Total</b>                           | <b>25,940</b>  | <b>29,953</b> | <b>27,023</b>        | <b>27,087</b> | <b>54,110</b>   |
| <b>Full-Time Equivalents (FTE)</b>     | <b>194.3</b>   | <b>192.3</b>  | <b>191.9</b>         | <b>191.9</b>  |                 |



**Activity at a Glance**

- Support state and federal health reforms, including the areas of payment reform, performance measurement, delivery system design, transparency of health care quality and cost, insurance coverage, and Health Insurance Exchanges.
- Assist the health care delivery system to achieve effective electronic health record use to improve care, reduce costs and maximize federal incentive payments.
- Track and report on health care cost growth and trends in the health care marketplace.
- Issue more than 600,000 certified birth and death records each year.
- Advance the use of standard health care electronic transactions by more than 60,000 Minnesota providers and over 2,000 payers nationwide, to reduce health care administrative costs.
- 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 and the health care safety net.

**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. The division plays a key role in assessing requirements and options associated with federal health reform laws and serves as the lead on Health Insurance Exchanges. It promotes access to quality, affordable health care for vulnerable, underserved, and rural populations. It streamlines and reduces health care administrative burdens and costs; accelerate effective electronic health records and e-prescribing use; provide financial and technical assistance to community-based health systems; improve vital records data collection and issuance; and support medical professionals' training. It assesses 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**

The division serves all Minnesota citizens, health care professionals, purchasers, payers, and policy makers.

**Services Provided**

- Support state and federal health reforms, including the areas of payment reform, performance measurement, delivery system design, transparency of health care quality and cost, insurance coverage, and Health Insurance Exchanges.
- Collect data and perform research to inform policy makers; analyze data to monitor and understand health care access, market conditions and trends, health care spending, capital investments, health status and disparities, health behaviors and conditions, and prevalence of disease.
- Assist health care payers and providers to standardize administrative processes to reduce health care costs.
- Provide leadership and technical assistance to health care organizations and consumers on statutory mandates for use of health information technology and administrative simplification.
- Administer the statewide hospital trauma system, collect and analyze trauma data for system improvement and interagency coordination, and provide technical expertise to hospitals caring for trauma patients.
- Award \$50-\$60 million in funds each year to clinical health professional training sites in Minnesota.
- Strengthen Minnesotans' access to quality health care services by directing state and federal assistance to 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 about patient safety in Minnesota to providers, health plans, patients, and others.
- Administer a secure vital records system so that citizens can obtain birth and death records and health researchers have timely information that will help improve response to public health issues and emergencies.

**Historical Perspective**

Like the nation overall, Minnesota has unsustainable rates of health care spending growth. In the past ten years, health care spending more than doubled, reaching \$35.1 billion in 2008. Without any changes to the underlying trends, spending is projected to double in ten years, consuming about \$1 out of every \$5 of the state's economy.

## HEALTH DEPT

### Program: POLICY QUALITY & COMPLIANCE

#### Activity: HEALTH POLICY

#### Narrative

The Health Policy Division's work on health care market analysis, payment reform, quality measurement and reporting, administrative simplification, and e-health mandates will help slow the growth of health spending while increasing affordable access to quality health care for all Minnesotans. The Health Policy Division delivers objective and thorough research, policy analysis, and other vital information and support to consumers, policy makers, health professionals, payers, and purchasers.

Through this work, we help drive the transformation of the health care system to address system inefficiencies and health care cost growth. The division also stabilizes and strengthens the health care system by supporting the trauma system and health care safety net providers.

### Key Activity Goals & Measures

This activity supports the MDH goals of *Help all people get quality health care services* and *Assure strong systems for health* in the department's strategic plan.

#### Measures

- All Minnesotans will have access to affordable coverage for the health care they need.** The Division analyzes health coverage trends to inform policy decisions about the design and implementation of health care market and payment reforms that address system inefficiencies and health care cost growth.

| 2007 Uninsurance Rate | 2009 Uninsurance Rate | Target 2011 Uninsurance Rate |
|-----------------------|-----------------------|------------------------------|
| 7.2%                  | 9.1%                  | 7.5%                         |

Source: MN Health Access Survey 2009 and 2007

- Health care related to prescription drug use in Minnesota is safe, effective and coordinated.** The Division develops policy and identifies practical guidance to assist providers, group purchasers, prescribers, and dispensers to implement and effectively use electronic prescription programs, as required by Minnesota Statutes, section 62J.497.

| 2008                     | 2009                     | Target 2011              |
|--------------------------|--------------------------|--------------------------|
| Rx Routed Electronically | Rx Routed Electronically | Rx Routed Electronically |
| 3.6%                     | 21%                      | 80%                      |

Source: SureScripts.

- Trauma health care services are available throughout Minnesota.** Nearly all MN hospitals will be part of the trauma system in 2011, allowing the division to collect and analyze more comprehensive data. Better information will help increase coordination between trauma centers, promote overall system improvement, and ensure seriously injured patients are cared for competently and expeditiously.

| 2006 Trauma Centers | 2010 Trauma Centers | Target 2011 Trauma Centers |
|---------------------|---------------------|----------------------------|
| 0 Hospitals         | 107 Hospitals (83%) | 124 Hospitals (96%)        |

Source: Office of Rural Health and Primary Care

### Activity Funding

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

### Contact

Division of Health Policy  
Phone: (651) 201-4819

# HEALTH DEPT

## Program: POLICY QUALITY & COMPLIANCE

Activity: HEALTH POLICY

Budget Activity Summary

| <i>Dollars in Thousands</i>            |                |                |                |                |                |
|--|----------------|----------------|----------------|----------------|----------------|
|  | Current        |                | Forecast Base  |                | Biennium       |
|  | FY2010         | FY2011         | FY2012         | FY2013         | 2012-13        |
| <b><u>Expenditures by Fund</u></b>     |                |                |                |                |                |
| <b>Carry Forward</b>                   |                |                |                |                |                |
| State Government Spec Revenue          | 159            | 0              | 0              | 0              | 0              |
| Health Care Access                     | 299            | 0              | 4,089          | 0              | 4,089          |
| <b>Direct Appropriations</b>           |                |                |                |                |                |
| General                                | 2,270          | 5,033          | 8,004          | 8,004          | 16,008         |
| State Government Spec Revenue          | 3,387          | 5,909          | 4,341          | 4,434          | 8,775          |
| Health Care Access                     | 12,038         | 13,600         | 10,950         | 6,816          | 17,766         |
| Miscellaneous Special Revenue          | 127            | 182            | 8,582          | 8,582          | 17,164         |
| <b>Open Appropriations</b>             |                |                |                |                |                |
| Health Care Access                     | 33             | 42             | 38             | 38             | 76             |
| <b>Statutory Appropriations</b>        |                |                |                |                |                |
| Miscellaneous Special Revenue          | 3,572          | 3,408          | 3,189          | 3,189          | 6,378          |
| Federal                                | 2,322          | 2,728          | 2,763          | 2,589          | 5,352          |
| Federal Stimulus                       | 253            | 3,358          | 3,436          | 1,420          | 4,856          |
| Medical Education & Research           | 87,554         | 85,798         | 77,340         | 77,331         | 154,671        |
| Gift                                   | 9              | 31             | 31             | 31             | 62             |
| <b>Total</b>                           | <b>112,023</b> | <b>120,089</b> | <b>122,763</b> | <b>112,434</b> | <b>235,197</b> |
| <b><u>Expenditures by Category</u></b> |                |                |                |                |                |
| Total Compensation                     | 8,501          | 9,609          | 9,657          | 8,984          | 18,641         |
| Other Operating Expenses               | 6,965          | 12,705         | 15,562         | 6,963          | 22,525         |
| Payments To Individuals                | 1,688          | 2,303          | 1,122          | 1,122          | 2,244          |
| Local Assistance                       | 93,056         | 93,334         | 94,285         | 93,228         | 187,513        |
| Other Financial Transactions           | 1,813          | 2,138          | 2,137          | 2,137          | 4,274          |
| <b>Total</b>                           | <b>112,023</b> | <b>120,089</b> | <b>122,763</b> | <b>112,434</b> | <b>235,197</b> |
| <b>Full-Time Equivalents (FTE)</b>     | <b>109.6</b>   | <b>105.6</b>   | <b>108.1</b>   | <b>102.1</b>   |                |

**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**

This program includes the following budget activities:

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

# HEALTH DEPT

## Program: HEALTH PROTECTION

## Program Summary

| <i>Dollars in Thousands</i>                 |                |               |                      |               |                 |
|---|----------------|---------------|----------------------|---------------|-----------------|
|   | <b>Current</b> |               | <b>Forecast Base</b> |               | <b>Biennium</b> |
|   | <b>FY2010</b>  | <b>FY2011</b> | <b>FY2012</b>        | <b>FY2013</b> | <b>2012-13</b>  |
| <b><u>Direct Appropriations by Fund</u></b> |                |               |                      |               |                 |
| <b>Environment &amp; Natural Resource</b>   |                |               |                      |               |                 |
| Current Appropriation                       | 0              | 594           | 594                  | 594           | 1,188           |
| <b>Technical Adjustments</b>                |                |               |                      |               |                 |
| One-time Appropriations                     |                |               | (594)                | (594)         | (1,188)         |
| <b>Forecast Base</b>                        | <b>0</b>       | <b>594</b>    | <b>0</b>             | <b>0</b>      | <b>0</b>        |
| <b>General</b>                              |                |               |                      |               |                 |
| Current Appropriation                       | 9,272          | 10,670        | 10,670               | 10,670        | 21,340          |
| <b>Technical Adjustments</b>                |                |               |                      |               |                 |
| Approved Transfer Between Appr              |                |               | (900)                | (900)         | (1,800)         |
| Current Law Base Change                     |                |               | (150)                | (150)         | (300)           |
| One-time Appropriations                     |                |               | (250)                | (250)         | (500)           |
| <b>Forecast Base</b>                        | <b>9,272</b>   | <b>10,670</b> | <b>9,370</b>         | <b>9,370</b>  | <b>18,740</b>   |
| <b>State Government Spec Revenue</b>        |                |               |                      |               |                 |
| Current Appropriation                       | 30,209         | 30,209        | 30,209               | 30,209        | 60,418          |
| <b>Forecast Base</b>                        | <b>30,209</b>  | <b>30,209</b> | <b>30,209</b>        | <b>30,209</b> | <b>60,418</b>   |
| <b>Clean Water</b>                          |                |               |                      |               |                 |
| Current Appropriation                       | 1,645          | 2,105         | 2,105                | 2,105         | 4,210           |
| <b>Technical Adjustments</b>                |                |               |                      |               |                 |
| One-time Appropriations                     |                |               | (2,105)              | (2,105)       | (4,210)         |
| <b>Forecast Base</b>                        | <b>1,645</b>   | <b>2,105</b>  | <b>0</b>             | <b>0</b>      | <b>0</b>        |

# HEALTH DEPT

## Program: HEALTH PROTECTION

## Program Summary

*Dollars in Thousands*

|  | <b>Current</b> |                | <b>Forecast Base</b> |                | <b>Biennium</b> |
|--|----------------|----------------|----------------------|----------------|-----------------|
|  | <b>FY2010</b>  | <b>FY2011</b>  | <b>FY2012</b>        | <b>FY2013</b>  | <b>2012-13</b>  |
| <b><u>Expenditures by Fund</u></b>     |                |                |                      |                |                 |
| <b>Direct Appropriations</b>           |                |                |                      |                |                 |
| Environment & Natural Resource         | 0              | 594            | 0                    | 0              | 0               |
| General                                | 8,824          | 13,194         | 9,370                | 9,370          | 18,740          |
| State Government Spec Revenue          | 26,579         | 33,839         | 30,209               | 30,209         | 60,418          |
| Environmental                          | 68             | 122            | 0                    | 0              | 0               |
| Remediation Fund                       | 198            | 306            | 0                    | 0              | 0               |
| Clean Water                            | 362            | 3,388          | 0                    | 0              | 0               |
| <b>Open Appropriations</b>             |                |                |                      |                |                 |
| State Government Spec Revenue          | 195            | 301            | 250                  | 250            | 500             |
| <b>Statutory Appropriations</b>        |                |                |                      |                |                 |
| Drinking Water Revolving Fund          | 736            | 520            | 520                  | 520            | 1,040           |
| Miscellaneous Special Revenue          | 8,626          | 11,978         | 9,268                | 9,256          | 18,524          |
| Federal                                | 58,387         | 71,943         | 62,567               | 59,068         | 121,635         |
| Federal Stimulus                       | 571            | 3,919          | 2,579                | 173            | 2,752           |
| Gift                                   | 4              | 215            | 58                   | 58             | 116             |
| <b>Total</b>                           | <b>104,550</b> | <b>140,319</b> | <b>114,821</b>       | <b>108,904</b> | <b>223,725</b>  |
| <b><u>Expenditures by Category</u></b> |                |                |                      |                |                 |
| Total Compensation                     | 47,047         | 58,664         | 54,523               | 52,396         | 106,919         |
| Other Operating Expenses               | 30,234         | 53,678         | 38,743               | 35,243         | 73,986          |
| Payments To Individuals                | 3              | 0              | 0                    | 0              | 0               |
| Local Assistance                       | 27,266         | 27,977         | 21,971               | 21,681         | 43,652          |
| Transfers                              | 0              | 0              | (416)                | (416)          | (832)           |
| <b>Total</b>                           | <b>104,550</b> | <b>140,319</b> | <b>114,821</b>       | <b>108,904</b> | <b>223,725</b>  |
| <b><u>Expenditures by Activity</u></b> |                |                |                      |                |                 |
| Environmental Health                   | 32,331         | 41,877         | 34,546               | 32,928         | 67,474          |
| Infect Disease Epid Prev Cntrl         | 22,578         | 33,925         | 30,441               | 27,224         | 57,665          |
| Public Health Laboratory               | 18,772         | 30,510         | 23,403               | 23,321         | 46,724          |
| Office Emergency Preparedness          | 30,869         | 34,007         | 26,431               | 25,431         | 51,862          |
| <b>Total</b>                           | <b>104,550</b> | <b>140,319</b> | <b>114,821</b>       | <b>108,904</b> | <b>223,725</b>  |
| <b>Full-Time Equivalents (FTE)</b>     | <b>616.1</b>   | <b>618.1</b>   | <b>606.6</b>         | <b>595.9</b>   |                 |

**Activity at a Glance**

- Test drinking water at more than 8,000 public water systems. 95% of Minnesotans served by community water systems receive water that meets all health-based drinking water standards.
- Assure safe food, drinking water, lodging, and swimming pools in 21,000 licensed restaurants and hotels statewide. Annually 11,296 certified food managers (CFM) are registered. There are currently 54,797 CFM's in the state.
- Test private wells and issue drinking water advisories in areas of contaminated groundwater. Test newly constructed drinking water supply wells for bacteria, nitrate, and arsenic.
- Assess multiple social, economic, exposure, and health factors that affect public health through Health Impact Assessments.
- Promote healthy indoor environments through education about and assistance with asbestos, lead, indoor arenas, Minnesota Clean Indoor Air Act, and Radon and Tools for Schools.
- Respond to environmental health threats during natural disasters and biological, chemical and radiological emergencies.

- License professions impacting 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.
- Develop guidelines for the safe consumption of fish and outreach to susceptible populations, e.g., Hmong.

**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 Minnesota Clean Indoor Air Act are equitably enforced
- Inspect and monitor lodging, manufactured home parks, and recreational camping areas.

**Respond to emerging health risks.**

- Focus attention on children to ensure they are protected from harmful chemicals and other hazards, e.g., implementation of the Toxics Free Kids (products) program.
- Evaluate human health risks from emerging chemical and physical agents in the environment such as endocrine disruptors in water and large wind turbine projects.
- License and inspect the use of radioactive materials and x-ray equipment.
- Assess and prevent possible human health risks from accidental spills, waste disposal, and agricultural and industrial activities.

**Activity Description**

Environmental health programs are an integral part of Minnesota's public health system, working to educate, prevent, control, mitigate and respond to health hazards in the environment. The division assures that Minnesotans have safe drinking water and food, and are protected from hazardous materials in their homes, workplace, and communities. It identifies and responds to emerging environmental health threats and public health emergencies. As a result of research on environmental hazards and greater awareness of 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 quality and provide technical assistance to public water system operators.
- Assist public water suppliers to protect sources of drinking water.
- Inspect water well construction and sealing.

## HEALTH DEPT

**Program:** HEALTH PROTECTION

**Activity:** ENVIRONMENTAL HEALTH

Narrative

### 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 & Measures

This activity supports the MDH goals of Promote health throughout the lifespan; Make physical environments safe and healthy; Prevent the occurrence and spread of disease; and Prepare for and respond to disasters and emergencies in the department's strategic plan.

#### Measures

- Prevent ground water contamination sealing unused, abandoned wells.

|                                     | History | Past    | Current | Target  | Target         |
|-------------------------------------|---------|---------|---------|---------|----------------|
| Number of wells sealed (cumulative) | 1987    | 2000    | 2008    | 2011    | 2050           |
|                                     | 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 |
|------------------------------|----------|------|---------|--------|
| Elevated blood lead reported | 1995     | 2003 | 2009    | 2010   |
|                              | 11.6%    | 2.7% | 0.8%    | 0%     |

Source: MDH Environmental Surveillance and Assessment Section

- Expanded drinking water protection activities made possible by the Clean Water Fund

|   | Baseline | Target | Target | Target |
|---|----------|--------|--------|--------|
| (cumulative)  | 2010     | 2011   | 2012   | 2020   |
| Health based guidance values – Characterize health risks from drinking water exposures to contaminants of emerging health concern.  | 3        | 10     | 17     | 73     |
| Communities in the wellhead protection program – Accelerate the development and implementation of community-based wellhead protection plans, with all communities in the process of implementing plans by 2020. | 357      | 408    | 579    | 932    |

Source: MDH Drinking Water Protection and Environmental Surveillance and Assessment Sections.

### Activity Funding

The division is funded from a variety of sources including the state government special revenue fund, the general fund, and the clean water legacy funding. In addition, the division also receives federal funds, special revenue funds, drinking water revolving funds, and resources from other miscellaneous funds.

### Contact

Environmental Health Division Director office

Phone: (651) 201-4571

The division website is <http://www.health.state.mn.us/divs/eh/index.html>.



# HEALTH DEPT

## Program: HEALTH PROTECTION

Activity: ENVIRONMENTAL HEALTH

Budget Activity Summary

| <i>Dollars in Thousands</i>            |                |               |                      |               |                 |
|--|----------------|---------------|----------------------|---------------|-----------------|
|  | <b>Current</b> |               | <b>Forecast Base</b> |               | <b>Biennium</b> |
|  | <b>FY2010</b>  | <b>FY2011</b> | <b>FY2012</b>        | <b>FY2013</b> | <b>2012-13</b>  |
| <b><u>Expenditures by Fund</u></b>     |                |               |                      |               |                 |
| <b>Direct Appropriations</b>           |                |               |                      |               |                 |
| General                                | 2,802          | 3,122         | 2,865                | 2,865         | 5,730           |
| State Government Spec Revenue          | 18,991         | 25,258        | 22,204               | 22,204        | 44,408          |
| Environmental                          | 68             | 122           | 0                    | 0             | 0               |
| Remediation Fund                       | 198            | 306           | 0                    | 0             | 0               |
| Clean Water                            | 362            | 3,388         | 0                    | 0             | 0               |
| <b>Open Appropriations</b>             |                |               |                      |               |                 |
| State Government Spec Revenue          | 195            | 301           | 250                  | 250           | 500             |
| <b>Statutory Appropriations</b>        |                |               |                      |               |                 |
| Drinking Water Revolving Fund          | 736            | 520           | 520                  | 520           | 1,040           |
| Miscellaneous Special Revenue          | 570            | 728           | 412                  | 412           | 824             |
| Federal                                | 8,409          | 8,129         | 8,292                | 6,674         | 14,966          |
| Gift                                   | 0              | 3             | 3                    | 3             | 6               |
| <b>Total</b>                           | <b>32,331</b>  | <b>41,877</b> | <b>34,546</b>        | <b>32,928</b> | <b>67,474</b>   |
| <b><u>Expenditures by Category</u></b> |                |               |                      |               |                 |
| Total Compensation                     | 21,082         | 22,241        | 20,791               | 20,381        | 41,172          |
| Other Operating Expenses               | 9,866          | 17,274        | 13,417               | 12,129        | 25,546          |
| Local Assistance                       | 1,383          | 2,362         | 715                  | 795           | 1,510           |
| Transfers                              | 0              | 0             | (377)                | (377)         | (754)           |
| <b>Total</b>                           | <b>32,331</b>  | <b>41,877</b> | <b>34,546</b>        | <b>32,928</b> | <b>67,474</b>   |
| <b>Full-Time Equivalents (FTE)</b>     | <b>267.1</b>   | <b>270.1</b>  | <b>265.5</b>         | <b>262.5</b>  |                 |

**Activity at a Glance**

- Tracked 2009-2010 H1N1 influenza activity, including hospitalizations, doctor's office visits, school outbreak reporting, laboratory testing, and deaths to guide public health interventions.
- Ordered 2.5 million doses of H1N1 vaccine.
- Responded to over 5400 calls to the MDH H1N1 Public Hotline.
- Detected state and national outbreaks such as *E. coli* O157:H7 associated with steaks and ground beef, *Salmonella* Typhimurium associated with peanut butter, and *Salmonella enteritis* associated with shell eggs.
- Investigated 63 intestinal disease outbreaks in 2009.
- Funded clinics to provide STD and HIV testing, 30,000 people were tested for STDs and 12,100 people for HIV, and more than 2,300 infected persons were treated in 2009.
- Coordinated programs to immunize 70,000 babies annually to prevent serious diseases.
- Managed treatment for 161 TB cases and evaluated 893 case contacts in 2009.
- Investigated the spread of West Nile virus (101 cases and two deaths in 2007).

Coordinated health screenings for newly arrived refugees. In 2009, 97 percent received a health assessment and 94 percent of these were screened within three months of arrival.

**Activity Description**

The Infectious Disease Epidemiology, Prevention and Control (IDEPC) Division provides statewide leadership to protect Minnesotans from infectious diseases. The division recommends policy for detecting, preventing or controlling infectious diseases; coordinate with the health care system to implement effective measures to prevent further transmission of diseases; and monitor state, national and international disease awareness and control activities in order to identify emerging infectious disease threats.

The division assures Minnesotans are safe from infectious diseases by maintaining systems to detect, investigate, and mitigate infectious disease outbreaks as well as to respond to biological terrorism and other emergencies. We prevent infectious diseases by providing tuberculosis (TB) medications, providing funding for STD and HIV testing, promoting and distributing vaccines, and coordinating refugee screenings to identify and treat health problems. It controls the spread of disease through early detection and investigation of infectious disease outbreaks as well as identifying activities to prevent future outbreaks.

**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. IDEPC collaborates with local, state, and federal public health officials; community organizations, and public and private hospitals and laboratories to detect, investigate and mitigate outbreaks, prevent disease, and provide advice on diagnosis and treatment of rare infectious diseases.

**Services Provided****Respond to Public Health Threats.**

- Monitor for unusual patterns of infectious disease.
- Lead efforts to detect and control pandemic influenza.
- Notify federal officials, hospitals, clinics, and the public of the need to remove a product from the market or to not use or consume a specific product that is a public health threat.

**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 illness complaints and detect outbreaks.
- Manage treatment of and provide medications for 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, STD, and TB patients and their contacts to prevent disease transmission.

## HEALTH DEPT

**Program:** HEALTH PROTECTION

**Activity:** INFECTIOUS DISEASE EPID, PREVENTION, & CONTROL

Narrative

- Provide technical support to local public health on infectious disease issues; 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.
- 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.
- Alert the public where and when the risk of vectorborne disease (Lyme disease from ticks, West Nile virus from mosquitoes) is the greatest.
- Communicate current infectious disease information through the publication of BugBytes and the Disease Control Newsletter.

### Key Activity Goals & Measures

This activity supports the MDH goals of *Prevent the occurrence and spread of diseases* in the department's strategic plan.

#### Measures

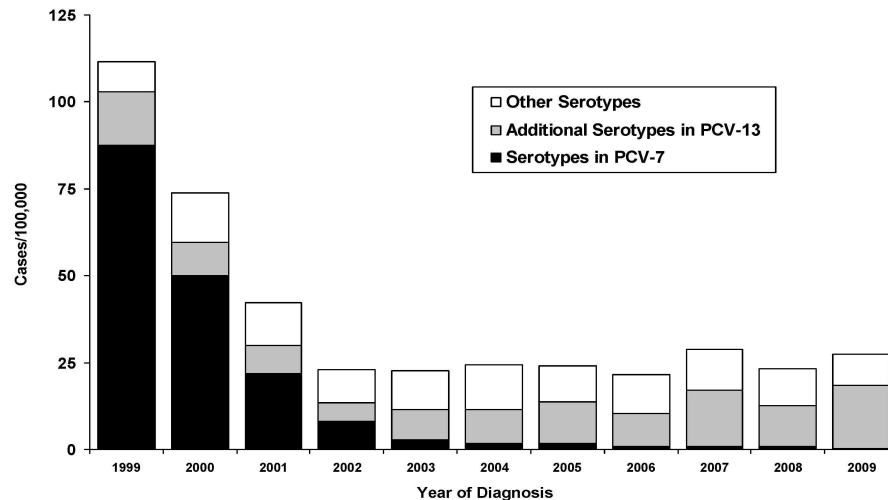
- Increase the percent of new TB patients who complete therapy in 12 months. Completion of TB therapy prevents spread and reduces the development of resistant strains of TB. State funding for TB medication allows MDH to distribute medications without cost to the patient to reduce barriers to completion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

| History        | History        | History        | History         | History        | Current         | Target |
|----------------|----------------|----------------|-----------------|----------------|-----------------|--------|
| 2000           | 2002           | 2004           | 2006            | 2007           | 2008            | 2011   |
| 79%<br>(n=136) | 84%<br>(n=184) | 93%<br>(n=188) | 91 %<br>(n=199) | 89%<br>(n=212) | 89 %<br>(n=178) | 99%    |

**Source:** MDH Tuberculosis Annual Progress Report

- Increase the availability and use of pneumococcal vaccine to prevent serious infections in children, such as pneumonia, blood infections, and meningitis, sinusitis, and ear infections. MDH makes the vaccine available without cost barriers through the federal Vaccines for Children Program. MDH distributed \$39 million of vaccine in 2009 through this program. Since the pre-vaccine era, serious pneumococcal infections in children less than five years old have been reduced by 75 percent.

**Invasive Pneumococcal Disease Incidence Among Children <5 Years of Age, by Year and Serotype Group, Metropolitan Area, 1999-2001; Minnesota, 2002-2009**



PCV-13 contains the 7 serotypes in PCV-7 (4,6B,9V,14,18C,19F and 23F) plus 6 additional serotypes (1,3,5,6A,7F and 19A)

Source: MDH Infectious Disease Surveillance System.

- Since 1999, the year before the pediatric pneumococcal conjugate vaccine (PCV-7) was licensed, the rate of invasive pneumococcal disease among children has generally declined with increases in disease caused by nonvaccine serotypes. In March 2010, a new 13-valent vaccine became available with 6 additional serotypes than those in PCV-7. Since 2007, the majority of invasive pneumococcal disease cases among children under the age of five years have been caused by these 6 new serotypes.

### Activity Funding

The division is funded primarily from federal funds and appropriations from the General Fund.

### Contact

Infectious Disease Epidemiology, Prevention, and Control Division

Phone: (651) 201-5414

The division website is <http://www.health.state.mn.us/divs/idepc>

# HEALTH DEPT

## Program: HEALTH PROTECTION

Activity: INFECT DISEASE EPID PREV CNTRL

Budget Activity Summary

| <i>Dollars in Thousands</i>            |                |               |                      |               |                 |
|--|----------------|---------------|----------------------|---------------|-----------------|
|  | <b>Current</b> |               | <b>Forecast Base</b> |               | <b>Biennium</b> |
|  | <b>FY2010</b>  | <b>FY2011</b> | <b>FY2012</b>        | <b>FY2013</b> | <b>2012-13</b>  |
| <b><u>Expenditures by Fund</u></b>     |                |               |                      |               |                 |
| <b>Direct Appropriations</b>           |                |               |                      |               |                 |
| General                                | 3,822          | 4,463         | 4,217                | 4,217         | 8,434           |
| State Government Spec Revenue          | 206            | 222           | 214                  | 214           | 428             |
| <b>Statutory Appropriations</b>        |                |               |                      |               |                 |
| Miscellaneous Special Revenue          | 2,274          | 3,082         | 2,828                | 2,816         | 5,644           |
| Federal                                | 15,730         | 22,140        | 20,632               | 19,751        | 40,383          |
| Federal Stimulus                       | 542            | 3,808         | 2,497                | 173           | 2,670           |
| Gift                                   | 4              | 210           | 53                   | 53            | 106             |
| <b>Total</b>                           | <b>22,578</b>  | <b>33,925</b> | <b>30,441</b>        | <b>27,224</b> | <b>57,665</b>   |
| <b><u>Expenditures by Category</u></b> |                |               |                      |               |                 |
| Total Compensation                     | 11,697         | 17,323        | 16,290               | 14,630        | 30,920          |
| Other Operating Expenses               | 6,983          | 11,331        | 9,542                | 8,355         | 17,897          |
| Payments To Individuals                | 3              | 0             | 0                    | 0             | 0               |
| Local Assistance                       | 3,895          | 5,271         | 4,609                | 4,239         | 8,848           |
| <b>Total</b>                           | <b>22,578</b>  | <b>33,925</b> | <b>30,441</b>        | <b>27,224</b> | <b>57,665</b>   |
| <b>Full-Time Equivalents (FTE)</b>     | <b>154.0</b>   | <b>163.1</b>  | <b>156.2</b>         | <b>148.5</b>  |                 |

**Activity at a Glance**

- Performed 70,020 tests on clinical specimens for infectious bacteria, viruses, fungi, and parasites in FY 2010 for assessment of infectious disease trends and investigation of food and water borne disease outbreaks.
- Analyzed 43,595 samples to detect chemical and bacterial contaminants in water, soil, and air in FY 2010 to assess potential threats to human health.
- Screened 69,636 newborn babies for more than 50 treatable, life-threatening congenital and heritable disorders in FY 2010.
- Accredited 145 public and private environmental laboratories to assure quality in FY 2010.

**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 babies born in the state for rare, life-threatening congenital and heritable disorders that are treatable if detected soon after birth. The PHL also accredits 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).

**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.
- Accreditation of public and private environmental laboratories that conduct testing for the federal safe drinking water, clean water, resource conservation and recovery, and underground storage tank programs in Minnesota.
- Reference and confirmatory testing of environmental samples using scientific expertise and state-of-the-art methods not available in other laboratories.
- Development of analytical methods for emerging environmental health threats (e.g. perfluorochemicals, pharmaceuticals) and the human body burden of environmental chemical contamination (biomonitoring).

**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.
- Communication of laboratory data to epidemiologists and providers to inform treatment, prevention and control of infectious disease pathogens.

**Newborn Screening**

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

**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.

## HEALTH DEPT

**Program:** HEALTH PROTECTION

**Activity:** PUBLIC HEALTH LABORATORY

Narrative

- 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 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 & Measures

This activity supports the MDH goals of Promote health throughout the lifespan and Prepare and respond to disasters and emergencies in the department's strategic plan.

#### 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 (including hearing loss).

| Historical<br>1993-2008 | Actual<br>(FY 2009) | Actual<br>(FY 2010) | Estimate<br>(FY 2011) |
|-------------------------|---------------------|---------------------|-----------------------|
| 32-303 (range)          | 389                 | 400                 | 400                   |

Note – 69,636 reported births in FY2010, hearing screening funded in FY2008.

Source: Minnesota Public Health Laboratory

Percent of newborns presumptively identified with hearing loss lost to follow-up.

| Historical<br>(Estimated)<br>1997-2009 | Actual<br>(FY 2010) | Estimate<br>(FY 2011) |
|--|---------------------|-----------------------|
| >50%                                   | 19.1%               | 10%                   |

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<br>2006-2007 | Actual<br>(FY 2008) | Actual<br>(FY 2009) | Actual<br>(FY 2010) |
|----------------------------|---------------------|---------------------|---------------------|
| 45                         | 90                  | 104                 | 116                 |

Source: Minnesota Public Health Laboratory

- Improve Minnesota laboratory preparedness for public health threats by gaining proficiency in the analysis of chemical and biological terrorism agents.

Number of agents fully validated.

| FY 2006 | FY 2007 | FY 2008 | FY 2009 | FY 2010 |
|---------|---------|---------|---------|---------|
| 32      | 46      | 47      | 48      | 51      |

Source: Minnesota Public Health Laboratory

## HEALTH DEPT

**Program:** HEALTH PROTECTION

**Activity:** PUBLIC HEALTH LABORATORY

Narrative

- Ensure timely identification of and response to food borne disease outbreaks by rapid DNA-fingerprinting of bacterial pathogens.  
Percent of *E. coli* O157 and *Listeria monocytogenes* fingerprint results reported within 4 days of arrival at the PHL.

| FY 2008 | FY 2009 | FY 2010           |
|---------|---------|-------------------|
| 97%     | *87%    | Not yet available |

\*Electronic national database malfunction.

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.

### Contact

Public Health Laboratory Division

Phone: (651) 201-5200

E-mail: [health.mdhlab@state.mn.us](mailto:health.mdhlab@state.mn.us)



# HEALTH DEPT

## Program: HEALTH PROTECTION

Activity: PUBLIC HEALTH LABORATORY

Budget Activity Summary

| <i>Dollars in Thousands</i>            |                |               |                      |               |                 |
|--|----------------|---------------|----------------------|---------------|-----------------|
|  | <b>Current</b> |               | <b>Forecast Base</b> |               | <b>Biennium</b> |
|  | <b>FY2010</b>  | <b>FY2011</b> | <b>FY2012</b>        | <b>FY2013</b> | <b>2012-13</b>  |
| <b><u>Expenditures by Fund</u></b>     |                |               |                      |               |                 |
| <b>Direct Appropriations</b>           |                |               |                      |               |                 |
| Environment & Natural Resource         | 0              | 594           | 0                    | 0             | 0               |
| General                                | 2,174          | 5,249         | 2,188                | 2,188         | 4,376           |
| State Government Spec Revenue          | 7,382          | 8,359         | 7,791                | 7,791         | 15,582          |
| <b>Statutory Appropriations</b>        |                |               |                      |               |                 |
| Miscellaneous Special Revenue          | 5,179          | 7,617         | 5,480                | 5,480         | 10,960          |
| Federal                                | 4,008          | 8,580         | 7,862                | 7,862         | 15,724          |
| Federal Stimulus                       | 29             | 111           | 82                   | 0             | 82              |
| <b>Total</b>                           | <b>18,772</b>  | <b>30,510</b> | <b>23,403</b>        | <b>23,321</b> | <b>46,724</b>   |
| <b><u>Expenditures by Category</u></b> |                |               |                      |               |                 |
| Total Compensation                     | 9,736          | 12,530        | 12,137               | 12,080        | 24,217          |
| Other Operating Expenses               | 9,036          | 17,980        | 11,305               | 11,280        | 22,585          |
| Transfers                              | 0              | 0             | (39)                 | (39)          | (78)            |
| <b>Total</b>                           | <b>18,772</b>  | <b>30,510</b> | <b>23,403</b>        | <b>23,321</b> | <b>46,724</b>   |
| <b>Full-Time Equivalents (FTE)</b>     | <b>141.2</b>   | <b>131.3</b>  | <b>131.3</b>         | <b>131.3</b>  |                 |

**Activity at a Glance**

- Recruited and established contracts with over 650 retail pharmacies to manage and dispense antivirals for persons with H1N1 symptoms.
- Shipped and tracked over 54,000 courses of antivirals and 3.2 million N-95 and surgical masks for use by healthcare providers.
- Deployed the Mobile Medical Unit (MMU) for its first disaster response to the Red River Valley floods in response to concerns about loss of access to the Fargo hospital.
- Reviewed and provided feedback for improvement for every local and tribal health department mass dispensing plan in preparation for H1N1 vaccination.
- Coordinated relocation of 350 residents evacuated from long-term care facilities in Moorhead to other facilities.
- Managed grants to all 53 local departments of health, 10 of 11 tribes and 8 regional hospital collaboratives that cover all MN hospitals.
- Registered nearly 8,000 volunteers in Minnesota Responds Medical Reserve Corps
- In FY10, sent 59 health alert messages to partners about time-sensitive health related information, particularly for H1N1 issues.
- Engaged local health departments, tribal governments, healthcare and other response partners in a series of 8 regional meetings to ascertain the lessons learned in H1N1 response to improve response capacity and capability for other public health emergencies.

**Activity Description**

The Office of Emergency Preparedness (OEP) ensures local, tribal and state public health and healthcare partners have the personnel, plans, training, communication tools, and expertise to prevent or respond to public health emergencies, pandemic influenza, infectious disease outbreaks, bioterrorism, chemical exposures, natural disasters, and other incidents. Preparation for and response to the H1N1 pandemic influenza outbreak, the 2009 Red River spring floods, and other weather-related emergencies 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, public safety, volunteer organizations, the University of Minnesota, and other response organizations.

**Services Provided**

- Plan, practice and implement components of the Minnesota Department of Health's (MDH) All-Hazard Response and Recovery 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.
- Manage a state/local partnership of registration and support of volunteers to be called on in an emergency

to increase public health and healthcare capacity. Examples of the widespread use of this program are the dozens of Minnesota Responds healthcare volunteers who assisted in caring for evacuated nursing home residents from the Red River Valley floods and over 13,800 hours of volunteer time in H1N1 vaccination clinics.

- 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, tribes, 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, local and tribal public health agencies and the healthcare system.
- 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.
- Administer about \$15 million in grants for H1N1 preparation and response.

## HEALTH DEPT

### Program: HEALTH PROTECTION

#### Activity: OFFICE EMERGENCY PREPAREDNESS

#### Narrative

- Assure compliance with requirements of grants from the Centers for Disease Control and Prevention (CDC) and Assistant Secretary for Preparedness and Response (ASPR) of the Department of Health and Human Services.

### 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 is now known as the Public Health Emergency Preparedness grant and includes the Cities Readiness Initiative to distribute medications to everyone in the Twin Cities metropolitan area and Clay county as part of the Fargo-Moorhead metro area within 48 hours of a biologic agent threat. The healthcare system grant started in 2003 to expand preparedness efforts involving the department, hospitals, and other healthcare system partners such as emergency medical services and the Poison Control Center.

### Key Activity Goals & Measures

This activity is directly related to the Department's Strategic goal to *Prepare for and Respond to Disasters and Emergencies*. This goal is met by efforts to ensure emergencies are rapidly identified and evaluated, resources for emergency response are readily mobilized and Minnesota's emergency planning and response protects and restores health.

#### Measures

- Improve the ability of state and local public health agencies and healthcare providers to readily mobilize emergency response resources by exercising health response plans at the local, regional, and statewide level.

| Type of exercise     | FY08 | FY09 | FY10 |
|----------------------|------|------|------|
| Seminar              | 7    | 16   | 11   |
| Tabletop             | 14   | 22   | 80   |
| Drill                | 11   | 181  | 99   |
| Functional           | 3    | 66   | 36   |
| Full-scale exercises | 3    | 16   | 35   |
| TOTAL                | 38   | 301  | 261  |

#### Definitions:

*Seminar: training on the response plan (overview of pandemic influenza roles and responsibilities)*

*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)*

- Use the health alert network (HAN) system to deliver rapid, accurate information to public health and health care partners and track delivery and speed of response to the messages.

|   | FY08 | FY09 | FY10 |
|---|------|------|------|
| Number of Health Alert Network messages | 29   | 35   | 59   |

### Activity Funding

The OEP is primarily funded by federal funds with one position on General Funds.

### Contact

Office of Emergency Preparedness

Phone: (651) 201-5700

Email: [OEP@state.mn.us](mailto:OEP@state.mn.us)

Web site: [www.health.state.mn.us/oep](http://www.health.state.mn.us/oep)

# HEALTH DEPT

## Program: HEALTH PROTECTION

Activity: OFFICE EMERGENCY PREPAREDNESS

Budget Activity Summary

| <i>Dollars in Thousands</i>            |                |               |                      |               |                 |
|--|----------------|---------------|----------------------|---------------|-----------------|
|  | <b>Current</b> |               | <b>Forecast Base</b> |               | <b>Biennium</b> |
|  | <b>FY2010</b>  | <b>FY2011</b> | <b>FY2012</b>        | <b>FY2013</b> | <b>2012-13</b>  |
| <b><u>Expenditures by Fund</u></b>     |                |               |                      |               |                 |
| <b>Direct Appropriations</b>           |                |               |                      |               |                 |
| General                                | 26             | 360           | 100                  | 100           | 200             |
| <b>Statutory Appropriations</b>        |                |               |                      |               |                 |
| Miscellaneous Special Revenue          | 603            | 551           | 548                  | 548           | 1,096           |
| Federal                                | 30,240         | 33,094        | 25,781               | 24,781        | 50,562          |
| Gift                                   | 0              | 2             | 2                    | 2             | 4               |
| <b>Total</b>                           | <b>30,869</b>  | <b>34,007</b> | <b>26,431</b>        | <b>25,431</b> | <b>51,862</b>   |
| <b><u>Expenditures by Category</u></b> |                |               |                      |               |                 |
| Total Compensation                     | 4,532          | 6,570         | 5,305                | 5,305         | 10,610          |
| Other Operating Expenses               | 4,349          | 7,093         | 4,479                | 3,479         | 7,958           |
| Local Assistance                       | 21,988         | 20,344        | 16,647               | 16,647        | 33,294          |
| <b>Total</b>                           | <b>30,869</b>  | <b>34,007</b> | <b>26,431</b>        | <b>25,431</b> | <b>51,862</b>   |
| <b>Full-Time Equivalents (FTE)</b>     | <b>53.8</b>    | <b>53.6</b>   | <b>53.6</b>          | <b>53.6</b>   |                 |

**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**

This program includes the following budget activities:

- Administrative Services
- Executive Office

# HEALTH DEPT

## Program: ADMINISTRATIVE SUPPORT SERVICE

## Program Summary

| <i>Dollars in Thousands</i>                 |                |               |                      |               |                 |
|---|----------------|---------------|----------------------|---------------|-----------------|
|   | <b>Current</b> |               | <b>Forecast Base</b> |               | <b>Biennium</b> |
|   | <b>FY2010</b>  | <b>FY2011</b> | <b>FY2012</b>        | <b>FY2013</b> | <b>2012-13</b>  |
| <b><u>Direct Appropriations by Fund</u></b> |                |               |                      |               |                 |
| <b>General</b>                              |                |               |                      |               |                 |
| Current Appropriation                       | 7,059          | 7,068         | 7,068                | 7,068         | 14,136          |
| <b>Technical Adjustments</b>                |                |               |                      |               |                 |
| Approved Transfer Between Appr              |                |               | 541                  | 541           | 1,082           |
| Current Law Base Change                     |                |               | 152                  | 200           | 352             |
| Operating Budget Reduction                  |                |               | (58)                 | (58)          | (116)           |
| <b>Forecast Base</b>                        | <b>7,059</b>   | <b>7,068</b>  | <b>7,703</b>         | <b>7,751</b>  | <b>15,454</b>   |
| <b><u>Expenditures by Fund</u></b>          |                |               |                      |               |                 |
| <b>Direct Appropriations</b>                |                |               |                      |               |                 |
| General                                     | 5,675          | 6,137         | 7,703                | 7,751         | 15,454          |
| <b>Statutory Appropriations</b>             |                |               |                      |               |                 |
| Miscellaneous Special Revenue               | 26,891         | 27,406        | 27,846               | 27,846        | 55,692          |
| Federal                                     | 2,995          | 6,212         | 5,859                | 5,859         | 11,718          |
| Gift  | 0              | 17            | 11                   | 11            | 22              |
| <b>Total</b>                                | <b>35,561</b>  | <b>39,772</b> | <b>41,419</b>        | <b>41,467</b> | <b>82,886</b>   |
| <b><u>Expenditures by Category</u></b>      |                |               |                      |               |                 |
| Total Compensation                          | 16,014         | 19,615        | 19,498               | 19,498        | 38,996          |
| Other Operating Expenses                    | 19,517         | 19,953        | 21,755               | 21,803        | 43,558          |
| Local Assistance                            | 30             | 204           | 204                  | 204           | 408             |
| Transfers                                   | 0              | 0             | (38)                 | (38)          | (76)            |
| <b>Total</b>                                | <b>35,561</b>  | <b>39,772</b> | <b>41,419</b>        | <b>41,467</b> | <b>82,886</b>   |
| <b><u>Expenditures by Activity</u></b>      |                |               |                      |               |                 |
| Administrative Services                     | 30,545         | 31,455        | 33,468               | 33,516        | 66,984          |
| Executive Office                            | 5,016          | 8,317         | 7,951                | 7,951         | 15,902          |
| <b>Total</b>                                | <b>35,561</b>  | <b>39,772</b> | <b>41,419</b>        | <b>41,467</b> | <b>82,886</b>   |
| <b>Full-Time Equivalents (FTE)</b>          | <b>193.6</b>   | <b>221.1</b>  | <b>220.4</b>         | <b>220.4</b>  |                 |

## HEALTH DEPT

**Program: ADMINISTRATIVE SUPPORT SERVICE**

**Activity: ADMINISTRATIVE SERVICES**

Narrative

### **Activity at a Glance**

- Maintain 99.9% availability and functionality of core network infrastructure.
- Manage over \$300 million in annual outgoing grants.
- Pay 99% of all vendor invoices in 30 days or less.
- Manage building operations for 11 building locations.

### **Activity Description**

Administrative Services provides 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 1,500 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.

### **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.

#### **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.
- Provide centralized procurement of goods and contract services.

#### **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 Activity Goals & Measures**

This activity supports to MDH goal of *Assure strong systems for health* in the department's strategic plan. This includes strong financial, human resources, information systems and technology infrastructure in order for the department's programs to be successful.

- Prompt Payment measure for last three to five years (Target 99%)

| State Fiscal Year | 2006   | 2007   | 2008   | 2009   | 2010   |
|-------------------|--------|--------|--------|--------|--------|
| Total Paid        | 13,008 | 11,710 | 11,662 | 11,690 | 11,720 |
| Paid on Time      | 12,868 | 11,581 | 11,642 | 11,650 | 11,598 |
| % paid on time    | 98%    | 99%    | 99%    | 99%    | 99%    |

## HEALTH DEPT

**Program: ADMINISTRATIVE SUPPORT SERVICE**

**Activity: ADMINISTRATIVE SERVICES**

Narrative

- User Support Help Desk Tickets resolved remotely. Remote resolution of tickets is a measure of effectiveness as they are generally less expensive and more quickly resolved.

| State Fiscal Year                     | 2009 | 2010 | Target (2011) |
|---------------------------------------|------|------|---------------|
| % help desk tickets resolved remotely | 30%  | 42%  | 50%           |

- IS&TM Measure: Percentage of all ISTM Help Desk Tickets resolved on time.

| State Fiscal Year                    | 2009 | 2010 | Target (2011) |
|--------------------------------------|------|------|---------------|
| % help desk tickets resolved on time | 87%  | 90%  | 91%           |

### Activity Funding

This activity is funded primarily from Special Revenue Funds through indirect costs and from appropriations from the General Fund.

### Contact

Deputy Commissioner

Phone: (651) 201-4872

<http://www.health.state.mn.us/>



# HEALTH DEPT

## Program: ADMINISTRATIVE SUPPORT SERVICE

Activity: ADMINISTRATIVE SERVICES

Budget Activity Summary

| <i>Dollars in Thousands</i>            |                |               |                      |               |                 |
|--|----------------|---------------|----------------------|---------------|-----------------|
|  | <b>Current</b> |               | <b>Forecast Base</b> |               | <b>Biennium</b> |
|  | <b>FY2010</b>  | <b>FY2011</b> | <b>FY2012</b>        | <b>FY2013</b> | <b>2012-13</b>  |
| <b><u>Expenditures by Fund</u></b>     |                |               |                      |               |                 |
| <b>Direct Appropriations</b>           |                |               |                      |               |                 |
| General                                | 5,648          | 6,137         | 7,703                | 7,751         | 15,454          |
| <b>Statutory Appropriations</b>        |                |               |                      |               |                 |
| Miscellaneous Special Revenue          | 23,905         | 23,930        | 24,448               | 24,448        | 48,896          |
| Federal                                | 992            | 1,387         | 1,316                | 1,316         | 2,632           |
| Gift                                   | 0              | 1             | 1                    | 1             | 2               |
| <b>Total</b>                           | <b>30,545</b>  | <b>31,455</b> | <b>33,468</b>        | <b>33,516</b> | <b>66,984</b>   |
| <b><u>Expenditures by Category</u></b> |                |               |                      |               |                 |
| Total Compensation                     | 12,447         | 14,075        | 14,005               | 14,005        | 28,010          |
| Other Operating Expenses               | 18,098         | 17,380        | 19,501               | 19,549        | 39,050          |
| Transfers                              | 0              | 0             | (38)                 | (38)          | (76)            |
| <b>Total</b>                           | <b>30,545</b>  | <b>31,455</b> | <b>33,468</b>        | <b>33,516</b> | <b>66,984</b>   |
| <b>Full-Time Equivalents (FTE)</b>     | <b>153.6</b>   | <b>164.1</b>  | <b>164.6</b>         | <b>164.6</b>  |                 |

**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.

**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 seven program divisions and three offices. 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.

**Population Served**

The department's 1,500 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 are 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 public awareness activities and community outreach and managing more than 30,000 pages of information on the department's website. The MDH website is visited more than three million times per year.
- The office works closely with the news media, ensuring that accurate and timely information on a wide range of public health topics is shared with the general public.

**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.
- 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, contracts, delegations of authority, and HIPAA.
- The Legal Unit also acts as a liaison with the AG's Office for MDH litigation and other legal services requested by MDH.

## HEALTH DEPT

**Program: ADMINISTRATIVE SUPPORT SERVICE**

**Activity: EXECUTIVE OFFICE**

Narrative

### Key Activity Goals & Measures

This activity supports MDH's goal of *Assure strong systems for health* in the department's strategic plan. This includes strong leadership and strategic planning, communications, legal services and government relations infrastructure in order for the department's programs to be successful.

- Number of news releases

| Calendar Year    | 2005 | 2006 | 2007 | 2008 | 2009 |
|------------------|------|------|------|------|------|
| Number completed | 72   | 86   | 85   | 78   | 95   |

- Fiscal notes completed

| State Fiscal Year        | 2006 | 2007 | 2008 | 2009 | 2010 |
|--------------------------|------|------|------|------|------|
| Number completed         | 44   | 95   | 75   | 113  | 72   |
| Average days to complete | 5.9  | 10.4 | 4.2  | 7.9  | 4.2  |
| % completed on time      | 67%  | 47%  | 77%  | 90%  | 78%  |

### Activity Funding

The office is funded from special revenue funds.

### Contact

Deputy Commissioner

Phone: (651) 201-4872

<http://www.health.state.mn.us/>

# HEALTH DEPT

## Program: ADMINISTRATIVE SUPPORT SERVICE

Activity: EXECUTIVE OFFICE

Budget Activity Summary

| <i>Dollars in Thousands</i>            |                |               |                      |               |                 |
|--|----------------|---------------|----------------------|---------------|-----------------|
|  | <b>Current</b> |               | <b>Forecast Base</b> |               | <b>Biennium</b> |
|  | <b>FY2010</b>  | <b>FY2011</b> | <b>FY2012</b>        | <b>FY2013</b> | <b>2012-13</b>  |
| <b><u>Expenditures by Fund</u></b>     |                |               |                      |               |                 |
| <b>Direct Appropriations</b>           |                |               |                      |               |                 |
| General                                | 27             | 0             | 0                    | 0             | 0               |
| <b>Statutory Appropriations</b>        |                |               |                      |               |                 |
| Miscellaneous Special Revenue          | 2,986          | 3,476         | 3,398                | 3,398         | 6,796           |
| Federal                                | 2,003          | 4,825         | 4,543                | 4,543         | 9,086           |
| Gift                                   | 0              | 16            | 10                   | 10            | 20              |
| <b>Total</b>                           | <b>5,016</b>   | <b>8,317</b>  | <b>7,951</b>         | <b>7,951</b>  | <b>15,902</b>   |
| <b><u>Expenditures by Category</u></b> |                |               |                      |               |                 |
| Total Compensation                     | 3,567          | 5,540         | 5,493                | 5,493         | 10,986          |
| Other Operating Expenses               | 1,419          | 2,573         | 2,254                | 2,254         | 4,508           |
| Local Assistance                       | 30             | 204           | 204                  | 204           | 408             |
| <b>Total</b>                           | <b>5,016</b>   | <b>8,317</b>  | <b>7,951</b>         | <b>7,951</b>  | <b>15,902</b>   |
| <b>Full-Time Equivalents (FTE)</b>     | <b>40.0</b>    | <b>57.0</b>   | <b>55.8</b>          | <b>55.8</b>   |                 |

# HEALTH DEPT

# Agency Revenue Summary

*Dollars in Thousands*

|                                      | Actual<br>FY2010 | Budgeted<br>FY2011 | Current Law    |                | Biennium<br>2012-13 |
|--------------------------------------|------------------|--------------------|----------------|----------------|---------------------|
|                                      |                  |                    | FY2012         | FY2013         |                     |
| <b><u>Non Dedicated Revenue:</u></b> |                  |                    |                |                |                     |
| <b>Departmental Earnings:</b>        |                  |                    |                |                |                     |
| State Government Spec Revenue        | 40,958           | 41,056             | 40,888         | 41,057         | 81,945              |
| <b>Other Revenues:</b>               |                  |                    |                |                |                     |
| General                              | 22               | 0                  | 0              | 0              | 0                   |
| State Government Spec Revenue        | 19               | 24                 | 25             | 26             | 51                  |
| <b>Total Non-Dedicated Receipts</b>  | <b>40,999</b>    | <b>41,080</b>      | <b>40,913</b>  | <b>41,083</b>  | <b>81,996</b>       |
| <b><u>Dedicated Receipts:</u></b>    |                  |                    |                |                |                     |
| <b>Departmental Earnings:</b>        |                  |                    |                |                |                     |
| Miscellaneous Special Revenue        | 12               | 0                  | 0              | 0              | 0                   |
| <b>Grants:</b>                       |                  |                    |                |                |                     |
| Drinking Water Revolving Fund        | 736              | 520                | 520            | 520            | 1,040               |
| Miscellaneous Special Revenue        | 742              | 738                | 636            | 636            | 1,272               |
| Federal                              | 220,050          | 261,212            | 249,579        | 246,137        | 495,716             |
| Federal Stimulus                     | 1,401            | 17,301             | 15,360         | 3,711          | 19,071              |
| <b>Other Revenues:</b>               |                  |                    |                |                |                     |
| Miscellaneous Special Revenue        | 39,751           | 43,531             | 43,827         | 43,815         | 87,642              |
| Federal                              | 481              | 497                | 497            | 497            | 994                 |
| Medical Education & Research         | 27,598           | 76,840             | 76,840         | 76,840         | 153,680             |
| Miscellaneous Agency                 | 83               | 85                 | 85             | 85             | 170                 |
| Gift                                 | 11               | 157                | 146            | 146            | 292                 |
| <b>Other Sources:</b>                |                  |                    |                |                |                     |
| Miscellaneous Special Revenue        | 0                | 434                | 1,046          | 1,525          | 2,571               |
| <b>Total Dedicated Receipts</b>      | <b>290,865</b>   | <b>401,315</b>     | <b>388,536</b> | <b>373,912</b> | <b>762,448</b>      |
| <b>Agency Total Revenue</b>          | <b>331,864</b>   | <b>442,395</b>     | <b>429,449</b> | <b>414,995</b> | <b>844,444</b>      |